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5 Health needs and locally commissioned services

Key messages

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

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

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

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

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

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

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

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

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

5.1.1 Local contributions to improving health and reducing inequalities

The NHS Community Pharmacy Contractual Framework requires community pharmacies to contribute to the health needs of the population they serve. Children, adults and the elderly are all vulnerable to the risk factors contributing to non-communicable diseases, whether from unhealthy diets, physical inactivity, exposure to tobacco smoke or the harmful use of alcohol.ⁱ 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)ⁱⁱ and Public Health England.^{iii iv}

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.^v

The Community Pharmacy Forward vision^{vi} 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.^{vii}

5.1.2 Evidence-based approach

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

5.1.3 Opportunities for integrated care

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

better integrated with health and social care and other public services, for example through co-location.^{viii}

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.^x

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

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

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

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

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

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

5.1.4 Developing the workforce

The LGA report suggests that health and social care workforce strategy includes consideration of the pharmacy workforce and its training needs, including its role as a potential employer in deprived and rural communities. It proposes that there may be opportunities for greater integration and joint workforce training, for example of healthcare assistants and health champions. RPS is also developing Professional Standards for Public Health Practice for Pharmacy^{xi} 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.^{vii} The community pharmacy network can be centred around three core functions^{vi}

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

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

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

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

5.2 Local health needs and services

5.2.1 Local health needs

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

Parts of pan-Lancashire area have a favourable health profile, but compared to the national average, substantial local variation exists across pan-Lancashire. Lifestyle related diseases such as diabetes are increasing. An ageing population with a range of health issues will also put pressure on health and social services. The three 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 Blackburn with Darwen, Blackpool and Lancashire County Council there is a difference of 11.4, 13.8 and 10.6 years, respectively, for male life expectancy between the most and least deprived areas. In Blackburn with Darwen, Blackpool and Lancashire County Council there is a difference of 9.6, 11.8 and 8.3 years, respectively, for female life expectancy between the most and least deprived areas. ^{xii}

5.2.2 Overview of local commissioned services

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

Community pharmacies are easily accessible and can offer a valuable opportunity for reaching people who may not otherwise access health services. Person-centred care can be provided by community pharmacists when delivering interventions to improve public health, such as smoking cessation clinics, weight management clinics and sexual health services. It can also be used to structure adherence-focused services relating to the initiation of new medicines 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 February 2022 are listed below.

Local authority commissioned services

Blackburn with Darwen

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

Blackpool

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

Lancashire

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

CCG commissioned services

Figure 5.1 presents the pharmacy services commissioned by PBPs across pan Lancashire, as provided by the PBP commissioners.

Figure 5.1: CCG commissioned services

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

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

Source: PBP commissioners

Local CCG assessment of associated gaps in service provision

Morecambe Bay – Bay Health and Care Partners

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

Central Lancashire – Our Central Lancashire

- No current gaps identified

Fylde Coast – Healthier Fylde Coast

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

Pennine Lancashire – Healthier Pennine Lancashire

- A gap analysis has not been undertaken

West Lancashire – West Lancashire Partnership

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

Future Commissioning Intentions

Morecambe Bay – Bay Health and Care Partners

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

Central Lancashire – Our Central Lancashire

- This will be reviewed on formation of the ICB and on an ongoing basis

Fylde Coast – Healthier Fylde Coast

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

Pennine Lancashire – Healthier Pennine Lancashire

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

West Lancashire – West Lancashire Partnership

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

5.3 Smoking

5.3.1 Local health needs

Smoking is the most important cause of preventable ill health and premature mortality in the UK. Smoking is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease (COPD) and heart disease. It is also associated with cancers in other organs, including lip, mouth, throat, bladder, kidney, stomach, liver and cervix. Smoking remains the biggest single cause of preventable mortality and morbidity in the world and across pan-Lancashire there are estimated to be 2,300 deaths attributable to smoking each year^{xiii}. 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^{xiv}.

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

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

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

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

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

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

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

5.3.2 Local services

Blackburn with Darwen

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

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

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

Blackpool

There are no pharmacy contracts for Blackpool smoking cessation.

Blackpool Stop Smoking Services are provided by

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

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

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

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

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

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

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

Lancashire

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

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

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

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

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

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

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

5.3.3 Consideration of services

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.

Blackpool

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

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

Lancashire

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

5.4 Covid-19

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

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

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

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

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

5.5 NHS seasonal influenza (Flu)

NHS seasonal influenza (Flu) vaccination advanced service

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

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

Community pharmacies sign up to provide the influenza vaccination service in accordance with the conditions set out in the national specification as it is in force from time to time, and payments are made according to this.

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

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

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

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

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

5.6 Healthy weight

5.6.1 Local health needs

Excess weight is defined as a body mass index above 25kg/m², and includes both overweight and obese individuals. It is estimated that within the pan-Lancashire region, Burnley district has the highest proportion of obese and overweight adults, at 73.4% of the population. All but three of the localities are higher than the national average of 63.5%, with four localities statistically significantly higher. Ribble Valley (60.7%) has the lowest prevalence of excess weight of the localities (see Figure 5.3). These results should be viewed against a background of generally increasing obesity rates both locally and nationally.

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

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

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

It is important to note that obesity, and health problems related to obesity, are often more damaging to older people, particularly as they may have other health problems.

5.6.2 Opportunities in local services

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

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

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

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

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

Blackpool

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

Lancashire

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

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

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

Lancashire County Council commission HCRG care group to lead the delivery of the healthy child programme. Locally the service is named Lancashire Healthy Young People and Family Service, it provides health visiting and school nursing services. The healthy child programme offers families an evidence-based programme of interventions that includes developmental reviews, information and guidance to support parenting, and promotion of healthy choices. This includes the health visitor team focus on supporting breastfeeding and infant feeding, and promotion of healthy weight and healthy nutrition in the pre-school years. Advice, information, or support is being provided at family contacts. This focus is maintained by a school nurse team practice of promoting healthy lifestyles to children or young people during their contacts. Locally, the health visiting team includes specialist infant feeding practitioners and they also facilitate the Lancashire community Baby Friendly Initiative, a quality standard. Advice to pharmacies around infant feeding support available on request. The service

provides virtual weaning and complementary food group advisory sessions, in addition to individual advice. There are named school nurses for Lancashire schools, they offer health reviews to reception, year 6 and year 9 children, and the service delivers the National Child Measurement Programme.

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

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

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

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

5.7 NHS health check

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

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

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

Lancashire

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

The performance of the NHS health check programme can be accessed at the link below: <https://fingertips.phe.org.uk/profile/nhs-health-check-detailed>.

5.8 Sexual health

Research^{xx} 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>.

5.8.1 Local health needs: chlamydia

Chlamydia trachomatis is the most common bacterial sexually transmitted infection in the UK, particularly among young people under 25^{xxi}. 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.^{xxii}

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

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

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

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

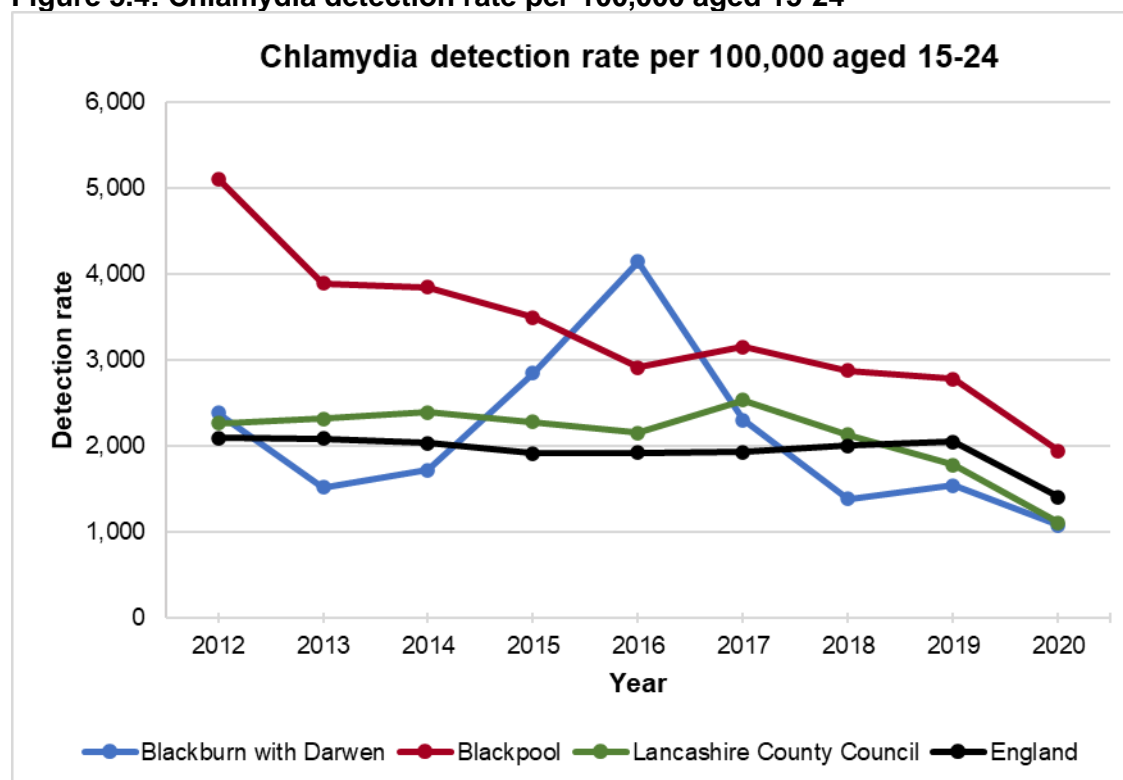
Given that most of the harm is experienced by women, in order to improve health outcomes, programme policy is that opportunistic, asymptomatic screening (outside of specialist sexual health services) is only offered to young women. In order to reduce the duration of infection, the emphasis will be on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

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

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

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

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

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

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

The sexual and reproductive health profile for Blackburn with Darwen, Blackpool and Lancashire County Council shows that in all three local authorities the detection rate is decreasing and getting worse (figure 5.4).^{xxiii}

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

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

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

For sexually transmitted infections other than chlamydia, a low diagnosis rate is generally regarded as desirable. The [sexual and reproductive health profile](#) shows that syphilis diagnosis rates in Blackburn with Darwen remain consistently lower than or similar to the England average with the recent trend showing no significant change; in 2020, Blackburn with Darwen's diagnosis rate was significantly lower than the England average. Lancashire County Council's syphilis diagnosis rate has remained significantly lower than the England average, although the recent trend does show the rate to be increasing and getting worse. Blackpool's syphilis diagnosis rate has remained significantly worse than the England average, since 2017 to 2020, and the recent trend shows it to be increasing and getting worse.

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

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

5.8.3 Local sexual health services

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

Increased HIV testing to prevent late diagnosis is one of the indicators within the Public Health Framework. This is essential, as the earlier HIV is detected the better the outcome for the patient. Additionally, there is a government target in place to reduce HIV infection by 80% by 2025, and to eliminate new infections by 2030. Early diagnosis and treatment will also prevent onward transmission, supporting these targets. Pharmacies can play a vital role by encouraging HIV testing through referring people to sexual health services and HIV home testing at www.test.hiv. 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.^{xxv}

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.^{xxvi}

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

Blackburn with Darwen

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

GP practices also offer chlamydia screening along with sexual health services in Blackburn with Darwen including 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 <https://lancashiresexualhealth.nhs.uk/request-a-postal-chlamidya-kit/>. If their test is positive, they are then offered advice and treatment, which could be accessed at a local GP or a sexual health service.

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

5.8.4 Consideration of services offered

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

5.9 Emergency hormonal contraception (EHC)

5.9.1 Local health needs

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

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

5.9.2 Local services

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

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

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

Blackburn with Darwen

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

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

Blackpool

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

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

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

Lancashire

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

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

contraception and understand how to access them. Community pharmacies play an important role in signposting service users to these services.

5.9.3 Consideration of local services

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

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

Blackburn with Darwen

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

Blackpool

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

Lancashire

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

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

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

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

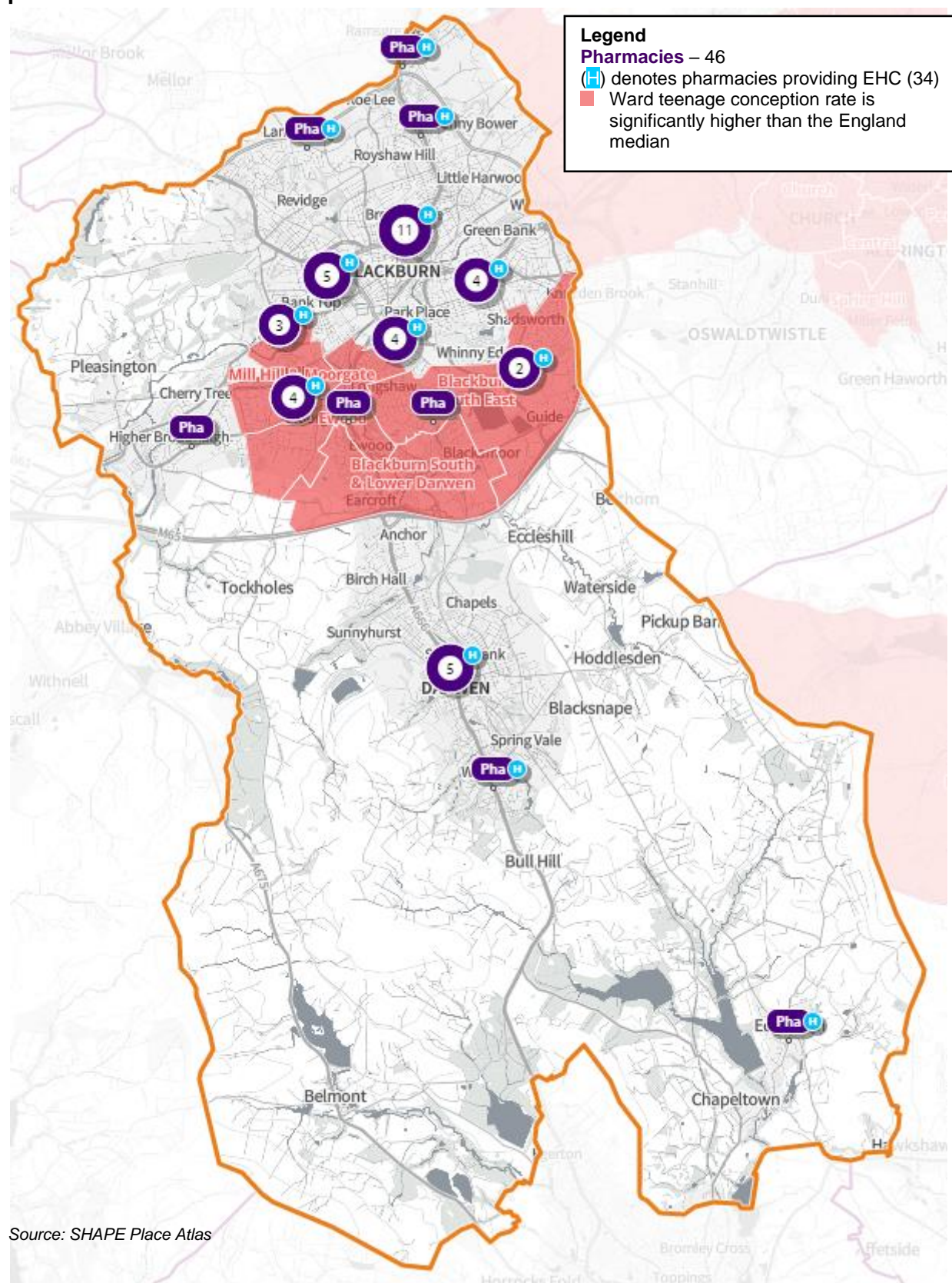
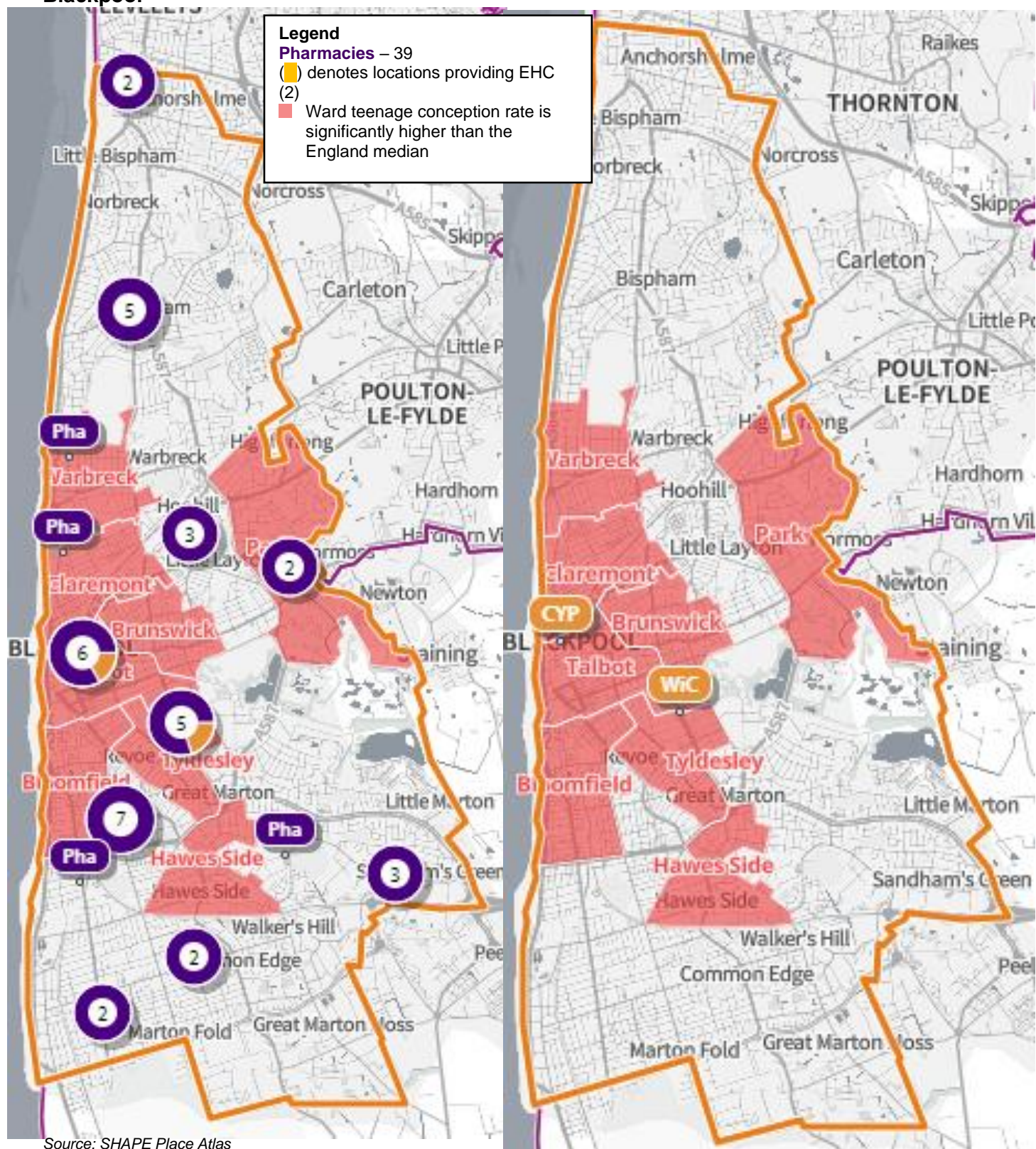




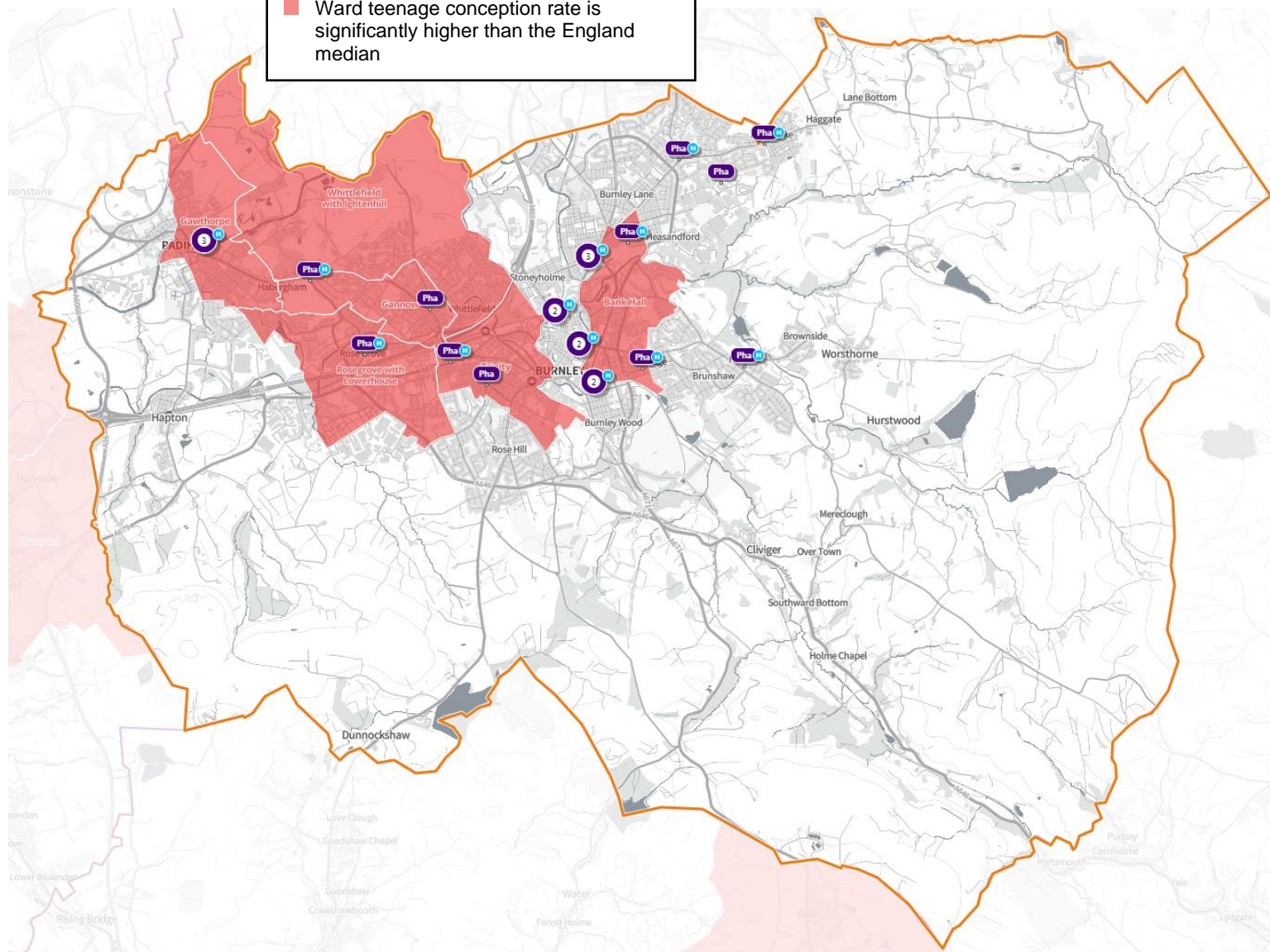
Figure 5.6: Teenage conception hotspot wards (2017-19) and locations providing EHC – Blackpool



Source: SHAPE Place Atlas

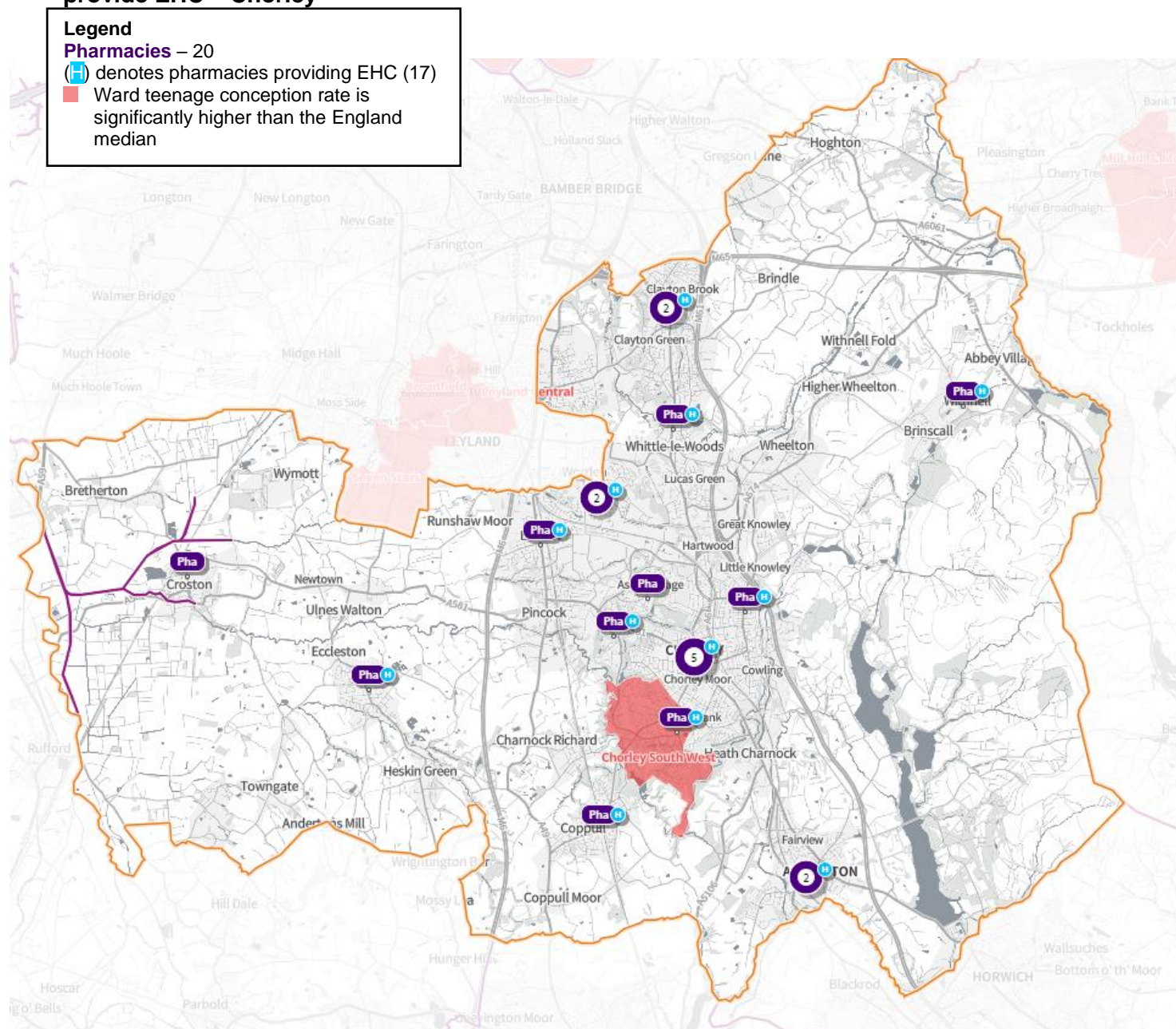
Figure 5.7: Teenage conception hotspot wards (2017-19) and pharmacies commissioned to provide EHC – Burnley

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



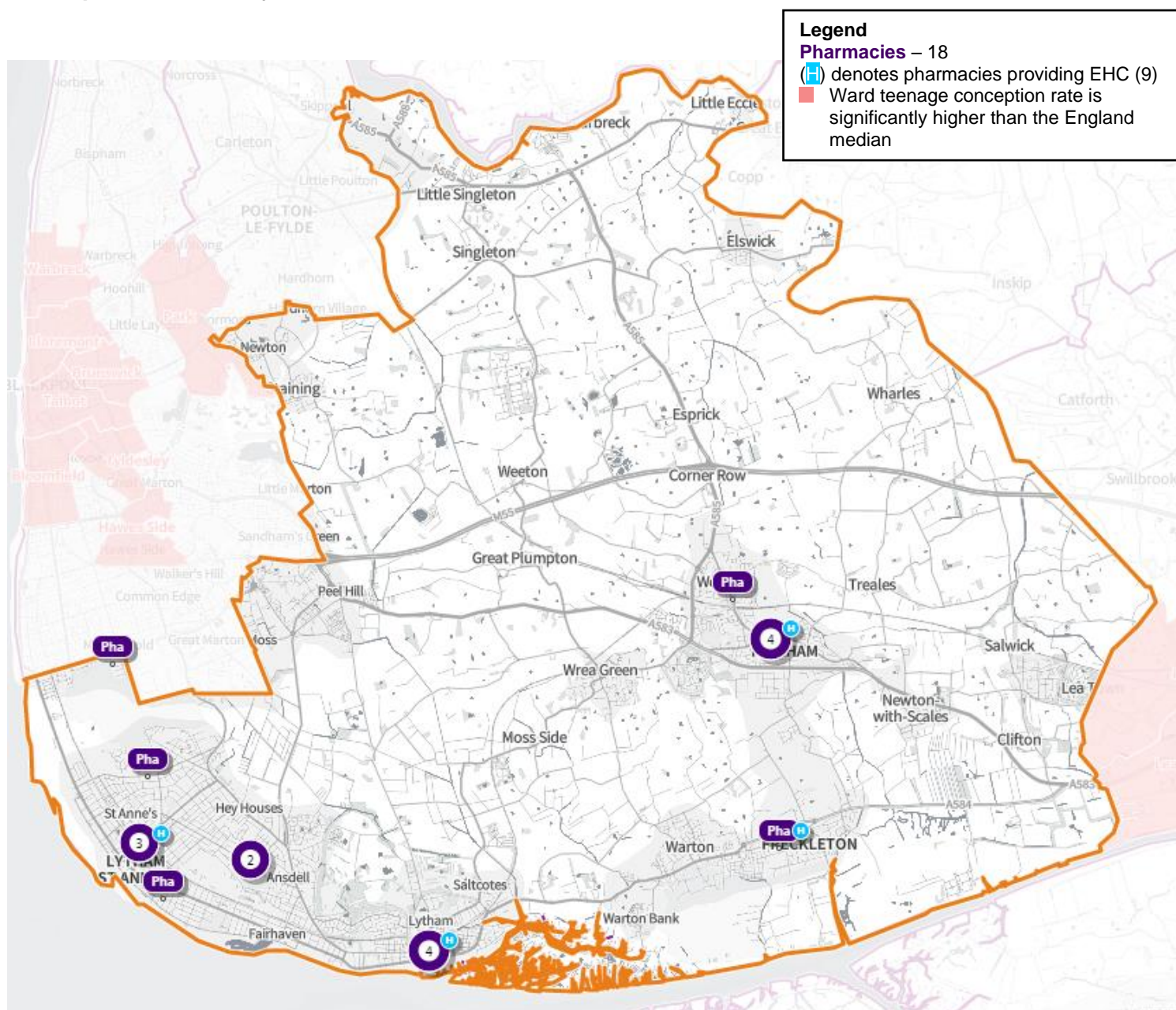
Source: SHAPE Place Atlas

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



Source: SHAPE Place Atlas

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



Source: SHAPE Place Atlas

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

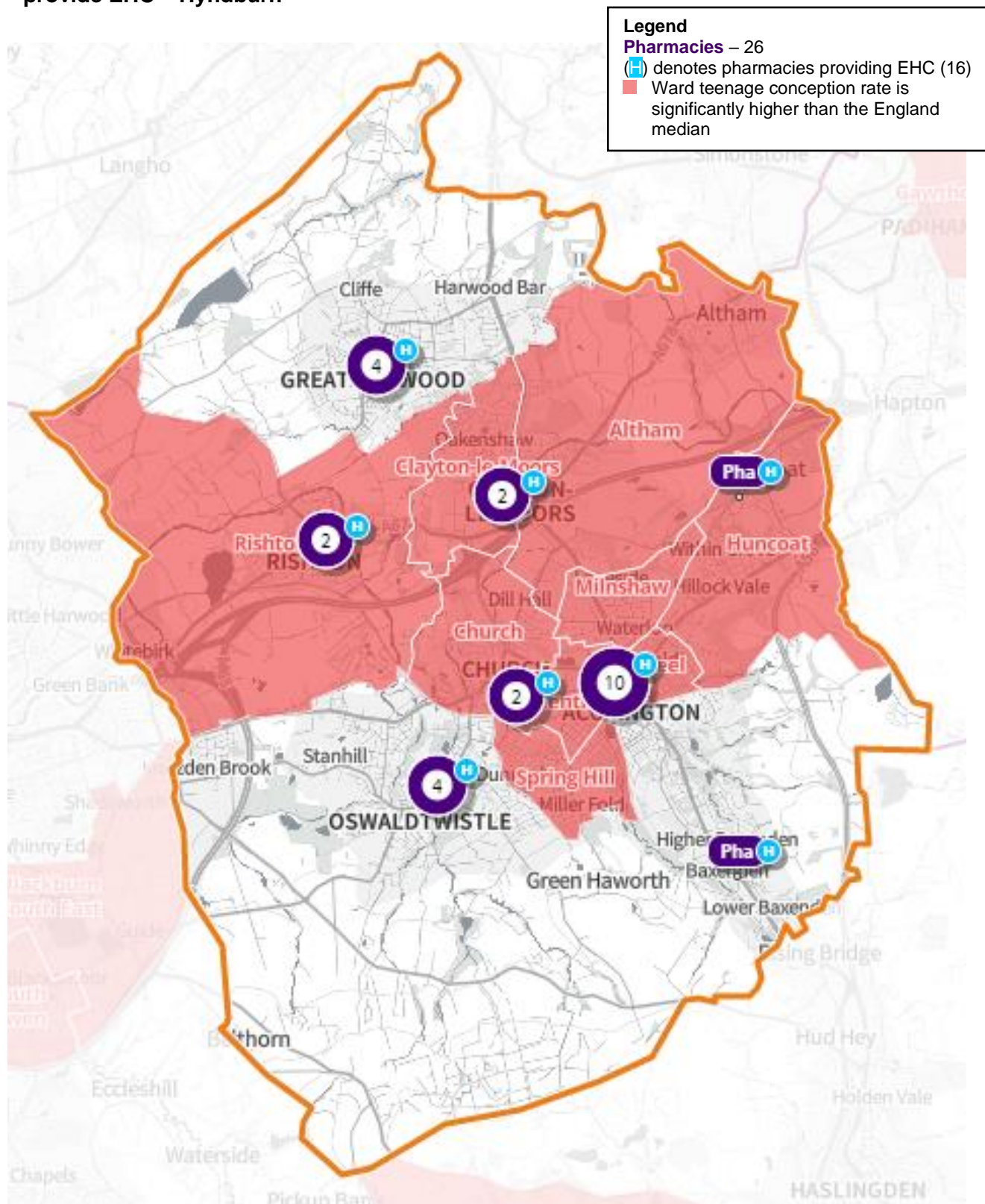
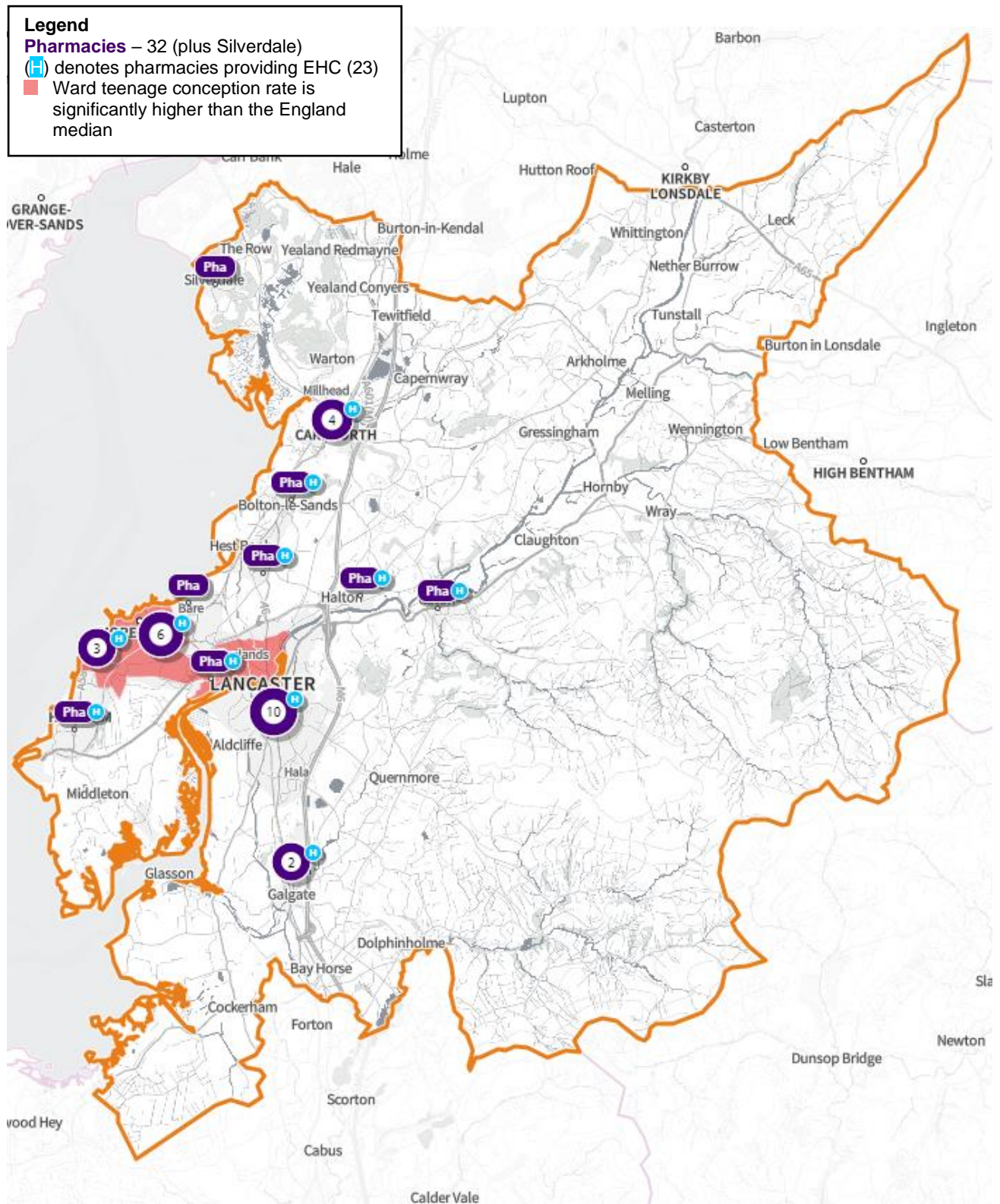
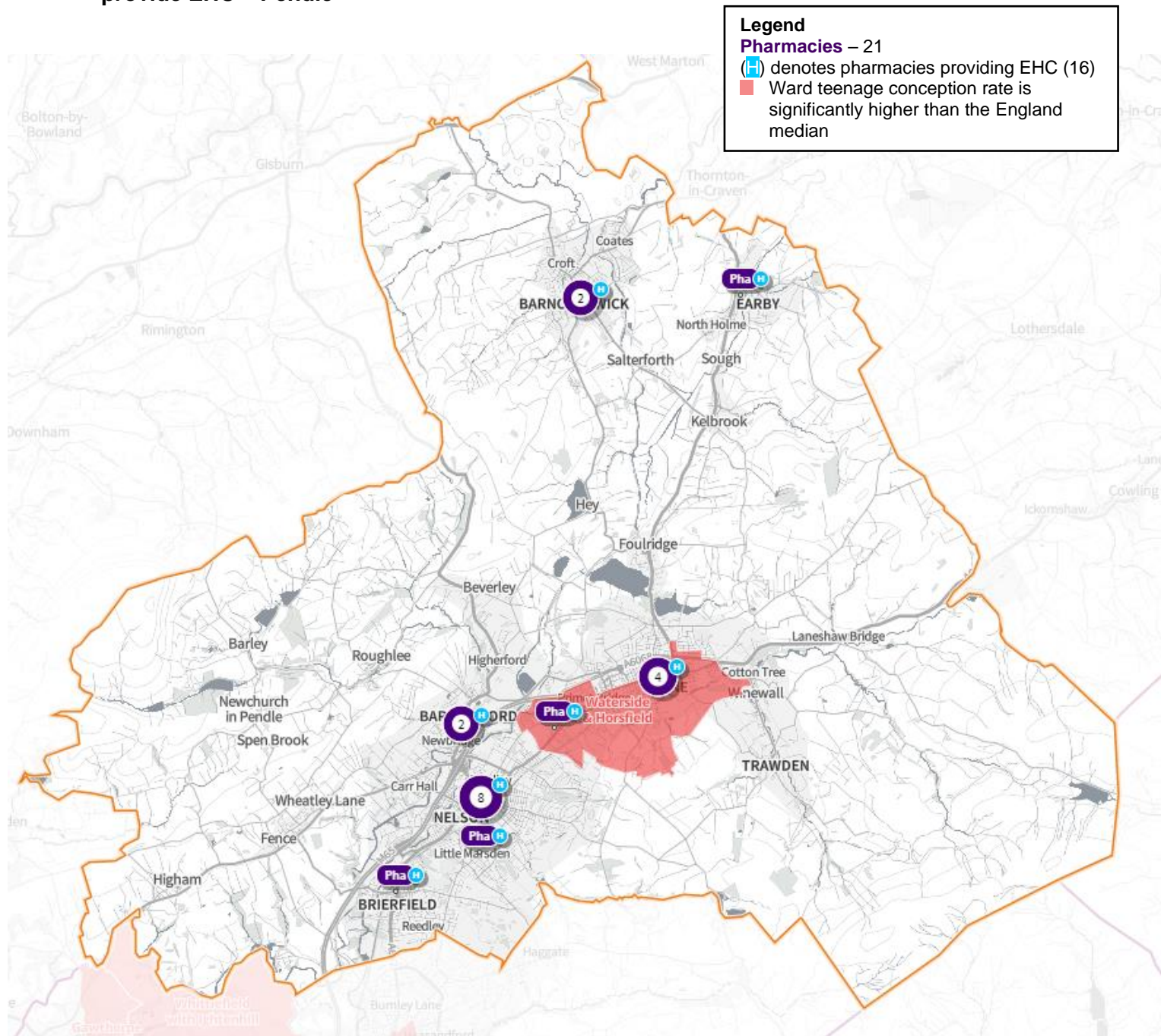


Figure 5.11: Teenage conception hotspot wards (2017-19) and pharmacies commissioned to provide EHC – Lancaster



Source: *SHAPE Place Atlas*

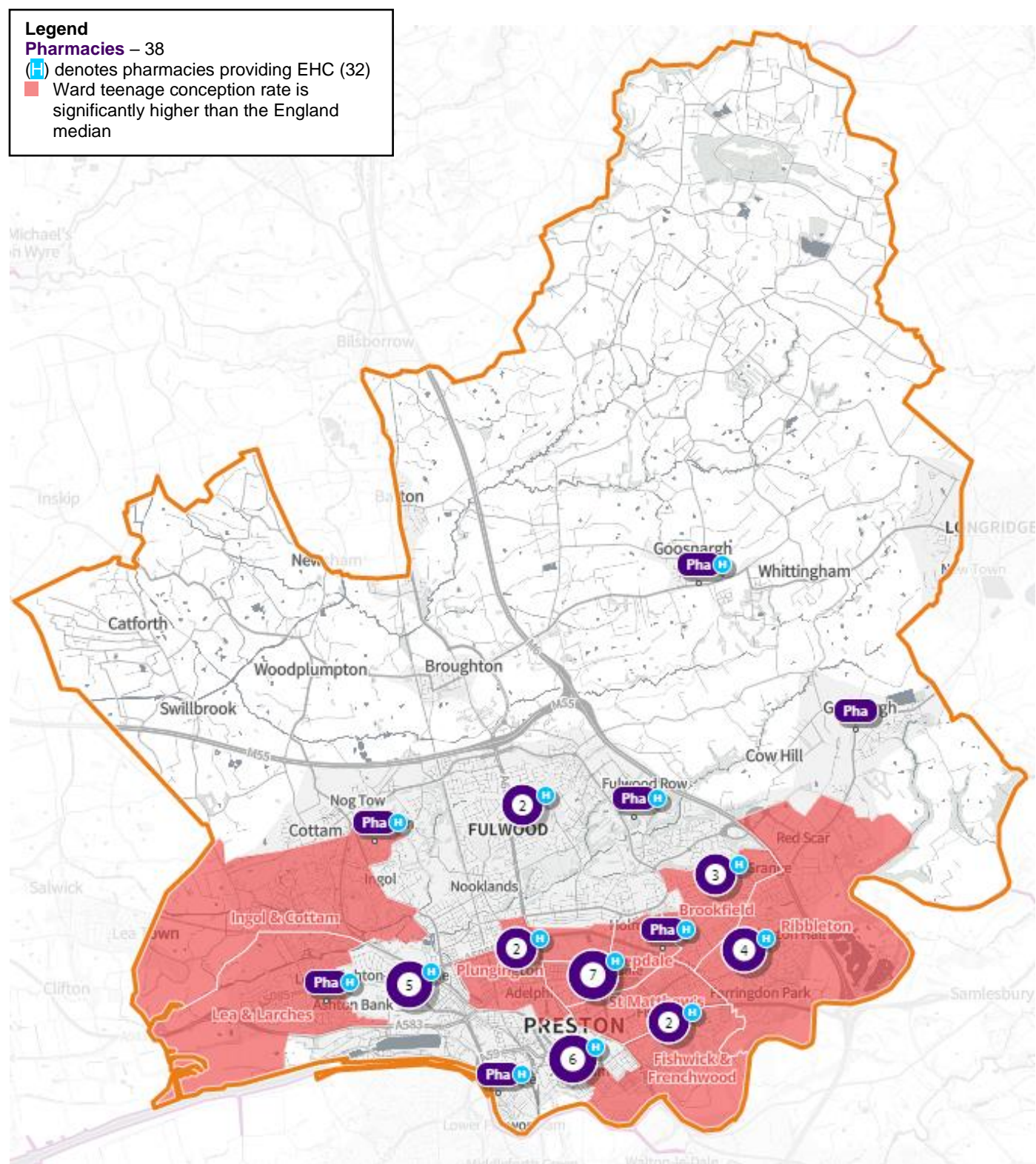
Figure 5.12: Teenage conception hotspot wards (2017-19) and pharmacies commissioned to provide EHC – Pendle



Source: SHAPE Place Atlas

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

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



Source: SHAPE Place Atlas

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

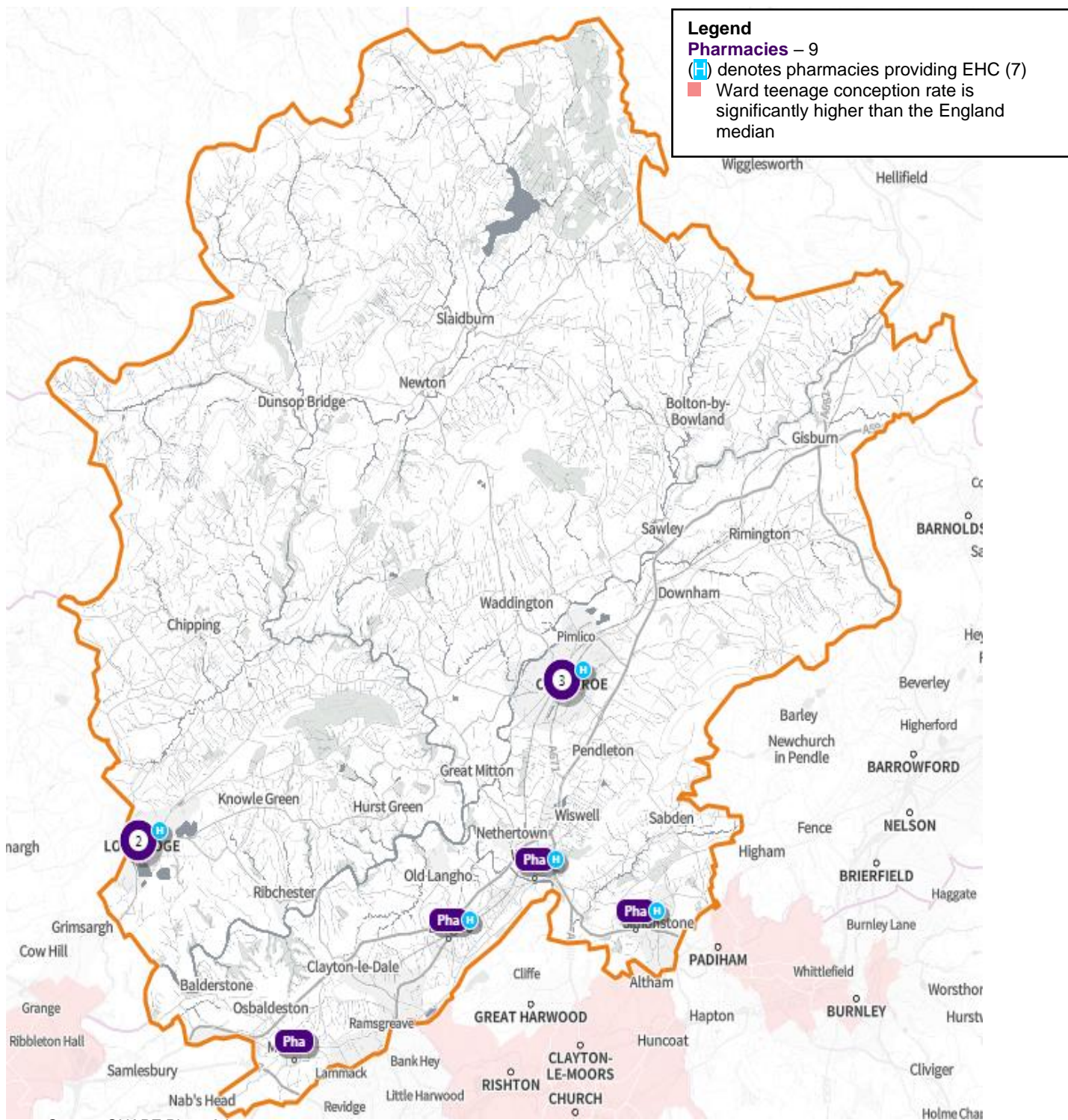
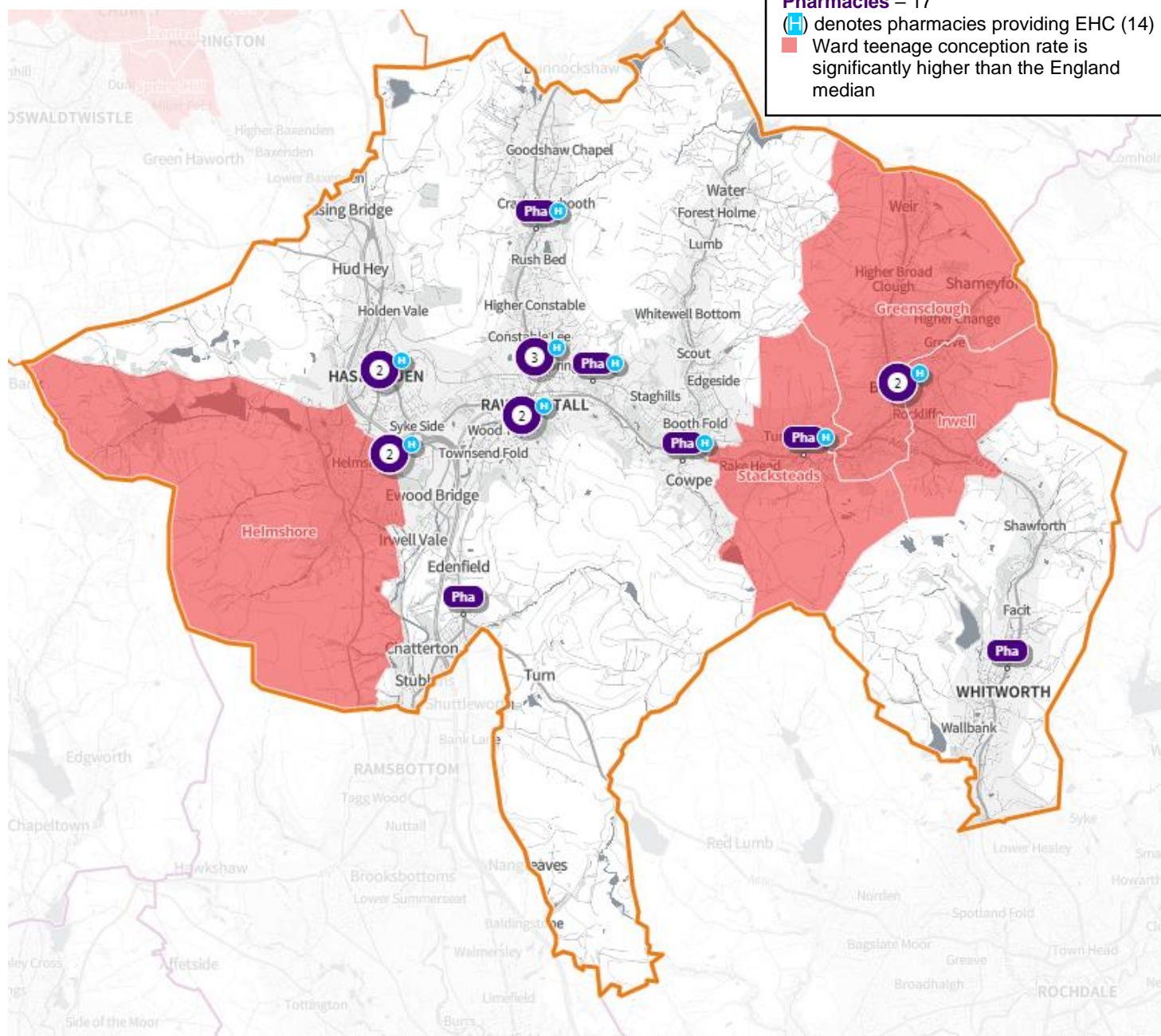
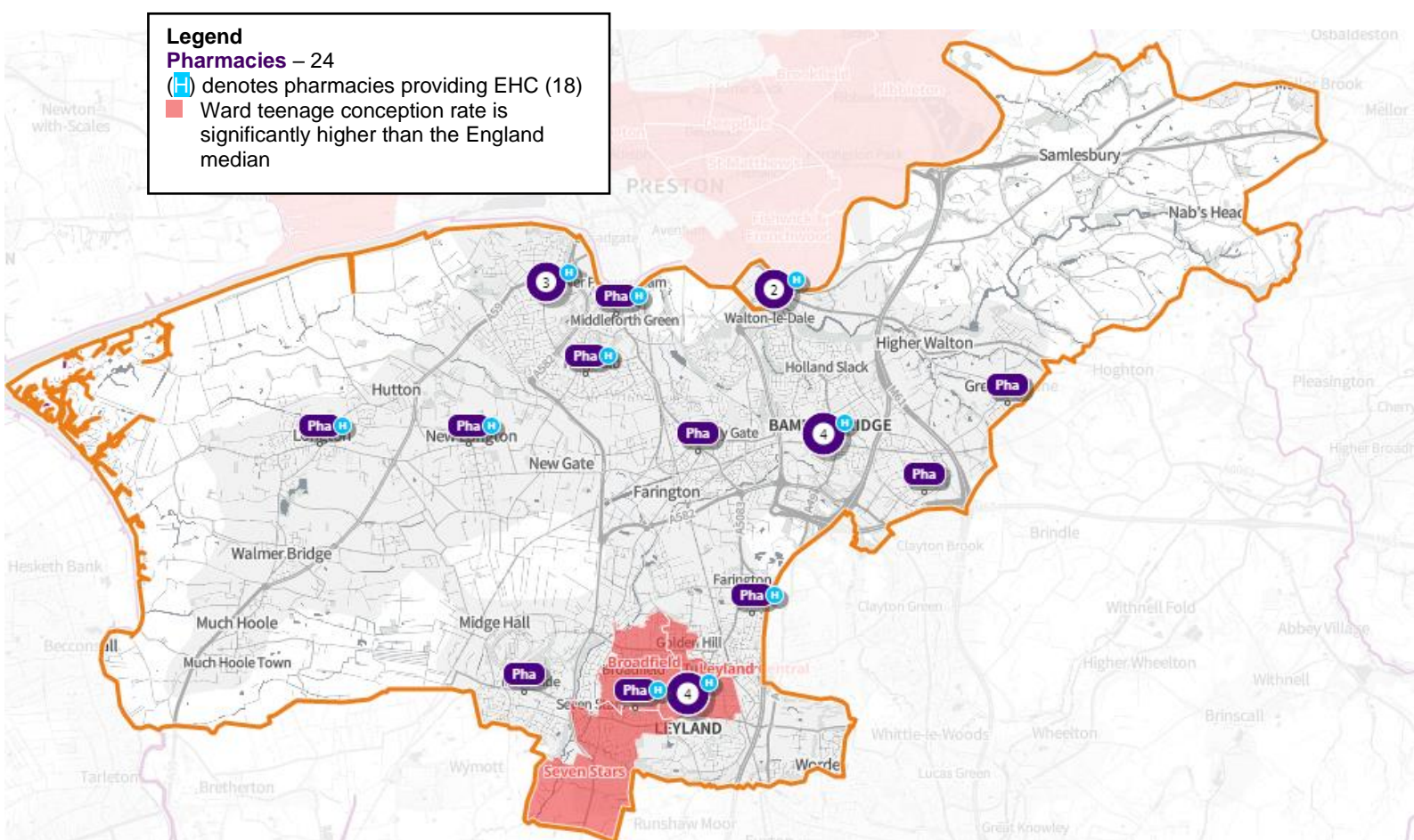


Figure 5.15: Teenage conception hotspot wards (2017-19) and pharmacies commissioned to provide EHC – Rossendale



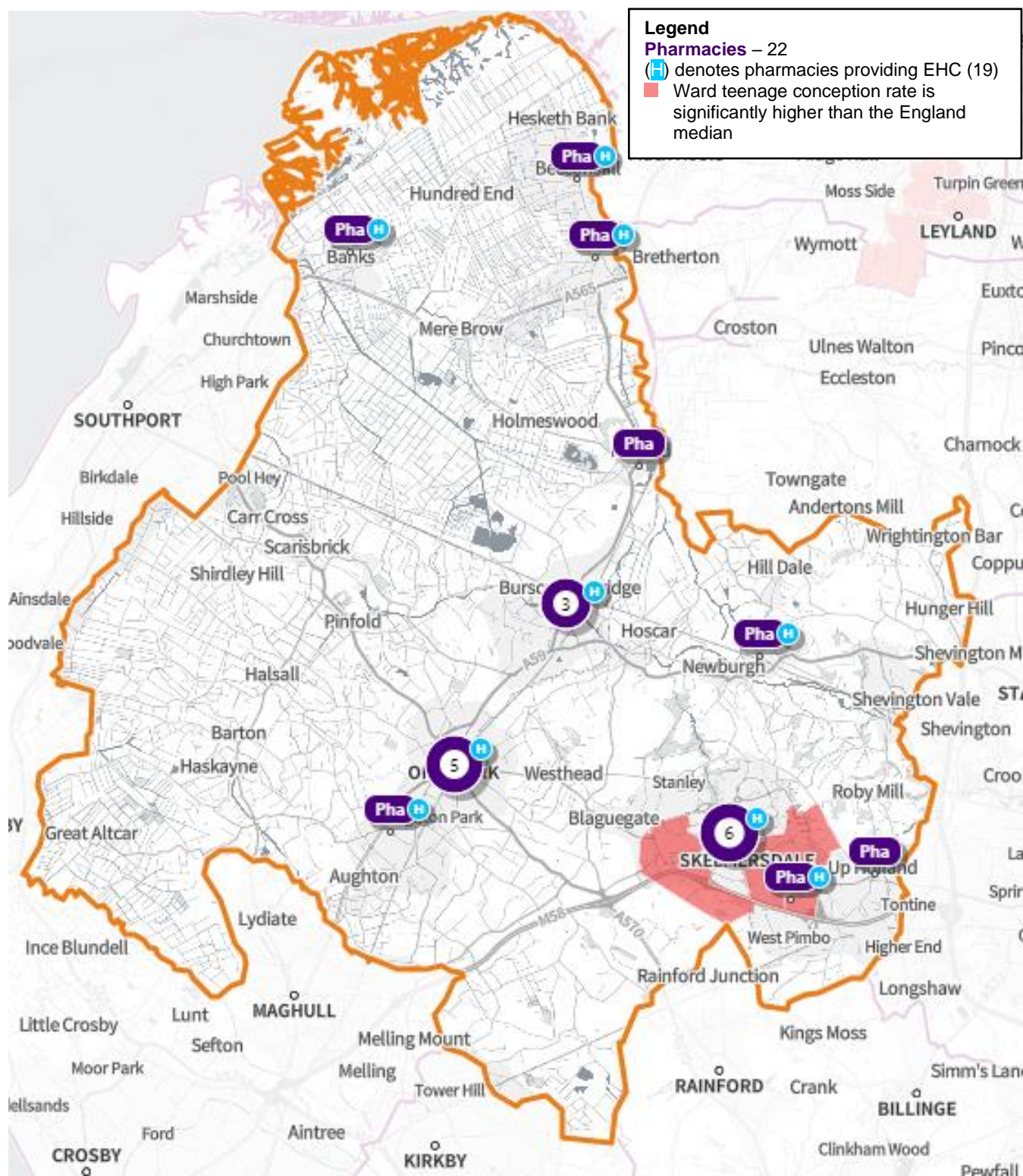
Source: SHAPE Place Atlas

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



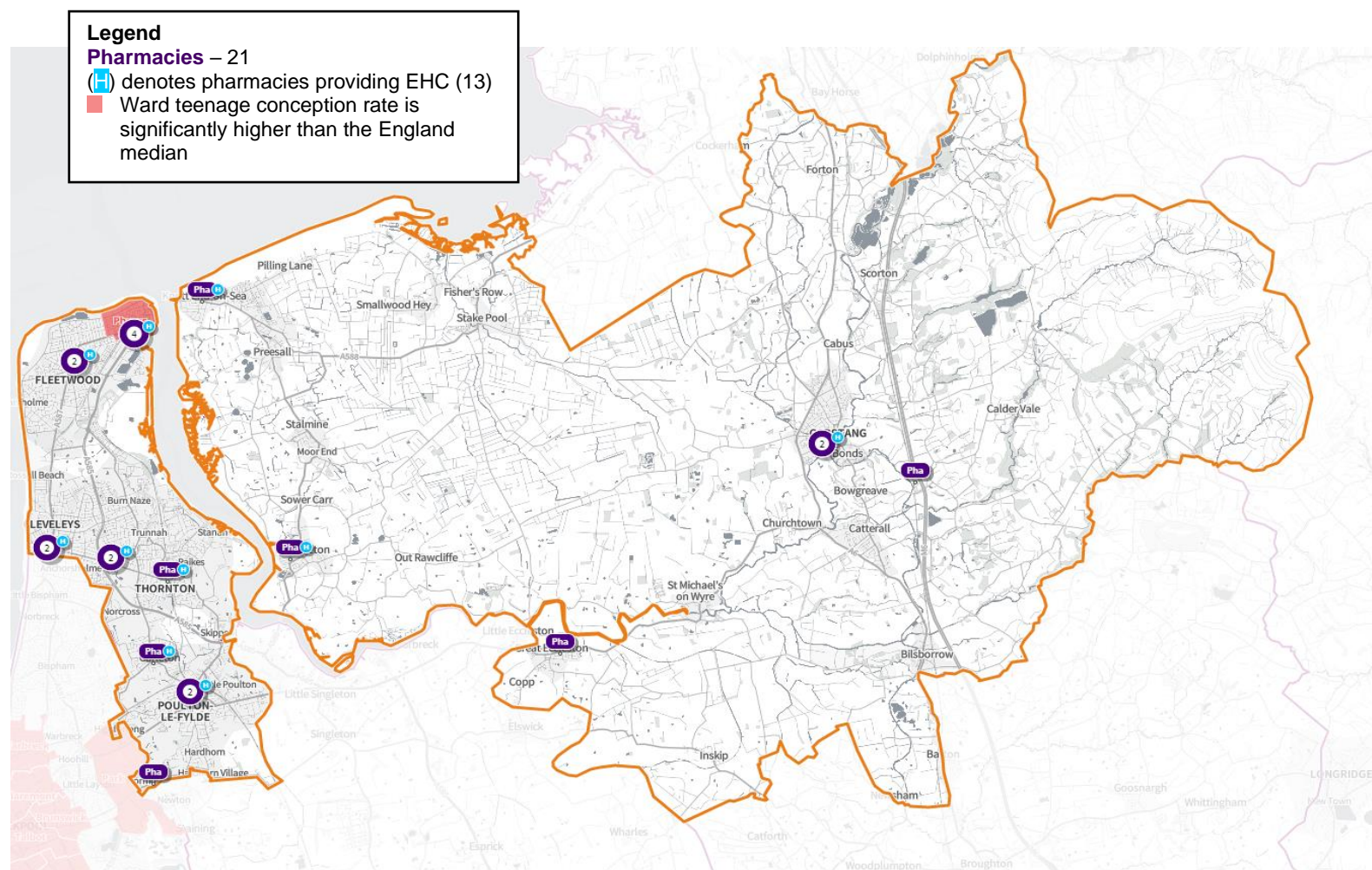
Source: SHAPE Place Atlas

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



Source: SHAPE Place Atlas

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



Source: SHAPE Place Atlas

5.10 Substance use

Since April 2013, upper-tier local authorities have been responsible for commissioning substance misuse (drug and alcohol) prevention and treatment services. ^{xxx}.

5.10.1 Local health needs – alcohol

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

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

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

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

Source: PHE Fingertips




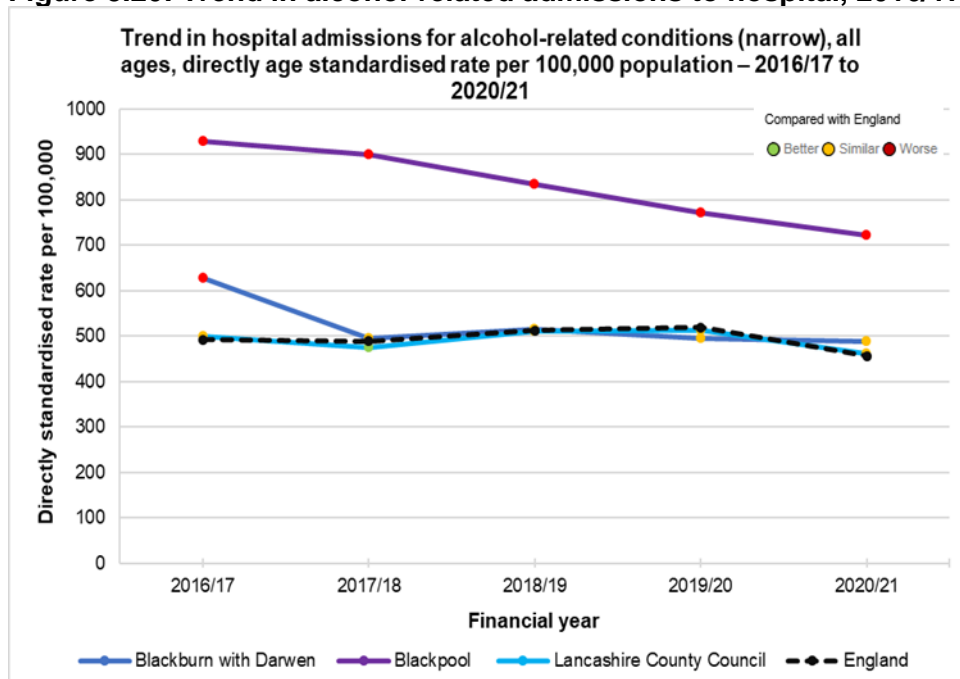
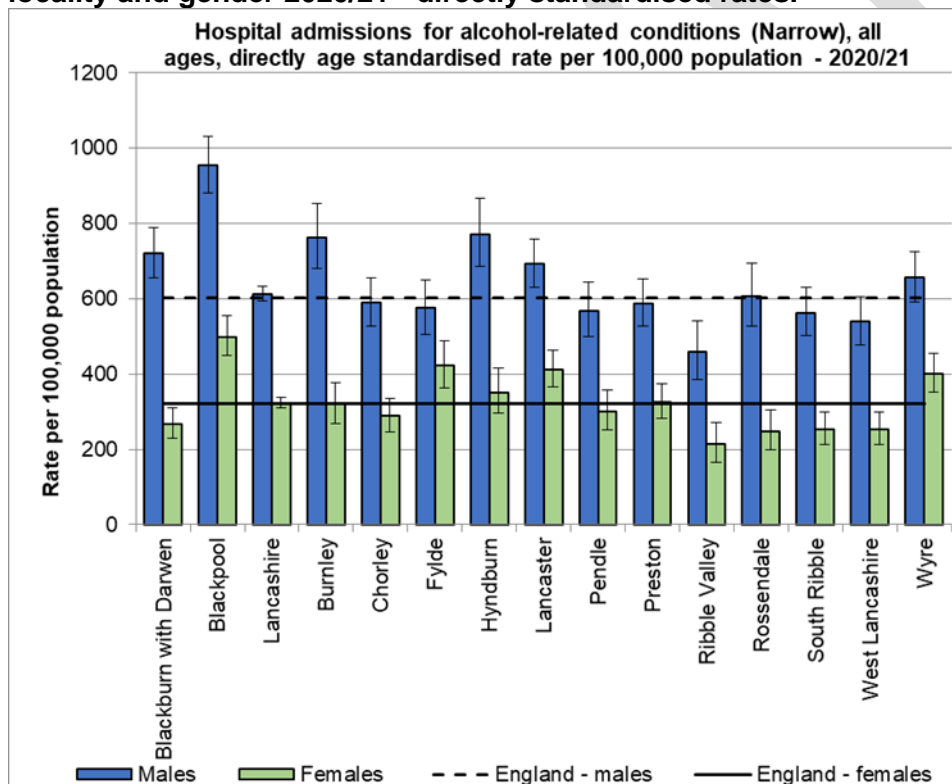
 Significantly better than England
 Similar to England
 Significantly worse than England

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



Source: PHE Fingertips

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



Source: PHE Fingertips

5.10.2 Local services – alcohol

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

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

Blackburn with Darwen

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

Blackpool

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

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

Lancashire

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

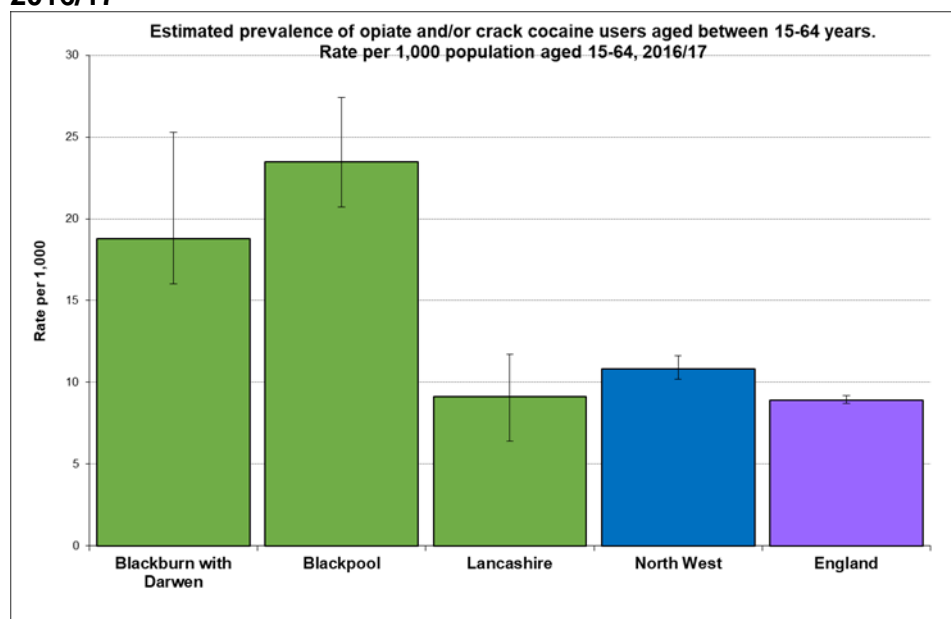
5.10.3 Local health needs – drugs

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

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

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

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



Source: PHE Fingertips

5.10.4 Local services - drugs

Many pharmacies across the pan-Lancashire area provide

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

Pharmacists play a key and unique role in the care of the substance misusers. They are instrumental in supporting drug users in complying with their prescribing regime, therefore reducing accidental death through overdose. This is through the supervision of consumption of methadone, buprenorphine and Buvidal. Supervised consumption also allows pharmacists to minimize the misdirection of controlled drugs, which may help to reduce drug-related deaths in the community. The unique role that a pharmacist play in the treatment of drug users is the daily contact that they have with their patients, and their ability to monitor and offer advice on the patient's general health and wellbeing.

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

Blackburn with Darwen

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

Blackpool

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

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

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

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

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

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

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

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

Lancashire

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

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

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

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

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

5.10.5 Consideration of services offered – alcohol and drugs

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

In Blackburn with Darwen, Blackpool and Lancashire, commissioning responsibility has been placed on substance misuse treatment providers as part of their contractual obligations.

Blackpool

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

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

5.11 The health of older people

5.11.1 Local health needs

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

faster, with a 69% increase over the next 20 years (Blackburn with Darwen 58%, Blackpool 43%, Lancashire 72%). The pan-Lancashire figure is similar to the national (70%) but slightly below the regional (65%) projected increases.^{xxxiv}

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

Further information regarding the health and wellbeing of older people can be found in OHID's productive healthy ageing profiles.^{xxxv}

5.11.2 Local services

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

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

5.12 Long-term conditions

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

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

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

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

Community pharmacists could be involved in monitoring the use of, for example, statins, blood pressure regulating medication 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^{xxxix}, which aims to improve early diagnosis of cancer by raising awareness of symptoms and making it easier for people to discuss them with their GP.

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

The prevalence of several LTCs across most of the eight CCGs in the pan-Lancashire region is significantly higher than the national average eg coronary heart disease, chronic obstructive pulmonary disease, asthma and depression.

Figure 5.23 shows the number and proportion of patients across pan-Lancashire who have been diagnosed with a variety of conditions. Figure 5.24 shows the percentage of people who reported having a limiting long-term illness.

DRAFT

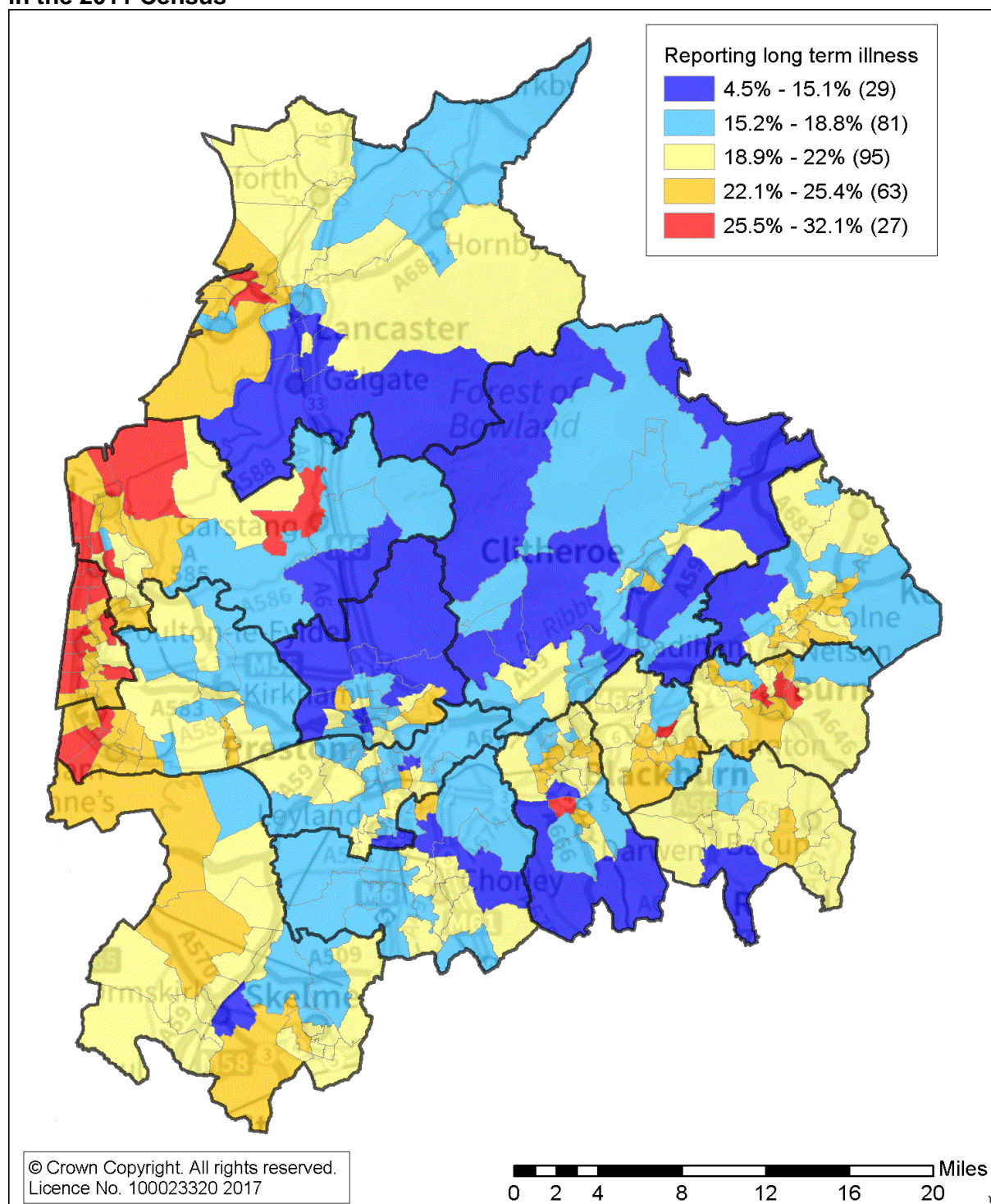
Figure 5.23: Long-term conditions disease registers and prevalence, by CCG: 2020/21

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

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

Source: NHS Digital. 2020/21

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



5.12.2 Consideration of services offered

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

5.13 Mental Health

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

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

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

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

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

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

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

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

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

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

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

5.13.1 *Local services*

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

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

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

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

Lancashire

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

5.13.2 *Consideration of services offered*

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

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

5.14 Healthcare associated infections

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

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

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

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

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

5.15 Medication related harm

5.15.1 Health need

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

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

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

5.15.2 Local services

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

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

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

5.16 Migration

5.16.1 *Local needs*

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

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

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

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

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

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

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

Figure 5.27: Asylum seekers in receipt of section 95 support by pan-Lancashire local authorities, 31 March 2022 ^{xliv}

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

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

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

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

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

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

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

Migrants may also find it harder to access services – for example, because of language barriers or uncertainty about eligibility. ^{xlvii}

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

Common health challenges include

- untreated communicable diseases

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

Despite this, there is no evidence that refugees and asylum seekers use a disproportionate share of NHS resources, and migrants in the UK and elsewhere in Europe tend to use fewer services than native populations.^{xlviii}

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

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

5.16.2 Consideration of services offered

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

5.17 Community pharmacy minor ailments service

A minor ailment scheme is currently provided by the following CCGs

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

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

5.18 Community pharmacy palliative care service

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

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

5.18.1 Palliative care service – Lancashire CCGs

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

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

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

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

5.19 Community Pharmacy Healthy Start Service

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

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

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

The vouchers can be spent on

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

Those eligible

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

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

Healthy Start vitamins

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

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

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

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

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

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

5.20 Further opportunities for community pharmacy

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

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