AGENDA FOR

HEALTH AND WELLBEING BOARD

Contact:: Julie Gallagher
Direct Line: 0161 2536640
E-mail: julie.Gallagher@bury.gov.uk
Web Site: www.bury.gov.uk

To: All Members of Health and Wellbeing Board

Voting Members : Dr Audrey Gibson, Pat Jones-Greenhalgh (Vice-Chair), Graham Atkinson, Dave Bevitt, Mark Carriline, Stuart North, Councillor Rishi Shori (Chair), Lesley Jones, Councillor Andrea Simpson, Carol Twist and Amber Waywell

Non-Voting Members : Rob Bellingham

Dear Member/Colleague

Health and Wellbeing Board

You are invited to attend a meeting of the Health and Wellbeing Board which will be held as follows:-

Date:	Thursday, 17 July 2014
Place:	Peel Room, Bury Town Hall
Time:	6.00 pm
Briefing Facilities:	If Opposition Members and Co-opted Members require briefing on any particular item on the Agenda, the appropriate Director/Senior Officer originating the related report should be contacted.
Notes:	**Please note there will be a member development session prior to the meeting commencing at 5pm.**

AGENDA

1 DECLARATIONS OF INTEREST

Members of the Health and Wellbeing Board are asked to consider whether they have an interest in any of the matters on the Agenda, and if so, to formally declare that interest.

2 MINUTES OF PREVIOUS MEETING *(Pages 1 - 6)*

Minutes attached

3 MATTERS ARISING *(Pages 7 - 8)*

Action log attached.

4 PUBLIC QUESTION TIME

Questions are invited from members of the public present at the meeting on any matters for which the Board is responsible.

Approximately 30 minutes will be set aside for Public Question Time, if required.

5 BURY PARTNERSHIP FRAMEWORK PRESENTATION

The Assistant Director of Business Redesign, Harry Downie, will report at the meeting.

6 HWB DEVELOPMENT PLAN - PERFORMANCE FRAMEWORK - OUTCOME BASED ACCOUNTABILITY - INTEGRATION OF HEALTH & SOCIAL CARE *(Pages 9 - 32)*

A report from the Health and Wellbeing Policy Lead is attached.

7 JOINT STRATEGIC NEEDS ASSESSMENT *(Pages 33 - 110)*

The Interim Director of Public Health, Lesley Jones will report at the meeting.

8 OPEN OBJECTS - THE BURY DIRECTORY *(Pages 111 - 114)*

The Health and Wellbeing Board Policy Lead, Heather Hutton and Head of Strategic Planning and Management Service, Paul Cooke will present at the meeting.

9 PHARMACEUTICAL NEEDS ASSESSMENT *(Pages 115 - 276)*

The Interim Director of Public Health, Lesley Jones will report at the meeting.

10 NORTHWEST DIRECTOR OF PUBLIC HEALTH MANIFESTO *(Pages*

277 - 292)

11 URGENT BUSINESS

Any other business which by reason of special circumstances the Chair agrees may be considered as a matter of urgency.

This page is intentionally left blank

Agenda Item 2

Minutes of: **HEALTH AND WELLBEING BOARD**

Date of Meeting: 19th June 2014

Present: Cabinet Member, Councillor Rishi Shori (Chair); Dr A. Gibson; Chair, Healthwatch, Carol Twist; Interim Director of Public Health, Lesley Jones; Police Inspector Amber Waywell, Councillor Andrea Simpson; Executive Director of Children's Services, Mark Carriline; Executive Director of Communities and Wellbeing, Pat Jones-Greenhalgh; Dave Bevitt, Representing B3SDA

Also in attendance:

Deputy Chief Officer/Head of Commissioning, Sharon Martin; Representing Stuart North.
Joint Commissioning Manager, Bury CCG, Catherine Tickle
Contracts and Procurement Officer, Bury Council, John Campbell.
Associate Director – Engagement & Partnership, Healthier Together, Martin McEwan.
Economy, Employment, Skills and European Policy Manager, Bury Council, Tracey Flynn.
Work Programme Leavers Manager, Salford Council, Anne Finlay.
BSCB Board Manager, Bury Council, Donna Green.
Heather Hutton - Head of Customer Services.
Julie Gallagher – Democratic Services.

Apologies: Chief Officer, CCG, Stuart North;
Executive Director, Graham Atkinson
NHS England, Mr. Rob Bellingham

Public attendance: 5 members of the public were in attendance

---

HWB.49 DECLARATIONS OF INTEREST

There were no declarations of interest.

HWB.50 MINUTES

Delegated decision:

That the Minutes of the meeting of the Health and Wellbeing Board held on Thursday 10th April 2014, be approved as a correct record and signed by the Chair.

HWB.51 MATTERS ARISING

Members of the Board reviewed the Health and Wellbeing Board Action Log.

In respect of Action 10, concerning the Joint Strategic Needs Assessment (JSNA), the Interim Director of Public Health reported that three pieces of work would be undertaken to support the JSNA; firstly a piece of research work to establish and understand the available data held, including partners and stakeholders; secondly; examine any capacity issues in relation to the JSNA and thirdly develop a web portal.

The Board was informed that work to commission the research was being progressed. The JSNA steering group have drafted a specification and a provider open day has been organised for the 1st July.

Delegated decision:

That the action log be noted.

HWB.52 PUBLIC QUESTION TIME

The Chair, Councillor R Shori, invited questions, comments and representations from members of the public present at the meeting and the following issues were raised:

In response to the questions raised by Councillor Walker, Councillor Shori reported that scrutiny of the new provider of Bury's Drug and Alcohol service will be undertaken by Bury's Health Scrutiny Committee who has resolved to review its progress. Representatives from the CCG and Healthwatch would provide Councillor Walker with contact details to assist the scrutiny review of Dentistry services. Democratic Services would speak with the CCG to request a response to the request for information in relation to the Speakeasy project.

The Chair of Healthwatch reported that following their review of Patient Transport Services a public meeting had been held with representatives from Arriva and concerns raised within the report were discussed.

HWB.53 HEALTHIER TOGETHER A REVIEW OF HEALTH AND CARE IN GREATER MANCHESTER

The HWB considered a verbal presentation from the Associate Director – Engagement & Partnership, Healthier Together, Martin McEwan. The presentation contained the following information:

- The future health and social care system will look substantially different as a result of the Healthier Together proposals.
- Case for change; variation in patient outcomes, quality and safety standards; rising demand on services; workforce availability; many patients using hospital rather than primary and community services; more care needs to be provided within the community.
- Each locality has developed clear plans for Integrated Care and Transformation of Primary Care.
- Public Consultation will commence in July and will include a number of different options.

The Associate Director, Engagement & Partnership, Healthier Together, reported that the CCG Committee in Common met on the 18th June 2014 to

finalise the consultation proposals. The proposals will now be considered by NHS England, prior to the commencement of the public consultation.

The Associate Director, Engagement & Partnership, Healthier Together, reported that no change will not be an option.

The Associate Director, Engagement & Partnership, Healthier Together reported that, no District General Hospital (DGH) or A&E will close as a result of these proposals.

In response to concerns raised by the Executive Director of Children's Services, in relation to the sustainability and viability of DGHs as a result of the Healthier Together proposals; the Associate Director reported that, currently there are ten hospitals providing differing levels of staff cover across a variety of specialist services. As a result of this, the level and quality of provision varies within hospitals. The proposals would result in the specialist centres providing consultant cover 24 hours a day, seven days a week. The DGHs would then concentrate on elective, low risk work that would require a different workforce skills mix.

The Deputy Chief Officer/Head of Commissioning, Sharon Martin reported that that the proposals will result in a centralisation of expertise, services and goods. The risks in relation to the sustainability of DGH will be greater if the status quo remains, the proposals will result in enhanced services in local DGHs, and a sustainable future for all.

The Chair of Healthwatch reported that they too, will engage with the public to seek their views, in relation to the Healthier Together proposals.

Delegated decision:

The presentation be noted.

HWB.54 ACTION PLAN FOR LEARNING DISABILITES AND CHALLENGING BEHAVIOUR

The Health and Wellbeing Board considered a verbal presentation from the Joint Commissioning Manager, Bury CCG, Catherine Tickle and the Contracts and Procurement Officer, Bury Council, John Campbell; in relation to the action plan for learning disabilities and challenging behaviour. Accompanying reports had been submitted to the Board providing an overview which included the following information:

- Following the investigation by BBC Panorama in 2011, which revealed abuse of patients at Winterbourne View the Department of Health, developed the Winterbourne View Concordat.
- The Concordat outlines a commitment to transform the way services are commissioned and delivered for people with learning difficulties.
- One of the main requirements is for Bury CCG and Bury Council to set out a joint strategic plan to commission the range of local health, housing, and care support services to meet the needs of people with challenging behaviour in their area.

A draft action plan has been developed focusing on how Bury CCG, Bury council and key partner will respond to the Concordat, nine people from Bury meet the Winterbourne criteria.

The Bury Learning Disability Strategy will be refreshed in 2014-15; it is proposed that the refreshed strategy will be an all age strategy, covering the health, education and social care needs of all people with low, moderate and complex learning disabilities in Bury.

In response to a Board Member's question the Contracts and Procurement Officer reported that the development of a Joint Learning Disabilities partnership would require a commitment from relevant partners.

The Executive Director of Communities and Wellbeing reported that the Safeguarding Board will provide assurance and oversight to the development of the refreshed Learning Disability Strategy and the action plan.

Delegated decision:

The Bury Learning Disability Strategy, once refreshed, will be considered at a future meeting of the Health and Wellbeing Board.

HWB.55 PHARMACEUTICAL NEEDS ASSESSMENT CONSULTATION

The Interim Director of Public Health submitted a report which;

-Outlined the details of the scope of the formal Pharmaceutical needs assessment (PNA) consultation and the proposed methods that will be used to engage different stakeholders and ensure patient and public involvement.
-The Greater Manchester Commissioning Support Unit is carrying out the PNA on behalf of the HWB.
-The health and social care act 2012 transferred the responsibility for developing and updating the PNAs to the Local Authority and HWBs.
-There is a legal requirement for the HWB to publish the PNA before 31st march 2015.

Delegated decision:

1. The Health and Wellbeing Board resolve that engagement will be undertaken with all stakeholders listed in the Greater Manchester Commissioning Support Unit Local Authority Pharmaceutical Assessment Project 2014, as well as those on B3SDA mailing list.
2. Greater Manchester Commissioning Support Unit must ensure that paper copies of the Pharmaceutical Needs Assessment consultation will be made available for those who do not have access to the internet/email.

HWB.56 BURY SAFEGUARDING CHILDREN'S BOARD JOINT PROTOCOL

Members of the Board reviewed the Bury Safeguarding Children's Board/ Health and Wellbeing Board Joint Protocol.

Delegated decision:

1. Section three of the Joint Protocol would be amended to include information relating to the statutory functions of the Health and Wellbeing Board.
2. Subject to the above amendment, the HWB agree in principle the Joint Protocol.
3. The protocol will be subject to review in light of the ongoing work as part of the development of the Bury Partnership Framework.

HWB.57 WORK PROGRAMME LEAVERS – DRAFT PROTOCOL

Members of the Board reviewed the Work Programme Leavers – Draft Protocol.

The protocol is part of a high profile, co-funded and co-commissioned pilot between AGMA and Whitehall, designed to tackle persistently high levels of worklessness in Greater Manchester.

In response to concerns raised by Board members, Anne Finlay, Work Programme Leavers Manager provided practical examples of work undertaken in other Boroughs to support the unemployed to access health services.

The Work Programme Leavers Manager reported that the Work programme Leavers Protocol had been discussed and subsequently agreed at all other Health and Wellbeing Boards within Greater Manchester.

Delegated decision:

Members of the Health and Wellbeing Board support and endorse the Greater Manchester Health Protocol subject to the inclusion of a footnote to provide assurance that any health services provided for work programme leavers will be on the basis of clinical need.

HWB.58 HEALTHWATCH REVIEW OF PATIENT TRANSPORT SERVICES

Members of the Board considered the Healthwatch Review of Patient Transport Services. The Chair of Healthwatch reported that a questionnaire had been developed by Healthwatch Oldham to review the provision of patient transport services following the decision by Blackpool CCG to award the Greater Manchester contract to Arriva. Bury Healthwatch received 36 replies to the questionnaire.

The Healthwatch Chair report that the questionnaires highlighted a number of recurrent concerns including; not arriving for an appointment on time, long waits post appointment and problems with timing of journeys.

The Healthwatch Chair reported that Bury healthwatch would continue to monitor the Arriva's provision of patient transport services.

Delegated decision:

The Health and Wellbeing Board would continue to monitor the Arriva's provision of Patient Transport Services.

HWB.59 BOARD DEVELOPMENT REPORT

The HWB Policy Lead submitted a Board Development plan which had been formulated to guide, support and develop the work of the Health and Wellbeing Board.

Delegated Decision:

The Health and Wellbeing Board agree to implement the Health and Wellbeing Board Development report.

HWB. 60 CHANGES TO HEALTH VISITORS IN BURY

In response to concerns raised by the Healthwatch Chair, Dr.Gibson, CCG representative reported that the information reported in the Corporate Risk Register in relation to health visitors was out of date.

Delegated Decision:

Proposed changes to Health Visitors in Bury will be considered at a future meeting of the Health and Wellbeing Board.

Councillor Rishi Shori
Chair

(Note: The meeting started at 2pm and ended at 4.16pm)

Health & Wellbeing Board Action Plan

19 June 2014

Action No	Responsible	Action	Outcome
1	TF	Draft work leavers protocol	**June 2014**
2	SN	In response to a question from a member of the public Stuart North undertook to provide the HWB with further information in relation to funding for the charity Speakeasy.	**Forwarded to CCG for response**
3	DH	A "Healthier Radcliffe" evaluation report will be considered at a future meeting of the HWB.	**July 2014**
4	LJ/HC	HWB Work programme/Review the HWB membership	**Briefing paper June 2014 – Member Development sessions and Delivery plan commence July 2014.**
5	IC	Ian Chambers/Mark Carriline would provide an update at a future meeting of the HWB in relation to the work of the Children with Additional Needs and Disability Partnership Group.	**September 2014**
6	RS/PJG/SN	Bury's Better Care Fund (Formally Integrated Care Strategy) would be considered at subsequent Board	• **That the Health and Wellbeing Board continue to monitor the progress of the**

		meetings.	**Better Care Fund.**
7	SN	Clinical Commissioning Group – Strategic Planning	**September 2014**
8	LJ	Changes to health visitors in Bury	**Further update will be provided by the Interim Director of Public Health**
9	DG/JG	Bury Safeguarding Childrens Board protocol with Health and Wellbeing Board	**Donna Green**
10	LJ	Joint Strategic Needs Assessment	**Consultation completed quarterly reports to be received by the Board**

NB THE ACTION LOG WILL BE REPLACED BY A HEALTH AND WELLBEING BOARD DELIVERY PLAN AND FORWARD PLAN

Health & Wellbeing Board Report template

Bury Health and Wellbeing Board

Title of the Report	Health & Wellbeing Strategy Development Report
Date	17th July2014
Contact Officer	Heather Hutton
HWB Lead in this area	

1. Executive Summary

Is this report for?	Information	Discussion	Decision
		X	
Why is this report being brought to the Board?	This report is being brought to the Health & Wellbeing Board as part of the interactive discussion section of the meeting. Its purpose is to provide an update on the Health & Wellbeing Strategy future development.		
Please detail which, if any, of the Joint Health and Wellbeing Strategy priorities the report relates to. (See attached Strategy)  Living_well_in_Bury_ Making_it_happen_to	All		
Please detail which, if any, of the Joint Strategic Needs Assessment priorities the report relates to. (See attached JSNA)  Bury JSNA - Final for HWBB 3.pdf	All		
Key Actions for the Health and Wellbeing Board to address – what action is needed from the Board and its members? Please state recommendations for action.	Board to approve the recommendations for action that will support the future development of the Health & Wellbeing Strategy		
What requirement is there for internal or external communication around this area?	N/A		

Assurance and tracking process – Has the report been considered at any other committee meeting of the Council/meeting of the CCG Board/other stakeholders....please provide details.	No this report is specific to the Health & Wellbeing Board

2. Introduction / Background

The Health & Wellbeing Board has a duty to monitor the delivery of the Health & Wellbeing Strategy on an annual basis and also entered into a commitment to refresh the strategy.

A series of workshops, interviews and meetings have taken place with key leads and members of the board as part of the monitoring of the strategy one year on and a dashboard has been developed to show how Bury is performing against the measures identified in the Joint Health and Wellbeing Strategy (see Appendix 1).

3. Key issues for the Board to Consider

Much has happened since the document was first drafted and developments such as the Better Care Fund, implementation of the Care Act, Public Service Reform etc. are set to be major influences in the delivery of better outcomes. Addressing these factors was highlighted in the discussions with stakeholders with a number of suggestions put forward for how the strategy could be strengthened.

The Health & Wellbeing Strategy is an iterative document. Refreshing the content and establishing a clear direction of travel based on available evidence is essential to ensure that the Strategy is fit for purpose, has a robust monitoring framework and has adequate governance arrangements that support the delivery of priorities.

4. Recommendations for action

To build on the feedback received from stakeholders, the Board is requested to consider a series of presentations (included later on the agenda) to inform the refresh of the strategy and delivery plan:

- Latest thinking on Team Bury governance arrangements and priorities.
- Plans for Integrated Health & Social Care.
- Outcome Based Accountability

In addition it is proposed that the Board may wish to focus on a specific priority at each board as part of the 'interactive discussion' section of the meeting. At each meeting, the board will:

- Develop a deeper understanding of that priority
- Review the actions within the priority to ensure that these are aligned with priorities of the Health & Wellbeing Board
- Review the outcomes framework for each priority
- Invite key leads to present possible key delivery mechanisms for each priority

The output from these sessions will help to update and refresh the strategy and enable a high level development plan and monitoring framework to be delivered.

5. Financial and legal implications (if any)
If necessary please see advice from the Council Monitoring Officer Jayne Hammond (J.M.Hammond@bury.gov.uk) or Section 151 Officer Steve Kenyon (S.Kenyon@bury.gov.uk).

There are no financial or legal implications.

6. Equality/Diversity Implications

There are no equality or diversity implications.

CONTACT DETAILS:

Contact Officer: Heather Hutton

Telephone number: 0161 253 6684

E-mail address: h.hutton@bury.gov.uk

Date: 03/07/2014

Appendix 1- Dashboard

HWB Dashboard - draft v1 Feb14 final.p

HWB Dashboard - May14 (expanded) fi

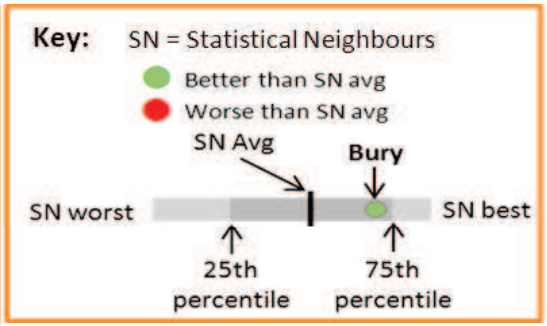
This page is intentionally left blank

Health & Wellbeing Strategy Measures Dashboard - May 2014 (draft v2)

Priority 1 - Ensuring a positive start to life for children, young people and families

Measures from Strategy:

1.1 An increase in the number of children achieving a good level of development at age 5
1.2 A reduction in the number of child protection plans
1.3 A reduction in the number of children in care
1.4 Increases in breastfeeding initiation and maintenance at 6-8 weeks after birth
1.5 A reduction in the number of mothers who smoking during pregnancy
1.6 Improvements in the differences in levels of educational attainment across the borough



The data below are nationally-published indicators that can be matched to the Strategy measures shown above. Where data is available, they show how Bury is doing in relation to similar Local Authorities, and over time.

More indicators will be added following discussions and development.

= Bury is in lowest quartile

NB: No significance implied

Strategy Measure Number and Indicator		Bury	SN Avg	Statistical Neighbours range	Trend
1.1	% achieving good level of development at end of reception	**51.2**	47.9		
1.4i	Breastfeeding initiation	**68.9**	63.6		
1.4ii	Breastfeeding prevalence at 6-8 weeks after birth	**41.0**	34.3		
1.5	Smoking status at time of delivery	**15.3**	17.7		

Health & Wellbeing Strategy Measures Dashboard - May 2014 (draft v2)

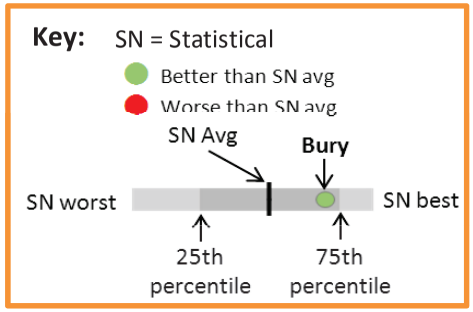
Priority 2 - Encouraging healthy lifestyle and behaviours in all actions and activities

Measures from Strategy:

2.1 Reductions in the levels of smoking, physical inactivity, excess weight and harmful alcohol consumption in adults, children and young people
2.2 A reduction in under 18s conception
2.3 An increase in life expectancy at age 75
2.4 Reductions in the gap in life expectancy and healthy life expectancy between communities
2.5 Reductions in early deaths from cancer and cardiovascular, liver and respiratory diseases

The data below are nationally-published indicators that can be matched to the Strategy measures shown above. Where data is available, they show how Bury is doing in relation to similar Local Authorities, and over time.

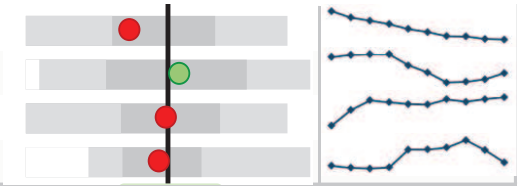
More indicators will be added following discussions and development.



= Bury is in lowest quartile

NB: No significance implied

	Strategy Measure Number and Indicator		Bury	SN Avg	Statistical Neighbours range	Trend
	2.1i	Smoking Prevalence	**20.9**	22.6		
	2.1ii	% inactive adults	**27.9**	30.0		
	2.1iii	Excess weight in 4-5 year olds	**19.5**	22.2		
	2.1iv	Excess weight in 10-11 year olds	**33.2**	33.5		
	2.1v	Excess Weight in Adults	**68.2**	65.9		
	2.1vi	Alcohol related admissions	**616**	711		
	2.2	Under 18 conceptions	**32.6**	34.1		
	2.3	Under 75 mortality rate - all causes	**310.5**	301.8		

2.5i	Under 75 mortality rate from all CVD	**102**	96		
2.5ii	Under 75 mortality rate from cancer	**162**	163		
2.5iii	Under 75 mortality rate from liver disease	**23.5**	23.4		
2.5iv	Under 75 mortality rate from respiratory disease	**42.1**	41.2		

2.4 Reductions in the gap in life expectancy and healthy life expectancy between communities

The Slope Index of Inequality (SII) in Life Expectancy at Birth measures (in years) how much life expectancy varies with deprivation. While the SII is broadly comparable between areas, the deprivation deciles are defined separately for each local authority based on the local range of deprivation in the area.

Source: PHOF

Last updated: May 2014

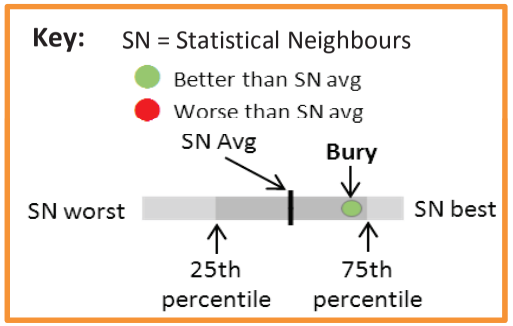
	Indicator	Bury	Statistical Neighbour Avg	Trend
2.4i	SII in life expectancy at birth - Male	11.5	10.6	
2.4ii	SII in life expectancy at birth - Female	7.6	7.9	

Health & Wellbeing Strategy Measures Dashboard - May 2014 (draft v2)

Priority 3 - Helping to build strong communities, wellbeing and mental health

Measures from Strategy:

3.1 An increase in the proportion of adults with mental illness who are in employment
3.2 An increase in the percentage of adults with mental illness living independently
3.3 An increase in self reported wellbeing
3.4 A reduction in hospital admissions as a result of self-harm
3.5 A decrease in first time entrants to the youth justice system
3.6 A reduction in domestic violence
3.7 A reduction in homelessness
3.8 A reduction in the length of stay of families in temporary accommodation



The data below are nationally-published indicators that can be matched to the Strategy measures shown above. Where data is available, they show how Bury is doing in relation to similar Local Authorities, and over time.

More indicators will be added following discussions and development.

= Bury is in lowest quartile

NB: No significance implied

	Strategy Measure Number and Indicator		Bury	SN Avg	Statistical Neighbours range	Trend
	3.1	% adults in contact with secondary mental health services in paid employment	**2.7**	7.8		
	3.2	% adults receiving secondary mental health services who live independently	**51**	64		
	3.4	Emergency hospital admissions for intentional self-harm	**246**	293		
	3.5	First time entrants to the youth justice system	**362**	528		
	3.6	Domestic Abuse	**27.7**	25.2		
	3.7	Homelessness acceptances	**2.0**	1.5		
	3.8	Households in temporary accommodation	**0.2**	0.4		

3.3 An increase in self-reported wellbeing

Source: PHOF
Last Updated:February 2014

		Bury						
	Indicator	Trend	Latest	Direction (from previous)	SN Avg	Eng Avg	Time frame	Indicator Measure
3.3i	Self-reported well-being - people with a low satisfaction score		5.0	better	6.4	5.8	2012/13	%
* 3.3ii	Self-reported well-being - people with a low worthwhile score		5.0	better	5.1	4.4	2012/13	%
3.3iii	- Self-reported well-being - people with a low happiness score		10.7	better	11.6	10.4	2012/13	%
3.3iv	- Self-reported well-being - people with a high anxiety score		25.0	worse	20.7	21.0	2012/13	%

***Data suppression:**

ONS has suppressed data for areas where the coefficient of variation for the calculated indicator is 20% or above; this suggests the estimate is unreliable and considered not appropriate for practical purposes. This was the case for a number of LAs, particularly lower tier local authorities. Where this was the case, and the County estimate was available, the County estimate was applied to the lower tier local authorities.

*AB: the figure for '2.23ii low worthwhile score' for Bury in 2012/13 was suppressed due to the '20% coefficient of variation' rule outlined above. The figure reported in PHOF for Bury is the Greater Manchester figure, and is highlighted in the online tool with an *. Similar suppressions could happen in the future and may prove problematic for monitoring.*

Health & Wellbeing Strategy Measures Dashboard - May 2014 (draft v2)

Priority 4 - Promoting independence of people living with LTCs and their carers

Measures from Strategy:

4.1 Reduced admissions of people with long term conditions
4.2 An increased number of adults and carers receiving self-directed support via a direct payment
4.3 An increased number of adults accessing a recognised self-care course
4.4 A reduction in the proportion of long term sick

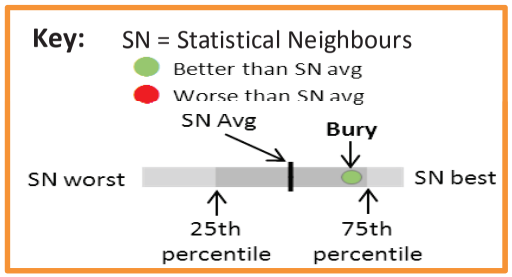
These indicators will be added following discussions and development.

Health & Wellbeing Strategy Measures Dashboard - May 2014 (draft v2)

Priority 5 - Supporting older people to be safe, independent and well

Measures from Strategy:

5.1 A reduction in injuries and hip fractures due to falls in the over 65s
5.2 A reduction in permanent admissions to residential and nursing care homes
5.3 An increase in the number of over 65s who remain at home following support by reablement services
5.4 An increase in people feeling safe and secure as a result of adult care services
5.5 A reduction in excess winter deaths
5.6 An increase in early diagnosis of dementia
5.7 An increase in the number of people dying in their own home where they wish to do so



The data below are nationally-published indicators that can be matched to the Strategy measures shown above. Where data is available, they show how Bury is doing in relation to similar Local Authorities, and over time.

More indicators will be added following discussions and development.

= Bury is in lowest quartile

NB: No significance implied

	Strategy Measure Number and Indicator		Bury	SN Avg	Statistical Neighbours range	Trend
	5.1i	Injuries due to falls in people aged 65 and over	**1906**	2085		
	5.1ii	Hip fractures in people aged 65 and over	**551**	575		
	5.2i	Permanent admissions to residential and nursing care homes - 18-64	**14**	14		
	5.2ii	Permanent admissions to residential and nursing care homes 65+	**901**	764		
	5.3	% 65+ still at home 91 days after discharge from hospital into reablement/rehabilitation servi	**85**	82		
	5.4	% people who use services who say services have made them feel safe and secure	**86**	74		
	5.5	Excess Winter Deaths Index (3 years, all ages)	**16.3**	15.2		

Bury's Statistical Neighbours

Statistical Neighbours
Bolton
Calderdale
Darlington
Medway
St. Helens
Stockport
Stockton-on-Tees
Tameside
Telford and Wrekin
Wigan

Bury's 'Statistical Neighbours' are areas thought to be similar to Bury, calculated using CIPFA's 'Nearest Neighbours' online tool.

The comparator classes selected were Metropolitan Districts and Unitary Authorities. The indicators selected were the default CIPFA indicators plus '% Ethnic' and 'Index of Multiple Deprivation'.

More information on the tool can be found here:
http://www.cipfastats.net/resources/nearestneighbours/ht

Other info:

This is an adaptation of WMPHO's spine chart creator: http://www.wmpho.org.uk/tools/

Questions or suggestions? Please contact:

Anna Barclay
Public Health Analyst
(0161) 253 6910
anna.barclay@bury.gov.uk

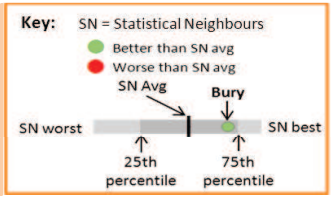
Last updated by AB on 30/05/2014

Health & Wellbeing Strategy Measures Dashboard - May 2014 (draft v2)

Priority 1 - Ensuring a positive start to life for children, young people and families

Measures from Strategy:

1.1 An increase in the number of children achieving a good level of development at age 5
1.2 A reduction in the number of child protection plans
1.3 A reduction in the number of children in care
1.4 Increases in breastfeeding initiation and maintenance at 6-8 weeks after birth
1.5 A reduction in the number of mothers who smoking during pregnancy
1.6 Improvements in the differences in levels of educational attainment across the borough



The data below are nationally-published indicators that can be matched to the Strategy measures shown above. Where data is available, they show how Bury is doing in relation to similar Local Authorities, and over time.

More indicators will be added following discussions and development.

= Bury is in lowest quartile

NB: No significance implied

Strategy Measure Number and Indicator		Bury	SN Avg	Statistical Neighbours range	Trend	SN Worst	SN Best	Time Frame	Bury Rank 1= best, 11=worst	Description	Latest Update	Source
1.1	% achieving good level of development at end of reception	**51.2**	47.9			37.7	57.1	2012/13	4	% of children eligible for the EYFS Profile	Feb-14	PHOF
1.4i	Breastfeeding initiation	**68.9**	63.6			52.3	79.3	2012/13	3	% of infants	Feb-14	PHOF
1.4ii	Breastfeeding prevalence at 6-8 weeks after birth	**41.0**	34.3			22.1	47.2	2012/13	2	% of infants due a 6-8 week check	Feb-14	PHOF
1.5	Smoking status at time of delivery	**15.3**	17.7			22.4	12.6	2012/13	3	% of maternities	Feb-14	PHOF

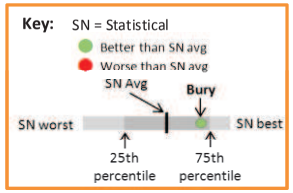
Health & Wellbeing Strategy Measures Dashboard - May 2014 (draft v2)

Priority 2 - Encouraging healthy lifestyle and behaviours in all actions and activities

Measures from Strategy:
2.1 Reductions in the levels of smoking, physical inactivity, excess weight and harmful alcohol consumption in adults, childr en and young people
2.2 A reduction in under 18s conception
2.3 An increase in life expectancy at age 75
2.4 Reductions in the gap in life expectancy and healthy life expectancy between communities
2.5 Reductions in early deaths from cancer and cardiovascular, liver and respiratory diseases

The data below are nationally-published indicators that can be matched to the Strategy measures shown above. Where data is available, they show how Bury is doing in relation to similar Local Authorities, and over time.

More indicators will be added following discussions and development.



= Bury is in lowest quartile

NB: No significance implied

Strategy Measure Number and Indicator	Bury	SN Avg	Statistical Neighbours range	Trend	SN Worst	SN Best	Time Frame	Bury Rank (1= best, 11=worst)	Description	Latest Update	Source
2.1i Smoking Prevalence	**20.9**	22.6			25.6	19.5	*2012*	**2**	% of people aged 18+	Feb-14	PHOF
2.1ii % inactive adults	**27.9**	30.0			33.2	25.9	*2012*	**2**	% of people aged 16+ classified as "inactive"	Aug-13	PHOF
2.1iii Excess weight in 4-5 year olds	**19.5**	22.2			24.6	19.5	*2012/13*	**1**	% aged 4-5 classified as overweight or obese	Feb-14	PHOF
2.1iv Excess weight in 10-11 year olds	**33.2**	33.5			36.1	31.1	*2012/13*	**6**	% aged 10-11 classified as overweight or obese	Feb-14	PHOF
2.1v Excess Weight in Adults	**68.2**	65.9			70.2	60.1	*2012*	**9**	% aged 16+ classified as overweight or obese	Feb-14	PHOF
2.1vi Alcohol related admissions	**616**	711			860	483	*2012/13*	**2**	DSR per 100,000 population	**May-14**	PHOF
2.2 Under 18 conceptions	**32.6**	34.1			40.0	26.8	*2012*	**4**	rate per 1,000 females aged 15-17	**May-14**	PHOF
2.3 Under 75 mortality rate - all causes	**310.5**	301.8			342.8	260.9	*2010-12*	**8**	Age-standardised rate per 100,000 under 75	Dec-13	NHS Indicators
2.5i Under 75 mortality rate from all CVD	**102**	96			119	77	*2010-12*	**8**	Age-standardised rate per 100,000 under 75	Feb-14	PHOF
2.5ii Under 75 mortality rate from cancer	**162**	163			177	148	*2010-12*	**5**	Age-standardised rate per 100,000 under 75	Feb-14	PHOF
2.5iii Under 75 mortality rate from liver disease	**23.5**	23.4			30.9	17.0	*2010-12*	**7**	Age-standardised rate per 100,000 under 75	Feb-14	PHOF
2.5iv Under 75 mortality rate from respiratory disease	**42.1**	41.2			48.8	27.6	*2010-12*	**6**	Age-standardised rate per 100,000 under 75	Feb-14	PHOF

2.4 Reductions in the gap in life expectancy and healthy life expectancy between communities

The Slope Index of Inequality (SII) in Life Expectancy at Birth measures (in years) how much life expectancy varies with deprivation. While the SII is broadly comparable between areas, the deprivation deciles are defined separately for each local authority ba sed on the local range of deprivation in the area.
Source: PHOF
Last updated: May 2014

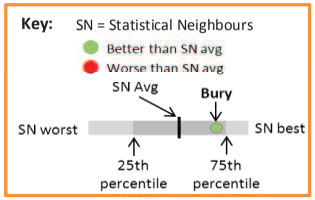
Indicator	Bury	Statistical Neighbour Avg	Trend
2.4i SII in life expectancy at birth - Male	11.5	10.6	
2.4ii SII in life expectancy at birth - Female	7.6	7.9	

Health & Wellbeing Strategy Measures Dashboard - May 2014 (draft v2)

Priority 3 - Helping to build strong communities, wellbeing and mental health

Measures from Strategy:

3.1 An increase in the proportion of adults with mental illness who are in employment
3.2 An increase in the percentage of adults with mental illness living independently
3.3 An increase in self reported wellbeing
3.4 A reduction in hospital admissions as a result of self-harm
3.5 A decrease in first time entrants to the youth justice system
3.6 A reduction in domestic violence
3.7 A reduction in homelessness
3.8 A reduction in the length of stay of families in temporary accommodation



The data below are nationally-published indicators that can be matched to the Strategy measures shown above. Where data is available, they show how Bury is doing in relation to similar Local Authorities, and over time.

More indicators will be added following discussions and development.

= Bury is in lowest quartile

NB: No significance implied

	Strategy Measure Number and Indicator	Bury	SN Avg	Statistical Neighbours range	Trend	SN Worst	SN Best	Time Frame	Bury Rank 1= best, 11=worst	Description	Latest Update	Source
	3.1 % adults in contact with secondary mental health services in paid employment	**2.7**	7.8			2.7	10.4	*2012/13*	**11**	% of eligible adults aged 18-64	Dec-13	ASCOF
	3.2 % adults receiving secondary mental health services who live independently	**51**	64			38	88	*2012/13*	**9**	% of eligible adults aged 18-64	Dec-13	ASCOF
	3.4 Emergency hospital admissions for intentional self-harm	**246**	293			407	181	*2012/13*	**4**	DSR per 100,000 population	Sep-13	Health Profiles
	3.5 First time entrants to the youth justice system	**362**	528			1244	238	*2012*	**2**	rate per 100,000 10-17 year olds	Aug-13	PHOF
	3.6 Domestic Abuse	**27.7**	25.2			30.2	15.9	*2012/13*	**9**	rate per 1,000 population	**May-14**	PHOF
	3.7 Homelessness acceptances	**2.0**	1.5			2.5	0.6	*2012/13*	**8**	rate per 1,000 households	**May-14**	PHOF
	3.8 Households in temporary accommodation	**0.2**	0.4			1.1	0.0	*2012/13*	**3**	rate per 1,000 households	**May-14**	PHOF

3.3 An increase in self-reported wellbeing

Source: PHOF
Last Updated:February 2014

		Bury						
	Indicator	Trend	Latest	Direction (from previous)	SN Avg	Eng Avg	Time frame	Indicator Measure
	3.3i Self-reported well-being - people with a low satisfaction score		5.0	better	6.4	5.8	2012/13	%
*	3.3ii Self-reported well-being - people with a low worthwhile score		5.0	better	5.1	4.4	2012/13	%
	3.3iii - Self-reported well-being - people with a low happiness score		10.7	better	11.6	10.4	2012/13	%
	3.3iv - Self-reported well-being - people with a high anxiety score		25.0	worse	20.7	21.0	2012/13	%

***Data suppression:**
ONS has suppressed data for areas where the coefficient of variation for the calculated indicator is 20% or above; this suggests the estimate is unreliable and considered not appropriate for practical purposes. This was the case for a number of LAs, particularly lower tier local authorities. Where this was the case, and the County estimate was available, the County estimate was applied to the lower tier local authorities.
*AB: the figure for '2.23ii low worthwhile score' for Bury in 2012/13 was suppressed due to the '20% coefficient of variation' rule outlined above. The figure reported in PHOF for Bury is the Greater Manchester figure, and is highlighted in the online tool with an *. Similar suppressions could happen in the future and may prove problematic for monitoring.*

Health & Wellbeing Strategy Measures Dashboard - May 2014 (draft v2)

Priority 4 - Promoting independence of people living with LTCs and their carers

Measures from Strategy:

4.1 Reduced admissions of people with long term conditions
4.2 An increased number of adults and carers receiving self-directed support via a direct payment
4.3 An increased number of adults accessing a recognised self-care course
4.4 A reduction in the proportion of long term sick

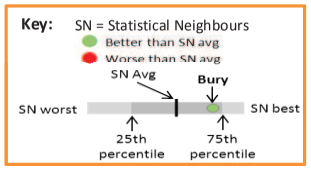
These indicators will be added following discussions and development.

Health & Wellbeing Strategy Measures Dashboard - May 2014 (draft v2)

Priority 5 - Supporting older people to be safe, independent and well

Measures from Strategy:

5.1 A reduction in injuries and hip fractures due to falls in the over 65s
5.2 A reduction in permanent admissions to residential and nursing care homes
5.3 An increase in the number of over 65s who remain at home following support by reablement services
5.4 An increase in people feeling safe and secure as a result of adult care services
5.5 A reduction in excess winter deaths
5.6 An increase in early diagnosis of dementia
5.7 An increase in the number of people dying in their own home where they wish to do so



The data below are nationally-published indicators that can be matched to the Strategy measures shown above. Where data is available, they show how Bury is doing in relation to similar Local Authorities, and over time.

More indicators will be added following discussions and development.

= Bury is in lowest quartile

NB: No significance implied

	Strategy Measure Number and Indicator	Bury	SN Avg	Statistical Neighbours range	Trend	SN Worst	SN Best	Time Frame	Bury Rank (1= best, 11=worst)	Description	Latest Update	Source
	5.1i Injuries due to falls in people aged 65 and over	**1906**	2085			3143	1402	*2012/13*	**4**	age-sex standardised rate per 100,000 65+	**May-14**	PHOF
	5.1ii Hip fractures in people aged 65 and over	**551**	575			671	514	*2012/13*	**5**	age-sex standardised rate per 100,000 65+	**May-14**	PHOF
	5.2i Permanent admissions to residential and nursing care homes - 18-64	**14**	14			21	8	*2012/13*	**7**	rate per 100,000 18-64 year olds	Dec-13	ASCOF
	5.2ii Permanent admissions to residential and nursing care homes 65+	**901**	764			988	586	*2012/13*	**10**	rate per 100,000 65+	Dec-13	ASCOF
	5.3 % 65+ still at home 91 days after discharge from hospital into reablement/rehabilitation servi	**85**	82			54	92	*2012/13*	**7**	% of 65+ discharged from hospital to rehab/reablen	Dec-13	ASCOF
	5.4 % people who use services who say services have made them feel safe and secure	**86**	74			58	86	*2012/13*	**1**	% of service users	Dec-13	ASCOF
	5.5 Excess Winter Deaths Index (3 years, all ages)	**16.3**	15.2			17.9	12.4	*Aug 09 - Jul 12*	**8**	% of deaths	Feb-14	PHOF

Bury's Statistical Neighbours

Statistical Neighbours
Bolton
Calderdale
Darlington
Medway
St. Helens
Stockport
Stockton-on-Tees
Tameside
Telford and Wrekin
Wigan

Bury's 'Statistical Neighbours' are areas thought to be similar to Bury, calculated using CIPFA's 'Nearest Neighbours' online tool.

The comparator classes selected were Metropolitan Districts and Unitary Authorities. The indicators selected were the default CIPFA indicators plus '% Ethnic' and 'Index of Multiple Deprivation'.

More information on the tool can be found here:
http://www.cipfastats.net/resources/nearestneighbours/ht

Other info:

This is an adaptation of WMPHO's spine chart creator: http://www.wmpho.org.uk/tools/

Questions or suggestions? Please contact:

Anna Barclay
Public Health Analyst
(0161) 253 6910
anna.barclay@bury.gov.uk

Last updated by AB on 30/05/2014

Board Date	Member Development Session	Interactive discussion/ focus	Agenda Items	
17th July 6pm	Draft Agenda • TOR • Role of Chair • Role of Policy Lead • Role Of Democratic Services • Member development requirements focus group	Draft Agenda **Future Role & Function of the Board** • Health & Wellbeing Strategy Update Report (Heather Hutton) • Bury Partnership framework Presentation (Harry Downie) • Outcome Based Accountability Presentation (Lesley Jones) • Overview of Integrated Health & Social Care (Lorraine Tatlock)	**Information**	• Update report on the JSNA (Lesley Jones) • North West DPH Manifesto (Lesley Jones)
			Discussion	• Open Objects- 'The Bury Directory' presentation (Heather Hutton/Paul Cook) • Pharmaceutical Needs Assessment Presentation (Lesley Jones/ CSU)
			Decision	
			TBC	

18th September 2pm	Draft Agenda • Structure of the council presentation- Chris Shillitto • To be informed by the Member Development Action Plan	Draft Agenda • Priority 1 of Health & Wellbeing Strategy- *Ensuring a positive start to life for children, young people and families* - Includes SEN Reforms - Includes Changes to Health Visitors	**Information**	• Quarterly update on JSNA (Lesley Jones) – Full report on progress of data scoping exercise
			Discussion	
			Decision	• Proposal to establish a 'Starting Well' work stream (Lesley Jones)
			TBC	• Bury Safeguarding Board/Children's Trust (Mark Carriline) • Children's and Young People's Plan (Lindsey Dennis) • Public Health Strategy/Plan (Lesley Jones) • Independent Director of Public Health's Report (Lesley Jones) • 5 year Health & Social Care Strategy (Maria Howard CCG)

30th October 6pm	To be informed by the member development action plan	Draft Agenda Priority 4 of Health & Wellbeing Strategy- *Promoting independence of people living with long term conditions and their carers*	**Information**	• Report on the updated Health & Wellbeing Strategy, delivery plan and outcomes framework for Priority 1
			Discussion	
			Decision	
			TBC	• Carers call to action (Alistair Mirfin) • Better Care Fund update (Julie Gonda) • Healthier Radcliffe (Michelle Armstrong/ Hemlata Fletcher) • Action Plan for Learning Disabilities and Challenging Behaviour (John Campbell/ Cath Tickle)
18th December 2pm	To be informed by the member development action plan	Draft Agenda Priority 3 of Health & Wellbeing Strategy- *Helping to develop strong communities, wellbeing and*	**Information**	• Report on the updated Health & Wellbeing Strategy, delivery plan and outcomes framework for Priority 4 • Quarterly update on JSNA (Lesley Jones)

		mental health	**Discussion**	
			Decision	
			TBC	
29th January 6pm	To be informed by the member development action plan	<u>Draft Agenda</u> Priority 2 of Health & Wellbeing Strategy- *Encouraging healthy lifestyles and behaviours in a all actions and activities*	**Information**	• Report on the updated Health & Wellbeing Strategy, delivery plan and outcomes framework for Priority 3
			Discussion	
			Decision	
			TBC	
5th March 2pm	To be informed by the member development action plan	<u>Draft Agenda</u> Priority 5 of Health & Wellbeing Strategy- *Supporting older people to be safe, independent and well*	**Information**	• Report on the updated Health & Wellbeing Strategy, delivery plan and outcomes framework for Priority 2 • Quarterly update on JSNA (Lesley Jones)

			Discussion	
			Decision	
			TBC	• Pharmaceutical Needs Assessment FINAL Paper (Anna Barclay)
9th April 6pm	To be informed by the member development action plan	<u>Draft Agenda</u> TBC	**Information**	• Report on the updated Health & Wellbeing Strategy, delivery plan and outcomes framework for Priority 5
			Discussion	
			Decision	
			TBC	• Report on refreshed Health & Wellbeing strategy, progress on delivery plan and outcomes framework

This page is intentionally left blank

Health & Wellbeing Board Report template

Bury Health and Wellbeing Board

Title of the Report	JSNA Work Programme Update Report
Date	17th July 2014
Contact Officer	Heather Hutton
HWB Lead in this area	Lesley Jones (Interim Director of Public Health)

1. Executive Summary

Is this report for?	Information X	Discussion	Decision
Why is this report being brought to the Board?	This report is to provide an update to board members on the progress in relation to the JSNA work programme- Commission Research		
Please detail which, if any, of the Joint Health and Wellbeing Strategy priorities the report relates to. (See attached Strategy)  Living_well_in_Bury_ Making_it_happen_to	N/A		
Please detail which, if any, of the Joint Strategic Needs Assessment priorities the report relates to. (See attached JSNA)  Bury JSNA - Final for HWBB 3.pdf	ALL		
Key Actions for the Health and Wellbeing Board to address – what action is needed from the Board and its members? Please state recommendations for action.	Board to note the progress to date and next steps for the JSNA work programme- Commission Research		
What requirement is there for internal or external communication around this area?	N/A		

Assurance and tracking process – Has the report been considered at any other committee meeting of the Council/meeting of the CCG Board/other stakeholders....please provide details.	No this report is specific to the Health & Wellbeing Board

2. Introduction / Background

The Health & Wellbeing Board nominated the Director of Public Health as the Board's Joint Strategic Needs Assessment (JSNA) champion and approved the Community Health & Wellbeing Assessment (CHWA) Steering Group to develop and deliver the following programme of work at the Health & Wellbeing Board on 30th January 2014:

1. Commission Research
   To commission research to understand what data is currently held by Team Bury and other local partners, what use the data is currently put to, how this data could be harnessed to add value to the JSNA; what intelligence and analytical capacity exists across agencies, what questions partners would most like the JSNA to answer

2. Develop an Intelligence Hub & Analytical Tools
   To support capacity-building for the CHWA through development of an intelligence hub within the Communities and Wellbeing Directorate, partnership working with intelligence and analytical specialists from partner agencies and investment in analytical tools.

3. CHWA Platform
   To scope the options for a publically available platform where CHWA products can be shared and better utilised.

This report is an update to the Health & Wellbeing Board on the progress of the first work programme- Commissioning of research.

3. Key issues for the Board to Consider

The CHWA Steering Group have commenced a procurement process in line with the Councils Contract Procedure Rules in order to progress work programme 1- Commissioning the Research in April 2014.

In partnership with Corporate Procurement team, the CHWA Steering group have:

- Developed a procurement timetable document that sets out the key milestones and timescales for the tender process (see appendix 1)

- Developed a Tender Specification Document based upon an ambition for the JSNA (see appendix 2) which is:

  'The Team Bury partnership (including the Health and Wellbeing Board) has an ambition to develop the JSNA as a more meaningful resource for all partners and local people which is robust, accurate, up to date and provides intelligence at different levels of granularity including at a localised neighbourhood level and for specific cohorts of the population'.

  We want ....

  - *To be able to draw on the range of data held by and assessed with in local organisations and have a clear understanding of data owners, frequency of availability and data quality.*

  - *Maximise the use of qualitative as well as quantitative data to understand the drivers of behaviour, felt need and local community assets.*

  - *Enable us to better understand potential future need as well as need in the here and now*

  - *Develop the capacity to deliver a comprehensive JSNA by identifying and drawing together analytical expertise from across the partnerships.*

  - *Understanding what questions local stakeholders would like to have answered about local needs and assets.*

  - *The JSNA to be a real driver and enabler of joined up solutions to improve outcomes for our population.*

- Identified the Evaluation Panel that will evaluate the tender documents. The panel is made up of a small group of key stakeholders who have the skills and knowledge to evaluate any bids received.

- Determined the scoring evaluation process and relevant procurement specific questions that can be used to determine the qualitative aspects of the bid.

- An Open Day for potential providers was advertised Via the CHEST and took place on 1st July 2014. This event was facilitated by the Evaluation Panel and opened by Lesley Jones (Interim Director of Public Health) and Dr Audrey Gibson (Bury Clinical Commissioning Group). (See appendix 3 for the presentation provided at the open Day)

- 18 companies expressed an interest in attending the open day of these 9 attended.

Next steps for the Evaluation Panel and CHWA Steering Group are to:

- Place the advert and specification documents on the CHEST- July 2014
- Analyse tenders received- August/September 2014
- Interview the shortlisted organisations- September 2014
- Appoint suitable company to undertake the research- October 2014

4. Recommendations for action

Recommendations for action are for the board to note the progress to date on work programme 1- Commissioning the Research. A further update report will be presented at the September Board meeting.

5. Financial and legal implications (if any)
If necessary please see advice from the Council Monitoring Officer Jayne Hammond (J.M.Hammond@bury.gov.uk) or Section 151 Officer Steve Kenyon (S.Kenyon@bury.gov.uk).

N/A

6. Equality/Diversity Implications

N/A

CONTACT DETAILS:

Contact Officer: Heather Hutton

Telephone number: 0161 253 6684

E-mail address: h.hutton@bury.gov.uk

Date: 17/07/2014

Appendix 1- Procurement Timetable

Timetable - JSNA Review 03.07.14.doc

Appendix 2- Draft Tender Specification Document

JSNA specification 04.07.14.docx

Appendix 3- Open Day presentation to potential companies

JSNA Provider Event SMT version.ppt

This page is intentionally left blank

BURY COUNCIL

Timetable: - Single Stage Quotation using Open Procedure

Contract For: Provision of a review of the Joint Strategic Needs Assessment

Date: 3 July 2014

Value of Contract: To be determined; any value over £25,000 **must** be put out to open advert in accordance with Contract Procedure Rules

Contract Period: Not applicable – one off piece of work

Completion of tender documentation including the specification	Week Ending Friday 11 July 2014
Report for approval to SMT	Monday 14 July 2014
Placing of Advert on The Chest	Week Commencing Monday 14 July 2014
Response to questions submitted by potential bidders through The Chest	Between Monday 14 July and Tuesday 5 August 2014
Closing Date for Expressions of Interest	5.00pm on Tuesday 5 August 2014
Closing Date for Receipt of Tenders	12.00 pm on Monday 11 August 2014
Tender Analysis of the quality aspect of the bid to be completed by individual members Evaluation Panel	Week Ending Friday 5 September 2014
Meeting of the Evaluation Panel to moderate individual scores to an agreed consensus	Tuesday 9 September 2014
Interviews with short-listed organisations	Friday 19 September 2014
Recommendation of Award	Week Commencing Monday 22 September 2014
Operational Decision Form to be Signed by appropriate Chief Officer	Week Commencing Monday 22 September 2014
Confirmation Letter to successful bidder	Week Commencing Monday 22 September 2014

Letter to unsuccessful bidders	Week Commencing Monday 22 September 2014
Pro Forma Document to Legal re: Award – Dependent upon option chosen if the value of the contract is less than £75000 then it will not require an officially signed contract; however which ever option is selected the wording in the opposite box **must** be adhered to:	**No contract should commence without exchange of signed documents by both Council and the successful bidder**
Contract Commences	Wednesday 1 October 2014
Review work undertaken – a Contract Manager should be identified to manage the process to ensure that the required deadlines are and to curtail any opportunity for "scope creep" by the appointed bidder	Between October 2014 and March 2015
Submission of final report	Prior to 31 March 2015

Proposed Evaluation Panel

RS – Russell Starkie, Principal Procurement & Project Planning Officer

Framework for the production of a Joint Strategic Needs Assessment, associated data and stakeholder views.

INVITATION TO TENDER FOR THE PROVISION OF A FRAMEWORK FOR THE PRODUCTION OF A JOINT STRATEGIC NEEDS ASSESSMENT, ASSOCIATED DATA AND STAKEHOLDER VIEWS.

Comprising

Background Information	(Section 1)
Instructions to Tenderers	(Section 2)
Specification	(Section 3)
Contract Terms	(Section 4)
Supplier Questionnaire	(Section 5)
Equalities Questionnaire	(Section 6)
Health and Safety Questionnaire	(Section 7)
Procurement Specific Questions	(Section 8)
Pricing Schedule	(Section 9)
Form of Tender	(Section 10)

Sections 4 is supplied as a separate document and will be shown as such on the Chest

Tender return date: **12.00 pm on Monday 11 August 2014**

Please ensure that the following documents are fully completed and are included in your tender submission. Failure to provide all of the items listed may invalidate your tender

Supplier Questionnaire	(Section 5)
Equalities Questionnaire	(Section 6)
Health and Safety Questionnaire	(Section 7)
Procurement Specific Questions	(Section 8)
Pricing Schedule	(Section 9)
Form of Tender	(Section 10)

Please allow sufficient time for uploading your document, all uploads must be complete prior to the closing time. Under no circumstances will submissions be accepted which arrive after the closing time and date.

Section 1 - Introduction

Under the Local Government and Public Involvement in Health Act 2007 and amendments under the Health and Social Care Act 2012, Local Authorities and Clinical Commissioning Groups, through Health and Well Being Boards, have equal and joint duties to prepare Joint Strategic Needs Assessments (JSNAs). JSNAs will provide an assessment of local health and social care needs both now and in the future. It is intended that the needs identified in a JSNA will inform the priorities set within Joint Health and Well Being Strategies and be the starting point for informing health and social care commissioning interventions. The JSNA is not, however, the basis for detailed commissioning of services which is best met by more in-depth needs assessments on specific issues.

Bury Council and CCG have recently completed an annual refresh of its JSNA but now feels it is the appropriate time to review the process involved in its production to ensure that moving forward this document is sustainable and is a resource which is fit for purpose.

The Health & Wellbeing Board want the JSNA to be a living product that is always changing to reflect changing data and the changing needs of commissioners of services for the people of Bury. To these ends Bury Council is seeking a written quotation from a suitably qualified and experienced organisation to review the process of producing a Joint Strategic Needs Assessment, with a particular emphasis on the range of data available across stakeholders and the framework required to bring this information together.

Bury's existing Joint Strategic Needs Assessment (JSNA) provides a high level summary of the health needs of our local population. However the Team Bury partnership (including the Health and Wellbeing Board) recognise the inter-relationships between our three strategic priorities – a strong economy, stronger communities and health and wellbeing and have an ambition to develop the JSNA as a more meaningful resource for all partners and local people which is robust, accurate, up to date and provides intelligence at different levels of granularity including at a localised neighbourhood level and for specific cohorts of the population.

In the context of dwindling resources and the public service reform agenda it has never been so important to have detailed shared knowledge and understanding of our local populations, patterns of demand on services and community based assets in order to develop effective demand management, prevention and community engagement strategies and to ensure efficient and targeted use of resources across the public sector to secure better more equitable outcomes for local people.

This specification relates to the first product required by the Partnership to achieve the above mentioned JSNA. Two further pieces of work will also be undertaken in conjunction, those being:

1. Development of an intelligence hub and intelligence tool.

2. A platform for the JSNA to housed on.

Bidders who achieve a score of 60% or more on the initial evaluation will be invited to deliver a presentation highlighting their plans on how they will undertake the project. The scores allocated for quality will be provisional until confirmed by interview (in relation to the bidder assessed as having submitted the most economically advantageous tender). As a result of the interview those scores may be reduced or increased.

It is proposed that presentation interviews will take place on Friday 19 September 2014 and will be held at Bury Town Hall. Exact details will be sent to the relevant parties nearer the time.

SECTION 2 - INSTRUCTIONS TO TENDERERS

1.0 General Information and Instructions

1.1 Compliance with Instructions:

Tenders submitted shall be in accordance with and subject to the terms of these instructions and other documents comprising the Invitation to Tender.

Tenders not complying with any mandatory requirement (where the word "shall" or "must" is used) may be rejected.

Any queries about the tender documents or the Form of Tender which may affect the preparation of the tender shall be raised via 'The Chest' utilising the 'Question and Answer' facility available. If the Council considers a query may have a material effect on the tendering process, all bidders will be notified without delay via The Chest.

To ensure transparency and fairness to all bidders all enquiries regarding this invitation to tender are to be submitted via The **Chest by no later than 4.00 pm on Tuesday 5 August 2014**. Any questions that are received after the above date are not guaranteed to receive a response.

1.2 **This invitation to tender does not constitute an offer and the Council does not undertake to accept any tender. The Council reserves the right to accept any part of any tender.**

The Council will not reimburse any tendering costs.

1.3 The **Contract Officer** for this procurement is: Russell Starkie, Principal Procurement Officer.

1.4 The **Lead Officer for the Service** for this procurement is Kathy Hoyle, Research and Consultation Manager

2.0 Confidential Nature of Tender Documentation and Bids

2.1 **Tenderers Shall Not:**

Discuss the bid they intend to make other than with professional advisers or joint bidders who need to be consulted for the preparation of the tender.

Canvass their bids for acceptance or discuss bids with the media or any other tenderer or member or officer of the Council.

Fix the amount of the tender (or the rate and prices quoted) by agreement with any person.

Enter into any agreement or arrangement with any other person that he shall refrain from tendering or as to the amount or terms of any tender to be submitted by him.

Offer, give or agree to give any inducement or reward in respect of this or any other Council contract or tender.

2.2 If a tenderer does not observe paragraph 2.1, above, the Council will reject the tender and may decide not to invite the tenderer to tender for future work.

3.0 Preparation of Bid

3.1 If the Council considers that a cover price (i.e. a bid that is not intended to be considered seriously) has been submitted, the Council may reject the tender and may decide not to invite the tenderer to tender for future work. The Office of Fair Trading encourages local authorities to look out for any evidence of price fixing arrangements.

3.2 Where the Council regards an amendment to the original tender documents as significant, an extension of the closing date may, at the discretion, of the Council be given to all tenderers.

3.3 No alteration or addition shall be made to the Form of Tender, pricing schedules or any part of the Invitation to Tender except where expressly allowed or as provided below in paragraph 3.6.

3.4 Tenders shall not be qualified or accompanied by statements that might be construed as rendering the tender equivocal. Only unqualified tenders will be considered. The Council's decision as to whether or not a tender is in an acceptable form will be final.

3.5 Where a tenderer wishes to submit a modified or alternative bid this must be in addition to the original tender submission and may or may not be considered by the evaluating officer. Any modified or alternative bid must be free of qualifications and state all cost implications. Any deviations from the specification and all risks and contingencies must be identified.

3.6 Tenderers must obtain for themselves all information necessary for the preparation of their tender and satisfy themselves that the quality and standards specified by them or the Council are appropriate. Information supplied to tenderers by the Council's staff or contained in the Council's publications is supplied only for general guidance in the preparation of the tender. Tenderers must satisfy themselves as to the accuracy of any such information and no responsibility is accepted by the Council for any loss or damage of whatever kind and howsoever caused arising from the use by tenderers of such information.

3.7 Tenders and supporting documents shall be in English and any contract subsequently entered into and its formation, interpretation and performance shall be subject to and in accordance with the law of England and Wales.

4.0 Submission of Tender

4.1 All submissions shall be made on the Form of Tender (Section 10) and be accompanied by the response to:

- Supplier Questionnaire (Section 5)
- Equalities Questionnaire (Section 6)
- Health & Safety Questionnaire (section 7)
- Procurement Specific Questions (section 8),
- Pricing Schedule (section 9)

If these documents are not submitted, the bid will be rejected. Only information relating to the Tenderer shall be submitted unless otherwise requested.

All tenders must be submitted via The Chest by **no later than 12.00 pm on Monday 11 August 2014**

Under **NO CIRCUMSTANCES** will tenders be accepted which arrive after the due dates and time for receipt. It is the tenderers responsibility to ensure tenders are submitted on time.

Tenderers are reminded that online submissions may require them to upload several documents some of which may be large files and, as a consequence, tenderers should allow sufficient time for the entire online submission process. The tenderer shall bear in mind that the submission process must be fully completed before the deadline, and not just started before the deadline, to be valid.

It is the tenderers responsibility to ensure tenders are submitted on time; therefore it is **strongly recommended** that you upload your tender documents at least 2 hours before the closing time

4.2 Tenders shall not be sent and will not be accepted by fax or email.

4.3 **The Form of Tender shall be submitted by the organisation which it is proposed will enter into a formal contract with the Council if awarded the contract.** It shall be signed by a duly authorised representative of the company.

5.0 Award Criteria

5.1 Any tender that is accepted will be awarded to the most economically advantageous tender, based on whole life cost in accordance with the following award criteria:

Criteria	**Score Available**	**Weighting (High – 3, Med – 2, Low – 1)**	**Max Score Attainable**
Financial Standing	Pass / Fail based on the evaluation of the level of risk to the Council		
Health & Safety	Pass / Fail based on the evaluation of the HS22 document		
Price	**40**		**40**
Response to Procurement Specific Questions	**60**		**60**
Skills and Experience of Personnel	10	H	30
Experience of Similar Projects	10	H	30
Project Plan	10	H	30
Risk Management	10	M	20
Identification of Outputs	10	M	20
Quality Assurance	10	L	10
Social Value	10	L	10

Scoring Evaluation Matrix

Score 10 Excellent	• Excellent answer that comprehensively addresses all key points with a high level of specific detail. • Solution/processes/methods comprehensively meet the needs of the various participating Councils and clearly linked to specification. May contain innovation. • Excellent evidence of competency. • Excellent examples and/or supporting evidence provided.
Score 8 Good	• Good answer that fully addresses all key points with a good level of specific detail. • Solution/processes/methods fully meet the needs of the various participating Councils and clearly linked to specification. • Good evidence of competency. • Good examples and/or supporting evidence provided.
Score 6 Satisfactory	• Satisfactory answer that addresses all key points with a basic level of specific detail. • Solution/processes/methods meet the needs of the various participating Councils and linked to specification. • Satisfactory evidence of competency. • Relevant examples and/or supporting evidence provided.
Score 4 Partial	• Partial answer that addresses some key points with some specific detail. • Solution/processes/methods partially meet the needs of the various participating Councils and partially linked to specification. • Some evidence of competency. • Some relevant examples and/or supporting evidence provided.
Score 2 Poor	• Answer that insufficiently addresses key points with specific detail. • Solution/processes/methods insufficiently meet the needs of the various participating Councils and not clearly linked to specification. • Little evidence of competency. • Some examples and/or supporting evidence provided.
Score 0 Unsatisfactory	• Unable to assess due to lack of evidence. • May be non-compliant. Unsatisfactory level of detail.

Definitions of Scoring Categories:

With regards to the price evaluation the lowest priced submission will score the highest marks and the others will be scored on a pro-rata basis i.e. the lowest price divided by their price multiplied by the number of marks available.

The total quality score of 60 is broken down further into the sections contained within the Requirements Specification in Section 3, as detailed above.
Each of the responses to the quality criteria requirements, contained within the Requirements Specification sections, will be scored out of 10. The total score for each section will be translated to represent a score out of the section score

5.3 The evaluation process will include supplier presentations to clarify and support information submitted in the tender documents. Scores will not be allocated for these aspects of the process, but evidence gained will influence the draft scores allocated

6.0 Award Process

6.1 The Council expects to decide award of contract within 90 days of the closing date for submission of tenders (see paragraph 4.2). Bids shall remain open for acceptance for a minimum of 90 days.

6.2 The Council may, if necessary, extend the 90 day period for completing the award process.

6.3 Tenderers will be notified simultaneously and as soon as possible of any decision made by the Council during the tender process, including award. When the Council has evaluated the bids, it will notify all tenderers about the intended award. A 10 day period will follow before written acceptance of the leading bid and award of contract. All bids shall continue to remain open for acceptance during this 10 day period in accordance with the Public Contract Regulations and Procurement best practice.

6.4 The Council generally debriefs all those who tendered about the characteristics and relative advantages of the leading bidder. Such details may also be stated in any published contract award notice.

6.5 Conditional acceptance of the tender, subject to contract, by the Council shall be in writing and shall be communicated to the tenderer. The Contractor shall upon request of the Council execute a formal contract in the form of the Council's standard contract documents.

6.6 Tenderers must not undertake work until such time as the contract has been executed and are required to start work.

7.0 Tenderer's Warranties

In submitting its tender, the tenderer warrants, represents and undertakes to the Council that:

7.1 all information, representations and other matters of fact communicated (whether in writing or otherwise) to the Council by the tenderer, its staff or agents in connection with or arising out of the tender are true, complete and accurate in all respects, both as at the date communicated and as at the date of tender submission;

7.2 it has made its own investigations and research and has satisfied itself in respect of all matters (whether actual or contingent) relating to the tender and that it has not submitted the tender and will not be entering into the contract (if the same be awarded to the tenderer by the Council) in reliance upon any information, representation or assumption which may have been made by or on behalf of the Council;

7.3 it has full power and authority to enter into the contract and perform the obligations specified in the Contract Documents and will, if requested, produce evidence of such to the Council;

7.4 it is of sound financial standing and has and will have sufficient working capital, skilled staff, equipment and other resources

available to it to perform the obligations specified in the Contract Documents;

7.5 it will not at any time during the Contract Period or at any time thereafter claim or seek to enforce for the purposes of this contract any lien, charge, or other encumbrance over property of whatever nature owned or controlled by the Council and which is for the time being in the possession of the tenderer.

8. Freedom of Information

8.1 All information relating to any tender or contract to which the Authority is party, including performance of the Contract, is covered by the Freedom Of Information Act (FOIA) and the Authority will be under a legal obligation to disclose such information, if requested, unless a statutory exemption applies. It is for the Authority to determine whether such an exemption applies and whether the request should be acceded to or refused. When submitting a tender or agreeing the terms of a contract, the Contractor may identify in writing, information which it considers commercially sensitive, a trade secret or confidential, in which case the Authority may consult with the Contractor before releasing the information and have due regard to the Contractor's comments or objections. However, the final decision as to whether or not to disclose information under FOIA will at all time remain with the Authority.

8.2 The Parties acknowledge that, except for any information which is exempt from disclosure in accordance with the provisions of the Freedom of Information Act ("the Act") the text of this Agreement, and any Schedules to this Agreement, is not Confidential Information. The Authority shall be responsible for determining in its absolute discretion whether any part of the Agreement or its Schedules is exempt from disclosure in accordance with the provisions of the Act

8.3 Notwithstanding any other term of this Agreement, the Contractor hereby gives its consent for the Authority to publish this Agreement and its Schedules in its entirety, including from time to time agreed changes to the Agreement, to the general public in whatever form the Authority decides.

Section 3 - Specification

1. Our ambitions

We require:

- To be able to draw on the range of data held by and assessed with in local organisations and have a clear understanding of data owners, frequency of availability and data quality.

- Maximise the use of qualitative as well as quantitative data to understand the drivers of behaviour and local community assets.

- Enable us to better understand potential future need as well as need in the here and now

- Develop the capacity to deliver a comprehensive JSNA by identifying and drawing together analytical expertise from across the partnerships.

- Understanding what questions local stakeholders would like to have answered about local needs and assets.

- The JSNA to be a real driver and enabler of joined up solutions to improve outcomes for our population.

2. Skills, experience and qualifications

We are seeking a suitably skilled and experienced organisation to undertake qualitative research to provide rich insights from a range of partners' to shape the future intelligence capacity and capability for the production of Bury's Joint Strategic Needs Assessment (JSNA). It is intended that this research with bring clarity to this complex area of work. It is expected that from these insights, a series of recommendations be presented to inform strategic decision making.

The successful organization will demonstrate the following skills and experience:

- Knowledge of, and key skills associated with, qualitative research methodologies and methods.

- A credible track record in designing, undertaking, analysing, interpreting and dissemination qualitative research ensuring validity and reliability and upholding ethical principles

- Demonstrable creative approaches to undertaking qualitative research

- Ability to conceptualise and develop a framework to organise the current availability of data and its uses

- Ability to undertake thematic analysis and interpretation, to report the story for each theme, establish what resources are already available and present a gap analysis.

- Ability to utilise a range of appropriate tools/techniques to conduct interviews with stakeholders/partners, such that they are able to provide honest views and their needs are clearly articulated.

- Credibility and experience of working and engaging partners at a senior level. This will include facilitating strategic conversations and visioning events to establish partner expectations of the JSNA, the key questions they want it to address, and how the JSNA can support the agendas of partner organizations.

- A high level understanding of partner organisations' business and policy drivers.

- An understanding of JSNAs and the wider context. It is critical to have a high quality, added value JSNA which uses all available local and national intelligence sources.

3. Contract Management

- The Director of Public Health will act as project sponsor for this work
- Initial reporting and day to day support will be provided by Kathy Hoyle, Research and Consultation Manager.

SECTION 4 – CONTRACT TERMS

Section 5 – Supplier Questionnaire						
Please answer all questions						
GENERAL COMPANY INFORMATION						
1.	Trading Name:					
2.	Registered Address:					
	Tel No:		Fax No:		E-Mail:	
	Web address					
3.	Person completing with this form:					
	Name:		Position:			
	Tel No:		Fax No:		E-Mail:	
4.	Status of applicant. Is the applicant					Please tick
	(a)	A sole trader				
	(b)	A partnership				
	(c)	A limited company				
	(d)	A public limited company				
	(e)	A public organisation, if so please give details				
	(f)	A charity please indicate below whether you are trading as a company or are made up of a number of trustees				
	(g)	Other – please specify				

4.1	Date of Formation or Registration:		
4.2	Registration No:		
4.3	VAT Registration No:		
5.	**FINANCIAL MATTERS**		
	Please provide details of the published figures for the two previous financial years, for:		
	Year		
	Company turnover	£	£
	Percentage of turnover specific to this activity	%	%
	COMPANY STRUCTURE		
6.	If the company is a member of a group of companies, give names and addresses of the ultimate holding company and all other subsidiaries.		
6.1	Would the ultimate holding company be prepared to guarantee your contract performance as its subsidiary?		Yes/No
6.2	Has your firm ever suffered a deduction for liquidated and ascertained damages in respect of any contract within the last three years? If yes, please give details		Yes/No
6.3	To the best of your knowledge is any member of your company (Director, employee, etc) related to any Councillor or Officer (member of staff) of this Authority		Yes/No
	If so, please declare name, position and the relationship of such persons. *Any declaration will not debar your Company from selection but jobs will be allocated to avoid any conflict of interest).*		

6.4	Please list any local authorities or other bodies to whom you have provided a similar service

	REFERENCES	
7.	Give names and addresses of two referees from whom references may be sought (with person to contact and their telephone number) ***i.e.*** **Organisations for whom you have carried out similar work. Employees of Bury Council cannot be used as referees**	
	FIRST REFEREE	
(a)	Name:	
	Address:	
	Contact:	
	Tel No:	
	Email:	
	Value of Contract:	
	Type of Work Undertaken	

	SECOND REFEREE					
(b)	Name:					
	Address:					
	Contact:					
	Email:					
	Tel No:					
	Value of Contract:					
	Type of Work Undertaken					
	HEALTH AND SAFETY MATTERS					
8.	Please state the name, position and telephone number of the person within your company who is responsible for and has the authority to deal with all matters concerning Health and Safety.					
	Name:					
	Position:					
	Tel No:					
8.1	Please state the date your safety policy was reviewed.					
	INSURANCE MATTERS					
9.	Please provide details of insurance cover currently in force. If your company's offer is successful, adequate insurance cover will be required. The levels are indicated below:					
		Insurer	Policy Number	Cover £	Renewal date	
	Public Liability (minimum £5m cover)					
	Employer's Liability (minimum £5m cover)					

SECTION 6 – EQUALITIES QUESTIONNAIRE

SECTION 7 – HEALTH & SAFETY QUESTIONNAIRE

Contractors Health and Safety – Pre-Qualification Information Required

All organisations including Bury Council have both a moral and legal obligation to ensure that contracted work undertaken on their behalf is carried out with full consideration of health and safety regarding the persons carrying out the work and others (e.g. members of the public, visitors, other contractors etc).

The purpose of this process is for you or your organisation to demonstrate (through documentary evidence), that health and safety is adequately managed in relation to the work you are applying to undertake.

There are 3 steps to follow. These are as below:

STEP 1

Name of Your Company/Organization: _____

_____

Provide a brief description (no longer than a short paragraph) of the work you are applying to undertake.

STEP 2
Complete the enclosed pro-forma entitled 'Hazards and Control Measures'. You need to include details of all significant hazards and control measures relating to the work you are tendering for. Use the pro-forma provided and photocopy or print additional blank sheets for completion if required. Guidance can be obtained by accessing the HSE website link http://www.hse.gov.uk/risk/index.htm

STEP 3
Complete the 'Contractor Health and Safety Assessment Questionnaire' below and be sure to include appropriate supporting information with your submission.

Hazards and Control Measures **Work Activity: _____**

What are the hazards?	Who might be harmed and how?	Control Measures (what are you doing to prevent harm?)

Contractor Health and Safety Assessment Questionnaire

(Please read carefully in respect of what is required)

Name of organisation: ---------- **Number of direct employees: ----------**	**Information enclosed** **(please circle)**	**Page and Reference number in policy/** **documents**
1. General notes **Important** All applications must be supported by documentary evidence where requested and appropriate (e.g. copies of relevant procedures, completed inspection reports and health and safety training certificates). This evidence is required in order to demonstrate competency in managing health and safety issues. • Information can be extracted from your health and safety manual. • If your complete health and safety manual is enclosed, please identify the page and reference number in **all** cases. **FAILURE TO SATISFY THESE REQUIREMENTS WILL RESULT IN THE APPLICATION BEING REJECTED.**		

Do you employ less than 5 persons? • Contractors employing less than five persons are not legally required to have a written health and safety policy. However, in order to satisfy the Council that suitable and satisfactory measures are in place please submit completed documentation that accords with the advice and guidance provided on the Health and Safety Executive website by accessing the following link: http://www.hse.gov.uk/pubns/indg449.pdf You can access and use the policy and risk assessment templates at the back of the publication and referred to on page 2 of it. **Important - please note** You will need to provide documentary evidence in support of your submission. For example; copies of health and safety training certificates, details of how you control risks, and copies of inspection reports etc. This evidence is required in order to demonstrate competency in managing health and safety issues. If you employ less than 5 persons submission of satisfactory supporting evidence as referred to above is all that is required. You do not need to proceed beyond question 2 of this Health and Safety Questionnaire apart from completing the declaration in Q15 at the foot of this document.	Yes/No	

	Information enclosed (please circle)	Page and Reference number in policy
2. CHAS Assessment (or equivalent mutually recognised health and safety pre-qualification scheme within the 'Safety Schemes in Procurement') Have you been assessed under the Contractor Health and Safety Assessment Scheme (CHAS) or equivalent mutually recognised scheme? If **yes**, please attach a copy of your letter of compliance. **Note** - If you are CHAS registered or equivalent you do not need to complete any further questions. **Please go to section 14**. Information on CHAS is available on www.chas.gov.uk . Information on equivalent mutually recognised health and safety pre-qualification schemes is available at http://www.ssip.org.uk/	Yes/No	

3. Policy statement Enclose a copy of your health and safety policy statement signed and dated within the last two years by the most senior manager within your organisation. How is this brought to the attention of your employees? …… ……	Yes/No	

4. Organisation Enclose a copy of your organisational structure for dealing with health and safety management, stating the health and safety responsibilities for the staff identified.	Yes/No	

5. Health and safety assistance Provide details of the competence of the person(s) providing health and safety advice and assistance as required by the Management of Health and Safety at Work Regulations. Name…… Qualifications, training and experience …… ……..…… ……	Yes/No	
	Information enclosed **(please circle)**	**Page and Reference number in policy**

6. Training Provide details of the following: • Health and safety training for all employees • Induction for new employees. • CSCS certification (applicable only to construction work) *Evidence such as examples of training records and training certificates issued **are** required.*	Yes/No Yes/No Yes/No	

7. Monitoring, auditing and review Provide details of your monitoring, auditing and review procedures and identify below the person responsible for carrying them out. …… *Please provide an example of a completed health and safety audit undertaken within the last **2** years.*	Yes/No	

8. Consultation Provide details of how you consult on matters of health and safety with your employees, referring to either or both of the following: • The Health and Safety (Consultation with Employees) Regulations • Safety Committee and Safety Representative Regulations …… …… …… …… …… ……	Yes/No Yes/No	
	Information enclosed **(please circle)**	**Page and Reference number in policy/** **documents**

9. Risk assessment Identify below the post-holder nominated to carry out risk assessments in accordance with the Management of Health and Safety at Work Regulations and any other relevant regulations. …… Please supply a representative sample (minimum 2) of current risk assessments used by your company **appropriate** to the contract works applied for.	Yes/No	

10. Accident and incident reporting Provide details of your accident/incident reporting and recording procedures and how you deal with incidents and investigations. How many RIDDOR reportable accidents have you had within the last three years? Give details below. …… …… ……	Yes/No	

11. Prosecutions/notices In the past five years has your firm been prosecuted for contravention of the Health and Safety at Work Act or been issued with any prohibition or improvement notices? If yes please provide details. …… …… ……	Yes/No	

	Information enclosed **(please circle)**	**Page and Reference number in policy/** **documents**

12. Sub contractor If you use sub-contractors, identify below the post holder responsible for assessing the health and safety competency of contractors before they start work. Provide a blank copy of your contractor assessment form. …… …… Provide details of how subcontractors are made aware of the following: • Site safety rules • The company's health and safety policy • Identified hazards	Yes/No/ Not applicable Yes/No/ Not applicable	

13. Health and safety arrangements Please provide details of your current arrangements (to include depot, office and site based activities) for the following: Please delete any that are not applicable **If answering 'Yes' you will need to provide supporting information**. • Compliance with the CDM Regulations • Management of asbestos • Manual lifting and handling • Prevention of falls from height • Fire and emergency procedures • First aid • Health surveillance • Welfare facilities	Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No	

	Information enclosed (please circle)	Page and Reference number in policy/ documents
13. Health and safety arrangements (continued) • Control of hazardous substances • Management of hand-arm vibration • Electrical safety (inc. PAT testing) • Inspection and maintenance of work equipment • Personal protective equipment • Display screen equipment • Waste disposal • Environmental issues Please note this list is not exhaustive depending on the contract work you are applying for.	 Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No	

14. Additional comments:		
15. Signature:	**Date:**	**Address:**

Office note – the results of this form to be used in conjunction with form **HS 22a**

SECTION 8 – PROCUREMENT SPECIFIC QUESTIONS

1.	Please provide a summary of the skills and expertise of personnel you plan to include in your project team (max 200 words) and also please attach a copy of each staff members CV.

2.	Please provide details in relation to where you have successfully delivered similar projects elsewhere and how that experience can be transferred to this project (max 500 words)

3.	Please provide a detailed draft methodology and project plan that includes number of days the project will take to complete and support required from the Partnership.

4.	What challenges or risks do you feel you may encounter when undertaking this project and how would you overcome them? (max 500 words)

5.	What do you envisage to be the outputs that you will present to the Partnership at the end of this project? (max 500 words)

6.	Councils are committed to delivering wider community benefit from procurement and are keen to understand how your proposal will provide wider social, environmental and economic value to local communities. Examples might include the creation of new jobs, apprenticeships and training opportunities, use of innovative environmental solutions, use of local materials and suppliers and initiatives to engage with local schools (max 500 words)
7.	Please provide details of how you would internally quality assure any outputs produced by this project (max 500 words)

Section 9 Schedule of Costs and Undertaking

a. Fixed price for completion of all work as set out in this Request for Quotation EXCLUDING VAT.

Description of Services	
Option A	
Option B	
Option C	

The above costs must include a breakdown of all costs including:

Day rates of all Consultants involved and number of days they will be working on the project.
Expected number of days to complete project
all travelling/subsistence, expenses and disbursements.

SECTION 10 - FORM OF TENDER

UNCONDITIONAL AND IRREVOCABLE OFFER

Re: Invitation to Tender dated July 2014 for the provision of

To: The Council of the Metropolitan Borough of Bury, Town Hall, Knowsley Street, Bury, BL9 0SW
Having read carefully the Invitation to Tender and in consideration of you considering this Tender:

1. We offer to perform the Service specified and to complete the contract to meet the requirements of the Invitation to Tender as per the Pricing Schedule at Section 9.

2. We confirm that if our Tender is accepted we will, upon demand:

    - Produce evidence that all relevant insurances and compliance certificates with relevant legislation and policy are held and in force.
    - Sign formal contract documentation if required.
    - Produce good and sufficient sureties or obtain the guarantee of a Bank or Insurance Company (to be approved by you in either case) to be jointly and severally bound with us in a sum equal to the amount specified in the Contract Documents and upon the terms of the form of Bond specified in the Contract Documents.

3. We agree that this Tender shall constitute an irrecoverable, unconditional offer which may not be withdrawn for a period of 90 days from this date.

4. We are a subsidiary company within the meaning of Section l736 of the Companies Act 1985 and enclose a Parent Company Guarantee undertaking duly completed by our ultimate holding company*.

* DELETE IF NOT APPLICABLE

5. Unless and until a formal Agreement is prepared and executed this Tender, together with your written acceptance thereof, shall constitute a binding contract between us.

We understand that the Council is not bound to accept any tender it receives.

Signature:	
Name:	
Position:	
For and on behalf of:	
(Print Company's full name and registered number):	
Registered address:	

Date:	

SECTION 7 – HEALTH & SAFETY QUESTIONNAIRE

Contractors Health and Safety – Pre-Qualification Information Required

All organisations including Bury Council have both a moral and legal obligation to ensure that contracted work undertaken on their behalf is carried out with full consideration of health and safety regarding the persons carrying out the work and others (e.g. members of the public, visitors, other contractors etc).

The purpose of this process is for you or your organisation to demonstrate (through documentary evidence), that health and safety is adequately managed in relation to the work you are applying to undertake.

There are 3 steps to follow. These are as below:

STEP 1

Name of Your Company/Organization: _____

_____

Provide a brief description (no longer than a short paragraph) of the work you are applying to undertake.

STEP 2
Complete the enclosed pro-forma entitled 'Hazards and Control Measures'. You need to include details of all significant hazards and control measures relating to the work you are tendering for. Use the pro-forma provided and photocopy or print additional blank sheets for completion if required. Guidance can be obtained by accessing the HSE website link http://www.hse.gov.uk/risk/index.htm

STEP 3
Complete the 'Contractor Health and Safety Assessment Questionnaire' below and be sure to include appropriate supporting information with your submission.

Hazards and Control Measures **Work Activity: _____**

What are the hazards?	Who might be harmed and how?	Control Measures (what are you doing to prevent harm?)

What are the hazards?	Who might be harmed and how?	Control Measures (what are you doing to prevent harm?)

Contractor Health and Safety Assessment Questionnaire

(Please read carefully in respect of what is required)

Name of organisation: ---------- **Number of direct employees: ----------**	**Information enclosed** **(please circle)**	**Page and Reference number in policy/** **documents**
1. General notes **Important** All applications must be supported by documentary evidence where requested and appropriate (e.g. copies of relevant procedures, completed inspection reports and health and safety training certificates). This evidence is required in order to demonstrate competency in managing health and safety issues. • Information can be extracted from your health and safety manual. • If your complete health and safety manual is enclosed, please identify the page and reference number in **all** cases. **FAILURE TO SATISFY THESE REQUIREMENTS WILL RESULT IN THE APPLICATION BEING REJECTED.**		
Do you employ less than 5 persons? • Contractors employing less than five persons are not legally required to have a written health and safety policy. However, in order to satisfy the Council that suitable and satisfactory measures are in place please submit completed documentation that accords with the advice and guidance provided on the Health and Safety Executive website by accessing the following link: http://www.hse.gov.uk/pubns/indg449.pdf You can access and use the policy and risk assessment templates at the back of the publication and referred to on page 2 of it. **Important - please note** You will need to provide documentary evidence in support of your submission. For example; copies of health and safety training certificates, details of how you control risks, and copies of inspection reports etc. This evidence is required in order to demonstrate competency in managing health and safety issues. If you employ less than 5 persons submission of satisfactory supporting evidence as referred to above is all that is required. You do not need to proceed beyond question 2 of this Health and Safety Questionnaire apart from completing the declaration in Q15 at the foot of this document.	Yes/No	

	Information enclosed (please circle)	Page and Reference number in policy
2. CHAS Assessment (or equivalent mutually recognised health and safety pre-qualification scheme within the 'Safety Schemes in Procurement') Have you been assessed under the Contractor Health and Safety Assessment Scheme (CHAS) or equivalent mutually recognised scheme? If **yes**, please attach a copy of your letter of compliance. **Note** - If you are CHAS registered or equivalent you do not need to complete any further questions. **Please go to section 14**. Information on CHAS is available on www.chas.gov.uk . Information on equivalent mutually recognised health and safety pre-qualification schemes is available at http://www.ssip.org.uk/	Yes/No	

3. Policy statement Enclose a copy of your health and safety policy statement signed and dated within the last two years by the most senior manager within your organisation. How is this brought to the attention of your employees? …… ……	Yes/No	

4. Organisation Enclose a copy of your organisational structure for dealing with health and safety management, stating the health and safety responsibilities for the staff identified.	Yes/No	

5. Health and safety assistance Provide details of the competence of the person(s) providing health and safety advice and assistance as required by the Management of Health and Safety at Work Regulations. Name…… Qualifications, training and experience …… ……..…… ……	Yes/No	
	Information enclosed **(please circle)**	**Page and Reference number in policy**

6. Training Provide details of the following: • Health and safety training for all employees • Induction for new employees. • CSCS certification (applicable only to construction work) *Evidence such as examples of training records and training certificates issued **are** required.*	Yes/No Yes/No Yes/No	

7. Monitoring, auditing and review Provide details of your monitoring, auditing and review procedures and identify below the person responsible for carrying them out. …… *Please provide an example of a completed health and safety audit undertaken within the last **2** years.*	Yes/No	

8. Consultation Provide details of how you consult on matters of health and safety with your employees, referring to either or both of the following: • The Health and Safety (Consultation with Employees) Regulations • Safety Committee and Safety Representative Regulations …… …… …… …… …… ……	Yes/No Yes/No	
	Information enclosed **(please circle)**	**Page and Reference number in policy/** **documents**

9. Risk assessment Identify below the post-holder nominated to carry out risk assessments in accordance with the Management of Health and Safety at Work Regulations and any other relevant regulations. …… Please supply a representative sample (minimum 2) of current risk assessments used by your company **appropriate** to the contract works applied for.	Yes/No	

10. Accident and incident reporting Provide details of your accident/incident reporting and recording procedures and how you deal with incidents and investigations. How many RIDDOR reportable accidents have you had within the last three years? Give details below. …… …… ……	Yes/No	

11. Prosecutions/notices In the past five years has your firm been prosecuted for contravention of the Health and Safety at Work Act or been issued with any prohibition or improvement notices? If yes please provide details. …… …… ……	Yes/No	

	Information enclosed **(please circle)**	**Page and Reference number in policy/** **documents**

12. Sub contractor If you use sub-contractors, identify below the post holder responsible for assessing the health and safety competency of contractors before they start work. Provide a blank copy of your contractor assessment form. …… …… Provide details of how subcontractors are made aware of the following: • Site safety rules • The company's health and safety policy • Identified hazards	Yes/No/ Not applicable Yes/No/ Not applicable	

13. Health and safety arrangements Please provide details of your current arrangements (to include depot, office and site based activities) for the following: Please delete any that are not applicable **If answering 'Yes' you will need to provide supporting information**. • Compliance with the CDM Regulations • Management of asbestos • Manual lifting and handling • Prevention of falls from height • Fire and emergency procedures • First aid • Health surveillance • Welfare facilities	Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No	

	Information enclosed (please circle)	Page and Reference number in policy/ documents
14. Health and safety arrangements (continued) • Control of hazardous substances • Management of hand-arm vibration • Electrical safety (inc. PAT testing) • Inspection and maintenance of work equipment • Personal protective equipment • Display screen equipment • Waste disposal • Environmental issues Please note this list is not exhaustive depending on the contract work you are applying for.	Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No	

14. Additional comments:		
15. Signature:	**Date:**	**Address:**

Office note – the results of this form to be used in conjunction with form **HS 22a**

Agenda Item 8

Health & Wellbeing Board Report template

Bury Health and Wellbeing Board

Title of the Report	Open Objects- 'The Bury Directory'
Date	02/07/2014
Contact Officer	Heather Hutton/ Paul Cook
HWB Lead in this area	Pat Jones Greenhalgh Mark Carriline

1. Executive Summary

Is this report for?	Information	Discussion	Decision
		X	
Why is this report being brought to the Board?	This report and presentation is being brought to the Health & Wellbeing Board to inform members of a joint social care information system called 'The Bury Directory' developed by Open Objects that will support the requirement of the Care Act 2014 in relation to both Children's and Adult Social Care and the Children and Families Act 2014.		
Please detail which, if any, of the Joint Health and Wellbeing Strategy priorities the report relates to. (See attached Strategy) Living_well_in_Bury_ Making_it_happen_to	The Bury Directory will be a key delivery mechanism for the Health & Wellbeing Strategy as a whole due to the nature of it being an advice and information system, however, it links particularly to the following priorities: • Priority 1- Ensuring a positive start to life for Children, young people and families. • Priority 4- Promoting independence of people living with long term conditions and their carers • Priority 5- Supporting older people to be safe, independent and well It links to the above priorities in relation to the integration of health and social care and delivering the Special Educational Needs (SEN) reforms for children and young people.		

Please detail which, if any, of the Joint Strategic Needs Assessment priorities the report relates to. (See attached JSNA)  Bury JSNA - Final for HWBB 3.pdf	N/A
Key Actions for the Health and Wellbeing Board to address – what action is needed from the Board and its members? Please state recommendations for action.	Member of the Health & Wellbeing Board are requested to note the presentation and progress to date with the system as key resource to support the delivery of the Care Bill 2014 and Children and Families Act 2014 in relation to the integration of health and social care and the requirement to provide specific advice and information to families of children with Special Educational needs.
What requirement is there for internal or external communication around this area?	A full communications strategy will be produced to support the implementation of The Bury Directory. This will provide details of how the system will be marketed, training that will be provided to key stakeholders and how the system will be implemented.
Assurance and tracking process – Has the report been considered at any other committee meeting of the Council/meeting of the CCG Board/other stakeholders....please provide details.	The development of the Bury Directory has been considered at the following meetings: • Senior Management Team meeting Communities & Wellbeing • Senior Management Team meeting Children and Culture • SEN Reform Board • Integration of Health & Social Care Community Engagement work stream meeting

2. Introduction / Background

The Council is required to respond to a number of statutory reforms, most notably the Care Act 2014 and the Children and Families Act 2014. A key aspect of these reforms is the focus on how the local authority, working with its partner agencies, engages with and provides advice, guidance, and access to support to

its customers. This needs to be achieved in a way that puts the customer at the heart of the relationship with statutory agencies, and is integrated, seamless, and eliminates the barriers that traditionally occur at key points of transition whether that be at key stages in education, transition to and through the different stages of adulthood, or across agencies, especially between health and social care.

The Care Act 2014 places a duty on both health and social care services to truly integrate. A key element of this is for both the public and professionals to have access to the right information, at the right time in and in the right way to support self help or self treatment that does not rely solely on traditional methods of support.

The Children and Families Act received royal assent on the 13th March 2014, placing a duty on local authorities to publish a 'Local Offer' by September 2014. A significant element of the Local Offer is an online portal to a directory of services, with enhanced functionality.

The department for Communities & Wellbeing and the Department for Children & Culture have worked in partnership to respond to the requirements set out by the Care Act 2014 and the Children and Families Act 2014 by developing 'The Bury Directory' in collaboration with Open Objects. The presentation demonstrates the scope and capability of the system software, demonstrates the Bury Directory test system and details next steps and timescales for implementation.

3. Key issues for the Board to Consider

Key issues for the board to consider are the capabilities of the system and how this could support the wider priorities of each organisation and the Health & wellbeing Board.

4. Recommendations for action

The members of the board are requested to note the content of the presentation and dates for implementation.

5. Financial and legal implications (if any)
If necessary please see advice from the Council Monitoring Officer Jayne Hammond (J.M.Hammond@bury.gov.uk) or Section 151 Officer Steve Kenyon (S.Kenyon@bury.gov.uk).

There are no financial or legal implications

6. Equality/Diversity Implications

There are no equality or diversity implications

CONTACT DETAILS:

Contact Officer: Heather Hutton

Telephone number: 0161 253 6684

E-mail address: h.hutton@bury.gov.uk

Date:02/07/2014

Contact Officer: Paul Cook

Telephone number: 0161 253 5674

E-mail address: P.Cooke@bury.gov.uk

Date: 02/07/2014

Agenda Item 9

Health & Wellbeing Board Report template

Bury Health and Wellbeing Board

Title of the Report	Draft of Pharmaceutical Needs Assessment for Consultation
Date	17th July 2014
Contact Officer	Anna Barclay Public Health Analyst
HWB Lead in this area	Lesley Jones Director of Public Health

1. Executive Summary

Is this report for?	Information ☐	Discussion	Decision ☐
Why is this report being brought to the Board?	A draft PNA has been produced and is being presented to the board before a 60-day public consultation on the document begins on 1st September.		
Please detail which, if any, of the Joint Health and Wellbeing Strategy priorities the report relates to. (See attached Strategy)	The PNA will use the Joint Strategic Needs Assessment (JSNA), the Joint Health and Wellbeing Strategy (JHWS) and other Board approved documents to identify the local health priorities. From this it should look at current demographics and future trends and developments which may impact on the health of the local population. The PNA will look at issues that may affect it across the 3 years it could be valid for. The PNA will also identify where pharmaceutical services are currently used to address these priorities and where changes may be required to fill any current identified gaps or to address possible future health issues.		
Please detail which, if any, of the Joint Strategic Needs Assessment priorities the report relates to. (See attached JSNA)	(please see above)		
Key Actions for the Health and	Board to discuss whether changes need		

Wellbeing Board to address – what action is needed from the Board and its members? Please state recommendations for action.	to be made to the document before it goes to public consultation on the 1st September.
What requirement is there for internal or external communication around this area?	Consultation plan has already been approved by the Board (at June meeting).
Assurance and tracking process – Has the report been considered at any other committee meeting of the Council/meeting of the CCG Board/other stakeholders....please provide details.	n/a

2. Introduction / Background

This Pharmaceutical Needs Assessment (PNA) looks at the current provision of pharmaceutical services across Bury Health and Wellbeing Board (HWB) footprint and whether this meets the needs of the population and identifies any potential gaps to service delivery.

The PNA will be used by NHS England in its determination as to whether to approve applications to join the pharmaceutical list under The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

3. key issues for the Board to Consider

A draft version of the PNA will be presented by the author – Jimmy Cheung from the Greater Manchester Commissioning Support Unit. The Board will consider whether changed need to be made to the document before it goes out for a 60-day public consultation on 1st September.

4. Recommendations for action

5. Financial and legal implications (if any)
If necessary please see advice from the Council Monitoring Officer Jayne Hammond (J.M.Hammond@bury.gov.uk) or Section 151 Officer Steve Kenyon (S.Kenyon@bury.gov.uk).

The PNA is required to be published by each HWB by virtue of section 128A of the 2006 Act updated in 2009.

6. Equality/Diversity Implications

An Equality Analysis is being completed jointly by the GMCSU and Bury Council.

CONTACT DETAILS:

Contact Officer: Anna Barclay

Telephone number: 253 6910

E-mail address: anna.barclay@bury.gov.uk

Date: 2nd July 2014

This page is intentionally left blank

Greater Manchester
Commissioning Support Unit

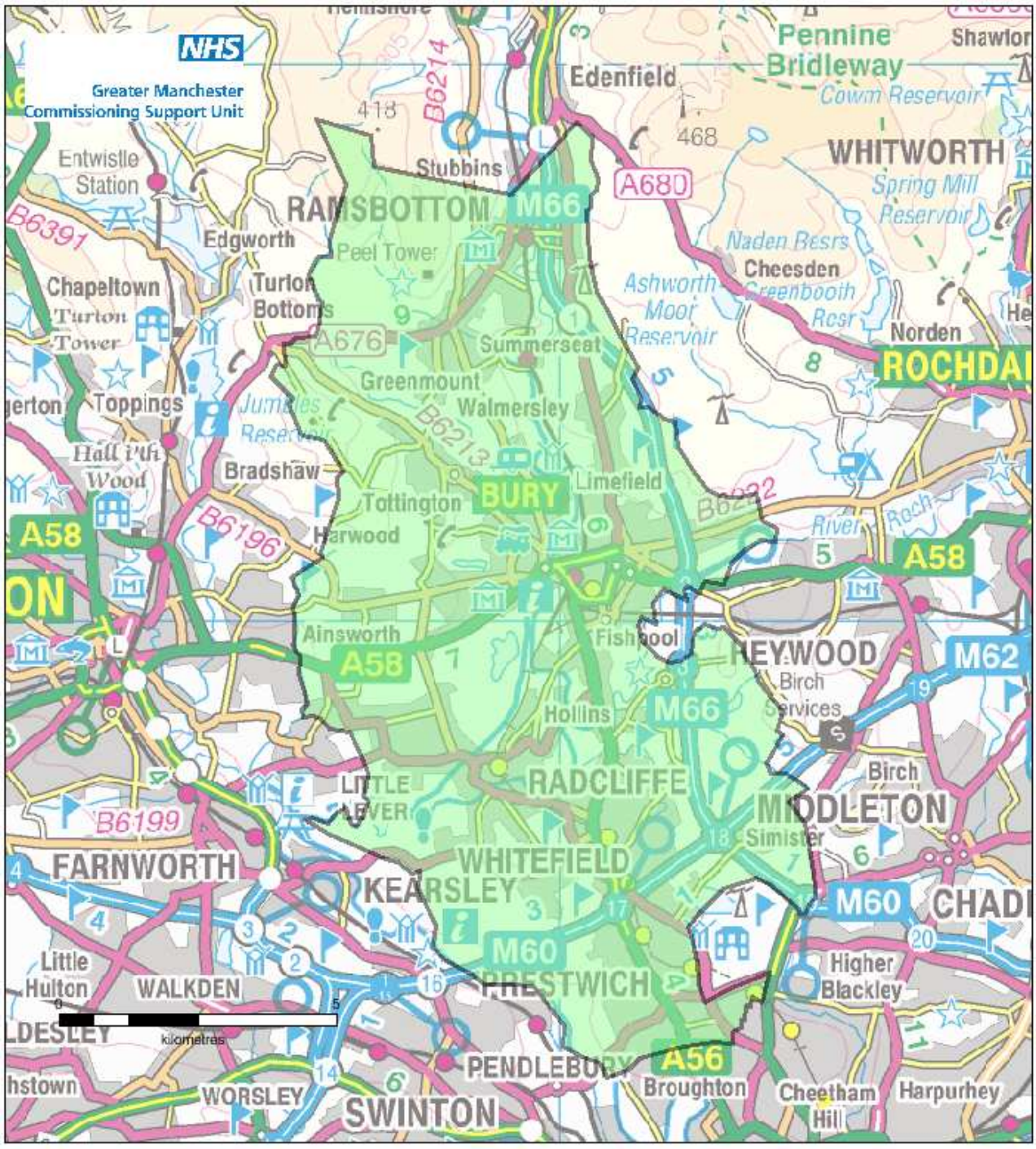
Bury Local Authority

Pharmaceutical Needs Assessment

Draft version for consultation

GMCSU | Enabling Excellence

The branding on the front cover will be the relevant local authority branding



Contains Ordnance Survey data © Crown copyright and database right 2014

This Pharmaceutical Needs Assessment (PNA) has been produced for Bury Health and Wellbeing Board by Bury Local Authority in conjunction with Greater Manchester Commissioning Support Unit (GMCSU).

Contents

1.0 Foreword and Executive Summary 4
2.0 Introduction and process for developing the Pharmaceutical Needs Assessment (PNA) 7
2.1 Background 7
3.0 Context of the PNA 8
3.1 Purpose of a PNA 8
3.2 Scope of assessment 9
3.2.1 Definition of Pharmaceutical Services 9
3.2.2 Pharmaceutical Services Contractual arrangements 11
3.2.3 Locally commissioned services 12
Public health services 13
3.3 Non-commissioned added value community pharmacy services 14
3.4 What is excluded from scope of the PNA? 14
3.4.1 Prison pharmacy 14
3.4.2 Hospital pharmacy 14
3.5 Process followed for developing the PNA 14
3.7 Localities for the purpose of the PNA 16
3.8 PNA consultation 17
3.9 PNA review process 17
4.0 Population Demography 18
4.1 Overview 18
4.2 Age of Population 19
4.3 Future Age Trends 19
4.4 Ethnicity 21
4.5 Life Expectancy 22
4.6 Deprivation 29
5.0 Locally Identified Health Need 31
5.1 Overview of Bury Health Needs and Locally Commissioned Services 31
5.2 Bury Strategic Priorities 33
5.3 Role of Community Pharmacy in Improving Local Health Needs 34
5.3.1 Essential Services 35
5.3.2 Advanced Services 35
5.3.3 Enhanced Services 35
5.2.4 Locally commissioned services 35
5.3.4 Community pharmacy services impact on the HWB Strategic Priorities 37
5.4 Bury Local Health Needs 42
5.4.1 Smoking 42
5.4.2 Healthy weight 43
5.4.3 NHS Health Checks 44
5.4.4 Sexual Health 44
5.4.5 Emergency Hormonal Contraception (EHC) 45
5.4.6 Alcohol Use 46
5.4.7 Drug Misuse Related Harm 47

5.4.8 The Health of Older People 48
5.4.9 Long Term Conditions (LTC) 49
5.4.10 Mental Health 50
5.4.11 Healthcare Associated Infections 50
5.4.12 Medication Related Harm 50
5.4.13 Community Pharmacy Minor Ailments Service 51
5.4.14 Community Pharmacy Palliative Care Service 51
5.5 Public Survey 51
5.5.1 Summary of the Bury Public Survey 51
6.0 Current Pharmacy Provision and Services 53
6.1 Overview 53
6.2 Change in number of Pharmacy contractors from 2011 54
6.3 Pharmacies per locality 54
6.4 Pharmacies per head of population vs. national/ NW level and neighbouring former PCT (March 2013) 55
6.5 Dispensing activity 56
6.5.1 Dispensing activity: Where are Bury Prescriptions dispensed? 58
6.6 Access to pharmacies by location 59
6.6.1 Unpopulated areas 62
6.6.2 Services provided across the border of Bury in other Local Authority areas 64
6.7 Access to pharmacies by opening hours 65
6.7.1 Saturday Opening 68
6.7.2 Sunday Opening 68
7.0 Future Matters 69
7.1 Housing and development 69
7.2 Primary care developments 72
7.3 Identification of the gaps between health and current services in Bury 72
8.0 Summary and Recommendations 78
9.0 Equality Impact Assessment 81
10.0 Appendices 81

1.0 Foreword and Executive Summary

This Pharmaceutical Needs Assessment (PNA) looks at the current provision of pharmaceutical services across Bury Health and Wellbeing Board (HWB) footprint and whether this meets the needs of the population and identifies any potential gaps to service delivery.

The PNA will be used by NHS England in its determination as to whether to approve applications to join the pharmaceutical list under The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013[1].

The PNA is required to be published by each HWB by virtue of section 128A of the 2006 Act updated in 2009[2].

The conclusion of this PNA is that Bury Local Authority has sufficient pharmaceutical service providers to meet their pharmaceutical needs and that there is no current need for any new NHS pharmaceutical service providers in Bury. There are a number of reasons for this conclusion:

- Bury Local Authority has 41 pharmacy contractors in the HWB footprint (an increase from 38 in the previous PNA in 2011). Of these, five have 100 hour contracts and three are distance–selling pharmacies
- According the Health and Social Care Information Centre (HSCIC) data 2012-13, Bury has 22 pharmaceutical service providers per 100,000 registered population, which equals the national average
- The residents of Bury have adequate access for the dispensing of appliances due to suppliers within and outside the Greater Manchester area
- All areas of Bury with high population all have a pharmacy located within one mile radius
- Over 91% of prescriptions generated by Bury prescribers are currently dispensed by Bury pharmacies
- Just over 1% of Bury prescribed items is dispensed out of the Greater Manchester region.
- The public survey noted that the majority of respondents (85%) were travelling less than two miles to their pharmacy and over 92% would either walk or use a car for transport.
- Over 70% of the pharmacy contractors in Bury are open on a Saturday and access to a pharmacy can be found between the hours of 6am to midnight. This gives adequate cover for Bury on Saturdays both in terms of opening hours and number of locations
- Nearly two thirds of Bury wards have no pharmacy contractors open on a Sunday. However the public survey identified only 12% of respondents was unsatisfied by the current pharmacy opening hours.

In general, the review of the locations, opening hours, population density, access for patients and prescription numbers suggest there is adequate access to NHS Pharmaceutical Services in the Bury HWB footprint.

However, the Radcliffe North and Besses Wards did raise some concerns as there are no pharmacies and potentially could be identified as gaps in service provision. The public survey did not identify this finding and no negative comments were made about pharmacy access in those wards. There could be a number reason for this conclusion:

- Radcliffe North has a relatively low population and high number of households with cars and therefore less affected by accessibility to pharmacies to neighbouring ward.
- In both wards the neighbouring pharmacies fall within the one mile buffer zone and is accessible for patients by walking, public transport or own transportation.
- There are no GPs in the Radcliffe North and Besses Wards and existing healthcare services around the two wards are able to meet supply and demand.

Based on these findings it is considered that the population of Radcliffe North and Besses Wards are adequately served by other pharmacies within the 'as the crow flies' one mile buffer zone or by pharmacies offering home delivery service.

The pharmacy provision within the one mile buffer zone is sufficient and covers a significant area of Bury wards, neighbouring townships and cross border non-Bury healthcare providers. Areas that are not covered in the one mile buffer zone e.g. Holcombe Moor and other surrounding Moors are considered rural and largely uninhabited.

The extended opening hours of some community pharmacies are valued and these extended hours should be maintained. Most wards in Bury are considered to have good coverage in terms of opening hours, however, Bury West Township and Ramsbottom, Tottington and North Manor Township were identified as being poorly served at weekends.

In the Bury West Township (Church and Elton Wards) there are a significant proportion of Bury's pharmacies in the neighbouring Bury East Township (East, Moorside and Redvales Wards). There are 12 pharmacies in the Bury East Township, of these, four have 100 hour contracts. The Bury East Township pharmacies offer extensive opening hours, weekend cover, within the one mile buffer zone of Bury West Church and Elton Wards and are accessible to the population via public transport, walking or their own transportation.

Similar to Bury West, Ramsbottom, Tottington and North Manor Township have no pharmacies open on Sundays. However, such wards are considered predominately the least populated, least deprived within Bury and are likely to have access to transportation allowing patients to travel within the borough to another location quite readily at weekends.

The conclusion drawn in term of the opening hours for pharmacies around Bury is that all wards have a fair access to pharmacy services across all Bury Wards. In time, if gaps in opening times are identified, these should be addressed initially through dialogue with existing specific contractors.

Over the coming years the population in Bury is expected to both age and grow substantially in numbers. Housing and commercial developments are in progress and it will be a collective number of factors that may influence the potential need for any additional pharmaceutical service providers. To facilitate commissioning of pharmaceutical service providers responsive to the potential population changes the Health and Wellbeing Board and partners will monitor those changes and development, and produce supplementary statements to the PNA if deemed necessary, in accordance with regulations.

The current pharmacy services commissioned from Bury pharmacies, in addition to their NHS contract, supports Bury's HWB in achieving the required health priorities and outcomes outlined in their strategy. Overall 91% of the respondents in the public survey were either satisfied or very satisfied with the service they received from their pharmacy. However, there is also a need for ensuring that those additional services that are commissioned by Bury Council and CCG from Bury pharmacies are promoted to the local population so as to improve their uptake. The patient survey indicated that on average a 77% of respondents have not used services already on offer. There may be a number of

reasons for this including, lack of awareness and/or the service in community pharmacy does not meet their needs.

It is important that commissioners continue to review the currently commissioned pharmaceutical services and assess service delivery and health outcomes achieved. Review should include whether all pharmacy contractors should be engaged in commissioned additional services or whether targeted delivery by a small number of contractors would be preferential. It is important that any review includes possible or actual service delivery by other providers where they also meet specific pharmaceutical needs.

At the time of writing the PNA some commissioning arrangements are awaiting clarification. However, following the current assessment of Bury pharmacies locally commissioned services, the following recommendations were noted:

1. Smoking cessation activities in community pharmacies in Bury have increased, but there are still many community pharmacies that do not provide a smoking cessation service. Bury Local Authority has commissioned smoking cessation services in just over half of the pharmacies (24 of the 41 contractors) and although existing contracted pharmacies are covering areas of high prevalence there are still other areas that maybe beneficial for further development. For example, although lower prevalence the Northern area of Bury e.g. Ramsbottom have no commissioned smoking cessation service. This can additionally complement other medical services provisions and educate patients in self-care, thereby reducing the impact on GP consultations.

2. Only 2 pharmacies in Bury have signed up to the Chlamydia Screening and Treatment programme so there is opportunity to expand this across Bury. Areas that may benefit include:

   - Offer chlamydia screening when Emergency Hormonal Contraception is provided, since those requiring such contraception may also be at risk of infection.
   - Areas with high population of 15- 24 year olds like Radcliffe West, Redvales, Ramsbottom and Besses may also benefit from additional pharmacies providing a service.

   The extent to which local services signpost to services or carry out testing when EHC is provided could be examined in an audit, to stimulate best practice in this area.

3. Opportunistic alcohol screening and provision of brief advice is another area where pharmacies could potentially contribute to improving the health of the local population. One of the themes of public campaigns 2014/15 planned for Bury pharmacists by NHS England includes. This could, for example, potentially be integrated into agreements around medication checks.

In the new NHS the Royal Pharmaceutical Society (RPS) recommends that pharmacists collaborate with each other and with other healthcare professions, to develop models of care which enable commissioners to deliver integrated patient pathways, and ensure patients have consistent access to support with medicines use as they move between care settings. This could be particularly relevant to those at risk groups identified in this PNA and JHWS.

2.0 Introduction and process for developing the Pharmaceutical Needs Assessment (PNA)

2.1 Background

The Health Act 2009 128A made amendments to the National Health Service Act 2006 stating that:

(1)Each Primary Care Trust must in accordance with regulations -

(a) Assess needs for pharmaceutical services in its area, and,

(b) Publish a statement of its first assessment and of any revised assessment.

The regulations stated that a PNA must be published by each Primary Care Trust (PCT) by the 1st February 2011. There was a duty to rewrite the PNA within 3 years or earlier if there were any significant changes which would affect the current or future pharmaceutical needs within the PCTs locality. This meant that subsequently revised PNAs were due to be produced by February 2014.

However the Health and Social Care Act 2012 brought about the most wide-ranging reforms to the NHS since its inception in 1948. These reforms included abolition of PCTs and the introduction of clinical commissioning groups (CCGs) who now commission the majority of NHS services. Public Health functions were not transferred to CCGs and are now part of the remit of Local Authorities.

In order to ensure integrated working and plan how best to meet the needs of any local population and tackle local inequalities in health the 2012 legislation calls for Health and Wellbeing Boards (HWB) to be established and hosted by Local Authorities. These boards should bring together the NHS, public health, adult social care and children's services, including elected representatives and Local Healthwatch.

The Health and Social Care Act 2012 transferred responsibility for the developing and updating of PNAs to HWBs. It also made provision for a temporary extension of PCT's PNAs and access by NHS England and HWBs to them.

In order that these newly established HWB had enough time to gather the information and publish a new PNA the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 now gives a requirement that each HWB must publish its first pharmaceutical needs assessment by 1st April 2015, unless a need for an earlier update identified. The Department of Health (DH) recently published an Information Pack to help HWB undertake PNA[3].

3.0 Context of the PNA

3.1 Purpose of a PNA

Despite the recent NHS reforms, along with an unprecedented era of economic, demographic and technological changes, it is clear there will be challenges and opportunities for the pharmacy profession. In March 2013 the Royal Pharmaceutical Society (RPS) identified and established the Commission on future models of care delivered through pharmacy. The 'Now or Never: Shaping pharmacy for the future' report highlights the vision for pharmacists, together with the pharmacy team, of providing innovative and effective access to medicines information and advice for all patients in all pharmacy settings[4]. With the predicted increase in patients with long term conditions, people taking multiple medicines and an emphasis of self-management, there is greater focus on the provision of effective patient centered pharmacy services.

The PNA will use the Joint Strategic Needs Assessment (JSNA), the Joint Health and Wellbeing Strategy (JHWS) and other Board approved documents to identify the local health priorities. From this it should look at current demographics and future trends and developments which may impact on the health of the local population. The PNA will look at issues that may affect it across the 3 years it could be valid for.

The PNA will also identify where pharmaceutical services are currently used to address these priorities and where changes may be required to fill any current identified gaps or to address possible future health issues.

The PNA should be a tool which is used to inform commissioners of the current provision of pharmaceutical services and where there are any gaps, in relation to the local health priorities, which could be addressed by improving services or access to services in that area[5]. The commissioners who would find it most useful are CCGs, Local Authority Public Health and NHS England.

The PNA is of particular importance to NHS England who since 1st April 2013, has been identified in the Health and Social Care Act 2012, as responsible for maintaining pharmaceutical lists. The PNA is a key document in making decisions with regard to applications made under the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013[5].

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013: No. 349 Part 3 Regulation 13 states that:

Current needs: additional matters to which the NHS Commissioning Board (NHSCB) must have regard*

13 (1) If the NHSCB receives a routine application and is required to determine whether granting it, or granting it in respect of some only of the services specified in it, would meet a current need—*

(a) for pharmaceutical services, or pharmaceutical services of a specified type, in the area of the relevant HWB; and.

(b) that has been included in the relevant pharmaceutical needs assessment in accordance with paragraph 2(a) of Schedule 1. Under these revised market entry arrangements, routine applications are assessed against Pharmaceutical Needs Assessments.

**NHSCB (NHS Commissioning Board) is now known as NHS England*

3.2 Scope of assessment

A pharmaceutical needs assessment is defined in the regulations as:

"The statement of the needs for pharmaceutical services which each HWB is required to publish by virtue of section 128A of the 2006 Act(1) (pharmaceutical needs assessments), whether it is the statement of its first assessment or of any revised assessment, is referred to in these Regulations as a "pharmaceutical needs assessment".

The pharmaceutical services to which each pharmaceutical needs assessment must relate are all the pharmaceutical services that may be provided under arrangements made by the NHSCB for—*

a) the provision of pharmaceutical services (including directed services) by a person on a pharmaceutical list; .
b) the provision of local pharmaceutical services under an LPS scheme (but not LP services which are not local pharmaceutical services); or .
c) the dispensing of drugs and appliances by a person on a dispensing doctors list (but not other NHS services that may be provided under arrangements made by the NHSCB with a dispensing doctor)."*

It follows, therefore, that we must understand what is meant by the term "pharmaceutical services" in order to assess the need for such services in the local authority's area.

3.2.1 Definition of Pharmaceutical Services

Pharmaceutical services are defined by reference to the regulations and directions governing pharmaceutical services provided by community pharmacies (which may be LPS providers), dispensing doctors and appliance contractors.

Whether a service falls within the scope of pharmaceutical services for the purposes of PNA depends on who the provider is and what is provided. For the purposes of this PNA we have adopted the following scope:

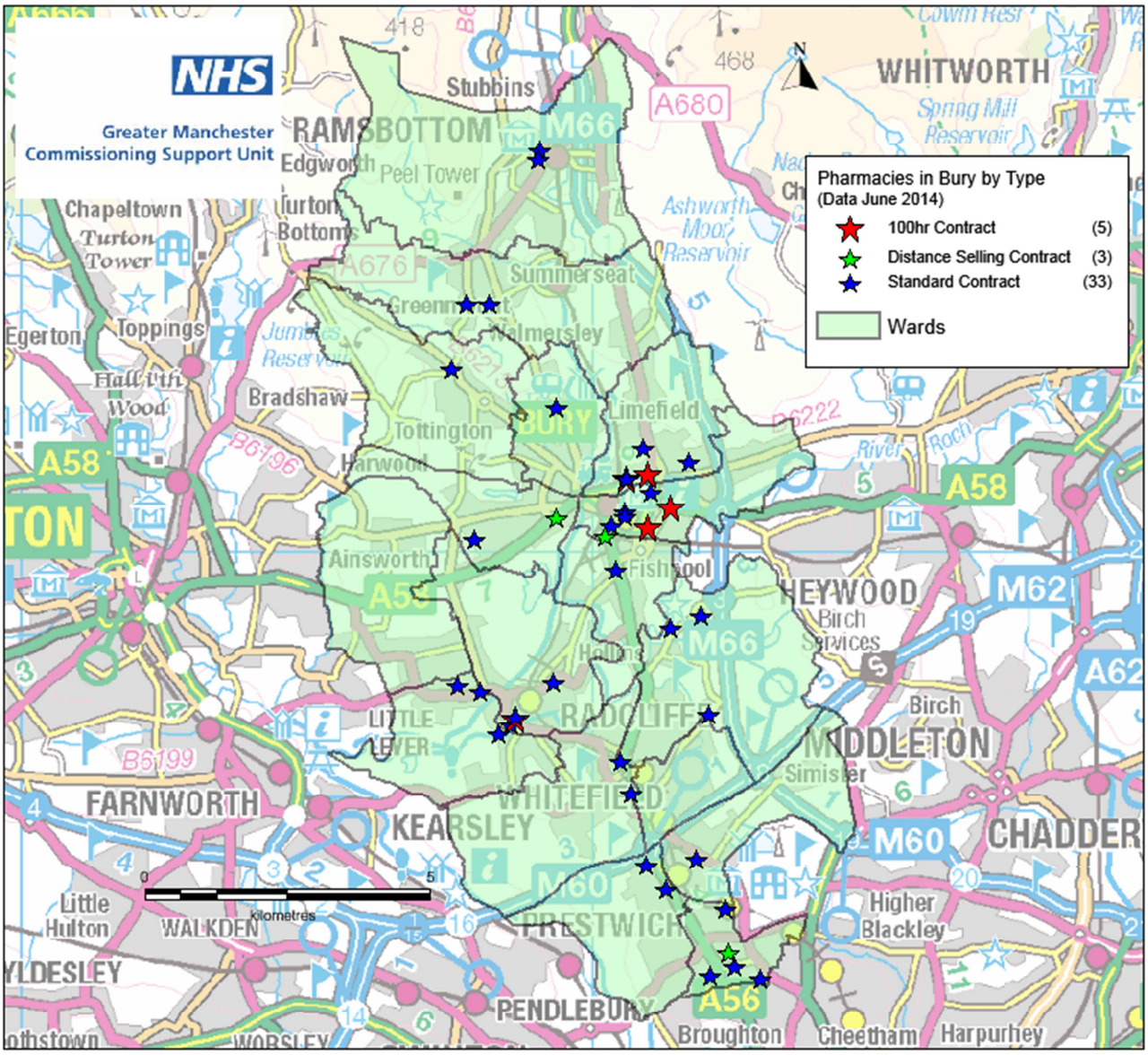
Pharmacy Contractors

For pharmacy contractors the scope of the services that need to be assessed is broad and comprehensive. It includes the essential, advanced and enhanced service elements of the pharmacy contract (full details are given at 3.2.2) whether provided under the terms of services for pharmaceutical contractors or under Local Pharmaceutical Services (LPS) contracts.

There are 41 pharmacy contractors in the Bury HWB area. Of these, five have 100 hour contracts and three are distance-selling (internet) pharmacies.

**NHSCB (NHS Commissioning Board) is now known as NHS England*

Figure 1: Location of community pharmacies in Bury and ward boundaries



Contains Ordnance Survey data © Crown copyright and database right 2014

Local Pharmaceutical Service (LPS) Contractors

LPS contracts are locally commissioned pharmacy contracts to deliver specific services, over and above the essential and advanced services, to their local population or service users. LPS complements the national contractual framework for community pharmacy but is an important local commissioning tool in its own right.

LPS provides flexibility to include within a single local contract, a broader or narrower range of services (including services not traditionally associated with pharmacy) than is possible under national pharmacy arrangements. In Bury, there are no LPS contractors (30th June 2014). LPS contracts are now commissioned by NHS England Area Team and for the Bury HWB footprint; such contracts will fall under the remit of the Greater Manchester Area Team (GMAT).

Dispensing doctors

Dispensing doctors are General Practices (GPs) who are allowed to both prescribe and dispense prescription-only medicines to patients registered with their surgery. Doctors are

only allowed to become dispensing practices in very specific circumstances. The control of entry system, which is already tightly regulated, requires the GP practice to be located in a designated rural area, and with a specified minimum distance (currently 1.6km) between a patient's home and the nearest community pharmacy.

The PNA would need to take these into account but would not be concerned with assessing the need for other services dispensing doctors may provide as part of their national or local contract arrangements. The Bury area has no dispensing doctors.

Dispensing Appliance Contractors (DACs)
For appliance contractors the scope of the service to be assessed in the PNA is the dispensing of appliances and the provision of the recently introduced Appliance Use Review (AUR) service and Stoma Appliance Customisation Service (SAC). This means that, for the purposes of the PNA, we are concerned with whether patients have adequate access to dispensing of appliances, AURs and SACs where these may be undertaken by an appliance contractor but not concerned with other services appliance contractors may provide.

There are no DACs in the Bury area. The population of Bury may choose to use DACs outside Bury and Greater Manchester area so we will need to take this into account when assessing the needs of our population.

It should be noted that pharmacy contractors can also dispense appliances and provide AURs and SAC services as part of their essential and advanced services.

Other independent contractors
Other providers may deliver services that meet a particular pharmaceutical service need, although they are not considered pharmaceutical services under the relevant regulations. It is therefore important that these are considered as part of the assessment.

3.2.2 Pharmaceutical Services Contractual arrangements[5,6]

The Community Pharmacy Contractual Framework (CPCF) is made up of three different service types. These are defined below, for a complete description please see Appendix 1.

Essential Services – which are set out in schedule 4 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (the 2013 Regulations). All pharmacy contractors must provide the full range of Essential Services, these include:

- Dispensing medicines and actions associated with dispensing (e.g. keeping records)
- Dispensing appliances
- Repeat dispensing
- Disposal of unwanted medicines
- Public health (Promotion of healthy lifestyles)
- Signposting
- Support for self-care

Advanced Services – Any contractor may choose to provide Advanced Services. There are requirements which each Advanced Service needs to meet in relation to premises, training or notification to the NHS England Area team. Each of the service are intended to support and empower patients to optimise their safe and effective use of medicines or appliances and to reduce waste. The current Advance Services include:

- Medicines Use Review (MURs)
- New Medicines Service (NMS)

Note: Until further notice is provided following a Department of Health service review, NHS England has agreed to continue NMS until the end of 2014/15. NMS may change within the lifespan of this document and may affect the conclusion to this document.

- Appliance Use Reviews (AUR)
- Stoma Appliance Customisation Service (SAC)

At the time of writing this PNA (June 2014) each pharmacy may undertake up to 400 MURs per annum if they have informed the NHS England Area Team of their intention to provide the service. If a pharmacy informs the Area Team after 1st April but before the 1st October they may will be paid for up to a maximum of 200 MURs.

Pharmacy staff may also undertake a limited number of AURs linked to the dispensing of appliances and as many SACs as required.

Enhanced Services - Only those contractors directly commissioned by NHS England Area Team can provide these services. The National Health Service Act 2006, The Pharmaceutical Services (Advanced & Enhanced Services) (England) Directions 2013, Part 4 14.-(1) list the enhanced services as:

- Anticoagulant Monitoring Service
- 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 Service (This is more clinical than MURs)
- Minor Ailments Service
- Needle and Syringe Exchange Service
- On Demand Availability of Specialist Drugs Service
- Out of Hours Service
- Patient Group Direction (PGD) Service (This would include supply of any Prescription Only Medicine via PGD)
- Prescriber Support Service
- Schools Service
- Screening Service
- Stop Smoking Service
- Supervised Administration Service
- Supplementary Prescribing Service

The regulations are intended to be permissive and allow NHS England AT to interpret how any of the above Enhanced Services could be commissioned, its scope and method of delivery. NHS England AT may make arrangements for the provision of these services in its area. In Greater Manchester the GMAT has responsibility for managing Enhanced Services.

3.2.3 Locally commissioned services

Community pharmacy contractors can also provide services commissioned locally that fall outside of the NHS (Pharmaceutical Services and Local Pharmaceutical Service)

Regulations 2013. Locally commissioned services do not impact on the commissioning of new pharmacy contracts.

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 and clarified. For example, the CCG or Local Authority may request NHS England to commission a service listed in the NHS Pharmaceutical Services Directions 2013 on their behalf, e.g. a CCG request that a minor ailments service is commissioned as an Enhanced Service.

In such scenario it should be borne in mind that the cost of these services will be invoiced back to the CCG or Local Authority. Services commissioned in this way would be commissioned under pharmaceutical services and consequently the public health, NHS standard or local contracts would not be used.

Locally commissioned services within the Bury HWB footprint may be reviewed within the planned lifespan of this document but must be considered alongside other pharmaceutical service provision in order that a full picture of current provision is identified across the HWB footprint.

Public health services[7]

Particular mention should be given to the locally commissioned services which have been designated as public health services such as population screening or prevention of disease states. The commissioning of these 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 1st April 2013:

- Needle and syringe exchange
- Screening services such as chlamydia screening
- Stop smoking
- Supervised administration of medicines service
- Emergency hormonal contraception (EHC) 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 cannot be referred to as Enhanced Services.

However, the 2013 directions do make provision for NHS England to commission the above services from pharmacy contractors when 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.

CCG services[8]

CCGs now have a role to commission most NHS services locally, aside from those commissioned by NHS England such as General Practice (GP) core contracts and specialised commissioned services. CCGs engage with 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 classification these will be known as

locally commissioned services and then fall outside the definition of Enhanced Services, and so have no impact on pharmacy applications.

For a brief summary on who can commission which services please refer to the Pharmaceutical Services Negotiating Committee's "Community Pharmacy Local Service Commissioning Routes; July 2013"

3.3 Non-commissioned added value community pharmacy services

Community pharmacy contractors also provide services directly to patients that are not commissioned by NHS England, Local Authorities or CCGs, for example some pharmacies provide a home delivery service as an added value service to patients.

Community Pharmacists are free to choose whether or not to charge for these services as part of their business model.

3.4 What is excluded from scope of the PNA?

The PNA has a regulatory purpose which sets the scope of the assessment. However pharmaceutical services and pharmacists are evident in other areas of work in which the local health partners have an interest but are excluded from this assessment. For example in prisons, those patients may be obtaining a type of pharmaceutical service which is not covered by this assessment.

3.4.1 Prison pharmacy

Pharmaceutical services are provided in prisons by providers contracting directly with the prison authorities. There are no HM Prisons within the Bury Council area.

3.4.2 Hospital pharmacy

Patients in the Bury Local Authority area have a choice of provider for their elective hospital services. Information about the choice of hospital used by the Bury residents is shown in Figure 2. Most (64%) of our residents choose to be treated at Pennine Acute Foundation NHS Trust.

The PNA makes no assessment of the need for pharmaceutical services in hospital settings; however the HWB is concerned to ensure that patients moving in and out of hospital have an integrated pharmaceutical service which ensures the continuity of support around medicines. Each of the hospital trust will also have their own hospital pharmacies providing services to the Bury population visiting.

Figure 2: Hospital choice for Bury residents 2012-14

Source: Secondary Uses Service (SUS)

Hospital Trust	*Patient numbers*		*Percentage share*	
	2012-13	*2013-14*	*2012-13*	*2013-14*
Pennine Acute	39,942	34,871	63.9%	63.6%
Salford Royal	8,647	8,085	13.8%	14.7%
Central Manchester	4,962	4,519	7.9%	8.2%
Other	8,909	7,392	14.3%	13.5%
Total	62,460	54,867		

3.5 Process followed for developing the PNA

The PNA followed guidance set out by:

- NHS Employers PNA guidance[9]
- National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) (Amendment) Regulations 2013[1]
- Pharmaceutical Needs Assessment, Information Pack for Local Authority Health and Wellbeing Boards (May 2013, DoH) [3]

Stage 1:
The PNA was developed using a project management approach and a steering group was established in February 2014 consisting of Local Authority representatives, GMCSU Medicines Optimisation Team, GMAT representatives, Local Pharmaceutical Committee and a Project Manager. This steering group has been responsible for the completion of the PNA and to ensure that the PNA meets at least the minimum requirements. This steering group approved the template for the PNA, along with all public facing documentation.

Stage 2:
The Steering group approved the pre-consultation pharmacy survey that was then issued to all pharmacies to complete. Also during this stage a public survey was approved and distributed including advertisement on the Local Authority website and on posters in pharmacies. The survey results were then analysed.

Stage 3:
GMCSU developed the content of the PNA. This included demographics, mapping, analytics and background information. This draft PNA was then approved by the HWB to go to consultation.

When preparing the PNA for consultation, the PNA did take into account the JSNA and other relevant strategies, in order to ensure the priorities were identified correctly. The PNA will inform commissioning decisions by the Local Authority (Public Health services from pharmacy contractors), by NHS England and CCGs. For this reason the PNA is a separate statutory requirement.

Stage 4:
The consultation took place from XX September 2014 to XX November 2014 for a period of 60 days, in line with the Department of Health Regulations on the development of the PNA. This is based on Section 242 of the NHS Act 2006 which requires PCTs to involve users of services in:

- The planning and provision of services;
- The development and consideration of proposals for changes in the way services are provided
- Decisions affecting the operation of services.

The draft PNA and consultation response form were issued to all of the stakeholders listed in Appendix 2. The documents were posted on the intranet and publicised. The consultation responses were collated and analysed and the full consultation report can be found in Appendix 3.

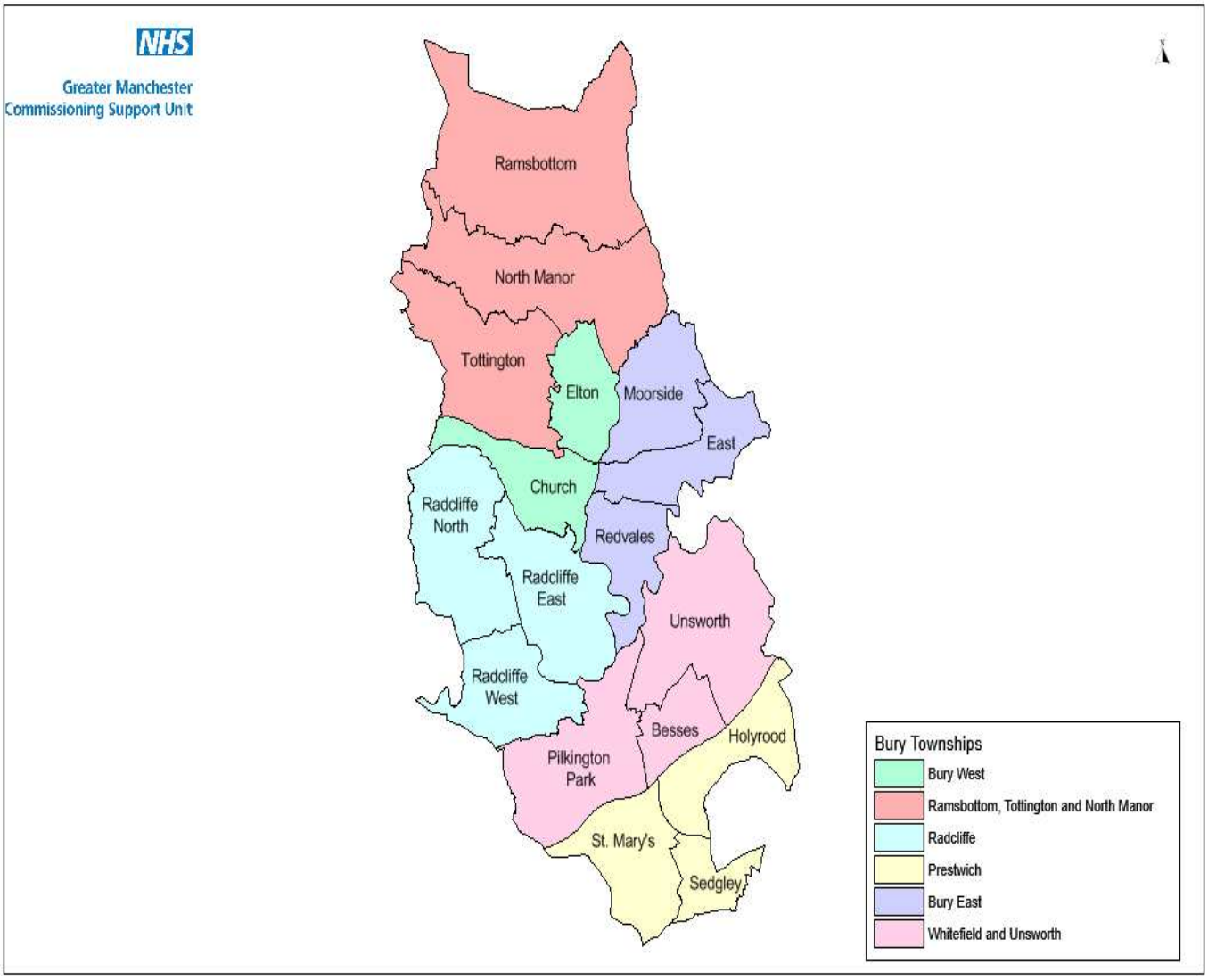
Stage 5:
The consultation responses have been analysed and used to pull together the final PNA document which was approved by the HWB on DD/MM/2015. The PNA was then published on the website on XX March 2015.

3.7 Localities for the purpose of the PNA

The PNA steering group decided on how the areas around the borough would be defined. It was agreed that we would use the current system of Bury Ward boundaries and their collective Township areas. This was because the majority of available healthcare data is collected at ward level. Also wards are a well understood definition within the general population as they are used during local parliamentary elections.

Where ward level data is not available, we have used smaller geographical areas known as Super Output Areas (SOA). SOAs are a lower denominator than wards and designed for the collection and publication of small area statistics. They are established by the Office of National Statistics (ONS) and currently there are two layers of SOA, Lower Layer SOA (LSOA) and Middle Layer SOA..

Figure 3: Electoral Ward and Township boundaries in Bury



3.8 PNA consultation

Prior to the starting of the draft PNA, a seven week public survey was carried out to identify how the public currently use their pharmacy and whether they had any problems with areas such as access to services. We also asked them what future services they would be interested in using. A summary for the public survey can be found in Section 5.3 and the full results in Appendix 7.

A Pharmacy survey was also undertaken over approximately seven weeks. This asked the pharmacy staff to identify their hours of opening, provision of current services and ease of access to services e.g. if the pharmacy had any facilities for disabled patrons or whether the staff could speak any languages other than English. We also asked them which, if any, services they would like to deliver in the future. The results of the pharmacy survey can be found in Appendix 5.

Following completion of a draft PNA, a formal 60 day consultation process was carried out amongst the local Health Partners and other stakeholders to enable feedback from them before the PNA was published.

To facilitate this process a comprehensive communication plan was devised identifying all the local partners who had a stake in pharmaceutical service provision around the HWB footprint. This can be found in Appendix 2.

Feedback was gathered from the consultation and the results were analysed. From this analysis the PNA steering group determined whether any amendments were required and updated the PNA accordingly.

3.9 PNA review process

Bury HWB will be required to publish a revised assessment as soon as is reasonably practical after identifying significant changes to the availability of pharmaceutical services since the publication of its PNA unless it is satisfied that making a revised assessment would be a disproportionate response to those changes.

Where changes to the availability of pharmaceutical services do not require a revision of the PNA and involve a change in pharmaceutical service provision by pharmacy contractors e.g. the opening of a distance selling pharmacy; they will be required to issue a supplementary statement as soon as practicable.

The HWB will ensure there are systems in place to monitor potential changes that will affect the delivery of pharmaceutical services and have a process in place to decide what action it needs to take.

4.0 Population Demography[10]

4.1 Overview

The ONS published the first results of the 2011 Census on the 16th July 2012 revealing a population increase in the Bury area. The population has risen 2.4 per cent since the last census in 2001; up from 180,700 to 185,100. This is expected to follow current trends and to rise to 191,000 by 2017.

It is also worth noting for health purposes that according to the NHS Prescription Service data 2012, Bury CCG has a registered population of 196,280. This means that Bury CCG is responsible for over 11,000 patients who do not live in Bury but have a GP in Bury. This has implications for joint working between agencies in Bury as well as cross boundary working.

Whilst overall population trends are useful in predicting future population volume, often it is population characteristics which are most important when developing a PNA. A comprehensive overview shall predict the structure and characteristics of Bury's population and determine how changes are likely to impact upon key the population groups. Some of the key headlines of Bury's population demographics include:

- Bury's population is increasing and this trend is set to continue.
- Bury's population is ageing. With people also living longer, it is estimated that 4,500 more people will be in the 65 and over age range by 2017 (a 30% increase on 2011 levels).
- Life expectancy for males in Bury is 78 years compared with 79.2 years for England
- Life expectancy for females in Bury is 81 years compared to 83 for England
- Across the Bury area there is big difference in life expectancy. For men there is a gap of 10.8 years and 12 years for women, between the most and least deprived areas across the area.
- Bury has a growing ethnic minority profile.
- Approximately two thirds of Bury Wards All Age All-Cause Mortality are worse than national mortality rates.
- In Bury there is a consistent picture of increased All Age All-Cause Mortality rates in areas of higher deprivation like Radcliffe West, Bury East and Moorside Ward

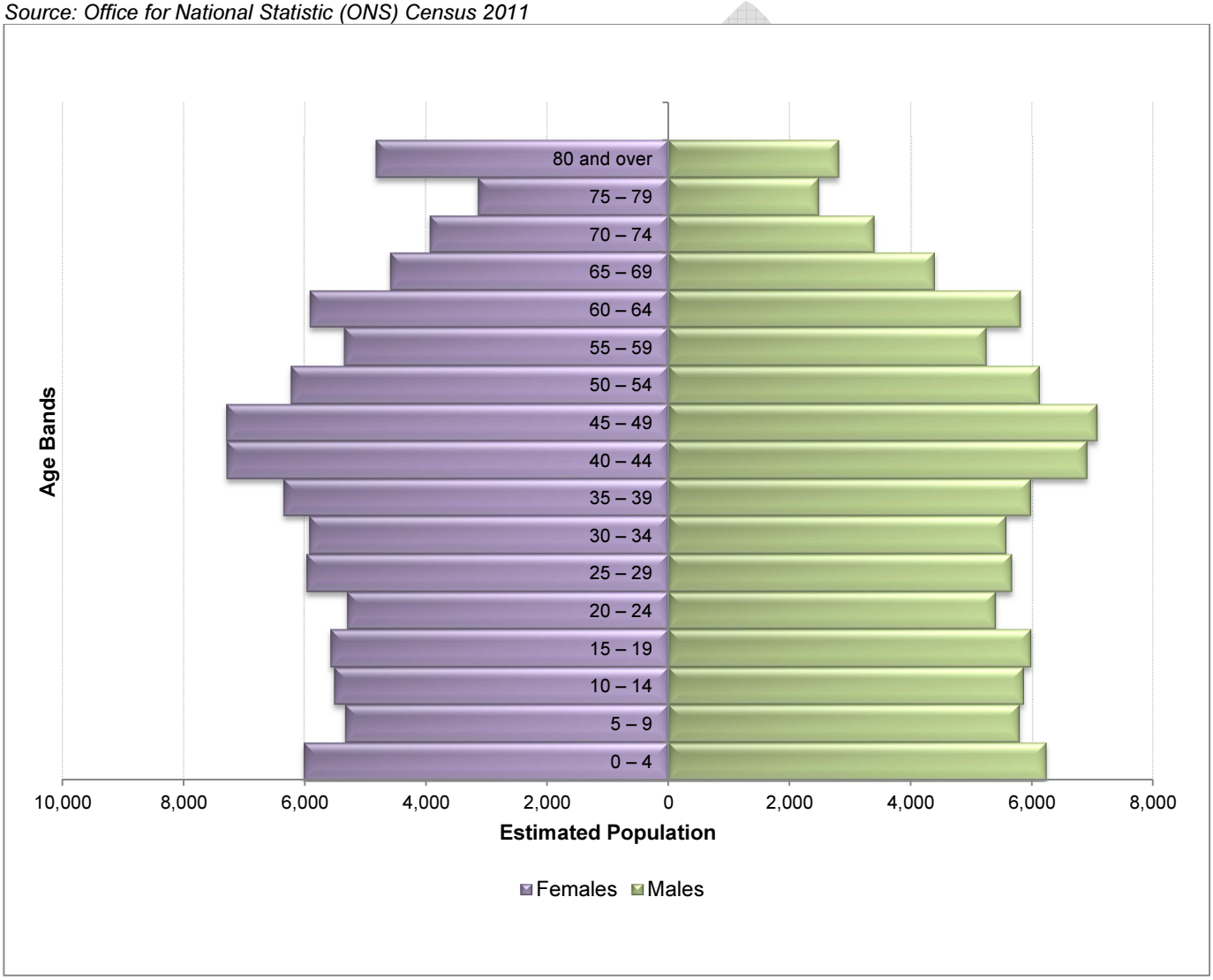
4.2 Age of Population

Figure 4 shows the spread of age ranges across Bury in five year stages for males and females from the year 2011. The largest group of the Bury population (14.6%) is made up of residents aged 40-49 this is slightly lower than the England population (15.5%).

Currently 51% of the population are female and 49% male. This is comparable to Greater Manchester, North West and national figures and is not expected to change significantly in the years to come. The gender split will however vary in terms of the proportion of each sex within age bands as shown in Figure 4.

Figure 4: Mid-Year 2011 Population Estimates

Source: Office for National Statistic (ONS) Census 2011



4.3 Future Age Trends

The health and social care needs of an individual in Bury will change substantially during their lifetime and consequently one of the key characteristic of a population overview is the age profile.

Figure 5 provides a comparison of the current (2011) age profile compared to the 2017 predicted population and this reveals some significant changes in the spread of the population between age bands.

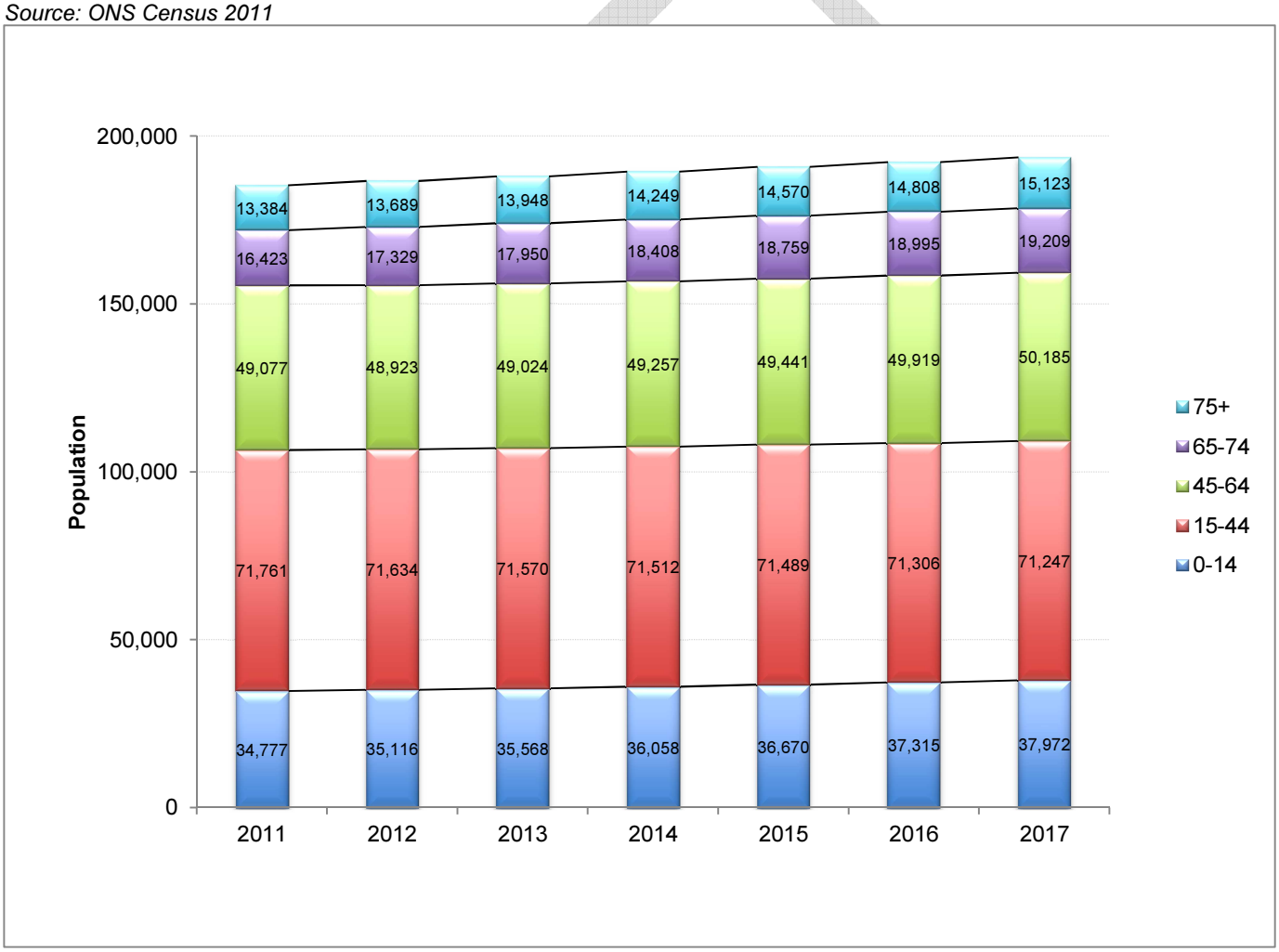
By 2017:

- The population of 0-44 year olds is predicted to increase by just 8.5% (just over 2,600 more).
- The proportion of people 45-64 years old is expected to reduce by half a percentage point (increase by 1,100).
- The 65-74 years old population is expected to increase by 17% (over 2,700 more).
- The over 75 year olds population is expected to increase by 13%. (over 1,700 more).

In broad terms, the proportion of younger people is expected to reduce, whilst there will be a large growth in older age groups and fewer people of working age. This will lead to significant increases in long-term limiting conditions like coronary heart disease, diabetes, respiratory disorders, obesity, dementia, sensory impairment, and incontinence. These problems will be further exacerbated as the ONS anticipates, between 2010 and 2025, that 15,000 more people over the age of 65 will be living alone.

Figure 5: Population projection to year 2017

Source: ONS Census 2011



The population overview and forecast will undoubtedly put further strain on the health and social services of Bury HWB. As discussed in the Prescriptions Dispensed in the Community Statistics for 2002 – 2012[10,11] such age ranges (especially over 65 year olds) are the most frequent users of pharmacy services and health services in general

"A new collection of data on prescriptions dispensed free of charge shows that over 90.6 per cent of all prescriptions were dispensed free of charge. Sixty per cent of items were dispensed free to patients exempt from the prescription charge because of old age (aged 60 and over) and five per cent went to the young (aged under 16 or 16-18 and in full-time education) who are also exempt from the charge."

Commissioners should ensure when looking to commission future services that sufficient resources are in place to manage this expected increase in elderly population.

4.4 Ethnicity

According to the 2011 Census, approximately 89% of Bury's population is of white ethnicity compared with both the England and Greater Manchester which is 85.4% and 83.8% respectively. Around 11% of Bury's population are from Black and Minority Ethnic (BME) communities, of that, Pakistani ethnicity accounts for the second largest group in Bury at 4.9% (see Figure 6).

Figure 6: Ethnic Profile of Bury's population based on 2011 Census

Source: ONS Census 2011

Ethnicity	Bury	Greater Manchester	England
White British	86.6%	81.1%	80.7%
Other White	2.6%	2.7%	4.7%
Mixed	1.8%	2.3%	2.3%
Indian	0.7%	2%	2.6%
Pakistani	4.9%	4.8%	2.1%
Bangladeshi	0.2%	1.3%	0.8%
Chinese	0.6%	1%	0.7%
Other Asian	0.9%	1.1%	1.5%
Black	1.0%	2.8%	3.5%
Other	0.7%	1%	1%

Some ethnic populations have increased health problems in certain disease areas[10], e.g. Black African and Black Caribbean populations have a higher stroke incidence rate than in the White ethnic population. South East Asians, which includes those from the Pakistan and India, have an increased risk of diabetes and myocardial infarction; whereas ethnic populations with fairer skin are more likely to suffer from skin cancer. Smoking prevalence also varies between the ethnic groups. The prevalence of smoking in England is approximately 25%, but for Indian men this drops to 20%. Yet this increases to 40% in Bangladeshi males, although only 2% in Bangladeshi females.

Figure 7: Ethnic Minority Group variation by Ward in Bury

Source: ONS Census 2011

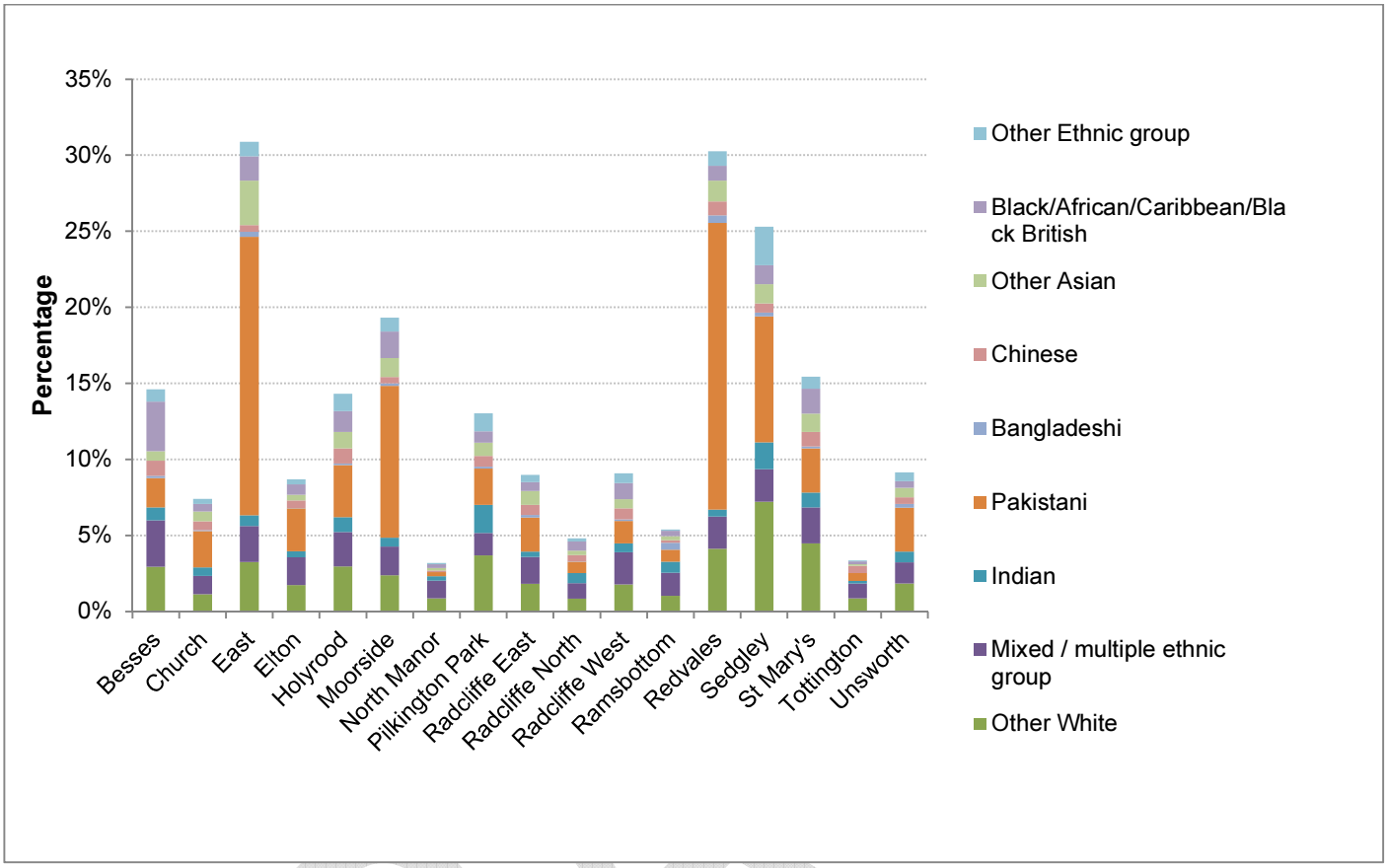


Figure 7 above presents a stacked bar chart of the BME communities in each Bury ward which demonstrates considerable variation.

Pharmacy contractors located within areas where there is a high population and variation of a certain ethnic group should provide services that are targeted to achieve improved health outcomes in those populations. They should also look at how best to communicate with their patients. Cultural differences account for a wide variation in patients' view of medications and the healthcare system. Pharmacy contractors should ensure that they are able to deliver the Essential and Advanced Services to different ethnic groups in a way that meets their needs.

As described in the Bury pharmacy contractor survey (Appendix 5), which was sent to all pharmacy contractors were sent, 50% (of the 6 Bury pharmacy respondents) already have staff who can communicate in languages, other than English, which are spoken within their community. However, it is worth noting that this statistic was taken from a very poor survey response rate and is not an accurate reflection of the pharmacy workforce ability to communicate in other foreign languages. Pharmacy contractors should continue to consider the diversity of cultures and languages spoken in their locality when employing staff.

4.5 Life Expectancy

In 2012 the average life expectancy for males in Bury was 78 years compared with 79.2 years for England, and for females in Bury, life expectancy was 81 years compared to 83 for England (See Figure 8). Although both are below the national averages we have seen steady and lasting improvements in how long people live, partly due to the significant on-going support in those disease areas which have the greatest impact on life expectancy.

Unsurprisingly there will be more and more people living to what we currently consider to be extreme old age (90+) and again this steady increase in life expectancy will lead to an increase in people using local health and social care services.

Figure 8: Life Expectancy Gap at Birth in Bury 2010-12

Source: ONS 2010-2012

Gender	Life expectancy (years)			Gap between Bury and England
	Bury	Greater Manchester	England	
Male	78.0	77.3	79.2	-1.2
Male gain from 2010-12	-	+0.5	+0.3	-0.3
Female	81.0	81.2	83.0	-2.0
Female gain from 2010-12	-0.1	+0.1	+0.1	-0.2

Across the Bury area there is big difference in life expectancy. For men there is a gap of 10.8 years and 12 years for women, between the most and least deprived areas across the area (see Figure 9 and 10). There is still room for improvement and commissioners should focus on the areas within the Bury HWB footprint where the needs and gaps are the greatest.

Figure 9: Bury Life Expectancy at Birth by Electoral Ward (Male)

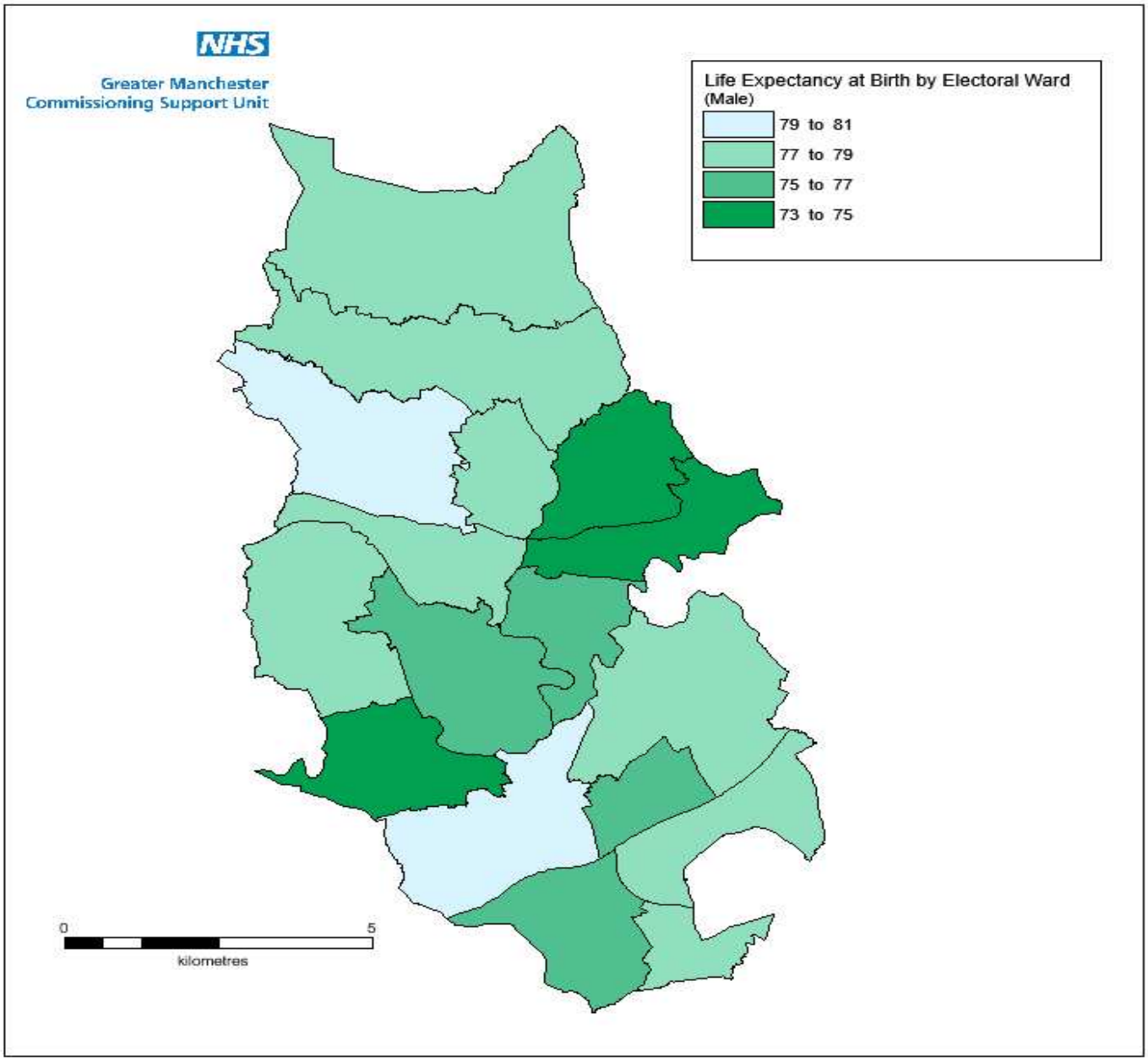
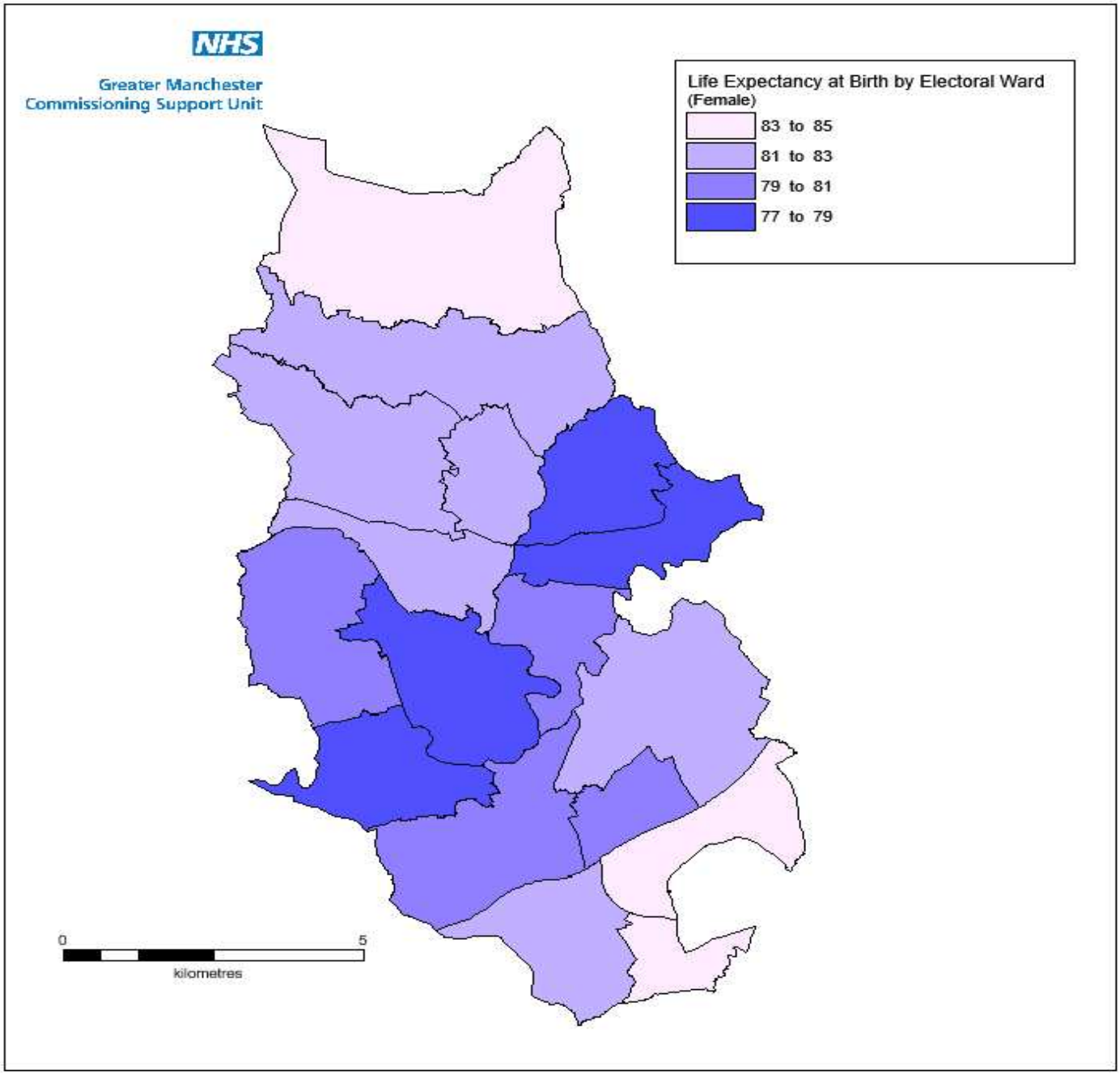
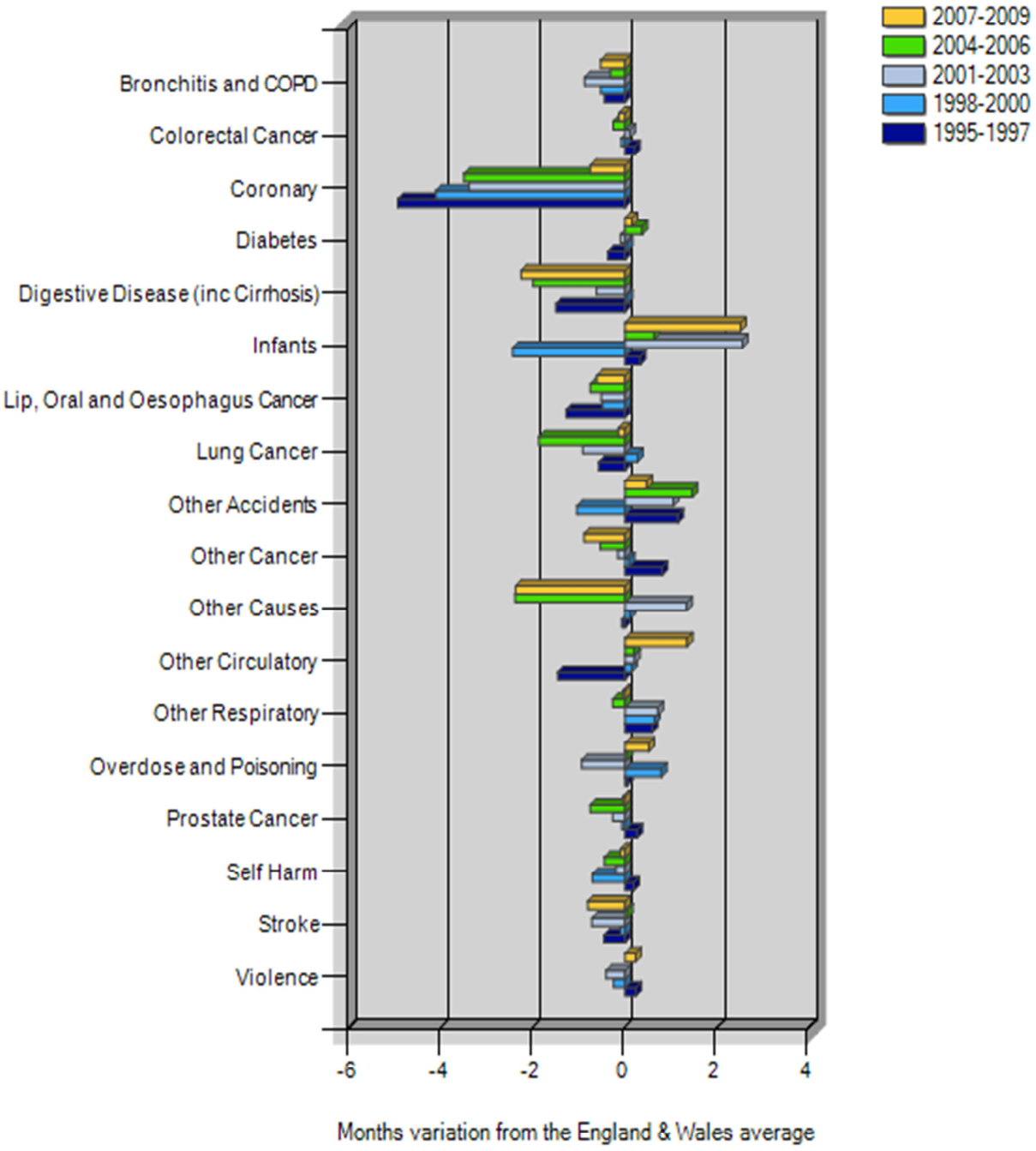


Figure 10: Bury Life Expectancy at Birth by Electoral Ward (Female)



From 1995 to 2009 (latest available data), Figure 11 and 12 below shows the difference in life expectancy from England and Wales by disease area for men and women respectively. The yellow bars show where Bury was in 2009 compared to previous years. The zero line is where England and Wales average lies.

Figure 11: Contribution factors to the Life Expectancy Gap for Men in Bury



Source: North West Public Health Observatory

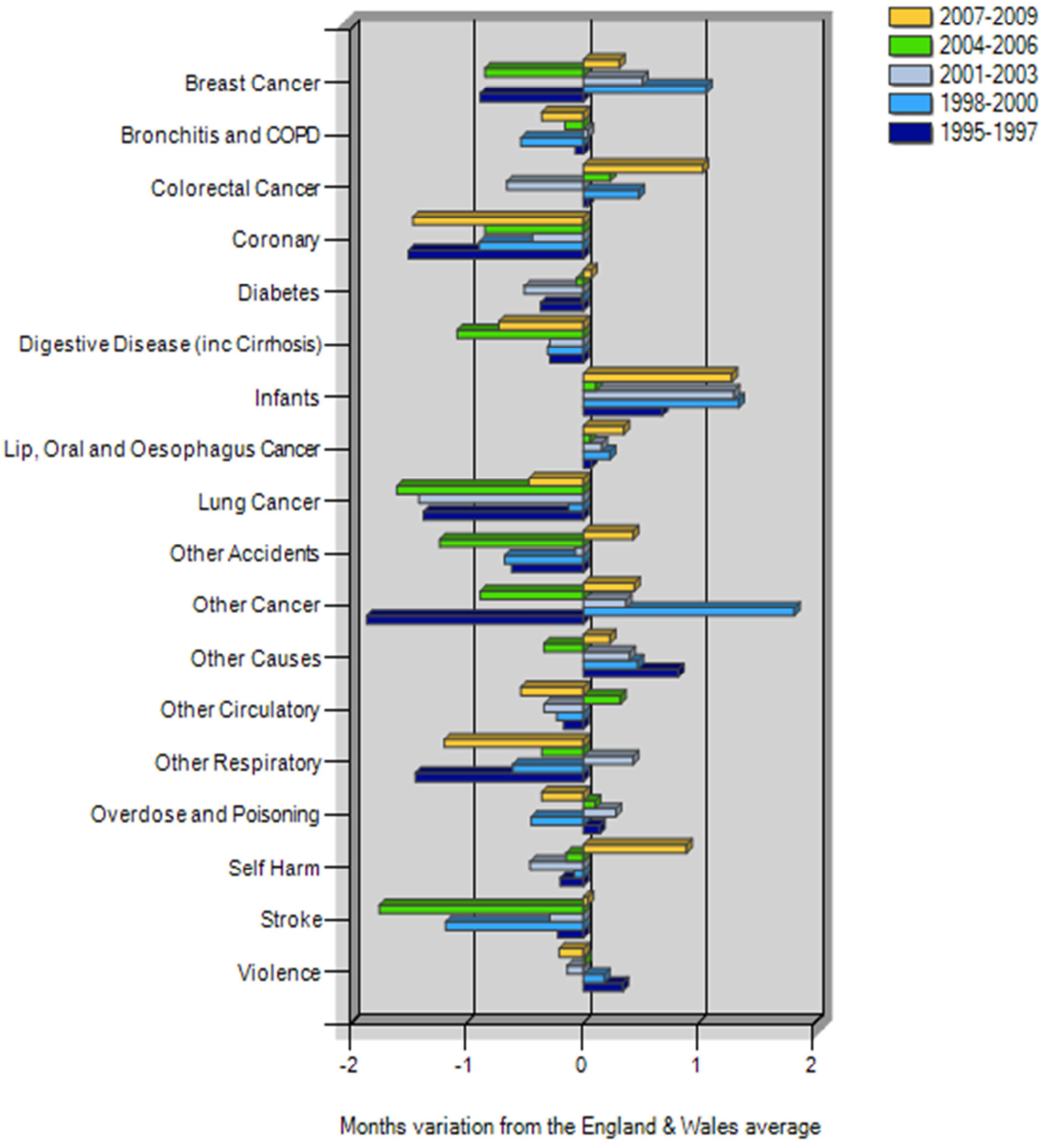
In Bury, the contributory factors in men (Figure 11) with the greatest life expectancy variation from national average are digestive disease (including cirrhosis) and those classified under other causes.

Other causes would include those deaths due to natural causes and those requiring coroner referral particularly where the death was sudden and the cause unknown, or for deaths where there was no doctor in attendance, which may have been referred directly by the police. The significant variance of other causes from national average is cause for concern but the uncertainty of the details would be difficult for the PNA to address. Greater investigation would be required if this trend continues.

The second largest area of variation for men against the national average is digestive disease (including cirrhosis). Unlike some of the other disease areas this variation from the national average has increasingly worsened. It is clear that improvement in local residents' alcohol awareness, public health initiatives to reduce the spread of hepatitis infections and reduction in population obesity could all impact on the prevalence and reduce the increasing numbers of deaths attributed to digestive diseases.

Other significant contributors for men in Bury to life expectancy variation from national average are coronary disease, stroke, respiratory conditions, bronchitis, chronic obstructive pulmonary disease (COPD) and other cancers including lung, oral or throat cancers.

Figure 12: Contribution factors to the Life Expectancy Gap for Women in Bury



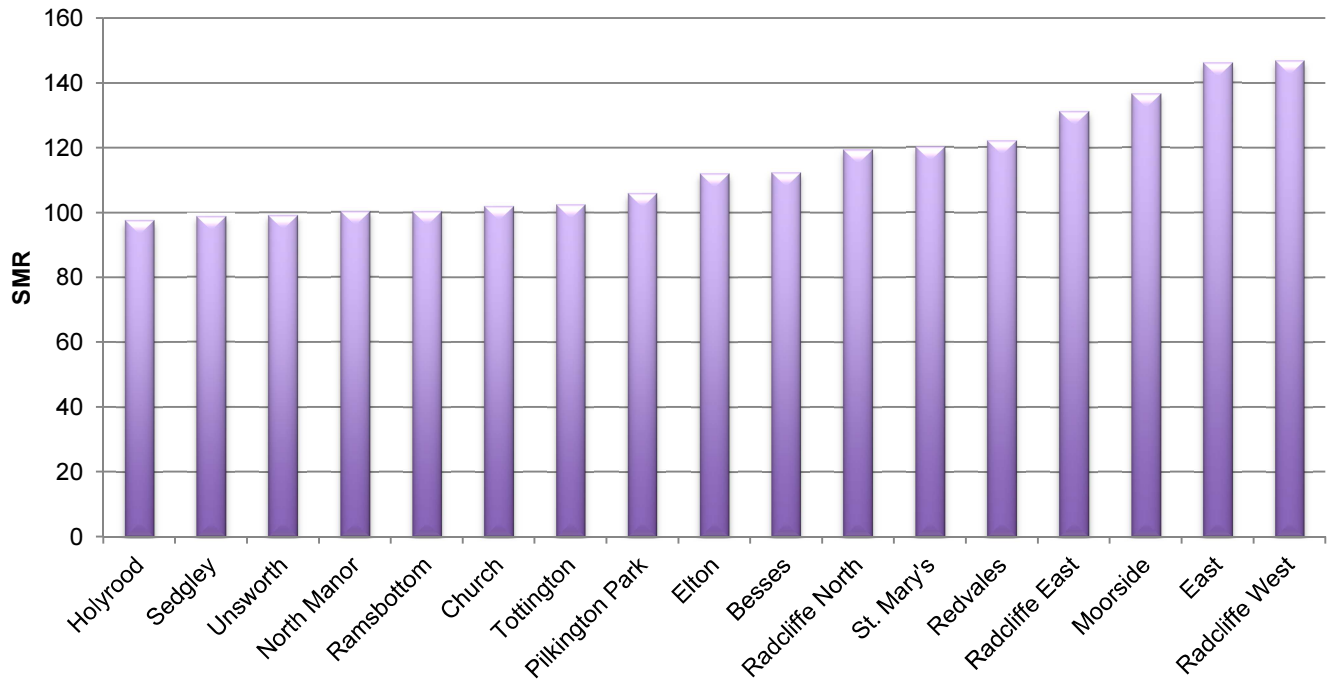
Source: North West Public Health Observatory

Similarly to men, the three main contributors for women in Bury (Figure 12) to life expectancy variation from the national average are coronary, respiratory and digestive disease. Although life expectancy had varied in those areas they are still considerably worse than the national average.

In summary for men and women, Bury has just over 1,750 deaths a year with the main causes being broadly cardiovascular, respiratory, digestive and cancer related. They are the greatest contributors to the all age all causes mortality (AAACM) gaps between wards and reducing AAACM rate is a key priority for all HWB strategies.

In the 2011 Census, deaths from potentially avoidable causes accounted for approximately 24% of all deaths registered nationally. Figure 13 shows that approximately two thirds of Bury Wards are above the national stanadardised mortality average for AAACM. Evidently, reducing inequalities between Bury wards will in turn reduce variation in life expectancy between the areas.

Figure 13: Bury All Age, All-Cause Mortality (AAACM) by Wards



Source: Public Health England - Local Health - 2011
SMR: Standardised Mortality Rate (England SMR =100)

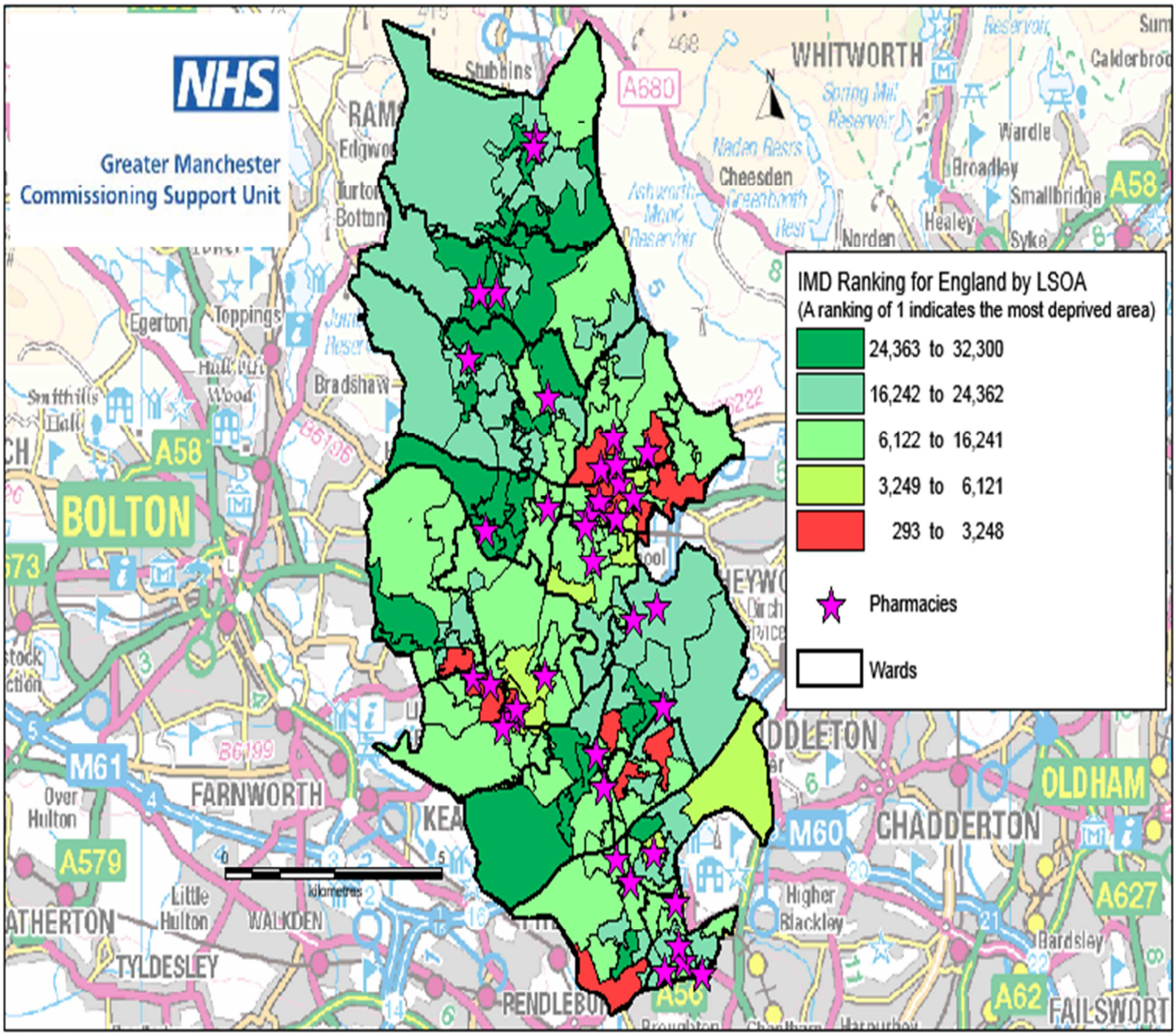
4.6 Deprivation

Just over 5 million people live in the most deprived areas in England, of which 38% people are income deprived. Almost all (98%) of the most deprived areas in England are in urban areas. The English Indices of Deprivation 2010 use 38 separate indicators, organised across seven distinct domains of deprivation - income, employment, health and disability, education skills and training, barriers to housing and other services, and crime and living environment.

All domains are combined, using appropriate weights, to calculate the Index of Multiple Deprivation 2010 (IMD 2010). This is an overall measure of multiple deprivations experienced by people living in a small geographical area known as LSOA. IMD 2010 is ranked nationally in terms of LSOA according to their relative level of deprivation.

In Bury, Figure 13 and 14 depicts consistent correlation of increased AAACM rates in areas of higher deprivation like Radcliffe West, Bury East and Moorside Wards. There is clearly a strong link between deprivation, inequalities and poor health outcomes. Life expectancy is longer in the Tottington, Ramsbotton, Sedgley and Pilkington Park Wards; as they are considered the least deprived in the Bury area.

Figure 14: Deprivation in Bury (IMD 2010) ranking for England by LSOA



5.0 Locally Identified Health Need

5.1 Overview of Bury Health Needs and Locally Commissioned Services

Community pharmacies have an important role in improving the health of local people. They are easily accessible, often first point of contact and can offer a valuable opportunity for reaching people who may not otherwise access health services. Community pharmacies can contribute to the local public health agenda in a number of ways, including but not limited to:

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

Bury Local Authority considers community pharmacies a key public health resource and recognises that they offer potential opportunities to commission health improvement initiatives and promote health and wellbeing and support in achieving the required outcomes identified in the JHWS.

However commissioners may wish to review service delivery and health outcomes achieved from the locally commissioned pharmacy services. The review should include whether all pharmacy contractors should be engaged in the additional services they provide or whether targeted delivery by a small number of contractors would be preferential.

If a smaller selection of providers is desired then commissioners may want to write into the service level agreement some key performance indicators such as a guaranteed number or range of hours per week that the service will be available, or a certain number of patients through the service, or a payment threshold for specific service outcomes.

The review should at the same time consider, alongside pharmacy service providers, other providers of services which target that particular health need. Consideration should be made that service delivery may be more accessible from pharmacy contractors as the public have direct access to their services and also because some provide extended hours.

At the time of writing the PNA (June 2014), some commissioning arrangements are awaiting clarification. However, following the current assessment of local health needs, Bury pharmacies locally commissioned services and public survey results* the following findings were noted:

- Pharmacies are ideally placed to provide a stop smoking service in the community. As evaluated by NICE, smoking cessation service is extremely cost effective compared with many other health service interventions.
- Bury Local Authority has commissioned smoking cessation services from 24 of the 39 pharmacies across the footprint.
- Those wards with the highest prevalence of smokers have pharmacies offering smoking cessation service
- Local community pharmacy services are well placed to support healthy weight public health needs in the area.
- In the Bury HWB footprint there are two community pharmacies providing the Chlamydia Screening and Treatment programme for 15-24 year olds.
- In 2013, Bury had a diagnosis rate of 2,029 per 100,000 15-24 year olds compared to 2,358 in Greater Manchester and 2,016 in England (Public Health England recommends target diagnosis rate of 2,300 per 100,000).

- There are 17 known pharmacy contractors of the 41 in the area providing EHC service.
- Bury has a significantly higher rate of teenage conceptions (42 per 1,000 females aged 15-17) than the national average (38 per 1,000).
- It is advised to offer chlamydia screening at the time of EHC provision because those who require EHC contraception are likely to be at risk of infection.
- Community pharmacists are able to offer opportunistic advice around alcohol awareness.
- Seven pharmacies in Bury that provide access to sterile needles and syringes, and sharp containers for drug misuse users.
- In Bury, there are 15 pharmacies that provide supervised methadone/buprenorphine consumption.
- Pharmacists and their staff already provide a signposting service to other sources of information, advice or treatment.
- 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
- Currently all patients (excluding pregnant and breastfeeding women) registered with a GP surgery located within the boundaries of Bury can use the Minor Ailment service.
- There are currently 34 registered pharmacies contracted to provide the Minor Ailment service in Bury.
- One designated pharmacy is contracted to supply agreed palliative care medicines in the community at the point of need which may be urgent and/or unpredictable.
- The survey was completed by 79 people with the majority of respondents being female aged between 45-64 years old and was of a White British ethnicity.
- 83% of the Bury's public use a regular or preferred pharmacy.
- The most commonly selected reason for using a pharmacy was location and the proximity to the respondent's home or doctors.
- The service related motivations for the use of a pharmacy are friendly and knowledgeable staff.
- 12% of respondents were unsatisfied by current pharmacy opening hours. The majority of those people lived in the M45 postcode area (Whitefield and Unsworth Township).
- 62% of respondents from the M25 postcode area (Prestwich Township) would use pharmacies if open late at night and 47% would use pharmacies if open on a Sunday.
- There is currently one pharmacy in the Prestwich Township area offering extending opening hours.
- 11% of respondents use the blood pressure check service but 36% of respondents would use this service if available.
- A small number of respondents did not feel that their needs were met when using some services in particular EPS and Minor Ailments scheme. This should be addressed in future service review.
- There were a small number of respondents who were unsatisfied with waiting times and private consultation areas.
- Overall, 91% of the respondents were either satisfied or very satisfied with the service they receive from their pharmacy.
- Over 77% of respondents have not used services already on offer.

(*Note: The low number of public survey respondents may not be representative of the total Bury population and the interpretation of any findings may not be an accurate reflection of their opinions)

5.2 Bury Strategic Priorities[12]

This PNA for Bury is undertaken in the context of the needs of the local population. Health and wellbeing needs for the local population are described in the Bury's JSNA. This PNA does not duplicate these detailed descriptions of health needs in the relevant JSNAs and should be read alongside the JSNA.

Informed by the JSNA and in consultation with stakeholders, Bury HWB were able to produce the JHWS to provide an overarching plan to respond to those health needs identified. The needs are addressed by five strategic priorities each of which are subdivided by the JHWS desired outcomes to measure success.

Figure 15 below outlines those intentions and throughout the PNA there will be a focus to those action plans.

Figure 15: Bury HWB Strategic Priorities and Outcomes 2013-18

	Priority 1 - Ensuring a positive start to life for children, young people and families	*Priority 2 - Encouraging healthy lifestyle and behaviours in all actions and activities*	*Priority 3 – Helping to build strong communities, wellbeing and mental health*	*Priority 4 - Promoting independence of people living with long term conditions and their carers*	*Priority 5 - Supporting older people to be safe, independent and well*
Outcome 1	*An increase in the number of children achieving a good level of development at age 5*	*Reductions in the levels of smoking, physical inactivity, excess weight and harmful alcohol consumption in adults, children and young people*	*An increase in the proportion of adults with mental illness who are in employment*	*Reduced admissions of people with long term conditions*	*A reduction in injuries and hip fractures due to falls in the over 65s*
Outcome 2	*A reduction in the number of child protection plans*	*A reduction in under 18s conception*	*An increase in the percentage of adults with mental illness living independently*	*An increased number of adults and carers receiving self-directed support via a direct payment*	*A reduction in permanent admissions to residential and nursing care homes*
Outcome 3	*A reduction in the number of children in care*	*An increase in life expectancy at age 75*	*An increase in self-reported wellbeing*	*An increased number of adults accessing a recognized self-care course*	*An increase in the number of over 65s who remain at home following support by reablement services*
Outcome 4	*Increases in breastfeeding initiation and maintenance at 6-8 weeks after birth*	*Reductions in the gap in life expectancy and healthy life expectancy between*	*A reduction in hospital admissions as a result of self-harm*	*A reduction in proportion of long term sick*	*An increase in people feeling safe and secure as a result of adult care services*

		communities			
Outcome 5	*A reduction in the number of mothers smoking during pregnancy*	*Reductions in early deaths from cancer and cardiovascular, liver and respiratory diseases*	*A decrease in first time entrants to the youth justice system*		*A reduction in excess winter deaths*
Outcome 6	*Improvements in differences in levels of educational attainment across the borough and between groups*	*A reduction in the level of long term conditions*	*A reduction in domestic violence*		*An increase in early diagnosis of dementia*
Outcome 7			*A reduction in homelessness.*		*An increase in the number of people dying in their own home where they wish to do so*
Outcome 8			*A reduction in the length of stay of families in temporary accommodation*		*An increase in the number of people dying with an end of life plan*

5.3 Role of Community Pharmacy in Improving Local Health Needs

The pharmacy professionals are responsible and accountable for maintaining and improving the quality of their practice by keeping their knowledge and skills up to date and relevant to their role and the services they offer (General Pharmaceutical Council Standards of conduct, ethics and performance July 2012).

As a result it is recognised that community pharmacies are resourced with highly trained and experienced healthcare professionals that are able to offer a wide range of services including healthy life style advice, advice on medicines and long term conditions, health screening, support for the prevention of diseases and treatment of minor ailments, and signposting to other services.

Historically community pharmacy professionals were required to complete an accreditation process in order to deliver specific Enhanced Services commissioned by the former PCT organisation and the unavailability of an accredited pharmacist may potentially have limited patient access to those services. However, following the NHS reform, changes in NHS structure and movement of commissioned services, a national solution to assuring the competence of pharmacists was developed by the Health Education North West in conjunction with Centre for Pharmacy Postgraduate Education (CPPE). The Declaration of Competence for Community Pharmacy Services framework allows pharmacy professionals to self-assess their competence and demonstrate to themselves, their employers and the service commissioners that they have the skills and knowledge necessary to deliver the Enhanced and locally commissioned services[13].

There are many ways in which pharmacy services can impact on improving the HWB Strategic Priorities. We will look at each proposed strategic priority and discuss these by

focusing on the three sections of the community pharmacy contract, as set out in section 3.2.2. Examples of how the current pharmacy service meets the Bury HWB strategic priorities are laid out in section 5.3.4 Figure 16.

5.3.1 Essential Services

These are mandatory within the pharmacy contract and are managed and monitored by GMAT. As all pharmacy contractors must provide these services they should be utilised across all wards to reduce health inequalities.

Essential services should be used by all pharmacy contractors to help deliver the local authority public health messages, improving outcomes by targeting people using a proactive approach.

Should any of the local health partners feel that a more directed service is required e.g. targeted to specific age groups or in specific wards then discussions with the Local Pharmaceutical Committee or the GMAT about how this could be managed within the desired budget could raise a number of solutions. This could include locally commissioned services or enhanced services.

5.3.2 Advanced Services

Any contractor may choose to provide Advanced Services. There are requirements which need to be met in relation to premises, training or notification to the GMAT. Advanced services offer an opportunity for pharmacy contractors to engage patients and empower them to take greater responsibility for their health through their prescribed medication or appliance. Similarly dispensing appliance contractors would do the same for patients to whom they supply appliances.

Providing patients with a better understanding of their medication or appliance can help to prevent unnecessary exacerbations of conditions and reduce the possible risk of patients accessing urgent care services; hopefully leading to better health outcomes.

5.3.3 Enhanced Services

These services can be commissioned locally from pharmacies by NHS England and they are aimed to complement services provided by general practice (GP). Examples of Enhanced Services that could be commissioned from pharmacies are listed in section 3.2.2.

These services can only be referred to as Enhanced Services if they are commissioned by NHS England. If local services care commissioned by CCGs or Local Authorities, they are referred to as Locally Commissioned Services. See section 3.2.3 above and 5.2.4 below.

At the time of writing the PNA (June 2014), the GMAT had commissioned an influenza vaccination community pharmacy Enhanced Service from pharmacies across Greater Manchester, including Bury. This pilot service had been commissioned from pharmacies between November 2013 to February 2014. Over 200 accredited community pharmacies in Greater Manchester (14 community pharmacies in Bury) had been commissioned to provide the service with the aim on increasing average flu vaccination uptake across GM from 55.98% in 2012-13 to the target 75%. The pilot will be evaluated to inform commissioning of subsequent influenza vaccinations programmes.

5.2.4 Locally commissioned services[8]

The following local services are commissioned in Bury community pharmacies by Bury Local Authority Public Health and Bury CCG to support the local public health agenda:

- Smoking Intermediate Advice (Local Authority)
- Chlamydia Screening and Treatment (Local Authority)
- Emergency Hormonal Contraception (Local Authority)
- Needle and Syringe Exchange Service (Local Authority)
- Supervised Methadone/Buprenorphine Administration Service (Local Authority)
- Minor Ailments Service (CCG)
- Palliative care service (CCG)

The range of services provided by community pharmacies varies due to several factors, including: the availability of self-declaration competent pharmacists, capacity issues in the pharmacy, changes to service level agreements and the need for a service.

A list of which locally commissioned services each community pharmacy is delivering currently (31st August 2014) is available in Appendix 6.

5.3.4 Community pharmacy services impact on the HWB Strategic Priorities

Figure 16: Provision of Pharmaceutical Service impact on the HWB Strategic Priorities

Community Pharmacy Service Refer to table in Appendix 1 for a service description	***Which of the Bury JHWB Strategic Priorities will this impact?**** ****Refer to Figure 15 for detailed list of priorities***	**Comments/Examples**
Essential Services		
Dispensing Medicines or Appliances	***Priority 1*** *Outcome: 1,5* ***Priority 2*** *Outcome: 1,2,3,4,5,6* ***Priority 3*** *Outcome: 2,4* ***Priority 4*** *Outcome: 1,4* ***Priority 5*** *Outcome:1,2,3,4,5*	Explanation of medicines prescribed at the time of dispensing can increase the understanding of why and how medicines should be taken. This should lead to a more informed medicine user and reduce adverse effects which may require interventions such as A&E admission. ***Example:*** Pharmacies could be asked to target patients who come into the pharmacy with a prescription relating to respiratory disease and ask about their smoking habits. This could bring about a referral into the stop smoking service if a patient was a smoker who was contemplating stopping. Reduce smoking prevalence and encourage healthy lifestyles.
Repeat Dispensing	***Priority 1*** *Outcome: 1,5* ***Priority 2*** *Outcome: 1,2,3,4,5,6* ***Priority 3*** *Outcome: 2,3,4* ***Priority 4*** *Outcome: 1,4* ***Priority 5*** *Outcome: 1,2,3,4,5*	Patients who use a repeat dispensing (RD) service use less GP staff time and appointments whilst ordering their medication. This leaves GP's and their staff more free time to help the people who have more severe health needs and therefore more health services could be identified to remain in the community. The regular checking of how patients use of their prescribed medication can avert incidences arising from inappropriate use. ***Example:*** Patients with an increased use of their opioid analgesics could be identified by patients returning for repeats earlier than anticipated. Increase use could be a sign of inadequate pain control, a reduction in the patient's quality of life, overuse and subsequent adverse effects like excessive drowsiness and falls. Note: the uptake of the RD service in Bury is low, but its benefits are expected to be better received following the implementation and roll out of Release 2 of the Electronic

		Prescription Services (EPS)
Disposal of unwanted medicines	***Priority 1*** *Outcome: 1,5* ***Priority 2*** *Outcome: 1,2, 3,4,5,6* ***Priority 3*** *Outcome: 2,3,4* ***Priority 4*** *Outcome: 1,4* ***Priority 5*** *Outcome:1,2,3,4,5*	Again this is another area where pharmacy staff have the opportunity to identify patients who have not taken the medicines they were prescribed. This can initiate a discussion and problems such as compliance, side effects or dosage regimes which can be addressed to help improve the patients' health outcomes. CCGs would be very interested in knowing whether issued medicines are not being used correctly. A significant amount of wasted NHS resource is attributed to medications being used incorrectly or not at all.
Public health (Promotion of healthy lifestyles)	***Priority 1*** *Outcome: 1,5* ***Priority 2*** *Outcome: 1,2, 3,4,5,6* ***Priority 3*** *Outcome: 2,3,4* ***Priority 4*** *Outcome: 1,4* ***Priority 5*** *Outcome:1,2,3,4,5*	At the request of NHS England, NHS pharmacists are required to participate in up to six campaigns each year to promote public health messages to their users. Where requested to do so by NHS England the NHS pharmacist records the number of people whom they have provided information as part of one of those campaigns. Themes of public campaigns in Bury carried out or planned for 2014/15 include: 1. Obesity 2. Cancer 3. Alcohol 4. Screening and Immunisation 5. Wider Winter Health Care Typically each pharmacy is provided with posters, leaflets, and key message fact sheets as part of the campaigns. Promotion of these messages will reinforce wider campaigns to improve health in the locality and are a useful tool to engage the public in meaningful discussions about preventing illness and staying well. ***Example***: An Obesity campaign will encourage and support patient weight management, fats and sugars intake, healthy eating and lifestyle changes. All of which supports the priorities listed to the left.
Signposting	***Priority 1*** *Outcome: 2,4,5* ***Priority 2*** *Outcome: 1,2,5* ***Priority 3***	***Example:*** Pharmacists could direct nursing mothers to their local breastfeeding nurse if they are having difficulties.

	Outcome: 3,4 ***Priority 4*** *Outcome: 2,3* ***Priority 5*** *Outcome: 3,4,5,6*	
Support for Self Care	***Priority 1*** *Outcome:4,5* ***Priority 2*** *Outcome:1,3* ***Priority 3*** *Outcome:2,3,4,5* ***Priority 4*** *Outcome:1,3,4* ***Priority 5*** *Outcome:1,3,4,5,6,7*	***Example:*** If patients used pharmacies for advice on a more frequent basis this would free other health care settings which they might of otherwise have accessed. Such as A&E or GP practices. This would free resources including money to be redirected into patient care thereby further enhancing the population's health outcomes.
Advanced Services		
Medicines Use Review (MURs)	***Priority 1*** *Outcome: 1,5* ***Priority 2*** *Outcome: 1,2,3,4,5,6* ***Priority 3*** *Outcome: 2,3,4* ***Priority 4*** *Outcome: 1,4* ***Priority 5*** *Outcome:1,2,3,4,5*	***Example:*** MURs could be targeted to support patients taking high risk medicines, patients recently discharged from hospital that have had changes to their medicines, or support specific cohorts of patients within the HWB strategic priorities e.g. respiratory disease.
New Medicine service (NMS)	***Priority 1*** *Outcome: 1,5* ***Priority 2*** *Outcome: 1,2, 3,4,5,6* ***Priority 3*** *Outcome: 2,3,4* ***Priority 4*** *Outcome:1,4* ***Priority 5***	The service provides support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence; it is initially focused on particular patient groups and conditions. ***Example:*** *W*hen a person is discharged from hospital they may have had their medication regime altered and not realise they should stop a certain medicine. This could lead to the person taking two medicines which interact and they could return to hospital for treatment. A NMS aims to stop these problems before they occur by helping the patient to understand

	Outcome:1,2,3,4,5	why certain medicine shave been stopped or started.
Appliance Use Review (AUR)	***Priority 2*** *Outcome:4* ***Priority 3*** *Outcome:3* ***Priority 4*** *Outcome:1,4* ***Priority 5*** *Outcome:2,3*	AURs should improve the patient's knowledge and use of any 'specified appliance'.
Stoma Appliance Customisation Service (SAC)	***Priority 2*** *Outcome:4* ***Priority 3*** *Outcome:3* ***Priority 4*** *Outcome:1,4* ***Priority 5*** *Outcome:2,3*	The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste. ***Example:*** If a patient is able to manage their stoma products themselves they are less likely to need costly, intensive nursing and also less likely to be admitted to a residential or nursing home.
Local Authority – Locally Commissioned Services		
Emergency Hormonal Contraception	***Priority 2*** *Outcome:2*	***Example:*** If a patient has unprotected sexual intercourse and requires EHC or advice over a weekend, often their GP surgery and many of the health clinics are closed. Pharmacy locations are the ideal place to receive treatment especially during out of hours. If patients were unable to get EHC promptly they may decide to go to A&E which would be an inappropriate use of NHS funding.
Chlamydia Testing and treating	***Priority 3*** *Outcome:3*	***Example:*** If patients used pharmacies for their confidential Chlamydia testing and treatment on a more frequent basis this would free other health care settings which they might of otherwise have accessed. Such as A&E or GP practices. This would free resources including money to be redirected into patient care thereby further enhancing the population's health outcomes.
Sexual Health	***Priority 2*** *Outcome:2* ***Priority 3***	***Example:*** Troubled families are more likely to have a higher under 18 year's conception rate. The sexual health service provided from pharmacies covers many different aspects of sexual

	Outcome:3	health including advice and EHC provision. This service could be used by other health professionals to signpost this small number of troubled families to fast effective health care.
Supervised Methadone/ Buprenorphine	***Priority 2*** *Outcome: 1,3,4,6* ***Priority 3*** *Outcome: 2,3,4* ***Priority 4*** *Outcome:1,4*	***Example:*** Supervision of medicine use for some individuals leads to a more stable routine and reduction in street drug misuse.
Needle Exchange	***Priority 2*** *Outcome: 1,3,4,5,6* ***Priority 3*** *Outcome: 2,3,4* ***Priority 4*** *Outcome:1,4*	Needle exchange is a harm reduction programme designed to stop the spread of disease via needles sharing between drug users. The pharmacies are also asked to take the opportunity to talk to their clients about reduction of self-harm and health benefits resulting from this. Also promoting other services which would be beneficial to the drug users.
Smoking Cessation	***Priority 2*** *Outcome: 1,3,4,6* ***Priority 3*** *Outcome:3* ***Priority 4*** *Outcome:1,4*	Pharmacist promotion of stop smoking service gives clients access to this service at a time convenient for them and reduces their need to access GP appointments for repeat prescriptions.
CCG – Locally Commissioned Services		
Minor Ailment Scheme	***Priority 1*** *Outcome: 1,5* ***Priority 2*** *Outcome: 1,6* ***Priority 3*** *Outcome:3* ***Priority 4*** *Outcome:1,4* ***Priority 5*** *Outcome:1,5*	Minor ailment scheme allows easy access to advice and medication from pharmacies thereby reducing the number of GP appointments booked for minor conditions. This allows greater appointment times to be available which can target patients with long term complicated conditions hopefully improving the health outcomes of a local population.
Palliative Care	***Priority 5*** *Outcome:7,8*	Palliative care patients' health often deteriorates rapidly. If there is no facility to ensure there is prompt access and availability to medicines then this may result in the patient being taken into hospital.

5.4 Bury Local Health Needs

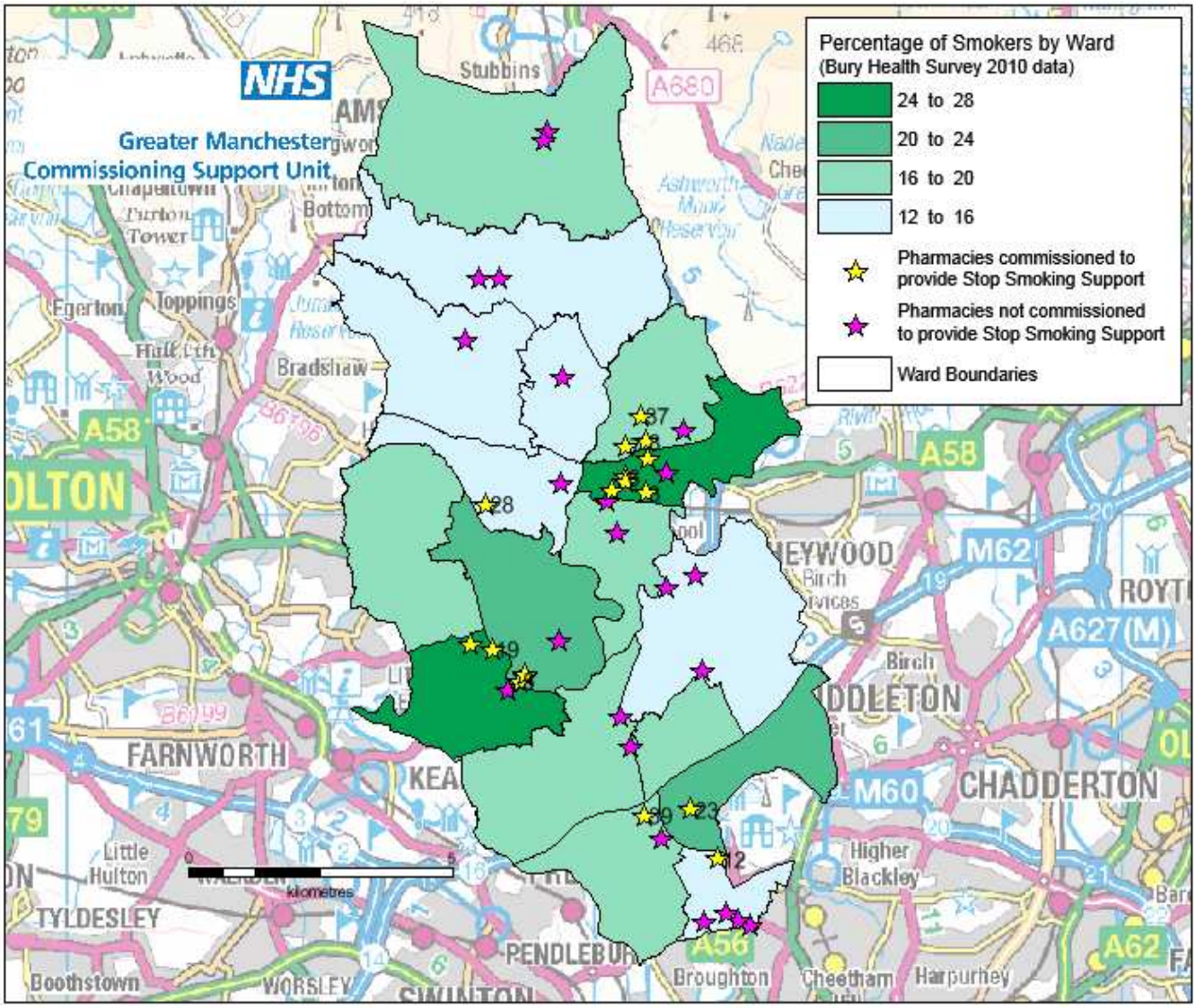
5.4.1 Smoking

Bury has a significantly higher proportion of adults smoking (24.4%) than the national average (21.2%), according to figures from the 2011 Public Health Profiles. The incidence of cancer is increasing with little reduction in mortality, of which about a third of cancer deaths are due to smoking. As smoking is the main contributor to many diseases states and poor health, particular focus should be on the wards where smoking prevalence is greatest.

The HWB partners have already identified reducing smoking prevalence in all adults and specifically in women during pregnancy as a priority for the borough. Evaluation of the smoking cessation services should be made to ensure the desired outcomes are being delivered. Future commissioning of this service should include specific key performance indicators which relate to long term smoking cessation targets.

Pharmacies are ideally placed to provide a stop smoking service in the community. As evaluated by NICE[14], smoking cessation service is extremely cost effective compared with many other health service interventions and pharmacies in Bury are offered the opportunity to receive training and a contract to provide stop smoking services. As of 30th June 2014, Bury Local Authority has commissioned smoking cessation services from 24 of the 39 pharmacies across the footprint. The service is offered to anyone over the age of 12 years old.

Figure 17: Prevalence of Smokers by Ward and Pharmacies commissioned to provide Stop Smoking Support



Contains Ordnance Survey data © Crown copyright and database right 2014

5.4.2 Healthy weight[15]

In Bury, half of the adult population is overweight or obese and results from the National Child Measurement Programme indicate that this trend is being replicated in our children. In 20012/13, 19.5% of Reception children and 33.2% of Year 6 children were overweight or obese. The 2008 Bury Health survey showed that only 10.1% of the adults met the Chief Medical Officer's (CMO's) recommendations for physical activity, with 20.9% of adults not taking part in any physical activity[15].

To address such health needs there are several possible opportunities through local pharmacies or other types of services that could be applied. Local services could provide advice, signposting to services and providing on-going support towards achieving behavioural change for example through monitoring of weight and related measures.

5.4.3 NHS Health Checks

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

The NHS Health Checks programme in Bury is currently delivered by all general practices. Data from April 2012-March 2013 show that an NHS Health Check was offered to 15.1% of eligible people in Bury; 18.3% of eligible people in North West of England and 16.5% of eligible people in England as a whole[17]. The programme runs in five year cycles, which means that on average 20% of the eligible population is invited for an NHS Health Check each year. At this point the programme has not yet been in operation long enough for five year data to be available.

5.4.4 Sexual Health

Genital chlamydia trachomatis infection is the Sexually Transmitted Infection (STI) most frequently diagnosed in Genitourinary Medicine (GUM) clinics in England. Untreated infection can have serious long-term consequences, particularly for women, in whom it can lead to Pelvic Inflammatory Disease (PID), ectopic pregnancy and tubular factor infertility. Since many infections are asymptomatic, a large proportion of cases remain undiagnosed, although infection can be diagnosed easily and effectively treated.

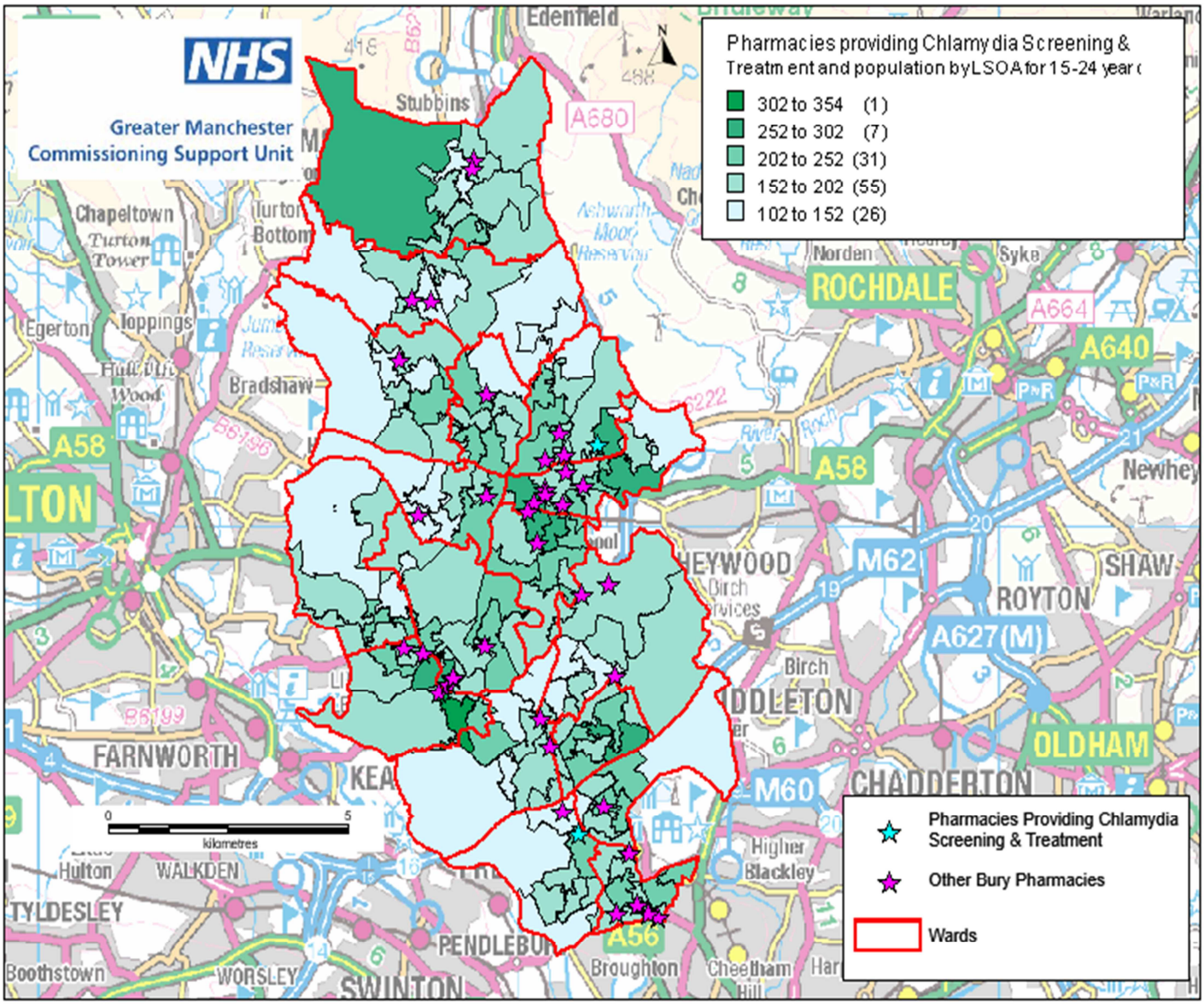
It is difficult to assess changes in local chlamydia occurrence over the last decade due to changes from absolute numbers being diagnosed to diagnostic rates

Public Health England recommends that local areas should be working towards achieving diagnosis rate of at least 2,300 per 100,000 15-24 year old resident population annually. In 2013, Bury had a diagnosis rate of 2,029 per 100,000 compared to 2,358 in Greater Manchester and 2,016 in England.

Community pharmacies are easily accessible for young people and are crucial for offering treatment of chlamydia infections. 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. However, there is a potential for offering advice on barrier contraception methods and raising awareness of HIV, chlamydia and other STIs.

In the Bury HWB footprint there are two community pharmacies providing the Chlamydia Screening and Treatment programme for 15-24 year olds. It is unclear if there is any inequity in the provision of community sexual health service in the borough and at the time of writing this PNA (June 2014), the services is currently under negotiation and evaluated to ensure such service can meet the desired targets and address any inequity in access.

Figure 18: Population of 15-24 year olds by LSOA and Pharmacies commissioned to provide Chlamydia Screening & Treatment service



Contains Ordnance Survey data © Crown copyright and database right 2014
Contains National Statistics data © Crown copyright and database right 2014

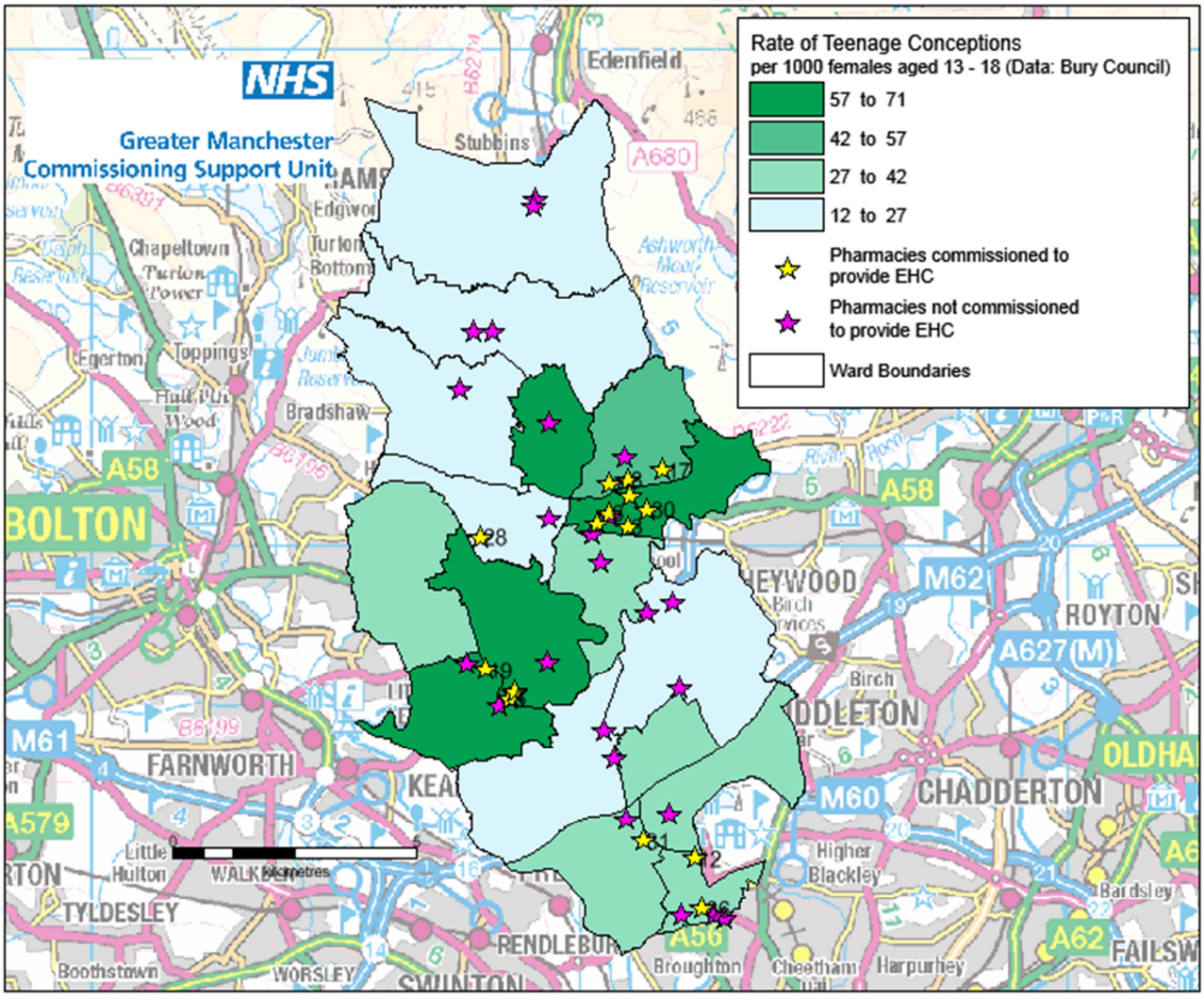
5.4.5 Emergency Hormonal Contraception (EHC)

According the latest figures from the ONS and Teenage Pregnancy Unit, Bury has a significantly higher rate of teenage conceptions (42 per 1,000 females aged 15-17) than the national average (38 per 1,000). Reducing the teenage conception rate and increasing the number of teenage parents who can access and sustain places in education, employment or training are important to improve outcomes for young people and their babies. Studies indicate that making EHC available over the counter has not led to an increase in its use, to an increase in unprotected sex, or to a decrease in the use of more reliable methods of contraception[17].

If they wish to deliver EHC service pharmacists in Bury have the opportunity and responsibility to declare competence in this particular locally commissioned service services. As of 30th June 2014 there are 17 known pharmacy contractors of the 41 in the borough providing EHC service. The service is part of the overall contraception service offered by sexual health, contraception clinics and GP practices across Bury. In pharmacies it would be ideal that more than one pharmacist is available to provide EHC to ensure continuity of services.

It is advised to offer chlamydia screening at the time of EHC provision because those who require EHC contraception are likely to be at risk of infection. The extent to which local services offer signposting to services or carry out testing when EHC is provided could be examined in an audit. Such an audit could stimulate best practice in this area.

Figure 19: Rate of Teenage Conception per 1000 females aged 13-18 (2012) by Ward and Pharmacies commissioned to provide EHC Service



Contains Ordnance Survey data © Crown copyright and database right 2014

5.4.6 Alcohol Use

Local authorities are responsible for the commissioning of alcohol prevention and treatment services. Alcohol misuse has an impact on the whole community through crime, health and

wellbeing, affecting families and the wellbeing of children, placing significant strain on key health services and council resources. In 2012/13, Bury had just over 600 admissions to hospital per 100,000 population for alcohol–related conditions. This is less than regional and national averages.

Figure 20: Number of admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause per 100,000 population (age standardised)

Source: Calculated by Public Health England: Knowledge and Intelligence Team (North West) using data from the Health and Social Care Information Centre - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.

Period	Number of admissions per 100,000 population (age standardised)		
	Bury	North West	England
2010/11	628	750	652
2011/12	643	756	652
2012/13	616	731	637

Digestive disease including cirrhosis was a significant contributory factor in worsening life expectancy in Bury compared to national average (See Figure 11 and 12). Cirrhosis can affect anyone[18] and those that drink too much are often at risk. Community pharmacists are able to offer healthy lifestyle advice aimed at raising awareness of the harmful effects of excess alcohol. This can be through opportunistic advice and brief interventions. For example, this could be integrated into agreements around medication checks. Additionally for those clients who are picking up dental information, vitamins and any others related issues, alcohol awareness health information could also be provided. Most pharmacies have consultation rooms that could be shared with other community services.

Community pharmacists are potentially able to offer supervised monitoring of medicines to treat alcohol withdrawal and could through prescribing, or supply via a Patient Group Directions (PGD), provide medicines related to reducing alcohol intake.

5.4.7 Drug Misuse Related Harm

In Bury there are an estimated 920 problem drug users and 320 injecting drug users. Illicit drug use contributes to the disease burden both globally and in Bury. Efficient strategies to reduce disease burden of opioid dependence and injecting drug use, such as delivery of opioid substitution treatment and needle and syringe programmes, are needed to reduce this burden at a population scale[19].

a) Needle Exchange

Currently there are 7 pharmacies in Bury that provide access to sterile needles and syringes, and sharps containers for return of used equipment. The pharmacies can provide support and advice to the user, including referral to other health and social care professionals, specialist drug and alcohol treatment services where appropriate and promote safe practice to the user, including sexual health, STIs, HIV and Hepatitis C transmission and Hepatitis B immunisation.

The contracted pharmacies provide sufficient level of privacy and safety and have a duty to ensure that pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately trained in operation of the service. Usage of the needle exchange services can be difficult to capture as users tend to provide little information which can be recorded.

b) Supervised Consumption

In Bury, there are 15 pharmacies that provide supervised methadone/buprenorphine consumption. Contracted pharmacies aim to offer a user-friendly, non-judgmental, client-centred and confidential service. They provide support and advice to the patient, including referral to primary care or specialist centres where appropriate.

Terms of agreement are set up between the prescriber, pharmacist, patient, and patient's key worker (a four-way agreement) to agree how the service will operate, what constitutes acceptable behaviour by the patient and what action will be taken by the Specialist Drug Treatment Service and pharmacist if the user does not comply with the agreement.

The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service and are aware of and operate within local protocols. The pharmacy contractor must maintain appropriate records to ensure effective on-going service delivery and audit and share relevant information with other health care professionals and agencies, in line with locally determined confidentiality arrangements.

People who use illicit drugs are often not in contact with health care services and their only contact with the NHS may be through the service within a community pharmacy. As a minimum, the pharmacy can provide advice on safer injecting and harm reduction measures. In addition community pharmacies can provide information and signposting to treatment services, together with information and support on health issues other than those that are specifically related to the patient's addiction.

Once patients are being treated within the NHS, community pharmacies can provide supervised administration of drug therapies and instalment dispensing. Patients often need support to prevent them stopping treatment.

In some cases a local pharmacy could, through independent or supplementary prescribing and PGDs provide support to the patients. This could cover both advice and immunisation to protect the person from diseases from blood-borne viruses.
Testing for Hepatitis B and Hepatitis C and vaccination against Hepatitis B in community pharmacies are opportunities that could potentially be explored and piloted if it seems feasible to put the necessary systems in place. The aim of such an initiative would be to facilitate access to services and thereby provide earlier diagnosis and/or protection, in a group that is both at high risk and hard to reach

5.4.8 The Health of Older People

In Bury the proportion of 65-74 years old is expected to increase by 17% (over 2,700 more) by 2017. The over 75 year olds population is expected to increase by 13% (over 1,700 more). Preventative approaches are important to ensure older people remain healthy and independent in the community for longer, and to reduce the unsustainable cost of health and social care services for this growing population[20].

Community pharmacies can support self-care where appropriate, as well as referring back to the GP service or signposting patients 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[21]. To help with this, particularly for those who have complex medication regimens or have problems with taking regular doses, pharmacist could offer advice and support to the patients, carers and to other healthcare professionals. This could be undertaken as part of a local clinical team whether in a pharmacy or doctors surgery.

A 'level 3 medication review' is a clinical medication review specifically undertaken by a doctor, nurse or pharmacist in the presence of the patient with access to the patient's clinical records and laboratory test results as required[22]. A level 3 medication review may be appropriate at agreed intervals for patients with a long-term condition, when a patient has recently been diagnosed with a long-term condition, when a patient has experienced an adverse effect associated with medicine-taking, when a patient/carer requests a review or reports that they have stopped taking a prescribed medication.

Target patient groups for level 3 medication reviews include older people, care home residents, people on four or more medications, people receiving medications from different sources (e.g. GP and hospital), people recently discharged from hospital on complex medicines[22].

In the future, community pharmacists could become further involved in more targeted pharmaceutical care, for example, domiciliary visiting for those on complex medicine regimes, and also within the multidisciplinary care and case management teams, working closely with community matrons, care co-ordinators and the Medicines Management Team within Bury CCG.

New technologies are also being developed to assist patients in taking their medication as prescribed. Pharmaceutical service providers could have an increasing role to work with others in primary care team to utilise these to improve patient concordance.

5.4.9 Long Term Conditions (LTC)

Patients with LTCs are likely to be taking medication, often several medications. These patients have a particular need to understand the role medicines play in managing their condition in order to gain maximum benefit and reduce the potential for harm. Several types of interventions (e.g. reduced dosing demands as well as monitoring and feedback) may help in improving medication adherence[23].

Under NHS contractual arrangements community pharmacists already have the opportunity to carry out MURs. Any issues or concerns raised are then referred to the appropriate health care professional for follow up. Pharmacy MURs are designed to improve the patient's understanding of the importance of the medicine in controlling their disease and the reason for taking medicine appropriately. These can improve patient concordance and support and reinforce the advice given by the prescriber. There are opportunities to increase the uptake of MURs and in the future to target pharmaceutical care towards complex cases.

The HWB and its partners recognise the importance of improving awareness of the risks associated with LTC. Health campaigns aimed at improving medicines-related care for people with LTC and therefore reducing emergency admissions could be provided through community pharmacies. In addition pharmacists and their staff already provide a signposting service to other sources of information, advice or treatment.
Community pharmacists could be involved in monitoring the use of, for example: statins, blood pressure regulating medication and supplementary prescribing, making adjustments to the treatment being received by the patient.

Pharmacists are also involved in the early detection of some cancers, for example, through the provision of advice on skin care and sunbathing, and participating in the Be Clear on Cancer campaign[25], 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.

5.4.10 Mental Health

About one in six adults have a mental health problem at any one time, equating to approximately 25,000 people in Bury[15]. Bury pharmacy staff can play a role in promoting awareness of good mental health, for example signposting to information about local support networks, mental health help lines etc.

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

5.4.11 Healthcare Associated Infections

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

Senior specialist antimicrobial pharmacists within hospitals, primary care trust pharmacists and microbiology/infectious diseases/infection control teams must work together to develop, implement and monitor antimicrobial guidelines across the local health economy. This will involve community pharmacists and GPs working together with hospital teams to align prescribing with the agreed local policy.

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

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

5.4.12 Medication Related Harm

The National Patient Safety Agency (NPSA) report - Safety in doses: improving the use of medicines in the NHS[26], stated the following

- The most serious incidents included 100 medication related incident reports of death and severe harm.
- The most serious incidents were caused by errors in medicine administration (41%) and, to a lesser extent, prescribing (32%).
- Three incident types – unclear/wrong dose or frequency, wrong medicine and omitted/delayed medicines – accounted for 71% of fatal and serious harms from medication incidents.

In the community, pharmacists should work with GPs and nurse prescribers to ensure safe and rational prescribing of medication. NHS England works with all pharmacies and other agencies to ensure that they are contributing to the system wide implementation of safety alerts – for instance NPSA alerts on: anticoagulant monitoring, methotrexate, lithium safety, cold chain integrity etc.

Through the provision of MURs, 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.

5.4.13 Community Pharmacy Minor Ailments Service

The White Paper Pharmacy in England – Building on Strengths, Delivering the Future[26] set out the introduction of minor ailments services that promotes pharmacy as the first port of call for people with minor ailments and complements GP and out-of-hours medical provision.

A minor ailments service is commissioned by Bury CCG. The service aims to provide greater choice for patients and carers, and improved access to health care professionals by utilising the expertise of the pharmacists, so they become the first port of call for minor ailments. This can complement other medical services provisions and educate patients in self-care, thereby reducing the impact on GP consultations.

Currently all patients (excluding pregnant and breastfeeding women) registered with a GP surgery located within the boundaries of Bury can use the service, There are currently 34 registered pharmacies contracted to provide the minor ailment service in Bury.

5.4.14 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 which may be urgent and/or unpredictable. In addition to the prompt supply, pharmacies can support carers and clinicians by providing them with up to date information and advice, and referral where appropriate.

In Bury one designated community pharmacy is contracted to hold the essential, locally agreed palliative care drugs for easier access out of pharmacy opening hours.

5.5 Public Survey

Further to the health needs identified through the local statistics by the HWB, the public also have opinions about how they would like their pharmacies to provide services. These were explored in a survey which the PNA steering group developed. Details of the survey methodology and findings together with a copy of the questions asked can be found in Appendix 7.

5.5.1 Summary of the Bury Public Survey

A survey about local pharmacy provision was created and ran from the 7th April 2014 until the 25th May 2014 to gather people's views on what works well, and what could be improved.

The survey was completed by 79 people with the majority of respondents being female aged between 45-64 years old and was of a White British ethnicity.

The results to the survey of pharmacy services and experiences tell a positive story about the pharmacy services in Bury. Shortage of provision is not an issue; most residents (83%) use a regular or preferred pharmacy. The most commonly selected reason for using one particular pharmacy was location and the proximity to the respondent's home or doctors. Whereas the service related motivations for the use of pharmacy are friendly and knowledgeable staff.

Pharmacies are easily accessible with the majority of respondents travelling less than two miles to the pharmacy on foot (43%) or car, either as a driver or passenger (49%). It was noted that 1% of respondents are unable to get to a pharmacy of their choice due to mobility issues.

With regards to opening hours, only 12% of respondents were unsatisfied by current opening hours. The majority of unsatisfied respondents live in the M45 postcode area (Whitefield and Unsworth Township). While the majority of respondents were satisfied with opening hours, 62% of respondents from the M25 postcode area (Prestwich Township) would use pharmacies if open late at night and 47% would use pharmacies if open on a Sunday. There is currently only one pharmacy in the Prestwich Township area offering extending opening hours.

When asked about their knowledge, awareness and use of pharmacy services such as blood pressure checks only 11% of respondents use this service although 36% of respondents would use this service if available; therefore pharmacies who provide this as part of their business model may wish to advertise this service more. Also if commissioners identified a need for particular services then it would be worthwhile investing in the promotion or communication of the service to ensure the public took full advantage of it. A small number of respondents did not feel that their needs were met when using some services in particular Electronic Prescription Service (EPS) and Minor Ailments scheme. This should be addressed when a service review is undertaken

Overall, the majority of respondents (91%) were either satisfied or very satisfied with all aspects of service they receive from either pharmacy. There were however, a small number of respondents who were unsatisfied with waiting times and private consultation areas.

A key recommendation arising from these results would be that the Local Authority, CCG and pharmacies need to communicate better benefits of accessing additional services from the pharmacies as on average over 77% of respondents have not used services already on offer. There may be a number of reasons for this including, lack of awareness and the service in community pharmacy does not meet their needs.

6.0 Current Pharmacy Provision and Services

This section examines in more detail the level of dispensing activity, access and locations of pharmacies in the Bury area. The levels of provision of pharmaceutical services locally are compared with provision elsewhere, and are considered in the context of feedback from local stakeholders.

6.1 Overview

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 section aims to assess the adequacy of pharmaceutical provision and information was collected up until 31st August 2014. Up-to-date information on community pharmacies (including opening hours) is available on the NHS website:
www.nhs.uk/servicedirectories/Pages/ServiceSearch.aspx

Following the review, this PNA has not identified a current need for new NHS pharmaceutical providers in the Bury area. There are a number of reasons to support this conclusion:

- There are 41 pharmacies in Bury, an increase from 38 in the previous PNA in 2011.
- Appliances are also available from community pharmacies and DACs from outside the area. The dispensing of appliances has not been raised as an issue during the pre-consultation on the PNA.
- Three distance-selling pharmacies in Bury.
- Patients have the right to access pharmaceutical services from any community pharmacy including mail order/wholly internet pharmacy of their choice and therefore can access any of the many distant selling pharmacies available nationwide.
- There are 22 pharmaceutical service providers per 100,000 registered populations in Bury. This is less than the North West region average of 26 per 100,000 but equal to national average of 22 per 100,000.
- Each month the Bury pharmacies dispense on average slightly more items than the monthly national and North West regional average items.
- Items prescribed by the Bury CCG GPs - over 91% (3.3 million items/year) are dispensed within the Bury area pharmacies.
- 7% (250K items) of items were dispensed by non-Bury Borough pharmacies however, the majority of which (over 82%) was dispensed within Greater Manchester.
- Just over 1% of Bury prescribed items is dispensed out of the Greater Manchester region.
- Pharmacies are easily accessible with the majority of respondents (85%) travelling less than two miles to the pharmacy on foot (43%) or by car, as a passenger or driver (49%).
- It was noted that only around 1% of the survey respondent are unable to get to a pharmacy of their choice due to mobility issues.
- The level of car ownership throughout the Bury area (76% of households own at least one car) is greater than both the regional (72%) and national average (74%).
- 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.
- Five pharmacies have 100-hour contracts in the Bury area. They are centrally located and accessible by public transport, walking or own transportation.

6.2 Change in number of Pharmacy contractors from 2011

According the previous PNA and 2011 data, there was in total 38 pharmacies in Bury. At ward level there have been some changes in the number of community pharmacies and to date (30th June 2014) there are now a total of 41 community pharmacy contractors across the Bury HWB footprint. Of these five have 100 hour contracts and three are distance-selling pharmacies. There are no DACs in the Bury area (Figure 21).

Figure 21: Number of Pharmacy and GP contractor at Bury Ward/Township level

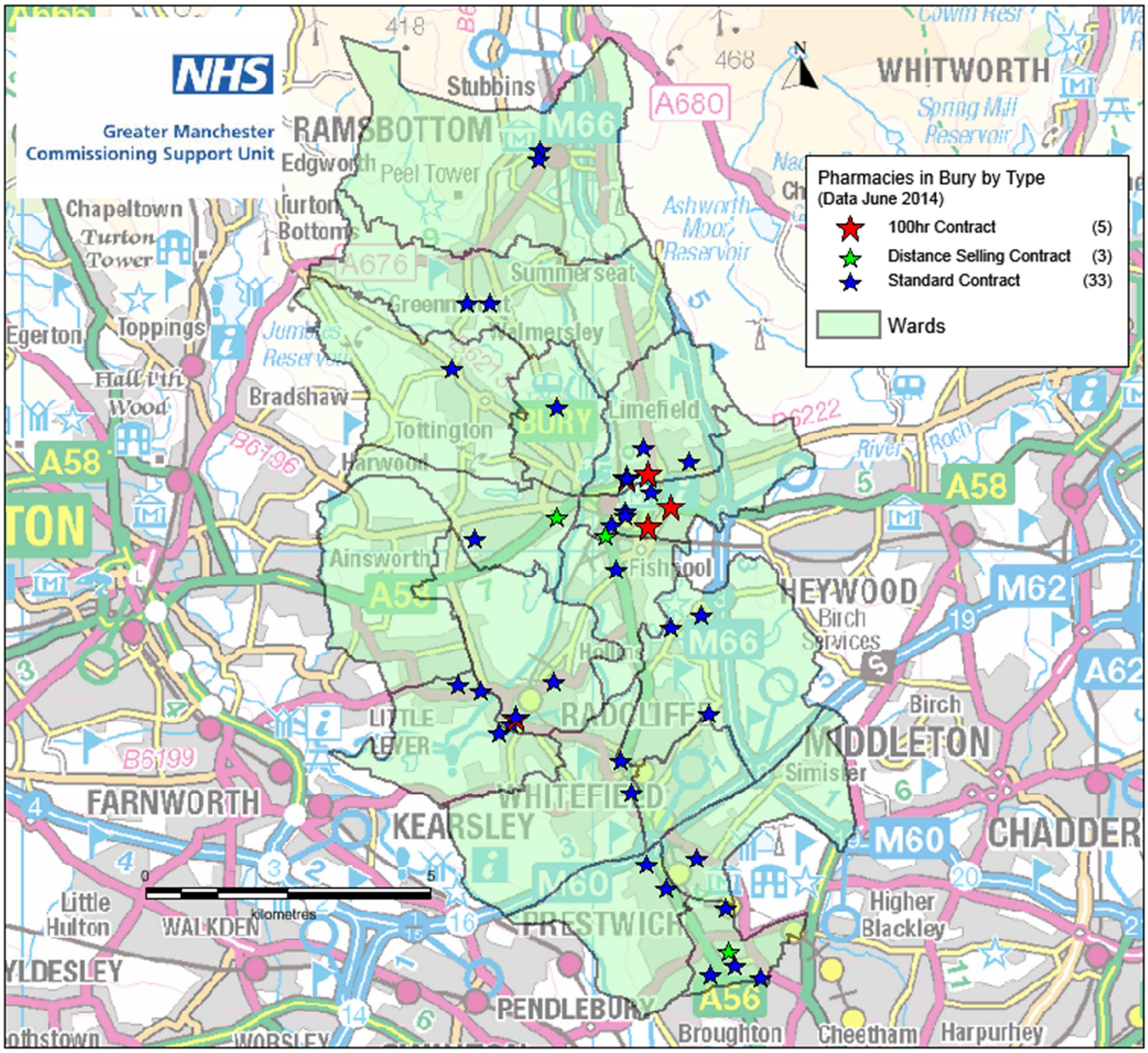
Bury Township	Ward	Population (2011 Census)	Number of pharmacies in 2011	Number of pharmacies in 2014	100 hour contract pharmacies in 2014	Number of GP surgeries in 2014
Bury East	East	10,636	5*	7*	2	10
	Moorside	12,013	4	5	2	2
	Redvales	11,529	1	1	0	0
		Total	10	13	4	12
Bury West	Church	10,345	2**	2**	0	1
	Elton	11,494	1	1	0	1
		Total	3	3	0	2
Prestwich	Holyrood	11,183	1	1	0	2
	Sedgley	13,021	4	6***	0	2
	St Mary's	10,175	2	1	0	2
		Total	7	8	0	6
Radcliffe	Radcliffe East	11,324	4	5	1	5
	Radcliffe West	11,185	3	2	0	0
	Radcliffe North	11,164	0	0	0	0
		Total	7	7	1	5
Ramsbottom, Tottington and North Manor	North Manor	9,842	2	2	0	2
	Ramsbottom	11,738	2	2	0	1
	Tottington	9,783	2	1	0	1
		Total	6	5	0	4
Whitefield and Unsworth	Pilkington Park	9,784	2	1	0	1
	Unsworth	9,490	3	4	0	3
	Besses	10,712	0	0	0	0
		Total	5	5	0	4
		Grand Total	38	41	5	33

**Figure includes the distance selling pharmacy known to be in Bury East Ward*
*** Figure includes the distance selling pharmacy known to be in Church Ward*
**** Figure includes the distance selling pharmacy known to be in Sedgley Ward*

6.3 Pharmacies per locality

There have been minimal changes in the number of pharmacy service providers at ward level in Bury (see Figure 21). The map below (Figure 22) shows the location of each community pharmacy service provider at ward level.

Figure 22: Bury Pharmacy contractor location with Ward boundaries (August 2014)



Contains Ordnance Survey data © Crown copyright and database right 2014

Although, there are three distance selling pharmacies in Bury, patients have the right to access pharmaceutical services from any community pharmacy including mail order/wholly internet pharmacy of their choice and therefore can access any of the many distant selling pharmacies available nationwide.

There are no DACs within the Bury area. However, appliances are also available from community pharmacies and other DACs from outside the area. The dispensing of appliances has not been raised as an issue during the pre-consultation on the PNA. On the basis of this information it can be concluded that there is adequate access to these services in Bury.

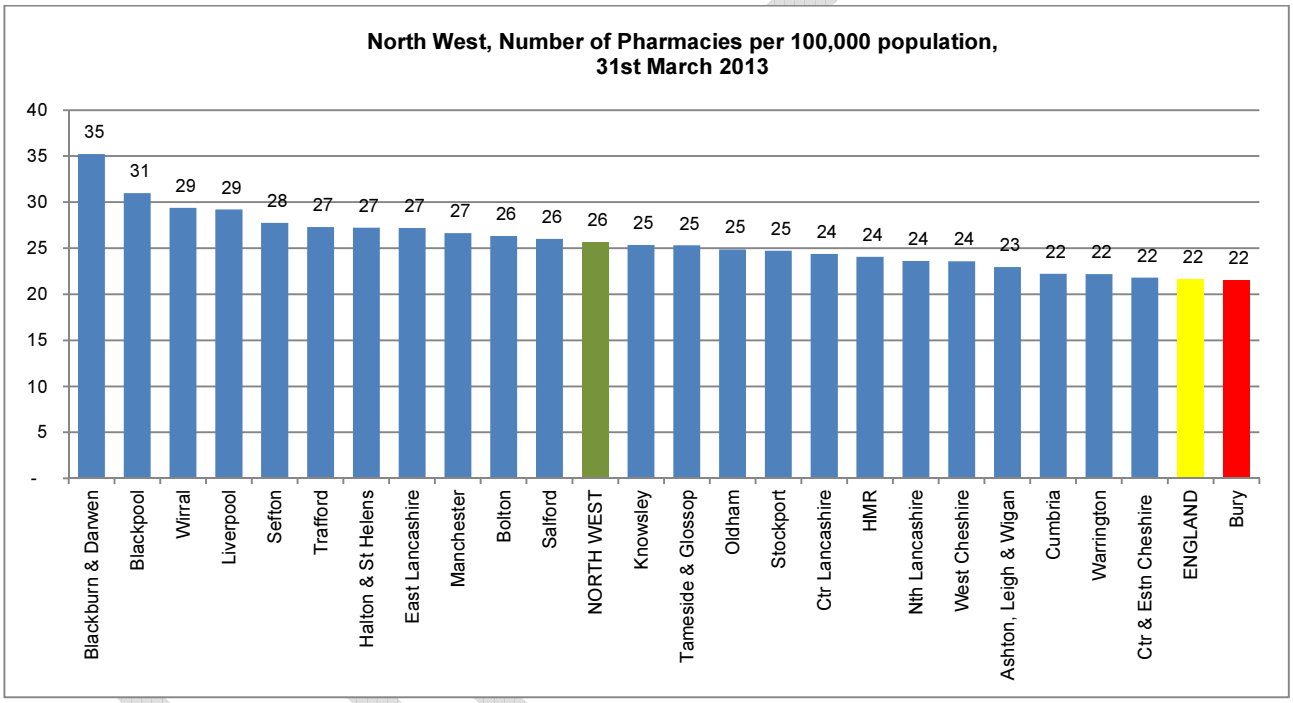
6.4 Pharmacies per head of population vs. national/ NW level and neighbouring former PCT (March 2013) [11]

Based on community pharmacy dispensing data of the 24 former North West PCTs Health and Social Care Information Centre (HSCIC) 2012-13 data, the following

comparisons are made with the national and regional averages:

- There are 22 pharmaceutical service providers per 100,000 registered populations in Bury. This is less than the North West region average of 26 per 100,000 but equal to the national average.
- Bury had average prescription items per month per pharmacy of 7264. Knowsley had the highest rate in the North West dispensing on average 8068 items per month compared to Blackburn with Darwen dispensing the lowest average items of 5,343 per month.
- Each month Bury pharmacies dispense on average more items than the monthly national and North West regional average items.

Figure 23: Number of pharmacies per 100,000 population (31st March 2013)



Source: HSCIC 2012-13 data

6.5 Dispensing activity[11]

The 2012-13 HSCIC data is based on Bury having 40 community pharmacies however, since then (30th June 2014), there are 41 pharmacy contractors across the Bury HWB footprint. Assuming population and prescription items remain the same as those quoted in the HSCIC data 2012-13 data then the number of pharmacies per 100,000 population would still be 22 and the number of average items per pharmacy would be approximately 7,080.

Despite the changes in number of pharmacies, Bury remains to have a marginally higher than average monthly items per pharmacy compared to national and regional statistics. There could be a number of reasons for this including greater deprivation often increases the use of healthcare service rather than self-care and consequently increases prescribing. Another reason could be CCG encouragement to prescribers to supply fewer quantities but more frequently i.e. 28 day prescribing.

Community pharmacies could be used to move prescribing of minor ailments away from general practice so that GPs can concentrate on the management of long-

term conditions. This may also reduce the number of items per month prescribed.

Figure 24: Number of Pharmacies per 100,000 Population, 2012-13

Source: NHS Prescription Services of NHS Business Services Authority.
Population data: Office of National Statistics 2011 mid-year estimates based on 2011 Census.

	Number of community pharmacies	Prescription items dispensed per month (000)s, 2012-13	Population (000)s Mid 2011 (1)	Pharmacies per 100,000 population, 2012-13	Average items per pharmacy 2012-13
England	**11,495**	**76,191**	**53,107**	**22**	**6,628**
North West	**1,812**	**12,334**	**7,056**	**26**	**6,807**
Ashton, Leigh and Wigan	73	523	318	23	7,159
Blackburn with Darwen Teaching	52	278	148	35	5,343
Blackpool	44	350	142	31	7,958
Bolton	73	494	277	26	6,766
Bury	**40***	**291**	**185**	**22**	**7,264**
Central & Eastern Cheshire	101	737	463	22	7,293
Central Lancashire	114	738	467	24	6,474
Cumbria	111	765	500	22	6,888
East Lancashire	104	646	383	27	6,210
Halton and St Helens	82	579	301	27	7,063
Heywood, Middleton & Rochdale	51	374	212	24	7,337
Knowsley	37	299	146	25	8,068
Liverpool	136	866	466	29	6,365
Manchester	134	817	503	27	6,100
North Lancashire	76	577	322	24	7,587
Oldham	56	394	225	25	7,044
Salford Teaching	61	461	234	26	7,561
Sefton	76	543	274	28	7,147
Stockport	70	504	283	25	7,199
Tameside and Glossop	64	455	253	25	7,104
Trafford	62	401	227	27	6,467
Warrington	45	316	203	22	7,023
Western Cheshire	56	358	237	24	6,400
Wirral	*94*	*570*	*320*	*29*	*6,062*

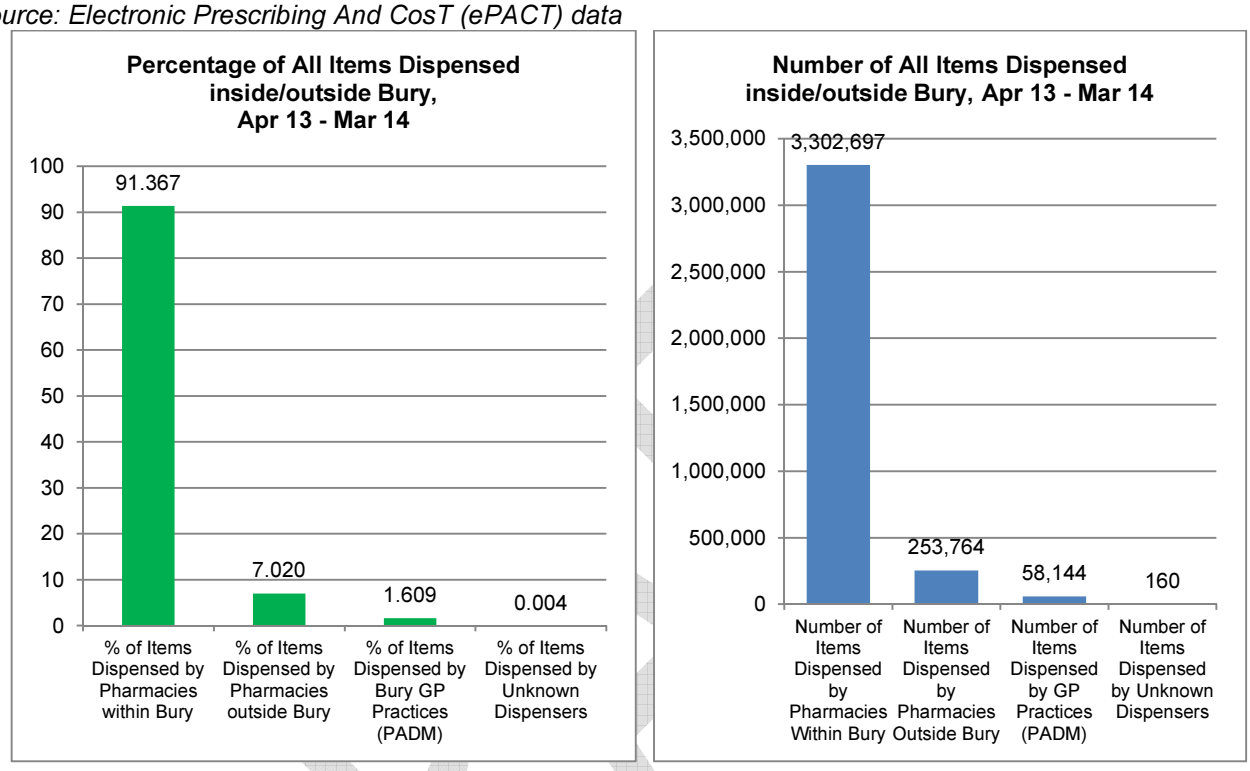
**According HSCIC 2012-13 data Bury has 40 pharmacies. To date (30th June 2014) Bury has 41 community pharmacy providers.*

6.5.1 Dispensing activity: Where are Bury Prescriptions dispensed? [28]

Using data taken from electronic prescribing and cost (ePACT) tool for the year from April 2013 to March 2014 it can be seen that for all the items issued by Bury GPs that over 91% (3.3 million items) are dispensed within Bury pharmacies (Figure 21).

Figure 25: Percentage and Number of items issued by Bury prescribers which are dispensed within Bury pharmacies

Source: Electronic Prescribing And CosT (ePACT) data

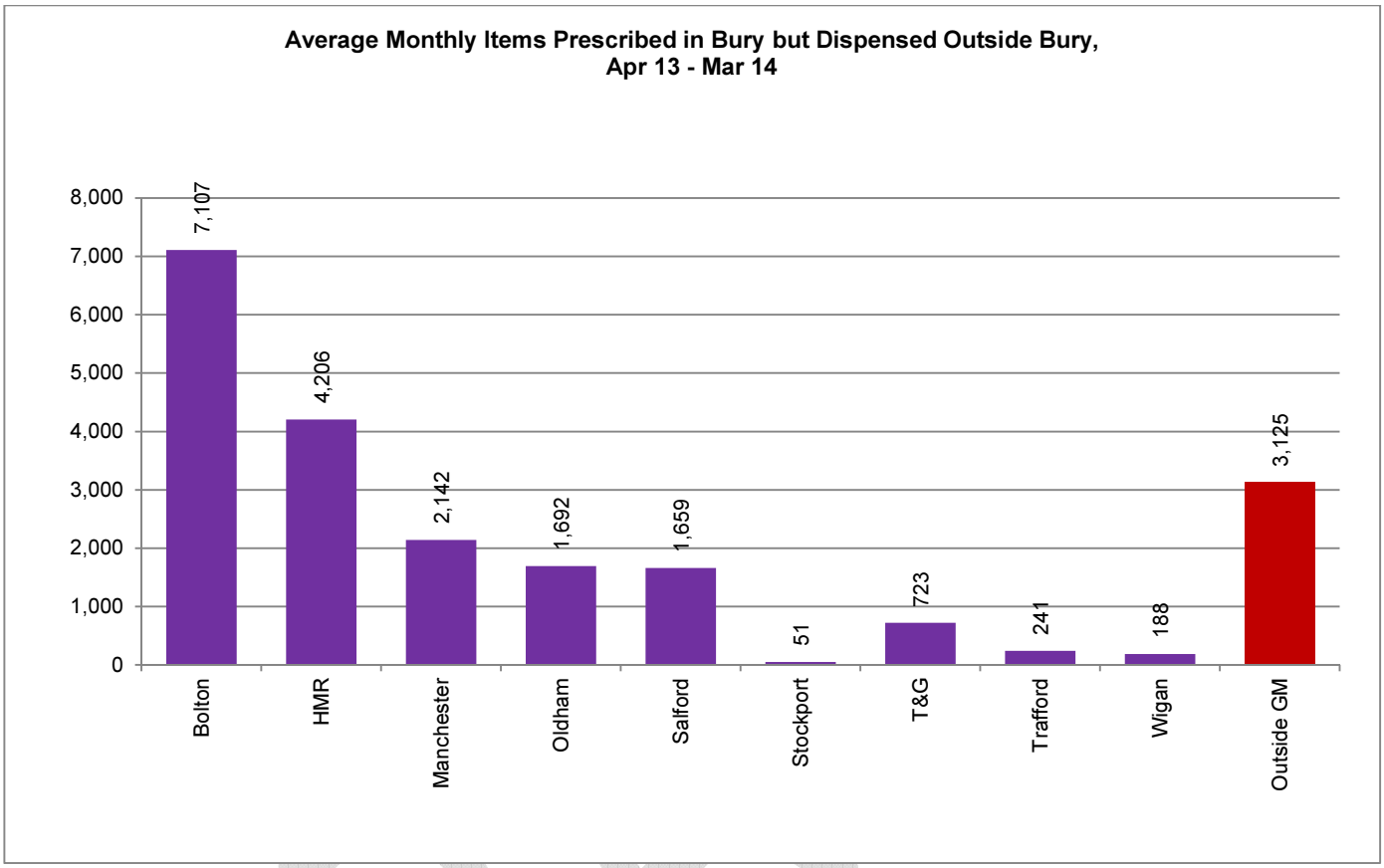


Of the 7% (250,000 items) which were dispensed by non-Bury pharmacies the majority (over 82%) was dispensed within Greater Manchester. The most (39%) being in the Bolton Local Authority area, where over 7000 items per month prescribed in Bury is dispensed in Bolton (see Figure 26). This could predominantly due to the fact that Bolton border covers a large area of Bury and potentially significant numbers of commuters travelling into Bolton to work.

Just over 1% of Bury prescribed items is dispensed outside of Greater Manchester region. This information leads us to the conclusion that for the prescriptions generated by Bury prescribers (i.e. predominately for Bury residents) the current number of dispensing pharmacy contractors within Bury is sufficient.

Figure 26: Average number of monthly items issued by Bury prescribers but dispensed outside Bury HWB footprint

Source: ePACT



6.6 Access to pharmacies by location

The 2008 White Paper Pharmacy in England: Building on strengths – delivering the future 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[27].

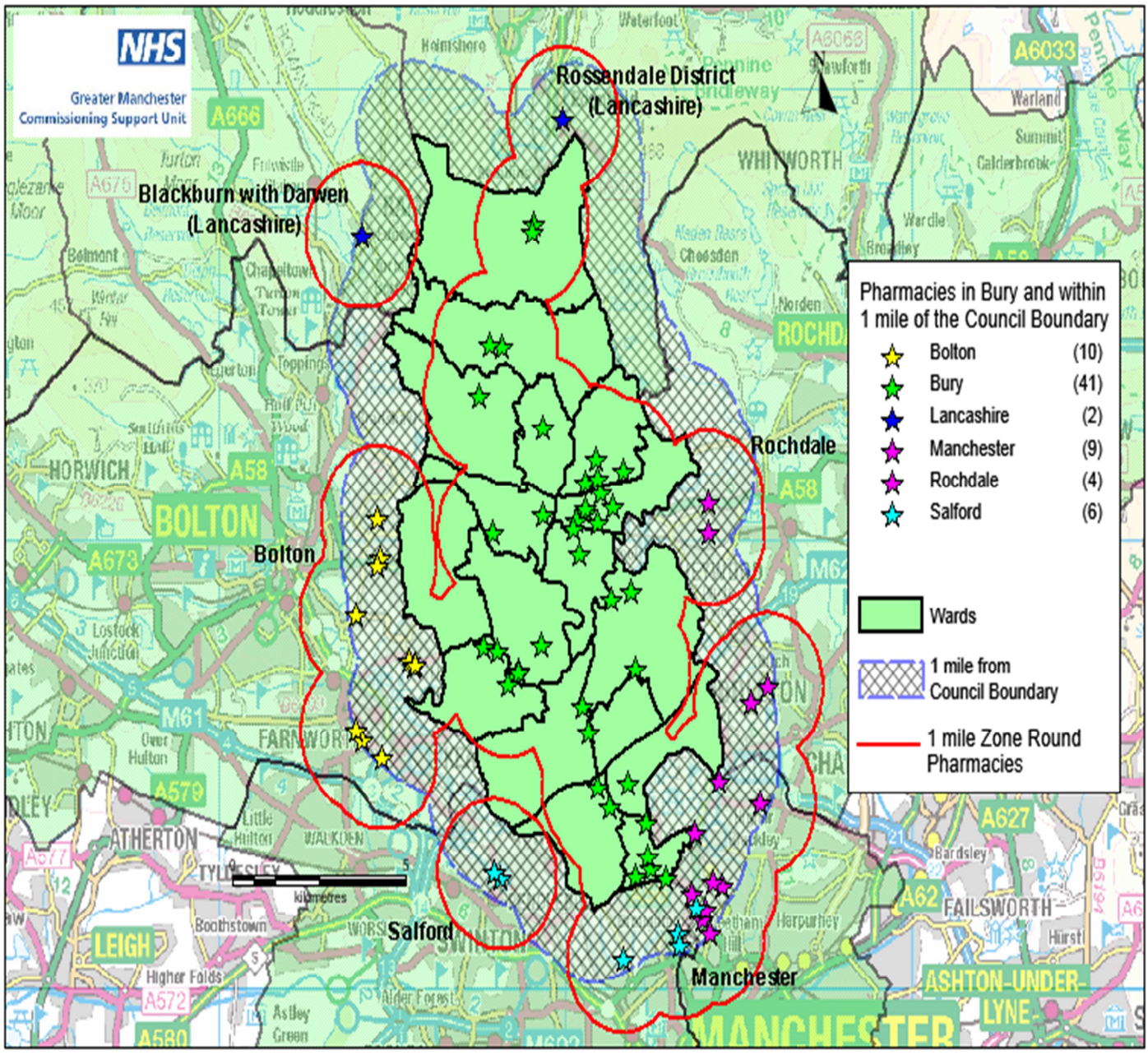
The public survey noted that over 85% of respondents were travelling less than two miles to their pharmacy and over 92% would either walk or use a car for transport. It was noted that 1% of the survey respondent are unable to get to a pharmacy of their choice due to mobility issues. Although, a very small percentage had mobility issues, barriers to accessing services are a key driver behind health inequalities and should be a key consideration in commissioning services.

The Wards, Radcliffe North and Besses have no pharmacies within its area and potentially could be identified as gaps in service provision. The public survey did not identify this finding and no negative comments were made about pharmacy access in the ward. There could be a number reason for this conclusion:

- Low response rate from the Radcliffe North and Besses Wards.
- Radcliffe North has a relatively low population and high number of households with cars and therefore less affected by accessibility to pharmacies to neighbouring ward.
- Neighbouring pharmacies fall within the one mile buffer zone and is accessible for patients by walking, public transport or own transportation.
- There are no GPs in the Radcliffe North and Besses Wards and existing healthcare services around the two wards are able to meet supply and demand.

Based on these finding it is considered that the population of Radcliffe North and Besses Wards are adequately served by other pharmacies within the one mile buffer zone or by pharmacies offering home delivery service.

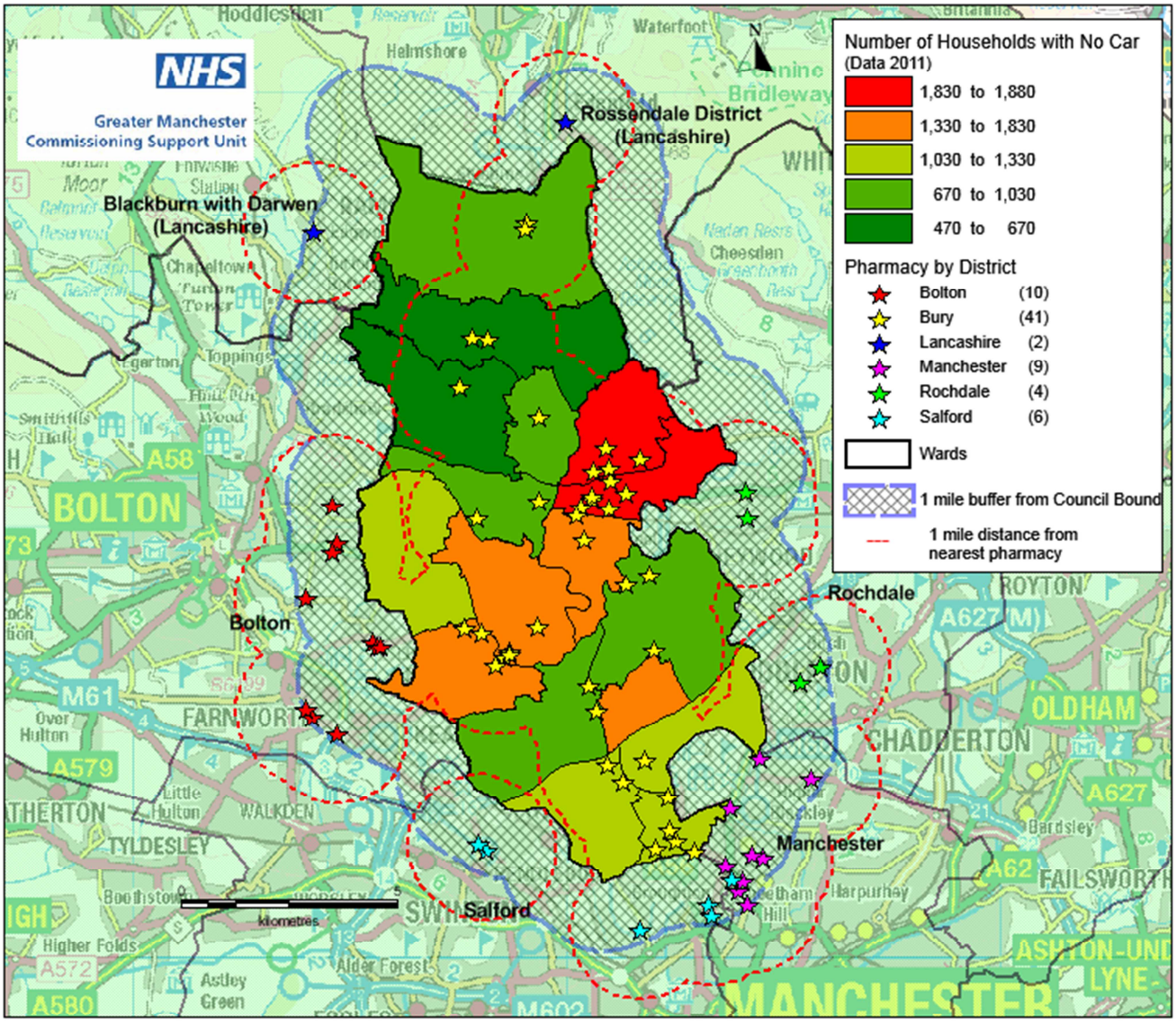
Figure 27: Bury Pharmacies mapped against one mile buffer zone



Contains Ordnance Survey data © Crown copyright and database right 2014

Having access to transport is an obvious important factor in considering accessibility of services for our population. However, it is extremely difficult to define the relative accessibility of a particular service without making some inevitable assumptions about the relevant population needing that service. For example, one could map walk or drive times, but that would assume that all in the relevant population are equally capable of making such journeys. Some people may have poor mobility, some may be frightened to go out and others may not have access to a car or bus. Data is available around number of households with no car ownership at ward level and this is detailed in Figure 28.

Figure 28: Thematic map of Bury and Wards with Households with No Car



The level of car ownership throughout Bury (76% of households own at least one car) is higher than both the regional and national average. 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. GMCSU considered creating maps to illustrate access through public transport, but found that this information could not be easily presented due to complexity and constantly changing nature of public transport routes and service times.

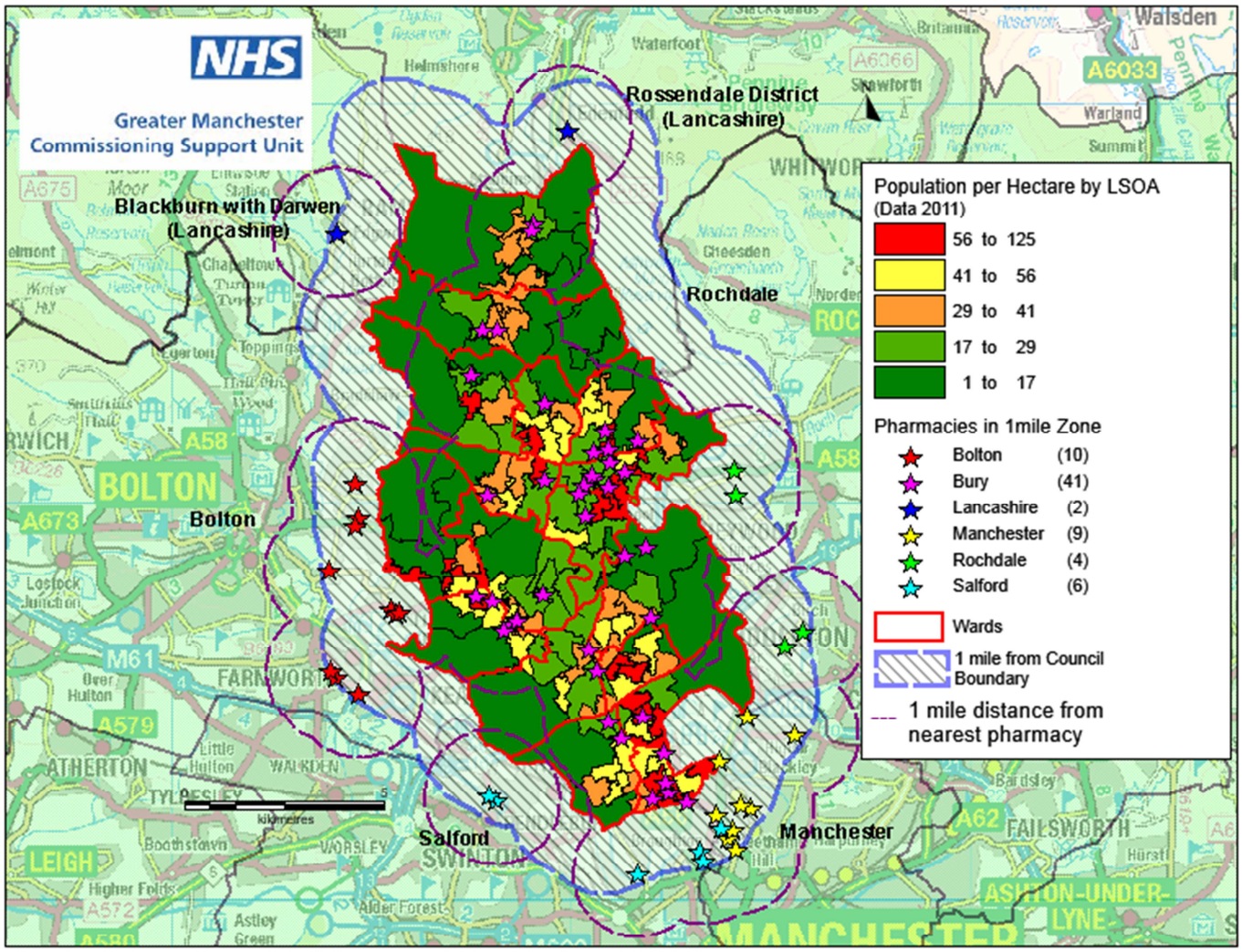
Both Bury East and Moorside Wards have the greatest number of households with no access to a car. However, as per Figure 28 there is good coverage in a one mile buffer zone of those pharmacies. In addition, most pharmacies offer the added value service of home delivery which can help to provide medications to those who do not have access to a car or who are unable to use public transport. Another support is also available from distant selling pharmacies (located within and outside of the Bury HWB footprint) that could make deliveries to individual homes.

6.6.1 Unpopulated areas

Figure 29 indicates that there are some areas in Bury where it is necessary to travel further than one mile to access a pharmacy. However, these areas e.g. Holcombe Moor and other surrounding Moors are to an extent considered rural and largely uninhabited.

It can be considered that Bury has good coverage in terms of their locations of pharmacies across the local authority in all areas of high population density. The pharmacy provision 'as the crow flies' is adequate and therefore there is no requirement for a pharmacy contract to be established to cover this gap.

Figure 29: Population per Hectare by LSOA and Pharmacy locations

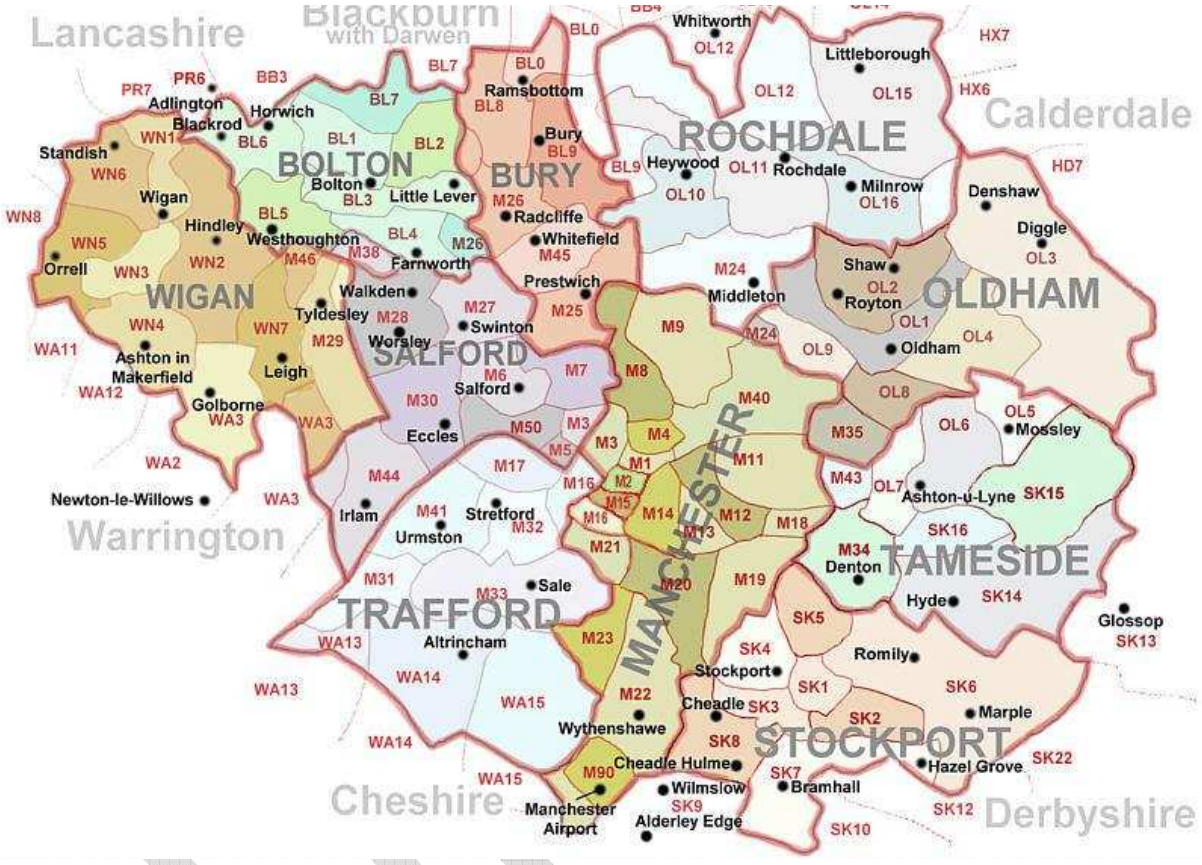


Contains Ordnance Survey data © Crown copyright and database right 2014
Contains National Statistics data © Crown copyright and database right 2014

6.6.2 Services provided across the border of Bury in other Local Authority areas

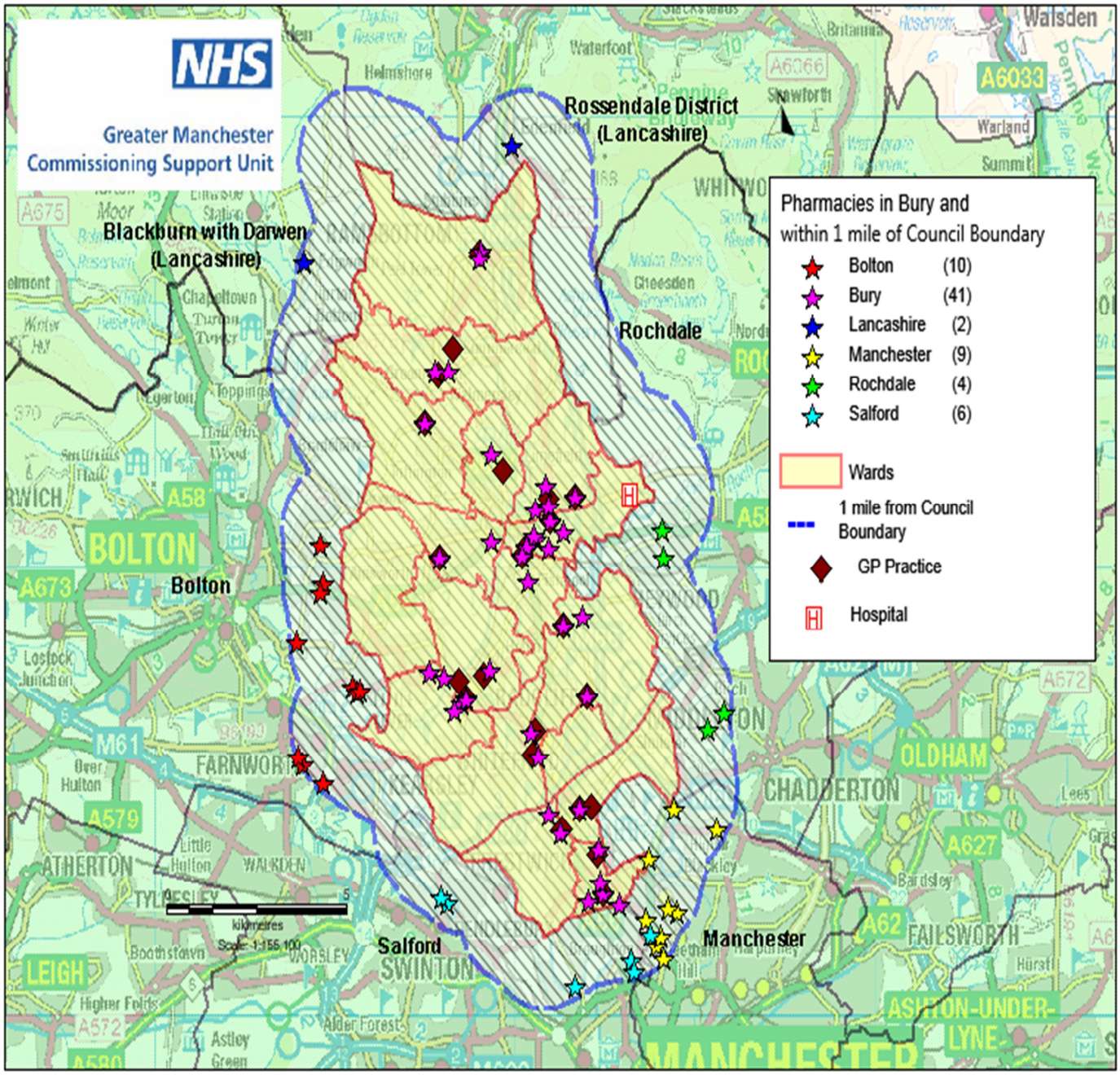
In making its assessment the HWB needs to take account of any services provided to its population which may affect the need for pharmaceutical services in its area. This could include services provided across a border to the population of Bury Local Authority by pharmacy contractors outside their area, or by GPs, or other health service providers

Figure 30: Postcode boundary across Greater Manchester



During the development of this PNA the GMCSU evaluated the Local Authorities that border the Bury area (Blackburn and Darwen, Bolton, Lancashire County, Manchester City, Rochdale and Salford). The aim was to identify the access to, and provision of, pharmaceutical services to the Bury population who may access pharmaceutical services along the borders of neighbouring localities. For example, a pharmacy in a neighbouring locality may be closer to a resident's home or place of work although they are registered for NHS services with Bury CCG. Figure 31 shows the locations of these cross border pharmacies and a list of the contractors is available in Appendix 4

Figure 31: Map of cross border non-Bury Community Pharmacies in a One Mile Buffer Zone



Contains Ordnance Survey data © Crown copyright and database right 2014
Contains National Statistics data © Crown copyright and database right 2014

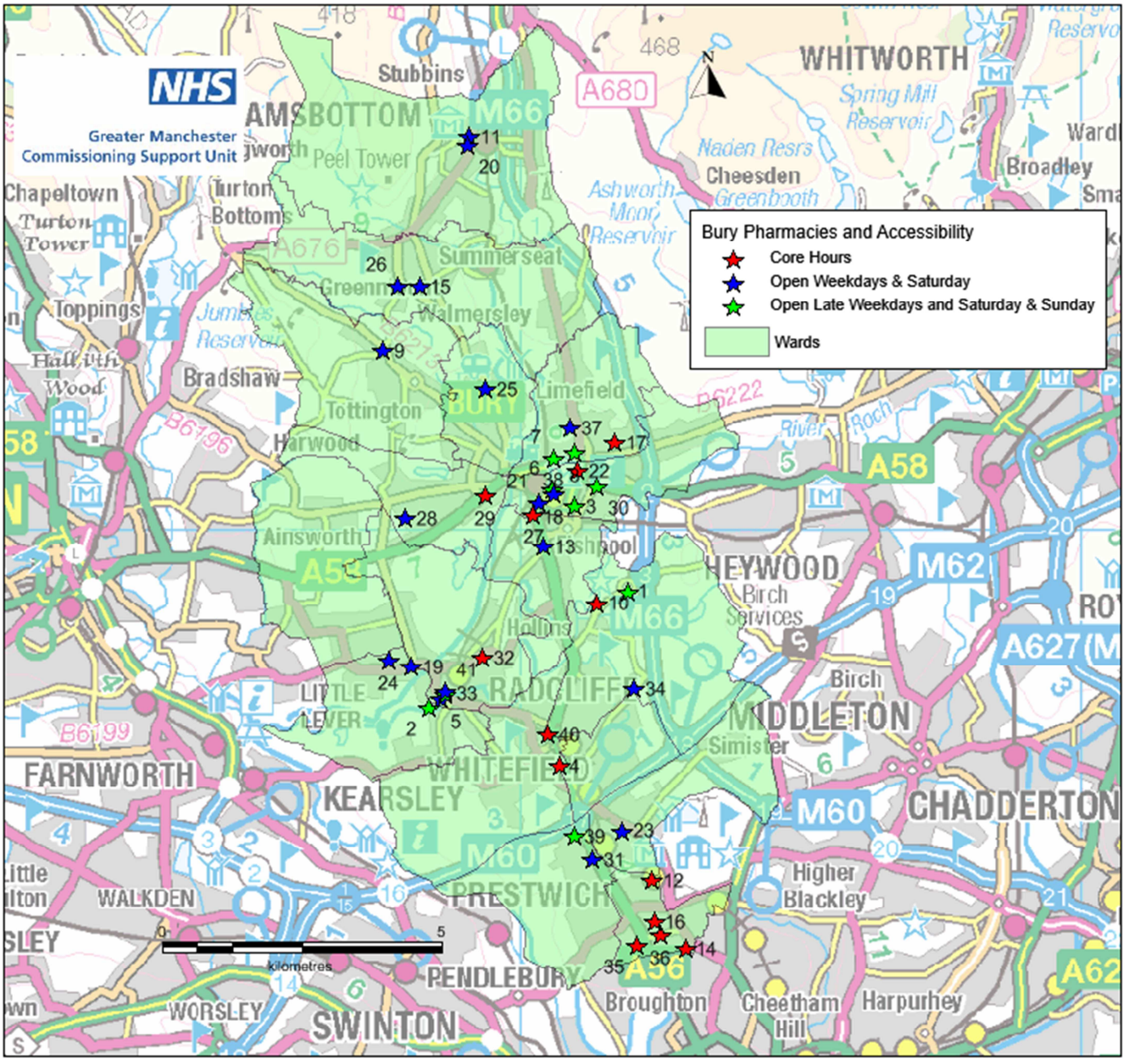
6.7 Access to pharmacies by opening hours

For a map showing location of pharmacy opening hours see Figure 32 below. The pharmacies are colour coded to represent the hours they are open, the same coding is used in the table of opening hours (See Appendix 8).

The public survey identified 12% of respondents was unsatisfied by the current pharmacy opening hours. The majority of unsatisfied respondents live in the Whitefield and Unsworth Township postcode area. Although most respondents were satisfied with opening hours, it was also noted that 62% of respondents from the Prestwich Township postcode area would

use pharmacies if open late night and 47% would use pharmacies if open on a Sunday. There is currently only one pharmacy in this area offering extending opening hours.

Figure 32: Bury Pharmacy location and opening hours by Ward level



Contains Ordnance Survey data © Crown copyright and database right 2014

Figure 33: Number of Pharmacy at Bury Ward/Township level with Opening Times

Bury Township	*Ward*	*Population (2011 Census)*	*Number of pharmacies in 2014*	*100 hour contract pharmacies in 2014*	*Number of pharmacies open on a Saturday* (earliest opening and latest closing times)	*Number of pharmacies open on a Sunday* (earliest opening and latest closing times)
Bury East	**East**	**10,636**	**6***	**2**	**5** (6am–10pm)	**3** (10am–6pm)
	Moorside	**12,013**	**5**	**2**	**4** (7am -11:59pm)	**3** (Midnight–2am & 10am–5pm)
	Redvales	**11,529**	**1**	**-**	**1** (9am–1pm)	**-**
		Total	**12**	**4**	**10**	**6**
Bury West	**Church**	**10,345**	**2**	**-**	**1** (9am–1pm)	**-**
	Elton	**11,494**	**1**	**-**	**1** (9am–1pm))	**-**
		Total	**3**	**0**	**2**	**0**
Prestwich	**Holyrood**	**11,183**	**1**	**-**	**1** (9am–5pm)	**-**
	Sedgley	**13,021**	**5**	**-**	**1** (8am–10pm)	**1** (10am–4pm)
	St Mary's	**10,175**	**1**	**-**	**1** (9am–2pm)	**-**
		Total	**7**	**0**	**3**	**1**
Radcliffe	**Radcliffe East**	**11,324**	**5**	**1**	**4** (Midnight–6pm)	**1** (10am–6pm)
	Radcliffe West	**11,185**	**2**	**-**	**2** (8:30am–8pm)	**1** (10:30am–4:30pm)
	Radcliffe North	**11,164**	**0**	**-**	**-**	**-**
		Total	**7**	**1**	**6**	**2**
Ramsbottom, Tottington and North Manor	**North Manor**	**9,842**	**2**	**-**	**2** (9am–1pm)	**-**
	Ramsbottom	**11,738**	**2**	**-**	**2** (9am–12:30pm)	**-**
	Tottington	**9,783**	**1**	**-**	**1** (9am–1pm))	**-**
		Total	**5**	**0**	**5**	**0**
Whitefield and Unsworth	**Pilkington Park**	**9,784**	**1**	**-**	**-**	**-**
	Unsworth	**9,490**	**4**	**-**	**2** (8:30am–10pm)	**1** (10:30am–4:30pm)
	Besses	**10,712**	**0**	**-**	**-**	**-**
		Total	**5**	**0**	**2**	**1**
		Grand Total	**39**	**5**	**28**	**10**

**Figure does not include the single Dispensing Appliance Contractor known to be in Bury East Ward*
*** Figure includes the distance selling pharmacy known to be in Church Ward*

6.7.1 Saturday Opening

Over 70% of the pharmacy contractors in Bury are open on a Saturday with at least one pharmacy open in each ward, except Radcliffe North, Besses and Pilkington Park. On Saturday's access to pharmaceutical services provided from a pharmacy can be found between the hours of 6am to midnight within Bury.

Although there is no access to pharmacies on Saturdays in Radcliffe North, Besses and Pilkington Park Wards, they are adequately served by other pharmacies within the one mile buffer zone or by pharmacies offering home delivery service.

In general, it is considered that in Bury there is sufficient coverage on Saturdays both in terms of opening hours and number of locations.

6.7.2 Sunday Opening

Nearly two thirds of Bury wards have no pharmacy contractors open on a Sunday (see Figure 33 of wards with no pharmacies open on Sundays). The opening hours across Bury on a Sunday range from midnight until 6pm.

Bury West Township and Ramsbottom, Tottington and North Manor Township are poorly served at weekends with access from 9am to 1pm on a Saturday and no cover of pharmacy services on a Sunday.

Although there appears to be poor access on Sundays it is felt that in the Bury West Township (Church and Elton Wards) there are a significant proportion of Bury's pharmacies in the neighbouring Bury East Township (East, Moorside and Redvales Wards). There are 12 pharmacies in the Bury East Township, of this, four have 100hr contracts. The Bury East Township pharmacies offer extensive opening hours, weekend cover, within the one mile buffer zone of Church and Elton Wards and are accessible to the population via public transport, walking or their own transportation

Similar to Bury West, Ramsbottom, Tottington and North Manor Township have no pharmacies open on Sundays. However, such wards are considered predominately the least populated, least deprived within Bury and are likely to have access to transportation allowing patients to travel within the borough to another location quite readily.

It is also worth noting that following the public survey, around two thirds of Prestwich township respondents would like to use a late night pharmacy and just under half would like to use a Sunday pharmacy. There is currently one pharmacy in the Prestwich Township offering extended opening hours and should be adequately meeting demand in Holyrood, Sedgley and St Mary's Wards.

The conclusion drawn in term of the opening hours for pharmacies around Bury is that all wards have a fair access to pharmacy services across all Bury Wards. In time, if gaps in opening times are identified, these should be addressed initially through dialogue with existing specific contractors.

7.0 Future Matters

7.1 Housing and development

Bury Council has examined Bury's supply of housing in a document entitled 'Bury Five Year Supply of Deliverable Housing Land' (April 2014). This includes a housing trajectory which indicates that 3,195 dwellings are expected to be completed over the next five years. This equates to an average annual completion rate of 639 dwellings over this five year period. Over the longer term, the Council is planning for the delivery of a total of 6,800 dwellings between 2012 and 2029.

In terms of economic development, the Bury Employment Land Review has identified a potential supply of 69 hectares of land for future business, industrial and warehousing development up to 2029.

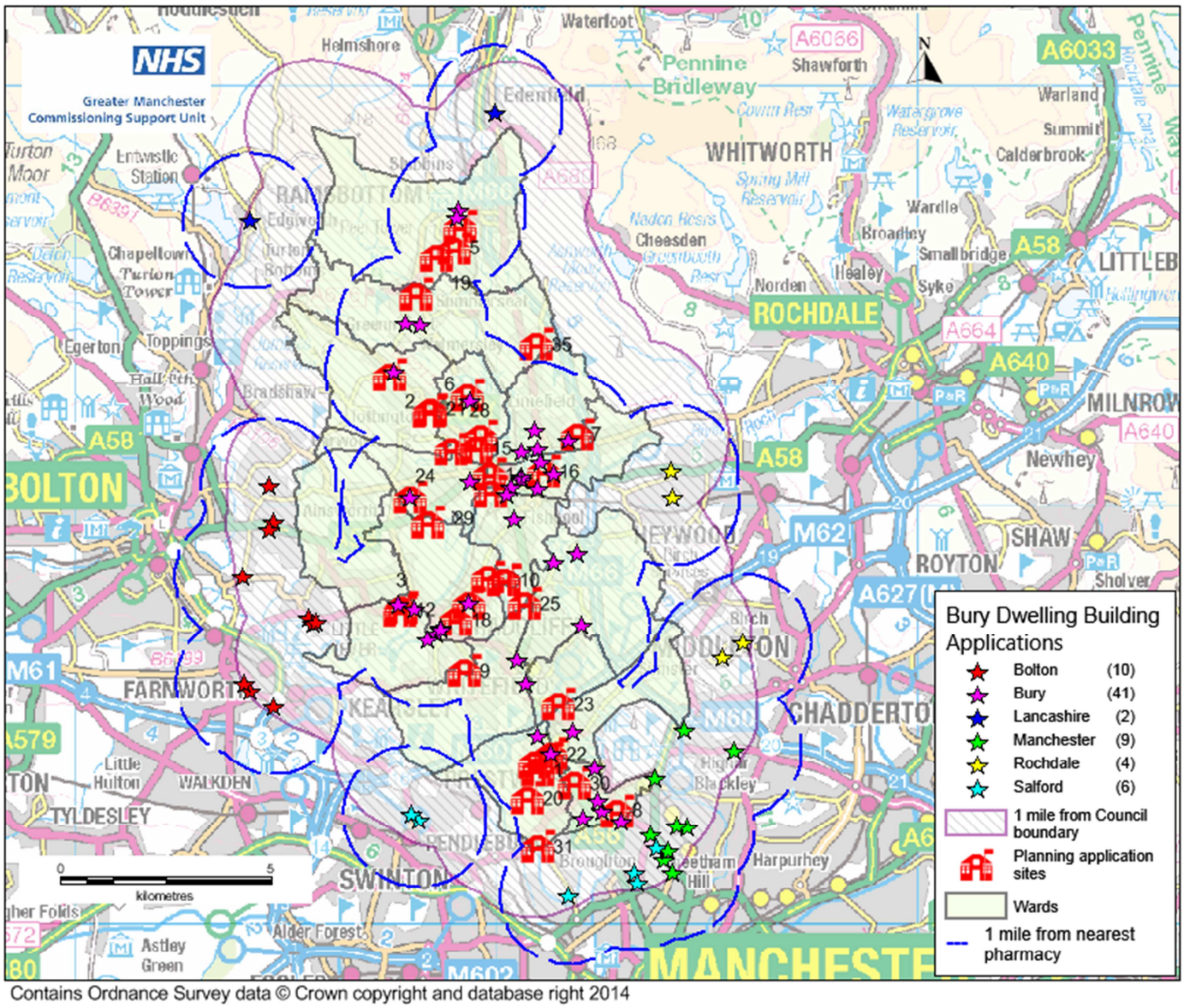
The PNA needs to be mindful of any dwelling construction that may affect the demand for pharmaceutical services, such as large housing developments, during its life. It is also important to capture any planned construction that may have an impact during the three year life of the PNA.

Bury Council currently have 36 planning applications for construction of dwellings of a size greater than 10 units, these are detailed in Figure 30 and mapped in Figure 31.

Figure 34: List of 36 Planning Application for Construction (Dwellings of a size greater than 10 units)

ID Number	Location	Postcode	Planning Status	Number of Dwellings in Application
1	Tulle Court, Ramsbottom Row, Prestwich	M25 3JL	Full planning permission	26
2	Wesley House, Wesley Street, Tottington, Bury	BL8 3NW	Full planning permission	12
3	Redbank Health Centre, Unsworth Street	M26 3GH	Full planning permission	11
4	Warwick Mill, Warwick Street, Prestwich	M25 3HN	Full planning permission	12
5	Ramsbottom Cottage Hospital, Nuttall Lane, Ramsbottom	BL0 9JZ	Full planning permission	13
6	Roach Packing, Scobell St, Tottington	BL8 3DT	Reserved matters	14
7	The Thrush Public House, Thrush Drive, Bury	BL9 6JD	Full planning permission	14
8	46-48 Bury Old Road, Prestwich	M25 0ER	Full planning permission	14
9	Bankside Mill, Chapelfield, Radcliffe	M26 1JH	Full planning permission	14
10	Land adjacent to SE of 11 Morris Street, Radcliffe, Manchester	M26 2HF	Full planning permission	14
11	Land off Mile Lane, Bury	BL8 2JR	Outline planning permission	14
12	Land opposite 9 to 21 Unsworth Street, Radcliffe	M26 3RN	Outline planning permission	17
13	Clough Saw Mill, Gardner Road, Prestwich	M25 3HU	Full planning permission	17
14	Former PJ Power Site, Millett Street, Bury	BL9 0JA	Full planning permission	21
15	Land between Tottington Road & Crostons Road, Bury	BL8 1LL	Full planning permission	34
16	York Street Mill, York Street, Bury	BL9 7AR	Full planning permission	24
17	Cobden Mill, Square Street, Ramsbottom	BL0 9AY	Full planning permission	31
18	Works off Brook Street, Radcliffe	M26 2PQ	Outline planning permission	30
19	Hazelhurst / Whittle Pike, Bolton Road West, Ramsbottom	BL0 9PJ	Full planning permission	46
20	Park Hotel - Off Lowther Road, Prestwich	M25 9GP	Full planning permission	30
21	Land to rear 353 and 365, including Beechwood Bungalow, Bury Road, Tottington, Bury	BL8 3DS	Outline planning permission	30
22	Longfield Suite, Prestwich	M25 1AY	Outline planning permission	36
23	Land Adj 15 Prestfield Road, Whitefield	M45 6BD	Outline planning permission	40
24	Former Elton Cop Dye Works, Walshaw Road, Bury	BL8 1NG	Full planning permission	111
25	Eagle Bleachworks, Manchester Road, Blackford Bridge, Bury	BL9 9TA	Other	50
26	Brandlesholme Pub, Brandlesholme Road, Bury	BL8 1HP	Full planning permission	50
27	Holcombe Brook Tennis/Sports Club, Longsight Road, Holcombe Brook, Ramsbottom	BL0 9TD	Full planning permission	55
28	Land to west of 149 Brandlesholme Road, Bury	BL8 1BA	Outline planning permission	57
29	(Openshaw Fold Road) Off Warth Road, Bury	BL9 0TZ	Outline planning permission	57
30	Former Claremont Elderly Persons Home, Bury New Road, Prestwich	M25 1FA	Full planning permission	62
31	Site of former Cussons Sons & Co Ltd, Kersal Vale Road, Prestwich	M7 0GL	Outline planning permission	122
32	Land bounded by York St, R.Irwell & Bealeys Goit, Radcliffe	M26 2QL	Outline planning permission	170
33	Land bounded by River Irwell to South of Dumers Lane, Morris Street, Radcliffe	M26 2HF	Full planning permission	239
34	Land at Spen Moor, Bury and Bolton Road, Radcliffe, Manchester	M26 0JZ	Outline planning permission	191
35	Tetrosyl Site, Bevis Green Works, Walmersley Old Road, Bury	BL9 6RE	Outline planning permission	275
36	East Lancs Paper Mill Site, Rectory Lane, Radcliffe	M26 2RF	Outline planning permission	490

Figure 35: Map of Planning Applications for Construction of Dwellings >10units and Pharmacies



The majority of these sit within an area were pharmaceutical service provision will be satisfactory to meet any increase in population that may occur should these developments take place. However, there is one site (35) that sits outside the one mile distance from the nearest pharmacy with a planned development of 275 dwellings. This is intended to be a development of 'executive' homes and is likely to be occupied by residents with the availability of a car for transport and who will travel to access a range of services. This site is therefore not identified as a future need for additional pharmaceutical services.

The Council has recently approved a food retail store of up to 10,227 square metres on the current leisure centre site in Bury town centre. The scheme also involves the relocation of the leisure centre to a vacant site on Knowsley Street. The Bury Retail Study shows that there is expenditure capacity for additional food retailing in Radcliffe town centre and for non-food retailing in Bury town centre although in the case of the latter the priority will be for this capacity to be absorbed by the reoccupation of existing vacant units rather than

new development. Planning permission has also been granted for four restaurant units as an additional phase to the Rock development in Bury town centre.

7.2 Primary care developments

Following the NHS reform on the 1st April 2014, there have inevitably been changes in NHS structure and movement of commissioned services between the new NHS organisations and health partners.

This may lead to services being de-commissioned and different ones commissioned in their place. Any potential change to services should be based on the population need of the local areas of which the PNA, along with the JSNA and JHWS, is an important document to inform such decisions.

7.3 Identification of the gaps between health and current services in Bury

Figure 36 below will discuss, according to the identified health priorities, who are the target populations or localities which current pharmacy services and other health care service providers are currently supporting this health need. We then discuss where gaps lie and how pharmacy provision may provide a solution to address those gaps.

Figure 36: Gap Analysis between Health Needs and Commissioned Services

Identified Health Priorities	*Health Partners target/aims*	*Target Areas*	*Relevant Services currently delivered from community pharmacy*	*Service provided by other providers to address that need (number of locations)*	*Gap between need and current provision*	*CONCLUSIONS: How could pharmacy meet the needs in the future*
Priority 1 *Ensuring a positive start to life for children, young people and families*	*-An increase in the number of children achieving a good level of development at age 5* *-A reduction in the number of child protection plans* *-A reduction in the number of children in care* *-Increases in breastfeeding initiation and maintenance at 6-8 weeks after birth* *-A reduction in the number of mothers smoking during pregnancy* *-Improvements in differences in levels of educational attainment across the borough and between groups.*	*Challenges for Bury :* *-17% of mothers smoke at time of delivery* *-Breast fed babies at 6-8 weeks is significantly lower (41%) compared to England average (47%)* *-19% of children under 16 lives in poverty* *-Significant numbers of children with child protection plan or under care* *-Bury children is significantly worse than national average in achieving a good level of development at age 5*	*Essential services:* *Health Promotion and advisory service* *Public Health promotion* *Signposting* *Dispensing Medicines or Appliances* *Advanced services:* *MUR* *NMS* *Local Authority Commissioned services:* *Smoking cessation (for parents)* *CCG Commissioned Services:* *Minor ailment scheme*	*Local Authority Commissioned Services:* *Ad hoc immunisations for at risk Patients* *GP service* *Health visitor and Midwife support* *Smoking cessation*	*Commissioners need to ensure that any austerity measures do not further disadvantage such children and young people by identifying the groups of children who are most likely to be affected and intervene at the earliest opportunity.*	*Pharmacies are readily accessible health care locations within the communities that can support parents through pre-and post-pregnancy, early years and through to school, to give children the best start in life.* *Pharmacists could promote immunisations and could be considered as potential professionals who are able to administer immunisations. Schemes could be targeted at individuals who are identified as having missed out on the national immunisation programme.* *The pharmacies could be used as a point of contact for families to be signposted into relevant services/campaigns e.g. breastfeeding initiation/maintenance programmes and Change4Life schemes*

Priority 2 *Encouraging healthy lifestyle and behaviours in all actions and activities*	*-Reductions in the levels of smoking, physical inactivity, excess weight and harmful alcohol consumption in adults, children and young people* *-A reduction in under 18s conception* *-An increase in life expectancy at age 75* *-Reductions in the gap in life expectancy and healthy life expectancy between communities* *-Reductions in early deaths from cancer and cardiovascular, liver and respiratory diseases* *-A reduction in the level of long term conditions*	*Challenges for Bury :* *-22%of all adults in Bury are smokers compared to 20% across England* *-Bury has significant increase in levels of obesity between reception Year and Year 6 and in some wards levels of obesity are unacceptably high.* *-In Bury it is estimated that around half of adults are overweight and 23% of those are obese* *-Bury has higher levels of binge drinkers and alcohol related hospital admissions than national averages* *-Bury has higher regional and national under 18s conception* *-Bury has high cancer incidence rate* *-Early detection and presentation are critical in tackling premature deaths from cancer but there are known inequalities in cancer screening uptake in the most deprived and across ethnicities*	*<u>Essential services:</u>* *Health Promotion and advisory service* *Public Health promotion* *Signposting* *Dispensing Medicines or Appliances* *<u>Advanced services:</u>* *MUR* *NMS* *<u>Local Authority Commissioned services:</u>* *Smoking cessation* *EHC* *Chlamydia testing* *Needle Exchange* *Supervised administration* *<u>CCG Commissioned Services:</u>* *Minor ailment scheme* *Palliative Care OOH*	*<u>Local Authority Commissioned Services:</u>* *Ad hoc immunisations for at risk Patients* *<u>GP service</u>* *Health visitor and Midwife support* *Smoking cessation*	*Find ways to work with communities and individuals; help them to focus on seeing services as facilitating the change that people want to make for themselves rather than simply delivering the things that have always delivered.* *This will need service providers to think very differently about their roles and the way services are currently delivered.*	*Pharmacies are a central hub for healthcare where the majority of patients pass through for their medications. Therefore they could be used to undertake surveys or pilots for schemes.* *Commissioners could identify innovative ways of promoting healthy lifestyles via pharmacy locations within neighbourhoods which are identified.* *Pharmacies could be trialled as locations for health checks to be provided*

Priority 3 *Helping to build strong communities, wellbeing and mental health*	*-An increase in the proportion of adults with mental illness who are in employment* *-An increase in the percentage of adults with mental illness living independently* *-An increase in self-reported wellbeing* *-A reduction in hospital admissions as a result of self-harm* *-A decrease in first time entrants to the youth justice system* *-A reduction in domestic violence* *-A reduction in homelessness.* *-A reduction in the length of stay of families in temporary accommodation*	*Challenges for Bury:* *-Significant mental health problem in Bury* *-Emotional disorders (including depression) affect around 3.7% of children in Bury* *-Over 21% of young people aged 17 and under in Bury would require some support from the Child and Adolescent Mental Health Services* *-Drug and alcohol related crimes remain high* *-2011/12 there was over 3400 incidents of domestic violence in Bury* *-In 2011/12 only 2.8% of adults in Bury who were in contact with secondary mental health services were in employment*	*<u>Essential services:</u>* *Health Promotion and advisory service* *Public Health promotion* *Signposting* *Dispensing Medicines or Appliances* *<u>Advanced services:</u>* *MUR* *NMS* *<u>Local Authority Commissioned services:</u>* *Smoking cessation (for parents)* *EHC* *Chlamydia testing* *Needle Exchange* *Supervised administration* *<u>CCG Commissioned Services:</u>* *Minor ailment scheme* *Palliative Care OOH*	*<u>Local Authority Commissioned Services:</u>* *Ad hoc immunisations for at risk Patients* *<u>GP service</u>* *Health visitor and Midwife support* *Smoking cessation*	*Maintenance of a stable mental health is vital and medication can play a huge role in achieving that.* *A coherent strategy for wellbeing which helps patients to remain mentally healthy is the goal. Included in this strategy access to mental health services should be addressed.* *There are very few services directed specifically at patients who have a mental health reason for not returning to work.* *Issues both from patients' own perceptions of mental health and a historical lack of mental health services have meant that many people have not been able to access the help they require.* *The shift calls for a radical reappraisal of current patterns of investment in mental health care if changing population needs are to be met effectively.*	*As pharmacies are regularly used by the majority of the public and they could be used as a way of identifying the target groups.* *Pharmacies already provide services to substance misusers, but commissioners could consider extending it to include extended mental health screening* *Pharmacies could carry out targeted MURs for people taking antidepressants to ensure they are using them correctly. This should enable patients to recover from their illness or maintain a standard of health which allows them a better chance of returning to employment.* *Train pharmacy contractors to promote recovery and self-care as an outcome for people with mental ill health issues. This will increase the access to advice and signposting for patients around the borough* *Health promotion campaigns designed to raise awareness of mental health issues and remove unhelpful preconceptions could be undertaken via pharmacy and other outlets.*

Priority 4 *Promoting independence of people living with long term conditions and their carers*	*-Reduced admissions of people with long term conditions* *-An increased number of adults and carers receiving self-directed support via a direct payment* *-An increased number of adults accessing a recognized self-care course* *-A reduction in proportion of long term sick*	*Challenges for Bury:* *-Significant mental health problem in Bury* *-Emotional disorders (including depression) affect around 3.7% of children in Bury* *-Over 21% of young people aged 17 and under in Bury would require some support from the Child and Adolescent Mental Health Services* *-Drug and alcohol related crimes remain high* *-2011/12 there was over 3400 incidents of domestic violence in Bury* *-In 2011/12 only 2.8% of adults in Bury who were in contact with secondary mental health services were in employment*	*<u>Essential services:</u>* *Health Promotion and advisory service* *Public Health promotion* *Signposting* *Dispensing Medicines or Appliances* *<u>Advanced services:</u>* *MUR* *NMS* *<u>Local Authority Commissioned services:</u>* *Smoking cessation (for parents)* *EHC* *Chlamydia testing* *Needle Exchange* *Supervised administration* *<u>CCG Commissioned Services:</u>* *Minor ailment scheme* *Palliative Care OOH*	*<u>Local Authority Commissioned Services:</u>* *Ad hoc immunisations for at risk Patients* *<u>GP service</u>* *Health visitor and Midwife support* *Smoking cessation*	*The challenge to bridge the gap in providing more care for more people in the primary care or community setting will be around using the varied skills of the different health providers to their maximum effect.* *To do this, matrix working between the whole health and social care sector will be crucial. HWB are ideally placed to co-ordinate the reviews and changes required with the current services to enable a more cohesive system for providers to use their skills to the best advantage for patient outcomes.*	*Pharmacies themselves, as well as national pharmacy bodies and local commissioners, need to do more to promote the pharmacy as centres of excellence for supporting long term conditions, self-care and potentially be trialled as locations for health checks.* *A pilot could be initiated using Pharmacies (or other suitable professionals) to triage patients into the appropriate form of health care or social services.* *It is crucial that health and social care services plan these changes together, as changes to one part of the system are likely to have significant effects on the rest of it.* *We therefore need to be able to invest resources appropriately as a whole health and social care system to ensure that services are being provided in an integrated way*

Priority 5 *Supporting older people to be safe, independent and well*	*-A reduction in injuries and hip fractures due to falls in the over 65s* *-A reduction in permanent admissions to residential and nursing care homes* *-An increase in the number of over 65s who remain at home following support by reablement services* *-An increase in people feeling safe and secure as a result of adult care services* *-A reduction in excess winter deaths* *-An increase in early diagnosis of dementia* *-An increase in the number of people dying in their own home where they wish to do so* *-An increase in the number of people dying with an end of life plan*	*Challenges for Bury:* *-Significant projected increase in the patient group aged over 65* *-Approximately 7000 over 75s are living alone in Bury and may be at increased risk of social isolation and loneliness* *-More than 2600 people aged 65 and over living in Bury are thought to have depression, including nearly 850 cases classed as severe* *-Around 700 people aged 65 and over in Bury had had a stroke or mini-stroke and have longstanding health condition caused by the stroke* *-It is predicted the number of falls in those aged 65 and over in Bury will increase by 50% between 2010 and 2030*	*<u>Essential services:</u>* *Health Promotion and advisory service* *Public Health promotion* *Signposting* *Dispensing Medicines or Appliances* *<u>Advanced services:</u>* *MUR* *NMS* *<u>Local Authority Commissioned services:</u>* *Smoking cessation (for parents)* *EHC* *Chlamydia testing* *Needle Exchange* *Supervised administration* *<u>CCG Commissioned Services:</u>* *Minor ailment scheme* *Palliative Care OOH*	*<u>Local Authority Commissioned Services:</u>* *Ad hoc immunisations for at risk Patients* *<u>GP service</u>* *Health visitor and Midwife support* *Smoking cessation*	*Many services, including those from pharmacies, are not directed to specific groups of people or are not targeted to an area of high need.* *Education around the reason for taking medicines and how they work can aid the patient's understanding of their condition and therefore improve the outcome.* *Multi skilled, multidisciplinary teams should be used to enable the best outcomes to be achieved for our older populations.* *To ensure patients are not imparting information about the same issue to various different health professionals a clear pathway and communication system needs to be set up to enable multidisciplinary teams to function effectively.*	*Most elderly patients who are unwell will use a pharmacy on a regular basis. Particularly if they have significant co-morbidities. Commissioners could consider using this accessible resource for screening, education, near patient testing, vaccine administration and any other innovative solutions the commissioners can identify to improve the health outcomes of the older population.* *Communication channels between health providers should be strengthened so that contractors are not working in isolation and health provision is more joined up. This will allow patient flow in and out of care settings e.g. clinics, hospitals or pharmacies to work more efficiently and save time for the patient and money for the NHS.* *Use pharmacists as part of a multidisciplinary team to help patients understand and manage their conditions more effectively e.g. via targeted MURs or other innovative mechanisms.* *This could include collaborative working with secondary and tertiary centres to reduce hospital admissions and support patients living independently.*

8.0 Summary and Recommendations

Bury HWB considers community pharmacies a key public health resource and recognises that they offer potential opportunities to commission health improvement initiatives and promote health and wellbeing and support in achieving the required outcomes identified in the Joint Health and Wellbeing Strategy (JHWS). They contribute to the health and wellbeing of the local population in a number of ways, including:
Community pharmacies are perfectly placed as they are:

- Easily accessible – 99% of the UK population can get to a pharmacy within 20 minutes by car and 96% by walking or using public transport[26] and can help the Bury HWB footprint provide care to the population closer to home.
- Often first point of contact and are open for extended hours - most people can visit a pharmacy at time that is convenient to them and provide choice and access.
- Ideal for people seeking a less formal environment and those hard to reach groups who are less likely to visit their GP with health problems which will reduce health inequalities.
- Resourced with highly trained and experienced healthcare professionals that are able to offer a wide range of services including healthy life style advice, advice on medicines and long term conditions, health screening, support for the prevention of diseases and treatment of minor ailments, and signposting to other services.

Following the PNA, we can conclude that Bury is well provided for by pharmaceutical service providers and has not identified a current need for new NHS pharmaceutical service providers in the area. There are 41 pharmacies across Bury, of which five have 100 hour contracts and three are distant selling pharmacies. There are 22 pharmaceutical service providers per 100,000 population in Bury, this is equal to the national average. It is also recommended that Bury residents have adequate access for the dispensing of appliances from DACs within Greater Manchester or nationally

In general, the review of the locations, opening hours, population density, access for patients and prescription numbers suggest there is adequate access to NHS Pharmaceutical Services in the Bury HWB footprint.

However, the Radcliffe North and Besses Wards did raise some concerns as there are no pharmacies and potentially could be identified as gaps in service provision. The public survey did not identify this finding and no negative comments were made about pharmacy access in those wards. There could be a number reason for this conclusion:

- Radcliffe North has a relatively low population and high number of households with cars and therefore less affected by accessibility to pharmacies to neighbouring ward.
- In both wards the neighbouring pharmacies fall within the one mile buffer zone and is accessible for patients by walking, public transport or own transportation.
- There are no GPs in the Radcliffe North and Besses Wards and existing healthcare services around the two wards are able to meet supply and demand.

Based on these findings it is considered that the population of Radcliffe North and Besses Wards are adequately served by other pharmacies within the ‘as the crow flies’ one mile buffer zone or by pharmacies offering home delivery service.

The pharmacy provision within the one mile buffer zone is sufficient and covers a significant area of Bury wards, neighbouring townships and cross border non-Bury healthcare providers. Areas that are not covered in the one mile buffer zone e.g. Holcombe Moor and other surrounding Moors are considered rural and largely uninhabited.

It is worth noting that the public survey identified 85% of respondents were travelling less than two miles to their pharmacy and over 92% would either walk or use a car for transport. Only 1% of the survey respondents are unable to get to a pharmacy of their choice due to mobility issues

The extended opening hours of some community pharmacies are valued and these extended hours should be maintained. Most wards in Bury are considered to have good coverage in terms of opening hours, however, Bury West Township and Ramsbottom, Tottington and North Manor Township were identified as being poorly served at weekends.

In the Bury West Township (Church and Elton Wards) there are a significant proportion of Bury's pharmacies in the neighbouring Bury East Township (East, Moorside and Redvales Wards). There are 12 pharmacies in the Bury East Township, of these, four have 100 hour contracts. The Bury East Township pharmacies offer extensive opening hours, weekend cover, within the one mile buffer zone of Bury West Church and Elton Wards and are accessible to the population via public transport, walking or their own transportation

Similar to Bury West, Ramsbottom, Tottington and North Manor Township have no pharmacies open on Sundays. However, such wards are considered predominately the least populated, least deprived within Bury and are likely to have access to transportation allowing patients to travel within the borough to another location quite readily at weekends.

The conclusion drawn in term of the opening hours for pharmacies around Bury is that all wards have a fair access to pharmacy services across all Bury Wards. In time, if gaps in opening times are identified, these should be addressed initially through dialogue with existing specific contractors.

Over the coming years the population in Bury is expected to both age and grow substantially in numbers. Housing and commercial developments are in progress and it will be a collective number of factors that may influence the potential need for any additional pharmaceutical service providers. To facilitate commissioning of pharmaceutical service providers responsive to the potential population changes the Health and Wellbeing Board and partners will monitor those changes and development, and produce supplementary statements to the PNA if deemed necessary, in accordance with regulations.

The current pharmacy services commissioned from Bury pharmacies, in addition to their NHS contract, supports Bury's HWB in achieving the required health priorities and outcomes outlined in their strategy. Overall 91% of the respondents in the public survey were either satisfied or very satisfied with the service they received from their pharmacy. However, there is also a need for ensuring that those additional services that are commissioned by Bury Council and CCG from Bury pharmacies are promoted to the local population so as to improve their uptake. The patient survey indicated that on average a 77% of respondents have not used services already on offer. There may be a number of reasons for this including, lack of awareness and/or the service in community pharmacy does not meet their needs.

It is important that commissioners continue to review the currently commissioned pharmaceutical services and assess service delivery and health outcomes achieved. Review should include whether all pharmacy contractors should be engaged in commissioned additional services or whether targeted delivery by a small number of contractors would be preferential. It is important that any review includes possible or actual service delivery by other providers where they also meet specific pharmaceutical needs.

At the time of writing the PNA some commissioning arrangements are awaiting clarification. However, following the current assessment of Bury pharmacies locally commissioned services, the following recommendations were noted:

4. Smoking cessation activities in community pharmacies in Bury have increased, but there are still many community pharmacies that do not provide a smoking cessation service. Bury Local Authority has commissioned smoking cessation services in just over half of the pharmacies (24 of the 41 contractors) and although existing contracted pharmacies are covering areas of high prevalence there are still other areas that maybe beneficial for further development. For example, although lower prevalence the Northern area of Bury e.g. Ramsbottom have no commissioned smoking cessation service. This can additionally complement other medical services provisions and educate patients in self-care, thereby reducing the impact on GP consultations.

5. Only 2 pharmacies in Bury have signed up to the Chlamydia Screening and Treatment programme so there is opportunity to expand this across Bury. Areas that may benefit include:

   - Offer chlamydia screening when Emergency Hormonal Contraception is provided, since those requiring such contraception may also be at risk of infection.
   - Areas with high population of 15- 24 year olds like Radcliffe West, Redvales, Ramsbottom and Besses may also benefit from additional pharmacies providing a service.

   The extent to which local services signpost to services or carry out testing when EHC is provided could be examined in an audit, to stimulate best practice in this area.

6. Opportunistic alcohol screening and provision of brief advice is another area where pharmacies could potentially contribute to improving the health of the local population. One of the themes of public campaigns 2014/15 planned for Bury pharmacists by NHS England includes. This could, for example, potentially be integrated into agreements around medication checks.

In the new NHS the Royal Pharmaceutical Society (RPS) recommends that pharmacists collaborate with each other and with other healthcare professions, to develop models of care which enable commissioners to deliver integrated patient pathways, and ensure patients have consistent access to support with medicines use as they move between care settings. This could be particularly relevant to those at risk groups identified in this PNA and JHWS.

9.0 Equality Impact Assessment

The HWB has a statutory duty to tackle and reduce health inequalities in health and wellbeing and consequently these have informed the JHWS priorities set out in Section 5. See Appendix 10 for HWB Equality Analysis.

10.0 Appendices

APPENDIX 1	-	Pharmacy Service Descriptions
APPENDIX 2	-	PNA 60 day Consultation plan
APPENDIX 3	-	60 day Consultation Analysis
APPENDIX 4	-	Pharmacies listed by locality and ward
APPENDIX 5	-	Pharmacy Survey 2013
APPENDIX 6	-	Locally Commissioned Services
APPENDIX 7	-	Public Survey 2013
APPENDIX 8	-	Pharmacy Contractor Opening Hours
APPENDIX 9	-	List of Acronyms
APPENDIX 10	-	Equality Analysis

i

1 The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. Accessed 19 May 2014. Available at: http://www.legislation.gov.uk/uksi/2013/349/contents/made .

2 The National Health Service. Health Act 2009, cch.21, Part 3. Pharmaceutical services in England, Section 25. Accessed 19 May 2014. Available at:http://www.legislation.gov.uk/ukpga/2009/21/section/25

3 Department of Health. 'Pharmaceutical needs assessments: Information Pack for local authority Health and Wellbeing Boards.' May 2013. Accessed 1.6.14. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/197634/Pharmaceutical_Needs_Assessment_Information_Pack.pdf

4 Royal Pharmaceutical Society. 'Now or Never: Shaping Pharmacy for the Future. 2013. Available at: http://www.rpharms.com/promoting-pharmacy-pdfs/moc-report-full.pdf

5 Primary Care Commissioning. 'Pharmaceutical needs assessment.' March 2013. Accessed 20 May 2014. Available at http://www.pcc-cic.org.uk/

6 Pharmaceutical Services Negotiating Committee(PSNC). Accessed 20 May 2014 Available at http://psnc.org.uk/contract-it/the-pharmacy-contract/

7 Primary Care Commissioning. Pharmacy Enhanced Services from 1 April 2013. Accessed 27 May 2014. Available at: http://www.pcc-cic.org.uk/article/pharmacy-enhanced-services-1-april-2013

8 Pharmaceutical Services Negotiating Committee. Accessed 6 June 2014. Available at: http://psnc.org.uk/services-commissioning/locally-commissioned-services/

9 NHS Employers PNA guidance. Accessed 7.6.204 http://www.nhsemployers.org/Aboutus/Publications/Documents/Pharmaceutical_Needs_Assessments%E2%80%93a_practical_guide.pdf

10 Office National Statistics (ONS). Accessed 10 June 2014.

11 Prescriptions dispensed in the community, Stats for England 2002 – 2012. Accessed 10 June 2014. Available at: http://www.hscic.gov.uk/catalogue/PUB11291

12 Bury Joint Health and Wellbeing Strategy: Living well in Bury: Making it happen together. 2013-18. Accessed 1 June 2014. Available at: http://www.bury.gov.uk/CHttpHandler.ashx?id=11597&p=0

13 Centre for Pharmacy Postgraduate Education and Health Education North West. Declaration of Competence for Community Pharmacy Services. Guidance for Commissioners. Accessed 1 July 2014 https://www.cppe.ac.uk/mycppe/ssl/myservicedocs/CommNara.pdf

14 NICE Guidance (Feb 2010) PH10: Smoking Cessation Services. Available at: http://guidance.nice.org.uk/PH10

15 Bury Joint Strategic Needs Assessment. November 2010. Accessed 1 June 2014. Available at: http://www.bury.gov.uk/CHttpHandler.ashx?id=9203&p=0

16 Source: NHS England Health Checks data. Accessed 15June 2014. Available at: http://www.england.nhs.uk/statistics/statistical-work-areas/integrated-performance-measures-monitoring/nhs-health-checks-data/

17 Marston C. (2005)Impact on contraceptive practice of making emergency hormonal contraceptive available over the counter in Great Britain: repeated cross sectional surveys. BMJ 331:271

18 British Liver Trust. Accessed 15 June 2014. Available at: http://79.170.44.126/britishlivertrust.org.uk/home-2/liver-information/liver-conditions/cirrhosis/

19 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. Accessed 10 June 2014. Available at http://www.sciencedirect.com/science/article/pii/S0140673613615305

20 NHS Bury Pharmaceutical Needs Assessment (PNA). February 2011. Available at http://www.buryccg.nhs.uk/Library/Downloads/plansandreports/NHS%20Bury%20PNA%20draft%20final%2024Jan.pdf

21 World Health Organization. (2003) 'Adherence to long-term therapies: evidence for action.' Available at: http://whqlibdoc.who.int/publications/2003/9241545992.pdf

22 Northern Health and Social Services Board. (2003) 'A guide to patient medication review.' Available at: http://www.nhssb.n-i.nhs.uk/prescribing/documents/Guide.pdf

23 Task Force on Medicines Partnership and The National Collaborative Medicines Management Services Programme. (2002) 'Room for review. A guide to medication review: the agenda for patients, practitioners and managers.' Available at: http://www.npc.nhs.uk/review_medicines/intro/resources/room_for_review.pdf

24 Kripalani et al 2007. Interventions to Enhance Medication Adherence in Chronic Medical Conditions: A Systematic Review. Arch Intern Med. 2007;167:540-550.

25 More information on Be Clear on Cancer homepage. Available at: http://www.cancerresearchuk.org/cancer-info/spotcancerearly/naedi/beclearoncancer/

26 National Patient Safety Agency (2009) 'Safety in Doses: Improving the use of medicines in the NHS.'Accessed 16 June 2014. Available at: http://www.nrls.npsa.nhs.uk/resources/?entryid45=61625)

27 Department of Health. The White Paper Pharmacy in England – Building on Strengths, Delivering the Future Accessed 16 June 2014. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/228858/7341.pdf

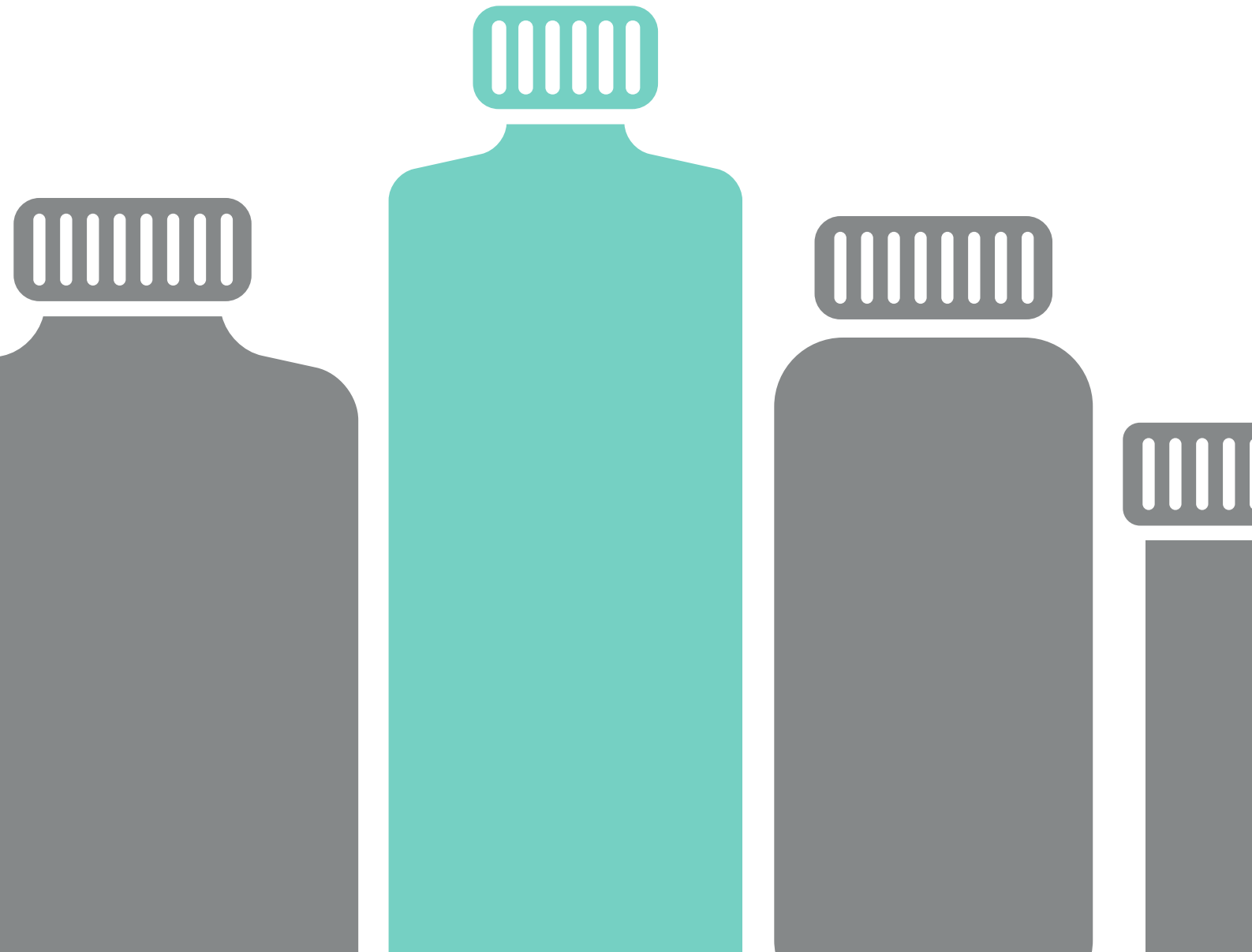
28 Electronic Prescribing and Cost (ePACT) data. Accessed 1 June 2014.

This page is intentionally left blank

Greater Manchester
Commissioning Support Unit

Medicines Management

Pharmaceutical Needs Assessment Briefing Document for Bury Health and Wellbeing Board July 2014



INTRODUCTION AND BACKGROUND

- The Health and Social Care Act 2012 transferred responsibility to develop and update Pharmaceutical Needs Assessments (PNA) from Primary Care Trusts to Health and Wellbeing Boards (HWB).
- HWB's first PNA must be published by 1 April 2015 if not already done so.

The PNA is a legal document which details pharmaceutical services which would be desirable and necessary in a locality based on the local health needs and population demographics.

The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for developing and updating PNAs and can be found at: http://www.dh.gov.uk/health/2013/02/pharmaceutical-services-regulations

PNAs will inform commissioning decisions by local authorities and by clinical commissioning groups (CCGs).

NHS England area teams will also use the PNA to inform whether a pharmacy application would be desirable for a particular location. NHS England can decide not to approve an application for a new pharmacy contract even if a need is identified within a PNA.

UPDATE

- April 2014 the PNA project started
- During May/June 2014 we surveyed the public and also pharmacy contractors for their opinion of pharmaceutical services in the Bury area.
    - There was limited response to the public survey (79) and the pharmacy contractors (6 out of 41). In future Bury Council may wish to look at how it can increase the number of responses.
- Data to inform the PNA was obtained from a wide range of sources.
- A gap analysis was undertaken to look at how pharmaceutical services might be improved in Bury.
- Greater Manchester Commissioning Support Unit (GMCSU) has produced a draft version of the PNA after the public and pharmacy contract surveys closed.
- Formal public consultation (minimum of 60 days) will run during September and October 2014.
- An analysis of responses to the formal consultation will be carried out in November 2014.

NEXT STEPS

The HWB are asked to agree and ratify this draft version of the PNA to ensure that the formal consultation can take place during September and October 2014.

Any requests for changes or amendments (which must be with GMCSU by 24th July 2014) will be made by GMCSU prior to release of the consultation draft to Bury Council for dissemination.

Bury council will need to place the consultation document on their website by 1st September 2014 for access by the mandatory stakeholders and the general public. Bury Council will also need to communicate out to mandatory stakeholders and the general public the availability of this consultation.

GMCSU will provide access to a web based survey for collation of consultation responses. Should individuals need assistance in completing the web based survey or a paper copy to complete Bury Council will facilitate this.

POST CONSULTATION

Once the formal consultation has closed GMCSU will review the responses and produce an analysis of these. Any changes or amendments identified in the consultation will be incorporated into the PNA ready for it to be brought to the HWB meeting in February/March 2015 for approval.

Once the PNA is approved Bury Council will be expected to make the PNA available on its website by 31st March 2015.

CONCLUSION

The Health and Wellbeing Board are asked to

1. Ratify the Bury Pharmaceutical Needs Assessment consultation draft (subject to any required changes) in order that it can be made available for the consultation 1st September 2014.

2. Ensure that Bury Council publishes the consultation draft onto the Council website by 1st September 2014..

Jimmy Cheung

Senior Medicines Optimisation Pharmacist

Greater Manchester Commissioning Support Unit

This page is intentionally left blank

Appendix 1

List of Service Descriptions

Essential Service	Service Description
Dispensing Medicines or Appliances	Pharmacies are required to maintain a record of all medicines dispensed, and also keep records of any interventions made which they judge to be significant.Whilst the terms of service requires a pharmacist to dispense any (non-blacklisted) medicine 'with reasonable promptness', for appliances the obligation to dispense arises only if the pharmacist supplies such products 'in the normal course of his business'.The Electronic Prescription Service (EPS) is also being implemented as part of the dispensing service. Prescription-linked interventions can be identified during the dispensing process. Pharmacists could identify patients with specified health needs which should be addressed. The health needs that the HWB wish to be targeted could be agreed with the GM AT and the Local Pharmaceutical Committee (LPC).
Repeat Dispensing	Pharmacies will dispense repeat prescriptions and store the documentation if required by the patient. They will ensure that each repeat supply is required and seek to ascertain that there is no reason why the patient should be referred back to their General Practitioner. This service is aimed at patients with long term conditions who have a stable medication routine and hence may have less opportunity to discuss any health issues with their GP or nurse. Pharmacists are required to check if a patient is using their medication. This gives them an opportunity to identify if a patient is not using his mediation as intended and hence may not be giving the desired health outcomes for which they were prescribed.
Disposal of unwanted medicines	Pharmacies are obliged to accept back unwanted medicines from patients. The pharmacy will, if required by NHS England or the waste contractor, sort them into solids (including ampoules and vials), liquids and aerosols, and the NHS England's Area Team will make arrangements for a waste contractor to collect the medicines from pharmacies at regular intervals. Additional segregation is also required under the Hazardous Waste Regulations. Pharmacy staff have the opportunity to identify patients who have not taken the medicines they were prescribed. This can initiate a discussion and problems such as side effects or dosage regimes can be addressed to help improve the patients' health outcomes. Also CCGs would be interested in knowing whether issued medicines are not being used correctly. A significant amount of wasted NHS resource is attributed to medications being used incorrectly or not at all.
Public Health (promotion of Healthy Lifestyles)	Each year pharmacies are required participate in up to six campaigns at the request of NHS England. This involves the display and distribution of leaflets provided by NHS England.

	In addition, pharmacies are required undertake prescription-linked interventions on major areas of public health concern, such as encouraging smoking cessation.
Signposting	NHS England will provide pharmacies with lists of sources of care and support in the area. Pharmacies will be expected to help people who ask for assistance by directing them to the most appropriate source of help.
Support for Self Care	Pharmacies will help manage minor ailments and common conditions, by the provision of advice and where appropriate, the sale of medicines, including dealing with referrals from NHS Direct/NHS 111. Records will be kept where the pharmacist considers it relevant to the care of the patient.

Advanced Service	Service Description
Medicines Use Review (MURs)	The Medicines Use Review (MUR) and Prescription Intervention Service consists of accredited pharmacists undertaking structured adherence-centred reviews with patients on multiple medicines, particularly those receiving medicines for long term conditions. National target groups have been agreed in order to guide the selection of patients to whom the service will be offered. The MUR process attempts to establish a picture of the patient's use of their medicines – both prescribed and non-prescribed. The review helps patients understand their therapy and it will identify any problems they are experiencing along with possible solutions. An MUR Feedback Form will be provided to the patient's GP where there is an issue for them to consider.
New Medicine Service (NMS)	The service provides support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence; it is initially focused on particular patient groups and conditions. The NMS was implemented as a time-limited service commissioned until March 2013; it would continue beyond this time if all parties agreed that the service had provided demonstrable value to the NHS. In March 2013 NHS England agreed to extend the service for a further six months and in September 2013 they agreed to extend the service until the end of December 2013. In December 2013 they decided to extend the service until the end of March 2014. This means that community pharmacies can continue to recruit new patients to the service up until 31st March 2014 and will receive payment for these patients even where the service is completed in April or May 2014. On the 1st April 2014 NHS England has agreed to continue the service until the end of 2014/15 or until further notice is given following service review.
Appliance Use Reviews (AUR)	Appliance Use Review (AUR) is the second Advanced service to be introduced into the NHS community pharmacy contract. AURs can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home. AURs should improve the patient's knowledge and use of any 'specified appliance' by: • Establishing the way the patient uses the appliance and the patient's experience of such use; • Identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient; • Advising the patient on the safe and appropriate storage of the appliance; and • Advising the patient on the safe and proper disposal of the appliances that are used or unwanted

Stoma Appliance Customisation Service (SAC)	Stoma Appliance Customisation (SAC) is the third Advanced service in the NHS community pharmacy contract. The service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste. The stoma appliances that can be customised are listed in Part IXC of the Drug Tariff.

LA – Locally Commissioned Service	Service Description
Emergency Hormonal Contraception	This service involves supply of Levonorgestrel Emergency Hormonal Contraception (EHC) when appropriate to clients in line with the requirements of the Patient Group Direction (PGD). Under 16s must be competent to consent to the treatment.
Smoking Cessation	The aim of this LES is to support the reduction of smoking prevalence. To enable smokers to access a choice of high quality support to stop smoking to best suit their needs. Provide high quality, accessible, convenient and comprehensive stop smoking services. Support the achievement of 4-week quit targets as a proxy indicator for reduction of smoking prevalence.

CCG/LA – Locally Commissioned Service	Service Description
Supervised Methadone/Buprenorphine	This service provides a pharmacist and suitably qualified staff to supervise the consumption of prescribed medicines at the point of dispensing in the pharmacy, ensuring that the dose has been administered to the patient. Pharmacies will offer a user-friendly, non-judgmental, client-centered and confidential service. The pharmacy will provide support and advice to the patient, including referral to primary care or specialist centre where appropriate.
Needle Exchange	Pharmacies will provide access to sterile needles and syringes, and sharps containers for return of used equipment. Associated materials, for example condoms, citric acid and swabs, to promote safe injecting practice and reduce transmission of infections by substance misusers, will also be provided. Pharmacies will offer a user-friendly, non-judgmental, client-centered and confidential service. Used equipment is normally returned by the service user for safe disposal. The service user will be provided with appropriate health promotion materials. The pharmacy will provide support and advice to the user, including referral to other health and social care professionals and specialist drug and alcohol treatment services where appropriate. The pharmacy will promote safe practice to the user, including advice on sexual health and STIs, HIV and Hepatitis C transmission and Hepatitis A and B immunisation.

CCG - Locally Commissioned Service	Service Description
Minor Ailment Scheme	This involves the provision of advice and support to people on the management of minor ailments, such as colds and flu, including where necessary, the supply of medicines for the treatment of the minor ailment, for those people who would have otherwise gone to their GP for a prescription or A & E Department.
Head Lice	This allows easy access for patients to treatments for head lice and is designed to reduce workload at GP practices for this easily managed condition. Patients are provided with advice on head lice avoidance, regular monitoring of hair (in particular primary school and nursery children) and proper use of treatment. At each consultation a head lice detector comb is provided and where necessary approved treatments are supplied to treat all infected individuals within the family.
Palliative Care	The service requires a pharmacist to stock and supply an agreed list of specialist medicines for use in palliative care and in addition to ensure there is prompt access and availability to these medicines at all times the pharmacy is open.

NHS

Greater Manchester Commissioning Support Unit

LA PNA Project 2014

Consultation Plan

Author: Rebecca Carnegie
Version: 0.1 Draft
Date: 05/03/2014

GMCSU | Enabling Excellence

Contents

1. Background and current context 3
2. Communications context and scope 3
3. Key outcomes 4
4. Key Audiences 4
5. Consultation engagement 5
6. Budget 9
7. Evaluation 9

1. Background and current context

The Pharmaceutical Needs Assessment (PNA) is a legal document which details services which would be desirable and necessary in a locality based on the local health needs and population demographics.

The Health and Social Care Act 2012 transferred the responsibility for developing and updating the PNAs to the LA Health and Wellbeing Boards (HWBs).

The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for developing and updating PNAs and can be found at: http://www.dh.gov.uk/health/2013/02/pharmaceutical-services-regulations/.

There is a legal requirement for the HWB boards to publish the PNA before 31 March 2015
PNAs will inform commissioning decisions by local authorities (public health services from community pharmacies) and by NHS England and clinical commissioning groups (CCGs).

2. Communications context and scope

This document details the scope of formal consultation and the proposed methods that will be used to engage different stakeholders and ensure patient and public involvement within this PNA.

There is a need for the local authority to understand;

- Local people and their representatives affected by the new service;
- Existing Pharmacy Services/Community based providers;
- Patients affected by possible new services in the area;
- Patient Services and Formal Complaints; and
- Other key stakeholders

Details of these issues can be gathered by public and pharmacy service provider surveys. The information from these can then be used to inform the final PNA document.

Prior to publication of the final document a draft version should be available for interested stakeholders to be able to comment on its content. This is called the formal consultation.

The formal consultation programme will commence on **1st September 2014** and will run for a period of 61 days. Therefore, the consultation will formally close on **31st October 2014.**

3. Key outcomes

- To encourage constructive feedback from a variety of stakeholders between 1st September 2014 and 31st October 2014.
- To ensure a wide range of primary care health professionals provide opinions and views on what is contained within the PNA

4. Key Audiences

The regulations state that:

When making an assessment for the purposes of publishing a pharmaceutical needs assessment, each HWB must consult the following about the contents of the assessment it is making—

(a)any Local Pharmaceutical Committee for its area (including any Local Pharmaceutical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs); .
(b)any Local Medical Committee for its area (including any Local Medical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs); .
(c)any persons on the pharmaceutical lists and any dispensing doctors list for its area; .
(d)any LPS chemist in its area with whom the NHSCB has made arrangements for the provision of any local pharmaceutical services; .
(e)any Local Healthwatch organisation for its area, and any other patient, consumer or community group in its area which in the opinion of HWB1 has an interest in the provision of pharmaceutical services in its area; and .
(f)any NHS trust or NHS foundation trust in its area; .
(g)the NHSCB; and .
(h)any neighbouring HWB.

The consultation must be for a minimum of 60 days.

The following groups of people could be formally consulted on the draft PNA asked to comment on the assessment and the assumptions that it makes. A local decision needs to be made whether these groups are going to be contacted.

- General public

- Patient Participation Groups in primary care
- Community Pharmacy Contractor Superintendent Offices
- Local Authority area CCGs
- Local Authorities employees
- Neighbouring CCGs
- Local Voluntary Groups
- Overview and Scrutiny Committee
- Social services

5. Consultation engagement

Although the timescale for the consultation to begin (**1st September 2014**) and end (**31st October 2014**) is a standard date, the period of consultation between can be locally agreed based on work load. However you do need to ensure that everyone who participates in the consultation has enough time to complete the response forms by 31st October 2014.

Any paper copies of the response forms can be sent back to GMCSU who will electronically input the responses into the survey – they need to be returned to GMCSU by Monday 3rd November 2014 to be included in the analysis.

The advert on homepage of council's website and the link on other relevant pages need to be done on 29th August 2014 to ensure the consultation begins on time. Everything that follows this should be done within the first month to allow time for responses and targeted work where returns have been low.

All the stakeholders listed below who are preceded by a C are in the compulsory list of people who must be consulted on the draft PNA.

You may feel that you do not need to undertake engagement with all the other stakeholders listed below, or that you will do more, which is a decision for your local teams to decide on.

When each section has/has not been attempted we need the two last columns completing to say how many people you engaged with for each element before this is sent back at the end of the consultation period.

	Stakeholder	Channel	Detail	Cost	Responsibility	Complete	Reach
	General population	Advert on homepage of council's website	Large advert on the carousel with a link to the consultation document and survey monkey for responses.	No cost	Comms team at LA	*e.g. yes or no*	*e.g. 2,100 people*
	General population	Links to survey on relevant webpages on council's website	Identify relevant webpages and add a couple of sentences about the consultation document/survey along with a link	No cost	Comms team at LA		
C	H&WB Board	Health and Wellbeing Board secretary	Send out an electronic link to the electronic copy of the consultation document with a link to the online response form.	No cost	LA		
C	Neighbouring H&WB boards	Health and Wellbeing Board	Send out an electronic link to the electronic copy of the consultation document with a link to the online response form.	No cost	LA		
C	NHS Commissioning Board	Email consultation document to GM local area team	Send out an electronic link to the electronic copy of the consultation document with a link to the online response form.	No cost	LA		
	General population	Face to face surveys at local events – could be where the LA is already in attendance	Attendance at local events in targeted communities and complete paper surveys face to face with members of the public.	No cost	Comms team at LA		
	General population	Advert in local newspapers	Quarter page, black and white advert in local newspaper to direct people to the online survey would be advised	Various cost	Comms team at LA		

	General population	Press release	Short news piece with link to the survey.	No cost	council's press office		
	General population	Electronic Flyers	Produce and distribute A5 flyers to pharmacies to promote the survey and give the online address.	No cost	GMCSU & LPC to email		
	Local HOSC	Email consultation document	Send out an electronic link to the consultation document with a link to the online response form.	No cost	Comms team at LA		
	Local PH Committees	Email consultation document	Send out an electronic link to the electronic copy of the consultation document with a link to the online response form.	No cost	Comms team at LA		
C	Pharmacy contractors (including appliance and distance selling pharmacies)	Email consultation document to pharmacy superintendent	Send out an electronic link to the electronic copy of the consultation document with a link to the online response form.	No cost	GMCSU / LPC		
C	LPS pharmacy contractors	Email consultation document	Send out an electronic link to the electronic copy of the consultation document with a link to the online response form.	No cost	GMCSU / LPC		
C	Local Pharmaceutical Committee	Email consultation document to LPC secretary	Send out an electronic link to the electronic copy of the consultation document with a link to the online response form.	No cost	GMCSU / LPC		
C	Local Medical Committee	Email consultation document to LMC secretary	Send out an electronic link to the electronic copy of the consultation document with a link to the online response form.	No cost	Comms team at LA		
	Local Authority	Council internal communications	Desktop wallpaper and Intranet homepage story to encourage	No cost	Comms team at LA		

	Staff	campaign	staff to complete the online survey.				
	General population	Council social media Twitter Facebook	Post regular tweets with a link to the survey and submit content for Facebook	No cost	Comms team at LA		
C	Healthwatch	Email Healthwatch	Contact Health Watch to ask for support to encourage Link users to complete the survey	No cost	Comms team at LA		
C	NHS Acute Trusts	Send link to head of pharmacy	Send out an electronic link to the electronic copy of the consultation document with a link to the online response form.	No cost	Comms team at LA		
C	NHS Mental Health Trusts	Send link to head of pharmacy	Send out an electronic link to the electronic copy of the consultation document with a link to the online response form.	No cost	Comms team at LA		
	Local Commissioners	Patient groups at the local CCG	M&C to contact to ask for support for PPI group to complete the survey	No cost	Comms team at CCG/LA		
	MPs and Local councilor's	Email MP and Councilor's	Email sent to all MPs and councillors to make them aware of the survey and give more information about it.	No cost	Comms team at LA		
	Local Voluntary, Health and community Faith Groups	Email to other relevant groups and organisations to give information about the survey and ask for participation	Below is an example of some groups this could be sent to: • *Prison Pharmacy's* • *Care UK* • *Asylum seekers* • *Schools* • *Colleges* • *Older People's Forum* • *Adult Safeguarding Board* • *Men's Action Group*	No cost	Comms team at LA		

			• *Women's Centre* • *BME Forum* • *Interfaith Network* • *Community Committees* • *Carers Centre* • *MIND* • *Breathe Easy*				

6. Budget

It is advised that a budget is agreed with Public Health at a local level to be used to promote the consultation and to cover costs for printing out response forms, consultation documents and postage of forms back to GMCSU if needed.

7. Evaluation

A consultation report and an evaluation report will be provided by GMCSU. The Consultation report will analyse the feedback received and will also be used to update the final PNA. The evaluation report will be used to analyse the level of participants and the number of people engaged with.

This page is intentionally left blank

Appendix 4 – Cross Boundary Pharmacies (Figure 29)

Yellow – Opens later on weekdays and open Saturdays and Sundays
Blue – Pharmacy opens weekdays and on Saturdays
Orange – Open standard core hours Monday – Friday (over 40 hours per week)
Green – Internet pharmacies
Purple – Appliance suppliers

Local Authority	Pharmacy Trading Name	Address	Postcode	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Bolton	A1 Pharmacy	491 Radcliffe Road, Darcy Lever	BL3 1SX	8.30am - 1pm 2pm - 5.30pm	8.30am - 1pm 2pm - 5.30pm	8.30am - 1pm 2pm - 5.30pm	8.30am - 1pm 2pm - 5.30pm	8.30am - 1pm 2pm - 5.30pm	9.00am - 12.30pm	Closed
Bolton	Cohens Chemist	31 Kentmere Road, Breightmet	BL2 5JG	9am - 1pm 2pm - 5.30pm	9am - 1pm 2pm - 5.30pm	9am - 1pm 2pm - 5.30pm	9am - 1pm 2pm - 5.30pm	9am - 1pm 2pm - 5.30pm	9am - 12.00pm	Closed
Bolton	Cohens Chemist	Breightmet Health Centre, Breightmet Fold Lane	BL2 6NT	8am - 11pm	8am - 11pm	8am - 11pm	8am - 11pm	8am - 11pm	9am - 10pm	10am - 10pm
Bolton	Cohens Chemist	1 Market Street, Little Lever	BL3 1HH	9am - 6.30pm	9am - 6.30pm	9am - 6.30pm	9am - 6.30pm	9am - 6.30pm	9am - 1pm	Closed
Bolton	Gordon Leonard	193-195 Bolton Road, Kearsley	BL4 9BX	8am - 6pm	8am - 6pm	8am - 5pm	8am - 6pm	8am - 6pm	Closed	Closed
Bolton	Market Pharmacy	34 Brackley Street, Farnworth	BL4 9DR	9am - 5.30pm	9am - 5.30pm	9am - 5.00pm	9am - 5.30pm	9am - 5.30pm	9am - 5.00pm	Closed
Bolton	Maxwell's Chemist	830 Bury Road	BL2 6PA	9am - 1.15pm 2.15pm - 6pm	9am - 1.15pm 2.15pm - 6pm	9am - 2pm	9am - 1.15pm 2.15pm - 6pm	9am - 1.15pm 2.15pm - 6pm	9am - 1pm	Closed
Bolton	Springview Pharmacy	Springview Health Centre, Mytham Road	BL3 1HQ	8.45am - 1pm 2pm - 6.30pm	8.45am - 1pm 2pm - 6.30pm	8.45am - 1.30pm	8.45am - 1pm 2pm - 6.30pm	8.45am - 1pm 2pm - 6.30pm	Closed	Closed
Bolton	The Co-Operative Pharmacy	118 High Street, Little Lever	BL3 1LR	9am - 7pm	9am - 7pm	9am - 5pm	9am - 7pm	9am - 7pm	9am - 1pm	Closed
Bolton	The Co-Operative Pharmacy	Farnworth Health Centre, Frederick Street	BL4 9AL	8.30am - 6pm	8.30am - 6pm	8.30am - 5.30pm	8.30am - 6pm	8.30am - 6pm	Closed	Closed
Lancashire	Village Pharmacy	365 Bolton Road, Edgworth	BL7 0AZ	9am-1pm 2pm-6pm	9am-1pm 2pm-6pm	9am-1pm 2pm-6pm	9am-1pm 2pm-6pm	9am-1pm 2pm-6pm	Closed	Closed

Manchester	Boots The Chemist	3 Delaunays Road, Higher Crumpsall	M8 4QS	9am-6pm	9am-6pm	9am-6pm	9am-6pm	9am-6pm	9am-1pm	Closed
Manchester	Boots The Chemist	103 Crumpsall Lane, Crumpsall	M8 5SR	9am-6pm	9am-6pm	9am-6pm	9am-6pm	9am-5.30pm	Closed	Closed
Manchester	Cheetham Hill Internet Pharmacy	460b Cheetham Hill Road, Cheetham Hill	M8 9JW	9am - 1pm 2pm - 6pm	9am - 1pm 2pm - 6pm	9am - 1pm 2pm - 6pm	9am - 1pm 2pm - 6pm	9am - 1pm 2pm - 6pm	Closed	Closed
Manchester	Lloyds Pharmacy	Wellfield Medical Centre, 53-55 Crescent Road, Crumpsall	M8 9JT	8.30-6.30pm	8.30-6.30pm	8.30-6.30pm	8.30-6.30pm	8.30-6.30pm	Closed	Closed
Manchester	Sainsbury's Pharmacy	170 Heaton Park Road West, Higher Blackley	M9 0QS	7am - 11pm	7am - 11pm	7am - 11pm	7am - 11pm	8am-10pm	7am - 10pm	10am - 4pm
Manchester	Tesco Pharmacy	Cheetham Hill Road, Cheetham	M8 5DP	8am-10.30pm	6.30am-10.30pm	6.30am-10.30pm	6.30am-10.30pm	6.30am-10.30pm	6.30am-10pm	10am-4pm
Manchester	The Co-Operative Pharmacy	183-187 Victoria Avenue, Blackley	M9 0RB	9am-6.30pm	9am-6.30pm	9am-5.30pm	9am-6.30pm	9am-6.30pm	Closed	Closed
Manchester	Wise Pharmacy	376 Cheetham Hill Road, Cheetham Hill	M8 9LS	9am-9pm	9am-9pm	9am-9pm	9am-9pm	9am-9pm	9am-9pm	Closed
Rochdale	Bowness Pharmacy	26 Bowness Road, Langley	M24 4WT	8.45am-6pm	8.45am-6pm	8.45am-6pm	8.45am-6pm	8.45am-6pm	8.45am-1pm	Closed
Rochdale	Internet Pharmacy	120 Bury New Road, Heywood	OL104RG	9am-6pm	9am-6pm	9am-6pm	9am-6pm	9am-6pm	Closed	Closed
Rochdale	Lloyds Pharmacy	7 Argyle Parade, Darnhill	OL103RY	8.30am-6pm	8.30am-6pm	8.30am-6pm	8.30am-6pm	8.30am-6pm	Closed	Closed
Rochdale	Rowlands Pharmacy	3a Lakeland Court, Wood Street	M24 3QJ	9am - 1pm 2pm - 6.15pm	9am - 1pm 2pm - 6.15pm	9am - 1pm 2pm - 6.15pm	9am - 1pm 2pm - 6.15pm	9am - 1pm 2pm - 6.15pm	9am-1pm	Closed
Salford	Boots The Chemist	1-2 St Margaret's Building, Bury Old Road	M7 4PF	9am-5.30pm	9am-5.30pm	9am-5.30pm	9am-5.30pm	9am-5.30pm	9am -5pm	Closed
Salford	Rosenhead Pharmacy	49 Leicester Road	M7 4AS	9am-6.30pm	9am-6.30pm	9am-6.30pm	9am-6.30pm	9am-6pm	Closed	9.30am-1pm
Salford	Rowlands Pharmacy	92 Littleton Road	M7 3SE	9am -1pm 2pm - 6.15pm	9am -1pm 2pm - 6.15pm	9am -1pm 2pm - 6.15pm	9am -1pm 2pm - 6.15pm	9am -1pm 2pm - 6.15pm	Closed	Closed
Salford	SMS Pharmacy	86 Devonshire Street	M7 4AE	7am - 10pm	7am - 10pm	7am - 10pm	7am - 10pm	7am - 10pm	7am - 8pm	7am - 7pm
Salford	Tims & Parker	The Health Centre, 659 Bolton Road, Pendlebury	M27 8HP	8.30am - 6pm	8.30am - 6pm	8.30am - 6pm	8.30am - 6pm	8.30am - 6pm	Closed	Closed
Salford	Tims & Parker	716 Bolton Road, Pendlebury	M27 6EW	9am - 6.30pm	9am - 6.30pm	9am - 6.30pm	9am - 6.30pm	9am - 6.30pm	9am - 1pm	Closed

Greater Manchester
Commissioning Support Unit

Appendix 5

Bury Pharmacy Survey

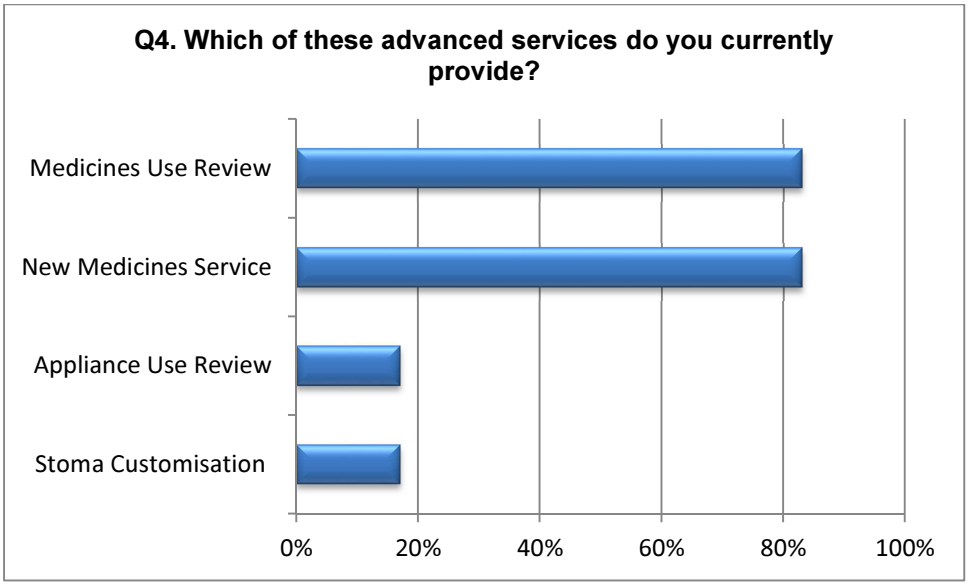
Greater Manchester Commissioning Support Unit

A survey was created and ran from the 7th April 2014 until the 25th May 2014 to gather information from pharmacies with regards to the services they provide to the public.

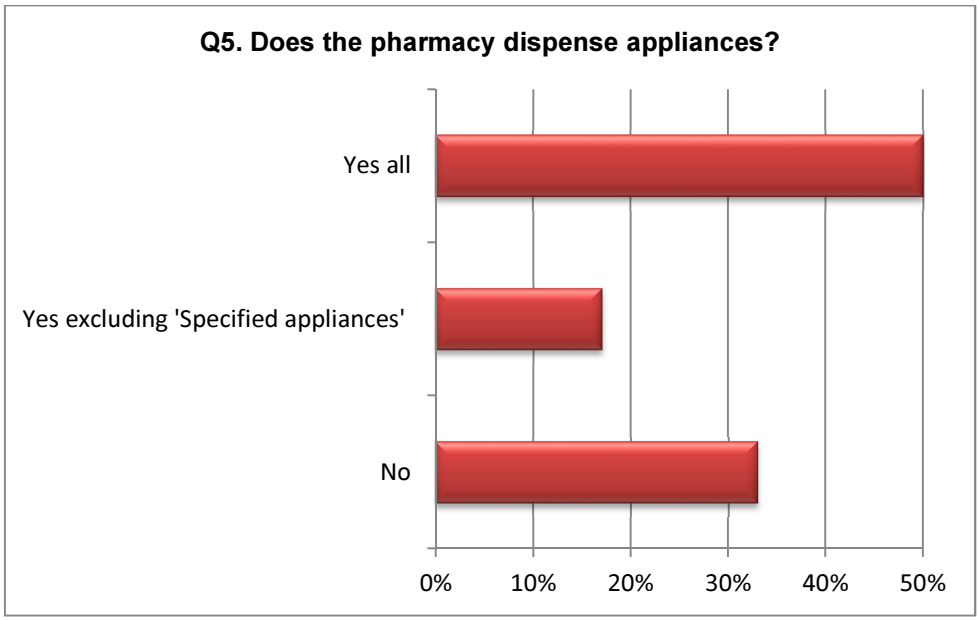
The survey received responses from 6 out of 39 community pharmacies in Bury.

Where analysis does not meet 6 responses, this is due to pharmacies omitting to answer certain questions.

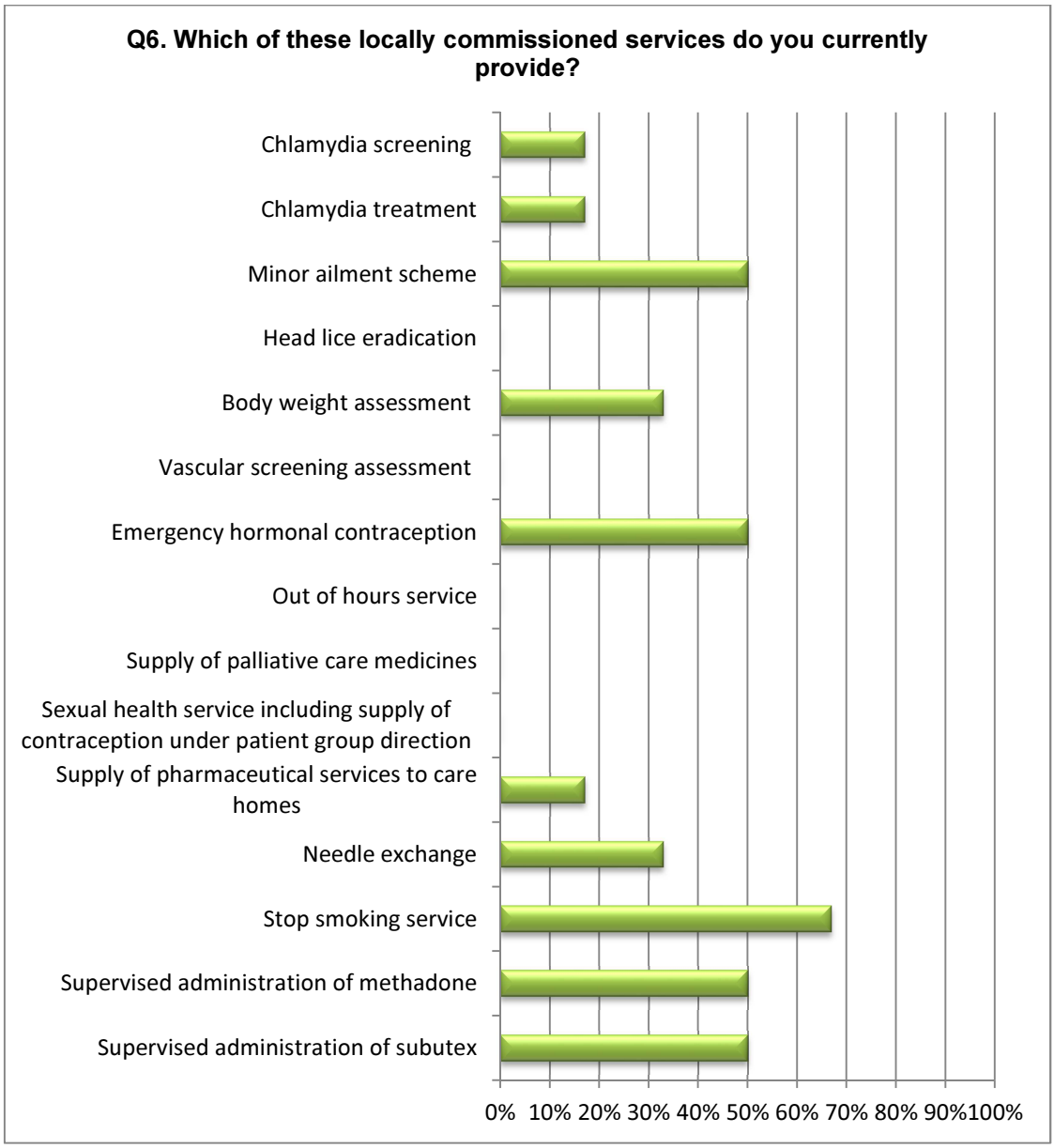
The response to questions 1, 2 and 3 with regards to the pharmacy's contact details and opening hours have been incorporated in **appendix 8.**



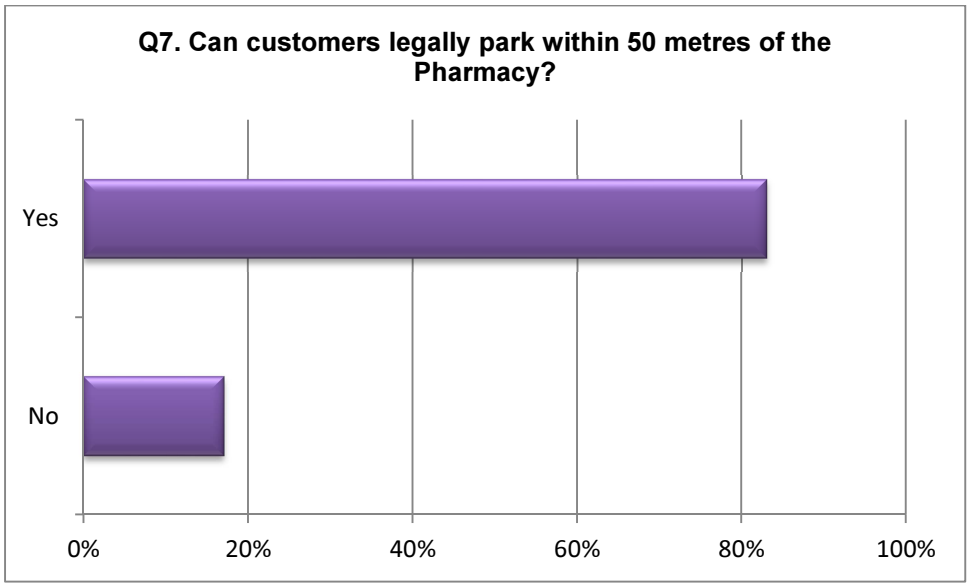
Which of these advanced services do you currently provide?		
Stoma Customisation	17%	1
Appliance Use Review	17%	1
New Medicines Service	83%	5
Medicines Use Review	83%	5



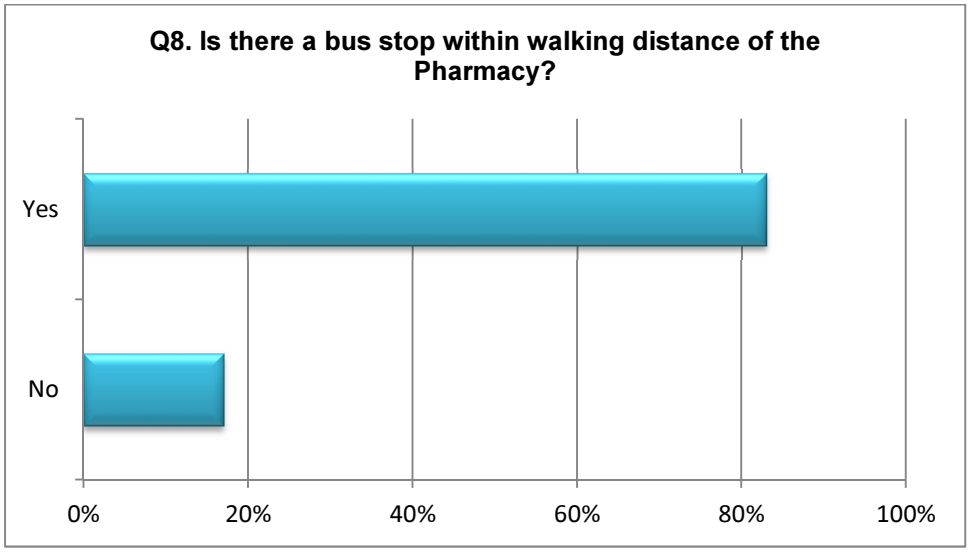
Does the pharmacy dispense appliances?		
No	33%	2
Yes excluding 'Specified appliances'	17%	1
Yes all	50%	3



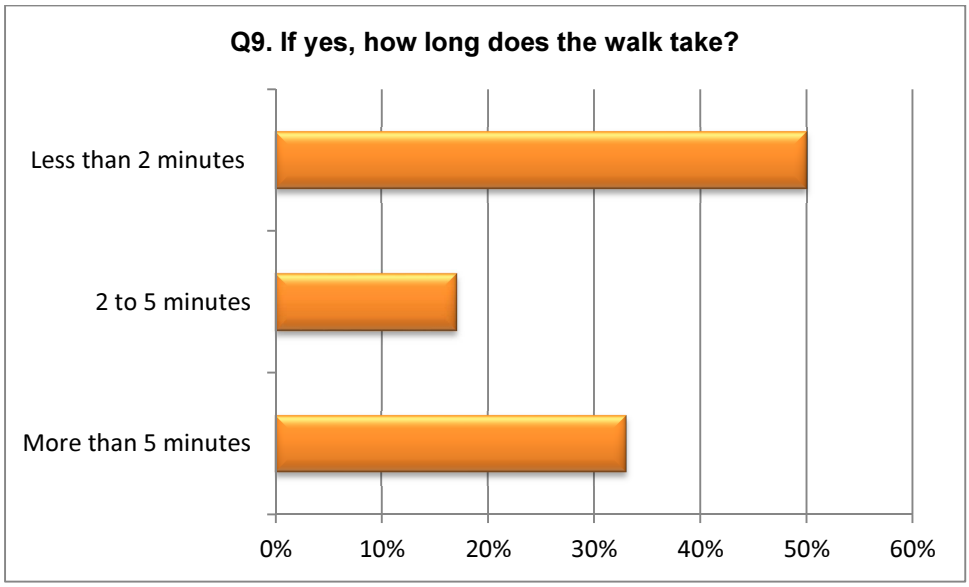
Which of these locally commissioned services do you currently provide?		
Supervised administration of subutex	50%	3
Supervised administration of methadone	50%	3
Stop smoking service	67%	4
Needle exchange	33%	2
Supply of pharmaceutical services to care homes	17%	1
Sexual health service including supply of contraception under patient group direction	0%	0
Supply of palliative care medicines	0%	0
Out of hours service	0%	0
Emergency hormonal contraception	50%	3
Vascular screening assessment	0%	0
Body weight assessment	33%	2
Head lice eradication	0%	0
Minor ailment scheme	50%	3
Chlamydia treatment	17%	1
Chlamydia screening	17%	1



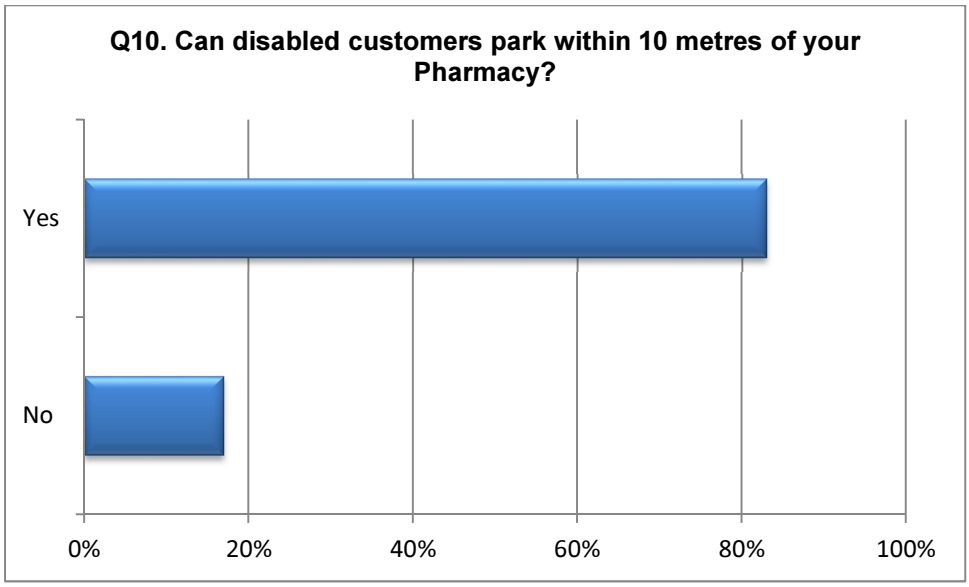
Can customers legally park within 50 metres of the Pharmacy?		
No	17%	1
Yes	83%	5



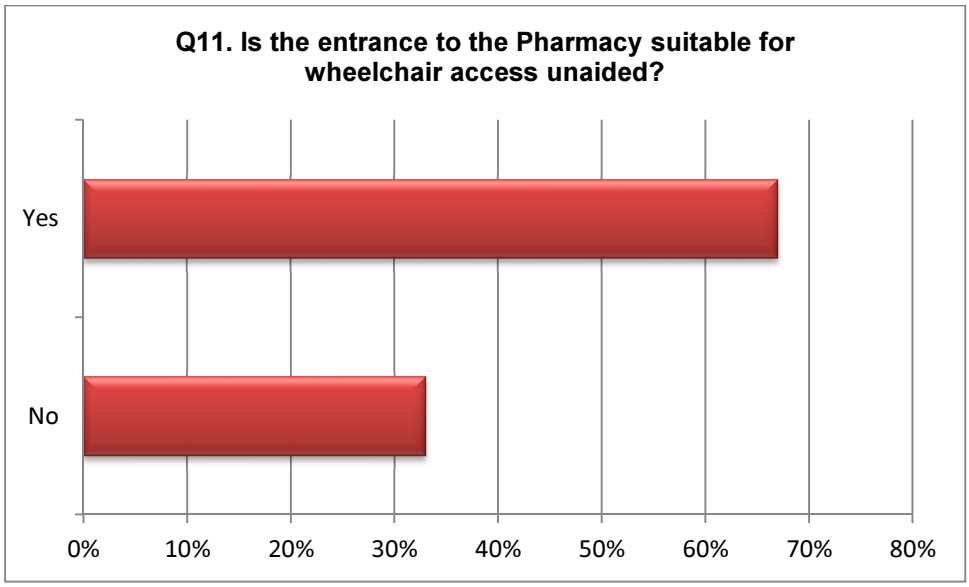
Is there a bus stop within walking distance of the Pharmacy?		
No	17%	1
Yes	83%	5



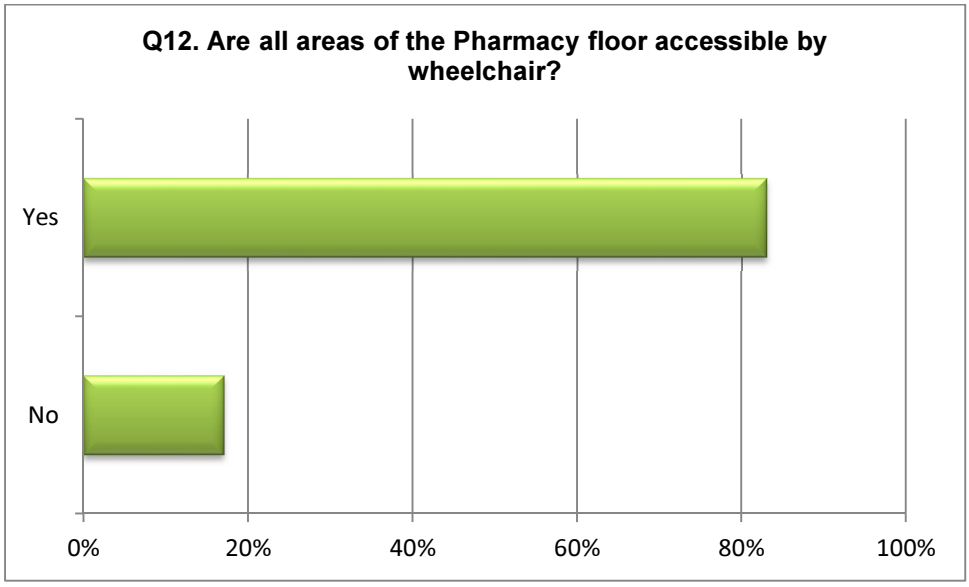
If yes, how long does the walk take?		
More than 5 minutes	33%	2
2 to 5 minutes	17%	1
Less than 2 minutes	50%	3



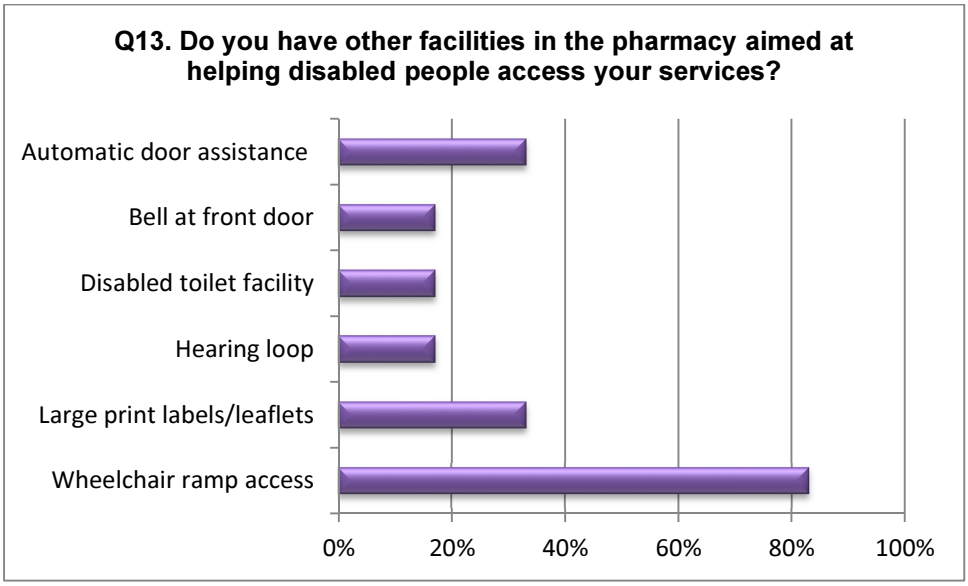
Can disabled customers park within 10 metres of your Pharmacy?		
No	17%	1
Yes	83%	5



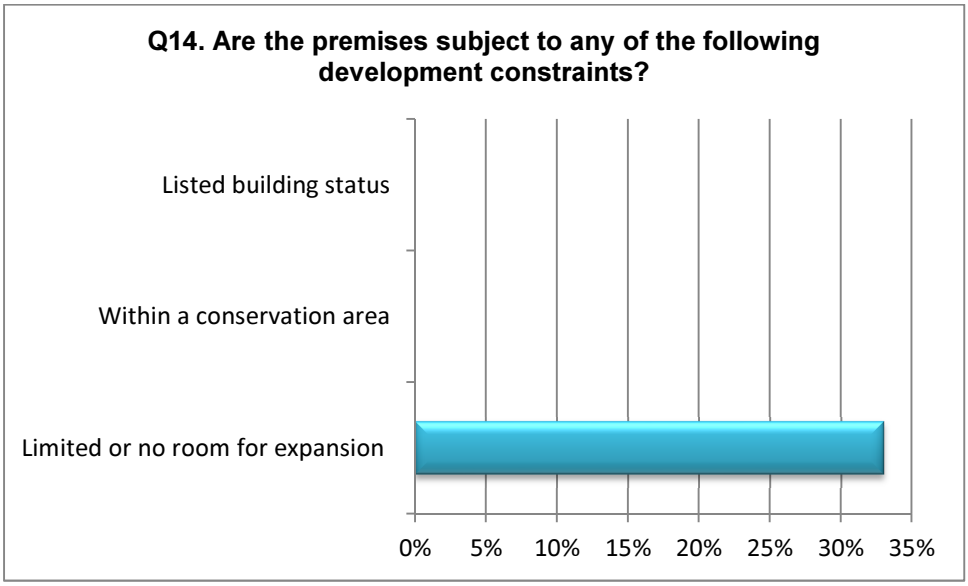
Is the entrance to the Pharmacy suitable for wheelchair access unaided?		
No	33%	2
Yes	67%	4



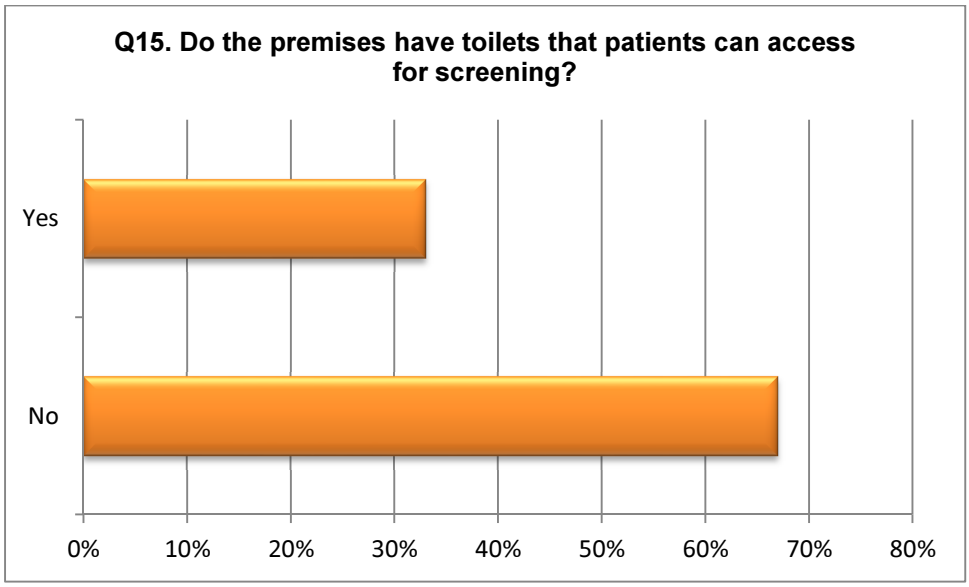
Are all areas of the Pharmacy floor accessible by wheelchair?		
No	17%	1
Yes	83%	5



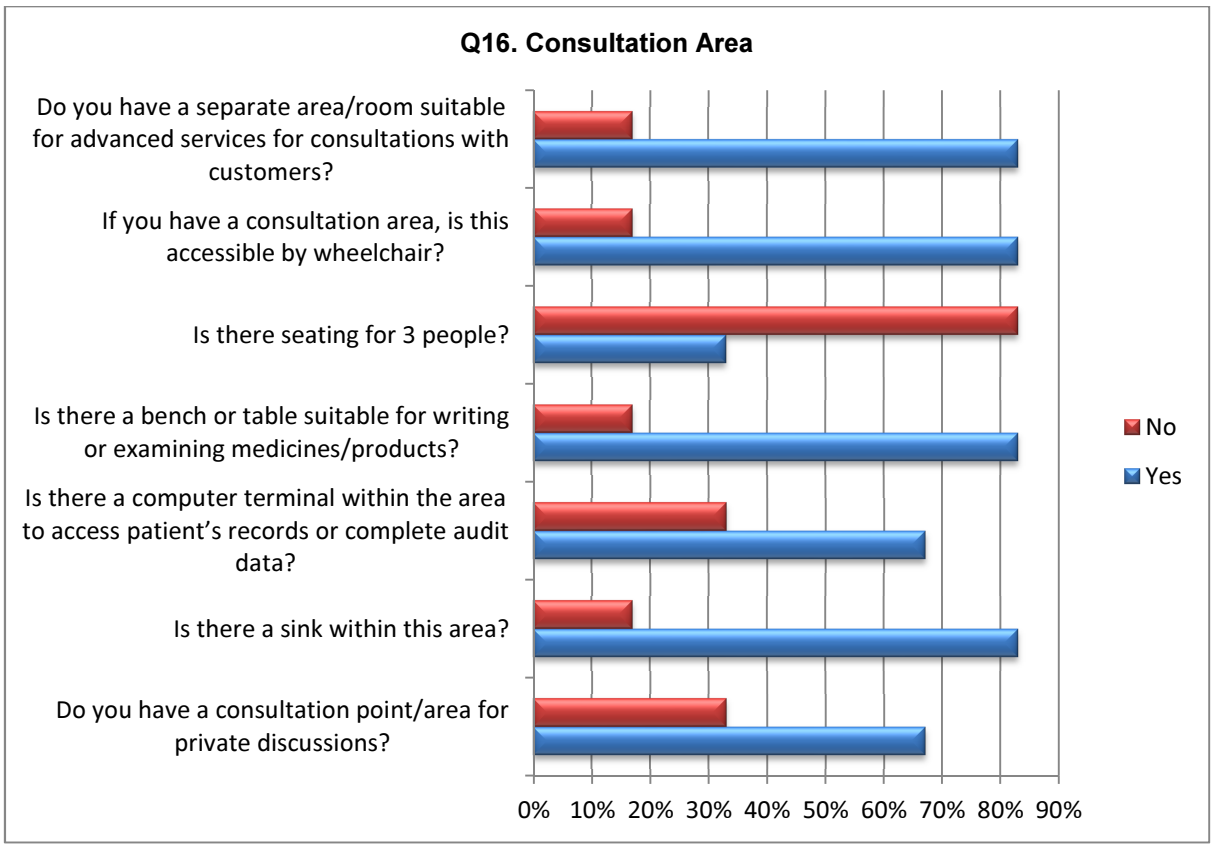
Do you have other facilities in the pharmacy aimed at helping disabled people access your services?		
Wheelchair ramp access	83%	5
Large print labels/leaflets	33%	2
Hearing loop	17%	1
Disabled toilet facility	17%	1
Bell at front door	17%	1
Automatic door assistance	33%	2



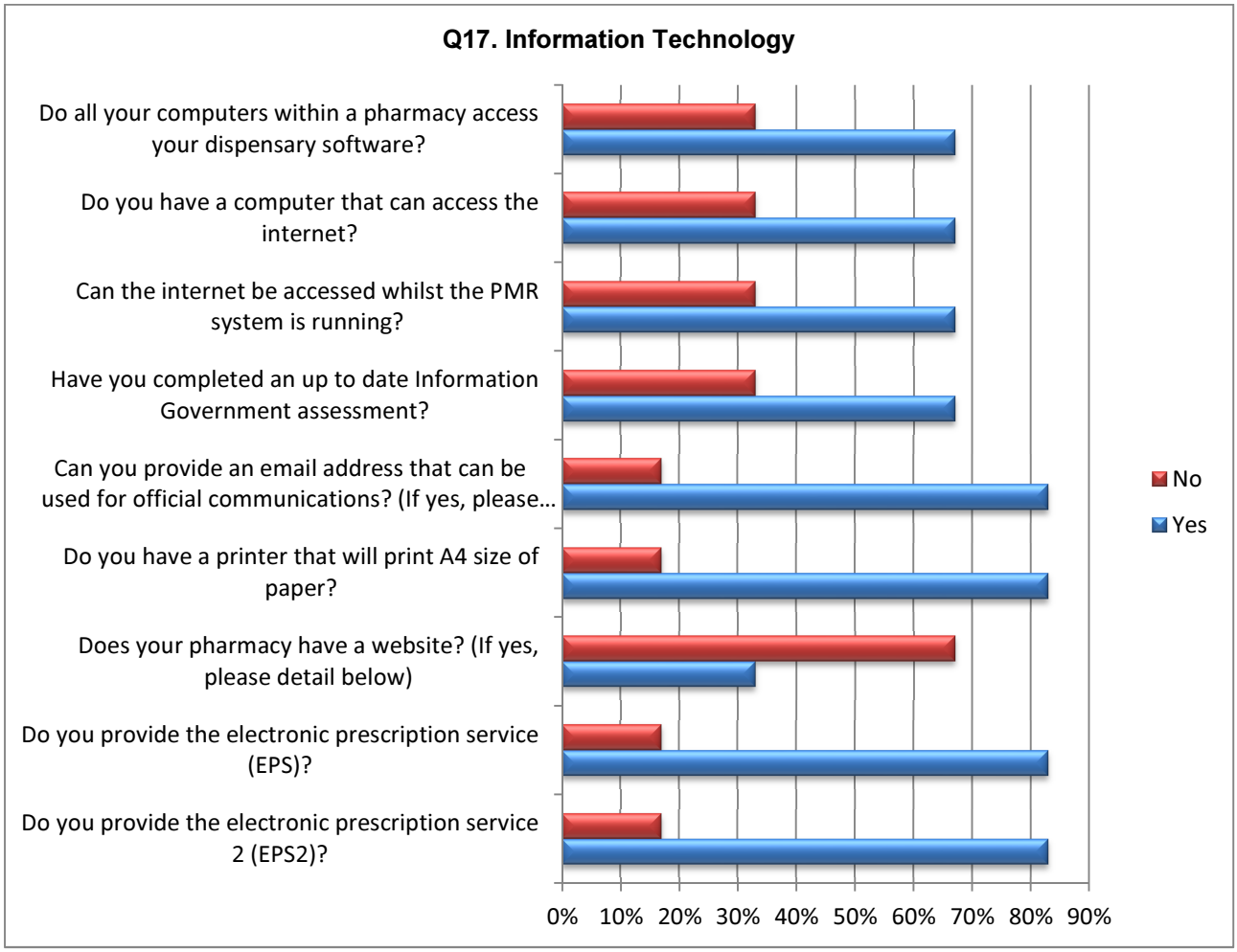
Are the premises subject to any of the following development constraints?		
Limited or no room for expansion	33%	2
Within a conservation area	0%	0
Listed building status	0%	0



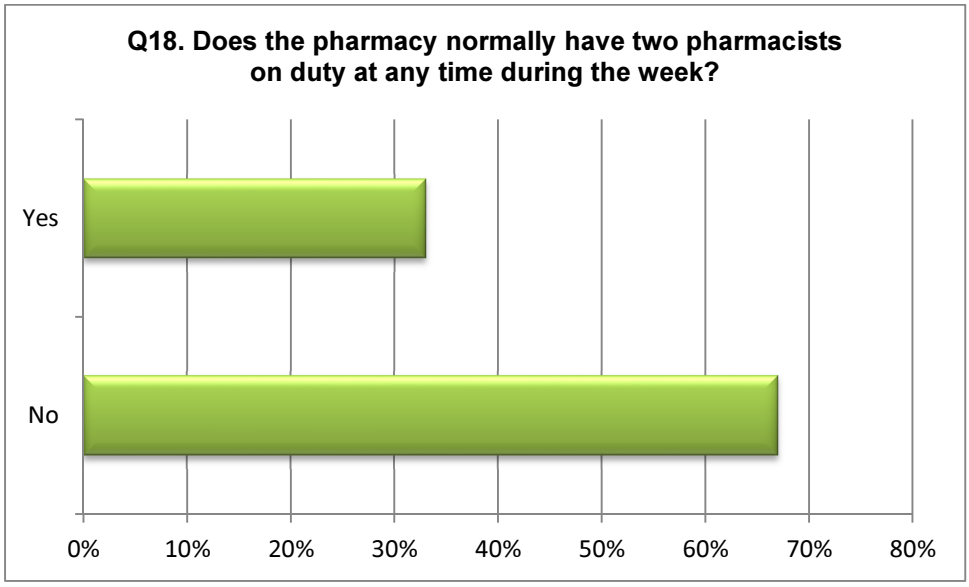
Do the premises have toilets that patients can access for screening?		
No	67%	4
Yes	33%	2



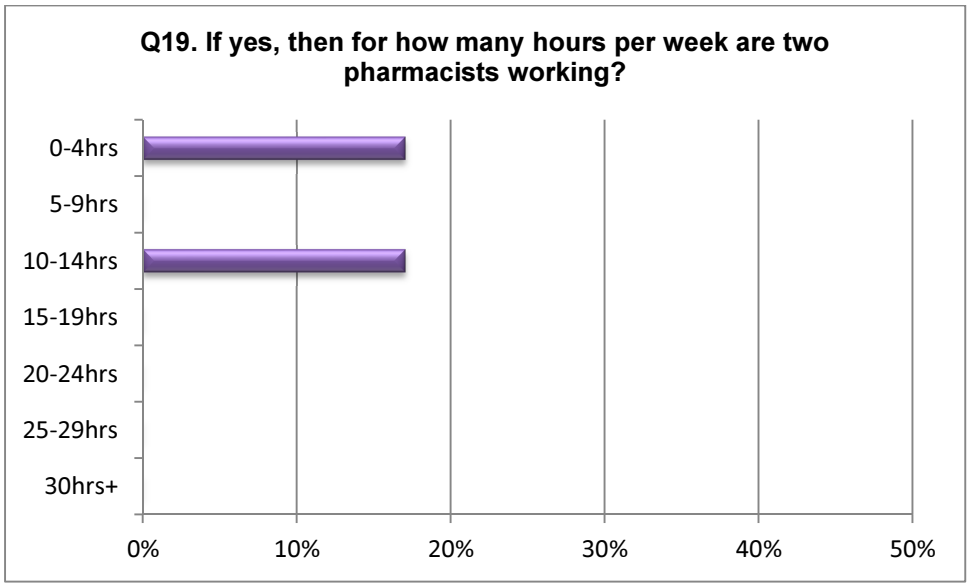
Consultation Area		
	Yes	No
Do you have a consultation point/area for private discussions?	67%	33%
Is there a sink within this area?	83%	17%
Is there a computer terminal within the area to access patient's records or complete audit data?	67%	33%
Is there a bench or table suitable for writing or examining medicines/products?	83%	17%
Is there seating for 3 people?	33%	83%
If you have a consultation area, is this accessible by wheelchair?	83%	17%
Do you have a separate area/room suitable for advanced services for consultations with customers?	83%	17%



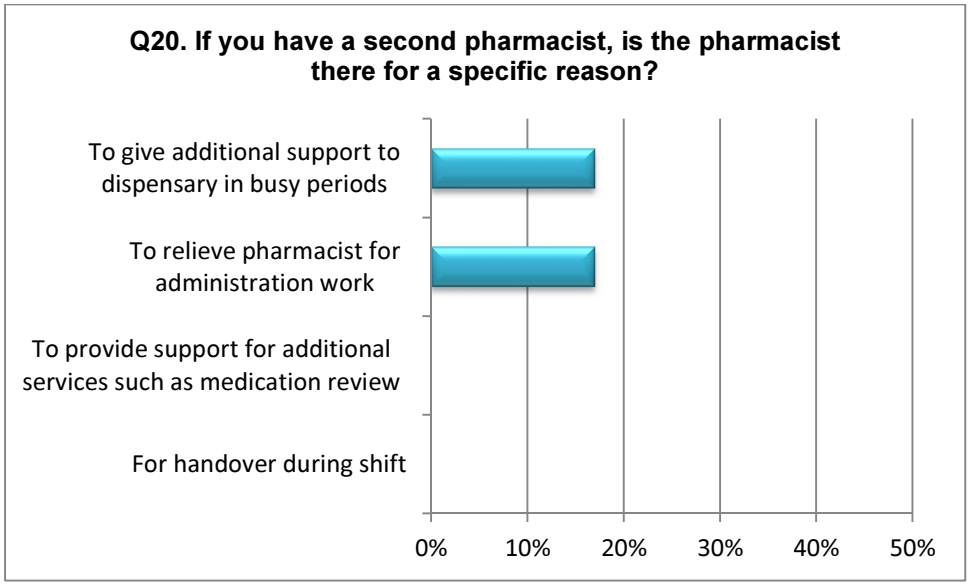
Information Technology		
	Yes	**No**
Do you provide the electronic prescription service 2 (EPS2)?	83%	17%
Do you provide the electronic prescription service (EPS)?	83%	17%
Does your pharmacy have a website? (If yes, please detail below)	33%	67%
Do you have a printer that will print A4 size of paper?	83%	17%
Can you provide an email address that can be used for official communications? (If yes, please detail below)	83%	17%
Have you completed an up to date Information Government assessment?	67%	33%
Can the internet be accessed whilst the PMR system is running?	67%	33%
Do you have a computer that can access the internet?	67%	33%
Do all your computers within a pharmacy access your dispensary software?	67%	33%



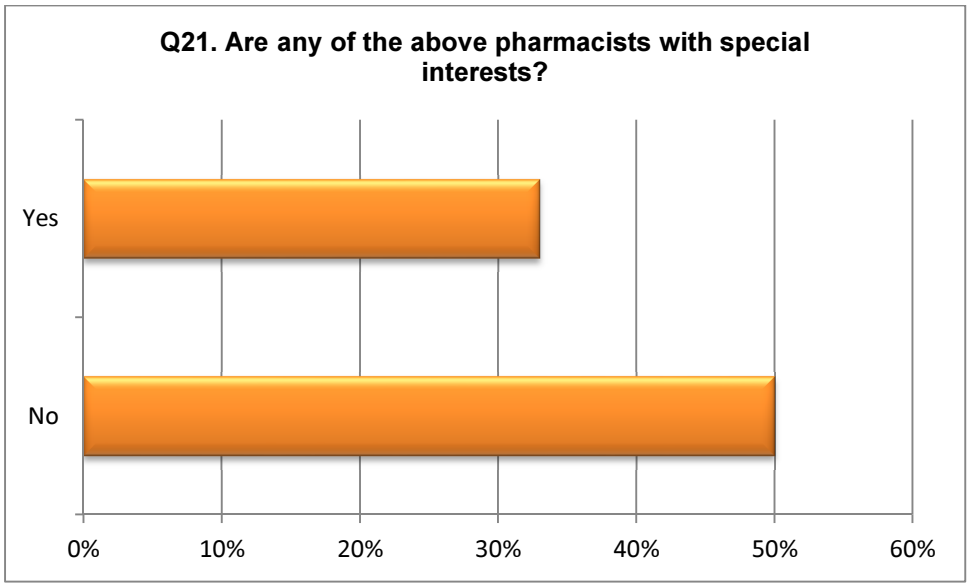
Does the pharmacy normally have two pharmacists on duty at any time during the week?		
No	67%	4
Yes	33%	2



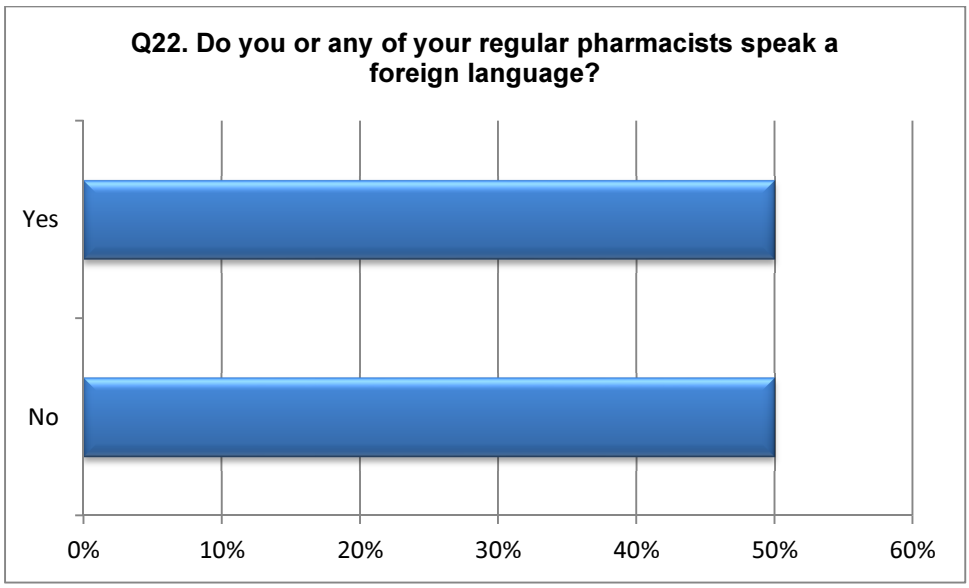
If yes, then for how many hours per week are two pharmacists working?		
30hrs+	0%	0
25-29hrs	0%	0
20-24hrs	0%	0
15-19hrs	0%	0
10-14hrs	17%	1
5-9hrs	0%	0
0-4hrs	17%	1



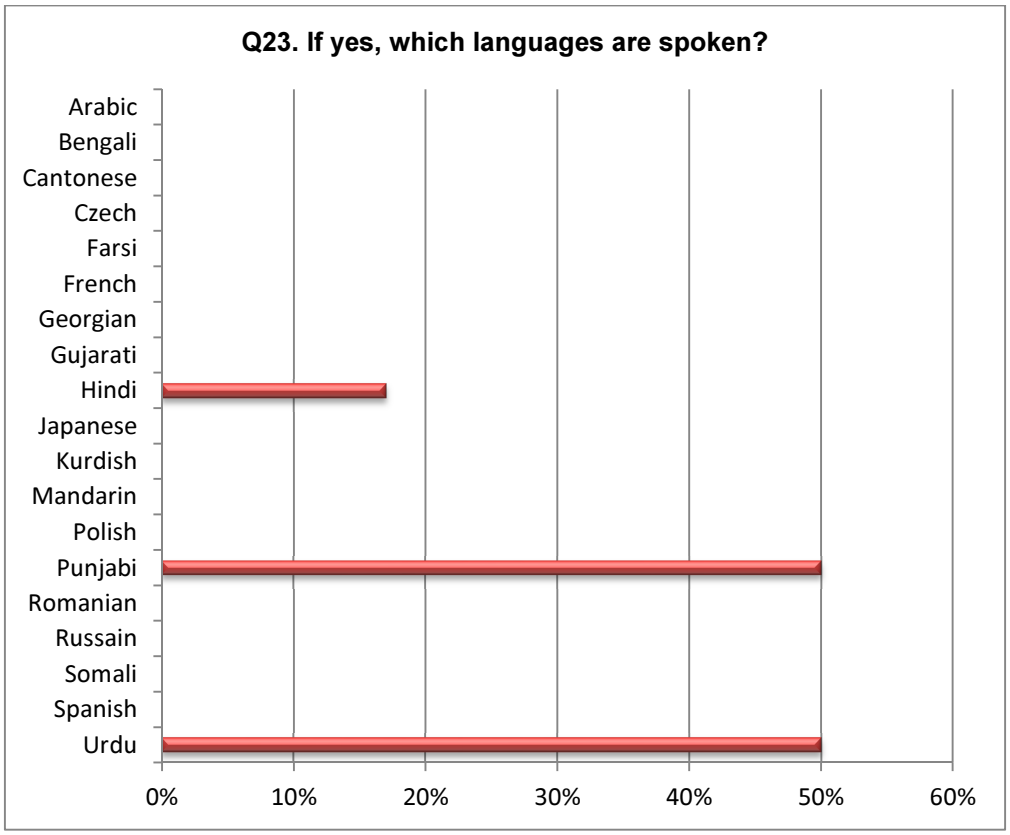
If you have a second pharmacist, is the pharmacist there for a specific reason?		
For handover during shift	0%	0
To provide support for additional services such as medication review	0%	0
To relieve pharmacist for administration work	17%	1
To give additional support to dispensary in busy periods	17%	1



Are any of the above pharmacists with special interests?		
No	50%	3
Yes	33%	2

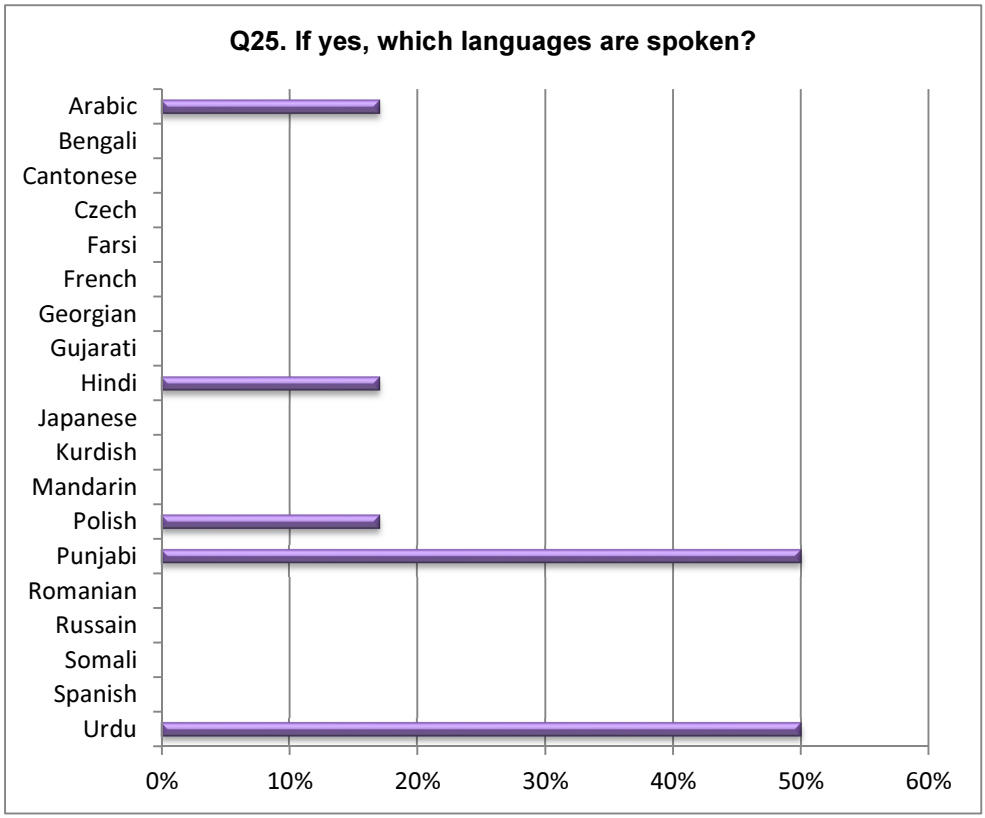


Do you or any of your regular pharmacists speak a foreign language?		
No	50%	3
Yes	50%	3

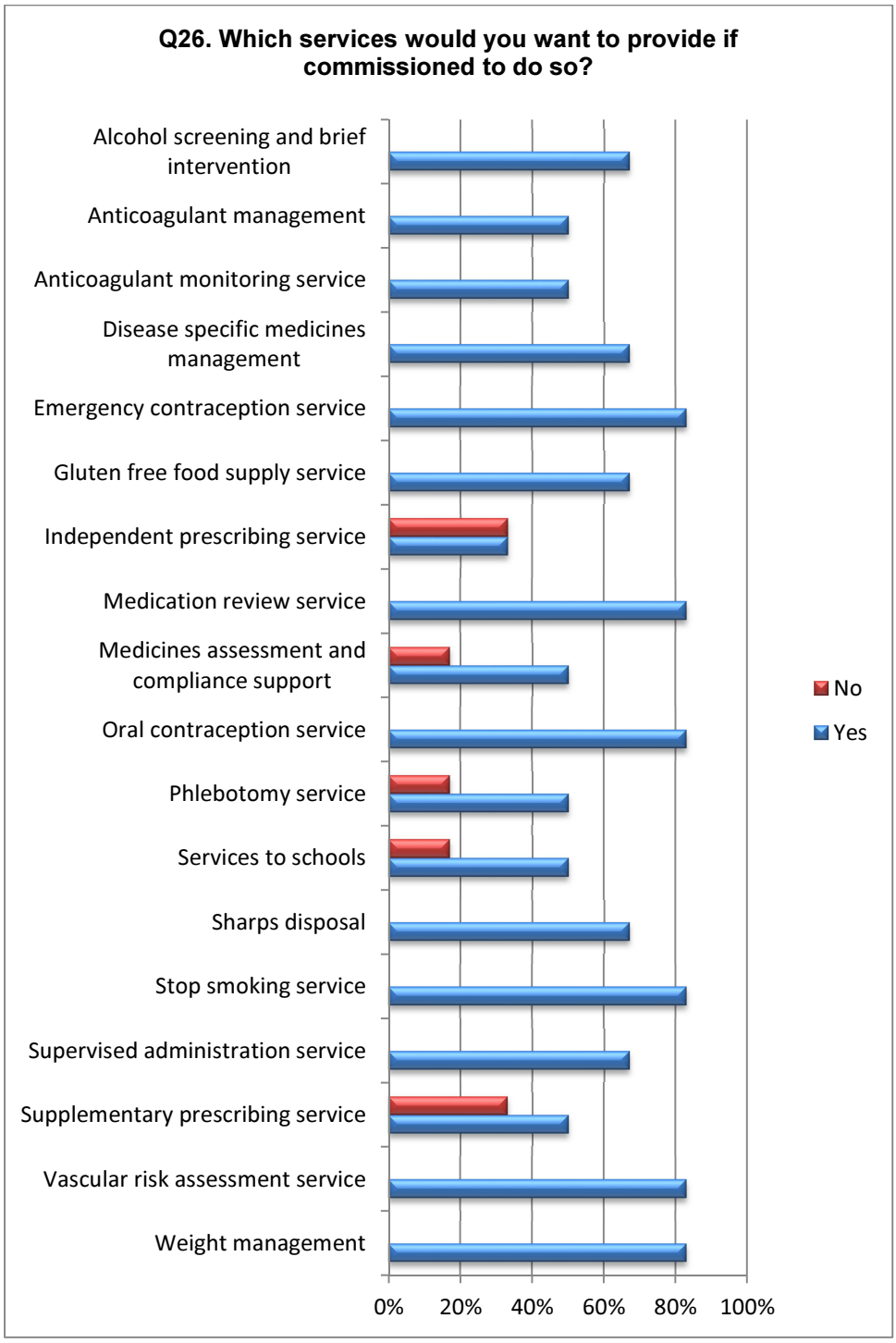


If yes, which languages are spoken?		
Urdu	50%	3
Spanish	0%	0
Somali	0%	0
Russain	0%	0
Romanian	0%	0
Punjabi	50%	3
Polish	0%	0
Mandarin	0%	0
Kurdish	0%	0
Japanese	0%	0
Hindi	17%	1
Gujarati	0%	0
Georgian	0%	0
French	0%	0
Farsi	0%	0
Czech	0%	0
Cantonese	0%	0
Bengali	0%	0
Arabic	0%	0

Do any of your regular pharmacy staff speak a foreign language?		
No	50%	3
Yes	50%	3



If yes, which languages are spoken?		
Urdu	50%	3
Spanish	0%	0
Somali	0%	0
Russain	0%	0
Romanian	0%	0
Punjabi	50%	3
Polish	17%	1
Mandarin	0%	0
Kurdish	0%	0
Japanese	0%	0
Hindi	17%	1
Gujarati	0%	0
Georgian	0%	0
French	0%	0
Farsi	0%	0
Czech	0%	0
Cantonese	0%	0
Bengali	0%	0
Arabic	17%	1


Q26. Which services would you want to provide if commissioned to do so?
Alcohol screening and brief intervention
Anticoagulant management
Anticoagulant monitoring service
Disease specific medicines management
Emergency contraception service
Gluten free food supply service
Independent prescribing service
Medication review service
Medicines assessment and compliance support
Oral contraception service
Phlebotomy service
Services to schools
Sharps disposal
Stop smoking service
Supervised administration service
Supplementary prescribing service
Vascular risk assessment service
Weight management
0%
20%
40%
60%
80%
100%
No
Yes

Which services would you want to provide if commissioned to do so?		
	Yes	No
Weight management	83%	0%
Vascular risk assessment service	83%	0%
Supplementary prescribing service	50%	33%
Supervised administration service	67%	0%
Stop smoking service	83%	0%
Sharps disposal	67%	0%
Services to schools	50%	17%
Phlebotomy service	50%	17%
Oral contraception service	83%	0%
Medicines assessment and compliance support	50%	17%
Medication review service	83%	0%
Independent prescribing service	33%	33%
Gluten free food supply service	67%	0%
Emergency contraception service	83%	0%
Disease specific medicines management	67%	0%
Anticoagulant monitoring service	50%	0%
Anticoagulant management	50%	0%
Alcohol screening and brief intervention	67%	0%

Other
The flu vaccination service

Q27. All pharmacies are required to conduct an annual community pharmacy patient questionnaire (CPPQ, formerly referred to as the Patient Satisfaction Questionnaire). Using the results from your most recent CPPQ please identify the most frequent requests from patients as either improvements or additions to services.

Smoking cessation.
EHC as we have 2 colleges nearby and also stop smoking service
Seating space and comfort.
None

Greater Manchester Commissioning Support Unit

Pharmacy Opening Hours – Bury

Services commissioned by the Local Authority (LA)	Services commissioned by the Clinical Commissioning Group (CCG)
CTT – Chlamydia Testing and Treatment	**PC** – Palliative Care Out of Hours
EHC – Emergency Hormonal Contraception	**MA** – Minor Ailments
SIA – Smoking Intermediate Advice	
NRT – Nicotine Replacement Therapy	
NE – Needle Exchange	
SM – Supervised Methadone/Buprenorphine	

BURY EAST TOWNSHIP

Ward	Ref	Pharmacy Trading Name	Address	Postcode	LA						CCG	
					CS	EHC	SIA	NRT	NE	SM	PC	MA
East	3	Asda Pharmacy **(100hr)**	Spring Street, Bury	BL9 0RN		Y	Y	Y				Y
	6	Boots the Chemist	32-36 The Mall, Bury	BL9 0QQ		Y	Y	Y		Y		Y
	18	Imaan Pharmacy	14 Princess Parade, Bury	BL9 0QL			Y	Y				
	22	Lloyds Pharmacy	Moorgate PPC, 22 Derby Way, Bury	BL9 ONJ		Y	Y	Y		Y		Y
	21	Lloyds Pharmacy	Townside PCC, 2 Knowsley Place, Bury	BL9 0SN		Y	Y	Y		Y		Y
	27	Medical Specialists Pharmacy	Westminster House, 49 Knowsley Street, Bury	BL9 0ST								
	30	Pimhole Pharmacy **(100hr)**	185 Rochdale Road, Bury	BL9 7BB		Y						Y
Moorside	7	Boots the Chemist **(100hr)**	Unit 1 Woodfields Retail Park, Peel Way, Bury	BL9 5BY		Y	Y	Y		Y		Y
	8	Bury Healthcare Pharmacy **(100hr)**	28 Walmersley Road, Bury	BL9 6DP		Y	Y	Y				Y
	17	Huntley Mount Pharmacy	Huntley Mount Road	BL9 6JA	Y	Y			Y	Y		Y

	37	Strachan's Chemist	Chesham Precinct, 166a Walmersley Road, Bury	BL9 6LL			Y	Y		Y		Y
	38	Tesco Pharmacy	Woodfields Retail Park, Peel Way, Bury	BL9 5BY			Y	Y				Y
Redvales	13	Fishpool Pharmacy	14 Parkhills Road, Bury	BL9 9AX								Y

BURY WEST TOWNSHIP

Ward	Ref	Pharmacy Trading Name	Address	Postcode	LA						CCG	
					CS	EHC	SIA	NRT	NE	SM	PC	MA
Church	28	Mile Lane Pharmacy	66 Mile Lane, Bury	BL8 2JR		Y	Y	Y				Y
	29	Netchem Pharmacy	107 Bolton Road, Bury	BL8 2NW								
Elton	25	Manor Pharmacy	367 Brandlesholme Road, Bury	BL8 1HS								Y

PRESTWICH TOWNSHIP

Ward	Ref	Pharmacy Trading Name	Address	Postcode	LA						CCG	
					CS	EHC	SIA	NRT	NE	SM	PC	MA
Holyrood	23	Lloyds Pharmacy	474 Bury Old Road, Prestwich	M25 1NL			Y	Y	Y	Y		Y
Sedgley	12	Dennis Gore Chemists	26 Whittaker Lane, Prestwich	M25 1FX		Y	Y	Y				Y
	14	Formans Chemist	12 Park Hill, Bury Old Road, Prestwich	M25 0FX								Y
	16	Pharmacykwik	Rear Unit, 56 Parksway, Manchester	M25 0HB								
	35	Sedgley Park Pharmacy	33 Bury New Road, Prestwich	M25 9JY								Y

	36	St Gabriel's Medical Centre Pharmacy	4 Bishop's Road, Prestwich	M25 0HT		Y						Y
	39	Tesco Pharmacy	Bury New Road, Prestwich	M25 3TG			Y	Y				Y
St Mary's	31	Prestwich Pharmacy	40 Longfield Centre, Prestwich	M25 1AY	Y	Y			Y	Y	Y	Y

Radcliffe Township

Ward	Ref	Pharmacy Trading Name	Address	Postcode	LA						CCG	
					CS	EHC	SIA	NRT	NE	SM	PC	MA
Radcliffe East	5	Boots the Chemist	11 Blackburn Street, Radcliffe	M26 1NN		Y	Y	Y		Y		Y
	32	Radcliffe Pharmacy	62 Cross Lane, Radcliffe	M26 2RF						Y		Y
	41	The Co-operative Pharmacy	Radcliffe PCC, Church Street West, Radcliffe	M26 2SP		Y	Y	Y		Y		Y
	33	Radcliffe Pharmacy **(100hr)**	47 Church Street West, Radcliffe	M26 2SQ					Y	Y		
	19	JT Smith & Son	8-8a Ainsworth Road, Radcliffe	M26 4DJ		Y	Y	Y				Y
Radcliffe West	2	Asda Pharmacy	Riverside Retail Park, Pilkington Way, Radcliffe	M26 3DA								
	24	Manor Pharmacy	Unsworth Street, Radcliffe	M26 3RF			Y	Y	Y	Y		Y

**There are no pharmacies in the Radcliffe North Ward.*

Ramsbottom, Totttington and North Manor Township

Ward	Ref	Pharmacy Trading Name	Address	Postcode	LA						CCG	
					CS	EHC	SIA	NRT	NE	SM	PC	MA
North Manor	15	Gardners Chemist	6 Vernon Road, Greenmount	BL8 4DD								Y

	26	Manor Pharmacy	1 Brandlesholme Road, Greenmount	BL8 4DS			Y	Y	Y			Y
Ramsbottom	11	Cohens Chemist	7 Market Place, Ramsbottom	BL0 9AJ		Y	Y	Y				Y
	20	Lloyds Pharmacy	6 Bolton Street, Ramsbottom	BL0 9HX			Y	Y		Y		Y
Tottington	9	Cohens Chemist	12-14 Market Street, Tottington	BL8 4AD			Y	Y	Y	Y		Y

Whitefield and Unsworth

Ward	Ref	Pharmacy Trading Name	Address	Postcode	LA						CCG	
					CS	EHC	SIA	NRT	NE	SM	PC	MA
Pilkington Park	4	Barash Pharmacy	166 Bury New Road, Whitefield	M45 6QJ								Y
Unsworth	1	Asda Pharmacy	Pilsworth Road, Pilsworth, Bury	BL9 8RS			Y	Y				
	10	Cohens Chemist	135 Croft Lane, Bury	BL9 8QA		Y						Y
	34	Rowlands Pharmacy	59 Parr Lane, Unsworth	BL9 8JR			Y	Y				Y
	40	The Co-operative Pharmacy	Unit 1 Elms Square, Whitefield	M45 7TA			Y	Y				Y

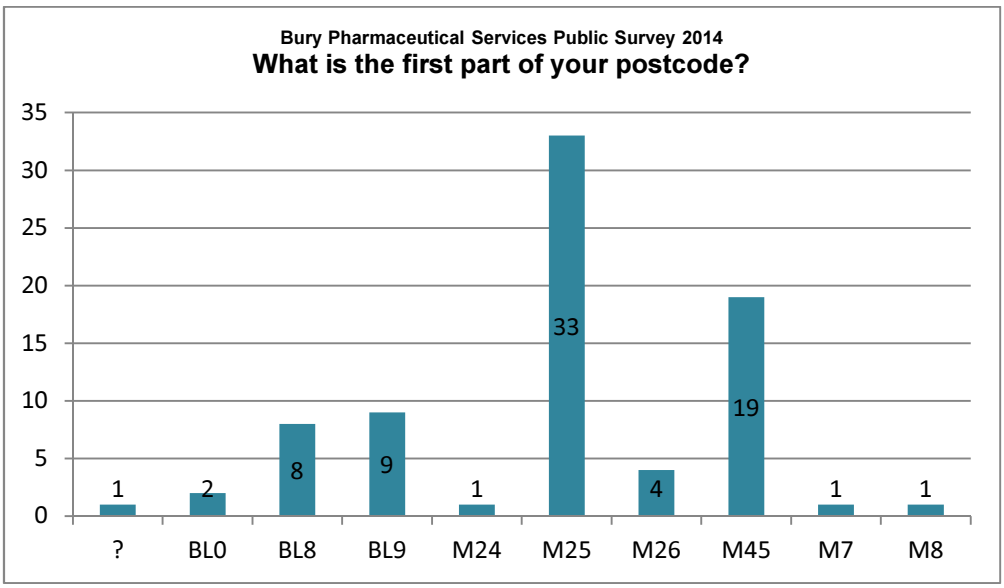
**There are no pharmacies in the Besses Ward.*

NHS
Greater Manchester
Commissioning Support Unit

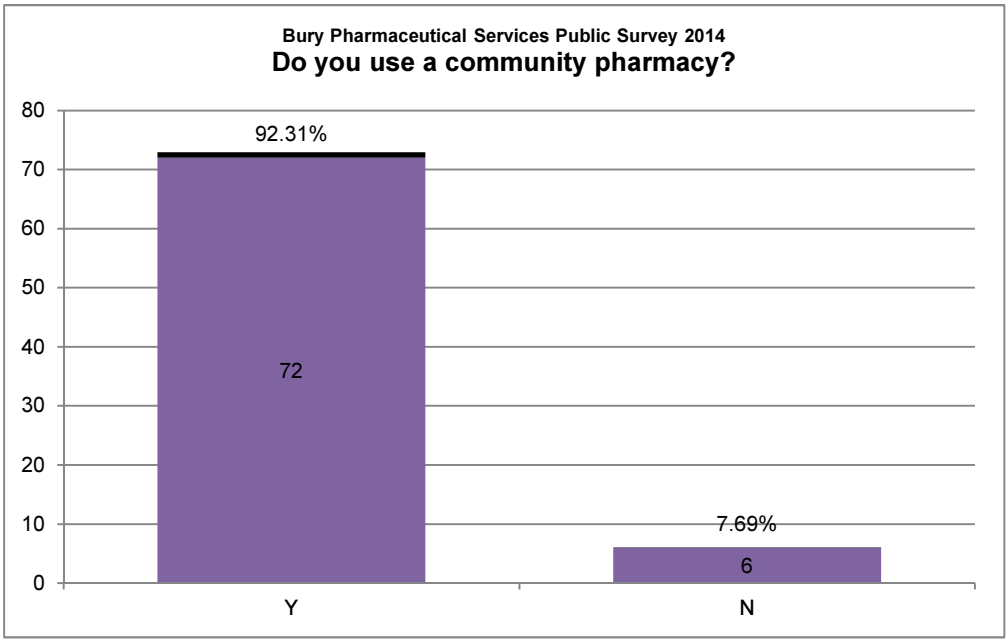
Bury
COUNCIL

Appendix 7

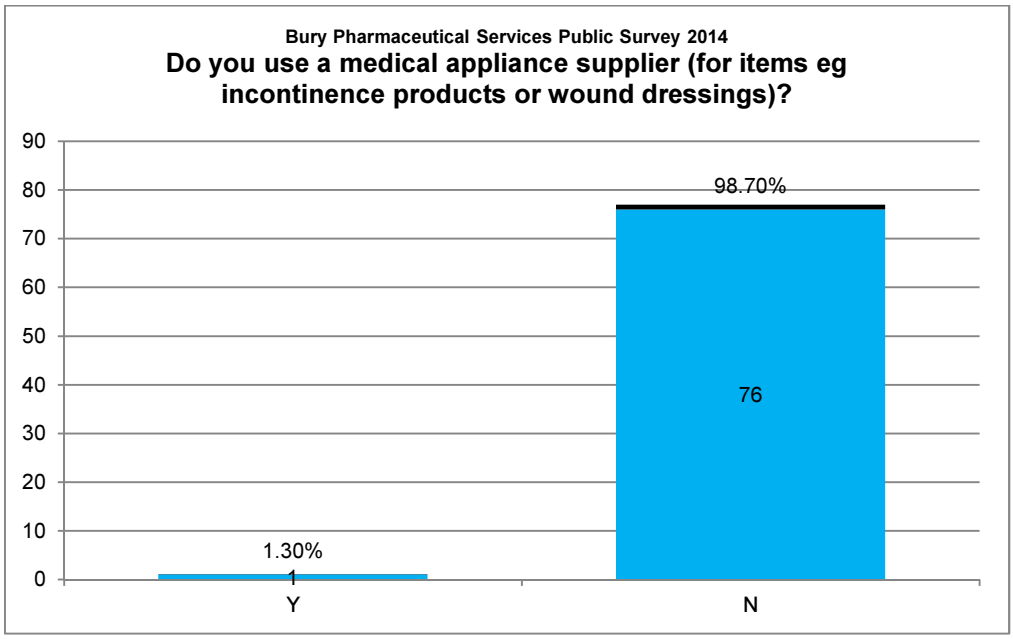
Bury Public Survey Results



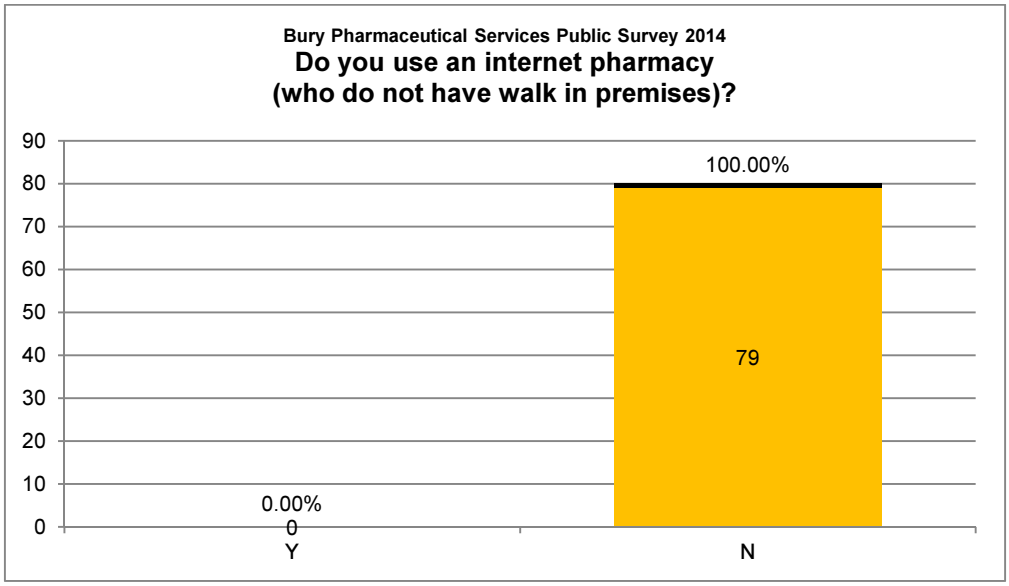
What is the first part of your postcode?	
?	1
BL0	2
BL8	8
BL9	9
M24	1
M25	33
M26	4
M45	19
M7	1
M8	1



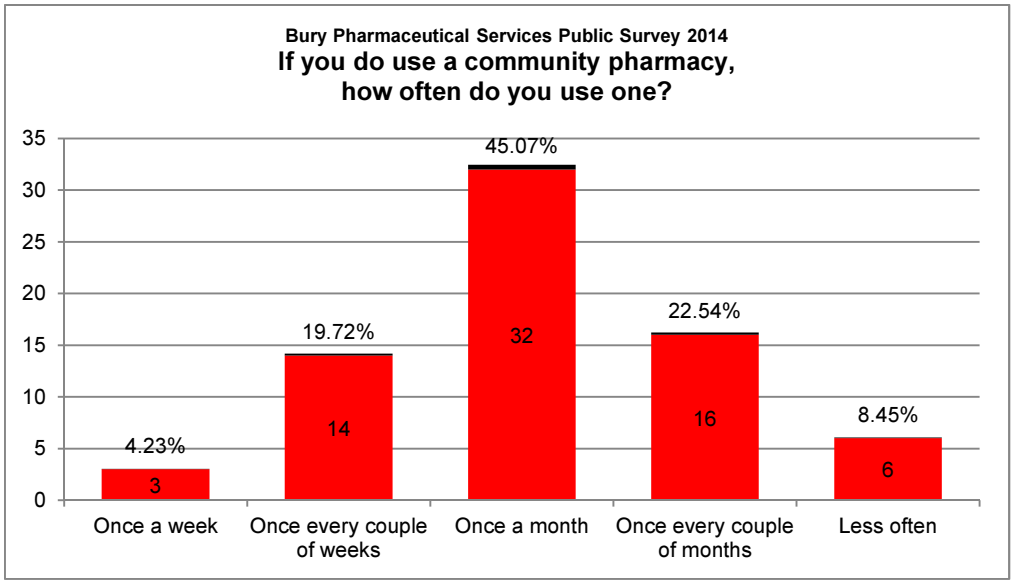
Do you use a community pharmacy?	Y	N
	72	6
	92.31%	7.69%
Skipped 1		



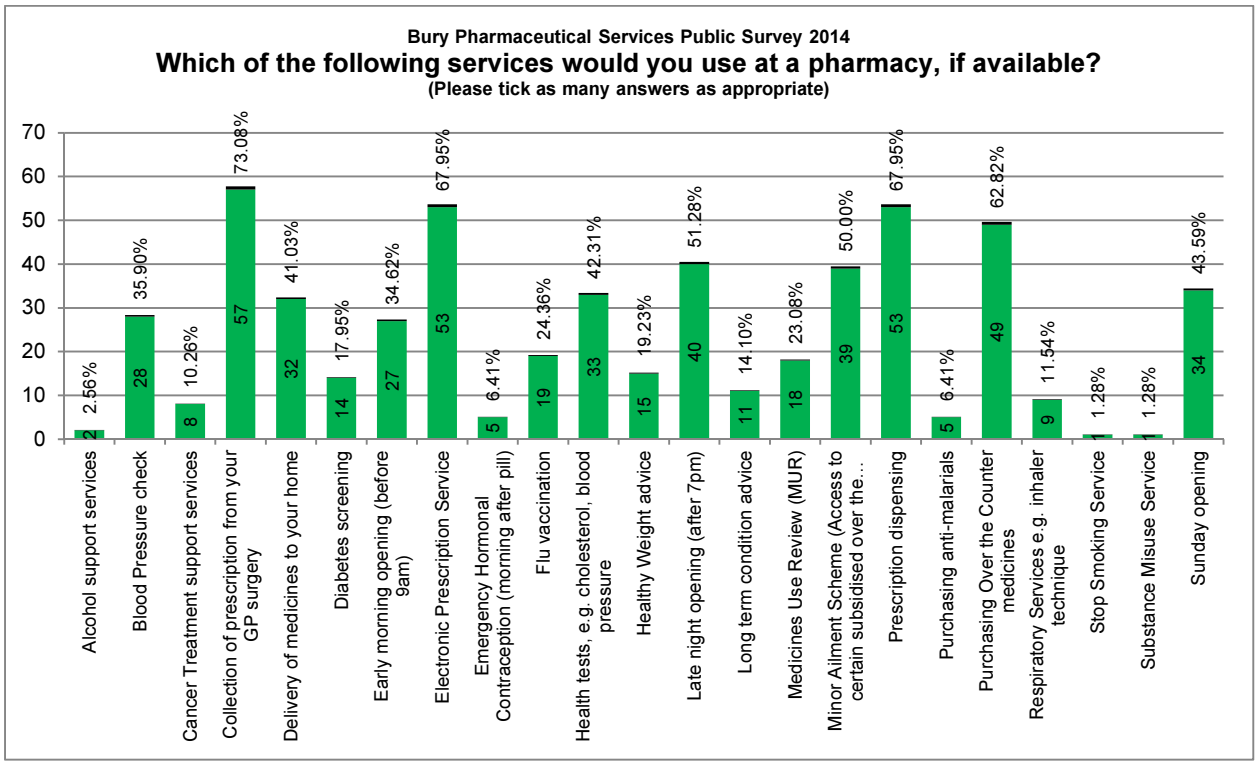
Do you use a medical appliance supplier (for items such as incontinence products or wound dressings)?	Y	N
	1	76
	1.30%	98.70%
Skipped 2		



Do you use an internet pharmacy (who do not have walk in premises)?	Y	N
	0	79
	0.00%	100.00%
Skipped 0		

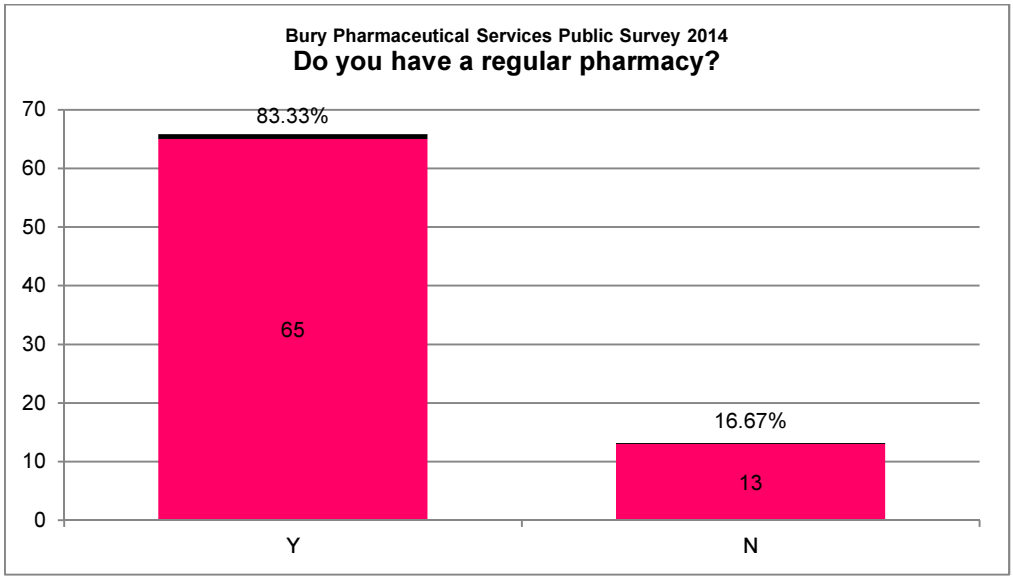


If you do use a community pharmacy, how often would you say you used one?	Once a week	Once every couple of weeks	Once a month	Once every couple of months	Less often
	3	14	32	16	6
	4.23%	19.72%	45.07%	22.54%	8.45%

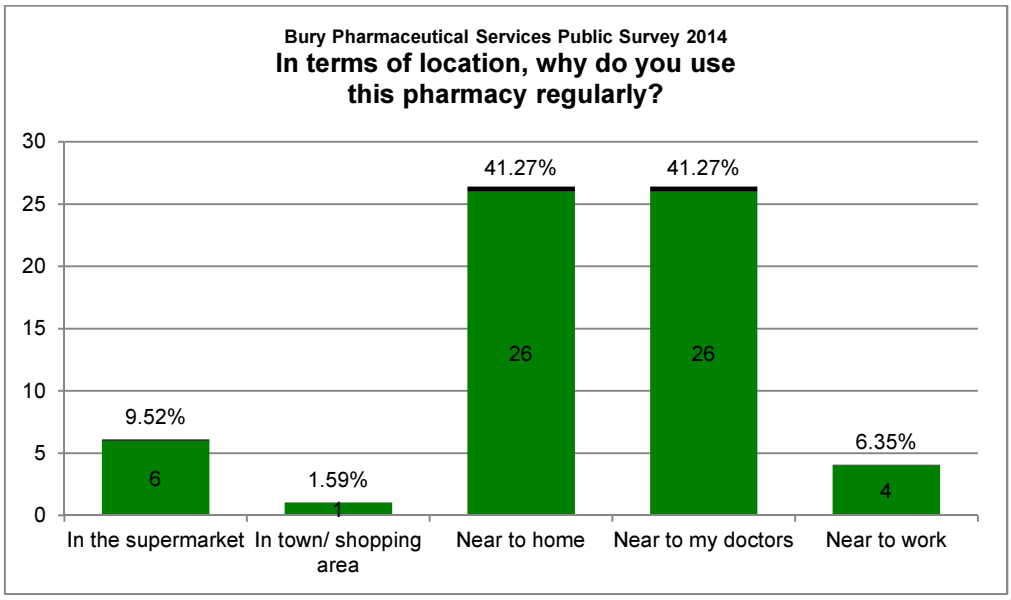


Which of the following services would you use at a pharmacy, if available? Please tick as many answers as appropriate		
Alcohol support services	2	2.56%
Blood Pressure check	28	35.90%
Cancer Treatment support services	8	10.26%
Collection of prescription from your GP surgery	57	73.08%
Delivery of medicines to your home	32	41.03%
Diabetes screening	14	17.95%
Early morning opening (before 9am)	27	34.62%
Electronic Prescription Service	53	67.95%
Emergency Hormonal Contraception (morning after pill)	5	6.41%
Flu vaccination	19	24.36%
Health tests, e.g. cholesterol, blood pressure	33	42.31%
Healthy Weight advice	15	19.23%
Late night opening (after 7pm)	40	51.28%
Long term condition advice	11	14.10%
Medicines Use Review (MUR)	18	23.08%
Minor Ailment Scheme (Access to certain subsidised over the counter medicines to avoid a GP visit)	39	50.00%
Prescription dispensing	53	67.95%
Purchasing anti-malarials	5	6.41%
Purchasing Over the Counter medicines	49	62.82%
Respiratory Services e.g. inhaler technique	9	11.54%
Stop Smoking Service	1	1.28%
Substance Misuse Service	1	1.28%
Sunday opening	34	43.59%
Skipped 1		

Other (please specify) 4
Advice on health issues
Cancer Treatment support services would be particularly welcomed as physically accessing cancer care at Christies (e.g. counselling) has been difficult (problems parking in particular as counselling sessions run at the same time as chemo sessions so it's always difficult to park which I found quite distressing when I was struggling with my diagnosis).
Drop in clinics for Dementia awareness advice like Purple Angel scheme 1st in UK started in Torbay this week. Mental health drop ins using health service community based staff. Carer support advice.
I do not want a pharmacist to replace a doctor. I do not have confidence in a pharmacist to diagnose. Also there is a privacy issue. I assume a doctor is qualified and there is some sort of register I can refer to. In a chemist how can I verify the integrity or competence of the person dealing with me. Also data security.

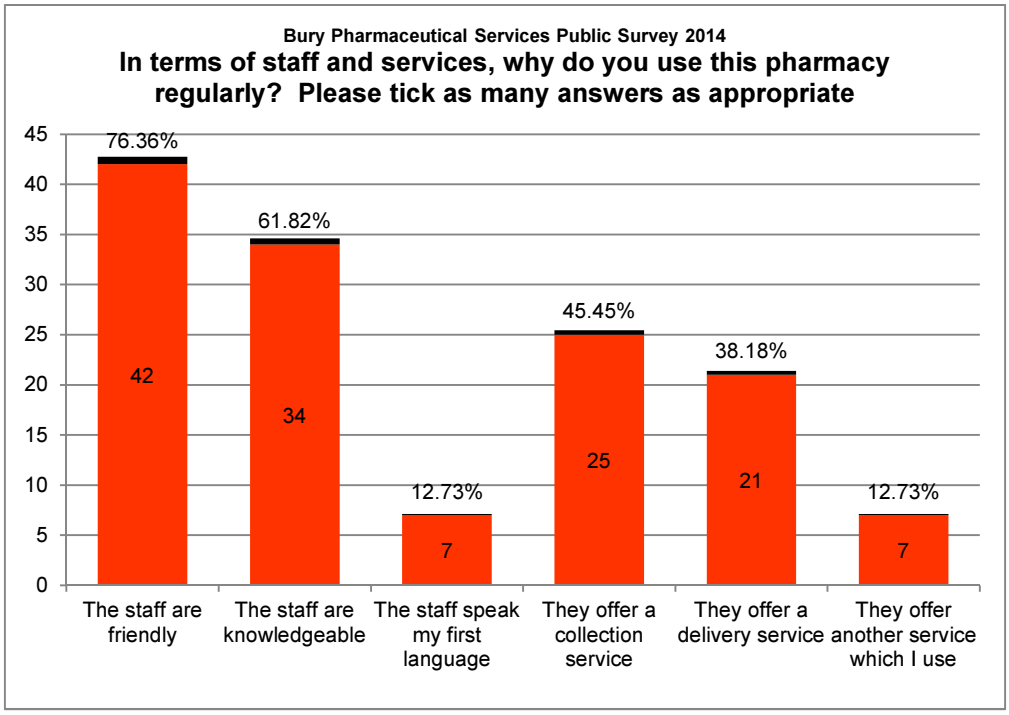


Do you have a regular pharmacy? Please tick one box only.	Y	N
	65	13
	83.33%	16.67%
Skipped 1		



In terms of location, why do you use this pharmacy regularly? Please tick one box only.	In the supermarket	In town/ shopping area	Near to home	Near to my doctors	Near to work
	6	1	26	26	4
	9.52%	1.59%	41.27%	41.27%	6.35%
Skipped 16					

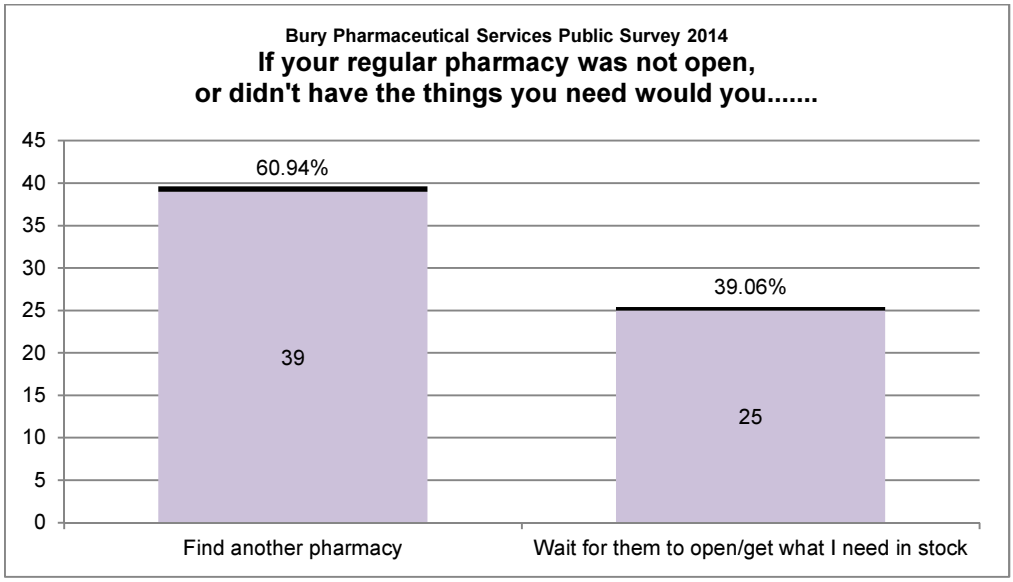
Others
Electronic prescription
And near to my home
Free parking available!
excellent service
Opening hours and speed of service
I use the pharmacy within Tesco Prestwich; 99% of the time my medication is available, or they will order for next day collection. even on a Sunday.
I use more than one pharmacy according to convenience of location or need. I am mainly well and therefore I am a frequent user of a pharmacy.
Parking close-by



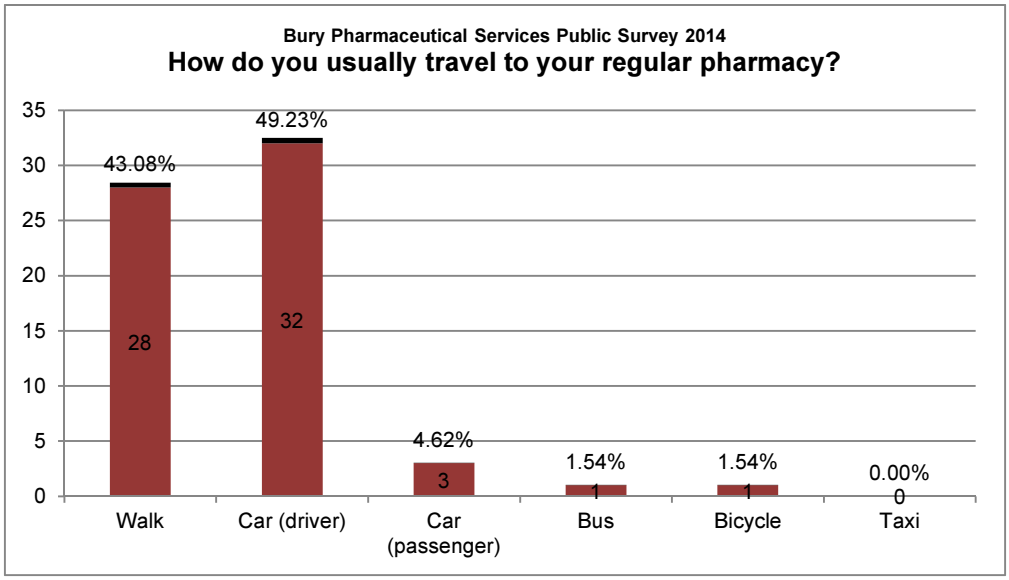
In terms of staff and services, why do you use this pharmacy regularly? Please tick as many answers as appropriate.	The staff are friendly	The staff are knowledge able	The staff speak my first language	They offer a collection service	They offer a delivery service	They offer another service which I use
	42	34	7	25	21	7
	76.36%	61.82%	12.73%	45.45%	38.18%	12.73%
Skipped 24						

Other (please specify)
order repeat prescriptions online and collect from pharmacy
See above
They always have my medication in stock.
Prescriptions go direct from the GP so if I have a telephone appointment, I only need to make one trip to collect the prescription.
No convenient pharmacy
they know if I am compromised with asthma they deliver.
They get my prescriptions electronically from the doctor
They don't close early like the one in the village
They are rubbish but I have to get a prescription from somewhere and all the others I have tried are just as bad.
Prescriptions go straight to the pharmacy from the surgery
They offer a very poor service but are close to the GP surgery and home therefore convenient.
I just use a pharmacy to obtain prescription drugs from the doctor or to buy the odd medical cure/plaster etc. I sometimes ask about minor symptoms or seek advice about child symptoms.
Near to the doctors
Electronic prescription
close to home not the best service but for convenience
Electronic PS
It's near to my doctors.

Languages (please specify)
English
My first language is English

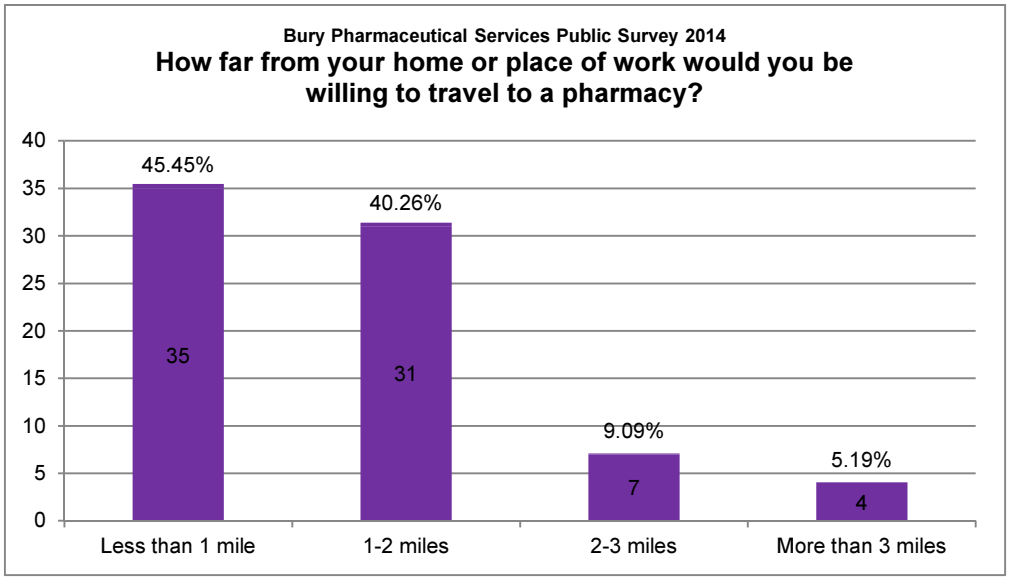


If your regular pharmacy was not open, or didn't have the things you need would you... Please tick one box only.	Find another pharmacy	Wait for them to open/get what I need in stock
	39	25
	60.94%	39.06%
Skipped 15		

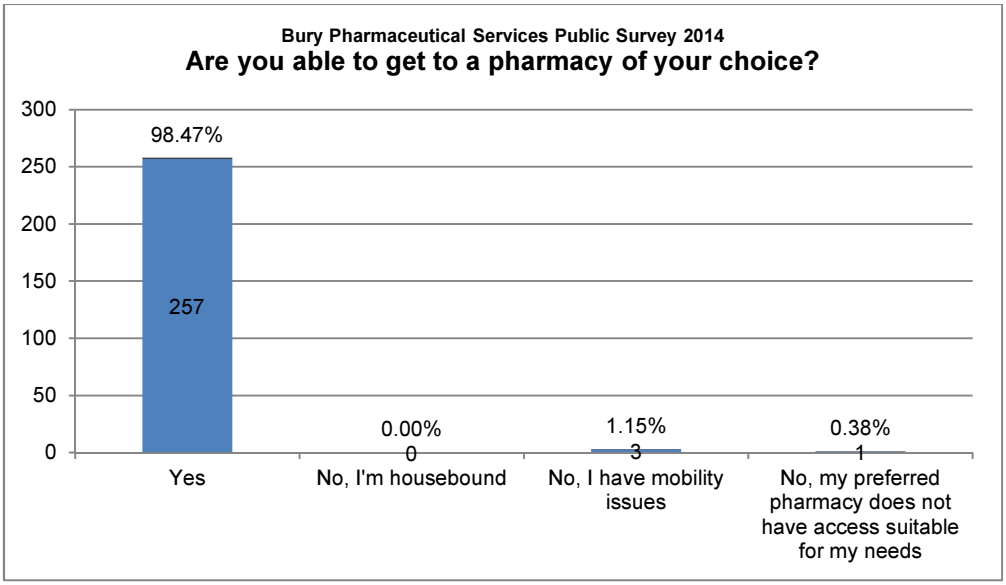


How do you usually travel to your regular pharmacy? Please tick one box only.	Walk	Car (driver)	Car (passenger)	Bus	Bicycle	Taxi
	28	32	3	1	1	0
	43.08%	49.23%	4.62%	1.54%	1.54%	0.00%
Skipped 14						

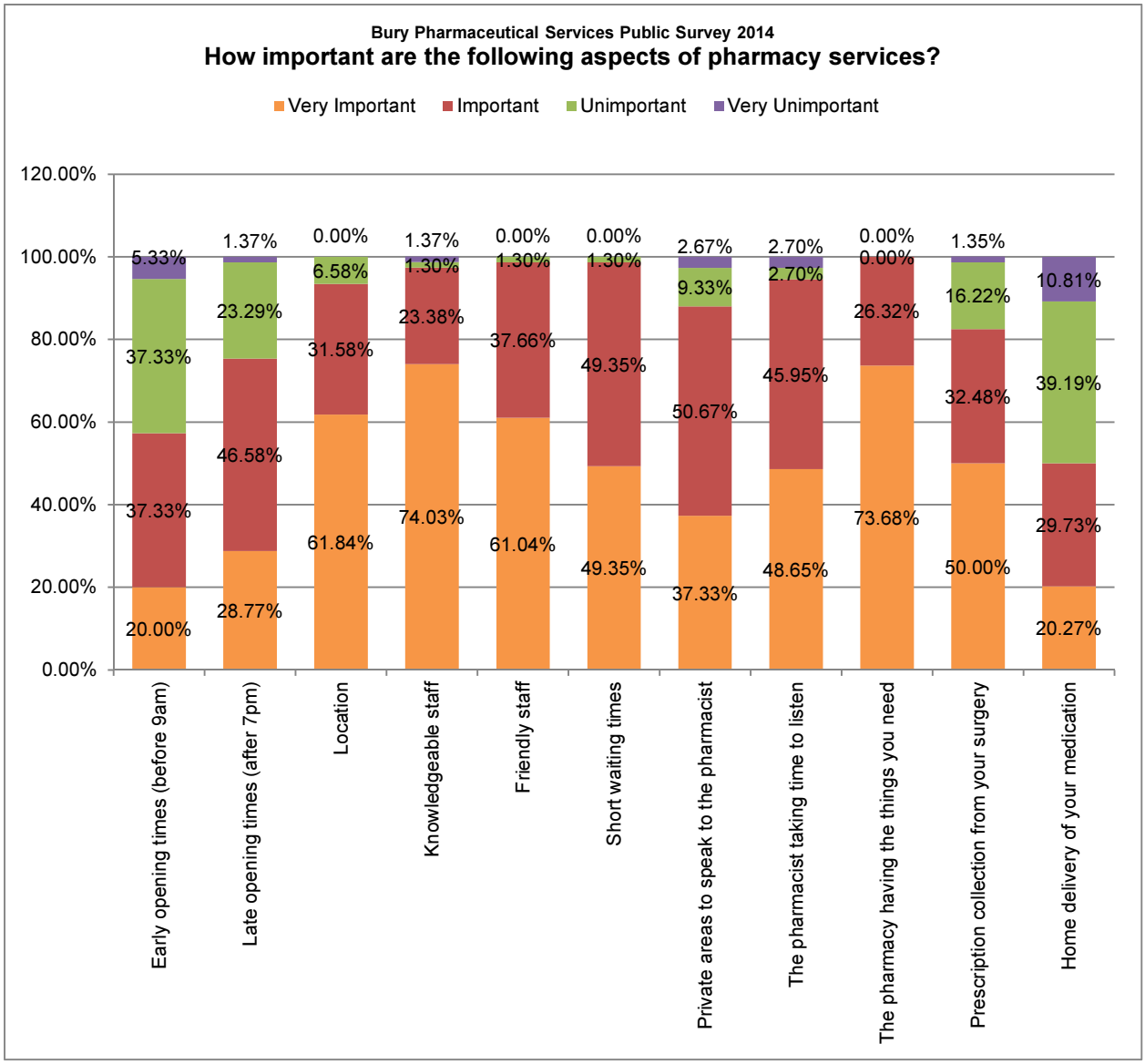
Other
as it is next door to our GP
I mostly use the pharmacy near my doctor's but that is a car ride away. Also it is only open when the doctor's is open. It is not really convenient, so I tend to go to other pharmacies when I am out and about.



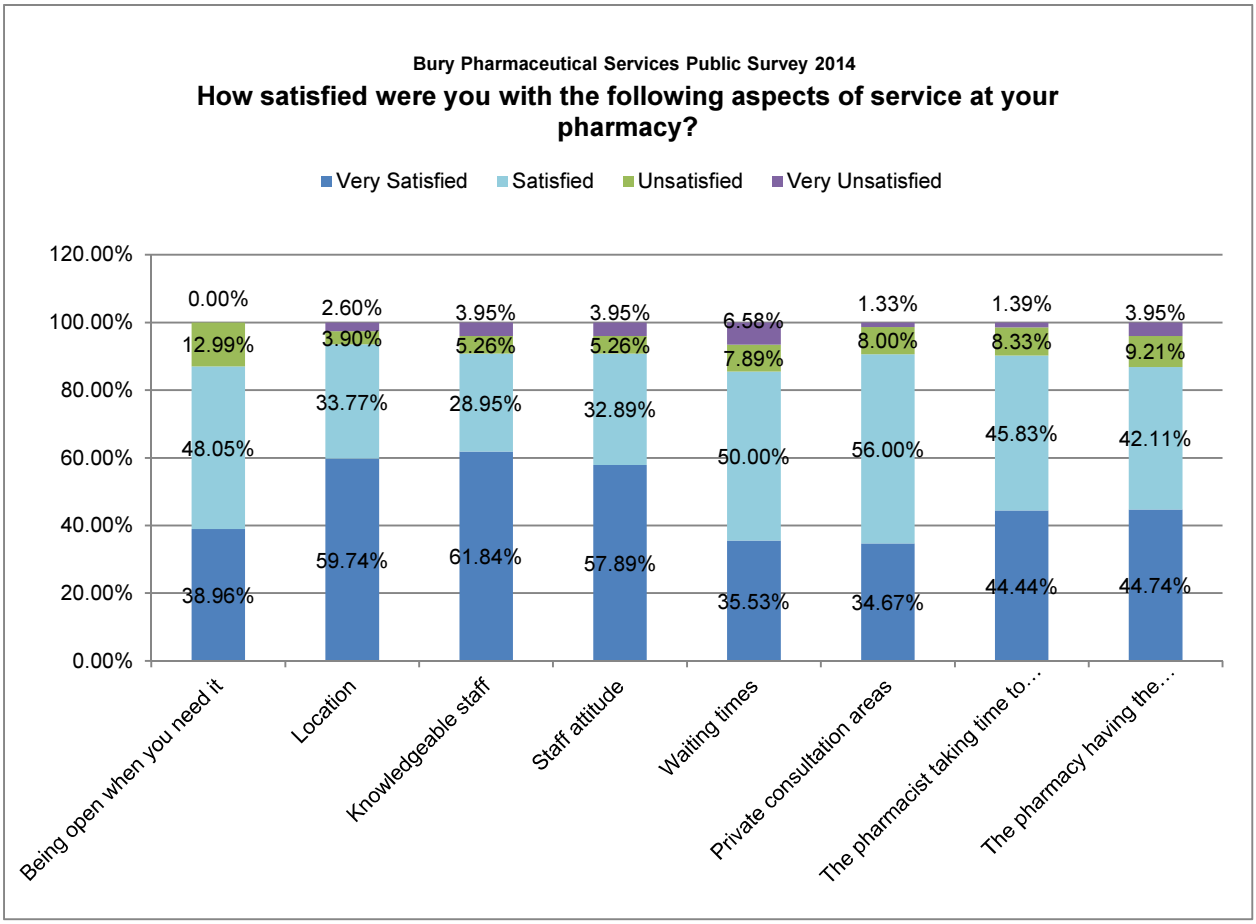
How far from your home or place of work would you be willing to travel to a pharmacy? Please tick one box only.	Less than 1 mile	1-2 miles	2-3 miles	More than 3 miles
	35	31	7	4
	45.45%	40.26%	9.09%	5.19%
Skipped 2				



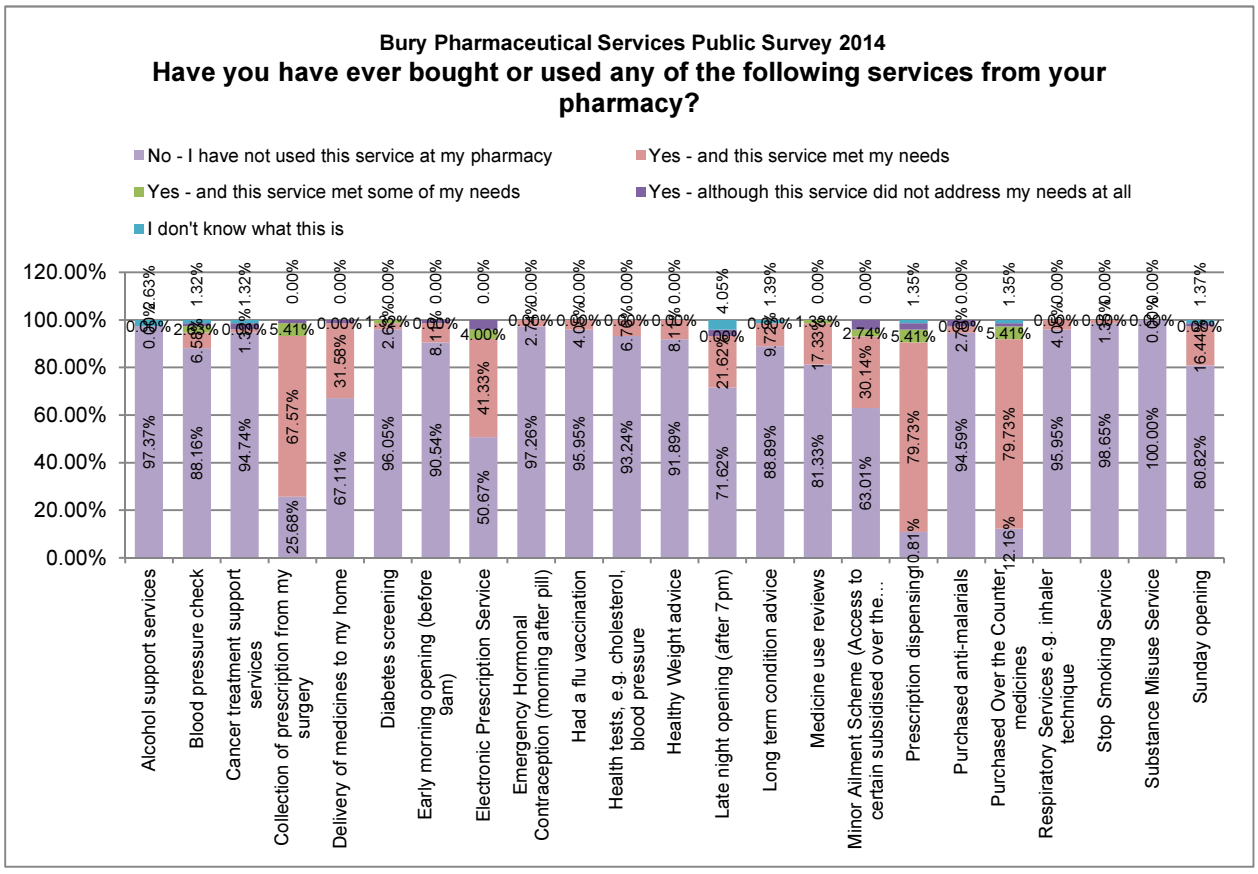
Are you able to get to a pharmacy of your choice? Please tick one box only.	Yes	No, I'm housebound	No, I have mobility issues	No, my preferred pharmacy does not have access suitable for my needs
	257	0	3	1
	98.47%	0.00%	1.15%	0.38%
Skipped 2				



How important are the following aspects of pharmacy services?	Very Important	Important	Unimportant	Very Unimportant
Early opening times (before 9am)	20.00%	37.33%	37.33%	5.33%
Late opening times (after 7pm)	28.77%	46.58%	23.29%	1.37%
Location	61.84%	31.58%	6.58%	0.00%
Knowledgeable staff	74.03%	23.38%	1.30%	1.37%
Friendly staff	61.04%	37.66%	1.30%	0.00%
Short waiting times	49.35%	49.35%	1.30%	0.00%
Private areas to speak to the pharmacist	37.33%	50.67%	9.33%	2.67%
The pharmacist taking time to listen	48.65%	45.95%	2.70%	2.70%
The pharmacy having the things you need	73.68%	26.32%	0.00%	0.00%
Prescription collection from your surgery	50.00%	32.48%	16.22%	1.35%
Home delivery of your medication	20.27%	29.73%	39.19%	10.81%
Skipped 22				



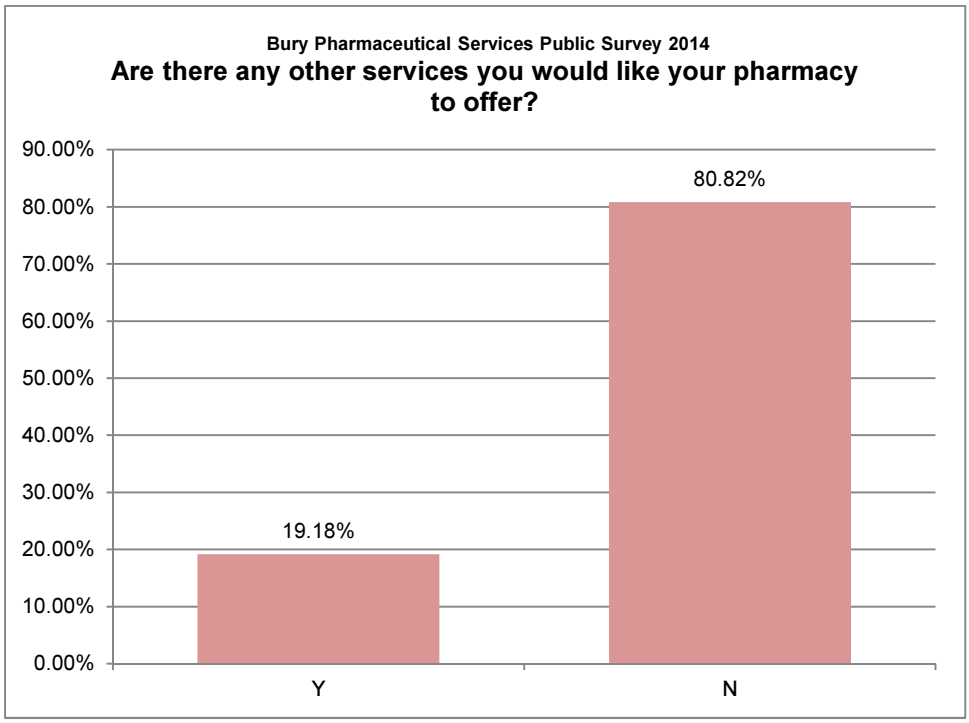
How satisfied were you with the following aspects of service at your pharmacy?	Very Satisfied	Satisfied	Unsatisfied	Very Unsatisfied
Being open when you need it	38.96%	48.05%	12.99%	0.00%
Location	59.74%	33.77%	3.90%	2.60%
Knowledgeable staff	61.84%	28.95%	5.26%	3.95%
Staff attitude	57.89%	32.89%	5.26%	3.95%
Waiting times	35.53%	50.00%	7.89%	6.58%
Private consultation areas	34.67%	56.00%	8.00%	1.33%
The pharmacist taking time to talk to you	44.44%	45.83%	8.33%	1.39%
The pharmacy having the things you need	44.74%	42.11%	9.21%	3.95%



Have you have ever bought or used any of the following services from your pharmacy?	No - I have not used this service at my pharmacy	Yes - and this service met my needs	Yes - and this service met some of my needs	Yes - although this service did not address my needs at all	I don't know what this is	Total
Alcohol support services	97.37%	0.00%	0.00%	0.00%	2.63%	76
Blood pressure check	88.16%	6.58%	2.63%	1.32%	1.32%	76
Cancer treatment support services	94.74%	1.32%	0.00%	2.63%	1.32%	76
Collection of prescription from my surgery	25.68%	67.57%	5.41%	1.35%	0.00%	74
Delivery of medicines to my home	67.11%	31.58%	0.00%	1.32%	0.00%	76
Diabetes screening	96.05%	2.63%	1.32%	0.00%	0.00%	76
Early morning opening (before 9am)	90.54%	8.11%	0.00%	1.35%	0.00%	74
Electronic Prescription Service	50.67%	41.33%	4.00%	4.00%	0.00%	75
Emergency Hormonal Contraception (morning after pill)	97.26%	2.74%	0.00%	0.00%	0.00%	73
Had a flu vaccination	95.95%	4.05%	0.00%	0.00%	0.00%	74

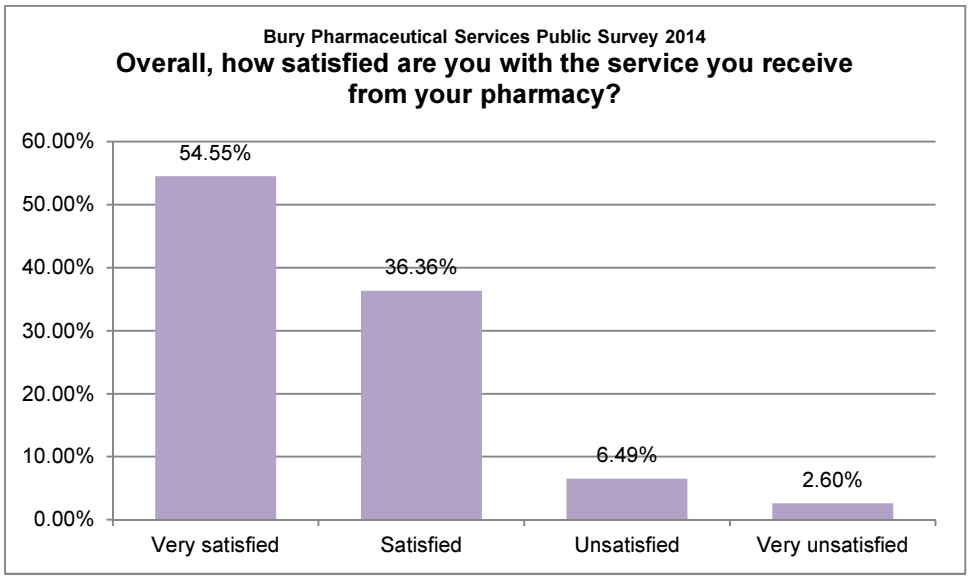
Health tests, e.g. cholesterol, blood pressure	93.24%	6.76%	0.00%	0.00%	0.00%	74
Healthy Weight advice	91.89%	8.11%	0.00%	0.00%	0.00%	74
Late night opening (after 7pm)	71.62%	21.62%	0.00%	2.70%	4.05%	74
Long term condition advice	88.89%	9.72%	0.00%	0.00%	1.39%	72
Medicine use reviews	81.33%	17.33%	1.33%	0.00%	0.00%	75
Minor Ailment Scheme (Access to certain subsidised over the counter medicines to avoid a GP visits)	63.01%	30.14%	2.74%	4.11%	0.00%	73
Prescription dispensing	10.81%	79.73%	5.41%	2.70%	1.35%	74
Purchased anti-malarials	94.59%	2.70%	0.00%	2.70%	0.00%	74
Purchased Over the Counter medicines	12.16%	79.73%	5.41%	1.35%	1.35%	74
Respiratory Services e.g. inhaler technique	95.95%	4.05%	0.00%	0.00%	0.00%	74
Stop Smoking Service	98.65%	1.35%	0.00%	0.00%	0.00%	74
Substance Misuse Service	100.00%	0.00%	0.00%	0.00%	0.00%	73
Sunday opening	80.82%	16.44%	0.00%	1.37%	1.37%	73

Other (please specify)
I'd get a flu vax at the chemist's to avoid having to go to the drop-in at the GP. If you work, a dropin isn't much use
A more efficient electronic prescription service to avoid having to visit the doctors, then the pharmacy and then having to come back later for the medicine when you've got a sick child with you
Please don't open on Sundays. It is damaging our community to have everything open all the time, we need a day of 'down time' a week for spiritual and family renewal. It's important for health.
Chemist does not open before 9am or stay open late or open on a Sunday
I would like some of these services but they are not available
I only use this pharmacy when I visit the doctor's

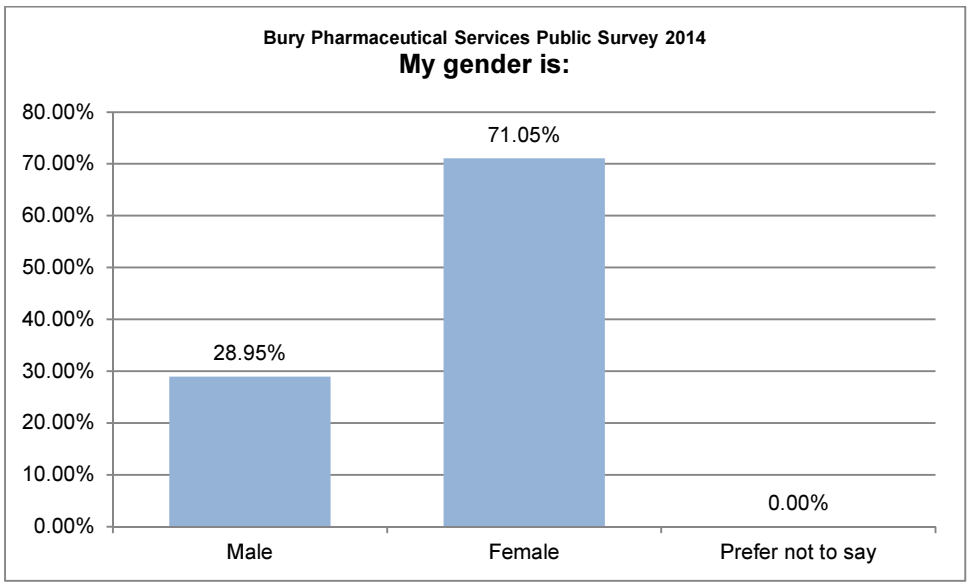


Are there any other services you would like your pharmacy to offer? Please tick one box only	Y	N
	19.18%	80.82%
Skipped 6		

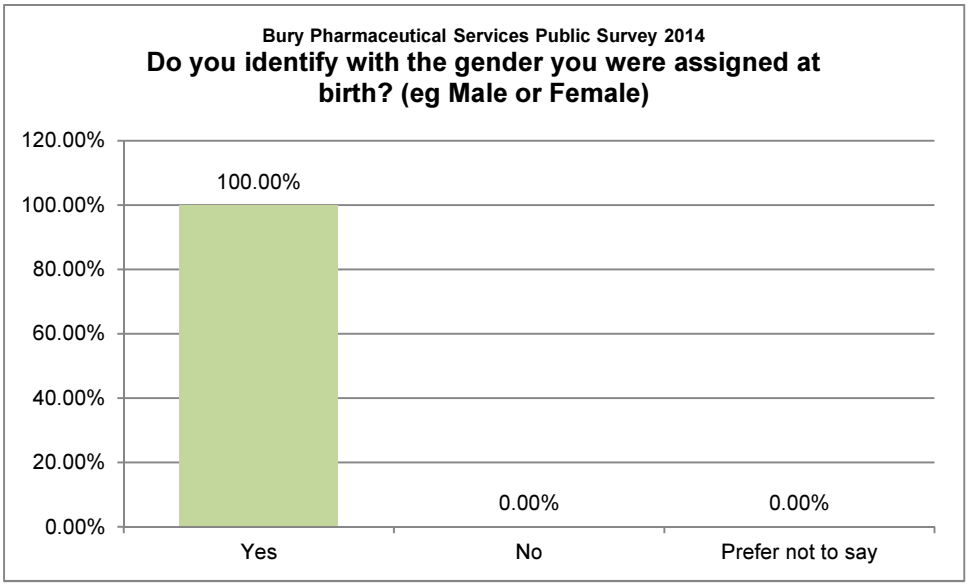
Other
Sunday opening times
Helpful staff
Automated prescription ordering, dispensing and delivery of regular items without having to arrange via GP system
electronic prescriptions
Stop smoking service
This is a hard question, because sometimes you don't know what you'd use until it's there. I'd really like shorter waiting times for on-the-spot dispensing. I also like that my local chemist in Prestwich is co-located with a photo shop. It's amazing how much I use them both because they're both there.
Sunday opening - within a health centre and closes at 6pm
to arrange particular drop in clinics with trained mental health staff re dementia, depression, anxiety management to those needing signposting etc
To provide the best products available
Automatic reordering of prescriptions
I'd like it to offer the health screening services detailed above - e.g. BP, diabetes, cholesterol, 'flu vaccs
I would like to know if there are any pharmacies which can prescribe some drugs
I've started using this service
Efficiency
Eczema advice and support for children



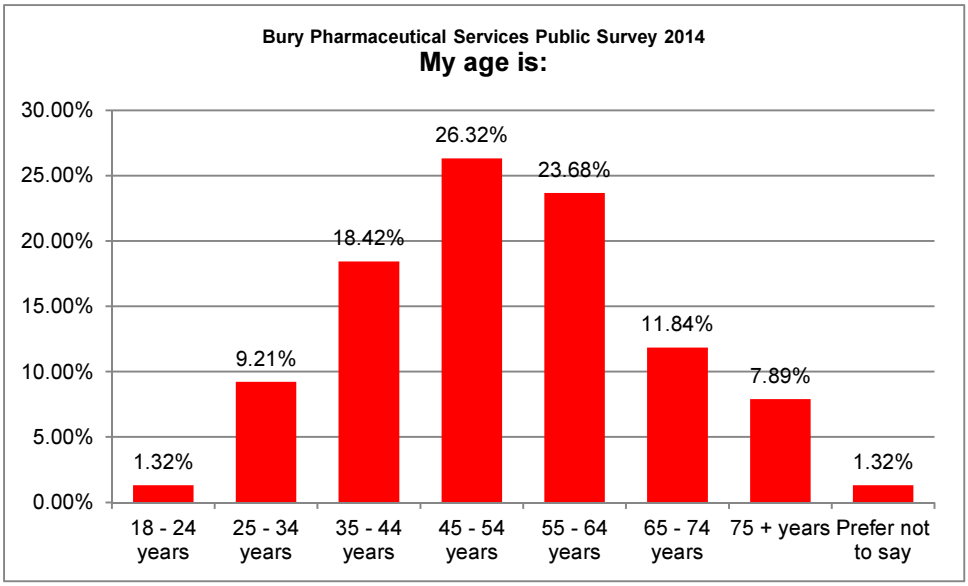
Overall, how satisfied are you with the service you receive from your pharmacy?	%	Number
Very satisfied	54.55%	42
Satisfied	36.36%	28
Unsatisfied	6.49%	5
Very unsatisfied	2.60%	2
Skipped 2		



My gender is:	%	Number
Male	28.95%	22
Female	71.05%	54
Prefer not to say	0.00%	0
Skipped 3		

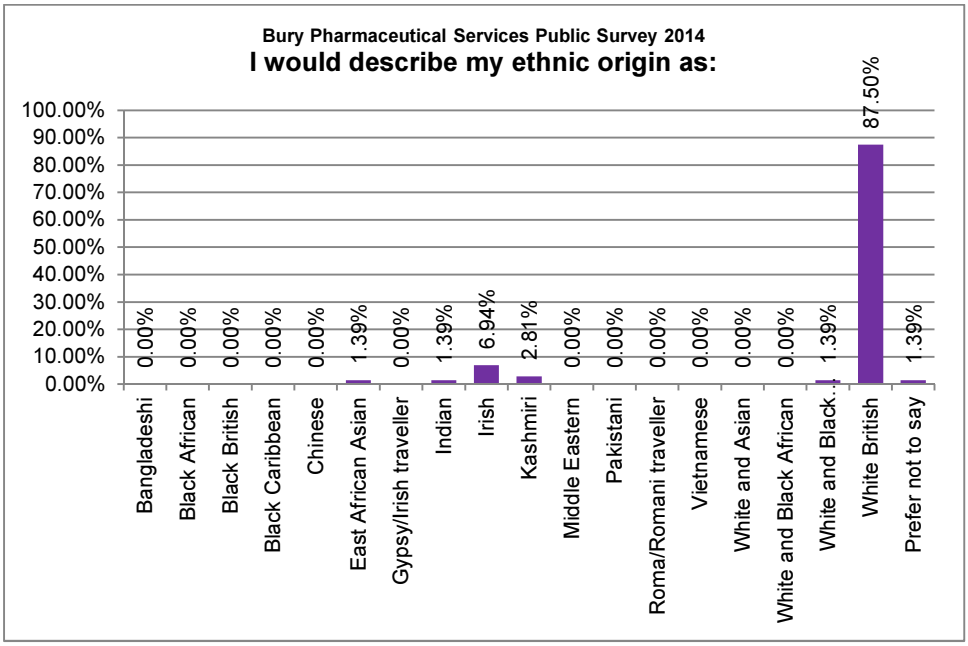


Do you identify with the gender you were assigned at birth? (eg Male or Female)	%	Number
Yes	100.00%	75
No	0.00%	0
Prefer not to say	0.00%	0
Skipped 4		

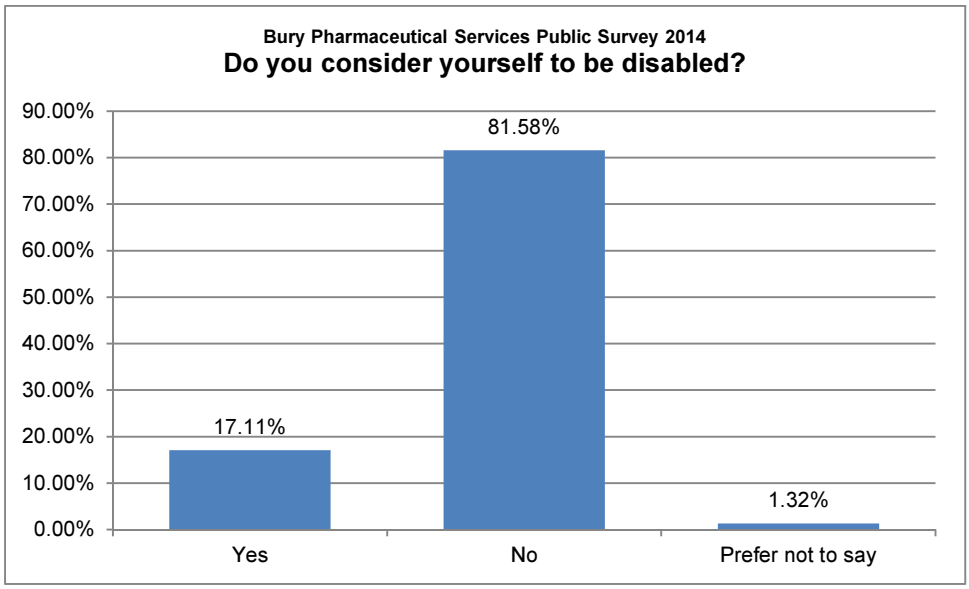


My age is:	%	Number
18 - 24 years	1.32%	1
25 - 34 years	9.21%	7
35 - 44 years	18.42%	14
45 - 54 years	26.32%	20
55 - 64 years	23.68%	18
65 - 74 years	11.84%	9
75 + years	7.89%	6
Prefer not to say	1.32%	1

Skipped 3		

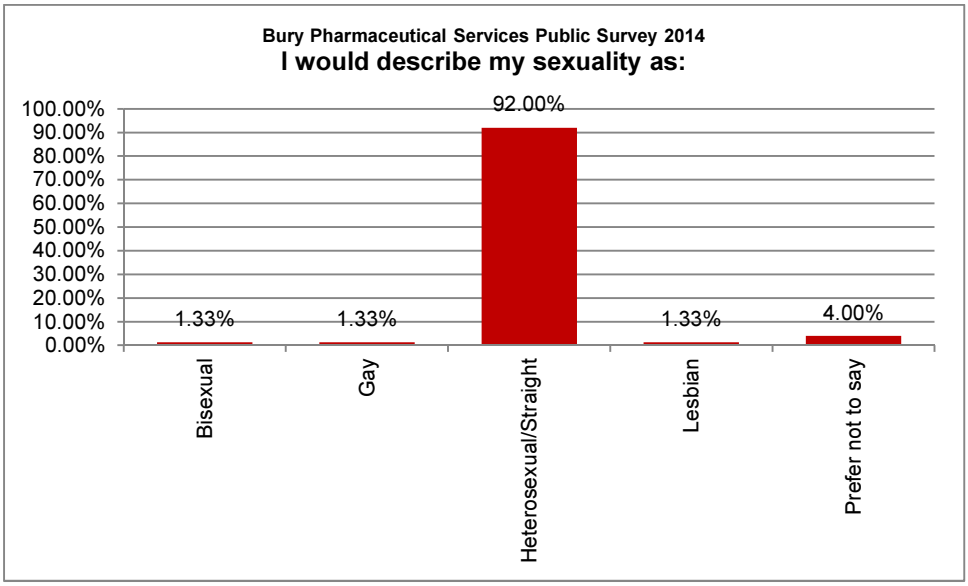


I would describe my ethnic origin as:	%	Number
Bangladeshi	0.00%	0
Black African	0.00%	0
Black British	0.00%	0
Black Caribbean	0.00%	0
Chinese	0.00%	0
East African Asian	1.39%	1
Gypsy/Irish traveller	0.00%	0
Indian	1.39%	1
Irish	6.94%	5
Kashmiri	2.81%	7
Middle Eastern	0.00%	0
Pakistani	0.00%	0
Roma/Romani traveller	0.00%	0
Vietnamese	0.00%	0
White and Asian	0.00%	0
White and Black African	0.00%	0
White and Black Caribbean	1.39%	1
White British	87.50%	63
Prefer not to say	1.39%	1
Skipped 7		

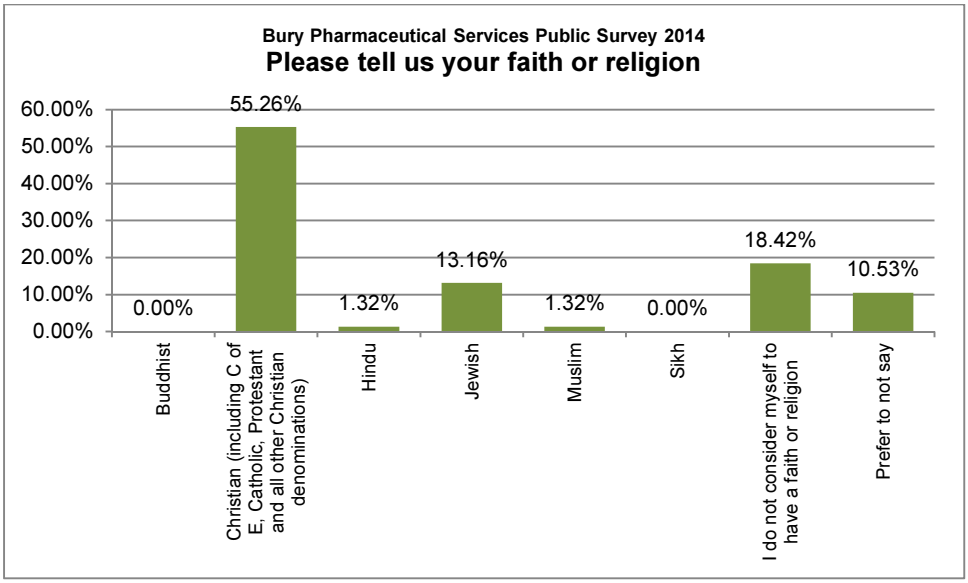


Do you consider yourself to be disabled?	%	Number
Yes	17.11%	13
No	81.58%	62
Prefer not to say	1.32%	1
Skipped 3		

Would like to give more information?
ushers syndrome
only in past few years but yes.
Long term neck/back injury



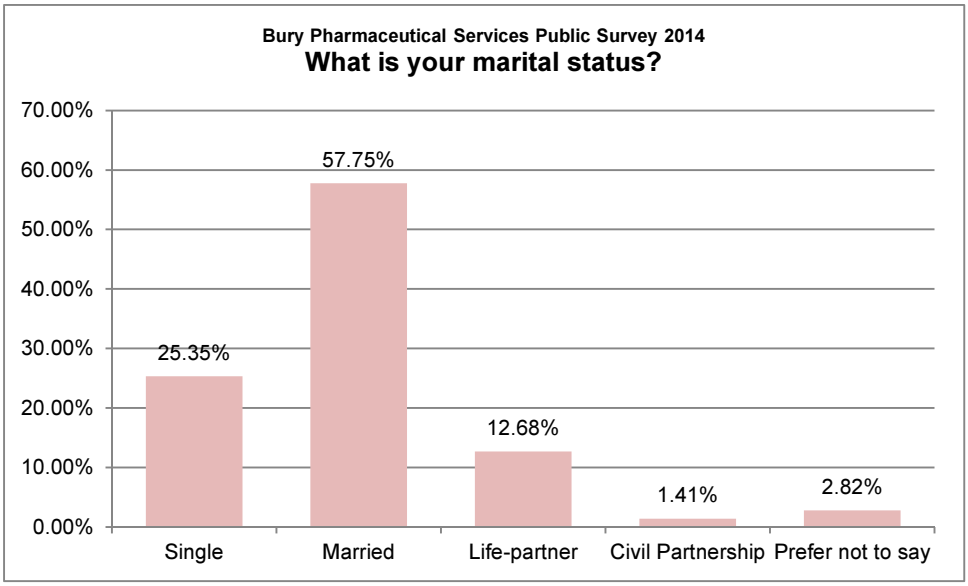
I would describe my sexuality as:	%	Number
Bisexual	1.33%	1
Gay	1.33%	1
Heterosexual/Straight	92.00%	69
Lesbian	1.33%	1
Prefer not to say	4.00%	3
Skipped 4		



Please tell us your faith or religion	%	Number
Buddhist	0.00%	0
Christian (including C of E, Catholic, Protestant and all other Christian denominations)	55.26%	42
Hindu	1.32%	1
Jewish	13.16%	10
Muslim	1.32%	1

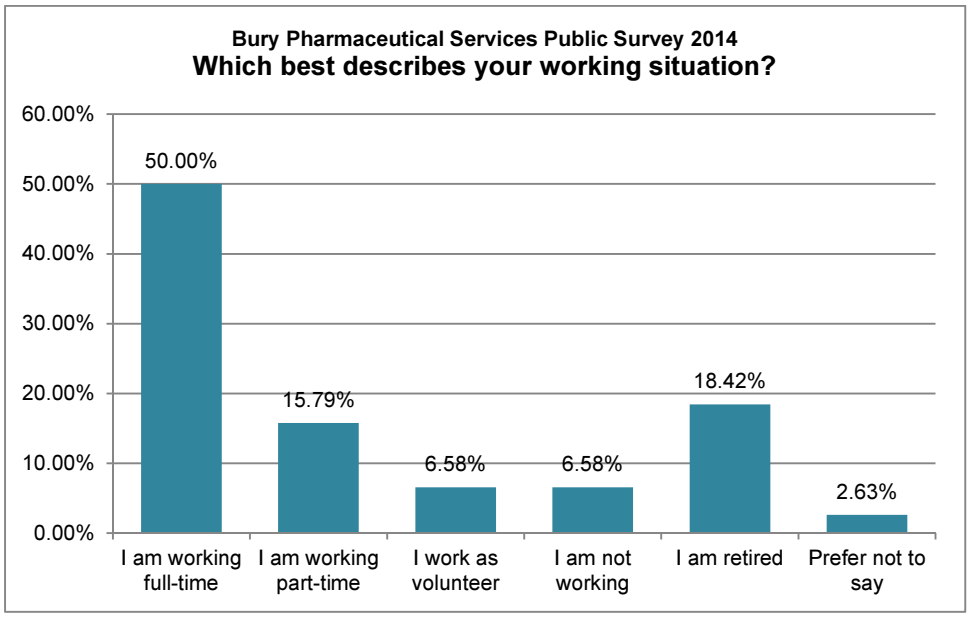
Sikh	0.00%	0
I do not consider myself to have a faith or religion	18.42%	14
Prefer to not say	10.53%	8
Skipped 3		

Others
Atheist



What is your marital status?	%	Number
Single	25.35%	18
Married	57.75%	41
Life-partner	12.68%	9
Civil Partnership	1.41%	1
Prefer not to say	2.82%	2
Skipped 8		

Others
Widowed
Divorced
Separated
Divorced



Which of the following best describes your working situation?	%	Number
I am working full-time	50.00%	38
I am working part-time	15.79%	12
I work as volunteer	6.58%	5
I am not working	6.58%	5
I am retired	18.42%	14
Prefer not to say	2.63%	2

Pharmacy Opening Hours – Bury

Yellow – Opens later on weekdays and open Saturdays and Sundays
Blue – Pharmacy opens weekdays and on Saturdays
Orange – Open standard core hours Monday – Friday (minimum of 40 hours per week)
Green – Internet pharmacies
Purple – Appliance suppliers

BURY EAST TOWNSHIP

Ward	Ref	Pharmacy Trading Name	Address	Postcode	Phone Number	Mon	Tue	Wed	Thur	Fri	Sat	Sun
East	3	Asda Pharmacy **(100hr)**	Spring Street, Bury	BL9 0RN	0161 447 8219	6am - 9pm	6am - 9pm	6am - 10pm	6am - 10pm	6am - 10pm	6am - 10pm	11am - 5pm
	6	Boots the Chemist	32-36 The Mall, Bury	BL9 0QQ	0161 763 7537	8.45am-5.30pm	8.45am-5.30pm	8.45am-5.30pm	8.45am-5.30pm	8.45am-5.30pm	8.45am-5.30pm	10.30am-4.30pm
	18	Imaan Pharmacy	14 Princess Parade, Bury	BL9 0QL	0161 764 1489	9am-6pm	9am-6pm	9am-6pm	9am-6pm	9am-6pm	9am-5.30pm	closed
	22	Lloyds Pharmacy	Moorgate PPC, 22 Derby Way, Bury	BL9 ONJ	0161 764 4573	8.30am-6pm	8.30am-6pm	8.30am-6pm	8.30am-6pm	8.30am-6pm	closed	closed
	21	Lloyds Pharmacy	Townside PCC, 2 Knowsley Place, Bury	BL9 0SN	0161 764 5010	8am - 6.30pm	8am - 6.30pm	8am - 6.30pm	8am - 6.30pm	8am - 6.30pm	9am-12noon	closed
	27	Medical Specialists Pharmacy	Westminster House, 49 Knowsley Street, Bury	BL9 0ST	0161 762 9108	9am-5pm	9am-5pm	9am-5pm	9am-5pm	9am-5pm	closed	closed
	30	Pimhole Pharmacy **(100hr)**	185 Rochdale Road, Bury	BL9 7BB	0161 761 1011	7am-23.59	7am-23.59	7am-9.30pm	7am-9.30pm	7am-9.30pm	7am-9.30pm	10am-6pm
Moorside	7	Boots the Chemist **(100hr)**	Unit 1 Woodfields Retail Park, Peel Way, Bury	BL9 5BY	0161 705 2845	8am-23.59pm	8am-23.59pm	8am-23.59pm	8am-23.59pm	8am-23.59pm	8am-10pm	11am - 5pm

	8	Bury Healthcare Pharmacy **(100hr)**	28 Walmersley Road, Bury	BL9 6DP	0161 222 1024	8am-10.30pm	8am-10.30pm	8am-10.30pm	8am-10.30pm	8am-10.30pm	7am-23.59pm	00-2am-10am-4pm
	17	Huntley Mount Pharmacy	Huntley Mount Road	BL9 6JA	0161 761 6662	8.45am-6pm	8.45am-6pm	8.45am-6pm	8.45am-6pm	8.45am-6pm	closed	closed
	37	Strachan's Chemist	Chesham Precinct, 166a Walmersley Road, Bury	BL9 6LL	0161 705 1829	8.45am-6.30pm	8.45am-6.30pm	8.45am-6.30pm	8.45am-6.30pm	8.45am-6.30pm	9am-1pm	closed
	38	Tesco Pharmacy	Woodfields Retail Park, Peel Way, Bury	BL9 5BY	0161 951 6047	8am-9pm	8am-9pm	8am-9pm	8am-9pm	8am-9pm	8am-9pm	11am-5pm
Redvales	13	Fishpool Pharmacy	14 Parkhills Road, Bury	BL9 9AX	0161 764 3535	9am-6pm	9am-6pm	9am-6pm	9am-6pm	9am-6pm	9am-1pm	closed

BURY WEST TOWNSHIP

Ward	Ref	Pharmacy Trading Name	Address	Postcode	Phone Number	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Church	28	Mile Lane Pharmacy	66 Mile Lane, Bury	BL8 2JR	0161 764 5054	9am-6pm	9am-6pm	9am-6pm	9am-6pm	9am-6pm	9am-1pm	closed
	29	Netchem Pharmacy	107 Bolton Road, Bury	BL8 2NW	0161 764 4401	9am-5pm	9am-5pm	9am-5pm	9am-5pm	9am-5pm	closed	closed
Elton	25	Manor Pharmacy	367 Brandlesholme Road, Bury	BL8 1HS	0161 764 4249	9am - 1pm 2pm - 6pm	9am - 1pm 2pm - 6pm	9am - 1pm 2pm - 6pm	9am - 1pm 2pm - 6pm	9am - 1pm 2pm - 6pm	9am-1pm	closed

PRESTWICH TOWNSHIP

Ward	Ref	Pharmacy Trading Name	Address	Postcode	Phone Number	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Holyrood	23	Lloyds Pharmacy	474 Bury Old Road, Prestwich	M25 1NL	0161 773 2786	9am-6pm	9am-6pm	9am-6pm	9am-6pm	9am-6pm	9am-5pm	closed
Sedgley	12	Dennis Gore Chemists	26 Whittaker Lane, Prestwich	M25 1FX	0161 773 1994	9am - 7pm	9am - 7pm	9am - 7pm	9am - 7pm	9am - 7pm	closed	closed
	14	Formans Chemist	12 Park Hill, Bury Old Road, Prestwich	M25 0FX	0161 740 3438	9am-7pm	9am-7pm	9am-7pm	9am-7pm	9am-7pm	closed	closed
	16	Pharmacykwik	Rear Unit, 56 Parksway, Manchester	M25 0HB	0161 773 1456	9am-7pm	9am-7pm	9am-7pm	9am-7pm	9am-7pm	9am-7pm	closed
	35	Sedgley Park Pharmacy	33 Bury New Road, Prestwich	M25 9JY	0161 773 2750	9am-6pm	9am-6pm	9am-6pm	9am-6pm	9am-6pm	closed	closed
	36	St Gabriel's Medical Centre Pharmacy	4 Bishop's Road, Prestwich	M25 0HT	0161 773 5665	8.30am-6pm	8.30am-6pm	8.30am-6pm	8.30am-6pm	8.30am-6pm	closed	closed
	39	Tesco Pharmacy	Bury New Road, Prestwich	M25 3TG	0161 951 5447	8am-10pm	8am-10pm	8am-10pm	8am-10pm	8am-10pm	8am-10pm	10am-4pm
St Mary's	31	Prestwich Pharmacy	40 Longfield Centre, Prestwich	M25 1AY	0161 798 9932	8.30am-6.15pm	8.30am-6.15pm	8.30am-6.15pm	8.30am-6.15pm	8.30am-6.15pm	9am-2pm	closed

Radcliffe Township

Ward	Ref	Pharmacy Trading Name	Address	Postcode	Phone Number	Mon	Tue	Wed	Thur	Fri	Sat	Sun

Radcliffe East	5	Boots the Chemist	11 Blackburn Street, Radcliffe	M26 1NN	0161 723 2221	9am-5.30pm	9am-5.30pm	9am-5.30pm	9am-5.30pm	9am-5.30pm	9am-5pm	closed
	32	Radcliffe Pharmacy	62 Cross Lane, Radcliffe	M26 2RF	0161 725 9111	8.45am-6.15pm	8.45am-6.15pm	8.45am-5pm	8.45am-6.15pm	8.45am-6.15pm	closed	closed
	41	The Co-operative Pharmacy	Radcliffe PCC, Church Street West, Radcliffe	M26 2SP	0161 724 7687	8am-8pm	8am-8pm	8am-8pm	8am-8pm	8am-8pm	8am-12noon	closed
	33	Radcliffe Pharmacy **(100hr)**	47 Church Street West, Radcliffe	M26 2SQ	0161 723 0005	8am-10.30pm	8am-10.30pm	8am-10.30pm	8am-10.30pm	8am-23.59pm	00-6pm	10am-6pm
	19	JT Smith & Son	8-8a Ainsworth Road, Radcliffe	M26 4DJ	0161 723 2519	9am - 1pm 2pm - 6pm	9am - 1pm 2pm - 6pm	9am - 1pm	9am - 1pm 2pm - 6pm	9am - 1pm 2pm - 6pm	9am-1pm	closed
Radcliffe West	2	Asda Pharmacy	Riverside Retail Park, Pilkington Way, Radcliffe	M26 3DA	0161 724 2510	8.30am-10pm	8.30am-10pm	8.30am-10pm	8.30am-10pm	8.30am-10pm	8.30am - 8pm	10.30am-4.30pm
	24	Manor Pharmacy	Unsworth Street, Radcliffe	M26 3RF	0161 723 2128	9am - 1pm 2pm - 6pm	9am - 1pm 2pm - 6pm	9am - 1pm 2pm - 6pm	9am - 1pm 2pm - 6pm	9am - 1pm 2pm - 6pm	9am-1pm	closed

**There are no pharmacies in the Radcliffe North Ward.*

Ramsbottom, Totttington and North Manor Township

Ward	Ref	Pharmacy Trading Name	Address	Postcode	Phone Number	Mon	Tue	Wed	Thur	Fri	Sat	Sun
North Manor	15	Gardners Chemist	6 Vernon Road, Greenmount	BL8 4DD	01204 883220	9am-6pm	9am-6pm	9am-5.30pm	9am-6pm	9am-6pm	9am-1pm	closed

	26	Manor Pharmacy	1 Brandlesholme Road, Greenmount	BL8 4DS	01204 884266	9am - 1pm 2pm - 6pm	9am - 1pm 2pm - 6pm	9am - 1pm 2pm - 6pm	9am - 1pm 2pm - 6pm	9am - 1pm 2pm - 6pm	9am-1pm	closed
Ramsbottom	11	Cohens Chemist	7 Market Place, Ramsbottom	BL0 9AJ	01706 822206	9am - 1pm 2pm - 6pm	9am - 1pm 2pm - 6pm	9am - 1pm 2pm - 6pm	9am - 1pm 2pm - 6pm	9am - 1pm 2pm - 6pm	9am-12.30pm	closed
	20	Lloyds Pharmacy	6 Bolton Street, Ramsbottom	BL0 9HX	01706 823155	9am-6pm	9am-6pm	9am-5pm	9am-6pm	9am-6pm	9am-12.30pm	closed
Tottington	9	Cohens Chemist	12-14 Market Street, Tottington	BL8 4AD	01204 882928	9am-6pm	9am-6pm	9am-6pm	9am-6pm	9am-6pm	9am-1pm	closed

Whitefield and Unsworth

Ward	Ref	Pharmacy Trading Name	Address	Postcode	Phone Number	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Pilkington Park	4	Barash Pharmacy	166 Bury New Road, Whitefield	M45 6QJ	0161 766 4242	9am-6.15pm	9am-6.15pm	9am-6.15pm	9am-6.15pm	9am-6.15pm	closed	closed
Unsworth	1	Asda Pharmacy	Pilsworth Road, Pilsworth, Bury	BL9 8RS	0161 351 2510	8.30am - 10pm	8.30am - 10pm	8.30am - 10pm	8.30am - 10pm	8.30am - 10pm	8.30am - 10pm	10.30am-4.30pm
	10	Cohens Chemist	135 Croft Lane, Bury	BL9 8QA	0161 766 2161	8.30am-12.30pm 1.30pm - 6pm	8.30am-12.30pm 1.30pm - 6pm	8.30am-12.30pm 1.30pm - 6pm	8.30am-12.30pm 1.30pm - 6pm	8.30am-12.30pm 1.30pm - 6pm	closed	closed
	34	Rowlands Pharmacy	59 Parr Lane, Unsworth	BL9 8JR	0161 766 3595	9am - 12.30pm 1.30pm - 6pm	9am - 12.30pm 1.30pm - 6pm	9am - 12.30pm 1.30pm - 6pm	9am - 12.30pm 1.30pm - 6pm	9am - 12.30pm 1.30pm - 6pm	9am-1pm	closed
	40	The Co-operative Pharmacy	Unit 1 Elms Square, Whitefield	M45 7TA	0161 767 9334	9am-6pm	9am-6pm	9am-6pm	9am-6pm	9am-6pm	closed	closed

**There are no pharmacies in the Besses Ward.*

This page is intentionally left blank

Acronyms

AUR	Appliance Use Review
CCG	Clinical Commissioning Group
CPCF	Community Pharmacy Contractual Framework
CVD	Cardiovascular Disease
GMLAT	Greater Manchester Local Area Team
HWB	Health & Wellbeing Board
IMD	Index of Multiple Deprivation
JSNA	Joint Strategic Needs Assessment
LA	Local Authority
LAT	Local Area Team
LPC	Local Pharmaceutical Committee
LPS	Local Pharmaceutical Service
LSOA	Lower Tier Super Output Area
MUR	Medicines Use Review
NHS	National Health Service
NMS	New Medicines Service
OOH	Out of Hours
PCT	Primary Care Trust
PGD	Patient Group Direction
PNA	Pharmaceutical Needs Assessment
PSNC	Pharmaceutical Services Negotiating Committee
SAC	Stoma Appliance Customisation Service

This page is intentionally left blank

Health & Wellbeing Board Report template

Bury Health and Wellbeing Board

Title of the Report	North West Directors of Public Health Manifesto: Top Ten for Number Ten
Date	9th July 2014
Contact Officer	Lesley Jones, Director of Public Health
HWB Lead in this area	Lesley Jones, Director of Public Health

1. Executive Summary

Is this report for?	Information ☐	Discussion ☐	Decision ☐
Why is this report being brought to the Board?	To raise awareness of the NW DPH Manifesto and to discuss and agree a Board response.		
Please detail which, if any, of the Joint Health and Wellbeing Strategy priorities the report relates to. (See attached Strategy)  Living_well_in_Bury_ Making_it_happen_to	All		
Please detail which, if any, of the Joint Strategic Needs Assessment priorities the report relates to. (See attached JSNA)  Bury JSNA - Final for HWBB 3.pdf	All		
Key Actions for the Health and Wellbeing Board to address – what action is needed from the Board and its members? Please state recommendations for action.	To discuss and agree a Board response to the Manifesto.		
What requirement is there for internal or external communication around this area?	Dependent on agreed response		
Assurance and tracking process – Has the report been considered at any other committee meeting of the	Raised as question in Council on 9th July, 2014		

Council/meeting of the CCG Board/other stakeholders....please provide details.	

2. Introduction / Background

The North West Group of the Association of Directors of Public Health (NW DPH Group) have developed a manifesto- "Top Ten for Number Ten" highlighting the top 10 policies that they believe would make the most significant difference to health. The aim is to raise awareness and gain cross party political and stakeholder support for these important evidenced based public health issues. It will also be used to influence national public health bodies.

The manifesto was formally launched on Tuesday 1st July at the Festival of Public Health in Manchester.

3. key issues for the Board to Consider

The actions identified within the manifesto lie largely outside local control. Implementation of these policies at a national level would however, have a significant impact on improving the health of the people of Bury and reducing health inequalities both within the borough and between Bury and the England average. Adoption of this manifesto would support the goals of our Health and Wellbeing Strategy and create the conditions that would enhance the impact of locally delivered interventions.

Despite our best efforts, life expectancy in Bury is significantly worse than the for England and the gap in life expectancy within the Borough is almost 7 years for men and over 11 years for women. Furthermore:

- Around 17% of Bury Children are living in poverty
- Around 12% of households in Bury are living in fuel poverty
- 1/5 of reception aged children, 1/3 of year 6 children and over 2/3 of adults in Bury are overweight or obese
- Bury has the worst rate of tooth decay among children in the Northwest
- There are around 1200 alcohol related hospital admissions a year from Bury
- Public Health England estimate that around 96 deaths per year in Bury are attributable to air pollution (mostly from road traffic) with an associated 947 life years lost.

These are wicked issues – there is no single solution. Knowledge and education is not enough to change health related behaviours. People's health is determined by the extent to which they have access to the economic, social, and physical resources they need to meet their needs and deal with changes to their circumstances. Without addressing these wider determinants of health such as adequate income, housing, and environmental quality; strategies that focus on advocating change at the individual level will have very limited impact at a population level and may exacerbate inequalities.

Many so called 'health choices' are also strongly influenced and determined by the commercial sector which are driven by a profit motive vs a health motive. The alcohol, tobacco food, soft drinks and car industries for example put significant resources into product development, advertising and marketing products to increase sales.

Addressing these wider and commercial determinants of health requires action that can only be taken at a national level. For example the most significant interventions to impact on reducing smoking prevalence have been the ban on advertising, taxation policy, restriction on sales and the introduction of the smoke-free legislation.

The NW DPH group acknowledge that there would be significant challenges in implementing these policy measures but a seeking to build a broad consensus on priorities as a first step.

4. Recommendations for action

- To discuss and agree a Board response to the NW DPH Manifesto

5. Financial and legal implications (if any)
If necessary please see advice from the Council Monitoring Officer Jayne Hammond (J.M.Hammond@bury.gov.uk) or Section 151 Officer Steve Kenyon (S.Kenyon@bury.gov.uk).

N/A

6. Equality/Diversity Implications

N/A

CONTACT DETAILS:

Contact Officer: Lesley Jones

Telephone number: 0161 253 6762

E-mail address: l.jones@bury.gov.uk

Date: 9th July, 2014

ADPH North West DPH Group

North West Directors of Public Health Group

"Top Ten for Number Ten"

A Public Health Manifesto from the North West Directors of Public Health

July 2014

Foreword

One of the key elements of the Director of Public Health role is to provide population advice on behalf of their populations, and to advocate for evidenced based interventions at both a local and national level.

Our aim is simple. Collectively we are working to improve the health and wellbeing of individuals, families, communities, towns and cities. We are striving to address health equity and ensure that everyone has a fair chance in achieving their maximum potential and contributing towards their own wellbeing and that of others around them. Social capital and asset-based approaches are being pioneered in the North West with local residents leading the movement for change and control over their lives. However substantial health inequalities still exist in the North West and so national policy is also really important in helping us drive improvements in health for our populations.

There has been significant work undertaken over the last ten years on improving public health, for example with the implementation of the smoking ban, a government commitment to implement standardised packaging for tobacco, increases in seasonal influenza immunisation, and improvements in MMR vaccination uptake. However, there is still more work to do, for example the implementation of standardised packaging, and with continued discussions around price and taxation policies for both tobacco and alcohol.

It is with this in mind, and with the 2015 General Election on the horizon, that the North West Directors of Public Health have developed this public health manifesto, to provide a coherent set of top ten priorities for Local Authorities, NHS, Public Health England, policy makers, advocacy organisations and Government departments to consider for immediate implementation. The development of this North West public health manifesto also allows us to formally input into the national Association of Directors of Public Health (ADPH) and Faculty of Public Health (FPH) manifesto discussions.

The top ten priorities are based on a robust evidence-based approach that if implemented in full will result in improving the physical and mental health and wellbeing of the population, and reducing health inequalities, further and faster than current trajectories. Investment and implementation in the ten priorities will not only save countless lives but build a better quality of life for a new generation.

I look forward to your support and further dialogue on how we transform the manifesto into a charter and mandate for change in the best interests of the Public's Health.

Abdul Razzaq *Chair, North West Directors of Public Health Group*

Top ten priorities for public health

1. Introduce a minimum price of 50p per unit of alcohol sold to tackle alcohol-related harm and improve health and social outcomes.
2. Introduce a sugar sweetened beverage duty at 20p per litre to help address poor dental health, obesity and related conditions.
3. Commit to the eradication of childhood poverty to meet targets set by the Child Poverty Act 2010 and improve the health and wellbeing of all children.
4. Work with employers to increase payment of the living wage and introduce a higher minimum wage to improve quality of life, happiness and productivity in work.
5. Ban the marketing on television of foods high in fat, sugar and salt before 9pm to reduce children's exposure to unhealthy food advertising and improve diet choices.
6. Implement the recommendations contained within the "1001 critical days" cross party report to ensure all babies have the best possible start in life.
7. Implement tougher regulation of pay day loan companies to improve the health and wellbeing of people with debts.
8. Require all schools to provide a minimum of one hour of physical activity to all pupils every day in line with UK physical activity guidelines for 5-18 year olds.
9. Introduce policies to encourage active travel and use of public transport to improve the quality of local environments and improve road safety, health and wellbeing.
10. Require compulsory standardised front of pack labelling for all pre-packaged food and beverages (including alcoholic drinks) to encourage informed decision making about food and drink consumption.

Introduction

The North West Directors for Public Health (NW DsPH) commissioned this public health manifesto to:

- Raise awareness of important public health issues and evidenced based high impact interventions.
- Develop a consensus of shared priorities for action to improve the public's health across the North West.
- Influence cross party political manifestos ahead of the General Election in May 2015 and to inform the development of national public health policies.

The manifesto represents a consensus on priorities for public health action by the NW DsPH and stakeholders. The consensus was developed through the discussion and development of ideas at North West DPH meetings and a wider public health twitter discussion during May 2014[1].

A list of 40 potential priorities was formed based upon suggestions provided during this process. The NW DsPH voted to select their top ten, presented here and supported by a summary of the evidence around each issue.

The "Top Ten for Number Ten" includes challenging priorities that look at the whole public health spectrum, from food packaging and marketing to children to raising the living wage and tackling personal debt.

1. A full transcription of the twitter discussion is available to download: http://phlive.org.uk/phlive-twitter-discussion-21-may-2014-what-would-your-priority-be-in-a-public-health-election-manifesto/

North West Directors of Public Health Group

Kate Ardern
Matthew Ashton
Janet Atherton
Caryn Cox
Colin Cox
Sandra Davies
Liz Gaulton
Angela Hardman
Dominic Harrison
David Herne
Alan Higgins
Fiona Johnstone
Lesley Jones
Sakthi Karunanithi
Wendy Meston
Wendy Meredith
Eileen O'Meara
Arif Rajpura
Abdul Razzaq
David Regan
Dr Rita Robertson
Dr Stephen Watkins

Priority 1:

Introduce a minimum price of 50p per unit of alcohol sold to tackle alcohol-related harm and improve health and social outcomes

Alcohol related harm is a major public health concern in the UK. In England alone, the cost to the NHS is estimated at £3.5 billion per year[1]. Current statistics indicate that 16% of men and 9% of women in the UK drink on five days per week, and 9% of men and 5% of women drink every day[2]. National surveys show that 27% of men and 18% of women drink more than double the government's lower risk guidelines for alcohol on at least one day a week (8 and 6 units respectively)[2].

The harms associated with alcohol consumption are well-established. In 2010, over 21,000 deaths were caused by alcohol consumption, 5% of all deaths in England[3] but the harmful consequences of alcohol consumption impact on a range of health, mental wellbeing and social outcomes at both a personal and societal levels. Evidence suggests that implementing minimum unit pricing for alcohol is an effective policy tool for reducing population levels of alcohol consumption and related harm amongst heavier drinkers without penalising moderate drinkers[4, 5]. Modelling of the impact of a minimum price of 50p per unit suggests it would reduce consumption by 7% in England[4] and by 6% in Scotland[6]. In England it is predicted that over time this would reduce alcohol-related deaths (3,060), hospital admissions (97,700) and crimes (42,500)[4].

References

1. House of Commons Health Committee. Government's Alcohol Strategy. Third report of session 2012-2013. 2012; Available from: http://www.publications.parliament.uk/pa/cm201213/cmselect/cmhealth/132/132.pdf

2. Office for National Statistics. General lifestyle survey, 2011. Chapter 2 - drinking. London: Office for National Statistics. 2013.

3. Jones L, Bellis MA. Updating England-specific alcohol-attributable fractions. Liverpool: Liverpool John Moores University. 2013.

4. Purshouse R, Brennan A, Latimer N, et al. Modelling to assess the effectiveness and cost-effectiveness of public health related strategies and interventions to reduce alcohol attributable harm in England using the Sheffield Alcohol Policy Model version 2.0. Sheffield: Sheffield University. 2009.

5. Holmes J, Meng Y, Meier PS, et al. Effects of minimum unit pricing for alcohol on different income and socioeconomic groups: a modelling study. The Lancet. 2014; 383:1655-64.

6. Meng Y, Hill-McManus DH, Meier P. Model-based appraisal of alcohol minimum pricing and off-licensed trade discount bans in Scotland using the Sheffield Alcohol Policy Model. Sheffield: Sheffield University. 2012.

Priority 2:

Introduce a sugar sweetened beverage (SSB) duty at 20p per litre to help address poor dental health, obesity and related conditions

SSBs include any drink that has sugar added to it. SSBs make up 39% of all soft drink consumption in the UK, with overall consumption estimated at 92 litres per person per year[1]. SSBs are the most frequently consumed beverage for those aged 4-18 years and intake is particularly high amongst adolescents[2]. A range of poor health outcomes are strongly associated with intake of SSBs including being overweight and obesity, cardiovascular disease, type 2 diabetes, hypertension and dental caries[3, 4]. Childhood SSB consumption has been identified as a factor contributing to adult obesity[5].

There is evidence to suggest that a 20% price increase for SSBs would be acceptable to 52% of the population[6]. Assuming that price rises are passed on to the consumer, it is predicted that a 20% tax on SSBs would lead to a reduction in purchases, and therefore in overall consumption and daily energy intake[2, 7]. In the UK it has been estimated that this would lead to reductions of 1.3% (180,000 people) in the prevalence of obesity and 0.9% (285,000 people) in the number of people overweight, with the greatest effects likely to be seen among young people[7]. With additional anticipated benefits for dental health from reduced sugar consumption and no downsides for health from drinking less SSBs, a tax on SSBs has clear benefits as a policy tool for improving public health.

References

1. British Soft Drinks Association. Long-term commitment for long-term success. The 2012 UK soft drinks report. London: British Soft Drinks Association. 2012.

2. Ng SW, Mhurchu CN, Jeff SA, et al. Patterns and trends of beverage consumption among children and adults in Great Britain, 1986-2009. British Journal of Nutrition. 2012; 108:536-1.

3. Bernabe E, Vehklahti MM, Sheiham A, et al. Sugar-sweetened beverages and dental caries in adults: A 4-year prospective study. Journal of Dentistry. 2014; http://dx.doi.org/10.1016/j.jdent.2014.04.011

4. Malik VS, Popkin BM, Bray GA, et al. Circulation. Sugar-sweetened beverages, obesity type 2 diabetes mellitus and cardiovascular disease risk. 2010; 121:1356-64.

5. Monasta L, Batty GD, Cattaneo A, et al. Early-life determinants of overweight and obesity: a review of systematic reviews. Obesity Reviews. 2010; 11:695-708.

6. Timpson H, Lavin R, Hughes L. Exploring the acceptability of a tax on sugar-sweetened beverages. Liverpool: Centre for Public Health. 2013.

7. Briggs ADM, Mytoon OT, Kehlbacher A, et al. Overall and income specific effect on prevalence of overweight and obesity of 20% sugar sweetened drink tax in UK: econometric and comparative risk assessment modelling study. BMJ. 2013; 347:f6189.

Priority 3:

Commit to the eradication of childhood poverty to meet targets set by the Child Poverty Act 2010 and improve the health and wellbeing of all children

An estimated 3.5 million children in the UK, 27% of all children, live in poverty[1]. An estimated 2.5 million live in damp housing,1.5 million live in households that cannot afford to heat their home and over half a million are from families who cannot afford to feed them properly[2]. Growing up in poverty impacts on life chances and is associated with delayed cognitive development[3], lower school achievement[4] and unemployment, low income work and unskilled jobs in adulthood[4]. Children in poverty are at increased risk of a range of poor health and social outcomes including adverse birth outcomes, obesity, diabetes, asthma, mental health problems and reduced access to healthcare[4]. Children of persistently poor parents are at risk of becoming poor adults themselves and any children they have are at risk of growing up in poverty.

The Child Poverty Act (2010) includes two targets to be achieved in the UK by 2020: (i) less than 10% of children in relative poverty, and (ii) less than 5% of children in absolute poverty. While the Government have introduced policies to improve outcomes for children in poverty, current evidence indicates that these targets will be not achieved[5] and even with higher employment and benefit maximisation, projections suggest these targets could not be reached. It is clear that new ambitious actions across policy domains are needed to tackle child poverty to meet the targets of the 2010 Act and to improve health, wellbeing and social outcomes for children.

References

1. Department for Work & Pensions. Households below average income. An analysis of the income distribution 1994/95 - 2011/12. London: Department for Work & Pensions. 2013.

2. Gordon D, Mack J, Lansley S, et al. The impoverishment of the UK. PSE UK first results: Living standards. PSE UK; 2013; Available from: http://www.poverty.ac.uk/sites/default/files/attachments/The_Impoverishment_of_the_UK_PSE_UK_first_results_summary_report_March_28.pdf

3. Cooper K, Stewart K. Does money affect children's outcomes? A systematic review. York: Joseph Rowntree Foundation. 2013.

4. Griggs J, Walker R. The costs of child poverty for individuals and society. York: Joseph Rowntree Foundation. 2008.

5. Reed H, Portes J. Understanding the parental employment scenarios necessary to meet the 2020 Child Poverty Targets: Research report. London: Social Mobility & Child Poverty Commission. 2014.

Priority 4:

Work with employers to increase payment of the living wage and introduce a higher minimum wage to improve quality of life, happiness and productivity in work

The Living Wage is an hourly wage, calculated to provide an acceptable standard of living to employees and their families and it is currently optional for UK employers to pay a living wage. The Living Wage is set at £7.65 per hour outside of London in comparison to the National Minimum Wage of £6.31 per hour for workers aged over 21. It is estimated that over 5 million people in the UK, or one in five employees, earn less than the Living Wage[1]. The proportion of UK workers in low-paid work is higher than the average for other OECD countries, behind only the USA[2].

Lower income leads to reduced ability to afford essential goods such as food, clothing and heating, reduced participation in social activities and increased debt[3]. This can have a clear impact on the mental wellbeing and physical health of adults and children. Being paid the Living Wage has been associated with increased mental wellbeing and financial benefits in comparison to workers remaining on low pay[4, 5]. Employers also benefit from implementing the Living Wage through increased worker productivity and reduced staff turnover[6]. Wider implementation of the Living Wage and raising the national minimum wage are therefore essential policy tools for improving the quality of life of the UK's lowest earners.

References

1. Markit. Living Wage research for KPMG. Structural analysis of hourly wages and current trends in household finances. Henley on Thames: Markit. 2013.

2. Lawton K, Penncook M. Beyond the bottom line. The challenges and opportunities of a living wage. London: IPPR & The Resolution Foundation. 2013.

3. Marmot Review Team. Fair Society, Healthy Lives: Strategic review of health inequalities in England post-2010 (The Marmot Review). London: Marmot Review Team. 2010.

4. Flint E, Cummins S, Wills J. Investigating the effect of the London living wage on the psychological wellbeing of low-wage service sector employees: a feasibility study. Journal of Public Health. 2014; 35:187-93.

5. Neumark D, Thompson M, Koyle L. The effects of living wage laws on low-wage workers and low-income families: What do we know now? IZA Discusssion Paper. 2012; 7114:Available at http://papers.ssrn.com/sol3/Delivery.cfm/dp7114.pdf?abstractid=2199797&mirid=3

6. Wills J, Linneker B. The costs and benefits of the London living wage. London: Queen Mary University of London. 2012.

Priority 5:

Ban the marketing on television of foods high in fat, sugar and salt (HFSS) before 9pm to reduce children's exposure to unhealthy food advertising and improve diet choices

The obesity crisis in the UK is well documented and likely to worsen in the future, with an estimated 50% obesity rate by 2050 at a cost of £50 billion a year[1]. Currently around one third of 10-11 year olds are overweight with estimated obesity levels at 19%[2]. Furthermore an estimated 9% of 4-5 year olds are thought to be obese[2]. Childhood obesity predicts obesity during adulthood[3] and is associated with onset of diseases including diabetes, hypertension, heart disease and stroke. Evidence supports the influential effect of food marketing on children's food preferences and consumption[4]. Despite a UK ban on advertising HFSS foods in programmes made for children, a recent study showed that the level of exposure of children to television food advertising for HFSS foods has not reduced[5]. One reason may be that children are likely to watch programmes that also attract an older audience where advertising of HFSS foods is still permitted.

Further measures are therefore required to reduce children's exposure to unhealthy food advertising. NICE guidance recommends that restrictions on the television advertising of HFSS foods be extended until 9pm[6], with evidence suggesting that such action could reduce exposure amongst children by 82%[7]. A ban on advertising of HFSS foods on television before 9pm is therefore an essential policy priority in helping children make positive and healthy food preferences and choices.

References

1. Butland B, Jebb S, Kopelman P, et al. Tackling obesities: Future choices - project report. London: Foresight Programme of the Government Office for Science. 2007.

2. Lifestyle statistics team. Health and Social Care Information Centre. The national child measurement programme 2012/2013; Available from: www.hscic.gov.uk/catalogue/PUB13115

3. Freedman DS, Kettel L, Seerdula MK, et al. The relation of childhood BMI to adult adiposity: the Bogalusa Heart Study. Pediatrics. 2005; 115:22-7.

4. Cairns G, Angus K, Hastings G. The extent, nature and effects of food promotion to children. A review of the evidence to December 2008. Geneva: World Health Organisation. 2009.

5. Adams J, Tyrrel R, Adamson AH, et al. Effect of restrictions on television food advertising to children on exposure to advertisements for 'less healthy' foods: Repeat cross-sectional study. PloS ONE. 2012; 7:e31578.doi:10.1371/journal.pone.0031578.

6. National Institute for Health and Clinical Excellence. Prevention of cardiovascular disease at population level. NICE; 2010; Available from: http://guidance.nice.org.uk/PH25/Guidance/pdf/English

7. Ofcom. Impact assessment – annex to consultation on television advertising of food and drink to children. London: Ofcom. 2006.

Priority 6:

Implement the recommendations contained within the "1001 critical days" cross party report to ensure all babies have the best possible start in life

The first few years of life are a critical period for a child's development. In 2013, over 5,500 children unborn and under the age of one in the UK were the subject of a child protection plan, and the NSPCC estimates that a quarter of all babies in the UK have a parent affected by domestic violence, mental health issues or drug and alcohol problems[1]. Evidence indicates that half of all adults in England suffer at least one adverse childhood experience with 9% suffering four or more[2].

Between birth and two years of age, a baby's brain grows from around 25% to 80% of its adult size[3]. While there are many factors that influence brain development, one of the main drivers of this policy approach is the belief that infants that are neglected, abused or exposed to stress are less likely to develop connections in the brain that support healthy social, emotional and cognitive development. Exposure to adverse experiences in childhood is associated with a wide range of health-harming behaviours in later life and to poor physical and mental health outcomes.

Interventions that develop secure attachments between infants and their caregivers are viewed as the key tools in this policy area; evidence suggests they support maternal mental health, promote positive parenting and can generate long-term cost savings[4]. Health visitors can reduce post natal depression, while home visiting programmes (e.g. Nurse Family Partnership[5]) for at risk mothers can improve health-related behaviours in pregnancy, reduce child maltreatment and childhood injuries, and reduce mental health problems, substance use and criminal behaviour in adolescence. Parenting programmes have shown positive impacts on both parent and child behaviours, particularly in reducing child conduct problems[6].

References

1. Jutte S, Bentley H, Miller P, et al. How safe are our children? London: NSPCC. 2014.

2. Bellis MA, Hughes K, Leckenby N, et al. National household survey of adverse childhood experiences and their relationship with resilience to health-harming behaviours in England. BMC Medicine. 2014; 12:72.

3. Tau GZ, B.S. P. Normal development of brain circuits. Neuropsychopharmacology. 2010; 35:147-69.

4. Washington State Institute for Public Policy. Benefit-cost results. 2013; Available from: www.wsipp.wa.gov/BenefitCost

5. Eckenrode J, Campa M, Luckey DW, et al. Long-term effects of prenatal and infancy nurse home visitation on the life course of youths: 19-year follow-up of a randomized trial. Archives of Pediatric and Adolescent Medicine. 2010; 164:9-15.

6. Lindsay G, Strand S, Cullen MA, et al. Parenting early intervention programme evaluation. London: Department for Education. 2011.

Priority 7:

Implement tougher regulation of payday loan companies to improve the health and wellbeing of people with debts

It is estimated that between 7.4 and 8.2 million payday loans were arranged in the UK in 2011/2012 at a value of £2-2.2billion[1]. A payday loan is a short-term and unsecured loan repaid at a high interest rate in full on a fixed date. Such loans are seen as attractive due to very short approval periods from easily accessible lenders. The average cost of borrowing has been estimated at £25 per £100, but additional costs are accrued for transmission of funds and for late payments, which occur in approximately one in five loans[1].

Financial difficulty is a widespread issue for people who use payday lenders[2] and being in debt is associated with the development of a range of mental health problems including anxiety, stress and depression[3]. In addition seekers of short-term loans are more likely to have a low income and be in poverty, which further compounds the negative health outcomes for these individuals and their families. For those borrowing money, high interest rates and additional costs are likely to increase debt and financial insecurity, which may create a cycle of further debt and use of money lenders.

The Government has recognised the problems caused by easily accessible and harmful payday loans[4] and new regulations imposed by the Financial Conduct Authority[5] are expected to reduce the number of payday lenders. It is important that the impact of new regulations is closely monitored and that tougher regulations are introduced in the future if required. While regulation of payday loans is an important policy tool, as options for payday loans are reduced it will be important to encourage responsible money lending across other sources of short-term, high-cost credit, and to consider how other measures can improve access to credit and savings, and debt management advice, particularly for those on low incomes.

References

1. Office of Fair Trading. Payday lending: Compliance review final report. 2013; Available from: http://webarchive.nationalarchives.gov.uk/20140402142426/http://www.oft.gov.uk/shared_oft/Credit/oft1481.pdf

2. Personal Finance Research Centre. The impact on business and consumers of a cap on the total cost of credit. London: Department for Business, Innovation and Skills. 2013.

3. Fitch C, Hamilton S, Bassett P, et al. The relationship between personal debt and mental health: a systematic review. Mental Health Review Journal. 2011; 16:153-66.

4. Department for Business Innovation & Skills. Government response to the Bristol University report on high cost credit. London: Department for Business Innovation & Skills. 2013.

5. Financial Conduct Authority. Detailed rules for the FCA regime for consumer credit. London: Financial Conduct Authority. 2014.

Priority 8:

Require all schools to provide a minimum of one hour of physical activity to all pupils every day in line with UK physical activity guidelines for 5-18 year olds

Current UK guidelines recommend that children participate in moderate activity for at least 60-minutes every day, and vigorous activity on at least three days per week. Current data show that only 21% of boys and 16% of girls aged between 5 and 15 years in England, reach the recommended level[1]. Physical inactivity is a significant risk factor for obesity and several related chronic health diseases including type 2 diabetes, coronary heart disease, stroke and certain cancers. Being overweight in childhood is associated with a number of health problems, both during childhood[2] and in later life[3].

Policy action is therefore required to reduce the future burden of ill health arising from physical inactivity. For each inactive child who reaches the recommended activity levels, savings are estimated at £40,000 over the lifetime through reduced healthcare costs[4]. For school-aged children, physical activity not only improves physical health, but has positive implications for behaviour, attitudes and academic achievement[5]. Children up to the age of 16 spend up to 45% of their waking time at school during term-time[6], and as a consequence schools provide the optimum opportunity for influencing and promoting health and health behaviours in children.

References

1. Health and Social Care Information Centre. Health Survey for England: Health, Social Care and Lifestyles. 2012; Available from: http://www.hscic.gov.uk/searchcatalogue?productid=13887&topics=0%2fPublic+health&sort=Relevance&-size=10&page=1#top

2. Freedman DS, Mei Z, Srinivasan SR, al e. Cardiovascular risk factors and excess adiposity among overweight children and adolescents: the Bogalusa heart study. Journal of Paediatrics. 2007; 150:12-7.

3. Reilly JJ, Kelly J. Long-term impact of overweight and obesity in childhood and adolescence on morbidiy and premature mortality in adulthood: systematic review. International Journal of Obesity. 2011; 35.

4. Evans K. 2014. Centre for Economics and Business ResearchThe inactivity time bomb. The economic cost of physical inactivity in young people.; Available from: http://www.streetgames.org/www/sites/default/files/The-Inactivity-TimeBomb-StreetGames-Cebr-report-April-2014.pdf

5. Booth JN, Leary SD, Joinson C. Associations between objectively measured physical activity and academic attainment in adolescents from a UK cohort. British Journal of Sports Medicine. 2014; 48:265-70.

6. Fox K. Childhood obesity and the role of physical activity. The Journal of the Royal Society for the Promotion of Health. 2004; 124:34-9.

Priority 9:

Introduce policies to encourage active travel and use of public transport to improve the quality of local environments and improve road safety, health and wellbeing

Active travel incorporates physical activity into daily life. In 2012 only 39% of all urban trips under five miles made in England were by cycling or walking, with the average number of walking trips in the UK decreasing by 27% in 2012 from 1995/96[1]. Cyclists and pedestrians in the UK can be deterred by lack of facilities and misperceptions of poor road safety, while a perception of expensive fares and inconvenience (in comparison to car use) reduces use of public transport. Transport methods are strongly linked with a wide range of public health outcomes. In the UK an estimated 67% men and 57% women are overweight or obese[2] and physical inactivity contributes to obesity and a number of chronic conditions[3]. Emissions from cars reduce air quality and contribute to noise pollution and climate change with 25% of the total UK emissions of carbon dioxide estimated from road emissions[4]. Amongst young males, driving is associated with increased fatalities in comparison to methods of active transport[5].

Increasing levels of habitual physical activity by creating local environments where walking and cycling are safe and attractive, and facilitating use of public transport has therefore emerged as an important area of public health policy. Local policies can have a significant impact on the quality of the local environment as well as the health and wellbeing of residents. Nationally, a scenario of increased active travel, with subsequent reduced car use, produces estimated savings of £17 billion over 20 years through reduced spending on non-communicable diseases including type 2 diabetes, cardiovascular diseases, cancers, dementia and depression[6].

References

1. Department for Transport. National travel survey 2012. 2013; Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/243957/nts2012-01.pdf

2. Ng M, Fleming T, Robinson M. Global, regional, and national prevalence of overweight and obesity in children and adults during 1980-2013: a systematic analysis for the Global Burden of Disease Study 2013. The Lancet. 2014; http://dx.doi.org/10.1016/S0140-6736(14)60460-8

3. Cavill N, Rutter H. Obesity and the environment: increasing physical activity and active travel. London: Public Health England. 2013.

4. Purshouse R, Brennan A, Latimer N, et al. Modelling to assess the effectiveness and cost-effectiveness of public health related strategies and interventions to reduce alcohol attributable harm in England using the Sheffield Alcohol Policy Model version 2.0. Sheffield: Sheffield University. 2009.

5. Mindell JS, Leslie D, Wardlaw M. Exposure-based 'like-for-like' assessment of road safety by travel mode using routine health data. PloS one. 2012; DOI: 10.1371/journal.pone.0050606

6. Jarrett J, Woodcock J, Griffiths UK, et al. Effect of increasing active travel in urban England and Wales on costs to the National Health Service. The Lancet. 2012; 379:2198-205.

Priority 10:

Require compulsory standardised front of pack labelling for all pre-packaged food and beverages (including alcoholic drinks) to encourage informed decision making about food and drink consumption

Front of pack labelling is viewed as an effective means of providing consumers with information to help them make informed decisions about their diet. In the UK, food manufacturers and supermarkets can currently opt in to the 'traffic light' front of pack labelling system for pre-packed food. Back of pack standardised labelling will be compulsory for all pre-packaged foods throughout the European Union by 2016. A voluntary agreement on alcohol labelling currently exists in the UK with information provided on unit content, drinking in pregnancy, and the daily benchmarks.

Excessive consumption of pre-packaged foods and alcohol is contributing to the rising health burden from non-communicable diseases such as diabetes, cancer and cardiovascular disease. The use of different measurements across food labels[1] and technical information[2] can make information difficult to understand and inconsistent food labelling is associated with the consumption of too much sugar, fat and salt[1]. Accurate tracking of alcohol intake requires knowledge of the alcohol content of different drink servings and evidence suggests that, on the whole, people who drink lack such an understanding[3].

Through simplifying and standardising labelling on all pre-packaged food, consumers will be better placed to make comparisons between products and make decisions based on accurate nutritional knowledge[4]. Standardised front of pack labelling is therefore viewed as an important policy tool to help improve dietary choices among the population. Evidence suggests text-based alcohol labelling has little impact on drinking behaviour and public health advocates have therefore called for clear and factual health warning labels on alcohol products, similar to the mandated warnings found on tobacco products[5].

References

1. Malam S, Clegg S, Kirwan S, et al. Comprehension and the use of UK nutrition signpost labelling schemes. London: Food Standards Agency. 2009.

2. Cowburn G, Stockley L. Consumer understanding and use of nutrition labelling: a systematic review. Public Health Nutrition. 2005; 8:21-8.

3. Kerr W, Stockwell T. Understanding standard drinks and drinking guidelines. Drug and Alcohol Review. 2012; 31:200-5.

4. Lobstein T, Davies S. Defining and labelling 'healthy' and 'unhealthy' food. Public Health Nutrition. 2009; 12:331-40.

5. Alcohol Health Alliance. Health First: an evidence-based alcohol strategy for the UK. Stirling: University of Stirling. 2013.

This public health manifesto has been developed by the North West Directors of Public Health

Kate Ardern
Director of Public Health, Wigan

Matthew Ashton
Director of Public Health, Knowsley

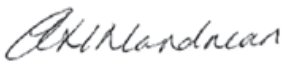
Janet Atherton
Director of Public Health, Sefton

Caryn Cox
Director of Public Health, Cheshire West and Chester

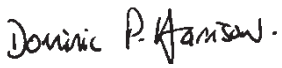
Colin Cox
Director of Public Health, Cumbria

Sandra Davies
Director of Public Health, Liverpool

Liz Gaulton
Director of Public Health, St Helens



Angela Hardman
Director of Public Health, Tameside



Dominic Harrison
Director of Public Health, Blackburn with Darwen

David Herne
Director of Public Health, Salford

Alan Higgins
Director of Public Health, Oldham

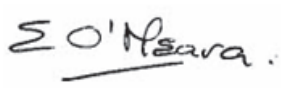
Fiona Johnstone
Director of Public Health, Wirral

Lesley Jones
Director of Public Health, Bury

Sakthi Karunanithi
Director of Public Health, Lancashire

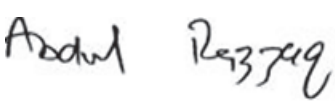
Wendy Meston
Director of Public Health, Rochdale

Wendy Meredith
Director of Public Health, Bolton

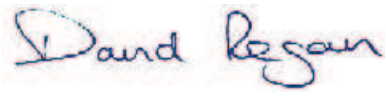


Eileen O'Meara
Director of Public Health, Halton

Arif Rajpura
Director of Public Health, Blackpool

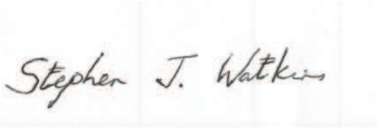


Abdul Razzaq
Director of Public Health, Trafford



David Regan
Director of Public Health, Manchester

Dr Rita Robertson
Director of Public Health, Warrington



Dr Stephen Watkins
Director of Public Health, Stockport

This document was prepared on behalf of the **North West Directors of Public Health** by the **Centre for Public Health, Liverpool John Moores University.** Authors were Geoff Bates, Lisa Jones, Hannah Timpson, Emma Begley, Katie Hardcastle, Karen Hughes & Kim Ross.

The following people contributed to the development of the work and provided guidance and assistance:

Matthew Ashton: *Director of Public Health, Knowsley*

Gill Sadler: *Programme Lead, Public Health Workforce, Health Education North West*

Paula Wheeler: *Public Health and Primary Care Workforce, Health Education North West*

Janette Rawlinson: *Public Health Programme Assistant, Knowsley*

Helen Clay: *Manager, Cumbria and Lancashire Public Health Collaborative*

The twitter discussion was facilitated by **Marc Schmid** from *Redmoor Communications*.

Cheshire and Merseyside Public Health Collaborative Service www.champspublichealth.com

Greater Manchester Public Health Network www.gmphnetwork.org.uk

Cumbria and Lancashire Public Health Collaborative www.phlive.org.uk/lancashire

ISBN: 978-1-908929-72-3 *(web)*

ISBN: 978-1-908929-73-0 *(print)*

Centre for Public Health
Faculty of Education, Health and Community
Liverpool John Moores University
Henry Cotton Campus
15-21 Webster Street
Liverpool
L3 2ET
Tel: 0151 2314535
Email: info@cph.org.uk
www.cph.org.uk

ADPH North West DPH Group