

AGENDA FOR

HEALTH AND WELLBEING BOARD

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To: All Members of Health and Wellbeing Board

Voting Members: Julie Gonda, Keith Walker, Dave Bevitt, Stuart North, Karen Dolton, Lesley Jones, Barbara Barlow, Kiran Patel, Councillor Roy Walker, Councillor Sharon Briggs, Councillor Rishi Shori, Jon Aspinall, Steven Taylor, Councillor Andrea Simpson and Maria Donaldson

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:	Wednesday, 14 February 2018
Place:	Bury Town Hall
Time:	2.00 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:	

AGENDA

1 APOLOGIES FOR ABSENCE

2 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.

3 MINUTES OF PREVIOUS MEETING *(Pages 1 - 8)*

Minutes from the meeting held on 23rd November are attached.

4 MATTERS ARISING *(Pages 9 - 16)*

Forward plan is attached.

5 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.

6 PHARMACEUTICAL NEEDS ASSESSMENT *(Pages 17 - 226)*

Stephen Woods, Senior Medicines Optimisation Pharmacist, GM Shared Services will report at the meeting. Report attached.

7 URGENT CARE REDESIGN *(Pages 227 - 234)*

Dr Kiran Patel, Chair of Bury Clinical Commissioning Group will report at the meeting. Report attached.

8 PENNINE ACUTE NHS TRUST WINTER PRESSURES UPDATE *(Pages 235 - 240)*

Dr Shona McCallum, Medical Director Bury & Rochdale Care Organisation will report at the meeting.

9 PENNINE CARE NHS FOUNDATION TRUST WINTER PRESSURES UPDATE

Daniel Lythgoe, Managing Director, Oldham and Bury, Pennine Care NHS Foundation Trust will report at the meeting.

10 ASYLUM MATTERS *(Pages 241 - 254)*

Estelle Worthington, Campaigns Project Manager, North West will report at the meeting.

11 LOCALITY PLAN AND BETTER CARE FUND UPDATE *(Pages 255 - 270)*

Phil Thomas, Programme Director (Devolution) will report at the meeting.

12 FUTURE DIRECTION OF THE HEALTH AND WELLBEING BOARD

Chris Woodhouse, Corporate Policy, Bury Council will report at the meeting.

13 DEVOLUTION UPDATE

14 URGENT BUSINESS

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

15 *FOR INFORMATION - MINUTES OF THE HWB SUB GROUPS**
(Pages 271 - 276)

Minutes from meetings of the sub-group attached:

- Adults Safeguarding Board Minutes
- Housing Strategy Programme Board Minutes

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Minutes of: HEALTH AND WELLBEING BOARD

Date of Meeting: Thursday 23rd November 2017

Present: Cabinet Member Health and Wellbeing Andrea Simpson (Chair); Councillor Roy Walker, Opposition Member, Health and Wellbeing; Representing the voluntary sector Dave Bevitt; Healthwatch Chair, Barbara Barlow; Director of Public Health, Lesley Jones; Chief Operating Officer, CCG, Stuart North; Interim Executive Director Communities and Wellbeing, Julie Gonda; Jon Aspinall (GMFRS);

Also in attendance:

Representing Karen Dolton, Karen Whitehead, Strategic Lead
Public Health Consultant, Jon Hobday
Tracy Minshull, Interim Assistant Director Commissioning, Finance and Procurement
Maxine Lomax, Head of Safeguarding/Deputy Director of Nursing and Designated Nurse for Child Protection and Looked after Children, Bury CCG
Chris O’Gorman Chair Bury LCO
Michael Hargreaves, Bury CCG
Kim Marshall, Healthy Young Minds
Chris Woodhouse – Improvement Advisor, Corporate Policy Team
Julie Gallagher – Democratic Services
Chloe McCann – Assistant Improvement Officer

Apologies:

Leader of the Council, Councillor Rishi Shori
Keith Walker, Pennine Care Foundation Trust
Interim Director of Children’s Services, Karen Dolton;
Pennine Acute NHS Trust, Steve Taylor; Cabinet Member for Children and families, Councillor Sharon Briggs

Public attendance: 3 members of the public were in attendance

HWB.267 DECLARATIONS OF INTEREST

Councillor Walker declared a personal interest in respect of HWB.273 as a former lay member of Cygnet Health Care.

HWB. 268 MINUTES OF PREVIOUS MEETING

It was agreed:

The minutes of the meeting held on the 28th September 2017 be approved as a correct record.

HWB.269 MATTERS ARISING

Councillor Walker referred to an ongoing Parliamentary Select Committee review into the potential harmful risks associated with electronic cigarettes.

The Director of Public Health reported that the most recent evidence suggests that vaping is safer than smoking, it is still unknown the long term effects.

HWB.270 PUBLIC QUESTION TIME

There were no questions from members of the public present at the meeting.

HWB.271 URGENT AND EMERGENCY CARE UPDATE

In the absence of Steve Taylor, representative from Pennie Acute NHS Trust, Stuart North, Chief Operating Officer, Bury CCG provided members of the Board with a verbal update.

Fairfield General Hospital has been the best performing hospital in Greater Manchester for the last three months. Challenges still remain as a quarter of Bury Residents would visit North Manchester General Hospital problems still exist at this site with regards to delayed discharge.

In response to a Member's question, the Chief Operating Officer reported that CCGs proposals for Urgent and Emergency Care were discussed at the most recent CCG Board meeting. A comprehensive update will be considered at the next meeting of the Health and Wellbeing Board.

It was agreed:

Bury Clinical Commissioning Group's proposals for Urgent and emergency Care will be considered at the next meeting of the Health and Wellbeing Board.

HWB.272 BETTER CARE FUND AND IMPROVED BETTER CARE FUND

Tracy Minshull, Interim Assistant Director Commissioning, Procurement and Finance attended the meeting to provide members with an update in respect of the Better Care Fund and the new Improved Better Care Fund. The presentation contained the following information:

The Better Care Fund is a programme spanning both the NHS and local government, the programme seeks to join-up health and care services and aims to help people can manage their own health and wellbeing.

The following better care fund metrics have been identified:

- Non-Elective admissions
- Long term support needs for 65+ met by admission to residential or nursing home (per 100,000)
- Proportion of people 65+ still at home 91days from hospital into rehabilitation services
- Delayed transfers of care from hospital (per 100,000)

The Assistant Director reported that the Local Authority and its partners are not yet on track to meet the targets in the following areas:

1. Non-elective admissions first consultant episodes
2. Long term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes per 100,000 population
3. Delayed transfers of care (delayed days) from hospital per 100,000 population (aged 18+)

The Assistant Director reported that the Council are on track to meet the target in respect of the proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into re-ablement and rehabilitation services.

The Assistant Director reported that the IBCF was given on top of the national BCF funding to help with covering the costs associated with the National Living Wage, Maintain Adult Social Care, Investing in new services to support managing transfers of care

The IBCF funded projects will include; Care at home, residential care, supported living services and re-ablement.

Responding to a member's question with regards to Social workers working as trusted assessors across Local authority boundaries; the Executive Director reported that cross boundary work has now commenced. Training has been embedded, however difficulties remain in respect of the different funding arrangements, IT systems and an agreed common passport. A Bury social worker can assess a Rochdale or a Manchester resident, this system is not yet fully operational across all of Greater Manchester.

Dave Bevitt raised concerns that there has been limited involvement of the third sector/voluntary sector in the development of the locality plan and better care fund.

Responding to a question from the Director of Public Health, the Chief Operating Officer reported that the development of a strategic commissioning functions, including pooled budgets will eventually replace the Better Care Fund.

Members discussed continuing problems with delayed discharge, the Assistant Director reported that an action plan is being developed to address problems in this area. A suite of discharge to assess beds has been commissioned, beds can also be "spot purchased" as and when required.

The Interim Executive Director reported that following devolution a number of GM standards and Key Performance Indicators have been developed in respect of delayed discharge.

It was agreed:

1. That sign off of the Better Care Fund and Improved Better Care Fund Monitoring Report will continue to be delegated to the Chair of the Health and Wellbeing Board, copies of the report, once submitted, will be forwarded for consideration by the Health and Wellbeing Board.
2. Further detailed information in respect of the different Better Care Fund reporting matrix will be considered at a future meeting of the Health and Wellbeing Board.

HWB.273 BURY SAFEGUARDING CHILDREN'S BOARD ANNUAL REPORT

Maxine Lomax, Head of Safeguarding/Deputy Director of Nursing and Designated Nurse for Child Protection and Looked after Children, Bury CCG attended the meeting to provide an update with regards to the Bury Safeguarding Board Annual report. An accompanying report had been circulated to Members prior to the meeting and contained information in respect of:

- The role of the Local Safeguarding Children's Board
- Promoting effective partnership working
- Holding partners to account
- Reviewing child deaths
- Effectiveness of the Safeguarding Board

Responding to a question from the Chief Operating Officer, in respect of concerns raised nationally about the quality of services provided by Cygnet Healthcare; The Head of Safeguarding/Deputy Director of Nursing and Designated Nurse for Child Protection and Looked after Children reported that the services provided in Bury have been rated as good. The Safeguarding Board works proactively with the organisation to provide help and support.

It was agreed:

That Maxine Lomax, Head of Safeguarding/Deputy Director of Nursing and Designated Nurse for Child Protection and Looked after Children be thanked for her attendance.

HWB.274 BURY ADULTS SAFEGUARDING ANNUAL REPORT

Julie Gonda, Interim Executive Director Communities and Wellbeing attended the meeting to provide an update with regards to the Bury Adult's Safeguarding Board Annual report. An accompanying report had been circulated to Members prior to the meeting and contained information in respect of:

- Defining abuse
- Board Activity report
- Adult Safeguarding Concerns and Enquiries
- Deprivation of Liberty Orders

It was agreed:

The Interim Executive Director Communities and Wellbeing be thanked for her attendance.

HWB.275 MENTAL HEALTH UPDATE

Karen Whitehead, Strategic Lead, Children/Families submitted a briefing note in relation to mental health provision and costings across the Borough. In attendance with Karen to provide a verbal update were, Jon Hobday, Public Health Consultant, Kim Marshall, Representative from Healthy Young Minds and Michael Hargreaves, Bury CCG. The presentation contained the following information:

- What is and who does mental health affect
- Types/levels of service to address mental health
- National context/drivers
- Bury's spend on Mental Health
- Challenges and recommendations

In respect of mental health spend within the Borough, the Public Health Consultant reported that the direct spend on mental health provision is as follows:

	<u>Local Authority</u>	<u>CCG</u>	<u>Spend per head</u>
Adult	£3,604,500	£30,486,000	£237
Children	£3,815,793	£2,108,000	£181
Total	£7,420,293	£32,594,000	£227

The Public Health Consultant reported that there is an additional local indirect spend on mental health services from the Local Authority of £26,393,629, the CCG indirect spend is difficult to quantify.

The HWB Chair raised concerns with regards to the support available in schools to help with the growing numbers of students requiring mental health support. Responding to these concerns, the Strategic Lead reported that this was identified as an issue during the recent SEND inspection by the CQC and Ofsted. The Healthy Young Minds service will provide help, assistance and training within schools. A recently published

Green Paper co-written by the Department for Health and the Department for Education will include additional funding for schools to support staff and pupils within schools.

The Director of Public Health reported that there is an increasing body of evidence which suggests that adverse childhood experiences significantly increase the chance of developing a mental health condition. Prevention and identification should be a key part of any long term approach to developing mental health service provision.

It was agreed:

1. A workshop will be facilitated with appropriate stakeholders and staff to explore the most appropriate way to ensure a collaborative, integrated and governed system wide approach to addressing mental health across the life course, which should ensure a system wide approach and to achieve efficiencies and reduce duplication.
2. Bring the findings back to the health and wellbeing board for agreement and endorsement.

HWB.276 GREATER MANCHESTER WORKING WELL EARLY HELP PROGRAMME: TOWARDS A POPULATION APPROACH TO WORK AND HEALTH

The Director of Public Health submitted a report in relation to the Greater Manchester Working Well Early Help Programme. The objective of the Working Well scheme is to facilitate health GM work places, supporting employers and employees to reduce sickness absence and increase productivity; as well as effectively supporting workers to retain or return to employment when suffering from poor health or disability.

It was agreed:

That Bury's Health and Wellbeing Board approves the participation in the Greater Manchester Working Well Early Help Programme: towards a population approach to work and health.

HWB.277 URGENT BUSINESS

There was no urgent business reported.

HWB.278 FOR INFORMATION SUB GROUP MINUTES

The following minutes were included for information:

- Children's Trust
- Housing Strategy Board
- Adult Safeguarding Board
- Climate Change Board

Councillor Andrea Simpson
Chair

(Note: The meeting started at 2pm and finished at 4pm)

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Board Date	Member Development Session	Interactive discussion/ focus	Agenda Items	
14 th June 2017 18:00-20:00	<u>Draft Agenda</u> 15 minutes before Paperwork and Deputies	<u>Draft Agenda</u> • Locality Plan and Transformation Bid –David Boulger • Pharmaceutical Needs Assessment (PNA) Consultation Update– Chris Woodhouse • Single Outcomes Framework – Chris Woodhouse	Discussion	<ul style="list-style-type: none"> Working well and the future GM Work and Health Programme. (Priority 2) Tracey Flynn
			Standard Items	<ul style="list-style-type: none"> Devolution update – Stuart North Communication and Marketing – Chloe McCann
			Decision	<ul style="list-style-type: none"> Better Care Fund Monitoring Report – David Boulger Governance Update – Julie Gonda
			TBC	
			Info	<p><u>Mins of Health & Wellbeing Board Sub Groups</u></p> <ul style="list-style-type: none"> Children's Safeguarding Board Minutes - (Priority 1) Children's Trust Board Minutes (Priority 1) Bury Integrated Health and Social Care Board Minutes (Priority 2, 3 & 4) Adults Safeguarding Board Minutes (Priority 4) Carbon Reduction Board Minutes (Priority 5) Housing Strategy Programme Board Minutes (Priority 5)

	Interactive discussion/ focus	Agenda Items	
19 th July 2017 14:00 – 16:00	<u>Draft Agenda</u> <ul style="list-style-type: none"> Update on the Locality Plan and Transformation Money - David Boulger and Julie Gonda Locality Plan Theme, 'Enablers' – David Boulger Update on Team Bury Workshop Priority 1, Starting Well Lead and System Leader, Integrated Children's Services (Ramsbottom, Tottington and North Manor) - Karen whitehead 	Discussion	<ul style="list-style-type: none"> Suicide Prevention Strategy – Jon Hobday Greater Manchester Commissioning Review – Stuart North WIFI within GP's – Amy Lepiorz supported by Stuart North GM Children's Health and Wellbeing Board – Karen Whitehead GM Population Health Plan Programme Board – Lesley Jones
		Standard Items	<ul style="list-style-type: none"> Devolution update Communication and Marketing – (Covered in other items) GM Health and Wellbeing Board
		Decision	<ul style="list-style-type: none"> Health & Wellbeing Board Annual Report 2015/16 – Heather Crozier
		TBC	
		Info	Mins of Health & Wellbeing Board Sub Groups <ul style="list-style-type: none"> Children's Safeguarding Board Minutes - (Priority 1) Children's Trust Board Minutes (Priority 1) Adults Safeguarding Board Minutes (Priority 4) Carbon Reduction Board Minutes (Priority 5) Housing Strategy Programme Board Minutes (Priority 5)

	Interactive Discussion/ Focus	Agenda Items	
28 th Sept 2017 18:00 – 20:00	<u>Draft Agenda</u> Discussion Topic – Living Well <ul style="list-style-type: none"> System Leader, Integrated Health and Social Care Community Teams (Prestwich) – Julie Gonda 	Discussion	<ul style="list-style-type: none"> Pharmaceutical Needs Assessment – Stephen Woods
		Standard Items	<ul style="list-style-type: none"> Devolution update <ul style="list-style-type: none"> Report from the Transformation Board, specifically on the LCO and OCO plan and what is happening to mobilise this including roles and functions– Stuart North Bury Health and Social Care Transformation Programme Board Terms of Reference (Final) – Stuart North GM and local developments with the GM PH Plan – Lesley Jones GM Children’s Health and Wellbeing Board – Karen Dolton GM Meetings Document – Chris Woodhouse Communication and Marketing – Summary Report from the September 01st 2017 Half Day Member Development Session.
		Decision	<ul style="list-style-type: none"> Director of Public Health Annual Report - Lesley Jones (Priority 2) The Bury Directory Annual Report -. (all Priorities) – Katie Wood.
		Info	<ul style="list-style-type: none"> Children’s Trust Board Minutes (Priority 1) Adults Safeguarding Board Minutes (Priority 4) Carbon Reduction Board Minutes (Priority 5) Housing Strategy Programme Board Minutes (Priority 5) GM Health and Wellbeing Board GM Reform Board

	Interactive discussion/ focus	Agenda Items	
23 rd Nov 2017 14:00- 16:00	<u>Draft Agenda</u>	Discussion	
		Standard Items	<ul style="list-style-type: none"> • Devolution update <ul style="list-style-type: none"> - Urgent and Emergency Care – Steve Taylor - Report back on spend on Mental Health (Karen Dolton – Children and Julie Gonda – Adult) - BCF Sign off – Julie Gonda
		Decision	<ul style="list-style-type: none"> • Safeguarding Annual Report (adults) – Julie Gonda • Safeguarding Annual Report (Childrens)Independent Chair of BSCB (Sharon Beattie)
		TBC	
		Info	Mins of Health & Wellbeing Board Sub Groups <ul style="list-style-type: none"> • Children’s Safeguarding Board Minutes - (Priority 1) • Children’s Trust Board Minutes (Priority 1) • Adults Safeguarding Board Minutes (Priority 4) • Carbon Reduction Board Minutes (Priority 5) • Housing Strategy Programme Board Minutes (Priority 5) • GM Health and Wellbeing Board • GM Reform Board

	Interactive discussion/ focus	Agenda Items	
21 st Dec 2017 18:00 – 20:00	<u>Draft Agenda</u> Locality Plan – David Boulger Discussion Topic – Ageing Well <ul style="list-style-type: none"> • Priority 4, Ageing Well Lead – Julie Gonda • System Leader, Urgent Care (Bury West) – Steve Taylor • Locality Plan Theme 'Reducing Failure Demand' MEETING CANCELLED – LOOK TO DEFER ITEMS TO FUTURE MEETINGS	Discussion	<ul style="list-style-type: none"> • Ground Work Ambition For Ageing – 6-9 Month update from March 2017 meeting. • Greater Manchester Early Help model – Tracey Flynn • Healthy Schools Programme – Klare Natalie and Lesley Jones. • Help yourself to Well-Being/ 1 year progress update (all priorities) and RSPH Annual Report – Cath Coward •
		Decision	
		TBC	<ul style="list-style-type: none"> • Marketing Update • Devolution Update
		Info	Mins of Health & Wellbeing Board Sub Groups <ul style="list-style-type: none"> • Children's Safeguarding Board Minutes - (Priority 1) • Children's Trust Board Minutes (Priority 1) • Adults Safeguarding Board Minutes (Priority 4) • Carbon Reduction Board Minutes (Priority 5) • Housing Strategy Programme Board Minutes (Priority 5)

	Interactive discussion/ focus	Agenda Items	
14 th Feb 2018 14:00 – 16:00	<u>Draft Agenda</u> Locality Plan – Philip Thomas	Discussion	<ul style="list-style-type: none"> Asylum Matters – Estelle Worthington Update on response to winter pressures – Steve Taylor Urgent Care redesign – Stuart North, Dr Kiran Patel Prescribing Update – Dr Patel Pennine Care NHS Foundation Trust Update – Keith Walker
		Decision	<ul style="list-style-type: none"> Pharmaceutical Needs Assessment – Final Sign Off BCF Sign off Q3 (template submitted 20.01.2018)
		TBC	<ul style="list-style-type: none"> Devolution Update – Stuart North
		Information	<p>Mins of Health & Wellbeing Board Sub Groups</p> <ul style="list-style-type: none"> (Children’s Safeguarding Board Minutes - (Priority 1) Children’s Trust Board Minutes (Priority 1) Adults Safeguarding Board Minutes (Priority 4) Carbon Reduction Board Minutes (Priority 5) Housing Strategy Programme Board Minutes (Priority 5)

	Interactive discussion/ focus	Agenda Items	Agenda Items
28 th March 2018 18:00- 20:00	<u>Draft Agenda</u> Locality Plan Discussion Topic – Healthy Places (Place Based – Quality of life including skills) <ul style="list-style-type: none"> • Priority 5, Health Places (Social Environment and quality of life including skills) Lead – Julie Gonda • System Leader, 'Wider PSR Reform' (Bury East) – Jo Marshall Bell • Locality Plan Theme 'Tackling Wider Determinants' 	Discussion	<ul style="list-style-type: none"> • Health & Environmental Protection Annual Report 2016/17 – Lesley Jones • Ground Work Ambition For Ageing – 6-9 Month update from March 2017 meeting. (SL awaiting confirmation from Vicky Devenport) • Healthy Schools Programme – Klare Natalie and Lesley Jones. • Greater Manchester Early Help model – Tracey Flynn
		Decision	<ul style="list-style-type: none"> • Adult Autism Strategy and action plan – Jacqui Waite
		TBC	<ul style="list-style-type: none"> • Marketing Update • Devolution Update
		Info	Mins of Health & Wellbeing Board Sub Groups <ul style="list-style-type: none"> • (Children's Safeguarding Board Minutes - (Priority 1) • Children's Trust Board Minutes (Priority 1) • Adults Safeguarding Board Minutes (Priority 4) • Carbon Reduction Board Minutes (Priority 5) • Housing Strategy Programme Board Minutes (Priority 5)

<div>Items TBC</div> <div><ul style="list-style-type: none">BCF Q4 – template to be returned by 21 April 2018</div>			

Bury Health and Wellbeing Board

Title of the Report	Pharmaceutical Needs Assessment 2018-2021 Final Sign Off
Date	14 th February 2018
Contact Officer	Stephen Woods – Greater Manchester Shared Services Michelle Foxcroft – Intelligence Lead, Bury Council
HWB Lead in this area	Chair (Cllr Andrea Simpson)

1. Executive Summary

Is this report for?	Information <input type="checkbox"/>	Discussion <input type="checkbox"/>	Decision <input checked="" type="checkbox"/>
Why is this report being brought to the Board?	This is the final sign off after mandatory consultation of Bury's updated PNA, a statutory requirement of the Board.		
Please detail which, if any, of the Joint Health and Wellbeing Strategy priorities the report relates to. (See attached Strategy) www.theburydirectory.co.uk/healthandwellbeingboard	The PNA covers priorities 1-4, as covers all age pharmacy provision.		
Please detail which, if any, of the Joint Strategic Needs Assessment priorities the report relates to. (See attached JSNA) http://jsna.theburydirectory.co.uk/kb5/bury/jsna/home.page	Statutory Publications.		
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.	The Board to consider approving the final PNA to be published.		
What requirement is there for internal or external communication around this area?	If agreed to approve, the PNA needs to be published, so the public can have access to the document. The current PNA is located on the Bury JSNA and it is envisaged given the board's approval that this PNA will be published on the Bury JSNA website.		
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.	Cross-organisation Working Group has been tracking progress virtually adding proposed edits during the development of drafts and subsequent final version.		

2. Introduction / Background

The Pharmacy Needs Assessment (PNA) was last completed in 2015 – the results of which are published on the JSNA. It 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. There is a requirement for the Bury PNA to be refreshed by 31st March 2018.

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/>.

Bury Council and CCG, along with the other localities within Greater Manchester, have commissioned Greater Manchester Shared Services (GMSS) to undertake the development of the revised PNA. The GMSS met a steering group for this locally, which included the Council, CCG, Healthwatch and LPC to discuss the process.

A public survey was launched on the 9th June, through an online questionnaire with paper made available at local libraries and pharmacies. This was to understand the local view on access to and use of pharmacies. At the same time a survey took place of local pharmacies on their provision, and an analysis of existing data on local demographics.

The findings of these surveys have and data analysis have formed the basis of the draft PNA, brought to the September board. Subsequently following approval the PNA has been sent to all mandatory contacts, for the mandatory 60 day consultation and the comments have been collated and reflected in this final version of the PNA.

3. key issues for the Board to Consider

Attached is the final version of the PNA. It outlines a background to the duties and purposes concerning a PNA; how the assessment has been undertaken; provision of pharmaceutical services; how pharmaceutical services can help

support a healthier population; and whether there are any gaps in current provision.

The PNA concluded no gaps in pharmaceutical services had been established.

4. Recommendations for action

That the Board approves the PNA and that it can be published to the general public, in keeping with the timescales outlined at the start of this process.

5. Financial and legal implications (if any)

If necessary please seek advice from the Acting Council Monitoring Officer Janet Witkowski, (J.Witkowski@bury.gov.uk) or Section 151 Officer Steve Kenyon (S.Kenyon@bury.gov.uk).

The Board has as duty to assess 'needs' for pharmaceutical services in the area and publish a statement by April 2018.

6. Equality/Diversity Implications. Please attach the completed Equality and Analysis Form if required.



Equality Analysis
Feb 2018.docx

CONTACT DETAILS:

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Date: 07.02.2018

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Date: 07.02.2018

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Bury Health and Wellbeing Board
Pharmaceutical Needs Assessment
2018 to 2021
FINAL DRAFT FOR HWB APPROVAL
VERSION 1.19

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1. Executive Summary

1.1 Introduction

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

The PNA aims to identify whether current pharmaceutical service provision meets the needs of the population. The PNA considers whether there are any gaps to service delivery.

The PNA may be used to inform commissioners such as clinical commissioning groups (CCG) and local authorities (LA), of the current provision of pharmaceutical services and where there are any gaps in relation to the local health priorities. Where such gaps are not met by NHS England, these gaps may then be considered by those organisations.

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](#). The relevant NHS England area team (AT) will then review the application and decide if the application meets the criteria for approval, as set out in the Regulations. When making the decision NHS England is required to refer to the local PNA.

Bury has a population of 188,700 (mid-2016 population estimate). This is estimated to increase by over 6.2% to 201,200 by the early 2030s, mostly due to an increase in the over 65's.

1.2 How the assessment was undertaken

This PNA describes the needs for the population of Bury. It considers current provision of pharmaceutical services across six Townships in the Bury HWB area:

- Ramsbottom, Tottington and North Manor
- Bury East
- Bury West
- Radcliffe
- Whitefield and Unsworth
- Prestwich

The PNA uses the current system of Bury ward boundaries grouped into six Townships. This approach was taken because:

- This grouping of wards into Townships reflects the localities which are already in use by Bury Council and the HWB.
- The majority of available healthcare data is collected at ward level and wards are a well-understood definition within the general population as they are used during local parliamentary elections.

The PNA includes information on:

- Pharmacies in Bury and the services they currently provide, including dispensing, providing advice on health, medicines reviews and local public health services, such as smoking cessation, sexual health and support for drug users.
- Other local pharmaceutical type services, including dispensing appliance contractors (DAC).
- Relevant maps relating to Bury and providers of pharmaceutical services in the HWB area.
- Services in neighbouring HWB areas that may affect the need for services in Bury where known.
- Potential gaps in provision that could be met by providing more pharmacy services, or through opening more pharmacies, and likely future needs.

The HWB established a steering group to lead a comprehensive engagement process to inform the development of the PNA. The group undertook a public survey and sought information from pharmacies, Bury Council, Bury CCG and NHS England.

1.3 Results

Bury has 43 pharmacies providing a range of essential services, advanced services, enhanced services and locally commissioned services on behalf of Bury Council, Bury CCG and NHS England.

There are five 100 hour pharmacies and no dispensing doctors in Bury. There are also no dispensing appliance contractors (DAC) in Bury, which means that residents of Bury access dispensing and services associated with appliances from pharmacy contractors or through DACs elsewhere within England.

71.4% pharmacy contractors that responded to the survey said that they were able to dispense all types of appliances.

The draft PNA concluded no gaps in pharmaceutical services had been established. This is clearly demonstrated by the following points:

- Bury has 23 pharmacies per 100,000 population, which is higher than the England average and similar to the Greater Manchester average.
- The majority of residents live within 1.0 miles of a pharmacy.
- The majority of residents can access a pharmacy within 15 to 30 minutes either by walking, public transport or driving.
- The location of pharmacies within each of the six Townships and across the whole HWB area.
- The number and distribution of pharmacies within each of the six Townships and across the whole HWB area.
- The choice of pharmacies covering each of the six Townships and the whole HWB area.
- 91.2% of the public surveyed said the location of pharmacies did not cause a problem
- 91.0% of the public surveyed stated they had no difficulties accessing the pharmacy of their choice
- 80.0% of the public surveyed had not had any problems accessing a pharmacy due to opening hours

- Bury has a choice of pharmacies open a range of times including early mornings, evenings and the weekend.
- Bury pharmacies offer a range of pharmaceutical services to meet the requirements of the population.

1.4 Consultation

As part of the PNA process there is a statutory provision that requires consultation of at least 60 days to take place to establish if the pharmaceutical providers and services supporting the population in the HWB area are accurately reflected in the final PNA document. Bury council's consultation ran from 19th October 2017 until 18th December 2017. The responses received were used to inform the final conclusions which were collated and are now published as part of this PNA.

1.5 Conclusions

Taking into account the totality of the information available, the HWB considered the location, number, distribution and choice of pharmacies covering each Township, including the whole of Bury HWB area providing essential and advanced services during the standard core hours meet the needs of the population.

The HWB has not received any information to conclude otherwise or is aware of any future specified circumstance that would alter that conclusion.

Based on the information available at the time of developing this PNA:

- No current gaps in the need for provision of essential services during normal working hours have been identified.
- No current gaps in the provision of essential services outside normal working hours have been identified.
- No current gaps in the provision of advanced and enhanced services have been identified.
- No gaps in the need for pharmaceutical services in specified future circumstances have been identified.
- No gaps have been identified in essential services that if provided either now or in the future would secure improvements, or better access, to essential services.
- No gaps have been identified in the need for advanced services that if provided either now or in the future would secure improvements, or better access, to advanced services.
- No gaps in respect of securing improvements, or better access, to other NHS services either now or in specified future circumstances have been identified.

1.5.1 Recommendations

The Health and Wellbeing Partners should consider the following points:

- Commissioners should work with pharmacy to ensure that the services they commission are promoted to the public. This should include details of services available, where they can be accessed and times of availability.

- Opening times of pharmacies, particularly those that provided extended hours, should be easily accessible and promoted to the public by all urgent care services.
- NHS England should work with all contractors in the promotion of Medicines Use Reviews, (MUR) (see section 6.1.4), Appliance Use Reviews (AUR) (see section 6.1.5) and the New Medicines Service (NMS) (see section 6.1.7) to encourage those members of the public that are eligible to take up this service and increase delivery by those that either don't deliver or deliver in small volume.
- NHS England should work with pharmacies in Bury to maintain the good work done with regard to delivering the flu vaccination service to help increase delivery, especially in the hard to reach groups.
- Public health promotions by pharmacies, set by NHS England, should be linked to the health needs of the borough.
- During the transformation of services under the Local Care Organisation commissioners will need to be mindful of the support that may be required for pharmaceutical services and how these will be accessed, in particular for those with disabilities.

2. Introduction

This document has been prepared by Bury's Health and Wellbeing Board (HWB) in accordance with the NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013, as amended. It replaces the Pharmaceutical Needs Assessment (PNA) previously published in 2015.

In the current NHS there is a need for the local health partners, NHS England, Bury Council, Bury CCG, Bury pharmacies and other providers of health and social care, to ensure that the health and pharmaceutical needs of the local population are met through the appropriate commissioning of services.

There is also a need to ensure that those additional services commissioned by Bury Council or Bury CCG from Bury pharmacies are promoted to Bury's population to improve their uptake.

The current providers of pharmaceutical services in Bury are well placed to support the HWB in achieving the required outcomes identified as the health priorities outlined in its strategy.

Glossary and acronyms are provided in Appendix One.

1.6 Background and legislation

The Health Act 2009¹ made amendments to the National Health Service (NHS) Act 2006 stating that each PCT must in accordance with regulations:

- Assess needs for pharmaceutical services in its area.
- Publish a statement of its first assessment and of any revised assessment.

¹ <http://www.legislation.gov.uk/ukpga/2009/21/part/3/crossheading/pharmaceutical-services-in-england>

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 PCTs' PNAs and access to them by NHS England and HWBs.

The preparation and consultation on the PNA should take account of the HWB's Joint Strategic Needs Assessment (JSNA) and other relevant local strategies in order to prevent duplication of work and multiple consultations with health groups, patients and the public.

Each PNA, published by the HWB will have a maximum lifetime of three years. HWBs will also be required to publish a revised assessment when significant changes to the need for pharmaceutical services are identified, unless this is considered a disproportionate response.

As part of developing their PNA, HWBs must undertake a consultation for a minimum of 60 days. The 2013 Regulations list those persons and organisations that the HWB must consult.

This list includes:

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

The Health and Social Care Act 2012 also transferred responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list from PCTs to NHS England. The PNA will be used by NHS England when making decisions on applications to open new pharmacies and dispensing appliance contractor premises; or applications from current pharmaceutical providers to change their existing regulatory requirements.

Such decisions are appealable to the NHS Resolution, and decisions made on appeal can be challenged through the courts.

PNAs will also inform the commissioning of enhanced services from pharmacies by NHS England, and the commissioning of services from pharmacies by the LA and other local commissioners, e.g. CCGs.

1.7 HWB duties in respect of the PNA

In summary Bury HWB must:

- Produce an updated PNA which complies with the regulatory requirements;
- Publish its second PNA by 1st April 2018;
- Publish subsequent PNAs on a three yearly basis;

- Publish a subsequent PNA sooner when it identifies changes to the need for pharmaceutical services which are of a significant extent, unless to do so would be a disproportionate response to those changes; and
- Produce supplementary statements in certain circumstances.

1.8 Purpose of a PNA

The purpose of the PNA is to assess and set out how the provision of pharmaceutical services can meet the health needs of the population of a HWB's area for a period of up to three years, linking closely to the joint strategic needs assessment (JSNA). Whilst the JSNA focusses on the general health needs of the population of Bury, the PNA looks at how those health needs can be met by pharmaceutical services commissioned by NHS England.

If a person (a pharmacy or a dispensing appliance contractor) wants to provide pharmaceutical services, they are required to apply to NHS England to be included in the pharmaceutical list for the HWB's area in which they wish to have premises. In general, their application must offer to meet a need that is set out in the HWB's PNA, or to secure improvements or better access similarly identified in the PNA. There are however some exceptions to this e.g. applications offering benefits that were not foreseen when the PNA was published ('unforeseen benefits applications').

As well as identifying if there is a need for additional premises, the PNA will also identify whether there is a need for an additional service or services, or whether improvements or better access to existing services are required. Identified needs, improvements or better access could either be current or will arise within the lifetime of the PNA.

Whilst the PNA is primarily a document for NHS England to use to make commissioning decisions, it may also be used by LA's and CCGs. A robust PNA will ensure those who commission services from pharmacies and dispensing appliance contractors (DACs) are able to ensure services are targeted to areas of health need, and reduce the risk of overprovision in areas of less need.

1.9 Circumstances under which the PNA is to be revised or updated

It is important that the PNA reflects changes that affect the need for pharmaceutical services in Bury. Where the HWB becomes aware that a change may require the PNA to be updated then a decision to revise the PNA will be made.

Not all changes to pharmaceutical services will result in a change to the need for services. Where required, the HWB will issue supplementary statements to update the PNA as changes take place to the provision of services locally.

1.10 Scope of the PNA

A PNA is defined in the regulations as follows:

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 NHS Commissioning Board (NHSCB) (now known as NHS England) for –

- the provision of pharmaceutical services (including directed services) by a person on a pharmaceutical list
- the provision of local pharmaceutical services under a Local Pharmaceutical services (LPS) scheme; or
- 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).

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 the PNA depends on who the provider is and what is provided:

For **dispensing practices** the scope of the service to be assessed in the PNA is the dispensing service. However, as there are no dispensing practices in Bury, these are not considered in the document.

For **appliance contractors** the scope of the service to be assessed in the PNA is the dispensing of appliances and the provision of appliance use review (AUR) and stoma appliance customisation (SAC). This means that, for the purposes of the PNA, it is concerned with whether patients have adequate access to dispensing services, including dispensing of appliances, AURs and SACs where these are undertaken by an appliance contractor but not concerned with other services appliance contractors may provide.

For **community pharmacy contractors** the scope of the services to be assessed in the PNA is broad and comprehensive. It includes the essential, advanced and enhanced services elements of the pharmacy contract whether provided under the terms of services for pharmaceutical contractors or under LPS contracts.

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.

1.11 Minimum requirements for the PNA

Schedule 1 of the NHS 2013 Regulations state that the PNA must include, as a minimum, a statement of the following:

- **Necessary services** - pharmaceutical services which have been assessed as required to meet a pharmaceutical need. This should include their current provision (within the HWB area and outside of the area) and any current or likely future gaps in provision.
- **Relevant services** - services which have secured improvements, or better access, to pharmaceutical services. This should include their current provision (within the HWB area and outside of the area) and any current or future gaps in provision.
- **Other NHS services**, either provided or arranged by a LA, NHS England, a CCG, an NHS Trust or Foundation Trust which either impact upon the need for pharmaceutical services, or which would secure improvements, or better access to, pharmaceutical services within the area.
- **A map** showing the premises where pharmaceutical services are provided.
- **An explanation** of how the assessment was made.

3. How the assessment was undertaken

1.12 Development of the PNA

The process of developing the PNA has taken into account the requirement to involve and consult people about changes to health services. The specific legislative requirements in relation to development of PNAs were considered.

Stage 1

The PNA was developed using a project management approach. A steering group was established which met regularly during the development of the PNA. The steering group included representation from the following groups:

- Bury Council's Public Health team
- Bury Clinical Commissioning Group (CCG)
- Greater Manchester Shared Service
- Healthwatch Bury
- Greater Manchester Local Pharmaceutical Committee (GM LPC)
- NHS England area team (AT)

Stakeholder views were gathered through feedback in meetings, via telephone or via email.

Stage 2

The contractor questionnaire and patient survey were approved by the steering group. The contractor questionnaire was undertaken during June 2017. A public survey was also undertaken in June 2017 of the views of Bury residents on the current pharmaceutical services provision.

Once completed the results of both were analysed. The contractor survey results were validated against data already held.

Healthwatch Bury, Bury Council and Bury CCG were involved in promoting the public survey to as wide an audience as possible through the existing channels available to them.

GM LPC was asked on behalf of contractors what their views on what current services were effective and those services that required improvement were captured.

Stage 3

The content of the PNA including demographics, localities and background information was approved by the steering group. In looking at the health needs of the local population, the local JSNA, the CCG's Annual Report and Strategic Plan 2014-19 and other health data were considered.

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

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

Stage 4

As required by legislation, a consultation exercise with stakeholders was carried out for 60 days. The list of stakeholders consulted included the following groups:

- Greater Manchester Local Pharmaceutical Committee (LPC).
- Rochdale and Bury Local Medical Committee (LMC)
- Persons on the pharmaceutical list and ESPLPS.
- Healthwatch Bury.
- Other patient, consumer and community groups in the area with an interest in the provision of pharmaceutical services in the area.
- NHS trusts and NHS foundation trusts in the area (Pennine Acute Hospitals NHS Trust & Pennine Care NHS Foundation Trust).
- NHS England.
- Neighbouring HWBs. (Blackburn with Darwen, Bolton, Lancashire, Manchester, Salford and Rochdale).

1.13 PNA steering group

The steering group has been responsible for reviewing the PNA to ensure it meets the statutory requirements. The steering group approved all public facing documentation. The terms of reference for the steering group are provided at Appendix Two.

1.14 PNA Townships

Six Townships have been defined for the PNA by the steering group, these are:

Ramsbottom, Tottington and North Manor Township

- Ramsbottom Ward
- Tottington Ward
- North Manor Ward

Bury East Township

- Redvales Ward
- Moorside Ward
- East Ward

Bury West Township

- Church Ward
- Elton Ward

Radcliffe Township

- Radcliffe North Ward
- Radcliffe East Ward
- Radcliffe West Ward

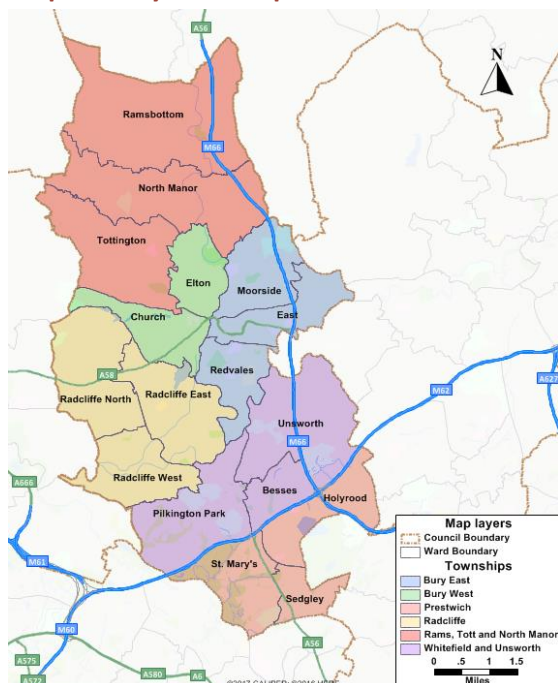
Whitefield and Unsworth Township

- Besses Ward
- Pilkington Park Ward
- Unsworth Ward

Prestwich Township

- Holyroyd Ward
- Sedgley Ward
- St Mary's Ward

The PNA steering group considered how the areas in Bury could be defined for the PNA and agreed to use the current system of Bury Council's Townships, which are made up varying numbers of Wards as illustrated in Map 1.

Map 1 - Bury Townships

Townships are used following the JSNA and contain Wards, which is the level at which the majority of available healthcare data is collected and wards are a well-understood definition within the general population as they are used during local parliamentary elections and reflects the localities which are already in use by Bury Council and Bury HWB.

Bury Council's JSNA discusses the characteristics and identified health needs of the whole population living within the HWB area.

The Bury Council's JSNA is broken down into five themes, with the first four themes having sub-categories:

- Population and demographics
 - Demographics
 - Deprivation
 - Inequalities
 - Life expectancy
 - Population
- Community and environment
 - Air quality
 - Crime and community safety
 - Environmental incidents
 - Parks and green spaces
 - Sports and provisions
 - Voluntary sector
 - Waste and recycling

- Living and working in Bury

- Carers
- Early years
- Economy
- Education
- Employment
- Fuel poverty
- Homelessness
- Housing
- Planning
- Transport
- Worklessness

- Health and wellbeing

- Accidents and injuries
- Adult social care
- Behaviour change
- Children's social care
- Communicable disease
- Diet
- Disabilities
- Falls
- Healthcare
- Immunisations and Vaccines
- Long Term Conditions
- Maternity
- Mental Health and wellbeing
- Mortality
- Obesity
- Oral health
- Physical activity
- Sensory impairment
- Sexual health
- Smoking
- Substance misuse

- Statutory publications

The local health profile is discussed in more detail for the six Townships within the JSNA and is dealt with in section 7.0.

Where it has been possible to identify the different needs of people living within these localities including those sharing a protected characteristic, this has been addressed in the PNA as well as the needs of other patient groups; although some health information can be represented at a practice population level which is useful when focusing on the six different Townships.

1.15 Patient and public engagement

In order to gain the views of patients and the public on pharmaceutical services, a questionnaire was developed and made available through the council's website, the Bury Directory and via social media on 12th June 2017, closing 18th July 2017 prior to the statutory consultation period. Paper copies were made available at Borough libraries, pharmacies and Bury Healthwatch promoted it on their website, twitter and Facebook. The results of the survey, which identifies the questions asked, can be found in Appendix Three.

There were 130 responses to the Bury public survey which was promoted through Bury Council's website, direct email and twitter. This only represents 0.1% of Bury's population (aged 18 years and over) and as a number of responses (14) came from residents outside Bury we can only take this as a general picture of public opinion. Map 2 below shows the spread of responses to the public survey, please note that the Post Code District BL0 includes part of Bury but the mapping software places the dot outside the border.

The lack of response to the public survey may indicate that residents in Bury do not see access to pharmacies as an issue and therefore not worth taking the time to complete the survey, but this assumption is not proven.

Of the 130, 76% of the responders were female and the largest group of responders were in the 45-54 year age range at 31%. See Table 1 as to how the proportion responders within the different age groups compare to that of the general population aged 18+ years.

Table 1 - Comparison of proportion responders by age groups to % of 18+ years total population

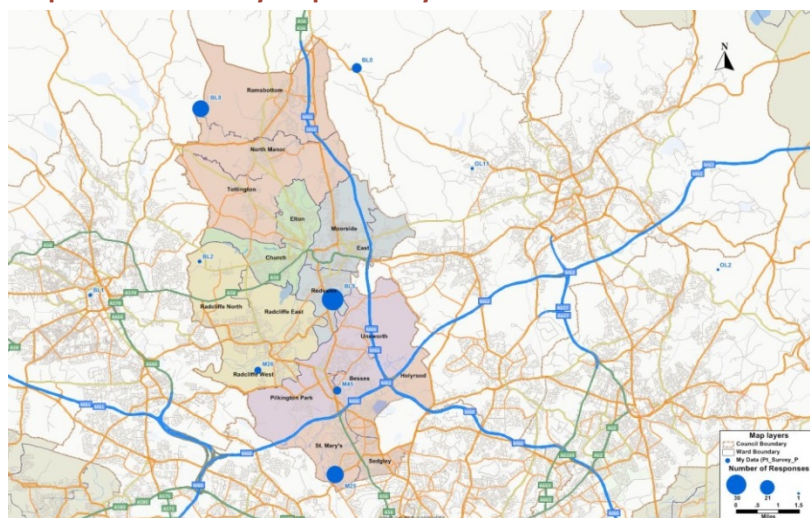
Age Group	% of 18+ years Population	% of Public Survey Responders
18-25 years	9.6%	2.0%
25-34 years	16.7%	12.9%
35-44 years	16.3%	16.8%
45-54 years	19.1%	31.7%
55-64 years	15.1%	12.9%
65-74 years	13.1%	11.9%
75+ years	10.0%	5.0%

13.1% of respondents consider themselves to have a disability. The 2011 Census data indicated that of Bury's 16+ age group 21.8% considered themselves to have a disability that limited their day-to-day activities a lot or a little and 10.3% considered themselves to have a disability that limited their day-to-day activity a lot.

86.7% of people considered themselves to be 'White British', with the next largest group being Irish and Pakistani at 2.0% each. These proportions are all lower than that for the population as a whole, however, 9% of respondents preferred not to state their ethnicity.

Evidence shows that females, those aged over 35 and those with a long term health condition or disability use pharmacies more frequently than other groups.

Map 2 - Public survey responses by Post Code District



There was also one response each from BB4 and M21, which are not shown on the map. BL0 also includes part of Ramsbottom ward but has its centre outside Bury's boundary; it is likely that the 13 people responding from BL0 lived in the Ramsbottom ward.

1.15.1 Choice of Pharmacy

91% of respondents stated they had no difficulties accessing the pharmacy of their choice and 93% used one pharmacy regularly.

Responses were received from 14 people from neighbouring HWB areas. These respondents use pharmacies inside Bury HWB's area for a number of reasons – 33% near to work, 7% near to home, 13% other and 47% skipped this question (See Map 2).

From all the respondents the most selected reasons for using one pharmacy regularly was that the pharmacy was near to home, work or their doctors which 44% of these respondents accessed by walking and 48% by car either as a driver or passenger.

1.15.2 Access to Pharmaceutical Services

The location of pharmacies does not cause a problem for 91% of the responders and the opening hours do not cause a problem for 80% of respondents. For the remaining respondents who had a problem with the opening times they were aware that some pharmacies had extended opening times but half of these did not know where these pharmacies were located. Any campaign to increase use of pharmacies, e.g. for self-care, should include providing information on the location and opening times of pharmacies that provide extended hours.

91% of respondents had no difficulty in accessing a pharmacy of their choice and 67% of respondents were willing to travel up to 2 miles in order to access a pharmacy.

1.15.3 Development of Pharmacy Services

66% of respondents felt that they were provided with sufficient information about their medication in particular the side effects of the medication and interactions with other medication; 23% had no opinion on this matter. The public need to understand that pharmacists are a good source of information about the medication they take and should be encouraged to ask questions about them.

96% of respondents were either satisfied or very satisfied with the services they receive from their pharmacy/pharmacies overall.

In addition to the patient questionnaire (Appendix Three), respondents were provided with an opportunity to answer some questions in free text form, which the HWB have considered, see appendix. Positive and negative comments were received on local pharmacies which relate to operational matters such as politeness, waiting times and other matters that while important are not concerns that are addressed with the context of the PNA. Each pharmacy will undertake its own patient survey on a regular basis to inform such considerations. The main themes informing this PNA were with regard to opening times and services provided.

1.16 Contractor engagement

At the same time as the initial patient and public engagement questionnaire, an online contractor questionnaire was undertaken (Appendix Four).

The contractor questionnaire provided an opportunity to validate the information provided by NHS England in respect of the hours, services provided and asks questions with regard to access. The questionnaire asked a number of questions outside the scope of the PNA, which will provide commissioners with valuable information related to governance and IT.

The questionnaire was issued to all 43 pharmacies in Bury HWB area and ran from 12th June 2017 until 7th July 2017. Responses were received from 39 pharmacies, a 91% response rate, which was a good response rate.

1.16.1 Advanced services

See information contained in section 6.0.

Table 2 - Number of pharmacies in Bury providing each advanced service

Advanced Service	Number of pharmacies out of 39 survey responses	Number of pharmacies have claimed for services in 2016/17
Medicines Use Review	28	39
New Medicines	28	36
Appliance Use Review	2	0
Stoma Customisation	3	5
Flu Vaccination	23	28
NHS Urgent Medicine Supply	8	2*

* Pharmacies registered to deliver this service on 15/12/2017

From the pharmacy survey it would appear that two pharmacies in Bury are able to provide AURs, but failed to deliver any in 2016/17. NHS England should work with these pharmacies to engage suitable patients in this service.

Data from the NHS England Area Team show that the main providers of appliance use reviews and stoma customisation services are DACs. In 2015/16 (latest data at NHS Digital), 1,107 AURs were provided to Lancashire & Greater Manchester residents with 863 of these delivered in the individuals home.

1.16.2 Enhanced and locally commissioned services

According to data provided by commissioners the following information is available:

Table 3 - Number of pharmacies providing enhanced and locally commissioned services

Commissioner	Service	Number of pharmacies commissioned
Bury Council	Emergency Hormonal Contraception	17
	Chlamydia Screening & Treatment	4
	Supervised Methadone/ Buprenorphine Consumption	15
	Needle Exchange	5
	Stop Smoking – Intermediate Advice	7
	Smoking Cessation NRT	21
NHS Bury CCG	Minor Ailment Scheme	34
	Minor Eye Condition Service	30
	Palliative Care	1
NHS England	Inhaler Technique Service	9

Full details of which pharmacies are commissioned can be found in Appendix Five.

Commissioners consider the number of pharmacies providing these locally commissioned services as sufficient and in the locations necessary to meet the needs of Bury residents, within the funding available.

1.16.3 Non-NHS services

The number of pharmacies that responded to the survey have staff that speak a number of languages other than English, including: Arabic, Cantonese, Gujarati, Hindi, Polish, Punjabi and Urdu.

IT facilities available to staff in the pharmacies that responded are variable; however, the majority have some access to the internet and have an email address that can be used for official communications. All pharmacies that responded can provide the electronic prescription service.

The new Quality Payment mentioned in 3.6.1 will require pharmacies to have a generic NHS mail account. This is currently being actioned and should be in place during 2017/18.

Of those pharmacies that responded to the survey nine had achieved Healthy Living Pharmacy status with 18 working towards achieving it. This will change as it is a requirement of the new Quality Payment mentioned in 3.6.1 and links in with the Locality Plan aims and objectives.

1.16.4 Additional information

The pharmacy survey showed the following for the 91% (39) of pharmacies that responded:

- The public can park legally within 50 meters of 69% (27) of pharmacies.
- Members of the public with a disability and who have a 'Blue Badge' can park within 10 meters 62% (24) of pharmacies.
- 72% (28) of pharmacies have a bus stop within walking distance, 39% (15) within a 2 minute walk and a further 26% (10) within 5 minutes.
- 59% (23) of pharmacies had wheelchair access.
- 72% (28) of pharmacies offered some form of support to aid those with disability e.g. automatic door assistance, hearing loop, large print labels/leaflets.
- 72% (28) of pharmacies had a separate area/room suitable for advanced services and for consultations with the public. Of those 69% (27) were wheelchair accessible and 62% (24) had room for up to 3 people.
- 59% (23) of pharmacies had a computer terminal within the consultation room, where they could access the patient's record or complete audit data.
- 18% (7) of pharmacies stated they had two pharmacists on duty at some point during the week, , when asked how many hours per week are two pharmacists working at the same time 26% (10) of pharmacies indicated some hours. This ranged from up to four hours (four) to two that had second pharmacist for 30 hrs + per week. The majority of additional pharmacists' hours were to give additional support to the dispensary in busy periods, provide support for additional services, e.g. medication use reviews, and for handover between shifts.

1.17 Pharmaceutical services

The services that a PNA must include are defined within both the NHS Act 2006 and the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended (the 2013 regulations).

Pharmaceutical services may be provided by:

- A pharmacy contractor who is included in the pharmaceutical list for the area of the HWB;
- A pharmacy contractor who is included in the local pharmaceutical services (LPS) list for the area of the HWB;
- A DAC who is included in the pharmaceutical list held for the area of the HWB; and
- A doctor who is included in a dispensing doctor list held for the area of the HWB.

NHS England is responsible for preparing, maintaining and publishing the pharmaceutical list. It should be noted, however, for Bury HWB there is no dispensing doctor list as there are no dispensing doctors within the HWB's area.

Contractors may operate as either a sole trader, partnership or a body corporate. The Medicines Act 1968 governs who can be a pharmacy contractor, but there is no restriction on who can operate as a DAC.

1.17.1 Pharmaceutical services provided by pharmacy contractors

Unlike for GPs, dentists and optometrists, NHS England does not hold contracts with pharmacy contractors. Instead they provide services under a contractual framework, details of which (their terms of service) are set out in schedule 4 of the 2013 regulations and also in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 (the 2013 directions).

Pharmacy contractors may provide three types of services that fall within the definition of pharmaceutical services. These are as follows:

- Essential services – all pharmacies (see Appendix Six for complete list) must provide these services:
 - Dispensing of prescriptions (both electronic and non-electronic), including urgent supply of a drug or appliance without a prescription
 - Dispensing of repeatable prescriptions
 - Disposal of unwanted drugs
 - Promotion of healthy lifestyles
 - Signposting
 - Support for self-care
- Advanced services – pharmacies may choose whether to provide these services or not (refer Appendix Seven). If they choose to provide one or more of the advanced services they must meet certain requirements and must be fully compliant with the essential services and clinical governance requirements:
 - Medicine use review and prescription intervention services (more commonly referred to as the medicine use review or MUR service).
 - New Medicines Service (NMS)
 - Appliance Use Review (AUR)
 - Stoma Appliance Customisation (SAC)
 - Flu vaccination
 - NHS Urgent Medicine Supply Advanced Service (NUMSAS) (Due to run until 30th September 2018.)
- Enhanced services – service specifications for this type of service are developed by NHS England and then commissioned to meet specific health needs.

In April 2017, the only enhanced service commissioned by NHS England from pharmacies in the Bury HWB area is the inhaler technique service. This service has undergone review and was relaunched in August 2017.

Underpinning the provision of all of these services is the requirement on each pharmacy to participate in a system of clinical governance. This system is set out within the 2013 regulations and includes:

- A patient and public involvement programme

- A clinical audit programme
- A risk management programme
- A clinical effectiveness programme
- A staffing and staff programme
- An information governance programme
- A premises standards programme

Further support to improving quality in pharmacies has been provided through a new Quality Payments (QP) scheme, introduced for the 2017/2018 Community Pharmacy Contractual Framework. In order to access the additional funding available through the QP, pharmacies need to achieve the following gateway criteria:

- 1) the contractor must be offering at the pharmacy Medicines Use Reviews (MUR) or the New Medicine Service (NMS) or must be registered to provide the NHS Urgent Medicine Supply Advanced Service (NUMSAS);
- 2) the NHS Choices entry for the pharmacy must be up to date;
- 3) pharmacy staff at the pharmacy must be able to send and receive NHS mail; and
- 4) the contractor must be able to demonstrate ongoing utilisation of the Electronic Prescription Service (EPS) at the pharmacy premises.

Pharmacy contractors will then receive additional payments for achieving a range of criteria under the domains:

- Patient safety
- Patient experience
- Public health
- Digital
- Clinical effectiveness
- Workforce

The majority of pharmacies are required to open for 40 hours per week, and these are referred to as core opening hours, but many choose to open for longer and these additional hours are referred to as supplementary opening hours.

Between April 2005 and August 2012, some contractors successfully applied to open new premises on the basis of being open for 100 core opening hours per week (referred to as 100 hour pharmacies), which means that they are required to be open for 100 hours per week, 52 weeks of the year (with the exception of weeks which contain a bank or public holiday, or Easter Sunday).

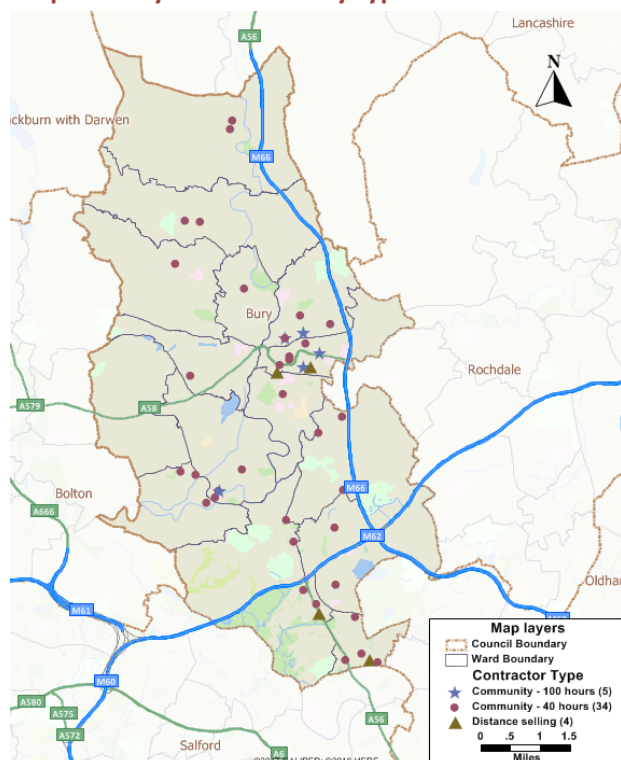
These 100 hour pharmacies remain under an obligation to be open for 100 hours per week. In addition these pharmacies may open for longer hours. There are five pharmacies in Bury with 100 hour contracts, and residents may also choose to use such pharmacies outside of the borough.

During the next three years pharmacy contractors will be under increasing financial pressure and there is a possibility that some contractors may close with the possibility that Bury residents may lose access to the extended hours provided by these 100 hour contracts and this could result in a gap in provision. This PNA will note areas where the provision of pharmaceutical services for these extended hours is necessary and should be maintained.

The proposed opening hours for each pharmacy are set out in the initial application, if the application is granted and the pharmacy subsequently opens these form the pharmacy's contracted opening hours. The contractor can subsequently apply to change their core opening hours or notify a change in their supplementary hours.

NHS England will assess the application against the needs of the population of the HWB area as set out in the PNA to determine whether to agree to the change in core hours or not. If a contractor wishes to change their supplementary opening hours they simply notify NHS England of the change, giving at least three months' notice.

Map 3 - Bury Pharmacies by type



Pharmacy opening hours in Bury HWB's area can be found on NHS Choices (<http://www.nhs.uk/Service-Search/Pharmacy/LocationSearch/10>). Appendix Eight provides details as to the spread of opening times across each Township and by Ward.

1.17.2 Local pharmaceutical services

Local pharmaceutical services (LPS) are a local alternative to the nationally negotiated terms of service. It can be used by NHS England when there is a need to commission a service from a pharmacy contractor to meet the particular needs of a patient group or groups, or a particular Township. For the purposes of the PNA the definition of pharmaceutical services includes LPS.

There are no LPS contractors within the Bury area.

1.17.3 Distance selling pharmacies

Whilst the majority of pharmacies provide services on a face-to-face basis, e.g. people attend the pharmacy to ask for a prescription to be dispensed, or to receive health advice, there is one type of pharmacy that is restricted from providing services in this way. They are referred to in the 2013 regulations as distance selling premises (previously called wholly mail order or internet pharmacies).

Distance selling pharmacies are required to provide essential services and participate in the clinical governance system in the same way as other pharmacies; however they must provide these services remotely. Such pharmacies are required to provide services to people who request them wherever they may live in England.

There are four distance selling pharmacies in Bury, although residents may choose to use such pharmacies that are outside of the borough.

1.17.4 Pharmaceutical services provided by dispensing appliance contracts (DAC)

As with pharmacy contractors, NHS England does not hold contracts with DACs. Their terms of service are also set out in schedule 5 of the 2013 regulations and in the 2013 directions.

DACs must provide the following services that fall within the definition of pharmaceutical services:

- Dispensing of prescriptions (both electronic and non-electronic), including urgent supply without a prescription
- Dispensing of repeatable prescriptions
- Home delivery service
- Supply of appropriate supplementary items (e.g. disposable wipes and disposal bags)
- Provision of expert clinical advice regarding the appliances
- Signposting

Advanced services – DACs may choose whether to provide these services or not. If they do choose to provide them then they must meet certain requirements and must be fully compliant with their terms of service and the clinical governance requirements:

- Stoma appliance customisation
- Appliance use review

DACs are required to open at least 30 hours per week and these are referred to as core opening hours. They may choose to open for longer and these hours are referred to as supplementary opening hours.

There are no DACs in Bury and its population have appliances dispensed from pharmacy contractors or from DACs outside the Bury area. The majority of pharmacy contractors that responded to the survey stated they were able to dispense all types of appliances.

1.17.5 Pharmaceutical services provided by doctors

The 2013 regulations allow doctors to dispense to eligible patients in certain circumstances. As there are no dispensing doctors within the HWB's area this route of provision is not included in this document.

1.17.6 Locally commissioned services

Bury Council and Bury CCG may also commission services from pharmacies and DACs. However, these services fall outside the definition of pharmaceutical services. In particular, the commissioning of a number of services that have been designated as public health services have been transferred to local authorities.

These services no longer fall within the definition of enhanced services or pharmaceutical services as set out in legislation and therefore should not be referred to as enhanced services.

For the purposes of this document they are referred to as locally commissioned services. These services are included within this assessment where they affect the need for pharmaceutical services, or where the further provision of these services would secure improvements or better access to pharmaceutical services.

Services commissioned by Bury Council are:

- Sexual Health Services:
 - Emergency contraception
 - Chlamydia screening and treatment
- Substance misuse services including:
 - Supervised methadone/buprenorphine
 - Needle exchange
 - Stop smoking service – intermediate advice
 - Provision of nicotine replacement therapy

The following services are commissioned by NHS Bury CCG:

- Palliative Care
- Minor eye conditions service
- Minor ailment service

NHS England manages the minor eye condition and minor ailment services on behalf of NHS Bury CCG.

1.17.7 Non-commissioned added value services

Community pharmacy contractors also provide private services that improve patient care but are not commissioned directly by NHS England, LA's or CCGs. This includes home delivery service, blood glucose measurements and weight loss programmes.

Pharmacists are free to choose whether or not to charge for these services, but are expected to follow standards of governance if they do. As they are private services they fall outside the scope of the PNA.

1.17.8 Hospital pharmacy

Hospital pharmacies affect the need for pharmaceutical services within its area. They may reduce the demand for the dispensing essential service as prescriptions written in the hospital are dispensed by the hospital pharmacy service.

1.17.9 Other provision of pharmaceutical services

Pharmaceutical services are provided by other services. These can include arrangements for:

- Prison population
- Services provided in neighbouring HWB areas
- Private providers

The PNA makes no assessment of these services.

1.17.10 Other sources of information

Information was gathered from NHS England, Bury CCG and Bury Council regarding:

- Services provided to residents of the HWB's area, whether provided from within or outside of the HWB's area
- Changes to current service provision
- Future commissioning intentions
- Known housing developments within the lifetime of the PNA
- Any other developments which may affect the need for pharmaceutical services

The JSNA and the joint health and wellbeing strategy provided background information on the health needs of the population.

1.18 Consultation

A statutory consultation exercise was carried out over the autumn of 2017 in accordance with the 2013 Regulations. The consultation took place from 19th October 2017 until 18th December 2017 for a period of 60 days, in line with regulations. This is based on Section 242 of the NHS Act 2006, which requires HWBs 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 statutory consultees were written to and provided with a link to the council's web site where the draft PNA was published and invited to respond online. The link to the draft PNA and consultation response form was issued to all compulsory stakeholders listed in Appendix Nine. The documents were posted on the internet and publicised, with paper copies made available to those unable to access on line.

The number of responses received in response to the consultation totalled five and:

- all five thought that the explanation of the PNA was sufficient.
- all five thought that the PNA provided an adequate assessment of pharmaceutical services in the Bury area.
- all five thought that the PNA provided a satisfactory overview of the current and future pharmaceutical needs of the Bury population.
- all five thought that current pharmacy provision and services in Bury is adequate.
- all five agreed with the conclusion of the PNA.

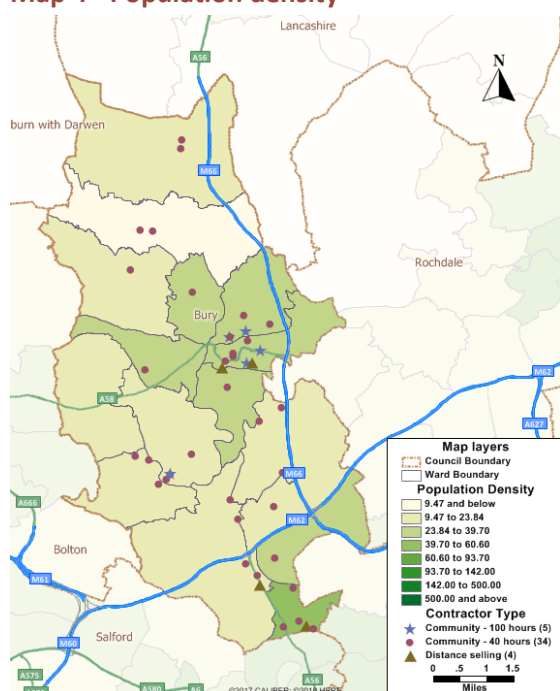
Three responders made comments, none of which required amendment of the PNA.

4.Context in Bury

1.19Overview

Bury Council is one of ten councils in Greater Manchester, lying to the north of the City of Manchester, the borough is composed of six towns: Bury, Ramsbottom, Tottington, Radcliffe, Whitefield and Prestwich, and has a population of 188,700 (mid-2016 population estimate). On the north side Bury bounds the Lancashire districts of Rossendale and Blackburn with Darwen. Bury Council covers 24,511 acres (99 km²).

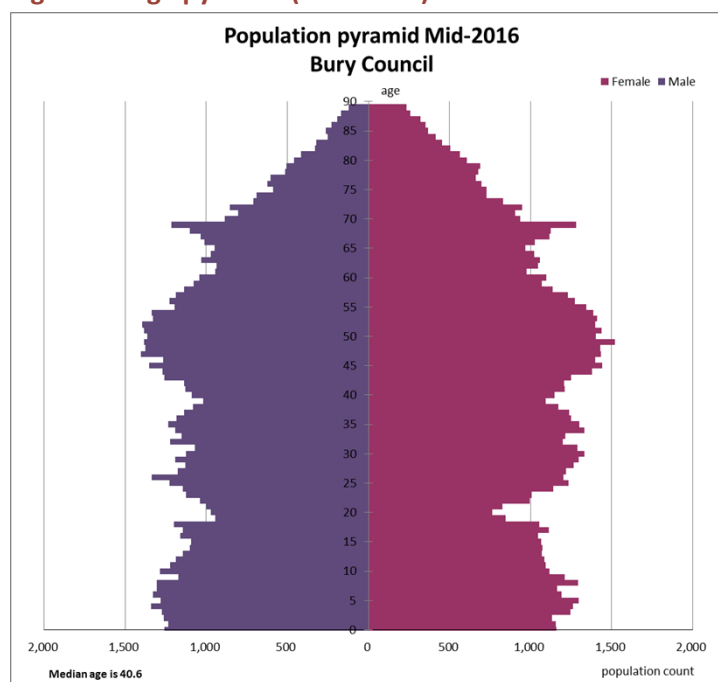
Map 4 - Population density



1.20Population change

The population of Bury has been growing by around 0.3% per year from 2002 to 2015; this is less than half of the average rate of growth in England and slightly less than the North West average. The latest estimate (for mid-2016) indicates that there are in the region of 188,700 people living in Bury. Official figures from ONS suggest that the population is projected to reach around 201,000 by early 2030 – an increase of 6.2% compared with mid-2016.

Figure 1 - Age pyramid (MYE 2015)



The spread of ages across the population of Bury is similar to that seen in England for both females and males.

Since 2015, it is estimated that more people moved into Bury than moved out mostly due to a net international migration inflow. There were more births than deaths in Bury. Compared to the population distribution of England, Bury has fewer 15-39 year olds and more under 15's and 45-79 year olds.

The changes in population estimates for each age band are shown below in Table 3.

Table 4 - Population changes mid-year estimates 2015 to 2016 (Source: ONS)

Bury	Estimated Population 2015	Estimated Population 2016	Change from 2015 to 2016
0-4	12428	12330	-98
5-9	12337	12545	208
10-14	11105	11379	274
15-19	10826	10667	-159
20-24	10277	10004	-273
25-29	12025	12272	247
30-34	12038	12126	88
35-39	11360	11706	346
40-44	12658	12074	-584
45-49	14075	14005	-70
50-54	13716	13845	129
55-59	11579	11878	299
60-64	10047	10126	79
65-69	10936	10832	-104
70-74	7987	8293	306
75-79	6321	6291	-30
80-84	4216	4326	110
85-89	2515	2506	-9
90+	1438	1464	26
Grand Total	187884	188669	785

The overall growth in older people, who are likely to be living in isolation, will lead to greater levels of need in particular for pharmaceutical services. This growth in older people should be borne in mind if new services are developed in the future.

Figure 2 - Population projection for Bury (ONS 2014 based Subnational Population Projections)

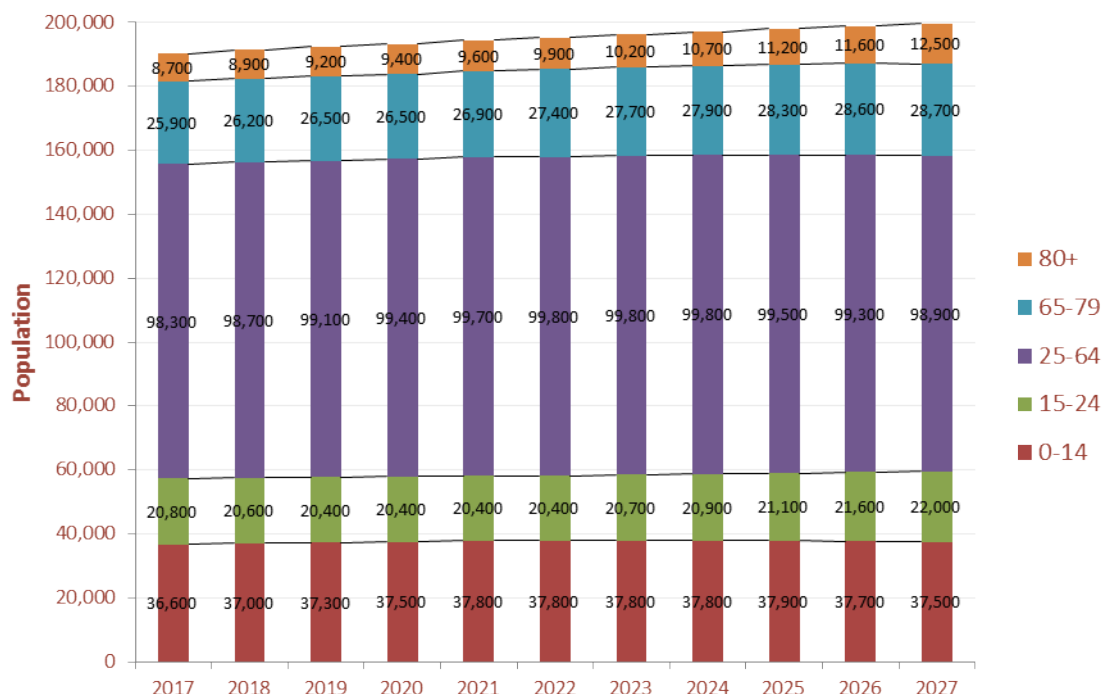


Table 5 – Mid-2015 population estimates by Township (Source: Bury JSNA)

Population		Township					
Age group	Bury East	Radcliffe	Prestwich	Whitefield & Unsworth	Bury West	Ramsbottom, Tottington & North Manor	Bury Council Area
0-4	8%	7%	7%	6%	6%	5%	7%
5-15	14%	13%	15%	13%	13%	13%	14%
16-24	11%	11%	10%	10%	10%	9%	10%
25-44	28%	27%	26%	25%	24%	23%	26%
45-64	24%	26%	26%	27%	27%	29%	26%
65-84	12%	14%	14%	18%	19%	19%	18%
85+	2%	2%	2%	2%	2%	2%	2%
Total							
Population	35,320	34,490	34,680	29,980	22,090	31,330	187,880

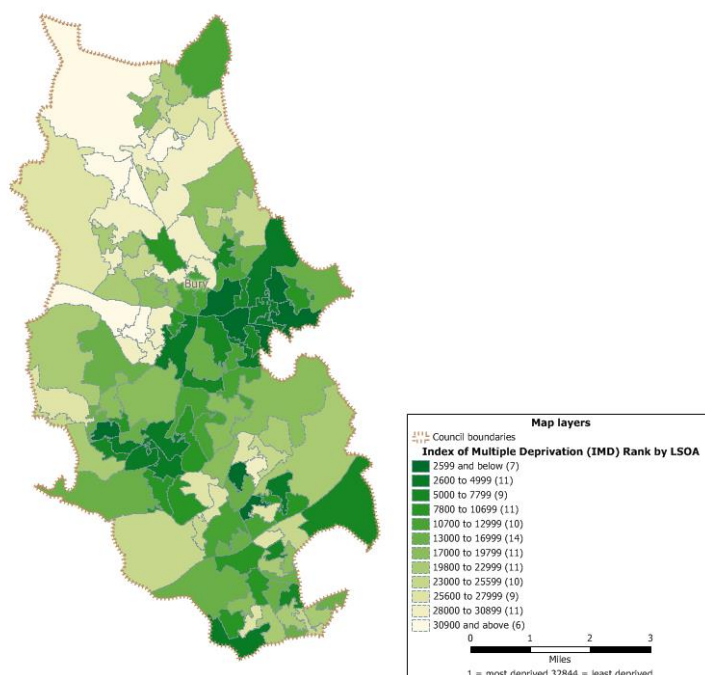
Bury West, Ramsbottom, Tottington & North Manor and Whitefield & Unsworth Townships have the largest proportion of adults aged 65 and over. Bury East, Prestwich and Radcliffe Townships have the largest proportion of children under 16 years. The proportion of other age ranges is similar across the different Townships.

1.21 Deprivation

Bury is ranked 122nd most deprived of 326 Local Authority districts, and Bury CCG is ranked 100 of 209, meaning Bury is ranked around the middle for deprivation at LA and CCG level. Overall, Bury is the 8th most deprived of the 10 GM districts.

In 2010, Bury was ranked 114 of the 326 Local Authority districts – this means that the borough has become slightly less relatively deprived over the intervening five years. There are 120 LSOAs in Bury, and each has been ranked according to its deprivation score. Map 5 details the LSOAs in Bury showing their level of deprivation.

Map 5 - IMD 2015 by LSOA



The areas of higher deprivation are shown on Map 5 in dark green with the lighter shades showing areas that have less deprivation.

There are 12 LSOAs in Bury that are in the 10% most deprived in the country (shown in dark green in Map 5). These are mostly found near the town centre, and in the Radcliffe and Besses areas, but also include LSOAs in southern Prestwich and Unsworth.

Table 6 - Rank for various measures of deprivation (English Indices of Deprivation 2015)

Local Authority District name (2013)	IMD - Average rank	IMD - Rank of average rank	IMD - Average score	IMD - Rank of average score	IMD - Proportion of LSOAs in most deprived 10% nationally	IMD - Rank of proportion of LSOAs in most deprived 10% nationally	IMD - Extent	IMD - Rank of extent	IMD - Local concentration	IMD - Rank of local concentration
Bolton	20028.17	64	28.42	51	0.2034	40	0.3775	35	31900.23	44
Bury	16736.98	132	21.769	122	0.1	87	0.1976	108	30877.23	91
Manchester	26366.82	1	40.512	5	0.4078	5	0.5938	1	32571.18	11
Oldham	20884.26	51	30.291	34	0.227	27	0.4062	29	32200.79	28
Rochdale	22779.2	25	33.684	16	0.2836	17	0.4473	21	32370.91	19
Salford	22499.63	27	32.959	22	0.2867	16	0.4339	22	32419.02	16
Stockport	14365.24	178	19.108	150	0.0895	93	0.1486	136	31136.43	79
Tameside	21685.39	34	29.38	41	0.1702	50	0.3631	40	31652.21	53
Trafford	11990.94	222	15.388	201	0.029	155	0.1021	161	29199.11	145
Wigan	18293.78	107	24.857	85	0.135	66	0.2814	68	31571.14	57

1.22 Life expectancy

Females

Life expectancy at birth for females in Bury is currently 81.6 years. This is 1.5 years lower than for females in England as a whole (83.1 years), but is similar to the average for local authorities in the North West (81.8 years). This time period has seen the biggest increase in LE for females in Bury for five years, and is 0.4 years higher than the 2011-13 time period (81.2 years), following a period of plateauing.

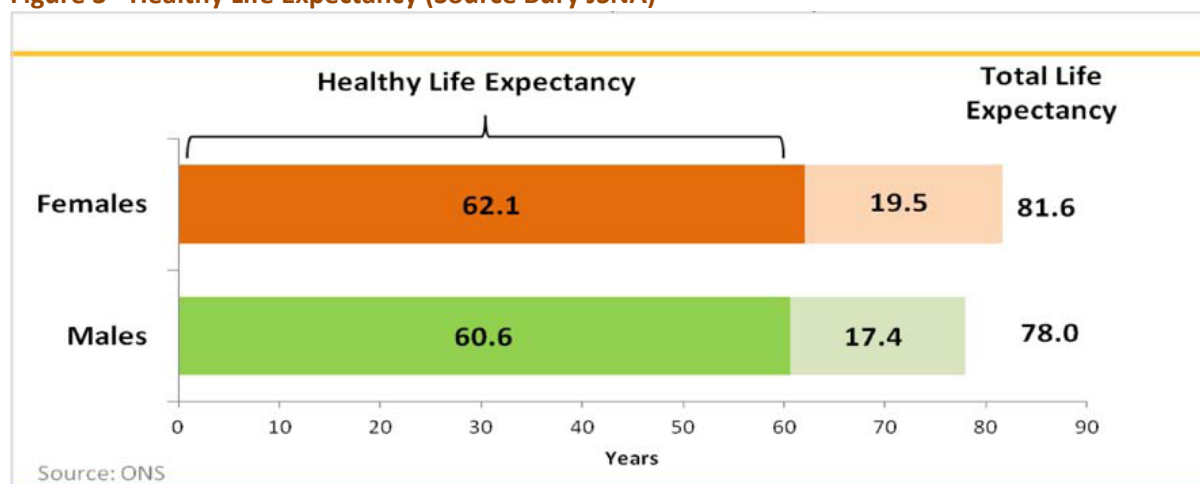
Males

Life expectancy at birth for males in Bury is currently 78.0 years. This is 1.5 years lower than for males in England as a whole (79.5 years), and similar to the average for local authorities in the North West (78.1 years). It is also slightly lower than the time period 2011-12 for males in Bury (78.2 years), in contrast to the national and regional trends which have seen an increase over the same period – meaning that the gap between Bury and England is getting wider.

Healthy Life Expectancy

Healthy Life Expectancy (HLE) is the average number of years a person would expect to live in good health based on current mortality rates and how much people self-report good health in response to a health question on a survey.

Figure 3 - Healthy Life Expectancy (Source Bury JSNA)



Females and males in Bury can expect to live 2 years and 2.8 years less, in good health respectively, compared to the England average for 2013-2015.

1.23 Key findings from current data

Health and wellbeing

People with higher wellbeing have lower rates of illness, recover more quickly and for longer and generally have better physical and mental health. ONS measure levels of individual/subjective wellbeing based on four questions included on the Annual Population Survey. These questions are asked of all adults aged 16 and over living in residential households.

A key measure of individual wellbeing is whether people are satisfied with their lives or not. In 2015/16, 5.3% of people in Bury stated that they were not very satisfied with their life nowadays (based on a scale of 0-10 where 0 is “not at all satisfied” and 10 is “completely satisfied”; those scoring 0-4 have been used to calculate this indicator) compared with 4.6% of people across England as a whole. The proportion of Bury residents with low life satisfaction decreased since the question was first asked in 2011/12, from a peak of 7.5%.

1.24 Population characteristics health needs

The following patient groups with one or more of the following protected characteristics have been identified as living within the HWB's area:

- Age;
- Sex / gender;
- Pregnancy and maternity;
- Disability which is defined as a physical or mental impairment that has a substantial and long-term adverse effect on the person's ability to carry out normal day-to-day activities;
- Gender reassignment;
- Marriage and civil partnership;
- Race which includes colour, nationality, ethnic or national origins;
- Religion (including no religion) or belief (any religious or philosophical belief)
- Sexual orientation.

This section also focusses on their particular health issues, setting out how pharmacies can support the specific needs of the population as defined by the protected characteristics in equality legislation.

1.24.1 Age

Age has an influence on which medicine and method of delivery is prescribed. Older people have a higher prevalence of illness and take many medicines. The medicines management of older people is complicated by multiple disease, complex medication regimes and the ageing process affecting the body's capacity to metabolise and eliminate medicines from it.

Pharmacy staff can support people to live independently by supporting optimisation of use of medicines, support with ordering, re-ordering medicines, home delivery to the housebound and

appropriate provision of multi-compartment compliance aids and other interventions such as reminder charts to help people to take their medicines.

Children

Giving every child the best start is crucial to reducing health inequalities across the life course. What happens before and during pregnancy, in the early years and during childhood has lifelong effects on many aspects of health and wellbeing in adulthood from obesity, heart disease, mental health, educational achievement and economic status.

The child population (0 to 15 years) of Bury is estimated to have reduced by an average of 1.5% a year between 2002 and 2005, in 2006 this reversed and to 2016 it has increased by an average of 1.0% a year. This increase was driven by an increase in the 0-4 year old population with a continuing reduction in 5-15 year olds; however, since 2011 this has changed round and the number of 0-4 year olds has seen small decreases.

Starting life well through early intervention and prevention is a key priority developing strong universal public health with an increased focus on disadvantaged families. By improving maternal health, we could give our children a better start in life, reduce infant mortality and reduce the numbers of low birth weight babies and by taking better care of children's health and development we can improve educational attainment, reduce the risks of mental illness, unhealthy lifestyles, road deaths and hospital admissions.

Key themes for the preschool and school aged children to improve their health and wellbeing are:

- Nutrition, active play/physical activity and obesity prevention
- Immunisation
- Personal, social and emotional development
- Keeping children safe

Young children are a group with a particular need for medicines and pharmacy services; with a focus on advising on health and wellbeing. However, this small increase is unlikely to have an impact on the demand for pharmaceutical services.

For further information about children in Bury refer to [Bury's JSNA](#)

Older people

The most recent (2016) mid-year population estimates from the Office for National Statistics (ONS) indicate that there are around 37,710 people aged 65 and over living in Bury (equivalent to 18% of the population). This compares to 17.8% of the population in England indicating Bury has a slightly higher proportion of older people compared to other local authorities.

This varies between the six Townships in Bury with Bury West, Ramsbottom, Tottington & North Manor and Whitefield & Unsworth Townships have the largest proportion of adults aged 65 and over. (See Table 2)

2014-based Sub-National Population Projections (SNPP) from ONS for the total number of residents aged 65 or over show an increase from 33,300 in 2014 to 38,600 in 2024 – an increase of 17.7%. Looking further forward, the number of residents aged 65 and over is projected to continue to increase gradually until 2039 (the latest estimate available). The average rate of growth over the period (2014-2039) is projected to be 1.7% per year.

This increase in the older people will lead to growing demand for medicines and pharmacy services having an impact on pharmaceutical service provision.

- Older people are substantially more likely to have a disability.
- A higher proportion of older people are women.
- Older people are less likely to have a living spouse or partner, and consequently are more likely to be living alone.
- Older people are more likely to practice a religion.

Older people living in isolation have a high incidence of suffering from loneliness. Social isolation and loneliness have a detrimental effect on health and wellbeing. Studies show that being lonely or isolated can impact on blood pressure, and is closely linked to depression. The impact of loneliness and social isolation on an individual's health and wellbeing has cost implications for health and social care services. Investment is needed to ensure that voluntary organisations can continue to help alleviate loneliness and improve the quality of life of older people, reducing dependence on more costly services.

Table 5 below shows the variation between Townships in the percentage of pensioners living alone. Not all these people will be living in social isolation or loneliness, but there is likely to be a number that are and this is likely to increase over the coming years.

Table 7- Pensioners living alone by Township (Source: www.localhealth.org.uk)

Township	Pensioners living alone (%) (2011)
Ramsbottom, Tottington & North Manor	28.5
Bury East	37.6
Bury West	27.4
Radcliffe	35.2
Whitefield & Unsworth	33.2
Prestwich	34.1
Bury	34.1
Engalnd	31.5

Pharmacy teams are often one of the few or only teams that people living in isolation have regular contact with.

Community pharmacies can support people to live independently by supporting optimisation of use of medicines, support with ordering, re-ordering medicines, home delivery to the housebound and appropriate provision of multi-compartment compliance aids and other interventions such as reminder charts to help people to take their medicines.

Independence is or could be supported by offering:

- Reablement services following discharge from hospital
- Falls assessments
- Supply of daily living aids
- Identifying emerging problems with people's health
- Signposting to additional support and resources

For further information about older people in Bury refer to [Bury's JSNA](#)

1.24.2 Sex / Gender

In Bury, the life expectancy from birth of men is 78.0 years and 81.6 years in women. The gap in life expectancy between females and males has reduced from 4.4 years in 2001-2003 to 3.6 years in 2013-15, with males showing a 2.5 year increase in life expectancy compared to a 1.7 year increase for females. However males:

- Are around twice as likely as females to die of coronary heart disease and chronic respiratory diseases.
- Have around 50% higher risk of dying of lung or colorectal cancer than females.

Gender inequality is reported to exist in many aspects of society and refers to lasting and embedded patterns of advantage and disadvantage. In relation to health and health and social care, men and women can be subject to differences in:

- Risks relating to the wider determinants of health and wellbeing.
- Biological risks of particular diseases.
- Behavioural and lifestyle health risks.
- Rights and risks of exploitation.

It is well documented that men are often more unlikely to access healthcare services. Community pharmacies are ideally placed for self-care by providing advice and support for people to derive maximum benefit from caring for themselves or their families.

The planning and delivery of health and social care services should consider the distinct characteristics of men and women in terms of needs, service use, preferences/satisfaction, and provision of targeted or segregated services (e.g. single sex hospital or care accommodation).

When necessary, access to advice, provision of over the counter medications and signposting to other services is available as a walk in service without the need for an appointment. Community pharmacy is a socially inclusive healthcare service providing a convenient and less formal environment for those who do not choose to access other kinds of health services.

1.24.3 Long term health problems and disability

Most people suffer periods of ill health at some time, but these are usually temporary problems that do not have a sustained effect on day to day activities, such as going to work or socialising with friends and family. However, some health problems and disabilities are more serious because they are long-lasting and reduce a person's ability to carry out day-to-day activities.

People in some parts of Bury are more likely to report that their day to day activities are limited due to a long-term health problem or disability than others. The areas where more than 24% of people report having an activity limiting health problem or disability are listed in Table 6. At the opposite side of the spectrum, there are 19 LSOAs where less than 15% of people reported having an activity limiting health problem or disability. When looking at these figures it is important to remember that this measure is very strongly related to age and that areas with older populations are more likely to have higher rates of activity limiting health problems or disabilities than areas with younger populations, irrespective of the underlying levels of ill health in the area.

Table 8 - Activity limiting health problem or disability

(Source: Census 2011, ONS. Crown copyright)

LSOA 2011	LSOA 2011 name	Within Ward 2015	Township 2017	Total residents in this LSOA at 2011	% of people whose day-to-day activities are limited
E01005004	Bury 016C	Radcliffe Norh	Radcliffe	1458	37%
E01004987	Bury 020C	Unsworth	Whitefield & Unsworth	1200	35%
E01004946	Bury 021E	Besses	Whitefield & Unsworth	1624	28%
E01004945	Bury 017A	Besses	Whitefield & Unsworth	1548	25%
E01004957	Bury 007D	East	Bury East	1748	25%
E01004976	Bury 004A	Moorside	Bury East	1547	25%
E01004996	Bury 016B	Radcliffe West	Radcliffe	1427	25%
E01005030	Bury 013A	Redvales	Bury East	1590	25%

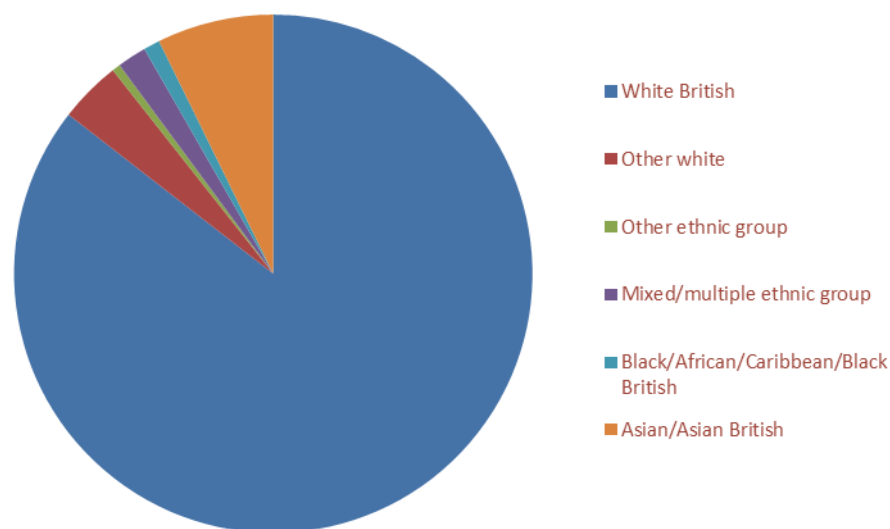
People with disabilities often have individual complex and specific needs. It is important that health and social care services are able to provide effective specialist services to meet such needs.

When patients are managing their own medication but need some support, pharmacists and dispensing doctors must comply with the Equality Act 2010. Where the patient is assessed as having a long term physical or mental impairment that affects their ability to carry out every day activities, such as managing their medication, the pharmacy contract includes funding for reasonable adjustments to the packaging or instructions that will support them in self-care. The first step should be a review to ensure that the number of medications and doses are reduced to a minimum. If further support is needed, then compliance aids might include multi- compartment compliance aids, large print labels, easy to open containers, medication reminder alarms/charts, eye dropper or inhaler aids.

Each pharmacy should have a robust system for assessment and auxiliary aid supplies that adheres to clinical governance principles.

1.24.4 Race, ethnicity and language

Figure 4 - Bury population by ethnic group (Source: Census 2011, ONS. Crown copyright)

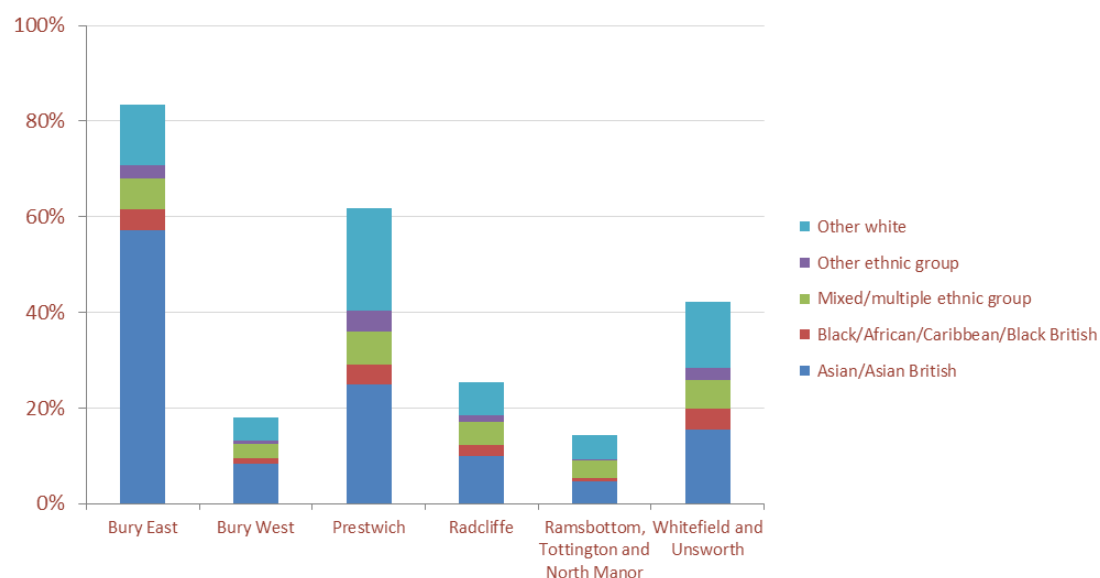


The ethnic minority population, as measured by non-white residents, increased between 2001 and 2011 by 8,970 in Bury, an increase of 81%. Despite this growth, the White British ethnic group, only measured since 2001, remains the largest ethnic group in the city, accounting for 89.2% of the population.

Pakistani is the largest ethnic minority group in Bury accounting for 4.9% of the population. A large proportion of this group is clustered in Bury East Township. Other ethnic minority groups in Bury account for less than 1% for each group.

New measures in the 2011 Census show that Bury is not becoming less British, despite its increased ethnic diversity. More people report a British or English national identity in Bury than report White British ethnic identity.

Figure 5 - Percentage of BME by Township (Source: Census 2011, ONS. Crown copyright)



Poor English language proficiency is lower in Bury than the national average and those residents will need support accessing services. However, only a small minority of residents cannot speak English well even in those areas where the need is greatest.

The pharmacy survey indicates that pharmacists and pharmacy staff speak a range of other languages, see section 3.5.3.

While the health issues facing particular ethnic groups vary, overall, people from BME groups are more likely to have poorer health than the White British population although some BME groups fare much worse than others, and patterns vary from one health condition to the next. This represents an important health inequality.

Research provides the examples of the health problems experienced by different ethnic groups:

- Recent eastern European migrants experience higher rates of communicable disease, occupationally linked health problems, and mental health problems.
- South Asian groups are at higher risk of diabetes, cardiovascular disease, and some cancers.
- People from black ethnic groups are at higher risk of stroke and some cancers.
- People from a range of BME groups are at higher risk of the inherited blood conditions: sickle cell and thalassaemia
- People from BME groups, particularly newer migrants, are more likely to experience mental health problems.

Evidence suggests that the poorer socio-economic position of BME groups is the main factor driving ethnic health inequalities. Language can be a barrier to delivering effective advice on medicines, health promotion and public health interventions.

1.24.5 Religion and belief

Bury has long embraced the breadth and diversity of its population and celebrates the values that bring people of different backgrounds together. The religious beliefs, and non-belief, of Bury's population continues to diversify. However, the city has experienced an overall reduction in the proportion of its population that holds a religious belief.

Figures from the Office for National Statistics for the 2011 Census show that 75% of the population of Bury identify as having some religious affiliation. This is a reduction from 83% in 2001. The main religions / beliefs in Bury identified through the Census 2011 are Christian (63%), Jewish (6%) and Muslim (6%) whilst residents with no religion amount to around 19%. The town has experienced a decrease in the proportion of people identifying themselves as Christian in Bury since the 2001 Census; a fall from 74% in 2001 to 63% in 2011. At the same time, Bury has seen an increase in the proportion of the population identifying as Jewish and Muslim; increasing from 5% and 4% respectively in 2001 to 6% each in 2011.

At a ward level, most across Bury have experienced an increase in the number of people identifying as Muslim and all wards have seen an increase of those with no religious belief. Since 2001, all wards have seen a reduction in the number of Christian residents.

Sedgley ward has seen the largest increase in its Jewish population with an additional 1,500 residents stating that they are Jewish. The most significant change at ward level since the 2001 Census has been an increase of nearly 2,000 Muslim residents in East ward.

The number residents stating they have no religion have increased across all wards in Bury.

It is important that health and social care services are aware of the need to respect and be sensitive to the preferences of people of particular religions and beliefs relevant to the services they deliver, including:

- Practices around births and deaths.
- Diet & food preparation.
- Family planning and abortion.
- Modesty of dress.
- Same sex clinical staff.
- Festivals and holidays.
- Medical ethics considerations in accepting some treatments and end of life care.
- Pharmaceuticals, vaccines, and other medical supplies.

Pharmacies can provide advice to specific religious groups on medicines derived from animal sources and during periods of fasting.

1.24.6 Marriage and civil partnership

According to the 2011 Census in Bury, for residents aged 16 and over, 46.6% of people are married, 11.5% cohabit with a member of the opposite sex, 0.8% live with a partner of the same sex, 24.3% are single and have never married or been in a registered same sex partnership, 9.4% are separated or divorced. There are 10,162 widowed people living in Bury.

Limited evidence is available on the particular health and social care needs of people in terms of marriage and civil partnership.

It is important that health and social care services are aware of and respectful of the legal equivalence of marriage and civil partnership when dealing with individuals, their partners and families. Some research suggests that married people and their children are less likely to suffer problems with their mental wellbeing.

It seems likely that these benefits will also potentially be enjoyed by people in similarly committed and secure relationships, including civil partnership, and other long term couple partnerships. However, some research suggests that such benefits are associated specifically with marriage as opposed to other forms of couple partnership.

Consideration should be given to signs of domestic violence especially towards women; pharmacies can help to raise awareness of this issue and sign posting to services/organisations that can provide advice and support.

1.24.7 Pregnancy and maternity

The number of live births in Bury has been decreasing slightly year on year since 2010. The most significant decrease was between 2010 and 2015, from 2,571 and 2,356 however, Table 8 shows that the number of live births increased slightly between 2014 and 2015. It is not known whether this trend will continue.

Table 9 - Live births for Bury 2010 to 2015 (Source: ONS)

Year	Population			Live Births			
	Numbers (thousands)			Numbers			Rates
	Total	Female	Females aged 15 to 44	All			Crude Live Birth Rate ¹
				Total	Male	Female	
2010	219.8	111.9	42.7	3,297	1,660	1,637	15.0
2011	225.2	114.8	44.9	3,260	1,649	1,611	14.5
2012	225.9	115.0	44.6	3,288	1,655	1,633	14.6
2013	227.3	115.5	44.4	3,274	1,672	1,602	14.4
2014	228.8	116.3	44.4	3,282	1,650	1,632	14.3
2015	230.8	117.2	44.5	3,336	1,742	1,594	14.5

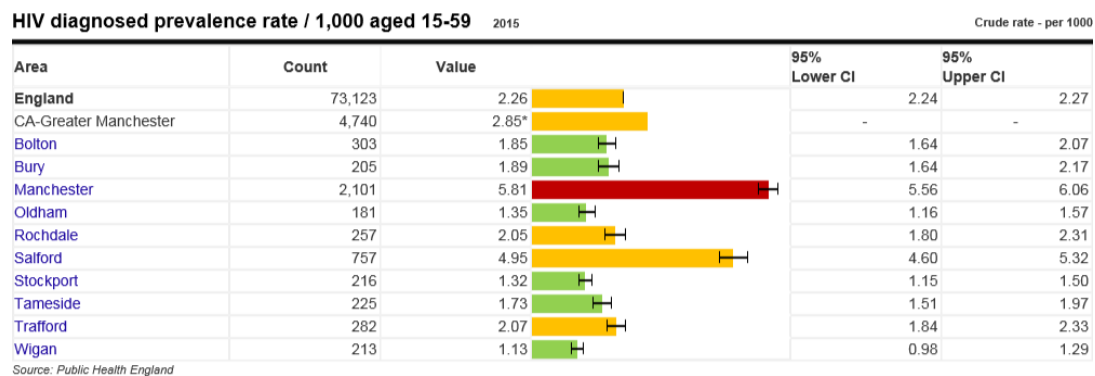
¹ The number of live births in a year per 1,000 mid-year population.

Pharmacies can provide advice to pregnant mothers on medicines and self-care. They have the expertise on advising which medicines are safe for use in pregnancy and during breast feeding.

1.24.8 Sexual orientation

Research suggests that the LGBT population may be exposed to particular patterns of health risks, for instance:

- They are more likely to experience harassment or attacks, have negative experiences of health services related to their sexuality, lesbian and bisexual women are less likely to have had a smear test, and more likely to smoke, to misuse drugs and alcohol and to have deliberately harmed themselves.
- Gay and bisexual men are more likely to attempt suicide, suffer domestic abuse, smoke, misuse alcohol and drugs, and engage in risky sexual behaviours.
- Gay and bisexual men are at substantially higher risk of sexually transmitted diseases (STDs) including HIV/AIDS.
- In 2016, the HIV testing uptake amongst men who have sex with men was 95.9% which is higher than the England and GM uptake, 94.2% and 95.3%.
- In 2015, prevalence of diagnosed HIV for Bury per 1,000 aged 15-59 was 1.89 which is less than the England average (Figure 7) however 37.5% were diagnosed late although this is one of the lowest late diagnosis percentages in GM.

Figure 6 - HIV diagnosed prevalence (Source PHE 2015)

- HIV testing and testing coverage have seen a decline in Bury, being significantly worse than the England average. However, testing in men who have sex with men has mirrored that of the England average and remains similar.

Figure 7 - HIV testing (Source PHE)

Compared to England ● Better ● Similar ● Worse

- Late diagnosis rates have improved over recent years and are now similar to the England average.

Pharmacies can help to raise awareness of health issues discussed above and can provide advice to members of the LGBT community in relation to healthy lifestyle choices e.g. safe drinking levels, interactions and side effects of recreational drugs

1.24.9 Gender reassignment

Transgender people often report feelings of gender discomfort from early childhood. The average age of presentation to health services for gender dysphoria is currently 42 years. Studies in the UK suggest that the majority (80%) of those presenting to gender services are those who are born as a male.

It is reported the transgender community experience disproportionate levels of discrimination, harassment and abuse.

Acceptance of transgender people in general health and social care settings and gender specific health services (e.g. sexual health), and access to appropriate specialist gender identity services are often reported as problematic.

Research and analyses suggest that untreated gender dysphoria can severely affect the person's health and quality of life and can result in:

- Higher levels of depression, self-harm, and consideration or attempt of suicide.
- Higher rates of drug and alcohol abuse.

Provision of medicines and advice on adherence and side effects including the long term use of hormone therapy. Pharmacies can provide advice to members of this community in relation to health and well-being and on raising awareness about issues relating to members of these communities as discussed above.

5. Other key health outcomes for Bury

To identify how pharmaceutical service provision can help tackle the need of Bury's local population we have used Bury's JSNA².

Bury's JSNA considers all current and future health and social care needs which are capable of being met or influenced to a significant extent by the LA and the CCG. It aims to provide a comprehensive 'picture of place' including inequalities and gaps in provision.

It will be used as evidence to inform decisions about commissioning services and action to be taken by the local authority and CCG. It forms the evidence base for Bury's Joint Health and Wellbeing Strategy (JHWS)³.

² <https://www.theburyjsna.co.uk/kb5/bury/jsna/home.page>

³ https://www.theburydirectory.co.uk/kb5/bury/directory/advice.page?id=apIT-UE5d_U

1.25 Health and Wellbeing Strategy Vision

The JSNA forms the evidence base for Bury's Health and Wellbeing Strategy (HWBS). The Joint Health and Wellbeing Strategy is the borough's overarching plan for reducing health inequalities and improving health outcomes for Bury residents.

Our strategy outlines:

- Our principles
- Our approach to improving health and wellbeing
- Health and wellbeing in Bury
- Our priorities

The strategy is a working tool which concentrates on highlighting Bury's challenges and provides vision for a coherent approach for partners involved in improving health and wellbeing across the borough. It sets the strategic direction, but the actual operational details will be developed through the service planning of the many partners involved in its implementation.

The strategy emphasises the importance of partnership working and the joint commissioning of services to achieve a more focused use of resources and better value for money. It is based on the guiding principles of prevention, early intervention and self-care, reduction in inequalities, person centred services and planning for future demands.

The agreed priorities for 2015 – 2018 are:

- Starting well
- Living well
- Supporting people to Live well with a long term condition or as a carer
- Ageing Well
- Healthy places

Each priority has a detailed action plan which can be found in the JHWS. However, these may change when the JHWS is refreshed when it will align itself with the Single Outcomes Framework, Locality Plan and the wider work around the Greater Manchester devolution.

1.26 Public Health Outcomes

The information on this section is structured around the 4 domains of the Public Health Outcomes Framework (PHOF), namely:

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

Pharmacies can help address these issues and improve outcomes by the targeted delivery of a wide range of pharmaceutical services. This can involve signposting individuals to appropriate support,

helping people manage their medicines and improve self-care, providing advice on life-style choices and facilitating change etc. This can be done through their Essential and Advanced services and any Enhanced or locally commissioned service that they provide.

1.26.1 Improving the wider determinants of health

The following indicators track progress in terms of some of the wider factors that affect health and wellbeing.

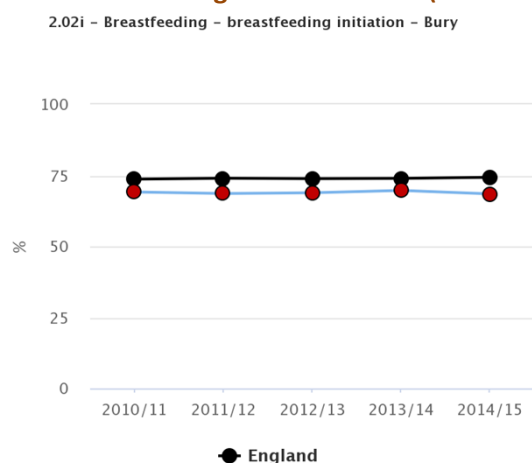
- 9.7% of adults in contact with secondary mental health services in 2015/16 lived in stable and appropriate accommodation. This is the fifth worst in GM and significantly below the England average of 58.6%.
- Bury has significantly worse numbers of eligible homeless people not in priority need (1.3 per 1,000) compared to the England average (0.9 per 1,000). However, the number of households in temporary accommodation (0.1 per 1,000) is significantly better than the England average (3.1 per 1,000).
- There are 423 Children aged 0-15 years and 1,145 young people aged 16-24 years providing unpaid care (2011). 92 and 332 respectively providing unpaid care for 20+ hours per week.
- Bury has a significantly higher density of fast food outlets (118.4 per 100,000) than the England average (88.2 per 100,000)

1.26.2 Health improvement

These indicators track progress in helping people to live healthy lifestyles and make healthy choices.

- In 2014/15 only 68.5% of mothers initiated breastfeeding, which is significantly worse than the England average of 74.3%; this percentage has changed little in last four years.

Figure 8 - Breastfeeding initiation levels (Source PHE)



- At 35.8%, 2015/16, breastfeeding prevalence at 6-8 weeks after birth is significantly worse than the England average of 43.2%.
- Smoking status at time of delivery has reduced from 16.4% in 2010/11 to 11.1% in 2015/16 and is now similar to the England average.

- The What About YOUTH (WAY) (2014/15) survey highlighted that Bury had a significantly higher percentage of youths aged 15 who were occasional smokers compared to the England average. Those who were current or regular smokers were similar to the England average.
- Smoking prevalence in adults who are current smokers is significantly worse at 19.5% compared to the England average at 16.9% and higher than the North West average of 18.6%.
- Successful completion of alcohol treatment at 32.6% of those treated is significantly worse than the England and North West averages at 38.4% and 43.2% respectively.
- Screening coverage in 2016 of eligible women for breast cancer was 74.7% which is a drop from a high of 77.5% in 2010. Screening coverage for cervical cancer continues to be better than the England average at 73.9%, but has decreased from 77.2% in 2011.

Figure 9 - Cancer screening coverage - breast and cervical (Source PHE)

- Screening coverage of eligible adults for bowel cancer at 56.6% is worse than the England average at 57.9%, however, this has improved on the previous year.
- The number of 0-4 year olds from Bury attending accident and emergency (A&E) departments is significantly above the national average. The majority receive no investigation or significant treatment, or are discharged without follow-up. In this age group, respiratory disease and infections are the main reason for emergency admissions and GP consultations.

1.26.3 Health Protection

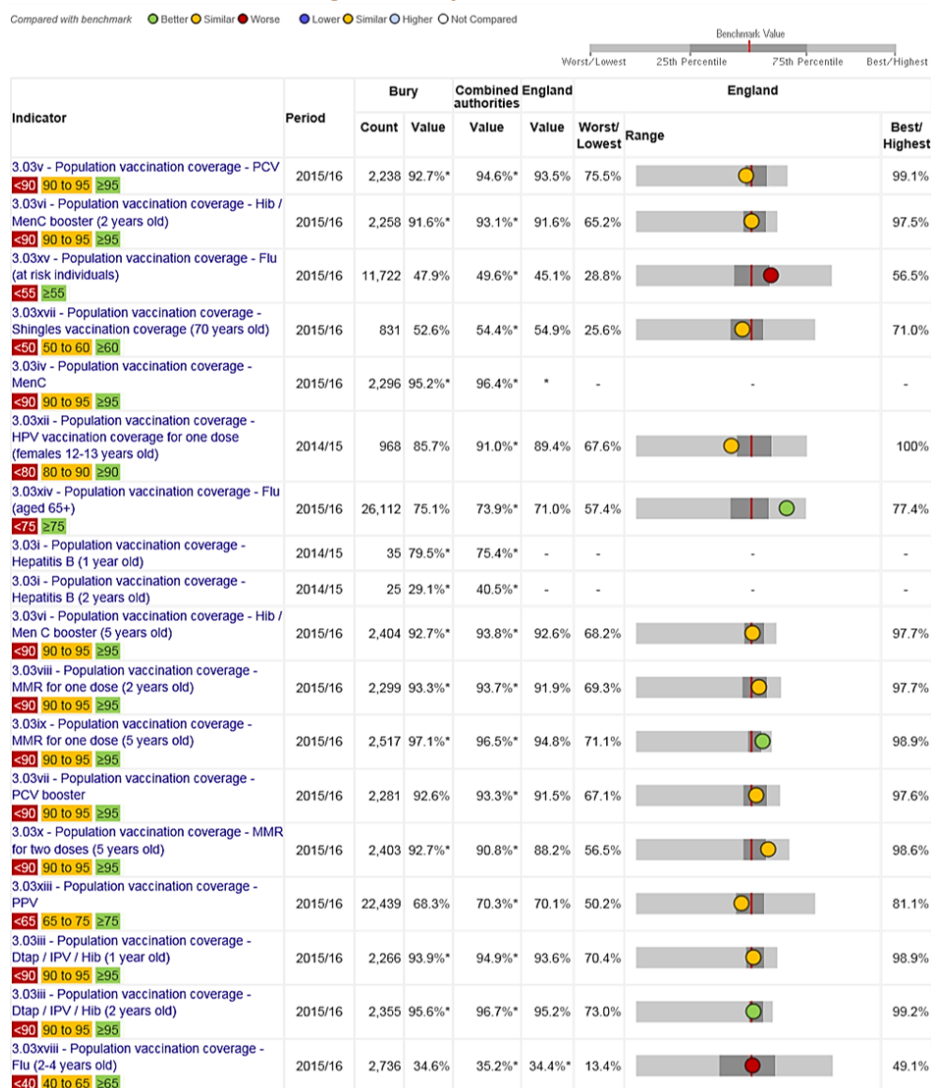
These indicators track progress in protecting the population's health from major incidents and other threats.

- In 2015 chlamydia detection rates (15-24 year olds) for the first time at 1,722 per 100,000 were below the minimum benchmarking goal of 1,900 per 100,000. Detection rates had dropped from a high of 2,393 per 100,000 in 2014. This appears to have been caused mainly by a reduction in the detection rates in the female target group.

Figure 10 - Chlamydia screening rates 2012-2015 (Source PHE)

- Immunisations against common childhood diseases can have positive long-term effects on children's health and development. Annual COVER (Cover of Vaccination Evaluated Rapidly) statistics for 2015/16 reveal the percentage uptake for a range of vaccinations for children in Bury are either in the mid-range of the benchmarking goal or exceed it and apart from the 5 year old MMR vaccination have a higher percentage than the England average. See Figure 12.

Figure 11 - Vaccination coverage for Bury (Source PHE)



- Vaccination coverage for flu in at risk individuals and has consistently remained below the 55% benchmarking goal and has decreased from 52.6% in 2013/14 to 47.9% in 2015/16 (Figure 12). Similarly vaccination coverage against flu for 2-4 year olds remains below its benchmarking goal of 40%, at 34.6% it is similar to the England average of 34.4% and has increased marginally from 2014/15.
- The incidence of TB in Bury (10.3 per 100,000) has increased from 5.7 per 100,000 in 2000/02 but has remained at about this level since 2009/11. Completion of treatment for TB has dropped from 85.7% in 2009 to 79.2% in 2014, which may be of concern with increasing resistance to treatment.

1.26.4 Healthcare public health and preventing premature mortality

These indicators track progress in reducing numbers of people living with preventable ill health and people dying prematurely.

- The percentage of people who die in winter months (excess winter deaths) in Bury has been consistent with that for England over the last few years. Older people are most susceptible to higher death rates in winter. In those aged 85 years and over, there were 67 (Ratio of 33.2) additional deaths in winter in Bury, compared to 145 (Ratio of 25.7) in all age groups (Aug 2014 to Jul 2015). This is similar to England. (See Figure 13)

Figure 12 - Excess winter deaths in Bury (Source PHE)

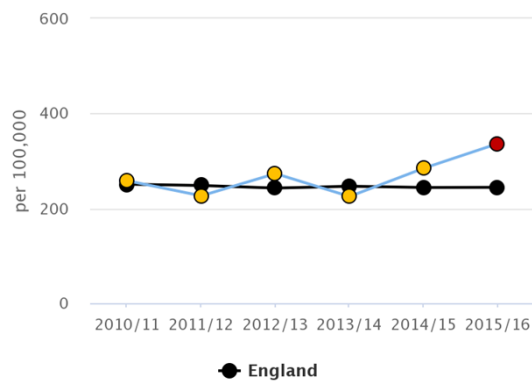
- In 2013-15 the mortality rate from causes considered to be preventable for all persons was 221.0 per 100,000 (directly standardised ratio) compared to 184.5 per 100,000 as the England average. This has been consistently worse than England since 2001-03. It is a similar picture for the mortality rate for under 75s from cardiovascular disease, cancer, liver disease and respiratory disease that is considered preventable. See Figure 14.

Figure 13 - Mortality rates for Bury (Source PHE)

- Hip fractures in persons aged 65-79 years have increased over the last three years (2013/14 to 2015/16) to where they are now significantly worse than the England average.

Figure 14 - Hip fractures in people aged 65-79 years (Source PHE)

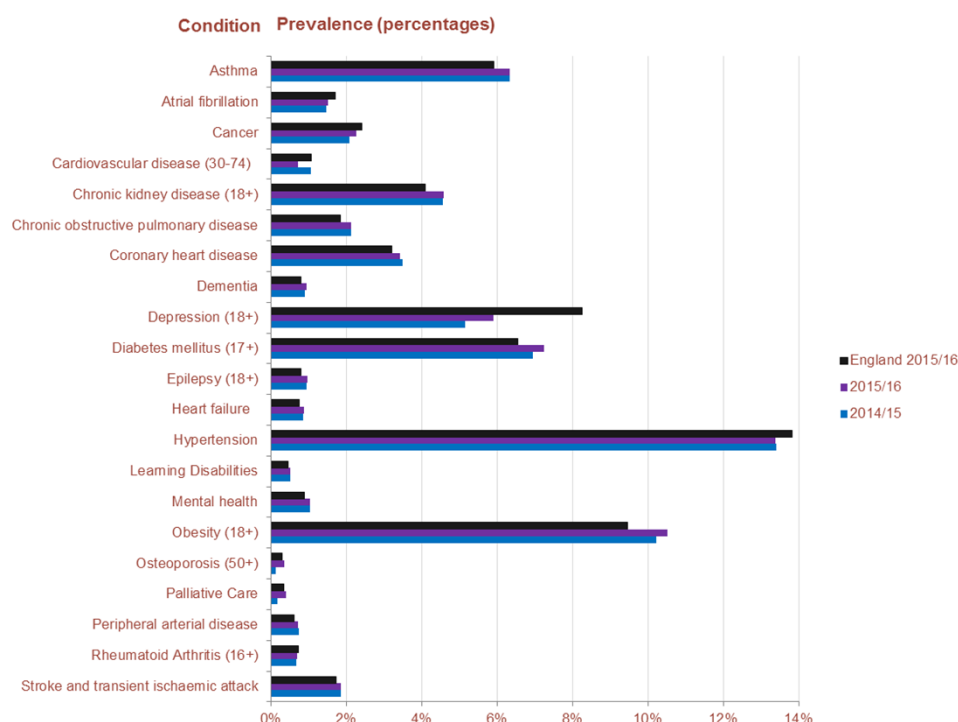
4.14ii - Hip fractures in people aged 65 and over - aged 65-79
(Persons) - Bury



1.26.5 People with long term conditions

- Bury has a higher than average prevalence of long term conditions (LTC) such as diabetes, chronic obstructive pulmonary disease (COPD) and heart disease, leading to an increased burden of disease and people dying younger. A number of patients registered with a GP in Bury will have one or more LTCs; however, the number of people with three or more LTCs increases with age and these are the most intensive users of health and social care services because their needs are usually more complex than those of people with a single disease. There is a clear need for integrated care initiative to take place across Bury in order to improve the care of those individuals with multiple conditions.

Figure 15 - Disease Prevalence from QOF data (Source NHS Digital)



- In Bury, just under 44,500 (2015/16) of the GP registered population have a heart condition (including congestive heart failure, hypertension, ischemic heart disease and atrial fibrillation). Patients with a heart condition will have varying levels of risk for admission to hospital. Those patients at moderate risk will have multiple long term conditions predominantly made up of hypertension, coronary vascular disease (CVD) & coronary heart disease (CHD).
- Prevalence of diabetes is increasing in Bury, which could be partly due to improved detection, although failure of the population as a whole to adopt a healthy lifestyle is also responsible. 90% of people with diabetes have co-morbidities. Diabetes is a major cause of premature mortality. Current indicators for diabetic control within Bury indicate that identified patients have their risk factors satisfactorily managed.

Figure 16 - Diabetes treatment targets (Source: Public Health England)

Compared with benchmark Better Similar Worse Lower Similar Higher Not compared

Indicator	Period	England	Greater Manchester NHS region	NHS Bolton CCG	NHS Bury CCG	NHS Central Manchester CCG	NHS Heywood, Middleton And Rochdale...	NHS North Manchester CCG	NHS Oldham CCG	NHS Salford CCG	NHS South Manchester CCG	NHS Stockport CCG	NHS Tameside And Glossop CCG	NHS Trafford CCG	NHS Wigan Borough CCG
Good blood sugar control in people with diabetes	2015/16	60.1	61.5	64.0	65.8	57.0	61.2	59.2	62.2	59.8	58.8	62.6	65.2	58.3	61.0
Good blood pressure control in people with diabetes	2015/16	70.4	73.2	73.2	76.6	68.7	75.4	70.5	72.2	72.0	65.8	75.2	74.4	72.0	77.0
Good cholesterol control in people with diabetes	2015/16	70.0	70.8	66.0	69.3	71.4	71.1	70.2	74.1	71.4	67.3	75.3	70.9	69.7	72.0

- Bury has a higher level of severe mental illness (1.04% of the practice registered population), according to QOF recorded prevalence, than England (0.90%) and is the third highest behind Manchester and Rochdale. Co-morbidity among psychiatric conditions is high.
- Bury had a SAR⁴ of 113.8 for emergency admissions in the period from 2010/11 to 2014/15. The ratio for Bury indicates a higher level of emergency admissions than would be expected.
- Bury has similar emergency readmission rate, within 30 days, at 11.7% compared to England's 11.8%. This rate has increased steadily from 2002/03 following the national trend, but does appear to be plateauing out.
- The number of A&E attendances fluctuates over the course of the year (high in winter), over the course of the week (high on Monday, lower attendance on weekends by older people), and over the course of the day (peak mid-morning, for children a second peak is seen around 7pm).
- Bury has significantly worse emergency asthma admissions per 100 patients on the disease register at 2.14% than the England average of 1.83%, but lower than the Greater Manchester average of 2.41%. Although they spend less time in hospital than the England average.
- Bury has significantly higher numbers of hospital admissions that could have been avoided at 241.1 per 100,000 than the England average of 178.9 per 100,000. This figure is one of the lowest in GM.
- In 2013/14 the proportion of older people (65 and over) who were still at home 91 days after discharge from hospital fell to 81% from 84.6% in 2012/13. Although the proportion remains similar to the England average there has been a downward trend from 2011/12.
- In March 2015 there was estimated to be over 2,300 registered residents in Bury that have dementia, but only just over 1,700 had a diagnosis of dementia (75%). This indicates that approximately 600 residents living with dementia are not known to their GP. Of those with dementia, 70% have one or more other LTC, and it is estimated that two-thirds of those with dementia live in the community.
- Cancer prevalence and incidence are increasing nationally. Compared to England the overall incidence of cancer is higher in Bury, this is mainly driven by the incidence of colorectal and

⁴ The Standardised Admission Ratio (SAR) is defined as the ratio of the observed number of admissions in an area to the number expected if the area had the same age specific rates as England (ratio set at 100).

lung cancers, which are significantly worse than England. Whereas breast and prostate cancers are not significantly different. Although under 75s mortality and those considered to be preventable from cancer remain significantly worse than the England average, they have been declining slowly since 2001-03.

6.Provision of pharmaceutical services

The regulations governing the development of the PNA require the HWB to consider the needs for pharmaceutical services in terms of necessary and relevant services:

- **Necessary services** i.e. pharmaceutical services which have been assessed as required to meet a pharmaceutical need. This should include their current provision (within the HWB area and outside of the area) and any current or likely future gaps in provision.
- **Relevant services** i.e. services which have secured improvements, or better access, to pharmaceutical services. This should include their current provision (within the HWB area and outside of the area) and any current or future gaps in provision.

Necessary services, for the purposes of this PNA, are defined as:

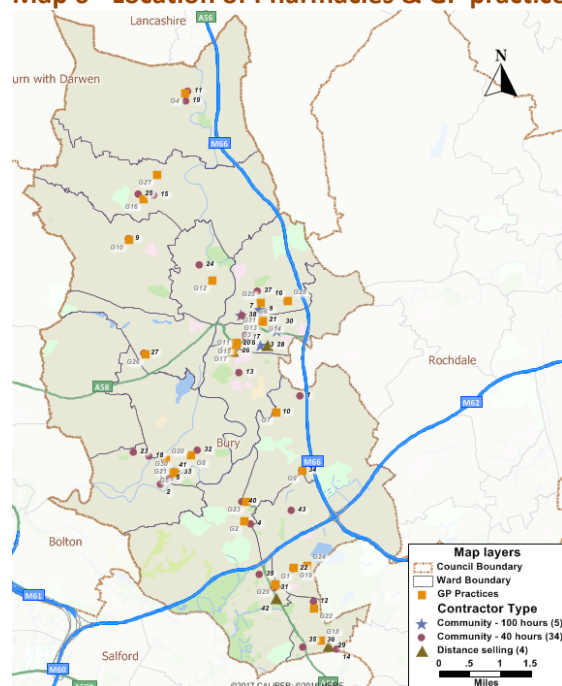
- those services provided by pharmacies and DACs in line with their terms of service as set out in the 2013 regulations, and
- advanced services

1.27 Necessary services - current provision with-in the HWB's area

There are 43 pharmacies included in the pharmaceutical list for the area of the HWB. This is made up of 34 with a standard 40-hour contract, five with a 100-hour contract and four listed as distance selling. There are no DACs and no LPS pharmacies in Bury.

Map 6 (see Appendix Ten for a larger version), which is the statutory map as provided below, shows the location of premises providing pharmaceutical services within the HWB's area. It should be noted that due to the proximity of some pharmacies some icons may reflect the location of two contractors. The map index to premises can be found in Appendix Six, with Township indexing showing opening hour coverage in Appendix Eight.

While not a statutory requirement, where maps within this PNA include the location of GP premises, they do so solely as a point of reference and proximity to pharmacies. Appendix Eleven provides an index of those GP surgeries.

Map 6 - Location of Pharmacies & GP practices in Bury

Bury's average prescription items per month per pharmacy was 7,209. This is similar to the Greater Manchester average but higher than the average for England.

In 2015/16, Bury pharmacies also dispensed one of the lowest items per head of population (1.7 items) in the North of England (2.1 to 1.6 items) and were above the average in England (1.5 items).

Table 10 - Bury pharmacies 2013/14 to 2015/16

Year	Number of community pharmacies	Prescription items dispensed per month (000)s	Population (000)s Mid-Year	Pharmacies per 100,000 population
2013/14	40	292	186	22
2014/15	42	303	187	22
2015/16	42	310	188	22
2016/17	43	312	189*	23

* Projected population from 2014-based Subnational Population Projections for Local Authorities and Higher Administrative Areas in England (Source: Office for National Statistics © Crown copyright 2016)

In 2016/17 approximately 8.6% of items dispensed by Bury pharmacies were prescribed by GPs elsewhere in Greater Manchester (see Table 8).

Table 11 - Items dispensed by Bury pharmacies for prescribers by CCG in Greater Manchester

CCG Prescriber based in. (Does not include prescribing from outside GM)	Total items dispensed by Bury pharmacies 2016/17	Percentage split of items dispensed by Bury pharmacies
Bolton CCG	58,379	1.56%
Bury CCG	3,424,625	91.43%
Central Manchester CCG	3,115	0.08%
Heywood, Middleton & Rochdale CCG	51,324	1.37%
North Manchester CCG	126,381	3.37%
Oldham CCG	3,287	0.09%
Salford CCG	65,069	1.74%
South Manchester CCG	2,997	0.08%
Stockport CCG	5,028	0.13%
Tameside And Glossop CCG	3,340	0.09%
Trafford CCG	782	0.02%
Wigan Borough CCG	1,099	0.03%
Grand Total	3,745,426	100%

The average items per month are similar to the regional averages and only slightly higher than the England average. Conclusions cannot be drawn from this as the ability to cope with increasing demand is dependent upon a range of factors e.g. staffing levels, available space, use of robotics. As the aging population grows demand is likely to increase and pharmacy will need to consider how it prepares for this, especially with the reduction in funding that is currently taking place.

Table 12 - Number of pharmacies and items dispensed per month nationally and locally for 2015/16

Area	Number of community pharmacies (on 31 st March 2016)	Prescription items dispensed per month (000)s	Population (000)s Mid-Year (2014)	Pharmacies per 100,000 population	Average items per pharmacy per month
England	11,688	82,942	54,317	22	7,096
Lancashire & Greater Manchester	1,089	7,810	4,238	26	7,172
Greater Manchester	695	4,981	2,733	25	7,167
Bury CCG	43	310	188	23	7,209

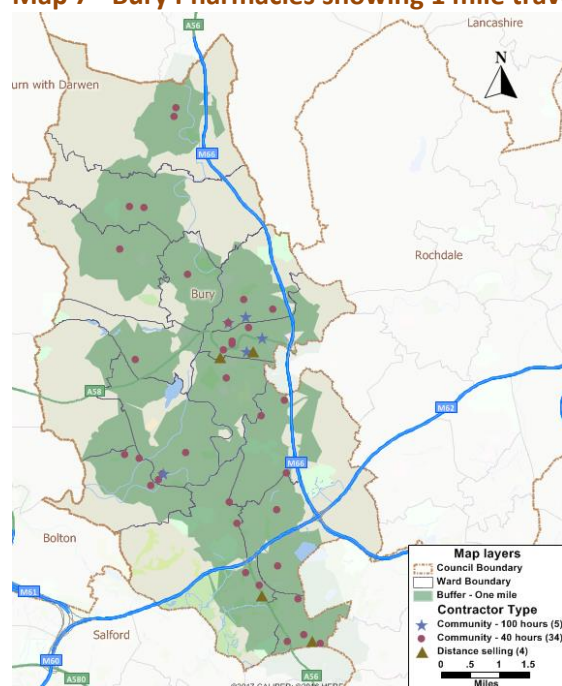
1.27.1 Access to premises

Access can be defined by the location of the pharmacy in relation to where residents of the HWB area live and length of time to access the pharmacy by driving (private car, using public transport or walking.

The latest information shows that 99% of the English population - even those living in the most deprived areas - can reach a pharmacy within 20 minutes by car and 96% by walking or using public transport⁵.

The location of pharmacies does not cause a problem for 91% of the responders to the public survey and the opening hours do not cause a problem for 80%.

Map 7 - Bury Pharmacies showing 1 mile travel distance



Map 7 indicates there are parts of Bury further than a mile away from their nearest pharmacy, however, there are pharmacies outside Bury that offer access for some places and other areas are comprised of either rural or industrial land. The majority of Bury's population should have access to a pharmacy within 20 minutes either by car, walking or using public transport.

⁵ Pharmacy in England: Building on Strengths – Delivering the Future, Department of Health White Paper (2008)

1.27.2 Correlation with GP practices

As expected, there are more community pharmacies (43) than there are GP practices (31). In addition, all wards apart from Radcliffe North have at least one pharmacy and there is a pharmacy in close proximity to each GP practice, although practice list sizes, number of GPs and opening times may differ significantly between practices. See Map 6.

1.27.3 Access to services

Whilst the majority of people will visit a pharmacy for pharmaceutical services during the 8.30am to 6pm period, Monday to Friday, following a visit to their GP, there will be times when people will need to access a pharmacy outside of those times. This may be to have a prescription dispensed after being seen by the out of hours GP service, or it may be to access one of the other services provided by a pharmacy outside of a person's normal working day.

The public survey provided the following insights into how Bury residents access pharmaceutical services:

- 91.2% of respondents surveyed had not had any problems accessing a pharmacy service due to location and 80.0% due to opening hours.
- When rating the overall experience of using a pharmacy most respondents (95.9%) indicated they were satisfied or very satisfied, with 55.7% rating that they were very satisfied (the highest option).
- Approximately 88.7% of respondents were satisfied or very satisfied with the opening hours of the pharmacy they used.
- Although the majority of respondents stated they were satisfied or very satisfied with the opening times of pharmacies; a small number stated that those local to them were not open outside their working day and this created some difficulty and meant they used pharmacies on their way to or near work.

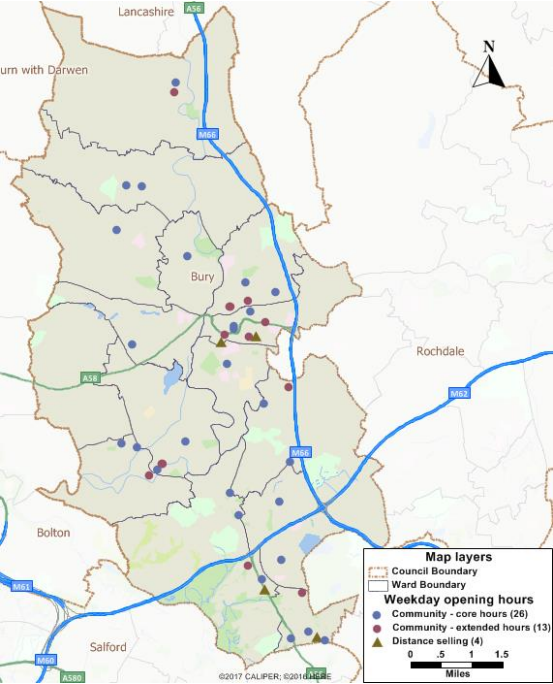
Map 8 and 9 below show the span of opening times for Bury pharmacies based on their core and supplementary opening hours⁶. This identifies those that open 7 days a week, all day Saturday (open Monday to Friday), only half day Saturday (open Monday to Friday) and closed Saturday (open Monday to Friday). The map also identifies those open after 6pm Monday to Friday.

It is important that where changes are made to urgent care services across Bury, commissioning of pharmacy to provide extended hours may be required in some localities. It cannot be assumed that pharmacy will meet any need for increased hours if it is not financially viable.

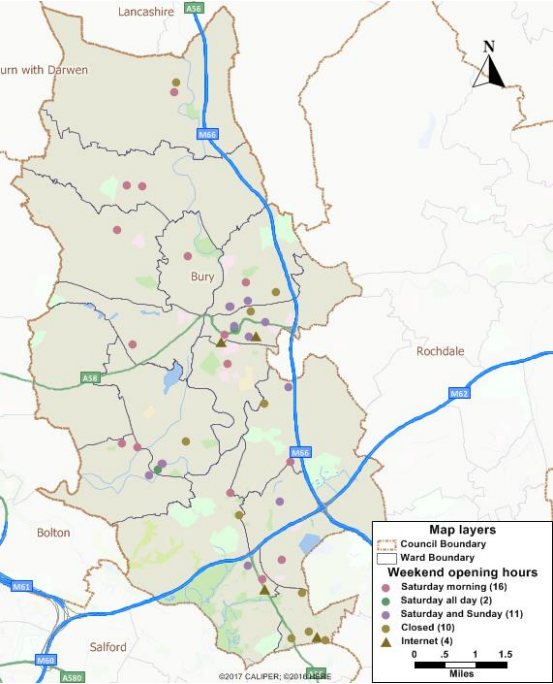
Full details of the opening hours for community pharmacies in Bury can be found on NHS Choices <http://www.nhs.uk/Service-Search/Pharmacy/LocationSearch/10>.

⁶ Data valid as at 19th April 2017

Map 8 - Bury weekday opening hours
(Showing core and extended hours)



Map 9 - Bury weekend opening hours
(Showing Sat a.m. only, all day Saturday and both Saturday and Sunday)



Monday to Saturday opening

Ten pharmacies open at 8:00am or earlier Monday to Friday and eight pharmacies open at 8:00am or earlier on Saturday. One pharmacy opens at 6am Monday to Saturday (see Table 10).

13 pharmacies don't open at all on Saturday, including three distance selling pharmacies, and a further 16 pharmacies close by 2:00pm. This leaves 14 pharmacies open for most of Saturday, with nine of those pharmacies being open until 7:00pm or later.

Table 13 - Bury pharmacies open Monday to Saturday from 8:00 a.m. or earlier

Pharmacy	Postcode	Map Index	Monday to Saturday opening time	Comments
Asda Pharmacy	BL9 0RN	3	6:00am	
Boots the Chemist	BL9 5BY	7	8:00am	
Bury Healthcare Pharmacy	BL9 6DP	8	7:00am	
Lloyds pharmacy	BL9 0SN	20	8:00am	Opens at 9:00am on Saturday
Lloyds pharmacy	M25 1NL	22	8:00am	Opens at 9:00am on Saturday
Pimhole Pharmacy	BL9 7BB	30	7:00am	
Radcliffe Pharmacy	M26 2SP	33	8:00am	
Tesco In-Store Pharmacy	BL9 5BY	38	8:00am	
Tesco In-Store Pharmacy	M25 7BL	39	8:00am	
Well	M26 2SP	41	8:00am	

11 pharmacies provide access to pharmaceutical services until 7:00pm or later Monday to Friday with one exception which only provides pharmaceutical services until 7:00pm on Monday and Tuesday.

Table 14 - Bury pharmacies open Monday to Saturday until 7:00 p.m. or later

Pharmacy	Postcode	Map Index	Monday to Saturday closing time	Comments
Asda Pharmacy	BL9 8RS	1	10:00pm	
Asda Pharmacy	M26 3DA	2	10:00pm	Closes at 8:00pm on Saturdays
Asda Pharmacy	BL9 0RN	3	10:00pm	Closes at 9:00pm on Mondays and Tuesdays
Bury Healthcare Pharmacy	BL9 6DP	8	10:00pm	
Dennis Gore Chemists	M25 1FX	12	7:00pm	Not open on Saturdays
Lloyds pharmacy	BL0 9HX	19	8:00pm	Only open until 8:00pm on Mondays and Tuesdays
Pimhole Pharmacy	BL9 7BB	30	9:30pm	
Radcliffe Pharmacy	M26 2SP	33	10:30pm	Closes at 6:00pm on Saturdays
Tesco In-Store Pharmacy	BL9 5BY	38	9:00pm	
Tesco In-Store Pharmacy	M25 7BL	39	10:00pm	
Well	M26 2SP	41	8:00pm	Closes at 12:00(noon) on Saturdays

Sunday opening

11 pharmacies open on Sunday and four of the six Townships have at least one pharmacy open for some hours. 7.7% of respondents to the public survey had issues with pharmacies not being open on Sunday. However, the majority were aware that there were pharmacies that opened on Sunday if they needed to use them.

Table 15 - Bury pharmacies open on Sunday

Pharmacy	Postcode	Map Index	Sunday opening time	Sunday closing time
Asda Pharmacy	BL9 8RS	1	10:30am	4:30pm
Asda Pharmacy	M26 3DA	2	10:30am	4:30pm
Asda Pharmacy	BL9 0RN	3	11:00am	5:00pm
Boots the Chemist	BL9 0QQ	6	10:30am	4:30pm
Boots the Chemist	BL9 5BY	7	11:00am	5:00pm
Bury Healthcare Pharmacy	BL9 6DP	8	8:00am	6:00pm
Pimhole Pharmacy	BL9 7BB	30	11:00am	12:00am (midnight)
Radcliffe Pharmacy	M26 2SP	33	8:00am	4:00pm
Tesco In-Store Pharmacy	BL9 5BY	38	11:00am	5:00pm
Tesco In-Store Pharmacy	M25 7BL	39	10:00am	4:00pm
Jhoots Pharmacy	M45 8NE	43	11:00am	1pm

Changes to pharmacy contractors

There are no known changes anticipated at the time of writing the PNA.

1.27.4 Access to Medicines Use Reviews (MUR)

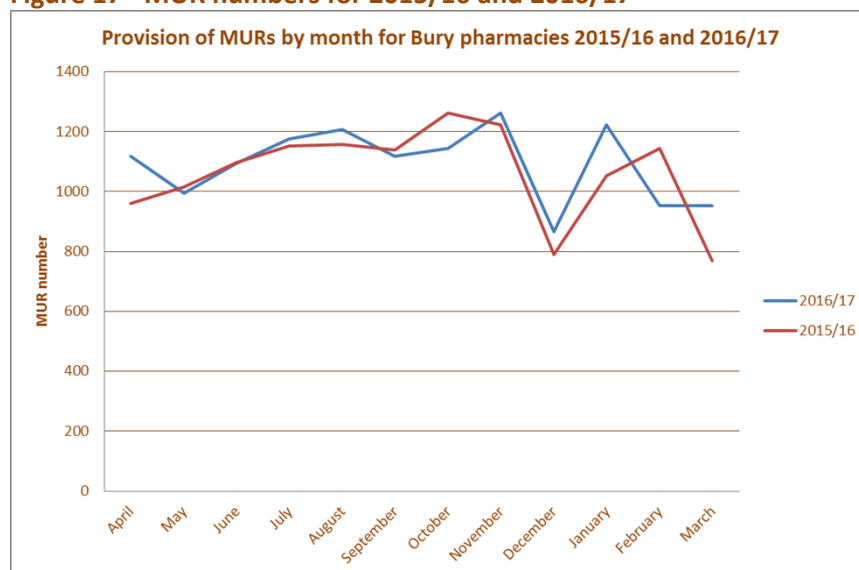
Appendix Seven provides a list of pharmacies providing MUR advanced services.

This service is medicines adherence service designed to improve patient outcomes from taking regular medication. A report is shared with the patient and prescriber. 70% of MURs undertaken have to be from a specified group of patients:

- Patients taking certain high risk medications
- Patients recently discharged from hospital
- Patients prescribed certain respiratory medicines
- Patients diagnosed with cardiovascular disease or another condition which puts them at increased risk of developing cardiovascular disease.

Each pharmacy can provide a maximum of 400 MURs a year.

In 2016/17 a total of 13,110 MURs were provided by 39 of the pharmacies with 23 pharmacies claiming over or at or near the maximum number of MURs (>369). Figure 18 shows the pattern of MURs throughout the year for all Bury pharmacies (2015/16 and 2016/17). The majority of MURs appear to have taken place in second half of the year during 2016/17.

Figure 17 - MUR numbers for 2015/16 and 2016/17

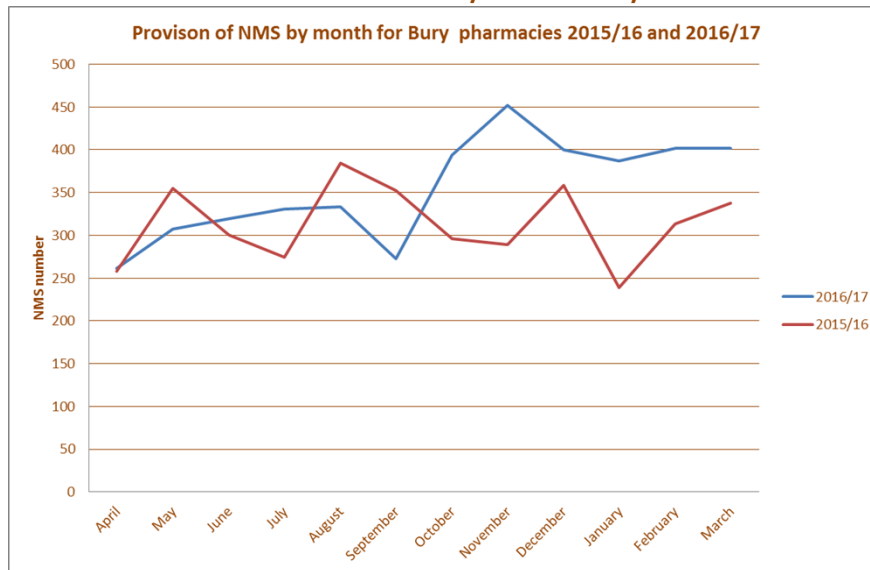
Up to 400 MURs can be provided at each pharmacy, giving a potential maximum number of 17,200 per annum. Four pharmacies (all distance selling pharmacies) have not delivered any MURs and seven pharmacies provided less than 200 in 2016/17. NHS England should work with these pharmacies to encourage delivery or increased delivery to ensure that all eligible Bury residents have the opportunity to receive this advanced service. However, there was a 2.7% increase in delivery from 2015/16.

MURs are accessible to residents in all six Townships.

1.27.5 Access to New Medicine Service (NMS)

The service provides support for people, often with long-term conditions, newly prescribed a medicine to help improve medicines adherence and patient outcomes. The primary aim of the consultation (which can be face-to-face or telephone-based) is the patient-centred identification of any problems either with the treatment (including any adverse drug reactions) or otherwise in relation to the patient's self-management of their long-term condition, and identification of any need of the patient for further information and support in relation to the treatment or the long-term condition.

See Appendix Seven for those pharmacies that are providing NMS.

Table 16 - NMS interventions for 2015/16 and 2016/17

In 2015/16 a total of 3,756 NMS interventions were provided by 32 pharmacies. For 2016/17 this has increased to 36 pharmacies delivering 4,261 NMS interventions during 2016/17.

In 2016/17, 18 pharmacies have delivered over 100 NMS interventions with six of those providing in excess of 200. Seven pharmacies have delivered no NMS interventions (includes the four distance selling pharmacies) and another six have delivered less than 30.

NHS England needs to work with pharmacies, GPs and hospital trusts to improve the uptake of NMS, where appropriate.

Unlike for MURs there is no nationally set maximum number of NMS interventions that may be provided in a year. Currently the service is limited to a specific range of drugs and can only be provided in certain circumstances and this therefore limits the total numbers of eligible patients.

NMS interventions are accessible to residents in all six Townships.

1.27.6 Access to stoma appliance customisation

In 2015/16 eight pharmacies provided a total 40 stoma customisations, however, a number will have been provided by dispensing appliance contractors outside the Bury area and this data is not available at a local authority or CCG level.

In responding to the pharmacy questionnaire, 10.7% of the pharmacies that responded to the survey stated they offer the stoma customisation service. This low level of provision reflects the specialist nature of the provision of appliances and it would be expected that this service is provided by DACs specialising in the provision of stoma appliances.

1.27.7 Access to Appliance Use Review (AUR)

According to data from NHS England no pharmacies in Bury provided appliance use reviews (similar to MUR but for items listed as appliances). The only data available is at a regional and national level and it is assumed that some Bury patients will be accessing his service.

Table 17 - AUR provision 2015/16

Area	Number of community pharmacy and appliance contractors	Community pharmacy and appliance contractors providing AUR services	Total AURs	Average AURs per community pharmacy and appliance contractor
Lancashire & Greater Manchester	1,101	13	1,107	85
England	11,798	140	37,807	270

This low level of delivery reflects the specialist nature of the provision of appliances and it would be expected that this service is provided by DACs.

1.27.8 Access to Community Pharmacy Seasonal Influenza Vaccination programme

According to data available at NHS Business Services Authority 28 pharmacies in Bury delivered this service for 2016/17, providing 3,175 vaccinations during the flu season. This is compared to 1,903 vaccinations for 2015/16; this is a 67% increase in delivery compared to the national figure of 60%. 17% more pharmacies provided the service, which is in line with the increase seen nationally.

Table 18 - Delivery of flu vaccination by council for 2016/17 (Source: NHS BSA)

Council Area	Number of Pharmacies Vaccinating	Number of Pharmacies in Council Area	Number of Flu Vaccinations 2016/17
Bolton	46	76	4,229
Bury	28	43	3,175
Manchester	80	139	6,186
Oldham	44	59	5,246
Rochdale	29	51	2,551
Salford	47	59	4,529
Stockport	39	72	2,895
Tameside	40	59	3,689
Trafford	51	66	5,420
Wigan	54	72	4,179
Total	458	696	42,631

1.27.9 NHS Urgent Medicines Supply Advanced Service (NUMAS)

Two pharmacies in Bury currently provide the NUMSAS which has been extended until 30th September 2017. It is anticipated that this number will grow and NHS England will be able to provide updated numbers if required.

1.27.10 Access to enhanced services

In April 2017, the only enhanced service commissioned by NHS England from pharmacies in the Bury HWB area is the inhaler technique service. This service has been reviewed and was relaunched in August 2017. There are nine pharmacies in Bury providing this service.

1.27.11 Access to pharmaceutical services on public and bank holidays and Easter Sunday

NHS England has a duty to ensure that residents of the HWB's area are able to access pharmaceutical services every day. Pharmacies and DACs are not required to open on public and bank holidays, or Easter Sunday, although some choose to do so. NHS England asks each contractor to confirm their intentions regarding these days and where necessary will direct a contractor or contractors to open on one or more of these days to ensure adequate access.

1.28 Necessary services: current provision out-side the HWB's area

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 by pharmacy contractors outside their area, or by GP practices, or other health services providers including those that may be provided by NHS trust staff.

Patients have a choice of where they access pharmaceutical services; this may be close to their GP practice, their home, their place of work or where they go shopping, recreational or other reasons. Consequently not all the prescriptions written for residents of Bury were dispensed by the pharmacies within Bury. Bury Council has borders with four Greater Manchester boroughs (Bolton, Manchester, Salford and Rochdale) and Blackburn with Darwen and Lancashire.

28 pharmacies are located within 1 mile of the Bury HWB border (see Appendix Twelve), a number of which offer extended hours. Refer to NHS Choices (<http://www.nhs.uk/pages/home.aspx>) for full opening times.

Data from NHS Digital shows that although the majority of items prescribed by Bury CCG prescribers are dispensed in Bury pharmacies a number are dispensed across England.

Information on the type and number of advanced services provided by pharmacies and DACs outside the HWB's area to Bury residents is not available. When claiming for advanced services contractors merely claim for the total number provided for each service. The exception to this is the stoma appliance customisation service where payment is made based on the information contained on the prescription.

However, even with this service just the total number of relevant appliance items is noted for payment purposes. It can be assumed however that Bury residents will be able to access advanced services from contractors outside of Bury.

It is not possible to identify the number of Bury residents who access enhanced services from pharmacies outside the HWB's area. This is due to the way that pharmacies are paid. However residents of the HWB's area may access enhanced services from outside Bury.

The same applies to locally-commissioned services.

1.29 Other relevant services - current provision

Other relevant services are pharmaceutical services that are not necessary (see section 3.6.1 and section 8.2 to 8.5) but have secured improvement or better access to pharmaceutical services.

Other relevant services, for the purposes of this PNA, are defined as:

- Essential services provided at times by pharmacies beyond the standard 40 core hours (known as supplementary hours) in line with their terms of service as set out in the 2013 regulations,
- Enhanced services

1.29.1 Other relevant services within the HWB's area

34 pharmacies provide essential and advanced services through supplementary hours. The totality of these hours covers evenings, Saturday and Sunday. Opening hours are available on NHS Choices. The range of opening times is discussed in section 6.1.3 and is shown in Appendix Eight and Maps 8 and 9.

1.29.2 Other relevant services provided outside the HWB's area

Whilst there are pharmacies outside of the HWB's area providing pharmaceutical services during hours that may be regarded as providing improvement or better access, it is a choice of individuals whether to access these as part of their normal lives. None are specifically commissioned to provide services to the population of Bury.

1.29.3 Other relevant services

Whilst the HWB consider enhanced services as providing an improvement or better access to pharmaceutical services, only one⁷ is commissioned by NHS England and that is currently under review. The HWB is mindful of local commissioned services as described in section 3.6.6 and 6.5.4, which meet the needs of pharmaceutical services.

1.29.4 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 6.1 and 6.2, the residents of the HWB's area currently exercise their choice of where to access pharmaceutical services.

⁷ Inhaler technique service

Within the HWB's area they have a choice of 43 pharmacies which have been utilised to dispense the majority of items prescribed by Bury CCG prescribers. Residents also choose to access a large number of pharmacies spread across Greater Manchester and to a lesser extent the North West and the rest of England. As expected a proportion of these are dispensed in neighbouring HWB areas but not in significant numbers.

There is no DAC in the HWB area however residents choose to use DACs further afield or those pharmacies that provide appliances in Bury.

1.30 Future provision – necessary and other relevant services

1.30.1 Housing and development

Bury CCG has plans to build new premises to replace existing GP practices, which are not fit for purpose, however, this should not impact on pharmaceutical service provision.

There are no housing developments planned in Bury that will reach sufficient numbers in locations that would lead to a need for additional pharmaceutical service provision during the life-time of this PNA.

1.30.2 Primary Care developments

The face of primary care is undergoing major change with the formation of the Greater Manchester Health and Social Care Partnership, which aims to lead to improvements in delivery of health and social care services for the people of Greater Manchester as part of the devolution process.

'Pharmacy's Contribution to Greater Manchester 2017-2021'⁸ recommends services that pharmacy contractors could deliver to support the health change agenda and has been presented to the Strategic Partnership Board. If these recommendations are implemented then this would increase the range of services delivered by pharmacy contractors that meet the need of pharmaceutical services. The majority of any new services would be locally commissioned under the existing commissioning arrangements and not enhanced services commissioned by NHS England.

Bury itself has plans for the establishment of a Local Care Organisation holding a single contract for out of hospital care from a single commissioning voice.

This transformation will lead to greater delivery of care nearer to people's homes or at home and a drive to increase self-care for Bury's residents. How this will impact on the need for pharmaceutical services is difficult to quantify and it will be important that the HWB are mindful of the requirement for people to have access to pharmaceutical services as part of this transformation.

Both the Primary Care Health and Wellbeing Strategy and the Locality Plan recognise the importance of pharmacy and articulate a need to use the whole of primary care as services move out of hospital.

⁸ Produced by Greater Manchester's Pharmacy Local Professional Network

These changes may mean that this PNA will need to be replaced earlier than the planned date of April 2021 and the HWB will need to be conscious of this as plans progress.

There are no known plans for development of health centres or GP practices that cannot be met by the current levels of pharmaceutical provision. The new build in Whitefield and the proposed build in Prestwich will be supported by existing pharmacy contractors in their locality.

An Extended Working Hours Model is being piloted from three hubs across the borough (patients are able to access any hub). There is sufficient pharmaceutical service provision across the borough to meet the potential demand.

1.31 Other NHS services

The following NHS services are deemed, by the HWB, to affect the need for pharmaceutical services within its area:

- Hospital pharmacies – reduce the demand for the dispensing essential service as prescriptions written in the hospital are dispensed by the hospital pharmacy service.
- Personal administration of items by GPs – as above this also reduces the demand for the dispensing essential service. Items are sourced and personally administered by GPs and/or practice nurses thus saving patients having to take a prescription to a pharmacy, for example for a vaccination, in order to then return with the vaccine to the practice so that it may be administered.
- GP out of hours service.
- Services commissioned by Bury council or CCG

1.31.1 Hospital pharmacies

Patients attending these, on either an inpatient or outpatient basis, may require prescriptions to be dispensed. There two hospital trusts in the HWB's area, Pennine Acute Hospitals NHS Trust, which has one site within the borough (Fairfield General Hospital), and Pennine Care NHS Foundation trust, which provides adult mental health services at the Irwell Unit in the grounds of Fairfield General Hospital. Both trusts also provide a range of community based services across Bury.

Should services be moved out of the hospitals and into the primary care setting then it is likely that this would lead to more prescriptions needing to be dispensed by pharmacies in primary care. However, it is likely that pharmacies will be able to absorb additional dispensing arising from this, should it happen.

1.31.2 Personal administration of items by GPs

Under their medical contract with NHS England there will be occasion where a GP practice personally administers an item to a patient.

Generally when a patient requires a medicine or appliance their GP will give them a prescription which they take to their preferred pharmacy. In some instances however the GP will supply the item against a prescription and this is referred to as personal administration as the item that is supplied will then be administered to the patient by the GP or a nurse. This is different to the dispensing of prescriptions and only applies to certain specified items for example vaccines, anaesthetics, injections, intra-uterine contraceptive devices and sutures.

For these items the practice will produce a prescription however the patient is not required to take it to a pharmacy, have it dispensed and then return to the practice for it to be administered.

1.31.3 GP out of hours service

Beyond the normal working hours practices open, there is an out of hours service operated as an initial telephone consultation where the doctor may attend the patients home or request the patient access one of the clinics. The clinics and travelling doctors have a stock of medicines and depending on the patient and their requirement they may be given medicines from stock or a prescription issued for dispensing at a pharmacy.

GP out of Hours is provided by BARDOC who are part of the local care organisation.

Prescriptions from out of hours services can be dispensed by pharmacies with longer opening hours. These are Pharmacies opened seven days a week or for longer hours six days per week are listed in section 6.1.3 (Tables 10, 11 and 12). These pharmacies are geographically spread across the borough and six localities.

1.31.4 Locally commissioned services – Bury Council and Bury CCG

Since 1st April 2013 Bury council has been responsible for the commissioning of some public health services. In addition the CCG commissions a number of services that have an impact. Appendix Five sets out the services currently commissioned and the number of pharmacies providing these services.

The patient survey indicated that more can be done to increase awareness of these services commissioned, as many respondents indicated that they would use these services if they were available, in particular sexual health services, weight management services, help with alcohol interventions and health checks.

7. Localities for the purpose of the PNA

1.32 Overview

This assessment has taken a ward level approach in order to support the integration of public health data with other sources of information. The 17 wards were then aggregated into six Townships, as described in section 3.3. As each Township has slightly differing health needs they are considered separately for the purposes of the PNA.

Individual health profiles have been developed for each Township using PHE data (www.localhealth.org.uk).

1.33 Bury East Township

1.33.1 Bury East Township profile

Bury East Township consists of three wards:

- Redvales Ward
- Moorside Ward
- East Ward

The population living in the Township when compared with the England average is characterised by:

- A higher than average proportions aged under 16 years but lower than average proportions of people aged 65 and over
- A higher than average population of people whose ethnicity is not 'White UK' and who cannot speak English well or at all

Compared with England as a whole, the Township has a significantly worse:

- Child development at age 5
- Proportion in unemployment (JSA claimants)
- Proportion in long-term unemployment (JSA claimants)
- Proportion of population with general health rated as very bad and bad or very bad (2001 Census)
- Proportion of population with limiting long term illness or disability (2011 Census)
- Proportion of population providing 50 hour or more unpaid care per week
- Proportion of households with central heating
- Proportion of pensioners living alone
- Proportion of obese children in reception year
- Proportion of obese children and children with excess weight in year 6
- Rate of emergency hospital admissions in under 5s
- Rate of hospital admissions for injuries in under 5s
- Rate of hospital admissions for injuries in under 15s
- Rate of hospital admissions for injuries in 15-24 year olds

- Rates of emergency hospital admissions for all causes, in particular CHD, stroke and COPD
- Incidence of lung cancer
- Rates of hospital stays for self-harm and alcohol related harm
- Mortality rate (all ages) for all causes including cancer, circulatory disease, CHD, stroke and respiratory disease
- Premature mortality all causes in those aged under 65 years
- Premature mortality all causes (including cancer, circulatory disease and CHD) in those aged under 75

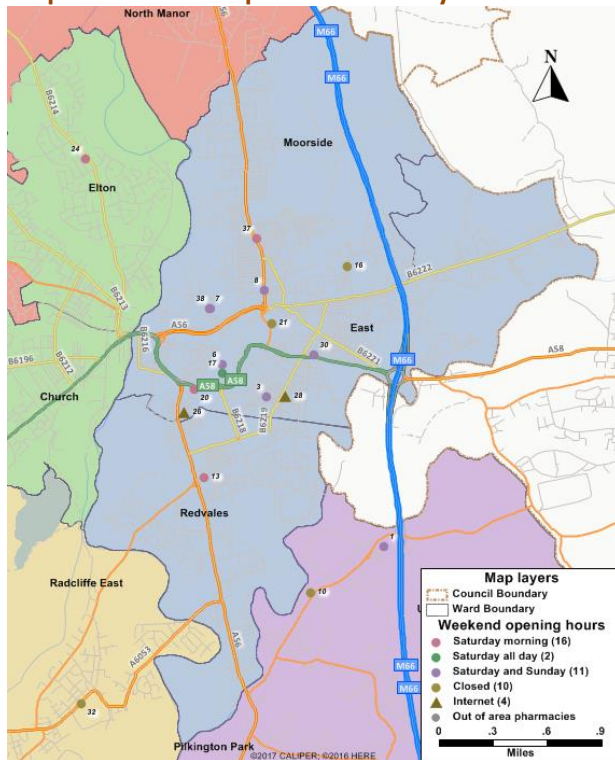
Compared with England as a whole, the Township performs better with respect to the:

- Incidence of breast cancer

1.33.2 Access to a pharmacy in Bury East Township

Map 10 shows that during Monday to Friday and at weekends there is satisfactory provision of pharmaceutical services across this Township.

Map 10 - Weekend provision in Bury East Township



1.34 Bury West Township

1.34.1 Bury West Township profile

Bury West Township consists of two wards:

- Church Ward
- Elton Ward

The population living in the Township when compared with the England average is characterised by:

- A lower than average proportions of 25-64 year olds but higher than average proportions of people aged 65 and over
- A lower than average proportion of people whose ethnicity is not 'White UK'

Compared with England as a whole, the Township has a significantly worse:

- Rate of limiting long term illness or disability (2011 Census)
- A higher proportion of people providing 1 hour or more unpaid care per week
- Rate of hospital admissions for injuries in under 5s
- Rate of emergency hospital admissions in under 5s
- Rate of hospital admissions for injuries in under 15s
- Incidence of all cancers and prostate cancer
- Mortality rate (all ages) for respiratory disease

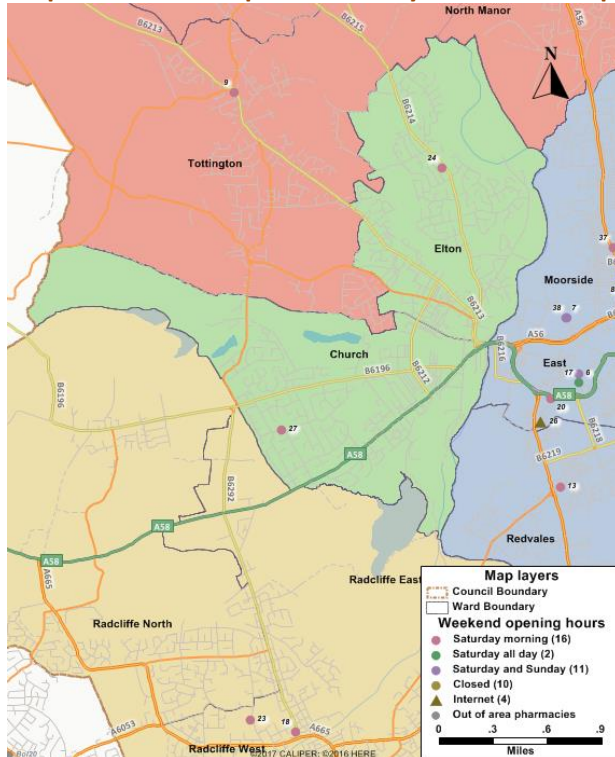
Compared with England as a whole, the Township performs better with respect to the:

- Proportion of people whose general health is very bad and bad or very bad (2011 Census)
- Proportion of overcrowded households and pensioners living alone
- Proportion of obese children and children with excess weight in reception year
- Rate of A&E attendances in under 5s
- Rate of admissions for injury in 15-24 year olds
- Rate of hospital admissions for CHD and COPD
- Rate of hospital stays for alcohol related harm
- Premature mortality rates for all cancer in under 75s

1.34.2 Access to a pharmacy in Bury West Township

Bury West Township has two pharmacies within its boundary one located in each ward (Map 11). These pharmacies are based in close proximity to the GP practices in those wards. Access to pharmaceutical services Monday to Friday is satisfactory and although both pharmacies close Saturday afternoon and all day Sunday there are several pharmacies less than 2 miles from either location that provide pharmaceutical services across the full weekend; access is therefore considered satisfactory.

Map 11 - Weekend provision Bury West Township



1.35 Prestwich Township

1.35.1 Prestwich Township's profile

Prestwich Township consists of three wards:

- Holroyd Ward
- Sedgley Ward
- St. Mary's Ward

The population living in the Township when compared with the England average is characterised by:

- A higher than average proportions aged under 16 years but lower than average proportions of people aged 16-24 years
- A similar proportion of the population whose ethnicity is not 'White UK' and lower proportion who cannot speak English well or at all

Compared with England as a whole, the Township has a significantly worse:

- Child development at age 5
- Proportion of pensioners living alone
- Rate of emergency hospital admissions in under 5s
- Rate of hospital admissions for injuries in under 5s
- Rate of hospital admissions for injuries in under 15s
- Proportion of the adult population that binge drink
- Rates of emergency hospital admissions for all causes
- Incidence of all cancer
- Mortality rate (all ages) for all causes
- Premature mortality all causes in those aged under 75

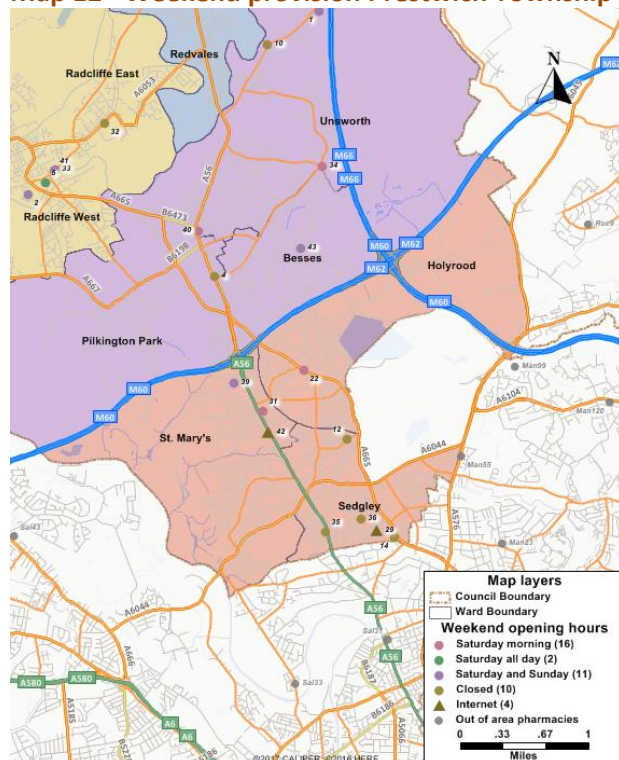
Compared with England as a whole, the Township performs better with respect to the:

- Proportion of births with a low birth weight
- GCSE achievement (5A*-C including English & maths)
- Proportion of households with central heating
- Proportion of overcrowded households
- Number of obese children and children with excess weight in reception year
- Rate of A&E attendances in under 5s
- Rate of elective admissions for hip replacement

1.35.2 Access to a pharmacy in Prestwich Township

Prestwich Township has satisfactory access to pharmaceutical services Monday to Friday (Map 12). Three pharmacies open for some hours on Saturday, which provides satisfactory access on that day. On Sunday only one pharmacy is open within the Township but there is access to several pharmacies in bordering areas that provide pharmaceutical services across the full weekend; access is therefore considered satisfactory.

Map 12 - Weekend provision Prestwich Township



1.36 Radcliffe Township

1.36.1 Radcliffe Township profile

Radcliffe Township consists of three wards:

- Radcliffe North Ward
- Radcliffe East Ward
- Radcliffe West Ward

The population living in the Township when compared with the England average is characterised by:

- A similar populations spread across most age ranges apart from those aged 85 and over, which is lower.
- A lower proportion of the population whose ethnicity is not 'White UK' and who cannot speak English well or at all

Compared with England as a whole, the Township has a significantly worse:

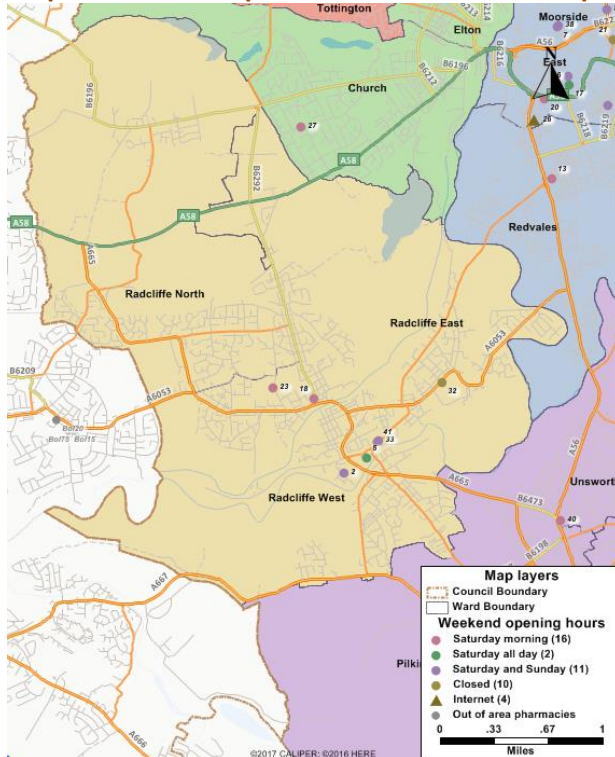
- Child development at age 5
- Proportion in unemployment (JSA claimants)
- Proportion of population with general health rated as very bad and bad or very bad (2001 Census)
- Proportion of population with limiting long term illness or disability (2011 Census)
- Proportion of population providing 50 hour or more unpaid care per week
- Proportion of households with central heating
- Proportion of pensioners living alone
- Rate of emergency hospital admissions in under 5s
- Rate of hospital admissions for injuries in under 5s
- Rate of hospital admissions for injuries in under 15s
- Proportion of the adult population that binge drink
- Rates of emergency hospital admissions for all causes, in particular CHD and COPD
- Incidence of all cancer, in particular lung cancer
- Rate of hospital stays for self-harm and alcohol related harm
- Mortality rate (all ages) for all causes, including cancer, circulatory disease, CHD, stroke and respiratory disease
- Premature mortality all causes in those aged under 75
- Premature mortality all causes (including cancer, circulatory disease and CHD) in those aged under 75

Compared with England as a whole, the Township performs better with respect to the:

- Proportion of overcrowded households
- Number of obese children in reception year
- Rate of A&E attendances in under 5s

1.36.2 Access to a pharmacy in Radcliffe Township

Radcliffe Township has satisfactory access to pharmaceutical services Monday to Friday (Map 13). Six pharmacies open for some hours on Saturday, which provides satisfactory access on that day. On Sunday two pharmacies are open within the Township and there is access to other pharmacies in bordering areas that provide pharmaceutical services across the full weekend; access is therefore considered satisfactory.

Map 13 - Weekend provision Radcliffe Township

1.37 Ramsbottom, Tottington & North Manor Township

1.37.1 Ramsbottom, Tottington & North Manor Township profile

Township Five consists of three wards:

- Ramsbottom Ward
- Tottington Ward
- North Manor Ward

The population living in the Township when compared with the England average is characterised by:

- A lower than average proportion aged 16-24 years but a higher than average proportions of people aged 65-84 years
- A lower proportion of the population whose ethnicity is not 'White UK' and who cannot speak English well or at all

Compared with England as a whole, the Township has a significantly worse:

- Proportion of population providing 1 hour or more unpaid care per week
- Rate of emergency hospital admissions in under 5s
- Rate of hospital admissions for injuries in under 5s

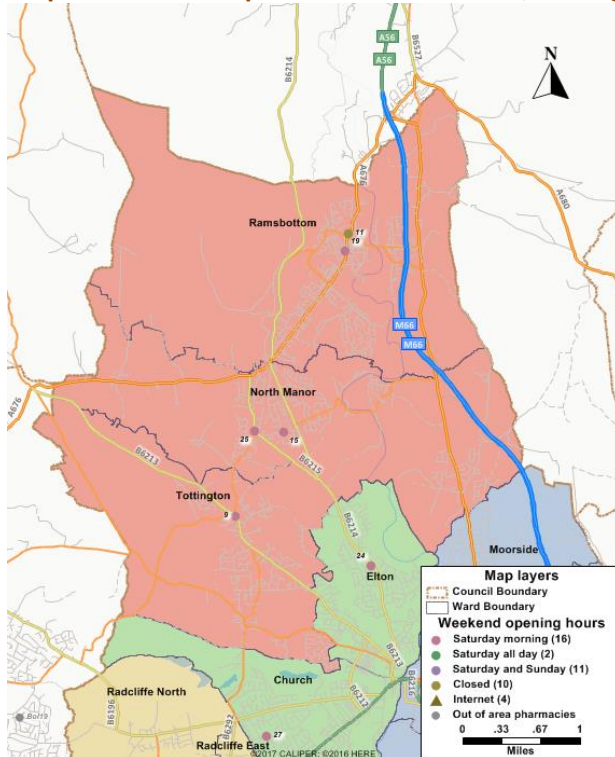
Compared with England as a whole, the Township performs better with respect to the:

- Proportion of births with a low birth weight
- Child development at age 5 years
- GCSE achievement (5A*-C including English & maths)
- Proportion of population in unemployment and long term unemployment (JSA claimants)
- Proportion of the population whose general health is very bad and bad or very bad
- Proportion of the population that provides 50 hours or more unpaid care per week
- Proportion of households with central heating
- Proportion of overcrowded households
- Proportion of pensioners living alone
- Number of obese children and children with excess weight in reception year and year 6
- Rate of A&E attendances in under 5s
- Rate of admissions for injury in 15-24 year olds
- Rate of emergency hospital admissions all causes, specifically CHD, MI and COPD
- Rate of hospital stays for self-harm and alcohol related harm
- Mortality rate (all ages) for all causes, specifically cancer and circulatory disease
- Premature mortality all causes under 75 years, specifically circulatory disease and CHD

1.37.2 Access to a pharmacy in Ramsbottom, Tottington & North Manor Township

Ramsbottom, Tottington & North Manor Township has satisfactory access to pharmaceutical services Monday to Friday (Map 14). All pharmacies open for some hours on Saturday morning and no pharmacies open on Sunday. There have been no reported complaints with regard to access and the public survey hasn't indicated any issues therefore access to pharmaceutical services is considered satisfactory.

Map 14 - Weekend provision Ramsbottom, Tottington & North Manor Township



1.38 Whitefield & Unsworth Township

1.38.1 Whitefield & Unsworth Township profile

Township Six consists of three wards:

- Besses Ward
- Pilkington Park Ward
- Unsworth Ward

The population living in the Township when compared with the England average is characterised by:

- A similar populations spread across most age ranges apart from those aged 65-84 years, which is higher.
- A lower proportion of the population whose ethnicity is not 'White UK' and who cannot speak English well or at all

Compared with England as a whole, the Township has a significantly worse:

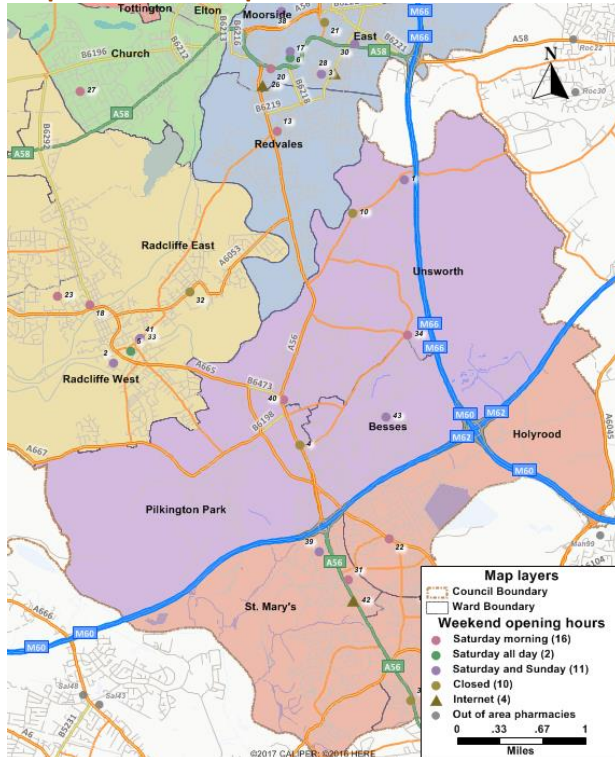
- Proportion in unemployment (JSA claimants)
- Proportion of population with general health rated as bad or very bad (2001 Census)
- Proportion of population with limiting long term illness or disability (2011 Census)
- Proportion of population providing 1 hour or more and 50 hour or more unpaid care per week
- Proportion of pensioners living alone
- Rate of emergency hospital admissions in under 5s
- Rate of hospital admissions for injuries in under 5s
- Rate of hospital admissions for injuries in under 15s
- Rates of emergency hospital admissions for all causes
- Incidence of all cancer, in particular colorectal and lung cancer
- Mortality rate (all ages) for CHD

Compared with England as a whole, the Township performs better with respect to the:

- GCSE achievement (5A*-C including English & maths)
- Proportion of households with central heating
- Proportion of overcrowded households
- Number of obese children in reception year
- Rate of A&E attendances in under 5s
- Rate of admissions for injury in 15-24 years
- Rate of hospital stays for alcohol related harm
- Rate of elective hospital admissions for hip replacement
- Mortality rate (all ages) for respiratory disease

1.38.2 Access to a pharmacy in Whitefield & Unsworth Township

Whitefield & Unsworth Township has satisfactory access to pharmaceutical services Monday to Friday (Map 15). Four pharmacies open for some hours on Saturday, which provides satisfactory access on that day. On Sunday two pharmacies are open within the Township and there is access to other pharmacies in bordering areas that provide pharmaceutical services across the full weekend; access is therefore considered satisfactory.

Map 15 - Weekend provision Whitefield & Unsworth Township

8. How pharmaceutical services can help support a healthier population

1.39 Essential Services (ES)

There are seven essential services listed below. These services must be offered by all pharmacy contractors during all opening hours of the pharmacy as part of the NHS Community Pharmacy Contractual Framework.

- ES1 Dispensing Medicines & Dispensing Appliances
- ES2 Repeat Dispensing
- ES3 Disposal of Unwanted Medicines
- ES4 Public Health (Promotion of a healthy lifestyle)
- ES5 Signposting
- ES6 Support for Self-care
- ES7 Clinical Governance

Medicines management is vital in the successful control of many LTCs (e.g. circulatory diseases, mental health, diabetes) thus having a positive impact on morbidity and mortality. Disease specific guidance (such as that) provided by the National Institute for Clinical & Healthcare Excellence (NICE) regularly emphasises the importance of medicines optimisation and adherence in control of conditions such as hypertension, asthma and stroke.

ES1 and ES2 support patients living with LTCs by providing timely supply of medicines and advice to patients. ES2 may be of particular benefit to patients on lifelong medicines as part of their treatment such as those requiring statins or insulin.

Using ES3, pharmacies can direct patients in the safe disposal of medicines and reduce the risk of hoarding medicines at home which may increase the risk of errors in taking medicines or in taking out of date medicines.

ES4 can support local and national campaigns informing people of managing risk factors associated with many long term conditions such as smoking, healthy diet, physical activity and alcohol consumption.

ES4 provides the ability to:

- Improve awareness of the signs and symptoms of conditions such as stroke e.g. FAST campaign.
- Promote validated information resources for patients and carers.
- Collect data from the local population on their awareness and understanding of different types of disease and their associated risk factors.
- Target “at risk” groups within the local population to promote understanding and access to screening programmes e.g. men in their 40s for NHS health checks.

Community pharmacy also plays a vital role in the management of minor ailments and self-care. Evidence shows that community pharmacists are potentially the most accessed healthcare professionals in any health economy (Pharmacy White Paper, 2008) and are an important resource in supporting people in managing their own self-care and in directing people to the most appropriate points of care for their symptoms (Pharmacy White Paper, 2008).

Although the evidence base for measuring the effectiveness and cost effectiveness of community pharmacies contribution to urgent care, emergency care and un-planned care is currently very small there is a growing recognition of the importance of this role and for further research.

Using ES5, pharmacies can signpost patients and carers to local and national sources of information and reinforce those sources already promoted. They can also direct patients to the appropriate care pathways for their condition.

Through ES6 pharmacy staff can advise patients and carers on the most appropriate choices for self-care and also direct queries to the pharmacist for further advice when purchasing over the counter medicines or general sales lists products. Some over-the-counter medicines are contraindicated (e.g. decongestant use in circulatory disease), and inappropriate use could increase the risk of an unplanned hospital admission. Equally some symptoms can be much more significant in certain long

term conditions (e.g. foot conditions in diabetes) and the attempted purchase of over-the-counter medicines by a patient or carer could alert the pharmacist leading to an appropriate referral.

ES7 provides the governance structure for the delivery of pharmacy services. This structure is set out within the 2013 regulations and includes:

- A patient and public involvement programme
- A clinical audit programme
- A risk management programme
- A clinical effectiveness programme
- A staffing and staff programme
- An information governance programme.

It provides an opportunity to audit pharmacy services and influence to the evidence base for the best practice and contribution of pharmacy services.

Further support to improving quality in pharmacies has been provided through a new Quality Payments (QP) scheme, introduced for the 2017/2018 Community Pharmacy Contractual Framework. In order to access the additional funding available through the QP, pharmacies need to achieve the following:

- 1) the contractor must be offering at the pharmacy Medicines Use Reviews (MUR) or the New Medicine Service (NMS) or must be registered to provide the NHS Urgent Medicine Supply Advanced Service (NUMSAS);
- 2) the NHS Choices entry for the pharmacy must be up to date;
- 3) pharmacy staff at the pharmacy must be able to send and receive NHS mail; and
- 4) the contractor must be able to demonstrate ongoing utilisation of the Electronic Prescription Service (EPS) at the pharmacy premises.

1.40 Advanced Services

There are six advanced services (Appendix Seven) within the NHS community pharmacy contractual framework. Community pharmacies can choose to provide any of these services as long as they meet the requirements set out in the Secretary of State Directions:

- Medicines Use Reviews (MUR)
- New Medicines Service (NMS)
- Appliance Use Review (AUR)
- Stoma Appliance Customisation (SAC)
- Flu vaccination
- NHS Urgent Medicine Supply Advanced Service (NUMSAS) (Due to run until 30th September 2018.)

Evidence shows that up to half of medicines may not be taken as prescribed or simply not be taken at all. Advanced services have a role in highlighting issues with medicines or appliance adherence issues and in reducing waste through inappropriate or unnecessary use of medicines or appliances. Polypharmacy is highly prevalent in LTC management. Advanced services provide an opportunity to

identify issues with side effects, changes in dosage, confirmation that the patient understands the role of the medicine or appliance in their care and opportunities for medicine optimisation.

Appropriate referrals can be made to GPs or other care settings resulting in patients receiving a better outcome from their medicines and in some cases cost saving for the CCG. Advanced services may also identify other issues such as general mental health and wellbeing providing an opportunity to signpost to other local services or service within the pharmacy such as seasonal flu immunisation or repeat dispensing.

Promotion of self-care is an important aspect to the management of many LTCs and advanced services provide an important opportunity for the pharmacist to do so for example, the importance of dry weight monitoring in heart failure management.

1.41 Enhanced services

Pharmacies may choose to provide enhanced services and these services are commissioned to meet an identified need in the local population. Depending on the service agreement used these service may or may not be accessible for all of the pharmacies opening hours.

Only those services that are listed within the Directions may be referred to as enhanced services. If NHS England wishes to commission a service not listed within the Directions then it cannot be called an enhanced service and it also falls outside the definition of pharmaceutical services.

1.41.1 Inhaler Technique Service

This enhanced service has been reviewed and relaunched in August 2017. This review has taken place in order to improve delivery of the service.

1.42 Bury CCG locally commissioned services

1.42.1 Minor ailment scheme

NHS Bury CCG has commissioned a minor ailment scheme, which is managed on their behalf by the NHS England area team.

The minor ailment scheme is designed to allow registered residents of Bury to access treatment for minor ailments as part of NHS provision without having to visit their GP. The scheme is intended to reduce demand for GP consultations to deal with conditions that can be dealt with safely in the pharmacy setting, and to encourage patients to self-care. The scheme is also intended to reduce the demand for urgent care, especially out of hours.

As the service is commissioned by Bury CCG, it is not envisaged that within the lifetime of this PNA there is, or will be, a need for it to be commissioned as part of pharmaceutical services.

1.42.2 Minor eye conditions scheme

The minor Eye Condition Scheme (MECS) is designed to provide assessment and treatment for people with recently occurring minor eye conditions and is provided by MECS accredited optometrists (Opticians) across Bury. The service is for people (all age groups) who are registered with a GP in Bury.

The aim is to improve access and choice for people with minor eye conditions who are seeking advice and treatment via the community optometry MECS, by prescribing appropriate medicines. Another aim is to improve health-inequalities for low income families', allowing equal access to medicines for self-care of minor eye conditions.

Bury CCG has commissioned a '**Community Pharmacy Dispensing Service for the Community Optometry Minor Eye Conditions Service**', which is managed on their behalf by the NHS England local team.

The pharmacy dispensing for MECS is a good example of collaborative working between primary care professionals. The service enables an optometrist to provide a patient with a written order for medication where necessary, following a MECS assessment and the patient can attend a pharmacist to have the medication dispensed with NHS funding where eligible. This avoids the patient either having to purchase privately or having to attend the GP practice to have the medication prescribed via the FP10 available to a GP.

1.42.3 Access to palliative care medicines

The aims of the end of life care/palliative care pharmacy service are to improve access to the supply of specialist palliative care drugs within the community in a timely manner for patients, carers and health professionals within hours. National guidance recommends that palliative care formularies should be agreed as part of end of life care pathways and there should be adequate provision to these drugs for both in hours and out of hours' settings thus supporting home death scenarios. Out of hours provision is supported by the medicines held by the out of hours urgent care services.

As the service is commissioned by Bury CCG, it is not envisaged that within the lifetime of this PNA there is, or will be, a need for it to be commissioned as part of pharmaceutical services.

1.43 Bury Council locally commissioned services (LCS)

1.43.1 Stop smoking

This service is commissioned by Bury council as a LCS, however pharmacies are just one of several providers of this service. As stop smoking is commissioned by the council, it is not envisaged that within the lifetime of this PNA there is or will be a need for it to be commissioned as part of pharmaceutical services.

1.43.2 Substance misuse

Needle and syringe exchange services (NEX) are an integral part of the harm reduction strategy for drug users.

It aims to:

- Reduce the spread of blood borne pathogens e.g. Hepatitis B, Hepatitis C, HIV
- Be a referral point for service users to other health and social care services

There is evidence to support the effectiveness of needle exchange services with long term health benefits to drug users and the whole population.

Supervised administration involves the client consuming methadone or buprenorphine under the direct supervision of a pharmacist in a community pharmacy.

It is a medicines adherence service which aims to:

- Reduce the risk of harm to the client by over or under usage of drug treatment.
- Reduce the risk of harm to the local community by the inappropriate use of prescribed medicines via the illicit drug market.
- Reduce the risk of harm to the community by accidental exposure to pre-scribed medicines.

There is compelling evidence to support the effectiveness of supervised administration with long term health benefits to drug users and the whole population.

As needle exchange and the supervised consumption of methadone/buprenorphine are commissioned by the council, it is not envisaged that with-in the lifetime of this PNA there is or will be a need for either service to be commissioned as part of pharmaceutical services.

1.43.3 Sexual health - Teenage pregnancy

There is a very strong evidence base for the use of EHC in reducing unplanned or unwanted pregnancies, especially within teenage years. Its use forms part of an overall national strategy to reduce the rate of teenage pregnancy with England. The drug levonorgestrel is used for EHC.

Through this service it is supplied under a PGD to women who meet the criteria for inclusion of the PGD and service specification. The drug can also be prescribed using an FP10 prescription. It may also be bought as an over the counter medication from pharmacies, however the user must be 16 years or over, hence the need for a PGD service within pharmacies which provides access from 13 to 25 years of age.

As EHC provision is commissioned by the council, it is not envisaged that within the lifetime of this PNA there is, or will be, a need for it to be commissioned as part of pharmaceutical services.

1.43.4 Other sexual health services

Some key issues for both current and future sexual health services are:

- Reducing the transmission of and rate of undiagnosed (HIV) and sexually transmitted infections (STI). The growing incidence of HIV and STIs can only be arrested through the systematic introduction of health promotion, screening, STI testing, and prompt follow-up for both patients and their partners throughout the borough.
- Improving Access to Sexual and Reproductive Health Services. Attaining prompt diagnosis and treatment and therefore reducing the spread of infection whilst improving the patient experience of sexual health services is critical.
- Establishing service standards, definitive care pathways and targeted and appropriate services. Introduction into non-traditional settings responding to local need bringing sexual health services closer to the community

Pharmacy based screening and treatment services for STI can help achieve all of the above three points.

Pharmacies are currently providing access to chlamydia screening and treatment, although there is potential for increasing the range of diseases screened for.

Currently chlamydia screening and treatment using PGDs are commissioned by the council, it is not envisaged that within the lifetime of this PNA there is or will be a need for it to be commissioned as part of pharmaceutical services.

1.43.5 NHS Health Checks

The programme is provided in all GP practices targeting hard-to-reach population groups. From 2013/14 Q1 – 2016/17 Q4, the percentage of people that received an NHS Health Check of those offered one in Bury was 71.7%⁹; 82.6% of eligible people had been invited in the same time period.

As NHS health checks are commissioned by the council, it is not envisaged that within the lifetime of this PNA there is, or will be, a need for it to be commissioned as part of pharmaceutical services.

In addition to dispensing prescriptions, pharmacies through the provision of essential services can help to address many of the public health concerns contained within Bury JSNA, for example:

- Where a person presents a prescription, and they appear to have diabetes, be at risk of coronary heart disease (especially those with high blood pressure), smoke or are overweight, the pharmacy is required to give appropriate advice with the aim of increasing their knowledge and understanding of the health issues which are relevant to that person's circumstances.
- Pharmacies are required to participate in up to six public health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by NHS England and have previously included topics on healthy eating and physical activity.

⁹ http://www.healthcheck.nhs.uk/interactive_map/compare_local_authorities_or_centres/

- Signposting people using the pharmacy to other providers of services or support.

Provision of the four advanced services will also assist people to manage their long term conditions in order to maximise the quality of life by improving medicine and appliance adherence.

1.43.6 Mental health and well being

In addition to ensuring that people with mental health problems have access to drugs and medicines, pharmacies can support in other ways by

- Providing accessible and comprehensive information and advice to carers about what help and support is available to them.

-

All locally commissioned services are also supported through Essential services provided by pharmacies, whether commissioned or not e.g.:

- Pharmacies are required to participate in up to six public health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by NHS England.
- Where the pharmacy does not provide a locally commissioned service they should signpost them to other pharmacies that are commissioned or to other services that may meet that need.

9. Necessary services - gaps in provision of pharmaceutical services

Necessary services, for the purposes of this PNA, are defined as:

- Essential services provided by pharmacies during standard 40 and 100 core hours in line with their terms of service as set out in the 2013 regulations, and
- Advanced services

The HWB consider it is those services provided within the standard pharmacy providing 40 and 100 core hours that should be regarded as necessary. There are 43 such pharmacies. The spread of opening times including the core hours are provided in Appendix Eight and this is supported by Maps 8 to 15.

The HWB are mindful of the national picture as expressed in the 2008 White Paper Pharmacy in England, Building on strengths – delivering the future, which states that it is strength of the current system that community pharmacies are easily accessible. The HWB consider that the population of Bury across all four PNA localities currently enjoy a similar position.

In particular, the HWB had regard to the following, drawn from the mapped provision of and access to pharmacies:

- Map 6 showing the location of pharmacies within each of the six PNA localities and across the whole HWB area.
- Map 4 showing the population density per square km by Census 2011 Output Area and the relative location of pharmacy premises.
- Map 5 showing the Index of Multiple Deprivation and deprivation ranges compared to the relative location of pharmacy premises.
- Maps 7 illustrate that the majority of the residents of the HWB are within a walking distance of 1 mile.
- The number, distribution of pharmacies within each of the six PNA localities and across the whole HWB area (Map 10-15).
- The choice of pharmacies covering each of the six PNA localities and the whole HWB area (Appendix Six).
- Over 37% of respondents to the public survey used a regular pharmacy because it was near to their home and 25% because it was near to their doctors. (Appendix Three).
- Over 90 % of respondents to the public survey had not had any difficulty in accessing a pharmacy of their choice and approximately 90% were satisfied or very satisfied with the opening hours of the pharmacy they used (Appendix Three).
- Overall results of the patient survey (Appendix Three).

Taking into account the totality of information available, the HWB consider the location, number, distribution and choice of pharmacies covering the each of the six Townships and the whole Bury HWB area providing essential and advanced services during the standard core hours to meet the needs of the population.

The HWB has not received any significant information to conclude otherwise currently or of any future specified circumstance that would alter that conclusion.

10. Improvements and better access: gaps in provision of pharmaceutical services

The HWB consider it is those services and times provided in addition to those considered necessary for the purpose of this PNA that should reasonably be regarded as providing either an improvement or better access to pharmaceutical provision.

The HWB recognises that any addition of pharmaceutical services by location, provider, hours or services may be regarded by some as pertinent to this consideration. However, the HWB consider the duty to be one of proportionate consideration overall.

The location of premises and choice of provider is not as extensive beyond the standard 40 core hours as described under the previous consideration of what is necessary. However in each Township, there are pharmacies open beyond what may be regarded as normal hours, in that they

provide pharmaceutical services during supplementary hours in the evening, on Saturday and Sunday.

Taking into account the totality of information available, the HWB consider the location, number, distribution and choice of pharmacies covering the each of the six townships and the Bury HWB area providing essential and advanced services during the evening, on Saturday and Sunday, to provide an improvement and better access that meet the requirements of the population.

The public survey did not record any specific themes relating to pharmacy opening times, apart from a small number that noted their local pharmacy didn't open at on Saturday and/or Sunday; however, these respondents were aware of pharmacies that provided access at these times. The HWB therefore concludes there no significant information to indicate there is a gap in the current provision of pharmacy opening times.

At present, the same conclusion was reached in considering whether there is any future specified circumstance that would give rise to the conclusion that there is a gap in pharmaceutical provision at certain times. Nonetheless, the HWB will be considering the response by pharmacy contractors to the changing expectations of the public to reflect the times at which pharmaceutical services are provided more closely with such changes during the life of this PNA.

With regard to enhanced services, in this case the inhaler technique service, the HWB is mindful that only those commissioned by NHS England are regarded as pharmaceutical services. However, since 1st April 2013, there has been a shift in commissioning arrangements for some services that would otherwise be defined as enhanced services. Therefore, the absence of a particular service being commissioned by NHS England is mitigated by commissioning through the Bury CCG and Bury Council. This PNA identifies those locally commissioned services.

Whether commissioned as enhanced or LCS, the HWB consider these to provide both an improvement and better access to such services for the residents of Bury HWB area where such a requirement has been identified and verified at a local level. At the time of writing this PNA, the HWB has not identified either itself or through consultation any requirement to provide either further those services already commissioned or to commence the provision of enhanced pharmaceutical services not currently commissioned.

Taking into account the totality of information available, the HWB consider the location, number, distribution and choice of pharmacies covering each of the six Townships and the Bury HWB area providing enhanced services, including the mitigation by the provision of LCSs, to provide an improvement and better access for population. The HWB has not received any significant information to conclude otherwise currently or of any local future specified circumstance that would alter that conclusion.

11. Conclusions (for the purpose of Schedule 1 to the 2013 Regulations)

1.44 Current provision – necessary and other relevant services

As described in particular in sections 6.1, 6.2 and 6.3 and required by paragraphs one and three of schedule 1 to the Regulations, Bury HWB has had regard to the pharmaceutical services referred to in this PNA in seeking to identify those that are necessary, have secured improvements or better access, or have contributed towards meeting the need for pharmaceutical services in the area of the HWB.

Bury HWB has determined that while not all provision was necessary to meet the need for pharmaceutical services, the majority of the current provision was likely to be necessary as described in section 9 with that identified in section 10 as providing improvement or better access without the need to differentiate in any further detail.

1.45 Necessary services – gaps in provision

As described in particular in section 9 and required by paragraph two of schedule 1 to the Regulations, Bury HWB has had regard to the following in seeking to identify whether there are any gaps in necessary services in the area of the HWB.

1.45.1 Access to essential services

In order to assess the provision of essential services against the needs of our population we consider access (travelling times and opening hours) as the most important factor in determining the extent to which the current provision of essential services meets the needs of the population.

1.45.2 Access to essential services during normal working hours

Bury HWB has determined that the travel times as identified in section 6.1.1 to access essential services are reasonable in all the circumstances.

Based on the information available at the time of developing this PNA, no current gaps in the need for provision of essential services during normal working hours have been identified.

1.45.3 Access to essential services outside normal working hours

In Bury there is good access to essential services outside normal working hours in all six localities and across the HWB area. This is due to the supplementary opening hours offered by most pharmacies. It is not expected that any of the current pharmacies will reduce the number of core opening hours and NHS England foresees no reason to agree a reduction of core opening hours for any service provider except on an ad hoc basis to cover extenuating circumstances.

Based on the information available at the time of developing this PNA, no current gaps in the provision of essential services outside normal working hours have been identified.

1.45.4 Access to advanced and enhanced services

Insofar as only NHS England may commission these services, sections 6.1 and 6.2 of this PNA identify access to enhanced and advanced services.

Based on the information available at the time of developing this PNA, no current gaps in the provision of advanced and enhanced services have been identified.

1.46 Future provision of necessary services

Bury HWB has not identified any pharmaceutical services that are not currently provided but that will, in specified future circumstances, need to be provided in order to meet a need for pharmaceutical services.

Based on the information available at the time of developing this PNA, no gaps in the need for pharmaceutical services in specified future circumstances have been identified.

1.47 Improvements and better access – gaps in provision

As described in particular in section 10 and required by paragraph 4 of schedule 1 to the 2013 Regulations, Bury HWB has had regard to the following in seeking to identify whether there are any gaps in other relevant services within the six Townships and the area of the HWB.

1.47.1 Access to essential services – present and future circumstances

Bury HWB considered the conclusion in respect of current provision as set out at 11.1 above and the information in respect of essential services as it had done at 11.2. While it was not possible to determine which current provision of essential service by location or standard hours provided improvement or better access, the HWB was satisfied that some current provision did so.

Bury HWB has not identified services that would, if provided either now or in future specified circumstances, secure improvements to or better access to essential services.

Based on the information available at the time of developing this PNA, no gaps have been identified in essential services that if provided either now or in the future would secure improvements, or better access, to essential services.

1.47.2 Current and future access to advanced services

Not all pharmacies are currently offering MURs or NMS. However, these services are not commissioned by NHS England but provided by the pharmacy should it choose to do so.

In 2015-16 six pharmacies did not provide MURs. NHS England will encourage these pharmacies and pharmacists to become eligible to deliver MURs and to encourage all pharmacies to complete the maximum number of MURs allowed to ensure more eligible patients are able to access and benefit from this service.

In 2015-16 11 pharmacies did not provide the NMS. NHS England will encourage pharmacies and pharmacists to become eligible to deliver the service so that more eligible patients are able to access and benefit from this service.

Demand for the appliance advanced services (SAC and AUR) is lower than for the other two advanced services due to the much smaller proportion of the population that may require the services. Pharmacies and DACs may choose which appliances they provide and may also choose whether or not to provide the two related advanced services.

NHS England will encourage those contractors in the area that do provide appliances to become eligible to deliver these advanced services where appropriate.

Based on the information available at the time of developing this PNA, no gaps have been identified in the need for advanced services that if provided either now or in the future would secure improvements, or better access, to advanced services.

1.47.3 Current and future access to enhanced services

NHS England commissioned just one enhanced service from pharmacies. It also commissions this service from other non-pharmacy providers, principally GP practices.

Many of the enhanced services listed in the 2013 directions are now commissioned by Bury Council (public health services) or Bury CCG (minor ailments) and so fall outside of the definition of both enhanced services and pharmaceutical services.

Based on the information available at the time of developing this PNA, no gaps in respect of securing improvements, or better access, to enhanced services either now or in specified future circumstances have been identified.

1.48 Other NHS Services

As required by paragraph five of schedule 1 to the 2013 Regulations, Bury HWB has had regard in particular to section nine considering any other NHS services that may affect the determination in respect of pharmaceutical services in the area of the HWB. This includes locally commissioned services, see section 3.6.6.

As evaluation of services across Greater Manchester continues as part of devolution, new ways of delivering services may be identified and some of these may meet the needs of pharmaceutical services not currently identified in this PNA.

Based on the information available at the time of developing this PNA, no gaps in respect of securing improvements, or better access, to other NHS services either now or in specified future circumstances have been identified.

1.49 How the assessment was carried out

As required by paragraph 6 of schedule 1 to the 2013 Regulations:

In respect of how the HWB considered whether to determine localities in its area for the purpose of this PNA, see section 3 and section 6 and maps 10-15.

In respect of how the HWB took into account the different needs in its area, including those who share a protected characteristic, see sections 6.

In respect of the consultation undertaken by the HWB, see Appendix Thirteen.

1.50 Map of provision

As required by paragraph seven of schedule 1 to the 2013 Regulations, the HWB has published a map of premises providing pharmaceutical in Map Six (Section 6.1). Additional maps are also provided throughout and are contained in Appendix Ten.

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Appendix One – Glossary

A&E	Accident and Emergency	LPC	Local Pharmaceutical Committee
AIDS	Acquired Immune Deficiency Syndrome	LPS	Local Pharmaceutical Service
AUR	Appliance Use Review	LSOA	Lower Super Output Areas
BME	Black and Minority Ethnic	LTC	Long Term Condition
CCG	Clinical Commissioning Group	MI	Myocardial Infarction
CHD	Coronary Heart Disease	MMR	Measles, Mumps and Rubella
COPD	Chronic Obstructive Pulmonary Disease	MUR	Medicines Use Review
COVER	Cover of Vaccination Evaluated Rapidly	NEX	Needle and Syringe Exchange Services
CVD	Coronary Vascular Disease	NHS	National Health Service
DAC	Dispensing Appliance Contractor	NHS CB	NHS Commissioning Board
EHC	Emergency Hormonal Contraception	NICE	National Institute for Clinical & Healthcare Excellence
EPS	Electronic Prescription Service	NMS	New Medicine Service
ES	Essential Services	NW	North West
GCSE	General Certificate of Secondary Education	ONS	Office for National Statistic
GFR	General Fertility Rate	OOH	Out of Hours
GM	Greater Manchester	PCT	Primary Care Trust
GP	General Practitioner	PGD	Patient Group Direction
HIV	Human Immunodeficiency Virus	PHE	Public Health England
HWB	Health and Wellbeing Board	PNA	Pharmaceutical Needs Assessment
IMD	Index of Multiple Deprivation	SAC	Stoma Appliance Customisation
JHWS	Joint Health and Wellbeing Strategy	SAR	Standardised Admission Ratio
JSA	Jobseeker Allowance	SMR	Standardised Mortality Rate
JSNA	Joint Strategic Needs Assessment	STDs	Sexually Transmitted Diseases
LA	Local Authority	STIs	Sexually Transmitted Infections
LCS	Locally Commissioned Services	TB	Tuberculosis
LGBT	Lesbian, Gay, Bisexual and Transgender		
LMC	Local Medical Committee		

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Terms of Reference

Name of Committee	Pharmaceutical Needs Assessment (PNA) Steering Group
Connectivity Reports to	Updates to the Health and Wellbeing Board (HWB) via the HWB Lead/HWB PNA Champion
Bodies reporting to this Group	None
Chair	Senior Medicines Optimisation Pharmacist
Membership	<p>Representatives from the Greater Manchester Shared Services (GMSS) including:</p> <ul style="list-style-type: none"> • Senior Medicines Optimisation Pharmacist • Project Support Officer <p>Representatives from Bury Council</p> <p>Representatives from Bury CCG</p> <p>NHS Area Team Representative</p> <p>LPC Representative</p> <p>Healthwatch Representative</p>
Function of Committee	<ul style="list-style-type: none"> • To develop a PNA for Bury HWB that fulfils the statutory requirements specified in 'The National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013. • To identify and report any risk to the HWB that might jeopardise the successful completion of the above.
Responsibilities/Actions	GMSS will lead the development of the PNA and may ask for support from all stakeholders during the process with regards to reviewing specific areas.
Outputs of the Group	To produce a Pharmaceutical Needs Assessment for Bury HWB.
Frequency of Meetings	It is envisaged that the group will 'meet' both electronically and in person as often as required to ensure successful completion of the PNA.

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Appendix Three

Bury Pharmacy Services Public Survey

Tuesday, July 18, 2017

130

Total Responses

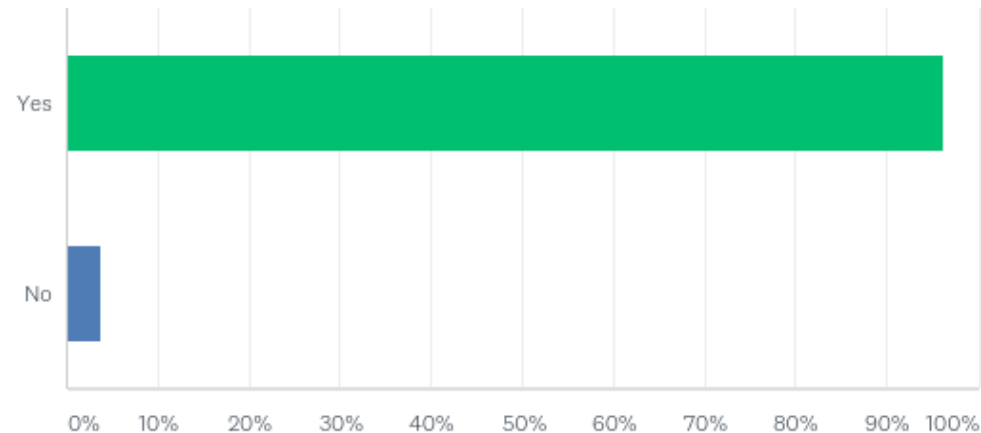
Complete Responses: 101

Q1 has been removed as this contained partial post codes, which have been plotted on Map NN.

Q2: Do you use a pharmacy?

Please tick one box only.

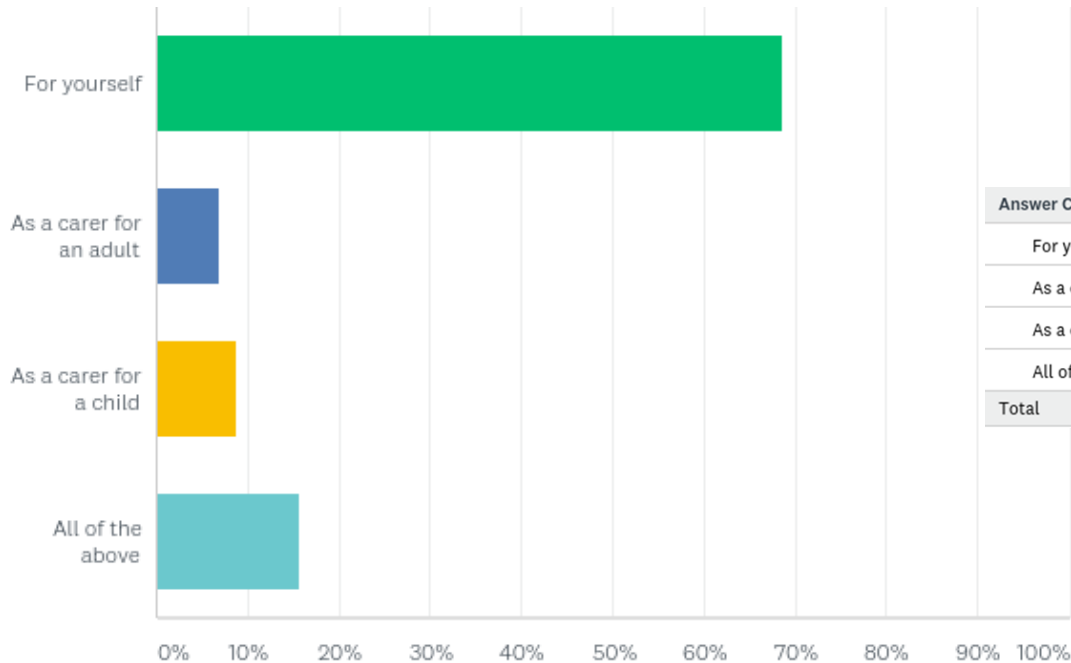
Answered: 130 Skipped: 0



Answer Choices	Responses	
Yes	96.15%	125
No	3.85%	5
Total		130

Q3: Why do you use a pharmacy? Please tick one box only.

Answered: 115 Skipped: 15

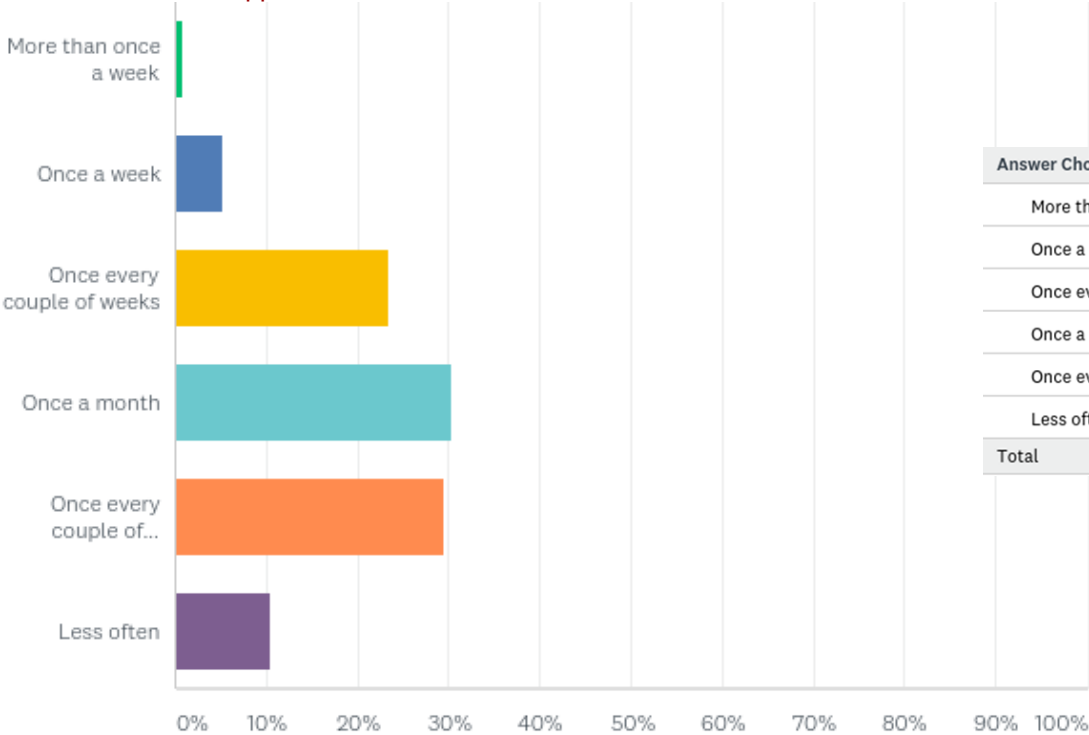


Answer Choices	Responses
For yourself	68.70%79
As a carer for an adult	6.96%8
As a carer for a child	8.70%10
All of the above	15.65%18
Total	115

Q4: If you do use a pharmacy, how often would you say you used one?

Please tick one box only.

Answered: 115 Skipped: 15

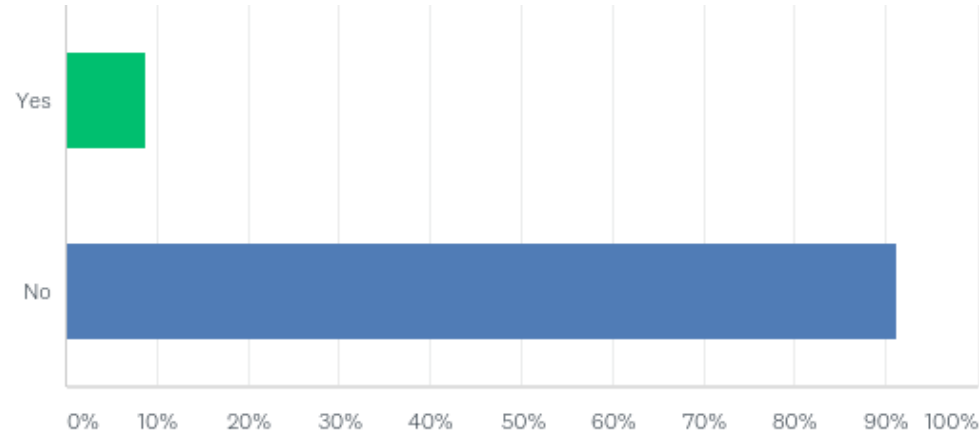


Answer Choices	Responses
More than once a week	0.87%1
Once a week	5.22%6
Once every couple of weeks	23.48%27
Once a month	30.43%35
Once every couple of months	29.57%34
Less often	10.43%12
Total	115

Q5: Do you have problems accessing a pharmacy due to their location?

Please tick one box only.

Answered: 113 Skipped: 17



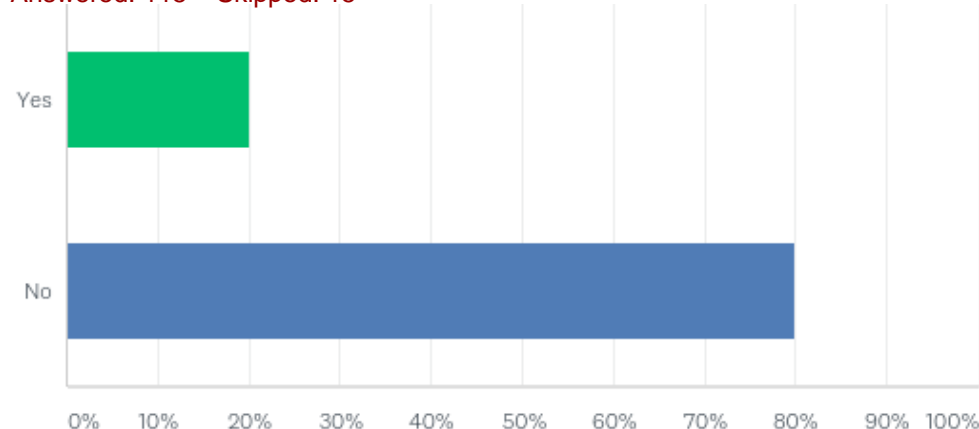
Answer Choices	Responses	
Yes	8.85%	10
No	91.15%	103
Total		113

#	If yes, please explain why
1	parking
2	Having to pay car parking a Tax on sickness like hospital parking tax
3	Parking
4	Location itself not necessarily an issue but location combined with opening times can be.
5	no car - disabled - public transport
6	have no car - disabled - limited walking. have husband with alzheimers - cannot leave him
7	disabled - no transport - public transport only or taxi
8	parking can be an issue
9	Local, open until 6 and on Saturday morning
10	Can only access if I have transport, none within walking distance that I know of
11	I work full time therefore local pharmacies are closed upon my rerturn

Q6: Do you have problems accessing a pharmacy due to opening hours?

Please tick one box only.

Answered: 115 Skipped: 15

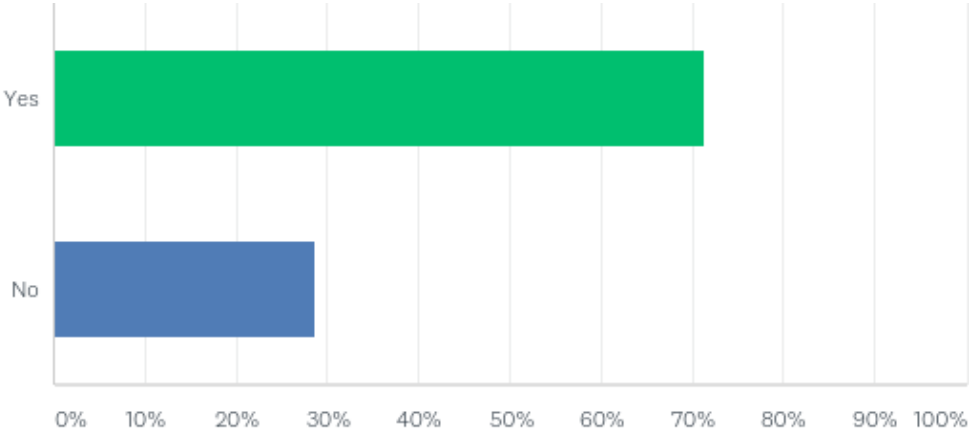


Answer Choices	Responses	
Yes	20.00%	23
No	80.00%	92
Total		115

#	If yes, please explain why
1	because I work
2	Not always available outside work hours or when most needed
3	Pharmacy not open at lunch times
4	Occasionally it would be helpful if my local one was open a little later. This is because I work in Manchester and sometimes it can be difficult getting back in time to collect a prescription as my prescriptions get electronically directed to my local pharmacy.
5	sometimes as the pharmacy I get my e-scrip sent to closes at 6pm
6	CLOSES FOR ONE AND A HALF HOUR LUNCH. OPENS LATER AND CLOSES EARLIER THAN THE DRs SURGERY.
7	The Pharmacy doesn't open out of hours and I can't get from work to there in the times it is open
8	sometimes need a late opening
9	Location itself not necessarily an issue but location combined with opening times can be.
10	I live in a Jewish area, I'm not Jewish myself so if I need a local pharmacy I cannot access one on a Friday evening or all day Saturday and Sunday
11	My local pharmacy isn't open at weekends and closes at 6pm on weeknights.
12	Occasionally I need pharmacy at weekends. The pharmacy I use is open half day Sat and closed Sunday.
13	not open sats
14	not open sats
15	not open Sats or Suns
16	My pharmacy that I use isn't open Saturday and sunday
17	Not open quite late enough or long enough on a saturday
18	would like better sunday openings
19	Current pharmacy shuts at 6. I can be in work until after 5 and with traffic it can be hard to get to the pharmacy in time.
20	As I work full time it was difficult to access a pharmacy in working hours.

Q7: Did you know that there are pharmacies in Bury that are open extended hours (e.g. early morning, late night, weekends and bank holidays)? Please tick one box only.

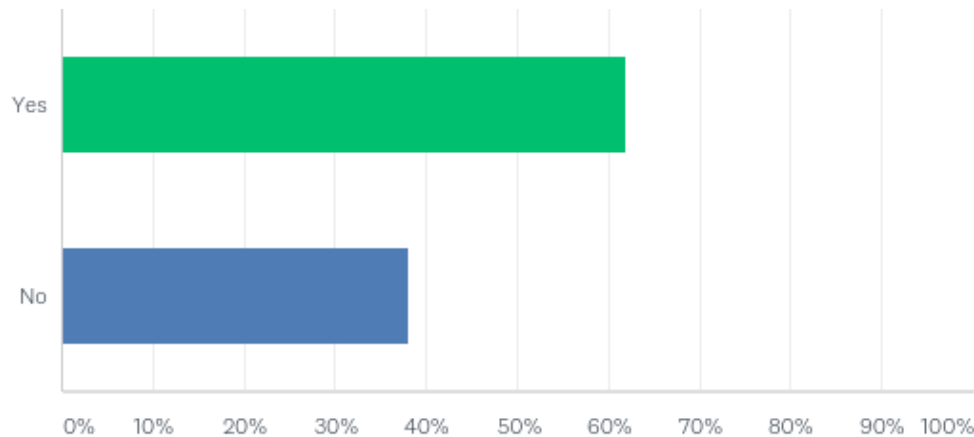
Answered: 115 Skipped: 15



Answer Choices	Responses	
Yes	71.30%	82
No	28.70%	33
Total		115

Q8: Do you know where these pharmacies are located? Please tick one box only.

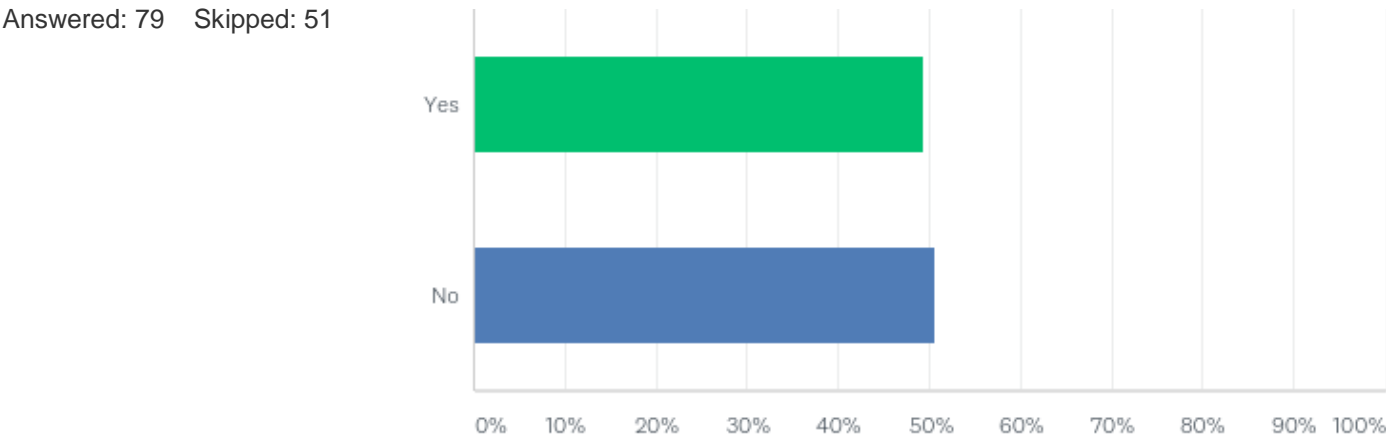
Answered: 79 Skipped: 51



Answer Choices	Responses
Yes	62.03%49
No	37.97%30
Total	79

Q9: Have you used these pharmacies early in the morning (before 9am), later at night (after 7pm), at weekends or on bank holidays? Please tick one box only.

Answered: 79 Skipped: 51

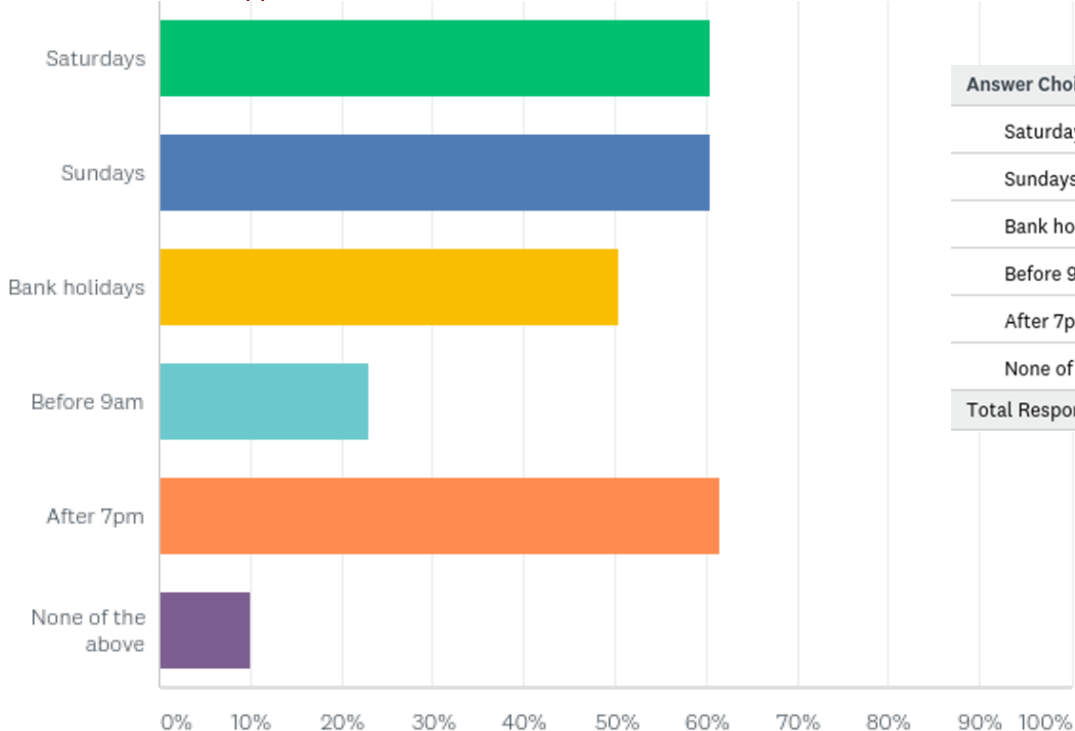


Answer Choices	Responses	
Yes	49.37%	39
No	50.63%	40
Total		79

Q10: At what time would you, or do you, find pharmacies with extended hours most useful?

Please tick all that apply.

Answered: 109 Skipped: 21

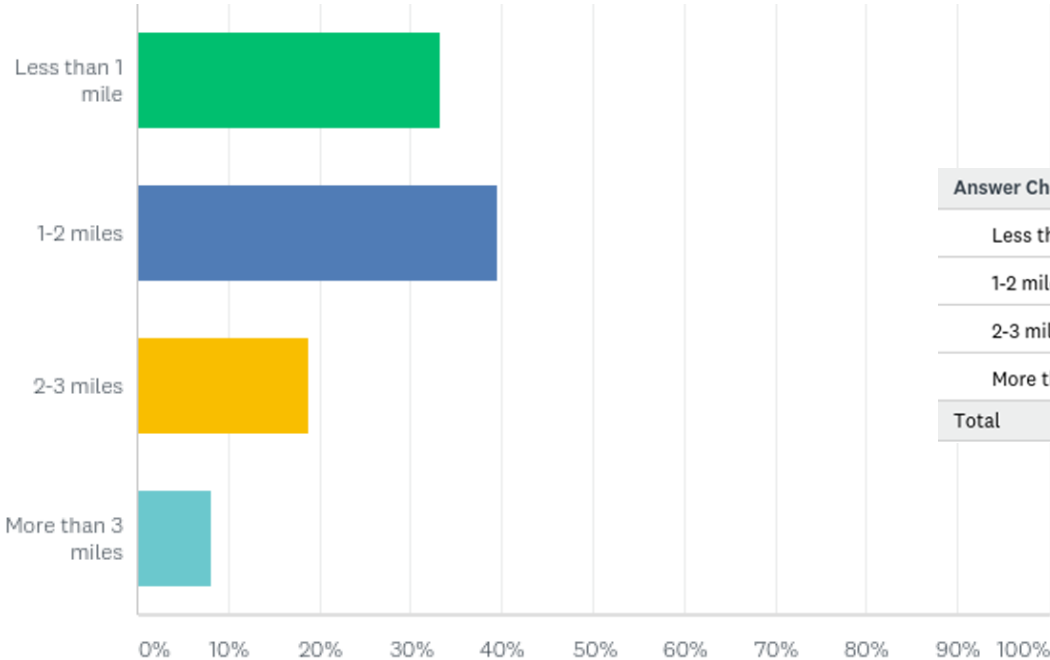


Answer Choices	Responses
Saturdays	60.55%
Sundays	60.55%
Bank holidays	50.46%
Before 9am	22.94%
After 7pm	61.47%
None of the above	10.09%
Total Respondents: 109	

Q11: How far from your home or place of work would you be willing to travel to a pharmacy?

Please tick one box only.

Answered: 111 Skipped: 19

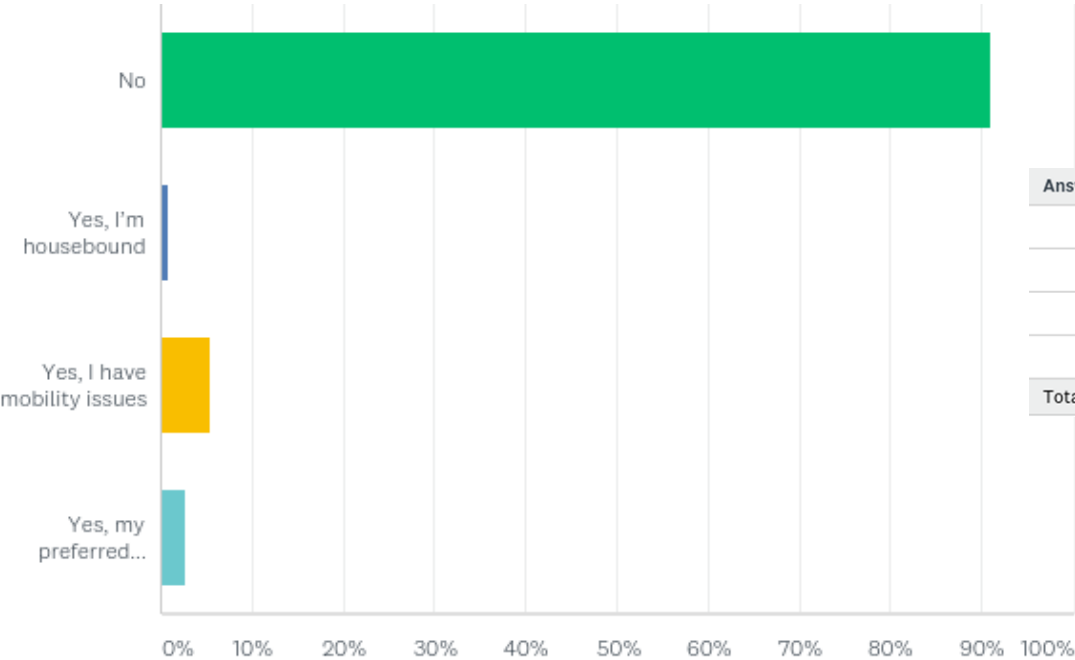


Answer Choices	Responses
Less than 1 mile	33.33%
1-2 miles	39.64%
2-3 miles	18.92%
More than 3 miles	8.11%
Total	

Q12: Do you have any difficulties accessing a pharmacy of your choice?

Please tick one box only.

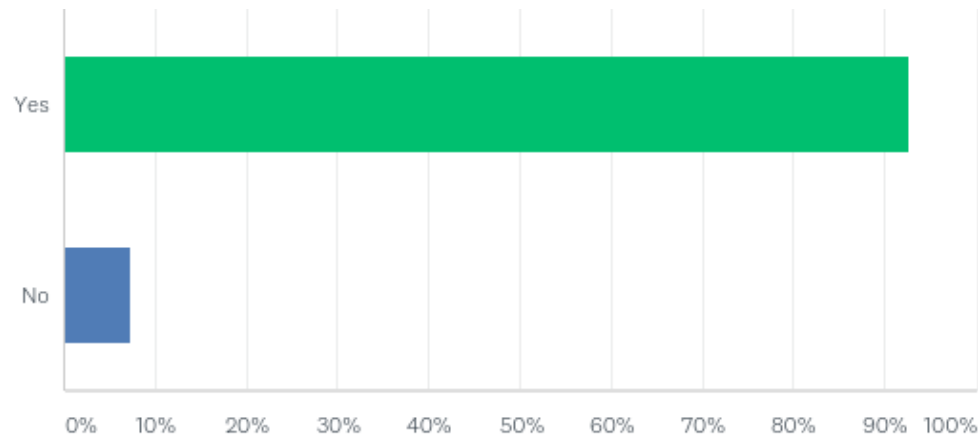
Answered: 111 Skipped: 19



Answer Choices	Responses
No	90.99%
Yes, I'm housebound	0.90%
Yes, I have mobility issues	5.41%
Yes, my preferred pharmacy does not have access suitable for my needs	2.70%
Total	

Q13: Do you have a pharmacy that you use regularly? Please tick one box only.

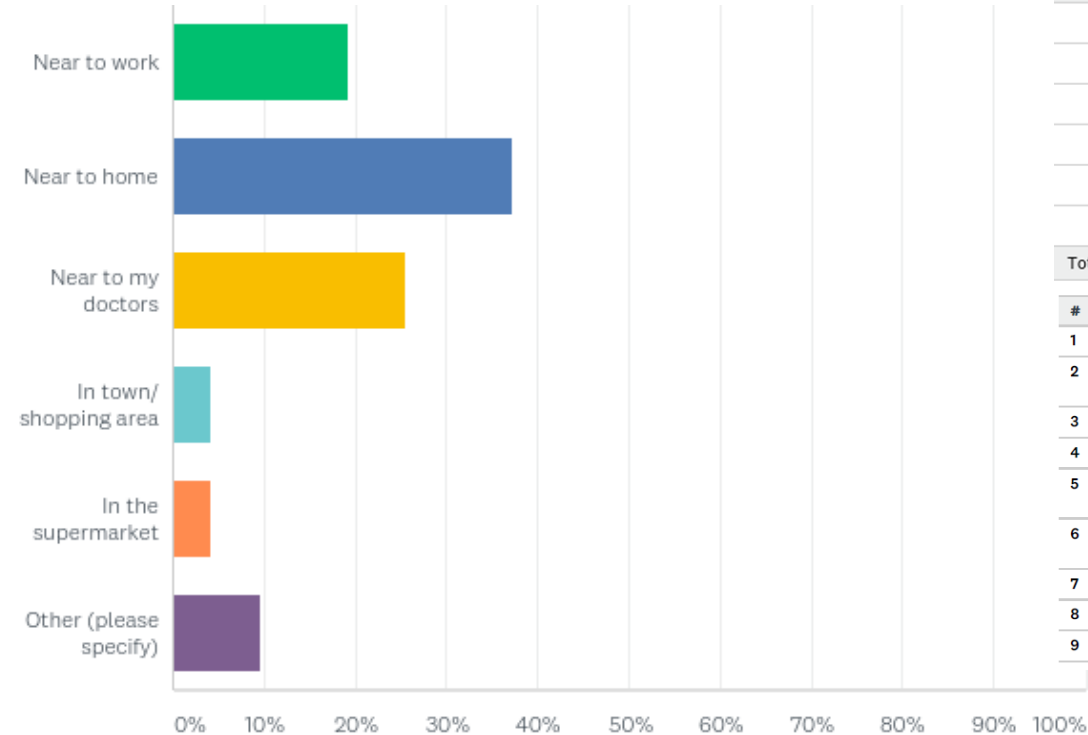
Answered: 110 Skipped: 20



Answer Choices	Responses
Yes	92.73%102
No	7.27%8
Total	110

Q14: In terms of location, why do you use this pharmacy regularly? Please tick one box only.

Answered: 94 Skipped: 36



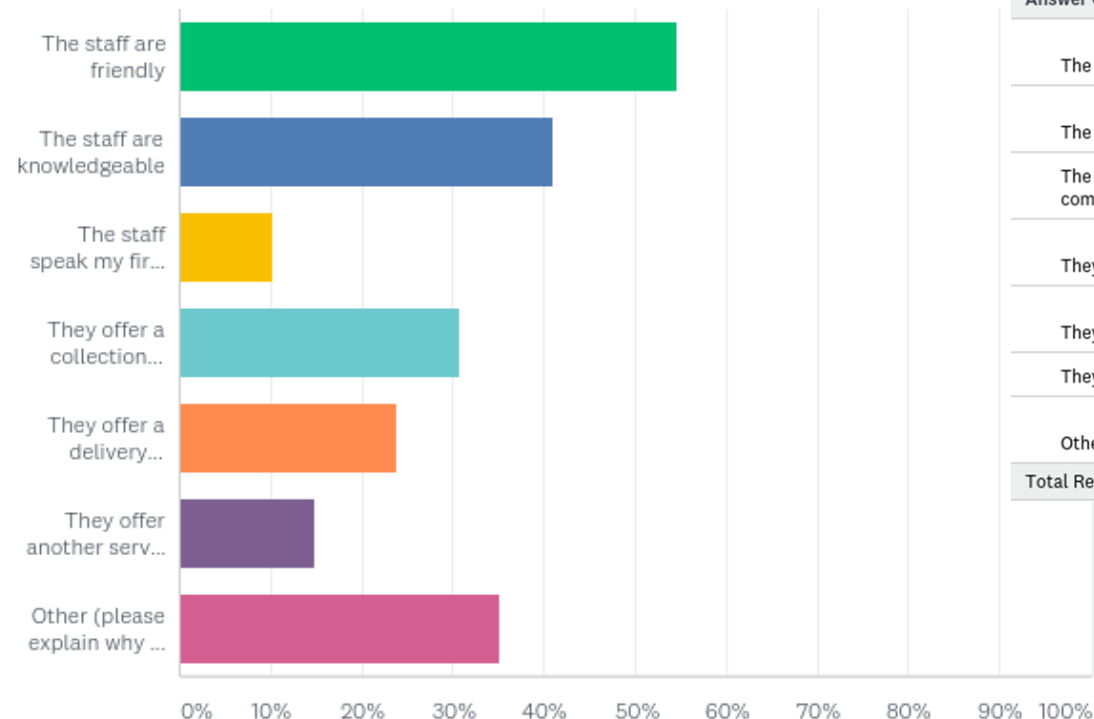
Answer Choices	Responses
Near to work	19.15%
Near to home	37.23%
Near to my doctors	25.53%
In town/ shopping area	4.26%
In the supermarket	4.26%
Other (please specify)	9.57%
Total	94

#	Other (please specify)
1	Have always used it, used to be next door to our GP's before it re located.
2	IT ALWAYS HAS STOCK. IT'S PC's DO NOT CONSTANTLY BREAK DOWN. IT'S HOURS OF OPENING ARE GOOD.
3	Near to tram stop.
4	They deliver to my door and are exceptionally good regarding this service. Very helpful.
5	Location really doesn't come into it as I have my medication delivered by the pharmacy who, in turn, deal with my surgery electronically.
6	Gp forwards repeat prescriptions there electronically, but I have to request prescription from my GP first.
7	Very good service
8	between home & doctors/work.
9	Other pharmacies didn't seem to get the EPS system right - this was my third one, Tesco Bury

Q15: If you use a particular pharmacy on a regular basis, is this because:

Please tick as many answers as appropriate.

Answered: 88 Skipped: 42



Answer Choices	Responses
The staff are friendly	54.55%
The staff are knowledgeable	40.91%
The staff speak my first language (please state your first language in the comment box below)	10.23%
They offer a collection service	30.68%
They offer a delivery service	23.86%
They offer another service which I use	14.77%
Other (please explain why in the comment box below)	35.23%
Total Respondents: 88	

Q15: If you use a particular pharmacy on a regular basis, is this because:

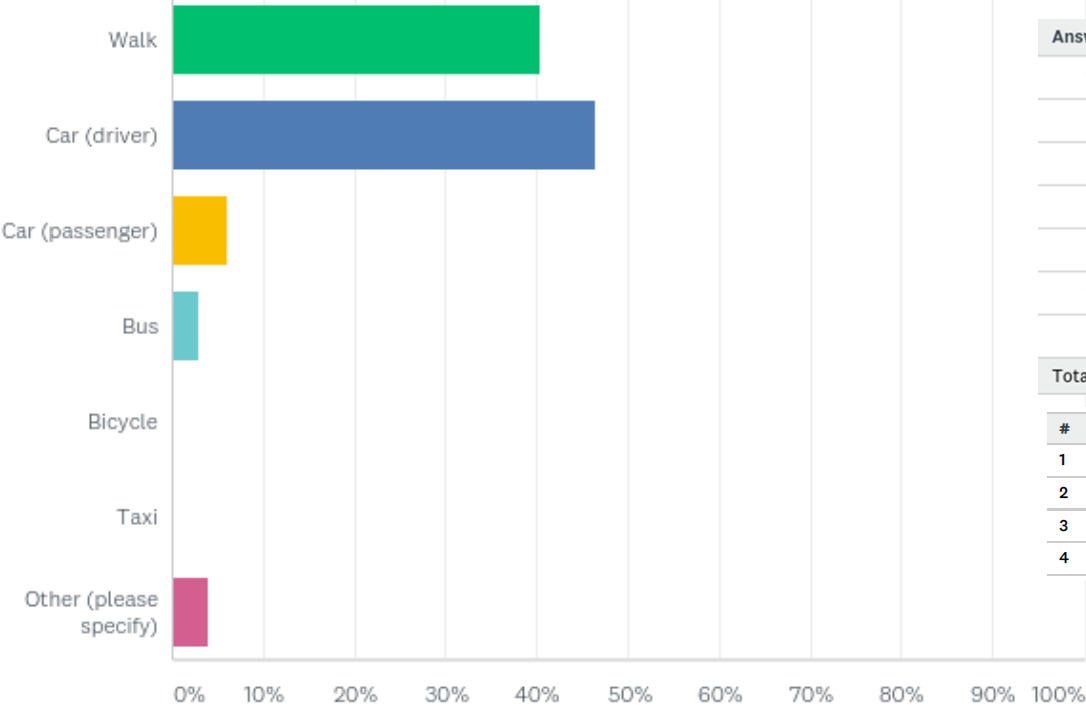
Comment box.

Answered: 94 Skipped: 36

#	Comment box
1	Convenience though staff are friendly and knowledgeable so return there
2	Prescription sent there from the doctors
3	Also as above, that it is very near my doctor's practice
4	Near my home
5	they are across the road from my doctor's surgery
6	Close to work and they order my repeat prescriptions
7	All family use it, the pharmacist knows us all, proactive, if I pop in for an item they will give me anything that my wider family may have waiting to be collected, if they haven't delivered it.
8	They also forget to tell you that the Doctor wants to see you when you query this with your doctor the doctor says it happens quite often and the Boots Chemist gets paid for not doing what they get paid for
9	It's close to both my home and my doctors surgery.
10	I have a lot of medication for many issues and they stock the things I need
11	It's near to my home and therefore convenient.
12	Convenience of location
13	They get the products I need the quickest.
14	Just nearest to pick up regular prescription. Have good range of over counter products
15	Next to tram station.
16	It's close to my house
17	Closest to home
18	English
19	They are easy for me to get to on the way home from work
20	It's next door to work
21	English
22	English
23	they order my husband's blister packs medication as he has alzheimers and forgot to take when packed in normal boxes
24	offer flu injections and advice re medication etc also husband has alzheimers and they offer assistance to me in connection with this
25	As above & they can check if there is any interaction with any symptom relief I am considering.
26	It's local.
27	Next door to doctors
28	It's near to my GP Surgery but it's not the best option.
29	English
30	location and used it for some time
31	I can phone them for repeat prescriptions and don't have to go through GP which is often difficult to get through to on the phone
32	English
33	I can do my shopping while they do it.
34	Lots of services - too many to mention!
35	close to work
36	near work
37	English
38	near to work
39	near GP practice
40	Are within Drs premises
41	convenient when shopping
42	Indifferent to all those reasons...
43	As above, plus handy when shopping
44	Punjabi
45	Provide blister packs fir medication
46	handy location
47	Local to home

Q16: How do you usually travel to a pharmacy? Please tick one box only.

Answered: 99 Skipped: 31



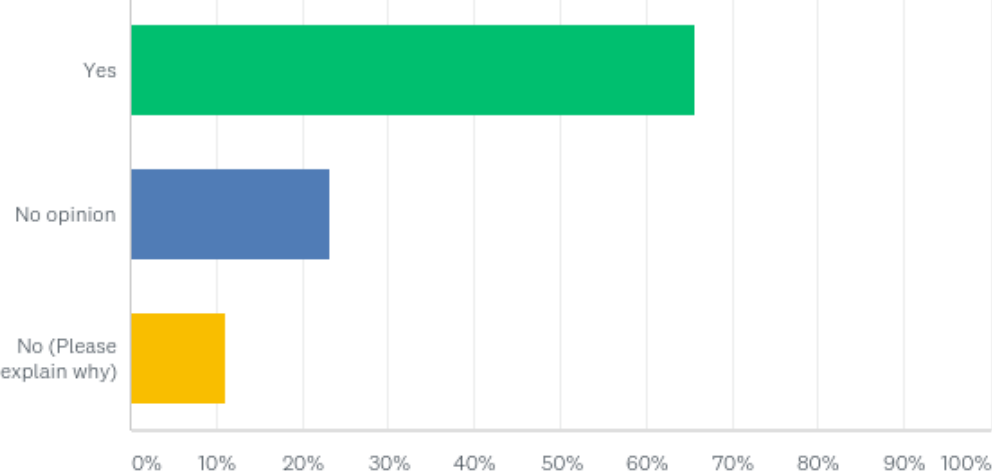
Answer Choices	Responses
Walk	40.40%
Car (driver)	46.46%
Car (passenger)	6.06%
Bus	3.03%
Bicycle	0.00%
Taxi	0.00%
Other (please specify)	4.04%
Total	

#	Other (please specify)
1	tram
2	Walk followed by tram.
3	wheelchair
4	Not necessary. I very rarely travel to a pharmacy.

Q17: Do you feel that pharmacy staff provide you with sufficient information about your prescribed medication or medicines purchased over the counter e.g. dose, possible side effects, any warnings?

Please tick one box only.

Answered: 99 Skipped: 31



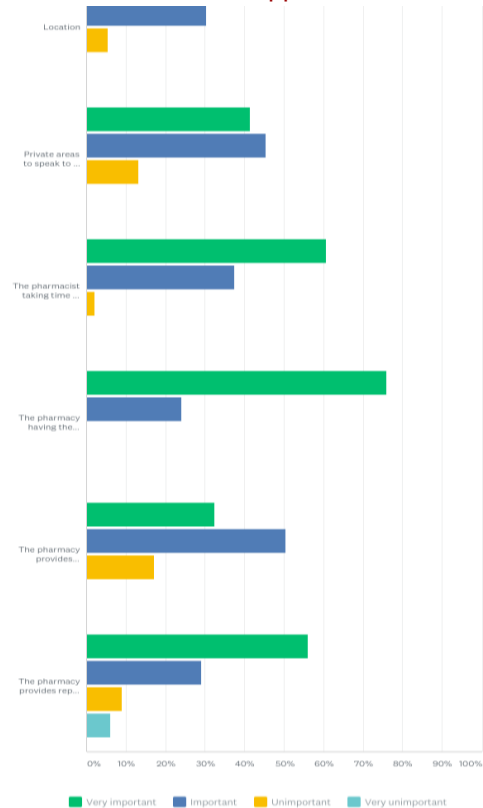
#	No (Please explain why)
1	you only get to speak to counter staff
2	They also forget to tell you that the Doctor wants to see you when you query this with your doctor the doctor says it happens quite often and the Boots Chemist gets paid for not doing what they get paid for
3	It varies with the pharmacist on duty, some are excellent others less than helpful
4	I don't feel that I speak to a pharmacist.
5	No advice given
6	Just
7	I've had conflicting information from doctors and pharmacists
8	Only sometimes
9	I would expect advice to be given by the pharmacist
10	Only question I am ever asked is if I've had the medication before. If yes then there is no info provided.
11	X

Answer Choices	Responses
Yes	65.66% 65
No opinion	23.23% 23
No (Please explain why)	11.11% 11
Total	99

Q18: How important are the following aspects of pharmacy services?

Please tick one box per row only.

Answered: 100 Skipped: 30

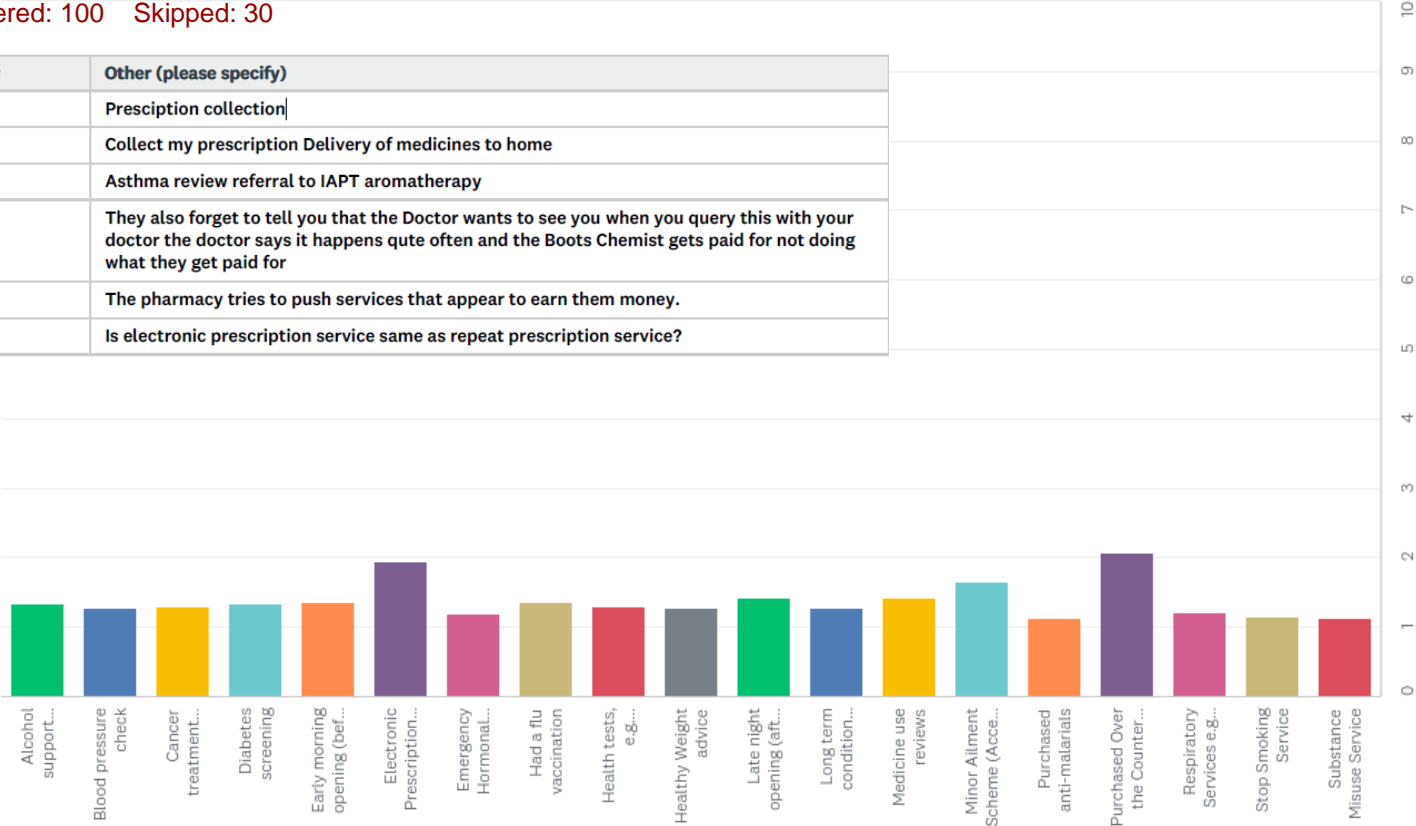


	Very important	Important	Unimportant	Very unimportant	Total
Location	64.13% 59	30.43% 28	5.43% 5	0.00% 0	92
Private areas to speak to the pharmacist	41.41% 41	45.45% 45	13.13% 13	0.00% 0	99
The pharmacist taking time to listen	60.61% 60	37.37% 37	2.02% 2	0.00% 0	99
The pharmacy having the things you need	76.00% 76	24.00% 24	0.00% 0	0.00% 0	100
The pharmacy provides self-care advice	32.32% 32	50.51% 50	17.17% 17	0.00% 0	99
The pharmacy provides repeat prescription service	56.00% 56	29.00% 29	9.00% 9	6.00% 6	100

Q19: Have you ever used (paid for or accessed for free) any of the following services from your pharmacy? (Please tick one box per row only)

Answered: 100 Skipped: 30

#	Other (please specify)
1	Prescription collection
2	Collect my prescription Delivery of medicines to home
3	Asthma review referral to IAPT aromatherapy
4	They also forget to tell you that the Doctor wants to see you when you query this with your doctor the doctor says it happens qute often and the Boots Chemist gets paid for not doing what they get paid for
5	The pharmacy tries to push services that appear to earn them money.
6	Is electronic prescription service same as repeat prescription service?



Q19: Have you ever used (paid for or accessed for free) any of the following services from your pharmacy? (Please tick one box per row only)

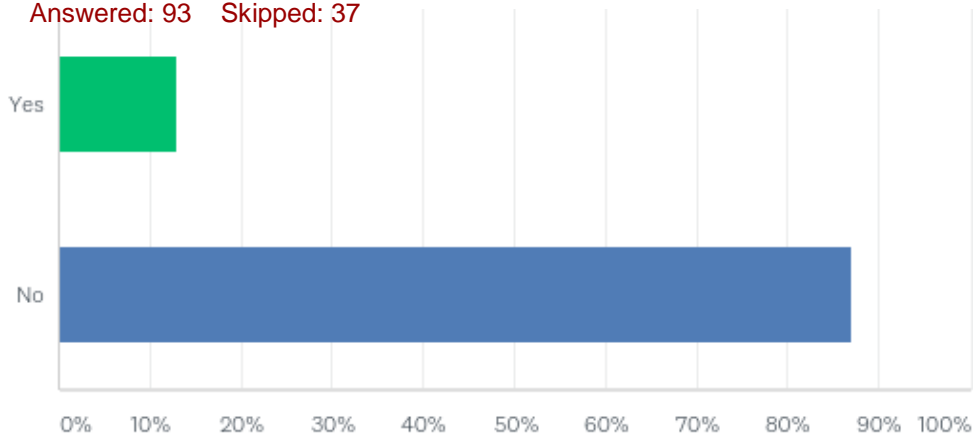
Answered: 100 Skipped: 30

	No - I have not used this service at my pharmacy	Yes - 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	Weighted Average
Alcohol support services	91.58% 57	0.00% 0	0.00% 0	0.00% 0	8.42% 8	95	1.34
Blood pressure check	83.33% 80	12.50% 12	1.04% 1	0.00% 0	3.13% 3	96	1.27
Cancer treatment support services	92.63% 88	0.00% 0	0.00% 0	0.00% 0	7.37% 7	95	1.29
Diabetes screening	86.32% 82	6.32% 6	1.05% 1	0.00% 0	6.32% 6	95	1.34
Early morning opening (before 9am)	80.65% 75	11.83% 11	2.15% 2	2.15% 2	3.23% 3	93	1.35
Electronic Prescription Service	26.26% 26	58.59% 58	11.11% 11	2.02% 2	2.02% 2	99	1.95
Emergency Hormonal Contraception (morning after pill)	89.36% 84	7.45% 7	0.00% 0	0.00% 0	3.19% 3	94	1.20
Had a flu vaccination	73.68% 70	22.11% 21	1.05% 1	0.00% 0	3.16% 3	95	1.37
Health tests, e.g. cholesterol, blood pressure	86.46% 83	8.33% 8	0.00% 0	0.00% 0	5.21% 5	96	1.29
Healthy Weight advice	87.23% 82	7.45% 7	1.06% 1	0.00% 0	4.26% 4	94	1.27
Late night opening (after 7pm)	74.47% 70	17.02% 16	3.19% 3	2.13% 2	3.19% 3	94	1.43
Long term condition advice	84.38% 81	10.42% 10	2.08% 2	0.00% 0	3.13% 3	96	1.27
Medicine use reviews	72.34% 68	20.21% 19	2.13% 2	3.19% 3	2.13% 2	94	1.43
Minor Ailment Scheme (Access to certain subsidised over the counter medicines to avoid a GP visit)	61.62% 61	24.24% 24	7.07% 7	2.02% 2	5.05% 5	99	1.65
Purchased anti-malarials	94.57% 87	3.26% 3	0.00% 0	0.00% 0	2.17% 2	92	1.12
Purchased Over the Counter medicines	10.31% 10	78.35% 76	7.22% 7	2.06% 2	2.06% 2	97	2.07
Respiratory Services e.g. inhaler technique	88.04% 81	8.70% 8	0.00% 0	0.00% 0	3.26% 3	92	1.22
Stop Smoking Service	94.62% 88	1.08% 1	1.08% 1	0.00% 0	3.23% 3	93	1.16
Substance Misuse Service	96.74% 89	0.00% 0	0.00% 0	0.00% 0	3.26% 3	92	1.13

Q20: Are there any other services you would like your pharmacy to offer?

Please tick one box only.

Answered: 93 Skipped: 37



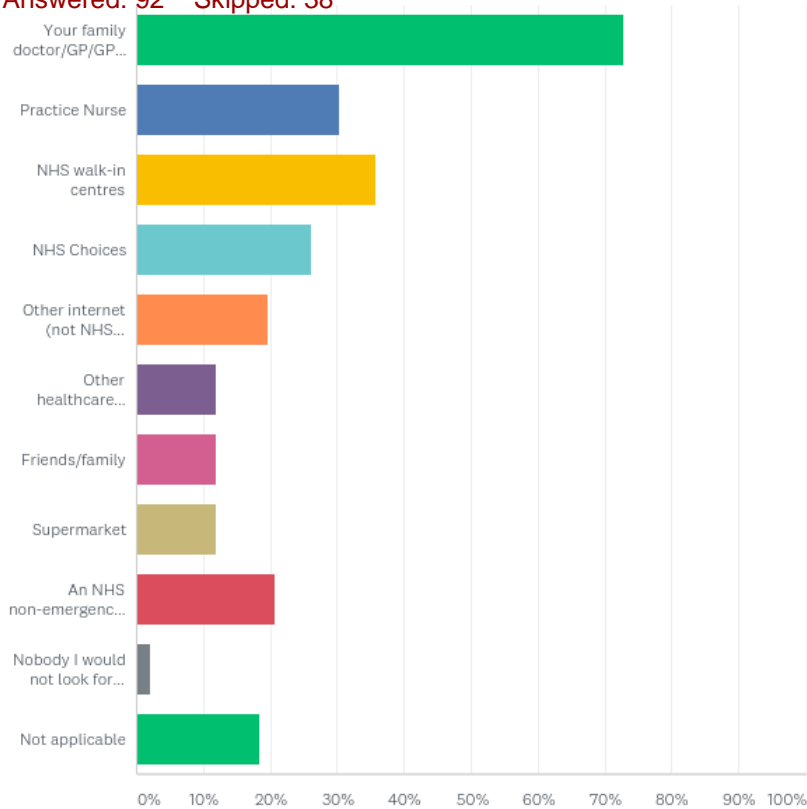
Answer Choices	Responses	
Yes	12.90%	12
No	87.10%	81
Total		93

#	If yes, please explain
1	They just need to be a pharmacy and stop trying to be other things
2	Cholesterol testing
3	Late opening
4	Not any additional services but my local pharmacy could probably better promote the services that they do offer.
5	Bloods and BP checks acupuncture for pain management
6	They could widely promote the minor ailments services but how about for kids- e.g. wound care? Or e.g. if your child falls over and has a cut that requires treatment, why wait for hours in A&E- pharmacists could do this easily. An underutilised service. How about sexual health services like depot, pill checks? Phlebotomy?
7	Just be a pharmacy and do it well and stop trying to do so many other services, that actually detract from being a pharmacy.
8	Better advice for under two's health
9	I'd like to discuss minor ailments but don't know who to speak to or they are always busy, it's easier to book a gp appointment
10	I would only be comfortable getting any advice from a pharmacy over a doctor if there were better privacy. At the moment I won't ask a pharmacist anything because of privacy. Also if it were possible to make appts?
11	A prescription delivery service that arrives when it is supposed to and deliver the items required
12	A reliable repeat prescription service as the one I use (Lloyds at Minden) are, quite frankly, rubbish at providing this service.
13	They already attempt to offer too much in an NHS that lacks integration of services
14	all are mentioned above
15	CRP Testing to see whether you need antibiotics for infections.
16	Minor diagnostics
17	It should dispense drugs. Stop with the costly overlaps with other services that provide the same thing.

Q21: If you don't go to a pharmacist for any of the services listed in Q19. who or which organisation, if any, would you contact if you wished to get information:

Please tick as many answers as appropriate.

Answered: 92 Skipped: 38

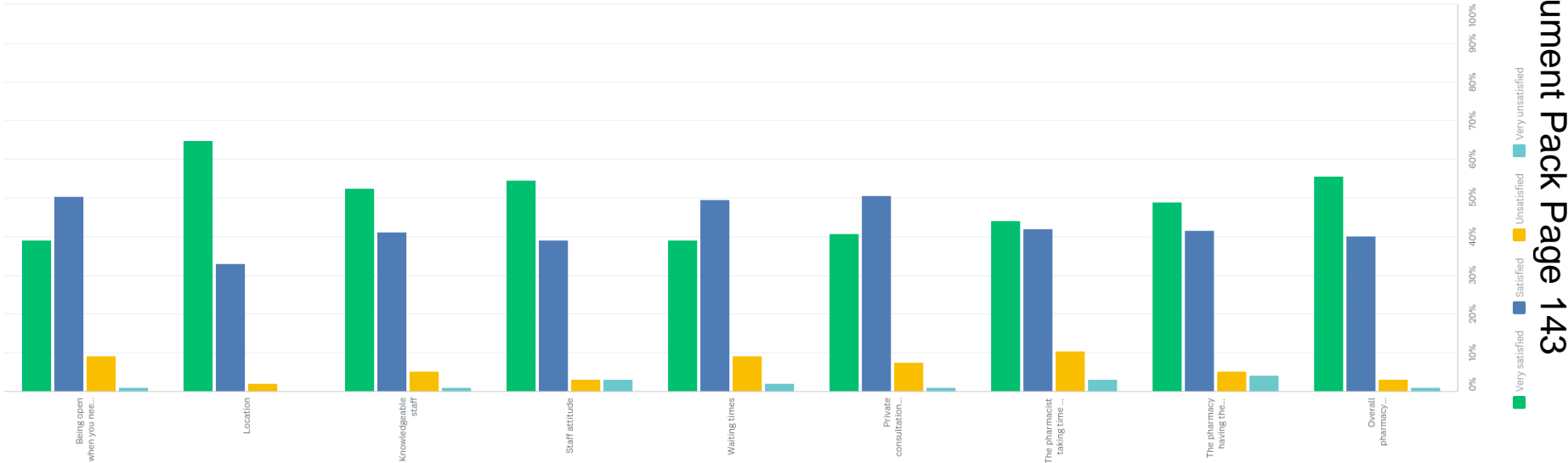


Answer Choices	Responses
Your family doctor/GP/GP surgery	72.83%
Practice Nurse	30.43%
NHS walk-in centres	35.87%
NHS Choices	26.09%
Other internet (not NHS choices)	19.57%
Other healthcare professional	11.96%
Friends/family	11.96%
Supermarket	11.96%
An NHS non-emergency telephone helpline, such as NHS 111	20.65%
Nobody I would not look for information about this issue	2.17%
Not applicable	18.48%
Total Respondents: 92	

Q22: How satisfied were you with the following aspects of service at your pharmacy?

Please tick one box per row only.

Answered: 98 Skipped: 32



Q22: How satisfied were you with the following aspects of service at your pharmacy?

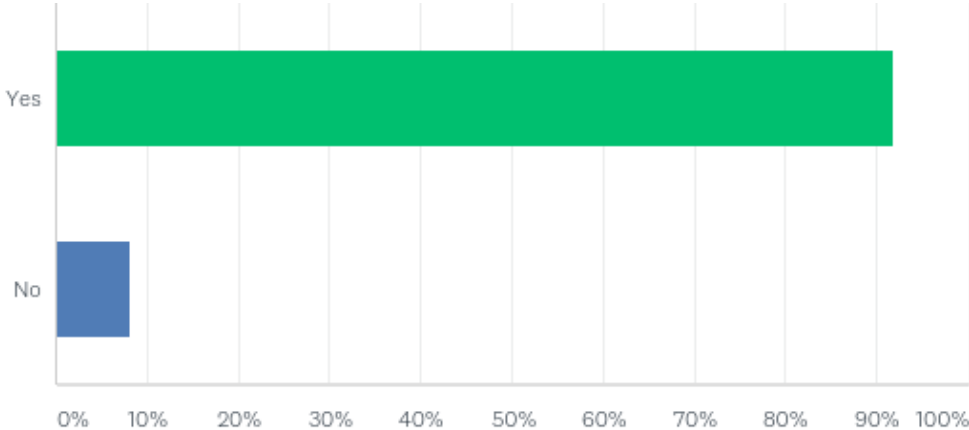
Please tick one box per row only.

Answered: 98 Skipped: 32

	Very satisfied	Satisfied	Unsatisfied	Very unsatisfied	Total
Being open when you need it	39.18% 38	50.52% 49	9.28% 9	1.03% 1	97
Location	64.95% 63	32.99% 32	2.06% 2	0.00% 0	97
Knowledgeable staff	52.58% 51	41.24% 40	5.15% 5	1.03% 1	97
Staff attitude	54.64% 53	39.18% 38	3.09% 3	3.09% 3	97
Waiting times	39.18% 38	49.48% 48	9.28% 9	2.06% 2	97
Private consultation areas	40.86% 38	50.54% 47	7.53% 7	1.08% 1	93
The pharmacist taking time to talk to you	44.21% 42	42.11% 40	10.53% 10	3.16% 3	95
The pharmacy having the things you need	48.96% 47	41.67% 40	5.21% 5	4.17% 4	96
Overall pharmacy service	55.67% 54	40.21% 39	3.09% 3	1.03% 1	97

Q23: Did you know pharmacy staff could provide advice of treating minor ailments such as viral infections, mild skin conditions, minor cuts, aches and pains, and allergies etc. Please tick one box only.

Answered: 99 Skipped: 31

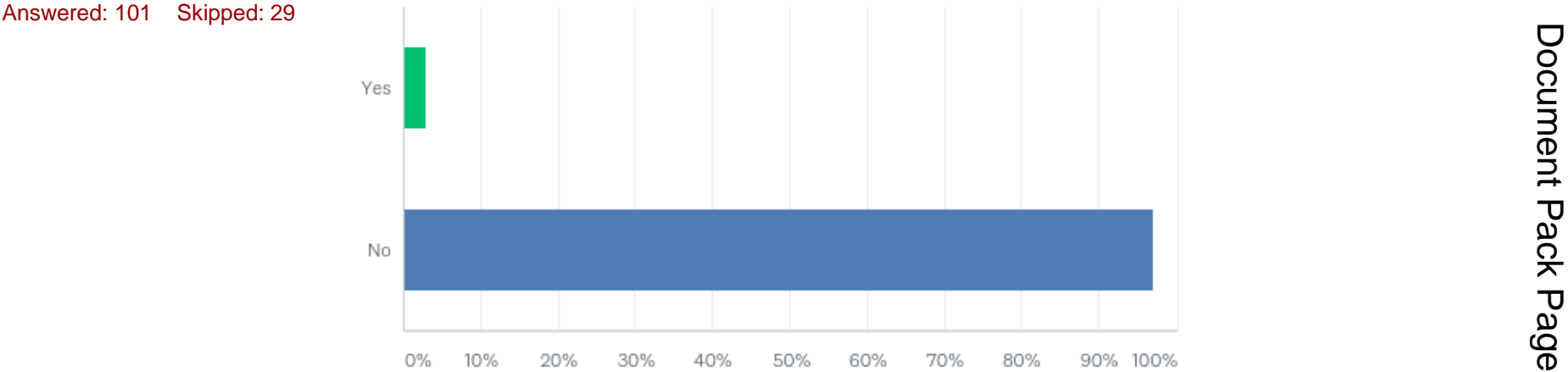


Answer Choices	Responses	
Yes	91.92%	91
No	8.08%	8
Total		99

Q24: Do you use a dispensing appliance contractor (which isn't a pharmacy) for items such as continence products or wound dressings?

Please tick one box only.

Answered: 101 Skipped: 29

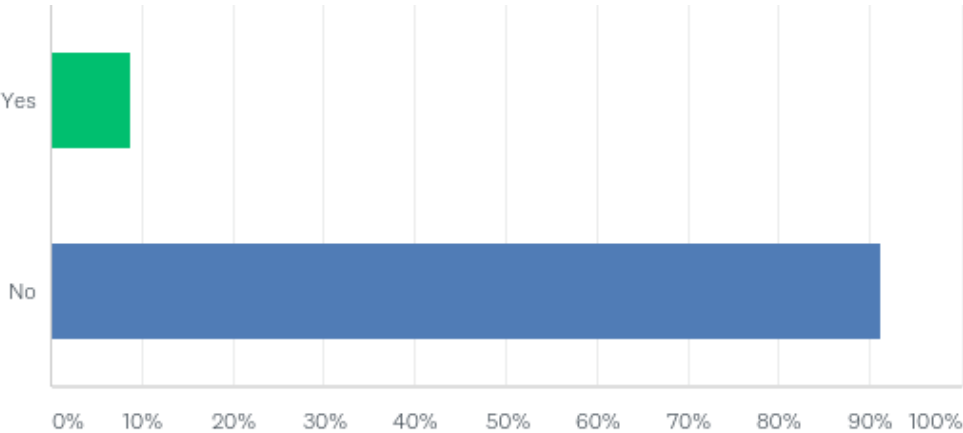


Answer Choices	Responses	
Yes	2.97%	3
No	97.03%	98
Total		101

Q25: Do you use a distance selling pharmacy where you have ordered medicines/appliances over the internet, by mail order or by telephone?

Please tick one box only.

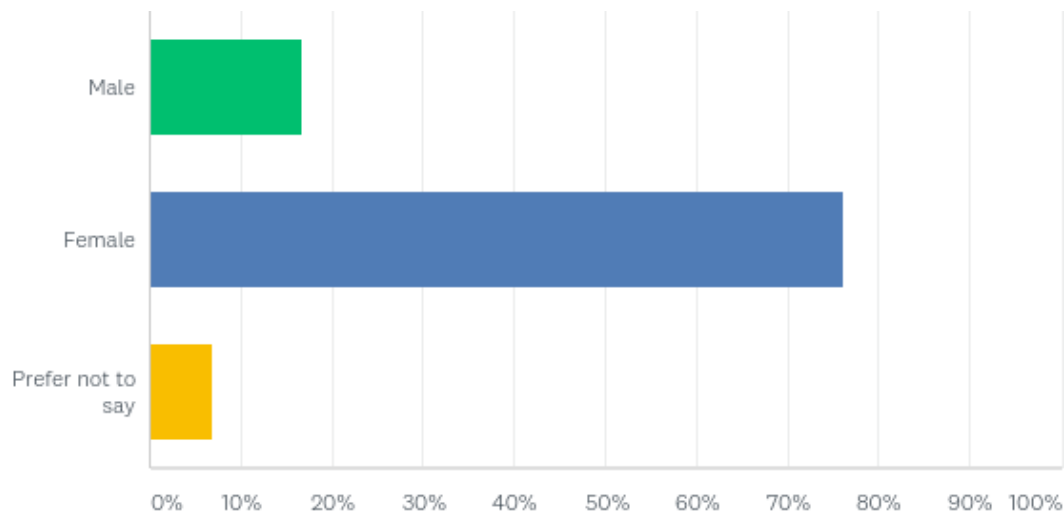
Answered: 102 Skipped: 28



Answer Choices	Responses	
Yes	8.82%	9
No	91.18%	93
Total		102

Q26: My gender is: Please tick one box only.

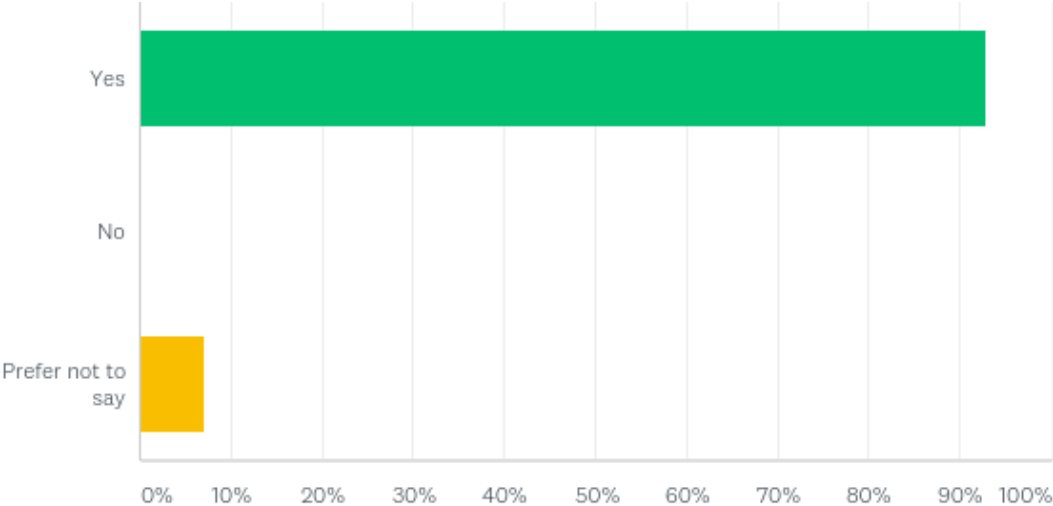
Answered: 101 Skipped: 29



Answer Choices	Responses	
Male	16.83%	17
Female	76.24%	77
Prefer not to say	6.93%	7
Total		101

Q27: Do you identify with the gender you were assigned at birth? (e.g. Male or Female) Please tick one box only.

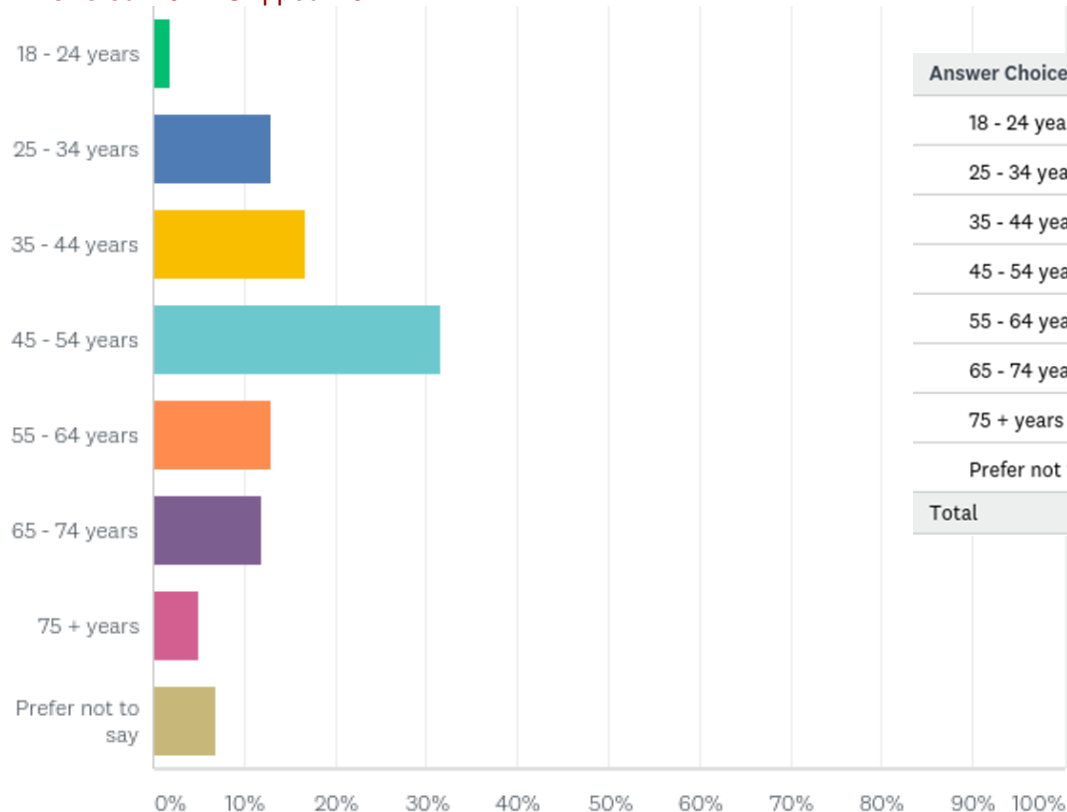
Answered: 98 Skipped: 32



Answer Choices	Responses	
Yes	92.86%	91
No	0.00%	0
Prefer not to say	7.14%	7
Total		98

Q28: My age is: Please tick one box only.

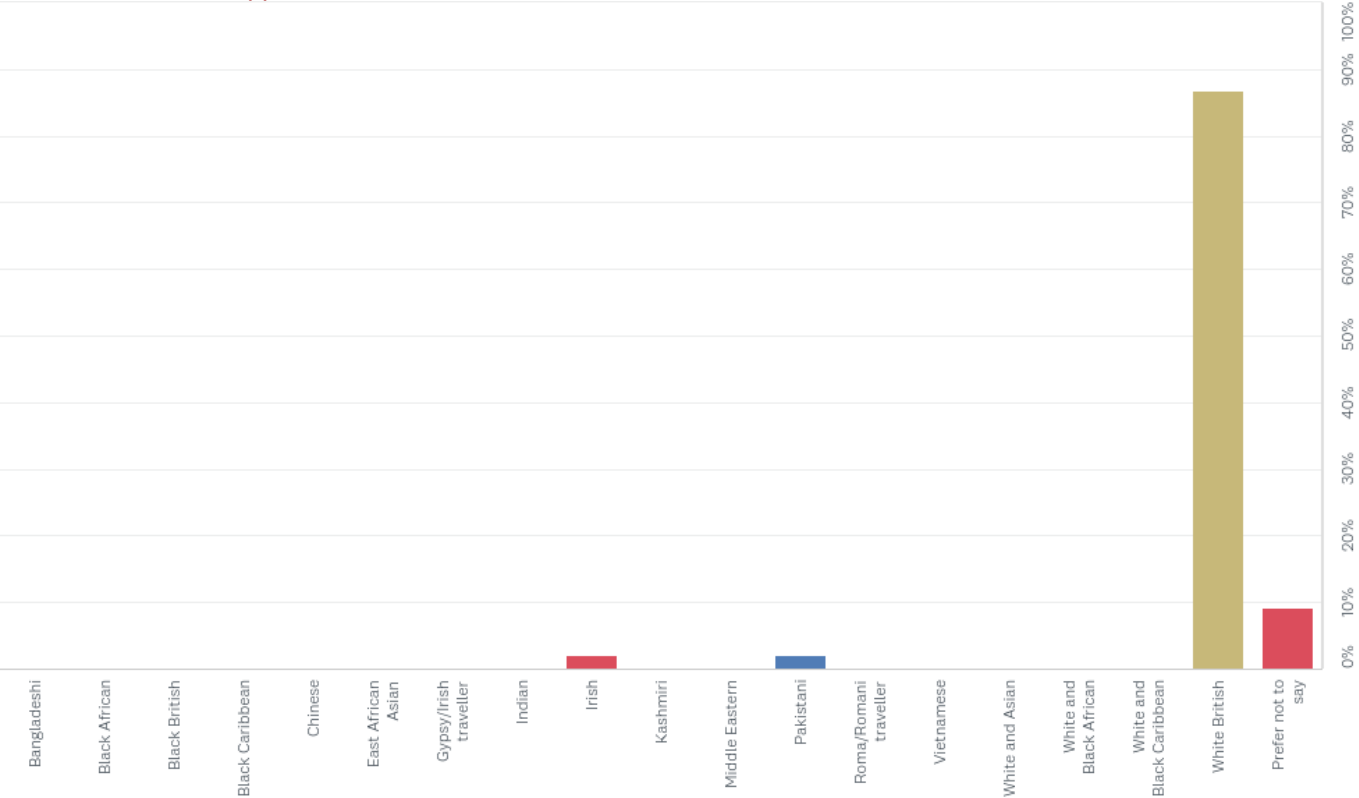
Answered: 101 Skipped: 29



Answer Choices	Responses
18 - 24 years	1.98%
25 - 34 years	12.87%
35 - 44 years	16.83%
45 - 54 years	31.68%
55 - 64 years	12.87%
65 - 74 years	11.88%
75 + years	4.95%
Prefer not to say	6.93%
Total	101

Q29: I would describe my ethnic origin as: Please tick one box only.

Answered: 98 Skipped: 32



#	Other (please specify)
1	English
2	White - Northern Irish (Please include this option in future!!!)
3	arabic

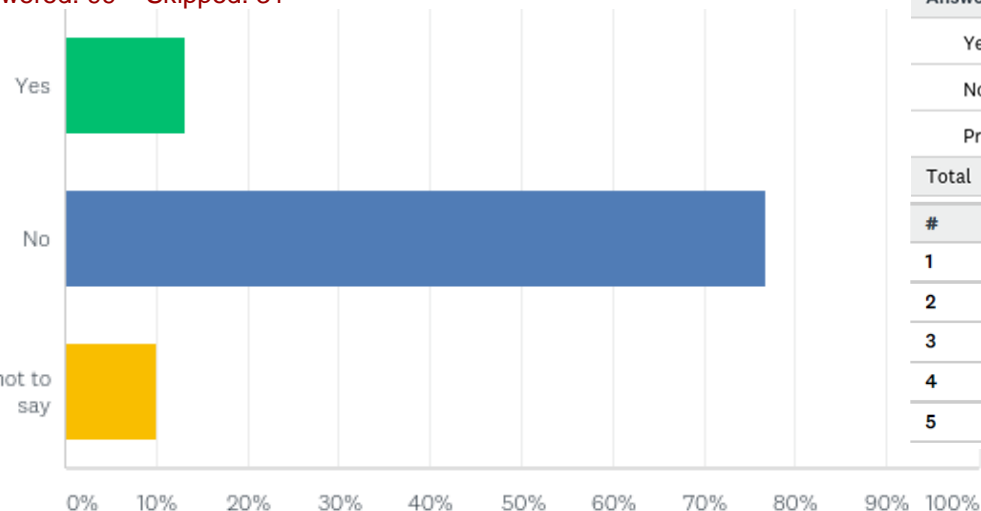
Q29: I would describe my ethnic origin as: Please tick one box only.

Answered: 98 Skipped: 32

Answer Choices	Responses
Bangladeshi	0 0.00%
Black African	0 0.00%
Black British	0 0.00%
Black Caribbean	0 0.00%
Chinese	0 0.00%
East African Asian	0 0.00%
Gypsy/Irish traveller	0 0.00%
Indian	0 0.00%
Irish	2 2.04%
Kashmiri	0 0.00%
Middle Eastern	0 0.00%
Pakistani	2 2.04%
Roma/Romani traveller	0 0.00%
Vietnamese	0 0.00%
White and Asian	0 0.00%
White and Black African	0 0.00%
White and Black Caribbean	0 0.00%
White British	85 86.73%
Prefer not to say	9 9.18%
Total	98

Q30: Do you consider yourself to be disabled? Please tick one box only.

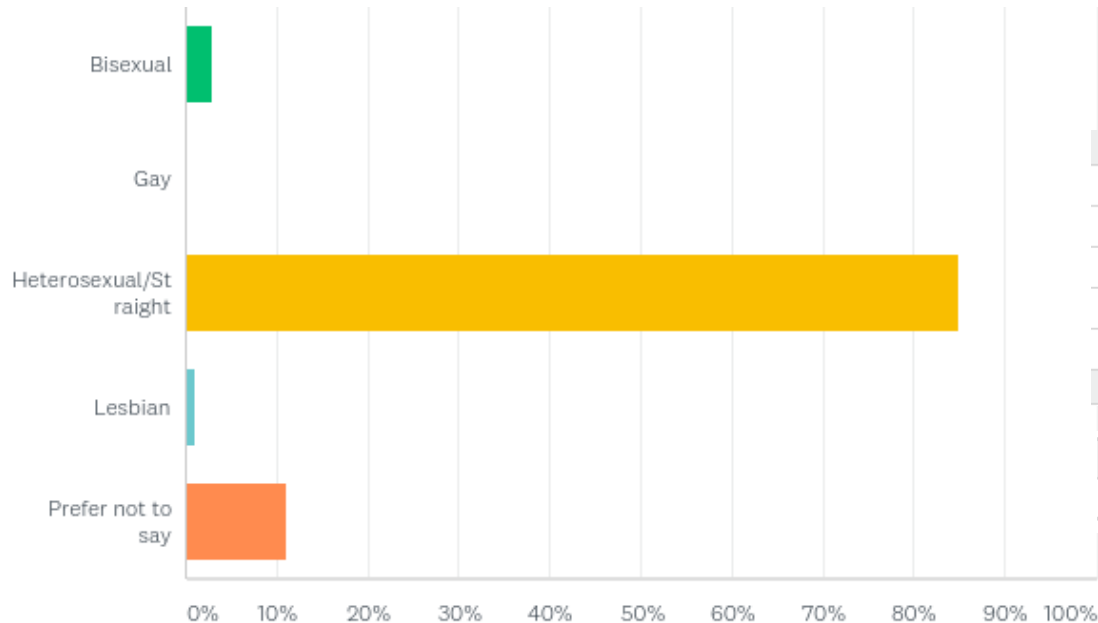
Answered: 99 Skipped: 31



Answer Choices		Responses
Yes		13.13%
No		76.77%
Prefer not to say		10.10%
Total		99
#	Please use this space if you would like to give more information	
1	11 year old daughter has type 1 diabetes	
2	Arthritis and visual impairment	
3	have spinal and knee problems - cannot walk/stand for long - registered disabled	
4	I have multiple diagnosed chronic health conditions	
5	walking is difficult	

Q31: I would describe my sexuality as: Please tick one box only.

Answered: 99 Skipped: 31

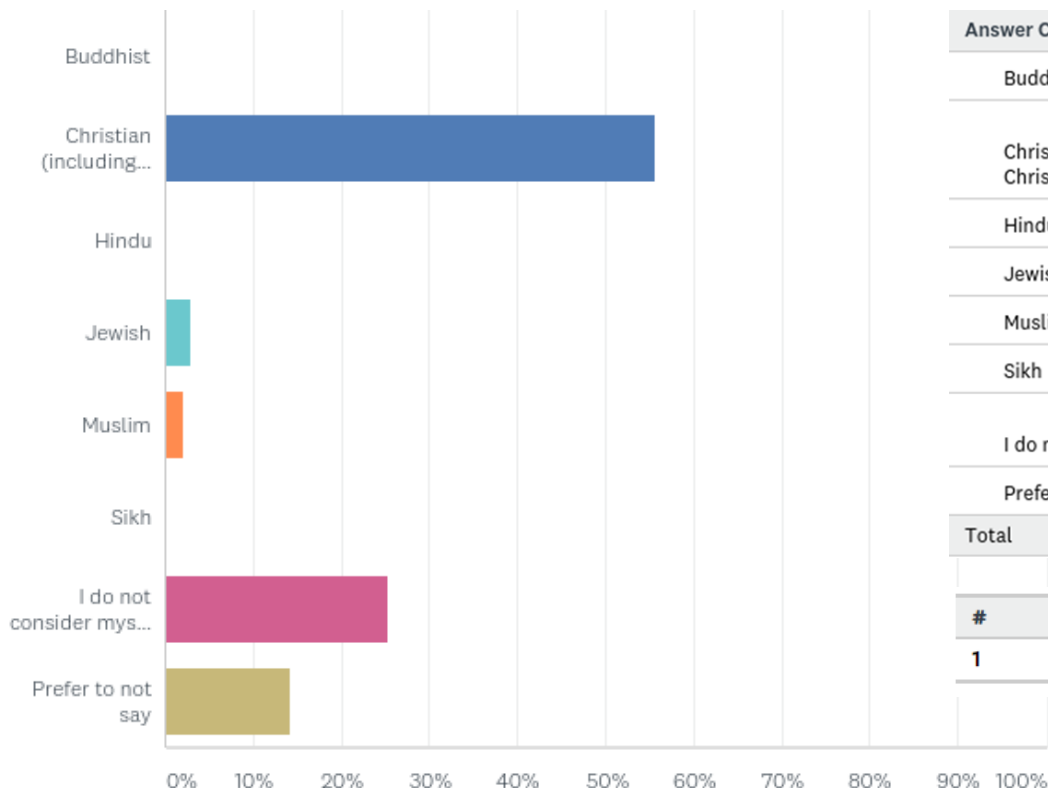


Answer Choices	Responses
Bisexual	3.03%
Gay	0.00%
Heterosexual/Straight	84.85%
Lesbian	1.01%
Prefer not to say	11.11%
Total	

#	Other (please specify)
1	Irrelevant

Q32: Please tell us your faith or religion. Please tick one box only.

Answered: 99 Skipped: 31



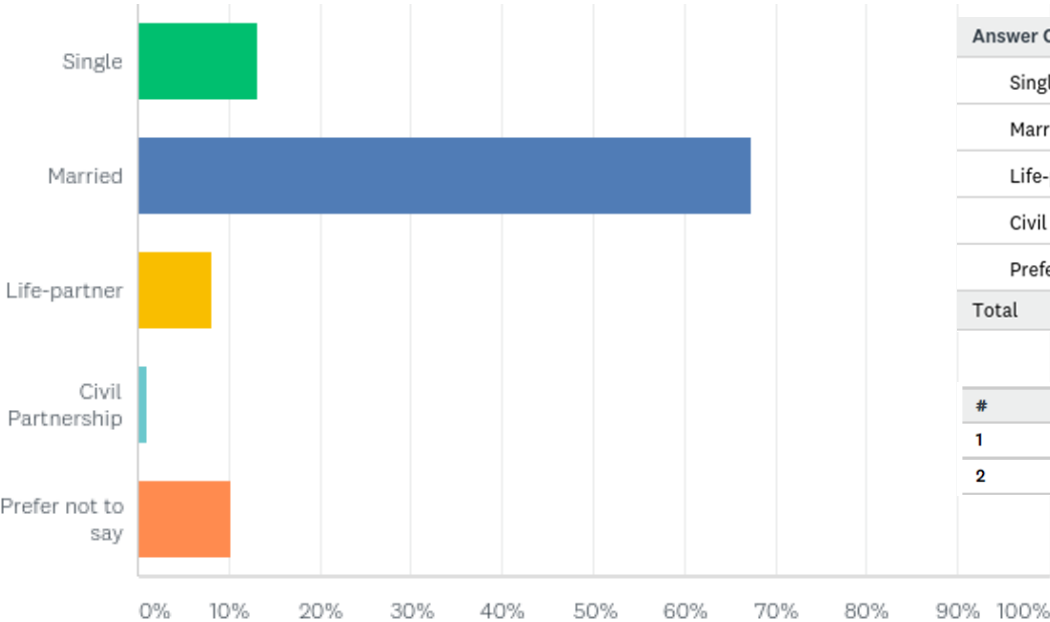
Answer Choices		Responses
Buddhist		0.00%
Christian (including Church of England, Catholic, Protestant and all other Christian denominations)		55.56%
Hindu		0.00%
Jewish		3.03%
Muslim		2.02%
Sikh		0.00%
I do not consider myself to have a faith or religion		25.25%
Prefer to not say		14.14%
Total		99

#	Other (please specify)
1	Irrelevant

Q33: What is your marital status?

Please tick one box only.

Answered: 98 Skipped: 32

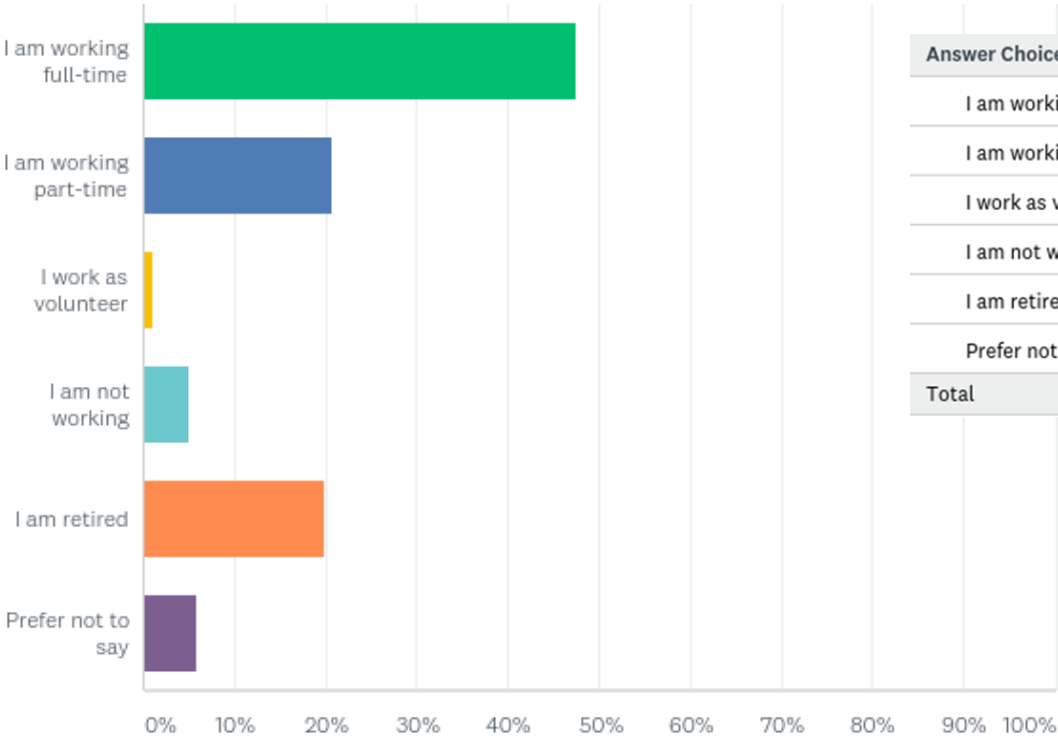


Answer Choices		Responses
Single		13.27%
Married		67.35%
Life-partner		8.16%
Civil Partnership		1.02%
Prefer not to say		10.20%
Total		
#	Other (please specify)	
1	Widow	
2	divorced	

Q34: Which of the following best describes your working situation?

Please tick one box only.

Answered: 101 Skipped: 29



Answer Choices	Responses
I am working full-time	47.52%
I am working part-time	20.79%
I work as volunteer	0.99%
I am not working	4.95%
I am retired	19.80%
Prefer not to say	5.94%
Total	

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Appendix Four

Bury Pharmaceutical Services Pharmacy Survey 2017

Wednesday, July 19, 2017

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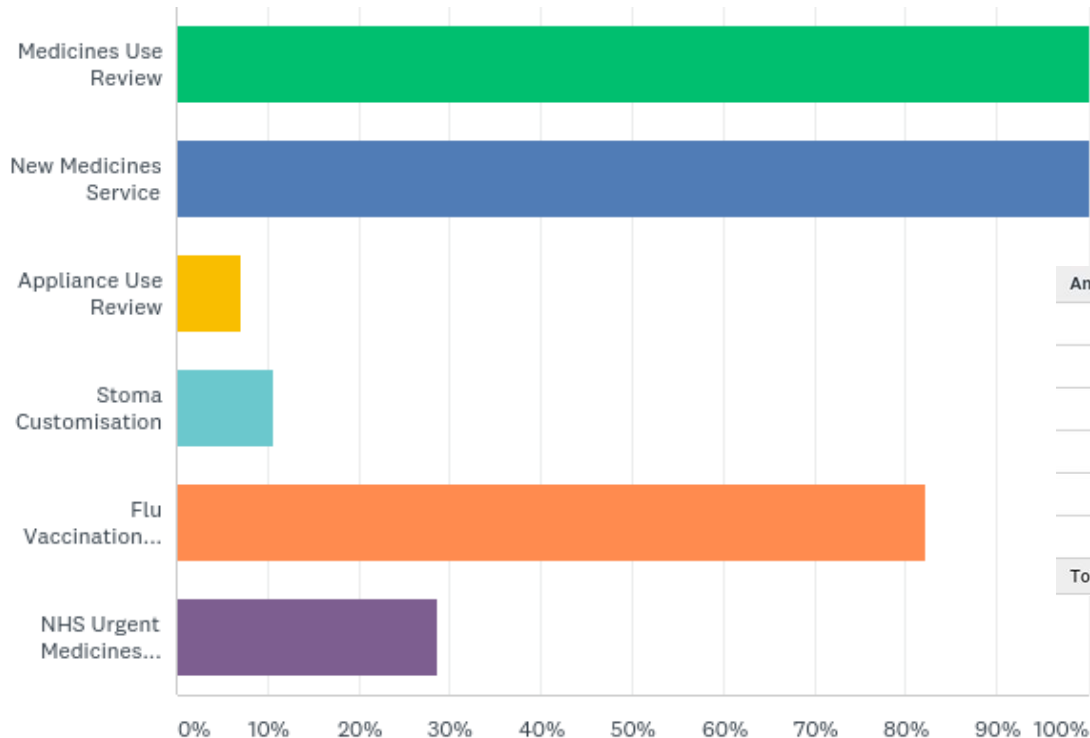
Total Responses

Complete Responses: 23

Q1 has been removed as this asked which council area they were in and Q2 has been removed as this asked for their unique identifier code.

Q3: Which of these advanced services do you CURRENTLY provide?

Answered: 28 Skipped: 11

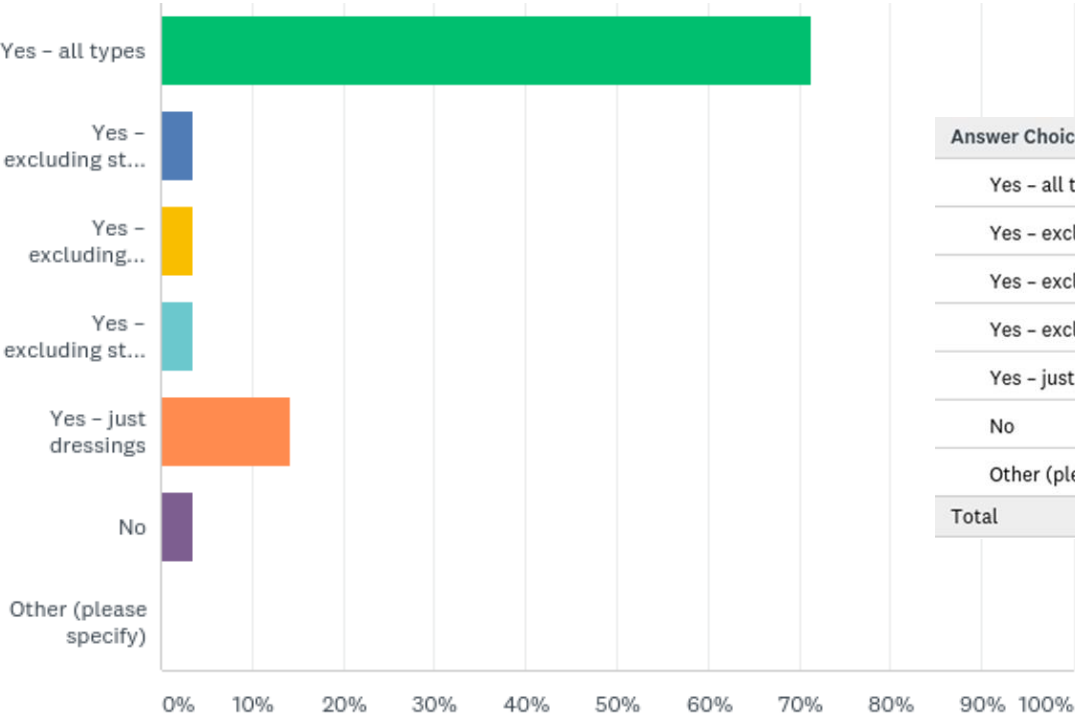


Answer Choices	Responses
Medicines Use Review	100.00%
New Medicines Service	100.00%
Appliance Use Review	7.14%
Stoma Customisation	10.71%
Flu Vaccination Service	82.14%
NHS Urgent Medicines Supply	28.57%
Total Respondents: 28	

Q4: Does the pharmacy dispense appliances?

Please tick one box only.

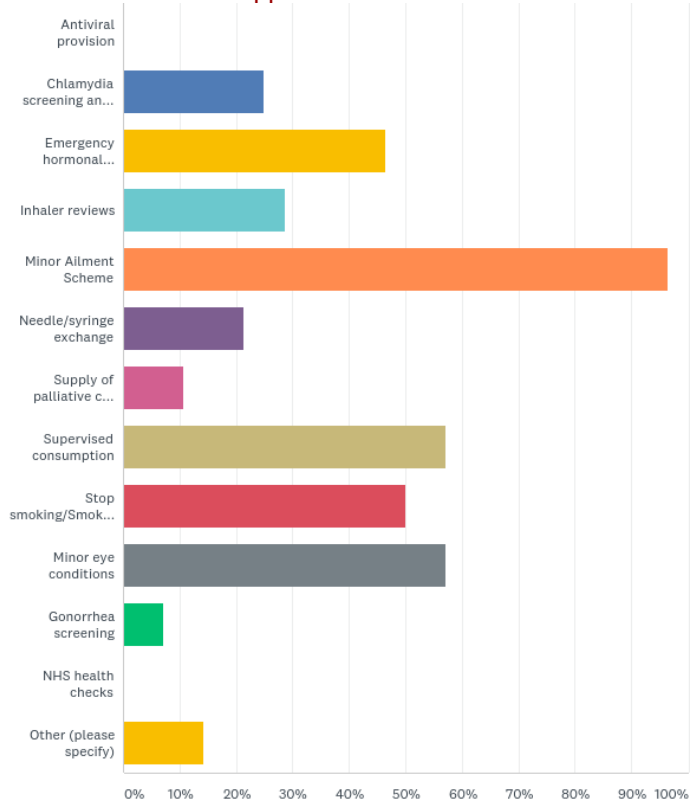
Answered: 28 Skipped: 11



Answer Choices	Responses
Yes - all types	71.43%
Yes - excluding stoma appliances	3.57%
Yes - excluding incontinence appliances	3.57%
Yes - excluding stoma and incontinence appliances	3.57%
Yes - just dressings	14.29%
No	3.57%
Other (please specify)	0.00%
Total	28

Q5: Which of these locally commissioned services do you CURRENTLY provide?

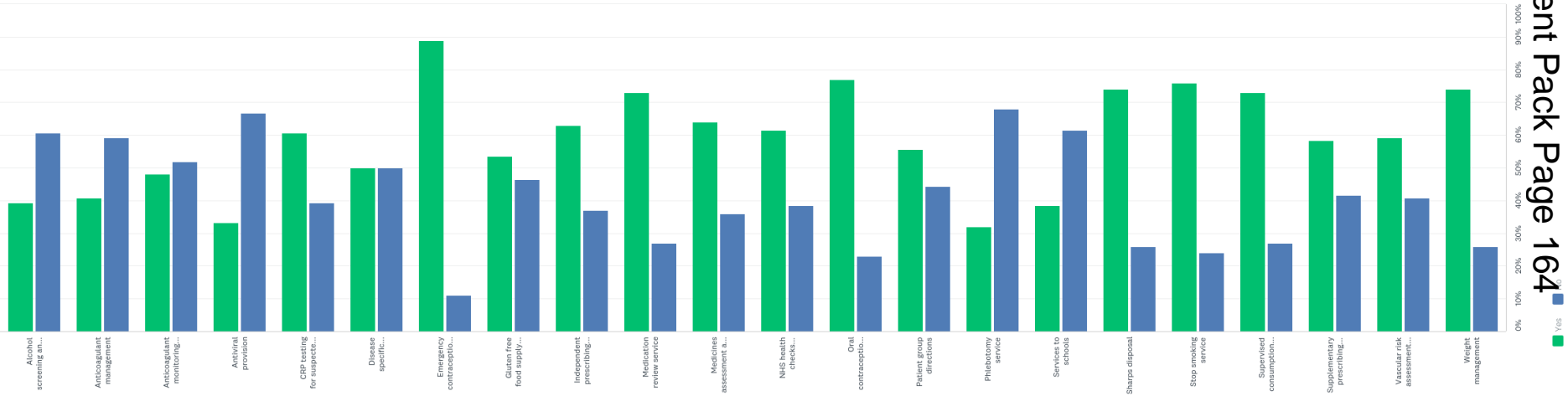
Answered: 28 Skipped: 11



Answer Choices	Responses
Antiviral provision	0.00%
Chlamydia screening and treatment	25.00%
Emergency hormonal contraception	46.43%
Inhaler reviews	28.57%
Minor Ailment Scheme	96.43%
Needle/syringe exchange	21.43%
Supply of palliative care medicines	10.71%
Supervised consumption	57.14%
Stop smoking/Smoking cessation	50.00%
Minor eye conditions	57.14%
Gonorrhea screening	7.14%
NHS health checks	0.00%
Other (please specify)	14.29%
Total Respondents: 28	

Q6: Which services have you identified a need for in your local community through customer feedback?

Answered: 28 Skipped: 11



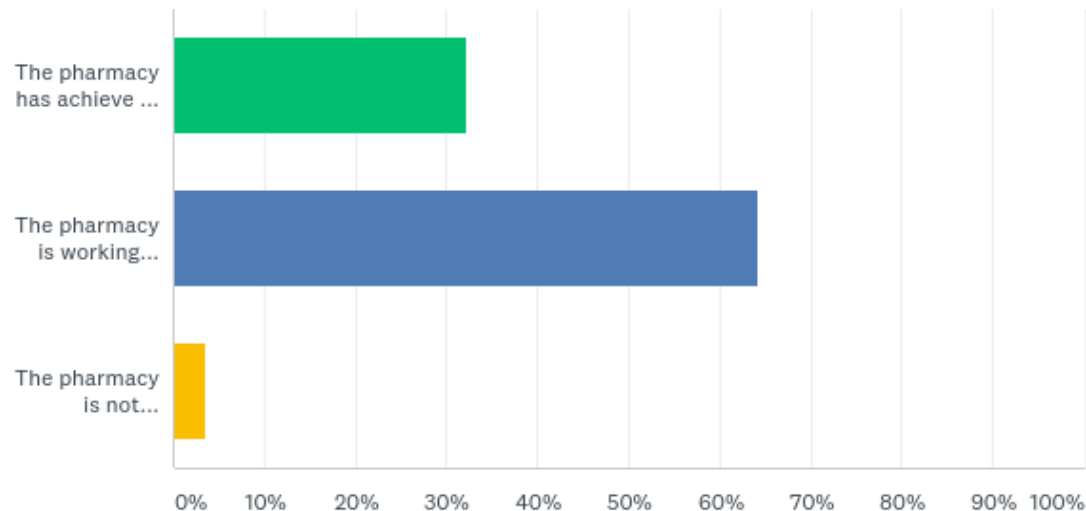
Q6: Which services have you identified a need for in your local community through customer feedback?

Answered: 28 Skipped: 11

	Yes	No	Total
Alcohol screening and brief intervention	39.29% 11	60.71% 17	28
Anticoagulant management	40.74% 11	59.26% 16	27
Anticoagulant monitoring service	48.15% 13	51.85% 14	27
Antiviral provision	33.33% 9	66.67% 18	27
CRP testing for suspected respiratory tract infections	60.71% 17	39.29% 11	28
Disease specific medicines management	50.00% 14	50.00% 14	28
Emergency contraception service	88.89% 24	11.11% 3	27
Gluten free food supply service	53.57% 15	46.43% 13	28
Independent prescribing service	62.96% 17	37.04% 10	27
Medication review service	73.08% 19	26.92% 7	26
Medicines assessment and compliance support	64.00% 16	36.00% 9	25
NHS health checks (Vascular risk assessment service)	61.54% 16	38.46% 10	26
Oral contraception service	76.92% 20	23.08% 6	26
Patient group directions	55.56% 15	44.44% 12	27
Phlebotomy service	32.00% 8	68.00% 17	25
Services to schools	38.46% 10	61.54% 16	26
Sharps disposal	74.07% 20	25.93% 7	27
Stop smoking service	76.00% 19	24.00% 6	25
Supervised consumption service	73.08% 19	26.92% 7	26
Supplementary prescribing service	58.33% 14	41.67% 10	24
Vascular risk assessment service	59.26% 16	40.74% 11	27
Weight management	74.07% 20	25.93% 7	27

Q7: What is your Healthy Living Pharmacies (HLP) status?

Answered: 28 Skipped: 11

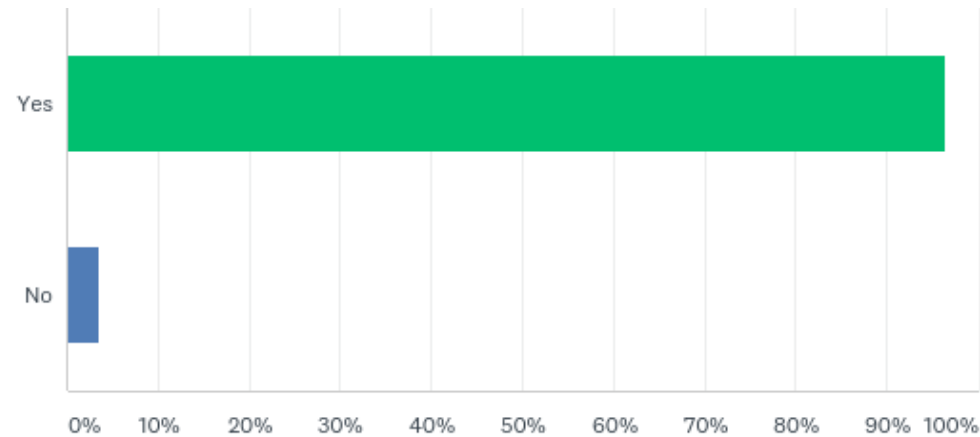


Answer Choices	Responses	
The pharmacy has achieve HLP status	32.14%	9
The pharmacy is working toward HLP status	64.29%	18
The pharmacy is not currently working toward HLP status	3.57%	1
Total		28

Q8: Can customers legally park within 50 metres of the Pharmacy?

Please tick one box only.

Answered: 28 Skipped: 11

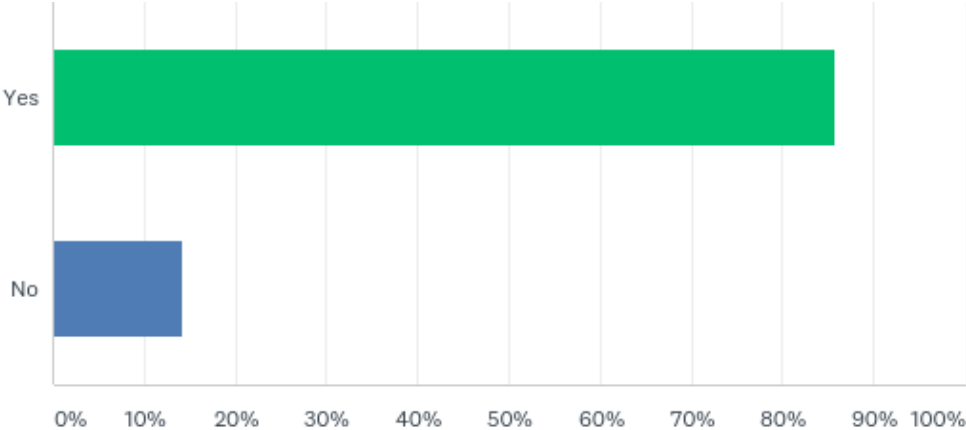


Answer Choices	Responses	
Yes	96.43%	27
No	3.57%	1
Total		28

Q9: Can customers with a disability park within 10 metres of your Pharmacy? (with a ‘blue badge’)

Please tick one box only.

Answered: 28 Skipped: 11

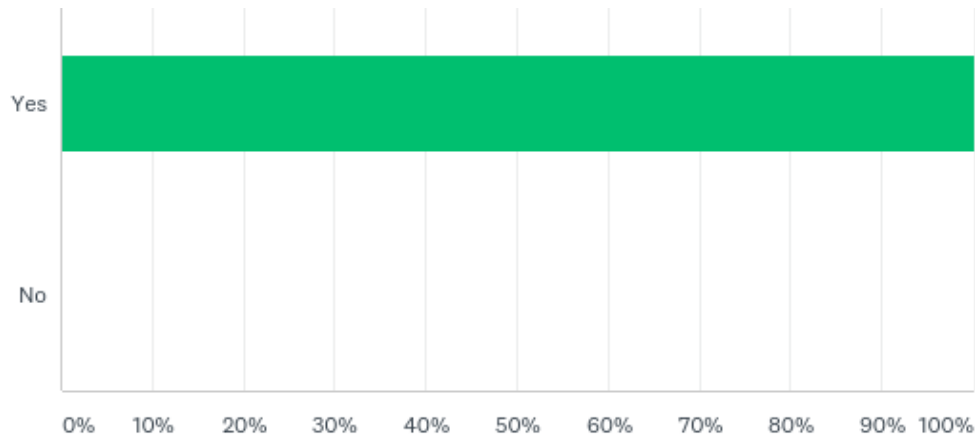


Answer Choices	Responses	
Yes	85.71%	24
No	14.29%	4
Total		28

Q10: Is there a bus stop within walking distance of the Pharmacy?

Please tick one box only.

Answered: 28 Skipped: 11

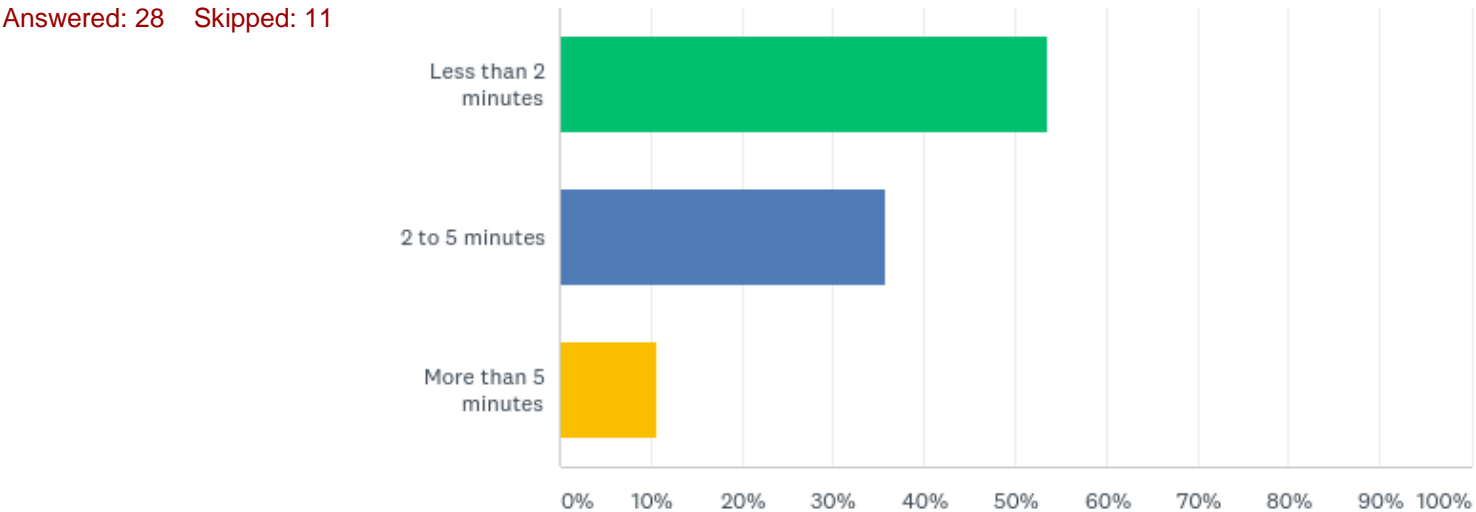


Answer Choices	Responses	
Yes	100.00%	28
No	0.00%	0
Total		28

Q11: If yes, how long does the walk take?

(Please tick one box only)

Answered: 28 Skipped: 11

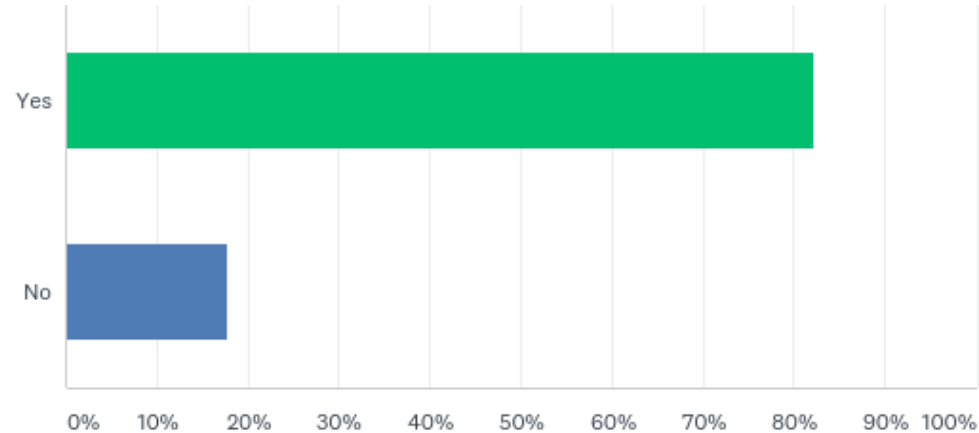


Answer Choices	Responses	
Less than 2 minutes	53.57%	15
2 to 5 minutes	35.71%	10
More than 5 minutes	10.71%	3
Total		28

Q12: Is the entrance to the pharmacy suitable for wheelchair access unaided?

Please tick one box only.

Answered: 28 Skipped: 11

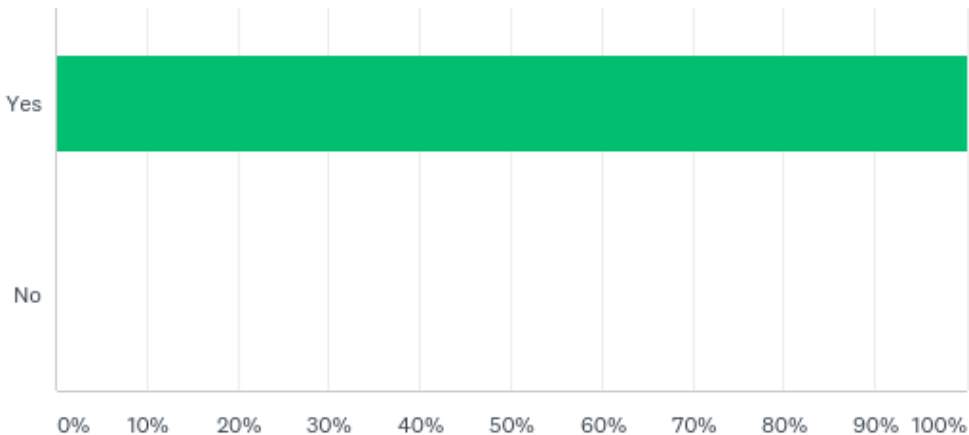


Answer Choices	Responses	
Yes	82.14%	23
No	17.86%	5
Total		28

Q13: Are all areas of the pharmacy floor accessible by wheelchair?

Please tick one box only.

Answered: 28 Skipped: 11

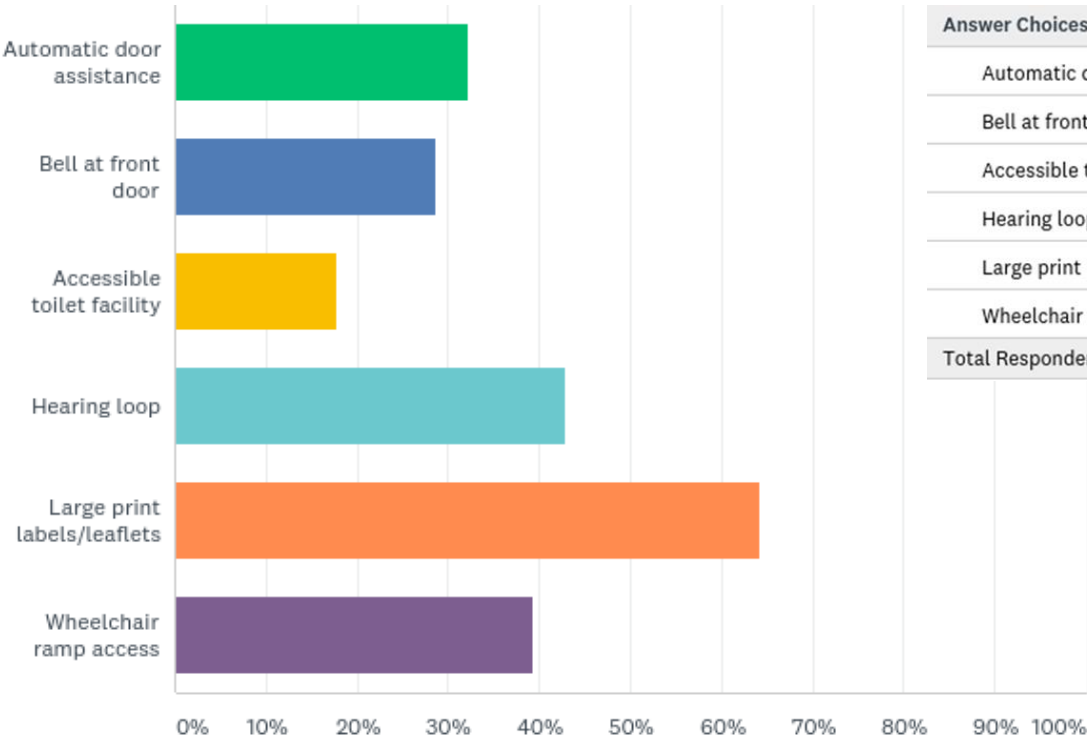


Answer Choices	Responses	
Yes	100.00%	28
No	0.00%	0
Total		28

Q14: Do you have other facilities in the pharmacy aimed at helping people with disabilities access your services?

Please tick as many answers as appropriate.

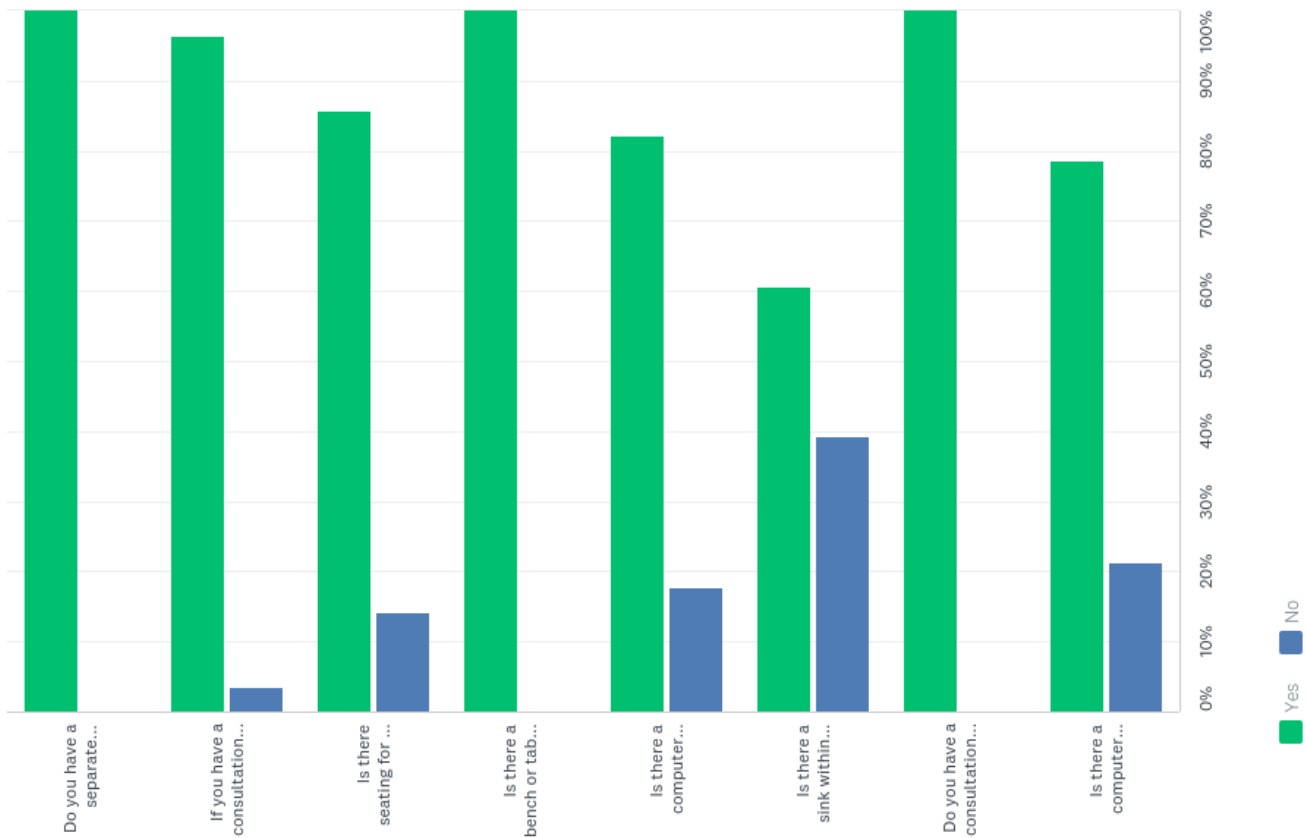
Answered: 28 Skipped: 11



Answer Choices	Responses
Automatic door assistance	32.14%
Bell at front door	28.57%
Accessible toilet facility	17.86%
Hearing loop	42.86%
Large print labels/leaflets	64.29%
Wheelchair ramp access	39.29%
Total Respondents: 28	

Q15: Consultation Areas

Answered: 28 Skipped: 11



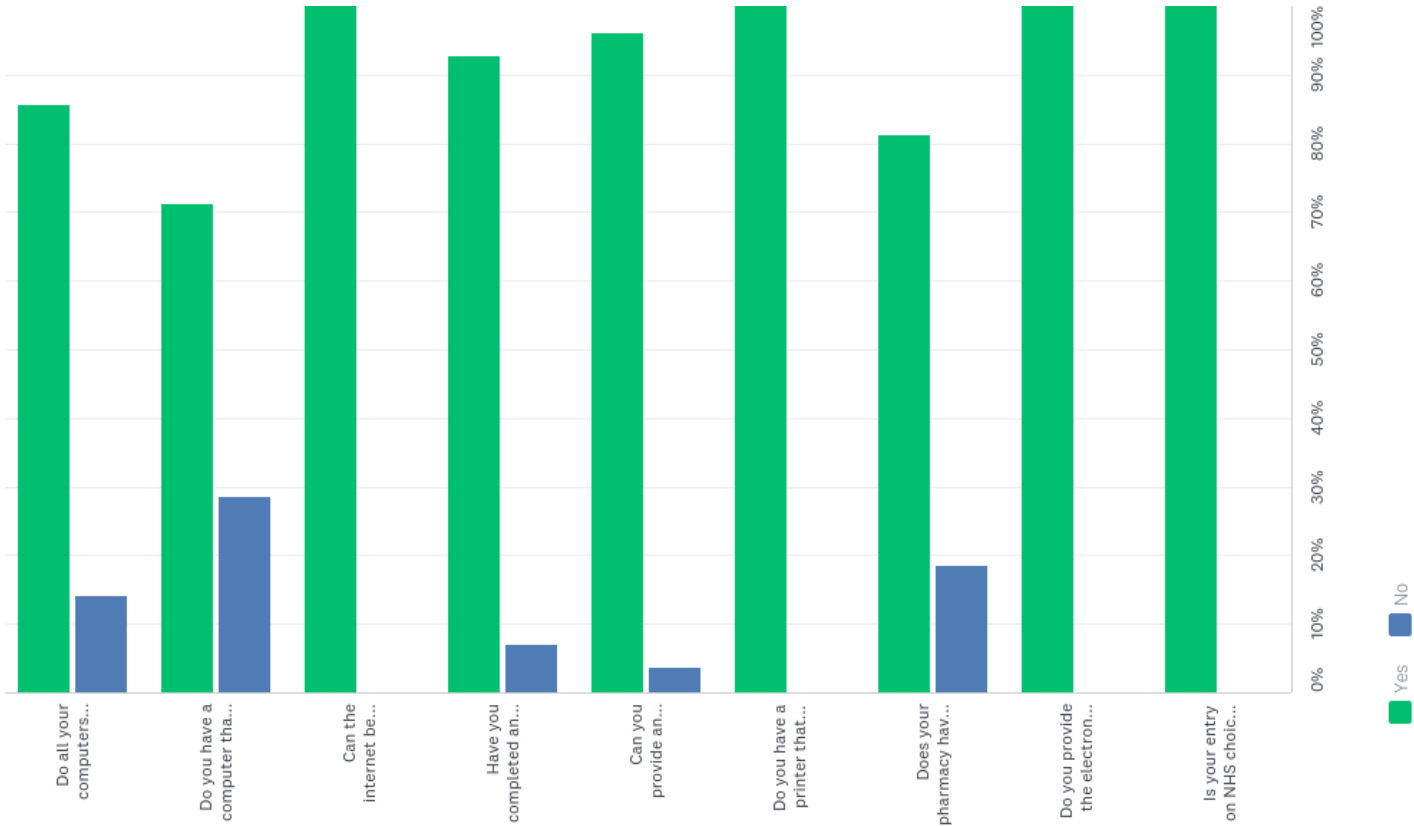
Q15: Consultation Areas

Answered: 28 Skipped: 11

	Yes	No	Total
Do you have a separate area/room suitable for advanced services for consultations with customers?	100.00% 28	0.00% 0	28
If you have a consultation area, is this accessible by wheelchair?	96.43% 27	3.57% 1	28
Is there seating for up to 3 people?	85.71% 24	14.29% 4	28
Is there a bench or table suitable for writing or examining medicines/products?	100.00% 28	0.00% 0	28
Is there a computer terminal within the area to access patient's records or complete audit data?	82.14% 23	17.86% 5	28
Is there a sink within this area?	60.71% 17	39.29% 11	28
Do you have a consultation point/area for private discussions?	100.00% 28	0.00% 0	28
Is there a computer terminal available in consultation areas and can the internet be accessed?	78.57% 22	21.43% 6	28

Q16: Information Technology

Answered: 28 Skipped: 1



Q16: Information Technology

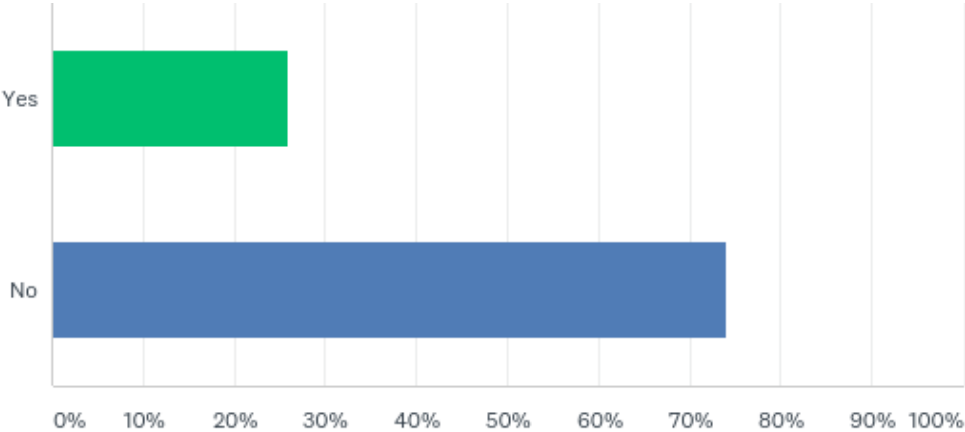
Answered: 28 Skipped: 11

	Yes	No	Total
Do all your computers within a pharmacy access your dispensary software?	85.71% 24	14.29% 4	28
Do you have a computer that can access the internet without website restrictions?	71.43% 20	28.57% 8	28
Can the internet be accessed whilst the PMR system is running?	100.00% 28	0.00% 0	28
Have you completed an up to date Information Government assessment?	92.86% 26	7.14% 2	28
Can you provide an email address (preferably an NHS email address) that can be used for official communications? (Please detail below)	96.30% 26	3.70% 1	27
Do you have a printer that will print A4 size of paper?	100.00% 27	0.00% 0	27
Does your pharmacy have a website? (If yes, please detail below)	81.48% 22	18.52% 5	27
Do you provide the electronic prescription service (EPS)?	100.00% 27	0.00% 0	27
Is your entry on NHS choices up to date?	100.00% 27	0.00% 0	27

Q17: Does the pharmacy normally have two pharmacists on duty at any time during the week?

Please tick one box only.

Answered: 27 Skipped: 12

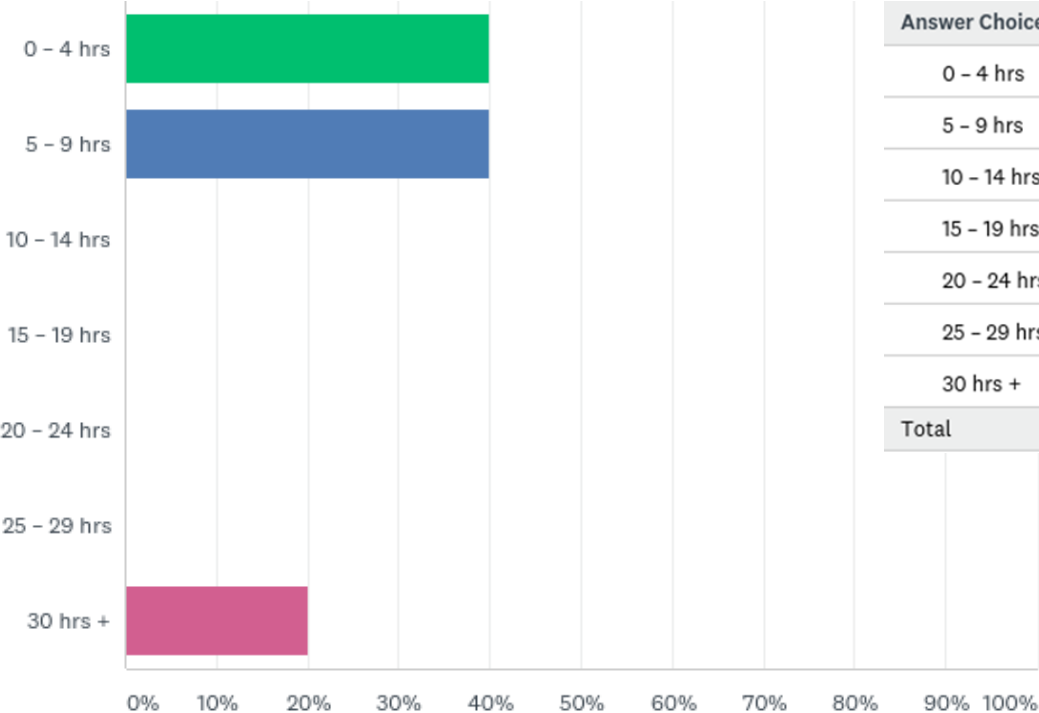


Answer Choices	Responses	
Yes	25.93%	7
No	74.07%	20
Total		27

Q18: If yes, then for how many hours per week are two pharmacists working at the same time?

Please tick one box only.

Answered: 10 Skipped: 29

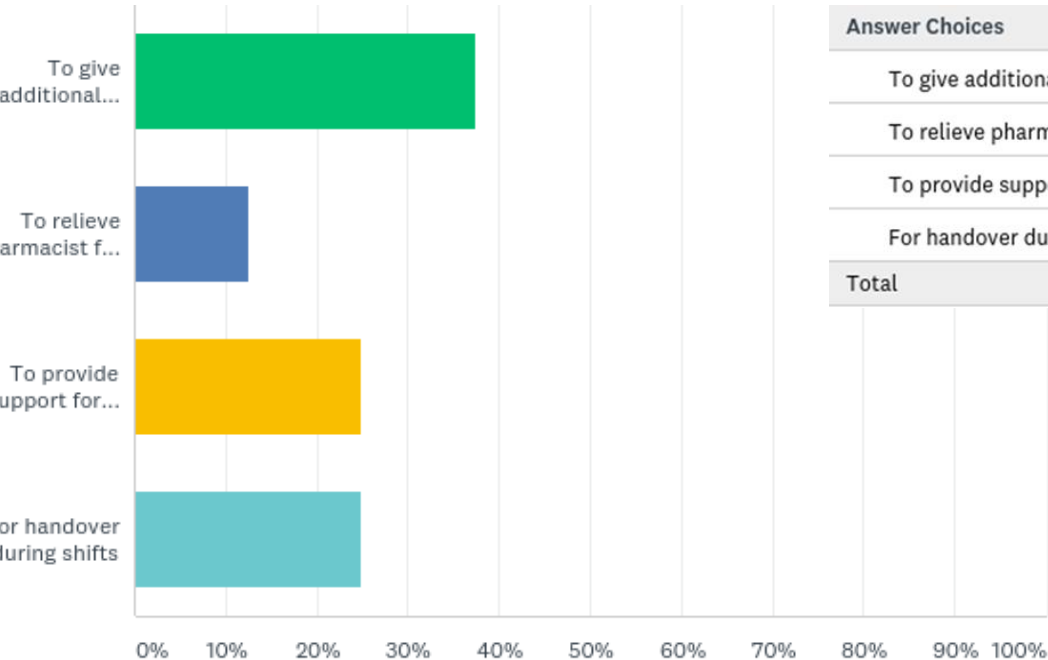


Answer Choices	Responses
0 - 4 hrs	40.00%
5 - 9 hrs	40.00%
10 - 14 hrs	0.00%
15 - 19 hrs	0.00%
20 - 24 hrs	0.00%
25 - 29 hrs	0.00%
30 hrs +	20.00%
Total	

Q19: If you have a second pharmacist, is the pharmacist there for a specific reason?

Please tick as many answers as appropriate.

Answered: 8 Skipped: 31

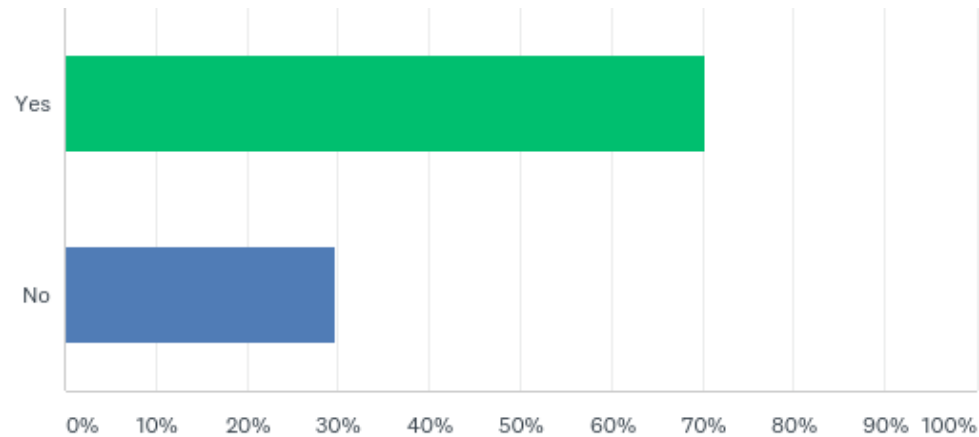


Answer Choices	Responses
To give additional support to dispensary in busy periods	37.50%
To relieve pharmacist for administration work	12.50%
To provide support for additional services such as medication review	25.00%
For handover during shifts	25.00%
Total	

Q21: Do any of your regular pharmacists speak a foreign language?

Please tick one box only.

Answered: 27 Skipped: 12

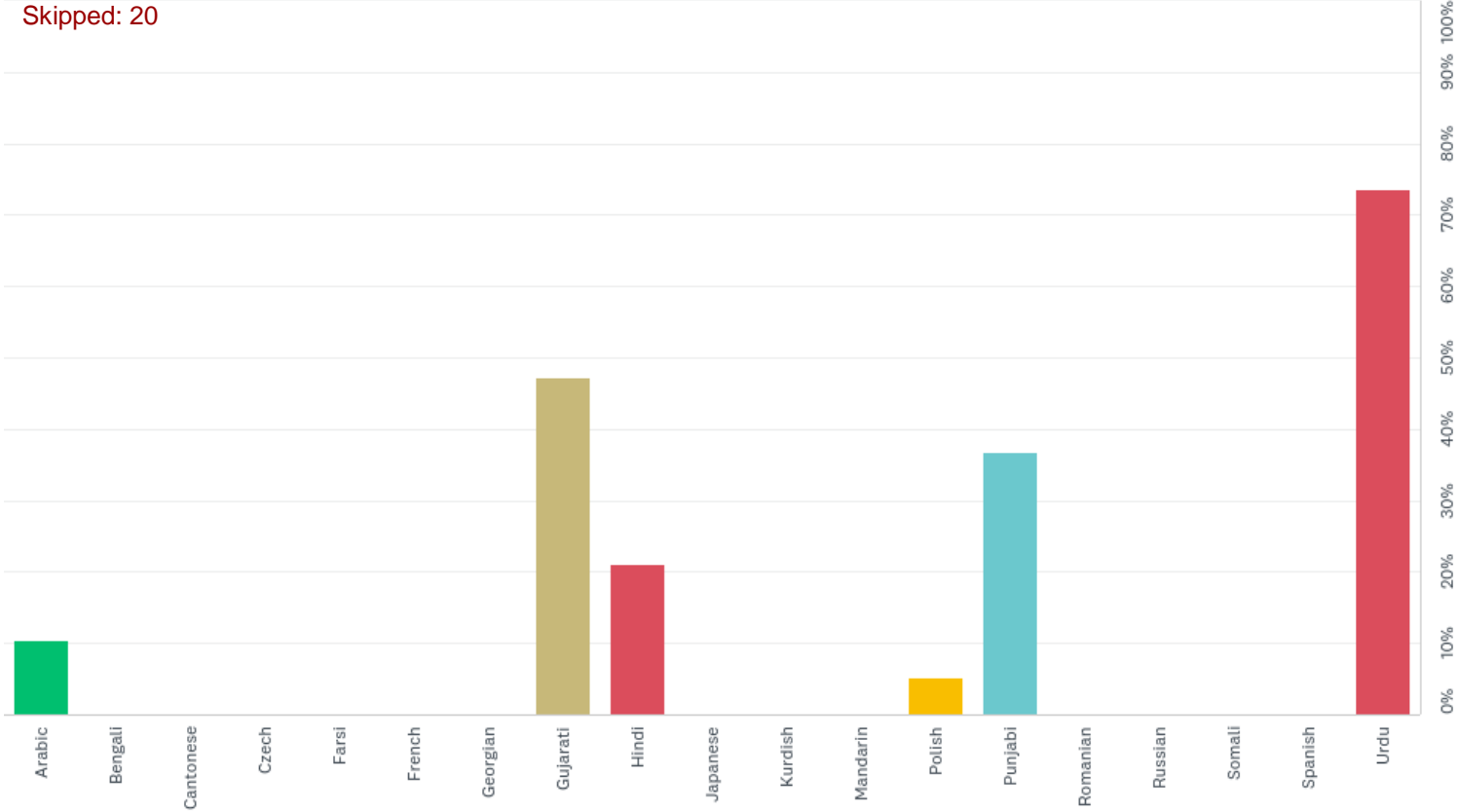


Answer Choices	Responses	
Yes	70.37%	19
No	29.63%	8
Total		27

Q22: If yes, which languages are spoken?

Please tick as many answers as appropriate.

Answered: 19 Skipped: 20



Q22: If yes, which languages are spoken?

Please tick as many answers as appropriate.

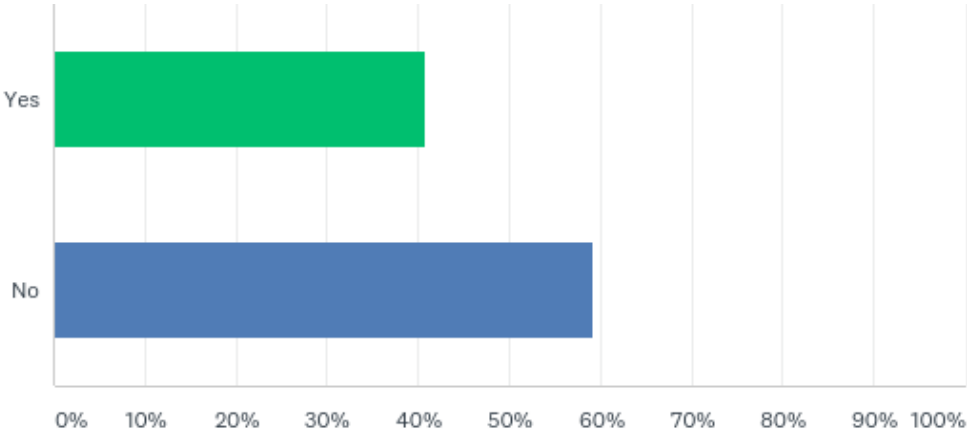
Answered: 19 Skipped: 20

Answer Choices	Responses
Arabic	10.53% 2
Bengali	0.00% 0
Cantonese	0.00% 0
Czech	0.00% 0
Farsi	0.00% 0
French	0.00% 0
Georgian	0.00% 0
Gujarati	47.37% 9
Hindi	21.05% 4
Japanese	0.00% 0
Kurdish	0.00% 0
Mandarin	0.00% 0
Polish	5.26% 1
Punjabi	36.84% 7
Romanian	0.00% 0
Russian	0.00% 0
Somali	0.00% 0
Spanish	0.00% 0
Urdu	73.68% 14
Total Respondents: 19	

Q23: Do any of your regular pharmacy staff speak a foreign language?

Please tick one box only.

Answered: 27 Skipped: 12

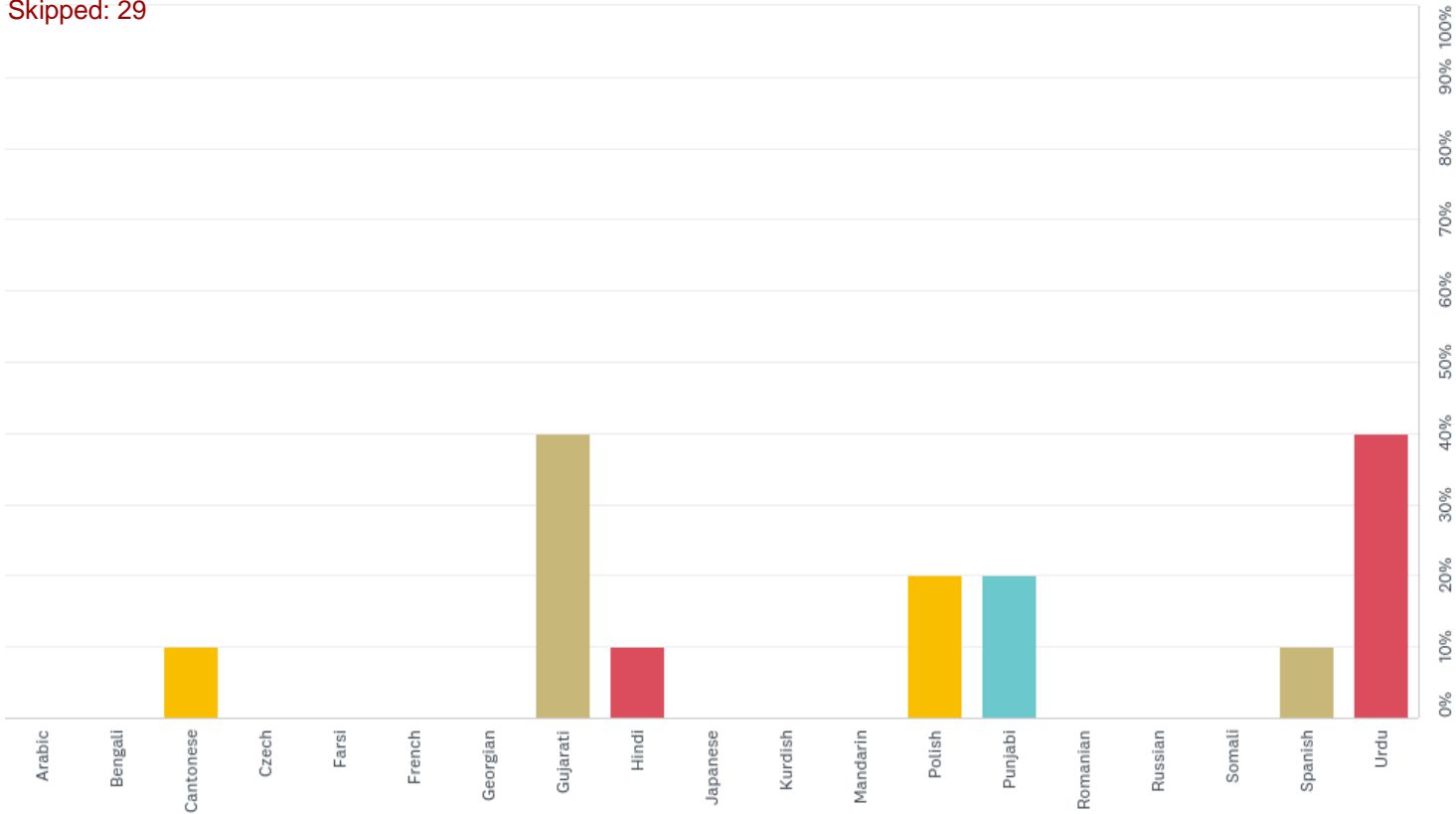


Answer Choices	Responses	
Yes	40.74%	11
No	59.26%	16
Total		27

Q24: If yes, which languages are spoken?

Please tick as many answers as appropriate.

Answered: 10 Skipped: 29



Q24: If yes, which languages are spoken?

Please tick as many answers as appropriate.

Answered: 10 Skipped: 29

Answer Choices	Responses
Arabic	0 0.00%
Bengali	0 0.00%
Cantonese	1 10.00%
Czech	0 0.00%
Farsi	0 0.00%
French	0 0.00%
Georgian	0 0.00%
Gujarati	4 40.00%
Hindi	1 10.00%
Japanese	0 0.00%
Kurdish	0 0.00%
Mandarin	0 0.00%
Polish	2 20.00%
Punjabi	2 20.00%
Romanian	0 0.00%
Russian	0 0.00%
Somali	0 0.00%
Spanish	1 10.00%
Urdu	4 40.00%
Total Respondents: 10	

Q25: 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.

Answered: 19 Skipped: 20

#	Responses
1	We have had a few patients requesting the free emergency contraception service as well as the blood pressure monitoring.
2	Better signage for the consultation room
3	Improvement on wait times
4	Disposal of unwanted medicines scored 66.43% of respondents dissatisfied, however we offer the service and have had no complaints. The majority of respondents probably have not had a need to use the service, rather than being dissatisfied with it
5	Time
6	more seating, better car park provision shorter waiting times
7	waiting time
8	Asthma checks and diabetes testing.
9	patient IT access in pharmacy
10	Supervised Consumption Minor Ailment - we have 3 schools within minutes from the chemist EHC
11	None identified
12	More seating spaces
13	improved seating area
14	advice on stopping smoking
15	The survey was very good overall. Some people though were not aware of our Stop Smoking or Weight Loss services so we are increasing our promotion of these services.
16	Information on disposing of medication no longer needed.
17	Providing advice on health services/information available elsewhere. Comfort & convenience of waiting areas.
18	Repeat ordering service
19	N/A

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Appendix Five – Locally Commissioned Services

Council	CST	Chlamydia Screening & Treatment	NRT	Nicotine Replacement Therapy
	EHC	Emergency Hormonal Contraception	NEx	Needle Exchange
	SS	Stop Smoking – Intermediate Advice	SC	Supervised Consumption
CCG	MAS	Minor Ailment Scheme	MECS	Minor Eye Condition Service
	PC	Palliative Care		

Township	Ward	ID	Trading Name	Postcode	Council						CCG		
					CST	EHC	SS	NRT	NEx	SC	MAS	MECS	PC
Bury East	East Ward	3	Asda Pharmacy	BL9 0RN				Y			Y	Y	
		6	Boots the Chemist	BL9 0QQ		Y		Y		Y	Y	Y	
		17	IQ Pharmacy	BL9 0QL				Y				Y	
		20	Lloydspharmacy	BL9 0SN		Y		Y		Y	Y	Y	
		21	Lloydspharmacy	BL9 0NJ		Y				Y	Y	Y	
		26	Medical Specialists Pharmacy	BL9 0ST									
		28	Netchem Pharmacy	BL9 7EA									
		30	Pimhole Pharmacy	BL9 7BB		Y					Y	Y	
	Moorside Ward	7	Boots the Chemist	BL9 5BY		Y		Y			Y	Y	
		8	Bury Healthcare Pharmacy	BL9 6DP		Y					Y		
		37	Strachan's Chemist	BL9 6LL				Y		Y	Y	Y	
		38	Tesco In-Store Pharmacy	BL9 5BY				Y			Y		
		16	Huntley Mount Pharmacy	BL9 6JA	Y	Y	Y	Y	Y	Y	Y	Y	
	Redvales Ward	13	Fishpool Pharmacy	BL9 9AX								Y	
Bury West	Church Ward	27	Mile Lane Pharmacy	BL8 2JR		Y	Y	Y			Y	Y	
	Elton Ward	24	Manor Pharmacy	BL8 1HS					Y	Y	Y	Y	

Township	Ward	ID	Trading Name	Postcode	Council						CCG		
					CST	EHC	SS	NRT	NEx	SC	MAS	MECS	PC
Prestwich	Holyrood Ward	22	Lloydspharmacy	M25 1NL	Y	Y	Y	Y		Y	Y	Y	
	Sedgley Ward	14	Formans Chemist	M25 0FX							Y	Y	
		29	Pharmacykwik	M25 0HB									
		35	Sedgley Park Pharmacy	M25 9JY							Y	Y	
		36	Cohens Chemist	M25 0HT		Y					Y		
		12	Dennis Gore Chemists	M25 1FX		Y					Y	Y	
	St Mary's Ward	31	Prestwich Pharmacy	M25 1AY	Y	Y	Y	Y	Y	Y	Y	Y	Y
		42	Pure Hope Pharmacy	M25 1AW									
		39	Tesco In-Store Pharmacy	M25 3TG							Y		
Radcliffe	Radcliffe East Ward	41	Well	M26 2SP		Y		Y		Y	Y	Y	
		5	Boots the Chemist	M26 1NN		Y		Y		Y	Y	Y	
		32	Radcliffe Pharmacy	M26 2RF						Y	Y		
		33	Radcliffe Pharmacy	M26 2SP					Y	Y	Y		
	Radcliffe West Ward	2	Asda Pharmacy	M26 3DA		Y		Y				Y	
		23	Manor Pharmacy	M26 3RF				Y	Y	Y	Y		
		18	JT Smith & Son	M26 4DJ		Y					Y	Y	
Ramsbottom, Tottington and North Manor	North Manor Ward	25	Manor Pharmacy	BL8 4DS							Y		
		15	Gardners Chemist	BL8 4DD							Y	Y	
	Ramsbottom Ward	19	Lloydspharmacy	BL0 9HX	Y	Y	Y	Y		Y	Y	Y	
		11	Cohens Chemist	BL0 9AJ			Y	Y			Y	Y	
	Tottington Ward	9	Cohens Chemist	BL8 4AD				Y		Y	Y	Y	
Whitefield and Unsworth	Besses Ward	43	Jhoots Pharmacy	M45 8NE									
	Pilkington Park Ward	4	Barash Pharmacy	M45 6QJ							Y	Y	
	Unsworth Ward	1	Asda Pharmacy	BL9 8RS			Y	Y				Y	
		40	Well	M45 7TA				Y			Y	Y	
		10	Cohens Chemist	BL9 8QA							Y	Y	
		34	Rowlands Pharmacy	BL9 8JR				Y			Y	Y	

Appendix Six – Bury Pharmacies

Township	Ward	ID	Trading Name	Address	Postcode	Contractor Type
Bury East	East Ward	3	Asda Pharmacy	Spring Street	BL9 0RN	Community – 100hr
		6	Boots the Chemist	32-36 The Mall	BL9 0QQ	Community – 40hr
		17	IQ Pharmacy	14 Princess Parade	BL9 0QL	Community – 40hr
		20	Lloydspharmacy	Townside PCC	BL9 0SN	Community – 40hr
		21	Lloydspharmacy	Moorgate PCC	BL9 0NJ	Community – 40hr
		26	Medical Specialists Pharmacy	Westminster House	BL9 0ST	Distance selling
		28	Netchem Pharmacy	14 Heywood Street	BL9 7EA	Distance selling
		30	Pimhole Pharmacy	185 Rochdale Road	BL9 7BB	Community – 100hr
	Moorside Ward	7	Boots the Chemist	Unit 1 Woodfields Retail Park	BL9 5BY	Community – 100hr
		8	Bury Healthcare Pharmacy	46 Walmersley Road	BL9 6DP	Community – 100hr
		37	Strachan's Chemist	Chesham Precinct	BL9 6LL	Community – 40hr
		38	Tesco In-Store Pharmacy	Peel Way	BL9 5BY	Community – 40hr
		16	Huntley Mount Pharmacy	Huntley Mount Road	BL9 6JA	Community – 40hr
	Redvales Ward	13	Fishpool Pharmacy	14 Parkhills Road	BL9 9AX	Community – 40hr
Bury West	Church Ward	27	Mile Lane Pharmacy	66 Mile Lane	BL8 2JR	Community – 40hr
	Elton Ward	24	Manor Pharmacy	367 Brandlesholme Road	BL8 1HS	Community – 40hr
Prestwich	Holyrood Ward	22	Lloydspharmacy	474 Bury Old Road	M25 1NL	Community – 40hr
	Sedgley Ward	14	Formans Chemist	12 Park Hill	M25 0FX	Community – 40hr
		29	Pharmacykwik	Rear Unit, 56 Parksway	M25 0HB	Distance selling
		35	Sedgley Park Pharmacy	33 Bury New Road	M25 9JY	Community – 40hr
		36	Cohens Chemist	St Gabriel's Medical Centre Pharmacy	M25 0HT	Community – 40hr
		12	Dennis Gore Chemists	26 Whittaker Lane	M25 1FX	Community – 40hr
	St Mary's Ward	31	Prestwich Pharmacy	40 Longfield Centre	M25 1AY	Community – 40hr
		42	Pure Hope Pharmacy	379 Bury New Road	M25 1AW	Distance selling
		39	Tesco In-Store Pharmacy	Bury New Road	M25 3TG	Community – 40hr

Township	Ward	ID	Trading Name	Address	Postcode	Contractor Type
Radcliffe	Radcliffe East Ward	41	Well	Radcliffe PCC	M26 2SP	Community – 40hr
		5	Boots the Chemist	11 Blackburn Street	M26 1NN	Community – 40hr
		32	Radcliffe Pharmacy	62 Cross Lane	M26 2RF	Community – 40hr
		33	Radcliffe Pharmacy	47 - 49 Church Street West	M26 2SP	Community – 100hr
	Radcliffe West Ward	2	Asda Pharmacy	Riverside Retail Park	M26 3DA	Community – 40hr
		23	Manor Pharmacy	Unsworth Street	M26 3RF	Community – 40hr
		18	JT Smith & Son	8-8a Ainsworth Road	M26 4DJ	Community – 40hr
Ramsbottom, Tottington and North Manor	North Manor Ward	25	Manor Pharmacy	1 Brandlesholme Road	BL8 4DS	Community – 40hr
		15	Gardners Chemist	6 Vernon Road	BL8 4DD	Community – 40hr
	Ramsbottom Ward	19	Lloydspharmacy	6 Bolton Street	BL0 9HX	Community – 40hr
		11	Cohens Chemist	7 Market Place	BL0 9AJ	Community – 40hr
	Tottington Ward	9	Cohens Chemist	12-14 Market Street	BL8 4AD	Community – 40hr
Whitefield and Unsworth	Besses Ward	43	Jhoots Pharmacy	2-4 Albert Place	M45 8NE	Community – 40hr
	Pilkington Park Ward	4	Barash Pharmacy	166 Bury New Road	M45 6QJ	Community – 40hr
	Unsworth Ward	1	Asda Pharmacy	Pilsworth Road	BL9 8RS	Community – 40hr
		40	Well	Unit 1 Elms Square	M45 7TA	Community – 40hr
		10	Cohens Chemist	135 Croft Lane	BL9 8QA	Community – 40hr
		34	Rowlands Pharmacy	59 Parr Lane	BL9 8JR	Community – 40hr

Appendix Seven – MURs, NMS, AURs, Stoma and Flu Vaccine providers 2016/17

Township	Ward	ID	Trading Name	MURS	NMS	AURs	STOMA	FLU
Bury East	East Ward	3	Asda Pharmacy	Y	Y			Y
		6	Boots the Chemist	Y	Y			Y
		17	IQ Pharmacy	Y	Y			Y
		20	Lloydspharmacy	Y	Y			Y
		21	Lloydspharmacy	Y	Y		Y	Y
		26	Medical Specialists Pharmacy					
		28	Netchem Pharmacy					
		30	Pimhole Pharmacy	Y	Y			
	Moorside Ward	7	Boots the Chemist	Y	Y			
		8	Bury Healthcare Pharmacy	Y				Y
		37	Strachan's Chemist	Y	Y			Y
		38	Tesco In-Store Pharmacy	Y	Y			Y
		16	Huntley Mount Pharmacy	Y	Y			Y
	Redvales Ward	13	Fishpool Pharmacy	Y	Y			
Bury West	Church Ward	27	Mile Lane Pharmacy	Y	Y			
	Elton Ward	24	Manor Pharmacy	Y	Y			Y
Prestwich	Holyrood Ward	22	Lloydspharmacy	Y	Y		Y	Y
	Sedgley Ward	14	Formans Chemist	Y	Y			
		29	Pharmacykwik					Y
		35	Sedgley Park Pharmacy	Y	Y			
		36	Cohens Chemist	Y	Y			
		12	Dennis Gore Chemists	Y	Y		Y	Y
	St Mary's Ward	31	Prestwich Pharmacy	Y	Y			Y
		42	Pure Hope Pharmacy					
		39	Tesco In-Store Pharmacy	Y	Y			Y

Township	Ward	ID	Trading Name	MURS	NMS	AURs	STOMA	FLU
Radcliffe	Radcliffe East Ward	41	Well	Y	Y			Y
		5	Boots the Chemist	Y	Y			Y
		32	Radcliffe Pharmacy	Y	Y			Y
		33	Radcliffe Pharmacy	Y	Y			Y
	Radcliffe West Ward	2	Asda Pharmacy	Y				Y
		23	Manor Pharmacy	Y	Y			Y
		18	JT Smith & Son	Y	Y			
Ramsbottom, Tottington and North Manor	North Manor Ward	25	Manor Pharmacy	Y	Y			
		15	Gardners Chemist	Y	Y			Y
	Ramsbottom Ward	19	Lloydspharmacy	Y	Y			Y
		11	Cohens Chemist	Y	Y			Y
	Tottington Ward	9	Cohens Chemist	Y	Y			
Whitefield and Unsworth	Besses Ward	43	Jhoots Pharmacy	Y	Y			
	Pilkington Park Ward	4	Barash Pharmacy	Y	Y		Y	Y
	Unsworth Ward	1	Asda Pharmacy	Y				Y
		40	Well	Y	Y			Y
		10	Cohens Chemist	Y	Y			
		34	Rowlands Pharmacy	Y	Y			

Appendix Eight – Community Pharmacy Opening Hours

Township	Ward	No of pharmacies in ward	Weekdays					Saturdays					Sundays
			8am or earlier	AM	PM	7pm or later	Closed for lunch	8am or earlier	AM	PM	7pm or later	Closed for lunch	
Bury East	East	8	3*	8	8	2	0	2	5	4	2	0	3
	Moorside	5	3	5	5	3	0	3	4	3	3	0	3
	Redvales	1	0	1	1	0	0	0	1	0	0	0	0
Bury West	Church	1	0	1	1	0	0	0	1	0	0	0	0
	Elton	1	0	1	1	0	1	0	1	0	0	0	0
Prestwich	Holyrood	1	1	1	1	0	0	0	1	1	0	0	0
	Sedgley	5	0	5	5	2	0	0	1	1	1	0	0
	St Mary's	3	1	3	3	1	0	1	2	1	1	0	1
Radcliffe	Radcliffe North	There are no pharmacies in Radcliffe North Ward											
	Radcliffe East	4	2	4	4	2	0	2	3	2	0	0	1
	Radcliffe West	3	0	3	3*	1	2	0	3	1	1	1	1
Ramsbottom, Tottington and North Manor	North Manor	2	0	2	2	0	1	0	2	0	0	0	0
	Ramsbottom	2	0	2	2	1*	1	0	1	0	0	0	0
	Tottington	1	0	1	1	0	0	0	1	0	0	0	0
Whitefield and Unsworth	Besses	1	0	1	1	0	0	0	1	0	0	0	1
	Pilkington Park	1	0	1	1	0	0	0	0	0	0	0	0
	Unsworth	4	0	4	4	1	2	0	3	1	1	0	1

*There may be some variation in opening and closing times on certain days.

This table includes distance selling pharmacies.

For full details of pharmacy opening hours please see [NHS Choices](#).

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Appendix Nine

Greater Manchester Shared Services

PNA 60 Day Consultation Plan

Version: 0.1

1st April 2017

Contents

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

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.legislation.gov.uk/ukSI/2013/349/contents/made>.

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 in October/November 2017 and will run for a period of 60 days. Therefore, the consultation will formally close in December 2017

3.

Key outcomes

- To encourage constructive feedback from a variety of stakeholders.
- 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 (now known as NHS England); 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 (October/November 2017) and end (December 2017) 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.

Any paper copies of the response forms can be sent back to Greater Manchester Shared Services (GMSS) who will electronically input the responses into the survey – they need to be returned to GMSS 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 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	<i>e.g. yes or no</i>	<i>e.g. 2,100 people</i>
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	No cost	LA		

	Stakeholder	Channel	Detail	Cost	Responsibility	Complete	Reach
			document with a link to the online response form.				
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 (NHS England)	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	Comms team at LA		
	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.	Printing and postage costs	Comms team at LA		
C	LPS pharmacy	Email consultation	Send out an electronic link to the	Printing	Comms team at		

Stakeholder	Channel	Detail	Cost	Responsibility	Complete	Reach
contractors	document	electronic copy of the consultation document with a link to the online response form.	and postage costs	LA		
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	Comms team at LA		
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 Staff	Council internal communications campaign	Desktop wallpaper and Intranet homepage story to encourage staff to complete the online survey.	No cost	Comms team at LA		
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 councillor's	Email MP and Councillor'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	Email to other relevant groups and organisations to give information about the	Below is an example of some groups this could be sent to: <ul style="list-style-type: none"> <i>Prison Pharmacy's</i> 	No cost	Comms team at LA		

Stakeholder	Channel	Detail	Cost	Responsibility	Complete	Reach
Groups	survey and ask for participation	<ul style="list-style-type: none"> Care UK Asylum seekers Schools Colleges Older People's Forum Adult Safeguarding Board Men's Action Group 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 GMSS if needed.

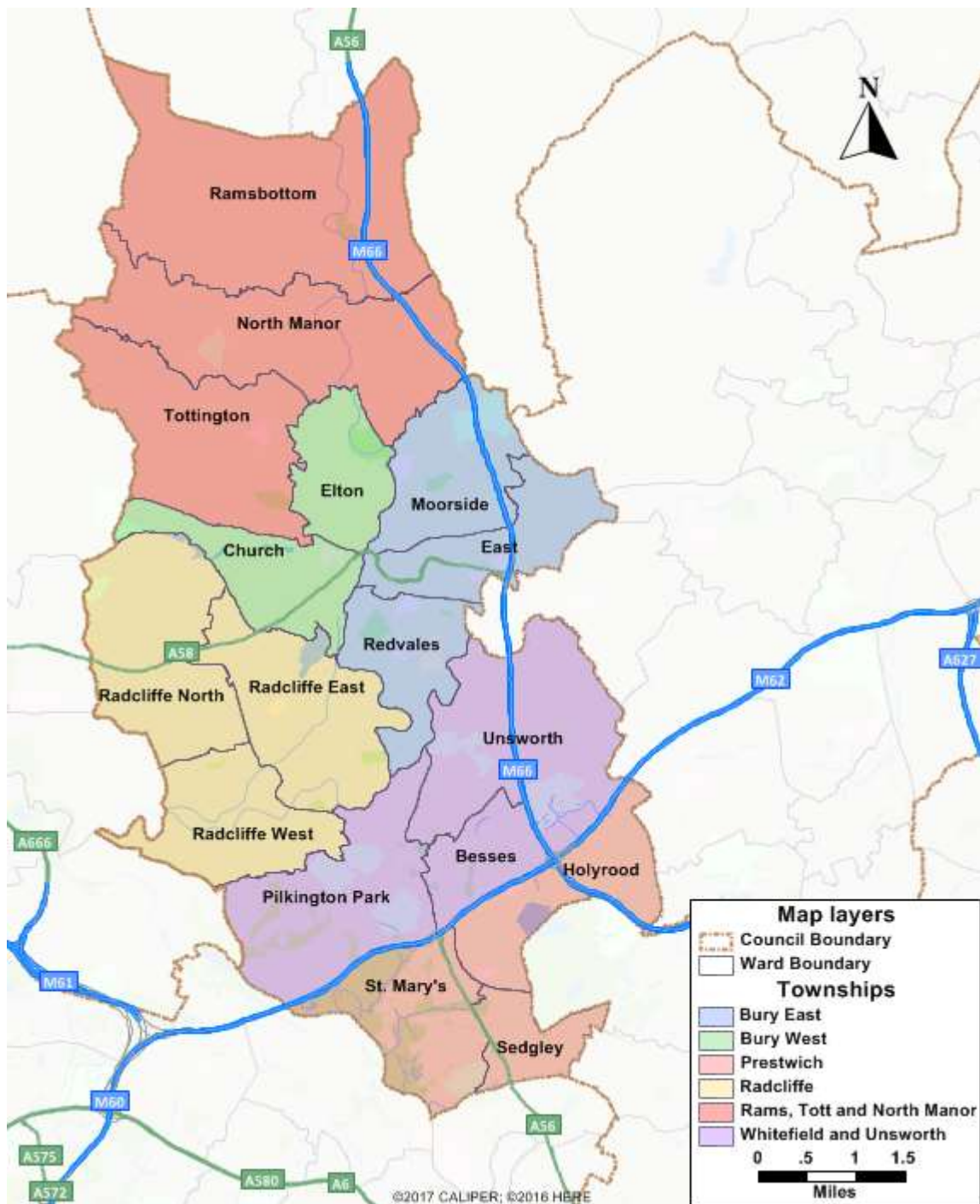
7. Evaluation

A consultation report and an evaluation report will be provided by GMSS. 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.

Appendix Ten

Pharmaceutical Needs Assessment Maps

Map 1 - Bury Townships

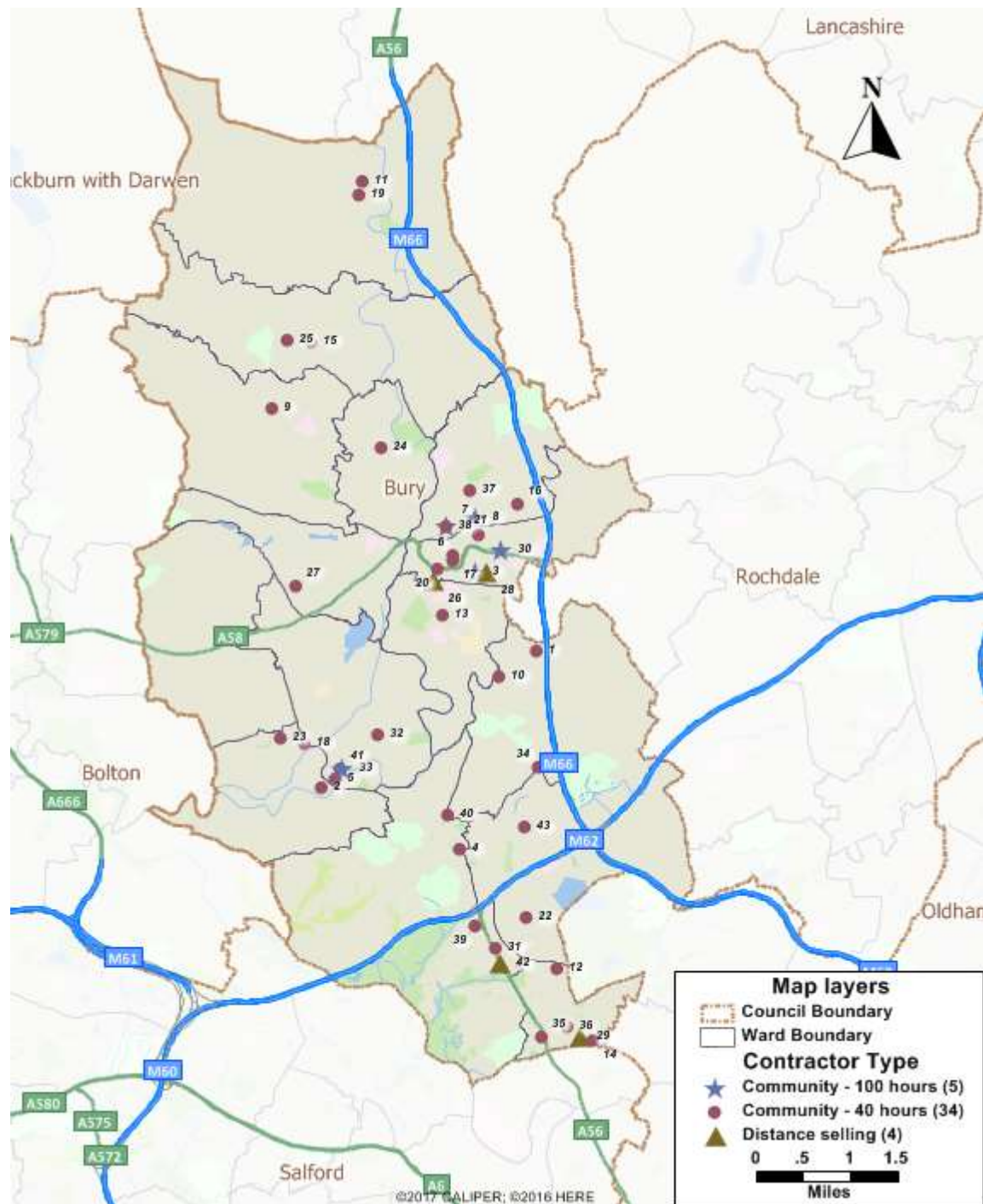


Map 2 - Public survey responses by Post Code District

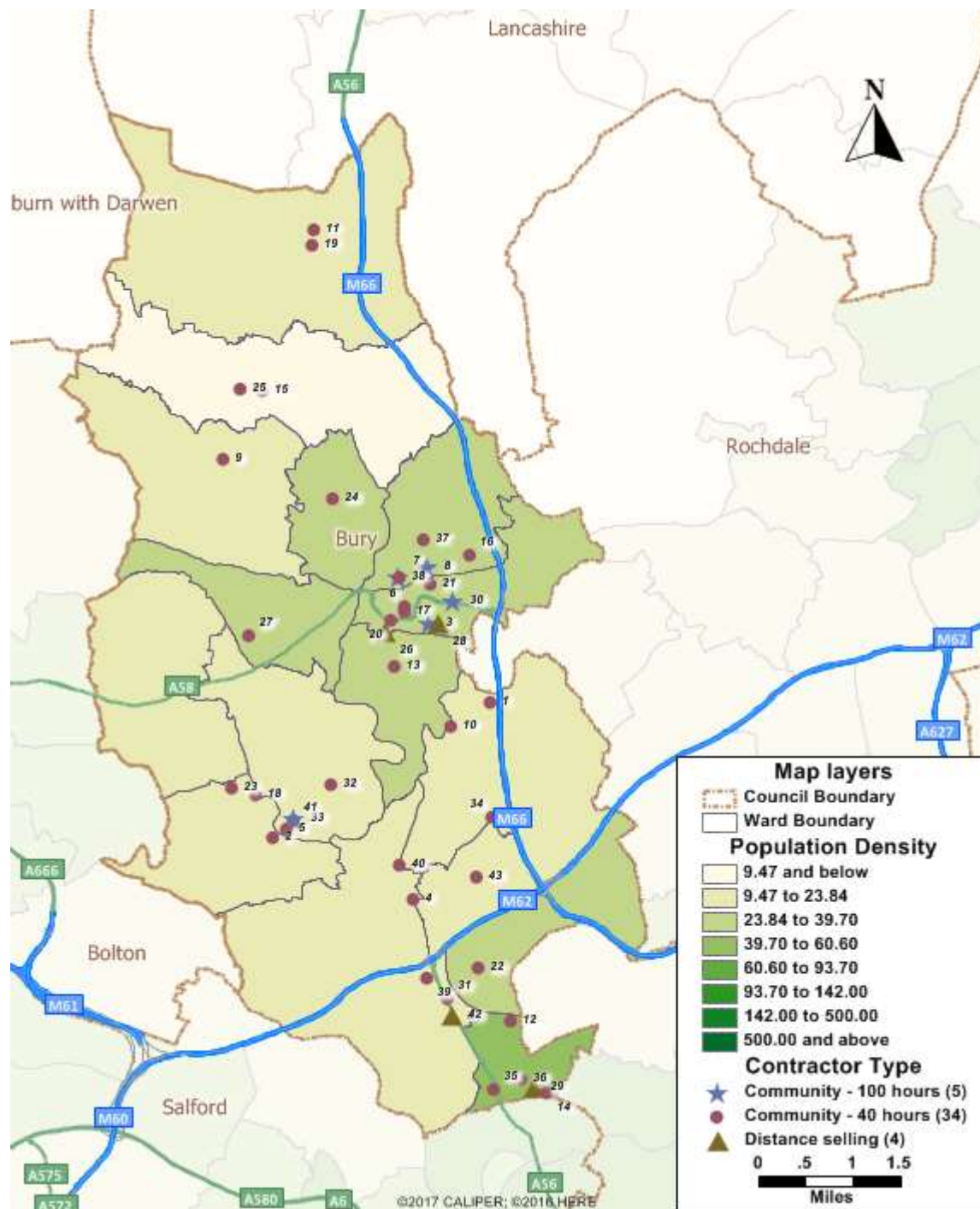


There was also one response each from BB4 and M21, which are not shown on the map. BL0 also includes part of Ramsbottom ward but has its centre outside Bury's boundary; it is likely that the 13 people responding from BL0 lived in the Ramsbottom ward.

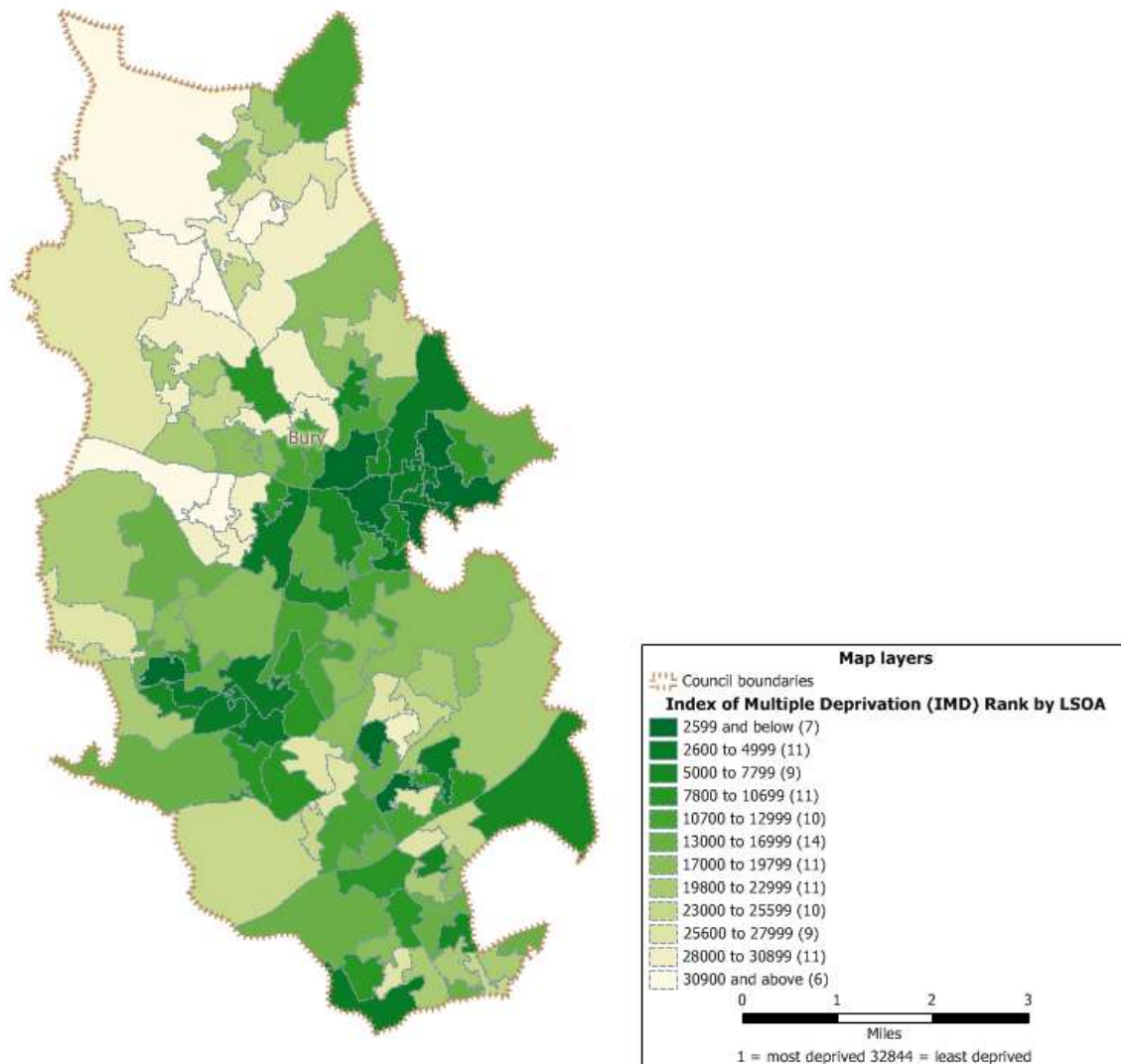
Map 3 - Bury Pharmacies by type



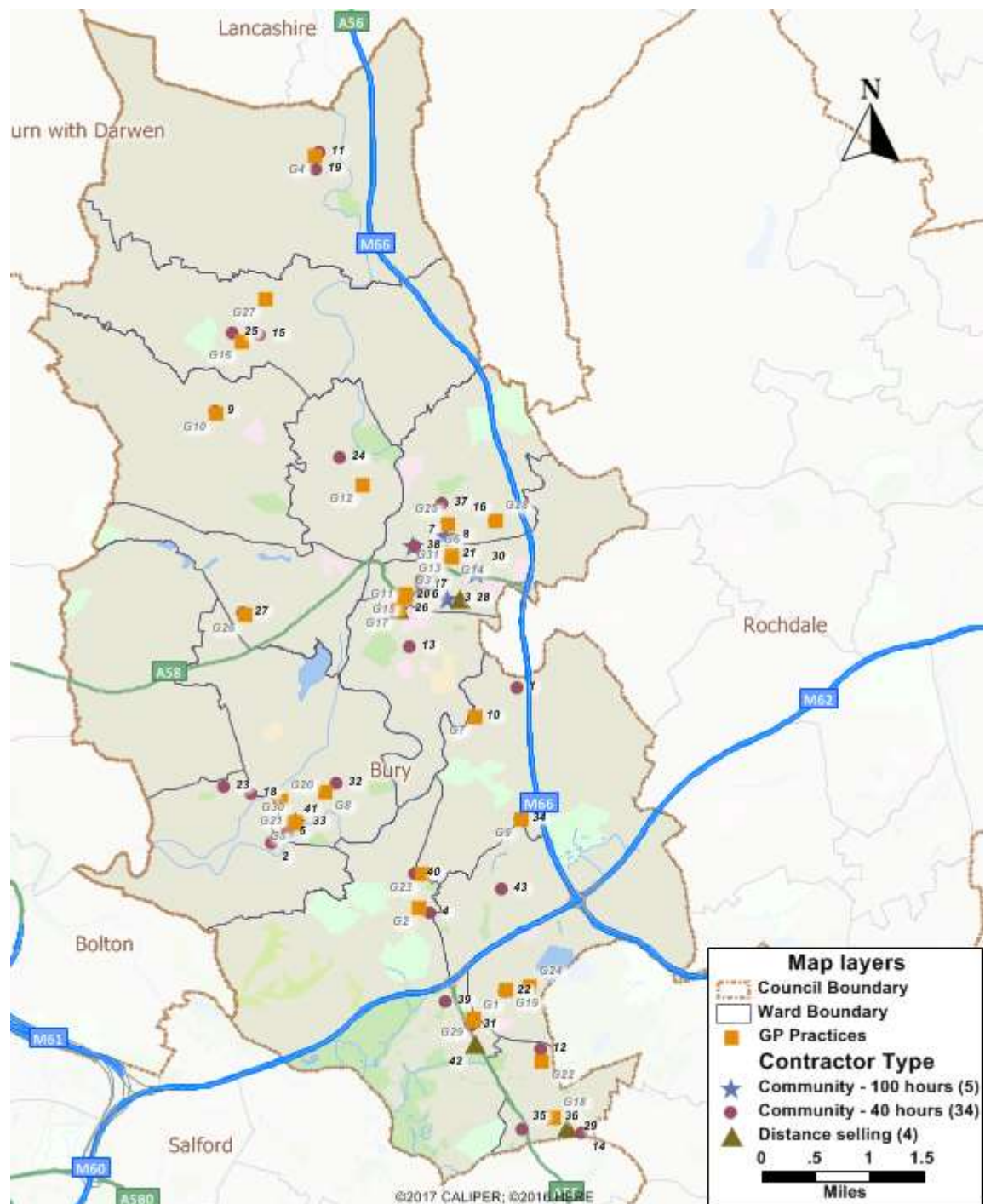
Map 4 - Population density



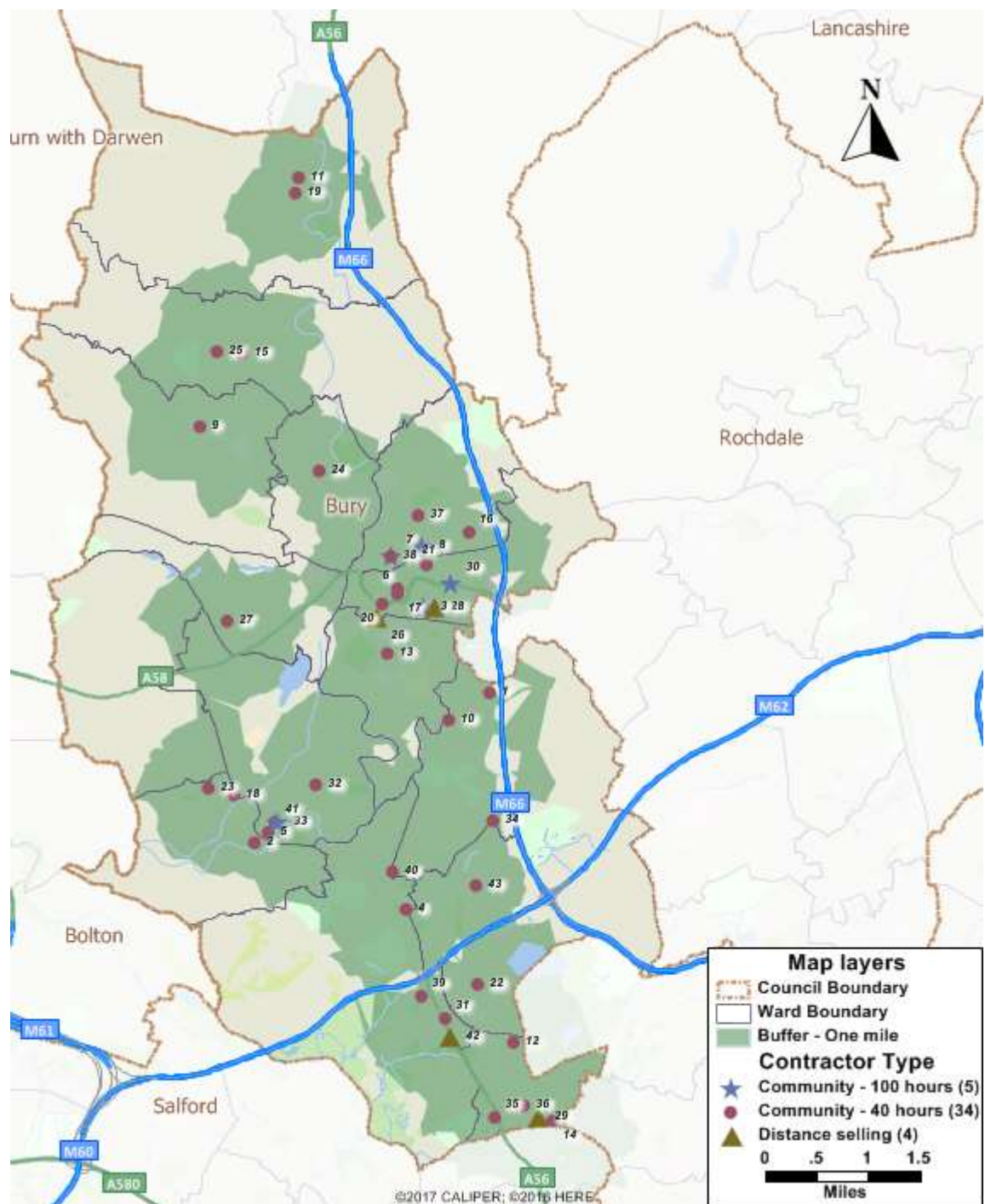
Map 5 - IMD 2015 by LSOA



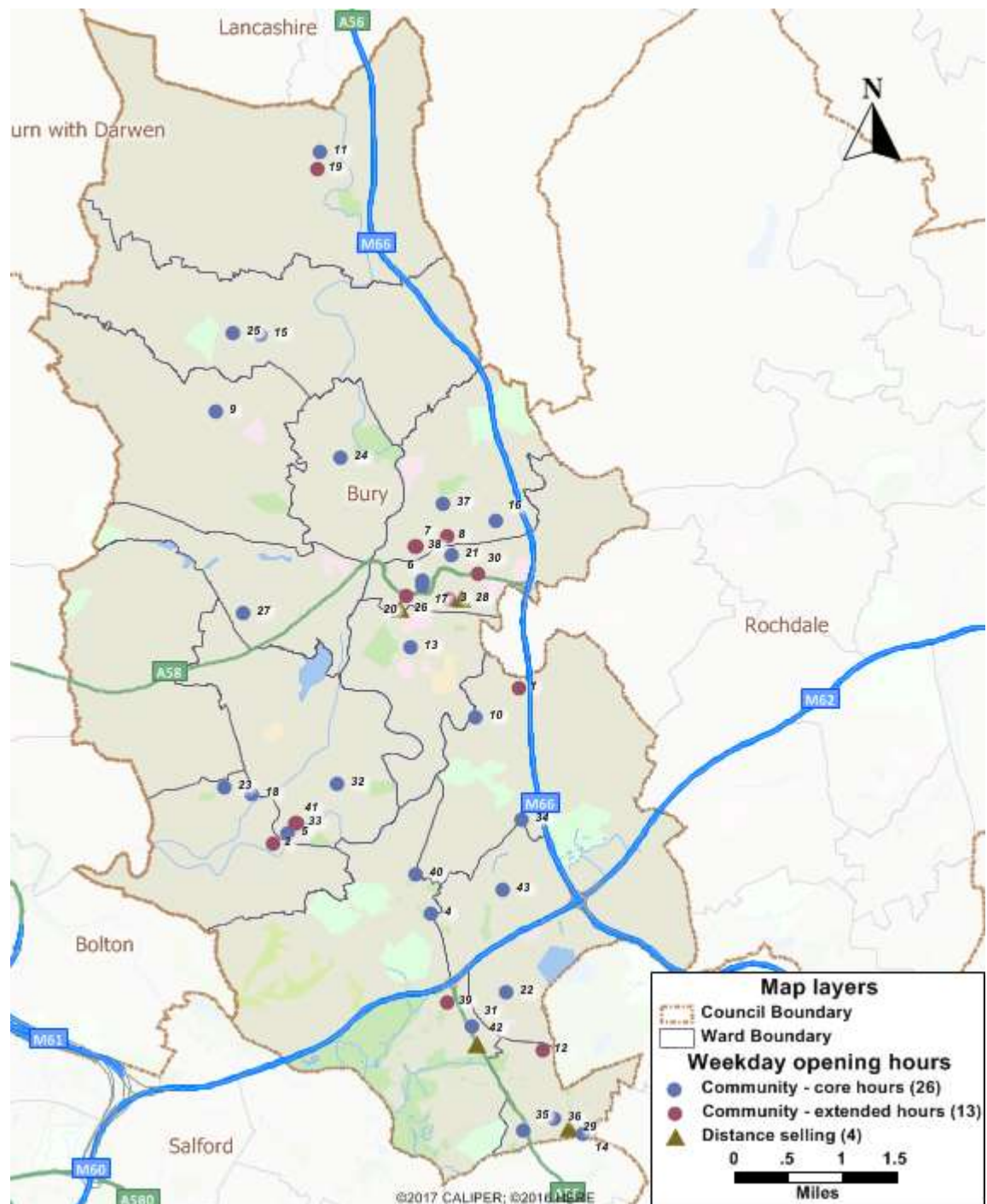
Map 6 - Location of Pharmacies & GP practices in Bury



Map 7 - Bury Pharmacies showing 1 mile travel distance

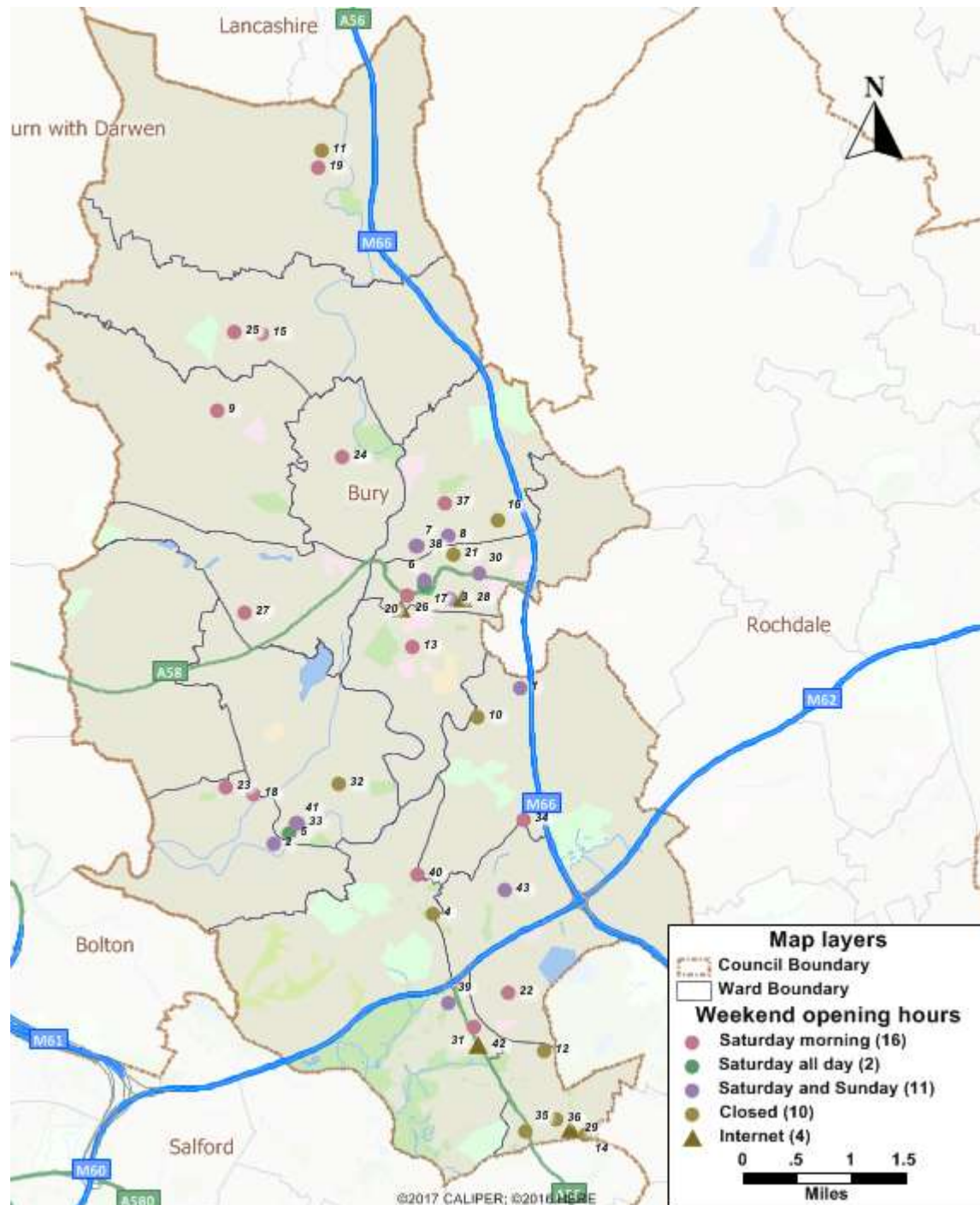


Map 8 - Bury weekday opening hours
(Showing core and extended hours)

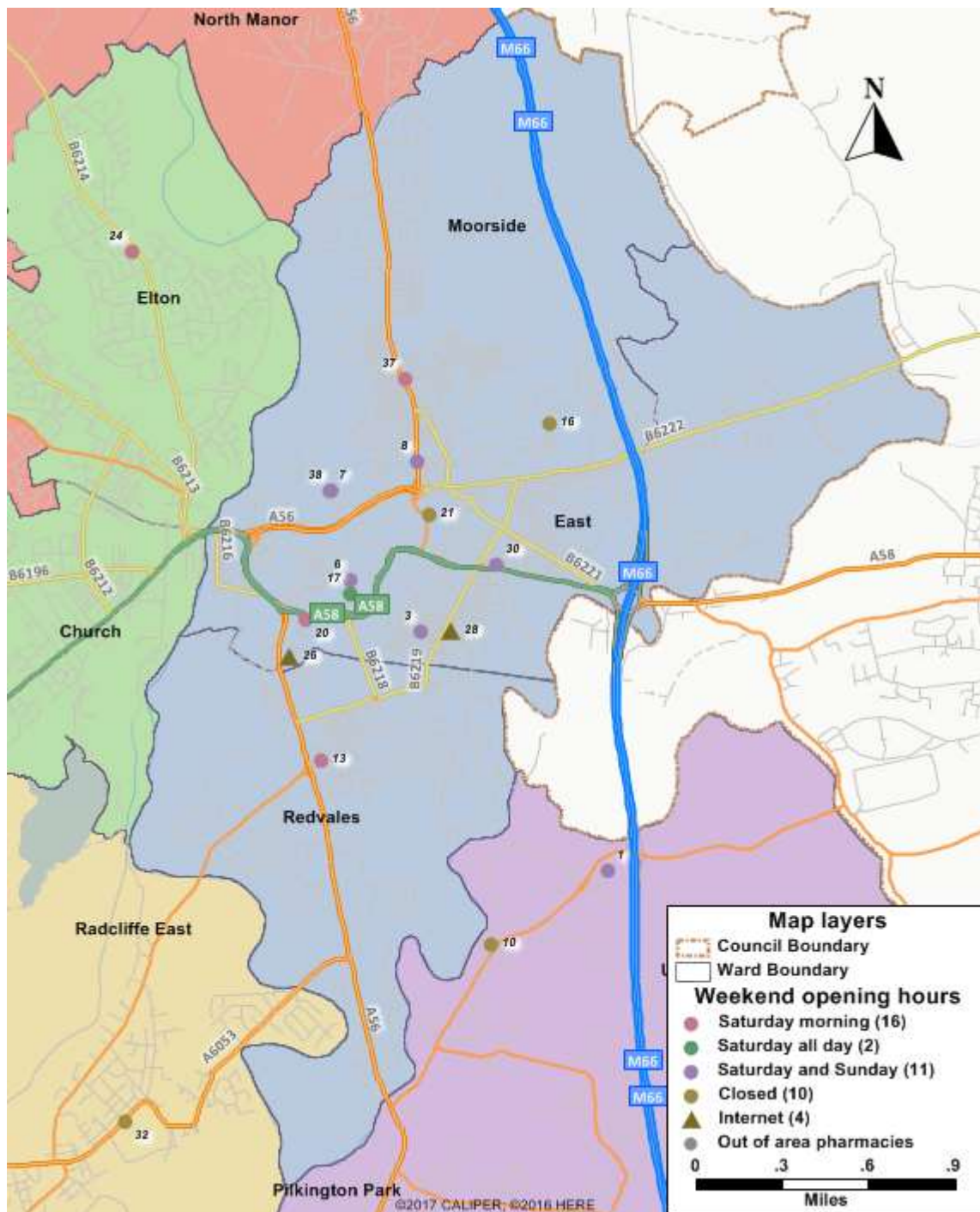


Map 9 - Bury weekend opening hours

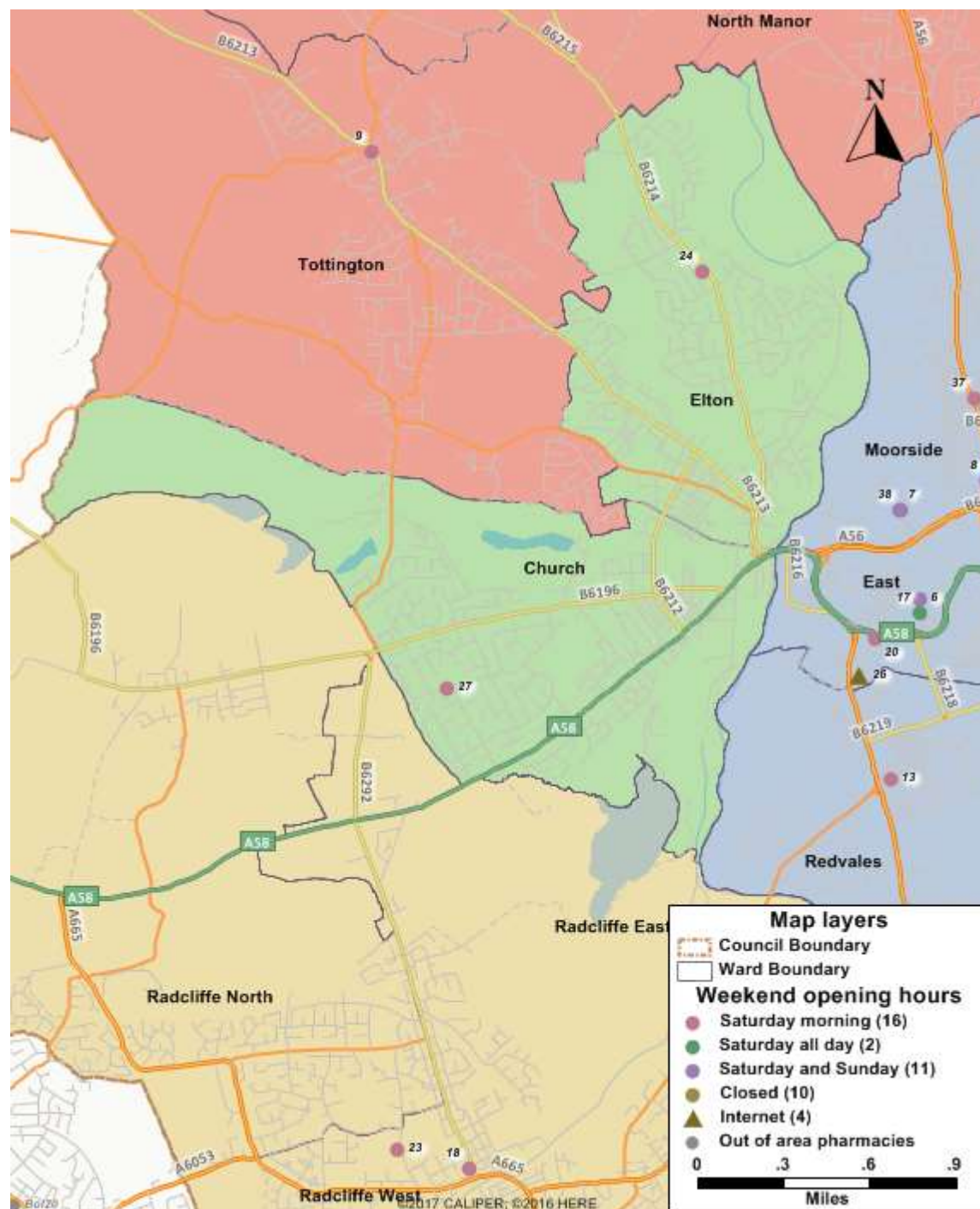
(Showing Sat a.m. only, all day Saturday and both Saturday and Sunday)



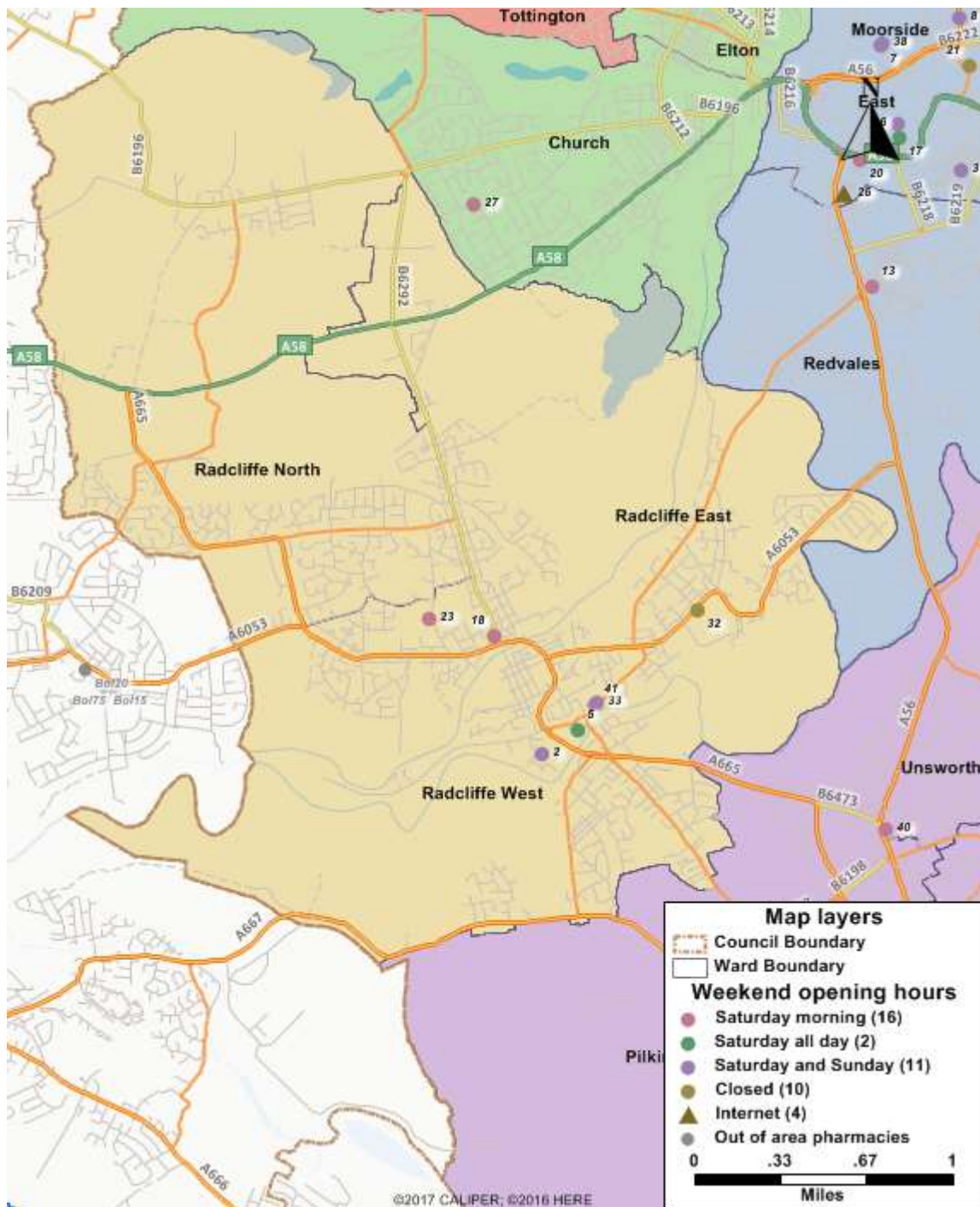
Map 10 - Weekend provision in Bury East Township



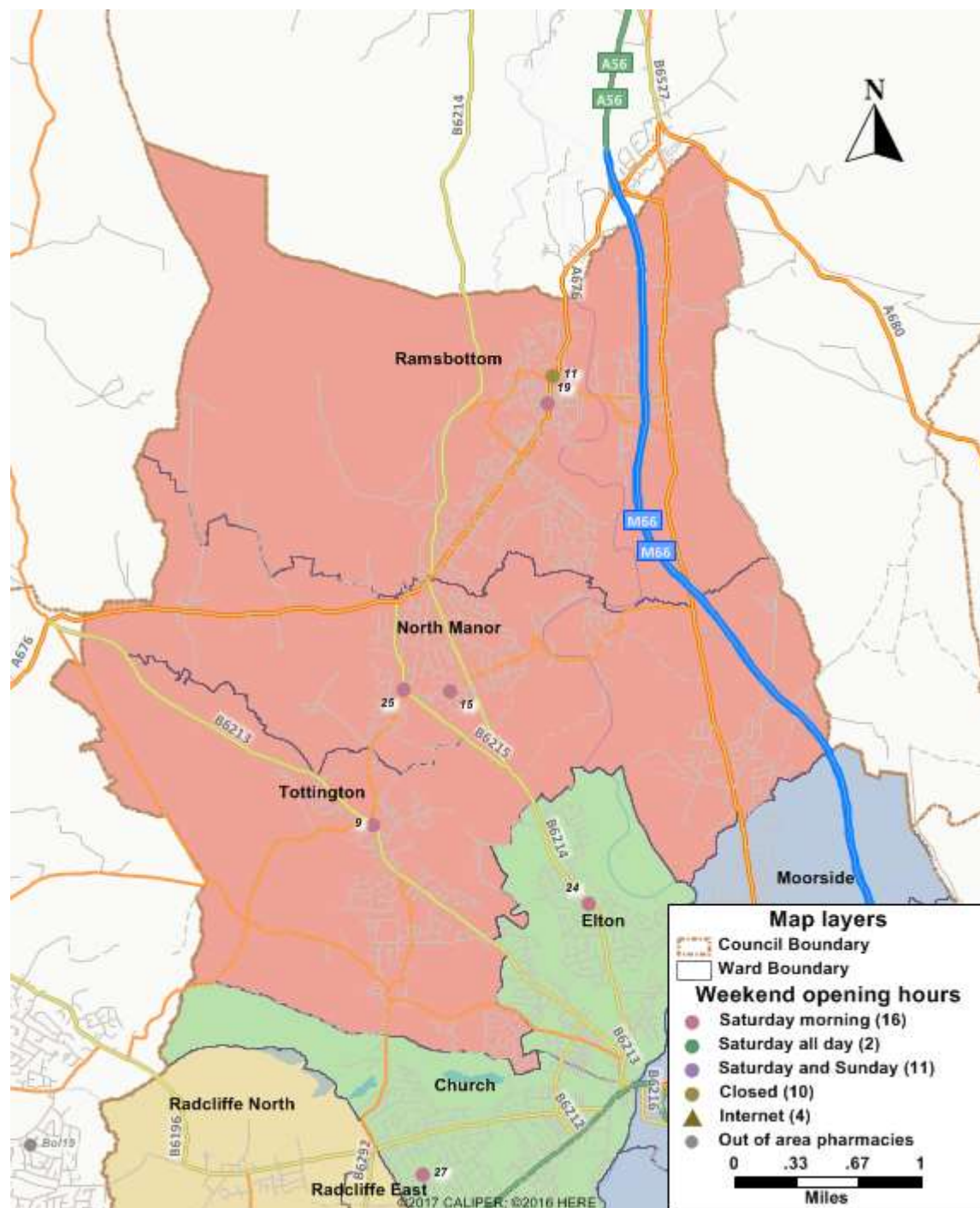
Map 11 - Weekend provision Bury West Township



Map 13 - Weekend provision Radcliffe Township



Map 14 - Weekend provision Ramsbottom, Tottington & North Manor Township





Appendix Eleven – Bury GP Practices

Township	Ward	ID	Practice Name	Address	Postcode
Bury East	East	G3	Townside Surgery - Subbiah	Townside Primary Care Centre, 1 Knowsley Place, Knowsley St	BL9 0SN
		G6	Minden Family Practice - Devial	3rd Floor Moorgate Primary Care Centre, 22 Derby Way	BL9 0NJ
		G11	Ribblesdale Medical Practice - Woodcock	Townside Primary Care Centre, 1 Knowsley Place, Knowsley St	BL9 0SN
		G13	Minden Family Practice - Norman	3rd Floor Moorgate Primary Care Centre, 22 Derby Way	BL9 0NJ
		G14	Minden Family Practice - Saxena	3rd Floor Moorgate Primary Care Centre, 22 Derby Way	BL9 0NJ
		G15	Peel GP's	Townside Primary Care Centre, 1 Knowsley Place, Knowsley St	BL9 0SN
		G17	Knowsley Street Medical Centre	9 - 11 Knowsley Street	BL9 0ST
		G31	Rock Healthcare	22 Derby Way	BL9 0NJ
	Moorside	G25	Walmersley Road Medical Practice	The Surgery, 110 Walmersley Road	BL9 6DX
		G28	Huntley Mount Medical Centre	Huntley Mount Road	BL9 6JA
Bury West	Church	G26	Mile Lane Health Centre	Mile Lane	BL8 2JR
	Elton	G12	Woodbank MC	2 Hunstanton Drive	BL8 1EG
Prestwich	Holyrood	G19	Greylands Medical Practice	468 Bury Old Road	M25 1NL
		G24	The Birches	Polefield Road	M25 2GN
	Sedgley	G18	St Gabriel's Medical Centre	4 Bishop's Road	M25 0HT
		G22	Whittaker Lane Medical Centre	2 Beaufort Street	M25 1EX
	St. Mary's	G1	Fairfax Group Practice (Prestwich HC)	Fairfax Road	M25 1BT
		G29	Longfield Medical Practice	Prestwich Health Centre, Fairfax Road	M25 1BT
Radcliffe	Radcliffe East	G5	Radcliffe Medical Practice	Wave Suite, 1st Floor, Radcliffe Primary Care Centre	M26 2SP
		G8	Monarch Medical Centre	65 Cross Lane	M26 2QZ
		G20	Spring Lane Medical Centre	17 Spring Lane	M26 2TQ
		G21	Redbank Health Centre	Radcliffe Primary Care Centre, 69 Church Street West	M26 2SP
		G30	Rock at Radcliffe	Radcliffe Primary Care Centre, 69 Church Street West	M26 2SP
Ramsbottom, North Manor and Tottington	North Manor	G16	Greenmount Medical Centre	9 Brandlesholme Road	BL8 4DR
		G27	Garden City Medical Centre	1a Garden City	BL0 9TN
	Ramsbottom	G4	Ramsbottom HC	The Health Centre, Carr Street	BL0 9DD
	Tottington	G10	Tottington Medical Practice	16 Market Street	BL8 4AD
Whitefield and Unsworth	Pilkington Park	G2	Uplands Medical Centre	Whitefield Health Centre	M45 8GH
	Unsworth	G7	Blackford House Medical Centre	137 Croft Lane	BL9 8QA
		G9	Unsworth Medical Centre	Parr Lane	BL9 8JR
		G23	The Elms Medical Centre	Green Lane	M45 7FD

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Appendix Twelve – One mile boundary pharmacies

Map index	Pharmacy Name	Address	Town	Postcode
Bol1	A1 Pharmacy	491 Radcliffe Road	Bolton	BL3 1SX
Bol14	Cohens Chemist	Brightmet Health Centre, Brightmet Fold Lane	Bolton	BL2 6NT
Bol15	Cohens Chemist	Springview Health Centre, Mytham Road	Bolton	BL3 1HQ
Bol19	Cohens Chemist	31 Kentmere Road	Bolton	BL2 5JG
Bol20	Cohens Chemist	1 Market Street	Bolton	BL3 1HH
Bol26	Cohens Chemist	193 Bolton Road	Bolton	BL4 9BX
Bol50	Market Pharmacy	34 Brackley Street	Bolton	BL4 9DR
Bol52	Maxwell's Chemist	830 Bury Road	Bolton	BL2 6PA
Bol75	Well	118 High Street	Bolton	BL3 1LR
Bol76	Well	Farnworth Health Centre, Frederick Street	Bolton	BL4 9AL
Man105	Tesco In-Store Pharmacy	Cheetham Hill Road	Manchester	M8 5DP
Man120	Well	183 - 187 Victoria Avenue	Manchester	M9 0RB
Man132	Wise Pharmacy	376 Cheetham Hill Road	Manchester	M8 9LS
Man23	Boots the Chemist	103 Crumpsall Lane	Manchester	M8 5SR
Man27	Cheetham Hill Internet Pharmacy	460B Cheetham Hill Road	Manchester	M8 9JW
Man55	Higher Crumpsall Pharmacy	248 Middleton Road	Manchester	M8 4WA
Man70	Lloydspharmacy	Wellfield Medical Centre, 53 - 55 Crescent Road	Manchester	M8 9JT
Man99	Lloydspharmacy	Sainsbury's Supermarket, 170 Heaton Park Road West	Manchester	M9 0QS
Roc22	Internet Pharmacy	120 Bury New Road	Lancashire	OL10 4RG
Roc30	Lloydspharmacy	7 Argyle Parade	Lancashire	OL10 3RY
Roc42	Rowlands Pharmacy	3a Lakeland Court, Wood Street	Lancashire	M24 5QJ
Roc9	Bowness Pharmacy	26 Bowness Road	Manchester	M24 4WT
Sal2	Boots the Chemist	1 - 2 St Margaret's Building, Bury Old Road	Salford	M7 4PF
Sal31	Newbury Place Pharmacy	Newbury Place Health Centre, 55 Rigby Street	Salford	M7 4NX
Sal33	Rowlands Pharmacy	92 Littleton Road	Salford	M7 3SE
Sal36	SMS Pharmacy	86 Devonshire Street	Salford	M7 4AE
Sal43	Tim's & Parker Pharmacy	The Health Centre, 659 Bolton Road	Salford	M27 8HP
Sal48	Tim's & Parker Pharmacy	716 Bolton Road	Salford	M27 6EW

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APPENDIX 13 - ANALYSIS OF PNA CONSULTATION

The formal consultation period of this Pharmaceutical Needs Assessment (PNA) ran from 19th October 2017 until 18th December 2017. The draft PNA and consultation response form were issued to all of the stakeholders listed in Appendix 12. The documents were posted on the intranet and internet.

- The number of responses received totalled five.
- All five thought that the explanation of the PNA was sufficient.
- All five thought that the PNA provided an adequate assessment of pharmaceutical services in the Bury area.
- All five thought that the PNA provided a satisfactory overview of the current and future pharmaceutical needs of the Bury population.
- All five thought that current pharmacy provision and services in Bury is adequate.
- All five agreed with the conclusion of the PNA.

Three responders made comments, none of which required amendment of the PNA.

Responder Number	Category of response	Section of PNA	Actual response	Comment from PNA stakeholder group	Decision of group of amend	Date amendment made
1	No comment		Question 1 to 5 – Yes response.			
1	Question 6. Do you have any other comments?		Response on behalf of Salford HWB. No issues in the Bury PNA that would affect Salford residents in the lifespan of the PNA (2018-2021). The recommendations around improving awareness of pharmaceutical services will likely benefit Salford residents too. Please keep Salford HWB informed of any changes. Thank you	Salford HWB will be kept informed of changes when supplementary statements are issued.	N/A	
2	No comment		Question 1 to 5 – Yes response.			
2	Question 6. Do you have any other comments?		I am satisfied that there is adequate provision of pharmacy services detailed in the PNA.	No comment	N/A	

3	No comment		Question 1 to 5 – Yes response.			
3	Question 6. Do you have any other comments?		No	No comment	N/A	
4	No comment		Question 1 to 5 – Yes response.			
5	No comment		Question 1 to 5 – Yes response.			

Meeting: Governing Body			
Meeting Date	24 January 2018	Action	Recommend
Item No.	8	Confidential	No
Title	Bury Urgent Care Redesign		
Presented By	Dr K Patel		
Author	David Latham – Programme Manager		
Clinical Lead	Dr K Patel		

Executive Summary
<p>The CCG's current position with regards to urgent care redesign was considered at the November 2017 Governing Body meeting. At this meeting it was noted that the CCG had reviewed the new national guidance on urgent care, had received confirmation of the Greater Manchester Health and Social Care Partnership (GMHSCP) approach for out of hospital primary care and had reflected on the feedback received to date from local people on its proposals. It was confirmed that a new proposed approach would be the subject of a more detailed paper to the January 2018 CCG Governing Body meeting.</p> <p>This paper describes a new blended model for urgent care that takes into account national and GMHSCP guidance along with feedback received from local people in earlier engagement and consultation phases.</p>
Recommendations
<p>The Governing Body is recommended to approve a period of consultation on the preferred model as described in this paper.</p>

Links to CCG Strategic Objectives	
To empower patients so that they want to, and do, take responsibility for their own healthcare. This includes prevention, self-care and navigation of the system.	<input checked="" type="checkbox"/>
To deliver system wide transformation in priority areas through innovation	<input checked="" type="checkbox"/>
To develop Primary Care to become excellent and high performing commissioners	<input checked="" type="checkbox"/>
To work with the Local Authority to establish a single commissioning organisation	<input type="checkbox"/>
To maintain and further develop robust and effective working relationships with all stakeholders and partners to drive integrated commissioning.	<input checked="" type="checkbox"/>
To deliver long term financial sustainability in partnership with all stakeholders through innovative investment which will benefit the whole Bury economy.	<input type="checkbox"/>
To develop the Locality Care Organisation to a level of maturity such that it can consistently deliver high quality services in line with Commissioner's intentions.	<input type="checkbox"/>
Supports NHS Bury CCG Governance arrangements	<input type="checkbox"/>

Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below:

GBAF *[Insert Risk Number and Detail Here]*

Implications

Are there any quality, safeguarding or patient experience implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
<i>The aim is to improve the Bury Urgent Care System for patients.</i>						
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any financial Implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
<i>Full financial implications will be modeled at a later stage in the development of the proposals.</i>						
Has a Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Is a Equality, Privacy or Quality Impact Assessment required?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any associated risks?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are the risks on the CCG's risk register?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
<i>Initial work on the Equality, Privacy and Quality Impact Assessment has begun but further work will be required if the proposed model is approved for consultation.</i>						

Governance and Reporting

Meeting	Date	Outcome
Governing Body	24/01/2018	These boxes are for recording where the report has also been considered and what the outcome was. This will include internal meetings like SMT.
		If the report has not been discussed at any other meeting, these boxes can remain empty.

Bury Urgent Care Redesign

1 Context

Both nationally and locally it is recognised that the urgent care system is under considerable pressure. The Royal College of Emergency Medicine reports a steady deterioration in emergency and urgent care, facing the worst A&E four hour target performance in almost 15 years. They recognise this is a national problem but highlight that at a local level there is a case for better service planning and design to facilitate health care delivery.

2 Engagement and Consultation

In August 2016 NHS Bury CCG's Governing Body received a paper entitled, "Bury CCG Urgent Care Redesign". The paper detailed proposals and rationale for the redesign of urgent care services in Bury. The recommendations in the paper were accepted which triggered a 2 month public and stakeholder engagement period. The 2 month period ran from 1st September 2016 to 31st October 2016 and the CCG Governing Body received a report with further recommendations on 18th January 2017.

Proposals for change were supported in the January 2017 meeting subject to further discussion with the Local Authority Overview and Scrutiny Committee with regards to formal consultation requirements. The CCG was also mindful of the publicly voiced opposition to some aspects of the proposals. The Overview and Scrutiny Committee requested a further 8 weeks formal consultation on proposals.

3 Consultation Pause

During the formal 8 week consultation (commenced February 2017), the CCG was alerted to pending new national guidance which in turn would require a Greater Manchester Health and Social Care Partnership (GMHSCP) interpretation. It was decided to pause the formal consultation to ensure that the direction of travel in Bury was reflective of pending National and GMHSCP directives.

4 Commitment to Consultation

It is a legal requirement in the public sector to consult on significant proposals, however, far too often these exercises are criticised as being a 'tick box' process for decisions that are have already been made. NHS Bury CCG takes its commitment to public and stakeholder engagement/consultation seriously and commits to taking views and opinions onboard to help shape service redesign proposals. With regards to the urgent care redesign proposals the CCG is proud of the approach taken which, at each step, has sought to listen to views of all stakeholders. These views and feedback received, together with the additional guidance have helped to shape the new amended proposals described in this paper.

5 Current Position

The CCG's current position was considered at the November 2017 Governing Body meeting. At this meeting it was noted that the CCG had reviewed the national guidance on

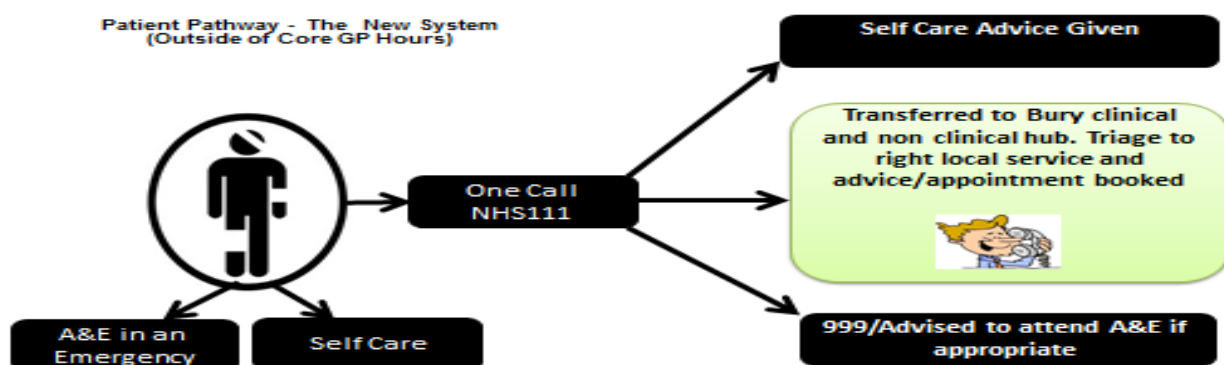
urgent care, had received confirmation of the GMHSCP approach for out of hospital primary care and had reflected on the feedback received to date from local people on its proposals. It was noted that the initial next steps had been discussed through the emerging shadow integrated commissioning arrangement with the Local Authority. Discussions had taken into account the published guidance and feedback received, with a view to developing an appropriate urgent care solution for Bury.

It was confirmed that the proposed approach would be the subject of a more detailed paper to the January 2018 CCG Governing Body meeting.

6 The Original Proposal

The original proposal was diagrammatically presented as follows:

Diagram 1: The Original Proposal



The model above represents the original proposed pathway for patients out of hours. To simplify the process for the patient, if they do not have an obvious 'A&E condition' or were suitable for self-care, the patient would be requested to ring NHS111. This call would result in self-care advice or transfer to a local clinician for clinical advice or other treatment options. The third outcome from a call, if clinically required, would be advice to attend A&E.

The above model contained within it a range of services which in theory would be accessible in part, or in whole, via the proposed Bury Clinical and Non Clinical Hub. The Hub would be staffed by local practitioners able to direct you to the best local response for your need. These services included, GP Extended Working Hours (evening and weekend appointments), Wound Care Services, Vulnerable Patient Services, NWS Green Car Service to avoid where appropriate an A&E attendance, A&E GP Streaming to avoid where appropriate an A&E attendance, Pharmacy and an enhanced level of GP access for appointments via a local GP Quality Scheme.

Whilst there was general acceptance of the concept, as shown in the model above, there were strong local views voiced with regards to retaining a 'walk-in' level access via the current Walk-In Centres (WICs) at Moorgate Primary Care Centre in Bury and Prestwich. With the above range of services in situ and year on year WIC attendance reductions, it had been recommended within the original proposals that there was a valid commissioning case

to discontinue the current WIC services.

7 New Proposal Options

The new national and GMHSCP guidance has required a shift in emphasis. Nationally it has been acknowledged that patients are confused as to which service to access and when. This same specific feedback was identified in Bury in the earlier engagement and consultation phases. Whilst the A&E brand is strong, other forms of urgent, not emergency care have evolved across the country. These urgent care offers are often providing similar services at varying times and under locally evolved names. The NHS England, Urgent and Emergency Care Delivery Plan, April 2017, states nationally that: *'The system is too complicated and fragmented leading to patients not getting the best care and large variations in performance across the country'*.

WICs have never been a nationally mandated service. The new national guidance does not mandate the provision of WICs across the country. It does, however, mandate that by December 2019 patients and the public will be able to access Urgent Treatment Centres which nationally will all deliver against the same core criteria. The ability to walk-in to an Urgent Treatment Centre without the need to have booked an appointment is one of the core required criteria.

GMHSCP interpretation confirms that each CCG in Greater Manchester is required to ensure it has an Urgent Treatment Centre as per the national guidance. The core requirements for an Urgent Treatment Centre far exceed those being delivered by the current WICs. The Delivery Plan states that, *'Not all existing services described as Medical Investigation Unit, (MIU) or WIC will meet Urgent Treatment Centre criteria, however local commissioners will want to align provision of other facilities such as GP Access Hubs – i.e. change of usage, not necessarily closure of service'*.

National guidance requires all Urgent Treatment Centres to be:

- clinically led by primary care staff
- open for 12 hours a day (specific hours to be determined locally)
- able to provide pre-booked appointment
- able to provide same day appointments
- able to provide walk-in appointments
- able to accept appointments from A&E
- able to accept appointments from NHS111
- able to accept appointments from Ambulance services
- able to accept appointments from general practice
- able to provide access to diagnostics
- co-locate in the community or with a hospital
- able to access to GP clinical records

• What does this mean for Bury?

There are two clear options for urgent care redesign in Bury. The first is to simply follow national guidance and GMHSCP guidance to the letter. This would require Bury to establish a single Urgent Treatment Centre and to decommission the two current WIC services.

However, as previously stated, the CCG is minded to respond to the feedback received from local people that they value and want to retain walk-in access to primary care services at a local level. As such, the CCG is proposing a preferred option as described below.

All details presented below are preferred proposals, moving forward, the CCG will liaise with the Overview and Scrutiny Committee to ensure that all the required consultation and engagement duties are met in advance of any decision being made on the future model for urgent care.

Bury currently has two WICs which do not meet the newly mandated Urgent Treatment Centre criteria, by a significant margin. Bury also has three GP access hubs, through which extended hours GP services are currently delivered during the evening and at weekends. These GP access hubs do not at present interlink with wider parts of the urgent care system.

Proposals for Bury will include plans for a new Urgent Treatment Centre located at Fairfield General Hospital in Bury, running alongside the accident and emergency department. In addition, it is initially proposed that three Integrated Health and Social Care Hubs (IHSCs) be developed, located in Bury, Radcliffe and Prestwich to offer a range of services, including GP led walk-in services.

- Initial discussion with partners identified Fairfield General Hospital as a preferred site for a single Urgent Treatment Centre for Bury (Manchester CCG is implementing an Urgent Treatment Centre model at North Manchester General Hospital).
- Bury is proposing to change/evolve the current WICs and three GP Access Hubs, initially creating three IHSCs. This would represent an additional level of access for Bury above and beyond the single Urgent Treatment Centre which is mandated and is a direct response to feedback received during the earlier engagement and consultation phases.
- The IHSCs would offer a range of services, including GP led walk-in services.
- The name 'Walk-In Centre' would eventually be changed so as to not be confused with the newly mandated Urgent Treatment Centre.
- Access to the Urgent Treatment Centre would be open to all people/patients.
- Services via the IHSCs would be for Bury registered GP practice patients only.
- Whilst NHS111 will remain part of the national and local system, GMHSCP has decided that patients requiring urgent care should be advised to contact their GP practice telephone number in the first instance.
- The majority of the other less contentious elements of the original urgent care proposal have been implemented and would form part of the wider urgent system as now.

• **What is an Integrated Health and Social Care Hub (IHSC)?**

In the new model it is planned to have a single Urgent Treatment Centre, as GM mandated, which will form part of the unified national offer for walk-in access to GP led services. This service will see any patient that walks in. However, Bury wishes to provide an enhanced level of access via three initial IHSCs. The three initial hubs will represent a level of service for Bury GP practice registered patients above and beyond the level mandated. By providing GP led walk-in services at the three hubs, NHS Bury CCG is responding to prior

engagement and consultation feedback which clearly highlighted that Bury patients want to retain access to walk-in services at the current WIC sites.

During 2017/18 it is proposed to continue to build up the model for an IHSCH to be piloted in 2018/19. Initially it is proposed that IHSCHs would deliver:

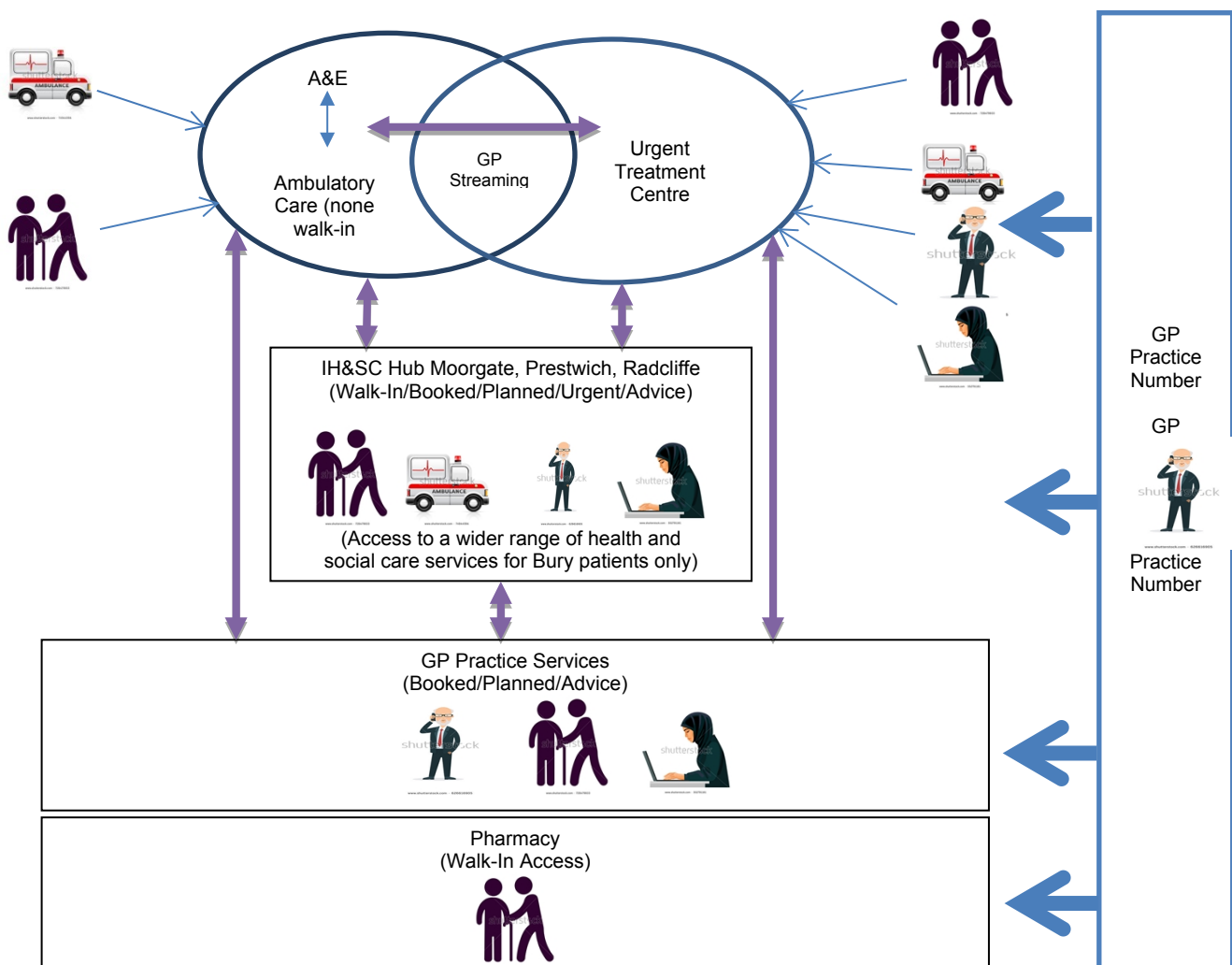
- GP-Led (including nurse) Walk-In Services
- Urgent GP appointment requests
- Access to Bury patient notes (currently not available in WICs)
- GP Extended Working Hours appointments
- Wound Care Services
- Sign posting advice to other services
- Social Care advice and services
- Co-ordination of the other services to support patients in the community.

8 The Preferred Model

Drawn simplistically, the proposed new model looks as follows:

Preferred Model For A Bury Integrated Urgent Care System

Diagram 2: The New Proposal*



The above model represents a blended approach mixing national and GMHSCP guidance, but most importantly retains local walk-in to GP led services as per feedback during the recent engagement and consultation phases. The concept of the single point of access for urgent primary care is centered on the GP telephone number as per the GMHSP preferred approach, NHS111 will remain linked to this.

9 High Level Next Steps

The following is a high level timeline for next steps. It should be noted that these timescales are not confirmed and will be dependent upon the outcomes from the CCG Governing Body and the Overview and Scrutiny Committee meetings in January 2018. As the outcomes to any agreed consultation are also yet to be determined all medium to long term timescales remain subject to further modification.

Short Term Action	Possible Date
Present new model proposal to NHS Bury CCG Governing Body	January 2018
Discuss consultation requirements with the Overview and Scrutiny Committee	January 2018
Consult on the proposed model as required by the Overview and Scrutiny Committee	TBD
Public Consultation period	TBD
Consultation outcomes and recommendations reported to CCG Governing Body	TBD
Medium Term Action	When
Further develop the IVCH model	Q1 18/19
Pilot IHSCH to commence	Q2 18/19
Introduce 12 hour GP streaming model at Fairfield General Hospital	Q1/Q2 18/19
Develop plans for Urgent Treatment Centre	Q1/Q2 18/19
Review IHSC Hub Pilot	Q4 18/19
Longer Term Action	When
Rollout IHSCHs across Bury	Q1 19/20
Open UTC (December 19)	Q3 19/20

10 Recommendation

The Governing Body is recommended to approve a period of consultation on the preferred model as described in this paper.

David Latham

Programme Manager

david.latham@nhs.net

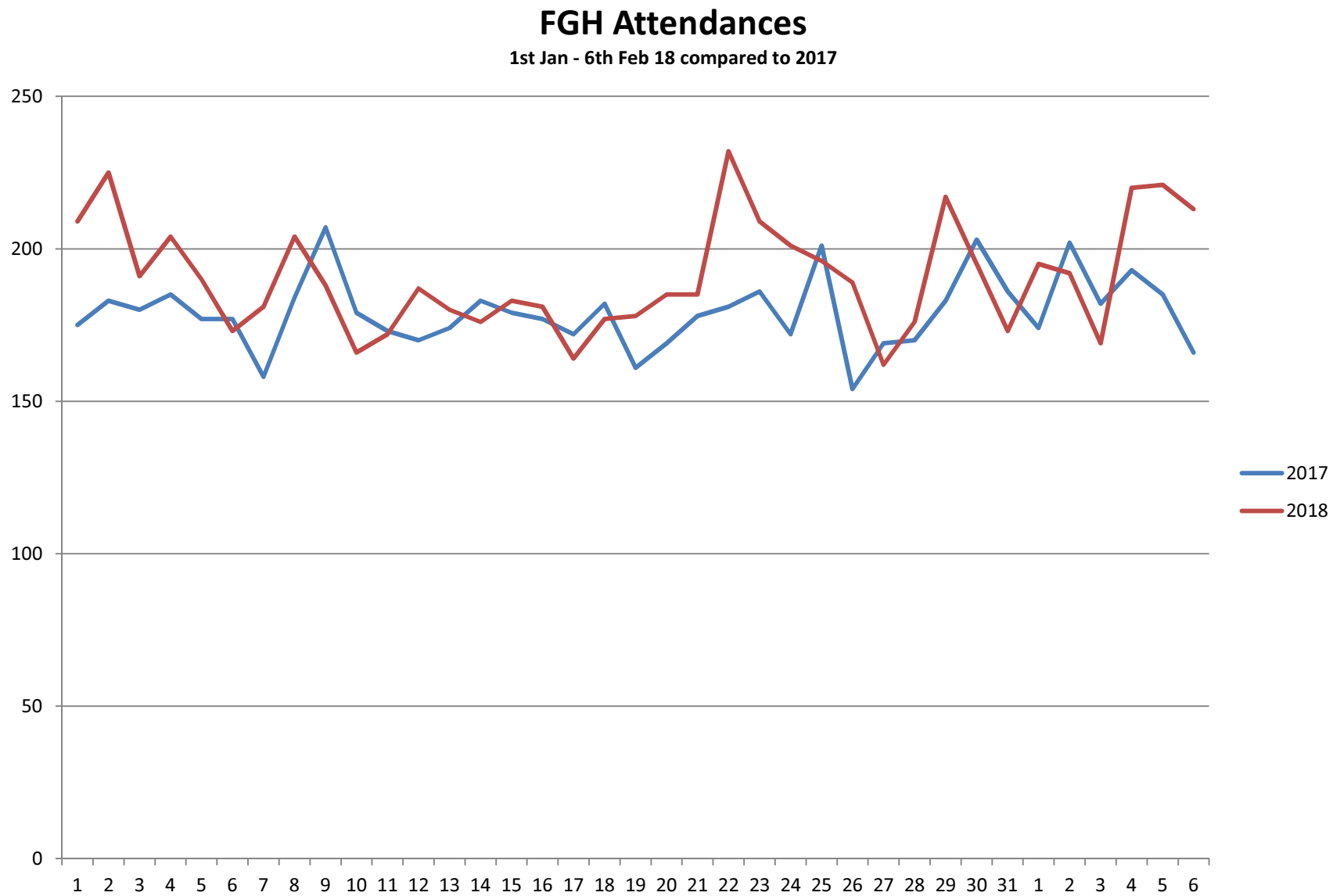
January 2018

FGH Winter Pressures 2018

Steve Taylor
Chief Officer
February 2018

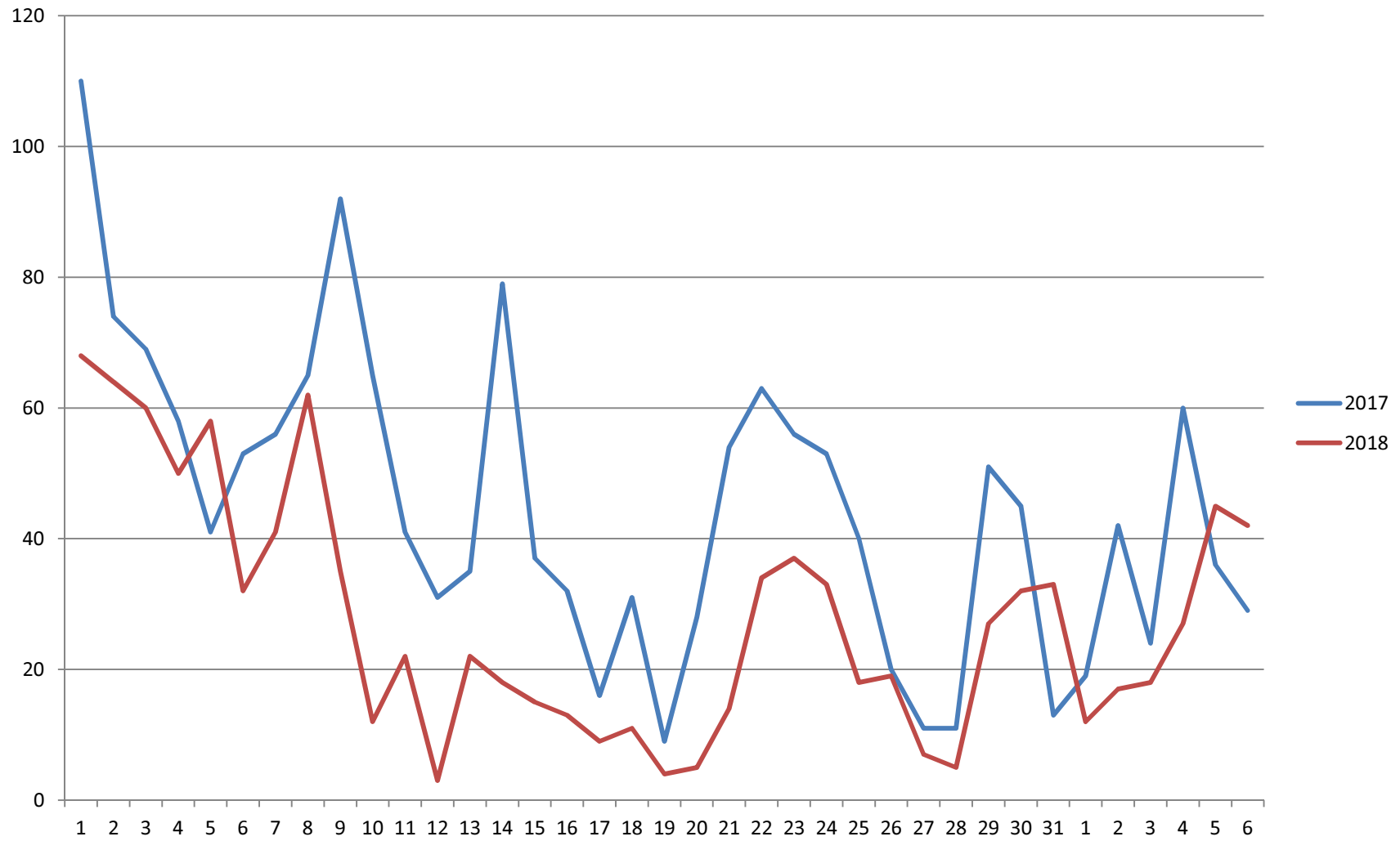
Actions:

- Perfect Fortnight complete and outputs reviewed
- Bury System Leaders Forum established weekly
- 7 day working and speciality In reach for Frail Elderly patients
- Continued zero 12 hour trolley waits
- Director led daily oversight of performance and required actions
- Multi agency escalation calls



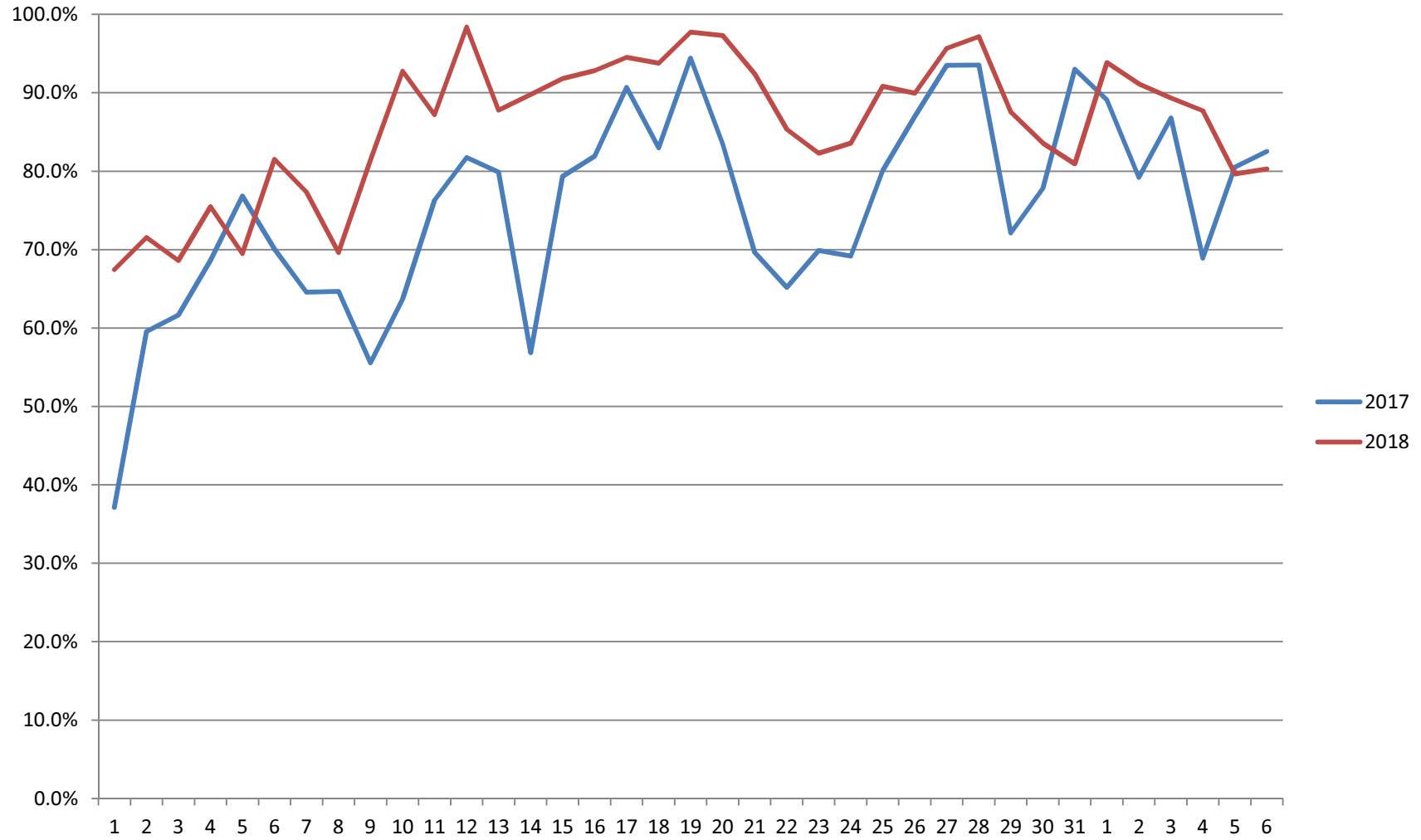
FGH 4 Hour Breaches

1st Jan - 6th Feb 18 compared to 2017



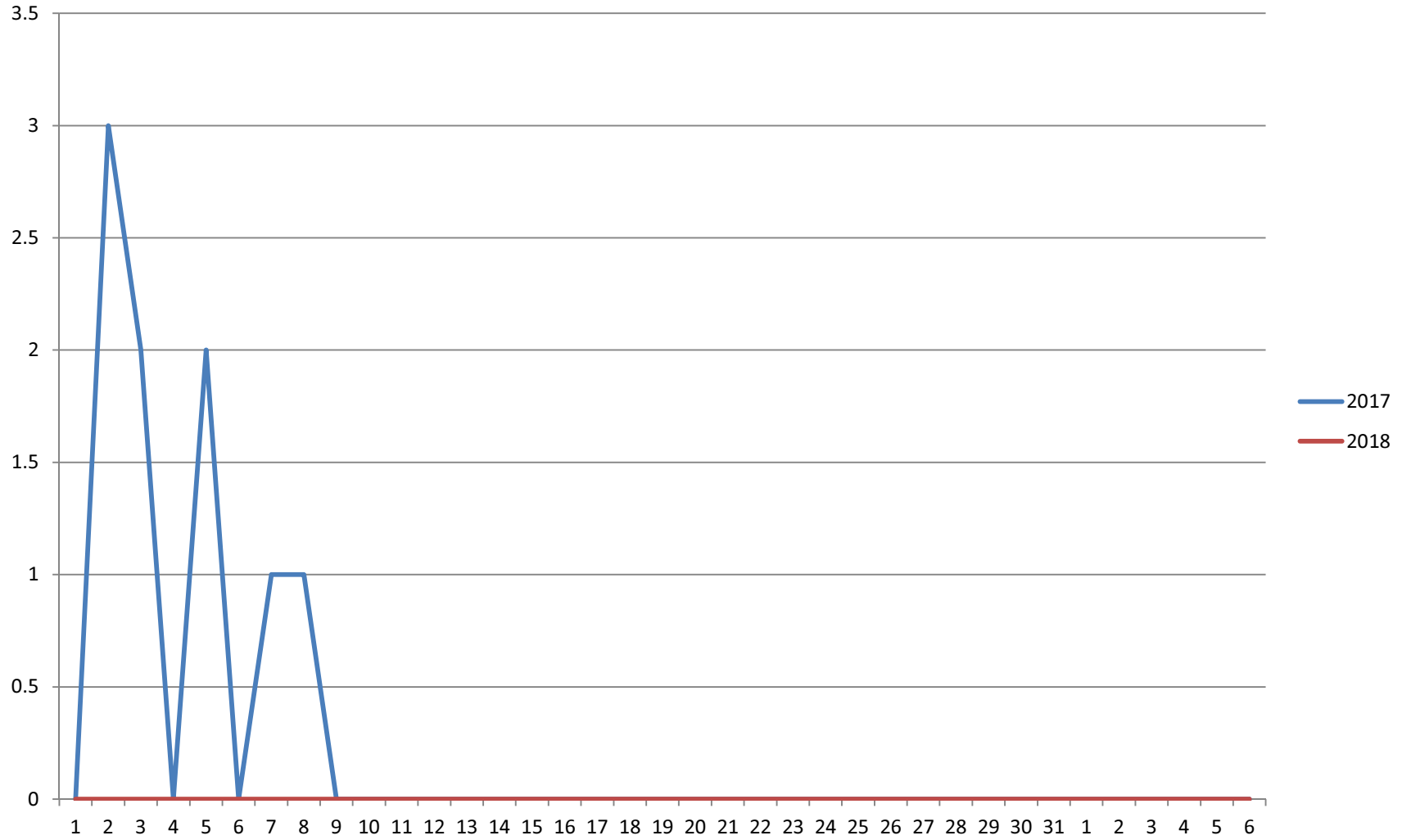
FGH 4 Hour Performance

1st Jan - 6th Feb 18 compared to 2017



FGH 12 Hour Trolley Waits



1st Jan - 6th Feb 18 compared to 2017



Bury Health and Wellbeing Board

Title of the Report	Healthcare charging: the impact on refugees and people seeking asylum
Date	14.02.17
Contact Officer	Estelle Worthington
HWB Lead in this area	

1. Executive Summary

Is this report for?	Information X	Discussion <input type="checkbox"/>	Decision <input type="checkbox"/>
Why is this report being brought to the Board?			
<p>Please detail which, if any, of the Joint Health and Wellbeing Strategy priorities the report relates to. (See attached Strategy)</p>  <p>Living_well_in_Bury_ Making_it_happen_to</p>	<p>1: Ensuring a positive start to life for children, young people and families 2: Encouraging healthy lifestyle and behaviours in all actions and activities 3: Helping to build strong communities, wellbeing and mental health.</p>		
<p>Please detail which, if any, of the Joint Strategic Needs Assessment priorities the report relates to. (See attached JSNA)</p>  <p>Bury JSNA - Final for HWBB 3.pdf</p>	<p>Pregnancy and Early Years Children and Young People Vulnerability Ill Health and Mortality</p>		
<p>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.</p>	<ul style="list-style-type: none"> - Promote a clear message in Bury and across GM that GPs have a duty to register any patient, regardless of immigration status or ability to show supporting paperwork (see NHS England Patient Registration Leaflet) - Promote the 'Safe Surgeries Toolkit' to prevent patient data being shared. - Call on GM Health and Social Care Partnership to invest in a specialist healthcare service for people seeking asylum across GM, addressing primary care and mental health needs, and 		

	<p>delivered in partnership with voluntary sector.</p> <ul style="list-style-type: none"> - Call on GM Health and Social Care Partnership to invest in a specialist advocacy service to help patients challenge erroneous charges. - Support impact assessment of charging and data-sharing in GM.
What requirement is there for internal or external communication around this area?	Communication with GM Health and Social Care Partnership on joint commissioning of specialist service for asylum seekers.
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

2. Introduction / Background

See Powerpoint

3. key issues for the Board to Consider

See Powerpoint

4. Recommendations for action

See Powerpoint

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).

6. Equality/Diversity Implications

CONTACT DETAILS:

Contact Officer:

Telephone number:

E-mail address:

Date:

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**Healthcare charging:
the impact on refugees and people seeking
asylum**

Estelle Worthington,
Asylum Matters

Common barriers to accessing healthcare for refugees and people seeking asylum

- Difficulties with **GP registration**
- Frontline staff questioning their **entitlement**
- **Language barriers** and communication issues
- No-choice dispersal and **frequent moves**
- Having been **charged for care** in the past or **fear of charging** in the future
- Fear of breaches of **patient confidentiality** with Home Office
- Lack of awareness about **how NHS works**



Who is entitled to what?

Refugees: entitled to free healthcare at all levels of care.

People seeking asylum: entitled to free healthcare at all levels of care (whilst their application for asylum is still being considered or any appeal is pending).

Refused asylum seekers: charging for secondary care has been in place for some time. This group is now chargeable for many other health services. However, charges do not apply to those receiving Home Office Section 4 support, or those supported by the local authority under the Care Act 2014.

BUT, regardless of the patient's chargeable status, all immediately necessary and urgent treatment must be provided, though the patient may later be charged.



NHS Charging Regulations

New rules came into force on 23 October 2017 affecting those not 'ordinarily resident' in the UK. These:

- **Extend charging into community healthcare services**

Includes community midwifery, community mental health services, termination of pregnancy services, district nursing, support groups, advocacy services, drug and alcohol services, and specialist services for homeless people and asylum seekers.

Excludes health visitors and school nurses.

- **Introduce up-front charging**

If a patient cannot prove that they are entitled to free care, they will receive an estimated bill for their treatment, and **treatment will be withheld until the patient pays in full, unless it is deemed 'urgent' or 'immediately necessary.'**

Home Office will be notified of any unpaid bills over £500.

Some exemptions apply...

‘Chargeable’ patients won’t be charged for:

- **GP services;**
- **A&E**, including walk-in centres, minor injuries units or urgent care centres (up until the point when patient admitted);
- **family planning services** (does not include termination of pregnancy);
- diagnosis and treatment of specified **infectious diseases** and **sexually transmitted infections;**
- **palliative care services** provided by a registered palliative care charity or a community interest company;
- services that are provided as part of the **NHS111 telephone advice line;**
- treatment required for a physical or mental condition caused by: **torture; FGM; domestic violence; or sexual violence.**

Other developments preventing refugees and people seeking asylum getting the care they need



Data-Sharing

Memorandum of Understanding has been in place between the **Home Office** and **NHS Digital** since 1st January 2017.

Allows the Home Office enforcement staff to access patient registration data, including full name, date of birth, gender, last known address and date of NHS registration of patients.

The Home Office made 8,127 requests for data in the first 11 months of 2016 alone. This led to 5,854 people being traced by immigration teams.



Changes to GMS1 Form

Now includes a 'supplementary questions' section to determine a patient's eligibility for free healthcare.

How can we change the story?



Solutions

Promote a clear message in Bury and across GM that GPs have a duty to register any patient, regardless of immigration status or ability to show supporting paperwork (see NHS England Patient Registration Leaflet)

Promote the '**Safe Surgeries Toolkit**' to prevent patient data being shared.

Call on GM Health and Social Care Partnership to invest in a **specialist healthcare service for people seeking asylum across GM**, addressing primary care and mental health needs, and delivered in partnership with voluntary sector.

Call on GM Health and Social Care Partnership to invest in a **specialist advocacy service** to help patients challenge erroneous charges.

Contribute to **impact assessment** of charging and data-sharing in GM.

Best practice examples...

Allow for longer appointment times

Use NHS England Patient Registration Guidance!!

Health & Wellbeing Boards to develop local strategy for refugees & asylum seekers

Commission specialist services for refugees and people seeking asylum

Training for all staff

Provide face to face interpreting



Focus on mental health

Invest in educating patients about how to navigate NHS and stay healthy

Refer patients facing charging to relevant advice lines:

Doctors of the World: 0207 515 7534

Maternity Action: 0808 802 0029

Advocate for patients and use discretion to provide free treatment wherever possible

A "Champion" within each service or GP practice

Stay in touch with Asylum Matters!

Estelle Worthington: North West Campaigns Project Manager

estelle@asylummatters.org | 07557 983 264 |

@AsylumMatters



Bury Locality Plan Health and Wellbeing Board Update 14 February 2018

Philip Thomas

Programme Director – Locality Plan

Recap 1

- Case for change:
 - Too many local people are in avoidably poor health
 - Healthy life expectancy in Bury significantly below national average
 - Significant health inequalities between most deprived and most affluent parts of the Borough
 - Unsustainable financial future - £75.6m financial gap by 2020/21
- Locality Plan:
 - Delivering system-wide commitment to transform health and social care in Bury
 - Improving outcomes and experience for local people whilst ensuring financial sustainability
- GM Transformation Fund (GMTF) allocation to Bury - £19.231

	2016/17 (£m)	2017/18 (£m)	2018/19 (£m)	2019/20 (£m)	Total (£m)
Total (£million)	0.995 (DF)	7.031	6.311	4.893	19.231

Recap 2

Locality Plan:

- A new transformational model, underpinned by a series of transformation programmes:
 - Enabling local people
 - Giving every child the best start in life
 - Keeping Bury well
 - Transforming mental health (no transformation funding allocation)
 - Transforming urgent and emergency care
 - Transforming primary, community and social care
- Creation of a local care organisation
- Creation of a single health and care commissioning organisation
- Enabling programmes (e.g. IM&T, communications, finance) that support delivery of Locality Plan ambitions and programme-specific requirements

Transformation Programme Board (TPB) driving plan delivery

Priority Programme Update

Transformation Programme Board identified 2 priority programmes:

- Transforming Urgent and Emergency Care:
 - Re-design of GP Streaming model, to be agreed and implemented by April
 - Green car / heat car options appraisal undertaken – Green Car to be implemented by 31.3.18
- Home First (part of Transforming primary, community and social care)
 - Project leads identified across Home First programme
 - Intermediate care capital programme completed
 - New reablement model developed and being deployed
 - New zonal /neighbourhood model of home care implemented – securing additional capacity to enable people to remain in their own homes
 - Additional discharge to assess capacity secured – enabling more timely discharge and assessment of ongoing needs in a more appropriate setting

Programme-wide prioritisation process

Purpose – to identify other years 1 and 2 transformation priorities

- Approach agreed by Transformation Programme Board
- Programme-wide engagement in process and tool development
- Tool – scores projects against weighted criteria across 3 domains:
 - Strategic alignment
 - Financial value / impact
 - Risk (delivery of change and benefits realisation)
- Meetings with programme senior responsible officers and project leads to:
 - Understand project status
 - Provide challenge and support
 - Complete prioritise tool
 - Agree next steps and discuss support available

Next Stage Plan Development and Investment Agreement

- Programme leads refreshing key programme documents:
 - Business case
 - Implementation plans
 - Workforce plans
 - Financial models and cost benefit analyses
 - Outcome measures and performance indicators
 - Risk registers and issues logs
- Finance operational group developing a Bury Investment Agreement:
 - An agreement between provider partners and commissioners setting out:
 - Financial requirement, how money spent, benefits and return on investment
 - Supported by key programme documents (listed above)
- Jan 18 TPB considered draft Transformation Fund allocation process linked to investment agreement and implementation plans

Other Locality Plan Progress Highlights

- Locality Care Organisation:
 - Peer-to-peer review held, informing and providing assurance in respect of LCO development
 - Draft alliance agreement – the mutually binding agreement between provider partners – is being developed.
 - Organisational development expertise secured to support LCO development
- One Commissioning Organisation:
 - Programme Initiation Document agreed
 - Programme governance and delivery arrangements established
 - Key milestones to April 18 agreed, including:
 - Establishment of shadow health and care board
 - Staff colocation
 - Production of longer term plan to develop OCO as an integrated strategic commissioning organisation

Other Locality Plan Progress Highlights

- Programme management / capacity
 - Key programme roles filled:
 - LCO Managing Director
 - Locality Plan Programme Director
 - Programme Management Office capacity
 - Programme management documents and structures developed
- Enablers:
 - Transformation campaign / branding developed
 - Initial draft of Bury investment agreement developed
 - Digital Transformation Fund monies secured - £716k
 - Agreement on use of Graphnet – system that supports single clinical record

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**MINUTES OF HOUSING STRATEGY PROGRAMME BOARD
HELD ON TUESDAY 28TH NOVEMBER 2017**

Present: Sharon McCambridge - Chief Executive of Six Town Housing **SMc** (Chair)

Emma Joos - Administration Support Officer, Bury Council **EJ** (Minutes)

Marcus Connor - Corporate Policy Manager, Bury Council **MCC**

Sharon Hanbury - Head of Urban Renewal, Bury Council **SH**

Paul Webb - Business Manager Sustainability and Investment **PW**

Tracey Hunt - Financial Services Business Manager, Six Town Housing **TH**

ACTION

1.0	Apologies:	
1.1	Steve Kenyon - Interim Executive Director of Resources and Regulation SK Karen Young – Strategic Lead, Bury Council KY John Merrick - Director of Neighbourhoods, Six Town Housing JM Julie Gonda – Interim Executive Director of Communities and Wellbeing JG	
2.0	Minutes of 1st November 2017 Meeting:	
2.1	The minutes of the meeting, held on Wednesday 1 st November 2017 were approved as a correct record.	
3.0	Existing Items:	
3.1	3 Year Capital Programme 2017 / 18 & Asset Management Strategy	EJ
3.1.1	HSPB discussed the proposed update to the 3 year programme. HSPB were not quorate so an email for a decision was to be sent out.	
3.2	2018-19 Rent Setting For STH Properties	EJ
3.2.1	HSPB were asked to endorse the proposals. HSPB were not quorate so an email for a decision was to be sent out.	
4.0	Standard Items:	
4.1	Feedback from GM Providers Group	
4.1.1	SMc provided an update of discussions at the meeting.	

		ACTION
4.2	Housing Operations Board (HOB) Action Plan to HSPB	
4.2.1	SH provided an update on matters arising from the last HOB meeting.	
5.0	Date of Next Meeting.	
5.1	Date of Next Meeting – Thursday 21 st December 2017, 1pm-2pm, Lancashire Fusiliers Room, 1 st Floor Town Hall	

BURY SAFEGUARDING ADULTS PARTNERSHIP



MEETING NOTES SAFEGUARDING ADULTS STRATEGIC BOARD MEETING

HELD ON Tuesday 16th Jan 2017 14:00- 16:00 Meeting Room A, Bury Town Hall

Present:		
	Kathy Batt (KB)	Independent Chair
	Dan Lythgoe (DG)	Pennine Care
	Sharon McCambridge (SM)	Six Town Housing
	Gail Churchill (GC)	
	Jax Effiong (JE)	Greater Manchester Fire and Rescue Service
	Rick Jackson (RJ)	Greater Manchester Police
	Tyrone Roberts (TR)	Hospital Trust
	Dr Cathy Fines (CF)	Clinical Commissioning Group
	Maxine Lomax (ML)	Clinical Commissioning Group
	Clare Holder (CH)	Clinical Commissioning Group
	Anna Svarc (AS)	Hospital Trust
	Julie Gonda (JG)	Bury Council
	Mandy Symes (MS)	Board Facilitator (Bury Council)
Apologies:		
	Nisha Bakshi (NB)	National Offender Management
	Tabetha Darmon	Hospital Trust
Distribution	Board Members and representing PA's	
	Gail Churchill (GC), CRC	
	Chloe McCann – Corporate Policy Team (HWB)	

ACTION

1	Welcome and introductions and apologies (standing item)	
	KB welcomed everyone.	
	Attendance and apologies as recorded above.	
2	Minutes of last meeting and matters arising	
2.1	Re: feedback around GM and ADASS workstreams – to be carried over. MS now to report back.	MS
2.2	3.2.4 – Learning from case reviews is being picked up by the Case Review Group as part of their core business. Learning from the Joint Review has been picked up by a working group.	
2.3	4.5 – Conversion rates from concern to investigation will form part of the Board performance report. Initial issues with data have been rectified. However the deep dive into the data has not yet been done, but will form the context within the performance report.	
2.4	JG's presentation on neighbourhood working delayed until next Board meeting. However, discussions were had as part of the main meeting re: inclusion in a development day - see below.	

ACTION

2.5	Update re: Manchester's co-located MASH. A presentation was due to go to the GM Safeguarding Leads meeting 2 weeks ago, however this did not happen. CH to bring update when received Board following expected updated at GM Clinical Leads meetings.	CH
3	Address by the New Chair	
3.1	Kathy was formally welcomed as new Independent Joint Chair of the Adult and Children's Safeguarding Board.	
3.2	Kathy advised that she qualified as a social worker in 1982 and then worked in a local authority with children and adults, covering every type of case from child protection through to adult mental health, before becoming an Approved Social Worker under the Mental Health Act. After working at Manchester Royal Infirmary Kathy then returned to field work and specialised in child care, particularly within child protection. From there Kathy became a senior manager working in safeguarding and overseeing quality assurance in both Safeguarding and the L.A.C. system.	
3.3	In 2001 Kathy moved to the voluntary sector delivering a range of services including adoption, fostering, residential care for adults and children, residential schools, secure accommodation for young people, community services, youth work, homeless services and support services for adults with learning disabilities. In March 2016 Kathy left full time work to concentrate on consultancy work.	
3.4	Kathy advised that she has committed her time to Bury LCSB and SAB and does not intend to take on multiple Board's, allowing her to concentrate her time on Bury.	
3.5	With regard to development of the Board, Kathy advised that she is obviously very new in post however is mindful of the changes that are on the horizon for both Safeguarding Boards.	
3.6	Kathy suggested a development day is held in order to start to move to meet some of the forthcoming challenges and further develop the Adults Board. Board agreed to ½ day – potentially looking at extending the next Board meeting on the 17 th April.	
3.7	Potential agenda items for the development day were discussed: <ul style="list-style-type: none"> • Setting up of external Board scrutiny. • Strategic Plan Review and direction for 2018-2019 • Membership and Terms of Reference • Sub-Group review and potential linkages with LSCB • Board performance • Standardisation of approach – to aid the officers who attend multiple Boards. • Update on neighbourhood working/hubs. Agreed that Donna Green from the LCSB would be invited to attend if appropriate.	
3.8	MS to send confirmation out re: development day and arrange	MS

ACTION

4	Making it Happen Group (MIHG)	
4.1.1	MIHG update tabled. Members were allocated time to read. Discussions and decisions included in the embedded document below. Discussion held re: resources to the MIGH, SM reported that apart from herself only 3 other people attended the last meeting. SM acknowledged that a great deal of work had been done, however the resources currently at her disposal did not allow her to take forward some of the pieces of work listed in the below document.	All
4.1.2	Board agreed to identify and brief their named Safeguarding Leads and advise MS by the end of Feb. These leads would be expected to identify resources for working groups, where appropriate.	
4.1.3	Discussion on locality hubs. Confirmed that there were 2 physical hubs, one in Radcliffe (old library at Coronation Road) and one at Bury East (Castle Buildings). There are also 4 virtual hubs however these have not yet been developed. Further updated will be considered as part of the development day agenda.	
4.2	Case Review Group	
4.2.1	CF updated – the Group is still finding their way through the process. Joint learning review has been completed and a sub group will be looking at the actions and findings, this will be fed into the CRG.	
4.2.2	Actions from a previous learning review are being embedded and oversight from the CRG is ongoing.	
4.2.3	SAR referral has been received however the case is complex, person (Adult C) is still living and has full capacity. Discussions are continuing at the group with regard to when to take forward to scoping element of the SAR.	
4.2.4	Agreement has been made that the group will not look at specific cases but will look at themes.	
5	Any other business	
5.1	JE invited Board to a GMFRS event on Monday the 22 nd . JE to circulate the details.	JE
5.2	AS advised the Hospital Trust have put in place resources to support to MARAC meetings.	
	Next Meeting dates	
	<p><u>Please note new meeting dates below:</u></p> <p>All meetings will be held from 2pm to 4pm unless otherwise stated.</p> <p>17th April 2018 – Bury Town Hall, Committee Room A – this will be an extended session to include the development day – details to be confirmed.</p> <p>10th July 2018 – 3 Knowsley Place, Meeting Room 0:1</p> <p>16th October 2018 – 3 Knowsley Place, Meeting Room 0:1</p>	

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