Manchester Health and Wellbeing Board
Report for Resolution

Report to: Manchester Health and Wellbeing Board – 15 March 2017

Subject: Manchester Pharmaceutical Needs Assessment 2017-2020 Final Draft

Report of: David Regan, Director of Public Health

Summary

The provision of pharmaceutical services falls under the National Health Service (Pharmaceutical and Local Pharmaceutical services) Regulations 2013. The regulations cover the production of this Pharmaceutical Needs Assessment (PNA). The responsibility for producing the PNA is that of the local Health and Wellbeing Board (HWB).

The PNA steering group has been leading the development of the PNA on behalf of the HWB, and the final draft of the PNA for Manchester can be accessed via the web link below. The full document is over 100 pages long, however, the Executive Summary is attached as Appendix 1.

http://www.manchester.gov.uk/downloads/download/6628/manchester_pna_2017-20_final_report

The regulations state that the HWB must undertake a consultation on the content of the PNA and the consultation must run for minimum of 60 days. The HWB agreed to the commencement of the consultation back in August 2016 and a final draft is now available for board approval.

Recommendations

The Board is asked to:

1. Approve the final report for publication.

Board Priority(s) Addressed:

Health and Wellbeing Strategy priority	Summary of contribution to the strategy
Getting the youngest people in our communities off to the best start	The PNA ensures that the provision of pharmaceutical service meet the needs of Manchester residents across the life course. It ensures that there is appropriate
Improving people's mental health and wellbeing	

Bringing people into employment and ensuring good work for all	access to pharmaceutical services for Manchester residents, and allows residents to receive appropriate advice and treatment for self care.
Enabling people to keep well and live independently as they grow older	
Turning round the lives of troubled families as part of the Confident and Achieving Manchester programme	
One health and care system – right care, right place, right time	
Self-care	

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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

Manchester Pharmaceutical Needs Assessment 2014

Report on the PNA consultation process to the Manchester Health & Wellbeing Board on 31 August 2016

1. Introduction

1.1. The Health and Social Care Act 2012 transferred responsibility to develop and update Pharmaceutical Needs Assessment (PNA) from Primary Care Trusts to Health and Wellbeing Boards (HWB). The responsibility for producing the PNA is that of the local HWB. NHS England has responsibility for the application process and the management of pharmacies compliance with their terms of service. The PNA informs the application and decision making process, however NHS England have the responsibility for approving or rejecting new applications.

1.2. From the 1st April 2013 every Health and Wellbeing Board (HWB) in England has a statutory responsibility to publish and keep up to date a statement of the needs for pharmaceutical services for the population in its area, referred to as a Pharmaceutical Needs Assessment (PNA).

1.3. The PNA is a legal document which details services which could be desirable and necessary in a locality based on the local health needs and demographics. The NHS (Pharmaceutical Services and local pharmaceutical services) regulations 2013 set out the legislative basis for developing and updating PNAs.

1.4. The key aims of the PNA include:

- To inform NHS England when making decisions on applications to open new pharmacies and dispensing appliance contractor premises; or application from current pharmaceutical providers to change their existing regulatory requirements.
- To help the HWBB to work with providers to target services to the areas where they are needed and limit duplication of services in areas where provision is adequate.
- To inform interested parties of the pharmaceutical needs in the Manchester Borough and enable work to plan, develop and deliver pharmaceutical services for the population.
- To inform commissioning decisions by local commissioning bodies including local authorities (public health services from community pharmacies), NHS England and Clinical Commissioning Groups (CCGs)

2. Background

2.1. The PNA has been produced in collaboration with Greater Manchester Shared Service using a standard methodology in accordance with the requirements set out in regulations 3-9 Schedule 1 of the NHS (Pharmaceutical Services and Local Pharmaceutical Service) Regulations 2013.

2.2. In the process of undertaking the PNA, the views of a wide range of key stakeholders were obtained to identify issues that affect the commissioning of pharmaceutical services and to meet local health needs and priorities.

3. Other Strategic Developments

3.1 The Greater Manchester Population Health Plan 2017 -2021 outlines the role community pharmacy has to play in improving population health at a neighbourhood level. This is supported by the Greater Manchester Pharmacy Healthy Living Framework which encourages a population approach to improving health and care through the delivery of place-based care. Manchester pharmacies are working towards gaining level 1 accreditation as a Healthy Living Pharmacy (HLP) which focuses on promoting health and wellbeing, and self-care. From 2017 pharmacies that demonstrate that they can meet the HLP level 1 criteria will receive the new quality payment for community pharmacy.

3.2 In Manchester the One Team Prevention Programme (OTPP) is the proposed model for promoting wellbeing, preventing ill-health, reducing health inequalities and taking forward the Our Manchester approach. The programme will take a community-centred, asset based approach to delivering care, and promoting health and wellbeing for residents of the 12 One Team neighbourhoods. This approach is fundamental in transforming the care delivered and enabling people to live as independent a life as possible. Community Pharmacies are key to the successful delivery of this approach and Manchester Public Health team have developed excellent working relationships with pharmacy leads. Furthermore under the new Manchester Health and Care Commissioning arrangements, opportunities for innovation in the areas of sexual health, shared care for substance misuse and NHS Health checks will be explored.

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Appendix 1

1 Executive Summary

1.1 Introduction

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

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

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

The PNA will be used by NHS England in its determination as to whether to approve applications to join the pharmaceutical list under The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 as amended. The relevant NHS England Local Offices (LO) will then review the application and decide if there is a need for a new pharmacy in the proposed location. When making the decision NHS England is required to refer to the local PNA.

The City of Manchester covers an area of approximately 116 sq. km with a population of 530,300 giving a density of 46 persons per hectare (based on ONS mid-2015 Population Estimates).

Manchester is a city of change, the birthplace of the industrial revolution, and the powerhouse of the north-west region. The city boasts several key drivers that help sustain the economic growth of the area. These include its world-class universities, a knowledge-based economy, a thriving city centre, a skilled workforce, and Manchester International Airport.

Despite this Manchester has a higher proportion of working-age residents with no qualifications (13%) than the national average (9.3%).

Manchester also has some of the poorest health in England and, even within Manchester, people die younger and experience higher levels of illness in some parts of the city than others.

1.2 How the assessment was undertaken

This PNA describes the needs for the population of Manchester. It considers current provision of pharmaceutical services across 12 neighbourhoods in the Manchester HWB area:

North

- Higher Blackley, Harpurhey and Charlestown (Neighbourhood 9)
- Miles Platting, Newton Heath, Moston and City Centre (Neighbourhood 11)
- Cheetham and Crumpsall (Neighbourhood 4)
- Ancoats, Clayton and Bradford (Neighbourhood 1)

Central

- Hulme, Moss Side and Rusholme (Neighbourhood 10)
- Gorton and Levenshulme (Neighbourhood 8)
- Ardwick and Longsight (Neighbourhood 2)
- Chorlton, Whalley Range and Fallowfield (Neighbourhood 5)

South

- Didsbury, Burnage and Chorlton Park (Neighbourhood 6)
- Fallowfield (Old Moat) and Withington (Neighbourhood 7)
- Brooklands and Northenden (Neighbourhood 3)
- Wythenshawe (Neighbourhood 12)

The PNA uses the current system of Manchester ward boundaries to create 12 clear localities, referred to as Neighbourhoods. This approach was taken because:

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

The PNA includes information on:

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

The HWB established a steering group to lead a comprehensive engagement process to inform the development of the PNA. The group undertook a public survey and sought information from pharmacies, Manchester City Council, NHS Central Manchester, NHS North Manchester and NHS South Manchester CCGs and NHS England.

1.3 Results

Manchester has 141 pharmacies providing a range of essential services, advanced services, enhanced services and locally commissioned services on behalf of Manchester City Council, NHS Central Manchester, NHS North Manchester and NHS South Manchester CCGs and NHS England.

Of those pharmacies 23 are 100 hour pharmacies and seven are distance selling/wholly mail order (internet) pharmacies.

There are no dispensing doctors within Manchester, however, there are two dispensing appliance contractors (DAC) who provide access to dispensing and services associated with appliances for some patients, others will access these services through pharmacy contractors or through DACs elsewhere within England.

60% of pharmacy contractors said that they were able to dispense all types of appliances.

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

- Manchester has 26 pharmacies per 100,000 population, which is higher than the Greater Manchester and England averages.
- Manchester has fewer prescription items dispensed per month per pharmacy than the Greater Manchester and England average.
- The majority of residents live within 1.0 miles of a pharmacy.
- The majority of residents can access a pharmacy within 15 to 30 minutes either by walking, public transport or driving.
- The location of pharmacies within each of the 12 neighbourhoods and across the whole HWB area.
- The number and distribution of pharmacies within each of the 12 neighbourhoods and across the whole HWB area.
- The choice of pharmacies covering each of the 12 neighbourhoods and the whole HWB area.
- Over 90% of patients surveyed thought the location of a pharmacy was important or very important
- Over 80% of patients surveyed had not had any problems accessing a pharmacy service and 88% were satisfied with the opening hours of the pharmacy they used.
- Manchester has a choice of pharmacies open a range of times including early mornings, evenings and the weekend.
- Manchester pharmacies offer a range of pharmaceutical services to meet the requirements of the population.

1.4 Consultation

As part of the PNA process there is a statutory provision that requires consultation of at least 60 days to take place to establish if the pharmaceutical providers and services supporting the population in the HWB area are accurately reflected in the final PNA document. Manchester's HWB consultation ran from 27th September 2016

until 25th November 2016. The responses received were used to inform the final conclusions which were collated and are now published as part of this PNA.

The majority of respondents felt the PNA reflected:

- current provision of pharmaceutical services within Manchester
- needs of the Manchester population
- no services that could be provided in the community pharmacy setting in the future that have not been highlighted
- purpose and scope had been explained sufficiently
- provided enough information to inform future service commissioning and pharmacy dispensing appliance contractors service provision and plans
- agreed with the conclusions of the PNA.

The HWB concluded that the majority of the responses were supportive of the draft PNA and the comments offered provided no reason to alter the conclusions for the final PNA, albeit minor amendments were made as outlined in the consultation report.

1.5 Conclusions

Taking into account the totality of the information available, the HWB considered the location, number, distribution and choice of pharmacies covering each of the 12 neighbourhoods including the whole of Manchester's HWB area providing essential and advanced services during the standard core hours meet the needs of the population.

The HWB has not received any significant information to conclude otherwise or any future specified circumstance that would alter that conclusion within the lifetime of this PNA.

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

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

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

Manchester itself is has plans for major transformation with the planned creation of a single commissioning organisation, which commissions both health and social care for Manchester, the intention to bring the three hospitals together as a single hospital service and the establishment of a Local Care Organisation holding a single contract for out of hospital services.

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

This may mean that this PNA will need to be replaced earlier than the planned date of April 2020.

Manchester Health and Wellbeing Board

Pharmaceutical Needs Assessment

Contents Page

All maps contained in this document are available in a separate appendix in a larger format

All public health data was accessed on the public health outcomes framework during April 2016 to August 2016 - http://www.phoutcomes.info/

Data regarding contractors and services delivered was obtained from NHS England Local Team, Manchester City Council and Manchester CCGs.

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- No gaps in respect of securing improvements, or better access, to other NHS services either now or in specified future circumstances have been identified.

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

Manchester itself is has plans for major transformation with the planned creation of a single commissioning organisation, which commissions both health and social care for Manchester, the intention to bring the three hospitals together as a single hospital service and the establishment of a Local Care Organisation holding a single contract for out of hospital services.

This transformation will lead to greater delivery of care nearer to people's homes or at home and a drive to increase self-care for Manchester's residents. How this will impact on the need for pharmaceutical services is difficult to quantify and it will be important that the HWB are mindful of the requirement for people to have access to pharmaceutical services as part of this transformation. This may mean that this PNA will need to be replaced earlier than the planned date of April 2020.

2 Introduction

This document has been prepared by Manchester's Health and Wellbeing Board (HWB) in accordance with the NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013, as amended. It replaces the Pharmaceutical Needs Assessment (PNA) previously published in 2014.

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

There is also a need to ensure that those additional services commissioned by Manchester City Council or NHS Central Manchester, NHS North Manchester and NHS South Manchester CCGs from Manchester pharmacies are promoted to Manchester's population to improve their uptake.

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

Glossary and acronyms are provided in Appendix One.

2.1 Background and legislation

The Health Act 2009[1] made amendments to the National Health Service (NHS) Act 2006 stating that each PCT must in accordance with regulations:

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

The Health and Social Care Act 2012 transferred responsibility for the developing and updating of PNAs to HWBs following the abolition of Primary Care Trusts on 1st April 2013. It also made provision for a temporary extension of PCTs' PNAs and access to them by NHS England and HWBs.

In order that these newly established HWBs had enough time to gather the information and publish a new PNA, the NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013[2] as amended gave a requirement that each HWB must publish its first PNA by 1st April 2015.

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

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

[1] http://www.legislation.gov.uk/ukpga/2009/21/part/3/crossheading/pharmaceutical-services-in-england
[2] http://www.legislation.gov.uk/uksi/2013/349/regulation/6/made

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

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

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

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

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

2.2 HWB duties in respect of the PNA

In summary Manchester HWB must:

- Produce an updated PNA which complies with the regulatory requirements;
- Publish its second PNA by 1st April 2017;
- Publish subsequent PNAs on a three yearly basis;
- Publish a subsequent PNA sooner when it identifies changes to the need for pharmaceutical services which are of a significant extent, unless to do so would be a disproportionate response to those changes; and
- Produce supplementary statements in certain circumstances.

2.3 Purpose of a PNA

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

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

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

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

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

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

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

2.5 Scope of the PNA

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

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

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

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

Pharmaceutical services are defined by reference to the regulations and directions governing pharmaceutical services provided by community pharmacies (which may be LPS providers), dispensing doctors and appliance contractors. Whether a service falls within the scope of pharmaceutical services for the purposes of the PNA depends on who the provider is and what is provided:

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

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

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

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

2.6 Minimum requirements for the PNA

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

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

3 How the assessment was undertaken

3.1 Development of the PNA

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

Stage 1

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

- Greater Manchester Shared Services
- Manchester City Council
- NHS England
- NHS Central Manchester, NHS North Manchester and NHS South Manchester Clinical Commissioning Groups (CCG)
- Manchester Local Pharmaceutical Committee (LPC)

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

Stage 2

The contractor questionnaire and patient survey were approved by the steering group. The contractor questionnaire was undertaken during June 2016. A patient survey was also undertaken in June 2016 of the views of Manchester residents on the current pharmaceutical services provision.

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

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

Stage 3

The content of the PNA including demographics, localities and background information was approved by the steering group. In looking at the health needs of the local population, Manchester's JSNA, the strategic objectives contained in the 3 Manchester CCG's annual reports (2014-15) the Greater Manchester Strategic Plan: Taking Charge of Health and Social Care in Greater Manchester, Manchester's State of the City Report and other health data were considered.

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

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

Stage 4

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

- Manchester Local Pharmaceutical Committee Local Pharmaceutical Committee (LPC).
- Manchester Local Medical Committee Local Medical Committee (LMC)
- Persons on the pharmaceutical list in Manchester.
- Manchester HealthWatch.
- Other patient, consumer and community groups in the area with an interest in the provision of pharmaceutical services in the area.
- NHS trusts and NHS foundation trusts in the Manchester area.
- NHS England.
- Neighbouring HWBs. (Bury, Oldham, Rochdale, Salford, Stockport, Tameside, Trafford and Cheshire East).

3.2 PNA steering group

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

3.3 PNA neighbourhoods

12 neighbourhoods have been defined for the PNA by the steering group, these are:

North

- Higher Blackley, Harpurhey and Charlestown (Neighbourhood 9)
- Miles Platting, Newton Heath, Moston and City Centre (Neighbourhood 11)
- Cheetham and Crumpsall (Neighbourhood 4)
- Ancoats, Clayton and Bradford (Neighbourhood 1)

Central

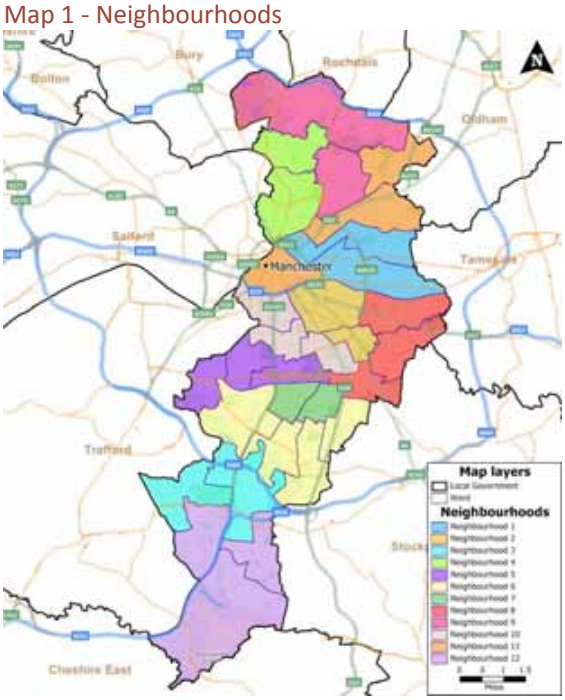
- Hulme, Moss Side and Rusholme (Neighbourhood 10)
- Gorton and Levenshulme (Neighbourhood 8)
- Ardwick and Longsight (Neighbourhood 2)
- Chorlton, Whalley Range and Fallowfield (Neighbourhood 5)

South

- Didsbury, Burnage and Chorlton Park (Neighbourhood 6)
- Fallowfield (Old Moat) and Withington (Neighbourhood 7)
- Brooklands and Northenden (Neighbourhood 3)
- Wythenshawe (Neighbourhood 12)

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

Map 1 - Neighbourhoods



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

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

The Manchester City Council's JSNA is broken down into three main sections:

- Children and Young people's JSNA,
- Adults JSNA,
- Older people's JSNA:

as well as looking at specific topics in more detail, which are:

- Alcohol
- Autism
- Cancer
- Dementia
- Healthy weight
- Heart disease (cardiovascular disease)
- Liver disease
- Long term conditions
- Mental health and wellbeing
- Older people, falls and fall prevention
- Oral health
- Sight loss
- Tuberculosis (TB)
- Topics in development
- Work and health

The local health profile is discussed in more detail in the context of Neighbourhood Profiles, which are provided for the 12 neighbourhoods. Neighbourhoods are part of the place-based care approach that is being used within the Manchester area. This involves the integration of health and social care which is intended to be the means by which Manchester grows community based care and make the shift from a system which has too much reactive, expensive and institutional care to one which prevents ill health and keeps people living well in their community.

Where it has been possible to identify the different needs of people living within these neighbourhoods, including those sharing a protected characteristic, this has been addressed in the PNA as well as the needs of other patient groups; although some health information can be represented at a practice population level which is useful when focusing on the 12 different areas.

3.4 Patient and public engagement

In order to gain the views of patients and the public on pharmaceutical services, a questionnaire was developed and made available on the council's website on 13th June 2016, closing 17th July 2016 prior to the statutory consultation period. The results of the survey, which identifies the questions asked, can be found in Appendix Three.

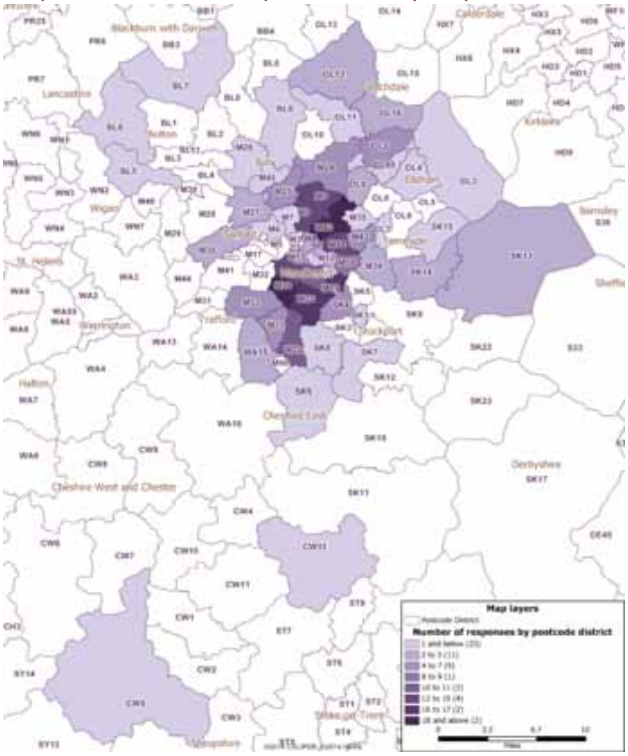
There were 241 responses to the Manchester Public survey which was promoted through direct email, twitter. This only represents 0.11% of Manchester's population (aged 15 years and over) and as a number of responses (69) came from residents outside Manchester we can only take this as a general picture of public opinion.

The lack of response to the public survey indicates that residents in Manchester do not see access to pharmacies as an issue and therefore not worth taking the time to complete the survey.

Of the 241, 75% of the responders were female and the majority of respondents were between the age of 31 and 70.

40% of respondents consider themselves to have a disability.

Map 2 - Distribution of patient survey respondents



3.4.1 Choice of Pharmacy

Responses were received from 69 people from neighbouring councils and areas as far as Shropshire. These respondents use pharmacies inside Manchester council boundaries for a number of reasons – 33% near to doctors, 32% near to home, 14% near to work (See Map 2)

From all the respondents the two most selected reasons for using one pharmacy regularly was that the pharmacy was near to home or near to doctors which 75% of these respondents accessed by car either as a driver or passenger.

3.4.2 Access to Pharmaceutical Services

The location of pharmacies does not cause a problem for 93% of the responders and the opening hours do not cause a problem for 81% of respondents. For the remaining respondents who had a problem with the opening times they were aware that some pharmacies had extended opening times but over half of these did not know where these pharmacies were located. Any campaign to increase use of pharmacies, e.g. for self-care, should include providing information on the location and opening times of pharmacies that provide extended hours.

3.4.3 Development of Pharmacy Services

89% of respondents felt that they were provided with sufficient information about their medication in particular the side effects of the medication and interactions with other medication however patients do take the time to read the medicines information leaflet provided with their medication. The public need to understand that pharmacists are a good source of information about the medication they take and should be encouraged to ask questions about them.

90% of respondents were either satisfied or very satisfied with the services they receive from their pharmacy/pharmacies overall.

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

3.5 Contractor engagement

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

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

With the support of the LPC, the questionnaire was issued to all 141 pharmacies and the two DACs in Manchester HWB area and ran from 25th May 2016 until 27th June 2016. Responses were received from 124 pharmacies, an 86.7% response rate, which was good.

The LPC also provided information with regard to the needs of their members.

3.5.1 Advanced services

Of the 124 pharmacies, 116 stated whether they provided Advanced Services.

All 116 pharmacies provided Medicine Use Reviews and 108 (93% of respondents) provided the New Medicines Service. We know from claims data that during 2015/16 121 pharmacies provided the Medicines Use Review Service and 99 pharmacies provided the New Medicines Service.

3 (2.6% of respondents) provide the Appliance Use Review service and 16 (13.8% of respondents) Stoma Customisation. This low level of provision reflects the specialist nature of the provision of appliances and data from the NHS England Area Team show that the main providers of these

services are DACs. In 2014/15 (latest data at NHS Digital), 383 AURs were provided to Greater Manchester residents with 831 of these delivered in the individuals home.

3.5.2 Enhanced and locally commissioned services

94 pharmacies (66.7% of all pharmacies) stated that they provide the enhanced Minor Ailment Service, although 109 are commissioned to do so.

When asked which locally commissioned services they provided of the 124 pharmacies that completed the survey 113 answered this question (See Figure 1). Looking at the data provided by Manchester City Council and the Manchester CCGs more pharmacies are commissioned than indicated by this response (See Appendix Five).

Figure 1 - Which of these locally commissioned services do you currently provide?

Answer Choices	Responses	
Antiviral provision	7.08%	8
Chlamydia screening	27.43%	31
Chlamydia treatment	9.73%	11
Emergency hormonal contraception	52.21%	59
Inhaler reviews	46.90%	53
Minor Ailment Scheme	83.19%	94
Needle/syringe exchange	21.24%	24
Supply of palliative care medicines	21.24%	24
Supervised consumption	75.22%	85
Total Respondents: 113		

113 pharmacies answered and 11 skipped this question.

When asked about what services they would like to deliver if commissioned, their responses show a willingness to become involved (See Figure 2) but this should be treated with caution as 91 pharmacies stated they would like to provide an Observed supervised consumption of methadone service and yet 108 pharmacies are already commissioned to deliver this service.

Figure 2 - Which services would you want to provide if commissioned to do so?

	Yes	No	Total Respondents
Alcohol screening and brief intervention	78.64% 81	21.36% 22	103
Anticoagulant management	86.79% 92	13.21% 14	106
Anticoagulant monitoring service	83.33% 85	16.67% 17	102
Antiviral provision	76.60% 72	23.40% 22	94
Disease specific medicines management	81.63% 80	18.37% 18	98
Emergency hormonal contraception.	99.03% 102	0.97% 1	103
Gluten free food supply service	84.76% 89	15.24% 16	105
Independent prescribing service	81.63% 80	18.37% 18	98
Medication review service	96.19% 101	3.81% 4	105
Medicines assessment and compliance support	89.80% 99	10.20% 10	99
Oral contraception service	91.43% 96	8.57% 9	105
Patient group directions	94.29% 99	5.71% 6	105
Phlebotomy service	63.41% 52	36.59% 30	82
Services to schools	78.13% 75	21.88% 21	96
Sharps disposal	89.11% 90	10.89% 11	101
Stop smoking service	92.73% 102	7.27% 8	110
Observed supervised consumption of methadone	94.79% 91	5.21% 5	96
Supplementary prescribing service	80.85% 76	19.15% 18	94
Vascular risk assessment service	81.13% 86	18.87% 20	106
Weight management	89.62% 95	10.38% 11	106

122 pharmacies answered and 2 skipped this question.

3.5.3 Non-NHS services

Pharmacies have staff that speak a number of languages other than English, including: Arabic, Bengali, Cantonese, French, German, Guajarati, Hindi, Italian, Mandarin, Polish, Portuguese, Punjabi, Spanish and Urdu.

IT facilities available to staff are variable; however, the majority have some access to the internet and have an email address that can be used for official communications.

3.6 Pharmaceutical services

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

Pharmaceutical services may be provided by:

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

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

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

3.6.1 Pharmaceutical services provided by pharmacy contractors

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

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

- Essential services – all pharmacies must provide these services (refer Appendix Six):
  - Dispensing of prescriptions (both electronic and non-electronic), including urgent supply of a drug or appliance without a prescription
  - Dispensing of repeatable prescriptions
  - Disposal of unwanted drugs
  - Promotion of healthy lifestyles
  - Signposting
  - Support for self-care

- Advanced services – pharmacies may choose whether to provide these services or not (refer Appendix Seven). If they choose to provide one or more of the advanced services they must meet certain requirements and must be fully compliant with the essential services and clinical governance requirements:

  - Medicine use review and prescription intervention services (more commonly referred to as the medicine use review or MUR service).
  - New medicine service
  - Stoma appliance customisation.
  - Appliance use review (AUR).
  - Community Pharmacy Seasonal Influenza Vaccination programme (this advanced service has been commissioned on an annual basis since September 2015)
  - NHS Urgent Medicine Supply Advanced Service (NUMSAS). (Commissioned from 1st December 2016 to 31st March 2018 – rolled out to the North West January 2017.)

- Enhanced services – service specifications for this type of service are developed by NHS England and then commissioned to meet specific health needs (refer to Appendix Five).

  The following enhanced services are commissioned by NHS England within Manchester's HWB area:

  - Minor ailment scheme (on behalf of NHS Central Manchester, NHS North Manchester and NHS South Manchester CCGs)
  - Inhaler technique

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

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

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

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

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

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

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

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

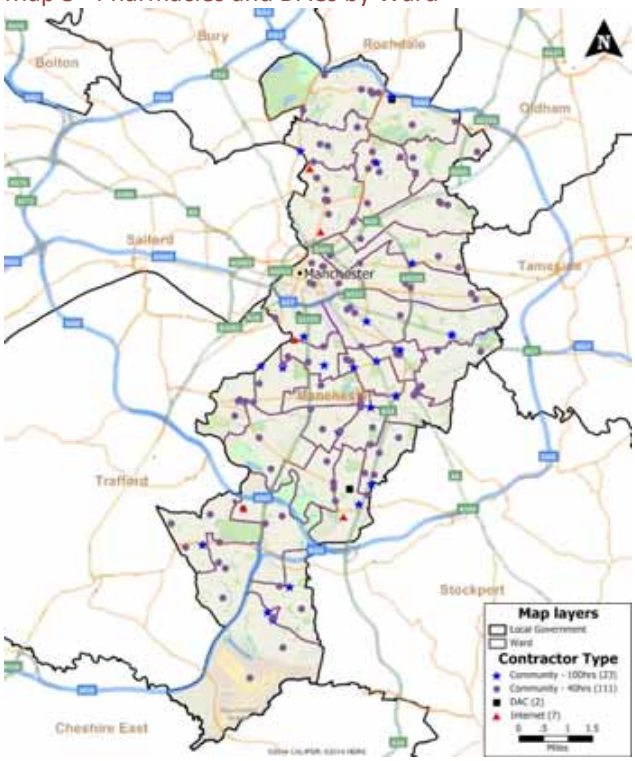
These 100 hour pharmacies remain under an obligation to be open for 100 hours per week. In addition these pharmacies may open for longer hours. There are 23 pharmacies in Manchester with 100 hour contracts, and residents may also choose to use similar pharmacies outside of the borough.

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

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

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

Map 3 - Pharmacies and DACs by Ward



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

3.6.2 Local pharmaceutical services

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

There are currently no LPS contractors within the Manchester area.

3.6.3 Distance selling pharmacies

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

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

There are seven distance selling pharmacies in Manchester, although residents may choose to use similar pharmacies that are outside of the borough.

3.6.4 Pharmaceutical services provided by dispensing appliance contracts (DAC)

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

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

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

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

- Stoma appliance customisation
- Appliance use review

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

There are two DACs in Manchester and its population have appliances dispensed from these DACs and pharmacy contractors or from DACs outside the Manchester area. 60% of pharmacy contractors said that they were able to dispense all types of appliances.

3.6.5 Pharmaceutical services provided by doctors

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

3.6.6 Locally commissioned services

Manchester City Council and NHS Central Manchester, NHS North Manchester and NHS South Manchester CCGs may also commission services from pharmacies and DACs. However, these services fall outside the definition of pharmaceutical services as set out in legislation and therefore should not be referred to as such.

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

Services commissioned by Manchester City Council are:

- Sexual Health Services:
  - Emergency Hormonal Contraception
  - Chlamydia Screening & Treatment
- Substance misuse services including:
  - Supervised methadone/buprenorphine
  - Needle exchange

The following services are commissioned by NHS Central Manchester, NHS North Manchester and NHS South Manchester CCGs:

- Palliative Care (with Out of Hours provision)
- Antiviral provision (Due to start 1st September 2016)

It should be noted that the three Manchester CCGs commission a Minor Ailment Service through NHS England, who manage the service, which makes this an enhanced service (see section 3.6.1).

3.6.7 Non-commissioned added value services

Community pharmacy contractors also provide private services that improve patient care but are not commissioned directly by NHS England, Manchester City Council or Manchester CCGs. These include services such as home delivery service, blood glucose measurements and weight loss programmes.

Pharmacists are free to choose whether or not to charge for these services, but are expected to follow standards of governance if they do. A large number of pharmacies provide a delivery service and collections of prescriptions from doctor's surgeries. As these are private services they fall outside the scope of the PNA.

3.6.8 Hospital pharmacy

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

3.6.9 Other provision of pharmaceutical services

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

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

The PNA makes no assessment of these services.

3.6.10 Other sources of information

Information was gathered from NHS England, NHS Central Manchester, NHS North Manchester and NHS South Manchester CCGs and Manchester City Council regarding:

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

The JSNA and the Joint Health and Wellbeing Strategy provided background information on the health needs of the population.

3.7 Consultation

A statutory consultation exercise was carried out over the autumn of 2016 in accordance with the 2013 Regulations. The consultation took place from 27th September 2016 until 25th November 2016 for a period of 60 days, in line with regulations. This is based on Section 242 of the NHS Act 2006, which requires HWBs to involve users of services in:

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

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

Consultation responses were collated and analysed. A report of the consultation, including any changes to the PNA was produced before the final PNA was published and is included in Appendix Thirteen. All issues raised as a result of the consultation process have been considered in the redrafting of the final PNA.

The HWB concluded that the vast majority of the responses were supportive of the draft PNA and the comments offered provided no reason to alter the conclusions for the final PNA, albeit minor amendments were made as outlined in the consultation report.

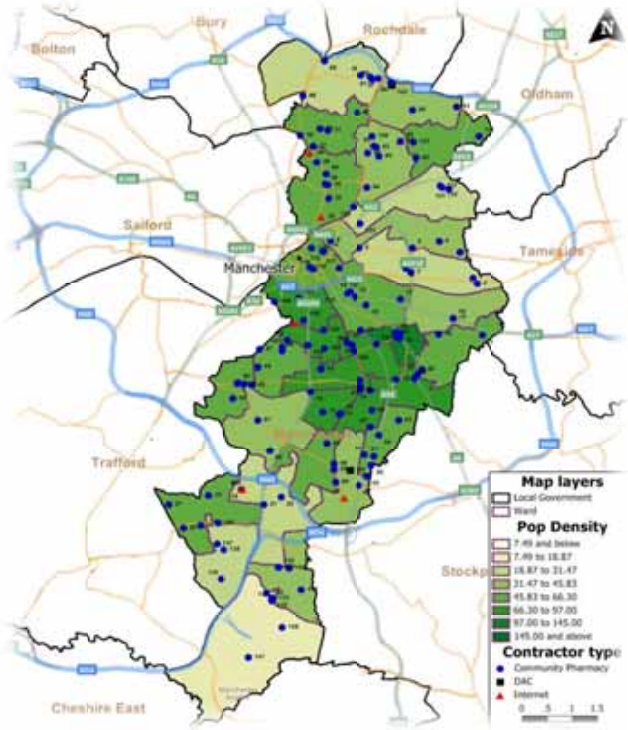
4 Context in Manchester

4.1 Overview

The City of Manchester covers an area of approximately 116 sq. km with a population of 530,300 giving a density of 46 persons per hectare (based on ONS mid-2015 Population Estimates).

Manchester is a city of change, the birthplace of the industrial revolution, and the powerhouse of the north-west region. The city boasts several key drivers that help sustain the economic growth of the area. These include its world-class universities, a knowledge-based economy, a thriving city centre, a skilled workforce, and Manchester International Airport.

Map 4 - Population density



Despite the city's economic growth, the process of de-industrialisation over the past few decades has left many Manchester residents with low-level skills and above-average levels of worklessness and poverty. The city has a higher proportion of working-age residents with no qualifications (13%) than the national average (9.3%).

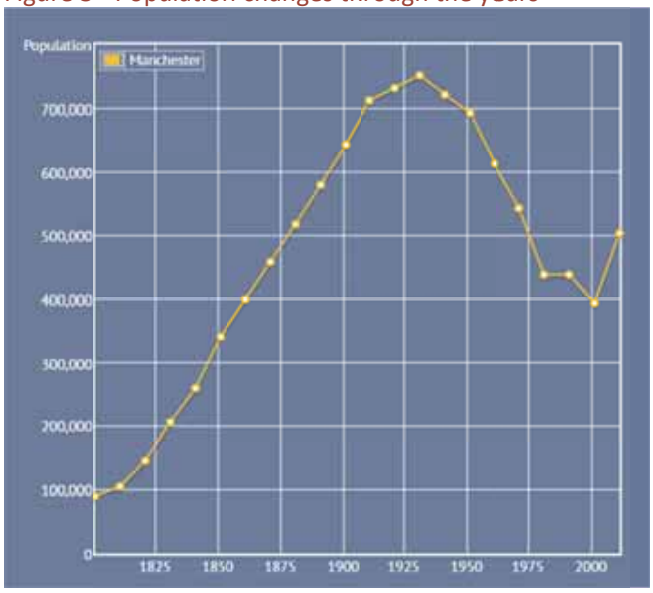
Manchester also has some of the poorest health in England and, even within Manchester, people die younger and experience higher levels of illness sin some parts of the city than others. Changes to the population and to expectations of good health lead to ever-increasing demands on health and social care services, which is not sustainable in the long term. It is essential to prevent people from getting to the stage where they need expensive treatments or services, whether in the NHS or social care. Where people do need support, it is important to reduce their dependency on services.

4.2 Population change

Although population numbers fell throughout the 1970s and 1980s, over the past decade the population of Manchester has been growing by around 1.7% per year between 2001 and 2011; this is over twice the average rate of growth in England. Manchester's population continues to grow and the 2014 mid-year estimate shows that its population has surpassed the Community Strategy target for 2015 of 480,000. The latest estimate (for mid-2015) indicates that there are in the region of 530,300 people living in Manchester. Official figures from ONS suggest that the population is projected to reach around 570,200 by mid-2024 – an increase of 9.6% compared with mid-2014. However, local forecasts by Manchester City Council suggest a higher rate of growth than is assumed

by ONS and therefore the number of people living in the city could be higher than that shown in the official ONS projections.

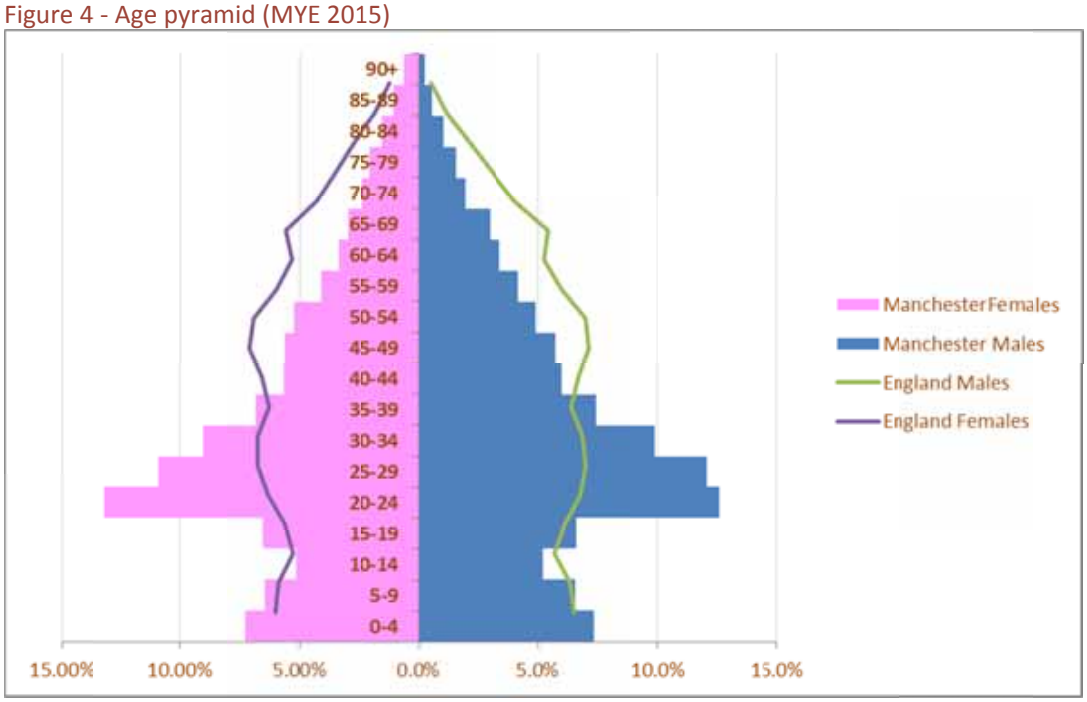
Figure 3 - Population changes through the years



There has been a reduction in the number of 10 to 14s, and 65 to 89s, but all the other age groups have seen a general increase. The largest increases are in the 20 to 29 age group, rising by 32.5% and the 30 to 34 age group rising by 43.8%, although this rise is greater because there are fewer people in this age group. The biggest rise, however, is in the under 1s, showing an increase of 64%. This is due to a national rise in birth rates, but also by the higher fertility rate of immigrating women giving birth in the city. Growth in the younger population has implications for school provision, while older people living in isolation demonstrate greater levels of need.

Since the start of last decade, inflows of internal migrants have been largest for age groups 15 to 24, including students, peaking in 2003/04. Net inflows of international migrants (not age-specific) must account for the rest of the growth in young adults, and the expansion of the European Union (EU) in 2004 saw a large influx of Eastern European migrants to Manchester.

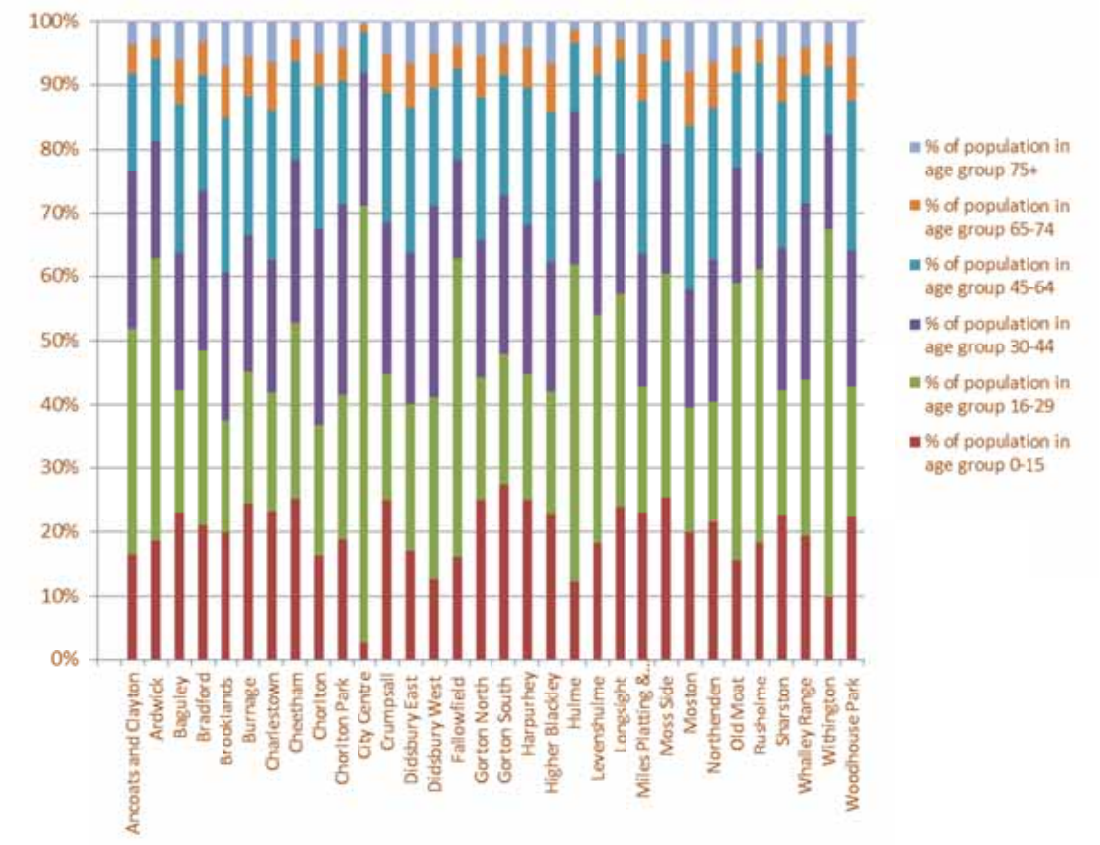
Figure 4 - Age pyramid (MYE 2015)



Proportionally there are more people in the age groups 0 - 15 and 16 – 24 than the England average for several localities in Manchester and services designed to meet the needs of these groups will be required in these areas. Their demand for pharmaceutical services will be limited, but it is important that every opportunity is taken to engage with them when they do access services, their future health will drive demand for all healthcare provision. The proportion of elderly people (65 years and over) is overall less than the England average, apart from Wythenshawe (Brooklands & Northenden) for which there is no significant difference.

Figure 5 - Population projection for Manchester (ONS 2014 based Subnational Population Projections)

Figure 6 - Age range by Ward

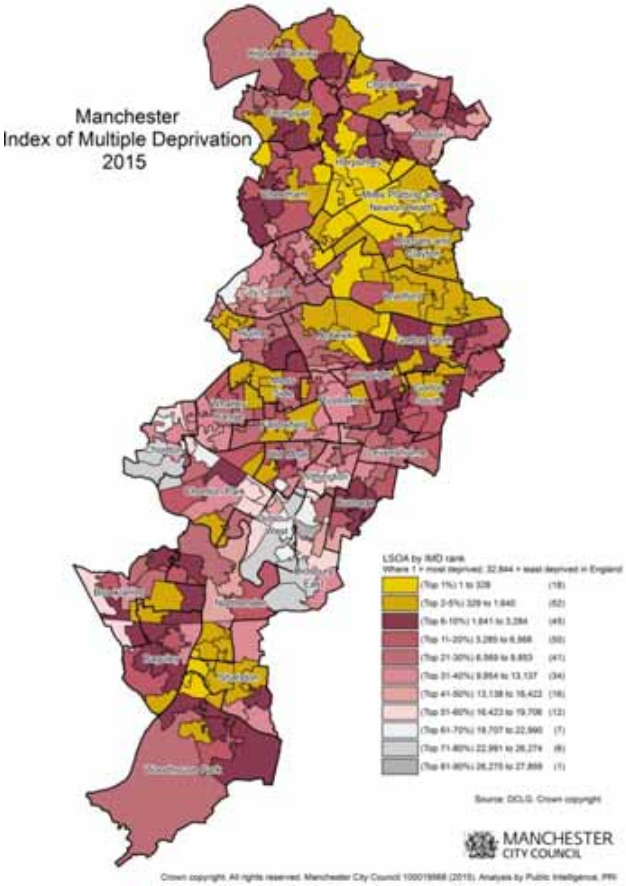


Population projections indicate that the age group 16 – 24 years will fall through the next few years and the populations for the age groups 0 – 15 and 25 – 65 years will increase the latter significantly. Population projections indicate that the number of people over 65 years will only increase marginally through to 2019.

4.3 Deprivation

The Index of Multiple Deprivation (IMD) 2015 ranks Manchester as the fifth most deprived local authority in England (based on the rank of average IMD scores). Although it is not possible to use the Indices to measure changes in the level of deprivation in places over time, it is possible to explore changes in relative deprivation, or changes in the pattern of deprivation, between this and previous updates of the Indices. This indicates that Manchester has improved relatively from fourth most deprived local authority (rank of average scores) in IMD 2010 to fifth in IMD 2015.

Map 5 - IMD 2015 by LSOA



40.8% of Manchester's Lower Super Output Areas[3] (LSOA) are in the most deprived 10% of LSOAs nationally. This is a significant improvement on IMD 2010 when 45.6% were in the most deprived. There are also 282 LSOAs in Manchester, 23 more than ranked in the 2010IMD, strengthening the improvement.

Within the different domains brought together to produce the IMD, the health and disability domain has been the largest factor in keeping Manchester's position in the top five most deprived in the IMD, ranking Manchester second in the rank of average score and first in the rank of the proportion of LSOAs that are in the most deprived 10% nationally. The rank of average score in the Income domain places Manchester as seventh most deprived, which has a weighting of 22.5% in the IMD along with the Employment domain contributes to Manchester's fifth most deprived position in the IMD (Table 1).

[3] Lower Super Output Areas have an average of roughly 1,600 residents and 650 households. Measures of proximity (to give a reasonably compact shape) and social homogeneity (to encourage areas of similar social background) are also included.

Table 1 - Index of Multiple Deprivation score and ranking

District name	Rank of proportion of LSOAs in most deprived 10% nationally	Rank of Average LSOA Rank	Rank of Average Score	Rank of Local Concentration	Rank of Extent	Rank of Income Scale	Rank of Employment Scale
Bolton	40	64	51	44	35	35	29
Bury	87	132	122	91	108	93	83
Manchester	**5**	**1**	**5**	**11**	**1**	**2**	**4**
Oldham	27	51	34	28	29	44	45
Rochdale	17	25	16	19	21	46	43
Salford	16	27	22	16	22	39	35
Stockport	93	178	150	79	136	70	58
Tameside	50	34	41	53	40	54	48
Trafford	155	222	201	145	161	95	87
Wigan	66	107	85	57	68	36	18

Levels of older people in deprivation and pensioners living alone are higher in Manchester than England ranging from 27.7% to 52.6% and 35.3% to 45.8% respectively by Neighbourhood; compared to 18.1% and 31.5% for England (See Table 2). There is evidence that just under half of adult social care users feel they do not have as much social contact as they would like. Feeling isolated and lonely has a profound negative effect on health.

Table 2 - Older people and pensioners from Neighbourhood Profiles (JSNA)

Row Labels	Population total	Older people in Deprivation	Pensioners living alone (%)
Ancoats, Clayton & Bradford	33063	43.8%	45.8%
Ardwick & Longsight	34406	52.6%	40.8%
Brooklands & Northenden	29140	30.5%	38.4%
Cheetham & Crumpsall	39421	44.7%	38.5%
Chorlton, Fallowfield & Whalley Range	45362	36.5%	35.3%
Didsbury, Burnage & Chorlton Park	57627	27.7%	36.7%
Fallowfield (Old Moat) & Withington	28264	35.0%	42.1%
Gorton & Levenshulme	52431	38.0%	39.5%
Higher Blackley, Harpurhey & Charlestown	46528	35.7%	42.3%
Hulme, Moss Side & Rusholme	50820	47.5%	45.0%
Miles Platting, Newton Heath, Moston & City Centre	48135	32.5%	37.6%
Wythenshawe (Baguley, Sharston & Woodhouse Park)	45575	37.9%	40.2%
Manchester City Council	510,772	37.1%	39.7%
England	53,493,729	18.1%	31.5%

4.4 Life expectancy

Reducing the gap between male and female life expectancy at birth in Manchester compared to England remains one of the Manchester's main objectives. The most recent data shows that life expectancy at birth for females has increased from 76.9 years in 1995–97 to 79.9 years in 2012–14, while life expectancy at birth for men has increased from 70.1 years in 1995–97 to 75.8 years in 2012–14 (Table 3). This is a gender difference of 4.1 years.

Table 3 - Life expectancy gap at birth in Manchester 2012-14

Gender	Manchester	Greater Manchester	England	Gap between Manchester and England
Male	75.8	77.8	79.5	-3.7
Male gain from 2011-13	0.3	0.1	0.1	0.2
Female	79.9	81.4	83.2	-3.3
Female gain from 2011-13	-0.1	0.1	0.1	-0.2

Source: ONS (Crown Copyright 2015)

The causes of death that contribute most to the gap in life expectancy between Manchester and England are circulatory diseases, cancers and respiratory diseases. For men, cancers make a greater contribution than respiratory diseases to the gap in life expectancy between Manchester and England. For women, the position is reversed. If Manchester as a whole had the same mortality rates as England for these three broad causes of death, life expectancy years among men in Manchester would increase by 2.55 years of life. In women, life expectancy at birth would increase by 2.14 years

Life expectancy at birth in the most deprived parts of Manchester is 72.7 years for men and 78.0 years for women. Life expectancy at birth in the least deprived areas of the city is 80.1 years for men and 83.1 years for women. The absolute gap in life expectancy between most deprived and least deprived areas within Manchester is therefore 7.4 years for men and 5.1 years for women.

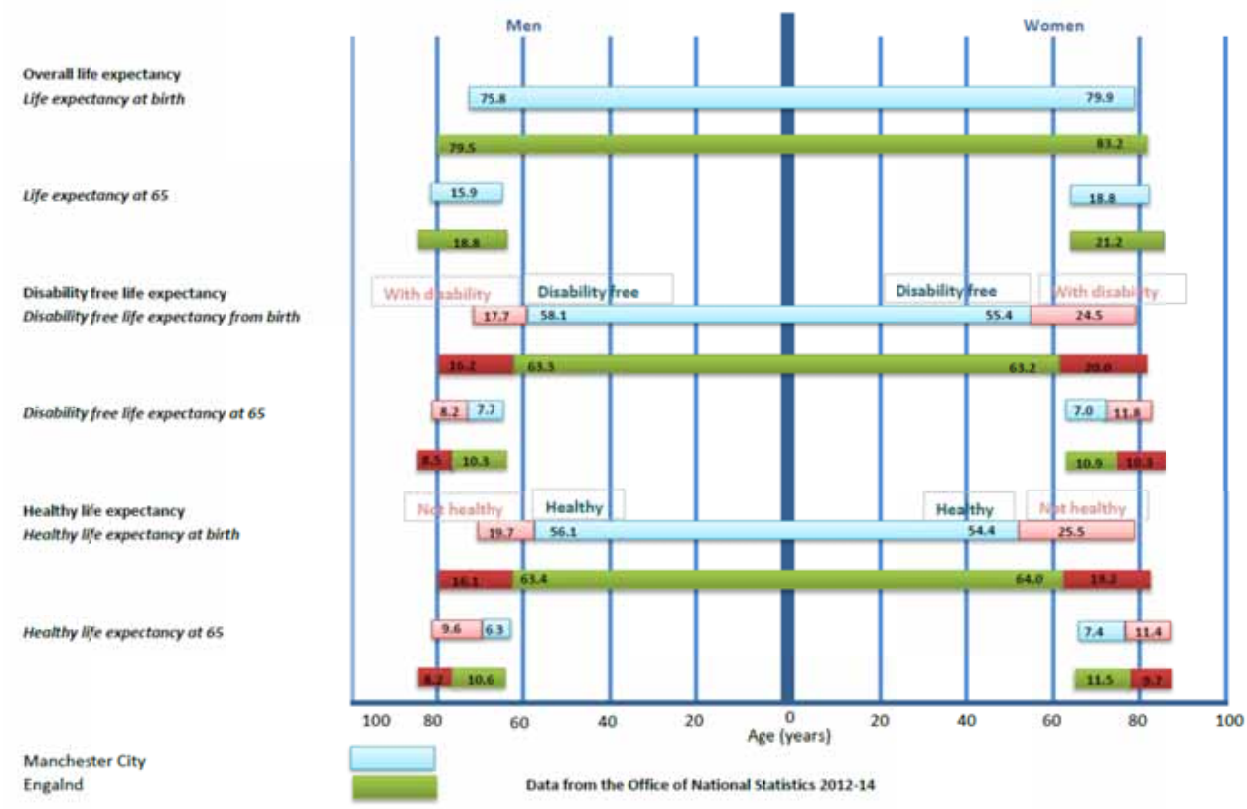
Circulatory diseases, cancers and respiratory diseases are also the biggest contributor to the life expectancy gap between the most and least deprived parts of Manchester. The life expectancy years gained if the most deprived areas in Manchester had the same mortality rates as the least deprived areas for these three broad causes of death is even greater (4.59 years for men and 4.04 years for men).

For older people life expectancy at the age of 65 in Manchester is below the national average. Manchester ranks worst in the country for male life expectancy and third worst for female life expectancy in 2012-2014. Men in the city had an expectancy of living on average a further 15.9 years whilst women had an expectancy of a further 18.8 years. This compares to 18 years for men and 20.3 years for women in the North West and 18.8 for men and 21.2 for women in England.

A girl born in Manchester can only expect to live 71% of her years of life in good health compared with 84% of years of life for a girl born in the healthiest part of the country.

This section illustrates that the people of Manchester live shorter lives and spend longer in ill health and/or with a disability than England as a whole (see Figure 7). With the growing population there is likely to be a growing demand for pharmaceutical services and health and social care provision.

Figure 7 - Life expectancy



4.5 Key findings from current data

Health and wellbeing

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

A key measure of individual wellbeing is whether people are satisfied with their lives or not. In 2014/15, 5.7% of people in Manchester stated that they were not very satisfied with their nowadays (based on a scale of 0-10 where 0 is “not at all satisfied” and 10 is “completely satisfied”) compared with 4.8% of people across England as a whole. The proportion of Manchester residents with low life satisfaction increased since the question was first asked in 2011/12, reaching a peak of 9.2% in 2013/14, but, as the latest data shows, the figure has improved over the most recent 12 month period.

4.6 Population characteristics health needs

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

- Age;
- Sex / gender;
- Pregnancy and maternity;
- Disability (defined as a physical or mental impairment that has a substantial and long-term adverse effect on the person's ability to carry out normal day-to-day activities);
- Gender reassignment;
- Marriage and civil partnership;
- Race which includes colour, nationality, ethnic or national origins;
- Religion (including a lack of religion) or belief (any religious or philosophical belief)
- Sexual orientation.

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

4.6.1 Age

Age has an influence on which medicine and method of delivery is prescribed. For example, older people have a higher prevalence of illness and take many medicines. The medicines management of older people is complicated by multiple disease, complex medication regimes and the ageing process affecting the body's capacity to metabolise and eliminate medicines from it. Younger people, similarly, have different abilities to metabolise and eliminate medicines from their bodies. Advice can be given to parents on the optimal way to use the medicine or appliance and provide explanations on the variety of ways available to deliver medicines.

Pharmacy staff can provide broader advice when appropriate to patients or carers on medicines, self-care, signposting to relevant services and public health messages. The safe use of medicines for children and older people is one where pharmacies play an essential role. Pharmacies also play an increasing role in imparting public health messages around healthy living, providing opportunistic brief interventions around topics such as alcohol, exercise and healthy eating.

Children

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

The child population (0 to 15 years) of Manchester is estimated to have grown by an average of 1.3% a year between 2001 and 2011, increasing to around 2 – 3% a year from 2009. Since 2011, the number of children living in Manchester is estimated to be growing, on average, by 5.5% a year. The

rate of growth has been particularly strong in the pre-school population (i.e. children aged 0-4 years) because more children are entering the city and fewer are leaving than previously.

Young children are a group with a particular need for medicines and pharmacy services, so this increase is likely to have an impact on the demand for pharmaceutical services.

For information about children and young people in Manchester refer to the Children and Young People's JSNA.

Older people

The most recent (2015) mid-year population estimates from the Office for National Statistics (ONS) indicate that there are around 49,800 people aged 65 and over living in Manchester (equivalent to 9.4% of the population). This compares to 17.8% of the population in England indicating Manchester has a lower proportion of older people compared to other local authorities .

This varies between the three Manchester Clinical Commissioning Groups with 9.8% of the population in North Manchester CCG, 7.4% in Central Manchester CCG and 11.5% in South Manchester CCG being over the age of 65.

2014-based Sub-National Population Projections (SNPP) from ONS for the total number of residents aged 65 or over show an increase from 49,400 in 2014 to 56,700 in 2024 – an increase of 14.8%. Looking further forward, the number of residents aged 65 and over is projected to start to increase slowly until the end of the decade, and then grow rapidly to the end of the 2020s. The average rate of growth over the period (2014-2024) is 1.4% per year, rising to 2.2% over the period 2024 to 2039.

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

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

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

In 2011, North Manchester CCG had 40.9% of residents aged 65 or over living alone, compared to 39.6% in Central Manchester CCG and 38.8% in South Manchester CCG. The percentage of residents aged 65 or over living alone in England was 31.5%; more of Manchester's older residents live alone than the national average.

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

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

Independence is or could be supported by offering:

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

The high numbers of residents in the age group 16 – 29 years for the City Centre and Withington present their own challenges for connecting with healthcare services, especially with the large numbers of students in these areas.

For further information about older people in Manchester refer to the Older People's JSNA.

4.6.2 Sex / Gender

In Manchester the life expectancy of males is 75.8 years and 79.9 years in females. The gap in life expectancy between females and males has reduced from 6.8 years in 1995-97 to 4.1 years in 2012-14, with males showing a 5.7 year increase in life expectancy compared to a 3.0 year increase for females. However males:

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

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

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

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

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

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

4.6.3 Long Term Health Problems and Disability

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

People in some parts of Manchester are more likely to report that that their day to day activities are limited due to a long-term health problem or disability than others. The areas where more than 30% of people report having an activity limiting health problem or disability are listed in Table 4. At the opposite side of the spectrum, there are 14 LSOAs where less than 4% of people reported having an activity limiting health problem or disability. When looking at these figures it is important to remember that this measure is very strongly related to age and that areas with older populations are more likely to have higher rates of activity limiting health problems or disabilities than areas with younger populations, irrespective of the underlying levels of ill health in the area.

Table 4 - Activity limiting health problem or disability
(Source: Census 2011, ONS. Crown copyright)

LSOA 2011	LSOA 2011 name	Within Ward	Total residents in this LSOA at 2011	% of people whose day-to-day activities are limited
E01005103	Manchester 001E	Higher Blackley	1,640	32.1%
E01005189	Manchester 017D	Gorton North	1,691	31.4%
E01005255	Manchester 012D	Miles Platting and Newton Heath	1,609	31.0%
E01005098	Manchester 001A	Higher Blackley	1,522	30.9%
E01033679	Manchester 009G	Harpurhey	1,409	30.4%

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

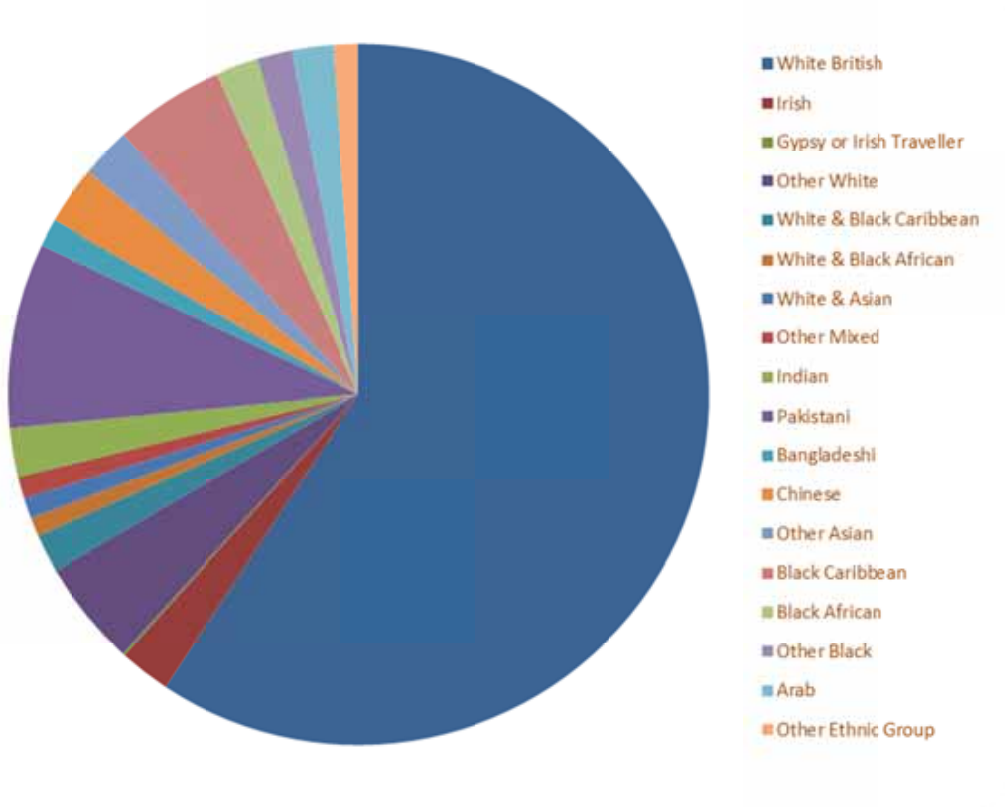
When patients are managing their own medication but need some support, pharmacists and dispensing doctors must comply with the Equality Act 2010. Where the patient is assessed as having a long term physical or mental impairment that affects their ability to carry out every day activities, such as managing their medication, the pharmacy contract includes funding for reasonable adjustments to the packaging or instructions that will support them in self-care. The first step should be a review to ensure that the number of medications and doses are reduced to a minimum. If

further support is needed, then compliance aids might include multi- compartment compliance aids, large print labels, easy to open containers, medication reminder alarms/charts, eye dropper or inhaler aids.

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

4.6.4 Race, ethnicity and language

Figure 8 - Manchester population by ethnic group (source: Manchester Compendium 2016)



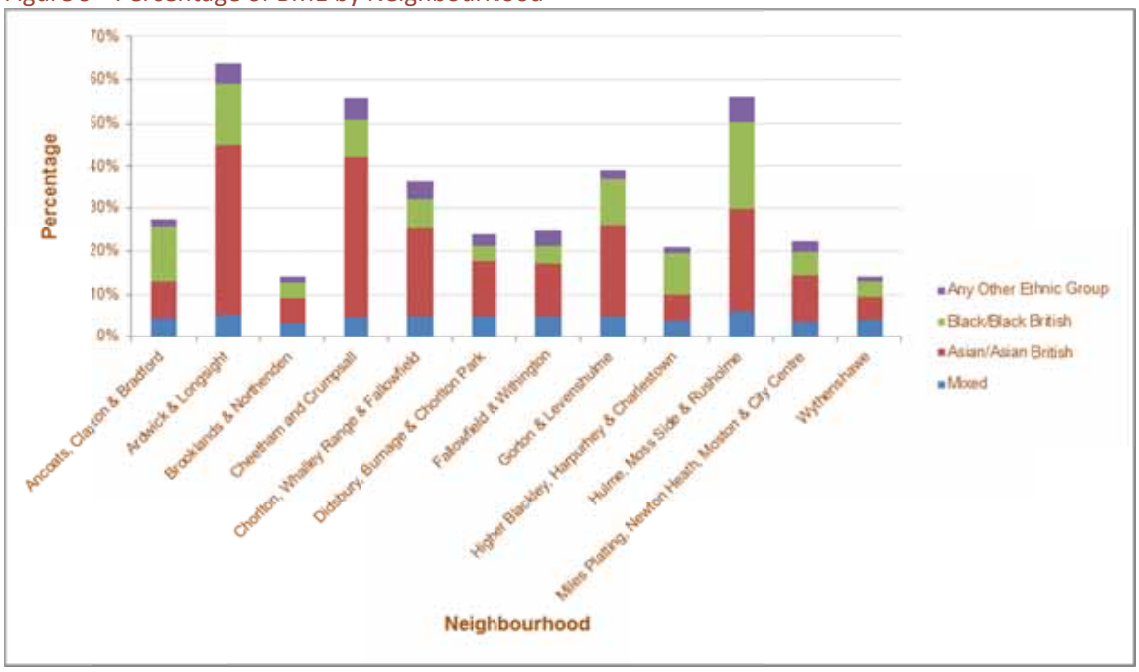
The ethnic minority population, as measured by non-white residents, increased between 1991 and 2011 by 104,300 in Manchester. Despite this growth, the White British ethnic group, only measured since 2001, remains the largest ethnic group in the city, accounting for 59% of the population.

Pakistani is the largest ethnic minority group in Manchester accounting for 9% of the population. The group is clustered in Longsight and Cheetham. The second largest ethnic minority group in Manchester is African, which has grown fourfold and faster than any other group since 1991. The group is fairly evenly distributed across the city with the largest cluster in Moss Side ward.

The largest ethnic minority groups in Manchester (Pakistani, African and Other White) are growing more rapidly in wards where they are least clustered and slower in wards where they are most clustered.

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

Figure 9 - Percentage of BME by Neighbourhood



Poor English language proficiency is higher in Manchester than the national average reflecting a local need for support services. However, only a small minority of residents cannot speak English well even in those areas where the need is greatest.

Pharmacists and pharmacy staff speak a range of other languages, see section 3.5.3.

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

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

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

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

4.6.5 Religion and belief

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

Figures from the Office for National Statistics for the 2011 Census show that 75% of the population of Manchester identify as having some religious affiliation. This is a reduction from 84% in 2001. The main religions / beliefs in Manchester identified through the Census 2011 are Christian (48%) and Muslim (16%) whilst residents with no religion amount to around 25%. The city has experienced a large decrease in the proportion of people identifying themselves as Christian in Manchester since the 2001 Census; a fall from 62.4% in 2001 to 48% in 2011. At the same time, Manchester has been a significant increase in the proportion of the population identifying as Muslim; increasing from 9.1% in 2001 to around 16% in 2011.

At a ward level, all wards across Manchester have experienced an increase in the number of people identifying as Muslim or having no religious belief. Since 2001, Rusholme has seen the greatest reduction in the number of Christian residents, decreasing by just over 1,300 people, whereas the number of Muslim residents has increased by over 2,000. Similarly, Burnage now has 1,167 fewer Christians and just under 1,800 more Muslims. Moston and Old Moat have similar decreases in residents of Christian belief, however these wards now have 1,523 and 1,991 more residents of no religion than in 2001.

The most significant changes at ward level since the 2001 Census have been an increase of over 5,000 Muslim residents in Cheetham and an increase of over 6,000 residents stating no religion in the City Centre. The Jewish community remains centred in Crumpsall and, to a lesser degree, in Didsbury West, however both areas have experienced a decrease in the Jewish population over this period. However, it should be noted that Broughton in Salford, in close proximity to Crumpsall, is now part of the second largest Orthodox Jewish community in the UK and is growing fast, attracting people from other communities both nationally and also locally.

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

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

- Pharmaceuticals, vaccines, and other medical supplies.

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

4.6.6 Marriage and civil partnership

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

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

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

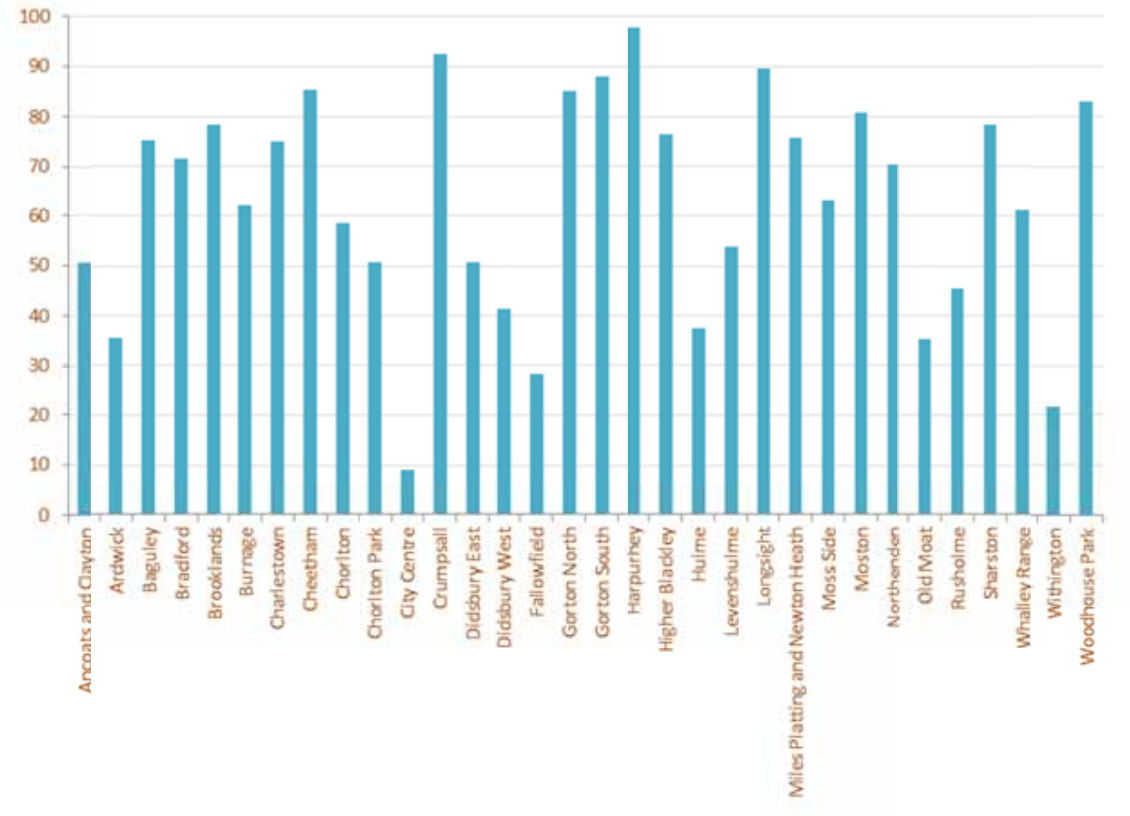
Consideration should be given to signs of domestic violence especially towards women; pharmacies can help to raise awareness of this issue and sign posting to services/organisations that can provide advice and support.

4.6.7 Pregnancy and maternity

The number of live births in Manchester fell slightly between 2012 and 2013, from 8,160 to 8,002. This follows year on year increases since 2006. The latest data shows that this downward trend is continuing. In 2014, there were 7,964 live births to mothers usually resident in Manchester. This is a rate of 59.4 per 1,000 women aged 15-44 year olds, this compares with a rate of 62.2 in England as a whole.

The proportion of live births to women born outside the UK has increased from the beginning of the last decade going from 25% to 44% compared to 28% across England as a whole.

Figure 10 - General Fertility Rate (GFR) per 1,000 by Ward 2014



The health of mothers prior to and during pregnancy can impact on a child's health at birth and in later years. Pharmacies can provide advice, to pregnant mothers and during breast feeding, on medicines, self-care and achieving a healthy life style.

4.6.8 Sexual orientation

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

- They are more likely to experience harassment or attacks, have negative experiences of health services related to their sexuality
- Lesbian and bisexual women are less likely to have had a smear test, and more likely to smoke, to misuse drugs and alcohol and to have deliberately harmed themselves.
- Lesbian and bisexual women who attend GUM clinics are more likely than heterosexual women to be diagnosed with new or existing sexually transmitted infections (STIs) and with other conditions.
- Gay and bisexual men are more likely to attempt suicide, suffer domestic abuse, smoke, misuse alcohol and drugs, and engage in risky sexual behaviours.
- Gay and bisexual men are at substantially higher risk of sexually transmitted diseases (STDs) including HIV/AIDS and Hepatitis C.
- In 2014, 2160 adult residents (aged 15 years and older) in Manchester received HIV-related care; 1485 men and 680 women (both figures are rounded up to the nearest 5).

- 50.7% of those adults receiving HIV-related care in 2014 probably acquired their infection through sex between men.

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

4.6.9 Gender reassignment

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

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

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

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

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

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

5 Other key health outcomes for Manchester

To identify how pharmaceutical service provision can help tackle the need of Manchester's local population we have used Manchester City Council's JSNA[4].

The JSNA is a compendium of evidence of the health needs of Manchester's population - and the opportunities for addressing them - for use by anyone working with adults and older people. The JSNA is intended to be a practical and useable resource that gives policy makers and providers of services in the city easy access to the evidence base for strategic decision making, planning, designing and, commissioning services and writing funding bids. The JSNA is also a vehicle for developing insight from service users, removing barriers to delivery and reducing duplication across partners.

In 2014/15, the content of the JSNA was restructured around three 'life stages' - children and young people (Starting Well and Developing Well), adults (Living Well and Working Well) and older people (Ageing Well).

5.1 Health and Wellbeing Strategy Vision

The JSNA also forms the evidence base for Manchester's Health and Wellbeing Strategy (HWBS).[5] The Joint Health and Wellbeing Strategy is the city's overarching plan for reducing health inequalities and improving health outcomes for Manchester residents. It sets out the ten year vision for health and wellbeing, and the strategic priorities which have been identified to support this vision.

The vision of the Health and Wellbeing Strategy is that in ten years the people of Manchester will be living longer, healthier and more fulfilled lives and the city has moved from having some of the worst health outcomes in the country to some of the best, adding 'years to life and life to years'. The city will also have achieved a genuine shift in the focus of services towards prevention of problems, intervening early to prevent existing problems getting worse – transforming the city's community based care system by integrating health and social care.

The Health and Wellbeing Strategy recognises that health outcomes in Manchester cannot be improved without a collaborative approach to addressing health inequalities. Our strategic priorities therefore focus on prevention, and on programmes of work which support people to live longer, healthier and more fulfilled lives. Our priorities also outline the steps that we need to take to transform the health and social care system so that it is sustainable for the long term.

[4] Manchester's Joint Strategic Needs Assessment - http://www.manchester.gov.uk/info/500230/joint_strategic_needs_assessment
[5] Manchester's Joint Health and Wellbeing Strategy - http://www.manchester.gov.uk/downloads/download/5657/joint_health_and_wellbeing_strategy

Our priorities are;

- Getting the youngest people in our communities off to the best start
- Improving peoples mental health and wellbeing
- Bringing people into employment and ensuring good work for all
- Enabling people to keep well and live independently as they grow older
- Turning round the lives of troubled families as part of the confident and achieving Manchester Programme
- One Health and care system- right care, right place, right time
- Self-care

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

For older people in Manchester their health can impact on various aspects of their lives in terms of their ability to keep active and involved in the community. There may be mobility, sensory or cognitive difficulties that mean some older people are less able to get out and about. Manchester is an Age-friendly and make the city as accessible and welcoming to older people as possible, to include consideration of older peoples' needs and wishes in the planning and building around the city, and to make Manchester a great place for older people to live in, that they can be proud of. [6]

5.2 Public Health Outcomes

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

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

5.2.1 Improving the wider determinants of health

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

- There are an estimated 36,750 (32.2%) children live in low income families Manchester.
- In 2015, 6.0% of 16-18 year olds in Manchester were not in education, employment or training (NEET). This is the second highest percentage in Greater Manchester (Salford is the only GM authority with a higher percentage, 7.8%) and exceeds the total for the North West at 4.8%. Manchester's NEET figure had been falling since 2008, but saw a small rise to 6.5% in 2014, from 6.3% in 2013. There were data quality issues with the 2015 reported figure.

[6] World Health Organization – Toward an Age-friendly World. http://www.who.int/ageing/age-friendly-world/en/

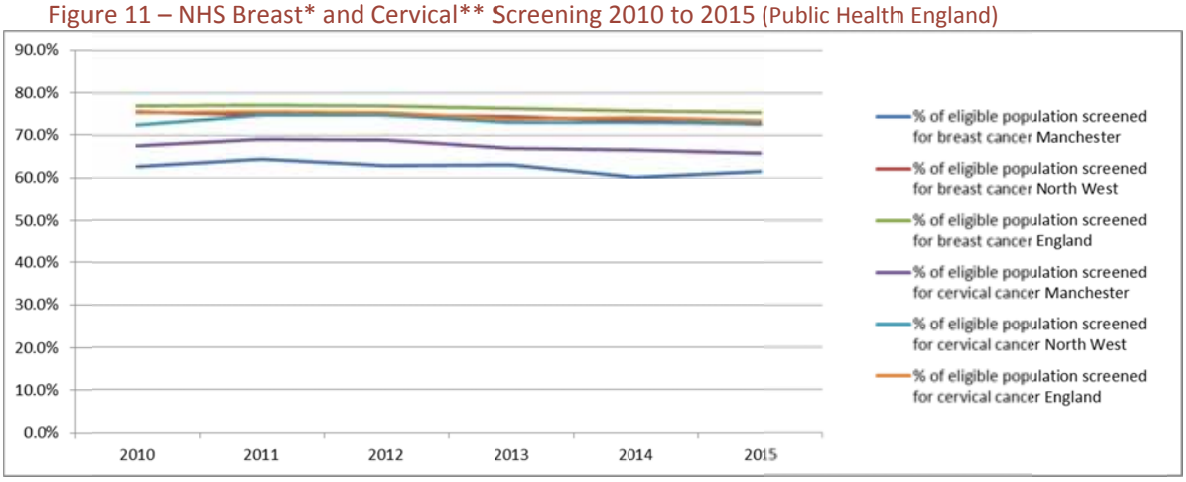
- Homelessness is linked to poverty, poor mental and physical health. Those sleeping rough have significant health problems, often having difficulty accessing healthcare services, and local services need to consider this vulnerable group; especially with the growing numbers in Manchester. In 2014/15, Manchester had a rate of 1.9 applicant households in temporary accommodation per 1,000 where the family were unintentionally homeless and in priority need (family includes dependent children or a pregnant woman). This is better than the rate for England (2.8 per 1,000), but has been increasing since 2012/13.

5.2.2 Health improvement

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

- In 2014/15, 24.0% of reception children in Manchester carried excess weight and of these 10.8% are obese both worse than the England average. In year six this has risen to 39.2% and 24.3% respectively.
- In 2014/15, the rate of emergency hospital admissions due to intentional self-harm in all ages was higher than the England average. The rate of hospital admissions for self-harm among all ages has fallen since 2012/13 in line with the national trend.
- Screening coverage (2015) of eligible women for breast (61.6%) and cervical (65.8%) cancers is consistently worse than the national averages and has been decreasing and getting worse.

Figure 11 – NHS Breast* and Cervical** Screening 2010 to 2015 (Public Health England)



**The percentage of women in the resident population eligible for breast screening who were screened adequately within the previous three years on 31 March*

***The percentage of women in the resident population eligible for cervical screening who were screened adequately within the previous 3.5 years or 5.5 years, according to age (3.5 years for women aged 25-49 and 5.5 years for women aged 50-64) on 31 March*

5.2.3 Health Protection

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

- Immunisations against common childhood diseases can have positive long-term effects on children's health and development. Annual COVER (Cover of Vaccination Evaluated Rapidly) statistics for 2014/15 reveal the percentage uptake for the '5 in 1' vaccine among 2-year-old

children living in Manchester was 95.3%, which is slightly lower than the 95.7% for England overall.

- The percentage uptake for the Measles, Mumps and Rubella (MMR) vaccine among 2-year-old children was 89.1% which is lower than the England total of 92.3%, and less than the target 90%. The percentage uptake for the MMR booster among 5-year-old children was 87.6% which is slightly lower than the England total of 88.6% (Annual COVER statistics, 2014/15).
- The incidence of TB in Manchester (31.3 per 100,000) remains high when compared to England (13.5 per 100,000 respectively) and is the second highest in the North West (average 10.0 per 100,000). Although this rate does appear to be decreasing.

5.2.4 Healthcare public health and preventing premature mortality

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

- The percentage of people who die in winter months (excess winter deaths) in Manchester has been consistent with that for England over the last few years. Older people are most susceptible to higher death rates in winter. In those aged 85 years and over, there were 36 (Ratio of 11.2) additional deaths in winter in Manchester, compared to 111 (Ratio of 10.3) in all age groups. This is similar to England see Figures 12 and 13.

Figure 12 - Excess winter deaths - all ages
(Public Health England)

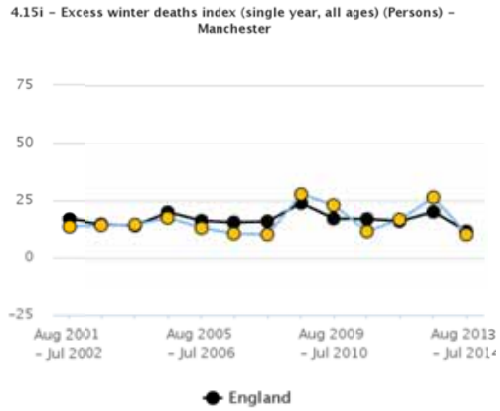
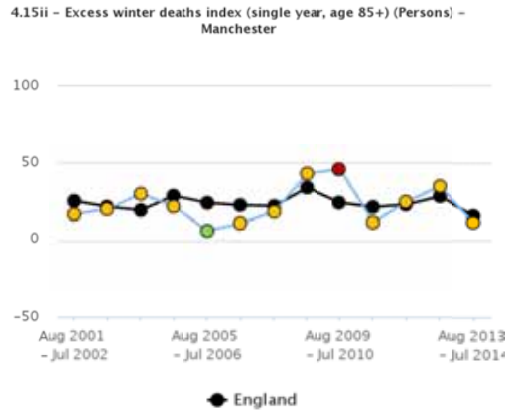


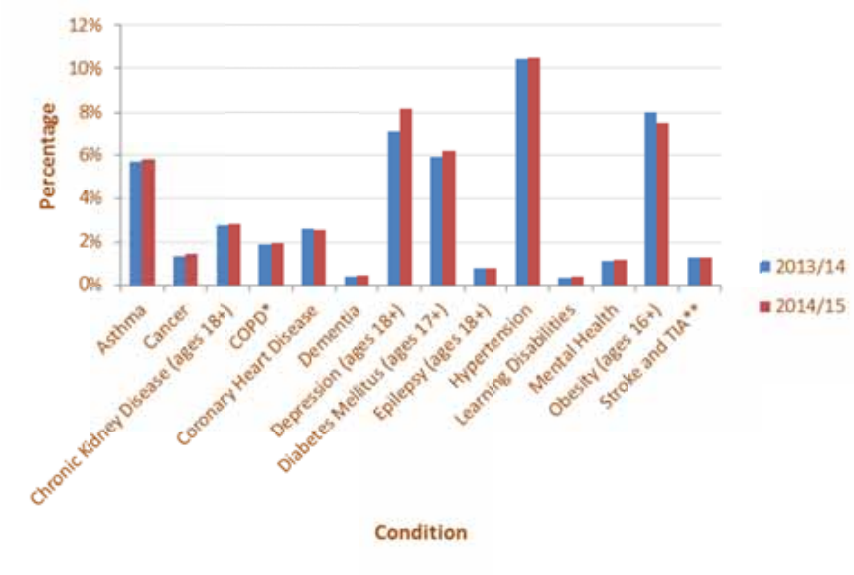
Figure 13 - Excess winter deaths - 85+
(Public Health England)



5.2.5 People with long term conditions

- Manchester has a higher than average prevalence of long term conditions (LTC) such as diabetes, chronic obstructive pulmonary disease (COPD) and heart disease, leading to an increased burden of disease and people dying younger. Approximately 29% of patients registered with a GP in Manchester have one or more LTCs. The number of people with three or more LTCs increases with age and these are the most intensive users of health and social care services because their needs are usually more complex than those of people with a single disease. There is a clear need for the integrated care initiative that are taking place across Manchester to continue in order to improve the care of those individuals with multiple conditions.

Figure 14 - Prevalence rates for a range of conditions (QOF 2014/15 NHS Digital)



- In Manchester, just over 90,000 of the GP registered population have a heart condition (including congestive heart failure, hypertension, ischemic heart dis-ease and atrial fibrillation). Manchester has used risk stratification to identify the level of risk of hospital admission for patients. 21,300 people across Manchester fall into the moderate risk category, which represents 4% of Manchester's GP-registered population and 11% of these are on four or more LTC registers. Hypertension, Coronary Vascular Disease (CVD) & Coronary Heart Disease (CHD) are the most common sets of multiple LTC in this moderate risk group.
- The 2014/15 prevalence of diagnosed diabetes among people aged 17 years and older in North Manchester CCG was 6.7% compared to 5.8% in Central Manchester CCG and 6.0% in South Manchester CCG. The England prevalence is 6.4%. Prevalence is increasing across Manchester, which could be partly due to improved detection, although failure of the population as a whole to adopt a healthy lifestyle is also responsible. 90% of people with diabetes have co-morbidities. Diabetes is a major cause of premature mortality. Looking at current indicators for diabetic control within Manchester there is room for improvement (Figure 15).

Figure 15 - Diabetes treatment targets (Public health England)

Indicator	Period	England	Greater Manchester NHS region	NHS Bolton CCG	NHS Bury CCG	NHS Central Manchester CCG	NHS Heywood, Middleton And Roch	NHS North Manchester CCG	NHS Oldham CCG	NHS Salford CCG	NHS South Manchester CCG	NHS Stockport CCG	NHS Tameside And Glossop CCG	NHS Trafford CCG	NHS Wigan Borough CCG
Good blood sugar control in people with diabetes	2014/15	60.4	61.5*	62.3	61.5	58.0	55.7	55.4	57.3	62.5	59.1	65.8	64.7	63.1	65.0
Good blood pressure control in people with diabetes	2014/15	71.2	73.4*	73.5	76.9	68.9	78.8	69.8	73.4	72.4	67.0	75.0	73.9	71.0	77.2
Good cholesterol control in people with diabetes	2014/15	70.8	71.1*	65.8	71.0	73.1	70.5	70.5	73.4	72.8	67.8	77.5	69.4	71.7	73.0

- Nearly 37,500 people (aged 18+) are recorded on Manchester GP systems as having depression. Manchester has a higher incidence of new cases of psychosis (42.4 per 100,000 aged 16-64) than England (24.2) and the North West region (22.2). Co-morbidity among psychiatric conditions is high.
- Manchester has a higher than the national average number of hospital admissions for intentional self-harm at 224.9 per 100,000 compared to 191.4 for England. In 2014/15 there were 1,263 hospital stays for self-harm.
- Manchester has a higher emergency readmission rate, within 28 days, at 12.8% compared to England's 11.4%. This rate has increased steadily from 2002/03 following the national trend.
- The number of 0-4 year olds attending accident and emergency (A&E) in Manchester is significantly above the national average. The majority receive no investigation or significant treatment, or are discharged without follow-up. In this age group, respiratory disease and infections are the main reason for emergency admissions and GP consultations.
- The number of A&E attendances fluctuates over the course of the year (high in winter), over the course of the week (high on Monday, lower attendance on weekends by older people), and over the course of the day (peak mid-morning, for children a second peak is seen around 7pm).
- Manchester had a SAR[7] of 140.8 for emergency admissions in the period from 2008/09 to 2012/13. The ratio for Manchester indicates a higher level of emergency admissions than would be expected. Manchester also has a higher rate of avoidable admissions at 275.5 per 100,000 compared to 178.9 for England. The implementation of a Care Home service in Central Manchester is showing a 62% reduction in emergency admissions from care homes.
- Manchester has a lower proportion of older people (65 and over) who are still at home 91 days after discharge from hospital at 67.1% compared to 82.5% for England and the North West.
- Deaths in hospital for palliative care patients have reduced year on year since 2004, although they still remain higher than the England average. Home deaths are now at a higher rate than the England average.
- There are estimated to be over 4,100 registered residents in Manchester that have dementia, but only just over 2,800 have a diagnosis of dementia (67%). This indicates that

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

approximately 1,300 residents living with dementia are not known to their GP. Of those with dementia, 70% have one or more other LTC, and it is estimated that two-thirds of those with dementia live in the community.

- Cancer prevalence and incidence are increasing nationally. Compared to England the overall incidence of cancer is higher in Manchester, this is mainly driven by the incidence of lung cancer, which is significantly worse than England. Whereas colorectal, breast and prostate cancers are not significantly different. Although under 75s mortality and those considered to be preventable from cancer remain significantly worse than the England average, they have been steadily declining since 2001-03.
- The employment rate of those with a long-term health condition is 13.0% lower than the overall employment rate.

6 Provision of pharmaceutical services

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

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

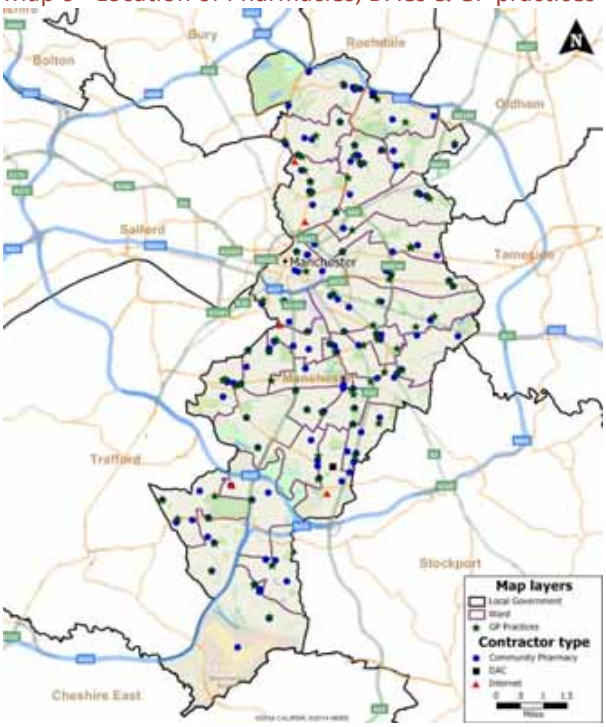
Necessary services, for the purposes of this PNA, are defined as:

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

6.1 Necessary services - current provision within the HWB's area

There are 141 pharmacies included in the pharmaceutical list for the area of the HWB. This is made up of 111 with a standard 40-hour contract, 23 with a 100-hour contract and seven listed as distance selling. There are two DACs and no LPS pharmacies in Manchester.

Map 6 - Location of Pharmacies, DACs & GP practices



Map 6, which is the statutory map as provided in the map appendix, shows the location of premises providing pharmaceutical services within the HWB's area. It should be noted that due to the proximity of some pharmacies some icons may reflect the location of two contractors. The map index to premises can be found in Appendix Six, with locality indexing showing opening hours spread in Appendix Eight.

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

As can be seen from Table 5 detailed below, the number of pharmacies within the HWB's area has remained relatively static since 2013/14. As at March 2016, Manchester had 26 pharmacies per 100,000 population. This is higher than both the England average (22) and the Greater Manchester average (25).

There has been a small increase in the number of items dispensed per month which has been absorbed by the existing contractors. However, as indicated in Table 6 detailed below, in 2014/15

Manchester's average prescription items per month per pharmacy was 6,207. This is significantly lower than the average for England and Greater Manchester.

In 2014/15, Manchester pharmacies also dispensed one of the lowest items per head of population (1.6 items) in the North of England (2.1 to 1.6 items) and were above the average in England (1.5 items).

Since 2013 approximately 13% of items prescribed by GPs within Manchester were dispensed by pharmacies outside of the Manchester area.

Table 5 - Manchester Pharmacies 2013/14 to 2015/16

Year	Number of community pharmacies	Prescription items dispensed per month (000)s	Population (000)s Mid-Year	Pharmacies per 100,000 population
2013/14	134	810	511	26
2014/15	135	838	514	26
2015/16	141	860	520	26

** Excludes internet pharmacies and DACs*

Although 13% (2015/16) of items issued by Manchester GPs were dispensed outside Manchester a number of prescriptions issued by Greater Manchester GPs were also dispensed by Manchester pharmacies (see Table 8).

Table 6 - Items dispensed by Manchester Pharmacies for each CCG in Greater Manchester

Registered CCG	Total Items Dsipensed by Manchester Pharmacies 2015/16	Percentage of Items Dispensed by Manchester Pharmacies
Manchesters (North, Central and South)	9,661,711	93.6%
Trafford	210,923	2.0%
Salford	127,540	1.2%
Stockport	120,844	1.2%
HMR	66,108	0.6%
Oldham	59,469	0.6%
T&G	39,606	0.4%
Bury	27,918	0.3%
Bolton	7,187	0.1%
Wigan	3,916	0.0%
Grand Total	**10,325,222**	**100%**

As the average items per month are below the national and regional averages, it can be concluded that the current number of pharmacies across Manchester is sufficient and can cope with a future increase in items. An increase may occur if there is an increase in population or in the prevalence of certain diseases or an ageing population or possibly a combination of all three factors, some of which are predicted to happen in the years leading up to 2020.

Table 7 - Pharmacy Contractors Manchester, Greater Manchester & England 2014/15

	Number of community pharmacies	Prescription items dispensed per month (000)s	Population (000)s Mid-Year (2013)	Pharmacies per 100,000 population	Average items per pharmacy per month
ENGLAND	11,674	81,525	53,866	22	6,983
GREATER MANCHESTER	695	4,981	2,748	25	7,167
MANCHESTER CCGs	135	838	511	26	6,207

Source: HSCIC – 2014/15

6.1.1 Access to premises

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

The latest information shows that 99% of the English population - even those living in the most deprived areas - can reach a pharmacy within 20 minutes by car and 96% by walking or using public transport[8].

From the public survey, 43% of people responded that they used a pharmacy close to where they live most often. The range of responses can be seen in Table 8, for the full patient survey see Appendix Three.

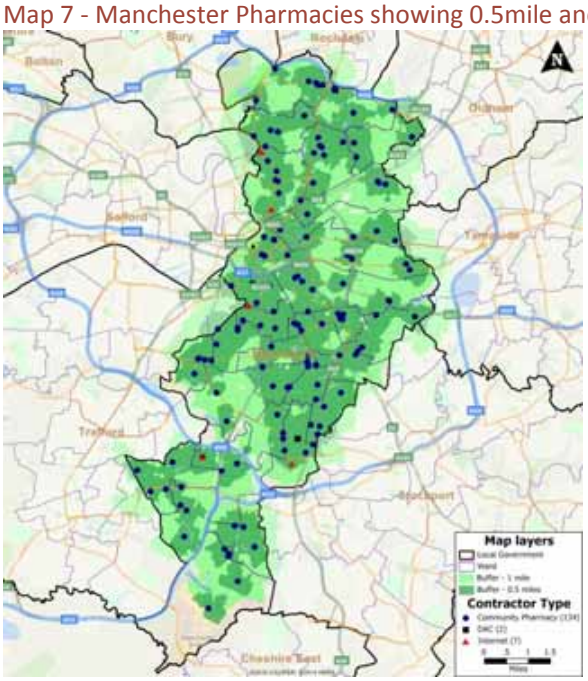
Table 8 - Patient Survey: Why do you use this pharmacy?

Answer choices	Responses	
Near to home	43%	91
Near to my doctors	33%	69
Near to work	10%	20
In the supermarket	5%	11
In town or shopping area	2%	5
Other	7%	14
Total Respondents		210

Map 7 shows that with the exception of land to the South West of Manchester International Airport, which is mostly countryside, all of Manchester is within 1 mile of a pharmacy and large areas within 0.5 miles.

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

Map 7 - Manchester Pharmacies showing 0.5mile and 1 mile distance



Although some people will not be able to travel in a straight line from their home to a pharmacy most residents should be able to access a pharmacy by foot, car or public transport with relative ease, unless they are housebound or have severe mobility issues.

Manchester has a good transport system with residents having the option of using an extensive bus network plus Metrolink and the provision of cycle lanes.

The majority of residents should be able to access a pharmacy within 15 to 30 minutes either by foot, car or public transport.

6.1.2 Correlation with GP practices

As expected, there are significantly more community pharmacies than there are GP practices reflecting the higher number of pharmacies per 100,000 population in Greater Manchester and England (Table 9).

In addition, all neighbourhoods have an equal number of or more pharmacies than GP practices. All GP practices have at least one pharmacy located nearby, although practice list sizes, number of GPs and opening times may differ significantly between practices.

6.1.3 Access to services

Whilst the majority of people will visit a pharmacy during the 8.30am to 6pm period, Monday to Friday, following a visit to their GP, there will be times when people will need to access a pharmacy outside of those times; especially as development of 7-day access progresses. This may be to have a prescription dispensed after being seen by the out of hours GP service or extended hours provision by GP practices, or it may be to access one of the other services provided by a pharmacy outside of a person's normal working day.

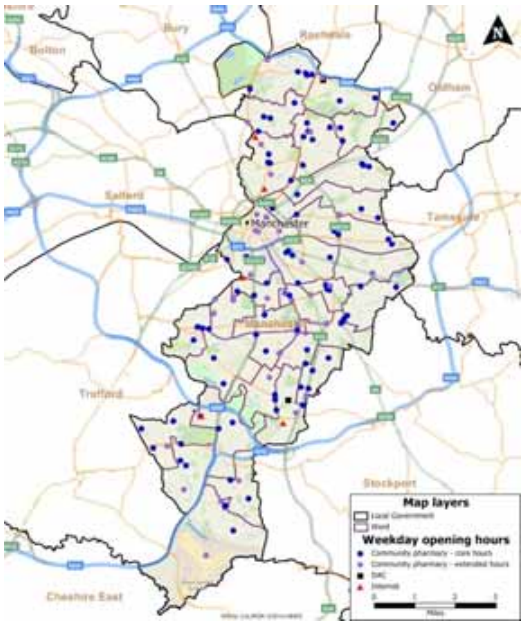
The public survey provided the following insights into how Manchester residents access pharmaceutical services:

- 93% of patients surveyed had not had any problems accessing a pharmacy service due to location and 81% due to opening hours in the past year.
- Approximately 88% were satisfied or very satisfied with the opening hours of the pharmacy they used.
- When rating the overall experience of using a pharmacy most respondents (90%) indicated they were satisfied or very satisfied, with 43% rating that they were very satisfied (the highest option).
- The majority of people stated they were satisfied or very satisfied with the opening times of pharmacies, however, a small number stated that those local to them were not open outside their working day and this created some difficulty and meant they used pharmacies on their way to or near work.

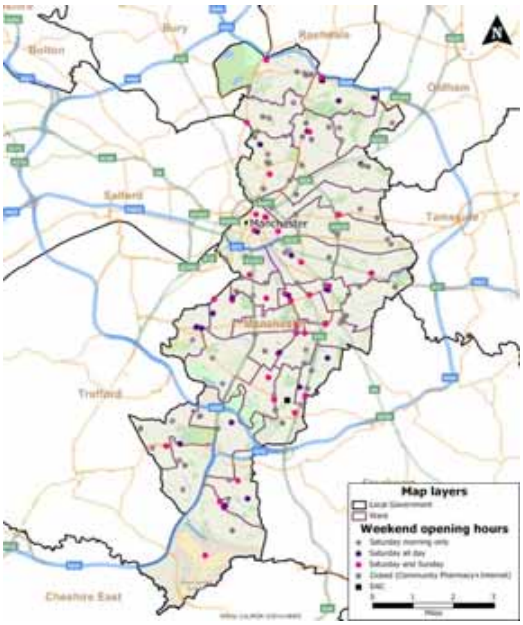
Map 8 and 9 detailed below shows the span of opening times for Manchester pharmacies based on their core and supplementary opening hours[9]. This identifies those that open 7 days a week, all day Saturday (open Monday to Friday), only half day Saturday (open Monday to Friday) and closed Saturday (open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

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

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



Map 9 - Manchester weekend opening hours
(Showing Sat am only, all day Sat and both days)



[9] Valid April 2016

Monday to Saturday opening

50 pharmacies don't open at all on a Saturday (includes seven distance selling pharmacies) and a further 33 pharmacies close by 2.00 p.m. This leaves 58 pharmacies open for most of Saturday, with 32 of those pharmacies being open until 7.00 p.m. or later

37 pharmacies provide access to pharmaceutical services until 7.00 p.m. or later for Monday to Friday as well (see Table 11). Eight pharmacies open until 11.00 p.m. and only one opens until 12.00 midnight.

Table 9 - Manchester pharmacies open Monday to Saturday until 7.00 p.m. or later

Pharmacy	Post code	Map index	Monday to Saturday closing time	Comments
Asda Pharmacy, Sport City	M11 4BD	5	11.00 p.m.	10.00 p.m. closing on Saturdays
Asda Pharmacy, Stanley Grove	M12 4NH	10	10.00 p.m.	9.00 p.m. closing Mondays and Saturdays
Grove Village Pharmacy	M13 9AB	16	11.00 p.m.	
Wise Chemist	M13 0YN	19	11.00 p.m.	10.00 p.m. closing on Saturdays
Tesco Pharmacy, Altrincham Rd	M23 9TJ	28	10.30 p.m.	10.00 p.m. closing on Saturdays
Tesco Pharmacy, Cheetham Hill Rd	M8 5DP	32	10.30 p.m.	10.00 p.m. closing on Saturdays
Boots the Chemist, Manchester Fort Retail Park	M8 8EP	34	8.00 p.m.	6.00 p.m. closing on Saturdays
Wise Pharmacy, Cheetham Hill	M8 9LS	39	9.00 p.m.	
Lloyds Chemists, Fallowfield	M14 6LE	42	10.30 p.m.	
Manley Pharmacy, Whalley Range	M16 0EH	44	7.00 p.m.	6.00 p.m. closing on Wednesdays and 5.00 p.m. closing on Saturdays
Range Pharmacy, Whalley Range	M16 8EB	45	7.00 p.m.	6.00 p.m. closing on Saturdays
Everest Pharmacy, Whalley Range	M16 8EE	46	10.00 p.m.	
Elliotts Pharmacy, Whalley Range	M16 9RT	47	10.00 p.m.	
Everest Chorlton Pharmacy	M21 9AS	51	10.00 p.m.	
Tesco Pharmacy, Burnage	M19 1TF	56	10.30 p.m.	10.00 p.m. closing on Saturdays
Tesco Pharmacy, Didsbury	M20 5NP	63	10.30 p.m.	10.00 p.m. closing on Saturdays
Sterling Pharmacy, Didsbury	M20 6UR	65	7.30 p.m.	5.30 p.m. closing on Saturdays
Sainsbury's Pharmacy, Fallowfield	M14 6SS	69	9.00 p.m.	8.00 p.m. closing on Saturdays
Withington Pharmacy	M20 3HE	73	10.00 p.m.	
Ladybarn Lane Chemist, Fallowfield	M14 6NQ	74	11.00 p.m.	10.00 p.m. closing on Saturdays
Tesco Pharmacy, Gorton	M18 8LD	78	10.30 p.m.	10.00 p.m. closing on Saturdays
Westpoint Pharmacy	M19 2DD	79	10.30 p.m.	
Sainsbury's Pharmacy, Higher Blackley	M9 0QS	89	11.00 p.m.	10.00 p.m. closing on Fridays and Saturdays
Asda Pharmacy, Harpurhey	M9 4DJ	93	11.00 p.m.	10.00 p.m. closing on Saturdays
Tesco Pharmacy, Blackley	M9 6HP	96	10.00 p.m.	
Medichem Pharmacy	M14 4EP	101	11.30 p.m.	
A & A Pharmacy, Rusholme	M14 5AL	104	10.30 p.m.	
Rusholme Pharmacy	M14 5LW	106	11.00 p.m.	
Asda Pharmacy, Hulme	M15 5AS	109	11.00 p.m.	10.00 p.m. closing on Saturdays
Superdrug Pharmacy	M1 1LY	115	7.00 p.m.	5.30 p.m. closing on Saturdays
Boots the Chemist, Market Street	M1 1PL	116	8.00 p.m.	
Boots the Chemist, Piccadilly Station	M1 2BN	117	9:30 p.m.	9.00 p.m. closing on Saturdays
Cameolord Pharmacy, Oxford Street	M1 5AE	119	12.00 a.m.	
Benchill Pharmacy	M22 4QN	129	10.00 p.m.	
Asda Pharmacy, Wythenshawe	M22 5HZ	131	10.00 p.m.	
Lloyds Pharmacy, Wythenshawe	M22 5RX	134	10.00 p.m.	
Boots the Chemist, Airside Terminal 1	M90 3HG	141	11.00 p.m.	

33 pharmacies open at 8.00 a.m. or earlier Monday to Friday and 26 pharmacies open at 8.00 a.m. or earlier on Saturday. Five pharmacies open at 6.00 a.m. Monday to Saturday (See Table 12).

Table 12 - Manchester pharmacies open Monday to Saturday from 8.00 a.m. or earlier

Pharmacy	Post code	Map index	Monday to Saturday opening time	Comments
Asda Pharmacy, Sport City	M11 4BD	5	7.00 a.m.	8.00 a.m. opening on Mondays
Asda Pharmacy, Stanley Grove	M12 4NH	10	6.00 a.m.	
Grove Village Pharmacy	M13 9AB	16	8.00 a.m.	
Wise Chemist	M13 0YN	19	7.00 a.m.	8.00 a.m. opening on Saturdays
Tesco Pharmacy, Altrincham Rd	M23 9TJ	28	6.30 a.m.	8.00 a.m. opening on Mondays
Tesco Pharmacy, Cheetham Hill Rd	M8 5DP	32	6.30 a.m.	8.00 a.m. opening on Mondays
Lloyds Chemists, Fallowfield	M14 6LE	42	8.00 a.m.	9.00 a.m. opening on Saturdays
Everest Pharmacy, Whalley Range	M16 8EE	46	7.00 a.m.	
Elliotts Pharmacy, Whalley Range	M16 9RT	47	7.00 a.m.	
Everest Chorlton Pharmacy	M21 9AS	51	7.00 a.m.	
Tesco Pharmacy, Burnage	M19 1TF	56	6.30 a.m.	8.00 a.m. opening on Mondays
Tesco Pharmacy, Didsbury	M20 5NP	63	6.30 a.m.	8.00 a.m. opening on Mondays
Withington Pharmacy	M20 3HE	73	7.00 a.m.	
Ladybarn Lane Chemist, Fallowfield	M14 6NQ	74	7.00 a.m.	8.00 a.m. opening on Saturdays
Tesco Pharmacy, Gorton	M18 8LD	78	6.30 a.m.	8.00 a.m. opening on Mondays
Westpoint Pharmacy	M19 2DD	79	8.00 a.m.	
Sainsbury's Pharmacy, Higher Blackley	M9 0QS	89	7.00 a.m.	8.00 a.m. opening on Fridays
Asda Pharmacy, Harpurhey	M9 4DJ	93	7.00 a.m.	8.00 a.m. opening on Mondays
Tesco Pharmacy, Blackley	M9 6HP	96	6.00 a.m.	7.30 a.m. opening on Mondays 6.30 a.m. opening on Saturdays
Medichem Pharmacy	M14 4EP	101	8.00 a.m.	
Rusholme Pharmacy	M14 5LW	106	8.00 a.m.	10.00 a.m. opening on Saturdays
Asda Pharmacy, Hulme	M15 5AS	109	7.00 a.m.	8.00 a.m. opening on Mondays
Boots the Chemist, 11-13 Piccadilly	M1 1LY	114	7.30 a.m.	8.30 a.m. opening on Saturdays
Superdrug Pharmacy	M1 1LY	115	8.00 a.m.	9.00 a.m. opening on Saturdays
Boots the Chemist, Market Street	M1 1PL	116	8.00 a.m.	
Boots the Chemist, Piccadilly Station	M1 2BN	117	6.00 a.m.	
Boots the Chemist, Portland St	M1 4RL	118	8.00 a.m.	9.00 a.m. opening on Saturdays
Cameolord Pharmacy, Oxford Street	M1 5AE	119	8.00 a.m.	
Benchill Pharmacy	M22 4QN	129	7.30 a.m.	
Asda Pharmacy, Wythenshawe	M22 5HZ	131	6.00 a.m.	7.00 a.m. opening Mondays and Saturdays
Lloyds Pharmacy, Wythenshawe	M22 5RX	134	7.30 a.m.	8.15 a.m. opening on Saturdays
Well, Maples Medical Centre	M23 2SY	139	8.00 a.m.	9.00 a.m. opening on Saturdays
Boots the Chemist, Airside Terminal 1	M90 3HG	141	6.00 a.m.	

Sunday opening

Table 13 - Manchester pharmacies open on Sunday

Pharmacy	Post code	Map index	Sunday opening time	Sunday closing time
Asda Pharmacy, Sport City	M11 4BD	5	11.00 a.m.	5.00 p.m.
Asda Pharmacy, Stanley Grove	M12 4NH	10	10.30 a.m.	4.30 p.m.
Grove Village Pharmacy	M13 9AB	16	10.00 a.m.	8.00 p.m.
Wise Chemist	M13 0YN	19	10.00 a.m.	4.00 p.m.
Tesco Pharmacy, Altrincham Rd	M23 9TJ	28	10.00 a.m.	4.00 p.m.
Tesco Pharmacy, Cheetham Hill Rd	M8 5DP	32	11.00 a.m.	5.00 p.m.
Boots the Chemist, Manchester Fort Retail Park	M8 8EP	34	11.00 a.m.	5.00 p.m.
Lloyds Chemists, Fallowfield	M14 6LE	42	10.00 a.m.	10.30 p.m.
Everest Pharmacy, Whalley Range	M16 8EE	46	10.00 a.m.	8.00 p.m.
Elliotts Pharmacy, Whalley Range	M16 9RT	47	10.00 a.m.	8.00 p.m.
Everest Chorlton Pharmacy	M21 9AS	51	10.00 a.m.	8.00 p.m.
Tesco Pharmacy, Burnage	M19 1TF	56	10.00 a.m.	4.00 p.m.
Boots the Chemist, Didsbury	M20 2DW	59	11.00 a.m.	4.00 p.m.
Tesco Pharmacy, Didsbury	M20 5NP	63	11.00 a.m.	5.00 p.m.
Sterling Pharmacy, Didsbury	M20 6UR	65	11.00 a.m.	1.00 p.m.
Sainsbury's Pharmacy, Fallowfield	M14 6SS	69	11.00 a.m.	5.00 p.m.
Withington Pharmacy	M20 3HE	73	8.00 a.m.	6.00 p.m.
Ladybarn Lane Chemist, Fallowfield	M14 6NQ	74	10.00 a.m.	4.00 p.m.
Tesco Pharmacy, Gorton	M18 8LD	78	10.00 a.m.	4.00 p.m.
Westpoint Pharmacy	M19 2DD	79	8.00 a.m.	10.00 p.m.
Sainsbury's Pharmacy, Higher Blackley	M9 0QS	89	10.00 a.m.	4.00 p.m.
Asda Pharmacy, Harpurhey	M9 4DJ	93	10.00 a.m.	4.00 p.m.
Tesco Pharmacy, Blackley	M9 6HP	96	10.00 a.m.	4.00 p.m.
Medichem Pharmacy	M14 4EP	101	10.00 a.m.	5.30 p.m.
A & A Pharmacy, Rusholme	M14 5AL	104	10.00 a.m.	10 p.m.
Rusholme Pharmacy	M14 5LW	106	10.00 a.m.	10 p.m.
Asda Pharmacy, Hulme	M15 5AS	109	11.00 a.m.	5.00 p.m.
Boots the Chemist, 11-13 Piccadilly	M1 1LY	114	11.30 a.m.	5.30 p.m.
Boots the Chemist, Market Street	M1 1PL	116	11.00 a.m.	5.00 p.m.
Boots the Chemist, Piccadilly Station	M1 2BN	117	12.00 p.m.	8.00 p.m.
Cameolord Pharmacy, Oxford Street	M1 5AE	119	8.00 a.m.	12.00 a.m.
Benchill Pharmacy	M22 4QN	129	8.00 a.m.	9.00 p.m.
Asda Pharmacy, Wythenshawe	M22 5HZ	131	10.00 a.m.	4.00 p.m.
Lloyds Pharmacy, Wythenshawe	M22 5RX	134	8.15 a.m.	10.00 p.m.
Boots the Chemist, Airside Terminal 1	M90 3HG	141	6.00 a.m.	11.00 p.m.

35 pharmacies open on Sunday and all Neighbourhoods have at least one pharmacy open for some hours.

Changes to pharmacy contractors

The stakeholder group was informed that three pharmacies are due to have closed by the end of October 2016. The three pharmacies are:

- Lloyds, 65 Reddish Lane, Gorton M18 7JH (closed on 27th May 2016)
- Boots, 3 Delaunays Road, Crumpsall M8 4QS (to close on 14th September 2016)
- Lloyds, 44-46 Brunswick Street, Ardwick M13 9TQ (to close on 28th October 2016)

This information was not provided in time to include within the main body of the PNA or allow changes to the maps. However, the stakeholder group has concluded that this will make no difference to pharmaceutical service provision in Manchester.

The HWB will however need to be mindful of the effect of any further closures of pharmacies in Manchester.

6.1.4 Access to Medicines Use Reviews (MUR)

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

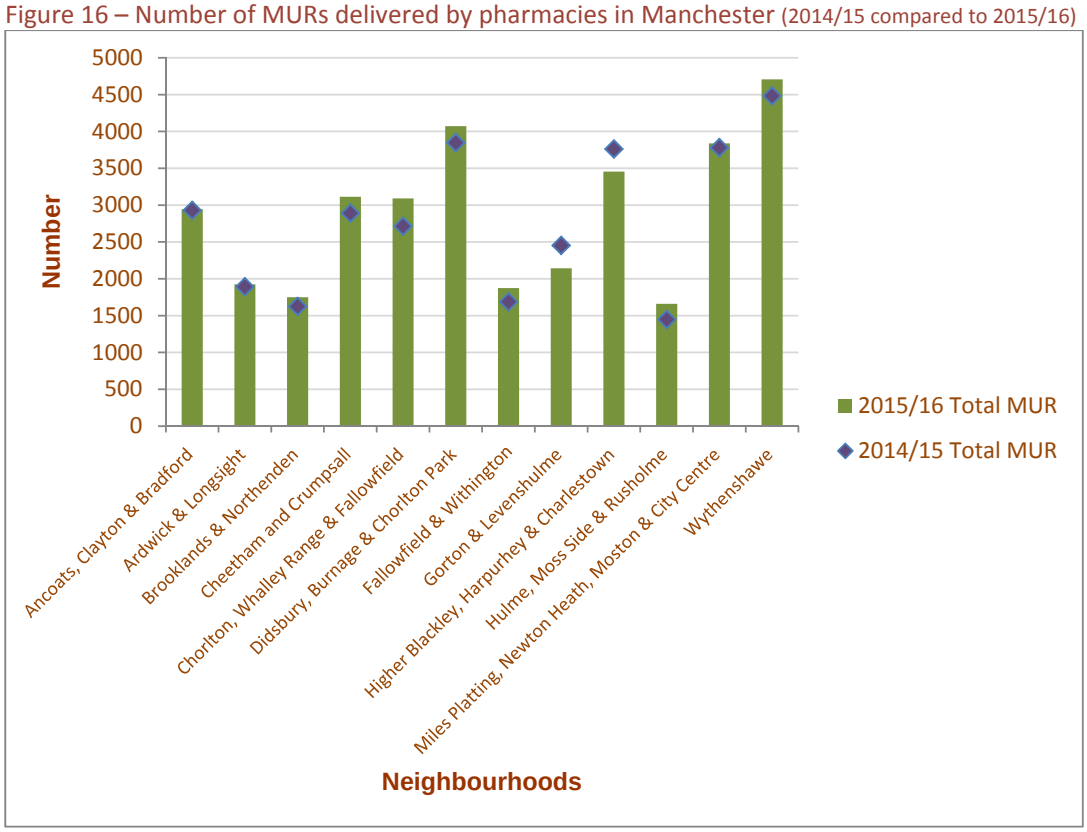
This service is medicines adherence service designed to improve patient outcomes from taking regular medication. A report is shared with the patient and if necessary the prescriber. 70% of MURs undertaken have to be from a specified group of patients:

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

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

In 2015/16 a total of 34,576 MURs were provided by 121 pharmacies with 58 pharmacies claiming at or near the maximum number of MURs (>380). Figure 16 shows the pattern of claiming neighbourhood for all pharmacies and compares 2014/15 with 2015/16.

Figure 16 – Number of MURs delivered by pharmacies in Manchester (2014/15 compared to 2015/16)



Up to 400 MURs can normally be provided at each pharmacy, giving an overall maximum number of 56,400 (141 pharmacies by 400) per annum for Manchester. 20 pharmacies (figure based on claims for April 2015 to March 2016) are not providing the service, therefore, the actual number of MURs that could have been achieved is 48,400. It should be noted that the Inhaler Technique enhanced service allows additional MURs to be completed above the 400 and 20 pharmacies exceeded the 400 allowed under Advanced Service regulations. The highest number delivered by one pharmacy in 2015/16 was 411 MURs.

Although MURs are accessible to residents in all 12 Neighbourhoods there is potential for this service to be accessed by more people and those pharmacies that don't provide MURs should be encouraged to do so.

6.1.5 Access to New Medicine Service (NMS)

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

See Appendix Seven for those pharmacies that are providing NMS.

In 2015/16 a total of 7,866 NMS interventions were provided by 102 pharmacies.

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

Although NMS are accessible to residents in all 12 Neighbourhoods there is potential for this service to be accessed by more people and those pharmacies that don't provide NMS should be encouraged to do so.

6.1.6 Access to stoma appliance customisation

In responding to the pharmacy questionnaire, 16 of the 124 of the pharmacies that responded stated that they offered stoma customisation. Data supplied by the NHS England Area Team shows that in 2015/16, 17 pharmacies were paid for stoma customisation. This low level of provision reflects the specialist nature of the provision of appliances and it would be expected that this service is provided by DACs specialising in the provision of stoma appliances.

In 2015/16, 17 pharmacies provided this service to patients carrying out a total of 179 customisations. Three neighbourhoods had no activity in pharmacies for stoma customisation, this could be due to there being no patients resident in those areas or patients accessing this service through the two local. NHS England Area Team provided data shows that DACs in Greater Manchester carried out 91,465 stoma customisations in 2014/15 and 88,355 in 2015/16.

According to data available from NHS Digital in 2014/15 pharmacies and DACs nationally delivered 92,218 stoma customisations for Manchester registered patients, this indicates that some stoma customisations are carried out by DACs based outside Greater Manchester.

6.1.7 Access to Appliance Use Review (AUR)

Only two pharmacies provided AURs during 2014/15 and 2015/16; this low level of provision reflects the specialist nature of the provision of appliances and it would be expected that this service is provided by DACs.

DACs in Greater Manchester delivered 1,017 AURs in 2014/15 and 971 in 2015/16 according to data from NHS England Area Team. The majority of these were delivered in the patient's own home. There were also some AURs provided by DACs outside GM in 2014/15 as the data from NHS Digital indicates that there were 1,383 AURs carried out for Manchester registered patients.

6.1.8 Access to Community Pharmacy Seasonal Influenza Vaccination programme

According to data provided by NHS England Area Team 69 pharmacies delivered this service in 2015/16 with each neighbourhood having at least three pharmacies that was commissioned to do so. It is anticipated that similar numbers will sign up to this advanced service in 2016/17. These 69 pharmacies vaccinated 3,779 patients in 2015/16.

Table 14 - Community Pharmacy Seasonal Influenza Vaccination delivery 2015/16

Neighbourhood	Number of people vaccinated 2015/16	Number of pharmacies
Ancoats, Clayton & Bradford	223	4
Ardwick & Longsight	115	5
Brooklands & Northenden	52	3
Cheetham and Crumpsall	100	4
Chorlton, Whalley Range & Fallowfield	324	7
Didsbury, Burnage & Chorlton Park	896	11
Fallowfield & Withington	55	3
Gorton & Levenshulme	149	3
Higher Blackley, Harpurhey & Charlestown	285	8
Hulme, Moss Side & Rusholme	76	3
Miles Platting, Newton Heath, Moston & City Centre	995	8
Wythenshawe	509	10
Grand Total	**3779**	**69**

6.1.9 NHS Urgent Medicine Supply Advanced Service (NUMSAS)

When this PNA was written no pharmacies in Trafford were able to provide the NUMSAS as it wasn't due to be rolled out until January 2017. Information, if available, will be added post consultation.

6.1.10 Access to enhanced services

In July 2016, the only enhanced services commissioned by NHS England from pharmacies in the Manchester HWB area are:

- Minor ailment scheme (on behalf of NHS Central Manchester, NHS North Manchester and NHS South Manchester CCGs)
- Inhaler technique

Table 15 - Enhanced services and numbers of pharmacies commissioned (as of June 2016)

Enhanced Service	Number of pharmacies commissioned
Minor ailment scheme	109
Inhaler technique	52

The HWB recognises that this position may be mitigated by locally commissioned services.

Further details of these enhanced services are provided in section 3.6.1

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

NHS England has a duty to ensure that residents of the HWB's area are able to access pharmaceutical services every day. Pharmacies and DACs are not required to open on public and

bank holidays, or Easter Sunday, although some choose to do so. NHS England asks each contractor to confirm their intentions regarding these days and where necessary will direct a contractor or contractors to open on one or more of these days to ensure adequate access.

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

In making its assessment the HWB needs to take account of any services provided to its population, which may affect the need for pharmaceutical services in its area. This could include services provided across a border to the population of Manchester by pharmacy contractors outside their area, or by GP practices, or other health services providers including those that may be provided by NHS trust staff.

Patients have a choice of where they access pharmaceutical services; this may be close to their GP practice, their home, their place of work or where they go shopping, recreational or other reasons. Consequently not all the prescriptions written for residents of Manchester were dispensed by the pharmacies within its boundary. Manchester has borders with seven Greater Manchester boroughs (Bury, Oldham, Rochdale, Salford, Stockport, Tameside and Trafford) and with Cheshire East.

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

Data from NHS England Area Team show that of all prescriptions written for Manchester registered patients, that are dispensed, 87% are dispensed by Manchester pharmacies and DACs the other 13% are dispensed elsewhere in England including the neighbouring HWB areas.

For details of prescriptions dispensed by Manchester pharmacies and DACs for patients registered in other Greater Manchester HWB areas see section 6.1.

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

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

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

The same applies to locally-commissioned services.

6.3 Other relevant services - current provision

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

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

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

6.3.1 Other relevant services within the HWB's area

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

6.3.2 Other relevant services provided outside the HWB's area

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

6.3.3 Other relevant services

Whilst the HWB consider enhanced services as providing an improvement or better access to pharmaceutical services, only three are commissioned by NHS England[10]. The HWB is mindful of local commissioned services as described in section 3.6.6 and 6.5.4).

6.3.4 Choice with regard to obtaining pharmaceutical services

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

Within the HWB's area people have a choice of 141 pharmacies which have been utilised to dispense 87% of items prescribed within NHS Central Manchester, NHS North Manchester and NHS South Manchester CCGs. Residents choose to access a large number of pharmacies spread across Greater Manchester and the rest of England having 13% of items dispensed outside Manchester. As expected a proportion of these were dispensed in neighbouring HWB areas but not in significant numbers.

[10] By July 2016

There are two DACs in the Manchester HWB area, however some residents choose to use DACs further afield or those pharmacies that provide appliances.

6.4 Future provision – necessary and other relevant services

6.4.1 Housing and development

The rate of housing development has increased by over 200% from 2011 to 2013 (the latest Authority Monitoring Reports available), up from 545 to 1,231 (and 1,756, including student accommodation); vacancy rates in District Centres have fallen since the previous survey in 2009; there has been significant planning activity around the City Centre, the Etihad campus and Airport City.

There are currently 88 residential developments planned for completion through 2016/17 to 2024/25. It is anticipated that 9,091 residences could be developed by mid-2020; a large number of these are planned for the City Centre ward.

Although there is likely to be an increase in the number of residences available there are no known future developments that are likely to significantly alter demand for pharmaceutical services due to the coverage currently provided by pharmacies.

6.4.2 Primary Care developments

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

Manchester itself is has plans for major transformation with the planned creation of a single commissioning organisation, which commissions both health and social care for Manchester, which in the first instance will include all CCG commissioning, public health and adult social services (Children's social services would be incorporated at a later date).

Parallel to this is intention to bring the three hospitals (Central Manchester University Hospitals NHS Foundation Trust, University Hospital of South Manchester NHS Foundation Trust and North Manchester General Hospital) together as one organisation.

The third key pillar in this transformation is the establishment of a Local Care Organisation holding a single contract for out of hospital care from a single commissioning voice. The development of the Local Care Organisation, and associated care models, are both complementary and integral to the development of the Single Hospital System.

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

the requirement for people to have access to pharmaceutical services as part of this transformation. This may mean that this PNA will need to be replaced earlier than the planned date of April 2020.

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

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

6.4.3 Hospital pharmacies

Patients attending these, on either an inpatient or outpatient basis, may require prescriptions to be dispensed. There are three hospital trusts in the HWB's area Central Manchester University Hospitals NHS Foundation Trust, University Hospital of South Manchester NHS Foundation Trust and North Manchester General Hospital (part of The Pennine Acute Hospitals NHS Trust).

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

6.4.4 Personal administration of items by GPs

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

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

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

6.4.5 GP out of hours service

Beyond the normal working hours practices open, there is an out of hours service operated as an initial telephone consultation where the doctor may attend the patients home or request the patient access one of the clinics. The clinics and travelling doctors have a stock of medicines and depending on the patient and their requirement they may be given medicines from stock or a prescription issued for dispensing at a pharmacy. GPs offer an OOH service from Central Manchester University Hospitals NHS Foundation Trust's Manchester Royal Infirmary site.

Prescriptions from out of hours services can be dispensed by pharmacies with longer opening hours. There are Pharmacies opened seven days a week or for longer hours six days per week and this is discussed in section 6.1.3 (Tables 11, 12 and 13). These pharmacies are geographically spread across Manchester and 12 Neighbourhoods.

6.4.6 Locally commissioned services – Manchester City Council and NHS Central Manchester, NHS North Manchester and NHS South Manchester CCGs

Since 1st April 2013 Manchester City Council has been responsible for the commissioning of some public health services. In addition the CCGs commission a number of services that have an impact. Appendix Five sets out the services currently commissioned and the number of pharmacies providing these services.

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

7 Neighbourhoods for the purpose of the PNA

7.1 Overview

This assessment has taken a ward level approach in order to support the integration of public health data with other sources of information. The 32 wards were then aggregated into 12 Neighbourhoods, as described in section 3.3. As each Neighbourhood has slightly differing health needs they are considered separately for the purposes of the PNA.

Individual health profiles have been developed for each neighbourhood using PHE data (www.localhealth.org.uk). Profiles for each Neighbourhood can be found at http://www.manchester.gov.uk/downloads/download/6265/place_reports

7.2 Ancoats, Clayton and Bradford Neighbourhood

7.2.1 Neighbourhood profile

Ancoats, Clayton and Bradford Neighbourhood consists of two wards:

- Ancoats and Clayton
- Bradford

The population living in the neighbourhood is characterised by:

- A higher than average proportions of 16-24 year olds but lower than average proportions of people aged 65 and over
- A higher than average proportion of people whose ethnicity is not 'White UK' and who cannot speak English well or at all

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

- Proportion of children and older people living in income deprived households
- Proportion of children achieving a good level of development at age 5
- Rate of GCSE achievement (% achieving 5 or more GCSEs at grades A*-C incl. Eng & Maths)
- Unemployment and long term unemployment rates (JSA claimants)
- Proportion of people with ‘very bad’ general health (2011 Census)
- Rate of limiting long term illness or disability (2011 Census)
- Proportion of households with central heating (2011 Census)
- Proportion of people living in overcrowded households (2011 Census)
- Proportion of pensioners living alone (2011 Census)
- Proportion of obese children and children with excess weight in reception year and year 6
- Proportion of adult binge drinkers
- Rate of hospital admissions for injuries in under 5s

- Rate of emergency hospital admissions in under 5s
- Rate of A&E attendances in under 5s
- Rate of hospital admissions for injuries in under 18s
- Rate of emergency hospital admissions for all causes, CHD, stroke and COPD
- Incidence of all cancers and lung cancer
- Rate of hospital admissions for self-harm and hospital stays for alcohol-related harm
- Mortality rate (all ages) for cancers, coronary heart disease, stroke and respiratory diseases
- Premature mortality rate (under 75) for all cancers and circulatory diseases (incl. coronary heart disease)

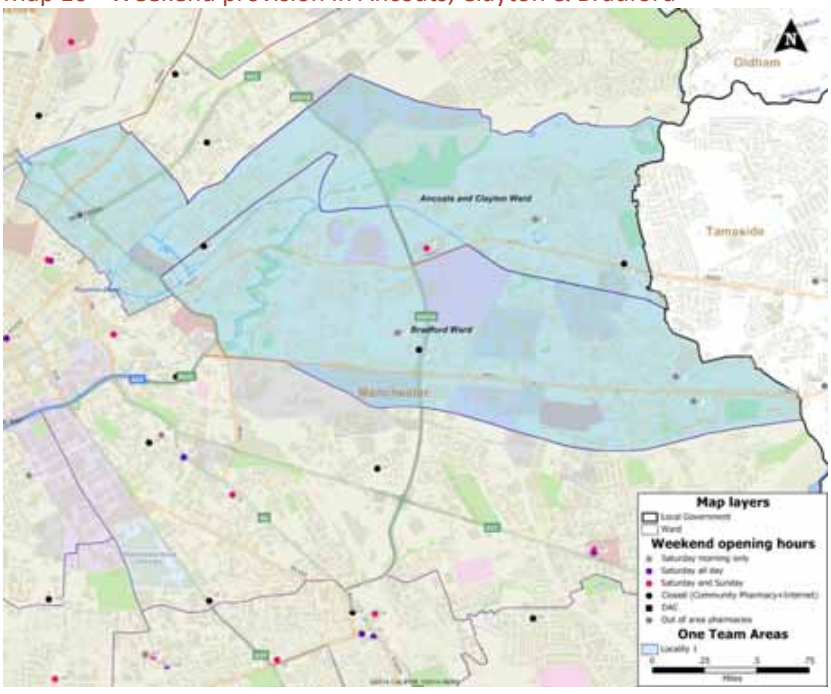
Compared with England as a whole, the neighbourhood performs better with respect to the:

- Proportion of people providing 1 hour or more unpaid care per week (2011 Census)
- Incidence of prostate cancer
- Rate of elective hospital admissions for hip replacements

7.2.2 Access to a pharmacy in Ancoats, Clayton and Bradford Neighbourhood

Map 10 shows that during Monday to Friday there is satisfactory access to pharmaceutical services across this Neighbourhood.

Map 10 - Weekend provision in Ancoats, Clayton & Bradford



Map 10 shows that although there is only one pharmacy open both Saturday and Sunday there are several within a reasonable distance for residents to access. As the demand for pharmaceutical services is lower at weekends this is considered to be satisfactory.

7.3 Ardwick and Longsight Neighbourhood

7.3.1 Neighbourhood profile

Ardwick and Longsight consists of two wards:

- Ardwick
- Longsight

The population living in the neighbourhood is characterised by:

- A higher than average proportions of 0-16 and 16-24 year olds but lower than average proportions of people aged 25-64 and 65 and over
- A higher than average proportion of people whose ethnicity is not 'White UK' and who cannot speak English well or at all

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

- Proportion of children and older people living in income deprived households
- Proportion of low birth weight births
- Proportion of children achieving a good level of development at age 5
- Unemployment and long term unemployment rates (JSA claimants)
- Proportion of people with 'bad' or 'very bad' general health (2011 Census)
- Proportion of households with central heating (2011 Census)
- Proportion of people living in overcrowded households (2011 Census)
- Proportion of pensioners living alone (2011 Census)
- Proportion of obese children and children with excess weight in reception year and year 6
- Rate of hospital admissions for injuries in under 5s
- Rate of emergency hospital admissions in under 5s
- Rate of A&E attendances in under 5s
- Rate of hospital admissions for injuries in under 18s
- Rate of emergency hospital admissions for all causes, CHD, stroke and COPD
- Incidence of all cancers and lung cancer
- Rate of hospital stays for alcohol-related harm
- Mortality rate (all ages) for cancers, coronary heart disease, stroke and respiratory diseases
- Premature mortality rate (under 75) for all cancers and circulatory diseases (incl. coronary heart disease)

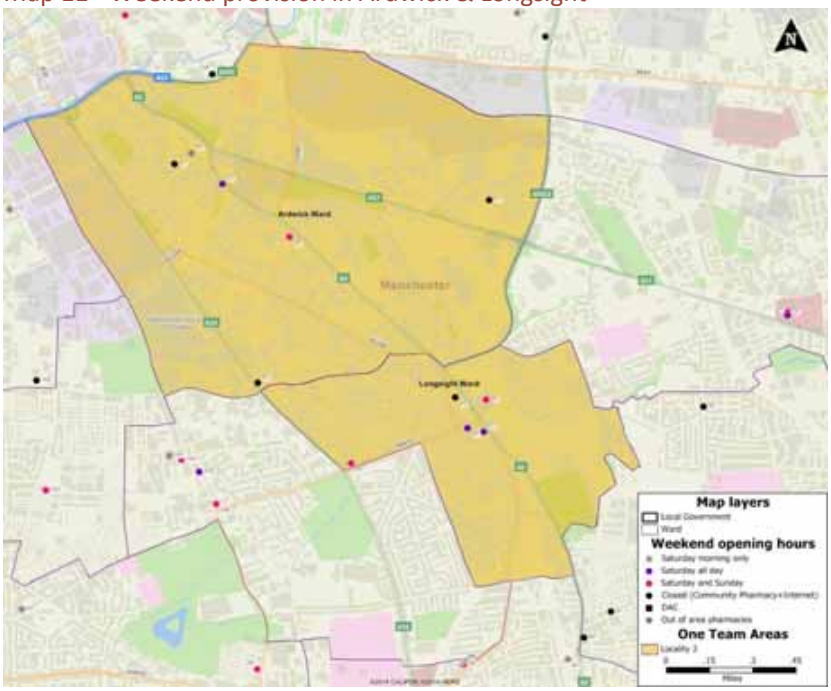
Compared with England as a whole, the neighbourhood performs better with respect to the:

- Proportion of people with a limiting long term illness or disability (2011 Census)
- Proportion of people providing 1 hour or more and 50 hours or more unpaid care per week (2011 Census)
- Proportion of obese adults
- Rate of elective hospital admissions for hip replacements

7.3.2 Access to a pharmacy in Ardwick and Longsight Neighbourhood

Map 11 shows that during Monday to Friday there is satisfactory access to pharmaceutical services across this Neighbourhood.

Map 11 - Weekend provision in Ardwick & Longsight



Map 11 shows that this Neighbourhood three pharmacies that are open on Saturday and Sunday within its boundary and there is further access in the surrounding areas. Provision is considered to be satisfactory for the Ardwick and Longsight Neighbourhood.

7.4 Brooklands and Northenden Neighbourhood

7.4.1 Neighbourhood profile

Brooklands and Northenden Neighbourhood consists of two wards:

- Brooklands
- Northenden

The population living in the neighbourhood is characterised by:

- A higher than average proportions of 0-16 and 25-64 year olds
- A lower than average proportion of people whose ethnicity is not 'White UK' and who cannot speak English well or at all

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

- Proportion of children and older people living in income deprived households

- Unemployment and long term unemployment rates (JSA claimants)
- Proportion of people with 'bad' or 'very bad' general health (2011 Census)
- Proportion of people with a limiting long term illness or disability (2011 Census)
- Proportion of people providing 1 hour or more and 50 hours or more unpaid care per week (2011 Census)
- Proportion of pensioners living alone (2011 Census)
- Proportion of obese children and children with excess weight in year 6
- Proportion of binge drinking adults
- Rate of hospital admissions for injuries in under 5s
- Rate of emergency hospital admissions in under 5s
- Rate of A&E attendances in under 5s
- Rate of hospital admissions for injuries in under 18s
- Rate of emergency hospital admissions for all causes, CHD, stroke and COPD
- Incidence of all cancers and lung cancer
- Rate of hospital admissions for self-harm and hospital stays for alcohol-related harm
- Mortality rate (all ages) for cancers, coronary heart disease and respiratory diseases
- Premature mortality rate (under 75) for all cancers and all circulatory diseases (incl. coronary heart disease)

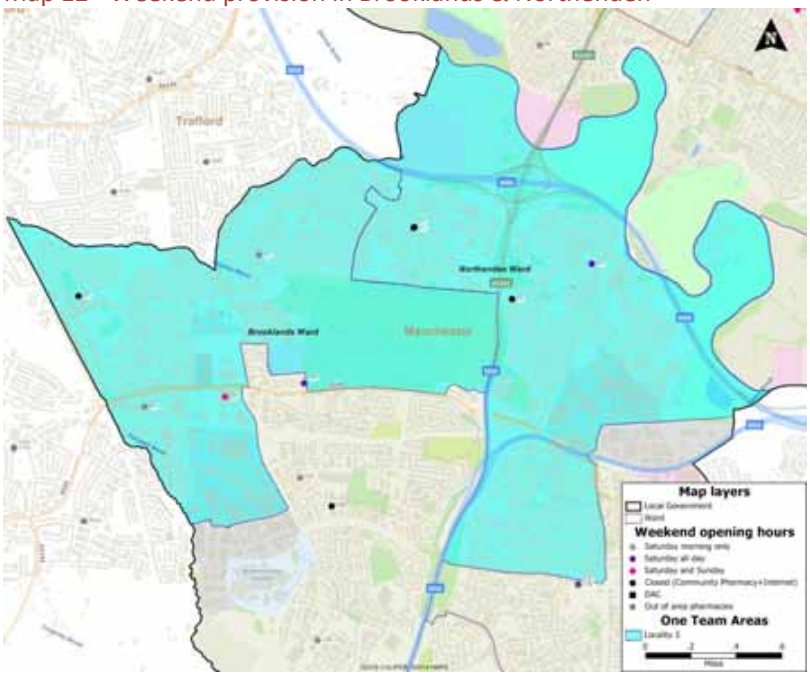
Compared with England as a whole, the neighbourhood performs better with respect to the:

- Proportion of households with central heating (2011 Census)
- Proportion of people living in overcrowded households (2011 Census)
- Incidence of prostate cancer
- Rate of elective hospital admissions for hip replacements

7.4.2 Access to a pharmacy in Brooklands and Northenden Neighbourhood

Map 12 shows that during Monday to Friday there is satisfactory access to pharmaceutical services across this Neighbourhood.

Map 12 - Weekend provision in Brooklands & Northenden



There is only one pharmacy open on both Saturday and Sunday within this Neighbourhood and several within or on the borders that open all day Saturday. There have been no complaints regarding access to services from these residents and it must be assumed that provision is satisfactory.

7.5 Cheetham and Crumpsall Neighbourhood

7.5.1 Neighbourhood profile

Cheetham and Crumpsall Neighbourhood consist of two wards:

- Cheetham
- Crumpsall

The population living in the neighbourhood is characterised by:

- A higher than average proportions of people aged 0-16, 16-24 and 25-64 years but lower than average proportion of people aged 65 and over.
- A higher than average proportion of people whose ethnicity is not 'White UK' and who cannot speak English well or at all

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

- Proportion of children and older people living in income deprived households
- Proportion of children achieving a good level of development at age 5
- Rate of GCSE achievement (% achieving 5 or more GCSEs at grades A*-C incl. Eng & Maths)
- Unemployment and long term unemployment rates (JSA claimants)
- Proportion of people with 'bad' or 'very bad' general health (2011 Census)
- Proportion of people with a limiting long term illness or disability (2011 Census)
- Proportion of households with central heating (2011 Census)
- Proportion of people living in overcrowded households (2011 Census)
- Proportion of pensioners living alone (2011 Census)
- Proportion of obese children in reception year and obese children and children with excess weight in year 6
- Rate of hospital admissions for injuries in under 5s
- Rate of emergency hospital admissions in under 5s
- Rate of A&E attendances in under 5s
- Rate of hospital admissions for injuries in under 18s
- Rate of emergency hospital admissions for all causes, CHD, stroke, MI and COPD
- Incidence of all cancers and lung cancer
- Rate of hospital admissions for self-harm and hospital stays for alcohol-related harm
- Mortality rate (all ages) for all causes, all circulatory diseases (incl. coronary heart disease) and respiratory diseases
- Premature mortality rate (under 75) for all causes and all circulatory diseases (incl. coronary heart disease)

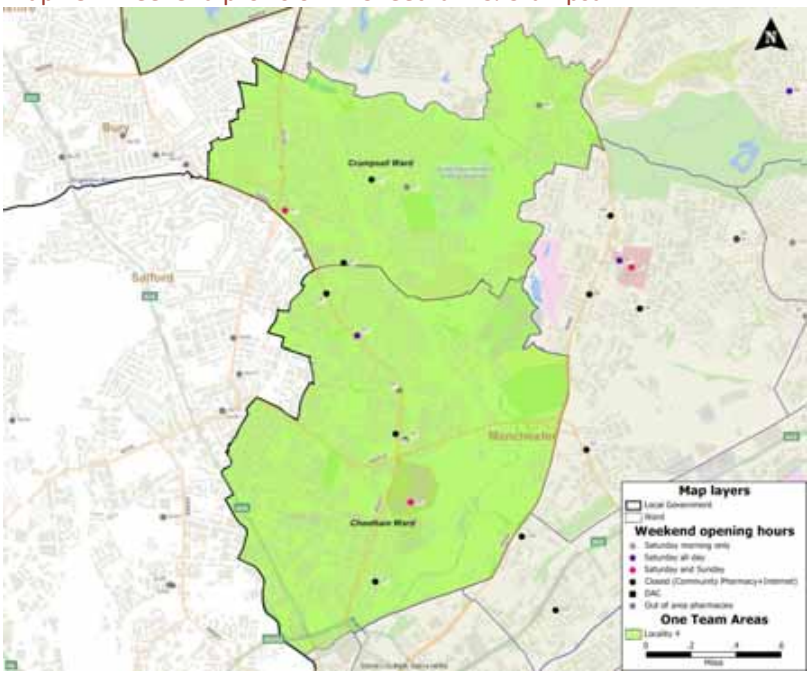
Compared with England as a whole, the neighbourhood performs better with respect to the:

- Proportion of people providing 1 hour or more hours of unpaid care per week (2011 Census)
- Rate of elective hospital admissions for hip replacements

7.5.2 Access to a pharmacy in Cheetham and Crumpsall Neighbourhood

Map 13 shows that during Monday to Friday there is satisfactory access to pharmaceutical services across this Neighbourhood.

Map 13 - Weekend provision in Cheetham & Crumpsall



Map 13 shows that there are two pharmacies open on Saturday and Sunday with another pharmacy located within 5 miles of its border. There are also several pharmacies open Saturday morning or all day Saturday located within the border or just outside it.

Access to pharmaceutical services is considered to be satisfactory in this Neighbourhood.

7.6 Chorlton, Fallowfield and Whalley Range Neighbourhood

7.6.1 Neighbourhood profile

Chorlton, Whalley Range and Fallowfield consists of three wards:

- Chorlton
- Fallowfield
- Whalley Range

The population living in the neighbourhood is characterised by:

- A higher than average proportions of 16-24 year olds but lower than average proportions of people aged 65 and over
- A higher than average proportion of people whose ethnicity is not 'White UK' and who cannot speak English well or at all.

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

- Proportion of children and older people living in income deprived households
- Unemployment rate (JSA claimants)
- Proportion of people with 'very bad' general health (2011 Census)
- Proportion of people living in overcrowded households (2011 Census)
- Proportion of households without central heating (2011 Census)
- Proportion of pensioners living alone (2011 Census)
- Proportion of adult binge drinkers
- Rate of hospital admissions for injuries in under 5s
- Rate of emergency hospital admissions in under 5s
- Rate of A&E attendances in under 5s
- Rate of hospital admissions for injuries in under 18s
- Rate of emergency hospital admissions for all causes, CHD and COPD
- Rate of hospital stays for alcohol and elective hospital admissions for knee replacements
- Mortality rate (all ages) for coronary heart disease, stroke and respiratory diseases
- Premature mortality rate (under 75) for all cancers and circulatory diseases

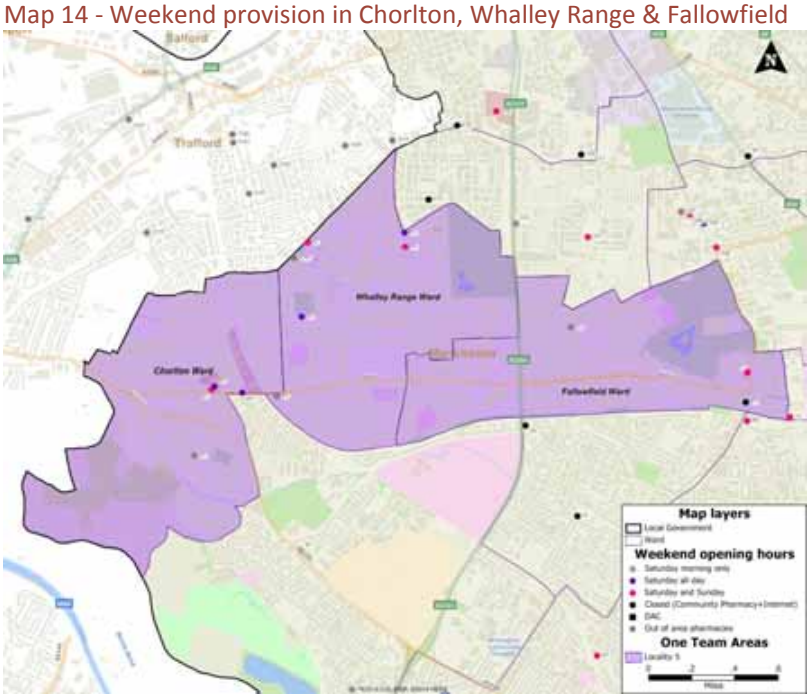
Compared with England as a whole, the neighbourhood performs better with respect to the:

- Rate of GCSE achievement (% achieving 5 or more GCSEs at grades A*-C incl. Eng & Maths)
- Rate of limiting long term illness or disability (2011 Census)
- Proportion of people providing 1 hour or more and 50 hours or more unpaid care per week (2011 Census)
- Proportion of obese adults
- Rate of hospital stays for self-harm and elective hospital admissions for hip replacements

7.6.2 Access to a pharmacy in Chorlton, Fallowfield and Whalley Range Neighbourhood

Map 14 shows that during Monday to Friday there is satisfactory access to pharmaceutical services across this Neighbourhood.

Map 14 - Weekend provision in Chorlton, Whalley Range & Fallowfield



Map 14 shows that there are 4 pharmacies open on Saturday and Sunday in this Neighbourhood with several that are open all day Saturday.

Access to pharmaceutical services is considered to be satisfactory in this Neighbourhood.

7.7 Didsbury, Burnage and Chorlton Park Neighbourhood

7.7.1 Neighbourhood profile

Didsbury, Burnage and Chorlton Park Neighbourhood consists of four wards:

- Burnage
- Chorlton Park
- Didsbury East
- Didsbury West

The population living in the neighbourhood is characterised by:

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

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

- Proportion of children and older people living in income deprived households
- Proportion of people with ‘bad’ or ‘very bad’ general health (2011 Census)

- Proportion of people living in overcrowded households (2011 Census)
- Proportion of pensioners living alone (2011 Census)
- Proportion of binge drinking adults
- Rate of hospital admissions for injuries in under 5s
- Rate of emergency hospital admissions in under 5s
- Rate of A&E attendances in under 5s
- Rate of hospital admissions for injuries in under 18s
- Rate of emergency hospital admissions for all causes and COPD
- Incidence of all cancers and lung cancer
- Rate of hospital stays for alcohol-related harm
- Mortality rate (all ages) for all causes, all cancers, coronary heart disease and respiratory diseases
- Premature mortality rate (under 75) for all causes, all cancers and all circulatory diseases (incl. coronary heart disease)

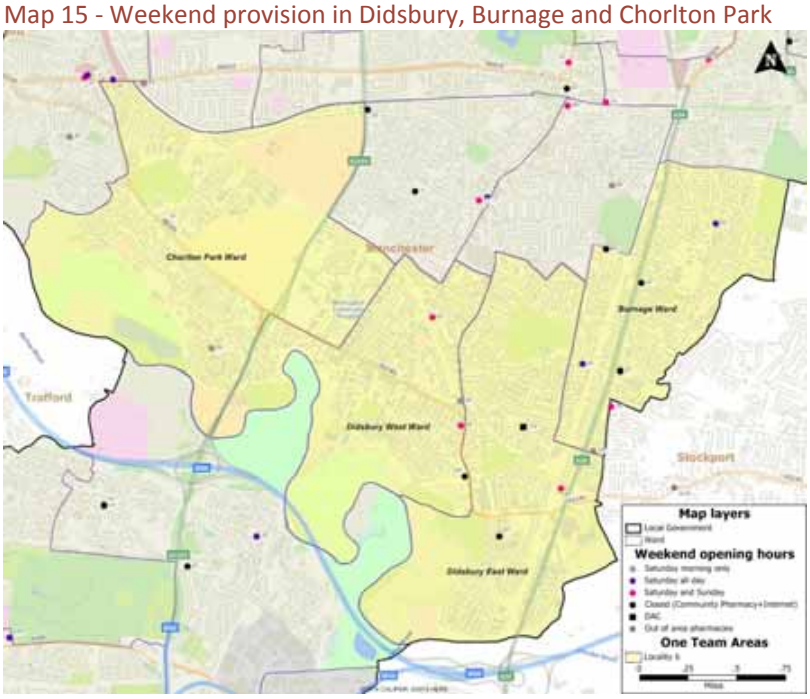
Compared with England as a whole, the neighbourhood performs better with respect to the:

- Rate of GCSE achievement (% achieving 5 or more GCSEs at grades A*-C incl. Eng & Maths)
- Rate of long term unemployment (JSA claimants)
- Proportion of people with a limiting long term illness or disability (2011 Census)
- Proportion of obese adults
- Proportion of people providing 1 hour or more and 50 hours or more unpaid care per week (2011 Census)
- Proportion of households with central heating (2011 Census)
- Rate of emergency hospital admissions for MI
- Rate of hospital admissions for self-harm
- Rate of elective hospital admissions for hip replacements

7.7.2 Access to a pharmacy in Didsbury, Burnage and Chorlton Park Neighbourhood

Map 15 shows that during Monday to Friday there is satisfactory access to pharmaceutical services across this Neighbourhood.

Map 15 - Weekend provision in Didsbury, Burnage and Chorlton Park



Four pharmacies within this One Team Area are open on Saturday and Sunday, with several pharmacies open all day Saturday both within the Neighbourhood as well as just outside the border.

Access to pharmaceutical services is considered to be satisfactory in this Neighbourhood.

7.8 Fallowfield (Old Moat) and Withington Neighbourhood

7.8.1 Neighbourhood profile

Fallowfield and Withington Neighbourhood consists of two wards:

- Old Moat
- Withington

The population living in the neighbourhood is characterised by:

- A higher than average proportions of people aged 16-24 years but a lower than average proportion of people aged under 16, 25-64 years and 65 and over
- A higher than average proportion of people whose ethnicity is not 'White UK' and who cannot speak English well or at all

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

- Proportion of children and older people living in income deprived households
- Proportion of people living in overcrowded households (2011 Census)
- Proportion of pensioners living alone (2011 Census)

- Proportion of obese children and children with excess weight in year 6
- Rate of hospital admissions for injuries in under 5s
- Rate of emergency hospital admissions in under 5s
- Rate of A&E attendances in under 5s
- Proportion of binge drinking adults
- Rate of emergency hospital admissions for CHD, stroke and COPD
- Incidence of lung cancer
- Rate of hospital stays for alcohol-related harm
- Mortality rate (all ages) for all causes, all cancers, coronary heart disease and respiratory diseases
- Premature mortality rate (under 75) for all causes, all cancers and all circulatory diseases (incl. coronary heart disease)

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

- Proportion of people with 'bad' or 'very bad' general health (2011 Census)
- Proportion of people with a limiting long term illness or disability (2011 Census)
- Proportion of people providing 1 hour or more and 50 hours or more unpaid care per week (2011 Census)
- Proportion of obese adults
- Rate of hospital stays for self-harm
- Rate of elective hospital admissions for hip replacement

7.8.2 Access to a pharmacy in Fallowfield (Old Moat) and Withington Neighbourhood

Map 16 shows that during Monday to Friday there is satisfactory access to pharmaceutical services across this Neighbourhood.

Map 16 - Weekend provision in Fallowfield (Old Moat) and Withington

Two pharmacies open on both Saturday and Sunday with an additional one that opens Saturday only. There are a further three pharmacies just outside the border that open both days as well.

Access to pharmaceutical services is considered to be satisfactory in this Neighbourhood.

7.9 Gorton and Levenshulme Neighbourhood

7.9.1 Neighbourhood profile

Gorton and Levenshulme Neighbourhood consists of three wards:

- Gorton North
- Gorton South
- Levenshulme

The population living in the neighbourhood is characterised by:

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

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

- Proportion of children and older people living in income deprived households
- Proportion of low birth weight births
- Proportion of children achieving a good level of development at age 5
- Unemployment and long term unemployment rates (JSA claimants)

- Proportion of people with 'bad' or 'very bad' general health (2011 Census)
- Proportion of households with central heating (2011 Census)
- Proportion of people living in overcrowded households (2011 Census)
- Proportion of pensioners living alone (2011 Census)
- Proportion of obese children (reception year) and obese children and children with excess weight (year 6)
- Proportion of binge drinking adults
- Rate of hospital admissions for injuries in under 5s
- Rate of emergency hospital admissions in under 5s
- Rate of A&E attendances in under 5s
- Rate of hospital admissions for injuries in under 18s
- Rate of emergency hospital admissions for all causes, CHD, stroke and COPD
- Incidence of all cancers and lung cancer
- Rate of hospital admissions for self-harm and hospital stays for alcohol-related harm
- Mortality rate (all ages) for all causes, all cancers, coronary heart disease, stroke and respiratory diseases
- Premature mortality rate (under 75) for all causes, all cancers and all circulatory diseases (incl. coronary heart disease)

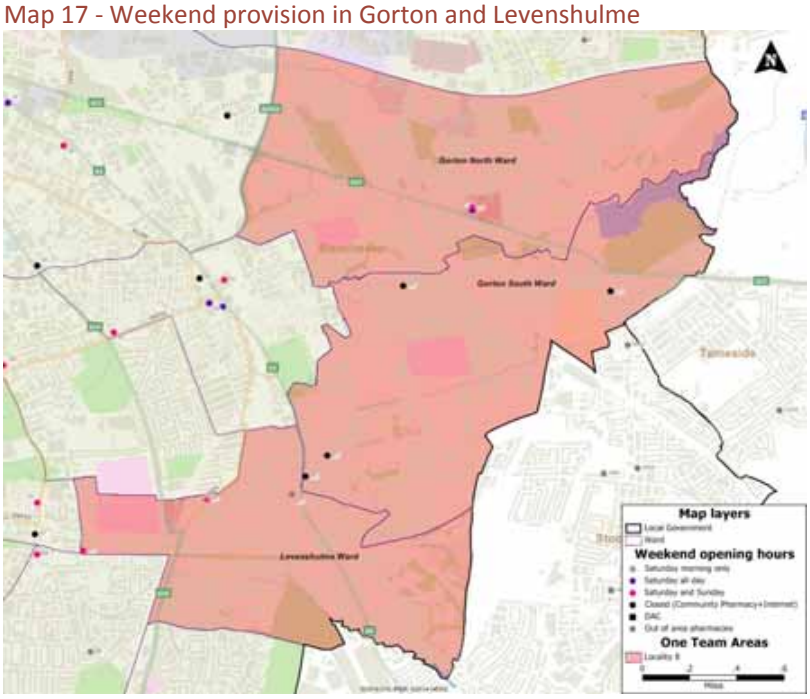
Compared with England as a whole, the neighbourhood performs better with respect to the:

- Proportion of people providing 1 hour or more of unpaid care per week (2011 Census)
- Incidence of prostate cancer
- Rate of elective hospital admissions for hip replacements

7.9.2 Access to a pharmacy in Gorton and Levenshulme Neighbourhood

Map 17 shows that during Monday to Friday there is satisfactory access to pharmaceutical services across this Neighbourhood.

Map 17 - Weekend provision in Gorton and Levenshulme



Three pharmacies open on both Saturday and Sunday in this Neighbourhood and several within close proximity to the border that also open both days. The residents within the Gorton South Ward have to travel outside their ward boundary to access services but there have been no recorded complaints concerning access to pharmaceutical services.

Access to pharmaceutical services is considered to be satisfactory in this Neighbourhood.

7.10 Higher Blackley, Harpurhey and Charlestown Neighbourhood

7.10.1 Neighbourhood profile

Higher Blackley, Harpurhey and Charlestown Neighbourhood consists of three wards:

- Charlestown
- Harpurhey
- Higher Blackley

The population living in the neighbourhood is characterised by:

- A higher than average proportions of people aged 0-16 years but a lower than average proportion of people aged 65 and over
- A higher than average proportion of people whose ethnicity is not 'White UK' and who cannot speak English well or at all

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

- Proportion of children and older people living in income deprived households
- Proportion of children achieving a good level of development at age 5
- Rate of GCSE achievement (% achieving 5 or more GCSEs at grades A*- C incl. Eng & Maths)
- Unemployment and long term unemployment rates (JSA claimants)
- Proportion of people with 'bad' or 'very bad' general health (2011 Census)
- Proportion of people with a limiting long term illness or disability (2011 Census)
- Proportion of people providing 50 or more hours of unpaid care per week (2011 Census)
- Proportion of people living in overcrowded households (2011 Census)
- Proportion of pensioners living alone (2011 Census)
- Proportion of obese children and children with excess weight in reception year and year 6
- Rate of hospital admissions for injuries in under 5s
- Rate of emergency hospital admissions in under 5s
- Rate of A&E attendances in under 5s
- Rate of hospital admissions for injuries in under 18s
- Proportion of binge drinking adults and healthy eating adults
- Rate of emergency hospital admissions for all causes, CHD, stroke, MI and COPD
- Incidence of all cancers and lung cancer
- Rate of hospital admissions for self-harm and hospital stays for alcohol-related harm
- Rate of emergency admissions for hip fracture aged 65+
- Mortality rate (all ages) for all causes, all cancers, coronary heart disease and respiratory diseases
- Premature mortality rate (under 75) for all causes, all cancers and all circulatory diseases (incl. coronary heart disease)

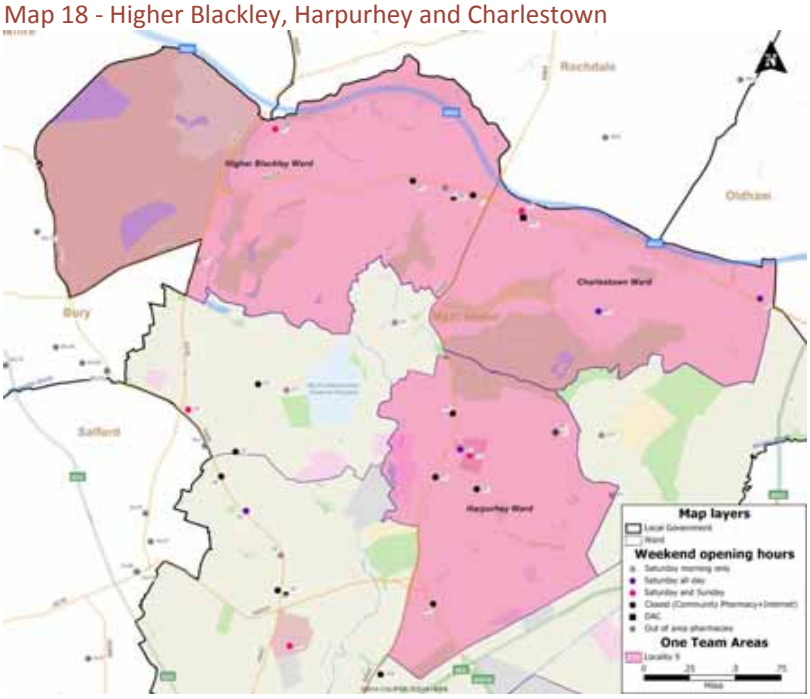
Compared with England as a whole, the neighbourhood performs better with respect to the:

- Proportion of households with central heating (2011 Census)

7.10.2 Access to a pharmacy in Higher Blackley, Harpurhey and Charlestown Neighbourhood

Map 18 shows that during Monday to Friday there is satisfactory access to pharmaceutical services across this Neighbourhood.

Map 18 - Higher Blackley, Harpurhey and Charlestown



There are three pharmacies that open both Saturday and Sunday in this Neighbourhood with three pharmacies that open all day Saturday.

Access to pharmaceutical services is considered to be satisfactory in this Neighbourhood.

7.11 Hulme, Moss Side and Rusholme Neighbourhood

7.11.1 Neighbourhood profile

Hulme, Moss Side and Rusholme Neighbourhood consists of three wards:

- Hulme
- Moss Side
- Rusholme

The population living in the neighbourhood is characterised by:

- A higher than average proportions of people aged 16-24 years but a lower than average proportion of people aged 25-64 and 65 and over
- A higher than average proportion of people whose ethnicity is not 'White UK' and who cannot speak English well or at all

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

- Proportion of children and older people living in income deprived households
- Proportion of children achieving a good level of development at age 5
- Rate of GCSE achievement (% achieving 5 or more GCSEs at grades A*- C incl. Eng & Maths)
- Unemployment and long term unemployment rates (JSA claimants)

- Proportion of people with 'very bad' general health (2011 Census)
- Proportion of households with central heating (2011 Census)
- Proportion of people living in overcrowded households (2011 Census)
- Proportion of pensioners living alone (2011 Census)
- Proportion of obese children and children with excess weight in reception year and year 6
- Proportion of binge drinking adults
- Rate of hospital admissions for injuries in under 5s
- Rate of emergency hospital admissions in under 5s
- Rate of A&E attendances in under 5s
- Rate of hospital admissions for injuries in under 18s
- Rate of emergency hospital admissions for all causes, CHD, stroke and COPD
- Incidence of lung cancer
- Rate of hospital stays for alcohol-related harm
- Mortality rate (all ages) for all causes, all cancers, coronary heart disease, and respiratory diseases
- Premature mortality rate (under 75) for all causes, all cancers and all circulatory diseases (incl. coronary heart disease)

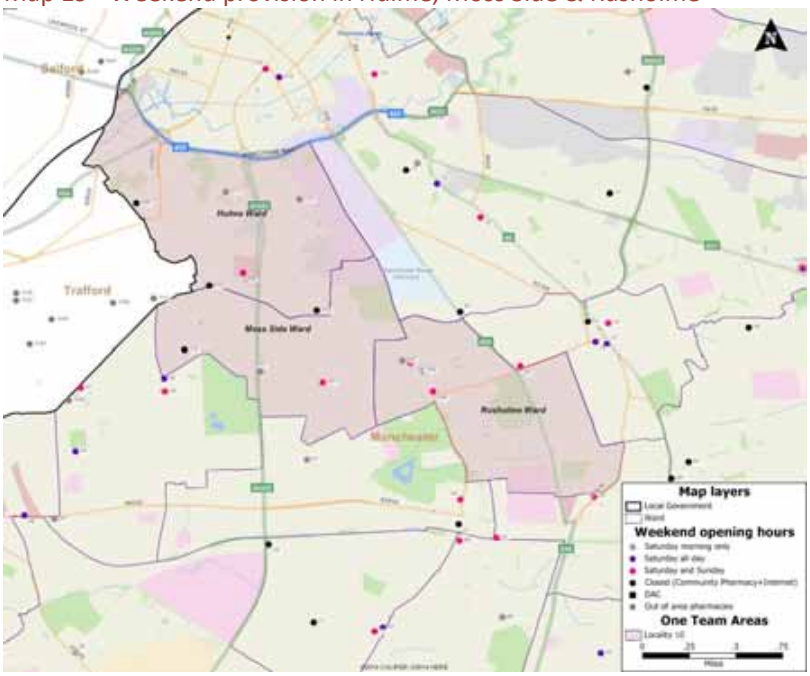
Compared with England as a whole, the neighbourhood performs better with respect to the:

- Proportion of people with a limiting long term illness or disability (2011 Census)
- Proportion of people providing 1 hour or more and 50 hours or more unpaid care per week (2011 Census)
- Proportion of obese adults
- Rate of hospital admissions for self-harm
- Rate of elective hospital admissions for hip replacements

7.11.2 Access to a pharmacy in Hulme, Moss Side and Rusholme Neighbourhood

Map 19 shows that during Monday to Friday there is satisfactory access to pharmaceutical services across this Neighbourhood.

Map 19 - Weekend provision in Hulme, Moss Side & Rusholme



This Neighbourhood has excellent access to pharmacies on both Saturday and Sunday, with four open both days and good access to others in the surrounding area that are open across the two days.

Access to pharmaceutical services is considered to be satisfactory in this Neighbourhood.

7.12 Miles Platting, Newton Heath, Moston and City Centre Neighbourhood

7.12.1 Neighbourhood profile

Miles Platting, Newton Heath, Moston and City Centre Neighbourhood consists of three wards:

- City Centre
- Miles Platting and Newton Heath
- Moston

The population living in the neighbourhood is characterised by:

- A higher than average proportions of people aged 16-24 years but a lower than average proportion of people aged 0-16 years and 65 and over
- A higher than average proportion of people whose ethnicity is not 'White UK' and who cannot speak English well or at all

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

- Proportion of children and older people living in income deprived households
- Proportion of children achieving a good level of development at age 5
- Rate of GCSE achievement (% achieving 5 or more GCSEs at grades A*- C incl. Eng & Maths)
- Unemployment and long term unemployment rates (JSA claimants)
- Proportion of people with 'bad' or 'very bad' general health (2011 Census)
- Proportion of households with central heating (2011 Census)
- Proportion of people living in overcrowded households (2011 Census)
- Proportion of pensioners living alone (2011 Census)
- Proportion of obese children and children with excess weight in reception year and year 6
- Proportion of binge drinking adults
- Rate of hospital admissions for injuries in under 5s
- Rate of emergency hospital admissions in under 5s
- Rate of A&E attendances in under 5s
- Rate of hospital admissions for injuries in under 18s
- Rate of emergency hospital admissions for all causes, CHD, stroke and COPD
- Incidence of all cancers and lung cancer
- Rate of hospital stays for alcohol-related harm
- Rate of emergency admissions for hip fracture aged 65+
- Mortality rate (all ages) for all causes, all cancers, coronary heart disease, stroke and respiratory diseases
- Premature mortality rate (under 75) for all causes, all cancers and all circulatory diseases (incl. coronary heart disease)

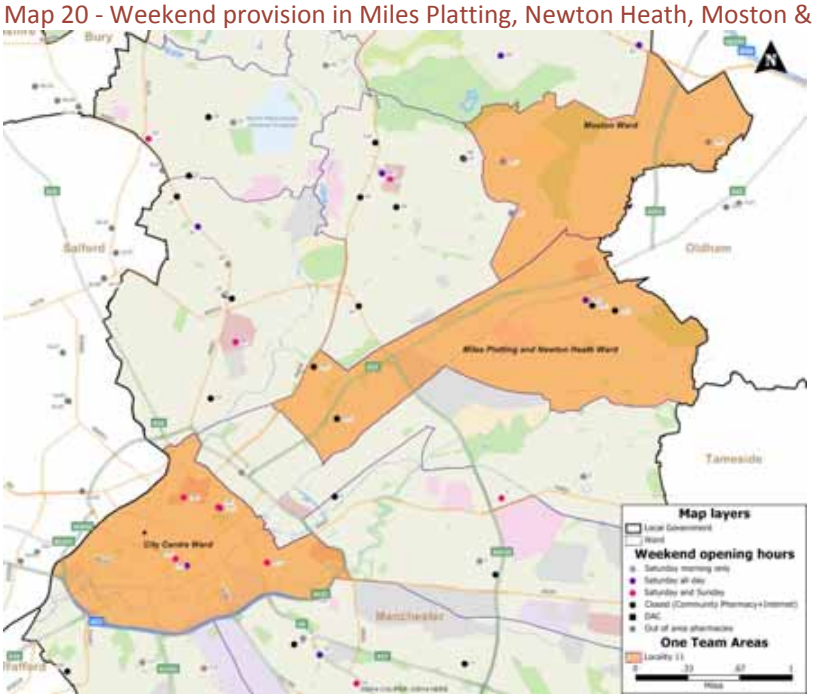
Compared with England as a whole, the neighbourhood performs better with respect to the:

- Proportion of people with a limiting long term illness or disability (2011 Census)
- Proportion of people providing 1 hour or more and 50 hours or more unpaid care per week (2011 Census)
- Rate of elective hospital admissions for hip replacement

7.12.2 Access to a pharmacy in Miles Platting, Newton Heath, Moston and City Centre Neighbourhood

Map 20 and lack of complaints about access to pharmaceutical services indicates that during Monday to Friday provision is satisfactory across this Neighbourhood.

Map 20 - Weekend provision in Miles Platting, Newton Heath, Moston & City Centre



The City Centre Ward of this Neighbourhood is well provided for across both Saturday and Sunday, however, the other two wards have a more restricted access with no pharmacies opening on Sunday. There are large areas of light industry within these two wards and there have been no complaints regarding access to pharmaceutical services and it is assumed that residents are able to access services elsewhere when necessary.

Access to pharmaceutical services is considered to be satisfactory in this Neighbourhood.

7.13 Wythenshawe Neighbourhood

7.13.1 Neighbourhood profile

Wythenshawe Neighbourhood consists of three wards:

- Baguley
- Sharston
- Woodhouse Park

The population living in the neighbourhood is characterised by:

- A higher than average proportions of people aged 0-16-years but a lower than average proportion of people 65 and over
- A lower than average proportion of people whose ethnicity is not 'White UK' and who cannot speak English well or at all

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

- Proportion of children and older people living in income deprived households

- Proportion of low birth weight births
- Rate of GCSE achievement (% achieving 5 or more GCSEs at grades A*- C incl. Eng & Maths)
- Unemployment and long term unemployment rates (JSA claimants)
- Proportion of people with 'bad' or 'very bad' general health (2011 Census)
- Proportion of people with a limiting long term illness or disability (2011 Census)
- Proportion of people providing 50 hours or more unpaid care per week (2011 Census)
- Proportion of pensioners living alone (2011 Census)
- Proportion of obese children and children with excess weight in reception year and children with excess weight in year 6
- Rate of hospital admissions for injuries in under 5s
- Rate of emergency hospital admissions in under 5s
- Rate of A&E attendances in under 5s
- Rate of hospital admissions for injuries in under 18s
- Proportion of binge drinking adults and healthy eating adults
- Rate of emergency hospital admissions for all causes, CHD, stroke, MI and COPD
- Incidence of all cancers and lung cancer
- Rate of hospital stays for self-harm and alcohol-related harm
- Rate of emergency admissions for hip fracture aged 65+
- Mortality rate (all ages) for all causes, all cancers, coronary heart disease, stroke and respiratory diseases
- Premature mortality rate (under 75) for all causes, all cancers and all circulatory diseases (incl. coronary heart disease)

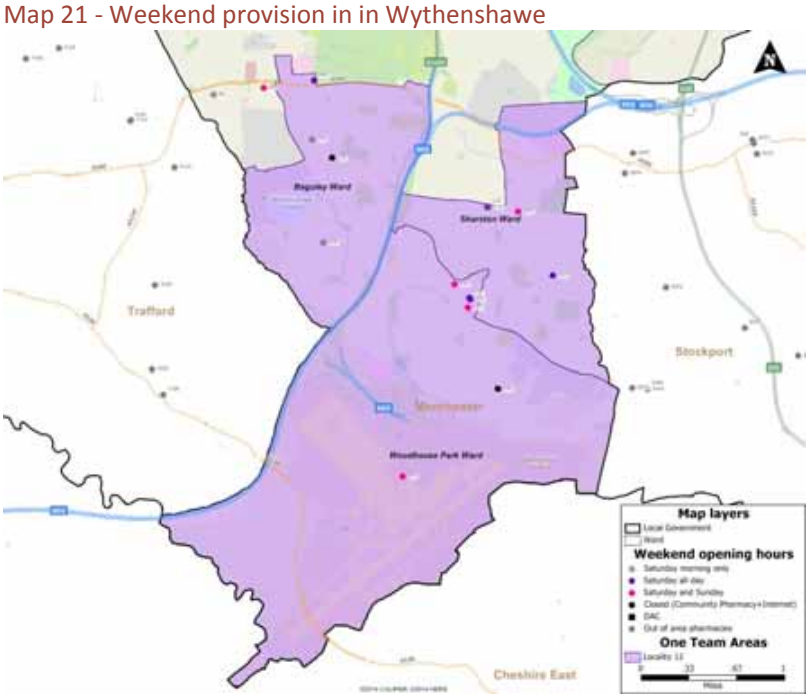
Compared with England as a whole, the neighbourhood performs better with respect to the:

- Proportion of people living in overcrowded households (2011 Census)
- Incidence of all prostate cancer
- Rate of elective hospital admissions for knee replacement

7.13.2 Access to a pharmacy in Wythenshawe Neighbourhood

Map 21 shows that during Monday to Friday there is satisfactory access to pharmaceutical services across this Neighbourhood.

Map 21 - Weekend provision in in Wythenshawe



Four pharmacies are open both Saturday and Sunday (one providing services to Manchester International Airport) and an additional pharmacy just outside its border that opens both days. There is also further provision on Saturday morning and all day in a number of pharmacies.

Access to pharmaceutical services is considered to be satisfactory in this Neighbourhood.

8 How pharmaceutical services can help support a healthier population

8.1 Essential Services

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

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

Medicines management is vital in the successful control of many LTCs (e.g. circulatory diseases, mental health, diabetes) thus having a positive impact on morbidity and mortality. Disease specific

guidance (such as that) provided by the National Institute for Clinical & Healthcare Excellence (NICE) regularly emphasises the importance of medicines optimisation and adherence in control of conditions such as hypertension, asthma and stroke.

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

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

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

ES4 provides the ability to:

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

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

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

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

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

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

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

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

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

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

8.2 Advanced Services

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

- Medicines Use Reviews (MUR)
- New Medicines Service (NMS)
- Appliance Use Review (AUR)
- Stoma Appliance Customisation (SAC)
- Flu vaccination

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

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

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

The aims of national influenza vaccination programme are:

a. to sustain uptake of flu vaccine by building the capacity of community pharmacies as an alternative to general practice
b. to provide more opportunities and improve convenience for eligible patients to access flu vaccinations
c. to reduce variation and provide consistent levels of population coverage of community pharmacy flu vaccination across England by providing a national framework

This service is provided to eligible patients aged 18 years and older and is undertaken between 1st September to the end of February but the focus should be on providing the vaccination by 31st January.

8.3 Enhanced services

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

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

8.3.1 Minor Ailment Scheme

NHS Central Manchester, NHS North Manchester and NHS South Manchester CCGs have asked NHS England to commission a minor ailment enhanced service on their behalf. The scheme is funded by the three Manchester CCGs but commissioned and managed by NHS England.

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

8.3.2 Inhaler technique

The inhaler technique enhanced service is commissioned by NHS England and is designed to improve the technique of patients prescribed an inhaler device for asthma or COPD so as to ensure that treatment is delivered correctly into the lungs.

This service is included with an advanced service (MUR) and improves the patients understanding of their treatment as well as ensuring they have the correct technique when using the device.

This service is currently being refreshed and only has limited funding, so may not be commissioned for the full life cycle of this PNA.

8.4 Manchester CCGs locally commissioned services

8.4.1 Access to palliative care medicines

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

As the service is commissioned by NHS Central Manchester, NHS North Manchester and NHS South Manchester CCGs, it is not envisaged that within the lifetime of this PNA there is, or will be, a need for it to be commissioned as part of pharmaceutical services.

8.4.2 Antiviral provision

This service is intended to provide rapid access for antiviral medicines for use in Care Homes should an outbreak be detected and it is decided that prophylactic treatment is required for the resident population.

Commissioned pharmacies will maintain a stock of antivirals ensuring that in date stock is available during their opening times. Two pharmacies are to be commissioned and this service will commence in September 2016

8.5 Manchester City Council locally commissioned services

Sexual Health Services:

- Emergency Hormonal Contraception
- Chlamydia Screening & Treatment

Substance misuse services including:

- Supervised methadone/buprenorphine
- Needle Exchange

8.5.1 Alcohol and substance misuse

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

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

It aims to:

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

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

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

It is a medicines adherence service which aims to:

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

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

However there are elements of essential service provision which will help address this health need:

- Pharmacies are required to participate in up to six public health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by NHS England.

- Where the pharmacy does not provide the LCS for needle exchange or supervised consumption of methadone/buprenorphine or alcohol screening, signposting people using the pharmacy to other providers of the services.

8.5.2 Sexual health - Teenage pregnancy

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

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

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

However there are elements of essential service provision which will help address this health need:

- Pharmacies are required to participate in up to six public health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by NHS England.
- Where the pharmacy does not provide the LCS of EHC provision, signposting people using the pharmacy to other providers of the service.

8.5.3 Other sexual health services

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

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

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

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

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

However there are elements of essential service provision which will help address this health need:

- Pharmacies are required to participate in up to six public health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by NHS England.
- Where the pharmacy does not provide sexual health services, signposting people using the pharmacy to other providers of the service.

8.5.4 Mental health and well being

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

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

Provision of essential services, e.g. signposting. Ensuring that pharmacies have information on the help and support that is available will enable them to signpost carers accordingly.

9 Necessary services - gaps in provision of pharmaceutical services

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

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

The HWB consider it is those services provided within the standard pharmacy providing 40 core hours that should be regarded as necessary. There are 141 such pharmacies. The spread of opening times including the core hours are provided in Appendix Eight and this is supported by Maps 8 to 21.

The HWB are mindful of the national picture as expressed in the 2008 White Paper Pharmacy in England, Building on strengths – delivering the future, which states that it is strength of the current system that community pharmacies are easily accessible. The HWB consider that the population of Manchester across all 12 Neighbourhoods used in the PNA currently enjoy a similar position.

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

- Maps 8 to 21 showing the location of pharmacies within each of the PNA localities and across the whole HWB area.

- Map 4 showing the population density per square km by Ward and the relative location of pharmacy premises.
- Map 5 showing the Index of Multiple Deprivation and deprivation ranges compared to Map 6 showing the relative location of pharmacy premises.
- Map 7 illustrates that a large proportion of Manchester residents live within 0.5 miles of a pharmacy and that the majority sit within 1.0 miles. The majority of residents should be able to access a pharmacy during normal weekday hours within 15 to 30 minutes.
- The number, distribution of pharmacies within each of the PNA localities and across the whole HWB area (Maps 8 to 21).
- The choice of pharmacies covering each of the 12 Neighbourhoods and the whole HWB area (Appendix Six).
- Over 90% of patients surveyed thought the location of a pharmacy was important or very important (Appendix Three).
- Over 80% of patients surveyed had not had any problems accessing a pharmacy service and 88% were satisfied with the opening hours of the pharmacy they used. (Appendix Three).
- Overall results of the patient survey (Appendix Three).

Taking into account the totality of information available, the HWB consider the location, number, distribution and choice of pharmacies covering the each of the 12 Neighbourhoods and the whole Manchester's HWB area providing essential and advanced services during the standard core hours to meet the needs of the population.

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

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

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

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

The location of premises and choice of provider is not as extensive beyond the standard 40 core hours as described under the previous consideration of what is necessary. However in each locality, there are pharmacies open beyond what may be regarded as normal hours, in that they provide pharmaceutical services during supplementary hours in the early morning or evening, on Saturday and Sunday.

Taking into account the totality of information available, the HWB consider the location, number, distribution and choice of pharmacies covering the each of the 12 Neighbourhoods and Manchester's HWB area providing essential and advanced services during the early morning and

evening, on Saturday and Sunday, to provide an improvement and better access that meet the requirements of the population.

The patient survey did not record any specific themes relating to pharmacy opening times. The HWB therefore concludes there no significant information to indicate there is a gap in the current provision of pharmacy opening times.

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

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

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

Taking into account the totality of information available, the HWB consider the location, number, distribution and choice of pharmacies covering each of the 12 Neighbourhoods and Manchester's HWB area providing enhanced services, including the mitigation by the provision of locally commissioned services, to provide an improvement and better access for the population. The HWB has not received any significant information to conclude otherwise currently or of any local future specified circumstance that would alter that conclusion.

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

11.1 Current provision – necessary and other relevant services

As described in particular in sections 6.1, 6.2 and 6.3 and required by paragraphs one and three of schedule 1 to the Regulations, Manchester's HWB has had regard to the pharmaceutical services referred to in this PNA in seeking to identify those that are necessary, have secured improvements

or better access, or have contributed towards meeting the need for pharmaceutical services in the area of the HWB.

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

11.2 Necessary services – gaps in provision

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

11.2.1 Access to essential services

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

11.2.2 Access to essential services during normal working hours

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

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

11.2.3 Access to essential services outside normal working hours

In Manchester there is satisfactory access to essential services outside normal working hours in all 12 Neighbourhoods and across the HWB area. This is due to the supplementary opening hours offered by most pharmacies. It is not expected that any of the current pharmacies will reduce the number of core opening hours and NHS England foresees no reason to agree a reduction of core opening hours for any service provider except on an ad hoc basis to cover extenuating circumstances.

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

11.2.4 Access to advanced and enhanced services

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

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

11.3 Future provision of necessary services

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

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

11.4 Improvements and better access – gaps in provision

As described in particular in section 10 and required by paragraph 4 of schedule 1 to the 2013 Regulations, Manchester's HWB has had regard to the following in seeking to identify whether there are any gaps in other relevant services within the 12 Neighbourhoods and the area of the HWB.

11.4.1 Access to essential services – present and future circumstances

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

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

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

11.4.2 Current and future access to advanced services

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

In 2015/16, 20 pharmacies did not provide MURs. NHS England continues to encourage these pharmacies and pharmacists to become eligible to deliver MURs and to encourage all pharmacies to complete the maximum number of MURs allowed to ensure more eligible patients are able to access and benefit from this service.

In 2015/16, 39 pharmacies did not provide the NMS. NHS England continues to encourage pharmacies and pharmacists to become eligible to deliver the service so that more eligible patients are able to access and benefit from this service.

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

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

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

11.4.3 Current and future access to enhanced services

NHS England commissioned just two enhanced service (minor ailment scheme and inhaler technique) from pharmacies. This service is also provided from other non-pharmacy providers, principally GP practices.

Many of the enhanced services listed in the 2013 directions are now commissioned by Manchester City Council (public health services) or NHS Central Manchester, NHS North Manchester and NHS South Manchester CCGs (access to medicines) and so fall outside of the definition of both enhanced services and pharmaceutical services.

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

11.5 Other NHS Services

As required by paragraph five of schedule 1 to the 2013 Regulations, Manchester's HWB has had regard in particular to section nine considering any other NHS services that may affect the determination in respect of pharmaceutical services in the area of the HWB.

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

11.6 How the assessment was carried out

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

In respect of how the HWB considered whether to determine localities in its area for the purpose of this PNA, see section 3 and section 6 and Map 6 and Maps 10 to 21.

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

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

11.7 Map of provision

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