

**Bury Health and Wellbeing Board**  
**Pharmaceutical Needs Assessment**  
**2018 to 2021**  
**PRE-CONSULTATION DRAFT**  
**VERSION 1.14**

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# 1. Executive Summary

## 1.1 Introduction

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

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

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

The PNA will be used by NHS England in its determination as to whether to approve applications to join the pharmaceutical list under [The National Health Service \(Pharmaceutical and Local Pharmaceutical Services\) Regulations 2013](#). The relevant NHS England area team (AT) will then review the application and decide if the application meets the criteria for approval, as set out in the Regulations. When making the decision NHS England is required to refer to the local PNA.

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

## 1.2 How the assessment was undertaken

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

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

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

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

The PNA includes information on:

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

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

## 1.3 Results

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

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

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

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

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

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

## 1.4 Consultation (to be completed post 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 "DATE" until "DATE". The responses received were used to inform the final conclusions which were collated and are now published as part of this PNA.

## 1.5 Conclusions

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

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

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

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

## 2. Introduction

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

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

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

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

Glossary and acronyms are provided in Appendix One.

### 2.1 Background and legislation

The Health Act 2009<sup>1</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. It also made provision for a temporary extension of PCTs' PNAs and access to them by NHS England and HWBs.

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

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

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

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

This list includes:

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

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

Such decisions are appealable to the NHS Litigation Authority's Family Health Services Appeal Unit (FHS AU), and decisions made on appeal can be challenged through the courts.

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

## 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 its second PNA by 1st April 2018;
- Publish subsequent PNAs on a three yearly basis;
- Publish a subsequent PNA sooner when it identifies changes to the need for pharmaceutical services which are of a significant extent, unless to do so would be a disproportionate response to those changes; and
- Produce supplementary statements in certain circumstances.

## 2.3 Purpose of a PNA

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

If a person (a pharmacy or a dispensing appliance contractor) wants to provide pharmaceutical services, they are required to apply to NHS England to be included in the pharmaceutical list for the HWB's area in which they wish to have premises. In general, their application must offer to meet a

need that is set out in the HWB's PNA, or to secure improvements or better access similarly identified in the PNA. There are however some exceptions to this e.g. applications offering benefits that were not foreseen when the PNA was published ('unforeseen benefits applications').

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

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

## 2.4 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.

## 2.5 Scope of the PNA

A PNA is defined in the regulations as follows:

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

The pharmaceutical services to which each pharmaceutical needs assessment must relate are all the pharmaceutical services that may be provided under arrangements made by the NHS Commissioning Board (NHSCB) (now known as NHS England) for –

- the provision of pharmaceutical services (including directed services) by a person on a pharmaceutical list
- the provision of local pharmaceutical services under a Local Pharmaceutical services (LPS) scheme; or
- the dispensing of drugs and appliances by a person on a dispensing doctors list (but not other NHS services that may be provided under arrangements made by the NHSCB with a dispensing doctor).

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

Whether a service falls within the scope of pharmaceutical services for the purposes of the PNA depends on who the provider is and what is provided:

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

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

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

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

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

#### Stage 1

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

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

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

#### Stage 2

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

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

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

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

#### Stage 3

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

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

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

## Stage 4

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

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

## 3.2 PNA steering group

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

## 3.3 PNA Townships

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

Ramsbottom, Tottington and North Manor Township

- Ramsbottom Ward
- Tottington Ward
- North Manor Ward

Bury East Township

- Redvales Ward
- Moorside Ward
- East Ward

Bury West Township

- Church Ward
- Elton Ward

Radcliffe Township

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

Whitefield and Unsworth Township

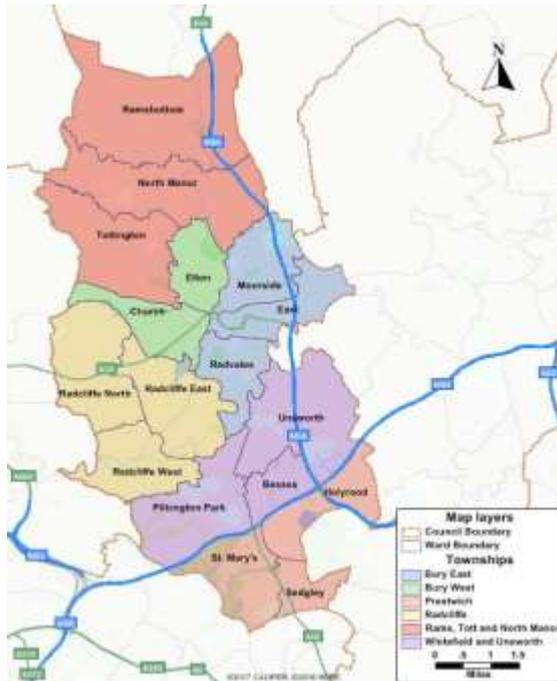
- Besses Ward
- Pilkington Park Ward
- Unsworth Ward

Prestwich Township

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

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

## Map 1 - Bury Townships



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

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

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

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

- Living and working in Bury
  - Carers
  - Early years
  - Economy
  - Education
  - Employment
  - Fuel poverty
  - Homelessness
  - Housing
  - Planning
  - Transport
  - Worklessness
  
- Health and wellbeing
  - Accidents and injuries
  - Adult social care
  - Behaviour change
  - Children’s social care
  - Communicable disease
  - Diet
  - Disabilities
  - Falls
  - Healthcare
  - Immunisations and Vaccines
  - Long Term Conditions
  - Maternity
  - Mental Health and wellbeing
  - Mortality
  - Obesity
  - Oral health
  - Physical activity
  - Sensory impairment
  - Sexual health
  - Smoking
  - Substance misuse
  
- Statutory publications

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

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

### 3.4 Patient and public engagement

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

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



### 3.4.1 Choice of Pharmacy

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

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

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

### 3.4.3 Access to Pharmaceutical Services

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

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

### 3.4.4 Development of Pharmacy Services

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

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

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

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

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

### 3.5.1 Advanced services

See information contained in section 6.0.

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

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

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

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

### 3.5.2 Enhanced and locally commissioned services

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

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

Commissioner	Service	Number of pharmacies commissioned
Bury Council	Emergency Hormonal Contraception	17
	Chlamydia Screening & Treatment	4
	Supervised Methadone/ Buprenorphine Consumption	15
	Needle Exchange	5
	Stop Smoking – Intermediate Advice	7
	Smoking Cessation NRT	21
NHS Bury CCG	Minor Ailment Scheme	34
	Minor Eye Condition Service	30
	Palliative Care	1
NHS England	Inhaler Technique Service	Numbers not currently available

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

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

Appendix Five does not contain details of those pharmacies commissioned to deliver the Inhaler Technique Scheme as the data was not available at the time of publication.

### 3.5.3 Non-NHS services

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

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

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

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

### 3.5.4 Additional information

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

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

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

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

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

### 3.6.1 Pharmaceutical services provided by pharmacy contractors

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

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

- Essential services – all pharmacies (see Appendix Six for complete list) must provide these services:
  - Dispensing of prescriptions (both electronic and non-electronic), including urgent supply of a drug or appliance without a prescription
  - Dispensing of repeatable prescriptions
  - Disposal of unwanted drugs
  - Promotion of healthy lifestyles
  - Signposting
  - Support for self-care
- Advanced services – pharmacies may choose whether to provide these services or not (refer Appendix Seven). If they choose to provide one or more of the advanced services they must meet certain requirements and must be fully compliant with the essential services and clinical governance requirements:
  - Medicine use review and prescription intervention services (more commonly referred to as the medicine use review or MUR service).
  - New Medicines Service (NMS)
  - Appliance Use Review (AUR)
  - Stoma Appliance Customisation (SAC)
  - Flu vaccination
  - NHS Urgent Medicine Supply Advanced Service (NUMSAS) (Due to start July 2017 and run until 31<sup>st</sup> March 2018.)
- Enhanced services – service specifications for this type of service are developed by NHS England and then commissioned to meet specific health needs.

In April 2017, the only enhanced service commissioned by NHS England from pharmacies in the Bury HWB area is the inhaler technique service. This service is currently undergoing a review and it is intended to relaunch it during 2017.

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

- A patient and public involvement programme
- A clinical audit programme
- A risk management programme

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

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

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

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

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

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

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

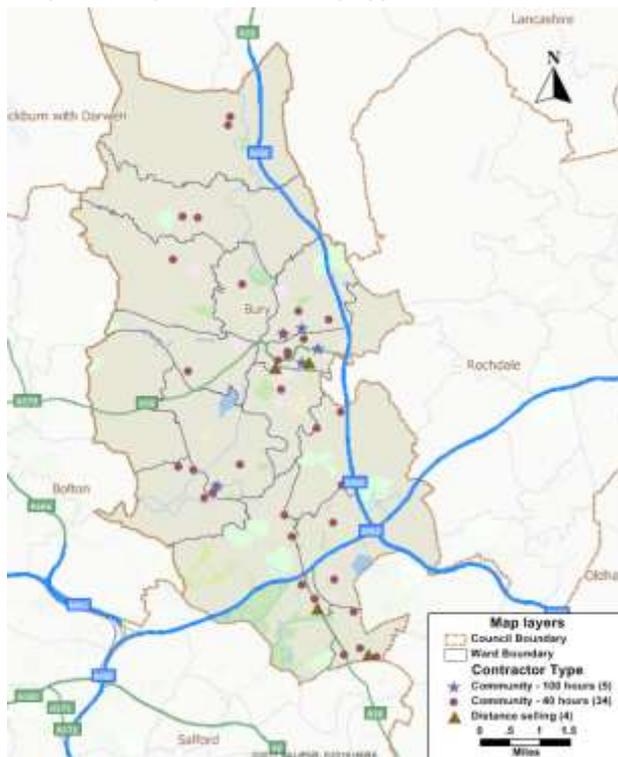
These 100 hour pharmacies remain under an obligation to be open for 100 hours per week. In addition these pharmacies may open for longer hours. There are five pharmacies in Bury with 100 hour contracts, and residents may also choose to use such pharmacies outside of the borough.

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

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

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

### Map 3 - Bury Pharmacies by type



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

### 3.6.2 Local pharmaceutical services

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

There are no LPS contractors within the Bury area.

### 3.6.3 Distance selling pharmacies

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

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

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

### 3.6.4 Pharmaceutical services provided by dispensing appliance contracts (DAC)

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

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

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

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

- Stoma appliance customisation
- Appliance use review

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

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

### 3.6.5 Pharmaceutical services provided by doctors

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

### 3.6.6 Locally commissioned services

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

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

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

Services commissioned by Bury Council are:

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

The following services are commissioned by NHS Bury CCG:

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

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

### 3.6.7 Non-commissioned added value services

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

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

### 3.6.8 Hospital pharmacy

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

### 3.6.9 Other provision of pharmaceutical services

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

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

The PNA makes no assessment of these services.

### 3.6.10 Other sources of information

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

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

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

## 3.7 Consultation (to be completed post consultation)

A statutory consultation exercise was carried out over the autumn of 2017 in accordance with the 2013 Regulations. The consultation took place from DD/MM/YYYY until DD/MM/YYYY for a period of 60 days, in line with regulations. This is based on Section 242 of the NHS Act 2006, which requires HWBs to involve users of services in:

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

The statutory consultees were written to and provided with a link to the council's web site where the draft PNA was published and invited to respond online. The link to the draft PNA and consultation response form was issued to all compulsory stakeholders listed in Appendix Nine. The documents were posted on the internet and publicised, with paper copies made available to those unable to access on line.

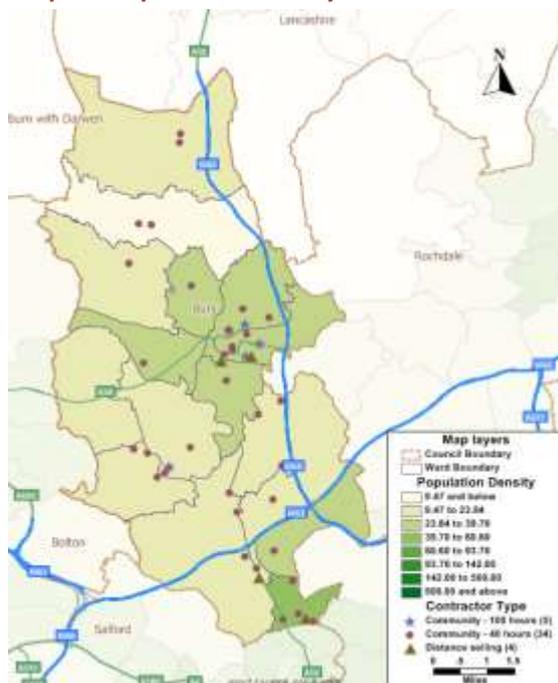
**DISCUSSION OF CONSULTATION RESPONSES TO BE INSERTED HERE.**

## 4. Context in Bury

### 4.1 Overview

Bury Council is one of ten councils in Greater Manchester, lying to the north of the City of Manchester, the borough is composed of six towns: Bury, Ramsbottom, Tottington, Radcliffe, Whitefield and Prestwich, and has a population of 188,700 (mid-2016 population estimate). On the north side Bury bounds the Lancashire districts of Rossendale and Blackburn with Darwen. Bury Council covers 24,511 acres (99 km<sup>2</sup>).

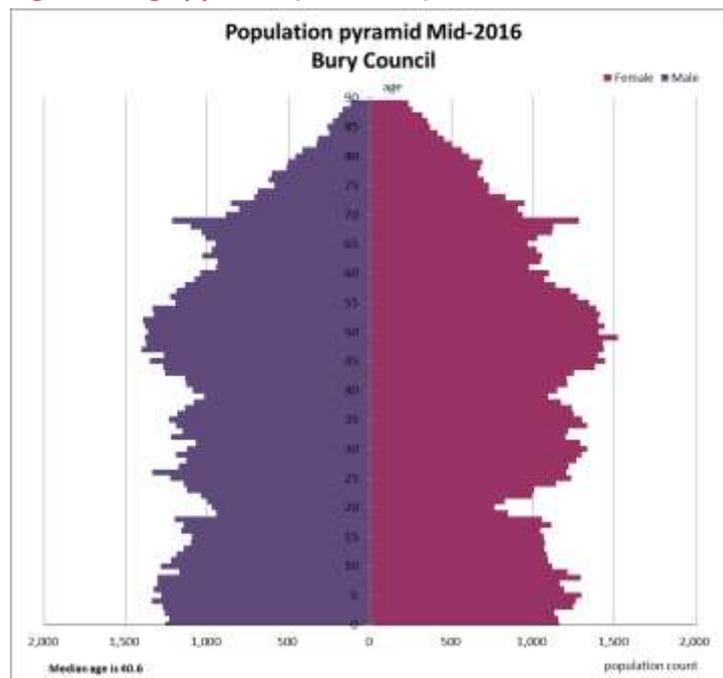
**Map 4 - Population density**



### 4.2 Population change

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

**Figure 1 - Age pyramid (MYE 2015)**



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

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

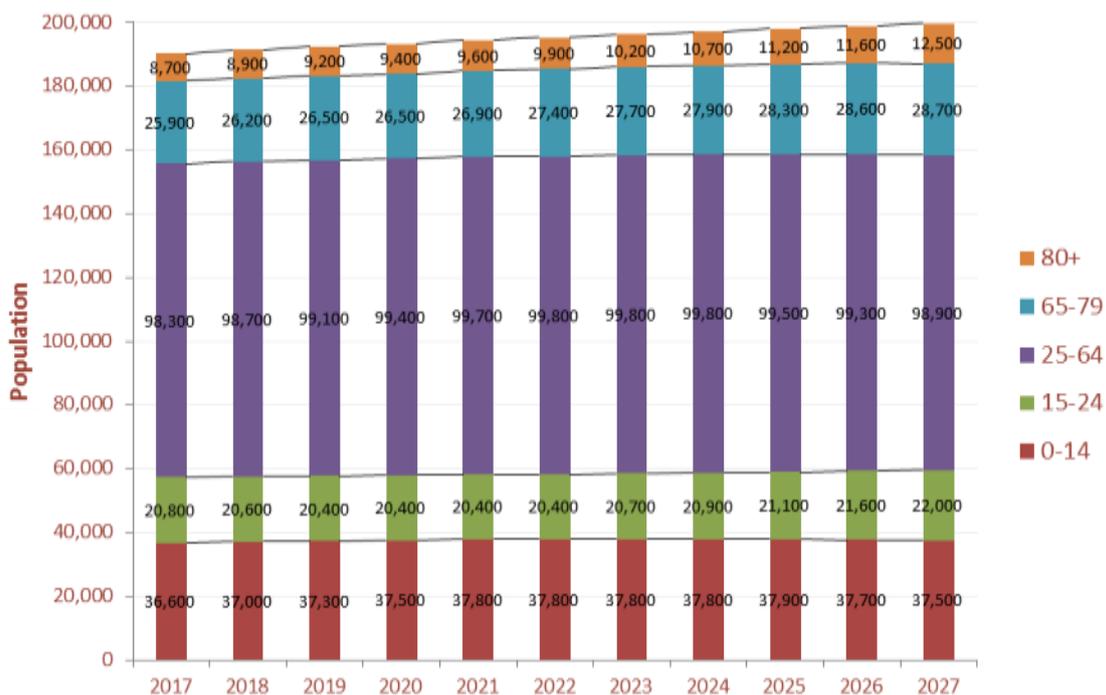
The changes in population estimates for each age band are shown below in Table 3.

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

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

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

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



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

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

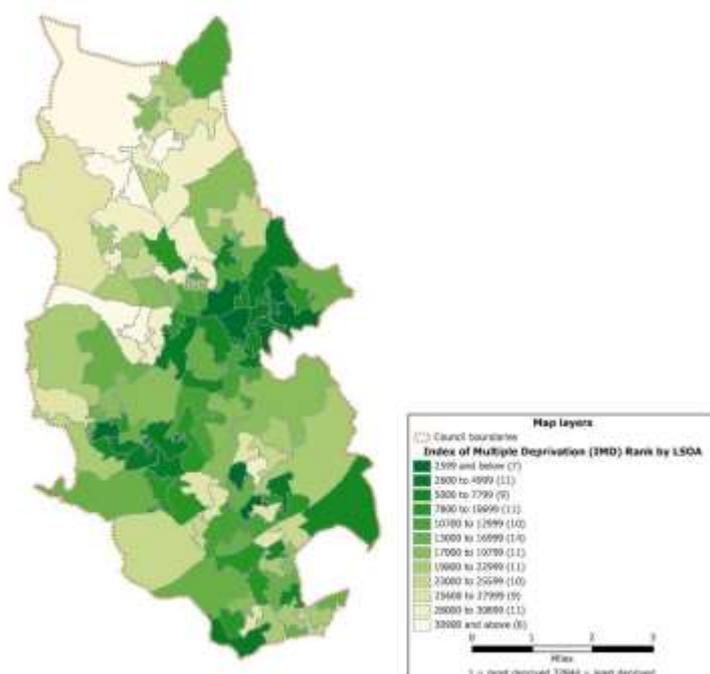
Bury West, Ramsbottom, Tottington & North Manor and Whitefield & Unsworth Townships have the largest proportion of adults aged 65 and over. Bury East, Prestwich and Radcliffe Townships have the largest proportion of children under 16 years. The proportion of other age ranges is similar across the different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

## 4.3 Deprivation

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

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

**Map 5 - IMD 2015 by LSOA**



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

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

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

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

## 4.4 Life expectancy

### Females

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

### Males

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

## Healthy Life Expectancy

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

Figure 3 - Healthy Life Expectancy (Source Bury JSNA)



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

## 4.5 Key findings from current data

### Health and wellbeing

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

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

## 4.6 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 a lack of religion) or belief (any religious or philosophical belief)
- Sexual orientation.

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

### 4.6.1 Age

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

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

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

## Children

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

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

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

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

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

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

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

## Older people

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

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

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

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

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

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

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

**Table 7- Pensioners living alone by Township (Source: [www.localhealth.org.uk](http://www.localhealth.org.uk))**

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

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

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

Independence is or could be supported by offering:

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

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

## 4.6.2 Sex / Gender

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

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

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

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

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

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

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

### 4.6.3 Long term health problems and disability

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

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

**Table 8 - Activity limiting health problem or disability**

(Source: Census 2011, ONS. Crown copyright)

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

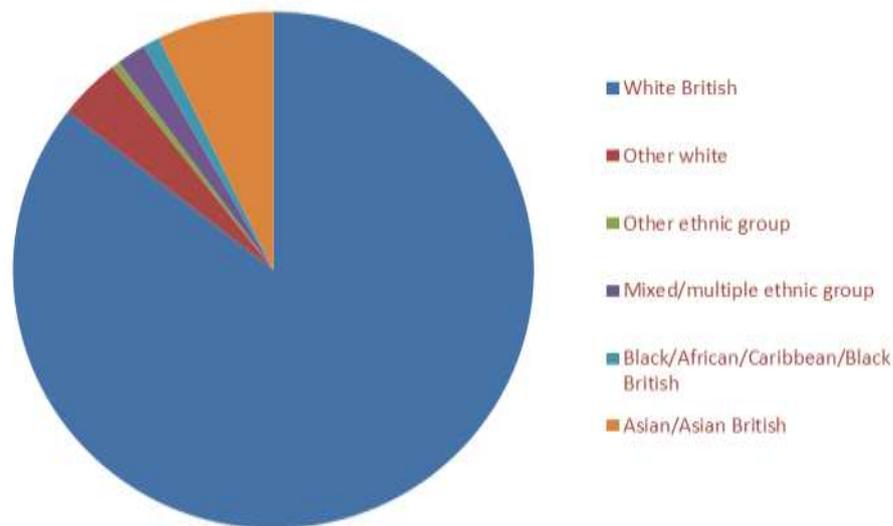
People with disabilities often have individual complex and specific needs. It is important that health and social care services are able to provide effective specialist services to meet such needs.

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

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

## 4.6.4 Race, ethnicity and language

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

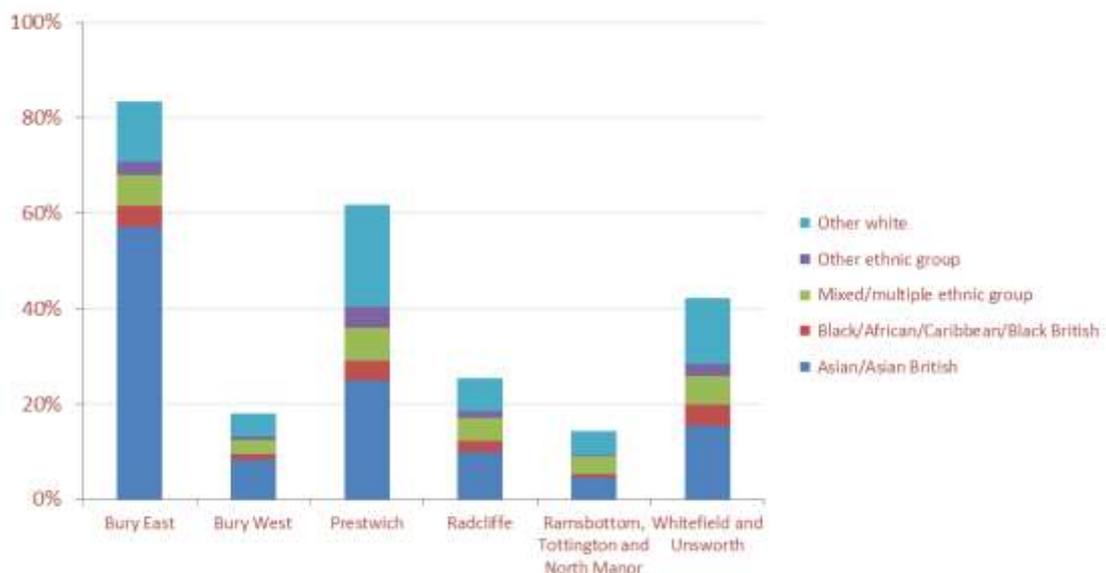


The ethnic minority population, as measured by non-white residents, increased between 2001 and 2011 by 8,970 in Bury, an increase of 81%. Despite this growth, the White British ethnic group, only measured since 2001, remains the largest ethnic group in the city, accounting for 89.2% of the population.

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

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

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



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

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

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

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

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

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

#### 4.6.5 Religion and belief

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

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

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

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

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

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

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

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

#### 4.6.6 Marriage and civil partnership

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

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

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

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

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

## 4.6.7 Pregnancy and maternity

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

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

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

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

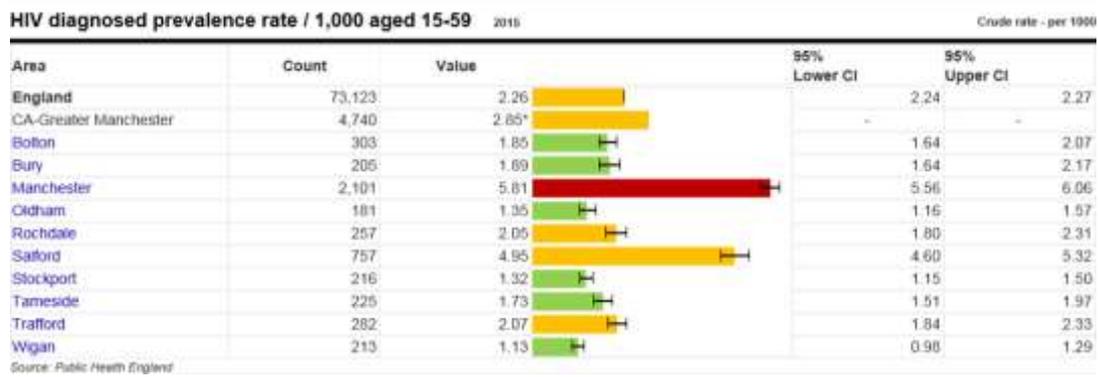
Pharmacies can provide advice to pregnant mothers on medicines and self-care. They have the expertise on advising which medicines are safe for use in pregnancy and during breast feeding.

## 4.6.8 Sexual orientation

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

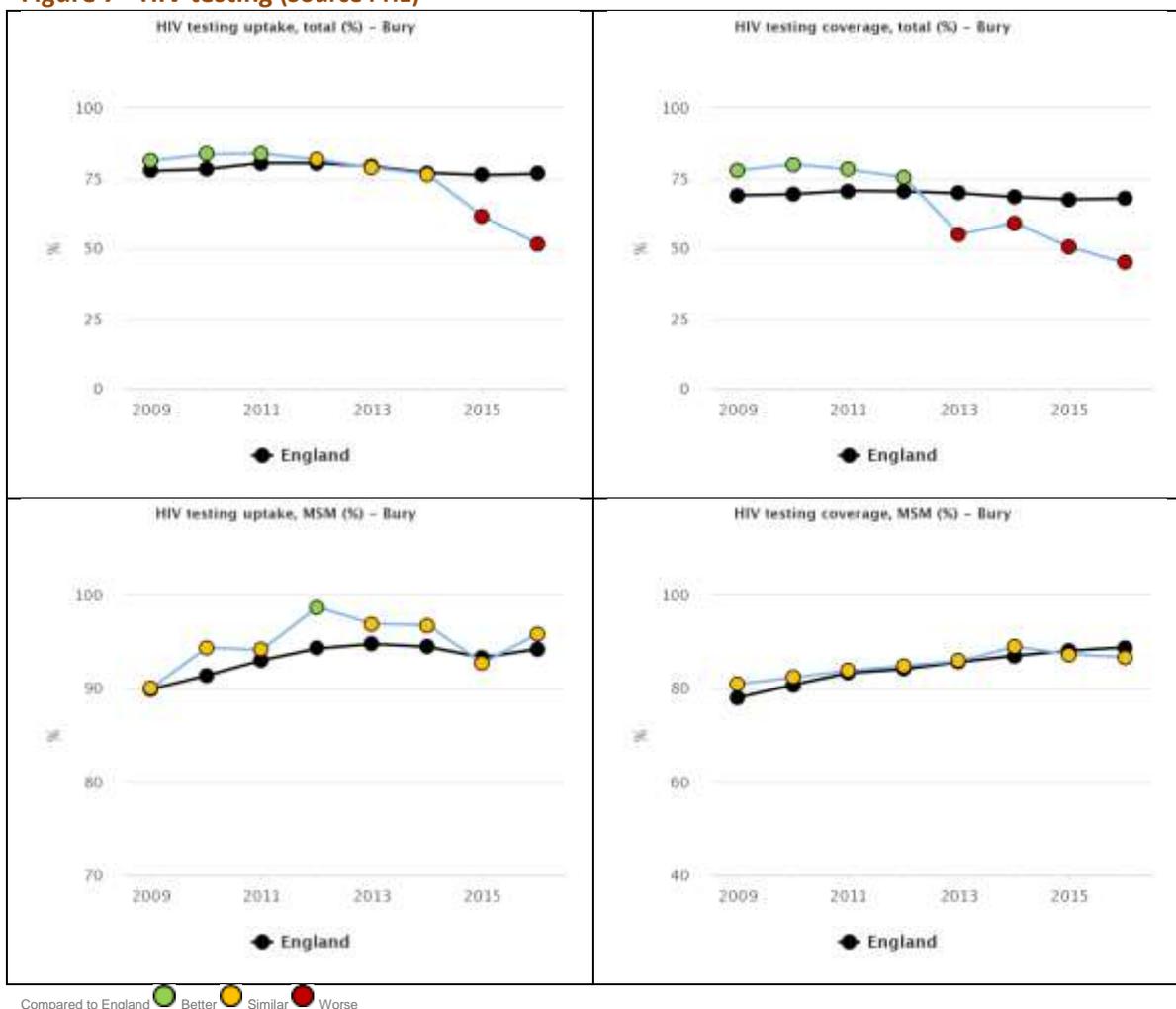
- They are more likely to experience harassment or attacks, have negative experiences of health services related to their sexuality, lesbian and bisexual women are less likely to have had a smear test, and more likely to smoke, to misuse drugs and alcohol and to have deliberately harmed themselves.
-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

Figure 6 - HIV diagnosed prevalence (Source PHE 2015)



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

Figure 7 - HIV testing (Source PHE)



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

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

#### 4.6.9 Gender reassignment

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

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

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

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

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

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

## 5. Other key health outcomes for Bury

To identify how pharmaceutical service provision can help tackle the need of Bury's local population we have used Bury's JSNA<sup>2</sup>.

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

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

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

<sup>3</sup> [https://www.theburydirectory.co.uk/kb5/bury/directory/advice.page?id=apIT-UE5d\\_U](https://www.theburydirectory.co.uk/kb5/bury/directory/advice.page?id=apIT-UE5d_U)

## 5.1 Health and Wellbeing Strategy Vision

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

Our strategy outlines:

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

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

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

The agreed priorities for 2015 – 2018 are:

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

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

## 5.2 Public Health Outcomes

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

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

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

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

### 5.2.1 Improving the wider determinants of health

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

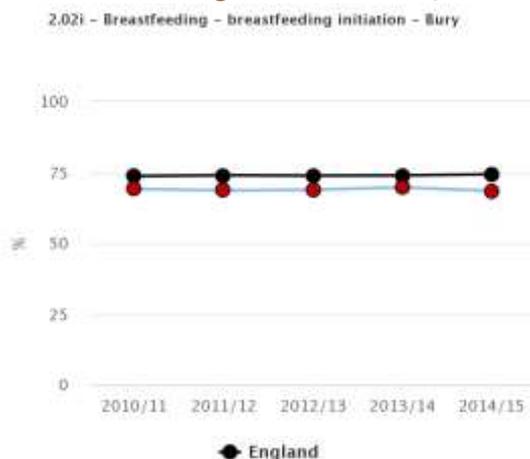
- 9.7% of adults in contact with secondary mental health services in 2015/16 lived in stable and appropriate accommodation. This is the fifth worst in GM and significantly below the England average of 58.6%.
- Bury has significantly worse numbers of eligible homeless people not in priority need (1.3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

### 5.2.2 Health improvement

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

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

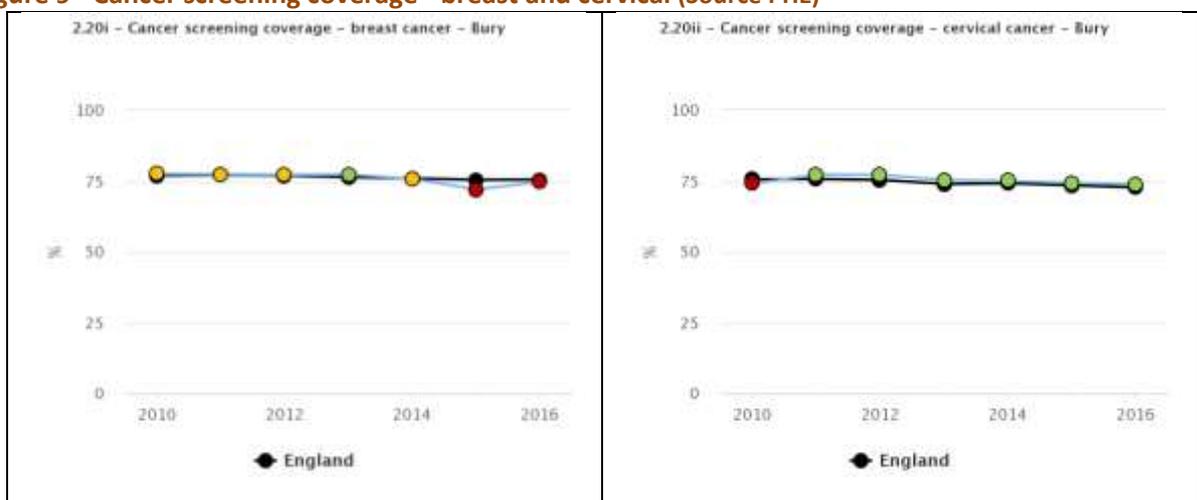
**Figure 8 - Breastfeeding initiation levels (Source PHE)**



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

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

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



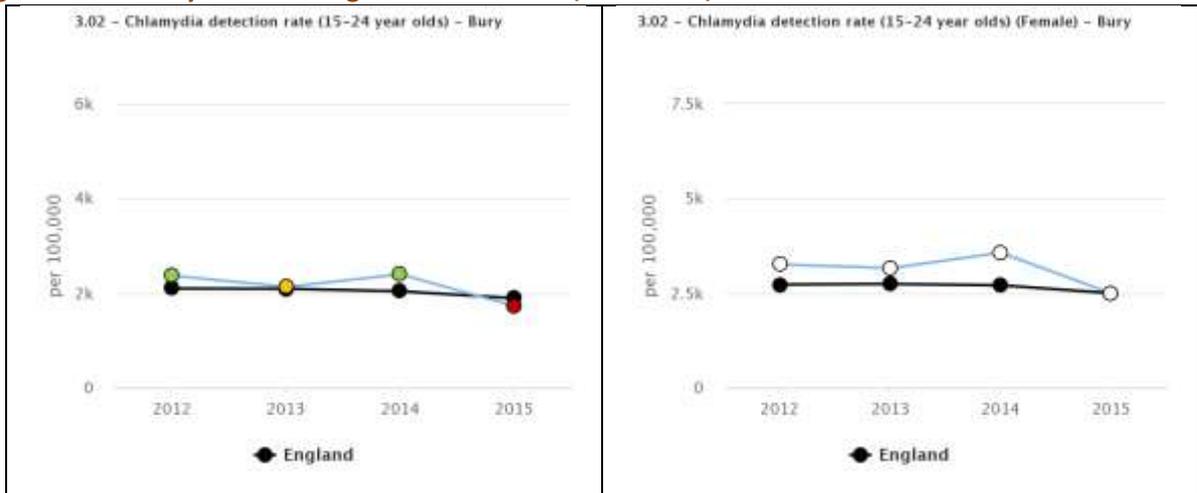
- Screening coverage of eligible adults for bowel cancer at 56.6% is worse than the England average at 57.9%, however, this has improved on the previous year.
- The number of 0-4 year olds from Bury attending accident and emergency (A&E) departments is significantly above the national average. The majority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

### 5.2.3 Health Protection

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

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

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



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

Figure 11 - Vaccination coverage for Bury (Source PHE)



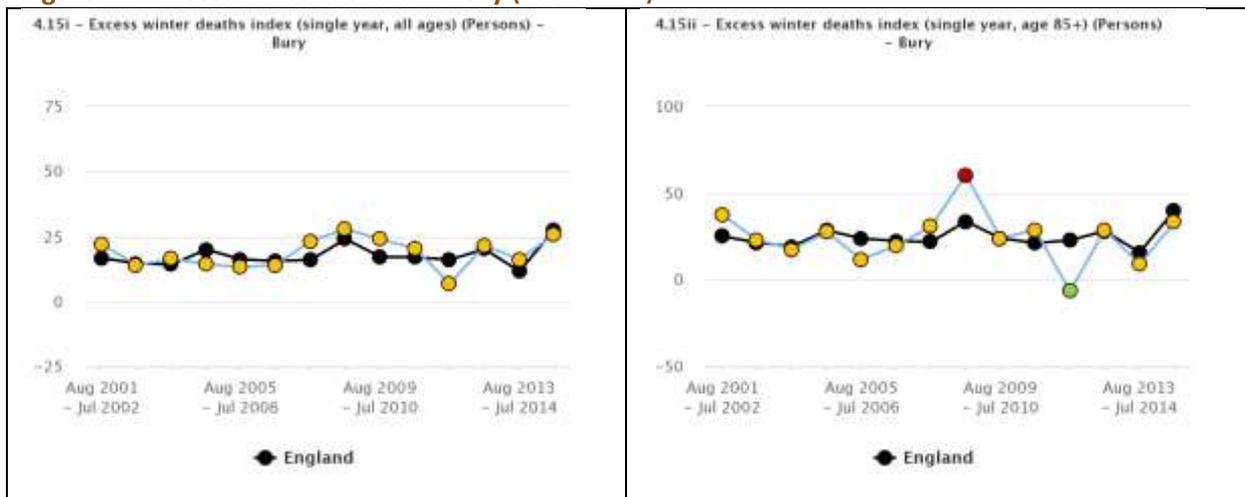
- Vaccination coverage for flu in at risk individuals and has consistently remained below the 55% benchmarking goal and has decreased from 52.6% in 2013/14 to 47.9% in 2015/16 (Figure 12). Similarly vaccination coverage against flu for 2-4 year olds remains below its benchmarking goal of 40%, at 34.6%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

## 5.2.4 Healthcare public health and preventing premature mortality

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

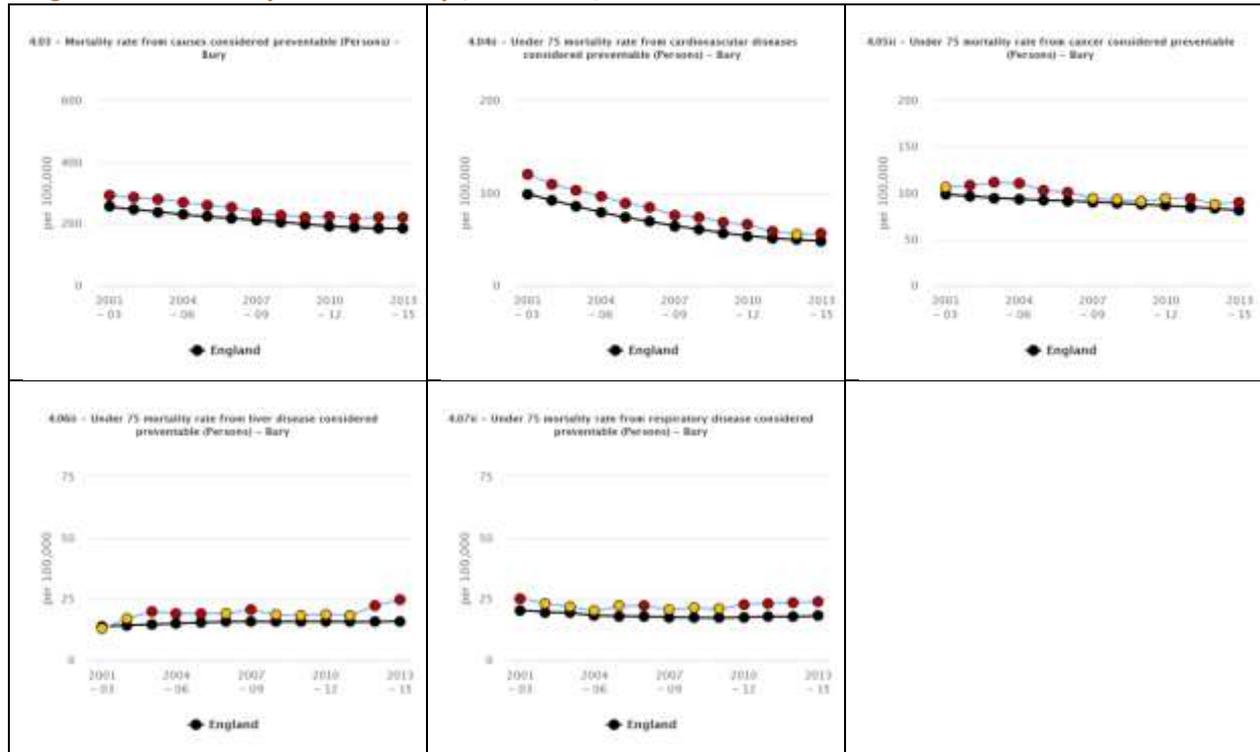
- The percentage of people who die in winter months (excess winter deaths) in Bury has been consistent with that for England over the last few years. Older people are most susceptible to higher death rates in winter. In those aged 85 years and over, there were 67 (Ratio of 33.2) additional deaths in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

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



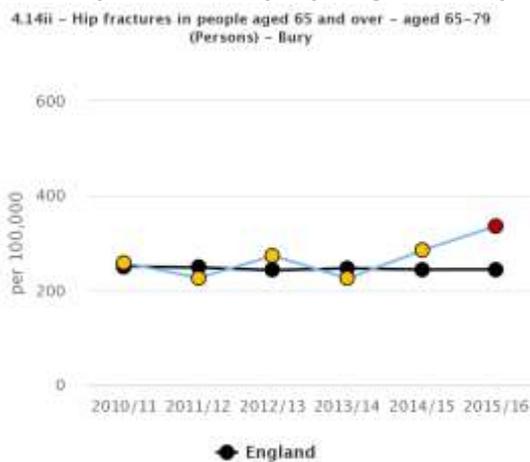
- In 2013-15 the mortality rate from causes considered to be preventable for all persons was 221.0 per 100,000 (directly standardised ratio) compared to 184.5 per 100,000 as the England average. This has been consistently worse than England since 2001-03. It is a similar picture for the mortality rate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

**Figure 13 - Mortality rates for Bury (Source PHE)**



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

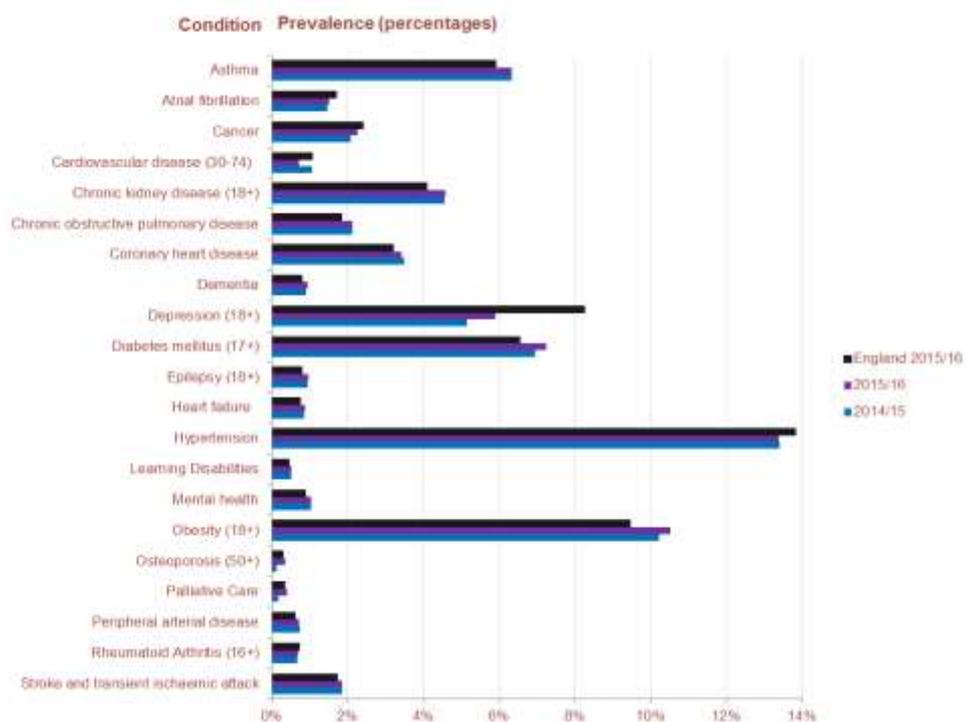
**Figure 14 - Hip fractures in people aged 65-79 years (Source PHE)**



## 5.2.5 People with long term conditions

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

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



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

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

Compared with benchmark: Better (green), Similar (yellow), Worse (red), Lower (blue), Higher (orange), Not compared (grey)

Indicator	Period	England	Greater Manchester NHS region	NHS Bolton CCG	NHS Bury CCG	NHS Central Manchester CCG	NHS Heywood, Middleton And Rochdale	NHS North Manchester CCG	NHS Oldham CCG	NHS Salford CCG	NHS South Manchester CCG	NHS Stockport CCG	NHS Tameside And Glossop CCG	NHS Trafford CCG	NHS Wigan Borough CCG
Good blood sugar control in people with diabetes	2015/16	60.1	61.5	64.0	65.0	57.0	61.2	59.2	62.2	59.8	58.8	62.6	65.2	58.3	61.0
Good blood pressure control in people with diabetes	2015/16	70.4	73.2	73.2	76.6	68.7	75.4	70.5	72.2	72.0	65.8	75.2	74.4	72.0	77.0
Good cholesterol control in people with diabetes	2015/16	70.0	70.8	66.0	69.3	71.4	71.1	70.2	74.1	71.4	67.3	75.3	70.9	69.7	72.0

- Bury has a higher level of severe mental illness (1.04% of the practice registered population), according to QOF recorded prevalence, than England (0.90%) and is the third highest behind Manchester and Rochdale. Co-morbidity among psychiatric conditions is high.
- Bury had a SAR<sup>4</sup> of 113.8 for emergency admissions in the period from 2010/11 to 2014/15. The ratio for Bury indicates a higher level of emergency admissions than would be expected.
- Bury has similar emergency readmission rate, within 30 days, at 11.7% compared to England's 11.8%. This rate has increased steadily from 2002/03 following the national trend, but does appear to be plateauing out.
- The number of A&E attendances fluctuates over the course of the year (high in winter), over the course of the week (high on Monday, lower attendance on weekends by older people), and over the course of the day (peak mid-morning, for children a second peak is seen around 7pm).
- Bury has significantly worse emergency asthma admissions per 100 patients on the disease register at 2.14% than the England average of 1.83%, but lower than the Greater Manchester average of 2.41%. Although they spend less time in hospital than the England average.
- Bury has significantly higher numbers of hospital admissions that could have been avoided at 241.1 per 100,000 than the England average of 178.9 per 100,000. This figure is one of the lowest in GM.
- In 2013/14 the proportion of older people (65 and over) who were still a home 91 days after discharge from hospital fell to 81% from 84.6% in 2012/13. Although the proportion remains similar to the England average there has been a downward trend from 2011/12.
- In March 2015 there was estimated to be over 2,300 registered residents in Bury that have dementia, but only just over 1,700 had a diagnosis of dementia (75%). This indicates that approximately 600 residents living with dementia are not known to their GP. Of those with dementia, 70% have one or more other LTC, and it is estimated that two-thirds of those with dementia live in the community.

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

- Cancer prevalence and incidence are increasing nationally. Compared to England the overall incidence of cancer is higher in Bury, this is mainly driven by the incidence of colorectal and lung cancers, which are significantly worse than England. Whereas breast and prostate cancers are not significantly different. Although under 75s mortality and those considered to be preventable from cancer remain significantly worse than the England average, they have been declining slowly since 2001-03.

## 6. Provision of pharmaceutical services

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

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

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

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

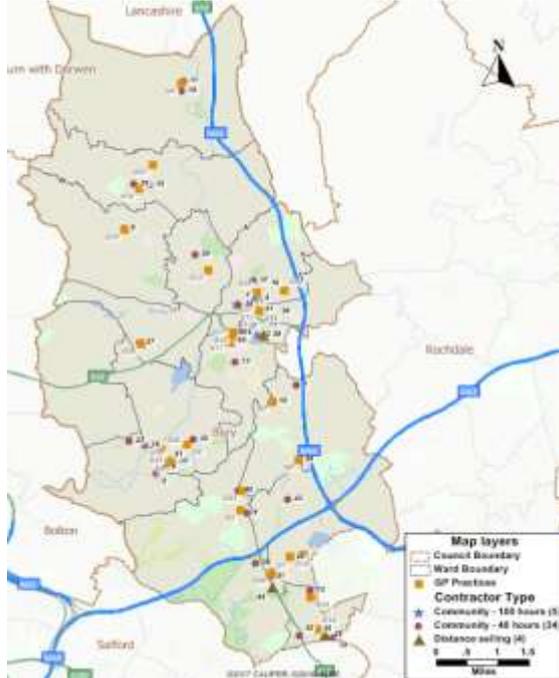
### 6.1 Necessary services - current provision with-in the HWB's area

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 and no LPS pharmacies in Bury.

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

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

### Map 6 - Location of Pharmacies & GP practices in Bury



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

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

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

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

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

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

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

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

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

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

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

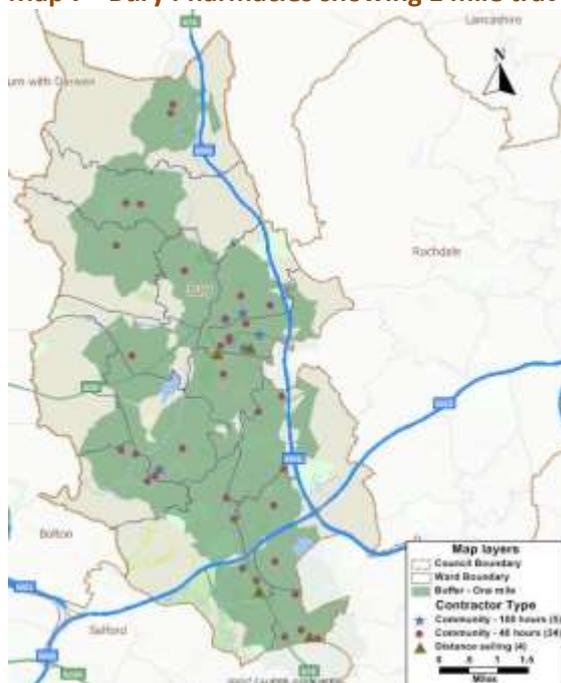
## 6.1.1 Access to premises

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

The latest information shows that 99% of the English population - even those living in the most deprived areas - can reach a pharmacy within 20 minutes by car and 96% by walking or using public transport<sup>5</sup>.

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

### Map 7 - Bury Pharmacies showing 1 mile travel distance



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

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

## 6.1.2 Correlation with GP practices

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

## 6.1.3 Access to services

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

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

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

Map 8 and 9 below show the span of opening times for Bury pharmacies based on their core and supplementary opening hours<sup>6</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 after 6pm Monday to Friday.

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

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

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<sup>6</sup> Data valid as at 19<sup>th</sup> April 2017

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



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



## Monday to Saturday opening

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

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

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

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

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

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

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

## Sunday opening

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

**Table 15 - Bury pharmacies open on Sunday**

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

## Changes to pharmacy contractors

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

### 6.1.4 Access to Medicines Use Reviews (MUR)

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

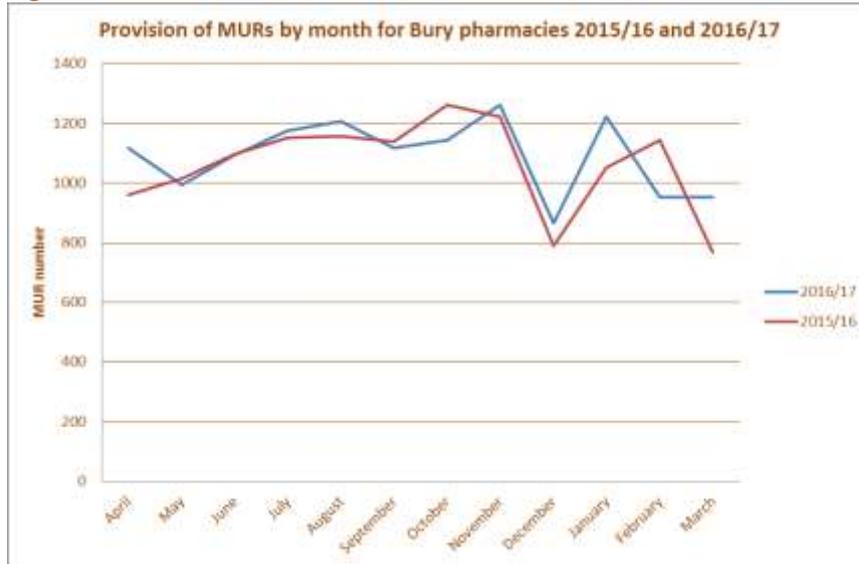
This service is medicines adherence service designed to improve patient outcomes from taking regular medication. A report is shared with the patient and prescriber. 70% of MURs undertaken have to be from a specified group of patients:

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

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

In 2016/17 a total of 13.110 MURs were provided by 39 of the pharmacies with 23 pharmacies claiming over or at or near the maximum number of MURs (>369). Figure 18 shows the pattern of MURs throughout the year for all Bury pharmacies (2015/16 and 2016/17). The majority of MURs appear to have taken place in second half of the year during 2016/17.

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



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

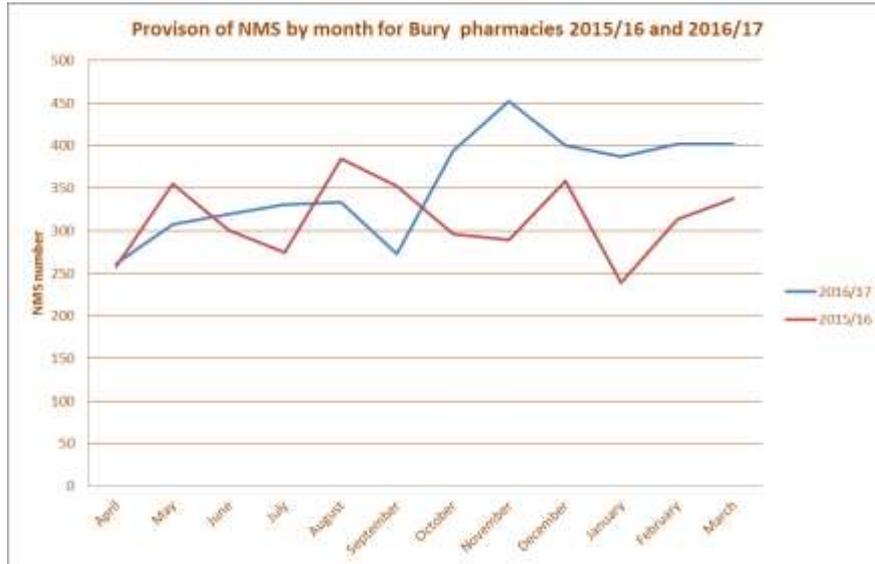
MURs are accessible to residents in all six Townships.

### 6.1.5 Access to New Medicine Service (NMS)

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

See Appendix Seven for those pharmacies that are providing NMS.

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



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

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

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

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

NMS interventions are accessible to residents in all six Townships.

### 6.1.6 Access to stoma appliance customisation

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

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

## 6.1.7 Access to Appliance Use Review (AUR)

According to data from NHS England no pharmacies in Bury provided appliance use reviews. The only data available is at a regional and national level and it is assumed that some Bury patients will be accessing his service.

**Table 17 - AUR provision 2015/16**

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

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

## 6.1.8 Access to Community Pharmacy Seasonal Influenza Vaccination programme

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

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

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

## 6.1.9 NHS Urgent Medicines Supply Advanced Service (NUMAS)

When this PNA was written no pharmacies in Bury were able to provide the NUMSAS as it wasn't due to be rolled out until July 2017. When this service goes live a supplementary statement may need to be issued providing details of pharmacies involved.

### 6.1.10 Access to enhanced services

In April 2017, the only enhanced service commissioned by NHS England from pharmacies in the Bury HWB area is the inhaler technique service. This service is currently undergoing a review and it is intended to relaunch it during 2017. When this service is relaunched a supplementary statement may need to be issued providing details of pharmacies involved.

### 6.1.11 Access to pharmaceutical services on public and bank holidays and Easter Sunday

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

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

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

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

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

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

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

The same applies to locally-commissioned services.

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

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

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

### 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.

### 6.3.3 Other relevant services

Whilst the HWB consider enhanced services as providing an improvement or better access to pharmaceutical services, only one<sup>7</sup> is commissioned by NHS England and that is currently under review. The HWB is mindful of local commissioned services as described in section 3.6.6 and 6.5.4, which meet the needs of pharmaceutical services.

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<sup>7</sup> Inhaler technique service

### 6.3.4 Choice with regard to obtaining pharmaceutical services

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

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

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

## 6.4 Future provision – necessary and other relevant services

### 6.4.1 Housing and development

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

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

### 6.4.2 Primary Care developments

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

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

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

This transformation will lead to greater delivery of care nearer to people's homes or at home and a drive to increase self-care for Bury's residents. How this will impact on the need for pharmaceutical

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<sup>8</sup> Produced by Greater Manchester's Pharmacy Local Professional Network

services is difficult to quantify and it will be important that the HWB are mindful of the requirement for people to have access to pharmaceutical services as part of this transformation.

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

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

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

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

## 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

### 6.5.1 Hospital pharmacies

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

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

## 6.5.2 Personal administration of items by GPs

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

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

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

## 6.5.3 GP out of hours service

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

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

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

## 6.5.4 Locally commissioned services – Bury Council and Bury CCG

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

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

## 7. Localities for the purpose of the PNA

### 7.1 Overview

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

Individual health profiles have been developed for each Township using PHE data ([www.localhealth.org.uk](http://www.localhealth.org.uk)).

### 7.2 Bury East Township

#### 7.2.1 Bury East Township profile

Bury East Township consists of three wards:

- Redvales Ward
- Moorside Ward
- East Ward

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

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

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

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

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

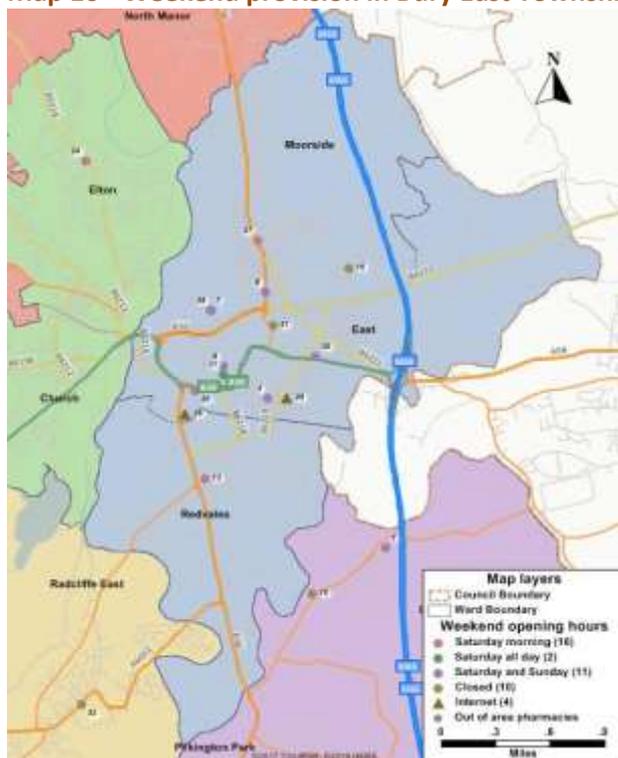
Compared with England as a whole, the Township performs better with respect to the:

- Incidence of breast cancer

## 7.2.2 Access to a pharmacy in Bury East Township

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

**Map 10 - Weekend provision in Bury East Township**



## 7.3 Bury West Township

### 7.3.1 Bury West Township profile

Bury West Township consists of two wards:

- Church Ward
- Elton Ward

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

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

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

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

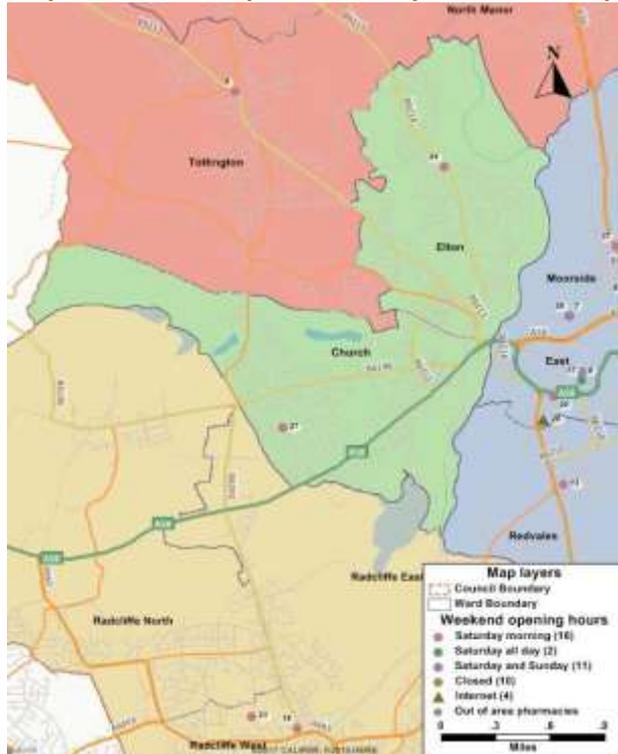
Compared with England as a whole, the Township performs better with respect to the:

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

### 7.3.2 Access to a pharmacy in Bury West Township

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

Map 11 - Weekend provision Bury West Township



## 7.4 Prestwich Township

### 7.4.1 Prestwich Township's profile

Prestwich Township consists of three wards:

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

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

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

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

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

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

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

### 7.4.2 Access to a pharmacy in Prestwich Township

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

Map 12 - Weekend provision Prestwich Township



## 7.5 Radcliffe Township

### 7.5.1 Radcliffe Township profile

Radcliffe Township consists of three wards:

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

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

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

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

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

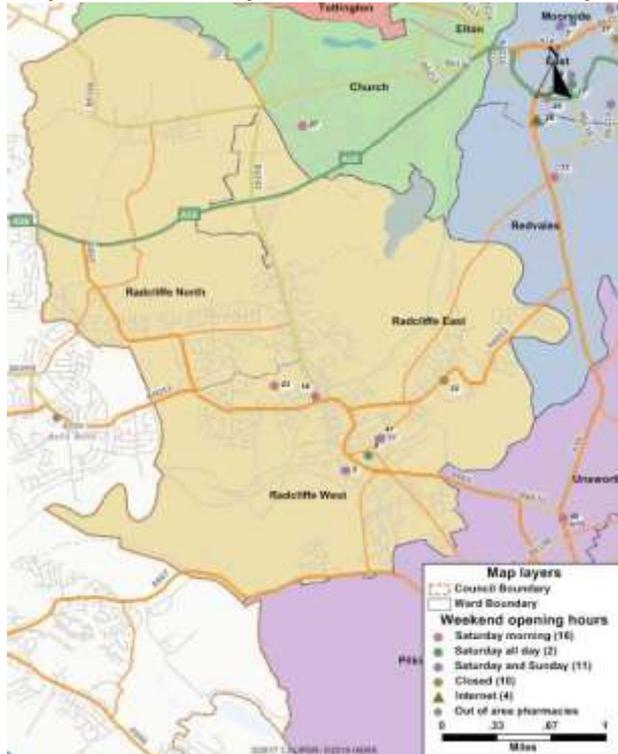
Compared with England as a whole, the Township performs better with respect to the:

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

## 7.5.2 Access to a pharmacy in Radcliffe Township

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

**Map 13 - Weekend provision Radcliffe Township**



## 7.6 Ramsbottom, Tottington & North Manor Township

### 7.6.1 Ramsbottom, Tottington & North Manor Township profile

Township Five consists of three wards:

- Ramsbottom Ward
- Tottington Ward
- North Manor Ward

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

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

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

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

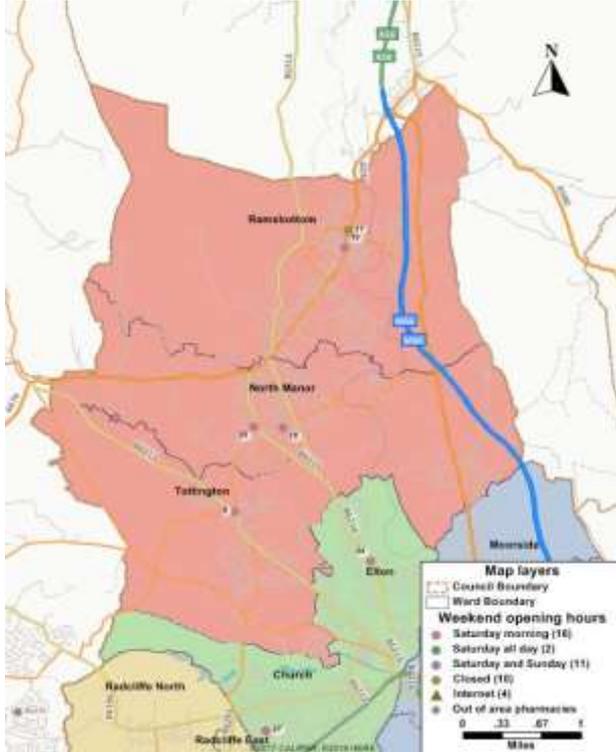
Compared with England as a whole, the Township performs better with respect to the:

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

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

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

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



## 7.7 Whitefield & Unsworth Township

### 7.7.1 Whitefield & Unsworth Township profile

Township Six consists of three wards:

- Besses Ward
- Pilkington Park Ward
- Unsworth Ward

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

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

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

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

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

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

### 7.7.2 Access to a pharmacy in Whitefield & Unsworth Township

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

Map 15 - Weekend provision Whitefield & Unsworth Township



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

### 8.1 Essential Services (ES)

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

- ES1 Dispensing Medicines & Dispensing Appliances
- ES2 Repeat Dispensing
- ES3 Disposal of Unwanted Medicines
- ES4 Public Health (Promotion of a healthy lifestyle)
- ES5 Signposting
- ES6 Support for Self-care
- ES8 Clinical Governance

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

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

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

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

ES4 provides the ability to:

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

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

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

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

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

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

ES8 provides the governance structure for the delivery of pharmacy services. This structure is set out within the 2013 regulations and includes:

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

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

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

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

## 8.2 Advanced Services

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

- Medicines Use Reviews (MUR)
- New Medicines Service (NMS)
- Appliance Use Review (AUR)
- Stoma Appliance Customisation (SAC)
- Flu vaccination
- NHS Urgent Medicine Supply Advanced Service (NUMSAS) (Due to start July 2017 and run until 31<sup>st</sup> March 2018.)

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

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

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

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

## 8.3 Enhanced services

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

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

### 8.3.1 Inhaler Technique Service

This enhanced service is currently under review and due to be relaunched later in 2017. This review has taken place in order to improve delivery of the service.

## 8.4 Bury CCG locally commissioned services

### 8.4.1 Minor ailment scheme

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

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

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

## 8.4.2 Minor eye conditions scheme

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

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

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

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

## 8.4.3 Access to palliative care medicines

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

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

## 8.5 Bury Council locally commissioned services (LCS)

### 8.5.1 Stop smoking

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

## 8.5.2 Substance misuse

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

It aims to:

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

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

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

It is a medicines adherence service which aims to:

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

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

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

## 8.5.3 Sexual health - Teenage pregnancy

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

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

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

## 8.5.4 Other sexual health services

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

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

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

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

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

## 8.5.5 NHS Health Checks

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

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

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

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

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<sup>9</sup> [http://www.healthcheck.nhs.uk/interactive\\_map/compare\\_local\\_authorities\\_or\\_centres/](http://www.healthcheck.nhs.uk/interactive_map/compare_local_authorities_or_centres/)

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

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

### 8.5.6 Mental health and well being

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

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

- 

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

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

## 9. Necessary services - gaps in provision of pharmaceutical services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**TO BE REVIEWED POST CONSULTATION**

## 11.1 Current provision – necessary and other relevant services

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

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

## 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.

### 11.2.1 Access to essential services

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

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

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

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

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

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

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

### 11.2.4 Access to advanced and enhanced services

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

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

## 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.

**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 six Townships 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

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

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

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

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

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

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

### 11.4.3 Current and future access to enhanced services

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

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

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

## 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 3.6.6.

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

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

## 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 localities in its area for the purpose of this PNA, see section 3 and section 6 and maps 10-15.

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

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

## 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 Six (Section 6.1). Additional maps are also provided throughout and are contained in Appendix Ten.