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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 stop smoking services operate a pharmacy nicotine replacement therapy (NRT) voucher scheme.

In Blackburn with Darwen and across the twelve localities in Lancashire County Council 268 pharmacies have signed up to Local Improvement Service (LIS) agreements to provide emergency hormonal contraception (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 misuse problems, supervised consumption of prescribed medication and needle and syringe exchange.

A Lancashire Healthy Living Pharmacy (HLP) programme runs across the three local authorities. The aim of the programme is to create a sustainable future for Lancashire HLPs whilst developing the community pharmacy workforce. It builds on the foundations of the existing community pharmacy services such as support for self-care, promotion of healthy lifestyles and other health services, and is an identified key priority of the Local Professional Network (Pharmacy) (LPN) work plan.

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. HWBs 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.

The Community Pharmacy Forward vision<sup>v</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>vi</sup>

### **5.1.2 *Evidence-based approach***

The NHS Confederation report *Health on the high street: rethinking the role of community pharmacy*<sup>vii</sup> recommends that a strong evidence base underpins commissioning of public health services from community pharmacy. The Department of Health recently invited the submission of research proposals to determine and evaluate the role of community pharmacy in public health. This invitation stated that "whilst the evidence for pharmacy's contribution to public health is growing, there are gaps, and there is a clear requirement for good quality research to be carried out to determine and evaluate the contribution of a pharmacy where the evidence is missing or less strong."<sup>viii</sup>

### 5.1.3 Opportunities for integrated care

In the Royal Pharmaceutical Society (RPS) report *Now or never: shaping pharmacy for the future*<sup>x</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 colocation.<sup>x</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>xi</sup>

The NHS Urgent Medicine Supply Advanced Service (NUMSAS) operating across the footprint already demonstrates the interoperability provided by the PharmOutcomes system that connects NHS 111 to the individual community pharmacies. This takes the data inputted by NHS 111, sending it across to the community pharmacy, who can help the patient and then forward the data onto the GP. NUMSAS is currently a time-limited pilot, until 30 September 2018.

In Fleetwood a recent pilot ran looking at connecting the community pharmacy to the GP EMIS system, so with the patient's consent the community pharmacist could read and write to the patients' record held at the practice.

East Lancashire Hospitals NHS Trust has developed a Refertopharmacy Scheme,<sup>xii</sup> an electronic transfer of care to community pharmacy (eTCP) where using electronic transfer of data, at the time of a patient's hospital admission and discharge, a message is sent to the patient's chosen community pharmacy letting them know. This means the community pharmacy knows the patient has been admitted into hospital and on discharge allows the community pharmacist to see the up-to-date discharge information, and enables them to follow up with the patient in a timely fashion any actions needed.

### 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>xiii</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>vi</sup> The community pharmacy network can be centred around three core functions.<sup>v</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 terms 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 JSNAs 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 Lancashire County Council, Blackburn with Darwen and Blackpool there is a difference of 9.4, 11 and 12 years, respectively, for male life expectancy between the most and least deprived areas.<sup>xiv</sup> In Lancashire County Council, Blackburn with Darwen and Blackpool there is a difference of 7.1, 8.8 and 9 years, respectively, for female life expectancy between the most and least deprived areas.<sup>xiv</sup>

### 5.2.2 Overview of local 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 and medicines use reviews. 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 can 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 June 2017 are listed below.

#### Local authority commissioned services

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

- Needle and syringe exchange service
- Supervised consumption
- One to one stop smoking level two
- Nicotine replacement voucher scheme
- Emergency hormonal contraception

##### **Blackpool**

- Needle and syringe exchange service (via provider)
- Supervised consumption (via provider)

##### **Lancashire**

- Emergency hormonal contraception (includes chlamydia)
- Nicotine replacement therapy: NRT Voucher Scheme
- One to one stop smoking level two (specific uptake)
- Supervised self-administration of methadone and buprenorphine
- Integrated substance misuse service pharmacy needle and syringe programme

**Figure 5.1: CCG commissioned services**

CCG	Pharmacy services commissioned
Blackburn with Darwen CCG	<ul style="list-style-type: none"> <li>• Stock-holding and provision of specialist drugs in palliative care</li> <li>• No minor ailment scheme, but about to pilot a minor illness service as part of GP access fund</li> </ul>
Blackpool CCG	<ul style="list-style-type: none"> <li>• Minor ailment scheme</li> <li>• Just in case (palliative care) scheme</li> </ul>
Chorley South Ribble/Greater Preston CCG	<ul style="list-style-type: none"> <li>• Minor ailment scheme</li> <li>• Palliative care – stock holding and provision of specialist drugs</li> </ul>
East Lancashire CCG	<ul style="list-style-type: none"> <li>• Stock-holding and provision of specialist drugs in palliative care</li> </ul>
Fylde and Wyre CCG	<ul style="list-style-type: none"> <li>• Minor ailment scheme (Pharmacy + Clinic)</li> </ul>
Morecambe Bay CCG	<ul style="list-style-type: none"> <li>• Just in case (palliative care) scheme</li> </ul>
West Lancashire CCG	<ul style="list-style-type: none"> <li>• Minor ailment scheme</li> <li>• Just in case (palliative care) scheme</li> </ul>

## 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 3,000 deaths attributable to smoking each year in adults aged 35 years and over. 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>xv</sup>.

In Lancashire, overall, smoking prevalence in adults is similar to the national average and in Blackburn with Darwen and Blackpool adult smoking prevalence is worse than the national average.<sup>xvi</sup> Across Lancashire's twelve districts, in Burnley and Rossendale adult smoking prevalence is worse than the national average. According to the 2016/17 figures in Blackburn with Darwen, Blackpool and Lancashire County Council smoking at the time of delivery is worse than the national average.<sup>xvi</sup>

Across the pan-Lancashire area, in Blackpool smoking prevalence in young people (at age 15) is significantly worse than the national average whereas in Lancashire and in Blackburn with Darwen smoking prevalence in young people (at age 15) is similar to the national average. In Lancashire, smoking levels vary substantially across districts; from 7.3% in Ribble Valley to 25.4% in Rossendale (see Figure 5.2). In Lancashire, Blackburn with Darwen and Blackpool, the rate of people setting a quit date per 100,000 smokers is better than the national average. In Blackburn with Darwen, Blackpool and Lancashire councils the 2016/17 rate of successful quitters at four weeks per 100,000 smokers is better than national average.<sup>xvi</sup>



**Figure 5.2: Smoking prevalence in adults – current smokers (Annual Population Survey), 2016**

Area	Smoking prevalence (%)	
Blackburn with Darwen	19.5	Significantly worse than England
Blackpool	22.5	Significantly worse than England
Lancashire	16.0	Similar to England
Burnley	24.0	Significantly worse than England
Chorley	13.2	Similar to England
Fylde	18.2	Similar to England
Hyndburn	21.9	Similar to England
Lancaster	14.7	Similar to England
Pendle	11.9	Similar to England
Preston	18.0	Similar to England
Ribble Valley	7.3	Significantly better than England
Rossendale	25.4	Significantly worse than England
South Ribble	7.7	Significantly better than England
West Lancashire	16.5	Similar to England
Wyre	16.2	Similar to England
England	15.5	

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

The Tobacco Control Plan for England<sup>xvii</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 four times more likely to quit with support from a stop smoking service than going it alone<sup>xviii</sup>. Further to this, Department of Health guidance recommends that all smokers should be offered stop smoking advice and referral to evidenced based support at all relevant points in their journeys through the health system.

### 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 professional or may refer themselves by ringing a single number to arrange an appointment convenient to them.

The NRT voucher scheme is a way for smokers who are receiving support to stop smoking to receive NRT to help them, without the need to have it prescribed by a doctor. The stop smoking advisor issues an NRT voucher with the chosen NRT products listed, which the client can then take to any participating pharmacy to collect their NRT product for the price of a prescription or for free if they are eligible for free prescriptions.

Pharmacies are paid on activity basis with payments weighted towards achieving four weeks, 8 weeks and 12 weeks quits and with incentives to reward higher activity.

The stop smoking service delivered through community pharmacy is one part of stop smoking services in Blackburn with Darwen, which also includes specialist services for pregnant smokers, services provided in community settings including GPs surgeries and group support.

According to PharmOutcomes, as of October 2017, there were 45 accredited providers of the NRT voucher scheme in Blackburn with Darwen.

### **Blackpool**

The community pharmacy-led stop smoking service is currently being tested and evaluated as part of a new stop smoking model for Blackpool. Further information will be added following evaluation.

### **Lancashire**

Stop smoking support in Lancashire is provided by Quit Squad (Lancashire Care Foundation Trust - LCFT) was commissioned to offer a community-based service in April 2016. 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 of behavioural support and licensed products (combined or individual). There is also a separate provision for those who vape (use e-cigarettes). Access can be by appointment, 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
- black and minority ethnic 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 misuse services

Stop smoking advisors issue clients with a voucher to obtain NRT from a community pharmacy to enable them to receive NRT on the NHS without the need for a prescription. This provides holistic care to the client whilst reducing the need for unnecessary visits to primary care and GP consultations. Clients exempt from prescription charges may receive NRT free from participating pharmacies, whilst those clients who are not exempt from prescription charges may also receive NRT at the same cost as a prescription. Each voucher covers between one and four week's supply of NRT and can be issued for up to 14 weeks (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.

As at October 2017 there were 261 pharmacies operating the enhanced service. Each one has to complete the 'stop smoking – very brief advice' e-package (NCSCT version) and the accredited Centre for Postgraduate Pharmaceutical Education Stop Smoking training to participate in the scheme.

### **5.3.3 *Consideration of services***

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

## 5.4 Healthy weight

### 5.4.1 Local health needs

Excess weight is defined as a body mass index above 25 kg/m<sup>2</sup>, and includes both overweight and obese individuals. It is estimated that within the pan-Lancashire region, Hyndburn district has the highest proportion of obese and overweight adults, at 69.6% of the population. All but one of the localities is higher than the national average of 64.8%, with nine localities statistically significantly higher. Ribble Valley (62.0%) has a significantly lower prevalence of excess weight than the national average (see Figure 5.3). These results should be viewed against a background of generally increasing obesity rates both locally and nationally (Include data from the National Child Measurement Programme 2.13ii PHOF)

**Figure 5.3: Prevalence of excess weight in adults in pan-Lancashire localities, 2013-15**

Area	% Obese and overweight adults (BMI 25+)	
England	64.8%	
Blackpool	73.9%	Significantly higher than England
Blackpool with Darwen	68.6%	Significantly higher than England
Burnley	69.2%	Significantly higher than England
Chorley	63.5%	Similar to England
Fylde	68.1%	Significantly higher than England
Hyndburn	69.6%	Significantly higher than England
Lancaster	65.4%	Similar to England
Pendle	69.0%	Significantly higher than England
Preston	65.0%	Similar to England
Ribble Valley	62.0%	Significantly lower than England
Rossendale	68.7%	Significantly higher than England
South Ribble	68.1%	Significantly higher than England
West Lancashire	68.1%	Significantly higher than England
Wyre	65.0%	Similar to England

Source: Active People Survey 2013-15

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.

### 5.4.2 Opportunities in local services

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

Several opportunities exist such as providing advice, signposting services and providing ongoing support towards achieving behavioural change for example through monitoring of weight and other related measures. An example of this is behaviour change support and advice through the national Public Health England Change 4 Life and One You campaigns (via app and web based support).

## 5.5 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 it is possible to try 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 a number of routes including community pharmacies and GP surgeries.

Across pan-Lancashire NHS Health Check is currently delivered by general practice.

### Lancashire

In addition, in the twelve localities covered by Lancashire County Council external providers deliver in community venues, workplaces, and places of worship. The external provision was re-procured with effect from 1 April 2017 with one provider covering community venues, and the other covering workplaces and places of worship. The community venues provider is a company called Choose Health Ltd, which is an arm of the Lancashire Pharmacy Committee, and it contracts delivery of the NHS Health Check to local pharmacies across the county.

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>

## 5.6 Sexual health

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

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>.

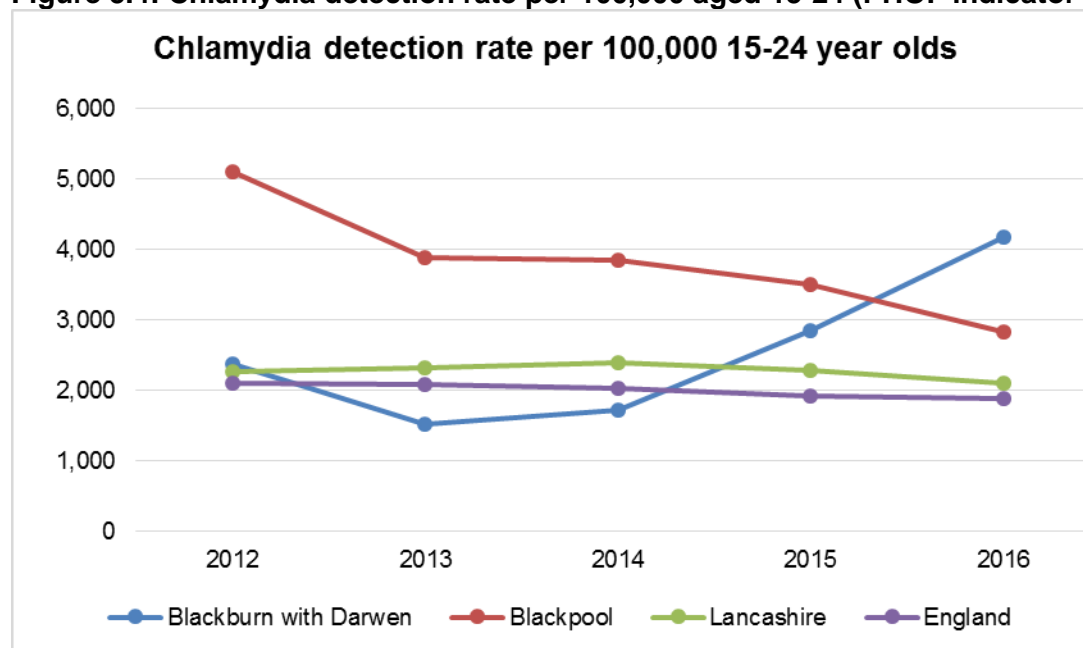
### 5.6.1 *Local health needs: chlamydia*

Chlamydia trachomatis is the most common bacterial sexually transmitted infection in the UK, particularly among young people under 25<sup>xx</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>xxi</sup>

The inclusion of the indicator in the Public Health Outcomes Framework is one indication of the importance which the Department of Health continues to attach to the chlamydia screening programme. It has stated its intention to work to improve the quality and cost-effectiveness of the National Chlamydia Screening Programme (NCSP), and described its vision that “all sexually active young people should be offered chlamydia testing as a routine part of every primary care and sexual health consultation.”<sup>xxii</sup>

The best way to drive down rates of chlamydia infection is to find and treat as many cases as possible, so Public Health England recommends that local areas should be working towards achieving a diagnosis rate of at least 2,300 per 100,000 15-24 year old resident population annually.

**Figure 5.4: Chlamydia detection rate per 100,000 aged 15-24 (PHOF indicator 3.02)**



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

The Sexual and Reproductive Health Profile for Blackburn with Darwen shows an increase in the detection rate from 2012 to 2016 and is above the England rate.<sup>xxiii</sup>

The detection rate for Blackpool has declined since 2012 although it is still higher than the detection rate for England (Figure 5.4).

The detection rate for Lancashire has had a slight decrease since 2012 and has remained close to the detection rate for England.

### **5.6.2 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 and in Lancashire remain consistently lower than the England average, though not by a significant amount. The rate for Blackpool was higher than the England rate but has dropped steadily since 2013 and dropped just below the national rate in 2016.

Blackburn with Darwen's rate of gonorrhoea diagnoses is significantly lower than average, and shows no sign so far of the rising trend that has given rise to concern nationally. The diagnosis rate for Blackpool is slightly higher than the national rate but has only increased slightly since 2013. The rate for Lancashire is less than the national rate although not quite

as low as that for Blackburn with Darwen. The rate for Lancashire is less than the national rate.

In 2016 just over one in every 1,000 people in Blackburn with Darwen is living with diagnosed HIV infection, which is less than half the England average rate. Blackpool at just over 4/1,000 in 2016 has amongst the highest prevalence of HIV in the North West. In Lancashire; the rate is substantially less than half the England rate at 0.85/1000 in 2016.<sup>xxiv</sup>

### **5.6.3 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. Early diagnosis and treatment will also prevent onward transmission. 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>xxv</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>xxvi</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, 43 Blackburn with Darwen pharmacies have agreed to part of the Local Integrated Service. 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 chlamydia testing postal kits where appropriate to people aged 15-24, supply of six condoms at all consultations, and performance a pregnancy test if required.

GP practices also offer chlamydia screening along with sexual health services in Blackburn with Darwen including CaSH, 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 <http://www.best2know.co.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.

Of the pharmacies across Lancashire County Council signed up to LIS agreements, as at October 2017 225 have signed up to provide EHC (which also includes chlamydia testing).

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

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

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

### **5.7.1 Local health needs**

The under 18s conception rate in Lancashire (25.1 per 1,000 females aged 15-17) and Blackpool (43.8 per 1,000 females aged 15-17) is statistically worse than the national average (20.8 per 1,000 females aged 15-17). Blackburn with Darwen's (25.3 per 1,000 females aged 15-17) under 18s conception rate is similar to the national average. Across Lancashire, Burnley (41.0), Hyndburn (33.8), Preston (33.5) and West Lancashire (28.4) districts have rates that are significantly higher than the national average in 2015<sup>xxvii</sup>. Nearly all Lancashire districts (apart from Ribble Valley) have seen their under 18s conception rate decrease (based on previous five years); Ribble Valley's under 18s conception rate is significantly better than the England average.

Maps showing locality wards with teenage conception rate (2012-2014) 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.

### **5.7.2 Local services**

EHC reduces the rate of unwanted pregnancies for women of all ages. The availability of EHC is also essential in reducing the teenage conception rate and also the number of unwanted pregnancies 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>xxviii</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, 43 Blackburn with Darwen pharmacies have agreed to part of the Local Integrated Service. 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 chlamydia testing postal kits where appropriate to people aged 15-24, supply of six condoms at all consultations, and performance of a pregnancy test if required.

GP practices also offer chlamydia screening along with sexual health services in Blackburn with Darwen including CaSH, 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**

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 225 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.

### **5.7.3 *Consideration of local services***

If a patient has requested EHC they should be tested for STIs as they are at increased risk of infection and therefore a further risk of onward transmission of the infection. It is important to



note that due to incubation periods for infections, undertaking a test in conjunction with issuing EHC may not be appropriate.

Being unable to access EHC can result in unwanted pregnancies, abortion and repeat abortions. Pharmacies could offer contraception advice to reduce the need for future EHC and offer or signpost to a service providing 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>xxix</sup>

### **Blackburn with Darwen**

Across the borough there are a wide range of services and venues available for individuals to access chlamydia screening with pharmacies being one of the main providers. However uptake is poor thus it is recommended that if an individual attends a pharmacy for EHC they also get offered chlamydia screening. It is advised to offer chlamydia screening at the time of EHC provision because those who require EHC contraception are highly likely to be at risk of infection.

### **Blackpool**

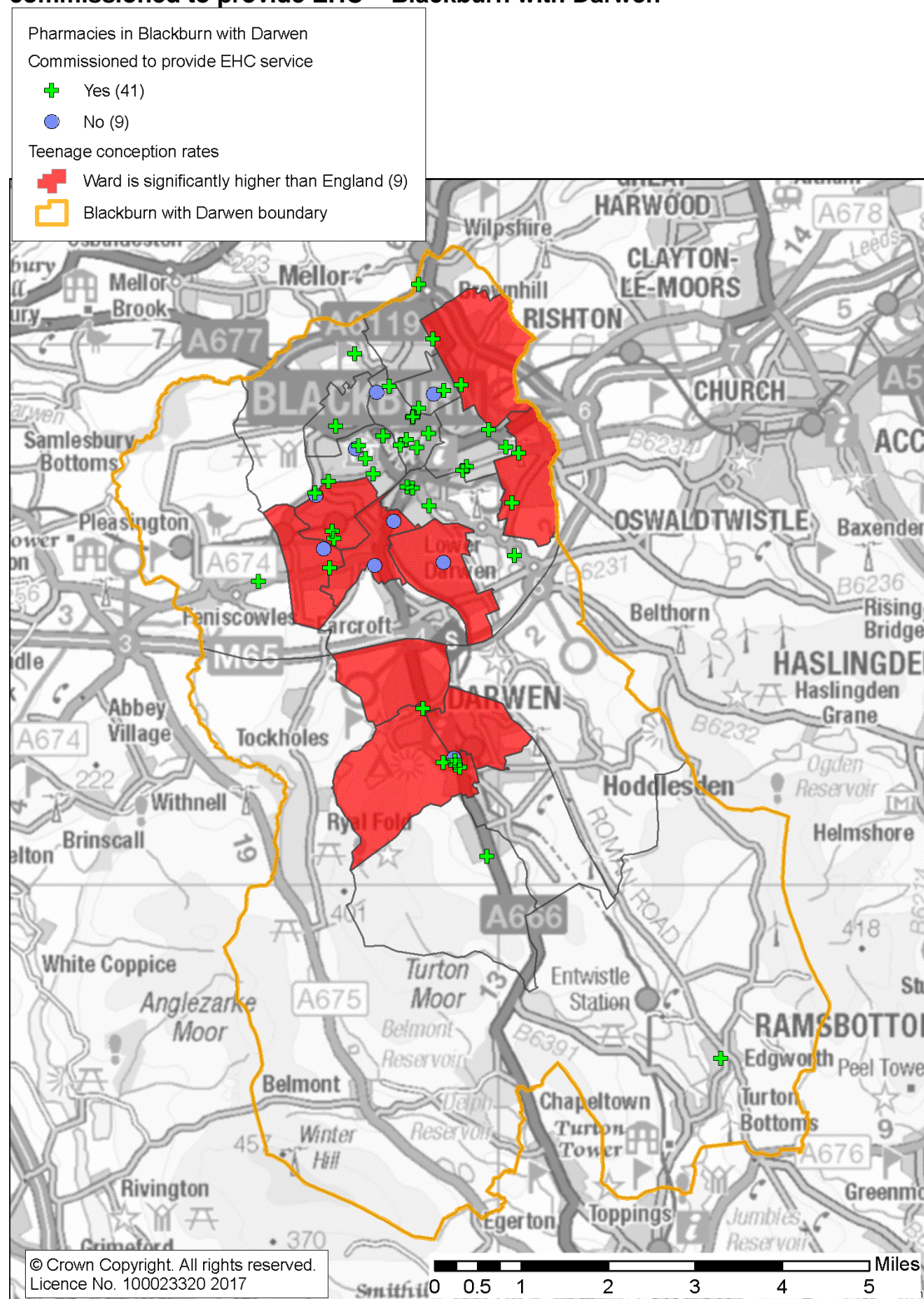
There is good coverage across the locality of community pharmacies, particularly in areas where there are higher under-18 conception rates and these can provide EHC on prescription. However, the EHC review found that young people do not access EHC via community pharmacies and instead use the Connect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

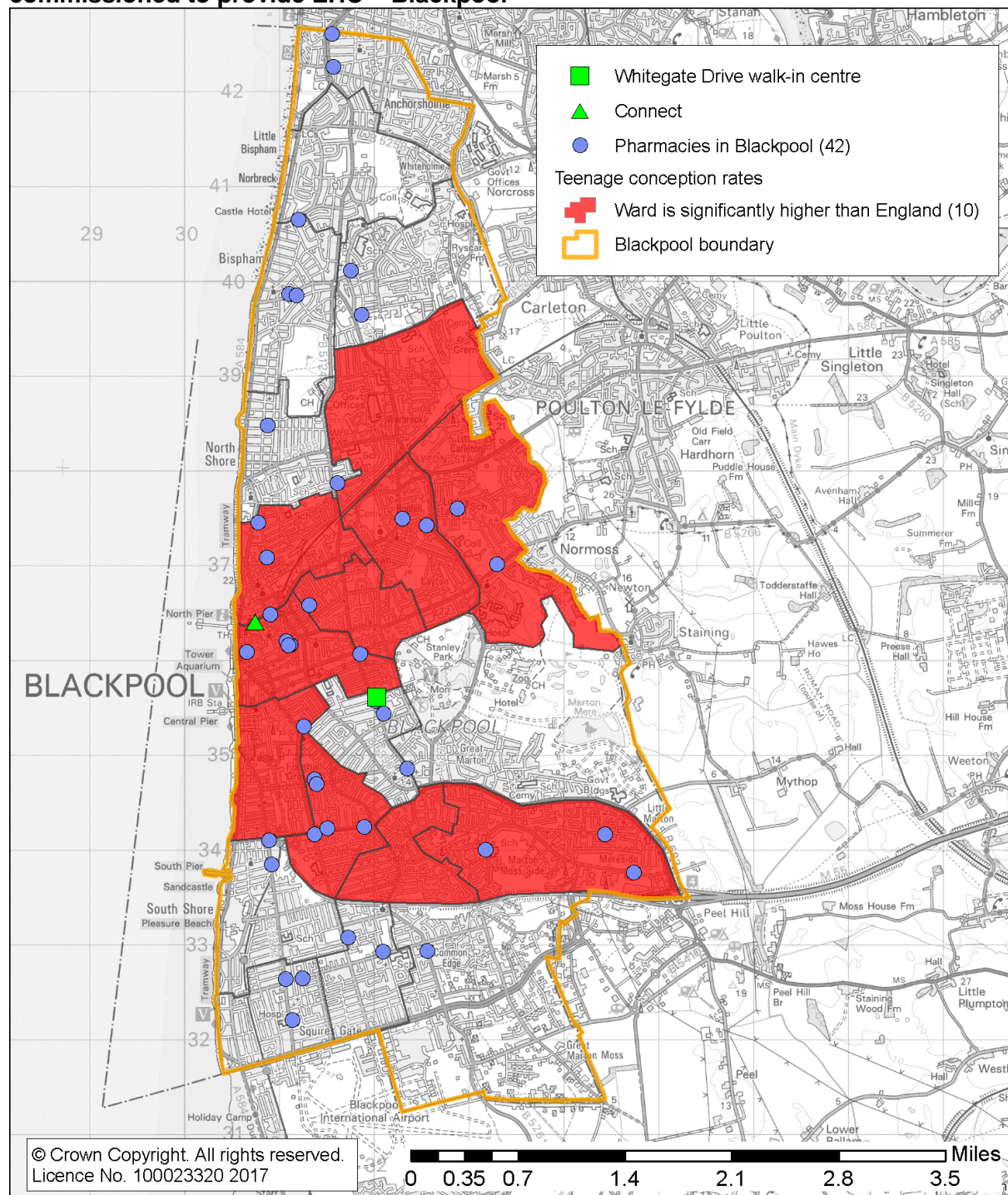


**Figure 5.5: Teenage conception hotspot wards (2012-14) and pharmacies commissioned to provide EHC – Blackburn with Darwen**



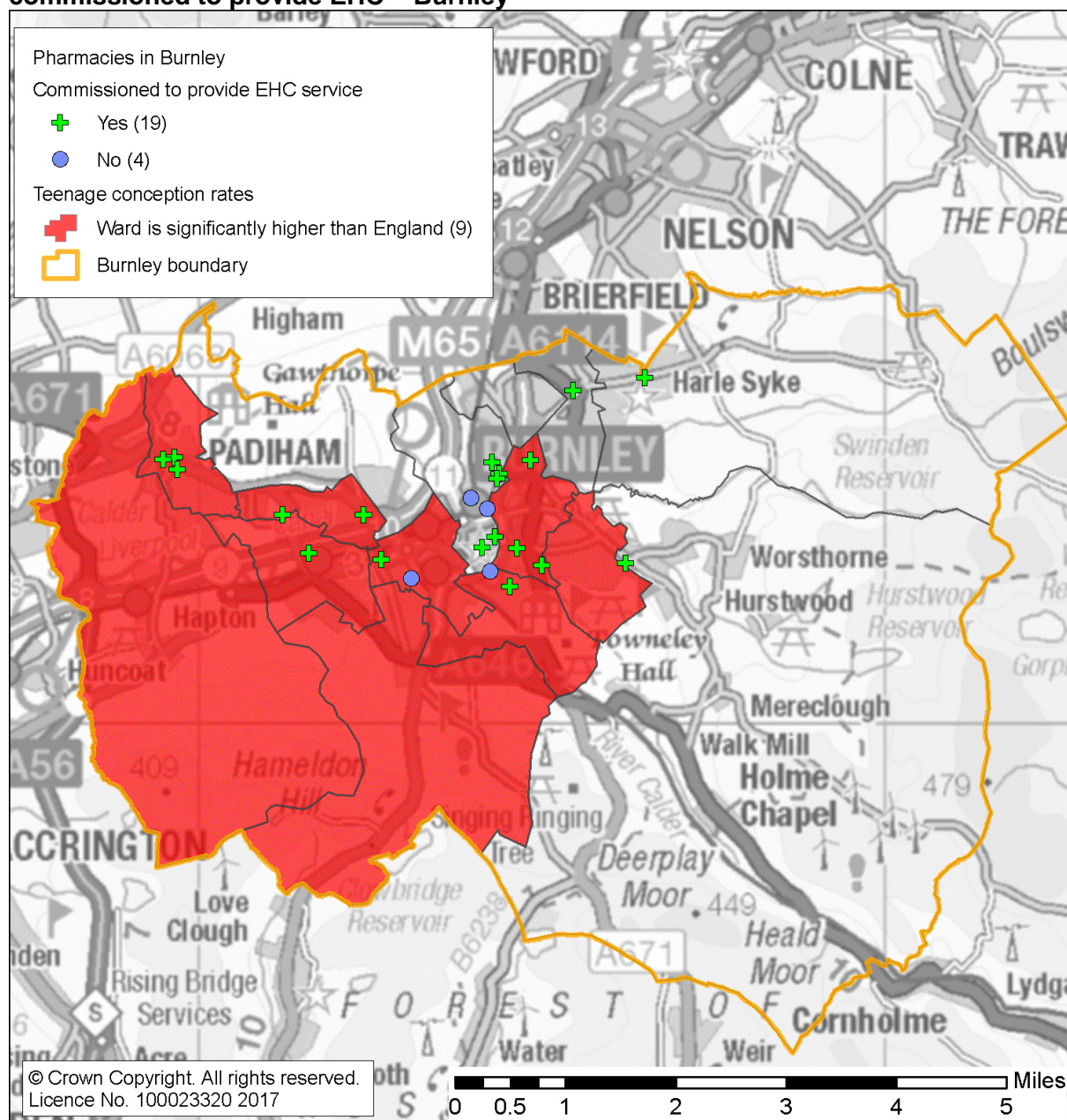


**Figure 5.6: Teenage conception hotspot wards (2012-14) and pharmacies commissioned to provide EHC – Blackpool**

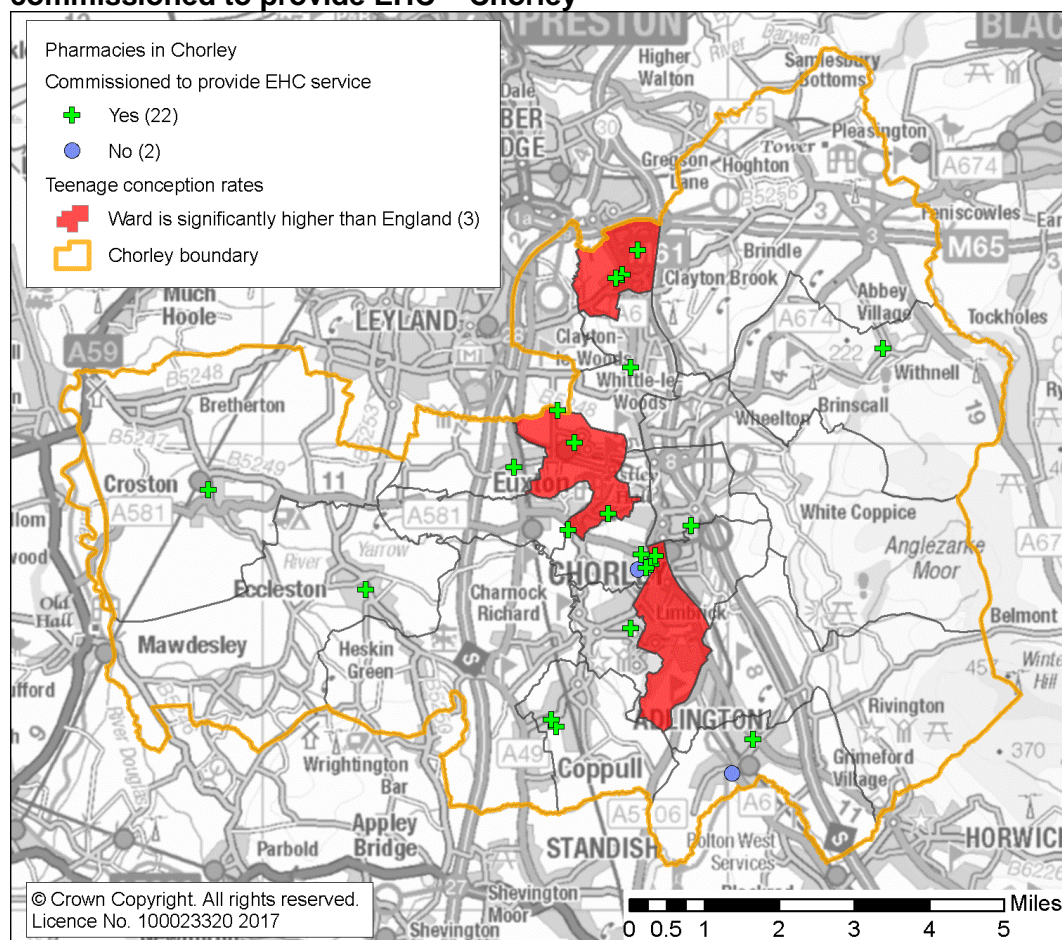




**Figure 5.7: Teenage conception hotspot wards (2012-14) and pharmacies commissioned to provide EHC – Burnley**

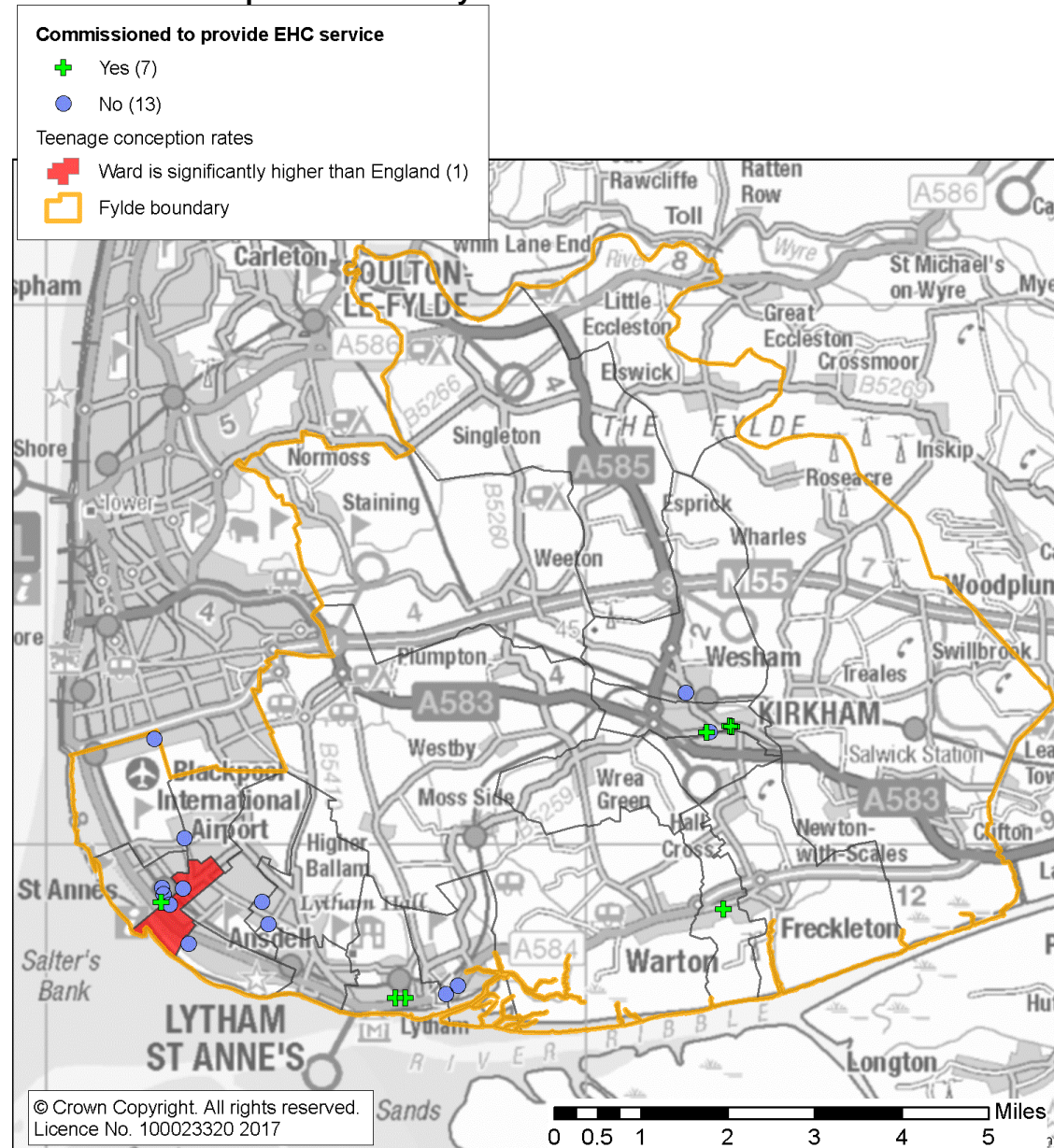


**Figure 5.8: Teenage conception hotspot wards (2012-14) and pharmacies commissioned to provide EHC – Chorley**

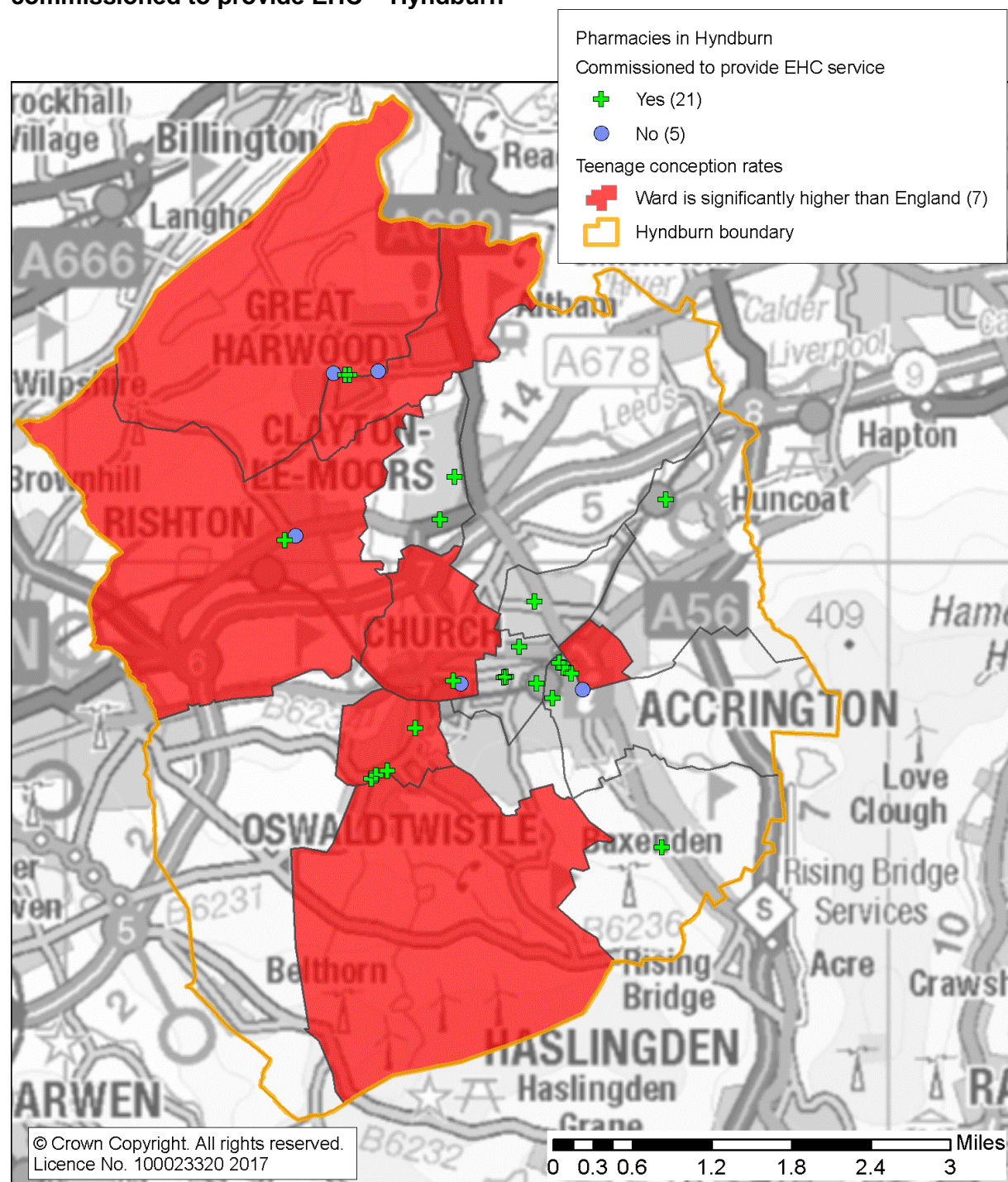




**Figure 5.9: Teenage conception hotspot wards (2012-14) and pharmacies commissioned to provide EHC – Fylde**

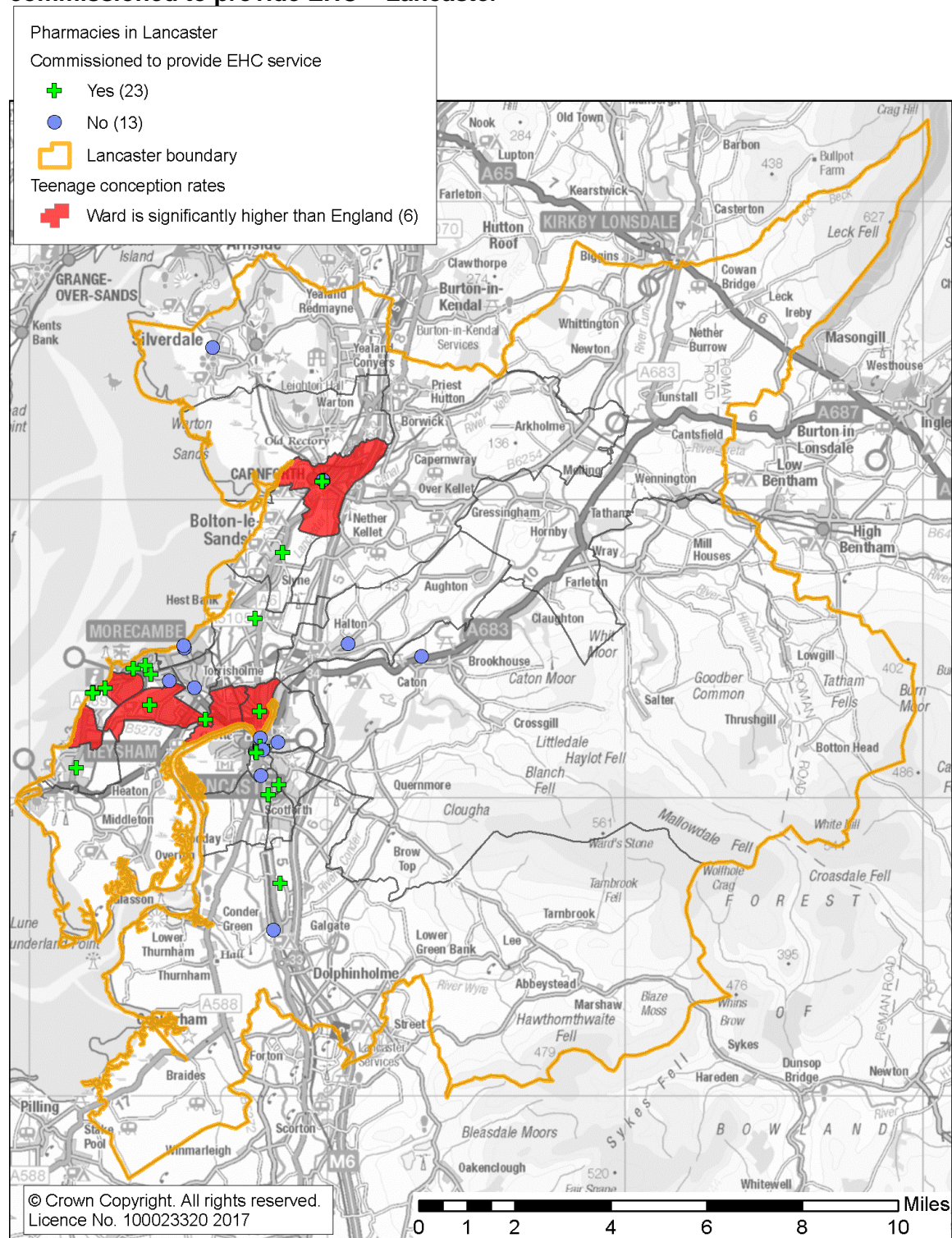


**Figure 5.10: Teenage conception hotspot wards (2012-14) and pharmacies commissioned to provide EHC – Hyndburn**

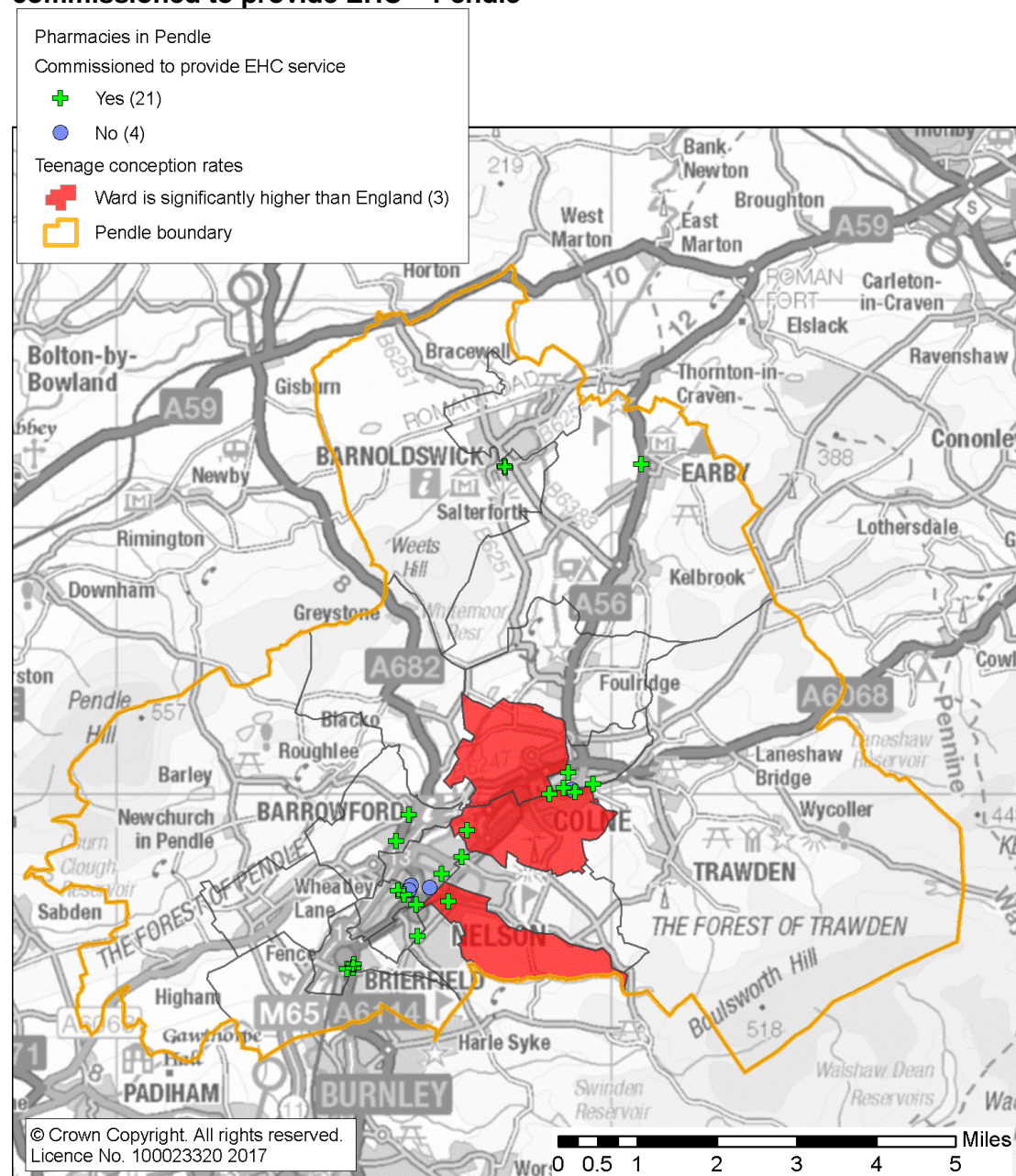




**Figure 5.11: Teenage conception hotspot wards (2012-14) and pharmacies commissioned to provide EHC – Lancaster**

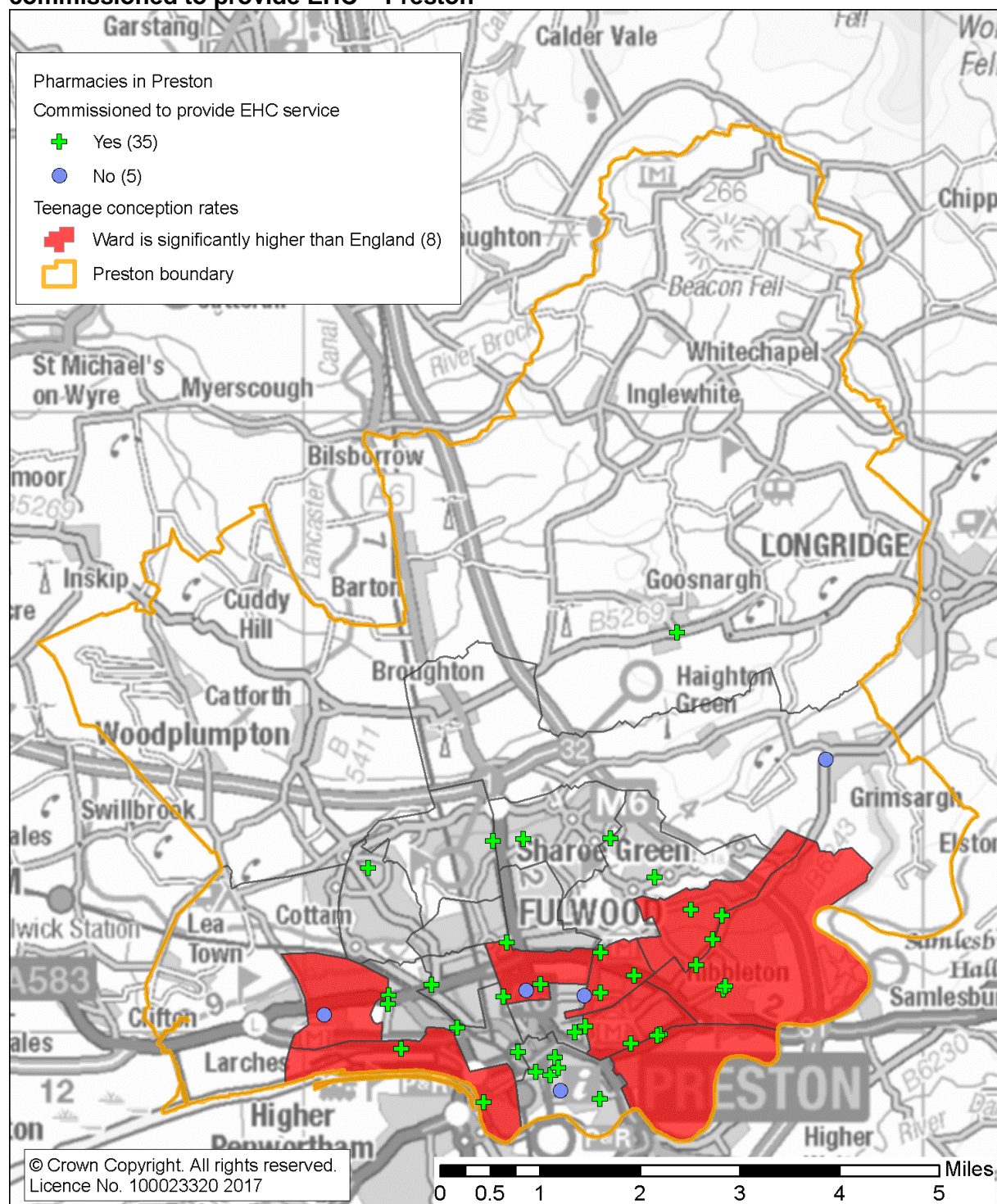


**Figure 5.12: Teenage conception hotspot wards (2012-14) and pharmacies commissioned to provide EHC – Pendle**



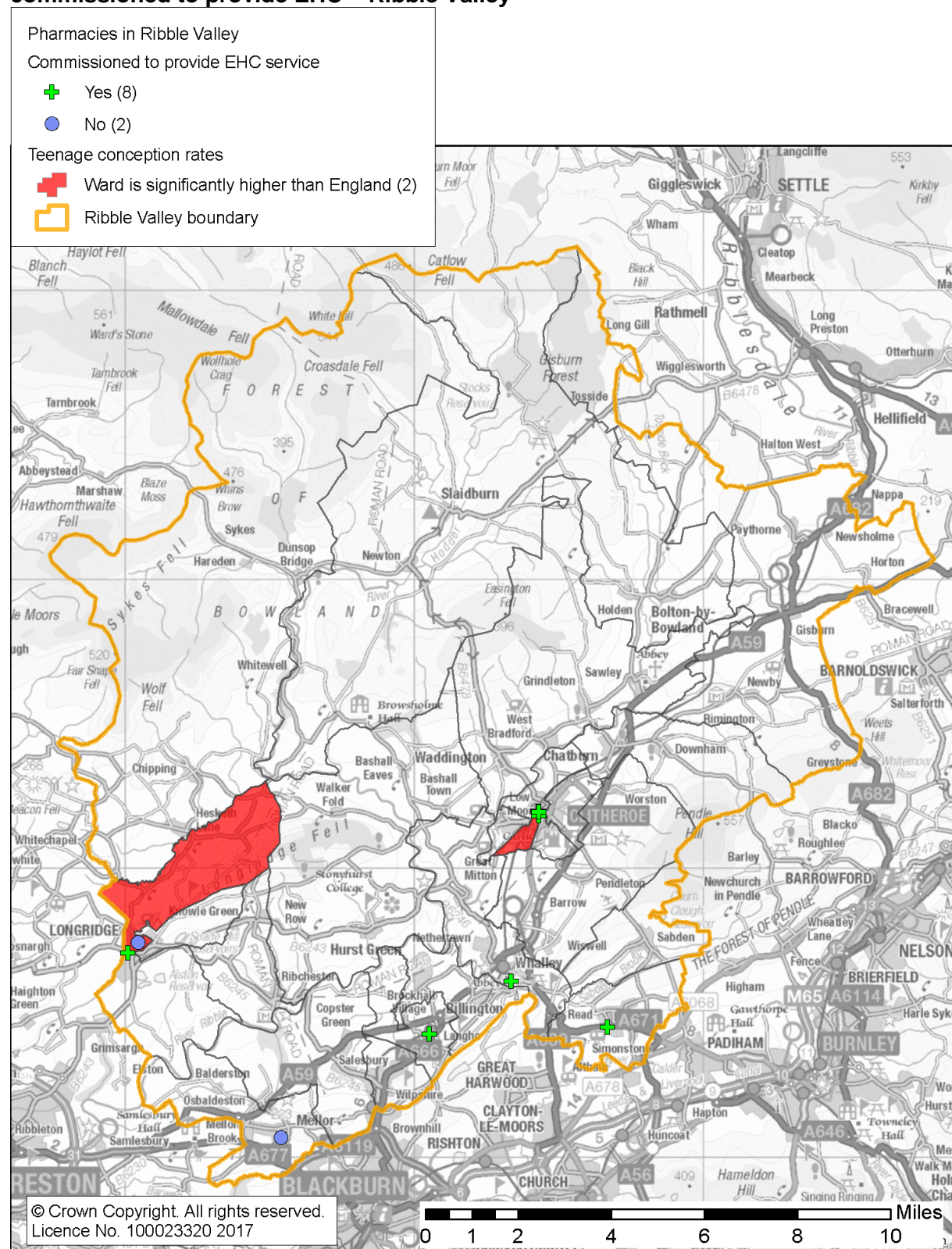


**Figure 5.13: Teenage conception hotspot wards (2012-14) and pharmacies commissioned to provide EHC – Preston**

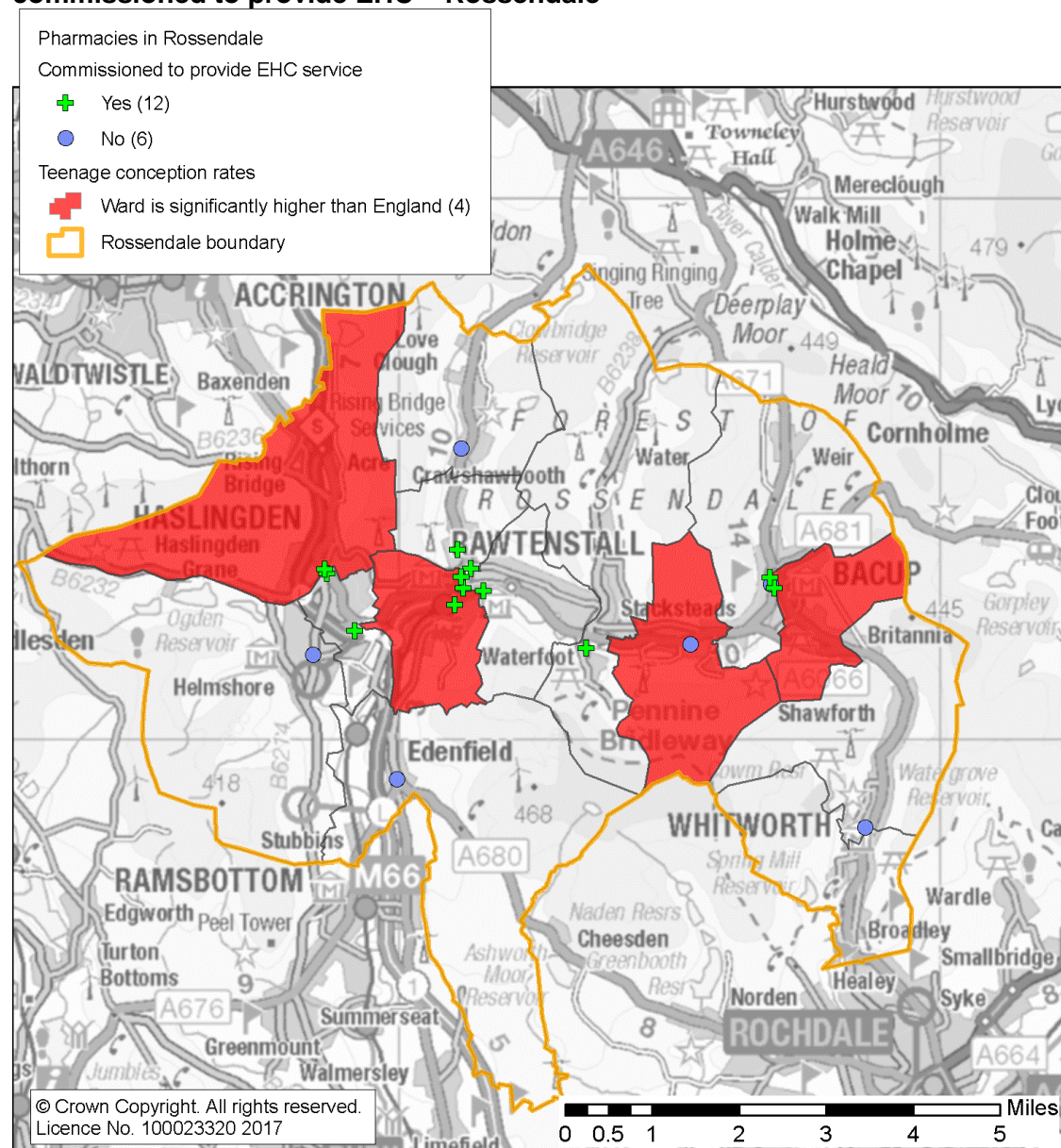




**Figure 5.14: Teenage conception hotspot wards (2012-14) and pharmacies commissioned to provide EHC – Ribble Valley**

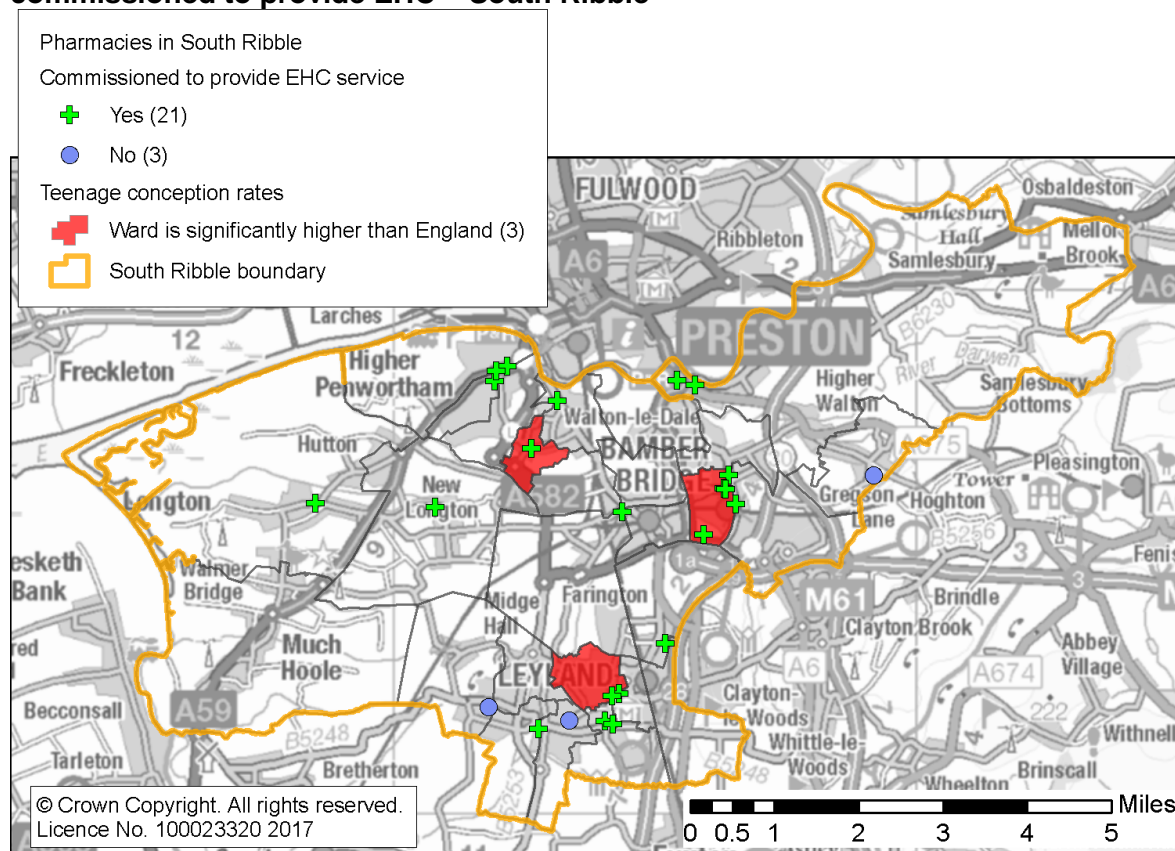


**Figure 5.15: Teenage conception hotspot wards (2012-14) and pharmacies commissioned to provide EHC – Rossendale**

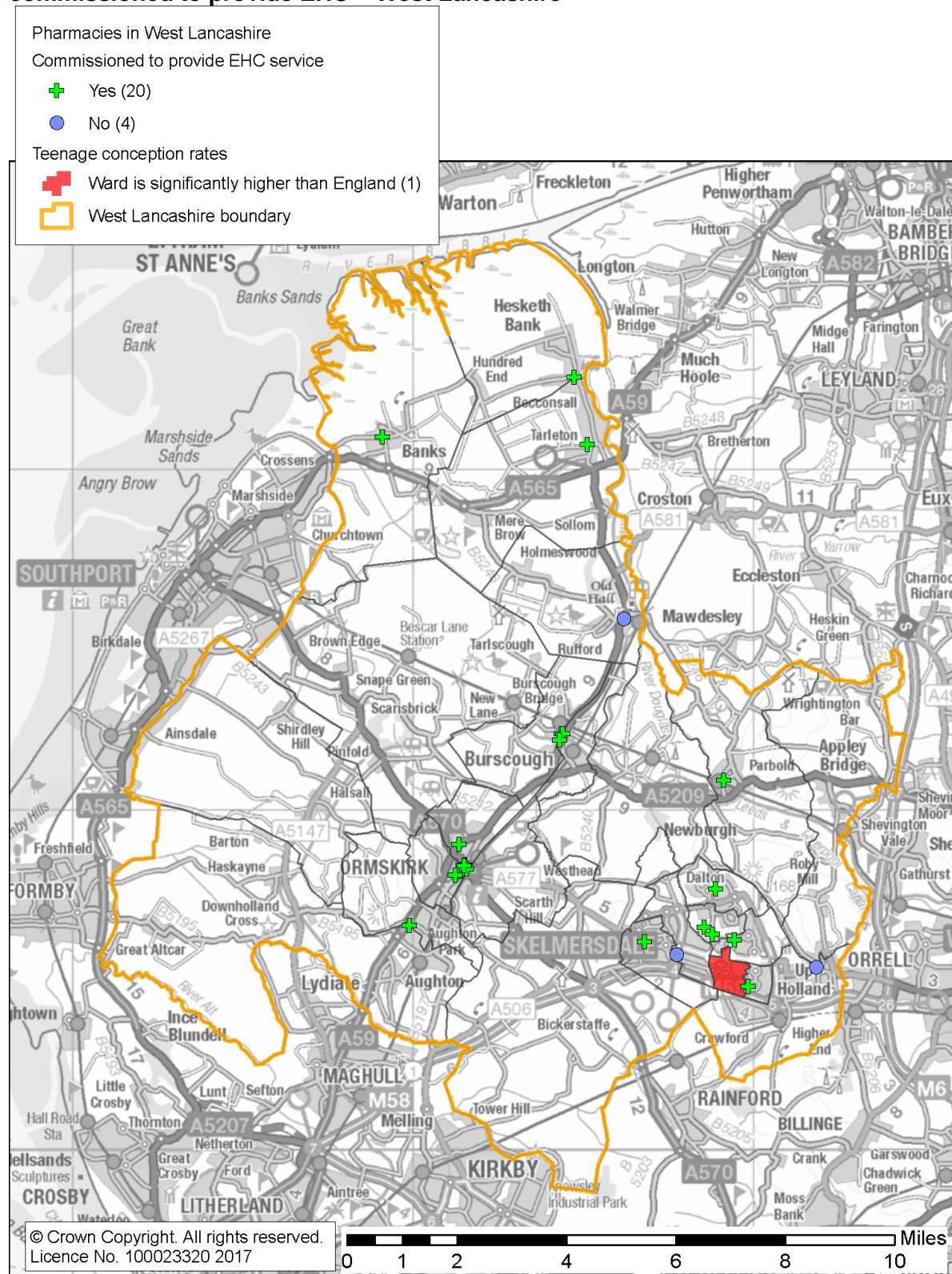




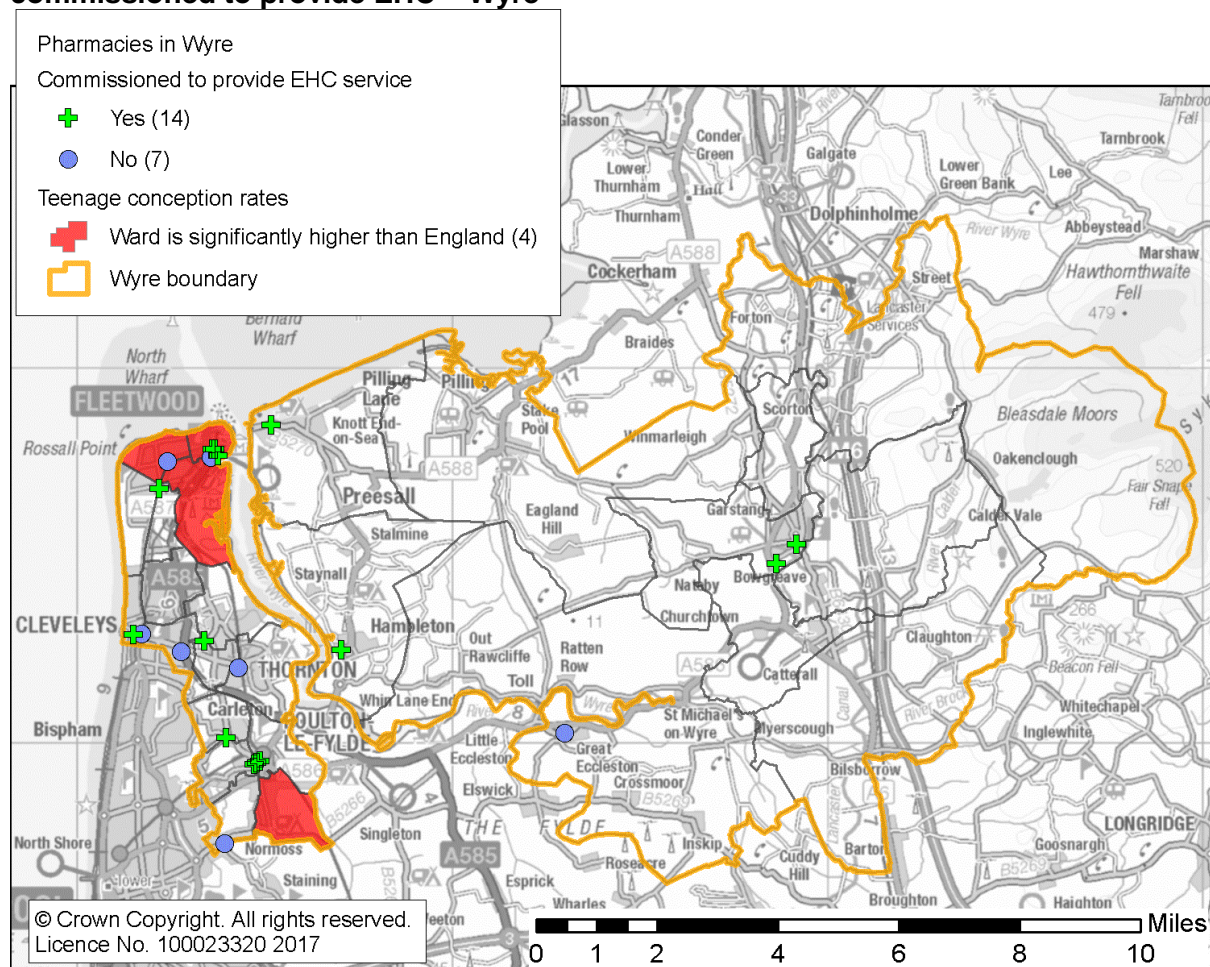
**Figure 5.16: Teenage conception hotspot wards (2012-14) and pharmacies commissioned to provide EHC – South Ribble**



**Figure 5.17: Teenage conception hotspot wards (2012-14) and pharmacies commissioned to provide EHC – West Lancashire**



**Figure 5.18: Teenage conception hotspot wards (2012-14) and pharmacies commissioned to provide EHC – Wyre**





## 5.8 Substance misuse

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

### 5.8.1 Local health needs – alcohol

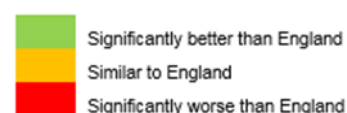
Alcohol misuse has an impact on the whole community through crime, health and wellbeing, affecting families and the wellbeing of children, placing a strain on key health services and councils' resources.

In Lancashire, overall, Blackburn with Darwen and Blackpool the rate of alcohol-related hospital admissions has remained significantly higher than the national average (Figure 5.19). Lancashire districts of Burnley, 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.

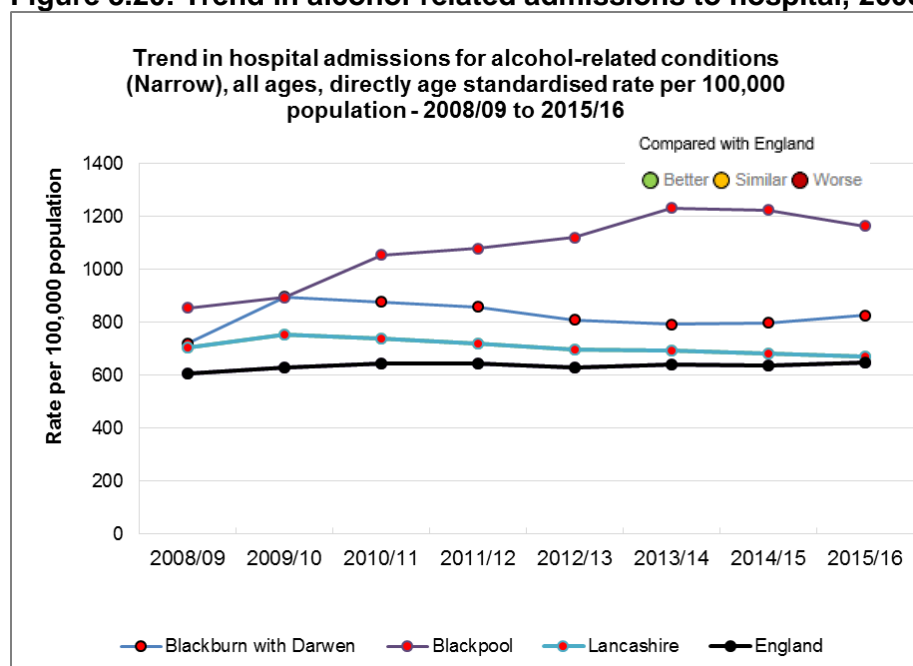
**Figure 5.19: Hospital admissions for alcohol-related conditions (narrow), all ages, directly age standardised rate per 100,000 population – 2015/16**

Area	Males	Females	All persons
Blackburn with Darwen	1124	543	826
Blackpool	1427	918	1163
Lancashire	874	481	669
Burnley	1173	458	802
Chorley	875	413	640
Fylde	892	528	700
Hyndburn	906	423	655
Lancaster	1014	615	803
Pendle	822	430	620
Preston	827	479	647
Ribble Valley	638	425	524
Rossendale	812	420	607
South Ribble	710	495	594
West Lancashire	762	402	568
Wyre	948	577	752
<b>England</b>	<b>830</b>	<b>483</b>	<b>647</b>

Source: PHE Fingertips

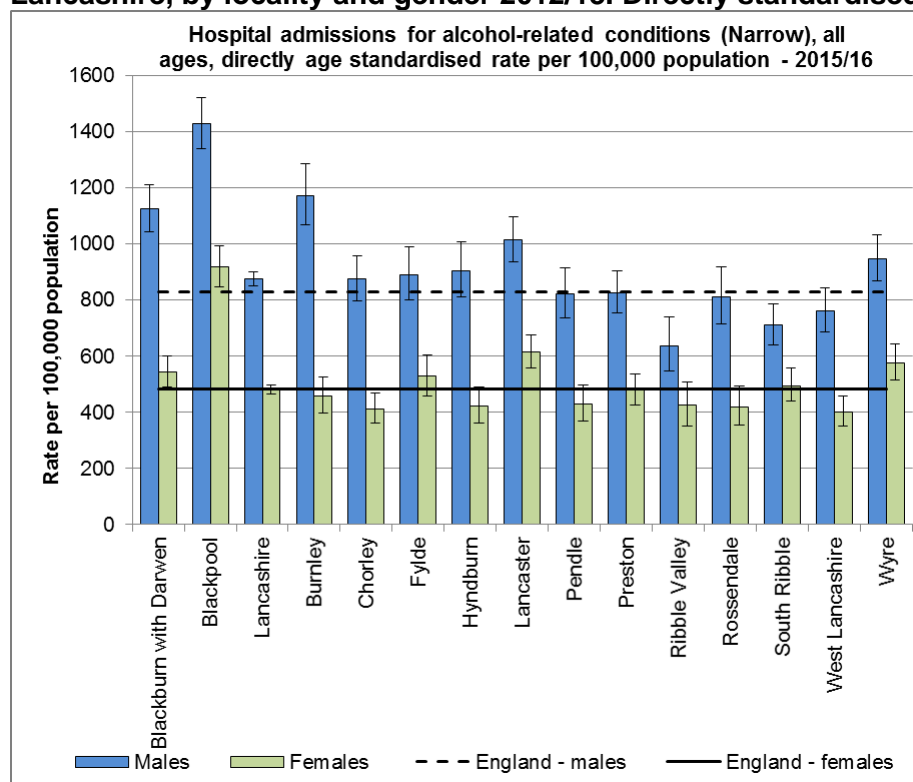


**Figure 5.20: Trend in alcohol-related admissions to hospital, 2008/09 – 2015/16**



Source: PHE Fingertips

**Figure 5.21: Alcohol-related hospital admissions per 100,000 people across pan-Lancashire, by locality and gender 2012/13. Directly standardised rates.**



Source: PHE Fingertips



### **5.8.2 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.

#### **Blackpool**

A review of the Pharmacy Alcohol Identification and Brief Advice (IBA) service was undertaken in February 2015. This identified that brief advice could be better delivered through a more universal Making Every Contact Count (MECC) approach across a range of NHS and other provider settings. There is no direct cost associated with the delivery of IBA in this way as this activity is encouraged as a part of the MECC concept.

#### **Lancashire**

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

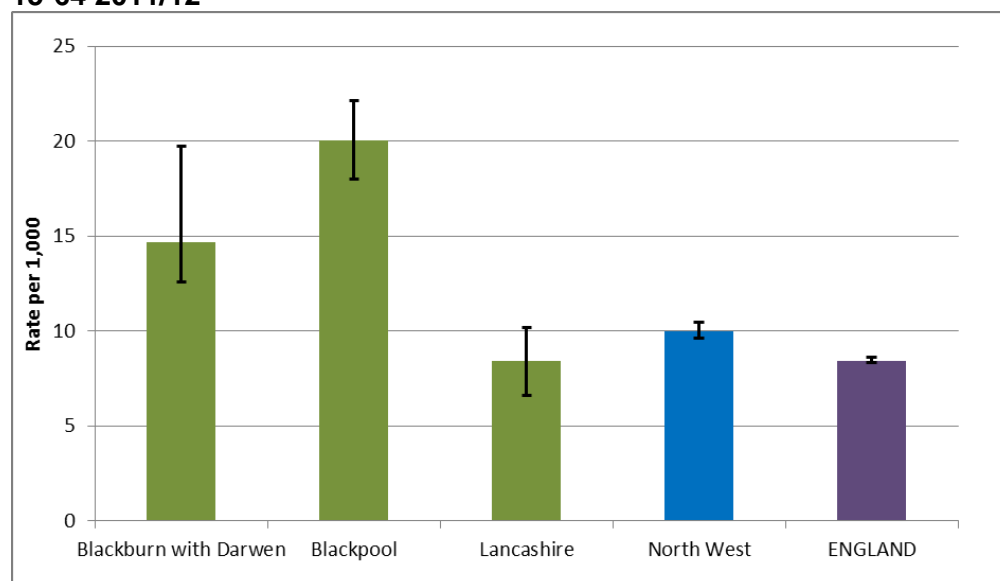
### **5.8.3 Local health needs – drugs**

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>xxxi</sup>.

An overview of the current situation in the UK is given in the DH report *United Kingdom Drug Situation – 2016 Edition*<sup>xxxii</sup>. Overall drug prevalence in the general population is lower now than ten years ago, with cannabis being the main driver of that reduction. However, there has been little change in recent years. The order of drugs most commonly reported by respondents has not changed much over this time, with cannabis most prevalent (6.5%) followed by powder cocaine (2.2%) and ecstasy/MDMA (1.5%). In 2015 87% of drug-related deaths in the UK featured an opioid and the substance with the largest number of associated deaths was heroin.

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 2011/12**



Source: PHE Fingertips

#### 5.8.4 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 or Suboxone. 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, and hepatitis C transmission and hepatitis A and B immunization.

### **Blackburn with Darwen**

In Blackburn with Darwen, there are five currently active pharmacy needle exchanges and 39 currently active pharmacies delivering supervised consumption. Both the above services are delivered under sub-contract by the commissioned substance misuse service CGL.

### **Blackpool**

On 1 April 2017, a new contract was awarded for the delivery of drug and alcohol treatment in Blackpool. The new service provides a community-based drug and alcohol treatment provision for adults and young people. The provision includes all clinical/health and wellbeing aspects of treatment and therapeutic recovery support. Although it is a new provider delivering the service, it still operates under the brand of Horizon. The provider is transforming the service, shifting to work better with general practices, and integrating the service into the neighbourhood model. The key areas for improvement are

- increased referrals to Healthy Futures (employment/training/meaningful activity)
- increased clients engaged and successfully completing detox
- increased capacity and numbers engaged in community rehab
- increased all successful completions

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 pharmacists 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 nine pharmacists 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. Although this is a sufficient number of pharmacists, coverage could be improved in the South Shore area.

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 (e.g. risks of poly-drug use 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.

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

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 misuse treatment providers around the county with the equipment required and are trained and encouraged to engage needle exchange service users in discussion around their health and substance misuse and offer referral into local services.

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

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

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

In Lancashire there are plans in place to devolve commissioning responsibility to substance misuse treatment providers as part of their contractual obligations. This is already in place in Blackburn with Darwen and Blackpool.

## **5.9 The health of older people**

### **5.9.1 Local health needs**

In 2016, there were estimated 291,411 (19.6%) people aged 65 or over living in the pan-Lancashire area. People across the pan-Lancashire area are living longer with the number of people over 65 growing by 22% between 2006 and 2016.<sup>xxxiii</sup> This is similar to the national growth of the 65+ age group at 23%. In total, the over-65 population in the pan-Lancashire area is projected to increase by approximately 38% over the next 20 years. This figure is lower than the national average (48%) but similar to the regional (41%) projected increase. However, the over-85 population is estimated to grow considerably faster, with a 109% increase over the next 20 years. The pan-Lancashire figure is slightly below the national (112%) and similar to the regional (108%) projected increases.<sup>xxxiv</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 PHE's Older People's Health and Wellbeing profiles.<sup>xxxv</sup>

### **5.9.2 Local services**

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

Many patients receive a range of different medications and up to 50% of patients do not take their prescribed medicines as intended.<sup>xxxvi</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 doctors surgery, to give advice and support to the patients and their carers and to other healthcare professionals.

## **5.10 Long-term conditions**

Patients with long-term conditions (LTCs) are likely to be taking medication, often several medications. These patients have a particular need to understand the role medicines play in managing their condition in order to gain maximum benefit and reduce the potential for harm. Several types of interventions (eg reduced dosing demands as well as monitoring and feedback) may help in improving medication adherence<sup>xxxvii</sup>. Self-monitoring of medication taking can also potentially be facilitated by new technologies (eg automatic pill dispensers and home blood pressure monitors)<sup>xxxviii</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.

Under NHS contractual arrangements community pharmacists already have the opportunity to carry out MURs. As part of the Dispensing Services Quality Scheme (DSQS) dispensing staff are trained to discuss issues of concordance and compliance with patients during a dispensing review of use of medicines (DRUM). Any issues or concerns raised are then referred to the appropriate health care professional for follow up. Both pharmacy MURs and dispensary DRUMs are designed to improve the patient's understanding of the importance of the medicine in controlling their disease and the reason for taking medicine appropriately. These can improve patient concordance and support and reinforce the advice given by the prescriber. There are opportunities to increase the uptake of MURs and in the future to target pharmaceutical care towards complex cases.

The HWB and its partners recognise the importance of improving awareness of the risks associated with LTCs. Health campaigns aimed at improving medicines-related care for people with LTC, and therefore reducing emergency admissions, could be provided through

community pharmacies. In addition, pharmacists and their staff already provide a signposting service to other sources of information, advice or treatment.

Community pharmacists could be involved in monitoring the use of, for example, statins, blood pressure regulating medication and supplementary 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>xxxix</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.

### 5.10.1 Long-term conditions (LTCs) across pan-Lancashire

The prevalence of several LTCs across 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: 2016/17**

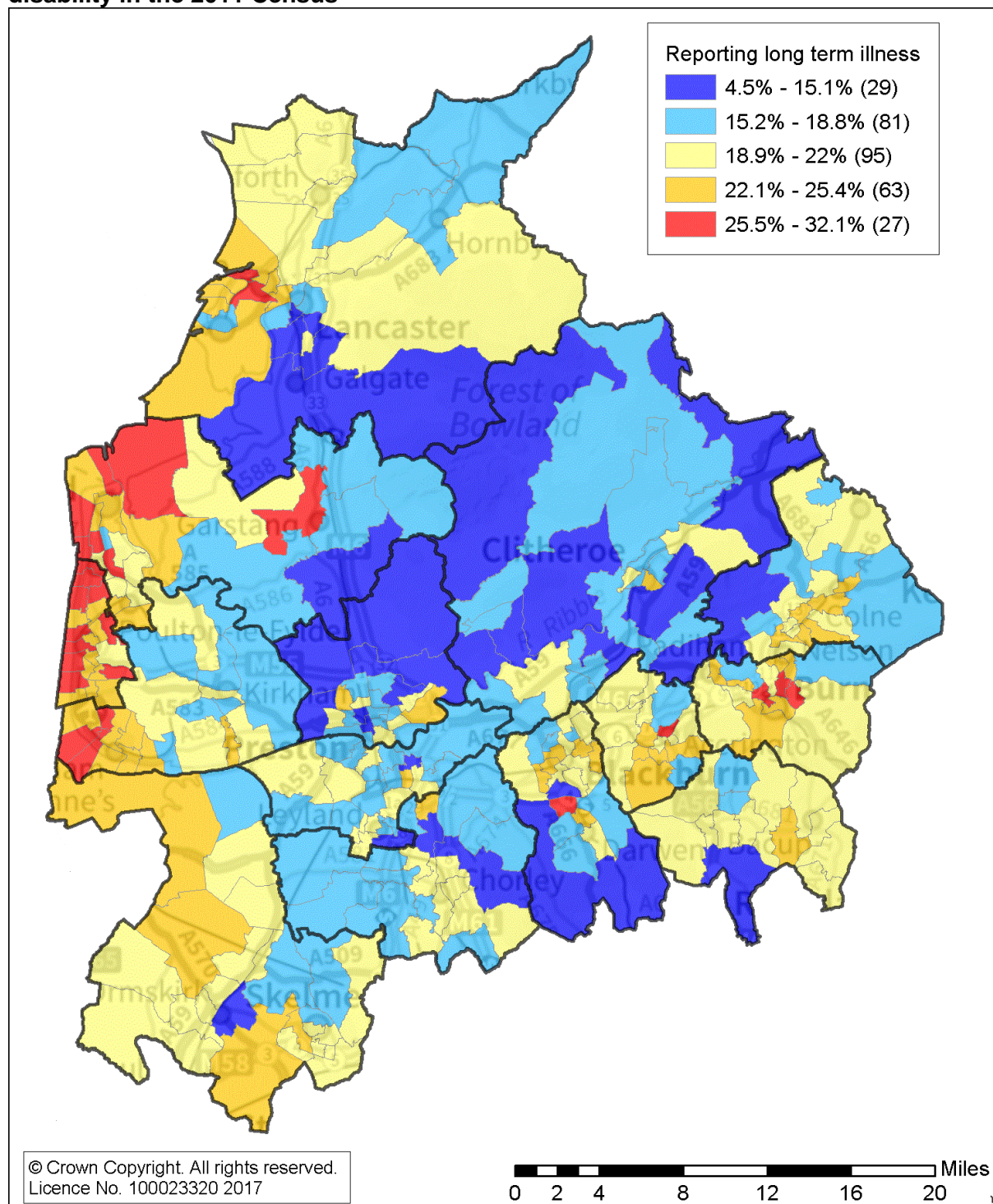
Significantly higher than England Significantly lower than England

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	6,488	7,925	7,170	15,192	7,748	7,118	14,497	4,289	1,829,777
	%	3.7	4.6	3.9	4.0	5.1	3.4	4.0	3.8	3.2
Hypertension	No	22,488	30,610	27,791	54,479	27,232	28,298	54,641	18,063	8,028,077
	%	12.9	17.7	15.3	14.4	18.0	13.5	15.1	16.0	13.8
Diabetes (aged 17+)	No	11,125	11,046	10,097	21,936	9,019	11,246	20,653	6,501	3,116,399
	%	8.4	7.8	6.9	7.3	7.2	6.7	6.9	7.0	6.7
COPD	No	3,936	6,438	4,281	9,694	4,379	4,474	8,007	2,590	1,087,908
	%	2.3	3.7	2.4	2.6	2.9	2.1	2.2	2.3	1.9
Cancer	No	3,623	5,152	5,514	10,073	5,709	5,234	11,085	3,442	1,495,711
	%	2.1	3.0	3.0	2.7	3.8	2.5	3.1	3.0	2.6
Mental Health	No	2,205	2,689	1,635	4,103	1,591	2,172	3,305	908	534,431
	%	1.3	1.6	0.9	1.1	1.1	1.0	0.9	0.8	0.9
Asthma	No	12,556	12,179	12,026	26,943	10,249	13,373	24,805	7,442	3,444,218
	%	7.2	7.1	6.6	7.1	6.8	6.4	6.9	6.6	5.9
Dementia	No	1,104	1,792	1,452	2,981	1,982	1,496	3,767	1,075	443,839
	%	0.6	1.0	0.8	0.8	1.3	0.7	1.0	0.9	0.8
Depression (aged 18+)	No	14,593	20,594	17,373	27,822	14,865	19,012	31,827	9,468	4,187,797
	%	11.1	14.7	12.0	9.4	11.9	11.4	10.7	10.3	9.1
Heart failure	No	1,459	2,641	1,880	3,424	2,337	2,091	3,600	1,242	457,794
	%	0.8	1.5	1.0	1.0	1.5	1.0	1.0	1.1	0.79
Atrial Fibrillation	No	2,582	4,077	3,892	7,103	4,190	3,863	8,500	2,488	1,065,569
	%	1.5	2.4	2.1	1.9	2.8	1.8	2.4	2.2	1.8

Source: NHS Digital. 2016/17



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





### 5.10.2 Consideration of services offered


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

## 5.11 Mental Health

The Community Health Profile from Public Health England contains five indicators of levels of mental health and illness (**Error! Reference source not found.**).

**Figure 5.25: Levels of mental health and illness by CCG from Community Mental Health Profile**

Compared with benchmark   Lower   Similar   Higher   Not compared

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 Lancashire North CCG	NHS West Lancashire CCG
Estimated prevalence of common mental health disorders: % of population aged 16-74 	2014/15	15.6*	17.5*	18.8*	21.2*	16.6*	17.9*	16.4*	17.0*	15.5*	17.1*
Depression recorded prevalence (QOF): % of practice register aged 18+ 	2015/16	8.3	10.3*	9.6	13.5	11.0	8.5	10.8	10.4	10.8	9.3
Depression recorded incidence (QOF): % of practice register aged 18+ 	2015/16	1.4	1.9*	1.8	2.6	2.1	1.5	2.0	1.7	2.1	1.6
Long-term mental health problems (GP Patient Survey): % of respondents (aged 18+) 	2016/17	5.7	6.2*	5.9	8.7	5.1	6.4	5.8	6.7	5.8	4.3
Depression and anxiety prevalence (GP Patient Survey): % of respondents aged 18+ 	2016/17	13.7	14.4*	14.8	18.5	12.8	13.8	14.1	14.6	13.7	14.0

Source: <https://fingertips.phe.org.uk/profile-group/mental-health/profile/common-mental-disorders/data#page/0/qid/1938132720/pat/46/par/E39000040/ati/153/are/E38000014>

In 2016/17, pan-Lancashire, there were 18,608 patients registered with a mental health problem. The highest percentage rate was for Blackpool with 1.56% and the lowest was for West Lancashire with 0.80% (**Error! Reference source not found.**).

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

Compared with benchmark		Better	Similar	Worse	Lower	Similar	Higher	Low				High	Not compared
Indicator	Period		England	Lancashire and South Cumbria NHS...	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 Lancashire North CCG	NHS West Lancashire CCG	
CPA users with HoNOS assessment: % of people on CPA with HoNOS recorded (end of quarter snapshot)	2015/16 Q2		84.2	84.7*	86.2	77.7	84.6	85.2	90.7	87.9	83.2	82.8	
Ratio of QOF and estimated prevalence of severe mental illness (SMI): QOF register prevalence of SMI as a ratio of estimated prevalence of SMI	2015/16		2.27	-	2.65	2.90	2.71	2.45	2.79	2.63	2.58	2.33	
Mental Health: QOF prevalence (all ages)	2015/16		0.90	1.06*	1.21	1.44	0.85	1.06	1.00	0.98	0.92	0.78	
Attendances at A&E for a psychiatric disorder: rate per 100,000 population	2012/13		243.5	356.2*	552.4	36.6	446.2	449.7	27.3	446.1	365.9	366.0	
Severe depressive illness in perinatal period: Estimated number of women	2013/14		*	-	70*	55*	60*	135*	40*	75*	50*	35*	

Source: <https://fingertips.phe.org.uk/search/severe%20mental%20illness#page/0/gid/1/pat/46/par/E12000002/ati/153/are/E10000017>

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

Community pharmacists can also help by promoting simple mechanisms to help people understand and take their medicines as intended. If necessary the patient could receive medication by instalment dispensing or through supervised administration

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.

### 5.11.1 *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).

### 5.11.2 *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.

## 5.12 Healthcare associated infections

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

Senior specialist antimicrobial pharmacists within hospitals, medicines management pharmacists within the 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 it is possible for pharmacists to lead on 'switching' policies to convert patients from intravenous therapy to oral drug therapy at the earliest appropriate opportunity.

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

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

## **5.13 Medication related harm**

### **5.13.1 Health need**

In a review of medication error incidents reported to the NRLS over six years between 2005 and 2010 there were 525,186 incidents reported. Of these, 86,821 (16%) of medication incidents reported actual patient harm, 822 (0.9%) resulted in death or severe harm.<sup>xi</sup>

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

### **5.13.2 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.

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

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

## 5.14 Migration

### 5.14.1 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 were around 8,790 registrations in the pan-Lancashire area in 2016/17. This was an increase of about 80 from 2015/16. Registrations fell between 2007/08 and 2009/10, after which they recovered, and were largely static from 2011/12 to 2013/14. <sup>xlii</sup> NINo registrations were by far the highest in Preston in 2016/17 (2,000). Pendle and Blackburn with Darwen had high numbers of registrations at 1,220 and 1,190 respectively. Lancaster (1,070) and Blackpool (800) were next in order. Rossendale had fewest at 70.

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>

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-2015 to mid-2016 there were 10,307 new GP registrations by international migrants within the pan-Lancashire area (8,179 in Lancashire, 1,410 in Blackburn with Darwen, 718 in Blackpool). <sup>xliii</sup>

### 5.14.2 Consideration of services offered

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

There is a need to ensure the migrant worker population 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.

## 5.15 Community pharmacy minor ailments service

The White Paper *Pharmacy in England – Building on Strengths, Delivering the Future*<sup>xliv</sup> set out the introduction of minor ailments services that promotes pharmacies as the first port of call for people with minor ailments and complements GP and out-of-hours medical provision. It is acknowledged that pharmacies have a role in supporting urgent and emergency care

services such that patients receive care in an appropriate setting, eg minor ailment schemes and support to self-care.

There is now a national commitment that a minor ailments scheme should be commissioned locally across England by April 2018, although there is debate over whether this needs to be a nationally commissioned service by NHS England or commissioned locally by CCGs.<sup>xlv</sup>

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

## **5.16 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.

### **5.16.1 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. In addition to this, Chorley and South Ribble CCG's and Greater Preston CCG's out-of-hours (OOH) provider also holds a number of the palliative care drugs to dispense to patients outside of pharmacy hours, although they do not hold the full stock list as detailed in the palliative care service specification.

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

### **5.16.2 "Just In Case" palliative care service (Blackpool, West Lancashire, Blackburn with Darwen and Morecambe Bay CCGs)**

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.

## 5.17 Community Pharmacy Healthy Start Service

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

Healthy Start is a UK-wide government scheme to improve the health of low-income pregnant women and families with young children on benefits and tax credits. It provides a great opportunity for health professionals and others working with pregnant women and families to offer encouragement, information and advice on issues such as healthy eating, breastfeeding and vitamins.

Research shows that women who are introduced to the scheme by a health professional who takes time to explain its public health context and health benefits are more likely to view it as a partnership with them to benefit the health of their child, rather than as a simple financial contribution. They may therefore be more likely to make best use of the scheme.

Women who are pregnant or have a child under four years old could get Healthy Start vouchers to help buy some basic foods. This important means-tested scheme provides vouchers to spend with local retailers. Pregnant women and children over one and under four years old can get one £3.10 voucher per week. Children under one year old can get two £3.10 vouchers (£6.20) per week.

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.

### **Healthy Start vitamins**

Women and children getting Healthy Start food vouchers also get vitamin coupons to swap for free Healthy Start vitamins. Healthy Start vitamins are specifically designed for pregnant and breastfeeding women and growing children.

Information on local pharmacies participating in the scheme is here:

<https://www.healthystart.nhs.uk/healthy-start-vouchers>

## 5.18 Healthy living pharmacies (HLP)

The political context for healthy living pharmacies (HLPs) was set out in the 2008 pharmacy white paper, '*Pharmacy in England: Building on Strengths, Delivering the Future*'.<sup>xlvi</sup> This described how, in time, community pharmacies would become healthy living centres, which would promote and support healthy living by offering healthy lifestyle advice and support on self-care and a range of pressing public health concerns.



The public, while fully aware of pharmacy's core role in the supply of prescription medicines and providing medicines over the counter, had little awareness of the broader role pharmacists and their teams could play in looking after their health and wellbeing. Research commissioned in 2008 by the Department of Health (DH) showed that, while around one in 10 people received health advice from their pharmacy, very few used pharmacies to access other health-related services, such as regular monitoring of current health conditions and screening for things such as diabetes and cholesterol.<sup>xlviii</sup> NHS Portsmouth was asked by DH to develop a national framework for HLP in recognition of local innovation underway. A national reference group was formed and academic research and support commissioned.

The Healthy Living Pharmacy (HLP) framework is a tiered commissioning framework aimed at achieving consistent delivery of a broad range of high quality services through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities.

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

Health Education England (North West) further funded the expansion of the Lancashire HLP programme from early 2017. This was commissioned by NHSE to support community pharmacies to achieve HLP accreditation – Lancashire Healthy Living Pharmacies. This programme is recognised to develop pharmacies up to HLP level 2. Choose Health Ltd, a not-for-profit organisation, successfully bid for the contract to deliver this programme until February 2019. This programme is coordinated and delivered by Choose Health directors, their project manager, with support from Community Pharmacy Lancashire (Lancashire Local Pharmaceutical Committee) and is accountable to NHS England and Local Professional Network (LPN) for Pharmacy.

During 2016 the Department of Health published the document "Community pharmacy in 2016/17 and beyond" this outlined a series of reforms for community pharmacies across England that included a quality payment schedule that actively encourages all pharmacies across England to become self-accredited to HLP Level 1 in 17/18.

### **5.18.1 *What is a healthy living pharmacy?***

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

The HLP concept provides a framework for commissioning public health services through three levels of increasing complexity and required expertise with pharmacies aspiring to go from one level to the next.

The healthy living pharmacy scheme training provider is delivering training, support, assessment and quality assurance to pharmacies wishing to become accredited as a healthy living pharmacy (HLP).

Community pharmacies play an important role and are vital to the health of the local population. Providing this opportunity for pharmacy colleagues to obtain Lancashire HLP status is part of a commitment to making sure that the local population benefits from excellent pharmaceutical services and expertise. Community pharmacy is an essential part of both primary care and the national public health service.

The scheme is being delivered in accordance with best practice standards and the 2015/16 prospectus, to align to the Lancashire Healthy Living Pharmacy, Pharmacy Forward View and NHS Five Year Forward View – Next Steps.

### **5.18.2 Healthy living pharmacy enablers**

Important HLP enablers to support delivery include

- workforce development
- engagement with the community and other providers
- premises that are fit for purpose and support health promotion

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

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

- consistently deliver a range of health and wellbeing services to a high quality
- meet the HLP quality criteria requirements <sup>xlviii</sup>
- have a team that actively promotes health and wellbeing, proactively offers brief advice and signposts to relevant local and/or national support
- have at least two trained health champions, who have achieved the Royal Society for Public Health’s Understanding Health Improvement level two award
- have a health-promoting environment with premises that are fit for purpose
- proactively engage with the local community, and other health and social care providers and professionals
- display the HLP logo

### **5.18.3 Role of a pharmacy health champion**

The accessibility and location of community pharmacies offer significant opportunities to make every contact count and provide individuals visiting the pharmacy with information, signposting them to the NHS and other local community services. The health champion is an important member of the HLP team.

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

- engaging proactively with individuals and the community on health and wellbeing issues, signposting them to relevant services within and outside the pharmacy
- leading on health promotion activities
- keeping the ‘health promotion zone’ up-to-date
- supporting the delivery of local and national health promotion campaigns

- working with the team to identify and implement community outreach activities
- maintaining a signposting resource within the pharmacy
- developing window displays to attract the public into the pharmacy to use its health and wellbeing services

Other activities might include

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

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

It should be recognised that all the elements highlighted above are also possible from non-HLP accredited pharmacies, who may not be recognised with the HLP quality mark.

#### **5.18.4 Healthy living pharmacy and local priorities**

Working in partnership is essential for the HLP training provider to ensure that clear channels of communication is established with the healthy living pharmacies working towards accreditation.

The scheme is being delivered by recognising the following locally defined outcomes

- reduction in A&E attendances through development of Think Pharmacy First
- improved access for hard-to-reach groups, with a focus in health promotion
- improved mental health and wellbeing
- supporting people back into work
- a positive impact on lifestyle choices
- higher uptake of the seasonal flu vaccination
- medicines optimisation and adherence support
- treating patients closer to home

Analysis of pathfinder reports indicated the value of HLPs for

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

### **5.19 Further opportunities for community pharmacy**

The NHS Five Year Forward View 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 delivered under and supported by HLP work-streams as 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. Possible examples include work around fuel poverty, falls prevention, supporting people at risk of domestic abuse and behavioural change initiatives.

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