NHS

Greater Manchester
Commissioning Support Unit

Bury Local Authority

Pharmaceutical Needs Assessment

Draft version for consultation

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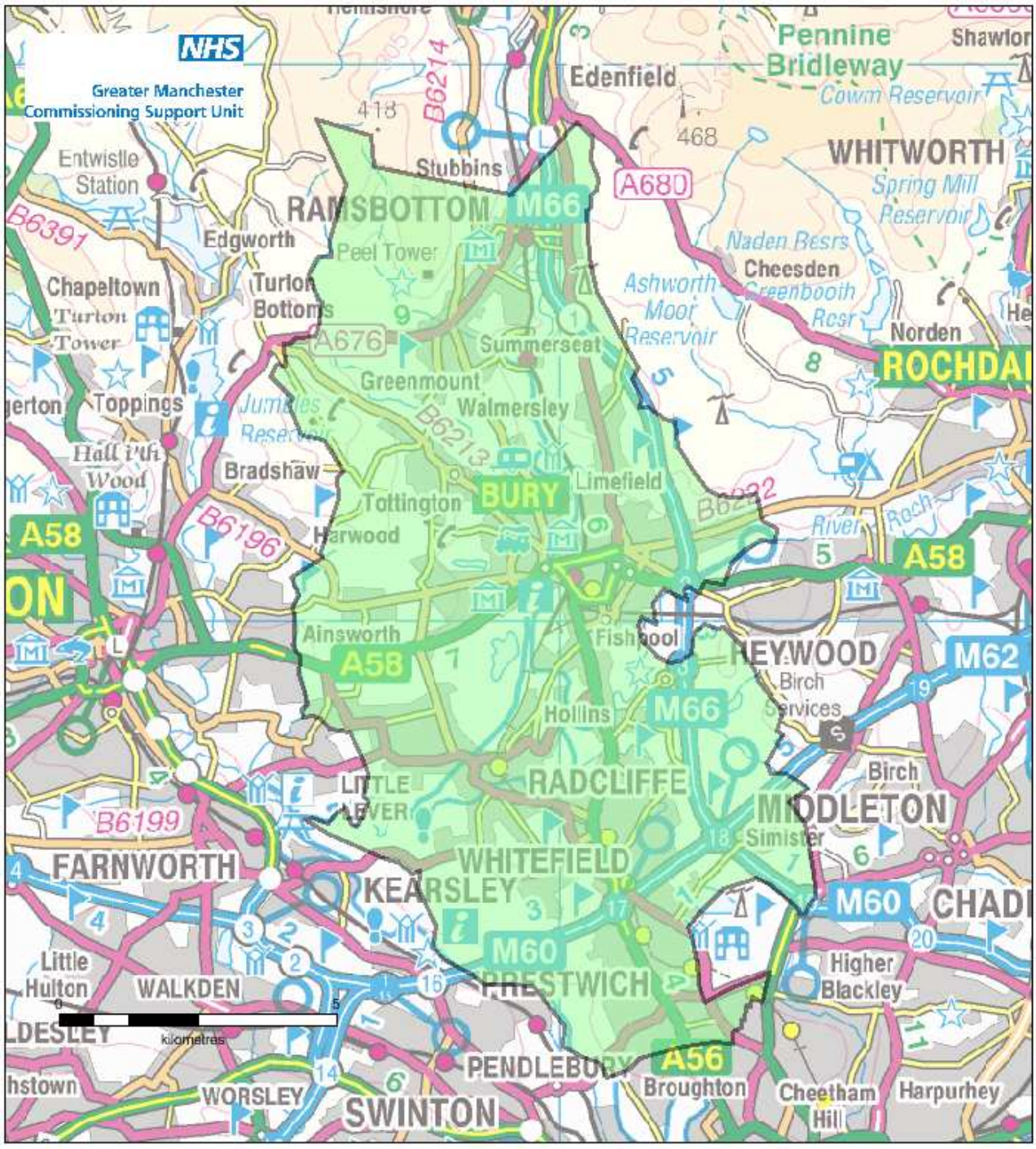


This Pharmaceutical Needs Assessment (PNA) has been produced for Bury Health and Wellbeing Board by Bury Local Authority in conjunction with Greater Manchester Commissioning Support Unit (GMCSU).

Contents

1.0 Foreword and Executive Summary

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2.1 Background

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

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

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

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

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

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

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

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

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

3.0 Context of the PNA

3.1 Purpose of a PNA

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

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

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

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

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

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

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

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

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

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

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

3.2 Scope of assessment

A pharmaceutical needs assessment is defined in the regulations as:

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

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

a) the provision of pharmaceutical services (including directed services) by a person on a pharmaceutical list; .

b) the provision of local pharmaceutical services under an LPS scheme (but not LP services which are not local pharmaceutical services); or .

c) the dispensing of drugs and appliances by a person on a dispensing doctors list (but not other NHS services that may be provided under arrangements made by the NHSCB with a dispensing doctor)."*

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

3.2.1 Definition of Pharmaceutical Services

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

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

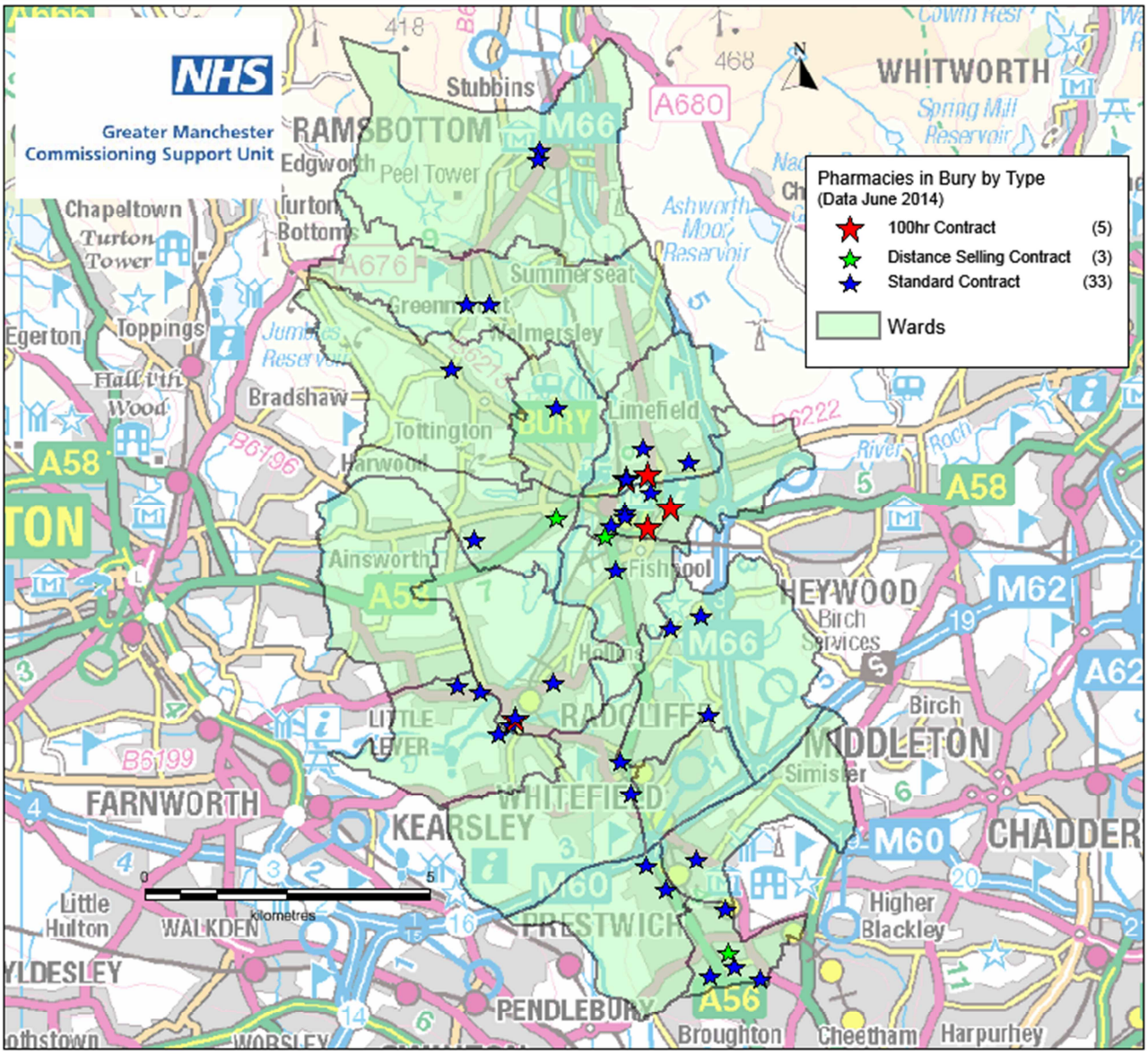
Pharmacy Contractors

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

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

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

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



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Local Pharmaceutical Service (LPS) Contractors

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

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

Dispensing doctors

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

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

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

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

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

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

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

3.2.2 Pharmaceutical Services Contractual arrangements[5,6]

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

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

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

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

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

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

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

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

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

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

- Anticoagulant Monitoring Service
- Care Home Service
- Disease Specific Medicines Management Service
- Gluten Free Food Supply Service
- Independent Prescribing Service
- Home Delivery Service
- Language Access Service
- Medication Review Service
- Medicines Assessment and Compliance Support Service (This is more clinical than MURs)
- Minor Ailments Service
- Needle and Syringe Exchange Service
- On Demand Availability of Specialist Drugs Service
- Out of Hours Service
- Patient Group Direction (PGD) Service (This would include supply of any Prescription Only Medicine via PGD)
- Prescriber Support Service
- Schools Service
- Screening Service
- Stop Smoking Service
- Supervised Administration Service
- Supplementary Prescribing Service

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

3.2.3 Locally commissioned services

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

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

The 2013 regulations set out the Enhanced Services which may be commissioned from pharmacy contractors. It is important to note that the definition of 'Enhanced Services' have changed, and the current commissioning arrangements can now be seen as more complex since pharmacy services previously commissioned by one organisation (PCTs) can now be commissioned by at least three different organisations (CCGs, Local Authorities and NHS England) and the responsibility for commissioning some services is yet to be resolved and clarified. For example, the CCG or Local Authority may request NHS England to commission a service listed in the NHS Pharmaceutical Services Directions 2013 on their behalf, e.g. a CCG request that a minor ailments service is commissioned as an Enhanced Service.

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

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

Public health services[7]

Particular mention should be given to the locally commissioned services which have been designated as public health services such as population screening or prevention of disease states. The commissioning of these Enhanced Services which were listed in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2012 transferred from PCTs to Local Authorities with effect from 1st April 2013:

- Needle and syringe exchange
- Screening services such as chlamydia screening
- Stop smoking
- Supervised administration of medicines service
- Emergency hormonal contraception (EHC) services through patient group directions.

Where such services are commissioned by Local Authorities they no longer fall within the definition of Enhanced Services or pharmaceutical services as set out in legislation and therefore cannot be referred to as Enhanced Services.

However, the 2013 directions do make provision for NHS England to commission the above services from pharmacy contractors when asked to do so by a Local Authority. Where this is the case they are treated as Enhanced Services and fall within the definition of pharmaceutical services.

CCG services[8]

CCGs now have a role to commission most NHS services locally, aside from those commissioned by NHS England such as General Practice (GP) core contracts and specialised commissioned services. CCGs engage with clinicians in their area to ensure commissioned services are responsive to local needs. CCGs will be able to commission services from pharmacies but similar to public health classification these will be known as

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

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

3.3 Non-commissioned added value community pharmacy services

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

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

3.4 What is excluded from scope of the PNA?

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

3.4.1 Prison pharmacy

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

3.4.2 Hospital pharmacy

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

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

Figure 2: Hospital choice for Bury residents 2012-14

Source: Secondary Uses Service (SUS)

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

3.5 Process followed for developing the PNA

The PNA followed guidance set out by:

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

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

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

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

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

Stage 4:
The consultation took place from XX September 2014 to XX November 2014 for a period of 60 days, in line with the Department of Health Regulations on the development of the PNA. This is based on Section 242 of the NHS Act 2006 which requires PCTs to involve users of services in:
- The planning and provision of services;
- The development and consideration of proposals for changes in the way services are provided
- Decisions affecting the operation of services.

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

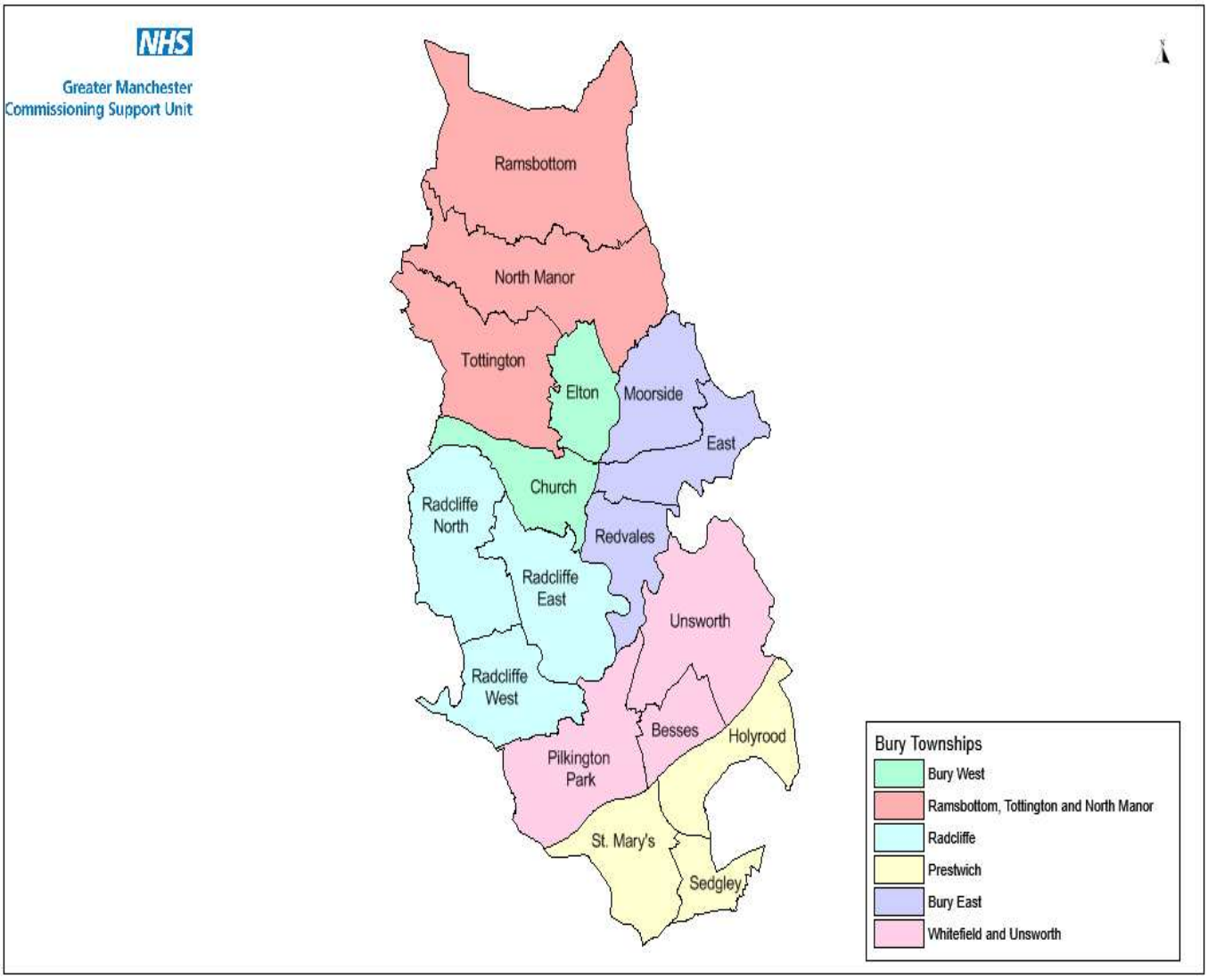
Stage 5:
The consultation responses have been analysed and used to pull together the final PNA document which was approved by the HWB on DD/MM/2015. The PNA was then published on the website on XX March 2015.

3.7 Localities for the purpose of the PNA

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

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

Figure 3: Electoral Ward and Township boundaries in Bury



3.8 PNA consultation

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

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

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

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

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

3.9 PNA review process

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

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

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

4.0 Population Demography[10]

4.1 Overview

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

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

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

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

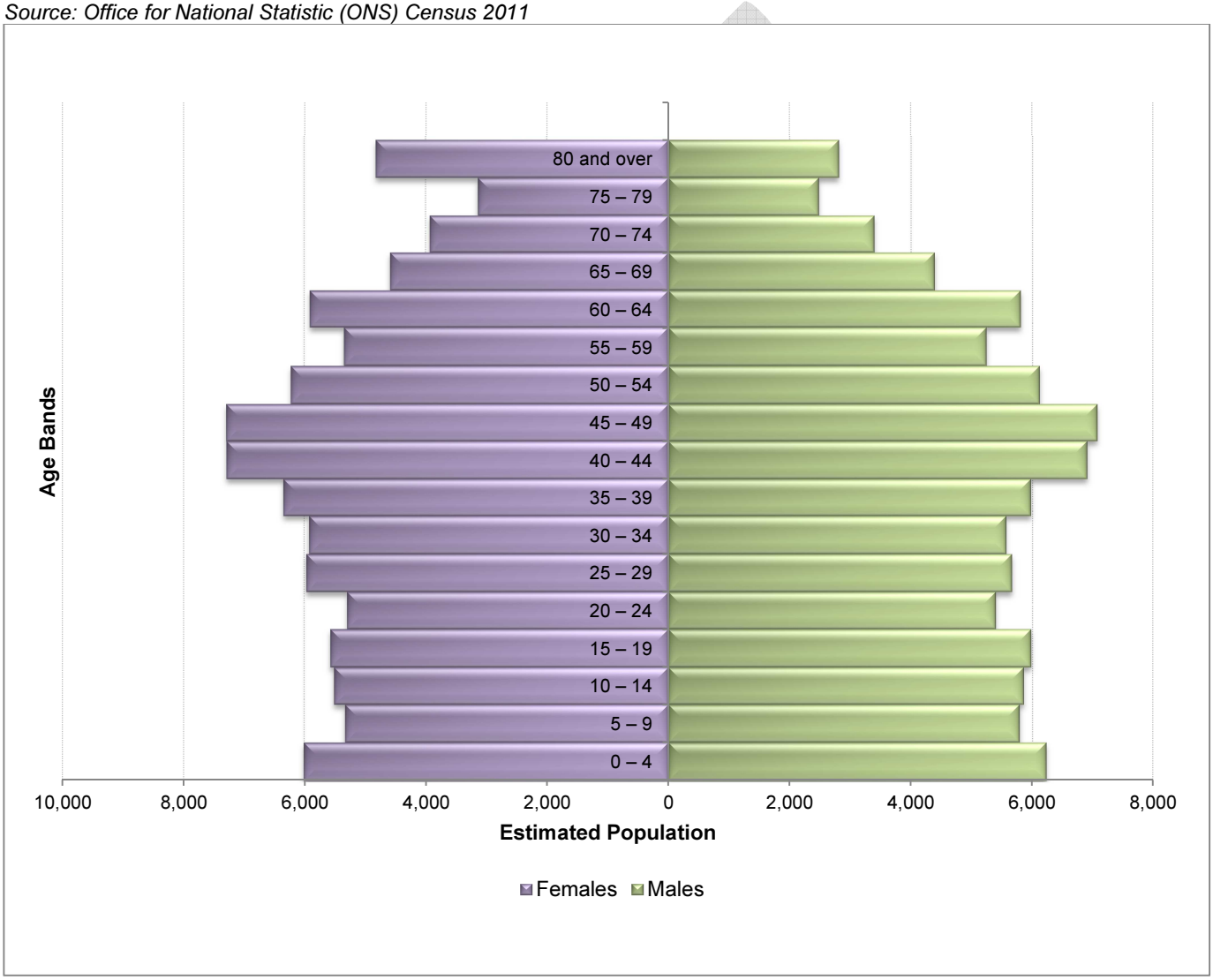
4.2 Age of Population

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

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

Figure 4: Mid-Year 2011 Population Estimates

Source: Office for National Statistic (ONS) Census 2011



4.3 Future Age Trends

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

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

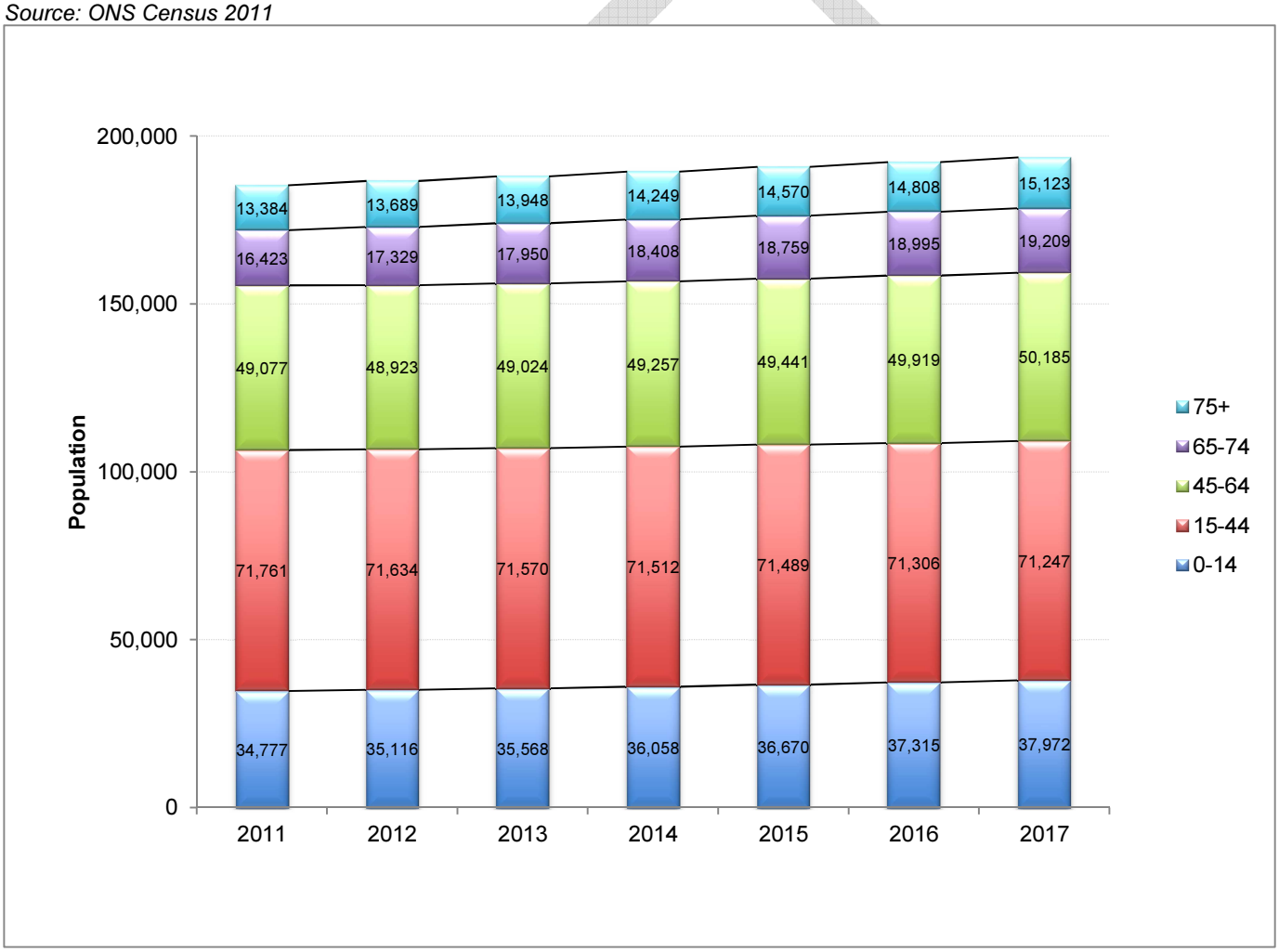
By 2017:

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

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

Figure 5: Population projection to year 2017

Source: ONS Census 2011



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

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

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

4.4 Ethnicity

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

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

Source: ONS Census 2011

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

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

Figure 7: Ethnic Minority Group variation by Ward in Bury

Source: ONS Census 2011

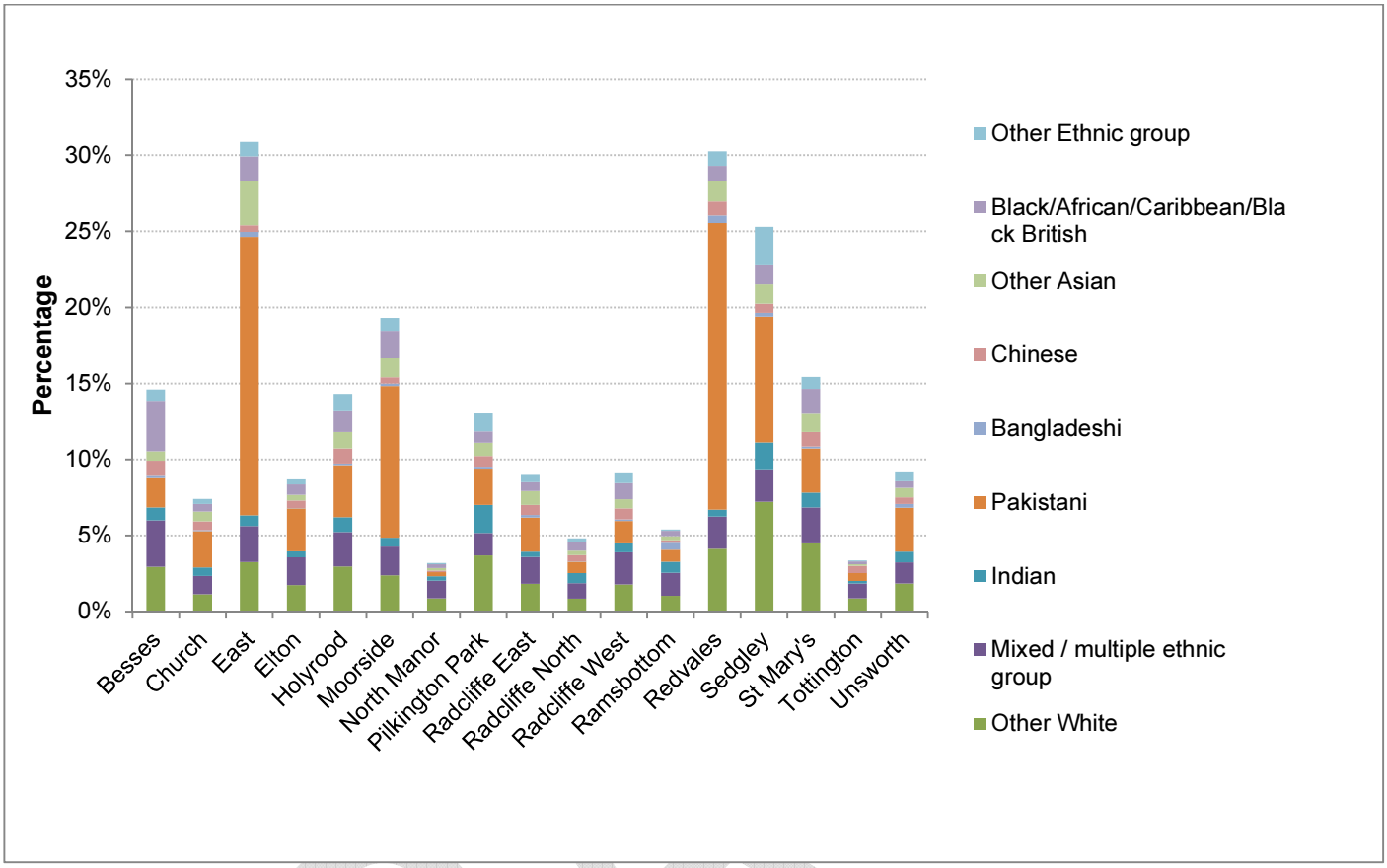


Figure 7 above presents a stacked bar chart of the BME communities in each Bury ward which demonstrates considerable variation.

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

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

4.5 Life Expectancy

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

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

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

Source: ONS 2010-2012

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

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

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

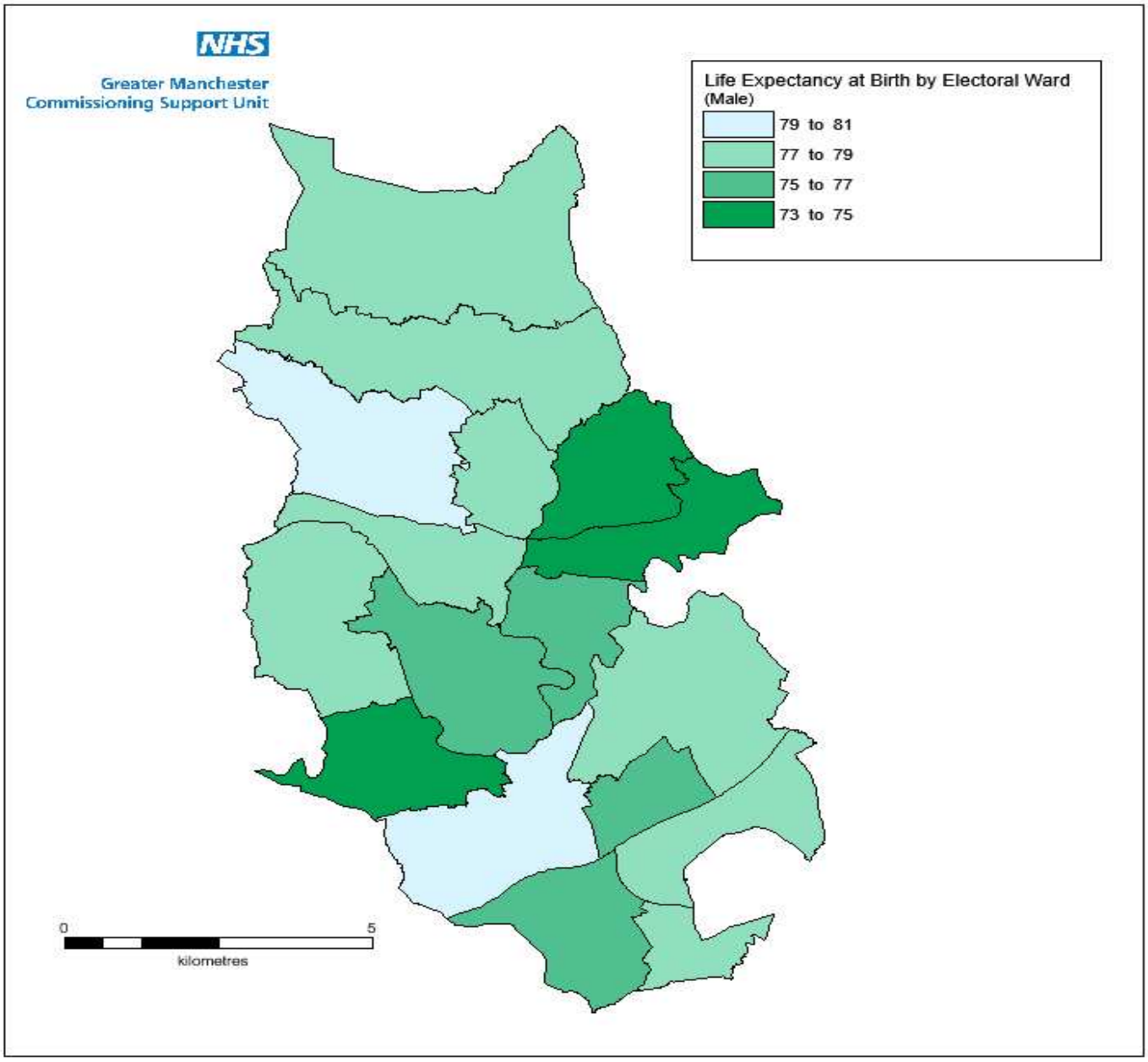
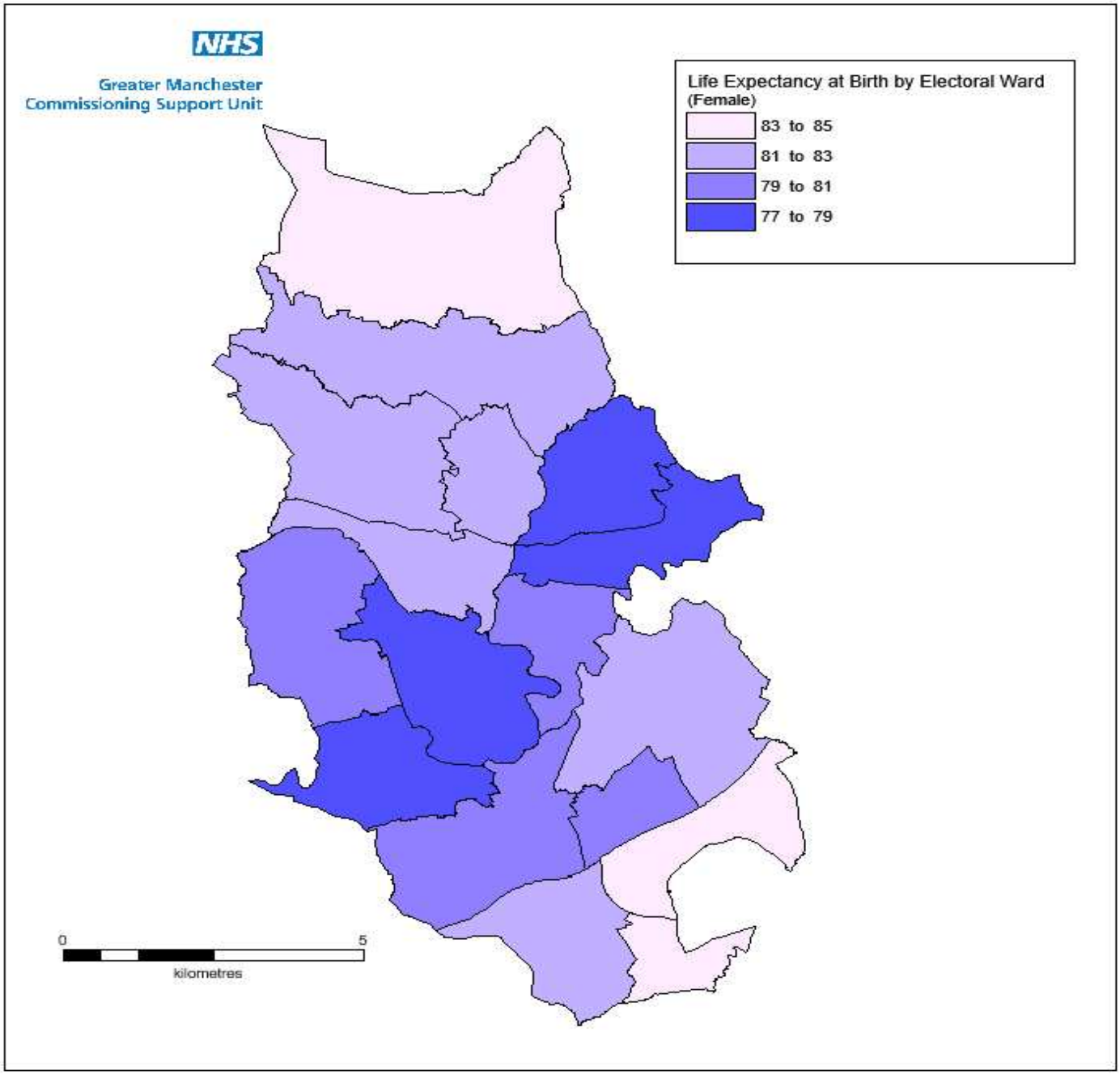


Figure 10: Bury Life Expectancy at Birth by Electoral Ward (Female)



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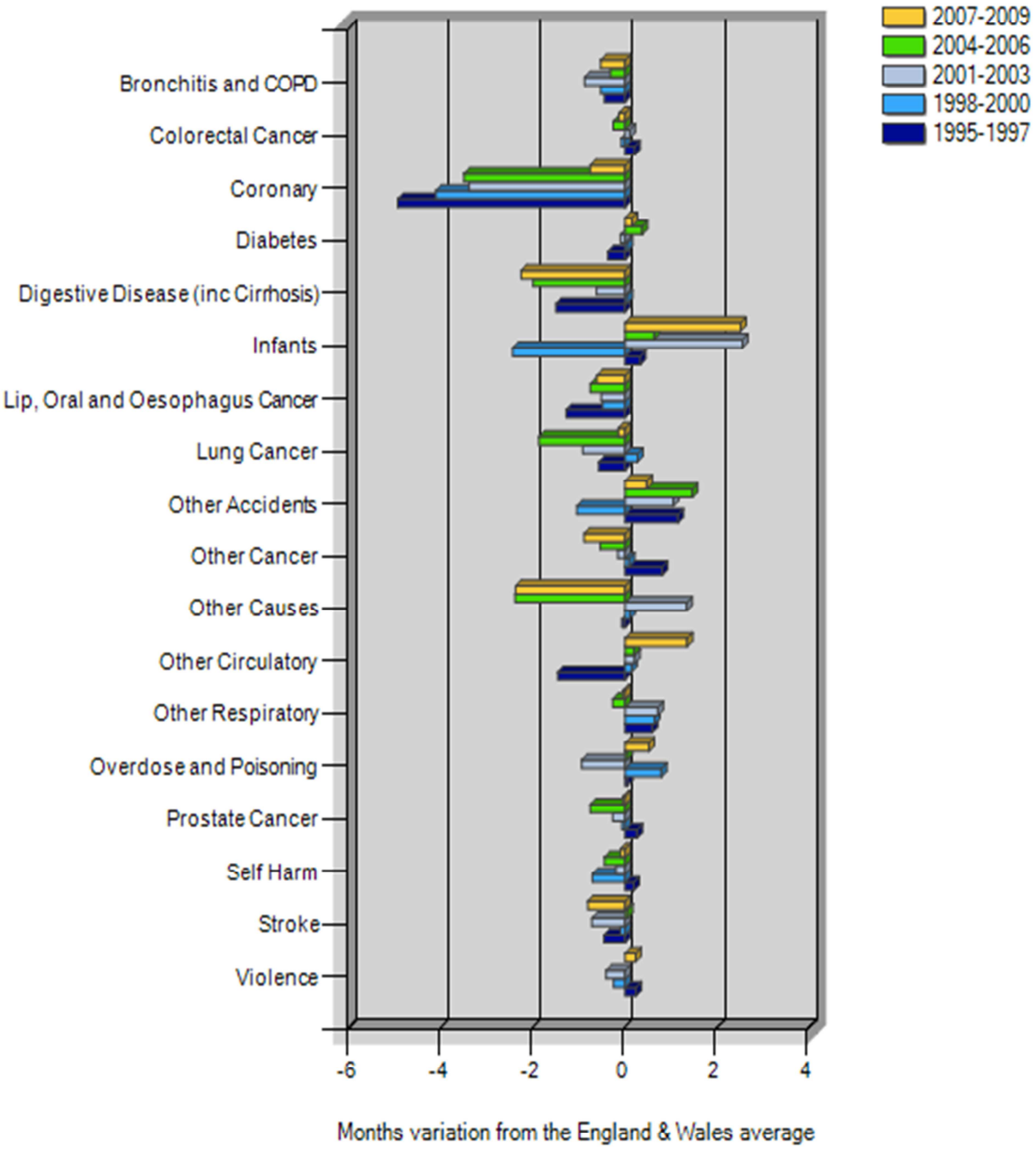
From 1995 to 2009 (latest available data), Figure 11 and 12 below shows the difference in life expectancy from England and Wales by disease area for men and women respectively. The yellow bars show where Bury was in 2009 compared to previous years. The zero line is where England and Wales average lies.

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



Source: North West Public Health Observatory

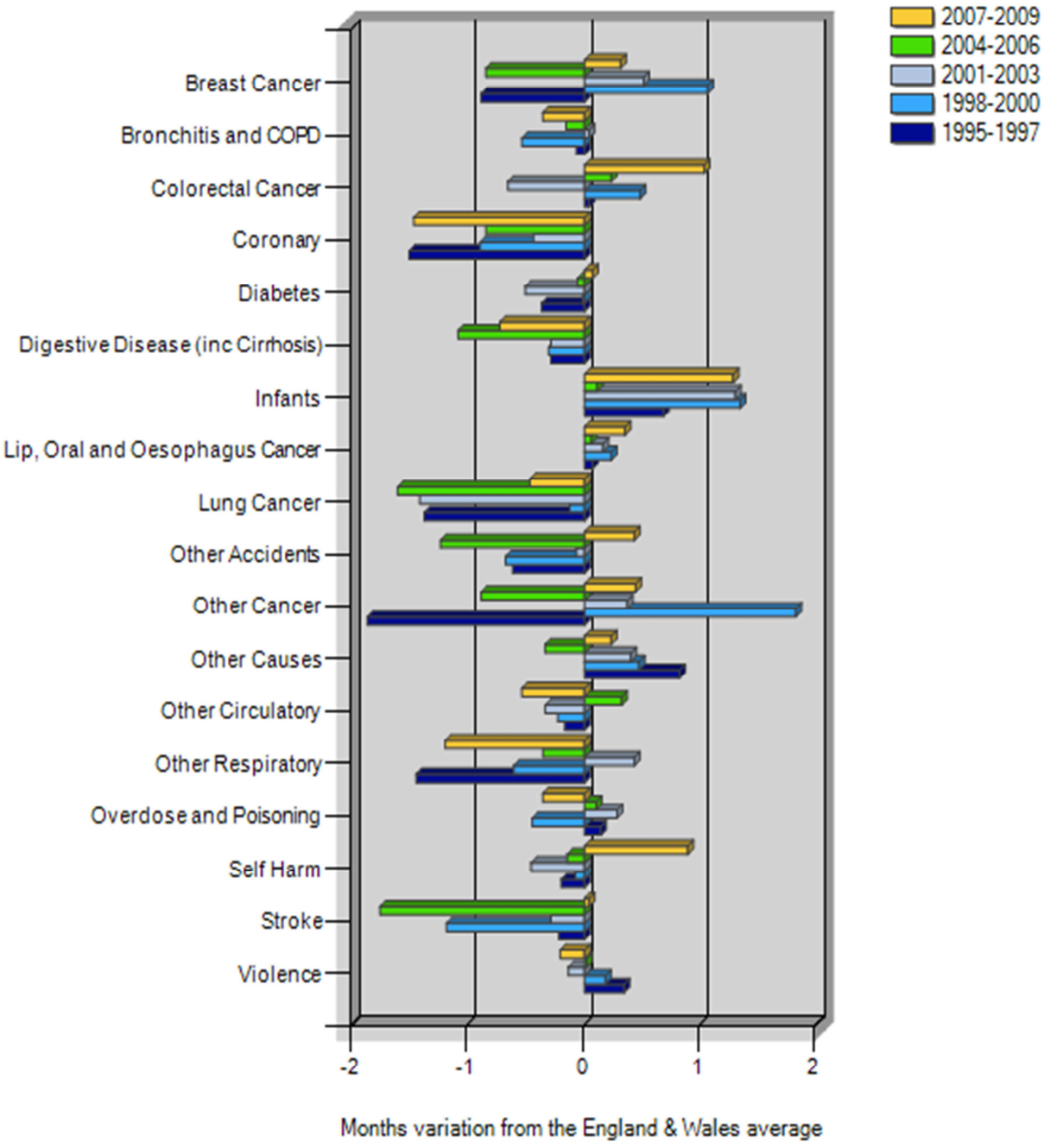
In Bury, the contributory factors in men (Figure 11) with the greatest life expectancy variation from national average are digestive disease (including cirrhosis) and those classified under other causes.

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

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

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

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



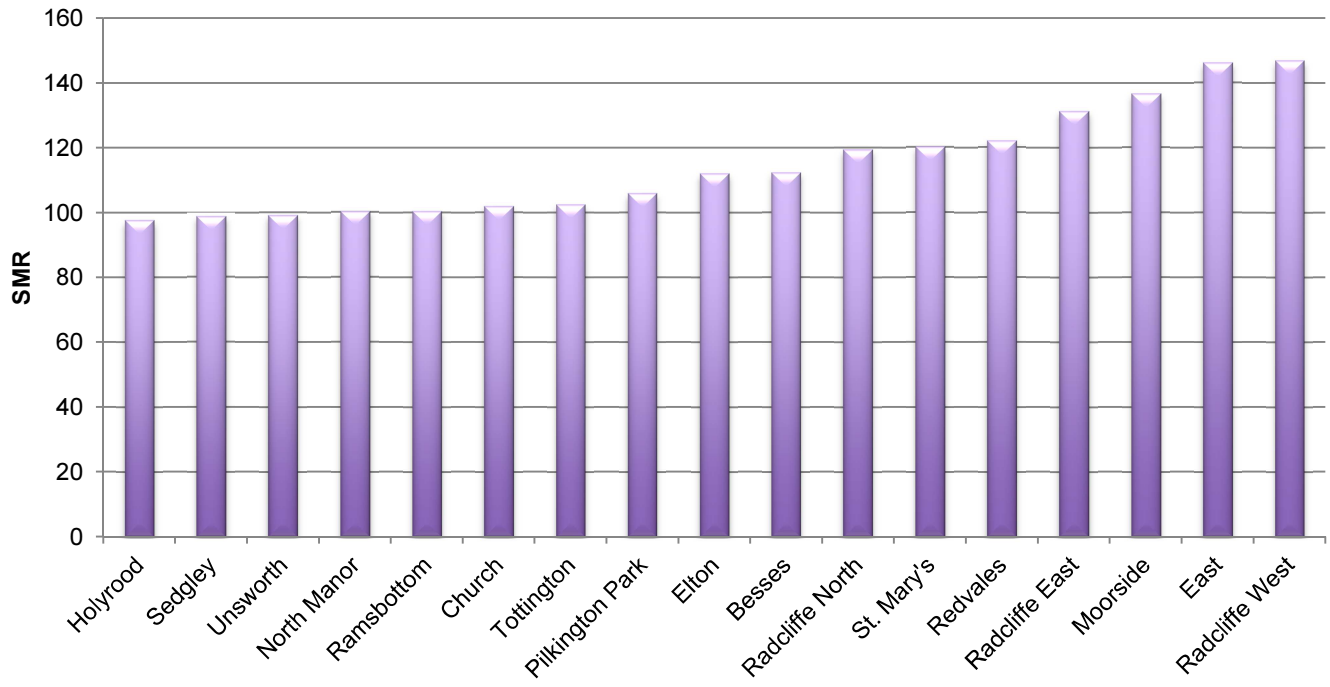
Source: North West Public Health Observatory

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

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

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

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



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

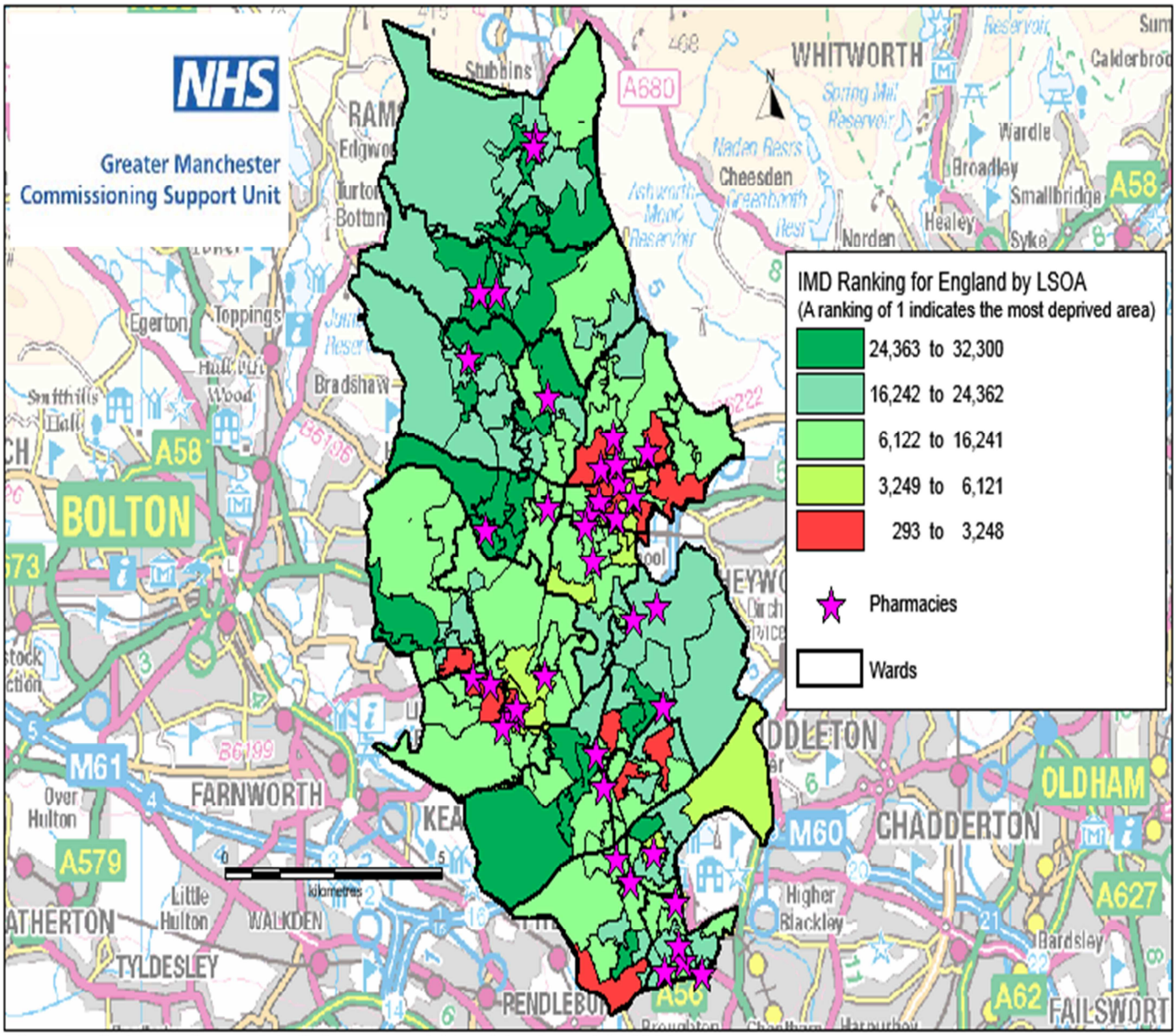
4.6 Deprivation

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

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

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

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



5.0 Locally Identified Health Need

5.1 Overview of Bury Health Needs and Locally Commissioned Services

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

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

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

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

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

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

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

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

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

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

5.2 Bury Strategic Priorities[12]

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

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

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

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

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

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

5.3 Role of Community Pharmacy in Improving Local Health Needs

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

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

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

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

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

5.3.1 Essential Services

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

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

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

5.3.2 Advanced Services

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

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

5.3.3 Enhanced Services

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

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

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

5.2.4 Locally commissioned services[8]

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

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

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

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

5.3.4 Community pharmacy services impact on the HWB Strategic Priorities

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

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

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

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

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

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

5.4 Bury Local Health Needs

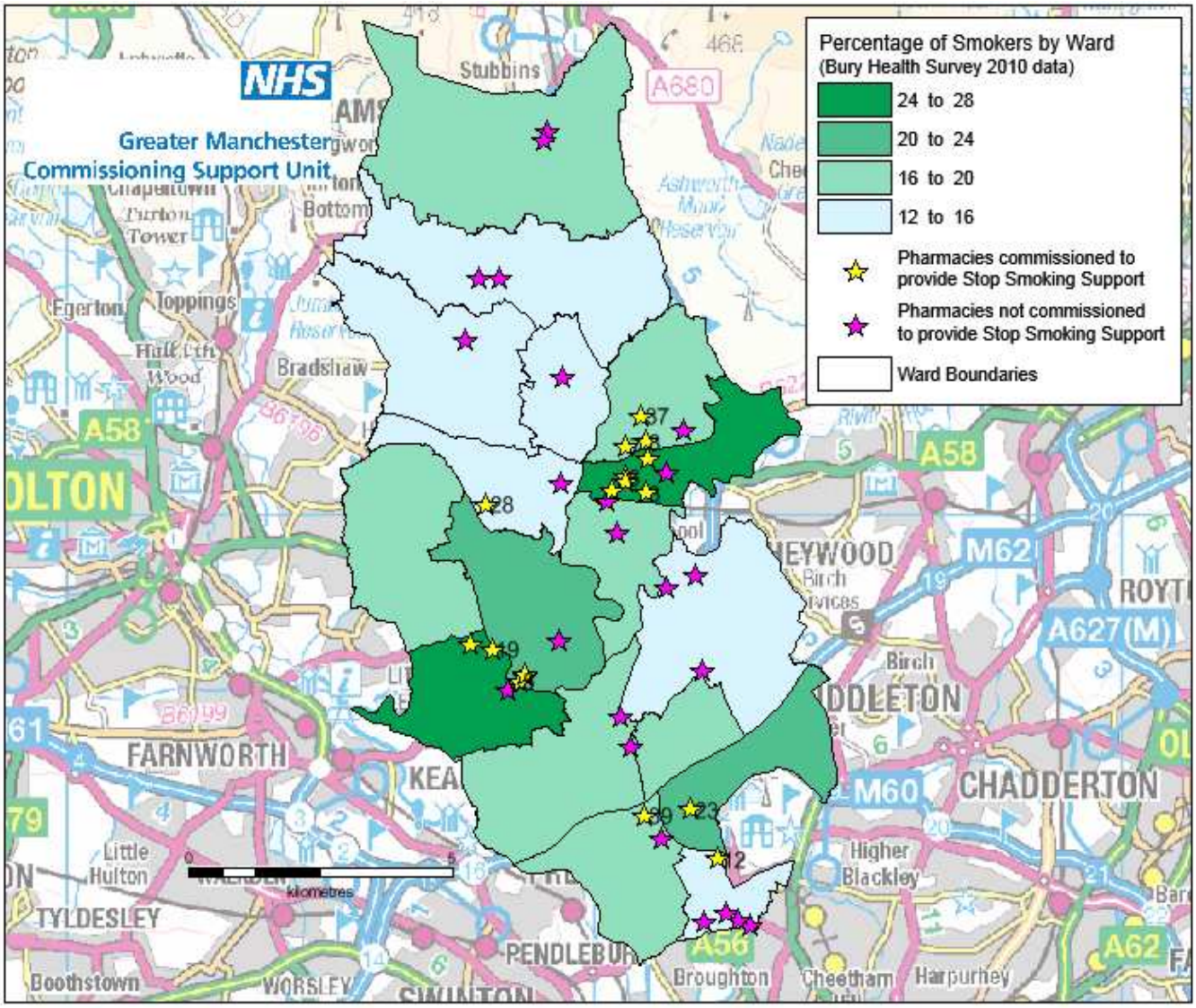
5.4.1 Smoking

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

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

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

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



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5.4.2 Healthy weight[15]

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

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

5.4.3 NHS Health Checks

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

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

5.4.4 Sexual Health

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

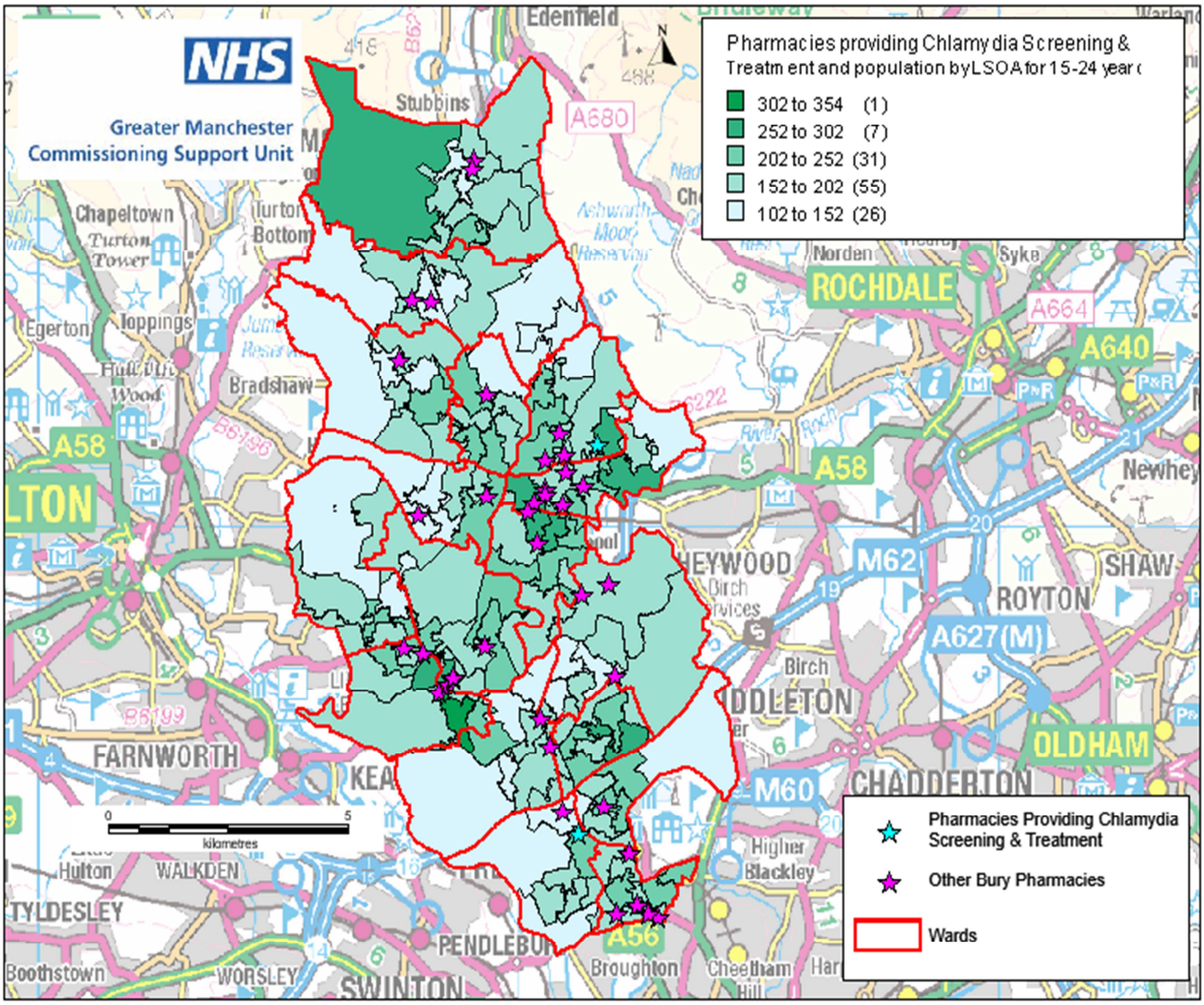
It is difficult to assess changes in local chlamydia occurrence over the last decade due to changes from absolute numbers being diagnosed to diagnostic rates

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

Community pharmacies are easily accessible for young people and are crucial for offering treatment of chlamydia infections. In some cases it can be challenging to offer testing in the pharmacy setting as not all pharmacies have the facilities required to enable patients to provide a urine sample for diagnostic testing on site. However, there is a potential for offering advice on barrier contraception methods and raising awareness of HIV, chlamydia and other STIs.

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

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



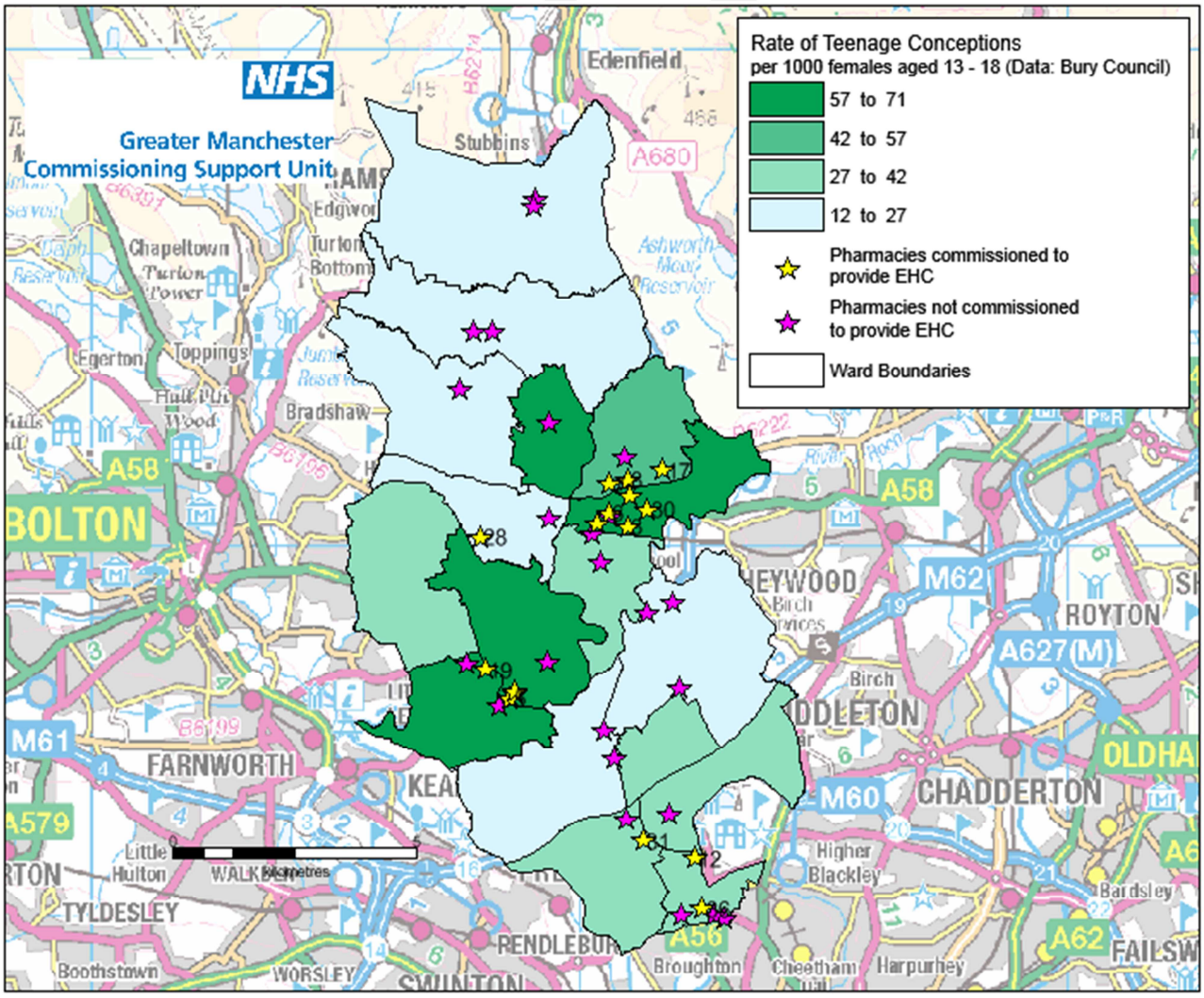
5.4.5 Emergency Hormonal Contraception (EHC)

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

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

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

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



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5.4.6 Alcohol Use

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

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

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

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

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

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

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

5.4.7 Drug Misuse Related Harm

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

a) Needle Exchange

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

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

b) Supervised Consumption

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

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

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

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

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

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

5.4.8 The Health of Older People

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

Community pharmacies can support self-care where appropriate, as well as referring back to the GP service or signposting patients to other appropriate services. Many patients receive a range of different medications and up to 50% of patients do not take their prescribed medicines as intended[21]. To help with this, particularly for those who have complex medication regimens or have problems with taking regular doses, pharmacist could offer advice and support to the patients, carers and to other healthcare professionals. This could be undertaken as part of a local clinical team whether in a pharmacy or doctors surgery.

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

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

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

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

5.4.9 Long Term Conditions (LTC)

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

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

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

Pharmacists are also involved in the early detection of some cancers, for example, through the provision of advice on skin care and sunbathing, and participating in the Be Clear on Cancer campaign[25], which aims to improve early diagnosis of cancer by raising awareness of symptoms and making it easier for people to discuss them with their GP.

5.4.10 Mental Health

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

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

5.4.11 Healthcare Associated Infections

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

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

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

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

5.4.12 Medication Related Harm

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

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

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

Through the provision of MURs, clinical screening of prescriptions and identification of adverse drug events dispensing staff work with patients to help them understand their medicines. This also ensures that medicines are not omitted unnecessarily and that medication allergies and dose changes are clearly documented and communicated.

5.4.13 Community Pharmacy Minor Ailments Service

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

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

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

5.4.14 Community Pharmacy Palliative Care Service

Palliative care is the care of any patient with an advanced, incurable disease. It involves the control of symptoms, such as pain and aims to improve quality of life for both patients and their families.

Drug treatment plays a major role in symptom control in palliative care. The aim is to ensure that appropriate palliative care drugs are available in the community at the point of need which may be urgent and/or unpredictable. In addition to the prompt supply, pharmacies can support carers and clinicians by providing them with up to date information and advice, and referral where appropriate.

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

5.5 Public Survey

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

5.5.1 Summary of the Bury Public Survey

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

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

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

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

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

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

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

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

6.0 Current Pharmacy Provision and Services

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

6.1 Overview

Community pharmacies and pharmacists can have an impact on the health of the population by contributing to the safe and appropriate use of medicines. This section aims to assess the adequacy of pharmaceutical provision and information was collected up until 31st August 2014. Up-to-date information on community pharmacies (including opening hours) is available on the NHS website:
www.nhs.uk/servicedirectories/Pages/ServiceSearch.aspx

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

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

6.2 Change in number of Pharmacy contractors from 2011

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

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

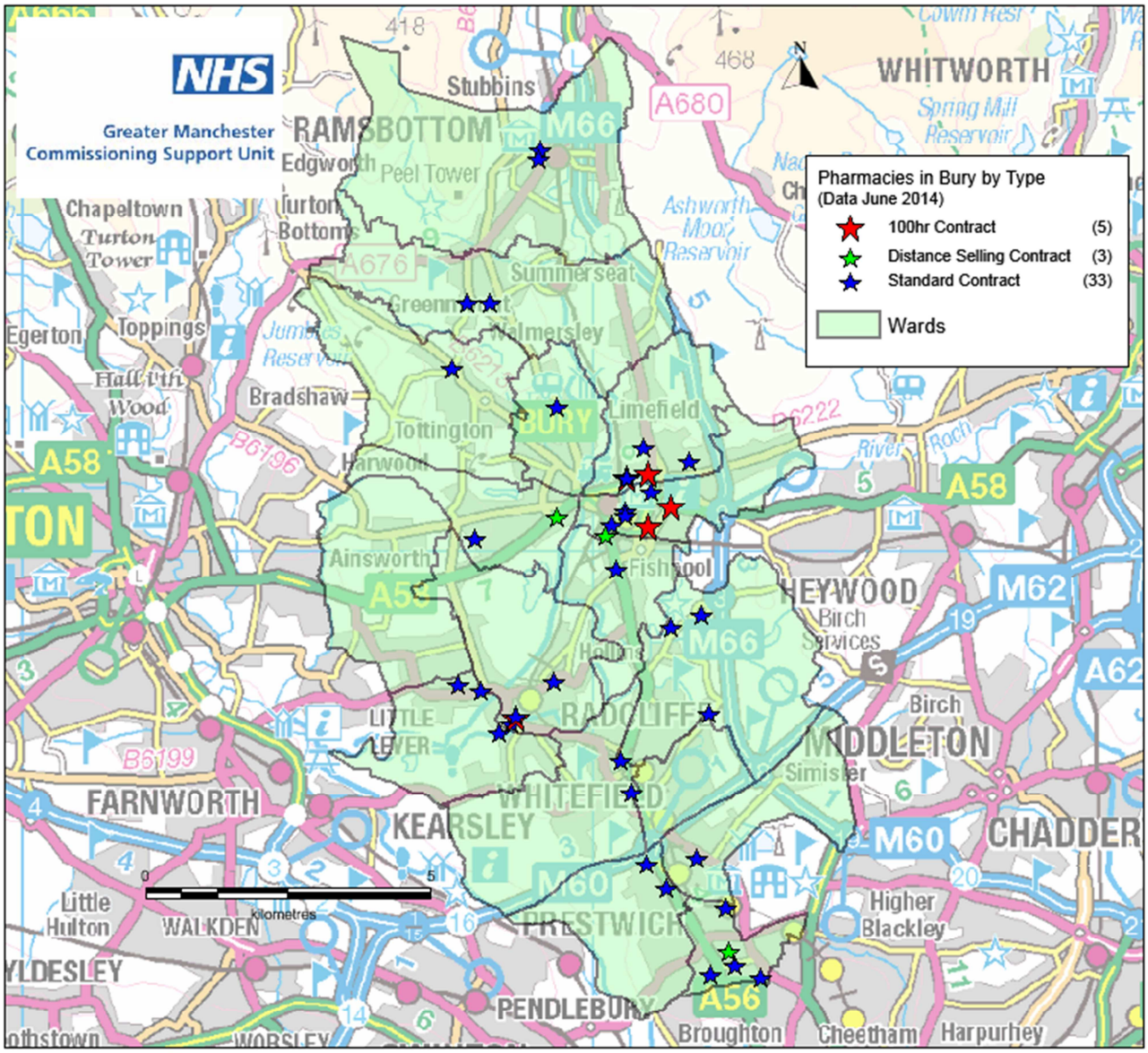
Bury Township	Ward	Population (2011 Census)	Number of pharmacies in 2011	Number of pharmacies in 2014	100 hour contract pharmacies in 2014	Number of GP surgeries in 2014
Bury East	East	10,636	5*	7*	2	10
	Moorside	12,013	4	5	2	2
	Redvales	11,529	1	1	0	0
		Total	10	13	4	12
Bury West	Church	10,345	2**	2**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

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

6.3 Pharmacies per locality

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

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



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

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

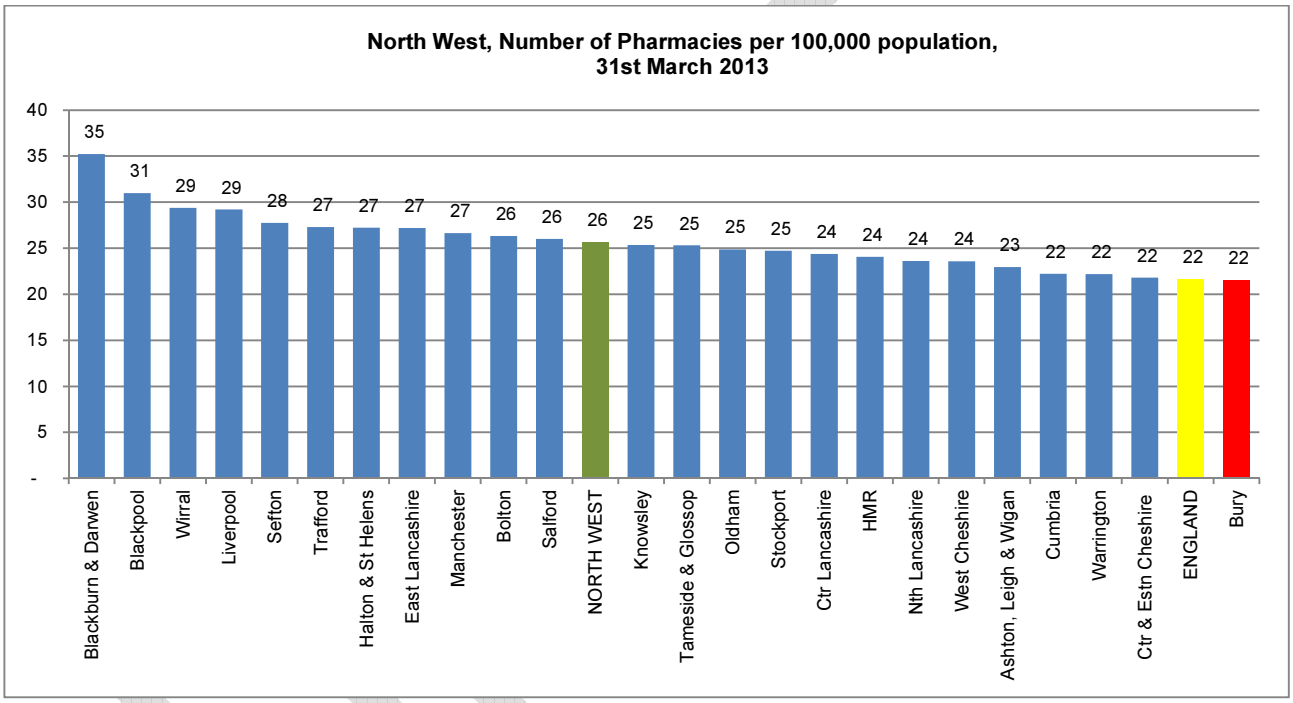
6.4 Pharmacies per head of population vs. national/ NW level and neighbouring former PCT (March 2013) [11]

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

comparisons are made with the national and regional averages:

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

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



Source: HSCIC 2012-13 data

6.5 Dispensing activity[11]

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

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

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

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

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

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

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

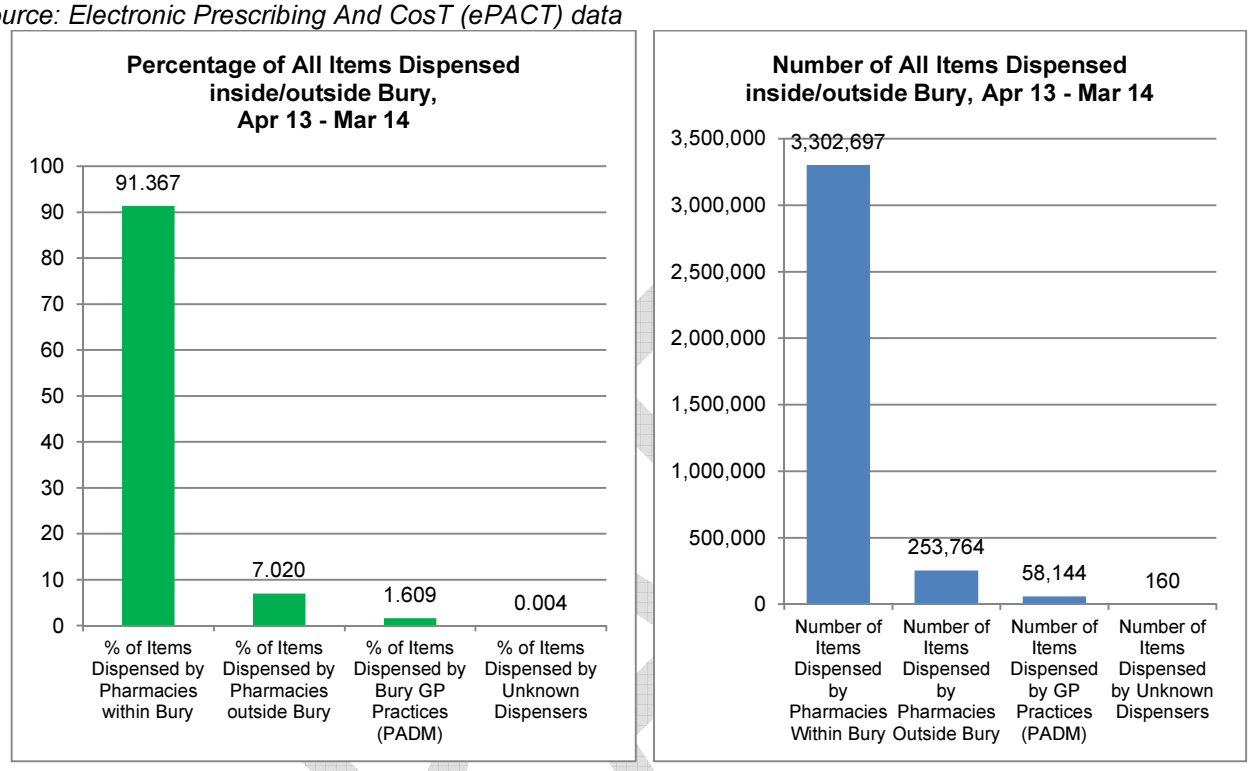
**According HSCIC 2012-13 data Bury has 40 pharmacies. To date (30th June 2014) Bury has 41 community pharmacy providers.*

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

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

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

Source: Electronic Prescribing And CosT (ePACT) data

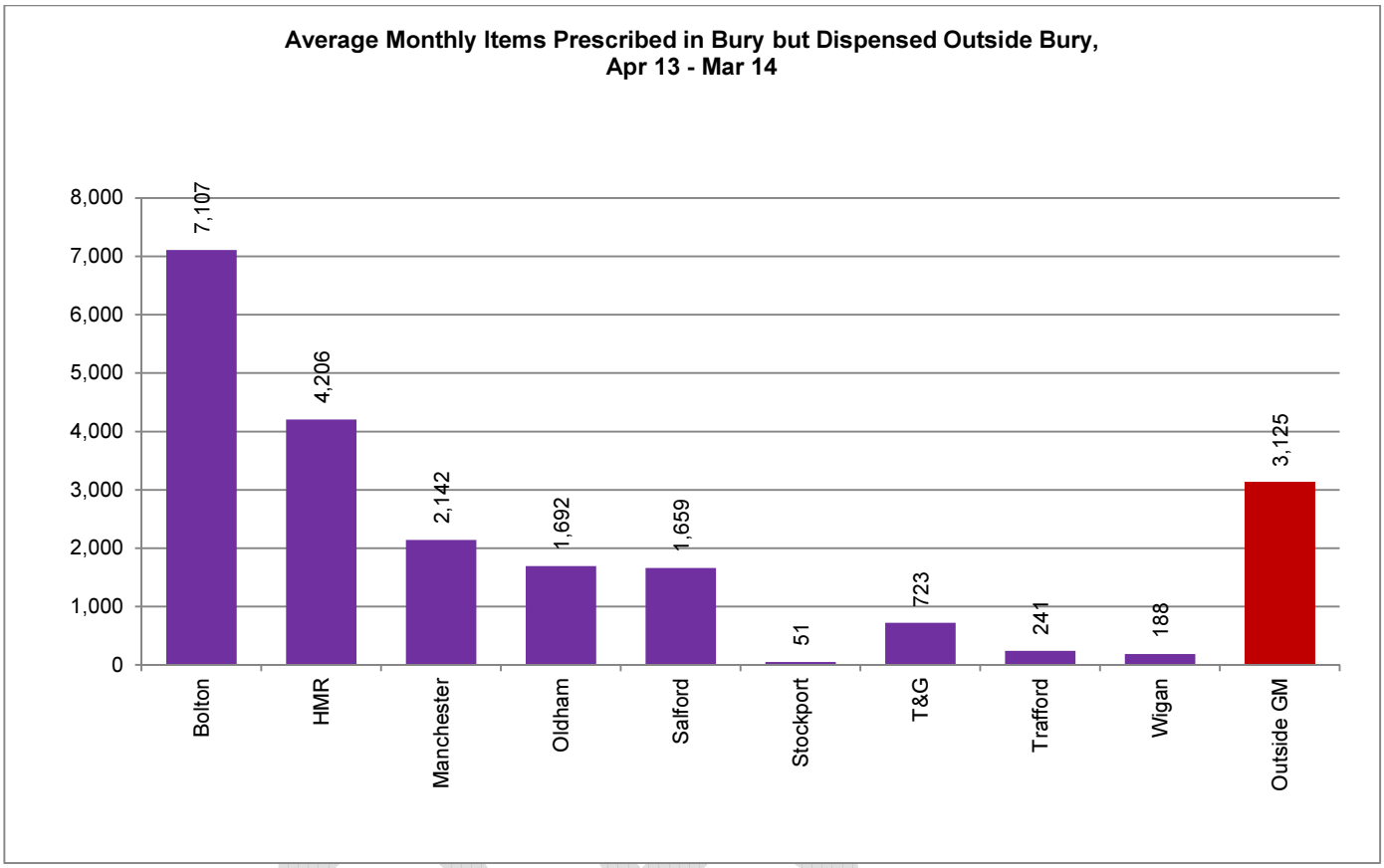


Of the 7% (250,000 items) which were dispensed by non-Bury pharmacies the majority (over 82%) was dispensed within Greater Manchester. The most (39%) being in the Bolton Local Authority area, where over 7000 items per month prescribed in Bury is dispensed in Bolton (see Figure 26). This could predominantly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

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

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

Source: ePACT



6.6 Access to pharmacies by location

The 2008 White Paper Pharmacy in England: Building on strengths – delivering the future states that it is a strength of the current system that community pharmacies are easily accessible, and that 99% of the population –even those living in the most deprived areas- can get to a pharmacy within 20 minutes by car and 96% by walking or using public transport[27].

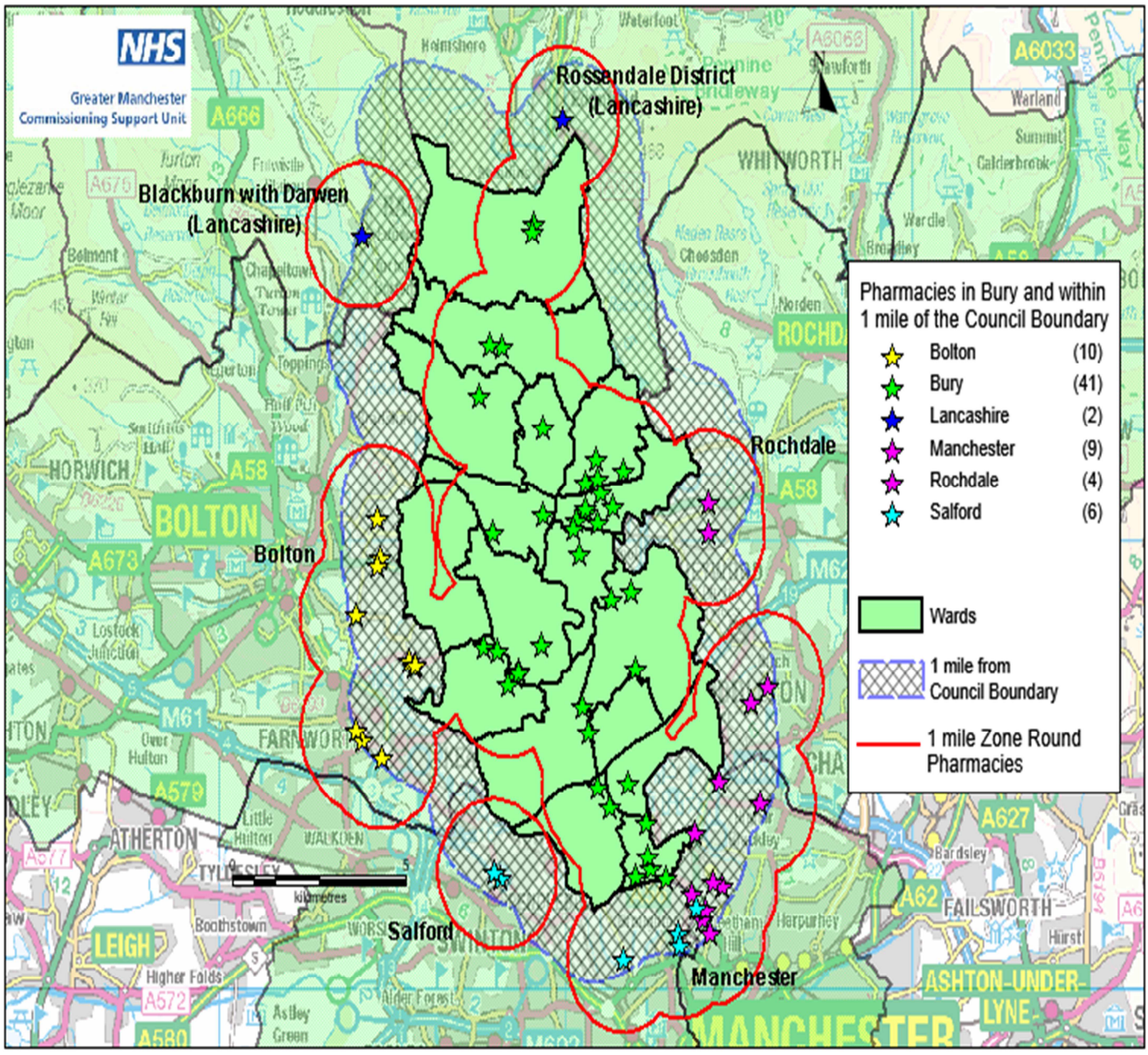
The public survey noted that over 85% of respondents were travelling less than two miles to their pharmacy and over 92% would either walk or use a car for transport. It was noted that 1% of the survey respondent are unable to get to a pharmacy of their choice due to mobility issues. Although, a very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

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

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

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

Figure 27: Bury Pharmacies mapped against one mile buffer zone



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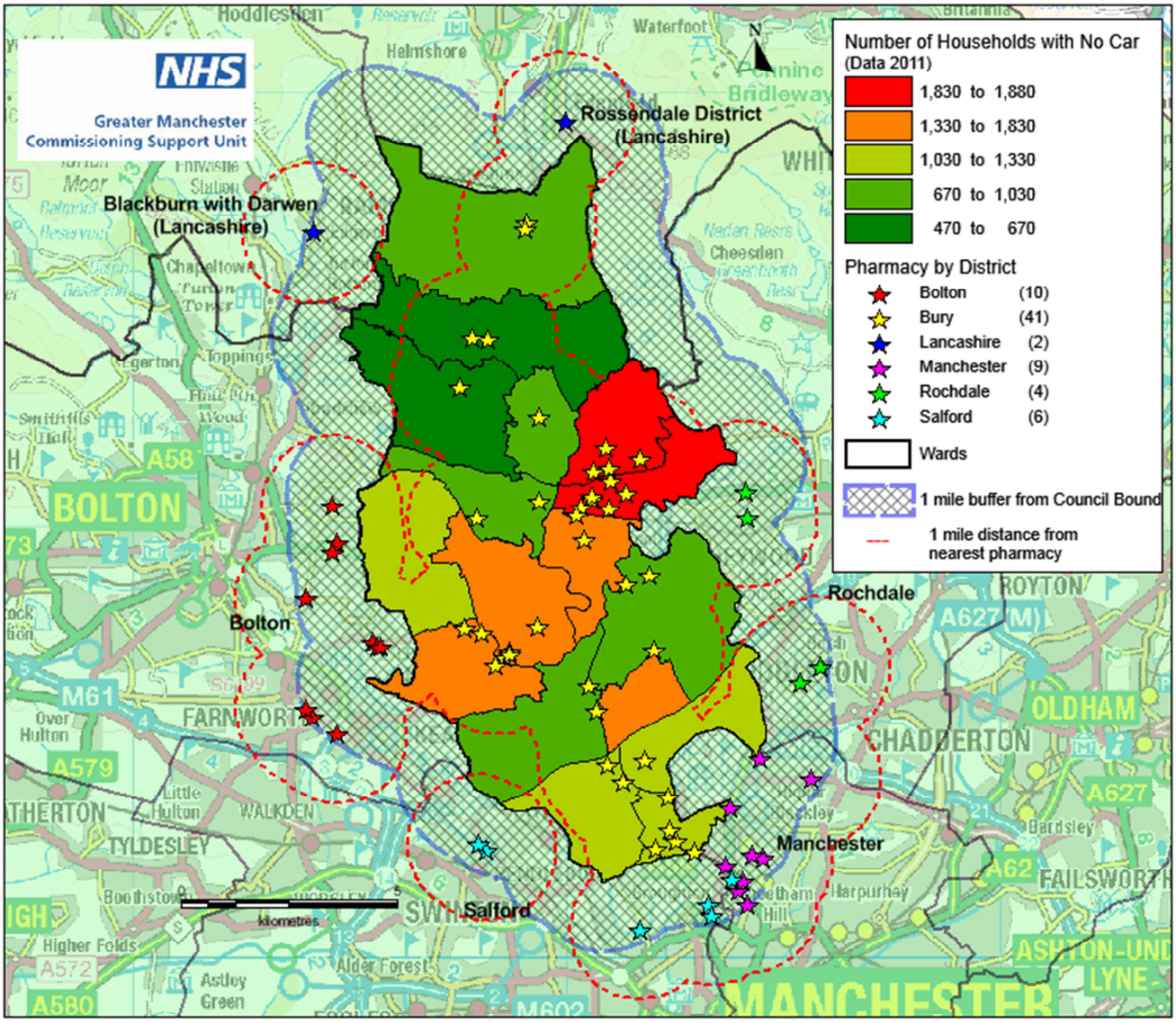
Having access to transport is an obvious important factor in considering accessibility of services for our population. However, it is extremely difficult to define the relative accessibility of a particular service without making some inevitable assumptions about the relevant population needing that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

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



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

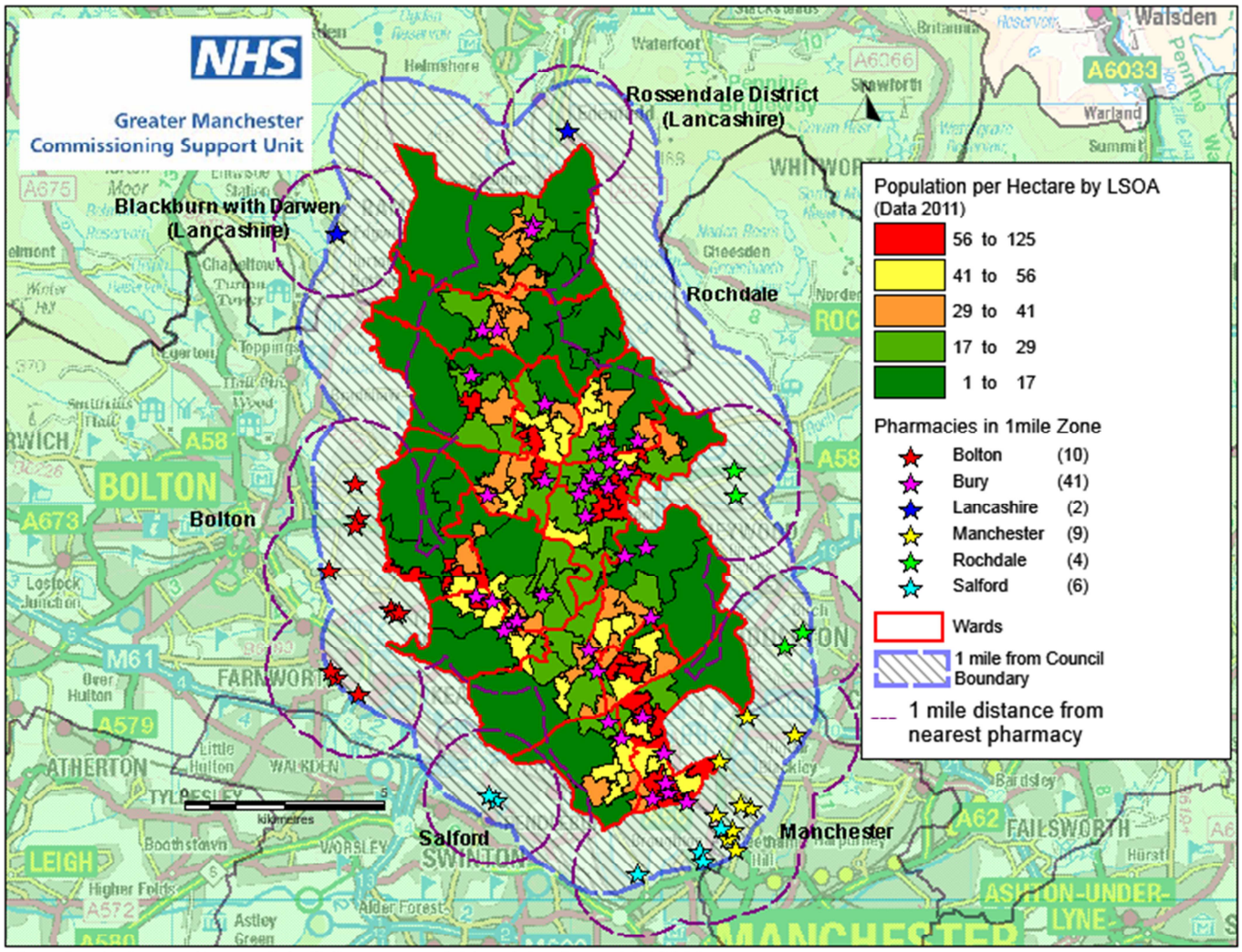
Both Bury East and Moorside Wards have the greatest number of households with no access to a car. However, as per Figure 28 there is good coverage in a one mile buffer zone of those pharmacies. In addition, most pharmacies offer the added value service of home delivery which can help to provide medications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

6.6.1 Unpopulated areas

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

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

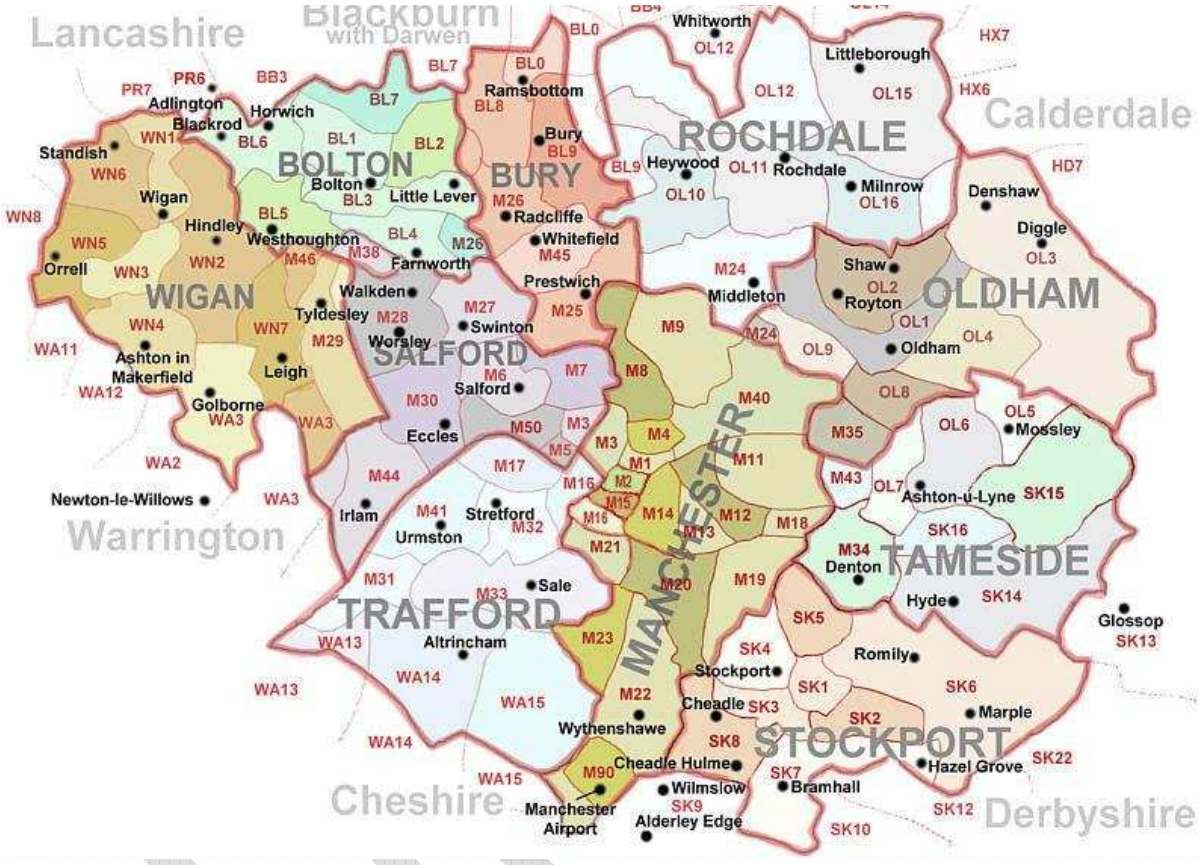
Figure 29: Population per Hectare by LSOA and Pharmacy locations



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

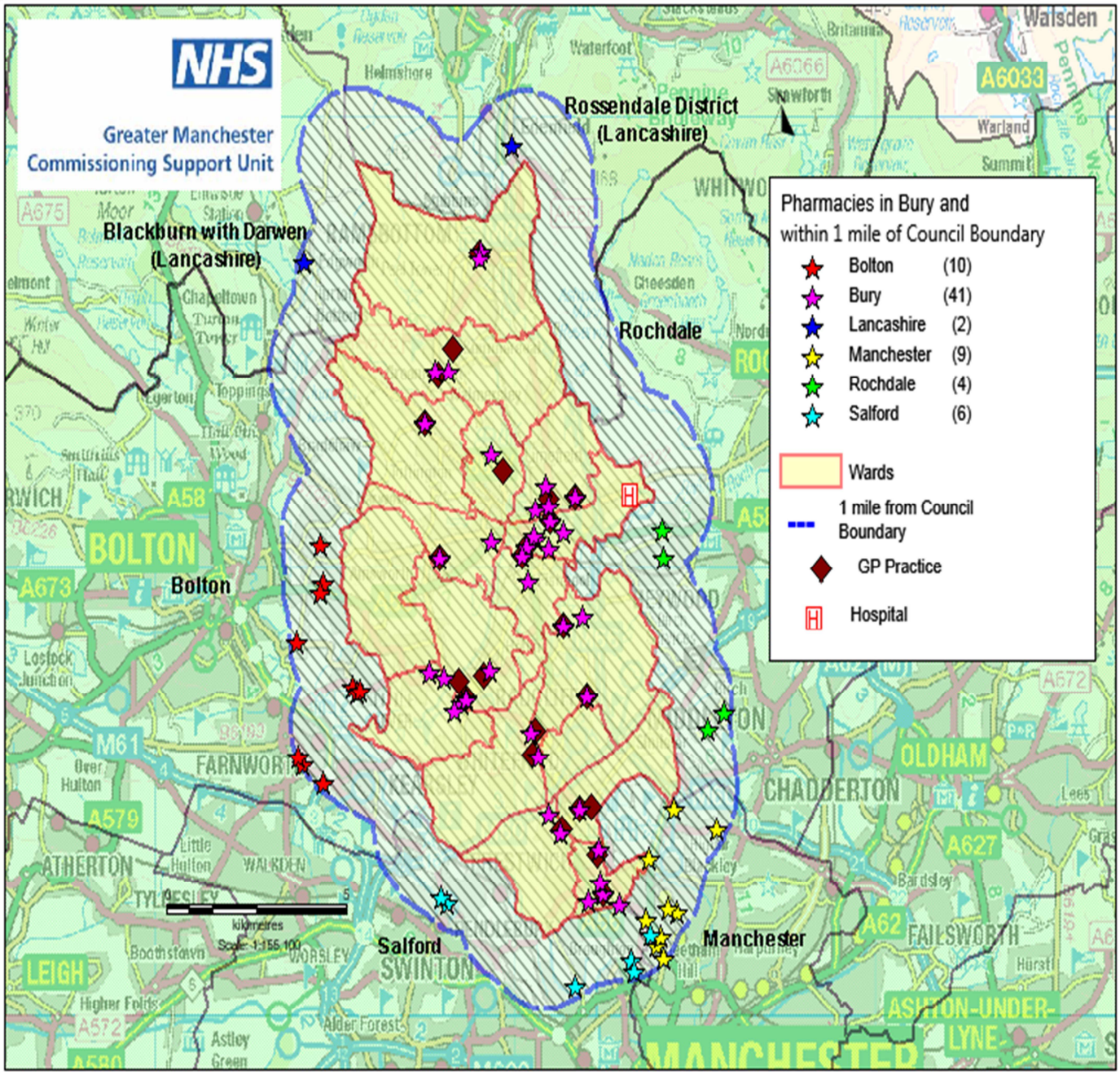
In making its assessment the HWB needs to take account of any services provided to its population which may affect the need for pharmaceutical services in its area. This could include services provided across a border to the population of Bury Local Authority by pharmacy contractors outside their area,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

Figure 30: Postcode boundary across Greater Manchester



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

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



6.7 Access to pharmacies by opening hours

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

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

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

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

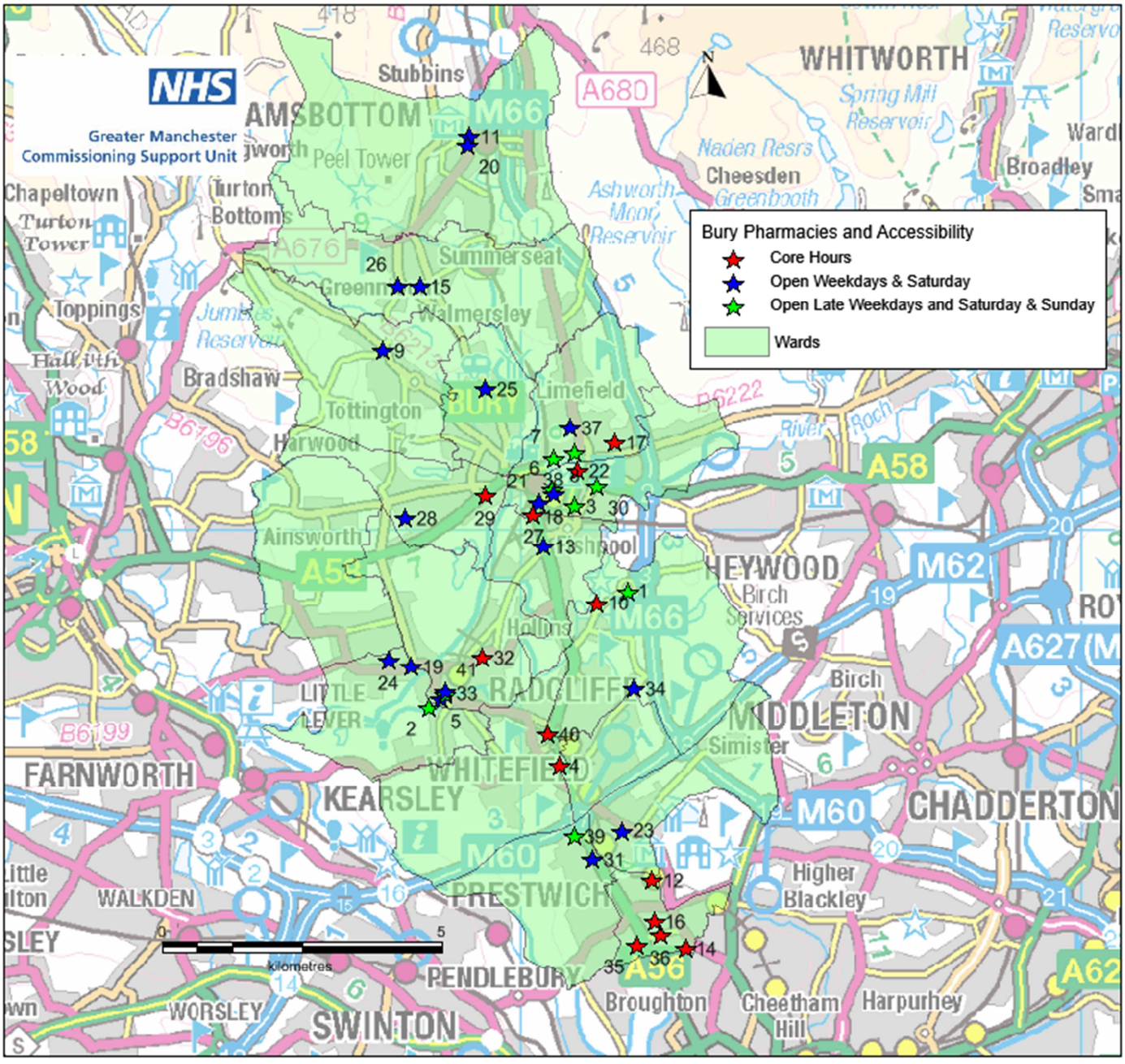


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Figure 33: Number of Pharmacy at Bury Ward/Township level with Opening Times

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

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

6.7.1 Saturday Opening

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

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

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

6.7.2 Sunday Opening

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

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

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

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

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

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

7.0 Future Matters

7.1 Housing and development

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

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

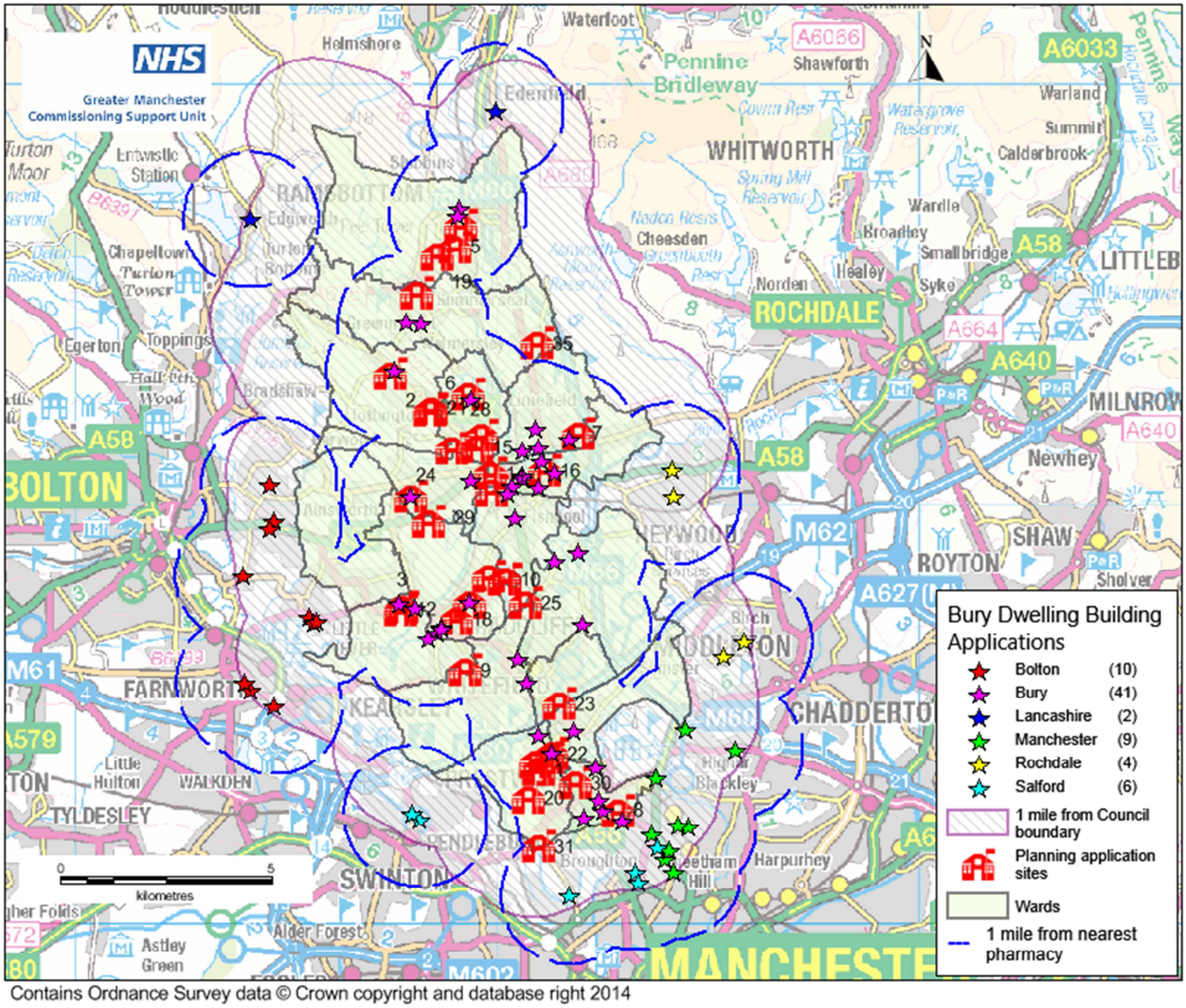
The PNA needs to be mindful of any dwelling construction that may affect the demand for pharmaceutical services, such as large housing developments, during its life. It is also important to capture any planned construction that may have an impact during the three year life of the PNA.

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

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

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

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



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

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

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

7.2 Primary care developments

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

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

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

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

Figure 36: Gap Analysis between Health Needs and Commissioned Services

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

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

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

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

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

8.0 Summary and Recommendations

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

9.0 Equality Impact Assessment

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

10.0 Appendices

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

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