



# Blackpool Pharmaceutical Needs Assessment 2015



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# Executive Summary

## 1. Introduction

From 1 April 2013, every Health & Wellbeing Board (HWB) in England has a statutory responsibility to publish and keep up-to-date a statement of the needs for pharmaceutical services for 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.

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, the Blackpool PNA will be updated every three years. The availability of new information for the PNA will be assessed by the JSNA Working Group on behalf of the Health and Wellbeing Board and if indicated 'Supplementary Statements of Fact' will be produced, which include information on new facts, for example: openings and closings of pharmacies, houses completed, changes to the population size.

This PNA describes what services we have got and what may be needed for the population of Blackpool and includes information on:

- Pharmacies in Blackpool and the services they currently provide, including dispensing, providing advice on health, medicines reviews and local public health services, such as smoking cessation, sexual health and support for drug users.
- Other local pharmaceutical services.
- Relevant maps relating to Blackpool and providers of pharmaceutical services in the area.
- Services in neighbouring Health and Wellbeing Board areas that might affect the need for services in Blackpool.
- Potential gaps in provision that could be met by providing more pharmacy services, or through opening more pharmacies, and likely future needs.

## 2. 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 Blackpool HWB 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. This was primarily undertaken through engagement with the membership of Blackpool HealthWatch. Results of a survey of Healthwatch members can be found in **Appendix 8**.

A public consultation was undertaken from 20 October 2014 to 19 December 2014 to seek the views of members of the public and other stakeholders, on whether they agreed with the contents of this PNA and whether it addressed issues that they considered relevant to the provision of pharmaceutical services.

### 3. Local context

This PNA for Blackpool is undertaken in the context of the needs of the local population. Health and wellbeing needs for the local population are described in the Blackpool Joint Strategic Needs Assessment. This PNA does not duplicate these detailed descriptions of health needs and should be read alongside the JSNA.

Blackpool is a Unitary Authority that is bordered by the sea to the west, Wyre District Council to the north and east and Fylde District Council to the south and east.

Blackpool faces many health challenges. It may be a popular place to visit for millions of people each year, but unfortunately, Blackpool is not a healthy place to live. Our town is one of the most deprived local authority areas in England, with high levels of unemployment, deprivation, poor quality housing and benefit claimants. An ageing population, low educational achievement and the fact that 10% of the population of 142,000 moves into the town for just short periods of time before leaving again, adds to our problems. These economic and social factors impact on the poor health of our population in the same way that cancer, alcohol abuse and smoking do.

Life expectancy in Blackpool is the worst in the country for men and the third worst for women and although life expectancy is improving in the town, it is not improving fast enough. This is something that the HWB Board is extremely concerned about.

### 4. Key findings

#### 4.1 Provision of local pharmaceutical services

The distribution of pharmacies appears to cover the borough well with Pharmacies within every locality of the borough. Also, 4 out of the 44 pharmacies provide services for between 90-100 hours per week; these are situated throughout the borough. It is evident from **Map 6** that all areas within Blackpool are within 2 miles of a pharmacy and over 95% of the population of Blackpool live within 15 walk of a pharmacy.

In Blackpool there is approximately one community pharmacy per 3,200 people. This is a higher concentration of pharmacies than the North West average which is one community pharmacy per 4,000 people.

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

#### 4.2 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 direct service provision, for example Emergency Hormonal Contraception, along with providing ongoing support for lifestyle behaviour change through motivational interviewing, providing information and brief advice, and signposting to other services.

Local commissioning organisations should consider pharmacies among potential providers when they are looking at the unmet pharmaceutical needs and health needs of the local population, including when considering options for delivering integrated care. Blackpool Health and Wellbeing Board consider community pharmacies to be a key public health resource and recognise that they offer potential opportunities to commission health improvement initiatives and work closely with partners to promote health and wellbeing. 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.

#### **4.2.1 Services and support to encourage healthy lifestyle behaviours**

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).

As at February 2015, there are 40 out of 44 community pharmacies providing Emergency Hormonal Contraception (EHC). Whilst improving access to EHC remains a priority the main focus of the Sexual Health Action Plan is to prioritise prevention and ensure people are motivated to practice safer sex including using planned contraception and condoms. The Plan also aims to ensure that all individuals understand the range of choices for contraception and understand how to access them. Community pharmacies play an important role in signposting service users to these services.

People who use illicit drugs are often not in contact with health care services and specialist treatment services and their only contact may be through a needle exchange service within a community pharmacy. As at February 2015 17 out of 44 community pharmacies in Blackpool provide access to sterile needles, syringes and sharps containers for return of used equipment. This protects the wider community through safe disposal of equipment. Where agreed locally, associated materials will be provided (for example citric acid and swabs) to promote safe injecting practice and reduce transmission of infections by substance misusers.

Several opportunities exist to encourage a healthy weight such as providing advice, signposting services and providing on-going support towards achieving behavioural change for example through monitoring of weight and other related measures.

IBA alcohol training has also been available to pharmacies for some time although very few have so far undertaken the training. However, since the launch of the Healthy Living Pharmacies, Brief Intervention training has been offered to all pharmacy staff who have signed prospectus to commit to become a Healthy Living Pharmacy. The pharmacies are now in the process of undertaking brief intervention training, although it is not specific to alcohol.

#### **4.2.2 Medicines advice and support**

In the community, pharmacists should work with GPs and nurse prescribers to ensure safe and rational prescribing of medication. Through the provision of Medicine Use Reviews (MURs), New Medicine Service (NMS), 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.

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. 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 Acquired Infections (HCAIs). In addition they are able to inform other primary care practitioners when an item prescribed is not normally available in the community.

### 4.2.3 Supporting co-ordinated care and self-care

The Royal Pharmaceutical Society (RPS) recommends that pharmacists collaborate with each other, and with other healthcare professions, to develop models of care. These will enable commissioners to deliver integrated patient pathways and ensure patients have consistent access to support with medicine use as they move between care settings.

This could be particularly relevant for frail older people and those with multiple conditions. 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. Pharmacists can help with this, particularly for those who have complex medication regimens or have problems with taking their medication regularly. If services are provided where vulnerable people are visited in their own homes, this also offers an opportunity to identify individuals who are at risk or require additional support, for example interventions to prevent falls.

Pharmacy staff can play a role in promoting awareness of good mental health, for example signposting to information about local support networks, mental health helplines etc. Community pharmacists can also help by promoting simple mechanisms to help people understand and take their medicines as intended.

The minor ailments service in Blackpool aims to provide greater choice for patients and carers and improve 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.

There is also potential to draw on experiences from areas where community pharmacies have worked innovatively to address key local public health challenges and benefit 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.

### 4.3 Future pharmaceutical needs with population growth and housing developments

Over the coming years the population of Blackpool is expected to age substantially and grow in size slightly. An increase in population size is likely to 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, due to the range of other factors influencing local pharmaceutical needs. Some housing developments are in progress and considerations when assessing needs for local pharmaceutical service providers should be based on a range of local factors specific to each development site. These are further described in section 6.5.2 of the PNA report.

To facilitate commissioning of pharmaceutical services responsive to population needs the Health and Wellbeing Board partners will, in accordance with regulations, monitor the development of major housing sites and produce supplementary statements to the PNA if deemed necessary, to ensure that appropriate information is available to determine whether additional pharmacies might be required.

#### 4.4 Future pharmaceutical needs in the context of Better Care

As part of the Spending Review 2013, the Government announced the setting up of an integration transformation fund (Better Care Fund), described as “a single pooled budget for health and social care services to work more closely together in local areas, based on a plan agreed between local CCG’s and local authorities”.

The aim of the Better Care Fund (BCF) is to act as a catalyst for the integration of health and social care by providing an opportunity to transform care with an influx of funding. It is also meant to deal with demographic changes in adult social care and the policy and legislative changes associated with the introduction of the Care Act 2014.

Blackpool Clinical Commissioning Group (CCG) will take a lead role in this work in order to reduce the number of hospital admissions by providing intensive management of complex patients within the primary and community care setting, based on multi-disciplinary neighbourhood teams.

The development of neighbourhoods will comprise groups of general practices, covering populations of between 20,000 and 40,000 people, associated community and primary mental health services, and strong links to third sector services, led and directed operationally by GPs. Local pharmacies will have a key role in this neighbourhood model of delivery and the expectation that more services will in future be delivered within these neighbourhoods. This will enable care to be ‘wrapped around’ the patients rather than the patients progressing through different levels and types of care that are isolated from each other.

# 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 what services we have got and what may be needed for the population of Blackpool Local Authority.

The PNA includes information on:

- Pharmacies in Blackpool 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 Blackpool and providers of pharmaceutical services in the area.
- Services in neighbouring HWB areas that might affect the need for services in Blackpool.
- Potential gaps in provision that could be met by providing more pharmacy services, or through opening more pharmacies, and likely future needs.

## 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 Health and Wellbeing Boards to identify the current and future commissioning of services required from pharmaceutical service providers. The Department of Health (DH) published an Information Pack to help Health and Wellbeing Boards undertake PNAs.<sup>1</sup>

## 1.2 What is the purpose of the PNA?

This PNA will serve several key purposes:<sup>2</sup>

- 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.

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<sup>1</sup> Department of Health. 'Pharmaceutical needs assessments: Information Pack for local authority Health and Wellbeing Boards.' May 2013.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/197634/Pharmaceutical\\_Needs\\_Assessment\\_Information\\_Pack.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/197634/Pharmaceutical_Needs_Assessment_Information_Pack.pdf)

<sup>2</sup> Primary Care Commissioning. 'Pharmaceutical needs assessments.' March 2013. <http://www.pcc-cic.org.uk/>



- It will help the commissioning organisations that are members of 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 Blackpool 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 places 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 describes 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) according to the requirements in the 2006 Act. NHS Blackpool published their first PNA in 2011.

The Health and Social Care Act 2012 amended the NHS Act 2006. The 2012 Act established HWBs and transferred to them 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.<sup>3</sup>

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 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

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<sup>3</sup> The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.  
<http://www.legislation.gov.uk/uksi/2013/349/made>

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.

The use of PNAs for determining applications for new premises is relatively recent. It is expected that some decisions made by NHS England may be appealed and that eventually there will be judicial reviews of decisions made by the FHSAU. It is therefore important that PNAs comply with the requirements of the regulations, that due process is followed in their development, and that they are kept up-to-date.

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.<sup>4</sup>

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:

- 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:

- 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 contractors 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 contractors and community pharmacies.

## 1.5 Local pharmacy services

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<sup>4</sup> Pharmaceutical Needs Assessments: Right Service in the Right Place. 25 March 2013. <http://www.pcc-cic.org.uk/article/pharmaceutical-needs-assessments-right-service-right-place>

Local pharmacy services are services which are commissioned locally and fall outside of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013. Local pharmacy services do not impact on the commissioning of new pharmacy contracts.

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.

Enhanced services are commissioned directly by NHS England. These could include anti-coagulation monitoring, the provision of advice and support to residents and staff in care homes in connection with drugs and appliances, on demand availability of specialist drugs, and out-of-hours services.

### **1.5.1 Public Health Services and enhanced services**

The changes to enhanced services are summarised in the following excerpt from PCC:<sup>5</sup>

#### **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.*

*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*

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<sup>5</sup> Primary Care Commissioning. Pharmacy Enhanced Services from 1 April 2013: <http://www.pcc-cic.org.uk/article/pharmacy-enhanced-services-1-april-2013>

- *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*

CCGs now have the role to commission most NHS services locally, aside from those commissioned by NHS England such as GP core contract, dental, pharmacy, optical 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, and so have no bearing on pharmacy applications.

## 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. Briefly, this PNA includes information on:

- Pharmacies in Blackpool 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 Blackpool and providers of pharmaceutical services in the area.
- Services in neighbouring HWB areas that might affect the need for services in Blackpool.
- Potential gaps in provision that could be met by providing more pharmacy services, or through opening more pharmacies, and likely future needs.

The PNA is aligned with the JSNA and HWB Strategy for Blackpool, as discussed in the next section.

DRAFT

## 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 (4).<sup>6</sup>

In the process of undertaking the PNA the pan Lancashire (Lancashire County Council, Blackpool Unitary Authority, Blackburn with Darwen Unitary Authority) 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 pan-Lancashire stakeholder event was held in March 2014 and localised consultation events during October 2014.

A 60 day public consultation was/will be undertaken from 20 October 2014 to 19 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 will be reported and reflected in the final revised PNA report. Alongside the 60 day public consultation a further stakeholder event was/will be held within Blackpool 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 Blackpool, 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<sup>7</sup> 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:

- Blackpool Health and Wellbeing Board members
- The Local Pharmaceutical Committee (LPC)
- The Local Medical Committee (LMC)
- Persons on the pharmaceutical list

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<sup>6</sup> The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.  
<http://www.legislation.gov.uk/uksi/2013/349/made>

<sup>7</sup> The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.  
<http://www.legislation.gov.uk/uksi/2013/349/made>

- Healthwatch
- NHS trusts and NHS foundation trusts in the area.
- NHS England
- Commissioners of pharmaceutical services
- Local Pharmacy Professional Network Lancashire (LPN)

## 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 Blackpool. As part of the PNA process, Blackpool has worked with neighbouring HWBs to develop the PNA within Lancashire.

The wider public in Blackpool and other interested parties have been informed of the PNA and their views on the PNA have been sought through a formal 60 day consultation which ran from 20 October 2014 to 19 December 2014. A stakeholder event was held in October with a wide range of stakeholders to launch the consultation period of the draft PNA. At the stakeholder event people were directed to the Blackpool JSNA website to review the full PNA.

After the consultation period was completed, feedback gathered from members of the public and stakeholders was reviewed by an editorial working group made up of members of the PNA working group. This group determined how to respond to each comment received during the consultation period. For further detail regarding the consultation process please see **Appendix 7**.

## 2.4 Localities used for considering pharmaceutical services

Blackpool Council split the town into three localities, north, south and central and Blackpool CCG split the town into six better care neighbourhoods for the delivery of services. However for the purpose of the PNA Blackpool was not split into localities as Blackpool is a geographically compact Unitary Authority. Where appropriate, information will be presented at small geography level (ward, MLOSA) to describe the health and wellbeing needs of local communities.

## 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<sup>8</sup>:

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<sup>8</sup> The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.  
<http://www.legislation.gov.uk/uksi/2013/349/made>

- The size and demography of the population across Blackpool.
- Whether there is adequate access to pharmaceutical services across Blackpool.
- Different needs of different localities within Blackpool.
- Pharmaceutical services provided in the area of neighbouring HWBs which affect the need for pharmaceutical services in Blackpool.
- Other NHS services provided in or outside its area which affect the need for pharmaceutical services in Blackpool.
- Whether further provision of pharmaceutical services in Blackpool 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 PNA will be updated every three years and supplementary statements may be published before this if deemed necessary by the HWB.

The availability of new information for the PNA will be assessed by the JSNA Working Group on behalf of the Health and Wellbeing Board and if indicated 'Supplementary Statements of Fact' will be produced.



## 3 Context for the Pharmaceutical Needs Assessment

### Key messages:

This PNA for Blackpool is undertaken in the context of the needs of the local population. Health and wellbeing needs for the local population are described in the Blackpool Joint Strategic Needs Assessment. This PNA does not duplicate these detailed descriptions of health needs in the relevant JSNAs and should be read alongside the JSNA.

Blackpool is a Unitary Authority that is bordered by the sea to the west, Wyre District Council to the north and east and Fylde District Council to the south and east.

Blackpool faces many health challenges. It may be a popular place to visit for millions of people each year, but unfortunately, Blackpool is not a healthy place to live. Our town is one of the most deprived local authority areas in England, with high levels of unemployment, deprivation, poor quality housing and benefit claimants. An ageing population, low educational achievement and the fact that 10% of the population of 142,000 moves into the town for just short periods of time before leaving again, adds to our problems. These economic factors impact on the poor health of our population in the same way that cancer, alcohol abuse and smoking do.

Life expectancy in Blackpool is the worst in the country for men and the third worst for women and although life expectancy is improving in the town, it is not improving fast enough. This is something that the HWB Board is extremely concerned about.

### 3.1 Joint Strategic Needs Assessments

JSNA stands for Joint Strategic Needs Assessment and is the responsibility of NHS Blackpool CCG and Blackpool Council. JSNA is a programme, specified nationally but delivered at a local level by all NHS and upper tier local authorities. The duty to undertake the JSNA is set out in Section 116 of the Local Government and Public Involvement in Health Act (2007).

The statutory guidance emphasises that the JSNA should be taken into account by the Health and Wellbeing Board and will identify the future health, care and wellbeing needs of the people of Blackpool and will guide how services are planned and developed. The issues identified in the JSNA will inform the priorities in the Health and Wellbeing Strategy.

The purpose of the JSNA is to pull together in a single, on-going process all the information that is available on the health and wellbeing of the people of Blackpool, the quality and accessibility of services, evidence about what works and the views and experience of the public. This information will then be used to make decisions about how services are provided in the future.

### 3.2 Blackpool Health and Wellbeing Board

Blackpool Health and Wellbeing Board builds on strong pre-existing partnerships between the NHS, Council and other public sector partners. It has 21 members spanning the Council, NHS Clinical Commissioning Group, Healthwatch, the two major health providers in the town, Blackpool Teaching Hospitals NHS Foundation Trust and Lancashire Care NHS Foundation Trust; NHS England Local Area Team, the Police, Fire Service and Voluntary, Community and Faith Sector. The Board's key focus is on improving outcomes and reducing inequalities through

every stage in people's lives and to enable local commissioners to plan and commission integrated services that meet the needs of the whole community, in particular for the most vulnerable individuals and the groups with the worst health outcomes.

The Board's vision for the future health of Blackpool is bold and ambitious:

**Together we will make Blackpool a place where ALL people can live, long, happy and healthy lives**

In developing its Joint Health and Wellbeing Strategy the Board have identified the main health challenges which they can influence and effect most as a partnership. The strategy is set against three themes **Healthy Lifestyles**, **Health and Social Care and Wider Determinants**, each theme consists of a number of priority areas listed below. The intention of the strategy is to outline a process of thinking differently by setting out a joined-up framework for commissioning across health, social care and broader wellbeing services in the future. It has been shaped through robust evidence from the Joint Strategic Needs Assessment and through consultation and engagement with local people and partners.

Theme	Priority Area
Healthy Lifestyle	Tobacco Control
	Substance Misuse
	Sexual Health
	Alcohol
	Obesity and Healthy Weight
	Physical Activity
Health and Social Care	Early Years and Family Support
	Dementia
	Mental Health
	Frail Elderly
	Carers and Young Carers
	Disease Prevention and Early Detection
	Safeguarding and Domestic Abuse
	Long Term Conditions and Disabilities
Wider Determinants	Economy, Employment and Workforce
	Education and Aspirations
	Housing and Transience
	Environment
	Transport
	Crime and Anti-Social Behaviour

### 3.3 Blackpool Clinical Commissioning Group (CCG)

NHS Blackpool CCG represents 23 GP practices and works on behalf of the people of Blackpool, commissioning health services for the local community. There are three branch practices administered by NHS Blackpool CCG practices. NHS Blackpool CCG work closely with Fylde and Wyre CCG on healthcare across the Fylde Coast, along with other local partners such as Blackpool Council, Blackpool Teaching Hospitals NHS Foundation Trust and voluntary agencies. The 'boundary' for the CCG is the same as Blackpool Local Authority and is illustrated in **Map 1**. It should be noted that the GP registered population of the CCG is greater than the resident population who live within the Blackpool Local Authority area, and it is the resident population this PNA refers to.

Blackpool CCG describe their vision as *“Together we will make Blackpool a place where all people can live longer, happier and healthier lives by commissioning better health care”* and aim is to reduce health inequalities through strong, clinically led commissioning of high quality services that are modern, truly patient-centred and in the most appropriate setting. The CCG is committed to ensuring equality and diversity is a priority when planning and commissioning healthcare services for our community, as is the need to promote safe and effective health care for the local population.

There are a number of priorities that the CCG is tackling to improve the health and wellbeing of our town. These include:

- Cardiovascular disease,
- Respiratory disease,
- Mental Health and wellness.

More information can be found at: <http://blackpoolccg.nhs.uk/>

### 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

The Public Health Outcomes Framework Data Tool can be found here: <http://www.phoutcomes.info/>

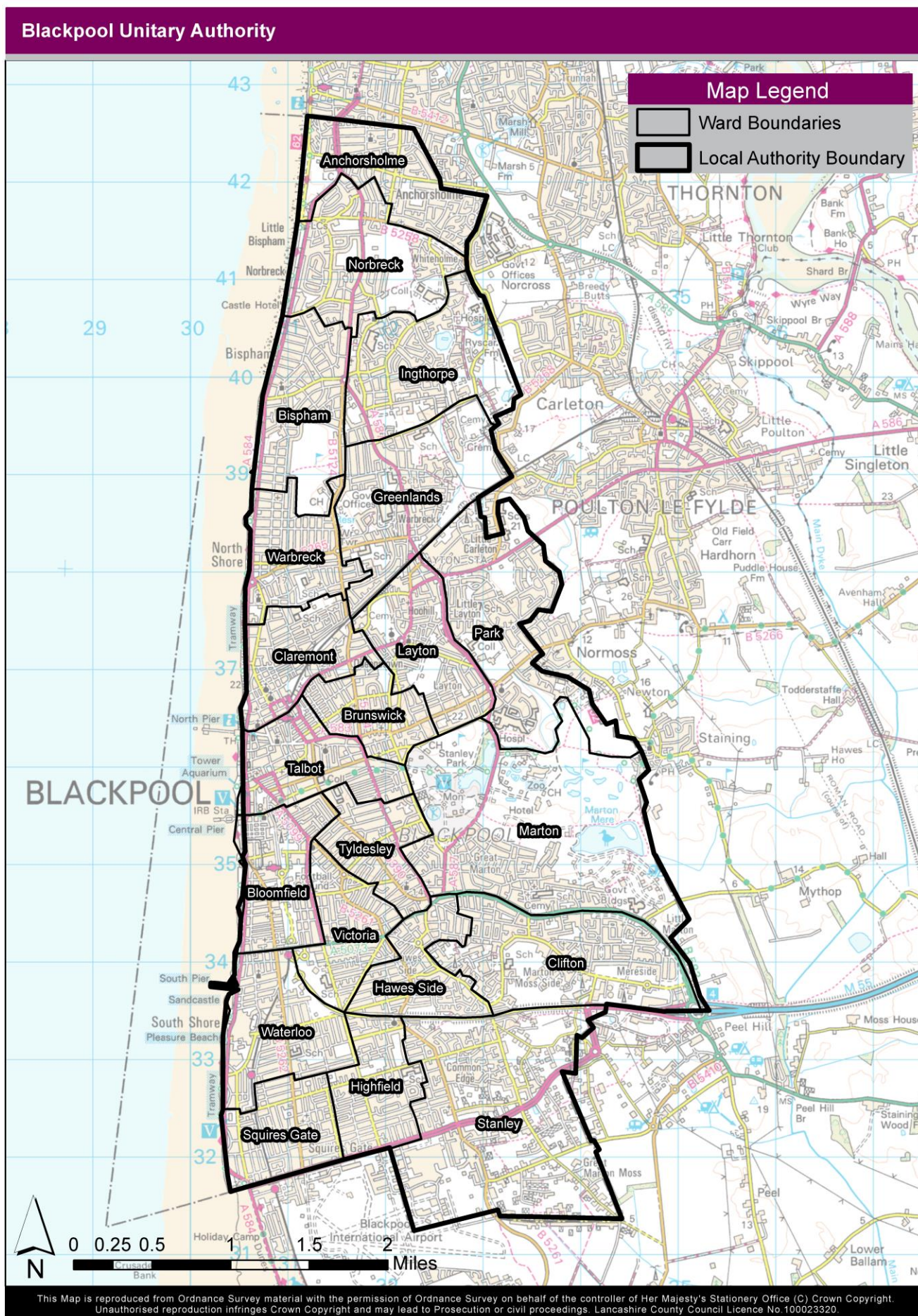
### 3.5 Locations in Blackpool

Blackpool is a Unitary Authority that is bordered by the sea to the west, Wyre District Council to the north and east and Fylde District Council to the south and east. Fylde and Wyre District Councils are two of twelve district councils that make up the Lancashire County Council upper tier local authority. Blackpool can be sub-divided into wards (**Map 1**) to help understand the character of the town. The geographic boundary of Blackpool Local Authority and Blackpool CCG are the same.

There are important differences in health across Blackpool, as illustrated in **Map 2**. **Map 2** uses data from the 2011 Census to illustrate the proportion of the population in different areas of Blackpool that report being in good or very good health. Broadly, the map shows that relatively fewer people report being in good health in the central areas of the town. The data in the map have been age standardised, which means that the differences in self-reported health are not due to differences in age.

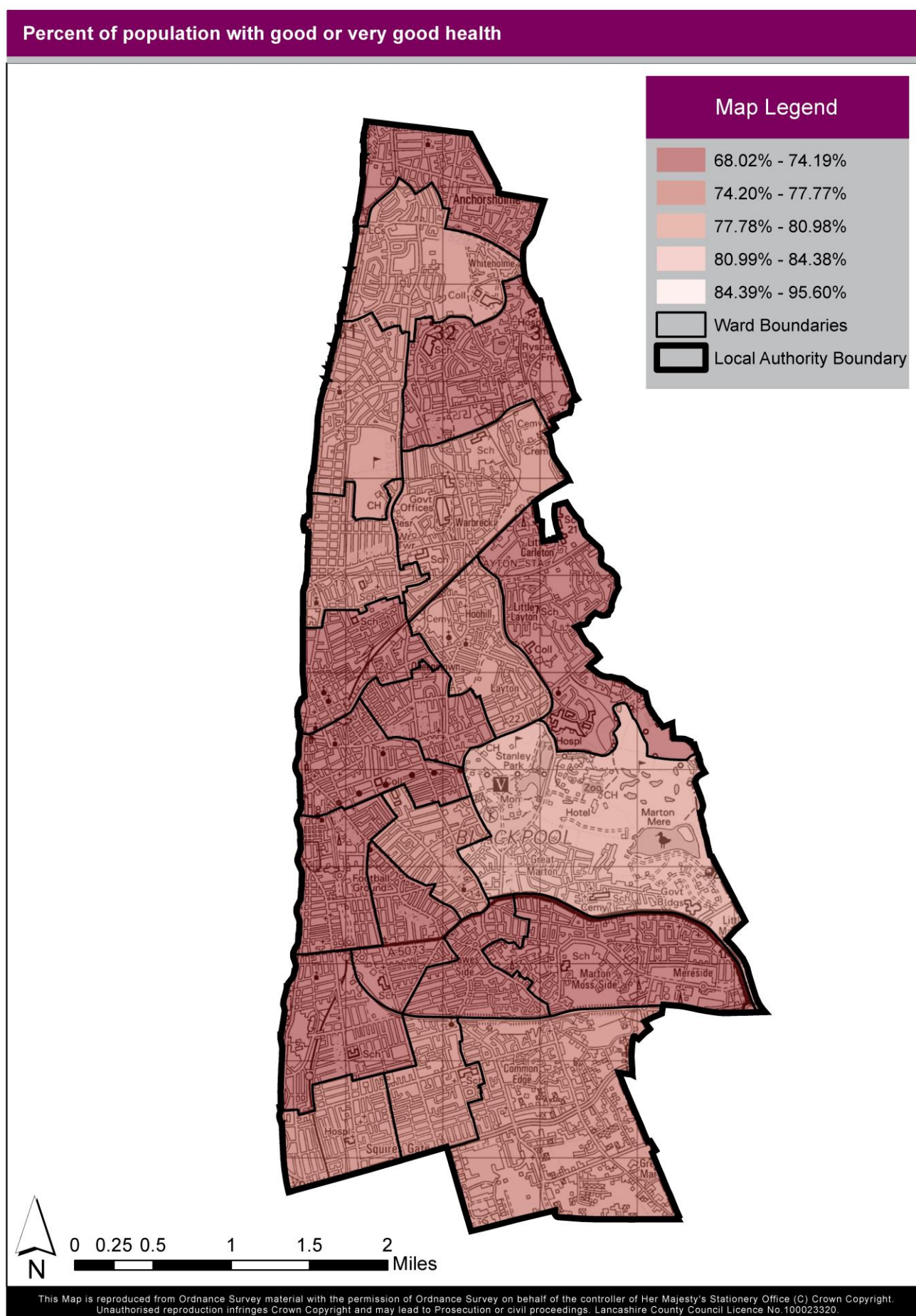


Map 1. Boundary of Blackpool Local Authority and wards





**Map 2. Proportion of the population reporting good or very good health, by ward, Blackpool 2011**



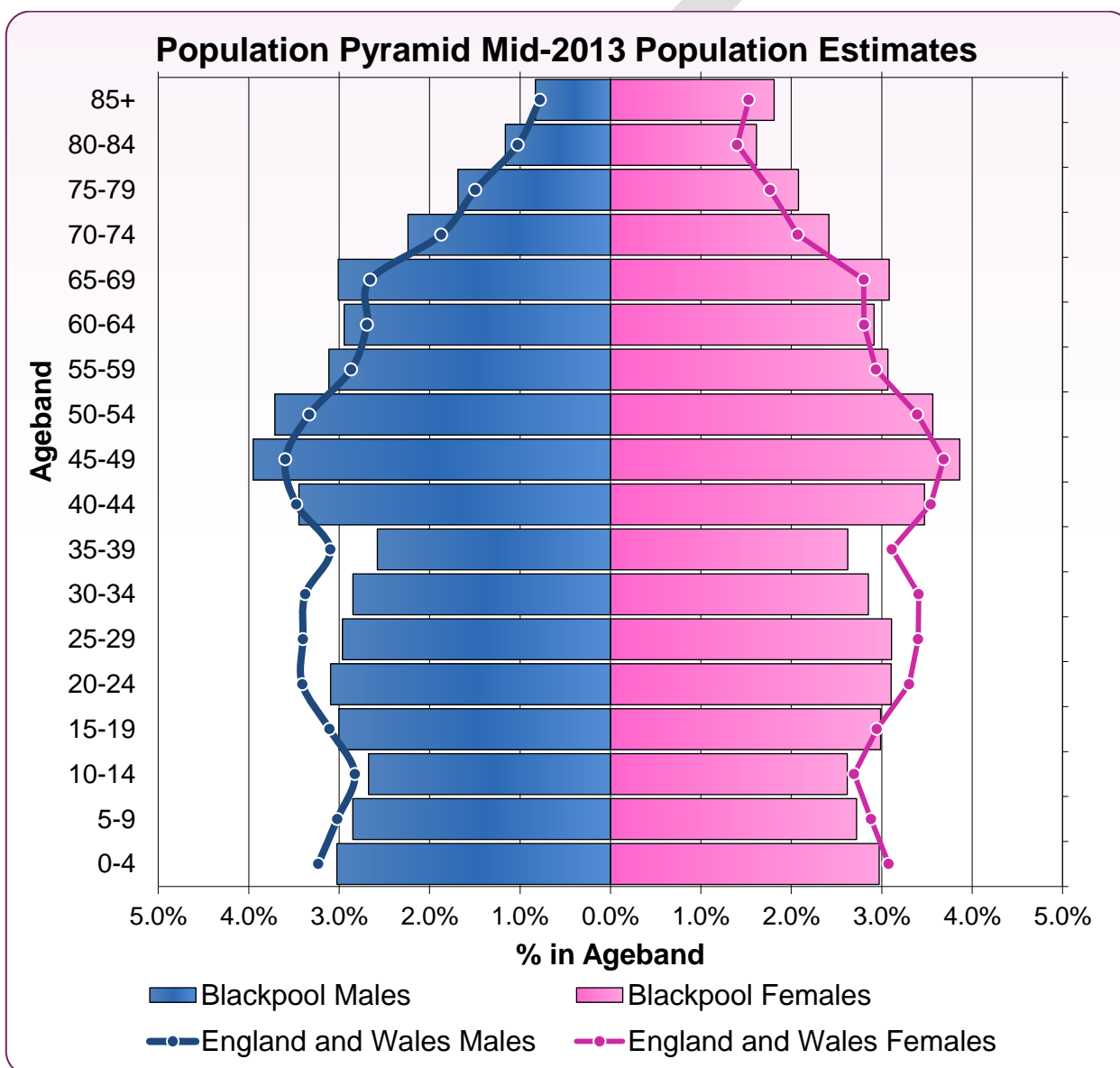
## 3.6 Characteristics of the population in Blackpool

### 3.6.1 Demography

The mid 2013 resident population of Blackpool is approximately 142,000. Older people (65 years plus) account for a greater proportion of Blackpool's resident population than observed at national level.<sup>9</sup> The age composition of Blackpool varies considerable across the town and this is illustrated in **Map 3**.

Blackpool's population pyramid (**Figure 1**) displays a higher proportion than England of people over 55 years of age, and a much lower proportion in ages younger than 35. The age band 30-35, in particular, has a considerably lower proportion than England. Blackpool reflects England's higher proportion of females in the older age bands than males.

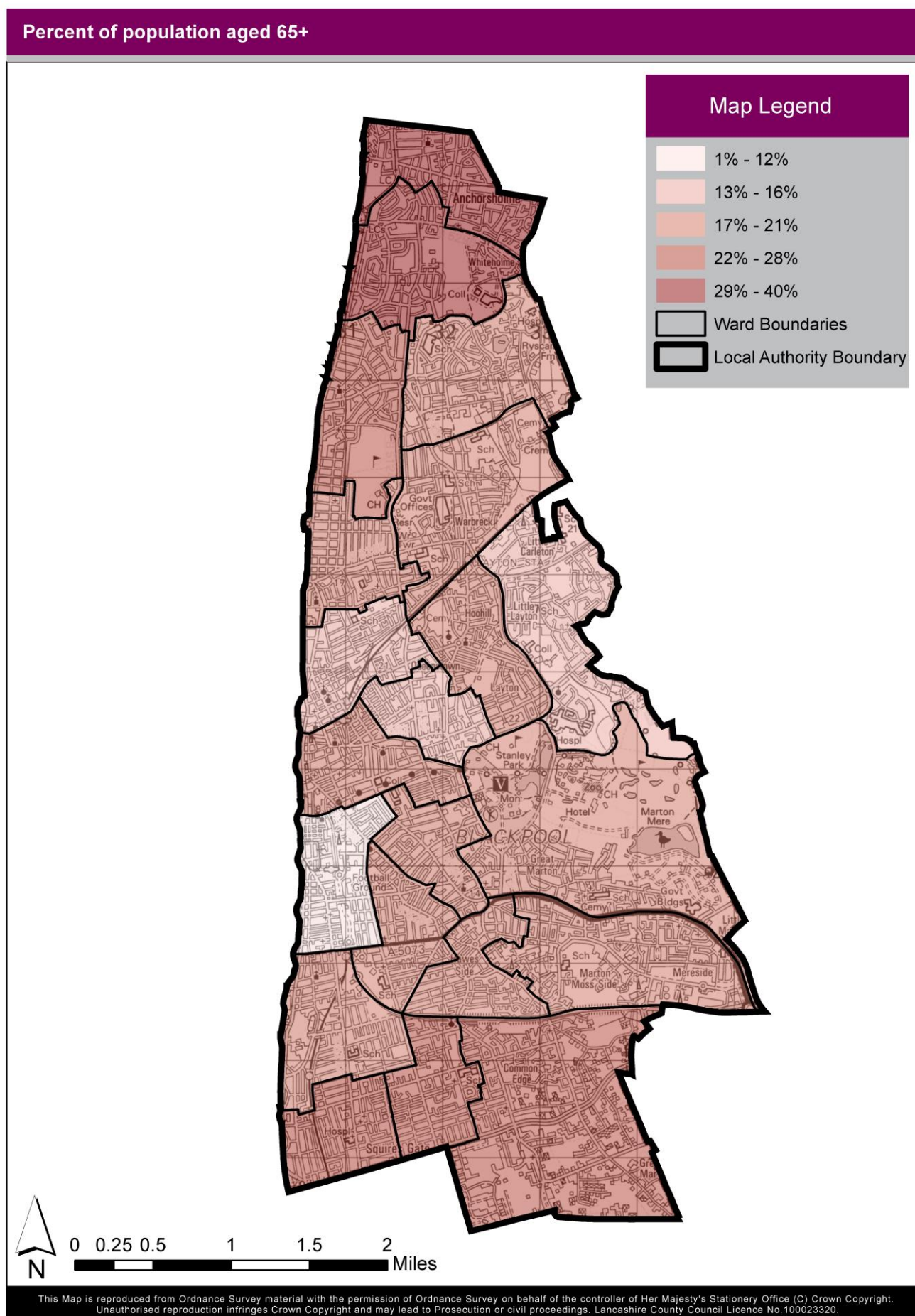
**Figure 1 - Population Pyramid (Mid 2013 Estimated Resident Population) – Blackpool Local Authority**



Source: ONS

<sup>9</sup> Mid 2012 estimated resident population: ONS

**Map 3. Proportion of the population aged 65 years or older, by MLSOA, Blackpool 2011**



### 3.6.2 Deprivation

Blackpool experiences considerable levels of disadvantage, and in 2010 ranked as the 6th most deprived of 354 local authorities in England. 46 out of 94 small areas within Blackpool are amongst the 20% most deprived areas of the country and there are no areas amongst the 20% most affluent (**Map 4**). Blackpool's relative position in the national deprivation rankings has worsened over the last 5 years from 24th most deprived in 2004 and 12th most deprived in 2007.

The Index of Multiple Deprivation 2010 combines a number of indicators, chosen to cover a range of economic, social and housing issues, into a single deprivation score for each small area in England. This allows each area to be ranked relative to one another according to their level of deprivation. Indices of Deprivation are an important tool for identifying the most disadvantaged areas in England so that resources could be appropriately targeted.

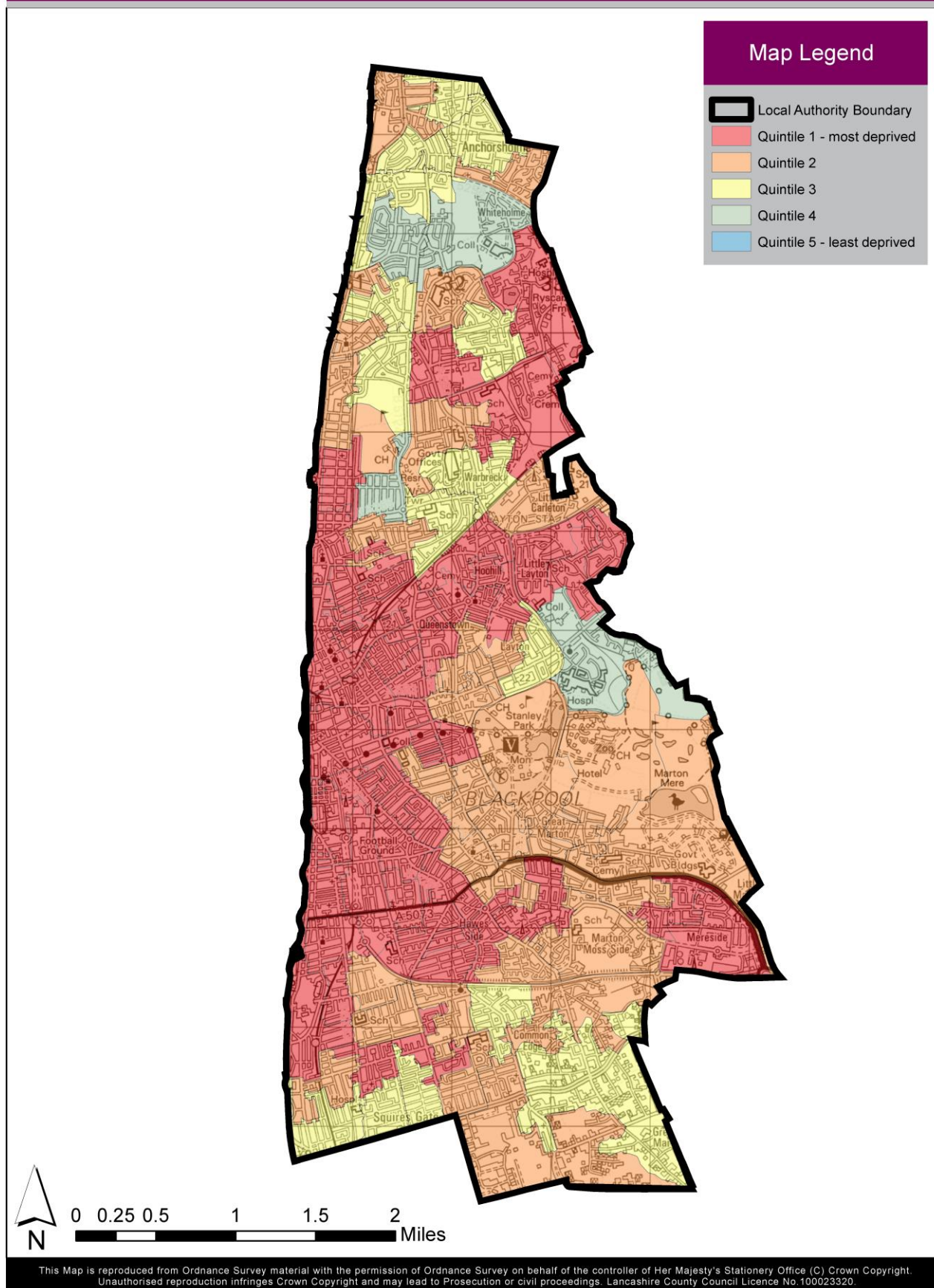
### 3.6.3 Ethnicity

The 2011 Census indicate that a significantly smaller percentage of ethnic minority groups live in Blackpool compared to the North West and England and Wales. 3.3% of Blackpool's residents are classed as ethnic minorities compared to 9.8% in the North West and 14% in England. The BME populations are predominantly of Asian background.



## Map 4. Deprivation in Blackpool

### Index of Multiple Deprivation in Blackpool



## 4 Current Provision of NHS Pharmaceutical Services

### Key messages:

Blackpool is well provided for by pharmaceutical service providers. This PNA has not identified a current need for new NHS pharmaceutical service providers in Blackpool. There are 44 pharmacies in Blackpool, representing 5% growth in the number of providers (42) since the last publication of the PNA in 2011.

The number of pharmaceutical service providers per population has also grown during the same period. The last PNA showed that there were 30 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 36 pharmaceutical service providers per 100,000 registered population in Blackpool, 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 Blackpool. There appears to be good coverage in terms of opening hours across Blackpool. The extended opening hours of some community pharmacies are valued and these extended hours should be maintained. Many pharmacies 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.<sup>10</sup>

The chapter 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 30/06/2014. Up-to-date information on community pharmacies (including opening hours) is available on the NHS website: [www.nhs.uk/servicedirectories/Pages/ServiceSearch.aspx](http://www.nhs.uk/servicedirectories/Pages/ServiceSearch.aspx)

#### 4.1.1 Community pharmacies

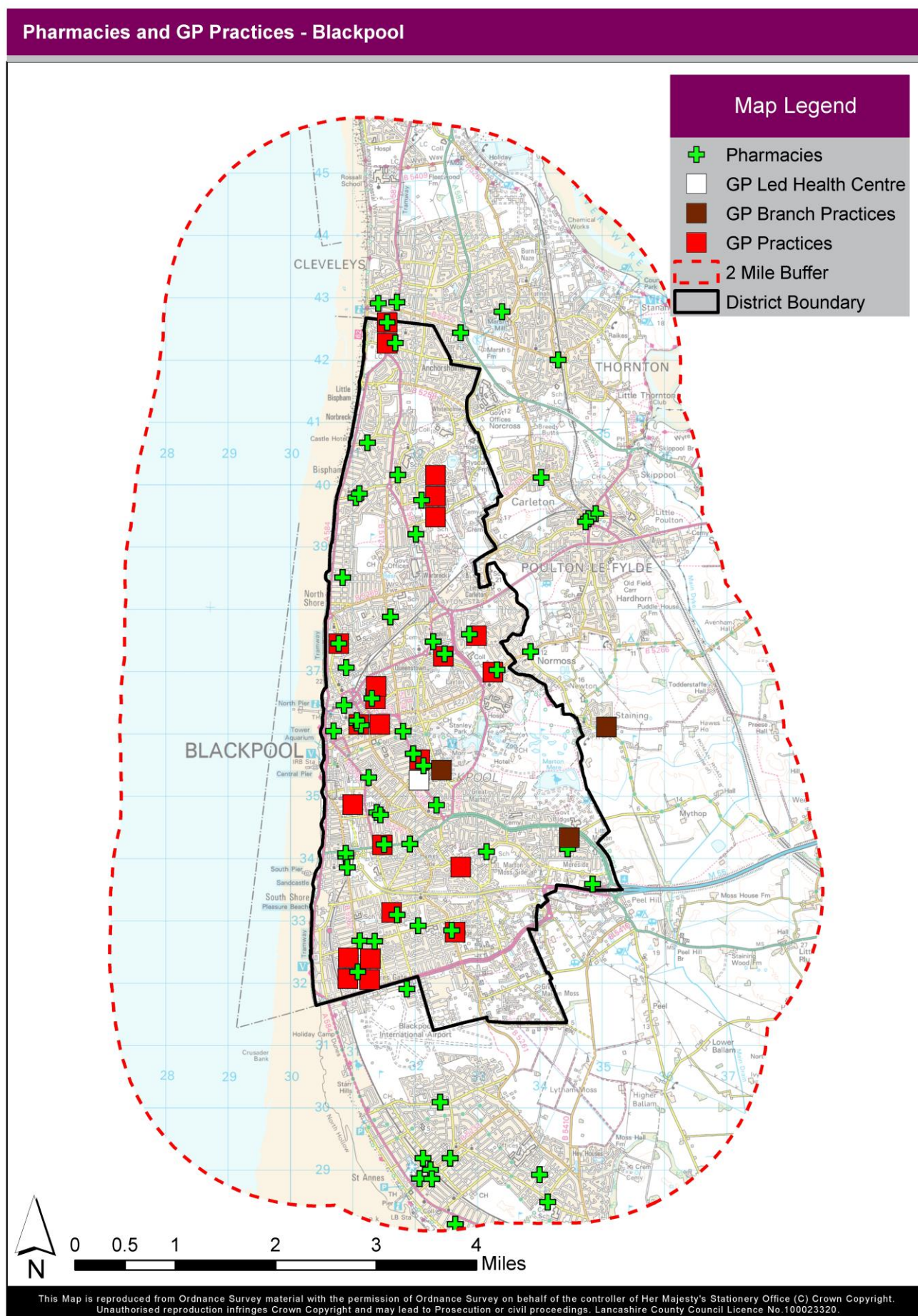
There were a total of 44 community pharmacies within Blackpool as of 30/06/2014. The names of the community practices within Blackpool are listed in **Appendix 4** and their locations shown in **Map 5**. **Map 5** shows the location of NHS Blackpool CCG GP practices, community pharmacies within Blackpool and those within 2 miles of Blackpool's boundary.

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<sup>10</sup> The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.  
<http://www.legislation.gov.uk/uksi/2013/349/made>



Map 5. Community Pharmacy Locations and NHS Blackpool CCG GP Practices



#### **4.1.2 Dispensing GP practices**

The rurality of 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 no dispensing GP practices in Blackpool.**

Access to GPs in general appears to be good in Blackpool compared to Lancashire and England. Blackpool has more full time GPs per 100,000 registered population than both Lancashire and England average.

#### **4.1.3 Distance selling pharmacies**

There are no distance selling pharmacies based within Blackpool.

Patients have the right to access pharmaceutical services from any community pharmacy including mail order/wholly internet pharmacy of their choice and therefore can access any of the many internet pharmacies available nationwide.

#### **4.1.4 Dispensing Appliance Contractors**

Currently, there is no Dispensing Appliance Contractor (DAC) within Blackpool. Appliances are available from community pharmacies and other DACs from outside the HWB.

From the questionnaires sent out to Blackpool pharmaceutical service providers, 26 of the 27 pharmacies that responded (96%) reported that they provided all types of appliances. In addition, the remaining pharmacy provides certain types of appliances.

#### **4.1.5 Hospital pharmacies**

There is one hospital within Blackpool: Blackpool Victoria Hospital which has a pharmacy within its premises. This is not a community pharmacy and only dispenses on behalf of the hospital.

#### **4.1.6 Pharmacy services in prisons**

There are currently no prisons in the area of Blackpool HWB.

#### **4.1.7 Essential Small Pharmacy Local Pharmaceutical Services scheme**

ESPLPS pharmacies offered the same essential, advanced and enhanced services as other community pharmacies, but they dispensed fewer than 26,400 items per year. The ESPLPS scheme, which involved giving extra support to some essential small pharmacies, ceased as of 31 March 2015.

Therefore, there are no Essential Small Pharmacy Local Pharmaceutical Services Schemes in Blackpool.

However, as of 31 July 2014, Blackpool had one community pharmacy contracted to provide services under the Local Pharmaceutical Services (LPS) scheme. This is MedicX Pharmacy, Whitegate Health Centre, Whitegate Drive, Blackpool, FY3 9ES. This pharmacy holds a contract to provide services over 91 hours per week, and is open 365 days of the year. The service is contracted to provide these services until 4 January 2020.

#### 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 different variety of methods 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 61% this year. The following changes to the numbers of providers were noted since the 2011 PNA:

- There were 42 pharmacies in Blackpool. This has increased to 44 pharmacies in June 2014.
- There were no dispensing GP practices within Blackpool. This was unchanged in June 2014.
- The number of pharmaceutical service providers per population is higher than in the previous PNA. The last PNA showed that there were 26 pharmacies per 100,000 population, when the national figure for England was 20 and the average for the North West was 23. In June 2014, there were 31 pharmaceutical service providers per 100,000 registered population in Blackpool, with the average in England being 22 and the average for the North West being 26. This is perceived as a significant over provision.

#### 4.1.9 Comparison with pharmaceutical service provision elsewhere

Assuming a population of 142,000 people in Blackpool and 44 providers of pharmaceutical services, there is on average one service provider per 3,227 people. Stated in a different way, there are 31 pharmaceutical service providers per 100,000 people in the borough. This is higher than the national average of 23 pharmaceutical providers per 100,000 (see **Figure 2**).

**Figure 2 - Average numbers of pharmaceutical providers (community pharmacies or dispensing GPs) per 100,000 registered population, 2012/13**

Blackpool	North West of England	England
31	26	23

*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 **Figure 3**. In terms of community pharmacies, there were 23 pharmacies per 100,000 population in England in 2012/13 and the North West of England SHA 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.

**Figure 3 - 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>
<b>ENGLAND</b>	<b>11,495</b>	<b>76,191</b>	<b>53,107</b>	<b>22</b>
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 21.6 pharmacies per 100,000 population in Bury; Blackpool has a relatively high number at 31 per 100,000 in (see **Figure 4**). However, this table does not take into account the number of dispensing doctors of which Blackpool has none.

The mean number of items dispensed by pharmacies in Blackpool for 2012/13 was 7,955. This is higher than both the average for the North West of England (6,807) and for the whole of England (6,628).

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

		Number of community pharmacies	Prescription items dispensed per month (000)s	Population (000)s Mid 2011 <sup>(1)</sup>	Pharmacies per 100,000 population
	<b>ENGLAND</b>	<b>11,495</b>	<b>76,191</b>	<b>53,107</b>	<b>22</b>
<b>Q31</b>	<b>NORTH WEST</b>	<b>1,812</b>	<b>12,334</b>	<b>7,056</b>	<b>26</b>
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	Sefton	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 of National Statistics (2011 mid-year Estimated based on  
2011 census)*

#### 4.1.10 Results of questionnaires sent to pharmacies

61% of community pharmacies in Blackpool responded to the PNA questionnaire about service provision. The results of the survey can be found in Appendix 6. Results of the questionnaire show that 25 of the 27 responding pharmacies have access to a consultation room. 26 of the responding pharmacies provide a comprehensive appliance dispensing service and the other pharmacy dispenses some appliances. 25 of the 27 responding pharmacies will deliver dispensed medicines free of charge on request.

#### 4.1.11 Costs to NHS England for opening new pharmacies

It is worth noting that there is a cost to the local health economy of opening a new pharmacy, if NHS England approve an application, so it is important to assess pharmaceutical need.

As well as paying pharmacies a fair reimbursement for the costs of the prescription drugs they dispense, there are three main categories of payments that NHS England makes to community pharmacies in England.



Professional Fees – the payment for dispensing the prescription items and several associated fees recognise the extra work entailed to obtain and or dispense the items e.g. for supply of Controlled drugs, unlicensed medicines, appliances etc.

Payments for Essential Services: these include a variety of fees e.g. establishment and practice payments the size of which are determined by prescription item number; and more particular fees that are paid to each participating contractor e.g. for repeat dispensing, electronic transfer of prescriptions.

Payments for Advanced service – these payments are for a variety of services to support patients with their usage of medicines and appliances. These payments are generally limited to an upper ceiling payment per pharmacy.

The payment system to pharmacies is quite complex and it is difficult to determine the 'extra costs' to the health economy for an extra pharmacy. However, for each additional pharmacy dispensing over 3,500 items per month (a relatively low number) and a mid-range of additional services it can be estimated that the extra costs for having a new pharmacy contract would be approximately £40k.

#### **4.1.12 Considerations of service providers available**

The distribution of pharmacies appears to cover the borough well with Pharmacies within every locality of the borough. Also, 4 out of the 44 pharmacies provide services for between 90-100 hours per week; these are situated throughout the borough. It is evident from **Map 6** that all areas within Blackpool are within 2 miles of a pharmacy.

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

## **4.2 Accessibility**

Review of the accessibility of NHS Pharmaceutical Services in Blackpool in terms of locations, opening hours and access for people with disabilities, suggest there is adequate access. An Equality Impact Assessment (EIA) has been carried out alongside this PNA. This process determined that, as the PNA does not directly impact the provision of services, a full EIA was not necessary. However, organisations using this PNA to inform commissioning should undertake an Equality Impact Assessment when considering changing current service provision. Review of the locations, opening hours and access for people with disabilities, suggest there is adequate access to NHS Pharmaceutical Services in Blackpool. 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 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.

### **4.2.1 Distance, travel times, and delivery services**

The 2008 White Paper Pharmacy in England: Building on strengths – delivering the future 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.<sup>11</sup>

**Map 6** was created to identify which areas in Blackpool were within and which were not within a 20 minute walking distance of a pharmacy as of 30/06/2014. For this map pharmacies could be located either within the boundary of Blackpool or outside of the boundary. **Map 6** indicates that there are some pockets in Blackpool where it is necessary to walk more than 20 minutes to access a pharmacy. However, these areas are to a large extent uninhabited. The area identified in the map in the east of the town is the park, zoo and hospital. There is a small habited area in the south of the town which is not within 20 minutes' walk of a pharmacy. This area is within 10 minutes' drive in a car of a pharmacy.

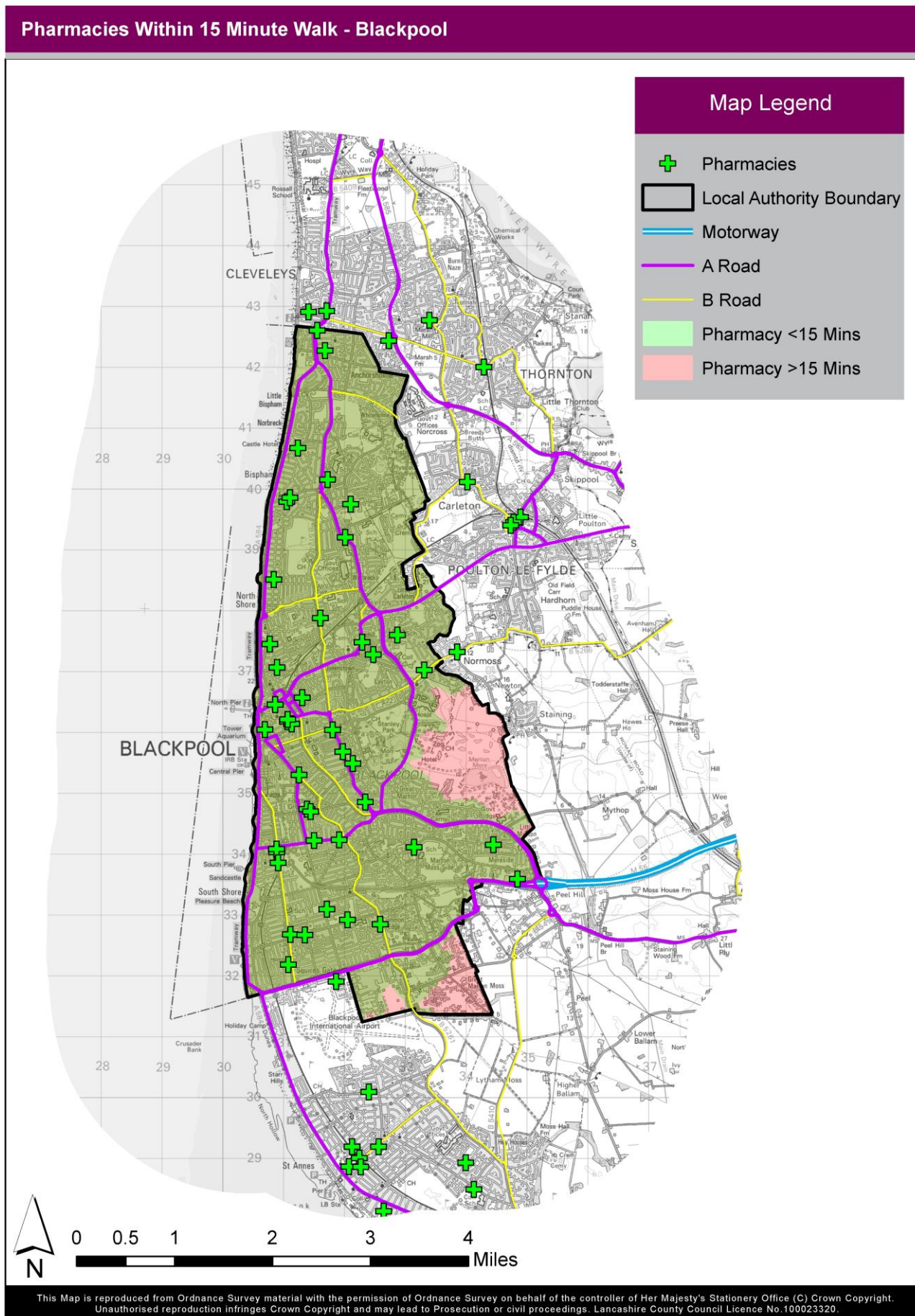
Home delivery services can help to provide medications to those who do not have access to a car or who are unable to use public transport. Of those completing the questionnaire, 25 pharmacies (92.6%) reported that they provide free delivery services to their patients. This is not a NHS contracted service and therefore any pharmacy can chose to stop this service at any time.

Pharmaceutical services are also available from internet pharmacies (located inside or outside of Blackpool) that could make deliveries to individual homes. Finally, in addition to delivery services, community transport schemes (e.g. car clubs, minibuses) can potentially improve access to both pharmaceutical services and other services.

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<sup>11</sup> Department of Health (2008). 'Pharmacy in England: Building on strengths – delivering the future.' <http://www.official-documents.gov.uk/document/cm73/7341/7341.pdf>

**Map 6. Locations in Blackpool that are Within 15 Minutes Walk of a Community Pharmacy**



### 4.2.2 Border areas

The only Health and wellbeing Board which borders Blackpool is Lancashire's. This area has pharmacies that are accessible to the residents who live near the border of the Blackpool.

Within Blackpool there are a number of pharmacies that are close to the Local Authority border which serve Blackpool and the surrounding areas outside the Blackpool boarder. Just over the border of Blackpool there are a number of areas that provide services to Blackpool resident such as Cleveleys and Poulton-le-Fylde. **Map 5** indicates the location of pharmacies outside the boundary of Blackpool.

### 4.2.3 Opening hours: community pharmacies

There are currently 40 Pharmacies open for 40 hours, 3 '100 hour' pharmacies and the single LPS contract in Blackpool. The 100 hours contracts are included in the pharmaceutical list under regulation 13(1)(b) of the National Health Service (Pharmaceutical Services) Regulations 2005; premises which the applicant is contracted to open for at least 100 hours per week for the provision of pharmaceutical services.

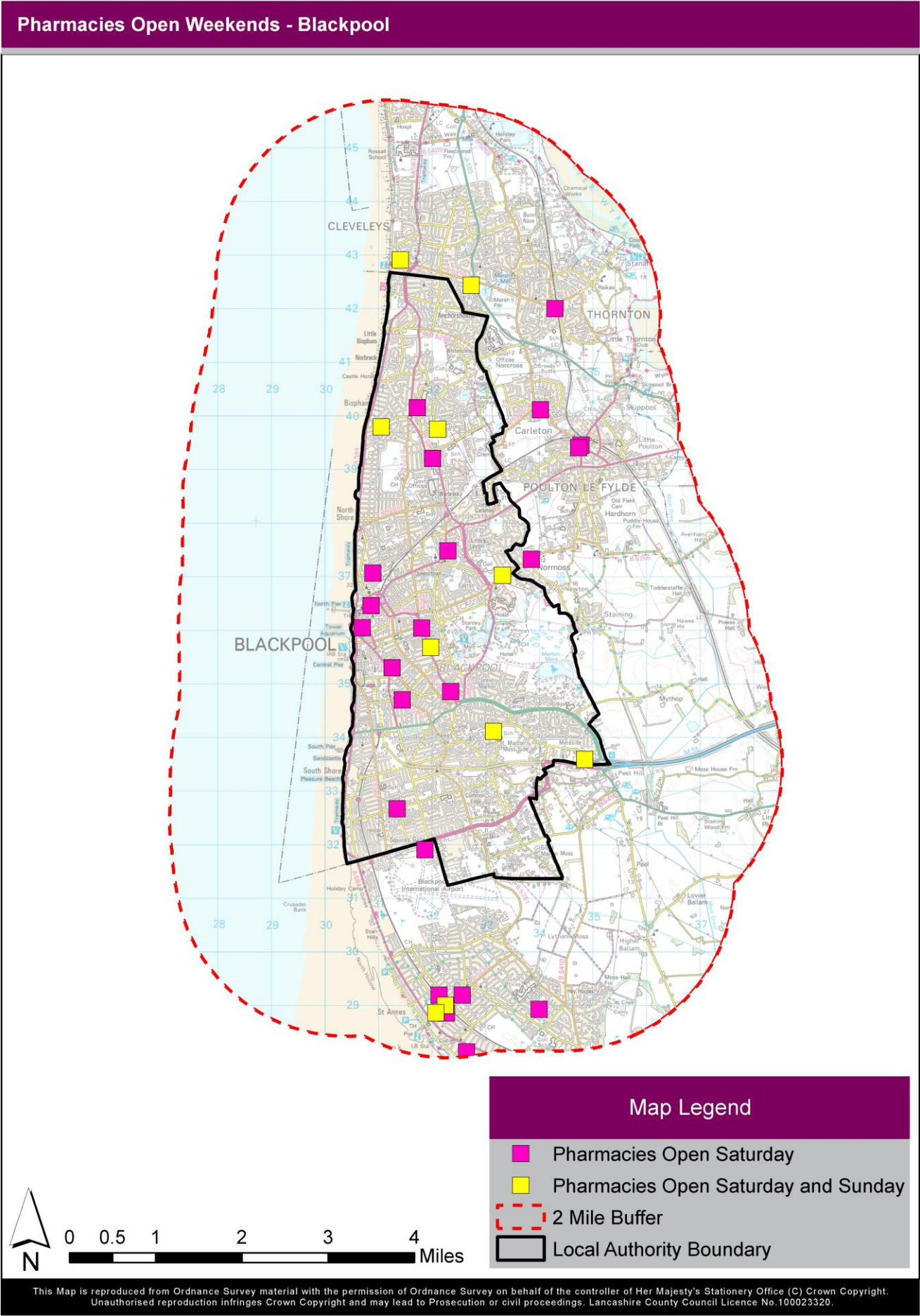
**Figure 5 - 100 hour Pharmacies**

Cohens Chemist	Moor Park Health & Leisure Centre	Bristol Avenue	Blackpool	FY2 0JG
HBS Pharmacy	Newton Drive Health Centre	Newton Drive	Blackpool	FY3 8NX
Tesco Pharmacy	Tesco Extra	Clifton Road	Blackpool	FY4 4UJ

Overall, out of 44 community pharmacies, 18 (41%) are open after 6pm and 10 (23%) are open after 7pm on weekdays; 19 (43%) open on Saturdays; and 6 (14%) 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 **Map 7**.



Map 7. Pharmacies Open at Weekends



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

Currently 3 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 Blackpool that are available on late night and weekends.

Blackpool 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.

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.

### **4.2.4 Access for people with disabilities**

The questionnaire sent to pharmacies and included a question asking if any consultation facilities existed on site and if they included wheelchair access. The results showed that, of the responding pharmacies, 21 of 27 pharmacies (77.8%) have consultation areas with wheelchair access.

## **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.<sup>12</sup>

Essential services are offered by all pharmacy contractors as part of the NHS Community Pharmacy Contractual Framework.<sup>13</sup> Essential services include dispensing, dispensing appliances, repeat dispensing, clinical governance, public health (promotion of healthy lifestyles), disposal of unwanted medicines, signposting and support for self-care.

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<sup>12</sup> The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. Available at: <http://www.legislation.gov.uk/uksi/2013/349/made>

<sup>13</sup> NHS Community Pharmacy Services – A Summary. <http://psnc.org.uk/wp-content/uploads/2013/08/CPCF-summary-July-2013.pdf>

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 Blackpool are currently compliant with the contract to date.

#### **4.3.1 Public Health 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 Primary Care Team 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, Flu Vaccination / Hand Hygiene
- 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. In future for those pharmacies accredited as Healthy Living Pharmacies, there will be flexibility to allow pharmacies to determine their own campaigns whilst maintaining their commitment to 4 of the 6 centrally agreed campaigns.

#### **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.

In 2013-2014, of the 44 pharmacies in Blackpool, 41 contractors provided the Medicines Use Review Service with the mean average of MURs undertaken being 320 per contractor per year. The maximum number of MURs per contractor per year is 400. Pharmacies can carry out more than 400 but will not get paid for any additional MURs.

In 2013-2014, of the 44 pharmacies in Blackpool, 39 contractors provided the New Medicines Service Review with the mean average of NMS Reviews undertaken being 107 per contractor per year.

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.

## 4.5 Enhanced Services

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

In 2013/14 25% (11) providers signed service level agreements to deliver the seasonal flu service. In total 261 patients were vaccinated from a total of 10 providers.

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.

## 4.6 Local Improvement Services

In 2014/15 Public Health commission community pharmacies to deliver the following services:

- Needle exchange
- Supervised consumption
- Nicotine replacement voucher scheme
- Emergency hormonal contraception
- Brief Alcohol Intervention Advice

Not all pharmacies provide each service. Public Health commissioners provide service provision where there is the greatest of need. Public Health commissioners look at a wide range of evidence and data before commissioning a pharmacy to provide a specific service.

These will be discussed in more detail in [Chapter 5](#).

## 4.7 Clinical Commissioning Group

Blackpool CCG has approved a minor illness strategy which is to be used across the whole of the Blackpool Health Economy – including GP Practices, A&E, Urgent Care, OOH, Public Health and Blackpool Borough Council.

This Strategy focuses on better understanding of self-care at home and using local pharmacies as the first port of call, rather than booking an appointment with a GP or going to Urgent Care or A & E. Surgeries within Blackpool are advised to redirect patients to local pharmacies for minor ailments, which will free up GP appointments to deal with more complex and long term conditions and help improve the life quality of the local population. Practitioners are encouraged not to routinely issue prescriptions for self-limiting minor ailments.

A range of posters, leaflets and information on the top 10 minor ailments has been developed to give out to patients rather than giving them a prescription – which is often of limited clinical value.

Key to the successful implementation of this strategy is the Community Pharmacy Minor Ailments Service commissioned by the Blackpool CCG. This is discussed in more detail in [section 5.14](#).

Blackpool CCG also commissions the Community Pharmacy Just in Case Service. This service is described in more detail in [section 5.15](#).

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## 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 direct service provision, for example Emergency Hormonal Contraception, along with providing ongoing support for lifestyle behaviour change through motivational interviewing, providing information and brief advice, and signposting to other services.

Blackpool HWB Board considers community pharmacies to be a key public health resource and recognise that they offer potential opportunities to commission health improvement initiatives and work closely with partners to promote health and wellbeing. 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.

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).

As at February 2015, there are 40 out of 44 community pharmacies providing Emergency Hormonal Contraception (EHC). Whilst improving access to EHC remains a priority the main focus of the Sexual Health Action Plan is to prioritise prevention and ensure people are motivated to practice safer sex including using planned contraception and condoms. The Plan also aims to ensure that all individuals understand the range of choices for contraception and understand how to access them. Community pharmacies play an important role in signposting service users to these services.

People who use illicit drugs are often not in contact with health care services and specialist treatment services and their only contact may be through a needle exchange service within a community pharmacy. At a minimum, the pharmacy can provide advice on safer injecting and harm reduction measures. In addition, community pharmacies can provide information and signposting to treatment services, together with information and support on health issues other than those that are specifically related to the client's addiction. As at February 2015 17 out of 44 community pharmacies in Blackpool provide access to sterile needles and syringes, and sharps containers for return of used equipment. Where agreed locally, associated materials will be provided (for example citric acid and swabs) to promote safe injecting practice and reduce transmission of infections by substance misusers.

Several opportunities exist to encourage a healthy weight such as providing advice, signposting services and providing on-going support towards achieving behavioural change, for example, through monitoring of weight and other related measures.

IBA alcohol training has also been available to pharmacies for some time although very few have so far undertaken the training. However, since the launch of the Healthy Living Pharmacies, Brief Intervention training has been offered to all pharmacy staff who have signed prospectus to commit to become a Healthy Living Pharmacy. The pharmacies are now in the process of undertaking brief intervention training, although it is not specific to alcohol.

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. 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. Pharmacists can help with this, particularly for those who have complex medication regimens or have problems with taking their medication regularly. If services are provided where vulnerable people are visited in their own homes, this also offers an opportunity to identify individuals who are at risk or require additional support, for example, interventions to prevent falls.

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.

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.

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 Acquired Infections (HCAIs). In addition, they are able to inform other primary care practitioners when a prescribed item is not normally available in the community.

In the community, pharmacists should work with GPs and nurse prescribers to ensure safe and rational prescribing of medication. Through the provision of Medicine Use Reviews (MURs), 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.

The minor ailments service in Blackpool 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.

In summary, local commissioning organisations should consider pharmacies among potential providers when they are looking at the unmet pharmaceutical needs and health needs of the local population, including when considering options for delivering integrated care.

## **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. Blackpool 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).<sup>14</sup>

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.

### 5.1.2 Evidence based approach

The NHS Confederation report *Health on the high street: rethinking the role of community pharmacy*<sup>15</sup> 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.”<sup>16</sup>

Local commissioning organisations should consider pharmacies among potential providers when they are looking at the unmet pharmaceutical needs and health needs of the local population, including when considering options for delivering integrated care.

### 5.1.3 Opportunities for integrated care

In the Royal Pharmaceutical Society (RPS) report *Now or never: shaping pharmacy for the future*<sup>17</sup> 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*<sup>15</sup> 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.<sup>14</sup>

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<sup>14</sup> Local Government Association (2013). ‘Community Pharmacy: Local government’s new public health role.’:

<http://www.local.gov.uk/documents/10180/11463/Community+Pharmacy+-+local+government's+new+public+health+role/01ca29bf-520d-483e-a703-45ac4fe0f521>

<sup>15</sup> NHS Confederation (2013) ‘Health on the high street: rethinking the role of community pharmacy.’:

<http://www.nhsconfed.org/Publications/Documents/Health-on-high-street-rethinking-role-community-pharmacy.pdf>

<sup>16</sup> Department of Health (2013). ‘Invitation to tender. Department of Health Policy Research Programme: The role of community pharmacy in public health.’:

<http://www.prpccf.org.uk/PRPFiles/Role%20of%20Community%20Pharmacy%20in%20Public%20Health%20-%20ITT.pdf>

<sup>17</sup> Royal Pharmaceutical Society (2013). ‘Now or never: shaping pharmacy for the future’:

<http://www.rpharms.com/promoting-pharmacy-pdfs/moc-report-full.pdf>

### 5.1.4 Developing the workforce

The LGA Report<sup>14</sup> 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*<sup>18</sup> for pharmacy teams to promote the delivery of high quality public health services in pharmacy settings.

## 5.2 What will this chapter discuss?

Each topic within this chapter will be split into three sections to consider the local health needs, local services offered and a consideration of whether these services meet the local need.

### 5.2.1 Local health needs

People of all ages are 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.<sup>19</sup>

Life expectancy is one of the key indicators of health in a population. Life expectancy for men in Blackpool is 74.0 years (2010 - 2012) and is the lowest in England. Women can expect to live longer than men; life expectancy for women is 80. There are considerable differences in life expectancy within Blackpool. Men in the least deprived areas of the town can expect to live nearly 10 years longer than men in the most deprived areas. Similarly, for women this difference is eight and a half years. Not only do people in Blackpool live shorter lives, but also spend a smaller proportion of their lifespan in good health and without disability. 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 Blackpool JSNA describes the specific health needs of Blackpool in detail.

### 5.2.2 Overview of local services

These are local services commissioned from community pharmacies by Blackpool Council and Blackpool CCG to support the public health agenda for Blackpool. Community pharmacies can make an important contribution to public health improvement. They are particularly valuable in reaching people who may not ordinarily access health services. There are several ways that pharmacies can contribute to public health improvement including providing brief advice, motivational interviewing, signposting to other services and offering ongoing support for behaviour change.

Local services that are commissioned in Blackpool include:

- Alcohol identification and brief advice
- Emergency hormonal contraception
- Needle syringe exchange programme
- Supervised consumption of opiate replacement therapies

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<sup>18</sup> Royal Pharmaceutical Society (2013) 'Draft Professional Standards for Public Health': <http://www.rpharms.com/unsecure-support-resources/professional-standards-for-public-health.asp>

<sup>19</sup> World Health Organization. (March 2013) Fact sheet: Noncommunicable diseases. <http://www.who.int/mediacentre/factsheets/fs355/en/>

- Minor ailments service (CCG)
- Provision of nicotine replacement therapies in partnership with the 'Stop Smoking Service'
- Just in Case Paliative Care Service (CCG)

## 5.3 Smoking

### 5.3.1 Local health needs

Smoking is the single most important factor explaining the difference in death rates between the most and least affluent areas in Blackpool, and is a major factor in ill health. Around 380 people die prematurely every year in Blackpool due to smoking related illness<sup>20</sup>, and a further 8,000 will suffer from a smoking related disease (e.g. bronchitis, emphysema (COPD), cardiovascular disease, cancer).

29.5% of over 18s smoke in Blackpool. This is significantly higher than England as a whole where 19.5% of the over 18 population smoke.<sup>21</sup> The proportion of people smoking varies widely between social groups with the highest rates of smoking seen amongst the most disadvantaged communities, such as the central wards within Blackpool such as Bloomfield or Claremont. This is also where the incidence of lung cancer is twice that of England as a whole. The rate of smoking in pregnancy in Blackpool is the worst in the country at 30.8%.

### 5.3.2 Local services

Services to help people stop using tobacco are available from Specialist Stop Smoking Services and through a Locally Enhanced Service at GP surgeries. These services have a combined target of helping more than 1,000 people to stop smoking every year.

The Stop Smoking Service provides specialist advice and support to all residents of Blackpool, and to employees who work in Blackpool but live outside the area. The service also provides information to health and related professionals who have contact with smokers to enable accurate signposting to the service, with particular focus on hard-to-reach groups such as pregnant women, young people and manual workers. In addition to prescribing nicotine replacement therapy (NRT), the service provides support to clients who wish to stop tobacco use by using e-cigarettes rather than NRT or who need support to stop using e-cigarettes.

The Locally Enhanced Service is an additional model for delivery of smoking cessation treatments. It is intended that this model will recruit smokers opportunistically during routine medical care, removing the need for direct marketing. The service aims to provide intermediate level stop smoking advice and support to all residents of Blackpool, and to those living outside the area but are registered with a Blackpool GP.

In 2013, the overall percentage of smokers setting a quit date in the Blackpool Stop Smoking Service and the LES who were successfully quit at 4 weeks was 36%. The Stop Smoking Service and the LES aim to:

- Reduce the number of smokers in Blackpool
- Reduce health inequalities by ensuring the service is aimed at the target population
- A reduction in the risk of developing smoking related conditions

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<sup>20</sup> Smoking attributable mortality 2009-11. Source: APHO Health Profile Blackpool 2013.  
<http://www.apho.org.uk/resource/view.aspx?RID=126948>

<sup>21</sup> Integrated household survey smoking prevalence. Source: Local Tobacco Profiles.  
<http://www.tobaccoprofiles.info/profile/tobacco-control/data#gid/1000110/pat/6/ati/102/page/1/par/E12000002/are/E06000009>

- Contribute to a reduction in infant mortality

In addition to the services described above, various steps have been taken locally which go towards reducing harm from tobacco within our population. These steps include:

- Smokefree hospital grounds to protect patients and visitors
- Signage to encourage smokefree playgrounds and parks to protect our children
- Working with midwifery services and pregnant women to reduce the rate of pregnant women smoking at the time of delivery giving babies a better start in life
- Working closely with other colleagues such as Trading Standards on various operations relating to proxy sales of tobacco to children, employing specialist sniffer dogs on illicit and illegal tobacco operations, and operations at Blackpool airport on smuggling
- Commissioning a lung health check project to find the 'Missing Millions' – people who may be in the first stages of Chronic Obstructive Pulmonary Disease. The aim of this work is to give those people identified information in the right language that would encourage them to seek help to stop smoking.

### 5.3.3 Considerations of services offered

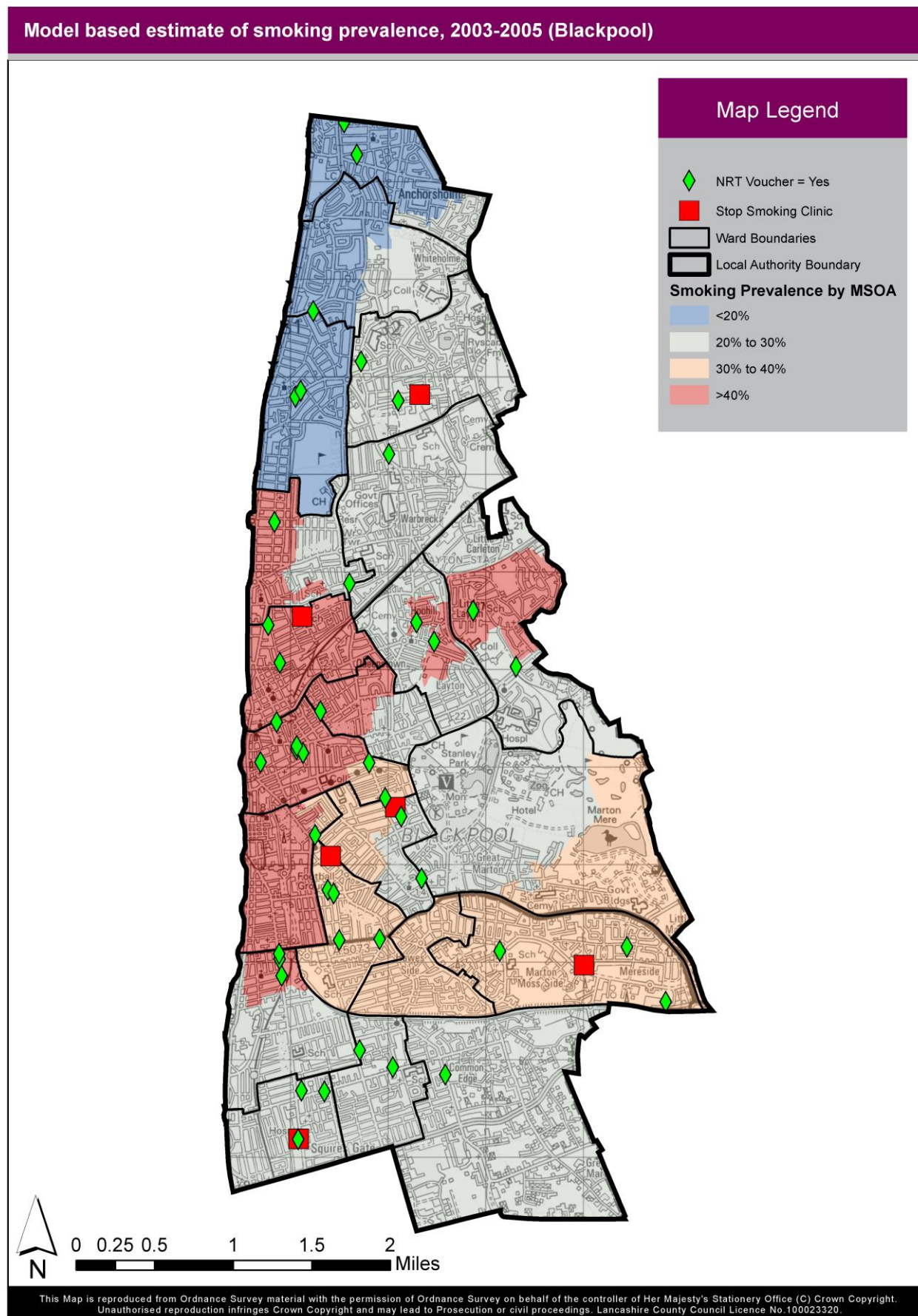
**Map 8** shows smoking prevalence across Blackpool and shows the location of Stop Smoking Services and pharmacies that accept Nicotine Replacement Therapy (NRT) vouchers.

Whilst we recognise that there may be a need to review the current location of Stop Smoking Services clinics to ensure that they are accessible to those who most need them, we feel that there is currently adequate provision of access to NRT voucher exchanges from pharmacies.

A review of current provision of all tobacco control services will be undertaken during 2015 and options and opportunities for stop smoking interventions from pharmacy settings will be considered as part of an options appraisal.



**Map 8. Smoking prevalence, location of Stop Smoking Services and pharmacies that accept the NRT voucher scheme**



## 5.4 Healthy weight

### 5.4.1 Local health needs

The proportion of adults estimated to be obese in Blackpool (25.8%) is similar to the North West (23.4%) and England (24.2%).<sup>22</sup> There is compelling evidence to clearly demonstrate that an inactive lifestyle has a substantial negative effect on health. Physical activity levels amongst the adult population in Blackpool are much lower than the North West and England as a whole. 48.2% of the adult population of Blackpool undertake over 150 minutes of physical activity a week compared to 56.0% of the adult population of England.<sup>23</sup>

It is important to note that obesity, and health problems related to obesity, are often more damaging to older people, particularly as they may have other health problems. Survey data suggest that children in Blackpool are more physically active than average, however levels of childhood obesity are slightly above the national average.

### 5.4.2 Opportunities in local services

Several opportunities exist such as providing advice, signposting services and providing on-going support towards achieving behavioural change for example through monitoring of weight and other related measures.

## 5.5 NHS Health Checks

Blackpool GP Practices currently deliver national NHS Health check programme which is a rolling programme for everyone between 40 and 74 years of age. The purpose is to identify an individual's risk of coronary heart disease, stroke, diabetes and kidney disease and for this risk to be communicated in a way that the individual understands and for that risk to then be managed appropriately. From April, 2013, the NHS Health Check also incorporated alcohol risk assessment and dementia awareness elements.

The core aims of the programme are the:

- Identification of eligible cohort and assessment of their vascular risk
- Communication to the patient of their vascular risk
- Management of vascular risk including:
  - Advice and treatment if required
  - Signposting to other services if appropriate
  - Referral to other services if required e.g. Smoking Cessation, Weight management

## 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. Untreated infection can have serious long-term consequences, particularly for women, in whom it can lead to Pelvic Inflammatory Disease (PID), ectopic pregnancy and tubal

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<sup>22</sup> Modelled obesity prevalence 2006-08. Source: National Obesity Observatory. <http://www.sepho.nhs.uk/NOO/e-Atlas/adult/atlas.html>

<sup>23</sup> Adults completing over 150 minutes of moderate equivalent physical activity per week 2012/13. Active People Survey. [http://www.noo.org.uk/data\\_sources/physical\\_activity/activepeople](http://www.noo.org.uk/data_sources/physical_activity/activepeople)



factor infertility. Since many infections are asymptomatic, a large proportion of cases remain undiagnosed, although infection can be diagnosed easily and effectively treated.

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 diagnosed to diagnostic rates.

In 2012, the proportion of 15-24 year olds tested for chlamydia in Blackpool (46.8%) was higher than national (25.8%) and North of England (27.1%) rates. Within Blackpool the percentages of positive tests (10.9%) was higher than that seen nationally (7.7%).

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

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

Blackpool has amongst the highest prevalence of HIV in the North West, though the number of new infections is falling. The prevalence of diagnosed HIV infection in Blackpool has not changed substantially in the period from 2010 to 2012. Data from Public Health England indicate that between 2010 and 2012 there was a decrease in diagnoses of gonorrhoea, a slight increase in diagnoses of syphilis (small numbers), while diagnoses of genital warts decreased.<sup>24</sup>

### **5.6.3 Local services**

Sexual health services in Blackpool are currently delivered via specialist clinical services and non-clinical outreach, awareness and behaviour change services. Open access, specialist clinical services are delivered via primary care centres and a selection of GP services. These services offer GUM, contraceptive services and psychosexual counselling. Young people can access a dedicated service via 'Connect'.

Non clinical services offer a range of targeted interventions for adults and children and young people. Adult services include HIV support services, counselling and CBT, sex worker outreach and brief intervention training for front line staff. Children and young people's services focus on assertive outreach and 1:1 intervention programmes for young people. A targeted programme of PSHE and Aspiration courses in schools are being delivered.

### **5.6.4 Consideration of services offered**

An audit of contraceptive use in female service users of drug and alcohol treatment services is currently being undertaken. Substance misusing women are a particularly vulnerable group in relation to sexual health risk and morbidity. Part of this work entails consulting with female service users to identify barriers and facilitators to accessing sexual health services and reliable methods of contraception. The results should enable the exploration of more effective ways of delivering services to this vulnerable group.

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<sup>24</sup> <http://fingertips.phe.org.uk/sexualhealth>

## 5.7 Emergency hormonal contraception

### 5.7.1 Local health needs

Blackpool has a teenage pregnancy rate significantly higher than England as a whole (under 18 conception rate of 42.9 per 1,000 in 2012).<sup>25</sup> The rate of teenage pregnancy in Blackpool has fallen steady after a peak in 2003. Although significant improvements have been made in recent years, teenage pregnancy remains an important problem for Blackpool. There are more terminations of pregnancy per head of population amongst under 18s in Blackpool than England as a whole. However this is reflective of the fact that Blackpool has a high teenage conception rate and more teenage conceptions in Blackpool result in live births compared with the national average.<sup>26</sup>

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.<sup>27</sup>

### 5.7.2 Local services

As at February 2015, there are 40 out of 44 community pharmacies providing Emergency Hormonal Contraception (EHC). This involves the supplying of Levonorgestrel (as appropriate), free of charge to the service user, according to the approved Patient Group Direction for the supply/administration of emergency hormonal contraception by a community pharmacist from a community pharmacy. The aims of this service are to:

- To increase access to Emergency Hormonal Contraception (EHC)
- To increase knowledge of EHC and mainstream contraception amongst service users and healthcare professionals
- To help contribute to a reduction in the rate of unwanted pregnancies, particularly in under 18s
- To signpost hard to reach females, especially young females, into sexual health services

Whilst improving access to EHC remains a priority the main focus of the Sexual Health Action Plan is to prioritise prevention and ensure people are motivated to practice safer sex including using planned contraception and condoms. The Plan also aims to ensure that all individuals understand the range of choices for contraception and understand how to access them. Community pharmacies play an important role in signposting service users to these services.

### 5.7.3 Consideration of local services

**Map 9** shows areas of Blackpool where the conception rate of under 18 years old is significantly higher than the national average and also shows the location of pharmacies that provide Emergency Hormonal Contraception (EHC). There is good coverage across the town of EHC providing pharmacies, particularly in areas where there are higher under 18 conception rates.

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<sup>25</sup> Public Health Outcomes Framework – 2.04 Under 18 conceptions, 2012: <http://www.phoutcomes.info>

<sup>26</sup> Abortion statistics, England and Wales, 2012: <https://www.gov.uk/government/statistical-data-sets/statistics-on-abortions-carried-out-in-england-and-wales-in-2012>

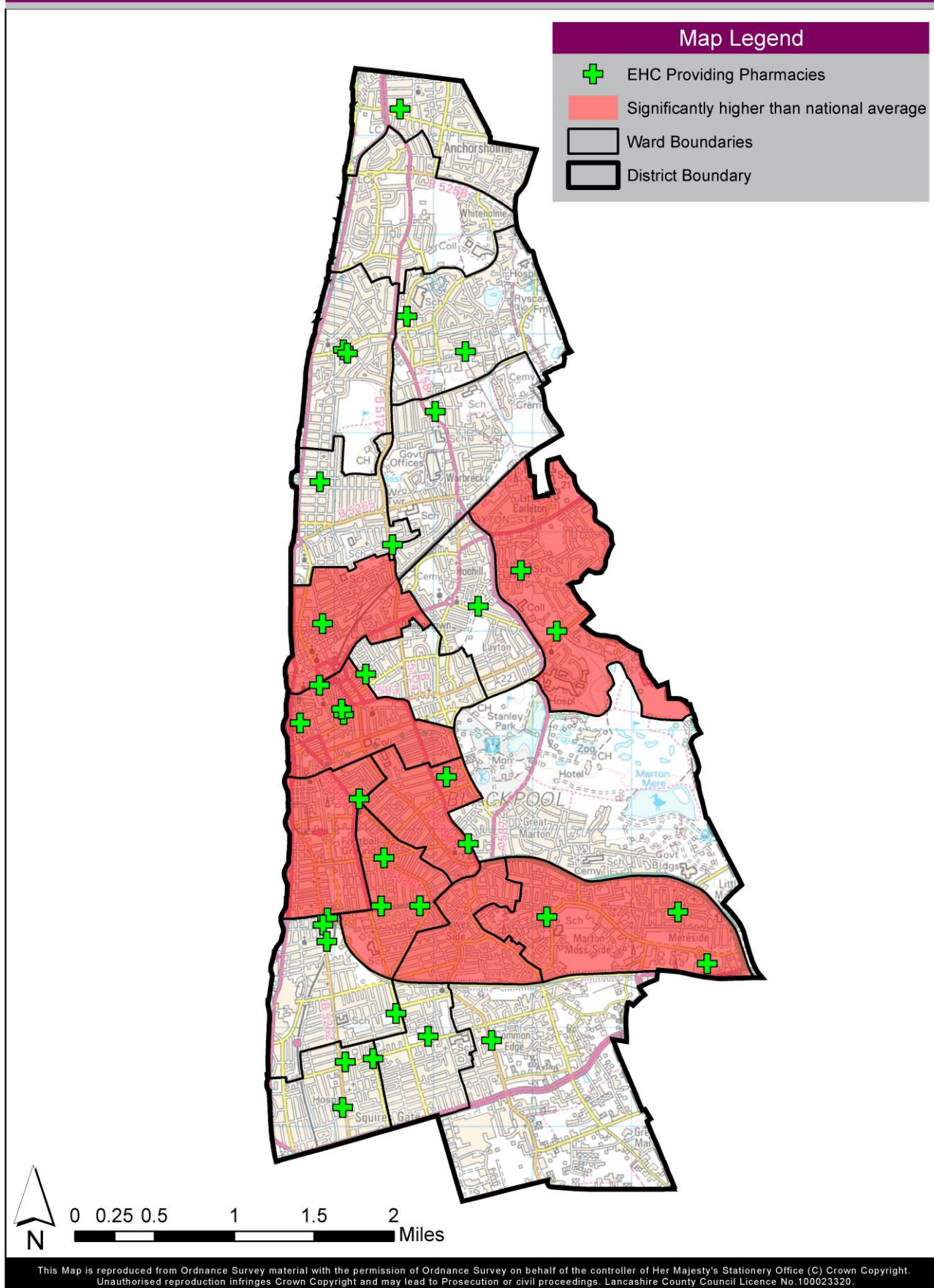
<sup>27</sup> Marston C. (2005) 'Impact on contraceptive practice of making emergency hormonal contraception available over the counter in Great Britain: repeated cross sectional surveys.' *BMJ* 331: 271.

Research has indicated that certain vulnerable groups have poorer access to sexual health services and have a higher risk of STIs and unintended pregnancy. Community pharmacies could potentially help improve access to sexual health services for these groups through the provision of depo injections and oral contraceptives.

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## Map 9. Under 18 conception rate and location of pharmacies providing EHC

Under 18 Conception Rate per 1,000: 2009-11 (Blackpool)



## 5.8 Alcohol use

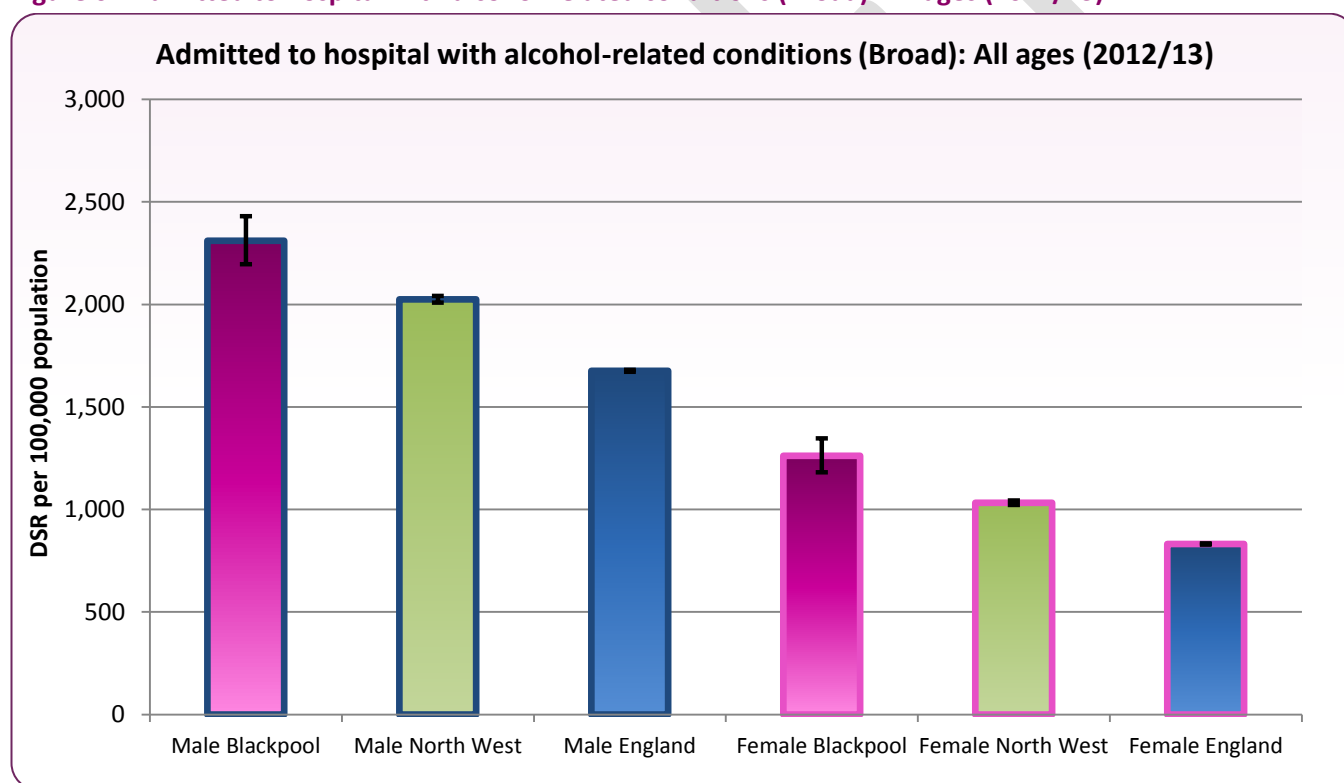
### 5.8.1 Local health needs

Local authorities are responsible for the commissioning of alcohol prevention and treatment services as of April 2013.<sup>28</sup>

Blackpool has some of the highest levels of alcohol related harm in the country. This includes direct health effects such as premature death and chronic liver disease, as well as other consequences such as disorder and violence. There are an estimated 32,500 Blackpool residents who drink at hazardous or harmful levels, equating to 29.3% of the adult population.<sup>29</sup>

Blackpool has statistically significant higher rates of alcohol related hospital admissions for both men and women when compared with England, as show in **Figure 6**. Alcohol related hospital admissions include admissions to hospital that are wholly attributable to alcohol, such as alcoholic liver disease, and also hospital admissions that are partially attributable to alcohol or in some cases attributable to alcohol, such as some types of cancer or road traffic accidents.

**Figure 6 - Admitted to hospital with alcohol-related conditions (Broad): All ages (2012/13)**



Source: Local Alcohol Profiles for England (LAPE). <http://www.lape.org.uk/data.html>

<sup>28</sup> Alcohol concern: Making sense of alcohol. (Sept 2013) 'Guide to alcohol for councillors.' Available at: <http://www.alcoholconcern.org.uk/assets/files/Guide%20to%20Alcohol%20160813%20APPROVED.pdf>

<sup>29</sup> Topography of Drinking Behaviours in England, The North West Public Health Observatory, 2011  
<http://www.lape.org.uk/downloads/alcohol estimates2011.pdf>

## 5.8.2 Local services

There is evidence of the effectiveness of community pharmacy-based public health interventions such as smoking cessation and methadone maintenance for addictions, and in the management of osteoporosis, diabetes and raised cholesterol. Service users report positive experiences of using community pharmacy-based public health services, suggesting these services are acceptable as well as effective. 'Choosing Health Through Pharmacy' identified opportunistic advice, brief interventions and offering floor space to other health professionals as areas where community pharmacy could make a contribution. Several screening tools exist which are relevant for use in primary care settings including community pharmacy.

Blackpool community pharmacies perform a two part alcohol use questionnaire based on the 'Audit- C' tool. Depending on the outcome of the questionnaire the service user is provided with educational materials, brief advice and possibly a referral to alcohol treatment services. The aim of the service is to:

- Support the reduction in the level of alcohol related harm within the community
- Provide advice to customers drinking at increasing risk levels
- Signpost those customers that have been identified as being at risk from their alcohol use to the single point of contact treatment services
- Increase awareness within the local population to the associated health risks linked to alcohol use

## 5.8.3 Consideration of local services

A review of the effectiveness of Audit C as a screening tool is needed in order to inform future commissioning decisions on this service.

IBA alcohol training has also been available to pharmacies for some time although very few have so far undertaken the training. However, since the launch of the Healthy Living Pharmacies, Brief Intervention training has been offered to all pharmacy staff who have signed prospectus to commit to become a Healthy Living Pharmacy. The pharmacies are now in the process of undertaking brief intervention training, although it is not specific to alcohol.

# 5.9 Drug misuse related harm

## 5.9.1 Local health needs

Illicit drug use contributes to the disease burden both globally and in Blackpool. 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.<sup>30</sup>

An overview of the current situation in the UK is given in the DH report *United Kingdom Drug Situation – 2012 Edition*. 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

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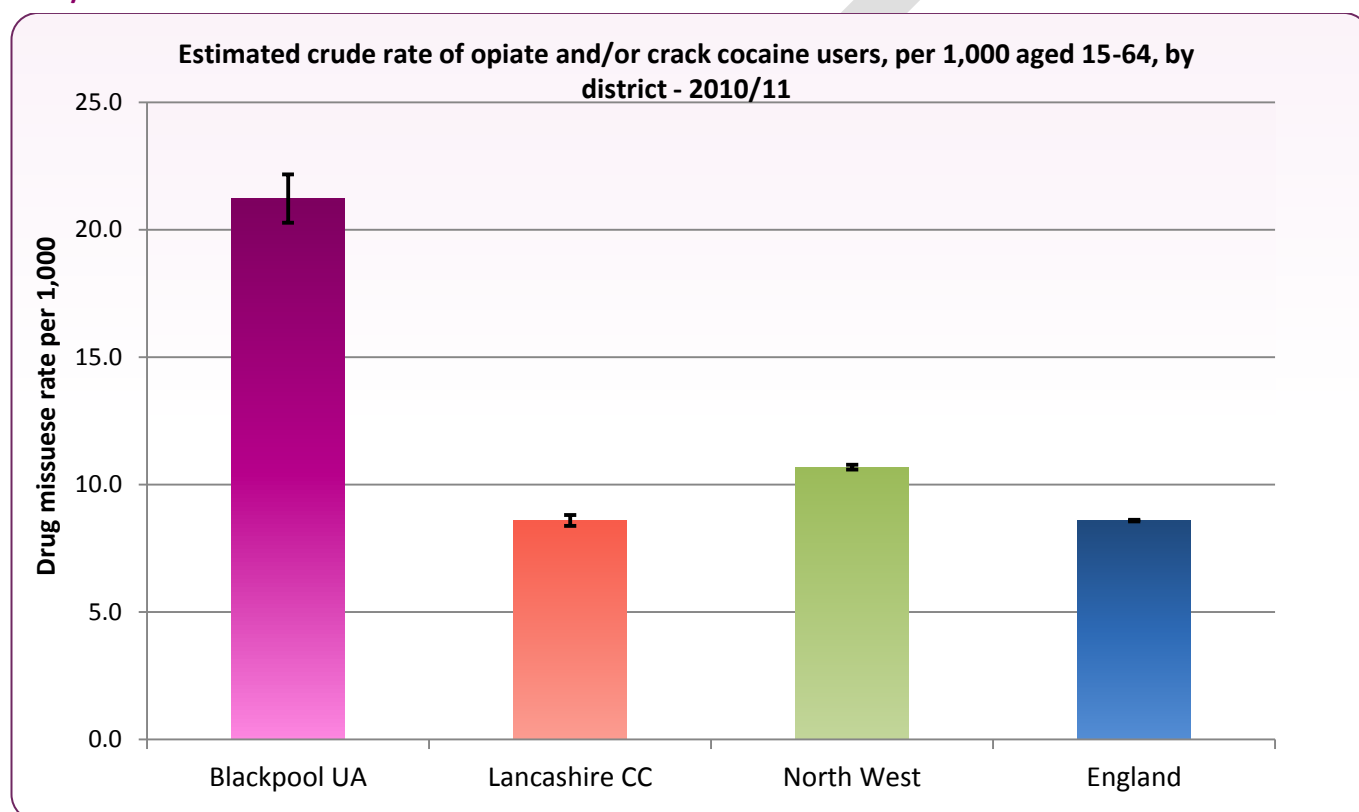
<sup>30</sup> Degenhart L et al. 'Global burden of disease attributable to illicit drug use and dependence: findings from the Global Burden of Disease Study 2010'. *Lancet* 2013; e-pub 29 Aug: <http://www.sciencedirect.com/science/article/pii/S0140673613615305>



8.8% in 2010/11.<sup>31</sup> 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.

Blackpool sees high levels of substance misuse, and has the highest levels of problematic heroin and crack cocaine use in the North West. The rate in Blackpool is significantly higher than both the North West and England (**Figure 7**). An estimated 1,946 residents of Blackpool are considered problematic drug users. In 2012/13 there were an estimated 1,946 Opiate and/or Crack Cocaine users in Blackpool and the current rate is 21.9 per 1,000 population, compared to 10.8 per 1,000 for the North West and 8.7 per 1,000 for England. The rate for opiate users is 20.3, compared to 9.6 and 7.6 for the North West and England; 10.8 for injecting drug users, compared to 3.2 and 2.7 for the North West and England.

**Figure 7 - Estimated crude rate of opiate and/or crack cocaine users, per 1,000 aged 15-64, by district - 2010/11**

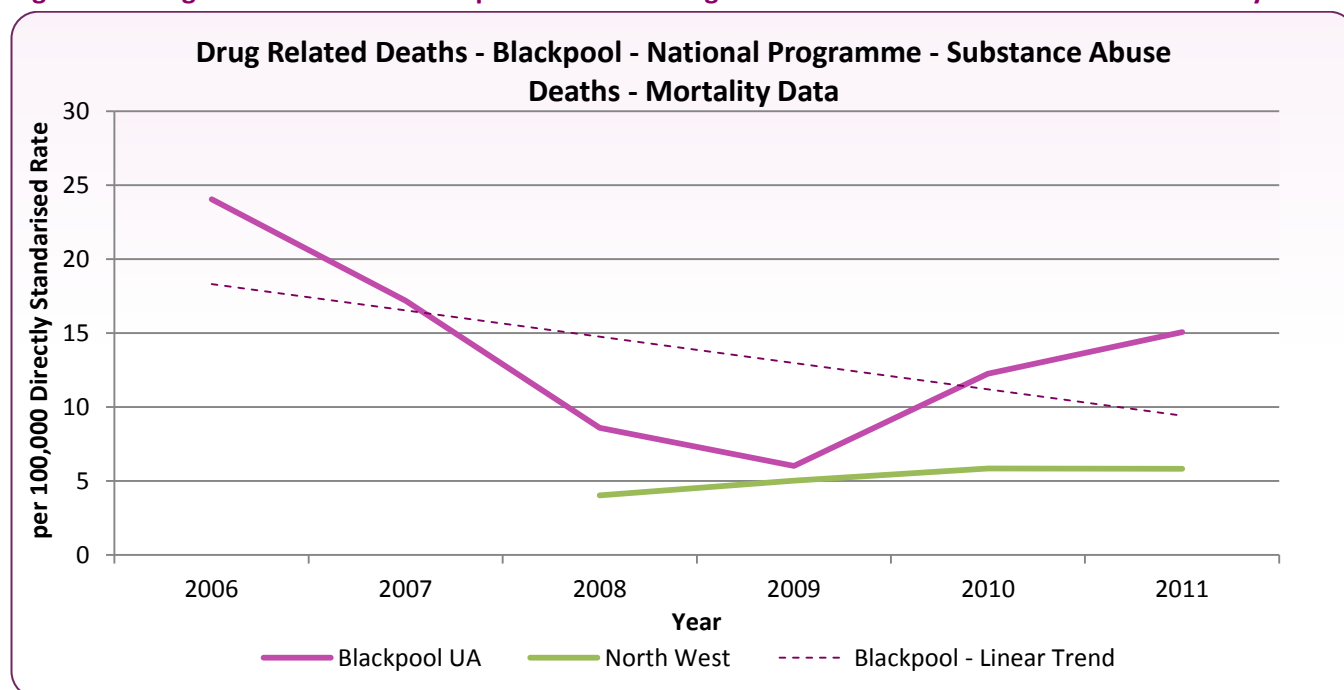


Source: PHE Health profiles 2013. <http://www.apho.org.uk/resource/view.aspx?RID=126811>

<sup>31</sup> Department of Health. (2012) 'United Kingdom Drug Situation: 2012': <http://www.nwph.net/ukfocalpoint/writedir/userfiles/file/Report%202012/REPORT2012FINAL.pdf>

Although the rate of drug related deaths in Blackpool has reduced over the long term, in recent years the rate has started to rise again (**Figure 8**).

**Figure 8 - Drug Related Deaths - Blackpool - National Programme - Substance Abuse Deaths - Mortality Data**



Source: <http://www.sgul.ac.uk/research/projects/icdp/our-work-programmes/substance-abuse-deaths/>

### 5.9.2 Local service: Community pharmacy needle and syringe exchange

Community pharmacies provide access to sterile needles and syringes, and sharps containers for return of used equipment. Associated materials, for example condoms, citric acid and swabs, to promote safe injecting practice and reduce transmission of infections by substance misusers, are also provided. Pharmacies offer a user-friendly, non-judgmental, client-centred and confidential service to injecting drug users, steroid users and those injecting tanning products. The pharmacies promote safe practice to the user, including advice on sexual health and STIs, HIV and Hepatitis C transmission and Hepatitis A and B immunisation.

Community pharmacists provide support and advice to the user, assisting them to remain healthy until they are ready and willing to cease injecting and ultimately achieve a drug-free life with appropriate support. Pharmacists can refer to other health and social care professionals and specialist drug and alcohol treatment services where appropriate.

The aims of the service are to protect health and reduce the rate of blood-borne infections and drug related deaths among service users:

- by reducing the rate of sharing and other high risk injecting behaviours;
- by providing sterile injecting equipment and other support;
- by promoting safer injecting practices; and
- by providing and reinforcing harm reduction messages including safe sex advice and advice on overdose prevention (e.g. risks of poly-drug use and alcohol use).

Participating pharmacies also improve the health of local communities by preventing the spread of blood-borne infections by ensuring the safe disposal of used injecting equipment.

### 5.9.3 Local service: Community pharmacy supervised administration service

One key element of drug treatment for opiate users is the prescribing of maintenance treatments such as Methadone, Buprenorphine or Suboxone®. Studies have shown that Methadone Maintenance Treatment reduces levels of injecting drug use and associated health problems, acquisitive crime and drug related death among those in treatment. Thus the Clinical Guidelines believe it to be 'an important part of drug misuse services' (DoH, 1999:45). Prescribing substitute medications allows time for individuals to implement personal or social changes that can reduce the impact of their illicit drug use and is a key element to increase the opportunities of individuals to achieve their goals.

Pharmacists play a key and unique role in the care of the substance users. 'Key', in that through the supervision of consumption of methadone, buprenorphine or Suboxone®, the pharmacist is instrumental in supporting drug users in complying with their prescribing regime, therefore reducing incidents of accidental death through overdose. Also through supervision, pharmacists are able to keep to a minimum the misdirection of controlled drugs, which may help to reduce drug related deaths in the community. The 'unique' role that pharmacists play in the treatment of drug users is the daily contact that they have with their patients, and their ability to monitor and offer advice on the patient's general health and well-being. By integrating the pharmacists into the 'shared-care' service this gateway role can be developed to maximise the positive impact treatment has for patients.

Community pharmacies provide support and advice to the patient, including referral to primary care or specialist centres where appropriate. Pharmacists can monitor the patient's response to prescribed treatment. For example if there are signs of overdose, especially at times when doses are changed, during titration of doses, if the patient appears intoxicated or when the patient has missed doses. If necessary the pharmacist can withhold treatment if this is in the interest of patient safety, liaising with the prescriber or named key worker as appropriate.

By ensuring each supervised dose is correctly consumed by the patient for whom it was intended they reduce the risk to local communities. Specifically, by reducing the diversion of prescribed medicines onto the illicit drugs market and the accidental exposure to the supervised medicine.

### 5.9.4 Non pharmacy services: specialist drug services

The specialist drug service offers a recovery focused treatment service. Recovery is very individual, but the Public Health perspective is about clients leaving the specialist treatment service and being able to have a healthy sustainable life within the community. All clients are case managed by the care co-ordination service where they receive psychosocial interventions, cognitive behavioural therapy, structured day programmes and substitute medication within the community. Clients will also receive health checks and sexual health advice.

### 5.9.5 Consideration of services offered

At the present time there are 17 pharmacists delivering needle exchange services, alongside the harm reduction service. It is considered that there is sufficient coverage across Blackpool, and there are no plans at the present time to increase the provision.

In line with the recent announcement by the Crime Prevention Minister that Health Professionals can legally provide foil, consideration needs to be given as to whether this should be included as part of the needle exchange programme.

In relation to supervised consumption there are currently 32 pharmacists equipped to deliver this service. In view of the new contracts that have been issued for delivering drug and alcohol treatment services and the move to a

recovery focused approach there is a move to reduce the number of individuals on a supervised prescription. This will need to be monitored to consider the impact on the pharmacists and to study whether there is a need for the same level of pharmacy coverage.

There is an emerging trend of individuals being addicted to over the counter medications and prescribed medications, although the evidence of this is limited. Work has commenced at looking at the level of the problem within Blackpool. There will be a need to work with pharmacists to look at the extent of the problem and to consider the type of service that should be offered to individuals.

## 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<sup>32</sup>. Self-monitoring of medication taking can also potentially be facilitated by new technologies (e.g. automatic pill dispensers and home blood pressure monitors)<sup>33</sup>. 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) and New Medicines Service (NMS) reviews. Any issues or concerns raised are then referred to the appropriate health care professional for follow up. Pharmacy MURs and NMS reviews 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 NMS reviews 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 Long Term Conditions (LTC). 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<sup>34</sup>, 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.

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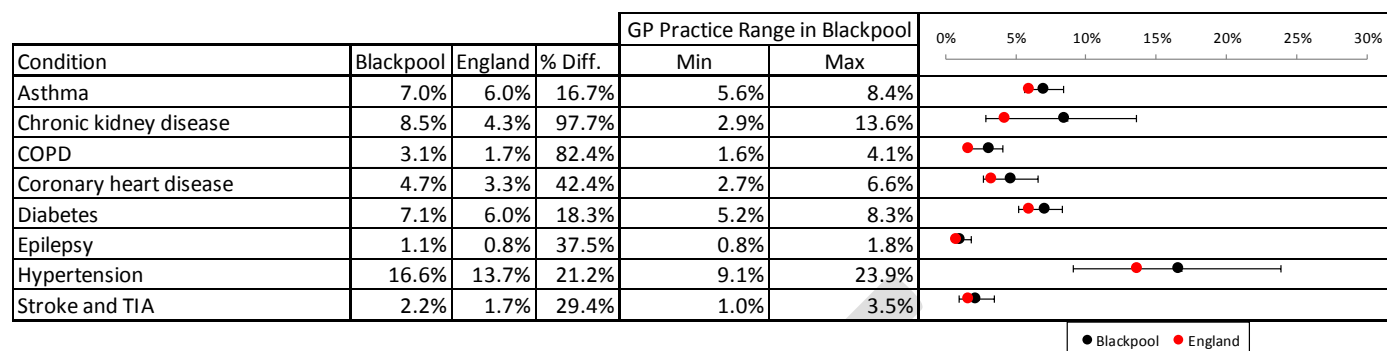
<sup>32</sup> Kripalani et al 2007. Interventions to Enhance Medication Adherence in Chronic Medical Conditions: A Systematic Review. Arch Intern Med. 2007;167:540-550. <http://archinte.jamanetwork.com/article.aspx?articleid=412057>

<sup>33</sup> Zullig et al 2013. Ingredients of Successful Interventions to Improve Medication Adherence. JAMA 2013 [http://jama.jamanetwork.com/article.aspx?articleID=1784085&utm\\_source=Silverchair%20Information%20Systems&utm\\_medium=email&utm\\_campaign=JAMA%3AOnlineFirst11%2F21%2F2013](http://jama.jamanetwork.com/article.aspx?articleID=1784085&utm_source=Silverchair%20Information%20Systems&utm_medium=email&utm_campaign=JAMA%3AOnlineFirst11%2F21%2F2013)

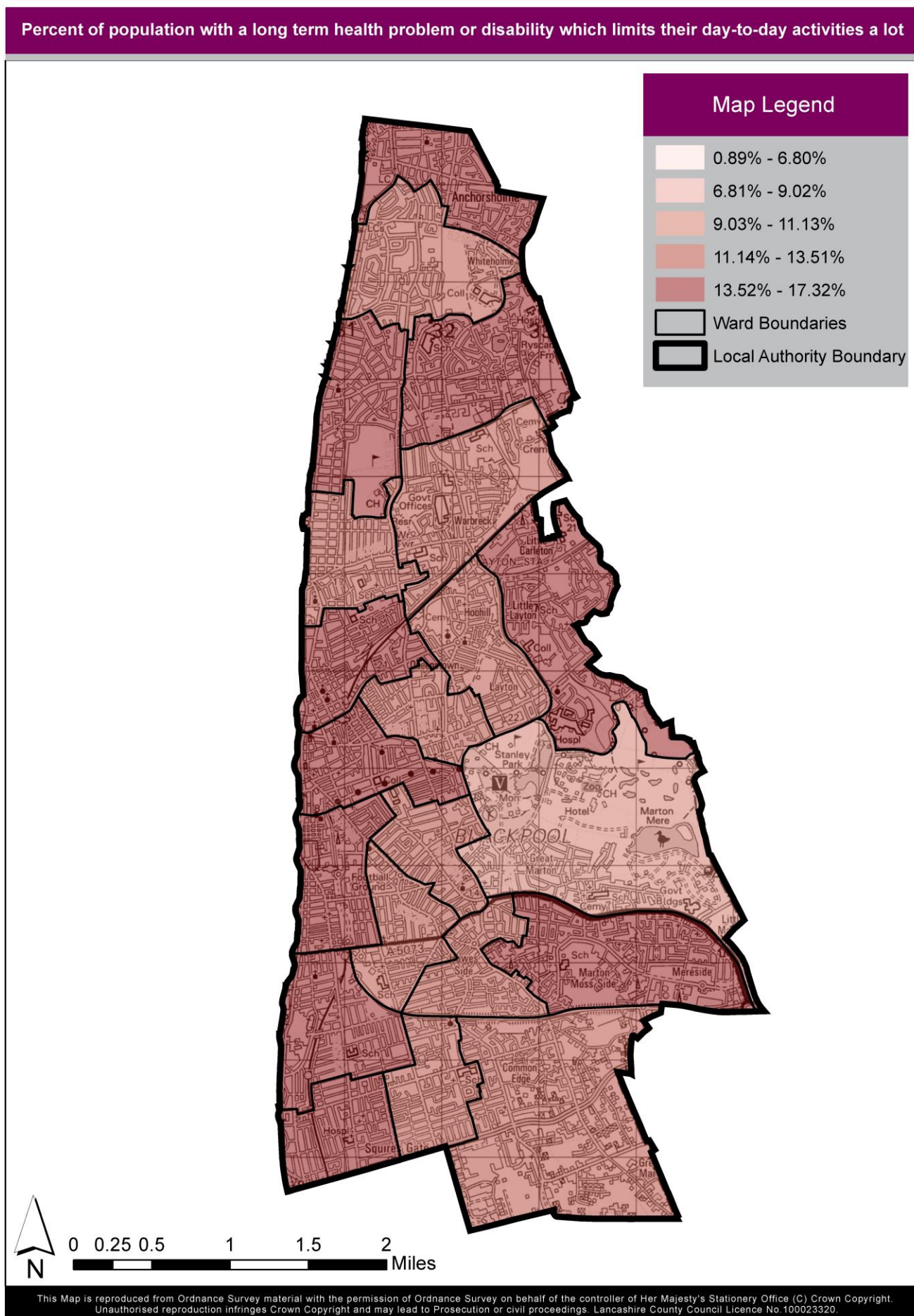
<sup>34</sup> More information on Be Clear on Cancer homepage, available at: <http://www.cancerresearchuk.org/cancer-info/spotcancerearly/naedi/beclearoncancer/>

The prevalence of several LTCs in the population of NHS Blackpool CCGs is significantly higher than the national average e.g. chronic kidney disease, diabetes, epilepsy and depression.

**Figure 9 - Summary of prevalence of selected long-term conditions in Blackpool (2012 - 2013)**



**Map 10. Percentage of Population with a long term health problem or disability – Census 2011**





### **5.10.1 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.

## **5.11 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.

## **5.12 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, primary care pharmacists and microbiology/infectious diseases/infection control teams 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 Acquired Infections (HCAIs). In addition they are able to inform other primary care practitioners when an item prescribed is not normally available in the community.

## 5.13 Medication related harm

### 5.13.1 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 2007.<sup>35</sup> 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 and care 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.”<sup>36</sup>

### 5.13.2 Local services

In the community, pharmacists should work with hospital discharge teams, interface teams, GPs and non-medical 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 National Patient Safety Agency (NPSA) alerts on: anticoagulant monitoring, methotrexate, lithium safety, cold chain integrity etc.

Through the provision of MURs, NMS, 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.

Similar collaborative arrangements should be explored to ensure safe and appropriate supply of medication to residents in care homes in line with NICE guidance SC1:2014 ‘Managing medicines in care homes’.<sup>37</sup>

## 5.14 Community Pharmacy Minor Ailments Service

The White Paper *Pharmacy in England – Building on Strengths, Delivering the Future* 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.

A minor ailments service was first commissioned in Blackpool PCT in 2003. In 2010 this service was reviewed and re-launched across Blackpool.

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<sup>35</sup> National Patient Safety Agency (2009) ‘Safety in Doses: Improving the use of medicines in the NHS.’: <http://www.nrls.npsa.nhs.uk/resources/?entryid45=61625>

<sup>36</sup> Barber D et al. (2009) ‘Care homes’ use of medicines study: prevalence, causes and potential harm of medication errors in care homes for older people.’ *Qual Saf Health Care* 18:341-346: <http://qualitysafety.bmj.com/content/18/5/341.full>

<sup>37</sup> NICE guidance SC1:2014 ‘Managing medicines in care homes’ <http://www.nice.org.uk/guidance/SC1>

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.

To register for the service, a person must live in Blackpool or be registered with a Blackpool GP practice.

The following minor ailments were included:

- Acute Pain/headache/temperature
- Allergies (hayfever) Bites And Stings
- Cold Sores
- Colds/ Flu/ Nasal Congestion
- Conjunctivitis
- Constipation (acute)
- Cystitis
- Diarrhoea
- Head Lice
- Heartburn / Indigestion
- Mouth Ulcers
- Oral Thrush
- Sore Throat
- Teething Pain
- Threadworms
- Vaginal Thrush

### **5.15 Community Pharmacy Just in Case 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

Blackpool has four designated community pharmacies that 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.

## 5.16 Healthy Living Pharmacy

### 5.16.1 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'<sup>38</sup>. 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<sup>39</sup>.

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.

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.

### 5.16.2 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.

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<sup>38</sup> Pharmacy in England: Building on Strengths, Delivering the Future. Department of Health. 2008 [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/228858/7341.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/228858/7341.pdf)

<sup>39</sup> Community Pharmacy Use: Quantitative and Qualitative Market Research Report. COI on behalf of Department of Health. January 2008 <http://rps.koha-ptfs.co.uk/cgi-bin/koha/opac-detail.pl?biblionumber=5155>

### 5.16.3 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<sup>40</sup>
- 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 team approach which enable staff to make every contact count.

### 5.16.4 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

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<sup>40</sup> HLP Quality criteria and Lancashire HLP requirements. <http://www.pharmacylancashire.org/healthy-living-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.

#### 5.16.5 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.

#### 5.16.6 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 Earl 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.*

[http://www.pharmacymag.co.uk/ezines/PM\\_January\\_2014/HTML/files/assets/basic-html/page21.html](http://www.pharmacymag.co.uk/ezines/PM_January_2014/HTML/files/assets/basic-html/page21.html)



## 6 Future Population Changes and Housing Growth

### Key Message:

The principal issue of housing demand and supply for Blackpool is the on-going demand for cheap flats in the private rented sector from people moving in to Blackpool from other areas. The new supply of homes over the last few years, especially since the economic downturn from 2007, has concentrated on conversions from former guest house accommodation in inner Blackpool. It is likely that conversions will continue at a similar rate in the inner area (approx. 100 new flats per year), although should be higher quality and larger on average as a result of planning policy changes and direct investment by the local authority.

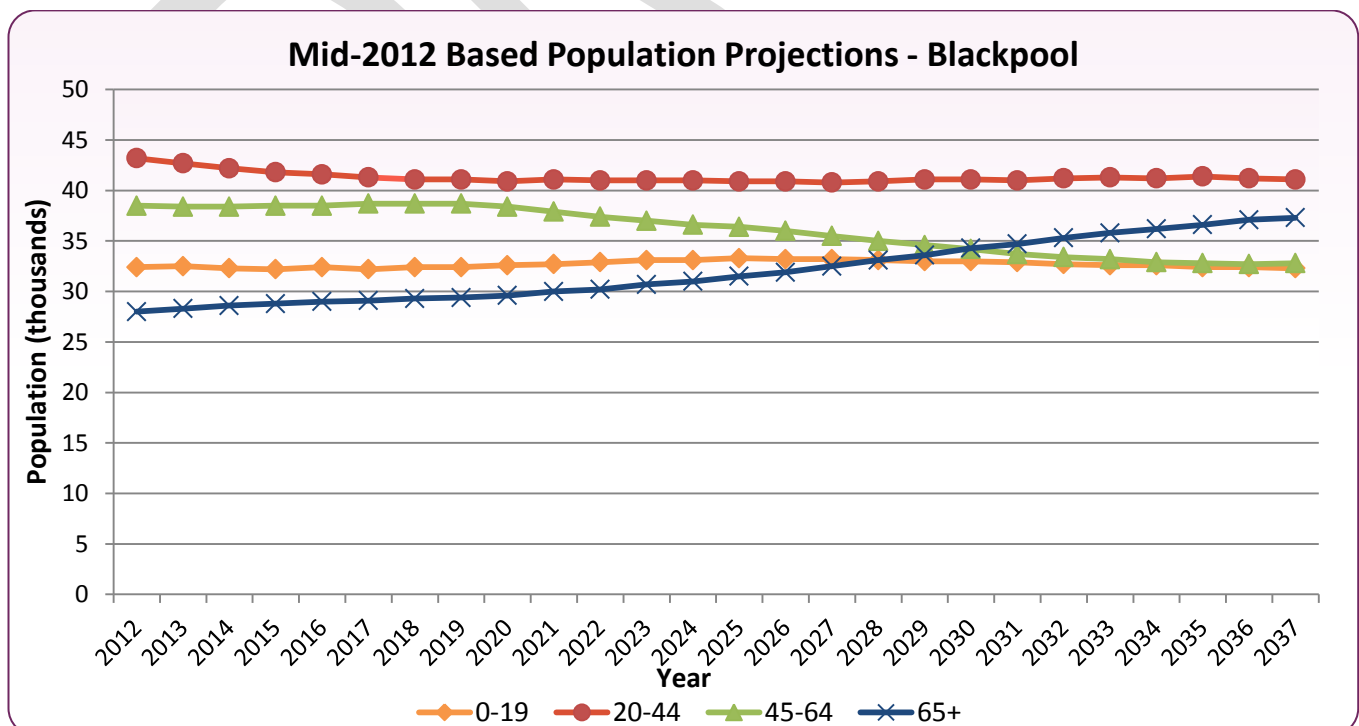
It is worth noting that while there is constant in-migration from other areas, there is an equally large out-migration, and recent ONS projections forecast that the overall population remains static. Household numbers should still grow slightly as the population ages and average household sizes reduce.

To facilitate commissioning of pharmaceutical services responsive to population needs, the Health and Wellbeing Board partners will, in accordance with regulations, monitor the development of major housing sites and produce supplementary statements to the PNA if deemed necessary, to ensure that appropriate information is available to determine whether additional pharmacies might be required.

### 6.1 Population changes in Blackpool

Projections of the population of Blackpool indicate that the number of residents over 65 will show a considerable increase within the next 20 years, far in excess of the levels of increase shown in all other age bands (**Figure 10**). The total population of Blackpool is projected to grow in the longer term from 142,100 in 2012 to 142,600 in 2032 (ONS mid-2012 based population estimates).

**Figure 10 – 2012 based Subnational Population Projections for Blackpool**



Source: Subnational population projections - ONS

**Figure 11 – 2012 based Subnational Population Projections for Blackpool**

AGE GROUP	2012	2022	2032
0-19	32,400	32,900	32,700
20-44	43,200	41,000	41,200
45-64	38,500	37,400	33,400
65+	28,000	30,200	35,300

*Source: Subnational population projections – ONS*

## 6.2 Housing growth

Reflecting the requirement for Local Plans to demonstrate a transparent and joined-up strategy between future housing growth and economic prosperity, further analysis of economic and housing forecasts and labour market assumptions support a housing requirement of 280 new homes on average per annum. This is based on the most realistic and appropriate employment-led forecast. It equates to 4,200 new dwellings over the plan period (2012 - 2027).

Blackpool's housing supply will be delivered from three different sources, comprising identified sites from within the existing urban area including major regeneration sites; identified sites within South Blackpool; and windfall sites. Collectively, these sources of supply will meet Blackpool's full, assessed housing needs, and on this basis there is no unmet need to address.

Focusing housing supply in the existing urban area supports Blackpool's strategy to maximise regeneration opportunities, ensures development takes place in the most sustainable locations and reflects the physical characteristics of the Borough. However, given that the urban area is intensely developed and is more challenging in terms of viability, opportunities for new housing are also identified in South Blackpool to provide a complementary housing offer. These different sources are discussed in turn below.

## 6.3 Growth during 2014 – 2018

Identified sites within the existing urban area, including major regeneration sites, are expected to provide around 1,950 new homes in total (net). These are identified in the Strategic Housing Land Availability Assessment (SHLAA) and comprise sites committed for development; vacant, underused or derelict land considered suitable for housing; and major regeneration sites within the inner areas, priority neighbourhoods and resort core, including the seafront (see **Map 11**).

The major regeneration sites include two large housing developments being brought forward by the Council and its partners at Rigby Road and Queens Park, to provide a choice of quality new homes that will appeal to different households and encourage sustainable communities to form. The scale of intervention will encourage investment into the wider area to make these neighbourhoods more attractive places to live; and they illustrate the Council's commitment to facilitating development in more challenging areas.

Identified sites within the South Blackpool growth area are expected to provide around 750 new homes on the edge of the urban area close to the Blackpool-Fylde boundary. This will comprise around 600 homes on land committed for development at Moss House Road; and around 150 homes at Whyndyke Farm in relation to land within the Blackpool boundary (the majority of this site lies within Fylde). These two large developments present

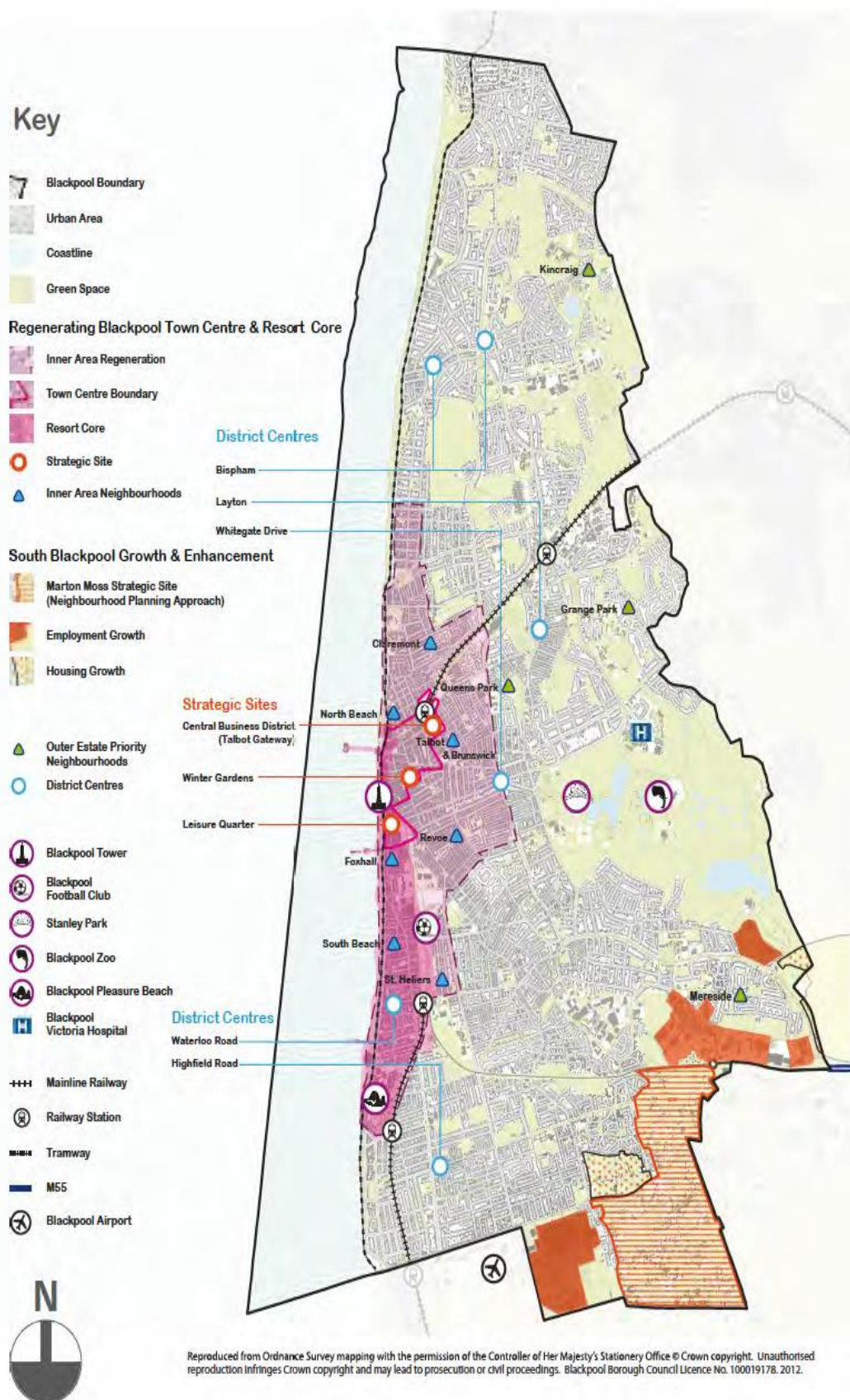
a real opportunity to improve the quality and choice of housing on the edge of Blackpool, linked to the development of wider lands in this area for major housing and employment growth.

To complement this housing growth, a neighbourhood planning approach for remaining land at Marton Moss will ensure the retention and enhancement of the distinctive character of this area.

Windfall sites are sites which have not been specifically identified as available in the Local Plan process. They normally comprise previously developed sites that have unexpectedly become available. A windfall allowance of around 1,500 homes will be the final component of Blackpool's housing supply; with the majority expected to come forward from conversions and bringing back long term empty properties into use.

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## Map 11. Regeneration, Housing and Employment Areas



## 6.4 Growth after 2017

There is still little momentum for lots more house building in Blackpool, with weak demand from buyers and low prices making it difficult for developers to make new housing schemes stack up in many areas.

Local Planning Authorities are however required to identify a five year housing supply against the Plan requirements, in line with the National Planning Policy Framework, with a 20% buffer where there has been a persistent under delivery of housing. Reflecting Blackpool's persistent under delivery against previous plan requirements, a housing trajectory shows the five year supply position and a 20% buffer; and it will continue to do so in annual reviews of supply until the Council can demonstrate delivery against the housing requirement set out in this Policy<sup>41</sup>.

## 6.5 Monitoring of housing developments and needs for pharmaceutical services

### 6.5.1 Monitoring of housing developments

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 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.

### 6.5.2 Factors to consider in relation to needs for pharmaceutical services

In Blackpool there is approximately one community pharmacy per 3,200 people. This is a higher concentration of pharmacies than the North West average which is one community pharmacy per 4,000 people.

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:

- Considerations of health inequalities and strategic priorities for Blackpool
- 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
- 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, centralised hub dispensing and electronic transmission of prescriptions) that could affect the volume of services a pharmaceutical service provider can deliver.
- Skill mix. A pharmacy's capacity to dispense larger volumes of prescriptions and/or deliver other services is greatly influenced by the number of pharmacists working in the pharmacy and, increasingly more importantly, the number of support staff. There have been significant developments in the roles that

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<sup>41</sup> Blackpool Local Plan. <http://www.blackpool.gov.uk/Residents/Planning-environment-and-community/Planning/Planning-policy/Blackpool-local-plan/New-Blackpool-local-plan/New-Blackpool-local-plan.aspx>

support staff can now fulfil to support the pharmacy operation. Medicines Counter Assistants, Dispensers, Pharmacy Technicians and Accredited Checking Technicians all now make a significant contribution to the delivery of pharmacy services and their availability to support a pharmacist should be considered by commissioners when considering how services can be commissioned from pharmacies.

New developments within the timeframe of this PNA in Blackpool should not need new pharmacy provision as it has been identified within this PNA that the whole of the borough has access to a pharmacy within 20 minutes driving time (**Map 6**). Also Blackpool has a high proportion of pharmacies for its population.

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# Glossary of Abbreviations

Abbreviation	Definition
AUR	Appliance Use Review
CCG	Clinical Commissioning Group
DAC	Dispensing Appliance Contractor
DH	Department of Health
DMARDs	Disease-modifying anti rheumatic drugs
EHC	Emergency Hormonal Contraception
EPS	Electronic Prescription Services
ESPLPS	Essential Small Pharmacy Local Pharmaceutical Services
FHSAU	Family Health Services Appeal Unit
HCAI	Health Care Acquired Infections
HLP	Healthy Living Pharmacies
HWB	Health and wellbeing Board
IMD	Indices of Multiple Deprivation
JSNA	Joint Strategic Needs Assessment
LAPE	Local Alcohol Profiles for England
LGA	Local Government Association
LPC	Local Pharmaceutical Committee (Lancashire)
LPN	Local Professional Network (pharmacy)
LPS	Local Pharmaceutical Services
LTC	Long Term Condition
MUR	Medicines Use Review
NMS	New Medicines Service
NPSA	National Patient Safety Agency
NRT	Nicotine Replacement Therapy
PCC	Primary Care Commissioning
PCT	Primary Care Trust
PHE	Public Health England
PHOF	Public Health Outcomes Framework
PNA	Pharmaceutical Needs Assessment
QOF	Quality Outcomes Framework
RLS	Report and Learning Systems
RPS	Royal Pharmaceutical Society
SCS	Stoma Customisation Service

# 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.**

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## Appendix 2: Geographic regions used within the PNA

A number of different geographies were used throughout the PNA to describe the local health and wellbeing needs of the population of Blackpool.

### 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.

### District council areas

District council areas are well understood by many people and enables comparison of routine data.

### Super Output Area (SOA)

This is a way of collecting and publishing small area statistics developed by the Office of National Statistics (ONS).<sup>42</sup> 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](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/>

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<sup>42</sup> Office for National Statistics: Super Output Areas (SOAs). <http://www.ons.gov.uk/ons/guide-method/geography/beginner-s-guide/census/super-output-areas--soas-/index.html>

## 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 Blackpool

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 Blackpool and some surrounding counties (Lancashire and Cumbria).

#### Pharmacies outside of Blackpool

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 no dispensing doctors in Blackpool.

#### Distance selling pharmacies

NHS England Local Area Team confirmed that there are no distanced selling pharmacies based in Blackpool.

#### Dispensing appliance contractors

NHS England Local Area Team confirmed that there are no distanced selling pharmacies based in Blackpool.

### 2. Creation of maps

#### Maps indicating locations of premises providing pharmaceutical services

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

#### Maps indicating travel distance

Maps showing access to pharmaceutical services by travel distance were created using ArcGIS Network Analyst in ArcGIS by the One Connect G.I.S. team.

## Appendix 4: List of pharmacies

Pharmacy Name	Address			Postcode
Assura Pharmacy	Moor Park Health & Leisure Centre	Bristol Avenue	Blackpool	FY2 0JG
Assura Pharmacy	164C Whitegate Drive	Blackpool		FY3 9HF
Bispham Pharmacy	119 Redbank Road	Blackpool		FY2 9HZ
Boots UK	337 Whitegate Drive	Blackpool		FY3 9JR
Boots UK	28-38 Bank Hey Street	Blackpool		FY1 1DD
Cleveleys Pharmacy	2 Anchorholme Lane	Blackpool		FY5 3QL
Cohens Chemist	91 Holmfield Road	Blackpool		FY2 9RS
F. Crossley (Chemists) Ltd	273 Lytham Road	Blackpool		FY4 1DP
Grange Pharmacy	59 Chepstow Road	Blackpool		FY3 7PH
HBS Pharmacy	Newton Drive Health Centre	Newton Drive	Blackpool	FY3 8NX
Lloydspharmacy	109 Egerton Road	Blackpool		FY1 2NL
Lloydspharmacy	21-22 South King Street	Blackpool		FY1 4LS
Lloydspharmacy	110 Talbot Road	Blackpool		FY1 1LR
Lloydspharmacy	118/120 Bloomfield Road	Blackpool		FY1 6JW
Lloydspharmacy	182 Waterloo Road	Blackpool		FY4 3AD
Lloydspharmacy	525 Lytham Road	Blackpool		FY4 1RF
Lytham Road Pharmacy	South Shore PCC	Lytham Road	Blackpool	FY4 1TJ
M J Moore Pharmacy	45-47 Westcliffe Drive	Blackpool		FY3 7BH
MedicX Pharmacy	Whitegate Health Centre	Whitegate Drive	Blackpool	FY3 9ES
Morrison's Pharmacy	Morrison Supermarket	Squires Gate Lane	Blackpool	FY4 2AY
Norchem	54-56 Norbreck Road	Blackpool		FY5 1RP
Normoss Pharmacy	112 Normoss Road	Blackpool		FY3 8QP
Pharmisense	118 Adelaide Street	Blackpool		FY1 4LN
Rhodes Pharmacy	275 Devonshire Rd	Blackpool		FY2 0TN
Sainsbury's Pharmacy	J Sainsbury Store	Red Bank Road	Blackpool	FY2 9HY
South Shore Pharmacy	7 Lido Buildings	Lytham Road	Blackpool	FY4 1EW
St Mary's Pharmacy	343 Lytham Road	Blackpool		FY4 1DS
Tesco Pharmacy	Tesco Extra	Clifton Road	Blackpool	FY4 4UJ
The Co-operative Pharmacy	9-11 All Hallows Road	Blackpool		FY2 0AS
The Co-operative Pharmacy	St Pauls Medical Centre	Dickson Road	Blackpool	FY1 2HH
The Co-operative Pharmacy	160 Bispham Road	Blackpool		FY2 0LA
The Co-operative Pharmacy	8 South King Street	Blackpool		FY1 4LS
The Co-operative Pharmacy	8 Grasmere Road	Blackpool		FY1 5HU
The Co-operative Pharmacy	Arnold Medical Centre	204 St Annes Road	Blackpool	FY4 2EF
The Co-operative Pharmacy	53 Highfield Road	Blackpool		FY4 2JE
The Co-operative Pharmacy	Unit E	5 Langdale Place	Blackpool	FY4 4TR
The Co-operative Pharmacy	Asda Supermarket	Cherry Tree Road	Blackpool	FY4 4QH
Whitworth Chemists Ltd	Layton Medical Centre	200 Kingscote Drive	Blackpool	FY3 7EN
Whitworth Chemists Ltd	80B Charles Street	Blackpool		FY1 3JJ
Whitworth Chemists Ltd	60 Whitegate Drive	Blackpool		FY3 9DG
Whitworth Chemists Ltd	292-294 Waterloo Road	Blackpool		FY4 3AG
Whitworth Chemists Ltd	91/95 Bloomfield Road	Blackpool		FY1 6JN
Whitworth Chemists Ltd	300 Highfield Road	Blackpool		FY4 3JU
Whitworth Chemists Ltd	27 Common Edge	Blackpool		FY4 5AX

## Appendix 5: List of Dispensing Practices

There are no dispensing practices in Blackpool.

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## Appendix 6: Results of pre-consultation questionnaire

### Results of the Community Pharmacy questionnaire

A questionnaire was sent to all 44 Community Pharmacies in Blackpool. There were 27 returned questionnaires (61%). In the table below 'Blank' denotes the number (percentage) who returned the questionnaire but did not respond to the specific question.

	Question	Response
<b>Consultation facilities</b>	Are consultation facilities on site and do they include wheelchair access?	Out of 27 returned questionnaires 21 (77.8%) Have consult. areas with wheelchair access 4 (14.8%) Have consult. areas w/o wheelchair access 1 (3.7%) No consultation rooms available 1 (3.7%) Blank
	Where there is a consultation area, is it a closed room?	Out of 27 returned questionnaires 25 (92.6%) Have the consult. area in a closed room 0 (0.0%) Don't have the consult. area in a closed room 2 (7.4%) Stated NA
	Have access to off-site consultation area?	Out of 27 returned questionnaires 7 (25.9%) Don't have access to off-site consultation area 7 (25.9%) Stated that None apply 13 (48.1%) Willing to undertake consultations in patient's home/ other suitable site
	During consultations are there hand washing facilities?	Out of 27 returned questionnaires 6 (22.2%) Hand washing facilities in cons. area 3 (11.1%) Hand washing facilities close to cons. area 16 (59.3%) No hand-washing facilities 2 (7.4%) Have toilet facilities available for patients
<b>IT facilities</b>	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 27 returned questionnaires: 0 (0.0%) No current plans to provide EPS R2 2 (7.4%) Planning to become EPS R2 enabled in the next 12 months 7 (25.9%) Release 1 Enabled 18 (66.7%) EPS R2 enabled
<b>Services</b>	Essential Does the pharmacy dispense appliances?	Out of 27 returned questionnaires: 26 (96.3%) Yes - All Types 0 (0.0%) Yes, just dressings 0 (0.0%) Yes, excluding stoma appliances



		<p>0 (0.0%) Yes, excluding incontinence appliances</p> <p>1 (3.7%) Yes, excluding stoma and incontinence appliances</p> <p>0 (0.0%) Other: dressings and stoma and incontinence no space to measure and fit items</p> <p>0 (0.0%) None</p>
	Advanced Medicines Use Review	<p>25 (92.6%) Yes</p> <p>2 (7.4%) No</p> <p>0 (0.0%) Soon</p>
	New Medicine Service	<p>25 (92.6%) Yes</p> <p>2 (7.4%) No</p> <p>0 (0.0%) Soon</p>
	<i>Appliance Use Review</i>	<p>2 (7.4%) No</p> <p>25 (92.6%) Yes</p> <p>0 (0.0%) Soon</p>
	<i>Stoma Appliance Customisation</i>	<p>18 (66.7%) No</p> <p>9 (33.3%) Yes</p> <p>0 (0.0%) Soon</p>
	<i>Home Delivery Service</i>	<p>12 (44.4%) Currently provide NHS funded service</p> <p>5 (18.5%) Currently provide private service</p> <p>8 (29.6%) Willing to provide if commissioned</p> <p>1 (3.7%) Willing to provide if commissioned but facilities require adjustment</p> <p>1 (3.7%) Blank</p>
<b>Non NHS Funded Services</b>	Collection of prescription from surgeries	<p>Out of 27 returned questionnaires:</p> <p>All (100%) collect prescriptions from surgeries</p>
	Delivery of dispensed medicines – free of charge on request	<p>Out of 27 returned questionnaires:</p> <p>25 (92.6%) deliver dispensed medicines free of charge on request</p> <p>2 (7.4%) don't deliver dispensed medicines free of charge on request</p> <p>0 (0.0%) blank)</p>
	Delivery of dispensed medicines – selected patient groups	<p>5 (18.5%) deliver to selected patient groups.</p> <p>Selected patient groups stated include: care homes, elderly, disabled or housebound and other patients specifically requesting the service.</p>
	Delivery of dispensed medicines – selected areas	<p>5 (18.5%) deliver to selected areas.</p> <p>Areas ranged from immediate and local to nationwide.</p>
	Delivery of dispensed medicines – chargeable	<p>2 (7.4%) deliver medicines – chargeable.</p>
<b>Other</b>	Does your pharmacy supply medicines etc. to care homes?	<p>Out of 27 returned questionnaires:</p> <p>5 (18.5%) Currently providing</p> <p>7 (25.9%) Willing to provide if commissioned but would need training and currently providing a private service</p>

		12 (44.4%) Willing to provide 3 (11.1%) Blank
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## Appendix 7: Consultation report

Blackpool Pharmaceutical Needs Assessment went out for public consultation from the 20th October 2014 to 19th December 2014. During this time the PNA was available on the Blackpool JSNA website, in six pharmacies throughout the borough and in all the libraries in Blackpool. It was also promoted via social media, in the Blackpool Fylde and Wyre Council for Voluntary Services (CVS) e-bulletin, on the Blackpool Council website and press releases were issued to the local media. A public consultation event took place on 23rd October 2014 where the purpose of the PNA was discussed, key findings were presented and feedback was sought. The PNA was also presented to a group of Healthwatch members on 11th December 2014.

During the public consultation Blackpool Health and Wellbeing Board received detailed feedback from the following:

- Boots Pharmacy
- Whitworth Chemists
- LPN
- LPC
- Healthy Living Pharmacy Strategic Lead
- NHS England
- NHS Blackpool CCG
- Healthwatch members

Over 100 comments were received during the course of the consultation. A working group was set up with members of the PNA steering group to review every comment. The comments were then allocated into three categories:

- Request to engage in commissioning process
- Amendment made
- No action taken

For those where no action was taken a rationale was provided to explain why the group deemed it not necessary to amend the document. The majority of comments did however lead to minor amendments in the document. Some comments were a request to engage in the commissioning process should future pharmaceutical services go out to tender.

## Appendix 8: Survey of Healthwatch Members

27 members of Healthwatch completed a survey to identify barriers to the use of pharmaceutical services.

### Do you regularly visit your pharmacy?

Yes	No
24	3

### What is your main reason for visiting your pharmacy?

Picking up a prescription	Getting medicine	Specific Service
24		

### What services does a community pharmacy provide?

Dispensing	Repeat dispensing	Disposal of unwanted medicines	Medicine use reviews	Medicine service	Electronic Prescription Service	Prescription collection from GP
26	26	21	14	9	12	25

### Can a community pharmacy provide any of the following services?

Screening	Flu vaccinations	Emergency Contraception	Incontinence Supplies	Needle exchange	Pregnancy testing	Stop smoking services
3	9	12	14	11	12	16

### Have you heard of Healthy Living Pharmacies?

Yes	No
6	20

### Many pharmacies are open when your GP surgery is shut - would you consider visiting a pharmacist rather than going to see your GP?

Yes	No
17	8

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