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**Blackpool Council**

Dear Councillor

**HEALTH AND WELLBEING BOARD - WEDNESDAY, 5TH OCTOBER, 2022**

Please find attached additional information for Wednesday, 5th October, 2022 meeting of the Health and Wellbeing Board, which was received after the agenda had been despatched.

**Agenda No      Item**

6      **PHARMACEUTICAL NEEDS ASSESSMENT (Pages 1 - 260)**

Yours sincerely

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# Pan-Lancashire Pharmaceutical Needs Assessment 2022

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## Foreword

Blackburn with Darwen, Blackpool and Lancashire's Health and Wellbeing Boards (HWBs) have responsibility for the on-going review, development and publication of the pan-Lancashire Pharmaceutical Needs Assessment (PNA).

This is a statutory document, by virtue of the National Health Services (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. The content of the PNA must be considered by those responsible for the approval of pharmacy contract applications at NHS England as well as those commissioning other related health services for our local population. From a primary care perspective, this includes both the successors of Clinical Commissioning Groups as well as local authorities, looking to commission and develop local services from pharmacy contractors, general practice, dental, and optometry.

This is our third formal PNA, across pan-Lancashire, which outlines the pharmaceutical services available to our population and makes a number of key recommendations covering the period 2022 through to 2025.

This document will assist all commissioning partners when reviewing our commissioning arrangements for community pharmacy, recognising the pivotal role that our community pharmacy colleagues have in helping us all to develop and deliver the best possible pharmaceutical services for our local communities across Lancashire.

We commend this report to you, and we look forward to your continuing involvement.



**Councillor Damian Talbot**

Executive Member for Public Health, Prevention & Wellbeing  
Chair of Blackburn with Darwen Health and Wellbeing Board



**Councillor Jo Farrell**

Cabinet Member for Adult Social Care, and Community Health and Wellbeing  
Chair of Blackpool Health and Wellbeing Board



**County Councillor Michael Green**

Cabinet Member for Health and Wellbeing at Lancashire County Council  
Chair of Lancashire Health and Wellbeing Board



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## Acknowledgements

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Elise Carroll	Blackburn with Darwen Council
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Beth Martin and Amy Butler – Healthwatch Together	
Public Health commissioners from Blackburn with Darwen Council, Blackpool Council and Lancashire County Council	
Richard Sharples, Lancashire County Council (Planning and Environment) for information on housing growth	
Commissioners from the five pan-Lancashire Place Based Partnerships: Bay Health and Care Partners, Our Central Lancashire Partnership, Fylde Coast Health and Care Partnership, Healthier Pennine Lancashire and West Lancashire Partnership	
Melissa Sherliker, Lancashire County Council (Business Intelligence) for help with the 60-day public consultation	

The three health and wellbeing boards across pan-Lancashire would also like to acknowledge the contribution of the stakeholders and members of the public and thank them for their participation in the consultation and development of the pharmaceutical needs assessment.

## Executive summary

The three health and wellbeing boards (HWBs) across pan-Lancashire (Blackburn with Darwen, Blackpool and Lancashire County Council) have a statutory responsibility to publish and keep up to date a statement of the needs for pharmaceutical services of the population in its area. This is referred to as a pharmaceutical needs assessment (PNA) and needs to be published before 1 October 2022.

This PNA describes the needs of the citizens of the pan-Lancashire area for pharmacy services.

This PNA includes information on

- pharmacies across pan-Lancashire and the services they currently provide
- maps of providers of pharmaceutical services across the pan-Lancashire area
- pharmaceutical contractors in neighbouring HWB areas
- potential gaps in provision and likely future needs for the population of pan-Lancashire
- opportunities for existing pharmacies to provide local public health services

Decisions on whether to open new pharmacies are made by NHS England and NHS Improvement (NHSE/I). When making the decision, NHSE/I is required to refer to the local PNA. As these decisions may be appealed or challenged via the courts, it is important that PNAs, both in their content and in the process of their construction, comply with regulations and that mechanisms are established to keep the PNA up to date. In accordance with these regulations, the PNA will be updated every three years. Due to the Covid-19 pandemic in 2020 and 2021, the requirement to publish a PNA was deferred to October 2022.

## 1. Context

The PNA for the pan-Lancashire area is undertaken in the context of the needs of the local population. The health and wellbeing needs of the local population are described in the Blackburn with Darwen, Blackpool and Lancashire joint strategic needs assessments (JSNAs). The PNA does not duplicate these detailed descriptions of health needs and should be read in conjunction with the three JSNAs across pan-Lancashire.

Deprivation in Blackburn with Darwen, Blackpool and many parts of Lancashire County Council is higher than the national average and approximately 30%, 20% and 18% of children live in poverty, respectively. In all three local authorities, life expectancy for both men and women is lower than the England average.

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

## 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.

Undertaking the PNA, the pan-Lancashire steering group sought the views of stakeholders to identify issues that affect the commissioning of pharmaceutical services and to meet local health needs and priorities. A survey was administered as part of this PNA, targeting pharmacies, to collect information on the services they provide. In addition, a consultation with pharmacy users was undertaken by Healthwatch Blackburn with Darwen, Healthwatch Blackpool and Healthwatch Lancashire.

A 60-day public consultation was undertaken 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 was gathered and logged, and all necessary changes made to the PNA document.

### 3. Findings

#### 3.1 Overarching role in improving health and well being

Providers of pharmaceutical services have an important role in improving the health and wellbeing of Blackburn with Darwen, Blackpool and Lancashire County Council citizens, and in particular

- are a vital first point of contact for key health care and public health services and can either provide the relevant service directly or signpost citizens to the most appropriate provider
- support population-level behaviour change through a range of approaches, such as providing information and brief advice, motivational interviewing, providing ongoing support for behaviour change and signposting to other services where appropriate
- play a key role for those who might otherwise not access health services
- have a crucial role in supporting urgent and emergency care services such that patients receive care in an appropriate setting, eg minor ailments scheme and support to self-care

#### 3.2 Overall pharmacy provision over the last four years

There are currently 352 community pharmacies (and four dispensing appliance contractors) overall across pan-Lancashire (February 2022), representing an 8.1% reduction in the number of providers, down from 383 since the last publication of the PNA in 2018. The corresponding figures across each local authority are

- Lancashire County Council (267 pharmacies in 2022, a reduction of 7.9% from 290 in 2018)
- Blackburn with Darwen (46 pharmacies in 2022, a reduction of 8.0% from 50 in 2018)
- Blackpool (39 pharmacies in 2022, a reduction of 7.1% from 42 in 2018)

The number of pharmaceutical service providers per head of population has also declined during the same period. The previous PNA showed that there were 26 pharmacies per 100,000 registered population, whereas the corresponding national figure for England was 21/100,000 and the average for the North was 24/100,000. In the pan-Lancashire area there are now 23 pharmaceutical service providers per 100,000 registered population, whilst the corresponding figures for both England (21/100,000) and the North of England (24/100,000) have remained the same.

### 3.3 Provision of pharmacy relative to both driving and walking time

The assessment of provision included drive/walk time analysis, analysis of pharmacies per head of population and examination of population density and demographic profiling. Across the three local authorities there is a good coverage of pharmacies and over 98% of the population has access to a pharmacy within a 20-minute drive (Blackburn with Darwen and Lancashire County Council) or 15-minute walk time (Blackpool).

### 3.4 Extended hours provision

Many pharmacies are open long hours, with 47 across pan-Lancashire open for at least 100 hours.

### 3.5 Range of local authority and clinical commissioning group (CCG) commissioned services

There is a wide range of both local authority and CCG commissioned services available across pan-Lancashire, as listed below (correct as of February 2022), although there is some degree of variation between both local authorities and individual CCGs.

***Pharmacy services commissioned by the three local authorities, as of February 2022, are listed below***

<p><u>Blackburn with Darwen</u></p> <ul style="list-style-type: none"> <li>• needle and syringe exchange service</li> <li>• supervised consumption</li> <li>• stop smoking service/nicotine replacement therapy</li> <li>• emergency hormonal contraception</li> </ul> <p><u>Blackpool</u></p> <ul style="list-style-type: none"> <li>• needle and syringe exchange service (via provider)</li> <li>• supervised consumption (via provider)</li> </ul> <p><u>Lancashire County Council</u></p> <ul style="list-style-type: none"> <li>• emergency hormonal contraception (including chlamydia testing)</li> <li>• nicotine replacement therapy</li> <li>• pharmacy stop smoking service</li> <li>• needle exchange and supervised consumption via Change Grow Live (CGL) from the pharmacy</li> <li>• NHS health checks (via a third-party provider who deliver a community model which includes pharmacies delivering NHS health checks)</li> </ul>
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***Pharmacy services commissioned by practice based partnerships (PBPs) across pan-Lancashire, as of February 2022, are listed below***

PBP	Pharmacy services commissioned by PBPs
Bay Health and Care Partners	<ul style="list-style-type: none"> <li>• minor ailments scheme linked to Home Office hotels</li> <li>• paediatric minor ailments scheme</li> <li>• Just In Case drug supply service</li> <li>• antiviral supply in designated pharmacies for the influenza outbreaks in care homes</li> </ul>

Our Central Lancashire	<ul style="list-style-type: none"> <li>• minor ailments scheme</li> <li>• end of life drug supply service</li> <li>• stock holding of antiviral drugs for use in outbreaks of influenza</li> </ul>
Healthier Fylde Coast	<ul style="list-style-type: none"> <li>• Just in Case Medicines, which is commissioned from several pharmacies across the Fylde Coast to ensure there is ease of access for patients at the end of their life</li> <li>• minor ailment scheme for asylum seekers – Blackpool has a hotel that is being used as a contingency site for asylum seekers (approximately 360 persons capacity) and two pharmacies currently deliver this service for these residents. There is a defined list of conditions that can be treated under the scheme and an extensive formulary</li> </ul>
Healthier Pennine Lancashire	<ul style="list-style-type: none"> <li>• the CCGs have supported primary care networks (PCNs) to work in close collaboration with community pharmacy to promote national schemes such as             <ol style="list-style-type: none"> <li>a) NHS community pharmacy blood pressure checks service. The NHS community pharmacy blood pressure check service supports risk identification and prevention of cardiovascular disease (CVD)</li> <li>b) the NHS community pharmacist consultation service (CPCS). Since 1 November 2020, general practices have been able to refer patients for a minor illness consultation via CPCS, once a local referral pathway has been agreed</li> </ol> </li> <li>• Pennine Lancashire CCGs have worked with GP practices to support sign up to the CPCS with a view to diverting demand and improving patients' experience</li> <li>• also commission community pharmacy to provide End of Life (EoL) medicines plus antivirals in case of out-of-season influenza outbreaks in care homes</li> <li>• also commission Patient Group Directions (PGDs) as part of CPCS in BwD – hoping to roll out across East Lancashire in the coming months</li> </ul>
West Lancashire Partnership	<ul style="list-style-type: none"> <li>• stock holding and provision of specialist drugs – palliative care: in three pharmacies</li> <li>• stock holding of antivirals for out-of-season influenza outbreaks and avian flu: in one pharmacy</li> </ul>

There is also an additional layer of complexity that not all pharmacies necessarily are in a position to take up the offer to provide additional commissioned services and this is demonstrated, by way of an illustrative example, for the percentage of pharmacies that have signed up to locally commissioned services (Local Improvement Service (LIS) to provide emergency hormonal contraception (EHC) without prescription. This ranges from 34/46 pharmacies (73.9%) for Blackburn with Darwen, 208/271 pharmacies (76.8%) for Lancashire, whilst for Blackpool this is significantly lower at 1/39 pharmacies (2.6%) as they utilise a different service model whereby this service is primarily provided through their Connect service. It is however important to acknowledge that underlying demographic need will go a significant way to explaining these variations, but nevertheless it still does underly the importance of continuing to monitor the provision of these services and this is reflected in the recommendations later in chapter four. Commissioners may determine that some services are not always required across all pharmacies to provide sufficient coverage.

### 3.6 Home delivery services

In pan-Lancashire, 84.6% of pharmacies deliver dispensed medicines free of charge on request (Blackburn with Darwen 88.5%, Blackpool 100.00% and Lancashire County Council 81.6%) (March 2022). These are provided free of charge by the pharmacy, there is no NHS commissioned delivery service.

### 3.7 Wheelchair access

More than 80% of pharmacies and dispensing surgeries have wheelchair access to their consultation area (Blackburn with Darwen 84.6%, Blackpool 87.5% and Lancashire County Council 83.5%) (March 2022).

### 3.8 User experience

According to the findings of the research report "*Views on Community Pharmacy Services, 2022*" produced by the three Healthwatch teams, out of the 209 respondents, the vast majority of people consulted rated their overall experience of accessing pharmacy services as excellent or good. The majority used the pharmacy to collect prescriptions and many also used the service for health care advice and over-the-counter medication.

## 4 Recommendations

- 4.1 Despite the modest decline in overall provision of pharmaceutical service across Blackburn with Darwen, Blackpool and Lancashire County Council compared to 2018, the level of current provision is nevertheless deemed to remain sufficient, although this is a trend that needs to continue to be carefully monitored. Additional pharmacy provision is not required to secure improvements or better access to such services, at this time.
- 4.2 At present there is no need for additional pharmaceutical contracts, but should current provision significantly change in advance of the next PNA, particularly because of any new housing developments or any further future closure of existing pharmacy provision, then that position should be reconsidered. We acknowledge that there are some growing areas across pan-Lancashire, however, it is anticipated that current pharmaceutical service providers will be sufficient to meet local needs over the lifetime of this PNA.
- 4.3 The PNA steering group plans to meet twice a year to assess the need for supplementary statements, these will be published on the PNA webpages. This will include the ongoing assessment of sufficient provision including drive/walk time analysis, analysis of pharmacies per head of population and examination of population density and demographic profiling.
- 4.4 Although there is a wide range of both local authority and CCG commissioned services across Lancashire, it is recommended that all procurement rules and requirements are adhered to, and that all suitable options and models of delivery are considered when commissioning community-based services.
- 4.5 It is recommended that NHSE/I, the respective local authorities and CCGs continue to work with Lancashire Pharmaceutical Committee to explore how widening the role of community pharmacies further would benefit our local residents. As part of this, it is recommended that any development in commissioned services for community pharmacies utilise the best possible evidence and to also evaluate any new services, ideally using an evaluation framework that is planned before implementation.
- 4.6 The full range of services pharmacies provide may not always be fully known to citizens. There is an opportunity for all pharmacies, and social and healthcare agencies, to further publicise and promote pharmacy services.

- 4.7 From the feedback collected, it appears that overall, patients are satisfied with the service that their pharmacy provides. All pharmacies and healthcare agencies should be encouraged to publicise and promote pharmacy services and specifically to make more readily available and accessible information about out-of-hours provision that might be required for urgent/emergency care needs.
- 4.8 This newly revised 2022 PNA should form a pivotal role for any future development of pharmacy provision and in particular to help identify any need for additional pharmacies should current provision significantly change between now and the next planned PNA in three years' time.

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# 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 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 and will be used by NHS England and NHS Improvement (NHSE/I) 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. In accordance with these regulations, the pan-Lancashire PNA will be updated every three years. However, due to the Covid-19 pandemic in 2020 and 2021, the requirement to publish a PNA was suspended until October 2022.

This PNA describes current provision and what may be needed for the population of Blackburn with Darwen Council, Blackpool Council and Lancashire County Council (pan-Lancashire area), and includes information on

- pharmacies in the region 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 of the pan-Lancashire area and providers of pharmaceutical services in the area
- pharmaceutical contractors in neighbouring HWB areas that might affect the need for services in pan-Lancashire
- potential gaps in provision and likely future needs for the population of the pan-Lancashire area
- potential opportunities relating to needs of the population

## **1.1 What is a pharmaceutical needs assessment?**

The PNA is a structured approach to identifying unmet pharmaceutical need. It can be an effective tool to enable HWBs to identify the current and future commissioning of services required from pharmaceutical service providers. The Department of Health and Social Care (DHSC) published an information pack to help HWBs undertake PNAs.<sup>i</sup>

## **1.2 What is the purpose of the PNA?**

This PNA will serve several key purposes.<sup>ii</sup>

- It will be used by NHSE/I 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. When applications are received regarding the Pharmaceutical List the Primary Care Contracting Pharmacy Sub-Group considers the PNA alongside the quality of the

application, the legislative framework and the relevant test criteria. This group feeds into the Primary Care Contracting Group and both these groups are part of the ICB.

- It will help the HWB to work with providers to target services in areas where they are needed and limit duplication of services in areas where provision is sufficient.
- It will inform interested parties of the pharmaceutical needs across pan-Lancashire and enable work to plan, develop and deliver pharmaceutical services for the population.
- It will inform commissioning decisions by local commissioning bodies including local authorities (public health services from community pharmacies), NHSE/I and clinical commissioning groups (CCGs).

### 1.3 Legislative background

Section 126 of the NHS Act 2006 placed an obligation on NHS England to put arrangements in place so that drugs, medicines and listed appliances ordered via NHS prescriptions can be supplied to persons. This section of the act also described the types of healthcare professionals who are authorised to order drugs, medicines and listed appliances on an NHS prescription.

In 2012, the Health and Social Care Act was produced and superseded the NHS Act 2006. The 2012 act established HWBs and transferred the responsibility to publish and keep up-to-date a statement of the needs for pharmaceutical services of the population in its area, with effect from 1 April 2013. The requirements on how to develop and update PNAs are set out in regulations 3-9 schedule 1 of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.<sup>iii</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 October 2022 and will have a maximum lifetime of three years. Due to the Covid-19 pandemic in 2020 and 2021, the requirement to publish a PNA was suspended to October 2022. As part of developing the 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 that, 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
- NHSE/I
- 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 primary care trusts (PCTs) to NHSE/I. The PNA will be used by NHSE/I when making decisions on applications to open new pharmacies and dispensing appliance contractor premises, or applications from current pharmaceutical providers to change their existing regulatory requirements. Such decisions are appealable to the NHS Resolution Primary Care Appeals, and decisions made on appeal can be challenged through the courts. PNAs will also inform the commissioning of enhanced services from pharmacies by NHSE/I, and the commissioning of services from pharmacies by the local authority and other local commissioners, for example CCGs. It is extremely important that PNAs comply with the requirements of the regulations and are kept up to date by submitting supplementary statements when deemed necessary.

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 NHSE/I of their application to open new premises.

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<sup>ii</sup>

- 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

The PNA steering group plans to meet twice a year to assess the need for supplementary statements, these will be published on the PNA webpages. This will include the ongoing assessment of sufficient provision including drive/walk time analysis, analysis of pharmacies per head of population and examination of population density and demographic profiling.

HWBs need to ensure they are aware of any other changes to the NHS contract, 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 NHSE/I and its area offices have access to their PNAs.

## 1.4 What are NHS pharmaceutical services?

Pharmaceutical services as defined in the National Health Service Act 2006 and the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013, as amended include the following.

The services that a pharmaceutical needs assessment must include are defined within both the National Health Service Act 2006 and the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended. Pharmaceutical services may be provided by

- a pharmacy contractor who is included in the pharmaceutical list for the area of the HWB
- a pharmacy contractor who is included in the local pharmaceutical services list for the area of the HWB
- a dispensing appliance contractor (DAC) who is included in the pharmaceutical list held for the area of the HWB and

- a doctor or GP practice that is included in the dispensing doctor list held for the area of the HWB

NHS England and NHS Improvement is responsible for preparing, maintaining and publishing these lists. As at 1 February 2022

- Blackburn with Darwen had 46 pharmacies, 0 dispensing doctors and 0 DACs
- Blackpool had 39 pharmacies, 0 dispensing doctors and 0 DACs
- Lancashire had 267 pharmacies, 8 dispensing doctors and 4 DACs

Pharmacy contractors may operate as either a sole trader, partnership or a body corporate and The Medicines Act 1968 governs who can be a pharmacy contractor.

#### **1.4.1 Pharmaceutical services provided by pharmacy contractors**

Unlike for GPs, dentists and optometrists, NHSE/I does not hold contracts with the majority of pharmacy contractors. Instead, they provide services under a contractual framework, sometimes referred to as the community pharmacy contractual framework, details of which (the terms of service) are set out in schedule 4 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended, and also in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013. Pharmacy contractors provide three types of service that fall within the definition of pharmaceutical services and the community pharmacy contractual framework. They are

- Essential services – all pharmacies must provide these services
  - o dispensing of medicines
  - o dispensing of appliances
  - o repeat dispensing
  - o disposal of unwanted drugs
  - o public health (promotion of healthy lifestyles) via being a Healthy Living Pharmacy
  - o signposting
  - o support for self-care
  - o since 15 February 2021, the discharge medicines service
  - o clinical governance
- Advanced services – pharmacies may choose whether to provide these services or not. If they choose to provide one or more of the advanced services, they must meet certain requirements and must be fully compliant with the essential services and clinical governance and promotion of healthy living requirements
  - o new medicine service
  - o stoma appliance customisation
  - o appliance use review
  - o seasonal influenza adult vaccination service
  - o community pharmacist consultation service
  - o Hepatitis C antibody testing service

- o home delivery service (during a declared pandemic only)
  - o community pharmacy Covid-19 lateral flow device distribution service
  - o hypertension case finding service
  - o pandemic delivery service
  - o smoking cessation service – as of 15 February 2022 not yet launched
- Enhanced services – service specifications for this type of service are developed by NHSE/I and then commissioned to meet specific health needs

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

- a patient and public involvement programme
- an audit programme
- a risk management programme
- a clinical effectiveness programme
- a staffing and staff management programme
- an information governance programme and
- a premises standards programme

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

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

Whilst the majority of pharmacies provide services on a face-to-face basis, eg people attend the pharmacy to ask for a prescription to be dispensed, or to receive health advice, there is one type of pharmacy that is restricted from providing services in this way. They are referred to in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended, as distance selling premises (sometimes called mail order or internet pharmacies).

Distance selling premises are required to provide essential services and participate in the system of clinical governance and promotion of healthy living in the same way as other pharmacies; however, they must provide these services remotely. For example, a patient asks for their prescription to be sent to a distance selling premises via the electronic prescription service and the contractor dispenses the item and then delivers it to the patient's preferred

address. Distance selling premises therefore interact with their customers via the telephone, email or a website. Such pharmacies are required to provide services to people who request them wherever they may live in England and delivery of dispensed items is free of charge.

### **1.4.2 *Pharmaceutical services provided by dispensing appliance contractors***

As with pharmacy contractors, NHSE/I does not hold contracts with dispensing appliance contractors. Their terms of service are set out in schedule 5 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended and in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013. Dispensing appliance contractors provide the following services for appliances (not drugs), for example catheters and colostomy bags, which fall within the definition of pharmaceutical services

- dispensing of prescriptions (both electronic and non-electronic), including urgent supply without a prescription
- dispensing of repeatable prescriptions
- home delivery service for some items
- supply of appropriate supplementary items (eg disposable wipes and disposal bags)
- provision of expert clinical advice regarding the appliances and
- signposting

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

- stoma appliance customisation
- appliance use review

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

- a patient and public involvement programme
- a clinical audit programme
- a risk management programme
- a clinical effectiveness programme
- a staffing and staff programme and
- an information governance programme

Dispensing appliance contractors are required to open at least 30 hours per week, and these are referred to as core opening hours. They may choose to open for longer and these additional hours are referred to as supplementary opening hours. The proposed opening hours for each dispensing appliance contractor are set out in the initial application, and if the application is granted and the dispensing appliance contractor subsequently opens then these form the dispensing appliance contractor's contracted opening hours. The contractor can subsequently apply to change their core opening hours. NHSE/I will assess the application against the needs of the population of the HWB area as set out in the PNA to determine whether to agree to the change in core opening hours or not. If a dispensing appliance contractor wishes to change their supplementary opening hours, they simply notify NHSE/I of the change, giving at least three months' notice.



### **1.4.3 Pharmaceutical services provided by doctors**

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

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

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

### **1.4.4 Local Pharmaceutical services**

Local pharmaceutical services contracts allow NHSE/I to commission services, from a pharmacy, which are tailored to specific local requirements. Local pharmaceutical services complement the national contractual arrangements described above but they are an important local commissioning tool in their own right. Local pharmaceutical services provide flexibility to include within a contract a broader or narrower range of services (including services not traditionally associated with pharmacies) than is possible under the national contractual arrangements. For the purposes of the PNA the definition of pharmaceutical services includes local pharmaceutical services. There are two local pharmaceutical services contracts: one in Blackpool and one in Lancashire.

## **1.5 Local pharmacy services**

Local pharmacy services are services which are commissioned locally and fall outside of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013. The 2013 regulations set out the enhanced services that may be commissioned from pharmacy contractors. It is important to note that the definition of enhanced services has 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 NHSE/I) and the responsibility for commissioning some services continues to evolve or is subject to review. Enhanced services and local improvement services are currently commissioned directly by NHSE/I and CCGs. These could include seasonal flu vaccination service, minor ailment services, palliative care and the pharmacy led Covid-19 vaccination service.

### **1.5.1 Public health services**

Local authorities are responsible for commissioning a wide range of services, including most public health services and social care services. The local authority can commission pharmacies to provide public health services such as

- supervised consumption
- needle and syringe exchange
- NHS Health checks
- emergency hormonal contraception services
- sexual health services such as chlamydia screening, testing and treatment



- stop smoking
- weight management programmes
- alcohol screening and brief interventions

### **1.5.2 NHSE/I**

NHSE/I currently commissions the pharmacy core contract (including advanced services). Currently, NHSE/I does not fully commission any enhanced services. However, this position may change according to the future developments in commissioning integration, the role of pharmacies and the needs of local populations. NHSE/I commissioned and continue to commission the pharmacy led Covid-19 vaccination Service.

### **1.5.3 Clinical commissioning groups (CCGs)**

CCGs have a role to commission NHS services locally. These services include planned hospital care, rehabilitative care, urgent and emergency care (including out-of-hours and accident and emergency services), most community health services, maternity services, mental health and learning disability services.

CCGs also commission local pharmacy services. Through thorough engagement, CCGs are able to ensure locally commissioned pharmacy services are responsive to local needs, such as minor ailments services, palliative care schemes and other medicines optimisation services.

## **1.6 What are pharmaceutical lists?**

If a person (a pharmacist, a dispenser of appliances or in some circumstances and, normally in rural areas, a GP) 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 NHSE/I. 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 NHSE/I 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 Council.
- Dispensing appliance contractors: appliance suppliers are a subset of NHS pharmaceutical contractors who supply, on prescription, appliances such as stoma and incontinence aids, dressings and bandages. They cannot supply medicines.
- Dispensing doctors: medical practitioners authorised to provide drugs and appliances in designated rural areas known as 'controlled localities'.
- Local pharmaceutical services (LPS) contractors also provide pharmaceutical services in some HWB areas.

## 1.7 What information will this PNA contain?

The information to be contained in the PNA is set out in schedule 1 of The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013. This PNA includes information as of February 2022

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

## References

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<sup>i</sup> Department of Health and Social Care. 'Pharmaceutical needs assessments: Information Pack for local authority Health and Wellbeing Boards.' October 2021.

<https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack>

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

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

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## 2 Process

### *Key messages*

**This pharmaceutical needs assessment (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.<sup>i</sup>**

**In the process of undertaking the PNA the pan-Lancashire (Blackburn with Darwen, Blackpool and Lancashire County Council) 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 60-day consultation was undertaken from 1 July to 1 September 2022 to seek the views of members of the public and other stakeholders, on whether they agree with the contents of this PNA and whether it addresses issues that they consider relevant to the provision of pharmaceutical services. The feedback gathered in the consultation was reported and reflected on in the final PNA report.**

### 2.1 Summary of the process followed in developing the PNA

In 2018, Blackburn with Darwen, Blackpool and Lancashire County Council updated the 2015 PNAs, in line with the 2012 regulations. An extract of these regulations can be found in **appendix 1**.

The legal regulations state that each PNA should have a maximum lifetime of three years. The full PNA process was therefore reinitiated with a view to final publication by 1 October 2022. It includes updated information from the previous PNAs and engaged key stakeholders in identifying any new relevant issues.

Following a series of discussions, the current PNA is a pan-Lancashire PNA which covers the two unitary authorities of Blackburn with Darwen and Blackpool and the 12 lower-tier local authorities within the Lancashire County Council area.

The development of the PNA was overseen by a multi-agency steering group representing a range of stakeholders. The overall makeup of the steering group included, as far as possible, members of the original steering groups. A working group was formed to operationalise the production of the PNA.

The specific legislative requirements for the development of PNAs were duly considered and adhered to.

In developing the pan-Lancashire PNA, information from the Lancashire Joint Strategic Needs Assessment (JSNA) and public health sources were used to explore the characteristics of the areas within pan-Lancashire and the local health needs that may be addressed through pharmaceutical services. The current provision of such services is described.

The process of developing the PNA took into account the requirement to involve and consult people about changes to health services.

## 2.2 Stakeholders involved in the development of the PNA

A list of stakeholders with an interest in the PNA was identified and was consulted through the PNA process. It included the following

- Blackburn with Darwen, Blackpool and Lancashire County Council health and wellbeing boards
- Lancashire and South Cumbria Local Professional Network (LPN) - Pharmacy
- Community Pharmacy Lancashire (CPL)
- persons on the pharmaceutical list
- Healthwatch Blackburn with Darwen, Healthwatch Blackpool and Healthwatch Lancashire
- NHS trusts and NHS foundation trusts in the area
- NHS England
- eight local clinical commissioning groups (CCGs)
- commissioners of pharmaceutical services

## 2.3 How stakeholders were involved

The process of developing the PNA took into account the requirement to involve and consult stakeholders about changes to health services. A pan-Lancashire steering group was convened and met on a monthly basis during the development of the PNA.

The three local authorities, the LPN, CPL, NHS England and CCGs were key members of the steering group and were involved in the development of this PNA.

Questionnaires about service provision were sent out to all pharmacies across the pan-Lancashire area, via PharmOutcomes.

Views on the PNA draft findings were sought from the public across pan-Lancashire and other interested parties through a formal 60-day consultation running from **1 July to 1 September 2022**. The draft 2022 PNA was published on Lancashire County Council's 'Have your say' website for stakeholders to review the full PNA.

All neighbouring HWBs were also informed that the PNA was being consulted on. The neighbouring HWBs are Cumbria, North Yorkshire, Bradford and Airedale, Calderdale, Rochdale, Bury, Bolton, Wigan, St. Helens, Knowsley, and Sefton.

After the consultation period was completed, feedback gathered from members of the public and stakeholders was incorporated into the final document. A consultation report is presented in **appendix 7** of this report. All comments and feedback were formulated and put into a response log which is available to review.

## 2.4 Localities used for considering pharmaceutical services

The PNA regulations require the PNA to define 'localities' to use during this process. For the purpose of considering pharmaceutical coverage within the pan-Lancashire PNA, the area was the 14 localities, made up of the two unitary local authorities of Blackburn with Darwen and Blackpool and the 12 lower-tier local authorities within the Lancashire County Council area. These 14 localities were selected to support local decision-making that takes into account the needs for the population in these areas; also see section 3.6. Characteristics of localities are further described in **appendix 2**.

## 2.5 Methods 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 <sup>i</sup>

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

## 2.7 Local impact of the new national pharmacy contract

The announcement of a new five-year community pharmacy contractual framework<sup>ii</sup> (referred to as the pharmacy contract) agreed between the Department of Health and Social Care, NHS England and NHS Improvement, and the Pharmaceutical Services negotiating Committee (PSNC) was announced in 2019 for 2019-2024. It included the cessation of certain funding streams and services and these be replaced by new services, all supported by a five-year flat funding deal. This gave pharmacy a stable financial basis on which to plan for the next five years. However gave no protection against rising inflation and staff costs in delivering the pharmacy contract.

Due to the effect of the Covid-19 pandemic, community pharmacies had to adapt their open-door approach to providing pharmaceutical care and services in a Covid-19 secure way.

Legislation<sup>iii</sup> was amended to allow the Secretary of State for Health and Social Care to declare an emergency, which allowed the flexible provision of pharmaceutical services, to help maintain those pharmacy services during the pandemic.

New services were temporarily introduced to pharmacy, eg the pandemic delivery service (excluding Distance selling premises who are already required to deliver all dispensed items to patients and therefore this service does not apply to them), the Covid-19 lateral flow device distribution service (people could collect a kit from their local pharmacy) to support the population. At the time of writing (Feb 2022), these services are now being stepped down and community pharmacies are now supporting the restoration of health care provision across primary care by delivering the new services specified in the five-year community pharmacy contractual framework.

The NHS Long Term Plan published in January 2019 was written in response to concerns about funding, staffing, increasing inequalities and pressures from a growing and ageing population, whilst expressing optimism about the possibilities for continuing medical advance and better outcomes of care.<sup>iv</sup> The NHS Long Term Plan takes all three of these realities as its starting point, keeping all that's good about the health service and its place in national life, whilst tackling head-on the pressures NHS staff face, while making extra funding go as far as possible whilst accelerating the redesign of patient care to future-proof the NHS for the decade ahead. This NHS Long Term Plan sets out how this will be achieved.

From a local NHS England (Lancashire and South Cumbria) perspective:

When the reforms were introduced, it was feared that they would have an impact on the financial viability of pharmacies. The pharmacy reforms implemented a change in the structure of fees for community pharmacy under the Drug Tariff, which potentially indicated a reduction in income. The introduction of the Pharmacy Access Scheme, the Pharmacy Quality Scheme and the Pharmacy Integration Fund have helped support community pharmacies to adapt and support income to ensure that services have not been negatively affected by the reforms.

However, NHSE/I has seen a significant reduction in the numbers of pharmacies across its area due to consolidation of pharmacies and closures due to financial pressures. The impact of the pandemic has had wide-ranging effects on pharmacies, including staff retention and recruitment, exhaustion, illness, etc. A consequence of this has been that there have been widespread changes to opening hours which, to date, have not had a significant impact on services provided. It is expected that future NHS reforms, through the creation of integrated commissioning boards/systems, will have a positive effect on pharmacy services with pharmacy input becoming more evident across a range of health services.

Below are examples of changes to the NHS community pharmacy contract in 2021/22.

#### New Medicine Service (an Advanced Service)

From 1 September 2021 several changes have been made to the New Medicine Service (NMS) which provides support to patients to maximise the benefits of their newly prescribed medicines. The main changes are

- Patients prescribed a new medicine for an extended list of conditions are now eligible for an NMS (either through referral by healthcare professionals such as GPs, practice

nurses and clinical pharmacists) or by the pharmacy team advising the patient about the service

- The service can now be offered to support parents/guardians/carers of children and adults newly prescribed eligible medicines who could benefit from the service, but where the patient is not able to provide informed consent
- A catch-up NMS will run until 31 March 2022, which provides for patients who did not get NMS support when the medicine was first prescribed, due to the Covid-19 pandemic

#### Hypertension case-finding service (An Advanced Service)

From 1 October 2021, a hypertension case-finding service has been commissioned in pharmacies. This service is to improve coverage of blood pressure checks by GPs working proactively with community pharmacies to improve access to blood pressure checks.

The service has three aims -

- Identify people aged 40 yrs. and over with undiagnosed high blood pressure, and refer then to general practice to confirm diagnosis and for appropriate management
- At the request of a general practice, undertake ad hoc clinic and ambulatory blood pressure measurements
- Provide another opportunity to promote healthy behaviours to patients

#### Pharmacy Quality Scheme (PQS)

The PQS supports delivery of the NHS Long Term Plan and rewards community pharmacy contractors that achieve quality criteria in the three domains of healthcare quality: clinical effectiveness, patient safety and patient experience. The main requirements which community pharmacy teams will be aiming to meet are

- Anticoagulation audit. If any concerns are identified, they will be notifying the patient's GP
- Respiratory patients will be referred to an appropriate healthcare professional.
- Inhaler technique checks
- Return of unwanted and unused inhalers. This supports the NHS Long Term Plan's aim for a more sustainable NHS, to reduce the climate impact of inhalers.
- Flu vaccination
- Antibiotic review to help ensure safe and effective use
- Encouraging uptake of Covid-19 vaccinations
- Weight management – measurement, advice and referral to weight management services/programmes

## **2.8 Future PNAs and supplementary statements**

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



After the PNA is published, HWBs will publish a statement of any changes in the provision of pharmaceutical services in their localities by way of a supplementary statement, where appropriate. On behalf of the HWBs, the directors of public health will take the lead responsibility for PNAs and producing any supplementary statements. The PNA will be updated every three years. This will require each HWB to monitor changes in pharmaceutical needs and to publish any amendments to the PNA when necessary.

## References

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<sup>i</sup>The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

Available at: <http://www.legislation.gov.uk/ukxi/2013/349/made>

<sup>ii</sup> Community Pharmacy Contractual Framework: 2019 to 2024

<https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024>

<sup>iii</sup> THE NATIONAL HEALTH SERVICE ACT 2006 The Pharmaceutical Services (Advanced and Enhanced Services and Emergency Declaration) (Amendment) (England) Directions 2022

[https://www.nhsbsa.nhs.uk/sites/default/files/2022-](https://www.nhsbsa.nhs.uk/sites/default/files/2022-01/Pharm%20Serv%20%28Adv%20Enh%20Serv%20Emerg%20Declar%20%28Amend%29%28Eng%29%20Directions%202022%2027012022.pdf)

[01/Pharm%20Serv%20%28Adv%20Enh%20Serv%20Emerg%20Declar%20%28Amend%29%28Eng%29%20Directions%202022%2027012022.pdf](https://www.nhsbsa.nhs.uk/sites/default/files/2022-01/Pharm%20Serv%20%28Adv%20Enh%20Serv%20Emerg%20Declar%20%28Amend%29%28Eng%29%20Directions%202022%2027012022.pdf)

<sup>iv</sup> <https://www.longtermplan.nhs.uk/>

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## 3 Context for the pharmaceutical needs assessment

### *Key messages*

The pharmaceutical needs assessment (PNA) for Blackpool, Blackburn with Darwen and Lancashire, is undertaken in the context of the needs of the local population. Health and wellbeing needs for the local population are described on the joint strategic needs assessment (JSNA) pages on the [Blackpool JSNA](#), Blackburn with Darwen [Integrated Needs assessment](#) and Lancashire County Council [Lancashire Insight](#) website. This PNA does not duplicate these detailed descriptions of health needs and should be read in conjunction with the JSNA pages.

The pan-Lancashire area consists of urban and rural areas. The health of people across Blackburn with Darwen, Blackpool and Lancashire County Council is varied compared with the England average. Deprivation is higher than average. In Blackburn with Darwen, Blackpool and Lancashire County Council at least 5,200, 10,500 and 40,200 children live in poverty<sup>i</sup>, respectively. In all three local authorities, life expectancy for both men and women is lower than the England average. In pan-Lancashire, across the 14 localities, the difference in life expectancy is 6.9 years for men and 4.8 years for women.

### 3.1 Joint strategic needs assessments

The Blackpool, Blackburn with Darwen and Lancashire JSNAs provide an online platform for intelligence to inform priority setting and commissioning for health and wellbeing, which include intelligence about indicators of health, wellbeing and social care, and the determinants of health such as employment, the environment, community safety and social capital. Joint-working arrangements between health and wellbeing board (HWB) partners are in place to maintain and develop the content of the webpages.

The JSNA teams undertake analyses to identify strategic health needs to inform commissioning decisions. JSNAs are viewed as a process rather than a document so that the most up to date information is available as widely as possible to inform decision-making.

The Blackpool, Blackburn with Darwen and Lancashire County Council websites publish all the local JSNA reports and supporting documentation, including an annual JSNA summary and specific topic area reports for the local areas.

<https://www.blackburn.gov.uk/health/joint-strategic-needs-assessment>

<http://www.blackpooljsna.org.uk/Home.aspx>

<https://www.lancashire.gov.uk/lancashire-insight/>

### 3.2 Health and wellbeing boards

The Health and Social Care Act 2012 states that all upper-tier local authorities must establish a health and wellbeing board (HWB) for their area. A HWB must consist of

- subject to subsection (4), at least one councillor of the local authority, nominated in accordance with subsection (3)
- the director of adult social services for the local authority
- the director of children's services for the local authority
- the director of public health for the local authority
- a representative of the local Healthwatch organisation for the area of the local authority
- a representative of each relevant clinical commissioning group
- such other persons, or representatives of such other persons, as the local authority thinks appropriate

Health and wellbeing boards are a forum for key leaders, from the health and care system, to work together to improve the health and wellbeing of the local population and reduce health inequalities.

Across the pan-Lancashire region there are three health and wellbeing boards that cover the local authority areas of Blackburn with Darwen, Blackpool and Lancashire.

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

It is the responsibility of the three health and wellbeing boards to

- to identify the priority health and wellbeing needs in our area (using the JSNAs)
- to set priorities based on information gathered from across their area
- to promote integrated commissioning and provision of services by encouraging partnership working

The work of each health and wellbeing board is guided by their local health and wellbeing strategy that focuses on key priorities. The priorities for each health and wellbeing board can be found below.

<https://www.blackburn.gov.uk/health/health-and-wellbeing-board>

<https://www.blackpool.gov.uk/Residents/Health-and-social-care/Health-and-Wellbeing-Board/Blackpool-Health-and-Wellbeing-Board.aspx>

<https://www.lancashire.gov.uk/practitioners/health-and-social-care/health-and-wellbeing-board/>

### 3.3 Integrated care systems

NHS planning guidance from 2018 outlined the move from Sustainability and Transformation Partnerships to Integrated Care Systems<sup>ii</sup>. There will be 42 Integrated Care Systems (ICS) across the country. Within each ICS there is an Integrated Care Board and an Integrated Care Partnership. Lancashire and South Cumbria became a shadow ICS during 2018/19 and this partnership is known as Healthier Lancashire and South Cumbria.

### **The Integrated Care Board**

The NHS Lancashire and South Cumbria Integrated Care Board (ICB) will be established under the Health and Care Act 2022, on 1 July 2022. Locally the ICB will be known publicly as NHS Lancashire and South Cumbria. CCGs will be closed down and their functions will transfer to the new organisation, which will be responsible for NHS spend and the day-to-day running of the NHS in Lancashire and South Cumbria.

### **The Integrated Care Partnership**

The Integrated Care Partnership is the broad alliance of organisations and representatives concerned with improving the care, health and wellbeing of the population, jointly convened by local authorities and the NHS. In Lancashire and South Cumbria, this will be known as the Lancashire and South Cumbria Health and Care Partnership.

### **Place Based Partnerships (PBP)**

At the time of writing the Clinical Commissioning Groups (CCGs) remain statutory bodies but were moving towards the formation of five place based partnerships. The place-based partnerships will be where planners and providers work together across health, local authority and the wider community, to take collective responsibility for improving the health and wellbeing of residents within a place. In Lancashire and South Cumbria the five place-based partnerships currently are:

- Morecambe Bay – Bay Health and Care Partners
- Central Lancashire – Our Central Lancashire
- Fylde Coast – Healthier Fylde Coast
- Pennine Lancashire – Healthier Pennine Lancashire
- West Lancashire – West Lancashire Partnership<sup>iii</sup>

### **The Primary Care Networks**

GP practices working together with community, mental health, social care, pharmacy, hospital and voluntary services in their local areas in groups of practices. PCNs build on existing primary care services and enable greater provision of proactive, personalised, coordinated and more integrated health and social care for people close to home.

Pharmacy colleagues are working with GP federations and primary care networks across Lancashire and South Cumbria to enhance the contribution to managing patients with long-term conditions, improving public health outcomes and reducing health inequalities. The Community Pharmacy Forward View set out the sector's ambitions to radically enhance and expand personalised care in addition to supporting wellbeing services that community pharmacies provide<sup>iv</sup>.

Source: <https://www.healthierlsc.co.uk/about/glossary>

### **ICS wide strategic approach**

Throughout 2021/22 the Covid-19 pandemic continued to pose significant challenges and many of the measures introduced at the height of the pandemic remained in place as CCGs and services began to navigate a 'new normal', wherein the threat of Covid-19 remained a constant.

CCG staff from across the ICS worked side by side with GP practices, PCN Clinical Directors and staff from community and urgent care settings, to ensure that patients and staff remained as safe and supported as possible. These efforts have saved lives and

demonstrated how much can be achieved when staff unite around a common purpose. Community pharmacy were a key player in this response and helped in numerous ways, for example, exploring how vulnerable people could best access vital medications and how community pharmacy could liaise even more effectively with GP practices to integrate new ways of working, under pressure.

The intention is now to build upon this strong foundation for integration and facilitate even greater integration between community pharmacy and Primary Care Networks (PCNs) in areas such as the Community Pharmacy Consultation Service.

#### Strategic Areas 2021/22

Commissioning work plans were refreshed in line with the planning guidance with a strong intention to address health and care inequalities, many of which were exacerbated by the pandemic. Key specific areas for 2021/22 included

- restoring elective and cancer services to the highest possible level
- expanding Mental Health, Learning Disability and Autism services
- continuing the development of Primary Care Networks, delivering an increase in the Primary Care workforce and access within Primary Care
- implementing a 2-hour Crisis community response at home and embedding Discharge to Assess
- understanding, monitor and improve quality and safety post pandemic
- developing focused work with partners to address health inequalities, including supporting the Health Inequalities Commission and Call to Action
- transitioning the functions of the CCG into the ICS in a controlled manner closing-down the necessary duties and support the evolving ICS
- supporting our staff in the transition to the ICS and shaping the structure of local and ICS teams
- operating within the financial constraints and contribute to system improvement targets

In addition to this, the CCGs continued to support the ongoing response to the pandemic including

- supporting the vaccination programme
- supporting the testing programme
- ensuring readiness for outbreak management that might require standing up command structures again



### 3.4 Place Based Partnership priorities

Figure 3.1 outlines the priorities of the five pan-Lancashire Place Based Partnerships and Figure 3.2 shows the location of all the pan-Lancashire CCGs.

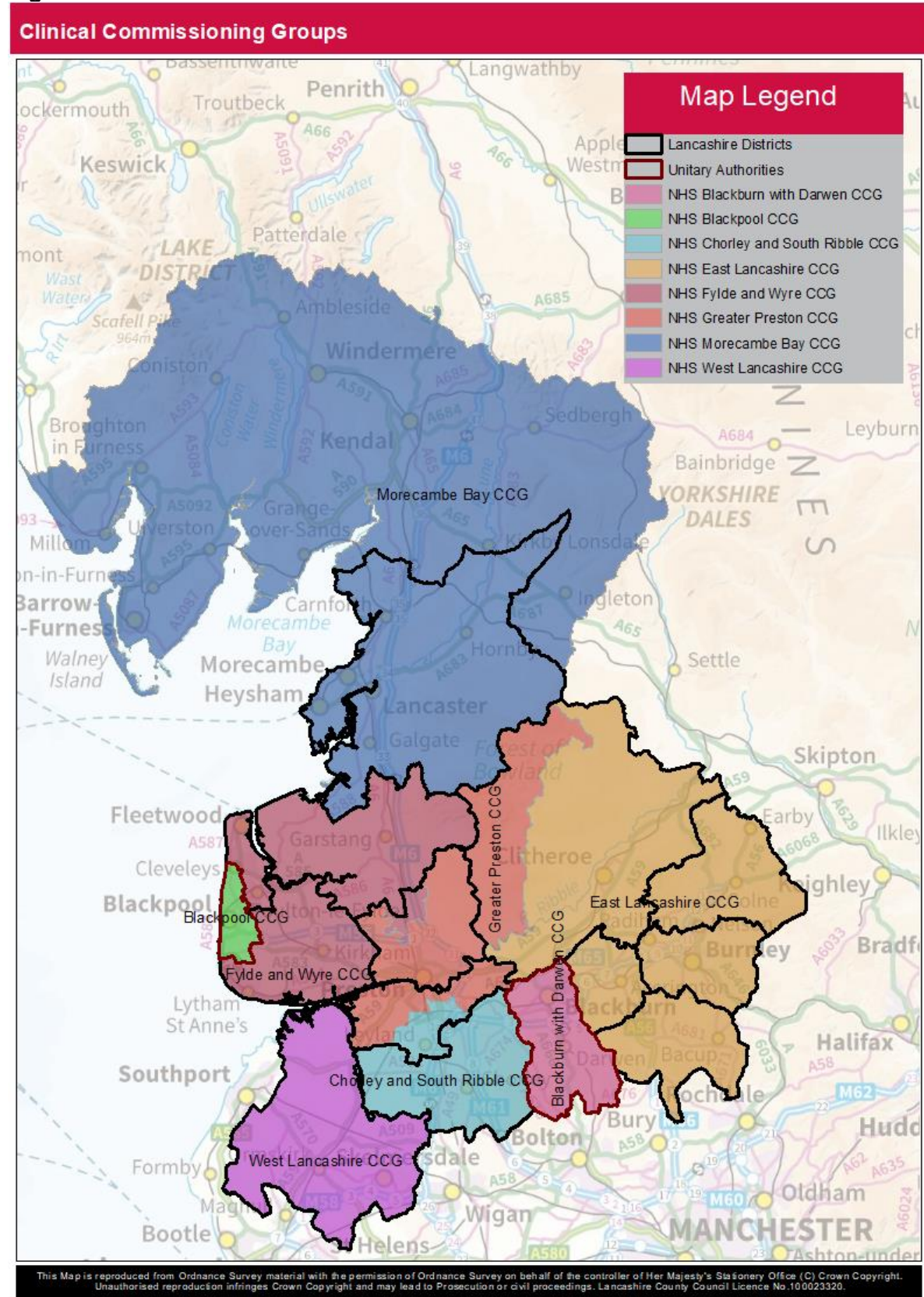
Additional priorities specifically relevant to pharmaceutical services, presented in Figure 3.1, were provided by the PBP commissioners.

**Figure 3.1: Strategic priorities of the pan-Lancashire Place Based Partnerships**

PBP	PBP strategic priorities
Bay Health and Care Partners	<ul style="list-style-type: none"> <li>• taking more action on prevention and health inequalities through a ‘population health’ approach</li> <li>• further strengthen the sustainability of general practice and provide improved care through Integrated</li> <li>• care Communities and new Primary Care Networks to support thriving communities</li> <li>• deliver care that will prioritise real improvements in mental health, cancer, emergency care and planned care and meet national standards</li> <li>• improve financial and clinical sustainability alongside the quality of service delivery</li> <li>• develop and deliver more integrated care locally using the new NHS infrastructure at three levels: Lancashire and South Cumbria Integrated Care System; Morecambe Bay Integrated Care Partnership and Integrated Care Community and Primary Care Network</li> </ul> <p><b><u>Additional priorities specifically relevant to pharmaceutical services</u></b></p> <ul style="list-style-type: none"> <li>• increased use of Community Pharmacist Consultation Service across all PCNs/Practices</li> <li>• strengthen links within PCNs between general practice and community pharmacy</li> <li>• community pharmacy provision and impact to be considered within any PCN Estates developments</li> </ul>
Our Central Lancashire	<p>Our current priorities are to improve healthcare in the following areas:</p> <ul style="list-style-type: none"> <li>• heart disease and stroke</li> <li>• cancer</li> <li>• mental health</li> <li>• Dementia</li> <li>• long term conditions (such as diabetes)</li> <li>• end of life care</li> </ul> <p>We are also aiming to make improvements in the following healthcare areas:</p> <ul style="list-style-type: none"> <li>• prescribing and medications</li> <li>• hospital-based care</li> <li>• urgent and emergency care</li> <li>• community-based care</li> </ul> <p>Our strategic objectives</p> <ul style="list-style-type: none"> <li>• improve quality through more effective, safe services which deliver better patient experience and outcomes</li> <li>• commission integrated care, ensuring an appropriate balance between in-hospital and out-of-hospital provision</li> <li>• help engineer a financially sustainable health economy</li> <li>• ensure patients are at the centre of the planning and management of their own care and that their voices are heard</li> <li>• be a well-run clinical commissioning group and system leader</li> </ul>
Healthier Fylde Coast	<p><b>Population health</b></p> <p>We will do more to prevent people getting ill, reduce health inequalities (the differences in people’s health) and improve the health and wellbeing of our communities</p>

	<p><b>Primary and community care</b> We will further strengthen primary care and provide more care within your local communities</p> <p><b>Quality</b> We will improve the quality of care and clinical outcomes</p> <p><b>National standards</b> We will deliver improvements in mental health care, cancer care, urgent and emergency care and planned care</p> <p><b><u>Additional priorities specifically relevant to pharmaceutical services</u></b></p> <ul style="list-style-type: none"> <li>Pharmacies are a key resource for advice on treating minor, self-limiting, ailments and the purchase of appropriate over the-counter medicine. One of our key strategic aims is to promote the benefits that community pharmacy can offer and encourage GP practices to work with their neighbouring pharmacies to Community Pharmacist Consultation Service.</li> </ul>
<p>Healthier Pennine Lancashire</p>	<p>Our strategy is summed up by our mission statement: “We will use our local clinical expertise, the available evidence and patient experiences to ensure that the right services are commissioned for patients to be seen at the right time, in the right place, by the right professional. We will maintain a strong locality focus, with clinical expertise, patient experience and safety at the heart of all decision-making. We will harness efficiency and effectiveness in our work across our localities and we will seek to commission safe, stable, high-quality services where best practice is the standard.”</p> <p>Key specific areas for 2021/22 included:</p> <ul style="list-style-type: none"> <li>restoring elective and cancer services to the highest possible level</li> <li>expanding Mental Health, Learning Disability and Autism services</li> <li>continuing the development of Primary Care Networks, delivering an increase in the Primary Care workforce and access within Primary Care</li> <li>implementing a 2-hour Crisis community response at home and embedding Discharge to Assess</li> <li>understanding, monitor and improve quality and safety post pandemic</li> <li>developing focused work with partners to address health inequalities, including supporting the Health Inequalities Commission and Call to Action</li> <li>transitioning the functions of the CCG into the ICS in a controlled manner closing-down the necessary duties and support the evolving ICS</li> <li>supporting our staff in the transition to the ICS and shaping the structure of local and ICS teams</li> <li>operating within the financial constraints and contribute to system improvement targets</li> </ul>
<p>West Lancashire Partnership</p>	<p>Following a workshop held in November 2021, the following priorities were agreed</p> <ul style="list-style-type: none"> <li>mental health</li> <li>transport</li> <li>workforce</li> <li>making every contact count</li> <li>giving every child the best start</li> <li>neighbourhood development</li> </ul> <p><b><u>Additional priorities specifically relevant to pharmaceutical services</u></b></p> <ul style="list-style-type: none"> <li>Encouraging GP practices to make greater use of the Community Pharmacist Consultation Service</li> </ul>
<p><a href="https://healthierpenninelancashire.co.uk/">https://healthierpenninelancashire.co.uk/</a></p>	
<p><a href="https://westlancashirepartnership.co.uk/our-priorities">https://westlancashirepartnership.co.uk/our-priorities</a></p>	
<p><a href="https://healthierfydecoast.nhs.uk/our-strategy-2020-2025">https://healthierfydecoast.nhs.uk/our-strategy-2020-2025</a></p>	
<p><a href="https://www.healthierlsc.co.uk/application/files/3616/3705/3677/BCT2_Strategy_-_Final_March_2020.pdf">https://www.healthierlsc.co.uk/application/files/3616/3705/3677/BCT2_Strategy_-_Final_March_2020.pdf</a></p>	
<p><a href="https://centrallancashireccqs.nhs.uk/about-us/who-we-are-and-what-we-do">https://centrallancashireccqs.nhs.uk/about-us/who-we-are-and-what-we-do</a></p>	
<p>PBP Commissioners (additional priorities list)</p>	

Figure 3.2: Pan-Lancashire CCGs



### 3.5 Outcomes frameworks

In addition to local priorities, there are national priority areas for improvement in health and wellbeing. The Department of Health and Social Care 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, 2019-2022 sets out desired outcomes for public health, focussing on two high-level outcomes of

- increased healthy life expectancy
- reduced differences in life expectancy and healthy life expectancy between communities

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

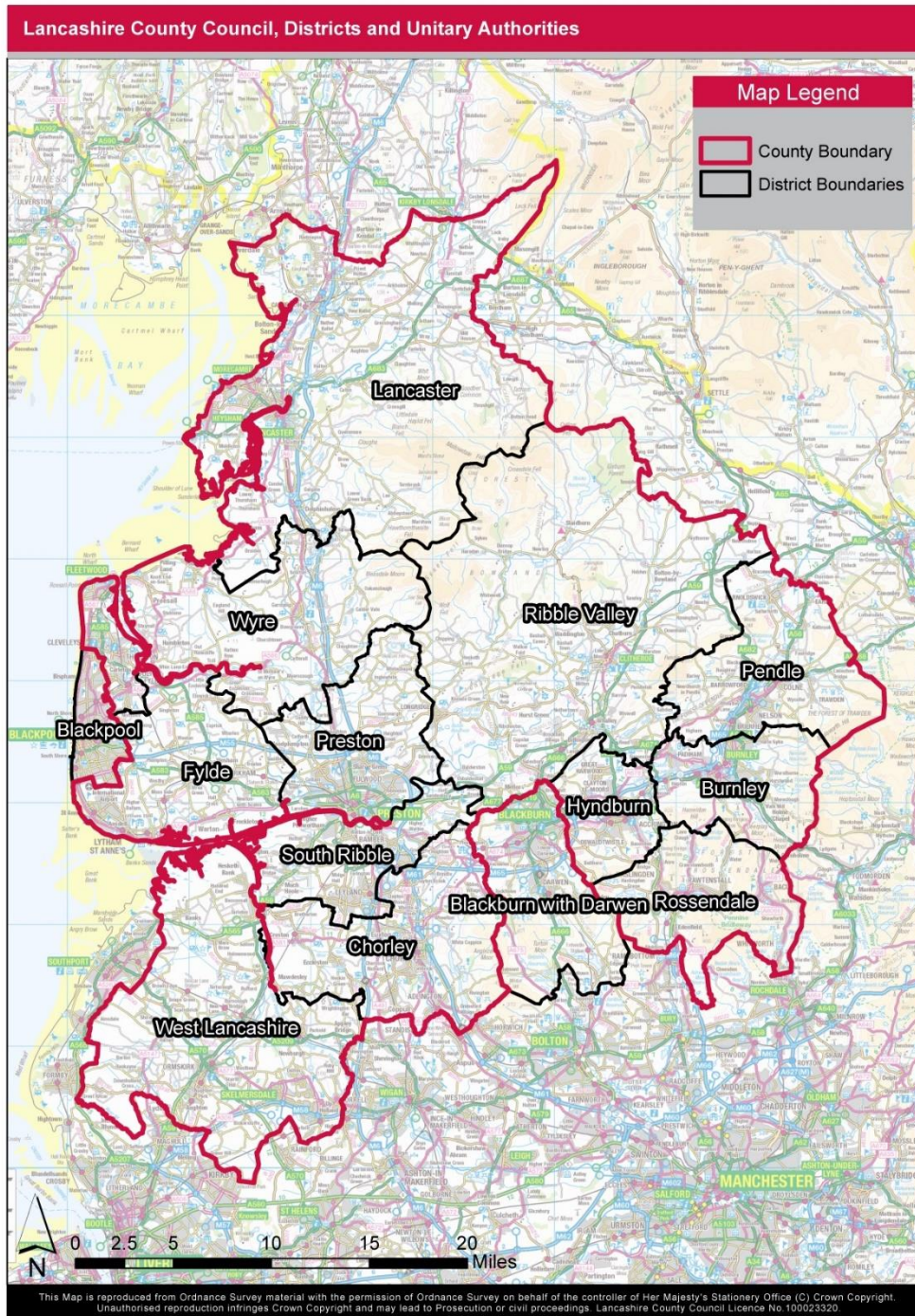
- improving the wider determinants of health
- health improvement
- health protection
- healthcare public health and preventing premature mortality



### 3.6 Locations across pan-Lancashire

Across pan-Lancashire there are 12 district councils and two unitary authorities. Figure 3.3 shows the 12 districts and the two unitary authorities.

Figure 3.3: Pan-Lancashire districts and unitary authorities



The health of people across Blackburn with Darwen, Blackpool and Lancashire County Council Lancashire is varied compared with the England average. Deprivation is higher than average and large numbers of children live in poverty.

**Figure 3.4: Percentage of children (<16) in a local area, living in absolute low income families (2019/20)**

Local authority	Percentage	Recent trend
Blackburn with Darwen	30.3	↑
Blackpool	19.8	→
Burnley	27.7	↑
Chorley	11.6	→
Fylde	11.9	↑
Hyndburn	27.4	↑
Lancaster	14.2	→
Pendle	31.1	↑
Preston	19.9	→
Ribble Valley	9.2	→
Rossendale	18.3	→
South Ribble	11.9	↑
West Lancashire	13.6	→
Wyre	13.6	→
Lancashire-12	17.9	↑
North West region	18.4	↑
<b>England</b>	<b>15.6</b>	↑

■ Significantly worse than England average  
■ Significantly better than England average  
↑ Increasing and getting worse  
→ No significant change

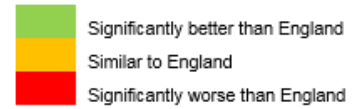
Source: PHE, Fingertips<sup>1</sup>

Figure 3.5 shows male and female life expectancy (LE) at birth compared to the national average. Life expectancy for both men and women is lower than the England average.

**Figure 3.5: Life expectancy at birth by local authority (2018-2020)**

Local authority	Male LE (years)	Female LE (years)
Blackburn with Darwen	76.3	80.3
Blackpool	74.1	79.0
Burnley	75.7	80.3
Chorley	78.9	81.9
Fylde	79.9	82.9
Hyndburn	76.6	80.8
Lancaster	78.5	82.2
Pendle	78.0	81.5
Preston	76.7	80.5
Ribble Valley	81.0	83.8
Rossendale	77.9	81.2
South Ribble	79.9	83.7
West Lancashire	78.6	82.6
Wyre	77.8	82.3
Lancashire-12	78.3	82.0
North West	77.9	81.7
<b>England</b>	<b>79.4</b>	<b>83.1</b>

Source: PHE, PHOF<sup>v</sup>

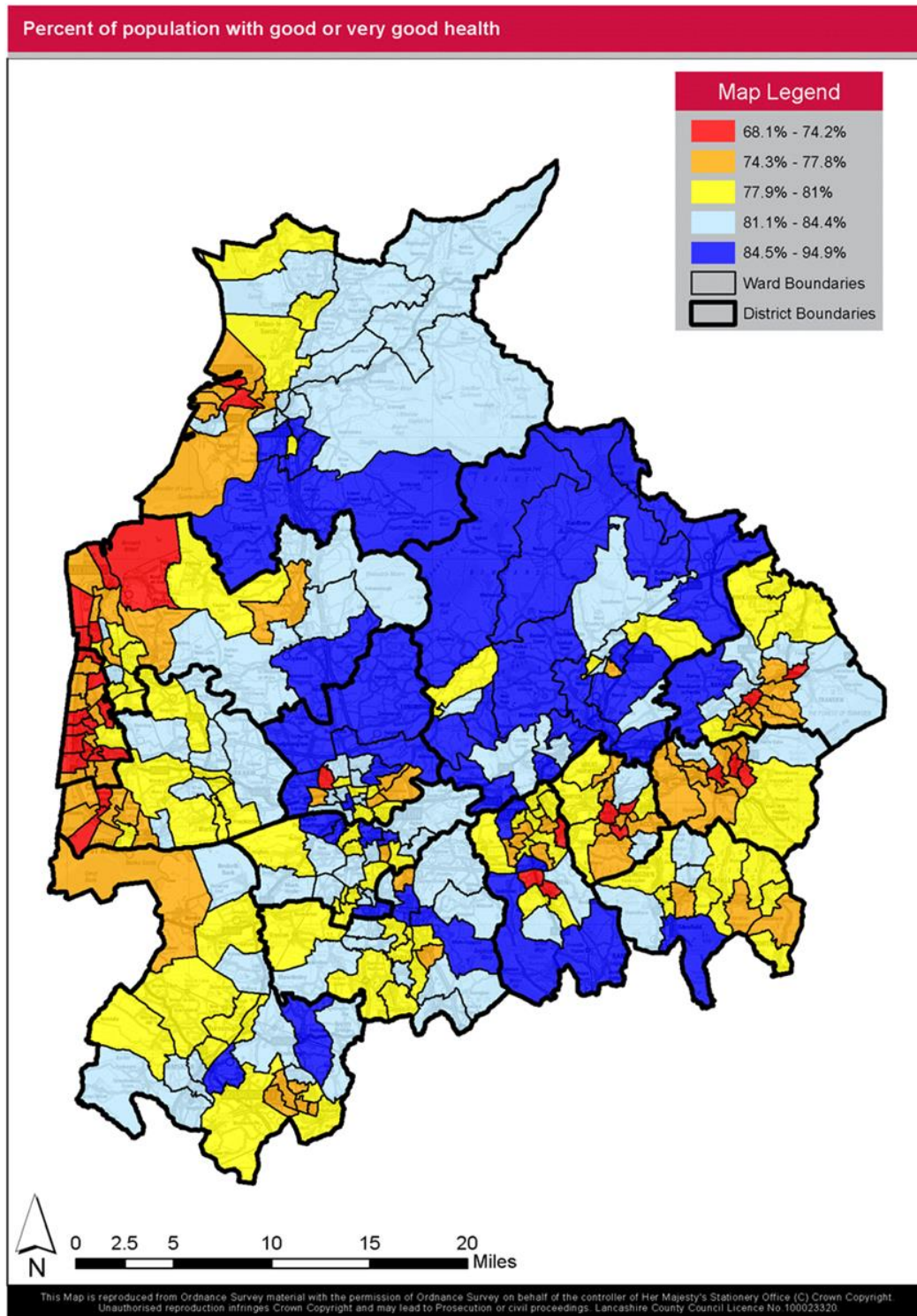


There are differences in health care across Blackburn with Darwen, Blackpool and Lancashire County Council area, and, as one example, Figure 3.6 shows the proportion of the population in different parts of pan-Lancashire who reported good or very good health in 2011 Census.

Out of the 152 counties and unitary authorities in England, Blackpool's male life expectancy is the lowest, Blackburn with Darwen's male life expectancy is the 9<sup>th</sup> lowest and Lancashire County Council's male life expectancy ranks 46<sup>th</sup> lowest. Out of the 152 counties and unitary authorities in England, Blackpool's female life expectancy is the lowest, Blackburn with Darwen's male life expectancy is the 9<sup>th</sup> lowest and Lancashire County Council's male life expectancy ranks 44<sup>th</sup> lowest. Of the 12 districts in Lancashire County Council, male and female life expectancy is the lowest in Burnley and highest in Ribble Valley.<sup>v</sup> Burnley's male life expectancy is the fifth lowest in England.



Figure 3.6: Percentage of population reporting good or very good health, by ward, 2011 Census – pan-Lancashire



Source: [2011 Census](#)



## 3.7 Characteristics of the population across pan-Lancashire

### 3.7.1 Demography

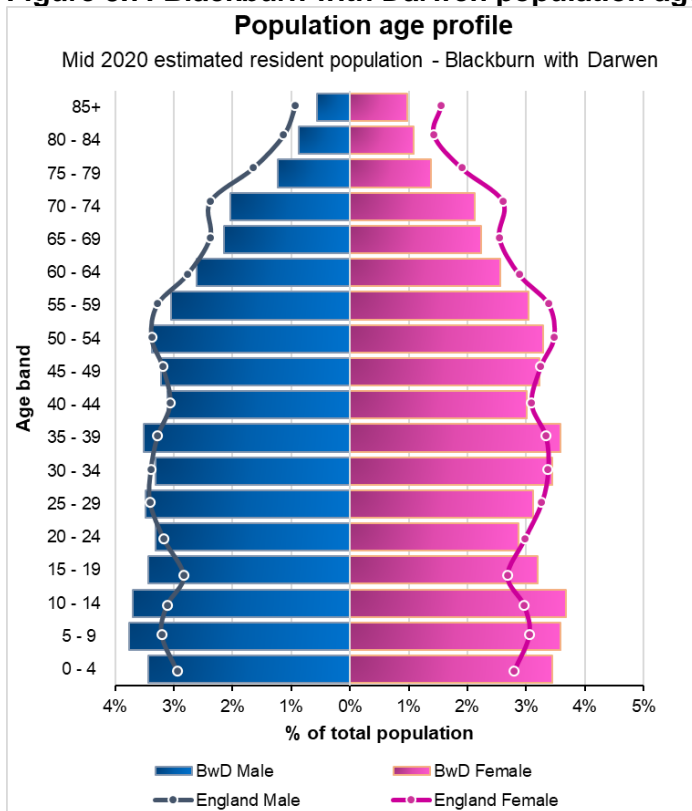
The mid-2020 population estimate of the pan-Lancashire area was approximately 1,515,487 people<sup>vi</sup>, Blackburn with Darwen – 150,030, Blackpool – 138,381 and Lancashire County Council – 1,227,076. Figure 3.7 to Figure 3.9 show the age and gender profile of this population. The age composition of the population varies by locality, for example Wyre has more people aged 65 or older compared to other localities (Figure 3.10).

The overall population is not forecast to increase substantially in the coming years but the 65+ population is, with the following projected changes in population over the next 10 years.<sup>vii</sup> Blackburn with Darwen – 0.2% decrease in all ages and 15.7% increase in population aged 65+ years. Blackpool – 0% change in all ages and 15.2% increase in population aged 65+ years. Lancashire County Council area – 3.8% increase in all ages and 20.9% increase in population aged 65+ years.

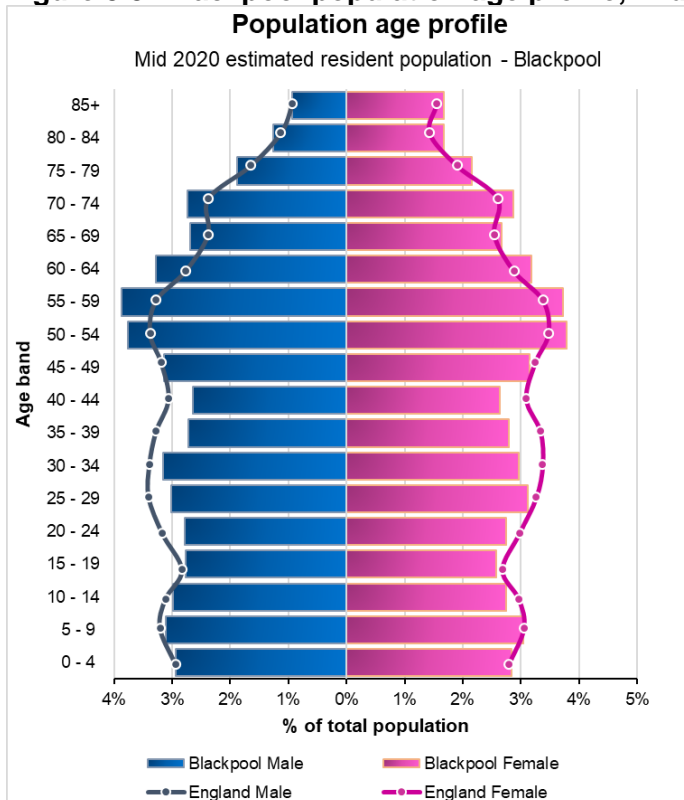
The biggest increases are seen in the age group 65+ years, with a projection of a 27%, 25% and 34% increase over the next 20 years in Blackburn with Darwen, Blackpool and Lancashire County Council area, respectively. Figure 3.11 to Figure 3.13 shows the population projection in various age groups.

There are also several major housing developments underway across Lancashire as part of the Preston, South Ribble and Lancashire City Deal. The impact of this population growth on pharmaceutical needs is discussed in Chapter 6 of the PNA. Current pan-Lancashire population density can be found at: <http://www.lancashire.gov.uk/lancashire-insight/population-and-households/population.aspx>

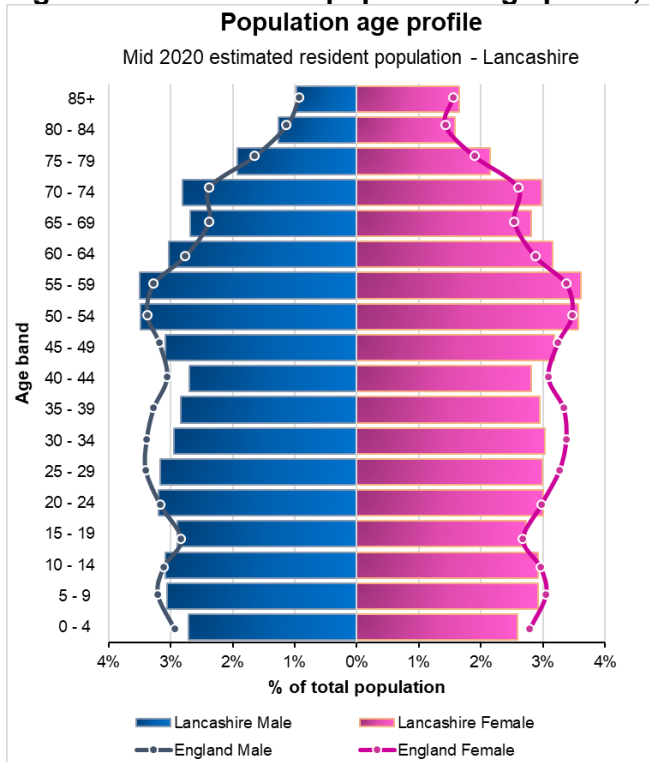
**Figure 3.7: Blackburn with Darwen population age profile, mid-2020**



**Figure 3.8: Blackpool population age profile, mid-2020**

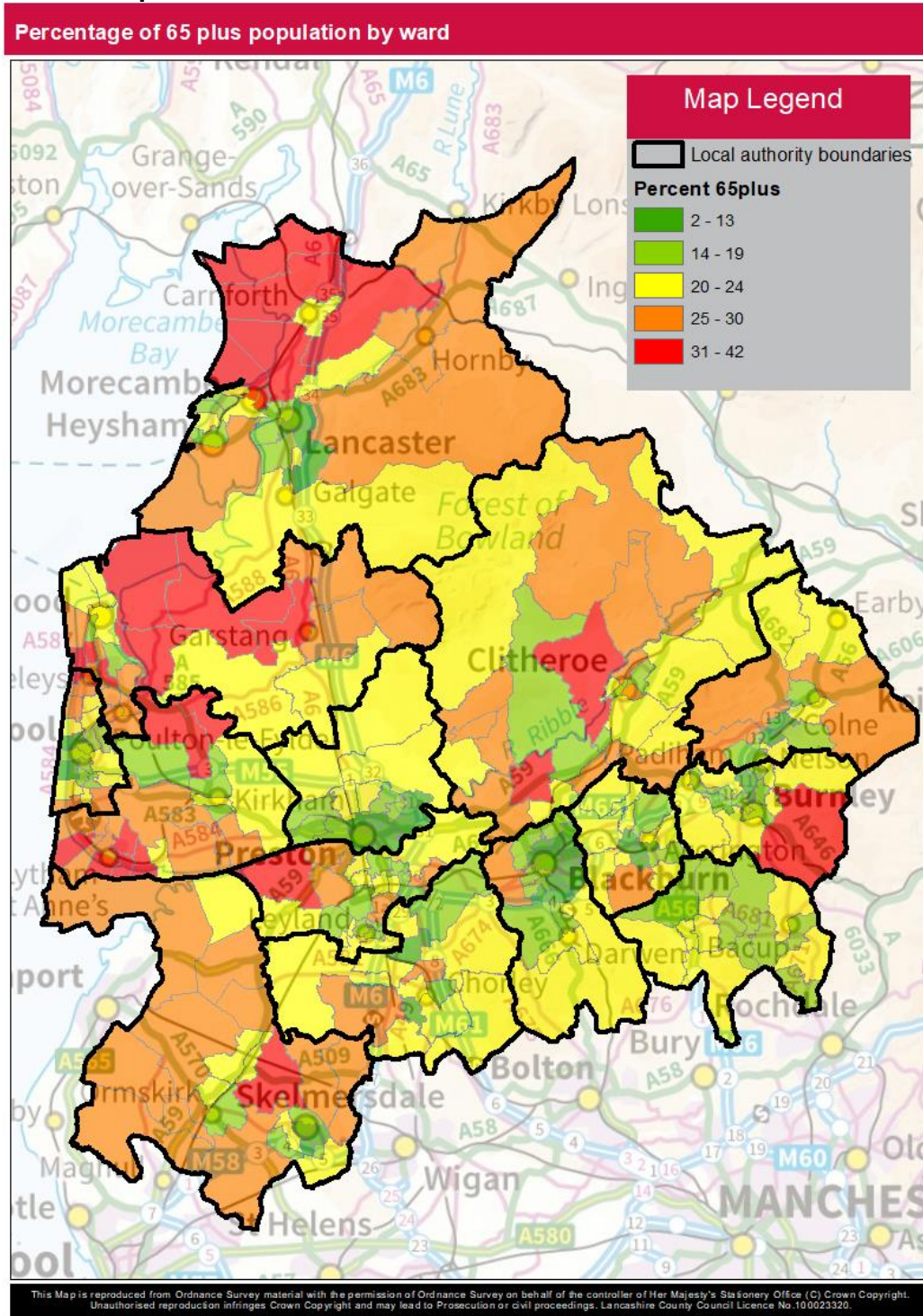


**Figure 3.9: Lancashire population age profile, mid-2020**



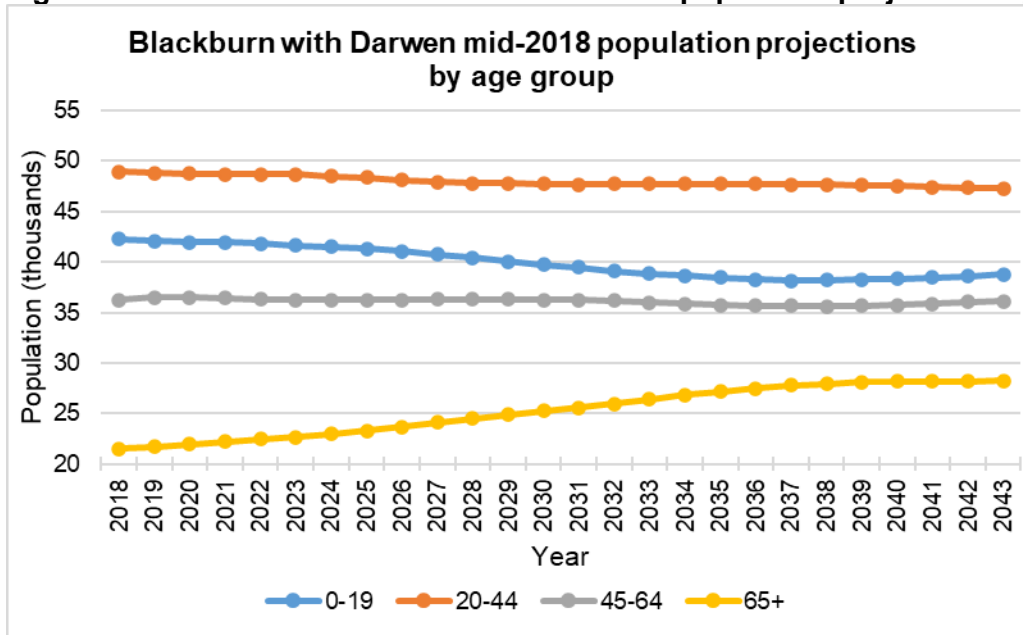
Source: [ONS Mid 2020 population estimates](#)

Figure 3.10: Percentage of population aged 65 or above, by ward, 2020 mid-year estimate – pan-Lancashire



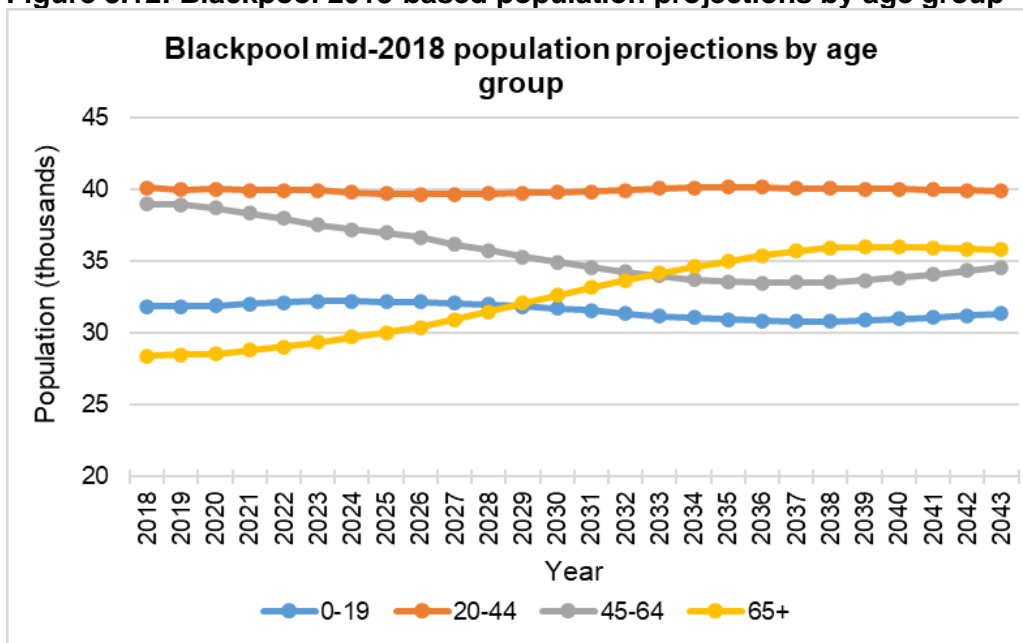
Source: ONS <sup>viii</sup>

Figure 3.11: Blackburn with Darwen 2018-based population projections by age group



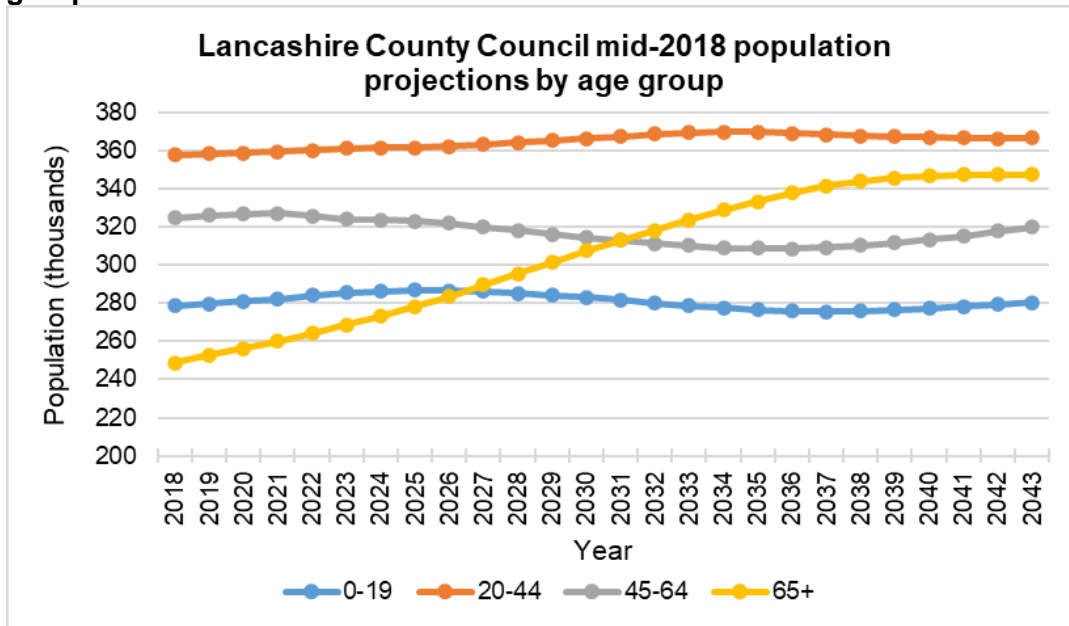
Source: [ONS Population Projections](#)

Figure 3.12: Blackpool 2018-based population projections by age group



Source: [ONS Population Projections](#)

**Figure 3.13: Lancashire County Council 2018-based population projections by age group**



Source: [ONS Population Projections](#)

### 3.7.2 Ethnicity

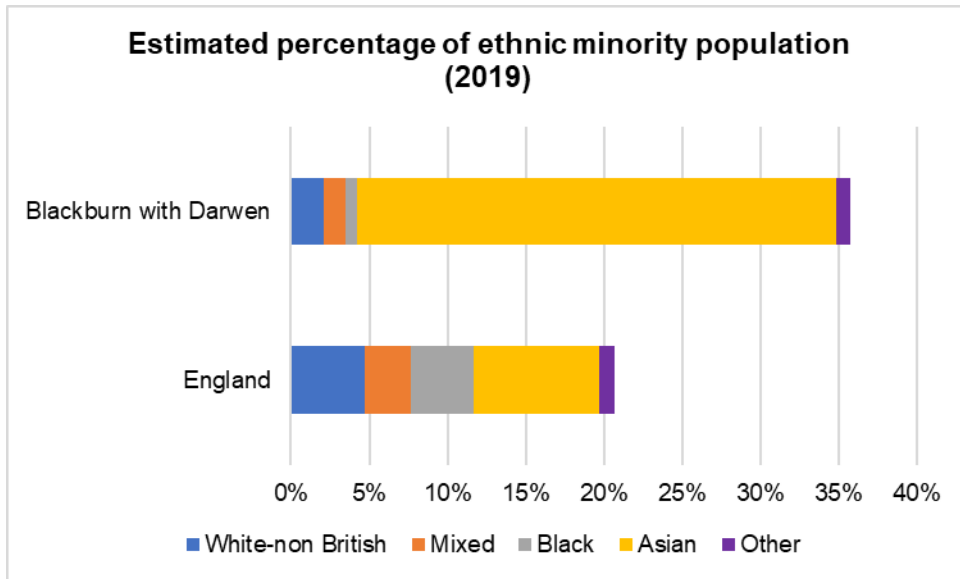
Information about the ethnicity of the population is collected every 10 years in the UK Census, the last being conducted in 2021, but the data have not yet been released. However, population estimates by broad ethnic group have been published by the ONS, with the latest being 2019 based.<sup>ix</sup>

The largest ethnic group (Figure 3.14 to Figure 3.16) in Blackburn with Darwen (64.2%), Blackpool (93.9%) and Lancashire County Council area (89.4%) is white British. In Blackburn with Darwen 35.8% of the population is estimated to be white-other and ethnic minority, with 30.6% of the population Asian/Asian British (largest ethnic minority group). In Blackpool 6.1% of the population is estimated to be white-other and ethnic minority with 2.3% of the population white-other (largest ethnic minority group). In Lancashire County Council area 10.6% of the population is estimated to be white-other and ethnic minority, with 6.6% of the population Asian/Asian British (largest ethnic minority group).

Blackburn with Darwen has the highest proportion of ethnic minority residents (including other white), followed by Preston (25.6%) and Pendle (24.9%) in the Lancashire County Council area.

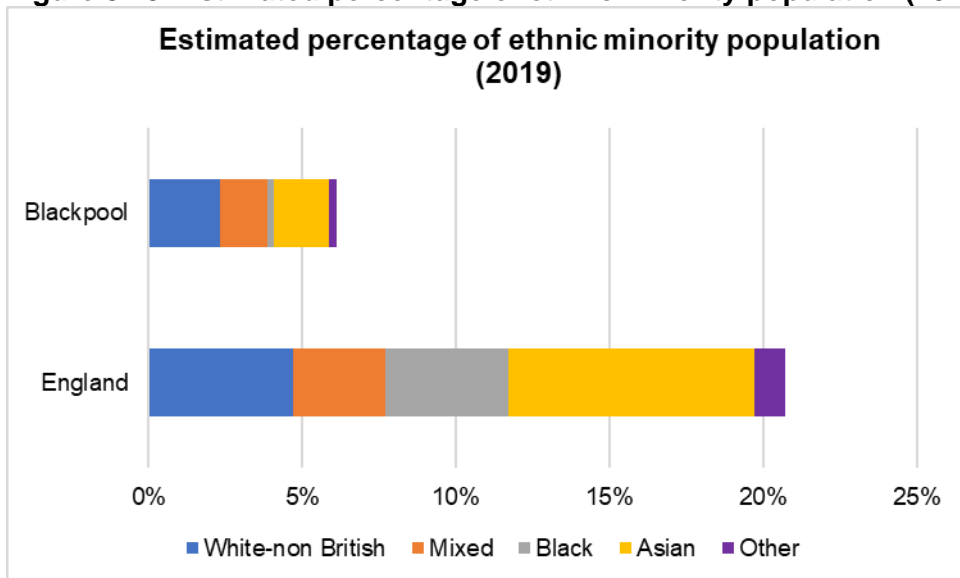


**Figure 3.14: Estimated percentage of ethnic minority population (2019) in Blackburn with Darwen**



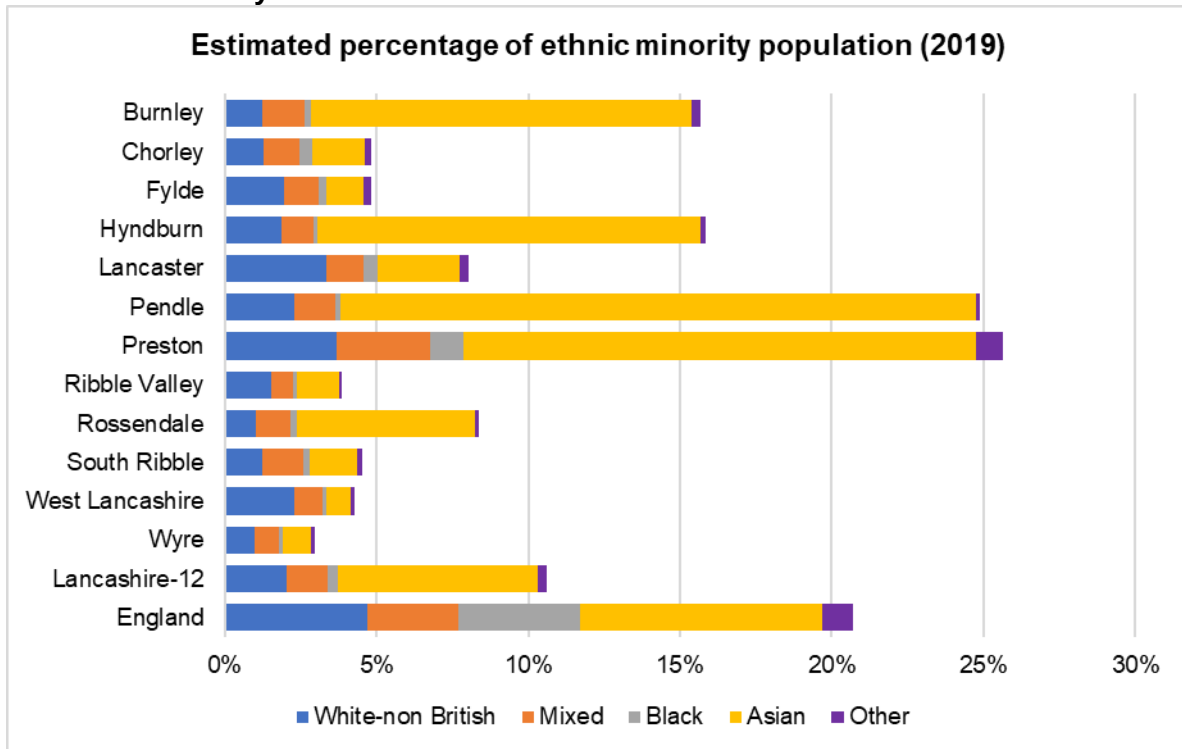
Source: ONS<sup>x</sup>

**Figure 3.15: Estimated percentage of ethnic minority population (2019) in Blackpool**



Source: ONS<sup>x</sup>

**Figure 3.16: Estimated percentage of ethnic minority population (2019) across the Lancashire County Council area**



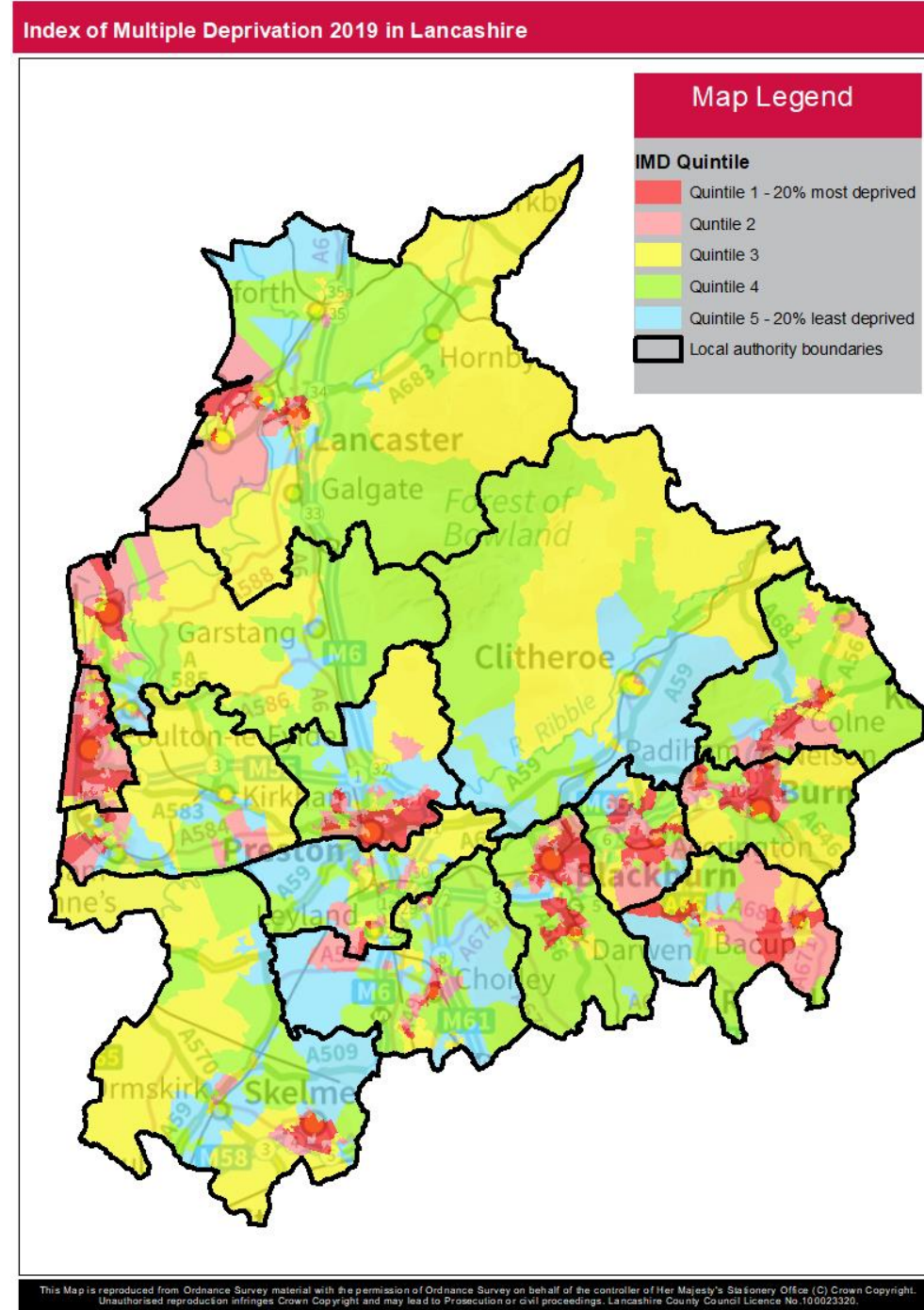
Source: ONS\*



### 3.7.3 Deprivation

Pockets of deprivation are found in all localities apart from Ribble Valley. Figure 3.17 shows pan-Lancashire's lower-layer super output areas shaded according to their national quintile of Index of Multiple Deprivation (IMD) 2019.

**Figure 3.17: Deprivation in the pan-Lancashire area, Index of Multiple Deprivation 2019**



Source: [Department for Communities and Local Government](#)

### 3.7.4 Health

Public Health England’s annual Health Profiles give a snapshot of the overall health of each local authority in England. The profiles present a set of important health indicators that show how each area compares to the national average in order to highlight potential problem areas. The 2019 health profiles highlight a number of Blackburn with Darwen, Blackpool and Lancashire County Council indicators which are significantly worse than the national average, including premature mortality and alcohol-related hospital admissions in under 18s. The profiles also highlight the differing health priorities across pan-Lancashire localities and an interactive tool shows comparisons across the 14 local authorities and by health topic (<http://fingertips.phe.org.uk/profile/health-profiles>).



The key demographic and health data is presented on the websites of the three pan-Lancashire local authorities at the links below:

**Blackburn with Darwen**

<http://www.blackburn.gov.uk/Pages/Integrated-strategic-needs-assessment.aspx>

**Blackpool**

<http://www.blackpooljsna.org.uk/Home.aspx>

**Lancashire County Council**

<http://www.lancashire.gov.uk/lancashire-insight.aspx>

## References

<sup>i</sup> Children in absolute low income families (under 16s). PHOF. <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/3/gid/1000041/ati/402/iid/93701/age/169/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>

- 
- ii Moving Towards an Integrated Care System Blog Dr Amanda Doyle  
<https://www.healthierlsc.co.uk/blog/moving-towards-integrated-care-system>
- iii Healthier and South Cumbria and Lancashire <https://www.healthierlsc.co.uk/about/glossary>
- iv Pharmaceutical Services Negotiating Committee <https://beta.psnc.org.uk/national-pharmacy-services/community-pharmacy-forward-view/>
- v Life expectancy at birth. PHE, PHOF. <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/3/gid/1000049/pat/15/par/E92000001/ati/401/are/E07000126/iid/90366/age/1/sex/1/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1/page-options/car-do-0>
- vi ONS. Mid-2020 Population Estimates.  
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annualmidyearpopulationestimates/mid2020>
- vii [2018-based Subnational Population Projections for Local Authorities in England.
- viii Mid 2020 population estimates by wards. ONS.  
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annualsmallareapopulationestimates/mid2020>
- ix Population estimates by broad ethnic group. ONS:  
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/adhocs/008781populationdenominatorsbybroadethnicgroupandforwhitebritishlocalauthoritiesinenglandandwales2011to2017>

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## 4 Current provision of NHS pharmaceutical services

### *Key messages*

There is currently no need for any additional pharmacies as there are sufficient existing community pharmacies across pan-Lancashire. This PNA has not identified a current need for new NHS pharmaceutical service providers across pan-Lancashire. There are 352 community pharmacies overall across pan-Lancashire, representing a 8.1% reduction in the number of providers, down from 383 since the last publication of the PNA in 2018.

The change between 2018 and 2022 is as follows

- Blackburn with Darwen (46 pharmacies in 2022, a reduction of 8.0% from 50 in 2018)
- Blackpool (39 pharmacies in 2022, a reduction of 7.1% from 42 in 2018)
- Lancashire (267 pharmacies in 2022, a reduction of 7.9% from 290 in 2018)

### Pan-Lancashire

The number of pharmaceutical service providers per population has changed during the same period. The last PNA showed that there were 26 pharmacies per 100,000 registered population, when the national figure for England was 21 and the average for the North was 24. In the pan-Lancashire area there are now 23 pharmaceutical service providers per 100,000 registered population, with the average in England being 21 and the average for the North of England being 24.

Pharmacies were sent a questionnaire that included a range of questions about their service provision such as consultation facilities and services (see **appendix 6** for full details). Approximately 58% of pan-Lancashire pharmacies responded to the PNA questionnaire about service provision (Blackburn with Darwen – 57%, Blackpool – 62% and Lancashire – 58%). It was important to ask pharmacies directly to ensure we had up-to-date information about the facilities and services they provide to identify coverage across the area for our residents. Some of the key findings were the high proportion of those who had consultation rooms with wheelchair access and closed rooms for privacy.

Review of the locations, opening hours and access for people with disabilities, suggest there is sufficient access to NHS pharmaceutical services across pan-Lancashire. There appears to be good coverage in terms of opening hours across the area. The extended opening hours of community pharmacies are valued, and these extended hours should be maintained. Many pharmacies and dispensing surgeries have wheelchair access, and home delivery services can help to provide medications to those who do not have access to a car or who are unable to use public transport. Overall, for the population of pan-Lancashire 84.1% of pharmacies have wheelchair access. It is important to note that key services such as extended hours (beyond core 40/100 hours) and home delivery are not part of the NHS contract. If pharmacies withdrew extended supplementary hours, there could be a need within certain areas for pharmacy provision.

**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. It also includes a description of the number and locations of community pharmacies.

## **4.1 Service providers – numbers and geographical distribution**

This PNA identifies the current provision of pharmaceutical services to assess the adequacy of provision of those services. Information was collected up until 1 February 2022. Up-to-date information on community pharmacies (including opening hours) is available on the NHS website: [www.nhs.uk/servicedirectorios/Pages/ServiceSearch.aspx](http://www.nhs.uk/servicedirectorios/Pages/ServiceSearch.aspx)

### **4.1.1 Community pharmacies**

There was a total of 356 community pharmacies across pan-Lancashire as of 1 February 2022. The names of the community pharmacies across pan-Lancashire are listed in **appendix 4** and their locations shown in Figure 4.1 to Figure 4.14.

#### **Blackburn with Darwen**

There are 46 pharmacies across Blackburn with Darwen, a decrease from 50 in the previous PNA. These are

- 40 hours contract – 34
- 100 hours contract – 10
- distance-selling contract – 2

Figure 4.1 shows community pharmacies and GP practices in Blackburn with Darwen.

#### **Blackpool**

There are 39 pharmacies across Blackpool, a decrease from 43 in the previous PNA. The pharmacies are

- 40 hours contract – 35
- 91 hours contract (Local pharmaceutical services (LPS)) – 1
- 100 hours contract – 2
- distance-selling contract – 1
- 37.5 hours contract – 1

Figure 4.2 shows community pharmacies and GP practices in Blackpool.

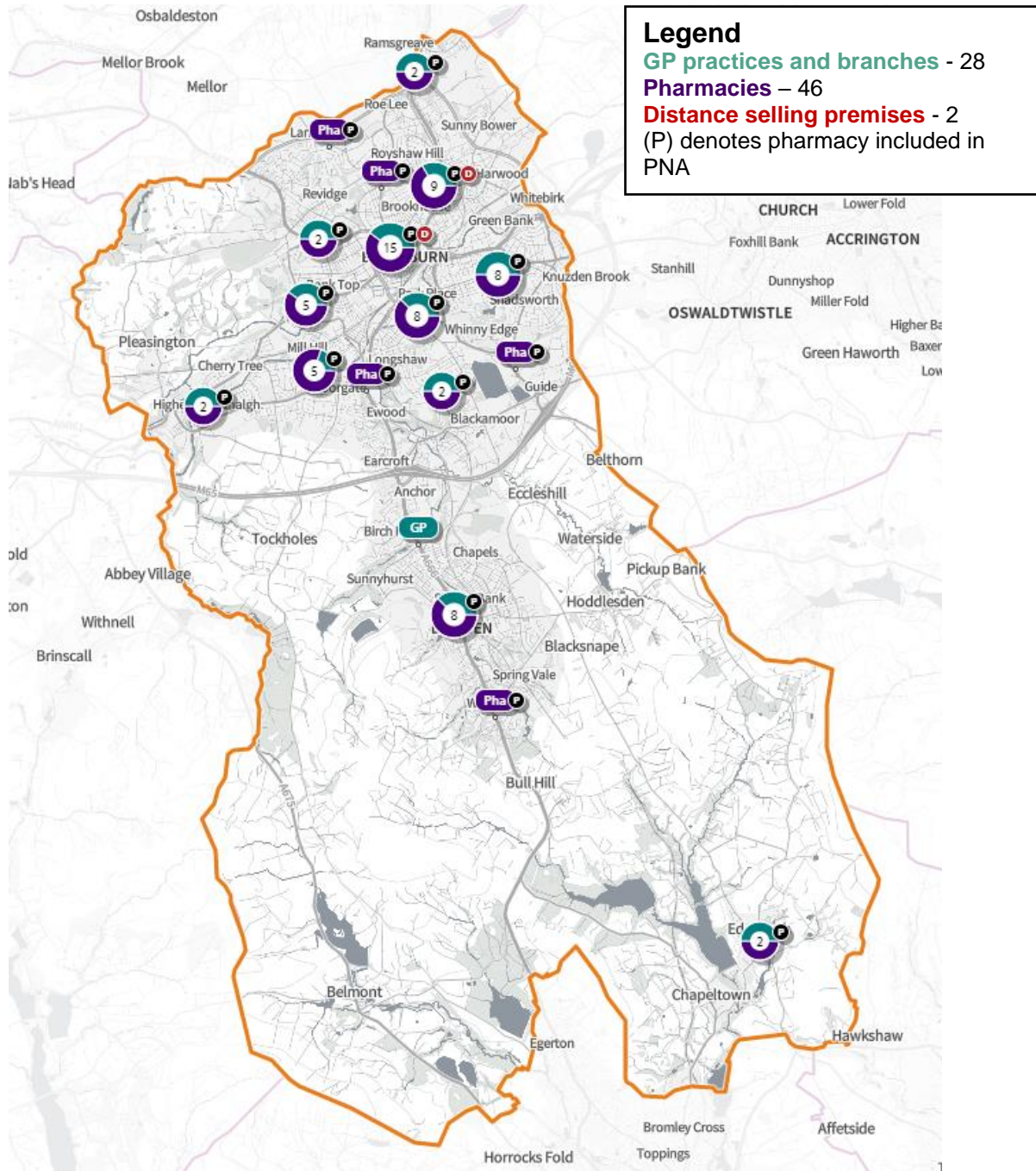
#### **Lancashire**

There are 267 pharmacies (plus 4 across dispensing appliance contractors (DACs)) across Lancashire, a decrease from 290 in the previous PNA. These are

- 40 hours contract – 219
- 40 hours contract (LPS) - 1
- 100 hours contract – 35
- distance-selling contract – 11
- dispensing appliance contract – 4
- 39.75 hours contract – 1

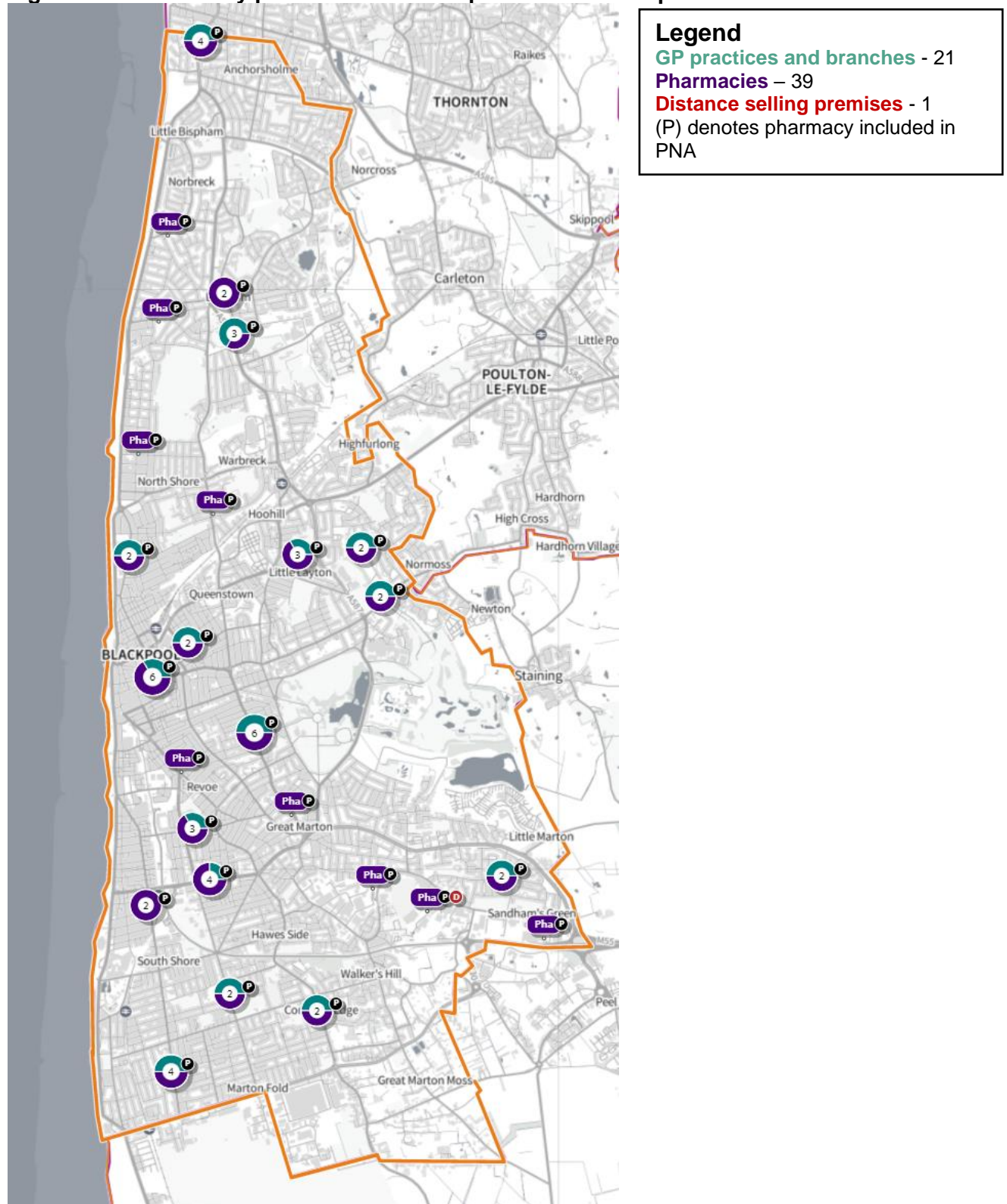
Figures 4.3 to 4.14 show community pharmacies and GP practices in Lancashire HWB localities.

Figure 4.1: Community pharmacies and GP practices in Blackburn with Darwen



Source: SHAPE Place Atlas

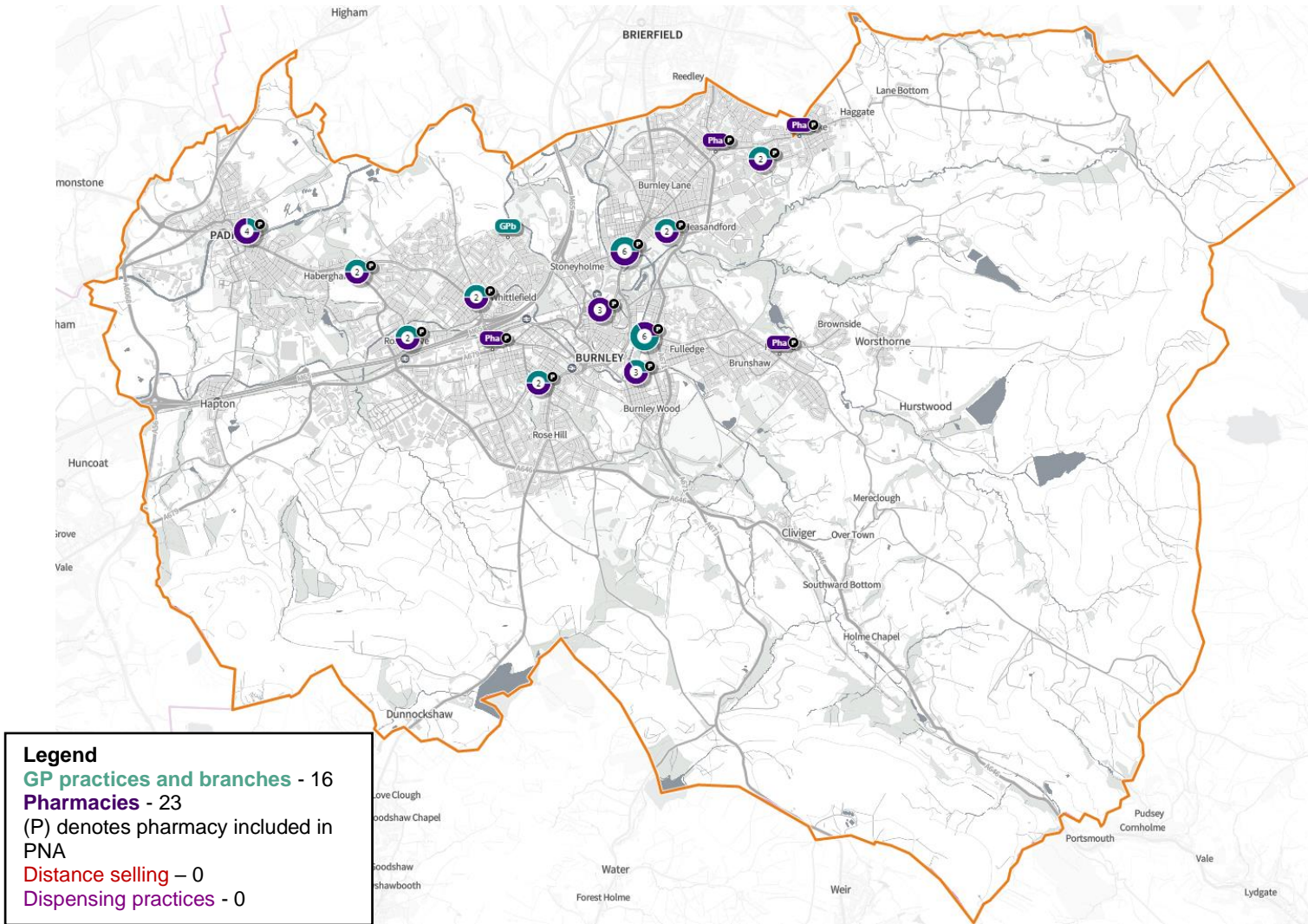
Figure 4.2: Community pharmacies and GP practices in Blackpool



Source: SHAPE Place Atlas



Figure 4.3: Community pharmacies and GP practices in Burnley



Source: SHAPE Place Atlas

Figure 4.4: Community pharmacies and GP practices in Chorley

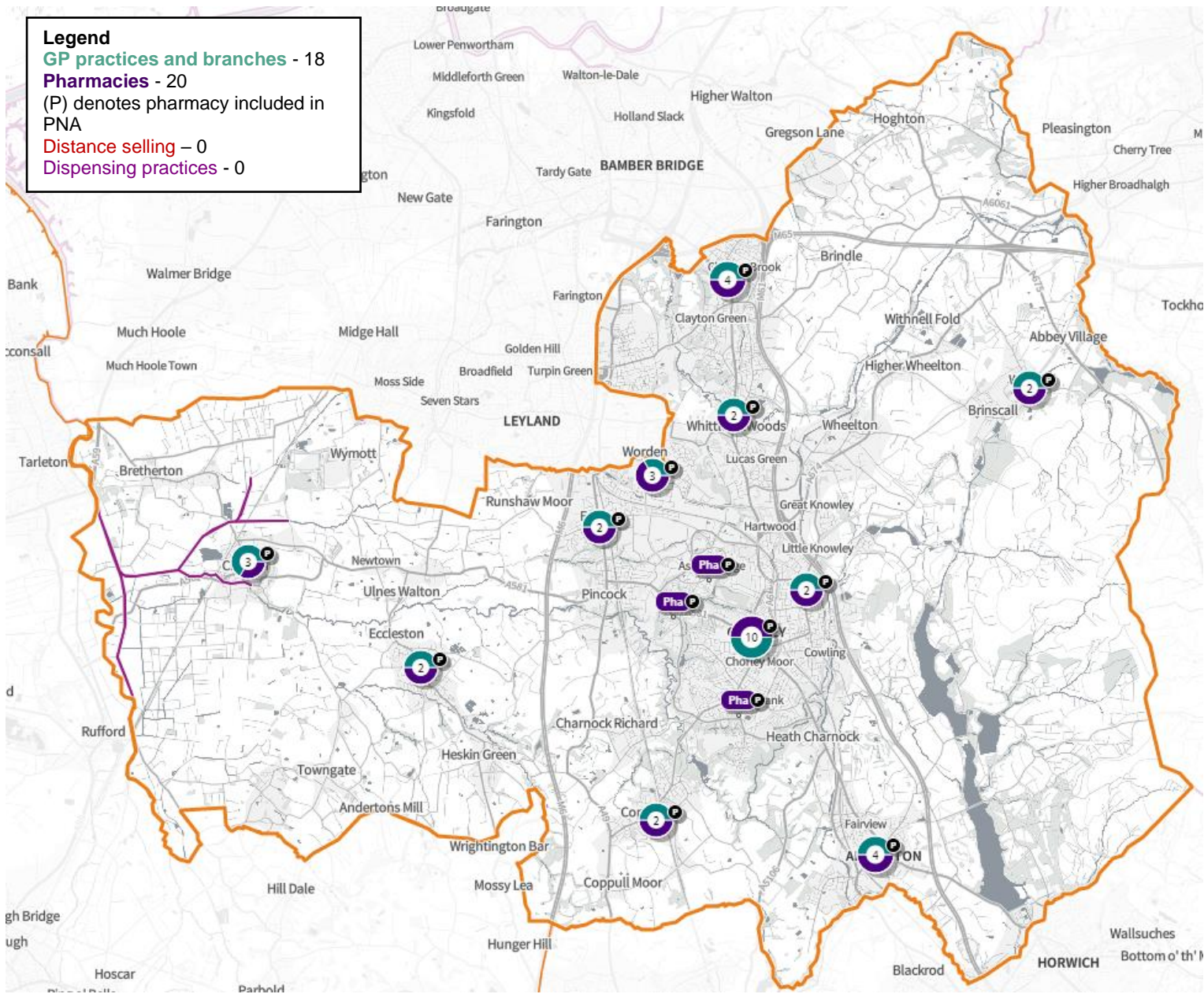
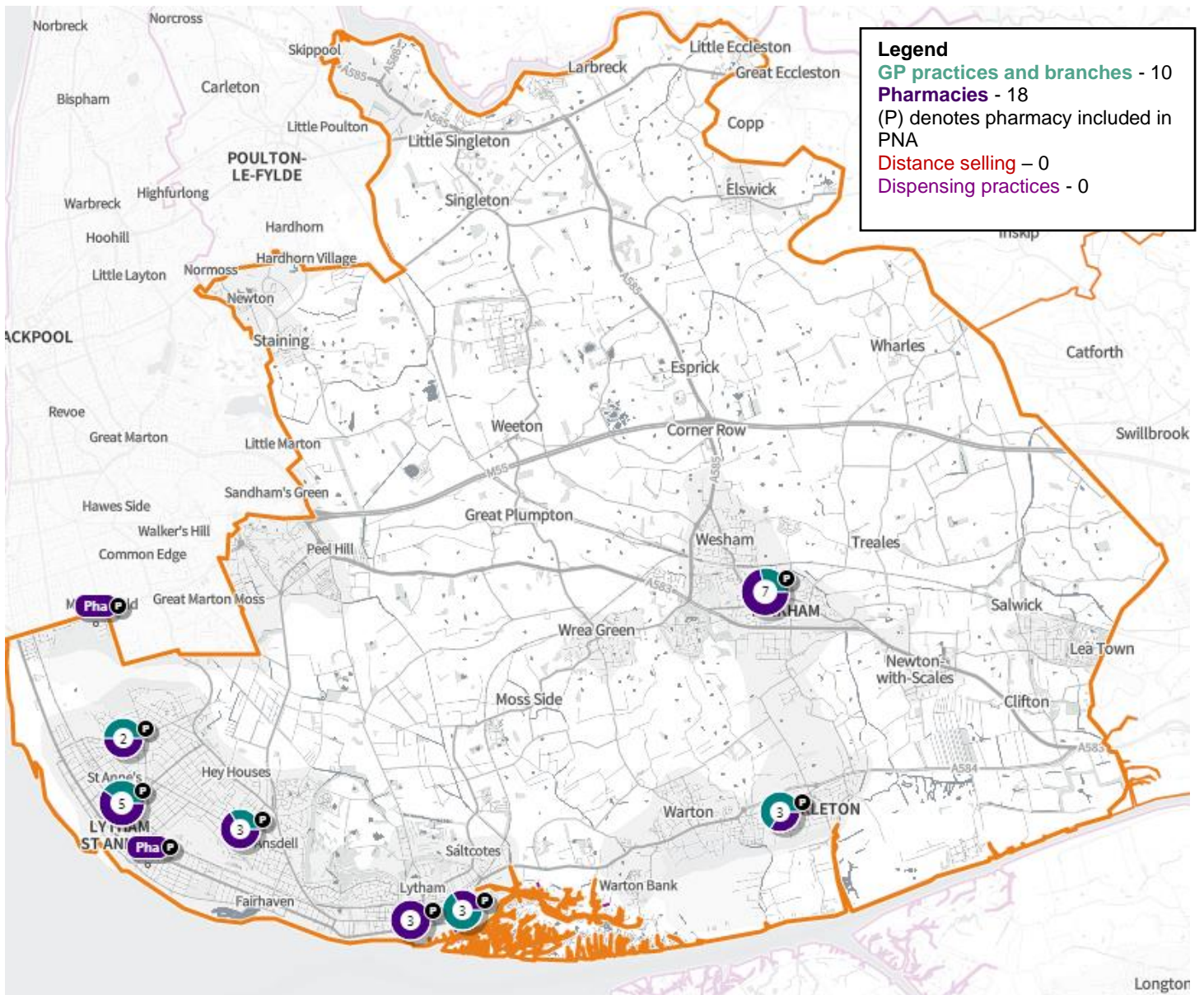


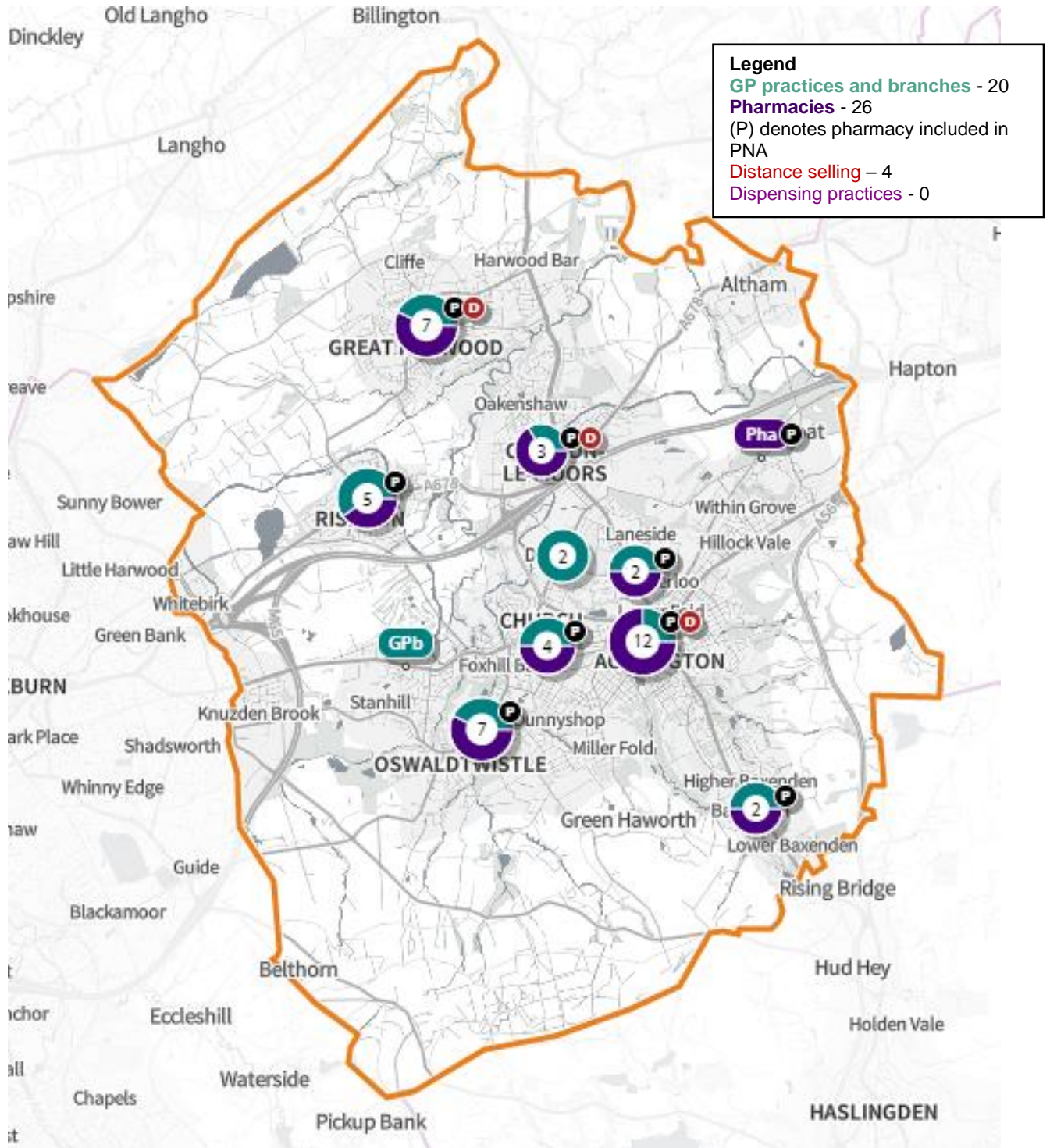


Figure 4.5: Community pharmacies and GP practices in Fylde



Source: SHAPE Place Atlas

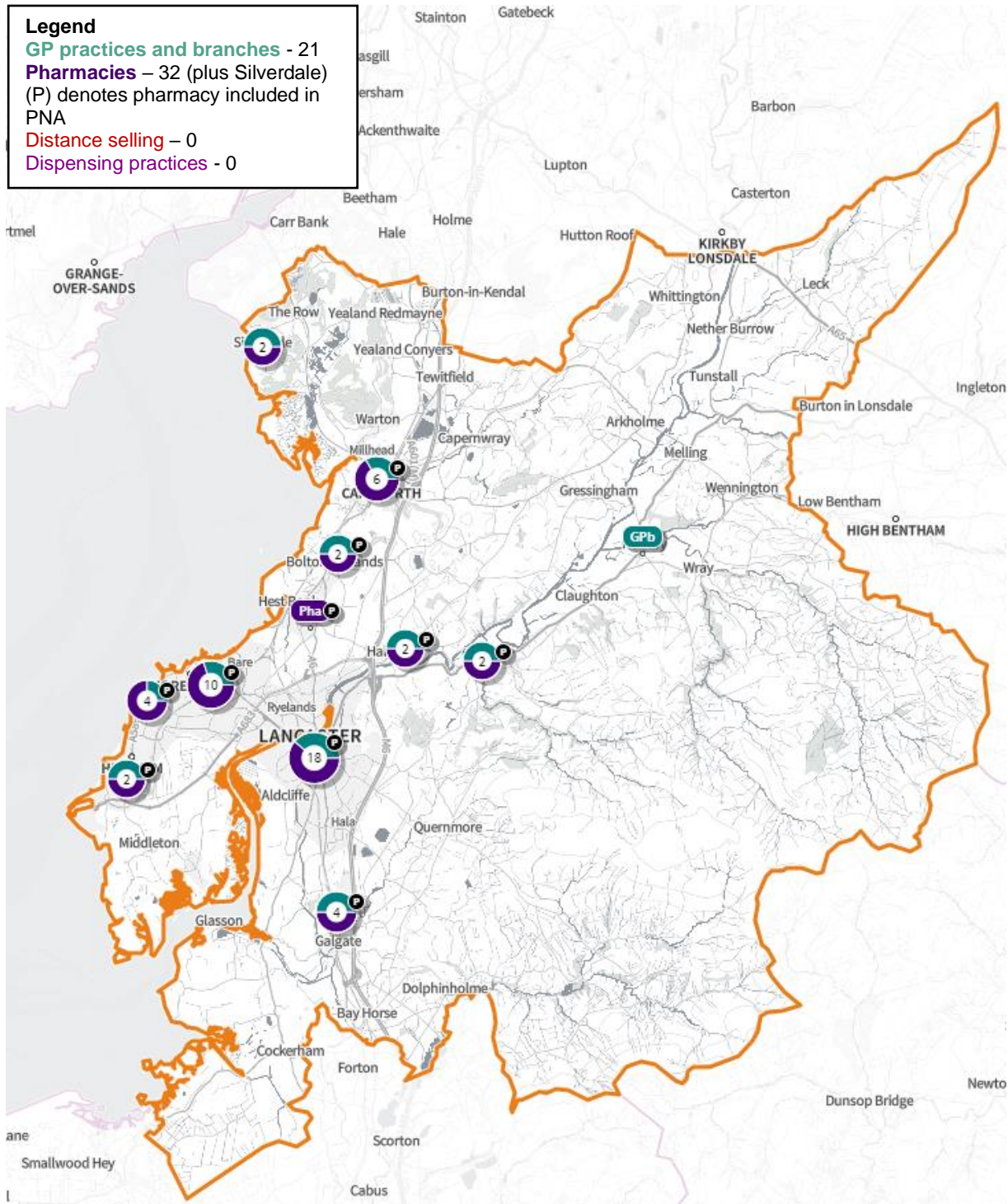
Figure 4.6: Community pharmacies and GP practices in Hyndburn



Source: SHAPE Place Atlas

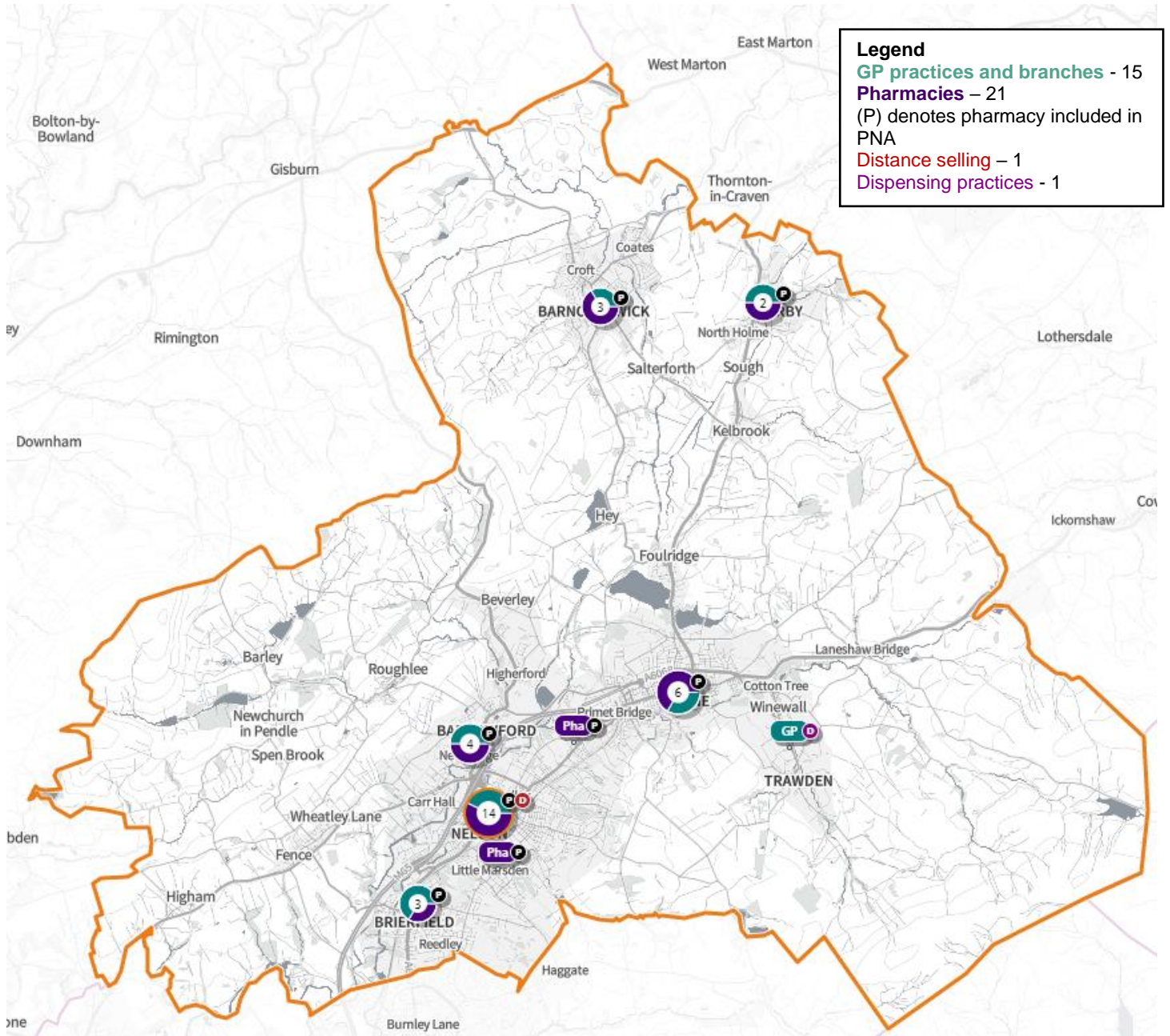


Figure 4.7: Community pharmacies and GP practices in Lancaster



Source: SHAPE Place Atlas

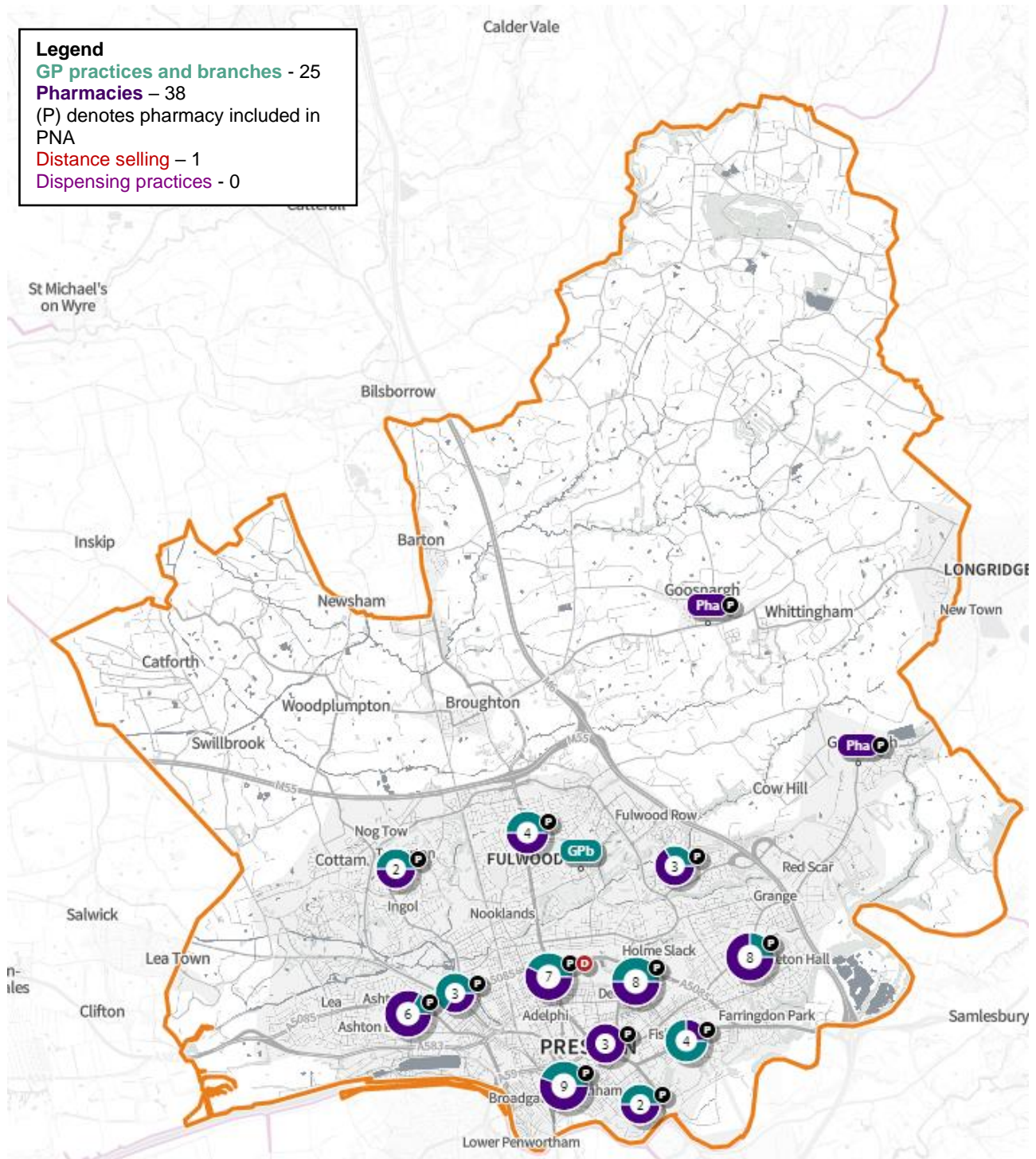
Figure 4.8: Community pharmacies and GP practices in Pendle



Source: SHAPE Place Atlas



Figure 4.9: Community pharmacies and GP practices in Preston



Source: SHAPE Place Atlas

Figure 4.10: Community pharmacies and GP practices in Ribble Valley

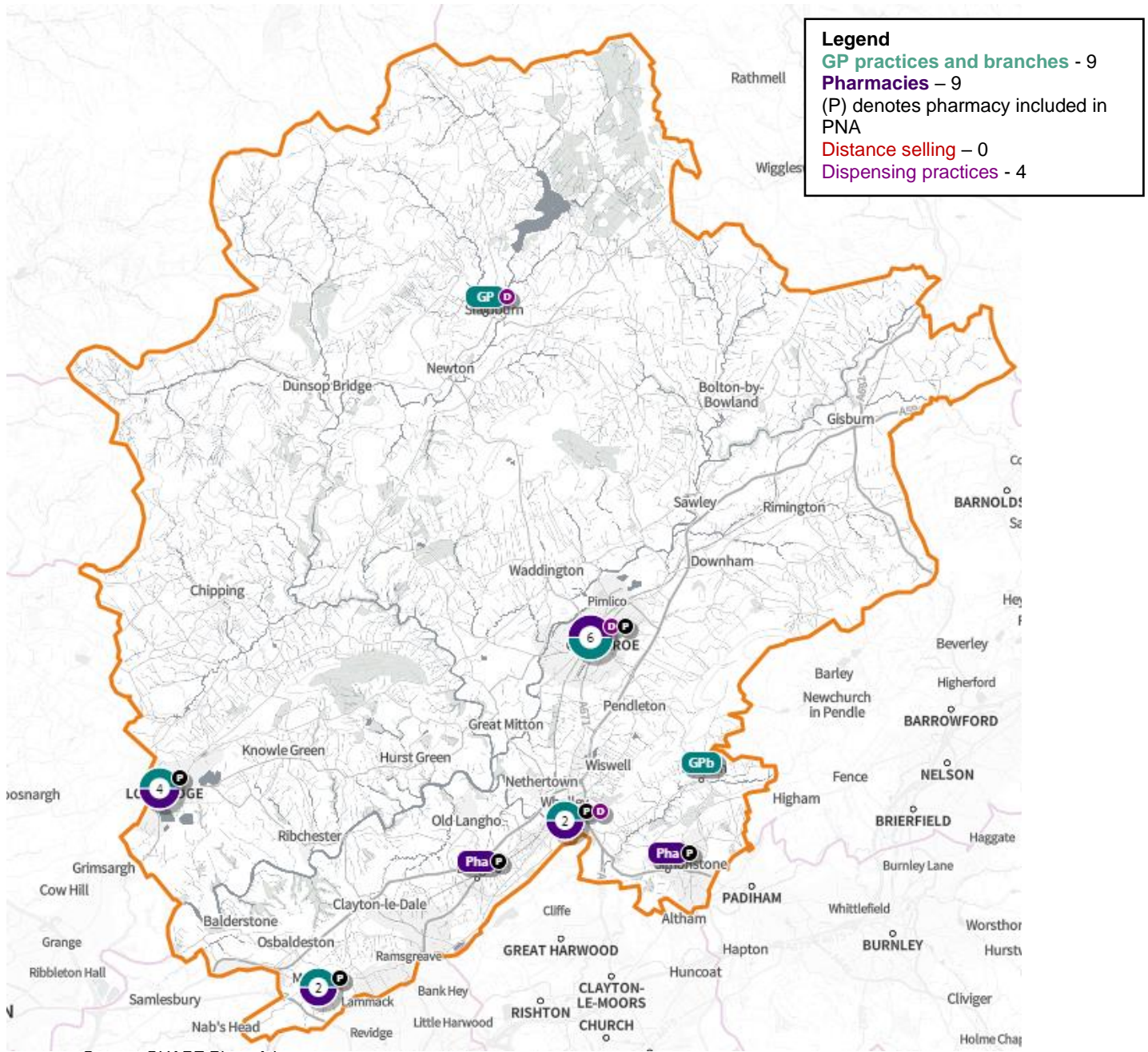
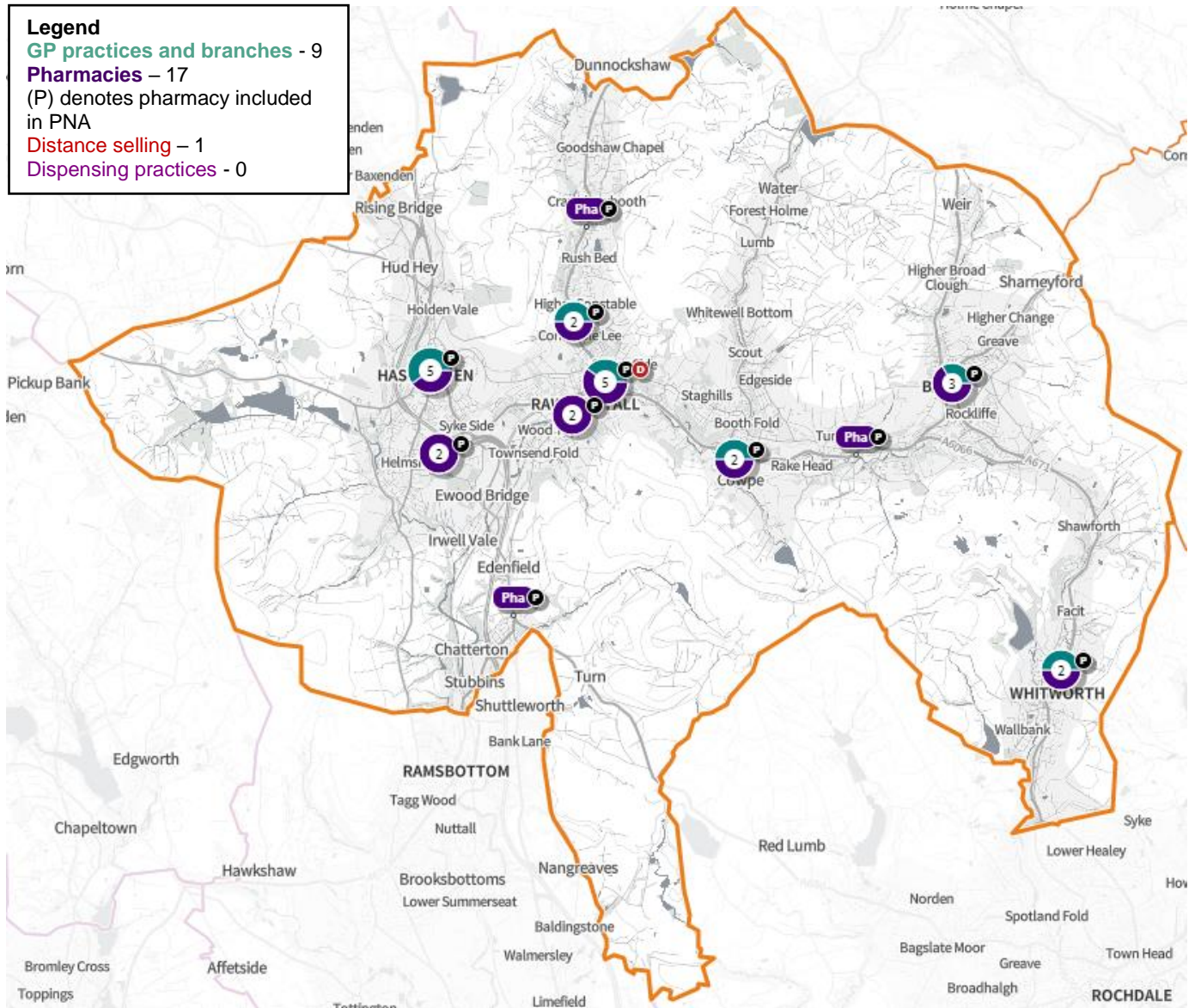


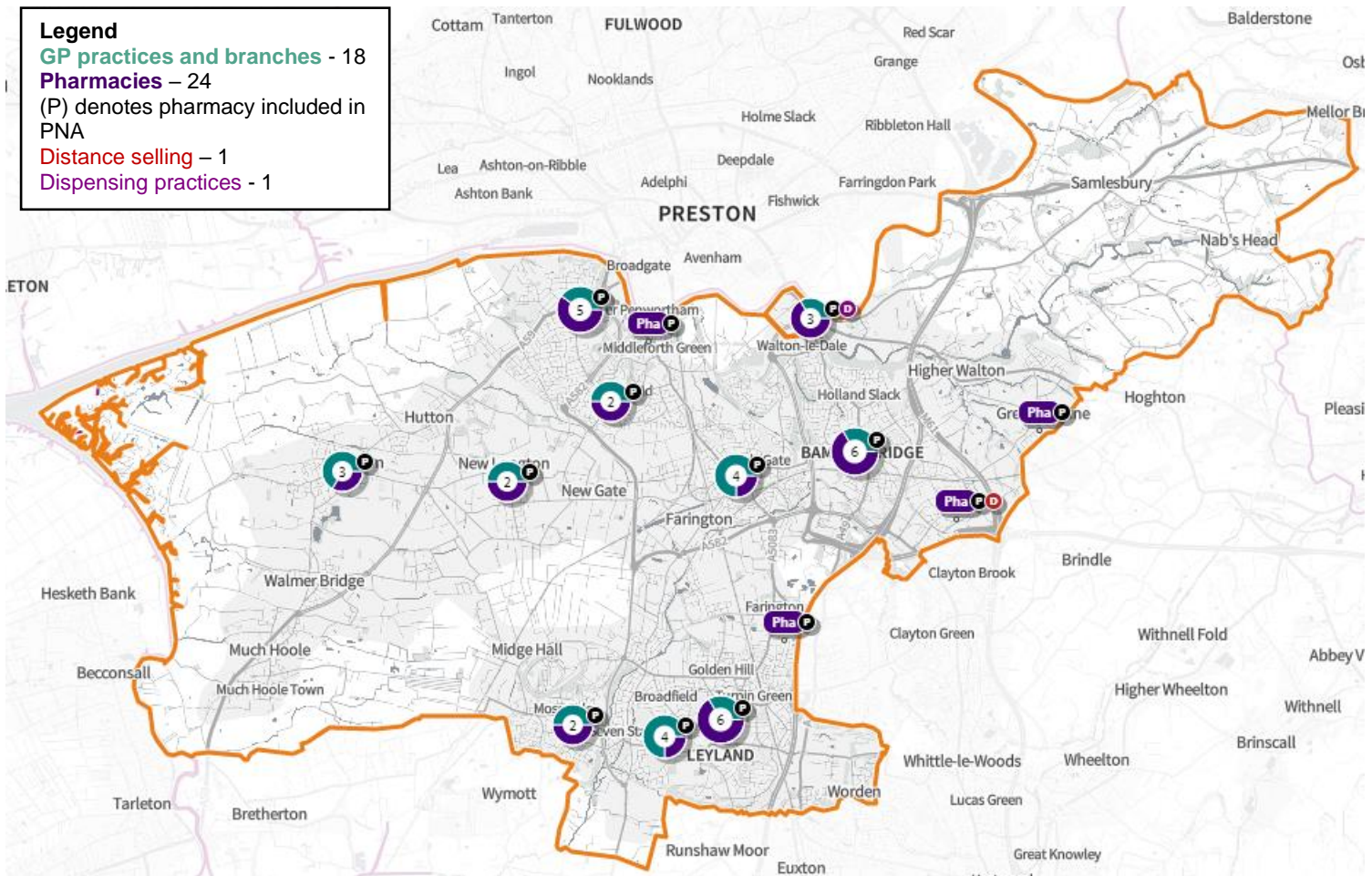


Figure 4.11: Community pharmacies and GP practices in Rossendale



Source: SHAPE Place Atlas

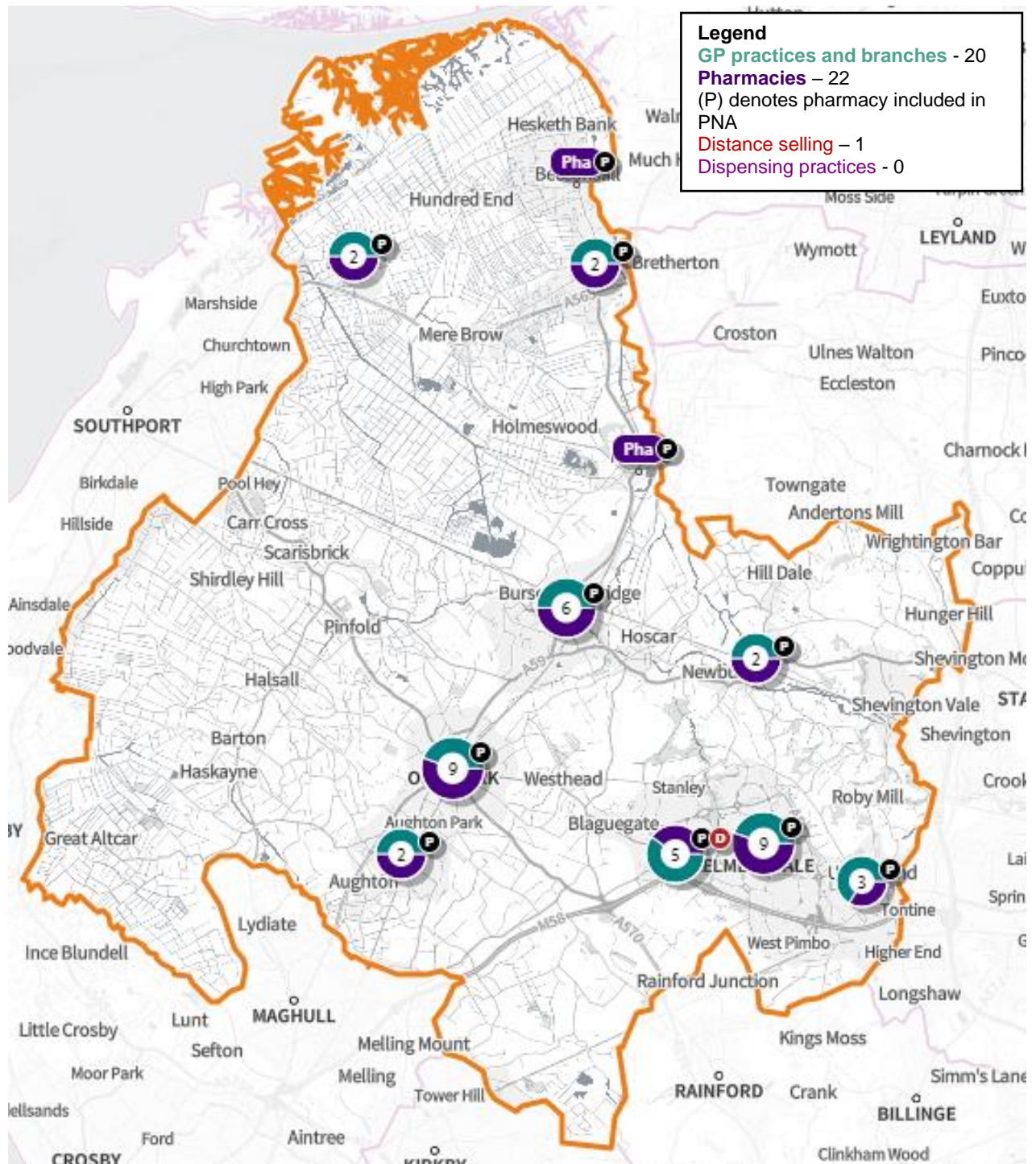
Figure 4.12: Community pharmacies and GP practices in South Ribble



Source: SHAPE Place Atlas



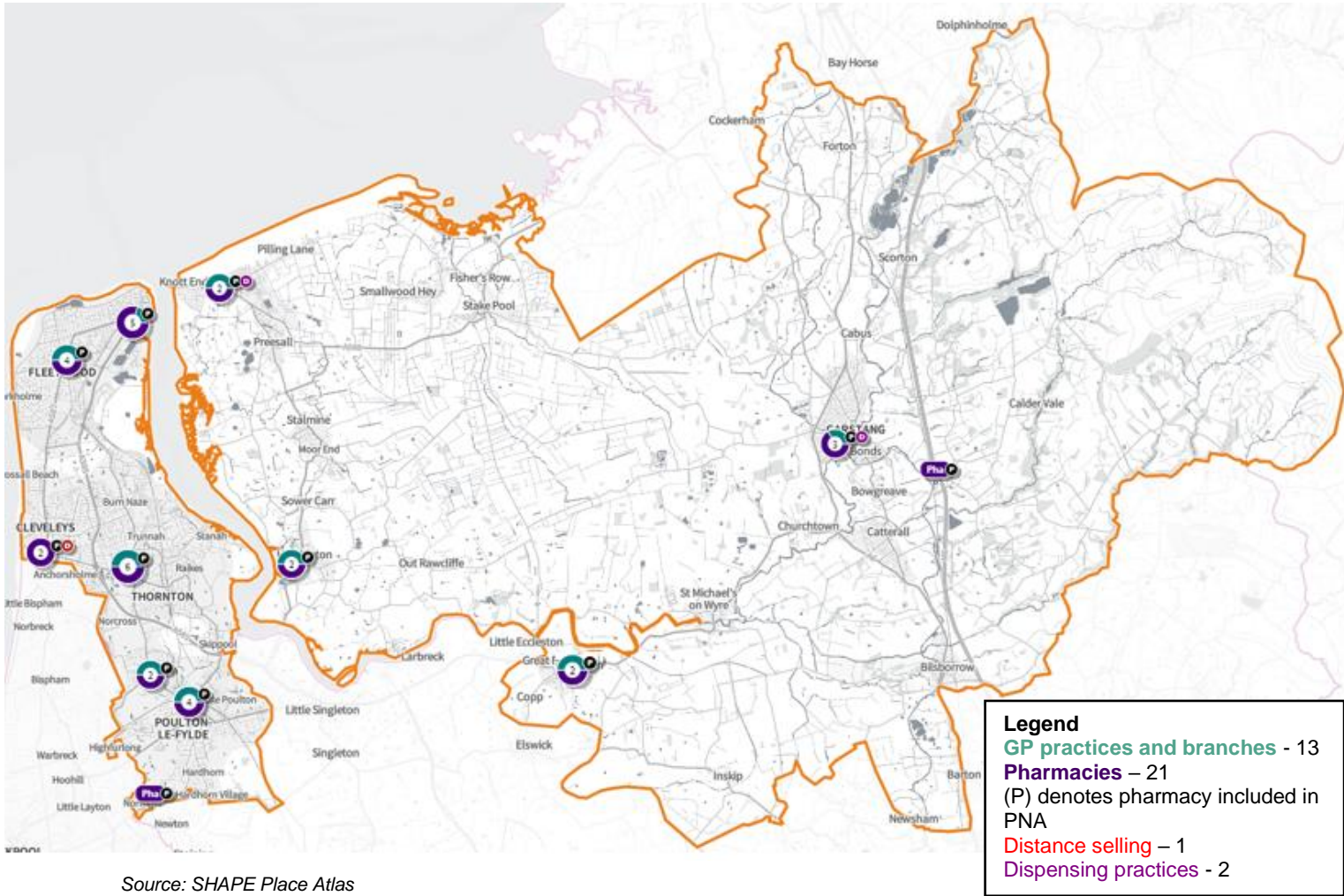
Figure 4.13: Community pharmacies and GP practices in West Lancashire



Source: SHAPE Place Atlas



Figure 4.14: Community pharmacies and GP practices in Wyre



Source: SHAPE Place Atlas

### **4.1.2 Dispensing GP practices**

The rurality in some areas leads to 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 eight dispensing GP practices across pan-Lancashire, a decrease of four from previous PNA. All eight are in Lancashire.

The names of the dispensing GP practices in Lancashire are listed in **appendix 5** and their locations shown in Figure 4.1 to Figure 4.14.

Out of 1,812,514 and 1,455,031 people registered with a GP across pan-Lancashire and Lancashire CCGs, respectively, 88,083 people (5% in both pan-Lancashire and Lancashire) were registered with a dispensing GP practice as of February 2022. It should be noted that some of these patients may have an address outside the pan-Lancashire boundary, and similarly some patients with an address in the pan-Lancashire area could be registered with a practice in another local authority that is not in the pan-Lancashire area.

### **4.1.3 Distance selling pharmacies**

There were 14 mail-order/wholly internet pharmacies across pan-Lancashire as of 1 February 2022, one more than at the time of the previous PNA. These are in

- Blackburn with Darwen – 2
- Blackpool – 1
- Lancashire – 11

The Regulations prohibit distance selling pharmacies from offering to provide essential services to persons face to face at (which includes in the vicinity of) the pharmacy premises. However, a distance selling pharmacy may provide an advanced service such as the flu vaccination service on the pharmacy premises, as long as any essential service is not provided to persons present at the premises. Patients have the right to access pharmaceutical services from any community pharmacy including a distance selling pharmacy of their choice.

### **4.1.4 Dispensing appliance contractors**

Currently, there are four dispensing appliance contractors (DAC) across pan-Lancashire, the same as at the time of the previous PNAs. All four are in Lancashire.

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

From the questionnaires sent out to pan-Lancashire pharmaceutical service providers

- Blackburn with Darwen - out of 26 pharmacies responding, 19 (73%) reported that they provided all types of appliances
- Blackpool - out of 24 pharmacies responding, 20 (83%) reported that they provided all types of appliances
- Lancashire - out of 158 pharmacies responding, 134 (85%) reported that they provided all types of appliances

In addition, some pharmacies provide certain types of appliances.

#### **4.1.5 Hospital pharmacies**

There are nine hospitals across pan-Lancashire that have a pharmacy on the premises supporting the needs of the hospital and their patients.

##### **Blackburn with Darwen**

- Royal Blackburn Hospital

##### **Blackpool**

- Blackpool Victoria Hospital

##### **Lancashire**

- Royal Preston Hospital
- Chorley and South Ribble Hospital
- Ormskirk and District General Hospital
- Accrington Victoria Hospital
- Burnley Hospital
- Royal Lancaster Infirmary
- Queen Victoria Hospital

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

There are five prisons in the area of Lancashire HWB and pharmacy services are available to supporting the needs of the establishments.

##### **Lancashire**

- HMP Preston
- HMP Garth
- HMP Wymott
- HMP Kirkham
- HMYOI Lancaster Farms

#### **4.1.7 Local pharmaceutical services contracts (LPS)**

LPS pharmacies offer the same essential, advanced and enhanced services as other community pharmacies, but they are usually contracted specifically to support a determined population. There are such schemes supported across pan-Lancashire.

##### **Lancashire**

- Lancaster University Pharmacy, 66a Bowland College, Lancaster University, Lancaster LA1 4YT

This LPS scheme was commissioned to meet the needs of the population of the university campus. It was previously an essential small pharmacy and was then subsequently commissioned as an LPS contract. The pharmacy has been commissioned to provide the usual range of pharmacy services, but has a focus on the health needs of young adults. The opening hours reflect the times that students can easily access these services. As part of the commissioning arrangements, the pharmacy has been re-sited to the centre of the campus. This

was to encourage increased use of the pharmacy for essential and advanced services, as well as health advice that is provided by the pharmacy.

Blackpool

- Whitegate Pharmacy, Whitegate Health Centre, Whitegate Drive, Blackpool FY3 9ES

This contract was commissioned initially by Blackpool Primary Care Trust (PCT) and was introduced to provide a range of services to meet the specific needs of the local population, some of which transferred to the remit of the council or CCG. Following re-commissioning of many of these services by the council/CCG, the pharmacy continues to provide Emergency Hormonal Contraception and supervised consumption services, commissioned by NHS England. The pharmacy is still an important contributor to health services in the Blackpool area and provides an extended number of opening hours, which align with the opening hours of other services that operate from Whitegate Drive.

#### **4.1.8 Comparison with findings in the 2018 PNA**

The following changes to the numbers of providers were noted since the 2018 PNA (Figure 4.15)

- In the 2018 PNA, there were 383 pharmacies across pan-Lancashire. This has changed to 356 in February 2022.
  - Blackburn with Darwen – 50 pharmacies in the 2018 PNA and 46 in February 2022
  - Blackpool – 42 pharmacies in the 2018 PNA and 39 in February 2022
  - Lancashire – 290 pharmacies in the 2018 PNA and 267 (plus four DAC) in February 2022
- There were 12 dispensing GP practices across pan-Lancashire (all in Lancashire) in the 2018 PNA. This has changed to eight in February 2022.

**Figure 4.15: Number of pharmaceutical service providers (based on the postcode of pharmacy location) by locality**

Locality	Number of pharmacies, June 2014	Number of pharmacies, June 2017	Number of pharmacies, February 2022
Blackburn with Darwen	50	50	46
Blackpool	44	42	39
Burnley	23	23	23 (incl. 1 DAC)
Chorley	23	23	20
Fylde	20	20	18
Hyndburn	27	26	26
Lancaster	36	35	32 (incl. 1 DAC)
Pendle	26	25	21
Preston	40	40	38 (incl. 1 DAC)
Ribble Valley	10	10	9
Rossendale	18	19	17
South Ribble	25	25	24
West Lancashire	26	24	22
Wyre	21	21	21 (incl. 1 DAC)
<b>Lancashire</b>	<b>295</b>	<b>291</b>	<b>271</b>
<b>Pan-Lancashire</b>	<b>389</b>	<b>383</b>	<b>356 (incl. 4 DAC)</b>

Source: NHS England list June 2014, NHS England list June 2017 and NHSE/I list February 2022

#### **4.1.9 Comparison with pharmaceutical service provision elsewhere**

In pan-Lancashire there were 356 community pharmaceutical providers in January 2022, which means there were 23 providers per 100,000 population (one provider per 4,257 population). This is slightly lower than the overall North of England average of 24 per 100,000 and higher than the national average of 21 per 100,000 (Figure 4.16). For Blackburn with Darwen, Blackpool and Lancashire HWBs the rate of pharmacies per 100,000 population is 31, 28 and 22, respectively.

Information about pharmaceutical providers in other areas in England is shown in Figure 4.16 and Figure 4.17.

There were 21 community pharmacies per 100,000 population in England in 2020/21 and the North of England average was 24 per 100,000. The number of community pharmacies per 100,000 population ranged from 24 community pharmacies per 100,000 population in the North of England to 18 per 100,000 population in South of England.

**Figure 4.16: Community pharmacies on the pharmaceutical list, prescription items dispensed per month, population and average items per pharmacy by regions, England 2020/21**

Area	Number of community pharmacies	Prescription items dispensed per month (000)	Average monthly items per community pharmacy	Population (000) mid 2020	Pharmacies per 100,000 population
<b>England</b>	<b>11,636</b>	<b>85,415</b>	<b>7,341</b>	<b>56,550</b>	<b>21</b>
<b>North of England</b>	<b>3,691</b>	<b>30,005</b>	<b>8,129</b>	<b>15,575</b>	<b>24</b>
<b>Pan-Lancashire</b>	<b>356</b>	<b>2,776</b>	<b>7,799</b>	<b>1,515</b>	<b>23</b>
Midlands and East of England	3,440	20,163	5,861	17,124	20
London	1,863	12,020	6,452	9,002	21
South of England	2,642	23,228	8,792	14,876	18

Sources: NHS Prescription Services, Population estimates - Office for National Statistics, NHS Digital

Within the North of England, the area with the highest level of pharmacies was Cheshire and Merseyside with 25 per 100,000 population; the lowest level of pharmacies was 23 per 100,000 population in Yorkshire and Humber, along with Cumbria and North East (Figure 4.17). Lancashire has the same – at 23 per 100,000, and this does not include the dispensing practices of which Lancashire has eight.

**Figure 4.17: Community pharmacies on the pharmaceutical list, prescription items dispensed per month, population and average items per pharmacy by regions, England 2020/21**

Area	Number of community pharmacies	Prescription items dispensed per month (000)	Average monthly items per community pharmacy	Population (000)s Mid 2020	Pharmacies per 100,000 population
<b>England</b>	<b>11,636</b>	<b>85,415</b>	<b>7,341</b>	<b>56,550</b>	<b>21</b>
<b>North of England</b>	<b>3,691</b>	<b>30,005</b>	<b>8,129</b>	<b>15,575</b>	<b>24</b>
Yorkshire and Humber	1,252	10,817	8,640	5,473	23
<b>Pan-Lancashire</b>	<b>356</b>	<b>2,776</b>	<b>7,799</b>	<b>1,515</b>	<b>23</b>
Greater Manchester	683	5,062	7,412	2,848	24
Cumbria and North East	665	6,435	9,676	2,902	23
Cheshire and Merseyside	615	4,693	7,631	2,504	25

Sources: NHS Prescription Services, Population estimates - Office for National Statistics, NHS Digital

It is clearly visible from Figure 4.17 that all the neighbouring areas around Lancashire have a higher proportion of pharmacies than the England average (per 100,000 population) and more than half have provision higher than the North of England average. If pan-Lancashire residents live on bordering areas, or choose to travel to neighbouring areas, they would have sufficient pharmacy provision.

#### 4.1.10 Results of questionnaires sent to pharmacies

58% of community pharmacies across pan-Lancashire responded to the PNA questionnaire about service provision.

- Blackburn with Darwen – 57%
- Blackpool – 62%



- Lancashire – 58%

The findings of the PNA questionnaire are presented in **appendix 6**.

#### **4.1.11 Results of pharmacy users' research**

The summary of findings from the document “*Views on Community Pharmacy Services, 2022*”<sup>i</sup> produced by the three Healthwatch teams about the network of community pharmacies across Blackburn with Darwen, Blackpool and Lancashire, highlighted that the vast majority of people interviewed rated their overall experience of accessing pharmacy services as excellent or good. The majority used the pharmacy to collect prescriptions and many also used the service for health care advice and over-the-counter medication.

The *Views on Community Pharmacy Services, 2022* report highlighted these key messages.

The most frequent reasons given by patients for visiting a pharmacy were

- to get a prescription for myself
- to get a prescription for someone else
- to buy medicines for myself

This visit usually occurs monthly, with most patients stating they don't have a preference on the day they visit or preferring weekdays in general. Of those who responded, 51% chose between 12pm –8pm as the most convenient time to use their pharmacy. 25% of overall respondents did not have a preference. Responses suggest most people use the same pharmacy all of the time, and this tends to be the closest and/or most convenient pharmacy.

The key factors that have been shown to influence people's choice of pharmacy were

- close to my home
- close to my GP surgery
- it is easy to get to the pharmacy
- it is easy to park at the pharmacy

Most patients travel to the pharmacy by car, with this journey typically taking between 5 and 15 minutes.

Of the feedback collected, it appears that overall, patients are satisfied with the service that their pharmacy provides. We are extremely grateful to those who chose to share their feedback that features in the report.

The Healthwatch report's link can be found in **appendix 8** and at

<https://healthwatchblackburnwithdarwen.co.uk/nproject/your-views-on-community-pharmacy-services/>

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

The distribution of pharmacies covers the pan-Lancashire area well, with sufficient pharmaceutical services provided in every locality. Figures 4.18 to 4.32 show the location of community pharmacies; these include GP dispensing practices. Access to services in these areas will be further discussed in section 4.2. When reviewing the figures please note that most of the localities outside the 20-minute drive-time are rural areas and are mainly uninhabited.



Taking into account the assessment of provision, including drive/walk time analysis, analysis of pharmacies per head of population and examination of population density and demographic profiling, the distribution of pharmaceutical service provision across Blackburn with Darwen, Blackpool, Lancashire and pan-Lancashire, as a whole, is sufficient. There is no current need identified for more pharmaceutical providers at this time and additional pharmacy provision is not required to secure improvements or better access to such services, at this time. However, NHSE/I would support relocation of some of the pharmacies, where these are currently clustered, in order to make best use of this resource and attain a better distribution across the pan-Lancashire footprint.

We acknowledge that there are some growing areas across pan-Lancashire, however, it is anticipated that current pharmaceutical service providers will be sufficient to meet local needs over the lifetime of this PNA.

The PNA steering group plans to meet twice a year to assess the need for supplementary statements, these will be published on the PNA webpages. This will include the ongoing assessment of sufficient provision including drive/walk time analysis, analysis of pharmacies per head of population and examination of population density and demographic profiling.

Furthermore, rather than investing resource in new pharmacies, NHS E/I would rather use any investment opportunities to develop pharmaceutical services from existing providers, where this is feasible and is consistent with procurement responsibilities. This would be in line with the visions set out in the NHS Long Term Plan.

## 4.2 Accessibility

A review of the accessibility of NHS pharmaceutical services across pan-Lancashire for location, opening hours and access for people with disabilities, suggest there is sufficient access, and an equality impact assessment has been carried out alongside this PNA. There is good coverage in terms of opening hours across the area. The extended opening hours of community pharmacies are valued and these extended hours should be maintained. Many pharmacies and dispensing practices have wheelchair access and home delivery services that can help to provide medications to those who do not have access to a car or who are unable to use public transport (further information can be seen in **appendix 6**). Overall, for the population of pan-Lancashire 84.1% of pharmacies have wheelchair access.

### 4.2.1 Distance, travel times, and access

The 2008 white paper *Pharmacy in England: Building on strengths – delivering the future*<sup>ii</sup> 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.

Figure 4.18 to Figure 4.32 (for the 14 localities across pan-Lancashire) were created to identify which areas (road networks) in Lancashire County Council and Blackburn with Darwen were within a 20-minute driving time of a pharmacy and in Blackpool within a 15-minute walk-time of a pharmacy. For Lancashire County Council and Blackburn with Darwen the figures present the locations of the pharmacies and areas that are within 20 minutes' drive-time (light green) of a pharmacy and are not within 20 minutes' drive-time (white) of a pharmacy. For Blackpool the figures present the locations of the pharmacies and areas that are within 15 minutes' walk-time (light green) of a pharmacy and are not within 15 minutes' walk-time (white) of a pharmacy.

In order to assess whether residents are able to access a pharmacy in line with this travel, standard travel times were analysed using Public Health England's Strategic Health Asset Planning and Evaluation tool (SHAPE). Over the border pharmacies were included in the drive/walk-time analysis. As is clearly evident from Figure 4.18 to Figure 4.32 in the whole of Blackburn with Darwen and majority of Lancashire County Council localities there are pharmacies within 20 minutes driving time. In all areas of Blackpool there are pharmacies within 15 minutes walking time. This demonstrates that across Blackburn with Darwen, Blackpool, Lancashire and pan-Lancashire, overall, there is good coverage of pharmacies across all districts.

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

There is an acknowledgment that not all individuals will have access to a car or be able to easily access public transport. To enable easy access for all individuals, including those who can be deemed as the most vulnerable, there is the option that pharmacies can provide home delivery services.

- Blackburn with Darwen – of the 26 pharmacies that responded to the pharmacy questionnaire, 25 (96.2%) reported that they collected from GP practices and 23 (88.5%) delivered dispensed medicines free of charge on request.
- Blackpool – of the 24 pharmacies that responded to the pharmacy questionnaire, 23 (95.8%) reported that they collected from GP practices and all 24 (100%) delivered dispensed medicines free of charge on request.
- Lancashire – of the 158 pharmacies that responded to the pharmacy questionnaire, 134 (84.8%) reported that they collected from GP practices and 129 (81.6%) delivered dispensed medicines free of charge on request.

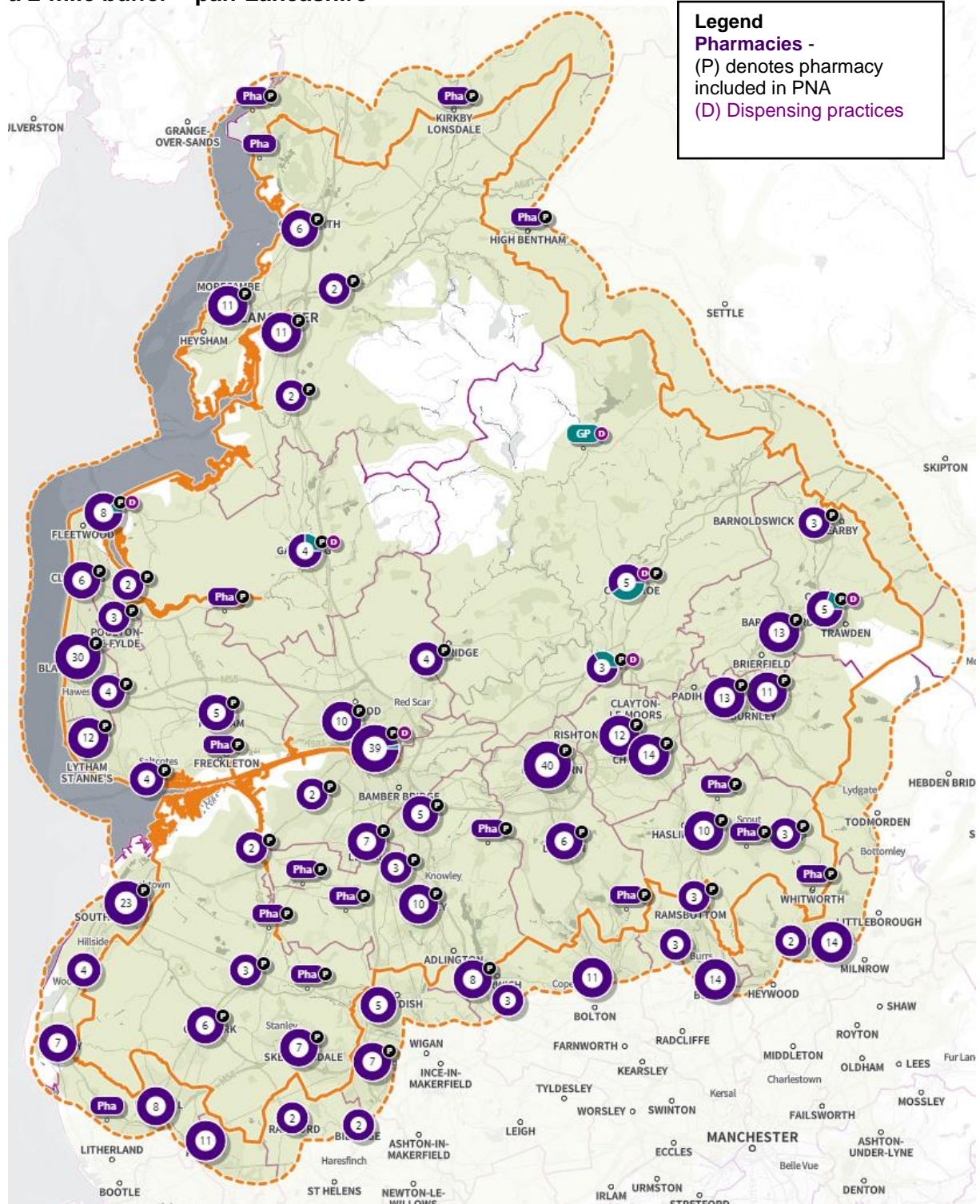
This is not an NHS contracted service and therefore any pharmacy could choose to stop this service at any time.

Pharmaceutical services are also available from internet pharmacies (located inside or outside of the area) that make deliveries to individual homes (with the exception of advances services which can be delivered on a face to face basis). Finally, in addition to delivery services, community transport schemes (eg car clubs, minibuses) can potentially improve access to both pharmaceutical services and other services. It is important to note, however, that in the current economic climate some community transport services may have limited services or cease, which may impact on people's accessibility to pharmacies.

### **Pan-Lancashire**

As is clearly evident from Figure 4.18 the majority of the road networks in pan-Lancashire are within 20 minutes travelling distance from a pharmacy. This demonstrates that across the area there is a good coverage of pharmacies and over 98% of the population has access to a pharmacy within a 20-minute drive.

Figure 4.18: Pharmacies within a 20-minute drive and over the border pharmacies within a 2-mile buffer – pan-Lancashire



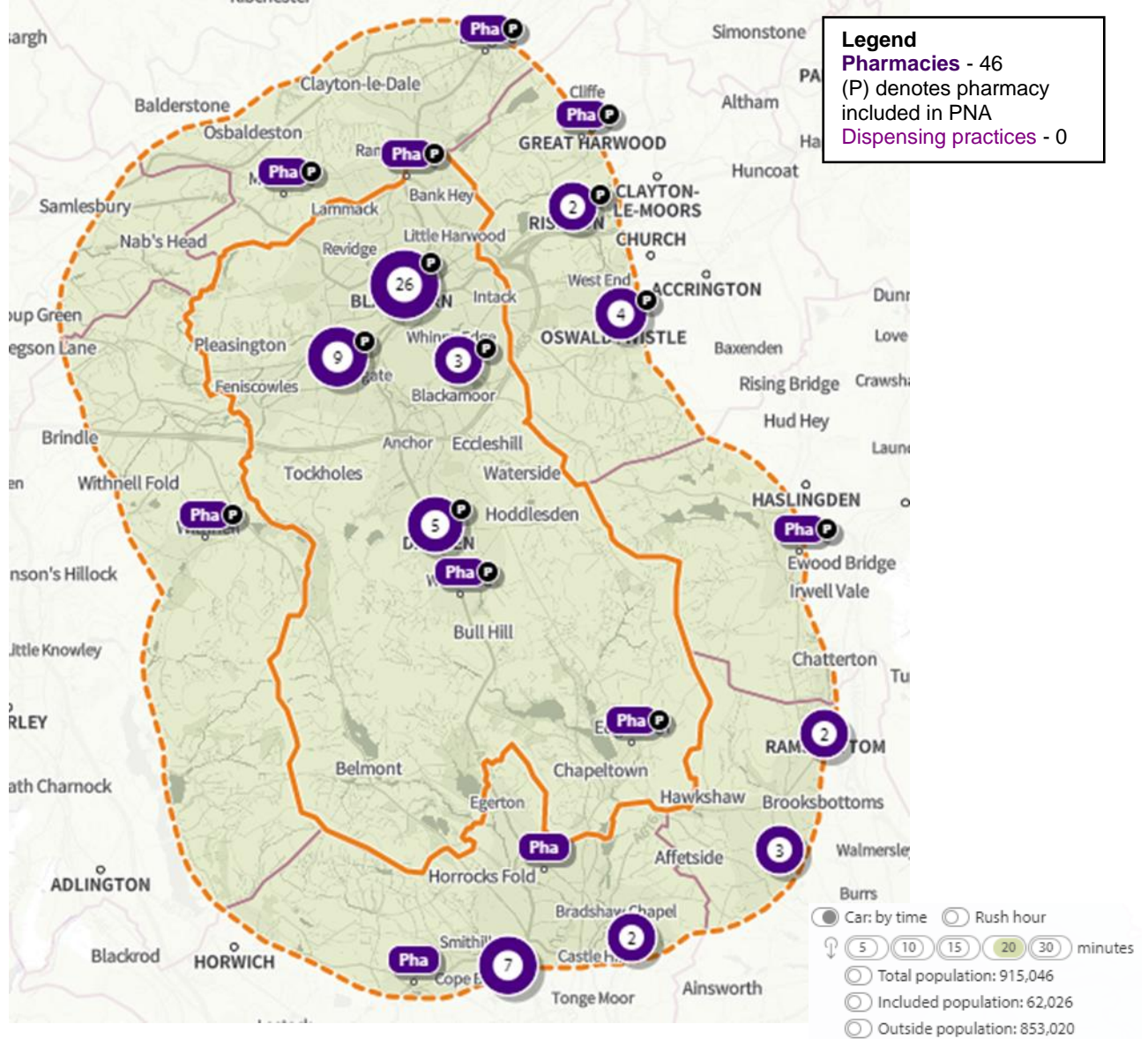
Source: SHAPE Place Atlas



**Blackburn with Darwen**

As is clearly evident from Figure 4.19, all road networks in Blackburn with Darwen are within 20 minutes travelling distance from a pharmacy. This demonstrates that in Blackburn with Darwen there is a good coverage of pharmacies.

**Figure 4.19: Pharmacies within a 20-minute drive and over the border pharmacies within a 2-mile buffer – Blackburn with Darwen**

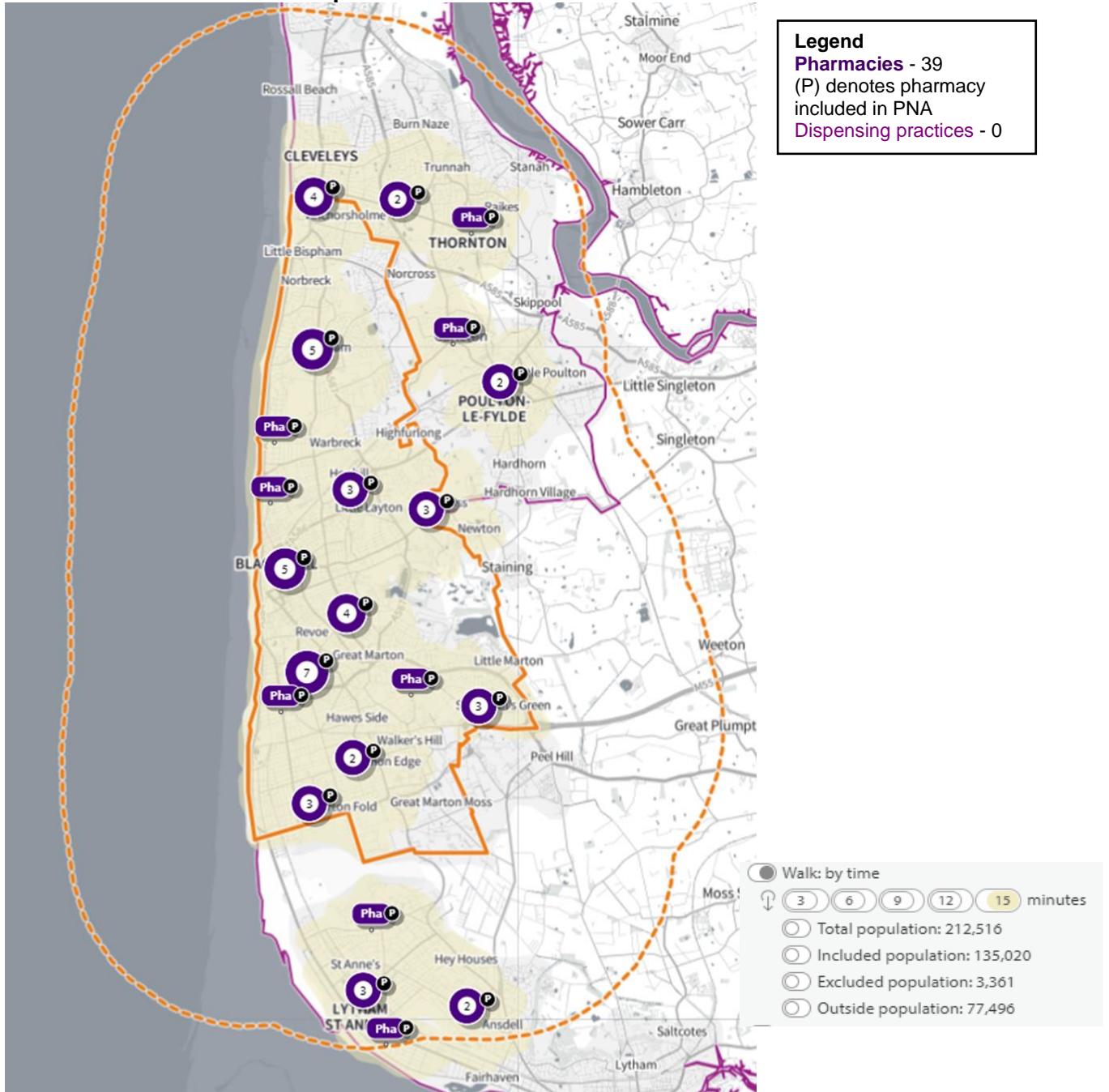


Source: SHAPE Place Atlas

**Blackpool**

As is clearly evident from Figure 4.20, all areas in Blackpool are within 15 minutes walking distance from a pharmacy. This demonstrates that in Blackpool there is a good coverage of pharmacies.

**Figure 4.20: Pharmacies within a 15-minute walk time and over the border pharmacies within a 2-mile buffer – Blackpool**



Source: SHAPE Place Atlas



**Lancashire County Council localities**

As is clearly evident from Figure 4.21 to Figure 4.32, the majority of the road networks in Lancashire's 12 localities are within 20 minutes travelling distance from a pharmacy. This demonstrates that across the county there is a good coverage of pharmacies and over 98% of the population has access to a pharmacy within a 20-minute drive-time.

**Figure 4.21: Pharmacies within a 20-minute drive and over the border pharmacies within a 2-mile buffer – Burnley**

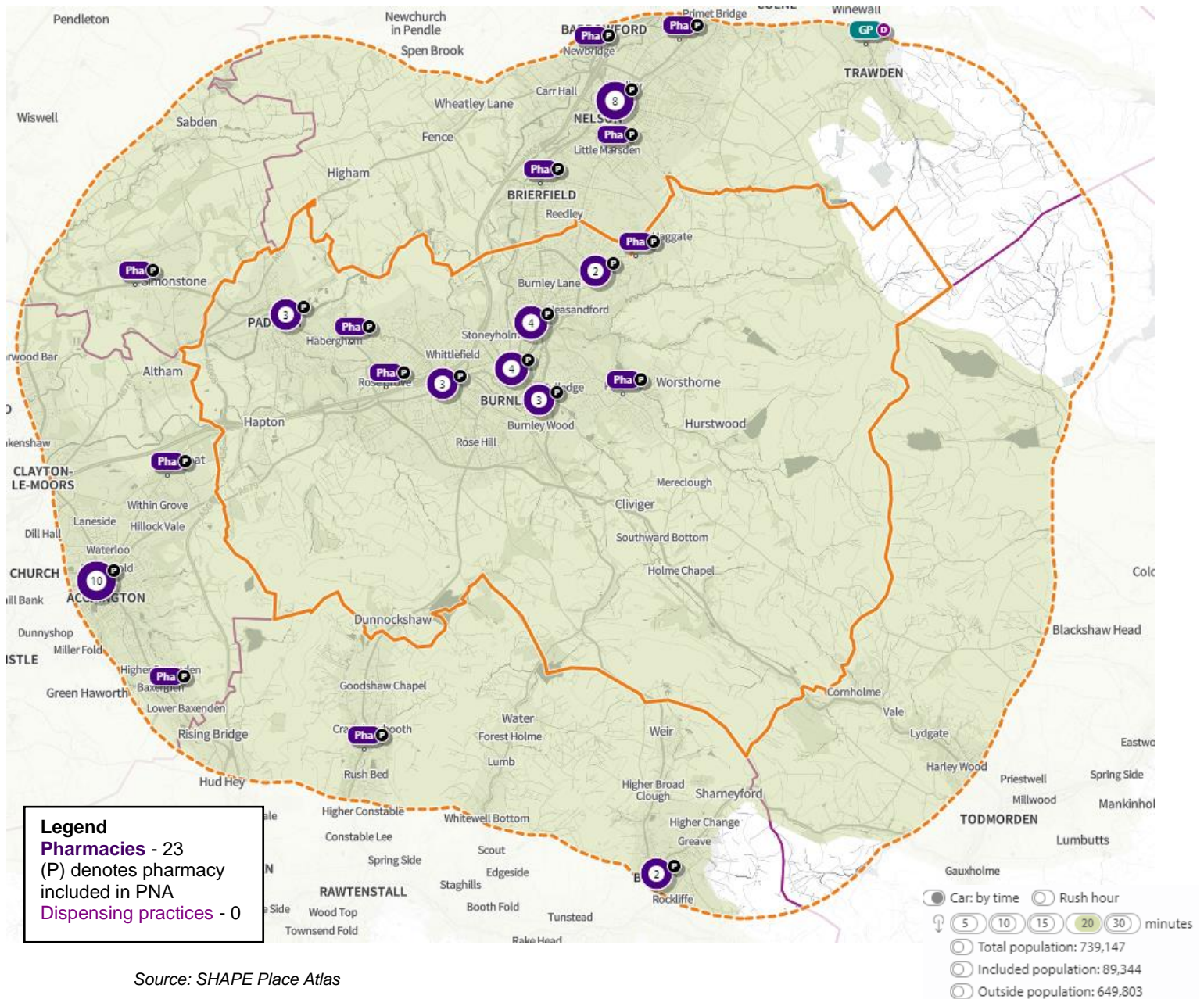
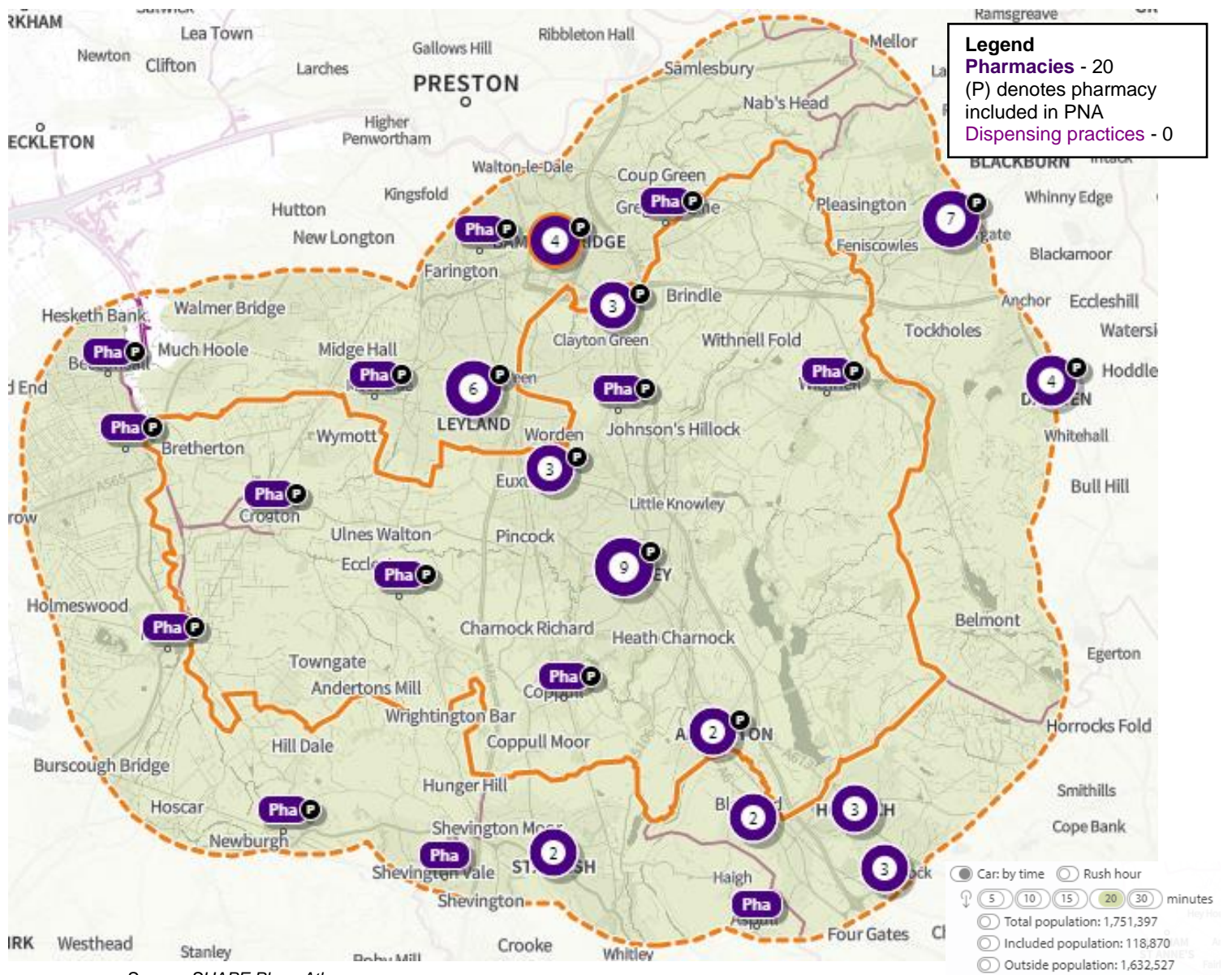


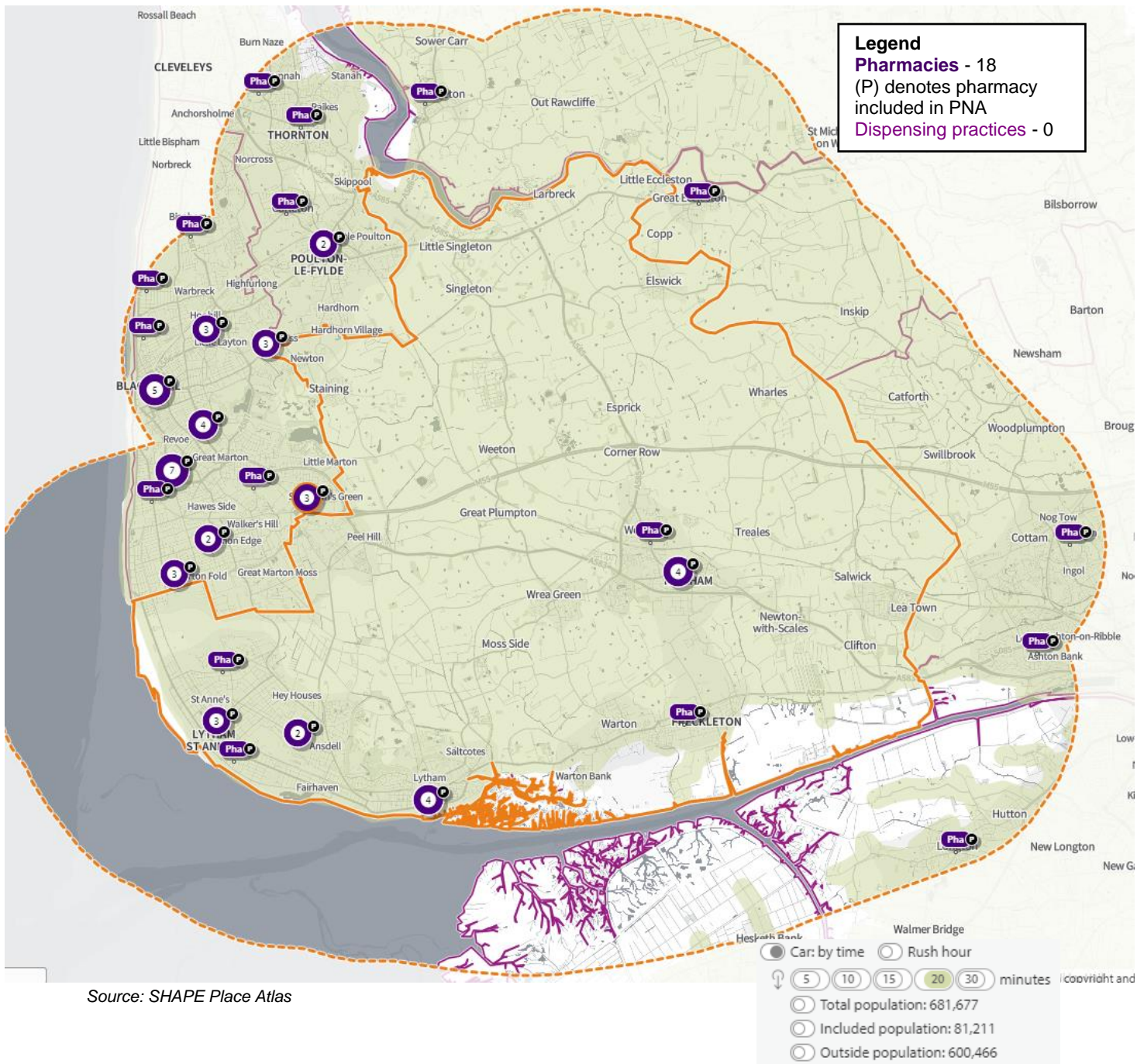


Figure 4.22: Pharmacies within a 20-minute drive and over the border pharmacies within a 2-mile buffer – Chorley



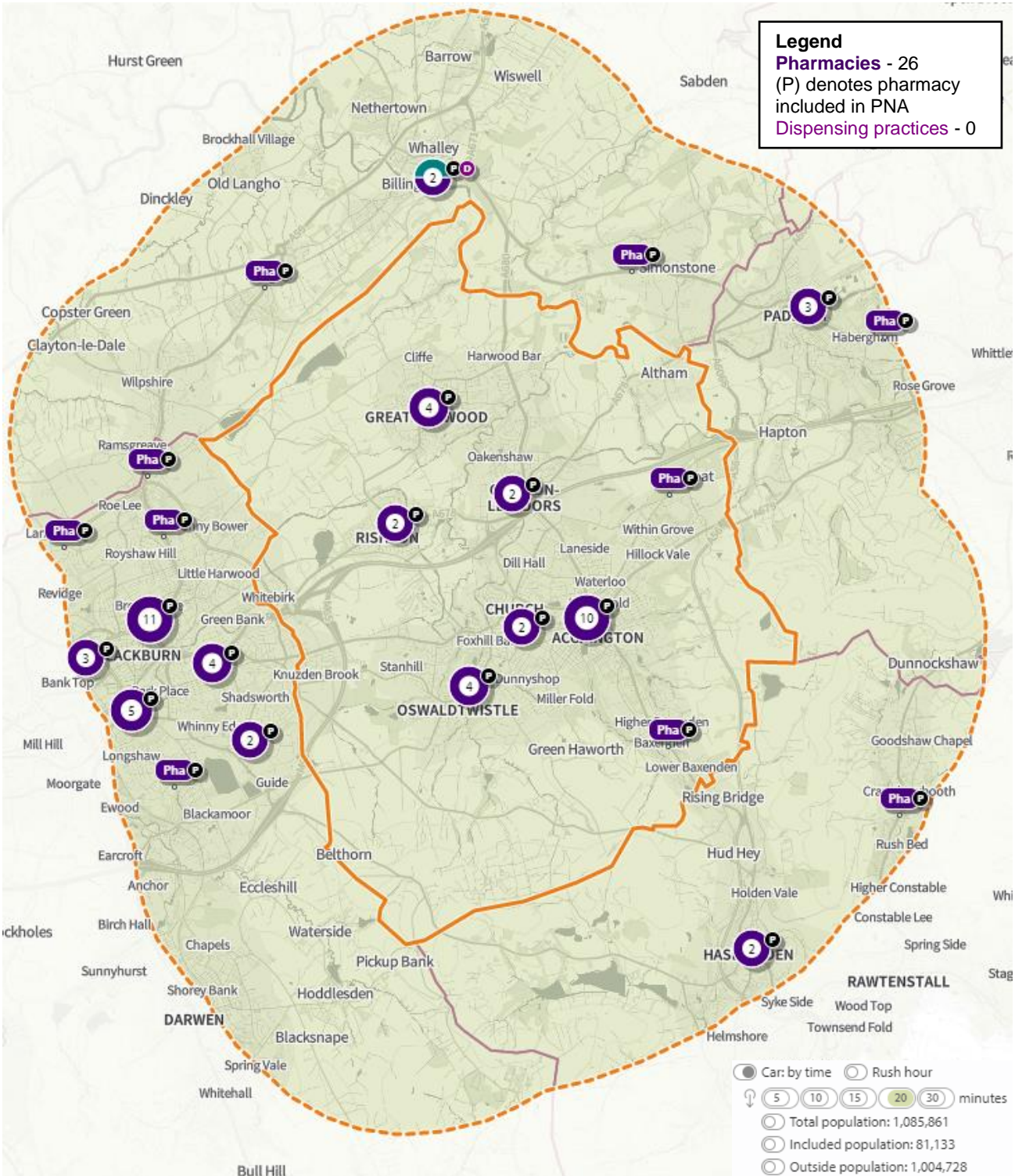
Source: SHAPE Place Atlas

Figure 4.23: Pharmacies within a 20-minute drive and over the border pharmacies within a 2-mile buffer – Fylde





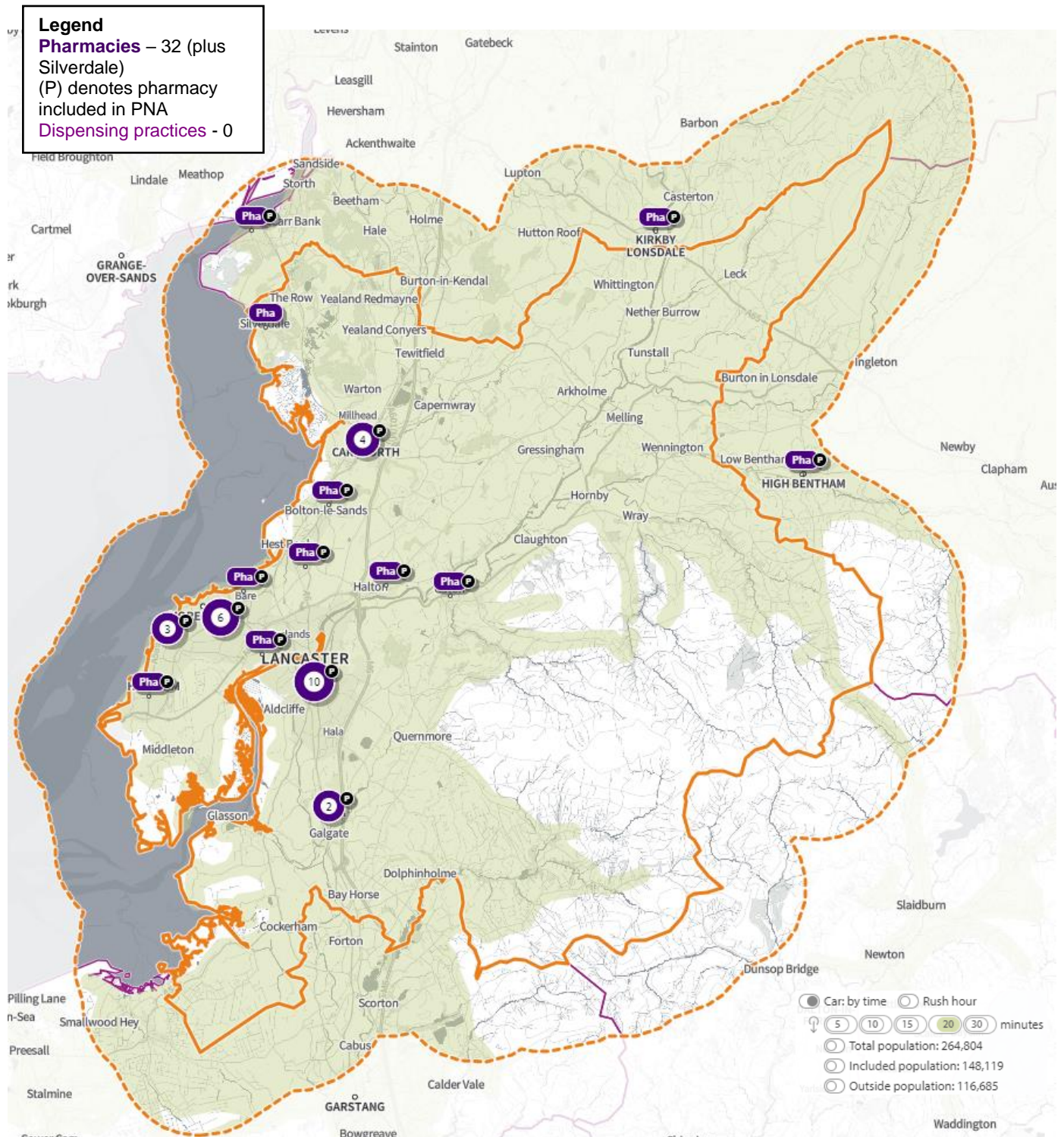
**Figure 4.24: Pharmacies within a 20-minute drive and over the border pharmacies within a 2-mile buffer – Hyndburn**



Source: SHAPE Place Atlas



Figure 4.25:: Pharmacies within a 20-minute drive and over the border pharmacies within a 2-mile buffer – Lancaster



Source: SHAPE Place Atlas

Figure 4.26: Pharmacies within a 20-minute drive and over the border pharmacies within a 2-mile buffer – Pendle

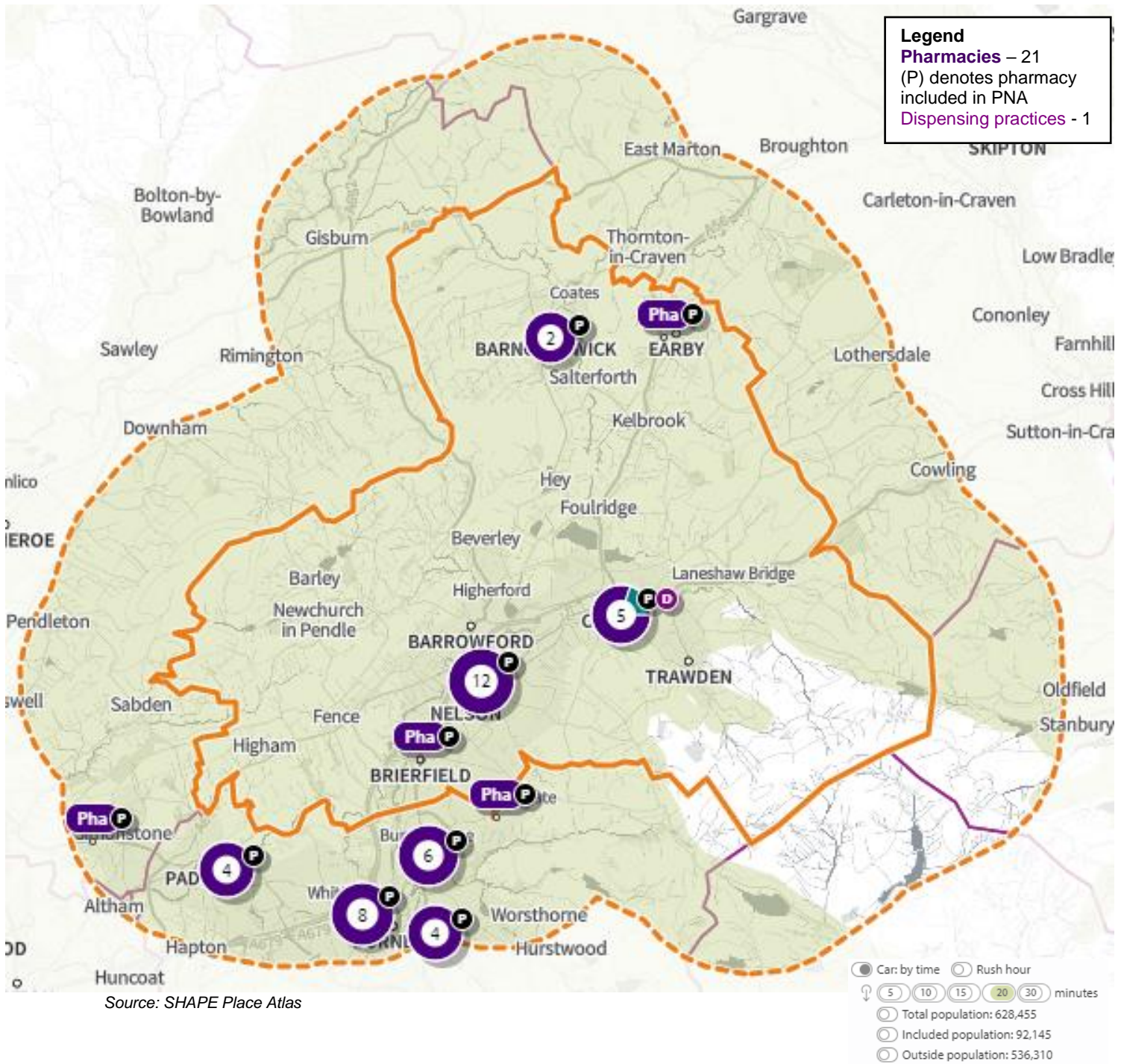




Figure 4.27: Pharmacies within a 20-minute drive and over the border pharmacies within a 2-mile buffer – Preston

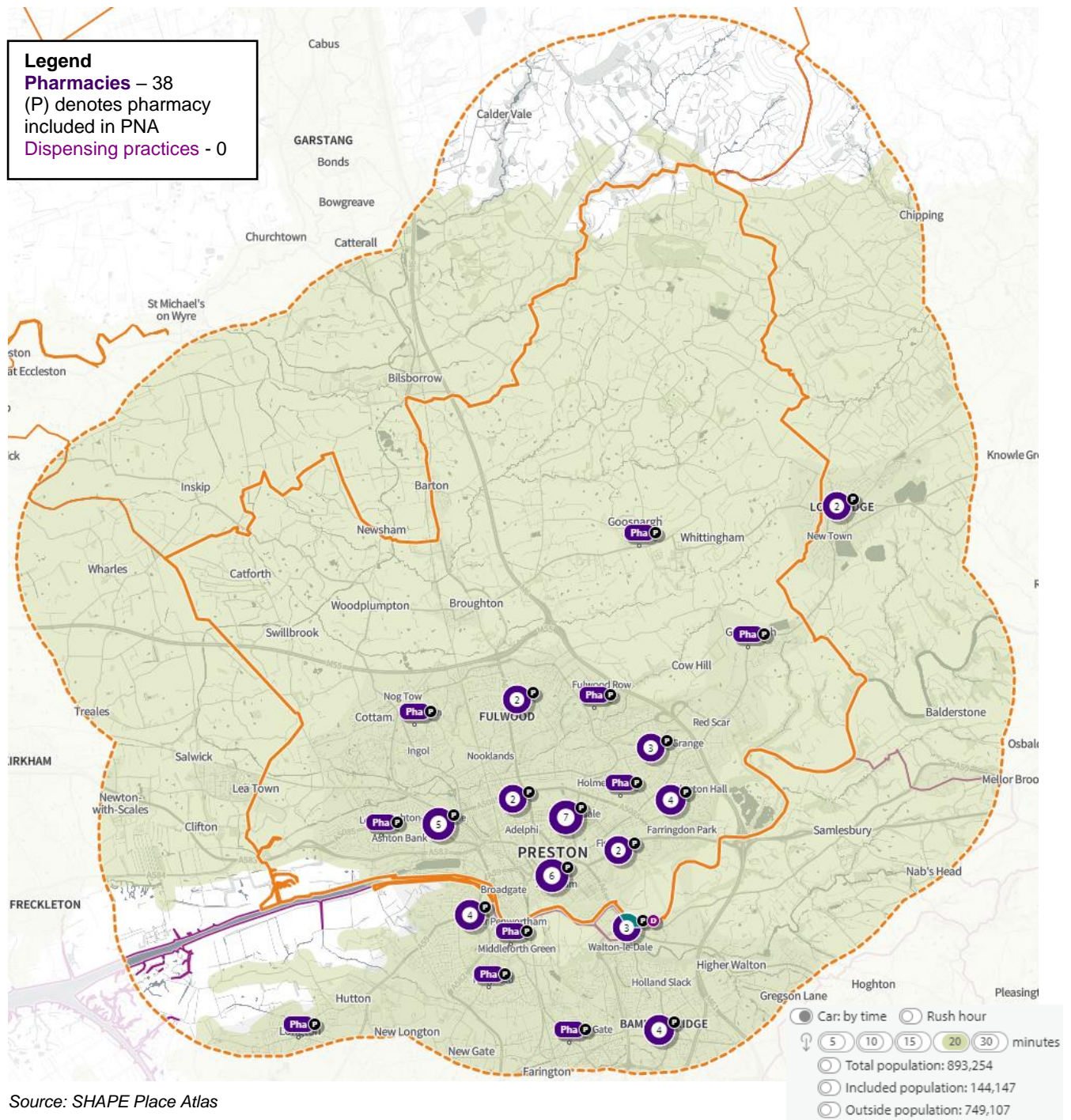
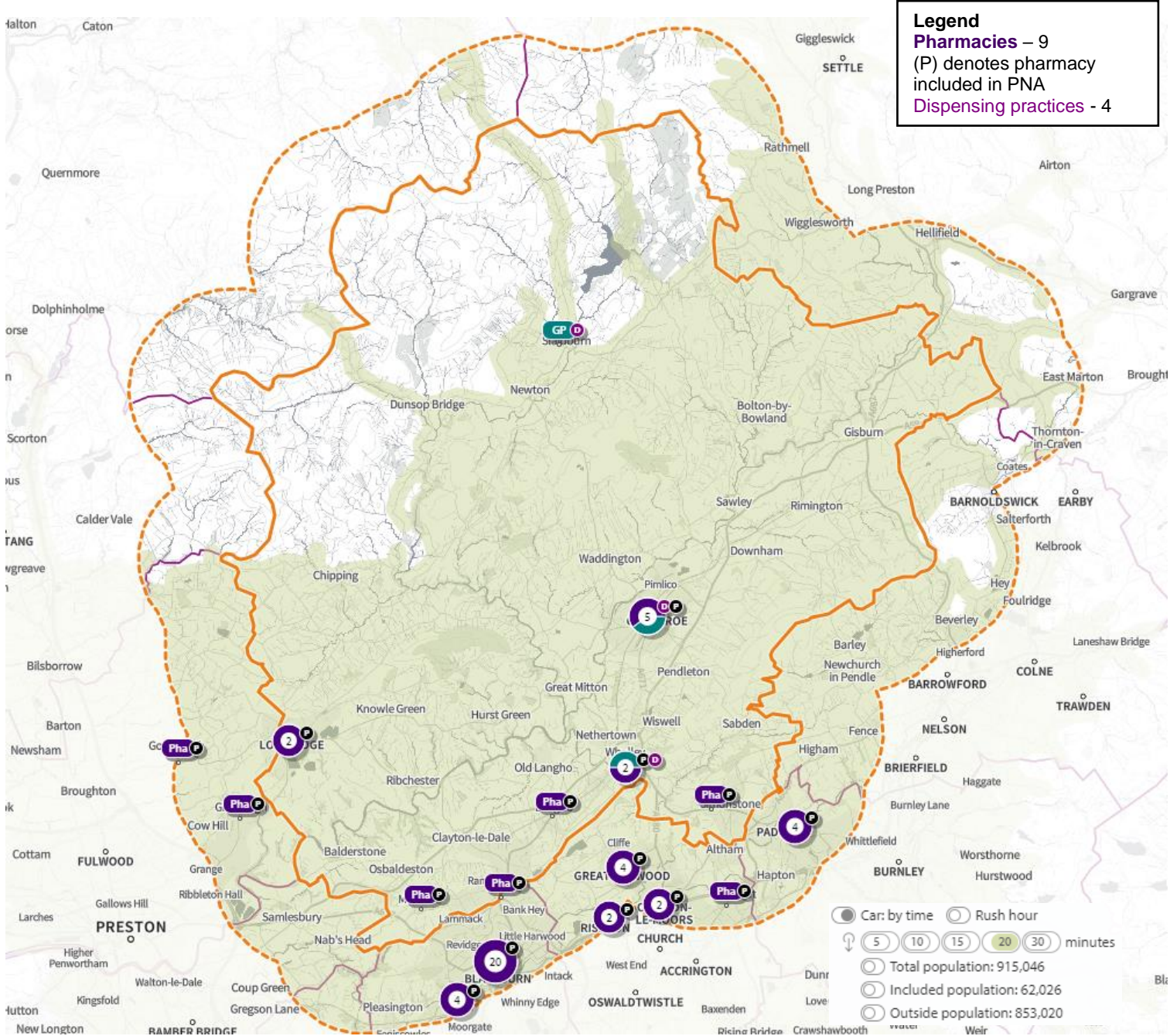




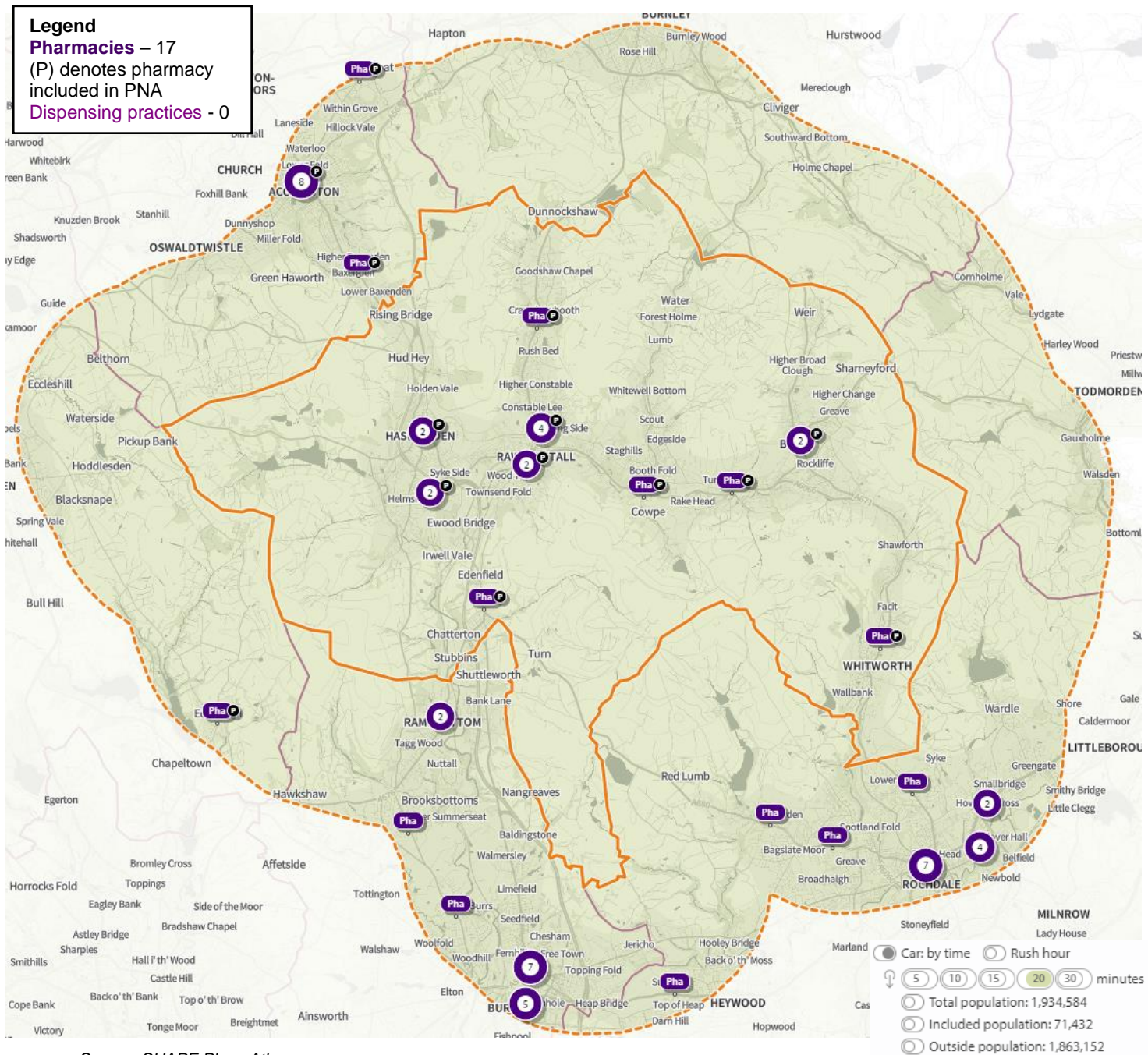
Figure 4.28: Pharmacies within a 20-minute drive and over the border pharmacies within a 2-mile buffer – Ribble Valley



Source: SHAPE Place Atlas



Figure 4.29: Pharmacies within a 20-minute drive and over the border pharmacies within a 2-mile buffer – Rossendale



Source: SHAPE Place Atlas

Figure 4.30: Pharmacies within a 20-minute drive and over the border pharmacies within a 2-mile buffer – South Ribble

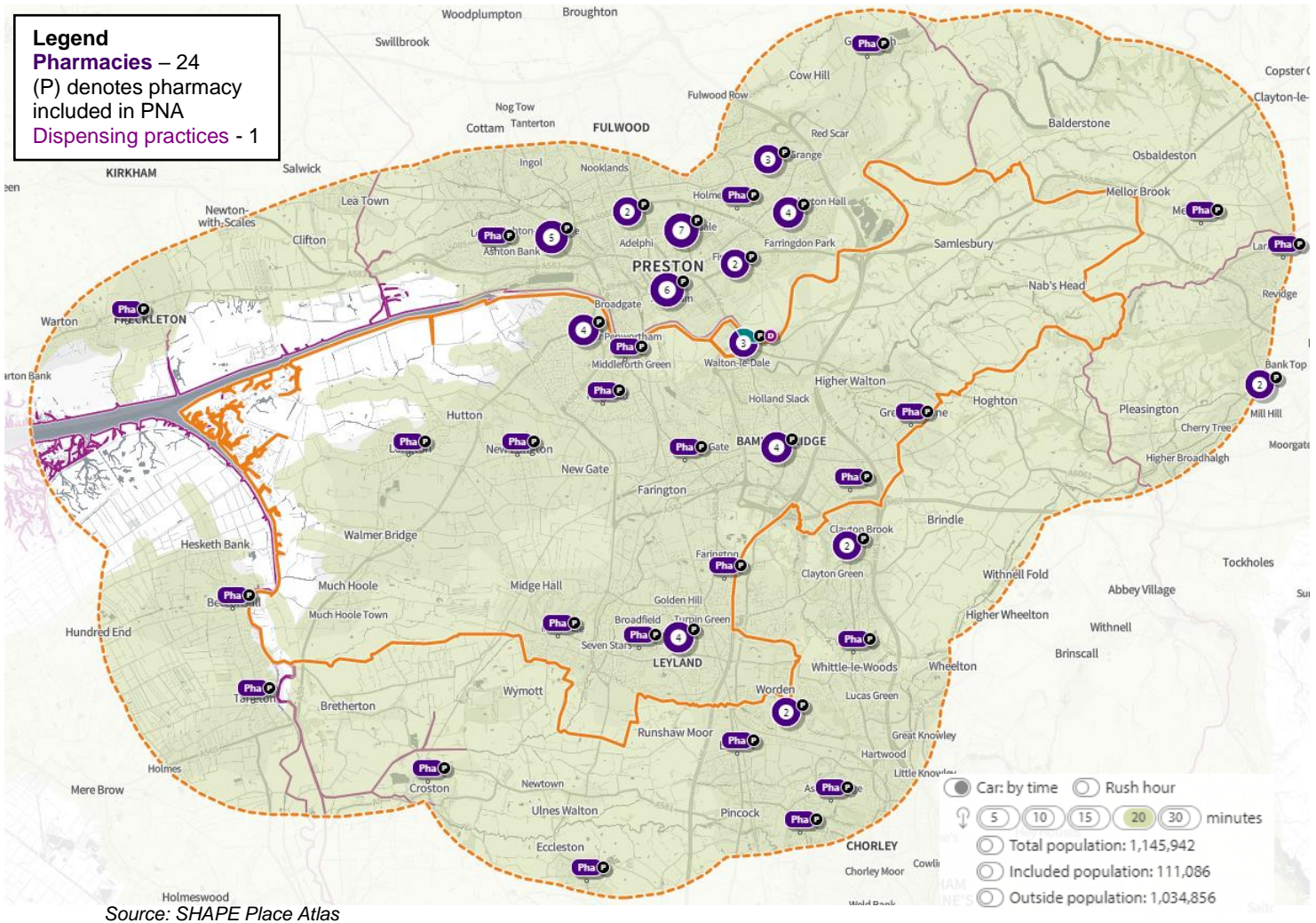
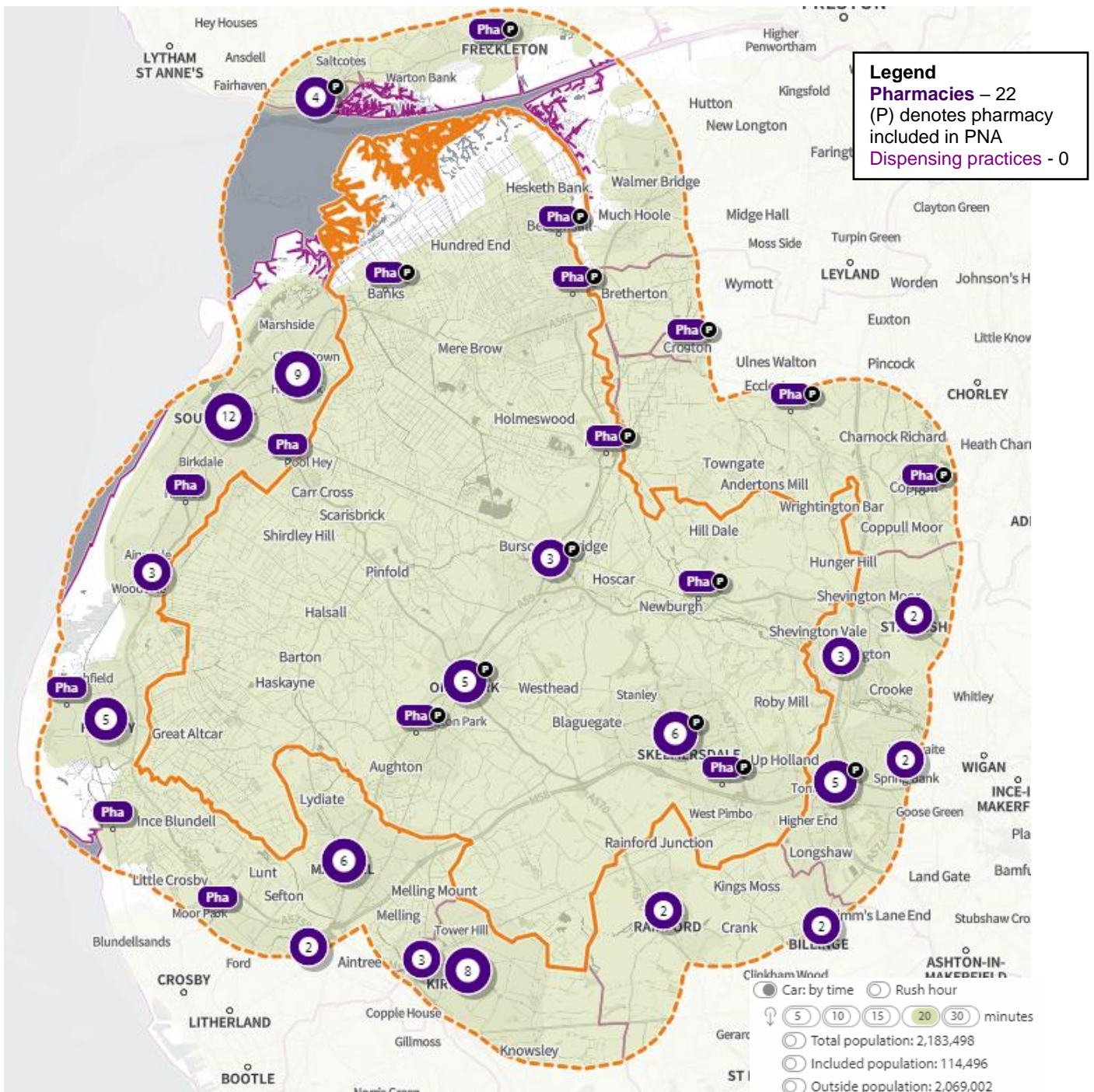




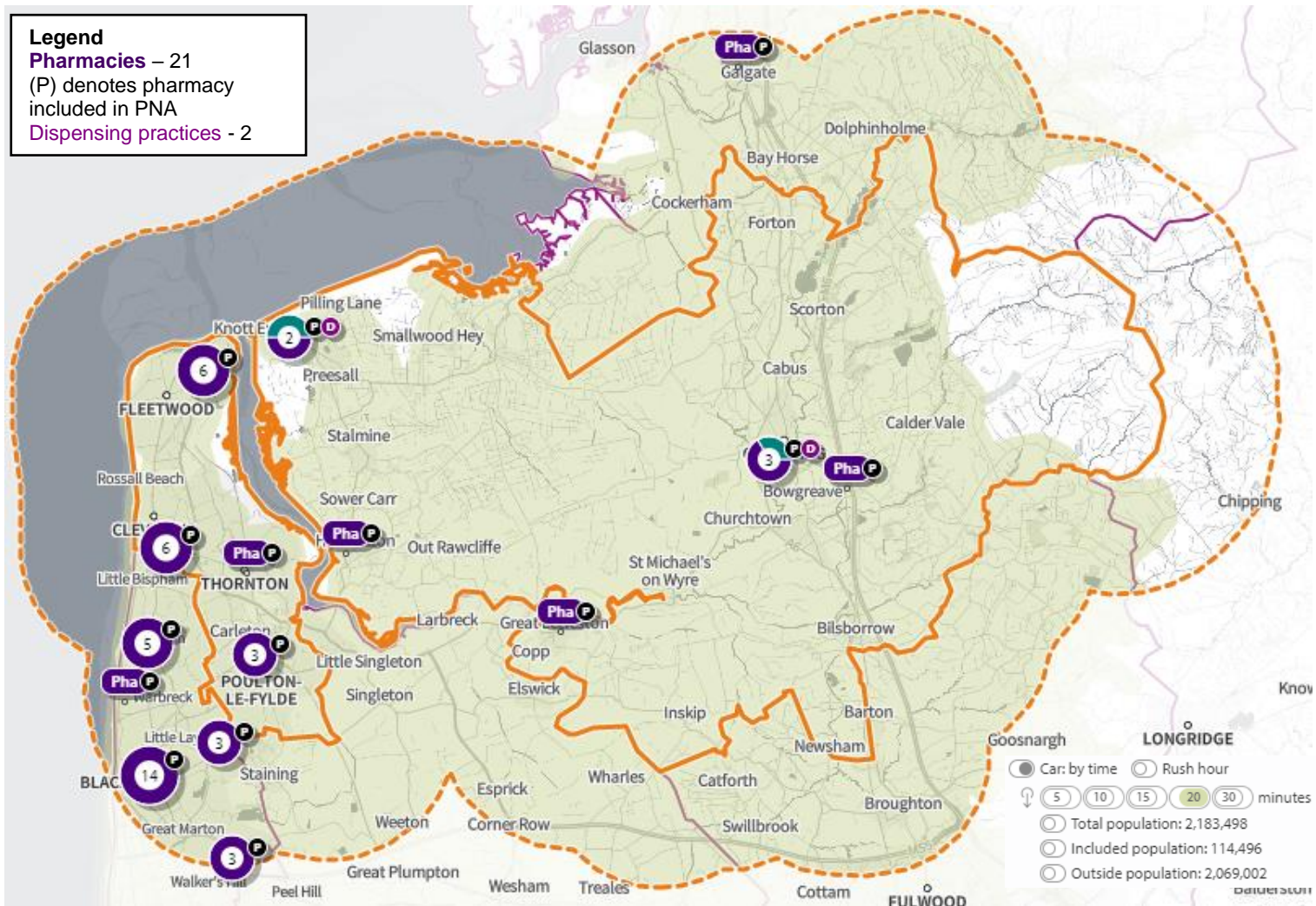
Figure 4.31: Pharmacies within a 20-minute drive and over the border pharmacies within a 2-mile buffer – West Lancashire



Source: SHAPE Place Atlas



Figure 4.32: Pharmacies within a 20-minute drive and over the border pharmacies within a 2-mile buffer – Wyre



Source: SHAPE Place Atlas

#### **4.2.2 Border area**

There are 11 other HWBs sharing a border with pan-Lancashire. These areas have pharmacies that are accessible to the residents who live near the border. The HWBs are Cumbria, North Yorkshire, Bradford and Airedale, Calderdale, Rochdale, Bury, Bolton, Wigan, St. Helens, Knowsley, and Sefton.

Pan-Lancashire is bordered by several local authorities. These are South Lakeland, Craven, Bradford, Calderdale, Rochdale, Bury, Bolton, Wigan, Knowsley, St. Helens, and Sefton. All these areas have good pharmacy provision that can be accessed by the residents of pan-Lancashire.

Figure 4.19 to Figure 4.32 show pharmacies that are over the border and within the 2-mile radius from the pan-Lancashire localities.

### 4.2.3 Opening hours: community pharmacies

#### **Blackburn with Darwen**

There are currently 34 pharmacies open for at least 40 hours, 10 '100-hour' pharmacies (Figure 4.33) and two distance-selling contracts in Blackburn with Darwen. 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 4.33: 100-hour pharmacies in Blackburn with Darwen**

Pharmacy name	Address			Postcode
4Court Pharmacy	Blackburn Service Station	Whalley Banks	Blackburn	BB2 1NT
Asda Pharmacy	Lower Audley Retail Park	Grimshaw Park Road	Blackburn	BB2 3DY
Audley Late Night Pharmacy	114-116 Audley Range	Blackburn	Lancashire	BB1 1TG
Beehive Pharmacy	Beehive Trading Park	Haslingden Road	Blackburn	BB1 2EE
Buncer Lane Pharmacy	6 Preston Old Road	Blackburn	Lancashire	BB2 2SS
Curo Pharmacy	62 Haslingden Road	Blackburn	Lancashire	BB2 3HS
Market Street Pharmacy	29-31 Market Street	Darwen	Lancashire	BB3 1PS
Riaz Pharmacy	112 Randal Street	Blackburn	Lancashire	BB1 7LG
Tesco Pharmacy	Hill Street	Blackburn		BB1 3HF
Whalley Range Pharmacy	1 Whalley Range	Blackburn	Lancashire	BB1 6DX

Source: NHS E/I list, February 2022

Overall, out of 46 community pharmacies, 52% are open after 6pm and 28% are open after 7pm on weekdays; 72% open on Saturdays and 30% open on Sundays. These findings are similar to those in the previous PNA. The locations of pharmacies currently open on a Saturday or a Sunday are illustrated in Figure 4.36.

#### **Blackpool**

There are currently 35 pharmacies open for at least 40 hours, two '100-hour' pharmacies (Figure 4.34), one distance selling pharmacy and one 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;<sup>iii</sup> premises which the applicant is contracted to open for at least 100 hours per week for the provision of pharmaceutical services.

**Figure 4.34: 100-hour pharmacies in Blackpool**

Pharmacy name	Address			Postcode
HBS Pharmacy	Newton Drive Health Centre	Newton Drive	Blackpool	FY3 8NX
Tesco Pharmacy	Clifton Retail Park	Clifton Road	Blackpool	FY4 4UJ

Source: NHS E/I list, February 2022

Overall, out of 39 community pharmacies, 49% are open after 6pm and 21% are open after 7pm on weekdays; 41% open on Saturdays and 15% open on Sundays. These findings are similar to those in the previous PNA. The locations of pharmacies currently open on a Saturday or a Sunday are illustrated in Figure 4.37.

## Lancashire

There are currently 223 pharmacies open for at least 40 hours, 35 ‘100-hour’ pharmacies (Figure 4.35), one LPS contract and 11 distance-selling contracts in Lancashire. The 100 hours contracts are included in the pharmaceutical list under regulation 13(1)(b) of the National Health Service (Pharmaceutical Services) Regulations 2005; premises which the applicant is contracted to open for at least 100 hours per week for the provision of pharmaceutical services.

**Figure 4.35: 100-hour pharmacies in Lancashire localities**

Pharmacy trading name	Organisation name	Address 1	Address 2	Address 3	Post code	Local authority
Accrington Late Night Pharmacy	Accrington Late Night Pharmacy Limited	188 Blackburn Road		Accrington	BB5 0AQ	Hyndburn
Asda Pharmacy	Asda Stores Ltd	Asda Superstore	Clayton Green Road	Clayton Green	PR6 7JY	Chorley
Asda Pharmacy	Asda Stores Ltd	Corporation Street		Colne	BB8 8LU	Pendle
Asda Pharmacy	Asda Stores Ltd	Dock Street		Fleetwood	FY7 6NU	Wyre
Asda Pharmacy	Asda Stores Ltd	Asda	Hyndburn Road	Accrington	BB5 1QR	Hyndburn
Asda Pharmacy	Asda Stores Ltd	Ingram Road		Skelmersdale	WN8 6LA	West Lancashire
Asda Pharmacy (Rawtenstall)	Asda Stores Ltd	Holly Mount Way	Rawtenstall		BB4 8EL	Rossendale
Ash Trees Pharmacy	CR Healthcare Ltd	Ash Trees Surgery	Market Street	Carnforth	LA5 9JU	Lancaster
Aspire Pharmacy	Doctors Pharmacy Limited	9 Railway Road		Ormskirk	L39 2DN	West Lancashire
Burnley Late Night Pharmacy	Prestige Late Night Limited	36b Colne Road		Burnley	BB10 1LG	Burnley
Chorley Pharmacy	The Hub Pharmacy Limited	13-17 Peel Street		Chorley	PR7 2EY	Chorley
Cottam Lane Pharmacy	EMH Access Limited	Cottam Lane Surgery	Ashton	Preston	PR2 1JR	Preston
Dalton Square Pharmacy	Ronald Holmes (Lancaster) Ltd	24-26 Great John Street		Lancaster	LA1 1NG	Lancaster
Evercare Pharmacy	Shealmore Limited	13 Market Street		Colne	BB8 0LJ	Pendle
Fishlocks Pharmacy	St Helens Pharmacy Limited	56 Liverpool Road North	Burscough	Ormskirk	L40 4BY	West Lancashire
HBS Pharmacy	Famevalley Limited	The Issa Medical Centre	St Gregory Road	Preston	PR1 6YA	Preston
HBS Pharmacy	MDS Healthcare Limited	30 St Mary's Road	Bamber Bridge	Preston	PR5 6TD	South Ribble
Kepple Lane Pharmacy	Garstang Medical Services	Garstang Medical Centre	Kepple Lane	Garstang	PR3 1PB	Wyre
Leyland Late Night Pharmacy	Leyland Late Night Pharmacy Ltd	6 Hough Lane		Leyland	PR25 2SD	South Ribble
Lloyds Pharmacy	Lloyds Pharmacy Ltd	Christie Park	Lancaster Road	Morecambe	LA4 5TJ	Lancaster
Lloyds Pharmacy	Lloyds Pharmacy Ltd	Cuerden Way	Bamber Bridge	Preston	PR5 6BJ	South Ribble



MX Pharmacy	MX Pharmacy Limited	51-53 Longridge Road	Ribbleton	Preston	PR2 6RE	Preston
Nelson Pharmacy	B Hussain	41 Every Street		Nelson	BB9 7LU	Pendle
New Hall Lane Pharmacy	A Mann Ltd	270 New Hall Lane		Preston	PR1 4ST	Preston
Oswaldtwistle Pharmacy	KTK Healthcare Ltd	300 Union Road	Oswaldtwisle	Accrington	BB5 3JD	Hyndburn
Penwortham Pharmacy	Penwortham Healthcare Limited	St Fillan's Medical Ctre	2 Liverpool Rd, Penwortham	Preston	PR1 0AD	South Ribble
Ribble Village Pharmacy	Hf Associates Limited	200 Miller Road		Preston	PR2 6NH	Preston
Tesco	Tesco Stores Limited	2 Eagle Street		Accrington	BB5 1LN	Hyndburn
Tesco In Store Pharmacy	Tesco Stores Limited	Tesco Extra	Towngate, Leyland	Preston	PR25 2FN	South Ribble
Tesco Instore Pharmacy	Tesco Stores Limited	Bury Road		Rawtenstall	BB4 6DD	Rossendale
Tesco In-Store Pharmacy	Tesco Stores Limited	Ordnance Road	Buckshaw Village	Chorley	PR7 7EL	Chorley
Tesco In-Store Pharmacy	Tesco Stores Limited	Tesco Extra	Foxhole Road	Chorley	PR7 1NW	Chorley
Tesco Stores Limited	Tesco Stores Limited	Queen Street		Great Harwood	BB6 7AU	Hyndburn
Tesco Stores Limited	Tesco Stores Limited	Wyre Street		Padiham	BB12 8DQ	Burnley
Tesco-In-Store Pharmacy	Tesco Stores Limited	Tesco Superstore	Haslingden Road	Haslingden	BB4 6LY	Rossendale

Source: NHS E/I list, February 2022

Overall, out of 267 community pharmacies in Lancashire, 38% are open after 6pm and 20% are open after 7pm on weekdays; 71% open on Saturdays; and 22% open on Sundays. These findings are similar to those in the previous PNA.

The locations of pharmacies currently open on a Saturday or a Sunday are illustrated in Figure 4.38 to Figure 4.49.

#### 4.2.4 Coverage

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

Currently 47 pharmacies across pan-Lancashire are contractually obliged to open for 100 hours per week due to the conditions on their application (10 in Blackburn with Darwen, two in Blackpool and 35 in Lancashire). 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 across pan-Lancashire that are available on late night and weekends.

The HWBs have 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 pan-Lancashire.

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.

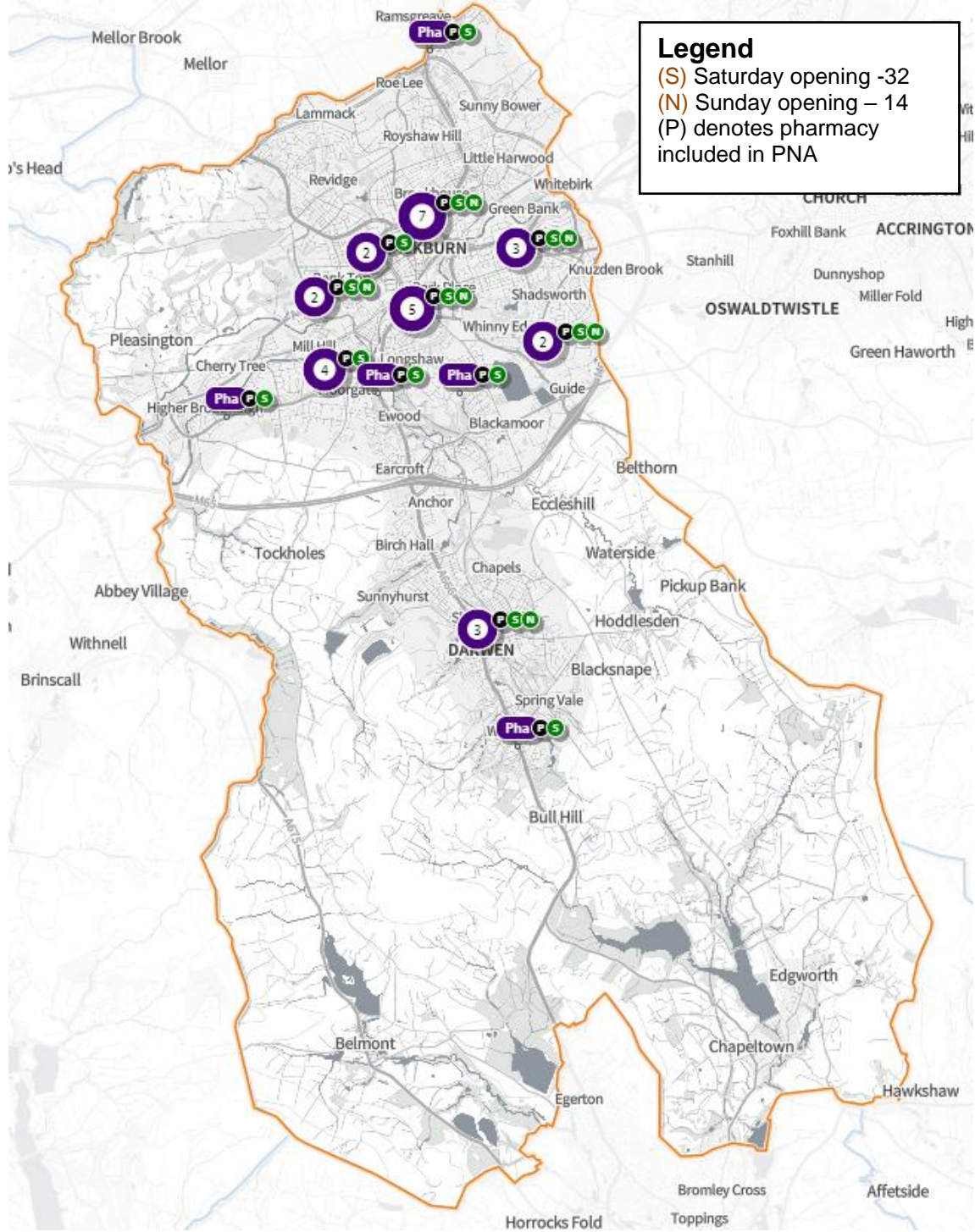
Due to changes in shopping habits, a number of pharmacies now open on many bank holidays, although they are not contractually obliged to do so. NHSE/I works with community pharmacies to ensure an adequate rota service is available for Christmas Day, Boxing Day, New Year's Day and Easter Sunday, as these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

Figure 4.36 to Figure 4.49 show the pharmacies open on Saturday and/or Saturday and Sunday, in the districts of the three localities, as of February 2022.

- Figure 4.36 shows Saturday and/or Saturday and Sunday opening pharmacies in Blackburn with Darwen
- Figure 4.37 shows Saturday and/or Saturday and Sunday opening pharmacies in Blackpool
- Figure 4.38 to Figure 4.49 show Saturday and/or Saturday and Sunday opening pharmacies in Lancashire County Council

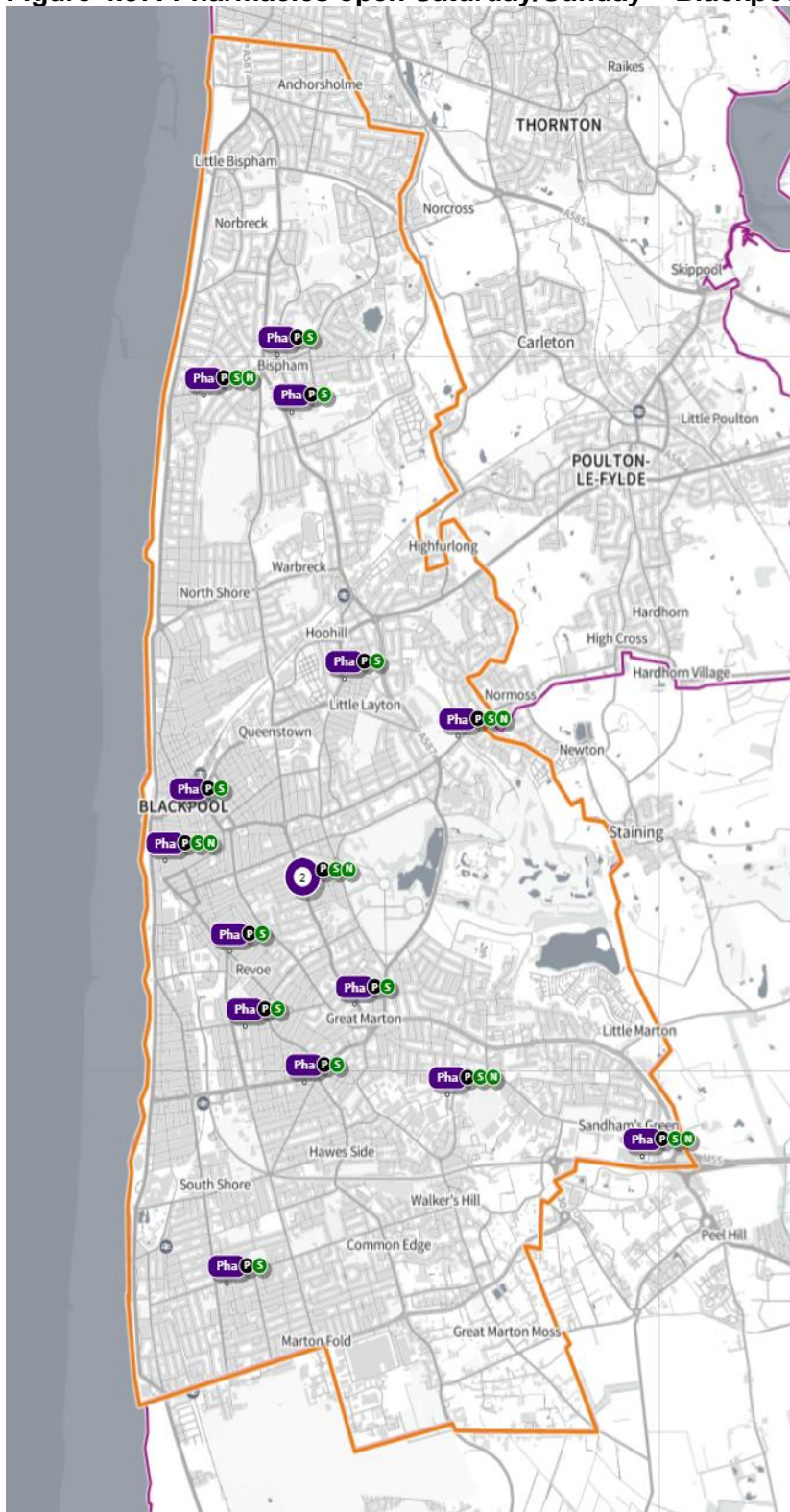
Full opening times for all pharmacies is available from NHS Choices: <http://www.nhs.uk/Service-Search/Pharmacy/LocationSearch/10>

Figure 4.36: Pharmacies open Saturday/Sunday – Blackburn with Darwen



Source: SHAPE Place Atlas

Figure 4.37: Pharmacies open Saturday/Sunday – Blackpool

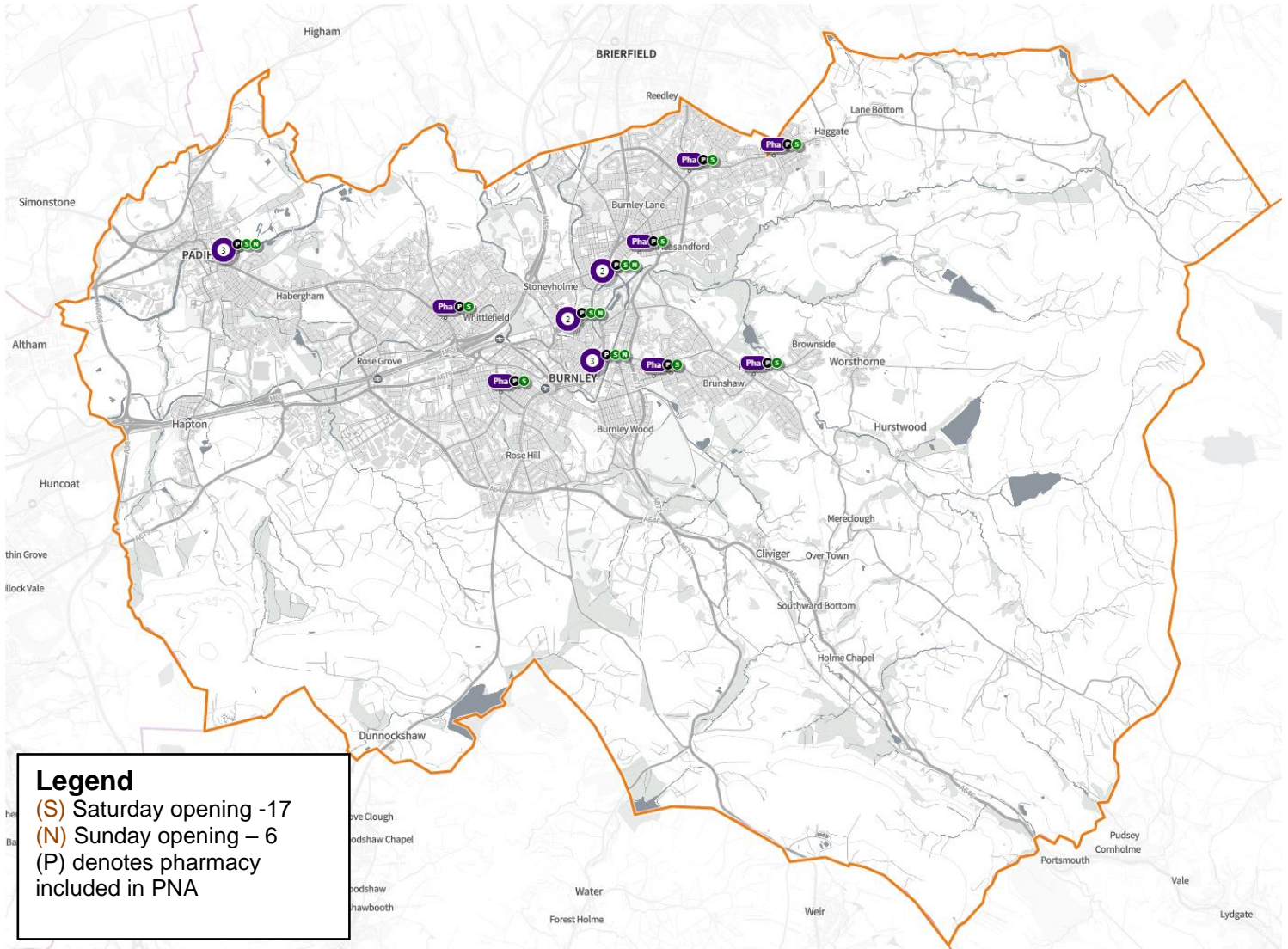


**Legend**  
 (S) Saturday opening -16  
 (N) Sunday opening – 6  
 (P) denotes pharmacy included in PNA

Source: SHAPE Place Atlas

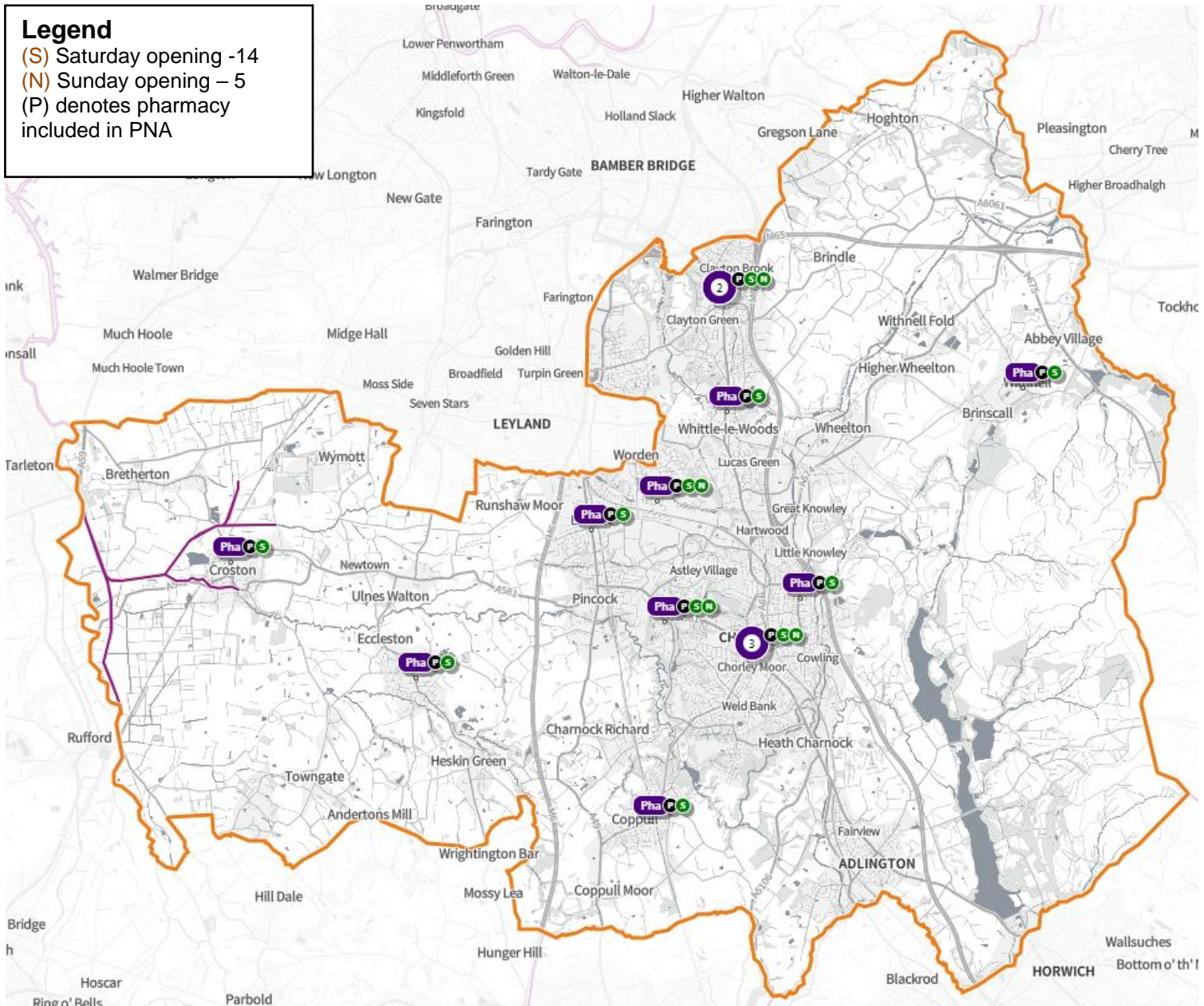


Figure 4.38: Pharmacies open Saturday/Sunday – Burnley



Source: SHAPE Place Atlas

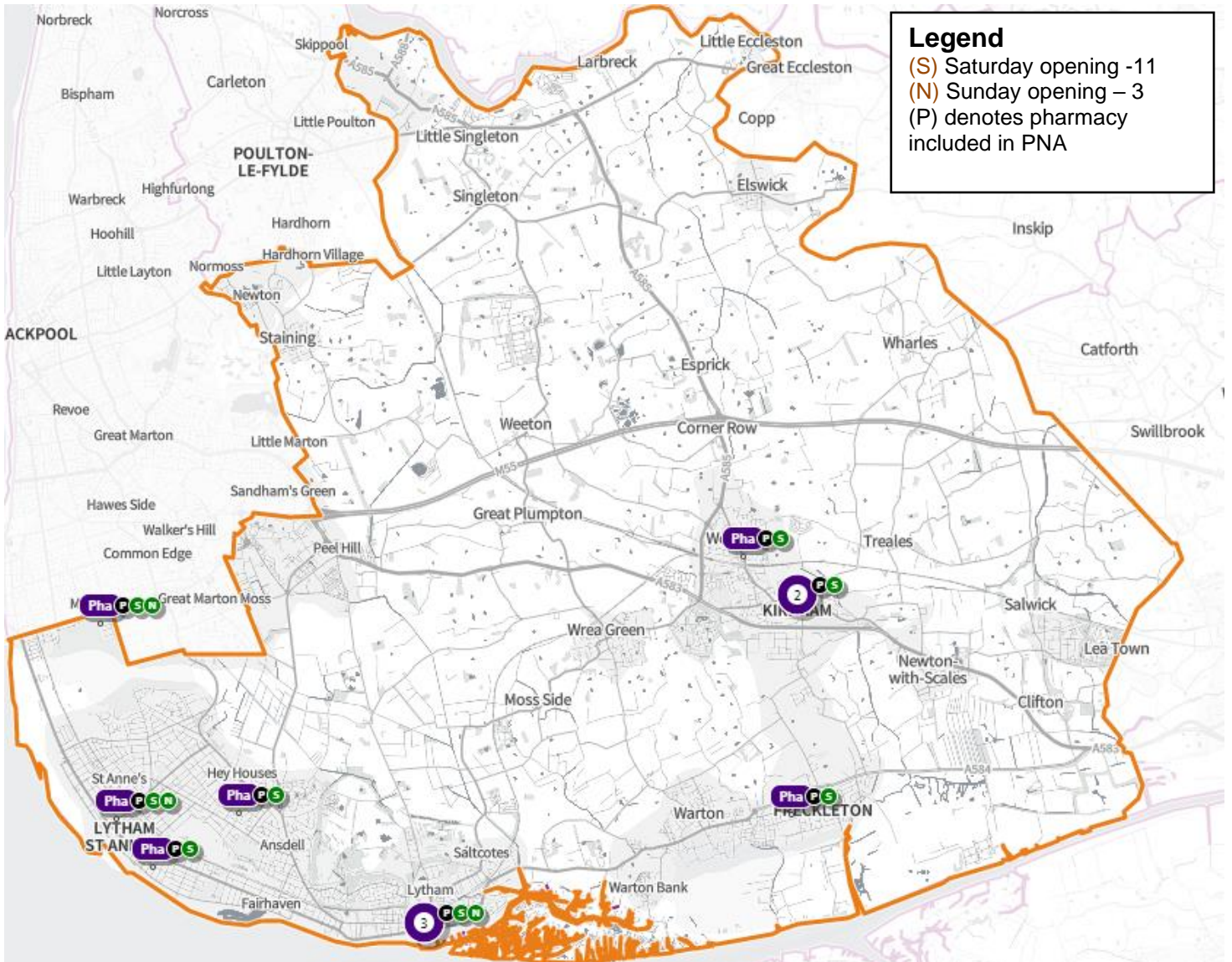
Figure 4.39: Pharmacies open Saturday/Sunday – Chorley



Source: SHAPE Place Atlas

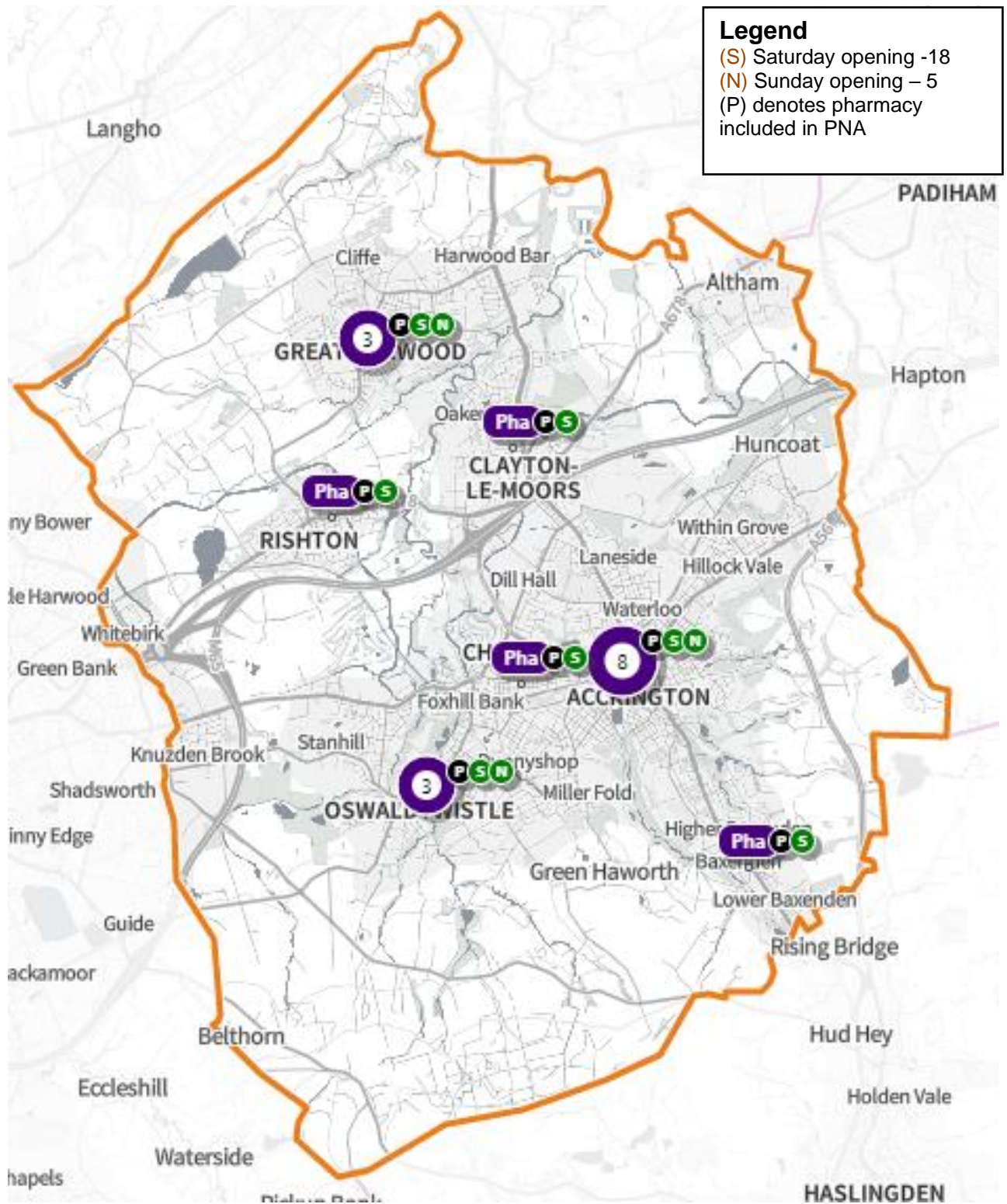


Figure 4.40: Pharmacies open Saturday/Sunday – Fylde



Source: SHAPE Place Atlas

Figure 4.41: Pharmacies open Saturday/Sunday – Hyndburn

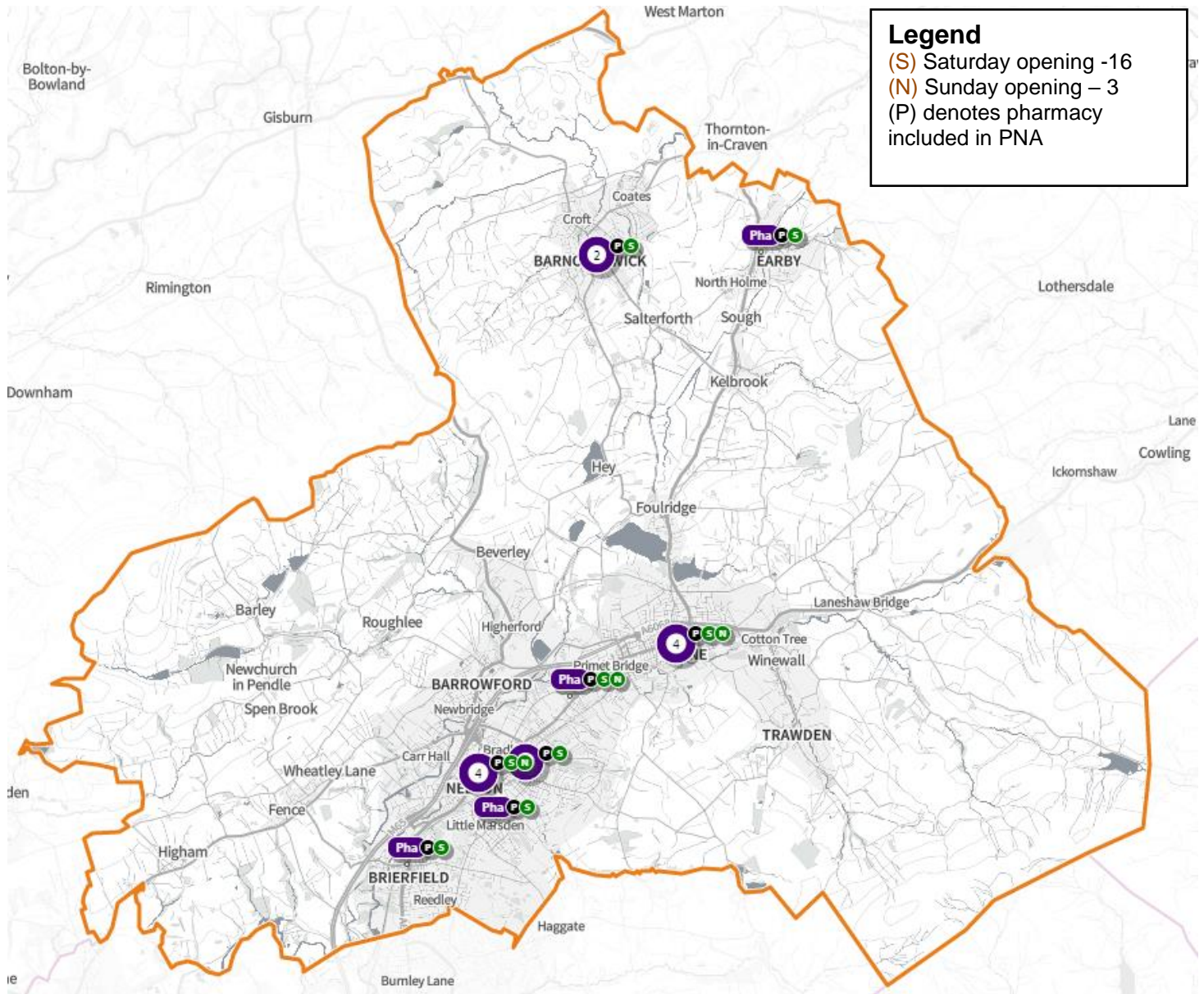


Source: SHAPE Place Atlas





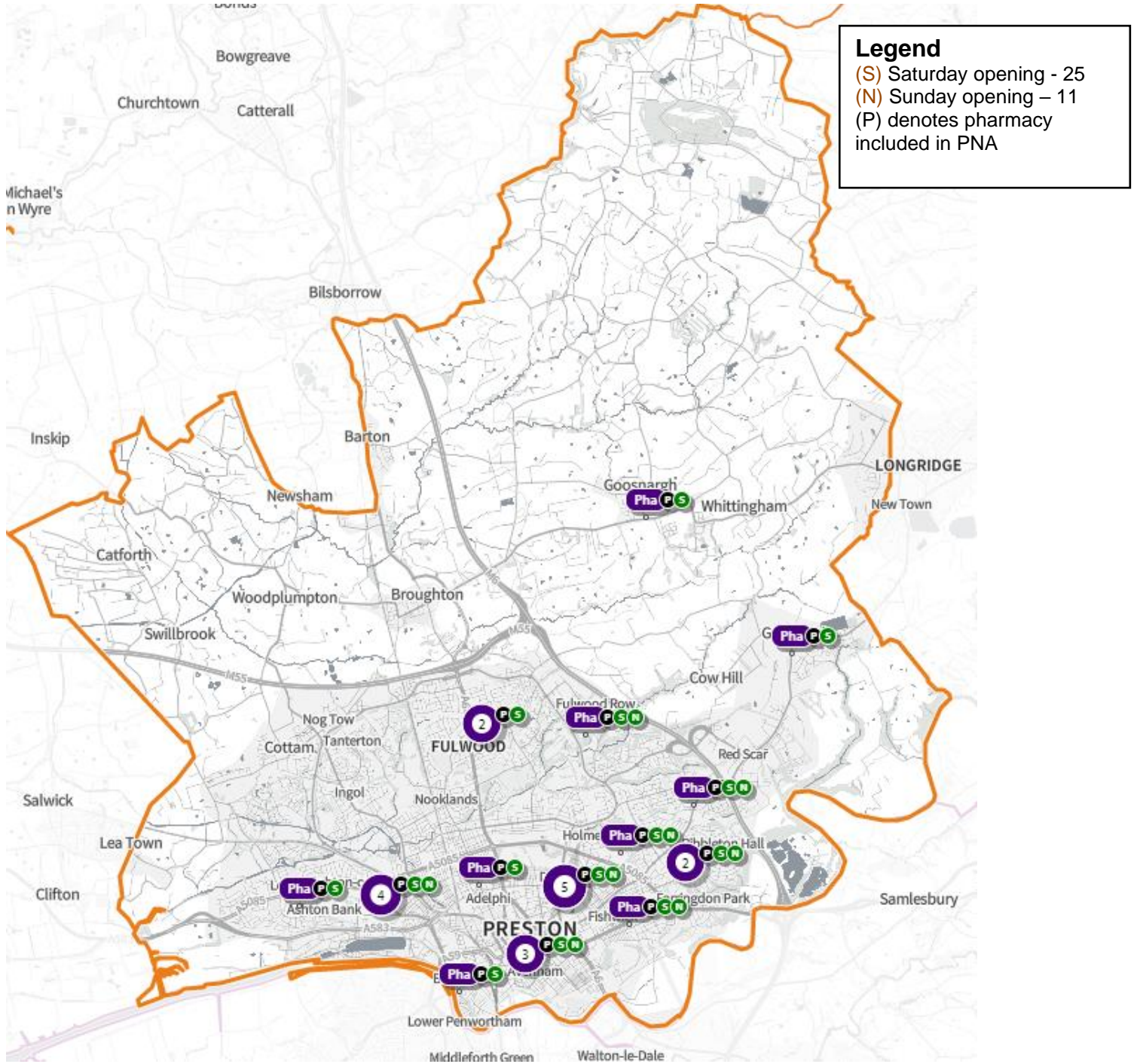
Figure 4.43: Pharmacies open Saturday/Sunday – Pendle



Source: SHAPE Place Atlas

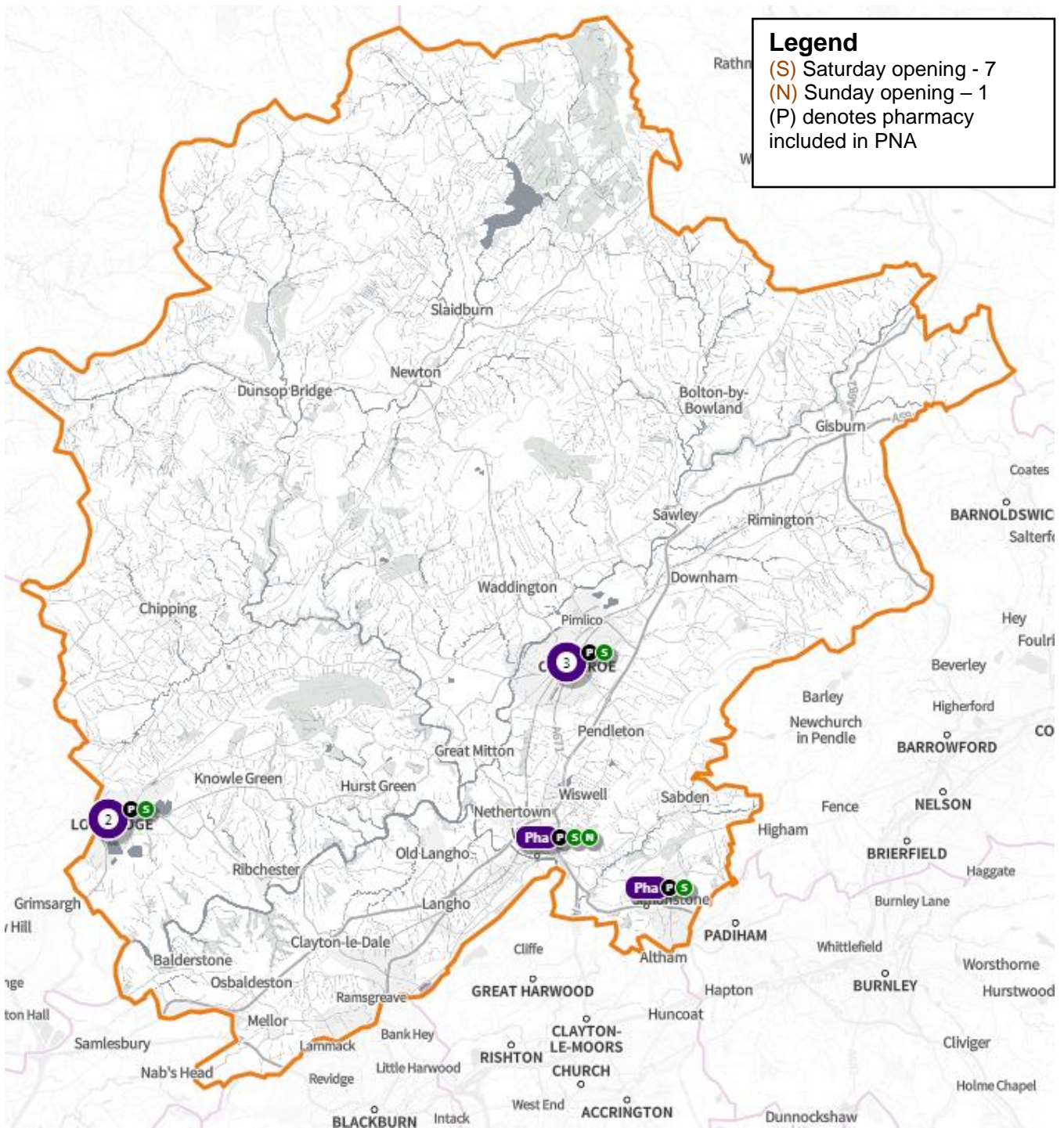


Figure 4.44: Pharmacies open Saturday/Sunday – Preston



Source: SHAPE Place Atlas

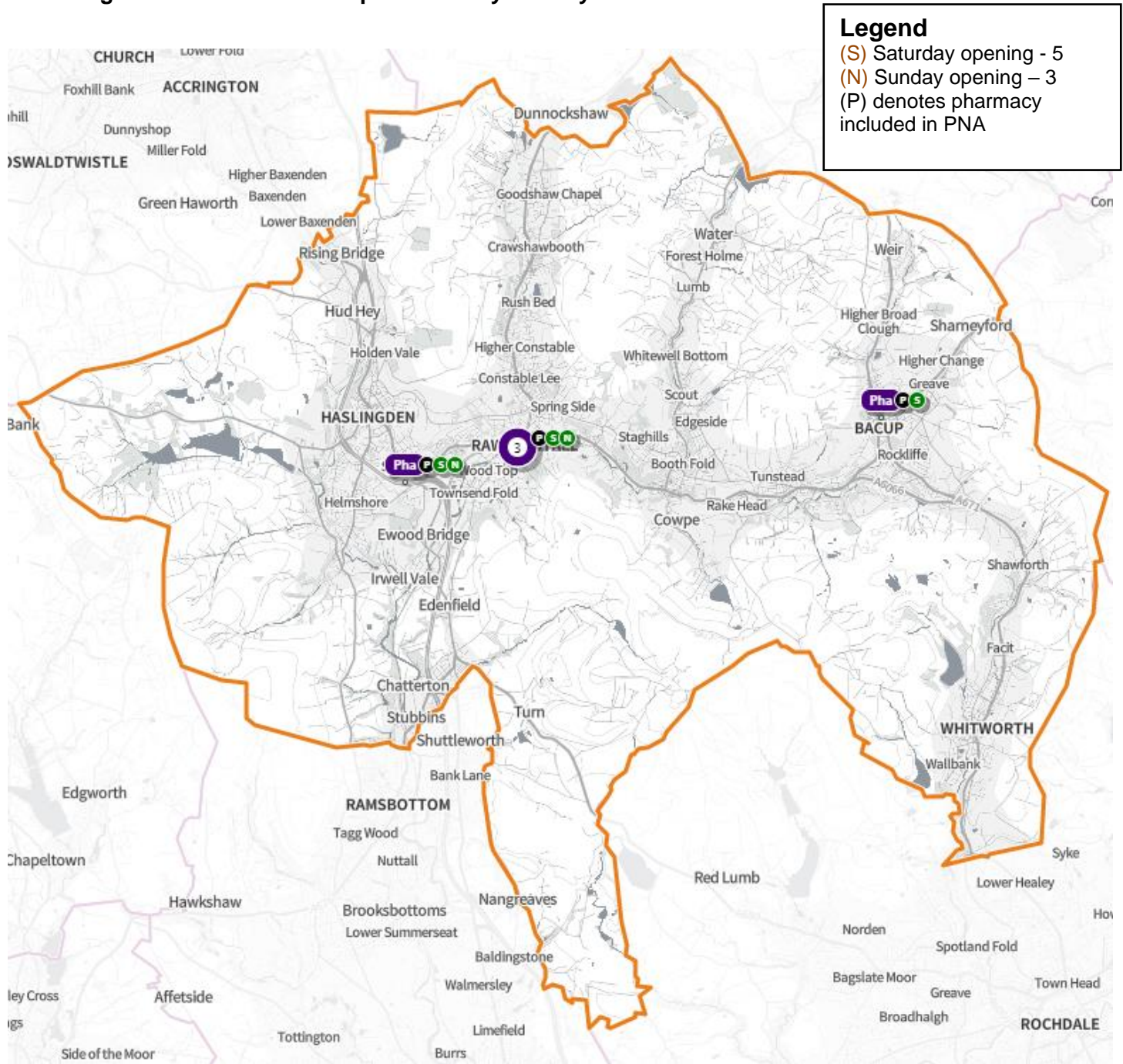
Figure 4.45: Pharmacies open Saturday/Sunday – Ribble Valley



Source: SHAPE Place Atlas

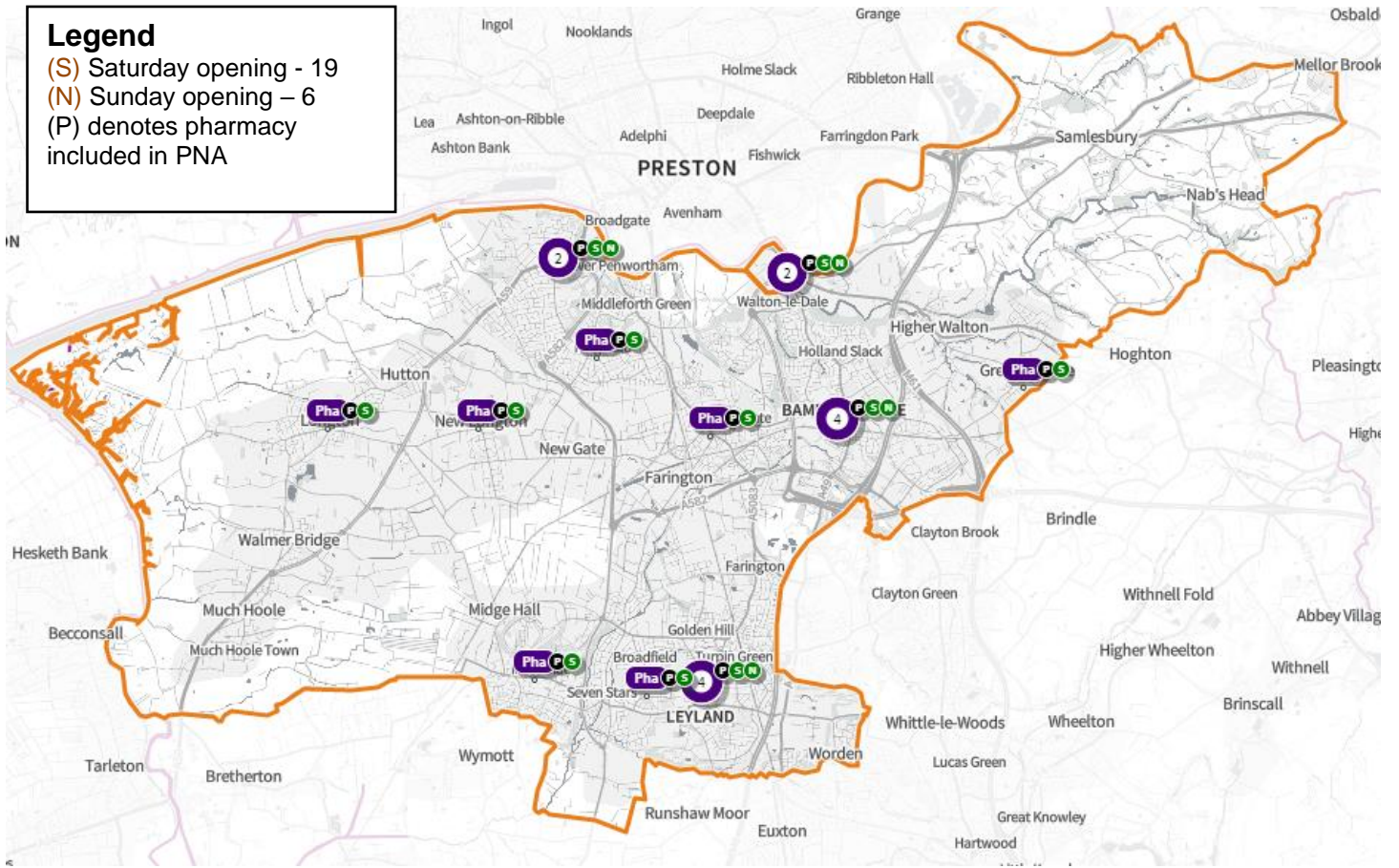


Figure 4.46: Pharmacies open Saturday/Sunday – Rossendale



Source: SHAPE Place Atlas

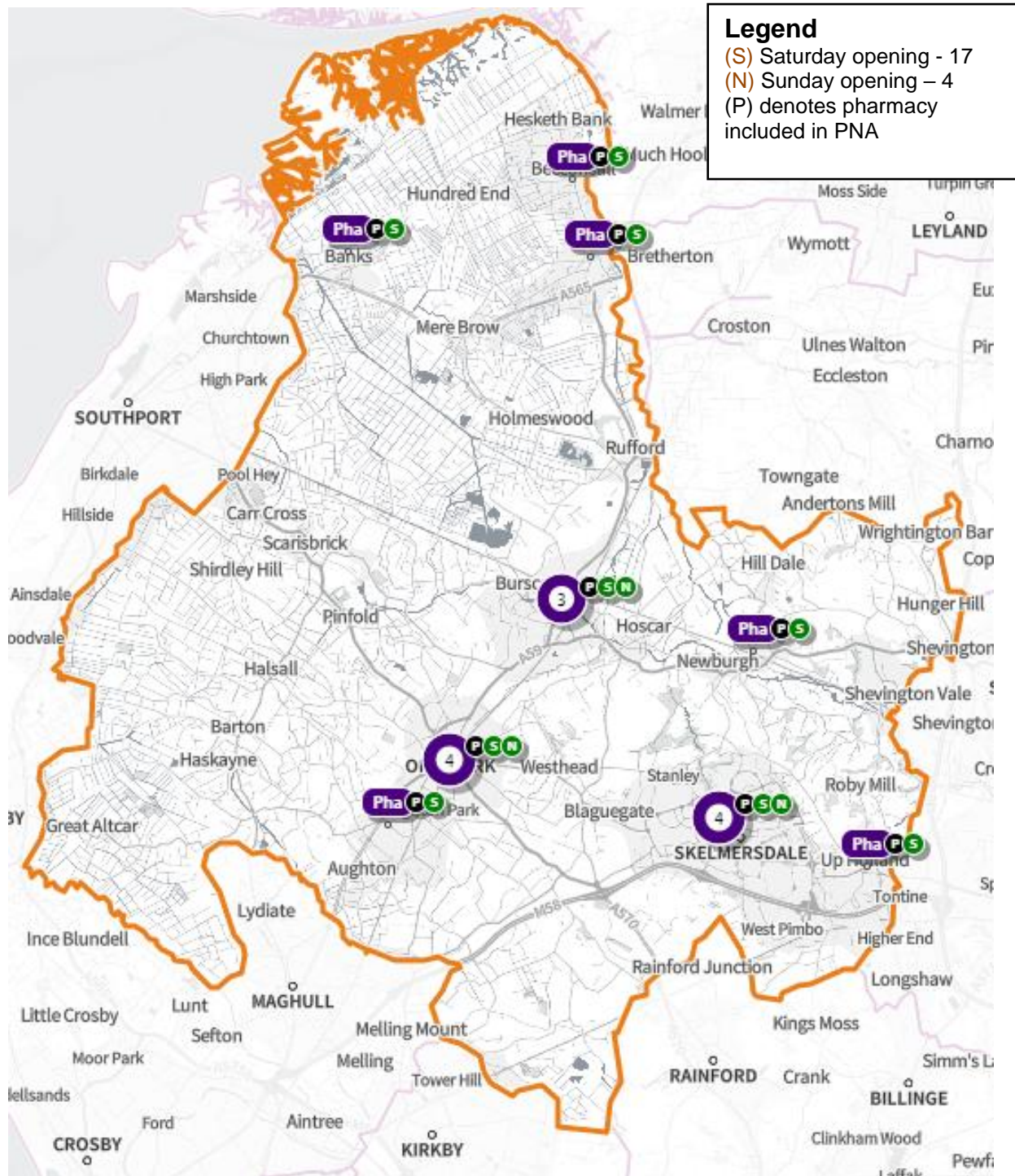
Figure 4.47: Pharmacies open Saturday/Sunday – South Ribble



Source: SHAPE Place Atlas

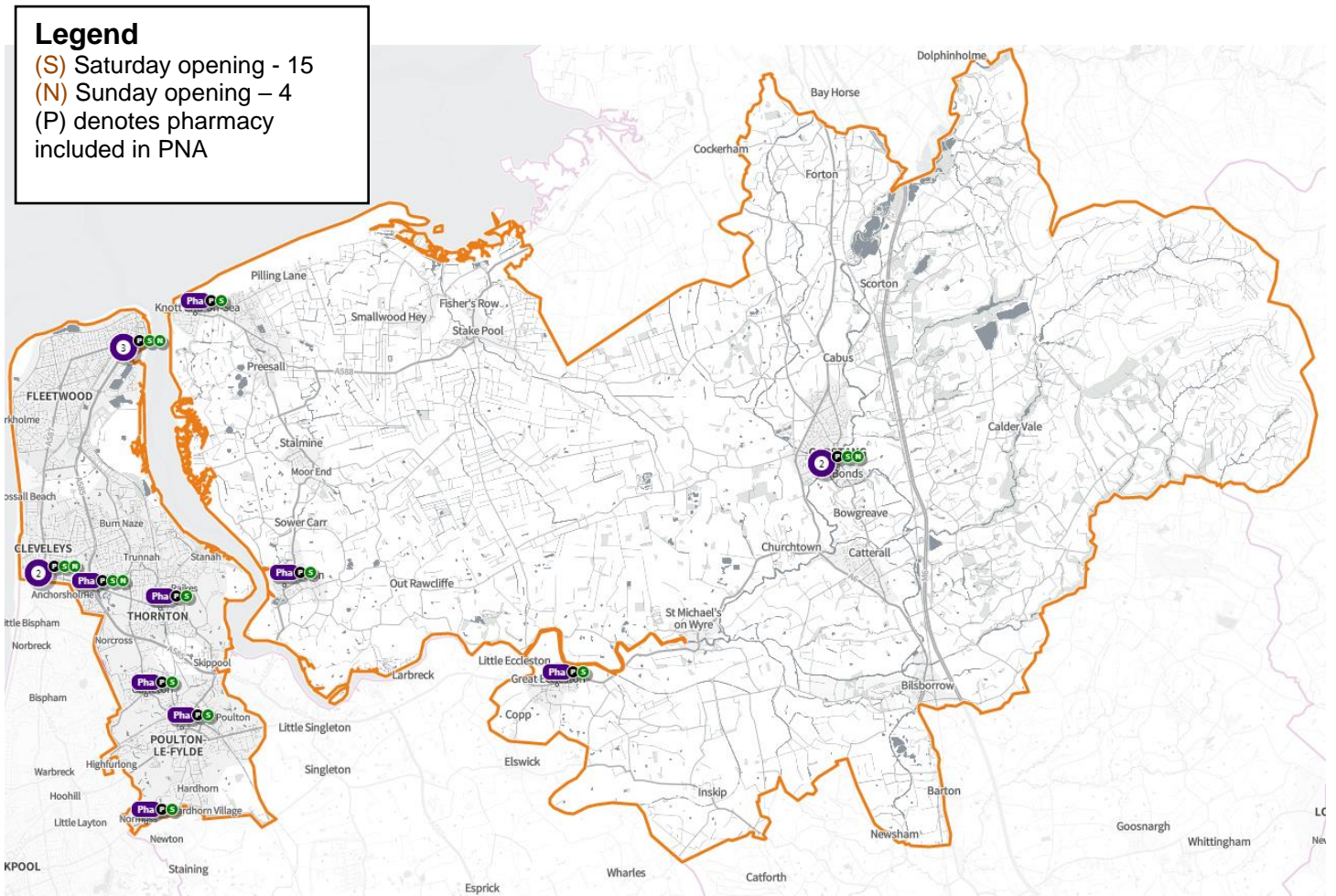


Figure 4.48: Pharmacies open Saturday/Sunday – West Lancashire



Source: SHAPE Place Atlas

Figure 4.49: Pharmacies open Saturday/Sunday – Wyre



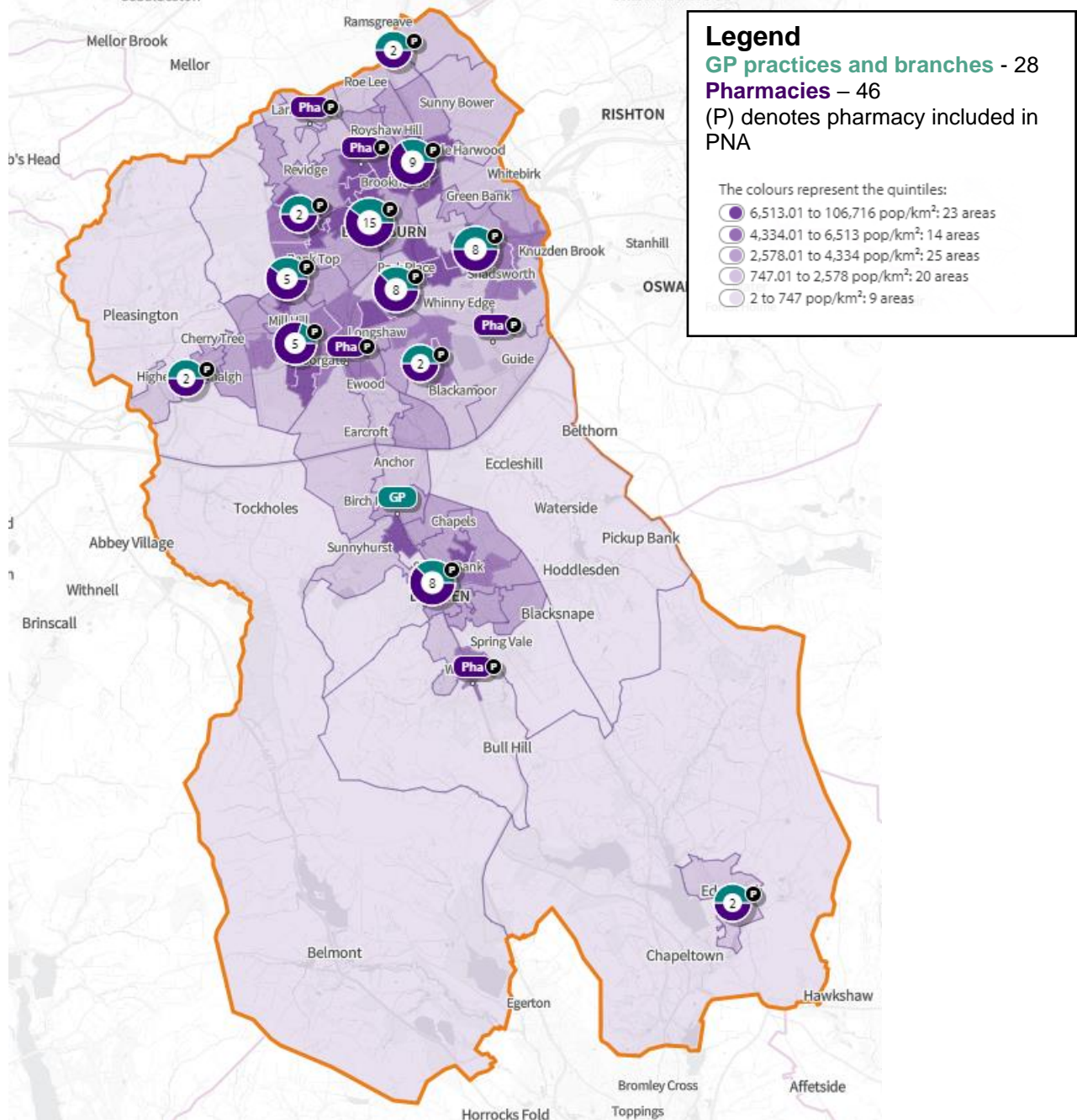
Source: SHAPE Place Atlas



### 4.2.5 Service provision by population density

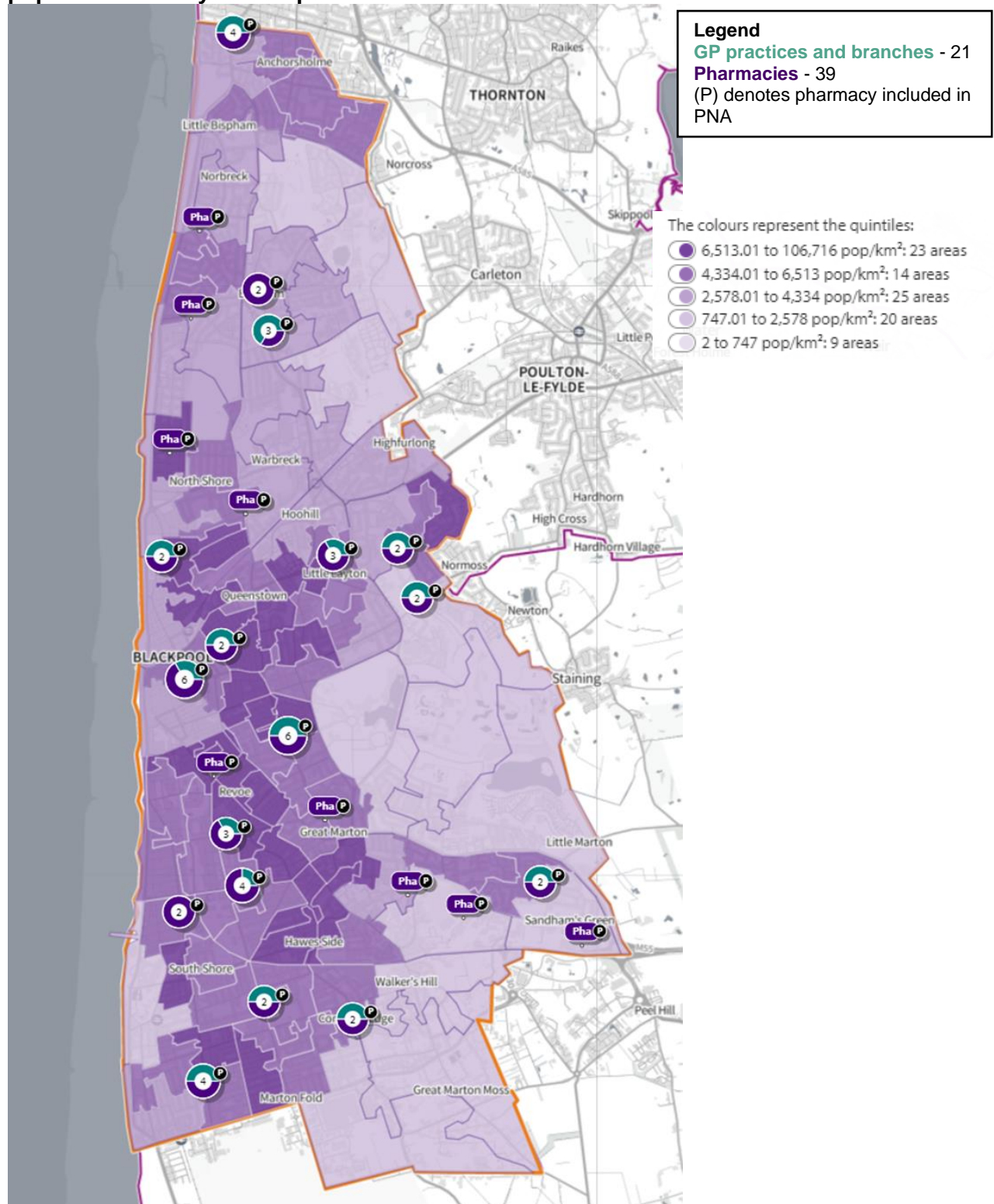
Figures 4.50 to 4.63 show the location of the pharmacy and GP practice premises within the three HWB areas. Due to the size of the HWBs' areas many of the premises are not shown individually. As can be seen, premises are generally located in areas of higher population density (those areas shaded in a darker colour).

**Figure 4.50: Location of pharmacies and dispensing practice premises compared to population density – Blackburn with Darwen**



Source: SHAPE Place Atlas

Figure 4.51: Location of pharmacies and dispensing practice premises compared to population density – Blackpool

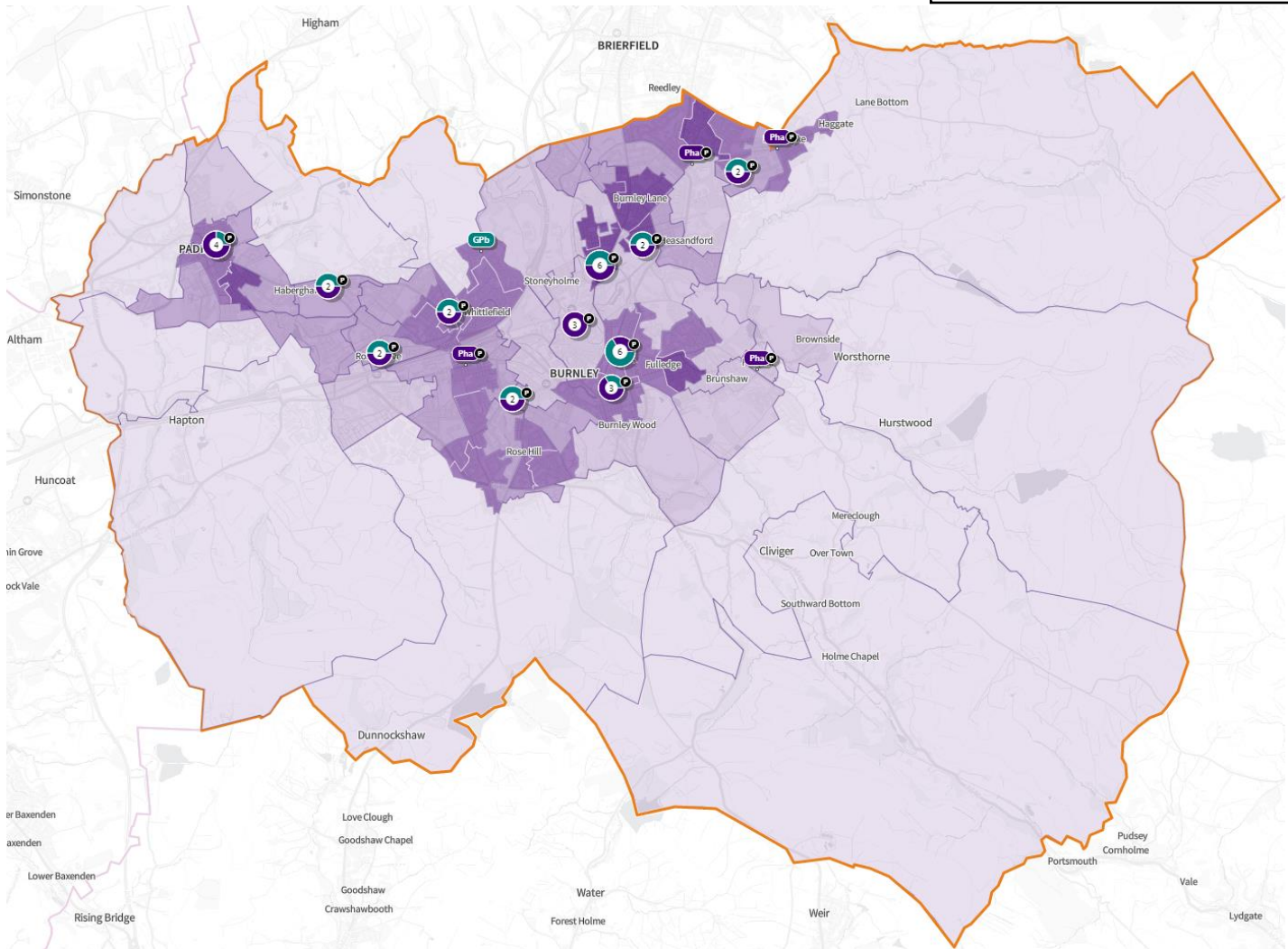


Source: SHAPE Place Atlas



**Figure 4.52: Location of pharmacies and dispensing practice premises compared to population density – Burnley**

**Legend**  
 GP practices and branches - 16  
 Pharmacies - 23  
 (P) denotes pharmacy included in PNA  
 Dispensing practices - 0



Values for LSOAs within the selected boundary are shown.

The colours represent the quintiles:

- 6,513.01 to 106,716 pop/km<sup>2</sup>: 8 areas
- 4,334.01 to 6,513 pop/km<sup>2</sup>: 17 areas
- 2,578.01 to 4,334 pop/km<sup>2</sup>: 14 areas
- 747.01 to 2,578 pop/km<sup>2</sup>: 11 areas
- 2 to 747 pop/km<sup>2</sup>: 10 areas

Source: SHAPE Place Atlas

Figure 4.53: Location of pharmacies and dispensing practice premises compared to population density – Chorley

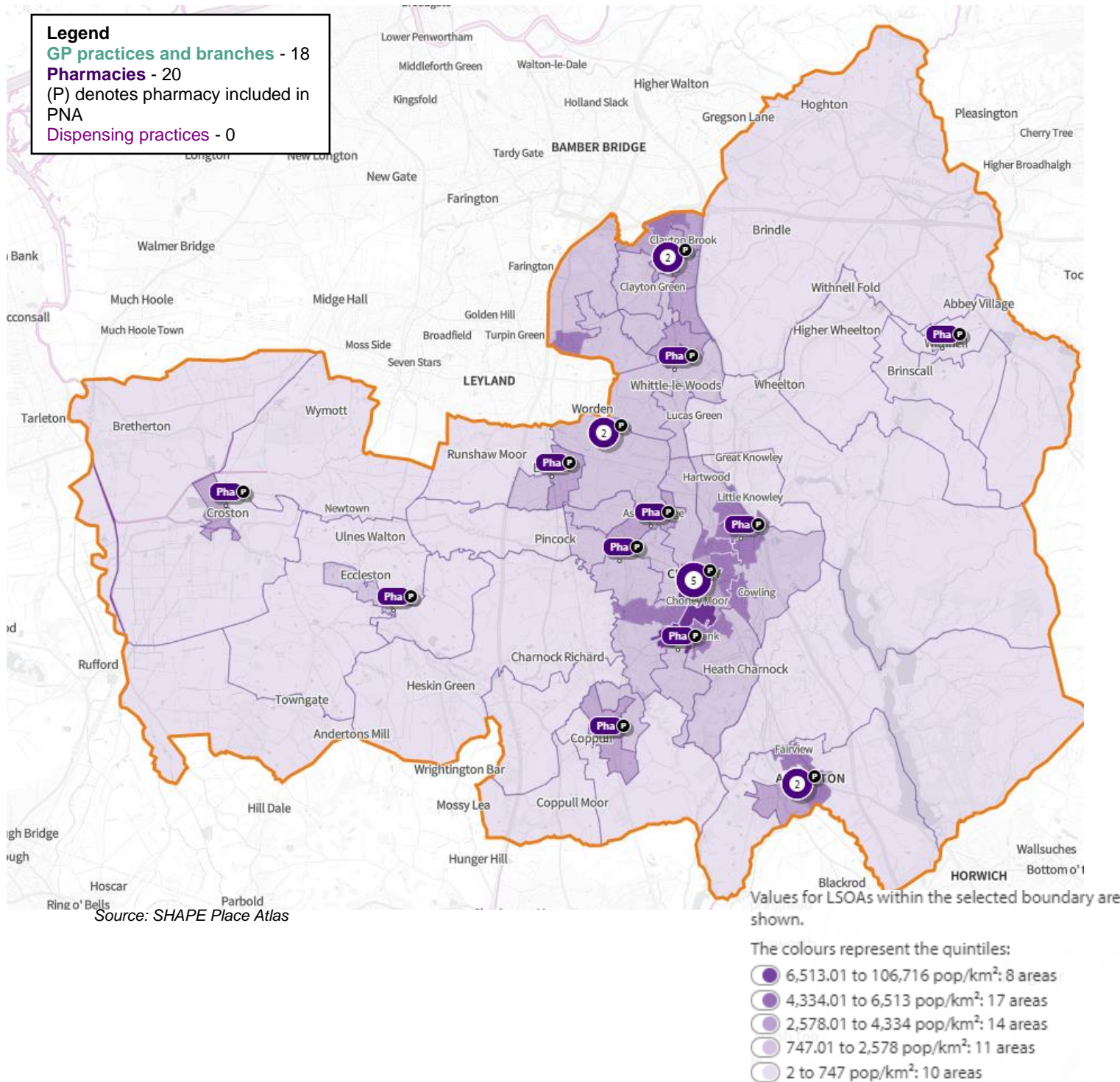
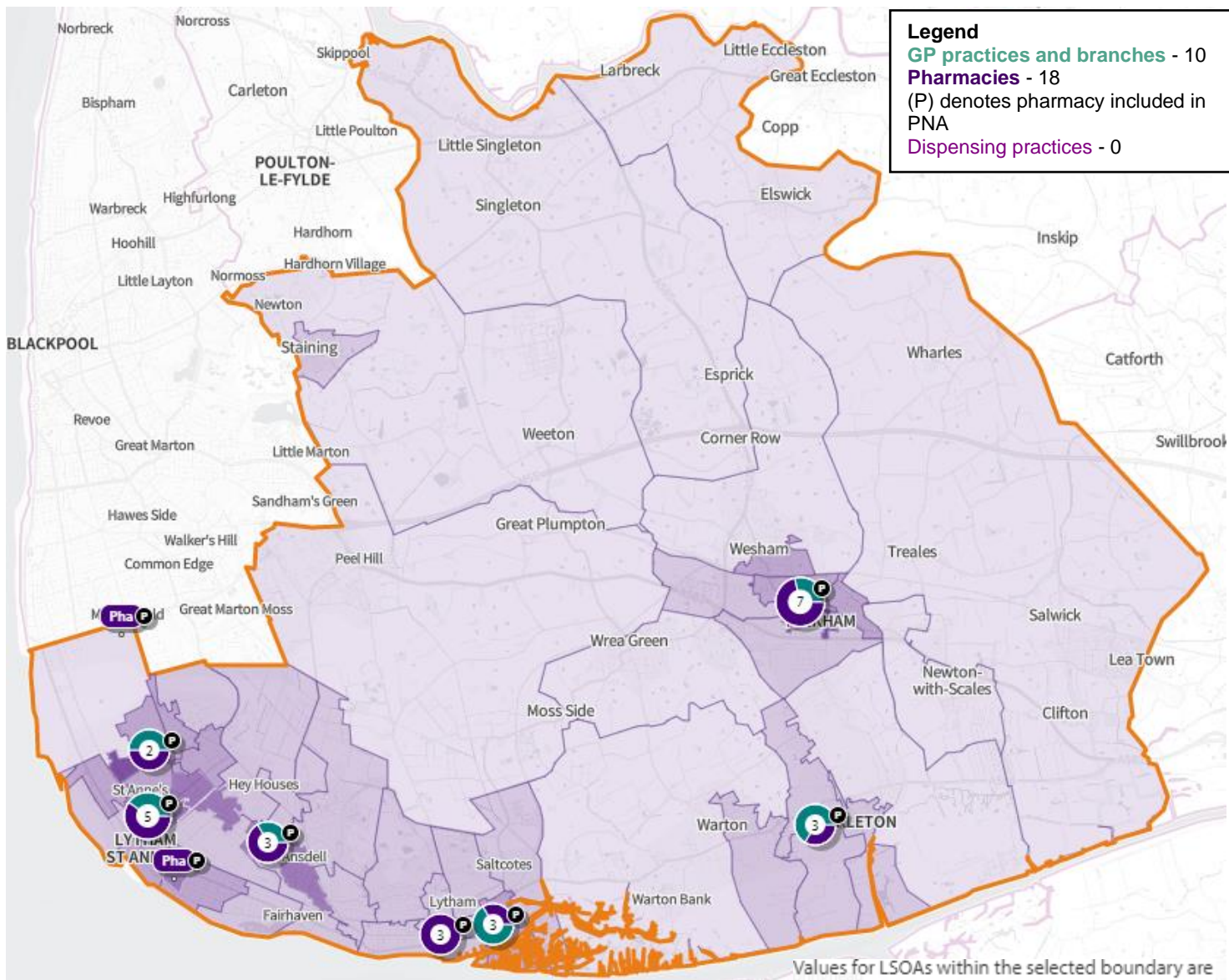


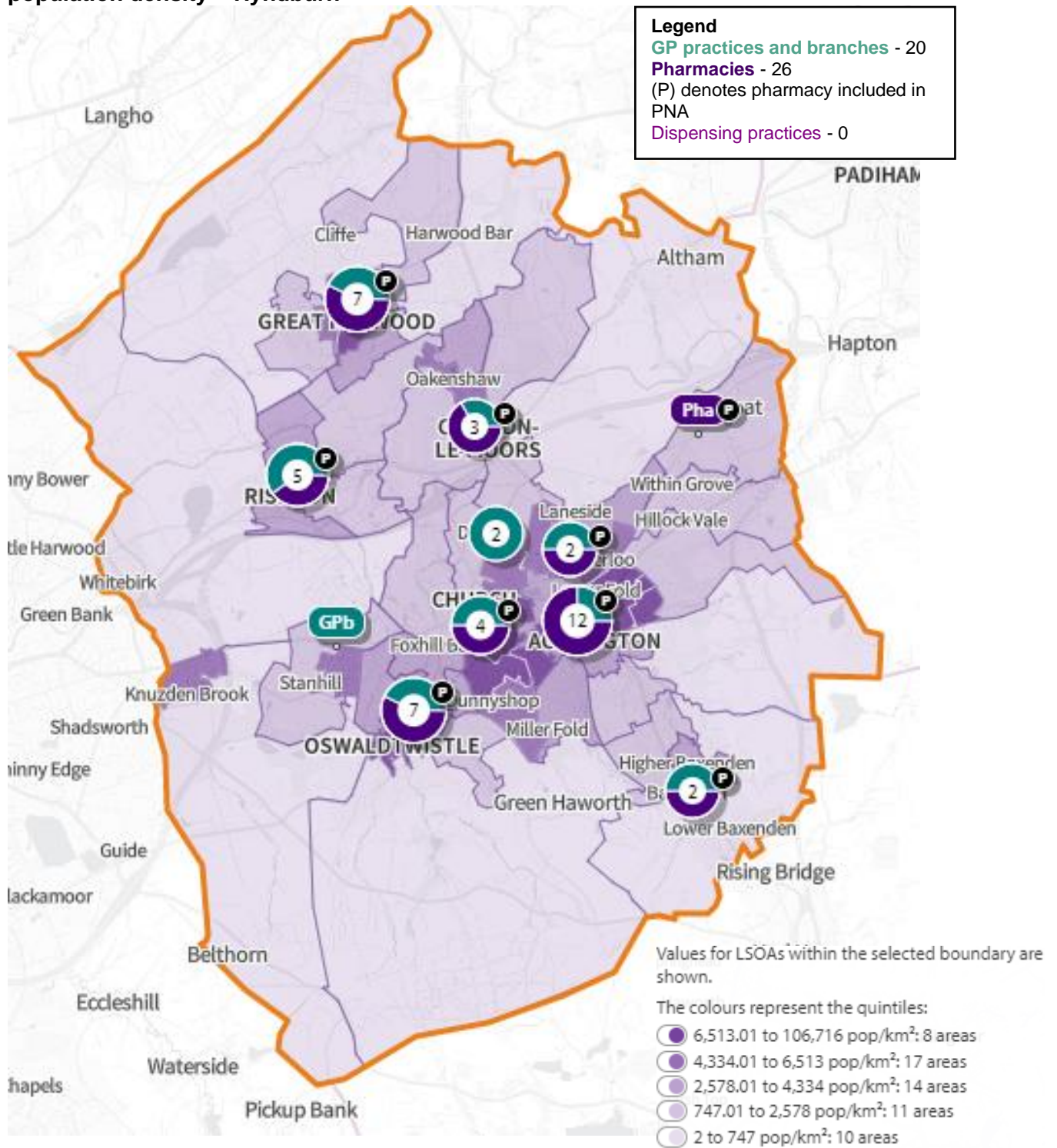


Figure 4.54: Location of pharmacies and dispensing practice premises compared to population density – Fylde



Source: SHAPE Place Atlas

Figure 4.55: Location of pharmacies and dispensing practice premises compared to population density – Hyndburn



Source: SHAPE Place Atlas



Figure 4.56: Location of pharmacies and dispensing practice premises compared to population density – Lancaster

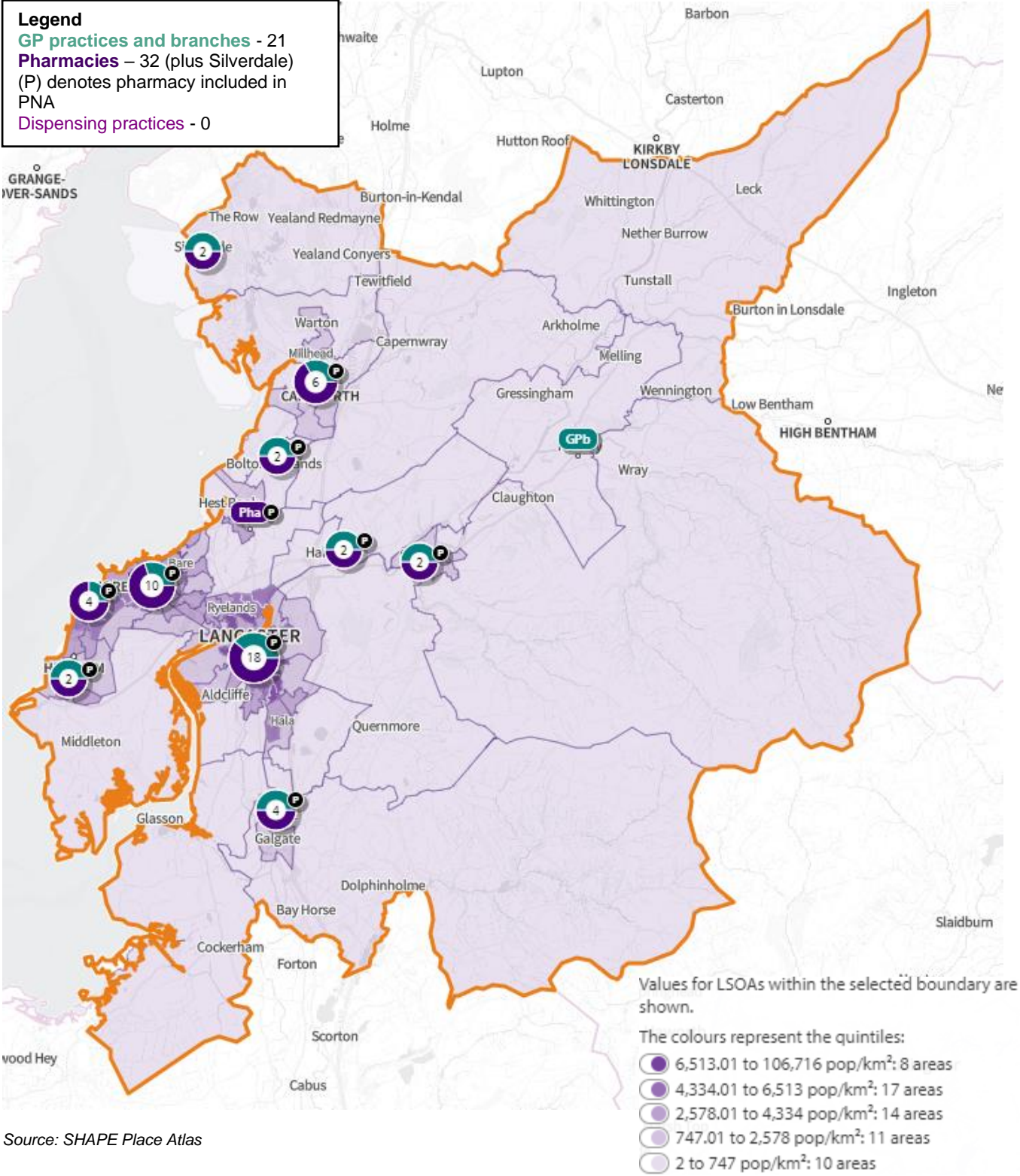
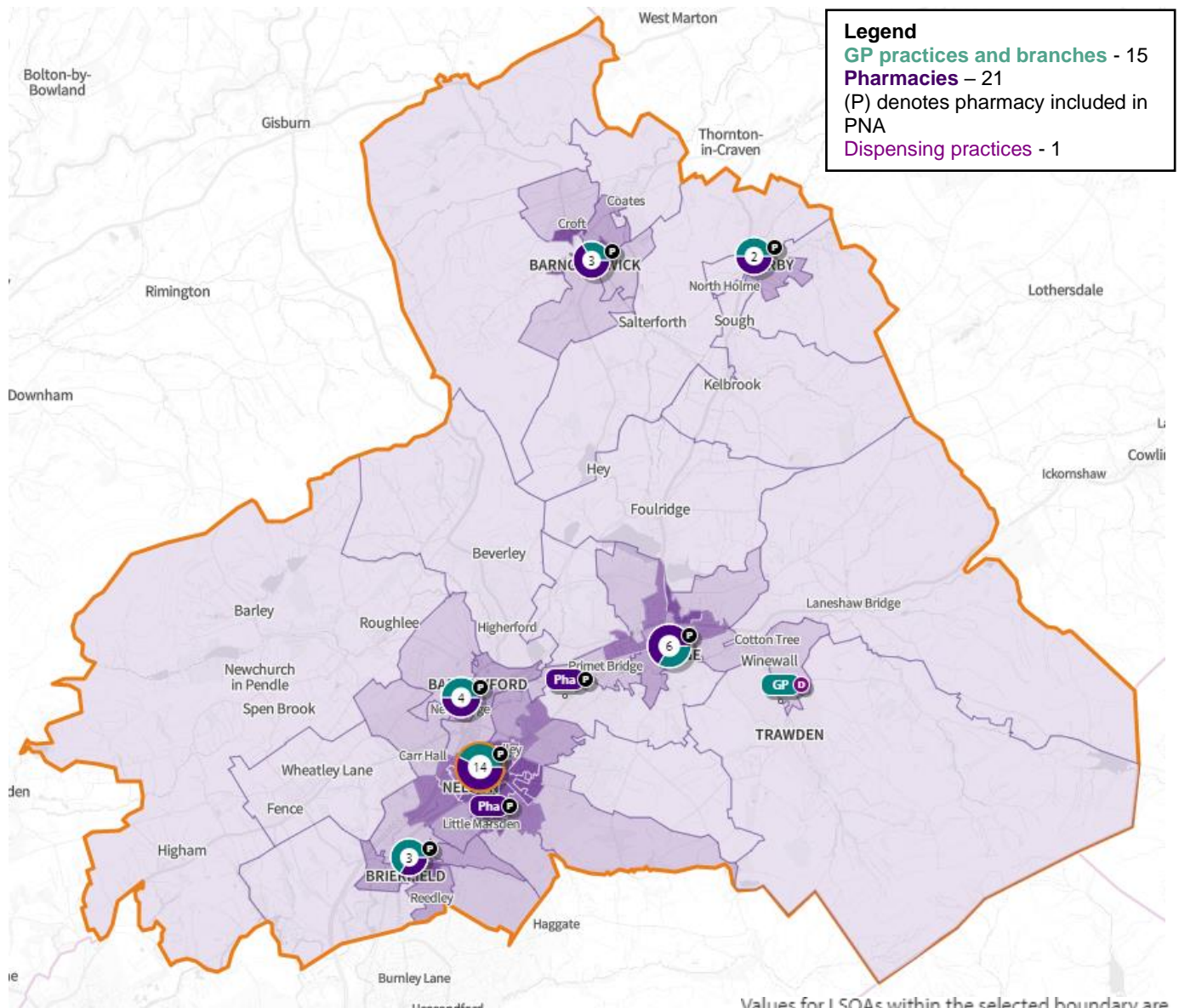


Figure 4.57: Location of pharmacies and dispensing practice premises compared to population density – Pendle



Source: SHAPE Place Atlas

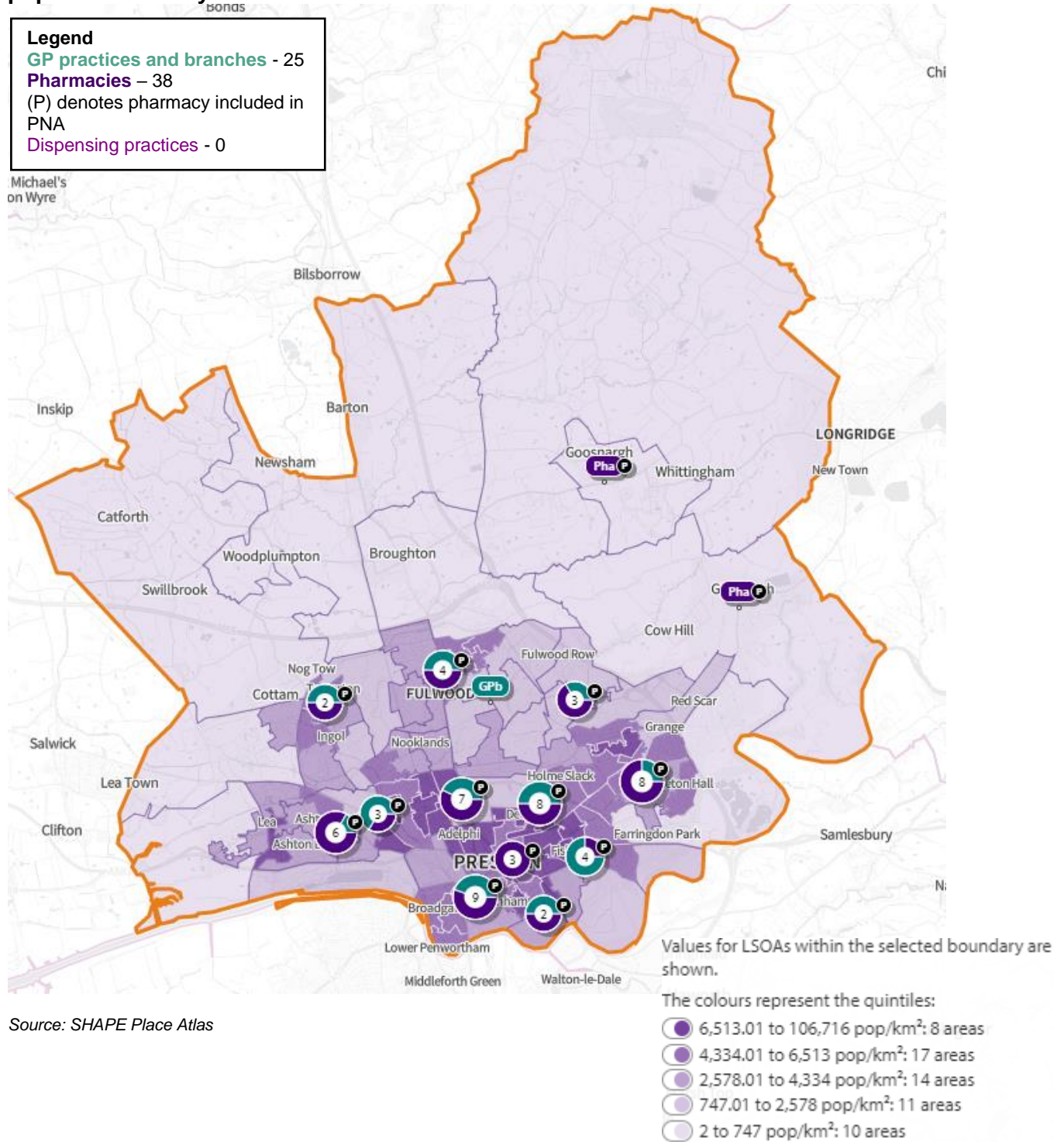
Values for LSOAs within the selected boundary are shown.

The colours represent the quintiles:

- 6,513.01 to 106,716 pop/km<sup>2</sup>: 8 areas
- 4,334.01 to 6,513 pop/km<sup>2</sup>: 17 areas
- 2,578.01 to 4,334 pop/km<sup>2</sup>: 14 areas
- 747.01 to 2,578 pop/km<sup>2</sup>: 11 areas
- 2 to 747 pop/km<sup>2</sup>: 10 areas

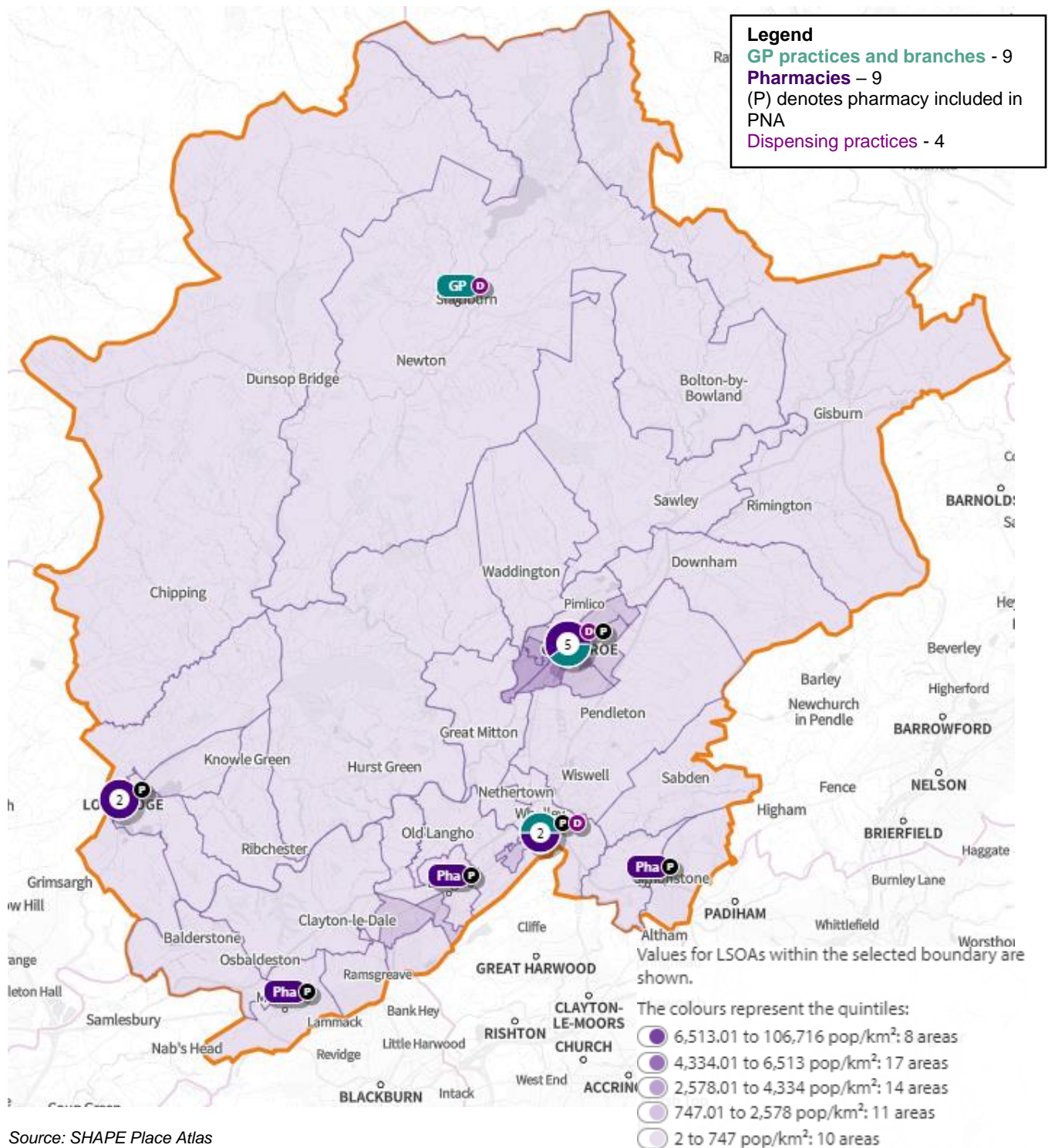


**Figure 4.58: Location of pharmacies and dispensing practice premises compared to population density – Preston**



Source: SHAPE Place Atlas

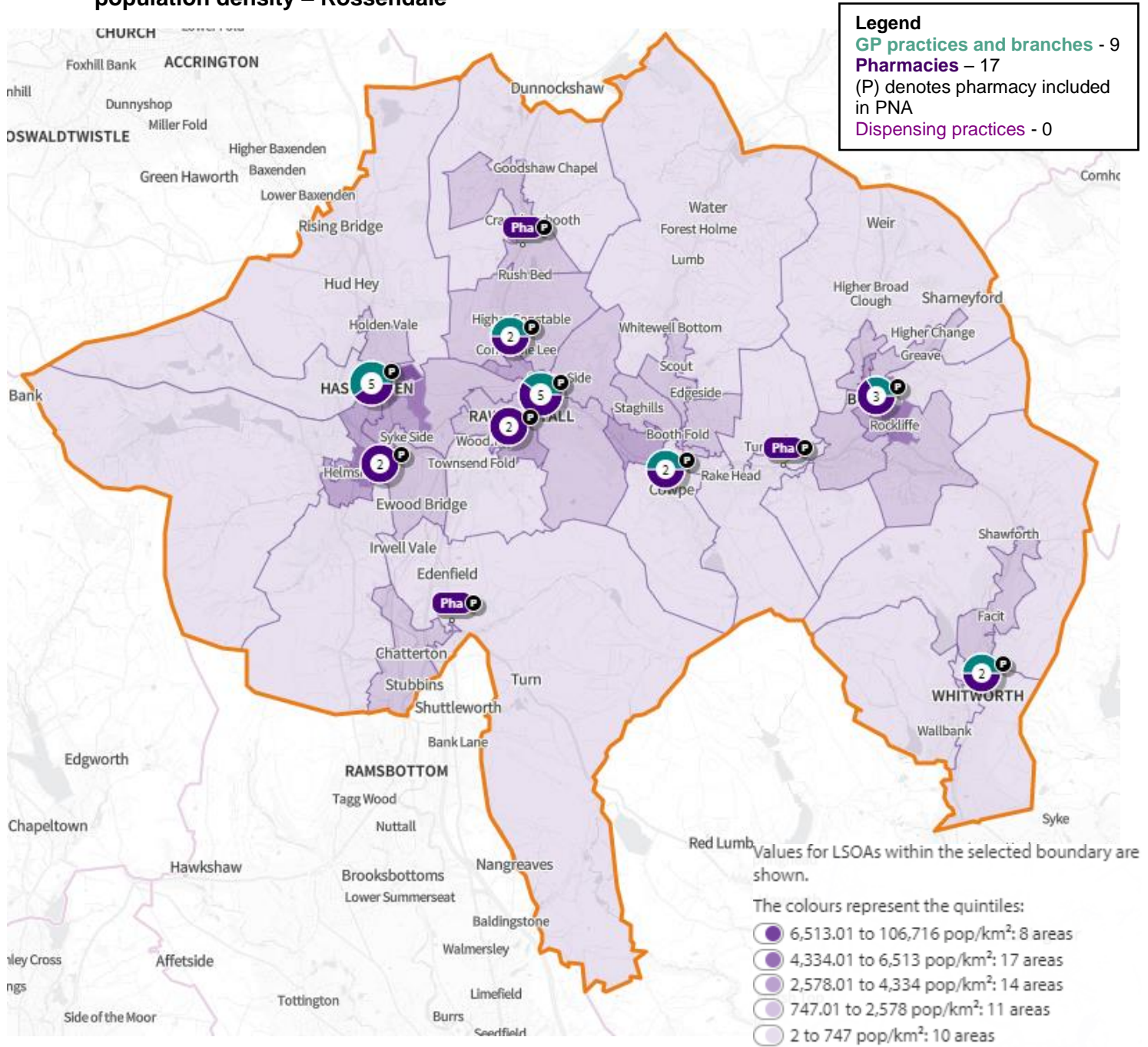
Figure 4.59: Location of pharmacies and dispensing practice premises compared to population density – Ribble Valley



Source: SHAPE Place Atlas

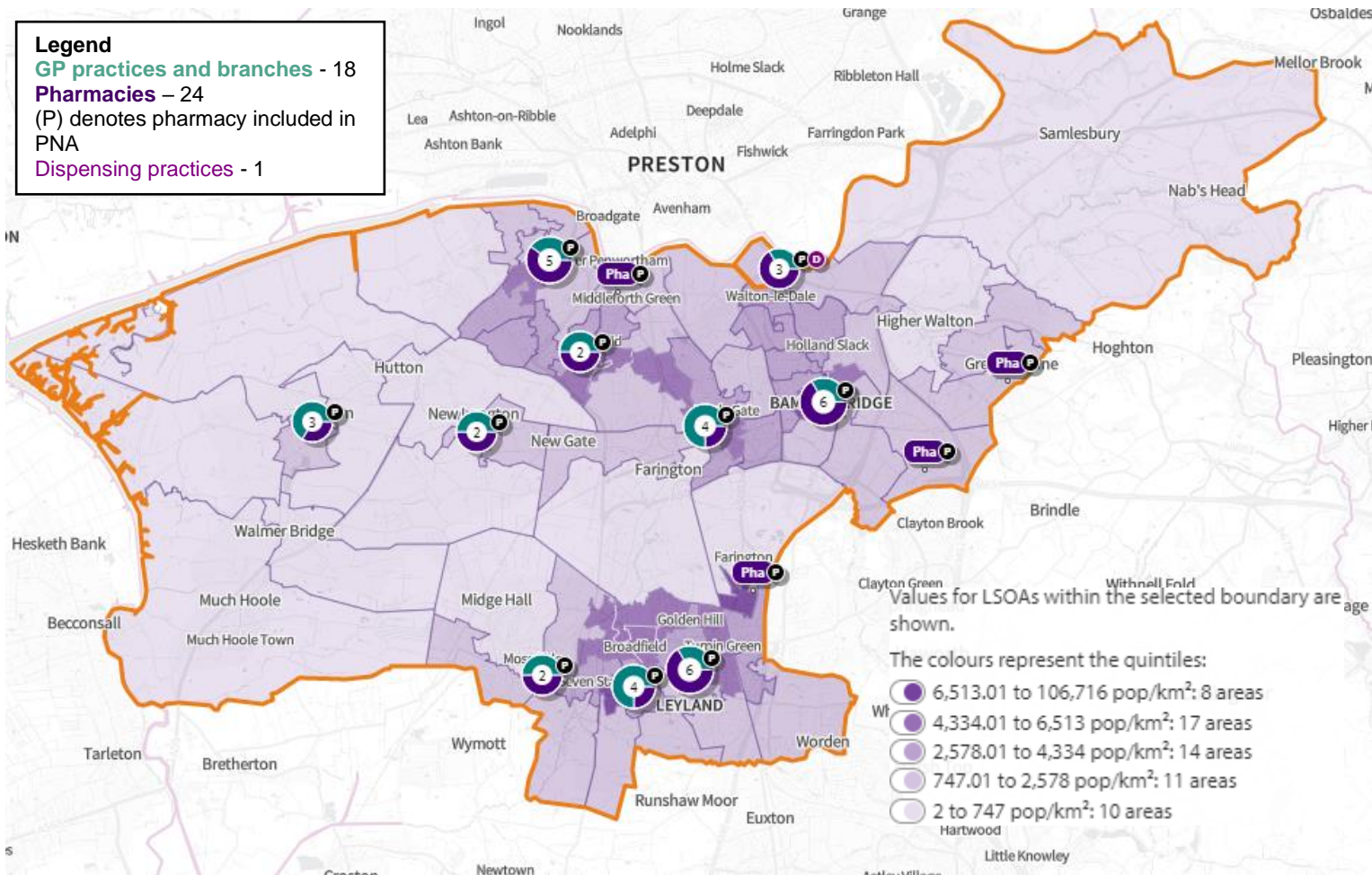


Figure 4.60: Location of pharmacies and dispensing practice premises compared to population density – Rossendale



Source: SHAPE Place Atlas

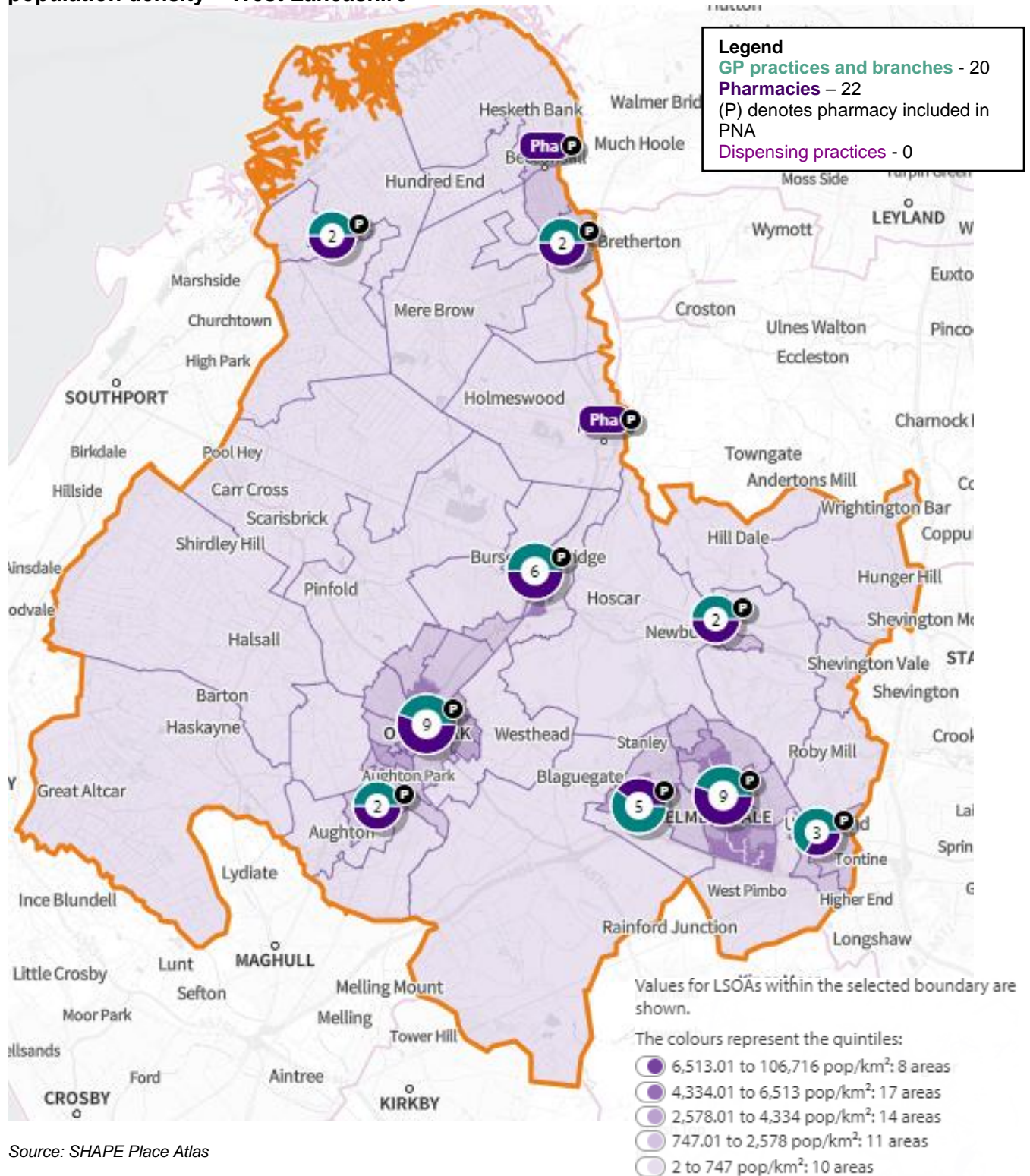
**Figure 4.61: Location of pharmacies and dispensing practice premises compared to population density – South Ribble**  
**South Ribble**



Source: SHAPE Place Atlas

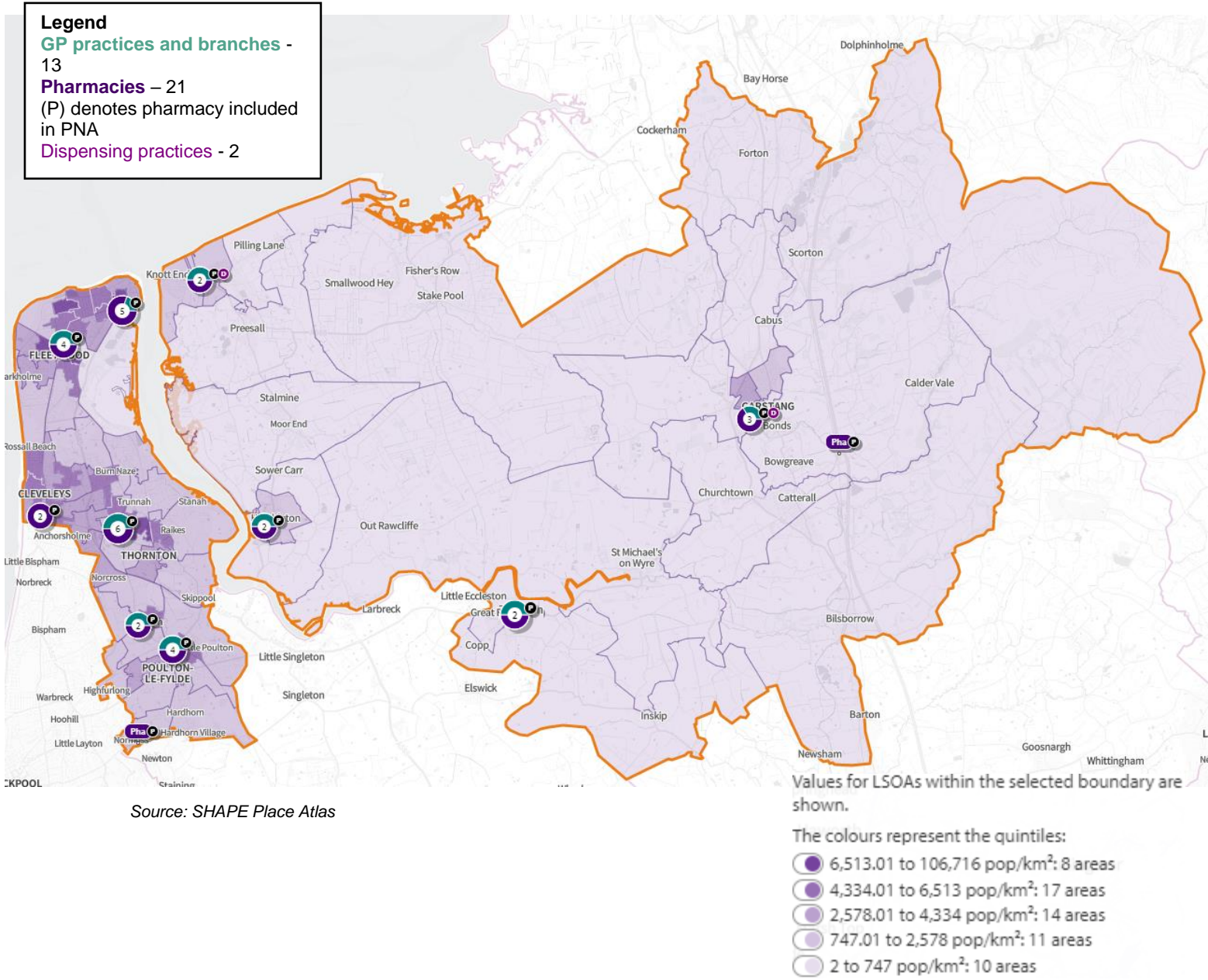


Figure 4.62: Location of pharmacies and dispensing practice premises compared to population density – West Lancashire



Source: SHAPE Place Atlas

Figure 4.63: Location of pharmacies and dispensing practice premises compared to population density – Wyre



Source: SHAPE Place Atlas

### 4.2.6 Access for people with disabilities

The questionnaire sent to pharmacies (**appendix 6**) included a question asking if any consultation facilities existed on site and if they included wheelchair access. The results showed that

- Blackburn with Darwen – 22 of the 26 pharmacies (84.6%) have consultation areas with wheelchair access.
- Blackpool – 21 of the 24 pharmacies (87.5%) have consultation areas with wheelchair access.
- Lancashire – 132 of the 158 pharmacies (83.5%) have consultation areas with wheelchair access.

Free delivery (non-commissioned)

- Blackburn with Darwen – 23 out of 26 (88.5%) stated they have a free delivery (non-commissioned) service
- Blackpool – 24 out of 24 (100%) stated they have a free delivery (non-commissioned) service
- Lancashire – 129 out of 158 (81.6%) stated they have a free delivery (non-commissioned) service

### Services for visually impaired

The core contract requires community pharmacies to make reasonable adjustments for patients with disabilities, including those with visual impairment, such as large print labels and colour coded labels. Whilst no identified need for services has been identified as part of the PNA for patients with visual impairment and sight loss, it is acknowledged that commissioners of pharmacy local improvement services should consider the views and recommendations of representative organisations of patients with visual impairment to ensure the needs of this cohort are being met.

## 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. Advanced and enhanced services are optional, and pharmacies can choose to provide these services to support patients with safe use of medicines.

Essential services are offered by all pharmacy contractors as part of the NHS Community Pharmacy Contractual Framework.<sup>iv</sup> Essential services include discharge medicine service, dispensing appliances, dispensing medicines, healthy living pharmacies, public health, repeat dispensing/e-RD, self-care, signposting, and disposal of unwanted medicines.

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 across pan-Lancashire are currently compliant with the contract to-date.

#### **4.3.1 Public health campaigns**

The pharmacy regulations identify that pharmacies are required to participate in up to six campaigns each year to promote public health messages to their users.<sup>v</sup> Where requested, the pharmacy contractor records the number of people they have provided information to as part of one of those campaigns.

The pharmacy regulations identify that pharmacies have to carry out six public health campaigns over a 12-month period – this service provision is part of the overall pharmacy contract that is commissioned by NHS England. Previously, across pan-Lancashire, examples of campaigns are

- Covid-19 vaccination campaign
- winter vaccines
- weight management
- smoking cessation

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

#### **4.4 Advanced services**

In addition to essential services the community pharmacy contractual framework allows for advanced services, which currently include

- appliance use reviews (AUR)
- new medicines service (NMS)
- stoma customisation service (SCS)
- community pharmacist consultation service (CPCS)
- seasonal influenza vaccination advanced services
- hepatitis C service
- hypertension case-finding service
- Smoking cessation service (SCS) (NHS Trust referral)

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.<sup>vi</sup>

#### ***Hepatitis C testing service:***

The community pharmacy hepatitis C antibody testing service was added to the Community Pharmacy Contractual Framework (CPCF) in 2020, commencing on 1 September. The

introduction of this new advanced service was originally trailed in the 5-year CPCF agreement, but its planned introduction in April 2020 was delayed by five months because of the Covid-19 pandemic.

The service is focused on provision of point of care testing (POCT) for hepatitis C (Hep C) antibodies to people who inject drugs, ie individuals who inject illicit drugs, eg steroids or heroin, but who haven't yet moved to the point of accepting treatment for their substance use. Where people test positive for Hep C antibodies, they will be referred for a confirmatory test and treatment, where appropriate.

The advanced service is part of NHSE/I's national programme to eliminate Hep C virus by 2025, five years earlier than the World Health Organization goal. The service uses community pharmacies to target PWIDs for testing, as they are the healthcare venue most likely to be visited by that group of people.

The overall aim of the service is to increase levels of testing for hepatitis C virus (HCV) amongst PWIDS who are not engaged in community drug and alcohol treatment services to

- increase the number of diagnoses of HCV infection
- permit effective interventions to lessen the burden of illness to the individual
- decrease long-term costs of treatment and
- decrease onward transmission of HCV

As the national hepatitis C programme is an elimination exercise, the service will be time limited. In the first instance, it ran until 31 March 2022 but, in March 2022, it was agreed that the service should continue to be commissioned until 31 March 2023.

Any pharmacy that meets the service requirements can provide the service, but it will be of most interest to contractors that provide a locally commissioned needle and syringe programme service, with a sufficient number of clients, to make the investment in provision of the service worthwhile.

## 4.5 Enhanced services

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

Currently, NHS England does not commission any pharmacy enhanced services.

## 4.6 Local improvement services

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 pandemics).

### 4.6.1 Local authority public health commissioned services

In 2021/22 local authority public health commissioned community pharmacies to deliver the following services.

**Blackburn with Darwen**

- needle and syringe exchange service
- supervised consumption
- stop smoking service/nicotine replacement therapy
- emergency hormonal contraception

**Blackpool**

- needle and syringe exchange service (via provider)
- supervised consumption (via provider)

**Lancashire**

- emergency hormonal contraception (which also includes chlamydia testing)
- nicotine replacement therapy
- Pharmacy stop smoking service
- needle exchange and supervised consumption via Change Grow Live (CGL) from the pharmacy
- NHS health checks (via a third party provider who deliver a community model which includes pharmacies delivering NHS health checks)

Not all pharmacies in every locality provide each service. Public health commissioners provide service provision where there is the greatest need. These will be discussed in more detail in chapter 5.

**4.6.2 CCG commissioned services**

Figure 4.64 presents the pharmacy services commissioned by Place Based Partnerships (PBPs) across pan Lancashire, as provided by PBP commissioners.

**Figure 4.64: Pharmacy services commissioned by PBPs<sup>vii</sup>**

<b>PBP</b>	<b>Pharmacy services commissioned</b>
Bay Health and Care Partners	<ul style="list-style-type: none"> <li>• minor ailments scheme linked to Home Office hotels</li> <li>• paediatric minor ailments scheme</li> <li>• Just In Case drug supply service</li> <li>• Antiviral supply in designated pharmacies for the influenza outbreaks in care homes</li> </ul>
Our Central Lancashire	<ul style="list-style-type: none"> <li>• minor ailments scheme</li> <li>• end of life drug supply service</li> <li>• stock holding of antiviral drugs for use in outbreaks of influenza</li> </ul>
Healthier Fylde Coast	<ul style="list-style-type: none"> <li>• Just in Case Medicines which is commissioned from several pharmacies across the Fylde Coast to ensure there is ease of access for patients at the end of their life</li> <li>• minor ailment scheme for asylum seekers – Blackpool has a hotel that is being used as a contingency site for asylum seekers (approximately 360 persons capacity) and two pharmacies currently deliver this service for these residents. There is a defined list of conditions that can be treated under the scheme and an extensive formulary</li> </ul>



<p>Healthier Pennine Lancashire</p>	<ul style="list-style-type: none"> <li>• the CCGs have supported primary care networks to work in close collaboration with community pharmacy to promote national schemes such as             <ul style="list-style-type: none"> <li>a) NHS community pharmacy blood pressure checks service. The NHS community pharmacy blood pressure check service supports risk identification and prevention of cardiovascular disease (CVD)</li> <li>b) the NHS community pharmacist consultation service (CPCS). Since 1 November 2020, general practices have been able to refer patients for a minor illness consultation via CPCS, once a local referral pathway has been agreed</li> </ul> </li> <li>• Pennine Lancashire CCGs have worked with GP practices to support sign up to the CPCS with a view to diverting demand and improving patients' experience</li> <li>• commission community pharmacy to provide End of Life (EoL) medicines plus antivirals in case of out-of-season influenza outbreaks in care homes</li> <li>• also, commission Patient Group Directions (PGDs) as part of CPCS in BwD – hoping to roll out across East Lancashire in the coming months</li> </ul>
<p>West Lancashire Partnership</p>	<ul style="list-style-type: none"> <li>• stock holding and provision of specialist drugs – palliative care: in three pharmacies</li> <li>• stock holding of antivirals for out-of-season influenza outbreaks and avian flu: in one pharmacy</li> </ul>

Source: PBP commissioners

## 4.7 Pharmacy facilities – new developments

### 4.7.1 NHS mail accounts

Within the community pharmacy quality framework NHS England and NHS Digital are supporting all community pharmacies to each have a premises specific type of NHS mail account. The inbox is shared within a particular pharmacy, with access only gained by authorised users who log in to this shared inbox using their own personal NHS mail account.

## References

<sup>i</sup> <https://healthwatchblackburnwithdarwen.co.uk/nproject/your-views-on-community-pharmacy-services/>

<sup>ii</sup> 2008 White Paper Pharmacy in England: Building on strengths – delivering the future  
[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>iii</sup> The National Health Service (Pharmaceutical Services) Regulations 2005.

<http://www.legislation.gov.uk/ukxi/2005/641/contents/made>

<sup>iv</sup> NHS Community Pharmacy Contractual Framework <http://psnc.org.uk/services-commissioning/essential-services/>

<sup>v</sup> The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 No. 349 Schedule 4. <http://www.legislation.gov.uk/ukxi/2013/349/schedule/4/made>

<sup>vi</sup> Secretary of State Directions

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/216230/dh\\_130235.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216230/dh_130235.pdf)

<sup>vii</sup> PBP commissioners

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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 motivational interviewing, providing information and brief advice, providing ongoing support for behaviour change and signposting to other services.

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

In Blackburn with Darwen and across the twelve localities in Lancashire County Council a pharmacy stop smoking service and nicotine replacement therapy (NRT) service is offered.

In Blackburn with Darwen 34 pharmacies have signed up to Local Improvement Service (LIS) (locally commissioned services) to provide emergency hormonal contraception (EHC) without prescription. Across the twelve localities in Lancashire County Council, 208 pharmacies have signed up to LIS agreements to provide EHC without prescription. In Blackpool access to EHC is provided through the Connect service and at Whitegate Pharmacy. Across pan-Lancashire, EHC can be prescribed by general practitioners.

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

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

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



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

### 5.1.1 Local contributions to improving health and reducing inequalities

The NHS Community Pharmacy Contractual Framework requires community pharmacies to contribute to the health needs of the population they serve. Children, adults and the elderly are all vulnerable to the risk factors contributing to non-communicable diseases, whether from unhealthy diets, physical inactivity, exposure to tobacco smoke or the harmful use of alcohol.<sup>i</sup> There are opportunities for local service commissioning to build on the services provided as essential services. Health and wellbeing boards across pan-Lancashire consider community pharmacies a key public health resource and recognise 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>ii</sup> and Public Health England.<sup>iii iv</sup>

A report published by the Royal Society for Public Health highlights the opportunities for greater use of pharmacy teams for improving the public's health, in light of their location, accessibility, convenience and relationship with the public.<sup>v</sup>

The Community Pharmacy Forward vision<sup>vi</sup> describes a vision that in future, all pharmacies will operate as neighbourhood health and wellbeing centres, providing the 'go-to' location for support, advice and resources on staying well and independent. Building on the healthy living pharmacy model, the safe and efficient supply of medicines managed by pharmacist-led teams will remain at the core of this community pharmacy offer, but will be recognised as one component of a broader set of resources and services available within these health and wellbeing centres.

Community pharmacy teams have contact with large numbers of people, including those who may not regularly use other health services, and have the ability to convey health messages, support self-care and provide advice opportunistically every day.

Community pharmacies are able to support people to find it easier to take responsibility for managing their own health and self-care – health on the high street.<sup>vii</sup>

### 5.1.2 Evidence-based approach

The NHS Confederation report *Health on the high street: rethinking the role of community pharmacy*<sup>viii</sup> recommends that a strong evidence base underpins commissioning of public health services from community pharmacy.

### 5.1.3 Opportunities for integrated care

In the Royal Pharmaceutical Society (RPS) report *Now or never: shaping pharmacy for the future*<sup>ix</sup>, RPS recommends that pharmacists must collaborate with each other and with other healthcare professions, to develop models of care that enable commissioners to deliver integrated patient pathways, and ensure patients have consistent access to support with the use of medicines as they move between care settings. The NHS Confederation report *Health on the high street: rethinking the role of community pharmacy* also highlights the importance of integrating the role of a community pharmacy with that of other elements of the health and public health system. The report emphasises the value of strong information flows between providers and commissioners. In developing commissioning and estate strategies, consideration could be given to how pharmacy services could be

better integrated with health and social care and other public services, for example through co-location.<sup>viii</sup>

In terms of data sharing, there is a need to connect not just community pharmacies, but other healthcare professionals, social care, third sector, as well as patients/public digitally, so that the whole system is connected, improving the way we can all communicate and work together.<sup>x</sup>

The NHS Community Pharmacist Consultation Service (CPCS) not only connects patients from NHS 111 (and NHS 111 online for requests for urgent supply) who have a minor illness or need an urgent supply of a medicine, it also allows for general practices to be able to refer patients for a minor illness consultation to the community pharmacy of the patient's choice.

As well as referrals from general practices, the service takes referrals to community pharmacy from NHS 111 Integrated Urgent Care Clinical Assessment Services and, in some cases, patients referred via the 999 service.

The CPCS aims to relieve pressure on the wider NHS by connecting patients with community pharmacy, which should be their first port of call and can deliver a swift, convenient and effective service to meet their needs. Since the CPCS was launched, an average of 10,500 patients per week being referred for a consultation with a pharmacist following a call to NHS 111; these are patients who might otherwise have gone to see a GP

The CPCS provides the opportunity for community pharmacy to play a bigger role than ever within the urgent care system.

The Discharge Medicines Service (DMS) is a service whereby NHS trusts are able to refer patients who would benefit from extra guidance around their newly prescribed medicines, or changes to their medicines from their stay in hospital for support from their community pharmacy. The service has been identified by NHSE/I Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital, and is another example of the integration of care services.

A transfer of care service has been in existence from the East Lancashire Hospital NHS Trust for many years. The DMS is now being rolled out across all NHS Trusts to pharmacies.

#### **5.1.4 Developing the workforce**

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

Community pharmacy has a central role to play in delivering high quality, sustainable health and care services and improving population health outcomes. As a core provider of essential healthcare and public health services, the currently underutilised resource of community pharmacists and their teams, are well-placed in their unique locations, close to where people live and work, or online. Also described as health on the high street.<sup>vii</sup> The community pharmacy network can be centred around three core functions<sup>vi</sup>

1. the facilitator of personalised care and support for people with long-term conditions

2. the trusted, convenient first port of call for episodic healthcare advice and treatment
3. the neighbourhood health and wellbeing hub

To deliver this, there is a need to develop further the already well-trained workforce within the community pharmacy network. Building on the healthy living pharmacy model, the safe and efficient supply of medicines managed by pharmacist-led teams will remain at the core of this community pharmacy offer but will be recognised as one component of a broader set of resources and services available within these health and wellbeing centres.

There is an opportunity to develop these already well-trained pharmacy teams even further to take on new roles such as providing care for patients with long-term conditions and developing community pharmacists to become independent prescribers will support the wider healthcare system, all deflecting pressure away from A&E, out-of-hours teams and general practice.

## 5.2 Local health needs and services

### 5.2.1 *Local health needs*

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

Parts of pan-Lancashire area have a favourable health profile, but compared to the national average, substantial local variation exists across pan-Lancashire. 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 three Joint Strategic Needs Assessments (JSNAs) listed in chapter three describe specific health needs in detail.

Although there is wide variation, most of the pan-Lancashire local authorities have significantly lower life expectancy than the national average. For both males and females, Lancashire County Council, overall, and the two unitary authorities have significantly lower life expectancy than the national average. Within Lancashire County Council, Ribble Valley is the only district with male life expectancy significantly better than the national average. In Blackburn with Darwen, Blackpool and Lancashire County Council there is a difference of 11.4, 13.8 and 10.6 years, respectively, for male life expectancy between the most and least deprived areas. In Blackburn with Darwen, Blackpool and Lancashire County Council there is a difference of 9.6, 11.8 and 8.3 years, respectively, for female life expectancy between the most and least deprived areas.<sup>xii</sup>

### 5.2.2 *Overview of local commissioned services*

These are a number of local services commissioned from community pharmacies by local authority public health and CCGs (Figure 5.1) to support the local public health agenda. However, commissioning from community pharmacy has been varied across pan-Lancashire.

Community pharmacies are easily accessible and can offer a valuable opportunity for reaching people who may not otherwise access health services. Person-centred care can be provided by community pharmacists when delivering interventions to improve public health, such as smoking cessation clinics, weight management clinics and sexual health services. It can also be used to structure adherence-focused services relating to the initiation of new medicines (through the NHSE/I commissioned new medicines service). The majority of community pharmacies have private consultation room, meaning

that extended consultations can now be undertaken in a private environment, which allows the pharmacist to focus purely on the patient in front of them. Community pharmacies could contribute to the local public health agenda in a number of ways, including

- motivational interviewing
- providing education, information and brief advice
- providing on-going support for behaviour change
- signposting to other services or resources
- long-acting reversible contraception

The range of services provided by community pharmacies varies due to several factors, including the 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).

The services available across pan-Lancashire as of February 2022 are listed below.

### Local authority commissioned services

#### Blackburn with Darwen

- needle and syringe exchange service
- supervised consumption
- stop smoking service/nicotine replacement therapy (NRT)
- emergency hormonal contraception

#### Blackpool

- needle and syringe exchange service (via provider)
- supervised consumption (via provider)

#### Lancashire

- emergency hormonal contraception (including chlamydia testing)
- nicotine replacement therapy (NRT)
- Pharmacy stop smoking service
- needle exchange and supervised consumption via Change Grow Live (CGL) from the pharmacy
- NHS health checks (via a third party provider who deliver a community model which includes pharmacies delivering NHS health checks)

### CCG commissioned services

Figure 5.1 presents the pharmacy services commissioned by Place Based Partnerships (PBPs) across pan Lancashire, as provided by the PBP commissioners.

**Figure 5.1: PBP commissioned services**

PBP	Pharmacy services commissioned
Bay Health and Care Partners	<ul style="list-style-type: none"> <li>• minor ailments scheme linked to Home Office hotels</li> <li>• paediatric minor ailments scheme</li> <li>• Just In Case drug supply service</li> </ul>



	<ul style="list-style-type: none"> <li>• antiviral supply in designated pharmacies for the influenza outbreaks in care homes.</li> </ul>
Our Central Lancashire	<ul style="list-style-type: none"> <li>• minor ailments scheme</li> <li>• end of life drug supply service</li> <li>• stock holding of antiviral drugs for use in outbreaks of influenza</li> </ul>
Healthier Fylde Coast	<ul style="list-style-type: none"> <li>• Just in Case Medicines which is commissioned from several pharmacies across the Fylde Coast to ensure there is ease of access for patients at the end of their life</li> <li>• minor ailment scheme for asylum seekers- Blackpool has a hotel that is being used as a contingency site for asylum seekers (approx. 360 persons capacity), two pharmacies currently deliver this service for these residents. There is a defined list of conditions that can be treated under the scheme and an extensive formulary</li> </ul>
Healthier Pennine Lancashire	<ul style="list-style-type: none"> <li>• the CCGs have supported primary care networks to work in close collaboration with community pharmacy to promote national schemes such as             <ol style="list-style-type: none"> <li>a) NHS community pharmacy blood pressure checks service. The NHS community pharmacy blood pressure check service supports risk identification and prevention of cardiovascular disease (CVD)</li> <li>b) the NHS community pharmacist consultation service (CPCS). Since 1 November 2020, general practices have been able to refer patients for a minor illness consultation via CPCS, once a local referral pathway has been agreed</li> </ol> </li> <li>• Pennine Lancashire CCGs have worked with GP practices to support sign up to the CPCS with a view to diverting demand and improving patients' experience</li> <li>• commission community pharmacy to provide end of life medicines plus antivirals in case of out-of-season flu outbreaks in care homes.</li> <li>• Also, commission Patient Group Directions (PGDs) as part of CPCS in BwD - hoping to roll out across East Lancashire in coming months.</li> </ul>
West Lancashire Partnership	<ul style="list-style-type: none"> <li>• stock holding and provision of specialist drugs – palliative care: in three pharmacies</li> <li>• stock holding of antivirals for out of season influenza outbreaks and avian flu: in one pharmacy</li> </ul>

Source: PBP commissioners

**Local CCG assessment of associated gaps in service provision**

**Morecambe Bay – Bay Health and Care Partners**

- Bank holiday cover to ensure robust community pharmacy access
- Opportunities for early involvement in pharmacy needs assessments, minor relocation requests etc

**Central Lancashire – Our Central Lancashire**

- No current gaps identified

**Fylde Coast – Healthier Fylde Coast**

- The CCG implemented a minor ailments scheme for children as part of the winter access schemes. This was a recognised gap and was recommended by the GP practices. The formulary was set up to cover basic medication for children under 18. The scheme did not deliver due to the timescales for implementation and the short timescale that the funding was available
- Due to the deprivation in the local community and the pressure of the cost of living may have on families, this service is currently a gap in provision as we could not secure funding to continue the scheme

**Pennine Lancashire – Healthier Pennine Lancashire**

- A gap analysis has not been undertaken

**West Lancashire – West Lancashire Partnership**

- There are no gaps in core pharmacy services within the three CCG primary care networks (PCNs) with over 90% of prescriptions issued by PCN GPs dispensed in local PCN pharmacies
- Each PCN area has access to a pharmacy with a stockholding of palliative care drugs

**Future Commissioning Intentions**

**Morecambe Bay – Bay Health and Care Partners**

- With the formation of the Integrated Care Board the future commissioning intentions will be reviewed to ensure equity and population needs are met

**Central Lancashire – Our Central Lancashire**

- This will be reviewed on formation of the Integrated Care Board (ICB) and on an ongoing basis

**Fylde Coast – Healthier Fylde Coast**

- Work with local pharmacies to identify services that can be co-delivered such as Covid-19 vaccination scheme
- Provide a minor ailments scheme for children if funding can be sourced
- Continue with the asylum seeker minor ailments scheme

**Pennine Lancashire – Healthier Pennine Lancashire**

- The CCGs will continue to support collaborative working between PCNs and community pharmacy
- The CCGs intends to work closely with community pharmacies to support delivery of the respiratory (green) agenda as part of the contract Directed Enhanced Service and Investment and Impact Fund, but this still needs to be worked through

**West Lancashire – West Lancashire Partnership**

- Additional palliative care drug stockist in supermarket pharmacy to provide cover for 100-hour pharmacies who may not be open on public holidays in 2022/23.

## 5.3 Smoking

### 5.3.1 Local health needs

Smoking is the most important cause of preventable ill health and premature mortality in the UK. Smoking is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease (COPD) and heart disease. It is also associated with cancers in other organs, including lip, mouth, throat, bladder, kidney, stomach, liver and cervix. Smoking remains the biggest single cause of preventable mortality and morbidity in the world and across pan-Lancashire there are estimated to be 2,300 deaths attributable to smoking each year<sup>xiii</sup>. One in two lifelong users die prematurely as a result of smoking, half of these in middle age. On average, each smoker loses 16 years of life and experiences many more years of ill health than a non-smoker<sup>xiv</sup>.

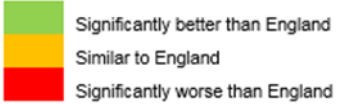
In Lancashire and Blackburn with Darwen, overall, smoking prevalence in adults is similar to the national average and in Blackpool adult smoking prevalence is worse than the national average.<sup>xv</sup> Across Lancashire's twelve districts, smoking prevalence is similar to the national average, apart from in Fylde where adult smoking prevalence is significantly lower than the national average. According to the 2020/21 figures in Blackburn with Darwen, Blackpool and Lancashire County Council, smoking at the time of delivery is significantly higher than the national average.<sup>xv</sup>

In Lancashire, smoking levels vary substantially across districts; from 7.3% in Wyre to 22.8% in Burnley (see Figure 5.2).

In Blackburn with Darwen, Blackpool and Lancashire County Council the 2019/20 rate of successful quitters at four weeks per 100,000 smokers is similar, worse and better than national average, respectively.<sup>xv</sup>

**Figure 5.2: Smoking prevalence in adults – current smokers (Annual Population Survey), 2020**

Area	Smoking prevalence (%)
Blackburn with Darwen	15.1
Blackpool	19.8
Lancashire	12.5
Burnley	22.8
Chorley	20.2
Fylde	5.5
Hyndburn	12.0
Lancaster	12.5
Pendle	10.0
Preston	11.2
Ribble Valley	10.8
Rosendale	14.8
South Ribble	14.7
West Lancashire	22.7
Wyre	7.3
<b>England</b>	<b>12.1</b>



Source: PHE <https://fingertips.phe.org.uk/profile/tobacco-control/>

The Tobacco Control Plan for England<sup>xvi</sup> published in July 2017 sets out the government's strategy to reduce smoking prevalence among adults and young people and to reduce smoking during pregnancy. The plan reasserts the government's commitment to the provision of local stop smoking services tailored to the needs of local communities, particularly groups that have high prevalence, as a contribution to reducing health inequalities. There is strong evidence that demonstrates that stop smoking services are highly effective, both clinically and in terms of cost. Smokers are three times more likely to quit with support from a stop smoking service than going it alone<sup>xvii</sup>. Further to this, Department of Health guidance recommends that all smokers should be offered stop smoking advice and referral to evidence-based support at all relevant points in their journeys through the health system. For additional information and guidance see NICE Guidance NG209 (2021).<sup>xviii</sup>

### **5.3.2 Local services**

#### **Blackburn with Darwen**

The stop smoking service delivered via community pharmacies delivers free, accessible, evidence-based and structured support to smokers who wish to stop smoking. The service is delivered by specially trained stop smoking advisors working within the pharmacy. Smokers may be referred for support by GP or other health professionals or may refer themselves by ringing the pharmacy to arrange an appointment convenient to them. The pharmacies also have a walk up option for smokers to increase access to support.

The NRT programme is a way for smokers to receive support to stop smoking without the need to have it prescribed by a doctor. Upon assessment and commitment to set a quit date, the stop smoking advisor will issue the smoker with their NRT products listed within the formulary for the price of a prescription or for free if they are eligible for free prescriptions. Pharmacies are paid on an activity basis with payments weighted towards achieving four weeks and 12 weeks quits and with incentives to reward higher activity.

According to PharmOutcomes, as of March 2022, there were 16 accredited providers of the NRT programme in Blackburn with Darwen.

#### **Blackpool**

There are no pharmacy contracts for Blackpool smoking cessation.

Blackpool Stop Smoking Services are provided by

- [Smokefree Blackpool](#)
- GP smoking cessation
- Free quit smoking app 'My Quit Route'

The [Smokefree Blackpool](#) community service is open to anyone aged 12 and over who lives or works in Blackpool and wants to give up smoking. It also has a focus on reducing smoking-related health inequalities.

- prevention of smoking-related diseases
- preventing the deterioration of existing conditions
- reducing health care costs from smoking related diseases
- reducing inequalities in smoking status and the associated morbidity and mortality

The service offers pharmacotherapy direct to the client at the time of their appointment and ongoing psychological support and pharmacotherapy for up to 12 weeks.



The agreed NRT products supplied alone or in combination are gum, lozenges and/or patches. If a client prefers to use another NRT product that is not included (for example mouth spray, nasal spray), the service advises on the use of products and the client will need to purchase the products themselves. Where a client requests, and is suitable for bupropion medication, a prescription request is submitted to the client's GP to ensure access to the medication.

The provision, whilst being accessible to all, will also ensure targeted engagement and support for key priority groups whose smoking prevalence is particularly high. Priority groups include

- people with a diagnosed mental health illness
- deprived communities
- routine and manual workers
- people with long-term conditions, such as chronic obstructive pulmonary disease (COPD), diabetes, coronary heart disease (CHD), and asthma.
- pregnant women (whilst this is a priority group, pregnant women should be referred directly to the Midwifery Health Trainer service for dedicated support)

### **Lancashire**

Stop smoking support in Lancashire is provided by Quit Squad (Lancashire South Cumbria Foundation Trust – LSCFT) and commissioned to offer a community-based service. The service provides a universal offer for smoking cessation treatment for all smokers aged over 12 years in Lancashire who want to quit smoking. The service offer is behavioural support and licensed NRT products (combined or individual). There is also provision for those who vape (use e-cigarettes). Access can be by appointment, face to face or telephone, drop-in, on an individual basis or in a group with access to licensed products such as NRT.

Specific focus is targeted to geographical areas of high deprivation and to priority groups with higher rates of smoking prevalence including

- routine and manual workers, long-term unemployed and never worked groups
- pregnant women and their partners
- deprived communities
- ethnic minority communities
- people with a diagnosed mental health condition
- people with long-term conditions, such as chronic obstructive pulmonary disease (COPD), diabetes, cancer, coronary heart disease (CHD) and asthma
- people engaging with substance use services

Stop smoking advisors issue an electronic voucher directly to the pharmacy where the service user will collect and does not require a prescription. This provides holistic care to the client whilst reducing the need for unnecessary visits to primary care and GP consultations. Clients exempt from prescription charges may receive NRT free from participating pharmacies, whilst those clients who are not exempt from prescription charges may also receive NRT at the same cost as a prescription. Each voucher covers between one and four week's supply of NRT and can be issued for up to 14 weeks (two weeks reduction, 12 weeks quit) per cessation attempt.

Varenicline and bupropion are not available through the pharmacy enhanced service NRT voucher scheme because these are prescription-only medicines and the patient's medical history is required to

ensure there are no contra-indications. Therefore, the pharmacological assessment, decision for treatment and prescribing of these products is undertaken by the individual's GP practice. Currently, varenicline is unavailable in the UK. See the MHRA alert on varenicline (2021).<sup>xix</sup>

In February 2022 there were 223 pharmacies operating the enhanced service. For staff delivering smoking cessation advice as part of the LIS agreement the National Centre Smoking Cessation Training (NCSCT) training needs to be completed.

### **5.3.3 Consideration of services**

If required, pharmacies are well placed to provide stop smoking services which are accessible and located in the community where people need them as part of a model of service.

#### **Blackburn with Darwen**

In Blackburn with Darwen the pharmacy led stop smoking service works closely with GP practices to enhance service provision focussing on those with high smoking prevalence. The stop smoking services in Blackburn with Darwen is delivered through the 16 accredited pharmacy providers of the NRT programme. These providers are spatially distributed throughout the borough in Blackburn, Darwen and surrounding areas.

#### **Blackpool**

The Community Service is a specialist provision, whose sole focus is to provide stop smoking interventions. This allows an expert team with experience to work closely with clients to support their stop smoking journey via all the interventions and priorities noted above.

GPs are well placed to provide stop smoking services which are accessible and located in the community where people need them as an alternative part of the model of service, which gives choice.

#### **Lancashire**

In Lancashire the community stop smoking service works closely with GP practices to enhance service provision focussing on those with high smoking prevalence. The service encourages GP practices to refer into the community specialist stop smoking service to ensure the individual receives the full programme of support including behavioural change and motivational interviewing.

## **5.4 Covid-19**

In January 2022 the community pharmacies across the three health and wellbeing boards were continuing to deliver a package of additional services put in place to support people to self-isolate effectively and help reduce the spread of Covid-19.

The Pandemic Delivery Service, an essential service, enabled all pharmacies to provide home delivery of medication and appliances to those people who had been notified of the need to self-isolate by NHS Test and Trace during their 10-day self-isolation period if they were unable to arrange for their medicines to be picked up on their behalf. This delivery service was decommissioned on the 5 March 2022.

The NHS community pharmacy Covid-19 lateral flow device distribution service, or pharmacy collect service, was an advanced service allowing people to collect free-of-charge, their lateral flow device (LFD) test kits from their local community pharmacy, enabling people to undertake regular testing in their own homes. Over 97% of community pharmacies participated in this service, and this service was decommissioned on the 31 March 2022.

Across the footprint 35 pharmacies were involved in the Covid-19 vaccinations- both in pharmacies and off sites.

Community pharmacies were delivering Covid-19 vaccinations under a local enhanced service, agreed with the NHSE/I in the North West. The vaccinations could be provided at a pharmacy or a suitable off-site location, being described as a designated vaccination site, delivering over 794,000 vaccinations up to April 2022 in Lancashire and South Cumbria.

At the time of writing the Covid-19 Vaccination service and participating pharmacy sites are under review by NHSE/I in the North West.

## 5.5 NHS seasonal influenza (Flu)

### NHS seasonal influenza (Flu) vaccination advanced service

Each year from September through to March, the NHS runs a seasonal flu vaccination campaign aiming to vaccinate all patients who are at risk of developing more serious complications from the virus. The accessibility of pharmacies, their extended opening hours, and the option to walk in without an appointment have proved popular with patients seeking vaccinations.

Seasonal flu vaccination remains an important public health intervention and a key priority for 2022/23 to reduce morbidity, mortality and hospitalisation associated with flu at a time when the NHS and social care will be managing winter pressures, potentially including further outbreaks of Covid-19. Eligible cohorts for flu vaccination are based on the advice of the Joint Committee on Vaccination and Immunisation and the Department of Health and Social Care.

Community pharmacies sign up to provide the influenza vaccination service in accordance with the conditions set out in the national specification as it is in force from time to time, and payments are made according to this. All pharmacies that are accredited and willing to provide the seasonal flu vaccination service may do so.

Community pharmacies have continued to provide flu vaccinations for eligible adults including people over the age of 65, adults in at risk groups and pregnant women.

Uptake of the flu vaccination in community pharmacies is increasing year on year.

In the 2021/22 flu season, healthy 50-64 year olds were an additional eligible group and a large proportion of them accessed the flu vaccination at community pharmacies.

Community pharmacies have been able to support flu vaccination on-site delivery to both care home residents and staff.

During the flu season September 2021 to March 2022 across Lancashire and South Cumbria there were 164,573 flu vaccinations administered in pharmacies (Source NHS Business Services Authority).

## 5.6 Healthy weight

### 5.6.1 Local health needs

Excess weight is defined as a body mass index above 25kg/m<sup>2</sup>, and includes both overweight and obese individuals. It is estimated that within the pan-Lancashire region, Burnley district has the highest proportion of obese and overweight adults, at 73.4% of the population. All but three of the localities are higher than the national average of 63.5%, with four localities statistically significantly higher. Ribble Valley (60.7%) has the lowest prevalence of excess weight of the localities (see Figure 5.3). These results should be viewed against a background of generally increasing obesity rates both locally and nationally.

**Figure 5.3: Percentage of adults (18 plus) in pan-Lancashire localities, classified as overweight or obese 2020/21**

Area	% Obese and overweight adults (BMI 25+)	
England	63.5%	
Blackpool	70.5%	Significantly higher than England
Blackpool with Darwen	63.6%	Similar to England
Burnley	73.4%	Significantly higher than England
Chorley	65.8%	Similar to England
Fylde	67.8%	Similar to England
Hyndburn	71.1%	Significantly higher than England
Lancaster	66.1%	Similar to England
Pendle	69.0%	Significantly higher than England
Preston	62.8%	Similar to England
Ribble Valley	60.7%	Similar to England
Rosendale	67.9%	Similar to England
South Ribble	61.5%	Similar to England
West Lancashire	65.1%	Similar to England
Wyre	64.2%	Similar to England

Source: Office for Health Improvement and Disparities (based on the Active Lives Adult Survey, Sport England)

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.

### 5.6.2 Opportunities in local services

Obesity is a major health issue and has been increasing for some time. However, popular views on the issue all too often draw on stereotypes, present simplified descriptions of the problem, and have an unrealistic assessment of the solutions.

The causes of obesity are complex and over the past 30 years, levels of obesity have increased significantly. The rise in obesity continues, and has been impacted further with Covid-19, and socioeconomic inequalities continue to widen across the UK. Obesity is the consequence of interplay between a wide variety of variables and determinants related to individual biology, eating behaviours and physical activity, set within a social, cultural, and environmental landscape. To tackle the 'obesity epidemic' these causes must be recognised and addressed. There is a need to prevent the ongoing rise in obesity levels, but also to provide services to support individuals who have become overweight or obese to reduce their weight.



There is a need to address the wider determinants of obesity, but also to provide services that support individuals to adopt practices that enable a healthy weight, thereby making the healthy choice the easy choice.

At a population level overweight and obesity are powerful risk factors for disease including type 2 diabetes, cardiovascular disease, dementia, liver disease and many common cancers. In addition, it puts strain on joints increasing the risk of musculoskeletal conditions. Covid-19 has brought sharply into focus the additional challenge that obesity brings to the risk of communicable diseases – people living with obesity are at significantly greater risk both of admission to hospital and of death due to Covid-19. Adverse consequences are also seen in children living with obesity, who have a higher risk of obesity, ill health, and early death in adulthood. As well as experiencing poor psychological and social effects during childhood.

Several opportunities exist such as providing advice, signposting services, and providing ongoing support towards achieving behavioural change, for example through monitoring of weight and other related measures. An example of this is behaviour change support and advice through the Office for Health Improvement and Disparities Better Health campaigns such as NHS weight loss plan, NHS food scanner, and NHS easy meals (via app and web-based support).

### **Blackburn with Darwen**

Across Blackburn with Darwen there are a range of initiatives to support individuals and families lead a healthier lifestyle, such as self-referral weight management programmes, including the re:refresh programme. In 2017 the council signed up to the Healthy Weight Declaration, this includes working with partners to promote and support communities in maintaining a healthy weight and the Recipe 4 Health Award scheme, which recognises food businesses that promote healthy eating as well as environmental issues and social responsibility.

### **Blackpool**

There are a range of initiatives operating across Blackpool to support individuals and families lead a healthier lifestyle such a children and families weight management service and an adult weight management service, where individuals can self-refer or be referred by any health professional. The local authority has signed up to a local declaration on healthy weight, which consists of a range of commitments to tackle obesity across the town with initiatives such as the Healthier Choices award for businesses.

### **Lancashire**

The local authority and some district authority partners have committed to a local healthy weight declaration on tackling the root causes and supporting a systems approach to supporting healthy weight. Work is ongoing in relation to policy changes with planning and hot food take-aways and advocacy work around the role of food advertising.

Lancashire County Council is committed to ensuring children have the 'Best Start in Life'. We are aware "the burden is falling hardest on those children from low-income backgrounds where obesity rates are highest for children from the most deprived areas, and this is getting worse".

Within Lancashire there are a variety of initiatives operating to support and empower individuals and families to lead a healthier lifestyle.

Lancashire County Council commission HCRG care group to lead the delivery of the healthy child programme.<sup>xx</sup> Locally the service is named Lancashire Healthy Young People and Family Service, it provides health visiting and school nursing services. The healthy child programme offers families an evidence-based programme of interventions that includes developmental reviews, information and

guidance to support parenting, and promotion of healthy choices. This includes the health visitor team focus on supporting breastfeeding and infant feeding, and promotion of healthy weight and healthy nutrition in the pre-school years. Advice, information, or support is being provided at family contacts. This focus is maintained by a school nurse team practice of promoting healthy lifestyles to children or young people during their contacts. Locally, the health visiting team includes specialist infant feeding practitioners and they also facilitate the Lancashire community Baby Friendly Initiative, a quality standard. Advice to pharmacies around infant feeding support available on request. The service provides virtual weaning and complementary food group advisory sessions, in addition to individual advice. There are named school nurses for Lancashire schools, they offer health reviews to reception, year 6 and year 9 children, and the service delivers the National Child Measurement Programme.

Additional support is available to mothers who are breastfeeding delivered by Families and Babies (F.A.B) peer supporters and volunteers (this is in addition to the support they receive from their midwife and health visitor). The support available includes home visits, a daily telephone helpline, support on post-natal wards, groups running in various locations across Lancashire and social media pages.

Pharmacies are welcome to register as Breastfeeding Friendly and can sign up by visiting the following link: <https://www.familiesandbabies.org.uk/locations/lancashire/>

Play and skills at tea-time activities (PASTA) is a contribution to Lancashire's system-wide approach in reducing obesity and encouraging/empowering families to make choices to live a healthier life. The programme aims to provide healthier eating and physical activity in a fun, interactive and safe environment to families with children aged 5-8 years old living in identified wards across Lancashire.

In Lancashire, public health commission adult weight management services across the 12 districts.

## 5.7 NHS health check

The NHS health check is a prevention programme designed to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes or dementia. As people get older, they have a higher risk of developing one of these conditions. An NHS health check helps find ways to lower this risk.

The risk factors for these diseases include diabetes, smoking, obesity, physical inactivity, high blood pressure and raised cholesterol levels. These risk factors can be identified, and intervention provided to manage them. The NHS Health Check programme offers preventative checks to eligible individuals aged 40–74 years to assess their risk of these diseases, followed by appropriate management and interventions. The Department of Health indicated that it would expect access to the NHS health check programme to be developed through several routes including community pharmacies and GP surgeries.

Across pan-Lancashire NHS health checks are currently delivered by general practice and a third party provider.

### **Blackburn with Darwen**

NHS Health Checks are provided by GPs in Blackburn with Darwen. Residents will receive an invite to attend a health check by their GP or eligible residents can call their GP to book a check. Additionally, NHS Health Checks can also be undertaken by a re:refresh health trainer at a number of community locations in the borough.

### **Blackpool**

The NHS health check programme is provided through GP practices.

## **Lancashire**

The third-party provider that manages the contract for external provision across Lancashire is Choose Health, the delivery arm of the Community Pharmacy Lancashire. Under this contract, NHS health checks are provided in the community, utilising pharmacies, community venues, workplaces, and places of worship for delivery.

The performance of the NHS health check programme can be accessed at the link below:

<https://fingertips.phe.org.uk/profile/nhs-health-check-detailed>.

## **5.8 Sexual health**

Research<sup>xxi</sup> has indicated that certain vulnerable groups have poorer access to sexual health services and have a higher risk of sexually transmitted infections (STIs) and unintended pregnancy. Community pharmacies could potentially help improve access to sexual health services for these groups.

A user-friendly tool giving access to a sexual and reproductive health profile for each upper-tier authority can be found at <http://fingertips.phe.org.uk/profile/sexualhealth>.

### **5.8.1 Local health needs: chlamydia**

Chlamydia trachomatis is the most common bacterial sexually transmitted infection in the UK, particularly among young people under 25<sup>xxii</sup>. It often has no symptoms, but if left untreated it may have longer-term consequences including pelvic pain, infertility and ectopic pregnancy. Testing for chlamydia is quick and easy, and it is simple to treat with antibiotics.<sup>xxiii</sup>

Only those young women who are vulnerable from an assessment are being screened following a central government changed directive.

Public Health England (PHE) has undertaken an evidence review of the National Chlamydia Screening Programme (NCSP). This process involved a review of the evidence by national and international experts and consultation with stakeholders and public on the recommended way forward.

The changes to the National Chlamydia Screening Programme were announced on Thursday 24 June 2021. Further information can be found online: <https://www.gov.uk/government/publications/changes-to-the-national-chlamydia-screening-programme-ncsp>

The aim of the NCSP has changed to a primary focus on reducing the harm from untreated chlamydia.

Given that most of the harm is experienced by women, in order to improve health outcomes, programme policy is that opportunistic, asymptomatic screening (outside of specialist sexual health services) is only offered to young women. In order to reduce the duration of infection, the emphasis will be on identifying infection early so the focus of when to screen has now shifted from annual to following partner change (or annual if no partner change).

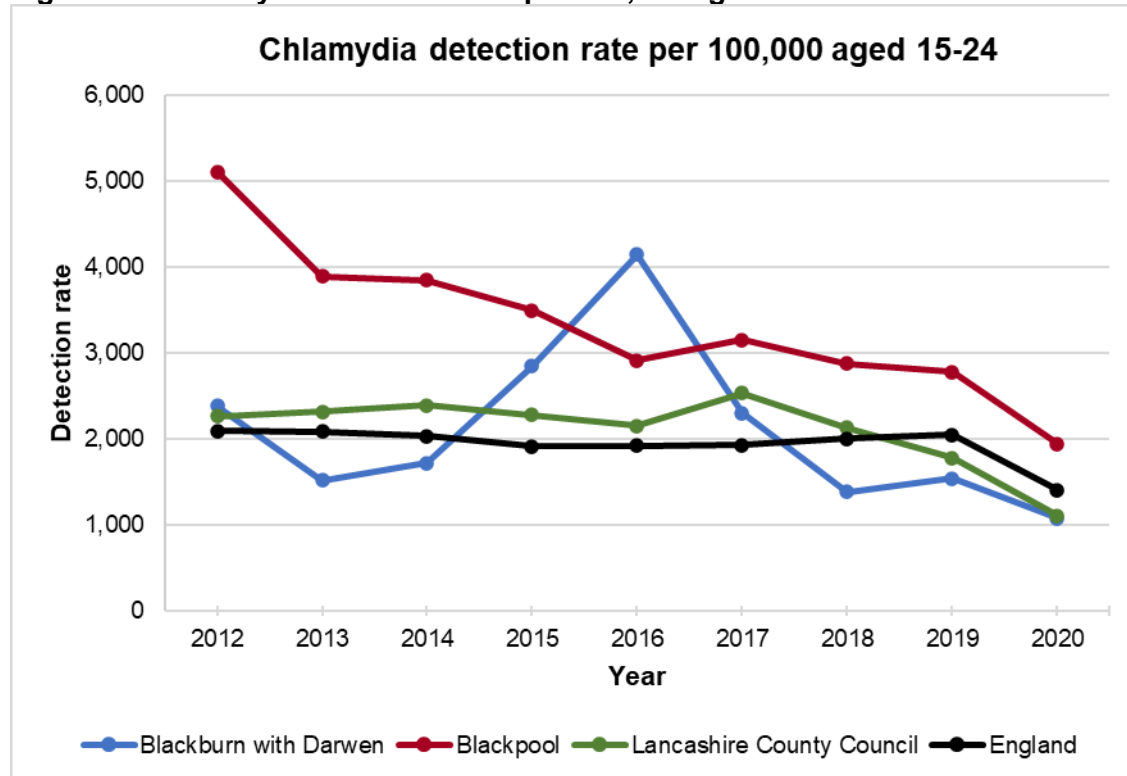
PHE recommended that the offer of opportunistic screening to young women is improved, in particular at contraceptive appointments to identify infection early and treat as soon as possible. PHE acknowledges the significant demands on local systems currently and is keen to work with local areas to improve the offer to young women as capacity allows.

The programme policy places renewed focus on optimising management in terms of rapid treatment; and preventing reinfections, which are known to increase likelihood of serious consequences, through effective partner notification and retesting.

These changes only relate to the NCSP (that is, the opportunistic offer outside sexual health services). Young men can still access chlamydia tests from sexual health services, and partners of women testing positive will be contacted and tested through partner notification procedures.

The NCSP is one part of a range of interventions aimed at improving young people’s sexual health. The best way to protect against STIs is to consistently use a condom.

**Figure 5.4: Chlamydia detection rate per 100,000 aged 15-24**



Source: <https://fingertips.phe.org.uk/search/chlamydia#>

The sexual and reproductive health profile for Blackburn with Darwen, Blackpool and Lancashire County Council shows that in all three local authorities the detection rate is decreasing and getting worse (figure 5.4).<sup>xxiv</sup>

PHE recommends that local authorities should be working towards achieving a detection rate of at least 2,300 per 100,000 population aged 15 to 24. In Blackburn with Darwen and Lancashire County Council the 2020 detection rate is less than 1,900 per 100,000 aged 15-24 years and in Blackpool the detection rate is 1,943; England's 2020 detection rate is also below 1,900.

Due to Covid-19 and lockdown whereby many medical facilities and procedures were unavailable, the chlamydia detection rate has significantly reduced for all local authorities and across England as a whole.

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

For sexually transmitted infections other than chlamydia, a low diagnosis rate is generally regarded as desirable. The [sexual and reproductive health profile](#) shows that syphilis diagnosis rates in Blackburn



with Darwen remain consistently lower than or similar to the England average with the recent trend showing no significant change; in 2020, Blackburn with Darwen's diagnosis rate was significantly lower than the England average. Lancashire County Council's syphilis diagnosis rate has remained significantly lower than the England average, although the recent trend does show the rate to be increasing and getting worse. Blackpool's syphilis diagnosis rate has remained significantly worse than the England average, since 2017 to 2020, and the recent trend shows it to be increasing and getting worse.

Blackburn with Darwen's rate of gonorrhoea diagnoses has remained significantly lower than the England average, but the recent trend shows the diagnostic rate to be increasing and getting worse. Blackpool's gonorrhoea diagnostic rate was worse than the England average, between 2015 and 2019, but the 2020 rate is similar to the England average; the recent trend shows the diagnostic rate to be increasing and getting worse. Lancashire County Council's rate of gonorrhoea diagnoses has remained significantly lower than the England average, but the recent trend shows the diagnostic rate to be increasing and getting worse.

In 2020, approximately one in every 1,000 people in Blackburn with Darwen was living with diagnosed HIV infection (0.97/1,000), which is less than half the England average rate (2.31). Blackpool at 4.69 per 1,000 in 2020 has amongst the highest prevalence of HIV in the North West (third highest in North West after Manchester and Salford); the prevalence is similar to the England average. In the Lancashire County Council area, the HIV diagnosed prevalence is considerably less than half the England rate at 1.00/1,000 in 2020.<sup>xxv</sup>

### **5.8.3 Local sexual health services**

Community pharmacies are easily accessible and play a key role in dispensing treatment of infections and signposting people to sexual health services.

Increased HIV testing to prevent late diagnosis is one of the indicators within the Public Health Framework. This is essential, as the earlier HIV is detected the better the outcome for the patient. Additionally, there is a government target in place to reduce HIV infection by 80% by 2025, and to eliminate new infections by 2030. Early diagnosis and treatment will also prevent onward transmission, supporting these targets. Pharmacies can play a vital role by encouraging HIV testing through referring people to sexual health services and HIV home testing at [www.test.hiv](http://www.test.hiv). Through this, pharmacies could increase the rates of early diagnosis of HIV and other infections. If an individual knows they are infected they will benefit from treatment resulting in an improved prognosis.<sup>xxvi</sup>

From April 2013, local authorities became responsible for the testing of HIV and NHS England is currently responsible for the treatment and care of those living with HIV. If diagnosed early, a person diagnosed at the age of 20 can expect to live on average to 65 when prescribed antiretroviral drugs.<sup>xxvii</sup>

Pharmacies across Blackburn with Darwen and Lancashire can provide free condoms as an inclusive part of the emergency contraception scheme and there is potential for pharmacies to offer advice on contraception methods for both males and females and for raising awareness of HIV, chlamydia and other STIs. There is also the opportunity in some areas for pharmacies to offer condoms as part of the young people's condom distribution scheme, outside the provision of emergency contraception.

#### **Blackburn with Darwen**

Currently, 34 Blackburn with Darwen pharmacies have agreed to part of the local integrated service (LIS). The service is free of charge to the service user and in line with the requirements of a locally agreed patient group direction (PGD). As part of the EHC consultation, the provider will provide

information to accessing chlamydia testing kits, and where appropriate to digital support, to people aged 15-24, supply of six condoms at all consultations, and undertake a pregnancy test if required.

GP practices also offer chlamydia screening along with sexual health services in Blackburn with Darwen including Lancashire and South Cumbria NHS Foundation Trust contraception and sexual health service (CaSH), genitourinary medicine (GUM) and Brook. There is also a chlamydia screening programme commissioned by Public Health and delivered by CaSH that accesses a wide range of venues including schools.

### **Blackpool**

For chlamydia testing, young people up to the age of 25 can request a self-administered postal kit via <http://lancashiresexualhealth.nhs.uk/>. If their test is positive they are then offered advice and treatment, which could be accessed at a local GP or a sexual health service.

Pharmacies could offer contraception advice to reduce the need for future EHC and offer or signpost to a service providing long-acting reversible contraception (LARC). Exploring how pharmacies can contribute to contraceptive services for women is included in the Blackpool Sexual Health Action Plan 2017-20.

### **Lancashire**

For chlamydia testing young people up to the age of 25 can request a self-administered postal kit via <https://lancashiresexualhealth.nhs.uk/request-a-postal-chlamidya-kit/>. If their test is positive, they are then offered advice and treatment, which could be accessed at a local GP or a sexual health service.

Of the pharmacies across Lancashire County Council signed up to LIS agreements, as of February 2022, 166 have signed up to provide EHC (which also includes chlamydia testing).

## **5.8.4 Consideration of services offered**

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

## **5.9 Emergency hormonal contraception (EHC)**

### **5.9.1 Local health needs**

The under 18s conception rate in Lancashire (16.5 per 1,000 females aged 15-17) and Blackpool (28.8 per 1,000 females aged 15-17) is statistically worse than the national average (13.0 per 1,000 females aged 15-17). Blackburn with Darwen's (15.9 per 1,000 females aged 15-17) under 18s conception rate is similar to the national average. Across Lancashire, Burnley (19.7), Hyndburn (21.9), Preston (22.7) and Lancaster (19.3) districts have rates that are significantly higher than the national average in 2020<sup>xxviii</sup>. Under 18 conception rates have been in decline across all three pan-Lancashire upper tier local authorities, and England as a whole, for a 15 to 20 year period.

Maps showing locality wards with teenage conception rate (2017-2019) significantly higher than the national rate and the location of pharmacies commissioned to provide EHC are presented in Figure 5.5 to Figure 5.18.

### **5.9.2 Local services**

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

Studies indicate that making emergency hormonal contraception (EHC) available over the counter has not led to an increase in its use, to an increase in unprotected sex, or to a decrease in the use of more reliable methods of contraception.<sup>xxix</sup>

It is important that pharmacies continue to offer chlamydia screening kits when providing EHC and participate in the free condom distribution scheme.

#### **Blackburn with Darwen**

Currently, 34 Blackburn with Darwen pharmacies have agreed to part of the LIS. The service is free of charge to the service user and in line with the requirements of a locally agreed PGD. As part of the EHC consultation, the provider will provide information to accessing chlamydia testing kits, and where appropriate to digital support, to people aged 15-24, supply of six condoms at all consultations, and undertake a pregnancy test if required.

GP practices also offer long-acting reversible contraception alongside sexual health services in Blackburn with Darwen.

#### **Blackpool**

In 2015 a review of the free EHC pharmacy scheme service in Blackpool was carried out to consider whether the service met the needs of the population and also to consider the comparative benefits of alternative service models. Whilst reducing teenage pregnancy has been the policy driver for the community pharmacy scheme, the most significant demand had been from older women. The demand for EHC from young women (under 19) had been low, with most choosing to access EHC through Connect, the dedicated young people service in Blackpool.

The recommendation of the review was not to renew the contract for the provision of the service from the 1 April 2016. Women continue to access EHC through community pharmacy by purchasing over the counter or are signposted by community pharmacists to access free EHC from their GP or sexual health service. Since the change in service model, there has been no significant change in access to service provision.

EHC is also freely available at Whitegate Pharmacy, a service commissioned by NHS England.

#### **Lancashire**

The Lancashire County Council sexual health action plan commits the local authority to provide EHC through pharmacy and via commissioned integrated sexual health services. In Lancashire, 208 pharmacies have agreed to LIS agreements and PGDs to provide EHC. Only accredited pharmacists can supply EHC, and prescription counter staff must refer requests for EHC to the pharmacist. It is the responsibility of the pharmacy to ensure that all their pharmacists and locums are EHC accredited before supplying EHC. If the pharmacy does not provide EHC free to the patient, they should refer to a pharmacy who has signed up to the EHC LIS agreement.

Whilst improving access to EHC remains a priority, the main focus of the sexual health action plan is to prioritise prevention and ensure patients are given a wraparound service, particularly STI screens and follow on contraception. The plan 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.

### **5.9.3 Consideration of local services**

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

Being unable to access EHC can result in unwanted pregnancies, abortion and repeat abortions. Pharmacies could offer contraception advice to reduce the need for future EHC and offer or signpost to a service providing LARC; again one of the indicators of the Sexual Health Outcomes Framework. By providing contraception, pharmacies contribute towards the reduced rate of abortions resulting from unwanted pregnancies; whilst numbers since 2002 have reduced in women aged under 24, it has risen for those aged 28 and above.<sup>xxx</sup>

#### **Blackburn with Darwen**

Across the borough there are a variety of access points available for individuals to access chlamydia screening to include sexual health clinics, outreach and digital interventions for those 16+. It is advised to offer guidance and signposting to chlamydia screening at the time of EHC provision because those who require EHC contraception are highly likely to be at risk of infection.

#### **Blackpool**

There is good coverage across the locality of community pharmacies, particularly in areas where there are higher under-18 conception rates, and these can provide EHC on prescription. However, the EHC review found that young people do not access EHC via community pharmacies and instead use the Connect service.

#### **Lancashire**

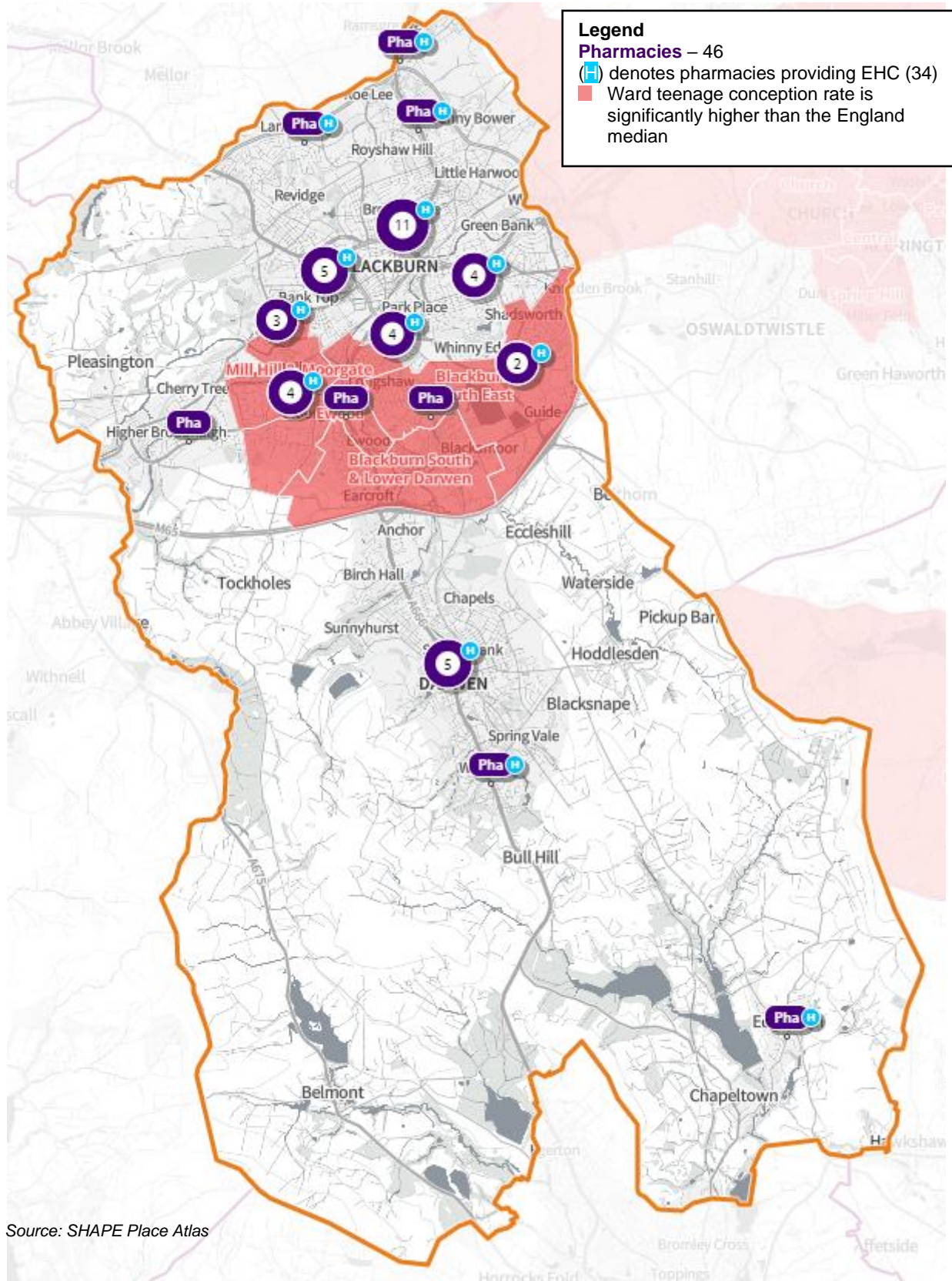
There is good coverage across the locality of community pharmacies, particularly in areas where there are higher under-18 conception rates, and these can provide EHC on prescription.

***Across pan-Lancashire, EHC can be prescribed by general practitioners.***

Figures 5.5 to 5.18 show teenage conception hotspot wards (2017-19) and pharmacies commissioned to provide EHC. *It should be noted that where there have been changes in ward boundaries, the data relate to the old ward boundaries during the period 2017-2019 but mapped to the new ward boundaries.*



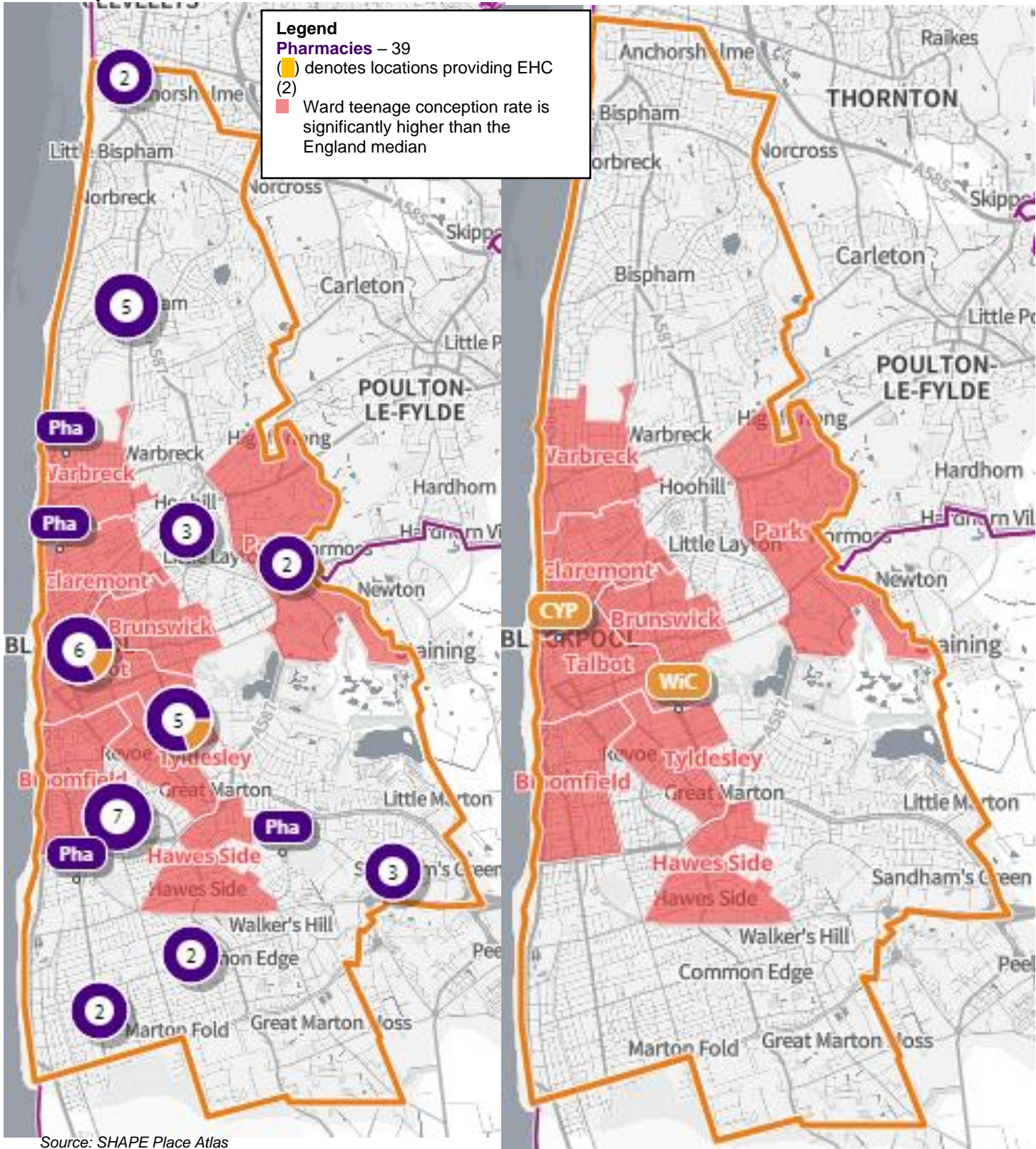
Figure 5.5: Teenage conception hotspot wards (2017-19) and pharmacies commissioned to provide EHC – Blackburn with Darwen



Source: SHAPE Place Atlas



Figure 5.6: Teenage conception hotspot wards (2017-19) and locations providing EHC – Blackpool

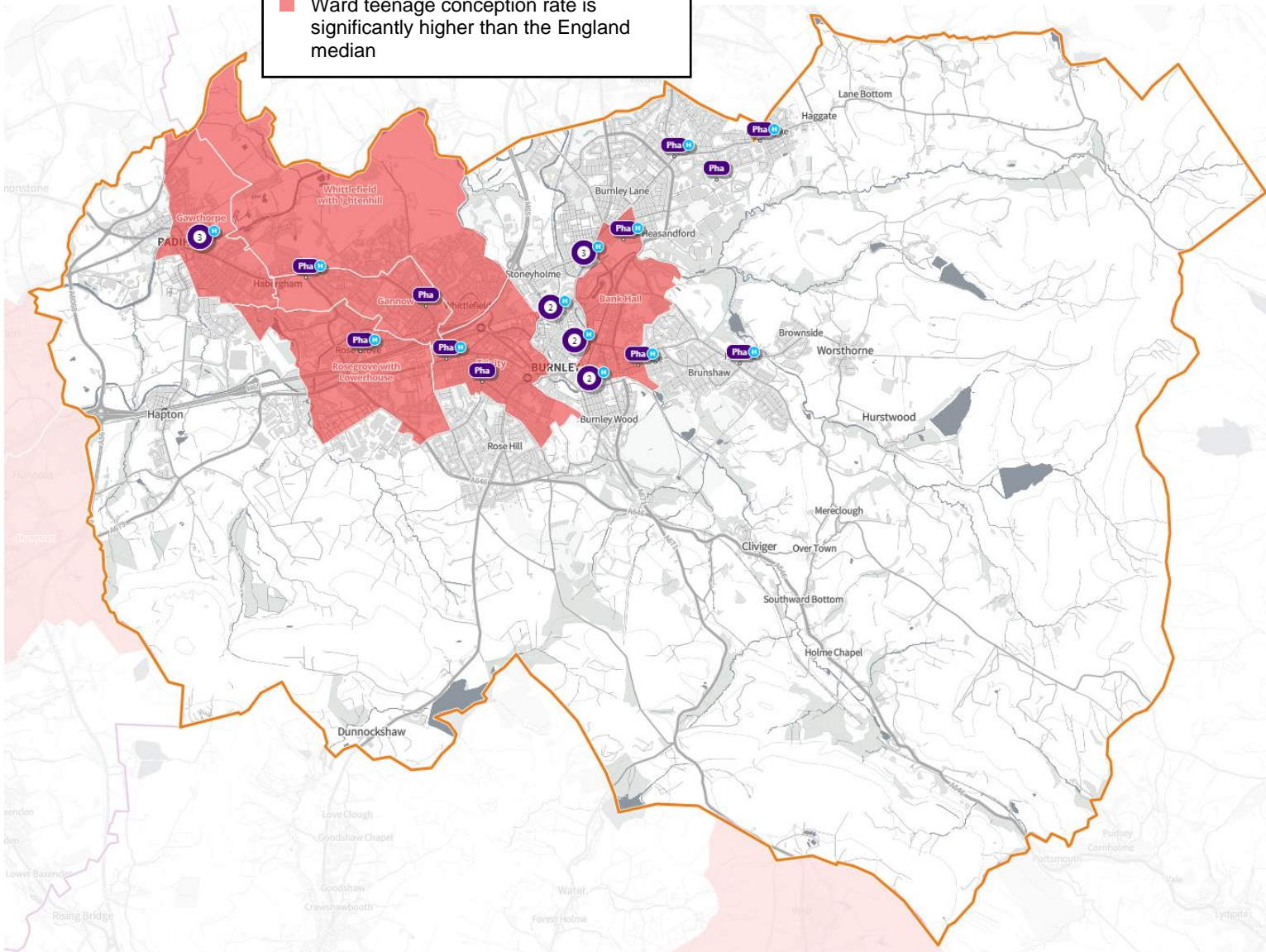


Source: SHAPE Place Atlas



**Figure 5.7: Teenage conception hotspot wards (2017-19) and pharmacies commissioned to provide EHC – Burnley**

**Legend**  
**Pharmacies – 23**  
[Pha] denotes pharmacies providing EHC (20)  
■ Ward teenage conception rate is significantly higher than the England median





Source: SHAPE Place Atlas

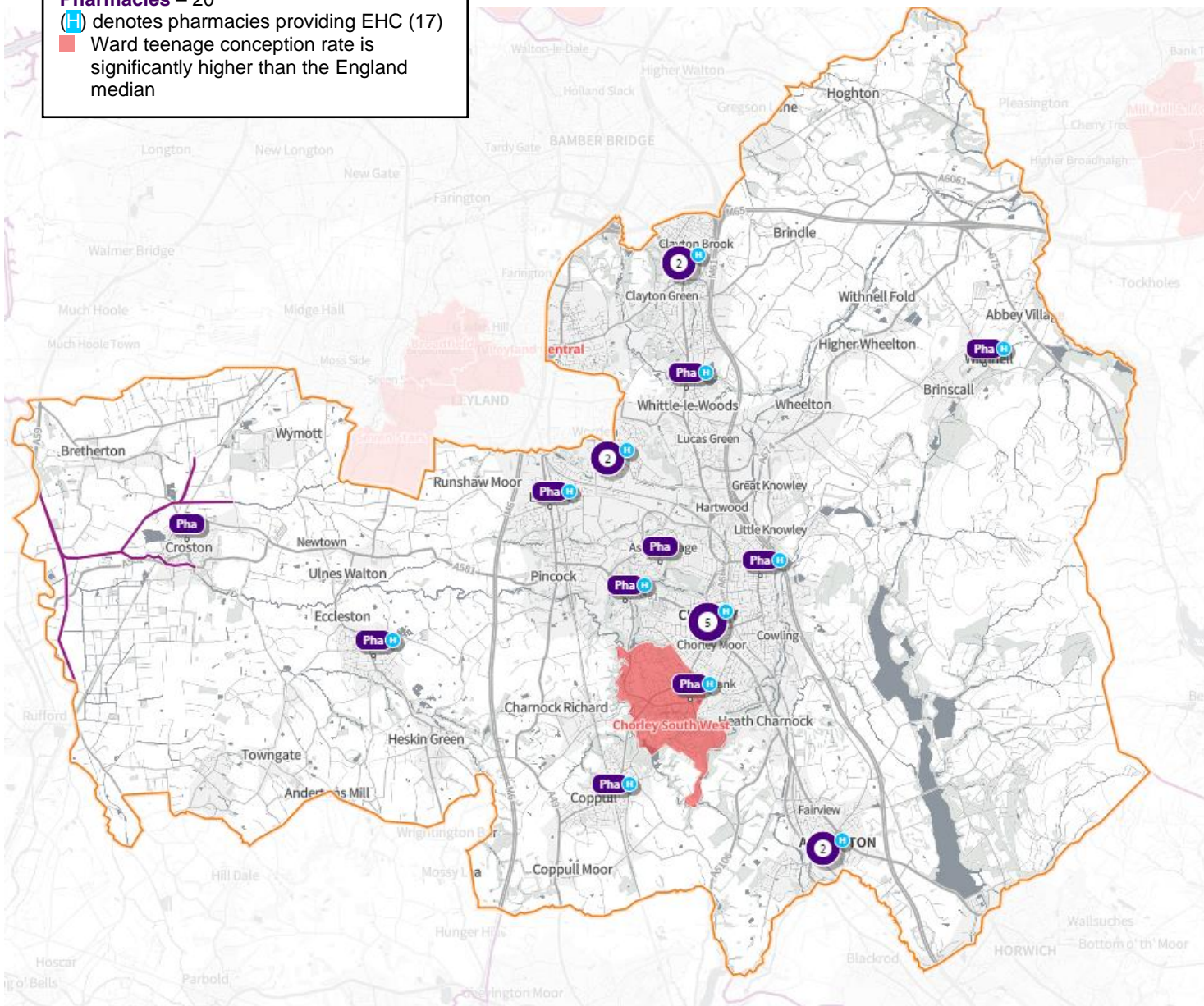
**Figure 5.8: Teenage conception hotspot wards (2017-19) and pharmacies commissioned to provide EHC – Chorley**

**Legend**

**Pharmacies – 20**

 denotes pharmacies providing EHC (17)

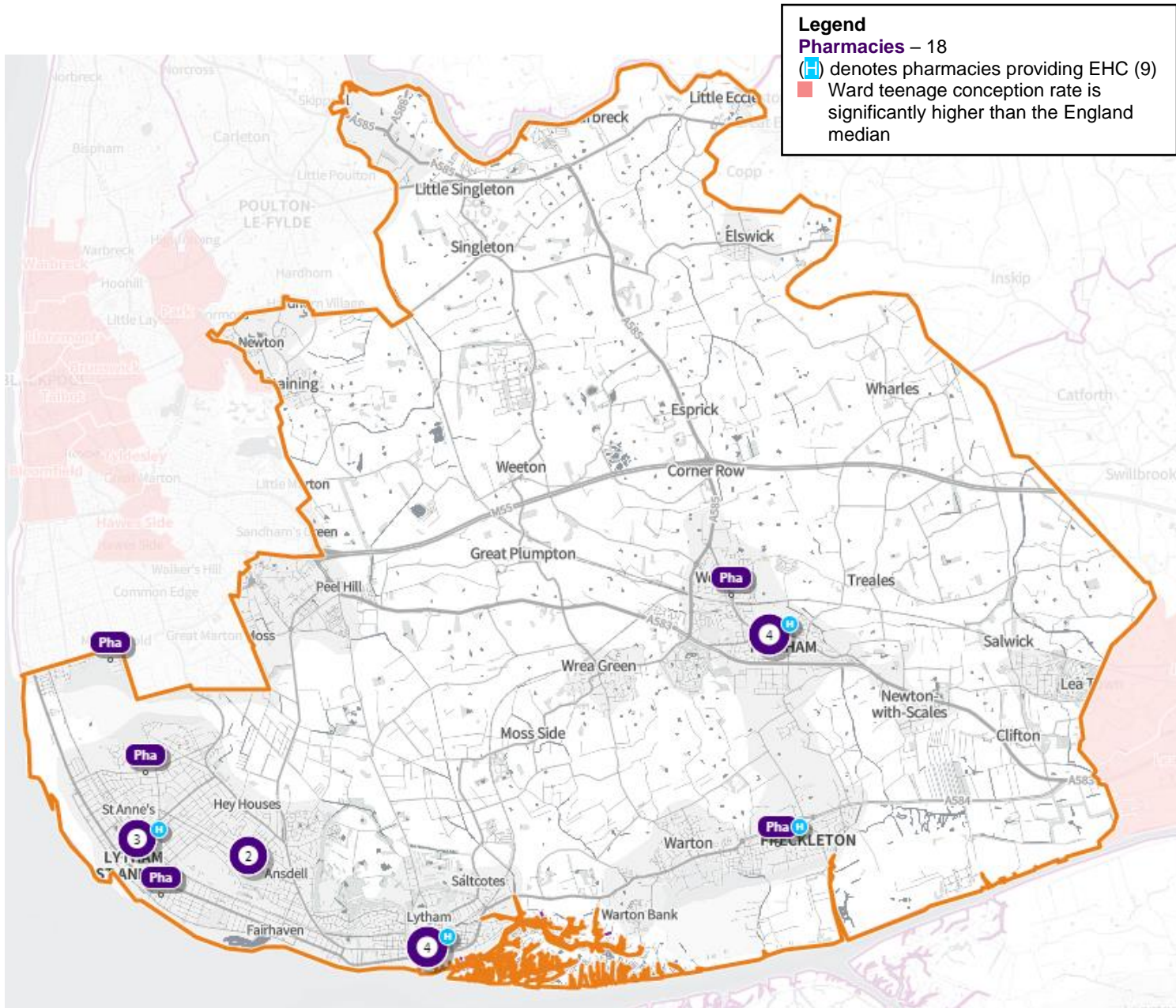
 Ward teenage conception rate is significantly higher than the England median



Source: SHAPE Place Atlas

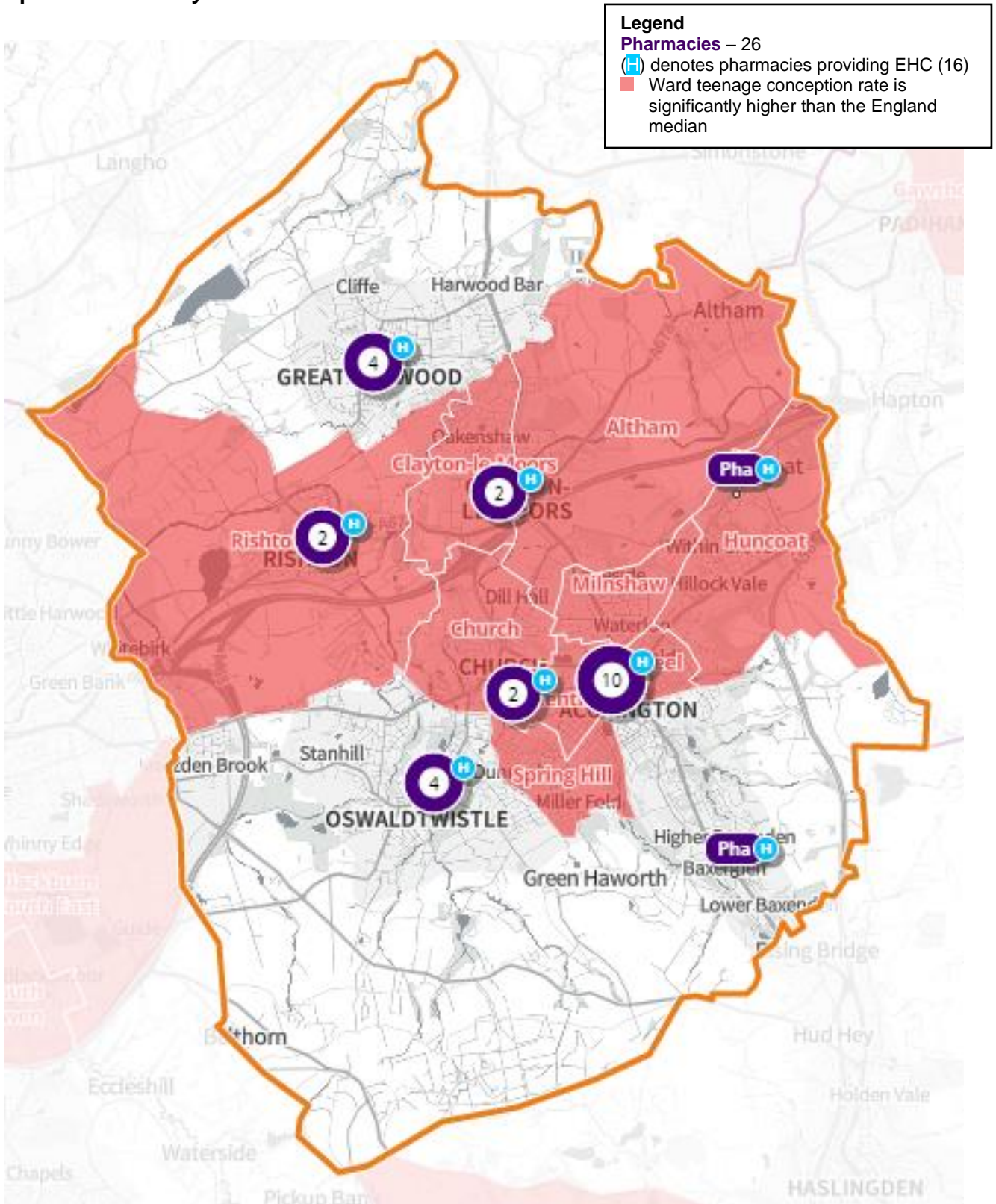


Figure 5.9: Teenage conception hotspot wards (2017-19) and pharmacies commissioned to provide EHC – Fylde



Source: SHAPE Place Atlas

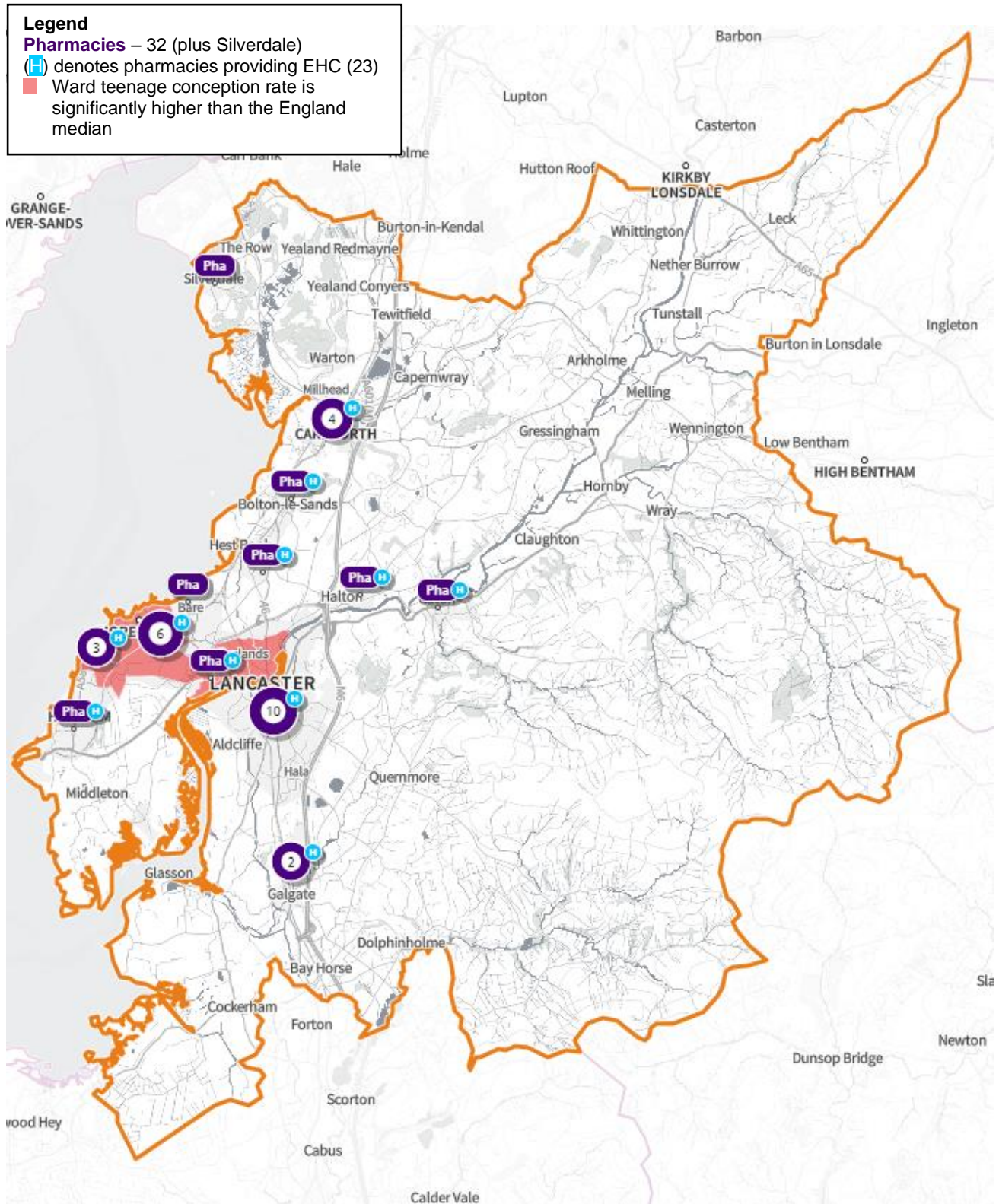
Figure 5.10: Teenage conception hotspot wards (2017-19) and pharmacies commissioned to provide EHC – Hyndburn



Source: SHAPE Place Atlas

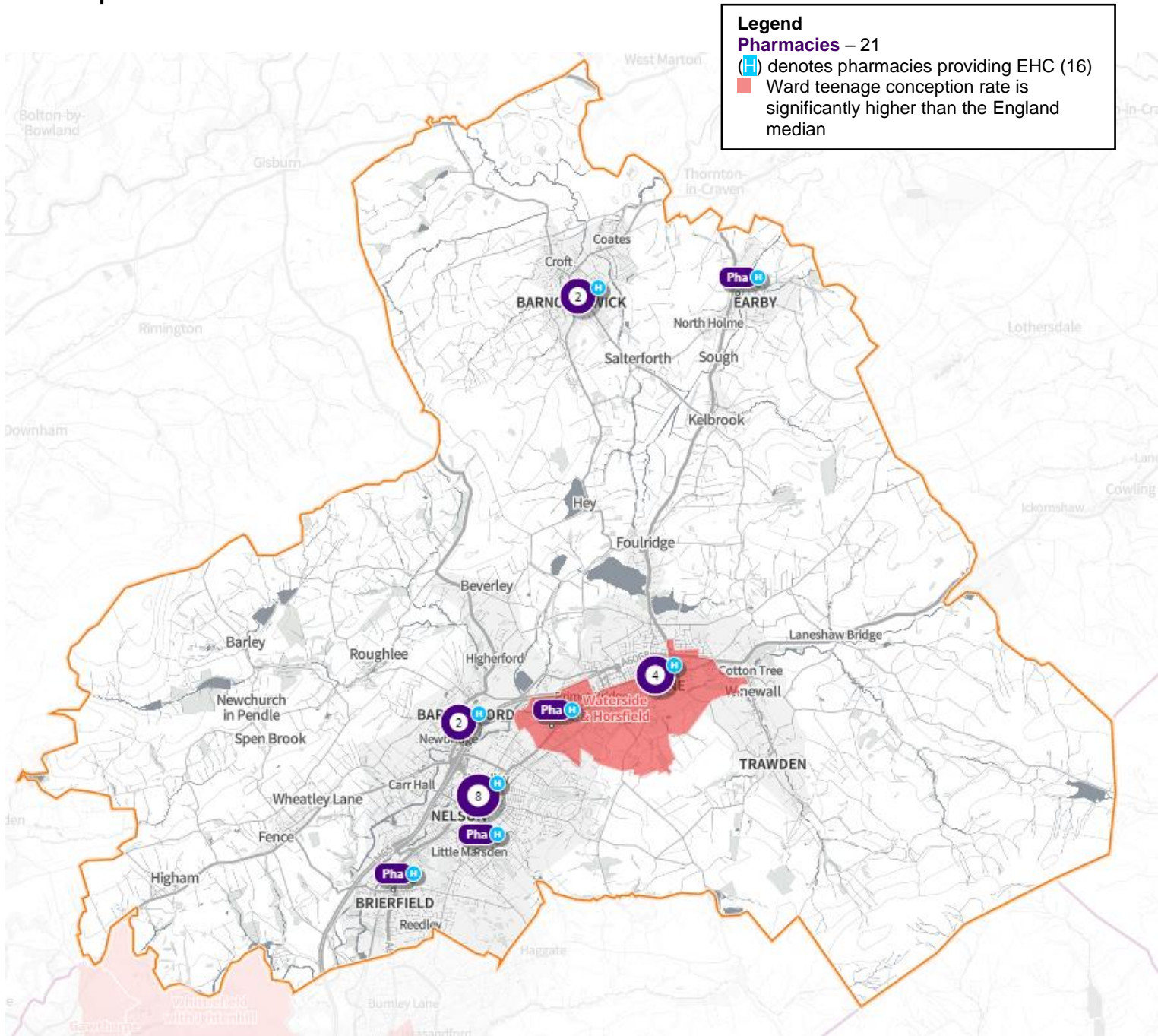


Figure 5.11: Teenage conception hotspot wards (2017-19) and pharmacies commissioned to provide EHC – Lancaster



Source: SHAPE Place Atlas

**Figure 5.12: Teenage conception hotspot wards (2017-19) and pharmacies commissioned to provide EHC – Pendle**

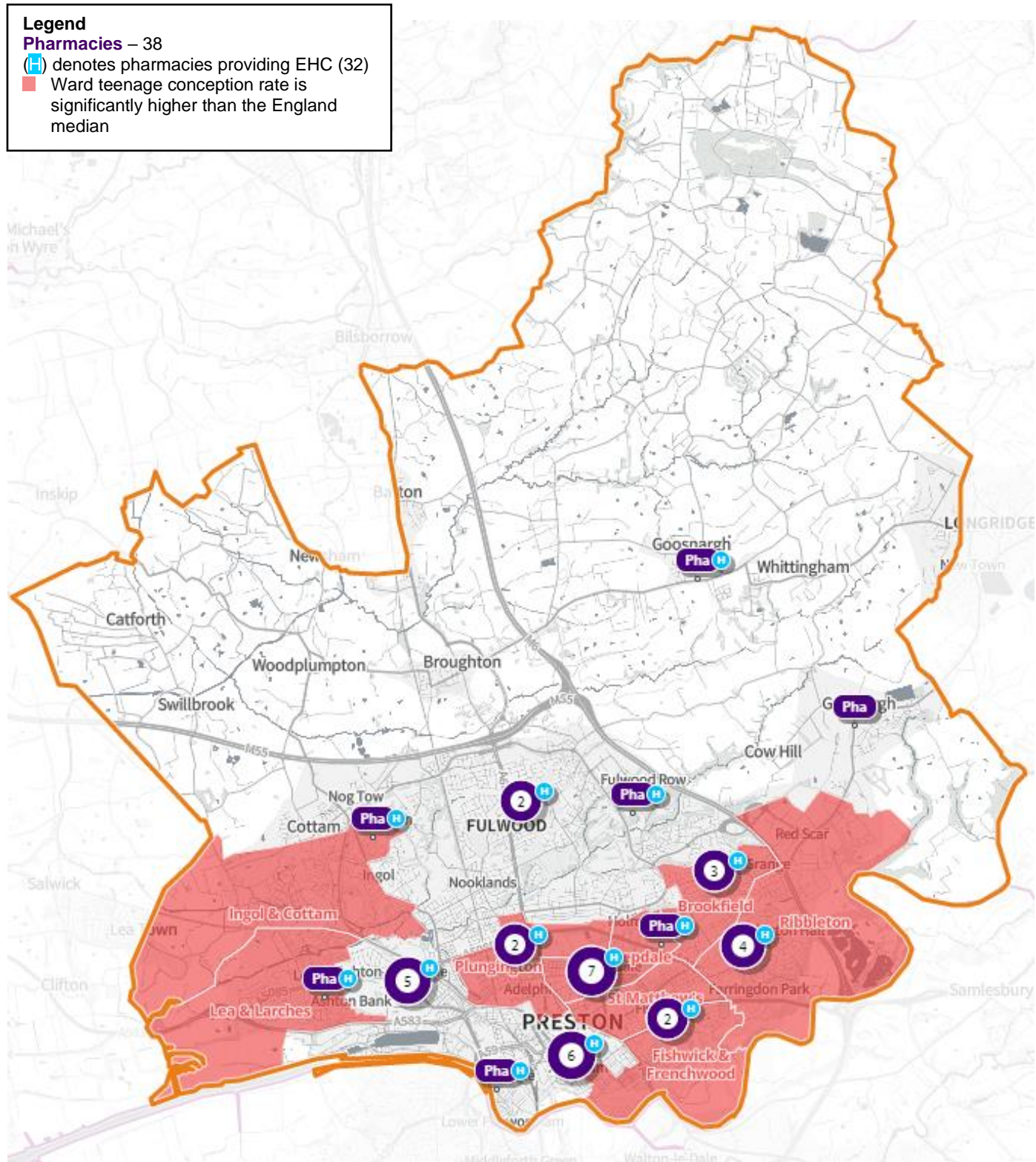


Source: SHAPE Place Atlas

Note: The rate for the ward of Horsfield and Waterside relates to pre December 2021 boundary of Horsfield because the data are for the time period 2017-2019; and not for the new ward boundary of Waterside and Horsfield from December 2021.

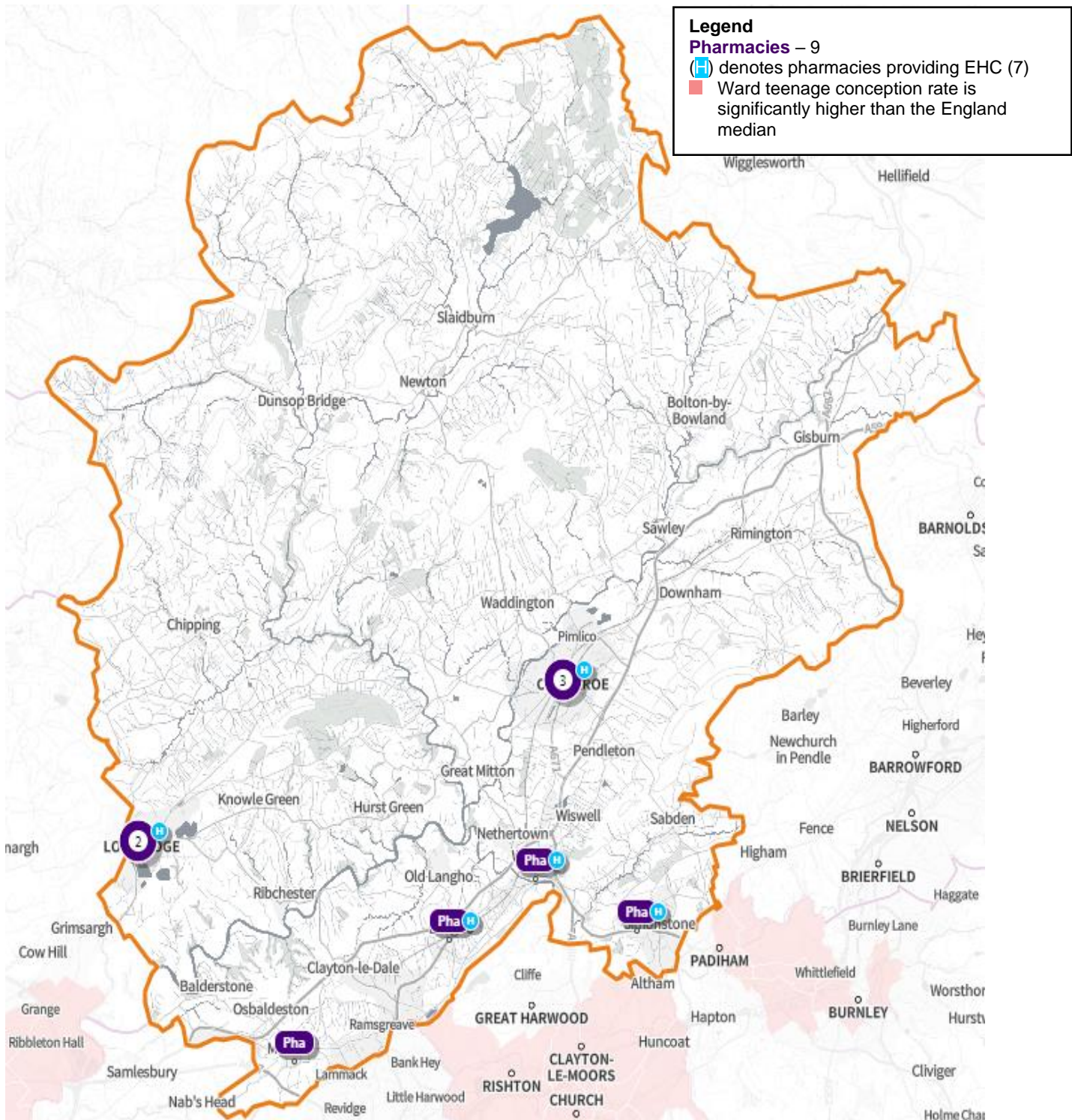


**Figure 5.13: Teenage conception hotspot wards (2017-19) and pharmacies commissioned to provide EHC – Preston**



Source: SHAPE Place Atlas

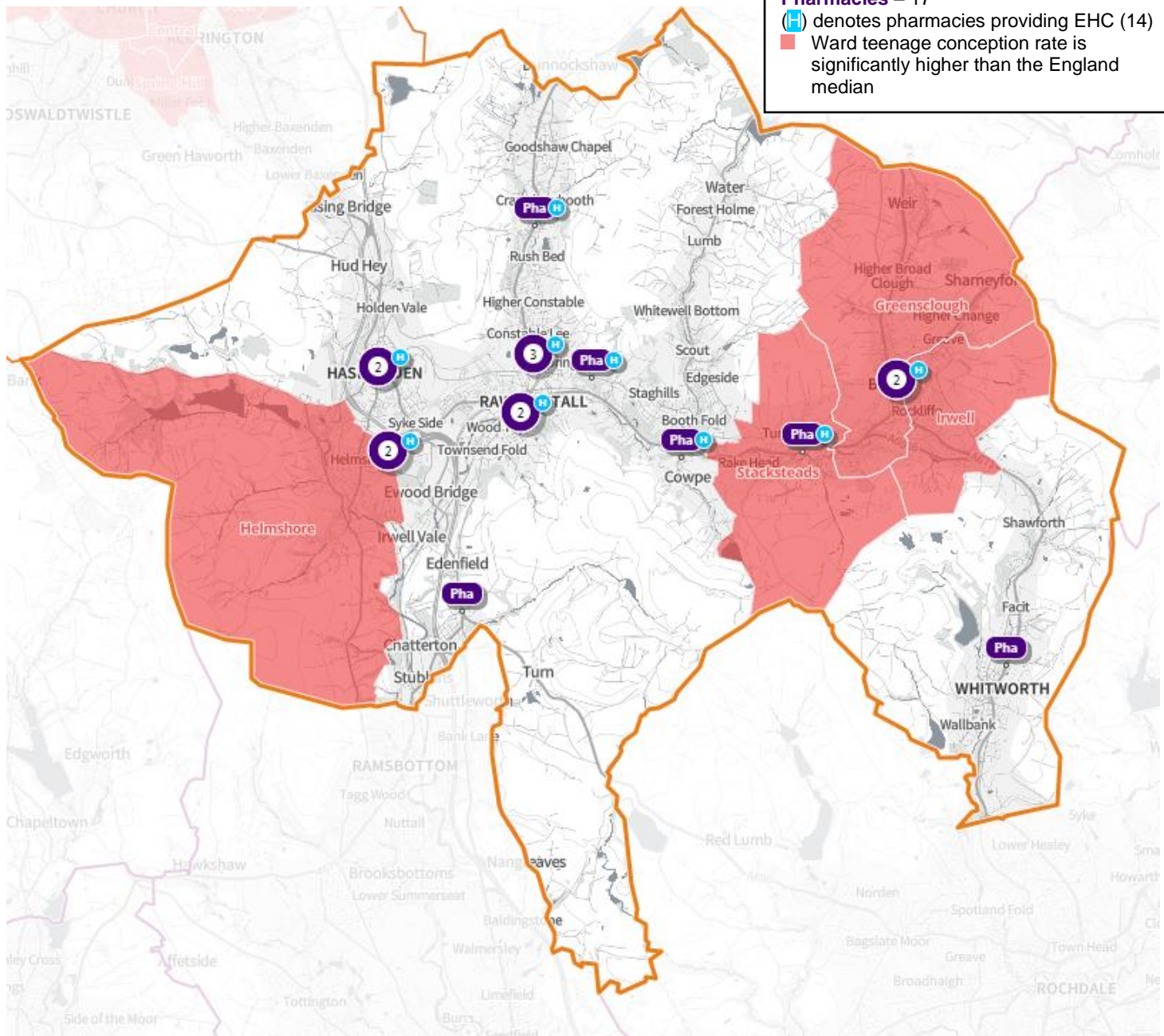
Figure 5.14: Teenage conception hotspot wards (2012-14) and pharmacies commissioned to provide EHC – Ribble Valley



Source: SHAPE Place Atlas



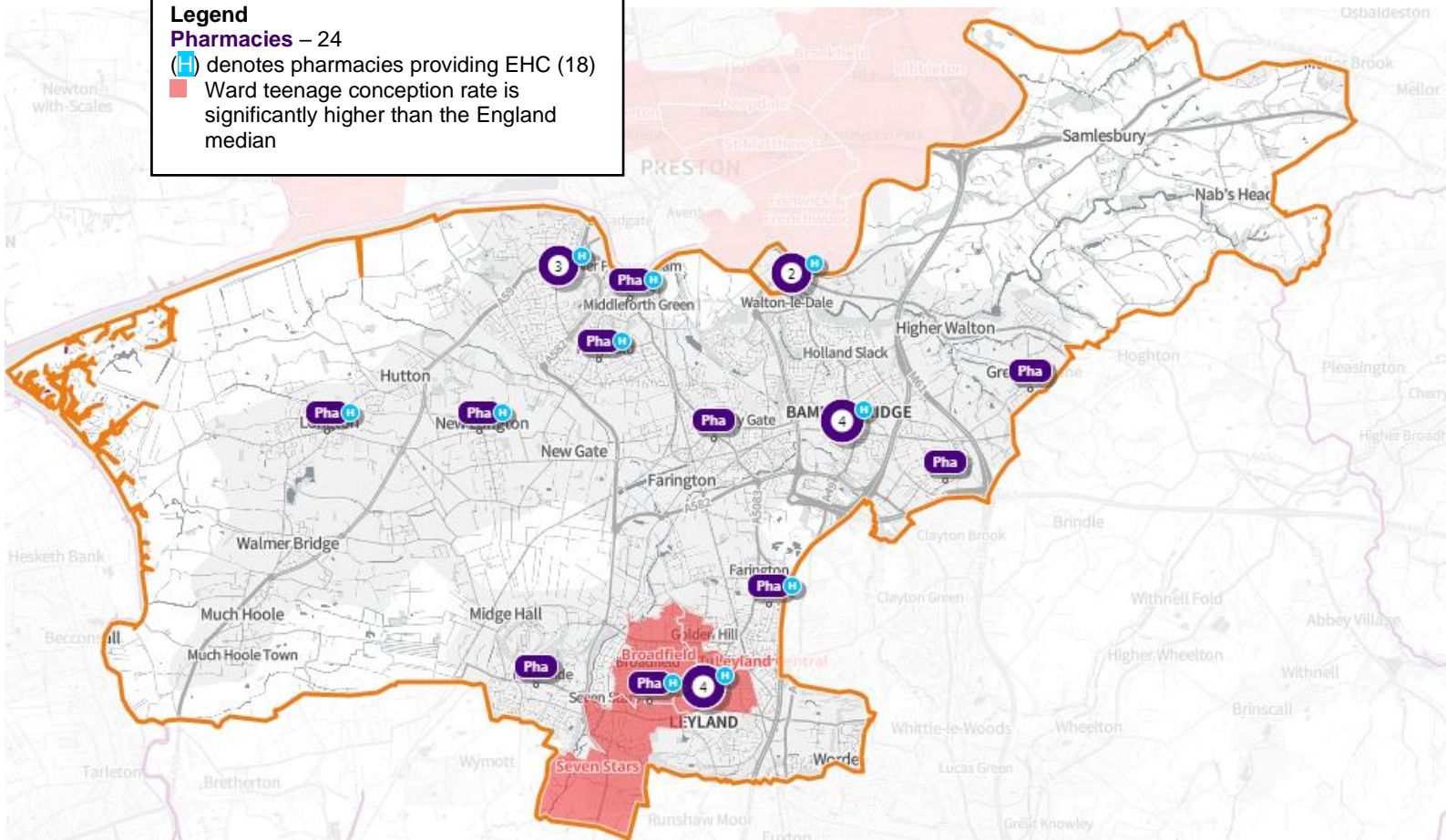
Figure 5.15: Teenage conception hotspot wards (2017-19) and pharmacies commissioned to provide EHC – Rossendale



Source: SHAPE Place Atlas

Figure 5.16: Teenage conception hotspot wards (2017-19) and pharmacies commissioned to provide EHC – South Ribble

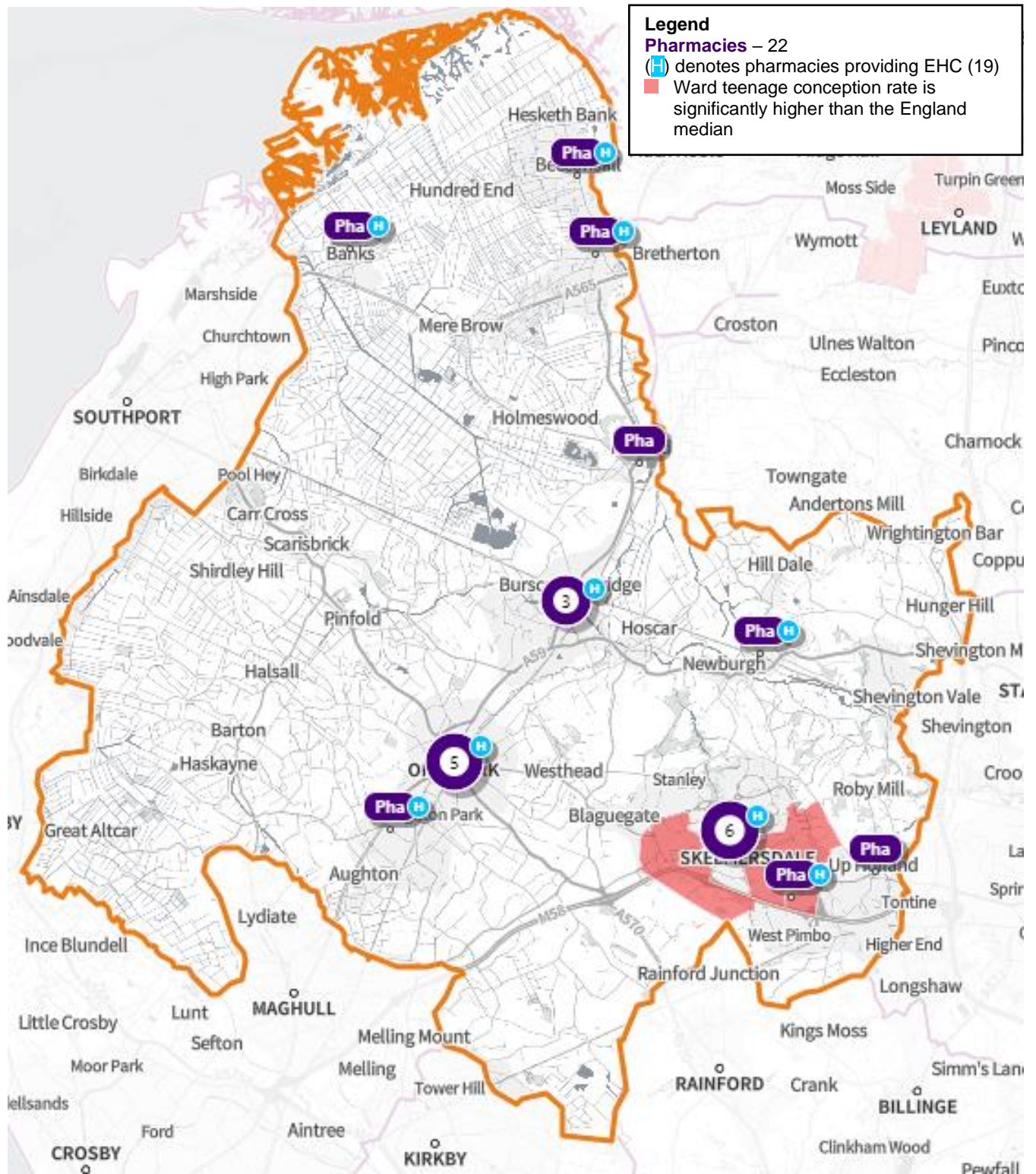
**Legend**  
**Pharmacies – 24**  
 (Ph) denotes pharmacies providing EHC (18)  
 ■ Ward teenage conception rate is significantly higher than the England median



Source: SHAPE Place Atlas





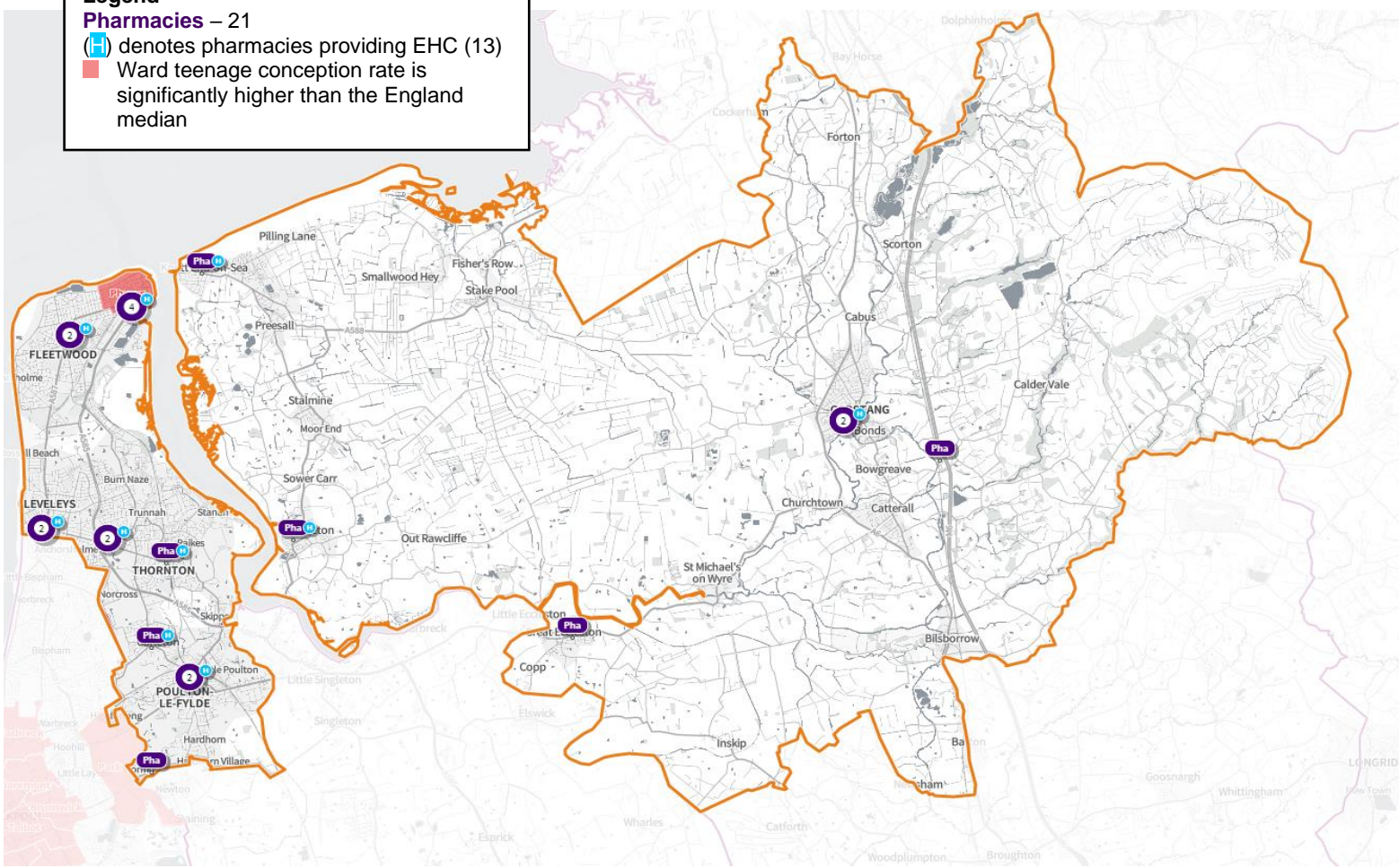
Figure 5.17: Teenage conception hotspot wards (2017-19) and pharmacies commissioned to provide EHC – West Lancashire



Source: SHAPE Place Atlas

Figure 5.18: Teenage conception hotspot wards (2017-19) and pharmacies commissioned to provide EHC – Wyre

**Legend**  
**Pharmacies – 21**  
 denotes pharmacies providing EHC (13)  
 Ward teenage conception rate is significantly higher than the England median



Source: SHAPE Place Atlas



## 5.10 Substance use

Since April 2013, upper-tier local authorities have been responsible for commissioning substance misuse (drug and alcohol) prevention and treatment services. <sup>xxxi</sup>.

### 5.10.1 Local health needs – alcohol

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

According to the recent trend, in Blackburn with Darwen and Blackpool the rate of alcohol-related hospital admissions is decreasing and getting better, although Blackpool's recent rate remains worse than the England average and Blackburn with Darwen's similar to the England average. Lancashire County Council's rate is similar to the England average and the trend remains unchanged (Figure 5.19). Lancashire districts of Burnley, Hyndburn, Lancaster and Wyre have a significantly higher, than national average, rate of alcohol-related hospital admissions in all persons (Figure 5.20). In Ribble Valley, South Ribble and West Lancashire the rate of alcohol-related hospital admissions, in all persons, is significantly lower than the national average. From Figure 5.21, it can be seen that rates are consistently lower in females than in males across all areas.

**Figure 5.19: Hospital admissions for alcohol-related conditions (narrow), all ages, directly age standardised rate per 100,000 population – 2020/21**

Area	Males	Females	All persons
Blackburn with Darwen	720	267	489
Blackpool	953	499	722
Lancashire	613	323	462
Burnley	762	318	530
Chorley	589	288	434
Fylde	575	422	493
Hyndburn	771	351	556
Lancaster	692	412	545
Pendle	568	301	429
Preston	587	325	452
Ribble Valley	459	214	331
Rossendale	607	248	420
South Ribble	562	253	400
West Lancashire	539	254	386
Wyre	656	400	521
<b>England</b>	<b>603</b>	<b>322</b>	<b>456</b>

Source: PHE Fingertips

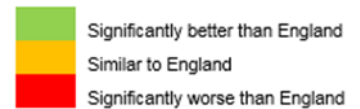
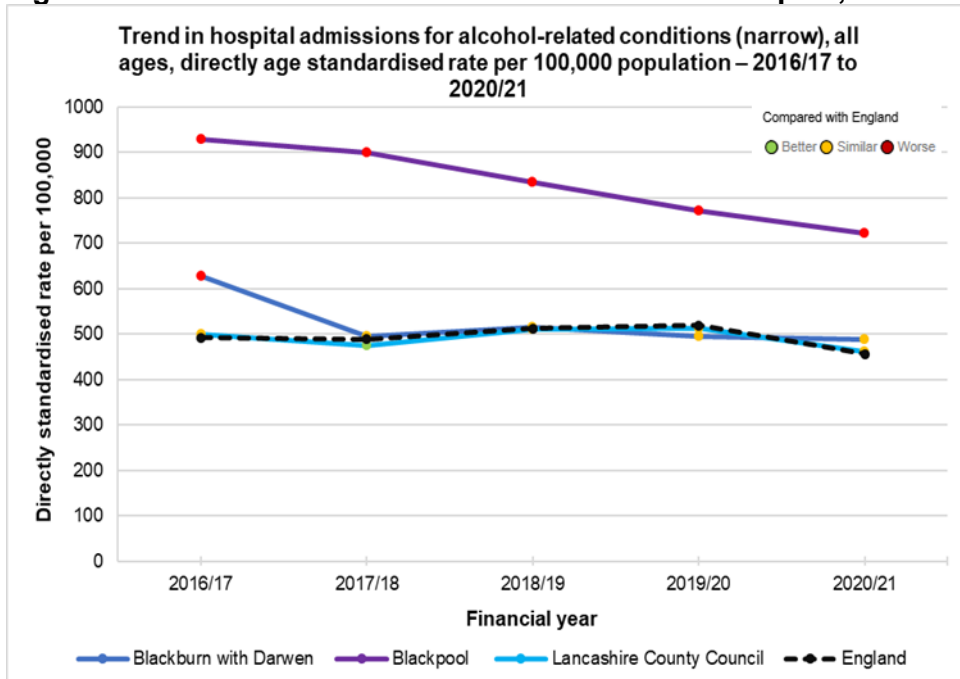
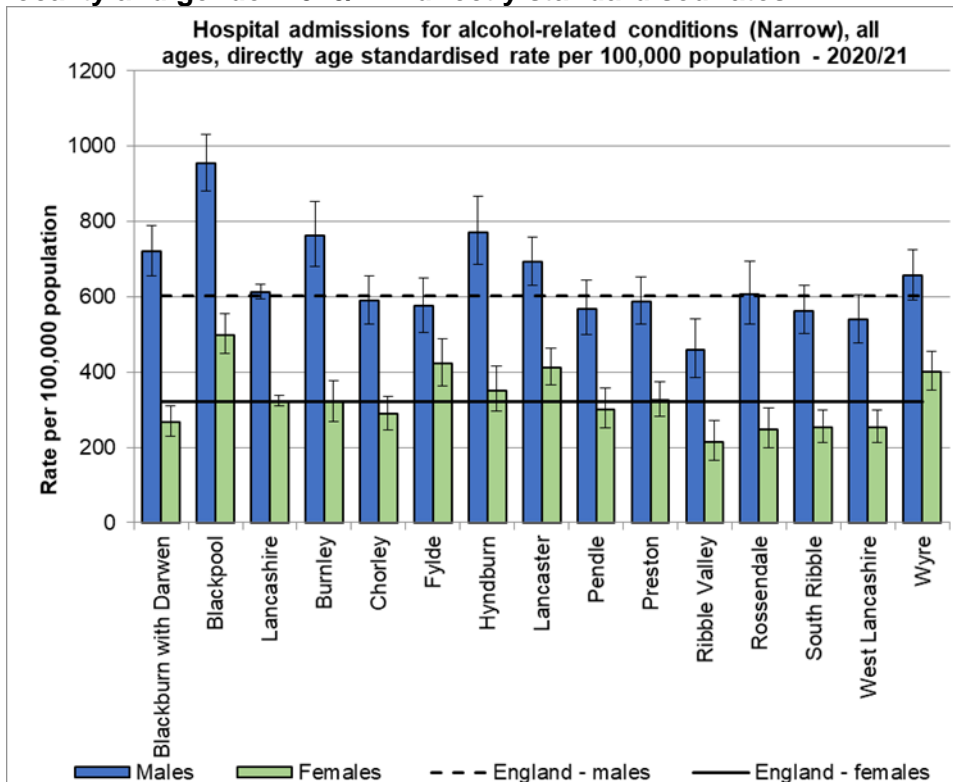


Figure 5.20: Trend in alcohol-related admissions to hospital, 2016/17 – 2020/21



Source: PHE Fingertips

Figure 5.21: Alcohol-related hospital admissions per 100,000 people across pan-Lancashire, by locality and gender 2020/21 - directly standardised rates.



Source: PHE Fingertips



### **5.10.2 Local services – alcohol**

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

Local alcohol treatment services liaise with pharmacy settings and encourage signposting and onward referral to the treatment service if there are any clients identified with a need for alcohol support.

#### **Blackburn with Darwen**

Blackburn with Darwen does not currently commission specific services related to alcohol within pharmacies, although adopting a more universal making every contact count (MECC) approach will allow for referrals to specialist support.

#### **Blackpool**

Blackpool Council does not currently commission specific services related to alcohol within pharmacies.

Brief intervention and MECC can take place in a pharmacy setting.

#### **Lancashire**

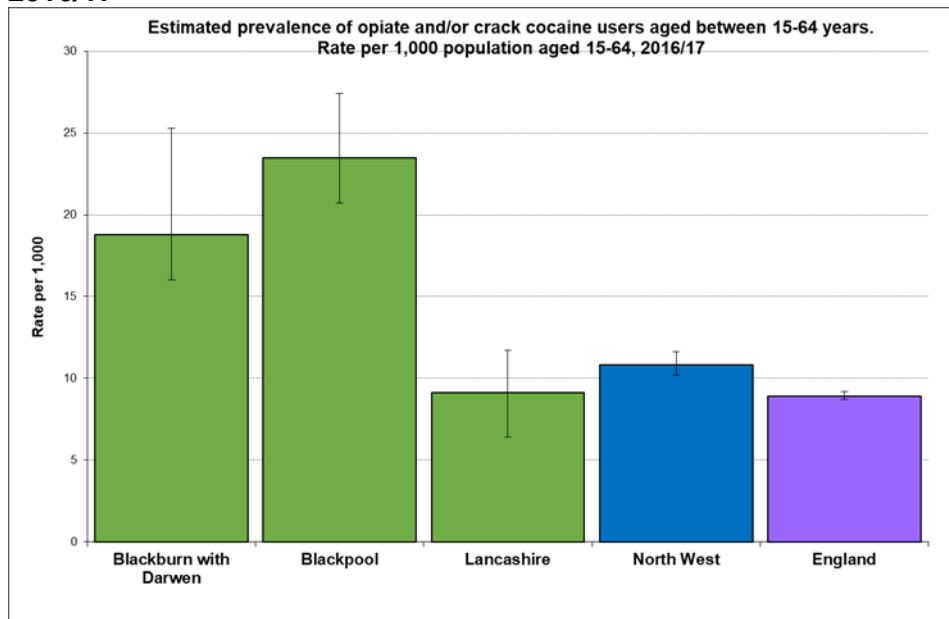
Lancashire County Council does not currently commission specific services related to alcohol within pharmacies.

### **5.10.3 Local health needs – drugs**

Illicit drug use contributes to the disease burden both globally and across pan-Lancashire. Efficient strategies to reduce disease burden of opioid dependence and injecting drug use, such as the delivery of opioid substitution treatment and needle and syringe programmes, are needed to reduce this burden at a population scale<sup>xxxii</sup>.

An overview of the current situation in the UK is given in the DH report *United Kingdom Drug Situation – 2019 Edition*<sup>xxxiii</sup>. The overall prevalence of drug use reported in the UK has remained relatively stable throughout the last decade. However, the most recent surveys covering England and Wales, and Scotland reported the highest prevalence of drug use in the past 10 years. From the most recent surveys, the prevalence of any drug use in the last year was 9.4% in England and Wales. Drug use among 15 year olds has risen over the past five years. In 2018, 38% of 15 year olds in England said that they had ever used drugs. The most commonly used drugs have not changed over time. Cannabis is the most prevalent, followed by powder cocaine, MDMA, ketamine and amphetamine. Synthetic cannabinoid receptor agonists, such as Spice, are widely used in prisons. They were detected in more random drug tests than cannabis, in prisons, in England and Wales in 2018 to 2019. The prevalence of hepatitis C among people who inject drugs, who were surveyed in England, Wales and Northern Ireland in 2018 was 54%. This is the highest figure in the past decade.

The estimated rate of drug misuse varies significantly across the pan-Lancashire region. The estimated rate of opiate and/or crack use in Blackpool is over twice the England rate, and the rate in Blackburn with Darwen is also significantly higher than England. In Lancashire there is similar estimated prevalence of opiate and/or crack cocaine use as England, but the Lancashire rate will mask significant variation (see Figure 5.22).

**Figure 5.22: Estimated crude rate of opiate and/or crack cocaine users, per 1,000 aged 15-64 2016/17**

Source: PHE Fingertips

#### 5.10.4 Local services - drugs

Many pharmacies across the pan-Lancashire area provide

- dispensing for prescriptions (including controlled drugs) issued for the management of substance misuse problems
- supervised consumption of prescribed medication
- needle and syringe exchange

Pharmacists play a key and unique role in the care of the substance misusers. They are instrumental in supporting drug users in complying with their prescribing regime, therefore reducing accidental death through overdose. This is through the supervision of consumption of methadone, buprenorphine and Buprenex. Supervised consumption also allows pharmacists to minimize the misdirection of controlled drugs, which may help to reduce drug-related deaths in the community. The unique role that a pharmacist 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 wellbeing.

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

### **Blackburn with Darwen**

In Blackburn with Darwen, there are five currently active pharmacy needle exchanges and 31 currently active pharmacies delivering supervised consumption. Both services are delivered under sub-contract by the commissioned substance misuse service Delphi Medical who will focus on continuous growth to support the needs of the client groups.

### **Blackpool**

Delphi Medical provide a community-based drug and alcohol treatment service for adults. The provision includes all clinical and health and wellbeing aspects of treatment and therapeutic recovery support. The service operates under the brand of Horizon. The provider is working with local commissioners to expand the service in line with Dame Carol Black's recommendations (<https://www.gov.uk/government/publications/review-of-drugs-phase-two-report>). The outcomes over the next three years will focus on the following outcomes

- increase in the number of people accessing treatment
- decrease in the number of drug related deaths
- increase in the number of criminal justice referrals into treatment

Providers and commissioners will work closely with pharmacies over the next three years to increase harm reduction messages, including overdose awareness, safer injecting practices and wound management advice and support.

There are approximately 1,000 individuals accessing the treatment service in any one year, with a significant number of these being offered substitute prescribing interventions as part of the wider holistic service.

Currently there are 21 pharmacies in Blackpool equipped to deliver a supervised consumption service, which is now commissioned directly by the provider of drug and alcohol treatment. It is considered that there is sufficient coverage across Blackpool, and there are no plans at the present time to increase the provision.

There are currently ten pharmacies in Blackpool equipped to deliver a needle and syringe exchange service, alongside the harm reduction service. The service is commissioned directly by the harm reduction and non-clinical sexual health service provider.

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

- reducing the rate of sharing and other high-risk injecting behaviours
- providing sterile injecting equipment and other support
- promoting safe injecting practices
- providing and reinforcing harm-reduction messages including safe sex advice and advice on overdose prevention (eg risks of poly-drug use, wound management, bacterial infections and alcohol use)

### **Lancashire**

Lancashire has one of the largest treatment systems in the UK with approximately 6,000 people in substance misuse treatment services in any one year. A significant number of these will be offered substitute prescribing interventions as part of a wider holistic treatment package. The dispensing by local pharmacies is a key element of this treatment delivery and is largely focussed on methadone and buprenorphine dispensing, though other medications will be used. Pharmacies also play a key role in

liaising with treatment providers around missed collections and or how well individuals appear to be doing in treatment between service appointments.

Many service users are placed on supervised consumption in community pharmacies for periods during treatment either as a measure to reduce safeguarding concerns or to reduce diversion of medications. The substances that supervised consumption is used for are methadone and buprenorphine.

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

Those pharmacies involved are contracted by Change Grow Live (CGL) community substance use treatment provider in Lancashire.

#### **5.10.5 Consideration of services offered – alcohol and drugs**

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

In Blackburn with Darwen, Blackpool and Lancashire, commissioning responsibility has been placed on substance misuse treatment providers as part of their contractual obligations. The substance misuse treatment providers are best placed to assess and determine the level of service provision and the location of provision, due to their knowledge of need within localities.

##### **Blackburn with Darwen**

Certain pharmacies take part in providing take home naloxone kits, for those at risk of opiate overdose. Intramuscular naloxone kits are now available in the town with SPARK and peer support workers issuing kits to people who inject drugs (PWID), frontline workers and friends/family members of drug users.

The commissioned providers in Blackburn with Darwen will be auditing the needle exchange provision across the borough to further understand and respond to the need of those whether in treatment or those we would wish to engage in treatment.

##### **Blackpool**

Blackpool is considering a pharmacy take-home naloxone pilot as part of wider strategy to prevent drug-related deaths. Both intramuscular and nasal naloxone kits are now available in the town with Horizon and the Lived Experience Team issuing kits to PWID, frontline workers and friends/family members of drug users.

The early stages of the Covid-19 pandemic presented many challenges including PWID accessing sterile needles and associated paraphernalia. Blackpool responded to this by implementing outreach and peer distribution schemes. Locally, there is still a reduction in the number of needles distributed in 2022 compared to pre pandemic levels. Commissioners and providers are addressing this issue through a robust marketing plan drawing on best practice from across the country.



**Lancashire**

Supervised consumption and needle exchange pharmacy services are directly managed by CGL, the commissioned adult alcohol and drug treatment provider. Following the new National Drug Strategy and wider investment, the new Joint Combatting Drugs Partnership will review the wider possibilities offered from pharmacy provision with local pharmacy colleagues.

**5.11 The health of older people****5.11.1 Local health needs**

In 2020, there were estimated to be 306,056 people aged 65 or over living in the pan-Lancashire area, 20.2% of the overall population (Blackburn with Darwen 21,986 (14.7%), Blackpool 28,433 (20.5%) Lancashire 255,637 (20.8%)). People across the pan-Lancashire area are living longer with the number of people over 65 growing by 20.0% between 2010 and 2020.<sup>xxxiv</sup> This is similar to the national (UK) growth of the 65+ age group at 21.9%. In total, the over-65 population in the pan-Lancashire area is projected to increase by approximately 34% over the next 20 years, (Blackburn with Darwen 28%, Blackpool 26% Lancashire 35%). This figure is just below the national average (38%) but similar to the regional (32%) projected increase. However, the over-85 population is estimated to grow considerably faster, with a 69% increase over the next 20 years (Blackburn with Darwen 58%, Blackpool 43%, Lancashire 72%). The pan-Lancashire figure is similar to the national (70%) but slightly below the regional (65%) projected increases.<sup>xxxv</sup>

The pan-Lancashire population is ageing as a result of increased life expectancy and demographic trends. The health of older people in the area can impact on various aspects of their lives in terms of their ability to keep active and involved in the community. There may be mobility, sensory or cognitive difficulties that mean some older people are less able to get out and about. Pan-Lancashire local authorities and partners support individuals and communities where they need extra help to live a good life. Community pharmacies can also support self-care where appropriate, as well as referring back to the GP service or signposting to other appropriate services. This could be particularly important for frail older people and those with multiple conditions.

Further information regarding the health and wellbeing of older people can be found in OHID's productive healthy ageing profiles.<sup>xxxvi</sup>

**5.11.2 Local services**

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

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

**5.12 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 (eg reduced dosing demands as well as monitoring and feedback) may help in improving

medication adherence<sup>xxxviii</sup>. Self-monitoring of medication-taking can also potentially be facilitated by new technologies (eg automatic pill dispensers and home blood pressure monitors)<sup>xxxix</sup>. It should be noted that, ideally, research in this field should consider not only patient adherence to medication but also patient outcomes.

Community pharmacies can contribute to the health and wellbeing of the local population in a number of ways including support for long-term conditions, treatments for minor ailments and minor diseases, end-of-life support, vaccination services, motivational interviewing, providing information and brief advice, providing ongoing support for behaviour change and signposting to other services.

As part of the Dispensing Services Quality Scheme (DSQS) for Dispensing Doctors, dispensing staff are trained to discuss issues of concordance and compliance with patients during a dispensing review of use of medicines (DRUM). Any issues or concerns raised are then referred to the appropriate health care professional for follow up. Dispensary DRUMs are designed to improve the patient's understanding of the importance of the medicine in controlling their disease and the reason for taking medicine appropriately. These can improve patient concordance and support and reinforce the advice given by the prescriber.

The HWBs and its partners recognise the importance of improving awareness of the risks associated with LTCs. Health campaigns aimed at improving medicines-related care for people with LTCs, 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, supplementary prescribing and independent 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>xl</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.

### **5.12.1 Long-term conditions (LTCs) across pan-Lancashire**

The prevalence of several LTCs across most of the eight CCGs in the pan-Lancashire region is significantly higher than the national average eg coronary heart disease, chronic obstructive pulmonary disease, asthma and depression. Figure 5.23 shows the number and proportion of patients across pan-Lancashire who have been diagnosed with a variety of conditions. Figure 5.24 shows the percentage of people who reported having a limiting long-term illness.

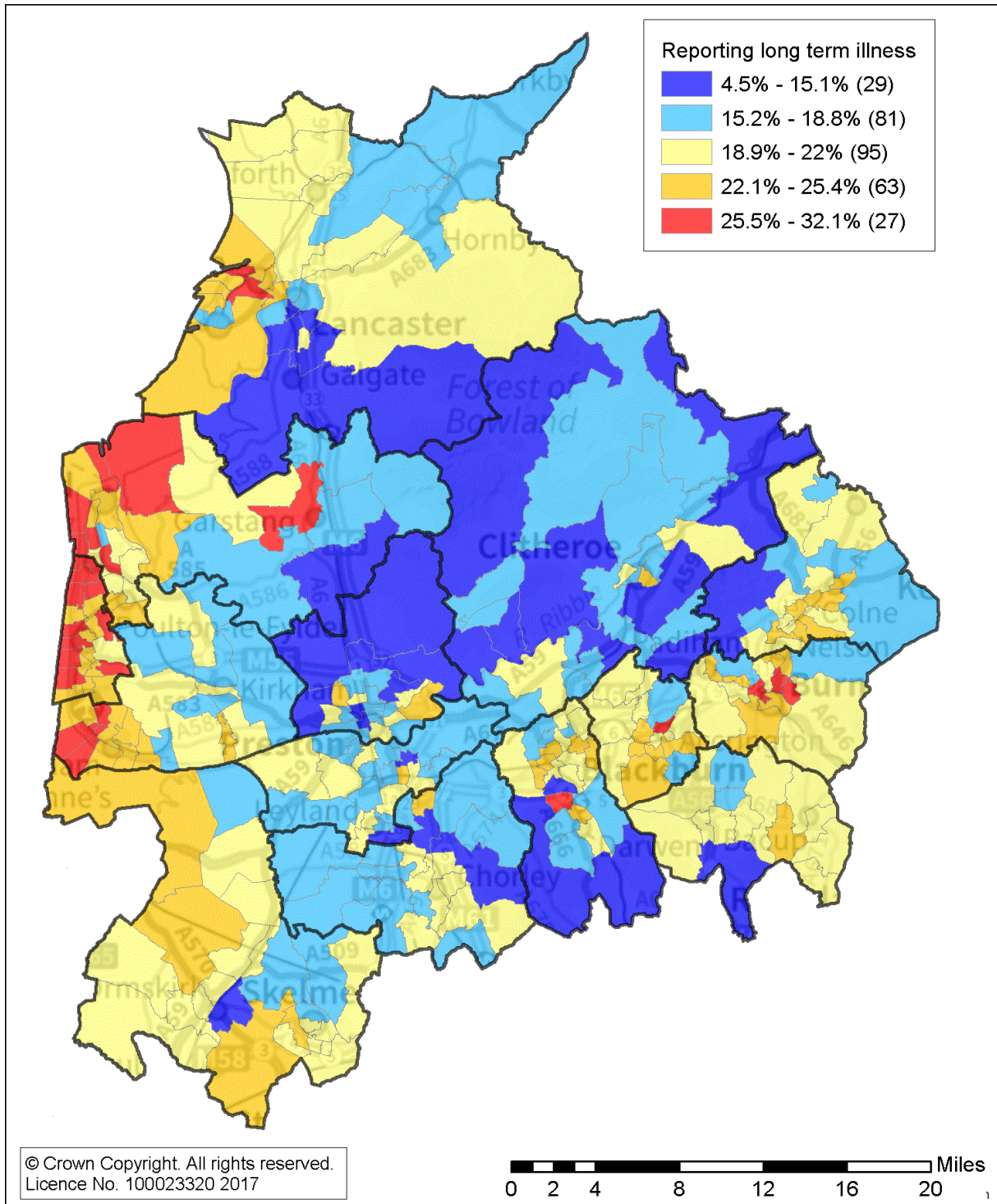
**Figure 5.23: Long-term conditions disease registers and prevalence, by CCG: 2020/21**

■ Significantly higher than England ■ Similar to England ■ Significantly lower than England

Condition	No/%	NHS Blackburn with Darwen CCG	NHS Blackpool CCG	NHS Chorley and South Ribble CCG	NHS East Lancashire CCG	NHS Fylde and Wyre CCG	NHS Greater Preston CCG	NHS Morecambe Bay CCG	NHS West Lancashire CCG	England
Coronary Heart Disease	No	6,286	7,806	7,153	15,019	8,754	6,758	13,435	4,252	1,850,657
	%	3.5	4.5	3.8	3.8	4.9	3.1	3.8	3.7	3.0
Hypertension	No	24,846	31,378	29,655	58,731	33,999	28,710	52,773	18,677	8,457,600
	%	13.8	17.9	15.9	15	18.8	13.2	15	16.4	13.9
Diabetes (aged 17+)	No	12,222	11,825	10,306	24,097	11,117	11,410	20,168	6,738	3,491,868
	%	8.8	8.2	6.8	7.8	7.3	6.6	6.9	7.2	7.1
COPD	No	3,895	6,679	4,341	10,058	5,296	4,554	8,089	2,674	1,170,437
	%	2.2	3.8	2.3	2.6	2.9	2.1	2.3	2.3	1.9
Cancer	No	4,736	6,445	7,155	12,918	8,506	6,743	13,518	4,559	1,948,913
	%	2.6	3.7	3.8	3.3	4.7	3.1	3.8	4.0	3.2
Depression 18+	No	21,420	28,009	24,959	40,852	22,466	26,072	41,157	14,075	5,955,865
	%	15.7	19.8	16.7	13.4	15	15.2	14.2	15.2	12.3
Asthma	No	12,856	12,919	12,639	28,417	12,887	13,756	24,674	7,796	3,629,071
	%	7.7	7.9	7.2	7.8	7.5	6.8	7.4	7.2	6.4
Dementia	No	1,111	1,637	1,554	3,045	2,031	1,603	3,471	1,054	430,857
	%	0.6	0.9	0.8	0.8	1.1	0.7	1.0	0.9	0.7
Mental Health	No	2,231	2,710	1,787	4,134	1,901	2,638	3,274	903	574,227
	%	1.24	1.55	0.96	1.06	1.05	1.22	0.93	0.79	0.95
Heart failure	No	1,481	2,755	2,224	3,602	2,707	2,606	3,568	1,269	550,613
	%	0.8	1.6	1.2	0.9	1.5	1.2	1	1.1	0.9
Atrial Fibrillation	No	2,842	4,504	4,579	8,079	5,824	4,281	9,029	2,848	1,243,503
	%	1.6	2.6	2.4	2.1	3.2	2.0	2.6	2.5	2.0

Source: NHS Digital. 2020/21

Figure 5.24: Percentage of people who reported having a limiting long-term illness or disability in the 2011 Census





### 5.12.2 Consideration of services offered

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

## 5.13 Mental Health

Figure 5.25 presents a profile of mental health across the pan-Lancashire CCGs.

**Figure 5.25: Levels of mental health and illness by CCG, benchmarked with England**

Indicator	Period	England	Lancashire and South Cumbria	NHS Blackburn With Darwen CCG	NHS Blackpool CCG	NHS Chorley And South Ribble CCG	NHS East Lancashire CCG	NHS Fylde & Wyre CCG	NHS Greater Preston CCG	NHS Morecambe Bay CCG	NHS West Lancashire CCG
<b>Common Mental Disorders</b>											
Estimated prevalence of common mental disorders: % of population aged 16 & over	2017	16.9*	17.2*	19.9*	20.5*	16.2*	18.3*	14.1*	17.0*	16.2*	16.2*
Estimated prevalence of common mental disorders: % of population aged 65 & over	2017	10.2*	10.5*	12.0*	12.9*	9.9*	11.3*	9.3*	10.0*	10.1*	9.9*
Depression: QOF incidence (18+) - new diagnosis	2020/21	1.4	1.7	1.8	2.2	2.0	1.6	1.5	1.8	1.3	1.9
Depression and anxiety prevalence (GP Patient Survey): % of respondents aged 18+	2016/17	13.7	-	14.8	18.5	12.8	13.8	-	-	-	14.0
Depression: Recorded prevalence (aged 18+)	2020/21	12.3	15.2	15.7	19.8	16.7	13.4	15.0	15.2	14.2	15.2
<b>Severe Mental Illness</b>											
Long-term mental health problems (GP Patient Survey): % of respondents	2018/19	9.9	-	10.2	14.6	11.6	9.7	8.7	11.8	10.6	11.2
New cases of psychosis: estimated incidence rate per 100,000 population aged 16-64	2011	18.1*	20.4*	24.7*	21.6*	19.1*	19.1*	-	-	-	19.0*

Source: <https://fingertips.phe.org.uk/profile-group/mental-health/profile/mh-jsna/data#page/0/gid/1938132922/pat/219/par/E54000048/ati/165/are/E38000014/iid/93495/age/164/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>

In 2020/21, in Blackburn with Darwen, Blackpool and Lancashire County Council there were 2,231, 2,710 and 12,915 patients registered with a mental health problem (patients with schizophrenia, bipolar affective disorder and other psychoses), respectively.

In Blackburn with Darwen CCG, Blackpool CCG, East Lancashire CCG, Fylde and Wyre CCG and Greater Preston CCG the GP recorded prevalence of mental health is higher than the England average (Figure 5.26).

**Figure 5.26: Prevalence of severe mental illness for pan-Lancashire CCGs compared to England benchmark.**

Indicator	Period	England	Lancashire and South Cumbria	NHS Blackburn With Darwen CCG	NHS Blackpool CCG	NHS Chorley And South Ribble CCG	NHS East Lancashire CCG	NHS Fylde & Wyre CCG	NHS Greater Preston CCG	NHS Morecambe Bay CCG	NHS West Lancashire CCG
Mental Health: QOF prevalence (all ages)	2020/21	0.95	1.09	1.24	1.55	0.96	1.06	1.05	1.22	0.93	0.79
GP prescribing of drugs for psychoses and related disorders: items (quarterly) per 1,000 population	2017/18 Q1	48.9	55.2	52.5	88.8	40.2	53.0	-	-	-	40.7
Service users in hospital: % of mental health service users (end of quarter snapshot)	2019/20 Q2	2.0*	2.3*	2.6*	4.5*	2.5*	2.1*	1.8*	2.8*	1.2*	2.7*
CPA adults in employment: % of people on CPA (aged 18-69) (end of quarter snapshot)	2019/20 Q2	9.1*	1.9*	0.0*	0.0*	0.0*	0.0*	0.0*	0.0*	4.9*	0.0*
Mental health service users on Care Programme Approach: % of mental health service users (end of quarter snapshot)	2019/20 Q2	15.0*	2.8*	2.3*	1.2*	1.3*	2.0*	0.3*	4.5*	5.2*	0.9*
People subject to Mental Health Act: rate per 100,000 population aged 18+ (end of quarter snapshot)	2019/20 Q2	45.6*	40.9*	58.8*	49.8*	39.3*	30.6*	19.0*	119.5*	14.8*	21.8*
New cases of psychosis: estimated incidence rate per 100,000 population aged 16-64	2011	18.1*	20.4*	24.7*	21.6*	19.1*	19.1*	-	-	-	19.0*

Source: <https://fingertips.phe.org.uk/profile-group/mental-health/profile/severe-mental-illness/data#page/0/gid/1938132719/pat/219/par/E54000048/ati/154/iid/90581/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

Pharmacy staff can play a role in promoting awareness of good mental health, for example signposting to information about local support networks and mental health helplines.

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.

### 5.13.1 *Local services*

Positive mental health is fundamental for all. People who report higher levels of wellbeing tend to be more involved in social and civic life, are more likely to behave in environmentally responsible ways, have better family and social relationships at home, and are more productive at work. Across pan-Lancashire local authorities are encouraging individuals and organisations to adopt the five ways to improved wellbeing as identified by the New Economics Foundation.

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

The Five Ways to Wellbeing are embedded within the service approach, placing an emphasis on people being active, learning, giving, connecting and taking notice as tools to improve health and wellbeing.

Pharmacies can also promote the physical health of those with mental health conditions. For example, people with severe mental illness die on average 20 years younger than the general population, often from avoidable physical illness. The medical conditions experienced by this group are associated with preventable risk factors, such as smoking, physical inactivity, obesity, and the side effects of psychiatric medication. Staff in community pharmacies can signpost to relevant physical health services, deliver brief interventions and promote national screening programmes.

#### Lancashire

The community pharmacy is well placed to identify people needing wider support and to signpost or refer to the Lancashire Wellbeing Service. The service is commissioned to support individuals to improve their emotional, physical and social wellbeing, and can be accessed by self-referral or referral from other agencies for up to eight sessions of support. Further details can be accessed at [www.lancashirewellbeing.co.uk](http://www.lancashirewellbeing.co.uk).

### 5.13.2 *Consideration of services offered*

As outlined above, there are several ways that people can support their own mental health and self-referral options for additional support. Pharmacies can signpost people to such forms of support, promote mental wellbeing and encourage uptake of self-help methods.

Pharmacies are well placed to engage in the emerging digital health agenda and be an effective agent in directing people to verified online support and apps that can be used to support a range of health and wellbeing issues.

## 5.14 Healthcare associated infections

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

Senior specialist antimicrobial pharmacists within hospitals, medicines management pharmacists within the Commissioning Support Unit (CSU), CCG commissioners, specialist nurses infection prevention within local authority and microbiology must work together to develop, implement and monitor antimicrobial guidelines across the local health economy. This will involve community pharmacists and GPs working together with hospital teams to align prescribing with the agreed local policy.

Within the secondary care setting 'switching' policies to convert patients from intravenous therapy to oral drug therapy at the earliest appropriate opportunity must be in place. The pharmacists will work with clinicians to implement this.

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

Within primary care, dispensing staff are able to reinforce the message that antibiotics are not always necessary and explain the relationship between excessive use of antibiotics and health care associated infections and antimicrobial resistance. In addition, they are able to inform other primary care practitioners when an item prescribed is not normally available in the community or is not compliant with the local formulary.

## 5.15 Medication related harm

### 5.15.1 Health need

The National Reporting & Learning System (NRLS) collects data on patient safety incidents in England and Wales. It enables patient safety incident reports to be submitted from NHS and other healthcare organisations to a national database.

For the period April 2020 to March 2021 in England there were 2,109,057 incidents reported, 9% of these, 187,670, were medication related. The vast majority (87%) of the medication-related incidents resulted in no harm (163,859 incidents). However, 12% or 22,078 resulted in low patient harm, 1,556 in moderate harm, 112 in severe harm and 58 in death. <sup>xli</sup>

Pharmacists can support the reduction of medicine-related harm. A 2009 Care Homes' Use of Medicines Study found that 70% of care home residents experienced at least one medication error, which the report described as an unacceptable level. A four-month trial in a care home in London where a pharmacist was given full responsibility for medicines management saw a 91% reduction in medication errors. <sup>xlii</sup>

### 5.15.2 Local services

Community pharmacy can contribute to improving health outcomes and reduce health inequalities for local people, for example through the concept of healthy living centres promoting and supporting healthy living and self-care or providing targeted help with medicines to improve health through, for example, medicines use reviews, new medicines service. CCGs will continue to work with existing pharmacies to develop and improve pharmaceutical services throughout Lancashire for the benefit of local people.



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

NHSE/I 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 and cold chain integrity.

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

## 5.16 Migration

### 5.16.1 *Local needs*

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

Figures on National Insurance number (NINo) registrations to non-UK nationals show that there were around 10,380 registrations in the pan-Lancashire area in 2019/20. This was an increase of about 2,540 from 2018/19. Registrations fell between 2007/08 and 2009/10, after which they recovered, and were largely static from 2011/12 to 2013/14. <sup>xliii</sup> NINo registrations were by far the highest in Preston in 2019/20 (3,060). Blackburn with Darwen and Pendle had the next highest numbers of registrations at 1,320 and 1,270 respectively. Lancaster (1,090) and Blackpool (730) were next in order. Ribble Valley had fewest at 80.

Further information on international migration and internal migration can be found on Lancashire County Council's JSNA page on population.

<http://www.lancashire.gov.uk/lancashire-insight/population-and-households/population.aspx>

Data are available that outline the number of asylum seekers being supported by local authorities under section 95 of the Immigration and Asylum Act 1999.

Housing and financial support can be provided to a person who has claimed asylum if they do not have accommodation and/or cannot afford to meet their essential living needs. This support is provided under section 95 of the Immigration and Asylum Act 1999 and will continue until the person's asylum claim is finally determined by the Home Office or appeal courts. Section 95 support is also available to a person who has made an Article 3 human rights claim. <sup>xliiv</sup>

As of 31 March 2022, there were approximately 1,900 asylum seekers receiving section 95 support in the pan-Lancashire area (Figure 5.27).

**Figure 5.27: Asylum seekers in receipt of section 95 support by pan-Lancashire local authorities, 31 March 2022** <sup>xlv</sup>

Local authority	31 March 2022
Blackburn with Darwen	322
Blackpool	110
Burnley	178
Chorley	74
Fylde	34
Hyndburn	223
Lancaster	132
Pendle	191
Preston	228
Ribble Valley	10
Rossendale	139
South Ribble	73
West Lancashire	151
Wyre	41

Source: Home Office: Asylum and resettlement datasets <https://www.gov.uk/government/statistical-data-sets/asylum-and-resettlement-datasets#local-authority-data>

The wellbeing and integration of migrant workers is affected by their financial situation, access to adequate and affordable accommodation and access to English language courses designed to meet their needs. Between mid-2019 to mid-2020 there were 12,756 new GP registrations by migrants within the pan-Lancashire area (10,523 in Lancashire, 1,546 in Blackburn with Darwen, 687 in Blackpool). <sup>xlvi</sup>

Evidence on physical and mental health suggests there are poorer outcomes overall for non-UK born individuals residing in the UK compared to the UK population, but these vary according to migration histories and experience in the country.

Changes in some health behaviours of migrants over time in the UK may not be as marked or linear as some accounts suggest.

Both socio-economic circumstances and immigration regulations affecting some migrant groups impact negatively on access to and use of health care.

It is currently difficult to gain a comprehensive account of the health of migrants because much existing evidence on health includes ethnic group but not migration variables such as country of birth, length of residence in the UK, or immigration status. <sup>xlvii</sup>

Migrants may also find it harder to access services – for example, because of language barriers or uncertainty about eligibility. <sup>xlviii</sup>

Refugees and asylum seekers can have complex health needs. These may be influenced by experiences prior to leaving their home country, during transit or after arrival in the UK. Holistic and person-centred care is essential to support resilience and help them adapt to life in the UK.

Common health challenges include

- untreated communicable diseases

- poorly controlled chronic conditions
- maternity care
- mental health and specialist support needs

Despite this, there is no evidence that refugees and asylum seekers use a disproportionate share of NHS resources, and migrants in the UK and elsewhere in Europe tend to use fewer services than native populations.<sup>xlix</sup>

A health needs assessment (HNA) of refugees and asylum seekers in Lancashire (2017) reported that current evidence suggests that asylum seekers are at increased risk of mental health issues; certain communicable and non-communicable diseases and at increased risk of social isolation.<sup>l</sup> One of the recommendations of the HNA was that Serco needs to ensure that all asylum seekers understand where, when and how they can access primary and secondary care services, including sexual health services. Serco provides asylum accommodation and support services in the North West of England and Midlands and East of England. Their purpose is the provision of accommodation, transportation and subsistence payments for asylum seekers whilst their claims are being processed.<sup>li</sup>

Overall, migrants in the UK are healthier than the UK-born population. In 2019, 27% (2,297,000) of the foreign-born population in the UK said that they had a long-lasting health problem (including both limiting and non-limiting conditions – see understanding the evidence), which was 15 percentage points lower than the UK born (42%). The migrant health advantage over the UK born is largest with regard to limiting health problems – that is, health problems that limit respondents' day-to-day activities.<sup>lii</sup>

### **5.16.2 Consideration of services offered**

From the local health data, the populated areas where migrant workers reside have adequate provision of pharmacies and are easily accessible, including pharmacies that speak a range of languages and have extended opening times. There is a need to ensure the migrant worker population is aware of the services offered by primary care services, especially pharmacies, emphasising the health promotion and disease prevention elements, and the provision of service given even if they are not registered with a GP practice.

## **5.17 Community pharmacy minor ailments service**

A minor ailment scheme is currently provided by the following CCGs

- Blackpool CCG – minor ailments scheme for asylum seekers
- Morecambe Bay CCG – a minor ailments scheme for asylum seekers, a paediatric minor ailments scheme for under 18s
- Chorley and South Ribble and Greater Preston CCG – Pharmacy First, minor ailments scheme

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

## 5.18 Community pharmacy palliative care service

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

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

### 5.18.1 Palliative care service – Lancashire CCGs

Designated community pharmacies hold essential palliative care drugs for easier access. The drugs that must be held in stock by pharmacies taking part in the scheme are listed in the essential list of palliative care drugs agreed with palliative care clinicians.

All PBPs across pan-Lancashire provide a palliative care service.

### 5.18.2 "Just In Case" palliative care service (Healthier Fylde Coast, Bay Health and Care Partners)

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

## 5.19 Community Pharmacy Healthy Start Service

Healthy Start is a UK-wide government scheme aiming to help improve the health of pregnant women and families with young children who are on benefits and tax credits. Anyone who is pregnant or families with children under the age of 4, who are in receipt of qualifying benefits, may be eligible to get help to buy certain foods and milk.

Those who are eligible will receive money added onto a Mastercard every four weeks to spend in a variety of shops to purchase

- plain liquid cow's milk – whole, semi-skimmed or skimmed. It can be pasteurised, sterilised, long-life or UHT
- fresh, frozen and tinned fruits and vegetables, whole or chopped, packaged or loose
- fresh, dried or tinned pulses
- stage one infant formula based on cow's milk

The vouchers can be spent on

- plain cow's milk – whole, semi-skimmed or skimmed. It can be pasteurised, sterilised, long life or UHT
- plain fresh or frozen fruit and veg (fruit and vegetables with no added ingredients), whole or chopped, packaged or loose
- infant formula milk that says it can be used from birth and is based on cow's milk



Those eligible

- will receive £4.25 from the 10th week of their pregnancy
- will receive £8.50 each week for every child from birth until the age of 1
- will receive £4.25 each week for every child aged between 1 and 4
- are entitled to collect Healthy Start vitamins every eight weeks free of charge

(Entitlement will stop when the child is four, or if you no longer receive benefits).

### **Healthy Start vitamins**

Those in receipt of Healthy Start are entitled to collect Healthy Start vitamins every eight weeks, free of charge on presentation of either their Healthy Start voucher or Healthy Start card to a Health Care Professional.

Women can collect Healthy Start vitamin tablets from their 10th week of pregnancy up to their baby's first birthday. Healthy Start vitamin drops are available for children from the age of four weeks (if having less than 500ml of infant formula) up until their 4th birthday. For children who are having 500ml or more of infant formula they do not need Healthy Start vitamins.

Arrangements can be made for Healthy Start vitamins to be made available from local community pharmacies – pharmacy coverage is voluntary and unpaid.

Information on local pharmacies providing Healthy Start vitamins can be found here: Find Healthy start vitamins services - NHS ([www.nhs.uk](http://www.nhs.uk)).

Raising awareness of Healthy Start and providing access to Healthy Start vitamins is a great opportunity for health professionals and others working with pregnant women and families. It allows encouragement, information and advice on topics related to infant feeding, vitamin supplementation and healthier eating to be provided, all of which can benefit their health and ensure they have access to the support available to them.

Further information about the Healthy Start scheme can be found here (Get help to buy food and milk (Healthy Start): <https://www.healthystart.nhs.uk/>).

## **5.20 Further opportunities for community pharmacy**

The NHS Long Term Plan outlines the need to make greater use of pharmacists in different ways, eg prevention programmes, self-care and medication review. Many of these priorities are the basis of a platform for a new model of pharmacy primary care. There is potential to draw on experiences from areas where community pharmacies have worked innovatively to address key local public health challenges and benefit local communities.

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## 6 Future population changes and housing growth

### Key messages

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

*Between 2022 and 2032, the rate of population growth in Blackpool and Lancashire County Council is below the projected national rate of change of 4%. Blackburn with Darwen's population growth is expected to decline by 0.2% between 2022 and 2032. Between 2022 and 2042, Blackburn with Darwen, Blackpool and Lancashire County Council's population growth rate is expected to increase by 0.6%, 1.6% and 6.2%, respectively, all below the national growth rate of 7.0%.*

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

### 6.1 Population changes across pan-Lancashire

The pan-Lancashire population was estimated to be 1,522,543 in 2022 and is expected to increase by approximately 2.9% to 1,566,667 by 2032.

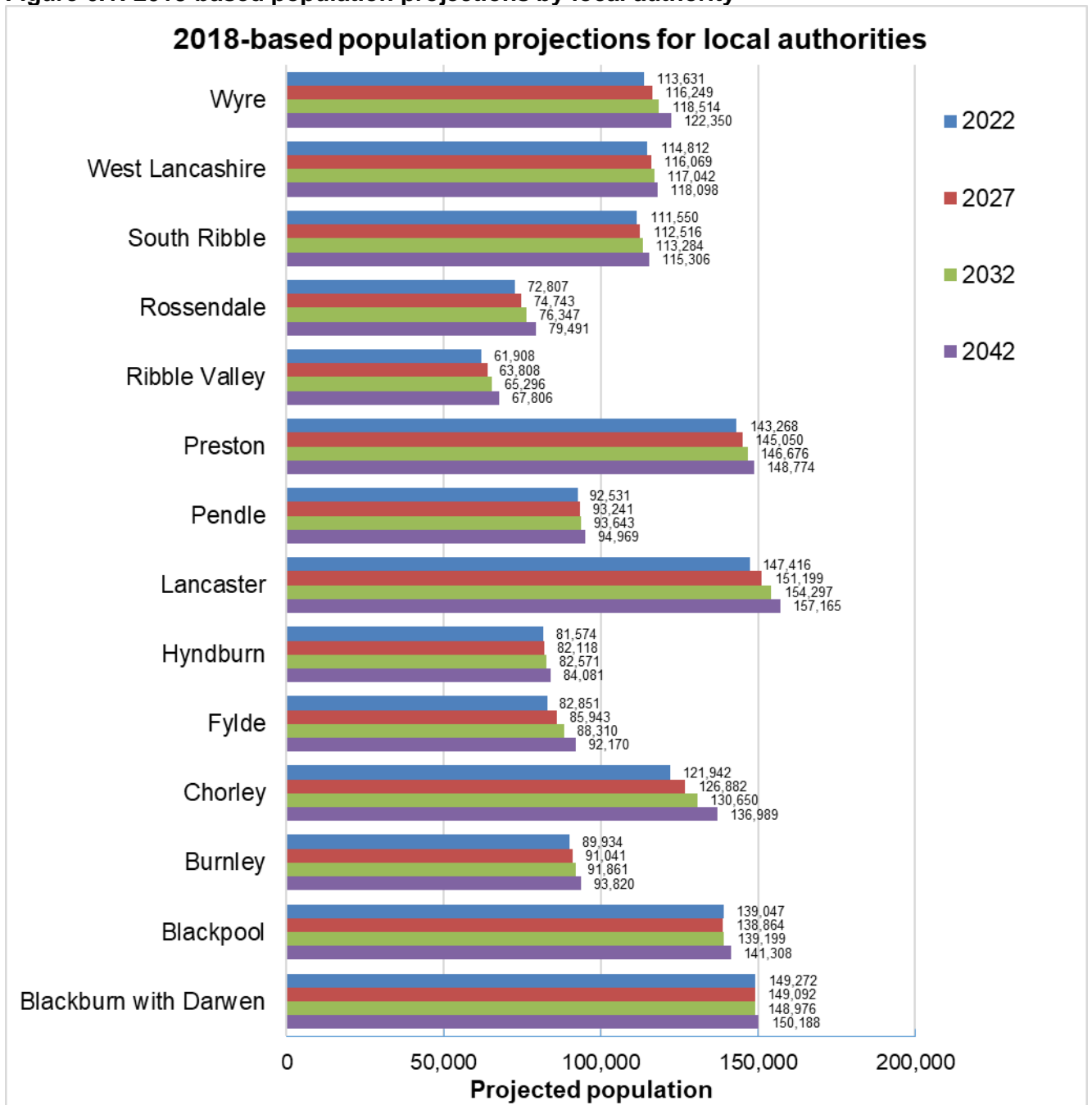
Blackburn with Darwen's population was estimated to be 149,272 in 2022 and is expected to decrease by approximately 0.2% to 148,976 by 2032; and increase by 0.6% between 2022 and 2042.

Blackpool's population was estimated to be 139,047 in 2022 and is expected to increase by approximately 0.1% to 139,199 by 2032.

Lancashire County Council's population was estimated to be 1,234,224 in 2022 and is expected to increase by approximately 3.6% to 1,278,492 by 2032.

An overview of the population growth across pan-Lancashire local authorities in the coming decades is shown in Figure 6.1. The estimated increases for Blackpool and Lancashire County Council, between 2022 and 2032, are below the projected national rate of change of 4%.

Figure 6.1: 2018-based population projections by local authority



Source: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandz1>

For the projected growth rates at the district level over the 10-year period 2022 to 2032, Blackburn with Darwen is expected to record population decrease of 0.2% (Figure 6.1). Other areas with a predicted population growth of less than 3% are Blackpool, Burnley, Hyndburn, Pendle, Preston, South Ribble, and West Lancashire. The highest population growth rates are predicted for Chorley followed by Fylde. Figure 6.3 presents the count of 2018-based projections by age group between

2022 and 2042. Between 2022 and 2042 in Blackburn with Darwen, Blackpool and Lancashire, the 65+ population is projected to increase by 25.6%, 23.5% and 31.4%, respectively (Figure 6.3).

**Figure 6.2: 2018-based population projections by district 2022-2042**

Local authority	2022	2032	2042	2022-2032 % change	2022-2042 % change
Blackburn with Darwen	149,272	148,976	150,188	-0.2%	0.6%
Blackpool	139,047	139,199	141,308	0.1%	1.6%
Burnley	89,934	91,861	93,820	2.1%	4.3%
Chorley	121,942	130,650	136,989	7.1%	12.3%
Fylde	82,851	88,310	92,170	6.6%	11.2%
Hyndburn	81,574	82,571	84,081	1.2%	3.1%
Lancaster	147,416	154,297	157,165	4.7%	6.6%
Pendle	92,531	93,643	94,969	1.2%	2.6%
Preston	143,268	146,676	148,774	2.4%	3.8%
Ribble Valley	61,908	65,296	67,806	5.5%	9.5%
Rossendale	72,807	76,347	79,491	4.9%	9.2%
South Ribble	111,550	113,284	115,306	1.6%	3.4%
West Lancashire	114,812	117,042	118,098	1.9%	2.9%
Wyre	113,631	118,514	122,350	4.3%	7.7%
Lancashire County Council	149,272	148,976	150,188	3.6%	6.2%

Source:

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandz>

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**Figure 6.3: 2018-based projections by age group 2022-2042**

<b>Blackburn with Darwen</b>			
<b>Age group</b>	<b>2022</b>	<b>2032</b>	<b>2042</b>
0-15	33,956	30,765	31,306
0-19	41,812	39,095	38,615
16-64	92,861	92,229	90,674
65+	22,453	25,981	28,207
75+	9,909	11,783	14,024
85+	2,393	3,114	3,807
Children	33,956	30,765	31,306
Working age	95,672	95,481	93,434
Pensionable	19,643	22,729	25,447
<b>Blackpool</b>			
0-15	26,191	24,660	25,175
0-19	32,133	31,362	31,197
16-64	83,826	80,872	80,292
65+	29,028	33,666	35,840
75+	14,049	15,674	19,322
85+	3,673	4,589	5,409
Children	26,191	24,660	25,175
Working age	87,184	84,880	83,272
Pensionable	25,671	29,658	32,860
<b>Lancashire County Council</b>			
0-15	227,053	215,302	220,292
0-19	284,016	280,067	279,324
16-64	742,839	744,825	743,426
65+	264,331	318,363	347,298
75+	127,179	155,385	190,765
85+	33,609	46,800	57,345
Children	227,053	215,302	220,292
Working age	771,800	780,019	771,578
Pensionable	235,370	283,170	319,146
<b>Pan-Lancashire</b>			
0-15	287,202	270,728	276,774
0-19	357,961	350,525	349,137
16-64	919,526	917,928	914,393
65+	315,813	378,010	411,346
75+	151,138	182,842	224,112
85+	39,676	54,504	66,561
Children	287,202	270,728	276,774
Working age	954,656	960,380	948,285
Pensionable	280,684	335,558	377,454

Source:

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandz>  
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Figure 6.4: 2018-based projections by age group 2022-2042, percentage change

Age group	Blackburn with Darwen		Blackpool		Lancashire County Council		Pan-Lancashire	
	% change between 2022 and 2032	% change between 2022 and 2042	% change between 2022 and 2032	% change between 2022 and 2042	% change between 2022 and 2032	% change between 2022 and 2042	% change between 2022 and 2032	% change between 2022 and 2042
0-15	-9.4%	-7.8%	-5.8%	-3.9%	-5.2%	-3.0%	-5.7%	-3.6%
0-19	-6.5%	-7.6%	-2.4%	-2.9%	-1.4%	-1.7%	-2.1%	-2.5%
16-64	-0.7%	-2.4%	-3.5%	-4.2%	0.3%	0.1%	-0.2%	-0.6%
65+	15.7%	25.6%	16.0%	23.5%	20.4%	31.4%	19.7%	30.2%
75+	18.9%	41.5%	11.6%	37.5%	22.2%	50.0%	21.0%	48.3%
85+	30.1%	59.1%	25.0%	47.3%	39.2%	70.6%	37.4%	67.8%
Children	-9.4%	-7.8%	-5.8%	-3.9%	-5.2%	-3.0%	-5.7%	-3.6%
Working age	-0.2%	-2.3%	-2.6%	-4.5%	1.1%	0.0%	0.6%	-0.7%
Pensionable	15.7%	29.6%	15.5%	28.0%	20.3%	35.6%	19.6%	34.5%

Source:

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandz>

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## 6.2 Housing growth 2019-2032

Several major developments are expected to progress significantly in the future. There are developments across pan-Lancashire that are underway and a number of other major developments are expected to begin. To ensure that pharmaceutical services are commissioned in line with population need, the health and wellbeing boards and their partners will monitor the development of major housing sites and will provide supplementary statements if necessary, in accordance with regulations.

The information on house dwellings forecast across pan-Lancashire has been compiled using adopted local plans provided by Lancashire County Council's Planning and Environment team. These figures can change with time and any current information can be obtained from the local authorities' planning teams. Figure 6.5 shows a forecast of pan-Lancashire's house dwellings.

**Figure 6.5: Delivery forecast of pan-Lancashire house dwellings**

Local authority	2021 - 2022	2022 - 2023	2023 - 2024	2024 - 2025	2025 - 2026	2026 - 2027	2027 - 2028	2028 - 2029	2029 - 2030	2030 - 2031	2031 - 2032
Burnley	194	194	194	194	194	194	194	194	194	194	194
Chorley	417	417	417	417	417	417	417	417	417	417	417
Fylde	415	415	415	415	415	415	415	415	415	415	415
Hyndburn	213	213	213	213	213	213	213	213	213	213	213
Lancaster	485	485	485	685	685	685	685	685	695	695	695
Pendle	298	298	298	298	298	298	298	298	298	298	298
Preston	507	507	507	507	507	507	507	507	507	507	507
Ribble Valley	280	280	280	280	280	280	280	280	280	280	280
Rossendale	401	401	247	247	247	247	247	247	247	247	247
South Ribble	417	417	417	417	417	417	417	417	417	417	417
West Lancashire	324	324	324	324	324	324	324	324	324	324	324
Wyre	460	460	460	460	460	460	460	460	460	460	460
Blackpool	280	280	280	280	280	280					
Blackburn	466	659	677	756	731	555	553	489	379	329	343
Total Housing Completions	5,157	5,350	5,214	5,493	5,468	5,292	5,010	4,946	4,846	4,796	4,810

Source: Adopted Local Plans, LCC Planning and Environment team. BwD draft Local Plan data, BwD Strategic Planning team.

### 6.2.1 Monitoring of housing developments

Every lower-tier local authority across pan-Lancashire has a plan for community growth and development and these plans are under regular review.

## ***Links to local plans***

### ***Blackburn with Darwen***

<https://www.blackburn.gov.uk/Pages/Local-plan-part-2.aspx>

### ***Blackpool***

For recent housing development in Blackpool see:

<https://www.blackpool.gov.uk/Residents/Planning-environment-and-community/Documents/HMR-2017-Revision-A.pdf>

Part 1 Local Plan

<https://www.blackpool.gov.uk/Residents/Planning-environment-and-community/Documents/J118003-107575-2016-updated-17-Feb-2016-High-Res.pdf>

Housing developments in Lancashire County Council's localities are listed in the links below.

### ***Burnley***

<http://www.burnley.gov.uk/residents/planning/planning-policies/burnleys-emerging-local-plan>

### ***Chorley***

<http://chorley.gov.uk/Pages/AtoZ/Chorley-Local-Plan-2012-2026.aspx>

### ***Fylde***

<https://new.fylde.gov.uk/resident/planning/planning-policy-local-plan/adopted-local-plan-to-2032/local-plan-to-2032-submission/>

### ***Hyndburn***

<https://www.hyndburnbc.gov.uk/localplan/>

### ***Lancaster***

<https://www.lancaster.gov.uk/planning/planning-policy/local-plan-examination>

### ***Pendle***

[http://www.pendle.gov.uk/info/20072/planning\\_policies/273/local\\_plan](http://www.pendle.gov.uk/info/20072/planning_policies/273/local_plan)

### ***Preston***

<https://www.preston.gov.uk/article/1050/Preston-s-Local-Plan-?ccp=true>

### ***Ribble Valley***

[https://www.ribblevalley.gov.uk/info/200364/planning\\_policy](https://www.ribblevalley.gov.uk/info/200364/planning_policy)

### ***Rossendale***

[https://www.rossendale.gov.uk/homepage/10095/local\\_plan](https://www.rossendale.gov.uk/homepage/10095/local_plan)

### ***South Ribble***

<https://www.southribble.gov.uk/search?q=Local+Plan>

### ***West Lancashire***

<http://www.westlancs.gov.uk/planning/planning-policy/the-local-plan.aspx>

### ***Wyre***

<http://www.wyre.gov.uk/localplan>

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

### **6.2.2 Factors to consider in relation to needs for pharmaceutical services**

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

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

- 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, ie the proportion of affordable housing at the development.
- Existing pharmaceutical service provision in nearby areas and elsewhere in the area and opportunities to optimise existing local pharmaceutical service provision.
- Access to delivery services, distance selling pharmacies, and dispensing appliance contractors that can supply services.
- Developments in pharmaceutical supply models (eg delivery services, robotic dispensing, and electronic transmission of prescriptions) that could affect the volume of services a pharmaceutical service provider can deliver.
- Skill mix and the number of pharmacists working in local pharmacies.
- Considerations of health inequalities and strategic priorities for pan-Lancashire.

In conclusion, over the coming years the population across each of the three upper-tier local authorities across pan-Lancashire is expected to age substantially and grow moderately in numbers. Several housing developments are in progress. The HWBs will monitor the development of major housing sites and produce supplementary statements to the PNA if deemed necessary, in accordance with regulations.



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## Appendix 1: Legal requirements for PNAs

**Regulations have been laid before Parliament (on 30 November 2021) which amend regulation 6(A2) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 so that it reads that the next PNAs are to be published by 1 October 2022 rather than 1 April 2022.**

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/ukSI/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 1<sup>st</sup> 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 1<sup>st</sup> April 2015.

**6. Subsequent assessments**

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

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

- (3) Pending the publication of a statement or a revised assessment, a HWB may publish a supplementary statement explaining changes to the availability of pharmaceutical services (..) where –

a) the changes are relevant to the granting of applications referred to in section 129(2)(c)(i) or(ii) of the 2006 Act; and

b) the HWB –

(i) is satisfied that making its first or revised assessment would be a disproportionate response, or

(ii) is in the course of making its first or revised assessment and is satisfied that immediate notification of its PNA is essential in order to prevent significant detriment to the provision of pharmaceutical services in its area.

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

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

a) any supplementary statement published by the PCT (..)

b) any supplementary statement published by the HWB (..)

Each HWB must ensure that the NHSCB has access to –

a) the HWB's PNA (including any supplementary statements) (..)

b) any supplementary statement that the HWB publishes (..)

c) any PNA of a PCT that it holds, which is sufficient to enable the NHSCB to carry out its functions under these Regulations

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

#### **8. Consultation on PNAs**

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

(a) any Local Pharmaceutical Committee for its area (including any Local Pharmaceutical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);

(b) any Local Medical Committee for its area (including any Local Medical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);

(c) any persons on the pharmaceutical lists and any dispensing doctors list for its area;

(d) any LPS chemist in its area with whom the NHSCB has made arrangements for the provision of any local pharmaceutical services;

(e) any Local Healthwatch organisation for its area, and any other patient, consumer or community group in its area which in the opinion of HWB1 has an interest in the provision of pharmaceutical services in its area; and

(f) any NHS trust or NHS foundation trust in its area;

(g) the NHSCB; and

(h) any neighbouring HWB.

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

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

(a) must consult that Committee before making its response to the consultation; and

(b) must have regard to any representations received from the Committee when making its response to the consultation.

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

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

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

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

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

### **9. Matters for consideration when making assessments**

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

(a) the demography of its area;

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

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

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

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

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

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

(d)) which affect—

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

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



- (2) When making an assessment for the purposes of publishing a pharmaceutical needs assessment, each HWB must take account of likely future needs—
- (a) to the extent necessary to make a proper assessment of the matters mentioned in paragraphs 2 and 4 of Schedule 1; and
  - (b) having regard to likely changes to—
    - (i) the number of people in its area who require pharmaceutical services,
    - (ii) the demography of its area, and
    - (iii) the risks to the health or wellbeing of people in its area.

**SCHEDULE 1 Regulation 4(1)**

*Information to be contained in pharmaceutical needs assessments*

**Necessary services: current provision**

1. A statement of the pharmaceutical services that the HWB has identified as services that are provided—
- (a) in the area of the HWB and which are necessary to meet the need for pharmaceutical services in its area; and
  - (b) outside the area of the HWB but which nevertheless contribute towards meeting the need for pharmaceutical services in its area (if the HWB has identified such services).

**Necessary services: gaps in provision**

2. A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied—
- (a) need to be provided (whether or not they are located in the area of the HWB) in order to meet a current need for pharmaceutical services, or pharmaceutical services of a specified type, in its area;
  - (b) will, in specified future circumstances, need to be provided (whether or not they are located in the area of the HWB) in order to meet a future need for pharmaceutical services, or pharmaceutical services of a specified type, in its area.

**Other relevant services: current provision**

3. A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are provided—
- (a) in the area of the HWB and which, although they are not necessary to meet the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in its area;
  - (b) outside the area of the HWB and which, although they do not contribute towards meeting the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in its area;
  - (c) in or outside the area of the HWB and, whilst not being services of the types described in sub-paragraph (a) or (b), or paragraph 1, they nevertheless affect the assessment by the HWB of the need for pharmaceutical services in its area.

**Improvements and better access: gaps in provision**

4. A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied—
- (a) would, if they were provided (whether or not they were located in the area of the HWB), secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area,
  - (b) would, if in specified future circumstances they were provided (whether or not they were located in the area of the HWB), secure future improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area.

**Other NHS services**

5. A statement of any NHS services provided or arranged by a local authority, the NHSCB, a CCG, an NHS trust or an NHS foundation trust to which the HWB has had regard in its assessment, which affect—
- (a) the need for pharmaceutical services, or pharmaceutical services of a specified type, in its area; or

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

**How the assessment was carried out**

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

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

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

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

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

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

**Map of provision**

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

## Appendix 2: Characteristics of Localities

### Defining localities

The PNA regulations require the PNA to define 'localities' to use during this process. Pan-Lancashire is made up of two upper tier local authorities (Blackburn with Darwen and Blackpool) and one county council (Lancashire County Council). Lancashire County Council's 12 lower tier local authorities are commonly used by Lancashire to sub-divide the county.

In considering how to define localities within pan-Lancashire, it was decided to use Blackburn with Darwen local authority, Blackpool local authority and the 12 lower tier local authorities of Lancashire County Council as localities; 14 localities across pan-Lancashire.

Blackburn with Darwen and Blackpool have a population of 150,030 and 138,381, respectively. The 12 Lancashire County Council localities used in the PNA have an average population of 102,256 (range, 62,026 to 148,119) (ONS, 2020 mid year population estimates) with Lancashire County Council's total population estimated to be 1,227,076.

There was also a practical decision to be made to ensure that the document remained manageable in terms of size. Therefore it was agreed that data would be presented at locality level.

### Upper and lower tier local authorities

Local authorities are well understood by many people and enables comparison of routine data. Pan-Lancashire there are 14 local authorities (two upper-tier and 12 lower-tier).

### Clinical Commissioning Group (CCG)

There are 8 CCGs across pan-Lancashire and it is intended that the CCGs can use the PNA to inform their commissioning decisions.

### Electoral wards

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

### Super Output Area (SOA)

This is a way of collecting and publishing small area statistics developed by the Office of National Statistics (ONS).<sup>1</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): <https://www.ons.gov.uk/help/localstatistics>

Health profiles for the area can be found at: <https://fingertips.phe.org.uk/profile/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 <http://content.digital.nhs.uk/qof>

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 <https://fingertips.phe.org.uk/profile/general-practice>



## 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 pan-Lancashire**

A list of pharmacies as of 1 February 2022 including postcodes and other information was obtained from NHS England (Lancashire and South Cumbria) who maintains the registration database of pharmacies.

#### **Pharmacies outside of pan-Lancashire**

Pharmacies in surrounding local authorities were already included in Public Health England's Strategic Health Asset Planning and Evaluation tool (SHAPE) used for mapping.

#### **Dispensing doctors (GP) surgeries**

NHS England (Lancashire and South Cumbria) confirmed that there are eight dispensing doctors across pan-Lancashire.

#### **Distance selling pharmacies**

A list of distance selling pharmacies was obtained from NHS England (Lancashire and South Cumbria).

#### **Dispensing appliance contractors**

NHS England (Lancashire and South Cumbria) confirmed that there are four dispensing appliance contractors in pan-Lancashire.

### ***2. Creation of maps***

The maps show the location of the pharmaceutical service providers in each of the 14 localities across the pan-Lancashire area.

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

Maps showing the locations of premises providing pharmaceutical services were created using Public Health England's Strategic Health Asset Planning and Evaluation tool (SHAPE).

#### **Maps indicating travel distance**

Travel times quoted have been calculated using SHPAE which is a web enabled, evidence-based application which links national data sets, clinical analysis, public health, primary care and demographic data with information on the location of premises. It includes a fully integrated geographical information system-mapping tool and supports travel time analysis.

## Appendix 4: List of pharmacies

(As of February 2022)

Pharmacy ODS Code	Health and Wellbeing Board	Pharmacy Trading Name	Organisation Name	Address 1	Address 2	Address 3	Post Code	EPS Indicator	100 Hour Pharmacy	Local authority
FAD13	BLACKBURN WITH DARWEN	BOOTS UK LIMITED	BOOTS UK LIMITED	UNIT B2,TOWNS MOOR RET PK	GREAT BOLTON ST	BLACKBURN	BB2 3PX	Yes	No	Blackburn with Darwen
FAY15	BLACKBURN WITH DARWEN	SHADSWORTH PHARMACY	ASTON CHEMISTS LIMITED	221 SHADSWORTH ROAD		BLACKBURN	BB1 2HR	Yes	No	Blackburn with Darwen
FCC69	BLACKBURN WITH DARWEN	MANOR PHARMACY	FRESHPHASE LTD	174 SHEAR BROW		BLACKBURN	BB1 8DZ	Yes	No	Blackburn with Darwen
FCX68	BLACKBURN WITH DARWEN	BASTWELL PHARMACY	RH WILSON CHEMISTS LTD	75 WHALLEY NEW ROAD		BLACKBURN	BB1 6JY	Yes	No	Blackburn with Darwen
FD291	BLACKBURN WITH DARWEN	COHENS CHEMIST	GORGEMEAD LIMITED	371 WHALLEY NEW ROAD		BLACKBURN	BB1 9SP	Yes	No	Blackburn with Darwen
FDW31	BLACKBURN WITH DARWEN	COHENS CHEMIST	GORGEMEAD LIMITED	101 PLANE TREE ROAD		BLACKBURN	BB1 5PA	Yes	No	Blackburn with Darwen
FE889	BLACKBURN WITH DARWEN	GELOO BROTHERS LTD	GELOO BROTHERS LTD	365 BOLTON ROAD	EDGORTH	BOLTON	BL7 0AZ	Yes	No	Blackburn with Darwen
FEF87	BLACKBURN WITH DARWEN	WHALLEY RANGE COHENS	GORGEMEAD LIMITED	63 WHALLEY RANGE	BLACKBURN		BB1 6EA	Yes	No	Blackburn with Darwen
FF309	BLACKBURN WITH DARWEN	JOHNSTON PHARMACY	JOHNSTON PHARMACY LTD	50-52 JOHNSTON STREET		BLACKBURN	BB2 1HD	Yes	No	Blackburn with Darwen
FGD84	BLACKBURN WITH DARWEN	CURO PHARMACY	AWA PHARMA LTD	ST GEORGE'S MEDICAL CENTR	62 HASLING DEN ROAD	BLACKBURN	BB2 3HS	Yes	Yes	Blackburn with Darwen
FGR04	BLACKBURN WITH DARWEN	GRANVILLE ROAD PHARMACY	TEBI HEALTH LIMITED	37 GRANVILLE ROAD		BLACKBURN	BB2 6HD	Yes	No	Blackburn with Darwen
FGX91	BLACKBURN WITH DARWEN	GELOO BROTHERS LTD	GELOO BROTHERS LTD	13-14 UNION STREET	DARWEN	LANCASHIRE	BB3 0DA	Yes	No	Blackburn with Darwen
FGY01	BLACKBURN WITH DARWEN	LLOYDS PHARMACY	LLOYDS PHARMACY LTD	8 BENTHAM ROAD	MILL HILL	BLACKBURN	BB2 4PN	Yes	No	Blackburn with Darwen
FHX07	BLACKBURN WITH DARWEN	LAMMACK PHARMACY	4 COURT LIMITED	5 WHINNEY LANE		BLACKBURN	BB2 7BX	Yes	No	Blackburn with Darwen

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FJ613	BLACKBURN WITH DARWEN	MYMED DIRECT	MYMED DIRECT LIMITED	MYMED HOUSE	95 JOHNSTON STREET	BLACKBURN	BB2 1HY	Yes	No	Blackburn with Darwen
FK536	BLACKBURN WITH DARWEN	AKHTARS PHARMACY	MEDCARE24 LTD	UNIT 4,AUDLEY SHOPPING CT	AUDLEY RANGE	BLACKBURN	BB1 1TG	Yes	No	Blackburn with Darwen
FKW68	BLACKBURN WITH DARWEN	BUNCER LANE PHARMACY	SHIFA HEALTHCARE LTD	6 PRESTON OLD ROAD	BLACKBURN	LANCASHIRE	BB2 2SS	Yes	Yes	Blackburn with Darwen
FKX16	BLACKBURN WITH DARWEN	EVEREST PHARMACY	PRESTFORD LIMITED	21 CEMETERY ROAD		DARWEN	BB3 2LZ	Yes	No	Blackburn with Darwen
FM278	BLACKBURN WITH DARWEN	GELOO BROTHERS LTD	GELOO BROTHERS LTD	1 NEW WELLINGTON STREET	MILL HILL	BLACKBURN	BB2 4DY	Yes	No	Blackburn with Darwen
FM641	BLACKBURN WITH DARWEN	CHEMIST 2 CUSTOMER.COM	CHEMIST TO CUSTOMER LIMITED	288 WHALLEY RANGE		BLACKBURN	BB1 6NL	Yes	No	Blackburn with Darwen
FMJ56	BLACKBURN WITH DARWEN	SUPERDRUG PHARMACY	SUPERDRUG STORES PLC	3,5 & 7 STONYBUTTS	BLACKBURN SHOPPING CENTRE	BLACKBURN	BB1 7JD	Yes	No	Blackburn with Darwen
FMV18	BLACKBURN WITH DARWEN	COHENS CHEMIST	GORGEMEAD LIMITED	33 PRESTON OLD ROAD		BLACKBURN	BB2 2ST	Yes	No	Blackburn with Darwen
FMY52	BLACKBURN WITH DARWEN	BOOTS UK LIMITED	BOOTS UK LIMITED	8 MARKET STREET		DARWEN	BB3 1AZ	Yes	No	Blackburn with Darwen
FN314	BLACKBURN WITH DARWEN	KARIMS PHARMACY LIMITED	KARIMS PHARMACY LIMITED	3 PRITCHARD STREET		BLACKBURN	BB2 3PF	Yes	No	Blackburn with Darwen
FN819	BLACKBURN WITH DARWEN	BROWNHILL PHARMACY	GELOO BROTHERS LTD	782 WHALLEY NEW ROAD		BLACKBURN	BB1 9BA	Yes	No	Blackburn with Darwen
FN840	BLACKBURN WITH DARWEN	YOUR LOCAL BOOTS PHARMACY	BOOTS UK LIMITED	435 BOLTON ROAD	EWOOD	BLACKBURN	BB2 4HY	Yes	No	Blackburn with Darwen
FNM39	BLACKBURN WITH DARWEN	WITTON PHARMACY	SYKES CHEMISTS LIMITED	108 REDLAM		BLACKBURN	BB2 1UW	Yes	No	Blackburn with Darwen
FPC18	BLACKBURN WITH DARWEN	ASDA PHARMACY	ASDA STORES LTD	LOWER AUDLEY RETAIL PARK	GRIMSHAW PARK ROAD	BLACKBURN	BB2 3DY	Yes	Yes	Blackburn with Darwen
FPM51	BLACKBURN WITH DARWEN	MONTAGUE PHARMACY	GELOO BROTHERS LTD	OAKENHURST ROAD		BLACKBURN	BB2 1SN	Yes	No	Blackburn with Darwen
FPT24	BLACKBURN WITH DARWEN	4 COURT PHARMACY	4 COURT LIMITED	BLACKBURN SERVICE STATION	WHALLEY BANKS	BLACKBURN	BB2 1NT	Yes	Yes	Blackburn with Darwen

FPV55	BLACKBURN WITH DARWEN	COHENS CHEMIST	GORGEMEAD LIMITED	DARWEN HEALTH CENTRE	JAMES STREET	DARWEN	BB3 1PY	Yes	No	Blackburn with Darwen
FPX67	BLACKBURN WITH DARWEN	MORRISON'S PHARMACY	WM MORRISON SUPERMARKETS PLC	MORRISON STORE	RAILWAY ROAD	BLACKBURN	BB1 5AZ	Yes	No	Blackburn with Darwen
FQ705	BLACKBURN WITH DARWEN	MARKET STREET PHARMACY	MPHARM LTD	29-31 MARKET STREET		DARWEN	BB3 1PS	Yes	Yes	Blackburn with Darwen
FRD36	BLACKBURN WITH DARWEN	WHALLEY RANGE PHARMACY	SHIFA HEALTHCARE LTD	1 WHALLEY RANGE		BLACKBURN	BB1 6DX	Yes	Yes	Blackburn with Darwen
FRJ30	BLACKBURN WITH DARWEN	AUDLEY LATE NIGHT PHARMACY	AUDLEY LATE NIGHT PHARMACY LTD	114-116 AUDLEY RANGE		BLACKBURN	BB1 1TG	Yes	Yes	Blackburn with Darwen
FRJ87	BLACKBURN WITH DARWEN	ASTON PHARMACY	ASTON CHEMISTS LTD	95 ACCRINGTON ROAD		BLACKBURN	BB1 2AF	Yes	No	Blackburn with Darwen
FRV19	BLACKBURN WITH DARWEN	CHURCH STREET PHARMACY	DARWEN HEALTHCARE LTD	11 CHURCH STREET	DARWEN	LANCASHIRE	BB3 2RE	Yes	No	Blackburn with Darwen
FT629	BLACKBURN WITH DARWEN	BEEHIVE PHARMACY	EURO GARAGES LIMITED	BEEHIVE TRADING PARK	HASLINGDEN ROAD	BLACKBURN	BB1 2EE	Yes	Yes	Blackburn with Darwen
FV989	BLACKBURN WITH DARWEN	LIVESEY PHARMACY	LIVESEY HEALTHCARE LTD	238 LIVESEY BRANCH ROAD	BLACKBURN		BB2 4QL	Yes	No	Blackburn with Darwen
FVD14	BLACKBURN WITH DARWEN	BOOTS UK LIMITED	BOOTS UK LIMITED	2 COBDEN COURT		BLACKBURN	BB1 7JJ	Yes	No	Blackburn with Darwen
FWK32	BLACKBURN WITH DARWEN	TESCO PHARMACY	TESCO STORES LIMITED	HILL STREET		BLACKBURN	BB1 3HF	Yes	Yes	Blackburn with Darwen
FWT27	BLACKBURN WITH DARWEN	RIAZ PHARMACY	TEBI HEALTH LIMITED	112 RANDAL STREET		BLACKBURN	BB1 7LG	Yes	Yes	Blackburn with Darwen
FX174	BLACKBURN WITH DARWEN	YOUR LOCAL BOOTS PHARMACY	BOOTS UK LIMITED	49 FISHMOOR DRIVE		BLACKBURN	BB2 3UY	Yes	No	Blackburn with Darwen
FXC46	BLACKBURN WITH DARWEN	MANOR PHARMACY	BLUNDELL'S PHARMACY LIMITED	UNIT 2 LIVESEY BRANCH RD	FENISCO WLES	BLACKBURN	BB2 5DX	Yes	No	Blackburn with Darwen
FXF62	BLACKBURN WITH DARWEN	GELOO BROTHERS LTD	GELOO BROTHERS LTD	CLEAVER STREET		BLACKBURN	BB1 5DG	Yes	No	Blackburn with Darwen
FXF74	BLACKBURN WITH DARWEN	PHARMAKION LTD	Pharmakeion Ltd	62 NEW CHAPEL STREET	MILL HILL	BLACKBURN	BB2 4DT	Yes	No	Blackburn with Darwen



FAH73	BLACKPOOL	CLEVELEY'S HEALTH CENTRE PHARMACY	Cleveleys Health Centre Pharmacy Ltd	CLEVELEY'S HEALTH CENTRE	KELSO AVENUE	CLEVELEY'S	FY5 3DZ	Yes	No	Blackpool
FAQ62	BLACKPOOL	WHITWORTH CHEMISTS LIMITED	WHITWORTH CHEMISTS LIMITED	80B CHARLES STREET		BLACKPOOL	FY1 3JJ	Yes	No	Blackpool
FAW42	BLACKPOOL	COHENS CHEMIST	GORGEMEAD LIMITED	MOOR PARK HEALTH CENTRE	BRISTOL AVENUE	BLACKPOOL	FY2 0JG	Yes	No	Blackpool
FCW43	BLACKPOOL	COHENS CHEMIST	GORGEMEAD LIMITED	164C WHITEGATE DRIVE		BLACKPOOL	FY3 9HF	Yes	No	Blackpool
FD112	BLACKPOOL	LLOYDS PHARMACY	LLOYDS PHARMACY LTD	BLOOMFIELD MEDICAL CENTRE	118-120 BLOOMFIELD ROAD	BLACKPOOL	FY1 6JW	Yes	No	Blackpool
FDX06	BLACKPOOL	WHITWORTH CHEMISTS LIMITED	WHITWORTH CHEMISTS LIMITED	60 WHITEGATE DRIVE	BLACKPOOL		FY3 9DG	Yes	No	Blackpool
FEW64	BLACKPOOL	CLEVELEY'S PHARMACY	O'BRIENS PHARMACIES LIMITED	42 KELSO AVENUE	THORNTON-CLEVELEY'S		FY5 3JG	Yes	No	Blackpool
FFF21	BLACKPOOL	WELL BLACKPOOL - LANGDALE PLACE	BESTWAY NATIONAL CHEMISTS LIMITED	RETAIL UNIT E	5 LANGDALE PLACE	MERESIDE, BLACKPOOL	FY4 4TR	Yes	No	Blackpool
FFP65	BLACKPOOL	WELL PHARMACY	BESTWAY NATIONAL CHEMISTS LIMITED	CHERRY TREE ROAD	MARTON	BLACKPOOL	FY4 4QH	Yes	No	Blackpool
FGF02	BLACKPOOL	TRUST PHARMACY SOUTH SHORE	SALRAM LTD	211 WATERLOO ROAD		BLACKPOOL	FY4 2AE	Yes	No	Blackpool
FGF35	BLACKPOOL	WELL BISPHAM - ALL HALLOWS ROAD	BESTWAY NATIONAL CHEMISTS LIMITED	9-11 ALL HALLOWS ROAD	BISPHAM	BLACKPOOL	FY2 0AS	Yes	No	Blackpool
FH219	BLACKPOOL	BLACKPOOL PHARMACY	BLACKPOOL MEDICINES LTD	UNIT 2B, PREMIER HOUSE	CORNFOR ROAD	BLACKPOOL	FY4 4QQ	Yes	No	Blackpool
FHD57	BLACKPOOL	B J RHODES PHARMACY	LATIF & FAMILY LTD	275 DEVONSHIRE ROAD		BLACKPOOL	FY2 0TN	Yes	No	Blackpool
FHX13	BLACKPOOL	LYTHAM ROAD PHARMACY	BSPC LIMITED	SOUTH SHORE PRIM CARE CTR	LYTHAM ROAD	BLACKPOOL	FY4 1TJ	Yes	No	Blackpool
FKG13	BLACKPOOL	WHITWORTH CHEMISTS LIMITED	WHITWORTH CHEMISTS LIMITED	91/95 BLOOMFIELD ROAD		BLACKPOOL	FY1 6JN	Yes	No	Blackpool
FLA06	BLACKPOOL	CROSSLEY F (CHEMISTS) LTD	CROSSLEY F (CHEMISTS) LTD	273 LYTHAM ROAD	BLACKPOOL		FY4 1DP	Yes	No	Blackpool

FLC51	BLACKPOOL	NORCHEM	CROSSLEY F (CHEMISTS) LTD	54-56 NORBRECK ROAD		BLACKPOOL	FY5 1RP	Yes	No	Blackpool
FLQ06	BLACKPOOL	WELL BLACKPOOL - GRASMERE ROAD	BESTWAY NATIONAL CHEMISTS LIMITED	8 GRASMERE ROAD	BLACKPOOL		FY1 5HU	Yes	No	Blackpool
FLX18	BLACKPOOL	GRANGE PHARMACY	APA BLACKPOOL LTD	UNIT 3	2A DINMORE AVENUE	BLACKPOOL	FY3 7RW	Yes	No	Blackpool
FM768	BLACKPOOL	BOOTS UK LIMITED	BOOTS UK LIMITED	28-38 BANK HEY STREET		BLACKPOOL	FY1 4TE	Yes	No	Blackpool
FM994	BLACKPOOL	WELL BLACKPOOL - ARNOLD MC	BESTWAY NATIONAL CHEMISTS LIMITED	THE ARNOLD MEDICAL CENTRE	204 ST ANNE'S ROAD	BLACKPOOL	FY4 2EF	Yes	No	Blackpool
FMK85	BLACKPOOL	PHARMISENSE	PHARMISENSE	118 ADELAIDE STREET		BLACKPOOL	FY1 4LN	Yes	No	Blackpool
FP173	BLACKPOOL	WHITWORTH CHEMISTS LIMITED	WHITWORTH CHEMISTS LIMITED	27 COMMON EDGE ROAD	BLACKPOOL		FY4 5AX	Yes	No	Blackpool
FP618	BLACKPOOL	WELL BLACKPOOL - SOUTH KING STREET	BESTWAY NATIONAL CHEMISTS LIMITED	8 SOUTH KING STREET		BLACKPOOL	FY1 4ND	Yes	No	Blackpool
FPN44	BLACKPOOL	MJ MOORE PHARMACY	DANCHRIS LTD	47 WESTCLIFFE DRIVE	LAYTON	BLACKPOOL	FY3 7BH	Yes	No	Blackpool
FQH44	BLACKPOOL	BOOTS UK LIMITED	BOOTS UK LIMITED	335-337 WHITEGATE DRIVE	MARTON	BLACKPOOL	FY3 9JR	Yes	No	Blackpool
FQM02	BLACKPOOL	WELL BLACKPOOL - ST PAULS MC	BESTWAY NATIONAL CHEMISTS LIMITED	ST.PAULS MEDICAL CENTRE	231 DICKSON ROAD	BLACKPOOL	FY1 2HH	Yes	No	Blackpool
FR658	BLACKPOOL	LLOYDS PHARMACY LTD	LLOYDS PHARMACY LTD	SAINSBURYS STORE	RED BANK ROAD	BISPHAM	FY2 9HY	Yes	No	Blackpool
FRA67	BLACKPOOL	HBS PHARMACY	FAMEVALLEY LIMITED	NEWTON DRIVE HEALTH CTR	NEWTON DRIVE	BLACKPOOL	FY3 8NX	Yes	Yes	Blackpool
FRR15	BLACKPOOL	SALRAM LTD	SALRAM LTD	343 LYTHAM ROAD	BLACKPOOL		FY4 1DS	Yes	No	Blackpool
FTT29	BLACKPOOL	TESCO PHARMACY	TESCO STORES LIMITED	TESCO STORES LTD	CLIFTON RET.PK,C LIFTON RD	BLACKPOOL	FY4 4UJ	Yes	Yes	Blackpool
FVP40	BLACKPOOL	LLOYDSPHARMACY	LLOYDS PHARMACY LTD	182 WATERLOO ROAD		BLACKPOOL	FY4 3AD	Yes	No	Blackpool

FVW44	BLACKPOOL	WHITEGATE PHARMACY	THE HUB PHARMACY LIMITED	WHITEGATE HEALTH CENTRE	150-158 WHITEGATE DRIVE	BLACKPOOL	FY3 9ES	Yes	No	Blackpool
FWN28	BLACKPOOL	WHITWORTHS CHEMISTS LTD	WHITWORTHS CHEMISTS LTD	LAYTON MEDICAL CENTRE	KINGSCOTE DRIVE, LAYTON	BLACKPOOL	FY3 7EN	Yes	No	Blackpool
FWX27	BLACKPOOL	BISPHAM PHARMACY	O'BRIENS PHARMACIES LIMITED	2 BLACKPOOL ROAD	BISPHAM	BLACKPOOL	FY2 0HR	Yes	No	Blackpool
FXH29	BLACKPOOL	LLOYDSPHARMACY	LLOYDS PHARMACY LTD	110 TALBOT ROAD		BLACKPOOL	FY1 1LR	Yes	No	Blackpool
FXH69	BLACKPOOL	COHENS CHEMIST	GORGEMEAD LIMITED	91 HOLMFIELD ROAD	NORTH SHORE	BLACKPOOL	FY2 9RS	Yes	No	Blackpool
FY456	BLACKPOOL	WHITWORTH CHEMISTS LIMITED	WHITWORTH CHEMISTS LIMITED	292-294 WATERLOO ROAD		BLACKPOOL	FY4 3AG	Yes	No	Blackpool
FYR78	BLACKPOOL	WELL BLACKPOOL - HIGHFIELD ROAD	BESTWAY NATIONAL CHEMISTS LIMITED	53 HIGHFIELD ROAD		BLACKPOOL	FY4 2JD	Yes	No	Blackpool
FA464	LANCASHIRE	COHENS CHEMISTS	GORGEMEAD LIMITED	151-151A ACCRINGTON ROAD	BURNLEY	LANCASHIRE	BB11 5AL	Yes	No	Burnley
FCE64	LANCASHIRE	COHENS CHEMIST	GORGEMEAD LIMITED	68-70 COAL CLOUGH LANE	BURNLEY	LANCASHIRE	BB11 4NW	Yes	No	Burnley
FCP68	LANCASHIRE	PEAK PLUS PHARMACY	MPHARM HOLDINGS LIMITED	36 ABEL STREET		BURNLEY	BB10 1QR	Yes	No	Burnley
FCT10	LANCASHIRE	IG TODD PHARMACY	TODD IG LTD	135-137 BURNLEY ROAD	PADIHAM	BURNLEY	BB12 8BA	Yes	No	Burnley
FD070	LANCASHIRE	WELL BURNLEY - BROWHEAD ROAD	BESTWAY NATIONAL CHEMISTS LIMITED	PIT TOP	4 BROWHEAD ROAD	BURNLEY	BB10 3BF	Yes	No	Burnley
FD131	LANCASHIRE	TESCO STORES LIMITED	TESCO STORES LIMITED	WYRE STREET		PADIHAM	BB12 8DQ	Yes	Yes	Burnley
FEM21	LANCASHIRE	LLOYDSPHARMACY	LLOYDS PHARMACY LTD	J SAINSBURYS STORE	ACTIVE WAY	BURNLEY	BB11 1BS	Yes	No	Burnley
FFL68	LANCASHIRE	ROSEGROVE PHARMACY	BMT HEALTHCARE NORTH LIMITED	22-26 ROSEGROVE LANE	BURNLEY	LANCASHIRE	BB12 6HX	Yes	No	Burnley
FK190	LANCASHIRE	COHENS CHEMIST	GORGEMEAD LIMITED	305-307 PADIHAM ROAD	BURNLEY	LANCASHIRE	BB12 6PR	Yes	No	Burnley

FLF27	LANCASHIRE	BURNLEY LATE NIGHT PHARMACY	Prestige Late Night Limited	36B COLNE ROAD		BURNLEY	BB10 1LG	Yes	Yes	Burnley
FLJ29	LANCASHIRE	YOUR LOCAL BOOTS PHARMACY	BOOTS UK LIMITED	16 CROWTHER STREET	BURNLEY	LANCASHIRE	BB11 3ND	Yes	No	Burnley
FPK28	LANCASHIRE	BAILE AND GARRETT KIDDROW LANE PHARMACY	BMT HEALTHCARE NORTH LIMITED	KIDDROW LANE HEALTH CTR		BURNLEY	BB12 6LH	Yes	No	Burnley
FQ161	LANCASHIRE	VILLAGE PHARMACY	A.P.A. LIMITED	144B BURNLEY ROAD	HARLESYKE	BRIERCLIFFE, BURNLEY	BB10 2HJ	Yes	No	Burnley
FQD43	LANCASHIRE	ASDA PHARMACY	ASDA STORES LTD	ASDA SUPERSTORE	PRINCESS WAY	BURNLEY	BB12 0EQ	Yes	No	Burnley
FR451	LANCASHIRE	ROWLANDS PHARMACY	L ROWLAND & CO (RETAIL) LTD	198 BRIERCLIFFE ROAD		BURNLEY	BB10 2NZ	Yes	No	Burnley
FRN38	LANCASHIRE	COHENS CHEMISTS	GORGEMEAD LIMITED	44 LYNDHURST ROAD	BURNLEY	LANCASHIRE	BB10 4DX	Yes	No	Burnley
FRW31	LANCASHIRE	TESCO IN-STORE PHARMACY	TESCO STORES LIMITED	CENTENARY WAY	FINSLEY GATE	BURNLEY	BB11 2HE	Yes	No	Burnley
FTM68	LANCASHIRE	BRUNLEA SURGICAL SUPPLIES LTD	BRUNLEA SURGICAL SUPPLIES LTD	UNIT 10	BALDERTONE CLOSE	HEASANFORD INDUSTRIAL EST	BB10 2TA	Yes	No	Burnley
FVM08	LANCASHIRE	ST PETERS PHARMACY	CGL HOLDINGS LTD	28 KEIRBY WALK		BURNLEY	BB11 2DE	Yes	No	Burnley
FX858	LANCASHIRE	BRUNSHAW PHARMACY	NUUR LTD	6 BROWNSIDE ROAD		BURNLEY	BB10 3JU	Yes	No	Burnley
FXF47	LANCASHIRE	BOOTS UK LIMITED	BOOTS UK LIMITED	51 ST JAMES STREET	BURNLEY	LANCASHIRE	BB11 1QL	Yes	No	Burnley
FXN00	LANCASHIRE	COLNE ROAD PHARMACY	SSLD HEALTHCARE LTD	60 COLNE ROAD		BURNLEY	BB10 1LG	Yes	No	Burnley
FYT29	LANCASHIRE	LLOYDS PHARMACY	LLOYDS PHARMACY LTD	83-85 BURNLEY ROAD	PADIHAM	BURNLEY	BB12 8BL	Yes	No	Burnley
FA307	LANCASHIRE	COHENS CHEMIST	GORGEMEAD LIMITED	THE CHORLEY SURGERY	24-26 GILLIBRAND STREET	CHORLEY	PR7 2EZ	Yes	No	Chorley
FA511	LANCASHIRE	COHENS CHEMIST	GORGEMEAD LIMITED	209-211 SPENDMORRE LANE	COPPULL	CHORLEY	PR7 5BY	Yes	No	Chorley



FAK76	LANCASHIRE	WITHNELL PHARMACY	WILLIAMS PA (WITHNELL PHARMACY) LTD	17 BURY LANE	WITHNELL	CHORLEY	PR6 8RX	Yes	No	Chorley
FAW39	LANCASHIRE	ASDA PHARMACY	ASDA STORES LTD	ASDA SUPERSTORE	CLAYTON GREEN ROAD	CLAYTON GREEN	PR6 7JY	Yes	Yes	Chorley
FCN66	LANCASHIRE	TESCO IN-STORE PHARMACY	TESCO STORES LIMITED	ORDNANCE ROAD	BUCKSHAW VILLAGE	CHORLEY	PR7 7EL	Yes	Yes	Chorley
FEM48	LANCASHIRE	CHORLEY PHARMACY	THE HUB PHARMACY LIMITED	13-17 PEEL STREET		CHORLEY	PR7 2EY	Yes	Yes	Chorley
FFC49	LANCASHIRE	WHITTLE BROOK PHARMACY	WHITTLE PHARMACIES LIMITED	74 TUNLEY HOLME	CLAYTON BROOK	PRESTON	PR5 8ES	Yes	No	Chorley
FGE58	LANCASHIRE	CROSTON PHARMACY	A&M HEALTHCARE (NW) LTD	69 STATION ROAD	CROSTON	PRESTON	PR26 9RL	Yes	No	Chorley
FHL63	LANCASHIRE	TESCO IN-STORE PHARMACY	TESCO STORES LIMITED	TESCO EXTRA	FOXHOLE ROAD	CHORLEY	PR7 1NW	Yes	Yes	Chorley
FKC77	LANCASHIRE	ASTLEY VILLAGE PHARMACY	AZAZ LATIF	UNIT 5, HALLGATE	ASTLEY VILLAGE	CHORLEY	PR7 1XA	Yes	No	Chorley
FKG45	LANCASHIRE	LLOYDS PHARMACY	LLOYDS PHARMACY LTD	96 DEVONSHIRE ROAD		CHORLEY	PR7 2DJ	Yes	No	Chorley
FKJ81	LANCASHIRE	FISHLOCKS PHARMACY	R.B. HEALTHCARE LIMITED	UNIT 3 CARRINGTON CENTRE	NEW MILL STREET, ECCLESTON	CHORLEY	PR7 5SZ	Yes	No	Chorley
FLG75	LANCASHIRE	COHENS CHEMIST	GORGEMEAD LIMITED	1 NEIGHBOURHOOD SHOP CTR	EAVES GREEN ROAD	CHORLEY	PR7 3QG	Yes	No	Chorley
FPH17	LANCASHIRE	WHITTLE BROOK PHARMACY	WHITTLE PHARMACIES LIMITED	230 PRESTON ROAD	WHITTLE-LE-WOODS	CHORLEY	PR6 7HW	Yes	No	Chorley
FRC14	LANCASHIRE	LLOYDS PHARMACY	LLOYDS PHARMACY LTD	LIBRARY STREET		CHORLEY	PR7 2EE	Yes	No	Chorley
FVK72	LANCASHIRE	LLOYDS PHARMACY	LLOYDS PHARMACY LTD	246 EAVES LANE		CHORLEY	PR6 0ET	Yes	No	Chorley
FVM56	LANCASHIRE	BAMFORDS PHARMACY	BAMFORDS PHARMACY LIMITED	163 CHORLEY ROAD	ADLINGTON	CHORLEY	PR6 9LP	Yes	No	Chorley
FW468	LANCASHIRE	ROWLANDS PHARMACY	L ROWLAND & CO (RETAIL) LTD	116-118 WIGAN ROAD	EUXTON	CHORLEY	PR7 6JW	Yes	No	Chorley
FWV78	LANCASHIRE	ROWLANDS PHARMACY	L ROWLAND & CO (RETAIL) LTD	15 MARKET STREET	ADLINGTON	CHORLEY	PR7 4HE	Yes	No	Chorley

FY618	LANCASHIRE	BOOTS UK LIMITED	BOOTS UK LIMITED	24 MARKET WALK	NEW MARKET STREET	CHORLEY	PR7 1DB	Yes	No	Chorley
FC027	LANCASHIRE	WHITWORTH CHEMISTS LIMITED	WHITWORTH CHEMISTS LIMITED	2A CHURCH STREET	KIRKHAM	PRESTON	PR4 2SE	Yes	No	Fylde
FDX51	LANCASHIRE	COHENS PHARMACY	GORGEMEAD LIMITED	ST ANNES HEALTH CENTRE	DURHAM AVENUE	ST ANNES	FY8 2EP	Yes	No	Fylde
FET66	LANCASHIRE	WELL KIRKHAM - MOOR STREET	BESTWAY NATIONAL CHEMISTS LIMITED	32 MOOR STREET	KIRKHAM	PRESTON	PR4 2AU	Yes	No	Fylde
FFG28	LANCASHIRE	ALEXANDRIA PHARMACY	MOHINDRA AK	11 ALEXANDRIA DRIVE		ST. ANNES-ON-SEA	FY8 1JF	Yes	No	Fylde
FG789	LANCASHIRE	BOOTS	BOOTS UK LIMITED	66 CLIFTON STREET	LYTHAM ST. ANNES	LANCASHIRE	FY8 5EW	Yes	No	Fylde
FKH96	LANCASHIRE	MORRISON'S PHARMACY	WM MORRISON SUPERMARKETS PLC	MORRISON'S SUPERMARKET	SQUIRES GATE LANE	BLACKPOOL	FY4 2AY	Yes	No	Fylde
FN789	LANCASHIRE	BOOTS	BOOTS UK LIMITED	3 ST ANNES ROAD WEST		LYTHAM ST ANNES	FY8 1SB	Yes	No	Fylde
FPH13	LANCASHIRE	TOMLINSONS CHEMIST	TOMLINSONS OF LYTHAM LIMITED	11 MARKET SQUARE		LYTHAM	FY8 5LW	Yes	No	Fylde
FQ168	LANCASHIRE	WELL KIRKHAM - MARKET SQUARE	BESTWAY NATIONAL CHEMISTS LIMITED	5 MARKET SQUARE	KIRKHAM	PRESTON	PR4 2SD	Yes	No	Fylde
FQN99	LANCASHIRE	COHENS CHEMIST	GORGEMEAD LIMITED	ANSDELL MEDICAL CENTRE	ALBANY ROAD	LYTHAM ST ANNES	FY8 4GW	Yes	No	Fylde
FR338	LANCASHIRE	ST ANNES PHARMACY	PHARMACY CARE PLUS LIMITED	56 ALBANS ROAD		LYTHAM ST ANNES	FY8 1TH	Yes	No	Fylde
FT396	LANCASHIRE	WINDMILL PHARMACY	WOODEND HEALTHCARE LIMITED	LYTHAM PRIMARY CARE CTR	WARTON STREET	LYTHAM ST ANNES	FY8 5EE	Yes	No	Fylde
FTC77	LANCASHIRE	WELL FRECKLETON - DOUGLAS DRIVE HC	BESTWAY NATIONAL CHEMISTS LIMITED	FRECKLETON HEALTH CENTRE	DOUGLAS DRIVE, FRECKLETON	PRESTON	PR4 1RY	Yes	No	Fylde
FVJ83	LANCASHIRE	COHENS CHEMIST	GORGEMEAD LIMITED	38 Highbury Road East		LYTHAM ST ANNES	FY8 2RW	Yes	No	Fylde
FVR79	LANCASHIRE	SMITHS CHEMIST	WHITTLE PHARMACIES LIMITED	108A WARTON STREET		LYTHAM	FY8 5HA	Yes	No	Fylde
FVV65	LANCASHIRE	HMI PHARMACY	HMI HEALTHCARE LIMITED	14 MOOR STREET	KIRKHAM	PRESTON	PR4 2AU	Yes	No	Fylde

FX074	LANCASHIRE	WESHAM PHARMACY	IMAAAN LTD	22 STATION ROAD	WESHAM, KIRKHAM	PRESTON	PR4 3AD	Yes	No	Fylde
FYV63	LANCASHIRE	COHENS CHEMIST	GORGEMEAD LIMITED	14 WHALLEY PLACE	ST.ANNE S ON SEA	LYTHAM ST ANNES	FY8 3PU	Yes	No	Fylde
FAF01	LANCASHIRE	COHENS CHEMIST	GORGEMEAD LIMITED	53-55 HIGH STREET	RISHTON	BLACKBUR N	BB1 4LD	Yes	No	Hyndburn
FAM83	LANCASHIRE	RX HEALTH PHARMACY	M & A PHARMA LTD	UNIT 22, RICHMOND IND EST	RICHMOND STREET	ACCRINGT ON	BB5 0RJ	Yes	No	Hyndburn
FAT95	LANCASHIRE	DIALACHE MIST LTD	DIALACHEMI ST LTD	4 PETRE ROAD	CLAYTON BUSINESS PARK	CLAYTON-LE-MOORS	BB5 5JB	Yes	No	Hyndburn
FC578	LANCASHIRE	PEEL STREET PHARMACY	IMAAAN LTD	13-17 PEEL STREET		ACCRINGT ON	BB5 1EA	Yes	No	Hyndburn
FC705	LANCASHIRE	OSWALDT WISTLE PHARMACY	KTK HEALTHCARE LTD	300 UNION ROAD	OSWALD TWISLE	ACCRINGT ON	BB5 3JD	Yes	Yes	Hyndburn
FC783	LANCASHIRE	ASTON PHARMACY	ASTON CHEMISTS LTD	ASTON HOUSE	387-391 BLACKBURN ROAD	ACCRINGT ON	BB5 1RP	Yes	No	Hyndburn
FC859	LANCASHIRE	WELL ACCRINGTON - PICKUP STREET	BESTWAY NATIONAL CHEMISTS LIMITED	36 PICKUP STREET	CLAYTON -LE-MOORS	ACCRINGT ON	BB5 5NS	Yes	No	Hyndburn
FCF32	LANCASHIRE	BOOTS UK LIMITED	BOOTS UK LIMITED	2 CORNHILL	ACCRINGTON	LANCASHIRE	BB5 1EX	Yes	No	Hyndburn
FCW00	LANCASHIRE	TESCO STORES LIMITED	TESCO STORES LIMITED	QUEEN STREET		GREAT HARWOOD	BB6 7AU	Yes	Yes	Hyndburn
FF609	LANCASHIRE	PARADISE STREET PHARMACY	SYKES CHEMISTS LIMITED	1A PARADISE STREET		ACCRINGT ON	BB5 2EJ	Yes	No	Hyndburn
FGQ96	LANCASHIRE	COHENS CHEMIST	GORGEMEAD LIMITED	67/69 UNION ROAD		OSWALDT WISTLE	BB5 3DD	Yes	No	Hyndburn
FJA74	LANCASHIRE	ACORN PHARMACY	ACCRINGTON LATE NIGHT PHARMACY LIMITED	406 BLACKBURN ROAD		ACCRINGT ON	BB5 1SA	Yes	No	Hyndburn
FJL20	LANCASHIRE	MY PHARMACY	MY PHARMACY( UK) LTD	58A QUEEN STREET	GREAT HARWOOD	BLACKBUR N	BB6 7AL	Yes	No	Hyndburn
FKD22	LANCASHIRE	SUPERDRUG PHARMACY INSIDE SAVERS	SUPERDRUG STORES PLC	20 CORNHILL	ARNDALE CENTRE	ACCRINGT ON	BB5 1EX	Yes	No	Hyndburn

FMD30	LANCASHIRE	BAXENDEN PHARMACY	GOSHEN CITY UK LTD	514-516 MANCHESTER ROAD	BAXENDEN	ACCRINGTON	BB5 2RG	Yes	No	Hyndburn
FN724	LANCASHIRE	WYVERN PHARMALTD	WYVERN PHARMALTD	81 ABBEY STREET		ACCRINGTON	BB5 1EH	Yes	No	Hyndburn
FQE18	LANCASHIRE	ACCRINGTON LATE NIGHT PHARMACY	ACCRINGTON LATE NIGHT PHARMACY LIMITED	188 BLACKBURN ROAD		ACCRINGTON	BB5 0AQ	Yes	Yes	Hyndburn
FRP19	LANCASHIRE	ASDA PHARMACY	ASDA STORES LTD	ASDA	HYNDBURN ROAD	ACCRINGTON	BB5 1QR	Yes	Yes	Hyndburn
FTG60	LANCASHIRE	COHENS CHEMIST	GORGEMEAD LIMITED	322-324 UNION ROAD	OSWALD TWISTLE	ACCRINGTON	BB5 3JD	Yes	No	Hyndburn
FTK15	LANCASHIRE	HUNCOAT PHARMACY	LANGHO PHARMACY LTD	20 STATION ROAD		HUNCOAT	BB5 6LS	Yes	No	Hyndburn
FV197	LANCASHIRE	RISHTON PHARMACY	RISHTON PHARMACY	42 HIGH STREET	RISHTON	BLACKBURN	BB1 4LA	Yes	No	Hyndburn
FVW68	LANCASHIRE	COHENS CHEMIST	GORGEMEAD LIMITED	240 UNION ROAD	OSWALD TWISTLE	ACCRINGTON	BB5 3JB	Yes	No	Hyndburn
FW349	LANCASHIRE	E B HOLDEN PHARMACY	A.P.A.LIMITED	9-11 QUEEN STREET	GREAT HARWOOD	BLACKBURN	BB6 7QL	Yes	No	Hyndburn
FWQ17	LANCASHIRE	TESCO	TESCO STORES LIMITED	2 EAGLE STREET		ACCRINGTON	BB5 1LN	Yes	Yes	Hyndburn
FWT37	LANCASHIRE	YOUR LOCAL BOOTS PHARMACY	BOOTS UK LIMITED	50 QUEEN STREET	GREAT HARWOOD	BLACKBURN	BB6 7QQ	Yes	No	Hyndburn
FXK55	LANCASHIRE	ACCRINGTON PHARMACY	ACCRINGTON PHARMACY LIMITED	257 WHALLEY ROAD		ACCRINGTON	BB5 5AD	Yes	No	Hyndburn
FA044	LANCASHIRE	COASTAL PHARMACY	GORGEMEAD LIMITED	1 HEYSHAM ROAD	HEYSHAM	MORECAMBE	LA3 1DA	Yes	No	Lancaster
FAJ19	LANCASHIRE	YOUR LOCAL BOOTS PHARMACY	BOOTS UK LIMITED	BRADDON CLOSE	WESTGATE	MORECAMBE	LA4 4UZ	Yes	No	Lancaster
FAM03	LANCASHIRE	ASDA STORES LTD	ASDA STORES LTD	ASDA SUPERSTORE	OVANGLE ROAD	LANCASTER	LA1 5JR	Yes	No	Lancaster
FCL21	LANCASHIRE	COHENS CHEMIST	GORGEMEAD LIMITED	YORKBRIDGE MEDICAL CENTRE	5 JAMES STREET	MORECAMBE	LA4 5TE	Yes	No	Lancaster



# Pan-Lancashire Pharmaceutical Needs Assessment 2022

FDT25	LANCASHIRE	COHENS CHEMIST	COHENS CHEMIST	52-54 ULLSWATER ROAD		LANCASTER	LA1 3PS	Yes	No	Lancaster
FFH19	LANCASHIRE	HALTON PHARMACY	C R HEALTHCARE LTD	110 HIGH ROAD	HALTON	LANCASTER	LA2 6PU	Yes	No	Lancaster
FFR06	LANCASHIRE	WELL BOLTON-LE-SANDS - BROOKFIELD HC	BESTWAY NATIONAL CHEMISTS LIMITED	BROOKFIELD HC , MAIN ROAD	BOLTON-LE-SANDS	CARNFORTH	LA5 8DH	Yes	No	Lancaster
FFT70	LANCASHIRE	WELL LANCASTER - KING STREET	BESTWAY NATIONAL CHEMISTS LIMITED	46 KING STREET		LANCASTER	LA1 1RE	Yes	No	Lancaster
FG035	LANCASHIRE	MORECAMBE BAY CHEMIST	JHALLEY LTD	28-30 REGENT ROAD	MORECAMBE	LANCASHIRE	LA3 1QN	Yes	No	Lancaster
FGA51	LANCASHIRE	BOOTS	BOOTS UK LIMITED	14-16 LANCASTER GATE	ST NICHOLAS ARCADES	LANCASTER	LA1 1NB	Yes	No	Lancaster
FGT42	LANCASHIRE	BOOTS	BOOTS UK LIMITED	4 ROYALTY MALL	ARNDALE CENTRE	MORECAMBE	LA4 5DH	Yes	No	Lancaster
FGY83	LANCASHIRE	SUPERDRUG STORES PLC	SUPERDRUG STORES PLC	UNIT 1	ST.NICHOLAS SQUARE	LANCASTER	LA1 1NB	Yes	No	Lancaster
FHC75	LANCASHIRE	COHENS CHEMIST	GORGEMEAD LIMITED	HEYSHAM PRIMARY CARE CTR	MIDDLETON WAY, HEYSHAM	MORECAMBE	LA3 2LE	Yes	No	Lancaster
FHM56	LANCASHIRE	COHENS CHEMIST	GORGEMEAD LIMITED	FORMER LLOYDS PHARMACY	HANOVER STREET	MORECAMBE	LA4 5LY	Yes	No	Lancaster
FJ938	LANCASHIRE	COHENS CHEMIST	GORGEMEAD LIMITED	2 BROADWAY	SKERTON	LANCASTER	LA1 2BU	Yes	No	Lancaster
FJJ38	LANCASHIRE	FOX AND MEDCALFE	SYKES CHEMISTS LIMITED	36 KING STREET		LANCASTER	LA1 1RE	Yes	No	Lancaster
FKF58	LANCASHIRE	BARE PHARMACY LTD	BARE PHARMACY LTD	45 PRINCES CRESCENT	BARE	MORECAMBE	LA4 6BY	Yes	No	Lancaster
FLC47	LANCASHIRE	DALTON SQUARE PHARMACY	RONALD HOLMES (LANCASTER) LTD	24-26 GREAT JOHN STREET		LANCASTER	LA1 1NG	Yes	Yes	Lancaster
FLR12	LANCASHIRE	LLOYDSPHARMACY	LLOYDS PHARMACY LTD	CHRISTIE PARK	LANCASTER ROAD	MORECAMBE	LA4 5TJ	Yes	Yes	Lancaster
FM390	LANCASHIRE	WEST END PHARMACY	A & RK PATEL	3 HEYSHAM ROAD		MORECAMBE	LA3 1DA	Yes	No	Lancaster

FME05	LANCASHIRE	SLYNE PHARMACY	SLYNE HEALTHCARE LIMITED	2 MANOR ROAD		SLYNE	LA2 6JY	Yes	No	Lancaster
FN335	LANCASHIRE	ROWLANDS PHARMACY	L ROWLAND & CO (RETAIL) LTD	POINTER COURT	ASHTON ROAD	LANCASTER	LA1 4JT	Yes	No	Lancaster
FN361	LANCASHIRE	LANCASTER UNIVERSITY PHARMACY	MASQ LTD	66A BOWLAND COLLEGE	LANCASTER UNIVERSITY	LANCASTER	LA1 4YT	Yes	No	Lancaster
FPF67	LANCASHIRE	BOWERHAM PHARMACY	SINGH & DONALDSON LTD	8-9 GORDON TERRACE	BOWERHAM ROAD	LANCASTER	LA1 4DS	Yes	No	Lancaster
FPL18	LANCASHIRE	HIGHER GREAVES PHARMACY	DEIDDA LTD	20 SCOTFORTH ROAD		SCOTFORTH	LA1 4ST	Yes	No	Lancaster
FPP56	LANCASHIRE	FITTLEWORTH MEDICAL LIMITED	FITTLEWORTH MEDICAL LIMITED	FITTLEWORTH HOUSE	ROOMS 1 & 3, WARTON ROAD	CARNFORTH	LA5 9EX	Yes	No	Lancaster
FTC57	LANCASHIRE	ROSEBANK PHARMACY	ROSEBANK PHARMACY	GALGATE HEALTH CENTRE	HIGHLAND BROW	GALGATE	LA2 0NB	Yes	No	Lancaster
FV089	LANCASHIRE	BOOTS UK LIMITED	BOOTS UK LIMITED	24 MARKET STREET	CARNFORTH	LANCASHIRE	LA5 9JX	Yes	No	Lancaster
FV127	LANCASHIRE	YOUR LOCAL BOOTS PHARMACY	BOOTS UK LIMITED	15 HORNBY ROAD	CATON	LANCASTER	LA2 9QW	Yes	No	Lancaster
FVM37	LANCASHIRE	ASH TREES PHARMACY	CR HEALTHCARE LTD	ASH TREES SURGERY	MARKET STREET	CARNFORTH	LA5 9JU	Yes	Yes	Lancaster
FX944	LANCASHIRE	KING'S CHEMIST	HK MONG	359 LANCASTER ROAD	TORRISH OLME	MORECAMBE	LA4 6RL	Yes	No	Lancaster
FXG80	LANCASHIRE	CARNFORTH PHARMACY	LIVE FELL LTD	9 MARKET STREET	CARNFORTH	LANCASHIRE	LA5 9JX	Yes	No	Lancaster
FAN20	LANCASHIRE	DIRECT2CHEMIST	RIZQ HEALTHCARE LTD	24A FOREST STREET		NELSON	BB9 7NB	Yes	No	Pendle
FAW09	LANCASHIRE	WHITWORTH CHEMISTS LTD	WHITWORTH CHEMISTS LIMITED	39 VICTORIA ROAD	EARBY	COLNE	BB18 6UN	Yes	No	Pendle
FDY09	LANCASHIRE	LEEDAMS PHARMACY	LEEDAM MJ	71-73 KEIGHLEY ROAD	COLNE	LANCASHIRE	BB8 0QF	Yes	No	Pendle
FE218	LANCASHIRE	BARKERHOUSE PHARMACY	FARMACEUTICALS HEALTHCARE LIMITED	102-104 BARKERHOUSE ROAD		NELSON	BB9 9EU	Yes	No	Pendle

FF644	LANCASHIRE	THE CO-OPERATIVE PHARMACY	BESTWAY NATIONAL CHEMISTS LIMITED	26-30 RAINHALL ROAD	BARNOLD SWICK	COLNE	BB18 5DR	Yes	No	Pendle
FFT88	LANCASHIRE	NELSON HEALTH CENTRE PHARMACY	NELSON (HCC) LTD	YARNSPINNERS PRIMARY HCC	YARNSPINNERS WHARF	CARR ROAD, NELSON	BB9 7SR	Yes	No	Pendle
FFW12	LANCASHIRE	THE VILLAGE PHARMACY	NAYLORS LTD	110-112 GISBURN ROAD	BARROW FORD	NELSON	BB9 6EW	Yes	No	Pendle
FG310	LANCASHIRE	BOOTS UK LIMITED	BOOTS UK LIMITED	2 MARSDEN MALL	PENDLERISE SHOP/CTR	NELSON	BB9 9SL	Yes	No	Pendle
FGM92	LANCASHIRE	ASDA PHARMACY	ASDA STORES LTD	CORPORATION STREET		COLNE	BB8 8LU	Yes	Yes	Pendle
FJR48	LANCASHIRE	WHITWORTH CHEMIST	WHITWORTH CHEMISTS LIMITED	96 EVERY STREET		NELSON	BB9 7LS	Yes	No	Pendle
FM816	LANCASHIRE	CHAPEL HOUSE PHARMACY	A.P.A. LIMITED	194 CHAPEL HOUSE ROAD	NELSON	LANCASHIRE	BB9 0QW	Yes	No	Pendle
FME63	LANCASHIRE	YOUNIS PHARMACY	READ & SIMONSTONE PHARMACY LTD	2-6 ARTHUR STREET	BRIERFIELD	NELSON	BB9 5SQ	Yes	No	Pendle
FMG88	LANCASHIRE	PHARMADRUG DIRECT	PHARMADRUG HEALTHCARE LTD	99A LEEDS ROAD	NELSON		BB9 9UA	Yes	No	Pendle
FPN11	LANCASHIRE	EVERCAR PHARMACY	SHEALMORE LIMITED	13 MARKET STREET		COLNE	BB8 0LJ	Yes	Yes	Pendle
FQ019	LANCASHIRE	BOOTS UK LIMITED	BOOTS UK LIMITED	64 MARKET STREET	COLNE	LANCASHIRE	BB8 0HS	Yes	No	Pendle
FW106	LANCASHIRE	NELSON PHARMACY	MR BASIT HUSSAIN	41 EVERY STREET		NELSON	BB9 7LU	Yes	Yes	Pendle
FWD90	LANCASHIRE	ROWLANDS PHARMACY	L ROWLAND & CO (RETAIL) LTD	7 ALBERT ROAD		COLNE	BB8 0RY	Yes	No	Pendle
FWH26	LANCASHIRE	TAYLORS PHARMACY	FRANK TAYLOR & AYS LTD	207 LEEDS ROAD		NELSON	BB9 8EH	Yes	No	Pendle
FWP79	LANCASHIRE	BRIERFIELD LATE NIGHT PHARMACY	READ & SIMONSTONE PHARMACY LTD	10-12 COLNE ROAD	BRIERFIELD	NELSON	BB9 5PH	Yes	No	Pendle
FX511	LANCASHIRE	BMT HEALTHCARE NORTH LIMITED	BMT HEALTHCARE NORTH LIMITED	61 NORA STREET	BARROW FORD	NELSON	BB9 8NT	Yes	No	Pendle

FXV04	LANCASHIRE	WHITWORTH CHEMISTS LTD	WHITWORTH CHEMISTS LIMITED	21 RAINHALL ROAD	BARNOLD SWICK	COLNE	BB18 5DR	Yes	No	Pendle
FAL78	LANCASHIRE	NEW HALL LANE PHARMACY	A MANN LTD	270 NEW HALL LANE		PRESTON	PR1 4ST	Yes	Yes	Preston
FDE38	LANCASHIRE	PHARMALOGIC CHEMIST	MDS HEALTHCARE LIMITED	GUTTRIDGE MEDICAL CENTRE	DEEPDALE ROAD	PRESTON	PR1 6LL	Yes	No	Preston
FDK88	LANCASHIRE	SHAROE GREEN PHARMACY	A & J SINGH LTD	UNIT 9	BOOTH SHOPPING COMPLEX	SHAROE GREEN LANE	PR2 9HD	Yes	No	Preston
FE483	LANCASHIRE	GOOSNAR GH PHARMACY	NARAVH LTD	859 WHITTINGHAM LANE	GOOSNAR GH	PRESTON	PR3 2AU	Yes	No	Preston
FEC01	LANCASHIRE	BOOTS UK LIMITED	BOOTS UK LIMITED	10-13 FISHERGATE		PRESTON	PR1 3QA	Yes	No	Preston
FJ030	LANCASHIRE	LLOYDSPHARMACY	LLOYDS PHARMACY LTD	GEOFFREY ST HEALTH CENTRE	GEOFFREY STREET	PRESTON	PR1 5NE	Yes	No	Preston
FJ675	LANCASHIRE	SHARIEF HEALTHCARE LIMITED	SHARIEF HEALTHCARE LIMITED	78-80 LANCASTER ROAD	PRESTON		PR1 1DD	Yes	No	Preston
FJE48	LANCASHIRE	RIBBLETON PHARMACY	WHITTLE PHARMACIES LIMITED	182 RIBBLETON AVENUE	RIBBLETON	PRESTON	PR2 6QN	Yes	No	Preston
FJH26	LANCASHIRE	HBS PHARMACY	FAMEVALLEY LIMITED	THE ISSA MEDICAL CENTRE	ST GREGORY ROAD	PRESTON	PR1 6YA	Yes	Yes	Preston
FJP66	LANCASHIRE	BOOTS UK LIMITED	BOOTS UK LIMITED	UNIT C2	DEEPDALE RETAIL PARK	BLACKPOOL RD, DEEPDALE	PR1 6QY	Yes	No	Preston
FJR29	LANCASHIRE	KADRI PHARMACY LTD	KADRI PHARMACY LTD	87-89 MEADOW STREET	PRESTON		PR1 1TS	Yes	No	Preston
FKD99	LANCASHIRE	HBS PHARMACY	FAMEVALLEY LIMITED	MOOR PARK AVENUE		PRESTON	PR1 6AS	Yes	No	Preston
FKV08	LANCASHIRE	ASDA PHARMACY	ASDA STORES LTD	ASDA SUPERSTORE	EASTWAY, FULWOOD	PRESTON	PR2 9NP	Yes	No	Preston
FL668	LANCASHIRE	FAMEVALLEY LIMITED	FAMEVALLEY LIMITED	3 LYTHAM ROAD	FULWOOD	PRESTON	PR2 8JE	Yes	No	Preston
FLF78	LANCASHIRE	FRENCHWOOD PHARMACY	ZS RETAIL LTD	1 RUSKIN STREET		PRESTON	PR1 4NA	Yes	No	Preston
FLM00	LANCASHIRE	DDL DAVIES LTD	DDL DAVIES LTD	59-61 PLUNGINGTON ROAD	PRESTON	LANCASHIRE	PR1 7EN	Yes	No	Preston



FM831	LANCASHIRE	ROWLAND S PHARMACY	L ROWLAND & CO (RETAIL) LTD	RIBBLETON MEDICAL CTR	245 RIBBLETON AVENUE	PRESTON	PR2 6RD	Yes	No	Preston
FME86	LANCASHIRE	COHENS CHEMIST	GORGEMEAD LIMITED	3 LANGCLIFFE ROAD	RIBBLETON	PRESTON	PR2 6UE	Yes	No	Preston
FMR67	LANCASHIRE	YOUR LOCAL BOOTS PHARMACY	BOOTS UK LIMITED	76 PEDDERS LANE	ASHTON ON RIBBLE	PRESTON	PR2 1HN	Yes	No	Preston
FMX25	LANCASHIRE	LLOYDS PHARMACY LTD	LLOYDS PHARMACY LTD	SAINSBURY STORE	DEEPDALE ROAD	PRESTON	PR1 6PJ	Yes	No	Preston
FN226	LANCASHIRE	ASHTON PHARMACY	A.P.A. LIMITED	ROOM FB075	UCLAN, FOSTER BUILDING	PRESTON	PR1 2HE	Yes	No	Preston
FNE92	LANCASHIRE	GRIMSAR GH PHARMACY	LIYA HEALTHCARE LIMITED	136 PRESTON ROAD	GRIMSAR GH	PRESTON	PR2 5JQ	Yes	No	Preston
FP556	LANCASHIRE	MX PHARMACY	MX PHARMACY LIMITED	51-53 LONGRIDGE ROAD	RIBBLETON	PRESTON	PR2 6RE	Yes	Yes	Preston
FPK67	LANCASHIRE	BROADWAY PHARMACY	FLETCHER H & AK LTD	331 GARSTANG ROAD	FULWOOD	PRESTON	PR2 9UP	Yes	No	Preston
FPV26	LANCASHIRE	SUPERDRUG PHARMACY	SUPERDRUG STORES PLC	UNIT 1 FISHERGATE WALK	ST GEORGE'S CENTRE	PRESTON	PR1 2NR	Yes	No	Preston
FPV77	LANCASHIRE	SMITHSON'S PHARMACY	WHITTLE PHARMACIES LIMITED	51 FISHERGATE HILL	PRESTON		PR1 8DN	Yes	No	Preston
FQT05	LANCASHIRE	AVENHAM PHARMACY	C & S PHARMACY LIMITED	42 AVENHAM LANE		PRESTON	PR1 3TS	Yes	No	Preston
FQX15	LANCASHIRE	ROWLAND S PHARMACY	L ROWLAND & CO (RETAIL) LTD	INGOL HEALTH CENTRE	86 VILLAGE GREEN LN,INGOL	PRESTON	PR2 7DS	Yes	No	Preston
FRE71	LANCASHIRE	LLOYDS PHARMACY	LLOYDS PHARMACY LTD	112 DEEPDALE ROAD		PRESTON	PR1 5AR	Yes	No	Preston
FRN37	LANCASHIRE	MOOR PARK PHARMACY	C & S PHARMACY LIMITED	47 GARSTANG ROAD		PRESTON	PR1 1LA	Yes	No	Preston
FRW79	LANCASHIRE	PRESTON PHARMACY	RAINBOW HEALTHCARE LTD	LONGSANDS LANE		PRESTON	PR2 9PS	Yes	No	Preston
FT104	LANCASHIRE	WM MORRISON PHARMACY	WM MORRISON SUPERMARKETS PLC	MARINERS WAY	ASHTON ON RIBBLE	PRESTON	PR2 2YN	Yes	No	Preston

FTJ77	LANCASHIRE	BOOTS UK LIMITED	BOOTS UK LIMITED	440 BLACKPOOL ROAD	ASHTON	PRESTON	PR2 2LP	Yes	No	Preston
FVJ04	LANCASHIRE	RIBBLE VILLAGE PHARMACY	HF ASSOCIATES LIMITED	200 MILLER ROAD		PRESTON	PR2 6NH	Yes	Yes	Preston
FW285	LANCASHIRE	FITTLEWORTH MEDICAL LIMITED	FITTLEWORTH MEDICAL LIMITED	SUITE 4, COTTAM LANE	BLACKPOOL ROAD	PRESTON	PR2 1JR	Yes	No	Preston
FWF05	LANCASHIRE	COTTAM LANE PHARMACY	EMH ACCESS LIMITED	COTTAM LANE SURGERY	ASHTON	PRESTON	PR2 1JR	Yes	Yes	Preston
FWM31	LANCASHIRE	ROWLANDS PHARMACY	L ROWLAND & CO (RETAIL) LTD	14 ELSWICK ROAD	LARCHES ESTATE	PRESTON	PR2 1NT	Yes	No	Preston
FX846	LANCASHIRE	MILLER ROAD PHARMACY	IMAAAN LTD	198 MILLER ROAD	RIBBLETON	PRESTON	PR2 6NH	Yes	No	Preston
FEP07	LANCASHIRE	LLOYDSPHARMACY	LLOYDS PHARMACY LTD	40 KING STREET	WHALLEY	BLACKBURN	BB7 9SL	Yes	No	Ribble Valley
FEQ95	LANCASHIRE	THE CLITHEROE PHARMACY	FRONTPARK LIMITED	UNIT 2, 32 KING STREET		CLITHEROE	BB7 1EU	Yes	No	Ribble Valley
FJ612	LANCASHIRE	MELLOR PHARMACY	LANGHO PHARMACY LTD	28 CARTER FOLD	MELLOR	BLACKBURN	BB2 7ER	Yes	No	Ribble Valley
FK895	LANCASHIRE	READ & SIMONSTONE PHARMACY	Read & Simonstone Pharmacy Ltd	90 WHALLEY ROAD	READ	NR BURNLEY	BB12 7PN	Yes	No	Ribble Valley
FKA00	LANCASHIRE	LANGHO PHARMACY	PATEL S & MANCHHA A	1A EAST VIEW TERRACE	WHALLEY ROAD	LANGHO	BB6 8BX	Yes	No	Ribble Valley
FQY67	LANCASHIRE	PETER BUCKLEY (CLITHEROE) LTD	PETER BUCKLEY (CLITHEROE) LTD	34 KING STREET		CLITHEROE	BB7 2EU	Yes	No	Ribble Valley
FT428	LANCASHIRE	WELL LONGRIDGE - PRESTON ROAD	BESTWAY NATIONAL CHEMISTS LIMITED	UNITS 2 & 3	STONEBRIDGE PARADE	PRESTON RD, LONGRIDGE	PR3 3AN	Yes	No	Ribble Valley
FXP51	LANCASHIRE	LLOYDSPHARMACY	LLOYDS PHARMACY LTD	40 BERRY LANE	LONGRIDGE	PRESTON	PR3 3JJ	Yes	No	Ribble Valley
FYQ04	LANCASHIRE	BOOTS UK LIMITED	BOOTS UK LIMITED	15-19 CASTLE STREET	CLITHEROE	LANCASHIRE	BB7 2BT	Yes	No	Ribble Valley
FAJ76	LANCASHIRE	WELL HASLINGDEN - MANCHESTER ROAD	BESTWAY NATIONAL CHEMISTS LIMITED	27 MANCHESTER ROAD	HASLINGDEN	ROSSENDALE	BB4 5SL	Yes	No	Rosendale

FAT09	LANCASHIRE	NUTTALL AJ LTD	NUTTALL AJ LTD	603 MARKET STREET	WHITWORTH	ROCHDALE	OL12 8QS	Yes	No	Rossendale
FG858	LANCASHIRE	WELL WATERFOOT - COWPE ROAD	BESTWAY NATIONAL CHEMISTS LIMITED	THE HEALTH CENTRE	COWPE ROAD	WATERFOOT, ROSSENDALE,	BB4 7DN	Yes	No	Rossendale
FH654	LANCASHIRE	TESCO INSTORE PHARMACY	TESCO STORES LIMITED	BURY ROAD		RAWTENSTALL	BB4 6DD	Yes	Yes	Rossendale
FHL56	LANCASHIRE	STRACHANS CHEMIST	STR TRAINING LIMITED	9 MARKET STREET	EDENFIELD, RAMSBOTTOM	BURY	BL0 0JQ	Yes	No	Rossendale
FJ067	LANCASHIRE	HELMSHORE PHARMACY	WHITWORTH CHEMISTS LIMITED	3 THE PARADE	BROADWAY	HELMSHORE, ROSSENDALE	BB4 4HD	Yes	No	Rossendale
FL479	LANCASHIRE	MHS PHARMACY	STERLING SQUARE LTD	101-103, KINGFISHER CENTRE	BURNLEY ROAD	RAWTENSTALL	BB4 8EQ	Yes	No	Rossendale
FL635	LANCASHIRE	TESCO-INSTORE PHARMACY	TESCO STORES LIMITED	TESCO SUPERSTORE	HASLINGDEN ROAD	HASLINGDEN	BB4 6LY	Yes	Yes	Rossendale
FLJ49	LANCASHIRE	LLOYDS PHARMACY	LLOYDS PHARMACY LTD	BACUP HEALTH CENTRE	IRWELL MILL, ROCHDALE RD	BACUP	OL13 9NR	Yes	No	Rossendale
FM618	LANCASHIRE	BOOTS UK LIMITED	BOOTS UK LIMITED	15 ST JAMES SQUARE	BACUP	LANCASHIRE	OL13 9NH	Yes	No	Rossendale
FMR19	LANCASHIRE	ROWLANDS PHARMACY	L ROWLAND & CO (RETAIL) LTD	ST JAMES MEDICAL CENTRE	BURNLEY RD, RAWTENSTALL	ROSSENDALE	BB4 8HH	Yes	No	Rossendale
FP156	LANCASHIRE	COHENS CHEMIST	GORGEMEAD LIMITED	11 MANCHESTER ROAD		HASLINGDEN	BB4 5SL	Yes	No	Rossendale
FP211	LANCASHIRE	COHENS CHEMIST	GORGEMEAD LIMITED	278 NEWCHURCH ROAD	STACKSTEADS	BACUP	OL13 0UJ	Yes	No	Rossendale
FPA62	LANCASHIRE	YOUR LOCAL BOOTS PHARMACY	BOOTS UK LIMITED	RAWTENSTALL HEALTH CENTRE	161 BACUP ROAD	RAWTENSTALL	BB4 7PL	Yes	No	Rossendale
FTM61	LANCASHIRE	BOOTS UK LIMITED	BOOTS UK LIMITED	9 BANK STREET	RAWTENSTALL	ROSSENDALE	BB4 6QS	Yes	No	Rossendale
FTP61	LANCASHIRE	ASDA PHARMACY (RAWTENSTALL)	ASDA STORES LTD	HOLLY MOUNT WAY	RAWTENSTALL		BB4 8EL	Yes	Yes	Rossendale
FX208	LANCASHIRE	CRAWSHA WBOOTH PHARMACY	SZ ENTERPRISE LIMITED	572 BURNLEY ROAD	CRAWSHA WBOOTH	ROSSENDALE	BB4 8AJ	Yes	No	Rossendale

FAT48	LANCASHIRE	LEYLAND & FARINGTON PHARMACY	F & L HEALTH LTD	8-9 CLIFTON PARADE	BRISTOL AVE, FARINGTON	LEYLAND	PR25 4YU	Yes	No	South Ribble
FCK86	LANCASHIRE	BOOTS UK LIMITED	BOOTS UK LIMITED	40 HOUGH LANE		LEYLAND	PR25 2SA	Yes	No	South Ribble
FDG70	LANCASHIRE	PENWORTHAM PHARMACY	PENWORTHAM HEALTHCARE LIMITED	ST FILLAN'S MEDICAL CENTRE	2 LIVERPOOL RD, PENWORTHAM	PRESTON	PR1 0AD	Yes	Yes	South Ribble
FDP74	LANCASHIRE	BOOTS UK LIMITED	BOOTS UK LIMITED	CAPITOL RETAIL PARK	WALTON-LE-DALE	PRESTON	PR5 4AW	Yes	No	South Ribble
FFA80	LANCASHIRE	WISE PHARMACY	WISE PHARMACIES LTD	MOSS SIDE VILLAGE CENTRE	OFF DUNKIRK LN, MOSS SIDE	LEYLAND	PR26 7SN	Yes	No	South Ribble
FFX74	LANCASHIRE	ROWLANDS PHARMACY	L ROWLAND & CO (RETAIL) LTD	SANDY LANE SURGERY	SANDY LANE	LEYLAND	PR25 2EB	Yes	No	South Ribble
FGD18	LANCASHIRE	BOOTS UK LIMITED	BOOTS UK LIMITED	219-221 STATION ROAD	BAMBER BRIDGE	PRESTON	PR5 6LD	Yes	No	South Ribble
FGV21	LANCASHIRE	POMFRET PHARMACY	WHITTLE PHARMACIES LIMITED	182 VICTORIA ROAD	WALTON-LE-DALE	PRESTON	PR5 4AY	Yes	No	South Ribble
FHT46	LANCASHIRE	VILLAGE PHARMACY	M&B HEALTHCARE	356 CHAPEL LANE	NEW LONGTON	PRESTON	PR4 4AA	Yes	No	South Ribble
FJ391	LANCASHIRE	CLAYFIELDS CHEMIST	A.P.A. LIMITED	8 ALDER DRIVE	HOGHTON		PR5 0AD	Yes	No	South Ribble
FJF38	LANCASHIRE	ROWLANDS PHARMACY	L ROWLAND & CO (RETAIL) LTD	37 WEST PADDOCK	LEYLAND	PRESTON	PR25 1HR	Yes	No	South Ribble
FJG96	LANCASHIRE	FACER AS (LONGTON) LTD	FACER AS (LONGTON) LTD	RAMSHEAD CORNER	66 LIVERPOOL ROAD	LONGTON	PR4 5PB	Yes	No	South Ribble
FK888	LANCASHIRE	COHENS CHEMIST	GORGEMEAD LIMITED	13 HOPE TERRACE	LOSTOCK HALL	PRESTON	PR5 5RU	Yes	No	South Ribble
FKH54	LANCASHIRE	PENWORTHAM PHARMACY	PENWORTHAM HEALTHCARE LIMITED	22 LIVERPOOL ROAD	PENWORTHAM	PRESTON	PR1 0DQ	Yes	No	South Ribble
FMQ71	LANCASHIRE	TESCO IN STORE PHARMACY	TESCO STORES LIMITED	TESCO EXTRA	TOWNGATE, LEYLAND	PRESTON	PR25 2FN	Yes	Yes	South Ribble
FPE56	LANCASHIRE	LEYLAND LATE NIGHT PHARMACY	LEYLAND LATE NIGHT PHARMACY LTD	6 HOUGH LANE		LEYLAND	PR25 2SD	Yes	Yes	South Ribble



## Pan-Lancashire Pharmaceutical Needs Assessment 2022

FQJ90	LANCASHIRE	ROWLAND S PHARMACY	L ROWLAND & CO (RETAIL) LTD	25 MAIN SQUARE	BUCKSHA W VILLAGE	CHORLEY	PR7 7AR	Yes	No	South Ribble
FQK68	LANCASHIRE	HBS PHARMACY	MDS HEALTHCARE LIMITED	30 ST MARY'S ROAD	BAMBER BRIDGE	PRESTON	PR5 6TD	Yes	Yes	South Ribble
FR084	LANCASHIRE	ROWLAND S PHARMACY	L ROWLAND & CO (RETAIL) LTD	PENWORTHAM HEALTH CENTRE	COP LANE, PENWORTHAM	PRESTON	PR1 0SR	Yes	No	South Ribble
FR111	LANCASHIRE	KINGSFOLD PHARMACY	MIDDLEFORTH LIMITED	69 POPE LANE	PENWORTHAM	PRESTON	PR1 9BY	Yes	No	South Ribble
FT725	LANCASHIRE	LLOYDS PHARMACY	LLOYDS PHARMACY LTD	CUERDEN WAY	BAMBER BRIDGE	PRESTON	PR5 6BJ	Yes	Yes	South Ribble
FVK31	LANCASHIRE	BUCKLEY P LTD	BUCKLEY P LTD	111 STATION ROAD	BAMBER BRIDGE	PRESTON	PR5 6QS	Yes	No	South Ribble
FVW38	LANCASHIRE	PHARMALOGIC	MDS HEALTHCARE LIMITED	464 RANGLLET ROAD	WALTON SUMMIT CENTRE	PRESTON	PR5 8AR	Yes	No	South Ribble
FWN77	LANCASHIRE	MIDDLEFORTH PHARMACY	MIDDLEFORTH LIMITED	88-90 LEYLAND ROAD	MIDDLEFORTH	PRESTON	PR1 9QJ	Yes	No	South Ribble
FAL89	LANCASHIRE	BANKS PHARMACY	NORTH MEOLS PHARMACY LIMITED	15 CHURCH ROAD	BANKS	SOUTHPORT	PR9 8ET	Yes	No	West Lancashire
FC861	LANCASHIRE	ROWLAND S PHARMACY	L ROWLAND & CO (RETAIL) LTD	HILLSIDE HEALTH CENTRE	TANHOUSE ROAD	SKELMERSDALE	WN8 6DS	Yes	No	West Lancashire
FDF12	LANCASHIRE	ROWLAND S PHARMACY	L ROWLAND & CO (RETAIL) LTD	24 MARK SQUARE	TARLETON	PRESTON	PR4 6TU	Yes	No	West Lancashire
FDY91	LANCASHIRE	ROWLAND S PHARMACY	L ROWLAND & CO (RETAIL) LTD	22 MOSS DELPH LANE	AUGHTON	ORMSKIRK	L39 5DZ	Yes	No	West Lancashire
FE584	LANCASHIRE	O'BRIEN'S PHARMACY	O'BRIEN'S CHEMISTS LIMITED	6 MILL LANE	BURSCOUGH	ORMSKIRK	L40 5TJ	Yes	No	West Lancashire
FE703	LANCASHIRE	J HALTON	BUCKLEY P LTD	11 THE COMMON	PARBOLD	WIGAN	WN8 7HA	Yes	No	West Lancashire
FGL38	LANCASHIRE	RUFFORD PHARMACY	LANGHO PHARMACY LTD	124 LIVERPOOL ROAD	RUFFORD	ORMSKIRK	L40 1SB	Yes	No	West Lancashire
FH903	LANCASHIRE	BOOTS UK LIMITED	BOOTS UK LIMITED	3B MOOR STREET	ORMSKIRK	LANCASHIRE	L39 2AA	Yes	No	West Lancashire
FHG54	LANCASHIRE	FISHLOCK S PHARMACY	ST HELENS PHARMACY LIMITED	56 LIVERPOOL ROAD NORTH	BURSCOUGH	ORMSKIRK	L40 4BY	Yes	Yes	West Lancashire

FHH39	LANCASHIRE	ASPIRE PHARMACY	DOCTORS PHARMACY LIMITED	9 RAILWAY ROAD		ORMSKIRK	L39 2DN	Yes	Yes	West Lancashire
FHQ20	LANCASHIRE	ROWLANDS PHARMACY	L ROWLAND & CO (RETAIL) LTD	21 LYNDALE	ASHURST	SKEMERSDALE	WN8 6UH	Yes	No	West Lancashire
FK531	LANCASHIRE	BOOTS UK LIMITED	BOOTS UK LIMITED	20 THE CONCOURSE	SKELMERSDALE	LANCASHIRE	WN8 6ND	Yes	No	West Lancashire
FLA57	LANCASHIRE	ROWLANDS PHARMACY	L ROWLAND & CO (RETAIL) LTD	38 BURSCOUGH STREET	ORMSKIRK	LANCASHIRE	L39 2ES	Yes	No	West Lancashire
FPG01	LANCASHIRE	HESKETH BANK PHARMACY	SALRAM LTD	5 STATION ROAD	HESKETH BANK	PRESTON	PR4 6SN	Yes	No	West Lancashire
FPQ59	LANCASHIRE	Chemist-4-U Express Mail Order Pharmacy	INNOX TRADING LIMITED	34a-37 GREENHEY PLACE	EAST GILLBRANDS	SKELMERSDALE	WN8 9SA	Yes	No	West Lancashire
FQJ64	LANCASHIRE	O'BRIEN'S PHARMACY	O'BRIEN'S CHEMISTS LIMITED	37 LIVERPOOL ROAD NORTH	BURSCOUGH	ORMSKIRK	L40 0SA	Yes	No	West Lancashire
FR772	LANCASHIRE	ROWLANDS PHARMACY	L ROWLAND & CO (RETAIL) LTD	1 DINGLE ROAD	UPHOLLAND	SKELMERSDALE	WN8 0EN	Yes	No	West Lancashire
FRQ00	LANCASHIRE	ORMSKIRK PHARMACY	ORMSKIRK HEALTHCARE LIMITED	4 DERBY STREET		ORMSKIRK	L39 2BY	Yes	No	West Lancashire
FT195	LANCASHIRE	ROWLANDS PHARMACY	L ROWLAND & CO (RETAIL) LTD	55 WESTGATE		SKELMERSDALE	WN8 8LP	Yes	No	West Lancashire
FTD78	LANCASHIRE	MORRISONS PHARMACY	WM MORRISON SUPERMARKETS PLC	PARK ROAD/AUGHTON STREET		ORMSKIRK	L39 3RB	Yes	No	West Lancashire
FWP24	LANCASHIRE	ASDA PHARMACY	ASDA STORES LTD	INGRAM ROAD		SKELMERSDALE	WN8 6LA	Yes	Yes	West Lancashire
FXF02	LANCASHIRE	ROWLANDS PHARMACY	L ROWLAND & CO (RETAIL) LTD	123 BIRLEYWOOD	DIGMOOR	SKELMERSDALE	WN8 9HR	Yes	No	West Lancashire
FAV22	LANCASHIRE	WELL GARSTANG - PARK HILL ROAD	BESTWAY NATIONAL CHEMISTS LIMITED	UNIT 3, PARK HILL ROAD	GARSTANG	PRESTON	PR3 1EF	Yes	No	Wyre
FCD37	LANCASHIRE	HAMBLETON PHARMACY	MERITUS LTD	KILN LANE	HAMBLETON		FY6 9AH	Yes	No	Wyre
FDA58	LANCASHIRE	BOOTS	BOOTS UK LIMITED	79-81 LORD STREET	FLEETWOOD	LANCASHIRE	FY7 6DS	Yes	No	Wyre
FEF13	LANCASHIRE	LLOYDSPHARMACY	LLOYDS PHARMACY LTD	7 WYRE VIEW	KNOTT END-ON-SEA	BLACKPOOL	FY6 0AE	Yes	No	Wyre

# Pan-Lancashire Pharmaceutical Needs Assessment 2022

FGD14	LANCASHIRE	JOHNS (CHEMISTS) LTD	JOHNS (CHEMISTS) LTD	288 POULTON ROAD	FLEETWOOD	LANCASHIRE	FY7 7LA	Yes	No	Wyre
FJD50	LANCASHIRE	KEPPLE LANE PHARMACY	GARSTANG MEDICAL SERVICES	GARSTANG MEDICAL CENTRE	KEPPLE LANE	GARSTANG	PR3 1PB	Yes	Yes	Wyre
FJL19	LANCASHIRE	LLOYDSPHARMACY	LLOYDS PHARMACY LTD	13 VICTORIA ROAD EAST	THORNTON-CLEVELEYS	BLACKPOOL	FY5 5HT	Yes	No	Wyre
FLD45	LANCASHIRE	WELL POULTON - CHURCH STREET	BESTWAY NATIONAL CHEMISTS LIMITED	17 CHURCH STREET		POULTON-LE-FYLDE	FY6 7AP	Yes	No	Wyre
FLP98	LANCASHIRE	BOOTS	BOOTS UK LIMITED	39 VICTORIA ROAD WEST	THORNTON-CLEVELEYS	BLACKPOOL	FY5 1BS	Yes	No	Wyre
FMH99	LANCASHIRE	CARLETON PHARMACY	SKF LO (CHEMISTS) LTD	5 POULTON ROAD	CARLETON	POULTON-LE-FYLDE	FY6 7NH	Yes	No	Wyre
FN702	LANCASHIRE	O'BRIENS PHARMACY	FLEETWOOD HEALTH CENTRE PHARMACY	HEALTH & WELLBEING CENTRE	DOCK STREET	FLEETWOOD	FY7 6HP	Yes	No	Wyre
FNV73	LANCASHIRE	ASDA PHARMACY	ASDA STORES LTD	DOCK STREET		FLEETWOOD	FY7 6NU	Yes	Yes	Wyre
FPE53	LANCASHIRE	WM MORRISON SUPERMARKETS PLC	WM MORRISON SUPERMARKETS PLC	WM MORRISON SP'MARKET PLC	AMOUNDERNESSE WAY	CLEVELEYS, BLACKPOOL	FY5 3TS	Yes	No	Wyre
FRQ51	LANCASHIRE	OSTOMED HEALTHCARE	OSTOMED LIMITED	UNIT 2, CREAMERY INDUSTRIAL EST	KENLIS ROAD	GARSTANG	PR3 1GD	Yes	No	Wyre
FT574	LANCASHIRE	LLOYDSPHARMACY	LLOYDS PHARMACY LTD	MEDICAL CENTRE	CHURCH ROAD	THORNTON	FY5 2TZ	Yes	No	Wyre
FTC27	LANCASHIRE	THE PHARMACY	GREAT ECCLESTON MED SUPPLIES LTD	THE HEALTH CENTRE	RAIKES ROAD	GREAT ECCLESTON	PR3 0ZA	Yes	No	Wyre
FTL58	LANCASHIRE	LLOYDSPHARMACY	LLOYDS PHARMACY LTD	UNIT 22	TEANLOWE CENTRE	POULTON-LE-FYLDE	FY6 7DF	Yes	No	Wyre
FWH32	Lancashire	Northwest Pharmacy Ltd	Acer Pharmacy	12 St. Georges Lane		Thornton Cleveleys	FY5 3LT	Yes	No	Wyre
FWX91	LANCASHIRE	WARBURTONS CHEMIST LTD	Warburton's Chemists	84-86 LORD STREET		FLEETWOOD	FY7 6JZ	Yes	No	Wyre
FY672	LANCASHIRE	ALBERT WILDE THE PHARMACY	WILDE A LTD	WEST VIEW HEALTH VILLAGE	BROADWAY	FLEETWOOD	FY7 8GU	Yes	No	Wyre

FYJ26	LANCASHIRE	NORMOS S PHARMAC Y	A.P.A. (BLACKPOOL ) LIMITED	112 NORMOSS ROAD	BLACKPO OL		FY3 8QP	Yes	No	Wyre
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## Appendix 5: List of Dispensing Practices

As of February 2022

CCG	ODS code	Practice Name	Address 1	Address 2	Address 3	Address 4	Post Code	District
Morecambe Bay	P81006	Dr Williamson and Partners	Garstang Medical Practice	(Formerly known as Windsor Surgery), Garstang Medical Centre	Kepple Lane	Garstang	PR3 1PB	Wyre
East Lancashire	P81017	Dr K K Wlodarczyk and Partners	Whalley Medical Centre	Sabden & Whalley Medical Group	42 King Street	Whalley	BB7 9SL	Ribble Valley
East Lancashire	P81069	Dr M A Cronin and Partners	Pendleside Medical Pract	Pendleside Medical Practice	Clitheroe Health Centre	Railway View Rd	BB7 2JG	Ribble Valley
Morecambe Bay	P81087	Dr S A Lynch and Partners	The Over-Wyre Medical Centre	Over Wyre Medical Centre	Pilling Lane	Preesall	FY6 0FA	Wyre
East Lancashire	P81100	Dr I J Ibbotson and Partners	The Castle Medical Group	The Castle Medical Group	The Health Centre	Railway View Rd	BB7 2JG	Ribble Valley
Greater Preston	P81185	Dr A S Forbes and Partners	Riverside Medical Centre	Riverside Medical Centre	194 Victoria Road	Walton-Le-Dale	PR5 4AY	South Ribble
East Lancashire	P81620	Dr K M Massey	Slaidburn Health Centre	Slaidburn Health Centre	Shay Lane	Slaidburn	BB7 3EP	Ribble Valley
East Lancashire	P81732	Dr D H Molyneux	Harambee Surgery	Harambee Surgery	27 Skipton Road	Trawden	BB8 8QU	Pendle

## Appendix 6: Results of the Community Pharmacy questionnaire

A questionnaire was circulated to all 356 Community Pharmacies in the pan-Lancashire area, to gain a better understanding of how they serve the local population. There were 208 returned questionnaires (58.4%).

The main findings for pan-Lancashire, as well as a breakdown by upper tier Local Authority for Blackburn with Darwen, Blackpool and Lancashire, are tabled below.

### Consultation Facilities

**Question:** Are consultation facilities on site and do they include wheelchair access?

	Blackburn with Darwen	Blackpool	Lancashire	Pan-Lancashire
Available (including wheelchair access) on the premises	84.6%	87.5%	83.5%	84.1%
Available (without wheelchair access) on the premises	15.4%	8.3%	15.8%	14.9%
No consultation area available	0.0%	4.2%	0.6%	1.0%
<b>Grand Total</b>	<b>100% (26)</b>	<b>100% (24)</b>	<b>100% (158)</b>	<b>100% (208)</b>

**Question:** Where there is a consultation area, is it an enclosed room?

	Blackburn with Darwen	Blackpool	Lancashire	Pan-Lancashire
Yes	100.0%	95.8%	98.1%	98.1%
No	0.0%	4.2%	0.6%	1.0%
N/A	0.0%	0.0%	1.3%	1.0%
<b>Grand Total</b>	<b>100% (26)</b>	<b>100% (24)</b>	<b>100% (158)</b>	<b>100% (208)</b>

### Appliances

**Question:** Are appliances dispensed from the premises?

	Blackburn with Darwen	Blackpool	Lancashire	Pan-Lancashire
Yes - All types	73.1%	83.3%	85.4%	83.7%
Yes, excluding stoma and incontinence appliances	0.0%	4.2%	1.3%	1.4%
Yes, excluding stoma appliances	3.8%	4.2%	2.5%	2.9%

Yes, just dressings	3.8%	4.2%	5.1%	4.8%
None	19.2%	4.2%	5.7%	7.2%
<b>Grand Total</b>	<b>100% (26)</b>	<b>100% (24)</b>	<b>100% (158)</b>	<b>100% (208)</b>

### **Other Facilities – Collection and Delivery of prescriptions (non-commissioned)**

**Question:** Collection of prescriptions service from surgeries

	<b>Blackburn with Darwen</b>	<b>Blackpool</b>	<b>Lancashire</b>	<b>Pan-Lancashire</b>
Yes	96.2%	95.8%	84.8%	87.5%
No	3.8%	4.2%	15.2%	12.5%
<b>Grand Total</b>	<b>100% (26)</b>	<b>100% (24)</b>	<b>100% (158)</b>	<b>100% (208)</b>

**Question:** Delivery of dispensed medicines service – free (non-commissioned)

	<b>Blackburn with Darwen</b>	<b>Blackpool</b>	<b>Lancashire</b>	<b>Pan-Lancashire</b>
Yes	88.5%	100.0%	81.6%	84.6%
No	11.5%	0.0%	18.4%	15.4%
<b>Grand Total</b>	<b>100% (26)</b>	<b>100% (24)</b>	<b>100% (158)</b>	<b>100% (208)</b>

**Question:** Delivery of dispensed medicines service – chargeable

	<b>Blackburn with Darwen</b>	<b>Blackpool</b>	<b>Lancashire</b>	<b>Pan-Lancashire</b>
Yes	23.1%	8.3%	19.0%	18.3%
No	76.9%	91.7%	81.0%	81.7%
<b>Grand Total</b>	<b>100% (26)</b>	<b>100% (24)</b>	<b>100% (158)</b>	<b>100% (208)</b>

**Question:** Is the service available to all patients?

	<b>Blackburn with Darwen</b>	<b>Blackpool</b>	<b>Lancashire</b>	<b>Pan-Lancashire</b>
Yes	88.5%	62.5%	80.4%	79.3%
No	11.5%	37.5%	19.6%	20.7%
<b>Grand Total</b>	<b>100% (26)</b>	<b>100% (24)</b>	<b>100% (158)</b>	<b>100% (208)</b>

**Question:** If the service is restricted please confirm the patient groups who may use the service?

	Blackburn with Darwen	Blackpool	Lancashire	Pan-Lancashire
No restrictions	73.1%	75.0%	74.7%	74.5%
Elderly, vulnerable, housebound	15.4%	25.0%	15.8%	16.8%
Isolating/shielding	0.0%	0.0%	1.9%	1.4%
Limited to local area	7.7%	0.0%	3.2%	3.4%
N/A - No delivery service	3.8%	0.0%	4.4%	3.8%
<b>Grand Total</b>	<b>100% (26)</b>	<b>100% (24)</b>	<b>100% (158)</b>	<b>100% (208)</b>

### Other Facilities – Languages available

**Question:** Apart from English which other languages, if any, are available to patients from staff at the premises every day

	Blackburn with Darwen	Blackpool	Lancashire	Pan-Lancashire
No other languages available	11.5%	79.2%	46.8%	46.2%
One or more other languages available	88.5%	20.8%	53.2%	53.8%
<b>Grand Total</b>	<b>100% (26)</b>	<b>100% (24)</b>	<b>100% (158)</b>	<b>100% (208)</b>

A total of 23 distinct languages were specified as spoken by pharmacy staff. The proportion of pharmacies offering additional languages to patients is tabled below. (Percentages may add up to more than 100% as a number of pharmacies provided more than one language).

	Blackburn with Darwen	Blackpool	Lancashire	Pan-Lancashire
1. Arabic	0.0%	0.0%	2.5%	1.9%
2. Bengali	7.7%	0.0%	5.1%	4.8%
3. British Sign Language	0.0%	0.0%	1.3%	1.0%
4. Bulgarian	0.0%	0.0%	0.6%	0.5%
5. French	3.8%	0.0%	1.3%	1.4%
6. German	0.0%	0.0%	1.3%	1.0%
7. Gujrati	73.1%	12.5%	20.3%	26.0%
8. Hindi	15.4%	4.2%	5.7%	6.7%
9. Italian	3.8%	0.0%	1.9%	1.9%
10. Kutchi	3.8%	0.0%	0.0%	0.5%
11. Mandarin Chinese	0.0%	0.0%	1.3%	1.0%
12. Maharati	0.0%	0.0%	0.6%	0.5%
13. Memoni	0.0%	0.0%	0.6%	0.5%
14. Mirpuri	0.0%	0.0%	0.6%	0.5%
15. Polish	0.0%	0.0%	4.4%	3.4%



16.	Punjabi	53.8%	4.2%	19.6%	22.1%
17.	Pushto	0.0%	0.0%	1.9%	1.4%
18.	Romanian	0.0%	0.0%	1.9%	1.4%
19.	Shona	0.0%	0.0%	0.6%	0.5%
20.	Spanish	0.0%	4.2%	1.9%	1.9%
21.	Tamil	0.0%	0.0%	0.6%	0.5%
22.	Urdu	80.8%	12.5%	37.3%	39.9%
23.	Welsh	3.8%	0.0%	0.6%	1.0%
<b>Grand Total (number)</b>		<b>26</b>	<b>24</b>	<b>158</b>	<b>208</b>

## Housing Developments

**Question:** With a number of housing and other developments taking place across Lancashire and more planned, do you have sufficient capacity within your existing premises and staffing levels to manage the increase in demand in your area?

	<b>Blackburn with Darwen</b>	<b>Blackpool</b>	<b>Lancashire</b>	<b>Pan-Lancashire</b>
Don't have sufficient premises and staffing capacity and would have difficulty in managing an increase in demand?	0.0%	4.2%	4.4%	3.8%
Don't have sufficient premises and staffing capacity at present but could make adjustments to manage the increase in demand in your area?	7.7%	16.7%	14.6%	13.9%
Have sufficient capacity within your existing premises and staffing levels to manage the increase in demand in your area?	92.3%	79.2%	81.0%	82.2%
<b>Grand Total</b>	<b>100% (26)</b>	<b>100% (24)</b>	<b>100% (158)</b>	<b>100% (208)</b>

## Appendix 7: Consultation report

Response no.	Description of issue/comment	Section in PNA	Source	Type	Status	Actions/Comments
1	The report shows that there are 2 pharmacies in Coppull. There is in fact only one pharmacy on Spendmore Lane. The pharmacy attached to the GP surgery no longer exists. This has caused extreme difficulties for this who have regular prescriptions and I have personally had to wait up to a week for a repeat prescription, despite being registered with the pharmacy on Spendmore Lane initially. There are almost 8000 residents in the village of Coppull. One pharmacy and one GP surgery (also one dentist that does not take NHS patients) is not enough. A recent appeal for the construction of houses on Safeguard land, which has been successful, despite being refused by the council, is an indication that there will be many more houses to come in Coppull. Please realise that your report is out of date and that the village does not have adequate Pharmacy, GP or dental care provision.	Chapter 4	Chorley resident	General comment	No amendment made but response to comment as opposite and comment forwarded to commissioners	Where maps showing pharmacy locations are presented, Page 54 of the draft PNA 2022 report shows one pharmacy and one GP practice in Coppull and pages, 77, 96 and 110 show one pharmacy in Coppull. Forward to NHSE/I.
2	1. It is possible that since the data collection for this draft (February) the opening hours of a number of Boots pharmacies in the area covered by the Pan Lancashire Area PNA, may have changed. These changes, most of which came into effect on the 28th February, were notified to NHS England who should have a record of the current opening hours of our pharmacies. Should these changes have not been factored in, they may have an effect on the information contained in Chapter 4 with regards to the number of pharmacies available at given times.	Chapter 4	Boots	General comment	No amendment made but response to comment as opposite	Any changes in opening hours since the 1st February will be published as memos (received from NHSE/I) on the PNA webpages of the relevant HWB.
2	2. It states in Chapter 6 of the PNA that ' <i>In conclusion, over the coming years the population across each of the three upper-tier local authorities across pan-Lancashire is expected to age substantially and grow moderately in numbers. Several housing developments are in progress. The HWBs will monitor the development of major housing sites and produce supplementary statements to the PNA if deemed necessary, in accordance with regulations.</i> ' In my experience applications offering unforeseen benefits with a view to providing services to new housing developments are often submitted after a PNA has been published. Whilst not necessarily a regulatory requirement, it might be helpful to know how the HWBs intend to monitor the development of housing sites in their areas and how supplementary statements will be communicated if deemed necessary.	Chapter 6	Boots	Additional content	Amendment made	The following sentence has been added "the PNA steering group plans to meet twice a year to assess the need for supplementary statements, these will be published on the PNA webpages. This will include the ongoing assessment of sufficient provision including drive/walk time analysis, analysis of pharmacies per head of population and examination of population density and demographic profiling" (exec summary 4.3, chapter 1 - 1.3, chapter 4 - 4.1.12).

2	We have also found statements in PNAs can help to provide contractors, and potential contractors, with greater clarity over the HWBs expectations with regard to future needs and possibly reduce the number applications for premises that are not required. For example: 'X is a growing area, with on-going development anticipated over the lifetime of this PNA. Following assessment of the current population demographics, housing projections and the distribution of pharmacies across the HWB area, it is anticipated that the current pharmaceutical service providers will be sufficient to meet local needs over the lifetime of this PNA'.		Boots	Additional content	Amendment made	The PNA already includes the following statement: the level of current provision is deemed to remain sufficient. The following have been added: We acknowledge that there are some growing areas across pan-Lancashire, however, it is anticipated that current pharmaceutical service providers will be sufficient to meet local needs over the lifetime of this PNA. The PNA steering group plans to meet twice a year to assess the need for supplementary statements (exec summary 4.2, 4.3, chapter 1.3, chapter 4.1.12). "Adequate" changed to "sufficient", where relevant in relation to pharmaceutical services.
3	This response is on behalf of NHS Lancashire and South Cumbria Integrated Care Board. NHS LSC took on delegated responsibility for the commissioning of NHS pharmaceutical and local pharmaceutical services from NHS England on the 1 July 2022. The ICB will therefore be using the PNA in order to determine routine applications under the NHS Pharmaceutical and Local Pharmaceutical Regulations 2013, as amended.		NHS E	Additional content	Amendment made	Appropriate narrative included on the PNA webpages of the three LAs.
3	The ICB noted that Health and Wellbeing board were instructed to draft their PNAs at a point in time and therefore the language does not reflect the current commissioning landscape, however the ICB is clear around which aspects relate to the organisation.		NHS E	General comment	No action taken	
3	There is a clear statement that at present the Health and Wellbeing board have not identified any need for additional pharmaceutical services. It would be useful if a similar statement could be made to confirm that they do not believe any additional provision is required to secure improvements or better access. This will remove any potential ambiguity. The addition of this wording supports reducing any ambiguity regarding future decision-making by the Commissioner and reinforces PNA requirements as addressed in Part 2 and Schedule 1 of the Regulations: The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (legislation.gov.uk) - <a href="https://www.legislation.gov.uk/uksi/2013/349/contents">https://www.legislation.gov.uk/uksi/2013/349/contents</a> .		NHS E	Additional content	Amendment made	The PNA already includes the following statement: "the level of current provision is deemed to remain sufficient" and the following has been added " additional pharmacy provision is not required to secure improvements or better access to such services, at this time" (exec summary 4.1, chapter 4.1.12).
4	This is a comprehensive piece of work covering the diverse boroughs making up pan-Lancashire, giving a thorough assessment of the current provision of pharmaceutical services across the area, and population needs. The purpose is very clearly explained, together with information to inform how pharmaceutical services may be commissioned in the future. We did not identify any gaps in service provision not already identified or additional services that could be provided that were not		Bolton Council	General comment	No action taken	

	already highlighted. We agree the conclusions drawn seem reasonable.					
4	'Chapter 3 – context' contained a number of broken links, which we're confident can be resolved before final publication and did not affect our ability to comprehend the document.		Bolton Council	Formatting/data correction	Amendment made	Broken links have been fixed.
5	The Parish Council has considered the consultation and would like to comment in regard to pharmacies. Pharmacies - the services are very ordinary and standard - in a village you need advanced services, providing home delivery, certain tests, ie hypertension, etc., where people can get help without having to visit the GP and where they can get help if they are isolated.		Coppull Parish	General comment	Comment forwarded to commissioner	Forwarded to commissioners.
6	1.1: not written for the audience, the intro, clearly lays out the documents purpose, but it assumes a high level of pre-existing understanding of related service provision and everyone's role in that. Introduces terms that may not be familiar to the intended audience (general public: HWB, commissioning) especially in the context of health and care needs. A glossary of terms and a simple governance construct would help the reader to contextualise where this PNA fits into the bigger picture. Sections 1.52/1.5.3 does outline some of these R&Rs but in the context of local pharmacy services.	Chapter 1	Resident	General comment	No amendment made but response to comment as opposite	The PNA is a technical document and its main purpose is to identify the current providers of pharmaceutical services and to assist NHSE/I on decision making around market entry. The three Healthwatch organisations were members of the PNA steering group.
6	1.2: conclusions do not make the connection between recommendations to grant or deny subsequent applications by NHSE/I. The document states it intention as being to inform and influence the decisions for granting or extending new applications for contractual provision. This connection was not made.	Chapter 1	Resident	General comment	No amendment made but response to comment as opposite	Unclear about the meaning of the comment, therefore unsure about how to answer.
6	1.2. Adequate provision by area... how is this concluded, based upon an operating model into area?	Chapter 1	Resident	General comment	No amendment made but response to comment as opposite	The assessment of sufficient provision included drive/walk time analysis, analysis of pharmacies per head of population and examination of population density and demographic profiling. The PNA is designed to describe the current pharmaceutical provision and to examine factors that may influence this in the future. No specific threshold levels are set as service provision is based on the weight of evidence.
6	The introduction would benefit from a clear statement of expected provision either by region, place, neighbourhood or locality. It's not clear what provision should be present. A simple table would ease the readers understanding, and highlight gaps or over supply. Augmentation with specific service use and forecast demographic would aid this further. The document is about need, the operating model assumed to service that need, with conclusions drawn over the adequacy or otherwise of that supply and demand dynamic for those services.	Chapter 1	Resident	General comment	No amendment made but response to comment as opposite	The PNA does not consider over supply, market forces will come into play in this instance. The PNA identifies sufficient coverage of pharmaceutical provision across the areas, therefore there are no specific geographic areas with low provision that should be highlighted.



6	1.2(bullet 4) , 1.3, 1.5. historical references to CCGs. The document refers to governing bodies, which at the time of consultation beginning no longer exist. Clarity of the new governing construct needs to be given prior to publication, including any statement of limitation due to further impending governance changes. Section 1.5 is particularly outdated.	Chapter 1	Resident	General comment	No amendment made but response to comment as opposite	The PNA is produced at a point in time (February 2022) and cannot reflect continuous changes.
6	1.3. Limitation or constraint. The legislative needs of the document are clearly explained and referenced. What's less clear however is the purpose of the document relative to these legislative requirements. Do they limit the consideration of services to only those described ( authorised to order drugs, medicines and listed appliances on an NHS prescription) or is their scope for the PNA to extend into how pharmacies could better service the needs of their community and health and care providers?	Chapter 1	Resident	General comment	No amendment made but response to comment as opposite	Further details about non core services are covered in subsequent chapters of the PNA. Decisions supported by the use of the PNA via the Regulations are limited to core and essential services.
6	This is an opportunity to embrace pharmacies as a key component of the target operating model of care for our region. This would extend much further than the legislative limitations described.	Chapter 1	Resident	General comment	No amendment made but response to comment as opposite	This is a policy decision and then a commissioning decision.
6	1.3 triggering a change to PNA. The section goes onto to describe the duties of the HWB relative to changes which may trigger instigation of a further PNA. It would be helpful to be more transparent of how this would be discharged. There is so much transformational change being considered across our health and care system, with increasing focus on care at home and expansion in certain areas across our geography of new care facilities/ retirement villages, i question whether the processes are robust. Eg. Baseline expectation of population demographically need to service supply. See earlier points on supply and demand planning.	Chapter 1	Resident	General comment	Amendment made	Added: The PNA steering group plans to meet twice a year to assess the need for supplementary statements, these will be published on the PNA webpages. This will include the ongoing assessment of sufficient provision including drive/walk time analysis, analysis of pharmacies per head of population and examination of population density and demographic profiling (exec summary 4.3, chapter 1.3, chapter 4.1.12).
6	How does the PNA intersect with planning for instance?	Chapter 1	Resident	General comment	No amendment made but response to comment as opposite	Housing and population has been considered in the document and any major changes will be picked up in the twice a year meetings.
6	1.4 could we utilise DACs more to relieve pressures elsewhere (OP or GPs). I noted the statistics given with respect to current provision, with 0 dispensing GPs and/or DACs across BWD and Blackpool, and a limited number across the rest of Lancashire. This seemed strange given the implied operating model and opportunities for pharmacies to relieve pressure points for GP and Outpatient appointments. Is there further reason and rationale of why this apparent disparity exists, or are we missing an opportunity here?	Chapter 1	Resident	General comment	No amendment made but response to comment as opposite	Dispensing GP practices are determined by the geographic circumstance and requirement of patients; these patients are predominantly in rural areas. The opening of DACs is a business decision.

6	1.5 need further clarity of local pharmacy services. There is insufficient definition of what is in this bucket of services, and specifically who is responsible for bringing forward changes in need or making decisions whether to commission them or not across our region. Particularly important as we strive for greater community involvement and voice in the services tailored to local need. Example given are flu vaccine, minor ailment and palliative care, written by way of example not as a list by which is difficult to determine whether local needs are being met or not. Section 1.5.3 goes on to include some others, again by way of example. Clarity here would be helpful.	Chapter 1	Resident	General comment	No amendment made but response to comment as opposite	Current provision of all services provided by pharmacies is described in chapter five alongside which commissioning organisation is responsible for their oversight.
6	1.5.1 what's the relationship between PH services as defined as essential provision, and that included as localised more targeted services. 1.5.1 PH services, expands to describe a number of services which can be commissioned to address specific localised service need. Earlier section describe PH in relation to essential services. The needs and related services need to be clearly delineated.	Chapter 1	Resident	General comment	No amendment made but response to comment as opposite	The essential services (e.g., healthy living pharmacy and signposting) support the public health agenda rather than being specific public health services. The specifics public health services' examples are listed under 1.5.1
6	1.5.3 Co-commissioning, what specifically does this refer to or imply relative to PNA. The connection is unclear.	Chapter 1	Resident	Formatting/data correction	Amendment made	The narrative on co-commissioning has been removed as it's only relevant to general practice.
6	1.3, who's been engaged.	Chapter 1	Resident	General comment	No amendment made but response to comment as opposite	Covered in detail in chapter 2.
6	What co-production or Co-design approaches have been deployed.	Chapter 1	Resident	General comment	No amendment made but response to comment as opposite	Covered in detail in chapter 2.
6	How does the PNA align with the emerging clinical strategies. Pharmacies are key component to the overall operating model for health and care provision. Are we maximising their use for the greater good?	Chapter 1	Resident	General comment	No amendment made but response to comment as opposite	This is a needs assessment at a point in time and can inform future commissioning.
6	2.2 absence of GP involvement. Has there been sufficient consideration given to the thoughts and consideration of local GPs and/or PCNs. There is nothing listed that this important group have been heard in the PNA preparation	Chapter 2	Resident	General comment	No amendment made but response to comment as opposite	CCGs were invited to take part and completed their sections around service commissioning.
6	2.2(2) clinical strategic development. clinical services are transforming, with moves to greater at home care, which may give rise to changing needs. Could see no reference to this being considered or any specific group (clinical reference group, collaborative boards or ICB governing bodies/accountable posts) being involved	Chapter 2	Resident	General comment	No amendment made but response to comment as opposite	The PNA is produced at a point in time (February 2022) and cannot reflect continuous changes. At the time of writing the intentions of the ICB and changes weren't apparent.

6	2.2(3) Co-production and Co-design. The way in which specific users (especially those which may be considered frequent or heavily dependant users) outside of any opinions health watch may have shared isn't described (outside the statutory minimum 60d consultation for which you are now seeking public opinions). As a needs analysis this would appear to be a gap.	Chapter 2	Resident	General comment	No amendment made but response to comment as opposite	The Healthwatch organisations conducted a pharmacy user survey and produced a detailed report exploring their views in addition to the a 60 day consultation which was open to the public.
6	Complaints and serious incidents. When considering needs the voice of users with lived experience as shared through compliments, complaints or events should be taken into consideration into future needs. What learning have we that would suggest we do have shortfalls of needs targeting specific cohorts of users or from other independent bodies who may have an informed view (eg. Coroner/ME)	Chapter 2	Resident	General comment	No amendment made but response to comment as opposite	These are contractual matters and for ongoing monitoring and management by the relevant commissioner and/or regulatory authorities.
6	2.6. How is "adequate access pharmacy services" determined. There is no definition of adequate, which could lead to unconscious bias or subjective inconsistent opinions being formed. Adequacy of service should be described clearly relative to need. I didn't see this within the document, but maybe available under separate cover or elsewhere in other sections.	Chapter 2	Resident	General comment	Amendment made	The following sentences will be included in the report: The assessment of sufficient provision included drive/walk time analysis, analysis of pharmacies per head of population and examination of population density and demographic profiling (exec summary 4.3, ch 1.3, ch 4.1.12). The Primary Care Contracting Pharmacy Sub-Group considers the PNA alongside the quality of the application, the legislative framework and the relevant test criteria. This group feeds into the Primary Care Contracting Group and both these groups are part of the ICB (ch 1.2).
6	2.6 changing needs of pharmacy services. There appears to have been no consideration for the potential future or changing role of pharmacies in the wider health and care operating model. Consideration must be given to that broader perspective to better enable successful transformation across our region.	Chapter 2	Resident	General comment	No amendment made but response to comment as opposite	The PNA is produced at a point in time (February 2022) and cannot reflect continuous changes. At the time of writing the intentions of the ICB and changes weren't apparent.
6	2.7 how do L&SC engage and influence future contractual models that will impact on services and the way which it's population needs can be met? The process by which intelligence is gathered and opinions formed to influence future policies or contractual arrangements isn't described.	Chapter 2	Resident	General comment	No amendment made but response to comment as opposite	Future – out of scope for the PNA.
6	2.7 consolidation and closure of pharmacy services, where is the evidence to support. The statement that closures have not been adversely impacted.	Chapter 2	Resident	General comment	No amendment made but response to comment as opposite	The assessment of sufficient provision in all areas included drive/walk time analysis, analysis of pharmacies per head of population and examination of population density and demographic profiling.

						Assessment of sufficient provision is also used by the HWBs as part of the consolidation application.
6	2.7 PQS, first mention of environmental needs (recycling of inhalers). The degree to which expectations are being set (either locally within our own system, or nationally) should be laid out. Also, the way in which ongoing scrutiny of service provision by the various partners is maintained. I couldn't see the process of contractual monitoring described within this section which I may have expected.	Chapter 2	Resident	General comment	No amendment made but response to comment as opposite	Participation in PQS is optional therefore no contractual mechanism is required.
6	3.3 5x placed based partnerships. This is now Out of date and would need rectifying prior to finalising.	Chapter 3	Resident	General comment	No amendment made but response to comment as opposite	The PNA is produced at a point in time (February 2022) and cannot reflect continuous changes. At the time of writing the intentions of the ICB and changes weren't apparent.
6	Needs appear to be considered across multiple perspectives.. 1. Public 2. Patient, across a variety of conditions, age and social factors which vary considerably. 3. Pharmacies themselves 4. GPs 5. Other clinical (MH, acute) 6. PH However, the specifics of those needs isn't laid out clearly. Hence it's difficult to determine whether needs of the various groups apparently covered by the document are being adequately met or not (as claimed in the previous section) they are peppered throughout the document, making it difficult to read particularly as a member of the public. Depending upon my particular circumstance, my needs could vary considerable (albeit these could be categories simply relative to the types of services as described in other areas of the document)	Chapter 3	Resident	General comment	No amendment made but response to comment as opposite	Noted that the complexity of the situation has been highlighted by the respondent. Chapter 3 sets out the context about the health needs of the population in general, it doesn't assess the health needs of specific cohorts in the population. As suggested, chapter five examines whether services provided by pharmacies meet the needs of the population.
6	3.4 draws no conclusion relative to needs. The section clearly lays out the stated priorities (at a point in time) of the various places. It doesn't however draw out the relevance of need for Pharmacy services. Leaving the reader and decision maker to join those dots for themselves. It would be helpful if the specific needs driven from the strategic priorities on services could be pulled together. (Maybe elsewhere within the document yet to read)	Chapter 3	Resident	General comment	No amendment made but response to comment as opposite	Chapter 3 is about the health context of the population.
6	A number of document referencing errors within this section.	Chapter 3	Resident	Formatting/data correction	Amendment made	The broken hyperlinks have been fixed.
6	3.6 context although interesting, relevance isn't made. There are no specific pharmacy services stated for children, but those living in poverty are included. What am I missing here relative to PNA? The relevance needs to be clear, or the context is being lost or worse misinterpreted.	Chapter 3	Resident	General comment	No amendment made but response to comment as opposite	Chapter three is there to set context. The Pharmacy Contractual Framework does not identify specific services by age but by condition/disease.



6	3.7.1 evidence of ageing population, but related service needs not explicit. At what point do pharmacy services start to become unsustainable impacting adversely on peoples quality of life and/or life expectancy?	Chapter 3	Resident	General comment	No amendment made but response to comment as opposite	Chapter three is there to set context. The Pharmacy Contractual Framework does not identify specific services by age but by condition/disease. The PNA steering group, NHSE/I and ICB will continuously monitor the level of service provision and will consider representation from members of the public, pharmacies and other interested parties.
6	4.1.1 bwd stated as having 46 pharmacies, whereas earlier in the report this is stated as 47.	Chapter 4	Resident	data correction	Amendment made	Chapter 1.4.
6	4 - pan Lancashire Disabilities. Does the questionnaire cover the full gamut of disabled access - mobility and sensory impaired. Legality to access should be a key consideration in contractual award. Statements of 'suggests there is adequate access' isn't good enough. There should be an understanding of those facilities which do or do not currently comply with access legislation, and narrative of other adjustments in practice for other disabilities not currently covered by legislation. Failure to fully consider could be contributing to the proliferation of inequality in our communities.	Chapter 4	Resident	General comment	Amendment made	We will ensure amendments to future questionnaires, to better assess access to support people with mobility and sensory impairments. Amend to following: "Overall, for the population of pan-Lancashire 84.1% of pharmacies have wheelchair access" (ch 4 key messages and 4.2).
6	Emergency and out of hours access to prescription. Difficult to determine whether access to emergency medicines (as prescribed by UTC etc, is in place). Is this encapsulated in the 100hr contract?	Chapter 4	Resident	General comment	No amendment made but response to comment as opposite	100 hr pharmacies provide extended hours provision but still do not cover 24 hours.
6	Rural and semi rural pharmacies. When considering the mix of locations across the region it should be noted that those in rural location may struggle to access pharmacy and/or GPs. What isn't clear is where this pockets exist, and whether further mitigations are in place or not within those localities.	Chapter 4	Resident	General comment	No amendment made but response to comment as opposite	The assessment of sufficient provision included drive/walk time analysis, analysis of pharmacies per head of population and examination of population density and demographic profiling.
6	4.1.2 The dispensing GPs are not all located in rural locations. In fact the majority appear to be located in semi rural location along side other pharmacies in the same locality. Hence unclear whether our rural communities (defined at 1.6km) really have the services they need.	Chapter 4	Resident	General comment	No amendment made but response to comment as opposite	Dispensing GP practices are determined by the geographic circumstance and requirements of patients; these patients are predominantly in rural areas.

6	<p>4.1.4 unclear how from the self assessed fact base provided it supports the conclusion and assertions made that there are no gaps in provision of medical appliances etc.</p> <p>All 8 DAC are located in Lancashire and with BWD and Blackpool reporting 73% and 84% of respondents servicing this need across their geographies. For Lancashire this is given as 85%. However these % will be less in real terms, given a only a partial % of pharmacies responded at all, Hence I can't draw the same conclusion. Eg. Only 59% (158/267) of pharmacies responded across Lancashire, which when expressed across the whole population of point of appliance access would create a fact base of 50% of pharmacies across Lancashire are known to dispense appliances.</p> <p>Specifically areas of our region may find it harder to access essential equipment for their care, than others. What I can't determine from the fact base is where these inequalities would manifest, and how these groups of people would alternatively source their needs. Equally whether any targeted consideration from these groups of service users have been taken (either through targeted research, or via generalities from recognised charitable organisations or insights shared from health watch).</p>	Chapter 4	Resident	General comment	No amendment made but response to comment as opposite	Appliances are available from community pharmacies, dispensing GP practices and other DACs from outside the HWB area. Don't have to use the local DACs. Access to appliances is adequate through community pharmacies.
6	<p>4.1.5 hospital pharmacy. Although factually correct with respect to hospital provision there are significant limitations to the support of pharmacy services available to their patients. It is a little misleading to suggest their services supports the broader needs of the community for their pharmaceutical needs. If there is an expectation these facilities are included in the operating model for the general populations needs, it would be helpful to include specifics of what services needs are being covered.</p>	Chapter 4	Resident	General comment	No amendment made but response to comment as opposite	Hospital based pharmacies are not included in overall count of community pharmacies and associated services. Hospital pharmacies are listed for information purposes only.
6	<p>4.16, states there are 12dispensing practices which is different from elsewhere in the report.</p>	Chapter 4	Resident	data correction	Amendment made	Changed to 8, under table 4.16.
6	<p>4 The need for medicine management, and blister packaging to ease complex medical needs for those who would benefit. Unclear whether this is in place or features in the needs analysis.</p>	Chapter 4	Resident	General comment	No amendment made but response to comment as opposite	The PNA has not considered blister packaging.
6	<p>4 Community transport (particularly for those who may otherwise struggle to access pharmacy services) is noted as a core dependency for the conclusion drawn. Particularly in rural and for those with mobility or transport limitations. See earlier points, what is less clear is where these localities are and what is being done to level the access to pharmacy provision in these areas. Without which we are continuing to proliferate inequalities but without being clear where and to whom.</p>	Chapter 4	Resident	General comment	No amendment made but response to comment as opposite	Access to community transport is not in scope of the PNA.
6	<p>5 Key messages/ 5.1.1 I agree the role of the pharmacy has or could have in the future for improving the health and well being of their local population. It is an integral part of the community infrastructure needed to sustain healthy living. The last statement (key messages) however suggests there could be better alternatives, which is true and rightly acknowledged. The challenge of the ICP/HWB is determining which need is best served by a pharmacy. I would like the needs assessment to have considered this point and actually concluded which of our future needs could be best served by pharmacies. Going further to determine which localities would be</p>	Chapter 5	Resident	General comment	No amendment made but response to comment as opposite	Future commissioning priorities will be determined by the ICB and other local commissioners, including which providers are best placed to support these services.

	better served by an alternative, or a recommendation to do just that.					
6	5.1.3 introduces the difference in services (Dms) across our region, with a roll out planned. Important in the reports summary, is to acknowledge that the target operating model (and the role of our pharmacies has in local community) is evolving and at varying rates. What would be helpful in the detailed location analysis in early sections would be to draw this together for the reader. There is a target expectation of services to be offered by pharmacies, but each are in varied states of transition to that target, hence it would be helpful to know where each is.	Chapter 5	Resident	General comment	No amendment made but response to comment as opposite	Comment noted – no action required.
6	In addition, there needs to be greater recognition that certain localities will have a greater need for different types of services (eg. Morning after pill, is more likely needed in certain areas than others) local variation is an important factor of need. I haven't seen anything that breaks the population demographic down in to the drivers of need. This is described really well relative to the teenage conception hotspots, but not for supervised consumption for instance which equally may have hot spots	Chapter 5	Resident	Additional content	Amendment made	Data are not always available at small area geographies but the teenage conceptions hotspots is an example of how these data can be used. The distribution of commissioned services is based on local intelligence. Changes made to the consideration of services section in chapter five.
6	5.2.1 refers to three other jsna's that have relevance to this PNA. What isn't clear however is which three are being referred to. The age related items in the opening statement or the disease specific ones mentioned in the second paragraph.	Chapter 5	Resident	Additional content	Amendment made	Sentence revised to reflect which three JSNAs (ch 3).
6	5.2.2 there are significant variation of services provided by pharmacies across our region. What is difficult to determine from the report however is whether this variation is leaving unmet need in the areas that don't have the same service provision as others. As the point made earlier, the target operating model and role of pharmacies in it, needs to be clearly articulated and the service provision relative to predicted demographic need determined, to draw conclusions whether needs are been met. The report hasn't done this completely, such that the conclusions drawn maybe drawn from historical belief rather than agreed models of operation and services meeting those needs. A clear definition of the varying roles that pharmacies can play, with clearer articulation of where those needs are being met or not,	Chapter 5	Resident	General comment	Amendment made	Service provision is not expected to be uniform across a locality. The PNA is designed to describe the current pharmaceutical provision and to examine factors that may influence this in the future. No specific threshold levels are set as service provision is based on the weight of evidence. The distribution of commissioned services is based on local intelligence. Additions made to the "consideration of local services" sections to reflect that the distribution of commissioned services is based on local intelligence (chapter 5).

6	5.12 positions well the potential role pharmacies can play, what's less clear however is which of these opportunities are to be taken up relative to localised need. The later section on LTC is particularly helpful here, but again doesn't make the connection back to services need by locality particularly well.	Chapter 5	Resident	General comment	No amendment made but response to comment as opposite	Comment noted.
6	5.17 uses historical terminology. CCGs no longer exist, nor do their geographical footprint remain the same. This needs to be refreshed relative to the new geographical structure of health and care services across our region.	Chapter 5	Resident	General comment	No amendment made but response to comment as opposite	The PNA is produced at a point in time (February 2022) and cannot reflect continuous changes.
6	Section 5, draws out a number of specific conditions and diseases or point of care provision which is useful. Each describes well the specifics in scope. This selection of conditions etc is not comprehensive however relative to the associated clinical strategy. Hence it's difficult to determine whether the needs of the conditions not referenced (eg. MSK, Stroke or cancer etc etc) that within the target operating model maybe expect pharmacies have a role to play are being met or not. There needs to be an agreed method of articulating the health and care needs across a variety of documents both for their clinical care but also those wider determinants of health. Eg. I saw nothing with regards to the affordability of medicine provision, and the way in which other services (ie. DWP) can be accessed where needed outside of the standardised prescription charging model. Pharmacies need to be able to help those who are choosing not to avail themselves of the care they need due to their financial challenges.	Chapter 5	Resident	General comment	No amendment made but response to comment as opposite	Out of scope of PNA.
6	6 It's helpful to have the future forecast of population variation, and acknowledgment of the key messages of expecting changes. It would also be helpful to have some determination and connection back to the services and role pharmacies play.	Chapter 6	Resident	General comment	No amendment made but response to comment as opposite	Demographic and housing projections are indicative. The HWB and PNA steering group will assess need as and when changes occur in future.
6	6 Within the introduction the ratio of pharmacies per 100k of population is laid out, although not specific in any particular target (preference appears to be across an acceptable range).	Chapter 6	Resident	General comment	No amendment made but response to comment as opposite	The PNA is designed to describe the current pharmaceutical provision and to examine factors that may influence this in the future. No specific threshold levels are set as service provision is based on the weight of evidence.
6	6 Within this final section it would be helpful to know whether at any point in the timeframe covered specific localities may breach that threshold target. Such that the need for new capacity should be considered.	Chapter 6	Resident	General comment	No amendment made but response to comment as opposite	The PNA is designed to describe the current pharmaceutical provision and to examine factors that may influence this in the future. No specific threshold levels are set as service provision is based on the weight of evidence.
6	6 When considering the future population growth, and the know risk factors which may contribute to greater specific service need, doesn't appear to have been factored in. It's important that the HWB have the right assurances that not only current need but that future need are also been provider for. From the information presented, I wasn't able to make that conclusion as the	Chapter 6	Resident	General comment	No amendment made but response to comment as opposite	Demographic and housing projections are indicative. The HWB and PNA steering group will assess need as and when changes occur in future.



	expected population growth is contextualised relative to service need or current provision.					
7	Check how you use the term NHSE/I throughout the document, sometimes it is written as NHS E/I	All	LPN	Formatting/data correction	Amendment made	changed to NHSE/I in the document.
7	For consistency check how you want to refer to COVID-19 through the document – sometimes it is Covid-19, others Covid	All	LPN	Formatting/data correction	Amendment made	changed to Covid-19 in the document.
7	Acknowledgements – correct Job title for Kath Gulson = Local Professional Network Chair – Pharmacy, NHS England and NHS Improvement (NHSE/I) Lancashire & South Cumbria	Exec summary	LPN	Formatting/data correction	Amendment made	
7	Section 3.5 Pharmacy services commissioned by PBPs – the table states that in the Healthier Fylde Coast one pharmacy has delivered a Covid vaccination site with a local GP practice. Across the footprint 35 pharmacies were involved in the Covid vaccinations- both in pharmacies and off sites. Do you need to include all of these or remove the sentence regarding one?	Exec summary	LPN	Formatting/data correction	Amendment made	Deleted the one Fylde Coast site - Added in sentence on 35 pharmacies in the Covid-19 section.
7	You say “There is also an additional layer of complexity that not all pharmacies necessarily are in a position to take up the offer to provide additional commissioned services” to be clear in some areas the Council does not want every pharmacy to participate; so can this be reworded as it implies some pharmacies do not want to do the service, some do, there is a limit on numbers of participants	Exec summary	LPN	Formatting/data correction	Amendment made	Included a sentence “Commissioners may determine that some services are not always required across all pharmacies to provide sufficient coverage”.
7	Section 3.6. Home delivery services – these are provided free of charge by the pharmacy, there is no NHS commissioned delivery service	Exec summary	LPN	Formatting/data correction	Amendment made	added in suggested sentence.
7	Section 4.4 “It is recommended that NHSE/I, the respective local authorities and CCGs continue to work with both Lancashire Pharmaceutical Committee and Community Pharmacy Lancashire to explore how widening the role of community pharmacies further would benefit our local residents...”	Exec summary	LPN	General comment	No action taken	
7	Community Pharmacy Lancashire is the Local Pharmaceutical Committee; it states they are two separate organisations	Exec summary	LPN	Formatting/data correction	Amendment made	only LPC included.
7	Section 1.4.1 Advanced Services Remove bracket at the end of the sentence “community pharmacy Covid-19 lateral flow device distribution service (“	Chapter 1	LPN	Formatting/data correction	Amendment made	
7	Section 1.5 Local pharmacy services the sentence “These could include seasonal flu vaccination service, minor ailment services and palliative care.” The pharmacy led COVID vaccination service came out via this route so may be just add etc. after palliative care or add in this service as well	Chapter 1	LPN	Formatting/data correction	Amendment made	added in "and the pharmacy led Covid-19 vaccination service. "
7	Section 1.5.2 NHSE/I you say “NHSE/I currently commissions the pharmacy core contract (including advanced services). Currently, NHSE/I does not fully commission any enhanced services. However, this position may change according to the future developments in commissioning integration, the role of pharmacies and the needs of local populations.” Note – they commissioned and continue to commission the Pharmacy Lead COVID vaccination Service	Chapter 1	LPN	Formatting/data correction	Amendment made	Added in pharmacy led...

7	Section 2.7 page 15 – check wording of 2nd paragraph – “The NHS Long Term Plan published in January 2019 was written in response to concerns about funding, staffing, increasing inequalities and pressures from a growing and ageing population, whilst expressing optimism – about the possibilities for continuing medical advance and better outcomes of care.”	Chapter 2	LPN	Formatting/data correction	Amendment made	
7	Page 16 – “Hypertension case-finding service (An Advanced Service) - From 1 October 2021, a hypertension case-finding service has been commissioned in pharmacies. This service is to improve coverage of blood pressure checks by GPs working proactively with community pharmacies to improve access to blood pressure checks.”	Chapter 2	LPN	General comment	No action taken	
7	It covers more than improve coverage of BP checks by GPs. The service has three aims -	Chapter 2	LPN	General comment	No action taken	
7	Identify people aged 40 yrs. and over with undiagnosed high blood pressure, and refer then to general practice to confirm diagnosis and for appropriate management	Chapter 2	LPN	Formatting/data correction	Amendment made	the three aims included.
7	At the request of a general practice, undertake ad hoc clinic and ambulatory blood pressure measurements	Chapter 2	LPN	Formatting/data correction	Amendment made	the three aims included.
7	Provide another opportunity to promote healthy behaviours to patients	Chapter 2	LPN	Formatting/data correction	Amendment made	the three aims included.
7	Section 3.3 p23 last paragraph on page – you refer to CCG as singular – if so which one or does this need to be plural?	Chapter 3	LPN	Formatting/data correction	Amendment made	
7	3.4 p24 Place Based Partnership priorities – comes up as error	Chapter 3	LPN	Formatting/data correction	Amendment made	
7	Figure 3.1	Chapter 3	LPN	General comment	No action taken	
7	Bay Health and Care partners – “Additional priorities specifically relevant to pharmaceutical services	Chapter 3	LPN	General comment	No action taken	
7	• increased use of Community Pharmacy Referral Scheme across all PCNs/Practices “	Chapter 3	LPN	General comment	No action taken	
7	Should this read the Community Pharmacist Consultation Service?	Chapter 3	LPN	Formatting/data correction	Amendment made	changed to Community Pharmacist Consultation Service.
7	West Lancashire – again refers to the pharmacy consultation service – it should read the Community Pharmacist Consultation Service	Chapter 3	LPN	Formatting/data correction	Amendment made	
7	Section 3.6 p29 Locations across pan-Lancashire – check first sentence under title says error	Chapter 3	LPN	Formatting/data correction	Amendment made	
7	“Across pan-Lancashire there are 12 district councils and two unitary authorities. Error! Reference source not found. shows the 12 districts and the two unitary authorities.”	Chapter 3	LPN	Formatting/data correction	Amendment made	
7	P30 – another error message at bottom of page	Chapter 3	LPN	Formatting/data correction	Amendment made	
7	3.7.1 Demography – check the wording of the first paragraph	Chapter 3	LPN	Formatting/data correction	Amendment made	

7	"The mid-2020 population estimate of the pan-Lancashire area was approximately 1,515,487 people, Blackburn with Darwen – 150,030, Blackpool – 138,381 and Lancashire County Council – 1,227,076. Error! Reference source not found. to 3.9 shows the age and gender profile of this population. The age composition of the population varies by locality, for example Wyre has more people aged 65 or older compared to other localities (Figure 3.16)."	Chapter 3	LPN	Formatting/data correction	Amendment made	
7	Question why do you have to go to page 39 some 6 pages away to find Figure 3.16 why is it not here in the narrative about ages 65+ yrs at years 10 and 20?	Chapter 3	LPN	Formatting/data correction	Amendment made	65+ map moved up.
7	Paragraph p33 "The biggest increases are seen in the age group 65+ years, with a projection of a 27%, 25% and 34% increase over the next 20 years in Blackburn with Darwen, Blackpool and Lancashire County Council area, respectively. Figure 3.8 shows the population projection in various age groups"	Chapter 3	LPN	General comment	No action taken	
7	Have a look at figures 3.7 to 3.12 that need to be referenced in this paragraph before moving on to housing	Chapter 3	LPN	Formatting/data correction	Amendment made	Referenced.
7	Key messages – p47 second paragraph states all pharmacies provided advanced medicine use reviews. Incorrect - Medicines Use reviews were decommissioned by April 2021.	Chapter 4	LPN	Formatting/data correction	Amendment made	Deleted MURs in chapter.
7	Check spacing on p48 & 49	Chapter 4	LPN	Formatting/data correction	Amendment made	
7	P50 – do you need to explain what LPS means – it was defined in an earlier chapter. Is each chapter designed to stand alone?	Chapter 4	LPN	Formatting/data correction	Amendment made	
7	Section 4.1.3. Distance Selling Pharmacies (DSP)	Chapter 4	LPN	General comment	No action taken	
7	Comments made are not quite correct.	Chapter 4	LPN	General comment	No action taken	
7	The Regulations prohibit DSPs from offering to provide Essential services to persons face to face at (which includes in the vicinity of) the pharmacy premises. However, a DSP may provide an Advanced service such as the Flu Vaccination Service on the pharmacy premises, as long as any Essential service is not provided to persons present at the premises.	Chapter 4	LPN	Formatting/data correction	Amendment made	Changed to suggestion.
7	It is correct that patients have the right to access pharmaceutical services from any community pharmacy including a DSP of their choice.	Chapter 4	LPN	General comment	No action taken	
7	4.1.7 Local pharmaceutical services contracts (LPS) – p67 explain what EHC means (Emergency Hormonal Contraception)	Chapter 4	LPN	Formatting/data correction	Amendment made	
7	4.1.8 Comparison with findings in the 2018 PNA – p67 – error message in first sentence	Chapter 4	LPN	Formatting/data correction	Amendment made	
7	P69 – Figure 4.16 – does Lancashire need to be referred to as pan- Lancashire in the table?	Chapter 4	LPN	Formatting/data correction	Amendment made	changed to Pan-Lancashire.
7	1st paragraph we have 8 dispensing practices; at the end of the paragraph it incorrectly says we have 12.	Chapter 4	LPN	Formatting/data correction	Amendment made	4.1.8 - dispensing practices changed from 12 in 2018 to 8 in 2022.
7	4.2 Accessibility – p71 – you refer to dispensing practices as dispensing surgeries in here.	Chapter 4	LPN	Formatting/data correction	Amendment made	changed to practices.
7	4.2.1 Distance, travel times, and access – p72 you say "Pharmaceutical services are also available from internet pharmacies (located inside or outside of the area) that could make deliveries to individual homes."	Chapter 4	LPN	General comment	No action taken	

7	Query the use of the word "could". It is prohibited for an internet pharmacy to provide an Essential service to a person who is present at the pharmacy, or in the vicinity of it; these pharmacies have to deliver, they can only provide the Advanced services on a face to face basis.	Chapter 4	LPN	Formatting/data correction	Amendment made	
7	4.4 Advanced services – p122 Note that the seasonal influenza vaccination advanced service can be delivered by a distance-selling pharmacies – you say it cannot – it can.	Chapter 4	LPN	Formatting/data correction	Amendment made	Revised.
7	Smoking cessation service (SCS) (hospitals) – reconsider wording - the SCS allows a NHS Trust to refer patients to community pharmacy – suggest Smoking cessation service (SCS) (NHS Trust referral)	Chapter 4	LPN	Formatting/data correction	Amendment made	changed to Smoking cessation service (SCS) (NHS Trust referral).
7	P123 – why are you describing the Hepatitis C testing service and not the others in the narrative?	Chapter 4	LPN	Formatting/data correction	No amendment made but response to comment as opposite	Leaving this in as there was a specific request - can't remember who from, was discussed in steering group meeting.
7	5.1.1 Local contributions to improving health and reducing inequalities – p 132 – do you need to define the abbreviation HWB in the first paragraph	Chapter 5	LPN	Formatting/data correction	Amendment made	
7	5.2.1 Local health needs – p134 – define JSNA	Chapter 5	LPN	Formatting/data correction	Amendment made	
7	5.2.2 Overview of local commissioned services – p134 You say in the 2nd paragraph "...It can also be used to structure adherence- focused services relating to the initiation of new medicines and medicines use reviews..." Firstly, both the new medicine and medicines use reviews are not locally commissioned services, they are NHS commissioned; and secondly the NHS decommissioned the medicine use review service in April 2021.	Chapter 5	LPN	Formatting/data correction	Amendment made	
7	P135 – you list a number of ways; community pharmacy can contribute to the public health agenda – would suggest this is changed to could – if it were commissioned e.g. there are only plans for long-acting reversible contraception is more of a could than a can right now	Chapter 5	LPN	Formatting/data correction	Amendment made	"can" changed to "could".
7	CCG commissioned services - check use of abbreviations PBP	Chapter 5	LPN	Formatting/data correction	Amendment made	Figure 5.1 title changed from CCG to PBP.
7	P137 – use of abbreviations PCN, ICB,	Chapter 5	LPN	Formatting/data correction	Amendment made	
7	5.3.2 Local services - Blackburn with Darwen p139 – second paragraph – abbreviation NRT = Nicotine replacement therapy	Chapter 5	LPN	Formatting/data correction	Amendment made	NRT already mentioned in full at the start of chapter 5.
7	Blackpool p140 – talks about the drug Varenicline - note this is not currently available in the UK or Europe. Later on in Lancashire section p141 it states there that Varenicline is unavailable in the UK and reference the MHRA alert	Chapter 5	LPN	Formatting/data correction	Amendment made	
7	5.6.2 Opportunities in local services – p144 Lancashire paragraph 4 - Lancashire County Council commission HCRG care group – what does HCRG mean?	Chapter 5	LPN	Formatting/data correction	No amendment made but response to comment as opposite	Commissioners know it as HCRG - they use HCRG. Included a link to HCRG website in the chapter.
7	5.7 NHS health check – p145 – Lancashire – "The third-party provider that manages the contract for external provision across Lancashire is Choose Health, the delivery arm of the Lancashire Pharmacy Committee."	Chapter 5	LPN	Formatting/data correction	Amendment made	



	Should read Community Pharmacy Lancashire not Lancashire Pharmacy Committee					
7	5.8.1 Local health needs: chlamydia – p146 last paragraph define abbreviation STI - Sexually Transmitted Infections	Chapter 5	LPN	Formatting/data correction	Amendment made	STI added in full in second line under section 5.8.
7	5.8.3 Local sexual health services – p 148 Blackburn with Darwen – define abbreviation EHC, CaSH, & GUM (Emergency hormonal contraception, Lancashire Care Contraception and Sexual Health & genitourinary medicine)	Chapter 5	LPN	Formatting/data correction	Amendment made	Done - added Lancashire and South Cumbria NHS Foundation Trust contraception and sexual health service (CaSH), genitourinary medicine (GUM). EHC already in full in summary.
7	5.10.4 Local services – drugs – p 169 – why are the list of drugs not all starting with capital letters? “methadone, buprenorphine and Bupivald.”	Chapter 5	LPN	Formatting/data correction	No amendment made but response to comment as opposite	No action needed, only brand names starting with capital letter.
7	5.10.5 Consideration of services offered – alcohol and drugs – p 171 Blackpool – check the “Lived Experience Team issuing kits to people who use drugs (PWID)” thought PWID was Persons Who Inject Drugs	Chapter 5	LPN	Formatting/data correction	Amendment made	"use" changed to "inject".
7	5.12 Long-term conditions – p173 – 2nd paragraph “...medication and supplementary independent prescribing”. Supplementary prescribing and independent prescribing are different, suggest medication, supplementary prescribing and independent prescribing.	Chapter 5	LPN	Formatting/data correction	Amendment made	changed to medication, supplementary prescribing and independent prescribing.
7	P 174 - 76 check out the figures and spacing	Chapter 5	LPN	Formatting/data correction	Amendment made	
7	5.14 Healthcare associated infections – p180 – abbreviation CSU Commissioning Support Unit	Chapter 5	LPN	Formatting/data correction	Amendment made	
7	5.18.1 Palliative care service – Lancashire CCGs – p 183 – abbreviation PBPs	Chapter 5	LPN	Formatting/data correction	No amendment made but response to comment as opposite	PBP already in full in section 5.2.2.

## Appendix 8: Findings of Healthwatch survey

Links to the Healthwatch survey findings' report

Healthwatch Blackburn with Darwen:

<https://healthwatchblackburnwithdarwen.co.uk/nproject/your-views-on-community-pharmacy-services/>

Healthwatch Blackpool: <https://healthwatchblackpool.co.uk/pharmaceutical-needs-assessment-2022/>

Healthwatch Lancashire: <https://healthwatchlancashire.co.uk/report/community-pharmacy-report/>

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<sup>i</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>

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