

Contents

5	HEALTH NEEDS AND LOCALLY COMMISSIONED SERVICES ...	120
	<i>Key messages.....</i>	<i>120</i>
5.1	A focus on the role of community pharmacy in improving public health	121
5.1.1	<i>Local contributions to improving health and reducing inequalities</i>	<i>121</i>
5.1.2	<i>Evidence-based approach</i>	<i>121</i>
5.1.3	<i>Opportunities for integrated care</i>	<i>121</i>
5.1.4	<i>Developing the workforce</i>	<i>122</i>
5.2	Local health needs and services	123
5.2.1	<i>Local health needs</i>	<i>123</i>
5.2.2	<i>Overview of local commissioned services</i>	<i>124</i>
5.3	Smoking	126
5.3.1	<i>Local health needs</i>	<i>126</i>
5.3.2	<i>Local services.....</i>	<i>127</i>
5.3.3	<i>Consideration of services</i>	<i>129</i>
5.4	Covid-19.....	129
5.5	NHS seasonal influenza (flu).....	130
5.6	Healthy weight.....	131
5.6.1	<i>Local health needs</i>	<i>131</i>
5.6.2	<i>Opportunities in local services</i>	<i>131</i>
5.7	NHS health check	133
5.8	Sexual health	134
5.8.1	<i>Local health needs: chlamydia</i>	<i>135</i>
5.8.2	<i>Local health needs: HIV/AIDS, gonorrhoea, syphilis and other conditions.....</i>	<i>136</i>
5.8.3	<i>Local sexual health services.....</i>	<i>137</i>
5.8.4	<i>Consideration of services offered</i>	<i>138</i>
5.9	Emergency hormonal contraception (EHC).....	138
5.9.1	<i>Local health needs</i>	<i>138</i>
5.9.2	<i>Local services.....</i>	<i>140</i>
5.9.3	<i>Consideration of local services</i>	<i>141</i>
5.10	Substance use	142
5.10.1	<i>Local health needs – alcohol</i>	<i>142</i>
5.10.2	<i>Local services – alcohol.....</i>	<i>144</i>
5.10.3	<i>Local health needs – drugs.....</i>	<i>144</i>
5.10.4	<i>Local services – drugs.....</i>	<i>145</i>
5.10.5	<i>Consideration of services offered – alcohol and drugs</i>	<i>148</i>
5.11	The health of older people	149
5.11.1	<i>Local health needs</i>	<i>149</i>
5.11.2	<i>Local services.....</i>	<i>150</i>
5.12	Long-term conditions.....	150

5.12.1	<i>Long-term conditions (LTCs) across pan-Lancashire</i>	151
5.12.2	<i>Consideration of services offered</i>	152
5.13	Mental Health	152
5.13.1	<i>Local services</i>	153
5.13.2	<i>Consideration of services offered</i>	155
5.14	Healthcare associated infections	155
5.15	Medication related harm	155
5.15.1	<i>Health need</i>	155
5.15.2	<i>Local services</i>	156
5.16	Migration	156
5.16.1	<i>Local needs</i>	156
5.16.2	<i>Consideration of services offered</i>	158
5.17	Pharmacy First Service	159
5.18	Community pharmacy palliative care service	161
5.18.1	<i>Palliative care service – NHS LSCICB</i>	161
5.18.2	<i>Just In Case palliative care service (Healthier Fylde Coast, Bay Health and Care Partners)</i>	161
5.19	Community pharmacy Healthy Start Service	161
5.20	Further opportunities for community pharmacy	162
	References	162

Figures

Figure 5.1: NHS LSCICB commissioned services	125
Figure 5.2: Smoking prevalence in adults – current smokers (Annual Population Survey), 2021-23	126
Figure 5.3: Percentage of adults (18 plus) in pan-Lancashire localities, classified as overweight or obese 2022/23	131
Figure 5.4: Chlamydia detection rate per 100,000 aged 15-24.....	136
Figure 5.5: Count of pharmacies providing EHC - Lancashire County Council (January 2025)	139
Figure 5.6: Hospital admissions for alcohol-related conditions (narrow), all ages, directly age standardised rate per 100,000 population – 2023/24	142
Figure 5.7: Trend in alcohol-related admissions to hospital, 2019/20 – 2023/24	143
Figure 5.8: Alcohol-related hospital admissions per 100,000 people across pan-Lancashire, by locality and gender 2023/24 - directly standardised rates.....	143
Figure 5.9: Estimated crude rate of opiate and/or crack cocaine users, per 1,000 aged 15-64 2019/20	145
Figure 5.10: Long-term conditions prevalence by Lancashire and South Cumbria ICB sub-location 2023/24 (00Q-Blackburn with Darwen, 00Q-Blackpool, 00X-Chorley & south Ribble, 01A-East Lancashire, 01E-Central Lancashire, 01K-Morecambe Bay, 02G West Lancashire, 02M-Fylde Coast)	151
Figure 5.11: Levels of mental health and illness by CCG, benchmarked with England	152
Figure 5.12: Prevalence of mental illness for pan-Lancashire Sub-ICB areas compared to England benchmark.....	153
Figure 5.13: Asylum seekers in receipt of section 95 and section 4 support by pan-Lancashire local authorities, 31 March 2024	157

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, there are approximately 200 pharmacies who are signed up to deliver a stop smoking service, including brief interventions and nicotine replacement therapy (NRT). In Lancashire County council the pharmacies are signed up to dispense nicotine replacement therapy, deliver brief advice and signpost to local stop smoking services.

In Blackburn with Darwen, 17 pharmacies have signed up to a local improvement service (LIS) (locally commissioned services) to provide emergency hormonal contraception (EHC) without prescription. Across the twelve localities in Lancashire County Council, 192 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 addressing 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. Health and wellbeing boards across pan-Lancashire consider community pharmacies a key public health resource and recognise that they offer potential opportunities to provide health improvement initiatives and work closely with partners to promote health and wellbeing, as recommended by the Local Government Association (LGA)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, considering 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 can convey health messages, support self-care and provide advice opportunistically every day.

Community pharmacies can 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.

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*^{xj} 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.

The General Pharmaceutical Council new *Standards for the initial education and training of pharmacists* ([Standards for the initial education and training of pharmacists January 2021 final v1.4.pdf](#)) was published in January 2021 and introduced a number of important changes to make sure pharmacists are equipped for their future roles. They introduce a new set of learning outcomes that cover the five years of training and education both as undergraduates and during the foundation year before registration. The foundation year will strengthen supervision support and collaborative working between higher education institutions, statutory education bodies and employers. One important change is that the new standards incorporate the skills, knowledge and attributes for prescribing, to enable pharmacists to independently prescribe from the point of registration. The first year we will see new registrants as independent prescribers is those registering after their foundation year in 2025/26. Current registrants can undertake additional training to become an independent prescriber. Community pharmacy will require commissioned services that incorporate prescribing to enable them to use their skills and maintain their competencies.

NHSE has developed an Independent Prescribing (IP) pathfinder programme to help understand how community pharmacists can prescribe in future commissioned services; this programme involves around 200 community pharmacies nationally and will be evaluated by Manchester University by the end of 2025.

Following recent legislation changes, pharmacy technicians are now able to work under a patient group direction (PGD), including giving advice and treatment (prescription-only medication) to patients. Community pharmacy will require commissioned services that allow pharmacy technicians to work under PGDs. Further developments for pharmacy technicians include the ability to undertake clinical diplomas following their registration.

These changes to the pharmacy workforce will allow staff to work at the top of their ability using their skills and knowledge.

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 the pan-Lancashire area have a favourable health profile, but compared to the national average, substantial local variation exists across pan-Lancashire. Lifestyle related diseases such as diabetes are increasing. An ageing population with a range of health issues will also put pressure on

health and social services. The three joint strategic needs assessments (JSNAs) listed in chapter three describe specific health needs in detail.

Although there is wide variation, most of the pan-Lancashire local authorities have significantly lower life expectancy than the national average. For both males and females, Lancashire County Council, overall, and the two unitary authorities have significantly lower life expectancy than the national average. Within Lancashire County Council, South Ribble and Ribble Valley are the only two districts with male life expectancy significantly better than the national average; Ribble Valley is the only district with female 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 (England=9.7 years). 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 (England=7.9 years).^{xii}

5.2.2 Overview of local commissioned services

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

Community pharmacies are easily accessible and can offer a valuable opportunity for reaching people who may not otherwise access health services. Person-centred care can be provided by community pharmacists when delivering interventions to improve public health, such as smoking cessation clinics, weight management clinics and sexual health services. It can also be used to structure adherence-focused services relating to the initiation of new medicines (through the nationally commissioned new medicines service). Many community pharmacies have private consultation room, meaning that extended consultations can now be undertaken in a private environment, which allows the pharmacist to focus purely on the patient in front of them. Community pharmacies could contribute to the local public health agenda in several 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 2025 are listed below.

Local authority commissioned services

Blackburn with Darwen

- Needle and syringe exchange service (via provider SPARK).
- Supervised consumption (via provider SPARK).
- Stop smoking service/nicotine replacement therapy (NRT).
- Emergency hormonal contraception.

Blackpool

- Needle and syringe exchange service from the pharmacy via Renaissance. Needle exchange pharmacy services are directly managed by Renaissance, the commissioned harm reduction provider. Pharmacies in Blackpool involved are contracted directly by Renaissance.
- Supervised consumption from the pharmacy via Delphi Medical. Supervised consumption services are directly managed by Delphi, the commissioned adult alcohol and drug treatment provider. Pharmacies in Blackpool involved are contracted directly by Delphi.

Lancashire

- Emergency hormonal contraception (including chlamydia testing).
- dispense nicotine replacement therapy (NRT), deliver brief advice and signpost to local stop smoking services.
- Needle exchange and supervised consumption via Change Grow Live (CGL) from the pharmacy - Supervised consumption and needle exchange pharmacy services are directly managed by CGL, the commissioned adult alcohol and drug treatment provider. Pharmacies involved are contracted by CGL community substance use treatment provider in Lancashire.

ICB commissioned services

In addition to the commissioning of essential and advanced services, NHS Lancashire and South Cumbria ICB are responsible for commissioning enhanced services.

Figure 5.1 presents the enhanced pharmacy services commissioned by NHS Lancashire and South Cumbria ICB.

Figure 5.1: NHS LSCICB commissioned services

Pharmacy services commissioned
• minor ailments scheme linked to Home Office hotels • paediatric minor ailments scheme • minor ailments supply service • Just In Case drug supply service • palliative care service • antiviral supply in designated pharmacies for the influenza outbreaks in care homes.

Source: LSC ICB

NHS LSCICB are unaware of any gap in enhanced pharmaceutical services and are engaging with healthcare professionals to increase delivery of advanced services by working collaboratively within the ICB led Pharmacy Access Programme.

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 is the leading cause of preventable illness and premature death in England, with about half of all lifelong smokers dying prematurely, losing on average around 10 years of life.^{xiii} Across pan-Lancashire there are estimated to be 2,300 deaths attributable to smoking each year^{xiv}.

In Lancashire County Council, overall, smoking prevalence in adults (2021-23) is similar to the national average and in Blackburn with Darwen and Blackpool adult smoking prevalence is worse than the national average.^{xv} Across Lancashire's twelve districts, smoking prevalence in adults (2021-23) is similar to the national average, apart from in Fylde and Ribble Valley where it is better than the national average. According to the 2023/24 figures, in Blackpool and Lancashire County Council, smoking at the time of delivery is significantly higher than the national average and in Blackburn with Darwen it is similar to the national average.^{xv}

In Lancashire, smoking levels vary substantially across districts; from 6.0% in Ribble Valley to 20.5% in Rossendale (see Figure 5.2).

In Blackburn with Darwen, Blackpool and Lancashire County Council, the 2022/23 rate of successful quitters at four weeks, per 100,000 smokers aged 16+ years, is worse, better and better than national average, respectively.^{xv}

Figure 5.2: Smoking prevalence in adults – current smokers (Annual Population Survey), 2021-23

Area	Smoking prevalence (%)	
Blackburn with Darwen	17.2	Significantly worse than England
Blackpool	20.0	Significantly worse than England
Lancashire	13.4	Similar to England
Burnley	18.0	Similar to England
Chorley	15.1	Similar to England
Fylde	7.9	Significantly better than England
Hyndburn	13.0	Similar to England
Lancaster	15.3	Similar to England
Pendle	12.0	Similar to England
Preston	16.2	Similar to England
Ribble Valley	6.0	Significantly better than England
Rossendale	20.5	Similar to England
South Ribble	13.2	Similar to England
West Lancashire	10.9	Similar to England
Wyre	10.2	Similar to England
England	12.4	

Source: OHID, <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, last updated January 2023).^{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.

As of January 2025 there were 12 pharmacies providing the NRT programme in Blackburn with Darwen.

In addition to the pharmacy-delivered stop smoking service, from October 2024 a community stop smoking service provided by Solutions4Health is also being delivered in the borough.

Blackpool

There are no pharmacy contracts for Blackpool smoking cessation. However, pharmacies play a vital role in signposting enquires to Blackpool Stop Smoking Services or the [NHS Stop Smoking App](#).

Blackpool stop smoking services are provided by [Smokefree Blackpool](#).

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.

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 Smokefree Lancashire Quit Squad (Change, Grow, live (CGL)) 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 comprehensive offering information for smokers to make an informed choice of their treatment. This includes behavioural support, licensed NRT products (combined or individual) and the provision vapes if required. Access can be by appointment, face to face, telephone or 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 groups with higher rates of smoking prevalence including

- routine and manual workers, long-term unemployed and never worked groups
- 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, this does not require a prescription.

The provider delivers holistic care to the service user 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 service users 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.

Varenicline and bupropion are not available through the pharmacy enhanced service NRT voucher scheme as 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}

For staff delivering smoking cessation advice as part of the LIS agreement the National Centre Smoking Cessation Training (NCSCT) training needs to be completed.

5.3.3 Consideration of services

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

Blackburn with Darwen

The stop smoking services in Blackburn with Darwen is delivered through the 12 pharmacy providers of the NRT programme.

To widen access to stop smoking services in Blackburn with Darwen from October 2024 a community stop smoking service, working with GPs, provided by Solutions4Health is also being delivered. In addition to NRT the service offers behavioural support via telephone or face to face. Clinics are held on community venues around the borough and the service has a mobile clinic so this can be deployed around the borough as required.

In addition to self-referral, the council's wellbeing service refers residents to both the pharmacy and community 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.

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

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.

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. NHS Lancashire and South Cumbria ICB commission a Covid-19 medicines supply service for vulnerable patients.

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 2025/26 to reduce morbidity, mortality and hospitalisation associated with flu at a time when the NHS and social care will be managing winter pressures, potentially including further outbreaks of Covid-19. Eligible cohorts for flu vaccination are based on the advice of the Joint Committee on Vaccination and Immunisation and the Department of Health and Social Care.

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

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

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

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, Pendle district has the highest proportion of obese and overweight adults, at 72.7% of the population. All but four of the localities are higher than the national average of 64.0%, with three localities statistically significantly higher. Ribble Valley (59.4%) 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 2022/23

Area	% Obese and overweight adults (BMI 25+)	
England	64.0%	
Blackpool	72.1%	Significantly higher than England
Blackpool with Darwen	60.9%	Similar to England
Burnley	63.5%	Similar to England
Chorley	65.4%	Similar to England
Fylde	64.6%	Similar to England
Hyndburn	72.4%	Significantly higher than England
Lancaster	61.5%	Similar to England
Pendle	72.7%	Significantly higher than England
Preston	64.6%	Similar to England
Ribble Valley	59.4%	Significantly lower than England
Rossendale	65.1%	Similar to England
South Ribble	66.4%	Similar to England
West Lancashire	65.5%	Similar to England
Wyre	67.3%	Similar to England

Source: [OHID, Fingertips](#) (based on the Active Lives Adult Survey, Sport England)

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

5.6.2 Opportunities in local services

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

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

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

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

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

Blackburn with Darwen

Across Blackburn with Darwen there are a range of initiatives to support individuals and families lead a healthier lifestyle. This includes group weight management programmes and 1-2-1 support with a health coach available via self-referral through the Blackburn with Darwen Health & Wellbeing service. First signing the Healthy Weight Declaration in 2017, the council is committed to working alongside partners to actively promote and support communities in maintaining a healthy weight. The council re-signed the declaration in October 2024, showcasing partnership work delivered to date and ambitions going forward. Part of this work includes the Recipe 4 Health Award which recognises food businesses that promote healthy eating, environmental issues, and social responsibility.

Blackpool

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

Lancashire

The local authority adopted the Healthy Weight Declaration (HWD) in 2017, then again in 2022. Through the Lancashire Healthier Places programme work is ongoing with district authority partners to support them in adopting the HWD. By actively working to support the commitments the authority and districts are 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 takeaways 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.^{xx} Locally the service is named Lancashire Healthy Young People and Family Service, and 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 healthier choices related to children's health and wellbeing. The service includes the health visitor team whose focus includes supporting breastfeeding and infant feeding, and the promotion of responsive feeding, healthy weight and healthy nutrition in the pre-school years. Advice, information, or support is provided at family contacts. This focus is maintained by a school nurse team who promote healthier lifestyles to children or young people during their contacts. Locally, the health visiting team includes specialist infant feeding practitioners who facilitate Lancashire's Community Baby Friendly Initiative, a quality standard. Advice to pharmacies around infant feeding support is available on request. The service provides weaning and complementary food advisory sessions, in addition to individual advice. There are named school nurses for Lancashire schools who offer health reviews to reception, year 6 and year 9 children, and the service delivers the National Child Measurement Programme.

In addition to the support provided by midwives and health visitors for breastfeeding, additional support is commissioned by Lancashire County Council and delivered by National Childbirth Trust (NCT). Breastfeeding and infant feeding support is available from locally trained breastfeeding peer supporters in a variety of settings including on Lancashire's post-natal wards, telephone helpline, groups and one to one support. Support and information are available to support mothers however they are feeding their baby, and the service can signpost and refer to other local services if needed. More information can be found at: [Lancashire Infant Feeding Support](#). Lancashire's family hubs also provide support to families however they are feeding their baby and provide information about responsive feeding. More information can be found at [Feeding your baby - Lancashire County Council](#) or speaking to a member of staff at a local family hub: [Lancashire Family Hubs Network - Lancashire County Council](#)

Pharmacies are welcome to sign up to Lancashire's Breastfeeding Welcome scheme by emailing healthimprovement@lancashire.gov.uk to register their interest and find out more information.

The authority entered into collaboration agreements with each of the twelve district councils from 1 April 2024 to deliver healthy weight services for adults and families. All elements of the service were developed collaboratively and are responsive to local population health needs and contribute to reducing health inequalities in Lancashire through treatment and prevention. The healthy weight service offers options to service users throughout engagement with the structured programmes but particularly on exit of the programme to support ongoing/long-term behaviour change. The adult programme and healthy weight interventions are evidence based and support people adopt a healthy nutritionally balanced diet and healthier lifestyle. The family intervention is based on the piloted programme known as PASTA (Play and Skills at Teatime Activities) which will support healthy behaviours focusing on being active as a family, cooking healthy meals, playing out and reducing sedentary behaviour.

5.7 NHS health check

Under the Health and Social Care Act 2012, responsibility for commissioning and monitoring the NHS Health Check became part of the mandated public health functions of local authorities.

The NHS Health Check programme is a national programme that aims to prevent heart disease, stroke, diabetes, kidney disease and dementia. The programme targets the top seven causes of preventable mortality: high blood pressure, smoking, cholesterol, obesity, poor diet, physical inactivity, and alcohol consumption.

The NHS health check identifies an individual's risk level of developing CVD and provides tailored advice on how that person can reduce that risk through lifestyle changes and/or medication and support them to achieve change. There are clear eligibility criteria and exclusion criteria for adults aged between 40-74 who must be invited to attend an NHS health check, once every five years. The programme should be delivered in accordance with the NHS Health Check programme standards and best practice guidance.

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

Blackburn with Darwen

The NHS health check offers advice to help prevent the onset of cardiovascular disease for people aged 40 to 74 who do not have any pre-existing conditions and are not currently on a cardiovascular disease register or being treated as at risk. The NHS Health Check is offered every five years to those that are eligible.

Most health checks in Blackburn with Darwen are provided by GP practice. Eligible patients are contacted directly to invite them to attend practice so that a health care practitioner can carry out their health check. Alternatively, eligible residents can call their GP practice to book an appointment or attend an NHS health check session run by local authority health and wellbeing coaches in community locations across the borough.

Health, wellbeing, and lifestyle support is provided following the NHS health check with appropriate referrals into a range of local services, including smoking cessation and weight management support.

Blackpool

The NHS health check programme is provided through GP practices.

Lancashire

In Lancashire, NHS Health Checks are currently delivered through general practice and a third-party provider FCMS (NW), who deliver a community outreach model in community venues including workplaces and places of worship.

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

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

5.8.1 Local health needs: chlamydia

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

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

An evidence review of the National Chlamydia Screening Programme (NCSP) was undertaken in 2021. 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 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.

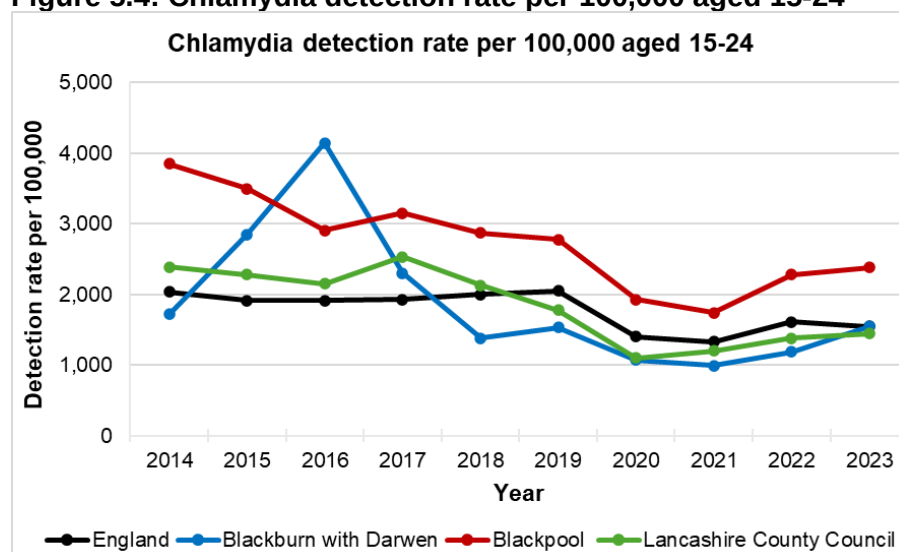
Given that most of the harm is experienced by women, to improve health outcomes, programme policy is that opportunistic, asymptomatic screening (outside of specialist sexual health services) is only offered to young women. To reduce the duration of infection, the emphasis will be on identifying infection 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 had been decreasing and getting worse until 2020/2021, where detection rates have started to gradually increase (figure 5.4).

As the NCSP changed its focus to reducing the harms from untreated chlamydia infection. The minimum detection rate has been revised and is measured against females only. UKHSA recommends that local authorities should be working towards the detection rate of at least 3,250 diagnoses per 100,000 women aged 15 to 24 years. In Blackburn with Darwen and Lancashire County Council, the 2023 detection rate for females is less than 2,000 per 100,000 aged 15-24 years and in Blackpool the detection rate is 3,094; England's 2020 detection rate for females is also below 2,000.

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 were consistently lower than or similar to the England average, although rates in the borough significantly increased in 2022 and 2023. In 2023, Blackburn with Darwen's diagnosis rate was similar to the England average. Lancashire County Council's syphilis diagnosis rate has remained significantly lower than the England average, although the recent trend (from 2021 to 2023) does show the rate to be increasing slightly and getting worse. Blackpool's syphilis diagnosis rate has varied between being significantly worse or similar to the England average. From 2019 until 2022, rates were decreasing and getting better, although in 2023, the rate has increased and is significantly worse than the England average.

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 has been nearly consistently worse than the England average since 2016, with the recent trend showing 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 2023, just over one in every 1,000 people (aged 15 to 59) in Blackburn with Darwen was living with diagnosed HIV infection (1.17 per 1,000), which is less than half the England average rate (2.40). Blackpool at 4.31 per 1,000 in 2023 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 1.04 per 1,000 in 2023.^{xxiv}

5.8.3 Local sexual health services

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

Increased HIV testing to prevent late diagnosis is one of the indicators within the Public Health Outcomes 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 in encouraging HIV testing by referring people to sexual health services and HIV home testing at www.test.hiv or via the contracted provider at online ordering options, Blackpool and Lancashire Sexual Health Services at <https://www.lancashiresexualhealth.nhs.uk/online-ordering-options>. Through this, pharmacies could increase the rates of early diagnosis of HIV and other infections. If an individual knows they are infected, they can receive prompt access to 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 for example 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. There is potential for pharmacies to offer advice on contraception methods for both males and females and raise 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

Within Blackburn with Darwen 17 pharmacies have signed up to be part of the emergency hormonal contraception (EHC) 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 via Brook, as the all-age integrated sexual health provider, contraception, sexual health service and genitourinary medicine (GUM). There is also a chlamydia screening programme commissioned by Public Health and delivered by Brook 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).

Lancashire

For chlamydia testing young people up to the age of 25 can request a self-administered postal kit via online ordering options, Blackpool and Lancashire Sexual Health Services via <https://www.lancashiresexualhealth.nhs.uk/online-ordering-options>. 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 January 2025, 192 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 2021, under 18s conception rate in Lancashire (15.5 per 1,000 females aged 15-17) and Blackpool (20.0 per 1,000 females aged 15-17) is statistically worse than the national average (13.1 per 1,000 females aged 15-17). Blackburn with Darwen's (12.6 per 1,000 females aged 15-17) under 18s conception rate is similar to the national average. Across Lancashire, Burnley (20.1), Preston (20.1) and Chorley (19.4) have rates that are significantly higher than the national average in 2021^{xxvii}. Under-18 conception rates have been in decline across all three pan-Lancashire upper tier local authorities, and England as a whole. Figure 5.5 shows the count of pharmacies providing EHC in Lancashire's each locality. In Burnley, Preston and Chorley (the three Lancashire districts with higher than England teenage conception rates) 86%, 90% and 85% of the pharmacies, respectively, provide EHC.

Figure 5.5: Count of pharmacies providing EHC - Lancashire County Council (January 2025)

District	Count of pharmacies providing EHC	Count of pharmacies not providing EHC	Total (incl. DAC)
Burnley	19	3	22
Chorley	18	2	20
Fylde	9	9	18
Hyndburn	16	8	24
Lancaster	22	7	29
Pendle	15	4	19
Preston	28	5	33
Ribble Valley	9		9
Rossendale	13	3	16
South Ribble	20	2	22
West Lancashire	17	3	20
Wyre	14	7	21
Grand Total	200	53	253

Source: NHS Midlands and Lancashire CSU

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 the number of unwanted pregnancies that result in abortion.

Studies indicate that making EHC available over the counter has not led to an increase in its use, a rise in unprotected sex, or 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, 17 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 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 the ICB.

Lancashire

The Lancashire County Council sexual health action plan commits the local authority to provide EHC through pharmacies and via commissioned integrated sexual health services. In Lancashire, 192 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 cannot provide EHC free to the patient, they should refer to a pharmacy that has signed up to the EHC LIS agreement.

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

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, as well as 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 checked

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.

5.10 Substance use

Since April 2013, upper-tier local authorities have been responsible for commissioning substance use (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 remains unchanged, although Blackpool's recent rate remains worse than the England average and Blackburn with Darwen's rate is better than the England average. Lancashire County Council's rate is better than the England average with the recent trend showing no significant change (figure 5.6 and 5.7). Lancashire districts of Fylde, Lancaster, Preston and Wyre have a significantly higher, than national average, rate of alcohol-related hospital admissions in all persons (Figure 5.7). In Hyndburn, Pendle, South Ribble, Ribble Valley, Rossendale, South Ribble and West Lancashire the rate of alcohol-related hospital admissions, in all persons, is significantly lower than the national average. From figure 5.8, rates are consistently lower in females than in males across all areas.

Figure 5.6: Hospital admissions for alcohol-related conditions (narrow), all ages, directly age standardised rate per 100,000 population – 2023/24

Area	Males	Females	All persons	Recent trend
Blackburn with Darwen	483	232	354	→
Blackpool	1012	595	798	→
Lancashire	664	316	483	→
Burnley	760	269	507	→
Chorley	753	273	507	→
Fylde	723	513	612	→
Hyndburn	509	205	351	↓
Lancaster	690	433	553	→
Pendle	635	262	443	→
Preston	782	332	551	→
Ribble Valley	468	204	331	→
Rossendale	552	215	377	→
South Ribble	625	273	441	→
West Lancashire	496	222	350	↓
Wyre	772	439	598	→
England	686	340	504	→

Source: [OHID, Fingertips](#)



Figure 5.7: Trend in alcohol-related admissions to hospital, 2019/20 – 2023/24

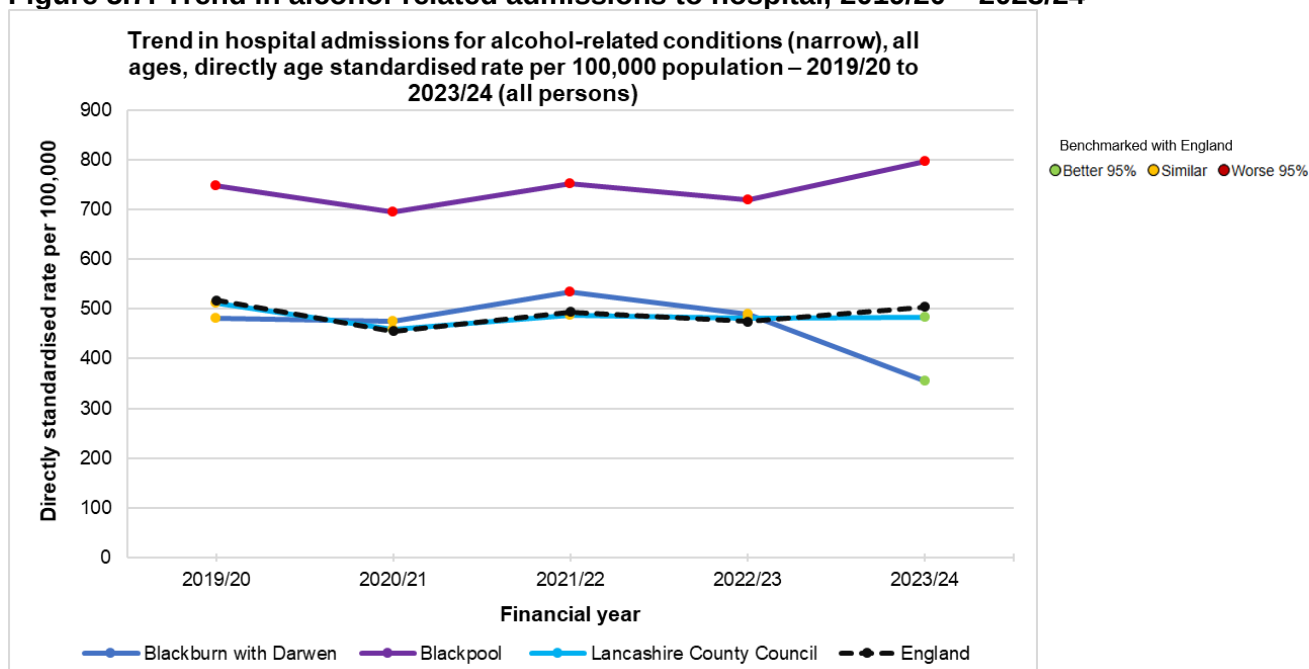
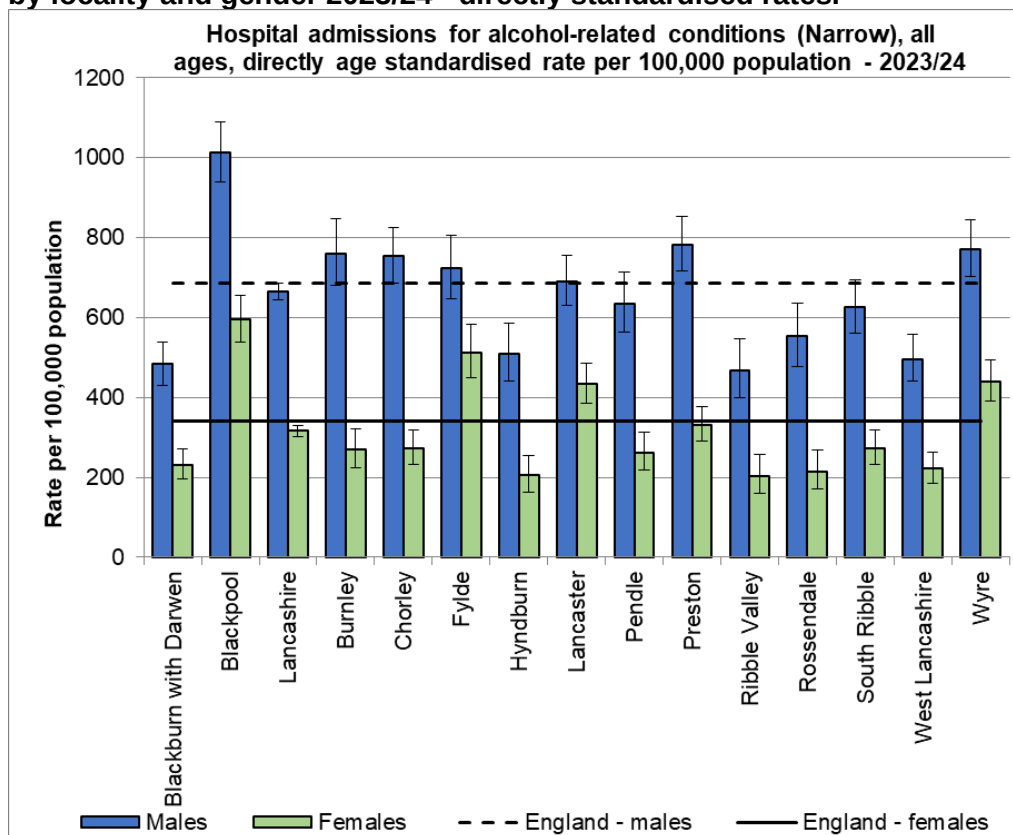


Figure 5.8: Alcohol-related hospital admissions per 100,000 people across pan-Lancashire, by locality and gender 2023/24 - directly standardised rates.



5.10.2 Local services – alcohol

Local pharmacies are well connected to community-based integrated substance use treatment services (support for alcohol use is integrated within our community substance use treatment services) and are ideally placed to refer individuals disclosing harmful drinking to local treatment services.

Local alcohol (substance use) 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 directly commission specific services related to alcohol within pharmacies.

Blackpool

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

Brief intervention and Making Every Contact Count (MECC) can take place in a pharmacy setting.

Lancashire

Lancashire does not currently commission specific services related to alcohol within community pharmacies. However, pharmacies that are commissioned for other local services, such as Core MAT, NSP, and Naloxone, have a detailed referral process for support in treatment outlined in the service specification. Additionally, these pharmacies have the functionality on PharmOutcomes to complete a professional referral online into Lancashire services. Annual pharmacist review (APR) also provides healthy living interventions including signposting and referral as appropriate.

5.10.3 Local health needs – drugs

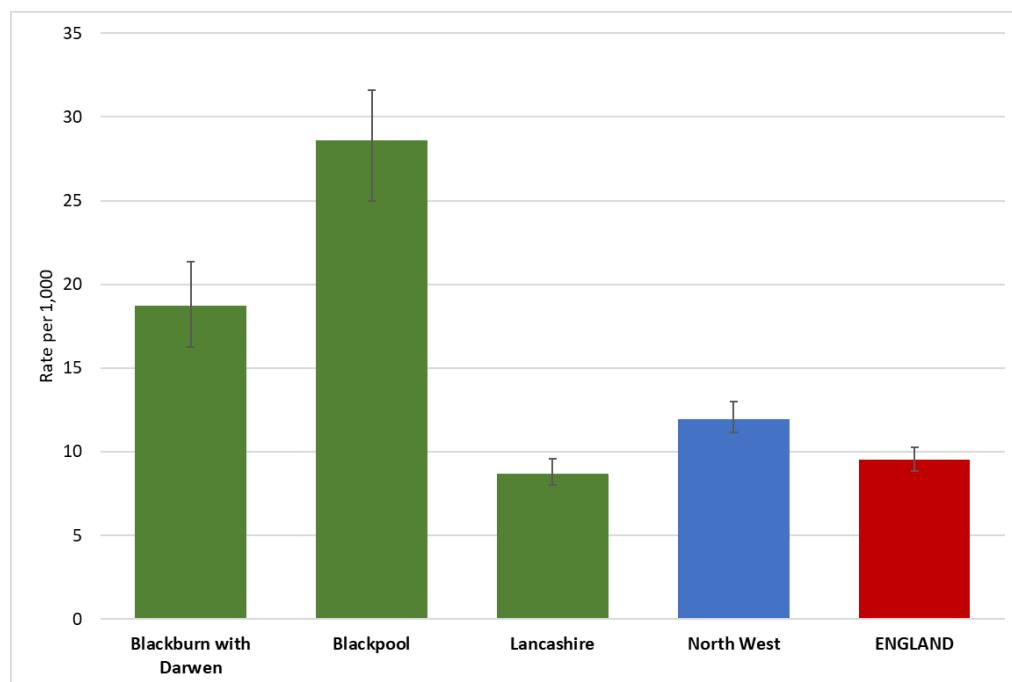
Illicit drug use contributes to the disease burden both globally and across pan-Lancashire. Efficient strategies to reduce disease burden of opioid dependence and injecting drug use, such as the delivery of opioid substitution treatment and needle and syringe programmes, are needed to reduce this burden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

The latest available overview of the situation in the UK is given in the DH report *United Kingdom Drug Situation – 2019 Edition*^{xxxii}. 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 use 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 5.9).

Figure 5.9: Estimated crude rate of opiate and/or crack cocaine users, per 1,000 aged 15-64 2019/20



Source: [OHID, 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 use problems
- supervised consumption of prescribed medication
- needle and syringe programmes (NSPs)
- Core Medication-Assisted Treatment (MAT)
- naloxone provision

Pharmacists play a key and unique role in the safe and effective delivery of care for people who use substances. They can identify problems, provide harm reduction support, and brief interventions, alongside providing a dispensing and administration service for people who are prescribed MAT. Supervised consumption offers several important benefits. It ensures proper use, pharmacists can monitor patients to ensure they take their medication as prescribed, reducing the risk of misuse or overdose. It prevents diversion of prescribed drugs from being sold or shared. It improves adherence as people are more likely to adhere to their treatment plans when they have regular, supervised contact with pharmacists. It provides additional services such as additional health services, well-being support, signposting, and onward referral.

Pharmacies pan-Lancashire offer an additional service, Core MAT. There are four components to Core MAT.

- The standard supervised consumption model for administration of prescribed controlled drugs.
- Wellbeing support, the dispensing of prescribed medications (including controlled drugs) and pharmacy-based health and wellbeing interventions, such as harm reduction advice, healthy living advice, signposting, onward referral and safeguarding.
- Missed and late dose notifications of all individuals prescribed MAT, ensure quality, efficiency, and safety benefits by highlighting adherence concerns and alerting services for proactive support. This supports prescriber reviews, strengthens treatment plans, and enhances user safety, reducing the risk of disengagement and overdose.
- Annual pharmacist reviews, that include adherence checks, identifying contraindications, and providing healthy living interventions.

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 users. 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.

Community pharmacy naloxone provision aims to reduce opioid overdose deaths by increasing the availability of naloxone, education on how to recognise and respond to and overdose and providing training on naloxone use. Pharmacies offering NSPs can also sign up to provide this to people accessing the pharmacy allowing people not in touch with drug and alcohol treatment services another route to be trained in the use of naloxone and be issued with a kit to take away with them.

Blackburn with Darwen

In Blackburn with Darwen, there are three currently active pharmacy needle exchanges and 32 currently active pharmacies delivering supervised consumption. Both services are delivered by SPARK under sub-contract by the commissioned substance use service Calico Group. This service alongside other Calico Group collaborative member services 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 800 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 10 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, advice on overdose prevention, 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 7,000 people in substance use treatment services in any one year. A considerable number of these will be offered medication assisted treatment (MAT), providing evidence-based medication options alongside structured psychosocial interventions to assist people using CGL services to achieve their treatment goals. Dispensing and administration by local pharmacies is a key element of this treatment delivery. Methadone and buprenorphine are the main medications prescribed, though other medications are also prescribed such as Buvidal and symptomatic treatment of withdrawal from opioids and alcohol.

The relationship between the prescriber and the dispensing pharmacy is important. Ongoing communication and collaborative working between community pharmacy and CGL is vital to ensuring patient safety. This includes: when the pharmacist is aware that people are failing to comply with their treatment, for example, when people are missing scheduled pick-ups (missed and late dose notifications (MLDNs)); there is a notable change of behaviour or concern about a person's health or wellbeing; and attending the pharmacy in a state of intoxication. In Lancashire, CGL offers a primary point of contact to individual pharmacies and the Local Pharmaceutical Committee (LPC), Community Pharmacy Lancashire and South Cumbria. Ensuring there is regular and quality communication with local pharmacies.

CGL's goal is to offer those who use our services the safest and least restrictive pickup schedules, tailored to individual risk assessments of MAT.

Needle and syringe provision (NSP) is a key harm-reduction measure to prevent the transmission of bloodborne diseases such as HIV and hepatitis C. Community pharmacy (NSP) services, provide

access to sterile equipment for people who inject drugs (PWID). Pharmacies provide sterile needles, syringes, and other injecting equipment. The provision of NSP in pharmacies is procured by CGL. The provision of NSP in pharmacies provides the benefit of increasing sterile equipment and an appropriate safe disposal system for used equipment across a wide geographical area. This provides more flexibility of provision of services not only by area but by opening hours as well. Pharmacy staff are trained to have the skills and knowledge needed to deliver effective, confidential and non-judgemental needle and syringe provision service. The service provides significant benefits not only to people who use the service but communities. By reducing the rate of sharing and other high-risk injecting behaviours, this helps prevent the transmission of bloodborne diseases such as HIV and hepatitis C. It promotes and provides, safer injecting practices and harm reduction messages. To help people access other health and social care service, including signposting to substance use treatment services where appropriate. It also offers safe disposal for used needles and syringes, reducing the risk of needle-stick injuries and environmental contamination. And contribute to the reduction of drug-related deaths associated with opioid overdose.

In pan-Lancashire, there are two levels of community pharmacy NSP services available.

- Level 1: distribution of injecting equipment either loose or in packs, suitable for diverse types of injecting practice, with written information on harm reduction. (For example, telling people about specialist agencies, or giving them details about safer injecting practices, including how to prevent an overdose.)
- Level 2: distribution of 'pick and mix' (bespoke) injecting equipment and referral to specialist services plus health promotion advice. (This includes advice and information on how to reduce the harms caused by injecting drugs.)

There is a total of 52 pharmacies who offer an NSP service across Lancashire.

- East Lancashire 20
- North Lancashire 9
- Central Lancashire 23

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 use treatment providers as part of their contractual obligations. The substance use treatment providers are best placed to assess and determine the level of service provision and the location of provision, due to their knowledge of need within localities.

Blackburn with Darwen

Pharmacies offering needle exchange also provide take home naloxone kits, for those at risk of opiate overdose. These pharmacies also offer harm reduction advice to people using the needle exchange. Intramuscular naloxone kits are now available in the town with SPARK and peer support workers issuing kits to people who inject drugs (PWID), frontline workers and friends/family members of drug users.

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

Blackpool

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

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

Lancashire

CGL, the commissioned adult alcohol and drug treatment provider offer three locally commissioned pharmacy services. Core MAT, needle and syringe provision and naloxone provision. These services are directly managed by CGL. Following the new National Drug Strategy and wider investment, the new Joint Combatting Drugs Partnership will review the wider possibilities offered from pharmacy provision with local pharmacy colleagues.

Community pharmacy naloxone provision aims to reduce opioid overdose deaths by increasing the availability of naloxone, education on how to recognise and respond to and overdose and providing training on naloxone use. The service is available to individuals aged 18 and over, with younger individuals referred to specialised services. Pharmacies engage people, particularly those who utilise their NSP or Core MAT service, and supply Prenoxad kits while educating on harm reduction. Training on overdose response and naloxone administration is provided by trained pharmacy staff.

In East Lancashire there are currently nine pharmacies offer Naloxone provision. North Lancashire has four and Central, West Lancashire has three; total number: 16 pharmacies. This is an area of focus to increase the number of pharmacies offering this provision across Lancashire.

5.11 The health of older people

5.11.1 Local health needs

In 2023, there were estimated to be 320,194 people aged 65 or over living in the pan-Lancashire area, 20.4% of the overall population (Blackburn with Darwen 22,904 (14.5%), Blackpool 29,459 (20.6%) Lancashire 267,831 (21.1%)). People across the pan-Lancashire area are living longer with the number of people over 65 growing by 16.2% between 2013 and 2023.^{xxxi} This is similar to the England growth of the 65+ age group at 16.1%. In total, the over-65 population in the pan-Lancashire area is projected to increase by approximately 19.8% over the next 10 years between 2024 and 2034, (Blackburn with Darwen 16.9%, Blackpool 16.6%, Lancashire 20.3%). This figure is just below the national average (21.2%) but above the regional (18.9%) projected increase. However, across Lancashire in a number of districts (Chorley=23.6%, Fylde=26.8%, Ribble Valley=25.3% and Wyre=22.3%) the projected increase in the 65+ population, between 2024 and 2034, is above the 65+ population growth in England. However, the over-85 population is estimated to grow considerably faster, with a 43.5% increase over the next 10 years (Blackburn with Darwen

33.8%, Blackpool 31.7%, Lancashire 45.5%). The pan-Lancashire figure is above the national (13.2%) and the regional (39.0%) 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 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 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 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 several ways, including support for long-term conditions, treatments for minor ailments and minor diseases, end-of-life support, vaccination services, motivational interviewing, providing information and brief advice, providing ongoing support for behaviour change and signposting to other services.

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

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

Community pharmacists could be involved in monitoring the use of, for example, statins, blood pressure regulating medication, supplementary prescribing and independent prescribing, adjusting 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 sub-locations of the ICB is significantly higher than the national average, eg coronary heart disease, chronic obstructive pulmonary disease and asthma. Figure 5.10 shows the number and proportion of patients, across the eight sub-locations of the ICB, who have been diagnosed with a variety of conditions.

Figure 5.10: Long-term conditions prevalence by Lancashire and South Cumbria ICB sub-location 2023/24 (00Q-Blackburn with Darwen, 00Q-Blackpool, 00X-Chorley & south Ribble, 01A-East Lancashire, 01E-Central Lancashire, 01K-Morecambe Bay, 02G West Lancashire, 02M-Fylde Coast)

Benchmarked with England

Lower 99.8% Similar Higher 99.8%

Indicator	Period	England	ICB	00Q	00R	00X	01A	01E	01K	02G	02M
			NHS Lancashire and South Cumbria	Lancashire and South Cumbria ICB...	Lancashire and South Cumbria ICB...	Lancashire and South Cumbria ICB...	Lancashire and South Cumbria ICB...	Lancashire and South Cumbria ICB...	Lancashire and South Cumbria ICB...	Lancashire and South Cumbria ICB...	Lancashire and South Cumbria ICB...
CHD: QOF prevalence (Persons, All ages)	2023/24	3.0	3.7	3.3	4.3	3.8	3.6	3.0	3.7	3.8	4.8
Hypertension: QOF prevalence (Persons, All ages)	2023/24	14.8	16.7	14.6	18.9	17.3	15.8	14.3	16.1	17.8	21.1
Diabetes: QOF prevalence (Persons, 17+ yrs)	2023/24	7.7	8.0	9.6	9.3	7.3	8.4	7.1	7.2	7.4	8.4
COPD: QOF prevalence (Persons, All ages)	2023/24	1.9	2.4	2.0	3.8	2.1	2.4	1.9	2.1	2.2	2.8
Cancer: QOF prevalence (Persons, All ages)	2023/24	3.6	4.1	2.9	4.4	4.4	3.7	3.6	4.4	4.5	5.8
Asthma: QOF prevalence (Persons, 6+ yrs)	2023/24	6.5	7.5	7.7	8.1	7.4	7.7	6.8	7.6	7.4	7.8
Dementia: QOF prevalence (Persons, All ages)	2023/24	0.8	0.9	0.6	0.9	0.9	0.8	0.8	1.1	1.0	1.2
Mental Health: QOF prevalence (Persons, All ages)	2023/24	0.96	1.10	1.21	1.61	1.00	1.05	1.17	0.95	0.85	1.10
Heart Failure: QOF prevalence (Persons, All ages)	2023/24	1.1	1.3	0.9	1.8	1.4	1.0	1.4	1.1	1.4	2.1
Atrial fibrillation: QOF prevalence (Persons, All ages)	2023/24	2.2	2.5	1.6	2.7	2.7	2.2	2.0	2.8	2.8	3.6

Source: [OHID, Fingertips](#)

5.12.2 Consideration of services offered

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

5.13 Mental Health

Figure 5.11 presents a profile of self-reported wellbeing across the pan-Lancashire upper-tier local authorities.

In 2022/23, levels of self-reported wellbeing in Blackburn with Darwen and Lancashire were similar to the England averages on all four measures. For Blackpool, the percentage of people with a high anxiety score was higher than the England average; the other three indicators of low satisfaction, low happiness and low worthwhile were all similar to the England average.

Figure 5.11: Levels of mental health and illness by CCG, benchmarked with England

Indicator	Period	England	Blackburn with Darwen	Blackpool	Lancashire
Self reported wellbeing: people with a high anxiety score (Persons, 16+ yrs)	2022/23	23.3	23.5	29.1	22.1
Self reported wellbeing: people with a low satisfaction score (Persons, 16+ yrs)	2022/23	5.6	7.0	6.4	6.2
Self reported wellbeing: people with a low happiness score (Persons, 16+ yrs)	2022/23	8.9	8.5	11.3	8.3
Self reported wellbeing: people with a low worthwhile score (Persons, 16+ yrs)	2022/23	4.4	4.9	6.4	3.8

Source: <https://fingertips.phe.org.uk/profile-group/mental-health/profile/mh-jsna>

In 2023/24, in Blackburn with Darwen, Blackpool and Lancashire County Council there were 2,255, 2,871 and 15,300 patients registered with a mental health problem (patients with schizophrenia, bipolar affective disorder and other psychoses), respectively.

Across all ICB sub-areas of Lancashire and South Cumbria, the incidence of depression is greater than the national average. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses as recorded on practice disease registers identified West Lancashire as having rates below the England average. Chorley and South Ribble (00X) and Morecambe Bay have (01K)

have rates similar to the national average. All other areas experience rates are above the national average (figure 5.12).

Figure 5.12: Prevalence of mental illness for pan-Lancashire Sub-ICB areas compared to England benchmark

Lower 99.8%		Similar		Higher 99.8%								
Indicator	Period		England	L&SC Sub ICB	00Q Lancashire and South Cumbria ICB	00R Lancashire and South Cumbria ICB	00X Lancashire and South Cumbria ICB	01A Lancashire and South Cumbria ICB	01E Lancashire and South Cumbria ICB	01K Lancashire and South Cumbria ICB	02G Lancashire and South Cumbria ICB	02M Lancashire and South Cumbria ICB
Depression: QOF incidence - new diagnosis (Persons, 18+ yrs)	2023/24		1.5	2.2*	3.0	2.7	2.2	2.1	2.3	1.7	2.2	2.0
Mental Health: QOF prevalence (Persons, All ages)	2023/24		1.0	1.1*	1.2	1.6	1.0	1.0	1.2	1.0	0.8	1.1

Source: <https://fingertips.phe.org.uk/profile-group/mental-health/profile/mh-jsna>

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, adults with a severe mental illness (SMI) often experience poor physical health conditions as well as poor mental health and more likely to die prematurely (before the age of 75) than adults who do not have SMI.^{xi} Lancashire (upper-tier local authority) has a higher, than national average, premature mortality in adults with SMI (2020-2022)^{xii} and also a higher, than national average, premature mortality from all causes of death (2021-23).^{xiii} 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 local services. If a person is struggling with their mental health, the pharmacy can signpost to the Initial Response Service (IRS) delivered by Lancashire & South Cumbria NHS Foundation Trust an all-aged service providing 24-hour access to mental health care, advice, support and treatment.

If an individual urgently requires specialist advice, even if they have not been diagnosed with a mental health problem they can speak to a member of the team who can provide advice.

- East Lancashire - Freephone 0800 0130707
- Central and West Lancashire - Freephone 0800 0130708
- North Lancashire - Lancaster Morecambe and South Cumbria - Freephone 0800 0130710
- Fylde - Freephone 0800 0130709

National Contacts

National contacts NHS 111 Helpline: 111 option 2
24 hours a day, seven days a week. Website: 111.nhs.uk

NHS Helpline Helpline: 0800 915 4640. 9am-6pm, Monday-Friday Can provide details of help and support in your own area.

Hub of Hope – www.hubofhope.co.uk - Mental Health Support Network provided by Chasing the Stigma, hub of hope, is an online mental health support directory.

MIND Ed Helpline: 0300 123 3393 9am-6pm, Monday-Friday Can provide details of help and support in your own area.

No Panic Helpline: 0844 967 4848 10am-10pm everyday
Helpline that helps people who suffer from panic

Papyrus Hopeline Helpline: 0800 068 41 41 - 9am-midnight every day of the year (weekends and bank holidays included) helpline that helps people having thoughts of suicide or are concerned for a young person who might be you can contact HOPELINEUK for confidential support and practical advice. www.papyrus-uk.org

The Samaritans Helpline: 116 123 24 hours, 365 days a year, provide confidential emotional support for people who are experiencing feelings of distress.

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, E. coli and C difficile.

Senior specialist antimicrobial pharmacists within hospitals, medicines management pharmacists within the Commissioning Support Unit (CSU), ICB 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 working towards the commitments and outcomes outlined in the UK five-year action plan for antimicrobial resistance 2019-2024.^{xliii} 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 can 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 can 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 Learn from Patient Safety Events (LFPSE) service is a national NHS system for the recording and analysis of patient safety events that occur in healthcare. The service introduces a range of innovations to support the NHS to improve learning from the over 2.5 million patient safety events recorded each year, to help make care safer.

LFPSE is now in use across the NHS, and organisations have switched to recording patient safety events onto the new LFPSE service using LFPSE-compliant local systems, rather than the National Reporting and Learning System (NRLS), which was decommissioned on 30 June 2024.

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.^{xliv}

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.

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

NHS Lancashire and South Cumbria ICB 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 adult overseas nationals entering the UK (show that were around 11,240 registrations in the pan-Lancashire area in 2023/24. This was a decrease of about 2,440 from 2022/23.^{xlv} NINo registrations were by far the highest in Preston in 2023/24 (3,069). Blackburn with Darwen and Lancaster had the next highest numbers of registrations at 1,523 and 1,400 respectively. Burnley (991) and Pendle (935) were next in order. Ribble Valley had fewest at 100.

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.^{xlvi} Section 95 provides support for asylum seekers who have an asylum claim or appeal outstanding, and failed asylum seekers who had children in their household when their appeal rights were exhausted. Section 4 support is available when an asylum application has been finally determined as refused but they are destitute and there are reasons that temporarily prevent them from leaving the UK.^{xlvii}

On 31 March 2024, there were approximately 4,200 asylum seekers receiving section 95 and section 4 support in the pan-Lancashire area (figure 5.13).

Figure 5.13: Asylum seekers in receipt of section 95 and section 4 support by pan-Lancashire local authorities, 31 March 2024

Local authority	Asylum seekers in receipt of support by Local Authority, 31 March 2024
Blackburn with Darwen	769
Blackpool	257
Burnley	431
Chorley	130
Fylde	61
Hyndburn	440
Lancaster	228
Pendle	525
Preston	407
Ribble Valley	17
Rossendale	223
South Ribble	275
West Lancashire	240
Wyre	209

Source: Home Office: Asylum and resettlement dataset. <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.

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.

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. ^{xlviii}

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

Refugees and asylum seekers can have complex health needs which 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. 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 for 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.

Lancashire

Sexual Health Services and HIV Outreach and Support Services are both working proactively with the Lancashire County Council Resettlement Team to provide the following offer to people new to the UK and Lancashire.

- STI and HIV screening, including POCT and follow-up support for reactive tests
- Contraception services
- Free condoms
- Access to the digital platform for further information, advice and guidance. Where a person does not have digital access, staff and key workers help with this where possible
- Support for people resettling temporarily under the Homes for Ukraine programme, contributing to the information packs for those housing and those who are being housed

- Where a person is living with HIV, the services can help to ensure rapid access to relevant medication (anti-retroviral therapy) to promote and support viral suppression such that the U=U status is achieved, and risks are therefore minimal
- The website can be accessed in almost 100 different languages and in large text and easy-read formats to enhance accessibility and support inclusivity

5.17 Pharmacy First Service

The Pharmacy First Service is an NHS nationally commissioned advanced service provided by all participating community pharmacies across Lancashire and South Cumbria.

The Pharmacy First Service enables patients to access treatment for a range of minor illnesses and common conditions, including the supply of certain medicines free of charge for those that are exempt from prescriptions charges (this includes patients with a prepayment certificate) where clinically appropriate.

This NHS service gives patients with these conditions quicker and more convenient access to care from their local community pharmacy without the need to see their GP.

The service consists of three parts and is accessed by

1. **Seven common conditions** – access can be by referral from the patients' general practice, NHS 111 (online, telephone and NHS app), out of hours services, integrated urgent care clinical assessment services, urgent treatment centres, emergency departments or 999 and self-referral by patient.
2. **Minor illness including the medicines supply service** – access by referral from the patients' general practice, NHS 111 (online, telephone and NHS app), out of hours services, integrated urgent care clinical assessment services, urgent treatment centres, emergency departments or 999 only. Access is by referral only.
3. **Urgent repeat medicine supply** – access by NHS 111 (online, telephone and NHS app), out of hours services, integrated urgent care clinical assessment services, urgent treatment centres, emergency departments or 999 only.

People who are not registered with a general practice are eligible for the Pharmacy First Service and will be supplied with details of how to register with a practice.

The seven common conditions and the minor illness

For the seven common conditions and the minor illness elements following the referral to a participating pharmacy of the patient's choice, the pharmacist will contact the patient the same day by phone and either carry out the consultation by telephone, or arrange for the patient to attend the pharmacy, if appropriate.

The patient will be seen by the pharmacist in the consultation room, and asked about their general health, medicines that they are currently taking and any medical conditions that may affect the treatment of the patient.

Where necessary the pharmacist may ask the patient for their consent to check any patient record.

With some conditions, the pharmacist may request to perform an examination, such as using an otoscope to examine the ear of patients (1-17 years old) presenting with ear acute otitis media symptoms.

The outcomes of these services can include self-care advice, self-care advice and the supply where clinically necessary of an OTC, pharmacy only or prescription only medicine listed within the service formularies, sale of an OTC medicine outside of formulary, referral to a separately commissioned pharmacy service delivered in the pharmacy, referral to the patient's GP or relevant out of hours service for an urgent appointment, routine referral to other appropriate services (including other health professionals)

GPs are notified that a patient has had a consultation and what the outcome was via a secure digital messaging system.

Urgent repeat medicines supply

The urgent repeat medicines supply includes both medicines and appliances, with patients referred in by all the referring organisations apart from general practice, who should manage the patient's request for an urgent medicine themselves providing a prescription as necessary.

The patient is referred into a participating community pharmacy of their choice to for assessment and the potential supply of an item previously prescribed for that patient on an NHS prescription.

For the emergency supply to be made, the pharmacist must have interviewed the person requesting the item and satisfied themselves that there is an immediate need for it to be supplied and that it is impracticable in the circumstances for the patient to obtain a prescription without undue delay. They will also assess the suitability and legality of making an emergency supply and confirm that they have the item requested in stock. If the medicine is not in stock, with the agreement of the patient, the pharmacist will identify another pharmacy that provides the service and forward the electronic referral to the other pharmacy.

If it is not possible to make an emergency supply due to prohibitions within the legislation or other patient factors, the pharmacist will ensure the patient is able to speak to another appropriate healthcare professional by either referring the patient to their own general practice; or by contacting a local out of hours provider.

This following service is commissioned by the ICB in certain geographies to address local need

Community pharmacy minor ailments service

A minor ailment scheme is currently provided in the following localities to address local need, commissioned by the ICB.

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

These services aim to provide improved access to health care professionals by utilising the expertise of the community pharmacy teams. They can complement other medical services such as the Pharmacy First Service and educate patients in self-care, thereby reducing the impact on GP consultations.

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. Several 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 – NHS LSCICB

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.

This service is commissioned across the ICB footprint.

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 four, 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. 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 one

- will receive £4.25 each week for every child aged between one and four
- 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 tenth 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 fourth 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.

References

ⁱ World Health Organization. (April 2021) Fact sheet: Noncommunicable diseases. Available at: <https://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases> (Last accessed 13 Jan 2025)

ⁱⁱ LGA The community pharmacy offer for improving the public's health (March 2016) Available at: <https://www.local.gov.uk/publications/community-pharmacy-offer-improving-publics-health> (Last accessed 13 Jan 2025)

ⁱⁱⁱ UK Health Security Agency blog. Prof Fenton K. 'Putting pharmacy on the public health map' (March 2015). Available at: <https://publichealthmatters.blog.gov.uk/2015/03/24/putting-pharmacy-on-the-public-health-map/> (Last accessed 13 Jan 2025)

^{iv} UK Health Security Agency blog. G Root 'Pharmacy playing a pivotal role in prevention and public health' (June 2019). Available at [Pharmacy playing a pivotal role in prevention and public health – UK Health Security Agency](#) (Last accessed 13 Jan 2025)

- ^v Royal Society for Public Health. Building Capacity: Realising the potential of community pharmacy assets for improving the public's health. Available at: <https://www.rsph.org.uk/our-work/policy/wider-public-health-workforce/pharmacies-in-the-community.html> (Last accessed 13 Jan 2025)
- ^{vi} Pharmaceutical Services Negotiating Committee and Pharmacy Voice. Community Pharmacy Forward View Available at: <https://psnc.org.uk/services-commissioning/community-pharmacy-forward-view/> (Last accessed 13 Jan 2025)
- ^{vii} New NHS Alliance. Supporting the Development of Community Pharmacy Practice within Primary Care. Available at: <https://thehealthcreationalliance.org/wp-content/uploads/2018/11/Supporting-the-Development-of-Community-Pharmacy-Practice-within-Primary-Care-NEW-LOGO.pdf> (Last accessed 13 Jan 2025)
- ^{viii} NHS Confederation (2020) Health on the high street: rethinking the role of community pharmacy. Available at: <https://www.nhsconfed.org/publications/health-high-street>
- ^{ix} Royal Pharmaceutical Society (2013). 'Now or never: shaping pharmacy for the future' Available at: <https://www.rpharms.com/resources/reports/now-or-never-shaping-pharmacy-for-the-future> (Last accessed 13 Jan 2025)
- ^x Digital and Data Strategy – Lancashire and South Cumbria Integrated Care Board. Available at: <https://council.lancashire.gov.uk/documents/s246540/Presentation.pdf>
- ^{xi} Royal Pharmaceutical Society (2013) 'Professional Standards for Public Health'. Available at: <http://www.rpharms.com/unsecure-support-resources/professional-standards-for-public-health.asp> (Accessed 18 May 2022)
- ^{xii} OHID, Public Health outcomes Framework. Public Health England, <http://www.phoutcomes.info>
- ^{xiii} Health Matters: stopping smoking – what works? December 2019. <https://www.gov.uk/government/publications/health-matters-stopping-smoking-what-works/health-matters-stopping-smoking-what-works>
- ^{xiv} OHID, <https://fingertips.phe.org.uk/profile/tobacco-control/data#page/3/gid/1938132887/pat/6/par/E12000002/ati/402/are/E10000017/iid/93748/age/202/sex/4/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1/page-options/car-do-0>
- ^{xv} OHID, Local Tobacco Control Profiles. <https://fingertips.phe.org.uk/>
- ^{xvi} The Government's Tobacco Control Plan (Healthy Lives, Healthy People: A Tobacco Control Plan for England. <https://www.gov.uk/government/publications/towards-a-smoke-free-generation-tobacco-control-plan-for-england>, published July 2017
- ^{xvii} Department of Health (2017). *Models of delivery for stop smoking services - Options and evidence 2017*. London, DH
- ^{xviii} NICE Guidance NG209 (2021). <https://www.nice.org.uk/guidance/ng209/chapter/Recommendations-on-treating-tobacco-dependence>
- ^{xix} [https://psnc.org.uk/our-news/supply-disruption-affecting-champix-varenicline-tablets-pfizer/#:~:text=All%20Champix%C2%AE%20\(varenicline\)%20products,at%20pharmacy%20and%20wholesaler%20level.](https://psnc.org.uk/our-news/supply-disruption-affecting-champix-varenicline-tablets-pfizer/#:~:text=All%20Champix%C2%AE%20(varenicline)%20products,at%20pharmacy%20and%20wholesaler%20level.)
- ^{xx} <https://lancsyoungpeoplefamilyservice.co.uk/about-us/>
- ^{xxi} Sexually transmitted infections and under-18 conceptions: prevention Public health guideline [PH3] Published date: February 2007 <https://www.nice.org.uk/guidance/ph3/chapter/2-public-health-need-and-practice>
- ^{xxii} UK Health Security Agency (2021). NCSP: programme overview. Available from <https://www.gov.uk/government/publications/ncsp-programme-overview/ncsp-programme-overview>
- ^{xxiii} NHS. Chlamydia. Available from <https://www.nhs.uk/conditions/chlamydia/>
- ^{xxiv} Ibid.
- ^{xxv} Madge et al, HIV in primary care, (MedFASH) 2011
- ^{xxvi} May, M et al (2011) Impact of late diagnosis bmj.com/content/343/bmi.d6016
- ^{xxvii} Available at: <http://fingertips.phe.org.uk/sexualhealth>
- ^{xxviii} Marston C. (2005) 'Impact on contraceptive practice of making emergency hormonal contraception available over the counter in Great Britain: repeated cross sectional surveys.' *BMJ* 331: 271.
- ^{xxix} DH (2013) Abortion Statistics, England and Wales 2012 <https://www.gov.uk/government/statistical-data-sets/statistics-on-abortions-carried-out-in-england-and-wales-in-2012>
- ^{xxx} Alcohol concern: Making sense of alcohol. (Sept 2013) 'Guide to alcohol for councillors.' Available at: <http://www.alcoholconcern.org.uk>
- ^{xxxi} Degenhart L et al. 'Global burden of disease attributable to illicit drug use and dependence: findings from the Global Burden of Disease Study 2010'. *Lancet* 2013; e-pub 29 Aug. Available at: <http://www.sciencedirect.com/science/article/pii/S0140673613615305>
- ^{xxxii} Department of Health. (2016) 'United Kingdom Drug Situation: 2019'. Available at: <https://www.gov.uk/government/publications/united-kingdom-drug-situation-focal-point-annual-report>
- ^{xxxiii} ONS, MYE population estimates 2013 and 2023. <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/analysisofpopulationestimatestooforuk>
- ^{xxxiv} ONS, 2018-based Subnational Population Projections for Local Authorities and Higher Administrative Areas in England
- ^{xxxv} OHID, <https://fingertips.phe.org.uk/profile/older-people-health>

- xxxvi World Health Organization. (2003) 'Adherence to long-term therapies: evidence for action.' Available at: <http://whqlibdoc.who.int/publications/2003/9241545992.pdf>
- xxxvii Kripalani et al 2007. Interventions to Enhance Medication Adherence in Chronic Medical Conditions: A Systematic Review. Arch Intern Med. 2007;167:540-550. <http://archinte.jamanetwork.com/article.aspx?articleid=412057>
- xxxviii Zullig et al 2013. Ingredients of Successful Interventions to Improve Medication Adherence. JAMA 2013 (e-pub 21 Nov). http://jama.jamanetwork.com/article.aspx?articleID=1784085&utm_source=Silverchair%20Information%20Systems&utm_medium=email&utm_campaign=JAMA%3AOnlineFirst11%2F21%2F2013
- xxxix More information on Be Clear on Cancer homepage, available at: <http://www.cancerresearchuk.org/cancer-info/spotcancerearly/naedi/becklearoncancer/>
- xl <https://www.gov.uk/government/publications/severe-mental-illness-smi-physical-health-inequalities/severe-mental-illness-and-physical-health-inequalities-briefing>
- xli <https://fingertips.phe.org.uk/search/severe%20mental#page/1/gid/1/pat/6/ati/502/are/E10000017/iid/93581/age/181/sex/4/cat/-1/ctp/-1/yr/3/cid/4/tbm/1>
- xlii <https://fingertips.phe.org.uk/profile/mortality-profile/data#page/3/gid/1938133009/pat/6/par/E12000002/ati/502/are/E10000017/iid/108/age/163/sex/4/cat/-1/ctp/-1/yr/3/cid/4/tbm/1/page-options/car-do-0>
- xliii <https://www.gov.uk/government/publications/uk-5-year-action-plan-for-antimicrobial-resistance-2019-to-2024>
- xliv Royal Pharmaceutical Society <https://www.rpharms.com/recognition/all-our-campaigns/policy-a-z/care-homes-policies#:~:text=The%202009%20Care%20Homes%27%20Use%20of%20Medicines%20Study,management%20saw%20a%2091%25%20reduction%20in%20medication%20errors.>
- xlvi Stat-Xplore <https://stat-xplore.dwp.gov.uk/webapi/jsf/tableView/tableView.xhtml>
- xlvi NRPF Network <https://www.nrpfnetwork.org.uk/information-and-resources/rights-and-entitlements/support-options-for-people-with-nrpf/home-office-support/section-95-asylum-support>
- xlvi Asylum and resettlement datasets. <https://www.gov.uk/government/statistical-data-sets/asylum-and-resettlement-datasets#local-authority-data>
- xlvi https://ec.europa.eu/migrant-integration/library-document/uk-briefing-health-migrants-uk-what-do-we-know_en
- xlvi <https://www.health.org.uk/news-and-comment/blogs/immigration-and-the-nhs-the-evidence>
- i Unique health challenges for refugees and asylum seekers. <https://www.bma.org.uk/advice-and-support/ethics/refugees-overseas-visitors-and-vulnerable-migrants/refugee-and-asylum-seeker-patient-health-toolkit/unique-health-challenges-for-refugees-and-asylum-seekers>
- ii <https://migrationobservatory.ox.ac.uk/resources/briefings/the-health-of-migrants-in-the-uk/>