5 Health Needs and Locally Commissioned Services

Key messages

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

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

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

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

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

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

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

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

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

There may be potential opportunities for pharmacies relating to the needs of the health of the population. However, it should be recognised that there could be other non-pharmacy providers who can also provide these services.
5.1 A focus on the role of community pharmacy in improving public health

5.1.1 Local contributions to improving health and reducing inequalities

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

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

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

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

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

5.1.2 Evidence based approach

The NHS Confederation report Health on the high street: rethinking the role of community pharmacy 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.”

5.1.3 Opportunities for integrated care

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

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 for pharmacy teams to promote the delivery of high quality public health services in pharmacy settings.

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.

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

<table>
<thead>
<tr>
<th>District</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burnley</td>
<td>75.7</td>
<td>80.5</td>
</tr>
<tr>
<td>Chorley</td>
<td>79.0</td>
<td>81.9</td>
</tr>
<tr>
<td>Fylde</td>
<td>79.1</td>
<td>82.8</td>
</tr>
<tr>
<td>Hyndburn</td>
<td>76.5</td>
<td>81.0</td>
</tr>
<tr>
<td>Lancaster</td>
<td>77.4</td>
<td>82.2</td>
</tr>
<tr>
<td>Pendle</td>
<td>77.9</td>
<td>81.7</td>
</tr>
<tr>
<td>Preston</td>
<td>77.4</td>
<td>81.0</td>
</tr>
<tr>
<td>Ribble Valley</td>
<td>80.5</td>
<td>84.0</td>
</tr>
<tr>
<td>Rossendale</td>
<td>77.6</td>
<td>81.8</td>
</tr>
<tr>
<td>South Ribble</td>
<td>80.1</td>
<td>82.8</td>
</tr>
<tr>
<td>West Lancashire</td>
<td>78.7</td>
<td>82.5</td>
</tr>
<tr>
<td>Wyre</td>
<td>78.2</td>
<td>81.8</td>
</tr>
<tr>
<td>Lancashire-12</td>
<td>78.2</td>
<td>82.0</td>
</tr>
<tr>
<td>England</td>
<td>79.2</td>
<td>83.0</td>
</tr>
</tbody>
</table>

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

5.2.2 Overview of local services

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

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

A range of services are commissioned in Lancashire, including:

- NRT Voucher Scheme (commissioned by LCC)
- Chlamydia Screening and Treatment (commissioned by LCC) –
- Emergency Hormonal Contraception (commissioned by LCC)
- Needle and Syringe Exchange Service (commissioned by LCC)
- Supervised Administration Service (commissioned by LCC)
- Minor Ailments Service (Chorley & South Ribble, East Lancashire, Greater Preston, West Lancashire CCG)
- Palliative care service (Chorley & South Ribble, East Lancashire, Fylde & Wyre, Greater Preston, West Lancashire CCG). East Lancashire CCG -stock holding & provision of specialists drugs in palliative care. Fylde & Wyre CCG – ‘Just in Case’ Palliative Care Service.

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

5.3.1 Local health needs
Smoking remains the single, greatest cause of preventable illness and death from respiratory disease, circulatory disease and cancer, responsible for 1,673 deaths each year in adults aged 35 years and over in Lancashire alone. 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.

Smoking rates remain higher in Lancashire than England as a whole in adults (19.8% compared to 18.4%), pregnant women (16.8% compared to 12.0%) and young people (16% compared to 11%). Within Lancashire smoking levels vary substantially across districts; from 12.4% in Wyre, to the highest, 29.2% in Hyndburn (see Table 7). In the districts of Hyndburn, Lancaster, Pendle, Preston, Rossendale and South Ribble, the rates of smoking are higher than the England average. The difference is only statistically significant for Hyndburn and Pendle. However, two-thirds of smokers (63%) want to quit and welcome support to do so.

Table 7: Smoking status in adults in Lancashire and districts, 2013

<table>
<thead>
<tr>
<th>Area</th>
<th>% adults smoking</th>
<th>Significantly higher than England</th>
<th>Not significantly different from England</th>
<th>Significantly lower than England</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>18.4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lancashire</td>
<td>19.8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Burnley</td>
<td>15.2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chorley</td>
<td>17.4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fylde</td>
<td>16.1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hyndburn</td>
<td>29.2</td>
<td><strong>red</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lancaster</td>
<td>23.7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pendle</td>
<td>21.5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preston</td>
<td>27.0</td>
<td><strong>red</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ribble Valley</td>
<td>16.9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rossendale</td>
<td>19.3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>South Ribble</td>
<td>19.6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>West Lancashire</td>
<td>16.6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wyre</td>
<td>12.4</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: PHE Public Health Outcomes Framework [http://www.phoutcomes.info/]

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

Stop smoking support in Lancashire is provided by four Specialist NHS Stop Smoking Services (North Lancashire, West Lancashire and Quit Squad in Central and East Lancashire). Each service provides comprehensive and consistent smoking cessation treatment for all smokers aged over 12 years in Lancashire who wish to quit. However, specific focus is targeted to geographical areas of high deprivation and to priority groups (routine and manual workers, long-term unemployed, pregnant women and BME groups) in order to reduce health inequalities. From April 2013 to March 2014, the stop smoking services assisted 11,849 people to set a quit date and 5,929 (50%) to successfully quit.

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

Stop Smoking Advisors issue clients with a voucher to obtain NRT from a Community Pharmacy to enable them to receive NRT on the NHS without the need for a prescription. This provides holistic care to the client whilst reducing the need for unnecessary visits to primary care and GP consultations. Clients exempt from prescription charges may receive NRT free from participating pharmacies, whilst those clients who are not exempt from prescription charges may also receive NRT at the same cost as a prescription. Each voucher covers between one and four week’s supply of NRT and can be issued for up to 14 weeks (2 weeks reduction, 12 weeks quit) per cessation attempt.

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

200 pharmacies are currently operating the enhanced service in the Central and East localities. Each one has to complete the ‘Stop Smoking – very brief advice’ e-package (NCSCT version) and the accredited Centre for Postgraduate Pharmaceutical Education Stop Smoking training to participate in the scheme.

Maps 55 to 66 show the estimated prevalence of smoking, the location of the Stop Smoking Services and pharmacies which are providing or have expressed an interest to provide NRT voucher scheme. Additionally some pharmacies in East Lancashire CCG are delivering smoking cessation support services. These are sub-contracted by the Specialist Stop Smoking Service, Lancashire Care Foundation Trust.

5.3.3 Consideration of services

Pharmacies are well placed to provide stop smoking services which are accessible and located in the community where people need them as part of a model of service which also includes provision in other settings within the community. The current priority for development of the Stop Smoking service is to continue to work with existing pharmacy providers in East Lancashire to market and deliver a high quality and accessible service through pharmacy settings. Other service development priorities over the next 12 months include extending the stop smoking service to pharmacies in Central Lancashire.
Map 55. Smoking prevalence and location of pharmacies providing NRT Voucher Scheme and Stop Smoking Service locations – Chorley

Model based estimate of smoking prevalence, 2003-2005 (Chorley)
Map 56. Smoking prevalence and location of pharmacies providing NRT Voucher Scheme and Stop Smoking Service locations – Preston

Model based estimate of smoking prevalence, 2003-2005 (Preston)
Map 57. Smoking prevalence and location of pharmacies providing NRT Voucher Scheme and Stop Smoking Service locations – South Ribble

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

Map Legend

- NRT Voucher = Yes
- Stop Smoking Clinic
- Ward Boundaries
- District Boundary

Smoking Prevalence by MSOA

- <20%
- 20% to 30%
- 30% to 40%
- >40%

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Map 58. Smoking prevalence and location of pharmacies providing NRT Voucher Scheme and Stop Smoking Service locations – West Lancashire
Map 59. Smoking prevalence and location of pharmacies providing NRT Voucher Scheme and Stop Smoking Service locations – Burnley
Map 60. Smoking prevalence and location of pharmacies providing NRT Voucher Scheme and Stop Smoking Service locations – Hyndburn

Model based estimate of smoking prevalence, 2003-2005 (Hyndburn)
Map 61. Smoking prevalence and location of pharmacies providing NRT Voucher Scheme and Stop Smoking Service locations – Pendle
Map 62. Smoking prevalence and location of pharmacies providing NRT Voucher Scheme and Stop Smoking Service locations – Ribble Valley

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

Map Legend

- NRT Voucher = Yes
- Stop Smoking Clinic
- Ward Boundaries
- District Boundary

Smoking Prevalence by MSOA

- <20%
- 20% to 30%
- 30% to 40%
- >40%

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

Model based estimate of smoking prevalence, 2003-2005 (Rossendale)
Map 64. Smoking prevalence and location of pharmacies providing NRT Voucher Scheme and Stop Smoking Service locations – Fylde
Map 65. Smoking prevalence and location of pharmacies providing NRT Voucher Scheme and Stop Smoking Service locations – Lancaster

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

Map Legend

- NRT Voucher = EOI
- Stop Smoking Clinic
- Ward Boundaries
- District Boundary

Smoking Prevalence by MSOA
- <20%
- 20% to 30%
- 30% to 40%
- >40%

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

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

Map Legend

- NRT Voucher = EOI
- Stop Smoking Clinic
- Ward Boundaries
- District Boundary

Smoking Prevalence by MSOA

- <20%
- 20% to 30%
- 30% to 40%
- >40%

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5.4 Healthy weight

5.4.1 Local health needs

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

<table>
<thead>
<tr>
<th>Area</th>
<th>% Obese adults (BMI 30+)</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>23.0%</td>
</tr>
<tr>
<td>Lancashire</td>
<td>22.9%</td>
</tr>
<tr>
<td>Burnley</td>
<td>24.3%</td>
</tr>
<tr>
<td>Chorley</td>
<td>23.4%</td>
</tr>
<tr>
<td>Fylde</td>
<td>21.1%</td>
</tr>
<tr>
<td>Hyndburn</td>
<td>27.7%</td>
</tr>
<tr>
<td>Lancaster</td>
<td>16.6%</td>
</tr>
<tr>
<td>Pendle</td>
<td>25.3%</td>
</tr>
<tr>
<td>Preston</td>
<td>23.0%</td>
</tr>
<tr>
<td>Ribble Valley</td>
<td>18.6%</td>
</tr>
<tr>
<td>Rossendale</td>
<td>25.5%</td>
</tr>
<tr>
<td>South Ribble</td>
<td>21.9%</td>
</tr>
<tr>
<td>West Lancashire</td>
<td>22.5%</td>
</tr>
<tr>
<td>Wyre</td>
<td>27.5%</td>
</tr>
</tbody>
</table>

Source: Active People Survey 2012

5.4.2 Opportunities in local services

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

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

- Exercise on Referral Programmes: supported physical activity interventions for people with moderate health conditions.
- Community Weight Management Programmes: there is provision throughout Central and East districts with provision currently being procured in the North of the County.
• Specialised services for specialist weight management and medical and surgical weight management interventions including bariatric surgery.
• NHS Health Checks: assess BMI and waist circumference in 40-75 years age.
• Whole population prevention activity: this includes a wide range of activity accessible to all the population and varies between districts e.g. chair-based exercise sessions, walking and cycling programmes, community food growing initiatives.
• Behaviour change support and advice through the national change for life website at www.nhs.uk/Change4Life/Pages/why-change-for-life.aspx

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

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

Public Health Lancashire is developing a LIS with community pharmacy, it is not yet in place but is anticipated to be in place during 2015/16.

Figure 4. Number of Heath Checks completed against annual eligible population: Q1-Q3 2014/15

![Figure 4](image_url)