

## AGENDA FOR

## HEALTH AND WELLBEING BOARD

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**To: All Members of Health and Wellbeing Board**

**Voting Members :** Penny Martin, Geoff Little, Lesley Jones, Councillor Eamonn O'Brien, Councillor Roger Brown, Will Blandamer, Adrian Crook, Kath Wynne Jones, Ruth Passman, Sharon McCambridge, Councillor Tamoor Tariq (Chair), Dr Cathy Fines, Supt Arif Nawaz, Helen Tomlinson, James Willmott, Councillor Nathan Boroda, Councillor Tom Pilkington, Jeanette Richards and Councillor Lucy Smith

**Non-Voting Members :**

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:-

<b>Date:</b>	Thursday, 20 October 2022
<b>Place:</b>	Bury Town Hall
<b>Time:</b>	6.00 pm
<b>Briefing Facilities:</b>	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.
<b>Notes:</b>	

## **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 5 - 12)*

The minutes of the meeting held on 7<sup>th</sup> July 2022 are attached.

### **4 MATTERS ARISING**

### **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 FINAL PHARMACEUTICAL NEEDS ASSESSMENT** *(Pages 13 - 190)*

The attached final Pharmaceutical Needs Assessment to be presented by Shenna Paynter, Public Health Specialist and Elaine Radcliffe, Senior Medicines Optimisation Pharmacist.

A report completed by Healthwatch explaining the Bury Pharmacy Survey Findings is attached for information.

### **7 ANTI-POVERTY STRATEGY** *(Pages 191 - 196)*

The attached presentation to be presented by Jon Hobday, Public Health Consultant.

### **8 HEALTH AND WELLBEING OUTCOMES** *(Pages 197 - 208)*

The attached presentation to be presented by Helen Smith, Head of Strategic Performance and Intelligence.

### **9 WIDER DETERMINANTS - COMMUNITY SAFETY AND COHESION** *(Pages 209 - 214)*

The attached presentation to be presented by Helen Tomlinson, Chief Officer VCFA.

### **10 HEALTH RELATED BEHAVIOUR - LET'S LIVE WELL HEALTH IMPROVEMENT FUND** *(Pages 215 - 270)*

The attached reports and presentation to be presented by Jon Hobday, Public Health Consultant.

**11 COMMUNITY AND PERSON CENTRE APPROACHES - IMPACT OF ETHNOGRAPHIC APPROACHES WITH CASE STUDIES** *(Pages 271 - 282)*

The attached presentation to be presented by Gemma Iliadis - Integrated Neighbourhood Lead, East Bury and Cara Mullaney, Operations Manager

**12 HEALTH AND CARE SERVICES - UPDATE ON DEVELOPMENT OF THE FAMILY HUB MODEL** *(Pages 283 - 292)*

The attached presentation is to be presented by Sandra Bruce, Assistant Director of Early Help and School Readiness.

**13 UPDATE FROM HEALTH PROTECTION BOARD** *(Pages 293 - 296)*

The attached reported to be presented by Lesley Jones, Director of Public Health.

**14 GM POPULATION HEALTH BOARD FEEDBACK** *(Pages 297 - 300)*

The attached document is for information. Lesley Jones, Director of Public Health to provide a verbal update.

**15 URGENT BUSINESS**

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

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<b>Minutes of:</b>	<b>HEALTH AND WELLBEING BOARD</b>
<b>Date of Meeting:</b>	7 July 2022
<b>Present:</b>	Councillor T Tariq (in the Chair) Councillors R Brown, T Pilkington and L Smith
<b>Also in attendance:</b>	Will Blandamer, Executive Director of Strategic Commissioning, Adrian Crook, Director of Adult Social Care and Community Commissioning; Lesley Jones, Director of Public Health; Ruth Passman, Heathwatch Bury; Cathy fines; Kath Wynne Jones; John Merrick, Six Town Housing; Jon Hobday, Public Health; Shenna Paynter; Steven Senior and Sarah Turton.
<b>Public Attendance:</b>	No members of the public were present at the meeting.
<b>Apologies for Absence:</b>	P Martin, G Little, Councillor E O'Brien, Jones, S McCambridge, D C Fines, A Nawaz, J Willmott, Councillor N Boroda, I Mello and J Richards

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#### **HWB.1 APOLOGIES FOR ABSENCE**

Apologies for absence are noted above.

#### **HWB.2 DECLARATIONS OF INTEREST**

Councillor Tariq declared an interest in the Health and Wellbeing Board due to being a member of Oldham's Health and Wellbeing Board and a Manager of Oldham Heathwatch.

Councillor Pilkington declared an interest in the Health and Wellbeing Board due to being an employee for the NHS.

Councillor L Smith declared an interest in the Health and Wellbeing Board due to her Partner being an employee of the NHS.

#### **HWB.3 MINUTES OF PREVIOUS MEETING**

It was agreed:

1. The minutes of the previous meeting be approved as a correct record.

#### **HWB.4 MATTERS ARISING**

There were no matters arising.

#### **HWB.5 PUBLIC QUESTION TIME**

There were no public questions.

## **HWB.6 TEAM BURY GOVERNANCE - IMPLICATIONS FOR THE HWB**

Deputy Chief Executive, Lynne Ridsdale provided an overview of the Team Bury Governance following a workshop session that took place on 07<sup>th</sup> July 2022.

The Board were presented with an overview of the new Team Bury arrangements and how the Health and Wellbeing Board sits within this framework. This includes the Health and Wellbeing Board taking responsibility for the Poverty agenda subject to agreement.

During discussion of this item, Members of the Board who attended the session for Team Bury stated it was helpful and it repositioned the Health and Wellbeing Board to align with the GM Model of a Population Health System

In addition, members were reminded that the HWBB agenda is structured around the GM Model of a Population Health System with an item against each of the core elements of the model.

Councillor Tariq, sought clarification on how they can lead and monitor progress against the 'Quality of Life' element. In response Lynne Ridsdale, Deputy Chief Executive assured members that items related to the Quality of Life topic will be brought back at regular intervals. There will also be an Annual Report process via a state of the Borough Report and Lesley Jones, Director of Public Health and Will Blandamer, Executive Director of Commissioning attend monthly meetings and can report in any related matters throughout the year. In addition, Lesley Jones, Director of Public Health advised members that a Population Health Group sits beneath the Health and Wellbeing Board to support and drive the work of the board.

It was agreed:

1. HWBB is asked to note the report.
2. There should be regular updates brought back to the Health and Wellbeing Board throughout the year outlined by Lesley Jones and Will Blandamer.

## **HWB.7 WIDER DETERMINANTS OF POPULATION HEALTH - ANTI-POVERTY STRATEGY**

Lynne Ridsdale, Deputy Chief Executive and Chris Woodhouse Strategic Partnerships Manager provided an overview of the Anti-Poverty Strategy which is going to Cabinet on the 13<sup>th</sup> July 2022.

The strategy sets out the context for Poverty and the cost of living support. Bury has become relatively more deprived compared to other areas with more people living in (the same) areas of deprivation in 2019 than in 2015 and the pandemic is likely to have compounded this further.

It is proposed that the Bury Health and Wellbeing Board assumes accountability for driving forward the activities set out in this strategy, in the context of its mission to reduce inequalities and improve quality of life.

Each of the thematic priorities will have a named officer lead drawn from across the Team Bury system who will come together as a Partnership Delivery Group, which will ensure delivery against the plans, track progress of activity, share good practice across thematic areas and work together to unblock any barriers.

The group will report on progress to the Health and Wellbeing Board, with regular oversight through the portfolio of the Cabinet Member for Finance and Communities.

Ruth Passman, Bury Healthwatch, highlighted how food banks and struggles to afford food is a common enquiry Bury Healthwatch receive. There are growing concerns around access to food banks that consider dietary and religious requirements.

It was agreed:

1. The report be noted.

#### **HWB.8 THE EFFECTS OF PLACE AND COMMUNITY ON HEALTH AND WELLBEING - THE RADCLIFFE PEOPLE & COMMUNITIES PLAN**

Lynne Ridsdale, Deputy Chief Executive provided an overview of the Radcliffe People and Communities Plan.

The report was presented to the Board for information and demonstrates a blueprint for making public sector reform real. The purpose of the plan is to encourage inclusive growth to stimulate the economy. The aim is to engage with local people to improve services and jobs. The consultation is being led by the Hub Teams and community leaders.

The Board members sought clarification on who the plan classes as Radcliffe people. In response Chris Woodhouse, Strategic Partnerships Manager advised a wide range of partners and people have been engaged with. He stated that predominantly people who live and work in Radcliffe were engaged with, but this was widened to others too.

Following discussion for members of the Health and Wellbeing Board, they agreed:

1. To note the contents of the report for information.

#### **HWB.9 DRAFT PNA**

It was agreed that this item would be moved following publication of the agenda from item 13 to item 9.

Shenna Paynter, Public Health Specialist, provided a brief overview of the draft Pharmaceutical Needs Assessment for Bury.

The purpose of the document is a comprehensive assessment of whether current and future pharmaceutical services meet the needs of the local population. Bury's Health and Wellbeing Board has a statutory responsibility to publish and keep up to date the assessment for Bury. The assessment for Bury presents a picture of community pharmacy need and provision in Bury and links to Bury's Joint Strategic Needs Assessment.

It will be used by NHS England & NHS Improvement to:

1. Inform which NHS funded services need to be provided by community pharmacies and dispensing appliance contractors.
2. Decide whether new pharmacies or services are needed.
3. Aid decision making about the relocation of existing pharmaceutical premises in response to applications by providers of pharmaceutical services.
4. Inform the commissioning of locally enhanced services delivered from pharmacies to address any gaps in health care provision.

Councillor Tariq, Chair for the Health and Wellbeing Board highlighted that Pharmacies are viewed differently post the COVID-19 Pandemic. Pharmacies now provide more diagnostic support, such as 'Care at the Chemist' and are key in reducing service pressures elsewhere. Members agreed that we should engage with those who use them. Ruth Passman from Healthwatch Bury provided an offer to the Board that she would be happy to support a complimentary engagement campaign that consults with member of the public on experiences. Councillor Pilkington highlighted that nowhere in the PNA was reference to the 'Care at the Chemist' scheme.

An in-depth discussion on whether to follow other local areas approaches or go out for public consultation took place.

It was agreed:

- 1) The Board agreed to progress the formal consultation on the PNA with compulsory consultees.
- 2) To work with Healthwatch to explore opportunities to understand public perceptions and issues with using pharmacies to feed into service improvement and development.
- 3) To receive the final PNA following consultation in October.

### **HWB.10 BEHAVIOURAL AND LIFESTYLE DETERMINANTS OF HEALTH - KHAN TOBACCO REVIEW**

Sarah Turton, Public Health Practitioner, provided an overview of the recently published (9th June) Independent Review into Smokefree 2030 Policies which was commissioned by SoS DHSC. In 2019, the government set an objective for England to be smokefree by 2030, meaning only 5% of the population would smoke by then. Without achieving this objective, the government will not meet its manifesto commitment "to extend healthy life expectancy by five years by 2035.

The Khan review found that without further action the smoke free target will be missed by 7 years and would not address inequalities. The report sets out 15 recommendations to achieve smoke free by 2030 which are currently being

considered by Government. From a Public Health point of view the recommendations are necessarily ambitious.

The Health and Wellbeing Board were asked to support and advocate for the adoption and implementation of the recommendations and consider how the recommendations impact on our local Tobacco Control Strategy.

## **HWB.11 HEALTH AND CARE SYSTEM - VACCINE UPDATE**

Steven Senior, Consultant in Public Health set out the current position in Bury regarding vaccination coverage for a wide range of vaccines. Overall coverage is comparable to similar Local Authorities although lower for some. There are inequalities in vaccination coverage, but they are generally smaller than other areas in Greater Manchester. The report sets out priorities for improvement.

Priorities for the future are to:

- Improve COVID-19 spring booster uptake (and data quality) among care home residents and immunosuppressed people;
- Improve uptake of adult influenza immunisations and reduce inequalities, particularly those affecting Asian and Asian British people, and reduce the extent of inequality in uptake by deprivation for people with long term illnesses;
- Improve flu vaccine uptake among pre-school children;
- Improve uptake of pneumococcal and shingles vaccines among eligible older people;
- Continue to minimise inequality in COVID-19 vaccine uptake; and
- Improve uptake of hepatitis B vaccine among people entering drug treatment.

Ruth Passman, Bury Healthwatch questioned if Bury has a consistent policy on the pneumococcal vaccine offer. Steven Senior advised he will find out and report back.

It was agreed that:

1. The Health and Wellbeing Board note the contents of this paper.

## **HWB.12 HEALTH PROTECTION GOVERNANCE**

Lesley Jones, Director of Public Health Bury provided an overview of governance arrangements in Bury for Health Protection. While it remains a threat, COVID-19 is increasingly being managed as part of routine health protection. Now Bury needs to broaden the focus on health protection beyond COVID-19 and non-COVID-19 governance needs to be re-established. The pandemic has brought the system together around the health protection response and this can be used as an asset.

The current system of governance with very regular health protection boards is no longer appropriate. Much of the operational response has stood down and there is less need for week-to-week senior oversight. A governance structure is needed to provide assurance that risks are being managed appropriately as longer-term health protection threats remain. These include climate change, air quality, and the growth of

antimicrobial resistance. The local system needs somewhere to coordinate action on these large but slower moving risks as well as potential new epidemics.

It was agreed that:

1. Bury Health and Wellbeing Board will receive annual reports for local protection issues.

#### **HWB.13 BETTER CARE FUND 2021-22 YEAR END REPORT**

Will Blandamer, Executive Director of Strategic Commissioning provided an overview of the BCF which is being brought for retrospective approval.

BCF 2021/2022 is subject to 4 national conditions:

- A jointly agreed plan between local health and social care commissioners, signed off by the HWB.
- NHS contribution to adult social care to be maintained in line with the uplift to CCG minimum contribution.
- Invest in NHS-commissioned out-of-hospital services.
- A plan for improving outcomes for people being discharged from hospital.

It was agreed that:

1. The Health and Wellbeing Board note the content of the report.
2. The Bury Health and Wellbeing Board approve the attached Better Care Fund 2021/2022 Year End Submission Template and ratify the decision to submit to the national Better Care Fund team for assessment.

#### **HWB.14 GM POPULATION HEALTH BOARD FEEDBACK**

Lesley Jones provided a brief overview of the Greater Manchester Population Health Board that is Chaired by Geoff Little, Chief Executive Bury Council.

The update was noted by the Health and Wellbeing Board.

#### **HWB.15 URGENT BUSINESS**

There was no urgent business.

#### **HWB.16 FOR INFORMATION \*\*\*BURY INTEGRATED SAFEGUARDING ANNUAL REPORT 2020-2021**

It was agreed:

1. The report be noted.

**COUNCILLOR T TARIQ**

**Chair**

**(Note: The meeting started at 6.05 pm and ended at 8:00 pm)**

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<b>Classification</b>	<b>Item No.</b>
<b>Open / Closed</b>	

<b>Meeting:</b>	Bury Health and Wellbeing Board
<b>Meeting date:</b>	20 <sup>th</sup> October 2022
<b>Title of report:</b>	Bury Pharmaceutical Needs Assessment
<b>Report by:</b>	Shenna Paynter, Public Health Specialist, Bury Council Elaine Radcliffe, GM IC
<b>Decision Type:</b>	<b>Decision</b>  Approval of the final document for publication by HWB
<b>Ward(s) to which report relates</b>	<b>All</b>

### Executive Summary:

The purpose of this report is to present the Health and Wellbeing Board with the final Bury Pharmaceutical Needs Assessment, 2022.

Bury Health and Wellbeing Board has a statutory responsibility to publish and keep up--to-date a Pharmaceutical Needs Assessment (PNA). The Department of Health and Social Care determined that the publication of PNAs be suspended during the pandemic with the deadline set for publishing the PNA by October 2022.

### Recommendation(s)

#### That:

The HWB review and approve the final PNA report for publication.

### Key considerations:

#### Introduction/ Background:

Bury has 43 pharmacies (39 walk-in and 4 distance selling pharmacies) providing a range of essential services, advanced services, and locally commissioned services. Five of the 39 walk-in are 100-hour pharmacies.

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

- Bury has 22 pharmacies per 100,000 population, which is between the England (20) and Greater Manchester (24) averages.
- Most residents live within 1.0 miles of a pharmacy.
- Most residents can access a pharmacy within 20 minutes either by walking, public transport or driving.
- The location of pharmacies within each of the five neighbourhoods and across the whole HWB area.
- The number and distribution of pharmacies within each of the five neighbourhoods and across the whole HWB area.
- The choice of pharmacies covering each of the five neighbourhoods and the whole HWB area.
- 137 of respondents to the public survey (appendix 3) replied to the question 'What is your overall view of your local pharmacy service?'. Of these 91% said they were either satisfied or very satisfied.
- 93% of respondents had no difficulty in accessing a pharmacy of their choice
- 86 % of responders said the opening hours of pharmacies in Bury do not cause a problem
- 84% were satisfied or very satisfied with the opening hours of the pharmacy they used (Appendix 3).
- Bury has a choice of pharmacies open across 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.

### **Key Issues for the Board to consider:**

The main conclusion of the PNA was

- the HWB considers the location, number, distribution and choice of pharmacies covering each of the five neighbourhoods and the whole

Bury HWB area providing essential and advanced services during the standard core hours to meet the needs of the current population.

Future provision of pharmaceutical services beyond 2025 will be reviewed during the next iteration of the Bury HWB PNA.

Gaps in provision of services due to out of hours opening times have been noted in Bury North and whilst there is no requirement to open a new premises consideration could be made to extending hours if a request was submitted from a current pharmacy contracted and located within Bury North.

The PNA also concluded that

- 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.
- Pharmacist staff should be primarily focussed on patient safety, of which delivering information to patients is a main feature.
- Patients should also be encouraged to ask questions and understand that pharmacists are a good source of information about the medication they take.
- Hep C testing- If the service is to continue it would be better placed in pharmacies who supply needle exchange programmes, rather than just supervised consumption, as is aimed at people who inject drugs who are not yet in treatment.
- The patient responses to services requested improved repeat medication services, text information when an item is out of stock, travel vaccines, hearing aid supply, blood flow and respiratory checks (see appendix 3)
- Service should continue to be developed to meet the health needs of the Borough and each cluster individually when deemed necessary.

**Report Author and Contact Details:**

Elaine Radcliffe

Senior Medicines Optimisation Pharmacist, NHS Greater Manchester Integrated Care  
c/o Shenna Paynter

Public Health Specialist, Bury Council, [s.paynter@bury.gov.uk](mailto:s.paynter@bury.gov.uk)

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**Background papers:**

**See Final Bury PNA within the agenda pack.**

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**Bury Health and Wellbeing Board  
Pharmaceutical Needs Assessment  
2022 to 2025**

**VERSION 0.1**

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# 1 Executive Summary

## 1.1 Introduction

A Pharmaceutical Needs Assessment (PNA) is a comprehensive assessment of whether current and future pharmaceutical services meet the needs of the local population.

- Bury's Health and Wellbeing Board (HWB) has a statutory responsibility to publish and keep up to date the PNA for Bury. The PNA for Bury presents a picture of community pharmacy need and provision in Bury and links to Bury's Joint Strategic Needs Assessment<sup>1</sup> (JSNA).
- It will be used by NHS England & NHS Improvement (NHSE&I) to
  - inform which NHS funded services need to be provided by community pharmacies and dispensing appliance contractors
  - decide whether new pharmacies or services are needed
  - aid decision making about the relocation of existing pharmaceutical premises in response to applications by providers of pharmaceutical services
  - inform the commissioning of locally enhanced services delivered from pharmacies to address any gaps in health care provision
- Providers of pharmaceutical services will also use the PNA to inform their applications to provide pharmaceutical services by demonstrating that they are able to meet a pharmaceutical need as set out in the PNA.

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.
- Other local pharmaceutical type services, including dispensing appliance contractors (DAC).
- Relevant maps relating to Bury and providers of pharmaceutical services in the HWB area.
- Potential gaps in provision that could be met by providing alternative pharmacy services, or through opening more pharmacies, and likely future needs.

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 2018.

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, NHS Bury CCG/ GM Integrated Care Board (ICB), and NHS England and NHS Improvement (NHS E&I)

Bury has a population of 190,710 (mid-2020 population estimate). In ten years, by 2030 the population is estimated to increase by 3.3% to 198,240. This includes 35.2% increase in those aged 80 and over, whose population is estimated to rise from 9,210 to 12,451, this will have implications for commissioning of services.

To identify local health needs and assess current pharmaceutical services provision, Bury is divided into five integrated neighbourhood teams as described in the Bury Locality Plan Refresh 2019- 2024<sup>2</sup>:

- Bury East
- Bury North
- Bury West
- Prestwich
- Whitefield

Information regarding local provision of pharmaceutical services was made available by NHSE&I, Bury Council, CCGs/GM IC. Other relevant nationally available data was gathered through providers such

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<sup>1</sup> [Joint Strategic Needs Assessment - Bury Council](#)

<sup>2</sup> [Bury Locality Plan Refresh 2019 - 2024](#)



as ONS and NHSBSA. This was analysed by the Greater Manchester Strategic Medicines Optimisation Team on behalf of the Steering Group.

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 consultation ran from 15<sup>th</sup> July 2022 until 13<sup>th</sup> September 2022. The responses received were used to inform the final conclusions which were collated and are now published as part of this PNA.

## 1.2 Results

Bury has 43 pharmacies (39 walk-in and 4 distance selling pharmacies) providing a range of essential services, advanced services, and locally commissioned services (including NHSE&I enhanced services) on behalf of Bury Council, NHS Bury CCG/ GM IC and NHS E&I. All pharmacies in Bury have NHSE&I contracts, there are no Local Pharmaceutical Service (LPS) Contracts.

There are five 100-hour pharmacies and no dispensing doctors in Bury. There are no dispensing appliance contractors (DAC) in Bury, but residents of Bury can access dispensing and services associated with appliances from a regular pharmacy contractor or through DACs elsewhere within England.

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

- Bury has 22 pharmacies per 100,000 population, which is between the England (20) and Greater Manchester (24) averages.
- Most residents live within 1.0 miles of a pharmacy.
- Most residents can access a pharmacy within 20 minutes either by walking, public transport or driving.
- The location of pharmacies within each of the five neighbourhoods and across the whole HWB area.
- The number and distribution of pharmacies within each of the five neighbourhoods and across the whole HWB area.
- The choice of pharmacies covering each of the five neighbourhoods and the whole HWB area.
- 137 of respondents to the public survey (appendix 3) replied to the question 'What is your overall view of your local pharmacy service?'. Of these 91% said they were either satisfied or very satisfied.
- 93% of respondents to the public survey had not had any difficulty in accessing a pharmacy of their choice
- 86 % of responders said the opening hours of pharmacies in Bury do not cause a problem
- 84% were satisfied or very satisfied with the opening hours of the pharmacy they used (Appendix 3).
- Bury has a choice of pharmacies open across 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.

## 1.3 Stakeholder 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 15<sup>th</sup> July 2022 until 13<sup>th</sup> September 2022. The responses received were used to inform the final conclusions which were collated and are now published as part of this PNA.

## 1.4 Conclusions

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

The HWB has not received any significant information to conclude otherwise or 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.

## 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 2018.

In the current NHS there is a need for the local health partners, NHSE&I, Bury Council, Greater Manchester Integrated Care (GM IC), 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 GM IC 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.

### 2.1 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 NHSE&I, CCG/IC and LAs.

If a pharmacist or a dispensing appliance contractor wants to provide pharmaceutical services, they are required to apply to NHSE&I 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 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 NHSE&I to use to make commissioning decisions, it may also be used by Local Authorities (LA's) and Integrated Care Systems (ICSs). 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.

### 2.2 HWB duties in respect of the PNA

In summary Bury HWB must:

- Produce an updated PNA which complies with the regulatory requirements.
- Publish 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.

## 2.3 Background and legislation

### 2.3.1 National Legislation and impending changes

The Health Act 2009<sup>3</sup> 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.

The Health and Social Care Act 2012 transferred responsibility for the developing and updating of PNAs to 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 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. However, due to disruption to many sectors of the health and care services across the UK during the COVID-19 pandemic there was a legislated delay to allow publication of the 3-yearly PNA to be extended until October 2022.

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 (now merged to form NHS England & NHS Improvement (NHSE&I)). The PNA will be used by NHSE&I 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

This PNA is being written during a time of legislative change nationally.

New legislation under the Health and Care Act 2022<sup>4</sup> received royal assent in April 2022. This Act transfers commissioning arrangements for health and social services. The National Health Service Commissioning Board is renamed NHS England but will still be responsible for the provision of primary medical, primary dental, primary ophthalmic and pharmaceutical services.

Clinical Commissioning Groups (CCGs) are to be abolished and new commissioning groups under the remit of an Integrated Care Boards (ICB) will be established. These Integrated Care Systems (ICSs) will drive the shift to population health, targeting interventions at those groups most at risk, supporting health prevention as well as treatment. ICSs will take a lead role in tackling health inequalities.

Bury will be part of Greater Manchester Integrated Care (GM IC). The GM IC will become a local commissioning organisation in place of the ten GM CCGs and a further 2 organisations. In GM many local organisations already worked closely under the collaborative Greater Manchester Health and Social Care Partnership (GMHSCP) which was established in 2015 to manage the devolved health care funds from central government. The GM IC is therefore well placed to speed up legal processes and drive change across the ten different regions of GM. Currently it is envisioned that a locality team for each previous CCG area will remain in place to implement services locally.

Therefore, the PNA will use GM IC as the nomenclature for the future commissioners of services but may refer to previously held services as being commissioned by Bury CCG.

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

<sup>4</sup> <https://bills.parliament.uk/bills/3022>

### 2.3.2 Effect on health and service provision due to Covid-19 Pandemic

The World Health Organization declared the outbreak of a novel coronavirus, subsequently named COVID-19, a Public Health Emergency of International Concern on 30<sup>th</sup> January 2020, and a pandemic on 11<sup>th</sup> March 2020. The first cases were identified in the UK on 29<sup>th</sup> January 2020 and to date (11/05/2022) there have been 176,424 deaths within 28 days of a positive Covid-19 test.

In response to the spread in the UK, the Government announced the first national lockdown in March 2020. All non-essential services, including health services such as routine operations, dental treatments, and routine screening were stopped and everyone was asked, if possible, to work and isolate at home.

Other actions were taken over the intervening 2 years, including mask wearing, children learning at home during periods of lockdown and isolation for those in contact with a known carrier of Covid-19 as well as just for those testing positive for the disease. A large-scale vaccination programme was rolled out from January 2021 and is still ongoing, with most people being offered their 3<sup>rd</sup> Covid-19 vaccination, and a 4<sup>th</sup> vaccination being introduced for clinically vulnerable people in 2022.

All these measures, whilst keeping people safe from the immediate impact of Covid-19, have had a detrimental effect on the healthcare system. It has particularly highlighted the inequalities in health due to deprivation.

The direct impact in Bury has seen 66,195 confirmed positive cases; and 751 deaths within 28 days of a positive test<sup>5</sup>. The Northern Care Alliance Foundation Trust (NCA FT) which includes Fairfield General Hospital had had 7216 patients admitted to hospital from 1<sup>st</sup> April 2020 up to 1<sup>st</sup> May 2022, these are in addition to other patients the hospitals are managing. A total number of 386,920 vaccinations have been administered to the Bury population. This direct impact has put a strain healthcare services, and meant that these people, whilst ill, were unable to contribute productively to their community or work.

An indirect effect has been that many healthcare professionals have been re-deployed to assist in managing the services set up to tackle Covid-19, or have had Covid-19, or been in contact with a person who has, and were therefore unable to work in their usual role. Whilst services were closed during lockdown periods, peoples' health conditions could have deteriorated as they were not able, or unwilling, to seek help. Also screening services and planned operations were cancelled so patients have been delayed in receiving treatment and there is now a longer waiting list than previous years. An important side-effect of the Covid-19 impact is the exposure of the digital divide that exists in the UK. Social mobility and class differences mean that some of the poorest and most disadvantaged children are likely to be affected by a lack of access to remote learning because of technological issues<sup>6</sup>.

Data shows that mental health and wellbeing have been affected. Analysis of data from the UK Household Longitudinal Study (UKHLS) has tracked changes in levels of psychological distress during the pandemic. It suggests the [proportion of adults aged 18 and over reporting a clinically significant level of psychological distress](#) increased from 20.8% in 2019 to 29.5% in April 2020. This figure had dropped by easing of lockdown and reducing cases and risen again coinciding with the periods of national lockdown and high COVID-19 cases following waves of the pandemic<sup>7</sup>. Some groups have been more likely to experience poor or deteriorating mental health during this period. These include women, young adults (aged between 18 and 34, depending on the study), adults with pre-existing mental or physical health conditions, adults experiencing loss of income or employment, adults in

<sup>5</sup> <https://coronavirus.data.gov.uk/details/cases> accessed 11/05/2022

<sup>6</sup> <https://blog.insidegovernment.co.uk/schools/the-impact-of-covid-19-on-education>

<sup>7</sup> <https://www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-surveillance-report/2-important-findings-so-far>

deprived neighbourhoods, some ethnic minority populations and those who experienced local lockdowns, and in addition, those who felt lonely.

It should be noted that pharmacy services have continued to remain the only primary care service to have open door access to the public throughout the Covid pandemic with additional delivery and support available for the clinically vulnerable. During 2021 community pharmacy became one of the primary providers for Covid vaccination available in the community of the people they serve, allowing take up close to people's homes and work.

### 2.3.3 Mandatory 60-day stakeholder consultation

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

### 2.3.4 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.

## 2.4 Scope of the PNA

The pharmaceutical services to which each PNA must relate are all the pharmaceutical services that may be provided under arrangements made by NHSE&I 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 NHSE&I 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 GP 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 service 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 because they may reduce the need to deliver further services.

## 2.5 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

#### 3.1 Development of the PNA

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

##### 3.1.1. PNA steering group

The HWB has overall responsibility for the publication of the PNA and the Director of Public Health is the HWB member who is accountable for its development. Bury's HWB established a PNA steering group, the membership of which ensured that all the main stakeholders were represented.

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 membership and the terms of reference for the steering group are provided at Appendix Two.

The steering group included representation from the following groups:

- Bury Public Health team
- NHS Bury Clinical Commissioning Group (CCG)
- Greater Manchester Joint Commissioning Team (GM JCT)
- Greater Manchester Local Pharmaceutical Committee (GM LPC)
- GMHSCP who are the NHS England & NHS Improvement area team (NHSE&I)

##### 3.1.2 PNA localities

This PNA describes the needs for the population of Bury. It considers current provision of pharmaceutical services across five neighbourhoods in the Bury HWB area as described in the JSNA and are approved by the steering group for use in this PNA.

The PNA uses the current system of Bury ward boundaries split across the five neighbourhoods. This approach was taken because:

- The current JSNA and Bury Locality Plan Refresh describes population health needs using these neighbourhoods
- This grouping of wards into neighbourhoods reflect the localities which are already in use by Bury Council.
- Most 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 five neighbourhoods and the wards within them are:

##### Bury North

- Ramsbottom
- North Manor
- Tottington
- Elton

##### Bury East

- Moorside
- Bury East (formerly East)
- Redvales

##### Bury West

- Bury West (formerly Church)
- Radcliffe North & Ainsworth (formerly Radcliffe North)
- Radcliffe East
- Radcliffe West

##### Prestwich

- St. Mary's

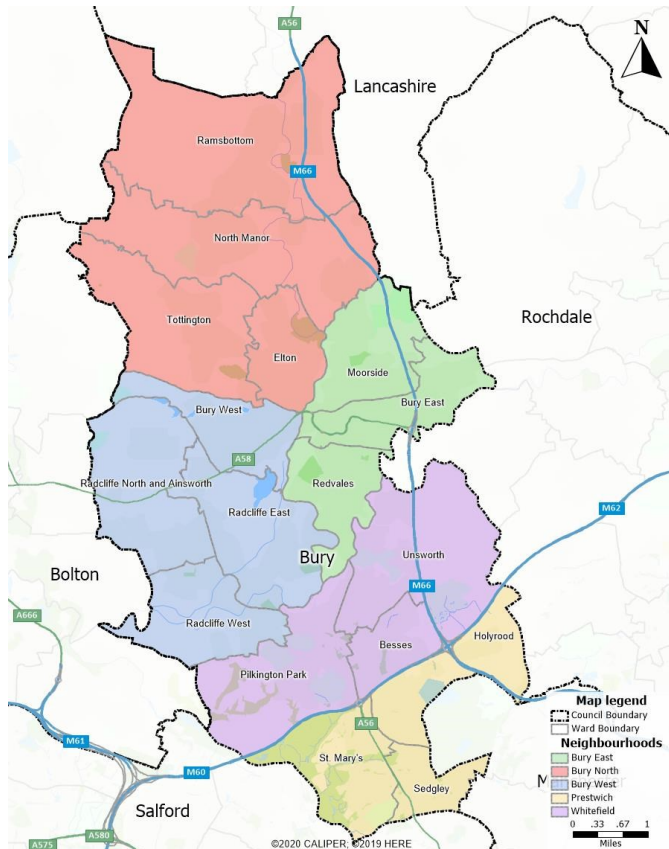


- Holyrood
- Sedgley

#### Whitefield

- Unsworth
- Besses
- Pilkington Park

**Map 1 - Bury neighbourhoods and wards**



### 3.1.3 Contractor questionnaire and patient survey

The contractor questionnaire and patient survey were approved by the steering group. These were promoted to pharmacy contractors and the public respectively between January and May 2022. Their aim was to identify additional relevant information from service providers and to identify how the public currently and in the future, want to interact with pharmacy services. Once completed the results of both were analysed.

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

GMLPC and NHS E&I area team were asked to help promote the pharmacy contractor survey.

### 3.1.4 Other sources of information

The content of the PNA including demographics, neighbourhoods and background information was approved by the steering group. In looking at the health needs of the local population, the Bury JSNA<sup>8</sup>,

<sup>8</sup> [Joint Strategic Needs Assessment - Bury Council](#) accessed 11/05/2022

and Bury Locality Plan Refresh (2019 -2024)<sup>9</sup> and Bury Council and CCG's 'Let's Do It'<sup>10</sup> – the Strategy for the borough until 2030.

Information was gathered from NHSE&I, Bury CCG and Bury Council regarding:

- The size and demography of the population across Bury.
- Whether there is adequate access to pharmaceutical services across Bury.
- Different needs of different districts within Bury.
- Pharmaceutical services provided from outside the HWBs area 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.
- Likely changes or developments that might affect the need for pharmaceutical services including changes to the size of the population, the demography of the population, and risks to the health or wellbeing of people in its area.

## 3.1.5 Consultation

The statutory 60-day consultation commenced on 15<sup>th</sup> July 2022 and ran until 13<sup>th</sup> September 2022. A report outlining areas of feedback from the consultation can be found in appendix 13 but the main themes were around opening hours and cross-border consideration.

The list of stakeholders consulted included the following groups:

- Greater Manchester Local Pharmaceutical Committee (GMLPC).
- Bury and Rochdale 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 (Northern Care Alliance (NCA) NHS Foundation Trust).
- NHS England and Improvement.
- Neighbouring HWBs. (Bolton, Salford, Manchester, Rochdale, Blackburn with Darwen, and Rossendale).

## 3.2 JSNA and Locality Plan priorities

Bury JSNA discusses the characteristics and identified health needs of the whole population living within the HWB area, but there are more detailed documents which underpin the themes and identify populations and health inequalities which need addressing.

### 3.2.1 Bury's Locality Plan Refresh 2019 – 2024

**'Health and happiness, wealth, and wellbeing - these concepts weave through every element of our Bury 2030 planning and the refresh of our Locality Plan'.**

Bury HWB will continue to measure overall success against four overarching outcomes for the Locality Plan:

1. A local population that is living healthier for longer and where healthy expectancy matches or exceeds the national average by 2025.
2. A reduction in inequalities (including health inequality) in Bury, that is greater than the national rate of reduction.

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<sup>9</sup> [Bury-Locality-Plan-Refresh-Final.pdf \(buryccg.nhs.uk\)](#) accessed 11/05/2022

<sup>10</sup> [https://www.bury.gov.uk/Let's Do It Strategy](https://www.bury.gov.uk/Let's%20Do%20It%20Strategy) accessed 11/05/2022

3. A local health and social care system that provides high quality services which are financially sustainable and clinically safe.
4. A greater proportion of local people playing an active role in managing their own health and supporting those around them.

### **3.2.2 Bury's Let's Do It Strategy 2020- 2030**

This aims '[for Bury] to stand out as a place that is achieving faster economic growth than the national average, with lower than national average levels of deprivation' both of which are wider determinants of health and health inequalities.

Bury will measure progress to achieving this ambition by tracking seven core outcome measures:

1. Improved quality of life
2. Improved early years development
3. Improved educational attainment
4. Increased adult skill levels and employability
5. Inclusive economic growth
6. Carbon neutrality by 2038
7. Improved digital connectivity

## **3.3 Focus of the PNA**

The Health and Wellbeing Board discuss these documents and approve actions to take forward to address the needs of the population of Bury. From these documents the HWB have identified the health priorities which may require pharmaceutical services. These are stated in HWB minutes from 21/10/ 2021 and 03/02/2022 meetings<sup>11</sup>. These address targets which will help drive the changes recommended in Bury's Locality Plan Refresh:

- Cardiovascular disease
- Stroke
- Diabetes
- Cancer
- Chronic Respiratory conditions (asthma and COPD)
- Chronic Kidney Disease (CKD)
- Mental Health
- Musculoskeletal (MSK)
- Maternal and Child health

The next PNA review will begin in 2024 and will therefore be in line with any updated locality plan.

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<sup>11</sup> [Browse meetings - Health and Wellbeing Board - Bury Council](#)

### 3.4 Patient and public engagement

To gain the views of patients and the public on pharmaceutical services, a questionnaire was developed and promoted via social media feeds. It was available on 19<sup>th</sup> January 2022, closing on 15<sup>th</sup> May 2022. The results of the survey and identifies the questions asked, are found in Appendix 3.

There were 160 responses to the Bury public survey. This only represents 0.1% of Bury's population (aged 15 years and over); we can only take this as a general picture of public opinion. Map 2 below shows the spread of responses to the public survey.

The lack of response to the public survey may indicate that residents in Bury may 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 160, 68% of the responders were female.

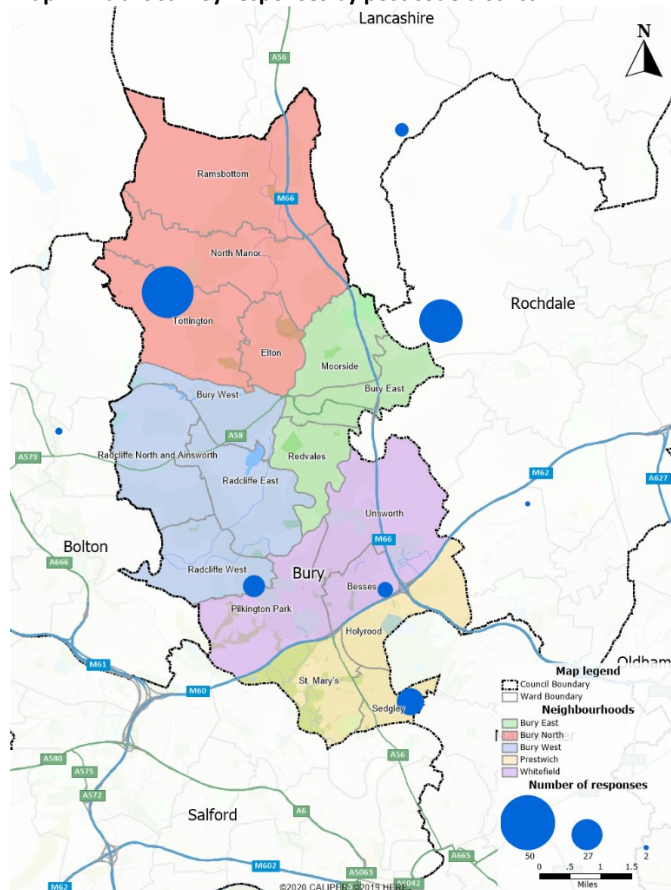
51% of respondents were over the general age of retirement of 65 years and over.

18% of respondents consider themselves to have a disability.

93% of people considered themselves to be 'White British'.

As the sample size is small, direct comparisons between the respondents and the general demographics of the Bury Borough in terms of population density, gender, age, or ethnicity would be statistically invalid, but are used as indicative information of the Bury population in this PNA.

**Map 2 - Public survey responses by post code district**



The responses identified and plotted central to the postcode district hence some may fall outside Bury boundaries.

### 3.4.1 Choice of Pharmacy

93% of respondents stated they had no difficulties accessing the pharmacy of their choice and 96% used one pharmacy regularly.

From all the respondents, the two most selected reasons for using one pharmacy regularly was that the pharmacy was near to home or their doctors which 33% of these respondents accessed by walking and 55% by car either as a driver or passenger.

### 3.4.2 Access to Pharmaceutical Services

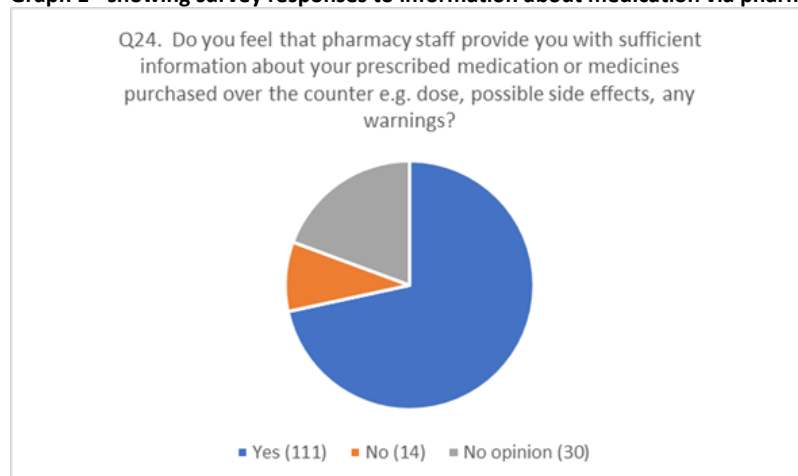
The location of pharmacies does not cause a problem for 94% of the responders and the opening hours do not cause a problem for 91% of respondents. For the 13 respondents who had a problem with the opening times, seven were not aware that some pharmacies had extended opening times and of those that did know of extended opening hours, two did not know where these pharmacies were located. Any campaign to increase use of pharmacies for self-care, should include providing information on the location and opening times of pharmacies that provide extended hours.

93% of respondents had no difficulty in accessing a pharmacy of their choice and 68% of respondents were willing to travel up to two miles to access a pharmacy.

### 3.4.3 Development of Pharmacy Services

69% 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; 19% had no opinion on this matter. 113 out of 160 (71%) were either satisfied or very satisfied with the pharmacist taking time to talk to them. However, 12 of the 14 respondents who did not feel they were given enough information made a comment on why; 11 mentioned that the staff rarely if ever advise on medication. Pharmacist and their staff should be primarily focussed on patient safety, of which delivering information to patients is a main feature. Regular conversations with clients around their medication and health status should be improved in pharmacies as this increases the understanding of medications and develops improved public confidence in the ability of pharmacy staff. Patients should also be encouraged to ask questions and understand that pharmacists are a good source of information about the medication they take.

**Graph 1 - showing survey responses to information about medication via pharmacies**



78% (141) of respondents were either satisfied or very satisfied with the services they receive from their pharmacy/pharmacies overall. With 23 non-responders and 8 being unsatisfied, whilst 4 were very unsatisfied.

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. Positive

and negative comments were received on local pharmacies which relate to operational matters 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.

### 3.5 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 NHSE&I in respect of the hours and services provided.

The questionnaire was promoted via the Local Pharmaceutical Committee (LPC) weekly newsletter to all 43 pharmacies in Bury HWB area and ran from 19<sup>th</sup> January 2022 until 15<sup>th</sup> May 2022. Responses were received from 13 pharmacies, a 30% response rate, which was low compared to previous PNA questionnaires and failed to provide a complete picture of service delivery in Bury. A major reason for the limited response is, due to the publication timeframes for the PNA, the contractor survey was undertaken during a wave of COVID-19 which led to increased community pharmacy requests from public and limited capacity for community pharmacists due to staff shortages from COVID-19 sickness and isolation.

Because of the limited response, data provided by commissioners has been used regarding the number of pharmacies delivering services.

#### 3.5.1 Advanced services

See information contained in section 6.0.

**Table 1 - Number of pharmacies in Bury commissioned to provide (c) or claiming for providing (p) each service**

Advanced Service	Number of Pharmacies	Commissioned (C) or Provided (P)	Comments
Appliance Use Review	0	P	Mainly provided by DACs
Community Pharmacist Consultation Service (CPCS)	41	C	From Nov 2020
Covid-19 Lateral Flow Device Distribution	36	P	CLOSED 31st March 2022
Flu Vaccination	37	P	
Hepatitis C Testing	2	C	From Sept 2020 until 31 <sup>st</sup> March 2023
Hypertension Case Finding	26	C	From Oct 2021
New Medicine Service (NMS)	33	P	Additional eligible conditions added Sept 2021
Pandemic Delivery	30	P	CLOSED 31st March 2022
Stoma Appliance Customisation (SAC)	2	P	Mainly provided by DACs
Smoking Cessation Service (SCS)	7	C	New from 10th March 2022

Archived Advanced Service	Number of Pharmacies
Medicines Use Review (replaced by CPCS Nov 2020)	20

*Data from the NHS Business Services Authority show that the main providers of appliance use reviews and stoma customisation services are DACs. In the 12-month period, November 2020 to October 2021 (latest data on 1<sup>st</sup> February 2022), 320 AURs were provided to Greater Manchester residents with 307 of these delivered in the individual's home.*

### 3.5.2 Enhanced and locally commissioned services

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

**Table 2 - Number of pharmacies providing enhanced and locally commissioned services**

Commissioner	Service	Number of pharmacies commissioned
Bury Council	Emergency Hormonal Contraception	23
Bury Council	Chlamydia Treatment*	7
Bury Council	Needle Exchange	5
Bury Council	Supervised Methadone/ Buprenorphine Consumption	17
NHS Bury CCG	Palliative Care Medicine stockholder	6
NHS Bury CCG	LFT Onsite Testing	11 Decommissioned 31st March 2022
NHS England	Inhaler Technique Service	4
NHS England	Minor Ailment Service (MAS)	30
NHS England	Minor Eye Conditions Service (MECS)	33

\* The processing company RU Clear ceased in early 2020. So this service is no longer viable until a new pathway is commissioned.

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

### 3.5.3 Non-NHS services

Pharmacy owners can opt to provide other services which are not directly commissioned. These can either be free to the client or the pharmacy staff can charge a fee.

Examples of such services are prescription delivery services or medication reminder tools.

## 3.6 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
- A doctor who is included in a dispensing doctor list held for the area of the HWB

NHSE&I is responsible for preparing, maintaining and publishing the pharmaceutical list. It should be noted, however, for Bury HWB there are no dispensing doctors within the HWB's area. Bury does not have any DACs within the borough boundaries either.

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.

### 3.6.1 Pharmaceutical services provided by pharmacy contractors

Unlike for GPs, dentists and optometrists, NHSE&I 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 in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 (the 2013 directions). The underpinning elements of the contractual framework, which align to national health plans, are reviewed regularly to allow



service changes and payment to pharmacy contractors for delivering services which target national priorities.

The most recent version the Community Pharmacy Contractual Framework (CPCF) 5-year deal: year 3 (2021 to 2022)<sup>12</sup> was released in August 2021

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

- **Essential services** – all pharmacies with NHS contracts (see Appendix Six for complete list) must provide these services. Further details can be found on the PSNC website<sup>13</sup> :
  - 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
  - Discharge Medicines Service (DMS)
  - Attain Healthy Living Pharmacy status
- **Advanced services** – pharmacies may choose whether to provide these services or not (see 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:
  - Community Pharmacist Consultation Service (CPCS) from Nov 2020
  - New Medicines Service (NMS) additional conditions from Sept 2021
  - Appliance Use Review (AUR)
  - Stoma Appliance Customisation (SAC)
  - Flu vaccination
  - Hepatitis C Testing from Sept 2020 until March 2023
  - Covid-19 Lateral Flow device distribution CLOSED 31st March 2022
  - Hypertension finding service from October 2021
  - Pandemic Delivery Service CLOSED 5th March 2022
  - Smoking Cessation Service from 10<sup>th</sup> March 2022
- **Enhanced services** – service specifications for this type of service are developed by NHS E&I Area Team (GM HSCP) and then commissioned to meet specific health needs.

The current list of enhanced services offered by NHSE&I in the Bury area are:

- Inhaler Technique
- Minor Ailment Scheme (MAS)
- Minor Eye Conditions Service (MECS)

Underpinning the provision of all these services is the requirement on each pharmacy to participate in a system of clinical governance<sup>14</sup>. 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
- Continued professional and personal development assurance
- An information governance programme

<sup>12</sup> <https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024/community-pharmacy-contractual-framework-5-year-deal-year-3-2021-to-2022>

<sup>13</sup> <http://psnc.org.uk>

<sup>14</sup> <https://psnc.org.uk/contract-it/essential-service-clinical-governance/>



- A premises standards programme
- Repeat dispensing
- Patient safety incident reporting

Also, the Pharmacy Quality Scheme (PQS) forms part of the Community Pharmacy Contractual Framework (CPCF). NHS E&I has introduced an updated Pharmacy Quality Scheme (PQS) from September 2021 with funding maintained at £75 million nationally.

In 2021/22 the PQS focuses on priorities supporting recovery from COVID-19. To participate, pharmacy contractors will need to have completed the 3 gateway criteria

1. Deliver 20 New Medicine Service (NMS) provisions
2. Meet patient safety criteria
3. Managing risks related to transmission of COVID-19, identifying missing red flag symptoms in over-the-counter consultations and missing sepsis.

Future schemes may be introduced in subsequent years within the lifespan of this PNA. Contractors will be expected to participate in commissioned services to meet local needs.

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

- Medicine Safety and Optimisation
- Respiratory
- Primary Care Network
- Digital
- Prevention
- Addressing unwarranted variation in care
- Healthy living support

## 3.6.2 Locally commissioned services

Locally commissioned community pharmacy services can be contracted via several different routes and by different commissioners. 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.

Bury Council and NHS Bury CCG/GM ICB may also commission services from pharmacies and dispensing appliance contractors (DACs). However, these services fall outside the definition of pharmaceutical services. In particular, the commissioning of several services that have been designated as public health services were transferred to local authorities.

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.

These services meet current identified needs for what would be pharmaceutical services if commissioned by NHS E&I and should be considered as relevant to the pharmaceutical needs of Bury. Guidance, examples, and templates of locally commissioned can be found on the PSNC website<sup>15</sup>

### **Services commissioned by Bury Council are:**

- Sexual Health Services:
  - Emergency contraception
  - Chlamydia Treatment- this is currently closed because the processing organisation RU Clear ceased in early 2020. Bury Council need to determine if a renegotiation of a pathway between community pharmacies and the new sexual health service (HCRG) for testing asymptomatic young people and treatment options is necessary, or whether to join a potential cluster re-procurement for a standalone chlamydia

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<sup>15</sup> <https://psnc.org.uk/services-commissioning/locally-commissioned-services/>

screening programme for asymptomatic young people (i.e. a service replacing RU Clear).

- Health Improvement:
  - Onsite asymptomatic Covid-19 testing service - The service was commissioned 1<sup>st</sup> April 2021 – 31<sup>st</sup> March 2022. This was being commissioned from 11 Bury community pharmacies
- Substance misuse services including:
  - Needle exchange (NX)
  - Supervised Consumption of prescribed medication for dependence (SC)

**Services commissioned by NHS Bury CCG prior to GM IC:**

- Palliative Care Medicine Stockholder

### 3.6.3 Non-commissioned added value services

Community pharmacy contractors also provide private services that improve patient care but are not commissioned directly by NHSE&I, LAs or CCGs/GM ICB. Examples of these include home delivery service, blood glucose measurements and weight loss programmes.

Pharmacists are free to choose whether 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.

### 3.6.4 Contracted Opening Hours

A pharmacy normally has 40 core contractual hours (or 100 for those that have opened under the former exemption from the control of entry test), which cannot be amended without the consent of NHS England. Pharmacies may choose to open for longer and these hours are referred to as supplementary opening hours.

Between April 2005 and August 2012, some contractors successfully applied to open new premises based on 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 (apart from 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.

The proposed opening hours for each pharmacy are set out in the initial application. If the application is granted the pharmacy is then contracted to open during the opening hours identified in the application. The contractor can subsequently apply to NHSE&I change their core opening hours or notify a change in their supplementary hours.

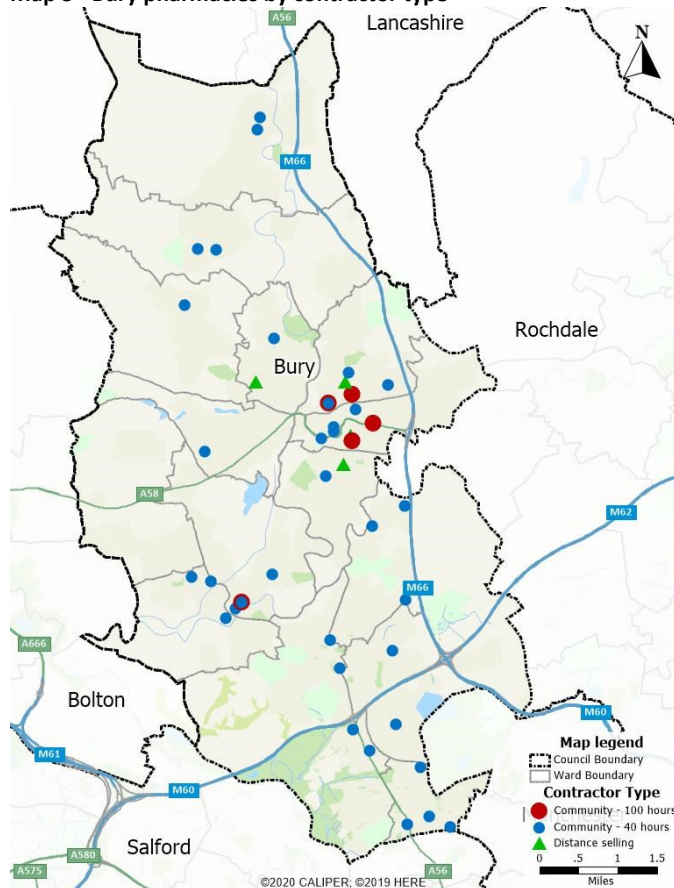
NHSE&I will assess the application against the needs of the population of the HWB area as set out in the PNA to determine whether to agree to the change in core hours or not. If a contractor wishes to change their supplementary opening hours, they are obliged to notify NHSE&I of the change, giving at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

### 3.6.5 Closure of Pharmacy Premises

Community pharmacy contractors who no longer wish to provide NHS services from their NHS pharmacy premises must provide their local NHS E&I area team with adequate notice.

Generally, contractors must give at least 3 months' notice to the local area team in advance of the date on which they intend to cease providing pharmaceutical services. The exception is for contractors with 100 core hours in which case six months' notice is required.

Map 3 - Bury pharmacies by contractor type



Pharmacy opening hours in Bury HWB's area can be found on NHS.uk website under NHS Services<sup>16</sup>. From 9th November 2020, under the NHS Terms of Service, contractors must ensure that the profile for their pharmacy is comprehensive and accurate<sup>17</sup>. Appendix Eight provides details as to the spread of opening times across each cluster and by ward.

### 3.6.6 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 needs of a patient group or groups, or a particular locality. For the purposes of the PNA the definition of pharmaceutical services includes LPS.

There are no LPS contractors within the Bury area.

### 3.6.7 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. Patients may not walk into distance selling pharmacies.

<sup>16</sup> <https://www.nhs.uk/nhs-services/>

<sup>17</sup> PSNC

There are four distance selling pharmacies in Bury, although residents may choose to use such pharmacies that are within or outside of the borough. Although these four pharmacies can provide a service nationally, dispensing data from ePACT2<sup>18</sup> shows that 76.8% of their items are issued to clients who have a Bury GP, and that a further 11.0% are issued to clients who have GPs in the neighbouring CCGs of Bolton, Heywood, Middleton and Rochdale, Manchester, East Lancashire, Blackburn with Darwin, and Salford. This indicates that the distance selling pharmacies in Bury can be classed as 'local' pharmacies.

**Table 3 - Items (>0.1%) issued from Bury Distance Selling Pharmacies, Apr 2021-Mar 2022**

CCG/ Organisation where the prescriptions were issued	Number of Items	% of total
BURY CCG (00V00)	137,727	76.8%
BOLTON CCG (00T00)	11,871	6.6%
OLDHAM CCG (00Y00)	7,545	4.2%
STOCKPORT CCG (01W00)	7,266	4.1%
HEYWOOD, MIDDLETON & ROCHDALE CCG (01D00)	3,718	2.1%
TRAFFORD CCG (02A00)	3,082	1.7%
MANCHESTER CCG (14L00)	2,083	1.2%
EAST LANCASHIRE CCG (01A00)	1,361	0.8%
TAMESIDE AND GLOSSOP CCG (01Y00)	1,226	0.7%
SHEFFIELD CCG (03N00)	655	0.4%
NORTH WEST LONDON CCG (W2U3Z)	613	0.3%
BLACKBURN WITH DARWEN CCG (00Q00)	419	0.2%
WIGAN BOROUGH CCG (02H00)	348	0.2%
NORTH EAST LONDON CCG (A3A8R)	336	0.2%
SALFORD CCG (01G00)	270	0.2%

### 3.6.8 Pharmaceutical services through 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.

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
- Appliances 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 therefore its population has appliances dispensed either from DACs outside the Bury area or from community pharmacies who provide the items they require. Six of the thirteen community pharmacies that responded to the survey stated that they were able to dispense all types of appliances, and a further two can dispense dressing. Although this is not a representative sample of the total 43 community pharmacies in Bury it does show that there are other options to obtaining appliances within Bury Borough.

<sup>18</sup> <https://www.nhsbsa.nhs.uk/access-our-data-products/epact2>

### **3.6.9 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.

### **3.6.10 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. Fairfield General Hospital (part of NCA Foundation Trust), as with each of the NCA FT trust's hospital sites, offers outpatient dispensing of hospital prescriptions.

During the lifespan of this PNA it is possible, with the advent of virtual clinics in all hospitals, that electronic prescriptions will be able to be transmitted to community pharmacies as well as the outsourced pharmacies at NHS hospitals. It may allow specialists to send prescriptions to the patient's usual pharmacy allowing clinical checks alongside GP prescribed medication. The prescription numbers generated are unlikely to be significant due to the low volumes generated in outpatients versus long-term prescribing by GPs.

### **3.6.11 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.

### **3.6.12 Other sources of information**

Information was gathered from NHSE&I, NHS 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, Bury's Locality Plan Refresh 2019 – 2024 and Bury Council and CCG's 'Let's Do It' Strategy provided background information on the health needs of the population.

## **3.7 Consultation**

A statutory consultation exercise was carried out over the Summer 2022 in accordance with the 2013 Regulations. The consultation took place from 15<sup>th</sup> July to 13<sup>th</sup> September 2022 for a period of at least 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 to how 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 draft PNA and consultation response form was issued to all compulsory stakeholders listed in Appendix Nine. The documents were posted on the council internet and publicised to the compulsory stakeholders.

The number of responses received 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.
- Five thought that current pharmacy provision and services in Bury is adequate.
- all five agreed with the conclusion of the PNA.

Two made comments that needed addressing and these are detailed in the Appendix 13. No changes were made that altered the conclusions of this PNA.

## 4 Context in Bury

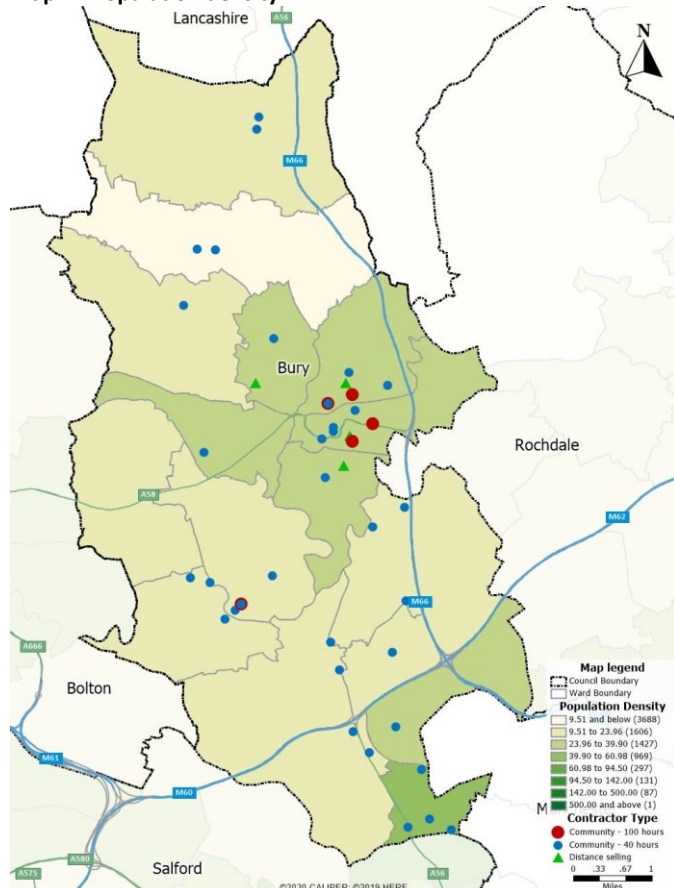
### 4.1 Overview

Bury Council is one of ten councils in Greater Manchester. It lies to the north of the city of Manchester. The borough is named after its largest town, Bury, but also includes the towns of Prestwich, Whitefield, Radcliffe, Tottington and Ramsbottom. It has a population of 190,710 (mid-2020 population estimate) and spans 38 square miles (99 km<sup>2</sup>).

Although some parts are contiguous with the city of Manchester, are highly industrialised and densely populated, the northern region between Tottington and Ramsbottom have areas covered by moorland and are sparsely populated.

Bury Borough is bordered by Bolton to the West, Rochdale Borough to the East, and Manchester and Salford Cities to the South, all of which are part of the Greater Manchester conurbation. Two other council areas to the North also border Bury Borough. These are Blackburn with Darwen and Rossendale.

**Map 4 - Population density**



## 4.2 Current and Projected Population in Bury

By 2030 Bury will have:

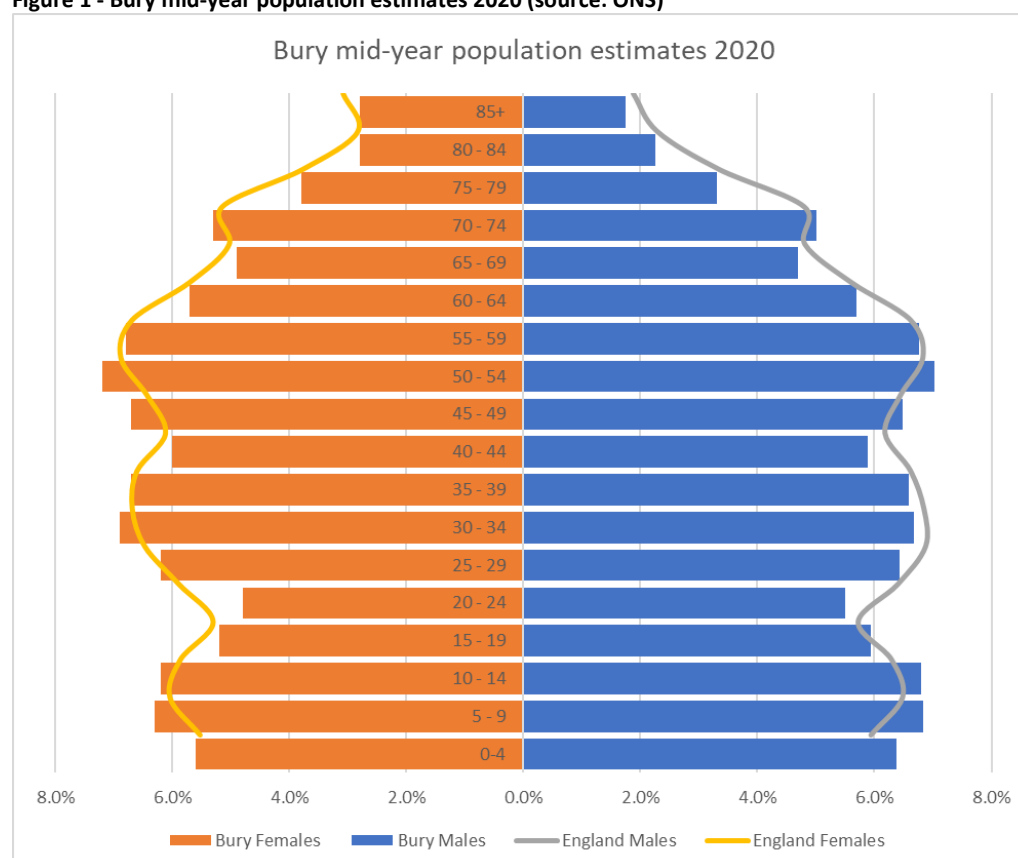
- a projected 3.3% increase in total population to 198,240 from 2020 MYE;
- with those aged 65 years and above projected to increase, on average, by 21% to make up 20% of the total population by 2030;
- young people aged 0-14 years are expected to decrease in numbers by 3.7% but will still make up 18% of the total projected population;
- and a projection of 5.6% more people of working age.
- Compared to England, Bury has a slightly younger, but generally very similar population range as seen in Figure 1

### 4.2.1 Current Population in Bury 2020 MYE

Table 4 - Proportion of total population by age group by Neighbourhood (MYE 2020) (source: ONS)

Age Range	Bury East Neighbourhood	Bury North Neighbourhood	Bury West Neighbourhood	Prestwich Neighbourhood	Whitefield Neighbourhood	Bury Average per age range
0-14	21.1%	16.7%	18.0%	21.0%	17.8%	18.9%
15-24	12.3%	10.0%	10.4%	10.4%	10.0%	10.6%
25-64	52.5%	50.9%	52.2%	52.1%	51.7%	51.9%
65-79	10.4%	16.9%	14.4%	11.9%	14.6%	13.6%
80+	3.8%	5.5%	4.9%	4.6%	5.9%	4.9%
Total population	37,202	42,414	45,592	35,441	30,059	190,708

Figure 1 - Bury mid-year population estimates 2020 (source: ONS)



**Bury East Neighbourhood** has a younger population than the rest of Bury Borough. With **Bury East** having 21% of its population between 0-14 years, (compared to Bury Borough total of 19%) and 12% of people aged 15- 24 (Bury 11%), and only 14% of the residents over 65 years of age (Bury 18%). Whilst **Prestwich Neighbourhood** also has an average 21% of its population aged 0-14 years. It contains Sedgley ward which has the overall youngest population with 41% being below the age of 25 years, this is counterbalanced in its other two wards (Holyrood and St. Mary's) where those aged under 25 only make up for 27% of their populations compared to an average of 30% across the whole of Bury Borough

**Bury North and Whitefield Neighbourhoods** have the largest proportion of adults at the older end of the age spectrum with those aged 65 and over significantly higher than the total borough average; 22% vs. 21% respectively vs. 18% in Bury overall. It is North Manor Ward in Bury North which accounts for the highest population over the age of 65 years at 31%.

**Bury West Neighbourhood** has an age profile most like the Bury Borough average. It can be seen at ward level that 2 wards (Bury West and Radcliffe North) have a majority of Bury West's elderly population whilst the other two wards (Radcliffe West and Ainsworth, and Radcliffe East) have more of the younger end of the population.

These population statistics can help commissioners deliver age related services to the relevant areas.

## 4.2.2 Projected Population from 2018 to 2030 MYE

Figure 2 - Population projection for Bury (source: ONS 2018 based subnational population projections)

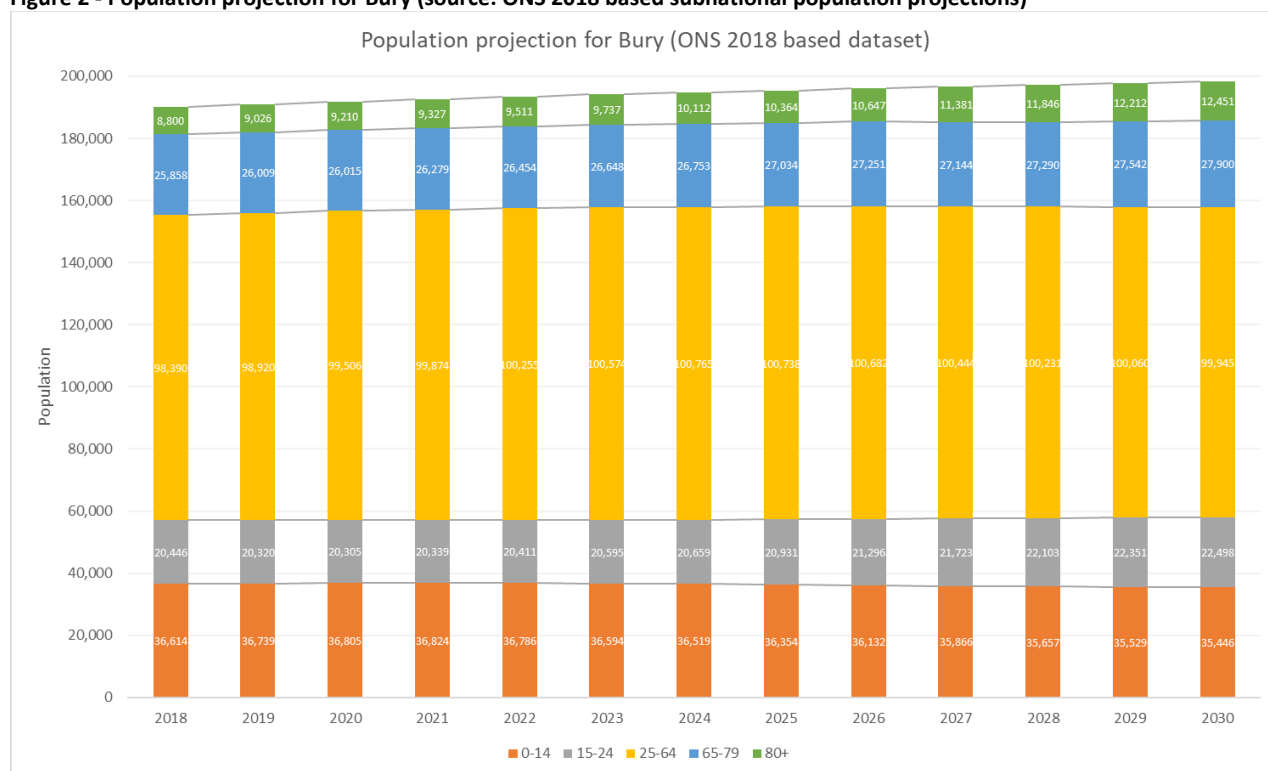


Table 5 - Projected Total Population by age group (MYE 2018- MYE 2030) (source: ONS)

	2018 Population	Projected 2030 Population	Projected % increase from 2018 to 2030	% of expected total 2030 population
Younger People (0-14 years)	36,614	35,446	-3%	18%
Working ages (15-64 years)	118,836	122,443	3%	62%
Older People (65-90+ years)	34,658	40,351	16%	20%
<b>Total Population</b>	<b>190,108</b>	<b>198,240</b>	<b>4%</b>	<b>100%</b>



Bury's total population is projected to increase by 4% from the 2018 population of 190,108 to a mid-year estimate (MYE) in 2030 when its population is expected to be 198,240; a rise of 8,132, but to understand what the impact of each group is for our commissioned services it is important to look at the underpinning figures.

Whilst the youngest age group of 0-14 years is expected to decrease by 3%, they will still account for approximately 18 % of the total population.

62% of the MYE 2030 population are expected to be in the working age ranges of 15- 64 years. With the 15 – 24-year-old group accounting for the majority of these, an extra 2052 persons in this age group (10% rise from the year 2018).

However, the most significant rise in population, both in terms of actual numbers and healthcare services they will require, is in the over 65 years age group. Their numbers will increase by 5,693 persons to a total of 40,351 accounting for 20% of the total population of Bury Borough. Those people over the age of 80 years determining most of this percentage increase with a 41% rise in their numbers to 12,451 (MYE 2030). This may have a significant impact on the types of service which are required across Bury Borough, as at this stage of the life, the need for health and social care begins to increase. This growth in older people, some of whom are likely to be living in isolation, will lead to greater levels of need for pharmaceutical services.

This growth in the over 65-year group should be borne in mind when new services are developed in the future.

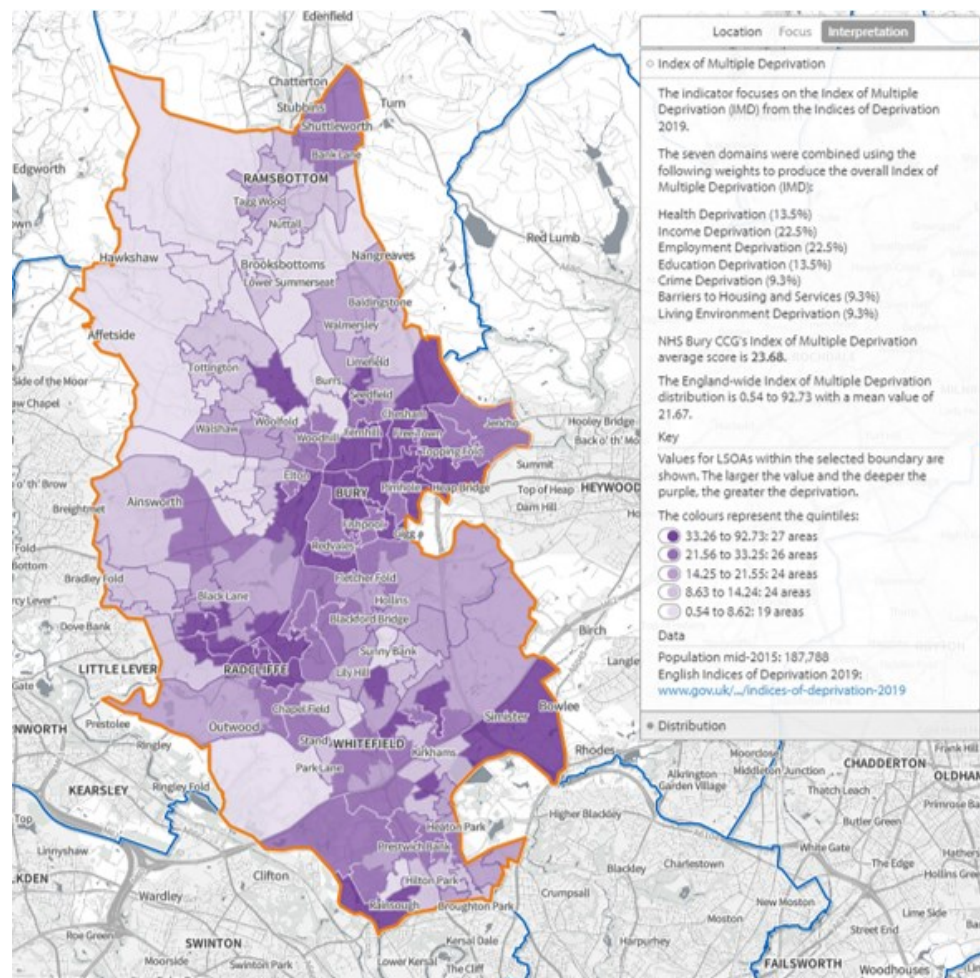
## 4.3 Deprivation

The Index of Multiple Deprivation (IMD) is a measure of relative deprivation for small areas (Lower Super Output Areas (LSOAs)). These can then be aggregated to show local authority deprivation rankings. IMD is a combined measure of deprivation based on a total of 37 separate indicators, 13.5% of the scores are related to health indicators.

In 2019 data Bury is ranked 110<sup>th</sup> most deprived of 317 Local Authority districts (rank of average score) and is 82<sup>nd</sup> in terms of the proportion of LSOAs in the most deprived decile (bottom 10% nationally). In 2015 Bury was ranked 122<sup>nd</sup> out of 326 LAs, this shows there has been a slight increase in deprivation in the intervening four years. Overall, Bury is the 3<sup>rd</sup> least deprived of the 10 GM districts, the same as in 2015. Across the 10 GM local authorities the range in IMD rank of average is 2<sup>nd</sup> to 209<sup>th</sup>, where 209<sup>th</sup> is least deprived.

Although it is not possible to use the indices to measure changes in the level of deprivation in places over time, it is possible to explore changes in relative deprivation, or changes in the pattern of deprivation, between this and previous updates of the Indices. In 2010, Bury was ranked 114 of the 326 Local Authority districts and in 2015 it was 122<sup>nd</sup> – this means that the borough has dropped back to its original rank in 2010 meaning it is more relatively deprived than in 2015. This may not be due to falling standards locally, but rising standards elsewhere in England. Another factor to consider is the reduction in the number local authorities, from 326 to 217, since 2010.

Map 5 - IMD 2019 by LSOA



The areas of higher deprivation are shown on Map 5 in dark purple with the lighter shades showing areas that have less deprivation. The areas of higher deprivation are distributed around Bury and Radcliffe town centres. However, there are pockets of deprivation in Ramsbottom ward in the North Bury Neighbourhood and in the Prestwich Neighbourhood wards of Holyrood and St. Mary'.

The local authority (LA) IMD ranks are contained within Table 6 below. Bury's Average IMD score is 23.68 is the 110<sup>th</sup> most deprived LA in England, the 8th most deprived in GM. Only Trafford and Stockport LA are less deprived than Bury but Bury is still worse (higher) than the England IMD average score of 21.67.

Table 6 - Rank of various measures of deprivation (English Indices of Deprivation 2019)<sup>19</sup>

Local Authority District code (2019)	Local Authority District name (2019)	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
E08000009	Trafford	12412.15	209	16.088	191	0.0507	125
E08000007	Stockport	15400.65	154	20.826	130	0.0895	90
E08000002	Bury	17812.44	110	23.682	95	0.1000	82
E08000010	Wigan	18600.47	97	25.713	75	0.1650	53
E08000001	Bolton	21135.42	47	30.691	34	0.2373	31
E08000004	Oldham	22460.10	29	33.155	19	0.3050	16
E08000008	Tameside	22774.30	23	31.374	28	0.2057	40
E08000006	Salford	23233.56	20	34.210	18	0.3000	19
E08000005	Rochdale	23414.21	17	34.415	15	0.2985	20
E08000003	Manchester	26417.75	2	40.005	6	0.4326	5

<sup>19</sup> [The English Indices of Deprivation \(2019\)](http://www.gov.uk/indices-of-deprivation-2019)

## 4.4 Life expectancy

### Females

The most recent data shows that life expectancy at birth for females has increased to 82.0 years for the 3-year average during 2018-2020 from 81.6 (2015-2017) and 81.2 (2011-2013). This shows an improvement of 0.4 years since the last PNA and is higher than the Northwest average of 81.7 years, but still below the England average of 83.1 years.

### Males

Life expectancy at birth for males has changed from 78.2 years in 2011-2013, to 78.0 in 2015-17 and increased to 78.4 years in 2018-2020. As for females the life expectancy from birth in males is above the Northwest average (77.9 years) but below the England average (79.4 years).

### Gender Gap

The gender difference has increased from a gap of 3.0 years in 2011-2013 to 3.6 years in the latest data. This is a similar difference in life expectancy on average across England is 3.7 years in favour of females. This could indicate that services could be commissioned to help males maintain a healthy lifestyle.

### Gap across wards

Life expectancy at birth varies by ward from the lowest in Moorside ward, Bury East Neighbourhood (74.1 yrs. Male; 78.2 yr. Female) to the highest, 81.6 yrs, in for males in Pilkington Park ward, Whitefield Neighbourhood. Whilst the highest life expectancy for females is in North Manor ward, Bury North Neighbourhood at 85 yrs. This gives a variation within the Bury Borough boundary of 7.5 years for males and 6.8 years for females. This variation can be seen in Table 7 below.

Table 7 - Life expectancy at birth by ward (2015- 19) (Source: [www.localhealth.org.uk](http://www.localhealth.org.uk))

Neighbourhood	Ward	Male	Female
Bury East	Bury East	74.8	80.3
Bury East	Moorside	74.1	78.2
Bury East	Redvales	78.7	81.7
Bury North	Elton	79.9	80.6
Bury North	North Manor	81.5	85
Bury North	Ramsbottom	81.5	84.8
Bury North	Tottington	79.9	81.5
Bury West	Bury West	81.4	83.3
Bury West	Radcliffe East	78.2	82.6
Bury West	Radcliffe North & Ainsworth	78.5	80.3
Bury West	Radcliffe West	74.6	78.9
Prestwich	Holyrood	79.2	84.1
Prestwich	Sedgley	80	82.2
Prestwich	St Mary's	76.9	81.6
Whitefield	Besses	77.1	81.4
Whitefield	Pilkington Park	81.6	83
Whitefield	Unsworth	81.2	82.6

## 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 reliant on how people self-report good health in response to a health question on a survey.

Figure 3 - Healthy Life Expectancy at birth 2017 -2019 (source: fingertips.phe.org.uk)



Males and females in Bury can expect to live 14.8 years and 20.6 years of their expected life in relatively poor health.

## 4.5 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 the particular health issues, setting out how pharmacies can support the specific needs of the population as defined by the protected characteristics in equality legislation.

### 4.5.1 Age

Age has an influence on which type of medicine and method of delivery is prescribed. Older people have a higher prevalence of illness and may 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. Ability to swallow at any age, but particularly in young children and older people with comorbidities, e.g. stroke, will also affect the type of medication available to treat a patient.

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.

#### **4.5.1.1 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 14 years) of Bury is predicted to fall by 3.7% from 2018 to 2030. However, a key theme in the Bury Let's Do It Strategy is to 'Ensure every child has the best start in life through implementation of the Greater Manchester Early Years early years Development'.

Starting life well through prevention and early intervention is a key priority. 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, and hospital admissions.

#### **4.5.1.2 Older people**

The 2020 mid-year population estimates from the Office for National Statistics (ONS) indicate that there are around 35,225 people aged 65 and over living in Bury (equivalent to 18.4% of the population). This compares to 18.5% of the population in England indicating Bury has similar proportion of older people compared to the national average.

This varies between the five neighbourhoods in Bury see Table 4 for further detail.

The greatest percentage increase in population numbers will be seen in those people aged over 80.

This increase in the older people will lead to growing demand for medicines and pharmacy services.

One of Bury Locality Plan four overarching outcomes is 'A local population that is living healthier for longer and where healthy expectancy matches or exceeds the national average by 2025.'

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 this 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 8 below shows the variation between neighbourhoods in the percentage of older people living alone. Bury East has the highest percentage of people 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. Conversely feelings of loneliness can occur in people whether they live alone or with someone and regardless of age. ONS states that nationally in 2020/2021 a composite loneliness score<sup>20</sup> was produced combining three indirect loneliness measures. A high score indicating loneliness was reported for 9% of respondents, approximately 4 million people in England: a similar proportion to 2019/20.

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<sup>20</sup> [ONS Wellbeing and Loneliness -Community Life Survey 2020/21](#)

Table 8 - Older people living alone by cluster (source: [www.localhealth.org.uk](http://www.localhealth.org.uk))

Neighbourhood	% of older people (65 years and over) living alone
Bury East	37.7
Bury North	28.5
Bury West	33.4
Prestwich	34.1
Whitefield	33.4
Bury	32.7
England	31.5

Over 65s living alone in England has increased from 3,404,000 (2011) to 4,023,000 (2019). A difference of 619,000 (+18.2%).

Pharmacy teams are often one of the few 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

#### 4.5.2 Sex / Gender

In Bury, the life expectancy from birth of men is 78.4 years and 82.0 years in women. The gap in life expectancy between females and males is 3.6 years in 2018 -2020, the same difference as in 2013-15, although the total life expectancy has increased by 0.4 years for both males and females.

However, males are still more than twice as likely as females to die of coronary heart disease in Bury<sup>21</sup> and have around 3.4 times higher risk of dying of suicide than women.

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 less likely 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).

<sup>21</sup> [Fingertips Public Health Profile data 2020](#) accessed 25/05/2022

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.

### 4.5.3 Long term health problems and disability

This data is taken from the census of 2011. The last census in 2021 has not yet been analysed, hence there is no update since this section was written in 2017.

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 these 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 25% of people report having an activity limiting health problem or disability are listed in Table 9. At the opposite side of the spectrum, there are 25 LSOAs where less than 7% 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 9 - Activity limiting health problem or disability (source: Census 2011, ONS. Crown copyright)**

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

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

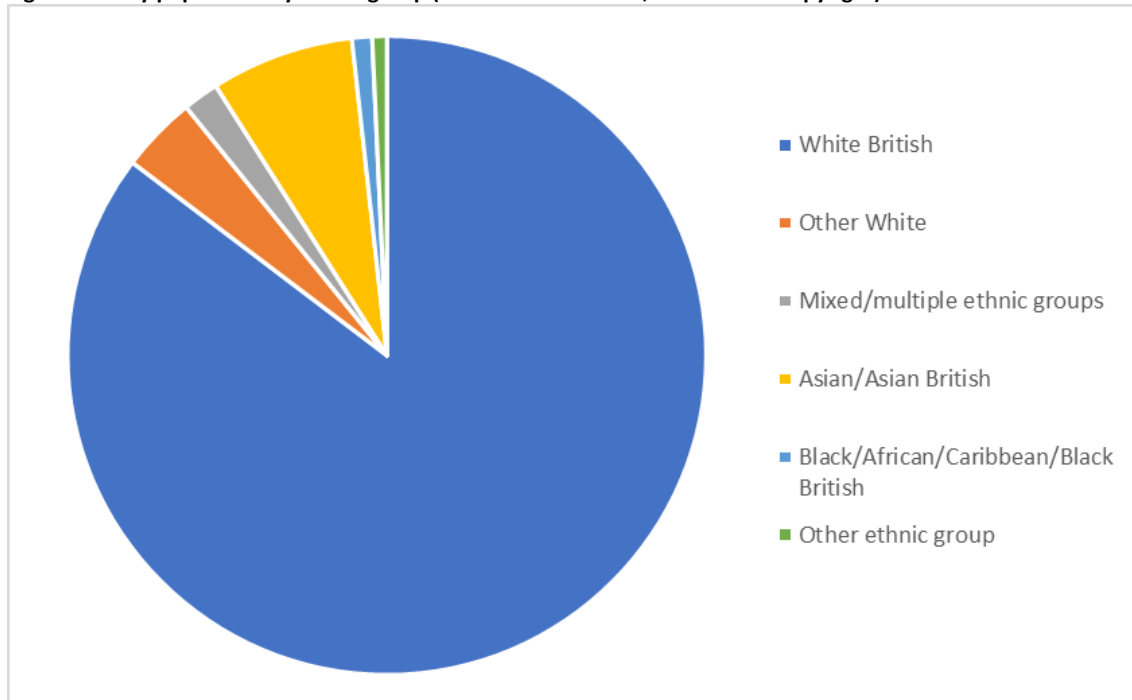
When patients are managing their own medication but need some support, pharmacists and dispensing doctors must comply with the Equality Act 2010. Where the patient is assessed as having a long term physical or mental impairment that affects their ability to carry out everyday activities, such as managing 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.

### 4.5.4 Race, ethnicity, and language

This data is taken from the census of 2011. The last census in 2021 has not yet been analysed, hence there is no update since this section was written in 2017.

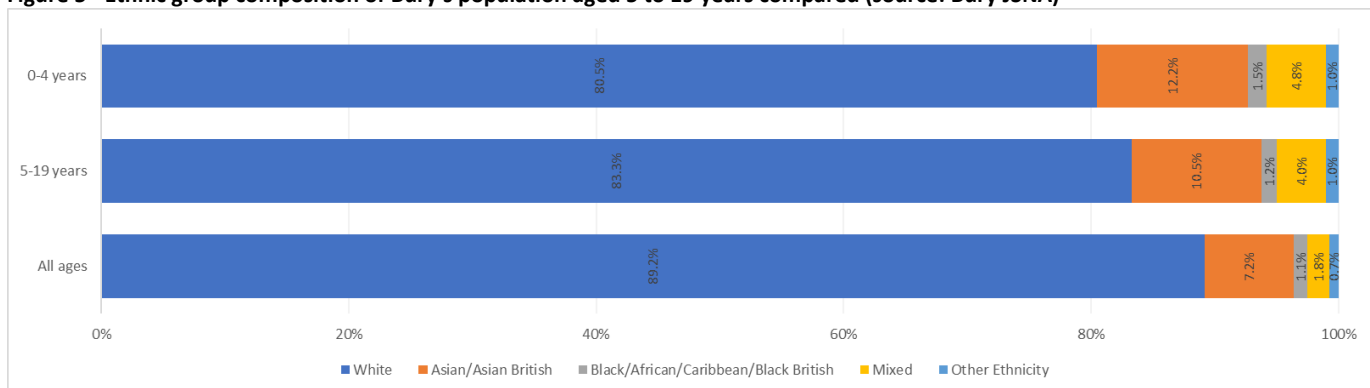


Figure 4 - Bury population by ethnic group (Source: Census 2011, ONS. Crown copyright)



Bury's ethnic group composition is expected to change, with the proportion of people from white backgrounds decreasing from 89.2% as in the 2011 census for all age groups. The proportion of people from white backgrounds aged 10 to 14 years is 66.8%, and 59.1% for those aged 0 to 4 years.

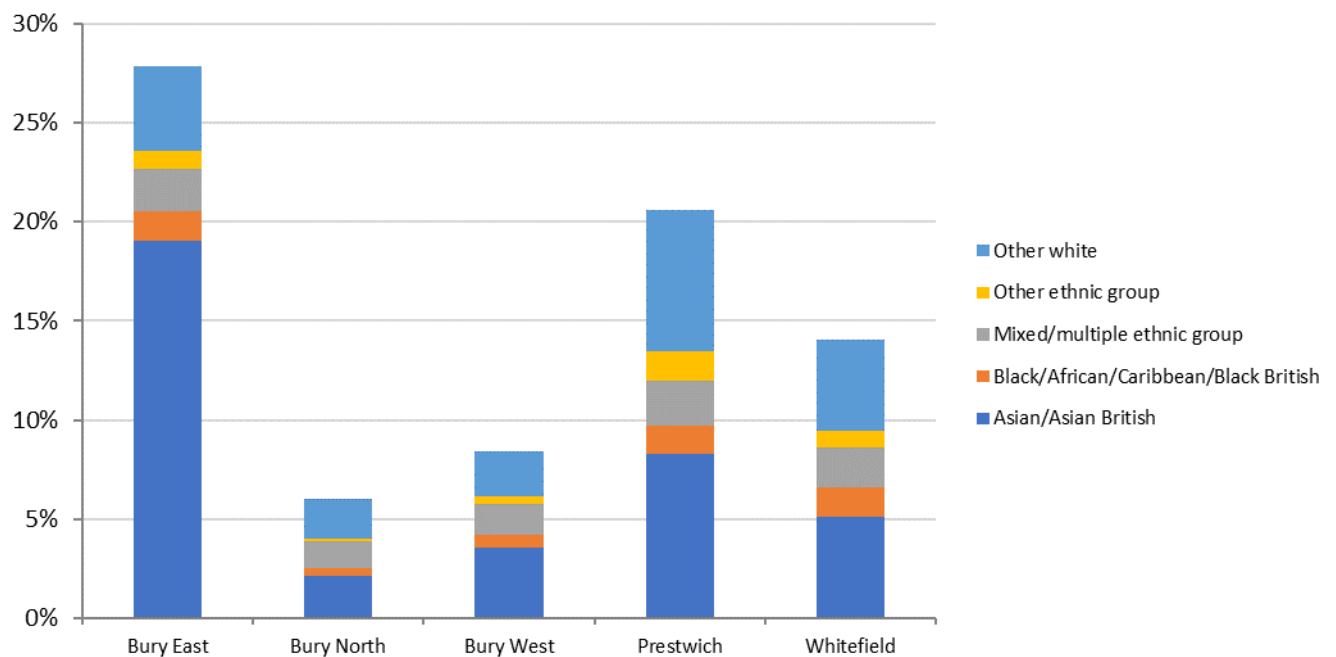
Figure 5 - Ethnic group composition of Bury's population aged 5 to 19 years compared (source: Bury JSNA)



Asian and Asian British make up the largest ethnic minority group in Bury accounting for 7.2% of the population. 57% of Bury's Asian/Asian British population are located within Bury East Neighbourhood with the majority of this group in Bury East (East) ward. (See Figure 6).



Figure 6 - Percentage of BME by District (source: Census 2011, ONS. Crown copyright)



The percentage of people that cannot speak English well or not at all in Bury is 1.2%; lower than the national average (1.7%) according to ONS data from the census in 2011<sup>22</sup>. However, Table 10 below shows there are pockets where residents are above the national average. These are mainly in the Bury East neighbourhood where there is a high population of ethnic minorities living as shown above. Those residents may need support accessing and understanding services if they that cannot speak English well or at all.

Table 10 - Percentage of population who cannot speak English well or at all, by wards with a greater than England average (source: [www.localhealth.org.uk](http://www.localhealth.org.uk))

Neighbourhood	Ward	% of population who cannot speak English well or at all
Bury East	Bury East	4.6
Bury East	Redvales	3.1
Bury East	Moorside	2
Prestwich	Sedgley	2
Bury		1.2%
England		1.7%

7 out of 13 pharmacies who responded to the survey said that they have staff who speak languages other than English, including Arabic, Bengali, Hebrew, Polish, Punjabi, and Urdu.

While the health issues facing 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<sup>23</sup>:

<sup>22</sup>

<https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/language/articles/peoplewhocannotspeakenglishwellaremorelikelytobeinpoorhealth/2015-07-09>

<sup>23</sup> <https://patient.info/doctor/diseases-and-different-ethnic-groups> accessed 09/02/2011

- South Asian groups are at higher risk of diabetes and cardiovascular disease.
- People from black ethnic groups and Indian men are at higher risk of stroke. Whereas in females the risk of stroke is highest amongst Bangladeshi women and Pakistani women.
- People from a range of BME groups are at higher risk of the inherited blood conditions: sickle cell and thalassaemia.

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.

The Covid-19 pandemic has further highlighted the impact of socio-economic status on health care statistics, see section 2.3.2.

#### 4.5.5 Religion and belief

This data is taken from the census of 2011. The last census in 2021 has not yet been analysed, hence the comparative data is a population survey carried out by the ONS<sup>24</sup> in 2018.

The religious beliefs, and non-belief, of Bury's population continues to diversify. In line with the rest of the country the borough has experienced an overall reduction in the proportion of its population that identifies with any religious belief.

The 2011 Census showed that in Bury the religious belief group of Christians were in the majority at 67.3% of the population compared to 63% for the average in the GB. Those with no religion identified accounted for 19.3% (28.5% GB), with Jewish religion and Muslim religion populations accounting for 6.6% (0.4% GB) and 6.3% (4.6% GB) respectively.

Although less accurate than the census data, a population survey carried out in 2018 shows a higher percentage since 2011 who identify as having no religion: 29.9% of the population in Bury vs. 39.5% of the GB population. This is mirroring the data from the rest of the GB. There is a decline in those identifying as Christian in 2018 (52.0% Bury vs. 50.8% GB), but an increase in the percentage of both Jewish (to 7.0% vs 0.5% GB) and Muslim (to 9.1% vs. 5.3% GB) populations in 2018 and an introduction of a Hindu community who account for 0.3% of Bury Borough's population (1.5% GB).

It is important that health and social care services are aware of the need to respect and be sensitive to the preferences of people's religions and beliefs when delivering services, 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.

#### 4.5.6 Marriage and civil partnership

This data is taken from the census of 2011. The last census in 2021 has not yet been analysed, hence there is no update since this section was written in 2017.

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.

<sup>24</sup> [ONS: Religion by Local Authority](#) accessed 8/6/2022

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; pharmacies can help to raise awareness of this issue and sign posting to services/organisations that can provide advice and support.

#### 4.5.7 Pregnancy and maternity

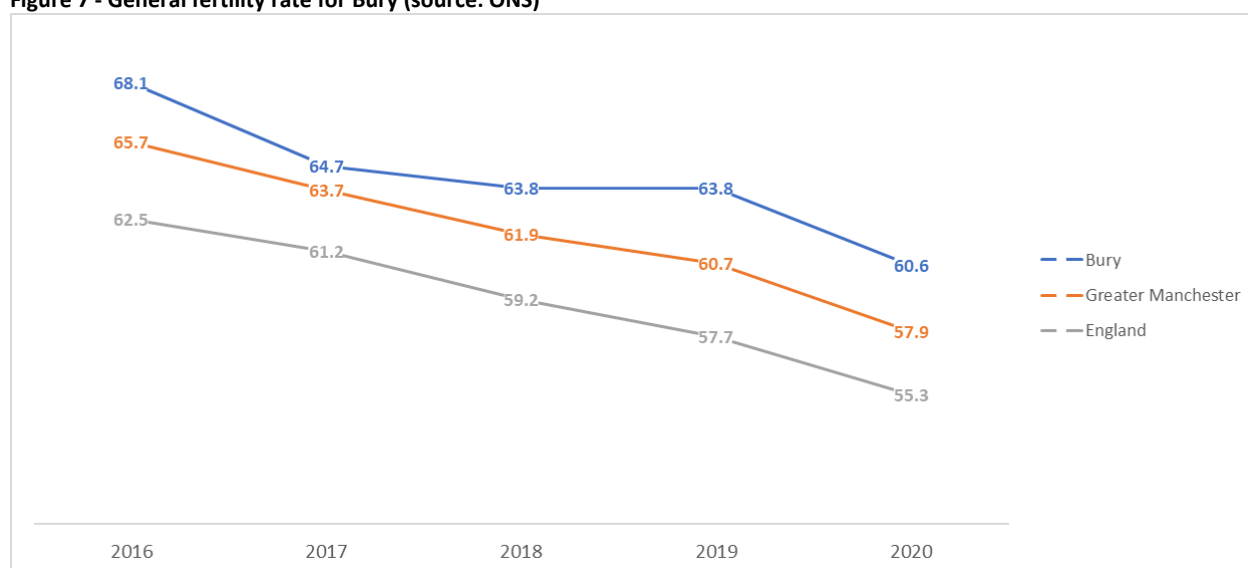
The number of live births in Bury has reduced year on year since 2015 from 2356 to 2104. Equivalent to the crude live birth rate dropping from 12.5 births per 1000 population to 11.0 in 2020. This is despite the absolute numbers of females of childbearing age (15 – 44 years) remaining fairly constant over the same time frame; ranging from 34,600 to 35,100 persons.

**Table 11 - Live births for Bury 2015 to 2020 (source: ONS)**

Year	Population (thousands)			Total live births	Crude live birth rate
	Total	Female	Females aged 15 - 44		
2015	187.8	95.9	35.0	2,356	12.5
2016	188.5	96.1	34.6	2,362	12.5
2017	189.6	96.7	34.8	2,249	11.9
2018	190.1	96.9	34.8	2,219	11.7
2019	191.0	97.3	35.1	2,228	11.7
2020	190.7	97.0	34.7	2,104	11.0

The general fertility rate (GFR) in Bury is higher than that for England and Greater Manchester but Bury has a decreasing general fertility rate (GFR)<sup>25</sup> since 2016. This is consistent with that of England and Greater Manchester. The Bury GFR was 67.4 in 2015, went up in 2016 to 68.1 (following the trend of GM but against the England trend) and then continued to fall to a GFR of 60.6 in 2020.

**Figure 7 - General fertility rate for Bury (source: ONS)**



<sup>25</sup> The general fertility rate (GFR) is the total number of live births per 1,000 women of reproductive age (ages 15 to 49 years) in a population per year.

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.

#### 4.5.8 Sexual orientation

An estimated 3.1% of the UK population aged 16 years and over identified as lesbian, gay, or bisexual in 2020 an increase from 2.7% in 2019<sup>26</sup> this compares to a North West figure of 3.0% an increase from 2.2% in 2019.

The research by LBGTQ+ charity Stonewall.org.uk<sup>27</sup> suggests that the LBGTQ+ population may be exposed to certain patterns of health risks, for instance:

- One in seven LGBT people (14 per cent) avoid seeking healthcare for fear of discrimination, which puts the health of LGBT people at risk.
- They are more likely to experience harassment or attacks have negative experiences of health services related to their sexuality.
- Lesbian and bisexual women are twice as likely never 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 (3% vs. 0.4% of general population), suffer domestic abuse, smoke and misuse alcohol and drugs.
- Gay and bisexual men are at substantially higher risk of sexually transmitted diseases (STDs) including HIV/AIDS, yet one in four gay or bisexual men have never been tested for an STD.
- 41% of lesbian, gay, and bisexual people over 55 live alone, compared to 28 % of heterosexual people of the same age

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

#### 4.5.9 Gender reassignment

A 2018 Stonewall report based on 800 trans and non-binary people revealed the discrimination that transgender individuals experienced in the healthcare environment through several statistics:

- When accessing general healthcare services in the last year, two in five trans people (45%) said healthcare staff lacked understanding of trans health needs.
- 7% of trans people were refused access to healthcare because they were LGBT
- 24% fear discrimination from a healthcare provider
- 24% don't know how to access transition related healthcare
- 24% of trans people who are currently undergoing medical intervention are unsatisfied with the support given by their GP

Acceptance of transgender people in general health and social care settings and gender specific health services (e.g. sexual health screening), 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 necessary 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. Pharmacies should also be able to provide any LBGTQ+ people with signposting to relevant services.

<sup>26</sup> [Sexual orientation, UK - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk/peopleandplaces/populationandmigration/ethnicityandnationality) accessed 26/5/2022

<sup>27</sup> [LGBT in Britain - Health \(stonewall.org.uk\)](https://www.stonewall.org.uk/health)

## 5 Key health priorities for Bury

To identify how pharmaceutical service provision can help tackle the need of Bury's local population, we have used HWB minutes from 21/10/ 2021 and 03/02/2022 meetings<sup>28</sup>. These address targets which will help drive the changes recommended in Bury's Locality Plan Refresh. In common with England, the main causes of death in Bury are circulatory diseases, cancers, respiratory conditions and digestive disorders. The priorities identified by the HWB are:

1. Cardiovascular disease
2. Stroke
3. Diabetes
4. Cancer
5. Chronic Respiratory conditions (asthma and COPD)
6. Chronic Kidney Disease (CKD)
7. Mental Health
8. Musculoskeletal (MSK)
9. Maternal and Child health

By looking at each topic we can identify areas where pharmaceutical services already meet, or are able to be developed to meet, the objectives.

Many of the CPCF and locally commissioned/ enhanced services are helpful to optimise the use of medicines thereby improving people's health, reducing medication interactions and reducing wastage e.g. Inhaler technique, New Medicines Service.

Further resources, including case studies, detailing types of pharmaceutical services which could be commissioned as potential solutions to Bury's health priorities can be found on the PSNC website: Getting a pharmacy service up and running<sup>29</sup> are listed under the four headings of

- Optimising the use of medicines
- Supporting people to live independently
- Supporting people to Self-Care
- Public Health Services

### 5.1 Cardiovascular Disease

- Overall under 75's mortality rate is declining and up to 2017-19 there is an improved ranking among statistical neighbours and reduced gap on England average.
- However ranking with statistical neighbours and gap between Bury and England average has worsened for under 75s mortality considered preventable up to 2016-18.
- CHD admissions have fallen but only in line with national average and remains above the national average.

<sup>28</sup> [Browse meetings - Health and Wellbeing Board - Bury Council](#)

<sup>29</sup> <https://psnc.org.uk/services-commissioning/commissioners-portal/getting-a-pharmacy-service-up-and-running/>

Indicator	Period	Bury		Region England				England	
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Under 75 mortality rate from all cardiovascular diseases (Persons, 1 year range)	2020	→	139	82.4	90.5	73.8	137.1		36.1
Under 75 mortality rate from all cardiovascular diseases (Persons, 3 year range)	2017 - 19	—	396	78.5	86.1	70.4	121.6		43.6
Under 75 mortality rate from all cardiovascular diseases (Male, 1 year range)	2020	→	93	114.6	129.2	104.7	208.7		53.9
Under 75 mortality rate from all cardiovascular diseases (Male, 3 year range)	2017 - 19	—	256	105.0	119.0	98.9	165.6		57.3
Under 75 mortality rate from all cardiovascular diseases (Female, 1 year range)	2020	→	46	52.4	53.6	44.6	87.4		27.4
Under 75 mortality rate from all cardiovascular diseases (Female, 3 year range)	2017 - 19	—	140	53.7	54.5	43.4	78.1		26.2
Mortality rate from all cardiovascular diseases, ages 65+ years	2020	↓	322	925.0	1057.6	1007.0	1,519.8		584.2
Under 75 mortality rate from cardiovascular diseases considered preventable (2019 definition) (Persons, 1 year range)	2020	→	60	35.1	36.3	29.2	55.0		16.0
Under 75 mortality rate from cardiovascular diseases considered preventable (2019 definition) (Persons, 3 year range)	2017 - 19	—	167	33.1	34.9	28.1	49.3		15.0
Under 75 mortality rate from cardiovascular diseases considered preventable (2019 definition) (Male, 1 year range)	2020	→	41	50.4	53.7	42.7	79.8		24.5
Under 75 mortality rate from cardiovascular diseases considered preventable (2019 definition) (Male, 3 year range)	2017 - 19	—	112	45.7	49.8	40.8	69.0		21.2
Under 75 mortality rate from cardiovascular diseases considered preventable (2019 definition) (Female, 1 year range)	2020	→	19	20.9	19.8	16.4	34.5		9.2
Under 75 mortality rate from cardiovascular diseases considered preventable (2019 definition) (Female, 3 year range)	2017 - 19	—	55	21.2	20.7	15.9	31.2		7.4

- Bury is among the best performance on primary care indicators including among best performance in country for people receiving an NHS Health check.

## NHS Health Checks

The [NHS Health Check](#)<sup>30</sup> is a health check-up for adults in England aged 40 to 74. It's designed to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes or dementia. As we get older, we have a higher risk of developing one of these conditions. An NHS Health Check helps find ways to lower this risk. Unfortunately, this was one of the services paused due to COVID-19 pandemic (see section 2.3.2). Data below shows this service in Bury has invited 90.2% (46,551) of the eligible population over the five-year period 2016/17 to 2021/22; this is compared to 71.8% across the whole of England. Of those invited 73% took up the offer, meaning 65.8% received an NHS Health Check compared to 33.4% across England.

Indicator	Period	Bury		Region England				England	
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check	2016/17 - 20/21	—	46,551	90.2%	88.6%	71.8%	13.3%		100%
Cumulative percentage of the eligible population aged 40-74 who received an NHS Health check	2016/17 - 20/21	—	33,954	65.8%	39.2%	33.4%	5.4%		66.1%
People invited for an NHS Health Check per year	2020/21	↓	629	1.2%	2.6%	3.1%	0.0%		40.5%
People receiving an NHS Health Check per year	2020/21	↓	498	1.0%	1.1%	1.2%	0.0%		9.2%
People taking up an NHS Health Check invite per year	2020/21	↓	498	79.2%	43.7%	39.0%	0.0%		891.8%

## How can pharmacy contractors help?

Currently the NHS Health Check service is mainly provided by GP practices, but community pharmacies could be commissioned to provide the service to Bury residents as a walk-in request and during their extended hours or on a weekend to allow more people to access the service. With a particular focus on the localities where there are high numbers of patients 'missing' from the GP registers with CVD, Stroke, CKD and Diabetes.

Pharmacy services which identify and manage high risk factors for CVD are already in place in some areas, such as obesity and smoking, but could be more widely commissioned from pharmacies.

<sup>30</sup> <https://www.nhs.uk/conditions/nhs-health-check/>

## 5.2 Stroke

- Overall improving trend for preventable mortality. Reduced gap with England average and improved ranking among statistical neighbours.
- Some improvement in hospital admissions up to 2017-18 but increased since and then plateaued. Above England average and 4<sup>th</sup> worst among statistical neighbours.
- Below England average for % of those admitted for stroke with history of Atrial Fibrillation (AF) who had not been prescribed anti-coagulation prior. Remained steady at around 38% up to 2018-19.

Indicator	Period	Recent Trend	Bury		Region England			England	
			Count	Value	Value	Value	Worst/Lowest	Range	Best/Highest
Stroke: QOF prevalence (all ages)	2020/21	→	3,801	1.8%	2.0%*	1.8%	0.7%		2.9%
Under 75 mortality rate from all cardiovascular diseases (Persons, 1 year range)	2020	→	139	82.4	90.5	73.8	137.1		36.1
Under 75 mortality rate from all cardiovascular diseases (Persons, 3 year range)	2017 - 19	—	396	78.5	86.1	70.4	121.6		43.6
Under 75 mortality rate from all cardiovascular diseases (Male, 1 year range)	2020	→	93	114.6	129.2	104.7	208.7		53.9
Under 75 mortality rate from all cardiovascular diseases (Male, 3 year range)	2017 - 19	—	256	105.0	119.0	98.9	165.6		57.3
Under 75 mortality rate from all cardiovascular diseases (Female, 1 year range)	2020	→	46	52.4	53.6	44.6	87.4		27.4
Under 75 mortality rate from all cardiovascular diseases (Female, 3 year range)	2017 - 19	—	140	53.7	54.5	43.4	78.1		26.2
Under 75 mortality rate from stroke (Persons, 1 year range)	2020	→	34	20.2	15.7	12.6	23.0		6.2
Under 75 mortality rate from stroke (Persons, 3 year range)	2017 - 19	—	70	13.8	15.0	12.3	21.6		6.6
Under 75 mortality rate from stroke (Male, 1 year range)	2020	—	20	24.7	19.3	14.6	32.2		8.7
Under 75 mortality rate from stroke (Male, 3 year range)	2017 - 19	—	40	16.3	17.5	14.4	26.0		7.1
Under 75 mortality rate from stroke (Female, 1 year range)	2020	—	14	15.9	12.3	10.6	-	Insufficient number of values for a spine chart	-
Under 75 mortality rate from stroke (Female, 3 year range)	2017 - 19	—	30	11.5	12.5	10.2	18.7		4.7
Mortality rate from all cardiovascular diseases, ages 65+ years	2020	↓	322	925.0	1057.6	1007.0	1,519.8		584.2
Emergency hospital admissions for stroke, standardised admission ratio ⚠	2015/16 - 19/20	—	-	111.0	-	100.0	150.9		70.4
Deaths from stroke, all ages, standardised mortality ratio	2015 - 19	—	496	103.0	-	100.0	153.4		22.3
Premature mortality due to cardiovascular diseases in adults with severe mental illness (SMI)	2018 - 20	—	115	29.4	25.6	18.9	46.9		8.7
Smoking attributable deaths from stroke (new method).	2017 - 19	—	31	9.9	10.3	9.0	22.2		4.6

### How can pharmacy contractors help?






Currently the NHS Health Check service is mainly provided by GP practices, but community pharmacies could be commissioned to provide the service to Bury residents as a walk-in request and during their extended hours or on a weekend to allow more people to access the service. With a particular focus on the localities where there are high numbers of patients 'missing' from the GP registers with CVD, Stroke, CKD and Diabetes.

As detailed above pharmacy contractors can be commissioned to provide NHS Health Checks, which would help identify patients at high risk of stroke and counsel patients to prevent these patients from requiring more intensive interventions later in life.

## 5.3 Diabetes

- Preventable mortality improving and narrowing gap with England Average. 4<sup>th</sup> best amongst statistical neighbours for 2017-19.
- Performance on disease management indicators generally above England average and among best of statistical neighbours, but nevertheless room for improvement e.g. only 18.6 Type 1 and 42.9 Type 2 diabetes patients have achieved three main treatment targets in 2018-19.
- Bury the best performing of all statistical neighbours and England for Type 1 and Type 2 diabetes patients who received all 8 care processes.



Indicator	Period	Bury			Region England			England	
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Diabetes: QOF prevalence (17+)	2020/21	→	12,136	7.4%	7.3%*	7.1%	2.8%		10.1%
Preventable sight loss - diabetic eye disease	2020/21	—	-	*	1.0*	0.9	-	Insufficient number of values for a spine chart	
Percentage with a long-term illness, disability or medical condition diagnosed by a doctor at age 15	2014/15	—	-	13.9%	14.2%	14.1%	18.6%		9.2%
Admissions for diabetes for children aged 0 to 9	2020/21	—	-	*	30.7	28.8	65.6		15.2
Admissions for diabetes for children and young people aged under 19 years	2020/21	→	25	55.2	53.9	48.2	97.9		18.7
Admissions for diabetes for young people aged 10 to 18	2020/21	→	20	94.1	80.4	70.5	169.6		29.9

### How can pharmacy contractors help?

As detailed above more pharmacy contractors can be commissioned to provide NHS Health Checks, which would help identify and counsel patients with diabetes (or pre-diabetes) and hypertension to prevent these patients from requiring more intensive interventions later in life.

Counselling on most appropriate use of medicines and interpretation of blood glucose test results amongst other services can be carried out by pharmacies.

## 5.4 Cancer

- Overall improving trend for under 75 preventable mortality but no improvement on narrowing gap with England Average or ranking among statistical neighbours.
- Emergency admissions and presentations for cancer is below England average.
- Two week wait referrals for suspected cancer above national average in 2019-20. Was just below in 2009-10. The gap appears to be widening.
- New cancer cases treated resulting from two week wait referral below England but one of best performing amongst statistical neighbours.



## Public health profiles

Data view ▾ Area profiles	Geography NHS Bury CCG CCGs in England	Indicator search Results for: cancer
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Show me the profiles these indicators are from

► Legend ► Benchmark ► More options

Geography version CCGs (from Apr 2021) ▾

Indicator	Period	Bury				England			
		Recent Trend	Count	Value	Value	Worst/ Lowest	Range	Best/ Highest	
Cancer: QoF prevalence (all ages)	2020/21	⬆️	5,928	2.9%	3.2%	1.6%	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></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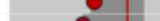

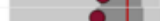



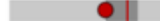







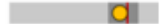
### How can pharmacy contractors help?

Pharmacy public awareness campaigns can help highlight to members the signs and symptoms of cancer and any cancer screening programmes to improve early diagnoses and therefore improve outcomes.

Identifying patients at high risk of developing cancer in the future due to diet, obesity, smoking and other lifestyle factors and giving them information or signposting into other relevant services can help reduce the long term outcomes for the residents of Bury Borough.

## 5.5 Chronic Respiratory conditions

- Overall under 75s mortality is falling and gap with England average closing.
- Under 75s preventable mortality improved and now below England average and best among statistical neighbours'.
- Asthma and COPD recorded prevalence has been increasing and both above England average.

Indicator	Period	Bury				England			Best
		Recent Trend	Count	Value	Value	Worst	Range		
Mortality rate from respiratory disease, ages 65+ years	2020	→	204	588.3	495.3	825.6		387.3	
Mortality Rate (All ages)	2020	→	2,185	1,218	1042	1,509		859	
Mortality Rate (<65 yrs)	2020	→	346	230	193	372		143	
Mortality Rate (65-74 yrs)	2020	→	380	1,961	1630	2,922		1,215	
Mortality Rate (75-84 yrs)	2020	→	682	5,701	4649	7,111		3,672	
Mortality Rate (85+ yrs)	2020	→	777	18,272	16558	22,181		13,344	
Mortality rate from pneumonia (underlying cause) (1 year range)	2020	→	63	35.96	33.36	59.92		22.44	
Mortality rate from pneumonia (underlying cause) (3 year range)	2017 - 19	→	255	50.44	43.25	82.20		28.15	
Mortality rate from pneumonia (all mentions) (1 year range)	2020	→	504	281.68	190.86	403.45		111.17	
Mortality rate from pneumonia (all mentions) (3 year range)	2017 - 19	→	1,013	196.14	167.59	280.07		117.05	
Mortality rate from COPD as a contributory cause (1 year range)	2020	→	152	83.81	68.82	178.74		34.68	
Mortality rate from COPD as a contributory cause (3 year range)	2017 - 19	→	354	67.49	53.90	112.27		25.08	
Mortality rate from asthma (1 year range)	2020	→	1	*	2.30	*	Insufficient number of values for a spine chart	*	
Mortality rate from asthma (3 year range)	2017 - 19	→	17	3.29	2.36	4.07		0.72	
Under 75 mortality rate from respiratory disease considered preventable (2019 definition) (1 year range)	2020	→	35	19.3	17.1	53.7		7.4	
Under 75 mortality rate from respiratory disease considered preventable (2019 definition) (3 year range)	2017 - 19	→	95	18.9	20.2	45.4		10.9	

## Public health profiles

Data view ▼ Area profiles	Geography NHS Bury CCG CCGs in England	Indicator search Results for: respiratory
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Show me the profiles these indicators are from

► Legend ► Benchmark ► More options

Geography version CCGs (from Apr 2021) ▼

Indicator	Period	Recent Trend	Bury				England			Best/Highest
			Count	Value	Value	Worst/Lowest	Range			
Asthma: QOF prevalence (all ages) - retired after 2019/20 (now 6+ yrs)	2019/20	⬆️	14,145	6.8%	6.5%	4.7%		8.3%		
Personalised Care Adjustment (PCA) rate for asthma indicators - retired after 2019/20 (due to changes in contributing indicators)	2019/20	➡️	1,920	9.4%	9.9%	3.3%		20.1%		
Patients with Asthma (B+): measures of variability/reversibility recorded, denominator includes PCAs - retired after 2019/20	2019/20	⬆️	4,714	88.9%	91.1%	83.9%		94.5%		
Patients with Asthma: Review in the last 12 months (incl. an assessment using the 3 RCP questions), denominator includes PCAs - retired after 2019/20	2019/20	⬆️	9,203	65.1%	67.1%	55.5%		76.8%		
Smoking recorded in the last 12 mths (14-19y w asthma), denominator includes PCAs - retired after 2019/20	2019/20	⬇️	696	76.4%	78.3%	69.8%		89.5%		
Asthma: QOF prevalence (6+ yrs)	2020/21	→	12,891	6.7%	6.4%	4.5%		8.2%		
Mortality rate from respiratory disease, ages 65+ years	2020	➡️	204	588.3	495.3	825.6		387.3		
Hospital admissions for asthma (under 19 years) (1 year range)	2020/21	⬇️	45	95.0	73.1	267.4		17.5		
Hospital admissions for asthma (under 19 years) (3 year range)	2017/18 - 19/20	→	375	265.7	172.7	393.6		86.0		
Admissions for lower respiratory tract infections in infants aged under 1 year	2020/21	➡️	30	129	90	255		45		
Admissions for lower respiratory tract infections in infants aged 1 year	2020/21	→	-	-	23.7	-	Insufficient number of values for a spine chart	-		
Admissions for lower respiratory tract infections in children aged 2, 3 and 4 years	2020/21	→	-	-	3.6	-	Insufficient number of values for a spine chart	-		
Admissions for asthma for children aged 0 to 9	2020/21	➡️	35	139.7	91.5	398.7		28.1		
Admissions for asthma for young people aged 10 to 18	2020/21	⬇️	10	44.8	52.9	134.6		15.7		
Percentage of deaths with underlying cause respiratory disease (All ages)	2020	➡️	219	10.0%	10.2%	8.5%		13.2%		
Percentage of deaths with underlying cause respiratory disease (<65 yrs)	2020	➡️	15	4.4%	6.1%	2.5%		10.8%		
Percentage of deaths with underlying cause respiratory disease (65-74 yrs)	2020	➡️	35	9.2%	10.2%	5.6%		15.9%		
Percentage of deaths with underlying cause respiratory disease (75-84 yrs)	2020	➡️	84	12.3%	11.1%	8.1%		15.8%		
Percentage of deaths with underlying cause respiratory disease (85+ yrs)	2020	➡️	85	10.9%	11.0%	7.7%		14.3%		
Emergency hospital admissions for asthma in adults (aged 19 years and over)	2020/21	➡️	65	41.2	44.4	85.5		28.3		
Emergency hospital admissions for respiratory disease	2020/21	➡️	1,500	758	711	1,145		511		
Median length of stay (days) of emergency admissions to hospital for asthma in adults (aged 19 years and over) <span>New data</span>	2020/21	→	-	1.00	2.00	0.00		4.00		
Median length of stay (days) of emergency admissions to hospital for asthma (aged under 19 years) <span>New data</span>	2020/21	→	-	1.00	1.00	0.00		2.00		
Mortality rate from asthma (1 year range)	2020	→	1	-	2.30	-	Insufficient number of values for a spine chart	-		
Mortality rate from asthma (3 year range)	2017 - 19	→	17	3.29	2.36	4.07		0.72		
Under 75 mortality rate from respiratory disease considered preventable (2019 definition) (1 year range)	2020	➡️	35	19.3	17.1	53.7		7.4		
Under 75 mortality rate from respiratory disease considered preventable (2019 definition) (3 year range)	2017 - 19	→	95	18.9	20.2	45.4		10.9		
Patients with Asthma: review in the last 12 months (denominator incl. PCAs)	2020/21	→	2,799	21.7%	31.2%	14.2%		59.7%		
For patients (6-19 yrs) with asthma, (second-hand) smoking status is recorded (last 12 months), denominator incl. PCAs	2020/21	→	578	32.6%	56.0%	32.6%		81.7%		

## How can pharmacy contractors help?

Services to identify and help people using nicotine to stop, such as smoking cessation schemes, are pivotal to reduce the decline of patients with COPD.

The Inhaler technique service can optimise a patient's health outcomes from their medication and reduce their hospital admissions.

Using the Make Every Contact Count (MECC) approach, pharmacy staff can engage people who purchase over the counter cough mixtures to identify any long term health conditions and refer them to the appropriate service.

## 5.6 Chronic Kidney Disease (CKD)

- Overall preventable mortality is falling and the gap with England Average narrowing.
- Prevalence of CKD has broadly remained consistent in Bury, having the 3<sup>rd</sup> highest recorded prevalence amongst statistical neighbours.



### How can pharmacy contractors help?

Through their essential and advanced contractual requirements pharmacists can explain to patients the importance of taking their medicines correctly and identify medicines which may cause harm for those with chronic kidney disease. This should help prevent further deterioration of kidney function.

## 5.7 Mental Health

- Premature mortality in adults with Severe Mental Illness (SMI) has increased, is significantly above the England Average and 2<sup>nd</sup> worst among statistical neighbours.
- Excess under 75s mortality in adults with SMI has also increased and having been well below the national average is now almost equal to it.
- Having been above the national average up to 2015-17, the suicide rate in Bury is now below the national average.
- Hospital admissions for those with mental health conditions is similar to the England average.
- Bury has the highest rate of newly diagnosed patients with depression having had a review 10-56 days after diagnosis.
- Successful completion of alcohol and drug treatment is similar to the national average and among best of statistical neighbours.

Indicator	Period	Bury			England				
		Recent Trend	Count	Value	Value	Worst/ Lowest	Range	Best/ Highest	
% with a long-standing health condition	2021	→	1,484	53.9%	51.1%	41.1%		59.8%	
Mental Health: QOF prevalence (all ages)	2020/21	→	2,046	0.99%	0.95%	0.61%		1.55%	
IAPT recovery: % of people who have completed IAPT treatment who are "moving to recovery" (65+ yrs)	2019/20 Q2	—	25	73.0%*	66.4%	-	Insufficient number of values for a spine chart	-	
Patients with severe mental health issues having a comprehensive care plan (denominator incl. PCAs)	2020/21	↓	539	29.9%	43.1%	13.6%		68.2%	
Record of alcohol consumption for patients on the MH register (last 12 mnths), den. incl. exc. - retired after 2018/19	2018/19	→	1,569	87.7%	81.1%	50.7%		89.6%	
Record of blood pressure check in preceding 12 months for patients on the MH register (denominator incl. PCAs)	2020/21	↓	703	39.1%	55.4%	37.4%		79.4%	
Female patients (25-64 yrs) on the MH register who had cervical screening test in preceding 5 years (den. incl. exc.) - retired after 2018/19	2018/19	→	382	71.5%	70.5%	64.1%		77.7%	
IAPT referrals: rate (quarterly) per 100,000 population (65+ yrs)	2019/20 Q2	—	275	793*	268	-	Insufficient number of values for a spine chart	-	
Completion of IAPT treatment: rate (quarterly) per 100,000 population (65+ yrs)	2019/20 Q2	—	40	115*	104	-	Insufficient number of values for a spine chart	-	
Entering IAPT treatment: rate (quarterly) per 100,000 population (65+ yrs)	2019/20 Q2	—	200	577*	204	-	Insufficient number of values for a spine chart	-	
IAPT reliable improvement: % of people who have completed IAPT treatment who achieved "reliable improvement" (65+ yrs)	2019/20 Q2	—	25	71.4%*	79.9%	-	Insufficient number of values for a spine chart	-	
Personalised Care Adjustment (PCA) rate for MH indicators	2020/21	→	122	2.3%	6.5%	1.6%		32.7%	
Hospital admissions for mental health conditions	2020/21	→	35	77.6	86.6	184.4		32.3	
% reporting a long-term mental health problem	2021	—	318	12.4%	11.0%	7.7%		17.1%	
Estimated prevalence of common mental disorders: % of population aged 16 & over	2017	—	26,427	17.5%*	16.9%*	-	Insufficient number of values for a spine chart	-	
Estimated prevalence of common mental disorders: % of population aged 65 & over	2017	—	3,643	10.7%*	10.2%*	-	Insufficient number of values for a spine chart	-	
Attended contacts with community and outpatient mental health services, per 100,000 (All ages) <span>New data</span>	2019/20	—	69,295	36,647	30674	16,549		57,182	
Attended contacts with community and outpatient mental health services, per 100,000 (<18 yrs) <span>New data</span>	2019/20	—	16,635	40,250	28395	14,736		66,000	
New referrals to secondary mental health services, per 100,000 (All ages) <span>New data</span>	2019/20	—	20,505	10,924	6897	4,389		14,059	
New referrals to secondary mental health services, per 100,000 (<18 yrs) <span>New data</span>	2019/20	—	4,070	9,796	6977	3,267		18,214	
Inpatient stays in secondary mental health services, per 100,000 (All ages)	2019/20	—	790	428	241	528		119	
Inpatient stays in secondary mental health services, per 100,000 (<18 yrs)	2019/20	—	30	71	53	804		7	
Record of BMI in the last 12 months for patients on the MH register (denominator incl. PCAs)	2020/21	—	667	37.1%	54.4%	31.4%		78.2%	
Suicide rate (Persons)	2018 - 20	—	51	10.4	10.7	10.4	18.8		5.0
Suicide rate (Male)	2018 - 20	—	39	16.3	16.6	15.9	28.5		5.5
Suicide rate (Female)	2018 - 20	—	12	4.8	5.0	5.0	10.3		2.8

### How can pharmacy contractors help?

In Bury there are currently 17 pharmacies who provide regular contact with people prescribed medication in the supervised consumption scheme. Plus, 5 of these pharmacies also provide needle exchange schemes to people who inject substances of misuse, who may or may not be in contact with the substance misuse scheme.

As well as providing safe equipment to use and medication to take pharmacies can also provide signposting and advice and regular contact with people who may not use more conventional medical services.

Pharmacies in Bury do not currently provide alcohol support services, but they can provide signposting and advice. There is the potential for pharmacists to engage with people misusing alcohol when they collect prescriptions related to alcohol dependency.

They could also use screening tools to begin a conversation with someone who may not approach any other medical service.

## 5.8 Musculoskeletal

- Hip fractures among those aged over 65 are just above the England average and middle of the pack among statistical neighbours.
- The percentage of the population reporting a long term musculoskeletal problem is above the England average and 4<sup>th</sup> highest among our statistical neighbours.

● Better 95% ● Similar ● Worse 95% ○ Not applicable ⚠ Data quality concerns

Recent trends: — Could not be calculated ➡ No significant change ⬆ Increasing & getting worse ⬆ Increasing & getting better ⬇ Decreasing & getting worse ⬇ Decreasing & getting better

Indicator	Period	Recent Trend	Bury		Region England		England		Best
			Count	Value	Value	Value	Worst	Range	
Hip fractures in people aged 65 and over	2020/21	➡	200	580	559	529	723		315
Hip fractures in people aged 65-79	2020/21	➡	65	260	240	219	360		120
Hip fractures in people aged 80+	2020/21	➡	135	1,509	1486	1426	2,079		684
Prevalence of severe hip osteoarthritis in people aged 45 and over	2012	—	2,586	3.2%	3.4%	3.2%	4.0%		2.3%
Prevalence of hip osteoarthritis in people aged 45 and over	2012	—	8,906	11.1%	11.2%	10.9%	12.2%		9.6%
Emergency hospital admissions for hip fracture in persons 65 years and over, standardised admission ratio <span style="color: grey;">⚠</span>	2015/16 - 19/20	—	-	108.0	-	100.0	134.4		68.0

### How can pharmacy contractors help?

Medication reviews can identify prescribed or over the counter medication which may contribute to falls. Pharmacies should discuss adherence to prescribed medication or exercise regimes and promote healthy lifestyles which reduce the risk of accidental fractures.

## 5.9 Maternal and Child Health

- Infant Mortality is slightly above the national average
- The percentage of children achieve a good level of development at reception has been improving and is like the national average
- Admissions for children and young people under 19 for Diabetes has increased more recently and now highest of statistical neighbours.
- Hospital admissions caused by unintentional and deliberate injuries is above the national average has shown no improvement – in fact the gap with England has widened slightly.
- Emergency admissions under 18 years is one of highest amongst statistical neighbours.
- Oral health of children under 5 is getting worse and is above the national average which has remained steady
- Overall childhood immunisation & vaccine uptake is above the national average but there is room for improvement compared to statistical neighbours

Indicator	Period	Bury			England				
		Recent Trend	Count	Value	Value	Worst/ Lowest	Range		Best/ Highest
Stillbirth rate	2018 - 20	—	25	3.8	3.9	5.8			1.6
Multiple births	2020	➡	23	11.0	14.4	8.5			21.9
Smoking status at time of delivery	2020/21	⬇	192	9.2%	9.6%	21.4%			4.5%
Early access to maternity care	2018/19	—	695	29.4%	57.8%	29.4%			77.8%

### How can pharmacy contractors help?

Pharmacists could help identify and refer soon-to-be parents and those with children who meet any agreed at-risk criteria.

Community pharmacies have an established immunisation/ vaccine process and could be commissioned to provide an extended service where patients are not able to access these through usual routes.



## 6 Provision of pharmaceutical services

### The Community Pharmacy Contractual Framework (CPCF) for 2019/20 to 2023/24

The Community Pharmacy Contractual Framework (CPCF) adds more detail to the [NHS \(Pharmaceutical and Local Pharmaceutical Services\) Regulations 2013](#). The CPCF are reviewed and updated every 5 years in line with national health care strategies.

The update, CPCF 2019/20 to 2023/24 (published in July 2019), is NHS England's latest statement of what is expected of pharmacists providing NHS services and has been designed to support delivery of the NHS Long Term Plan. It introduces new services to community pharmacies broadening the use of clinical skills of the teams that work in pharmacies and to make best use of the accessibility of the 11,500 pharmacies throughout England.

The Community Pharmacy Contractual Framework (CPCF) is made up of three different service types.

1. [Essential services and clinical governance](#) These services must be offered by all pharmacy contractors during all opening hours of the pharmacy as part of the NHS CPFC. These are
  - dispensing (medicines and appliances)
  - repeat dispensing
  - signposting
  - clinical governance
  - disposal of unwanted medicines
  - Support for self-care
  - Public health (promotion of healthy lifestyles) and
  - the new Discharge of Medicines Service (DMS);
2. [Advanced services](#) which can be provided by all contractors once accreditation requirements have been met and are commissioned by NHS E&I. These include
  - Appliance Use Review (AUR),
  - Community Pharmacy Consultation Service (CPCS) (from Nov 2020),
  - Covid 19 lateral flow distribution service (from March 2021)
  - Flu Vaccination Service,
  - Hep C testing Service
  - Hypertension Case finding service (from Oct 2021)
  - New Medicine Service (NMS)
  - Pandemic Delivery Service (currently active until 31<sup>st</sup> March 2022)
  - Stoma Appliance Customisation
  - Stop Smoking Advanced Service (from January 2022)
3. [Locally commissioned services](#) commissioned by Local Authorities, Clinical Commissioning Groups and NHS England (i.e. "Enhanced Services" outlined in the Drug Tariff) in response to the needs of the local population

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 and contracted hours of service as set out in the 2013 regulations, and
- advanced services

Relevant services are

- locally commissioned services set up in response to needs of the local population.

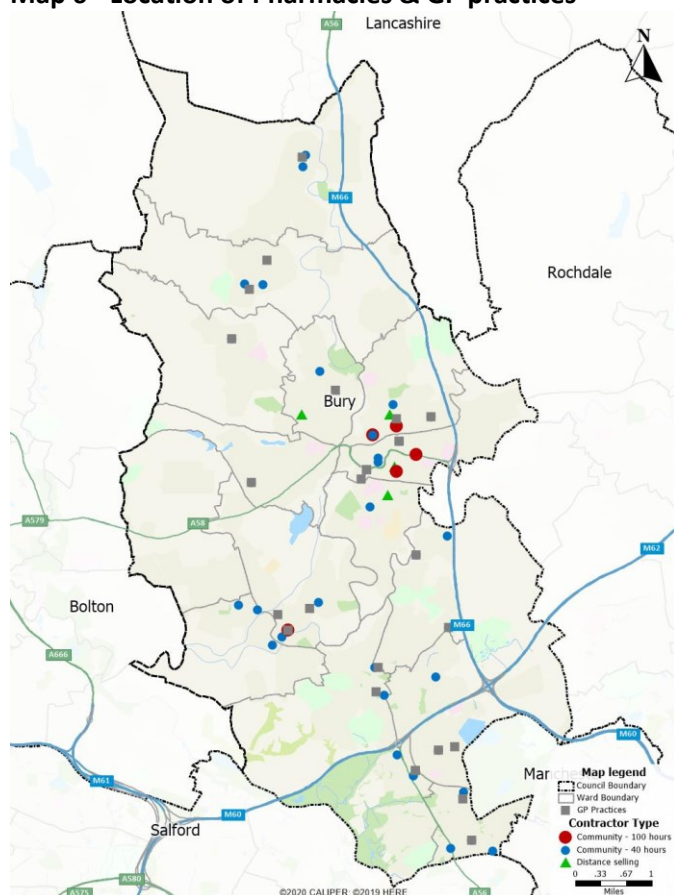
## 6.1 Necessary services - current provision with-in the HWB's area

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, dispensing GP practices, 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 index number for each premises can be found in Appendix Six, with an overview of opening hours and cluster for each premises shown 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**



Where GP practices and pharmacies are co-located only GP practices are visible on this map.

In 2020/21, Bury's average prescription items per month per pharmacy were 7,322. This is similar to the Greater Manchester average but lower than the average for England. Using Table 14 below we calculated the number of dispensed items per head of population for Bury was 1.8 in line with the Greater Manchester average, but above the average in England of 1.5 items per head.

**Table 12 - Bury pharmacies 2017/18 to 2020/21 (source: EPACT2)**

	Number of community pharmacies (based on mid-year count)	Prescription items dispensed per month (000)s	Population (000)s mid-year	Pharmacies per 100,000 population
2017/18	39	292	190	21
2018/19	41	299	190	22
2019/20	41	307	191	21
2020/21	42	304	191	22
2021/22	43	315	TBC (Sept 22)	TBC

*\*This table includes distance selling pharmacies.*

From April 2021 until March 2022 approximately 7% of items dispensed by Bury pharmacies were prescribed by providers who were not Bury CCG registered practices (see Table 13).

**Table 13 - Items dispensed by Bury pharmacies for providers (source: EPACT2)**

Registered provider	Total items dispensed through a Bury Pharmacy	% of total items dispensed by Bury pharmacies
BURY CCG	3526326	93%
SALFORD CCG	59300	2%
MANCHESTER CCG	46580	1%
BOLTON CCG	36881	1%
HEYWOOD, MIDDLETON & ROCHDALE CCG	36405	1%
ENGLISH/WELSH DUMMY DENTAL	17766	0%
STOCKPORT CCG	9193	0%
BURY COUNCIL	9065	0%
OLDHAM CCG	8550	0%
EAST LANCASHIRE CCG	7414	0%
PENNINE CARE NHS FOUNDATION TRUST	3910	0%
TRAFFORD CCG	3855	0%
TAMESIDE AND GLOSSOP CCG	1982	0%
SALFORD ROYAL NHS FOUNDATION TRUST	1392	0%
BLACKBURN WITH DARWEN CCG	1261	0%
WIGAN BOROUGH CCG	954	0%

*\*This table includes distance selling pharmacies.*

The average items per month are slightly lower than both GM and England average. The ability of each premises to cope with prescription dispensing 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.



Table 14 - Number of pharmacies and items dispensed per month nationally and locally for 2020/21 data (source: EPACT2)

Based on 2020/21 data	Number of community pharmacies (based on mid year count)	Prescription items dispensed per month (000)s	Population (000s) mid year 2020	Pharmacies per 100,000 population	Average items per pharmacy per month
Bury	42	304	191	22	7,238
GM	680	5,011	2,848	24	7,369
England	11,364	84,738	56,550	20	7,457
<i>* This table includes distance selling pharmacies.</i>					

The number of pharmacies available per 100,000 population in Bury in 2020/21 was 22 per 100,000 population. This has remained constant since 2017/18, except for an increase of one during 2018/19. The number of pharmacies per 100,000 in Bury is lower than GM (24), but higher than England (20) averages. Based on historical pharmacy use this would indicate that the current number of pharmacies are sufficient for the current population.

Also, with the average items per month dispensed in Bury Pharmacies being lower than GM and England figures, this also indicates that the current number of pharmacies can cope with demand for prescription dispensing.

### 6.1.1 Access to premises

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

Community pharmacists are easily accessible<sup>31</sup> with over 11,600 community pharmacies in England located where people live, shop and work. The latest information shows that:

- 89% of the population in England has access to a community pharmacy within a 20-minute walk;
- Over 99% of those in areas of highest deprivation are within a 20-minute walk of a community pharmacy; and
- As the accessibility of community pharmacies is greatest in areas of higher deprivation, they may have an important role to play in reducing inequalities.

The location of pharmacies does not cause a problem for 151 of 160 (94%) of the responders to the public survey and the opening hours do not cause a problem for 91% (145 /160).

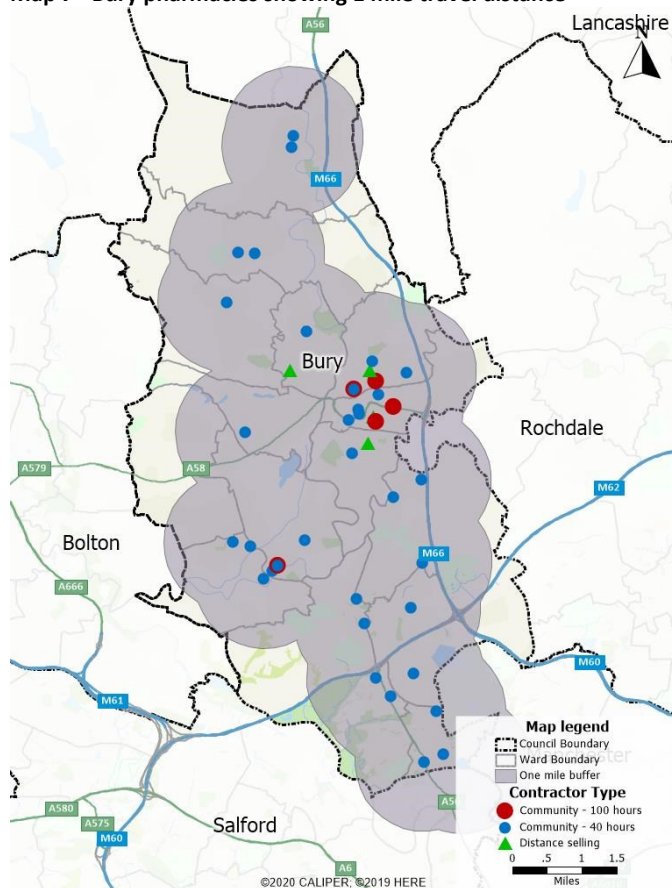
The Pharmacy Access Scheme (revised PhAS) started from January 2022, to continue to support patient access to isolated, eligible pharmacies. It is funded from the Community Pharmacy Contractual Framework (CPCF).

Eligibility for PhAS continues to be based on both those pharmacies in the lowest 70<sup>th</sup> percentile by dispensing volume, and distance of more than 1 mile from the next nearest pharmacy. The exception to the distance criteria is where the pharmacy is in an area in the top 20% on the Index of Multiple Deprivation (see section 4.3) and more than 0.8 miles from the nearest pharmacy.

1 mile is used as an approximate for 20 minutes walking time assuming that an average walking speed is 3mph. Of course, the speed will vary depending on the walking ability of the person and the terrain in the area.

<sup>31</sup> <https://psnc.org.uk/psncs-work/about-community-pharmacy/> accessed 22/02/2022

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, although these tend to be in the least populated areas however (see Map 4). Also there are pharmacies within 1 mile of Bury boundaries that offer further access, see map 8 (below) for location of pharmacies in the neighbouring Boroughs.

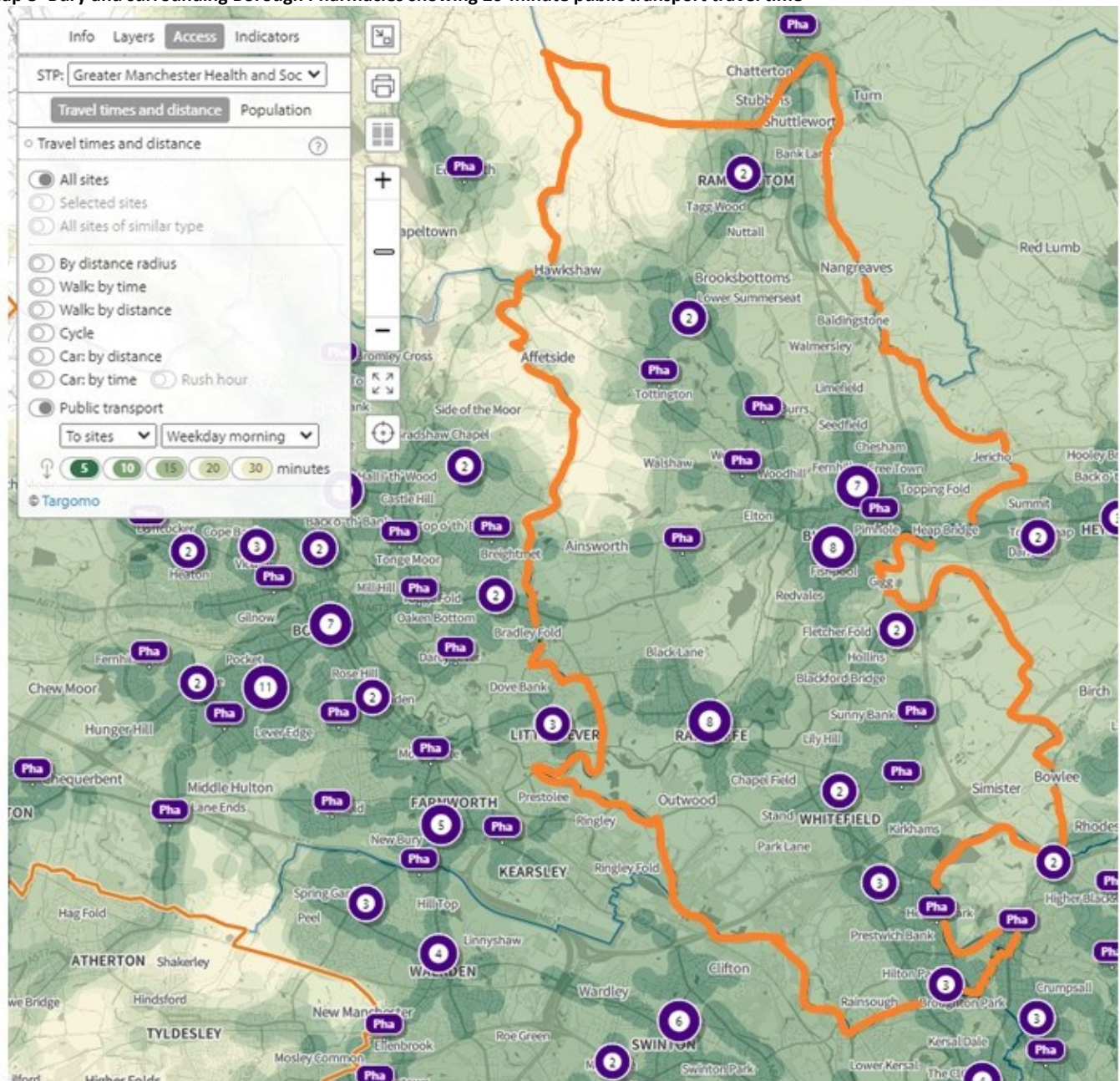
However, Map 8 (below) showing 20-minute travel time by public transport, indicates that more of the borough is accessible when using public transport. The areas which indicate public transport travel time is greater than 20 minutes are located in the North West of Bury Borough, either side of Hawkshaw. These areas are rural and have limited housing in the area.

According to government statistics the percentage of households in the North West without access to a vehicle has fallen from 27% in 2002/03 to 22% in 2020<sup>32</sup> (see Table 19 in section 7.1). Although this is high compared to some national regions it is on a par with other highly urbanised areas e.g. West Midlands 22% (England 2020 average 21%, England-excluding-London 17%, London Only 42%). This is because the North West includes large city centres, such as Manchester and Liverpool where people are more likely to rely on public transport rather than have access to a vehicle, the value for Bury alone is not available but is likely lower than the NW average.

Most of Bury's population should have access to a pharmacy within 20 minutes by car, walking or using public transport.

<sup>32</sup> <https://www.gov.uk/government/statistical-data-sets/nts99-travel-by-region-and-area-type-of-residence>

Map 8- Bury and surrounding Borough Pharmacies showing 20-minute public transport travel time



### 6.1.2 Correlation with GP practices

There are 43 community pharmacies, more than the 29 GP practices. In addition, all neighbourhoods have multiple pharmacies and there are pharmacies close to each GP practice, although practice list sizes, number of GPs and opening times may differ significantly between practices. Where these GP practices and pharmacies are co-located Map 6 shows only the GP practice location. At ward level, only Radcliffe North and Ainsworth ward has no community pharmacy or GP practice, but do have both in close proximity to their borders, including its border with Bolton Local Authority area.

### 6.1.3 Access due to opening hours

The public survey asked, 'Have you used pharmacies early in the morning (before 9am), later at night (after 7pm), at weekends or on bank holidays?'. 110 out of 160 (69%) respondents replied 'No', so whilst most people will visit a pharmacy during the 9am to 7pm 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 collect a dispensed prescription or 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.

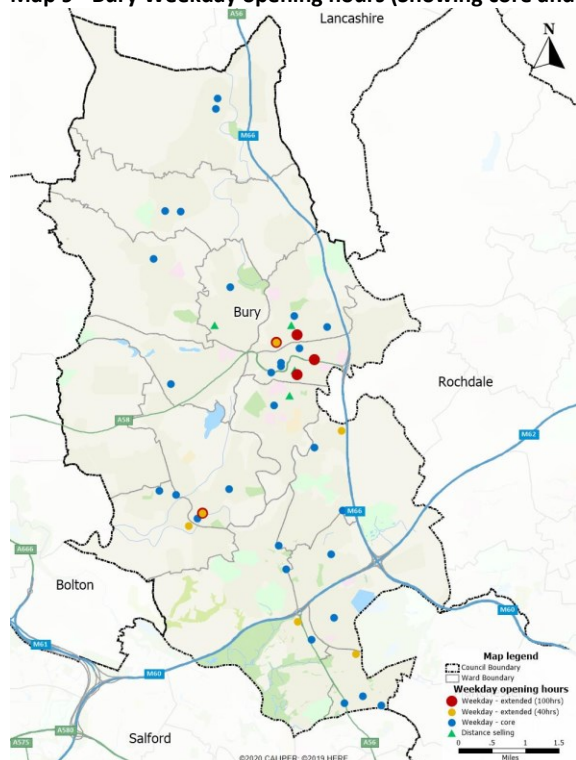
The public survey provided the following insights into how Bury residents access pharmaceutical services:

- 94% of respondents surveyed had not had any problems accessing a pharmacy service due to location. Of the other 9 responders: 2 left this answer blank; 2 mentioned parking and accessibility; 2 mention poor public transport; 1 mentioned lack of delivery service at their chosen pharmacy; 1 said the medicines issued and service were poor at their nearest pharmacy and the last one made no comment on why they had problems.
- 145 respondents (91%) had no access problems due to opening hours. Of the 15 other respondents: 2 did not submit a response to this question; 9 respondents who had access issues stated their main issues were 'Not open outside of working hours' and 'Not open weekends'; 2 stated that in emergency, after 11pm, there are no pharmacies open in Bury; 1 said their items weren't ready to collect at opening times; and 1 did not give a reason.
- Yet 7 of these 15 were unaware of pharmacies in Bury with extended opening hours, and a further 2 did know of them but were unaware of their location.
- When rating the overall experience of using a pharmacy most respondents (78%) indicated they were satisfied or very satisfied, with 14% not responding to this question and only 8% indicating they were unsatisfied.

Map 9 and 10 detailed below show the span of opening times for Bury pharmacies based on their core and supplementary opening hours<sup>33</sup>. 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 before 8am and after 7pm Monday to Friday (identified as 'extended - 40hrs').

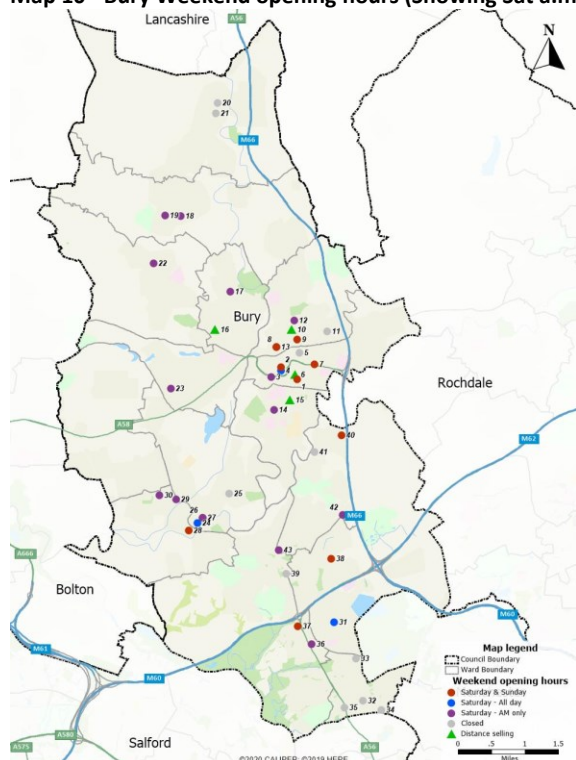
Full details of the opening hours for community pharmacies in Bury can be found on NHS Choices<sup>34</sup>.

**Map 9 - Bury Weekday opening hours (Showing core and extended hours)**



<sup>33</sup> Data valid as at 28<sup>th</sup> February 2022

<sup>34</sup> <https://www.nhs.uk/service-search/pharmacy/find-a-pharmacy>

**Map 10 - Bury Weekend opening hours (Showing Sat a.m. only, all day Saturday and both Saturday and Sunday)**

## Monday to Saturday opening

Eight walk-in community pharmacies open at 8:00 a.m. or earlier Monday to Saturday. The earliest opening is 6:00 a.m. (see Table 15).

28 of the 39 walk-in community pharmacies open on a Saturday morning, 13 of these 28 pharmacies close by 1:00 p.m. 15 remain open until later during Saturday in Bury with latest time of closing being 10:00pm for 5 of these.

The gaps in opening hours are in Bury North neighbourhood where there is no pharmacy open before 9:00am or after 6:30pm on a weekday or before 9:00am and after 13:00pm on a Saturday and no pharmacies open on a Sunday.

The public survey had 97 responses from people whose postcode matched those in Bury North (BL0 & BL8 & BL9). 9 of these 97 (9%) residents complained of poor access due to opening times at their local pharmacy.

All other neighbourhoods have cover with at least 1 pharmacy remaining open during the weekday and Saturday evening, and on a Sunday.

**Table 15 - Bury pharmacies open Monday to Saturday from 8:00 a.m. or earlier (source: NHSE&I)**

Pharmacy	Postcode	Map Index	Mon to Sat opening time	Comments
Asda Pharmacy	BL9 0RN	1	6:00am	
Boots the Chemist	BL9 5BY	8	8:00am	
Bury Healthcare Pharmacy	BL9 6DP	9	7:00am	
Medi Home Pharmacy	BL9 0RE	6	8:00am	Distance selling pharmacy - closed on Saturday
Pimhole Pharmacy	BL9 7BB	7	7:00am	
Postbox Pharmacy	BL9 9AA	15	7:00am	Distance selling pharmacy - closed on Saturday
Radcliffe Pharmacy	M26 2SP	26	8:00am	Opens at midnight on Saturday morning
Tesco Pharmacy	BL9 5BY	13	8:00am	
Tesco Pharmacy	M25 7BL	37	8:00am	
Well	M26 2SP	27	8:00am	

10 pharmacies provide access to pharmaceutical services until 7:00 p.m. or later Monday to Friday; with 9 pharmacies also providing until 7:00 p.m. or later Saturday (see Table 16).

**Table 16 - Bury pharmacies open Monday to Saturday until 7:00 p.m. or later (source: NHSE&I)**

Pharmacy	Postcode	Map Index	Mon to Sat closing time	Comments
Asda Pharmacy	BL9 8RS	40	10:00pm	
Asda Pharmacy	M26 3DA	28	10:00pm	
Asda Pharmacy	BL9 0RN	1	10:00pm	Closes at 9:00pm on Mondays and Tuesdays
Boots the Chemist	BL9 5BY	8	00:00	Closes at 10:00pm on Saturdays
Bury Healthcare Pharmacy	BL9 6DP	9	22:00	
Dennis Gore Chemists	M25 1FX	33	19:00	Closed on Saturdays
Pimhole Pharmacy	BL9 7BB	7	21:30	Closes at midnight on Friday
Radcliffe Pharmacy	M26 2SP	26	22:30	
Tesco Pharmacy	BL9 5BY	13	21:00	
Tesco Pharmacy	M25 7BL	37	22:00	

## Sunday opening

11 of the 39 walk-in pharmacies open on Sunday and four of the five neighbourhoods have at least one pharmacy open for some hours. The Sunday opening hours across the borough range from 8a.m. to midnight. Most of the respondents to the public survey were satisfied or very satisfied with the opening hours provided.

**Table 17 - Bury pharmacies open on Sunday (source: NHSE&I)**

Pharmacy	Postcode	Map Index	Sunday opening time	Sunday closing time
Asda Pharmacy	BL9 8RS	40	10:30am	4:30pm
Asda Pharmacy	M26 3DA	28	10:00am	4:00pm
Asda Pharmacy	BL9 0RN	1	11:00am	5:00pm
Boots the Chemist	BL9 0QQ	2	11:00am	3:00pm
Boots the Chemist	BL9 5BY	8	11:00am	5:00pm
Bury Healthcare Pharmacy	BL9 6DP	9	08:00am	6:00pm
Pimhole Pharmacy	BL9 7BB	7	11:00am	Midnight
Radcliffe Pharmacy	M26 2SP	26	08:00am	4:00pm
Tesco Pharmacy	BL9 5BY	13	11:00am	5:00pm
Tesco Pharmacy	M25 7BL	37	10:00am	4:00pm
Whitefield Pharmacy	M45 8NE	38	11:00am	1:00pm

## Changes to pharmacy contractors

In Bury since the last PNA there have been closure of four distance selling pharmacies and a different four have opened in the meantime. So there has been no net loss or gain of pharmaceutical services since 2018.

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

### 6.1.4 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 can 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.

### 6.1.5 Access to Advanced Services

#### **6.1.5.1 Access to Appliance Use Review (AUR)**

According to data from NHS England no pharmacies in Bury provided appliance use reviews. Data from the NHS Business Services Authority show that the main providers of appliance use reviews and stoma customisation services are DACs. In the 12-month period, November 2020 to October 2021 (latest data on 1<sup>st</sup> February 2022), 320 AURs were provided to Greater Manchester residents with 307 of these delivered in the individual's home.

Of the DACs in GM three have provided 320 AURs during 2020/21 the majority (307) of which took place in the patient's home. Some patients in Bury will receive this service from DACs outside of GM. This low level of provision reflects the specialist nature of the provision of appliances but may also reflect a drop in numbers due to COVID-19 and limited face-to-face patient contact.

#### **6.1.5.2 Access to Community Pharmacy Consultation Service (CPCS)**

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

Since 1st November 2020, general practices have been able to refer patients for a minor illness consultation via CPCS<sup>35</sup>, once a local referral pathway has been agreed. The local NHS E&I area Team (GMHSCP) have 41 pharmacies listed to provide this service across Bury Borough.

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

The CPCS aims to relieve pressure on the wider NHS by connecting patients with community pharmacy, which should be their first port of call and can deliver a swift, convenient, and effective service to meet their needs. Since the CPCS was launched, an average of 230 patients per month in Bury Borough are being referred for a consultation with a pharmacist following a call to NHS 111. These are patients who might otherwise have gone to see a GP.

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

#### **6.1.5.3 Access to Covid-19 Lateral Flow Device Distribution Service**

At the end of March 2021, a new Advanced service – the NHS community pharmacy COVID-19 lateral flow device distribution service (or 'Pharmacy Collect' as it is described in communications to the public) – was added to the NHS Community Pharmacy Contractual Framework as part of the Government's response to the Covid-19 pandemic. On average 8,500 tests per month were distributed by pharmacies in Bury.

This service, which pharmacy contractors chose to provide if they met the necessary requirements, aimed to improve access to COVID-19 testing by making lateral flow device (LFD) test kits readily available at community pharmacies for asymptomatic people, to identify COVID-positive cases in the community and break the chain of transmission.

However, the COVID-19 lateral flow device distribution service was decommissioned on 31st March 2022 following government suspension of the isolation requirements.

The speed of set up and de-escalation of this service is further evidence that community pharmacies can be relied upon to provide timely and essential services to their local population.

#### **6.1.5.4 Access to Community Pharmacy Seasonal Influenza Vaccination programme**

According to data available at NHS Business Services Authority 37 pharmacies in Bury delivered this service for 2020/21, providing 11,471 vaccinations during the flu season. This is compared to 34 pharmacies providing 6,596 vaccinations for 2019/20; which is an 74% increase in vaccination delivery compared to the national figure of 61%. From September 2021 to February 2022, 19,673 vaccinations have been delivered by 37 pharmacies in Bury.

<sup>35</sup> <https://psnc.org.uk/services-commissioning/advanced-services/community-pharmacist-consultation-service/>

#### **6.1.5.5 Hepatitis C Testing Service**

The Community Pharmacy Hepatitis C Antibody Testing Service was added to the Community Pharmacy Contractual Framework (CPCF) in 2020, commencing on 1st September. The introduction of this new Advanced Service was in the [5-year CPCF agreement](#), and was always likely to be a time-limited service<sup>36</sup> as the national Hepatitis C Programme is an exercise to identify those people not in contact with other healthcare services.

The service is focused on provision of point of care testing (POCT) for Hepatitis C (Hep C) antibodies to people who inject drugs (PWIDs), i.e. individuals who inject illicit drugs, e.g. steroids or heroin, but who haven't yet moved to the point of accepting treatment for their substance use. Where people test positive for Hep C antibodies, they will be referred for a confirmatory test and treatment, where appropriate.

Currently (February 2022) there are no pharmacies in Bury providing this Hep C testing service. If the service is to be commissioned it would be better placed in pharmacies who supply needle exchange programmes, rather than just supervised consumption, as is aimed at PWIDs who are not yet in treatment.

#### **6.1.5.6 Hypertension Case Finding Service**

The Hypertension case-finding service, which was commissioned as an advanced service from 1st October 2021. It is described, in public-facing communications, as the NHS Blood Pressure Checks Service.

The service has two stages – the first is identifying people at risk of hypertension and offering them blood pressure measurement (a 'clinic check'). The second stage, where clinically indicated, is offering 24-hour ambulatory blood pressure monitoring (ABPM). The blood pressure test results will then be shared with the patient's GP to inform a potential diagnosis of hypertension.

Contractors opting to provide the service must undertake both stages of it, where clinically required, i.e. it is not possible to just undertake clinic BP readings and not ABPM.

This service is commissioned by NHS E&I and has 26 pharmacies participating in Bury. In the three-month data for November 2021- January 2022<sup>37</sup> that we have access to currently, there were 34 blood pressure checks undertaken, but no ABPM undertaken at the moment.

#### **6.1.5.7 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. NMS is focused, from 1st September 2021, on the following conditions, many of which align to the Bury Local Priority Plan:

1. Asthma and COPD
2. Diabetes (Type 2)
3. Hypertension
4. Hypercholesterolaemia
5. Osteoporosis
6. Gout
7. Glaucoma
8. Epilepsy
9. Parkinson's disease

<sup>36</sup> <https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024>

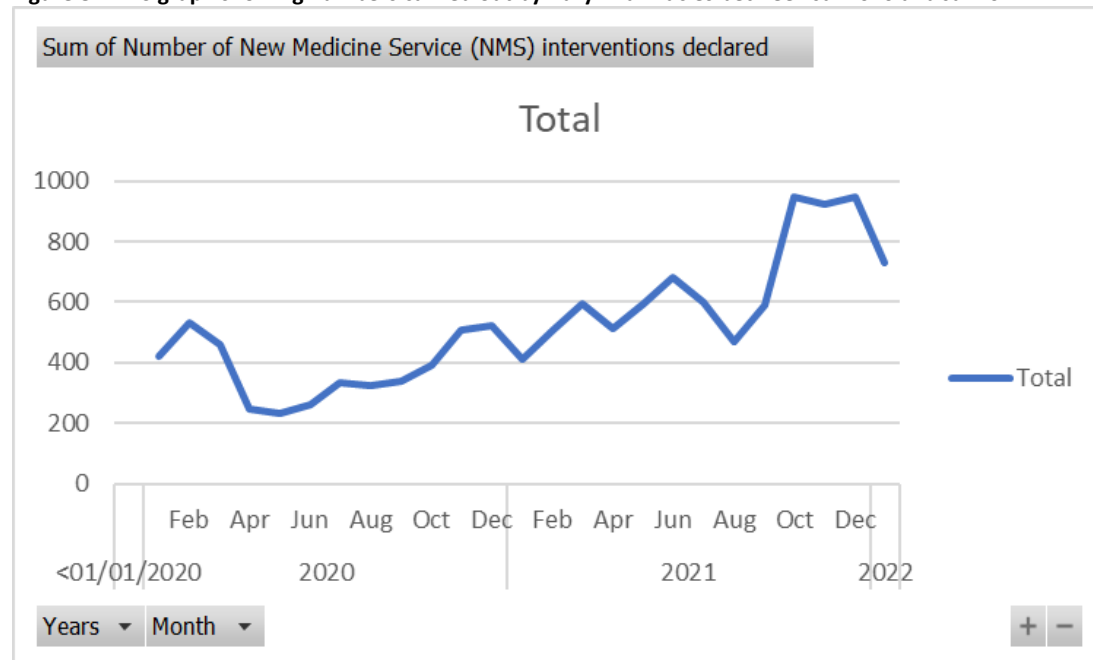
<sup>37</sup> NHS BSA dispensing data



10. Urinary incontinence/retention
11. Heart failure
12. Acute coronary syndromes
13. Atrial fibrillation
14. Long term risks of venous thromboembolism/embolism
15. Stroke / transient ischemic attack
16. Coronary heart disease

See Appendix Seven for those pharmacies that are providing NMS.

**Figure 8- NMS graph showing numbers carried out by Bury Pharmacies between Jan2020 and Jan2022**



Since the service was relaunched in September 2021, with extra disease areas to focus on, uptake has increased significantly. This is due partly to the requirement in the PQS to carry out 20 NMS in the financial year (see section 3.5.1).

#### **6.1.5.8 Pandemic Delivery Service**

The Pandemic Delivery service was launched in April 2020 as a contractual responsibility introduced during the COVID-19 pandemic. It was to support certain groups of clinically vulnerable and self-isolating people to obtain their medicines via a delivery service. The Pandemic Delivery Service (Advanced service) finished on 5th March 2022 and the whole service was decommissioned on 31st March 2022 following an easing of government COVID-19 restrictions.

#### **6.1.5.9 Access to stoma appliance customisation**

Between February 2021 to January 2022 two Bury pharmacies provided 10 stoma customisations, however, a number will have been provided by dispensing appliance contractors outside the Bury area. Information provided by NHS England shows that there are eight DACs in the Greater Manchester area in January 2022, they provide an average 34 stoma customisations each per month to patients nationally and locally. Some patients will access this service from DACs outside GM. 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.

#### **6.1.5.10 Access to Smoking Cessation Service (SCS)**

The Smoking Cessation Service (SCS) has been an advanced service from 10th March 2022. This service has been designed to enable NHS trusts to undertake a transfer of care on patient discharge, referring patients (where they consent) to a community pharmacy of their choice to continue their smoking cessation treatment, including providing medication and support as required. The ambition is for referral from NHS trusts to community pharmacy to create additional capacity in the smoking cessation pathway.

To start with, the service will only be provided by pharmacists, not other pharmacy staff members. There are currently seven pharmacies providing access to SCS.

### **6.1.6 Access to locally commissioned or enhanced services**

#### **6.1.6.1 Locally commissioned services by Bury Council**

In February 2022 Bury Council commissioned four services from community pharmacies.

Local Authorities commission public health or preventative services.

Three services are directly commissioned, another one, Chlamydia Testing Service, is currently suspended as the processing company RU Clear ceased trading in 2020, so this service is no longer available until commissioners determine if a pharmacy is still a viable commissioning route:

- Emergency Hormonal Contraception
- Needle Syringe Exchange Programme
- Supervised Consumption Services
- Bury Chlamydia Testing service

#### **6.1.6.2 Locally commissioned services by NHS Bury CCG/ transferring to GM ICB (July 2022)**

NHS Bury CCG usually commission services related to a person's current disease state rather than for preventative care. In Bury there are two such services; one service (LFT Onsite testing) ceased on 31<sup>st</sup> March 2022 following a change in COVID testing regulations:

- Palliative care service medicine stockholder
- COVID-19 LFT Onsite testing

In July 2022 NHS Bury CCG will no longer be the statutory body and will therefore not be able to commission these services. The responsibility will lie with the newly formed GM Integrated Care Board (see section 2.3.1). How services will be arranged across GM is not yet fully mapped out, but it is thought that the current CCGs will become localities with some delegation to address local needs – whilst ensuring a reduction in inequalities across GM.

#### **6.1.6.3 Enhanced Services commissioned by NHS E&I area Team (GM HSCP)**

GM HSCP commission three services from Bury pharmacies

- Inhaler Technique Service
- Minor Ailment Scheme
- Minor Eye Conditions Service

## **6.2 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, which may be close to their GP practice, their home, their place of work or where they go for shopping, recreational or other reasons. Consequently, not all the prescriptions written for residents of Bury were dispensed by the pharmacies

within Bury. The Bury Council has borders with four Greater Manchester boroughs (Bolton, Salford, Manchester, Rochdale) and with Blackburn with Darwen and Rossendale.

27 pharmacies are located within one mile outside of Bury's boundary.

Data from NHS Digital shows that although most items (93%, see Table 13) prescribed by NHS Bury CCG prescribers are dispensed in Bury pharmacies.

Information on the type of advanced services provided by pharmacies and DACs outside the HWB's area to Bury residents is not available.

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.

### **6.3 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 by pharmacies outside of the standard 40 core hours (known as supplementary hours) in line with their terms of service as set out in the 2013 regulations,
- Advanced services
- Locally commissioned or enhanced services

#### **6.3.1 Other relevant services within the HWB's area**

Bury Pharmacies also provide essential and advanced services where they have supplementary hours in place. 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 10 and 11.

#### **6.3.2 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 HWB area.

#### **6.3.3 Other relevant services**

Whilst the HWB consider enhanced services as providing an improvement or better access to pharmaceutical services, three services, Inhaler Technique, Minor Ailment Scheme and Minor Eye Conditions Services are commissioned by NHS England. From March 10<sup>th</sup>2022, the new advanced service Smoking Cessation Service (SCS) has been introduced nationally. There are currently 7 pharmacies signed up to SCS across Bury Borough.

#### **6.3.4 Choice regarding obtaining pharmaceutical services**

90.2% of items prescribed by Bury practices are dispensed within Bury community Pharmacies. 9.8% of items are dispensed outside of the borough of Bury. This may be due to people using location near work for example, or through use of distance selling pharmacies in other areas of England.

As expected, a proportion of these were dispensed in neighbouring HWB areas but not in significant numbers.

## 6.4 Future provision – necessary and other relevant services

This section contains information on expected future housing and regeneration development which may impact on the future need for pharmaceutical services.

### 6.4.1 Housing and development

There are 400 dwellings proposed at the East Lancashire Paper Mill (ELPM), a site in Radcliffe East ward, although most will be delivered beyond this PNA's 3-year time frame. Plus 130 dwellings at Green Street, Radcliffe and 90 at School Street Radcliffe. A further 200 are in the pipeline at York Street, Radcliffe.

There are 268 homes currently under construction at Bevis Green Works, Walmersley Old Road, Bury. 124 are under construction at George Street, Prestwich.

The proposed Places for Everyone (PfE) Allocations are dependent on the outcomes of the Examination in Public, see section 6.4.1.1 below.

"Unconstrained Potential" are sites within our Strategic Housing Land Availability Assessment which are expected to come forward but that don't currently have planning permission. A 90,000 sqft capacity of commercial floorspace is planned at Chamberhall, Bury employment site, this reflects Bury's Employment Land Availability Assessment.

There are also plans for significant levels of development proposed in the Bury Town Centre Masterplan which could get under way within the next 3 years, although it is expected the majority will be delivered beyond the 3-year timeframe of this PNA.

#### 6.4.1.1 Places for Everyone

Places for Everyone (PfE) is a joint plan for nine boroughs of Greater Manchester (Bury, Bolton, Bury, Manchester, Rochdale, Salford, Tameside, Trafford and Wigan).

The [PfE Publication Plan](#)<sup>38</sup> was submitted to the Secretary of State in February 2022. An Independent Inspector(s) has been appointed to undertake an independent examination into the plan later in 2022. Please see the GMCA website for further information and updates on the Plan's progress.

PfE proposes strategic housing and employment development across the nine boroughs and should be considered as a whole, given the likely effects of development in one borough impacting infrastructure needs in neighbouring boroughs. Policies set out measures to ensure the plan is supported by appropriate infrastructure. Including where it sets out measures related specifically to health provision.

PfE sets out a housing requirement for Bury to identify areas to construct an average of 452 homes each year 2021-2037; phased using a stepped requirement as follows:

- 2021 to 2025 – 199 homes
- 2025 to 2030 – 452 homes
- 2030 to 2037 – 596 homes

Across the PfE plan period the total housing required in Bury is 7,228 homes. Table 7.2, page 133, of the Plan identifies the housing land supply breakdown by Local Authority area.

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<sup>38</sup> [Places For Everyone: GMCA Housing Plan](#)

For Bury, Table 18 below identifies a potential 7,652 homes, proposed between 2020 and 2037, plus 862,472 sqm of business space. Residents in the new homes and employees at these business premises may need access to pharmaceutical services and how these are accessed should be considered once the planning for the premises have been approved.

**Table 18 - Bury's Proposed Strategic Allocations (including Places for Everyone)**

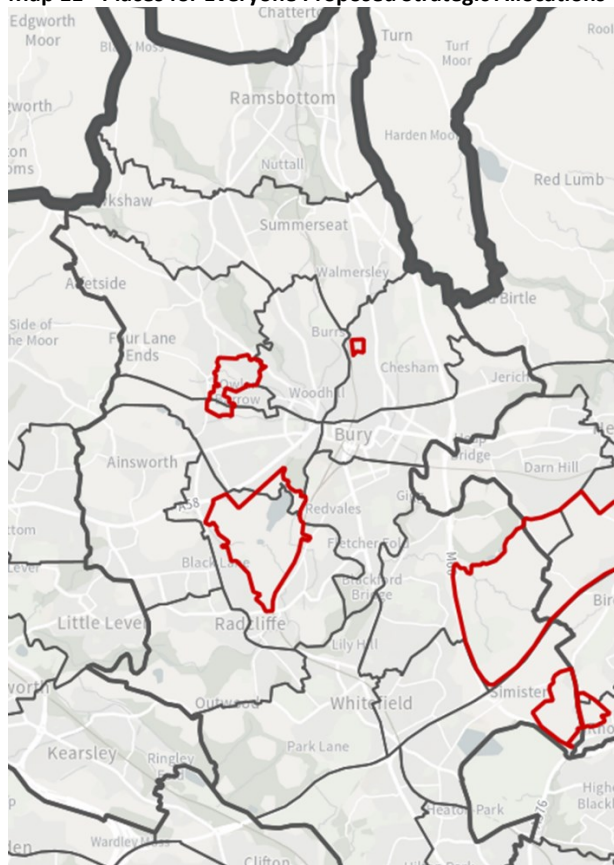
**Housing**

Site name	Ward	Status	Total homes 2020-2025	Total homes 2025-2030	Total homes 2030-2037	Total homes post 2037
Heywood / Pilsworth	Unsworth	Proposed PfE Allocation	0	165	35	0
Simister and Bowlee	Holyrood	Proposed PfE Allocation	0	540	810	0
Elton Reservoir	Radcliffe East, Church	Proposed PfE Allocation	0	750	1150	1600
Walshaw	Tottington, Church	Proposed PfE Allocation	0	600	650	0
Seedfield	Moorside	Proposed PfE Allocation	70	70	0	0
East Lancs Paper Mill, Radcliffe	Radcliffe East	Outline planning permission	50	250	100	0
School Street, Radcliffe	Radcliffe West	Unconstrained potential	60	30	0	0
Green Street, Radcliffe	Radcliffe East	Unconstrained potential	0	130	0	0
York Street, Radcliffe	Radcliffe East	Planning permission	0	200	0	0
Tetrosyl, Bevis Green	North Manor	Under construction	140	128	0	0
Mountheath, Prestwich	Sedgley	Under construction	124	0	0	0
Bury Town Centre	East	Bury Town Centre Masterplan	Detail to be confirmed but the Bury town centre masterplan and the acquisition of the Millgate Centre identify the potential for a significant increase in the amount of residential development within the town centre. Estimated that over 1,000 new units could be added to the supply, but a more detailed review of capacity for housing within the town centre will be undertaken in conjunction with the update to the SHLAA.			

**Employment**

Site name	Ward	Status	Total industry and warehousing floorspace 2020-2025	Total industry and warehousing floorspace 2025-2030	Total industry and warehousing floorspace 2030-2037	Total industry and warehousing floorspace post 2037
Heywood / Pilsworth	Unsworth	Proposed PfE Allocation		125,000sqm	365,975sqm	365,000sqm
Chamberhal I Phase 2	Moorside	Outline permission	3250sqm	3250sqm	0	0

Please note that Heywood Pilsworth and Simister Bowlee are cross boundary allocations – only the potential supply within Bury is included.

**Map 11 - Places for Everyone Proposed Strategic Allocations<sup>39</sup>**

The areas identified by a red outline show location of significant PFE proposed locations.

There is also a proposed Metrolink station in Radcliffe East ward near the Elton Reservoir allocation. This may bring more people into the area as it will provide improved transport links to Manchester and Bury. Further detail is provided within the allocation topic papers, available on the GMCA website.

Further discussions may be required to further understand the healthcare needs arising from the PFE proposed strategic allocations.

## 6.5 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

<sup>39</sup> [https://mappinggm.org.uk/pfe-consultation-2021/?lyrs=pfe\\_allocation\\_boundaries,gm\\_wards,gm\\_boundaries,gm\\_border#os\\_maps\\_light/12/53.5528/-2.0016](https://mappinggm.org.uk/pfe-consultation-2021/?lyrs=pfe_allocation_boundaries,gm_wards,gm_boundaries,gm_border#os_maps_light/12/53.5528/-2.0016)

### 6.5.1 Hospital pharmacies

Patients attending hospital pharmacies, on either an inpatient or outpatient basis, may require prescriptions to be dispensed. There is an acute hospital and a mental health trust operating in the Bury Borough HWB's area,

- Fairfield General Hospital (part of NCA Foundation Trust which also includes Royal Oldham and Salford Royal).
- Pennine Care NHS Foundation Trust, which provides a range of mental health, learning disability, and autism services at several sites in 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.

### 6.5.2 Personal administration of items by GP practices

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

Generally, when a patient requires a medicine or appliance their prescriber will electronically transfer or give them a prescription which they take to their preferred pharmacy. In some instances, the GP practice supplies the item against a prescription. This is referred to as personal administration because the item supplied is then directly administered to the patient by the GP or a clinical member of staff. 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.

### 6.5.3 GP out of hours service

Beyond the normal working hours of GP practices, there is an out of hours service operated as an initial telephone consultation where a clinician may attend the patient's home or request the patient access one of the clinics. The clinics and travelling clinicians have a stock of medicines and depending on the patient's requirement they may be given medicines from stock, or a prescription issued for dispensing at a pharmacy. GPs offer an OOH service from BARDOC (Bury and Rochdale Doctors On Call).

Prescriptions from out of hours services can be dispensed by pharmacies with longer opening hours. These pharmacies which are open seven days a week or for longer hours six days per week are listed in section 6.1.3 (Table 15, 16 and 17). There is a lack of extended hours pharmacies in Bury North Neighbourhood, where all pharmacies are open core hours during the week closing after 6pm, and only Saturday mornings (all closed after 1pm) at a weekend. This neighbourhood does have the least deprivation and has the highest vehicle ownership so they are more able to travel to a pharmacy further afield, however extension of opening hours from existing contractors in this location would be beneficial to residents.

### 6.5.4 Locally commissioned services – Bury Council and NHS 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, 25 of the 160 of respondents said there were other services they would like their

pharmacy to offer. Some of these included services already provided, e.g. minor ailment service, vaccinations, which may mean promotion of services is required to be highlighted to the public. Other requested services included notification when a product is out of stock, blood flow, UTI and respiratory checks in pharmacy, travel vaccination administration and prescribing when GP not available.

## 7 Districts for the purpose of the PNA

### 7.1 Overview

This assessment has taken a ward level approach to support the integration of public health data with other sources of information. The 17 wards were then aggregated into five neighbourhoods, as described in section 3.1.2. As each cluster has slightly differing health needs, they are considered separately for the purposes of the PNA. Current residential and future proposed residential areas have been assessed for access to a pharmacy. Access to a pharmacy is based on walking and public transport times from the nearest pharmacy and the most recent census data from 2011 showing % residents with no car or van availability in each ward.

**Table 19 - Car ownership by cluster and ward**

Neighbourhood	Ward	Cars: All categories: Car or van availability	Cars: No cars or vans in household	% no cars	% with car or van availability
Bury East	Bury East	4,493	1,830	41%	59%
Bury East	Moorside	5,095	1,880	37%	63%
Bury West	Radcliffe West	4,850	1,455	30%	70%
Whitefield	Besses	4,555	1,331	29%	71%
Bury East	Redvales	4,817	1,407	29%	71%
Bury West	Radcliffe East	4,824	1,364	28%	72%
Prestwich	St Mary's	4,582	1,155	25%	75%
Bury West	Radcliffe North	4,894	1,115	23%	77%
Prestwich	Sedgley	4,542	1,034	23%	77%
Prestwich	Holyrood	4,765	1,075	23%	77%
Whitefield	Unsworth	4,115	837	20%	80%
Bury North	Elton	4,775	941	20%	80%
Bury West	Bury West (form	4,452	811	18%	82%
Whitefield	Pilkington Park	4,171	678	16%	84%
Bury North	Ramsbottom	5,003	813	16%	84%
Bury North	Tottington	3,991	473	12%	88%
Bury North	North Manor	4,189	484	12%	88%

The percentage of Bury residents (2011) with access to a car or van averages at 76%.

The Bury East wards have the lowest average (64%) car ownership across the Borough. This may be partly as they are closest to the town centre of Bury, with the facilities and public transport access that this offers, so they may not require transport to travel for work, or shopping. However it is also the most deprived neighbourhood.

The Bury North Neighbourhood wards have the highest average car ownership of 85%, with the highest level of 88% car ownership being in both Tottington and North Manor Wards. Bury North neighbourhood has the poorest pharmacy accessibility due to opening hours, this may be a reflection of the population's accessibility via their own vehicles to other areas for their out of hours pharmacy supplies. Bury North is generally less densely populated than the other neighbourhoods and also has the most rural locations in Bury (see Map 4).



## 7.2 Bury East Neighbourhood Profile

This profile provides an insight into the neighbourhood of Bury East. It is one of the five neighbourhoods within Bury, and it comprises of three wards: Moorside, Bury East (East) and Redvales.

### Population

There are around 36,500 people living in Bury East, which constitutes 19% of the total population in Bury. 23% of residents in Bury East are from a Black and Minority Ethnic background, which is significantly higher than the proportion in Bury and England.

### Life Expectancy

Within Bury East Neighbourhood, Moorside ward has the lowest levels of life expectancy for females and Bury East (East) ward has the lowest for males. The highest proportion of the adult population who smoke live in Bury East ward. Also 4% of Bury East secondary age children reported using nicotine products at least once a week.

- The highest cause of mortality in Bury East is circulatory disease, yet the highest cause of premature mortality is cancer;
- The highest long term condition recorded prevalence level is for hypertension;
- Coronary Heart Disease is the highest cause of emergency hospital admissions for long term conditions, followed by Chronic Obstructive Pulmonary Disease.

### Deprivation

The highest levels of deprivation, poverty and Job Seeker Allowance claimants in Bury East are found around the centre of Bury, in Bury East and Moorside wards. In contrast, household income levels are highest in the northern part of Moorside ward.

### Early Years

Bury East Neighbourhood has had 335 families eligible for help under the Troubled Families programme to date; 251 families have been worked with and 114 (34%) have been successfully turned around as a result of the programme. Moorside ward within Bury East successfully turned around the highest proportion of families. As a whole Bury East children are underachieving at Key Stage 1 (5-7 years) and Key Stage 2 (7-11 years) in comparison to Bury. Within Bury East, young people living in Redvales ward achieved the highest rates of A Level attainment in 2018/19.

### Social Care

Adult social care service users within Bury East have a lower satisfaction with care and support services than Bury and England, with carers also having a lower satisfaction rate. Learning Disability is the main primary support reason for those aged 18-64 in Bury East, whereas for those aged 65+, it is support with physical mobility issues followed by support with memory and cognition.

### Housing

There are around 14,400 households within Bury East. Only 17% of properties are rented privately; 57% are owned or under shared ownership. There are more lone parent households, co-habiting couples and under 65 one person households in Bury East when compared to Bury and England.

### Crime

The highest cause of domestic noise complaints in Bury East is amplified music. The centre of Bury which includes Pimhole has the highest levels of reported anti-social behaviour and reported crime. Bury East has the highest proportion of crimes across the whole of Bury.

Please note: In the absence of raw data, some percentages have been aggregated in order to provide a neighbourhood level figure

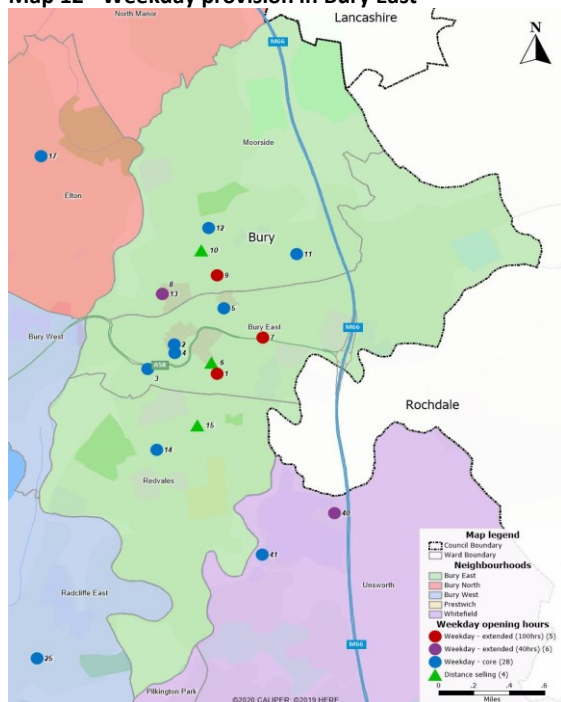
For further details or if any further information see Bury Neighbourhood Profiles, February 2020<sup>40</sup>

### 7.2.1 Access to a pharmacy in Bury East Neighbourhood

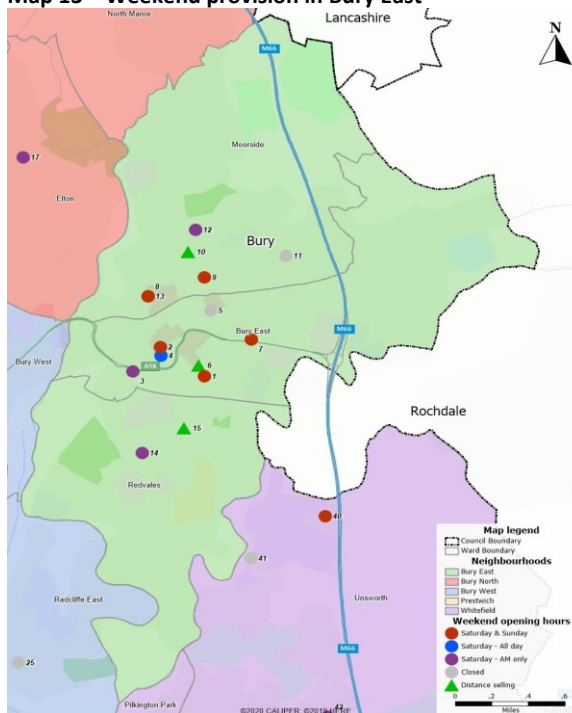
<sup>40</sup> [Joint Strategic Needs Assessment - Bury Council](#)

Maps 13 and 14 show that during Monday to Friday and at weekends there is satisfactory provision of pharmaceutical services across this Neighbourhood. All wards within Bury East have pharmacies located within them. There are four with extended weekday hours and five that open on both Saturdays and Sundays. Although the population density is high and there the area has the lowest average number of households with cars (range 59% to 71%), this is the central area of Bury Town centre and the transport links are good. The patient survey identified two respondents with BL9 postcodes, which are likely to be residents of Bury East neighbourhood, who ticked they had problems accessing a pharmacy. Only one of these gave a reason which was that the pharmacy was located on a main road, but they can walk to the pharmacy and that the pharmacy usually deliver to them.

**Map 12 - Weekday provision in Bury East**



**Map 13 - Weekend provision in Bury East**



## 7.2.2 Future housing development in Bury East Neighbourhood

A small plot of land for 140 properties under PfE proposal is allocated in Moorside ward at the Seedfield site. There are currently 5 walk-in pharmacies in Moorside ward plus 2 that are on the border with Bury East ward, and good public transport links into Bury Town centre where more can be accessed. Bury Town centre lies within Bury East ward and there are plans for the redevelopment of the town centre including a potential to increase the residential properties, but this area is well served by pharmacies and would not require any extra pharmaceutical service facilities.

## 7.3 Bury West Neighbourhood Profile

This profile provides an insight into the neighbourhood of Bury West. It is one of the five neighbourhoods within Bury, and it comprises of four wards: Bury West (Church), Radcliffe East, Radcliffe West and Radcliffe North.

### Population

There are around 45,500 people living in Bury West, which constitutes 24% of the total population in Bury. 6% of residents in Bury West are from a Black and Minority Ethnic background, which is significantly lower than the proportion in Bury.

### Life Expectancy

Within Bury West, Radcliffe West ward has the lowest levels of life expectancy for both males and females and the highest proportion of the adult population who smoke. Additionally 6% of Bury West secondary age children reported using nicotine products at least once a week.

- The highest cause of mortality and premature mortality in Bury West is cancer;
- The highest long term condition recorded prevalence level is for hypertension;
- Coronary Heart Disease is the highest cause of emergency hospital admissions for long term conditions.

### Deprivation

The highest levels of deprivation, poverty and Job Seeker Allowance claimants in Bury West are found around Radcliffe town centre. In contrast, household income levels are highest in Bury West (Church) Ward. Radcliffe

### Early Years

West has had the highest number of early help cases for children; yet also has the highest proportion of families who have been successfully turned around as a result of the Troubled Families programme. As a whole, Bury West children are underachieving at Key Stage 1 (5-7 years) and Key Stage 2 (7-11 years) in comparison to Bury. However, young people living in Bury West (Church) ward achieved the highest rates of A Level attainment in 2018/19.

### Social Care

Adult social care service users with Bury West have a higher satisfaction with care and support services than Bury and England, yet carers have a lower satisfaction rate. Learning Disability is the main primary support reason for those aged 18-64 in Bury West, whereas for those aged 65+, it is support with physical mobility.

### Housing

There are around 19,000 households within Bury West. Only 13% of properties are rented privately; 68% are owned or under shared ownership. There are more terraced houses, bungalows, and detached houses in Bury West when compared to Bury and England.

### Crime

The highest cause of domestic noise complaints in Bury West is dogs. Radcliffe wards have the highest proportion of reported fly tipping across Bury West and the town centre of Radcliffe has the highest levels of reported anti-social behaviour and reported crime.

Please note: In the absence of raw data, some percentages have been aggregated in order to provide a neighbourhood level figure.

For further details or if any further information see Bury Neighbourhood Profiles, February 2020<sup>41</sup>

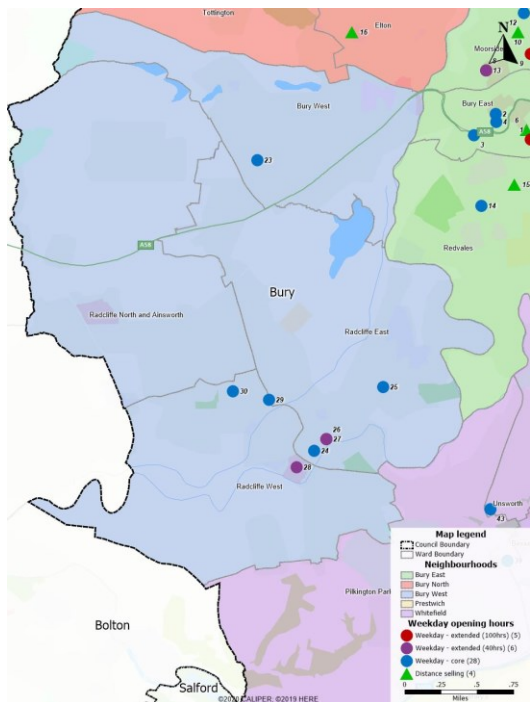
### 7.3.1 Access to a pharmacy in Bury West Neighbourhood

Maps 14 and 15 show that during Monday to Friday there is satisfactory provision of pharmaceutical services across this neighbourhood with 2 contractors providing extended hours. Weekend provision is limited to two pharmacies open all day on a Saturday and only open on a Sunday. Although there are no pharmacies located in Radcliffe North and Ainsworth Ward but travelling distances to pharmacies located on ward boundaries of Radcliffe West, Bury West and with Bolton Borough areas are all within the 1-mile travel buffer. The population density is lower compared to more central areas

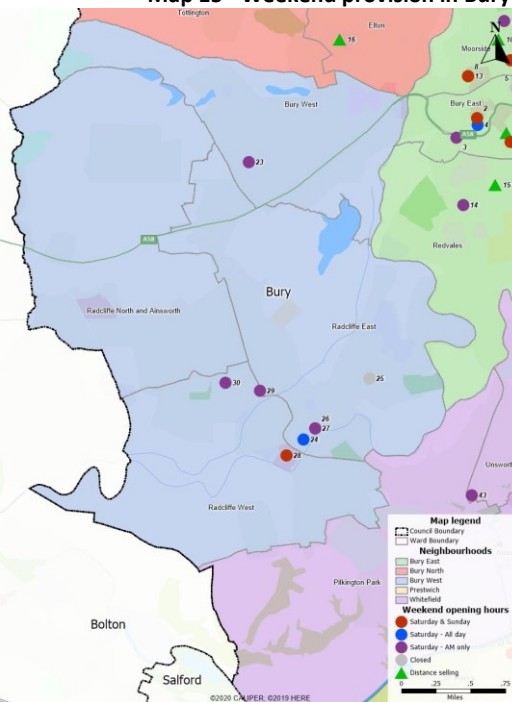
<sup>41</sup> [Joint Strategic Needs Assessment - Bury Council](#)

of Bury, except for Bury West Ward. There is an average number of households with cars (range 82% to 70%) compared to the borough average of 76%.

**Map 14 - Weekday provision in Bury West**



**Map 15 - Weekend provision in Bury West**

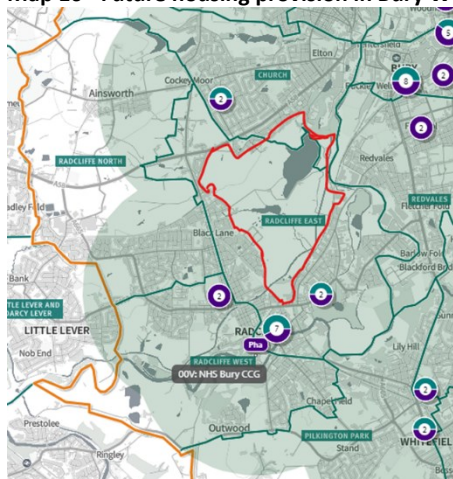


### 7.3.2 Future housing development in Bury West Neighbourhood

Bury West has the largest proposed housing allocation under Places for Everyone at the Elton Reservoir Site, the majority of which falls in Radcliffe East Ward. There is a proposal for 3,500 houses to be built up to and beyond 2037. Although this is not yet finalised and the proposed timescales for building to begin is from 2025 onwards (mostly outside the 3-year timeframe of this PNA). The large number of new residential houses in the area may require other local facilities such as local shops, schools, and health centres to accommodate the new population. However, there are already 10 pharmacies which fall within a 1-mile radius of the proposed site. Also, a new metrolink station near the proposed housing would give good public transport access to both Radcliffe and Bury town centres where there are more health facilities.

Additionally to this there are four smaller sites, 3 in Radcliffe East and 1 in Radcliffe West wards, which have unconstrained potential or outlined planning permission to build 820 homes up to the year 2037.

**Map 16 - Future housing provision in Bury West Neighbourhood**



## 7.4 Bury North Neighbourhood

This profile provides an insight into the neighbourhood of North. It is one of the five neighbourhoods within Bury, and it comprises of four wards: Ramsbottom, North Manor, Tottington and Elton.

### Population

There are around 42,900 people living in North, which constitutes 23% of the total population in Bury. Just over 4% of residents in North are from a Black and Minority Ethnic background, which is significantly lower than the proportion in Bury and in England.

### Life Expectancy

Within North, Life expectancy is generally quite high across the area, with slightly lower levels in Tottington and Elton. The highest proportion of North's adult population who smoke live in Elton. Additionally, 12% of North secondary age children reported using nicotine products at least once a week.

- The highest cause of mortality and premature mortality in North is cancer, closely followed by circulatory disease;
- The highest long term condition recorded prevalence level is for hypertension;
- Coronary Heart Disease is the highest cause of emergency hospital admissions for long term conditions, followed by Chronic Obstructive Pulmonary Disease.

### Deprivation

The highest levels of deprivation, poverty and Job Seeker Allowance claimants in North are found in pockets in both Elton and Ramsbottom wards. In contrast, household income levels are highest on the western side of all three wards within the neighbourhood.

### Early Years

North has had 192 families eligible for help under the Troubled Families programme to date; 140 families have been worked with and 59 (42%) have been successfully turned around as a result of the programme. Within North, Elton ward successfully turned around the highest proportion of families (54%). As a whole, children living in North are achieving a higher standard at Key Stage 1 (5-7 years) and Key Stage 2 (7-11 years) in comparison to Bury. Out of the four wards within North, A Level attainment rates for 2018/19 are highest in Tottington.

### Social Care

Adult social care service users with North have a similar satisfaction with care and support services when compared to Bury and England, with carers having a lower satisfaction rate than Bury and England. Learning Disability is the main primary support reason for those aged 18-64 in North, whereas for those aged 65+, it is support with physical mobility issues followed by support with memory and cognition.

### Housing

There are around 18,000 households within North. Only 11% of properties are rented privately; 80% are owned or under shared ownership. There is a higher percentage of detached and terraced houses in North when compared to Bury and England.

### Crime

The highest cause of domestic noise complaints in North is dogs. The pockets of highest reported crime and anti-social behaviour in North can be found within Ramsbottom and Elton wards.

Please note: In the absence of raw data, some percentages have been aggregated in order to provide a neighbourhood level figure.

is required please contact: JSNA@bury.gov.uk

For further details or if any further information see Bury Neighbourhood Profiles, February 2020<sup>42</sup>

### 7.4.1 Access to a pharmacy in Bury North Neighbourhood

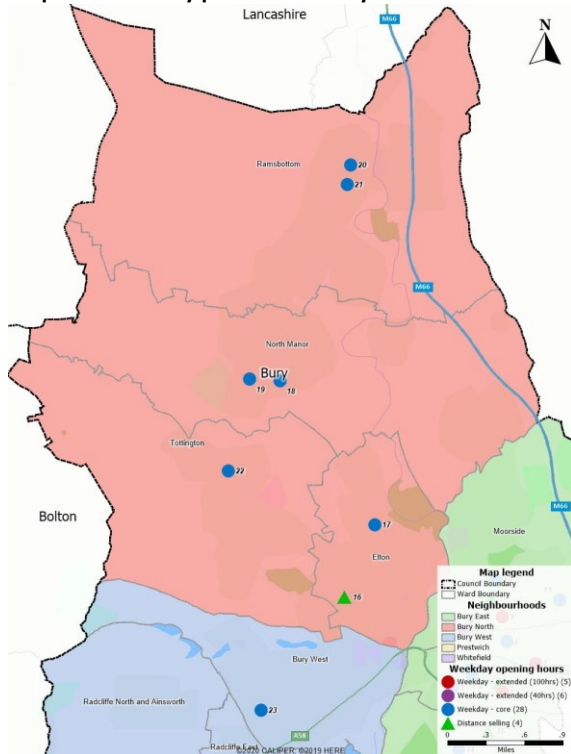
Maps 17 and 18 show that there are six walk-in pharmacies and one distance selling pharmacy in Bury North Neighbourhood. During Monday to Friday and at weekends there is very limited opening hours for provision of pharmaceutical services, all pharmacies only provide core opening hours after 8am

<sup>42</sup> [Joint Strategic Needs Assessment - Bury Council](#)

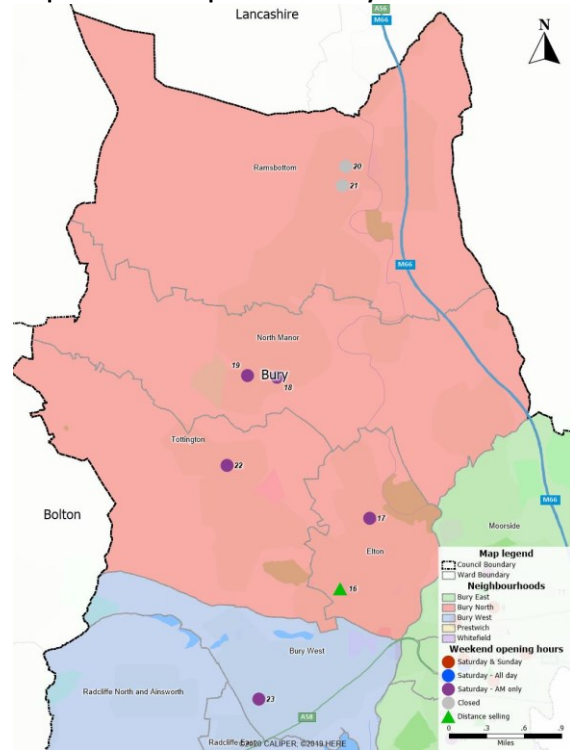


and close by 7pm. With Ramsbottom ward having no pharmacy provision on a weekend and the other three wards only having a pharmacy in the morning on a Saturday and none open on a Sunday. However, this area has the lowest population density in Bury Borough and it has the highest number of households with cars (range 88% to 80%) so there is not enough trade to recommend another pharmacy contract be granted, although if the current pharmacy contractors were to request an extension of their hours then this would be an advantage for the neighbourhood.

**Map 17 - Weekday provision in Bury North**



**Map 18 - Weekend provision in Bury North**



## 7.4.2 Future housing development in Bury North Neighbourhood

Under PfE there is a proposal for 1250 houses in Walshaw which crosses the borders of Tottington and Bury West (Church) wards, but the bulk of the area is in Tottington ward. This location falls within 1 mile of 4 pharmacies, although only 1 of these is in Tottington ward. North Manor ward at Bevis Green has begun construction of the first 140 of 268 houses which are planned for this location. This location is more than 1 mile, but less than 2, from the nearest pharmacy however travel times by public transport are accessible and are within the 20-minute travel time identified as acceptable to the public.

## 7.5 Prestwich Neighbourhood

This profile provides an insight into the neighbourhood of Prestwich. It is one of the five neighbourhoods within Bury, and it comprises of three wards: Holyrood, St. Mary's and Sedgley.

### Population

There are around 35,100 people living in Prestwich, which constitutes 18% of the total population in Bury. Just under 14% of residents in Prestwich are from a Black and Minority Ethnic background, which is higher than the proportion in Bury overall but lower than in England.

### Life Expectancy

Within Prestwich, Sedgley ward has the lowest levels of life expectancy for both females and males. The highest proportion of the adult population who smoke live in Holyrood. Additionally, 3% of Prestwich secondary age children reported using nicotine products at least once a week. • The highest cause of mortality and premature mortality in Prestwich is cancer;

- The highest long term condition recorded prevalence level is for hypertension;
- Coronary Heart Disease is the highest cause of emergency hospital admissions for long term conditions, followed by Chronic Obstructive Pulmonary Disease.

### Deprivation

The highest levels of deprivation, poverty and Job Seeker Allowance claimants in Prestwich are found around the centre of Prestwich and the Rainsough area of St. Mary's ward. The highest household income levels can be found in pockets of Sedgley and St. Mary's wards.

### Early Years

Prestwich has had 162 families eligible for help under the Troubled Families programme to date; 107 families have been worked with and 52 (49%) have been successfully turned around as a result of the programme. St. Mary's ward within Prestwich successfully turned around the highest proportion of families (54%). As a whole, Prestwich children are achieving a higher standard than Bury and England at Key Stage 1 (5-7 years) and Key Stage 2 (7-11 years). Within Prestwich, young people living in Sedgley achieved the highest rates of A Level attainment in 2018/19.

### Social Care

Adult social care service users within Prestwich have a lower satisfaction with care and support services than Bury and England, with carers also having a lower satisfaction rate. Learning Disability is the main primary support reason for those aged 18-64 in Prestwich, whereas for those aged 65+, it is support with physical mobility issues followed by support with memory and cognition.

### Housing

There are nearly 14,000 households within Prestwich. Only 16% of properties are rented privately; 70% are owned or under shared ownership. There are more semi-detached houses in Prestwich when compared to Bury and England. The highest cause of domestic noise complaints in Prestwich is dogs.

### Crime

The highest levels of anti-social behaviour within Prestwich can be found around the centre of Prestwich and the Rainsough area, whilst the centre of Prestwich and Prestwich Clough areas have the highest reported levels of crime.

Please note: In the absence of raw data, some percentages have been aggregated in order to provide a neighbourhood level figure.

For further details or if any further information see Bury Neighbourhood Profiles, February 2020<sup>43</sup>

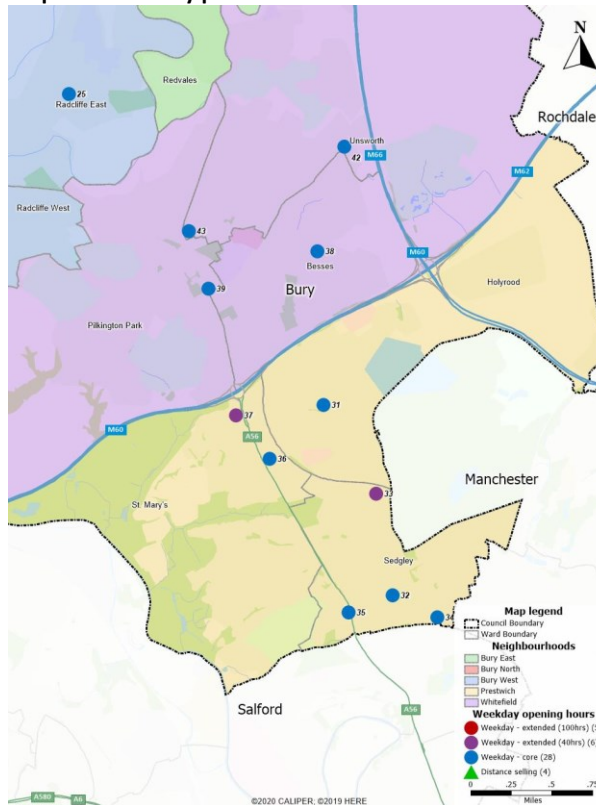
### 7.5.1 Access to a pharmacy in Prestwich Neighbourhood

Maps 19 and 20 show that, of the seven pharmacies in Prestwich neighbourhood, during Monday to Friday one pharmacy is open at 8am or earlier and two close 7pm or later giving the neighbourhood extended weekday hours. On a Saturday there are three pharmacies open, however none of these are in Sedgely ward. On a Sunday there is only one pharmacy open which is on the main road, near to the motorway junction in St. Mary's ward. Most of the neighbourhood is within a 1-mile buffer and it all

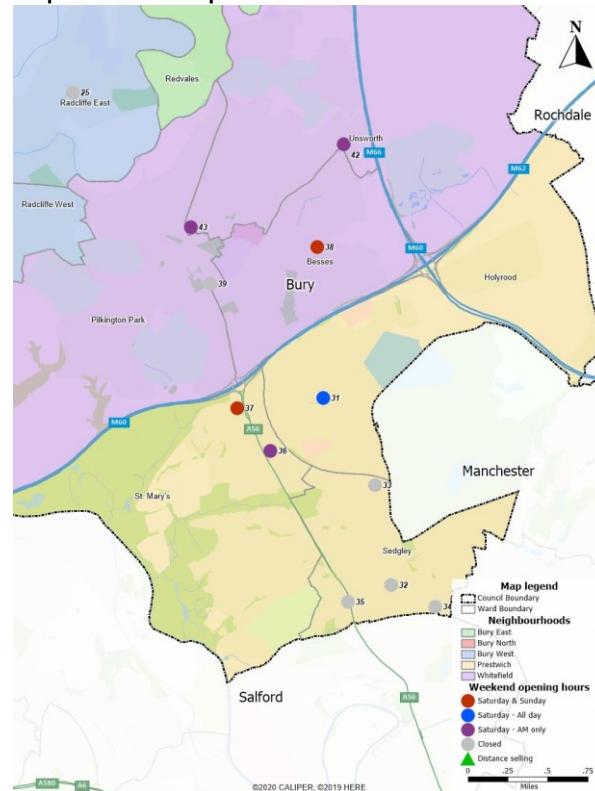
<sup>43</sup> [Joint Strategic Needs Assessment - Bury Council](#)

falls within the 20-minute public transport time. The population density is relatively high especially in Sedgely ward, but St. Mary's ward has a lower population density than the other wards. Vehicle ownership is just below the average for the borough with a range of 75 to 77%.

**Map 19 - Weekday provision in Prestwich**



**Map 20 - Weekend provision in Prestwich**



## 7.5.2 Future housing development in Prestwich Neighbourhood

A small allocation of 124 houses have already begun construction in Sedgely ward and this is within 1 mile of several pharmacies within Bury Borough and Manchester City local authority areas.

A larger allocation in the Prestwich Neighbourhood is in Holyrood Ward at Simister and Bowlee. Here 1350 houses are proposed under PfE between 2025 and 2037. There is a small area in Simister which is outside of the 1 mile radius but within 2 miles from the nearest pharmacies. However they are all within a 20 minute public transport time.



## 7.6 Whitefield Neighbourhood

This profile provides an insight into the neighbourhood of Whitefield. It is one of the five neighbourhoods within Bury, and it comprises of three wards: Unsworth, Besses and Pilkington Park.

### Population

There are around 30,000 people living in Whitefield, which constitutes 16% of the total population in Bury. 9.5% of residents in Whitefield are from a Black and Minority Ethnic background, which is lower than the proportion in Bury and England.

### Life Expectancy

Within Whitefield life expectancy is slightly mixed, as Besses ward has the highest level of life expectancy for females yet has the lowest life expectancy for males. The highest proportion of the adult population who smoke live in Besses. Additionally, 8% of Whitefield secondary age children reported using nicotine products at least once a week.

- The highest cause of mortality and premature mortality in Whitefield is cancer;
- The highest long term condition recorded prevalence level is for hypertension;
- Coronary Heart Disease is the highest cause of emergency hospital admissions for long term conditions, followed by Chronic Obstructive Pulmonary Disease.

### Deprivation

The highest levels of deprivation, poverty and Job Seeker Allowance claimants in Whitefield are found around both the centre of Whitefield including the Besses o' th' Barn area, and pockets of Unsworth. In contrast, household income levels are highest in Pilkington Park ward.

### Early Years

Whitefield has had 191 families eligible for help under the Troubled Families programme to date; 135 families have been worked with and 65 (48%) have been successfully turned around as a result of the programme. Besses ward within Whitefield successfully turned around the highest proportion of families (62%). As a whole, children living in Whitefield are achieving a higher standard at Key Stage 1 (5-7 years) and Key Stage 2 (7-11 years) in comparison to Bury and England. Within Whitefield, young people living in Pilkington Park ward achieved the highest rates of A Level attainment in 2018/19.

### Social Care

Adult social care service users within Whitefield have a higher satisfaction with care and support services when compared to Bury and England, with carers having a lower satisfaction rate than Bury and England. Learning Disability is the main primary support reason for those aged 18-64 in Whitefield, whereas for those aged 65+, it is support with physical mobility issues followed by support with memory and cognition.

### Housing

There are around 12,900 households within Whitefield. Only 11% of properties are rented privately; 73% are owned or under shared ownership. There are more married/civil partnership couples and all aged 65 and over households in Whitefield when compared to Bury and England.

### Crime

The highest cause of domestic noise complaints in Whitefield is dogs, followed by amplified music. The centre of Whitefield which includes the Besses o' th' Barn area has the highest levels of reported anti-social behaviour and reported crime. Please note: In the absence of raw data, some percentages have been aggregated in order to provide a neighbourhood level figure.

For further details or if any further information see Bury Neighbourhood Profiles, February 2020<sup>44</sup>

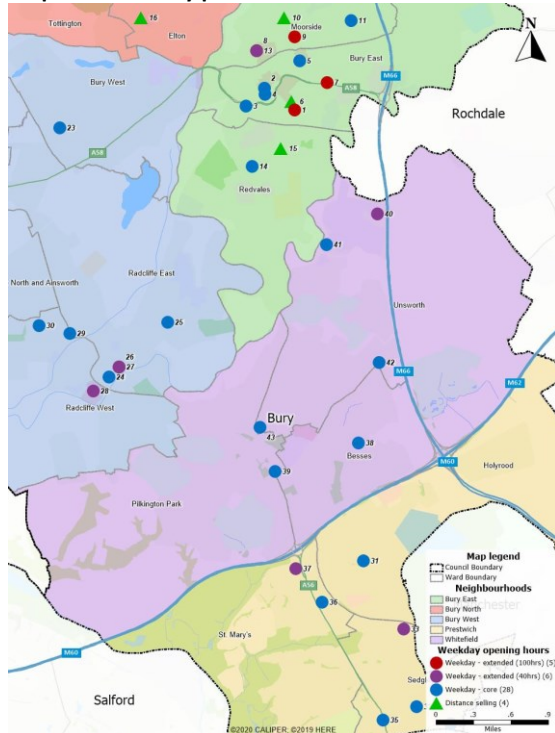
### 7.6.1 Access to a pharmacy in Whitefield Neighbourhood

Maps 21 and 22 show that of the six pharmacies in Whitefield neighbourhood one is open extended hours during Monday to Friday and at weekends there are two pharmacies open both Saturday and Sundays plus another two which open on a Saturday morning only. This is satisfactory provision of pharmaceutical services across this neighbourhood. Most residential areas are all within the 1-mile travel buffer and all are within the 20-minute public transport time frame. The population density is

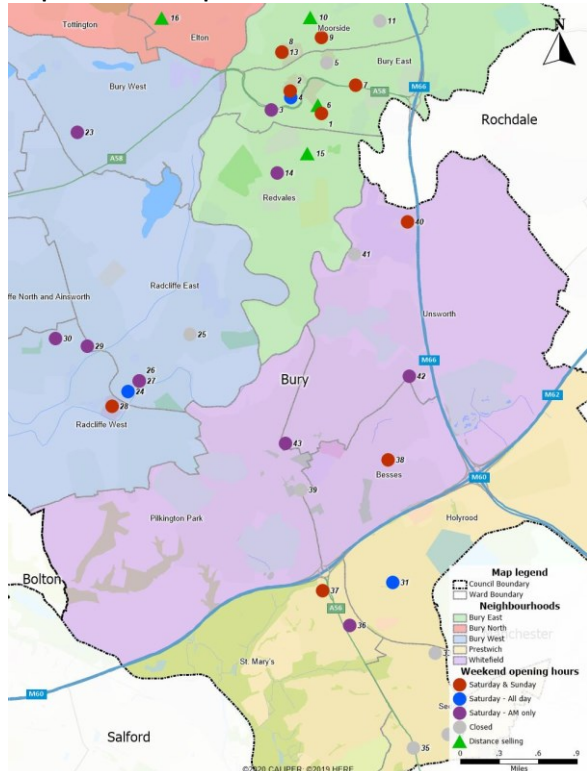
<sup>44</sup> [Joint Strategic Needs Assessment - Bury Council](#)

similar to the Bury average and there is a higher-than-average number of households with cars (range 71% to 84%). The patient survey also identified no specific issues with access to pharmacies from this ward.

**Map 21 - Weekday provision in Whitefield**



**Map 22 - Weekend provision in Whitefield**



### 7.6.2 Future housing development in Whitefield Neighbourhood

There is a small residential allocation (200 houses up to the year 2037) proposed for future development in Whitefield Neighbourhood within Unsworth ward. This will be part of a large industrial development along the M62 corridor which crosses over Bury Borough into Rochdale Borough. Industrial or commercial areas are not considered as a part of the PNA as it is likely a place where people would commute to for work rather than shop or reside there. The plans for these industrial areas have not yet been approved and are not due to be started until 2025- 2030. Depending on where the residential properties lie within this allocation will determine whether further pharmaceutical services are necessary. This should be revisited during the next PNA when planning permission is more likely to be finalised.

## 8 How pharmaceutical services can help support a healthier population

Pharmacies are well used by the public, employ clinically trained health care professionals and are freely accessible for the local population, some of whom may not access other health care services. As a minimum they must provide the essential services listed below, plus can then provide advanced and locally commissioned services to their customers. This gives commissioners scope for directing them to provide services for specific populations or health conditions and targeting the health needs which will most improve the population within the Borough.

### 8.1 Essential Services (ES)

The essential services within the CPCF are listed below. These services must be offered by all pharmacy contractors during all opening hours of the pharmacy.

1. Dispensing (medicines and appliances)
2. Repeat dispensing
3. Clinical governance
4. Disposal of unwanted medicines
5. Signposting
6. Support for self-care
7. Public health (promotion of healthy lifestyles)
8. Discharge of medicines Service (DMS)

One of the main functions of any pharmaceutical service is safety. Errors in medication use can lead to unwarranted hospital admissions, due to side effects from medication interactions or incorrect dosages or falls through overprescribing. All essential services play a role in ensuring medicines are dispensed, taken, and disposed of safely ES1, ES2, ES3, ES4 and ES8.

ES1 & ES2, safe dispensing is vital for any person on medication to ensure dosages are correct, side effects and interactions are reduced.

ES3, a clinical governance programme follows structured processes and roles within pharmacy premises. These are designed to aid consistency, and therefore safety, of service provision and should undergo regular review.

ES4, pharmacies can direct patients in the safe disposal of medicines and reduce the risk of hoarding medicines at home which increases the risk of errors in taking medicines or in taking out of date medicines.

ES5, ES6, & ES7 all help the public's understanding of their health condition and how to get help or self-manage either before or when problems arise. If people know why and how they are to take any medications it will benefit their long-term health. Also, improving awareness of the signs and symptoms of conditions through public health campaigns can save lives and improve a person's number of years of healthy living.

ES8, from February 2021, NHS Trusts are able to refer patients for extra guidance around new prescribed medicines for provision of the DMS at their community pharmacy. The service has been identified by NHSE&I Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.

## 8.2 Advanced Services

There are currently eight advanced services (Appendix Seven) within the NHS CPCF; a further two were decommissioned in March 2022. 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:

Current service (June 2022)

1. Appliance Use Review
2. Community Pharmacist Consultation Service (CPCS): GP referral for minor illnesses
3. Flu Vaccination
4. Hepatitis C Testing
5. Hypertension Case Finding
6. New Medicine Service (NMS): support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence
7. Stoma Appliance Customisation (SAC)
8. Smoking Cessation Service (SCS): referral from NHS trusts, where the patient consents, to a community pharmacy of their choice to continue their smoking cessation treatment.

Decommissioned 31<sup>st</sup> March 2022

1. Covid-19 Lateral Flow Device Distribution: decommissioned 31<sup>st</sup> March 2022
2. Pandemic Delivery: decommissioned 31<sup>st</sup> March 2022

Evidence<sup>45</sup> 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 long term conditions 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.

Advanced services may also identify other issues such as general mental health and well-being providing an opportunity to signpost to other local services or service within the pharmacy such as seasonal flu immunisation or repeat dispensing.

Screening for diseases of people who are hard to reach can also be effectively delivered through advanced services such as hepatitis C testing, and hypertension case finding. This allows these patients to be monitored or treated earlier and hence reduce disease progression.

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.

The COVID-19 decommissioned services were set up quickly to help stop the spread of disease and to aid patients in maintaining access to their medicines during COVID-19 pandemic. This shows that pharmaceutical services can be very responsive to the needs of the population and are a nationally trusted partner in healthcare.

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<sup>45</sup> <https://www.nice.org.uk/guidance/cg76>

## **8.3 Locally commissioned services (LCS)**

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

### **8.3.1 NHSE&I Enhanced services**

#### **Inhaler Technique Service**

Inhaler technique services provide education, training, monitoring and support for patients with respiratory conditions. Correct use of an inhaler can lead to improved drug delivery in the lungs and therefore better health outcomes.

#### **Minor Ailment Scheme**

Provides advice and support to people registered with a Bury GP on the management of minor ailments, including where necessary, the supply of medicines for the treatment of the minor ailment, for those people who would have otherwise gone to their GP or other healthcare provider for a prescription.

#### **Minor Eye Conditions Service (MECS)**

The aims of the service are to improve access and choice for people with minor eye conditions who are seeking advice and treatment via the community optometry minor eye conditions service by:

- supplying appropriate medicines at NHS expense; and
- to improve health-inequalities for low income families and equal access to medicines for self-care of minor eye conditions.

The pharmacy (or pharmacist/suitably trained pharmacy staff) will dispense medication directly to a patient who presents with a signed order on the agreed form written by an Ophthalmic Optometrist.

### **8.3.2 NHS Bury CCG locally commissioned services**

NHS Bury CCG currently commissions the services below.

NHS Bury CCG will cease to exist from July 2022. The commissioner for these, and any future services, will then be GM ICB.

#### **Palliative Care Stock Scheme**

Stock holding of items which are required for patient use at short notice. However, the drugs may not be used very frequently and so may go out of date before used. Hence not all pharmacies are needed to maintain stock, so a few that have longer opening hours and/or are strategically placed around the borough are contracted to deliver this service.

### **8.3.3 Bury Council locally commissioned services**

#### **Emergency Hormonal Contraception (EHC)**

EHC is used in reducing unplanned or unwanted pregnancies. The drugs ulipristal and levonorgestrel are used for EHC, they are supplied under a Patient Group Direction (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, this service is of value to those unable or unwilling to access a prescription or who are not able to purchase the medication.

### **Needle and syringe exchange services (NEX)**

An integral part of the harm reduction strategy for drug users which 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. Needle Exchange service may be an access point for reaching and delivering other services to people who are injecting drug users but are not in contact with any other health service (e.g. Hepatitis C testing service).

### **Supervised consumption**

This 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 these prescribed medicines.

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

## **9 Gaps in current 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 Six and Eight, which is supported by Maps 12 to 21.

### **9.1 Gap Analysis Criteria**

An assessment of whether there is a gap in pharmaceutical provision has been assessed using these criteria:

- All parts of the population should have general access to a physical community Pharmacy.
- Industrial and trading estates are not residential areas so will not form part of the gap analysis.
- Pharmacies located outside the borders of Bury within a one-mile buffer zone, will be recorded and can qualify as providers of access.
- In rural areas (Bury has 4 LSOA described as rural 'village and dispersed' or 'rural town and fringe'<sup>46</sup>) the population should be within 20 minutes' driving time or within a 5 miles radius of at least one of the above providers. If neither criteria is met, then this should be given further consideration as a possible gap.
- In all other wards in Bury, which are classed as urban areas, the population should be within 20 minutes' walking time (estimated at 1 mile) or 20 minutes' public transport time of a provider. If neither criteria is met, then this should be given further consideration as a possible gap.
- All pharmacies should open their minimum core hours each week.

<sup>46</sup> ONS <https://geoportal.statistics.gov.uk/documents/rural-urban-classification-2011-map-of-the-isoas-in-the-north-west-region/explore>

- Weekend coverage by standard pharmacies (commonly about four hours on a Saturday morning) will be noted, but assessment of access to pharmacies will not be made utilising this, as it is difficult for NHS E&I to effect changes in existing contracts for weekend opening hours.
- Areas of low car ownership in villages (where 15% or more of households are without cars) should be identified and examined for acceptable public transport access on weekdays (within 20 minutes' travel time). Public transport access in rural areas (mainly bus) should be commented on, although it should not form a criterion.
- The prospective needs of new build areas should be identified and considered where growth of 200 or more dwellings is planned in the period April 2019 to March 2025.
- The projection of gaps in general access for new build areas in each locality should, as far as possible, apply the criterion of 20 minutes' drivetime in rural areas and the criterion of 20 minutes' public transport time in urban areas in the attempt to project the emergence of gaps in pharmaceutical services.

## 9.2 Gap Analysis – Location and times of opening

The HWB considered the following, drawn from data discussed in this PNA and the mapped provision of and access to pharmacies:

- All five neighbourhoods have pharmacies within their border (Map 7)
- 93% of items dispensed in Bury Pharmacies were for people registered with an Bury GP practice. (Table 13). Indicating that the population do not need to travel outside of the borough to access pharmacy dispensing services.
- The number of pharmacies available per 100,000 population is 22 in Bury (Table 14). This is lower than GM (24), but higher than England (20) averages. Based on historical pharmacy use this would indicate that the current number of pharmacies are sufficient for the current population.
- Also, with 7238 average items per month dispensed in Bury pharmacies (Table 14) being lower than GM (7369) and England (7457) figures, this also indicates that the current number of pharmacies can cope with demand for prescription dispensing.
- Map 4 showing the population density by ward and the relative location of pharmacy premises indicates more pharmacies are in the most densely populated wards.
- Looking at Map 4 and Map 5 (showing the Index of Multiple Deprivation) show that the areas of high population density also have higher rates of deprivation, and therefore as with the previous statement, the pharmacies are located in these areas.
- Maps 7 & 8 illustrate that the majority of the residents of the HWB are within a 20-minute walk (approximately 1 mile) and/or a 20-minute public transport ride. In the small areas where this is not true there is a sparse population and car ownership is high (see Table 19).
- Considering the number and distribution of pharmacies within each of the five neighbourhoods and HWB area (section 7; Map 12-22).

## 9.3 Gap Analysis - Current service provision

- 137 of respondents to the public survey (appendix 3) replied to the question 'What is your overall view of your local pharmacy service?'. Of these 91% said they were either satisfied or very satisfied.
- 93% of respondents to the public survey had not had any difficulty in accessing a pharmacy of their choice
- 86 % of responders said the opening hours of pharmacies in Bury do not cause a problem
- 84% were satisfied or very satisfied with the opening hours of the pharmacy they used (Appendix 3).
- Overall results of the patient survey (Appendix 3).

## 9.4 Gap Analysis - Future Provision

- Proposed housing development. As identified in Table 18 all housing developments up to the year 2025 propose less than the 200 properties, as outlined in the gap analysis criteria, and fall within a 1 mile radius or 20 minute public transport time to a current Bury Pharmacy. Hence it is concluded that there is no immediate requirement for new pharmacy sites to be established.

## 9.5 Gap analysis - Conclusion

Considering the information outlined in this PNA, the HWB considers the location, number, distribution and choice of pharmacies covering each of the five neighbourhoods and the whole Bury HWB area providing essential and advanced services during the standard core hours to meet the needs of the current population.

Future provision of pharmaceutical services beyond 2025 will be reviewed during the next iteration of the Bury HWB PNA.

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

The HWB considers 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.

### Location and Opening Hours

The location of premises and choice of provider is not as extensive beyond the standard 40 core hours across Bury borough. However, in each neighbourhood apart from Bury North, there are pharmacies open beyond what may be regarded as standard hours, in that they provide pharmaceutical services during supplementary hours in the evening, on Saturday and Sunday. (see Tables 15,16 &17 in Section 6.1.3). For Bury North there is a lack of pharmacies open after 6pm on a weekday and after 1pm on a Saturday afternoon and none open on a Sunday. Consideration could be made to extending these hours if a request was submitted from a current pharmacy contracted and located within Bury North.

From the information available, the HWB consider the location, number, distribution and choice of pharmacies covering each of the five neighbourhoods who are providing essential and advanced services during the evening, on Saturday and Sunday, provides an improvement over standard contracted hours and better access which meets the requirements of the population.

The patient survey responses mentioned the low opening hours outside of regular 'office hours', yet some respondents were unaware of the location of pharmacies in Bury Borough which had extended opening hours. Public awareness campaigns of local services and opening times could help improve this. The HWB therefore concludes there is no significant information to indicate there is a gap in the current provision of pharmacy opening times.

### Future Gaps for access to pharmaceutical services

Although the Places for Everyone plans for residential and commercial buildings in Bury has not yet had its final independent examination, it has been concluded that despite to the large numbers of residential properties proposed for Bury North and Bury West Neighbourhoods during the life-span of this PNA there is no requirement to open a new pharmacy. This decision is based on travel times to current pharmacies and that the potential houses are not due to be start the initial building phase until 2025, when the next PNA will be due.



Enhanced services commissioned by NHS England, and locally commissioned services commissioned by the local authority or ICB, are regarded as pharmaceutical services for the purpose of this PNA. Whether commissioned as enhanced or locally commissioned service, the HWB consider these to provide both an improvement and better access to such services for the residents of Bury HWB area where such health needs have been identified and verified at a local level.

- 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.
- Pharmacist staff should be primarily focussed on patient safety, of which delivering information to patients is a main feature. Regular conversations with clients around their medication and health status should be improved in pharmacies as these increase understanding of medications and develops improved public confidence in the ability of pharmacy staff.
- Patients should also be encouraged to ask questions and understand that pharmacists are a good source of information about the medication they take.
- Hep C testing- If the service is to continue it would be better placed in pharmacies who supply needle exchange programmes, rather than just supervised consumption, as is aimed at PWIDs who are not yet in treatment.
- The patient responses to services requested improved repeat medication services, text information when an item is out of stock, travel vaccines, hearing aid supply, blood flow and respiratory checks (see appendix 3)
- Service should continue to be developed to meet the health needs of the Borough and each cluster individually when deemed necessary.

At the time of writing this PNA, the HWB has not identified, either itself or through consultation, any requirement to provide 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 five neighbourhoods and the Bury HWB area providing enhanced services or locally commissioned services 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)**

### **11.1 Current provision – necessary and other relevant services**

As described 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.

## 11.2 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.

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.

### 11.2.1 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.**

### 11.2.2 Access to essential services outside normal working hours

In Bury there is good access to essential services outside normal working hours in four of the five neighbourhoods and across the HWB area. However, the exception being Bury North neighbourhood where due to lower population, deprivation and car ownership no extra service hours of provision are deemed necessary. This is due to the supplementary opening hours offered by other pharmacies across the borough. It is not expected that any of the current pharmacies will reduce the number of core opening hours and NHS E&I 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.**

### 11.2.3 Access to advanced and enhanced services

Insofar as only NHS E&I may commission these services, section 3.5 of this PNA identifies 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.**

## 11.3 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.

As detailed in Sections 6.4.1, 7.5.3 and 7.6.3 and section 9.4, The proposed PFE building of residential housing developments, where this would include a local centre with a healthcare service, may require one pharmacy to provide pharmaceutical dispensing services and any other necessary services to the 'new' population in those areas.

**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.**

## 11.4 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 five neighbourhoods and the area of the HWB.

#### **11.4.1 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.**

#### **11.4.2 Current and future access to advanced services**

**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.**

#### **11.4.3 Current and future access to enhanced services**

NHS England commission three enhanced service (Inhaler Technique service, MAS and MECS) from pharmacies. It also commissions services from other non-pharmacy providers, principally GP practices.

**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.**

### **11.5 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 3.5.2

**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.**

### **11.6 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 neighbourhoods in its area for the purpose of this PNA, see section 3 and section 7 and maps 12-21.

In respect of how the HWB took into account the different needs in its area, including those who share a protected characteristic, see sections 4.5.

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

### **11.7 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 6 (Section 6.1). Additional maps are also provided throughout and as listed in Appendix Ten.

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## Appendix One – Glossary

A&E	Accident and Emergency	LGBT	Lesbian, Gay, Bisexual and Transgender
AIDS	Acquired Immune Deficiency Syndrome	LMC	Local Medical Committee
AUR	Appliance Use Review	LPC	Local Pharmaceutical Committee
BME	Black and Minority Ethnic	LPS	Local Pharmaceutical Service
CCG	Clinical Commissioning Group	LSOA	Lower Super Output Areas
CHD	Coronary Heart Disease	LTC	Long Term Condition
COPD	Chronic Obstructive Pulmonary Disease	MI	Myocardial Infarction
COVER	Cover of Vaccination Evaluated Rapidly	MMR	Measles, Mumps and Rubella
CPCF	Community Pharmacy Contractual Framework	MUR	Medicines Use Review
CPCS	Community Pharmacy Consultation Service	NEX	Needle and Syringe Exchange Services
CVD	Coronary Vascular Disease	NHS	National Health Service
DAC	Dispensing Appliance Contractor	NHSBSA	NHS Business Services Authority
EHC	Emergency Hormonal Contraception	NHSCB	NHS Commissioning Board
EPS	Electronic Prescription Service	NHSE&I	NHS England & NHS Innovation
ES	Essential Services	NICE	National Institute for Clinical & Healthcare Excellence
GCSE	General Certificate of Secondary Education	NMS	New Medicine Service
GFR	General Fertility Rate	NW	North West
GM	Greater Manchester	ONS	Office for National Statistic
GMJCT	Greater Manchester Joint Commissioning Team	OOH	Out of Hours
GP	General Practitioner	PCT	Primary Care Trust
HIV	Human Immunodeficiency Virus	PGD	Patient Group Direction
HWB	Health and Wellbeing Board	PHE	Public Health England
ICB	Integrated Care Board	PNA	Pharmaceutical Needs Assessment
ICS	Integrated Care Service	PQS	Pharmacy Quality Scheme
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

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## Appendix Two – Terms of Reference

<b>Name of Committee</b>	Pharmaceutical Needs Assessment (PNA) Steering Group
<b>Connectivity</b> Reports to	Updates to the Health and Wellbeing Board (HWB) via the HWB Lead/HWB PNA Champion
Bodies reporting to this Group	None
<b>Chair</b>	Senior Medicines Optimisation Pharmacist
<b>Membership</b>	<p>Representatives from the Greater Manchester Joint Commissioning team (GMJCT):</p> <ul style="list-style-type: none"> <li>• Senior Medicines Optimisation Pharmacist</li> <li>• Project Manager</li> </ul> <p>Representatives from Bury Council</p> <p>Representatives from NHS Bury CCG</p> <p>NHSE&amp;I Representative (GM Team)</p> <p>LPC Representative</p>
<b>Function of Committee</b>	<p>To develop a PNA for Bury HWB that fulfills the statutory requirements specified in 'The National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.</p> <p>To identify and report any risk to the HWB that might jeopardise the successful completion of the above.</p>
<b>Responsibilities/Actions</b>	GMJCT will lead the development of the PNA and will ask for support from all stakeholders during the process with regards to reviewing specific areas.
<b>Outputs of the Group</b>	To produce a Pharmaceutical Needs Assessment for Bury HWB.
<b>Frequency of Meetings</b>	It is envisaged that the group will meet via Microsoft teams, and have email exchanges, as often as required to ensure successful completion of the PNA.

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# Appendix Three – Public survey results

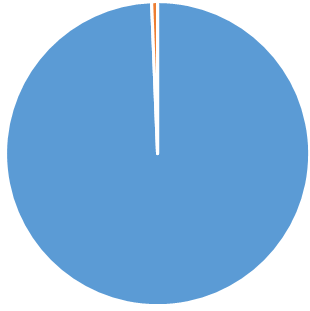
Survey ran 7<sup>th</sup> March 2022 to 15<sup>th</sup> May 2022

There were 159 responses

Q1 was removed from the response and plotted on map two

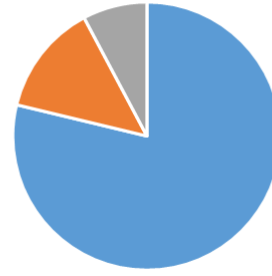
There were no responses to Q1, Q19 and Q42 when additional information to an answer was requested

Q2. Do you use a pharmacy?



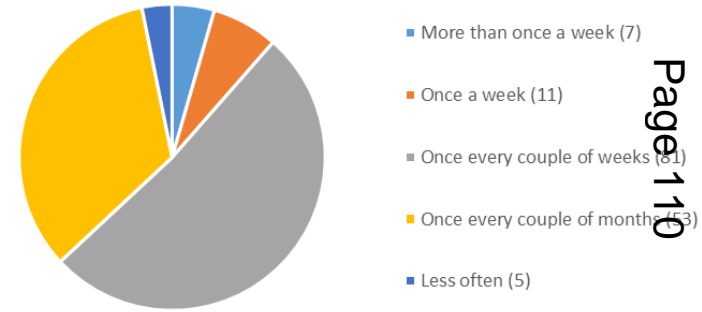
■ Yes (158) ■ No (1)

Q3. Why do you use a pharmacy? (Please tick all that apply)



■ For myself (152) ■ As a carer for an adult (26) ■ As a carer for a child (15)

Q4. If you do use a pharmacy, how often have you used one?



■ More than once a week (7)  
■ Once a week (11)  
■ Once every couple of weeks (81)  
■ Once every couple of months (53)  
■ Less often (5)

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



■ Yes (7) ■ No (151)

Q7. Do you have problems accessing a pharmacy due to opening hours?



■ Yes (13) ■ No (145)

Q6. If you answered 'yes' to Q5, please explain why:

- It's on a main road.
- The one nearest to us is dreadful. They use the cheapest items for prescriptions and as a result of this my son (who I am a carer for) was very ill for months. I now have to travel to a pharmacy just for prescriptions due to this fiasco. They need to be looked into and shut down. The one I am referring to is on XXX Road, near XXX. It used to be XXX and there were never any problems with them.
- The pharmacy I use is in a supermarket and doesn't deliver. I'm on chemotherapy and can't access it due to low immune system.
- Without going into a supermarket, my nearest pharmacy is hard to just "pop into". Parking is an absolute nightmare, at either of the nearest. I go to one in another locality. It's always accessible and I feel the staff care and take time to help if you have any queries.
- Have to catch a bus to get there that doesn't always turn up.
- Distance, public transport.

Q8. If you answered 'yes' to Q7, please explain why:

- Previously when I have visited the pharmacy in my lunch hour, but the pharmacy is closed.
- It is not open at weekend
- Work commitments
- None open in my area on a Saturday,
- My local pharmacy is only open half day on Saturday so I have to go down early to get what I need. There is also no local late-night pharmacy near me, only business hours, sadly most childhood illnesses and problems tend to happen at night!
- In an emergency after 11pm I believe, there is only a pharmacy open in Manchester City centre.
- Doesn't open until 9.30, closed Saturday afternoon.
- I would prefer to collect prescriptions on a Saturday pm, but it is closed then
- They shut at lunchtime on Saturdays and are closed all day Sunday
- Work times
- Local pharmacies not open at weekend
- Sometimes my prescription isn't ready at opening times.

Q9. Did you know that there are pharmacies in Bury that are open extended hours (e.g. early morning, late night, weekends and bank holidays)?



■ Yes (112) ■ No (46)

Q10. Do you know where these pharmacies are located?



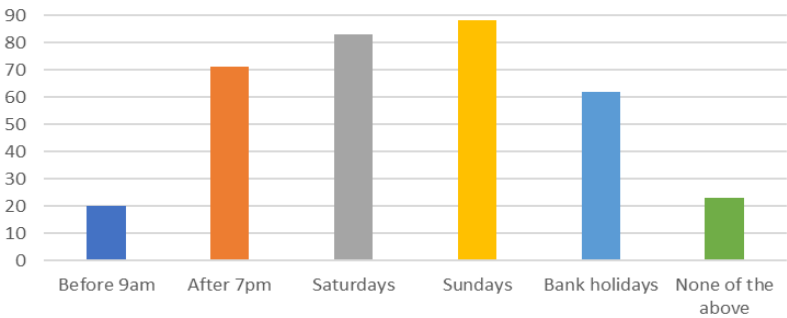
■ Yes (65) ■ No (93)

Q11. Have you used these pharmacies early in the morning (before 9am), later at night (after 7pm), at weekends or on bank holidays?

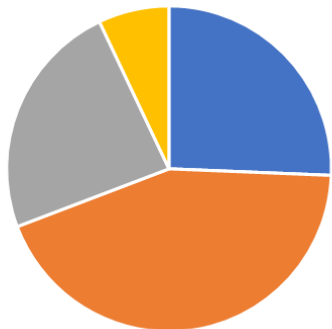


■ Yes (48) ■ No (110)

Q12. At what time would you, or do you, find pharmacies with extended hours most useful? (Please tick all that apply)



Q13. How far from your home or place of work would you be willing to travel to a pharmacy?



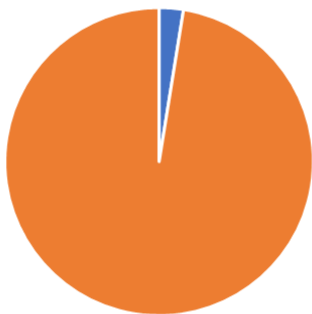
■ Less than 1 mile (40)  
■ 1 - 2 miles (68)  
■ 2 - 3 miles (37)  
■ More than 3 miles (11)

Q14. Do you have any difficulties accessing a pharmacy of your choice?



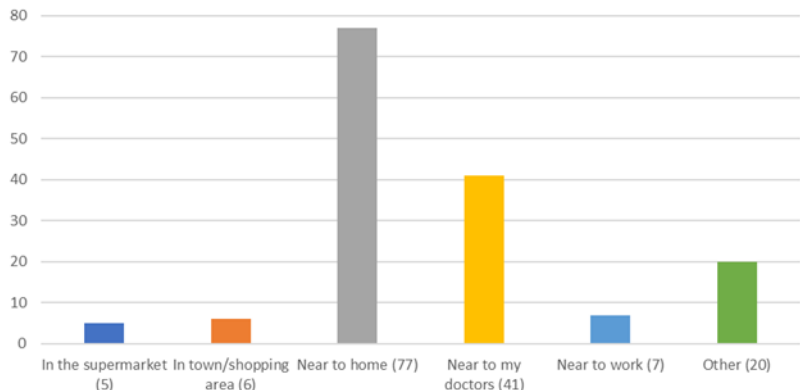
■ No (148)  
■ Yes, I have mobility issues (8)  
■ Yes, I'm housebound (1)

Q15. Do you have a regular pharmacy?



■ No (4) ■ Yes (154)

Q16. In terms of location, why do you use this pharmacy regularly?



Q17. If you answered 'other' in Q16, please explain why:

- They deliver to us.
- They deliver
- As explained above.
- So far , they have tried to do what I use them for.
- It used to be useful being in the supermarket but now it's not cos I can't go in a supermarket.
- I use the pharmacy in XXX because it is open extended hours and if closed, there is also XXX next door which is open late.
- On way from home to other places so can break journey
- I like the staff and they know me now so it's easier and a friendly face says a lot.
- Prescription delivery service. Knowledgeable staff.
- Had difficulty with prescriptions with previous chemist. Can take disabled husband for injections / procedures - I can park at the door.
- This is a pharmacy which is around 3 miles from where I live. It's always accessible re parking and times. I feel the staff care and take time to help if you have any queries.
- There is somewhere I can park nearby, preferably free.
- delivery service
- They deliver
- Recommended as reliable and helpful. I'm willing to travel to this one because they have been by far, the best and most accommodating pharmacy I've ever used in 30 years of using pharmacies in the Bury area.
- They deliver my large monthly repeat prescription order & also other pharmacy items as necessary. Deliveries are reliable.
- They are able to supply all my needs and very friendly and efficient
- As there are no face to face appts I don't need to use the chemist at the doctors. This chemist part of a mini shopping centre so I can combine a number of things with a number of shops in one visit.

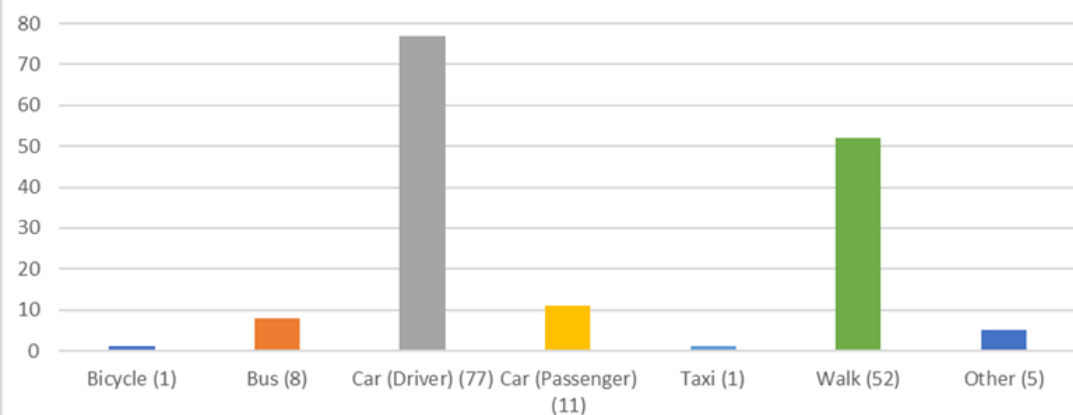
Q18. If you use a particular pharmacy on a regular basis, is this because:  
(please tick the one that applies most)



Q20. If you answered 'they offer another service which I use' to Q18, please state which service(s) you use:

- Electronic prescription
- Click and collect for things like vitamin supplements
- Prescription reordering and text advice to let me know when they are ready for collection
- Order online and prescription sent from doctors to pharmacy electronically.
- Disabled husband had his Covid booster there, am waiting for the ear syringing service to start and later in the year they are doing the pneumonia jab. I will be keeping an eye open to see if they are able to offer any other vaccinations.
- They order and collect my prescription for me, I just collect from shop
- Pick up medication from pharmacy
- As an independent chemist they are more careful about things like dossette dispensing (for elderly mother) and source specific drugs which others in a large group just keep saying they can't get hold of.
- Direct transfer of my prescriptions from the Doctor's surgery
- I order my tablets on line from the Drs and the prescription is sent through to the Pharmacy. The Pharmacy then sends me a text when it is ready for me to collect. It works very well.
- Have a disabled husband - I take the early appts so that I can park at the door - he had his Covid vaccinations and booster there and is waiting for the ear syringing service to start.
- Online prescription through NHS/Ask my GP. I order and collect

Q22. What is your usual method of travel when you visit a pharmacy?



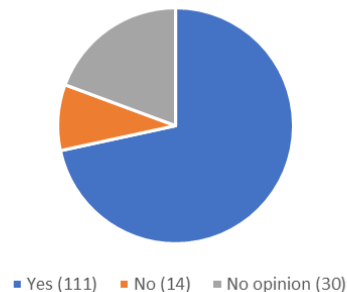
Q21. If you answered 'other' to Q18, please explain why:

- It's convenient for me.
- Close to home
- It's in my doctors
- Repeat prescriptions
- As above.
- Near the doctors
- Near to my home
- Very near my home
- The staff are professional
- Near work
- I use them because I find the extended opening hours helpful and match my needs.
- Convenient location
- Location to both Doctor surgery and home
- The pharmacy I use has good parking and is easy to get to as it is on the route I take everyday
- Nearest to my home
- Originally I used them as they were tall of : Town centre, near my Drs, friendly staff and knowledgeable and they picked up my scripts!! With the advent of electronic prescriptions they started not only receiving but delivering our multiple prescriptions and provide a great service. They also offer flue jabs and will offer advice on other queries. It is only their closure from 3pm on Saturday to Monday 9am that has been a problem when emergency medications have been needed.
- Location, it's close to my doctors surgery, so I can collect my prescription immediately.
- I use my regular pharmacy beacuse it is near my doctor's surgery.
- It is the nearest to me.
- It's local
- Nearest to home
- Close to home
- Proximity to my home & GP surgery
- It is near
- I use a busy supermarket pharmacy because I think they will have the freshest medicines. Also they have been helpful ordering repeats from GP
- It's convenient. I work there and live nearby.
- There is somewhere I can park my car
- First started using it for repeat prescription as it is near doctors and continued due to helpful friendly staff
- Near to home
- Can walk there in a couple of minutes
- Recommendation
- Proximity to home
- As 15 above .
- It's near home and the surgery and prescriptions are sent direct.
- Family members employment
- Close to GP
- Close to my home.
- Close to home
- Its the nearest one to my doctor and home and they have always been helpful with deliveries when required

Q23. If you answered 'other' to Q22, please explain why:

- Trams
- I have to ask someone else to pick it up for me now which can cause issues.
- I use Metrolink
- They deliver

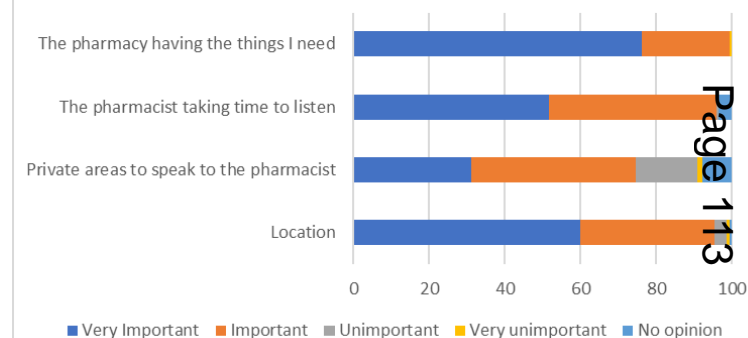
Q24. Do you feel that pharmacy staff provide you with sufficient information about your prescribed medication or medicines purchased over the counter e.g. dose, possible side effects, any warnings?



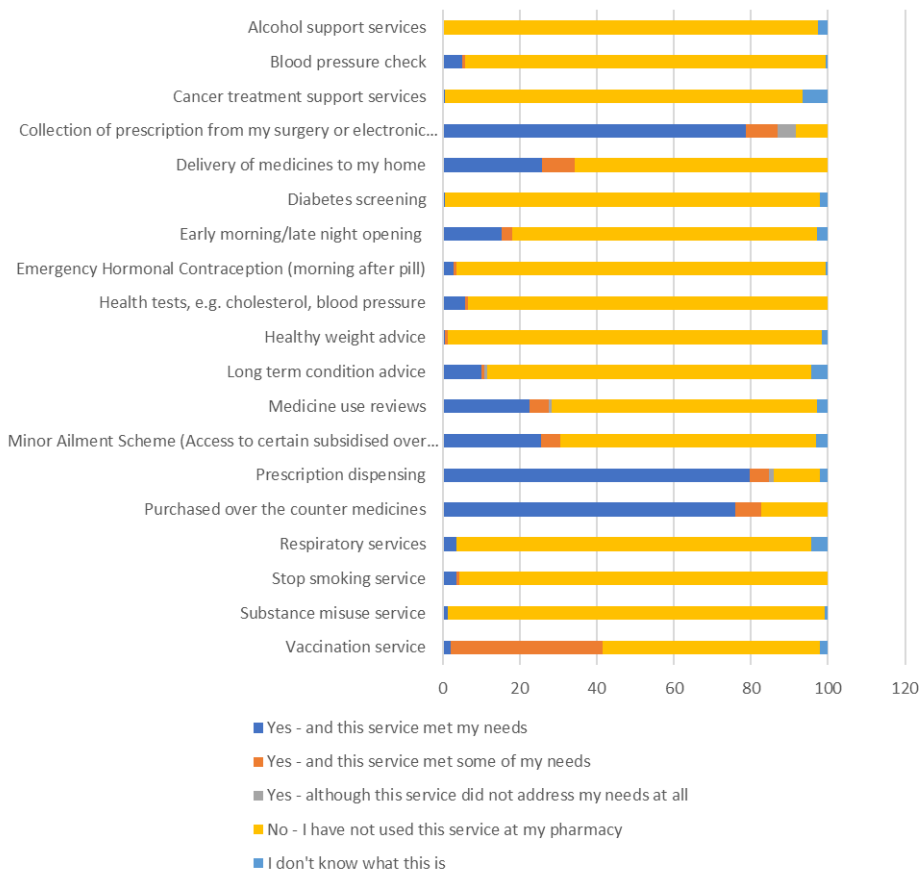
Q25. If you answered 'no' to Q24, please explain why:

- They are shop assistants not medical staff
- Very rarely have I been given advice on prescribed medication- very superficial
- They never refer to dose, side effects, warnings.
- Staff are not proactive at all, never mention anything
- Have answered "no" because both mine and my husband's prescriptions have been repeated for so long, the staff feel that we know all we need to know.
- Not very helpful now
- Never given any advice
- Our chemist have had different chemists and not regular behind the counter, the driver knows more about personal meds
- Staff never offer such information
- They don't say anything!
- Would like them to say when it is best to take the prescribed medication.
- Never had any information regarding any side effects, dose, warnings other than the leaflets in the medication.

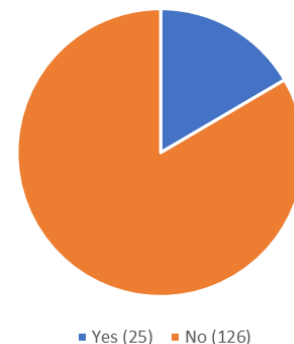
Q26. How important are the following aspects of pharmacy services?



Q27. Have you have ever paid for or used any of the following services from your pharmacy?



Q28. Are there any other services you would like your pharmacy to offer?

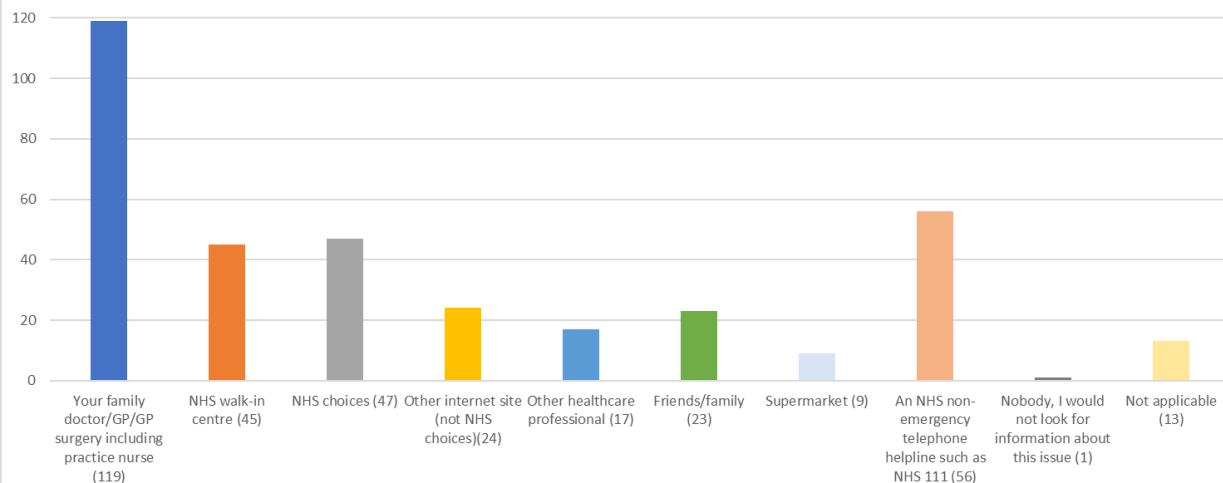


- Gifts! So many pharmacies are turning into shops stocking more and more items that to be honest I pick up when I'm shopping, but less and less 'gifts' - I have time to kill whilst I'm waiting for my prescription so it's an ideal time to browse and pick up health related gifts for friends and family.
- Flu jab
- Out of hours, we don't have a local pharmacy that offers this service
- Face to face appointments at the doctors when requested. More staff to process prescriptions faster. Fast service to just speak to the reception with a query.
- Definitely dispensing of hearing aid batteries! Possibly the following; Weight management advice, Urine testing for UTIs
- I would like them to give you a repeat prescription each time you receive prescription. Instead you have to write every item out. Or give prescription in boxes so you can see if you have missed taking tablets. When I asked for this service my chemist refused
- Try to get my medication on time tome
- I understand from gov website online that pharmacy's are allowed to sell/provide one emergency pack of customers regular/repeat prescription medicine when customer has run out and there is delay at GP's end. However I have never encountered any willingness to do this nor have I ever been told by a pharmacy that it is possible.
- I would like them to be able to prescribe you meds if your doctor is closed
- HONESTY WHEN EXPLAINING WHY THEY HAVEN'T DELIVERED PRESCRIPTION.
- A more local vaccination service would be useful (but possibly the limited accommodation for the pharmacy means that this would not be practicable)
- Change simple things on request for ease and common sense without having to go back to the doctor and then wait for change to be done by over busy GPs.
- More advice
- When ordering my prescription from the doctor, they don't advise if they haven't got the medication. I have to contact the doctor to order a different medication
- All pharmacies should offer blister packs of pills to the elderly who take large numbers of tablets regularly. Currently I only know of XXX in Bury and they were a life saver for my mum.

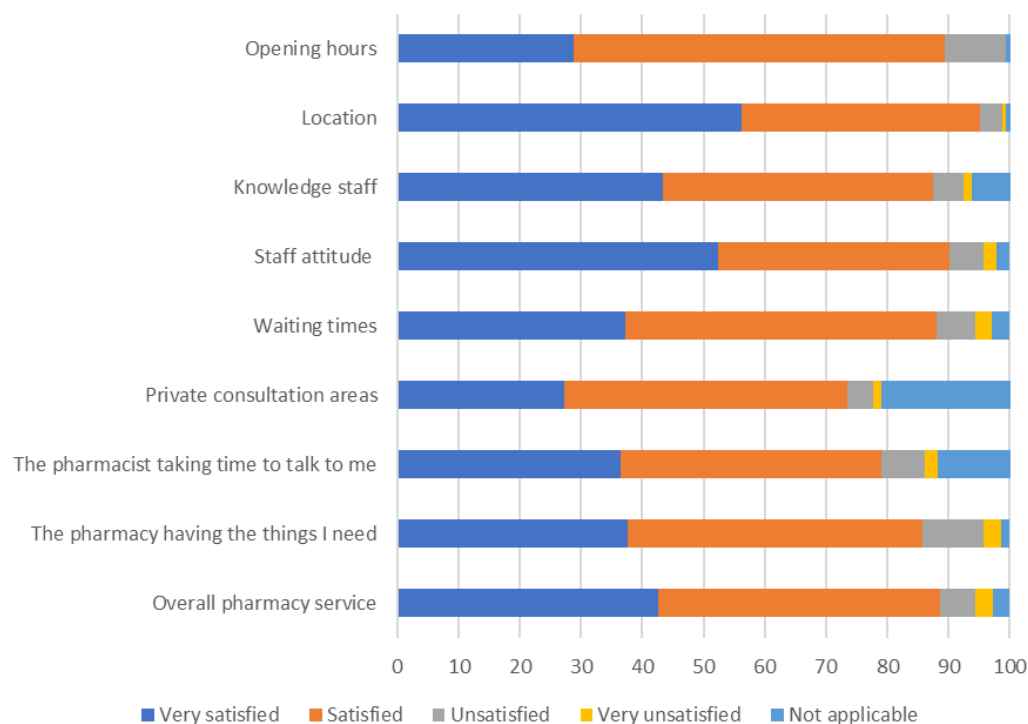
Q29. If you answered 'yes' to Q28, please explain why:

- As above, supply proper medication and not the cheapest stuff that makes you ill. Tried the delivery service 3 times and on each occasion, there was a problem (they went to the wrong address or just didn't turn up as arranged)
- Delivery
- I would like them to remind me when repeat meds are due
- Automatically get repeat prescription
- Instead of going to your GP for a minor ailment - say allergy advice, aches and pains advice ?
- More linked up computer system between doctor surgery and pharmacy
- I'd like to be informed if the pharmacy is struggling to get the medication in stock and the prescription is already in and waiting then I think the pharmacy should send a text to let the patient know so they are not waiting an unnecessary amount of time and it gives them the opportunity to look at other pharmacies to try and source the medication.
- Blood flow and respiratory checks.
- Vaccination and private travel vaccination

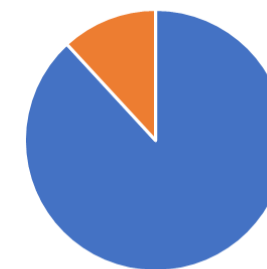
Q30. If you don't go to a pharmacist for any of the services listed in Q27, who would you contact if you wished to get information: (Please tick as many answers as appropriate)



Q31. How satisfied are you with the following aspects of service provided by pharmacies?



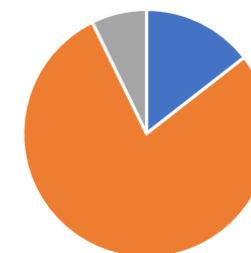
Q32. Did you know pharmacy staff could provide advice of treating minor ailments such as viral infections, mild skin conditions, minor cuts, aches and pains, hay fever and allergies etc?



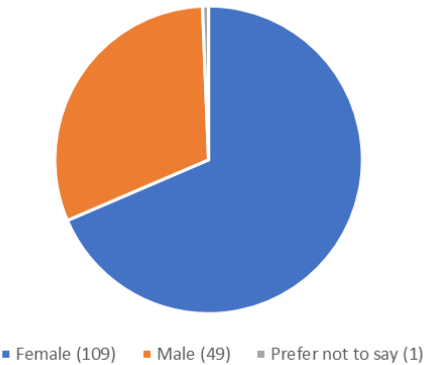
Q33. Do you use a dispensing appliance contractor (which isn't a pharmacy) for items such as continence or stoma products?



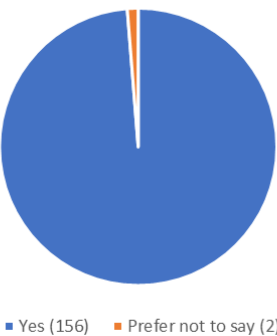
Q34. Do you use a distance selling pharmacy where you have ordered medicines/appliances over the internet, by mail order or by telephone?



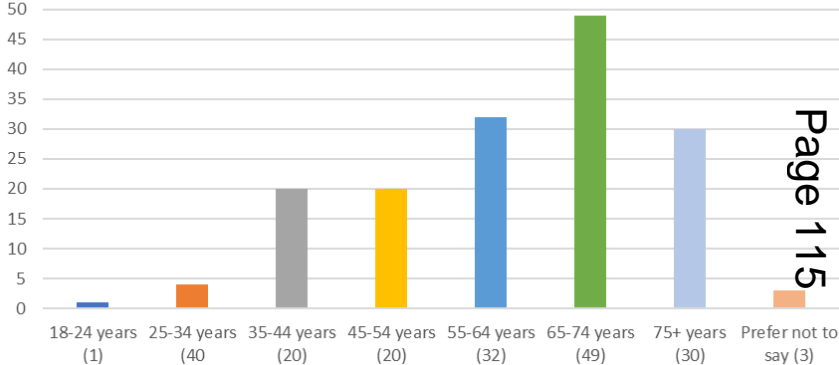
Q35. My gender is:



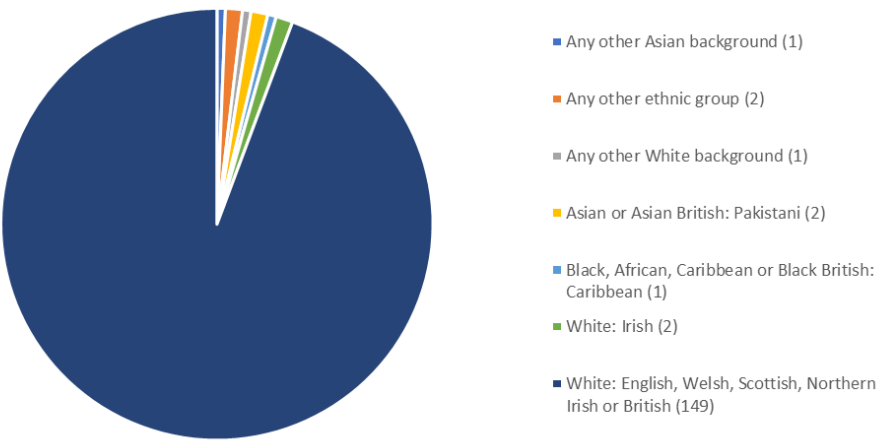
Q36. Do you identify with the gender you were assigned at birth? (e.g. Male or Female)



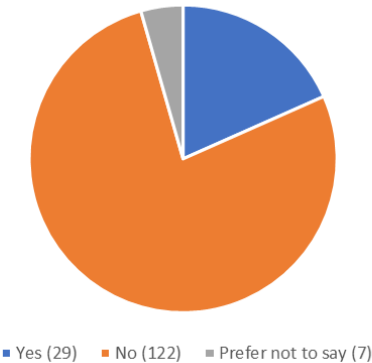
Q37. My age is:



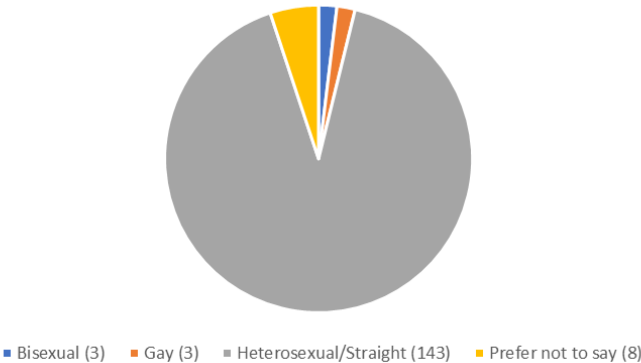
Q38. I would describe my ethnic origin as:



Q40. Do you consider yourself to be disabled?



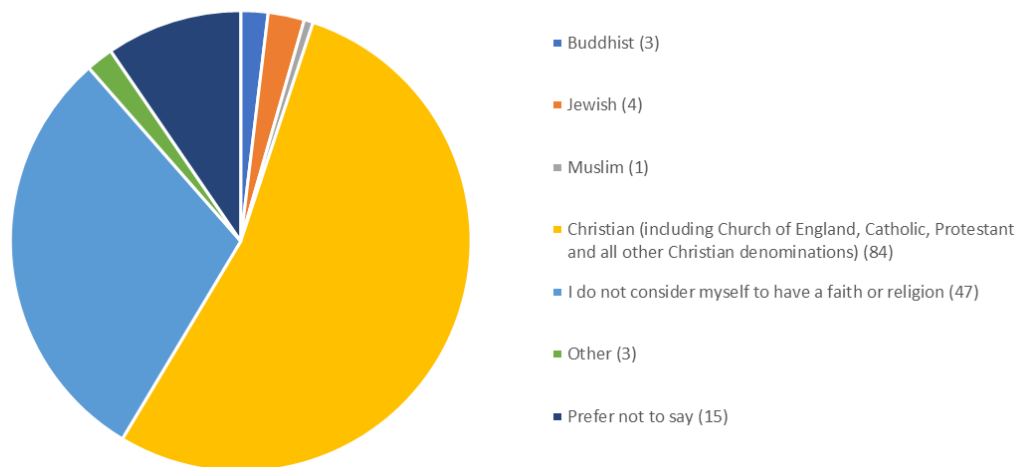
Q41. I would describe my sexuality as:



Q39. If you answered 'other' in Q38, please describe your ethnic origin:

- 50% White British. 50% white Jewish/Lithuanian
- Hongkonger

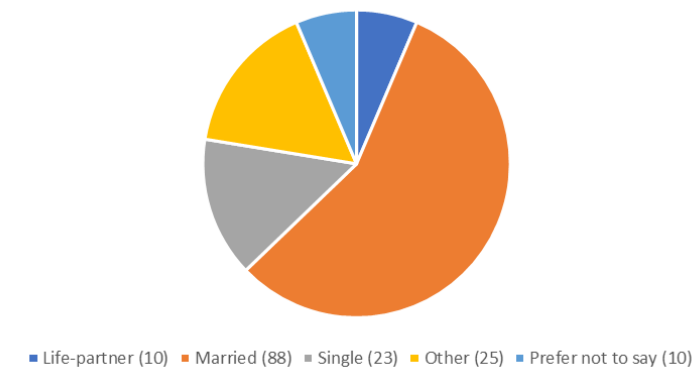
Q43. Please tell us your faith or religion:



Q44. If you answered 'other' to Q43, please describe your faith or religion:

- Methodist
- Agnostic
- Spiritualist

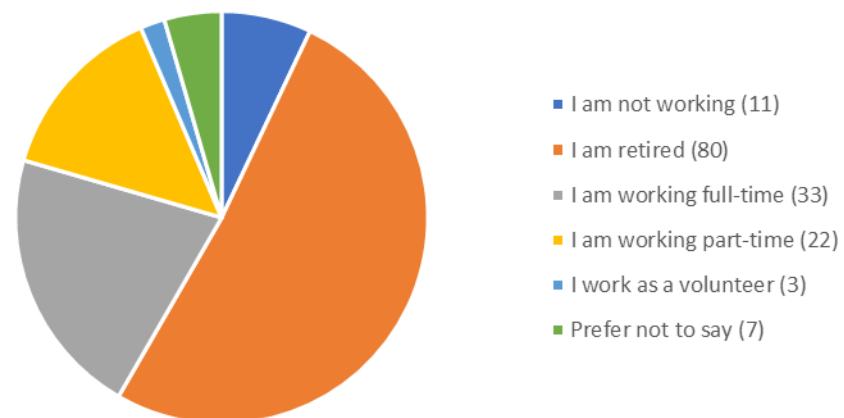
Q45. What is your marital status?



Q46. If you answered 'other' to Q45, please describe your marital status:

- Partner
- Widowed (15)
- Divorced (5)
- Separated (2)

Q47. Which of the following best describes your working situation?





# Appendix Four – Pharmacy survey results

Survey ran 19<sup>th</sup> January 2022 to 15<sup>th</sup> May 2022

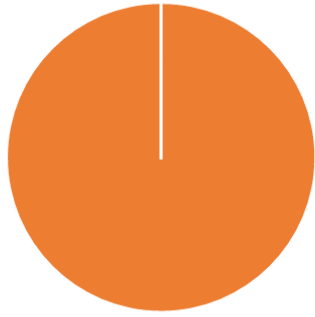
There were 13 responses

Q1 to Q6 were removed in order to allow anonymity for those who responded

Q10 was also removed as above – see appendix eight for opening hours

Q12, Q18, Q25, Q27, which asked for additional information if ‘other’ was selected, were left blank

Q7. Is this pharmacy a 100-hour pharmacy?



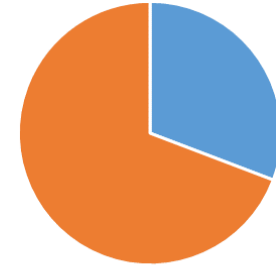
■ Yes (0) ■ No (13)

Q8. Is this pharmacy a Distance Selling Pharmacy? (i.e. it cannot provide Essential Services to persons present at or in the vicinity of the pharmacy)



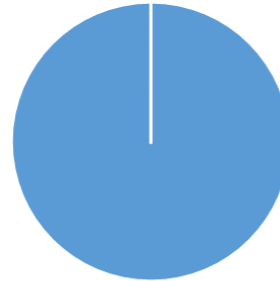
■ No (12) ■ Yes (1)

Q9. Has your pharmacy been registered with NHS Business Services Authority's (NHSBSA's) Manage Your Service (MYS) platform to receive Pharmacy Access Scheme (PhSA) 2022 payments?



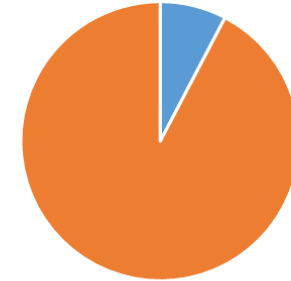
■ No (4) ■ Yes (9)

Q13. Where there is a consultation area, is it a closed room?



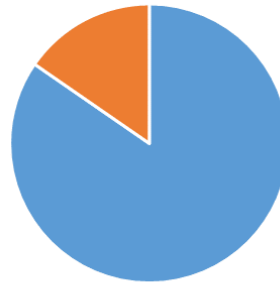
■ Yes (13) ■ No (0)

Q14. During consultations are there hand-washing facilities:



■ Close to the consultation area (1) ■ In the consultation area (12)

Q15. Patients attending for consultations have access to toilet facilities:



■ No (11) ■ Yes (2)

Q16. Please provide details of languages spoken (in addition to English):



■ Arabic (1) ■ Hebrew (1) ■ Urdu (7) ■ Punjabi (4) ■ Polish (2)

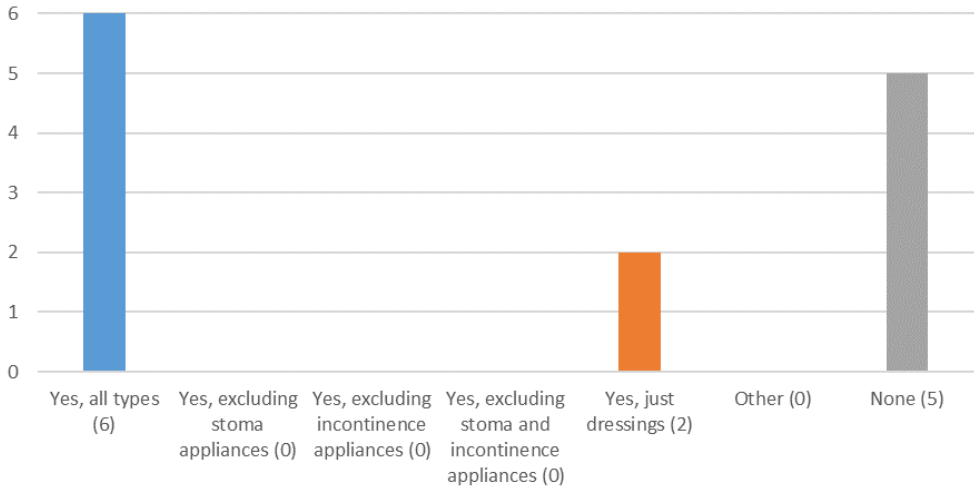
## Consultation facilities

Q11. There is a consultation room on premises (that is clearly designated as a room for confidential conversations; distinct from the general public areas of the pharmacy premises; and is a room where both the person receiving the service and the person providing it can be seated together and communicate confidentially)

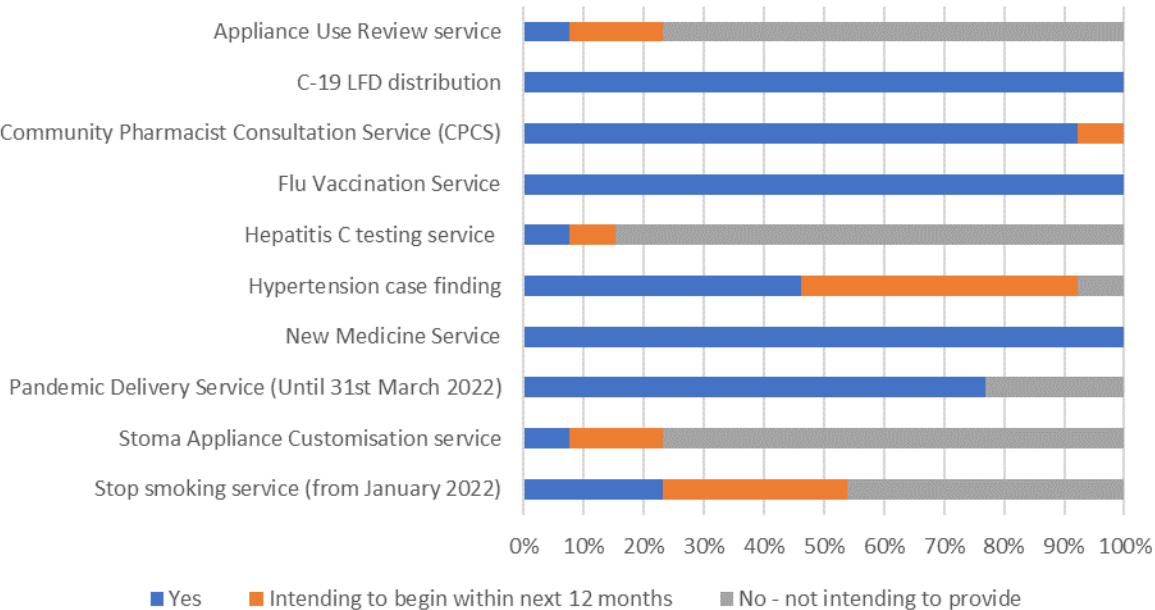
Response	Number of responses
None, have submitted a request to the NHS England and NHS Improvement (NHSE&I) regional team that the premises are too small for a consultation room	0
None, the NHSE&I regional team has approved my request that the premises are too small for a consultation room	0
None (Distance Selling Pharmacy)	0
Available (including wheelchair access)	8
Available (without wheelchair access)	5
Planned before 1st April 2023	0
Other	0

Services

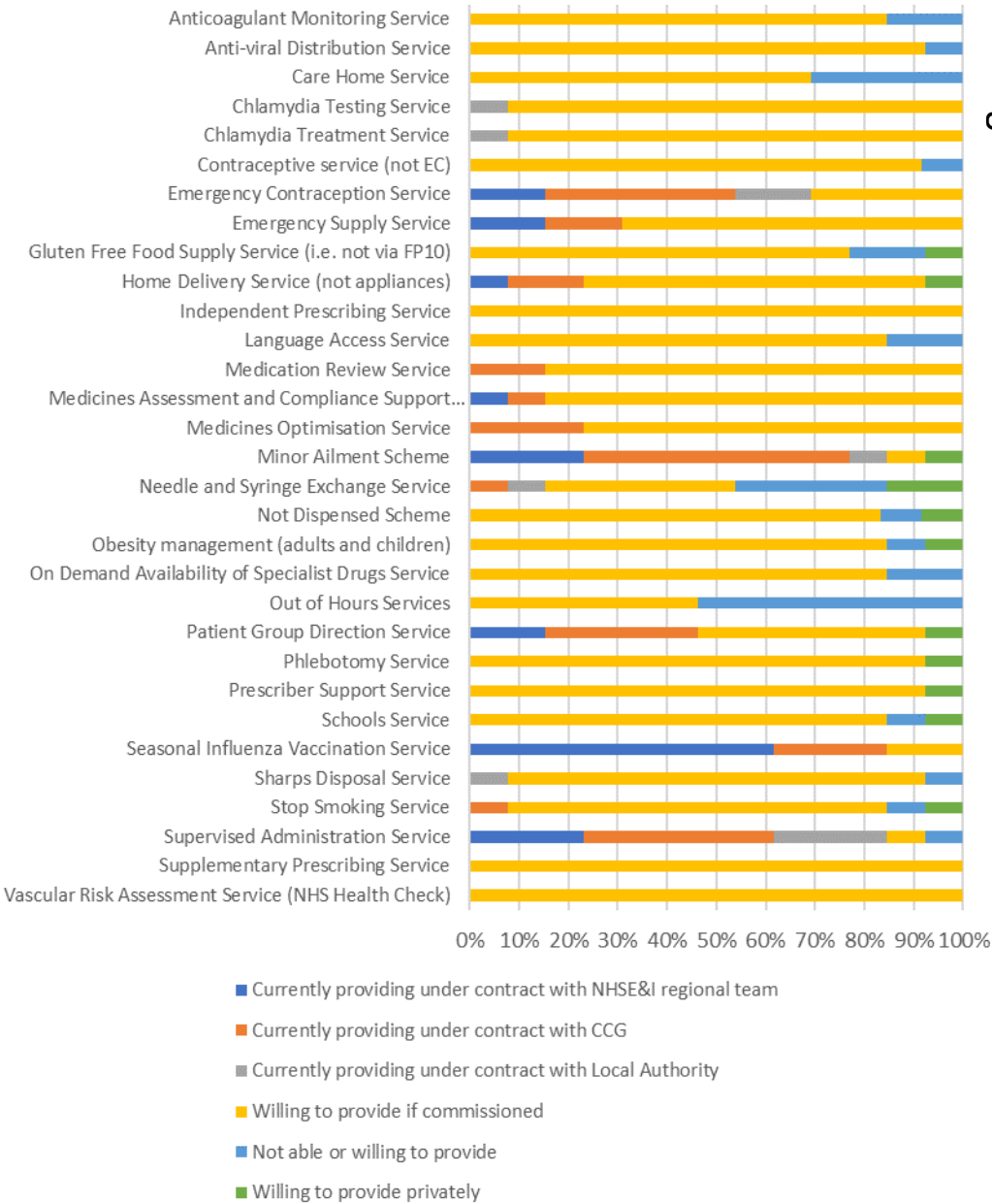
Q17. Does the pharmacy dispense appliances?



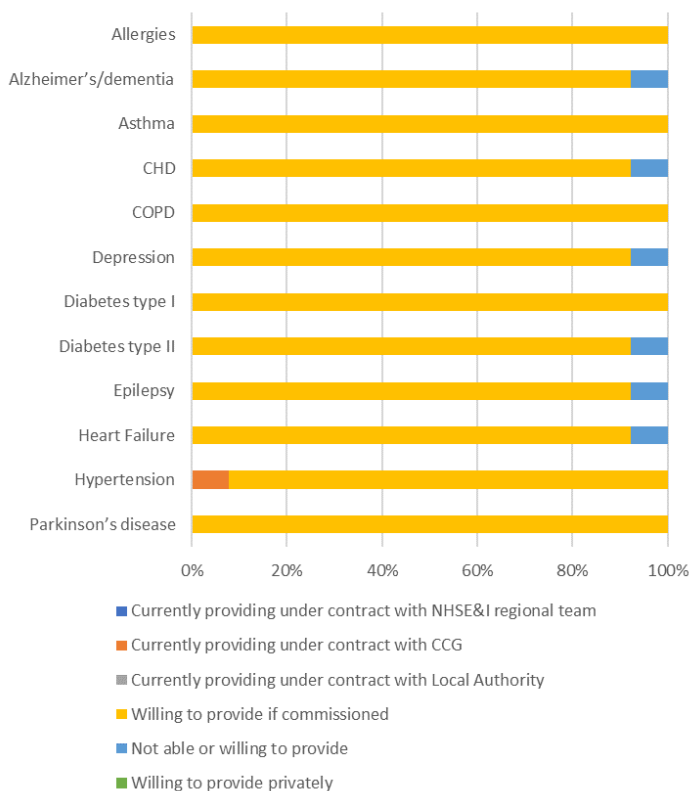
Q19. Does the pharmacy provide the following advanced services?



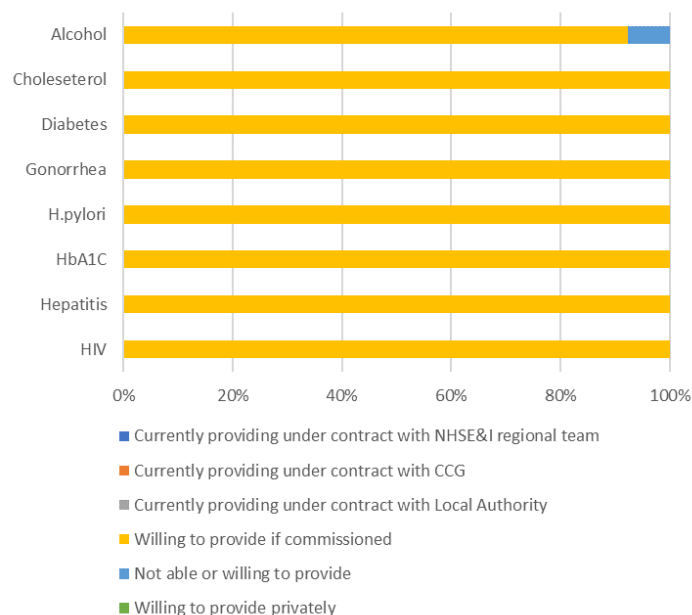
Q20&21. Which of the following other locally commissioned services does the pharmacy provide, or would be willing to provide?



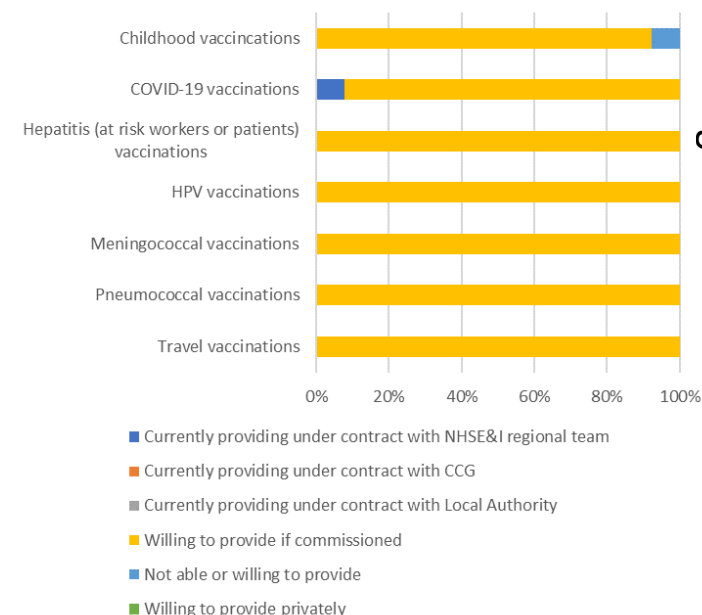
Q22. Which of the following other locally commissioned services does the pharmacy provide, or would be willing to provide?  
(Disease specific management service)



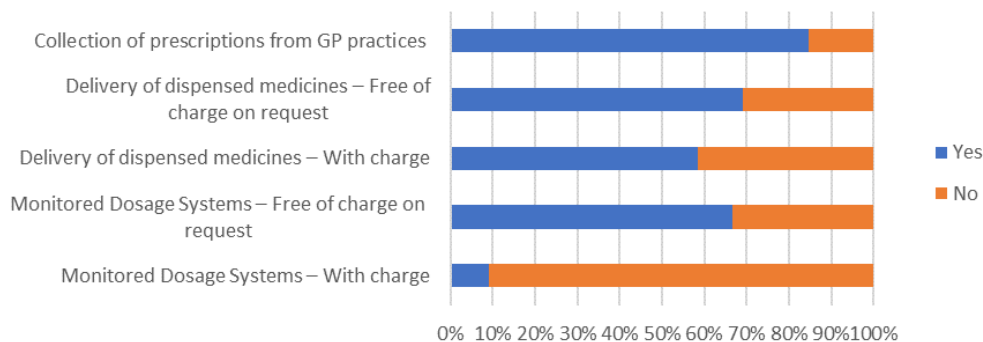
Q23. Which of the following other locally commissioned services does the pharmacy provide, or would be willing to provide?  
(Screening service)



Q24. Which of the following other locally commissioned services does the pharmacy provide, or would be willing to provide?  
(Other vaccinations)



Q26. Does the pharmacy provide any of the following non-commissioned services?



#### Q28. Is there a particular need for a locally commissioned service in your area? If so, what is the service requirement and why?

- EHC - frequent requests currently refer or sell OTC
- Inhaler technique service - significant issues with patients on new inhalers for asthma and COPD
- Smoking cessation
- COPD clinic using Pharmacist as Independent prescriber
- ALL OF THE ABOVE
- COPD clinic in Pharmacy -IP Pharmacist
- COPD clinic using IP of community pharmacist
- Community Pharmacy needs to be linked into PCN and locality changes - this is a massive gap at the moment.
- I think the commissioning of monitored dosage systems within the Bury area should be given some thought. We've noticed this a service that is in high demand and with the amount of work that goes into these I think this should be commissioned in some way to reimburse the employer.

#### Q29. Thank you for taking the time to complete this questionnaire. If you wish to add anything else which has not been covered in the above questions please use the text box below:

- As a community pharmacy, with the correct support and guidance we are willing to provide all the services that would be relevant to the local population
- More nationally commissioned services
- Can a distance selling pharmacy apply to be front facing and open to the public? Demand is increasing and present.
- If it is not an option, private system and locally commissioned services will have to be increased etc
- Funding for IP training

## Appendix Five – Enhanced and locally commissioned services

CCG	PC	Palliative care medicines stock holding	NHS England	IT	Inhaler technique
Council	EC	Emergency contraception	NHS England	MAS	Minor ailment Service
Council	NE	Needle exchange	NHS England	MECS	Minor eye condition service
Council	SC	Supervised consumption			

Neighbourhood	Ward	Map Index	Trading Name	Postcode	PC	EC	NE	SC	IT	MAS	MECS
Bury East	Bury East	1	Asda Pharmacy	BL9 0RN					Y	Y	Y
Bury East	Bury East	2	Boots the Chemist	BL9 0QQ		Y		Y		Y	Y
Bury East	Bury East	3	Cohens Chemist	BL9 0SN		Y		Y		Y	Y
Bury East	Bury East	4	IQ Pharmacy	BL9 0QL		Y					Y
Bury East	Bury East	5	Lloydspharmacy	BL9 0NJ		Y		Y		Y	Y
Bury East	Bury East	6	Medi Home Pharmacy	BL9 0RE							
Bury East	Bury East	7	Pimhole Pharmacy	BL9 7BB	Y	Y				Y	Y
Bury East	Moorside	8	Boots the Chemist	BL9 5BY	Y	Y				Y	Y
Bury East	Moorside	9	Bury Healthcare Pharmacy	BL9 6DP		Y					
Bury East	Moorside	10	Bury Pharmacy	BL9 5AS							
Bury East	Moorside	11	Huntley Mount Pharmacy	BL9 6JA		Y	Y	Y		Y	Y
Bury East	Moorside	12	Strachan's Chemist	BL9 6LL		Y		Y		Y	Y
Bury East	Moorside	13	Tesco In-Store Pharmacy	BL9 5BY						Y	
Bury East	Redvales	14	Fishpool Pharmacy	BL9 9AX		Y				Y	Y
Bury East	Redvales	15	Postbox Pharmcare Ltd	BL9 9AA							
Bury North	Elton	16	Futurecare Pharmacy	BL8 1SW							
Bury North	Elton	17	Manor Pharmacy	BL8 1HS				Y		Y	Y
Bury North	North Manor	18	Gardners Chemist	BL8 4DD							Y
Bury North	North Manor	19	Manor Pharmacy	BL8 4DS			Y	Y			Y
Bury North	Ramsbottom	20	Cohens Chemist	BL0 9AJ	Y	Y				Y	Y
Bury North	Ramsbottom	21	Lloydspharmacy	BL0 9HX		Y		Y		Y	Y
Bury North	Tottington	22	Cohens Chemist	BL8 4AD	Y			Y		Y	Y
Bury West	Bury West	23	Mile Lane Pharmacy	BL8 2JR		Y				Y	Y

Bury West	Radcliffe North and Ainsworth		<i>No pharmacies in this ward</i>								
Bury West	Radcliffe East	24	Boots the Chemist	M26 1NN		Y		Y		Y	Y
Bury West	Radcliffe East	25	Radcliffe Pharmacy	M26 2RF				Y			Y
Bury West	Radcliffe East	26	Radcliffe Pharmacy	M26 2SP			Y	Y			Y
Bury West	Radcliffe East	27	Well	M26 2SP	Y	Y		Y		Y	Y
Bury West	Radcliffe West	28	Asda Pharmacy	M26 3DA	Y	Y			Y		
Bury West	Radcliffe West	29	JT Smith & Son	M26 4DJ		Y				Y	Y
Bury West	Radcliffe West	30	Manor Pharmacy	M26 3RF			Y	Y			
Prestwich	Holyrood	31	Wise Pharmacies Ltd	M25 1NL		Y		Y			Y
Prestwich	Sedgley	32	Cohens Chemist	M25 0HT		Y				Y	
Prestwich	Sedgley	33	Dennis Gore Chemists	M25 1FX		Y				Y	Y
Prestwich	Sedgley	34	Formans Chemist	M25 0FX						Y	Y
Prestwich	Sedgley	35	Sedgley Park Pharmacy	M25 9JY		Y				Y	Y
Prestwich	St Mary's	36	Prestwich Pharmacy	M25 1AY		Y	Y	Y	Y	Y	Y
Prestwich	St Mary's	37	Tesco In-Store Pharmacy	M25 7BL						Y	
Whitefield	Besses	38	Whitefield Pharmacy	M45 8NE				Y		Y	Y
Whitefield	Pilkington Park	39	Barash Pharmacy	M45 6QJ						Y	Y
Whitefield	Unsworth	40	Asda Pharmacy	BL9 8RS					Y	Y	Y
Whitefield	Unsworth	41	Cohens Chemist	BL9 8QA		Y				Y	Y
Whitefield	Unsworth	42	Rowlands Pharmacy	BL9 8JR						Y	Y
Whitefield	Unsworth	43	Well	M45 7TA						Y	Y
<b>Total number of pharmacies providing this service</b>					<b>6</b>	<b>23</b>	<b>5</b>	<b>17</b>	<b>4</b>	<b>30</b>	<b>33</b>

## Appendix Six – Bury Pharmacies

Neighbourhood	Ward	Map Index	Trading Name	Address of Contractor	Postcode	Contractor Type
Bury East	Bury East	1	Asda Pharmacy	Spring Street	BL9 0RN	Community - 100 hr
Bury East	Bury East	2	Boots the Chemist	32-36 The Mall	BL9 0QQ	Community - 40 hr
Bury East	Bury East	3	Cohens Chemist	Townside PCC, 3 Knowsley Place	BL9 0SN	Community - 40 hr
Bury East	Bury East	4	IQ Pharmacy	14 Princess Parade	BL9 0QL	Community - 40 hr
Bury East	Bury East	5	Lloydspharmacy	Moorgate PCC, 22 Derby Way	BL9 0NJ	Community - 40 hr
Bury East	Bury East	6	Medi Home Pharmacy	Remmets House, Unit 1, Lord Street	BL9 0RE	Distance selling
Bury East	Bury East	7	Pimhole Pharmacy	189 Rochdale Road	BL9 7BB	Community - 100 hr
Bury East	Moorside	8	Boots the Chemist	Unit 1 Woodfields Retail Park, Peel Way	BL9 5BY	Community - 100 hr
Bury East	Moorside	9	Bury Healthcare Pharmacy	46 Walmersley Road	BL9 6DP	Community - 100 hr
Bury East	Moorside	10	Bury Pharmacy	First Floor, 65 Canning Street	BL9 5AS	Distance selling
Bury East	Moorside	11	Huntley Mount Pharmacy	Huntley Mount Road	BL9 6JA	Community - 40 hr
Bury East	Moorside	12	Strachan's Chemist	Chesham Precinct, 166a Walmersley Road	BL9 6LL	Community - 40 hr
Bury East	Moorside	13	Tesco In-Store Pharmacy	Peel Way	BL9 5BY	Community - 40 hr
Bury East	Redvales	14	Fishpool Pharmacy	14 Parkhills Road	BL9 9AX	Community - 40 hr
Bury East	Redvales	15	Postbox Pharmcare Ltd	235 Market Street	BL9 9AA	Distance selling
Bury North	Elton	16	Futurecare Pharmacy	14a Whitelegge Street	BL8 1SW	Distance selling
Bury North	Elton	17	Manor Pharmacy	367 Brandlesholme Road	BL8 1HS	Community - 40 hr
Bury North	North Manor	18	Gardners Chemist	6 Vernon Road	BL8 4DD	Community - 40 hr
Bury North	North Manor	19	Manor Pharmacy	1 Brandlesholme Road	BL8 4DS	Community - 40 hr
Bury North	Ramsbottom	20	Cohens Chemist	7 Market Place	BL0 9AJ	Community - 40 hr
Bury North	Ramsbottom	21	Lloydspharmacy	6 Bolton Street	BL0 9HX	Community - 40 hr
Bury North	Tottington	22	Cohens Chemist	12-14 Market Street	BL8 4AD	Community - 40 hr
Bury West	Bury West	23	Mile Lane Pharmacy	66 Mile Lane	BL8 2JR	Community - 40 hr
Bury West	Radcliffe North and Ainsworth		<i>No pharmacies in this ward</i>			
Bury West	Radcliffe East	24	Boots the Chemist	11 Blackburn Street	M26 1NN	Community - 40 hr
Bury West	Radcliffe East	25	Radcliffe Pharmacy	62 Cross Lane	M26 2RF	Community - 40 hr
Bury West	Radcliffe East	26	Radcliffe Pharmacy	47 - 49 Church Street West	M26 2SP	Community - 100 hr
Bury West	Radcliffe East	27	Well	Radcliffe PCC, Church Street West	M26 2SP	Community - 40 hr
Bury West	Radcliffe West	28	Asda Pharmacy	Riverside Retail Park	M26 3DA	Community - 40 hr
Bury West	Radcliffe West	29	JT Smith & Son	8-8a Ainsworth Road	M26 4DJ	Community - 40 hr

Bury West	Radcliffe West	30	Manor Pharmacy	Unsworth Street	M26 3RF	Community - 40 hr
Prestwich	Holyrood	31	Wise Pharmacies Ltd	474 Bury Old Road	M25 1NL	Community - 40 hr
Prestwich	Sedgley	32	Cohens Chemist	St Gabriel's Medical Centre Pharmacy, 4 Bishop's Road	M25 0HT	Community - 40 hr
Prestwich	Sedgley	33	Dennis Gore Chemists	26 Whittaker Lane	M25 1FX	Community - 40 hr
Prestwich	Sedgley	34	Formans Chemist	12 Park Hill, Bury Old Road	M25 0FX	Community - 40 hr
Prestwich	Sedgley	35	Sedgley Park Pharmacy	33 Bury New Road	M25 9JY	Community - 40 hr
Prestwich	St Mary's	36	Prestwich Pharmacy	40 Longfield Centre	M25 1AY	Community - 40 hr
Prestwich	St Mary's	37	Tesco In-Store Pharmacy	Bury New Road	M25 7BL	Community - 40 hr
Whitefield	Besses	38	Whitefield Pharmacy	4 Albert Place	M45 8NE	Community - 40 hr
Whitefield	Pilkington Park	39	Barash Pharmacy	166 Bury New Road	M45 6QJ	Community - 40 hr
Whitefield	Unsworth	40	Asda Pharmacy	Pilsworth Road	BL9 8RS	Community - 40 hr
Whitefield	Unsworth	41	Cohens Chemist	135 Croft Lane	BL9 8QA	Community - 40 hr
Whitefield	Unsworth	42	Rowlands Pharmacy	59 Parr Lane	BL9 8JR	Community - 40 hr
Whitefield	Unsworth	43	Well	Unit 1 Elms Square	M45 7TA	Community - 40 hr



## Appendix Seven – Advanced services

<b>CPCS</b>	Community Pharmacy Consultation Service	<b>Flu</b>	Flu Vaccination
<b>NMS</b>	New Medicines Service	<b>HepC</b>	Hepatitis C
<b>Stoma</b>	Stoma Customisation	<b>HCF</b>	Hypertensive Case Finding
<b>SCS</b>	Smoking Cessation Service		

Neighbourhood	Ward	Map Index	Trading Name	Postcode	CPCS	NMS	Stoma	Flu	HepC	HCF	SCS
Bury East	Bury East	1	Asda Pharmacy	BL9 0RN	Y	Y		Y		Y	
Bury East	Bury East	2	Boots the Chemist	BL9 0QQ	Y	Y		Y			
Bury East	Bury East	3	Cohens Chemist	BL9 0SN	Y	Y		Y		Y	
Bury East	Bury East	4	IQ Pharmacy	BL9 0QL	Y	Y		Y		Y	
Bury East	Bury East	5	Lloydspharmacy	BL9 0NJ	Y	Y		Y		Y	
Bury East	Bury East	6	Medi Home Pharmacy	BL9 0RE							
Bury East	Bury East	7	Pimhole Pharmacy	BL9 7BB	Y			Y			Y
Bury East	Moorside	8	Boots the Chemist	BL9 5BY	Y	Y		Y			
Bury East	Moorside	9	Bury Healthcare Pharmacy	BL9 6DP	Y			Y	Y	Y	
Bury East	Moorside	10	Bury Pharmacy	BL9 5AS	Y					Y	Y
Bury East	Moorside	11	Huntley Mount Pharmacy	BL9 6JA	Y	Y		Y			
Bury East	Moorside	12	Strachan's Chemist	BL9 6LL	Y			Y		Y	
Bury East	Moorside	13	Tesco In-Store Pharmacy	BL9 5BY	Y	Y		Y			
Bury East	Redvales	14	Fishpool Pharmacy	BL9 9AX	Y	Y		Y			
Bury East	Redvales	15	Postbox Pharmcare Ltd	BL9 9AA	Y	Y				Y	Y
Bury North	Elton	16	Futurecare Pharmacy	BL8 1SW	Y					Y	
Bury North	Elton	17	Manor Pharmacy	BL8 1HS	Y	Y		Y			
Bury North	North Manor	18	Gardners Chemist	BL8 4DD	Y	Y		Y		Y	
Bury North	North Manor	19	Manor Pharmacy	BL8 4DS	Y			Y			
Bury North	Ramsbottom	20	Cohens Chemist	BL0 9AJ	Y	Y		Y		Y	
Bury North	Ramsbottom	21	Lloydspharmacy	BL0 9HX	Y	Y		Y		Y	
Bury North	Tottington	22	Cohens Chemist	BL8 4AD	Y	Y		Y		Y	
Bury West	Bury West	23	Mile Lane Pharmacy	BL8 2JR	Y	Y					
Bury West	No pharmacies in Radcliffe North and Ainsworth										
Bury West	Radcliffe East	24	Boots the Chemist	M26 1NN	Y	Y		Y			
Bury West	Radcliffe East	25	Radcliffe Pharmacy	M26 2RF	Y	Y		Y			
Bury West	Radcliffe East	26	Radcliffe Pharmacy	M26 2SP	Y	Y		Y		Y	
Bury West	Radcliffe East	27	Well	M26 2SP	Y	Y		Y		Y	Y

Bury West	Radcliffe West	28	Asda Pharmacy	M26 3DA		Y		Y			
Bury West	Radcliffe West	29	JT Smith & Son	M26 4DJ	Y	Y					
Bury West	Radcliffe West	30	Manor Pharmacy	M26 3RF	Y	Y		Y			
Prestwich	Holyrood	31	Wise Pharmacies Ltd	M25 1NL	Y			Y		Y	Y
Prestwich	Sedgley	32	Cohens Chemist	M25 0HT	Y	Y		Y		Y	
Prestwich	Sedgley	33	Dennis Gore Chemists	M25 1FX	Y	Y	Y	Y		Y	
Prestwich	Sedgley	34	Formans Chemist	M25 0FX	Y	Y		Y	Y	Y	Y
Prestwich	Sedgley	35	Sedgley Park Pharmacy	M25 9JY	Y			Y			
Prestwich	St Mary's	36	Prestwich Pharmacy	M25 1AY	Y	Y		Y		Y	
Prestwich	St Mary's	37	Tesco In-Store Pharmacy	M25 7BL	Y	Y		Y			
Whitefield	Besses	38	Whitefield Pharmacy	M45 8NE	Y			Y		Y	
Whitefield	Pilkington Park	39	Barash Pharmacy	M45 6QJ	Y	Y	Y	Y		Y	
Whitefield	Unsworth	40	Asda Pharmacy	BL9 8RS	Y	Y		Y		Y	
Whitefield	Unsworth	41	Cohens Chemist	BL9 8QA	Y	Y		Y		Y	
Whitefield	Unsworth	42	Rowlands Pharmacy	BL9 8JR	Y	Y		Y			
Whitefield	Unsworth	43	Well	M45 7TA	Y	Y		Y		Y	Y
<b>Total number of pharmacies providing this service</b>					<b>41</b>	<b>33</b>	<b>2</b>	<b>37</b>	<b>2</b>	<b>26</b>	<b>7</b>

## Appendix Eight – Community Pharmacy Opening Hours

Neighbourhood	Ward name	Total Number of Pharmacies	Weekdays 8am or earlier	Weekdays AM	Weekdays PM	Weekdays 7pm or later	Weekdays Closed for lunch	Saturday 8am or earlier	Saturday AM	Saturday PM	Saturday 7pm or later	Saturday Closed for lunch	SUNDAY
Bury East	Bury East	6	2	6	6	2	0	2	5	4	2	0	3
Bury East	Moorside	5	3	5	5	3	0	3	4	3	3	0	3
Bury East	Redvales	1	0	1	1	0	0	0	1	0	0	0	0
Bury North	Elton	1	0	1	1	0	1	0	1	0	0	0	0
Bury North	North Manor	2	0	2	2	0	1	0	2	0	0	0	0
Bury North	Ramsbottom	2	0	2	2	0	1	0	0	0	0	0	0
Bury North	Tottington	1	0	1	1	0	0	0	1	0	0	0	0
Bury West	Bury West	1	0	1	1	0	0	0	1	0	0	0	0
Bury West	No pharmacies in Radcliffe North and Ainsworth												
Bury West	Radcliffe East	4	2	4	4	1	0	2	3	2	0	0	1
Bury West	Radcliffe West	3	0	3	3	1	2	0	3	1	1	0	1
Prestwich	Holyrood	1	0	1	1	0	0	0	1	1	0	0	0
Prestwich	Sedgley	4	0	4	4	1	0	0	0	0	0	0	0
Prestwich	St Mary's	2	1	2	2	1	0	1	2	1	1	0	1
Whitefield	Besses	1	0	1	1	0	0	0	1	0	0	0	?2hrs
Whitefield	Pilkington Park	1	0	1	1	0	0	0	0	0	0	0	0
Whitefield	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 does not include distance selling pharmacies. These pharmacies tend to be open between 9am and 6pm, and close for an hour at lunch time.

For full details of pharmacy opening hours please see [NHS Choices](#).

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## Appendix Nine - PNA 60 Day Consultation Plan

### 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 on 15<sup>th</sup> July 2022 and will run for a period of 60 days. Therefore, the consultation will formally close on 13<sup>th</sup> September 2022.

### 3. Key outcomes

- To encourage constructive feedback from a variety of stakeholders between 15<sup>th</sup> July 2022 and 13<sup>th</sup> September 2022.
- To ensure a wide range of primary care health professionals provide opinions and views on what is contained within the PNA

### 4. Key audiences

The regulations state that:

When making an assessment for the purposes of publishing a pharmaceutical needs assessment, each HWB must consult the following about the contents of the assessment it is making—

- (a)any Local Pharmaceutical Committee for its area (including any Local Pharmaceutical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);
- (b)any Local Medical Committee for its area (including any Local Medical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);
- (c)any persons on the pharmaceutical lists and any dispensing doctors list for its area;
- (d)any LPS chemist in its area with whom the NHSCB has made arrangements for the provision of any local pharmaceutical services;
- (e)any Local Healthwatch organisation for its area, and any other patient, consumer or community group in its area which in the opinion of HWB1 has an interest in the provision of pharmaceutical services in its area; and
- (f)any NHS trust or NHS foundation trust in its area;
- (g)the NHSCB; and
- (h)any neighbouring HWB.

The consultation must be for a minimum of 60 days.

The following groups of people could be formally consulted on the draft PNA asked to comment on the assessment and the assumptions that it makes. A local decision needs to be made whether these groups are going to be contacted.

- General public
- Patient Participation Groups in primary care
- Community Pharmacy Contractor Superintendent Offices
- Local Authority area CCGs
- Local Authorities employees
- Neighbouring CCGs
- Local Voluntary Groups
- Overview and Scrutiny Committee
- Social services

## 5. Consultation engagement

Although the timescale for the consultation to begin (15<sup>th</sup> July 2022) and end (13<sup>th</sup> September 2022) is a standard date, the period of consultation between can be locally agreed based on work load. However you do need to ensure that everyone who participates in the consultation has enough time to complete the response forms by XXX.

The advert on homepage of council's website and the link on other relevant pages need to be done on 14<sup>th</sup> July 2022 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	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	LA		
<b>C</b>	H&WB Board	Health and Wellbeing Board secretary	Send out an electronic link to the electronic copy of the consultation document with a link to the online response form.	No cost	LA		
<b>C</b>	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		

<b>C</b>	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	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	LA		
	General population	Press release	Short news piece with link to the survey.	No cost	LA		
	General population	Electronic Flyers	Produce and distribute A5 flyers to pharmacies to promote the survey and give the online address.	No cost	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	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	LA		
<b>C</b>	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	LA		
<b>C</b>	LPS pharmacy contractors	Email consultation document	Send out an electronic link to the electronic copy of the consultation document with a link to the online response form.	Printing and postage costs	LA		
<b>C</b>	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	LA		
<b>C</b>	Local Medical Committee	Email consultation document to LMC secretary	Send out an electronic link to the electronic copy of the consultation	No cost	LA		



			document with a link to the online response form.				
	Local Authority Staff	Council internal communications campaign	Desktop wallpaper and Intranet homepage story to encourage staff to complete the online survey.	No cost	LA		
	General population	Council social media Twitter Facebook	Post regular tweets with a link to the survey and submit content for Facebook	No cost	LA		
C	Healthwatch	Email Healthwatch	Contact Health Watch to ask for support to encourage Link users to complete the survey	No cost	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	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	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	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	LA		
	Local Voluntary, Health and community Faith Groups	Email to other relevant groups and organisations to give information about the survey and ask for participation	Below is an example of some groups this could be sent to: <ul style="list-style-type: none"> <li>• Prison Pharmacy's</li> <li>• Care UK</li> <li>• Asylum seekers</li> <li>• Schools</li> <li>• Colleges</li> <li>• Older People's Forum</li> <li>• Adult Safeguarding Board</li> <li>• Men's Action Group</li> <li>• Women's Centre</li> <li>• BME Forum</li> <li>• Interfaith Network</li> <li>• Community Committees</li> </ul>	No cost	LA		

			<ul style="list-style-type: none"> <li>• <i>Carers Centre</i></li> <li>• <i>MIND</i></li> <li>• <i>Breathe Easy</i></li> </ul>				
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## 6. Budget

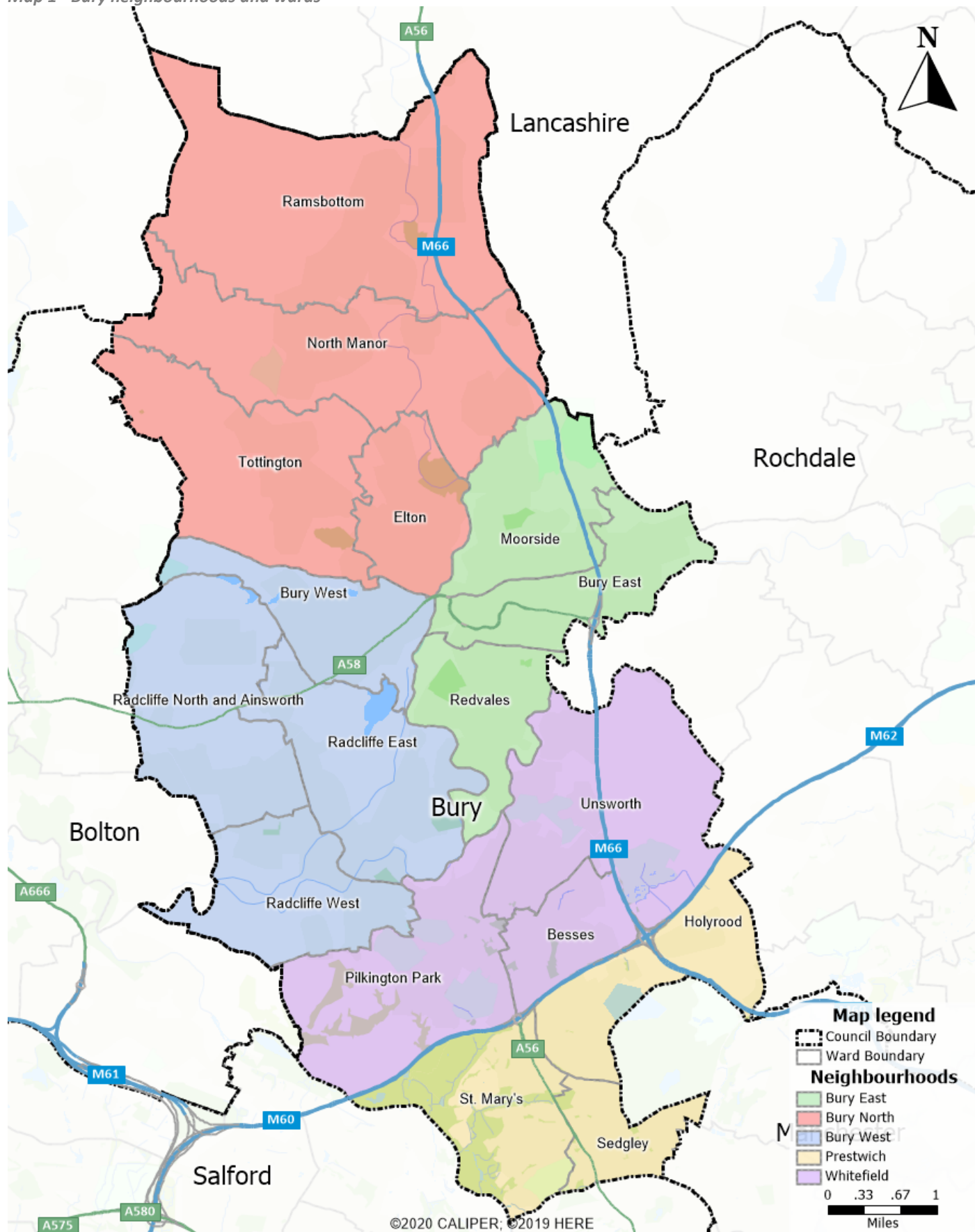
It is advised that a budget is agreed with Public Health at a local level to be used to promote the consultation and to cover costs for printing out response forms, consultation documents and postage of forms back to GMJCT if needed.

## 7. Evaluation

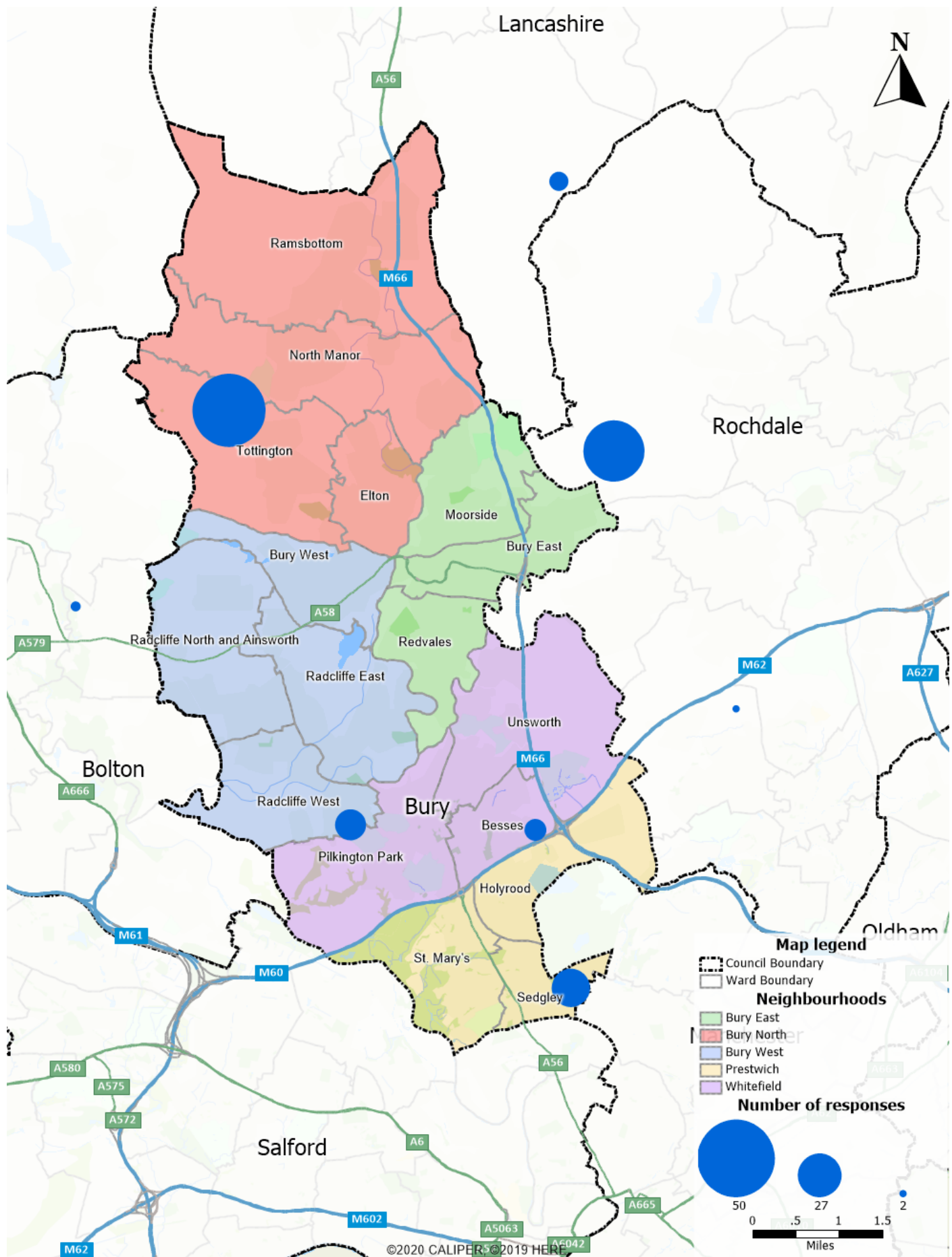
A consultation report and an evaluation report will be provided by GMJCT. The Consultation report will analyse the feedback received and will also be used to update the final PNA. The evaluation report will be used to analyse the level of participants and the number of people engaged with.

## Appendix Ten – Maps

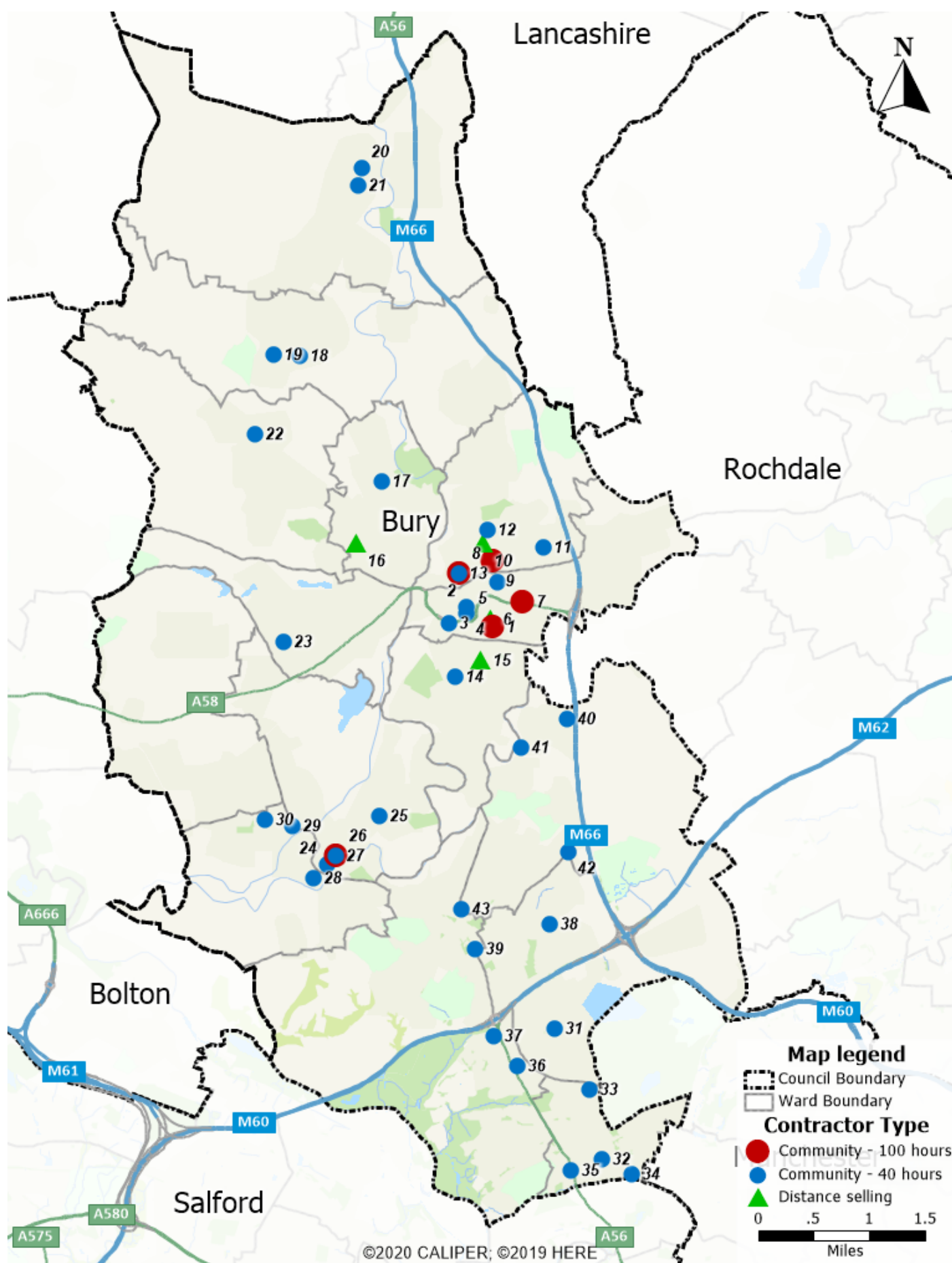
Map 1 - Bury neighbourhoods and wards



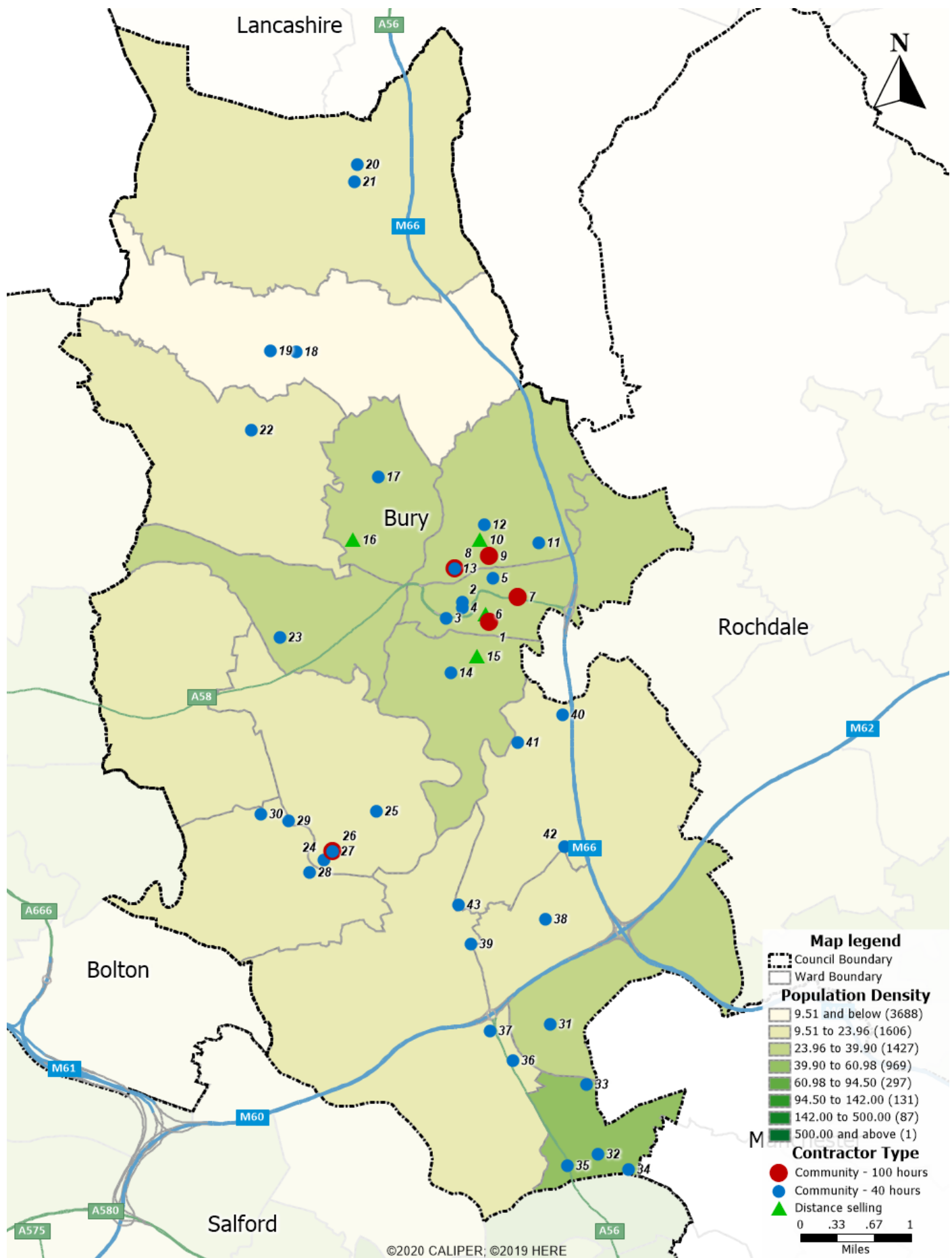
Map 2 - Public survey responses by post code district



Map 3 - Bury pharmacies by contractor type

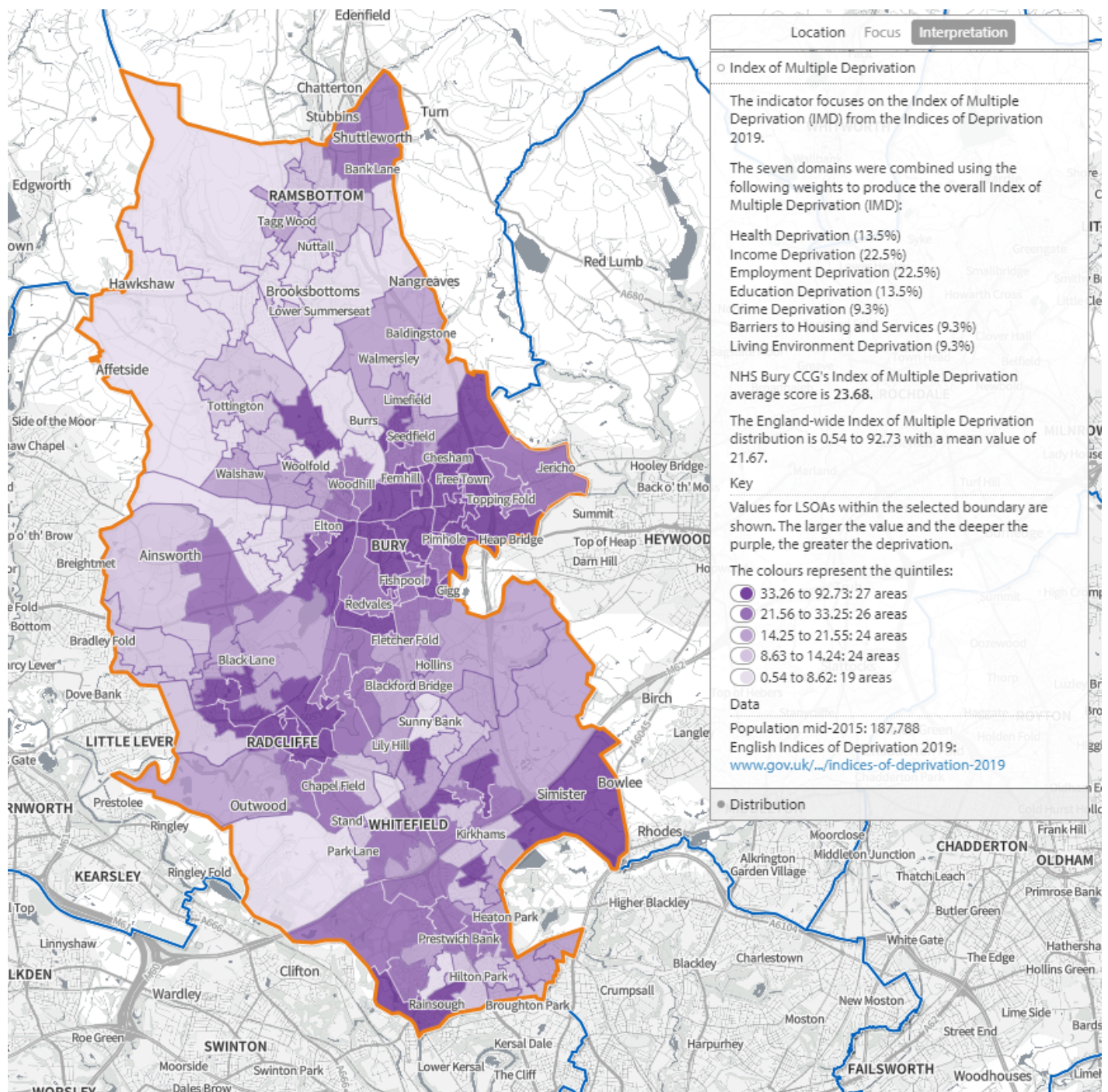


Map 4 - Population density

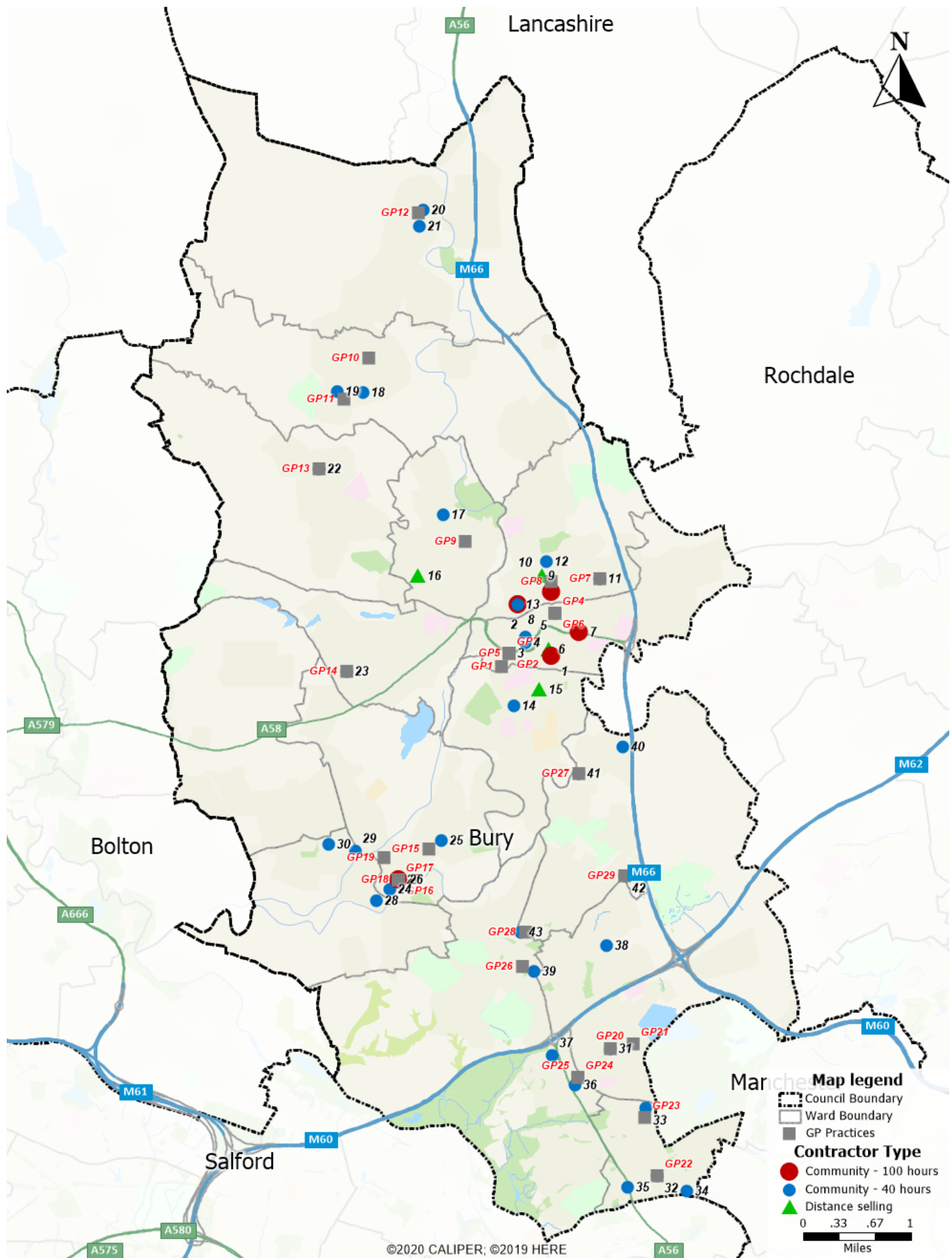




Map 5 - IMD 2019 by LSOA

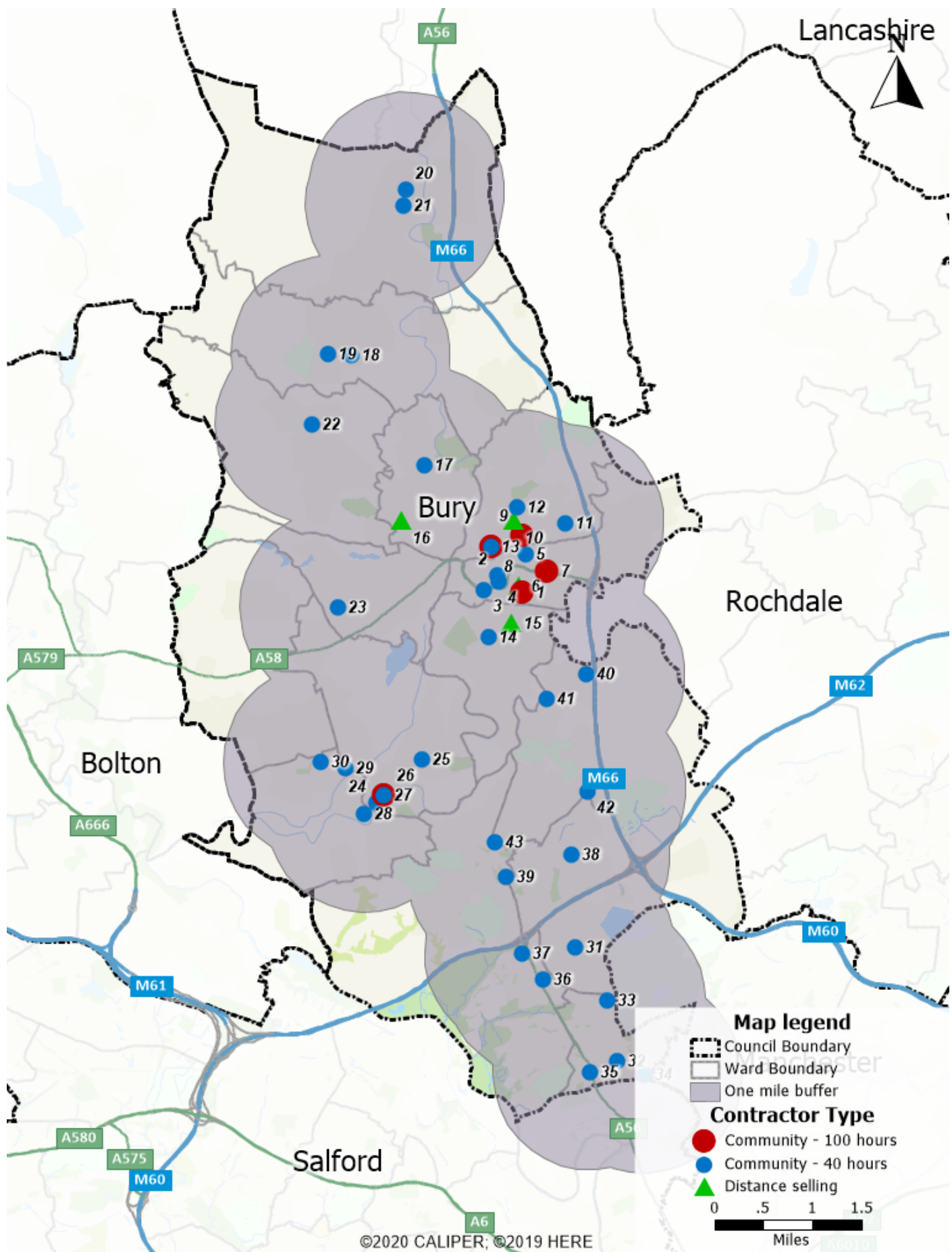


Map 6 - Location of pharmacies and GP practices

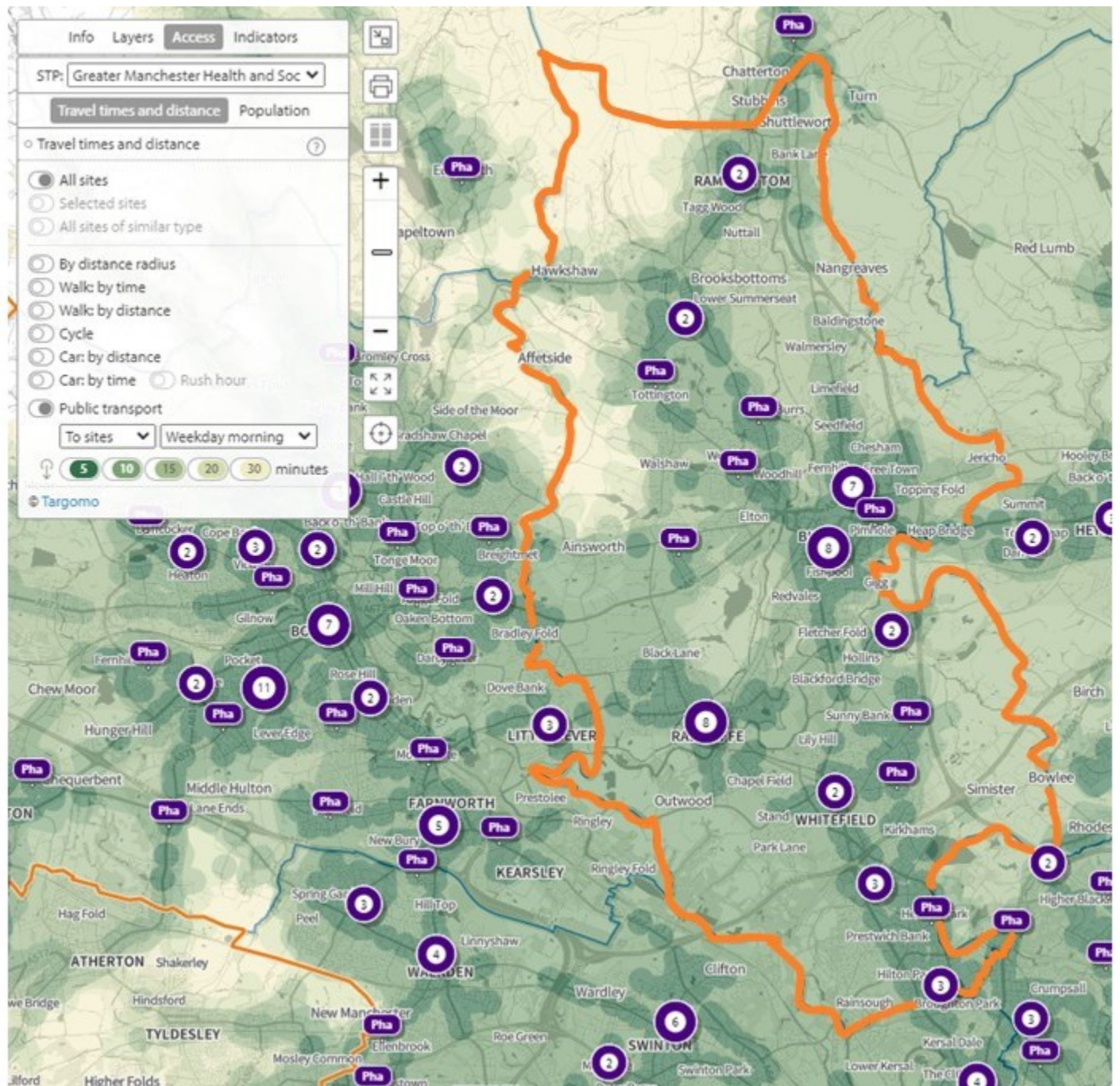




Map 7 - Bury pharmacies showing one mile travel distance

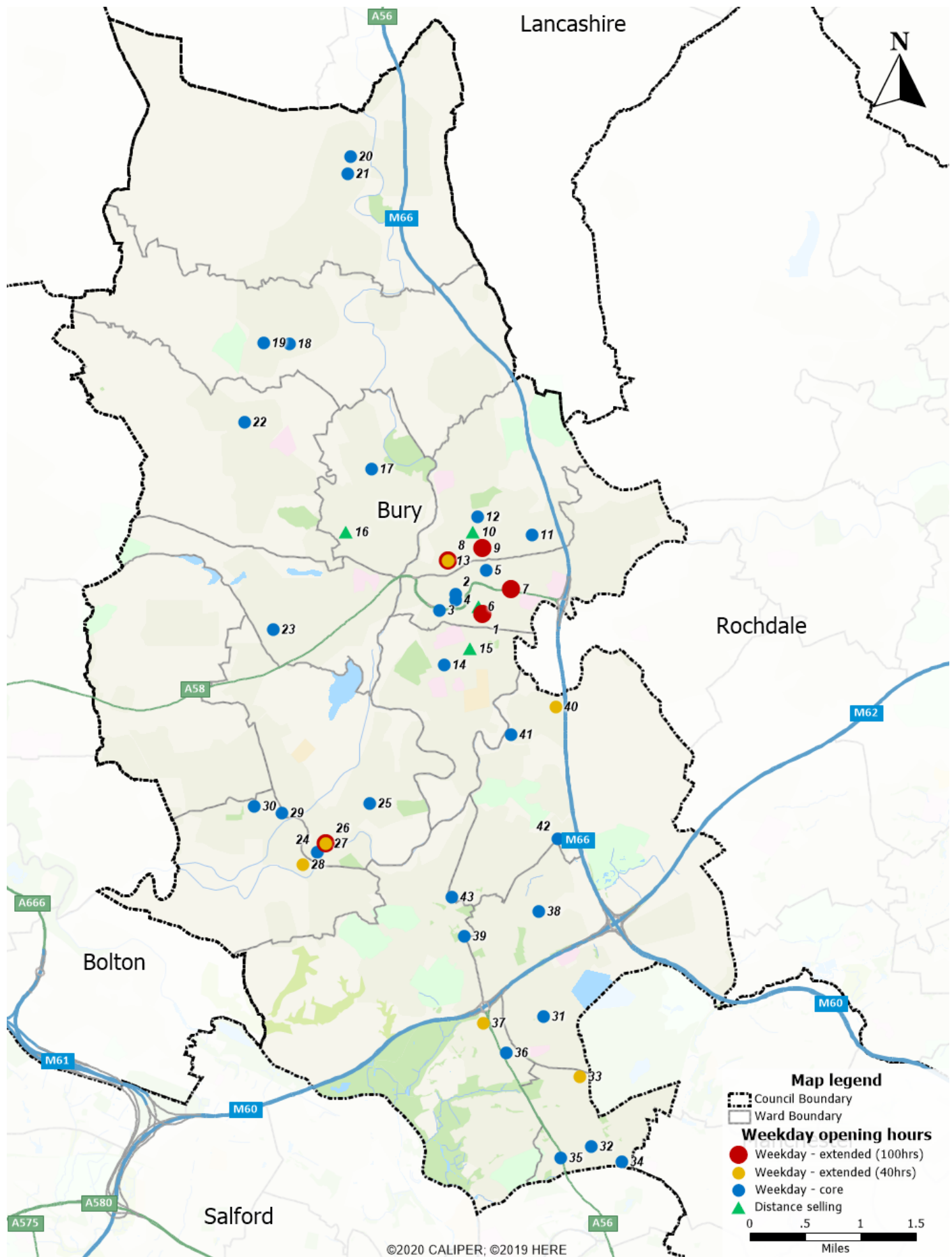


Map 8 - Bury and surrounding Borough Pharmacies showing 20-minute public transport travel time

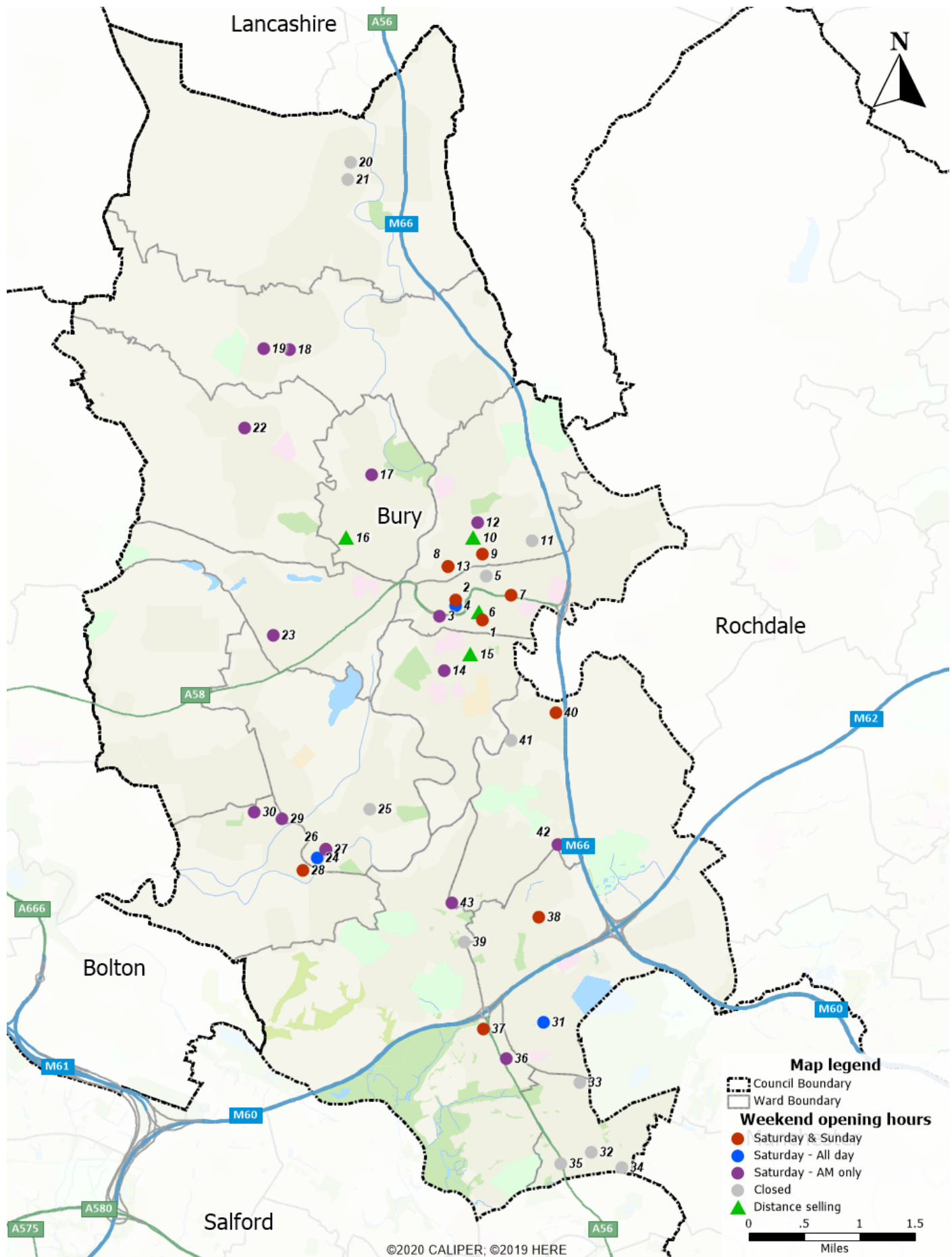




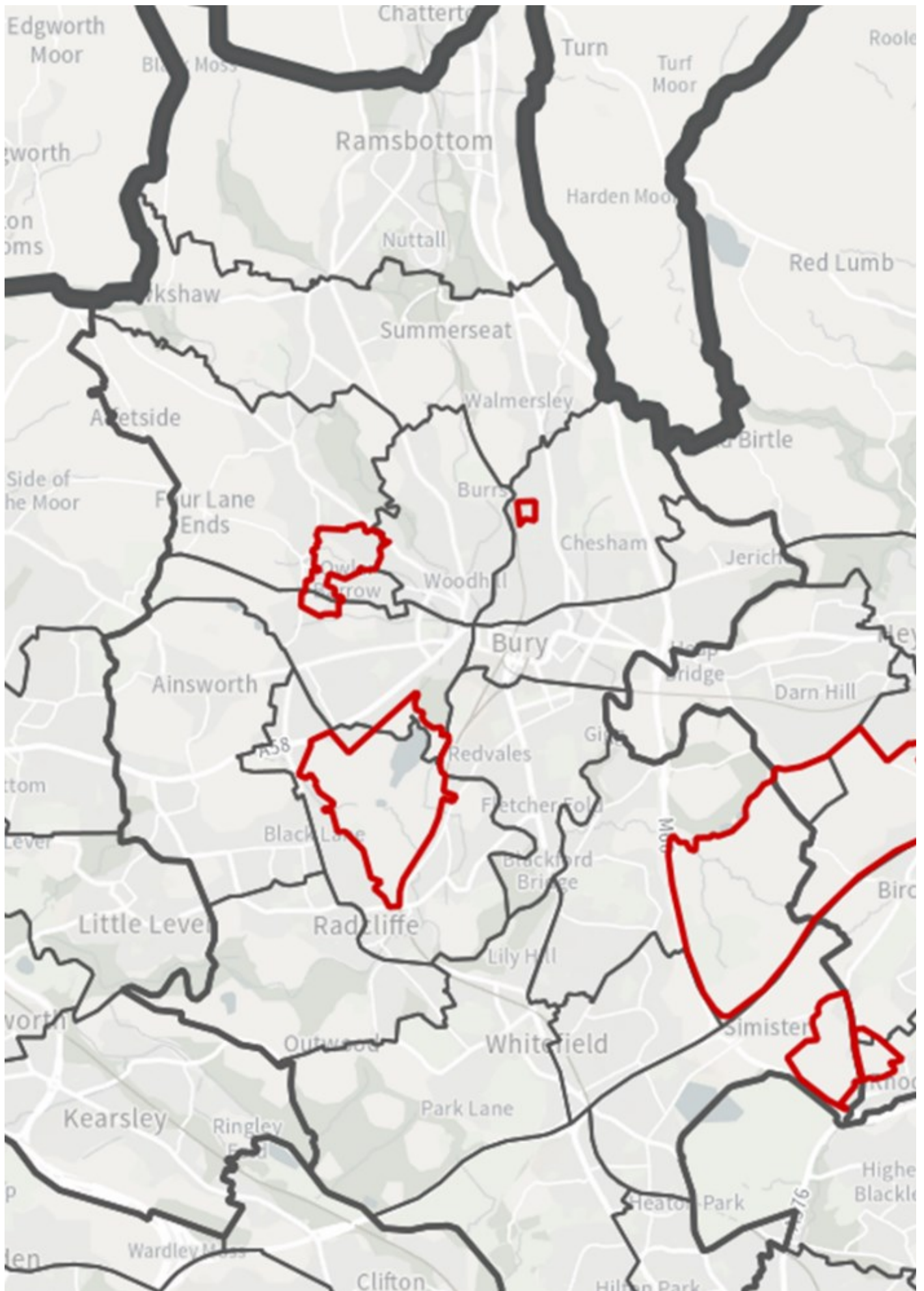
Map 9 - Bury weekday opening hours (showing core and extended hours)



Map 10 - Bury weekend opening hours (showing Saturday am, all day Saturday and both Saturday and Sunday)

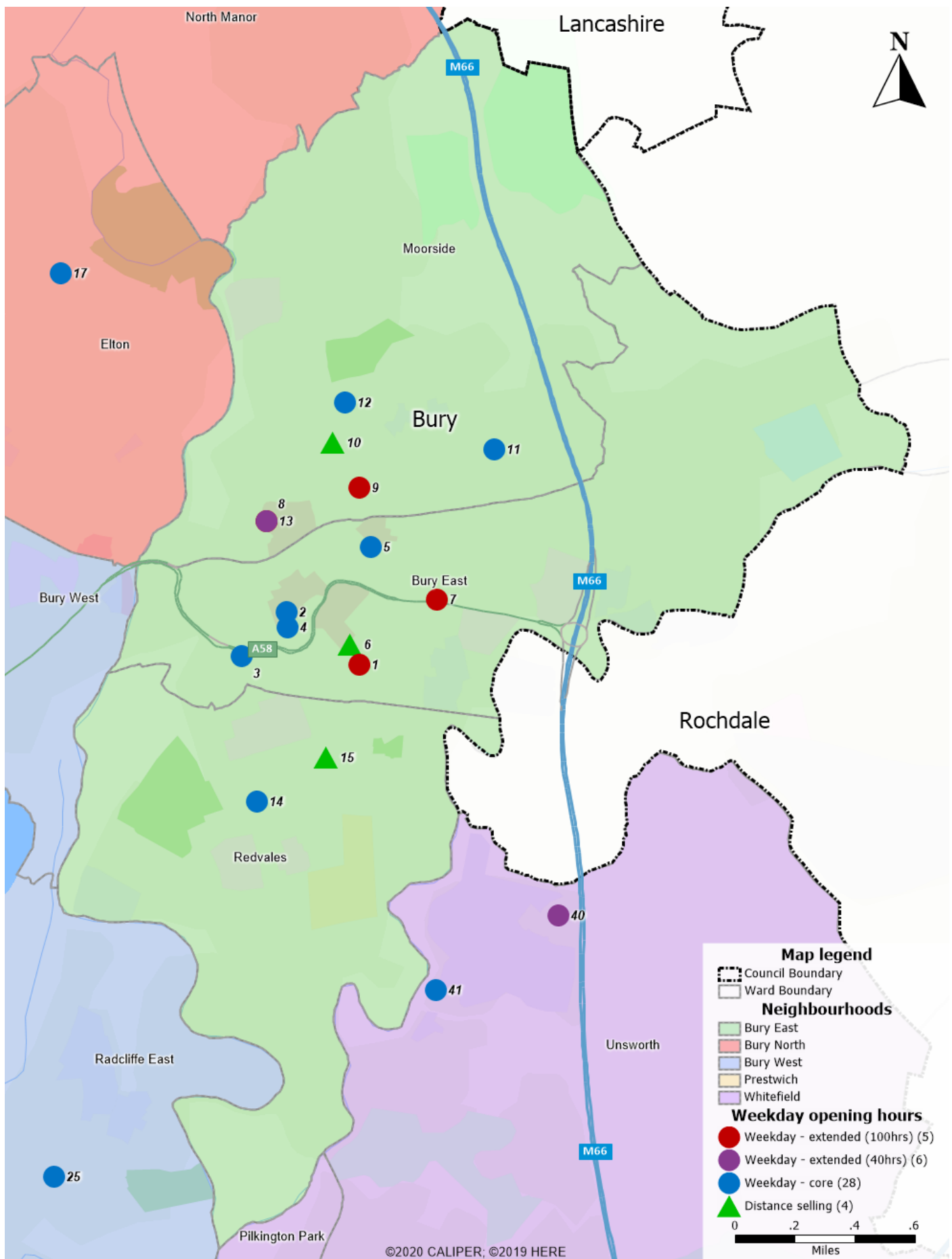


Map 11 - Places for Everyone Proposed Strategic Allocations

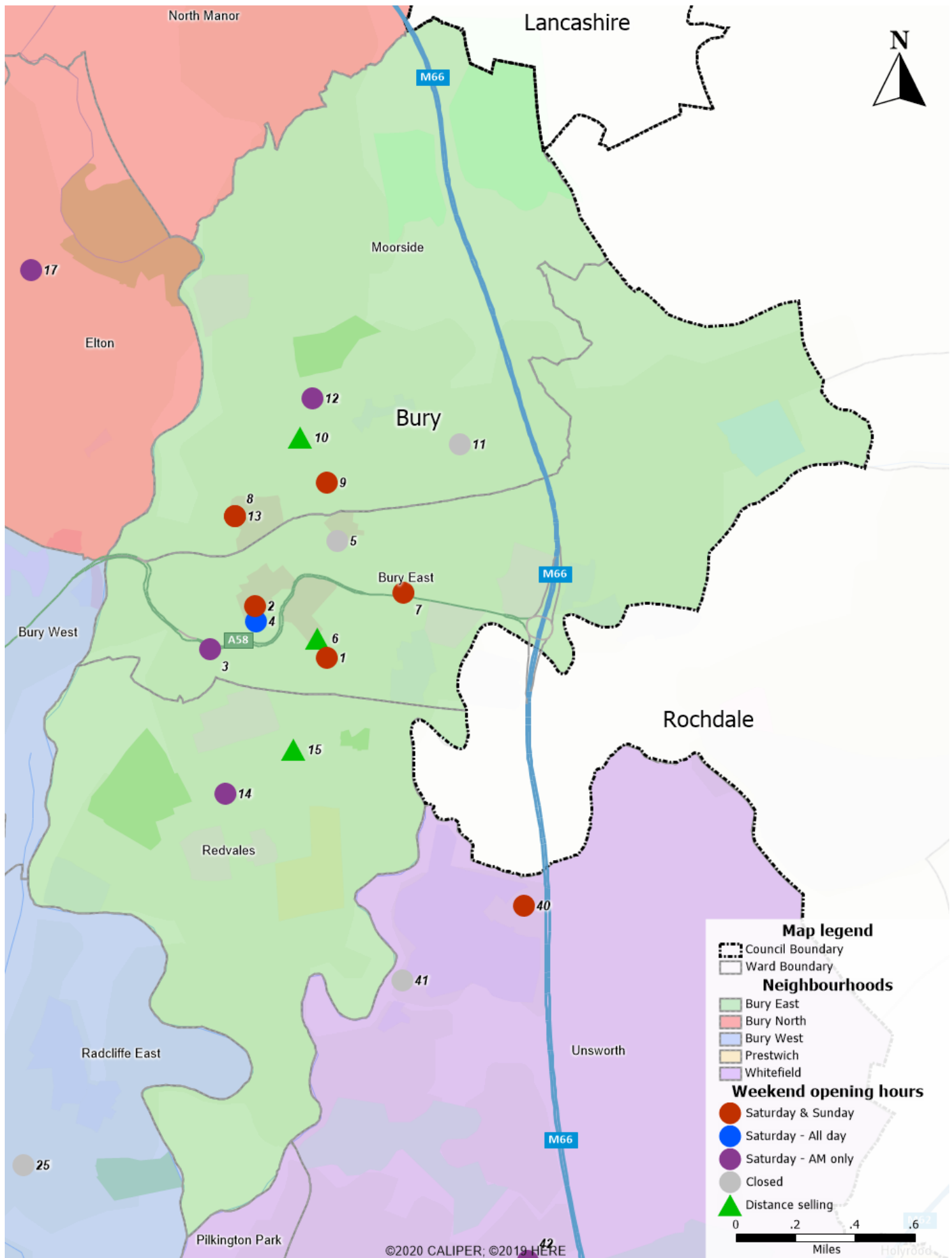




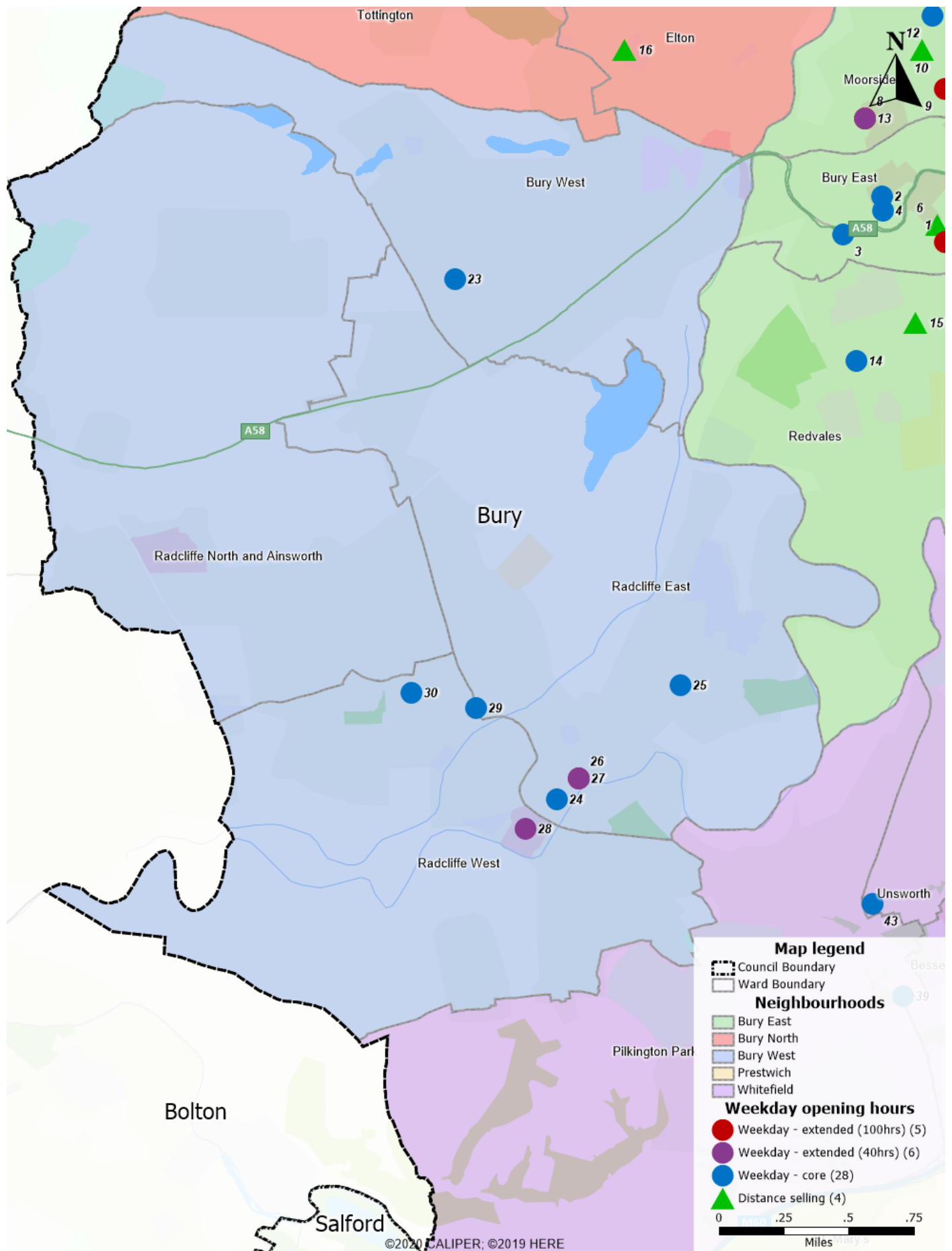
Map 12 - Weekday provision in Bury East



Map 13 - Weekend provision in Bury East

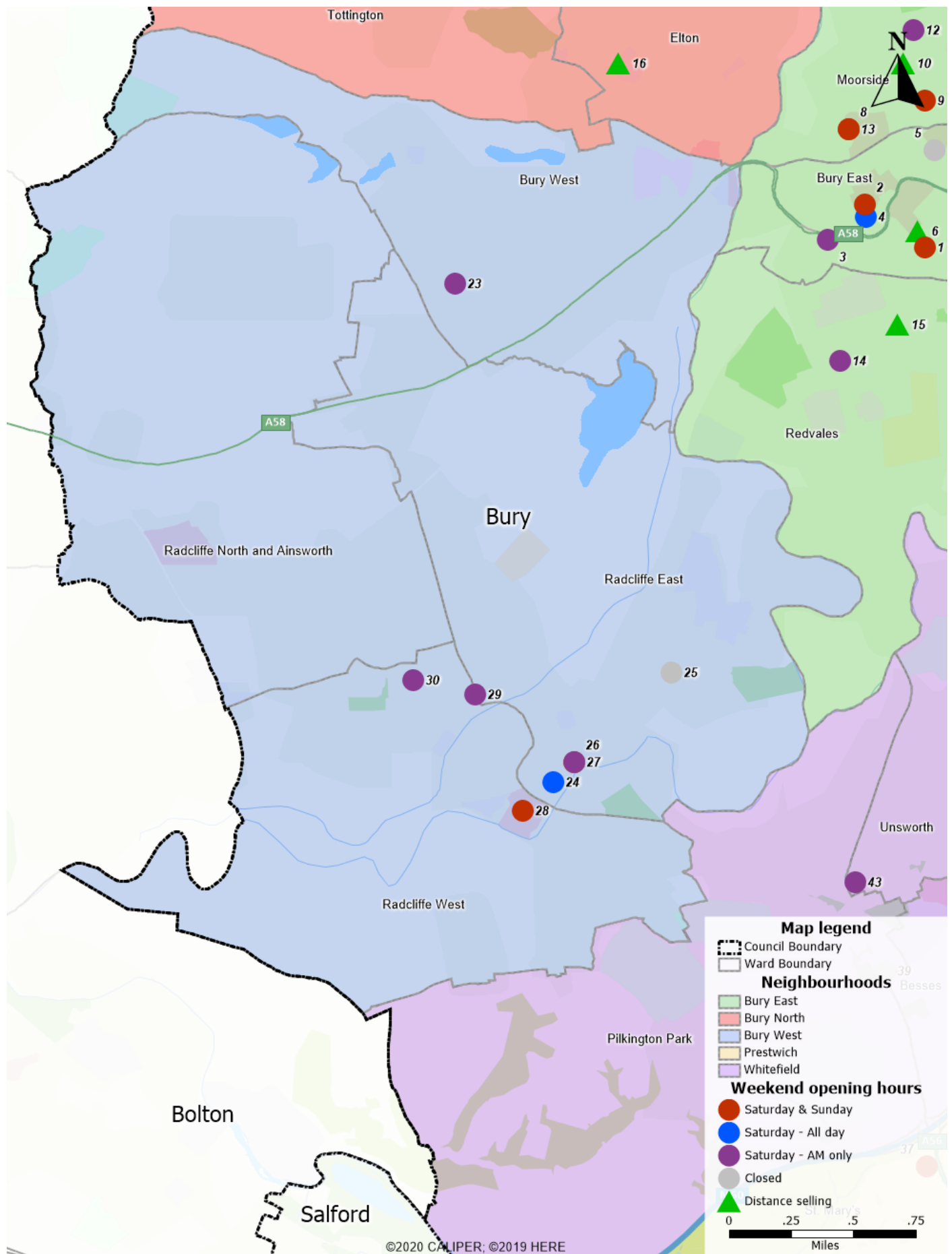


Map 14 - Weekday provision in Bury West

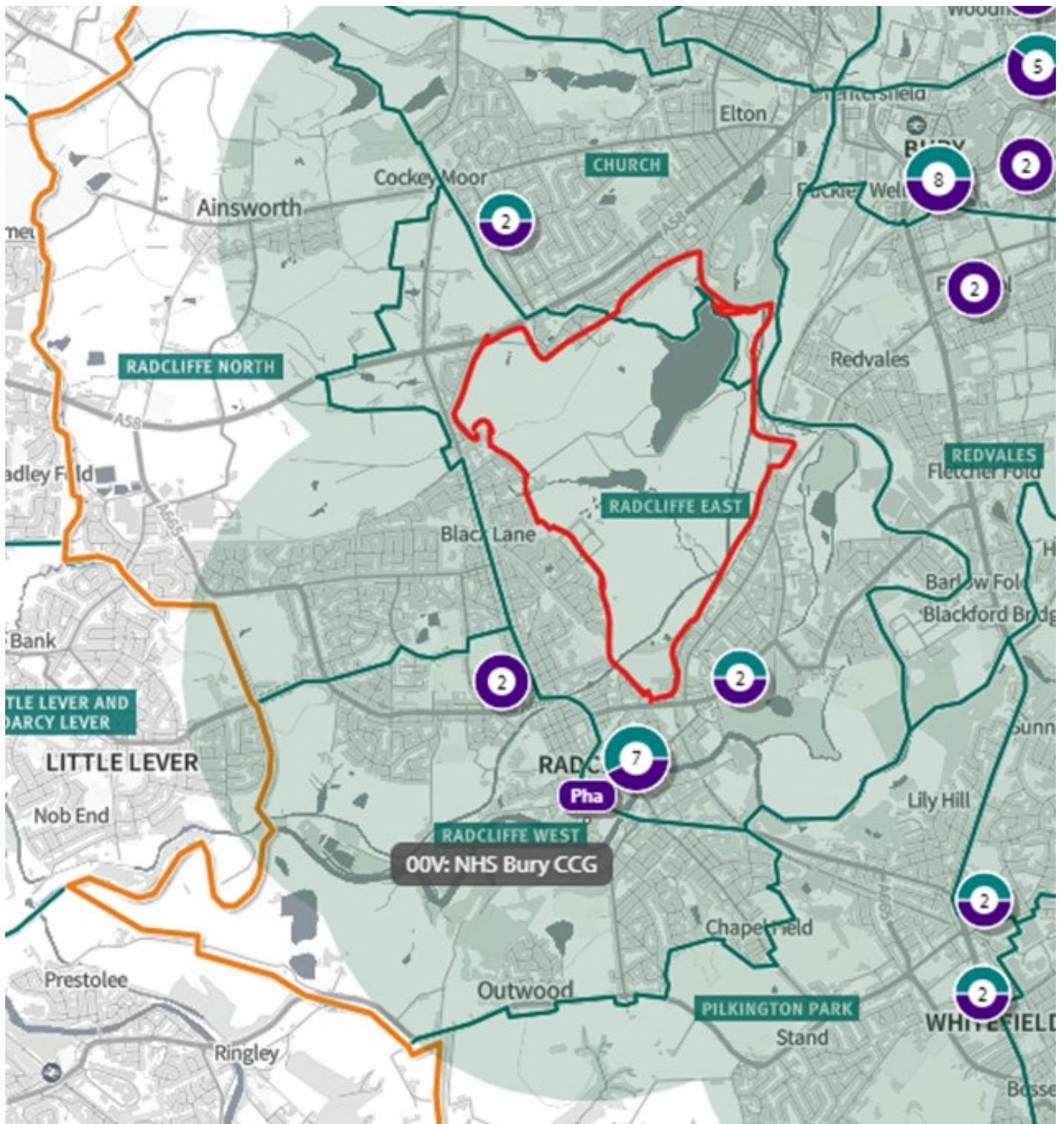




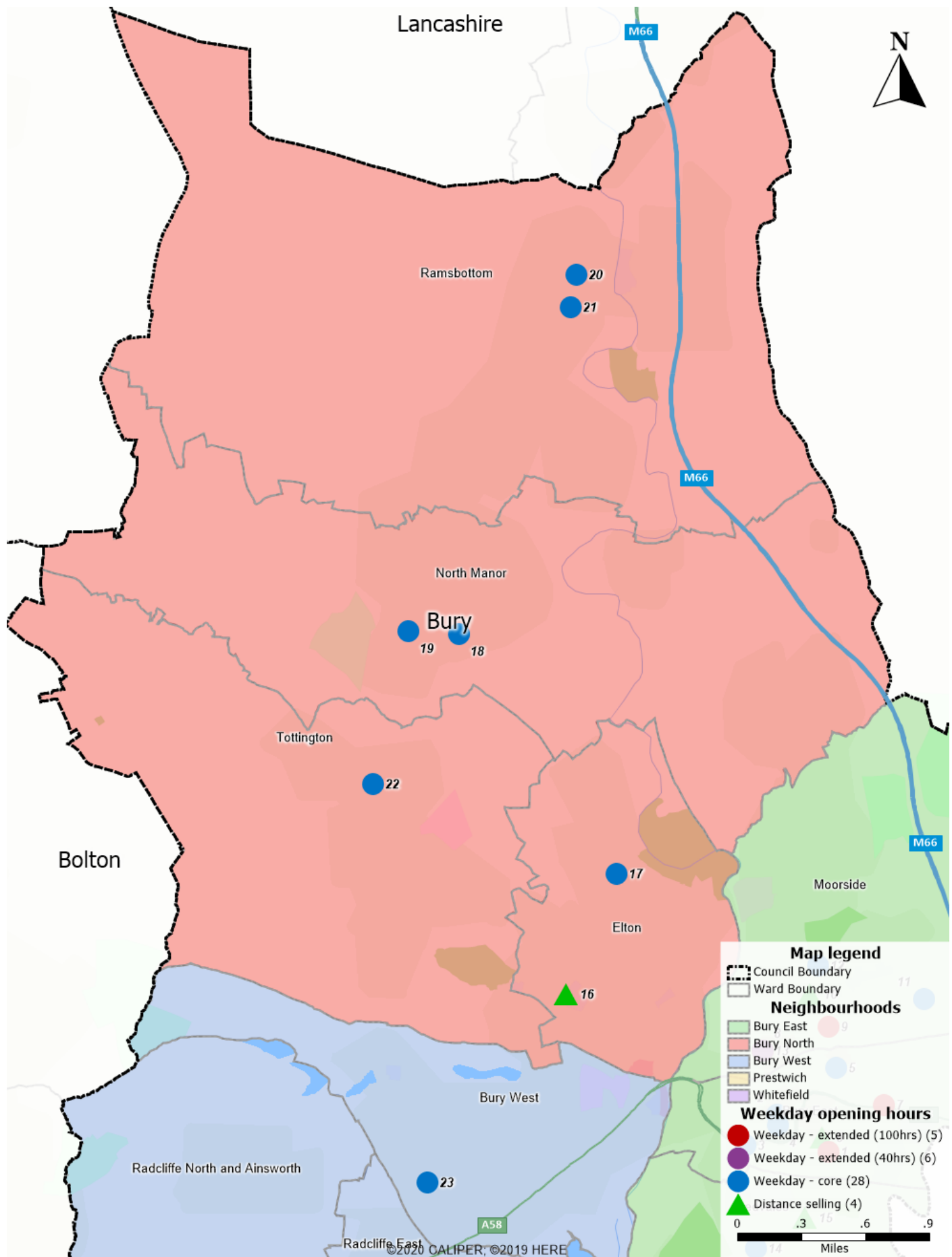
Map 15 - Weekend provision in Bury West



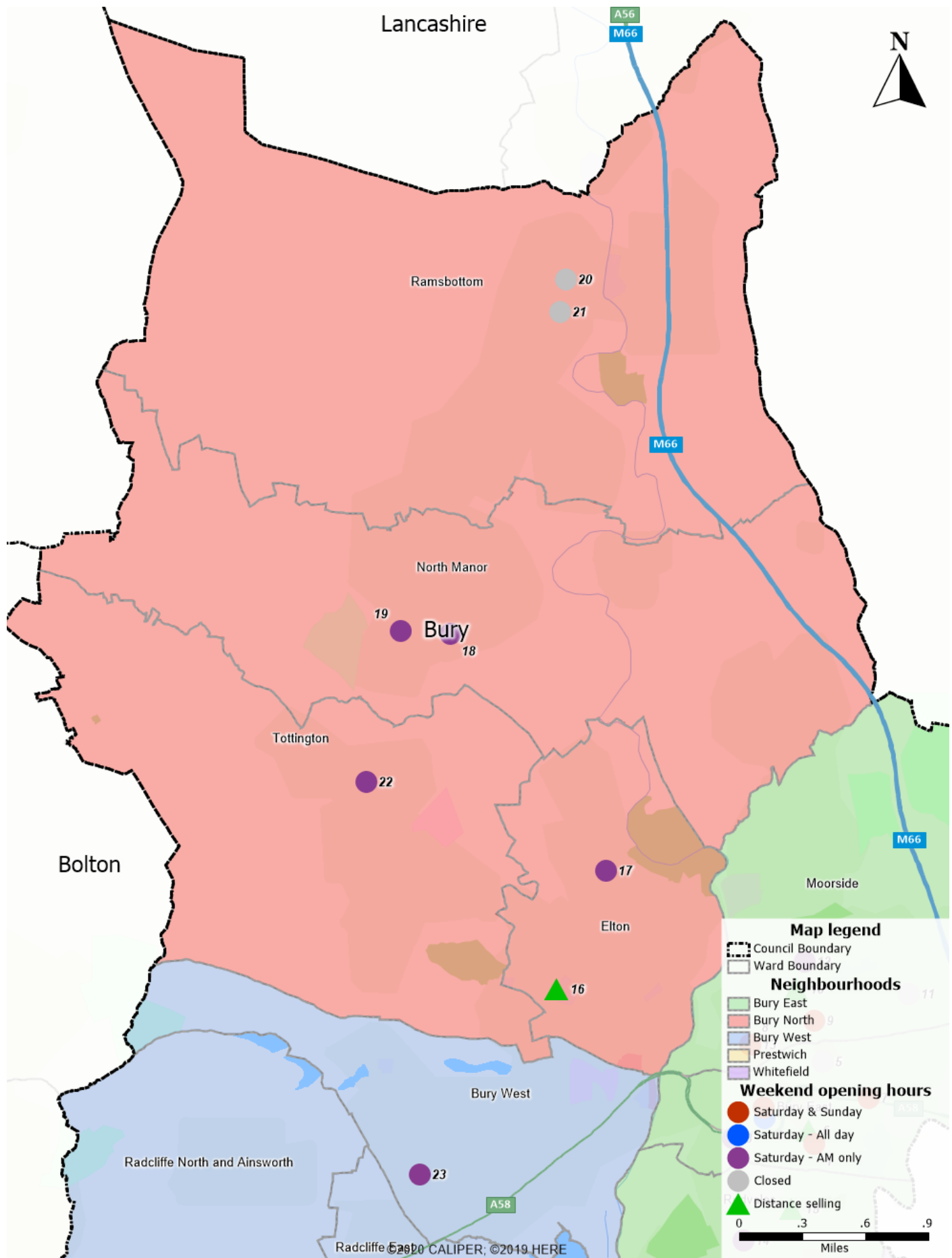
Map 16 - Future housing development in Bury West



Map 17 - Weekday provision in Bury North

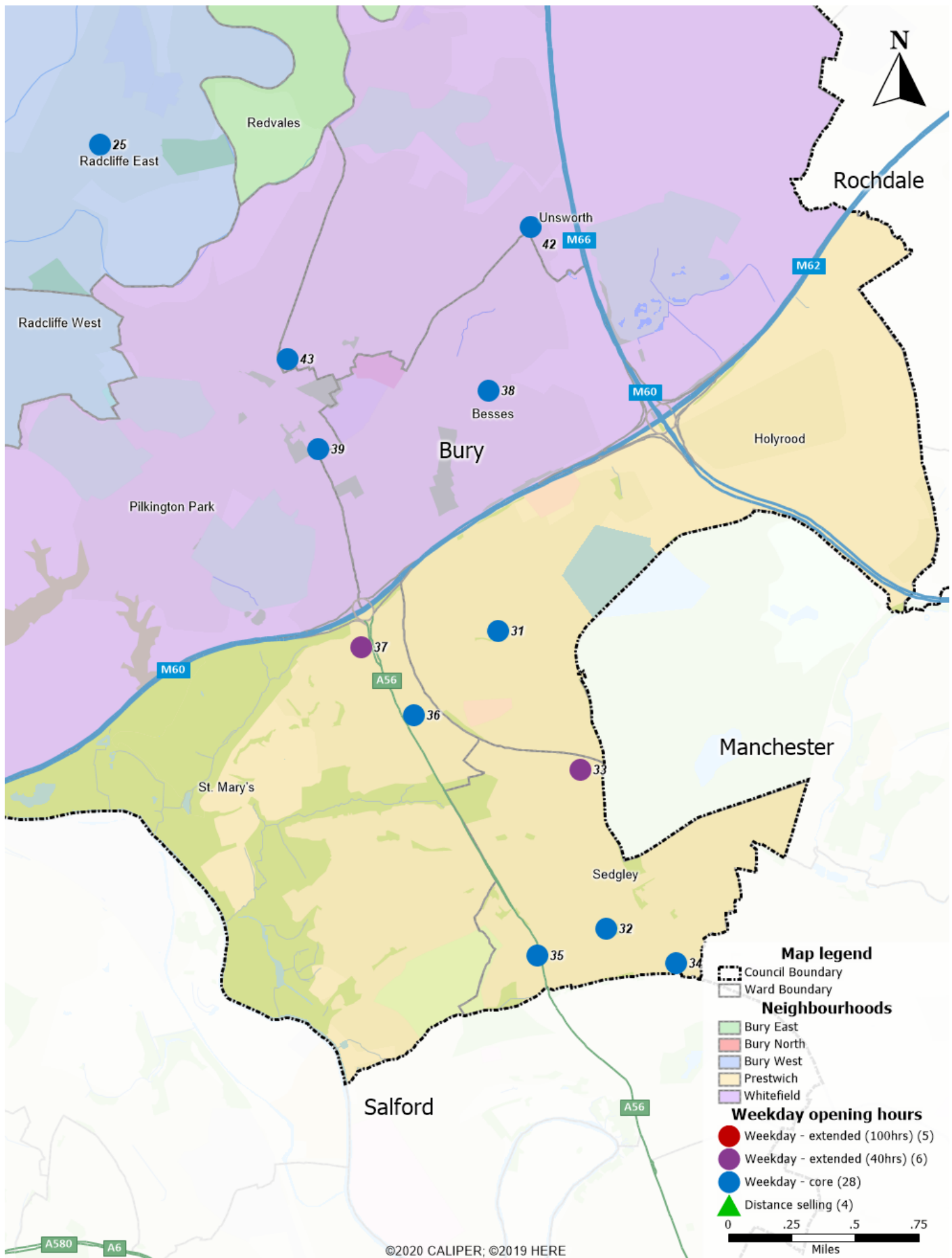


Map 18 - Weekend provision in Bury North

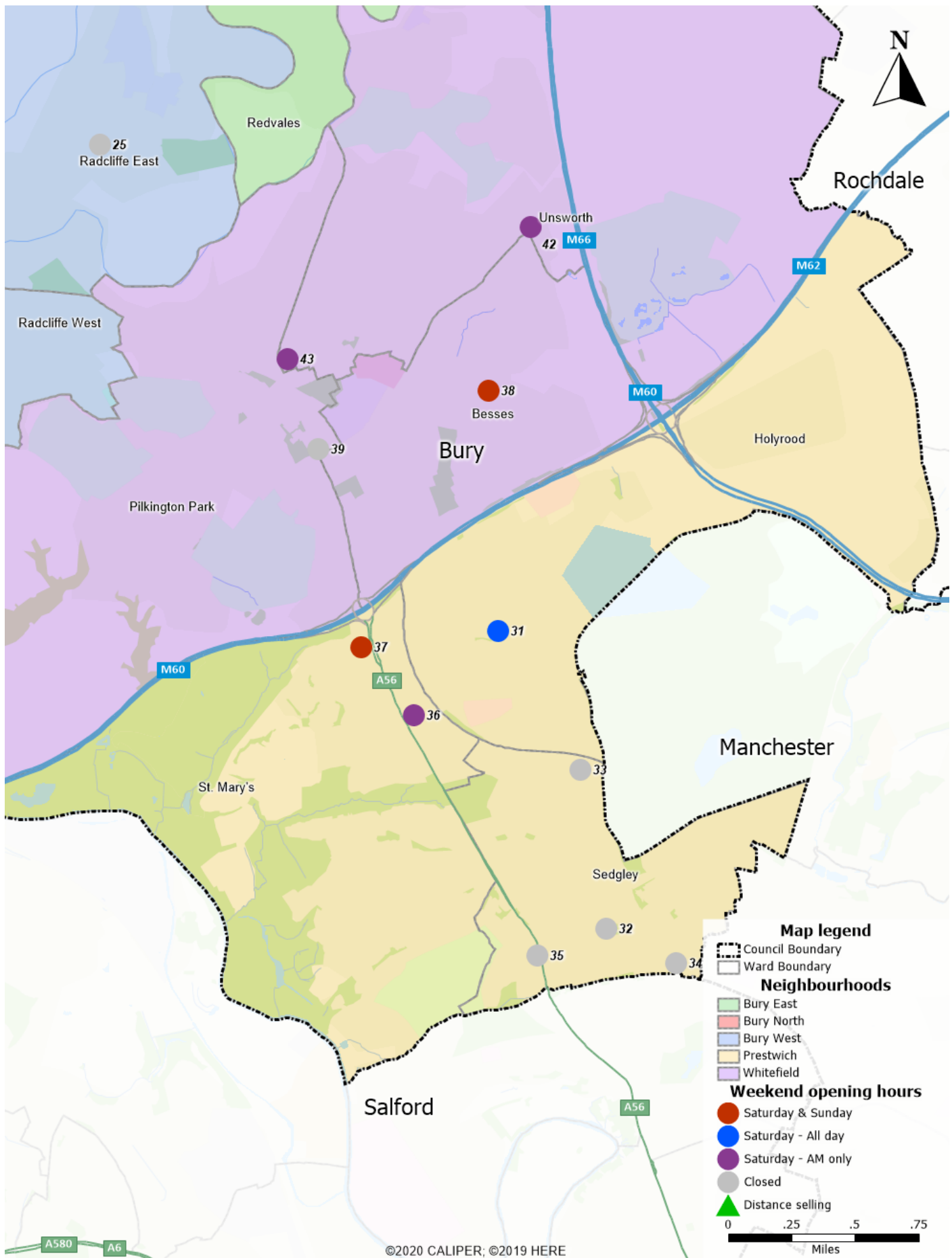




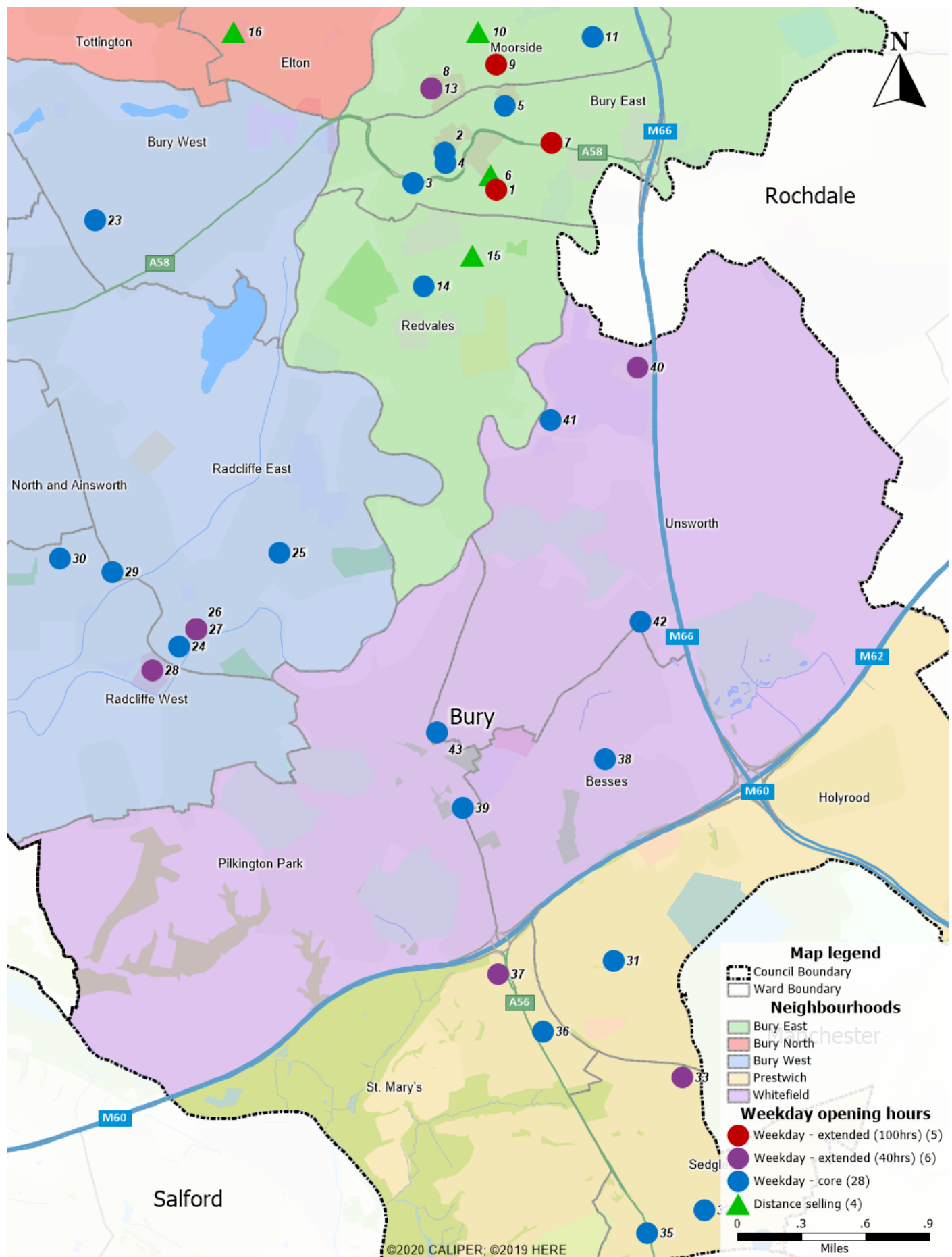
Map 19 - Weekday provision in Prestwich



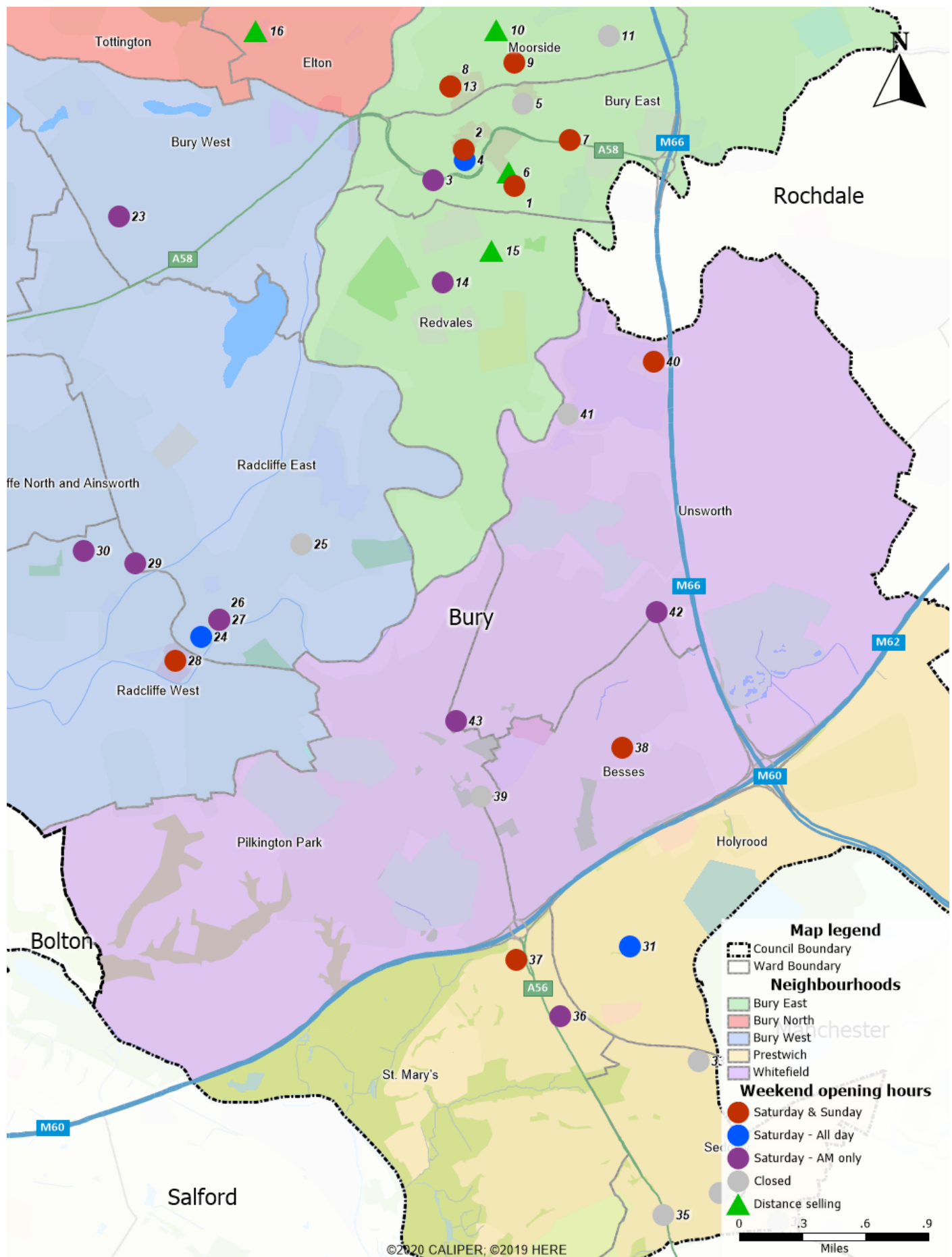
Map 20 - Weekend provision in Prestwich



Map 21 - Weekday provision in Whitefield



Map 22 - Weekend provision in Whitefield





## Appendix Eleven – Bury GP Practices

Neighbourhood	Ward	GP ID	GP Surgery	Address	Postcode
Bury East	Bury East	GP1	Knowsley Medical Centre	9/11 Knowsley Street	BL9 0ST
Bury East	Bury East	GP2	Peel GPs	Townside Primary Care Centre, Knowsley Street	BL9 0SN
Bury East	Bury East	GP3	Ribblesdale Medical Practice	Townside Primary Care Centre, Knowsley Street	BL9 0SN
Bury East	Bury East	GP4	Rock Healthcare Limited	Moorgate Primary Care Centre, 22 Derby Way	BL9 0NJ
Bury East	Bury East	GP5	Townside Primary Care Centre	Knowsley Street	BL9 0SN
Bury East	Bury East	GP6	Tower Family Healthcare: Minden Family Practices	Moorgate Primary Care Centre, 22 Derby Way	BL9 0NJ
Bury East	Moorside	GP7	Huntley Mount Medical Centre	Huntley Mount Road	BL9 6JA
Bury East	Moorside	GP8	Walmersley Road Medical Practice	110 Walmersley Road	BL9 6DX
Bury North	Elton	GP9	Woodbank Surgery	2 Hunstanton Drive	BL8 1EG
Bury North	North Manor	GP10	Garden City Medical Centre	1A Garden City, Holcombe Brook	BL0 9TN
Bury North	North Manor	GP11	Tower Family Healthcare: Greenmount Medical Centre	9 Brandlesholme Road	BL8 4DR
Bury North	Ramsbottom	GP12	Ramsbottom Medical Practice	Carr Street	BL0 9DD
Bury North	Tottington	GP13	Tower Family Healthcare: Tottington Medical Practice	16 Market Street	BL8 4AD
Bury West	Bury West	GP14	Mile Lane Health Centre	Mile Lane	BL8 2JR
Bury West	Radcliffe	GP15	Monarch Medical Centre	65 Cross Lane	M26 2QZ
Bury West	East	GP16	Radcliffe Medical Practice	Radcliffe Primary Care Centre, 69 Church Street West	M26 2SP
Bury West	East	GP17	Red Bank Group Practice	Radcliffe Primary Care Centre, 69 Church Street West	M26 2SP
Bury West	East	GP18	Rock Healthcare Limited: Radcliffe Primary Care Centre	69 Church Street West	M26 2SP
Bury West	East	GP19	Tower Family Healthcare: Spring Lane Surgery	15-17 Spring Lane	M26 2TQ
Prestwich	Holyrood	GP20	Greyland Medical Centre	468 Bury Old Road	M25 1NL
Prestwich	Holyrood	GP21	The Birches Medical Centre	Polefield Road	M25 2GN
Prestwich	Sedgley	GP22	St Gabriel's Medical Centre	4 Bishops Road	M25 0HT
Prestwich	Sedgley	GP23	Whittaker Lane Medical Centre	Daisy Bank, Whittaker Lane	M25 1EX
Prestwich	St Mary's	GP24	Fairfax Group Practice	Prestwich Health Centre, Fairfax Road	M25 1BT
Prestwich	St Mary's	GP25	Longfield Medical Practice	Prestwich Health Centre, Fairfax Road	M25 1BT
Whitefield	Pilkington Park	GP26	The Uplands Medical Practice	Whitefield Health Centre, Bury New Road	M45 8GH
Whitefield	Unsworth	GP27	Blackford House Medical Centre	137 Croft Lane	BL9 8QA
Whitefield	Unsworth	GP28	The Elms Medical Centre	Green Lane	M45 7FD
Whitefield	Unsworth	GP29	Unsworth Medical Centre	Parr Lane	BL9 8JR

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## Appendix Twelve – One mile boundary pharmacies

Map ID	Name	Address	HWB Area	Postcode
BL1	Geloo Brothers Ltd	365 Bolton Road	Blackburn with Darwen	BL7 0AZ
BO1	A1 Pharmacy	491 Radcliffe Road	Bolton	BL3 1SX
BO2	Cohens Chemist	Springview Health Centre	Bolton	BL3 1HQ
BO3	Cohens Chemist	193-195 Bolton Road	Bolton	BL4 9BX
BO4	Cohens Chemist	Breightmet Health Centre, Breightmet Fold Lane	Bolton	BL2 6NT
BO5	Cohens Chemist	31 Kentmere Road	Bolton	BL2 5JG
BO6	Cohens Chemist	1 Market Street	Bolton	BL3 1HH
BO7	Market Pharmacy	34 Brackley Street	Bolton	BL4 9DR
BO8	Maxwell's Chemist	830 Bury Road	Bolton	BL2 6PA
BO9	Well	118 High Street	Bolton	BL3 1LR
BO10	Well	Farnworth Health Centre, Frederick Street	Bolton	BL4 9AL
MA1	Boots	103 Crumpsall Lane	Manchester	M8 5SR
MA2	Higher Crumpsall Pharmacy	248 Middleton Road	Manchester	M8 4WA
MA3	LloydsPharmacy	Heaton Park Road	Manchester	M9 0QS
MA4	Tesco Instore Pharmacy	Cheetham Hill Road	Manchester	M8 5DP
MA5	Well	183-187 Victoria Avenue	Manchester	M9 0RB
MA6	Wellfield Pharmacy	Wellfield Medical Centre, 53-55 Crescent Road	Manchester	M8 9JT
MA7	Wise Pharmacy	376 Cheetham Hill Road	Manchester	M8 9LS
ROC1	Bowness Pharmacy	26 Bowness Road	Rochdale	M24 4WT
ROC2	Internet Pharmacy	120 Bury New Road	Rochdale	OL10 4RG
ROC3	LloydsPharmacy	7 Argyle Parade	Rochdale	OL10 3RY
ROC4	Rowlands Pharmacy	3A Lakeland Court, Wood Street	Rochdale	M24 5QJ
ROS1	Scout Moor Pharmacy	9 Market Street	Rossendale	BL0 0JQ
SA1	Broughton Pharmacy	86 Devonshire Street	Salford	M7 4AE
SA2	Newbury Place Pharmacy	Newbury Place Health Centre, 55 Rigby Street	Salford	M7 4NX
SA3	Tims & Parker Pharmacy	The Health Centre Pharmacy, 659 Bolton Road	Salford	M27 8HP
SA4	Tims & 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 15<sup>th</sup> July 2022 until 13<sup>th</sup> August 2022. The draft PNA and consultation response form were issued to all the compulsory stakeholders listed in Appendix nine. The documents were posted on the council website.

- The number of responses received totalled 5.
- 5 responders thought that the explanation of the PNA was sufficient.
- 5 responders thought that the PNA provided an adequate assessment of pharmaceutical services in the Bury area.
- no responders thought that there were gaps in service provision that had not been identified.
- All 5 of the responders thought the PNA reflected the needs of Bury's population.
- 5 responders thought that the PNA provided information to inform market entry decisions.
- 5 responders thought that the PNA provided information to inform how pharmaceutical services may be commissioned in the future.
- 5 responders thought that the PNA provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors.
- no responders thought that there were pharmaceutical services that could be provided in the community pharmacy setting in the future that have not been highlighted.
- All 5 responders agreed with the conclusion of the PNA.

Responders had the option to comment after each question. There are a few comments that needed addressing and these are detailed in the table below.

Question	Responder ID	Actual response	Comment from PNA stakeholder group	Decision of group of amend	Date PNA amended
Q10. Do you have any other comments? (Please make reference to page and section number were applicable)	3	From the perspective of a neighbouring Health & Wellbeing Board it is important to note that reliance on pharmacy provision in neighbouring HWB areas such as Salford has an impact on capacity in that area which should be taken into account and may require consultation with neighbours.	Members of the public are free to access services from whichever pharmacy they like, and where they live on the border of a neighbouring HWB may find it more convenient to use a pharmacy located outside of their area. It is not envisioned that these will account for many patient numbers and Bury's HWB have not identified any missing service need which its population may be missing out on. Also, the reciprocal agreements would work both ways i.e. people living in other HWB areas are free to use the services in Bury where there are no referral or GP practice restrictions in the service specification, such as dispensing services.	No amendment required	
Q10. Do you have any other comments? (Please make reference to page and	4	1. With regards to the 6.5.3 and the opening hours in Bury North Ward, we appreciate what the Health and Wellbeing Board are trying to achieve, however we	As current pharmacies have existing contracts their opening hours are already specified within those. An extended weekend rota would need to be provided on a good-will basis by the existing contractors by applying for an extension to their hours. An enforced	To encourage existing contractors to consider an extension of hours we have amended	15/9/22

section number were applicable)		would urge the HWB to also state here how this could be mitigated by the current contractors, with an agreed Rota system for example.	rota would require funding as this would be deemed a locally commissioned service. Currently NHSE&I only have budgets available to pharmacies for bank holiday cover rotas. Pharmacies main income is from prescription dispensing, if there were not enough prescription items to cover overheads then opening a new pharmacy or an existing one for longer hours would not be financially viable.	6.5.3 from 'extension of opening hours in this location could be beneficial to residents' to read 'extension of opening hours from existing contractors in this location would be beneficial to residents'	
Q10. Do you have any other comments? (Please make reference to page and section number were applicable)	4	2. It appears that possibly due to the timing of production of this draft, the recent changes in the opening hours of the Boots pharmacies may not have been reflected in the draft PNA (Section 6.1.3). These changes were notified to NHS England who will have a record of the current opening hours of these pharmacies. We do not believe these changes have any material impact on the overall pharmaceutical provision within the locality.	Using <a href="http://www.nhs.uk/find-a-pharmacy">www.nhs.uk/find-a-pharmacy</a> We have noted that Boots pharmacy in The Mall, Bury town centre has reduced its hours. On a Monday to Saturday, it now opens later at 9:30am rather than 8:45am and closes at 5pm (Monday to Friday) and 4pm (Saturday) rather than 5:30pm. On Sunday rather than opening 10:30am until 16:30pm it now opens 11am until 3pm. Also Boots in Blackburn Street, Radcliffe has reduced its opening hours from 9am until 9:30am Monday to Friday but retains the same closing time of 5:30pm. However, on a Saturday the opening hours remain 9am but closing has been reduced to 4pm from 5pm. These times do not affect the earliest and latest closing hours across Bury Borough and as both of these pharmacies are located in town centres of Bury and Radcliffe there are other pharmacies within the area and so do not impact on access for local residents either.	Amendment to section 6.1.3 Sunday Opening Hours Table 17.	15/9/2022



# **THE BURY PHARMACY SURVEY FINDINGS**

**September 2022**





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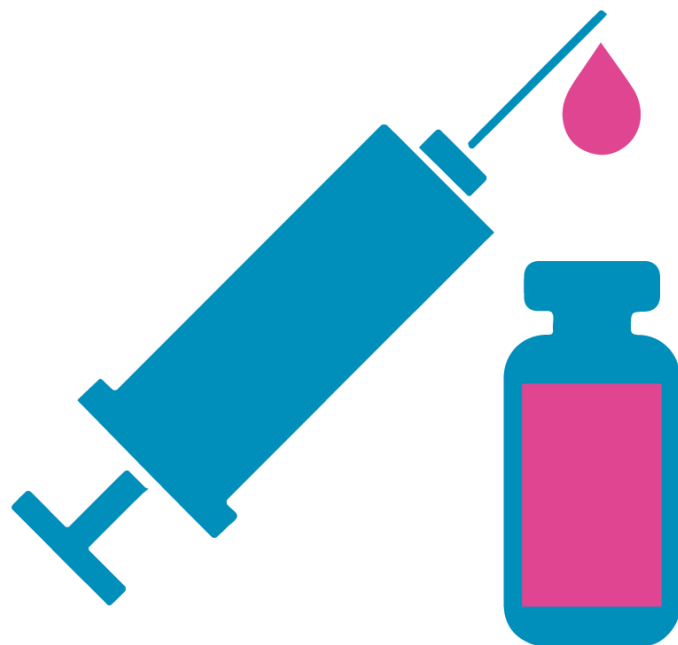




## Introduction to Healthwatch Bury

This report has been produced by Healthwatch Bury. The Healthwatch network consists of 152 Healthwatch organisations across each of the local authority areas in England. It also has a national body called Healthwatch England based in London. We are all independent organisations who aim to help people get the best out of their local health and social care services, whether it's improving them today or helping to shape them for tomorrow.

Everything we say and do is informed by our connections to local people and our expertise is grounded in their experience. We are the only body looking solely at people's experience across all health and social care in Bury. As a statutory watchdog, our role is to ensure that local decision makers put the experiences of people at the heart of their care so that those who buy (commissioners) and provide our services (NHS Trusts, GPs, the voluntary sector and independent providers) can benefit from what Bury people tell us. Our reports on various elements of health and social care in Bury can be found on our website at the following link: [healthwatchbury.co.uk](https://healthwatchbury.co.uk) or by contacting us directly using the details on the back cover.





## Executive Summary

Community pharmacies play an integral part of primary care and are the most accessible health professionals to the public. Pharmacies are often situated in the heart of the community and, in addition to their core duties of dispensing prescription medicines, they are ideally placed to help with minor ailments and support the management of long-term health conditions, as well as preventing ill health.

The purpose of carrying out the Bury Pharmacy Survey was to understand patients experiences of pharmacies and to contribute to the Pharmaceutical Needs Assessment document in Bury that is expected to be completed by October 2022.

There were 23 responses to the survey. Although a small sample size, the findings indicate that there are mainly positive experiences when residents are trying to access the local pharmacy services.

This is a preliminary report – further analysis, particularly of qualitative responses, will be carried out and a further, more detailed report will follow.

## Further context

[Pharmaceutical Needs Assessment - Bury Council](#)

[Final BURY DRAFT PNA v0 9 docx.pdf](#)

## Methodology

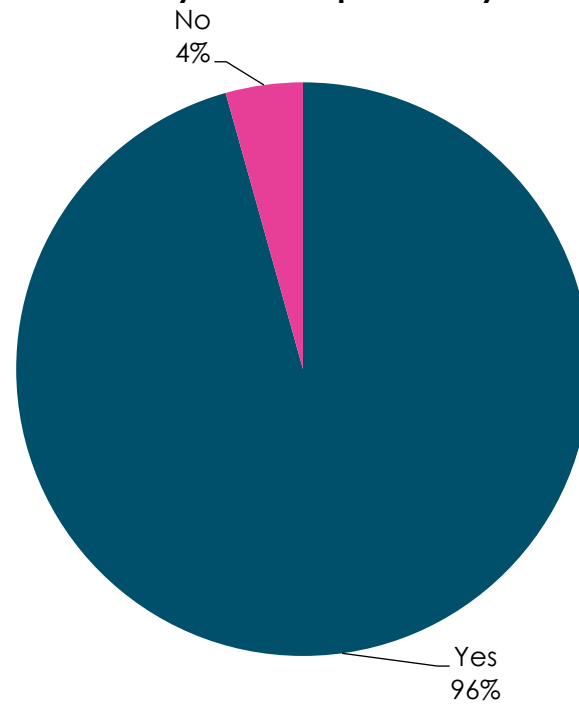
The survey was created as an amalgam of the Bury Pharmaceutical Needs Assessment (PNA) public survey and a Healthwatch Bury experience and service evaluation questionnaire. Built in SmartSurvey to be completed quickly and easily online (including 'skip-logic' which only allowed participants to answer the questions appropriate to them. Distribution was via social media and promoted mainly via Healthwatch Bury's website and direct emails to contacts and organisations.

In person engagement encouraged people to take part, including those working with elderly and vulnerable people, with assistance available to complete it if necessary.

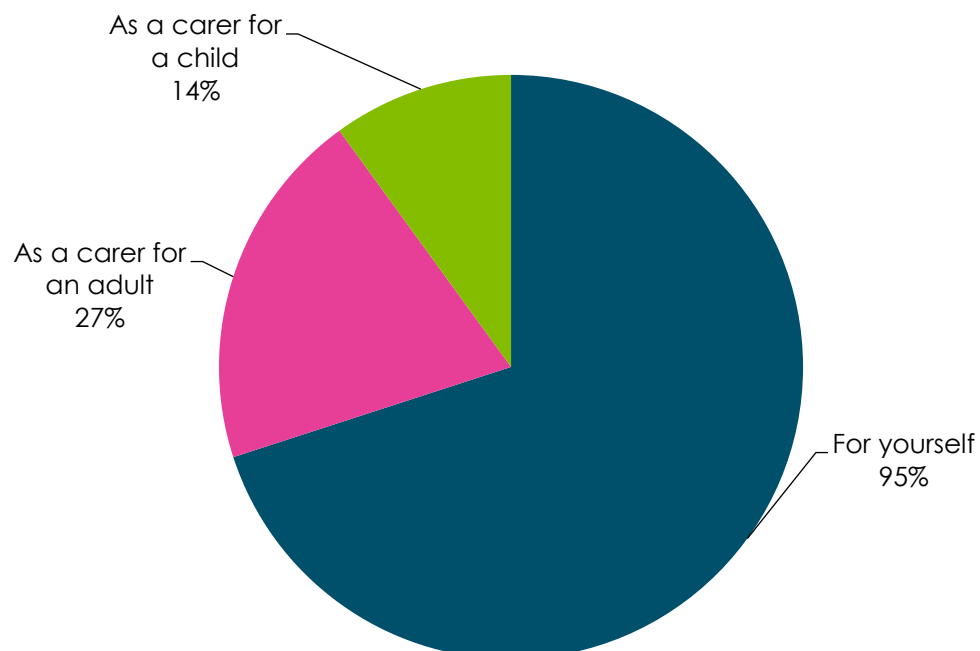


## Results

### 1. Do you use a pharmacy?

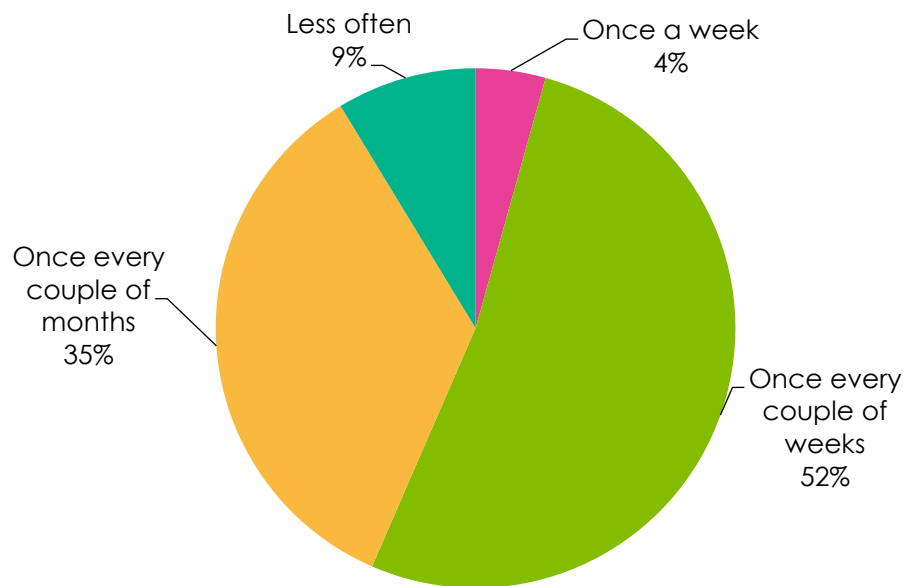


### 2. Why do you use a pharmacy? Check all that apply

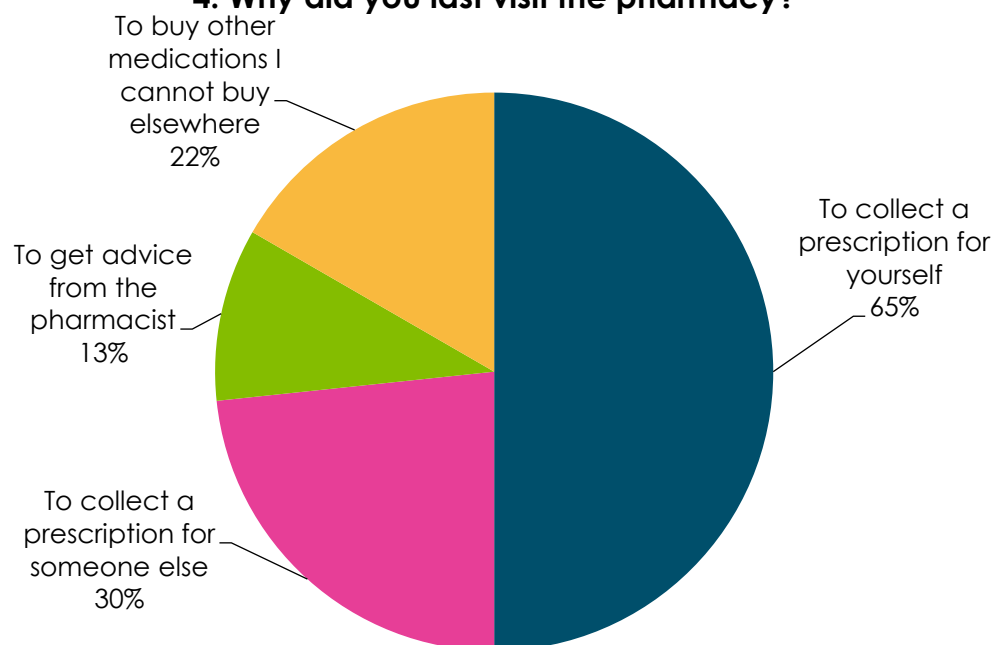


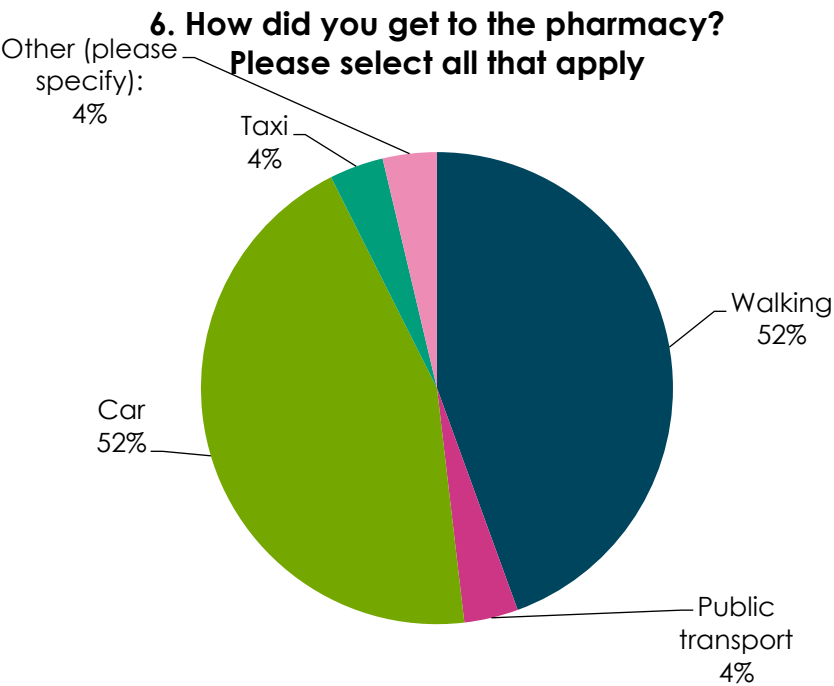
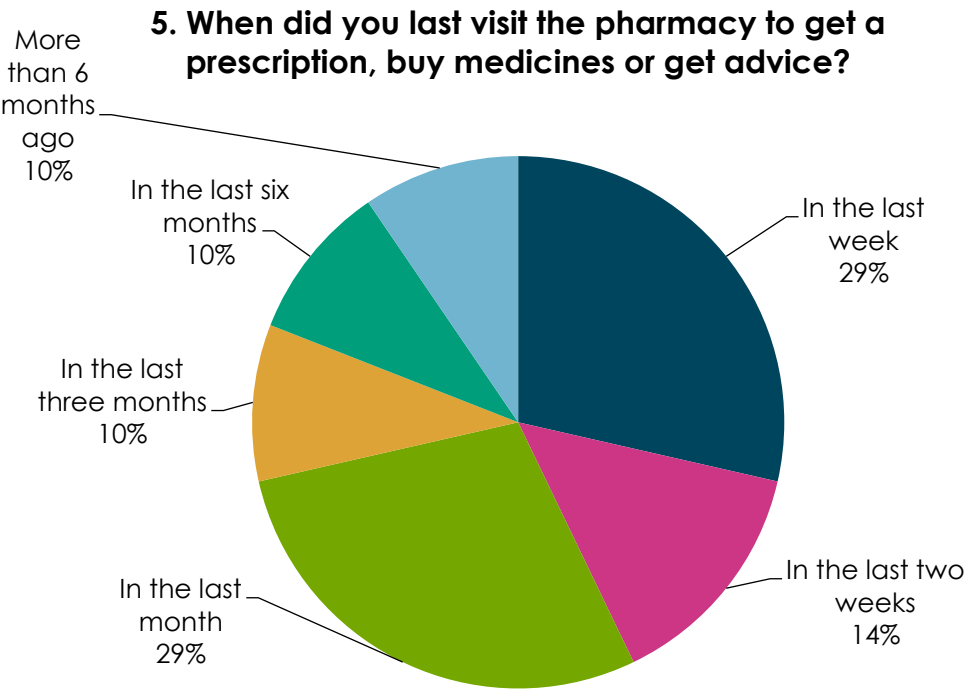


### 3. If you do use a pharmacy, how often would you say you used one?



### 4. Why did you last visit the pharmacy?



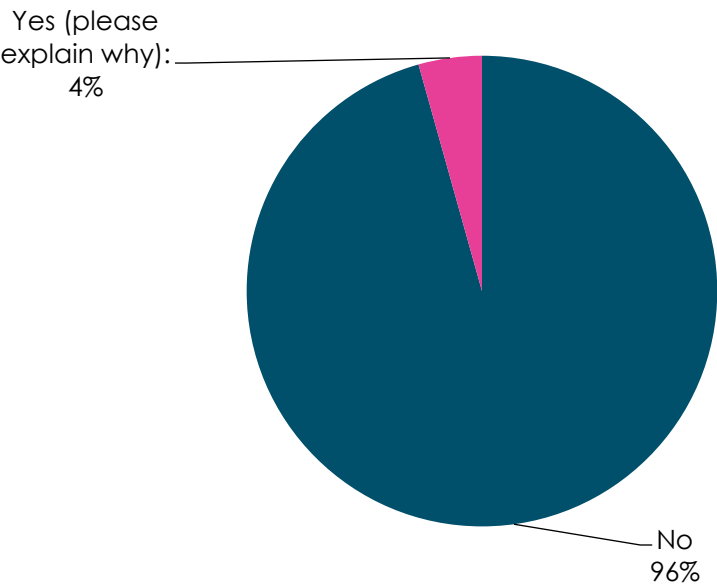


**Other:**

'When I have an appointment with the doctor and hospital'



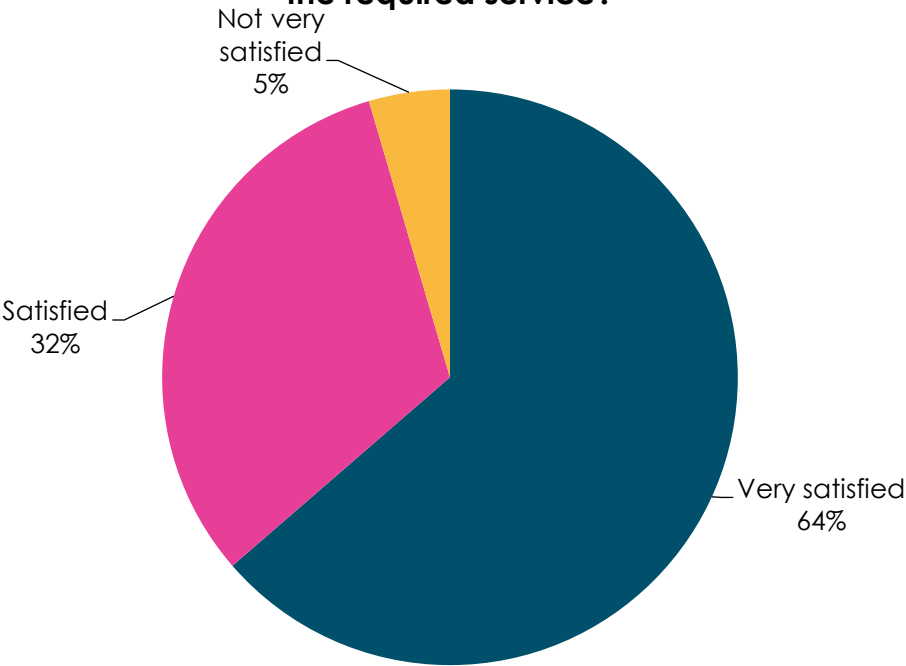
7. Do you have problems accessing a pharmacy due to location?



Other:

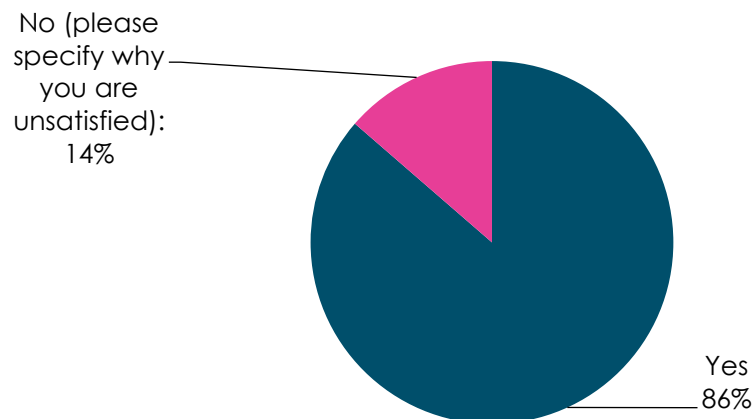
'Too far for my wife and I who are feeble.'

8. How satisfied were you with the time it took to provide the required service?





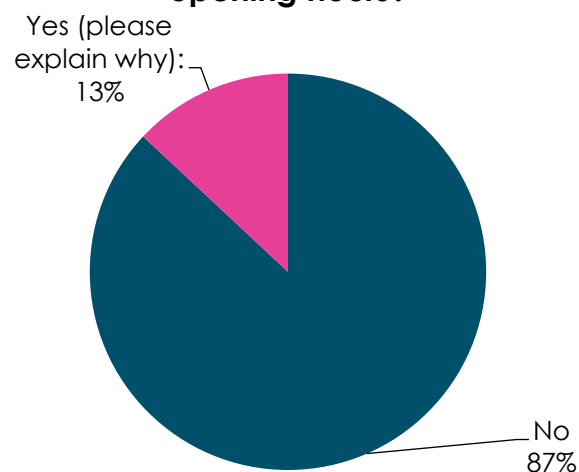
### 9. Are you satisfied with the opening hours of your pharmacy?



#### Reasons why respondents were unsatisfied:

- 'Could be open longer and later.'
- 'Closed at weekends (Saturday).'
- 'It is not open on Saturdays.'

### 10. Do you have problems accessing a pharmacy due to opening hours?



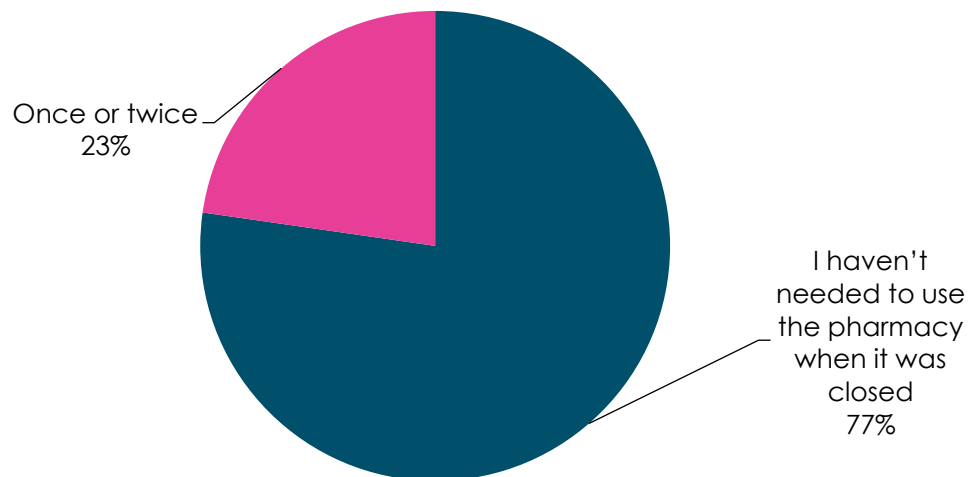
#### Reasons why respondents had problems accessing pharmacy:

- 'Sometimes I am not able to get to the pharmacy when it is open.'
- 'No Saturday opening.'
- 'It is not open on Saturday.'

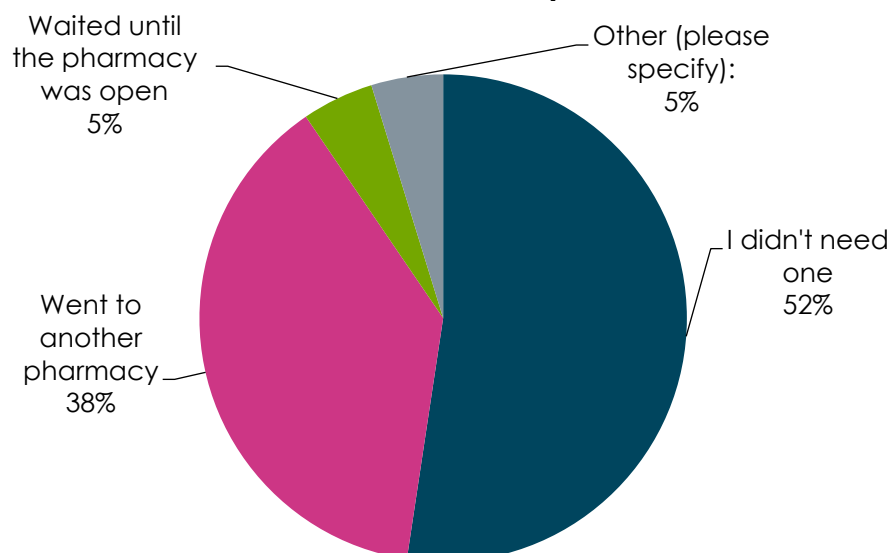




**11. How many times recently have you needed to use your usual pharmacy (or the pharmacy closest to you) when it was closed?**



**12. If you needed a pharmacy when your local one was closed, what did you do?**

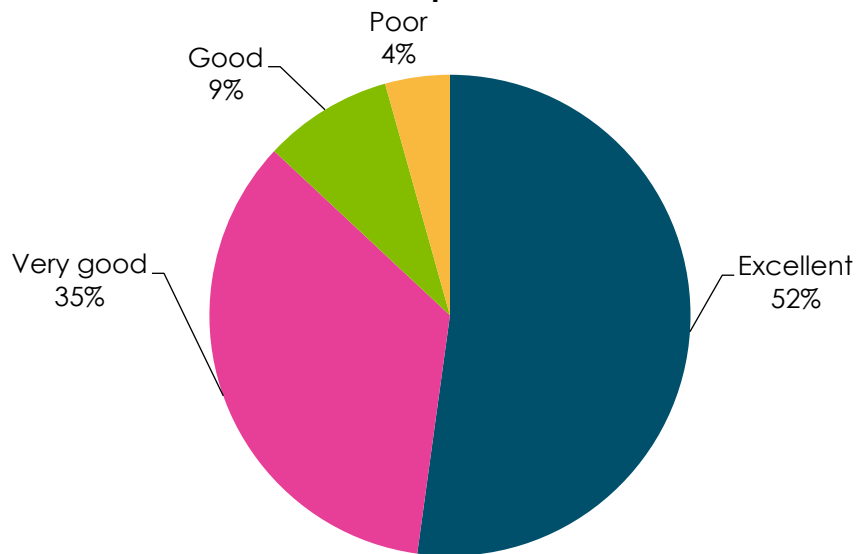


**Other reasons:**

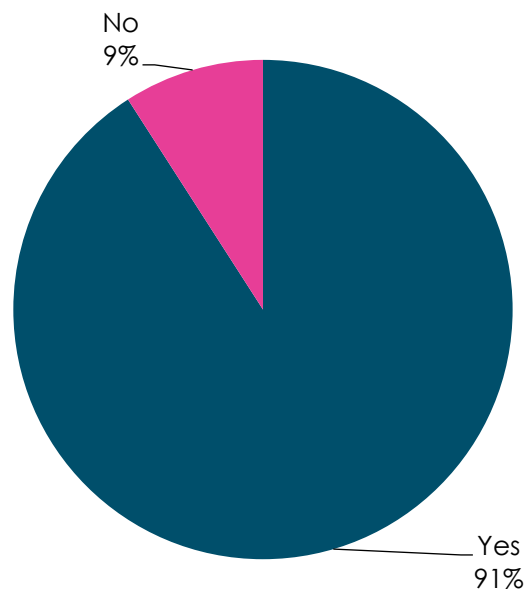
- 'Asked someone to go to another pharmacy for me.'



**13. How would you rate the experience of your local pharmacy considering the staff, environment and service provided?**

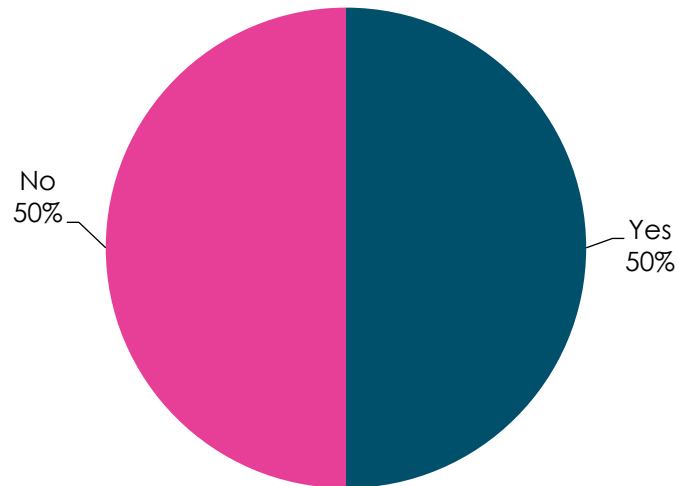


**14. Did you know that there are pharmacies in Bury that are open extended hours (e.g. early morning, late night, weekends and bank holidays)?**

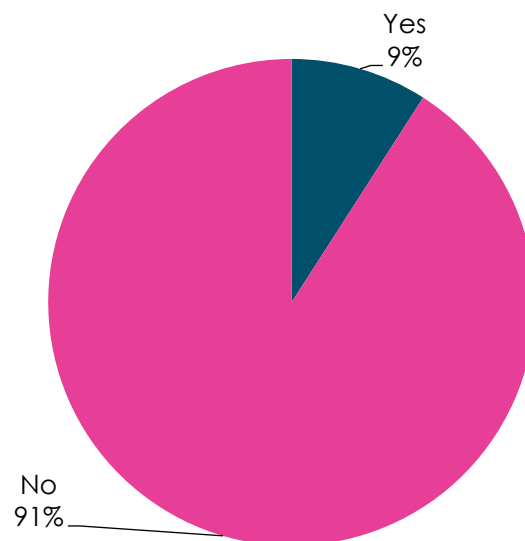




**15. Do you know where these pharmacies are located?**

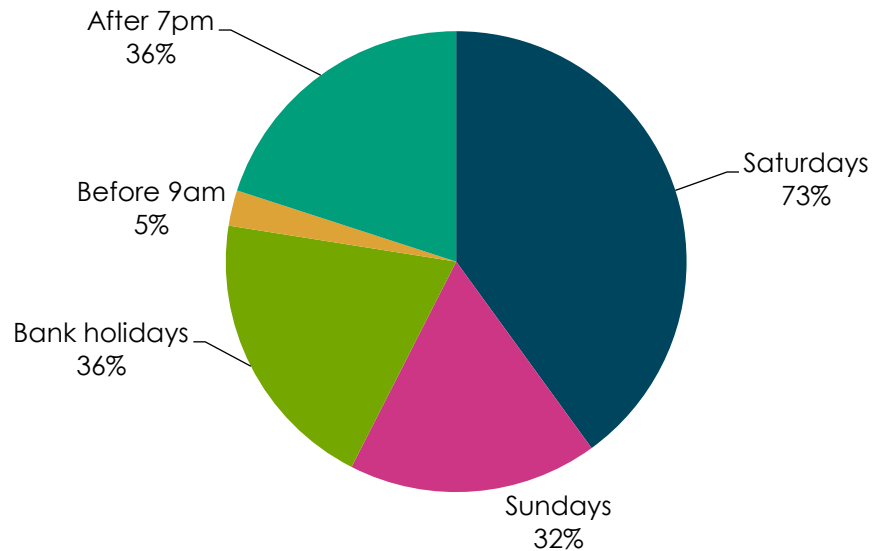


**16. Have you used these pharmacies early in the morning (before 9am), later at night (after 7pm), at weekends or on bank holidays?**

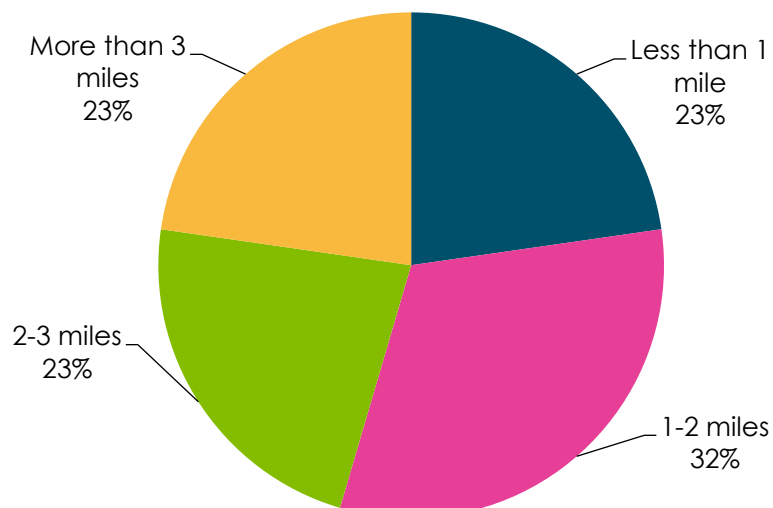




**17. At what time would you, or do you, find pharmacies with extended hours most useful?**

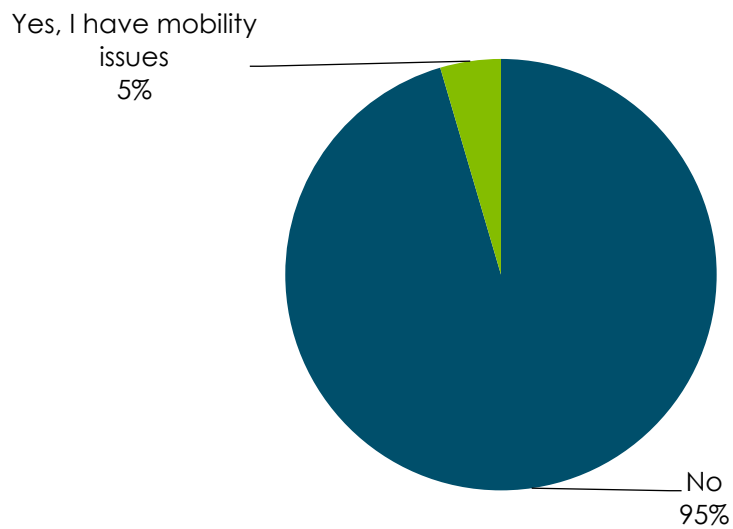


**18. How far from your home or place of work would you be willing to travel to a pharmacy?**

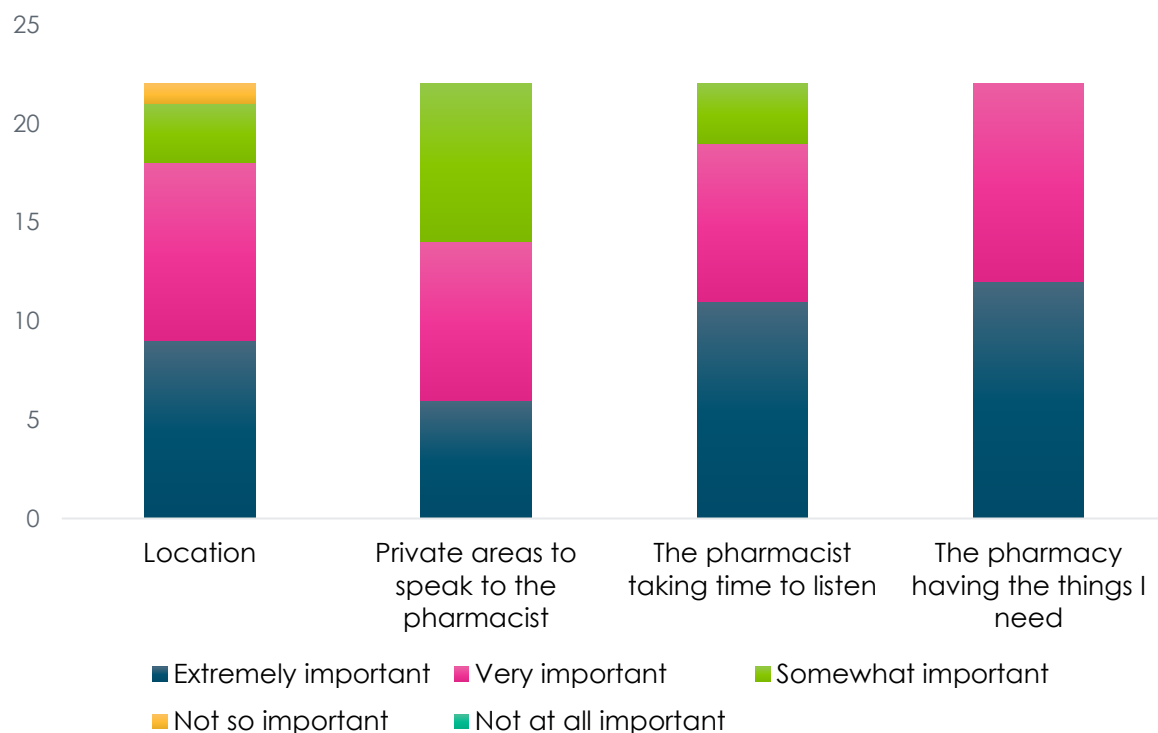




### 19. Do you have any difficulties accessing a pharmacy of your choice

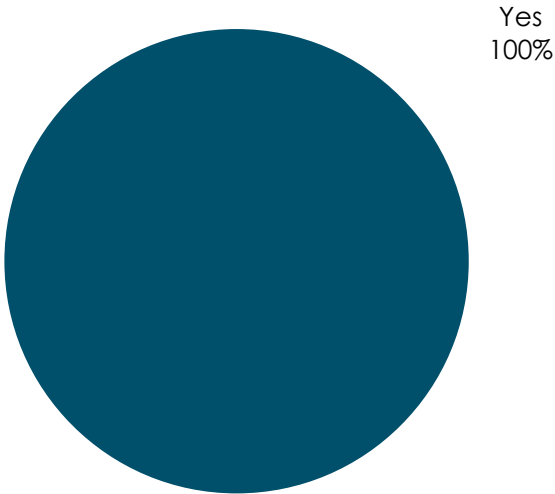


### 20. How important are the following aspects of pharmacy services?

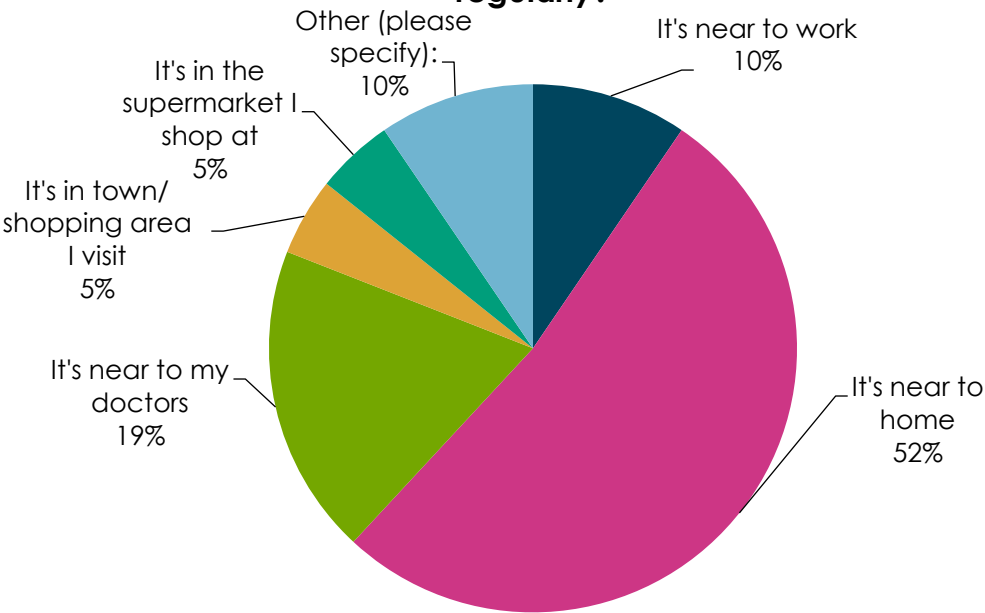




21. Do you have a pharmacy you use regularly?



22. In terms of location, why do you use this pharmacy regularly?

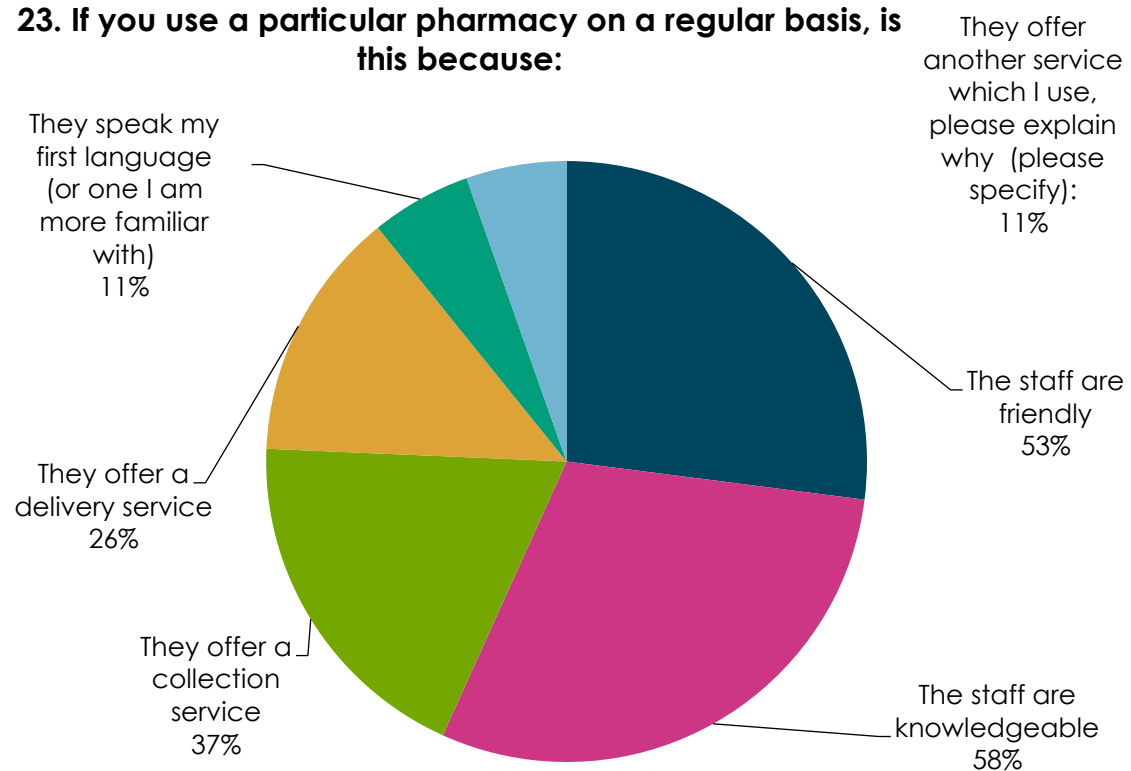


Other reasons:

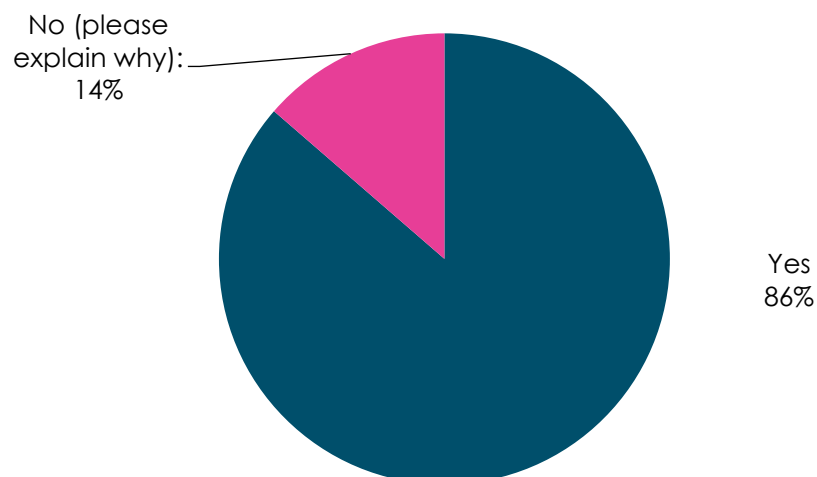
- 'It is one we have always used.'
- 'I have used for a long time.'



**23. If you use a particular pharmacy on a regular basis, is this because:**



**24. 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?**

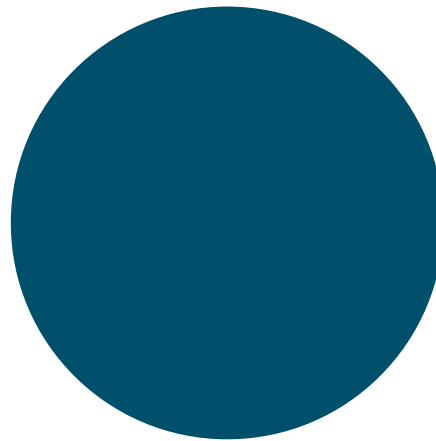


**Reasons why respondents didn't feel the pharmacy staff provided sufficient information:**

- 'It's all in the leaflet.'
- 'Never explain anything.'

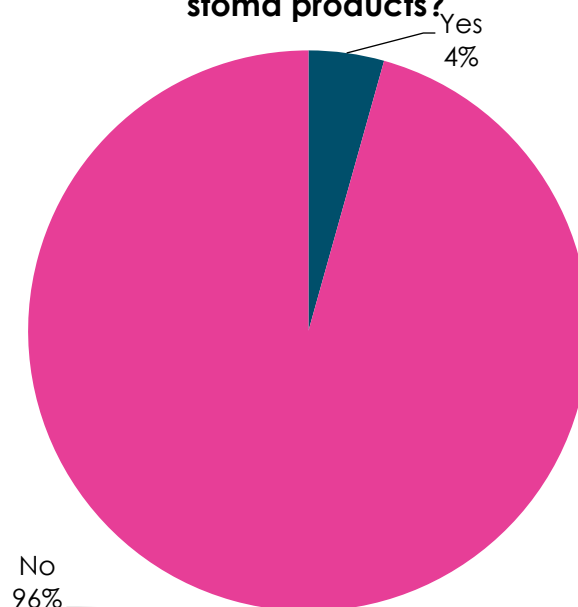


**25. Did you know staff at your regular pharmacy could provide advice of treating minor ailments such as viral infections, mild skin conditions, minor cuts, aches and pains, hay fever and allergies etc**



Yes  
100%

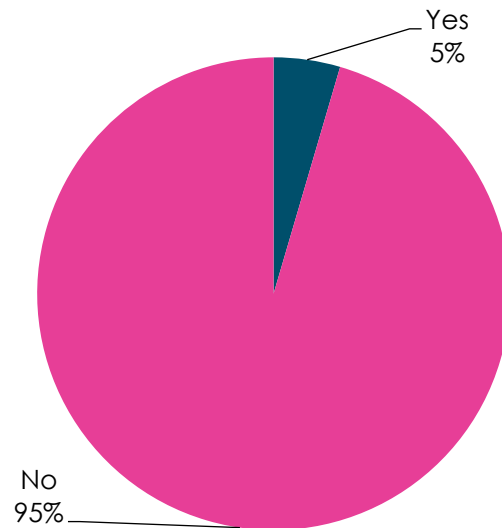
**26. Do you use a dispensing appliance contractor (which isn't a pharmacy) for items such as continence or stoma products?**





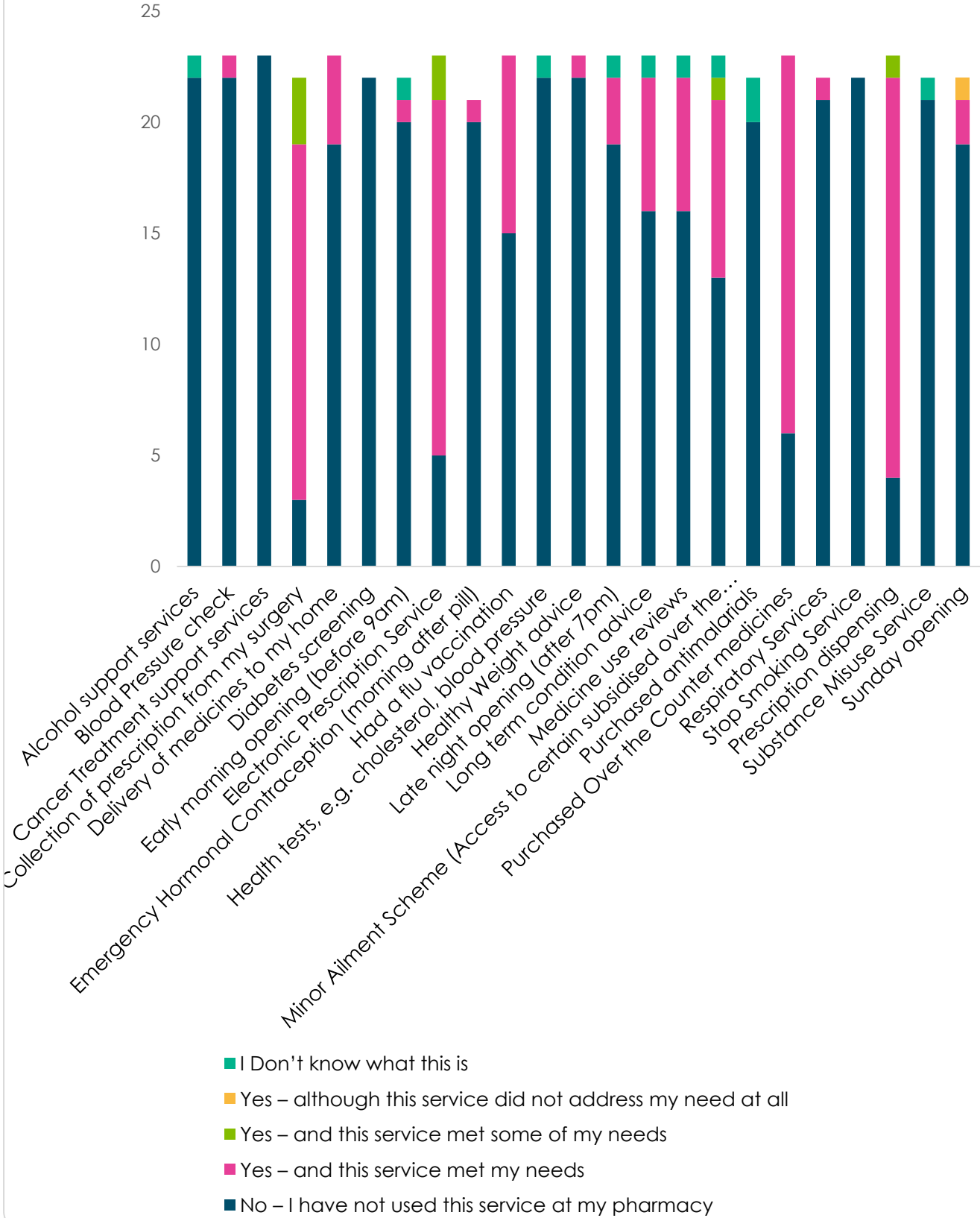


**27. Do you use a distance selling pharmacy where you have ordered medicines/appliances over the internet, by mail order or by telephone?**



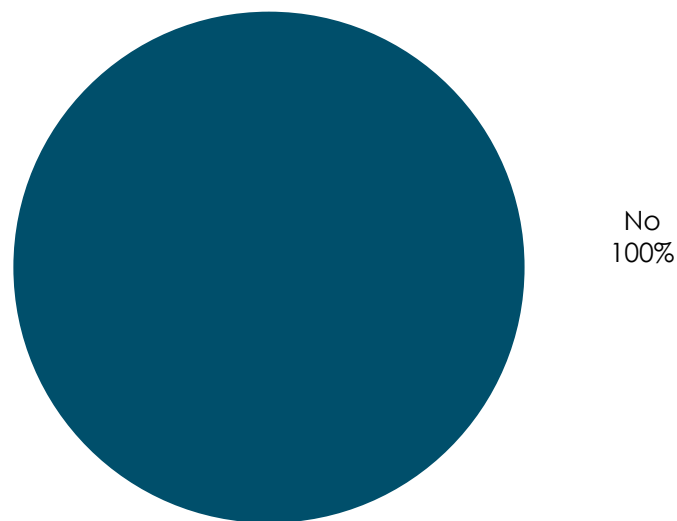


28. Have you have ever paid for or used any of the following services from your pharmacy?

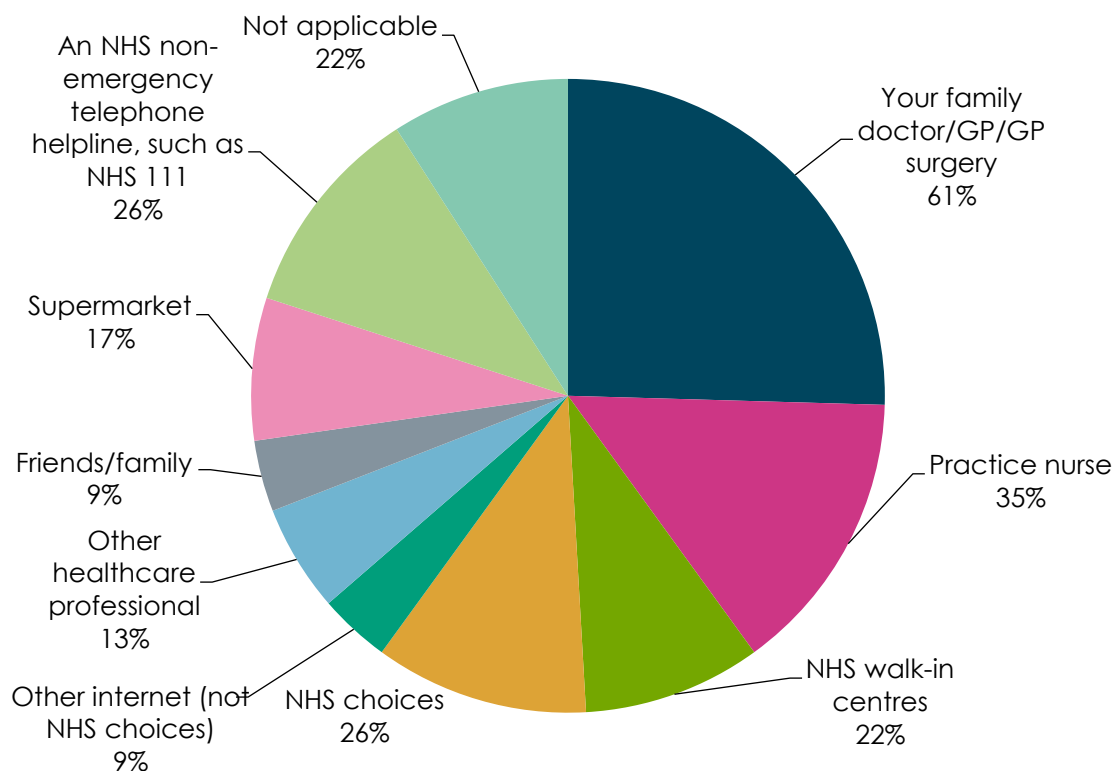




**29. Are there any other services you would like your pharmacy to offer?**

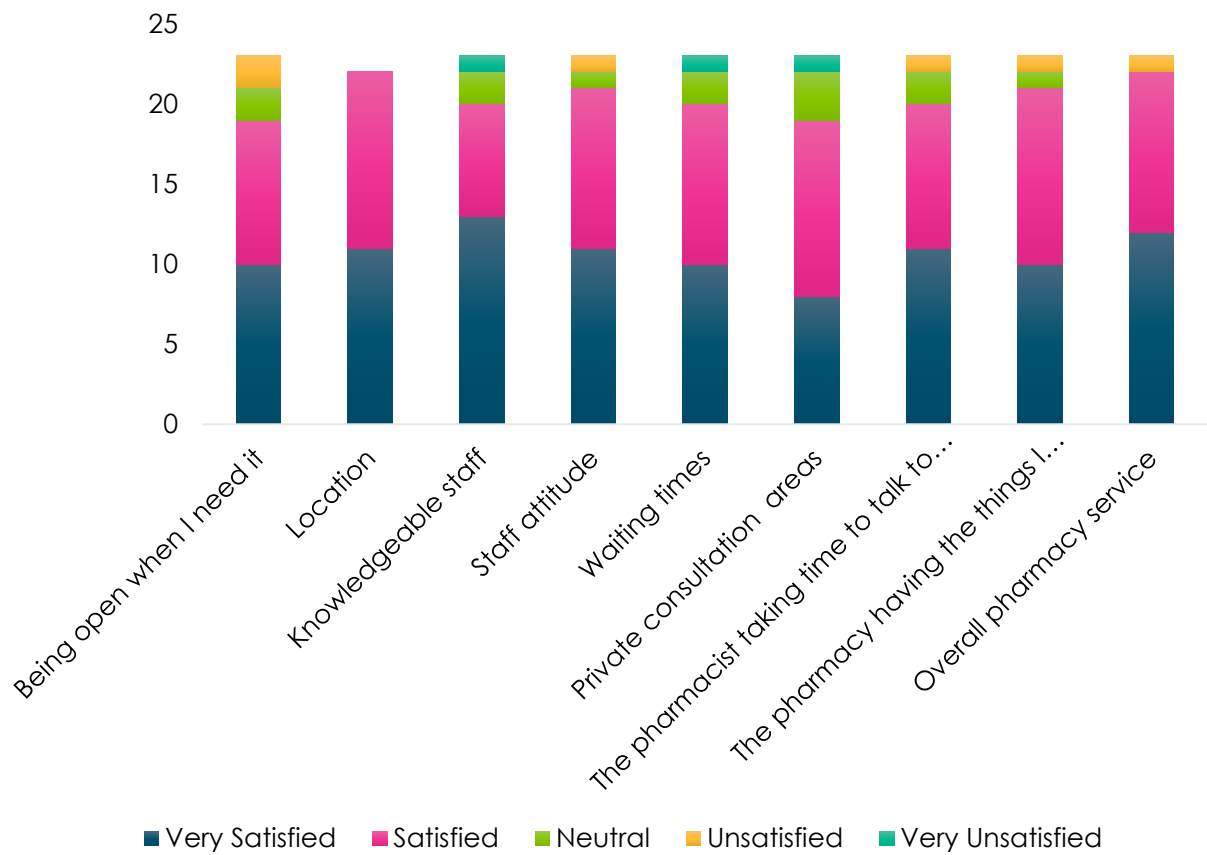


**30. If you don't go to a pharmacist for any of the services listed above, who or which organisation, if any, would you contact if you wished to get information:**





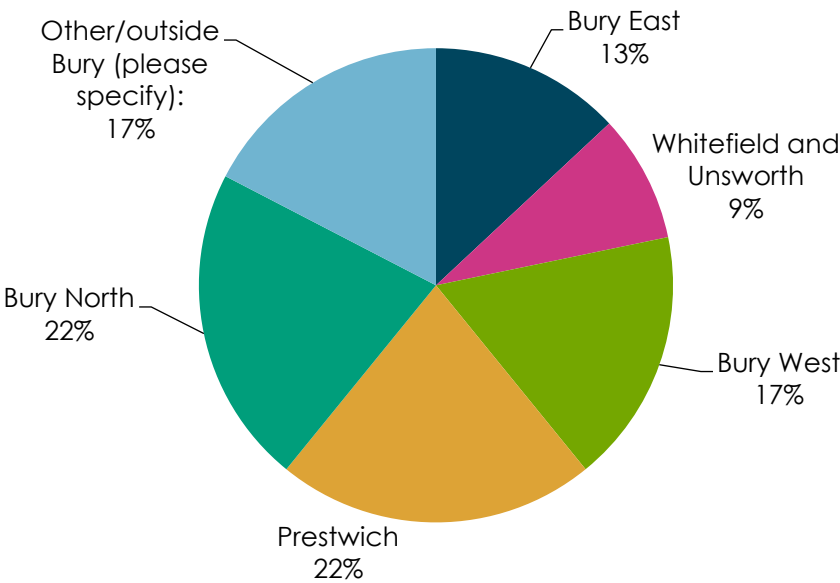
31. How satisfied are you with the following aspects of service provided by pharmacies?





Demographics

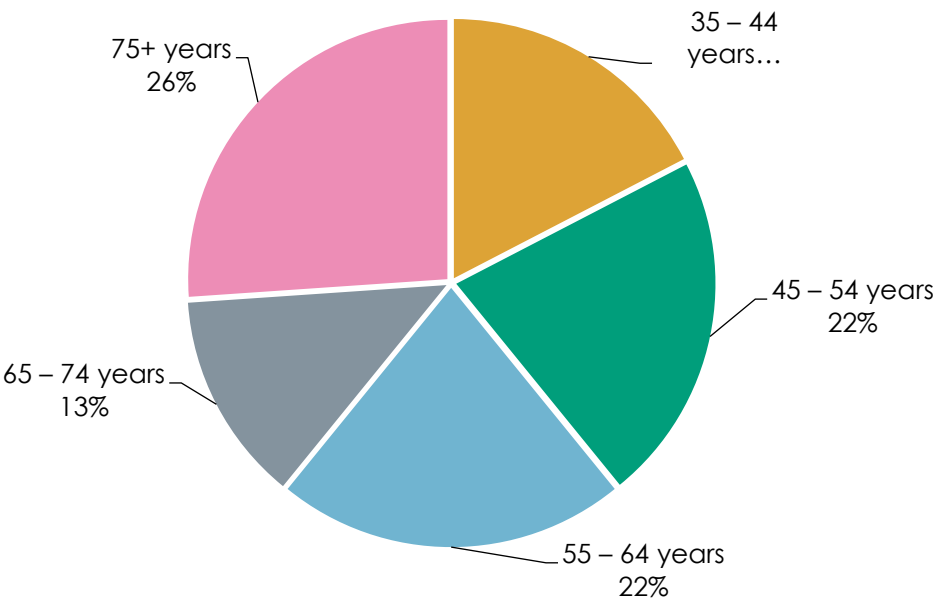
32. Please tell us which township you currently reside in?



Other:

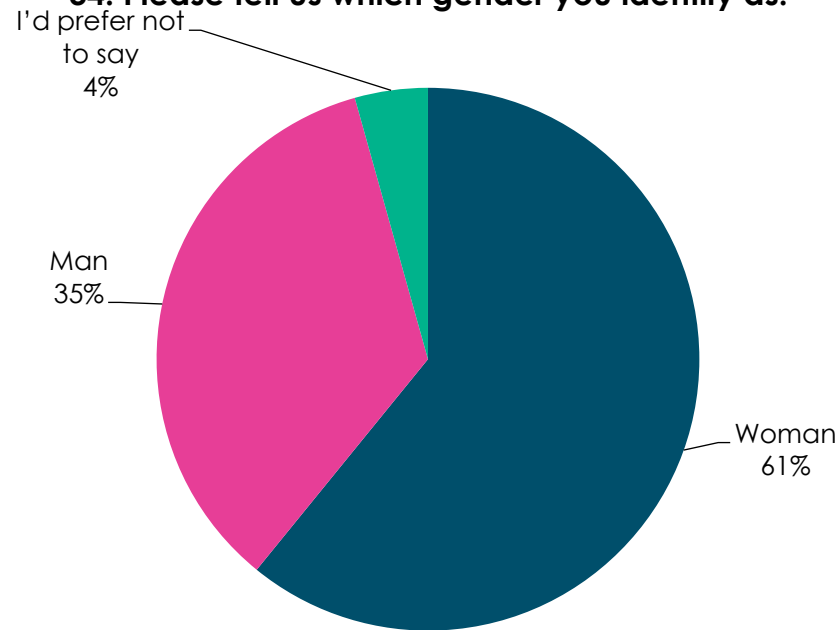
- Radcliffe
- Middleton, I work in Bury
- Radcliffe
- Radcliffe

33. Please tell us which age category you fall into:

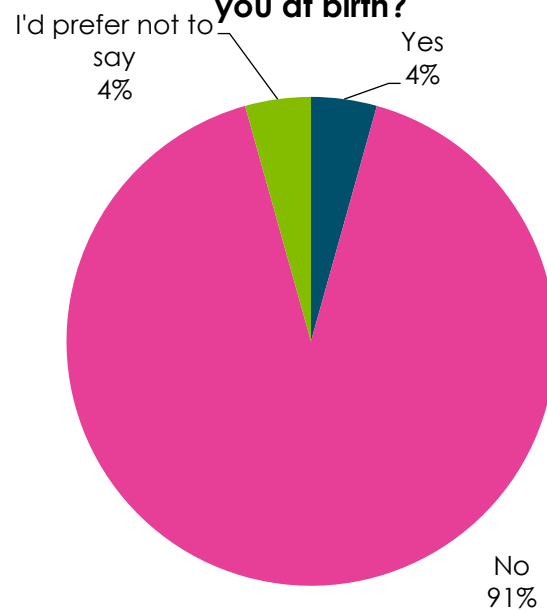




**34. Please tell us which gender you identify as:**

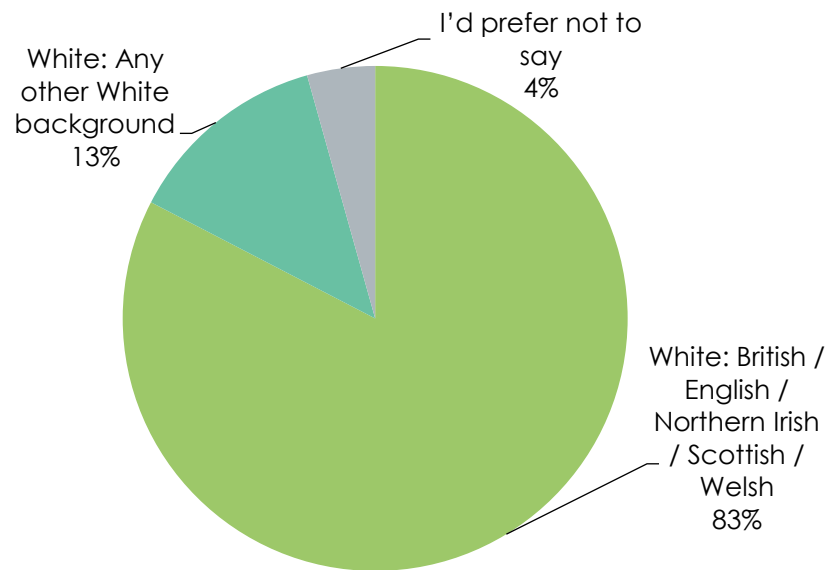


**35. Is your gender different to the sex that was assigned to you at birth?**

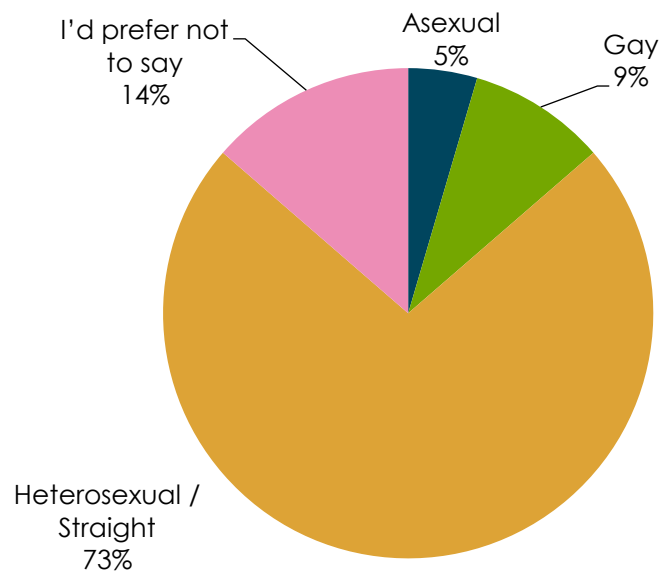


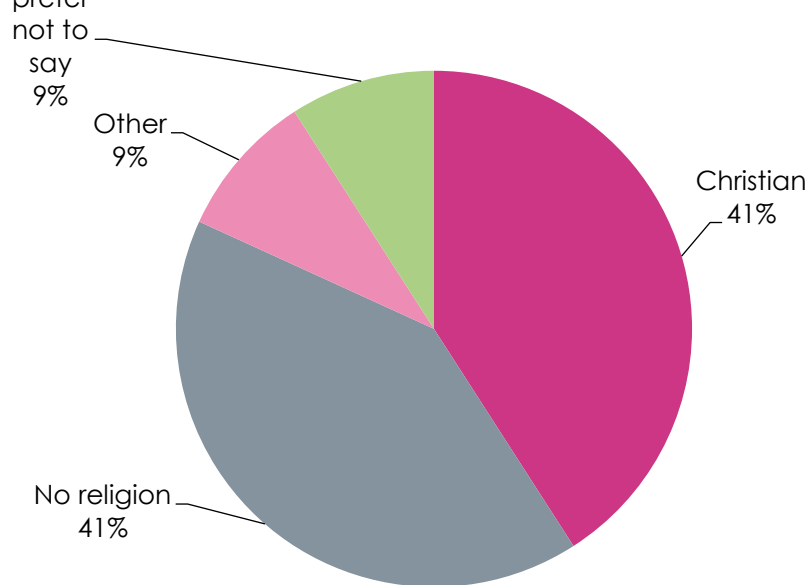
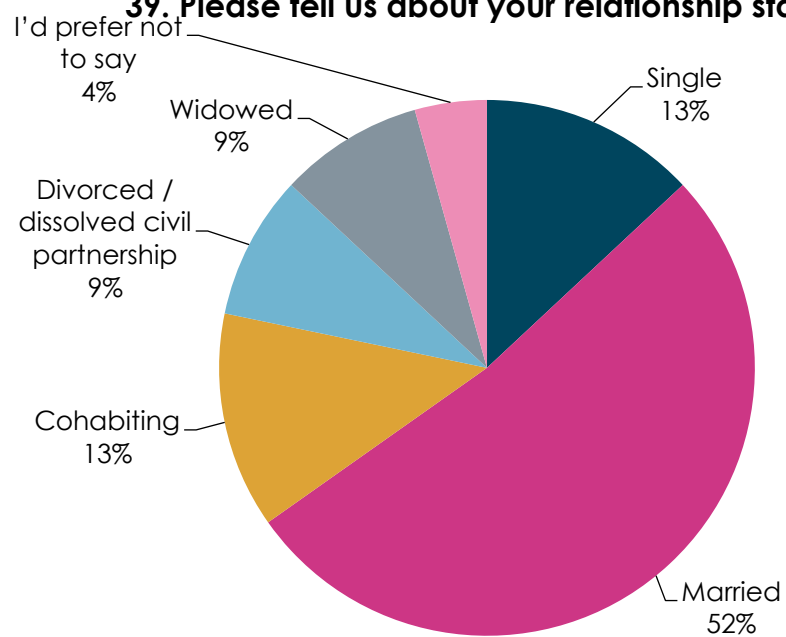


### 36. Please select your ethnic background

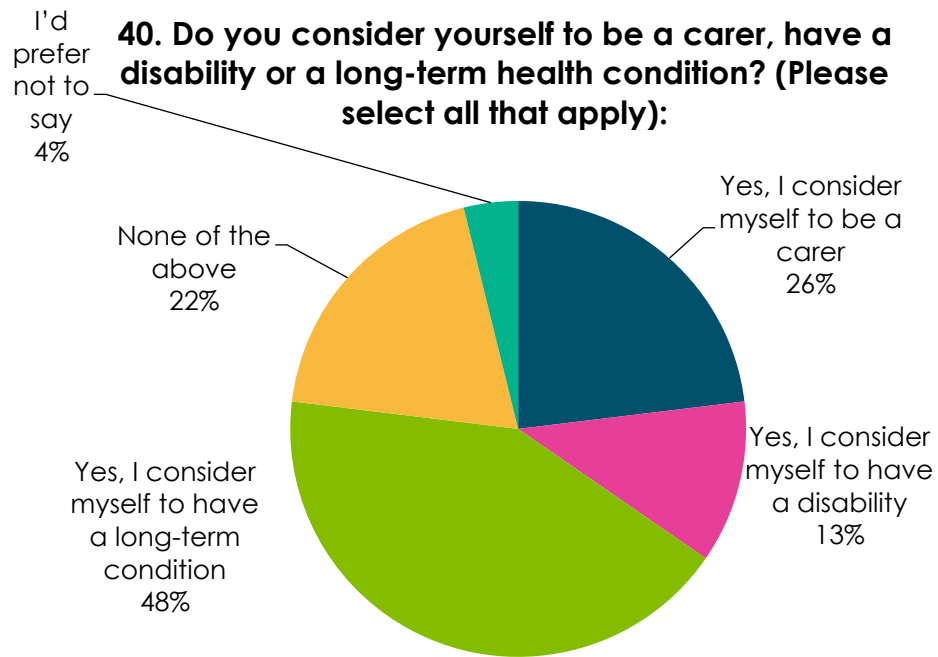


### 37. Please tell us which sexual orientation you identify as:



**38. Please tell us about your religion or beliefs:****39. Please tell us about your relationship status:**





## Contact us

---

If you require this information in an alternative format,  
please contact our office via the details below.

---



**healthwatch**  
Bury

Healthwatch Bury CIC  
Bridge House  
Yeagate Industrial Estate  
Heap Bridge  
Bury BL9 7HT

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Tweet: @healthwatchbury  
Find us on Facebook

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Registered in England and Wales.



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# Anti-poverty update

Jon Hobday

Consultant in Public Health

# Progress to date

- Anti-poverty strategy and action plan developed in collaboration with partners and agreed and signed off at council
- Anti-poverty steering group has been formed with all key partners, a terms of reference has been developed and 6 key theme leads from across the system have been identified and agreed
- Progress against action plan is being monitored through the steering group and all quarter two actions are complete/on track
- A cost of living summit was organised and hosted on Friday 9<sup>th</sup> September (see appendix 1 for details around the summit)
- A comms strategy has been developed and range of targeted information has been sent out to the community through a range of partners advising of how to access help and support (see appendix 2 for comms strategy detail)
- A Money Advice Referral Tool is under development and the agreed version will be agreed imminently at which point it will be shared widely with frontline staff to use to support residents

# Progress to date

- A secondary event to the summit has been provisionally booked for **9<sup>th</sup> November** following feedback from community groups. This will give further opportunities to work with community groups to understand the impact on communities and how we can effectively work together (format of session under development)
- An audit of warm refugees / warm banks across Bury is currently being carried out, once completed details will be shared with all partners and be made available through the Bury Directory
- A local dashboard with key data sets is being developed in line with the GM dashboard and currently has the following data sets
  - Food bank usage Free school meal eligibility
  - Proportion of households in fuel poverty
  - Council tax support data Council tax arrears data
  - Number of households in temporary accommodation (including a breakdown of the number of children and adults in temporary accommodation)

## Let's Manage Tough Times - Bury Cost of Living and Anti-Poverty Strategy - Plan on a Page

The Bury *Let's Do It!* strategy, built upon conversations with local communities, sets out a clear goal for Bury *to be the place that is achieving faster economic growth than the national average with lower than national average levels of deprivation by 2030*. However, Bury has become relatively more deprived compared to other areas with more people living in (the same) areas of deprivation and the pandemic likely to have compounded this further. The national economic context, particularly the cost of living crisis, requires a refreshed approach incorporating the following areas of focus and principles for delivery.

Socio-economic analysis of Bury residents and context of increasing costs and macro-economic pressures	An immediate, urgent offer to support Bury residents with the <u>cost of living</u> crisis including	The medium term <i>Let's do it!</i> principles to tackle deprivation, with action plans for delivery
<ul style="list-style-type: none"> <li>• Inflation at highest rate in a generation</li> <li>• Removal of Universal Credit Uplift and Energy price cap</li> <li>• Highest rates of food insecurity in Fernhill, <u>Pimhole</u> and Radcliffe</li> <li>• 43% of people accessing CAB debt support reported having a long-term condition</li> <li>• Sedgley, Bury East and Radcliffe West have the highest % of children living in poverty</li> <li>• Fuel poverty most prevalent in areas within Moorside, Bury East and <u>Besses</u></li> </ul>	<ul style="list-style-type: none"> <li>• Targeting of Household Support Fund including continuation of free school meal provision; targeted financial support to over 10,000 households and resilience payment to foodbanks</li> <li>• £240k Council funded school uniform grant</li> <li>• Partnership activity to increase local uptake of Pension Credit</li> <li>• Pilot of Citizens Advice Neighbourhood Officer</li> </ul>	<ul style="list-style-type: none"> <li>• Local - proactive targeting of advice, <u>information</u> and support to local communities of place and interest</li> <li>• Enterprising - data and insight driven to best target resources and support; aligning activity from related strategies</li> <li>• Together - partnership activity to target support in a co-ordinated manner</li> <li>• <u>Strengths</u> - celebrate collaborative approaches and community assets. to build upon these and increase their resilience</li> </ul>

Activity has followed the principles set out in *Let's Do It* and has built upon pillars of poverty set out by Greater Manchester Poverty Action. Examples of deliverables are listed below.

Food Poverty	Wellbeing and Poverty	Finance and Debt	Work and Wages	Childhood Poverty	Housing related (including fuel) poverty
<ul style="list-style-type: none"> <li>• Ongoing development of the BCSN</li> <li>• Develop and connect into Bury Food Strategy &amp; Partnership</li> <li>• Inclusivity of emergency food provision</li> <li>• Delivery of Household Support Fund</li> <li>• Market related campaigns including cookery sessions</li> </ul>	<ul style="list-style-type: none"> <li>• Targeted engagement through Health and Care Integrated Neighbourhood Teams</li> <li>• Maximising social prescribing opportunities</li> <li>• Tackling stress and anxiety</li> <li>• Specific wellbeing campaigns around dental health, Daily <u>Mile</u> and Period Poverty</li> </ul>	<ul style="list-style-type: none"> <li>• Development of a Money Advice Referral Tool</li> <li>• Review cost of access to support</li> <li>• Neighbourhood level advice and support</li> <li>• Financial inclusion, including Credit Union</li> <li>• Increasing awareness of pinch points in resilience, eg known transition points</li> </ul>	<ul style="list-style-type: none"> <li>• Encourage increased uptake of GM Good Employment Charter</li> <li>• Diversification of promoting job opportunities and careers</li> <li>• Linking local people to regeneration opportunities through People &amp; Communities Plans</li> </ul>	<ul style="list-style-type: none"> <li>• Partnership promotion of Health Start Vouchers to increase uptake</li> <li>• Delivery of School Uniform Support scheme</li> <li>• Develop a Cost of the School Year calendar</li> <li>• Embed anti-poverty principles into Family Hub pilot</li> </ul>	<ul style="list-style-type: none"> <li>• Increase fuel poverty support awareness including through <u>Energyworks</u> and Local Energy Advice Partnership</li> <li>• Delivery of GM Housing Provider Pledges</li> <li>• Increase awareness of support to mitigate behaviour change impacts</li> <li>• Delivery of Affordable Warmth schemes</li> </ul>
<b>Enablers</b> <ul style="list-style-type: none"> <li>- Increase digital inclusion including access, <u>awareness</u> and confidence</li> <li>- Challenge and addressing stigma and bias</li> </ul>		<b>Outcomes</b> <ul style="list-style-type: none"> <li>- Let's Do It Outcomes Framework measures</li> <li>- Reduction in number of most deprived neighbourhoods as per index of multiple deprivation</li> </ul>		<b>Governance</b> <ul style="list-style-type: none"> <li>- Multiagency Anti-Poverty Delivery Group</li> <li>- Oversight through Bury Health and Wellbeing Board</li> </ul>	

# Get Help in tough times

LET'S  
do it!

## We all want to live our lives without worry and stress

but the current tough times are putting a strain on us all.

That's why people across your area are getting help with the cost of living including help with managing your money.

If you are struggling with the cost of living you may be able to get extra help. You don't need to be on benefits.

There's immediate help for pensioners, those of working age and for families which can help with the cost of food and fuel.

- Extra financial help may be available to help towards your **rent and Council Tax**
- The **Household Support Fund** can provide one-off payments for food, fuel, repairs, school uniforms and clothing and other essential provisions
- We can provide **food and fuel vouchers** as well as emergency food parcels
- A confidential **benefits checker** to make sure you are receiving all the benefits you are entitled to

For immediate financial help from Bury Council visit: [bury.gov.uk/hardshiphelp](https://www.bury.gov.uk/hardshiphelp)



**Bury**  
COUNCIL



## Let's help you to manage tough times

Further advice and support is available through the Community Hubs:

Community Hubs are available to support residents and help with essential supplies or for any worries or concerns you may have about money or your general wellbeing.

Contact your local Community Hub by calling 0161 253 5400 or email:

**East Community Hub** - Bury East, Moorside and Redvales  
[Eastcommunityhub@bury.gov.uk](mailto:Eastcommunityhub@bury.gov.uk)

There are many local voluntary and community organisations in the Redvales Ward area which can offer support during hard times.

**FGRS (Fishpool, Goshen, Redvales and Springs) Community Hub**  
Gigg Lane Stadium, Gigg Lane, Bury, BL9 9HR. Tel: 07384 323 684  
Email: [fgrscommunityhub@gmail.com](mailto:fgrscommunityhub@gmail.com)

FGRS offers advice, support and somewhere to go to reduce isolation  
9:30am - 3pm, Mon, Wed & Thurs.

**Trust House** - Metro Christian Centre, Parkhills Road, Bury, BL9 9AU  
Tel: 07411 964 653, Email: [info@trusthousebury.org](mailto:info@trusthousebury.org), Website: [trusthousebury.org](https://www.trusthousebury.org)  
from 10am - 2pm, Mon, Tue, Thurs and Fri.

Trust House provides a range of support including a food pantry, holistic advice & guidance, wellbeing sessions, mindfulness and free hot meals / community café.

**New Springs Community Project Group (NSCPG)** - NSCPG c/o Springs TMC  
Office, 55 Dorset Drive, Bury, BL9 9DN. Tel: 07960 402 368 or 0161 764 3375  
between 9am - 4pm, Email: [springscommunityproject@btconnect.com](mailto:springscommunityproject@btconnect.com)  
Website: [newsprings.chessck.co.uk/](https://www.newsprings.chessck.co.uk/)

NSCPG provides support to resident in the Springs area, inc: One off food bags, advice drop-in, live well / wellbeing sessions and activities to reduce isolation.

**Bury and Bolton Citizens Advice Bureau** provide tailored advice to your individual needs with support including debt advice and how to deal with priority payments.  
Freephone Adviceline: 0808 278 7804 available Monday to Friday between 10am and 4pm and bookable face-to-face appointments available. Video drop-in service available: [cabb.org.uk/video-advice/](https://cabb.org.uk/video-advice/)

For further information on benefits, tax credits and Universal Credit which you may be entitled to, a free online calculator is available at: [entitledto.co.uk](https://www.entitledto.co.uk)

**Support is available to help with your mental wellbeing:**

A confidential helpline is available for anyone experiencing difficulties with their mental wellbeing, including those struggling because of financial hardship. The **Getting Help Helpline** is available Monday to Saturday 8am-8pm and offers non-clinical support from experienced call-handlers, call 0161 464 3679. You can also contact trained crisis volunteers, supported by clinical supervisors, 24 hours a day, 7 days a week, by texting **GMBury** to 85258.



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# Health and Wellbeing Board Dashboard Summary

# Updates



Revision of layout and location of indicators;



New indicators added in as per NHS Operational Planning Guidance which refers to CORE20PLUS5;



Plan to incorporate inequalities drill down.



# Cardiovascular Disease

- Under 75 mortality rate from CVD considered preventable has increased in Bury in 2020 for the first time since 2016. The figure remains higher than the national average, but slightly lower than the rate across the North West.
- The rate of patients (80yrs+ with Coronary Heart Disease) with BP readings under 150/90 is significantly higher in Bury than in England and all but one of our statistical neighbours.
- The rate of deaths from coronary heart disease (all ages) in Bury is significantly higher than the national average and is the 4<sup>th</sup> highest compared to statistical neighbours and the 29<sup>th</sup> highest nationally.
- CHD: QOF Prevalence (all ages) continued to drop in Bury in 2020/21, in keeping with the rate across England. Bury's rate was higher than the national average, but lower than most of our statistical neighbours.



# Stroke

- Admission rates of all ages from strokes have risen since 2017/18 in Bury. Bury has one of the highest rates amongst statistical neighbours and the gap compared to the national rate is widening
- Bury previously had the lowest rate of stroke admissions with a history of atrial fibrillation not prescribed anticoagulation prior to stroke, however many of Bury's statistical neighbours have now surpassed Bury's rate which rose in 2018/19.
- The QOF prevalence of strokes in Bury has stayed relatively steady since 2009/10, where it was the highest ranked amongst it's statistical neighbours, with little increase or decrease year on year. The national average has increased, but still remains lower than Bury, however several statistical neighbours now have a higher rate than Bury.



# Diabetes

- Bury has the second lowest preventable mortality rate in males with diabetes compared to statistical neighbours, and females are fifth lowest when compared. The gap compared to the national average has also shortened in recent years, but still remains higher.
- Bury performs consistently well across measures including people with type 1 or 2 diabetes receiving cholesterol and blood checks. Bury has a higher percentage of people receiving these checks than the national average and is ranked the best or second best compared to statistical neighbours
- In 2020/21 Bury's diabetes admission rate for 0-19 year olds dropped significantly, nearly halving in total compared to 2019/20 from 110.2 to 55.2. This is still higher than the national average and ranks 7<sup>th</sup> highest amongst statistical neighbours.



# Cancer

- In 2020/21 Bury ranked as the 13<sup>th</sup> best for breast cancer screening coverage nationally and was ranked highest of all statistical neighbours.
- The under 75 mortality rate from cancer dropped slightly in Bury in 2020 but is still higher than the national average and the 5<sup>th</sup> highest rate when compared to statistical neighbours.
- The under 75 mortality rate from cancer where the death was considered preventable is also high in Bury, sitting 4<sup>th</sup> highest in the statistical neighbour tables and
- The percentage of cancers diagnosed at stage 1 or 2 in Bury is the highest in the North West and the 2<sup>nd</sup> best when compared to statistical neighbours.
- There has been no significant increase in cancer related deaths of 65+ in Bury in recent years.



# Chronic Respiratory

- In 2020, both the under 75 mortality rate from respiratory diseases and the under 75 mortality rate from respiratory diseases considered preventable in Bury was in line with the national average and was 4<sup>th</sup> lowest amongst statistical neighbours.
- In 2020/21, hospital admission rates for asthma for under 19 year olds fell significantly in Bury, by over 50% on previous years. Despite this drop, Bury still has the 4<sup>th</sup> highest rate compared to statistical neighbours.
- The percentage of active smokers (GPPS) in Bury has risen in 2021 and climbed above the national average.





# Chronic Kidney Disease

- The prevalence of CKD in people aged 18+ in Bury has not significantly changed in recent years, but remains higher than the national average.
- Overall preventable mortality is falling and gap with the national average is narrowing.



# Mental Health

- The hospital admission rate in Bury for under 18's has remained consistent in the last 3 years and is slightly below the national average.
- Premature mortality rates for adults with a severe mental illness (SMI) has risen in Bury in 2018-20. This is now the second highest amongst statistical neighbours and one of the highest rates in the North West
- Bury's rate of hospital admissions for intentional self-harm has risen in 2020/21
- Bury's suicide rate rose in 2018-20, seeing an increase in both male and female suicides.
- Bury has the lowest recorded prevalence of depression (QOF) for people aged 18+ in the North West and the lowest amongst all statistical neighbours.



# Musculoskeletal (MSK)

- The total number of hip fractures among those aged over 65 only decreased by 1 from 2019/20 to 2020/21, keeping Bury roughly mid-table when compared to statistical neighbours.
- Likewise, the number of hip fractures of people aged 80+ has also not changed compared to the figure for the previous 2 years. Bury's rate per 100,000 population remains slightly above the national average.
- The rate of people in Bury reporting having a long-term musculoskeletal problem rose slightly in 2021 and remains above the national average.



# Maternal and Child Health

- The infant mortality rate in Bury dropped slightly in 2018-20, but remains slightly above the national rate
- In 2020/21 the rate of emergency admissions of under 18s dropped in Bury by over 40% compared to the previous year. Bury no longer have the highest rank of statistical neighbours, and now have the 4<sup>th</sup> highest rate.
- In 2020/21 the percentage of people smoking at the time of delivery in Bury was below the national average and had not changed significantly since the previous year.
- GLD has declined nationwide since before the pandemic.
- In 2018/19 (the last reporting period) Bury were in line with the National average and exceeding both Greater Manchester and our statistical neighbours.
- The latest data evidences that Bury's pupils are now behind the National average for GLD, although still exceeding the GM average. (data for all statistical neighbours is outstanding so not yet compared)



# Common Risk Factors

- The percentage of physically active adults dropped in 2020/21 by 2% and fell below the national average.
- Bury has a slightly higher than average percentage of the population with a physical or mental long term health condition in employment (aged 16 to 64). It has the 4<sup>th</sup> highest percentage compared to statistical neighbours.
- Flu vaccinations for over 65's dropped in Bury in 2020/21 and is one of the lowest recorded in the North West and is the lowest amongst statistical neighbours



**BURY**  
VOLUNTARY,  
COMMUNITY  
& FAITH  
ALLIANCE

The Voluntary,  
Community, Social  
Enterprise Sector in Bury

**1249 VCSE  
groups**

**71% are micro or  
small\***

**Over 26,000 volunteers  
giving  
131,145 hours p/w  
equivalent of  
£65m per annum\*\***

*\*That's 10k and under*

*\*\*Based on Real Living Wage 2021*

**Health and Wellbeing Board**

**20/10/22**

**Community cohesion and inclusion**

**Helen Tomlinson** [helen.tomlinson@buryvcfa.org.uk](mailto:helen.tomlinson@buryvcfa.org.uk)

**Supporting a vibrant Voluntary, Community & Faith sector in Bury**

**Community Safety Partnership (CSP) : multi-agency group working in partnership to respond to community safety issues**

## Community cohesion thematic group

Hate Crime Awareness	Investment in VCSE sector	Inclusion events	Support for refugees and asylum seekers
<p><b>Hate Crime Awareness training</b> for VCSE sector, Hate Crime Ambassadors and reporting centres.</p> <p><b>Connectivity with Faith Forum</b> across issues including hate crime, cost of living crisis and interfaith activities.</p> <p><b>Prevent training</b> delivered for front line staff and VCSE sector to supplement e-learning offer.</p>	<p><b>Standing Together grants programme: £90k investment</b> in VCSE sector to deliver community safety and cohesion projects.</p> <p><b>Hate Crime Awareness grants: £10k investment</b> in VCSE sector to deliver projects in GM Hate Crime Awareness Week (Feb 2023)</p>	<p><b>Annual inclusion calendar</b> developed with Bury Inclusion Working Group and Team Bury partners to co-ordinate partnership activity.</p> <p>Key events:</p> <ul style="list-style-type: none"> <li>• <b>Black History Month</b></li> <li>• <b>Hate Crime Awareness Weeks</b></li> <li>• <b>Bury PRIDE</b></li> <li>• <b>International Day of Disabled People</b></li> </ul>	<p><b>Homes for Ukraine drop-in's at Ukrainian Club</b> supported by DWP, Healthwatch, Schools Admissions, Community Hubs and Bury VCFA Social Prescribing Service.</p> <p><b>ESOL open days</b> in partnership with Bury College, Bury Adult Learning, Bury VCFA and Eagles Wing to connect people into learning and volunteering opportunities.</p>

## Violence Reduction Unit (VRU) Community-led approaches

Co-designed and co-produced	Investment in VCSE sector	Creating better outcomes and more social value
<p>Co-design with young people and stakeholders in East Bury to identify what's going on, what's not happening and develop ideas for projects. Investment to deliver solutions that communities define and decide.</p> <p>Focus - young people 10- 25 yrs and their families.</p> <p>Co-design considers questions such as:</p> <ul style="list-style-type: none"> <li>• What assets are in the community already?</li> <li>• What's good?</li> <li>• What's not working?</li> <li>• What's needed and ideas for change</li> </ul>	<p>Expressions of interest invited from VCSE organisations with strong connections in the community. They work as a community alliance to develop the key areas identified by the co-design process.</p> <p>Members of the alliance sign up to a Memorandum of Understanding, outlining how each organisation will deliver its activity to achieve the collective goal.</p> <p><b>Four VCSE organisations received investment totalling £100k:</b></p> <ul style="list-style-type: none"> <li>• <b>Bury Defence Academy</b></li> <li>• <b>One Message</b></li> <li>• <b>Early Break</b></li> <li>• <b>Friends of Hazelwood School</b></li> </ul>	<p>Mentoring programme for young people and families at risk of serious youth violence and criminal exploitation.</p> <p>Youth work offer developed for diverse communities.</p> <p>School-based activity for young people at risk of exclusion.</p> <p>Community sport-based activities.</p> <ul style="list-style-type: none"> <li>• Improved aspirations</li> <li>• Improved access to activities and opportunities</li> <li>• Improved mental and physical wellbeing</li> <li>• Improved relationships between young people and their parents/carers</li> <li>• Improved sense of pride, respect and belonging in community</li> </ul>



## Connecting and collaborating

Social prescribing	Networks
<p>Supports people to access a choice of non-medical services and activities in their local area. Connects anyone registered with GP and aged over 18 to range of groups and organisations providing activities*</p> <p>Link Workers take self/referrals from GP's and connect to activities that match individuals needs and interests.</p> <p><b>2226 referrals</b> since the service was launched in 2019 Wellbeing score - average <b>12.5%</b> increase before/after social prescribing (ONS4)</p> <p><b>Emerging trends</b></p> <ul style="list-style-type: none"> <li>• Referrals aged 18 - 39 increasing</li> <li>• Mental health, dual diagnosis and social isolation - key issues</li> <li>• Financial hardship, housing, unemployment and cost of living – key determinants</li> <li>• Increased demand for crisis support</li> </ul> <p>*Many VCSE groups tell us they are now struggling with capacity and complexity as people wait for statutory services.</p>	<ul style="list-style-type: none"> <li>• <b>Bury VCSE Leadership Group</b> – mechanism for VCSE sector to engage in wider system leadership – provide collective voice, influence strategy, collaborate to maximise impact and social value - representation at GM VCSE Leadership Group</li> <li>• <b>Older People's Network</b> – engagement on issues affecting older people – representation at GM Older People's Partnership</li> <li>• <b>Health and Social Care Network</b> – provides a platform for groups contributing to people's health and wellbeing in Bury. A forum to share information and good practice.</li> <li>• <b>VCSE Children's Partnership</b> – a space to network, influence strategy, develop services, offer organisational peer support and support statutory partners in achieving the best outcomes for Bury families.</li> <li>• <b>Faith Forum</b> – Reg Charity set up to raise awareness of religious beliefs and promote good relations between different faiths. Connectivity with Community Cohesion group</li> <li>• <b>LGBTQI Forum</b> – provides a voice and peer support for the LGBT community in Bury. Connectivity with Community Cohesion group – specifically hate crime awareness and inclusion.</li> </ul>

Social prescribing	Examples of recent investment in VCSE sector Standing Together - GMCA Social Prescribing grants – Transformation (non-recurrent)
<p><i>‘I didn’t feel as anxious connecting to the nature group, this is due to you identifying the right group for me and knowing what to expect on the day knowing that there would be other people there going through a similar journey as myself thank you’. – SJ</i></p> <p><i>‘You have been a good help, I have suffered with my mental health for years, this has led me to feeling unwell, developing a plan and giving me, a focus has given me hope. I am looking forward to the next walking group’. – K</i></p> <p><i>‘I know it has taken time for me to join the group, but I would like to thank you for your patience and understanding and for encouraging me to attend, as well as taking the time to meet me at the group, I thoroughly enjoyed myself and met some lovely people’. - CS</i></p>	<p>Community choir, for people with dementia, including music therapy in collaboration with ‘Happy Signs’</p> <p>Menopause support group ‘Marvellously Managing menopause’. Life coaching, art therapy, yoga, Tai Chi and more.</p> <p>Life-skills, confidence and additional support to manage the cost of living crisis and provide budgeting and money saving tips</p> <p>Support for young parents with SEN needs, older persons gardening group and sensory club for adults with learning disabilities.</p> <p>Computer game group for young people with autism on a monthly basis. Encouraging group participation and reducing isolation.</p> <p>Activities for asylum seekers and refugees, encouraging lasting and beneficial friendships, supportive relationships and individual assistance and help where needed.</p> <p>Peer support programme providing early intervention and confidential support for victims of crime.</p>

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<b>Classification</b>	<b>Item No.</b>
<b>Open / Closed</b>	

<b>Meeting:</b>	Bury Health and Wellbeing Board
<b>Meeting date:</b>	October 2022
<b>Title of report:</b>	Health Improvement Fund – LET’S Live Well
<b>Report by:</b>	Jon Hobday (Consultant in Public Health)
<b>Decision Type:</b>	<b>For information</b>
<b>Ward(s) to which report relates</b>	<b>All wards</b>

## 1.0 SUMMARY

Covid has had a significant impact on the health and wellbeing of Bury residents, both directly and indirectly. It also disproportionately affected some groups increasing inequalities locally. There were ongoing concerns around mental health, substance misuse (including alcohol), inactivity, loneliness, access to affordable food and obesity. In response to this Bury committed to use national Covid funding to assist the recovery, improve health behaviours and reduce inequalities. Bury did this through working with communities for them to develop and deliver local projects targeted towards those experiencing inequalities. The attached presentation outlines how this was done, with the project evaluation outlining the success of the project.

The project demonstrates delivery against the LET’S principles, a focus on tackling inequalities and supporting communities for planning and delivery.

See Attached Presentation, evaluation and video.



HWBB Paper –  
Health Improvement



Health  
Improvement Fund I

<https://vimeo.com/744135873/bae9d885e0>

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## **Contact Details:-**

Jon Hobday – [j.hobday@bury.gov.uk](mailto:j.hobday@bury.gov.uk)

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## **Equality Impact and considerations:**

*Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:*

*A public authority must, in the exercise of its functions, have due regard to the need to -*

- (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;*
- (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;*
- (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.*

*The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services.*

<b>Equality Analysis</b>	<i>Please provide a written explanation of the outcome(s) of either conducting an initial or full EA.</i>

*\*Please note: Approval of a cabinet report is paused when the 'Equality/Diversity implications' section is left blank and approval will only be considered when this section is completed.*

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**Legal Implications:**

*To be completed by the Council's Monitoring Officer*

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**Financial Implications:**

*To be completed by the Council's Section 151 Officer*

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**Report Author and Contact Details:**

- Jon Hobday (Consultant in Public Health): [j.hobday@bury.gov.uk](mailto:j.hobday@bury.gov.uk)

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# Health Improvement Fund – LET'S Live Well

Jon Hobday

Consultant in Public Health



# Background

- Covid has had a significant impact on health and wellbeing – disproportionately affecting some groups
- Ongoing concerns around mental health, substance misuse (including alcohol), inactivity, loneliness, access to affordable food, obesity and widening inequalities
- Commitment to use Covid funding to assist the recovery, improve health behaviours and reduce inequalities
- Idea is that neighbourhood health improvement plans will help shape community response and contribute to achieving existing strategies and plans
- Any plans to align with the wider Bury 'LET'S DO IT' strategy principles

# Approach

- Local health improvement frameworks created – utilising existing strategies to guide what is included
- Localised framework developed for each neighbourhood through key partners from each locality to discuss and agree
- Framework acted as a guideline to help shape bids from community groups
- Funding was split into different lots, with groups being able to bid for neighbourhood specific funding or pan Bury funding
- Process for community groups to bid kept simple (details here <https://www.bury.gov.uk/healthimprovementfund>)
- Meet the funder events were organised in conjunction with pitch funding
- Two locality officers employed
- Multi-agency panels created for each locality to assess bids

# Health Improvement Framework

## Health Improvement Framework: Bury

Framework – for activities

Food	
Actions	Ideas
Address food poverty	Enhance and promote local networks
Develop knowledge of food	Offer training / workshops to health cooking
Develop community food and growing skills	Provide opportunities for developing cooking skills in the community
Support a move from food poverty to food security	Support foodbanks to move to food pantries
Maximise use of community resources	Increased use of allotments, educational courses to voluntary groups to develop project management
Reducing food waste	Develop local schemes and programmes that contribute to reducing waste e.g. campaigns, composting etc
Physical Activity	
Actions	Ideas
Promote social, economic and environmental co-benefits of physical activity	Mass participation events e.g. walking festivals and organised runs – need to emphasise that these events aren't competitive and no specific skills are required as this can often affect up-take.  Regular organised activities i.e., weekly timetables groups / classes
Improve walking and cycling opportunities	Developing walking and cycling groups
Support least active to be active and those most impacted by Covid	Target schemes and initiatives in groups known to be most inactive e.g. BAME, those out of work etc
Use an innovative approach to the provision of places to undertake regular physical activity.	Using community venues such as health settings, community facilities, open schools and colleges for community physical activity provision.
Build on successful activities which have engaged children and young people across our schools.	Initiative to build on the Daily Mile and Change 4 Life Clubs.

Enhance opportunities for older people to become and remain active throughout their lives.	Targeted activities in care homes and in the community
Embracing digital technology creating opportunities for health improvement.	Online physical activity sessions
Mental Health and wellbeing (including suicide prevention)	
Actions	Ideas
Support to dealing with loss and bereavement for all ages.	Bereavement support for adults and children & young people
Raising awareness of suicide prevention strategies	Suicide Awareness training sessions for anyone working and volunteering in Bury
Promote the importance of looking after your mental wellbeing	Rollout of the Connect 5 programme in Bury to raise awareness of mental wellbeing in everyday practice.
Enhance opportunities to help those struggling with loneliness & isolation	Gentle support for those who have shielded / isolated during the pandemic, covid safe coffee and activity sessions.
Support for those suffering emotionally due to covid, job loss / financial worries, health concerns, etc	Peer support, workshops, groups sessions to improve mental wellbeing in neighbourhoods with limited support. Targeting young people, BAME, men and older people.
Self Care	
Actions	Ideas
Promote opportunities where individuals can look after themselves	IT training, hiring out tablets to access internet access
Supporting carers to have time to look after themselves	Respite activities, peer support groups
Support for those struggling to live independently	Network to provide help with basic daily needs
Children and Young People	
Actions	Ideas
Improve school readiness and wellbeing of families	Pre-school interventions

# Submissions

- Over £540,000 worth of bids were submitted
- Total amounts awarded was £452,000
- Target groups supported
  - Young people, particularly those aged 16 to 24 (**£35,000**)
  - Residents and families with young children, and particularly those aged 0 to 4 (**£59,000**)
  - BAME residents overall (**£55,000**)
  - Muslim residents and those for whom English is not their first language (**£39,000**)
  - Clinically Extremely Vulnerable (CEV) people (**£64,000**)
  - Carers/residents where someone in their household has been told they are at high risk from COVID (**£59,000**)
  - Those living with a disability or long term health condition (**£73,000**)
  - Residents that have served in the armed forces (**£25,700**)
  - Those living in the 'most deprived' communities in Bury (**£81,000**)
- All funded projects can be found at <https://theburydirectory.co.uk/letslivewell>

# Health Improvement Fund

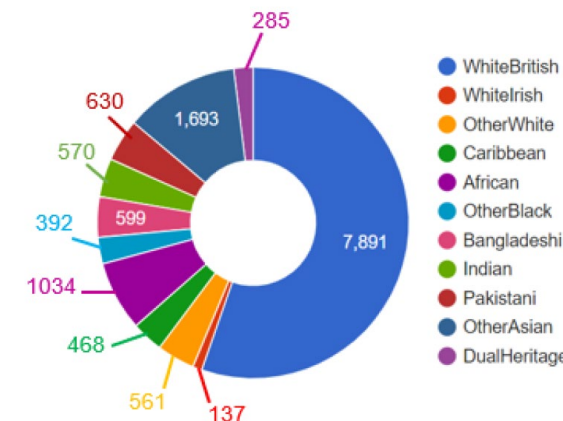
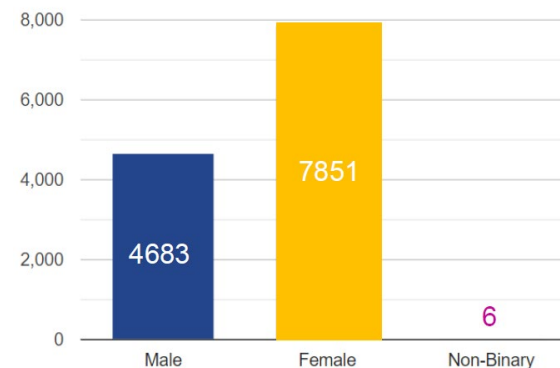
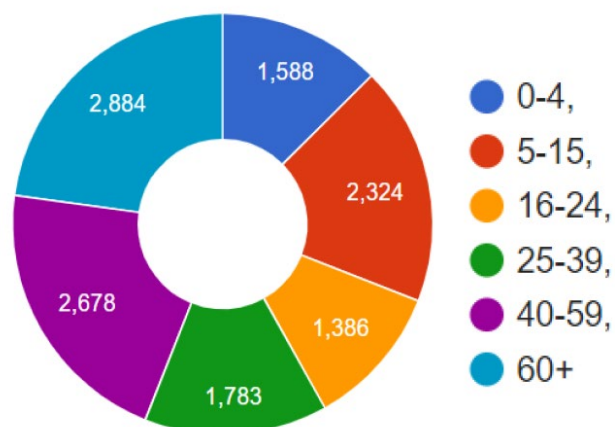
- Developed marketing and branding for all projects to use 'Let's Live Well' 'Let's Do It' and for any wider groups to use to share the good work which is going on to promote health and wellbeing in the community
- Provided all projects with a social media packs
- Locality Officers to provide support to evaluate projects and programmes and where possible create these to become self sustainable
- Evaluations to include case studies and reflections and learning form organisations to help develop best practice



# Health Improvement Fund - Results

12,540

Total number engaged



Out of the 114 groups...

68 / 60.1%

Aimed to increase physical activity levels

53 / 47%

Aimed to improve mental health and wellbeing

89 / 78.8%

Aimed to tackle social isolation

60 / 53%

Supported individuals who were instructed to shield

65 / 57.5%

Supported those living with a long-term health condition

# Health Improvement Fund

- <https://vimeo.com/744135873/bae9d885e0>





# Let's Live Well 2021/22

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End of project report  
September 2022

Bury Council  

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Edited by: Fay Robson





# North

## Active Friends

*"Active Friends has been going for a while now and has gone from strength to strength. What started as a few*



*ladies meeting up for a little stroll has resulted in paddle boarding, mountain climbing, open*

*water swimming, rock climbing and now weekends away - all in the beautiful outdoors.*

*For me though it is not only about the activities it is about the 'company'. You never really know what goes on in people's lives, we are all good at putting on brave faces, saying we are ok when really, we are not.*

*The wonderful group helps you to forget even if just for a while, gives you purpose and gives you the boost you sometimes need. A friendly face, a warming chat, that coffee and cake is sometimes all it can take.*

*I have been a bit hit and miss lately with personal things going on in my life, but I know the group are there and will not have any hesitation of attending an event in the future. It does not matter if you go every week or once a year you are made to feel so welcome.*



*The funding given to this group has been a huge asset to us, doing new*

*things like Nordic walking, using their walking leader skills to venture further and take on different challenges*

*I can honestly say this group is very special and the people who oversee it are too." Member 1 [Case studies](#)*

## Boomerang

*"We have delivered a variety of different sessions targeted at isolated new parents, families that are disadvantaged and socially excluded from society and children with SEN. These sessions have gone extremely well, the Bump, Baby, Brew sessions for new parents have been very popular with lots of positive feedback from parents. The demand for these sessions were high so we decided to add extra sessions*



*going from once a month to every week. We found the funding process easy to navigate and would love to do more sessions in the future if more funding became available." Emma [Full report](#)*

## Fightback 4 Justice – Social Welfare Support Groups

*"Fightback used the Health Improvement fund to hold welfare benefit workshops so that people who are struggling in Bury East and North could get access to free help. We have loved every minute of this project, we have managed to work with some amazing organisations and hope to be able to do similar in the future, the help and support you have given me personally has been amazing and I am truly grateful for all your time and efforts in guiding me through my first*

*bid and project. It has given us a real sense of why we set Fightback up and has been a fantastic opportunity to work within our community and give that support where it is needed.*

*Should we do this again I will do more research, there were things I had not considered like having no internet access, I could have really done with this when out and about as it would have made life a whole lot easier."*

Amanda [Case studies](#)

## Incredible Edible Brandlesholme

*"Through the Health Improvement Fund our aim was to provide workshops and volunteering opportunities for: -*



- gardening,
- walking,
- mindfulness,
- meditation,
- storytelling,

*It has been very successful, and we*

*have engaged with over 200 people through this time and the demographics range from 92 years young to toddlers.*

*We are totally inclusive with prams, wheelchairs and scooters having access to the garden.*

*Partially sighted, stroke, long term covid, depression and burnout are just some of the attendees we engage with weekly.*

*We now have a successful replicable blueprint to take out to other communities who will benefit from our experience and commitment, and we hope to secure future funding to enable us to do this.*

*What would we do differently? Have even more fun with more people doing what we are doing, which is spreading the word about self-sustainability in your own local community & bringing back that community feel and connection again."* Rachel [Link to report](#)



## Making Space – Healthy Neighbours

*"Health Improvement Fund has enabled us to put on monthly outdoor activities, monthly cookery classes, and mindfulness and resilience sessions for our service users.*



*Everybody is enjoying the project so far, I would like to get more people involved, I keep talking to others about the project and I am confident that they will soon engage. We would like to continue this project as the service users get so much from the sessions, and it gives people the opportunity to get together and socialise. I saw such a decline during the pandemic in the service user's mental health, so to see people smiling and giving them something to look forward too is a lovely positive."* Donna [Case studies](#)





## Peel Brow School – Baby and Toddler groups

*“The sessions have been a great success. Feedback from participants has been good. They liked the opportunities that were available the children and the opportunity for adults to learn*

*more about their child’s development. Parents in the toddler group particularly appreciated the school readiness support that was put in place.*

*For the school, the groups have supported families to join our school. Those families with three-year-olds have now joined our school with their children in nursery. This is helping to strengthen the school’s reputation within the community.*

*We aim to run the groups next year but will include a wider range of activities such as baking/cooking as parent feedback indicated that they would like further opportunity/support to develop healthy eating habits and basic cutlery skills.*

*The funding process was smooth for us, and we made the most of the funding made available to us by investing it in resources which will last and allow us to run groups in the future.”*

*Debbie* [Full report](#)



## Rammy Men – Community Cooking

*“Our project has cooked meals for 311 people over 40 sessions (twice a week), with 29 different people directly involved in the cooking. Most of the participants had none or very little cooking experience and most had difficulty following a recipe. Some people also had difficulty using equipment like a tin opener. Men, of all ages, were absolute beginners, largely existing on ready meals and pre-packaged food. We have worked hard to expand their knowledge and confidence.*

*Our baking sessions took the best part of an afternoon to clean and tidy up afterwards, and we found that, although our kitchen is reasonably sized, it was impossible to have more than 3-4 inexperienced cooks working at a time. For that reason, we invited the slightly more experienced to do the cooking, with a less experienced person on-hand to carry plates, grate cheese, or less demanding roles. They see others doing the more advanced things, from which they learn, while feeling the sense of achievement from doing their own part of the cooking.*

*We found that food has become a huge draw for our sessions, with numbers steadily increasing week-on-*

*week, both for the main cookery/food sessions and for the other activities we run, once people have been to see us and what we are about. It has helped create a wonderfully informal and inviting*



atmosphere of which we are all very proud.” Rob

## Space for Nature

“The majority of those taking part in activities at space for nature are those



experiencing social isolation because of physical or mental ill health or recovery from addiction and trauma.

Whilst the nature of their conditions

meant regular attendance wasn’t possible many reported feeling more relaxed, comfortable in my presence, free to share their difficulties and appreciative of the outdoor space. Which improved their mood and mental wellbeing.

They enjoyed being able to choose whether to be involved in the more physical activities such as tending the land, creating the flower beds and pathways and most preferred the chance to sit, chat and do activities such as gathering nettle fibres, writing poetry, having a picnic and storytelling, and sharing poetry.

Some came to help with the maintenance of the space and felt it gave them confidence and a sense of purpose that helped two people go on to volunteer elsewhere on a regular basis.



I found the fund application process a bit daunting but have had the chance to try out different

approaches to what people enjoy.”

Alexa [Full feedback](#)

## Summerseat Village Community – Bee Involved in the Community

“Bee Involved in the Community helps people to understand the importance of nurturing bees on our planet, reduce fear of bees and to deliver a mindful experience for all ages, improving wellbeing and mental health. The Health Improvement funding has enabled the project to reach more



children in schools, in disadvantaged areas, and to support those with SEND and mental health challenges. Thanks to the funding we have been able to buy a mobile viewing hive which means we can safely take bees into

schools and community groups. We have also bought safety suits for all ages, shapes, and sizes so that our project is more inclusive. We have had excellent feedback from the schools “Our children loved the sessions, many had never experienced bees so close-up or tasted honey.” “It’s a great way of bringing people together who may have social anxiety, because the focus is on the bees and learning all about them.” “Many had expressed a fear of bees before the session but by the end they were literally buzzing!”

Emma [Project PowerPoint](#)



## The Enterprise Centre

*"The Let's do it project has been a great success, so much so that the Directors and Trustees decided to match the fund with non-restricted reserves to the value of nearly 100%.*



*During the programme, the social impact value has been massive. 3 of our attendees opened up and told us about suicidal thoughts and 2 of those cases attempted action. Since coming to our sessions they say, " I have new friends and a great place to go " J "I love coming to cafe also on Sunday for a chat" S.*



*We have helped nearly 200 individuals through workshops, events or the friendship cafe which has become more popular demonstrating the win win of the work.*

*The Toddler trails was a particular favourite with mums saying it was their only day out of the house."* Alison

[Case studies](#)



# East

## Age UK Bury – Living Life to the full & Men's only exercise

*“**Living Life to the Full** has helped the participants grow in confidence and expand their social & wellbeing activities. Our aim is to enable older people to live the life they want to, and this course has helped us towards that aim. We will be holding a second Living Life to the full course later in the year, thanks to the funding from the Health Improvement fund. Once the funding has finished, we will look for new ways to help older people live and enjoy their life.”*

*“Having a **men's only exercise class** had been requested as it was something missing from our*



*program. The men who have joined the class, all above 60 years old, have said they really enjoy it. They say it keeps them feeling young, they enjoy the company, and it is a bit of a challenge for them. The funding meant the cost could be subsidised and this means that we can continue to offer the classes after the funding has ended.” Michelle [Full report](#)*

## Bury Asian Women's Centre

*“The aim of the group with the Health Improvement funding is to learn new activities, exploring Greater Manchester areas, awareness of public transport and entertainment.*

*It has enabled local residents to build their confidence, how to use public*

*transport: bus, tram, train, learn to read and follow a map etc. This has enabled them to go out with their children and families without any assistance and have a fun.*

*This project has empowered women to help themselves.*



*We initially aimed to use the funding to start a pilot project to work with 25 people, the group has grown from 25 to 112, we will expand the areas to explore links and locations using public transport.*

*This is a very popular group, and we would continue to run the project and seeking further funding, this has helped with the members mental health and wellbeing, confidence, and improved health and mood.” Ayesha [Case studies](#)*

## Bury Christian Fellowship

### Drop in:

*“We believe we have met all our aims which has benefitted the people who came. For example, because of coming to the drop in:*

- *Joanne has someone to talk to. She feels better because she feels “less depressed”.*
- *Angela and Emma found out about the community jubilee party and got involved in helping at the event.*
- *People were kept informed about family and youth events and engaged with them.*
- *We have improved good relationships with the people who*

come and have had the opportunity to get to know them better, so we are better placed to help them.

- We have given advice on a regular basis to people about spending habits, parenting, further education, job hunting and school etc. Advice is given in an informal way and them just being able to talk about things to someone who will listen in a non-judgmental way, helps them to process and think about their situation.
- We have signposted 4 families to the Food Club, Bury where they can get £30 worth of shopping for £6. All 4 families have become members.
- One family received a food parcel when they were facing difficulties.” Sarah [Full report with case studies](#)

### Stay and play

“We have only been running for 3 weeks; however we still believe we are beginning to meet all of these aims which will benefit the people who come. For example, because of coming to Stay and Play:

- Families in the community have a friendly place to take their preschool children. It benefits the children because they can learn and develop their social skills in a safe and fun environment. They learn to role play, imagine, share, and take turns. The craft table is an opportunity for the children to practise cutting, colouring, sticking etc.
- Stay and Play benefits the parents/carers because they can engage with other adults and find out about other things that are going on.

- Parents and carers are encouraged to play with their child and join in with their child in doing the craft and the song time at the end. It benefits their relationship as they have fun with their child in a fun, safe, accepting, and relaxed environment.
- We chat with the parents and listen to them about their lives. They have the opportunity to talk about anything and feel relaxed and accepted.
- Children and adults help to tidy up at the end. They benefit from a sense of ownership and belonging.
- We have improved good relationships with the people who come and have had the opportunity to get to know them better, so we are better placed to help them.

- George can interact with other children and adults which encourages him to communicate and speak.

- We have

been able to share information about other family and youth events all free of charge that will benefit children, young people, and their families.” Sarah [Full report with case studies](#)



## Eagles Wing – Group for Asylum seekers and refugees



*"The Health Improvement Fund has meant that we at Eagle's Wing can continue to provide friendship and support, sewing and conversational English to our members who range in age from early 20s to early 70s and are asylum seekers, refugees and immigrants from many different countries including Eritrea, Ethiopia, Iraq, Iran, Syria, Congo, Sudan, Italy, Turkey, Pakistan, Palestine, Thailand, Dombas, Ukraine, Albania, Angola, Gambia. The attendees are mainly women, some of whom come along with their babies and toddlers. Encouragingly, over the last few weeks several men members have returned along with new members attending and we now have several men who feel confident enough to come regularly as volunteers which is a wonderful development.*

*The friends support each other with their English and as we talk about our lives, we learn about each other too. The class provides a welcoming and non-judgemental space. Making connections, having fun and practising*

*English all help in improving mood, self-esteem, and confidence. The funding has meant that in our sewing sessions we have been able to work on themes such as "Home", "Our Names" and "Hands", the latter one resulting in our Wonderful Women Cape.*

*We are very grateful for the Let's Live Well funding which allows us to continue with the groups. The funding process was straightforward and excellent support has been given where needed.*

*The benefits of these groups are many and varied. The obvious ones are that we offer support and friendship. We help people with their difficulties and problems. We are there to share happy and difficult news.*

*The more subtle outcomes are that people feel they have a place to come, to be themselves, to be with people who understand, to be with others in similar situations. And being part of our group allows each of us to grow, to play our part, to bring our own unique talents, to be able to rely on each other, all of which improves mood, self-esteem, and confidence." Coreen*  
Case studies





## Bury Defence Academy

*"We have thoroughly enjoyed running the health improvement project and our service users have benefitted from regular circuit training, the evidence above shows outcomes in terms of*



*weight loss / health improvement and the group sessions also create opportunities to socialise for those who otherwise would not meet.*

*If we did it again, we would*

*probably setup a female only circuit training session as there has been low turn-out amongst females for this class. Some local females have advised us that they would be interested in attending a female only circuit training class and would prefer to avoid group sessions with males.*

*We will be continuing the circuit training class on Wednesday evenings. We have a small number of opportunities for one-to-one personal training still available and we expect these to be exhausted within the next 3 months.*

*We are particularly grateful for now having a body mass / BMI machine that will benefit our service users for the long term. It has been warmly received by our service users and is being frequently used to measure weight, BMI, body fat and overall health score. It has helped incentivise our drive to get fit and stay fit.*

*The funding process was relatively straight forward, and we are grateful for the support and advice given by*

*Kathryn Taylor, who has visited us twice. We hope another opportunity such as this funding comes up again in future and we intend to re-apply to run other health and wellbeing activities."*

[lfty Full report](#)

## East Ward Growing Together – Grow well, eat well, live well

*"The project has worked well, having Persona customers was fabulous and the participants really enjoyed themselves. The support guys said how great it was for their customers as they were able to do an activity and being outside doing something different*



*was very beneficial for them. The two ladies who come every week really enjoy themselves and they have developed a friendship and have started going out together doing other activities. My project will be sustainable as I intend to continue throughout the year. We are looking at introducing some woodworking for making small bedding boxes and maintaining the raised beds. My intention is to raise more awareness of the project and encourage the local*

*schools to visit, the problem there is a lack of staff so I will have to work on it. The funding process was fine, I was comfortable applying but always anxious if I have fulfilled the brief. I will look*



for more funding as the project diversifies but gardening will be the main activity.” [Susan Case studies](#)

## East Ward Primary School – Outdoor Fun

“East Ward Primary School serves one of the most deprived communities within Bury. Although our outdoor space is very limited, our dedicated staff have spent time creating an Eco-Garden and Woodland Walk which supports pupil’s social and emotional development. The Woodland Walk project will see at least 18 of our most vulnerable families, specifically those effected by isolation or loneliness and those suffering emotionally due to covid, job loss or financial worries, health concerns, etc., invited to weekly sessions that follow the holistic ‘Forest School’ style approach that will be planned and delivered by our Level 2 Forest School Trained Teaching Assistant, the main driver behind our outdoor development, and one of our experienced pastoral workers.



All parents that were invited to the sessions attended along with their child. In addition to this, three pupils with Educational Health Care Plans attended alongside staff from school. All involved provided positive feedback on the sessions and continue to attend each week. The

parents involved themselves in the activities each week which included: twig weaving, toasting marsh-mellows, painting and planting seeds.” [Laura Full report](#)

## Fair Futures – Young asylum seekers and refugees project

“All members of the group, except for two recent members, arrived in the UK as separated children and so were in the care of the Local Authority or recent Care Leavers. The funding was to support young people aged 15 – 19 years. The sessions provide a mixture of English support, emotional wellbeing sessions and time to eat, chat and have fun with friends. It is based on a psychosocial model. The sessions are held at the New Kershaw Centre, and they have table tennis, table football and pool. Some of the sessions consist of free time and some have organised elements. The group has been an excellent project and the participant numbers demonstrate there is need. One of the main challenges was identifying participants and encouraging them to attend. With new funding we hope to offer more services so that other identified possible participants can attend at least one session. We hope to increase awareness of the group with authority teams so that those leaving care can be identified more easily.” [Melanie Full report](#)

## Friends of Clarence Park

“The Health Improvement fund has been broken down into two projects - a new modern signpost displaying local walks and a cookbook which will showcase local community groups/provide cheap and easy recipes for residents.



The sign displaying local walks was surprisingly difficult to put together, however it has had the bonus effect of providing work to local students at Bury college and improving young people's engagement/ownership of the park. I intend, should this sign prove to be popular, arrange to have further



printed should the funds be available. These can be displayed in other prominent areas in the park.

The cookbook was an ambitious project from the beginning, and I anticipated it

being easier to get other community groups to engage. However, I did find that although people were often enthusiastic, they were very slow to provide me with the information I required! On the other hand, though it really did improve my own connections with local groups, and I hope fostered some long-lasting relationships and networks. The book in its finished form has 19 recipes, and it has been interesting to see how different people interpreted the brief "easy, cheap and healthy" but I am confident that at least two of the three points have been met in each case!" **Hannah**  
Report



## Friends of Hazel Wood High – Meeting friends and keeping fit

### Street Dance with Natalie

"We have two projects with funding from the Health Improvement fund. The first being Street Dance with Natalie. A project for pupils 16-16+ with a focus on well-being, mindfulness and exercise at Hazel Wood High School, a member of the Oaks MAT.

"We had a slow start as classes were not advertised in advance therefore, I stayed longer to promote the sessions by going onto the playground with staff permission of course. The early feedback from the students said it was too early, so we changed the time. This made a significant difference to numbers with a final number of 11 students attending. The feedback from the students was great, they said believe it or not it was instrumental in getting them up for school and set them up for the day. They wished it could be twice a week."

You will agree that there are some positive comments moving forward with this project, but some important themes outlined in the summary to explore further when we recommence in September. We still have funding left but may place a retention bid soon should monies be available.

Thank you for this opportunity we believe it is making such a difference



to young people in East Bury.” Janet  
Case studies

### Dance and Sparkle

“A music and movement project aimed at children 0-4 years and their parents. Based at Little Oaks Hub part of Eastward Community and Vision Multi Academy Trust.

The project was aimed at the 0-4 age range, as for many of these children and families socialisation with others had stalled significantly because of the Pandemic. It was hoped that this project would help to restore confidence and provide the young children with opportunities to form relationships whilst enjoying exercise, which would ultimately result in enjoyment and learning new things to support them on their Early Years Learning Journey.

The sessions were well attended from the start, although a continuing



hindering factor is the size of the space for the activity.

Ultimately, the project covered so much more than beneficial exercise as it also developed spatial awareness,

speech, and vocabulary.

The parents felt relaxed in familiar surroundings and welcomed opportunities to meet to make new friends whilst observing their little ones thriving, enjoying life, and developing new skills.

“The Little Oaks project was great from start to finish. It was such a joy to see the improvements from the first week to the last week. The Parents said they

were amazed at how far the children had progressed and how their confidence had grown” Janet Case studies

### Goshen Wood- Improvements to Goshen Wood

“The original aims of this project were to:

- Encourage people in our neighbourhood to use the wood to reconnect with nature and improve wellbeing
- Improve and sustain walking routes in the area to encourage physical activity
- To encourage our younger children to explore the woods



and learn about the plants and the animals that live there

- Encourage people in our neighbourhood to volunteer to improve the wood and surrounding area and improve community cohesion
- Increasing access and facilities to encourage young people to take ownership of the area
- To preserve the historical garden for future generations
- To encourage more wildlife to the area to increase biodiversity and to support the wildlife that already lives there.
- To improve our surroundings to promote pride in the area in which we live.



*I think the project has more than achieved its aims. It is slow to progress but*

*bearing in mind that the woods have been neglected for over a decade, I*

*am proud of the volunteer work so far to reinstate this beautiful area."*

**Victoria** [Full feedback and case study](#)



## Healthwatch Bury

*"The project we initiated alongside Eagles Wing has provided an invaluable service to some of the most vulnerable members of our community.*

*We continue to see between 2 and 6 people each session (average 4) but may deal with 3 separate requests for everyone at times, ranging from completing Infant Development forms, explaining letters from School Health Teams, registration forms for Nurseries, NHS appointments, booking Interpreters, booking Patient Transport etc. Most of the requests are concerning health or social care issues and we have a full spreadsheet of requests, actions, and resolutions available which provides a detailed record of the work undertaken (this can be anonymized and provided on request).*

*As we have built up trust within the local community, the requests have become more complex and we are approached now with a wide range of requests for assistance, some of which are outside our remit and expertise. We try to help with signposting or if urgent, have acted ourselves to try to resolve an issue.*

*Our case studies on this report, detail a couple of recent requests for assistance and the actions we took.*

*We have been able to refer some issues directly to Red Cross and Fightback4Justice who also attend Eagles Wing on a weekly basis and having the expertise from these organizations has been a valuable resource and one that is appreciated by HWB and Eagles Wing.*

*We have also partnered with The Black Health Agency who attend once a month to carry out HIV testing and give advice around sexual health providing added value to the programme."* **Shirley** [Full report](#)



## Ramsbottom Angling Association – Angling Therapy and Wellbeing

*"Ramsbottom Angling came through the Covid Pandemic understanding that the Junior coaching sessions were beneficial to our local community and the programme we ran was proving beneficial to the health and wellbeing of youngsters. We also realised that there were a lot of older members of our community who had similarly suffered, and we felt that Angling Therapy had potential to help, following a discussion paper there was enthusiasm for the proposal Funded by Ramsbottom Anglers we proposed to meet Thursday morning every two*

weeks and offer, free fishing with equipment supplied, tea/coffee, the expertise of club coaches and members and a social get together in the club's base on the Clarence Park Lido. The Health Improvement fund allowed us to purchase equipment to make the sessions more inclusive and open to anybody. Where participants have not fished previously it has been rewarding to see their skill level and enthusiasm develop. Some of the individuals within the group have now become full club members this year and fish with friends in their leisure time. The group of participants tend to have developed a lot of mutual support, sharing their knowledge and



skill if needed and taking some responsibility for each other's development. This group will continue to operate for the foreseeable future, if we need funding, we will make applications to appropriate funding organisations. The

club continues to develop, its membership is now more than 260 and 108 members are currently in the 60 years+ veterans' category some of which may well show an interest in the Thursday morning group." [Allan Case studies](#)

## Tackle it Together

"The sessions have provided a well needed physical and psychological support for the participants. We chose to continue to charge a small fee which has meant we are able to continue the sessions at a reduced rate for a further 6 months. Many of the group are much more active and have a social network now to feel part of as well as

providing further opportunities outside of the sessions.



The sessions will carry on indefinitely, however we will look to seek further funding to reduce the financial impact on participants, as part of Bury's new anti-poverty strategy." [Adam Case studies](#)

## The Met – Movers and Shakers

"Movers and Shakers has proved to be a good addition to the program of regular workshops we have at The Met. We had been looking for a way to expand our work to include Early Years delivery and this provided the idea way to make a start on this area of work. We have had a good balance of regular attendees plus occasional drop ins during the first 10 week run of workshops and feedback has been excellent with parents/ carers sharing that they have felt like the sessions provide 'a relaxing afternoon break from normal childcare', a chance to meet with other

parents and 'a new way of getting active that doesn't feel too pressured and hard'. We took a short break from the sessions to review at the start of June and this has slowed down our attendance figures, so we are having to do some extra pushing around promotion to get the numbers



*back up to where we want them to be. We are also looking to partner up with some other local organisations during the summer to help diversify the demographics of families who are attending the workshops. We will be continuing to run the workshops throughout the year, and we would hope that, if we continue to be successful, we will be able to retain the sessions as part of our regular program once the funding has ended.”*

**Steph** [Case study](#)



# Prestwich



## Spoons – Baby massage and sensory play



*“All groups have been a huge success with the exception on online baby massage. We found that parents preferred remote sessions and wanted to be face*

*to face. This meant we had to increase the capacity of classes by finding a larger space and offering additional sessions. The sessions have had a massive benefit to many families who may have not felt able to attend universal groups. It has been fantastic to watch families create their own support networks through peer support.”*

*Kirsten – No case studies provided due to age.*



## Creative Living Centre – Bike and Brew

*“Feedback has highlighted the benefits of being out in nature, seeing the wonderful parks that we have in Bury. Meeting new people and building friendships that have carried on after the sessions have finished. I have members say that their bike confidence has increased, and they are now able to go up some hills in Heaton Park that they were not able to do before the group started. I have had members who have not had any bike confidence and I had to adapt the sessions, so they had 1-1 support from a Bike Leader. This has helped them*

*grow in confidence to then be able to re-join the main group.*

*This project has also given the bike leaders the opportunity to get qualified as Bike Leaders & First Aid trained. They find taking members out rewarding and it has given them a sense of giving back to their community. Along with keep fit themselves and increasing their confidence in planning/organising/facilitating/interacting and building rapport with new people.”* [Debs - Case Study](#)



## Gateway Action – Supporting young people

*“The difference our project is making is enabling each young person to feel valued, take more control of their decisions, create solutions for their daily life, make practical changes, and set realistic, achievable goals. It also offers a place where teenagers feel safe, secure, can express themselves freely and confidently, to learn from each other, and seek one-to-one support from the mentors”* [Avraham – Full report with case studies](#)





## The Friendship Circle – Walking Group and Healthy Eating

*“Members enjoy the regular routine of the walking group, meeting up together as a group of friends at the same location at the same time. It is also an outlet for members who are not in employment and reduces isolation and loneliness.*

*During the walk members stop for a coffee break which enhances the social experience for them. They enjoy walking through the woodland and around the lake, taking in the views of*

*the waterfall and the golf course. They also get to see plenty of farm animals!*

*Healthy Eating: Members are building up a repertoire of easy to prepare, healthy dishes that they are incorporating into their cooking routine.*

*Accompanied by Healthy Eating Sessions, we are discovering that our members are starting to develop their cookery skills as well as their knowledge of healthy eating, encouraging them to make healthier choices and lead healthier lifestyles”.*

[Beverley Full Report and case study](#)



## The FED – Walk & Talk / Bagel and Banter

*The feedback has been amazing:*

*“It’s the only time I get out”*

*“I have met new people who I now call friends”*

*“I have met people who I now call friends”*

*“The group is so well ran”*

*“The staff were so helpful and arranged for me to meet a social worker for support”* [Shelley Full report](#)

## Lev Shomea – Outdoor Therapy

*“We have had a fantastic response from the Orthodox community, with over 200 signups to our Walk and Talk club, and literally thousands of minutes of walks being texted to us every week for free entry into our weekly prize draw. This has been for exciting prizes such as a Wrist Pedometer, High Street voucher and local cafes. Dozens of people have told us what a motivation it has been to join a club of like-minded walkers and make a habit of walking regularly and have the mental and physical benefits to show from it! We have even had a local nurse Linda, who works with long term health conditions such as diabetes referring her patients to sign up, as she heard from so many of her patients how it benefited them. Our walk and talk outdoor therapy has also been a major success, with feedback from clients what a different experience it was from regular therapy and opened up their minds to exploring nature as part of their recovery. We still have upcoming delivery of hundreds of motivational Bury Council Walk and Talk wristbands to be*

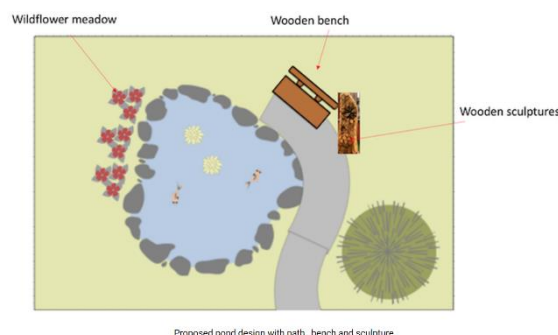
*distributed for free in local Kosher food shops.”* [Sam Case Study](#)

## St. Marys Flower Park – Accessible to all

*“I am really pleased with how the project is taking place, the pond is ticking along nicely, we have had further help from Paul Robinson in the council who has helped with putting down the*

*liners with a convoy of other helpers. So far it has been a*

*massive success. I am now waiting to see if there are any more growing spaces. I can see the pond having a great impact on the people in Bury, improving their wellbeing by providing a place of tranquillity*



*We have also re-located and installed new notice boards to be at the entrance of St Mary's Flower Park and one in the Clough and have massively helped to engage people to find out more about the rich history of Prestwich*

*and St Mary's Flower Park.”* [Amanda & Mike](#)

## Spark Life Community – This Happy, Healthy Family

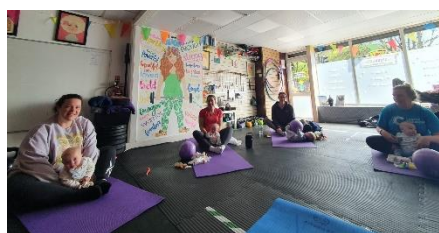
*“All four courses have all been very successful, with members utilising techniques and learning in their everyday life. Those who completed the courses reported that they found the breathing and mindfulness exercises useful and were*



*incorporating them into their daily lives. One lady said that these techniques were helping to reduce her anxiety and she had shared them with her teenage daughter who was also finding them beneficial.*

*Further feedback was also that the courses were very useful and gave them confidence to approach other carers i.e., nursery regarding using division of responsibility in feeding their children.*

*As all courses have been a trial run, we have also received a lot of*



*feedback on how to improve and build courses in the future.”*

*Maggie Full*

[report with link to case studies](#)

## Prestwich Together – Community Picnic

*“Key successes of the project have been detailed in this report and we feel overall very positive that we have achieved our objectives and encouraged prevention of isolation, enjoying our green spaces and importantly the promotion and*

*celebration of diversity in our local community of Prestwich. Our 2022 theme was*



*togetherness. We had a successful year with our ‘Prestwich melting pot’ activities and map encouraging those attending to talk about their place of birth, home place and cultural identities. There is more feedback from this activity in this further down.*



*Overall, we have some great comments and feedback from the people who joined.”*

*Samantha Full*  
[report](#)

## Prestwich Rooted – Nature Wellbeing Sessions

*“Overall, we feel very positive that we have achieved our objectives and encouraged well-being in Nature. We have had many requests to continue the project in the future which the founders are considering. I feel by emphasising mental health, creating connections, and celebrating our green spaces we*



*have had a great impact on the diverse range of individuals who attended each of our sessions.”* *Samantha Full*  
[report](#)





## Social Prescribing Drop-in @ Church Lane Community Centre

*"Since its eventual kick-off (after a couple of failed Covid attempts) the drop-in has gone from strength to strength. As a joint force between the HIF and the Beacon Service (VCFA) the group can attract up to 30 members. We have a lot of regulars but also consistently welcome new people. Starting as a place to signpost individuals to activities it is now a fully established hub for the community. Individuals now rely on the group for social connection, routine and even to learn or try something new!"*

*The group has had guests and tasters from The Prestwich Circle, Creative Living Centre, talks on how to manage our energy/money in the current climate, regular sessions ran by the Lancs Wildlife Trust, chair-based Pilates, and strength taster sessions. All with the original aim of improving mental health and wellbeing. This has always been the groups ethos and will long continue as the group has received further funding past the HIF."*  
Fay

### Some feedback from members:

*"I like coming to the Tuesday group because I can meet different people as well as some regulars who are now like friends for me. I have not lived here for long, so it is a way of feeling part of my local community. From coming here, I have learnt a lot about other groups and activities in the area."*

*"The weeks when the group has speakers giving talks on different subjects are very interesting. It is a great opportunity to have a conversation with people who you would not usually meet about different aspects of life."*



## Lancs Wildlife Trust/Incredible Edible/Friends of Philips Park

*"This project enabled 3 established community groups to come together in a collaborative project to benefit not*



*only our local community via the individuals participating, but also on a whole population wellbeing*

*scale, by improving a local green asset, accessed by wildlife and people alike. Thanks to the funding we were able to provide a range of nature-based activities over the 12 weeks, which ranged from guided walks, seed planting, growing on plants, planting out the plants into the formal gardens, creating wildlife friendly boundaries (dead hedging), path clearance and repair; to making and cooking pizza in an outdoor open fire pizza oven! All the sessions incorporated the 5 ways to wellbeing, resulting in participants*



*leaving sessions feeling satisfied and mood lifted. One of the biggest challenges was the still evident presence of Covid. Unfortunately, outside of our group sessions, over half of the participants*

*contracted Covid. Due to the lasting effects, many of the participants who had contracted Covid did not feel physically well enough to return to the sessions. Out of the participants who completed the 12 weeks, a group of 4 have decided to continue volunteering*

*with Friends of Philips Park and Incredible Edible Prestwich and District at Philips Park. The new volunteers will continue volunteering at their new regular time on Monday afternoons, simply continuing what had already been established by the 12-week programme. For many, this is the first local nature-based group they have been involved with. With the new group of four now active, through links with the green social prescribing project, we hope for more people to join and the group to continue to thrive. This was the dream outcome, and we are delighted this project has been the catalyst to bring these people together to tackle loneliness, give people purpose and ultimately improve wellbeing through a connection to nature."* [Jenni Case study](#)



## Church Lane Community Centre – Operation Integration

*"Our Health Improvement Funding has now come to an end. Over the last twelve months the funding has enabled us to continue our community service with our project Operation*



*Integration in full swing. Our Tuesday coffee and craft class has continued, with an*

*increase in numbers of attendees, longer hours and extra events including our fabulous Easter Eggstravaganza, bring and share meals, sewing projects, etc which has*



enabled more people to leave their house and join others getting exercise and participating in various activities. Our

Saturday Club has also thrived taking on more attendees once again enabling isolated people to get out of their houses and join in with the entertainment, singing along, dancing, playing games and more. All these meevents will carry on into the future with more events and new ideas in the pipeline.

So many people have enjoyed taking part in these events which has helped with their mental health and mobility. People have learned new skills, found new hobbies and friendships which has motivated them to join in other activities that have been promoted within the Community Centre. Surprisingly a large number of people have also enjoyed getting involved by volunteering at events, making teas and coffees, washing up, baking for events and generally getting involved which was a bonus that we hope will continue. The Project has been a success in many ways and will continue with many new ideas coming into play throughout the winter months, helping to keep people more active both in body and mind.

With many thanks from the volunteer team at Church Lane Community Centre" Margaret

## Churchyard Action Group

"I believe the CAG has exceeded its aims as it has provided anyone who attends, the opportunity and equipment to get involved with

voluntary services at no cost, championing the local burial ground as an interesting and relaxing location to come and visit for any of our 35,000 local residents. Members of the group benefit from improved wellbeing, with varying levels of outdoor exercise and activities, as well as social interactions, not only within the group but with visitors and other local groups.



Members of the group find themselves feeling like their part of the community by giving something back to the churchyard. We find ourselves doing all sorts of tasks such as, putting up bat boxes, clearing ivy and grave maintenance. We always keep active as there is always plenty to do.

We do this maintenance to provide regular Churchyard tours on the weekend. One of our members Alan primarily carries these out. Providing the opportunity for complete strangers to bond over a love of history." Jon

## Case study





# Whitefield

## Run Together Whitefield – C25K



*“Since its beginning the group has been going from strength to strength – we can get up to 50 runners each week, with runners running anything between 3 and 10K, every group has a run leader which have been funded by the HIF. It is also amazing to see those that have completed their C25K course who have gone on to run half marathons, full marathons and even ultra-marathons, but we never forget our core values and try to cater for all abilities - we pride ourselves on our mental health first aiders and are there for our runners - they have formed some great friendships through the group - and we can't do this without funding from the likes of yourselves” Alex & Sue [Case Studies](#)*

## Love Springwater Park – Building Animal Homes



*“The sessions were beneficial in its aims to introduce the park and to local people who had not previously known where the park was. The nature walks also made people aware of how many animals live in the park and the places where they live. We allowed*

*people to become more mindful towards nature while making birdboxes. However, attendance has been erratic which I suppose is understandable given that the sessions were all held at the weekends. However, given the amount of work and effort we put into preparing this event it was disheartening.” Caroline [Case Studies](#)*

## Whitefield Painting Club

*“We are really pleased with the way*



*the painting group is going. It has become a routine activity for members with getting regular members each week. The club is a place to stretch the mind, practice mindfulness and concentrate on an*

*activity that is not part of the usual day-to-day. The group provides social contact...a reason to get out of the house. At the end of the session everyone has something to show for it – to be proud of. On average the individual sessions are attended by 10 people, however we can get numbers of up to 20 per session. We are currently working on attracting new members.” Patricia [Member Feedback](#)*



## Unsworth Juniors FC – Growing Through Youth

*[Under 6's Academy](#) – “Having the funding in place to organise a formal reception academy has really helped us as a community organisation with a previously difficult area. We have*

always had requests for young children to train but not had the coaching depth or equipment to hand to support this.



Now we have a formalised entry into Football method that will be ongoing from this year onwards and this initiatives funding has enabled this to be set up and sustainable. Our plans are that the new teams that are formed for Under 7 players will be drawn from our reception academy and the coaching of these teams post academy will transition to parent volunteers. This funding assists us with the required documentation and training for safeguarding and good coaching provision. It also helps us ensure that the newly formed U7 teams can start their footballing journey with a "starter pack" of equipment that they can then build on as the growing team needs to.



You can see from the attached pictures/videos how the children this project has targeted and enabled enjoy their training sessions what a positive impact on local children it has. From personal experience of my child and others once joined these children more than often stay involved in the club through to 17 enjoying training both physical and mentoring our players to be well rounded members of our local community."

Referee Sponsored Programme – "I am extremely proud that we filled our allocation of spaces on this programme that is run through GMFA within days. It has been fantastic to see these young adults step up and take on some further responsibility beyond playing for their teams. This is enabling others to play football and through their actions will support ongoing our ability to ensure local children can experience exercise and team building through football. The importance of Respect, decision making, authority and empathetic understanding are all aspects that this activity develops in our attendees and as you can see in the attached feedback from the parents of these children this activity has ripple effects that have been beneficial to their children. It is not just about fitness now but accountability and understanding of rules and consequence. Something we like to try to embed in ALL our players at UJFC"

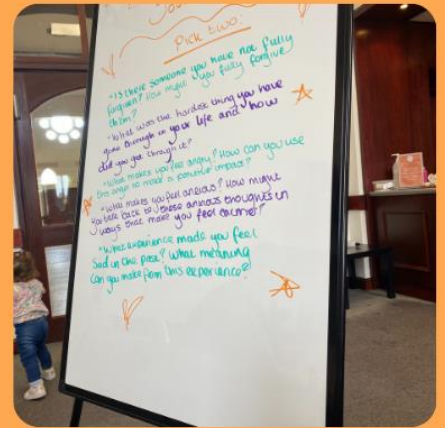


Darrell [Case Studies](#)

## Trust House Whitefield – Wellbeing Sessions

"We have seen an improvement in attendees' general mental health, with more motivation to participate as well as more willingness to engage with statutory services. The mix of focus on mental and physical health has gone well, as has the mix of classroom based learning and practical tasks. There also seems to be more cohesion between participants. This is a project that both the team and the visitors are eager to continue with." Katy





# Wellbeing Sessions



## Whitefield Methodist Church – Oasis Soft Play

*“The feedback from the families was very positive indeed and they asked to be booked in for the following weeks. In addition, they commented that they had never been to a toddler group offering so many interesting activities for their children. They told us they loved the welcoming atmosphere and absolutely loved the ‘soft play’ for their little children. (It is often the case at*



*commercial soft play venues that the under 5s get mowed down by the excited older ones chasing each other and for the little ones becomes a stressful time keeping out of their way). Parents and carers appreciate that they can genuinely relax and engage with their children playing and learning in a safe environment specifically suited to the under 5's. Relaxed and calm parents and carers transmits to the children.”* [Sally Full report](#)

## Whitefield Community Primary – Every Body Active

*“The February half term session with the Sports Company we already work with, was a roaring success. It was very well attended, and the children enjoyed lots of physical activity. Parents warmly received the activities and have asked are we hosting similar in following holidays which has been excellent.*

*Other elements, we have struggled to get started with as some challenges faced by school involving for example*

*the Forest School Lead being released, due to the ongoing challenges of post covid absences. Although the balance bikes, scooters and physical development equipment has been greatly received by the Early Years children.*

*Our project continues as some elements of it we were not able to complete e.g., the forest school sessions - due to the member of staff who leads forest school has left. We have some 'stay and play' sessions planned for September to roll over any outstanding elements of the work which have not yet happened.”* [Katy – No case studies provided due to age](#)

## The Unsworth Centre – Get Active @ The Unsworth Centre

*“With the funding we aimed to run three separate activities. A monthly chair-based exercise session for ages 60+ and a creative play session for pre-school age children. We also funded a weekly Rhyme Time session also for the under 5's. Both the creative play and Rhyme Time sessions proved to be very popular attracting up to 40 people including carers/parents. Unfortunately, the chair-based exercise class did not receive the numbers we initially wanted which we believe was to a lack of proper advertising. Unfortunately, due to the centre closing we are unable to continue with the sessions momentarily but will be looking at funding the sessions elsewhere.”* [Alan – No case studies due to lack of access to contacts](#)



## Small Things Creative Projects CIC - Springwater Children's Art Park

*"The Springwater Secrets Project has been a great opportunity to encourage increased use of Springwater Park by families with children. This has been*



*done through the delivery of monthly nature inspired creative workshops in the park, nature inspired activity leaflets which have been distributed to local*

*families each month, and an email list which has sent out nature inspired activities to families to try at home in their garden or in a local park. The park workshops have been well attended by a wide range of families, many of whom have subsequently attended other events in the park. The leaflets have been distributed to 100 homes each month and the email list contains over 60 families. The project has allowed us to explore new creative ways for families to engage in our spaces and has given us lots of inspiration and ideas how to develop our family and young people's offer over the coming months. This currently includes a monthly outdoor work sessions for home educated children, a regular session for young people in partnership with Greater Manchester Youth Network, and the development of a partnership with a local school so that their children can learn in our park. It has also shown what a great space our community area is for*



*workshops and activities so this is something that we will continue to develop over the coming months."* [Liz Case Study](#)

## Eden Garden Allotments – Refurbishment of the communal cabin

*"The vast majority of the £500 grant has been spent on the urgent repairs of the roof of the communal cabin.*

*The remainder of the grant was used to draught proof the windows, purchasing putty for the interior and exterior windows.*



*On Sunday 24<sup>th</sup> July, we were finally able to hold an open day for the allotments – a day we have waited three years for. The event attracted around 350 people, a great number of whom were able to use the facilities of the cabin.*

*The cabin is used daily by plot holders and members of the local community. It is also used to host meetings of the local resident's association and by many schoolchildren on their visits.*

*It is great to see so many different people being able to connect and reconnect just from the repairs of our cabin. Having a permanent fixture there like the cabin is vital to our group as it means individuals will want to stay there for longer, increasing their activity levels and the amount of time they take to themselves. Improving overall wellbeing. It also acts as a meeting point for members to sit and connect over a coffee".* [Bill Case Studies](#)

## Hollins Conservation Group – Stepping into Health

*“The group has enjoyed each other’s company while working together, keeping fit while improving the steps and*

*paths. The local people still use the path while the men are working, and they personally thank the group for their hard work and*

*dedication to enable their continued use of the Nature Reserve.”* [Louise Case Study](#)



## African and Caribbean Women – Cultural Cooking

*“The Cultural Cooking Club is going on well and we have members who attend on a regular basis. The sessions are held twice in a month and members have been learning how to prepare healthy traditional meals from Africa and the Caribbeans. Members have benefitted from this project by learning to prepare healthy recipes that are rich in vegetables and fibre. Members have also said that the project has given them the opportunity to meet people and make new friends. In addition, it gives them more opportunity to get out of the house.”* [Jumoke Case studies](#)



# West

## Radcliffe Litter Pickers – Safe Haven Gardens



*“To date the project has gone well and there is a noticeable change in the old graveyard. The council helped initially by clearing the dead trees and this opened the space. We have*

*had a couple of setbacks with appointing a gardener and builder. At our last work meeting we got a lot done, we decided to focus on certain areas, it is a very large project so can be daunting, this seemed to help people.*



*To see people in the community sitting at the benches and reading and to hear local workers use it on their lunch breaks has been greatly rewarding. This shows that what we have achieved so far is working and is very satisfying”. Gill [Case Studies](#)*

## Radcliffe & Stand URC Dementia – Re-Kindle

*“The group feedback from the July meeting was very positive from both the attendees and our volunteers. Obviously, there are several start-up teething problems, but we are*

*addressing these positively and speedily.*

*Initially Covid was a major set-back. Then we found that major support organisations such as the local branches of Alzheimer’s UK and Dementia UK were struggling themselves through lack of volunteers etc and were unable to offer the training and assistance we were hoping for.*

*Nonetheless, In July we welcomed our first attendees - 3 Memory Loss sufferers and their carers. We were so overjoyed we may have overwhelmed them!*

*However, the feedback from the attendees said:*

*“They could feel the Community spirit in the room and the warmth and interest towards guests”*

*We now think it is going to take some time to build up the numbers, but we believe ‘word of mouth’ is one of the best advertising mechanisms, so we are still very positive and looking forward to our continuing journey.”*

**Anne [Full Report](#)**

## Social Adventures – Radcliffe and Prestwich Strive



Woodland Wellbeing Walks – Adults  
The walk leaders have had good engagement from the participants with many attending regularly and building up the habit of walking and in being more observant and mindful to get more out of their walks.

Socially, attendees have made new friends and have said they will continue to meet up for walks after the project has finished. All regular participants have said it has encouraged them to walk more and to use our outdoor spaces more.

Learning point - as these were free events quite a lot of people booked on but did not attend. We increased ticket numbers to accommodate for a natural drop out but in future we would look at charging a small fee or deposit to help reduce the dropout rate.

Family Mental Health and Networking Drop-in Sessions -These were slow to book initially, and we ended up amalgamating sessions and running them for longer. We gained some regular participants who said they gained confidence from attending and started to make new friends.

We have decided to self-fund a regular stay and play session free of charge

on the back of this where we will cover all the topics from everyday parent queries through to early years mental health.

Toddler Yoga -These sessions were fun to watch, especially to see the progression from wobbly to confident yoga poses. This was also something that parents and toddlers could do together and observing you could see it provided a real focused and calming time for everyone involved.

We are looking at running some open sessions for this going forward.

Family Forest School Sessions - These were popular sessions and booked up fast. We gained some regular families who came to several of the events and enjoyed working together on bug hunts and den building. Parents said it gave them ideas for activities that they can do together as a family outdoors for no cost. We did have a dropout rate, however, upped our tickets accordingly.” Kate Case studies



## Little Britain Anglers – Water Street Gardens Phase 2

*“We began the project Barge Garden Phase 2 to complement the Barge Garden on the opposite side of Water Street that was completed last year, whilst also working on the canal to try and clear it of debris/ litter and weed. The area on the main road when cleared will be grassed over and wildflower seeds applied, the fencing now that the bushes have been cut back will be painted all these things with the help of the volunteers in Radcliffe, I believe that just an hour of helping to improve the area we live/work in benefits our inner wellbeing as well as the community. I am very proud of the work already achieved and I am looking forward to the area become a safe, clean space for all the community.”* **Tracy Case Studies**



## Radcliffe New Life Church – EMBRACE Project

*“The ESOL group has been meeting now for over a year. At first for just an hour a week and since January for 3 hours. Some members have been consistently attending and have improved in confidence not just in their English but as people. One member of the group has been living in Radcliffe for 8 years and did not know a word of English before coming. She now*



*attends both the ESOL group and Fit and Fed with 4 of her 5 children. Another is hoping to start a course to become a barber and a couple more now are confident enough to do further studying. The course has helped to improve wellbeing and loneliness.*

*The art group has helped people with dementia, mental health issues, (anxiety and depression) and alcohol dependency to focus on something creative for the time they are attending. They have commented that the atmosphere is peaceful and restoring, helping them to feel more hopeful, calm, and upbeat. Their attendance is spasmodic mainly because of the up and down nature of their mental health.*

*Fit and Fed has been very well attended and parents and children have enjoyed the sessions doing activities together. There have been a variety of physical activities both indoor and out. It has been good to see the family members enjoying each other's company and helping to improve their mental and physical health. Many started off having done zero activity for a while, especially over the period of the lockdown”* **Sue & John. Case studies**



## Ainsworth Social Club

*“Ainsworth Social Club was in receipt of a grant from the Live Well Service in Bury.*

*The cash input has been much appreciated and has helped us to continue, without worry, following the*



*pandemic. Members returning once we re-opened has been slow, but we feel we are slowly getting back to pre-pandemic numbers.*

*However, an even greater benefit to the club has been the help and support from the staff of the voluntary sector in Bury.*



*They have made helpful*

*suggestions; they have provided staff to come along and give talks and presentations and they are always just an email away if we have needed advice or help. The liaison between all the voluntary organisations in Bury is to be commended.*



*Also, following the talks and presentations, some of our members have received both practical help and personal support from various organisations.*

*With particular thanks to Fay Robson, Tony Foster, and everyone else who has supported us (too many to mention - but equally appreciated)."*

**Andrea** [Case studies](#)

## Radcliffe Sonics – Women's Over 40s Walking Football

*"The football group was a new group set up from the fund and since its beginning I could not be prouder of its growth.*

*It is amazing to see all the ladies come down regularly whatever the weather. I think the lack of pressure with it being a walking group has really boosted confidence as*



*individuals who started with the team walking have now increased their fitness, I find them running for the ball – even though they are not allowed!*

*The team have bonded that well we have had the chance to take our team away to various tournaments such as one in Blackpool.*

*The girls that attend have now become a close-knit group realising that starting with their love for football they also have a lot more in common and now meet up externally outside the group.*

*As the group started to grow the success of the England women's football really boosted everyone's confidence and made us realise what a fabulous game it is for bringing people together, boosting morale and improving activity levels."*

**Lulu** [Case study](#)



## Forever Friends

*"I am very happy with how well the group is doing, it has increased in membership since starting back up after COVID."*



*With the money received we have managed to take our members on many trips, things that would not have been possible for the*

*group or the members without the funding.*

*We have been able to experience the outdoors on a canal trip, visit cathedrals, have a trip to the garden centre and a couple of afternoon teas! With the age of our members, it is great that we can do these activities every so often to keep them active, give them something to look forward to and make sure they are keeping social – our group is now like one big friendship group.*

*We have also been able to invite artists, take part in clay pottery making, invite musicians, and a chair-based exercise lady regularly to our groups. Keeping the members mentally and physically active.*

*For myself, running the group it has given me a sense of purpose, which I lost during COVID. For the members, it meant everything to be able to open again, meet new people for a chat and enjoy a cup of tea!"* **Margaret** Case Study



## Corrie Gardeners

*"Working with 'The Friendly Bench', The bench has been installed right in the heart of Coronations Gardens, where it will bring people of all ages and backgrounds together, including children and older members of the community, all of whom live within walking distance of it. With the funding from the HIF we have also been able to make a path towards the area that is accessible for all."*

*Not only has it been made a nice place to sit, but we also aim for The Friendly Bench to*

*be an active social hub where people across the community will meet, take part in activities together, share skills and make friends, it will be a truly vibrant community hub.*

*We are really pleased with how it has turned out and are looking forward to seeing it used by the community."* **Tina & Lyndsey** (The Friendly Bench)

Corrie Gardeners Community Group @CorrieGardeners · Jul 31  
Our new accessible path installed this week to our @Friendly\_Bench thanks to our health improvement grant #Letsdoit #Letslivewell @BuryCouncil @SixTownHousing @BuryVCFA





# Pan Bury

## One Step CIC – Wellbeing Workshops & One Step Gym

*“Everyone who has attended One Step has joined with the overall goal of improving their mental and physical health. As you can see through the case studies, One Step has also given them an opportunity to meet new people, form friendships and communicate with others who are struggling with the same difficulties. Providing them with a safe space and understanding which has a massive impact on mental health, while getting weekly exercise and movement. This has given beneficiaries a weekly routine and motivation.*

*Those who have attended our groups have built up their confidence and gone onto join other groups, both with One Step and elsewhere. Connections have been made and signposting is something that happens nearly every session, expanding the awareness of local opportunities and services available. Beneficiaries that are new to Bury have been able to get to know others and local places available to them as well as benefit from the classes and what we offer. This in turn has brought communities together and improved the mental health and well-being of those attending, One Step at a time.*

*At the end of each session, a brew and a chat always goes down well as everyone has a chance to feel heard, respected and related to. This has been important as for some it is the only place, they have had that. Everyone supports and encourages each other, and the connections that have been made between the*

*beneficiaries is a lovely thing to see and what we aimed for, and this is something that gets stronger as the weeks go on. We think the groups have gone very well both at Vibe Personal Training Studio and B.A.W.C, with the Mayor of Bury attending our Wednesday groups weekly. We feel very lucky to have had the opportunity to help so many people, especially those who may not have otherwise been able to benefit from such a service as One Step. We understand that not everyone can make it each week, and when those who have missed a few sessions do come back they always say how much they have missed it and really needed it. If people can't come for a while for whatever reason, it may be, they are always welcome back with open arms. We keep in contact with everyone via our WhatsApp groups,*



where we offer support, signposting, and motivational messages / media / links - so those who cannot make it each week don't feel disconnected. We have one for the Women's groups and one for the Men's. We also offer 1-1 sessions when and if needed."

Judith [Full feedback and case studies](#)

## Rotary Club – Radcliffe – Alternative Therapies

"In January '22 we were notified that we had been awarded sufficient funding to work in six schools across the authority. The two Radcliffe schools would be our starting point, and both were contacted to inform that funding was granted. In February I made appointments to see the head teachers to explain further what was intended, the sorts of therapies we would undertake and to see what facilities the schools would use.

Problems then started. The policies in existence for working 'off site' needed to be re written. Until March there were extremely taxing regulations in existence from the therapist's regulatory body, which quite frankly were impossible to resolve with the pupils we would be working with. COVID sicknesses took place, travel issues happened and then before we knew it, it was the easter break.

I have managed to get in touch now with the Head at Radcliffe Hall and eaten humble pie, but I am delighted to report they are open to working with us in September. There will be a substantive head now and the acting head will be returning to her substantive role as Deputy. At Radcliffe Primary the substantive head will be back from maternity and as she was the person I originally spoke with; I am sure we will have support there too. I still believe in this project and am sure it will be successful. I am planning

to meet the therapists over the summer so that everyone can be able to be ready to go in September. Thank you, Fay, for giving us a second chance. We will deliver!" Gillian [Full report](#)

## Bury Cabaret Lunch Club



"We have managed to get 7 venues going in the Bury area. Some are more successful than others. This depends a lot on the enthusiasm of the Landlord / Landlady. We have managed to spend the Marketing budget wisely and will hopefully

soon start to see the benefit of that in terms of new members. We want to get members involved more moving forward.

The lunch club has always prided itself in getting people together, socialising and bonding over the songs of the past. It is great to see so many people enjoying themselves and coming back week on week." Sarah



## Black Dog Mountain Biking Club

"So far, we have accredited 5 MIAS MTB Ride Leaders at Level 1. This enables them to lead groups on the MTB trail here at Philips Park.

We have booked race entries for some of the riders, they will be competing at



two national events. To see them come this far with their confidence and skills is amazing.

The main group have spent some considerable time helping to maintain the trails, under the supervision and direction of Dirt Factory and Farmer Johns Bike Park. This has enabled them to work on the trails at a basic level. By also maintaining the trails we have incorporated learning to respect the area and respect the park.

The group were involved in the promotion and delivery of the open day at Philips Park when the trail was re-opened.

There are currently 6 'steady' members who attend on a regular basis, with a further 8 made up of our newly formed junior section.

These are supervised by parents, who we have also accredited as ride leaders. The junior riders are also looking to enter races and are now riding regularly at the park." [Julie Case Study](#)



## Early Break – Closing the gap

"Ahead of the group starting in February we set off with the intention of going on long walks with the group across Bury's greenspace. This has taken place but been difficult as the group have generally struggled to walk long distances. We have tailored the walking activities to suit the groups

needs and walk shorter distances. As the weather took a turn for the worse, we moved indoors and have been playing badminton on a weekly basis followed by group activity at the Early Break office.

Feedback from the young people is that badminton has really helped them as it

allows them to active, but they do not find it too strenuous. We play doubles so the young people have found this as an opportunity to work in a small team and in competitive spirit.

We have a good core of young people but had some recent referrals that will begin to join us in the next few weeks. Anxiety has been a big theme so far and we are working creatively to ensure young people feel welcome and supported. So far, we have managed to signpost everyone to something else, largely another service within Early Break but the walk and talk element of the group really supports this. We have had to manage dynamics and clashes of personalities, but this was to be expected! [Gareth Case Study](#) – No images due to nature of group

## Bee Inclusive

"The Let's Live Well sessions have been really successful and popular with Bury's SEND families. This generous grant has enabled Bee Inclusive to provide activities to many



families with children aged 0 - 16 years who have a variety of special educational needs and disabilities. Sessions have taken place both at the SEND hub in Radcliffe, and at a variety of other accessible venues across Bury in order to reach as many families as possible. Activities were carefully selected to support the needs of children with SEND and their families. Outside providers including



Sensory Bears, Skylight Circus Arts and KidsRock were selected as they are all

experienced in providing SEND sessions and adapting activities to meet different abilities. Parents have commented on how experienced, knowledgeable, and engaging session providers and volunteers were during the activities.

Parents have reported feeling at the events that they are in a safe, supportive environment where other parents are accepting of their child's behaviour and needs.

Many parents have also enjoyed the opportunity to get out and meet new people - socialising with other parent/carers. Many parent/carers have said they often feel lonely, single parents, those with multiple children with SEND, parent/carers with disabilities themselves and parent's caring for children with complex needs.



Following on from this project, Bee Inclusive will be looking for future funding opportunities to continue providing social opportunities for children with SEND in Bury. During the summer holidays, the number of families applying for spaces on activities was far greater than the number of places available. This project has highlighted just how important it is for SEND families to have inclusive and accessible activities that the whole family can access, especially during school holiday periods." [Michelle Full report with case studies](#)

## Bury Hospice

"The hospice has been developing the outreach service since 2019 – and the additional funding has facilitated more patients to be supported in their home. It has also facilitated work around awareness of the services, with the objective to grow the service from 5 days a week, to weekend availability in line with the Hospice's 5-year strategic plan.

The increase in outreach hours, from this funding, was hugely beneficial. The funding process was straightforward and although we were disappointed to only be awarded a proportion of our application, we were very grateful to receive the funding for 1 part time staff member. We would be very keen to apply for future funding, as we plan to grow the team to reach our 7-day goal, to enable us to support to more patients and their carers." [Jane Full report with case studies](#)



## Bury Involvement Group – BIG

*“We set out to provide support to those in our community who are living with significant mental distress, who were in or had recently experienced a mental health crisis. Hopefully, this report highlights that we have had a ‘BIG’ impact on that group with our new project. The group support we have provided has enabled us to support 69 individuals who would otherwise not have been supported, enabled us to form a seamless pathway for people to step-up and down between our Bury Peer Led Crisis Service and our community group offer.*

*Given the challenges the volunteer team have highlighted over the project we are also focusing on the recruitment of new volunteers and the establishment of new volunteer roles within BIG, and we are aiming to return to our pre-covid levels of volunteers by the end of 2023.*

*The process for applying was simple, the questions asked at the application stage were not too onerous in terms of the information required. The support from our grant manager, Kathryn Taylor, was great.”* [Maggie Full report with case studies](#)

## Bury People First

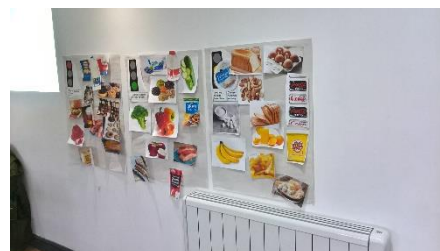
*“Feedback from the session is that participants have felt that they have learnt new skills or gain further skills*



*on eating healthy, living a healthy lifestyle and being able to make their own choices. Participants*

*have said that they sessions have*

*been extremely helpful in having control over their life, with what they eat, being able to cook healthy food and how they can keep active without it costing anything. The course has come at such an important time as living costs have increased a lot and people are worried about how they will manage. The course has given people the confidence and increased peoples self-esteem. Some people have formed friendships in which they are now meeting out of the workshops and going for walks together to improve their fitness and mental health. This is something that would not have happened without the workshops.*



*We have worked hard to ensure that all our workshops have been relevant and what the learning-disabled community wanted. We spent time at the beginning of the project co-producing the workshops to ensure we met the needs of the learning-disabled community. We have been very flexible in our approach and ready to adapt to any issues that have risen during the project so we could ensure we continue to meet the needs of the participants. We hope to find further funding to continue the project but also develop the project further.”* [Hamaira Case studies](#)



## Bury Tandem Club – Meet the Need Campaign

*“Cycling for blind or partially sighted. The Health Improvement fund has really helped the club to reach more people, make us more sustainable and the sessions have gone well with plenty of pilots on offer for the stokers to get our training. The project did meet our aim as the new saddles are great for the men and women, all the stuff we got is a massive help to us all. We are managing to get more miles in when cycling because of the equipment we got. Our ride to Skipton was a massive success, giving pilots and stokers more confidence and good publicity for the group.*

*We found the funding process great. The support was fantastic and having Kathy whenever we needed her was a great help.*

*We intend to continue the project as this is the main aim of Bury Tandem Club to keep physically and mentally healthy, and as we are a non-profit charity, we must seek funding on a regular basis to keep the club running.” Laura*





## Jigsaw

*"The project, in particular the walks, have helped Jigsaw members gain confidence to go out more as the familiarity of the Jigsaw staff and volunteers delivering the walks have offered comfort and reassurance. With the walks we have found that more central Bury parks have been more popular than those in Prestwich*



*for example. If we were to do it again perhaps, we could consult with the Jigsaw members to see where there preferred location would be. As participants have been paying a nominal fee to attend the walks, this has helped to build funds to support the future sustainability – walks will finish in September for the winter period as planned but will commence again in April 2023 when the weather improves." Ellen [Case Study](#)*

## The Big Fandango – Building a Suicide Safe Community

*"I feel our suicide prevention training has been an innovative project that we are continuing to improve. It has helped build strong relationships across the community and everyone*



*who has done the training has been incredibly positive about it. We have had several participants who have later*

*fed back that they have used the training in their role and found it gave*

*them confidence to be able to support someone effectively.*

*I cannot fault the funding process; we have had tremendous support from the Living Well team and have been given the flexibility to tweak things when they did not work as we had envisaged.*

*We intend to continue the project; this was always the plan as this work needs to be ongoing." Rebecca*

## The Sunnywood Project

*"It was pleasing to read the many emails received from families describing their adventure within Chesham Woods. Most messages and conversations described their enjoyment of exploring an unfamiliar area and feeling safe doing so. Parents stated that the activity provided their children the opportunity to take the lead on their family walk.*



*The length of the activity and distanced walked varied: some parents stated that activity took them 20 minutes to complete whereas others stated it took almost two hours – this was due to the freedom given in directional choices which led to some families walking in large loops around the woods."*

*Sammy & Marc [Full report and testimonials](#)*



## Total Communication Services

*"Total Communication were given some funding from Lets Live Well to run a project. We think multisensory stories are helpful for people with*



*complex support needs. Sometimes those people are not included in activities, and we want*

*to include and interact with them. We used the money to run sensory story sessions for children and adults in lots of different places around Bury. We trained staff in how to use sensory stories and write their own. We also delivered some training to district nurses about different types of communication.*

*In February 2022, Speech & Language Therapy students who were on placement with Total Communication Services CIC started to make some materials which would help us train adults with learning disabilities to become storytellers. They consulted self-advocates from Bury People First on the words and pictures to make sure they were easy to understand and made sense to them.*

*From the 7<sup>th</sup> of June, Alison Matthews (Speech and Language Therapist) began training the self-advocates from Bury People First. We*



*practised every Tuesday for seven weeks and wrote some guidance on storytelling which might help other self-advocates become storytellers too.*

*From mid-July (the summer holidays), we have run sensory story sessions for lots of different services around Bury. We have also run staff training sessions so that staff can continue telling multisensory stories once our project has finished.*

*So far there has been seven services involved in our project. Approximately 75 people have attended our sensory story sessions. These participants have been a mixture of ages and ethnicities. Some children have been as young as 2 and some have been over 50. We will have also trained 40 members of staff*

*(approximately) across Bury in how to deliver MSST sessions. Three self-advocates from Bury People*

*First are trained and can continue to deliver sessions once the project is complete." Alison [Full report](#)*





# Branded Collateral









# THE STRENGTH BASED APPROACH IN THE EAST INTEGRATED NEIGHBOURHOOD TEAM

## The What & Why of the SBA

### Embedding the “Let’s Do it” Principles of

- ❖ **Local** in Neighbourhoods
- ❖ **Enterprise**
- ❖ Delivering **Together**
- ❖ **Strengths based approach**

### BY

- ❖ Building on the strengths of individuals, families & communities rather than focussing on deficit
- ❖ Building new relationships – working with not doing to...
- ❖ Prioritising well being prevention & early intervention

## How we have embraced the SBA in EAST INT



All team trained in the SBA



Identified Team champions



QI Project



shared with colleagues & fed into the community care budget savings target



Powerful case studies



Forms part of the INT (FOCUS On....)/ Neighbourhood & assurance meetings

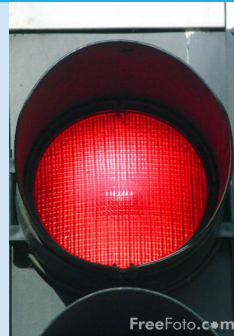


# STRENGTH BASED APPROACH

## Deficit Based

### Can't DO

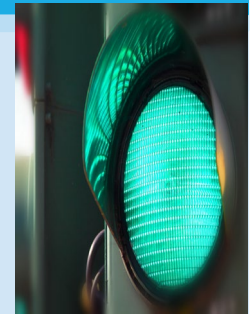
- *Problems*
- *Blame*
- *What's missing*
- *Scarcity*
- *Needs*
- *Control outside in*
- *Top down*
- *Do to...*
- *Passive receivers*



## Asset Based

### Can DO

- *Possibilities*
- *Shared ownership*
- *What's there*
- *Abundance*
- *Courageous leaders*
- *Strengths Capacities Assets*
- *Citizen Led*
- *Do with*
- *Enable*
- *Active producer & Co producers*



# EAST CASE STUDY

---

A Strength Based Approach.

# WHO IS P?

Name: P

Age: 35

Family : Lives alone. No family support

Employed as a cleaner & a dinner lady.

P was not in receipt of any services. Referral made for personal budget.





P was referred into the East INT by her friend who requested and assessment to look at a personal Budget.



P was reported to have a mild learning disability diagnosis & Asperger's.



P had no formal support in place. Came into us as a potential hoarder, and financial issues.



P's friend K was informally supporting her with finances, correspondence & emotional support.



Case allocated to Karis to assess eligibility of needs. Karis gathered background information and arranged a joint visit with Calico who were already involved with P.

## SUMMARY OF BACKGROUND.

# P'S WISHES & FEELINGS

P was experiencing housing maintenance issues that she felt unable to deal with herself due to her anxiety.

P struggled to speak with others in any situation and had quite a bad stutter. This stopped her from seeking support/speaking to professionals.

P had no confidence to see other professionals on her own.

P wanted support to sort her benefits out because her PIP had been stopped and this was causing financial difficulties & causing her further anxiety.

P was also worried that she was about to be made redundant from her job in Pest control.

# WHAT DID WE DO DIFFERENTLY?

Karis had attended the Ethnographic and Strength based training which looks at a different approach to how we assess and deliver support.

Karis felt that P maybe didn't need a personal budget and that with support to resolve the current issues in her life that were causing anxiety P could remain independent.

P agreed to a GP appointment but expressed that she too anxious to go on her own. Karis offered to go with her to the appointment to support her which we wouldn't normally do.

Karis went out to see P with a different mindset, focusing on P's strengths and how we can use community resources to resolve the main issues that were affecting P's life, rather than putting a commissioned service in place.



# SUMMARY OF INTERVENTION

Karis met with Six Town at P's house to raise the issues with the property.

Karis Contacted her dental practice as due to her anxiety P hadn't been for over seven years and asked them to keep her on their books due to her anxiety with appointment.

Karis encouraged P to have a smart meter fitted so she wouldn't have the anxiety of having to ring with a meter reading.

## Actions agreed:

Made a referral to Beacon service to support with her benefits forms as she's had her benefits cancelled. Beacon referred her to citizen advice.

Liaised with GP for transfer of care which confirmed that P does not have a mild LD. With P's agreement Karis made her an appointment with the GP and went with her to the appointment.

Karis spoke to Unite on behalf of P to confirm her current medical diagnosis and this enabled Unite to argue that P was in vulnerable group, which should help P to get redundancy.

Karis referred P to DWP for an access to work assessment.

# THE OUTCOME

Through supporting P to attend the GP surgery she was given a formal diagnosis of severe social anxiety.

The GP referred her onto the community mental health practitioner to look at LD diagnosis. This **worker** is now involved and completing bereavement counselling with P and some anxiety sessions.

Six Town dealt with the damp issue in the property and arranged to complete several small repair jobs.

Calico have helped P to clear her loan debt and she is now up-to-date with payments. P has received redundancy from her Pest control role.

Penny (CMHP) & Becky from Beacon service are planning to take P to a coffee morning to help her to start to feel comfortable in social settings. The long-term plan is to get her to be confident enough to go to the gym. They will work with her on goal-setting.

P's case will be closed with no formal support package in place as all the issues that were present at the first visit have either been resolved or P is now getting support to manage these.

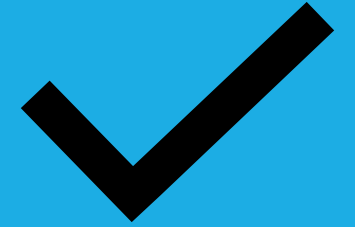
# P'S FEEDBACK

I feel that all the support I have received has been really beneficial, it has enabled me to access resources that I have been too anxious to access independently.

All the people I have come into contact with have been approachable and easy to communicate with.

I have very much appreciated Karis's kind and friendly approach and I now feel confident enough to continue independently.

I feel encouraged knowing that if I struggle in future, there is a place I can come to so I can be helped to maintain my independence.



# FINANCIAL SAVINGS

**Total savings made to date**

Annual saving = **89,626.86**

In year saving = **32,079.47**

**Average total hours with clients**

**12 hours**

Case STUDY	Annual Saving	In Year Saving			Cost following review using SBA
One Female	12,986.26	7,465.38			0.00 from Sept 2021
Two Male (71)	18,018.00	Case STUDY	Annual Saving	In Year Saving	Cost following review using SBA
		One Female	12,986.26	7,465.38	0.00 from Sept 2021
		Two Male (71)	18,018.00	12,630.57	0.00 from Feb 2022
Three Female (32)	11,005.00 + recouped PB monies of £45,000.00	Three Female (32)	11,005.00 + recouped PB monies of £45,000.00	9,311.92	8.397.40
Four Female (35).	New service user – no current services in place.	Four Female (35).	New service user – no current services in place.	26,17.60	Nil Cost.

SBA Team Champions & Change Makers	Self care Workshop October 22	SBA & Asset mapping Workshop November 22
Submitting Nomination for Let's do it brilliantly Staff awards SBA Team champion	Case Studies embedded in the FOCUS On Team meetings	2023 Rolling programme of Training Part of the Workforce Strategy
7 steps assessment tool Ready for implementation	My life My Way Assessment Document In development	Embedding SBA as part of the induction process

# NEXT STEPS FOR THE SBA IN THE EAST INT TEAM

**BURY**  
LET'S do it!

**Bury**  
COUNCIL

## Departmental Update: Children & Young People

Presentation on the Family Hub model for universal  
and early help support

Sandra Bruce -AD Early Help and School Readiness



# Universal Family Support and Early Help

**BURY**  
LET'S do it!

**Bury**  
COUNCIL

*'Local authorities should work with organisations and agencies to develop joined-up early help services based on a clear understanding of local needs. This requires all practitioners, including those in universal services and those providing services to adults with children, to understand their role in identifying emerging problems and to share information with other practitioners to support early identification and assessment.'*

*'In addition to high quality support in universal services, specific local early help services will typically include family and parenting programmes, assistance with health issues, including mental health, responses to emerging thematic concerns in extra-familial contexts, and help for emerging problems relating to domestic abuse, drug or alcohol misuse by an adult or a child. Services may also focus on improving family functioning and building the family's own capability to solve problems. This should be done within a structured, evidence-based framework involving regular review to ensure that real progress is being made. Some of these services may be delivered to parents but should always be evaluated to demonstrate the impact they are having on the outcomes for the child.'*

**Working Together 2018**

# Universal Family Support and Early Help –Early Years

**BURY**  
LET'S do it!

- *Local authorities and, where relevant, health services and Job Centre Plus must have regard to the guidance when exercising their functions under the Childcare Act 2006.*
- *Local authorities **must:** take steps to identify parents and those expecting a baby in their area who are unlikely to take advantage of early childhood services available and encourage them to use them; and*
- ***ensure there are sufficient children's centers, so far as reasonably practicable, to meet local need***

**BURY**  
**LET'S do it!**

# National Picture

- Recent Josh MacAlister review highlighted in last 10 years changes to how we are working with families
  - Referrals to social care increased by 70%
  - Child protection planning increased by 32%
  - Looked After Children increased by 24%
- Equally more spending has been directed to specialist services. In last 10 years spending in social care has increased from £6.6 billion to £8.2 billion whilst monies invested in preventative services (early help) have decreased from £3.5 billion to £2.5 billion
- Investment at high levels of intervention via specialist services has not resulted in better outcomes.
  - Education attainment for children at key stage 4 who are subject to child protection plans is 46% lower and, for children in care its 53% lower, than compared with children with no social work intervention
  - Rates for children in care accessing university education are at 6% at age 18 compared to 43% in the general population

# National Drivers- System Maturity

Page 287

**BURY**  
LET'S do it!

## Early Help System Guide

- Launched in 2020 – a self assessment as to how well Local Authorities across all partners are delivering early support to families in key areas
  - Family Voice and Co-production
  - Community involvement/VCFA
  - Coherent and integrated workforce
  - Leadership
  - Data and information sharing

**BURY**  
LET'S do it!

# National Drivers- Family Hubs

- Focus on prevention
- Focus on delivery in neighbourhoods
- Whole Family approach
- Building on assets and strengths in families
- Building a relational culture in every family hub
- Physical and virtual/ hub and spoke- an integrated and varied offer at all levels of need
- Voluntary sector and wider community involvement. Devolving responsibility and money!
- Focus on adults –adult learning, healthy relationships, mediation, training and work
- Focus on early years universal offer as the foundation to good outcomes for children – Health and Care (Leadsom first 1001 days)
- Focus of targeted support to families in stress and requiring support(early help)

# Let's do it .... In our neighbourhoods - Communities & public services *Together*

## Lets Do It – The Strategy for the Borough to 2030.

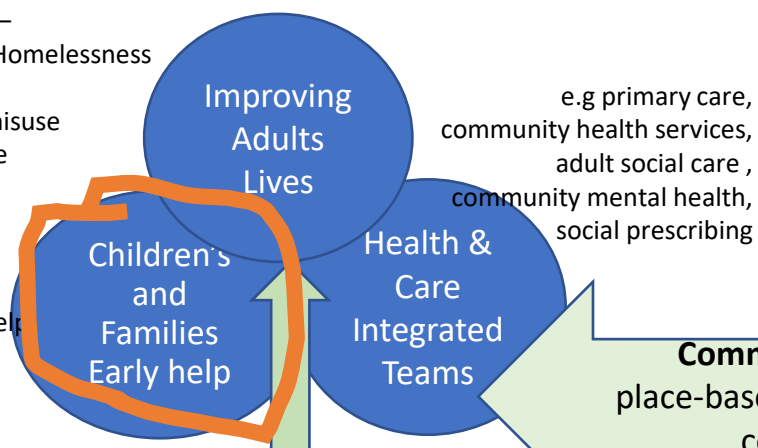
“achieving **faster economic growth than the national average, with lower than national average levels of deprivation**”  
“we will work collectively to give everyone the **encouragement and support** to play their part (and) joining together the delivery of all **public services as one**”

### The way we organise ourselves for case management

#### Neighbourhood Team/System Working

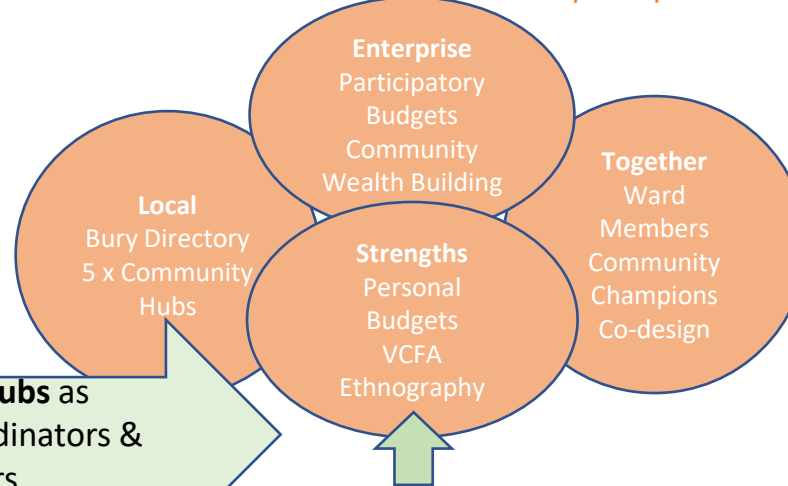
e.g Housing –  
STH; PRS & Homelessness  
GMP  
Substance misuse  
Youth Justice

e.g Early Help  
Schools,  
Social Care



### The way we engage people & communities in a place

#### Resources to embed the “LETS” principles



Community Hubs as place-based co-ordinators & connectors

#### Led by neighbourhood data profiles & case risk stratification:

- Join up of universal and targeted public services
- Unlocking multi-agency cases of discrete cohorts of risk
- Targeted intervention to prevent spiralling risk/demand

#### Led by neighbourhood asset maps & community for a:

- A focus on socio, economic, and health inequalities
- Nurturing local assets / resources eg residents groups
- Co-design with & engagement of communities



## Family Hubs –Bury

**BURY**  
LET'S do it!

- Small steer group – CCG/ Council/ Public Health met to map the approach - December 21
- Review and mapping of need (East Bury identified as first pilot site) –December 21
- Wider East Bury network meeting held – February 22
- Further East Bury workshop to distil approach and co-produce – April 22
- Draft Project/Implementation Plan co-produced - May 22
- Monthly multi agency, implementation group -July 22
- First iteration to launch in pilot area - East Bury April 23
- Wider launch across 5 neighbourhoods -April 24

# Family Hubs- Current Neighbourhood Offer

**BURY**  
LET'S do it!



**BURY**  
LET'S do it!

# Family Hub Implementation Plan

- Recruitment to transformation lead- Jamie Walker
- Current workgroup to build on the current offer and 'knit together' the offer in place across the partnership – Chair – Jane Case (ICB)
- Buildings and Infrastructure – Chair- Jamie Walker
- Media/Comms and launch – Chair - Jamie Walker
- Workforce Development
- Finance
- Policy and Process
- Quality Assurance



<b>Classification: Official</b>	<b>Item No.</b>
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<b>Meeting:</b>	Health and Wellbeing Board
<b>Meeting date:</b>	20 October 2022
<b>Title of report:</b>	Update from Health Protection Board
<b>Report by:</b>	Steven Senior
<b>Decision Type:</b>	<b>No decision</b>
<b>Ward(s) to which report relates</b>	<b>All</b>

### **Executive Summary:**

- This paper provides a brief update from Health Protection Board covering key issues and activities. These include:
  - Updates on key health protection hazards;
  - Vaccination programmes;
  - Infection prevention and control activity;
  - Screening programmes; and
  - Winter / cold weather planning.

### **Recommendation(s)**

**That:**

- 1. Health and Wellbeing Board notes the contents of this update.**

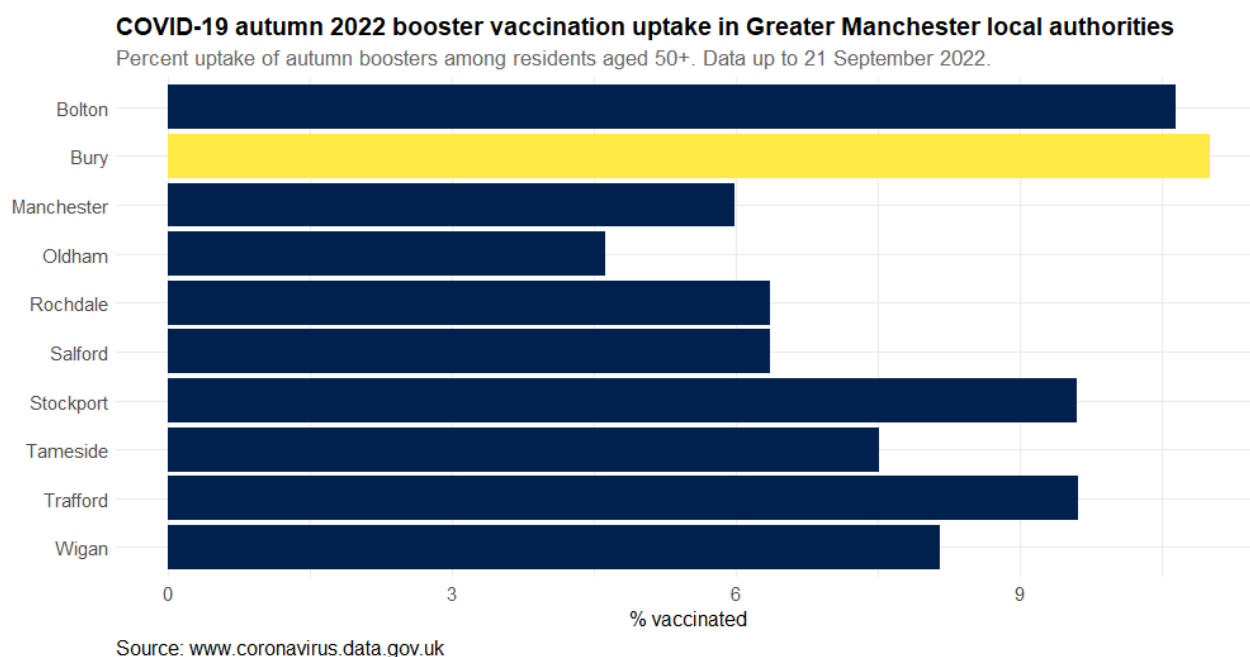
## Detail

### *Updates on key hazards*

2. There is evidence that COVID-19 infections are increasing again and that this may be feeding through into hospital admissions. This is likely caused by a combination of waning population immunity, changes in behaviour such as more indoor mixing because of colder weather and reopening of schools, and the emergence of new variants that can evade existing immunity. The impact on health and social care services is beginning to be felt, with a small increase in the number of care home outbreaks, and reports of hospital staff off sick with COVID-19.
3. There are signs that flu is circulating as well with reports of outbreaks in care homes and hospitals in Greater Manchester (no care home flu outbreaks have been detected in Bury to date). There is a risk that this year's flu season may be worse than normal because relatively few people have been exposed to flu in the last two years, reducing population immunity.
4. Numbers of cases of monkey pox continue to fall nationally. A total of 8 cases have been identified in Bury. Some caution is needed as there may be significant delays in diagnosis and reporting, but signs suggest that the epidemic in the UK is waning. A change in sexual behaviour among gay, bisexual, and other men who have sex with men appears to be contributing to the fall in transmission, with reports that other sexually transmitted infections have also fallen.
5. Surveillance of sewage for poliovirus is being expanded and Bury is included in the newly included areas. We are still waiting for the initial results. Despite repeated detection of poliovirus in sewage in London, no symptomatic cases of poliomyelitis have been detected in the UK.
6. Childhood infections, particularly scarlet fever and chickenpox have been higher than usual this year. Both have returned to within normal levels, but we are continuing to monitor and have shared advice with schools.

### *Vaccinations programmes*

7. The COVID-19 autumn booster programme has started well. As of 21 September, Bury had the highest proportion of eligible people vaccinated of any Greater Manchester local authority (see chart).



8. There are several significant changes to the programme this year. These include:
  - Bury Primary Care Network offering clinics in its practices (alongside the existing vaccine sites which will continue to operate);
  - Flu vaccines offered by general practices will be delivered in practice settings instead of at the COVID-19 vaccine sites;
  - Between four and six extra community pharmacies will be offering COVID-19 vaccines, primarily in areas of lower uptake and higher deprivation;
  - Fairfield General Hospital will no longer offer vaccine clinics for the public, although other Northern Care Alliance hospital sites will; and
  - The mass vaccination centre at the Etihad has been decommissioned.
9. Overall, we expect these changes to increase access to COVID-19 vaccines for Bury residents. However, there is a risk that the decision not to offer flu vaccines at the larger COVID-19 vaccine sites may reduce uptake. We will monitor for any impact on uptake.
10. We expect further monkey pox vaccines to be delivered to Greater Manchester in the coming weeks and months. These will be delivered by sexual health services, targeting those at highest risk of contracting the disease. We expect this will help to make sure the fall in cases continues.
11. Following the news of poliovirus detections in Bury we have shared communications with local general practices. The NHS Greater Manchester Bury primary care team is contacting practice with lower than 85% vaccine coverage to look at how uptake could be improved. We have also included MMR vaccine coverage in this review as there is some overlap in the practices with low polio vaccine uptake and those with low MMR uptake.



*Infection prevention activity*

12. The Infection Control Team has restarted its programme of audits of care homes in preparation for expected outbreaks of seasonal viruses this winter. Homes are being prioritised based on risk assessment which includes time since previous inspections, any adverse CQC inspections, changes in management, and those with higher numbers of outbreaks. The Infection Control Team is supporting the Adult Social Care team by prioritising those homes at risk of closure. They are also supporting the safe discharge of patients from hospital, where possible easing the patient flow issues in hospital, although overall capacity remains a challenge.
13. The Bury Infection Prevention and Control Integrated Partnership (BIPCIP) has started meeting again having been suspended during COVID-19. The meeting is providing a forum for joint work between infection control and medicines management staff in addressing antimicrobial resistance and reducing antibiotic prescribing. Mandatory surveillance of specified bacterial infections has resumed.

*Screening programmes*

14. We are setting up a Screening Assurance Group to scrutinise the delivery of screening programmes in Bury. This group will be responsible for getting assurance on behalf of the Director of Public Health from commissioners and providers that screening programmes are delivered efficiently and equitably. It will also provide a source of technical advice on screening and related issues where they come up in other meetings. This group will meet quarterly and report into the Health Protection Board.
15. We are finalising a review of breast screening uptake in Bury. This report was broadly reassuring, showing high overall levels of uptake. However, this high uptake does mask some evidence of inequality in uptake. We will work with commissioners and providers to look at how this can be addressed.

*Winter & cold weather planning*

16. Winter planning has started with Winter Wellbeing resources produced and shared with stakeholders. This includes advice on staying warm and well, as well as signposting to sources of support, including with heating bills, benefits, and energy efficiency.

**Greater Manchester Population Health Board****8<sup>th</sup> September 2022****Overview**

The GM Population Health Board undertook a deep dive inquiry into ***“the impact of poverty on health and inequalities in Greater Manchester, and the opportunities for action”***.

The session included contributions from Graham Whitham (GM Poverty Action), Charlie Steer (NHS GM), Jane Pilkington (NHS GM) and Andrew Lightfoot (GMCA).

**Summary of Scope**

The session inputs covered the following:

- What is poverty?
- What is the challenge we face in relation to poverty and health?
- What action are we already taking and what further actions might we take?

The primary emphasis of Board members was to co-design and agree a priority set of actions, proposals, and recommendations.

**Key Topics of Discussion**

Initial feedback from board members included:

- Whilst there is a broad understanding of the impact of poverty in GM, the scale of the current and projected future impact of poverty on health in Greater Manchester was greater than many Board members had realised.
- Poverty is not a new feature of Greater Manchester, but the long-standing and structural challenges, which had already been amplified by the Covid-19 pandemic, are currently being exacerbated by the cost-of-living crisis.
- For the first time that people could recall, poverty was at the very top of the political agenda, given the specific challenges associated with the current cost of living crisis.
- There is a role for GM institutions in preventing and mitigating poverty, but there needs to be realism about the extent to which we can mitigate all the potential harms.
- Action is already taking place at GM and locality level, but there are also opportunities to go further. Commitment to act urgently must be secured via the ICP and ICB.
- The scale of the challenge means that there will be a need to be bold and ambitious, and to explore the feasibility and desirability of options which may be challenging and contentious.
- There are opportunities for us to learn from each other, and to learn from others, as we shape and mobilise our response. There will also be a need to evaluate the impact of our actions.
- The absence of a single system narrative on poverty and health, which can be amplified across GM, is a barrier to an effective system response. Establishing one would enable Board members to perform the ‘pollinator’ role that was explored at the recent Board development session.
- Any action on poverty needs to systematically embed co-design and the involvement of those with lived experience.
- When acting on poverty, we need to ensure that we take short term action that seeks to address the immediate pressures, whilst not losing sight of the medium and long-term opportunities to address the structural drivers of inequality in GM.

- There are opportunities to understand and use data and intelligence more effectively, and to strengthen the quality and availability of data that around poverty, and the impact it has on health.
- Poverty is the legacy of the economic history and structure of GM and we must ensure that we continue to focus regeneration of our most deprived areas in GM.
- Our Voluntary, Community and Social Enterprise (VCSE) sector will be at the forefront of responding to the consequences of the cost-of-living crisis. As such, we need to ensure the necessary resources to support the sector are forthcoming.

### **Greater Manchester Population Health Board Recommendations**

#### **Short Term**

- a) Encourage partners to work collectively, under the leadership of the GM Cost of Living Group, to map current anti-poverty activity that is taking place, to identify opportunities for scaling and spreading good practice, and to opportunities for additional action.
- b) Advocate for cost of living and poverty to be included as key considerations within the health and care winter planning process for 2022/23. With a key focus on maximising sign posting opportunities to benefits and debt advice, improving uptake of free prescriptions, patient transport etc and action to address cold homes.
- c) Require the systematic engagement of people with lived experience in the design and health and care services.
- d) Agree and disseminate a single shared narrative around the impact of poverty and health in Greater Manchester.
- e) Escalate poverty and the cost-of-living crisis to Integrated Care Partnership and Integrated Care Board.
- f) Ensure that poverty and cost of living is a prominent feature of the emergent GM Integrated Care Partnership Strategy and the GM Build Back Fairer Framework
- g) Undertake an evidenced based review with academic colleagues, GM PA re collation of evidence to support intervention

#### **Medium Term**

- h) Assess the feasibility and desirability of voluntarily adopting the socio-economic duty across NHS GM, GMCA and Local Authorities in GM (including engaging with colleagues from Wales and Scotland who have already made this a statutory requirement, and with localities who have already adopted the duty on a voluntary basis).
- i) Systematically review the GM health and care approach to poverty through the lens of the recommendations made by the Kings Fund in their publication – '[The NHS's Role in Tackling Poverty](#)' - and explore the feasibility and desirability of NHS GM developing an anti-poverty strategy.
- j) Continue to advocate for NHS GM becoming a Real Living Wage employer, and for the NHS to require this of its supply chain.
- k) Engage with NHS GM (and particularly the GM and East Cheshire Strategic Clinical Network) on the potential for "poverty-proofing" across health and care pathways.
- l) Explore options for increasing awareness raising of the link between poverty and health across public services in Greater Manchester.
- m) Continue to iterate the GM Good Employers Charter to strengthen the emphasis on employers as a vehicle for preventing and mitigating poverty in GM.
- n) Explore the opportunities to strengthen data and intelligence to better understand the impact of poverty on health (and vice versa) in GM.

- o) Strengthen the way in which health and care organisation work together to optimize and expand their role as *anchor* organisations, and to maximise the social value that can be elicited from the health and care sector.
- p) Explore the opportunities for health and care services to collaborate with local authority and VCSE and connect to social and financial welfare provision.
- q) Ensure health and care system involvement in any design activity aimed at exploring the feasibility and desirability of income maximisation initiatives in Greater Manchester.

**Long Term**

- r) Continue to focus city-regional regeneration efforts on the most deprived parts of Greater Manchester.
- s) Continue to engage with central government on opportunities to tackling the structural causes of poverty and inequality in Greater Manchester.
- t) Explore the feasibility of implementing policies approaches which will deliver significant population level impact on health outcomes, such as water fluoridation.

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