

Blackburn with Darwen Borough
Council

Pharmacy Needs Assessment

2014

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Executive Summary

I. Introduction

From 1 April 2013, every Health and Wellbeing Board (HWB) in England has a statutory responsibility to publish and keep up to date a statement of the needs for pharmaceutical services of the population in its area, referred to as a pharmaceutical needs assessment (PNA).

Decisions on whether to open new pharmacies are not made by the HWB. Pharmacies must submit a formal application to NHS England. The relevant NHS England Area Team will then review the application and decide if there is a need for a new pharmacy in the proposed location. When making the decision NHS England is required to refer to the local PNA. As these decisions may be appealed and challenged via the courts, it is important that PNAs comply with regulations and that mechanisms are established to keep the PNA up-to-date. In accordance with these regulations, Blackburn with Darwen's PNA will be updated every three years.

This PNA describes the needs for the population of Blackburn with Darwen.

The PNA includes information on:

- Pharmacies in Blackburn with Darwen and the services they currently provide, including dispensing, providing advice on health, medicines reviews and local public health services, such as stop smoking, sexual health and support for drug users.
- Relevant maps relating to Blackburn with Darwen and providers of pharmaceutical services in the area.
- Services in neighbouring HWB areas that might affect the need for services in Blackburn with Darwen.
- Potential gaps in provision and likely future needs for the population of Blackburn with Darwen

II. Process

This PNA was undertaken in accordance with the requirements set out in regulations 3-9 Schedule 1 of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.

In the process of undertaking the PNA the pan Lancashire steering group sought the views of a wide range of key stakeholders to identify issues that affect the commissioning of

pharmaceutical services and to meet local health needs and priorities. A stakeholder event was held in March 2014.

A 60 day public consultation will be undertaken from 20 October 2014 to 19 December 2014 to seek the views of members of the public and other stakeholders, on whether they agree with the contents of this PNA and whether it addresses issues that they consider relevant to the provision of pharmaceutical services. The feedback gathered in the consultation will be reported and reflected in the final revised PNA report. Alongside the 60 day public consultation a further stakeholder event will be held within Blackburn with Darwen to promote the public consultation and identify views from key stakeholders.

III. Local context

The PNA for Blackburn with Darwen is undertaken in the context of the needs of the local population. Health and wellbeing needs for the local population are described in the Blackburn with Darwen Joint Strategic Needs Assessment, which is known as the Integrated Strategic Needs Assessment, or ISNA. This PNA does not duplicate these detailed descriptions of health needs and should be read in conjunction with the ISNA (<http://www.blackburn.gov.uk/Pages/Integrated-strategic-needs-assessment.aspx>).

Blackburn with Darwen is predominantly urban in character but includes an expanse of rural countryside. The health of the Blackburn with Darwen population is generally worse than the England average, and there are wide inequalities within the borough. For example, male life expectancy in Blackburn with Darwen is the 8th lowest in England, with a wide gap between the most deprived tenth of the borough and the least deprived tenth.

IV. Key Findings

IV.i Provision of local pharmaceutical services

Blackburn with Darwen is well provided for by pharmaceutical service providers. This PNA has not identified a current need for new NHS pharmaceutical service providers in Blackburn with Darwen.

There are 50 pharmacies in Blackburn with Darwen, representing 16% growth in the number of providers (43) since the last publication of the PNA in 2010.

The number of pharmaceutical service providers per population has also grown during the same period. The last PNA showed that there were 30 pharmacies per 100,000 population, when the national figure for England was 20 and the average for the North West was 23. There are now 34 pharmaceutical service providers per 100,000 registered population in

Blackburn with Darwen, with the average in England being 22 and the average for the North West being 26.

Approximately 67% of pharmacies responded to the PNA questionnaire about service provision.

Review of the locations, opening hours and access for people with disabilities suggest there is adequate access to NHS Pharmaceutical Services in Blackburn with Darwen. There appears to be good coverage in terms of opening hours across the borough. The extended opening hours of some community pharmacies are valued and these extended hours should be maintained. Many pharmacies and dispensing surgeries have wheelchair access and home delivery services can help to provide medications to those who do not have access to a car or who are unable to use public transport.

Over the coming years, the population in Blackburn with Darwen is expected to grow but not substantially.

Blackburn with Darwen's projected growth between 2012 and 2022 comes to 1.6%, compared with a rise of 7.2% in England as a whole. This is the 24th equal lowest growth rate among 300+ lower-tier local authorities.

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

IV.ii The role of pharmacy in improving the health and wellbeing of the local population

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

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

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

Community pharmacies are the main provider of smoking cessation services in Blackburn with Darwen.

All pharmacies in Blackburn with Darwen have been offered the opportunity to deliver Emergency Hormonal Contraception. It is advised to offer chlamydia screening when Emergency Hormonal Contraception is provided, since those requiring such contraception may also be at risk of infection.

A small number of pharmacies have been commissioned to provide needle exchange across the borough based on need.

In conclusion this Pharmacy Needs Assessment identifies that; the PNA should be the basis for all future pharmacy commissioning intentions, Pharmacies provide a wide range of services above core contracts and there was no identified need for additional pharmacies.

1 Introduction

Key messages:

From 1 April 2013, every Health and Wellbeing Board (HWB) in England has a statutory responsibility to publish and keep up to date a statement of the needs for pharmaceutical services of the population in its area, referred to as a pharmaceutical needs assessment (PNA).

Decisions on whether to open new pharmacies are not made by the HWB. Pharmacies must submit a formal application to NHS England. The relevant NHS England Area Team will then review the application and decide if there is a need for a new pharmacy in the proposed location. When making the decision NHS England is required to refer to the local PNA. As these decisions may be appealed and challenged via the courts, it is important that PNAs comply with regulations and that mechanisms are established to keep the PNA up-to-date. In accordance with these regulations, Blackburn with Darwen PNA will be updated every three years.

This PNA describes the needs for the population of Blackburn with Darwen.

The PNA includes information on:

- Pharmacies in Blackburn with Darwen and the services they currently provide, including dispensing, providing advice on health, medicines reviews and local public health services, such as stop smoking, sexual health and support for drug users.
- Relevant maps relating to Blackburn with Darwen and providers of pharmaceutical services in the area.
- Services in neighbouring HWB areas that might affect the need for services in Blackburn with Darwen.
- Potential gaps in provision and likely future needs for the population of Blackburn with Darwen

1.1 What is a Pharmaceutical Needs Assessment?

The PNA is a structured approach to identifying unmet pharmaceutical need. It can be an effective tool to enable HWBs to identify the current and future commissioning of services required from pharmaceutical service providers. The Department of Health (DH) recently published an Information Pack to help HWBs undertake PNAs.¹

1.2 What is the purpose of the PNA?

This PNA will serve several key purposes:²

- It will be used by NHS England when making decisions on applications to open new pharmacies and dispensing appliance contractor premises; or applications from current pharmaceutical providers to change their existing regulatory requirements.
- It will help the HWB to work with providers to target services to the areas where they are needed and limit duplication of services in areas where provision is adequate.
- It will inform interested parties of the pharmaceutical needs in Blackburn with Darwen and enable work to plan, develop and deliver pharmaceutical services for the population.
- It will inform commissioning decisions by local commissioning bodies including local authorities (public health services from community pharmacies), NHS England and Clinical Commissioning Groups (CCGs).

1.3 Legislative background

Section 126 of the NHS Act 2006 placed an obligation on NHS England to put arrangements in place so that drugs, medicines and listed appliances ordered via NHS prescriptions can be supplied to persons. This section of the Act also described the types of healthcare professionals who are authorised to order drugs, medicines and listed appliances on an NHS prescription. The first PNAs were published by NHS Primary Care Trusts (PCTs) in line with the requirements in the 2006 Act. NHS Blackburn with Darwen Care Trust Plus produced their PNA in October 2010.³

In 2012 the Health and Social Care Act was produced and superseded the NHS Act 2006. The 2012 Act established HWBs and transferred the responsibility to publish and keep up to date a statement of the needs for pharmaceutical services of the population in its area, with effect from 1 April 2013. The requirements on how to develop and update PNAs are set out in Regulations 3-9 Schedule 1 of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.⁴

The 2012 Act also amended the Local Government and Public Involvement in Health Act 2007 to introduce duties and powers for HWBs in relation to Joint Strategic Needs Assessments (JSNAs). The preparation and consultation on the PNA should take account of the JSNA and other relevant local strategies in order to prevent duplication of work and multiple consultations with health groups, patients and the public. The development of PNAs is a separate duty to that of developing JSNAs. As a separate statutory requirement, PNAs cannot be subsumed as part of these other documents but can be annexed to them.

The HWB have to publish the PNA by the 1st April 2015. A PNA is relevant for 3 years. As part of developing their first PNA, HWBs must undertake a consultation for a minimum of 60 days. The 2013 Regulations⁴ list those persons and organisations that the HWB must consult. This list includes:

- Any relevant local pharmaceutical committee (LPC) for the HWB area.
- Any local medical committee (LMC) for the HWB area.

- Any persons on the pharmaceutical lists and any dispensing GP practices in the HWB area.
- Any local Healthwatch organisation for the HWB area, and any other patient, consumer and community group which in the opinion of the HWB has an interest in the provision of pharmaceutical services in its area.
- Any NHS trust or NHS foundation trust in the HWB area.
- NHS England.
- Any neighbouring HWB.

The Health and Social Care Act 2012 also transferred responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list from PCTs to NHS England. The PNA will be used by NHS England when making decisions on applications to open new pharmacies and dispensing appliance contractor premises; or applications from current pharmaceutical providers to change their existing regulatory requirements. Such decisions are appealable to the NHS Litigation Authority's Family Health Services Appeal Unit (FHSAU), and decisions made on appeal can be challenged through the courts. PNAs will also inform the commissioning of enhanced services from pharmacies by NHS England, and the commissioning of services from pharmacies by the local authority and other local commissioners eg CCGs. It is extremely important that PNAs comply with the requirements of the regulations and are kept up to date by submitting supplementary statements when deemed necessary.

Primary Care Commissioning (PCC) has highlighted that failure to comply with the regulatory duties may lead to a legal challenge, for example where a party believes that they have been disadvantaged following refusal by NHS England of their application to open new premises.²

HWBs will also be required to publish a revised assessment when significant changes to the need for pharmaceutical services are identified, unless this is considered a disproportionate response. HWBs therefore need to establish systems that allow them to²:

- Identify changes to the need for pharmaceutical services within their area.
- Assess whether the changes are significant.
- Decide whether producing a new PNA is a disproportionate response.

HWBs need to ensure they are aware of any changes to the commissioning of public health services by the local authority and the commissioning of services by CCGs as these may affect the need for pharmaceutical services. HWBs also need to ensure that NHS England and its Area Teams have access to their PNAs.

1.4 What are NHS pharmaceutical services?

Pharmaceutical services as defined in the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013⁴ include:

- Essential services which every community pharmacy providing NHS pharmaceutical services must provide (as described in Schedule 4, Part 2 of the Regulations) which includes the dispensing of medicines, promotion of healthy lifestyles and support for self-care.
- Advanced services which community pharmacy contractors and dispensing appliance contracts can provide subject to accreditation. These are currently Medicines Use Reviews (MUR) and the New Medicines Service from community pharmacists and Appliance Use Reviews and the Stoma Customisation Service which can be provided by dispensing appliance contracts and community pharmacies.
- Enhanced services are commissioned directly by NHS England. These could include Seasonal Flu vaccination service, minor ailment services and palliative care / just in case services supporting end of life services.

1.5 Local pharmacy services

Local pharmacy services are services which are commissioned locally and fall outside of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013. The 2013 regulations set out the enhanced services which may be commissioned from pharmacy contractors. It is important to note that the definition of 'Enhanced services' have changed, and the current commissioning arrangements can now be seen as more complex since pharmacy services previously commissioned by one organisation (PCTs) can now be commissioned by at least three different organisations (CCGs, local authorities and NHS England) and the responsibility for commissioning some services is yet to be resolved.

1.5.1 Public health services and enhanced services

The changes to enhanced services can be summarised as follows:

Public Health Services

The commissioning of the following enhanced services which were listed in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2012 transferred from PCTs to local authorities with effect from 1 April 2013:

- Needle and syringe exchange
- Screening services such as chlamydia screening
- Stop smoking
- Supervised administration service
- Emergency hormonal contraception services through patient group directions.

Where such services are commissioned by local authorities they no longer fall within the definition of enhanced services or pharmaceutical services as set out in legislation and therefore should not be referred to as enhanced services.

(<http://www.pcc-cic.org.uk/article/pharmacy-enhanced-services-1-april-2013>)

In Blackburn with Darwen these are called Local Improvement Services (LIS).

However, the 2013 directions do make provision for NHS England to commission the above services from pharmacy contractors where asked to do so by a local authority. Where this is the case they are treated as enhanced services and fall within the definition of pharmaceutical services.

Enhanced services

The following enhanced services may be commissioned by NHS England from 1 April 2013 in line with pharmaceutical needs assessments (PNAs) produced by PCTs up to 31 March 2013 and by Health and Wellbeing Boards (HWBs) thereafter:

- Anticoagulation monitoring
- Care home service
- Disease specific medicines management service
- Gluten free food supply service
- Independent prescribing service
- Home delivery service
- Language access service
- Medication review service
- Medicines assessment and compliance support
- Minor ailment service
- On demand availability of specialist drugs
- Out of hours service
- Patient group direction service (not related to public health services)
- Prescriber support service
- Schools service
- Supplementary prescribing service.

1.5.2 Clinical commissioning groups

CCGs now have a role to commission most NHS services locally, aside from those commissioned by NHS England such as GP core contracts and specialised commissioned services. CCGs involve clinicians in their area to ensure commissioned services are responsive to local needs. CCGs will be able to commission services from pharmacies but similar to public health services these services will be known as local services and then fall outside the definition of enhanced services.

1.5.3 Impact of Locally Commissioned Services by Local Authorities and CCGs

It is important to identify those services that fall within the definition of pharmaceutical services and those that do not in order to identify needs for, or improvements or better access to, pharmaceutical services.

Although the PNA is primarily concerned with pharmaceutical services, the PNA takes into account other NHS services which are provided or arranged by the local authority, NHS England, a clinical commissioning group (CCG), an NHS trust or an NHS foundation trust in

order to provide as complete a description of relevant services as possible and to avoid erroneously identifying gaps in provision.

1.6 What are pharmaceutical lists?

If a person (a pharmacist, a dispenser of appliances or in some circumstances and, normally in rural areas, GPs) wants to provide NHS pharmaceutical services, they are required to apply to the NHS to be included on a pharmaceutical list. Pharmaceutical lists are compiled by NHS England. This is commonly known as the NHS 'market entry' system.

Under the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013, a person who wishes to provide NHS Pharmaceutical Services must apply to NHS England to be included on a relevant list by generally proving they are able to meet a pharmaceutical need as set out in the relevant PNA. There are exceptions to the applications to meet a need, such as applications for needs not foreseen in the PNA or to provide pharmaceutical service on a distance-selling (internet or mail order only) basis.

The following are included in a pharmaceutical list:

- Pharmacy contractors: a person or body corporate who provides NHS Pharmaceutical Services under the direct supervision of a pharmacist registered with the General Pharmaceutical Councils.
- Dispensing appliance contractors: appliance suppliers are a sub-set of NHS pharmaceutical contractors who supply, on prescription, appliances such as stoma and incontinence aids, dressings, bandages etc. They cannot supply medicines.
- Dispensing doctors: medical practitioners authorised to provide drugs and appliances in designated rural areas known as 'controlled localities'.
- Local pharmaceutical services (LPS) contractors also provide pharmaceutical services in some HWB areas.

1.7 What information will this PNA contain?

The information to be contained in the PNA is set out in Schedule 1 of The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013

This PNA includes information on:

- Pharmacies in Blackburn with Darwen and the services they currently provide, including dispensing, providing advice on health, medicines reviews and local public health services, such as stop smoking, sexual health and support for drug users.
- Relevant maps relating to Blackburn with Darwen and providers of pharmaceutical services in the area.
- Services in neighbouring HWB areas that might affect the need for services in Blackburn with Darwen.
- Potential gaps in provision and likely future needs for the population of Blackburn with Darwen

2 Process

Key messages:

This PNA was undertaken in accordance with the requirements set out in regulations 3-9 Schedule 1 of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.⁴

In the process of undertaking the PNA the pan Lancashire steering group sought the views of a wide range of key stakeholders to identify issues that affect the commissioning of pharmaceutical services and to meet local health needs and priorities. A stakeholder event was held in March 2014.

A 60 day public consultation will be undertaken from 20 October 2014 to 19 December 2014 to seek the views of members of the public and other stakeholders, on whether they agree with the contents of this PNA and whether it addresses issues that they consider relevant to the provision of pharmaceutical services. The feedback gathered in the consultation will be reported and reflected in the final revised PNA report. Alongside the 60 day public consultation a further stakeholder event will be held within Blackburn with Darwen to promote the public consultation and identify views from key stakeholders.

2.1 Summary of the process followed in developing the PNA

In developing the PNA for Blackburn with Darwen, information from the JSNA and Public Health sources were used to explore the characteristics of areas within the town and local health needs that may be addressed through pharmaceutical services. The current provision of such services is described.

The process of developing the PNA has taken into account the requirement to involve and consult people about changes to health services. The specific legislative requirements in relation to development of PNAs⁴ were duly considered. An extract of part of these regulations can be found in Appendix 1.

2.2 Stakeholders involved in the development of the PNA

A pre-consultation exercise was carried out across Pan Lancashire in March 2014 to seek and take into account views from a range of key stakeholders to form the first draft of the PNA. Key partners were consulted to seek their views and get initial feedback for the proposals to be set out in the draft PNA.

The list of stakeholders consulted included the following groups:

- Blackburn with Darwen Health and Wellbeing Board members
- The Local Pharmaceutical Committee (LPC)

- The Local Medical Committee (LMC)
- Persons on the pharmaceutical list
- Healthwatch
- NHS trusts and NHS foundation trusts in the area.
- NHS England
- Commissioners of pharmaceutical services
- Local Pharmacy Professional Network (LPN)

2.3 How stakeholders were involved

A pan Lancashire steering group was convened and met on a monthly basis during the development of the PNA (see Acknowledgements for list of steering group members). The steering group held a pre consultation event and engaged with key stakeholders.

Questionnaires relating to service provision were sent out to all pharmacies in Blackburn with Darwen. As part of the PNA process, Blackburn with Darwen has worked with neighbouring HWBs to develop the PNA within Lancashire and we have informed neighbouring HWBs in Greater Manchester that the PNA was in development.

Healthy Living in Blackburn with Darwen (www.bwdhealthyliving.co.uk) were commissioned to seek the views of the public and their experiences of using pharmaceutical services through a variety of engagement methods including focus groups, online surveys and questionnaires.

They communicated with over 400 people varying in age, area of residence and ethnicity. The consultation identified the main reason why people use pharmacies is for prescriptions. Many people did not know the wide range of services that pharmacies offered. Many people felt that more promotion of pharmacies and what they can offer would encourage people to use their pharmacies more.

The wider public in Blackburn with Darwen and other interested parties are being informed of the PNA and their views on the PNA will be sought through a formal 60 day consultation running from 20 October 2014 to 19 December 2014. A stakeholder event will be held in October with a wide range of stakeholders to launch the consultation period of the draft PNA. At the stakeholder event people will be directed to Blackburn with Darwen Health and Wellbeing website to review the full PNA. There will also be drafts available in the two main libraries in Blackburn and Darwen.

After the consultation period is completed, feedback gathered from members of the public and stakeholders will be reflected in a Consultation Report which will be an Appendix to the final PNA. The Consultation Report will also be made available on the Blackburn with Darwen Health and Wellbeing Board website. A communications statement and press release will go out when the consultation starts.

2.4 Localities used for considering pharmaceutical services

Blackburn with Darwen is split into four localities: North, East, West, and Darwen & Rural. However for the purpose of the PNA Blackburn with Darwen was not split into localities.

2.5 Methods used for identifying providers of pharmaceutical services

The methods used for identifying providers of pharmaceutical services and creation of maps are described in Appendix 2.

2.6 Assessment of need for pharmaceutical services

Assessing need for pharmaceutical services is a complex process. In addition to taking account of all views submitted from the stakeholders outlined above, this PNA considered a number of factors, including:⁴

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

2.7 Future PNAs and supplementary statements

The PNA will be updated every three years and supplementary statements may be published before this if deemed necessary by the HWB.

On behalf of the HWB the Public Health Consultant with a lead responsibility for PNAs will consider the need for producing a supplementary statement every six months.

3 Context for the Pharmaceutical Needs Assessment

Key messages:

The PNA for Blackburn with Darwen is undertaken in the context of the needs of the local population. Health and wellbeing needs for the local population are described in the Blackburn with Darwen Joint Strategic Needs Assessment, which is known as the Integrated Strategic Needs Assessment, or ISNA. This PNA does not duplicate these detailed descriptions of health needs and should be read in conjunction with the ISNA (<http://www.blackburn.gov.uk/Pages/Integrated-strategic-needs-assessment.aspx>) .

Blackburn with Darwen is predominantly urban in character but includes an expanse of rural countryside. The health of the Blackburn with Darwen population is generally worse than the England average, and there are wide inequalities within the borough. For example, male life expectancy in Blackburn with Darwen is the 8th lowest in England, with a wide gap between the most deprived tenth of the borough and the least deprived tenth.

3.1 Integrated Strategic Needs Assessments

The ISNA is the means by which partners in the Health and Wellbeing Board describe the current and future health, care and wellbeing needs of the local population.

The aim of an integrated strategic needs assessment is to inform the development of local evidence-based priorities for commissioning which will help to improve the public's health and reduce inequalities.⁵ This includes:

- Providing analyses of data to show the health and wellbeing status of local communities.
- Defining where inequalities exist.
- Providing information on local community views and evidence of effectiveness of existing interventions which will help to shape future plans for services.
- Highlighting key findings based on the information and evidence collected.

The Blackburn with Darwen Local Authority website

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

publishes all the local ISNA reports and supporting documentation, including an annual ISNA summary and Story of Place, and specific topic area reports for the local area. The ISNAs developed for Blackburn with Darwen are shown in Figure 1.

Figure 1. Integrated Strategic Needs Assessments developed for Blackburn with Darwen



3.2 Blackburn with Darwen Health and Wellbeing Board

Blackburn with Darwen Health and Wellbeing Board brings together leaders from across the wider health and care system, along with representatives of the community to work together to improve the health and wellbeing of the local population. The Board is responsible for overseeing the delivery of local health outcomes and driving service integration across the NHS, local government, community and voluntary sectors in order to achieve this.

The work of the Board is guided by the Blackburn with Darwen Health and Wellbeing Strategy 2012-15.⁶ The Strategy sets out the priorities the HWB and their partners feel are most important for local people, based on the ISNA and other relevant sources of information.

The strategy includes the following five key priorities⁶

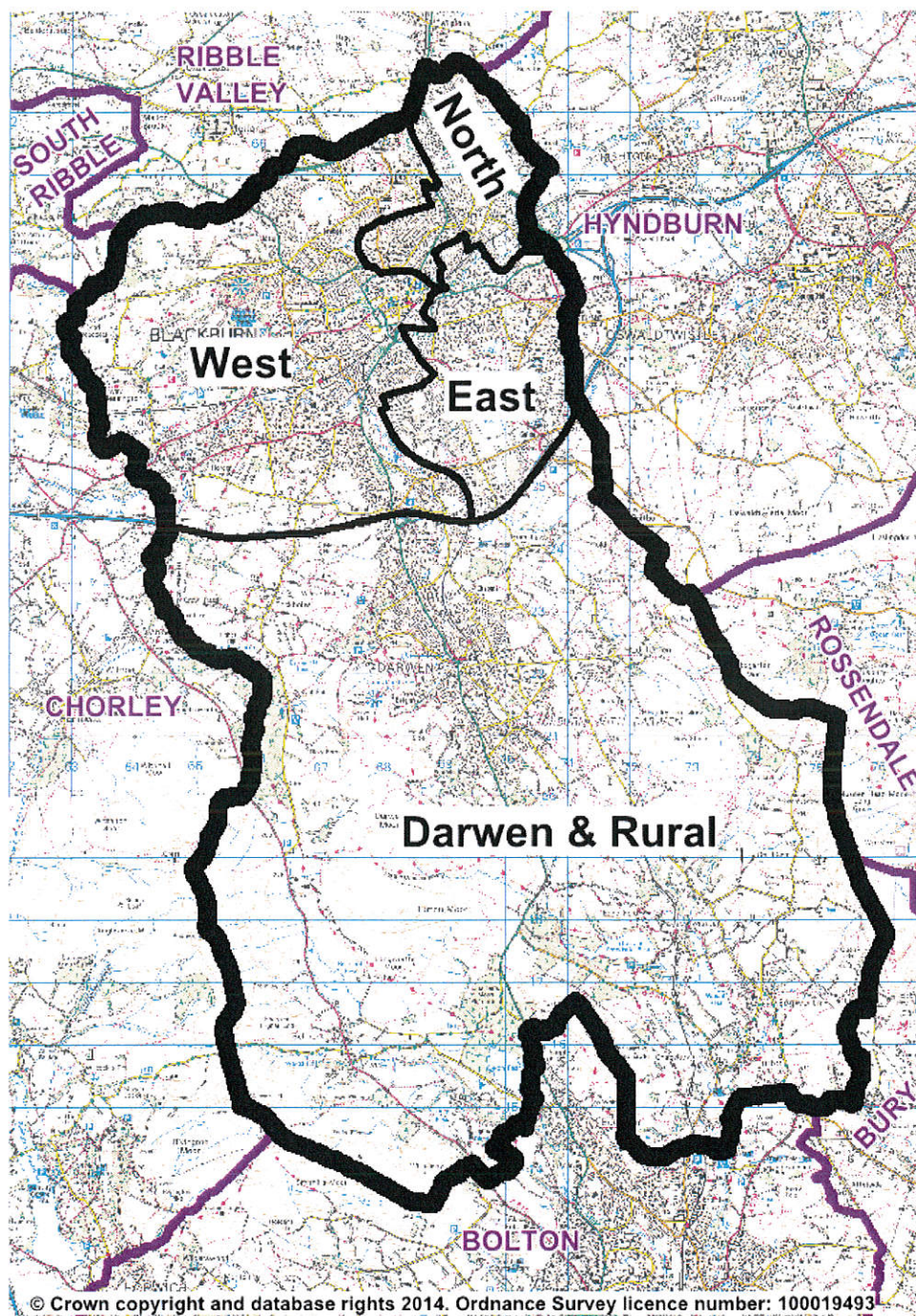
1. Best start for children and young people
2. Health and work
3. Safe and healthy homes and neighbourhoods
4. Promoting health and supporting people when they are unwell
5. Older people's independence and social inclusion

3.3 Blackburn with Darwen Clinical Commissioning Group

Blackburn with Darwen Clinical Commissioning Group (CCG) is the clinical commissioning body for the Unitary Authority of Blackburn with Darwen and covers the same footprint as

the Borough Council and the Health and Wellbeing Board (see Map 1). It is responsible for planning and commissioning a full range of community and hospital services.

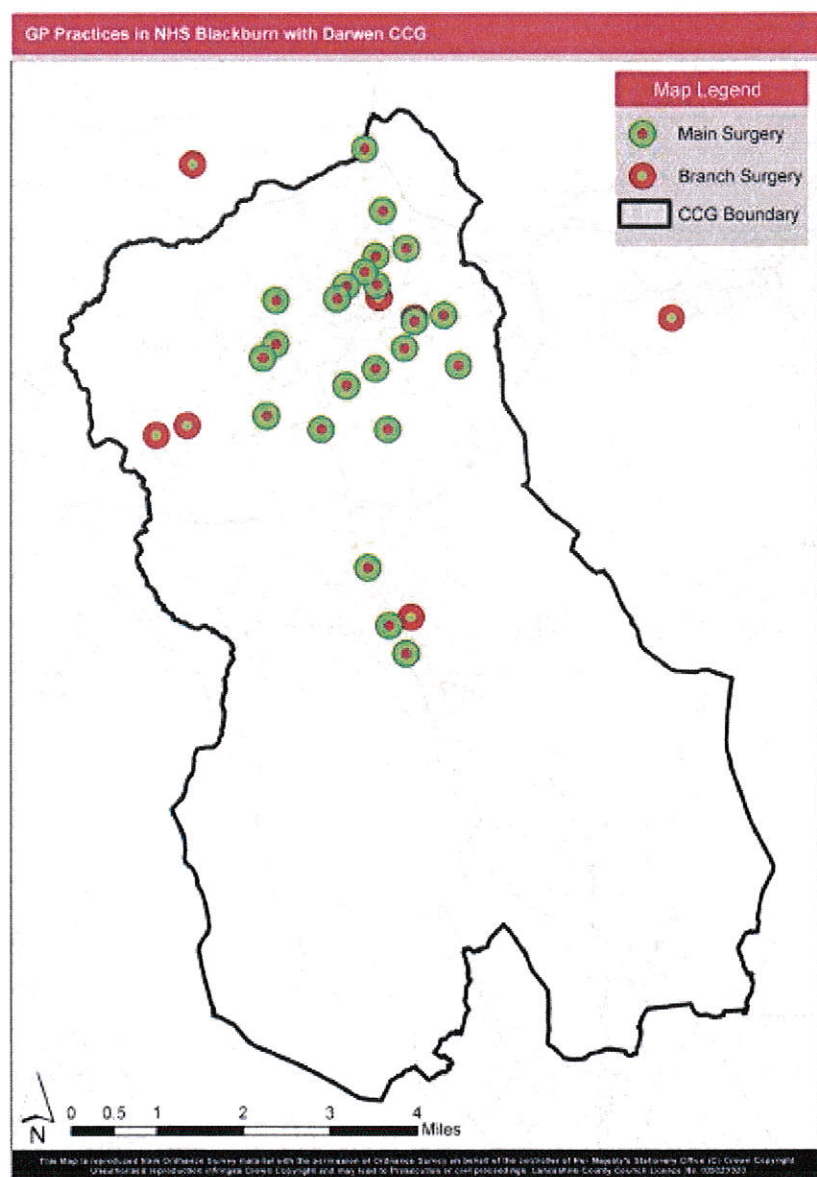
Map 1 – Blackburn with Darwen, showing its localities and adjacent districts



The CCG is run by GPs in 29 practices within the locality (see map 2). In their document '*Blackburn with Darwen Clinical Commissioning Group: Leading your local NHS*'⁷, the CCG identifies priority areas as:

- Long term conditions
- Cancer
- Alcohol
- Early years, children and young people
- Targeted groups
- Access to urgent care
- Dementia

Map 2: GP Practices in Blackburn with Darwen



3.4 Outcomes Frameworks

In addition to local priorities there are national priority areas for improvement in health and wellbeing. The Department of Health has published outcomes frameworks for the NHS, CCGs, Social Care and Public Health which offer a way of measuring progress towards achieving these aims. The Public Health Outcomes Framework (PHOF) for England, 2013-2016⁸ sets out desired outcomes for public health, focussing on two high-level outcomes:

- Increased healthy life expectancy
- Reduced differences in life expectancy and healthy life expectancy between communities

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

- Improving the wider determinants of health
- Health improvement
- Health protection
- Healthcare public health and preventing premature mortality

3.5 Locations in Blackburn with Darwen

Blackburn with Darwen is a Unitary Authority. For the purposes of service delivery, four subdivisions or 'localities' have been defined, known as North, East, West, and Darwen & Rural (see Map 1).

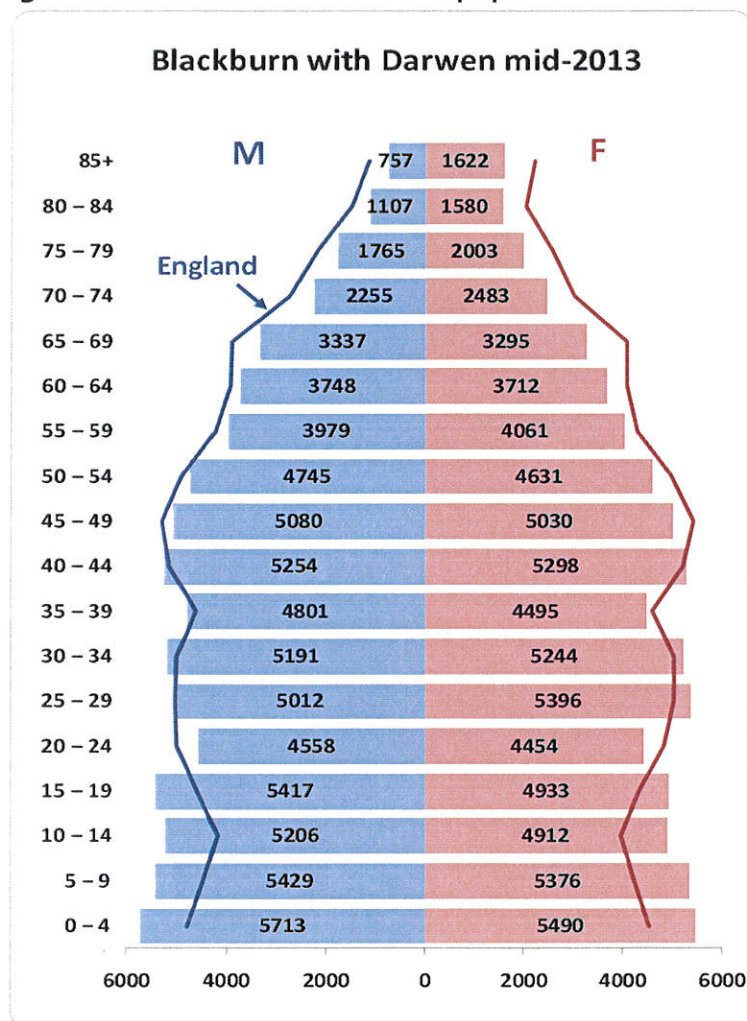
Blackburn with Darwen shares borders with Rossendale, Hyndburn and Ribble Valley in East Lancashire, South Ribble and Chorley in central Lancashire, and Bolton and Bury in Greater Manchester.

3.6 Characteristics of the population in Blackburn with Darwen

3.6.1 Demography

The mid 2013 population of Blackburn with Darwen was approximately 147,369, which represents a fall of 344 people since the year before.⁹

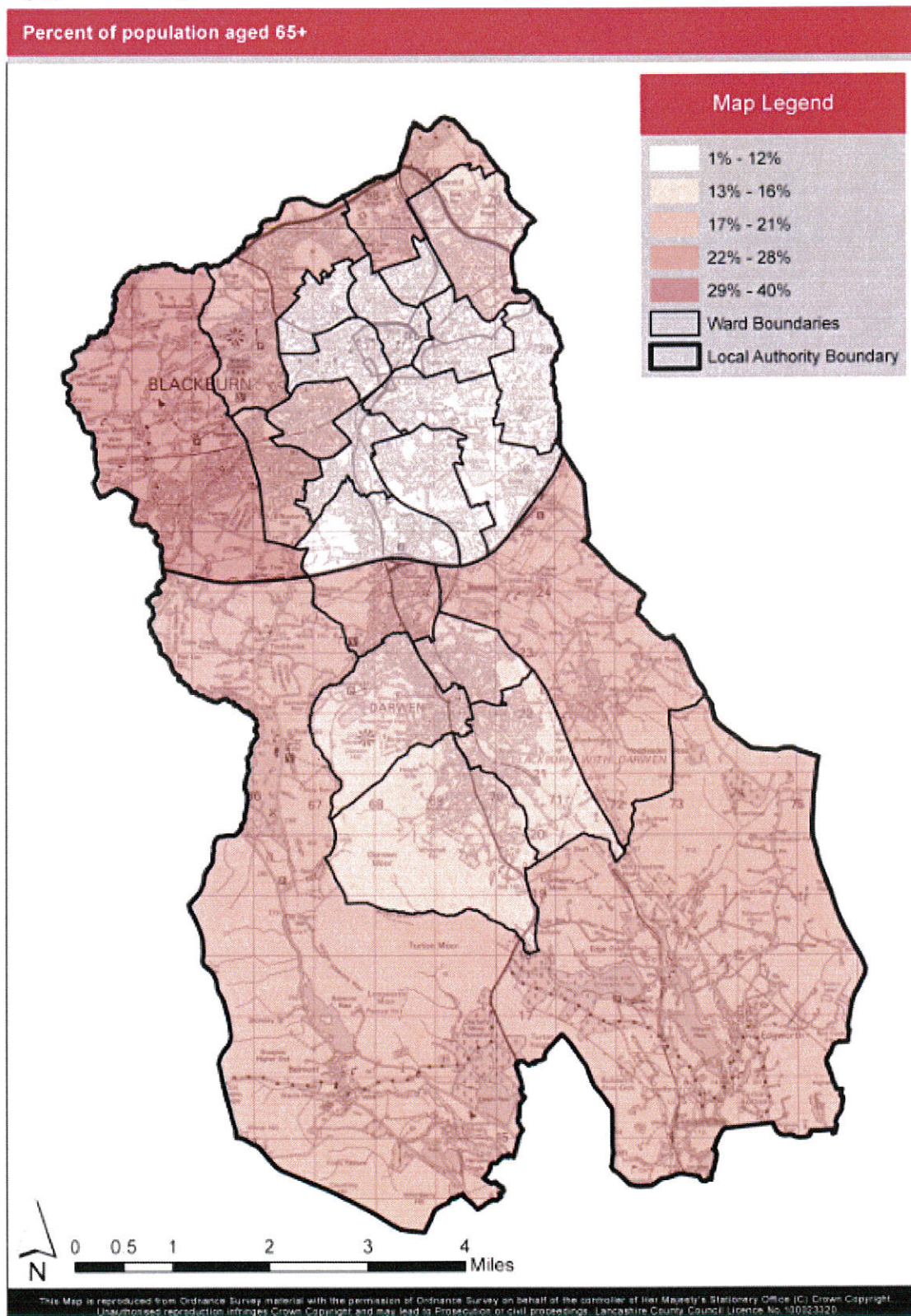
Figure 2 - Blackburn with Darwen population estimates by age and sex, mid-2013



It is well established that the borough has a younger than average age profile, and this remains the case (Figure 2), with 28.8% of the population aged under 20 ($n = 42,476$). This compares with an England average of 23.8%, and is now the fourth highest proportion of any local authority in England.

Almost one in seven residents (13.7%, $n=20,204$) are aged 65 and over, compared to 17.6% in the North West and 17.3% in England as a whole. This proportion varies across the borough, being lowest in the urban core and higher in the rural fringe (see Map 3).

Map 3: Percentage of Blackburn with Darwen population aged 65+ (2011 census)

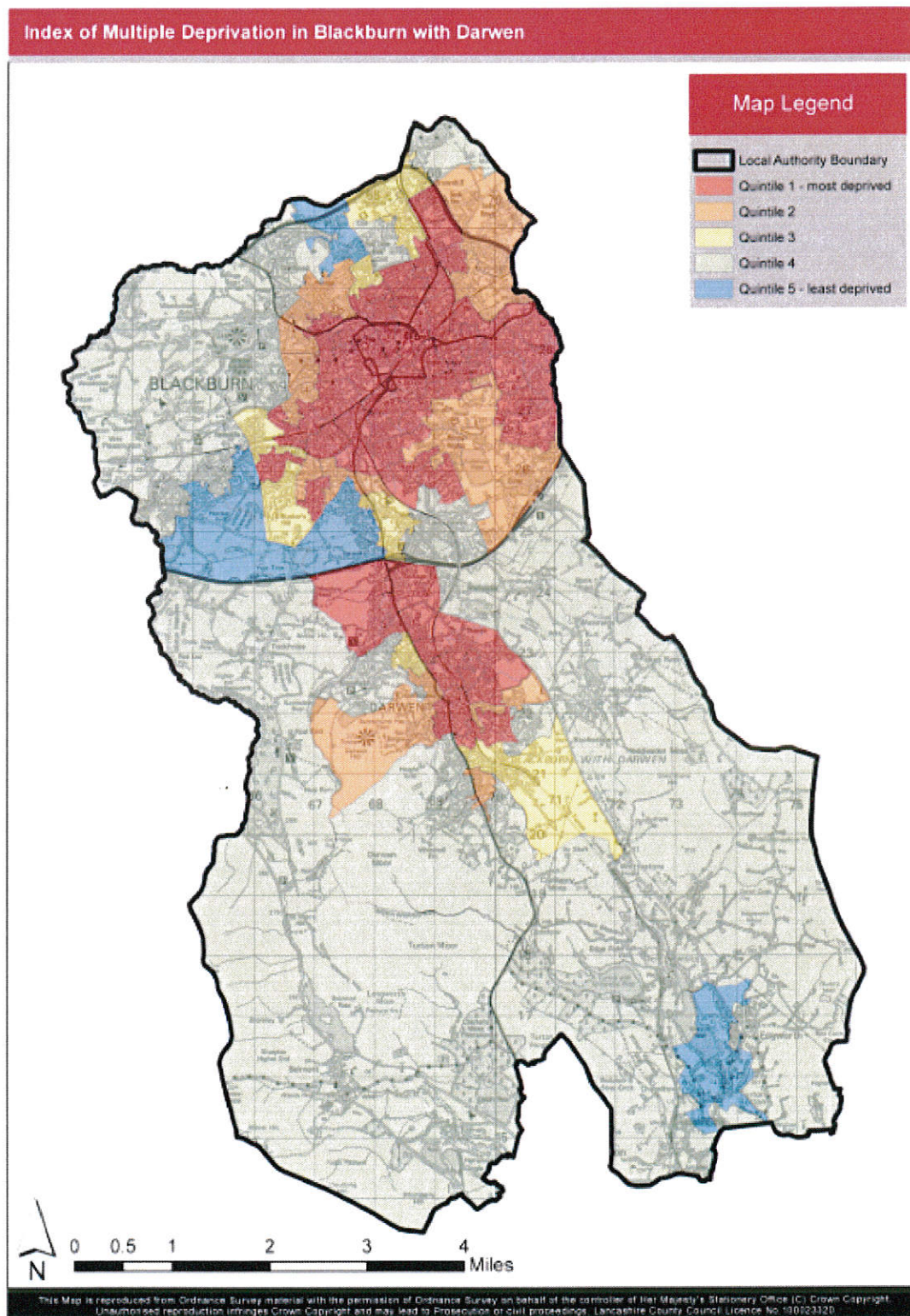


3.6.2 Deprivation

Based on the Index of Multiple Deprivation 2010, Blackburn with Darwen is the 17th most deprived borough in England. Map 4 shows its 91 Lower Super Output Areas shaded according to the national quintile of deprivation they belong to. Over half the population lives in the red areas – i.e. in areas which are among the 20% most deprived in England.

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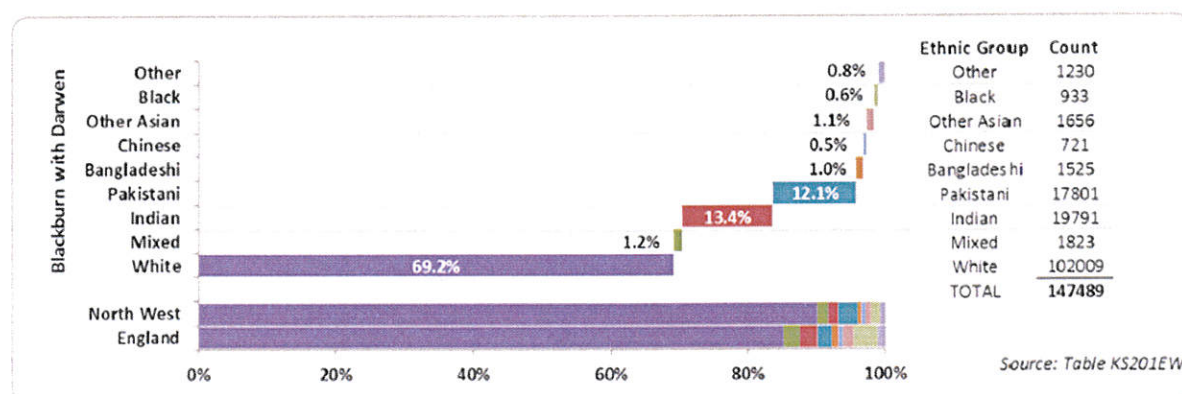
Map 4: Index of Multiple Deprivation (IMD 2010) in Blackburn with Darwen – national quintiles



3.6.3 Ethnicity

At the time of the 2011 Census, when the total population of Blackburn with Darwen was 147,489, its ethnic breakdown was as shown below:

Figure 3 – Ethnic composition of Blackburn with Darwen population (2011 Census)



The different communities have very different age profiles, with the non-white populations having a much higher representation of children and young people.

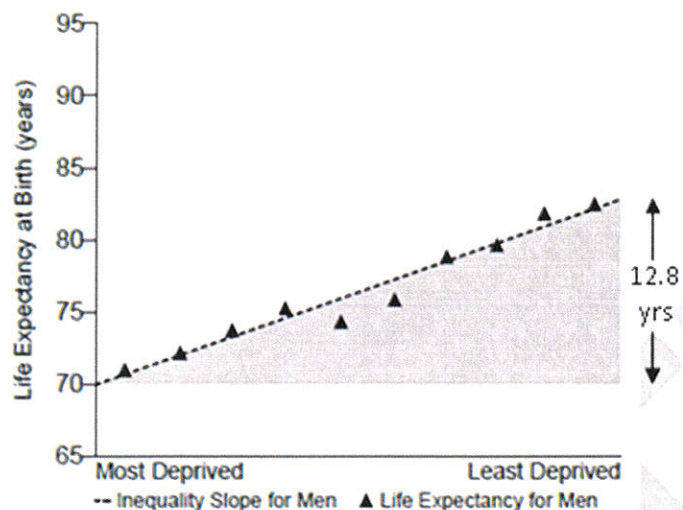
3.6.4 Health

Public Health England's annual Health Profiles give a snapshot of the overall health of each local authority in England. The profiles present a set of important health indicators that show how each area compares to the national average in order to highlight potential problem areas. Blackburn with Darwen's Health Profile 2014 highlights the high deprivation in the borough, and the gap in life expectancy between its most and least deprived areas. It shows that Blackburn with Darwen's death rate from heart disease and stroke below age 75 remains stubbornly higher than the England average, but by contrast the gap in early deaths from cancer has almost disappeared.



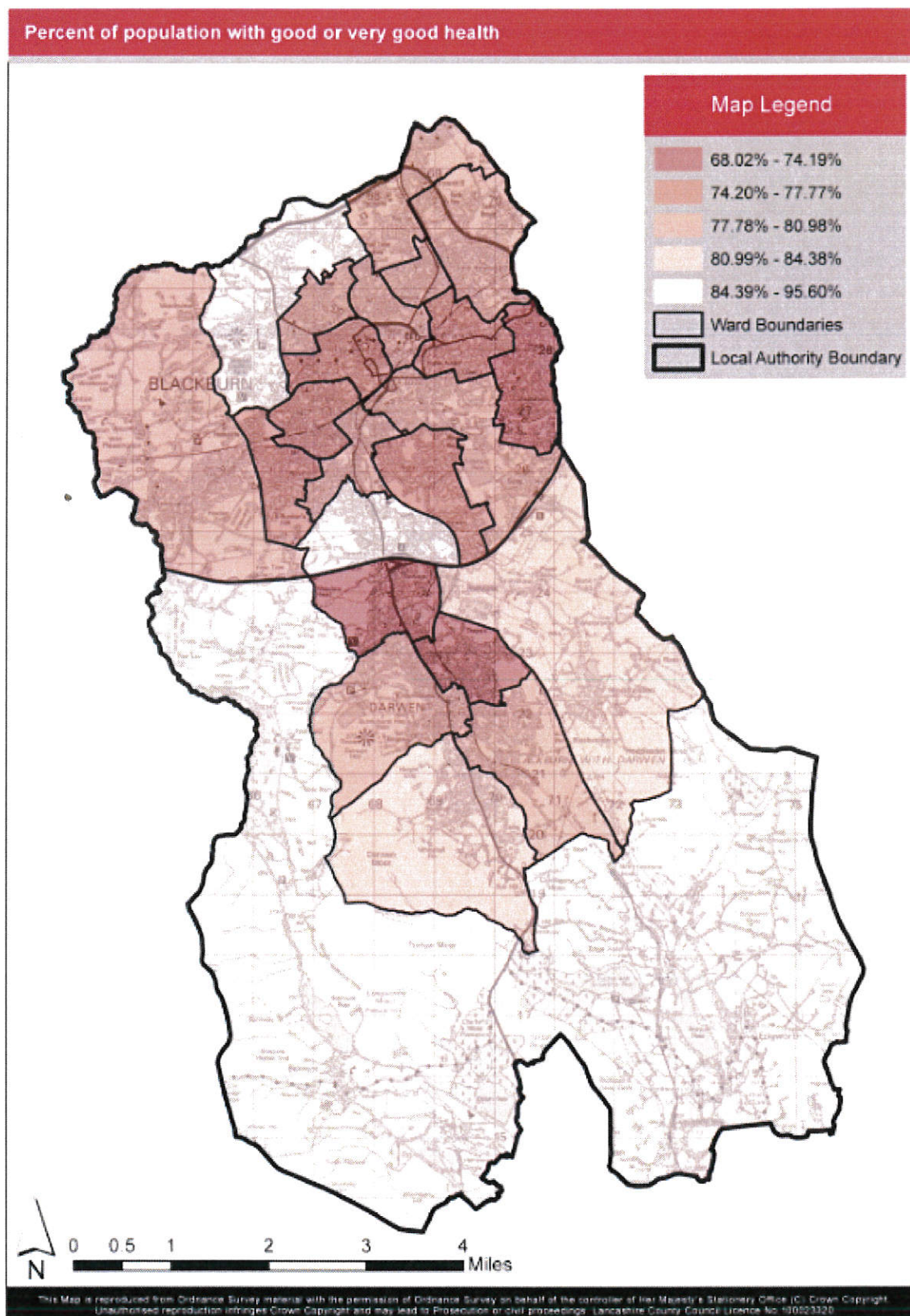
There are important differences in health across Blackburn with Darwen. Figure 4, taken from the Health Profile, shows the wide gap in male life expectancy between the most and least deprived areas of the borough.

Figure 4 – Male Life Expectancy by deprivation decile (Blackburn with Darwen 2010-2012)



Map 5 shows the proportion of residents in each ward describing their health as 'good' or 'very good' in the 2011 Census. There is evidence of good health being associated with lower deprivation (Map 4). This relationship would probably be even more obvious were it not for the fact that the population of the more deprived areas is often younger than average.

Map 5: Percent of population with good or very good health (2011 Census)



4 Current Provision of NHS Pharmaceutical Services

Key messages:

Blackburn with Darwen is well provided for by pharmaceutical service providers. This PNA has not identified a current need for new NHS pharmaceutical service providers in Blackburn with Darwen.

There are 50 pharmacies in Blackburn with Darwen, representing 16% growth in the number of providers (43) since the last publication of the PNA in 2010.

The number of pharmaceutical service providers per population has also grown during the same period. The last PNA showed that there were 30 pharmacies per 100,000 population, when the national figure for England was 20 and the average for the North West was 23. There are now 34 pharmaceutical service providers per 100,000 registered population in Blackburn with Darwen, with the average in England being 22 and the average for the North West being 26.

Approximately 67% of pharmacies responded to the PNA questionnaire about service provision.

Review of the locations, opening hours and access for people with disabilities, suggest there is adequate access to NHS Pharmaceutical Services in Blackburn with Darwen. There appears to be good coverage in terms of opening hours across the borough. The extended opening hours of some community pharmacies are valued and these extended hours should be maintained. Many pharmacies and dispensing surgeries have wheelchair access and home delivery services can help to provide medications to those who do not have access to a car or who are unable to use public transport.

Community pharmacies and pharmacists can have an impact on the health of the population by contributing to the safe and appropriate use of medicines.

This chapter describes the current provision of NHS pharmaceutical services, which were explained in Chapter 1: Introduction and are defined in the Pharmaceutical Regulations.⁴ It also includes a description of the number and locations of community pharmacies. The levels of provision of pharmaceutical services locally are compared with provision elsewhere.

4.1 Service Providers – numbers and geographical distribution

This PNA identifies and maps the current provision of pharmaceutical services in order to assess the adequacy of provision of such services. Information was collected up until June

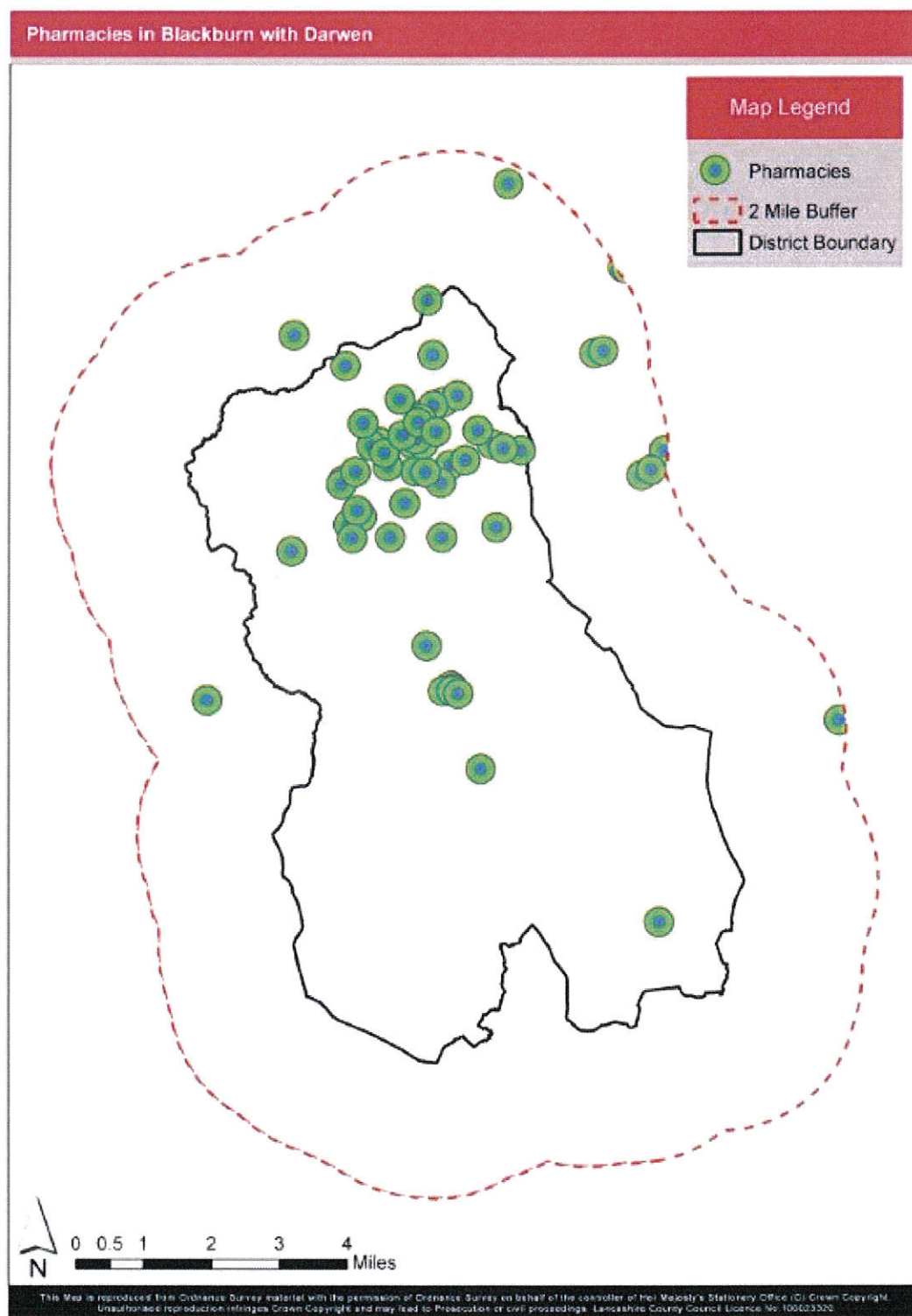
2014. Up-to-date information on community pharmacies (including opening hours) is available on the NHS website: www.nhs.uk/service directories/Pages/ServiceSearch.aspx

4.1.1 Community pharmacies

There were a total of 50 community pharmacies within Blackburn with Darwen as of 01/06/14. The names of the community pharmacies within Blackburn with Darwen are listed in Appendix 3 and their locations shown in Map 6.

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Map 6: Pharmacies in Blackburn with Darwen



4.1.2 Dispensing GP practices

In rural parts of England, dispensing GP practices make a valuable contribution to dispensing services, although they do not offer the full range of pharmaceutical services offered at community pharmacies.

There are no dispensing GP practices in Blackburn with Darwen.

Access to GPs in general appears to be good in Blackburn with Darwen compared to the Lancashire Area Team and England. Blackburn with Darwen has more full time GPs per 100,000 registered population than both the Area Team and England average.

4.1.3 Distance selling pharmacies

There are two mail order/wholly internet pharmacies within Blackburn with Darwen as of 01/06/14.

It is important to acknowledge that the pharmaceutical regulations do not permit mail order/wholly internet pharmacy providers to see patients face to face and for this reason their physical location is not relevant and not plotted on any maps included in this PNA.

4.1.4 Dispensing Appliance Contractors

Currently, there is no Dispensing Appliance Contractor (DAC) within BwD. Appliances are available from community pharmacies and other DACs from outside the HWB.

From the questionnaires sent out to BwD pharmaceutical service providers, all 32 pharmacies that responded reported that they provided all types of appliances.

4.1.5 Hospital pharmacies

There is one hospital within Blackburn with Darwen; Royal Blackburn Hospital which has a pharmacy within its premises.

4.1.6 Pharmacy services in prisons

There are no prisons in Blackburn with Darwen.

4.1.7 Essential Small Pharmacy Local Pharmaceutical Services scheme

ESPLPS pharmacies offer the same essential, advanced and enhanced services as other community pharmacies but they dispense fewer than 236,400 items per year. The ESPLPS scheme, which involves giving extra support to some essential small pharmacies is due to stop at 31 March 2015.

As at August 2014 there is one Essential Small Pharmacy Local Pharmaceutical Services Scheme in Blackburn with Darwen, located at 365 Bolton Road, Edgworth, Bolton, BL7 0AZ. However, for the 2013-14 financial year the pharmacy dispensed above the threshold for entitlement to participate in the scheme, therefore the pharmacy will be invited to join the pharmaceutical list as a core 40 hour contactor during 2014-15.

Should this pharmacy decline to join the pharmaceutical list, this would leave a gap in Essential pharmaceutical services provision to this locality during core hours (9am – 6pm Monday to Friday).

4.1.8 Comparison with findings in the 2010 PNA

In 2010 a patient pharmacy questionnaire was developed for the PNA asking a range of questions. For this PNA we have engaged stakeholders in a different variety of methods and have asked varying questions. Therefore it is difficult to compare the responses.

As well as stakeholder and community engagement, questionnaires were sent out to community pharmacies. When the last PNA was carried out there was a higher return of questionnaires 85% as opposed to 67% this year.

The following changes to the numbers of providers were noted since the 2010 PNA:

- There were 43 pharmacies in Blackburn with Darwen. This has increased to 50 pharmacies in June 2014.
- There were no dispensing GP practices within Blackburn with Darwen. This was unchanged in June 2014.
- The number of pharmaceutical service providers per population is higher than in the previous PNA. The last PNA showed that there were 26 pharmacies per 100,000 population, when the national figure for England was 20 and the average for the North West was 23. In June 2014 there were 34 pharmaceutical service providers per 100,000 registered population in Blackburn with Darwen, with the average in England being 22 and the average for the North West being 26. This is perceived as a significant over provision.

4.1.9 Comparison with pharmaceutical service provision elsewhere

Assuming a population of 147,000 people in Blackburn with Darwen and 50 providers of pharmaceutical services, there is on average one service provider per 2,900 people. Stated in a different way, there are 34 pharmaceutical service providers per 100,000 people in the

borough. This is higher than the national average of 23.0 pharmaceutical providers per 100,000 (see table 1).

Table 1. Average numbers of pharmaceutical providers (community pharmacies or dispensing GPs) per 100,000 registered population, 2012/13^{10,*}

Blackburn with Darwen	North West of England	England
34	26	22

Source: NHS Prescription Services of the NHS Business Services Authority, Population data - Office for National Statistics. Dispensing Practices in England from NHS Business Authority.

Information about pharmaceutical providers in other areas in England is shown in Table 2. In terms of community pharmacies, there were 23 pharmacies per 100,000 population in England in 2012/13 and the North West of England SHA average was 26 per 100,000. The number of community pharmacies per 100,000 population ranged from 26 community pharmacies per 100,000 population in the North West to 18 per 100,000 population in South Central.

Table 2: Community pharmacies on a PCT pharmaceutical list at 31 March, prescription items dispensed per month and population by SHA⁽¹¹⁾ in England 2012-13*

	<i>Number of community pharmacies</i>	<i>Prescription items dispensed per month (000)s</i>	<i>Population (000)s Mid 2011</i>	<i>Pharmacies per 100,000 population</i>
ENGLAND	11,495	76,191	53,107	22
North East	606	5,095	2,596	23
North West	1,812	12,334	7,056	26
Yorkshire and the Humber	1,206	8,557	5,288	23
East Midlands	919	6,476	4,537	20
West Midlands	1,297	8,247	5,609	23
East Of England	1,148	7,625	5,862	20
London	1,846	9,644	8,204	23
South East Coast	857	5,767	4,476	19
South Central	756	4,898	4,177	18
South West	1,048	7,546	5,301	20

Sources: NHS Prescription Services part of the NHS Business Services Authority, Population data - Office for National Statistics

Within the North West of England, the lowest level was 22 pharmacies per 100,000 population in Bury. BwD has the highest number at 35. per 100,000 (see Table 3). However

* NB – exact figures vary from table to table due to pharmacies opening and closing, revisions to population estimates, etc.

this table does not take into account the number of dispensing doctors, of which BwD has none.

The mean number of items dispensed by pharmacies in BwD for 2012/13 was 5,346. This is lower than both the average for the North West of England (6,807) and for the whole of England (6,628) (see Table 3).

Table 3: Community pharmacies on a PCT pharmaceutical list at 31 March, prescription items dispensed per month and population by PCT, England 2012-13[†]

		Number of community pharmacies	Prescription items dispensed per month (000)s	Population (000)s Mid 2011 ⁽¹⁾	Pharmacies per 100,000 population
	ENGLAND	11,495	76,191	53,107	22
Q31	NORTH WEST	1,812	12,334	7,056	26
5HG	Ashton, Leigh and Wigan	73	523	318	23
TAP	Blackburn with Darwen Teaching	52	278	148	35
5HP	Blackpool	44	350	142	31
5HQ	Bolton	73	494	277	26
5JX	Bury	40	291	185	22
5NP	Central & Eastern Cheshire	101	737	463	22
5NG	Central Lancashire	114	738	467	24
5NE	Cumbria	111	765	500	22
5NH	East Lancashire	104	646	383	27
5NM	Halton and St Helens	82	579	301	27
5NQ	Heywood, Middleton & Rochdale PCT	51	374	212	24
5J4	Knowsley	37	299	146	25
5NL	Liverpool	136	866	466	29
5NT	Manchester	134	817	503	27
5NF	North Lancashire	76	577	322	24
5J5	Oldham	56	394	225	25
5F5	Salford Teaching	61	461	234	26
5NJ	Sefton	76	543	274	28
5F7	Stockport	70	504	283	25
5LH	Tameside and Glossop	64	455	253	25
5NR	Trafford	62	401	227	27
5J2	Warrington	45	316	203	22
5NN	Western Cheshire PCT	56	358	237	24
5NK	Wirral	94	570	320	29

It is clearly visible from Table 3 that all the neighbouring HWB areas of Blackburn with Darwen have higher than the England average of pharmacies per 100,000 populations and the majority have higher than the North West average. This gives Blackburn with Darwen adequate pharmacy provision should they need or wish to go to neighbouring areas.

[†] NB – exact figures vary from table to table due to pharmacies opening and closing, revisions to population estimates, etc.

4.1.10 Results of questionnaires sent to pharmacies and dispensing GP practices

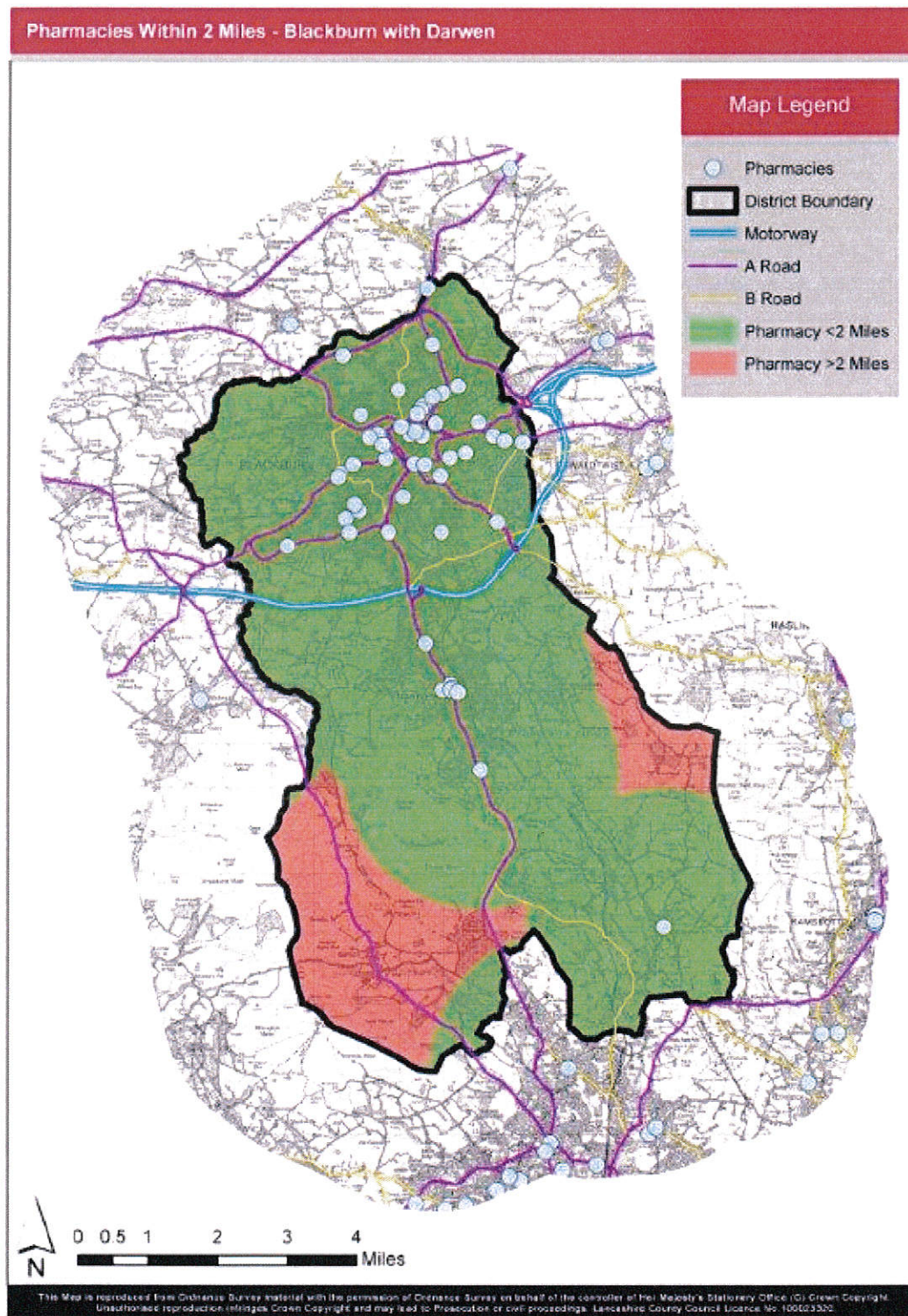
Approximately 67% of pharmacies responded to the PNA questionnaire about service provision.

4.1.11 Considerations of service providers available

The distribution of pharmacies appears to cover the borough well, with pharmacies within every locality of the borough, although the majority are within the north of the borough. Darwen has a large proportion of pharmacies within a close proximity (see map 7). It is evident from map 7 that not all areas within Blackburn with Darwen are within 2 miles of a pharmacy. However, those that are not are among the most rural areas of the borough.

Taking into account information gathered for this PNA, pharmaceutical service provision in Blackburn with Darwen appears to be adequate. There is no current need identified for more pharmaceutical providers at this time.

Map 7: Pharmacies within 2 miles



4.2 Accessibility

Review of the accessibility of NHS Pharmaceutical Services in Blackburn with Darwen in terms of locations, opening hours and access for people with disabilities, suggest there is adequate access. An Equality Impact Assessment has been carried out alongside this PNA. Review of the locations, opening hours and access for people with disabilities, suggest there is adequate access to NHS Pharmaceutical Services in Blackburn with Darwen. There appears to be good coverage in terms of opening hours across the borough. The extended opening hours of some community pharmacies are valued and these extended hours should be maintained. Many pharmacies and dispensing surgeries have wheelchair access and home delivery services can help to provide medications to those who do not have access to a car or who are unable to use public transport. Further information can be seen in Appendix 4.

4.2.1 Distance, travel times, and delivery services

The 2008 White Paper *Pharmacy in England: Building on strengths – delivering the future*¹² states that it is a strength of the current system that community pharmacies are easily accessible, and that 99% of the population – even those living in the most deprived areas – can get to a pharmacy within 20 minutes by car and 96% by walking or using public transport.

Map 8 was created to identify which areas in Blackburn with Darwen were within and which were not within a 20 minute driving distance of either a pharmacy. As is clearly evident from the map all pharmacies are within 20 minutes travelling distance. This demonstrates that within the borough there is good coverage of pharmacies in terms of localities.

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

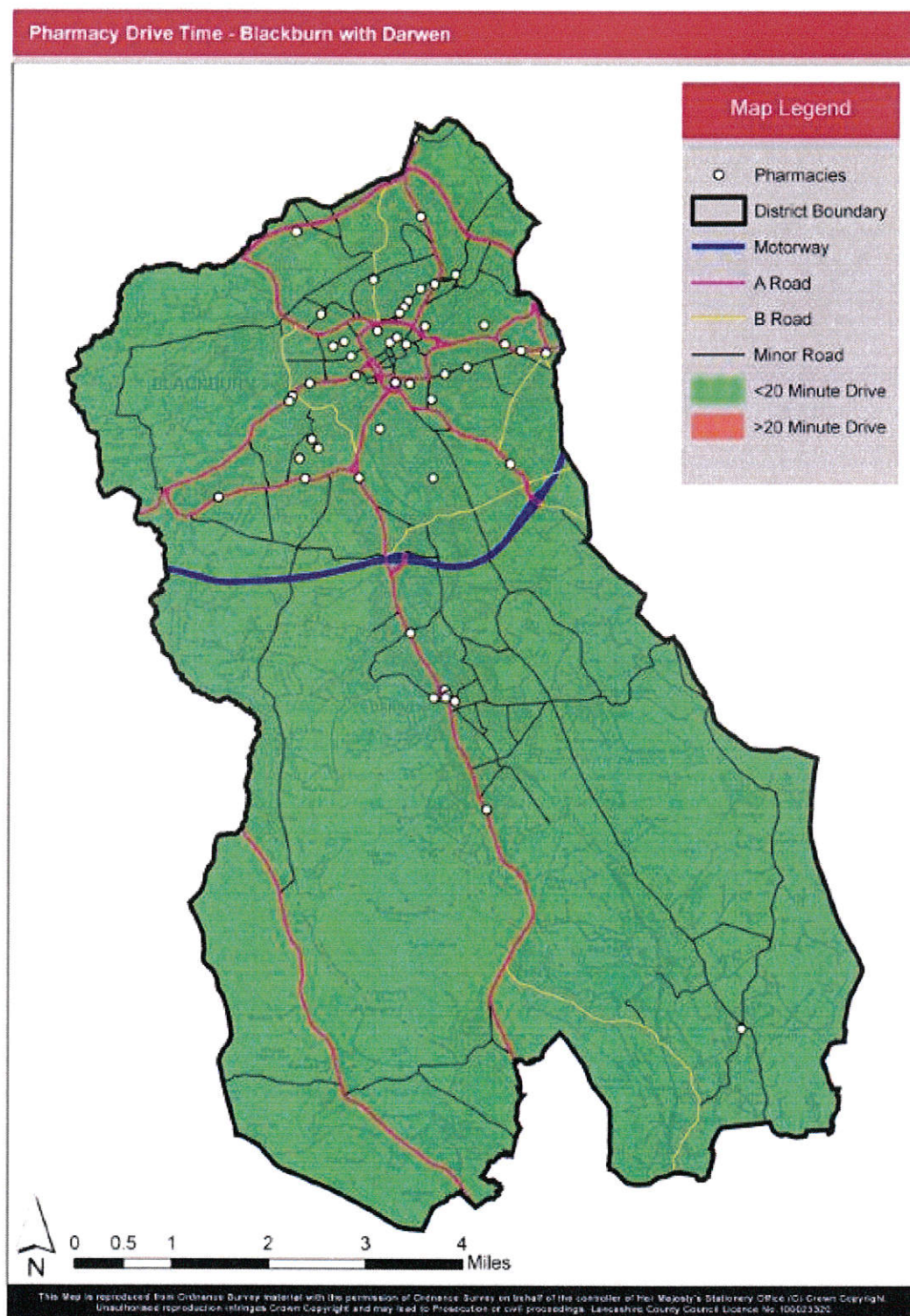
There is the acknowledgment that not all individuals will have access to a car or be able to easily access public transport. To enable easy access for all individuals including those who can be deemed as the most vulnerable there is the option that pharmacies can provide home delivery services. Of the 32 pharmacies that responded to the patient questionnaires, 31 said that they collected from GP Practices (one did not complete the question) and 29 said that they delivered dispensed medicines free of charge. Therefore for those who may not be able to access the pharmacy there is the option of home delivery.

Pharmaceutical services are also available from internet pharmacies (located inside or outside of the borough) that could make deliveries to individual homes. Finally, in addition

to delivery services, community transport schemes (eg car clubs, minibuses) can potentially improve access to both pharmaceutical services and other services.

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Map 8: Pharmacies within a 20 minute drive



4.2.2 Border areas

There are 3 other HWBs sharing a border with Blackburn with Darwen. These areas have pharmacies that are accessible to the residents who live near the borders of the county.

Blackburn with Darwen is surrounded by several towns including Bolton, Bury, Preston and Chorley. All these towns have good pharmacy provision which can provide services to the residents of Blackburn with Darwen.

4.2.3 Opening hours: community pharmacies

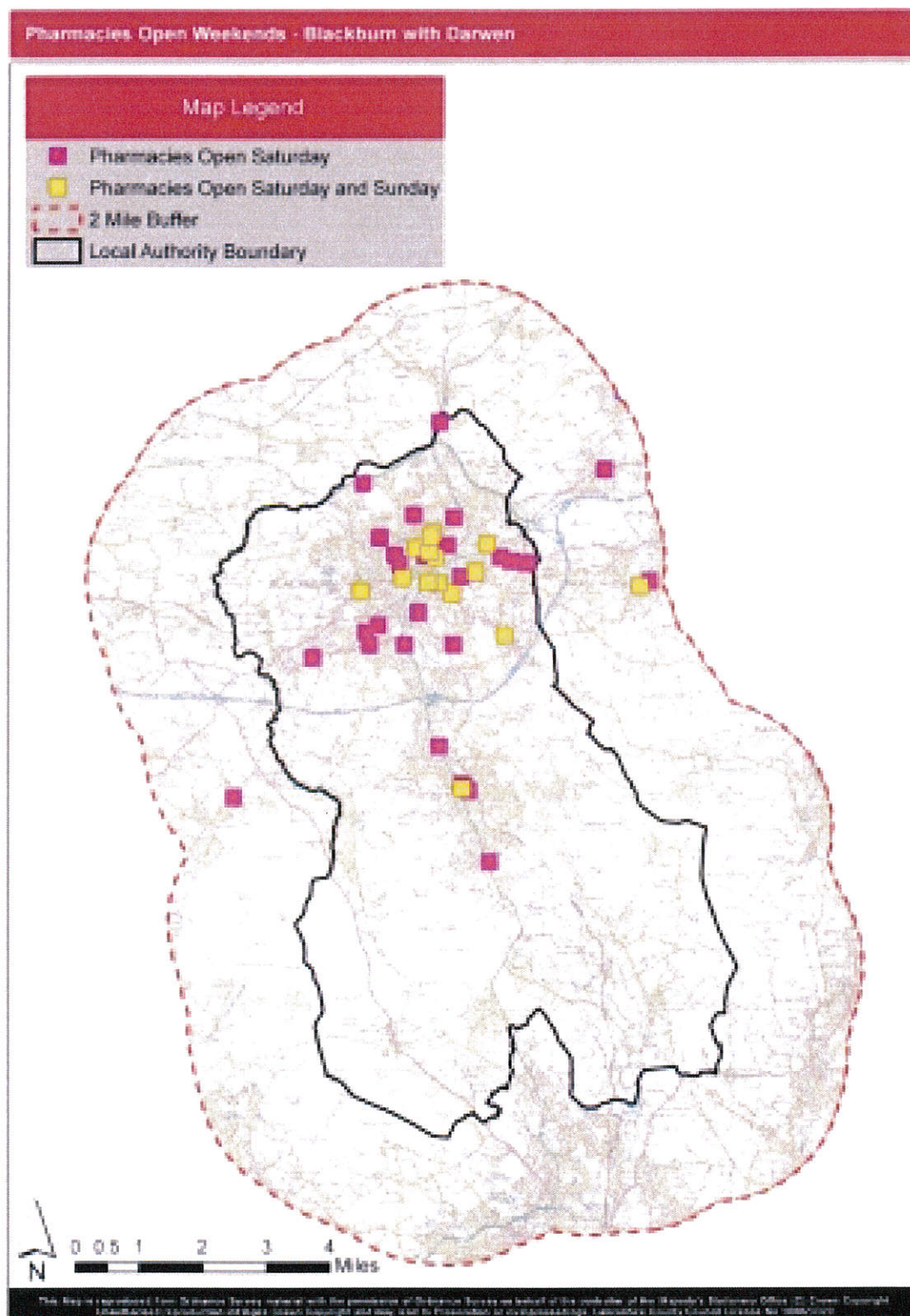
There are currently 36 Pharmacies are open for 40 hours and 12 '100 hour' pharmacies in Blackburn with Darwen. These are included in the pharmaceutical list under regulation 13(1)(b) of the National Health Service (Pharmaceutical Services) Regulations 2005; ⁴ premises which the applicant is contracted to open for at least 100 hours per week for the provision of pharmaceutical services.

Table 4: 100 Hour pharmacies

Pharmacy Name	Address 1	Address 2	Address 3	Postcode
4Court Pharmacy	Blackburn Service Station	Whalley Banks	Blackburn	BB2 1NT
Asda Pharmacy	Lower Audley Retail Park	Grimshaw Park Road	Blackburn	BB2 3DY
Audley Late Night Pharmacy	114-116 Audley Range	Blackburn		BB1 1TG
Beehive Pharmacy	Beehive Trading Park	Haslingden Road	Blackburn	BB1 2EE
Boots the Chemist	Unit B2 Townsmoor Retail Park	Great Bolton Street	Blackburn	BB2 3RX
Buncer Lane Pharmacy	6 Preston Old Road	Blackburn	Lancashire	BB2 2SS
HBS Pharmacy	Barbara Castle Way Hc	Simmons Street	Blackburn	BB2 1AX
Lloydspharmacy	62 Haslingden Road	Blackburn		BB2 3HS
Market Street Pharmacy	29-31 Market Street	Darwen		BB3 1PS
Riaz Pharmacy	112 Randal Street	Blackburn		BB1 7LG
Tesco Pharmacy	Hill Street	Blackburn		BB1 3HF
Whalley Range Pharmacy	1 Whalley Range	Blackburn		BB1 6DX

Overall, out of 50 community pharmacies, 27 (54%) are open after 6pm and 14 (28%) are open after 7pm on weekdays; 39 (78%) open on Saturdays; and 14 (28%) open on Sundays. These findings demonstrate an improvement to access from those in the 2011 PNA. The locations of pharmacies currently open on a Saturday or a Sunday are illustrated in Map 9.

Map 9: Pharmacies open on Saturday and/or Sunday in Blackburn with Darwen



Further community pharmacy opening hours on weekdays can be summarised as:

Currently 12 pharmacies are contractually obliged to open for 100 hours per week due to the conditions on their application. This inevitably means that they are open until late at night and at the weekend. There is a risk that if the regulations for these contracts were to change that they may reduce their hours. This could significantly reduce the availability of pharmacies within Blackburn with Darwen that are available on late night and weekends.

Blackburn with Darwen HWB has not identified needs that would require provision of a full pharmaceutical service for all time periods across the week. However, maintaining the current distribution of 100 hour/longer opening pharmacies is important to maintain out of hours access for the population of Blackburn with Darwen.

Since the introduction of the pharmaceutical contractual framework in 2005 community pharmacies do not need to participate in rota provision to provide access for weekends or during the evening. The need for such a service has been greatly reduced by the increased opening hours of a number of pharmacies including the 100 hours pharmacies. Despite this, there is still a gap in contracted hours to cover statutory holidays.

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

4.2.4 Access for people with disabilities

The questionnaire sent to pharmacies included a question asking if any consultation facilities existed on site and if they included wheelchair access. The results showed that 26 of the 32 pharmacies (81.25%) have consultation areas with wheelchair access. 15 of the 32 (46.8%) stated they would be willing to undertake consultations in a patient's home or other suitable venue. 29 of the 32 (90.6%) stated they would deliver dispensed medicines free of charge on request.

4.3 Community Pharmacy Essential Services

Community Pharmacies provide three tiers of Pharmaceutical Services:

- Essential Services – services all pharmacies are required to provide.
- Advanced Services – services to support patients with safe use of medicines.
- Enhanced Services – services that can be commissioned locally by NHS England.

These types of services are briefly described below and are defined in the Regulations⁴

Essential services are offered by all pharmacy contractors as part of the NHS Community Pharmacy Contractual Framework.¹³ Essential services include dispensing appliances, repeat dispensing, clinical governance, public health (promotion of healthy lifestyles), disposal of unwanted medicines, signposting and support for self-care.

The essential services are specified by a national contractual framework that was agreed in 2005. All community pharmacies are required to provide all the essential services. NHS England is responsible for ensuring that all pharmacies deliver all of the essential services as specified. Each pharmacy has to demonstrate compliance with the community pharmacy contractual framework by providing sufficient evidence for delivery of every service. This is monitored by NHS England.

All community pharmacies in Blackburn with Darwen are currently compliant with the contract to date.

4.3.1 Public health campaigns

The Community Pharmacy Contractual Framework identifies that pharmacies have to carry out 6 Public Health Campaigns over a 12 month period – this service provision is part of the overall pharmacy contract which is commissioned by NHS England. Historically the Public Health Campaigns delivered by community pharmacies were part of the contractual agreements with the Medicines Management Department supported by the Public Health Team in the Primary Care Trust.

To gain consistency, the 6 public health campaigns for 14/15 have been agreed across Pan Lancashire (Blackpool, Blackburn with Darwen and Lancashire County Council) as below:

- April-May – Lung Cancer awareness,
- June-July – Road Safety,
- Aug-Sep – Healthy Weight,
- Oct-Nov – Stoptober,
- Dec-Jan – Alcohol / Dry January,
- Feb-March – Mental Health / 5 ways to Wellbeing

It is not stipulated that Public Health should provide the Pharmacies with the resources for each campaign. However for each campaign a briefing sheet of the key Public Health messages linked to pharmacies will be produced and links to where pharmacies can obtain posters and resources. For campaigns where we have resources available these will be distributed to the pharmacies.

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

4.4 Advanced Services

In addition to essential services the community pharmacy contractual framework allows for advanced services, which currently include Medicines Use Reviews (MUR), Appliance Use Reviews (AUR), New Medicines Service (NMS) and the Stoma Customisation Service (SCS). A pharmacy can choose to provide any of these services as long as they meet the requirements that are set out in the Secretary of State Directions.¹⁴

In 2013-2014, of the 50 pharmacies in Blackburn with Darwen, 45 contractors provided the Medicines Use Review Service with the mean average of MURs undertaken being 227 per contractor per year. The maximum number of MURs per contractor per year is 400.

In 2013-2014, of the 50 pharmacies in Blackburn with Darwen, 34 contractors provided the New Medicines Service Review with the mean average of NMS Reviews being 54 per contractor per year.

Further guidance has been issued to community pharmacists to conduct MURs on patients who are taking medications known to increase the risk of hospitalisation through complications with their medications, including: Non Steroidal Anti-Inflammatory drugs, Warfarin, Methotrexate and other Disease-Modifying Anti-Rheumatic Drugs (DMARDs), Insulin, Anti-Epileptics and Parkinson's drugs.

New Medicines Review was commissioned in 2011 and is currently being reviewed nationally to identify if it will continue in 2015.

4.5 Enhanced Services

The only pharmacy enhanced service commissioned from any willing pharmacy provider across the county, excluding distance selling pharmacies, is the seasonal flu vaccination service.

In 2013/14 12% (6) providers signed service level agreements to deliver the seasonal flu service. In total 29 patients were vaccinated from a total of 2 providers.

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

4.6 Local Improvement Services

In 2013/14 Public Health commission community pharmacies to deliver the following services;

- Needle and syringe exchange service
- Supervised consumption

- One to one stop smoking level two
- Nicotine replacement voucher scheme
- Emergency hormonal contraception

Not all pharmacies provide each service. Public Health commissioners provide service provision where there is the greatest of need.

These will be discussed in more detail in chapter 5.

4.7 Clinical Commissioning Groups

Blackburn with Darwen Clinical Commissioning Group currently do not commission community pharmacies to deliver any services.

However Blackburn with Darwen CCG has approved a minor illness strategy which is to be used across the whole of the East Lancashire Health Economy – including GP Practices, A&E, Urgent Care, OOH, Public Health and BwD Borough Council.

This Strategy focuses on better understanding of self-care at home and using local pharmacies as the first port of call, rather than booking an appointment with a GP or going to Urgent Care or A & E. Surgeries within Blackburn with Darwen are advised to redirect patients to local pharmacies for minor ailments, which will free up GP appointments to deal with more complex and long term conditions and help improve the life quality of the local population. Practitioners are encouraged not to routinely issue prescriptions for self-limiting minor ailments.

A range of posters, leaflets and information on the top 10 minor ailments has been developed to give out to patients rather than giving them a prescription – which is often of limited clinical value.