

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

VERSION 0.1

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1 Executive Summary

1.1 Introduction

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

- Bury's Health and Wellbeing Board (HWB) has a statutory responsibility to publish and keep up to date the PNA for Bury. The PNA for Bury presents a picture of community pharmacy need and provision in Bury and links to Bury's Joint Strategic Needs Assessment¹ (JSNA).
- It will be used by NHS England & NHS Improvement (NHSE&I) to
 - inform which NHS funded services need to be provided by community pharmacies and dispensing appliance contractors
 - decide whether new pharmacies or services are needed
 - aid decision making about the relocation of existing pharmaceutical premises in response to applications by providers of pharmaceutical services
 - inform the commissioning of locally enhanced services delivered from pharmacies to address any gaps in health care provision
- Providers of pharmaceutical services will also use the PNA to inform their applications to provide pharmaceutical services by demonstrating that they are able to meet a pharmaceutical need as set out in the PNA.

The PNA includes information on:

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

This document has been prepared by Bury's Health and Wellbeing Board (HWB) in accordance with the NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013, as amended. It replaces the Pharmaceutical Needs Assessment (PNA) previously published in 2018.

The HWB established a steering group to lead a comprehensive engagement process to inform the development of the PNA. The group undertook a public survey and sought information from pharmacies, Bury Council, NHS Bury CCG/ GM Integrated Care Board (ICB), and NHS England and NHS Improvement (NHS E&I)

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

To identify local health needs and assess current pharmaceutical services provision, Bury is divided into five integrated neighbourhood teams as described in the Bury Locality Plan Refresh 2019- 2024²:

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

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

¹ [Joint Strategic Needs Assessment - Bury Council](#)

² [Bury Locality Plan Refresh 2019 - 2024](#)

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

As part of the PNA process there is a statutory provision that requires consultation of at least 60 days to take place to establish if the pharmaceutical providers and services supporting the population in the HWB area are accurately reflected in the final PNA document. Bury Council consultation ran from 15th July 2022 until 13th September 2022. The responses received were used to inform the final conclusions which were collated and are now published as part of this PNA.

1.2 Results

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

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

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

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

1.3 Stakeholder Consultation

As part of the PNA process there is a statutory provision that requires consultation of at least 60 days to take place to establish if the pharmaceutical providers and services supporting the population in the HWB area are accurately reflected in the final PNA document. Bury Council's consultation ran from 15th July 2022 until 13th September 2022. The responses received were used to inform the final conclusions which were collated and are now published as part of this PNA.

1.4 Conclusions

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

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

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

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

2 Introduction

This document has been prepared by Bury's Health and Wellbeing Board (HWB) in accordance with the NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013, as amended. It replaces the Pharmaceutical Needs Assessment (PNA) previously published in 2018.

In the current NHS there is a need for the local health partners, NHSE&I, Bury Council, Greater Manchester Integrated Care (GM IC), Bury pharmacies and other providers of health and social care, to ensure that the health and pharmaceutical needs of the local population are met through the appropriate commissioning of services.

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

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

Glossary and acronyms are provided in Appendix One.

2.1 Purpose of a PNA

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

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

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

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

2.2 HWB duties in respect of the PNA

In summary Bury HWB must:

- Produce an updated PNA which complies with the regulatory requirements.
- Publish PNAs on a three-yearly basis.
- Publish a subsequent PNA sooner when it identifies changes to the need for pharmaceutical services which are of a significant extent, unless to do so would be a disproportionate response to those changes; and
- Produce supplementary statements in certain circumstances.

2.3 Background and legislation

2.3.1 National Legislation and impending changes

The Health Act 2009³ made amendments to the National Health Service (NHS) Act 2006 stating that each PCT must in accordance with regulations:

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

The Health and Social Care Act 2012 transferred responsibility for the developing and updating of PNAs to HWBs.

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

Each PNA, published by the HWB will have a maximum lifetime of three years. HWBs will also be required to publish a revised assessment when significant changes to the need for pharmaceutical services are identified unless this is considered a disproportionate response. However, due to disruption to many sectors of the health and care services across the UK during the COVID-19 pandemic there was a legislated delay to allow publication of the 3-yearly PNA to be extended until October 2022.

The Health and Social Care Act 2012 also transferred responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list from PCTs to NHS England (now merged to form NHS England & NHS Improvement (NHSE&I)). The PNA will be used by NHSE&I when making decisions on applications to open new pharmacies and dispensing appliance contractor premises; or applications from current pharmaceutical providers to change their existing regulatory requirements. Such decisions are appealable to the NHS Resolution, and decisions made on appeal can be challenged through the courts.

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

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

New legislation under the Health and Care Act 2022⁴ received royal assent in April 2022. This Act transfers commissioning arrangements for health and social services. The National Health Service Commissioning Board is renamed NHS England but will still be responsible for the provision of primary medical, primary dental, primary ophthalmic and pharmaceutical services.

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

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

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

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

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

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

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

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

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

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

The direct impact in Bury has seen 66,195 confirmed positive cases; and 751 deaths within 28 days of a positive test⁵. The Northern Care Alliance Foundation Trust (NCA FT) which includes Fairfield General Hospital had had 7216 patients admitted to hospital from 1st April 2020 up to 1st May 2022, these are in addition to other patients the hospitals are managing. A total number of 386,920 vaccinations have been administered to the Bury population. This direct impact has put a strain healthcare services, and meant that these people, whilst ill, were unable to contribute productively to their community or work.

An indirect effect has been that many healthcare professionals have been re-deployed to assist in managing the services set up to tackle Covid-19, or have had Covid-19, or been in contact with a person who has, and were therefore unable to work in their usual role. Whilst services were closed during lockdown periods, peoples' health conditions could have deteriorated as they were not able, or unwilling, to seek help. Also screening services and planned operations were cancelled so patients have been delayed in receiving treatment and there is now a longer waiting list than previous years. An important side-effect of the Covid-19 impact is the exposure of the digital divide that exists in the UK. Social mobility and class differences mean that some of the poorest and most disadvantaged children are likely to be affected by a lack of access to remote learning because of technological issues⁶.

Data shows that mental health and wellbeing have been affected. Analysis of data from the UK Household Longitudinal Study (UKHLS) has tracked changes in levels of psychological distress during the pandemic. It suggests the [proportion of adults aged 18 and over reporting a clinically significant level of psychological distress](#) increased from 20.8% in 2019 to 29.5% in April 2020. This figure had dropped by easing of lockdown and reducing cases and risen again coinciding with the periods of national lockdown and high COVID-19 cases following waves of the pandemic⁷. Some groups have been more likely to experience poor or deteriorating mental health during this period. These include women, young adults (aged between 18 and 34, depending on the study), adults with pre-existing mental or physical health conditions, adults experiencing loss of income or employment, adults in

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

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

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

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

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

2.3.3 Mandatory 60-day stakeholder consultation

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

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

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

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

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

2.4 Scope of the PNA

The pharmaceutical services to which each PNA must relate are all the pharmaceutical services that may be provided under arrangements made by NHSE&I for –

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

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

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

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

For **appliance contractors** the scope of the service to be assessed in the PNA is the dispensing of appliances and the provision of appliance use review (AUR) and stoma appliance customisation (SAC). This means that, for the purposes of the PNA, it is concerned with whether patients have adequate

access to dispensing services, including dispensing of appliances, AURs and SACs where these are undertaken by an appliance contractor but not concerned with other services appliance contractors may provide.

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

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

2.5 Minimum requirements for the PNA

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

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

3 How the assessment was undertaken

3.1 Development of the PNA

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

3.1.1. PNA steering group

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

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

The steering group included representation from the following groups:

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

3.1.2 PNA localities

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

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

- The current JSNA and Bury Locality Plan Refresh describes population health needs using these neighbourhoods
- This grouping of wards into neighbourhoods reflect the localities which are already in use by Bury Council.
- Most available healthcare data is collected at ward level and wards are a well-understood definition within the general population as they are used during local parliamentary elections.

The five neighbourhoods and the wards within them are:

Bury North

- Ramsbottom
- North Manor
- Tottington
- Elton

Bury East

- Moorside
- Bury East (formerly East)
- Redvales

Bury West

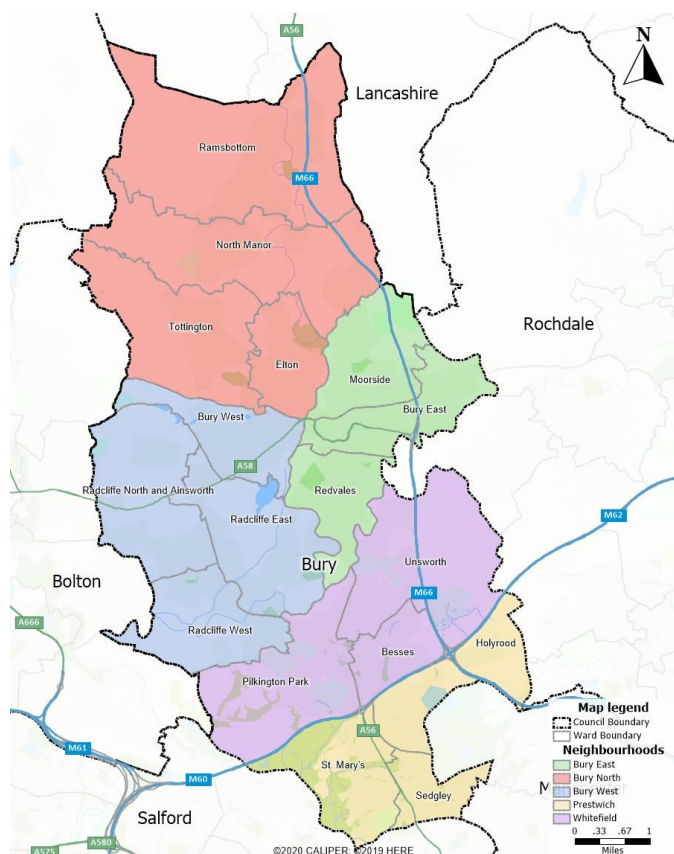
- Bury West (formerly Church)
- Radcliffe North & Ainsworth (formerly Radcliffe North)
- Radcliffe East
- Radcliffe West

Prestwich

- St. Mary's

- Holyrood
- Sedgley
- Whitefield
 - Unsworth
 - Besses
 - Pilkington Park

Map 1 - Bury neighbourhoods and wards



3.1.3 Contractor questionnaire and patient survey

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

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

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

3.1.4 Other sources of information

The content of the PNA including demographics, neighbourhoods and background information was approved by the steering group. In looking at the health needs of the local population, the Bury JSNA⁸,

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

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

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

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

3.1.5 Consultation

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

The list of stakeholders consulted included the following groups:

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

3.2 JSNA and Locality Plan priorities

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

3.2.1 Bury's Locality Plan Refresh 2019 – 2024

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

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

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

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

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

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

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

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

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

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

3.3 Focus of the PNA

The Health and Wellbeing Board discuss these documents and approve actions to take forward to address the needs of the population of Bury. From these documents the HWB have identified the health priorities which may require pharmaceutical services. These are stated in HWB minutes from 21/10/ 2021 and 03/02/2022 meetings¹¹. These address targets which will help drive the changes recommended in Bury's Locality Plan Refresh:

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

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

¹¹ [Browse meetings - Health and Wellbeing Board - Bury Council](#)

3.4 Patient and public engagement

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

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

The lack of response to the public survey may indicate that residents in Bury may not see access to pharmacies as an issue and therefore not worth taking the time to complete the survey, but this assumption is not proven. Of the 160, 68% of the responders were female.

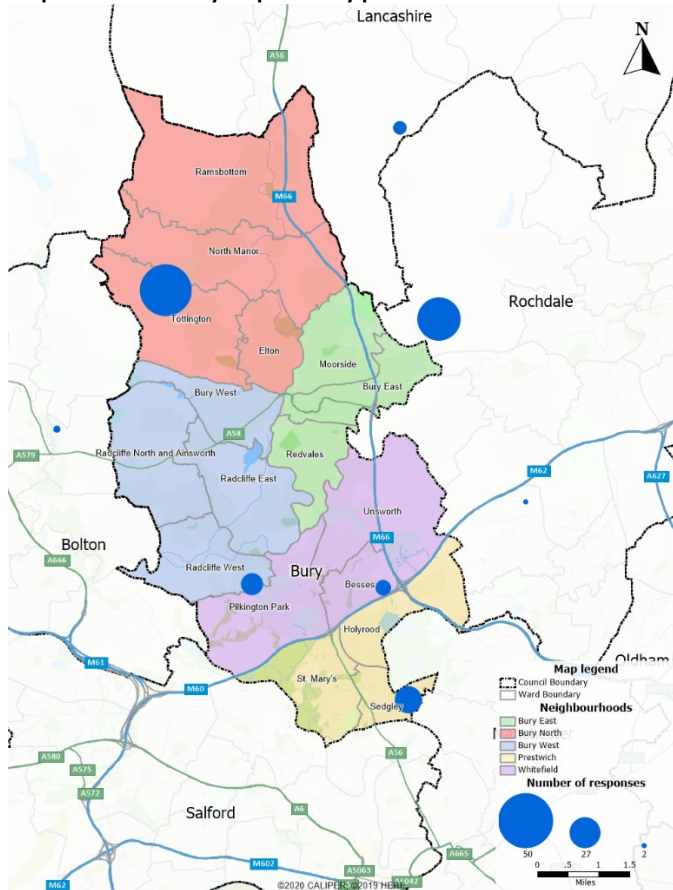
51% of respondents were over the general age of retirement of 65 years and over.

18% of respondents consider themselves to have a disability.

93% of people considered themselves to be ‘White British’.

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

Map 2 - Public survey responses by post code district



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

3.4.1 Choice of Pharmacy

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

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

3.4.2 Access to Pharmaceutical Services

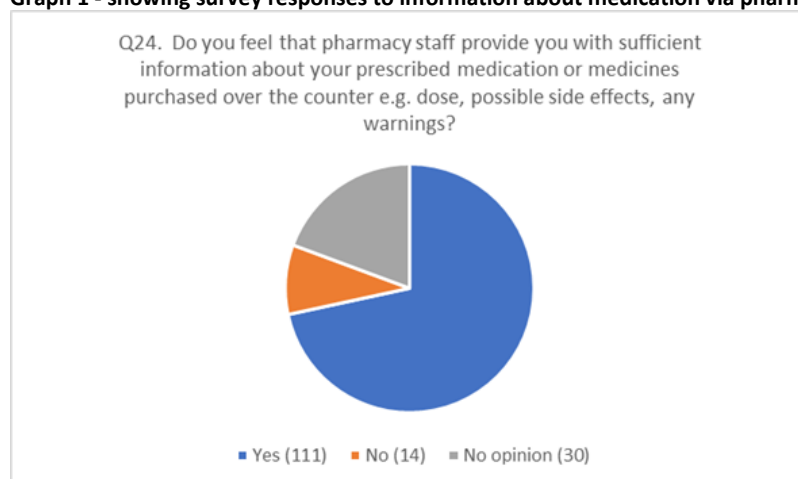
The location of pharmacies does not cause a problem for 94% of the responders and the opening hours do not cause a problem for 91% of respondents. For the 13 respondents who had a problem with the opening times, seven were not aware that some pharmacies had extended opening times and of those that did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

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

3.4.3 Development of Pharmacy Services

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

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



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

In addition to the patient questionnaire (Appendix Three), respondents were provided with an opportunity to answer some questions in free text form, which the HWB have considered. Positive

and negative comments were received on local pharmacies which relate to operational matters and other matters that while important are not concerns that are addressed with the context of the PNA. Each pharmacy will undertake its own patient survey on a regular basis to inform such considerations. The main themes informing this PNA were with regard to opening times and services provided.

3.5 Contractor engagement

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

The contractor questionnaire provided an opportunity to validate the information provided by NHSE&I in respect of the hours and services provided.

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

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

3.5.1 Advanced services

See information contained in section 6.0.

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

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

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

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

3.5.2 Enhanced and locally commissioned services

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

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

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

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

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

3.5.3 Non-NHS services

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

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

3.6 Pharmaceutical services

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

Pharmaceutical services may be provided by:

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

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

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

3.6.1 Pharmaceutical services provided by pharmacy contractors

Unlike for GPs, dentists and optometrists, NHSE&I does not hold contracts with pharmacy contractors. Instead, they provide services under a contractual framework, details of which (their terms of service) are set out in schedule 4 of the 2013 regulations and in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 (the 2013 directions). The underpinning elements of the contractual framework, which align to national health plans, are reviewed regularly to allow

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

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

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

- **Essential services** – all pharmacies with NHS contracts (see Appendix Six for complete list) must provide these services. Further details can be found on the PSNC website¹³ :
 - Dispensing of prescriptions (both electronic and non-electronic), including urgent supply of a drug or appliance without a prescription
 - Dispensing of repeatable prescriptions
 - Disposal of unwanted drugs
 - Promotion of healthy lifestyles
 - Signposting
 - Support for self-care
 - Discharge Medicines Service (DMS)
 - Attain Healthy Living Pharmacy status

- **Advanced services** – pharmacies may choose whether to provide these services or not (see Appendix Seven). If they choose to provide one or more of the advanced services, they must meet certain requirements and must be fully compliant with the essential services and clinical governance requirements:
 - Community Pharmacist Consultation Service (CPCS) from Nov 2020
 - New Medicines Service (NMS) additional conditions from Sept 2021
 - Appliance Use Review (AUR)
 - Stoma Appliance Customisation (SAC)
 - Flu vaccination
 - Hepatitis C Testing from Sept 2020 until March 2023
 - Covid-19 Lateral Flow device distribution CLOSED 31st March 2022
 - Hypertension finding service from October 2021
 - Pandemic Delivery Service CLOSED 5th March 2022
 - Smoking Cessation Service from 10th March 2022

- **Enhanced services** – service specifications for this type of service are developed by NHS E&I Area Team (GM HSCP) and then commissioned to meet specific health needs.

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

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

Underpinning the provision of all these services is the requirement on each pharmacy to participate in a system of clinical governance¹⁴. This system is set out within the 2013 regulations and includes:

- A patient and public involvement programme
- A clinical audit programme
- A risk management programme
- A clinical effectiveness programme
- A staffing and staff programme
- Continued professional and personal development assurance
- An information governance programme

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

¹³ <http://psnc.org.uk>

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

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

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

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

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

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

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

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

3.6.2 Locally commissioned services

Locally commissioned community pharmacy services can be contracted via several different routes and by different commissioners. These services no longer fall within the definition of enhanced services or pharmaceutical services as set out in legislation and therefore should not be referred to as enhanced services. For the purposes of this document, they are referred to as locally commissioned services.

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

These services are included within this assessment where they affect the need for pharmaceutical services, or where the further provision of these services would secure improvements or better access to pharmaceutical services.

These services meet current identified needs for what would be pharmaceutical services if commissioned by NHS E&I and should be considered as relevant to the pharmaceutical needs of Bury. Guidance, examples, and templates of locally commissioned can be found on the PSNC website¹⁵

Services commissioned by Bury Council are:

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

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

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

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

Services commissioned by NHS Bury CCG prior to GM IC:

- Palliative Care Medicine Stockholder

3.6.3 Non-commissioned added value services

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

Pharmacists are free to choose whether to charge for these services but are expected to follow standards of governance if they do. As they are private services, they fall outside the scope of the PNA.

3.6.4 Contracted Opening Hours

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

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

These 100-hour pharmacies remain under an obligation to be open for 100 hours per week. In addition, these pharmacies may open for longer hours. There are five pharmacies in Bury with 100-hour contracts.

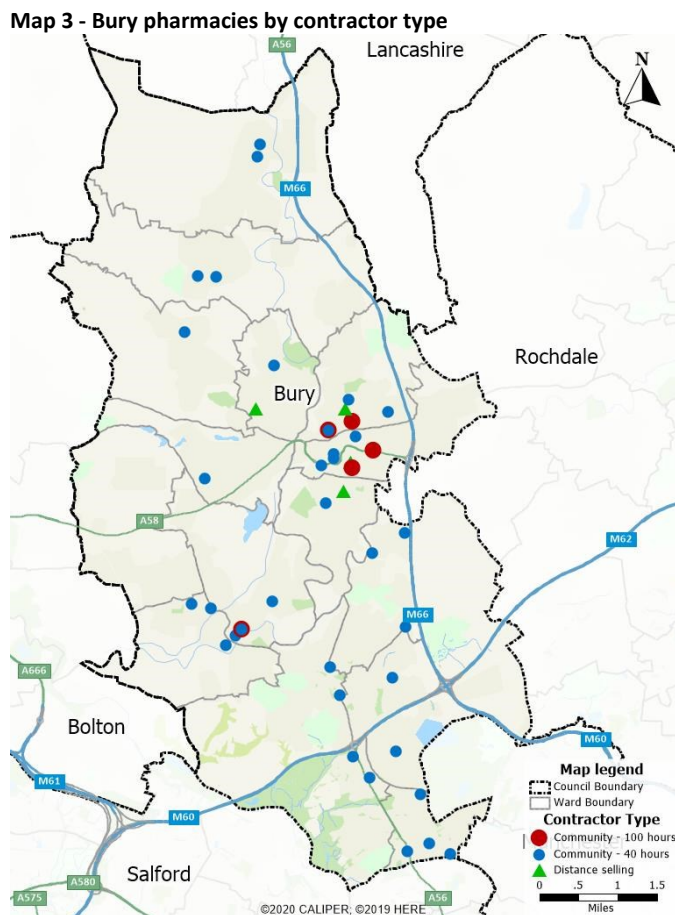
The proposed opening hours for each pharmacy are set out in the initial application. If the application is granted the pharmacy is then contracted to open during the opening hours identified in the application. The contractor can subsequently apply to NHSE&I change their core opening hours or notify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

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

3.6.5 Closure of Pharmacy Premises

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

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



Pharmacy opening hours in Bury HWB's area can be found on NHS.uk website under NHS Services¹⁶ From 9th November 2020, under the NHS Terms of Service, contractors must ensure that the profile for their pharmacy is comprehensive and accurate¹⁷. Appendix Eight provides details as to the spread of opening times across each cluster and by ward.

3.6.6 Local pharmaceutical services

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

There are no LPS contractors within the Bury area.

3.6.7 Distance selling pharmacies

Whilst the majority of pharmacies provide services on a face-to-face basis, e.g. people attend the pharmacy to ask for a prescription to be dispensed, or to receive health advice, there is one type of pharmacy that is restricted from providing services in this way. They are referred to in the 2013 regulations as distance selling premises (previously called wholly mail order or internet pharmacies). Distance selling pharmacies are required to provide essential services and participate in the clinical governance system in the same way as other pharmacies; however, they must provide these services remotely. Such pharmacies are required to provide services to people who request them wherever they may live in England. Patients may not walk into distance selling pharmacies.

¹⁶ <https://www.nhs.uk/nhs-services/>

¹⁷ PSNC

There are four distance selling pharmacies in Bury, although residents may choose to use such pharmacies that are within or outside of the borough. Although these four pharmacies can provide a service nationally, dispensing data from ePACT2¹⁸ shows that 76.8% of their items are issued to clients who have a Bury GP, and that a further 11.0% are issued to clients who have GPs in the neighbouring CCGs of Bolton, Heywood, Middleton and Rochdale, Manchester, East Lancashire, Blackburn with Darwin, and Salford. This indicates that the distance selling pharmacies in Bury can be classed as ‘local’ pharmacies.

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

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

3.6.8 Pharmaceutical services through dispensing appliance contracts (DAC)

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

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

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

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

- Stoma appliance customisation
- Appliances use review

DACs are required to open at least 30 hours per week, and these are referred to as core opening hours. They may choose to open for longer and these hours are referred to as supplementary opening hours. There are no DACs in Bury therefore its population has appliances dispensed either from DACs outside the Bury area or from community pharmacies who provide the items they require. Six of the thirteen community pharmacies that responded to the survey stated that they were able to dispense all types of appliances, and a further two can dispense dressing. Although this is not a representative sample of the total 43 community pharmacies in Bury it does show that there are other options to obtaining appliances within Bury Borough.

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

3.6.9 Pharmaceutical services provided by doctors

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

3.6.10 Hospital pharmacy

Hospital pharmacies affect the need for pharmaceutical services within its area. They may reduce the demand for the dispensing essential service as prescriptions written in the hospital are dispensed by the hospital pharmacy service. Fairfield General Hospital (part of NCA Foundation Trust), as with each of the NCA FT trust's hospital sites, offers outpatient dispensing of hospital prescriptions.

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

3.6.11 Other provision of pharmaceutical services

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

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

The PNA makes no assessment of these services.

3.6.12 Other sources of information

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

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

The JSNA, Bury's Locality Plan Refresh 2019 – 2024 and Bury Council and CCG's 'Let's Do It' Strategy provided background information on the health needs of the population.

3.7 Consultation

A statutory consultation exercise was carried out over the Summer 2022 in accordance with the 2013 Regulations. The consultation took place from 15th July to 13th September 2022 for a period of at least 60 days, in line with regulations. This is based on Section 242 of the NHS Act 2006, which requires HWBs to involve users of services in:

- The planning and provision of services
- The development and consideration of proposals for changes to how services are provided
- Decisions affecting the operation of services.

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

The number of responses received totalled five and:

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

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

4 Context in Bury

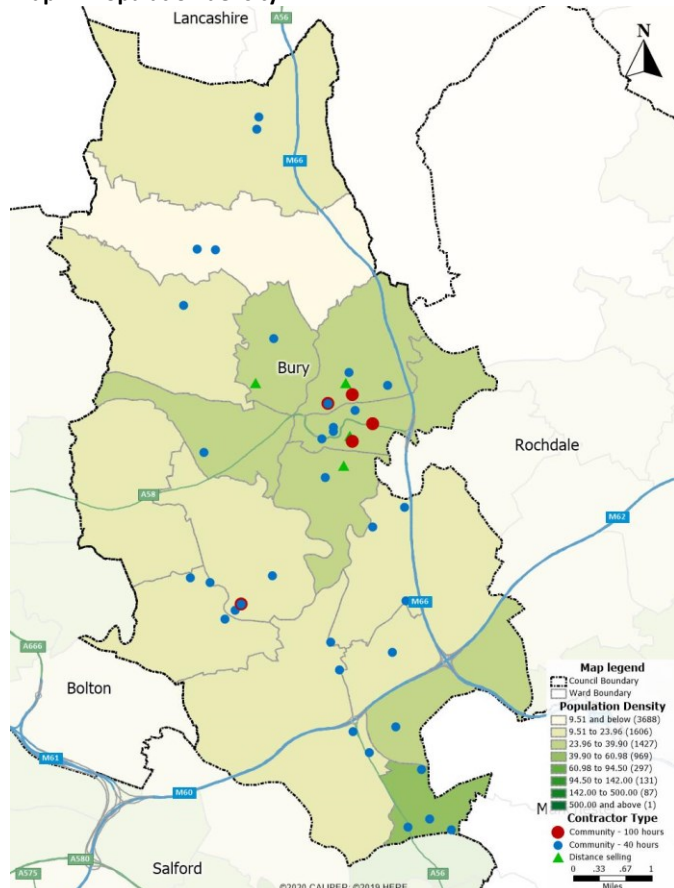
4.1 Overview

Bury Council is one of ten councils in Greater Manchester. It lies to the north of the city of Manchester. The borough is named after its largest town, Bury, but also includes the towns of Prestwich, Whitefield, Radcliffe, Tottington and Ramsbottom. It has a population of 190,710 (mid-2020 population estimate) and spans 38 square miles (99 km²).

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

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

Map 4 - Population density



4.2 Current and Projected Population in Bury

By 2030 Bury will have:

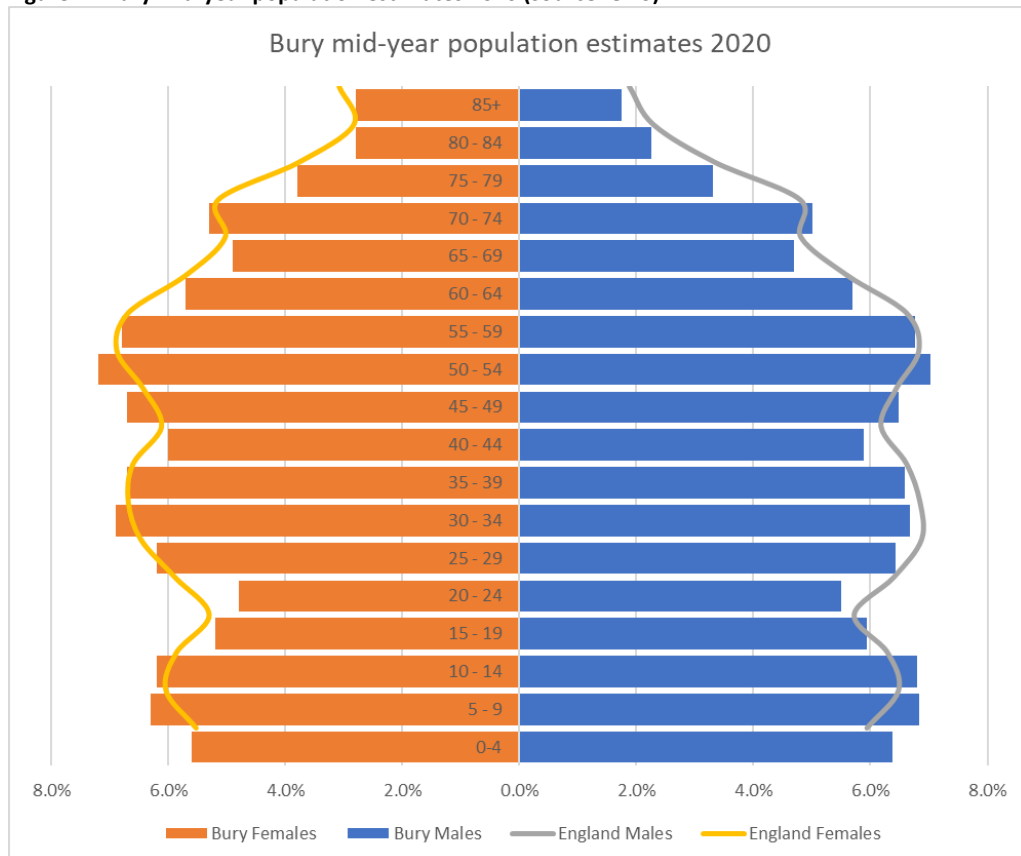
- a projected 3.3% increase in total population to 198,240 from 2020 MYE;
- with those aged 65 years and above projected to increase, on average, by 21% to make up 20% of the total population by 2030;
- young people aged 0-14 years are expected to decrease in numbers by 3.7% but will still make up 18%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

4.2.1 Current Population in Bury 2020 MYE

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

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

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



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

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

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

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

4.2.2 Projected Population from 2018 to 2030 MYE

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

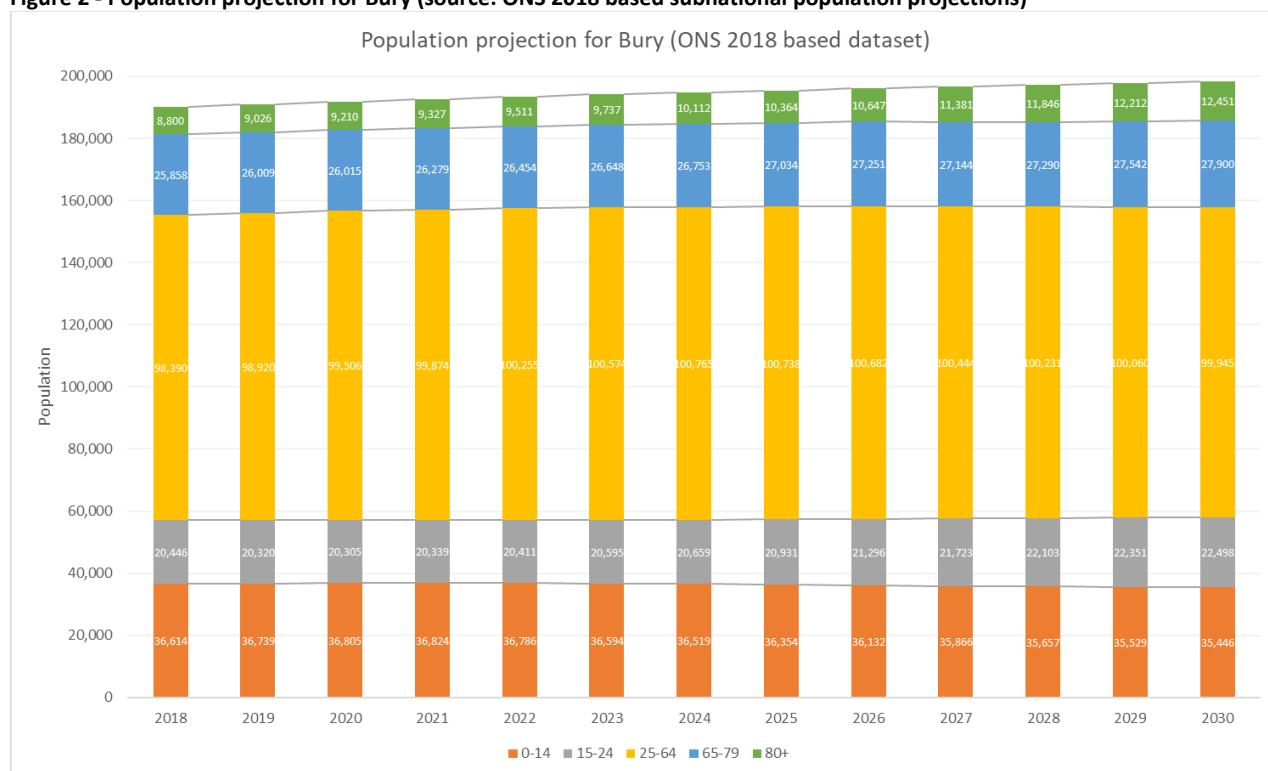


Table 5 - Projected Total Population by age group (MYE 2018- MYE 2030) (source: ONS)

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

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

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

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

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

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

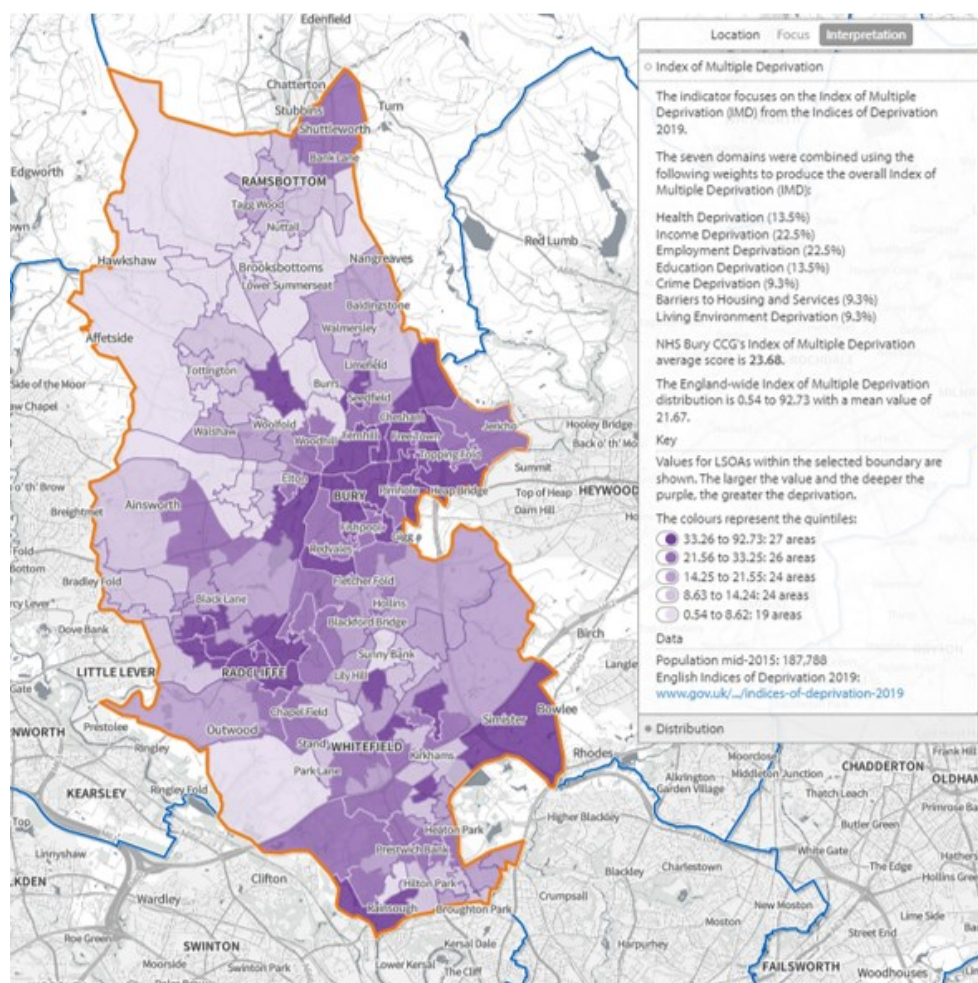
4.3 Deprivation

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

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

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

Map 5 - IMD 2019 by LSOA



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

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

Table 6 - Rank of various measures of deprivation (English Indices of Deprivation 2019)¹⁹

Local Authority District code (2019)	Local Authority District name (2019)	IMD - Average rank	IMD - Rank of average rank	IMD - Average score	IMD - Rank of average score	IMD - Proportion of LSOAs in most deprived 10% nationally	IMD - Rank of proportion of LSOAs in most deprived 10% nationally
E08000009	Trafford	12412.15	209	16.088	191	0.0507	125
E08000007	Stockport	15400.65	154	20.826	130	0.0895	90
E08000002	Bury	17812.44	110	23.682	95	0.1000	82
E08000010	Wigan	18600.47	97	25.713	75	0.1650	53
E08000001	Bolton	21135.42	47	30.691	34	0.2373	31
E08000004	Oldham	22460.10	29	33.155	19	0.3050	16
E08000008	Tameside	22774.30	23	31.374	28	0.2057	40
E08000006	Salford	23233.56	20	34.210	18	0.3000	19
E08000005	Rochdale	23414.21	17	34.415	15	0.2985	20
E08000003	Manchester	26417.75	2	40.005	6	0.4326	5

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

4.4 Life expectancy

Females

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

Males

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

Gender Gap

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

Gap across wards

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

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

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

Healthy Life Expectancy

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

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



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

4.5 Population characteristics health needs

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

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

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

4.5.1 Age

Age has an influence on which type of medicine and method of delivery is prescribed. Older people have a higher prevalence of illness and may take many medicines. The medicines management of older people is complicated by multiple disease, complex medication regimes and the ageing process affecting the body's capacity to metabolise and eliminate medicines from it. Ability to swallow at any age, but particularly in young children and older people with comorbidities, e.g. stroke, will also affect the type of medication available to treat a patient.

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

4.5.1.1 Children

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

The child population (0 to 14 years) of Bury is predicted to fall by 3.7% from 2018 to 2030. However, a key theme in the Bury Let's Do It Strategy is to 'Ensure every child has the best start in life through implementation of the Greater Manchester Early Years early years Development'.

Starting life well through prevention and early intervention is a key priority. By improving maternal health, we could give our children a better start in life, reduce infant mortality and reduce the numbers of low-birth-weight babies and by taking better care of children's health and development we can improve educational attainment, reduce the risks of mental illness, unhealthy lifestyles, and hospital admissions.

4.5.1.2 Older people

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

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

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

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

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

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

Table 8 below shows the variation between neighbourhoods in the percentage of older people living alone. Bury East has the highest percentage of people living alone. Not all these people will be living in social isolation or loneliness, but there is likely to be a number that are, and this is likely to increase over the coming years. Conversely feelings of loneliness can occur in people whether they live alone or with someone and regardless of age. ONS states that nationally in 2020/2021 a composite loneliness score²⁰ was produced combining three indirect loneliness measures. A high score indicating loneliness was reported for 9% of respondents, approximately 4 million people in England: a similar proportion to 2019/20.

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

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

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

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

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

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

Independence is or could be supported by offering:

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

4.5.2 Sex / Gender

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

However, males are still more than twice as likely as females to die of coronary heart disease in Bury²¹ and have around 3.4 times higher risk of dying of suicide than women.

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

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

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

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

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

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

4.5.3 Long term health problems and disability

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

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

People in some parts of Bury are more likely to report that their day-to-day activities are limited due to a long-term health problem or disability than others. The areas where more than 25% of people report having an activity limiting health problem or disability are listed in Table 9. At the opposite side of the spectrum, there are 25 LSOAs where less than 7% of people reported having an activity limiting health problem or disability. When looking at these figures it is important to remember that this measure is very strongly related to age and that areas with older populations are more likely to have higher rates of activity limiting health problems or disabilities than areas with younger populations, irrespective of the underlying levels of ill health in the area.

Table 9 - Activity limiting health problem or disability (source: Census 2011, ONS. Crown copyright)

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

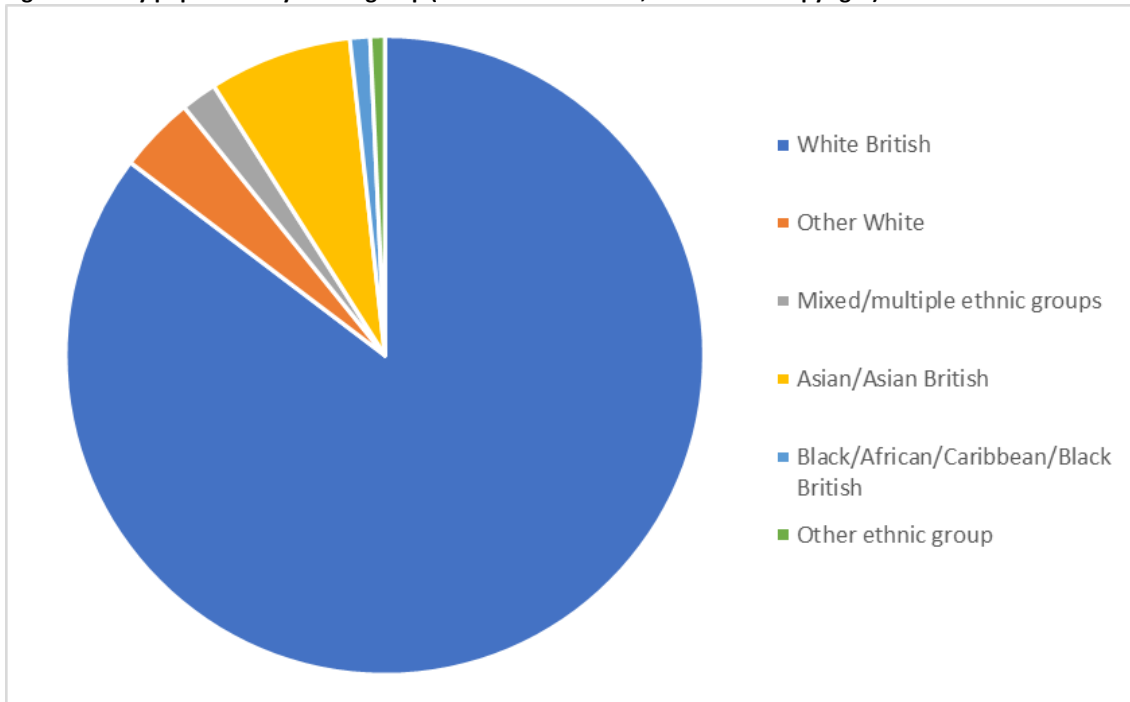
People with disabilities often have individual complex and specific needs. It is important that health and social care services can provide effective specialist services to meet such needs.

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

4.5.4 Race, ethnicity, and language

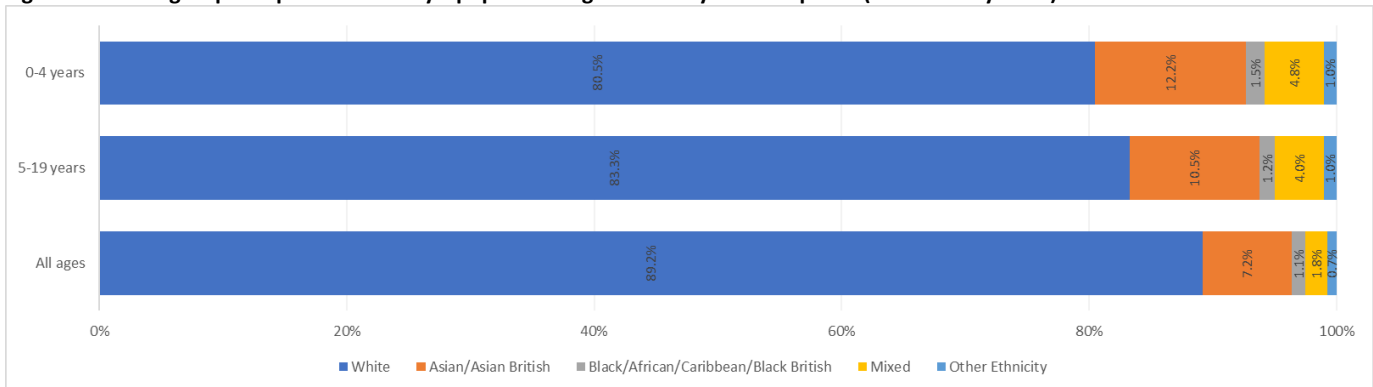
This data is taken from the census of 2011. The last census in 2021 has not yet been analysed, hence there is no update since this section was written in 2017.

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



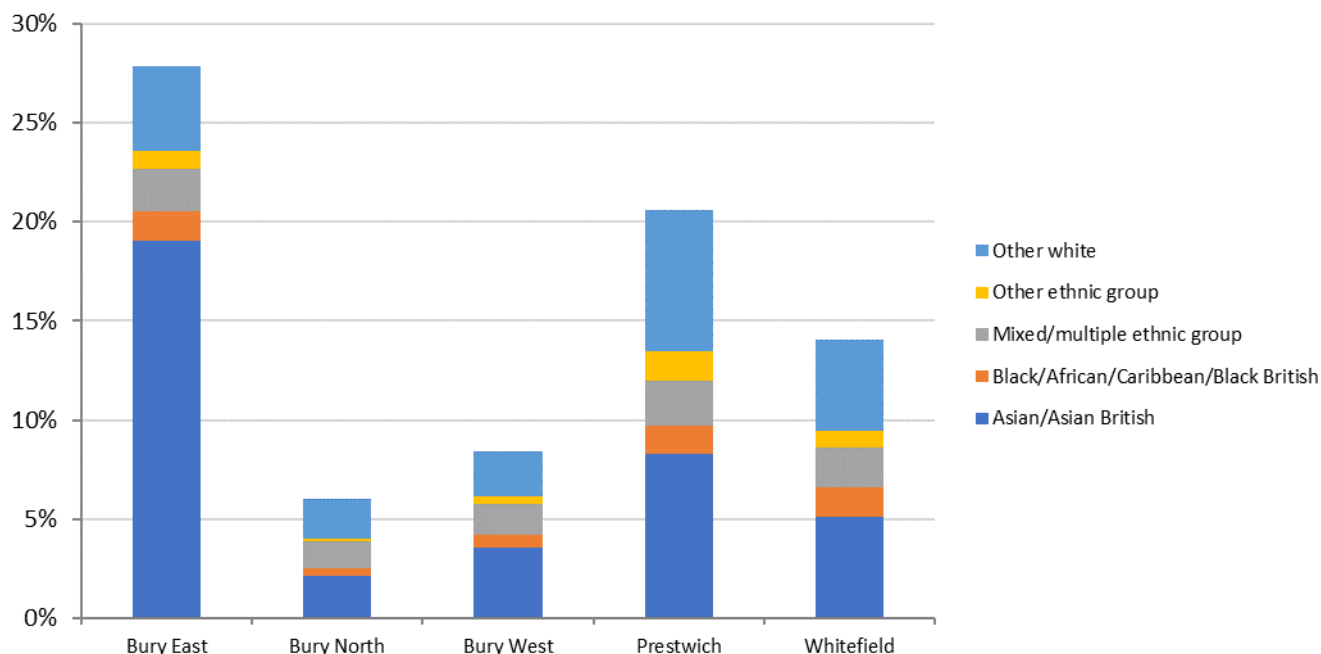
Bury’s ethnic group composition is expected to change, with the proportion of people from white backgrounds decreasing from 89.2% as in the 2011 census for all age groups. The proportion of people from white backgrounds aged 10 to 14 years is 66.8%, and 59.1% for those aged 0 to 4 years.

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



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

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



The percentage of people that cannot speak English well or not at all in Bury is 1.2%; lower than the national average (1.7%) according to ONS data from the census in 2011²². However, Table 10 below shows there are pockets where residents are above the national average. These are mainly in the Bury East neighbourhood where there is a high population of ethnic minorities living as shown above. Those residents may need support accessing and understanding services if they that cannot speak English well or at all.

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

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

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

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

Research provides the examples of the health problems experienced by different ethnic groups²³:

²²

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

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

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

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

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

4.5.5 Religion and belief

This data is taken from the census of 2011. The last census in 2021 has not yet been analysed, hence the comparative data is a population survey carried out by the ONS²⁴ in 2018.

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

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

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

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

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

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

4.5.6 Marriage and civil partnership

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

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

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

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

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

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

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

4.5.7 Pregnancy and maternity

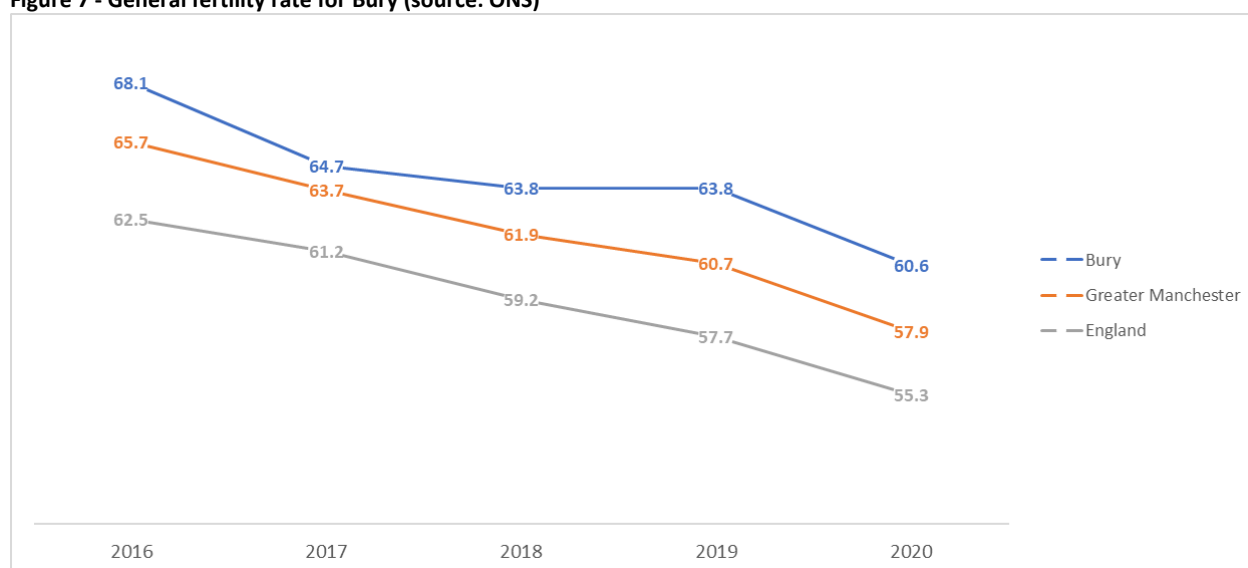
The number of live births in Bury has reduced year on year since 2015 from 2356 to 2104. Equivalent to the crude live birth rate dropping from 12.5 births per 1000 population to 11.0 in 2020. This is despite the absolute numbers of females of childbearing age (15 – 44 years) remaining fairly constant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

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

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

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

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



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

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

4.5.8 Sexual orientation

An estimated 3.1% of the UK population aged 16 years and over identified as lesbian, gay, or bisexual in 2020 an increase from 2.7% in 2019²⁶ this compares to a North West figure of 3.0% an increase from 2.2% in 2019.

The research by LBGTQ+ charity Stonewall.org.uk²⁷ suggests that the LBGTQ+ population may be exposed to certain patterns of health risks, for instance:

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

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

4.5.9 Gender reassignment

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

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

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

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

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

Provision of necessary medicines and advice on adherence and side effects including the long-term use of hormone therapy. Pharmacies can provide advice to members of this community in relation to health and well-being and on raising awareness about issues relating to members of these communities as discussed above. Pharmacies should also be able to provide any LBGTQ+ people with signposting to relevant services.

²⁶ [Sexual orientation, UK - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/people-and-population/sexual-orientation) accessed 26/5/2022

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

5 Key health priorities for Bury

To identify how pharmaceutical service provision can help tackle the need of Bury's local population, we have used HWB minutes from 21/10/ 2021 and 03/02/3022 meetings²⁸. These address targets which will help drive the changes recommended in Bury's Locality Plan Refresh. In common with England, the main causes of death in Bury are circulatory diseases, cancers, respiratory conditions and digestive disorders. The priorities identified by the HWB are:

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

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

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

Further resources, including case studies, detailing types of pharmaceutical services which could be commissioned as potential solutions to Bury's health priorities can be found on the PSNC website: Getting a pharmacy service up and running²⁹ are listed under the four headings of

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

5.1 Cardiovascular Disease

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

²⁸ [Browse meetings - Health and Wellbeing Board - Bury Council](#)

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

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

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

NHS Health Checks

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

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

How can pharmacy contractors help?

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

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

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

5.2 Stroke

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

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

How can pharmacy contractors help?

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

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

5.3 Diabetes

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

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

How can pharmacy contractors help?

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

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

5.4 Cancer

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

Public health profiles

Data view ▼ Area profiles Geography NHS Bury CCG Indicator search Results for: cancer
CCGs in England

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Geography version CCGs (from Apr 2021) ▼

Indicator	Period	Bury				England		
		Recent Trend	Count	Value	Worst/ Lowest	Range	Best/ Highest	
Cancer: QoF prevalence (all ages)	2020/21	↑	5,928	2.9%	3.2%	1.6%		4.7%
Personalised Care Adjustment (PCA) rate for cancer indicator	2020/21	↓	2	0.4%	1.3%	0.0%		5.4%
% reporting cancer in the last 5 years	2021	→	80	3.1%	3.1%	2.0%		4.7%
Patients with cancer reviewed within 6 mths of diagnosis (denominator incl. PCAs)	2020/21	→	403	72.5%	78.4%	43.7%		93.0%
New cancer cases (Crude incidence rate: new cases per 100,000 population)	2019/20	→	1,142	552	531	307		768
Persons, 50-70, screened for breast cancer in last 36 months (3 year coverage, %)	2020/21	↓	18,513	71.4%	61.3%	38.8%		72.5%
Persons, 50-70, screened for breast cancer within 6 months of invitation (Uptake, %)	2020/21	↓	4,942	64.7%	62.8%	46.7%		77.7%
Persons, 60-69, screened for bowel cancer within 6 months of invitation (Uptake, %) - retired after 2018/19	2018/19	↑	7,321	60.6%	57.9%	44.6%		65.7%
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) - retired after 2018/19	2018/19	↑	12,603	60.0%	58.0%	45.0%		66.3%
New cancer cases treated resulting from a Two Week Wait referral (Detection rate: % of all new cancer cases treated)	2020/21	→	500	54.3%*	54.8%*	45.3%		64.5%
Two-week wait referrals for suspected breast cancer (Number per 100,000 population)	2020/21	↑	1,392	671	693	323		1,141
Two-week wait referrals for suspected lower GI cancers (Number per 100,000 population)	2020/21	↑	1,587	765	615	362		1,095
Two-week wait referrals for suspected lung cancer (Number per 100,000 population)	2020/21	→	186	90	69	23		150
Two-week wait referrals for suspected skin cancer (Number per 100,000 population)	2020/21	→	1,336	644	689	55		1,431
Number of emergency admissions with cancer (Number per 100,000 population)	2020/21	↓	844	407*	456*	258		726
Number of emergency presentations (Number per 100,000 population)	2020/21	→	195	94*	87*	53		151
Number of other presentations (Number per 100,000 population)	2020/21	→	671	323*	297*	118		507
Two-week referrals resulting in a diagnosis of cancer (Conversion rate: as % of all TWW referrals)	2020/21	↓	484	6.4%*	7.0%*	4.0%		10.2%
Two-week wait referrals for suspected cancer (Number per 100,000 population)	2020/21	↑	7,544	3,635	3389	2,458		5,006
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %)	2020/21	↑	20,760	65.1%	66.8%	55.0%		75.1%
Persons, 60-74, screened for bowel cancer within 6 months of invitation (Uptake, %)	2020/21	↑	8,192	71.1%	70.7%	58.7%		77.5%
Two-week wait referrals for suspected cancer (Number per 100,000 population). Five years combined data.	2016/17 - 20/21	→	36,560	3,798	3484	2,496		4,928
Two-week referrals resulting in a diagnosis of cancer (Conversion rate: as % of all TWW referrals). Five years combined data.	2016/17 - 20/21	→	2,383	6.5%	7.1%	4.1%		9.6%
New cancer cases treated resulting from a Two Week Wait referral (Detection rate: % of all new cancer cases treated). Five years combined data.	2016/17 - 20/21	→	2,432	53.7%	52.9%	43.5%		62.7%
Two-week wait referrals for suspected breast cancer (Number per 100,000 population). Five years combined data.	2016/17 - 20/21	→	6,426	668	649	429		1,011
Two-week wait referrals for suspected lower GI cancers (Number per 100,000 population). Five years combined data.	2016/17 - 20/21	→	6,995	727	615	343		931
Two-week wait referrals for suspected lung cancer (Number per 100,000 population). Five years combined data.	2016/17 - 20/21	→	1,517	158	99	46		189
Two-week wait referrals for suspected skin cancer (Number per 100,000 population). Five years combined data.	2016/17 - 20/21	→	6,837	710	716	265		1,507
Mortality rate from cancer, ages 65+ years	2020	→	395	1,126.2	1050.5	1,376.4		861.2
Percentage of deaths with underlying cause Cancer (All ages)	2020	→	504	23.1%	24.3%	19.7%		27.7%
Percentage of deaths with underlying cause Cancer (<65 yrs)	2020	→	109	31.8%	31.7%	22.3%		39.2%
Percentage of deaths with underlying cause Cancer (65-74 yrs)	2020	→	131	34.5%	38.2%	29.1%		52.1%
Percentage of deaths with underlying cause Cancer (75-84 yrs)	2020	→	165	24.2%	27.4%	20.0%		32.3%
Percentage of deaths with underlying cause Cancer (85+ yrs)	2020	→	99	12.7%	13.8%	10.2%		16.3%

How can pharmacy contractors help?

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

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

5.5 Chronic Respiratory conditions

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

Indicator	Period	Bury				England			Best
		Recent Trend	Count	Value	Value Worst	Range			
Mortality rate from respiratory disease, ages 65+ years	2020	→	204	588.3	495.3	825.6		387.3	
Mortality Rate (All ages)	2020	→	2,185	1,218	1,042	1,509		859	
Mortality Rate (<65 yrs)	2020	→	346	230	193	372		143	
Mortality Rate (65-74 yrs)	2020	→	380	1,961	1,630	2,922		1,215	
Mortality Rate (75-84 yrs)	2020	→	682	5,701	4,649	7,111		3,672	
Mortality Rate (85+ yrs)	2020	→	777	18,272	16,558	22,181		13,344	
Mortality rate from pneumonia (underlying cause) (1 year range)	2020	→	63	35.96	33.36	59.92		22.44	
Mortality rate from pneumonia (underlying cause) (3 year range)	2017 - 19	-	255	50.44	43.25	82.20		28.15	
Mortality rate from pneumonia (all mentions) (1 year range)	2020	→	504	281.68	190.86	403.45		111.17	
Mortality rate from pneumonia (all mentions) (3 year range)	2017 - 19	-	1,013	196.14	167.59	280.07		117.05	
Mortality rate from COPD as a contributory cause (1 year range)	2020	→	152	83.81	68.82	178.74		34.68	
Mortality rate from COPD as a contributory cause (3 year range)	2017 - 19	-	354	67.49	53.90	112.27		25.08	
Mortality rate from asthma (1 year range)	2020	-	1	*	2.30	-	Insufficient number of values for a spine chart	-	
Mortality rate from asthma (3 year range)	2017 - 19	-	17	3.29	2.36	4.07		0.72	
Under 75 mortality rate from respiratory disease considered preventable (2019 definition) (1 year range)	2020	→	35	19.3	17.1	53.7		7.4	
Under 75 mortality rate from respiratory disease considered preventable (2019 definition) (3 year range)	2017 - 19	-	95	18.9	20.2	45.4		10.9	

Public health profiles

Data view ▼ Area profiles ▼ **Geography** NHS Bury CCG CCGs in England ▼ **Indicator search** Results for: respiratory

Show me the profiles these indicators are from

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Geography version CCGs (from Apr 2021) ▼

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

How can pharmacy contractors help?

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

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

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

5.6 Chronic Kidney Disease (CKD)

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



How can pharmacy contractors help?

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

5.7 Mental Health

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

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

How can pharmacy contractors help?

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

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

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

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

5.8 Musculoskeletal

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

● Better 95% ● Similar ● Worse 95% ○ Not applicable ⚠ Data quality concerns
 Recent trends: — Could not be calculated ➡ No significant change ↑ Increasing & getting worse ↑ Increasing & getting better ↓ Decreasing & getting worse ↓ Decreasing & getting better

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

How can pharmacy contractors help?

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

5.9 Maternal and Child Health

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

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

How can pharmacy contractors help?

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

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

6 Provision of pharmaceutical services

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

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

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

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

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

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

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

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

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

Relevant services are

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

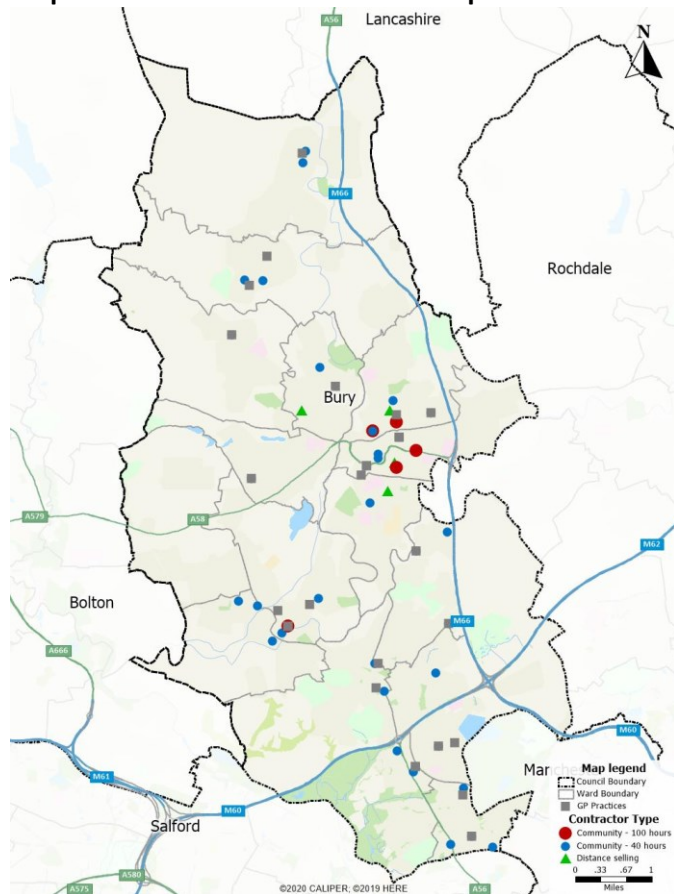
6.1 Necessary services - current provision with-in the HWB's area

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

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

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

Map 6 - Location of Pharmacies & GP practices



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

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

Table 12 - Bury pharmacies 2017/18 to 2020/21 (source: EPACKT2)

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

**This table includes distance selling pharmacies.*

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

Table 13 - Items dispensed by Bury pharmacies for providers (source: EPACKT2)

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

**This table includes distance selling pharmacies.*

The average items per month are slightly lower than both GM and England average. The ability of each premises to cope with prescription dispensing demand is dependent upon a range of factors e.g. staffing levels, available space, use of robotics. As the aging population grows demand is likely to increase and pharmacy will need to consider how it prepares for this.

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

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

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

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

6.1.1 Access to premises

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

Community pharmacists are easily accessible³¹ with over 11,600 community pharmacies in England located where people live, shop and work. The latest information shows that:

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

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

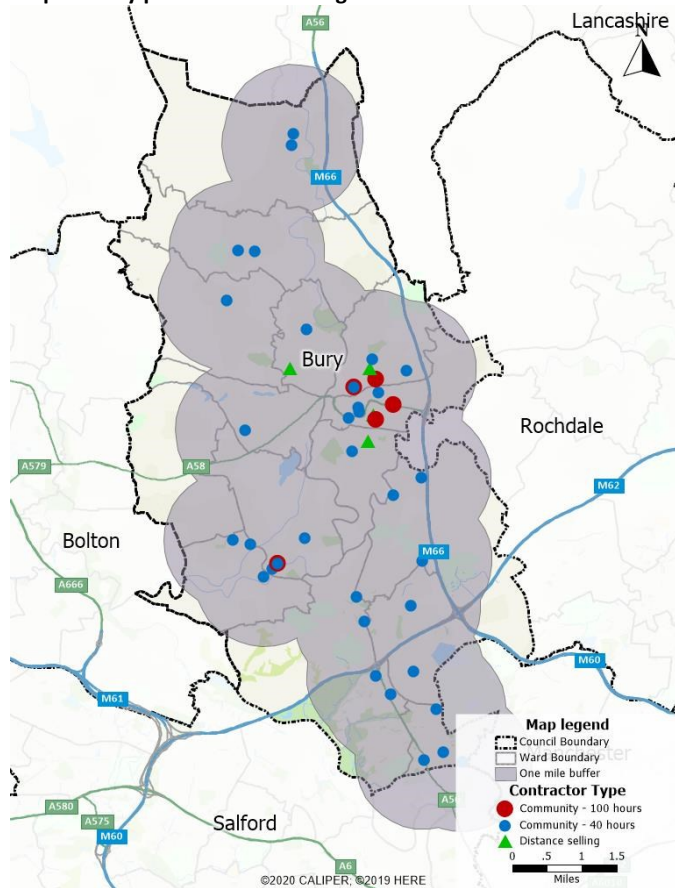
The Pharmacy Access Scheme (revised PhAS) started from January 2022, to continue to support patient access to isolated, eligible pharmacies. It is funded from the Community Pharmacy Contractual Framework (CPCF).

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

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

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

Map 7 - Bury pharmacies showing 1 mile travel distance



Map 7 indicates there are parts of Bury further than a mile away from their nearest pharmacy, although these tend to be in the least populated areas however (see Map 4). Also there are pharmacies within 1 mile of Bury boundaries that offer further access, see map 8 (below) for location of pharmacies in the neighbouring Boroughs.

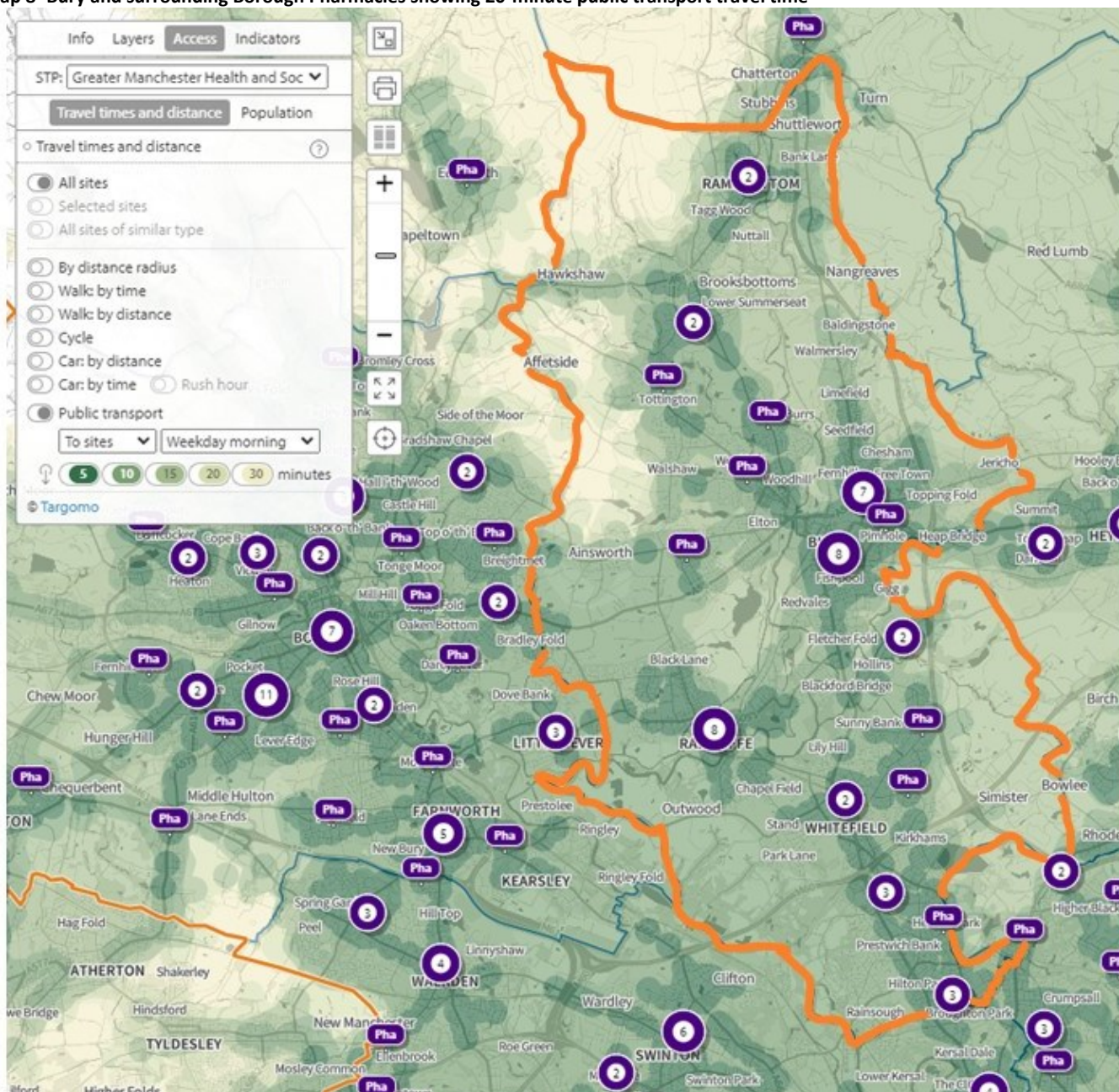
However, Map 8 (below) showing 20-minute travel time by public transport, indicates that more of the borough is accessible when using public transport. The areas which indicate public transport travel time is greater than 20 minutes are located in the North West of Bury Borough, either side of Hawkshaw.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

According to government statistics the percentage of households in the North West without access to a vehicle has fallen from 27% in 2002/03 to 22% in 2020³² (see Table 19 in section 7.1). Although this is high compared to some national regions it is on a par with other highly urbanised areas e.g. West Midlands 22% (England 2020 average 21%, England-excluding-London 17%, London Only 42%). This is because the North West includes large city centres, such as Manchester and Liverpool where people are more likely to rely on public transport rather than have access to a vehicle, the value for Bury alone is not available but is likely lower than the NW average.

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

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

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



6.1.2 Correlation with GP practices

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

6.1.3 Access due to opening hours

The public survey asked, ‘Have you used pharmacies early in the morning (before 9am), later at night (after 7pm), at weekends or on bank holidays?’. 110 out of 160 (69%) respondents replied ‘No’, so whilst most people will visit a pharmacy during the 9am to 7pm period, Monday to Friday, following a visit to their GP, there will be times when people will need to access a pharmacy outside of those

times. This may be to collect a dispensed prescription or after being seen by the out-of-hours GP service, or it may be to access one of the other services provided by a pharmacy outside of a person's normal working day.

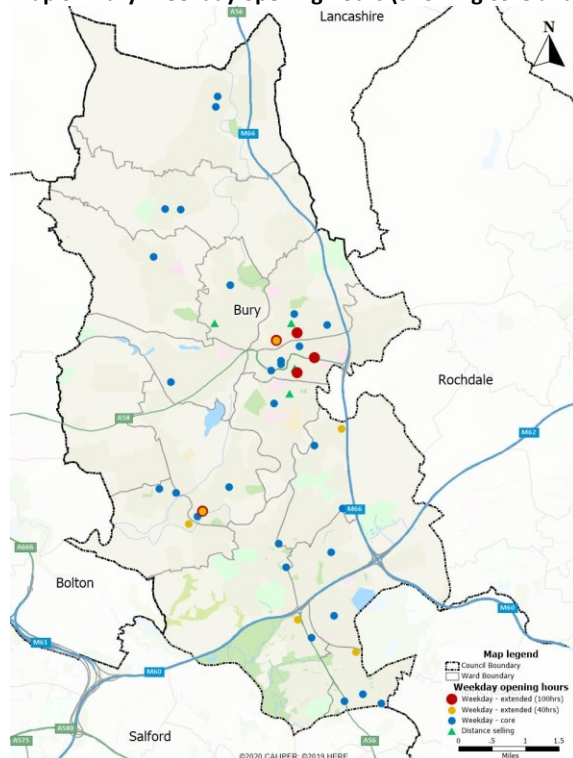
The public survey provided the following insights into how Bury residents access pharmaceutical services:

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

Map 9 and 10 detailed below show the span of opening times for Bury pharmacies based on their core and supplementary opening hours³³. This identifies those that open 7 days a week, all day Saturday (open Monday to Friday), only half day Saturday (open Monday to Friday) and closed Saturday (open Monday to Friday). The map also identifies those open before 8am and after 7pm Monday to Friday (identified as 'extended - 40hrs').

Full details of the opening hours for community pharmacies in Bury can be found on NHS Choices³⁴.

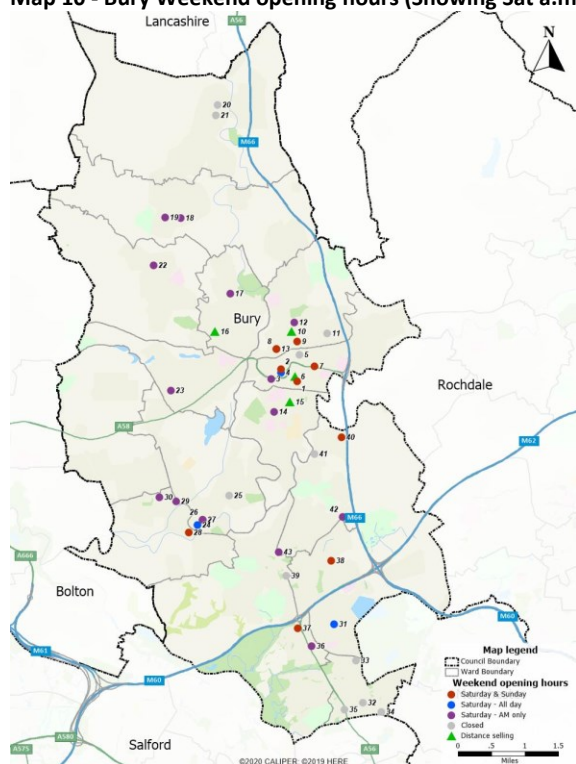
Map 9 - Bury Weekday opening hours (Showing core and extended hours)



³³ Data valid as at 28th February 2022

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

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



Monday to Saturday opening

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

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

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

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

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

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

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

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

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

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

Sunday opening

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

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

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

Changes to pharmacy contractors

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

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

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

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

6.1.5 Access to Advanced Services

6.1.5.1 Access to Appliance Use Review (AUR)

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

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

6.1.5.2 Access to Community Pharmacy Consultation Service (CPCS)

Appendix Seven provides a list of pharmacies providing CPCS advanced services. Since 1st November 2020, general practices have been able to refer patients for a minor illness consultation via CPCS³⁵, once a local referral pathway has been agreed. The local NHS E&I area Team (GMHSCP) have 41 pharmacies listed to provide this service across Bury Borough.

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

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

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

6.1.5.3 Access to Covid-19 Lateral Flow Device Distribution Service

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

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

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

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

6.1.5.4 Access to Community Pharmacy Seasonal Influenza Vaccination programme

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

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

6.1.5.5 Hepatitis C Testing Service

The Community Pharmacy Hepatitis C Antibody Testing Service was added to the Community Pharmacy Contractual Framework (CPCF) in 2020, commencing on 1st September. The introduction of this new Advanced Service was in the [5-year CPCF agreement](#), and was always likely to be a time-limited service³⁶ as the national Hepatitis C Programme is an exercise to identify those people not in contact with other healthcare services.

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

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

6.1.5.6 Hypertension Case Finding Service

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

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

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

This service is commissioned by NHS E&I and has 26 pharmacies participating in Bury. In the three-month data for November 2021- January 2022³⁷ that we have access to currently, there were 34 blood pressure checks undertaken, but no ABPM undertaken at the moment.

6.1.5.7 Access to New Medicine Service (NMS)

The service provides support for people, often with long-term conditions, newly prescribed a medicine to help improve medicines adherence and patient outcomes. The primary aim of the consultation (which can be face-to-face or telephone-based) is the patient-centred identification of any problems either with the treatment (including any adverse drug reactions) or otherwise in relation to the patient's self-management of their long-term condition, and identification of any need of the patient for further information and support in relation to the treatment or the long-term condition. NMS is focused, from 1st September 2021, on the following conditions, many of which align to the Bury Local Priority Plan:

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

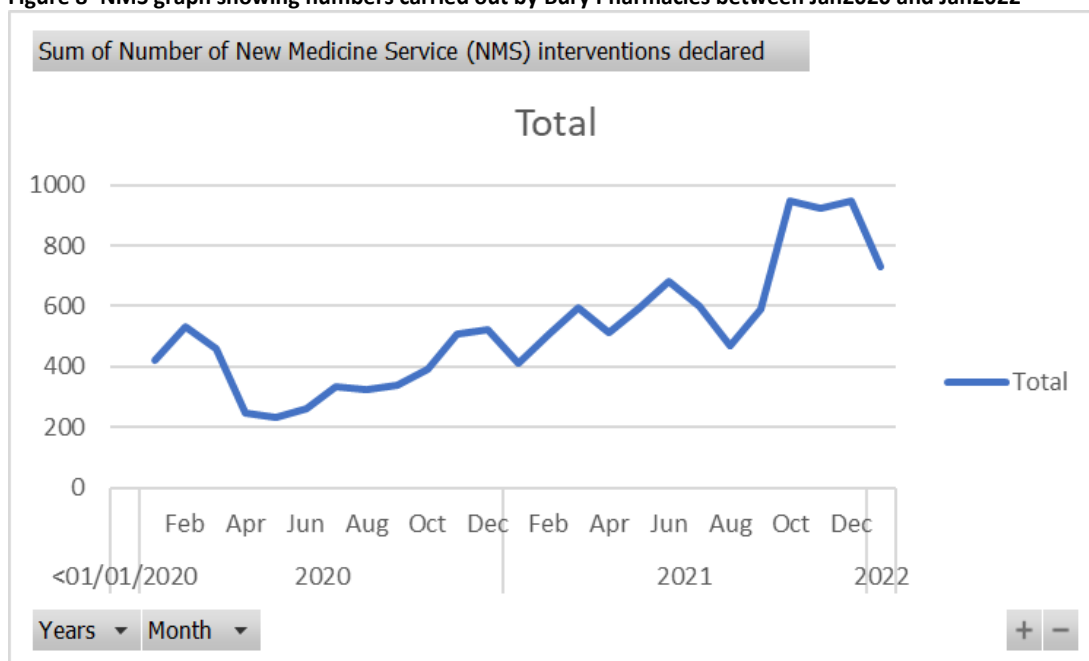
³⁶ <https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024>

³⁷ NHS BSA dispensing data

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

See Appendix Seven for those pharmacies that are providing NMS.

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



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

6.1.5.8 Pandemic Delivery Service

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

6.1.5.9 Access to stoma appliance customisation

Between February 2021 to January 2022 two Bury pharmacies provided 10 stoma customisations, however, a number will have been provided by dispensing appliance contractors outside the Bury area. Information provided by NHS England shows that there are eight DACs in the Greater Manchester area in January 2022, they provide an average 34 stoma customisations each per month to patients nationally and locally. Some patients will access this service from DACs outside GM. This low level of provision reflects the specialist nature of the provision of appliances, and it would be expected that this service is provided by DACs specialising in the provision of stoma appliances.

6.1.5.10 Access to Smoking Cessation Service (SCS)

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

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

6.1.6 Access to locally commissioned or enhanced services

6.1.6.1 Locally commissioned services by Bury Council

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

Local Authorities commission public health or preventative services.

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

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

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

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

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

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

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

GM HSCP commission three services from Bury pharmacies

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

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

In making its assessment the HWB needs to take account of any services provided to its population, which may affect the need for pharmaceutical services in its area. This could include services provided across a border to the population of Bury by pharmacy contractors outside their area, or by GP practices, or other health services providers including those that may be provided by NHS trust staff. Patients have a choice of where they access pharmaceutical services, which may be close to their GP practice, their home, their place of work or where they go for shopping, recreational or other reasons. Consequently, not all the prescriptions written for residents of Bury were dispensed by the pharmacies

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

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

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

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

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

The same applies to locally commissioned services.

6.3 Other relevant services - current provision

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

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

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

6.3.1 Other relevant services within the HWB's area

Bury Pharmacies also provide essential and advanced services where they have supplementary hours in place. The totality of these hours covers evenings, Saturday and Sunday. Opening hours are available on NHS Choices. The range of opening times is discussed in section 6.1.3 and is shown in Appendix Eight and Maps 10 and 11.

6.3.2 Other relevant services provided outside the HWB's area

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

6.3.3 Other relevant services

Whilst the HWB consider enhanced services as providing an improvement or better access to pharmaceutical services, three services, Inhaler Technique, Minor Ailment Scheme and Minor Eye Conditions Services are commissioned by NHS England. From March 10th2022, the new advanced service Smoking Cessation Service (SCS) has been introduced nationally. There are currently 7 pharmacies signed up to SCS across Bury Borough.

6.3.4 Choice regarding obtaining pharmaceutical services

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

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

6.4 Future provision – necessary and other relevant services

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

6.4.1 Housing and development

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

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

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

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

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

6.4.1.1 Places for Everyone

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

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

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

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

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

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

³⁸ [Places For Everyone: GMCA Housing Plan](#)

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

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

Housing

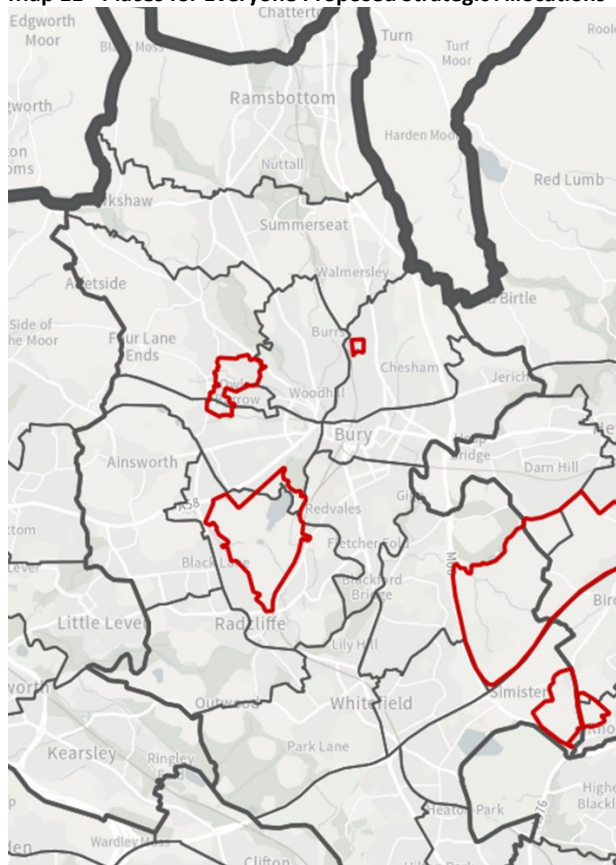
Site name	Ward	Status	Total homes 2020-2025	Total homes 2025-2030	Total homes 2030-2037	Total homes post 2037
Heywood / Pilsworth	Unsworth	Proposed PFE Allocation	0	165	35	0
Simister and Bowlee	Holyrood	Proposed PFE Allocation	0	540	810	0
Elton Reservoir	Radcliffe East, Church	Proposed PFE Allocation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

Employment

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

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

Map 11 - Places for Everyone Proposed Strategic Allocations³⁹



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

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

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

6.5 Other NHS services

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

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

³⁹ https://mappinggm.org.uk/pfe-consultation-2021/?lyrs=pfe_allocation_boundaries,gm_wards,gm_boundaries,gm_border#os_maps_light/12/53.5528/-2.0016

6.5.1 Hospital pharmacies

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

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

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

6.5.2 Personal administration of items by GP practices

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

Generally, when a patient requires a medicine or appliance their prescriber will electronically transfer or give them a prescription which they take to their preferred pharmacy. In some instances, the GP practice supplies the item against a prescription. This is referred to as personal administration because the item supplied is then directly administered to the patient by the GP or a clinical member of staff. This is different to the dispensing of prescriptions and only applies to certain specified items for example vaccines, anaesthetics, injections, intra-uterine contraceptive devices, and sutures.

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

6.5.3 GP out of hours service

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

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

6.5.4 Locally commissioned services – Bury Council and NHS Bury CCG

Since 1st April 2013 Bury Council has been responsible for the commissioning of some public health services. In addition, the CCG commissions a number of services that have an impact. Appendix Five sets out the services currently commissioned and the number of pharmacies providing these services. The patient survey indicated that more can be done to increase awareness of these services commissioned, 25 of the 160 of respondents said there were other services they would like their

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

7 Districts for the purpose of the PNA

7.1 Overview

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

Table 19 - Car ownership by cluster and ward

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

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

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

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

7.2 Bury East Neighbourhood Profile

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

Population

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

Life Expectancy

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

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

Deprivation

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

Early Years

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

Social Care

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

Housing

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

Crime

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

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

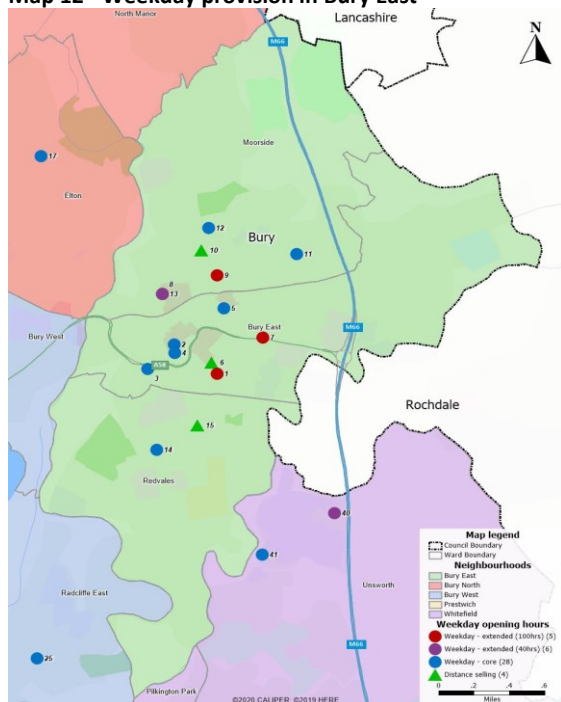
For further details or if any further information see Bury Neighbourhood Profiles, February 2020⁴⁰

7.2.1 Access to a pharmacy in Bury East Neighbourhood

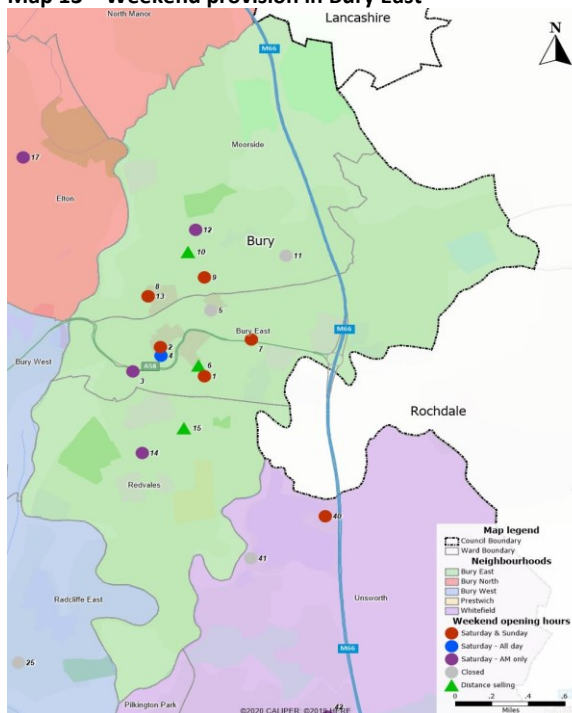
⁴⁰ [Joint Strategic Needs Assessment - Bury Council](#)

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

Map 12 - Weekday provision in Bury East



Map 13 - Weekend provision in Bury East



7.2.2 Future housing development in Bury East Neighbourhood

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

7.3 Bury West Neighbourhood Profile

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

Population

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

Life Expectancy

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

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

Deprivation

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

Early Years

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

Social Care

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

Housing

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

Crime

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

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

For further details or if any further information see Bury Neighbourhood Profiles, February 2020⁴¹

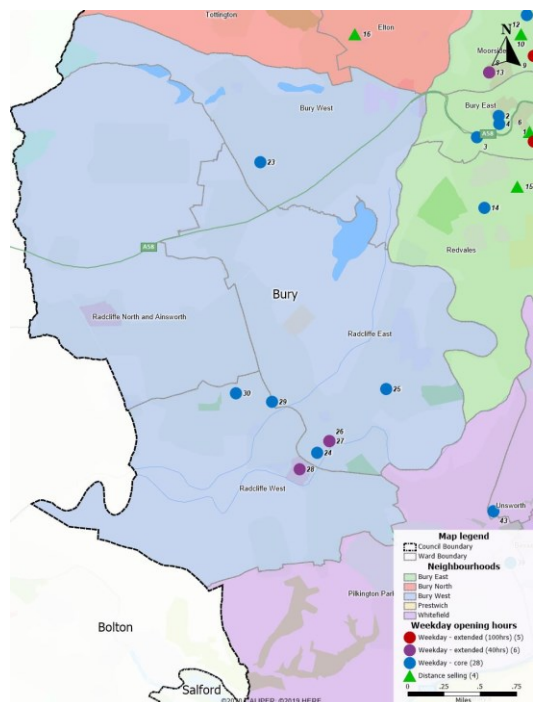
7.3.1 Access to a pharmacy in Bury West Neighbourhood

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

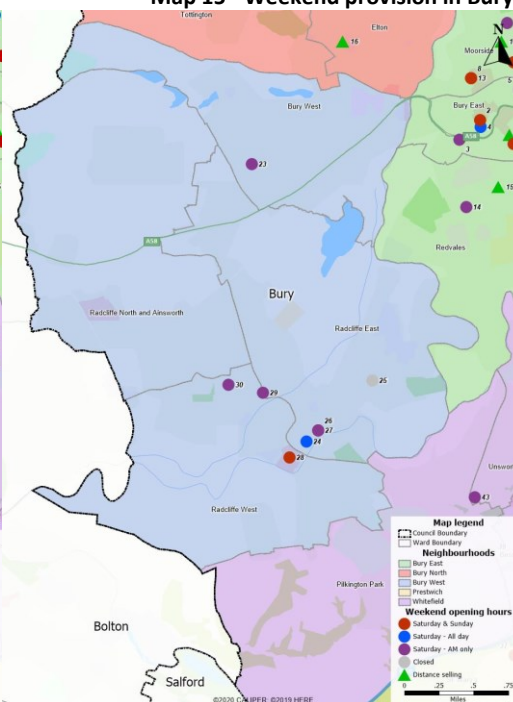
⁴¹ [Joint Strategic Needs Assessment - Bury Council](#)

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

Map 14 - Weekday provision in Bury West



Map 15 - Weekend provision in Bury West

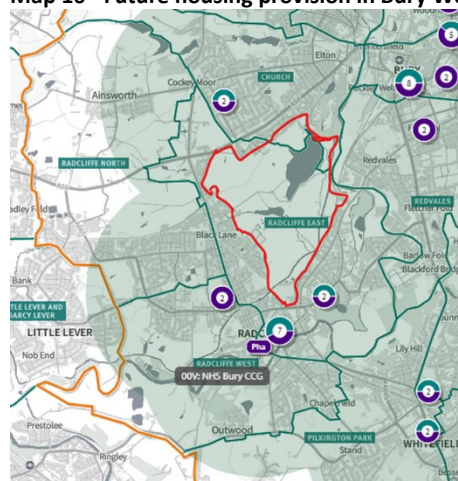


7.3.2 Future housing development in Bury West Neighbourhood

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

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

Map 16 - Future housing provision in Bury West Neighbourhood



7.4 Bury North Neighbourhood

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

Population

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

Life Expectancy

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

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

Deprivation

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

Early Years

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

Social Care

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

Housing

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

Crime

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

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

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

For further details or if any further information see Bury Neighbourhood Profiles, February 2020⁴²

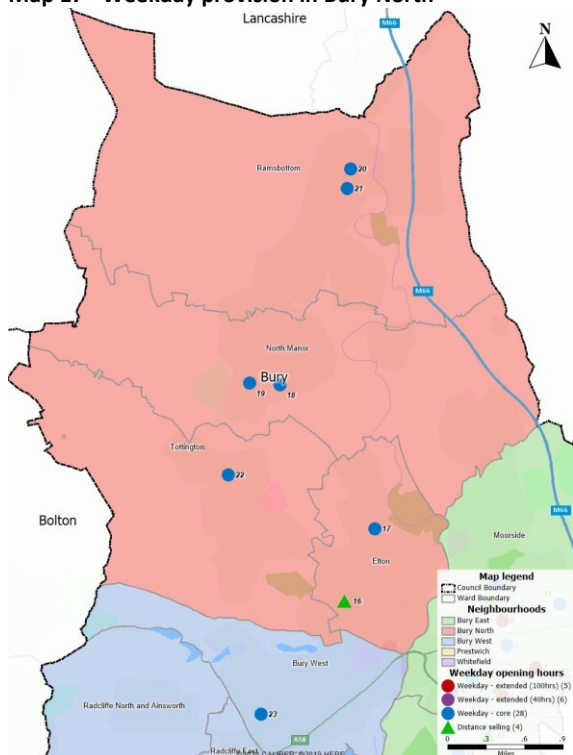
7.4.1 Access to a pharmacy in Bury North Neighbourhood

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

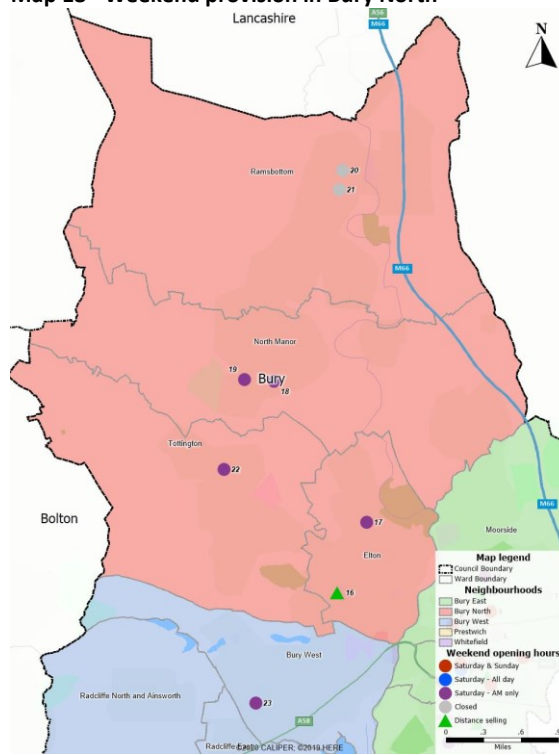
⁴² [Joint Strategic Needs Assessment - Bury Council](#)

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

Map 17 - Weekday provision in Bury North



Map 18 - Weekend provision in Bury North



7.4.2 Future housing development in Bury North Neighbourhood

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

7.5 Prestwich Neighbourhood

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

Population

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

Life Expectancy

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

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

Deprivation

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

Early Years

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

Social Care

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

Housing

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

Crime

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

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

For further details or if any further information see Bury Neighbourhood Profiles, February 2020⁴³

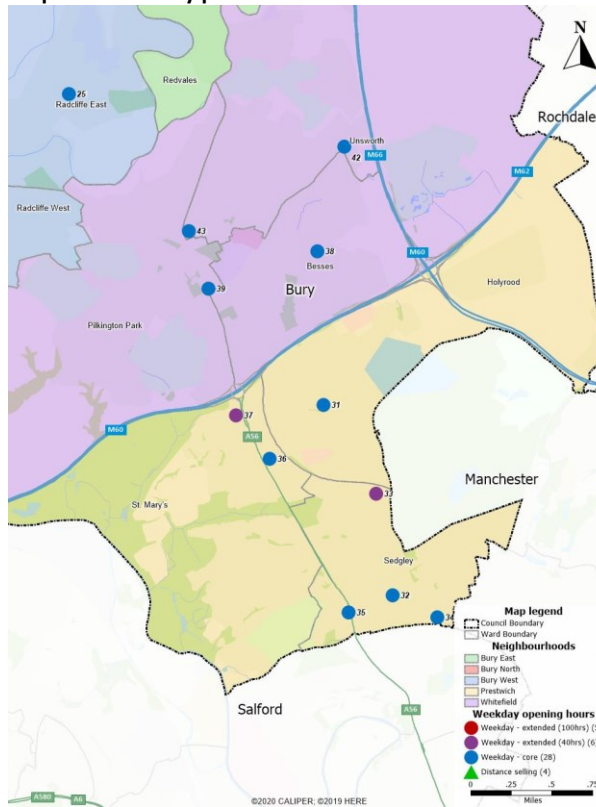
7.5.1 Access to a pharmacy in Prestwich Neighbourhood

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

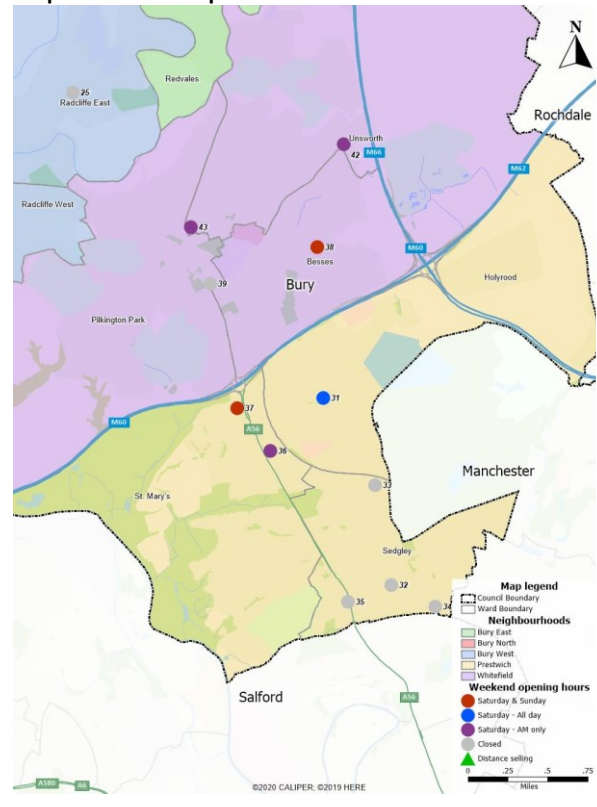
⁴³ [Joint Strategic Needs Assessment - Bury Council](#)

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

Map 19 - Weekday provision in Prestwich



Map 20 - Weekend provision in Prestwich



7.5.2 Future housing development in Prestwich Neighbourhood

A small allocation of 124 houses have already begun construction in Sedgely ward and this is within 1 mile of several pharmacies within Bury Borough and Manchester City local authority areas. A larger allocation in the Prestwich Neighbourhood is in Holyrood Ward at Simister and Bowlee. Here 1350 houses are proposed under PfE between 2025 and 2037. There is a small area in Simister which is outside of the 1 mile radius but within 2 miles from the nearest pharmacies. However they are all within a 20 minute public transport time.

7.6 Whitefield Neighbourhood

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

Population

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

Life Expectancy

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

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

Deprivation

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

Early Years

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

Social Care

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

Housing

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

Crime

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

For further details or if any further information see Bury Neighbourhood Profiles, February 2020⁴⁴

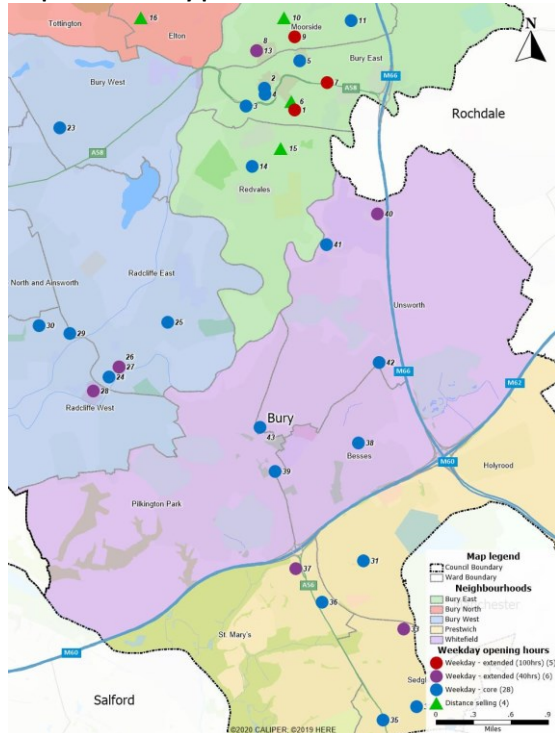
7.6.1 Access to a pharmacy in Whitefield Neighbourhood

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

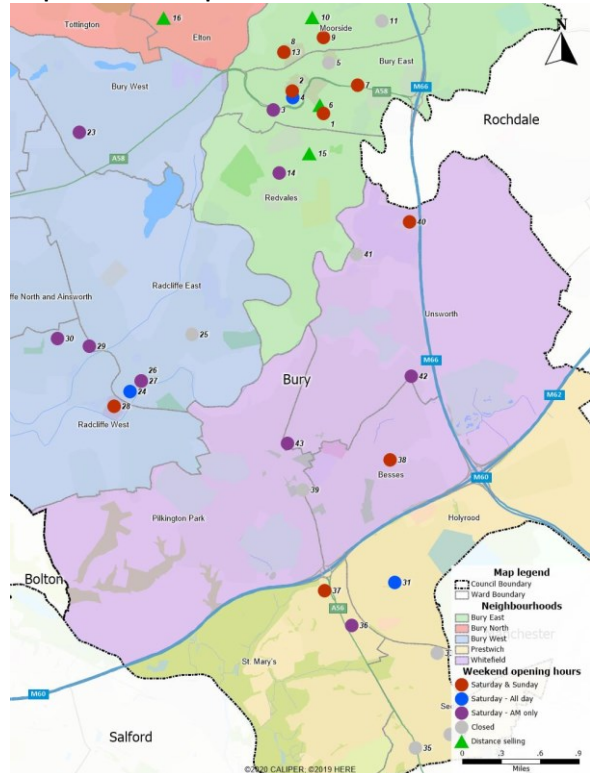
⁴⁴ [Joint Strategic Needs Assessment - Bury Council](#)

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

Map 21 - Weekday provision in Whitefield



Map 22 - Weekend provision in Whitefield



7.6.2 Future housing development in Whitefield Neighbourhood

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

8 How pharmaceutical services can help support a healthier population

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

8.1 Essential Services (ES)

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

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

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

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

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

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

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

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

8.2 Advanced Services

There are currently eight advanced services (Appendix Seven) within the NHS CPCF; a further two were decommissioned in March 2022. Community pharmacies can choose to provide any of these services as long as they meet the requirements set out in the Secretary of State Directions:

Current service (June 2022)

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

Decommissioned 31st March 2022

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

Evidence⁴⁵ shows that up to half of medicines may not be taken as prescribed or simply not be taken at all. Advanced services have a role in highlighting issues with medicines or appliance adherence issues and in reducing waste through inappropriate or unnecessary use of medicines or appliances. Polypharmacy is highly prevalent in long term conditions management. Advanced services provide an opportunity to identify issues with side effects, changes in dosage, confirmation that the patient understands the role of the medicine or appliance in their care and opportunities for medicine optimisation.

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

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

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

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

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

8.3 Locally commissioned services (LCS)

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

8.3.1 NHSE&I Enhanced services

Inhaler Technique Service

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

Minor Ailment Scheme

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

Minor Eye Conditions Service (MECS)

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

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

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

8.3.2 NHS Bury CCG locally commissioned services

NHS Bury CCG currently commissions the services below.

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

Palliative Care Stock Scheme

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

8.3.3 Bury Council locally commissioned services

Emergency Hormonal Contraception (EHC)

EHC is used in reducing unplanned or unwanted pregnancies. The drugs ulipristal and levonorgestrel are used for EHC, they are supplied under a Patient Group Direction (PGD) to women who meet the criteria for inclusion of the PGD and service specification. The drug can also be prescribed using an FP10 prescription. It may also be bought as an over-the-counter medication from pharmacies; however, this service is of value to those unable or unwilling to access a prescription or who are not able to purchase the medication.

Needle and syringe exchange services (NEX)

An integral part of the harm reduction strategy for drug users which aims to:

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

There is evidence to support the effectiveness of needle exchange services with long term health benefits to drug users and the whole population. Needle Exchange service may be an access point for reaching and delivering other services to people who are injecting drug users but are not in contact with any other health service (e.g. Hepatitis C testing service).

Supervised consumption

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

It is a medicines adherence service which aims to:

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

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

9 Gaps in current provision of pharmaceutical services

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

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

The HWB consider it is those services provided within the standard pharmacy providing 40 and 100 core hours that should be regarded as necessary. There are 43 such pharmacies. The spread of opening times including the core hours are provided in Appendix Six and Eight, which is supported by Maps 12 to 21.

9.1 Gap Analysis Criteria

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

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

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

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

9.2 Gap Analysis – Location and times of opening

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

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

9.3 Gap Analysis - Current service provision

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

9.4 Gap Analysis - Future Provision

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

9.5 Gap analysis - Conclusion

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

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

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

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

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

Location and Opening Hours

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

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

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

Future Gaps for access to pharmaceutical services

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

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

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

At the time of writing this PNA, the HWB has not identified, either itself or through consultation, any requirement to provide services already commissioned or to commence the provision of enhanced pharmaceutical services not currently commissioned.

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

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

11.1 Current provision – necessary and other relevant services

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

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

11.2 Necessary services – gaps in provision

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

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

11.2.1 Access to essential services during normal working hours

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

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

11.2.2 Access to essential services outside normal working hours

In Bury there is good access to essential services outside normal working hours in four of the five neighbourhoods and across the HWB area. However, the exception being Bury North neighbourhood where due to lower population, deprivation and car ownership no extra service hours of provision are deemed necessary. This is due to the supplementary opening hours offered by other pharmacies across the borough. It is not expected that any of the current pharmacies will reduce the number of core opening hours and NHS E&I foresees no reason to agree a reduction of core opening hours for any service provider except on an ad hoc basis to cover extenuating circumstances.

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

11.2.3 Access to advanced and enhanced services

Insofar as only NHS E&I may commission these services, section 3.5 of this PNA identifies access to enhanced and advanced services.

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

11.3 Future provision of necessary services

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

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

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

11.4 Improvements and better access – gaps in provision

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

11.4.1 Access to essential services – present and future circumstances

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

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

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

11.4.2 Current and future access to advanced services

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

11.4.3 Current and future access to enhanced services

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

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

11.5 Other NHS Services

As required by paragraph five of schedule 1 to the 2013 Regulations, Bury HWB has had regard in particular to section nine considering any other NHS services that may affect the determination in respect of pharmaceutical services in the area of the HWB. This includes locally commissioned services, see section 3.5.2

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

11.6 How the assessment was carried out

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

In respect of how the HWB considered whether to determine neighbourhoods in its area for the purpose of this PNA, see section 3 and section 7 and maps 12-21.

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

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

11.7 Map of provision

As required by paragraph seven of schedule 1 to the 2013 Regulations, the HWB has published a map of premises providing pharmaceutical in Map 6 (Section 6.1). Additional maps are also provided throughout and as listed in Appendix Ten.