



**TRAFFORD
COUNCIL**

**AGENDA PAPERS FOR
HEALTH AND WELLBEING BOARD MEETING**

Date: Tuesday, 1 April 2014

Time: 6.30 p.m.

**Place: Committee Room 2 and 3, Trafford Town Hall,
Talbot Road, Stretford M32 0TH**

A G E N D A	PART I	Pages
1.	ATTENDANCES To note attendances, including officers, and any apologies for absence.	
2.	MINUTES To receive and if so determined, to approve as a correct record the Minutes of the meeting held on 4 February 2014.	To Follow
3.	DECLARATIONS OF INTEREST Members to give notice of any interest and the nature of that interest relating to any item on the agenda in accordance with the adopted Code of Conduct.	
4.	ACTION LOG To receive an update from the Chairman.	1 - 6
5.	BETTER CARE FUND UPDATE To receive a report from the Deputy Director Children, Families and Wellbeing and the Associate Director of Commissioning, Trafford Clinical Commissioning Group.	7 - 10
6.	FINAL PHARMACEUTICAL NEEDS ASSESSMENT To receive a report from the Director of Public Health.	11 - 194

- 7. PATIENT COORDINATION CENTRE**

To receive a presentation from the Associate Director of Commissioning, Trafford Clinical Commissioning Group. 195 - 208
- 8. MENTAL HEALTH PROPOSALS**

To receive a presentation from the Chief Operating Officer, Trafford Clinical Commissioning Group.
- 9. PRIMARY CARE REPORTING**

To receive a report from the Director of Operations and Delivery, NHS England. 209 - 218
- 10. DIGNITY IN CARE**

To receive a report from the Corporate Director of Children, Families and Wellbeing. 219 - 240
- 11. THE PUBLIC'S HEALTH - A STRATEGIC PLAN FOR GREATER MANCHESTER**

To receive a report from the Director of Public Health. 241 - 246
- 12. HEALTH AND WELLBEING STRATEGY ACTION PLAN UPDATE**

To receive a report from the Deputy Director Children, Families and Wellbeing. 247 - 258
- 13. HEALTHIER TOGETHER**

To receive a presentation from the Chief Clinical Officer, Trafford Clinical Commissioning Group.
- 14. TRAFFORD CLINICAL COMMISSIONING GROUP UPDATE**

To receive a presentation from the Chief Clinical Officer, Trafford Clinical Commissioning Group.
- 15. HEALTHWATCH TRAFFORD UPDATE**

To receive a report from the Chairman of HealthWatch. 259 - 262
- 16. TRAFFORD PARTNERSHIP UPDATE**

To receive a report from the Partnerships Officer. 263 - 268
- 17. KEY MESSAGES**

To consider the key messages from the meeting.

18. **URGENT BUSINESS (IF ANY)**

Any other item or items which by reason of special circumstances (to be specified) the Chairman of the meeting is of the opinion should be considered at this meeting as a matter of urgency.

THERESA GRANT

Chief Executive

Membership of the Committee

Councillor Dr. K. Barclay (Chairman), Dr. N. Guest (Vice-Chairman), Banks, Councillor J. Baugh, Councillor Miss L. Blackburn, D. Brownlee, A. Day, B. Humphrey, G. Lawrence, J. Liggett, M. McCourt, A. Razzaq, Dr. A. Vegh, S. Webster, C. Yarwood and Councillor M. Young

Further Information

For help, advice and information about this meeting please contact:

Ruth Worsley, Tel: 0161 912 2798

Email: ruth.worsley@trafford.gov.uk

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TRAFFORD COUNCIL

Report to: Health & Well Being Board
Date: 1st April 2014
Report for: Information
Report of: Cllr Dr Karen Barclay, Chair of Health and Wellbeing Board

Report Title

Health and Wellbeing Board Action Log 4th February 2014

Purpose

The Action Log provides an update on the actions from the last Health and Wellbeing Board meeting on 4th February 2014

Recommendations

That the Health and Well Being notes progress against the actions/

Contact person for access to background papers and further information:

Name: Adrian Bates, Partnerships Manager x5558

Agenda number	Agenda Item	Action	Lead	Timescale	Comments
4	GREATER MANCHESTER POLICE REPRESENTATION ON TRAFFORD HEALTH AND WELLBEING BOARD	Police membership to be ratified by full Council	Abdul Razzaq	1 st April 2014	To be ratified by Council on 26 th March 2014.
6	TRAFFORD HEALTH ECONOMY PLANNING	CCG to recruit third sector and residents to their Patient Reference Advisory Board	Paul Hulme	1 st April 2014	Progress has been a little slow due to the ill health of our Lay Member for Patient engagement who is going to Chair the Panel and who is key to the recruitment. A short listing meeting is scheduled for Monday following which we will invite people to an open session where they will learn more about the role and expectations. We want a mind-set of self-selection as much as on ourselves removing people from the process. Interest has been good and I want to maintain the interest with those people who decide that a panel is not necessarily for them. I have targeted the Panel to be up and running by the end of March and we should be on track for that.
7	BETTER CARE FUND (BCF)	Hub and Patient Coordination Centre to be presented with patient scenarios to the next HWB	Gina Lawrence	1 st April 2014	On agenda 1.4.14
		Salford to be included in governance discussions on BCF via the ICRB	Julie Crossley	1 st March 2014	

		Strong evidence base, backed by academic research, collated to evidence the cost and social benefits of the Hub Final version of the BCF plan to be submitted to HWBB for approval	Julie Crossley Deborah Brownlee and Gina Lawrence	1st April 2014 1 st April 2014	On agenda 1.4.14
8	TRAFFORD HEALTH AND WELLBEING STRATEGY ACTION PLAN UPDATE	Stream lined Action Plan and progress/performance update to be produced by 1/4/14	Linda Harper	1st April 2014	The Action Plan is fully populated re Objective 1. The meeting scheduled with the Delivery Board in a couple of weeks' time will focus on the remainder of the Objectives within the Action Plan based on co-production across partner organisations. All actions within the plan itself remain on target. Partners are energised and motivated to deliver the work. On agenda 1.4.14
		Action Plan to be made accessible on InfoTrafford	Adrian Bates	1 st April 2014	The strategy is available on InfoTrafford, and once the action plan is completed this can be also piut on the site. http://www.infotrafford.org.uk/hwbstrategy
10	PHARMACEUTICAL NEEDS ASSESSMENT CONSULTATION FEEDBACK	Revised version of the PNA to be circulated	Abdul Razzaq	7th February 2014	Final PNA circulated to HWBB by AB 06.02.2014.
		Map of pharmacies (or link to InfoTrafford) to be circulated	Abdul Razzaq	7th February 2014	Map of pharmacies circulated to HWBB with final PNA on 06.02.2014.
		Enhanced services mapping to be circulated	Abdul Razzaq	7th February 2014	Enhanced services mapping circulated to HWBB with final PNA on 06.02.2014.
		Comments to be sent to Abdul Razzaq	All members	14 th February 2014	No comments received by AR by the deadline date 14.02.2014.

		Report to be circulated to HWB outlining how the needs assessment is translated into commissioning plans	Warren Heppolette / Rob Bellingham	1 st March 2014	Briefing circulated 27 th February
		Comments collated and incorporated into consultation prior to presentation at the next HWB	Abdul Razzaq	1st April 2014	No comments received by AR from HWBB. On agenda 1.4.14
11	TRAFFORD CLINICAL COMMISSIONING GROUP UPDATE	Healthier Together presented to next HWB	Nigel Guest	1 st April 2014	On agenda 1.4.14
		Mental Health proposals to be presented to the next HWB	Gina Lawrence / Bev Humphries	1 st April 2014	On agenda 1.4.14
		Hospital performance press release to be circulated	Gina Lawrence	7 th February 2014	Awaiting update from CCG communications
14	KEY MESSAGES	Key messages to be communicated across all organisations and networks	All members	7 th February 2014	
15	ANY OTHER BUSINESS	Mental Health to be a discussion topic at a future HWB Development Session	Abdul Razzaq	4 th March 2014	Deferred to next Development Session (to be arranged – May?)

Provisional Board meeting dates 2014/15 (agenda send out in brackets)

- Tuesday 1st July (23rd June)
- Tuesday 2nd September (25th August)
- Tuesday 4th November (27th October)
- Tuesday 6th January (22nd December)
- Tuesday 3rd March (23rd February)

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TRAFFORD COUNCIL

Report to: Health and Wellbeing Board
Date: 1st April 2014
Report for: Information
Report of: Linda Harper Deputy Corporate Director Children, Families and Wellbeing, Director Service Development Adults and Communities
Julie Crossley Associate Director Commissioning, Trafford Clinical Commissioning Group

Report Title

Better Care Fund Update

Purpose

This report is to update the Health and Wellbeing Board on progress made in relation to the Better Care Fund.

Recommendation(s)

That the Health and Wellbeing Board:

- note the progress
- agree the proposal to receive the revised and final Better Care Fund plan at the next meeting on the 1st of July, 2014

Contact person for access to background papers and further information:

Name: Linda Harper, Deputy Corporate Director, Children Families and Wellbeing, Director Service Development, Adults and Communities
Extension: 1890

1. BACKGROUND

- 1.1 The draft Better Care Fund for Trafford was submitted to NHS England, as required, on the 14th of February 2014.
- 1.2 The day to day scrutiny and challenge of plans and provisional recommendations on sign off and next steps will be undertaken by the LGA (Local Government Association) and NHS England. The National Support Centre will compile the local assurance reports into a national overview report for the purposes of Ministerial assurance. Ministers will agree local plans and next steps, based in the assurance reports but will not communicate directly with local areas unless it is upon the advice of the national team.
- 1.3 The assurance process does align with the assurance process for the NHS Operational and Strategic Plans but also involves local government representatives at local level and Ministers at national level.
- 1.4 The on-going assurance process in relation to the plans will be led at local level by the NHS England Area Teams and local government regional teams. They have responsibility for assessing the progress of the Health and Wellbeing Board and identifying areas of support.

2. CURRENT POSITION

- 2.1 The feedback in relation to the assurance assessment of the Better Care Fund draft plan for Trafford was received by the Clinical Commissioning Group from the Local Area Team in mid-March.
- 2.2 The assessment in relation to the draft plan for Trafford was overall a Rag Status of 'Green'.
- 2.3 The overall key 'strengths' highlighted are:-
 - The draft plan identified a 17% reduction in avoidable hospital/residential care admissions and a 15% reduction in unscheduled care, evidencing the importance of shifting resources from acute to other sectors.
 - Excellent co-production (quality checkers and expert partners)
 - A detailed Bid which covers workforce, skills and mobilisation
- 2.3 The overall key 'weaknesses' highlighted are:-
 - High on 'Visioning' Principles and Plans but low on metrics, key performance indicators, evaluation, targets and success criteria.

- Complex governance agreements to oversee the implementation.
- Expectation that Care Bill costing will be significant but in the draft plan is uncoded.
- Recognises high admission and readmission rates due to community services but fails to set out how this will be addressed.

2.4 The overall key 'Threats' highlighted are:-

- Mixed demography, deprived areas, but appears to be improving.
- A very complex Health Economy.
- The ability of the Hub / Patient Care Coordination's Centre to address the above 'feels' ambitious.

2.5 The overall key 'opportunities' highlighted are:-

- Operational integration between Adult Social Care and Community Health Service underpinned by a Section 75 Partnership Agreement.
- Expectation to expand Social Care 5 day working on an incremental basis
- Recognises the importance of Housing, Extra Care Housing and Housing Related Support.
- Integrated Care Model emphasising primary and community care.
- Urgent Care Business Case at final stages of implementation.

3. **NEXT STEPS**

3.1 The final plan will be submitted on the 4th of April dead line which will evidence reflection and change where it is possible to do at this stage in relation to data and success criteria.

3.2 The final plan will be brought to the next Health and Wellbeing Board meeting for further detailed discussion to provide assurance and an on-going opportunity for partners to scrutinise and challenge the progress and further implementation of the plan.

4. **RECOMMENDATIONS**

4.1 To note progress

4.2 To agree receipt of the revised final Better Care Fund Plan at the next meeting of the Health and Wellbeing Board on the 1st of July 2014.

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TRAFFORD COUNCIL

Report to: Health & Well Being Board
Date: 1st April 2014
Report for: Approval
Report of: Director of Public Health

Report Title

Trafford Council Pharmaceutical Needs Assessment (PNA)

Summary

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

Recommendations

The Health and Well Being Board approves the final Trafford Pharmaceutical Needs Assessment.

Contact person for access to background papers and further information:

Name: Abdul Razzaq, Director of Public Health x1300

1. Introduction

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

2. Background

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](#).ⁱ

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

The draft PNA was consulted on by Trafford Council from 3rd October 2013 until 13th December 2013. Following the consultation, the final draft document was considered by members of the HWB following their meeting on February 4th 2014. No further comments were received.

The final PNA document and its appendices are enclosed. In addition a supplementary statement which provides updated information to the appendices relating to pharmaceutical services in Trafford is enclosed. This should be read in conjunction with final PNA. There will be a further supplementary statement issued in six months.

3. Overview

The conclusion of this PNA is that the population of Trafford's HWB area currently has sufficient numbers of pharmacy contractors to meet their pharmaceutical needs. This is clearly demonstrated by the following points:

- Areas of high population all have a pharmacy located within one mile of them.
- The percentage increase in pharmacy outlets has mirrored the percentage increase in the total population of Trafford since 2011.
- Approximately 87% of prescriptions generated by Trafford prescribers are dispensed by Trafford pharmacies.
- Trafford has a significantly higher number of pharmacies per 100,000 population than the England and North West average.

An extension of weekend opening hours would be beneficial in the Partington area, Sale Moor and Brooklands wards of Trafford to improve access to advice and medication for minor ailments.

4. Recommendation

1. The Health and Well Being Board approves the final Trafford Pharmaceutical Needs Assessment.

ⁱ The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. Accessed 6.8.13 <http://www.legislation.gov.uk/ukxi/2013/349/contents/made>

ⁱⁱ <http://www.legislation.gov.uk/ukpga/2009/21/section/25>

Pharmaceutical Needs Assessment (PNA)

Supplementary Statement – 1st April 2014

Trafford Council
Trafford Town Hall
Talbot Road
Stretford
Manchester
M32 0TH

Date Pharmaceutical Needs Assessment Published – 1st April 2014

Date this Supplementary Statement issued – 1st April 2014

The following items have been identified (in bold) as need corrections, clarification, service provision or premise details update. This updated information supersedes some of the original information within the PNA v1.0 as indicated, and should be read in conjunction with that document.

UPDATED DEFINITION OF PHARMACEUTICAL SERVICES (Section 3.2.1 – page 7)

Pharmacy Contractors

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

There are **63** pharmacy contractors in Trafford. Of these **nine** have 100 hour contracts. There are no distance selling pharmacies, also no LPS contractors

UPDATED CURRENT PHARMACY PROVISION AND SERVICES (Section 6.1 – page 40)

Pharmacy Demographics

Within Trafford Borough we have one Appliance Contractor and have **63** Community Pharmacies of which **nine** open for more than 100 hours per week. There are no distance selling pharmacy services currently operating from within Trafford.

Pharmacies granted a contract under the One Hundred Hour exemption category make an important contribution to access to pharmacy services across the borough. Under the current regulations there is no provision for a 100 hour pharmacy to reduce their hours of service over the week. If these regulations were to alter and the **nine** pharmacies which currently hold a 100 hour contract applied to decrease their opening hours there would be concern that this may be detrimental to the pharmaceutical provision of the local population as they are relied upon to provide extended and out of hours cover of pharmacy contractual services for patients across the borough.

UPDATED PHARMACIES PER WARD (Section 6.4.2 – page 46)

Table 9: Community Pharmacy Contractors and GP practices by Trafford Ward

Ward Name	Locality	Pharmacies per ward (Aug 2013)	Pharmacies per ward (March 2014)	GP surgeries
Altrincham	South	6	5	4
Ashton upon Mersey	Central	1	1	0
Bowdon	South	2	2	1
Broadheath	South	3	3	2
Brooklands	Central	2	2	2
Bucklow - St Martin's (previously referred to as Partington in 2011 PNA)	North/West	3	3	3
Clifford (previously referred to as Old Trafford in 2011 PNA)	North	4	4	1
Davyhulme East	Central/West	3	3	1
Davyhulme West	West	4	4	1
Flixton	West	1	2	0
Gorse Hill	North	3	3	2
Hale Barns	South	3	3	2
Hale Central (previously referred to as Hale in 2011 PNA)	South	3	3	0
Longford	North	2	3	4
Priory	Central	4	4	1
St Mary's (previously referred to as Sale West in 2011 PNA)	Central	2	2	1
Sale Moor	Central	2	2	2
Stretford	North	3	3	1
Timperley	South	2	2	5
Urmston	West	6	6	4
Village	South	3	3	0
TOTALS		62	63	37

The average number of pharmacies across Trafford is 2.95 per ward. **With ranges from 1 in Ashton-upon-Mersey ward to a high of 6 in Urmston ward.**

UPDATED ACCESS TO PHARMACIES BY OPENING HOURS (Section 6.5 – page 51)

Ward Name	Locality	Pharmacies per ward (March 2014)	100 hr	Open on a Saturday (earliest open – latest closing)	Open on a Sunday (earliest open – latest closing)
Altrincham	South	5	-	3 (8.30am -5.30pm)	1 (11am- 5pm)
Ashton upon Mersey	Central	1	-	1 (9am- 5pm)	-
Bowdon	South	2	1	2 (7am-10pm)	1 (10am – 5pm)
Broadheath	South	3	-	1 (9am- 6pm)	1 (11am – 5pm)
Brooklands	Central	2	-	1 (9am- 1pm)	-
Bucklow - St Martin's	North/West	3	-	2 (9am – 1pm)	-
Clifford	North	4	-	3 (9am -1pm)	-
Davyhulme East	North/West	3	1	3 (7am-10pm)	2 (10.30am – 6pm)
Davyhulme West	West	4	-	2 (9am-6pm)	1 (11am- 5pm)
Flixton	West	2	-	2 (8am-11pm)	1 (9am-7pm)
Gorse Hill	North	3	1	1 (6.30am-10pm)	1 (11am – 5pm)
Hale Barns	South	3	1	3 (9am – 10pm)	1 (10am- 5pm)
Hale Central	South	3	-	3 (8am -8pm)	1 (10am -4pm)
Longford	North	3	1	2 (7am-11pm)	1 (11am-6pm)
Priory	Central	4	-	3 (8am -9pm)	2 (10am -4pm)
St Mary's	Central	2	-	1 (9am- 1pm)	-
Sale Moor	Central	2	-	2 (9am- 5pm)	-
Stretford	North	3	-	1 (8.45am-9.30pm)	1 (10am- 4pm)
Timperley	South	2	-	1 (8.30am- 5.30pm)	-
Urmston	West	6	2	6 (7am- 10pm)	2 (9am -7pm)
Village	South	3	-	2 (7.30am-10.30pm)	1 (8am- 6pm)
TOTALS		63	7	45	17

ADDITIONAL PHARMACIES (Appendix 4, 6 and 8)

Conran Late Night Pharmacy, 175 Moorside Road, Urmston, Manchester, M41 5SJ (100hr Contract)

Tel: 0161 755 0389

Monday: 8am to 11pm

Tuesday: 8am to 11pm

Wednesday: 8am to 11pm

Thursday: 8am to 11pm

Friday: 8am to 11pm

Saturday: 8am to 11pm

Sunday: 9am to 7pm

Ward: FLIXTON

Services provided: None

Elliot Pharmacy, 60 Seymour Grove, Old Trafford, Manchester, M16 0LN (100hr Contract)

Tel: 0161 877 3000

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Saturday:

Sunday:

Ward: LONGFORD

Services provided: None

PHARMACIES WHICH HAVE CLOSED (Appendix 4, 6 and 8)

Superdrug Pharmacy, 78-84 George Street, WA14 1RF

Tel: 0161 929 9793

Monday: 8:30am to 5:30pm

Tuesday: 8:30am to 5:30pm

Wednesday: 8:30am to 5:30pm

Thursday: 8:30am to 5:30pm

Friday: 8:30am to 5:30pm

Saturday: 8:30am to 5:30pm

Sunday: CLOSED

Ward: ALTRINCHAM

Services provided: None

LIST OF PHARMACIES WHICH HAVE 100 HOUR CONTRACTS (Section 3.2.1 and 6.1, Appendices 4, 6 and 8)

Name of Pharmacy	Address	Ward
Timperley Pharmacy	250 Stockport Road, Timperley, WA15 7UN	Village
Hale Barns Pharmacy	311-313 Hale Road, Hale Barns, WA15 8SS	Hale Barns
Sainsburys Pharmacy	Lloyd Street, Altrincham, WA14 2SU	Bowdon
Sainsburys Pharmacy	Unit 24, Eden Square, Urmston, M41 0NA	Urmston
Malcolms Pharmacy	28 Flixton Road, Urmston, M41 5AA	Urmston
Tesco Pharmacy	Chester Road, Stretford, M32 0RW	Gorse Hill
Asda Pharmacy	Barton Dock Road, Trafford Park, M41 7ZA	Davyhulme East
Conran Late Night Pharmacy	175 Moorside Road, Urmston, Manchester, M41 5SJ	Flixton
Elliot's Pharmacy	60 Seymour Grove, Old Trafford, M16 0LN	Longford

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Appendix 1

List of Service Descriptions

Essential Service	Service Description
Dispensing Medicines or Appliances	<p>Pharmacies are required to maintain a record of all medicines dispensed, and also keep records of any interventions made which they judge to be significant. Whilst the terms of service requires a pharmacist to dispense any (non-blacklisted) medicine 'with reasonable promptness', for appliances the obligation to dispense arises only if the pharmacist supplies such products 'in the normal course of his business'. The Electronic Prescription Service (EPS) is also being implemented as part of the dispensing service.</p> <p>Prescription-linked interventions can be identified during the dispensing process. Pharmacists could identify patients with specified health needs which should be addressed. The health needs that the HWB wish to be targeted could be agreed with the GM LAT and the Local Pharmaceutical Committee (LPC).</p>
Repeat Dispensing	<p>Pharmacies will dispense repeat prescriptions and store the documentation if required by the patient. They will ensure that each repeat supply is required and seek to ascertain that there is no reason why the patient should be referred back to their General Practitioner.</p> <p>This service is aimed at patients with long term conditions who have a stable medication routine and hence may have less opportunity to discuss any health issues with their GP or nurse. Pharmacists are required to check if a patient is using their medication. This gives them an opportunity to identify if a patient is not using his medication as intended and hence may not be giving the desired health outcomes for which they were prescribed.</p>

Disposal of unwanted medicines	<p>Pharmacies are obliged to accept back unwanted medicines from patients. The pharmacy will, if required by NHS England or the waste contractor, sort them into solids (including ampoules and vials), liquids and aerosols, and the NHS England's Area Team will make arrangements for a waste contractor to collect the medicines from pharmacies at regular intervals. Additional segregation is also required under the Hazardous Waste Regulations.</p> <p>Pharmacy staff have the opportunity to identify patients who have not taken the medicines they were prescribed. This can initiate a discussion and problems such as side effects or dosage regimes can be addressed to help improve the patients' health outcomes. Also CCGs would be interested in knowing whether issued medicines are not being used correctly. A significant amount of wasted NHS resource is attributed to medications being used incorrectly or not at all.</p>
Public Health (promotion of Healthy Lifestyles)	<p>Each year pharmacies are required participate in up to six campaigns at the request of NHS England. This involves the display and distribution of leaflets provided by NHS England.</p> <p>In addition, pharmacies are required undertake prescription-linked interventions on major areas of public health concern, such as encouraging smoking cessation.</p>
Signposting	<p>NHS England will provide pharmacies with lists of sources of care and support in the area. Pharmacies will be expected to help people who ask for assistance by directing them to the most appropriate source of help.</p>
Support for Self Care	<p>Pharmacies will help manage minor ailments and common conditions, by the provision of advice and where appropriate, the sale of medicines, including dealing with referrals from NHS Direct/NHS 111. Records will be kept where the pharmacist considers it relevant to the care of the patient.</p>

Advanced Service	Service Description
Medicines Use Review (MURs)	<p>The Medicines Use Review (MUR) and Prescription Intervention Service consists of accredited pharmacists undertaking structured adherence-centred reviews with patients on multiple medicines, particularly those receiving medicines for long term conditions.</p> <p>National target groups have been agreed in order to guide the selection of patients to whom the service will be offered. The MUR process attempts to establish a picture of the patient's use of their medicines – both prescribed and non-prescribed. The review helps patients understand their therapy and it will identify any problems they are experiencing along with possible solutions. An MUR Feedback Form will be provided to the patient's GP where there is an issue for them to consider.</p>
New Medicine Service (NMS)	<p>The service provides support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence; it is initially focused on particular patient groups and conditions.</p> <p>The NMS was implemented as a time-limited service commissioned until March 2013; it would continue beyond this time if all parties agreed that the service had provided demonstrable value to the NHS.</p> <p>In March 2013 NHS England agreed to extend the service for a further six months and in September 2013 they agreed to extend the service until the end of December 2013. In December 2013 they decided to extend the service until the end of March 2014. This means that community pharmacies can continue to recruit new patients to the service up until 31st March 2014 and will receive payment for these patients even where the service is completed in April or May 2014.</p> <p>No decision has been made about the future of the service beyond December 2013. This will be an NHS England decision that will take into account any emerging data from the Department of Health (DH) commissioned evaluation of the service. The service provides support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence; it is initially focused on particular patient groups and conditions.</p>

Appliance Use Reviews (AUR)	<p>Appliance Use Review (AUR) is the second Advanced service to be introduced into the NHS community pharmacy contract. AURs can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home. AURs should improve the patient's knowledge and use of any 'specified appliance' by:</p> <ul style="list-style-type: none"> • Establishing the way the patient uses the appliance and the patient's experience of such use; • Identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient; • Advising the patient on the safe and appropriate storage of the appliance; and • Advising the patient on the safe and proper disposal of the appliances that are used or unwanted
Stoma Appliance Customisation Service (SAC)	<p>Stoma Appliance Customisation (SAC) is the third Advanced service in the NHS community pharmacy contract. The service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste. The stoma appliances that can be customised are listed in Part IXC of the Drug Tariff.</p>

LA – Locally Commissioned Service	Service Description
Emergency Hormonal Contraception	This service involves supply of Levonorgestrel Emergency Hormonal Contraception (EHC) when appropriate to clients in line with the requirements of the Patient Group Direction (PGD). Under16s must be competent to consent to the treatment.
Chlamydia Testing	The service provider will opportunistically offer chlamydia screening to sexually active 15 -24 year olds, at least annually or following a change of partner.
Supervised Methadone/Buprenorphine	<p>This service provides a pharmacist and suitably qualified staff to supervise the consumption of prescribed medicines at the point of dispensing in the pharmacy, ensuring that the dose has been administered to the patient. Pharmacies will offer a user-friendly, non-judgmental, client-centered and confidential service.</p> <p>The pharmacy will provide support and advice to the patient, including referral to primary care or specialist centre where appropriate.</p>
Needle Exchange	<p>Pharmacies will provide access to sterile needles and syringes, and sharps containers for return of used equipment. Associated materials, for example condoms, citric acid and swabs, to promote safe injecting practice and reduce transmission of infections by substance misusers, will also be provided.</p> <p>Pharmacies will offer a user-friendly, non-judgmental, client-centered and confidential service.</p> <p>Used equipment is normally returned by the service user for safe disposal. The service user will be provided with appropriate health promotion materials.</p> <p>The pharmacy will provide support and advice to the user, including referral to other health and social care professionals and specialist drug and alcohol treatment services where appropriate.</p> <p>The pharmacy will promote safe practice to the user, including advice on sexual health and STIs, HIV and Hepatitis C transmission and Hepatitis A and B immunisation.</p>
Smoking Cessation	<p>The aim of this LES is to support the reduction of smoking prevalence. To enable smokers to access a choice of high quality support to stop smoking to best suit their needs.</p> <p>Provide high quality, accessible, convenient and comprehensive stop smoking services.</p> <p>Support the achievement of 4-week quit targets as a proxy indicator for reduction of smoking prevalence.</p>

CCG - Locally Commissioned Service	Service Description
Minor Ailment Scheme	This involves the provision of advice and support to people on the management of minor ailments, such as colds and flu, including where necessary, the supply of medicines for the treatment of the minor ailment, for those people who would have otherwise gone to their GP for a prescription or A & E Department.
Palliative Care	The service requires a pharmacist to stock and supply an agreed list of specialist medicines for use in palliative care and in addition to ensure there is prompt access and availability to these medicines at all times the pharmacy is open.
Head Lice	This allows easy access for patients to treatments for head lice and is designed to reduce workload at GP practices for this easily managed condition. Patients are provided with advice on head lice avoidance, regular monitoring of hair (in particular primary school and nursery children) and proper use of treatment. At each consultation a head lice detector comb is provided and where necessary approved treatments are supplied to treat all infected individuals within the family.

LA PNA Project 2013

Consultation Plan

Author: Gemma Cresswell
Version: 0.1 Draft
Date: 20/08/2013

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1. Background and current context

The Pharmaceutical Needs Assessment (PNA) is a legal document which details services which would be desirable and necessary in a locality based on the local health needs and population demographics.

The Health and Social Care Act 2012 transferred the responsibility for developing and updating the PNAs to the LA Health and Wellbeing Boards (HWBs).

The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for developing and updating PNAs and can be found at: <http://www.dh.gov.uk/health/2013/02/pharmaceutical-services-regulations/>.

There is a legal requirement for the HWB boards to publish the PNA before 31 March 2015
PNAs will inform commissioning decisions by local authorities (public health services from community pharmacies) and by NHS England and clinical commissioning groups (CCGs).

2. Communications context and scope

This document details the scope of formal consultation and the proposed methods that will be used to engage different stakeholders and ensure patient and public involvement within this PNA.

There is a need for the local authority to understand;

- Local people and their representatives affected by the new service;
- Existing Pharmacy Services/Community based providers;
- Patients affected by possible new services in the area;
- Patient Services and Formal Complaints; and
- Other key stakeholders

Details of these issues can be gathered by public and pharmacy service provider surveys. The information from these can then be used to inform the final PNA document.

Prior to publication of the final document a draft version should be available for interested stakeholders to be able to comment on its content. This is called the formal consultation.

The formal consultation programme will commence on **1st October 2013** and will run for a period of 66 days. Therefore, the consultation will formally close on **6th December 2013**.

3. Key outcomes

- To encourage constructive feedback from a variety of stakeholders between 1st October and 6th December 2013
- To ensure a wide range of primary care health professionals provide opinions and views on what is contained within the PNA

4. Key Audiences

The regulations state that:

When making an assessment for the purposes of publishing a pharmaceutical needs assessment, each HWB must consult the following about the contents of the assessment it is making—

- Page 28
- (a) any Local Pharmaceutical Committee for its area (including any Local Pharmaceutical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs); .
 - (b) any Local Medical Committee for its area (including any Local Medical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs); .
 - (c) any persons on the pharmaceutical lists and any dispensing doctors list for its area; .
 - (d) any LPS chemist in its area with whom the NHSCB has made arrangements for the provision of any local pharmaceutical services; .
 - (e) any Local Healthwatch organisation for its area, and any other patient, consumer or community group in its area which in the opinion of HWB1 has an interest in the provision of pharmaceutical services in its area; and .
 - (f) any NHS trust or NHS foundation trust in its area; .
 - (g) the NHSCB; and .
 - (h) any neighbouring HWB.

The consultation must be for a minimum of 60 days.

The following groups of people could be formally consulted on the draft PNA asked to comment on the assessment and the assumptions that it makes. A local decision needs to be made whether these groups are going to be contacted.

- General public
- Patient Participation Groups in primary care

- Community Pharmacy Contractor Superintendent Offices
- Local Authority area CCGs
- Local Authorities employees
- Neighbouring CCGs
- Local Voluntary Groups
- Overview and Scrutiny Committee
- Social services

5. Consultation engagement

Although the timescale for the consultation to begin (**1st October 2013**) and end (**6th December 2013**) is a standard date, the period of consultation between can be locally agreed based on work load. However you do need to ensure that everyone who participates in the consultation has enough time to complete the response forms by 6th December 2013.

Any paper copies of the response forms can be sent back to GMCSU who will electronically input the responses into the survey – they need to be returned to GMCSU by Monday 9th December 2013 to be included in the analysis.

The advert on homepage of council's website and the link on other relevant pages need to be done on 1st October 2013 to ensure the consultation begins on time. Everything that follows this should be done within the first month to allow time for responses and targeted work where returns have been low.

All the stakeholders listed below who are preceded by a C are in the compulsory list of people who must be consulted on the draft PNA.

You may feel that you do not need to undertake engagement with all the other stakeholders listed below, or that you will do more, which is a decision for your local teams to decide on.

When each section has/has not been attempted we need the two last columns completing to say how many people you engaged with for each element before this is sent back at the end of the consultation period.

	Stakeholder	Channel	Detail	Cost	Responsibility	Complete	Reach
	General population	Advert on homepage of council's website	Large advert on the carousel with a link to the consultation document and survey monkey for responses.	No cost	Comms team at LA	<i>e.g. yes or no</i>	<i>e.g. 2,100 people</i>
	General population	Links to survey on relevant webpages on council's website	Identify relevant webpages and add a couple of sentences about the consultation document/survey along with a link	No cost	Comms team at LA		
C	H&WB Board	Health and Wellbeing Board secretary	Send out an electronic link to the electronic copy of the consultation document with a link to the online response form.	No cost	LA		
C	Neighbouring H&WB boards	Health and Wellbeing Board	Send out an electronic link to the electronic copy of the consultation document with a link to the online response form.	No cost	LA		
C	NHS Commissioning Board	Email consultation document to GM local area team	Send out an electronic link to the electronic copy of the consultation document with a link to the online response form.	No cost	LA		
	General population	Face to face surveys at local events – could be where the LA is already in attendance	Attendance at local events in targeted communities and complete paper surveys face to face with members of the public.	No cost	Comms team at LA		
	General population	Advert in local newspapers	Quarter page, black and white advert in local newspaper to direct people to the online survey would be advised	Various cost	Comms team at LA		
	General population	Press release	Short news piece with link to the survey.	No cost	council's press office		
	General population	Electronic Flyers	Produce and distribute A5 flyers to pharmacies to promote the survey and give the online address.	No cost	GMCSU & LPC to email		
	Local HOSC	Email consultation document	Send out an electronic link to the consultation document with a link to the online response form.	No cost	Comms team at LA		
	Local PH Committees	Email consultation document	Send out an electronic link to the electronic copy of the consultation document with a link to the online response form.	No cost	Comms team at LA		

	Stakeholder	Channel	Detail	Cost	Responsibility	Complete	Reach
C	Pharmacy contractors (including appliance and distance selling pharmacies)	Email consultation document to pharmacy superintendent	Send out an electronic link to the electronic copy of the consultation document with a link to the online response form.	No cost	GMCSU / LPC		
C	LPS pharmacy contractors	Email consultation document	Send out an electronic link to the electronic copy of the consultation document with a link to the online response form.	No cost	GMCSU / LPC		
C	Local Pharmaceutical Committee	Email consultation document to LPC secretary	Send out an electronic link to the electronic copy of the consultation document with a link to the online response form.	No cost	GMCSU / LPC		
C	Local Medical Committee	Email consultation document to LMC secretary	Send out an electronic link to the electronic copy of the consultation document with a link to the online response form.	No cost	Comms team at LA		
	Local Authority Staff	Council internal communications campaign	Desktop wallpaper and Intranet homepage story to encourage staff to complete the online survey.	No cost	Comms team at LA		
	General population	Council social media Twitter Facebook	Post regular tweets with a link to the survey and submit content for Facebook	No cost	Comms team at LA		
C	Healthwatch	Email Healthwatch	Contact Health Watch to ask for support to encourage Link users to complete the survey	No cost	Comms team at LA		
C	NHS Acute Trusts	Send link to head of pharmacy	Send out an electronic link to the electronic copy of the consultation document with a link to the online response form.	No cost	Comms team at LA		
C	NHS Mental Health Trusts	Send link to head of pharmacy	Send out an electronic link to the electronic copy of the consultation document with a link to the online response form.	No cost	Comms team at LA		
	Local Commissioners	Patient groups at the local CCG	M&C to contact to ask for support for PPI group to complete the survey	No cost	Comms team at CCG/LA		
	MPs and Local councillor's	Email MP and Councillor's	Email sent to all MPs and councillors to make them aware of the survey and give more information about it.	No cost	Comms team at LA		

Stakeholder	Channel	Detail	Cost	Responsibility	Complete	Reach
Local Voluntary, Health and community Faith Groups	Email to other relevant groups and organisations to give information about the survey and ask for participation	<p>Below is an example of some groups this could be sent to:</p> <ul style="list-style-type: none"> • Prison Pharmacy's • Care UK • Asylum seekers • Schools • Colleges • Older People's Forum • Adult Safeguarding Board • Men's Action Group • Women's Centre • BME Forum • Interfaith Network • Community Committees • Carers Centre • MIND • Breathe Easy 	No cost	Comms team at LA		

6. Budget

It is advised that a budget is agreed with Public Health at a local level to be used to promote the consultation and to cover costs for printing out response forms, consultation documents and postage of forms back to GMCSU if needed.

7. Evaluation

A consultation report and an evaluation report will be provided by GMCSU. The Consultation report will analyse the feedback received and will also be used to update the final PNA. The evaluation report will be used to analyse the level of participants and the number of people engaged with.

TRAFFORD - ANALYSIS OF PNA CONSULTATION

The formal consultation period of this Pharmaceutical Needs Assessment (PNA) ran from 6th October 2013 until 13th December 2013. The draft PNA and consultation response form were issued to all of the stakeholders listed in appendix 2. The documents were posted on the intranet and internet.

- The number of responses received totalled 35.
- All 35 thought that the explanation of the PNA was sufficient.
- 31 thought that the PNA provided an adequate assessment of pharmaceutical services in the Manchester area.
- 30 thought that the PNA provided a satisfactory overview of the current and future pharmaceutical needs of the Manchester population.
- 28 thought that current pharmacy provision and services in Manchester is adequate.
- 32 out of the 35 agreed with the conclusion of the PNA.

The consultation responses were collated and analysed and the PNA amended where necessary. This is detailed in the table below.

Responder number	Category of response	Section of PNA	Actual response	Comment from PNA project group	Decision of Panel to amend PNA?	Date amendment made
3	Pharmacy systems	NA	As a care provider I have noticed that there are significant differences in the amount of information recorded on individual pharmacy labels. This makes it very difficult for Care providers to comply with CQC registration. Further discussions are required to ensure that all disciplines are able to achieve required standards.	This is relating to what prescribers write on prescriptions as instructions, as these inform the pharmacy labels. The issue has therefore been raised with Trafford CCG.	NO	
5	Survey format/ Results	5.2	The survey was very small, so consumer views were poorly represented	We cannot retrospectively amend who responded to the survey, but in future a more diverse advertisement of the surveys will be addressed.	NO	
5	Consultation format	5.2	This survey only has the options Yes or No. I would rather have an Unsure option, with room for comments for that option. For the next question, I'm responding both as a local resident and on behalf of an organisation.	Noted for future surveys.	NO	
6	Service provision	3.2.3	Services for young people to access emergency Contraception is limited across Trafford	This service is now undergoing a review. "Emergency Contraception by Pharmacy Trafford are working with commissioners across Greater Manchester, the Centre for Pharmacy Postgraduate Education and the Commissioning Support Unit to develop a new Pharmacy scheme. This revised scheme will cover emergency contraception (EHC), condoms and Chlamydia screening. The scheme will be rolled out in the New Year with programmes of training available for pharmacists. It is anticipated that this scheme along with targeted publicity will increase access to EHC by young people. Emergency contraception is also available through GP's and the newly commissioned Bridgewater Integrated sexual health service." This statement is now included within the document in section 3.2.3	YES	18/12/13
8	Data cleansing	6.1 - Pharmacy Demographics	There is no longer a Mail Order Pharmacy in Trafford. Bespoke closed. I think the new 100 hour Pharmacy in Timperley is missing. There are 7 x 100 hour Pharmacies not 6. This needs to be corrected throughout the document. Should there be a reference to the new 100 hours Pharmacy opening on Moorside road in Oct 2013?	The mail order pharmacy has been removed, However changes to pharmacy numbers and hours will occur throughout the life of this document. This information will be updated in a supplementary statement.	YES	18/12/13
8	Data cleansing	6.2 - Changes in the number of pharmacy contractors from 2011	6.2 This conflicts with 6.1 as it says there are no distance selling Pharmacies in Trafford. This is correct but 6.1 is not. The reference to Internet Pharmacy continues further along and needs to be removed.	This is an error- the distance selling pharmacy closed during the writing of the PNA so this has now been removed.	YES	18/12/13
8	Data cleansing	Chart 6	I am not convinced that the legend is correct. It states that the on average 37,577 items PER MONTH were prescribed in Trafford but Dispensed outside Trafford in the year April 12 to March 13. I think this should say the Total Number of Items dispensed outside Trafford in the whole year and not average per month.	This data was checked and found to be correct.	NO	
8	Opposition to proposed pharmacy changes	7.1 - Housing and Development	This refers to an opportunity for a new Pharmacy in a new up-dated local retail centre in Partington. A new updated centre does not meet there is a need or an opportunity for a new Pharmacy! However, the PNA has clearly stated earlier on that there is no need for another new Pharmacy in Trafford as there is no un-met need for Pharmaceutical Services. The un-met need for longer opening hours and week-end opening in Partington can be met by one of the existing providers	The statement has been amended to suggest that extended opening hours on Sundays are required for Partington, but that a new pharmacy outlet is not.	YES	08/01/14
8	General comment	whole document	Otherwise this is an excellent PNA wholly supportive of Pharmacy and protective of existing services.	Thank you	NO	
9	Survey format/ Results		Responses received from mainly white, british residents	see above comments	NO	
10	Data cleansing	Appendix 6	Rowlands Pharmacy on Plymouth Road in Sale no longer offers chlamydia screening.	We will amend	YES	17/12/13
11	Workforce development		Workforce development The PNA does not address the necessity of having regular training sessions for the pharmacy workforce. This underpins the consistent delivery of the services, so that the public can access these services freely from pharmacies. In summary ease of access to training for the pharmacy workforce is a key enabler to successful delivery of these services to the patient, and should be highlighted in the PNA.	Training requirements will be identified for each particular service within the service specification. This may involve self directed learning and self-accreditation	NO	

Responder number	Category of response	Section of PNA	Actual response	Comment from PNA project group	Decision of Panel to amend PNA?	Date amendment made
11	tendering for services	5.3	Quality The PNA refers to targeted delivery by a small number of pharmacies - section 5.3. There is a balance between having a quality service available and giving patient's access when it is convenient to them. The PNA demonstrates that the pharmacies collectively provide a wide range of hours over the week; so providing patient access could necessitate a larger number of pharmacies being trained to provide the desired coverage of services.	Coverage of service provision by all pharmacy contractors will be available to tackle health issues which need delivery over a borough wide area. However where a service is identified as required by a certain population or needs to be more targeted to a particular LSOA then the commissioners of that service should be able to direct the service to the most appropriate provider based on the desired health outcomes. We have reworded section 1.0 and 5.3 to be clearer.	YES	17/12/13
11	Data cleansing	Appendix 6 ; Appendix 8	Appendix 6 - Locally commissioned Services Services provided that are missing from Appendix 6 West - Boots Unit 4, Eden Square Shopping Centre - M41 0TT - provides SC (Smoking Cessation) and HL (Head Lice) - both services are missing from the Appendix 6, please add on. West - Boots 179 Canterbury Road - M41 0SE - provides EC (Emergency Hormonal Contraception) and MA (Minor Ailments) - both services are missing from the Appendix 6, please add on. Services listed that we do not currently provide - Appendix 6 West - Boots Unit 8A, Trafford Retail Park - M41 7FN - this pharmacy does not currently provide Chlamydia testing as listed in Appendix 6 - please remove West - Boots 179 Canterbury Road - M41 0SE - does not currently provide PC (Palliative Care) as currently listed in Appendix 6 - please remove Appendix 8 Opening Hours of Dispensing Contractors Central - Boots - 2 The Mall - M33 7XZ - the opening hours are 9am - 5.30pm Monday to Saturday, not as listed in appendix 8. Please amend West - Boots Unit 4, Eden Square Shopping Centre - M41 0TT - the opening hours are Monday to Saturday 9am - 5.30pm, not the ones listed in Appendix 8. Please amend West - Boots Unit 8A, Trafford Retail Park - M41 7FN - the correct pharmacy opening hours are 9.30am to 7pm Monday to Friday, Sat 9am - 6pm and Sunday 11am - 5pm. Please amend. Others Table 9 Saturday and Sunday opening - the table indicates that Timpereley has no pharmacy open on a Sunday, yet Appendix 8 indicates that Timpereley Pharmacy 250 Stockport Rd is open on a Sunday. Appendix 4, 6 & 8 all give reference to Superdrug pharmacy in South - 78 -84 George St - this has closed.	Appendix 6 and 8 have been amended. Timperley Pharmacy is in the village ward and therefore, we have included this in the table under the village. Superdrug pharmacy was closed after the PNA was written and therefore will be included in a supplementary statement	Yes	16/12/13
12	legal definition	Section 3	There are a number of comments to be made around 'section 3.0 Context of the PNA'. In section 3.2.1 it states 'whether a service falls within the scope of pharmaceutical services for the purpose of PNA depends on who the provider is and what is provided.' Pharmaceutical services are defined by legislation; this isn't clear from the current sentence.	The statement about what is covered in legislation is in section 3.2. The purpose of the PNA is to cover all services which may be regarded as pharmaceutical services and any other services which impact on the needs of the population.	NO	
12	Essential Services	3.2.2	Clinical Governance is listed as an essential service, though often consider in this category it technically isn't an essential service.	This information is taken from PSNC website as detailed by the references, however we agree that this is not an essential service but is classed as "other service requirement" so we have removed it from section 3.2.2 and Appendix 1.	YES	17/12/13
12	Advanced service	3.2.2	Under Advanced Services it states that the NMS service has been extended until September 2013, this has now been extended until December 2013.	This was correct at the time of writing, but this has been updated in section 3.2.2 and Appendix 1 to reflect the new information released in December 2013	YES	17/12/13
12	Enhanced services	3.2.2	Under Enhanced Service there is a typo 'are Home Services' instead of 'Care Home Services'.	Amended	YES	17/12/13
12	NHS changes	3.2.2	Also by the point of publication the pharmacy enhanced services will have been transferred back to NHS England.	Details of the transfer and timescales have been covered on page 11, 3.2.2.	NO	
12	NHS scope of services	3.4	In section 3.4 it states that prison and hospital pharmacy are out of the scope of the PNA, this is not in line with Schedule 1, Paragraph 5 of The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.	this has been amended	YES	17/12/13
12	Steering group	3.5	Section 3.5-there are concerns that NHS England did not form part of the steering group.	This has been noted and an invitation to attend steering group meeting will be extended for future revisions.	NO	
12	Last PNA	whole document	The last PNA was published in May 2011, not February 2010.	All the available PNAs on Trafford website are dated February 2010 Version 3. There have been subsequent updates and supplementary statements but the main PNA is still dated Feb 2010.	NO	
12	Localities	3.6	Section 3.6 explains that ward level was used for the localities. It is felt that this is too low a level to use. Many people are unaware where ward boundaries are and naturally flow between wards. Larger localities would be a more useful area. The PNA also alternates between wards and the four localities. The information contained does not give enough explanation to satisfy Schedule 1 paragraph 6(a).	For some data the locality level was too large as there is large variation within the locality. Therefore as described in section 3.6 both ward level data was used within this PNA. Health and Wellbeing Board (HWB) feel that the wards are well explained by map 1 and appendix 4. Localities were used in appendices 4, 6 and 8 to give a geographical context to the pharmacies, but decisions were made at ward level.	NO	

Responder number	Category of response	Section of PNA	Actual response	Comment from PNA project group	Decision of Panel to amend PNA?	Date amendment made
12	Necessary Services	whole document	there is very little detail around the pharmaceutical provision in Trafford. There are no statements to indicate if a pharmacy is deemed necessary or offering better access to satisfy Schedule 1 Paragraph 1 and 3.	<p>Pharmaceutical services are detailed throughout the PNA and appendix 6 lists those which are delivered by each community pharmacy.</p> <p>Schedule 1 paragraph 1 and 3 state: Necessary services: current provision</p> <p>1. A statement of the pharmaceutical services that the HWB has identified as services that are provided–</p> <p>(a)in the area of the HWB and which are necessary to meet the need for pharmaceutical services in its area; and .</p> <p>(b)outside the area of the HWB but which nevertheless contribute towards meeting the need for pharmaceutical services in its area (if the HWB has identified such services). 3. A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are provided–</p> <p>(a)in the area of the HWB and which, although they are not necessary to meet the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in its area; There is no requirement to discuss individual pharmacy contractors being necessary or providing better access, only that pharmaceutical service provision within a specific area meets the needs.</p> <p>The statement in Section 1.0 "The current Pharmacy services commissioned from Salford pharmacies, in addition to Pharmacy's NHS contract, lend themselves to assisting Salford's HWB in achieving the required outcomes identified as the health priorities outlined in their strategy." addresses this.</p>	NO	
12	Statement of Intent	3.2.3	There are many statements saying commissioners should consider pharmacy when looking at various services. The PNA should establish any current or future needs, not mealy suggest that pharmacy should be considered.	The statement below has been included in section 3.2.3 Public Health Services to make the intentions of the LA clearer. " Trafford Council recognise the important contribution that pharmacy can offer to the local population. It is the Council's intention to continue it's current locally commissioned services of observed consumption, needle exchange, emergency hormonal contraception, Chlamydia testing and treating, and nicotine replacement therapy. Review of these services is on going and Trafford Council will ensure that we continue to meet the needs of Trafford's population providing satisfactory access through suitable provider. Following this Trafford Council will be looking at all areas that pharmacy could support around the public health agenda and identified in this document along with provision by other providers, however, commissioning of new services will be dependent upon identification of adequate resources. Trafford Council will work with the Local Pharmaceutical Committee as the representative of community pharmacy. "		
7	Identification of Age near to Pharmacies	4.2	The PNA also suggests that pharmacies identify the age of their customers and ensure they are providing the most effective services for their local population; this should be the purpose of the PNA.	Age by ward is available from the Strategic Health Asset Planning and Evaluation (SHAPE) tool. SHAPE is free to NHS professionals and Local Authority professionals with a role in Public Health or Social Care. Access to the application is by formal registration and licence agreement at http://www.shape.dh.gov.uk/ . Pharmacies can access this tool to identify the percentages of the different age groups within their locality. Inclusion of a map detailing this was considered but would not provide sufficient detail within the page constraints to provide useable data. It should be noted that the age spread within the local population may not reflect that of the pharmacies customer base and pharmacies should be conscious of their individual population.	YES inclusion of reference to SHAPE tool for access to interactive mapping.	12/12/13
12	opening hours		It is unclear if a need is being identified for Sunday opening in certain wards. If a need is identified this should be clearly stated, i.e. exactly what the need is and where it is needed. A need would then allow any contractor- old or new- to fill that gap, a PNA cannot state only a current contractor can fill that need.	Changes have been made to make it clear that the Partington area and Sale Moor and Brookland wards would benefit from extended Sunday opening.	Yes	08/01/14
12	opening hours		this section talks about needing full day access on a Saturday and Sunday in each ward. It is unclear how that conclusion was made. No patient complaints about access have been noted; also no analysis of how easy it is for patients to access Saturday and Sunday services from alternative wards has been undertaken.	Changes have been made to make it clear that the Partington area and Sale Moor and Brookland wards would benefit from extended Sunday opening.	Yes	08/01/14
12	Data cleansing		The number of contractors in Trafford has now changed. Superdrug in Altrincham (40 hour contract) and Bespoke Pharmacy in Altrincham (distance selling) have both closed in recent months.	These changes occurred after the PNA draft was written. This information will be updated in the next PNA or supplementary statement.	NO	

Responder number	Category of response	Section of PNA	Actual response	Comment from PNA project group	Decision of Panel to amend PNA?	Date amendment made
12	Data cleansing		Timperley Pharmacy in Timperley (100 hour) has now open.	Timperley Pharmacy is on the boundary road between The Village and Timperley wards. However it is on the side of the road that falls into in the Village ward and therefore, we have included this in the table under the Village.	NO	16/12/13
12	formatting	whole document	Page numbers missing from large parts of the document.	Amended	YES	
12	key to map	Map 6	The map marking the pharmacies does not have a key, therefore making it difficult to identify the premises.	It is unfortunate that this is not included but we will include key to each pharmacy in our next PNA/ updated map.	NO	
12	terminology	whole document	The document refers to the Local Area Team, rather than the Area Team.	Amended	YES	
13	Data cleansing		The PNA states that there are some wards where increased opening hours on Saturdays and Sundays might be necessary. These include the following : • Partington - this is correct. • Sale Moor - the LPC disagrees that with the statement that there is no provision in Sale Moor, as this area has adequate provision by nearby pharmacies at Tesco and Sainsburys in Sale. • Sale - the LPC disagrees with the statement that there is no provision on Sundays, as Tesco and Sainsburys pharmacies both open on Sundays. • Brooklands - the 100 hour pharmacy at Tesco, Altrincham Road, serves this area at weekends.	The PNA has been amended to suggest that extended opening hours on Sundays are required for Partington, Sale Moor and Brooklands wards. The HWB made this decision after deliberation about the relative deprivation in these areas. All other wards with limited weekend hours are adequately covered by nearby pharmacies in other wards due to the ease of transport throughout the nearby area.	YES	08/01/14
13	Extended hours	6.4.3	Where the HWB feels the need for extended opening hours, they could discuss with NHS commissioning board (GM) to commission, for example, Christmas and New Year scheme, as has been done historically.	A section 6.5.3 Bank Holiday Opening has been added stating " Where the HWB identify a requirement for additional provision on a Bank Holiday or a named day under regulations, then there would be a requirement to consider either requesting NHS England to commission an enhanced service or the LA could commission a local service. "	YES	17/12/13
13	Training		The PNA does not include any plans for training in relation to services provided from pharmacies, to ensure continuity of service. Also, with an ageing population, training on dementia or prevention of trips and falls would be valuable.	Training requirements will be identified for each particular service within the service specification. This may involve self directed learning and self-accreditation. If a contractor identifies a training need (outside of a service) which would enhance the provision of their service to the local population it is incumbent on the individual pharmacy managers to source the appropriate training for their staff based on the needs of the population in their area.	NO	
14	Data cleansing	Appendix 8	Can you amend the following information on opening hours for our pharmacies in Appendix 8 pg 2 Cohens Chemist, Firsway health centre, 121 Firsway is now closed on a Saturday. pg 3 Cohens Chemist, 177 Ashley Road is closed 1-1.30pm for lunch Monday to Friday	Appendix 8 has been amended. Amend Saturday opening table 10.	YES	16/12/13
18	Quality of service provision		Insufficient detail re quality of service.	There had been no service reviews carried out by the commissioners at the time of writing because they had recently taken over the services from the previous PCT. Any future service reviews should include quality of service and how they met the desired health outcomes. These will be included in future iterations of the PNA.	NO	
18	Future provision	7.3	Need to consider compliance aids especially as the elderly population increases esp those with dementia. Much of the document looks at access to pharmacies rather than pharmaceutical needs. Too much focus on the current range of pharmacy services esp dispensing rather than developing novel services to meet emerging needs	Table 7 in section 7.3 looks at how pharmacy can meet the identified gaps in areas relating to Trafford's Joint Strategic Needs Assessment. Examples of how commissioners can develop services that pharmacies can deliver to the public are set out in the column titled "How could community pharmacy meet the needs in the future"	NO	
18	Mapping	general	Very difficult to establish from this document. Number of pharmacies seems ok but no idea of quality of service provision. Need quantitative data re extended service provision mapped against disease prevalence by ward.	Mapping of service provision over health statistics would be useful and this will be considered in future PNAs/ supplementary statements.	NO	
18	Mental health	7.3	No mention under other providers of community drug and alcohol teams or secondary mental health services, specialist services eg TES RADAR. No consideration of future clinical roles eg reviewing prescribing for dementia patients, administration of depots	Consideration of future roles for pharmacy to impact on a reduction in alcohol and substance misuse, to support people with enduring mental health needs, including dementia to live healthier lives, and to reduce the occurrence of common mental health problems among adults are set out in Table 7 section 7.3	NO	
19	Minor Ailment Scheme	Appendix 7	1. There is a public demand for a more comprehensive minor ailment scheme, which if rolled out across Trafford would be of benefit to patients.	The public survey identified that 56% (23) of respondents would use a Minor Ailment Service if available but that only 24% (9) respondents out of 38 had actually used the service. Whilst 74% (28) had not used it and 3% (1) did not know what the service was. This suggests that the service is not well used even though available and perhaps this is because awareness of the service is not high. It would seem appropriate to embed the current service effectively before expanding it	NO	
19	MURs	7.3	2. The commissioners should consider additional services by agreed targeted MURs which would meet local needs and targeting inequalities in health. Beneficial outcomes would be keeping older people out of hospital, 0 -14 year old vaccination programmes, health promotion, and managing ethnic groups who have high rates of diabetes.	Agreed, this was addressed in the gap analysis table in section 7.3 e.g. under outcome 2: priority 6 to reduce the number of CVD early deaths it states "Use pharmacists as part of a multidisciplinary team to help patients understand and manage long term conditions more effectively e.g. via targeted MURs, supplementary prescribing pharmacist clinics or other innovative mechanisms."	NO	
19	opening hours	6.5.3	3. We suggest that a weekend and bank holiday rota in Partington by the existing contractors would benefit patients.	This is a suggestion which the commissioners could consider to address a lack of opening hours. We have added this suggestion to section 6.5.3	YES	17/12/13
19	opening hours	6.5.2	4. We do not agree that Sale Moor, Sale and Brooklands wards require extended hours of pharmacy services as there are sufficient 100 hour pharmacies in Tescos and Sainsburys in Sale and Altrincham.	HWB decided that changes to the pharmacy opening hours for Partington, Sale Moor and Brooklands would benefit these deprived areas and increase access to healthcare services.	YES	08/01/14

Responder number	Category of response	Section of PNA	Actual response	Comment from PNA project group	Decision of Panel to amend PNA?	Date amendment made
19	opening hours		5. The new 100 hour pharmacy in Tesco on Chester Road provides an out of hours service for residents of Stretford and Old Trafford.	The PNA looked at the wards where there was limited opening hours on Saturdays and Sundays. This did not include Stretford or Old Trafford so there is no need to amend anything relating to these areas	NO	
20	choice of pharmacy	whole document	I have more than enough choice of pharmacies in Altrincham.	Thank you	NO	
21	choice of pharmacy	whole document	Very happy with level of service and choice in my locality.	Thank you	NO	
22	choice of pharmacy	whole document	Many choices of pharmacy in altrincham and hale. Good hours opened and is always one open when I need it. Good levels of service.	Thank you	NO	
23	choice of pharmacy	whole document	Excellent choice pharmacies in Hale and nearby Altrincham. I use them as first port of call rather than the GP's due to long wait for appointments	Thank you	NO	
24	choice of pharmacy	whole document	Very satisfied with local pharmacies.	Thank you	NO	
25	choice of pharmacy	whole document	Good pharmacy services in this area. Also available at weekends if necessary, although I do not usually require anything at weekends.	Thank you	NO	
26	choice of pharmacy	whole document	Very pleased with provision in Bowdon and Altrincham	Thank you	NO	
27	opening hours		There weekend services are fine as there is now tesco pharmacy	Thank you	NO	
28	Service provision		First, we wish to comment further on 6.2 para2, and in the conclusions of 6.6... There is no reason at all that pharmacy numbers need to expand with the population figure as they have done since the last PNA, given that there are 27 pharmacies in Trafford per 100,000 people vs 21 in England as a whole. Pharmacies now actually need to exploit economies of scale instead, and they are expected to in the Pharmacy Contract which is paying less for more work annually. Too many pharmacies saddles the public with establishment and practice payments (lumpsums them with fixed cost), while the existing pharmacy network is STILL not utilised fully for the full range of Enhanced Services. Indeed, yet another 100-hour pharmacy has opened in Urmston, making 3 for this important but small part of Trafford. Priority should go to expanding services through the whole existing base.	It is agreed that focus needs to be on delivery of effective services to the patients in locations where the need is greatest. The number of pharmacies per 100,000 population is documented in section 6.4.1 The numbers of pharmacies increasing in line with the population is another way of identifying the change in pharmacy numbers since the last PNA.	NO	
28	Data cleansing	6.1	Our second point is: does the comment in Section 6.1 that there is "ONE pharmacy that delivers wholly mail-order or internet based pharmacy services," conflict with the statement in Section 6.2 that, "...there are still no distance selling pharmacies (internet pharmacies) within Trafford"?	This is an error- the distance selling pharmacy closed during the writing of the PNA so this has now been removed.	YES	18/12/13
28	distance selling pharmacy	6.4.2	Our third point relates to the table in 6.4.2 on page 34 where a footnote states, "this list does not include the distance selling pharmacy as their services are designed to be used by a wider population." The authors should check whether the trade is national, as thought, or predominantly local Trafford prescription trade because this assumption may be unfounded.	Due to removal of the distance selling pharmacy this comment has been deleted	YES	18/12/13
28	Opening hours		Point 4: With respect to Saturday and Sunday opening, in Urmston there are now three one hundred hour pharmacies (including the one by the General Hospital) open on Sats and Sundays and Boots and the Co-op also open Saturday afternoons, meaning that provision to pharmaceutical services is very good at the weekends. We agree with the final concluding sentence of Section 6.4.3.	Agreed- the conclusion stated that those wards with limited weekend opening should be considered for extension of current opening hours. Urmston is not one of these wards as seen from Table 10 section 6.5	No	
28	dispensed prescriptions	6.6	Finally, in the conclusion of 6.6 that, "approximately 87% of prescriptions generated by Trafford prescribers are dispensed by Trafford pharmacies," this is not in the least surprising nor any cause for worry. Trafford borders on the conurbations to the north, east and west and some cross over of prescriptions (by patient choice both ways) across city boundaries is natural and inevitable.	Agreed; as outlined in the conclusion the number of pharmacy outlets are sufficient to deal with this number of prescriptions.	No	
28	opening hours		First, we point out that Electoral Ward boundaries are not always good proxies for directly comparing the provision pharmaceutical services (although they are a convenient proxy). It must be noted that good routes and provision from pharmacies near the edges of boundaries needs also to be taken into account before condemning an electoral ward as having poor provision or gaps. e.g. There are many bus routes from wards around Urmston directly into Urmston or to the hospital area where there are numerous 100 hour pharmacies. In the round, the conclusion would be that there is excellent pharmacy provision in the Urmston area. Second point: Where prescriptions are dispensed is	see comment above	NO	
28	Number of pharmacies		Point 1: We generally agree that pharmaceutical provision in terms of numbers of pharmacies is very good.	Agree	NO	
28	tendering for services	5.3	Point 2: We suggest that the best way forward is to commission enhanced services to all pharmacies in Trafford equally. We have frequently applied but commissioning is rationed in very many cases for the services in Appendix 6. Patients with various health issues do not line up for a pharmacy because of its commissioned specialism they go to their preferred pharmacy and expect treatment available not to be rationed by 'postcode' lottery. We are ready willing to provide ALL such services.	see above comments	YES	17/12/13
28	Data cleansing	whole document	Point 3: The name should be Reeds Pharmacy rather than Reeds Chemist in all instances that Reeds is referred to.	All appendices amended.	Yes	16/12/13
28	addition of comments	appendix 3	Point 4: We trust that our results to the survey in Appendix 4.	The comments are included in Appendix 3 consultation analysis	YES	18/12/13
28	Service provision	appendix 6	Point 5: We are commissioned to carry out the smoking cessation enhanced service at Reeds Pharmacy, so please amend.	Appendix 6 amended.	Yes	16/12/13
33	opening hours		pharmacy services are good in the area, and if need a prescription at weekend, now there is a Tesco pharmacy open Sat and Sunday	we presume this is talking about the Sale area. See comments above.	YES	08/01/14

Responder number	Category of response	Section of PNA	Actual response	Comment from PNA project group	Decision of Panel to amend PNA?	Date amendment made
34	Service provision		In Appendix 6 - Trafford Locally Commissioned Services, not all services are listed correctly. Davey's Chemist provide Smoking Cessation, which has been omitted from the commissioned services table. Flu vaccinations are also delivered and this is not included in the commissioned services table.	Appendix 6 amended. Flu vaccinations will be included in the supplementary statement as this information was not available at the time of writing	Yes	16/12/13
34	Service provision		What percentage of the target population have the GP's screened with a NHS Health Check to date? If the GP's are not meeting the need, pharmacy should be providing the NHS Health Checks, as they are delivering successfully nationally in pockets of excellence.	This will be addressed as part of a service review	No	
34	opening hours		What evidence is there that people in Partington want to access a pharmacy on Saturday afternoons and Sundays? I have no evidence of this need and have not received any complaints in relation to the current pharmacy opening hours.	Bucklow - St - Martins ward have had no responses to the public survey - so no direct evidence from patients however Partington is separated from the other pharmacies by a distance of 5 miles which is outside of the walking range of most people and as Partington is one of the areas with the highest health needs in Trafford it was determined that extended hours over a weekend would be appropriate. Particularly in light of the proposed commercial development in the area which may cause an influx of people over a weekend.	NO	
34	Data cleansing		Davey's Chemist is on a main road and is open Monday to Friday, 8.30am - 6.30pm and 9am - 12pm on a Saturday. Davey's Chemist also provide rota service on all Bank Holidays as requested by NHS England (formerly Trafford PCT).	All information is correct. A section has been added regarding provision for bank holiday rotas in 6.5.3	YES	16/12/13
34	Service provision	3.2.3	Due to the high teenage pregnancy statistics in the area, I feel there is a need for further EHC provision in Partington and Chlamydia Screening, which is not currently available in Partington.	Emergency Contraception by Pharmacy Trafford are working with commissioners across Greater Manchester, the Centre for Pharmacy Postgraduate Education and the Commissioning Support Unit to develop a new Pharmacy scheme. This revised scheme will cover emergency contraception (EHC), condoms and Chlamydia screening. The scheme will be rolled out in the New Year with programmes of training available for pharmacists. It is anticipated that this scheme along with targeted publicity will increase access to EHC by young people. Emergency contraception is also available through GP's and the newly commissioned Bridgewater Integrated sexual health service. This statement is now included within the document in section 3.2.3	YES	17/12/13
34			Do you agree that Pharmacy is best placed to reach and deliver health to 'hard to reach' groups?	This will be dependant on the health target identified and the outcomes of a whole service review	NO	
34	access to services	4.4	There should be an increase in commissioned services, that could be reflected in increased access in the deprived areas of Trafford. If the NHS Health Check was available and more accessible i.e. through Pharmacy, more interventions could take place to improve the health of the borough. Pharmacy is proven to be a comfortable, trusted, accessible and confidential venue for delivery with trusted and trained professionals always there for consultation without appointment.	agreed; pharmacy is well suited to meet the need of many services. This is outlined in section 4.4 "Pharmacies could be considered as a place where these health checks can be carried out as they are locally accessible, and some have extended opening hours to reach people who cannot attend standard clinic times."	NO	
34	Fulfilling an identified need		If a change of the current pharmacy opening hours was needed to be beneficial to the local community in Partington, prior to or following any new developments, as Davey's Chemist are a current willing and able provider of pharmacy services, that need could be filled without opening an additional Pharmacy, which would be unnecessary and costly to Trafford NHS.	How the hours are met cannot be defined within the PNA as this is a statement of need. If a current contractor decided to increase the hours to meet this demand then an update to the PNA would be made to show that the identified need had been met, so that any new contractor applying on the basis of fulfilling the identified need would no longer be necessary.	No	
Karen Cooney			I have checked the information and ticked if correct and crossed if wrong. Only a couple that I am not 100% sure about.	Amended	YES	17/12/13
	Tendering for Services		Also, where there is a review of enhanced services, the norm must be that all contractors should be given equal opportunity to participate in service provision for the benefit of the whole population in the HWB area. Where there exists a clearly identified need for a particular service in a particular area, only then should there be a more directed service.	statement changed; see above comment	YES	17/12/13

Appendix 4 – Pharmacies listed by Locality and Ward

Pharmacy	Address1	Address2	Postcode	Ward	Locality
BROOKS BAR PHARMACY	162 - 164 CHORLTON ROAD	TRAFFORD	M16 7WW	CLIFFORD	NORTH
G PENNANT ROBERTS	137 AYRES ROAD	OLD TRAFFORD	M16 9WR	CLIFFORD	NORTH
THE CO-OPERATIVE PHARMACY	201 UPPER CHORLTON ROAD	OLD TRAFFORD	M16 0BH	CLIFFORD	NORTH
THE CO-OPERATIVE PHARMACY	65 AYRES ROAD	OLD TRAFFORD	M16 9NH	CLIFFORD	NORTH
ASDA PHARMACY	ASDA SUPERSTORE, BARTON DOCK ROAD	TRAFFORD PARK	M41 7ZA	DAVYHULME EAST	NORTH
BOOTS	10 PEEL AVENUE	TRAFFORD CENTRE	M17 8BD	DAVYHULME EAST	NORTH
GORSE HILL PHARMACY	874 CHESTER ROAD	STRETFORD	M32 0PA	GORSE HILL	NORTH
LOSTOCK PHARMACY	LOSTOCK PHARMACY, 431 BARTON ROAD	STRETFORD	M32 9PA	GORSE HILL	NORTH
TESCO INSTORE PHARMACY	CHESTER ROAD	STRETFORD	M32 0RW	GORSE HILL	NORTH
C&T ASSOCIATES	77 GREAT STONE ROAD	STRETFORD	M32 8GR	LONGFORD	NORTH
ROWLAND PHARMACY	6 LIME GROVE	OLD TRAFFORD	M16 0WL	LONGFORD	NORTH
BOOTS	69 - 72 THE MALL, STRETFORD ARNDALE	STRETFORD	M32 9BD	STRETFORD	NORTH
LLOYDS PHARMACY	THE DELAMERE CENTRE, DELAMERE AVENUE	STRETFORD	M32 0DF	STRETFORD	NORTH
THE CO-OPERATIVE PHARMACY	92 MITFORD STREET	STRETFORD	M32 8AQ	STRETFORD	NORTH

Pharmacy	Address1	Address2	Postcode	Ward	Locality
VILLAGE PHARMACY	23 GREEN LANE, ASHTON ON MERSEY	STRETFORD	M33 5PN	ASHTON UPON MERSEY	CENTRAL
MAI'S PHARMACY LTD	10 NORTH PARADE, DERBYSHIRE RD SOUTH	SALE	M33 3JS	BROOKLANDS	CENTRAL
THE CO-OPERATIVE PHARMACY	2 EASTWAY	SALE	M33 4DX	BROOKLANDS	CENTRAL
ROWLAND PHARMACY	16 PLYMOUTH ROAD, ASHTON ON MERSEY	SALE	M33 5JD	BUCKLOW ST MARTINS	CENTRAL
BOOTS	2 THE MALL	SALE	M33 7XZ	PRIORY	CENTRAL
HOLLOWOOD CHEMIST	69 WASHWAY ROAD	SALE	M33 7SS	PRIORY	CENTRAL
SAINSBURY'S PHARMACY	SAINSBURY'S SUPERSTORE, CURZON RD	SALE	M33 7SA	PRIORY	CENTRAL
TESCO - THE PHARMACY	TESCO STORES PLC, HEREFORD STREET	SALE	M33 7XN	PRIORY	CENTRAL
JOHN HUGALL	143 NORTHENDEN ROAD	SALE	M33 3HF	SALE MOOR	CENTRAL
ROWLAND PHARMACY	331 NORRIS ROAD	SALE	M33 2UP	SALE MOOR	CENTRAL
COHENS CHEMIST	FIRSWAY HEALTH CENTRE, 121 FIRSWAY	SALE	M33 4BR	ST MARY'S	CENTRAL
ROWLAND PHARMACY	54 COPPICE AVENUE	SALE	M33 4WB	ST MARY'S	CENTRAL
BOOTS	1 STAMFORD QUARTER	ALTRINCHAM	WA14 1RJ	ALTRINCHAM	SOUTH
BROADHEATH PHARMACY	70 MANCHESTER ROAD	ALTRINCHAM	WA14 4PJ	ALTRINCHAM	SOUTH
HELGASON PHARMACY	8 ASHLEY ROAD	ALTRINCHAM	WA14 2DW	ALTRINCHAM	SOUTH
OLDFIELD PHARMACY	128 SEAMONS ROAD	ALTRINCHAM	WA14 4LJ	ALTRINCHAM	SOUTH

Pharmacy	Address1	Address2	Postcode	Ward	Locality
ROWLANDS PHARMACY	LLOYD HOUSE	ALTRINCHAM	WA14 2DD	ALTRINCHAM	SOUTH
SUPERDRUG PHARMACY	78 - 84 GEORGE STREET	ALTRINCHAM	WA14 1RF	ALTRINCHAM	SOUTH
SAINSBURY'S PHARMACY	LLOYD STREET	ALTRINCHAM	WA14 2SU	BOWDON	SOUTH
BOWDON PHARMACY	6 VALE VIEW	ALTRINCHAM	WA14 3BD	BOWDON	SOUTH
BOOTS	UNIT 8B, ALTRINCHAM RETAIL PARK	ALTRINCHAM	WA14 5GR	BROADHEATH	SOUTH
PELICAN PHARMACY	344 MANCHESTER ROAD	ALTRINCHAM	WA14 5NH	BROADHEATH	SOUTH
TERRY'S CHEMIST	28 SINDERLAND ROAD	ALTRINCHAM	WA14 5ET	BROADHEATH	SOUTH
HALE BARNES PHARMACY	311-313 HALE ROAD	ALTRINCHAM	WA15 8SS	HALE BARNES	SOUTH
LLOYDS PHARMACY	321 HALE ROAD	ALTRINCHAM	WA15 8SS	HALE BARNES	SOUTH
LLOYDS PHARMACY	186 GROVE LANE	ALTRINCHAM	WA15 8PU	HALE BARNES	SOUTH
BARRY BLADON	219 ASHLEY ROAD	ALTRINCHAM	WA15 9SZ	HALE CENTRAL	SOUTH
COHENS CHEMIST	177 ASHLEY ROAD	ALTRINCHAM	WA15 9SD	HALE CENTRAL	SOUTH
TESCO PHARMACY	TESCO SUPERSTORE	ALTRINCHAM	WA15 9QT	HALE CENTRAL	SOUTH
RIDDINGS PHARMACY	38 RIDDINGS ROAD	ALTRINCHAM	WA15 6BP	TIMPERLEY	SOUTH
STATION PHARMACY	102 PARK ROAD	ALTRINCHAM	WA15 6TE	TIMPERLEY	SOUTH
BROOMWOOD PHARMACY	63 BRIARFIELD ROAD	ALTRINCHAM	WA15 7DD	VILLAGE	SOUTH

Pharmacy	Address1	Address2	Postcode	Ward	Locality
THE CO-OPERATIVE PHARMACY	238 STOCKPORT ROAD	ALTRINCHAM	WA15 7UN	VILLAGE	SOUTH
TIMPERLEY PHARMACY	250 STOCKPORT ROAD	ALTRINCHAM	WA15 7UN	VILLAGE	SOUTH
DAVEY CHEMISTS	14A WARBURTON LANE	PARTINGTON	M31 4WJ	BUCKLOW ST MARTINS	WEST
THE CO-OPERATIVE PHARMACY	PARTINGTON HEALTH CENTRE, 91 CENTRAL ROAD	PARTINGTON	M31 4FY	BUCKLOW ST MARTINS	WEST
BOOTS	179 CANTERBURY ROAD	URMSTON	M41 0SE	DAVYHULME EAST	WEST
BOOTS	UNIT 8A, TRAFFORD RETAIL PARK, NEARY WAY	URMSTON	M41 7FN	DAVYHULME WEST	WEST
LLOYDS PHARMACY	DAVYHULME MEDICAL CENTRE, 130 BROADWAY	URMSTON	M41 7WJ	DAVYHULME WEST	WEST
THE CO-OPERATIVE PHARMACY	475 MOORSIDE ROAD	URMSTON	M41 8TW	DAVYHULME WEST	WEST
THE CO-OPERATIVE PHARMACY	10 WOODSEND CIRCLE	URMSTON	M41 8GY	DAVYHULME WEST	WEST
REEDS PHARMACY	182 CHURCH ROAD	URMSTON	M41 9FD	FLIXTON	WEST
BOOTS	UNIT 4, EDEN SQUARE SHOPPING CENTRE	URMSTON	M41 0NA	URMSTON	WEST
LLOYDS PHARMACY	3 CROFTS BANK ROAD	URMSTON	M41 0TZ	URMSTON	WEST
MALCOLM'S PHARMACY	28 FLIXTON ROAD	URMSTON	M41 5AA	URMSTON	WEST
SAINSBURYS PHARMACY	UNIT 24, EDEN SQUARE SHOPPING CENTRE	URMSTON	M41 0NA	URMSTON	WEST
THE CO-OPERATIVE PHARMACY	2 STATION BRIDGE, STATION ROAD	URMSTON	M41 9SB	URMSTON	WEST
URMSTON PHARMACY	287B STRETFORD ROAD	URMSTON	M41 9NU	URMSTON	WEST

APPENDIX 5 – Pharmacy Contractor Survey Summary

A survey was created and ran from the 5th July 2013 until the 2nd August 2013 to gather information from pharmacies with regards to the services they provide to the public.

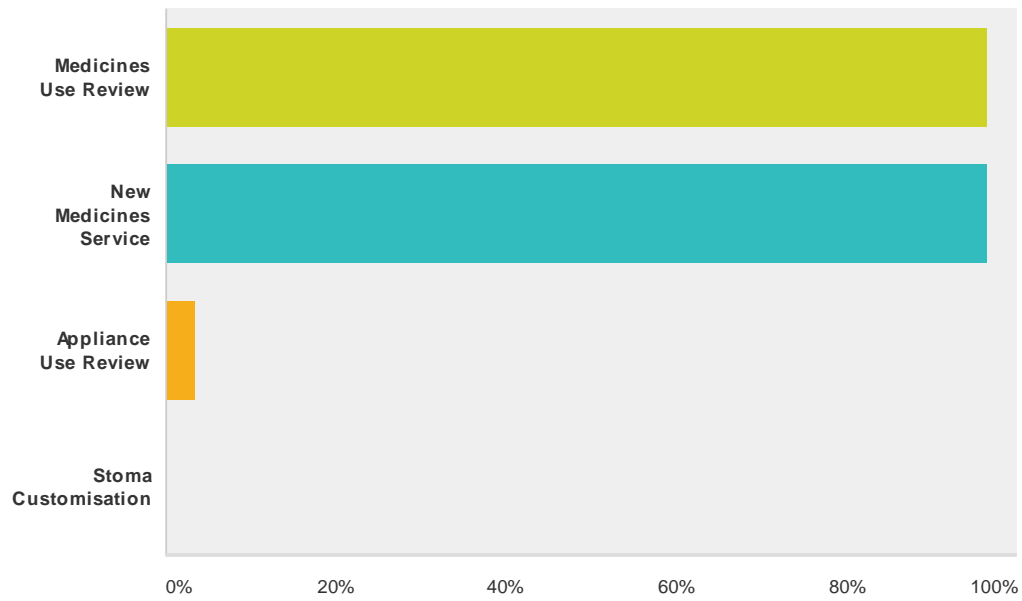
The survey received responses from 29 pharmacies out of 63 pharmacy contractors in Trafford.

Where analysis does not meet 29 responses, this is due to pharmacies omitting to answer certain questions.

The response to questions 1, 2 and 3 with regards to the pharmacy's contact details and opening hours have been incorporated in appendix 8.

Q4 Which of these advanced services do you CURRENTLY provide?

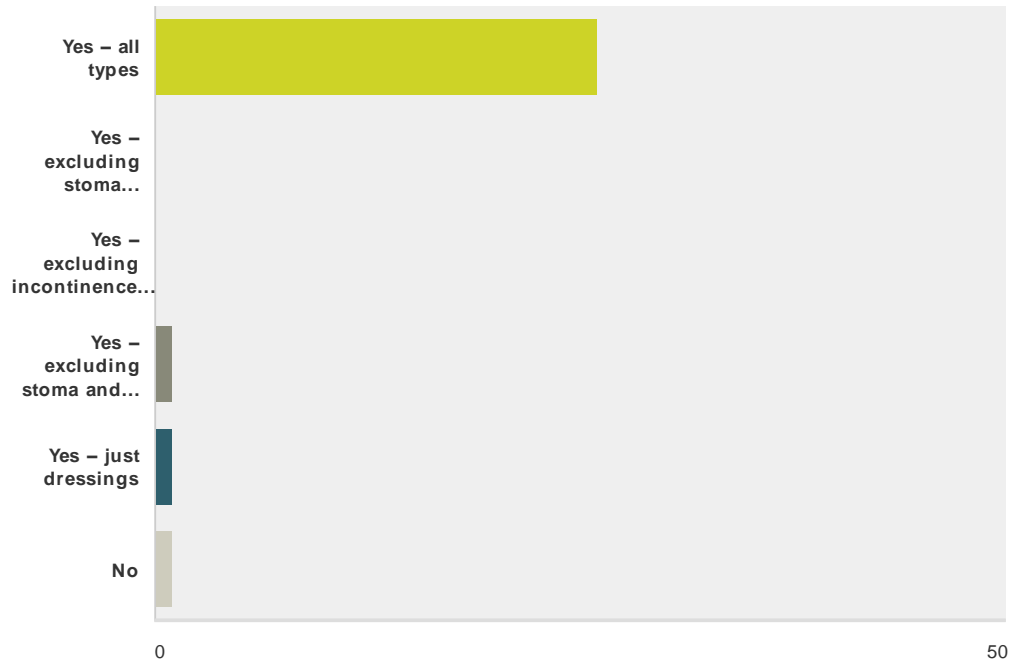
Answered: 29 Skipped: 0



Answer Choices	Responses
Medicines Use Review	96.55% 28
New Medicines Service	96.55% 28
Appliance Use Review	3.45% 1
Stoma Customisation	0% 0
Total Respondents: 29	

Q5 Does the pharmacy dispense appliances? Please tick on box only.

Answered: 29 Skipped: 0

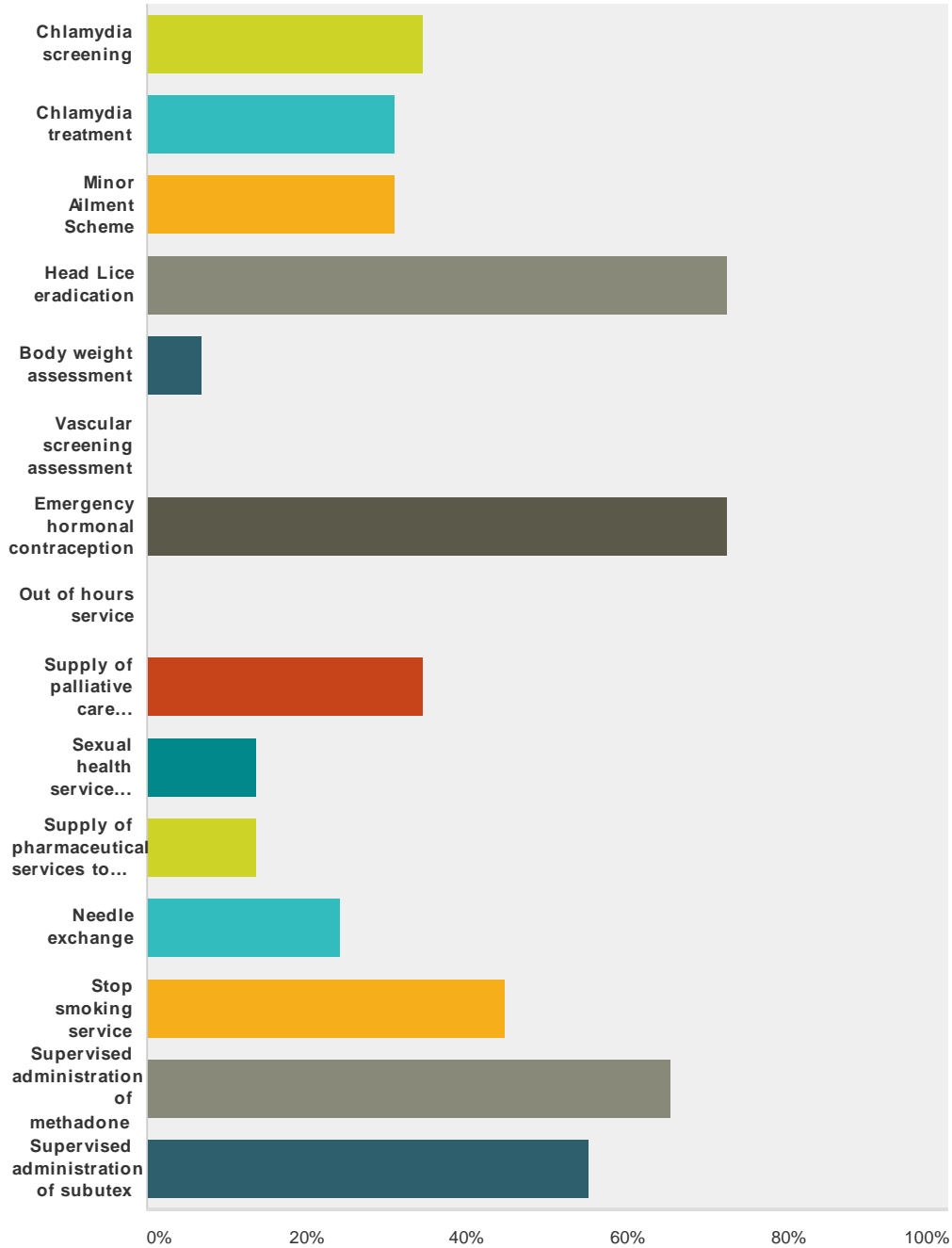


Answer Choices	Responses
Yes - all types	89.66% 26
Yes - excluding stoma appliances	0% 0
Yes - excluding incontinence appliances	0% 0
Yes - excluding stoma and incontinence appliances	3.45% 1
Yes - just dressings	3.45% 1
No	3.45% 1
Total	29

#	Other (please specify)	Date
1	None	7/16/2013 5:38 AM

Q6 Which of these locally commissioned services do you CURRENTLY provide? This survey relates to three Local Authority areas so the services listed here may not be available in your locality.

Answered: 29 Skipped: 0



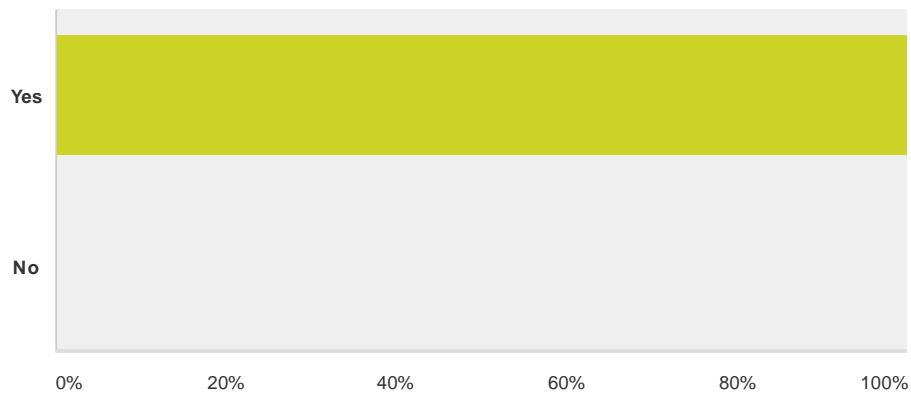
Answer Choices	Responses
Chlamydia screening	34.48% 10
Chlamydia treatment	31.03% 9
Minor Ailment Scheme	31.03% 9
Head Lice eradication	72.41% 21

Body weight assessment	6.90%	2
Vascular screening assessment	0%	0
Emergency hormonal contraception	72.41%	21
Out of hours service	0%	0
Supply of palliative care medicines	34.48%	10
Sexual health service including supply contraception of under patient group direction	13.79%	4
Supply of pharmaceutical services to care homes	13.79%	4
Needle exchange	24.14%	7
Stop smoking service	44.83%	13
Supervised administration of methadone	65.52%	19
Supervised administration of subutex	55.17%	16
Total Respondents: 29		

#	Other (please specify)	Date
1	MDS Trays for patients	7/16/2013 5:38 AM

Q7 Can customers legally park within 50 metres of the Pharmacy? Please tick one box only.

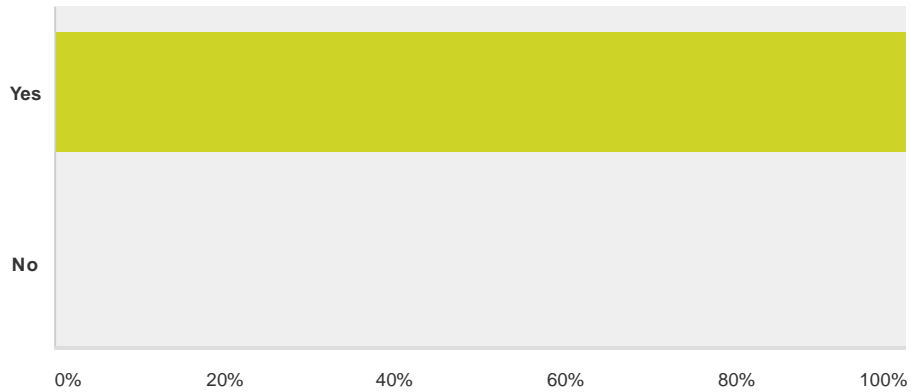
Answered: 28 Skipped: 1



Answer Choices	Responses
Yes	100% 28
No	0% 0
Total	28

Q8 Is there a bus stop within walking distance of the Pharmacy? Please tick one box only.

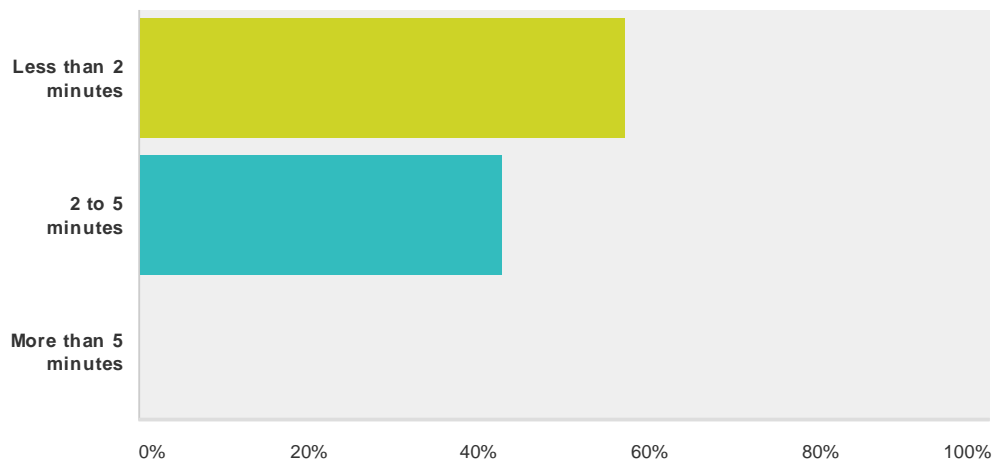
Answered: 28 Skipped: 1



Answer Choices	Responses	
Yes	100%	28
No	0%	0
Total		28

Q9 If yes, how long does the walk take? (Please tick one box only)

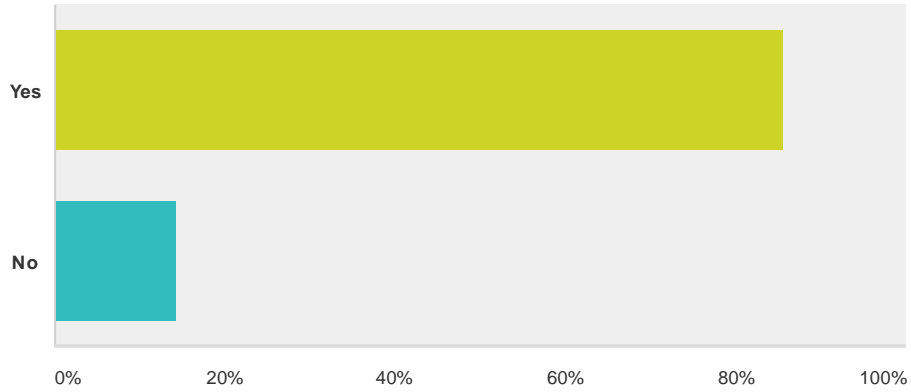
Answered: 28 Skipped: 1



Answer Choices	Responses	
Less than 2 minutes	57.14%	16
2 to 5 minutes	42.86%	12
More than 5 minutes	0%	0
Total		28

Q10 Can disabled customers park within 10 metres of your Pharmacy? (with a 'blue badge') Please tick one box only.

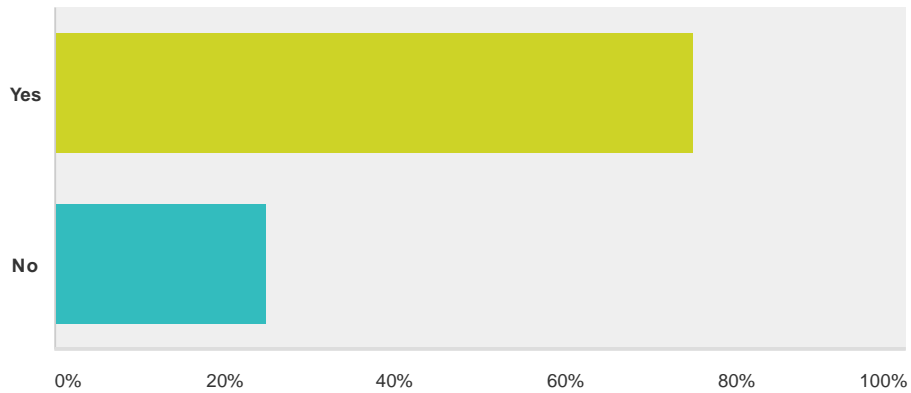
Answered: 28 Skipped: 1



Answer Choices	Responses	
Yes	85.71%	24
No	14.29%	4
Total		28

Q11 Is the entrance to the pharmacy suitable for wheelchair access unaided? Please tick one box only.

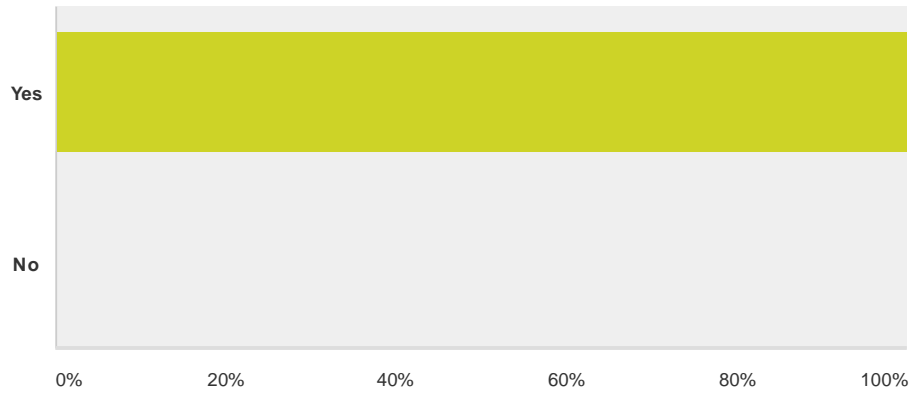
Answered: 28 Skipped: 1



Answer Choices	Responses	
Yes	75%	21
No	25%	7
Total		28

Q12 Are all areas of the pharmacy floor accessible by wheelchair? Please tick one box only.

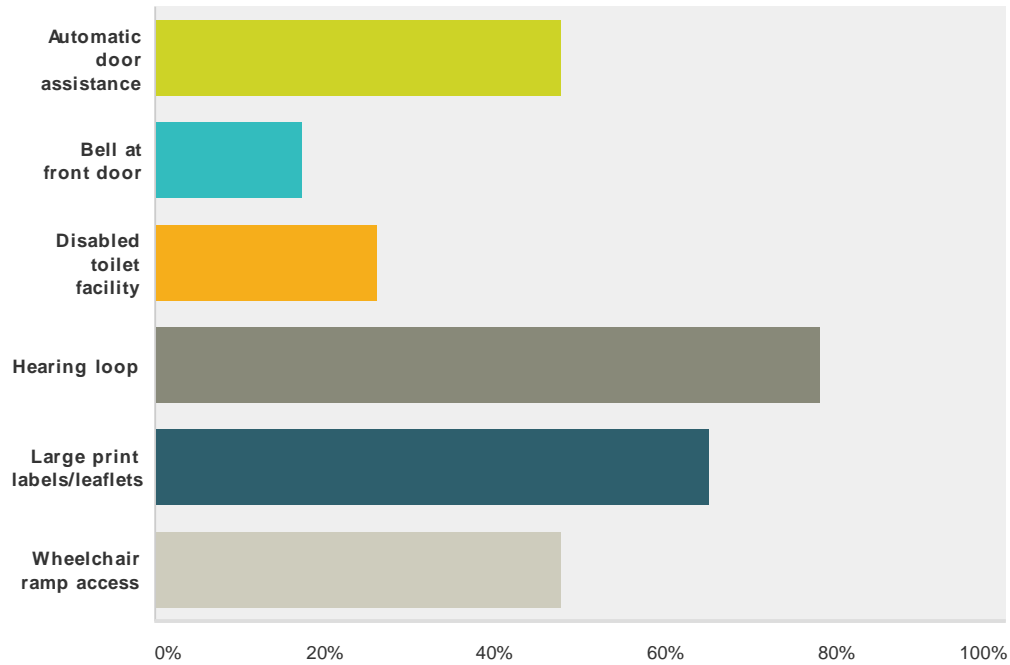
Answered: 28 Skipped: 1



Answer Choices	Responses	
Yes	100%	28
No	0%	0
Total		28

Q13 Do you have other facilities in the pharmacy aimed at helping disabled people access your services? Please tick as many answers as appropriate.

Answered: 23 Skipped: 6



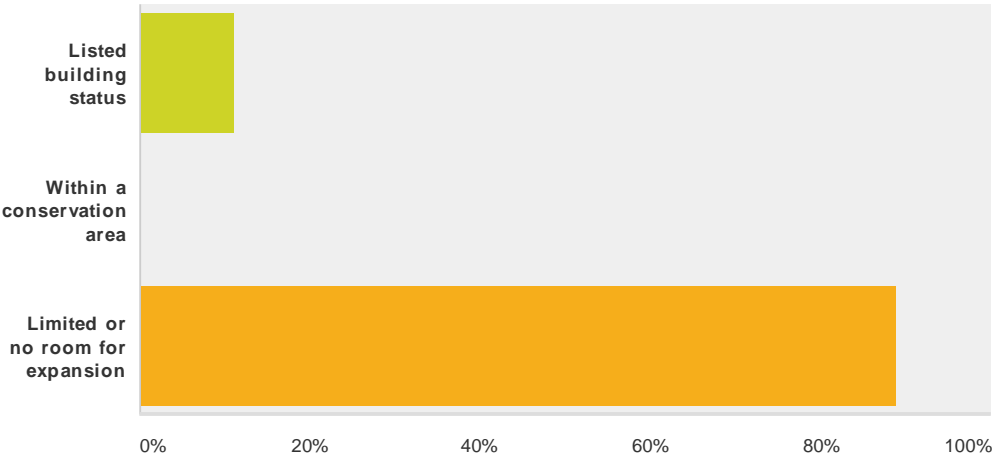
Answer Choices	Responses
Automatic door assistance	47.83% 11
Bell at front door	17.39% 4
Disabled toilet facility	26.09% 6
Hearing loop	78.26% 18
Large print labels/leaflets	65.22% 15
Wheelchair ramp access	47.83% 11

Total Respondents: 23

#	Other (please specify)	Date
1	Sign to assist disabled people in entering the pharmacy	7/16/2013 5:35 AM
2	Flat floor automatic front door. so person in wheel chair does not need a ramp or to ring a bell	7/16/2013 3:32 AM
3	signing aid , magnifying sheets to enlarge print,easy to use pens f or those with difficulting gripping a normal sized pen	7/16/2013 2:49 AM

Q14 Are the premises subject to any of the following development constraints? Please tick as many answers as appropriate.

Answered: 9 Skipped: 20

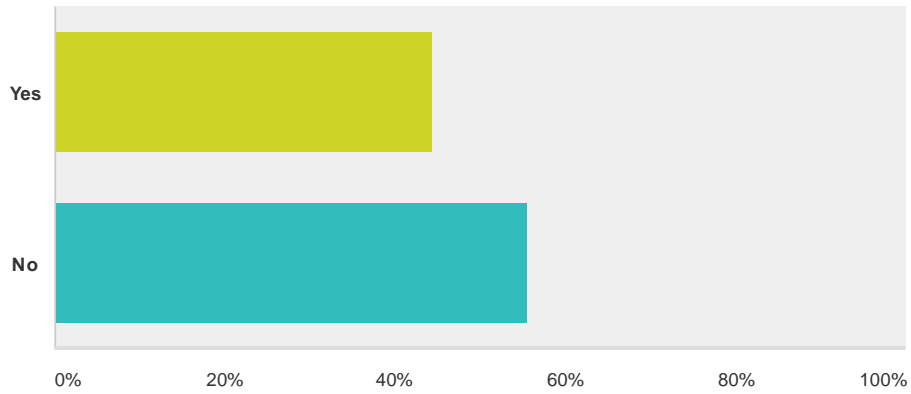


Answer Choices	Responses
Listed building status	11.11% 1
Within a conservation area	0% 0
Limited or no room for expansion	88.89% 8
Total Respondents: 9	

#	Other (please specify)	Date
1	No Constraints	7/16/2013 5:01 AM

Q15 Do the premises have toilets that patients can access for screening? Please tick one box only.

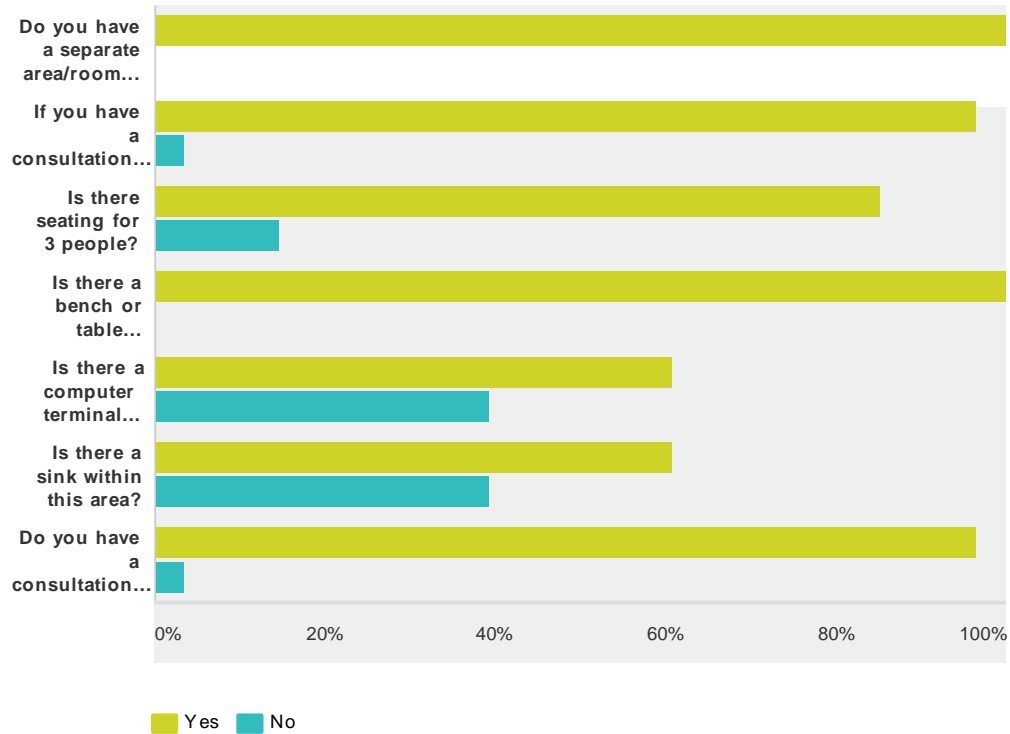
Answered: 27 Skipped: 2



Answer Choices	Responses	
Yes	44.44%	12
No	55.56%	15
Total		27

Q16 Consultation Areas

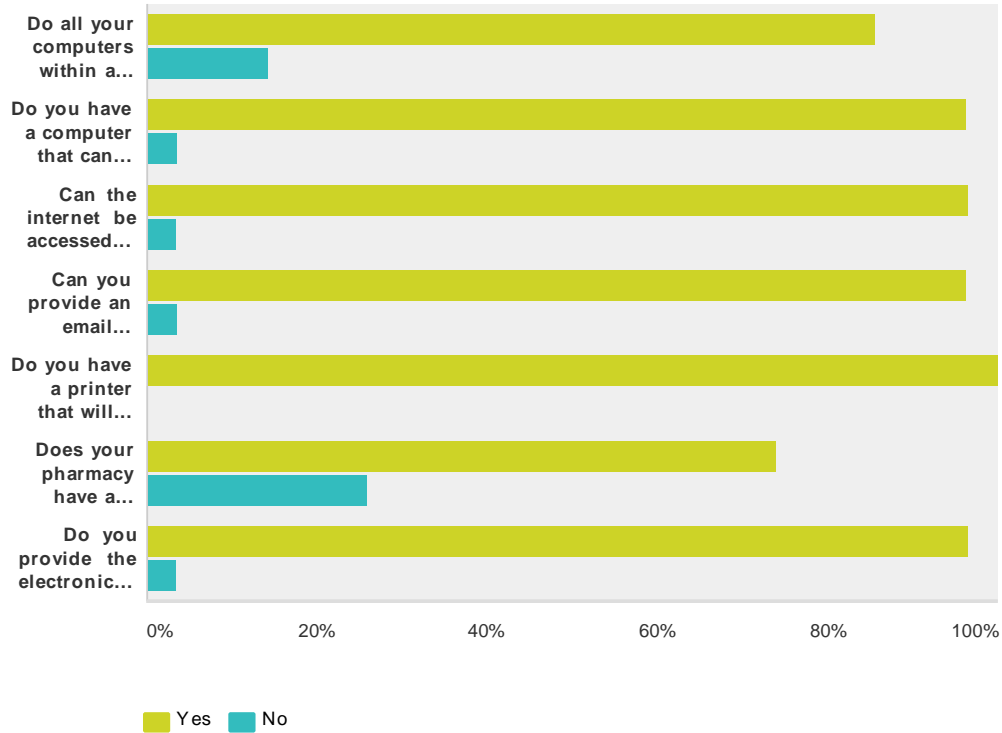
Answered: 28 Skipped: 1



	Yes	No	Total
Do you have a separate area/room suitable for advanced services for consultations with customers?	100% 28	0% 0	28
If you have a consultation area, is this accessible by wheelchair?	96.43% 27	3.57% 1	28
Is there seating for 3 people?	85.19% 23	14.81% 4	27
Is there a bench or table suitable for writing or examining medicines/products?	100% 28	0% 0	28
Is there a computer terminal within the area to access patient's records or complete audit data?	60.71% 17	39.29% 11	28
Is there a sink within this area?	60.71% 17	39.29% 11	28
Do you have a consultation point/area for private discussions?	96.43% 27	3.57% 1	28

Q17 Information Technology

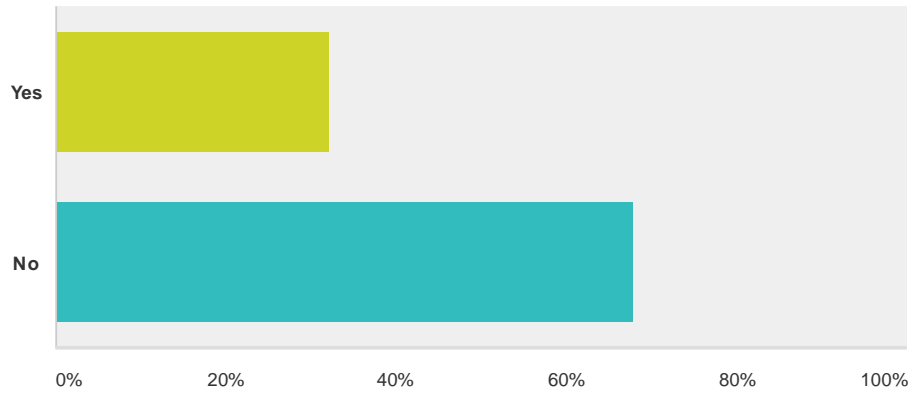
Answered: 28 Skipped: 1



	Yes	No	Total
Do all your computers within a pharmacy access your dispensary software?	85.71% 24	14.29% 4	28
Do you have a computer that can access the internet?	96.30% 26	3.70% 1	27
Can the internet be accessed whilst the PMR system is running?	96.43% 27	3.57% 1	28
Can you provide an email address that can be used for official communications? (If yes, please detail below)	96.30% 26	3.70% 1	27
Do you have a printer that will print A4 size of paper?	100% 27	0% 0	27
Does your pharmacy have a website? (If yes, please detail below)	74.07% 20	25.93% 7	27
Do you provide the electronic prescription service?	96.43% 27	3.57% 1	28

Q18 Does the pharmacy normally have two pharmacists on duty at any time during the week? Please tick one box only.

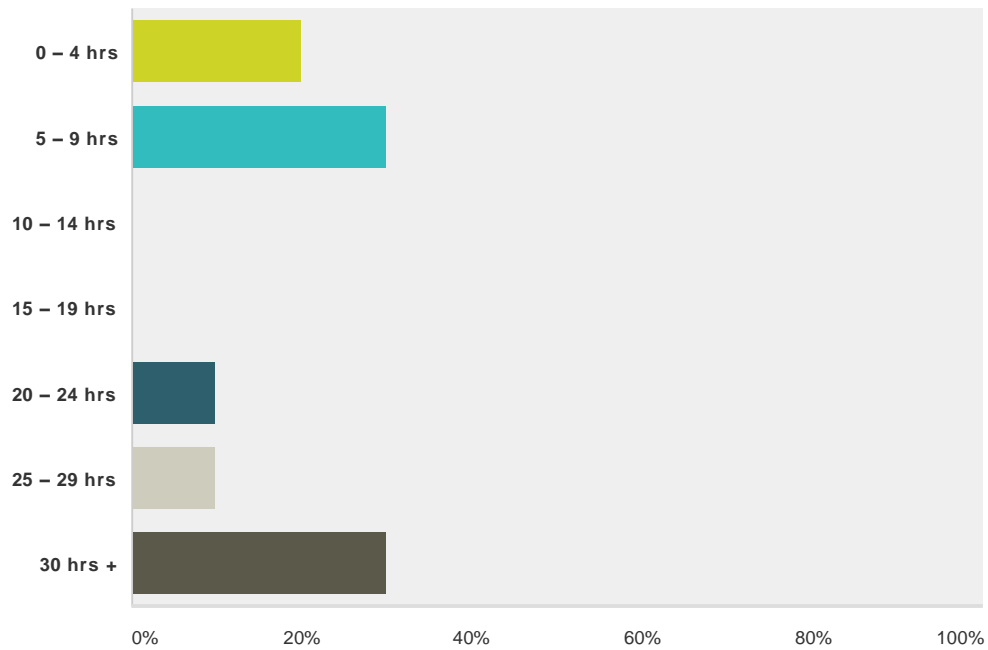
Answered: 28 Skipped: 1



Answer Choices	Responses	
Yes	32.14%	9
No	67.86%	19
Total		28

Q19 If yes, then for how many hours per week are two pharmacists working? Please tick one box only.

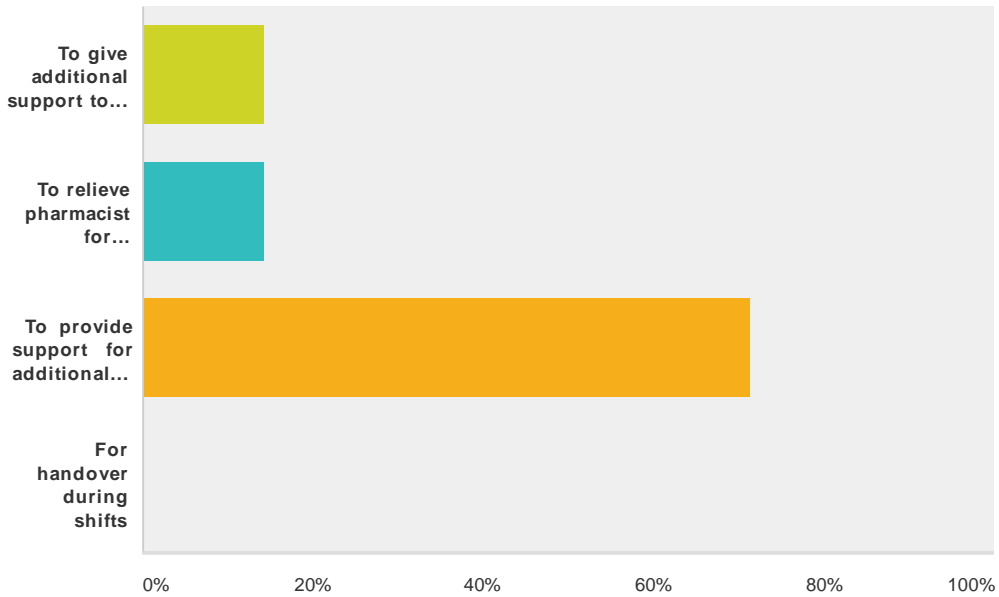
Answered: 10 Skipped: 19



Answer Choices	Responses
0 – 4 hrs	20% 2
5 – 9 hrs	30% 3
10 – 14 hrs	0% 0
15 – 19 hrs	0% 0
20 – 24 hrs	10% 1
25 – 29 hrs	10% 1
30 hrs +	30% 3
Total	10

**Q20 If you have a second pharmacist, is the pharmacist there for a specific reason?
Please tick as many answers as appropriate.**

Answered: 7 Skipped: 22

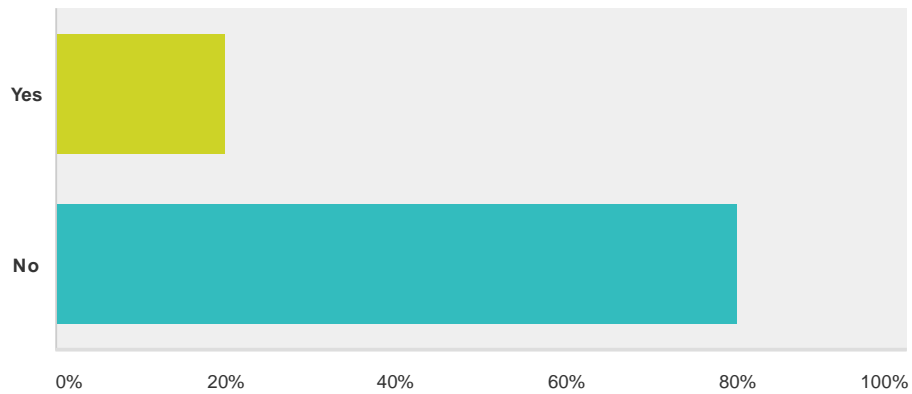


Answer Choices	Responses
To give additional support to dispensary in busy periods	14.29% 1
To relieve pharmacist for administration work	14.29% 1
To provide support for additional services such as medication review	71.43% 5
For handover during shifts	0% 0
Total	7

#	Other (please specify)	Date
1	Also provides time for us to complete administration work	7/19/2013 4:25 AM
2	to provide support with the care services department, visiting care homes, checking of meds	7/19/2013 4:24 AM
3	all four apply but there isn't a facility to tick all boxes	7/16/2013 5:03 AM
4	all the above really	7/16/2013 4:40 AM
5	to deliver private pgds	7/13/2013 7:47 AM

Q21 Are any of the above pharmacists with special interests? Please tick one box only.

Answered: 20 Skipped: 9

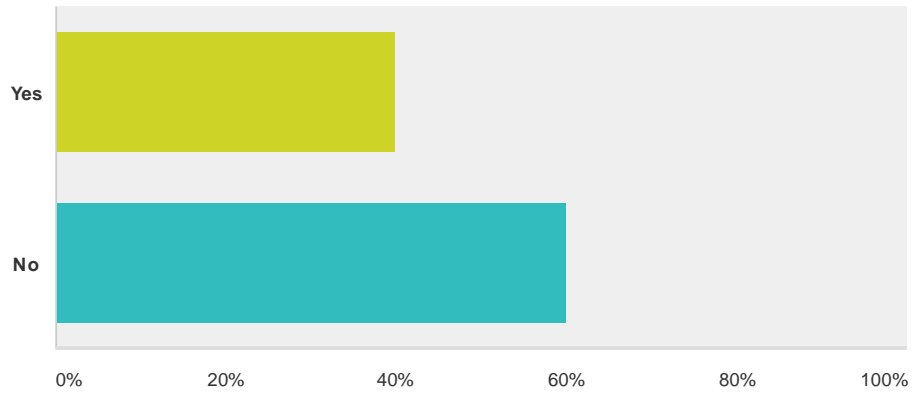


Answer Choices	Responses
Yes	20% 4
No	80% 16
Total	20

#	If yes, please specify	Date
1	private pgd hair retention	8/11/2013 3:38 AM
2	SPECIAL INTEREST IN SUBSTANCE MISUSE	7/19/2013 10:48 AM
3	Macmillan Trained pharmacist-	7/19/2013 4:25 AM
4	Independant prescriber, but not practicing	7/16/2013 3:33 AM

Q22 Do any of your regular pharmacists speak a foreign language? Please tick one box only.

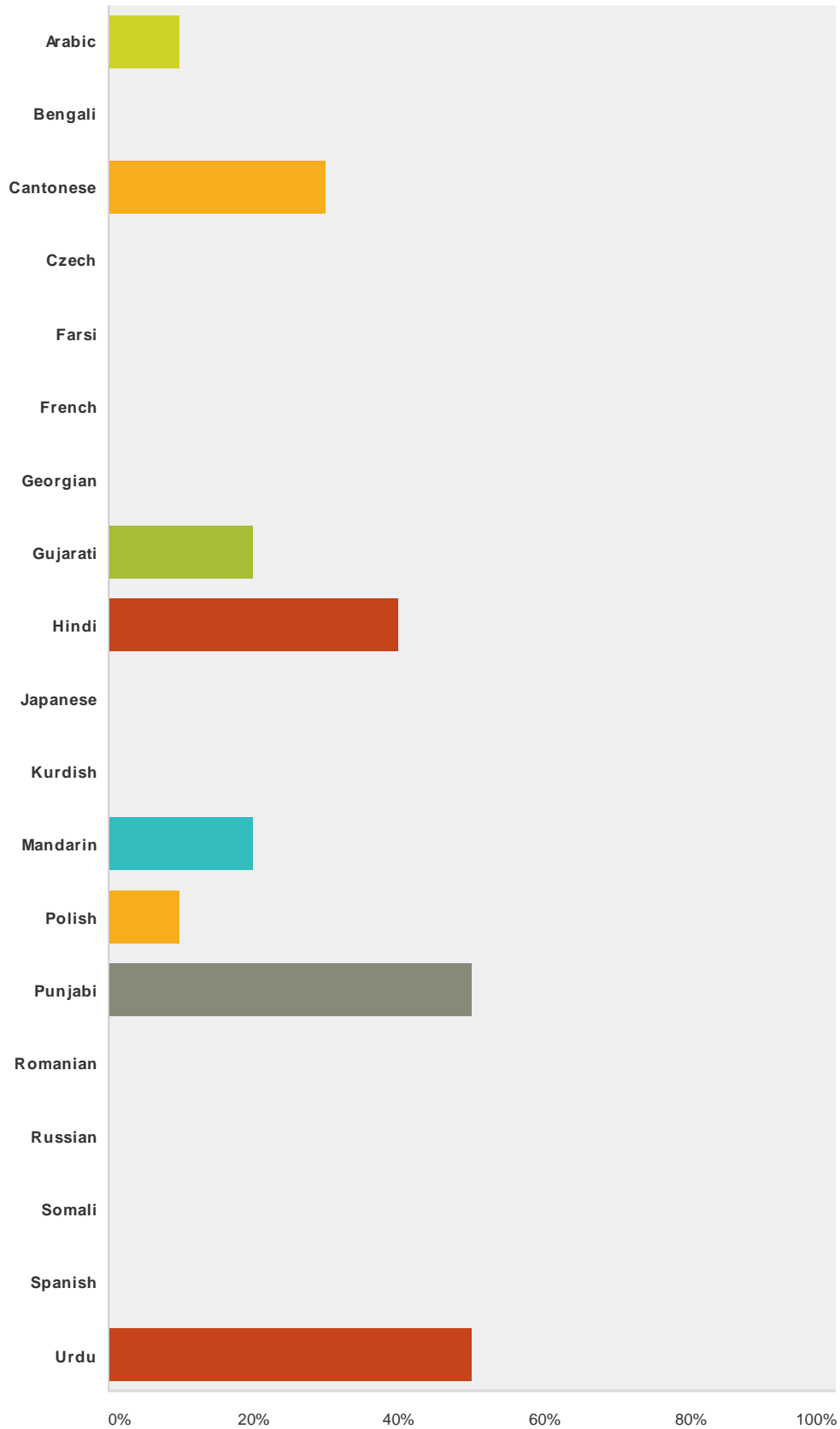
Answered: 25 Skipped: 4



Answer Choices	Responses	
Yes	40%	10
No	60%	15
Total		25

**Q23 If yes, which languages are spoken?
Please tick as many answers as
appropriate.**

Answered: 10 Skipped: 19



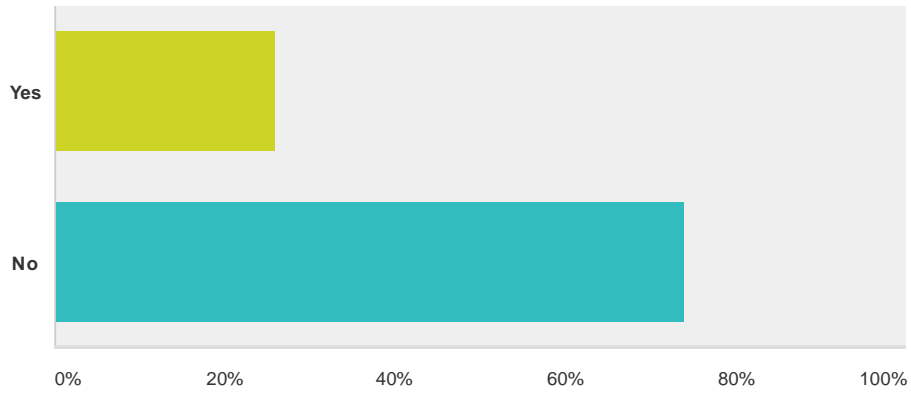
Answer Choices	Responses
Arabic	10% 1
Bengali	0% 0
Cantonese	30% 3
Czech	0% 0
Farsi	0% 0
French	0% 0
Georgian	0% 0
Gujarati	20% 2
Hindi	40% 4
Japanese	0% 0
Kurdish	0% 0
Mandarin	20% 2
Polish	10% 1
Punjabi	50% 5
Romanian	0% 0
Russian	0% 0
Somali	0% 0
Spanish	0% 0
Urdu	50% 5

Total Respondents: 10

#	Other (please specify)	Date
1	malay	8/9/2013 5:33 AM
2	Malay	7/22/2013 3:07 PM

Q24 Do any of your regular pharmacy staff speak a foreign language? Please tick one box only.

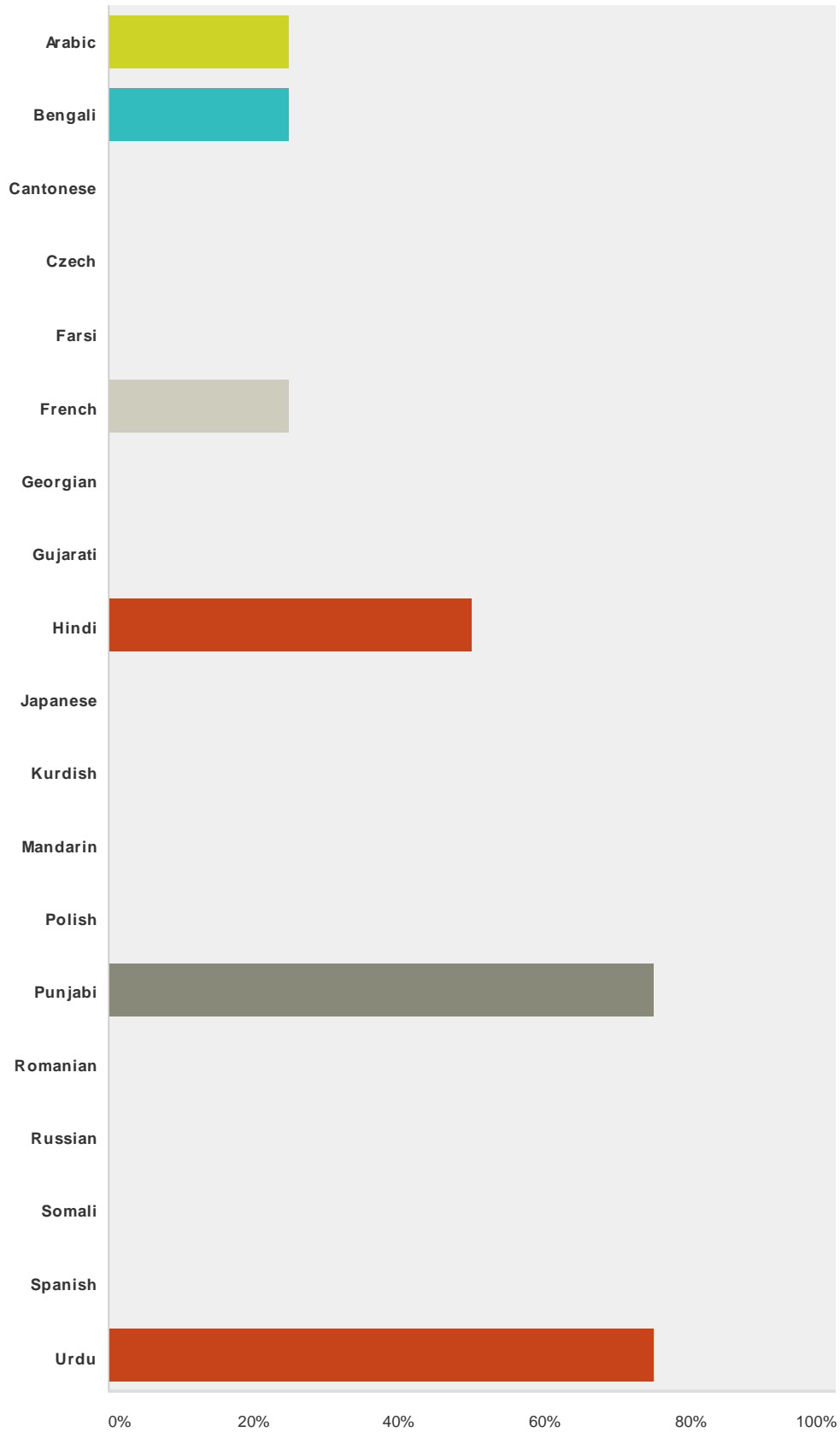
Answered: 27 Skipped: 2



Answer Choices	Responses	
Yes	25.93%	7
No	74.07%	20
Total		27

**Q25 If yes, which languages are spoken?
Please tick as many answers as
appropriate.**

Answered: 4 Skipped: 25



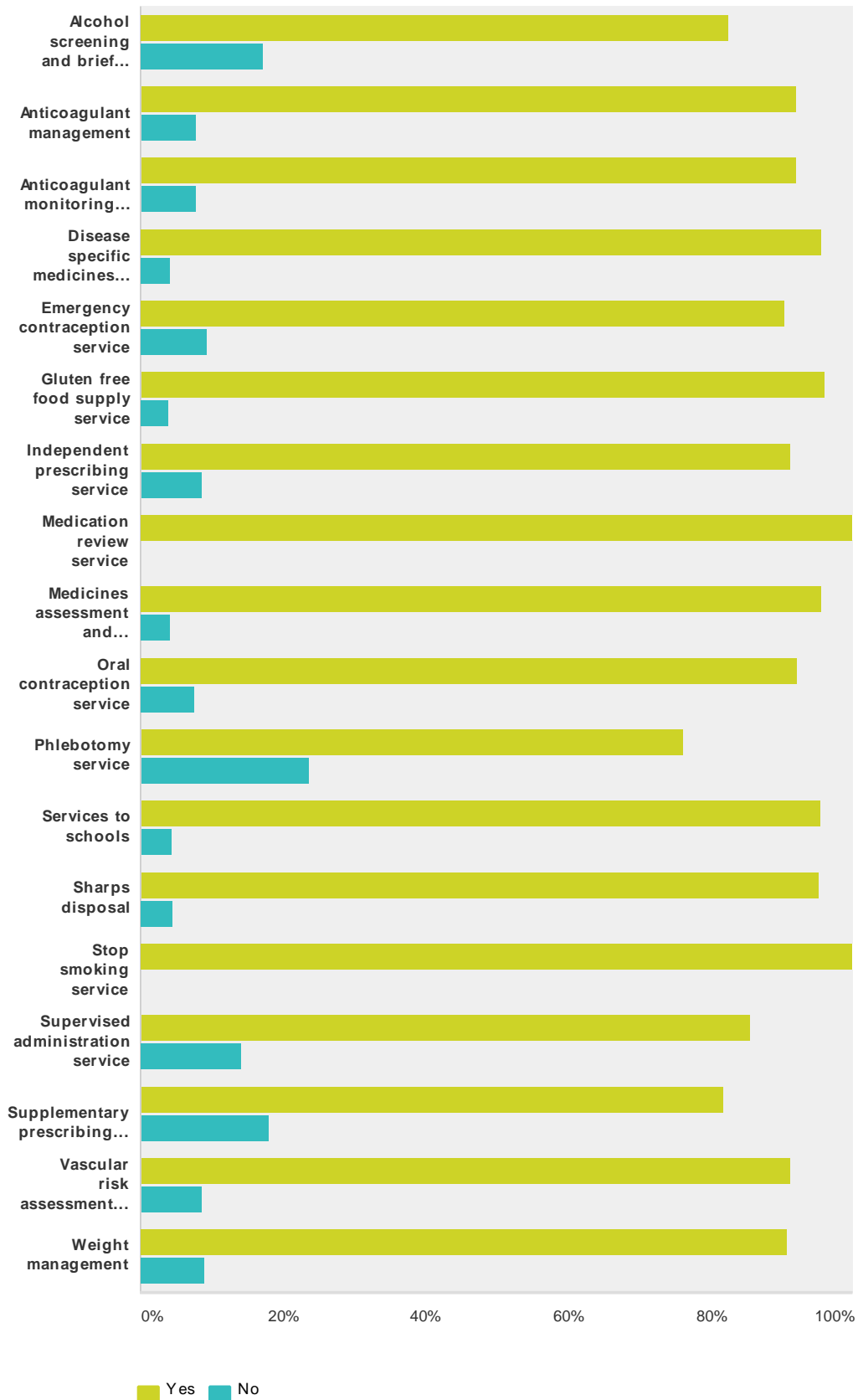
Answer Choices	Responses
Arabic	25% 1
Bengali	25% 1
Cantonese	0% 0
Czech	0% 0
Farsi	0% 0
French	25% 1
Georgian	0% 0
Gujarati	0% 0
Hindi	50% 2
Japanese	0% 0
Kurdish	0% 0
Mandarin	0% 0
Polish	0% 0
Punjabi	75% 3
Romanian	0% 0
Russian	0% 0
Somali	0% 0
Spanish	0% 0
Urdu	75% 3

Total Respondents: 4

#	Other (please specify)	Date
1	German Ghanana	8/9/2013 5:33 AM
2	Nigerian language---IBO	7/18/2013 5:46 AM
3	greek	7/13/2013 7:49 AM

Q26 Which services would you want to provide if commissioned to do so?

Answered: 27 Skipped: 2



	Yes	No	Total
Alcohol screening and brief intervention	82.61% 19	17.39% 4	23
Anticoagulant management	92% 23	8% 2	25
Anticoagulant monitoring service	92% 23	8% 2	25
Disease specific medicines management	95.65% 22	4.35% 1	23
Emergency contraception service	90.48% 19	9.52% 2	21
Gluten free food supply service	96% 24	4% 1	25
Independent prescribing service	91.30% 21	8.70% 2	23
Medication review service	100% 24	0% 0	24
Medicines assessment and compliance support	95.65% 22	4.35% 1	23
Oral contraception service	92.31% 24	7.69% 2	26
Phlebotomy service	76.19% 16	23.81% 5	21
Services to schools	95.45% 21	4.55% 1	22
Sharps disposal	95.24% 20	4.76% 1	21
Stop smoking service	100% 22	0% 0	22
Supervised administration service	85.71% 18	14.29% 3	21
Supplementary prescribing service	81.82% 18	18.18% 4	22
Vascular risk assessment service	91.30% 21	8.70% 2	23
Weight management	90.91% 20	9.09% 2	22

#	Other (please specify)	Date
1	Seasonal Flu	8/11/2013 3:46 AM
2	Minor Ailments	7/25/2013 3:44 AM
3	all services	7/23/2013 5:46 AM
4	we will need training to support us in providing these services.	7/19/2013 4:27 AM
5	HIV testing	7/16/2013 2:55 AM

Q27 All pharmacies are required to conduct an annual community pharmacy patient questionnaire (CPPQ, formerly referred to as the Patient Satisfaction Questionnaire). Using the results from your most recent CPPQ please identify the most frequent requests from patients as either improvements or additions to services.

Answered: 21 Skipped: 8

#	Responses	Date
1	offered adv ice on exercise and weight management, referred to health services elsewhere	8/11/2013 3:46 AM
2	Offer health services re-instate stop smoking service	8/9/2013 5:44 AM
3	Improved seating area	8/1/2013 1:22 PM
4	Better consultation room	7/25/2013 4:36 AM
5	Better waiting area. More lifestyle advice and stop smoking service.	7/25/2013 3:44 AM
6	None good results	7/23/2013 11:18 PM
7	Improve stock availability	7/23/2013 9:14 AM
8	To provide healthy lifestyle advice as often as possible	7/22/2013 3:12 PM
9	To have a second pharmacist on a regular basis. Automatic doors to provide better wheelchair access	7/22/2013 8:11 AM
10	2012: MORE ADVICE ON SMOKING AND PHYSICAL EXCERSIZE	7/19/2013 10:50 AM
11	better facilities in the pharmacy	7/19/2013 6:14 AM
12	more people would like to receive advise of staying healthy . The opening hours weren't convenient and the level of privacy needed to be improved	7/19/2013 4:36 AM
13	Improvements to waiting area, such as better seating	7/18/2013 10:59 AM
14	bp monitoring	7/17/2013 9:28 AM
15	Seating Area	7/17/2013 2:01 AM
16	Heart Checks and services providing information and advice on healthy lifestyle	7/16/2013 6:30 AM
17	None identified	7/16/2013 5:04 AM
18	improve waiting area	7/16/2013 4:43 AM
19	extra seating in the waiting area, promotion by the staff of services we offer	7/16/2013 4:35 AM
20	Offering additional health information to patients	7/16/2013 3:35 AM
21	Want to know more about their medicines, more time with the pharmacist	7/16/2013 2:55 AM

Appendix 6 - Trafford Locally Commissioned Services

Services commissioned by the Local Authority (LA)	Services commissioned by the CCG
CT – Chlamydia Testing	PC – Palliative Care
EC – Emergency Hormonal Contraception	MA – Minor Ailments
SC – Smoking Cessation	HL – Head Lice
SM – Supervised Methadone/Buprenorphine	
NE – Needle Exchange	

North

Pharmacy Name/Address	Postcode	LA					CCG		
		CT	EC	SC	SM	NE	PC	MA	HL
Asda Pharmacy Asda Superstore, Barton Dock Road	M41 7ZA	Y	Y				Y		Y
Boots 69-72 The Mall, Stretford Arndale	M32 9BD	Y	Y	Y	Y	Y		Y	
Boots 10 Peel Avenue	M17 8BD	Y		Y			Y		
Brooks Bar Pharmacy 162 -164 Chorlton Road	M16 7WW	Y	Y	Y				Y	
C&T Associates 77 Great Stone Road	M32 8GR		Y	Y	Y			Y	
G Pennant Roberts 137 Ayres Road	M16 9WR			Y	Y			Y	
Gorse Hill Pharmacy 874 Chester Road	M32 0PA				Y			Y	
Lloyds Pharmacy The Delamere Centre, Delamere Avenue	M32 0DF	Y	Y	Y	Y	Y	Y	Y	
Lostock Pharmacy 431 Barton Road	M32 9PA	Y	Y	Y	Y	Y			
Rowland Pharmacy 6 Lime Grove	M16 0WL		Y		Y	Y		Y	
Tesco Instore Pharmacy Chester Road	M32 0RW								
The Co-operative Pharmacy 92 Mitford Street	M32 8AQ	Y	Y		Y			Y	
The Co-operative Pharmacy 65 Ayres Road	M16 9NH				Y			Y	
The Co-operative Pharmacy 201 Upper Chorlton Road	M16 0BH				Y			Y	

Central

Pharmacy Name/Address	Postcode	LA					CCG		
		CT	EC	SC	SM	NE	PC	MA	HL
Boots 2 The Mall	M33 7XZ	Y	Y	Y					Y
Cohens Chemist Firsway Health Centre, 121 Firsway	M33 4BR		Y	Y	Y				Y
Hollowood Chemist 69 Washway Road	M33 7SS		Y			Y	Y		Y
John Hugall 143 Northenden Road	M33 3HF	Y	Y						Y
Mai's Pharmacy Ltd 10 North Parade, Derbyshire Road South	M33 3JS			Y					Y
Rowland Pharmacy 54 Coppice Avenue	M33 4WB				Y	Y			Y
Rowland Pharmacy 331 Norris Road	M33 2UP		Y	Y	Y	Y			Y
Rowland Pharmacy 16 Plymouth Road	M33 5JD		Y	Y					Y
Sainsbury's Pharmacy Sainbury's Superstore, Curzon Road	M33 7SA	Y		Y	Y		Y		Y
Tesco - The Pharmacy Hereford Street	M33 7XN			Y	Y				
The Co-operative Pharmacy 2 Eastway	M33 4DX							Y	
Village Pharmacy 23 Green Lane	M33 6PF		Y	Y					Y

South

Pharmacy Name/Address	Postcode	LA					CCG		
		CT	EC	SC	SM	NE	PC	MA	HL
Barry Bladon 219 Ashley Road	WA15 9SZ	Y	Y						Y
Boots 1 Stamford Quarter	WA14 1RJ	Y	Y		Y				
Boots Unit 8B, Altrincham Retail Park	WA14 5GR	Y	Y	Y	Y	Y			Y
Bowdon Pharmacy 6 Vale View	WA14 3BD		Y						
Broadheath Pharmacy 70 Manchester Road	WA14 4PJ	Y							Y
Broomwood Pharmacy 63 Briarfield Road	WA15 7DD	Y	Y	Y	Y	Y	Y	Y	
Cohens Chemist 177 Ashley Road	WA15 9SD		Y						Y
Hale Barns Pharmacy 311-313 Hale Road	WA15 8SS								
Helgason Pharmacy 8 Ashley Road	WA14 2DW				Y	Y			Y
Lloyds Pharmacy	WA15 8SS								

321 Hale Road									
Lloyds Pharmacy 186 Grove Lane	WA15 8PU								
Oldfield Pharmacy 128 Seamons Road	WA14 4LJ	Y							Y
Pelican Pharmacy 344 Manchester Road	WA14 5NH								Y
Riddings Pharmacy 38 Riddings Road	WA15 6BP								Y
Rowlands Pharmacy Lloyd House	WA14 2DD								Y
Sainsbury's Pharmacy Lloyd Street	WA14 2SU		Y				Y		Y
Vittoria Healthcare Ltd. Station Pharmacy 102 Park Road	WA15 6TE								
Superdrug Pharmacy 78-84 George Street	WA14 1RF								
Terry's Chemist 28 Sinderland Road	WA14 5ET								Y
Tesco Pharmacy Tesco Superstore Manor Road	WA15 9QT		Y	Y			Y		Y
The Co-operative Pharmacy 238 Stockport Road	WA15 7UN		Y		Y				Y

West

Pharmacy Name/Address	Postcode	LA					CCG		
		CT	EC	SC	SM	NE	PC	MA	HL
Boots Unit 4, Eden Square Shopping Centre	M41 0TT		Y	Y					Y
Boots Unit 8A, Trafford Retail Park, Nery Way	M41 7FN		Y	Y					Y
Boots 179 Canterbury Road	M41 0SE		Y					Y	
Davey Chemists 14a Warburton Lane	M31 4WJ			Y	Y	Y		Y	
Lloyds Pharmacy 3 Crofts Bank Road	M41 0TZ		Y						
Lloyds Pharmacy Davyhulme Medical Centre, 130 Broadway	M41 7WJ				Y				
Malcolm's Pharmacy 28 Flixton Road	M41 5AA		Y	Y	Y	Y			Y
Reeds Pharmacy 182 Church Road	M41 9FD		Y	Y					Y
Sainsburys Pharmacy Unit 24, Eden Square Shopping Centre	M41 0NA								Y
The Co-operative Pharmacy 2 Station Bridge, Station Road	M41 9SB		Y		Y	Y	Y		Y
The Co-operative Pharmacy 475 Moorside Road	M41 8TW		Y					Y	
The Co-operative Pharmacy	M41 8GY		Y	Y					Y

10 Woodsend Circle									
The Co-operative Pharmacy Partington Health Centre, 91 Central Road	M31 4FY		Y				Y	Y	
Urmston Pharmacy 287B Stretford Road	M41 9NU							Y	



Greater Manchester
Commissioning Support Unit

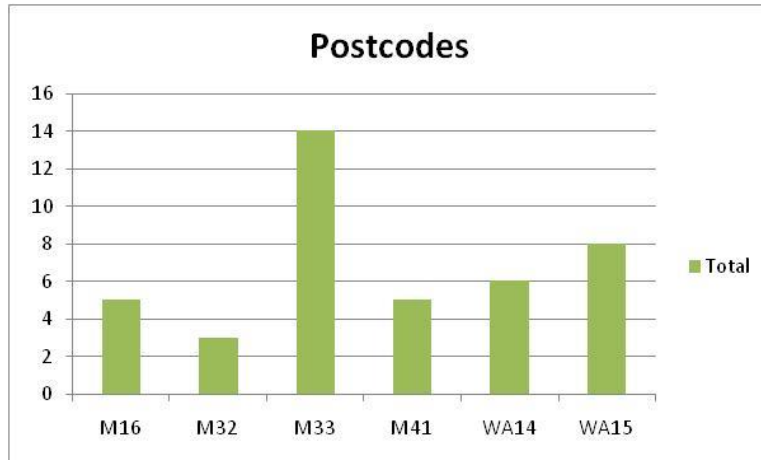


Trafford Public Survey Results

July 2013

Q1 What is the first part of your postcode? (3 or 4 digits) We will not be able to identify you from this limited information.

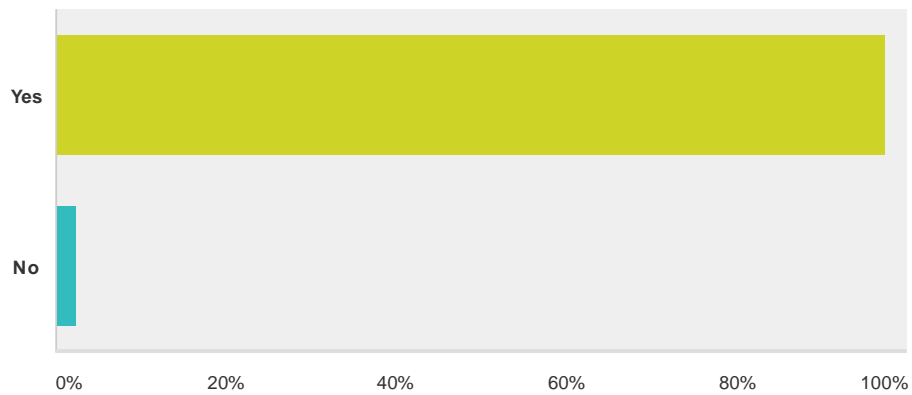
Answered: 41 Skipped: 0



Postcodes	Responses
M16	5
M32	3
M33	14
M41	5
WA14	6
WA15	8
Total	41

**Q2 Do you use a community pharmacy?
Please tick one box only.**

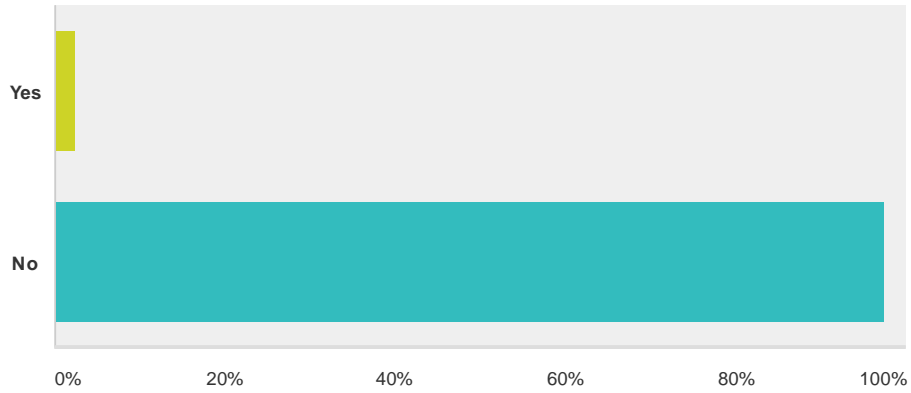
Answered: 40 Skipped: 1



Answer Choices	Responses
Yes	97.50% 39
No	2.50% 1
Total	40

Q3 Do you use a medical appliance supplier (for items such as incontinence products or wound dressings)? Please tick one box only.

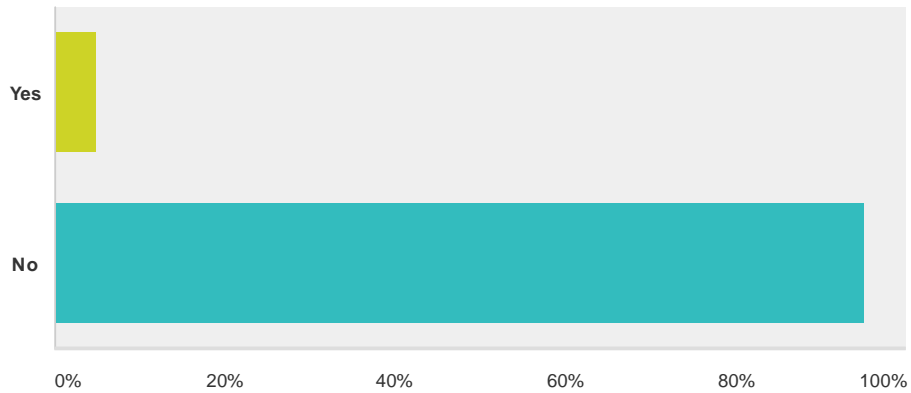
Answered: 41 Skipped: 0



Answer Choices	Responses
Yes	2.44% 1
No	97.56% 40
Total	41

Q4 Do you use an internet pharmacy (who do not have walk in premises)? Please tick one box only.

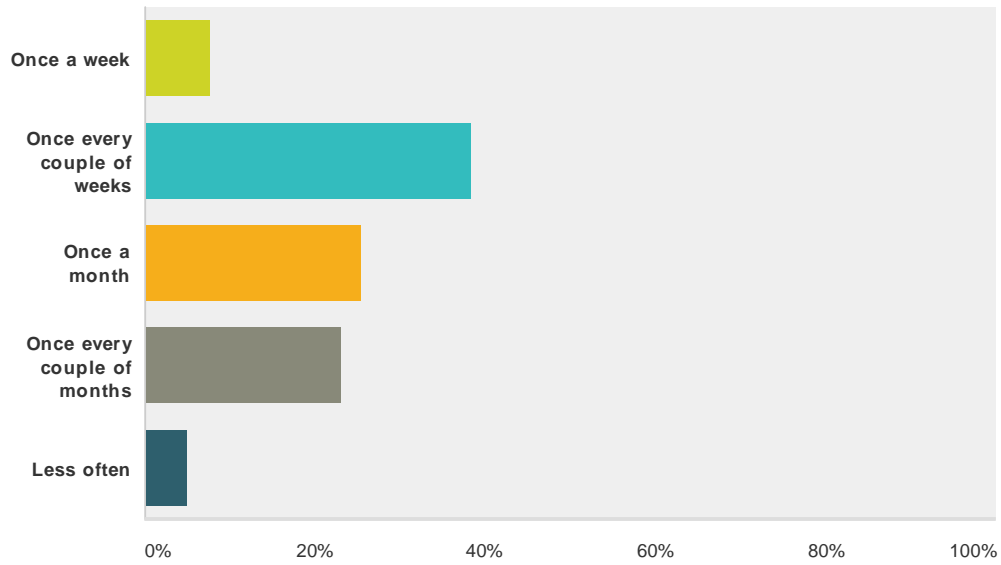
Answered: 41 Skipped: 0



Answer Choices	Responses
Yes	4.88% 2
No	95.12% 39
Total	41

**Q5 If you do use a community pharmacy, how often would you say you used one?
Please tick one box only.**

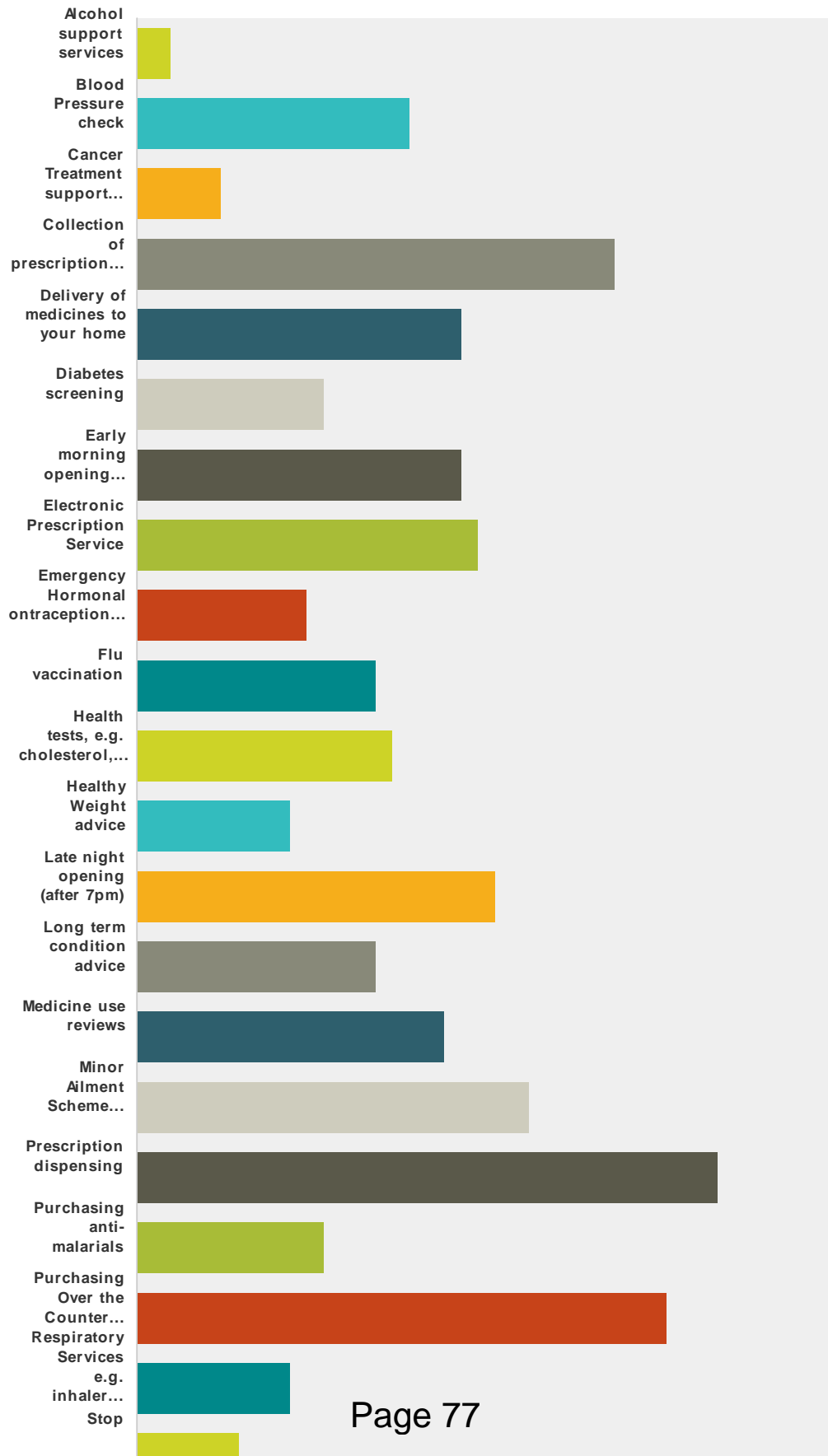
Answered: 39 Skipped: 2

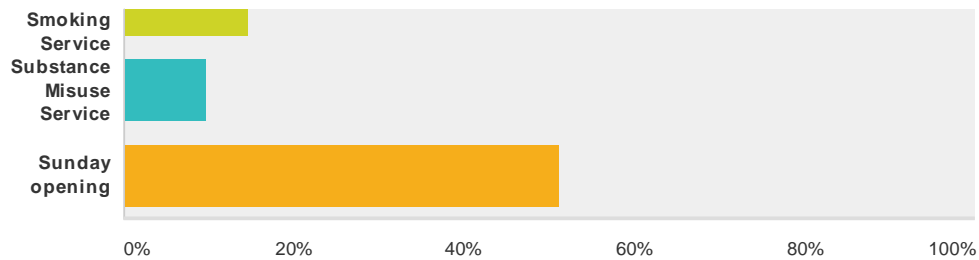


Answer Choices	Responses
Once a week	7.69% 3
Once every couple of weeks	38.46% 15
Once a month	25.64% 10
Once every couple of months	23.08% 9
Less often	5.13% 2
Total	39

Q6 Which of the following services would you use at a pharmacy, if available? Please tick as many answers as appropriate.

Answered: 41 Skipped: 0





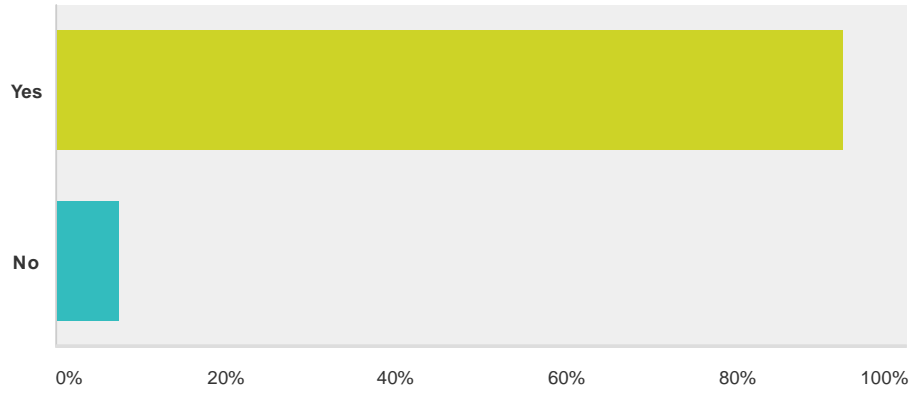
Answer Choices	Responses
Alcohol support services	4.88% 2
Blood Pressure check	39.02% 16
Cancer Treatment support services	12.20% 5
Collection of prescription from your GP surgery	68.29% 28
Delivery of medicines to your home	46.34% 19
Diabetes screening	26.83% 11
Early morning opening (before 9am)	46.34% 19
Electronic Prescription Service	48.78% 20
Emergency Hormonal Contraception (morning after pill)	24.39% 10
Flu vaccination	34.15% 14
Health tests, e.g. cholesterol, blood pressure	36.59% 15
Healthy Weight advice	21.95% 9
Late night opening (after 7pm)	51.22% 21
Long term condition advice	34.15% 14
Medicine use reviews	43.90% 18
Minor Ailment Scheme (Access to certain subsidised over the counter medicines to avoid a GP visits)	56.10% 23
Prescription dispensing	82.93% 34
Purchasing anti-malarials	26.83% 11
Purchasing Over the Counter medicines	75.61% 31
Respiratory Services e.g. inhaler technique	21.95% 9
Stop Smoking Service	14.63% 6
Substance Misuse Service	9.76% 4
Sunday opening	51.22% 21

Total Respondents: 41

#	Other (please specify)	Date
1	getting things for my children on prescription that don't require a GP visit such as calpol or drops for conjunctivitis.	7/29/2013 5:22 AM

**Q7 Do you have a regular pharmacy?
Please tick one box only.**

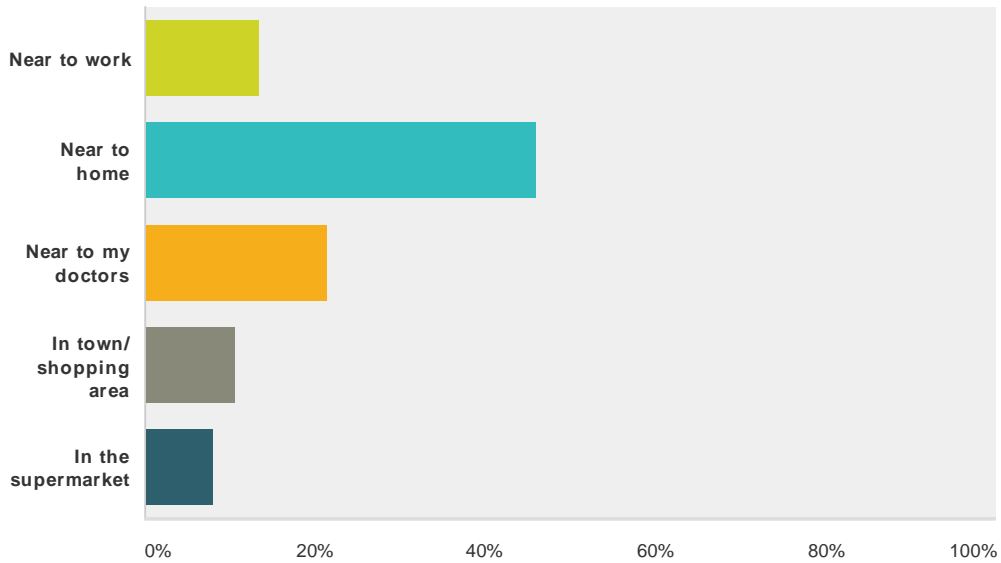
Answered: 40 Skipped: 1



Answer Choices	Responses
Yes	92.50% 37
No	7.50% 3
Total	40

Q8 In terms of location, why do you use this pharmacy regularly? Please tick one box only.

Answered: 37 Skipped: 4

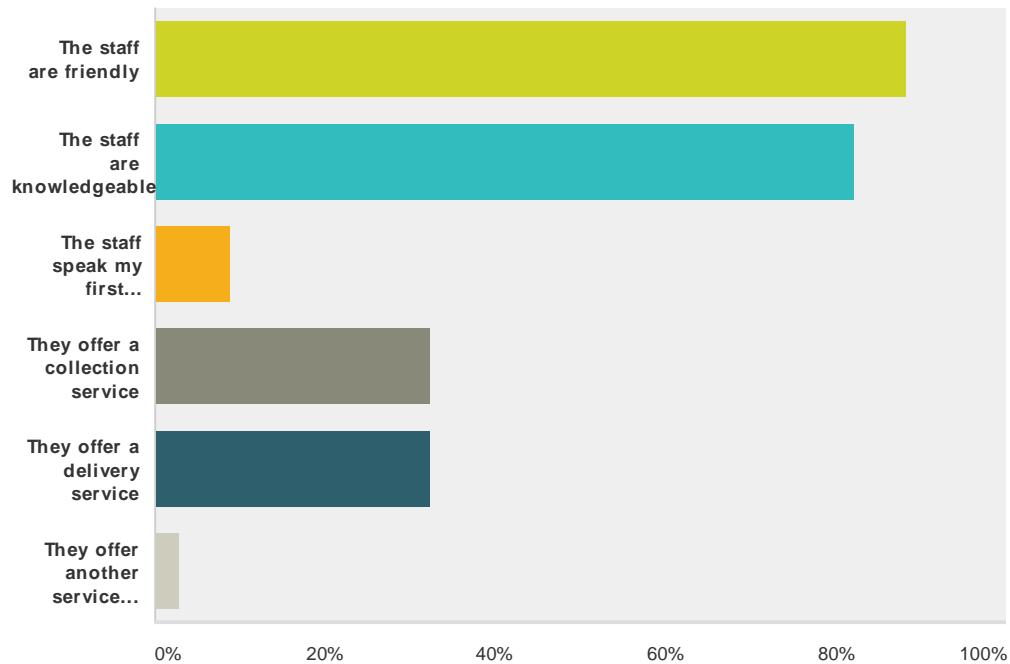


Answer Choices	Responses
Near to work	13.51% 5
Near to home	45.95% 17
Near to my doctors	21.62% 8
In town/ shopping area	10.81% 4
In the supermarket	8.11% 3
Total	37

#	Other (please specify)	Date
1	near to doctor's and supermarket, as well. Just where's convenient.	7/30/2013 6:50 AM
2	Able to park outside	7/29/2013 5:22 AM
3	Local with excellent reputation and service	7/18/2013 11:36 AM
4	It is most convenient on my walk home from work	7/17/2013 7:15 AM
5	They are reliable, and very helpful, I have a son with some medical problems and they are very helpful	7/15/2013 1:10 AM

Q9 In terms of staff and services, why do you use this pharmacy regularly? Please tick as many answers as appropriate.

Answered: 34 Skipped: 7

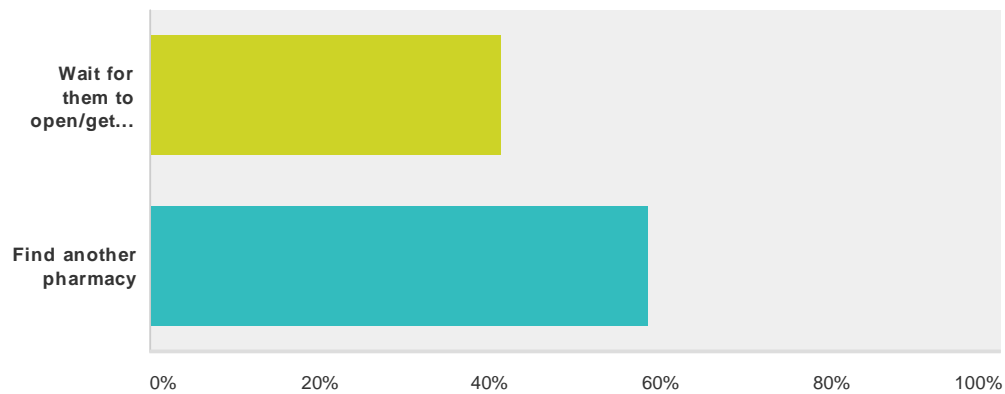


Answer Choices	Responses
The staff are friendly	88.24% 30
The staff are knowledgeable	82.35% 28
The staff speak my first language (please detail below)	8.82% 3
They offer a collection service	32.35% 11
They offer a delivery service	32.35% 11
They offer another service which I use (please detail below)	2.94% 1
Total Respondents: 34	

#	Other (please specify)	Date
1	Location	7/29/2013 11:39 AM
2	Open long hours and parking is easy.	7/29/2013 5:22 AM
3	If they don't stock what I need they can get it quickly	7/23/2013 12:50 PM
4	english, ehc, headlice	7/19/2013 4:15 PM
5	1st language english	7/16/2013 2:52 AM
6	Easy to park car	7/15/2013 1:25 AM
7	The staff have no bearing on my decision	7/10/2013 4:27 AM

Q10 If your regular pharmacy was not open, or didn't have the things you need would you... Please tick one box only.

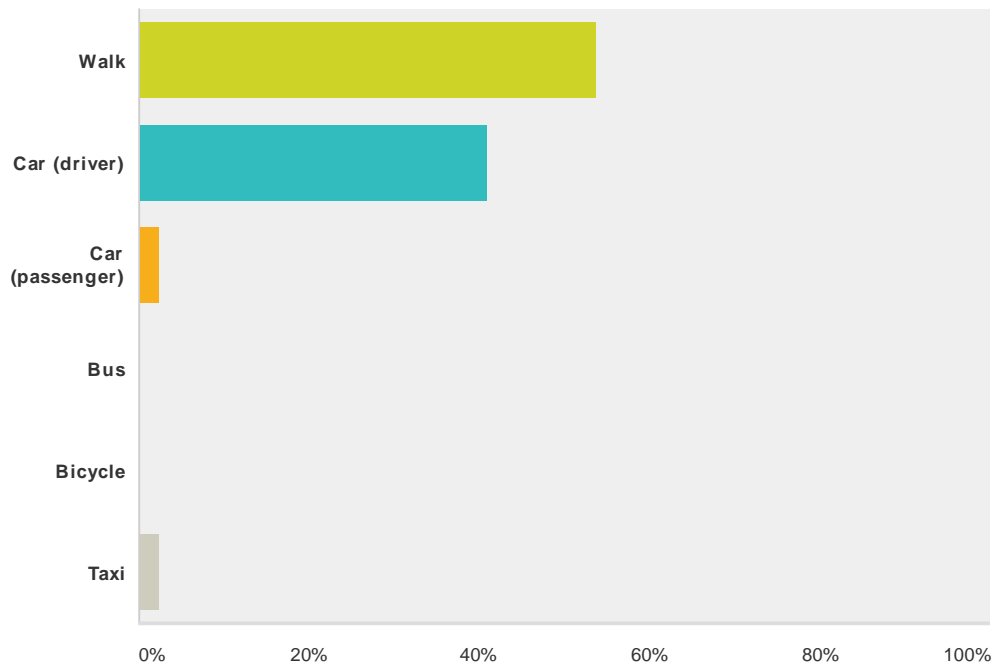
Answered: 41 Skipped: 0



Answer Choices	Responses
Wait for them to open/get what I need in stock	41.46% 17
Find another pharmacy	58.54% 24
Total	41

Q11 How do you usually travel to your regular pharmacy? Please tick one box only.

Answered: 39 Skipped: 2

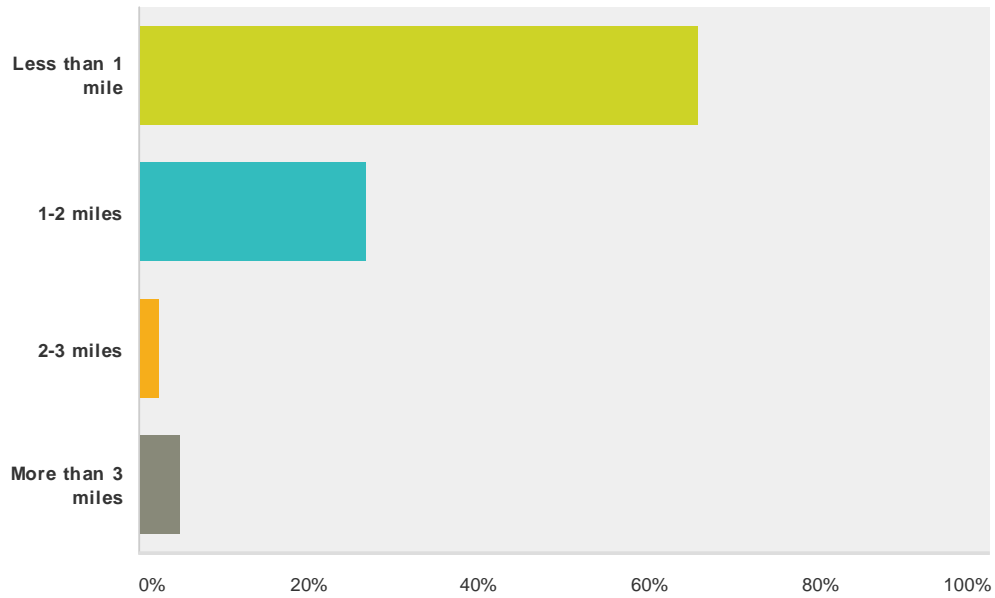


Answer Choices	Responses
Walk	53.85% 21
Car (driver)	41.03% 16
Car (passenger)	2.56% 1
Bus	0% 0
Bicycle	0% 0
Taxi	2.56% 1
Total	39

#	Other (please specify)	Date
1	or car depending on convenience - see above.	7/30/2013 6:50 AM
2	Depends on urgency and weather.	7/29/2013 5:22 AM
3	They deliver	7/29/2013 2:21 AM

**Q12 How far from your home or place of work would you be willing to travel to a pharmacy?
Please tick one box only.**

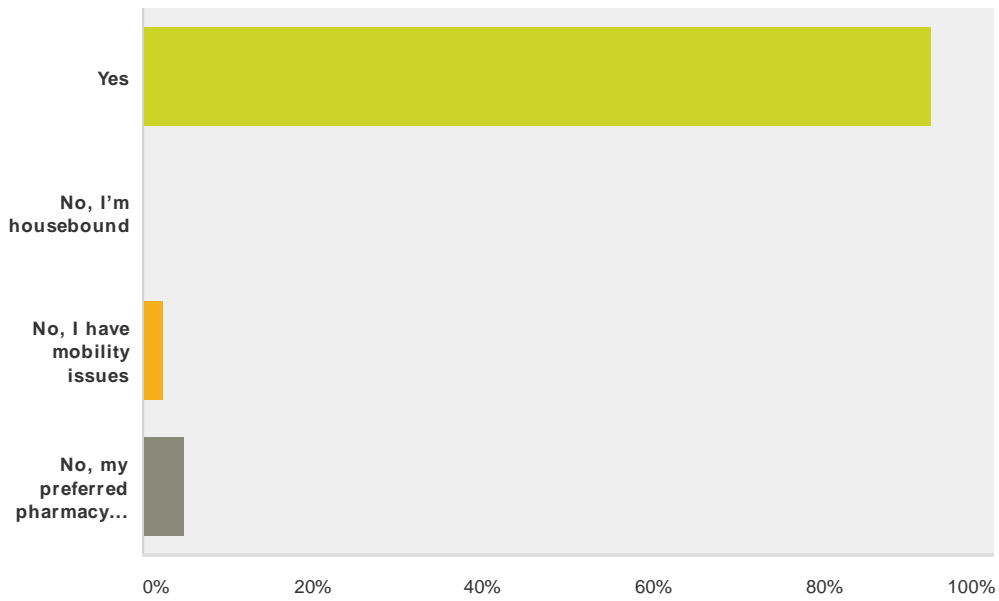
Answered: 41 Skipped: 0



Answer Choices	Responses	
Less than 1 mile	65.85%	27
1-2 miles	26.83%	11
2-3 miles	2.44%	1
More than 3 miles	4.88%	2
Total		41

Q13 Are you able to get to a pharmacy of your choice? Please tick one box only.

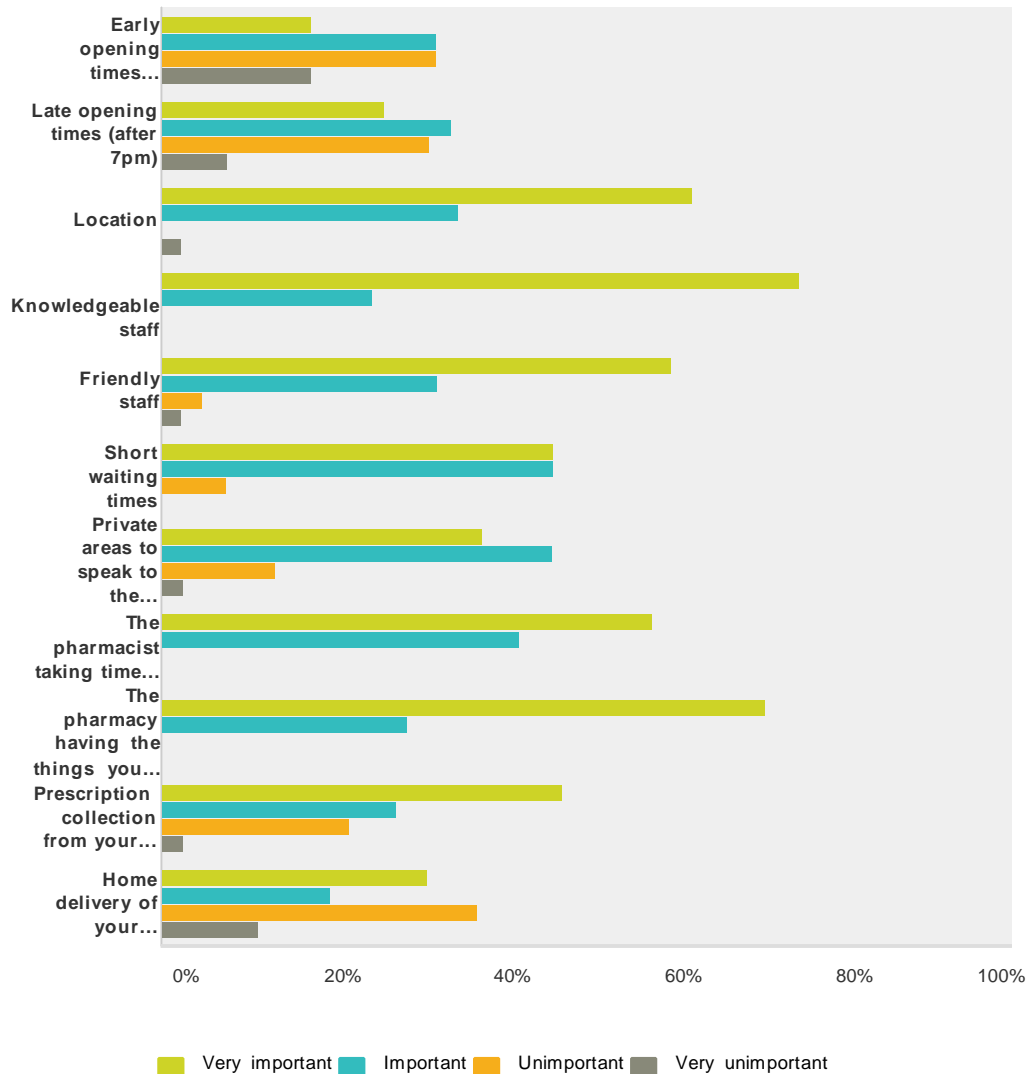
Answered: 41 Skipped: 0



Answer Choices	Responses	
Yes	92.68%	38
No, I'm housebound	0%	0
No, I have mobility issues	2.44%	1
No, my preferred pharmacy does not have access suitable for my needs	4.88%	2
Total		41

Q14 How important are the following aspects of pharmacy services? Please tick one box per row only.

Answered: 40 Skipped: 1

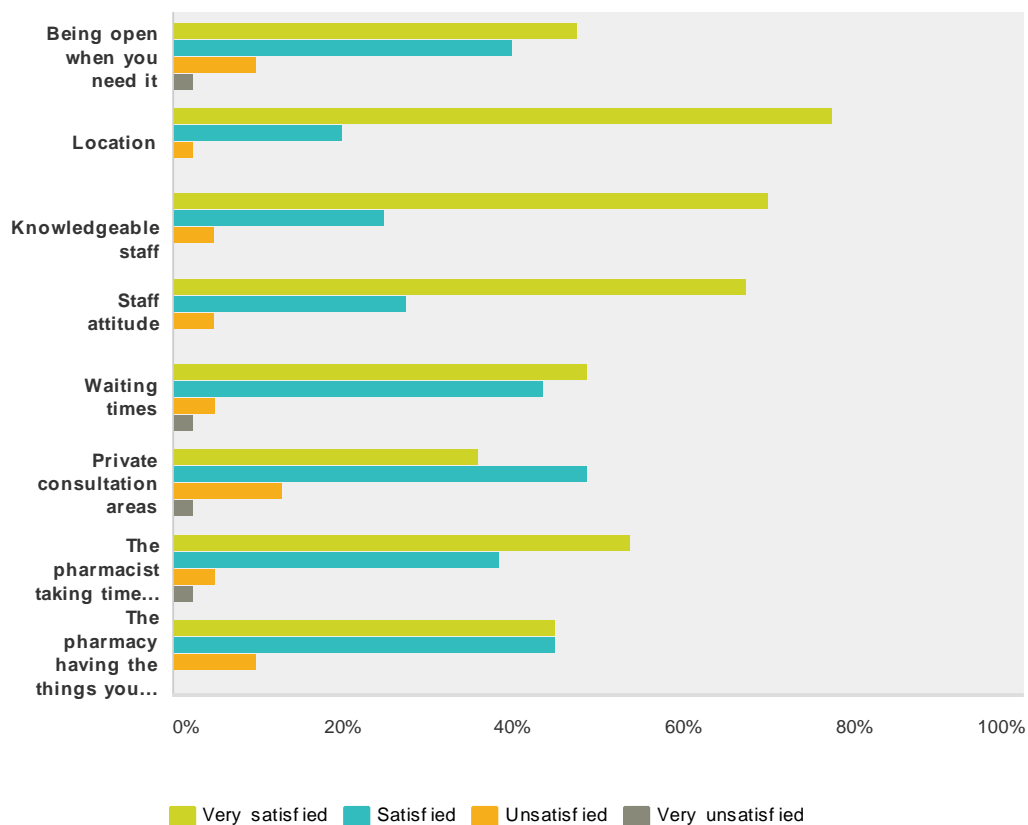


	Very important	Important	Unimportant	Very unimportant	Total
Early opening times (before 9am)	17.65% 6	32.35% 11	32.35% 11	17.65% 6	34
Late opening times (after 7pm)	26.32% 10	34.21% 13	31.58% 12	7.89% 3	38
Location	62.50% 25	35% 14	0% 0	2.50% 1	40
Knowledgeable staff	75% 30	25% 10	0% 0	0% 0	40
Friendly staff	60% 24	32.50% 13	5% 2	2.50% 1	40
Short waiting times	46.15% 18	46.15% 18	7.69% 3	0% 0	39
Private areas to speak to the pharmacist	37.84% 14	45.95% 17	13.51% 5	2.70% 1	37

The pharmacist taking time to listen	57.89% 22	42.11% 16	0% 0	0% 0	38
The pharmacy having the things you need	71.05% 27	28.95% 11	0% 0	0% 0	38
Prescription collection from your surgery	47.22% 17	27.78% 10	22.22% 8	2.78% 1	36
Home delivery of your medication	31.43% 11	20% 7	37.14% 13	11.43% 4	35

Q15 How satisfied were you with the following aspects of service at your pharmacy? Please tick one box per row only.

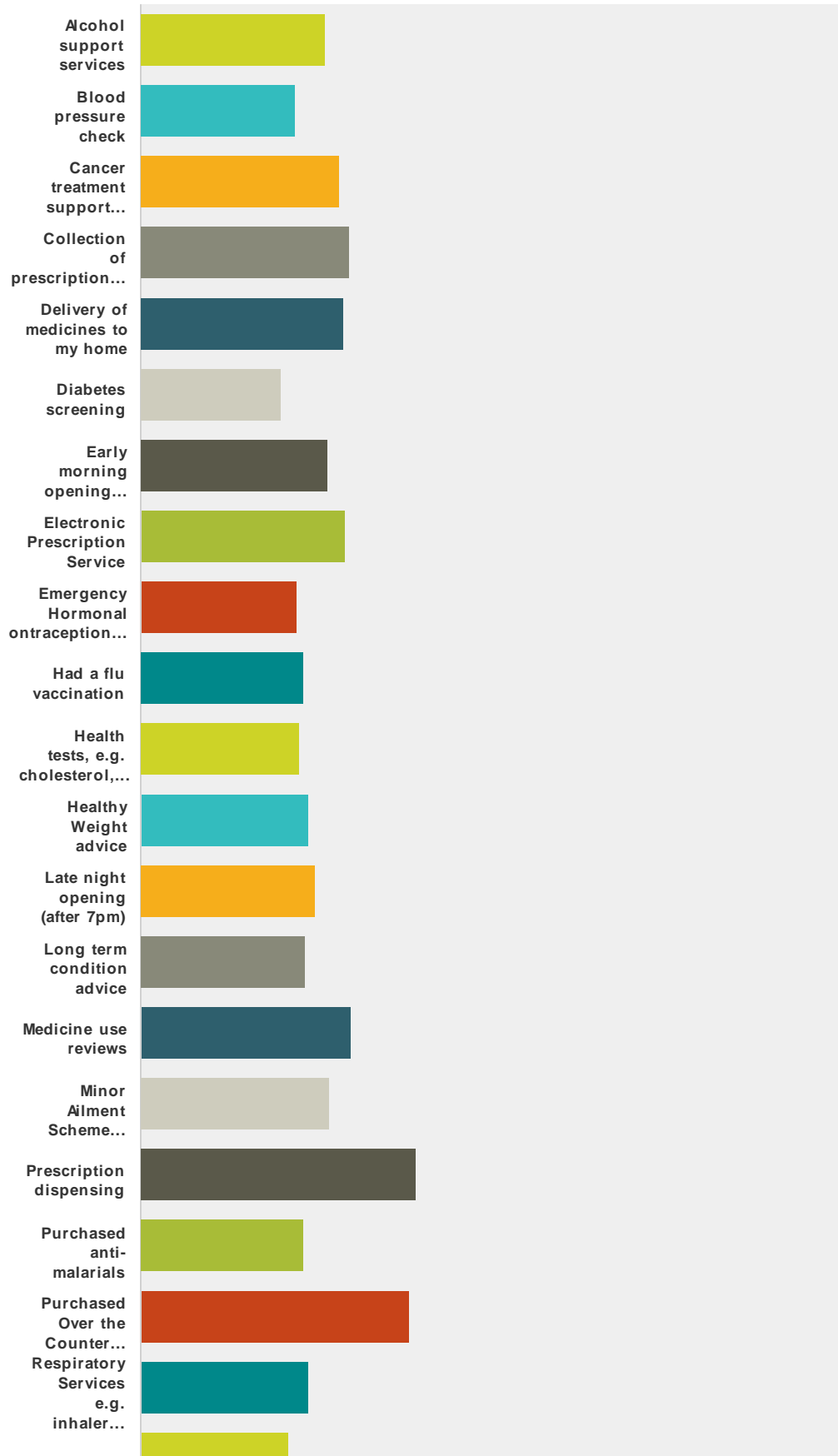
Answered: 40 Skipped: 1

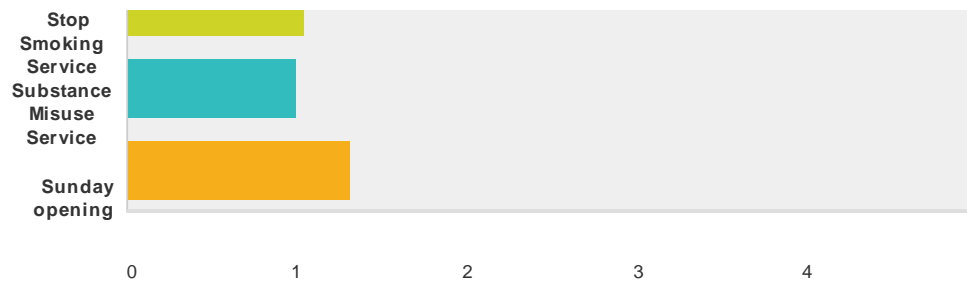


	Very satisfied	Satisfied	Unsatisfied	Very unsatisfied	Total
Being open when you need it	47.50% 19	40% 16	10% 4	2.50% 1	40
Location	77.50% 31	20% 8	2.50% 1	0% 0	40
Knowledgeable staff	70% 28	25% 10	5% 2	0% 0	40
Staff attitude	67.50% 27	27.50% 11	5% 2	0% 0	40
Waiting times	48.72% 19	43.59% 17	5.13% 2	2.56% 1	39
Private consultation areas	35.90% 14	48.72% 19	12.82% 5	2.56% 1	39
The pharmacist taking time to talk to you	53.85% 21	38.46% 15	5.13% 2	2.56% 1	39
The pharmacy having the things you need	45% 18	45% 18	10% 4	0% 0	40

Q16 Have you have ever bought or used any of the following services from your pharmacy?

Answered: 40 Skipped: 1





	No- I have not used this service at my pharmacy	Yes- and this service met my needs	Yes- and this service met some of my needs	Yes- although this service did not address my needs at all	I don't know what this is	Total	Average Rating
Alcohol support services	92.31% 36	0% 0	0% 0	0% 0	7.69% 3	39	1.31
Blood pressure check	97.44% 38	0% 0	0% 0	0% 0	2.56% 1	39	1.10
Cancer treatment support services	89.74% 35	0% 0	0% 0	0% 0	10.26% 4	39	1.41
Collection of prescription from my surgery	52.50% 21	47.50% 19	0% 0	0% 0	0% 0	40	1.48
Delivery of medicines to my home	69.23% 27	25.64% 10	0% 0	2.56% 1	2.56% 1	39	1.44
Diabetes screening	100% 37	0% 0	0% 0	0% 0	0% 0	37	1.00
Early morning opening (before 9am)	79.49% 31	15.38% 6	0% 0	2.56% 1	2.56% 1	39	1.33
Electronic Prescription Service	84.21% 32	5.26% 2	0% 0	2.63% 1	7.89% 3	38	1.45
Emergency Hormonal Contraception (morning after pill)	94.59% 35	2.70% 1	0% 0	2.70% 1	0% 0	37	1.11
Had a flu vaccination	92.11% 35	5.26% 2	0% 0	0% 0	2.63% 1	38	1.16
Health tests, e.g. cholesterol, blood pressure	94.74% 36	2.63% 1	0% 0	0% 0	2.63% 1	38	1.13
Healthy Weight advice	91.89% 34	2.70% 1	2.70% 1	0% 0	2.70% 1	37	1.19
Late night opening (after 7pm)	83.78% 31	13.51% 5	0% 0	0% 0	2.70% 1	37	1.24
Long term condition advice	83.33% 30	16.67% 6	0% 0	0% 0	0% 0	36	1.17
Medicine use reviews	56.76% 21	37.84% 14	5.41% 2	0% 0	0% 0	37	1.49
Minor Ailment Scheme (Access to certain subsidised over the counter medicines to avoid a GP visits)	73.68% 28	23.68% 9	0% 0	0% 0	2.63% 1	38	1.34
Prescription dispensing	12.82% 5	79.49% 31	7.69% 3	0% 0	0% 0	39	1.95
Purchased anti-malarials	83.78% 31	16.22% 6	0% 0	0% 0	0% 0	37	1.16
Purchased Over the Counter medicines	15.38% 6	79.49% 31	5.13% 2	0% 0	0% 0	39	1.90

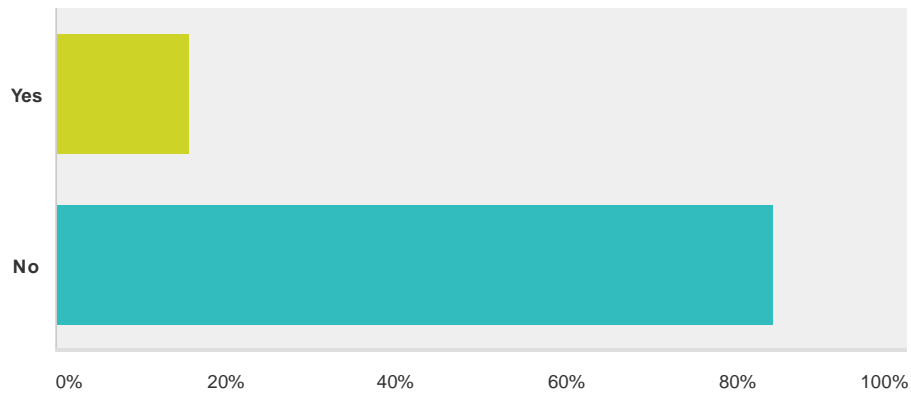
Respiratory Services e.g. inhaler technique	83.78% 31	13.51% 5	2.70% 1	0% 0	0% 0	37	1.19
Stop Smoking Service	94.59% 35	5.41% 2	0% 0	0% 0	0% 0	37	1.05

Substance Misuse Service	100% 37	0% 0	0% 0	0% 0	0% 0	37	1.00
Sunday opening	78.38% 29	16.22% 6	2.70% 1	0% 0	2.70% 1	37	1.32

#	Other (please specify)	Date
1	I don't know any chemists that are open early, late or on Sunday s?	7/10/2013 4:27 AM

Q17 Are there any other services you would like your pharmacy to offer? Please tick one box only.

Answered: 38 Skipped: 3

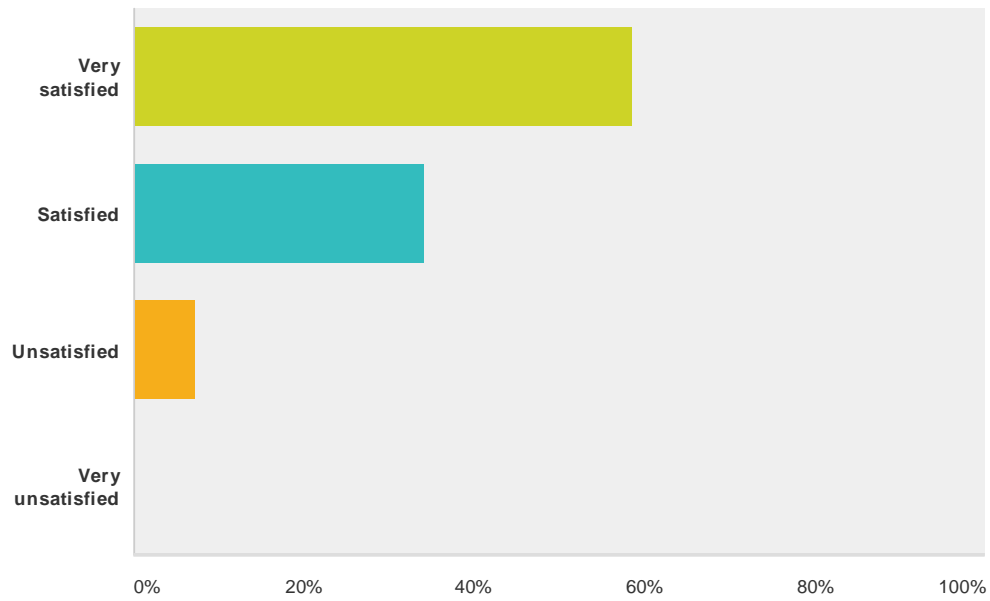


Answer Choices	Responses	
Yes	15.79%	6
No	84.21%	32
Total		38

#	If yes, please specify	Date
1	Weekend opening	7/29/2013 7:09 AM
2	dispensing prescriptions for minor ailments - do all pharmacies offer this? Often you never get to speak to the pharmacist as the gatekeeper on the front desk won't allow it. I think Pharmacists are an under utilised resource within local communities	7/29/2013 5:22 AM
3	flu vaccinations. I feel more services be funded to local pharmacies rather than GP's where appropriate	7/19/2013 8:38 AM
4	Integrated with GP Surgery	7/18/2013 3:16 PM
5	mobility & disability equipment and support services regular health MOT or screening services	7/18/2013 4:19 AM
6	B12 injections	7/15/2013 1:02 AM

Q18 Overall, how satisfied are you with the service you receive from your pharmacy?

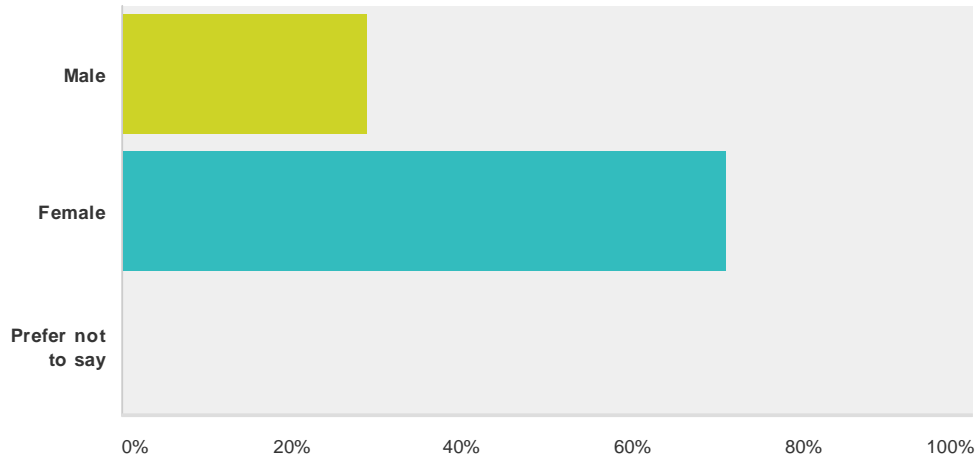
Answered: 41 Skipped: 0



Answer Choices	Responses
Very satisfied	58.54% 24
Satisfied	34.15% 14
Unsatisfied	7.32% 3
Very unsatisfied	0% 0
Total	41

Q19 My gender is: Please tick one box only.

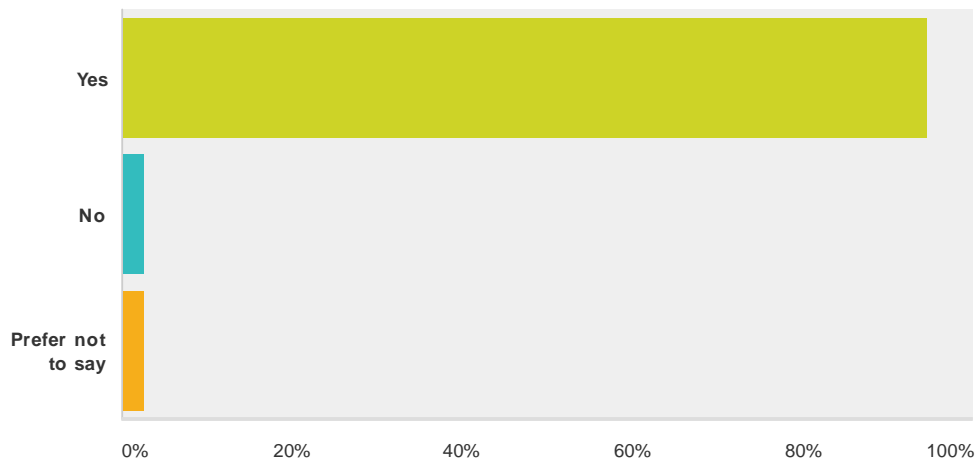
Answered: 38 Skipped: 3



Answer Choices	Responses
Male	28.95% 11
Female	71.05% 27
Prefer not to say	0% 0
Total	38

Q20 Do you identify with the gender you were assigned at birth? (e.g. Male or Female) Please tick one box only.

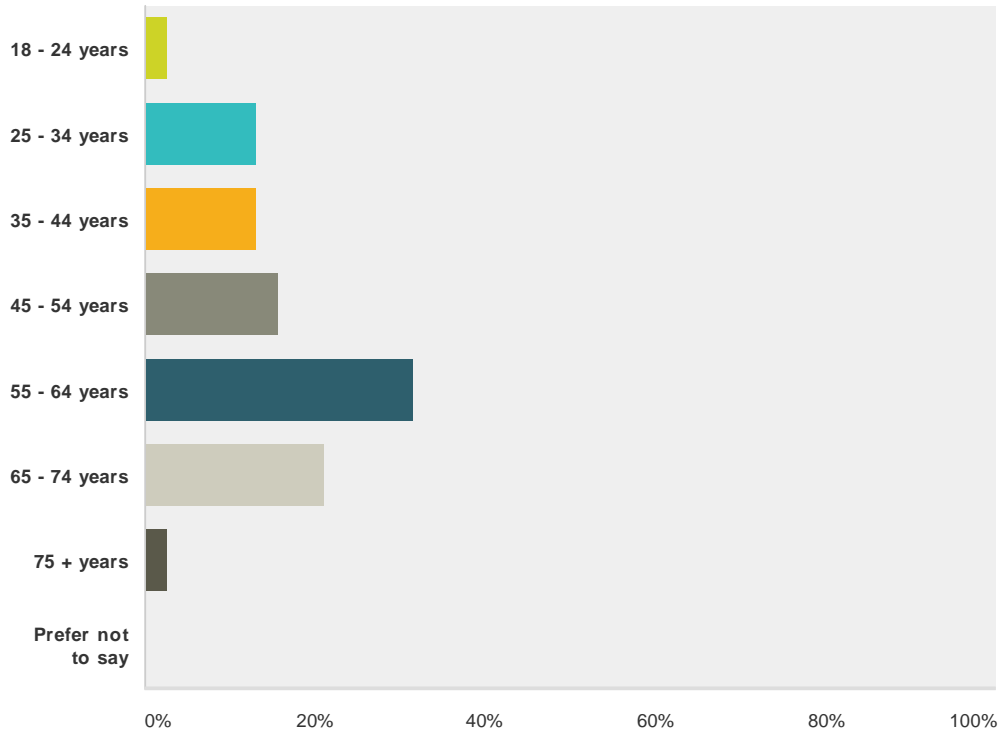
Answered: 38 Skipped: 3



Answer Choices	Responses
Yes	94.74% 36
No	2.63% 1
Prefer not to say	2.63% 1
Total	38

Q21 My age is: Please tick one box only.

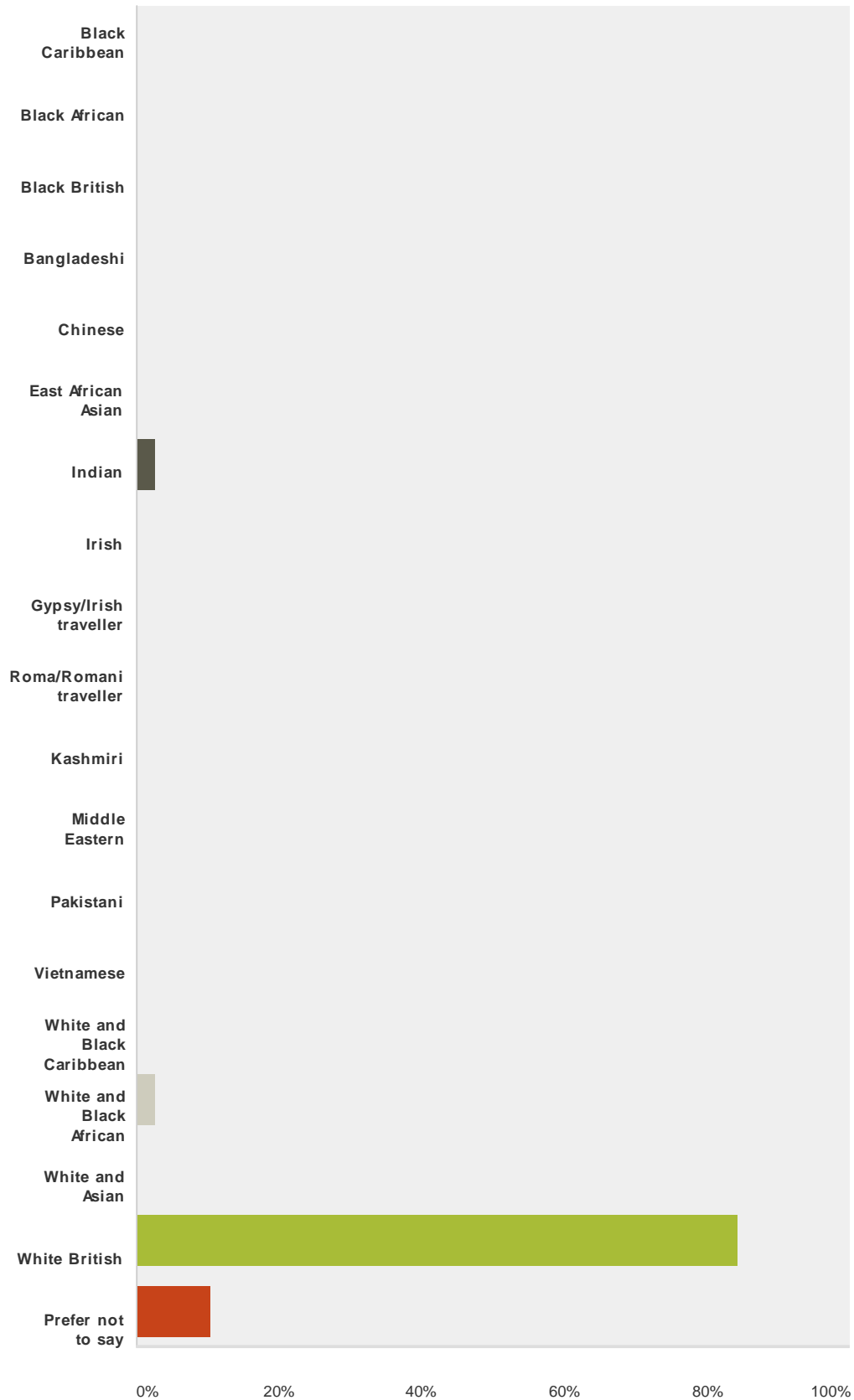
Answered: 38 Skipped: 3



Answer Choices	Responses
18 - 24 years	2.63% 1
25 - 34 years	13.16% 5
35 - 44 years	13.16% 5
45 - 54 years	15.79% 6
55 - 64 years	31.58% 12
65 - 74 years	21.05% 8
75 + years	2.63% 1
Prefer not to say	0% 0
Total	38

**Q22 I would describe my ethnic origin as:
Please tick one box only.**

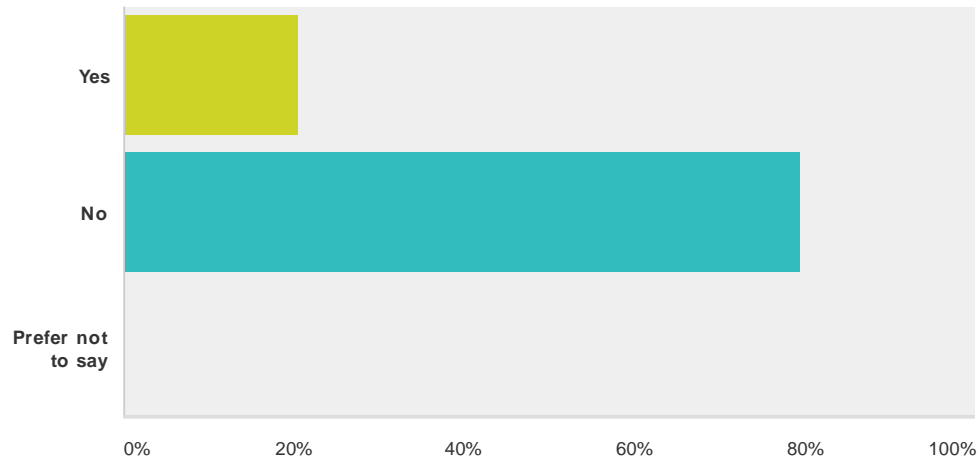
Answered: 38 Skipped: 3



Answer Choices	Responses	
Black Caribbean	0%	0
Black African	0%	0
Black British	0%	0
Bangladeshi	0%	0
Chinese	0%	0
East African Asian	0%	0
Indian	2.63%	1
Irish	0%	0
Gypsy/Irish traveller	0%	0
Roma/Romani traveller	0%	0
Kashmiri	0%	0
Middle Eastern	0%	0
Pakistani	0%	0
Vietnamese	0%	0
White and Black Caribbean	0%	0
White and Black African	2.63%	1
White and Asian	0%	0
White British	84.21%	32
Prefer not to say	10.53%	4
Total		38

Q23 Do you consider yourself to be disabled? Please tick one box only.

Answered: 39 Skipped: 2

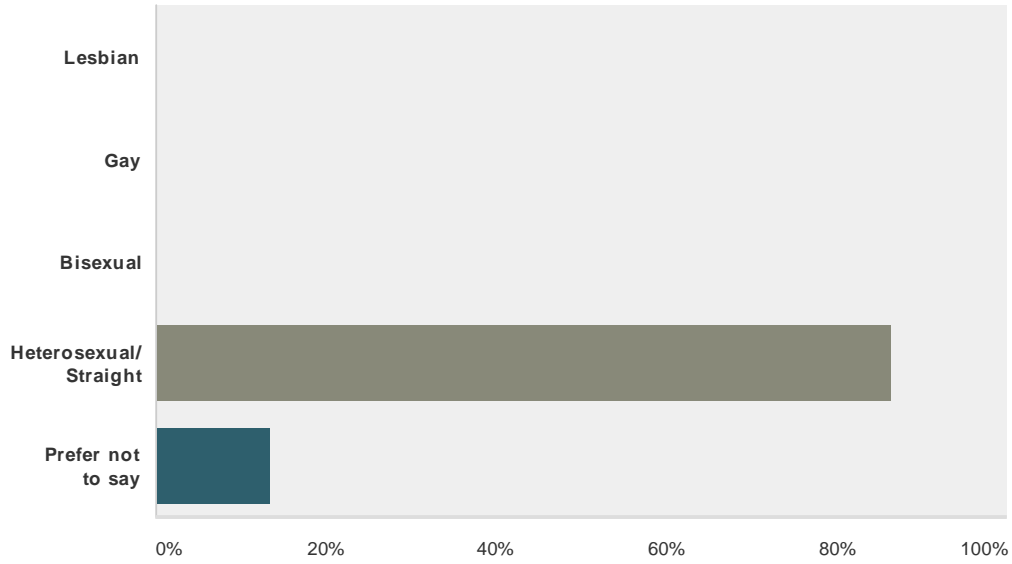


Answer Choices	Responses
Yes	20.51% 8
No	79.49% 31
Prefer not to say	0% 0
Total	39

#	Please use this space if you would like to give more information	Date
1	Prostate cancer treatment side effects	7/19/2013 8:50 AM
2	deafness	7/18/2013 2:36 PM
3	However I have 2 arthritic knees making walking difficult	7/16/2013 5:05 AM

Q24 I would describe my sexuality as: Please tick one box only.

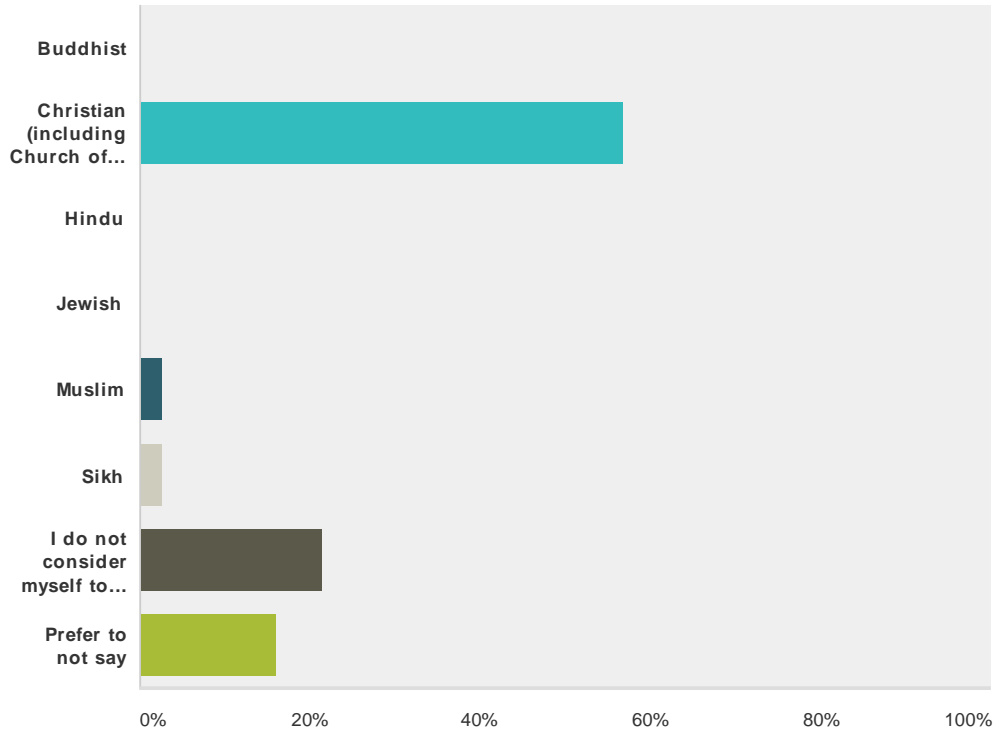
Answered: 37 Skipped: 4



Answer Choices	Responses
Lesbian	0% 0
Gay	0% 0
Bisexual	0% 0
Heterosexual/Straight	86.49% 32
Prefer not to say	13.51% 5
Total	37

**Q25 Please tell us your faith or religion.
Please tick one box only.**

Answered: 37 Skipped: 4

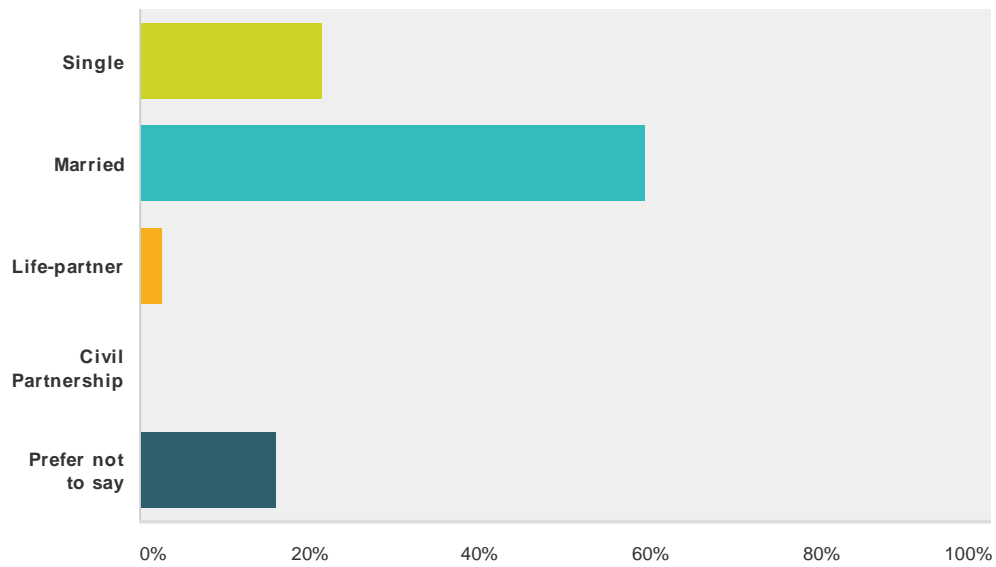


Answer Choices	Responses
Buddhist	0% 0
Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	56.76% 21
Hindu	0% 0
Jewish	0% 0
Muslim	2.70% 1
Sikh	2.70% 1
I do not consider myself to have a faith or religion	21.62% 8
Prefer to not say	16.22% 6
Total	37

#	Other (please specify)	Date
1	The Church of Jesus Christ of Latter-day Saints	7/19/2013 8:50 AM
2	Pagan druid	7/15/2013 1:03 AM

Q26 What is your marital status? Please tick one box only.

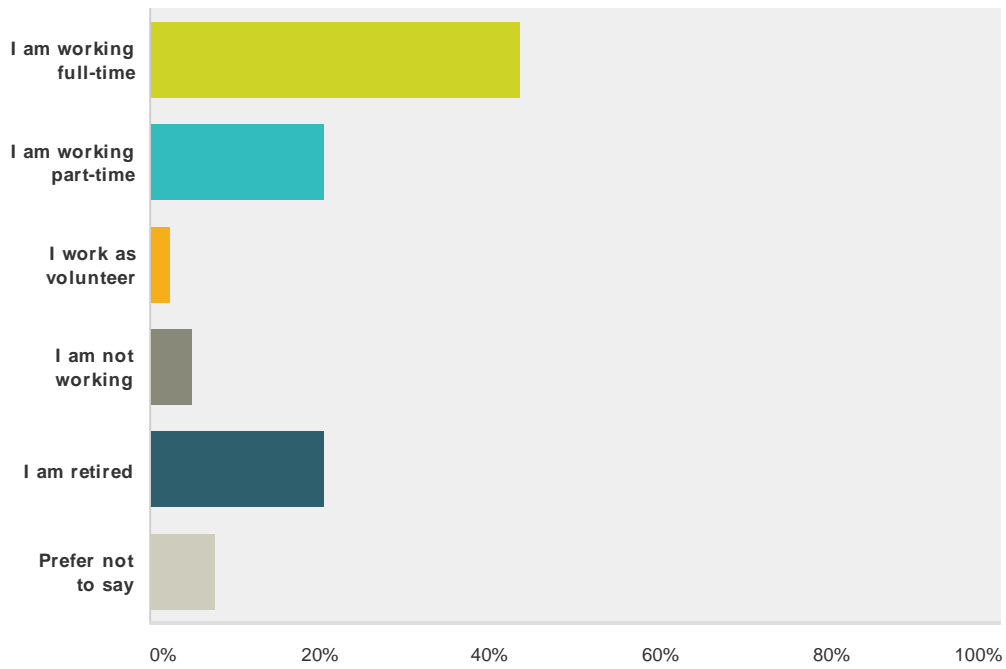
Answered: 37 Skipped: 4



Answer Choices	Responses
Single	21.62% 8
Married	59.46% 22
Life-partner	2.70% 1
Civil Partnership	0% 0
Prefer not to say	16.22% 6
Total	37

Q27 Which of the following best describes your working situation? Please tick one box only.

Answered: 39 Skipped: 2



Answer Choices	Responses	
I am working full-time	43.59%	17
I am working part-time	20.51%	8
I work as volunteer	2.56%	1
I am not working	5.13%	2
I am retired	20.51%	8
Prefer not to say	7.69%	3
Total		39

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Appendix 8 - Opening Hours of Dispensing Contractors

Yellow – Opens later on weekdays and open Saturdays and Sundays
Blue – Pharmacy opens weekdays and on Saturdays
Orange – Open standard core hours Monday – Friday (over 40 hours per week)
Green – Internet pharmacies
Purple – Appliance suppliers

North

Pharmacy	Address	Postcode	Tel No.	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Asda Pharmacy	Asda Superstore, Barton Dock Road	M41 7ZA	0161 748 5841	8am - 11pm	7am - 11pm	7am - 11pm	7am - 11pm	7am - 11pm	7am - 10pm	10.30-16.30
Boots	69 - 72 The Mall, Stretford Arndale	M32 9BD	0161 865 7062	8.45am - 5.30pm	8.45am - 5.30pm	8.45am - 5.30pm	8.45am - 5.30pm	8.45am - 5.30pm	8.45am - 5.30pm	10am - 4pm
Boots	10 Peel Avenue	M17 8BD	0161 746 7984	10am - 10pm	10am - 10pm	10am - 10pm	10am - 10pm	10am - 10pm	10am - 8pm	12noon - 6pm
Brooks Bar Pharmacy	162 - 164 Chorlton Road	M16 7WW	0161 226 4005	9am - 6pm	9am - 6pm	9am - 1pm	9am - 6pm	9am - 6pm	9am - 1pm	Closed
C&T Associates	77 Great Stone Road	M32 8GR	0161 881 4777	9am - 5.30pm	9am - 5.30pm	9am - 1pm	9am - 5.30pm	9am - 5.30pm	9am - 1pm	Closed
G Pennant Roberts	137 Ayres Road	M16 9WR	0161 872 1121	9am - 7pm	9am - 7pm	9am - 7pm	9am - 7pm	9am - 7pm	9am - 1pm	Closed



Greater Manchester
Commissioning Support Unit

TRAFFORD
COUNCIL

Gorse Hill Pharmacy	874 Chester Road	M32 0PA	0161 865 9125	9am - 6.30pm	9am - 6.30pm	9am - 6.30pm	9am - 6.30pm	9am - 6.30pm	Closed	Closed
Lloyds Pharmacy	The Delamere Centre, Delamere Avenue	M32 0DF	0161 865 2334	8.30am - 7pm	8.30am - 7pm	8.30am - 7pm	8.30am - 7pm	8.30am - 7pm	Closed	Closed
Lostock Pharmacy	Lostock Pharmacy, 431 Barton Road	M32 9PA	0161 865 1603	8.30am - 6.30pm	8.30am - 6.30pm	8.30am - 6.30pm	8.30am - 6.30pm	8.30am - 6.30pm	Closed	Closed
Rowland Pharmacy	6 Lime Grove	M16 0WL	0161 872 6719	9am - 7pm	9am - 7pm	9am - 7pm	9am - 7pm	9am - 7pm	Closed	Closed
Teago Instore Pharmacy	Chester Road	M32 0RW	0161 956 8247	8am - 10.30pm	6.30am - 10.30pm	6.30am - 10.30pm	6.30am - 10.30pm	6.30am - 10.30pm	6.30am - 10pm	11am - 5pm
The Co-operative Pharmacy	201 Upper Chorlton Road	M16 0BH	0161 881 1850	8.30am - 6pm	8.30am - 6pm	8.30am - 6pm	8.30am - 6pm	8.30am - 6pm	9am - 1pm	Closed
The Co-operative Pharmacy	65 Ayres Road	M16 9NH	0161 226 2163	9am - 7pm	9am - 7pm	9am - 1pm	9am - 6pm	9am - 7pm	Closed	Closed
The Co-operative Pharmacy	92 Mitford Street	M32 8AQ	0161 865 6331	9am - 6pm	9am - 6pm	9am - 6pm	9am - 6pm	9am - 6pm	Closed	Closed

Central

Pharmacy	Address	Postcode	Tel No.	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Boots	2 The Mall	M33 7XZ	0161 973 3267	9am - 5.30pm	9am - 5.30pm	9am - 5.30pm	9am - 5.30pm	9am - 5.30pm	9am - 5.30pm	Closed
Cohens Chemist	Firsway Health Centre, 121 Firsway	M33 4BR	0161 962 2871	8.30am - 6.30pm	8.30am - 6.30pm	8.30am - 6.30pm	8.30am - 6.30pm	8.30am - 6.30pm	Closed	Closed
Hollowood Chemist	69 Washway Road	M33 7SS	0161 962 8228	8.45am - 6.30pm	8.45am - 6.30pm	8.45am - 6.30pm	8.45am - 6.30pm	8.45am - 6.30pm	Closed	Closed
John Hugall	143 Northenden Road	M33 3HF	0161 973 1056	9am - 6pm	9am - 6pm	9am - 6pm	9am - 6pm	9am - 6pm	9am - 5pm	Closed
Mai's Pharmacy Ltd	10 North Parade, Derbyshire Rd South	M33 3JS	0161 973 2288	9am - 1pm & 2pm - 6.30pm	9am - 1pm & 2pm - 6.30pm	9am - 1pm & 2pm - 6.30pm	9am - 1pm & 2pm - 6.30pm	9am - 1pm & 2pm - 6.30pm	9am - 1pm	Closed
Rowland Pharmacy	331 Norris Road	M33 2UP	0161 973 4850	9am - 6pm	9am - 6pm	9am - 6pm	9am - 6pm	9am - 6pm	9am - 12noon	Closed
Rowland Pharmacy	54 Coppice Avenue	M33 4WB	0161 973 3552	9am - 6pm	9am - 6pm	9am - 6pm	9am - 6pm	9am - 6pm	9am - 1pm	Closed
Rowland Pharmacy	16 Plymouth Road, Ashton on Mersey	M33 5JD	0161 973 2843	9am - 6pm	9am - 6pm	9am - 6pm	9am - 6pm	9am - 6pm	9am - 1pm	Closed
Sainsbury's Pharmacy	Sainsbury's Superstore, Curzon Rd	M33 7SA	0161 973 1075	8am - 9pm	8am - 9pm	8am - 9pm	8am - 9pm	8am - 9pm	8am - 2pm	10am - 4pm
Tesco - The Pharmacy	Tesco Stores plc, Hereford Street	M33 7XN	0161 951 6447	8am - 1pm & 2 - 9pm	8am - 1pm & 2 - 9pm	8am - 1pm & 2 - 9pm	8am - 1pm & 2 - 9pm	8am - 1pm & 2 - 9pm	8am - 1pm & 2 - 9pm	10am - 4pm



Pharmacy	Address	Postcode	Tel No.	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
The Co-operative Pharmacy	2 Eastway	M33 4DX	0161 973 1750	9am - 6pm	9am - 6pm	9am - 6pm	9am - 6pm	9am - 6pm	Closed	Closed
Village Pharmacy	23 Green Lane, Ashton on Mersey	M33 5PN	0161 973 6024	9am - 6pm	9am - 6pm	9am - 6pm	9am - 6pm	9am - 6pm	9am - 5pm	Closed

South

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Pharmacy	Address	Postcode	Tel No.	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Bairry Bladon	219 Ashley Road	WA15 9SZ	0161 928 1233	9am - 6pm	9am - 6pm	9am - 6pm	9am - 6pm	9am - 6pm	9am - 6pm	Closed
Boots	Unit 8B, Altrincham Retail Park	WA14 5GR	0161 928 5024	9am - 8pm	9am - 8pm	9am - 8pm	9am - 8pm	9am - 8pm	9am - 6pm	11am - 5pm
Boots	1 Stamford Quarter	WA14 1RJ	0161 928 4471	8.30am - 5.30pm	8.30am - 5.30pm	8.30am - 5.30pm	8.30am - 5.30pm	8.30am - 5.30pm	8.30am - 5.30pm	11am - 5pm
Bowdon Pharmacy	6 Vale View	WA14 3BD	0161 929 9005	8.30am - 6.30pm	8.30am - 6.30pm	8.30am - 6.30pm	8.30am - 6.30pm	8.30am - 6.30pm	9am - 1pm	Closed
Broadheath Pharmacy	70 Manchester Road	WA14 4PJ	0161 929 7144	9am - 6pm	9am - 6pm	9am - 6pm	9am - 6pm	9am - 6pm	9am - 1pm	Closed
Broomwood Pharmacy	63 Briarfield Road	WA15 7DD	0161 980 0869	9am - 6pm	9am - 6pm	9am - 6pm	9am - 6pm	9am - 6pm	Closed	Closed
Cohens Chemist	177 Ashley Road	WA15 9SD	0161 928 1662	9am-1pm and 1.30pm - 5.30pm	9am-1pm and 1.30pm - 5.30pm	9am-1pm and 1.30pm - 5.30pm	9am-1pm and 1.30pm - 5.30pm	9am -1pm and 1.30pm- 5.30pm	Closed	Closed



Pharmacy	Address	Postcode	Tel No.	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hale Barns Pharmacy	311-313 Hale Road	WA15 8SS	0161 904 0865	7am - 11pm	7am - 11pm	7am - 11pm	7am - 11pm	7am - 11pm	9am - 10pm	10am - 5pm
Helgason Pharmacy	8 Ashley Road	WA14 2DW	0161 928 1164	8.30am - 6.30pm	8.30am - 6.30pm	8.30am - 6.30pm	8.30am - 6.30pm	8.30am - 6.30pm	Closed	Closed
Lloyds Pharmacy	321 Hale Road	WA15 8SS	0161 980 5247	9am - 6pm	9am - 6pm	9am - 6pm	9am - 6pm	9am - 6pm	9am - 5.30pm	Closed
Lloyds Pharmacy	186 Grove Lane	WA15 8PU	0161 980 2424	9am - 6pm	9am - 6pm	9am - 6pm	9am - 6pm	9am - 6pm	9am - 5.30pm	Closed
Oldfield Pharmacy	128 Seamons Road	WA14 4LJ	0161 942 9701	9am - 6pm	9am - 6pm	9am - 6pm	9am - 6pm	9am - 6pm	9am - 1pm	Closed
Pelican Pharmacy	344 Manchester Road	WA14 5NH	0161 962 4255	9am - 5.30pm	9am - 5.30pm	9am - 5.30pm	9am - 5.30pm	9am - 5.30pm	Closed	Closed
Riddings Pharmacy	38 Riddings Road	WA15 6BP	0161 973 2951	9am - 6.30pm	9am - 6.30pm	9am - 6.30pm	9am - 6.30pm	9am - 6.30pm	Closed	Closed
Rowlands Pharmacy	Lloyd House	WA14 2DD	0161 928 2114	9am - 6.30pm	9am - 6.30pm	9am - 6.30pm	9am - 6.30pm	9am - 6.30pm	Closed	Closed
Sainsbury's Pharmacy	Lloyd Street	WA14 2SU	0161 941 3185	7am - 11pm	7am - 11pm	7am - 11pm	7am - 11pm	7am - 11pm	7am - 10pm	10am - 4pm
Station Pharmacy	102 Park Road	WA15 6TE	0161 973 1238	9am - 6pm	9am - 6pm	9am - 6pm	9am - 6pm	9am - 6pm	9am - 1pm	Closed
Superdrug Pharmacy	78 - 84 George Street	WA14 1RF	0161 929 9793	8.30am - 5.30pm	8.30am - 5.30pm	8.30am - 5.30pm	8.30am - 5.30pm	8.30am - 5.30pm	8.30am - 5.30pm	Closed
Terry's Chemist	28 Sinderland Road	WA14 5ET	0161 928 1275	9am - 6pm	9am - 6pm	9am - 6pm	9am - 6pm	9am - 6pm	Closed	Closed



Pharmacy	Address	Postcode	Tel No.	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Tesco Pharmacy	Tesco Superstore	WA15 9QT	0161 956 9547	8am - 8pm	8am - 8pm	8am - 8pm	8am - 8pm	8am - 8pm	8am - 2pm & 2.20 - 8pm	10am - 4pm
The Co-operative Pharmacy	238 Stockport Road	WA15 7UN	0161 980 8880	8.30am - 6pm	8.30am - 6pm	8.30am - 6pm	8.30am - 6pm	8.30am - 6pm	9am - 5.30pm	Closed
Timperley Pharmacy	250 Stockport Road	WA15 7UN	0161 948 5066	7.30am - 22.30pm	7.30am - 22.30pm	7.30am - 22.30pm	7.30am - 22.30pm	7.30am - 22.30pm	7.30am - 22.30pm	8am - 6pm

Pharmacy	Address	Postcode	Tel No.	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Boots	Unit 8A, Trafford Retail Park, Neary Way	M41 7FN	0161 748 7836	9.30am - 7pm	9.30am - 7pm	9.30am - 7pm	9.30am - 7pm	9.30am - 7pm	9am - 6pm	11am - 5pm
Boots	Unit 4, Eden Square Shopping Centre	M41 0NA	0161 748 2317	9am - 5.30pm	9am - 5.30pm	9am - 5.30pm	9am - 5.30pm	9am - 5.30pm	9am - 5.30pm	Closed
Boots	179 Canterbury Road	M41 0SE	0161 748 3016	9am - 5.30pm	9am - 5.30pm	9am - 5.30pm	9am - 5.30pm	9am - 5.30pm	9am - 1pm	Closed
Davey Chemists	14a Warburton Lane	M31 4WJ	0161 777 8537	8.30am - 6.30pm	8.30am - 6.30pm	8.30am - 6.30pm	8.30am - 6.30pm	8.30am - 6.30pm	9am - 12noon	Closed
Lloyds Pharmacy	Davyhulme Medical Centre, 130 Broadway	M41 7WJ	0161 748 2199	8.30am - 6.30pm	8.30am - 6.30pm	8.30am - 6.30pm	8.30am - 6.30pm	8.30am - 6.30pm	Closed	Closed
Lloyds Pharmacy	3 Crofts Bank Road	M41 0TZ	0161 748 2966	9am - 6.30pm	9am - 6.30pm	9am - 6.30pm	9am - 6.30pm	9am - 6.30pm	9am - 5.30pm	Closed



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Malcolm's Pharmacy	28 Flixton Road	M41 5AA	0161 747 2277	7am - 10pm	7am - 10pm	7am - 10pm	7am - 10pm	7am - 10pm	7am - 10pm	9am - 7pm
Reeds Pharmacy	182 Church Road	M41 9FD	0161 748 2438	9am - 6.30pm	9am - 6.30pm	9am - 6.30pm	9am - 6.30pm	9am - 6.30pm	9am - 1pm	Closed
Sainsburys Pharmacy	Unit 24, Eden Square Shopping Centre	M41 0NA	0161 911 5400	7am - 11pm	7am - 11pm	7am - 11pm	7am - 11pm	7am - 11pm	7am - 10pm	11am - 5pm
The Co-operative Pharmacy	475 Moorside Road	M41 8TW	0161 748 5472	9am - 6pm	9am - 6pm	9am - 6pm	9am - 6pm	9am - 6pm	9am - 1pm	Closed
The Co-operative Pharmacy	10 Woodsend Circle	M41 8GY	0161 748 1926	8.45am - 6.15pm	8.45am - 6.15pm	8.45am - 6.15pm	8.45am - 6.15pm	8.45am - 6.15pm	Closed	Closed
The Co-operative Pharmacy	2 Station Bridge, Station Road	M41 9SB	0161 748 2090	9am - 6pm	9am - 6pm	9am - 6pm	9am - 6pm	9am - 6pm	9am - 4.30pm	Closed
The Co-operative Pharmacy	Partington Health Centre, 91 Central Road	M31 4FY	0161 775 3455	9am - 6.15pm	9am - 6.15pm	9am - 6.15pm	9am - 6.15pm	9am - 6.15pm	Closed	Closed
Urmston Pharmacy	287B Stretford Road	M41 9NU	0161 864 3733	9am - 7pm	9am - 7pm	9am - 6pm	9am - 7pm	9am - 1pm & 2.15 - 5pm	9am - 1pm	Closed

Other

Pharmacy	Address	Postcode	Tel No.	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Appliance Contractor - Altrincham Fittleworths Medical Ltd	Parflo Building, Huxley Street	WA14 5EL	0161 941 7350	9am - 5pm	9am - 5pm	9am - 5pm	9am - 5pm	9am - 5pm	Closed	Closed

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Acronyms

AT	Area Team
CCG	Clinical Commissioning Group
CPCF	Community Pharmacy Contractual Framework
CVD	Cardiovascular Disease
GM AT	Greater Manchester Area Team
HWB	Health & Wellbeing Board
IMD	Index of Multiple Deprivation
JSNA	Joint Strategic Needs Assessment
LA	Local Authority
LPC	Local Pharmaceutical Committee
LPS	Local Pharmaceutical Service
LSOA	Lower Tier Super Output Area
MUR	Medicines Use Review
NHS	National Health Service
NMS	New Medicines Service
OOH	Out of Hours
PCT	Primary Care Trust
PGD	Patient Group Direction
PNA	Pharmaceutical Needs Assessment
PSNC	Pharmaceutical Services Negotiating Committee
SAC	Stoma Appliance Customisation Service

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GMCSU Equality Analysis Form

The following questions will document the effect of your activity on equality, and demonstrate that you have paid due regard to the Public Sector Equality Duty. The Equality Analysis (EA) guidance should be used read before completing this form.

To be completed at the earliest stages of the activity and before any decision making and returned via email to GMCSU Equality Diversity Human Rights Team for Quality Assurance:

Samina Arfan: samina.arfan@nhs.net

Andrew McCorkle: andrew.mccorkle@nhs.net

Julia

Allen: juliaallen@nhs.net

Rosie Kingham: rosie.kingham@nhs.net

Section 1: Responsibility

EDHR Reference : Your ref: EA/Trafford/LA1

1 Name & role of person completing the EA:

Stephen Woods

2 Service/ Corporate Area

Medicines Management, Greater Manchester Commissioning Support Unit

3 Head of Service or Director (as appropriate):

Andrew White

4 Who is the EA for? Select from the drop down box.

Other

4.1 Name of Other organisation if appropriate

Health and Wellbeing Board at Trafford Local Authority

Section 2: Aims & Outcomes

5 What is being proposed? Please give a brief description of the activity.

Pharmaceutical Needs Assessment: Trafford. There is a Legal requirement which The Health and Social Care Act 2012 transferred responsibility for the development and updating of PNAs to HWBs.

6 Why is it needed? Please give a brief description of the activity.

A PNA will use the Joint Strategic Needs Assessment (JSNA) and other Board approved documents to identify the local health priorities. It should look at current demographics and future trends and developments which may impact on the health of the local population. The PNA will look at issues that may affect it across the 3 years it could be valid for.
The PNA will also identify where pharmaceutical services are currently used to address these priorities and where changes may be required to fill any current identified gaps or to address possible future health needs.

7 What are the intended outcomes of the activity?

The PNA should be a tool which is used to inform commissioners of the current provision of pharmaceutical services and where there are any gaps, in relation to the local health priorities, which could be addressed by improving services or access to services in that area.
 The commissioners who would find it most useful are Clinical Commissioning Groups (CCGs), Local Authority Public Health and NHS England.
 The PNA is of particular importance to NHS England who since 1 April 2013, has been identified in the Health and Social Care Act 2012, as responsible for maintaining pharmaceutical lists. The PNA is a key document in making decisions with regard to applications made under the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. The public survey has disaggregated feedback by some of the protected groups i.e. age, gender, gender reassignment, disability, race religion or belief, sexual orientation, marriage and civil partnership. The findings are currently being analysed and should reveal any adverse impacts for those groups, in line with the questions asked e.g. usage of pharmacy services and a menu of potential services if made available.

8 Date of completion of analysis (and date of implementation if different). Please explain any difference

09/09/13

9 Who does it affect? Select from the drop down box. If more than one group is affected, use the drop down box more than once.

Service Users/Patients

Establishing Relevance to Equality & Human Rights

10 What is the relevance of the activity to the Public Sector Equality Duty? Select from the drop down box and provide a reason.

General Public Sector Equality Duties	Relevance (Yes/No)	Reason for Relevance
To eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by Equality Act 2010	Yes	The PNA document identifies groups of people by different factors e.g. their health needs, age ranges, or social demographics, whose health needs could be addressed by pharmaceutical providers to bring those with lower health outcomes more in line with the average for the area.

<p>To advance equality of opportunity between people who share a protected characteristic and those who do not.</p>	<p>Yes</p>	<p>The PNA aims to scrutinise along with Equality Analysis process, for any significant gaps in pharmaceutical service provision for local vulnerable people. The patient survey also aims to give a voice to vulnerable people in shaping inclusive pharmaceutical services. The PNA document identifies groups of people by different factors e.g. their health needs, age ranges, or social demographics, whose health needs could be addressed by pharmaceutical providers to bring those with lower health outcomes more in line with the average for the area.</p>
<p>To foster good relations between people who share a protected characteristic and those who do not</p>	<p>Yes</p>	<p>The services which may be commissioned as a result of the PNA analysis by the Health and Wellbeing Board will generally be targeted to meet the needs of individual patients from feedback received. Cyclical opportunities are provided by CCGs Communications and Engagement team for patient and carer reps to come together to feedback their views on any barriers in accessing services and how these might be improved for increased take up by all sections of local communities and for improved patient experience. Protected groups want to be assured by healthcare organisations that their individual needs are understood and that any barriers in accessing & taking up pharmaceutical services are being recognised and addressed through opportunities for feedback to key decision makers in healthcare.</p>

10.1 Use the drop down box and advise whether the activity has a positive or negative effect on any of the groups of people with protected equality characteristics and on Human Right

Protected Equality Characteristic	Positive (Yes/No)	Negative (Yes/No)	Explanation
<p>Age</p>	<p>Yes</p>	<p>No</p>	<p>PNA is directing resources at various age groups where improvement in the school age children and aiming to achieve a more healthy population for the public survey received responses from people in all age categories.</p>

Disability	Yes	No	The issues around access to pharmacy services and types of services provided were surveyed. There were 20% of respondents who described themselves as disabled. Issues raised are discussed within the document and can be identified and discussed by the HWBB. The survey will be published on the LA website. One out of the 41 respondents flagged up that they were unable to make their choice due to mobility issues. However good practice allows pharmacy collection and delivery (in liaison with local GP practices). However this is not a contract and is not consistently provided across the borough but is at the discretion of the GP practice. This results in some of our disabled patients receiving different services. This is a potential area for improvement by consideration and agreement but it may have an impact for some disabled patients. This could mean that disabled patients are not always available in their locality. This could involve promotion of service availability to meet the needs of disabled or older patients. The survey analysis does not provide data for each of the protected groups (where declared by patients responding) e.g. how satisfied as our non disabled patients. Disability awareness training for pharmacy staff is under consideration e.g. how to use text relay to provide access to deaf or hearing impaired patients. Induction Hearing Loops are a main counter for people using a hearing aid, which are not always accessible in alternative formats. An Accessibility Statement on the website is one way of addressing good practice and fair access for vulnerable people. A survey was asked about accessibility to pharmacy premises for disabled people.
Gender	Yes	No	29% Male and 71% female response rates to the Public survey. Some of the issues raised are directed to addressing female conception issues. It does raise the question of reaching male patients, and if not, why not? This should be explored further.
Pregnancy or maternity	Yes	No	One of the strategic needs for Trafford is to address antenatal assessment. However, we may not be able to identify a direct way to help the PNA will raise the issue.
Race	No	No	5% of respondents to the public survey described themselves as a different race. 11% preferred not to say. Their views are taken into account throughout the survey.
Religion and belief	Yes	No	57% of respondents considered themselves to be Christian, with 22% not declaring a faith or religion and 16% preferring not to say. Although the commissioning is specifically aimed at different religions or beliefs, the surveys may highlight issues such as the need for medicines which are kosher or halal, or do not contain alcohol.

Sexual Orientation	No	No	87% stated they were heterosexual/straight with 14% preferring not to say, the survey stated they were Lesbian, Gay or Bisexual. There are no specific services or health needs arising as part of a persons sexual orientation. Sexual orientation awareness and training for pharmacy staff should be a consideration.
Other vulnerable group			
Marriage or Civil Partnership	No	No	Marital status was a question in the equality section of the public survey with 22% single, 16.22% preferred not to say. There are no specific services or health needs arising as part of a persons marital status but the views of the respondents will be taken into account via the public survey. Civil partnership awareness and training for staff should also be a consideration.
Gender Reassignment	No	No	One respondent out of 41 to the public survey said they identified with a different gender to that which they were assigned at birth and one respondent preferred not to say. There are no specific services put in place to address any health needs arising as part of a persons sexual orientation but the views of the respondents will be taken into account via the public survey.
Human Rights	Yes	No	No human rights concerns from feedback received.

If you have answered No to all the questions above and in question 10, explain below why you feel your activity has no relevance to Equality and Human Rights.

Section 4: Equality Information and Engagement

11 What equality information or engagement with protected groups has been used or undertaken to inform the activity. Please provide details.

Details of Equality Information or Engagement with protected groups	Internet link if published & date last published

pharmacy survey - this enquired with the pharmacy providers what services their pharmacy offered. It included questions related to customer access, including facilities for disabled customers and provision of targeted services, languages spoken by staff , **Public survey**- This asked about what services they liked or didn't like, how they accessed pharmacy services, what other services would the public like to be provided, amongst other questions. An equality survey to assess the demographic profile of respondents was also carried out.

The survey analysis will be published with the Pharmaceutical Needs Assessment in April 2014 on the Local Authority / Health and Wellbeing website

11.1 Are there any information gaps, and if so how do you plan to address them

The PNA does not currently look in any detail at each of the 9 local protected characteristic groups and any associated health inequalities. More specific research to look at the health needs and recognise the specific health inequalities of these protected groups may be undertaken in the JSNA or other document which will help inform future PNAs. Local councils sometimes have the resources to work with the voluntary sector to carry out such research on healthcare needs of local communities of interest eg Salford City Council and the local Orthodox Jewish communities needs.

Section 5: Outcomes of Equality Analysis

12 Complete the questions below to conclude the EA.

What will the likely overall effect of your activity be on equality?

The overall effect would be improved access to services which will impact disadvantaged groups in a positive manner

What recommendations are in place to mitigate any negative effects identified in 10.1?

The PNA will make recommendations which the HWB will consider to determine how services will be shaped.

What opportunities have been identified for the activity to add value by advancing equality and/or foster good relations?

PNA presents an opportunity to add value for equality and inclusion for local vulnerable people from protected groups. By consulting and engaging with the harder to reach, more marginalised groups we can improve our knowledge of the needs the pharmacies can meet through re-shaping of services such as location, services available, Equality Diversity and Human Rights aware staff who are confident in dealing with the needs of different groups who are often more vulnerable in many different ways. Also an awareness of the anticipatory duty to provide reasonable adjustments for vulnerable patients linked to fair access to information, services and premises is required.

What steps are to be taken now in relation to the implementation of the activity?

We have taken into account the findings of the patient survey for any adverse impacts on local vulnerable people from protected groups. We would ask that HWB take into account any adverse impacts / feedback detailed in this Equality Analysis when shaping future pharmacy services to be more inclusive to local protected group identified needs. It is important to give vulnerable groups a voice in re-shaping local services.

Section 6: Monitoring and Review

13 If it is intended to proceed with the activity, please detail what monitoring arrangements (if appropriate) will be in place to monitor ongoing effects? Also state when

The PNA must legally be reviewed every 3 years to assess the new pharmacy provision has addressed local health needs and will discuss up new areas for improvement. If there is a significant change to service provision in the area before the 3 year deadline then the PNA will be redone at the earliest opportunity. The Local Authorities will engage with current communications systems with the public and specifically the protected groups to identify if there are any ongoing issues around the service provision from communities of interest patient reps should be encouraged to provide feedback to their local CCG on any barriers they perceive in accessing pharmacy services for

CCG commissioners, Local Authority
commissioners, NHS England.

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their health is required. E.g. pre- e over 65 year age group. The	

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outcomes relating to these can
outside the PNA on the HWB /
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scession of the pharmacy and
t levels of access to service.
it is identified as an adverse
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taking into account additional
lissaggregated satisfaction levels
our disabled patients and just
harmacy staff is a
impaired patients, use of
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and available in the pharmacy
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e services discussed are solely
of are pharmacy services

provision. Although pharmacy
as it is discussed by the HWB.

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PNA

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the need to address issues
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clusion training for pharmacy

n the activity will be reviewed.

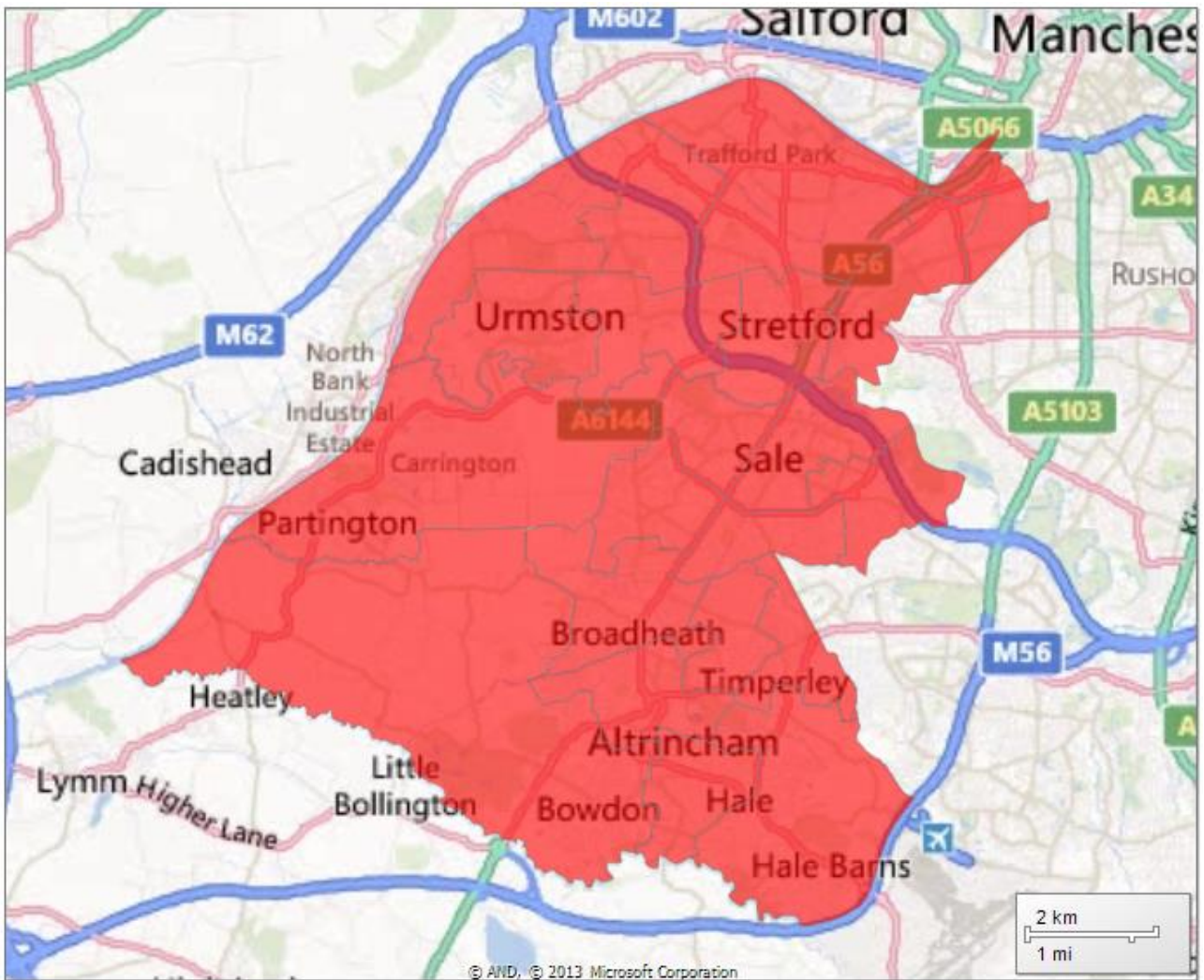
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s and the CCGs will use their
their areas. Local
or local vulnerable people.



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Trafford Council Pharmaceutical Needs Assessment



This Pharmaceutical Needs Assessment has been produced for Trafford's Health and Wellbeing Board by Trafford Council in conjunction with Greater Manchester Commissioning Support Unit.

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1.0 Foreword and Executive Summary

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

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

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

The conclusion of this PNA is that the population of Trafford's HWB area currently has sufficient numbers of pharmacy contractors to meet their pharmaceutical needs. This is clearly demonstrated by the following points:

- Areas of high population all have a pharmacy located within one mile of them.
- The percentage increase in pharmacy outlets has mirrored the percentage increase in the total population of Trafford since 2011.
- Approximately 87% of prescriptions generated by Trafford prescribers are dispensed by Trafford pharmacies.
- Trafford has a significantly higher number of pharmacies per 100,000 population than the England and North West average.

An extension of weekend opening hours would be beneficial in the Partington area, Sale Moor and Brooklands wards of Trafford to improve access to advice and medication for minor ailments.

In the new NHS there is a need for the local health partners, Trafford Council, Trafford Clinical Commissioning Group (CCG) Trafford 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 for ensuring that those additional services that are commissioned by Trafford Council or Trafford CCG from Trafford pharmacies are promoted to Trafford's population to improve their uptake. The public survey indicated that respondents would like to use pharmacy services but had not used them in the past or did not know what the service was, e.g. 56% of people would like to use the minor ailment scheme, but only 24% had done so and 3% did not know what the service entailed.

The current pharmacy services commissioned from Trafford pharmacies lend themselves to assisting Trafford's HWB in achieving the required outcomes identified as the health priorities outlined in their strategy.

Commissioners need to review the currently commissioned services and assess service delivery and health outcomes achieved. Review should include whether it is preferential to allow expressions of interest from all pharmacy contractors to engage in commissioned additional services in order to target the whole population and allow maximum access or whether targeted delivery by a small number of contractors would be more appropriate e.g. where the health need is specific to a certain population or location. It is important that any review includes possible or actual service delivery by other providers where they also meet specific pharmaceutical needs.

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

2.1 Background

The [Health Act 2009 128A](#) made amendments to the National Health Service Act 2006 stating that:

- (1) Each Primary Care Trust must in accordance with regulations:
 - (a) Assess needs for pharmaceutical services in its area, and;
 - (b) Publish a statement of its first assessment and of any revised assessment.

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

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

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

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

In order that these newly established HWB had enough time to gather the information and publish a new PNA the [National Health Service \(Pharmaceutical and Local Pharmaceutical Services\) Regulations 2013](#) now gives a requirement that each HWB must publish its first pharmaceutical needs assessment by 1st April 2015, unless a need for an earlier update is identified.

3.0 Context of the PNA

3.1 Purpose of a PNA

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

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

The PNA should be a tool which is used to inform commissioners of the current provision of pharmaceutical services and where there are any gaps, in relation to the local health priorities, which could be addressed by improving services or access to services in that area.

The commissioners who would find this document most useful are Clinical Commissioning Groups (CCGs), Local Authority Public Health and NHS England.

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

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

Current needs: additional matters to which the NHSCB¹ must have regard

13.—(1) *If the NHSCB¹ receives a routine application and is required to determine whether granting it, or granting it in respect of some only of the services specified in it, would meet a current need*

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

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

3.2 Scope of assessment

A PNA is defined in the regulations as:

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

¹ NHSCB (NHS Commissioning Board) is now known as NHS England.

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

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

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

3.2.1 Definition of Pharmaceutical Services

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

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

Pharmacy Contractors

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

There are 62 pharmacy contractors in Trafford. Of these six have 100 hour contracts. There are no distance selling pharmacies, also no LPS contractors.

Dispensing doctors

In some areas GP practices may dispense prescriptions for their own patients and the PNA would need to take these into account but would not be concerned with assessing the need for other services dispensing doctors may provide as part of their national or local contract arrangements.

Trafford’s HWB area has no dispensing doctors.

Dispensing Appliance Contractors

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

There is one appliance contractor in Trafford’s HWB area, this is located in Altrincham. Our population also uses dispensing appliance contractors outside the Trafford area so we will need to take this into account when assessing the needs of our population.

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

Other 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 any future service review.

3.2.2 Pharmaceutical Services Contractual arrangements^{iii,iv}

The Community Pharmacy Contractual Framework (CPCF) is made up of three different service types. These are defined as:

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

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

Advanced Services – Any contractor may choose to provide Advanced Services. There are requirements which need to be met in relation to premises, training or notification to the NHS England Area team. These include:

- Medicines Use Review (MURs)
- New Medicines Service (NMS) – No decision has been made about the future of the service beyond March 2014
- Appliance Use Reviews (AUR)
- Stoma Appliance Customisation Service (SAC)

At this time a pharmacy may undertake up to 400 MURs per annum if they have informed the NHSCB of their intention to provide the service. If a pharmacy informs the NHSCB after 1 April but before the 1st October they may will be paid for up to a maximum of 200 MURs.

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

Enhanced Services - Only those contractors directly commissioned by NHS England can provide these services.

[The National Health Service Act 2006, The Pharmaceutical Services \(Advanced & Enhanced Services\) \(England\) Directions 2013, Part 4 14.-\(1\)](#) list the enhanced services as:

- Anticoagulant Monitoring Service
- Care Home Service
- Disease Specific Medicines Management Service
- Gluten Free Food Supply Service
- Independent Prescribing Service
- Home Delivery Service
- Language Access Service
- Medication Review Service
- Medicines Assessment and Compliance Support Service (This is more clinical than MURs)

- Minor Ailments Service
- Needle and Syringe Exchange Service
- On Demand Availability of Specialist Drugs Service
- Out of Hours Service
- Patient Group Direction Service (This would include supply of any Prescription Only Medicine via PGD)
- Prescriber Support Service
- Schools Service
- Screening Service
- Stop Smoking Service
- Supervised Administration Service
- Supplementary Prescribing Service

The regulations are intended to be permissive and allow NHS England to interpret how any of the above Enhanced Services could be commissioned, its scope and method of delivery. NHS England Area Team may make arrangements for the provision of these services in its area.

Before 1 April 2013 PCTs commissioned enhanced services from pharmacy contractors in line with the needs of their population. From 1 April 2013 those public health enhanced services previously commissioned by PCTs transferred to local authorities and are now termed as locally commissioned services because NHS Pharmaceutical Service regulations only allow NHS England to commission enhanced services.

In Greater Manchester the NHS England Area Team has responsibility for managing Enhanced Services.

Although NHS England does not have the power to direct CCGs to manage enhanced services on its behalf there is an interim arrangement in place across Greater Manchester that CCGs will continue to manage the previous PCTs commissioned Enhanced Services which should have transferred to NHS England until April 2014. A review of these Enhanced Services will take place before this date.

3.2.3 Locally commissioned services

Community pharmacy contractors can also provide services commissioned by Local Authorities and CCGs and although they are not enhanced services (only NHS England can commission these), they mirror enhanced services that could be commissioned and therefore need to be considered alongside Pharmaceutical Service provision in order that a full picture of current provision is identified across Trafford.

However, a CCG or LA can ask NHS England to commission a service listed in the Directions on their behalf, e.g. a CCG could request that a minor ailments service is commissioned as an Enhanced service. It should be borne in mind that the cost of these services will be billed back to the CCG or LA. Services commissioned this way are commissioned under Pharmaceutical Services and consequently the public health, NHS standard or local contracts don't need to be used.

Locally commissioned services within Trafford may be reviewed within the planned lifespan of this document.

Public health services

Particular mention should be given to the locally commissioned services which have been designated as public health services such as population screening or prevention of disease states. These have transferred to the Local Authorities to manage. The commissioning of

the following enhanced services which were listed in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2012 transferred from PCTs to local authorities with effect from 1 April 2013:

- Needle and syringe exchange
- Screening services such as Chlamydia screening
- Stop smoking
- Supervised administration service
- Emergency hormonal contraception services through patient group directions.

Where such services are commissioned by local authorities they no longer fall within the definition of enhanced services or pharmaceutical services as set out in legislation and therefore should not be referred to as enhanced services.

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

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

The enhanced services carried over from the previous Primary Care Trust and transferred to Trafford Council are broadly split into two categories:

Sexual Health Services:

- Emergency Hormonal Contraception
- Chlamydia Testing and treatment

Harm Reduction services including:

- Supervised Methadone/Buprenorphine
- Needle Exchange
- Smoking Cessation

Current review of Emergency Hormonal Contraception Service by Community Pharmacy

Trafford are working with commissioners across Greater Manchester, the Centre for Pharmacy Postgraduate Education and the Commissioning Support Unit to develop a new Pharmacy scheme. This revised scheme will cover emergency contraception (EHC), condoms and Chlamydia screening. The scheme will be rolled out in the New Year (2014) with programmes of training available for pharmacists. It is anticipated that this scheme along with targeted publicity will increase access to EHC by young people. Emergency contraception is also available through GP's and the newly commissioned Bridgewater Integrated sexual health service.

Community Pharmacy Services now commissioned by NHS England:

- Minor Ailment Scheme
- Palliative Care
- Headlice Eradication

These Enhanced Services in Trafford are commissioned by NHS England. However, they are currently managed on their behalf by Trafford CCG. NHS England's intention is for these to be reviewed before April 2014 and where the CCG wishes to retain this service provision they will be commissioned by them using the national standard contracts as locally commissioned services.

For a description of the service please refer to appendix 1

3.3 Non-commissioned added value community pharmacy services

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

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

3.4 Hospital pharmacy

Patients in **Trafford Council** have a choice of provider for their elective hospital services. Most (99%) of our residents choose to be treated at one of the following NHS Trusts.

Table 1: Hospital Choice for Trafford Residents

Hospital Trust	Patient numbers	%
CENTRAL MANCHESTER	38,511	56%
SOUTH MANCHESTER	24,166	35%
Salford Royal	5,439	8%

99%

The PNA makes no assessment of the need for pharmaceutical services in hospital settings; however the HWB is concerned to ensure that patients moving in and out of hospital have an integrated pharmaceutical service which ensures the continuity of support around medicines.

3.5 What is excluded from scope of the assessment?

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

3.5.1 Prison pharmacy

Pharmaceutical services are provided in prisons by contracted providers. There are no HM Prisons within the boundary of Trafford Council.

3.6 Process followed for developing the PNA

The PNA followed guidance set out by:

- NHS Employers PNA guidance^{vi}
- National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) (Amendment) Regulations 2010
- Pharmaceutical Needs Assessment, Information Pack for Local Authority Health and Wellbeing Boards (May 2013, DoH).

Stage 1:

The PNA was developed using a project management approach and a steering group was established in May 2013 consisting of Local Authority representatives, GMCSU Medicines Management Team, and a Project Manager. This steering group has been responsible for the completion of the PNA and to ensure that the PNA meets at least the minimum requirements. This steering group approved the template for the PNA, along with all public facing documentation.

In order to complete the PNA in the most appropriate way, the last PNA dated February 2010 was reviewed and recommendations were made as to the content and where it was necessary to reflect.

Stage 2:

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

Stage 3:

The content of the PNA was produced. This included demographics, mapping, analytics and background information. This draft PNA was then approved by the steering group to go to consultation.

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

Stage 4:

The consultation took place from 3 October 2013 to 6 December 2013 for a period of 64 days, in line with the Department of Health Regulations on the development of the PNA. This is based on Section 242 of the NHS Act 2006 which requires PCTs to involve users of services in:

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

- Decisions affecting the operation of services.

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

Stage 5:

The consultation responses have been analysed and used to pull together the final PNA document which was approved by the Health and Wellbeing Board on 3rd April 2014. The PNA was then published on the website on 4th April 2014.

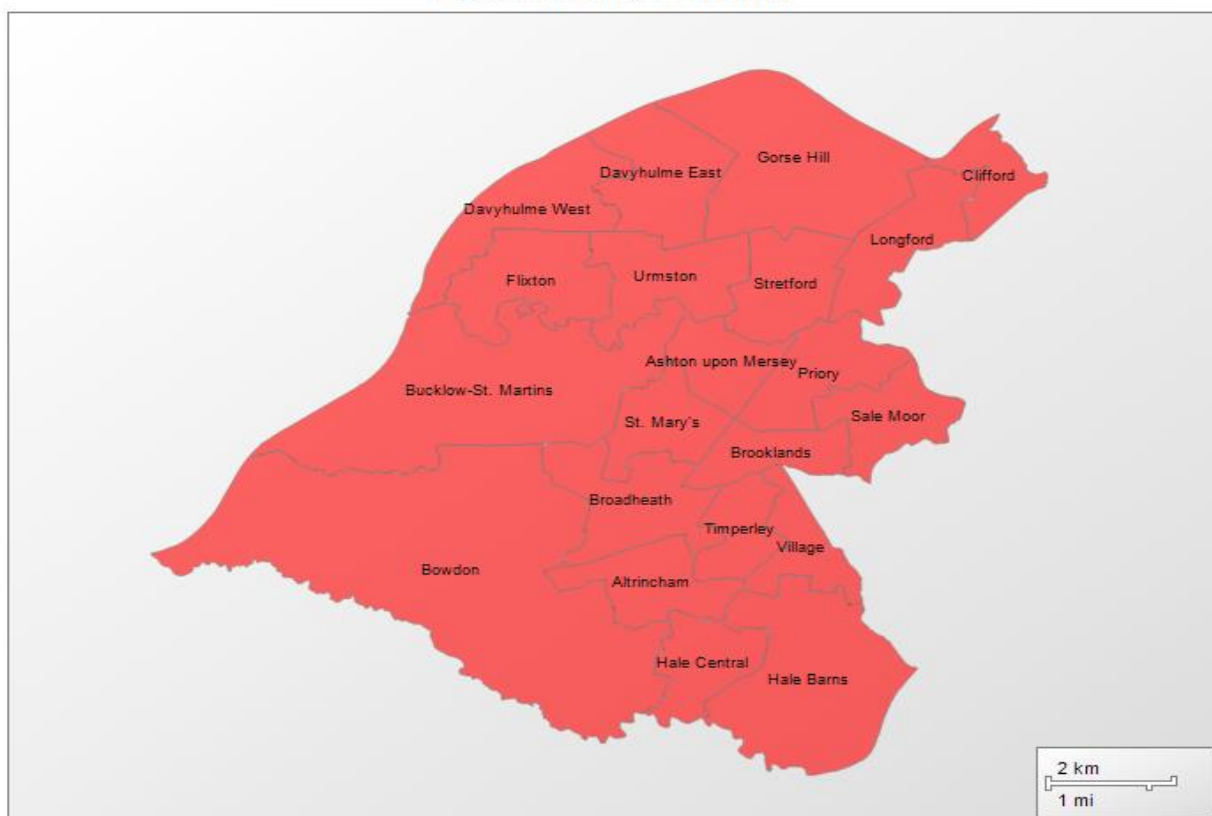
3.7 Localities for the purpose of the PNA

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

Trafford is made up of 21 wards.

- Altrincham
- Ashton upon Mersey
- Bowdon
- Broadheath
- Brooklands
- Bucklow St Martins (often referred to as Partington)
- Clifford
- Davyhulme East
- Davyhulme West
- Flixton
- Gorse Hill
- Hale Barns
- Hale Central
- Longford
- Priors
- Sale Moor
- St. Mary's
- Stretford
- Timperley
- Urmston
- Village

Map 1: Electoral Wards in Trafford
Electoral Wards in Trafford



To identify which pharmacies are in each ward refer to appendix 4.

3.8 Services provided across the border in other Local Authority areas

In making its assessment the HWB needs to take account of any services provided to its population which may affect the need for pharmaceutical services in its area. This could include services provided across a border to the population of Trafford Council by pharmacy contractors outside their area, or by GPs, or other health services providers including where these are provided by NHS Trust staff.

3.9 PNA consultation

Prior to the starting of the draft PNA, a five week public survey was carried out to identify how the public currently use their pharmacy and whether they had any problems with areas such as access to services. We also asked them what future services they would be interested in using. Analysis for the public survey can be found in section 6 and the full results in appendix 7.

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

A formal 60 day consultation process was carried out amongst the local Health Partners and other stakeholders to enable feedback from them before the PNA was published.

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

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

3.10 PNA review process

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

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

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

4.0 Population Demography

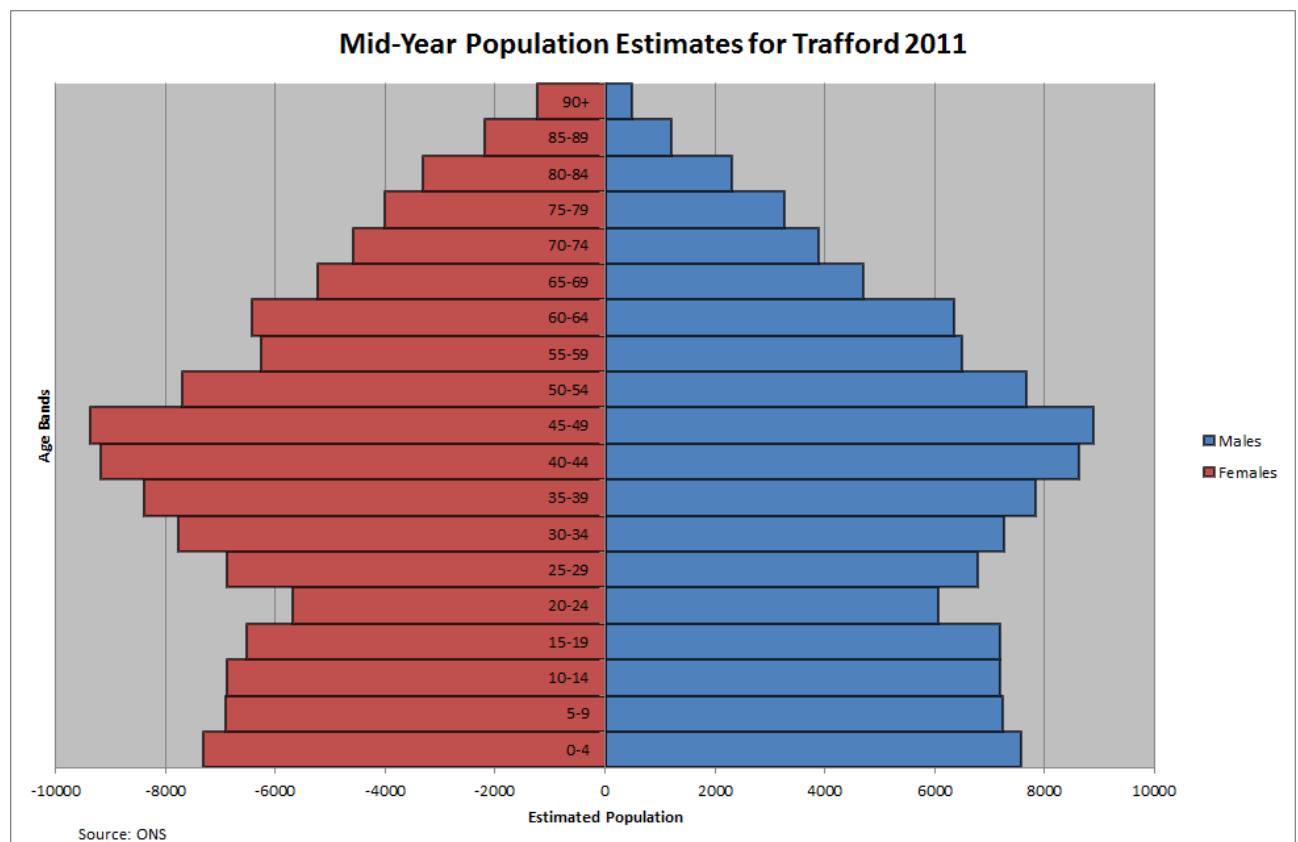
4.1 Overview

Overall, Trafford is a relatively affluent borough, certainly in regional terms, but also in national terms. It is one of the smaller District Councils within the Greater Manchester conurbation in terms of population, at 226,600 people (census 2011). This predominant affluence and high levels of achievement, however, hides local differences and inequalities. Some of the areas in the borough are amongst the most affluent in the country; however it also has some of the most deprived areas in the country. Across the range of issues analysed in this PNA, no area in the borough can be said to be free from lifestyle or social problems that need to be addressed. However, there are six areas that have multiple and persistent issues afflicting the people and communities that live in them throughout the course of their lifetime. Parts of Partington, Old Trafford, Sale West estates, Broomwood estate, parts of Longford and Broadheath wards are in the 10% of Lower Super Output Areas (LSOA) or most relatively deprived in the country.

4.2 Age of Population

The chart below shows the spread of age ranges across Trafford in five year stages for males and females from the year 2011.

CHART 1: Mid-Year Population Estimates



The largest group of the Trafford population (15.9%) is made up of residents aged 40-49 this is slightly higher than the England population (14.6%), as a whole Trafford population

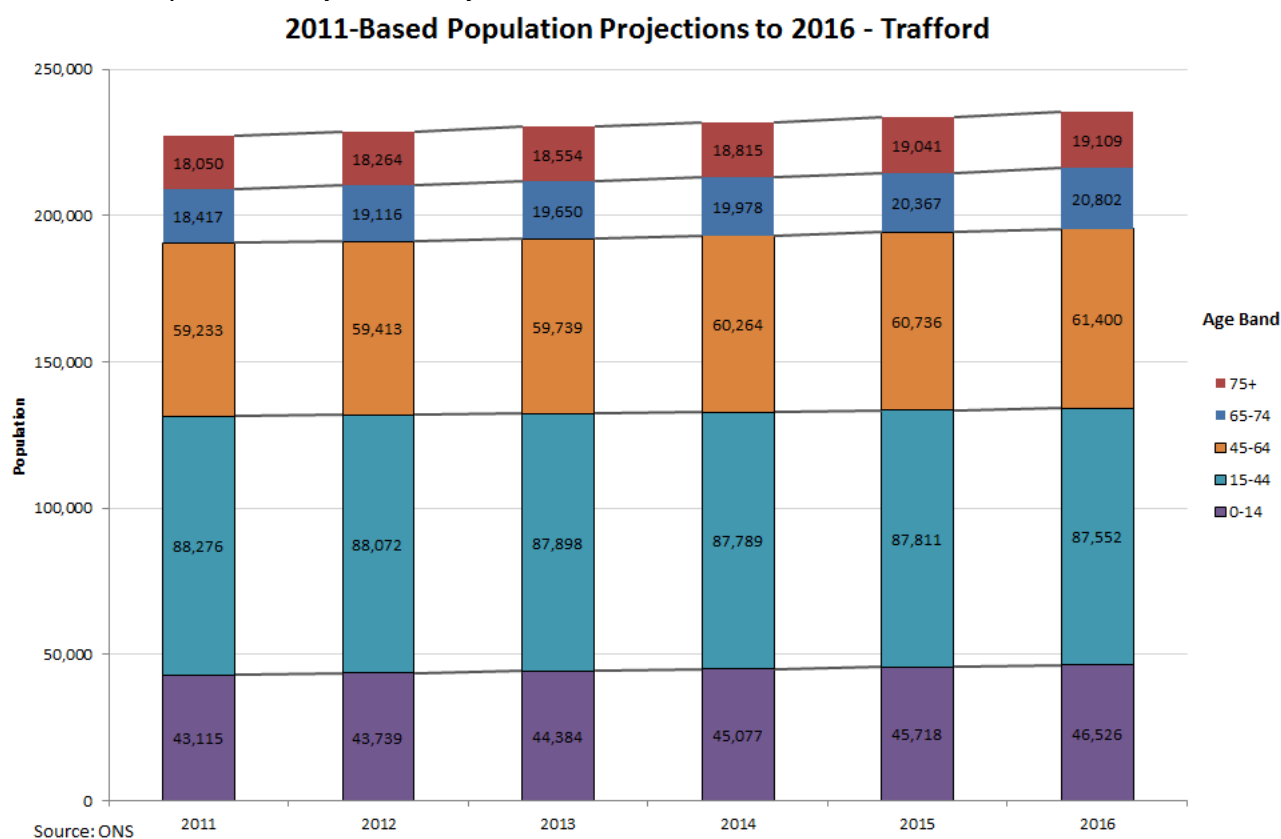
has a very similar age profile to that of England. Since 2001, Trafford's population has increased by 7.8% or 16,400 people and is now estimated to be around 226,600. Some changes to note are there has been a drop in the number of people who are aged between 30 and 40. There has also been an increase in the number of people who are aged between 0 to 5 years and 60 to 65 years.

The change in age range towards a higher level of 60 to 65 year olds and 0 to 5 year olds may require commissioners to target health needs specific to these groups of people. Pharmacies may wish to identify the age of their customers to ensure they are providing the most effective services for their local population.

4.3 Future Age Trends

Trafford's population is expected to grow by approximately 9% to 247,600 over the next two decades to 2030 (based on population data from census 2011). It is notable that by 2020, the number of males in the population is projected to overtake the number of females.

CHART 2: Population Projections to year 2016



0-14	7.9% increase
15-44	0.8% decrease
45-64	3.7% increase
65-74	12.9% increase
75 +	5.9% increase

The overall population is expected to increase by approximately 3.5% by 2016. The largest increase (12.9%) is expected to be in the 65-74 age range. The 75+ age band is expected to increase by 5.9%. This will have implications for the health service as people who are

older are more likely to have a chronic long term condition and rely more on medication and medical interventions.

This increase in items will in turn lead to a greater impact on pharmacy services as more items will be dispensed and there will be a greater need for patients to understand their medication. Pharmacies can benefit from this by implementing services targeted to an older population. This may lead to a need to review community pharmacy skill mix. The current number of pharmacy contractors should be able to deal with the increase in potential patient numbers for provision of Essential and Advanced Services.

There is also expected to be a considerable increase (7.9%) in the 0-14 age band. Again this will have implications for the health service as this group has specific health needs e.g. vaccinations. The commissioners should be aware when looking to commission future services that sufficient resources are in place to manage the expected changes in population.

How can pharmacy and the local health partners make an Impact?

Pharmacies could be commissioned to help deliver national vaccination programs by identifying patients who have not yet received them or by carrying out vaccination clinics when demand is high. The Minor Ailment Scheme can be used to reduce the GP burden by managing the treatment of common ailments which frequently occur in the 0-14 age group.

MURs can be used by pharmacies to help patients understand the benefits of their medicines. Educating patients on healthy lifestyles and the need to reduce unnecessary expense within the health services are other ways in which pharmacy can help reduce the burden of an increased elderly population on the NHS.

The local health partners, CCG, LA and GM LAT may also want to think about which pharmacy services are going to be beneficial to their population in order that NHS money can be invested in prevention of disease or disease progression rather than recovery e.g. targeted medication use reviews to reduce hospital admissions and medication wastage. Commissioners may need to consider additional services that could be required to help support delivery of health care to these patient groups and where pharmaceutical service provision sits.

4.4 Life Expectancy

Table 2: Life Expectancy Gap

Life Expectancy Gap at Birth in Trafford 2009-11

Gender	Life expectancy (years)			Gap
	Trafford	North West	England & Wales	
Male	79.5	77.4	78.81	+0.69
M gain	0.5	0.4	0.41	+0.08
Female	83.5	81.5	82.81	+0.69
F gain	0.2	0.4	0.38	-0.18

Source: ONS

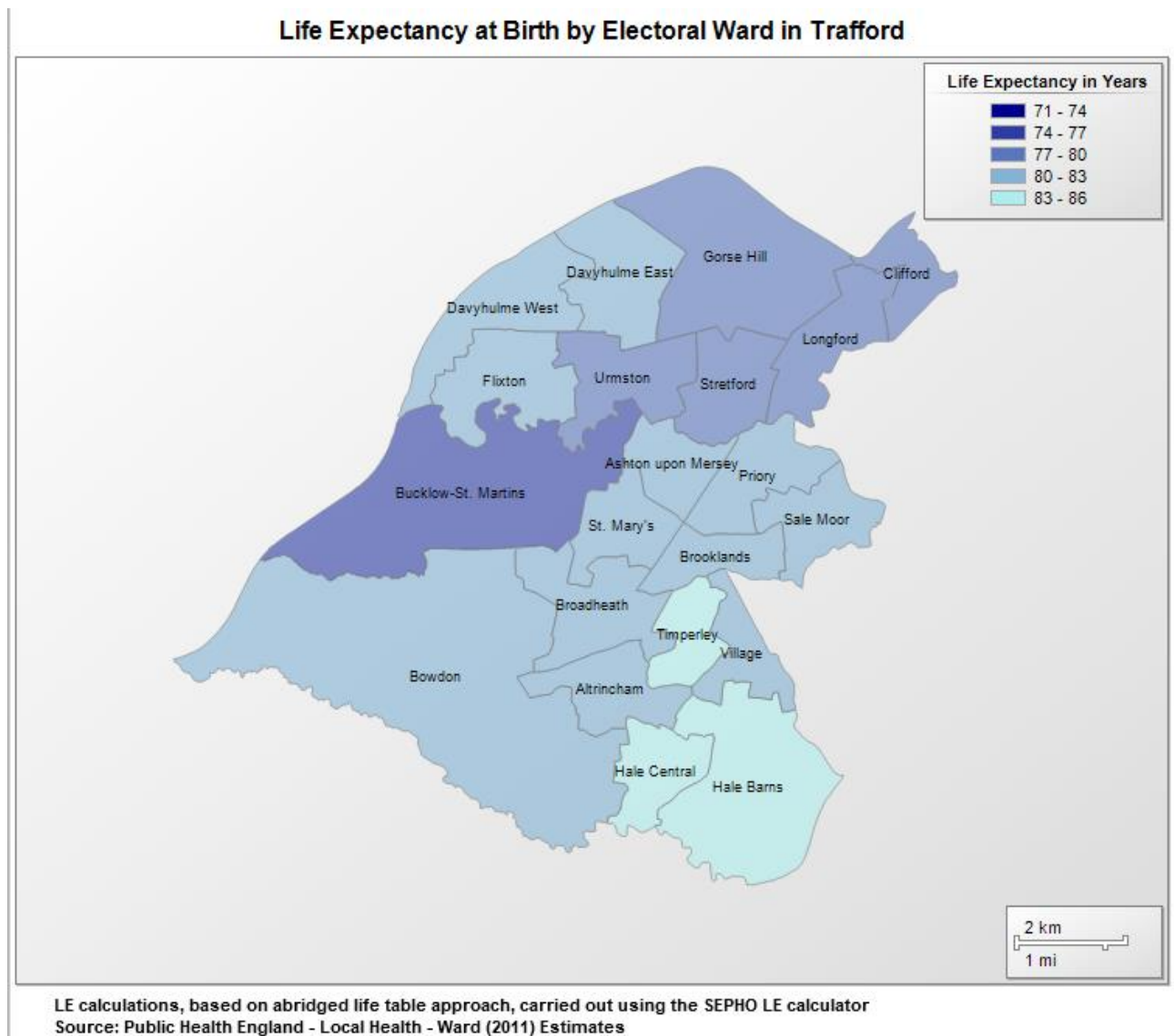
The average life expectancy of a man born in Trafford today is 79.5 years and 83.5 years for women, both slightly above the national averages. This has been increasing over the last decade, and is expected to increase for the foreseeable future. This means more and more people will live into what we currently consider to be extreme old age (90+).

Again this increase in life expectancy will lead to more people using the NHS and social care services. The local health partners should consider whether pharmacy services should be commissioned to target specific age related illnesses.

The gap in the life expectancy between males and females has been reduced, as males have gained 0.5years compared to 0.2 years gained by females.

To look in more detail at how each ward compares within the Trafford borough we have used the map 2 set out below.

Map 2: Internal Life Expectancy Gap within Trafford

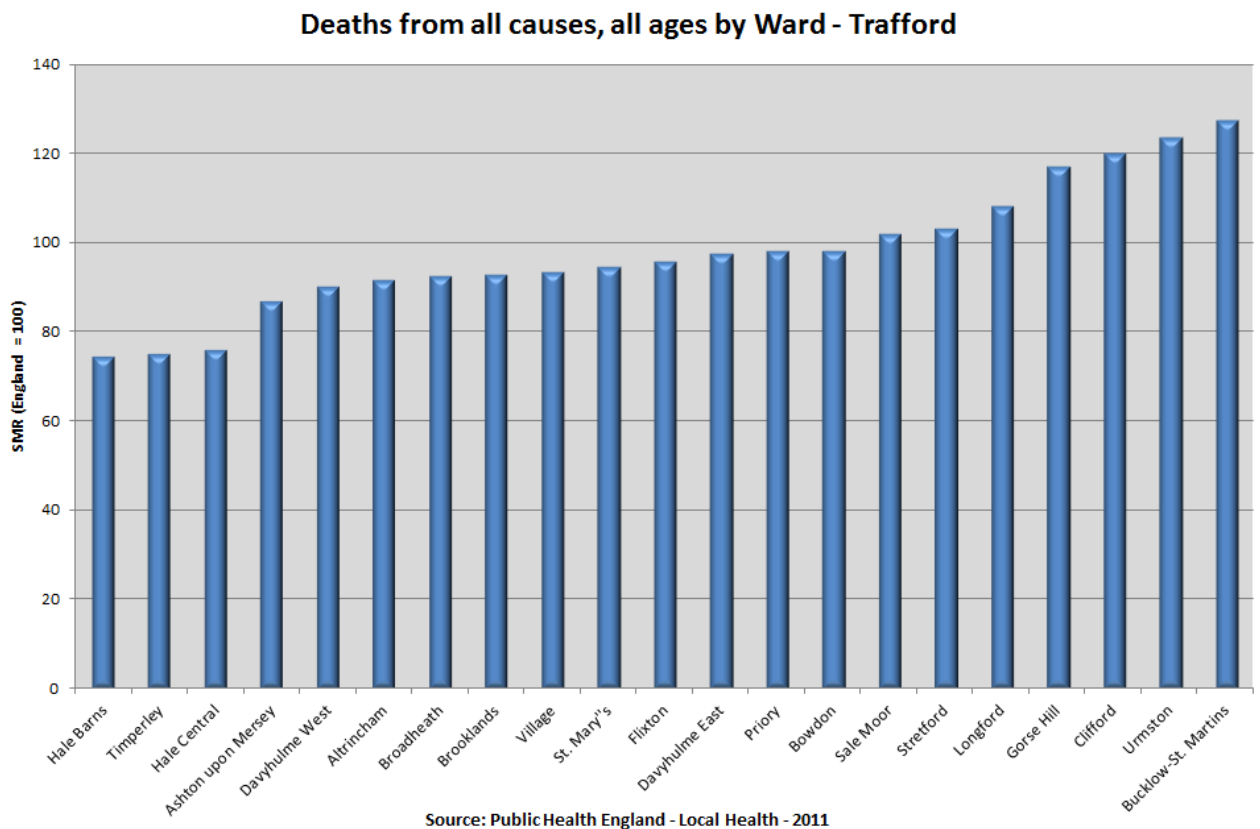


It can be seen from the shading on the map that life expectancy in the South of the borough is higher than in the North. The ward with the shortest life expectancy is Bucklow-St.

Martins (Partington). The All Age All Cause Mortality bar chart shows that this area has the highest number of deaths. There is a strong link with deprivation and poor health outcomes.

Life expectancy is longer in Hale Barns, Hale Central and Timperley; these are some of the most affluent areas in the country. To decrease the inter-borough variation in life expectancy an improvement in health needs to be focused on the population in the wards where the biggest gain can be made. i.e. Bucklow-St. Martins, Urmston, Clifford and Gorse Hill

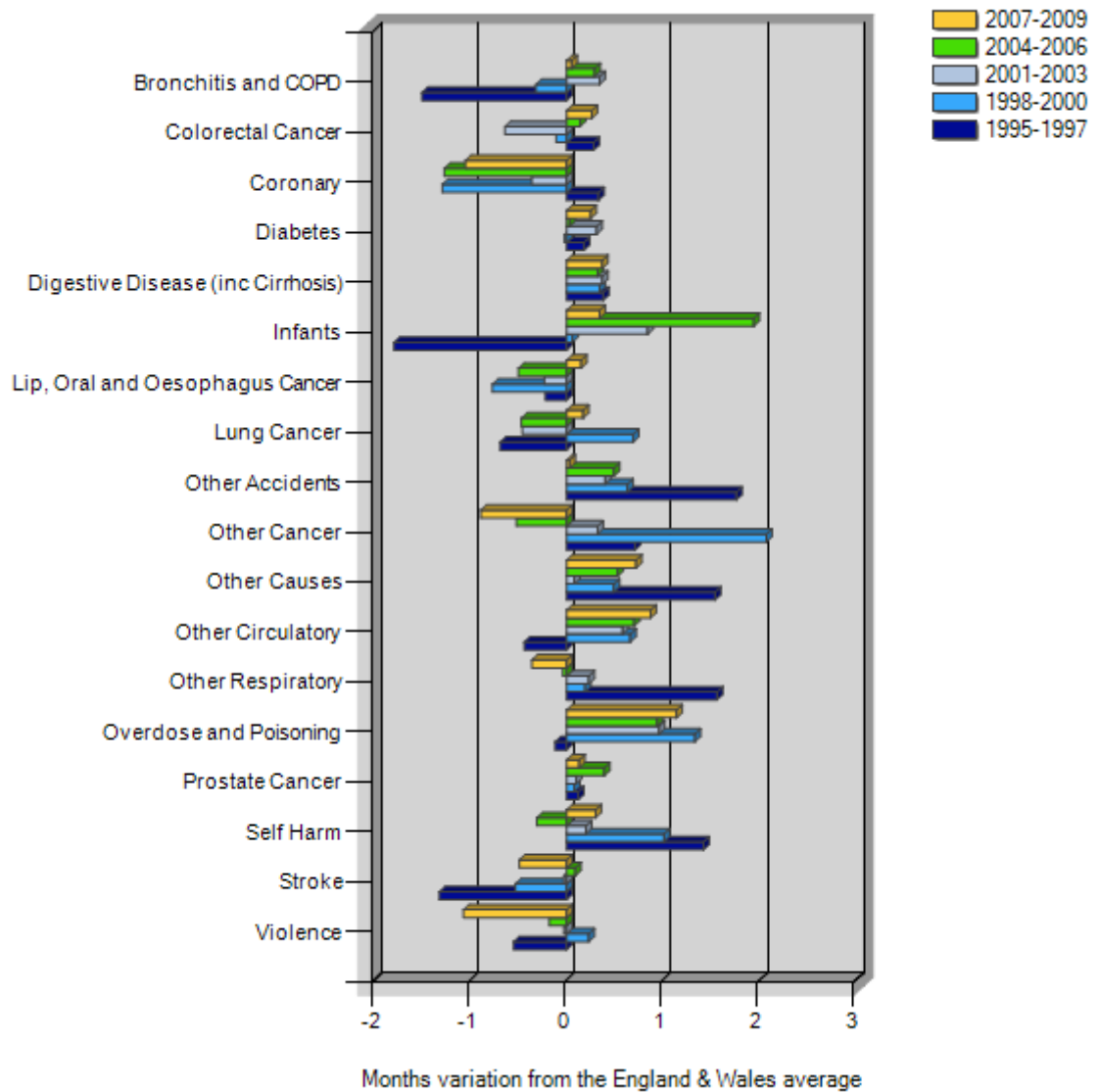
Chart 3: Trafford Deaths from All Causes, All Ages by Ward



Disease Specific Population Statistics.

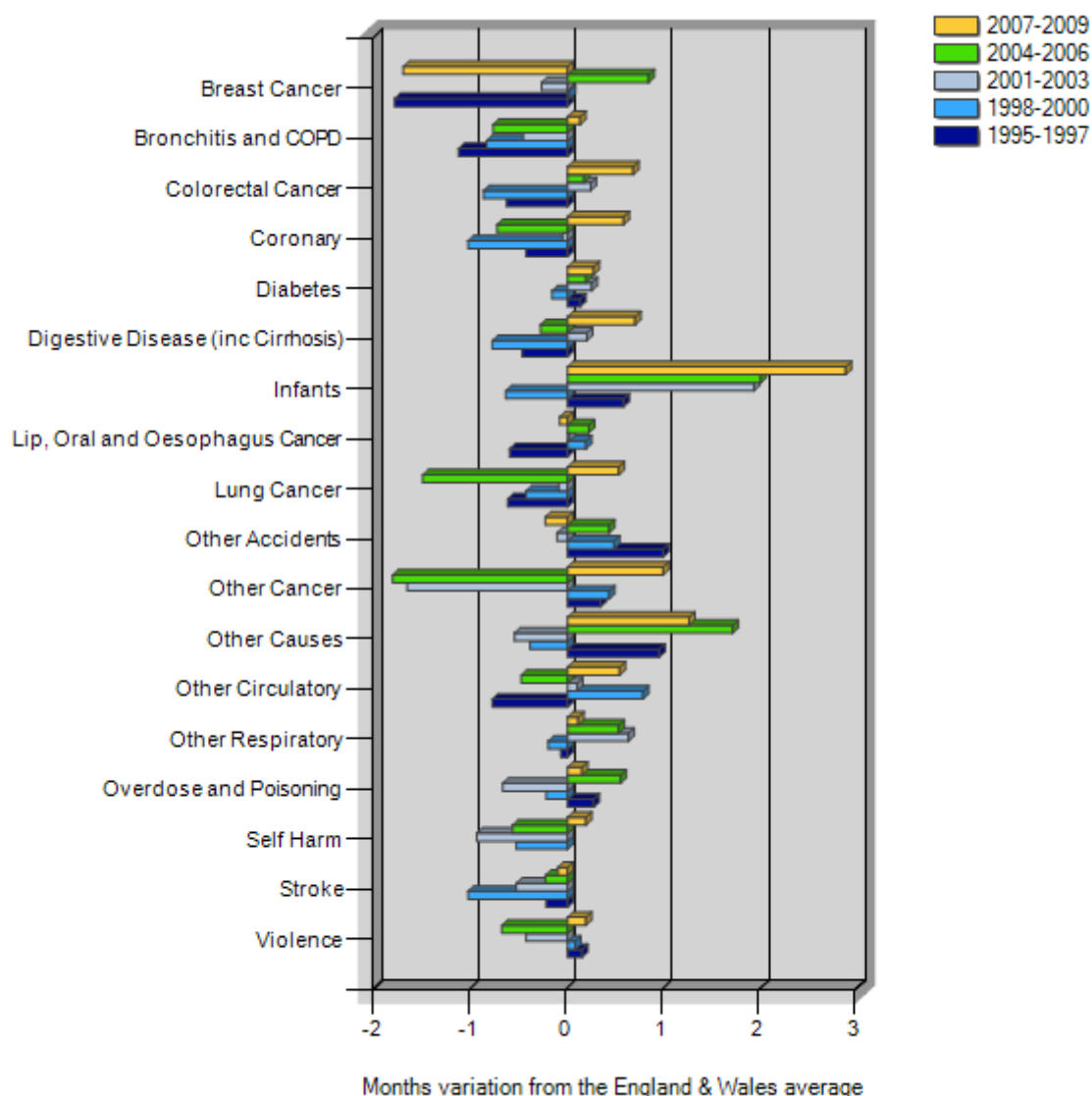
The two charts below show The Difference in Life Expectancy from England by disease area for men (A) and women (B). The yellow bars show where Trafford was in 2009 (the most recent data) compared to previous years, the zero line is where England average lies.

Chart 4A Contributing Factors to the life expectancy gap for men



Trafford men enjoy better life expectancy than the average man in England and Wales across a number of health related areas. The five areas where, in the years 2007 to 2009, they fell behind the national average were coronary disease where there has been little improvement since the year 2000. Violence, which has got worse recently, is seen predominantly as a social problem, but there could be some underlying health factors involved such as mental health conditions. Other Cancers appears as the third highest cause of a variation from the England and Wales life expectancy, with Stroke and other respiratory being the last two contributors.

Chart 4B: Contributing Factors to the life expectancy gap for women



For the women of Trafford Chart 4B above shows a good picture of health. The improvement in all areas of health identified above over the years can be seen as the bars move from a negative variation to a positive one.

The main area of concern is that women in Trafford die almost two months earlier from Breast Cancer than the average women nationally. This has swung from being in the positive position of almost one month better than the average in the years 2004 to 2006 to the current negative position in 2007 to 2009.

Other health areas where small variations which show that the health of a Trafford woman is worse than the average woman include stroke, other accidents and lip, oral and oesophageal cancers.

How can pharmacy and the local health partners make an Impact?

For men, focus on identification of coronary risk factors such as high blood pressure, obesity, and smoking; this can be done through the NHS Health Checks programme.

Pharmacies could be considered as a place where these health checks can be carried out as they are locally accessible, and some have extended opening hours to reach people who cannot attend standard clinic times.

For women, breast cancer awareness is essential to detect early signs of the disease in order that they can get medical treatment as soon as possible; the earlier the detection the better the prospects of long term survival. Pharmacies can promote cancer awareness as part of their annual public health campaigns and ensure signposting to the correct services is prompt. Many of the patients who have early treatment for breast cancer then go on to take long term medication to prevent recurrence of the disease. Pharmacists have a vital role to play in ensuring that the medication is used correctly and informing each woman about the benefits of their long term use. This could be carried out as part of a NMS or an MUR.

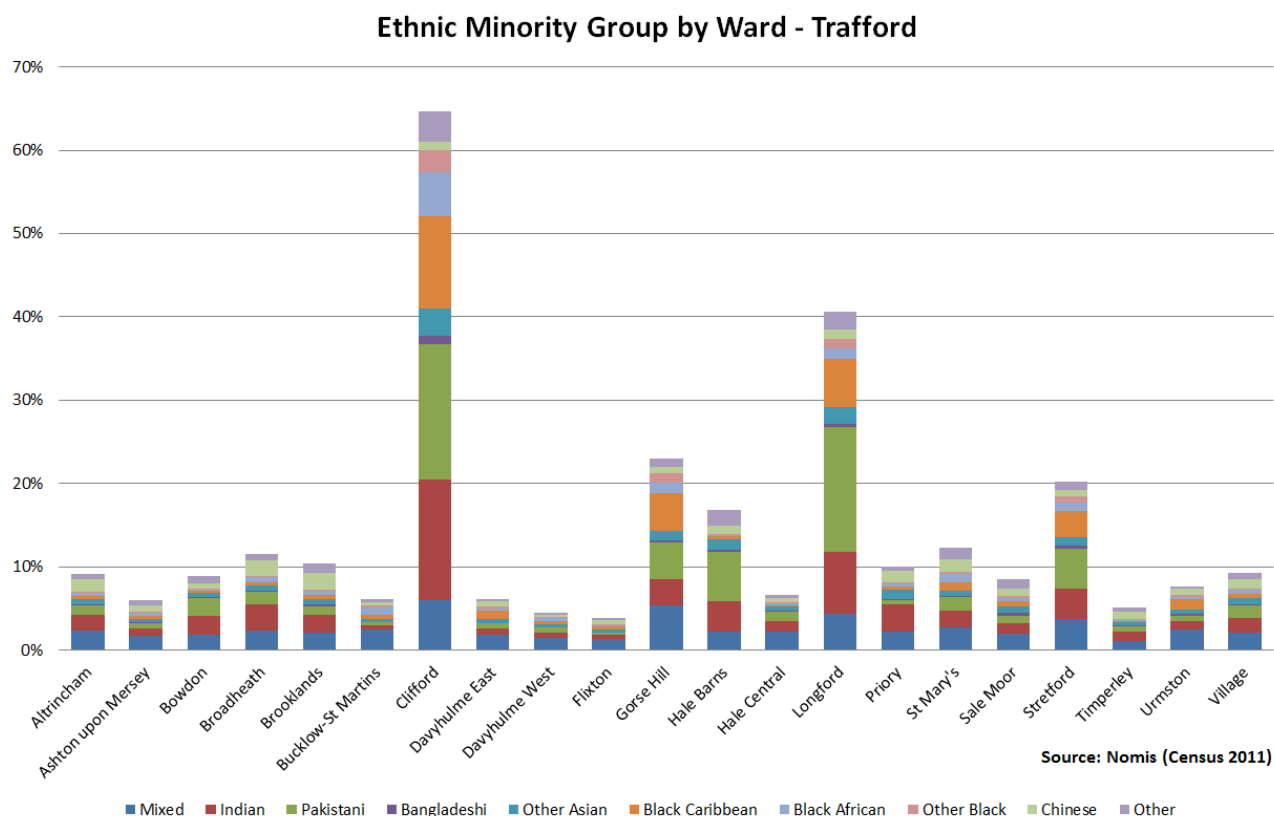
4.5 Ethnicity

According to the 2011 census Trafford has a population made up of 80.4% White British compared with both the England and Greater Manchester averages of 79.8%.

The main other ethnic groups within Trafford are

3.1% Pakistani	(versus 4.8% GM and 2.1% England),
2.8% Indian	(vs. 2.0% and 2.6%),
2.5% Mixed / multiple ethnic groups	(vs. 2.1% and 2.0%)
2.2% Irish	(vs. 1.3% and 1.0%),
1.7% Black Caribbean	(vs. 0.7% and 1.1%),
0.8% Black African	(vs. 1.7% and 1.8%),
0.7% Polish	(vs. 0.8% and 0.9%),
0.6% Arab	(vs. 0.6% and 0.4%),
0.3% Chinese	(vs. 1.0% and 0.7%),
0.2% Bangladeshi	(vs. 1.3% and 0.8%)

CHART 4: Ethnic Group by Ward



On average across Trafford, 19.6% of people belong to a non-white ethnic group. Whilst this figure is on a par with the national statistics, where 20.2% of the population identify themselves with a BME group, it can be seen from the bar chart above that 2 of the 21 wards have significant BME variation from the others. This brings the overall BME average for Trafford up.

Clifford and Longford have a significantly higher ethnic minority population. Both these areas border with North and Central Manchester where there is also a high ethnic minority population of 31% and 48% respectively

In Trafford borough, since the 2001 census, there has been an overall increase in the % of BME population from approximately 13% to 19.6% in 2011. In 2001 the BME population in Clifford (61%) and Longford (33%) was already significant, but this has now further increased to approximately 64% and 40% respectively.

How can pharmacy and the commissioners improve the health of this population?

Some ethnic populations have increased health problems in certain disease areas, e.g. south east Asians, which includes those from the Pakistan and India, have an increased risk of diabetes whereas ethnic populations with fairer skin are more likely to suffer from skin cancer.

Community pharmacies located within areas where there is a high population of a certain ethnic groups should be more willing to provide services that are targeted to achieve improved health outcomes in those populations. They should also look at how best to communicate with their clients. Cultural differences account for a wide variation in patients' view of medications and the healthcare system.

The local authority could focus on the areas where there are is high density of ethnic communities and implement targeted health promotion and services through the community pharmacies in those areas

As described in the community pharmacy questionnaire (Appendix 5) which all pharmacy contractors were sent it can be seen that many of the pharmacies already have staff who can communicate in languages other than English, which are spoken within their community. Of the 25 respondents (out of a possible 62) 40% said they had a regular pharmacist that could speak a foreign language and 25.9% of regular staff could also speak a foreign language. Pharmacy managers should continue to consider the diversity of cultures and languages spoken in their locality when employing staff.

4.6 Deprivation

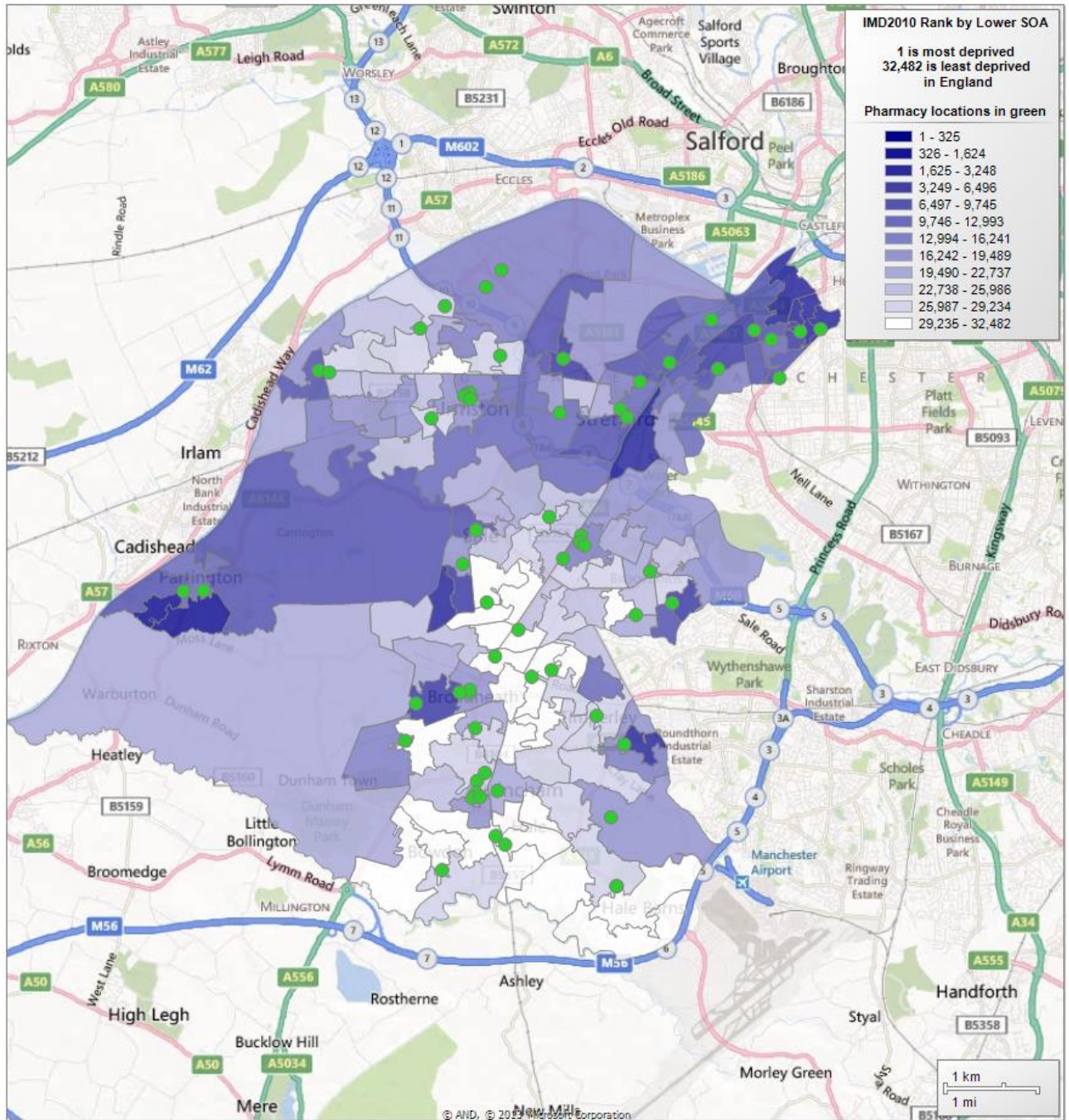
The Index of Multiple Deprivation (IMD) is a composite measure of deprivation for small geographical areas that attempts to combine a number of different aspects of deprivation (income, employment, health and disability, education, skills and training, housing, crime and living environment) into a single measure that reflects the overall experiences of individuals living in an area.

The term used to describe these small geographical areas is of Lower Super Output Areas. These are then ranked nationally, and the information used to identify the most deprived.

The combined scores for the LSOA for a Local Authority area can then be compared to other Local Authority areas nationally.

MAP 3: Deprivation by LSOA

Deprivation by LSOA (Ranked) - Trafford



In Trafford about one fifth of the LSOAs are in the 10% most affluent areas in the country. None of the LSOAs in Trafford are in the most deprived 1% in the country, and only 9 out of 138 are in the 10% most deprived.

Overall Deprivation is sparse in the area. However there are small pockets of deprivation in areas including Clifford, Bowdon and Bucklow-St Martin's.

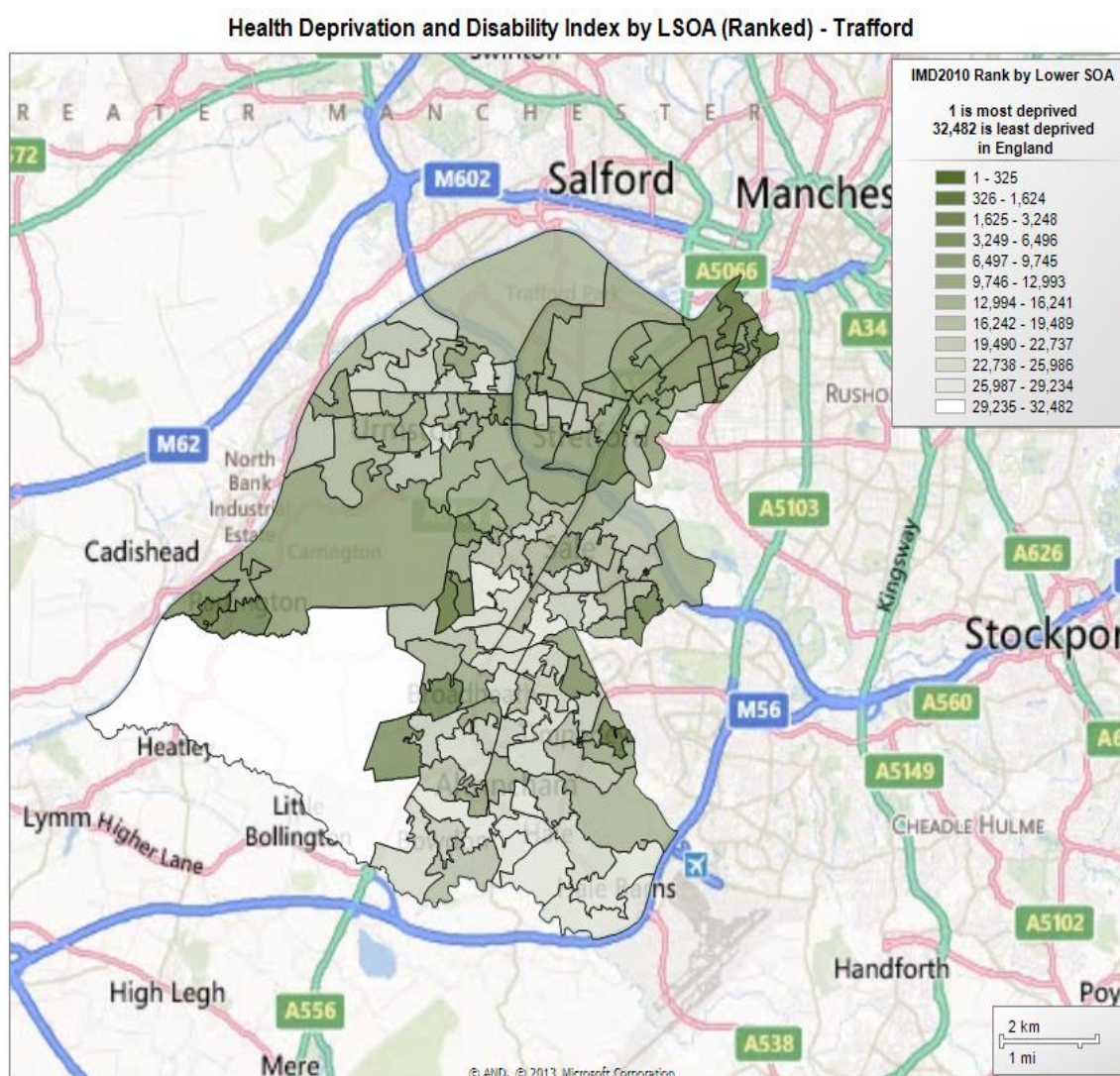
The greatest concentrations of deprivation are in the north of the town near to Manchester city centre; another area of deprivation is in the ward of Bucklow-St. Martin around Partington.

The green dots show the locations of the pharmacies. It can clearly be seen from map 3 that each of the most deprived areas of Trafford has a pharmacy within them or less than one mile away.

A more specific health deprivation and disability map ranked by LSOA can be seen below.

This shows that the health outcomes follow the general deprivation outcomes for the LSOAs. Therefore targeting the areas of deprivation with both health related services and other initiatives may bring about improvement in health. The anomaly within Trafford is that the area of least deprivation, in the wards of Hale Barns, Timperley and Hale Central are not the healthiest wards. This accolade goes to Bowdon ward.

Map 4: Trafford's Health Deprivation and Disability Index by LSOA (Ranked)



How can pharmacy and the local health partners make an Impact?

Commissioners need to target specific disease areas, particularly cardiovascular disease (CVD) in men and breast cancer for women, focusing in the areas of highest health need

which generally follow the pattern of deprivation. With support from the local health commissioners pharmacies in these areas should actively seek to promote health improvement and relevant services.

4.7 Conclusion

The health needs across Trafford vary by ward and it may be more relevant for commissioners to target services that meet certain health needs to specific locations and/or specific populations.

Reviewing current pharmaceutical service provision is important in order to assess current delivery across all providers. Commissioners will want to ensure that services are delivered at convenient times and places for the target population in a consistent manner; this should help improve the targeted health outcomes.

This should be done in conjunction with a review of marketing of services to determine whether a lack of service awareness by relevant target groups is causing low uptake or poor outcomes.

Pharmacy contractors will form an essential part of any service review and it may be necessary for commissioners to consider engaging with a smaller number of providers that, with the use of more directly linked key performance indicators within their contracts, may produce a more consistent and quality delivery of service.

5.0 Locally Identified Health Need

To identify how pharmaceutical service provision can help tackle the need of Trafford's local population we have used Trafford's Joint Strategic Needs Assessment (JSNA)^{vii}. Trafford's JSNA considers all current and future health and social care needs which are capable of being met or influenced to a significant extent by the Local Authority and the Clinical Commissioning Group (CCG). It aims to provide a comprehensive 'picture of place' including inequalities and gaps in provision. It will be used as evidence to inform decisions about commissioning services and action to be taken by the local authority and CCG. It forms the evidence base for Trafford's Joint Health and Wellbeing Strategy.^{viii}

Trafford's Joint Health and Wellbeing Strategy has an ambitious plan to focus on preventing and reducing the devastating effects that illnesses such as cancers, cardiovascular disease, respiratory disease and poor mental health have on our community, whilst also narrowing the gap in health and wellbeing between the most and least deprived neighbourhoods. The plans will look at a strategic shift towards early intervention and prevention, giving local people choice and control over the shape of support in all care settings. To achieve this, our Health and Wellbeing Board has made eight commitments for the next three years as part of our journey towards delivering better outcomes for local residents.

These can be found at <http://www.infotrafford.org.uk/hwbstrategy>

To achieve these aims the HWB has divided the eight commitments into three desired outcomes according to how each will impact on the priority areas for the borough, as set out below.

Table 3: Outcomes and Priorities for Trafford HWB

Outcome One	Give every child the best start in life
Priority 1	Reduce childhood obesity
Priority 2	Improve the emotional health and wellbeing of children and young people
Outcome Two	A reduced gap in life expectancy
Priority 3	Reduce alcohol and substance misuse and alcohol related harm
Priority 4	Support people with long term health and disability needs to live healthier lives
Priority 5	Increase physical activity
Priority 6	Reduce the number of early deaths from cardiovascular disease and cancer
Outcome Three	Improved mental health and wellbeing
Priority 7	Support people with enduring mental health needs, including dementia to live healthier lives
Priority 8	Reduce the occurrence of common mental health problems among adults

This strategy emphasises the importance of partnership working and joint commissioning of services to achieve a more focused use of resources and better value for money.

There are many ways in which pharmacy services can impact on improving these outcomes and we will look at each proposed outcome and discuss these by focusing on the 3 sections of the community pharmacy contract, as set out in section 3.2.2.

Examples of how the current pharmacy services meet the Trafford HWB strategic priorities is laid out in the section 5.1.4 table 5

5.1 Essential Services

These are mandatory within the pharmacy contract and are managed and monitored by NHS England's Greater Manchester Area team (GMAT). The fact that all pharmacy premises must provide these services means they can be used across the borough to focus on reducing health inequalities.

Essential services can be used by pharmacy contractors to help deliver the local authority public health measures, improving outcomes by targeting people using an opportunistic approach.

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

5.1.2 Advanced Services

Any contractor may choose to provide Advanced Services. There are requirements which need to be met in relation to premises, training or notification to the NHS England Area team.

Advanced services offer an opportunity for pharmacy contractors to engage patients and empower them to take greater responsibility for their health through their prescribed medication or appliance. Similarly dispensing appliance contractors would do the same for patients to whom they supply appliances.

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

5.1.3 Locally commissioned services

For a list of which locally commissioned services each community pharmacy is delivering currently (August 2013) refer to appendix 6.

GM AT Enhanced Services

At present GM AT commission enhanced services but (Aug 2013) these are currently being managed by the Greater Manchester CCGs.

After April 1st 2014 some of these services should transfer permanently to the CCGs as locally commissioned services on a standard NHS contract. The CCG will then determine, based on the local population needs and the service delivery outcomes, whether to re-commission or decommission these services.

CCG commissioned Services including those managed on behalf of the GM AT.

The current responsibilities for managing the commissioned services sit with the CCG, with arrangements currently underway to transfer these to CCG NHS Standard Contracts in order to comply with the regulations which state CCGs cannot commission enhanced services.

The CCG's commissioning intentions are that the services would remain with borough-wide specifications unless there was a clearly identified local need to commission independently for a local population.

5.1.4 Community pharmacy services impact on the Trafford HWB strategic outcomes.

Table 5: Community Pharmacy Services and their Impact on Local Health Outcomes

Community Pharmacy Service Refer to table in Appendix 1 for a service description	Which of Trafford's Strategic Priorities or Neighbourhood Health Indicators will this impact?* *Refer to Section 5.0, Table 3 for detailed list of priorities	Comments/Examples
Essential Services		
Dispensing Medicines or Appliances	Outcome 2 – P3, P4, P5, P6 Outcome 3 – P7	Explanation of medicines prescribed at the time of dispensing can increase the understanding of why and how medicines should be taken. This should lead to a more informed medicine user and reduce adverse effects which may require interventions such as A&E admission. EXAMPLE: Pharmacies could be asked to target patients who come into the pharmacy with a prescription relating to coronary disease and ask about their smoking habits. This could bring about a referral into the stop smoking service if a patient was a smoker who was contemplating stopping. This could impact on Priority 4 and 6 to reduce smoking prevalence in adults.
Repeat Dispensing	Outcome 2 – P4, P6 Outcome 3 – P8	Patients who use a repeat dispensing service use less GP staff time and appointments whilst ordering their medication. This leaves GPs, and their staff, more free time to help the people who have more severe health needs and therefore more health services could be identified to remain in the community. Checking how patients use their prescribed medication can avert incidences arising from inappropriate use. Patients with long-term conditions are better managed and supported. EXAMPLE: Patients with an increased use of their opioid analgesics could be identified by patients returning for repeats early than anticipated. Increased use could be a sign of a reduction in the patient's quality of life (Priority 4) or could lead to excessive symptoms of depression due to poor pain control (Priority 8)

Disposal of unwanted medicines	Outcome 2 – P3, P4, P6 Outcome 3 – P7	Again this is another area where pharmacy staff have the opportunity to identify patients who have not taken the medicines they were prescribed. This can initiate a discussion and problems such as side effects or dosage regimes can be addressed to help improve the patients' health outcomes. When controlled systems of disposal are used, it can also help the pharmacist to identify other issues such as non-compliance or excessive prescribing. CCGs would be interested in knowing whether issued medicines are not being used correctly. A significant amount of wasted NHS resource is attributed to medications being used incorrectly or not at all.
Public health (Promotion of healthy lifestyles)	ANY highlighted priority area. In 2013 /2014 specifically: Outcome 1 – P1, P2 Outcome 2 – P4, P5, P6 Outcome 3 – P7, P8	In 2013/ 2014 the Health promotion campaigns have been linked to national priorities and local public health messages across Greater Manchester. Please see the list below of the agreed health promotional campaign 'topics' and relevant dates for promoting these: <ol style="list-style-type: none"> 1. Healthy Lifestyles (including Smoking, Alcohol, Healthy eating and Physical activity) – July/August 2013 2. Oral Health - September 2013 3. Sexual Health OR Dementia – October 2013 – please choose the relevant health topic most suited for your patient population need within your area 4. Cancer (including Breast and/or Mouth cancer) – November 2013. 5. Winter Planning - December 2013/January 2014 6. To be confirmed at a later date Promotion of these messages will reinforce wider campaigns to improve health in the locality and are a useful tool to engage the public in meaningful discussions about preventing illness and staying well. EXAMPLE: An oral health campaign can be used to target awareness of tooth decay in children aged 5 (Priority 2)

Signposting	Outcome 1- P1 Outcome 2 – P3, P4, P5, P6 Outcome 3 – P7, P8	Pharmacists are a community hub and as such are in an ideal and convenient position to signpost patients to specific services they require. Pharmacists can deliver an invaluable signposting service that can be used to direct patients and help achieve the HWB strategic outcomes. EXAMPLE: Pharmacists could direct nursing mothers to their local breastfeeding nurse if they are having difficulties. (Priority 1 & 2)
Support for Self Care	Outcome 2 – P4, P6 Outcome 3 – P7, P8	EXAMPLE: If patients used pharmacies for advice on a more frequent basis this would free other health care settings which they might of otherwise have accessed, such as A&E or GP practices. This would free resources including money to be redirected into patient care thereby further enhancing the population's health outcomes. (Priority 4, 6 and 7)
Advanced Services		
Medicines Use Review (MURs)	Outcome 1 – P2 Outcome 2 – P4, P5, P6 Outcome 3 – P7	EXAMPLE: Patients taking high risk medicines; (Priority 4, 6 and 7) Patients recently discharged from hospital who have had changes made to their medicines while they were in hospital. Ideally patients discharged from hospital will receive an MUR within four weeks of discharge but in certain circumstances the MUR can take place within eight weeks of discharge; (Priority 4 and 6), and patients with respiratory disease. (Priority 4)
New Medicine service (NMS)	Outcome 2 – P4. P6	The service provides support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence; it is initially focused on particular patient groups and conditions. EXAMPLE: when a person is discharged from hospital they may have had their medication regime altered and a new medicine added. Patients who have been ill sometimes do not realise they should stop a certain medicine. This could lead to the person taking two medicines which interact and they could return to hospital for treatment. A NMS aims to stop these problems before they occur by helping the patient to understand why certain medicines have been stopped or started. (Priority 4 and 6)
Appliance Use Review (AUR)	Outcome 2 – P4	AURs should improve the patient's knowledge and use of any 'specified appliance' (Priority 4)

Stoma Appliance Customisation Service (SAC)	Outcome 2 – P4	The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste. EXAMPLE: if a patient is able to manage their stoma products themselves they are less likely to need costly, intensive nursing and also less likely to be admitted to a residential or nursing home. (Priority 4)
LA – Locally Commissioned Services		
Emergency Hormonal Contraception	Outcome 1 – P2	EXAMPLE: if a patient has unprotected sexual intercourse and requires EHC or advice over a weekend when their GP surgery and many of the health clinics are closed then pharmacy locations are the ideal place to receive treatment especially during out of hours. If patients were unable to get EHC promptly they may decide to go to A&E which would be an inappropriate use of NHS funding. (Priority 2)
Chlamydia Testing and treating	Outcome 1 – P2	EXAMPLE: If patients used pharmacies for their confidential chlamydia testing and treatment on a more frequent basis this would free other health care settings which they might otherwise have accessed, such as A&E or GP practices. This would free resources including money to be redirected into patient care thereby further enhancing the population's health outcomes. (Priority 2)
Supervised Methadone/ Buprenorphine	Outcome 2 – P3, P4	EXAMPLE: Supervision of medicine use for some individuals leads to a more stable routine and reduction in street drug misuse. (Priority 3 and 4)
Needle Exchange	Outcome 2 – P3, P4	Needle exchange is a harm reduction programme designed to stop the spread of disease via needles sharing between drug users (Priority 3). Pharmacies are also asked to take the opportunity to talk to their clients about reduction of self-harm and health benefits resulting from this and also promoting other services which would be beneficial to the drug users. This also meets Priority 3)
Smoking Cessation	Outcome 2 – P3	Pharmacist promotion of stop smoking service gives clients access to this service at a time convenient for them and reduces their need to access GP appointments for repeat prescriptions. (Priority 3)

CCG – Locally Commissioned Services		
Minor Ailment Scheme	Outcome 2 – P4, P6 Outcome 3 – P7	Minor ailment schemes allow easy access to advice and medication from pharmacies thereby reducing the number of GP appointments booked for minor conditions. These freed appointments can then be used to target patients with long term complicated conditions hopefully improving the health outcomes of a local population. (Priority 4, 6 and 7)
Head Lice Eradication	Outcome 2 – P4, P6 Outcome 3 – P7	Patients can get access to head lice eradication treatments directly from their pharmacy. This reduces the number of patients accessing GP practices and using appointments when not necessary. (Priority 4, 6 and 7)
Palliative Care	Outcome 2 – P4	Palliative care patients' health often deteriorates rapidly. If there is no facility to ensure there is prompt access and availability to medicines then this may result in the patient being taken into hospital. This not only affects the patient but their carers who find it difficult to be away from their loved ones during a difficult period in their illness. (Priority 4)

5.2 Public Survey

Further to the health needs identified through the local statistics by the HWB, Trafford public also have opinions about how they would like their pharmacies to provide services. These were explored in a survey which the PNA steering group developed. A summary of the findings is set out below for the full results please refer to appendix 7.

5.2.1 Summary of the Trafford Public Survey

A survey about local pharmacy provision was created and ran from the 5th July 2013 until the 2nd August 2013 to gather people's views on what works well and what could be improved.

The survey was completed by 41 people. The majority of respondents were female aged between 55-64 years old and were of a White British ethnicity.

The results to the survey of pharmacy services and experiences tell a positive story about the pharmacy services in Trafford. Shortage of provision is not an issue; most residents (92%) use a regular or preferred pharmacy. The most commonly selected location related reason for using a pharmacy were the proximity to the respondent's home and the service related motivations for the use of pharmacy are friendly and knowledgeable staff. For those who don't use a regular pharmacy, respondents chose their pharmacy based on convenience of location as there are sufficient alternative pharmacies to choose from.

Furthermore, 7% of respondents are either unable to get to a pharmacy of their choice due to mobility issues or their preferred pharmacy does not have access suitable for their needs. Of the remaining respondents, pharmacies are easily accessible with the majority of respondents travelling less than two miles to the pharmacy on foot (53%) or by driving (41%).

When asked about their knowledge, awareness and use of pharmacy services, such as blood pressure checks, none of respondents use this service although 39% of respondents would use this service if available, therefore pharmacies who are commissioned to provide this service or provide this as part of their business model may wish to advertise this service more.

The majority of respondents were satisfied with all aspects of service at their regular pharmacy including the pharmacist taking time to talk to them. There was however, a small number of respondents who were unsatisfied with private consultation areas and the pharmacy being open when you need it. Overall, 92% of respondents were either satisfied or very satisfied with the service they receive from their pharmacy.

A key recommendation arising from these results would be that the council, CCG and pharmacies need to better communicate the benefits of accessing additional medical services, as well as early and late opening times, from the pharmacies as on average a third of respondents would like to use one of these services but currently do not.

5.3 Conclusion

The current locally commissioned and standard contract pharmacy services can help the HWB to achieve the required outcomes which have been identified within the Trafford Health and Wellbeing Strategy.

However, commissioners need to regularly review the currently commissioned services and assess service delivery and health outcomes achieved to ensure maximum benefit is gained for the resources available.

Many health issues will require a service to be provided from a wide number of contractors across the borough to achieve a whole population change, but, in certain situations, it may be prudent to focus resources to a smaller number of contractors where a health issue is identified that significantly affects a particular locality or certain demographic of the population more than other areas of the borough.

Hence the service reviews should include whether it is preferential to allow expressions of interest from all pharmacy contractors to engage in commissioned additional services in order to target the whole population and allow maximum access, or whether targeted delivery by a small number of contractors would be more appropriate, such as, where the health need is specific to a certain population or location, this could focus resources to deliver improved health outcomes for certain health issues. It is important that any review includes possible or actual service delivery by other providers where they also meet specific pharmaceutical needs.

If a smaller selection of providers is desired then commissioners may want to write into the service level agreement some key performance indicators such as payment stages dependant on numbers of people who access the service, or range of hours per week that the service will be available, or a payment threshold for specific service outcomes.

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

6.0 Current Pharmacy Provision and Services

6.1 Pharmacy Demographics

Within Trafford Borough we have one Appliance Contractor and have 62 Community Pharmacies of which six open for more than 100 hours per week. There are no distance selling pharmacy services currently operating from within Trafford.

Pharmacies granted a contract under the One Hundred Hour exemption category make an important contribution to access to pharmacy services across the borough. Under the current regulations there is no provision for a 100 hour pharmacy to reduce their hours of service over the week. If these regulations were to alter and the six pharmacies which currently hold a 100 hour contract applied to decrease their opening hours there would be concern that this may be detrimental to the pharmaceutical provision of the local population as they are relied upon to provide extended and out of hours cover of pharmacy contractual services for patients across the borough.

6.2 Change in number of Pharmacy contractors from 2011

The Trafford PNA published in 2011 identifies 59 community pharmacies. The number of community pharmacies in August 2013 is now 62; an increase of three (5.1%). Included in these figures the number of 100 hour pharmacies has also increased by two from four to six since 2011. This is an increase of 50%.

The 2011 Trafford PNA stated that in mid-2007 Trafford was home to 212,800 people so the current figure from the 2011 census of 226,600 is a 6.5% increase. The increase in percentage of pharmacy contractors therefore is on a par with the increase in the population. Moreover the 50% increase in 100 hour pharmacies means that the number of hours per week that people are able to access pharmaceutical services has improved.

The number of dispensing appliance contractors has remained the same at one, and there are still no distance selling pharmacies (internet pharmacies) within Trafford.

However only one person out of 41 (2.44%) who completed the public survey indicated they used an appliance contractor, with two (4.88%) saying the use a distance selling pharmacy. Both of these services can be accessed from any national contractor and hence the number of suppliers solely within Trafford borough does not impede the Trafford residents from accessing pharmaceutical services from this type of contractor.

These changes lead us to note that there is no requirement for any further pharmacy contractors within Trafford based on a comparison with the 2011 PNA

6.3 Dispensing activity

This section examines in more detail the level of dispensing activity for the pharmacies in Trafford. Based on community pharmacy dispensing data from the Information Centre^{ix} covering 2011 to 2012 comparisons are made with the national average and regional averages.

Of the 24 former PCTs (See table 7 below) in the North West SHA Trafford PCT had average prescription items per month per pharmacy of 6400, Knowsley had the highest rate in the North West dispensing 8050 items per month on average. Blackburn with Darwen

Teaching Trust had the lowest with 5410 per month on average.

The range across England was from 2880 in Westminster PCT to 10200 in Redcar and Cleveland PCT with the England Average being 6550 items per month per pharmacy.

The Trafford PCT 6400 items dispensed per month per pharmacy are lower than both the England average and the North West Average (6790) even though Trafford has a higher number of items dispensed per month per head of population at 1.79 per 100,000.

As the average items per month are below the national and regional averages it can be assumed that the current number of dispensing pharmacies across Trafford is sufficient and could cope with a further increase in items. An increase such as this may occur if the population increase or the population get older, both of which are predicted to happen in the years leading up to 2020.

Table 7: Community pharmacies contracted with PCT at 31.3.13, prescription items dispensed per month and population by PCT, England 2011-12

		Number of community pharmacies 2011-12	Prescription items dispensed per month (000)s 2011-12	Population (000)s Mid 2011 ⁽¹⁾	Prescription items dispensed per 100,000 population 2011-12	Pharmacies per 100,000 population 2011-12	Average items (000)s per month per community pharmacy
5LC	Westminster	92	265	220	1.21	42	2.88
TAP	Blackburn with Darwen Teaching	50	271	148	1.83	34	5.41
5NT	Manchester	133	789	503	1.57	26	5.93
5NN	Western Cheshire	58	347	236	1.47	25	5.99
5NK	Wirral	90	554	320	1.73	28	6.15
5NH	East Lancashire	101	629	383	1.64	26	6.23
5NL	Liverpool	133	841	466	1.81	29	6.33
5NR	TRAFFORD	61	390	227	1.72	27	6.40
	ENGLAND	11,236	73,568	53,107	1.39	21	6.55
5NG	Central Lancashire	109	717	467	1.53	23	6.58
Q31	NORTH WEST	1,764	11,978	7,056	1.70	25	6.79
5NJ	Sefton	76	523	274	1.91	28	6.88
5J8	Warrington	45	312	203	1.54	22	6.93
5ND	Cumbria	107	745	500	1.49	21	6.96
5J5	Oldham	55	384	225	1.71	24	6.99
5NE	Central & Eastern Cheshire	101	709	464	1.53	22	7.02
5HQ	Bolton	68	479	277	1.73	25	7.04
5NM	Halton and St Helens	77	552	301	1.83	26	7.16
5NQ	Heywood, Middleton & Rochdale	50	363	212	1.71	24	7.26
5JX	Bury	39	285	185	1.53	21	7.29
5HG	Ashton, Leigh and Wigan	70	511	318	1.61	22	7.30
5NF	North Lancashire	77	568	322	1.76	24	7.37
5F7	Stockport	66	491	283	1.73	23	7.44
5LH	Tameside and Glossop	59	442	253	1.75	23	7.50
5HP	Blackpool	44	335	142	2.36	31	7.60
5F5	Salford Teaching	59	453	234	1.93	25	7.68
5J4	Knowsley	36	290	146	1.99	25	8.05
5QR	Redcar and Cleveland	28	286	135	2.11	21	10.20

Sources: NHS Prescription Services of the NHS Business Services Authority, Population data - Office of National Statistics (2011 mid-year Estimates based on 2011 census)

6.3.1 Where are Trafford Prescriptions dispensed?

Using data taken from ePACT for the year from April 2012 to March 2013 it can be seen that for all the items issued by Trafford GPs that 87% are dispensed within Trafford pharmacies (Bar Chart 5)

Of the 11.4% which were dispensed by non-Trafford pharmacies the majority (94.4%) were dispensed within Greater Manchester. Most (85%) were dispensed in Manchester Local Authority area (Bar chart 6). This could predominantly be commuters travelling into Manchester city centre to work.

This information leads us to the conclusion that for the prescriptions generated by Trafford prescribers (i.e. predominately for Trafford residents) the current number of dispensing pharmacy contractors within Trafford is sufficient.

Chart 5: Percentage of items issued by Trafford prescribers which are dispensed within Trafford pharmacies

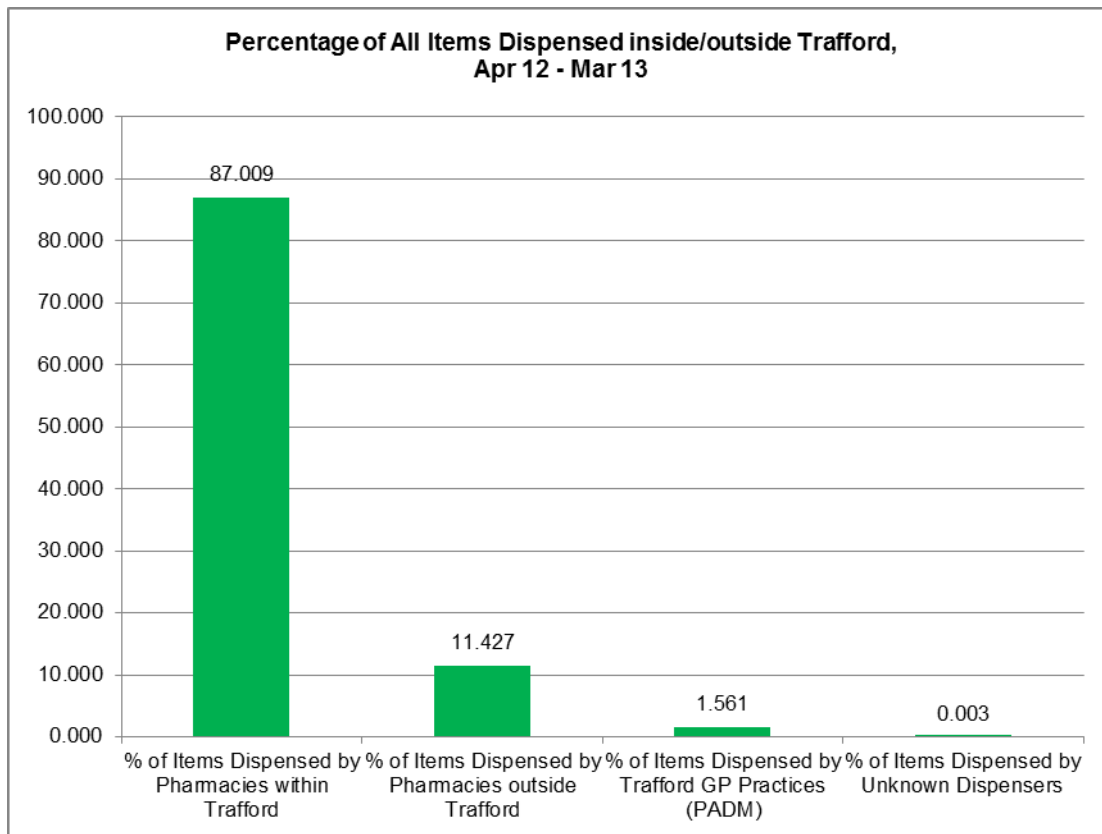
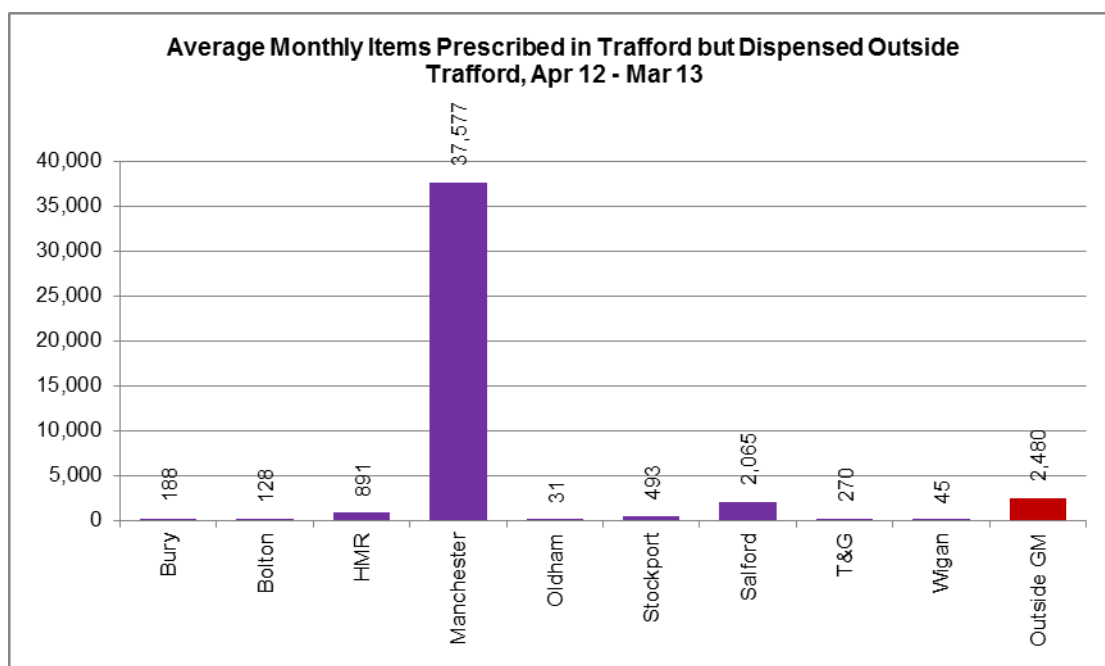


Chart 6: Average monthly items dispensed outside of Trafford



6.4 Access to pharmacies by location

6.4.1 Pharmacies per head of population vs. national/ NW level and neighbouring PCTs^x

Trafford has 27 pharmacies per 100,000 population up to March 2012, (see Table 8) this is higher than the England average (21) and the North West Average (25). In fact overall the former North West SHA locality had the highest average number of pharmacies per 100,000 head of population across England.

Within Greater Manchester local authority areas Trafford has the most pharmacies per head of population as data is from 2011 to 2012 (pre-CCG) the table below shows a breakdown by former PCTs within the former North West SHA region.

Compared to the last PNA in 2011 when Trafford residents had 27.7 pharmacies per 100,000 of the population to address their pharmaceutical needs this rate has remained static.

From this information we can draw a conclusion that the number of current pharmacy locations is still sufficient to meet the needs of Trafford's population

Table 8: Community pharmacies in contract with PCTs at 31 March, prescription items dispensed per month and population by former PCT, England 2011-12

	Number of community pharmacies 2011-12	Prescription items dispensed per month (000)s 2011-12	Population (000)s Mid 2011 ⁽¹⁾	Pharmacies per 100,000 population 2011-12
ENGLAND	11,236	73,568	53,107	21
NORTH WEST	1,764	11,978	7,056	25
Ashton, Leigh and Wigan	70	511	318	22
Blackburn with Darwen Teaching	50	271	148	34
Blackpool	44	335	142	31
Bolton	68	479	277	25
Bury	39	285	185	21
Central & Eastern Cheshire	101	709	464	22
Central Lancashire	109	717	467	23
Cumbria	107	745	500	21
East Lancashire	101	629	383	26
Halton and St Helens	77	552	301	26
Heywood, Middleton & Rochdale	50	363	212	24
Knowsley	36	290	146	25
Liverpool	133	841	466	29
Manchester	133	789	503	26
North Lancashire	77	568	322	24
Oldham	55	384	225	24
Salford Teaching	59	453	234	25
Sefton	76	523	274	28
Stockport	66	491	283	23
Tameside and Glossop	59	442	253	23
Trafford	61	390	227	27
Warrington	45	312	203	22
Western Cheshire	58	347	236	25
Wirral	90	554	320	28

6.4.2 Pharmacies per Ward

Table 9: Community Pharmacy Contractors and GP practices by Trafford Wards

Ward Name	Locality	Pharmacies per ward (old 2011)	Pharmacies per ward (new Aug 2013)	GP surgeries
Altrincham	South	6	6	4
Ashton upon Mersey	Central	1	1	0
Bowdon	South	2	2	1
Broadheath	South	3	3	2
Brooklands	Central	2	2	2
Bucklow - St Martin's (previously referred to as Partington in 2011 PNA)	North/West	3	3	3
Clifford (previously referred to as Old Trafford in 2011 PNA)	North	4	4	1
Davyhulme East	Central/West	3	3	1
Davyhulme West	West	4	4	1
Flixton	West	1	1	0
Gorse Hill	North	2	3	2
Hale Barns	South	3	3	2
Hale Central (previously referred to as Hale in 2011 PNA)	South	3	3	0
Longford	North	2	2	4
Priory	Central	4	4	1
St Mary's (previously referred to as Sale West in 2011 PNA)	Central	2	2	1
Sale Moor	Central	2	2	2
Stretford	North	3	3	1
Timperley	South	2	2	5
Urmston	West	5	6	4
Village	South	2	3	0
TOTALS		59	62	37

The average number of pharmacies across Trafford is 2.95 per ward. With ranges from one in Ashton-upon-Mersey and Flixton wards to a high of six in Altrincham and Urmston wards.

Every ward has at least one community pharmacy, and since the 2011 PNA, three of the wards have had additional pharmacies opened in them. There has been no reduction in pharmacy outlets since 2011 in any of the Trafford wards so we can conclude that, there is no further need for extra pharmacy outlets.

6.4.3 Correlation with GP practices

Overall all there are significantly more community pharmacies than there are GP practices and only two of the 21 wards in Trafford have fewer pharmacies than GP practices. These two wards are Longford and Timperley.

6.4.4 Access issues described in the Public survey

During the public survey we asked questions relating to ease of access for the respondents to their local community pharmacies. Of the 41 respondents 97.5% said they used a community pharmacy, 38.46% of respondents use a community pharmacy at least once every couple of weeks.

92.5% of respondents said they used a regular pharmacy, however 58.54% said they would find an alternative pharmacy if their usual one was not open. Further to this 38 out of 41 respondents said they can access the pharmacy of their choice.

The survey shows that over 90% of the population is happy with one pharmacy and virtually all the respondents (92.68%) had no difficulty accessing a pharmacy.

The public responses do not describe any wide access issues and hence we can conclude that pharmacy service access is adequate for the public needs.

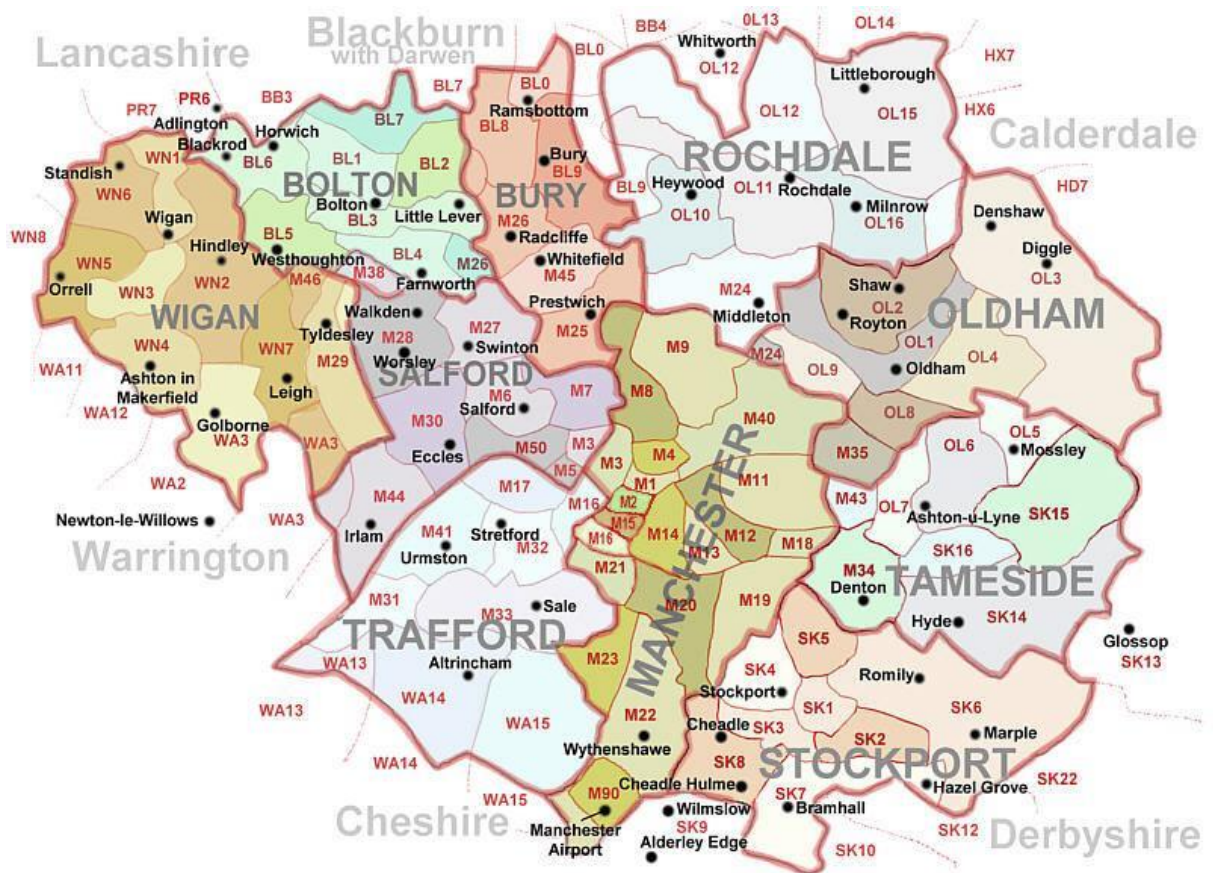
6.4.5 Neighbouring areas

Trafford Council has borders with two other Greater Manchester local authorities, Salford to the north and Manchester to the west. The south of Trafford also shares borders with Cheshire and Warrington.

The services provided by both the local authorities and the CCGs within these neighbouring area may also be accessed by Trafford residents, particularly if they are provided from healthcare providers located close to the border with Trafford.

Commissioners should consider, when making a proposal to amend or start a service close to a neighbouring area whether there is already a service provided by another healthcare provider with accessibility to the Trafford residents they are trying to target. Conversely consideration should be made when altering a service if this may affect the population of a neighbouring local authority.

Map 5: Postcode boundary across Greater Manchester



Postcodes map Copyright © 2005 John Moss.

A map of Greater Manchester postcodes can be seen above.

6.4.6 Travel times to Pharmacies

Another important consideration to make when determining whether or not to increase the number of pharmacy outlets within a community is how long it takes to travel to a pharmacy.

One Mile Boundary

The latest information shows that 99% of the English population - even those living in the most deprived areas - can get to a pharmacy within 20 minutes by car and 96% by walking or using public transport. Therefore it is considered reasonable that a person could walk or drive or catch public transport one mile to their nearest pharmacy.

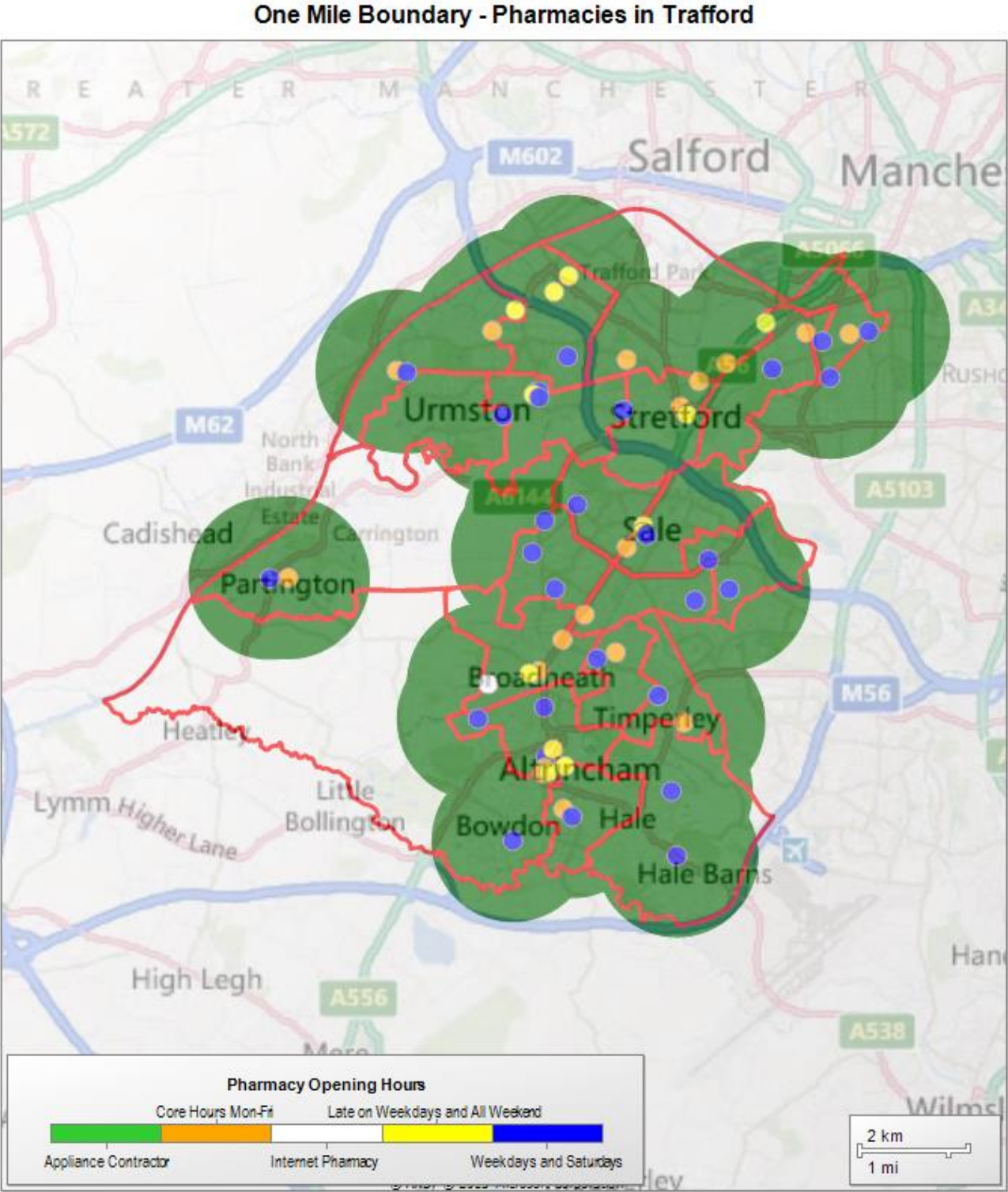
This is also corroborated by the results of our Patient and Public survey (Appendix 7) where 65.85% of patients said they would be willing to travel less than one mile to a pharmacy. A further 26.83% of patients would be willing to travel up to two miles to their pharmacy.

Approximately 53.85% said they usually walk to their pharmacy whilst over 41% usually access pharmacy by car. Also the public survey indicates that over 92% of respondents are able to access a pharmacy of their choice.

Of the 29 pharmacists who responded to the pharmacy services survey, 100% responded that customers can legally park within 50 metres of the pharmacy or that it was less than five minutes to walk to the nearest bus stop.

With this in mind map 6 below shows a green one mile boundary line around our pharmacy locations.

MAP 6: One Mile Boundary



The map shows that there is an even spread of pharmacies over most of the Trafford area. However there appears to be fewer pharmacies in the West of the borough in some areas of Bowdon and Bucklow-St Martin's. There is a small region to the North in Gorse Hill ward which is also more than one mile from a community pharmacy.

Bowdon is a large area in the South of Trafford Borough combining several small villages surrounded by open countryside including Dunham Massey Country Park. The majority of the ward is owned by the National Trust. The Dunham Massey Estate includes Dunham Massey Hall and a deer park. This is an affluent and attractive semi-rural area, with a low population hence the uneven distribution of pharmacies.

Bucklow-St Martins includes a large industrial complex and Carrington Business Park. Within the south east of the ward are the villages of Carrington and Partington and within the eastern area is the residential area of Sale. This explains the uneven distribution of pharmacies in the area.

Gorse Hill to the North contains Trafford Park industrial estate. The majority of the population resides in the southern end of sector. It is home to Manchester United Football Club, Imperial War Museum North and Trafford Town Hall.

There is also the newly developed Media City on the Salford side of the canal. An even distribution of pharmacies is therefore not required.

6.4.7 Unpopulated areas

Areas such as local parks would reduce the land available for pharmacy development and also indicate a lower population. As we discussed in 6.4.6 the area in South Bowdon around Dunham is National Trust land and therefore is unavailable for development, hence the population here is very sparse.

6.5 Access to pharmacies by opening hours

For a table of opening times see appendix 8.

For a map showing location of opening hours see the one mile boundary map 6 above in section 6.4.6. The dots are colour coded to represent the hours the pharmacy in that location is open, the same coding is used in the table of opening hours.

Colour codes for Opening Hours of Dispensing Contractors

Yellow – Opens later on weekdays and open Saturdays and Sundays
Blue – Pharmacy opens weekdays and on Saturdays
Orange – Open standard core hours Monday – Friday (over 40 hours per week)
Green – Internet pharmacies
Purple – Appliance suppliers

The weekday opening hours around Trafford are consistent with standard retail trading hours (9.am to 6pm) as well as good coverage early morning from 6.30 am and late into the evening (up to 11pm).

All of the community pharmacies are open between the hours of 9.30am until 5.30pm from Monday to Friday, the exception being that in the North of Trafford on a Wednesday afternoon three pharmacies close at 1pm. However they are spread over three wards where other pharmacies remain open at this time.

Table 10: Saturday and Sunday opening

Ward Name	Locality	Pharmacies per ward (new Aug 2013)	100 hour	Open on a Saturday (earliest open – latest closing)	Open on a Sunday (earliest open – latest closing)
Altrincham	South	6	-	4 (8.30am -5.30pm)	1 (11am- 5pm)-
Ashton upon Mersey	Central	1	-	1 (9am- 5pm)	-
Bowdon	South	2	1	2 (7am-10pm)	1 (10am – 5pm)
Broadheath	South	3	-	1 (9am- 6pm)	1 (11am – 5pm)
Brooklands	Central	2	-	1 (9am- 1pm)	-
Bucklow - St Martin's (previously referred to as Partington in 2011 PNA)	North/West	3	-	2 (9am – 1pm)	-
Clifford (previously referred to as Old Trafford)	North	4	-	3 (9am -1pm)	-
Davyhulme East	North/West	3	1	3 (7am-10pm)	2 (10.30am – 6pm)
Davyhulme West	West	4	-	2 (9am-6pm)	1 (11am- 5pm)
Flixton	West	1	-	1 (9am-1pm)	-
Gorse Hill	North	3	1	1 (6.30am-10pm)	1 (11am – 5pm)
Hale Barns	South	3	1	3 (9am – 10pm)	1 (10am- 5pm)
Hale Central (previously referred to as Hale)	South	3	-	3 (8am -8pm)	1 (10am -4pm)
Longford	North	2	-	1 (9am-1pm)	-
Priory	Central	4	-	3 (8am -9pm)	2 (10am -4pm)
St Mary's (previously referred to as Sale)	Central	2	-	1 (9am- 1pm)	-
Sale Moor	Central	2	-	2 (9am- 5pm)	-
Stretford	North	3	-	1 (8.45am-9.30pm)	1 (10am- 4pm)
Timperley	South	2	-	1 (8.30am- 5.30pm)	-
Urmston	West	6	2	6 (7am- 10pm)	2 (9am -7pm)
Village	South	3	-	2 (7.30am-10.30pm)	1 (8am- 6pm)
TOTALS		62		44	15

6.5.1 Saturday Opening

Almost three quarters of the pharmacy contractors are open on a Saturday with at least one open in every ward, although six of these wards do not have a pharmacy open on Saturday afternoons. Respondents to the public survey indicated that 60.5% find later opening hours after 7pm important or very important, compared to 50% who preferred early opening before 9am.

Access to pharmaceutical services provided from a pharmacy on a Saturday can be found between the hours of 6.30am to 10.30pm within Trafford. In terms of location the cover of pharmacies on a Saturday is good especially if we look to a wider footprint than the wards. Trafford can be split into four localities, North, Central, South and West, and all of these localities have pharmacies which open regular Saturday trading hours.

Therefore there is no need for extra Saturday opening hours.

6.5.2 Sunday Opening

Over a quarter of the contracted community pharmacies are open on a Sunday, but there are nine wards which have no contractors open on a Sunday. Although by looking at the wider footprint of the localities of North, Central, South and West it can be seen that each one of these has at least two Sunday opening pharmacies.

The opening hours across Trafford on a Sunday range from 8am until 7pm. This gives good access to patients who are able to travel on public transport or have their own transportation if they do not live in one of the wards where there is a pharmacy open.

Most residential areas of Trafford, which do not have a pharmacy open within their ward on a Sunday, are close to another ward where a pharmacy may be open and the residents should have easy access by public transport to them. However the Partington area of Bucklow-St-Martins ward is separated from the nearest 100 hour pharmacy or the urgent care centre in Trafford General by approximately five miles. It would therefore benefit patients within Partington if pharmacies provided extended opening on a Sunday.

Also the HWB identified that there was a need for additional Sunday opening hours in Sale Moor and Brooklands wards especially as these are considered areas higher in deprivation than other locations across Trafford and that the residents would find it financially difficult to access public transport.

The conclusion drawn in terms of the opening hours for pharmacies around Trafford is that all localities have some weekend access to pharmacy services but that it may benefit the area of Partington, and Sale Moor and Brooklands wards where the opening hours are limited on Saturday and closed on a Sunday, if there were to be an extension of the opening hours.

6.5.3 Bank Holiday Opening

Where the HWB identify a requirement for additional provision on a Bank Holiday or a named day under regulations, then there would be a requirement to consider either requesting NHS England to commission an enhanced service or the LA could commission a local service.

A Weekend and/ or bank holiday rota in areas where a requirement for extra hours exists could be commissioned to benefit patients.

6.6 Conclusion

As a whole conurbation the number of pharmacies is sufficient for the population of Trafford. This is borne out by:

- areas of high population all have a pharmacy located within one mile of them.
- the increase in pharmacy outlets has mirrored the increase in the total population of Trafford since 2011
- approximately 87% of prescriptions generated by Trafford prescribers are dispensed by Trafford pharmacies
- Trafford has a significantly higher number of pharmacies per 100,000 population than the England and North West average.

Pharmacy opening hours are currently sufficient during the week.

A number of pharmacies are closed on a Saturday afternoon and Sunday access is only available from one quarter of the Trafford pharmacy contractors.

This is generally not an issue in most wards as there are adequate transport links to nearby pharmacies that provide weekend opening hours. However in areas where there are higher than average levels of deprivation and associated health needs such as Partington, Sale Moor and Brooklands this may leave some members of the public in the areas without access to pharmaceutical services on weekends. This could impede the improvement of health in the area. The areas of Partington, Sale Moor and Brooklands would therefore benefit from extended opening hours, particularly on Sundays. This would allow commissioners to increase access to commissioned services and perhaps target those patients who are unable to get to a pharmacy during Monday to Friday.

7.0 Future Matters

7.1 Housing and development

Trafford is one of the smaller District Councils within the Greater Manchester conurbation, covering an area of some 10,600 hectares (26,200 acres or 41 square miles).

Trafford Council has prepared a Strategic Housing Land Availability Assessment (SHLAA) report which informs local plans for developments around the borough. Trafford have planned housing developments across Trafford and estimates in the next three years, over 700 dwelling units will be built. It is anticipated in the next seven years and beyond over 8000 dwelling units shall be built.

In addition to the housing developments there is also approval for significant commercial projects in the Trafford area. In Altrincham, the Altair scheme which mainly comprise of leisure, office and residential units has been scheduled and earmarked for completion by 2017. There is also planning permission for a new supermarket in the Broadheath area and approval for significant increase in retail floor space at the Trafford Centre. Both areas are likely to see such developments in progress or completion within the next two years.

Altrincham has a high number of pharmacies currently so the increase in retail units would not necessitate a new pharmacy contract being given in this ward.

Broadheath currently has three pharmacies one of which provides good cover of pharmaceutical services from 9am until 8pm on a weekday and on Saturday until 6pm. They also provide a service on Sunday between the hours of 9am and 6pm. Hence a further pharmacy would not be required at this time in Broadheath.

The Trafford Centre, which is located in Davyhulme East ward, already has one pharmacy within it and another in the supermarket across the road. Therefore even though the retail space will increase, the number of pharmacies nearby will be sufficient for any increase in public footfall.

The Partington area in Bucklow-St Martin's is also expecting a new updated local retail centre by mid-2014. This may attract people into Partington at weekends when there is no pharmaceutical provision available. Although there are currently sufficient numbers of pharmacies in Partington the distance from other pharmacies within Trafford Borough mean that during the hours when the two existing Partington pharmacies are closed, i.e. Saturday after 1pm and on Sundays, it can be difficult for patients to access pharmaceutical services. Therefore an extension of the weekend opening hours in Partington area would be beneficial to the health of patients in this area.

7.2 Primary care developments

As the new NHS structure is in its first year, there will inevitably be some movement of commissioned services between the new NHS organisations. This may lead to services being de-commissioned and different ones commissioned in their place.

Any potential change to the services should be based on the population need of the local areas of which the PNA, along with the JSNA and HWB strategy, is an important document to inform such decisions.

7.3 Identification of the gaps between health need and current services.

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

Identified Health Priorities	Health Partners target/aims	Target Areas (Neighbourhoods)	Relevant Services currently delivered from community pharmacy	Service provided by other providers to address that need	Gap between need and current provision	How could community pharmacy meet the needs in the future
<p>Outcome One: Give every child the best start in life.</p> <p>Priority 1: Reduce childhood obesity</p> <p style="text-align: center;">Page 183</p>	<p>Ensure every baby and child in Trafford get off to a good start. Evidence has shown us that what happens in utero, early life and childhood impacts on health and wellbeing for the rest of the person's life.</p> <p>Trafford aims include:</p> <ul style="list-style-type: none"> • Increase the number of primary schools participating in FFL in the four localities with particular focus on schools with high levels of obesity • Agree a collaborative programme of activity for childhood obesity including healthy eating and physical activity across all agencies in Trafford using the life course approach • Support new mothers to breastfeed by using universal services, peer support groups and targeted follow up • Work with planners, local food outlets and other agencies to ensure healthy food is available and promoted, and that allotments and green spaces are utilised and developed • The LARCO (Locality Approach to Reducing Childhood Obesity) project will fund local groups in three areas of Trafford to provide innovative activities for primary age pupils around physical activity and healthy eating 	<p>Obesity levels in children are falling and are significantly better than the England average for children aged 4-5 years (7.8%) but there is variation in rates of obesity across the borough. By year 6 (10-11 years old), around 16.4% of Trafford children are classed as obese. Although this level has reduced and is similar to the England average, significantly higher levels of obesity in this age group have been identified in Urmston, Hale Barns, Timperley, Broadheath and Village all with at least 20% of children classed as obese at this age.</p>	<p><u>Essential service:</u> Health promotion and advisory service Public Health promotion, Signposting, Dispensing Medicines or Appliances,</p> <p><u>Advanced service:</u> MUR, NMS</p> <p><u>Local Authority Commissioned services:</u> Smoking cessation (for parents)</p> <p><u>CCG Commissioned Services:</u> Minor ailment scheme</p>	<p><u>Local Authority Commissioned services:</u> Continue the annual National Child Measurement Programme (NCMP) for reception class and year 6 children including feedback to parents.</p> <p><u>From GP:</u> Health visitor and Midwife support</p>	<p>Commissioners need to ensure that any austerity measures do not further disadvantage such children and young people by identifying the groups of children who are most likely to be affected and intervene at the earliest opportunity.</p> <p>The current gaps and variation in services, facilities and education in certain neighbourhoods is affecting child obesity.</p>	<p>Pharmacies are readily accessible health care locations within the communities that can support parents through pre- and post-pregnancy, early years and through to school, to give children the best start in life</p> <p>They can encourage national exercise programmes like Change4life programme</p> <p>Ensure patients are able to contact relevant health professionals such as Midwives and Health Visitors by signposting when appropriate.</p> <p>They could also provide facilities for breastfeeding mothers to breast feed in their consultation facilities</p> <p>Commissioners could consider introducing healthy weight management clinics from pharmacies or any willing provider.</p>

Identified Health Priorities	Health Partners target/aims	Target Areas (Neighbourhoods)	Relevant Services currently delivered from community pharmacy	Service provided by other providers to address that need	Gap between need and current provision	How could community pharmacy meet the needs in the future
<p>Outcome One: Give every child the best start in life.</p> <p>Priority 2: Improve the emotional health and wellbeing of children and young people.</p> <p style="text-align: center;">Page 184</p>	<p>Trafford recognises that addressing the social and emotional wellbeing for children and young people, is a priority and effective way of addressing health inequalities.</p> <p>Trafford aims include:</p> <ul style="list-style-type: none"> • Work as a partnership to develop a single point of access (SPA) for emotional health services to provide a clear and easy to access system • Ensure voluntary and community sector providers are engaged with the SPA • Engage schools in developing the SPA as key supporters of children with emotional health issues • Develop clear communications and publicity to ensure that all relevant services, as well as the young people and families, understand how to access the SPA • Deliver targeted (National Institute Health and Care Excellence) behaviour change evidence based interventions for parents of 0-5 year olds • Work with schools to coordinate mental health services and promote emotional health for children and young people • A partnership task and finish group will work together to ensure that all services locally are evidence based (NICE) and of a high quality 	<p>The wards Bucklow St Martin, Clifford, Longford and St Marys are areas with the lowest average Personal Social and Emotional Development (PSE) scores in children</p> <p>In Trafford there is a total of 580 pupils (1.6% of the total school population) receiving support for behavioural, emotional or social difficulties (BESD), including ADHD.</p> <p>Referrals into Trafford's Child and Adolescent Mental Health Service (CAMHS) have increased significantly over the last ten years and that trend continues. The referrals for the last 4 months of 2011 show a 20% increase on referrals for the same period in 2010. In December 2011, only 10% of referrals were inappropriate.</p>	<p><u>Essential service:</u> Public Health promotion, Signposting, Dispensing Medicines or Appliances, Repeat Dispensing</p> <p><u>Advanced service:</u> MUR, NMS</p>		<p>Ensuring access to mental health services is essential and must be addressed.</p> <p>Commissioners could consider mental health screening opportunities and increase appropriate access to the existing local mental health services.</p>	<p>Pharmacies are readily accessible health care locations within the communities. They are a good opportunity to identify, intervene, promote and signpost for support around social and emotional wellbeing of children and young people.</p> <p>Early intervention, maintenance and management of a stable patient is vital and medication can play a huge role in achieving that.</p> <p>Education around reasons for taking medicines and how they work can aid the patient's understanding of their condition and therefore improve their outcome.</p>

Identified Health Priorities	Health Partners target/aims	Target Areas (Neighbourhoods)	Relevant Services currently delivered from community pharmacy	Service provided by other providers to address that need	Gap between need and current provision	How could community pharmacy meet the needs in the future
<p>Outcome Two: A reduced gap in life expectancy</p> <p>Priority 3: Reduce alcohol and substance misuse and alcohol related harm</p>	<p>Trafford aims include</p> <ul style="list-style-type: none"> Work collaboratively with partners to ensure messages relating to drugs/alcohol are promoted across the borough at events such as the Warehouse project Implement the RAID model within Trafford to reduce the demand on A & E caused by frequent flyers Ensure those with alcohol/drug misuse issues who are committing crime are subject to ATR or DRR to encourage them to address their addiction Refresh alcohol strategy for Trafford and action plan Deliver a programme of events in Trafford for alcohol Awareness week in November 2013 "Hair of the Dog" Review and revise as necessary the care pathway for GPs to ensure early identification support people with alcohol problems - in line with national best practice Map of Medicine guidelines 	<p><u>Alcohol</u></p> <p>The rate of alcohol attributable admissions per 100,000 population in 2010-11 was highest in the wards of Bucklow-St-Martins, Sale Moor, Davyhulme East and Stretford and the rate in these wards was higher than the rate for Trafford overall. Males continue to be presenting at A&E significantly more than women but women are increasing at a faster rate. In Trafford, alcohol related offences have increased by 7% during 2009-2011; the data may also suggest a serious under reporting by victims of crime, especially regarding Domestic Violence.</p> <p><u>Drugs</u></p> <p>Trafford services have changed during the past year to incorporate recovery management and facilitate access to a range of options which involve either reducing dosage levels or working towards abstinence. This avoids the issue of individuals being parked indefinitely on methadone and a lack of identifiable progress towards client goals.</p> <p>As part of the drug strategy review in May 2012, there were new powers granted to tackle the growth of new psychoactive substances (legal highs) with banning orders for substances such as Mephedrone. In Trafford, these substances have not presented as a recurring issue for Young People whilst Cannabis continues to be the highest single category for those presenting to YP drug services.</p>	<p><u>Essential service:</u> Health promotion and advisory service Public Health promotion, Signposting, Dispensing Medicines or Appliances, Repeat Dispensing</p> <p><u>Advanced service:</u> MUR, NMS</p> <p><u>Local Authority Commissioned services:</u> Supervised Methadone or Buprenorphine, Needle Exchange scheme. Smoking Cessation</p> <p><u>CCG Commissioned Services:</u> Minor ailment scheme, Out Of Hours Medical and Pharmacy provision</p>	<p><u>From GP:</u> General Practice NHS service</p> <p>Ad hoc immunisations for at risk Patients</p>	<p>Particular patient demographics can point to a potential abuse of alcohol and drugs. These populations should be targeted as first line to reduce the Trafford alcohol-related hospital admissions.</p> <p>Trafford must find ways to work with communities and individual(s) and to help them disseminate the message that alcohol and drugs can have potentially devastating effect on lives.</p> <p>Commissioner should look at the neighbourhoods' health needs and determine which services can be targeted where e.g. drug and alcohol programmes in particular deprived wards</p>	<p>Pharmacies ... could provide community-level leadership to promote sensible alcohol use and community champions to lead on excess alcohol.</p> <p>are readily accessible health care locations within the communities that can provide early intervention and prevention of alcohol-related harm.</p> <p>can support the: Trafford Tobacco and Alcohol Control Strategy</p> <p>could reach those patients who would not usually attend the GP surgery.</p> <p>already provide services to substance misusers are readily accessible health care locations within the communities.</p> <p>can take this opportunity to provide early intervention and prevention of drug-related harm.</p> <p>could provide community-level leadership to promote expertise in alcohol/drug misuse and become community champions to support health indicator.</p> <p>could reach those patients who would not usually attend the GP surgery.</p> <p>Screening for increased alcohol and substance misuse risk can be offered opportunistically in a number of front line settings, including pharmacies.</p>

Identified Health Priorities	Health Partners target/aims	Target Areas (Neighbourhoods)	Relevant Services currently delivered from community pharmacy	Service provided by other providers to address that need	Gap between need and current provision	How could community pharmacy meet the needs in the future
<p>Outcome Two: A reduced gap in life expectancy</p> <p>Priority 4: Support people with long term health and disability needs to live healthier lives.</p> <p style="text-align: center;">Page 186</p>	<p>Trafford aims include:</p> <ul style="list-style-type: none"> Develop a hub and spoke model of information and advice services with partners, linked to locality working by March 2015. Increase the number of people in receipt of a personal budget to further promote choice and control by 10% by March 2014 Increase the number of people in receipt of Telecare, to promote independence and resilience linked to the Trafford Telecare Pledge. Implement the Winterbourne View Response Actions Plans and deliver on the identified areas for improvement in the Winterbourne submission stocktake Deliver the Learning Disabilities Service Improvement Programme, including the Winterbourne View Response Action Plans Deliver the Trafford Autism Strategy Delivery Plan Monitoring progress towards the elimination of avoidable health inequalities faced by people with learning disabilities. 	<p>In Trafford, approximately 135 people (125 aged 18-64 & 10 aged 65+) received residential or nursing care at some point in the year 2010/11,</p> <p>People with a learning disability experience the same range of mental health difficulties as the rest of the general population, and they are 3-4 times more likely than the general population to become mentally unwell.</p> <p>Adults with a learning disability have more health problems than the general population.</p>	<p><u>Essential service:</u> Health promotion and advisory service, Public Health promotion, Signposting, Dispensing Medicines or Appliances, Repeat Dispensing</p> <p><u>Advanced service:</u> MUR, NMS</p> <p><u>CCG Commissioned Services:</u> Minor ailment scheme, Out Of Hours Medical and Pharmacy provision</p>	<p><u>From GP:</u> General Practice NHS service</p> <p>Ad hoc immunisations for at risk Patients</p>	<p>All of this shows that in order to include the extra patient numbers, Trafford needs to change the way services are provided so that the needs of individuals and their families can be met as the population grows older, require more complex packages of care and support, and the demand rises from different ethnic minority groups.</p> <p>Some of these differences are associated with particular learning disabilities rather than the whole learning disability population. Some of the disabilities are easily recognisable, e.g. physical, but others are not, e.g. some communication and mental health difficulties. These difficulties require specialist knowledge and training.</p>	<p>Pharmacies are readily accessible health care locations within the communities. They are a good opportunity to identify, intervene, promote and signpost to support services.</p> <p>Commissioners could consider screening for early signs of long term conditions and increase appropriate access to the existing health services.</p> <p>Early intervention, maintenance and management of a stable patient is vital and medication can play a huge role in achieving that.</p> <p>Education around reasons for taking medicines and how they work can aid the patient's understanding of their condition and therefore improve their outcome</p> <p>Increasing access to wider mental health support resources, self-help groups, coaching/mentoring and talking therapies</p>

Identified Health Priorities	Health Partners target/aims	Target Areas (Neighbourhoods)	Relevant Services currently delivered from community pharmacy	Service provided by other providers to address that need	Gap between need and current provision	How could community pharmacy meet the needs in the future
<p>Outcome Two: A reduced gap in life expectancy</p> <p>Priority 5: Increase physical activity</p> <p style="text-align: center;">Page 187</p>	<p>Trafford aims include:</p> <ul style="list-style-type: none"> • Ensure that strategic planning processes contribute to creating a local environment, including facilities for outdoor recreation, physical activity and play that support an active lifestyle. • Work in partnership to increase participation levels and offer GP Referral pathways to progression. • We will identify gaps in provision and target interventions where they are most needed, e.g. women and girls', ethnic minority communities and young people between the ages of 14 - 24 • Develop and extend/promote the Active Trafford and Junior Active Trafford Scheme to communities in most need. • Evaluate, then develop and expand/innovate the Healthy Hips and Hearts older peoples exercise programme throughout Trafford working with physiotherapists and Occupational Therapies and Housing. 	<p>Trafford is an active borough and is above the national average for participation in sport and physical activity.</p> <p>Trafford Community Leisure Trust is the main provider of physical activity opportunities in the borough and its aim is to have "more people, more active, more often". Trafford Community Leisure Trust provides centre based activities alongside community programmes delivered through the Sport Trafford development team.</p>	<p><u>Essential service:</u> <i>Health promotion and advisory service, Public Health promotion, Signposting,</i></p>		<p>Trafford must find ways to work with communities and individual(s) where the gaps are greatest.</p> <p>Commissioners need to ensure that any austerity measures do not further disadvantage at risk-groups who are most likely to be affected.</p>	<p>Innovative health promotion campaigns can increase population awareness e.g. weight management programmes.</p> <p>Pharmacies are readily accessible health care locations within the communities that can promote healthy eating messages and encourage exercise programmes e.g. National Change4life programme</p> <p>Commissioners could consider introducing healthy weight management clinics from pharmacies or any willing provider</p>

Identified Health Priorities	Health Partners target/aims	Target Areas (Neighbourhoods)	Relevant Services currently delivered from community pharmacy	Service provided by other providers to address that need	Gap between need and current provision	How could community pharmacy meet the needs in the future
<p>Outcome Two: A reduced gap in life expectancy</p> <p>Priority 6: Reduce the number of early deaths from cardiovascular disease and cancer.</p>	<p>Trafford aims include:</p> <ul style="list-style-type: none"> Commission work to understand what lifestyle interventions will have the biggest impact on CVD/cancer in disadvantaged communities based on National Institute of Health and Care Excellence Public Health Draft Guidance Deliver NHS Health Checks programme and consider extending the programme (e.g. out of hours, non-clinical venues) targeting disadvantaged communities Design and implement a patient education programme for CVD and cancer awareness targeted at disadvantaged communities Design and implement a clinical education programme in Primary Care Develop and deliver primary care cancer & CVD strategies across whole population 	<p>There is still significant inequalities in premature death due to CVD remain in Trafford. The premature mortality (people under 75) rate for all circulatory diseases in Bucklow-St Martin's – the highest – is almost treble that seen in the ward with the lowest rate – Hale Central. The next highest rates were observed in Clifford, Stretford and Sale Moor, whilst the next lowest rates were observed in Hale Barns, Brooklands, Village and Altrincham.</p> <p>Cancer is the leading cause of death for people under 75 years in Trafford. The rate of premature mortality from all cancers is highest in the wards of Gorse Hill, Longford and Bucklow-St-Martins.</p>	<p><u>Essential service:</u> Health promotion and advisory service, Public Health promotion Signposting, Dispensing Medicines or Appliances, Repeat Dispensing</p> <p><u>Advanced service:</u> MUR, NMS</p> <p><u>Local Authority Commissioned services:</u> Smoking Cessation</p> <p><u>CCG Commissioned Services:</u> Minor ailment scheme, Heal lice scheme – It is anticipated such schemes will relieve GP consultation time and enable greater support around LTC</p> <p>Palliative care</p>	<p><u>From GP:</u> The NHS Trafford Health Checks offers screening of 40-74 year olds for cardiovascular disease.</p> <p>Smoking Cessation</p> <p>Near Patient testing</p> <p><u>There are a number of strategies to improve LTC in Trafford:</u></p> <p>Working Together for a Change 4 Life; Trafford Tobacco and Alcohol Control Strategy</p>	<p>Need to expand and improve GP registers for managing patients with LTC at high risks i.e. developing CVD and those with raised BP and Atrial Fibrillation.</p> <p>Trafford must find ways to work with communities and individual(s) and to help them to access the existing services.</p>	<p>Use pharmacists as part of a multidisciplinary team to help patients understand and manage long term conditions more effectively e.g. via targeted MURs, supplementary prescribing pharmacist clinics or other innovative mechanisms.</p> <p>Disease screening to identify patients with particular long term conditions could be carried out from pharmacy locations.</p> <p>Pharmacies themselves, as well as national pharmacy bodies and local commissioners, need to do more to promote the pharmacy as centres of excellence for supporting self-care.</p> <p>Pharmacies could reach those patients who would not usually attend the GP surgery.</p> <p>Ensure professionals are trained across partnerships to signpost local people to services to help them stop smoking, drink sensibly, eat healthily and improve their life chances.</p> <p>Screening for smokers can be offered opportunistically in a number of front line settings.</p> <p>Pharmacist can promote the range of local stop smoking services amongst the population.</p>

Identified Health Priorities	Health Partners target/aims	Target Areas (Neighbourhoods)	Relevant Services currently delivered from community pharmacy	Service provided by other providers to address that need	Gap between need and current provision	How could community pharmacy meet the needs in the future
<p>Outcome Three: Improved mental health and wellbeing</p> <p>Priority 7: Support people with enduring mental health needs, including dementia to live healthier lives.</p> <p style="text-align: center;">Page 189</p>	<p>Trafford aims include:</p> <ul style="list-style-type: none"> Review and refresh the council section 75 Partnership agreement with Greater Manchester West to further Transform the model of support based on personalisation, choice and control. To facilitate the development of an integrated service model with shared performance indicators across the health and social care economy, following a partnership review of current spend and activity. To review in partnership, all existing all-age mental health services Deliver the Improving Access to Psychological Therapies Service Improvement Programme Deliver the Trafford Dementia Kitemark for residential care and homecare services across the Borough. 	<p>In 2011, there were 972 people registered with a Trafford GP with a diagnosis but it was estimated that there would be around 2,650 people in the Borough living with dementia. These figures would seem to indicate that Trafford reflects the national situation, in that there are currently high numbers of people with dementia with unmet needs and remaining undiagnosed.</p> <p>People with a learning disability experience the same range of mental health difficulties as the rest of the general population, and they are 3-4 times more likely than the general population to become mentally unwell.</p>	<p><u>Essential service:</u> Public Health promotion, Signposting, Dispensing Medicines or Appliances, Repeat Dispensing</p> <p><u>Advanced service:</u> MUR, NMS</p>	<p><u>From GP:</u> The NHS Trafford Health Checks offers screening of 40-74 year olds for cardiovascular disease.</p> <p>Smoking Cessation</p> <p><u>There are a number of strategies to improve mental health needs in Trafford:</u></p> <p>Working Together for a Change 4 Life;</p> <p>Trafford Tobacco and Alcohol Control Strategy</p> <p>Trafford's Dementia Strategy</p>	<p>Ensuring access to mental health services is essential and must be addressed.</p> <p>Trafford must find ways to work with communities and individual(s) and to help them to access the existing services.</p> <p>Trafford may benefit with various service re-design to achieve the priorities.</p>	<p>Pharmacies are readily accessible health care locations within the communities. They are a good opportunity to identify, intervene, promote and signpost for support around social and emotional wellbeing of children and young people.</p> <p>Commissioners could consider mental health screening and increase appropriate access to the existing local mental health services.</p> <p>Early intervention, maintenance and management of a stable patient is vital and medication can play a huge role in achieving that.</p> <p>Education around reasons for taking medicines and how they work can aid the patient's understanding of their condition and therefore improve their outcome</p> <p>Increasing access to wider mental health support resources, self-help groups, coaching/mentoring and talking therapies</p>

Identified Health Priorities	Health Partners target/aims	Target Areas (Neighbourhoods)	Relevant Services currently delivered from community pharmacy	Service provided by other providers to address that need	Gap between need and current provision	How could community pharmacy meet the needs in the future
<p>Outcome Three: Improved mental health and wellbeing</p> <p>Priority 8: Reduce the occurrence of common mental health problems among adults.</p>	<ul style="list-style-type: none"> We will work to deliver improved mental health in working aged adults through new and innovative Workplace Health programmes specifically through 'Healthy Workplaces' and 'Fit for Work' services. Therefore, we will develop the mental health in the workplace training for businesses and organisations including GMP and other support agencies. We will implement targeted, mental health and wellbeing programmes across Trafford that will then develop to inform evidence led commissioning. We will work with partner such as Trafford Housing Trust to address the wider determinants of health and wellbeing. We will work across boundaries to develop and deliver a new 2014 Salford, Bolton and Trafford Suicide Prevention Strategy Targeted approach to men We will promote mental resilience and reduce the burden of mental illness through awareness raising programmes including interventions such as 'books on prescription' and through campaigns to reduce stigma relating to mental illness. We will work with key stakeholders to address wider health inequalities and social determinants of health e.g. housing, social exclusion and income inequality and we will develop plans to mitigate the potentially negative impact of benefit changes and other economic changes linked to the economic downturn. Manage provider performance against contract / KPIs. 		<p><u>Essential service:</u> Public Health promotion, Signposting, Dispensing Medicines or Appliances, Repeat Dispensing</p> <p><u>Advanced service:</u> MUR, NMS</p> <p><u>Local Authority Commissioned services:</u> Supervised Methadone/ Buprenorphine, Needle Exchange scheme, Smoking Cessation</p>	<p><u>From GP:</u> Smoking Cessation</p> <p><u>There are a number of strategies to improve mental health needs in Trafford:</u></p> <p>Working Together for a Change4Life</p> <p>Trafford Tobacco and Alcohol Control Strategy</p> <p>Trafford's Dementia Strategy</p>	<p>Ensuring access to mental health services is essential and must be addressed.</p> <p>Trafford must find ways to work with communities and individual(s) and to help them to access the existing services.</p>	<p>Pharmacies are readily accessible health care locations within the communities. They are a good opportunity to identify, intervene, promote and signpost for support around social and emotional wellbeing of children and young people.</p> <p>Commissioners could consider mental health screening and increase appropriate access to the existing local mental health services.</p> <p>Early intervention, maintenance and management of a stable patient is vital and medication can play a huge role in achieving that.</p> <p>Education around reasons for taking medicines and how they work can aid the patient's understanding of their condition and therefore improve their outcome</p> <p>Increasing access to wider mental health support resources, self-help groups, coaching/mentoring and talking therapies via pharmacies, either by signposting or by delivering the services from community pharmacy locations themselves.</p>

8.0 Conclusion and Recommendations

Trafford Council has a resident population of 226,600 people.

Trafford borough is a predominantly urban area with some large industrial and retail areas. There is also a large area of fields and parkland to the South of Trafford which is owned by the National Trust.

Trafford has a high level of affluence but also some pockets of deprivation where the health of the population is usually poorer.

Most of the wards in Trafford have a lower than average ethnic minority population with the exception of Clifford and Longford in the North of the borough where it is significantly higher than in the other 19 wards.

The age range which covers most of the population is from 40 to 49 years old. The age of the population is very similar to that of the England average and there is predicted to be an increase in the older population in line with national trends.

The life expectancy for Trafford's residents is higher than the England average. There are, however, particular disease areas that still fall below the England average which should be addressed to improve the health of Trafford's residents even further.

The 62 pharmacy contractors and one dispensing appliance contractor which are currently contracted within Trafford dispense on average 87% of items originating from Trafford prescribers contracted with the Trafford CCG. During the public consultation almost 92% of respondents said they had no issues accessing a pharmacy. Therefore the number of contractors is sufficient to manage the need of the population in relation to dispensing.

There is good access in populated areas to pharmacies across Trafford with all 21 wards having a pharmacy open during the week and on Saturday mornings. Many wards also have cover for Saturday afternoon and evening and also on a Sunday.

Sale Moor and Brooklands wards were identified as areas of high deprivation with reduced access to pharmaceutical services over weekends. These areas would benefit from increased opening hours at the weekend, particularly on a Sunday.

Although there are future housing developments in Partington, Broadheath, Trafford Centre and Altrincham these areas would not require a new pharmacy contract to be issued due to satisfactory cover from the existing pharmacies in these areas. It was however identified that extended opening hours on a Sunday would be beneficial to address the inequality of weekend provision found in Partington. The proposed development in this area would bring an influx of people to one of the most deprived LSOAs in Trafford and there is currently no Saturday afternoon or Sunday pharmacy access in this area. Where a change to the current hours is approved it would be favourable to the local community for the pharmacy to provide any services during these extended hours which Trafford Local Authority or Trafford CCG deem appropriate for the population of Partington.

In general the local commissioners should identify areas where there are populations within Trafford local authority area who have specific health needs.

Population and location targeted health promotion should be the focus for commissioners to make an impact on improving health for the future. This can be achieved in a number of ways such as ensuring maximum efficiency from primary health care core contracts e.g. by focusing on maximising potential through improving key performance indicators or by commissioning services through a variety of providers. All services will be offered if appropriate to existing contractors as commissioned, or as dictated by local demand. A range of innovative solutions delivered by pharmacy contractors to address the current gaps in healthcare have been suggested in section 7.3. Commissioners need to determine if pharmacy services are the best way to tackle health needs, and pharmacy professionals would need to find ways to manage any new services whilst still delivering the current essential pharmacy contract.

The choice of service provider should be dependent on a number of factors such as cost effectiveness of the service, ease of access for patients, appropriate skills of the providers. Some services may be commissioned across more than one type of health care provider. When collating the list of available providers, community pharmacies should be considered as they generally have a good skill mix and patient accessibility, both in terms of hours of opening and location. Attributes such as these would form a basis for many services, particularly as commissioners move more provision for healthcare into the primary care setting.

In order that the public can benefit more widely from the current pharmaceutical services on offer it is suggested that public promotion of pharmacies is necessary. This is not necessarily a focus solely for the local commissioners and contractors themselves, but this should be addressed also by the national and local pharmacy bodies.

9.0 Equality Impact Assessment

An equality analysis has been carried out on the PNA and can be found in appendix 10.

10.0 Appendices

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

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- i The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. Accessed 6.8.13 <http://www.legislation.gov.uk/ukxi/2013/349/contents/made>
 - ii <http://www.legislation.gov.uk/ukpga/2009/21/section/25>
 - iii Primary Care Commissioning <http://www.pcc-cic.org.uk/article/pharmacy-enhanced-services-1-april-2013> accessed 6.8.13
 - iv Pharmaceutical Services Negotiating Committee a <http://psnc.org.uk/contract-it/the-pharmacy-contract/> accessed at 6.8.13
 - v Pharmaceutical Services Negotiating Committee's "Community Pharmacy Local Service Commissioning Routes; July 2013 <http://psnc.org.uk/wp-content/uploads/2013/08/Local-Community-Pharmacy-services-commissioning-routes-July-2013.pdf> accessed 6.8.13
 - vi NHS Employers PNA guidance Accessed 25.6.2013 http://www.nhsemployers.org/Aboutus/Publications/Documents/Pharmaceutical_Needs_Assessments%E2%80%933a_practical_guide.pdf
 - vii Trafford's Joint Health and Wellbeing Strategy Strategic Needs Assessment <http://www.infotrafford.org.uk/custom/resources/JSNA%20Summary%20doc1.pdf> accessed 13.8.13
 - viii Trafford's Joint Health and Wellbeing Strategy. Accessed 13.8.2013
 - ix General Pharmaceutical Services in England: 2002-03 to 2011-12 Published 22 November 2012 accessed 27.8.2013 <https://catalogue.ic.nhs.uk/publications/primary-care/pharmacy/gen-pharm-eng-2002-03-2011-12/gen-pharm-eng-2002-03-2011-12-rep.pdf>
 - x General Pharmaceutical Services in England: 2002-03 to 2011-12 Published 22 November 2012 accessed 27.8.2013 <https://catalogue.ic.nhs.uk/publications/primary-care/pharmacy/gen-pharm-eng-2002-03-2011-12/gen-pharm-eng-2002-03-2011-12-rep.pdf>



RIGHT CARE RIGHT TIME RIGHT PLACE

Trafford Patient Care Coordination Centre

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Julie Crossley – Associate Director of Commissioning

Agenda Item 7

1. Principles for Trafford CCG's Patient Care Coordination Centre
2. Progress so far
3. Benefits/Outcomes
4. 2014-15 Priorities
5. Early Intervention and Wellbeing Hub
6. Questions

Principles

- Unique – Lots of Interest
- Visioning Document / Addendum
- Health and Social Care Proactive System
- Patients always getting the right care at the right time, through an effortless journey
- A focus on complexity and vulnerability
- Proactive and coordinated care seamlessly around the patient
- Best possible patient experience

Trafford Economy

Significant progress already achieved

- Page 198
- Unusual position in Trafford
 - No 1:1 relationship with acute provider
 - Patients attend multiple providers
 - Patients treated outside of locality boundaries
 - Central Manchester;
 - Salford Royal;
 - University Hospital South Manchester; and
 - Greater Manchester West.

What have we done so far?

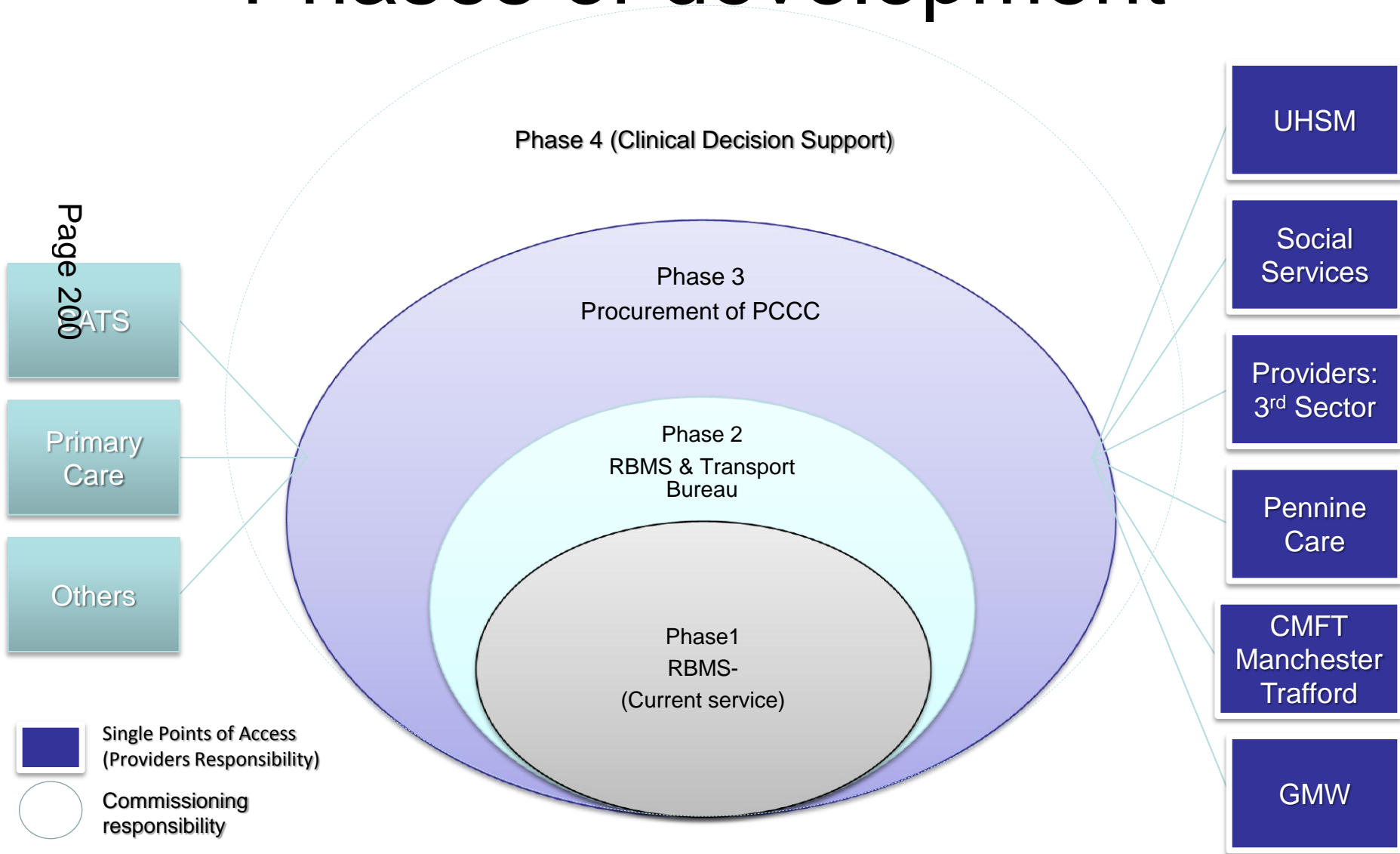
- Developed community services including:
 - Intermediate care;
 - IV therapies;
 - Matrons;
 - Community geriatricians; and
 - Rapid response teams.

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Single Point of Access for Community and Mental Health Services

- New Health Deal for Trafford
- Data sharing access to 70% of GP patient records
- Risk stratification

Phases of development



Benefits / Outcomes

- Tracking of patient journey
- Close monitoring of vulnerable patients, following them through care journey
- Improved Quality
- Improved Patient Experience
- Improved Efficiencies e.g. DNA's, Waiting Times
- Health Transport Bureau
- 'Auto pick up' patients as they go through the system
- Clinical Decision Support System
 - Directory of referral routes
 - Investigations/tests carried out in advance of appointments
 - Ability to view all results e.g. radiology/pathlab
 - Quality Auditing of referrals
 - Risk Stratification

Infrastructure

- Page 202
- Single point of access
 - Single 'live' directory
 - Supported by IT infrastructure
 - Access to all records i.e. enabling patient care plans feeding in proactive planning
 - Alignment to 111 and out of hours
 - Innovation e.g. Telehealth/Telecare

2014-15 priorities

Delivering Efficiencies

- Measurements to monitor IC Improvements
- Increase investment in Primary Care/Community
 - Primary Care Strategy
 - Education & Development in Primary Care

Shift in activity from acute to community:

- A&E Deflection schemes
- Changes on the Trafford Site (NHD, model 3)
- Mobile solution for Community teams
- To deliver out of Hospital Care Standards
- Shifting Resources from Acute to Primary and Community Care

Health and Wellbeing Hub

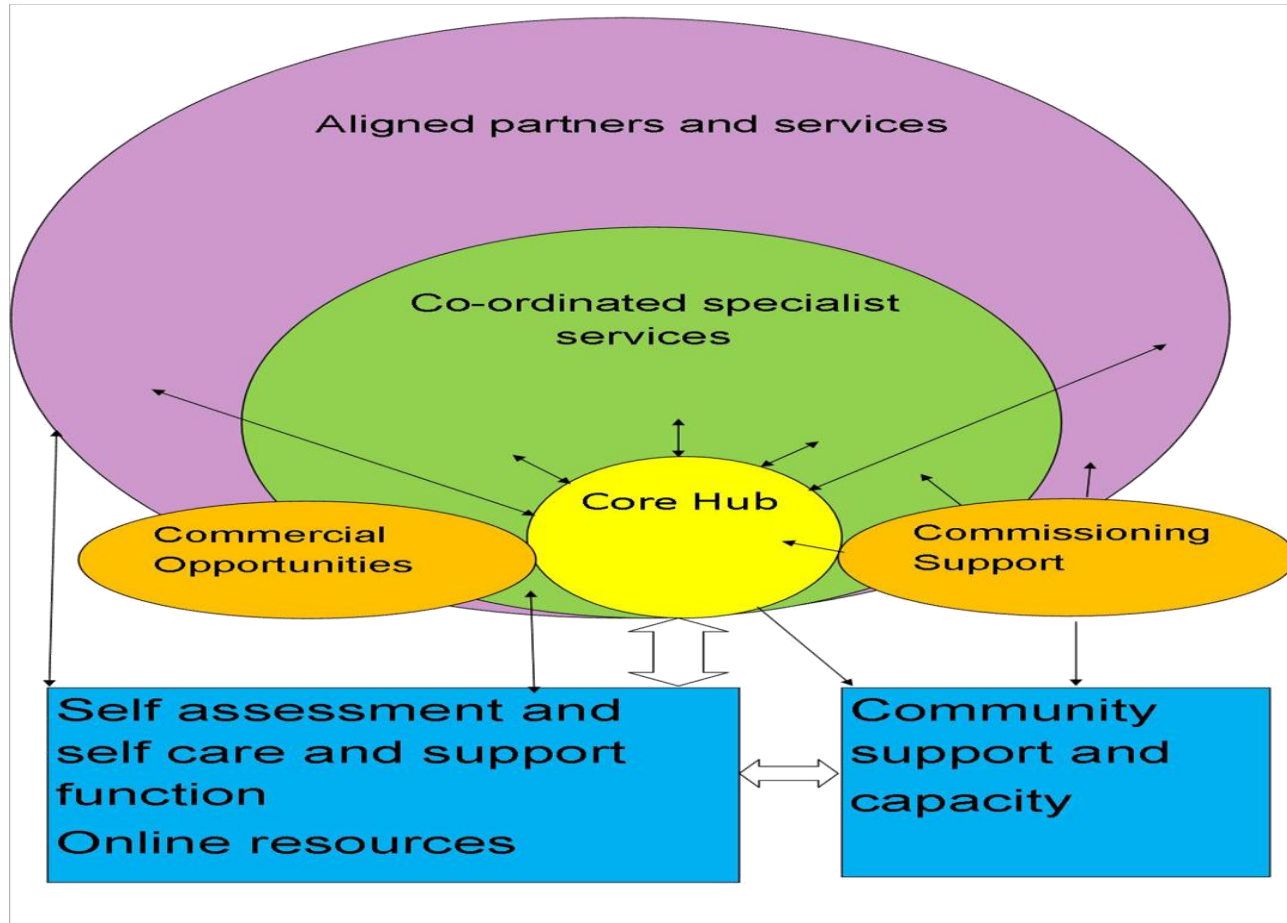
- Support Increasing Demand against reducing resources

Page 204 • Health and Social Care together

- Review and redesign of the Frail and Older People Service
- Review and redesign of the Palliative Care and end of Life Pathway

Early Intervention and Wellbeing Hub

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Benefits of the Wellbeing Hub

- Strategic Partnership approach to management of increasing demand on services
- Early Intervention – pre birth to death
- Outreach support to communities to link into integrated health and social care teams
- Build community capacity and resilience
- Early support to enable individuals and communities to provide and access the support they need through wider integration
- Holistic approach to assessment and prevention
- Reduce demand for statutory social care services
- Increase capacity for Specialist Services

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Questions?

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TRAFFORD COUNCIL

Report to: Health & Wellbeing Board
Date: 5th November 2013
Report for: Discussion
Report of: Warren Heppolette (Director of Operations & Delivery – NHS England, Greater Manchester Area Team)

Report Title

Primary Care Reporting to Health & wellbeing Boards

Purpose

This report responds to a discussion from the Board's last business meeting to propose an appropriate means of ensuring the Board were satisfactorily briefed and informed on significant issues affecting primary care delivery. The Area Team of NHS England was asked to outline what such reporting might look like. This report, therefore, is offered to invite the Board to confirm its expectations and suggest a routine means of informing the Board of any relevant developments or updates.

Recommendation(s)

The Board is asked to discuss the report and provide feedback to the Area Team

Contact person for access to background papers and further information:

Name: Warren Heppolette
Extension: 0113 825 5276

1.0 Executive Summary

1.1 This report responds to a discussion from the Board's last business meeting to propose an appropriate means of ensuring the Board are satisfactorily briefed and informed on significant issues affecting primary care delivery. The Area Team of NHS England were asked to outline what such reporting might look like. This report, therefore, is offered to invite the Board to confirm its expectations and suggest a routine means of informing the Board of any relevant developments or updates.

2.0 Background

2.1 It is essential to ensure that the commissioning responsibilities of NHS England are properly described, understood and influenced at the local level. This is perhaps the most important reason for the representation of NHS England on each Health & Wellbeing Board. In Greater Manchester that representation is fulfilled by one of the Directors of the local Area Team. Since April the opportunities have been taken to engage each local Board on the responsibilities, priorities and objectives of NHS England. NHS England's primary care and public health commissioning responsibilities have also been reflected in Health & Wellbeing Board discussions and work programmes in relation to local strategy development and integrated care ambitions.

2.2 What now needs to be developed and operated is an effective means of ensuring ongoing local understanding of those issues affecting the quality, performance, development or significant changes to services commissioned through the Area Team. NHS England is keen to ensure such reporting is established at the earliest possible date to provide Health & Wellbeing Boards with local intelligence and early sight of any issues which might affect care delivery in local neighbourhoods.

3.0 Proposals for Ongoing Reporting

3.1 The Area Team is developing a method of reporting on Primary Care delivery which is intended to provide valuable information for both CCGs in relation to their duties to improve quality in Primary Care and to Health & Wellbeing Boards to satisfy local members and partners that primary care delivery is responsive to local needs. That reporting will capture the following categories of information:

- **Primary Care Contracting**

Proportions of GP Practices highlighted as outliers against high level indicators (such as emergency admissions, A&E Attendances, long terms conditions monitoring, prescribing practice etc);

Information relating to issues such as practice closures and list dispersals, or to CQC inspection outcomes and reports; Pharmacy and optometrist data (applications, closures etc); and Dental access ratios (including urgent access).

- **Public Health**
Immunisation & Vaccination (MMR, Influenza, cancer screening etc).
- **Professional Affairs¹**
Numbers of Doctors appraised and revalidated;
Controlled drugs incident reporting; and
Complaints, issues and concerns.

3.2 A draft of a report according to this brief is being constructed currently for consideration by the Area Team. There is therefore an early opportunity to establish appropriate means of delivering the same reporting arrangements to the Health & Wellbeing Board.

4.0 Recommendation

4.1 The Health & Wellbeing Board is asked to consider the proposed reporting arrangements, suggest any further relevant categories of information and invite consideration of an early draft of such a report from the Area Team.

Warren Heppolette
Director of Operations & Delivery (Greater Manchester)
25th October 2013

¹ It is recognised that, in view of the nature of the business to be transacted, or the nature of the proceedings, consideration of this element of the reporting may need to take place in that section of the meeting which excludes the press and public.

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Briefing note for Councillor Mrs Young.

Update on Responses to the Dignity Scrutiny Report

We have received responses to the Scrutiny report recommendations from each of the Trusts. They are all positive in responding to our recommendations and taking a range of actions and reviews. The letters give details and a summary is set out below.

Given that the responses have only just arrived, it has not been possible to produce a formal report for the Health Scrutiny Committee. However, this note focuses on the key points. A full report will be produced for the next meeting of the Committee.

Ann Day will be attending the Health Scrutiny Committee and can give an update from her perspective.

1. University Hospital of South Manchester

The Chief Nurse Mandy Bailey responded.

Francis Report

- UHSM have combined the recommendations into a number of monitored action plans e.g. elderly care/stroke ward and complex care plans. They have also included them in the dementia strategy implementation action plan.
- The recommendations will be included in the development of a new ward accreditation programme to be implemented in April 2014. The elderly care wards will be part of the first pilot.
- UHSM also have an Action Plan that combines the Trust response to the Keogh style review conducted by UHSM and the Berwick Report, Francis Report and Hard Truths.

Continuing to review policies and procedures in light of feedback from patients and carers

- Addressed as part of the patient experience programme, complaint management and dementia carers feedback survey.
- Care companions have been introduced with pilot wards having the highest proportion of elderly patients.
- Bedside booklets have also been updated across the hospital. These give information about who's who, meal times and basic discharge information.
- The Food Issues Group (FIG) webpage is up and running where procedures for ordering food and information on food related issues can be found.
- Snack boxes can now be ordered 24/7.

Sharing and identifying best practice to improve services for elderly and vulnerable patients.

- Will be incorporated in the elderly care strategy and linking with the development of the frailty pathway and proactive discharge service (PAD). The PAD is aimed at improving discharge procedures.

Regularly checking that staff are implementing discharge procedures

- Will be considered as part of on-going work and project group considering all aspects of safe discharge.
- Quarterly audits are carried out on patients discharged through the discharge lounge and Trust wide discharge of patients audit was carried out in January 2014 with an action plan.

2. Trafford General Hospital

Jane Grimshaw, Divisional Head of Nursing responded.

Ensuring that they are implementing recommendations 236-243 of the Francis Report.

- A number of processes are in place at CMFT to monitor compliance against the recommendations in the Francis report.
- There had been a continued recruitment drive within nursing since acquisition of Trafford Healthcare Trust, resulting in a reduction in reliance on temporary workers.
- All adult ward areas have undergone a formal assessment as part of the Trust ward accreditation process. One ward attained a gold accreditation award and 7 areas silver.
- The Care Quality Commission undertook an unannounced visit in February 2014 at Trafford General Hospital and verbal feedback was positive about a number of issues.
- A Trust Quality Review was undertaken at Trafford General Hospital in January 2014. Positive verbal feedback had been received.
- Continual audit of practice is undertaken, both by the ward managers on a monthly basis and by the hospital education team.

Continuing to review policies and procedures in light of feedback from patients and carers

- The Trust is committed to responding to patients concerns in a more timely fashion and is currently reviewing the formal complaints process.

- Trafford General Hospital is a pilot site for a Trust initiative 'Tell Us Today', providing patients or carers with the opportunity to access a telephone number 24 hours a day where they can speak to a member of staff independent to the ward..
- Two patient engagement events are planned for 2014 seeking feedback on the quality of clinical care received and their patient experience.
- A patient and carer forum is due to be established at Trafford General Hospital.

Sharing and identifying best practice to improve services for elderly and vulnerable patients

- A multi-disciplinary Trafford Elderly Care and Dementia Steering Group has been convened in January 2014.
- March has been designated as a 'dementia' awareness month, with launch of the Trust dementia shared care plan and formal launch of the Trafford Rapid Assessment Discharge Interface Service (RAID).
- The development of elderly care and rehabilitation facilities has been identified as one of the strategic aims for Trafford General Hospital

Regularly checking that staff are implementing discharge procedures

- A Transfer of Care Group has been re-established. Any incidents or complaints arising in relation to discharge are reviewed, and lessons learnt identified.
- The discharge team are now managed by the hospital Allied Health Professionals lead.
- An audit programme will be established to identify lessons / improvements in the discharge processes.

Learning from complaints / patient feedback

- The following outlines two examples of lessons learnt and changes to service provision following complaints / patient feedback:
 - Concerns raised about the admission process for a patient having been referred by their General Practitioner to the Emergency Department have led to direct GP admissions to the Acute Medical Unit, resulting in reduced transfers between clinical areas and a more robust initial assessment process.
 - Based upon feedback received from patients during a survey about meal provision it has been agreed the evening meal will in future be served half an hour later.
- Following the changes in the Trafford clinical effectiveness team in future all complaints will be reviewed and themed at a local level, with learning shared across the division.

3. Salford Royal

Long waits in Discharge Lounge

- All wards attempt to send patients to the Discharge Lounge by 11am where it is clinically safe to do so.
- To reduce waiting times for the traditional patient transport service the trust has commissioned a private ambulance between the hours of 1100 and 1800 which has been very effective in reducing the length of stay in the discharge lounge.
- The trust also has a discharge vehicle which is utilised for patients who do not require an ambulance but still needs support in getting home safely.

Patients being discharged in pyjamas or dressing gowns in the middle of winter or in the evening.

- All relatives and carers are encouraged to bring patients own clothes into hospital for discharge.
- We have recently started to encourage patients to wear their day clothes whilst in hospital.
- In the event that patients don't have their own clothes, AGE UK situated in the hospital and the discharge lounge carry a supply of clothes for patient use.

Weaknesses in liaison with carers which resulted in key information not being passed onto the hospital or recorded incorrectly.

- All wards have an allocated Discharge Coordinator responsible for liaising with carers and relatives to ensure the relevant information is obtained.
- As part of the National Dementia Strategy, we are implementing the Triangle of Care, which involves professionals, patients and carers to ensure effective communication between all parties. Patients with cognitive impairment also have a Passport of Care which carers and relatives can assist in completing with essential information.

Examples of poor care which patients or carers felt led to infections, non-recording of accidents and food being left out of reach. Other examples included lack of responsiveness to requests or loss of property.

- We are committed to reducing infection by ensuring all staff are trained in Aseptic Non Touch Technique procedures, adequate hand hygiene and environmental standards of cleanliness. Compliance to this training is mandatory.
- Audits and observations are completed rigorously in all areas to ensure standards are maintained. We also maintain electronic records to monitor care.
- All accidents such as falls, medication errors or loss of property, are monitored through an electronic Adverse Incident reporting system.

- We carry out 'Intentional Rounding' on all our patients hourly throughout the day and 2 hourly throughout the night. This is a bedside document which encompasses all aspects of patient care such as, personal belongings within reach, including food and drink.

Communication

- An Electronic Ward to ward transfer document is completed for all patients. All documentation received by A&E is scanned on admission and receiving wards can access this information.

Weight Loss

- We carry out structured mealtimes on all our wards, which involve staff having allocated roles at mealtimes, ensuring patients who require assistance receive the support they need.
- We also have nutrition champions who ensure all patients who require assistance, or supplements and special diets are highlighted.
- We complete an electronic nutritional score (MUST) for each patient and refer to a dietician as appropriate for specialist advice and support. A care plan and action plan is also put in place. This is reviewed on a weekly basis or if the patient's condition alters.
- We also have volunteers who assist patients at mealtimes.
- We operate 'Protected' mealtimes to allow patients to enjoy their meal without interruption, but allow flexibility for relatives or carers to be present in the patient's best interests.

Function and Ability

- All appropriate patients are assessed by a physiotherapist and occupational therapist to enable patients to reach their maximum level of mobility and independence.
- This group of patients are discussed in a multi-disciplinary meeting, which includes medical and nursing staff, relatives and carers, therapy staff and a social worker. This standard process allows a plan of care to be formulated and decisions made for future care.

Discharges

- We have a team of Discharge Coordinators for each ward who are responsible for ordering equipment for patients on discharge. Equipment stores in Salford currently run a seven day service.
- We aim to discharge all patients in daylight hours and as we have access to a private ambulance and also our own discharge vehicle which is available until 7pm, we try to prevent delays and late discharges.

- As part of the discharge process, the Discharge coordinator contacts relatives or carers to inform them of planned discharges. This is documented electronically in the discharge planning checklist.

Possessions

- All patients have an electronic admission checklist completed on admission which includes information regarding dentures and glasses. In the rare event that glasses or dentures are lost during admission, staff complete an incident report which is then investigated and a reimbursement can then be made.

Medication

- When patients are discharged, a copy of the Discharge Summary and prescription is sent with the patient including medication. An electronic copy of this is generated and automatically sent to the patients GP.

Francis Report

- Salford Royal Hospital has taken steps to apply the main themes of the Francis report. The organisation has commissioned a team of leaders from within the trust to review the report's recommendations and assess its position.
- See link which explains this process further in a recently published article in the Health Service Journal.

<http://www.hsj.co.uk/resource-centre/leadership/even-good-trusts-can-learn-from-the-francis-report/5062461.article>.

- The trust also has a robust governance structure which consists of various executive assurance committees' at divisional and directorate level.

TRAFFORD COUNCIL

Report to: Health and Wellbeing Board
Date: 1st April
Report for: Discussion
Report of: Deborah Brownlee, Corporate Director, Children, Families and Wellbeing

Report Title

The Health and Wellbeing Board response to the Health and Wellbeing Scrutiny Report on Dignity in Hospital Care

Summary

The Health and Wellbeing Board are asked to co-ordinate a partnership response to the Dignity in Hospital Care Report

Recommendation(s)

That the Health and Wellbeing Board agree a process to collating a combined response

Contact person for access to background papers and further information:

Name: Adrian Bates
Extension: 5558

Background

In December 2013 the Health Scrutiny Committee reported findings from their review into Dignity in Hospital Care.

The report is attached as Appendix 1 to this report.

The report has been responded to by a number of providers (see Appendix 2)

Recommendations

The Health and Wellbeing Board are recommended to review the findings of the Dignity in Hospital Care report and consider preparing a coordinated response to the recommendations.

Dignity in Hospital Care

Report of Health Scrutiny Topic Group C

Scrutiny Review of Dignity in Hospital Care

Executive Summary

The purpose of this report is to present the findings of Topic Group C from a scrutiny review into dignity practices at NHS hospitals. The focus of our review was on the services provided at Trafford General, Salford Royal and Wythenshawe Hospitals.

Overall we found evidence of good practice and many examples of how Trusts ensure the dignity of patients whilst in hospital care. All the Hospitals we visited demonstrated high levels of commitment to provide an environment that respects and delivers good quality care.

We were assured that there are a variety of measures in place to ensure that these objectives are being met. Staff check wards on a frequent basis to see how patients are and has formal systems in place to monitor performance – for example, the use of performance dashboards and the display of performance information. Schemes such as Ward Accreditation support the culture of improvement and care. All the Trusts take complaints and feedback seriously. They have clear procedures and take action to learn from feedback.

There are a number of good examples of patient centred provision. For example, the “This is me” handbook and the “What matters most to me” initiatives. There are good standards of food provision and schemes to ensure that hospitals meet the specific needs of patients.

There are different approaches to discharge. Some use lounges whilst others provide support on wards. There are procedures to ensure that people are not discharged late in the evening and that they are given appropriate clothing. We were told of examples of how hospitals had dealt with cases where these standards had not been met. Procedures are kept under review so that they remain fit for purpose.

However, we did identify worrying areas for concern in practice. We carried out a survey of care homes and received a small number of letters from the public about care in the hospitals. We also visited two care homes to talk to managers about issues they had raised. Many did refer to excellent standards of care but also highlighted a number of areas for improvement. These include

- Problems with discharge procedures
- Weaknesses in communication with carers which has resulted in key information not being passed onto the hospital or recorded incorrectly. For example, information sent to hospitals with patients not following patients through the hospital system.
- Weight Loss and examples of vulnerable patients not being assisted sufficiently with feeding.
- Decrease in mobility in residents discharged from hospital.
- Residents returning home with hospital gowns on and/or not in appropriate attire. There are a small number of examples of residents coming back without dentures or glasses.
- Residents returning home without any medication or not sent in a timely manner.

The Trusts have systems to deal with performance and complaints and so we are assured that problems can be put right. However, each Trust needs to be vigilant in identifying problems and taking appropriate action. We were pleased to find that the Trusts are committed to taking action to continue to improve services for patients and their families.

Recommendations

Our recommendations are as follows:

1. That the Trusts ensure that they are taking all steps to deliver high quality care for elderly patients and review and amend their practice by
 - Ensuring that they are implementing recommendations 236 to 243 of the Francis report (see appendix 2)
 - Continuing to review policies and procedures in light of feedback from patients and carers.
 - Sharing and Identifying best practice to improve services for elderly and vulnerable patients.
 - Regularly checking that staff are implementing discharge procedures.
2. That Commissioners carry out an annual survey of Residential and Nursing Home managers to track progress in the delivery of high quality care for elderly patients.
3. That Commissioners consider establishing a meeting of Residential and Nursing Home managers with the Hospital Discharge Managers to discuss any issues raised by this survey exercise.
4. That the Care Quality Commission and the local Healthwatch are made aware of the report and recommendations.
5. That the Health Scrutiny Committee conducts a follow up review in 18 months' time.

I would like to thank my colleagues on the Topic Group for their work, insight and contribution. The Topic Group comprised of Councillors Brophy, Harding, Lamb, Proctor and Sophie Taylor. All members played a full and active role in this review and contributed fully to its findings.

I would like to make particular reference to the leadership and work carried out by Councillor Dylan Butt. I became Chairman of the Group midway through the review and am exceedingly grateful for the excellent work done by Councillor Butt, who prior to him being elected as Mayor of Trafford Council, developed and shaped the review.

I would also like to thank the managers and staff at hospitals and care homes for their open, honest dialogue with myself and the Topic Group members.

Councillor Patricia Young
Chairman Topic Group C
November 2013

1. Background

This review was included in the Health Scrutiny Committee's work programme at an event in October 2012. The purpose of the review was to explore how elderly residents were looked after whilst in the care of NHS hospitals.

Using the recent report from the Parliamentary and Health Service Ombudsman (PHSO) *'Care and Compassion?: A Report of the Health Service Ombudsman on ten investigations into NHS care of older people'* the Topic Group identified a series of key themes in which to frame their investigations. These were:

- Hospital Acquired Infection;
- Nutrition and Hydration;
- Discharges;
- Pain relief;
- Good nursing practices.

In addition to the use of the PHSO's comprehensive report, Members were also aware that the review would also touch upon the key themes arising from the Francis Review into the Mid Staffordshire NHS Trust. The failings at this Trust have been well documented and Members of the Topic Group were keen to undertake the review in the spirit of the recommendations made by Sir Robert Francis; specifically, in relation to ensuring good patient care and safety.

'The events at Stafford Hospital were a betrayal of the worst kind. A betrayal of the patients, of the families, and of the vast majority of NHS staff who do everything in their power to give their patients the high quality, compassionate care they deserve.'

Rt. Hon. Jeremy Hunt MP, Secretary of State for Health

Being admitted to hospital can be a distressing time for patients as well as their families and carers. It is often an unfamiliar environment which may lack the comforts which we are all used to and value highly. This may include eating and sleeping at a time to suit or even preparing refreshments in a particular way. Therefore, it is essential that patients are treated with respect and dignity in order to enable them to retain as much independence as possible whilst receiving care.

'We should never allow the needs of an institution take over the needs of an individual's care.'

Rt. Hon. Jeremy Hunt MP, Secretary of State for Health

Since the appalling treatment of patients at Mid Staffordshire NHS Trust, ensuring patient dignity and safety as well as promoting a positive patient experience has been a key issue for the Department of Health. It is with this in mind that the Topic Group wished to explore the issue of dignity with NHS Trusts and examine patient experience in more detail.

2. Scope of the Review

As Trafford residents are able to receive care at a number of sites across the country, the Topic Group agreed to focus their efforts on three hospital sites which are used by Trafford residents:

- Trafford General Hospital (Part of Central Manchester University Hospitals Foundation Trust);
- University Hospital of South Manchester Foundation Trust;
- Salford Royal Foundation Trust.

Members were keen to see, at first hand, how these hospitals delivered patient care. In order to do this, site visits were scheduled to all three hospitals between April and July 2013. Facilitated by Chief Nurses, their deputies and appropriate staff, Members witnessed the delivery of care and questioned NHS staff and patients on the approach to upholding the dignity of patients and their experiences respectively.

Lastly, in order to obtain the views of the public in relation to care they or their loved ones had received at these hospitals, a press release was circulated via the Councils communications team and key partners to stimulate a public response. Additionally, letters and a questionnaire were dispatched to care home managers requesting information relating to the care of elderly residents in hospital.

The Topic Group also discussed emerging findings with Senior Nursing representatives of the three Trusts and visited two nursing homes to get a better understanding of the issues raised.

By combining the information gathered as well as undertaking background research, this report documents the Topic Group's findings.

3. Engagement with Local Trusts

University Hospital of South Manchester Foundation Trust

Members were assured that staff, especially nursing staff, had the confidence to report issues of concern and that Senior Management undertook walkabouts to see for themselves the standard of care delivered. Members welcomed the clear processes for escalating nursing related issues and that system included, where necessary, the Chief Nurse.

The Topic Group welcome the use of intentional hourly/two hourly visits to all patients, known at the Trust as 'Care and Communication Rounds'. These rounds enable nursing staff to monitor the '4P's' of pain, position, patient needs and possessions. Members felt that this was a good example of a uniform approach to ensuring all patients are attended to on a regular basis.

'It's about looking at the situation from a patient's eyes – sometimes we have our nurse's eyes on'.

The Trust uses the safety thermometer to document their performance figures in relation to patient harms and harm-free care. This is a Government scheme to ensure patient safety and Members noted that the safety thermometer is a reasonable

method to establish the care of the elderly given that the performance indicators relate to areas which impact on the elderly the most.

The standards of nutrition and hydration are good. Food surveys have been undertaken with patients and the outcome of these has led to changes in the way in which menus are designed to meet the needs of patients. For example, there is less of an emphasis on two large meals at lunch and dinner and a higher emphasis placed on the provision of snacks and light refreshments. Members felt it was of a good standard with a good level of choice for different palates and cultural needs.

Members also saw the 'red tray' system in which patients who need their food intake monitoring are delivered their meals on a red tray to ensure that nursing staff can monitor food intake.

Members also explored the level of flexibility associated with the catering operation and found that this was also good. The menus are changed every two weeks to ensure variation. Patients on the maternity wards have a more flexible system and patients with cystic fibrosis have a specialised chef due to the unique needs their diet commands. However, they found that whilst snack boxes were available 24/7 they could only be ordered between the hours of 7.45am – 7.30pm.

The Trust is keen to ensure that arrangements are in place to enhance services and that complaints are dealt with in a timely and effective manner. A dedicated Matron with responsibility for patient experience is in place to oversee this. There are a variety of ways in which patients can complain such as via dedicated leaflets or through the website. Bedside Booklets are to be updated shortly which feature ways in which to complain. There are systems in place to ensure that each complaint is dealt with appropriately. Members were impressed that, in the Trust's words, one 'horror story' is being used to educate staff via DVD. It was also reported to the Topic Group that patient experience is considered by the Trust Board on a quarterly basis.

Members enquired what the most common complaints were and were told that this related to communication and the use of clinical jargon. The Trust is attempting to resolve this through communications training for staff who correspond with patients. Clinical incidents are also a feature of their most popular complaints and Members were advised that there had been 24 Serious Untoward Incidents (SUI's) in the last 12 months. Members were assured that there was a Trust-wide approach to dealing with SUI's and overseeing the changes to clinical practices, where appropriate.

Members visited the discharge lounge to see how the process of releasing patients back home and to other residential settings was being managed. Generally, this is effective. There is an integrated team who deal with the discharge process across Manchester and Trafford. A clothes bank exists for patients to access if they have required urgent care and their clothes are damaged as part of their treatment.

However, the Topic Group found areas for improvement. It was noted that not all patients are discharged through the lounge and that there can be delays. Whilst observing the lounge in operation at around 1pm in the afternoon, Members heard that one elderly lady had been waiting for transport home since 8am.

USHM have indicated that they are aware of issues with discharges and are taking corrective action. Members were advised that UHSM are monitoring the performance of the new patient transport provider. A copy of the discharge policy was made available to Members, as was the Trust's Discharge Lounge Guidance. The Trust

have stated that all new policies are sent to all ward managers who are responsible for disseminating the information and implementing the policies.

Trafford General Hospital

The Topic Group were pleased with the overall standards of care at Trafford General Hospital. Members note the recent CQC inspection in which Trafford General met all 7 standards reviewed. In particular, the inspectors has praise for the way in which the patients they spoke with 'felt they were treated with respect and dignity and were involved in making decisions about their care, treatment and support during their stay in hospital'.

The ward accreditation process promotes a culture of continuous improvement, environment of care, communication about and with patients. Good nursing processes must be evident before wards are given a white, bronze, silver and gold award.

The Trust uses an in-patient quality dashboard in which a series of performance indicators monitor issues such as the achievement of a clean environment; ensuring pain is managed effectively. This demonstrates that monitoring quality is of importance to the Trust. It also highlights that mechanisms are in place to provide a snapshot of patient experience and that this information is used to make improvements to patient experience.

The Trust has developed shared care plans and a 'This is Me Handbook' in which individual needs and preferences of patients are noted and used to enable patients to retain as much independence as possible. Members also saw the 'forget me not system' in which the picture of the flower is placed next to patients with dementia. The cards contain key information about the person's tastes and preferences so that hospital staff can help them feel as at home as possible during their time on the Ward.

To assist patients with dementia, the Trust is in the process of installing memory pods and producing distraction boxes which have a 1950's/60's themed environment which is used to provide comforting surroundings to patients. One of the wards is undertaking a dementia pilot to improve and enhance the ward environment for patients with cognitive impairment. Patients and carers have been involved during the planning stages.

Catering Services at the Hospital are good. Members observed the lunchtime service and sampled the food which was to be served to patients. Meals are prepared on site and there is flexibility in meeting the patients dietary requirements. It was noted that there is a good deal of choice, food was piping hot and that the portions were plentiful. The Trust has received excellent feedback on the food it serves to patients and the results of a dining audit are soon to be announced. The Red Tray system (for patients who struggle to eat independently or need to eat required calories) is also in operation.

Topic Group Members were assured that patient experience is a priority for the hospital. The complaints process is effective and staff have an excellent grasp of the requirements of the system. There is awareness that at different stages of a person's life they are more likely to complain themselves or have someone complain on their behalf.

'If someone raises a concern in hospital, when they are in a most vulnerable state, it must be serious'.

The Topic Group also heard that there is a clear system of complaint escalation on the ward and complaints are dealt with as close to the source as possible. It was also raised that the Trust has an expectation that any learning arising from the resolution of a complaint is undertaken within the clinical divisions. Members also received a case study in relation to an incident of day case surgery which did not go as planned. Members were advised that there were clear learning points arising from the incident and demonstrated the value which the Trust puts on experiential learning.

Discharges are managed effectively and Members discussed the arrangements at the Hospital with patients and staff. There is no waiting area or discharge lounge, patients stay on the wards until they are discharged. Members were advised that discharge is a complex process which involves communication and coordination between relatives, carers and a range of clinical and allied health professionals. Members were assured that there existed a clear awareness that discharges late at night were not appropriate. The discharge policy is clear on this and states that that 'unless there is a wish to do so by the patient it is not advised to discharge patients back into the community after 8pm'. Members were assured that the hospital recognised the need for patients to be transported in comfortable clothing and where appropriate this should include day clothing with appropriate footwear.

At the time of the visit, the Trust was in the process of revisiting its hospital discharge processes as part of a piece of work called 'Evidence Based Design' and are working closely with a number of different stakeholders such as social care and other agencies.

It was noted that family engagement in the discharge process can be low and that this can have a negative impact on the overall timeliness of the discharge process. A hand held patient discharge booklet is being developed which aims to improve patient and carer involvement in the discharge process from the point of admission.

Salford Royal Hospital

The Topic Group found a number of good examples of good practice at the Trust and was assured about the quality of care given to patients. Systems are in place to ensure that standards are met. The Trust operates the Nursing Assessment and Accreditation System (NAAS) which measures the quality of nursing care delivered by ward teams. This performance assessment framework is based on the Trust's Safe, Clean, Personal approach to service delivery and combines Key Performance Indicators and Essence of Care standards.

Each ward is assigned a red/amber/green rating and three consecutive green assessments over a 24-month period enables a ward to be considered for Safe, Clean and Personal (SCAPE) status. This category enables the ward sister to be promoted to ward matron and for the ward to operate with a higher level of autonomy. A ward with consecutive red ratings will have targeted support and subsequent failure to improve will result in a review of the ward's leadership.

Members were advised that intentional hourly rounding is in place with records kept to demonstrate that the needs of patients have been met by nursing staff.

Open visiting times are in operation at the Trust, with relatives and carers able to visit patients at any reasonable times of the day except meal times as these are protected. However, if patients struggle to eat independently, family and friends can visit during mealtimes to assist.

Members were also advised that there are 'What matters most to me' signs above patient's beds which document the one 'thing' which is really important to the patient. This is used by staff, including consultants, on ward rounds to identify if patients needs are being met.

Ward performance information is clearly displayed in all wards in a simple and easy to understand format for staff, patients and visitors. This information includes staffing levels, both required and actual, as well as how many days the ward has been free from hospital acquired infection, falls and pressure sores. Members were very impressed by the performance levels they witnessed as well as the effort on the Trust's part to be open and transparent.

Members were also advised of a 'what matters to you clinic'. The example given by the Trust related to a patient with Crohn's disease who wanted to be symptom-free for a year and negotiated the management of her illness, with consultants, with the use of steroids.

In order to enhance the environment for dementia patients, 'memory pods' are being erected in the hospital in order to create safe and familiar areas. Work is being undertaken to explore whether wards could be opened up to allow dementia patients to wander in a safe environment.

Members were very impressed with the Trust's intention to move towards an a la carte menu for all patients, and were piloting the approach at the time of the visit. The approach would enable patients to choose what food they wanted from a lengthy menu of options at a time to suit them. Orders are telephoned though and food is served hot, on custom-made serving plates, within 45 minutes. Vulnerable patients are supported well and work is underway to offer a finger buffet to patients with dementia. The Trust also advised Members that food is available 24/7 for patients that need it.

Complaints arrangements are good. There are posters and leaflets on all wards promoting the service as well as posters above patient's beds for friends/family to call the HELP phone (Hospital Empowerment of Loved Ones) and patients (A telephone number with a direct line to senior manager on site) if they are worried about the care of their loved one. The Trust are forensic when it comes to investigating complaints and take them very seriously, inviting patients and their relatives to meetings in order to discuss complaints and highlight what the outcome of their complaint has had on the wider organisation. The Trust receives roughly 300 complaints per year and they relate to staff attitude, nursing care and medical treatment. The Board receive six monthly reports on complaints which allows for the identification of trends.

The Patients Association were working with the Trust on a project which examines their approach to addressing complaints. The most common complaints are communication, clinical care/diagnosis and cancelled operations.

Members visited the discharge lounge and were advised that a long stay would be in the region of 3 hours and that an average stay would be 1.5 hours. The Trust

highlighted that the lounge is still a clinical area with medicines being delivered there as well as some clinical procedures being undertaken. To enhance the discharge process, the Trust had commissioned a private ambulance, had their own vehicle and a contract with a local taxi firm.

The Trust provided Members with their discharge policy and procedure. The clear message from the policy is that the planning of discharge starts as soon as is possible 'discharge must be planned for at the earliest opportunity between the primary care providers, the hospital and social care providers, ensuring that patients and their carers understand and are able to contribute to care planning decisions as appropriate'. It is also noted that within all inpatient areas an estimated discharge date will be agreed by the admitting consultant team within the first 48 hours of admission or sooner for shorter stay patients'.

Members were assured that this was a concerted effort on the Trust's part to recognise that hospital stays should be as short as possible and that a discharge was only required when the patient is medically fit to do so.

At the time of the visit, the Trust was trialling a calling card for discharged patients which featured the name and contact number of the Ward Sister and patients who had any questions/difficulties within 2 days of discharge could call for assistance. The card also featured the contact details of Age UK.

4. Patient Experiences

In addition to visiting the Trust sites and talking to senior staff, the Topic Group also wished to get information about patient experiences and these are set out below. It is clear from the limited feedback obtained, that despite the often good procedures in place at local Hospitals, problems still occur. These problems result in a great deal of stress for elderly and sick people and their carers.

The Topic Group issued a press release about the review and asked for feedback from recipients of services or their carers. The Council's Market Management and Safeguarding Team also carried out a survey of all Residential and Nursing Homes in Trafford to gather information about the overall experience of resident's hospital in-patient care and discharges. 10 responses from 34 care homes were received. We also met with senior managers at two Care Homes to allow them to expand on comments they sent through.

The scale of responses was quite low are not statistically valid. In addition, whilst reference was made to all the hospitals, most of the examples given related to Wythenshawe and Trafford General Hospital as these are the main providers for Trafford residents and so cannot provide a full picture. However, we feel that the examples are relevant to all providers and suggest that they should regularly check that their procedures are implemented fully and that patients get the care that they are entitled to.

A small number of local people shared their experiences with us. Some referred to "excellent" standards of care whilst others referred to problems where they felt care had fallen below the level expected. A summary of the main issues that they raised are set out below:

- Long waits in discharge lounges.

- Patients being discharged in pyjamas or dressing gowns in the middle of Winter or in the evening.
- Weaknesses in liaison with carers which resulted in key information not being passed onto the hospital or recorded incorrectly.
- Examples of poor care which patients or carers felt led to infections, non-recording of accidents and food being left out of reach. Other examples included lack of responsiveness to requests or loss of property.

Some of these issues were also highlighted by visits to care homes and in the survey. There were a number of positive experiences reported including the majority of clinical care and a broadly caring approach.

However, a number of areas for improvement were raised and are summarised below.

- **Communication** - Communication between hospital staff teams and the homes that completed the questionnaire were highlighted as needing improvement. Care Home Managers complain that when residents go into hospital they are accompanied with comprehensive and detailed information. However, this information sometimes doesn't get transferred from A&E to the wards or from ward to ward, resulting in numerous telephone calls to the homes requesting information.
- **Weight Loss** - Out of approximately 170 hospital admissions referred to in the survey responses, at least 43 (one in four) of these residents have reportedly experienced significant weight loss. There were some examples of vulnerable patients not being assisted sufficiently with feeding.
- **Function and Ability** - Some providers noted that there is a general decrease in mobility in residents discharged from hospital. One home has had several complaints from families that residents have not been out of bed whilst in hospital and that many residents had been catheterised. One said that almost every resident's mobility was significantly worse after a stay in hospital.
- **Discharges** – examples of concerns about discharge including problems because equipment has not been provided, evening discharges, especially from A and E services, transportation and communication problems with families and clothing.
- **Possessions** - Generally residents returned home with their own belongings. Some homes noted that residents come back with hospital gowns on and/or not in appropriate attire. There are a small number of examples of residents coming back without dentures or glasses.
- **Medication** - The survey highlighted cases where residents returned home without any medication or where it is not sent in a timely manner. One home reported that they had to phone the hospital to confirm medication times and doses because they had not received detailed information.

Nine of the ten homes took some form of action as a result of issues arising from the residents stay in hospital. These ranged from making safeguarding referrals, submitting incident forms or complaints to the hospitals.

Appendix 1 - Evidence Gathered

Document Review

The Topic Group reviewed a number of documents as part of the review including national best practice, the Francis report, inspection reports and documents provided by the Trusts.

Visit to Wythenshawe Hospital – April 2013

The Topic Group met with a number of senior staff including the Chief Nurse, Matron for Patient Experience and the Heads of Nursing for Scheduled Care, Unscheduled Care and Infection Control and Prevention for an initial briefing on the Trust's approach to ensuring dignity, patient safety and a approach to handling complaints. Members also visited two wards at Wythenshawe Hospital, including Urology, and spoke directly with patients and staff.

Visit to Trafford General Hospital – May 2013

The Topic Group met with the Head of Nursing, Associate Director for Surgery and Access, Lead Nurse for Quality, Directorate Manager Medicine, Complaints/PALS Manager and the Clinical Head of Division for briefings on the Trust's approach to ensuring dignity, patient safety and handling complaints. Following this, Members visited wards and spoke directly with patients and staff.

Visit to Salford Royal – July 2013

The Topic Group met with the Executive Nurse, Divisional Director of Nursing, Assistant Director of Patient Safety, Lead Nurse, NAAS and the Assistant Director of Nursing for an initial briefing. Following this, Members visited wards and spoke directly with patients and staff.

Response from the Public – Summer 2013

The Topic Group received eleven responses to the press release from people who have had care at the hospitals or relatives of patients.

Joint Meeting with Representatives of the Trusts – September 2013

The Topic Group met senior representatives of the Trusts to discuss the initial findings in a joint meeting.

Visits to Care Homes – September 2013

Discussions were held with Managers at two care homes in Trafford.

Questionnaire of Residential or Nursing Homes

Survey of 34 homes in Trafford Borough in October 2013. 10 responses were received.

Appendix 2

Caring for the elderly – Recommendations 236 to 243 from the Francis Report

Approaches applicable to all patients but requiring special attention for the elderly

236 Identification of who is responsible for the patient

Hospitals should review whether to reinstate the practice of identifying a senior clinician who is in charge of a patient's case, so that patients and their supporters are clear who is in overall charge of a patient's care.

237 Teamwork

There needs to be effective teamwork between all the different disciplines and services that together provide the collective care often required by an elderly patient; the contribution of cleaners, maintenance staff, and catering staff also needs to be recognised and valued.

238 Communication with and about patients

Regular interaction and engagement between nurses and patients and those close to them should be systematised through regular ward rounds:

- All staff need to be enabled to interact constructively, in a helpful and friendly fashion, with patients and visitors.
- Where possible, wards should have areas where more mobile patients and their visitors can meet in relative privacy and comfort without disturbing other patients.
- The NHS should develop a greater willingness to communicate by email with relatives.
- The currently common practice of summary discharge letters followed up some time later with more substantive ones should be reconsidered.
- Information about an older patient's condition, progress and care and discharge plans should be available and shared with that patient and, where appropriate, those close to them, who must be included in the therapeutic partnership to which all patients are entitled.

239 Continuing responsibility for care

The care offered by a hospital should not end merely because the patient has surrendered a bed – it should never be acceptable for patients to be discharged in the middle of the night, still less so at any time without absolute assurance that a patient in need of care will receive it on arrival at the planned destination. Discharge areas in hospital need to be properly staffed and provide continued care to the patient.

240 Hygiene

All staff and visitors need to be reminded to comply with hygiene requirements. Any member of staff, however junior, should be encouraged to remind anyone, however senior, of these.

241 Provision of food and drink

The arrangements and best practice for providing food and drink to elderly patients require constant review, monitoring and implementation.

242 Medicines administration

In the absence of automatic checking and prompting, the process of the administration of medication needs to be overseen by the nurse in charge of the ward, or his/her nominated delegate. A frequent check needs to be done to ensure that all patients have received what they have been prescribed and what they need. This is particularly the case when patients are moved from one ward to another, or they are returned to the ward after treatment.

243 Recording of routine observations

The recording of routine observations on the ward should, where possible, be done automatically as they are taken, with results being immediately accessible to all staff electronically in a form enabling progress to be monitored and interpreted. If this cannot be done, there needs to be a system whereby ward leaders and named nurses are responsible for ensuring that the observations are carried out and recorded.

Briefing note for Councillor Mrs Young.

Update on Responses to the Dignity Scrutiny Report

We have received responses to the Scrutiny report recommendations from each of the Trusts. They are all positive in responding to our recommendations and taking a range of actions and reviews. The letters give details and a summary is set out below.

Given that the responses have only just arrived, it has not been possible to produce a formal report for the Health Scrutiny Committee. However, this note focuses on the key points. A full report will be produced for the next meeting of the Committee.

Ann Day will be attending the Health Scrutiny Committee and can give an update from her perspective.

1. University Hospital of South Manchester

The Chief Nurse Mandy Bailey responded.

Francis Report

- UHSM have combined the recommendations into a number of monitored action plans e.g. elderly care/stroke ward and complex care plans. They have also included them in the dementia strategy implementation action plan.
- The recommendations will be included in the development of a new ward accreditation programme to be implemented in April 2014. The elderly care wards will be part of the first pilot.
- UHSM also have an Action Plan that combines the Trust response to the Keogh style review conducted by UHSM and the Berwick Report, Francis Report and Hard Truths.

Continuing to review policies and procedures in light of feedback from patients and carers

- Addressed as part of the patient experience programme, complaint management and dementia carers feedback survey.
- Care companions have been introduced with pilot wards having the highest proportion of elderly patients.
- Bedside booklets have also been updated across the hospital. These give information about who's who, meal times and basic discharge information.
- The Food Issues Group (FIG) webpage is up and running where procedures for ordering food and information on food related issues can be found.
- Snack boxes can now be ordered 24/7.

Sharing and identifying best practice to improve services for elderly and vulnerable patients.

- Will be incorporated in the elderly care strategy and linking with the development of the frailty pathway and proactive discharge service (PAD). The PAD is aimed at improving discharge procedures.

Regularly checking that staff are implementing discharge procedures

- Will be considered as part of on-going work and project group considering all aspects of safe discharge.
- Quarterly audits are carried out on patients discharged through the discharge lounge and Trust wide discharge of patients audit was carried out in January 2014 with an action plan.

2. Trafford General Hospital

Jane Grimshaw, Divisional Head of Nursing responded.

Ensuring that they are implementing recommendations 236-243 of the Francis Report.

- A number of processes are in place at CMFT to monitor compliance against the recommendations in the Francis report.
- There had been a continued recruitment drive within nursing since acquisition of Trafford Healthcare Trust, resulting in a reduction in reliance on temporary workers.
- All adult ward areas have undergone a formal assessment as part of the Trust ward accreditation process. One ward attained a gold accreditation award and 7 areas silver.
- The Care Quality Commission undertook an unannounced visit in February 2014 at Trafford General Hospital and verbal feedback was positive about a number of issues.
- A Trust Quality Review was undertaken at Trafford General Hospital in January 2014. Positive verbal feedback had been received.
- Continual audit of practice is undertaken, both by the ward managers on a monthly basis and by the hospital education team.

Continuing to review policies and procedures in light of feedback from patients and carers

- The Trust is committed to responding to patients concerns in a more timely fashion and is currently reviewing the formal complaints process.

- Trafford General Hospital is a pilot site for a Trust initiative 'Tell Us Today', providing patients or carers with the opportunity to access a telephone number 24 hours a day where they can speak to a member of staff independent to the ward..
- Two patient engagement events are planned for 2014 seeking feedback on the quality of clinical care received and their patient experience.
- A patient and carer forum is due to be established at Trafford General Hospital.

Sharing and identifying best practice to improve services for elderly and vulnerable patients

- A multi-disciplinary Trafford Elderly Care and Dementia Steering Group has been convened in January 2014.
- March has been designated as a 'dementia' awareness month, with launch of the Trust dementia shared care plan and formal launch of the Trafford Rapid Assessment Discharge Interface Service (RAID).
- The development of elderly care and rehabilitation facilities has been identified as one of the strategic aims for Trafford General Hospital

Regularly checking that staff are implementing discharge procedures

- A Transfer of Care Group has been re-established. Any incidents or complaints arising in relation to discharge are reviewed, and lessons learnt identified.
- The discharge team are now managed by the hospital Allied Health Professionals lead.
- An audit programme will be established to identify lessons / improvements in the discharge processes.

Learning from complaints / patient feedback

- The following outlines two examples of lessons learnt and changes to service provision following complaints / patient feedback:
 - Concerns raised about the admission process for a patient having been referred by their General Practitioner to the Emergency Department have led to direct GP admissions to the Acute Medical Unit, resulting in reduced transfers between clinical areas and a more robust initial assessment process.
 - Based upon feedback received from patients during a survey about meal provision it has been agreed the evening meal will in future be served half an hour later.
- Following the changes in the Trafford clinical effectiveness team in future all complaints will be reviewed and themed at a local level, with learning shared across the division.

3. Salford Royal

Long waits in Discharge Lounge

- All wards attempt to send patients to the Discharge Lounge by 11am where it is clinically safe to do so.
- To reduce waiting times for the traditional patient transport service the trust has commissioned a private ambulance between the hours of 1100 and 1800 which has been very effective in reducing the length of stay in the discharge lounge.
- The trust also has a discharge vehicle which is utilised for patients who do not require an ambulance but still needs support in getting home safely.

Patients being discharged in pyjamas or dressing gowns in the middle of winter or in the evening.

- All relatives and carers are encouraged to bring patients own clothes into hospital for discharge.
- We have recently started to encourage patients to wear their day clothes whilst in hospital.
- In the event that patients don't have their own clothes, AGE UK situated in the hospital and the discharge lounge carry a supply of clothes for patient use.

Weaknesses in liaison with carers which resulted in key information not being passed onto the hospital or recorded incorrectly.

- All wards have an allocated Discharge Coordinator responsible for liaising with carers and relatives to ensure the relevant information is obtained.
- As part of the National Dementia Strategy, we are implementing the Triangle of Care, which involves professionals, patients and carers to ensure effective communication between all parties. Patients with cognitive impairment also have a Passport of Care which carers and relatives can assist in completing with essential information.

Examples of poor care which patients or carers felt led to infections, non-recording of accidents and food being left out of reach. Other examples included lack of responsiveness to requests or loss of property.

- We are committed to reducing infection by ensuring all staff are trained in Aseptic Non Touch Technique procedures, adequate hand hygiene and environmental standards of cleanliness. Compliance to this training is mandatory.
- Audits and observations are completed rigorously in all areas to ensure standards are maintained. We also maintain electronic records to monitor care.
- All accidents such as falls, medication errors or loss of property, are monitored through an electronic Adverse Incident reporting system.

- We carry out 'Intentional Rounding' on all our patients hourly throughout the day and 2 hourly throughout the night. This is a bedside document which encompasses all aspects of patient care such as, personal belongings within reach, including food and drink.

Communication

- An Electronic Ward to ward transfer document is completed for all patients. All documentation received by A&E is scanned on admission and receiving wards can access this information.

Weight Loss

- We carry out structured mealtimes on all our wards, which involve staff having allocated roles at mealtimes, ensuring patients who require assistance receive the support they need.
- We also have nutrition champions who ensure all patients who require assistance, or supplements and special diets are highlighted.
- We complete an electronic nutritional score (MUST) for each patient and refer to a dietician as appropriate for specialist advice and support. A care plan and action plan is also put in place. This is reviewed on a weekly basis or if the patient's condition alters.
- We also have volunteers who assist patients at mealtimes.
- We operate 'Protected' mealtimes to allow patients to enjoy their meal without interruption, but allow flexibility for relatives or carers to be present in the patient's best interests.

Function and Ability

- All appropriate patients are assessed by a physiotherapist and occupational therapist to enable patients to reach their maximum level of mobility and independence.
- This group of patients are discussed in a multi-disciplinary meeting, which includes medical and nursing staff, relatives and carers, therapy staff and a social worker. This standard process allows a plan of care to be formulated and decisions made for future care.

Discharges

- We have a team of Discharge Coordinators for each ward who are responsible for ordering equipment for patients on discharge. Equipment stores in Salford currently run a seven day service.
- We aim to discharge all patients in daylight hours and as we have access to a private ambulance and also our own discharge vehicle which is available until 7pm, we try to prevent delays and late discharges.

- As part of the discharge process, the Discharge coordinator contacts relatives or carers to inform them of planned discharges. This is documented electronically in the discharge planning checklist.

Possessions

- All patients have an electronic admission checklist completed on admission which includes information regarding dentures and glasses. In the rare event that glasses or dentures are lost during admission, staff complete an incident report which is then investigated and a reimbursement can then be made.

Medication

- When patients are discharged, a copy of the Discharge Summary and prescription is sent with the patient including medication. An electronic copy of this is generated and automatically sent to the patients GP.

Francis Report

- Salford Royal Hospital has taken steps to apply the main themes of the Francis report. The organisation has commissioned a team of leaders from within the trust to review the report's recommendations and assess its position.
- See link which explains this process further in a recently published article in the Health Service Journal.

<http://www.hsj.co.uk/resource-centre/leadership/even-good-trusts-can-learn-from-the-francis-report/5062461.article>.

- The trust also has a robust governance structure which consists of various executive assurance committees' at divisional and directorate level.

TRAFFORD COUNCIL

Report to: Health & Well Being Board
Date: 1st April 2014
Report for: Information
Report of: Abdul Razzaq, Director of Public Health

Report Title

The Public's Health – A Strategic Plan for Greater Manchester

Summary

The Greater Manchester Directors of Public Health Group has been working at both district and Greater Manchester (GM) level to implement Public Service Reform (PSR) work streams.

Following a review of Greater Manchester public health activities in 2013 it was recognised that achievement of the PSR ambitions could be accelerated by the creation of a Greater Manchester strategic plan for the public's health.

Recommendations

The Health and Well Being Board notes the direction and progress in relation to the development of the Public Health strategic plan for Greater Manchester.

Contact person for access to background papers and further information:

Name: Abdul Razzaq, Director of Public Health x1300

The Public's Health – A Strategic Plan for Greater Manchester

Introduction

The Greater Manchester Directors of Public Health Group has been working at both district and Greater Manchester (GM) level to implement Public Service Reform (PSR) work streams.

Following a review of GM public health activities in 2013 it was recognised that achievement of the PSR ambitions could be accelerated by the creation of a GM strategic plan for the public's health.

Background

In 2013-2014 work was undertaken with a range of partners from academia, public services, private sector and the community sector to give shape to those areas of activity where the potential to minimise risks to health and secure health improvement were the greatest. These conversations also explored opportunities to change the use of existing resources and identified where there were resources including partnerships, relationships, knowledge and access to population groups that could be used to maximise the impact of the GM strategic plan for the public's health.

This work also identified a shared desire to create a new perspective in GM on the public's health that moved beyond traditional health improvement activities such as smoking cessation or diet and also disentangled the actions needed to sustain or improve the public's health from the conversations about treatment and care within the NHS.

In October 2013 a stakeholder event was held where over 150 partners provided their views on the areas that should be prioritised for action in Greater Manchester. The headline areas identified included:

1. Children and young people
2. Environment
3. Employment, skills and income
4. Primary care
5. Mental wellbeing
6. Resilience – community and individual

Directors of Public Health in each district are now leading work with partners and colleagues to test these priorities and identify those areas where there is greatest potential for impactful change to happen at scale.

Context

The costs of poor health to the GM economy – in terms of reduced potential for growth and increased costs for public services - have been articulated in both the Greater Manchester Strategy (GMS) and in GM PSR work. The Health and Social Care Integration, Troubled Families and Work and Skills PSR work streams have striven to develop more effective models of treatment and care that reduce the costs associated with ill health. This will continue through the new focus on complex dependency. However, as yet there has not been a comprehensive review of the actions required to both keep people in good health and also to reduce the impact of health conditions on individuals' ability to fully participate in creating economic and social wellbeing for GM.

The GM strategic plan for the public's health will enable partners to work together to minimise the risks to health by reshaping current activities within existing resources in ways that will have positive impacts on the health of local people. The strategic plan will also identify areas where the scale of changes will require reprioritising of current resources or changes to the way that services are commissioned.

GM Directors of Public Health recognise that they will need to facilitate these changes through the decommissioning of some of the services transferred from the NHS and the commissioning of new models of public health services.

Overview

The GM strategic plan for the public's health will:

- Set out an intelligent approach to value for money spending by showing how lower cost early intervention and prevention activities will reduce current and future cost pressures by improving the public's health and, therefore, their ability to be economically and socially active.
- Acknowledge that some of the interventions to improve the public's health will take time to demonstrate their full impact.
- Underpin the GM PSR programme by identifying those early interventions that are a serious alternative to expensive, and sometimes ineffective, later intervention.
- Bridge the current gaps between the policies and practices amongst GM public services by drawing together a coherent vision for the public's health and to identify those actions that, when services work together, will keep the population healthy.
- Provide a framework for action by GM partners that will reduce the risk of economic or social exclusion resulting from poor health.

Influencing National Policy Agendas

The establishment of Public Health England (PHE) as a national body responsible for public health that sits outside of the NHS has resulted in a significant shift in the Government's narrative around what good health means for the economic and social wellbeing of the country. From this there is emerging a new dialogue about the financial benefits of good health to all parts of the public sector – rather than the previous focus on the benefits accrued to the NHS through public health interventions.

This shift in national policy towards one that acknowledges the importance of the public's health in securing economic growth and reducing the need for high cost interventions mirrors the GM approach to growth and reform (at this stage in a much less developed way). This alignment creates an opportunity for PHE to support GM in national policy conversations and also for GM to influence the further development of PHE's approach.

Reform and Growth

The strategic plan will enable the delivery of the GMS by drawing together the prevention actions required at GM level to deliver the Growth and Reform priorities.

Growth

The GM economy needs all residents of all districts to be equipped with the right skills to be able to play a full part in the labour market. Ill health and poor management of chronic conditions has been shown to reduce opportunities for employees to gain skills in the workplace and reduces opportunities for in-work progression. Health related unemployment is higher in GM than the rest of the North West or England.

The international evidence base shows that the following factors are associated with lower levels of participation in the workplace:

- Poor mental health¹
- Cancer Rates²
- Drug and Alcohol Misuse³

¹ Mental health and work: United Kingdom OECD February 2014

² Cancer and economic growth in an aging population: Swift 2007

³ Pathways back to work for problem alcohol users – Policy Studies Vol 34 2013

Actions that reduce the prevalence of these factors amongst the GM population, or secure an early intervention to address these issues, will minimise the rates of economic inactivity associated with these. To secure a societal shift in approaches to the causes of disease, GM will need to put in place a 'whole system' approach to the public's health.

Reform

The GM PSR work streams have identified that dealing with the consequences of poor mental and physical health is key to stepping individuals down from high cost interventions. Within the Early Years work stream, actions have been undertaken to identify those early interventions that will divert children and young people from high cost later interventions. The development of the strategic plan will provide an opportunity to consistently identify those early intervention and prevention activities that will divert at risk population groups from being stepped up into services, whether at a high or moderate intensity.

Responsibilities and Leadership

Development of the strategic plan will be led by the Greater Manchester Directors of Public Health Group. The plan will:

- Work with districts to develop a collective analysis about the actions needed to reduce future risk to the health of individuals and will provide examples and tools to all GM districts to take forward this work through their local Health and Wellbeing Boards.
- Identify a small number of strategic actions that when scaled-up will enable the necessary level of change.

Governance for the strategic framework will be through the Greater Manchester Interim Health and Wellbeing Board.

Recommendation

- The Health and Well Being Board notes the direction and progress in relation to the development of the Public Health strategic plan for Greater Manchester.

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TRAFFORD COUNCIL

Report to: Health and Wellbeing Board
Date: 1st April 2014
Report for: Information and Decision
Report of: Deputy Corporate Director, Children, Families and Wellbeing, Director Service Development, Adults and communities.

Report Title

Trafford Health and Wellbeing Strategy Action Plan Update

Purpose

This report is to update the Health and Wellbeing Board on progress made in relation to the Health and Wellbeing Strategy Action Plan.

Recommendation(s)

- The Board note the progress.
- The Board agree the proposed governance arrangements in relation to the Health and Wellbeing Delivery Programme Board and the Health and Wellbeing Board.
- The Board agree the final draft Action Plan activity and its revised title of 'Delivery plan'.
- The Board agree the reporting template and schedule.
- The Board agree the topic based 'theme' approach.

Contact person for access to background papers and further information:

Name: Linda Harper, Deputy Corporate Director, Children, Families and Wellbeing, Director Service Development, Adults and Communities.
Extension: 1890

1.0 Context

- 1.1 Further to the development and endorsement of the Health and Wellbeing Strategy the Health and Wellbeing Board initiated the development of an underpinning Action Plan which sought to reflect and capture the eight key priorities embedded in the strategy.
- 1.2 The draft Action Plan was received by the Health and Wellbeing Board in October 2013 and again in February 2014.
- 1.3 As a result of the recommendations from the Health and Wellbeing Board the Health and Wellbeing Delivery Programme Board has been established and expanded to include a wide range of partners, a Performance Framework has been developed and agreed and the draft Action Plan has been further populated.

2.0 Progress Update

Proposed Governance

- 2.1 The Health and Wellbeing Delivery Programme Board has reviewed general governance arrangements and produced a proposed simplistic reporting mechanism (Appendix 1).
- 2.2 The Health and Wellbeing Delivery Programme Board has reviewed the role of lead officer for the eight priorities linked to the Health and Wellbeing Strategy and produced a general profile (Appendix 2).

Further Population of the Action Plan

- 2.3 The Health and Wellbeing Delivery Programme Board has further populated the draft Action Plan for final 'sign off' by the Health and Wellbeing Board based on an interactive 'speed of thought' session (Appendix 3a/3b).

Performance Framework

- 2.4 The Health and Wellbeing Delivery Programme Board has further refined the Performance Framework agreed by the Board in February to reflect the further population of the draft Action Plan and the review of governance.
- 2.5 The proposed template for the reporting of future progress linked to the priority actions which will be the responsibility of the lead officer to produce to provide overall assurance has been completed for agreement by the Health and Wellbeing Board (Appendix 4). The proposed reporting schedule is attached (Appendix 5), for agreement by the Board.

Partnership Topic/Theme

- 2.6 In addition to the Action Plan activity the Health and Wellbeing Delivery Programme Board has considered and agreed a topic based approach linked to key priorities which the partnership will focus on in relation to a new development and sets of actions. The first theme which will run from April 2014 to October 2014 will be Dementia. This work will concentrate on the development of a dementia friendly 'natural' community as defined by the community themselves. It has been

agreed that the natural community will target people that use a place, and not necessarily where they live. The two proposed natural communities are Stretford Mall in the north of the borough and Hale Town Centre in the south. The approach will focus on supporting retail outlets, shops, banks and so on to understand dementia and subsequent behaviour to enable them to respond to their customers in an appropriate manner.

A small short life group has been convened to look at the proposed plan which will be presented back to the Health and Wellbeing Delivery Board in June 2014.

- 2.7 The Health and Wellbeing Delivery Programme Board has commissioned the Dementia Strategy Group to explore the feasibility of developing a 'Trafford' Dementia Awareness DVD which will be 'run' in public reception areas across the Borough. The Dementia Strategy Group will report back on the feasibility of this idea in June 2014.

3.0 Recommendations

- 3.1 The Board note the progress.
- 3.2 The Board agree the proposed governance arrangements.
- 3.3 The Board agree the final draft Action Plan activity and its revised title of 'Delivery plan'.
- 3.4 The Board agree the reporting template and schedule.
- 3.5 The Board agree the topic based 'theme' approach.

DRAFT Health and Wellbeing Delivery Board Governance Structure

Trafford Partnership



Health & Wellbeing Board



Health & Wellbeing Delivery Board

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Delivery Plan
Priority 1:
Reduce
Children's
Obesity

Delivery Plan
Priority 2:
Improve
emotional
Health and
Wellbeing of
Children and
Young People

Delivery Plan
Priority 3:
Reduce
alcohol and
substance
misuse and
alcohol
related harm

Delivery Plan
Priority 4:
Support people
with long term
health and
disability
needs to live
healthier lives

Delivery Plan
Priority 5:
Increase
Physical
Activity

Delivery Plan
Priority 6:
Reduce the
number of
deaths from
cardiovascular
disease and
cancer

Delivery Plan
Priority 7:
Supporting
people with
enduring mental
health needs,
including
dementia to live
healthier lives

Delivery Plan
Priority 8:
Reduce the
occurrence of
common
mental health
problems
amongst
adults

Lead
Officer
Lisa Davies

Lead Officer
Jill
Colbert/Jan
Trainor

Lead Officer
Kylie
Thornton

Lead Officer
Julie
Crossley/Linda
Harper

Lead Officer
Kay
Statham

Lead Officer
Abdul
Razzaq/Julie
Crossley

Lead Officer
Ann Marie
Jones/Helen
Cutts/Linda
Harper/Ric
Taylor

Lead Officer
Helen
Darlington

Health and Wellbeing Delivery Programme Board

Priority Lead Officer Role

- Business as usual – Part of the day job as a Business Expert
- Building relationships – Facilitating links with likeminded organisations/leads
- Leadership – To ‘earn the right’, be visible and lead from the front
- Innovate – Encourage new solutions to historical issues and problems
- Challenge lack of progress
- Celebrate success
- Enabler of change
- Have a grip on where we need to be and what needs to be done
- Produce progress and exception (where necessary) reports on a timely basis to the Programme Board

Appendix 3a/b



Appendix 3a and b
HWB strategy action

Trafford Health and Wellbeing Action Plan**Highlight Report**

Priority lead		Date of Report	
Priority		Period Covered	
RAG Status			

1. Highlights
Details of highlights from the period are shown below:

2. Upcoming Key Activities

3. Key Areas of Concern Risk/Issues	
Description:	Actions to Mitigate:

Appendix 5

Reporting on Health and Wellbeing Action Plan for HWB Board (March 14)

Below is a list of the dates that progress updates for the HWB Action Plan should be provided to the HWB Board.

Date of HWB Board meeting	Date information sent to Board members	Date updates should be completed by
Tuesday 1 st July 2014	Friday 20 th June	Monday 16 th June
Tuesday 2 nd September 2014	Friday 22 nd August	Monday 18 th August
Tuesday 4 th November 2014	Friday 24 th October	Monday 20 th October
Tuesday 6 th January 2015	Tuesday 23 rd December	Thursday 18 th December
Tuesday 3 rd March 2015	Friday 20 th February	Monday 16 th February

In addition, updates are made to public health indicators on the public health outcomes framework data tool website quarterly in May, August, November and February. The data on the relevant indicators should be updated on the Action plan measures spreadsheet, and made available to the following boards.

Update on Public Health website	Information updated on measures sheet and made available to board
May 2014	July 2014 Board
August 2014	November 2014 Board
November 2014	January 2015 Board
February 2014	May 2015 Board

Appendix 3a - HEALTH AND WELLBEING ACTION PLAN (24 Mar 14) - Draft 5

Housing, Employment, Leisure, Environment, Education, Living and Working Conditions
Targeted Vulnerable & Disadvantaged Groups

Priority	Priority Lead Officer	Big Idea	Governance / Partnership (Partners Involved) Monitoring Board.	Actions	Organisations linked to Action	Reporting Lead for Actions	Planned Completion date	Intended Outcomes linked to actions
1. Reduce Childhood Obesity	Lisa Davies	We will maintain or increase the number of children who are a healthy weight, through the provision of a range of healthy weight interventions and the promotion of physical activity and healthy eating.	Maternity and Child Health Advisory Forum Joint Commissioning Management Board (Children and Young People) Children's Trust Board	Bid for, and develop, a Trafford wide cycle scheme	Trafford Council / Pennine Care NHS Foundation Trust	Jan Trainor	Oct-14	Cycle Scheme in place
				Improve links between community sport and schools	Sport and Physical Activity Partnership	Louise Wright	Mar-15	Greater - number of school children engaging with local sports clubs and number of links schools have with community clubs
				Develop a Healthy Weight Care Pathway involving key stakeholders.	Clinical Commissioning Group	Jill Colbert/Jan Trainor	Mar-15	Healthy Weight Pathway for Children and Young People implemented
				Develop a Grandparent involvement programme in relation to family based healthy eating activities	Age UK Trafford.	Ann Marie Jones	Sep-14	Family based approach to healthy eating activities completed
				Identify, train health champions in relation to improving the general health of offenders based on a family approach	Probation Services	Kevin Bulman	Dec-14	Health champions identified, trained and awareness support underway
				Raise awareness of Junior Active Trafford	Trafford Community Leisure Trust (TCLT).	Kay Statham	On-going	Active Trafford Scheme refreshed Awareness of Junior Active Trafford proved
				Agree and implement a collaborative programme for childhood obesity	Trafford Council / Trafford CCG	Lisa Davies	Dec-14	Programme agreed and in place
				Support new mothers to breastfeed using peer support scheme	Trafford Council / Trafford CCG	Lisa Davies	on going	Reduction in inequalities between areas in Trafford in relation to breastfeeding at 6-8 weeks
				Develop and implement a work programme in 3 food outlets to promote healthier choice	Trafford Council / Trafford CCG	Helen Darlington	Jul-14	Programme in place to work with planners in 3 food outlets
				Implement LARCO project to engage local families in the reduction of childhood obesity in areas with high levels	Trafford Council / Trafford CCG	Lisa Davies	Jun-14	Project in place and evaluation to be completed
				Establish a "Lads and Dad's" football initiative	blueSCI / TCLT / Trafford Council	Stuart Webster	Jan-14	Initiative in Place
2. Improve the emotional Health and wellbeing of children and young people	Jill Colbert	Trafford will support children and families with emotional health issues to access the most appropriate services quickly and easily.	Emotional Health and Wellbeing Advisory Forum Joint Commissioning Management Board (Children and Young People) Children's Trust Board	Work as a partnership to develop a single point of access (SPA) for emotional health services to provide a clear and easy to access system	Trafford CCG and Council	Jill Colbert	Dec-14	Clear routes of access in place Self Help information available for early access by children, young people and families
				Engage schools in developing the SPA as key supporters of children with emotional health issues	Trafford Council and local schools	Jill Colbert	Dec-14	Engagement programme for schools implemented
				Develop a communication strategy to ensure that all relevant services, as well as young people and families, understand how to access the SPA	Clinical Commissioning Group	Jill Colbert	Mar-15	Communication strategy and accessible publicity aimed at local services, children, young people and families
				Deliver targeted (National Institute Health and Care Excellence) behaviour change evidence based interventions for parents of 0-5 year olds	Trafford Council and Council	Jill Colbert	Dec-14	Early intervention programme in place. Improvement in School Readiness and the delivery of the AGMA eight stage model
				Work with schools to coordinate mental health services and promote emotional health for children and young people	Trafford Council and local schools	Jill Colbert	Dec-14	Schools engaged in promoting good emotional health

Priority	Priority Lead Officer	Big Idea	Governance / Partnership (Partners Involved) Monitoring Board.	Actions	Organisations linked to Action	Reporting Lead for Actions	Planned Completion date	Intended Outcomes linked to actions
				A partnership task and finish group will work together to ensure that all services locally are evidence based (NICE) and of a high quality	Trafford Council/CAMHS	Jill Colbert	Dec-14	Guidance on ensuring services are evidence based and a flexible outcomes framework accessible for local commissioners and providers
				Develop a parent and Family approach to support	blueSCI/Trafford Council	Stuart Webster	Mar-15	Parent and Family approach to support in place
				To run a Learning Though Adventure Programme	Trafford Community Leisure Centre	Kay Statham	Mar-15	Programme completed
3. Reduce alcohol and substance misuse and alcohol related harm	Kylie Thornton	We will reduce the health and social harm alcohol and substance misuse causes in communities	Safer Trafford Partnership: Joint work with police, linking with the police crime commissioner and joint working on alcohol related harm	Work collaboratively with partners to ensure messages relating to drugs/alcohol are promoted across the borough at events such as the Warehouse project	Trafford Council	Kylie Thornton	Mar-15	Reduction in serious incidents
				Monitor the implementation of the RAID model within Trafford to reduce the demand on A & E	Clinical Commissioning Group	Ric Taylor	On-going	Reduction in attendances at Accident and Emergency
				Ensure those with alcohol/drug misuse issues who are committing crime are subject to appropriate positive requirements	GMP	Paul Burton	On-going	Decrease in re-offending
				Revise the annual Alcohol Action Plan, ensuring objectives are SMART and involving all partners.	Trafford Council	Kylie Thornton	April-June 2014	Alcohol action plan revised
				Deliver a stakeholder programme of events in Trafford for Alcohol initiative including Alcohol Awareness week, Festive Campaigns and Dry January.	Trafford Council	Dave England	Feb-15	Stakeholder programme of events delivered
				Review and revise as necessary the care pathway for GPs around Shared Care to increase the involvement of Primary Care.	Trafford Council	Kylie Thornton	June-July 2014	Increase in those accessing treatment at early stage
				Awareness raising regarding alcohol and substance misuse and Dementia	Age UK Trafford	Ann Marie Jones	Mar-15	Awareness programme of alcohol related dementia developed. 2 training programmes completed
				Refresh and promote client pathways for substance misuse provision across Trafford Partners and Residents.	Collaborative	Jessica Taati	Aug-14	Increase in numbers accessing treatment
				Raise awareness of substance misuse issues across the BME population of Trafford.	Alchemey Arts	Paul Burton / Dave England	Mar-15	Increase awareness within BME community.
4. Support People with Long term health & Disability Needs to live healthier lives	Julie Crossley/Linda Harper	We will deliver a transformational universal model of integrated care and support with people who have a range of long term conditions and disabilities, based on coproduction.	Commissioning and Operations Steering Group	Develop an Early Intervention and Wellbeing Hub	Trafford Council	Linda Harper	Mar-17	Hub in place
				To commission a Patient Care Co-ordination Centre (PCCC) on which the Hub will be based	Trafford Clinical Commissioning Group	Jonathan Cross	Apr-15	PCCC in place by April 2015. To reduce activity at Acute Providers and improve patient experience whilst reducing DNA's.
				As part of the Better Care Fund - Develop a Frail and Older People Programme to identify provision in service to support/reduce interventions into Acute Providers	Trafford Clinical Commissioning Group	Adam McClure	Phase one September 2014	Programme in place Improve provision to over 75's to reduce interventions within Acute Providers
				Develop a hub and spoke model of information and advice services with partners, linked to locality working	Trafford Council	Linda Harper	Mar-15	Hub in place
				Increase the number of people in receipt of a personal budget to further promote choice and control by 10% by March 2014	Trafford Council	Diane Eaton	Mar-15	Increased numbers of people with a personal budget
				Increase the number of people in receipt of Telecare, to promote independence and resilience linked to the Trafford Telecare Pledge.	Trafford Council	Barry Glasspell	Mar-15	Increase the number of people in receipt of Telecare
				Implement the Winterbourne View Response Actions Plans and deliver on the identified areas for improvement in the Winterbourne submission stocktake	Trafford Council/Trafford Clinical Commissioning Group	Jenny Holt/Sandy Bering	Mar-15	Winterbourne View Response Actions Plans delivered
				Implement the Trafford Autism Strategy Delivery Plan	Trafford Council/Trafford Clinical Commissioning Group	Jenny Holt/Sandy Bering	Mar-15	Autism strategy delivery plan implemented

Priority	Priority Lead Officer	Big Idea	Governance / Partnership (Partners Involved) Monitoring Board.	Actions	Organisations linked to Action	Reporting Lead for Actions	Planned Completion date	Intended Outcomes linked to actions
				Macmillan Gp's/Long Term Conditions/Cancer support for Carers	blueSCI	Stuart Webster	Mar-15	Improved support for people with, and carers of people with, cancer
				Establish an "in-reach" Community Hips and Hearts activity in 2 residential care homes	TCLT/Trafford Council	Kay Statham/Helen Darlington	Jan-15	Programme established in 2 residential homes
5. Increase Physical Activity	Helen Darlington/ Kay Statham	More People, More Active, More Often.	The Trafford Strategic Sport and Physical Activity Partnership	Ensure that strategic planning processes contribute to creating a local environment, including facilities for outdoor recreation, physical activity and play that supports an active lifestyle.	TCLT, Sport and Physical Activity Partnership	Kay Statham/ Louise Wright	Sep-14	Audit of current provision to be completed, partnership approach to the promotion of the offer.
				Work in partnership to increase participation levels and offer GP Referral pathways to progression and develop social prescribing	TCLT, Trafford Council, sport and Physical Activity Partnership	Kay Statham	Jan-15	Formalise an offer for GP referral that links to partners
				Identify gaps in provision and target interventions where they are most needed, e.g. women and girls', ethnic minority communities and young people between the ages of 14 - 24	TCLT, Trafford Council, sport and Physical Activity Partnership and Greater Sport	Louise Wright/Helen Darlington/ Kay Statham	Jan-15	Current gaps in provision identified and funding stream located to kick-start activity (Sportivate)
				Develop and extend/promote the Active Trafford and Junior Active Trafford Scheme to communities in most need.	TCLT	Kay Statham	Mar-15	Review of current offer and develop links through partner organisations
				Evaluate, then develop and expand / innovate the Healthy Hips and Hearts older peoples exercise programme throughout Trafford working with physiotherapists and Occupational Therapies and Housing.	TCLT/ Trafford Council	Kay Statham/ Helen Darlington	Sep-14	Training package developed, engagement work taking place
6. Reduce the number of early deaths from cardiovascular disease and cancer	Abdul Razzaq/Julie Crossley	Reduced differences in life expectancy and healthy life expectancy between communities (through greater improvements in more disadvantaged communities)	Commissioning and Operations Steering Group	Support practices to improve uptake of their population for cervical and bowel cancer screening	Trafford Council / Trafford CCG	Lisa Davies	Dec-14	Invitation letters being revised in practices with low cervical cytology uptake and letters of support from GPs being piloted in 4 practices
				Deliver NHS Health Checks programme through general practices in Trafford and consider extending the programme using local pharmacies as a pilot and possibly(e.g. out of hours, non clinical venues) targeting disadvantaged communities	Trafford Council / Trafford CCG	Lisa Davies	on-going	Earlier identification of risk factors for stroke, heart disease etc.
				Design and implement a patient education programme for CVD and cancer awareness targeted at disadvantaged communities (subject to public health proposed funding)	Trafford Council / Trafford CCG	Adele Coyne	Mar-15	Patient education programme for CVD and cancer awareness implemented
				Design and implement a clinical education programme in Primary Care	Trafford CCG	Julie Crossley	on-going	Clinical education programme in Primary Care implemented
				Develop and deliver primary care cancer strategy across whole population	Trafford CCG	Julie Crossley	on-going	Primary care cancer strategy delivered
				Review and refresh the council section 75 Partnership agreement with Greater Manchester West to further transform the model of support based on personalisation, choice and control.	Trafford Council/GMW	Linda Harper/Annette Rooney	Mar-14	Renewed Partnership Agreement is in place
				To facilitate a review of Trafford's mental health services to ensure that services are fit for purpose and meeting the challenges and priorities articulated within Closing the Gap: Priorities for essential change in mental health (DH 2014)	NHS Trafford CCG / TMBC / GMW / MMHST / CWP	Ric Taylor/Mark Grimes	Apr-15	Review completed. Proposed approach agreed
				Deliver the Improving Access to Psychological Therapies Service Improvement Programme	Trafford CCG / GMW / Self Help Services	Ric Taylor / Annette Rooney	Apr-15	66% dementia diagnosis target achieved in Trafford (62% adjusted)
				Implement effective psychiatric Liaison 'RAID' services for Trafford's registered population	NHS Trafford CCG / TMBC / GMW / CMFT / UHSM / MMHST	Ric Taylor / Annette Rooney	Apr-14	Service in place and reduction in excess bed day payments (core RAID KPI) achieved
				Review and retender of the health component of Trafford's Community Learning Disability team	NHS Trafford CCG	Sandy Bering	Apr-15	CLDT Health Team in place following re-tender
				Develop an Age UK Trafford Dementia awareness training programme tailored for Trafford Police and deliver to Officers and Probation Services.	Age UK Trafford	Ann Marie Jones	Sep-14	Dementia awareness training programme developed and delivered

Priority	Priority Lead Officer	Big Idea	Governance / Partnership (Partners Involved) Monitoring Board.	Actions	Organisations linked to Action	Reporting Lead for Actions	Planned Completion date	Intended Outcomes linked to actions
7. Support people with enduring mental health needs, including dementia to live healthier lives.	Ric Taylor	We will commission streamlined services which are joined up and have the person at the heart of what we do.	Trafford CCG Quality Finance & Performance / Dementia Strategy Group.	Work in partnership to deliver Trafford's Dementia Strategy Action Plan	TMBC / NHS Trafford CCG / All organisations linked to Trafford's Dementia Strategy Group	Linda Harper	Mar-15	Action Plan signed off and review conducted
				Deliver the Trafford Dementia Kite mark for residential care and homecare services across the Borough.	Trafford Council	Linda Harper	Jun-14	Dementia Kite mark developed with partners. Pilot completed. Formal launch planned for June 2014.
				Deliver a Dementia Public Health Campaign	TMBC / NHS Trafford CCG / All organisations linked to Trafford's Dementia Strategy Group	Ric Taylor / Linda Harper	Apr-14	66% dementia diagnosis target achieved in Trafford (62% adjusted)
				Review Dementia Friendly Community implementation work in Sale and Urmston to inform best practice for further community development work	TMBC / NHS Trafford CCG / All organisations linked to Trafford's Dementia Strategy Group	Linda Harper	Oct-14	Review completed. Best practice identified for further development
				Identify 2 natural dementia communities in South and North of Trafford as initial development areas for dementia friendly initiatives	TMBC / NHS Trafford CCG / All organisations linked to Trafford's Dementia Strategy Group	Linda Harper	Mar-14	2 communities identified
				Deliver the GP and Pharmacy dementia wellbeing project	NHS Trafford CCG / National Association of Primary Care	Ric Taylor	Apr-15	Pharmacists and GPs trained in basic dementia awareness
				Develop particular initiatives to implement preventative health agenda RE; vascular dementia	TMBC / NHS Trafford CCG / All organisations linked to Trafford's Dementia Strategy Group	Ric Taylor	Apr-15	Initiatives developed relating to vascular dementia
				Ensure alignment of dementia initiatives with Frail Elderly workstream within Trafford CCG and across partner agencies and organisations.	TMBC / NHS Trafford CCG / All organisations linked to Trafford's Dementia Strategy Group	Ric Taylor	Apr-14	Frail Elderly lead as member of Trafford Dementia Strategy Group
8. Reduce the occurrence of common mental health problems amongst adults	Helen Darlington	Developing workplace health by supporting Trafford employers to prevent / intervene early and support those experiencing common mental health problems.	Joint Strategic Commissioning Group. Proposed: Wellbeing Partnership.	We will develop mental health in the workplace training for businesses and organisations including GMP and other support agencies.	GMP / Trafford Council / Trafford CCG / Probation	Helen Darlington	Dec-14	Mental health in the workplace training programme developed / delivered
				We will implement targeted, mental health and wellbeing programmes with 2 partner organisations	Trafford Council / Trafford CCG	Helen Darlington	Mar-15	Programme implemented with 2 partner organisations
				We will develop and deliver a new 2014 Salford, Bolton and Trafford Suicide Prevention Strategy Targeted approach to men	Trafford Council	Helen Darlington	Dec-14	Suicide prevention strategy developed and delivered
				We will pilot 'books on prescription' scheme with 2 GP practices as part of a programme to promote mental resilience	Trafford Council / Trafford CCG / NHS England (local area teams)	Helen Darlington	Mar-15	Books on prescription scheme piloted and evaluated

DRAFT

TRAFFORD COUNCIL

Report to: Health and Wellbeing Board
Date: 1st April 2014
Report for: Information
Report of: Healthwatch

Report Title

Healthwatch Trafford Update April 2014

Purpose

To update the Health and Wellbeing Board on current activity of Healthwatch

Recommendation(s)

That the Health and Wellbeing Board note the progress

Contact person for access to background papers and further information:

Name: Adrian Bates
Extension: 5558

Healthwatch Trafford Update April 2014

Staff and Board

Healthwatch Trafford have appointed to the vacant Engagement worker post.

The first Healthwatch Board meeting took place in February. Future meetings will take place in public. The schedule of meetings will be available on the Healthwatch Trafford website.

The Board and volunteers are working on the business and work plan 2014/15. This will be submitted to the April Healthwatch Board for approval.

Board and volunteers received a presentation on the Care Bill, Better Care Fund and Early Intervention and Wellbeing Hub from local authority staff.

Activities

We continue to meet with local groups and residents of Trafford as well as our scheduled meetings with stakeholders, local commissioners and providers of services.

The Chair has continued to meet with a small number of residents in Stretford Mall, Urmston Square and Old Trafford to seek their views on the changes at Trafford General and other health and social care issues.

As reported in the last update to the Board the main issues still being raised were still not knowing what services were being provided at Trafford General, when to use the Urgent Care Centre and availability of GP appointments. A new concern being raised was about the future of Wythenshawe Hospital due to recent media articles.

Healthier Together

We continue our involvement with the Healthier Together Program. We attend the External Reference Group meetings and the Communications workshops.

We are also promoting the CCG consultation on the Local Conversation via our website, Twitter and at meetings.

The Young People's health and wellbeing project.

We are continuing our work with the Trafford Youth Cabinet who have raised a variety of concerns that they feel impact on Trafford's young people's health and wellbeing. These include poor access to Child and Adolescent Mental Health Services (CAMHS), no access to dieticians for those with weight problems and lack of easily accessible health information for young people on GP websites.

The Young people are giving a presentation to Healthwatch Board and members in April.

GM Healthwatch Network

We continue to attend the monthly meetings of the GM Network. The GM wide Arriva Patient Transport Service survey is now completed and will be presented to Arriva prior to wider distribution.

The network has previously had presentations from and discussions with the Independent Complaints Advocacy Service (I.C.A.S.). We have also met with the GM commissioners of this service.

Future meetings of the GM Healthwatch network will include meetings with the GM commissioners of NHS 111, the Patient Experience lead at Christies Hospital and NWAS.

Healthwatch England

A Healthwatch England meeting for Local Healthwatch organisations in the North of the country was held in Manchester in February. The theme of the meeting was consumer rights and responsibilities.

Healthwatch Trafford also attended the LGA and Healthwatch meeting in Leeds to further discuss the outcomes and impact tool.

A NW Healthwatch meeting was held in Warrington in March. This was attended by Department of Health and Healthwatch England representatives. Theme of this meeting was Annual Reports / opportunity to put question to DOH.

Additional activity

- Attended Trafford Information Network
- Representatives from NICE (National Institute for Clinical Excellence) met with HWT team
- Attended the Trafford General Quality Forum.
- A meeting took place in February with CMFT Patient Experience Team.
- involvement in the ongoing Patient Care & Coordination Centre tender process
- Trafford's Personalisation Co-production group meeting
- Meeting with Health Overview and Scrutiny Chair.
- Attended the HOSC meeting
- Attended the Diverse Community Board
- The BME SIP
- AQUA
- NHS EXPO
- Public Reference Group
- TLAP Board
- Market Management and CQC meeting.
- ICRB
- Ageing Well Partnership
- Local Government Association meeting in Leeds
- Greater Manchester West Mental Health

Enter and View

An arranged Enter and View visit to the Mastercall Headquarters and Trafford Walk in Centre is to take place in the next 2 weeks.

A program for Enter and view visits in 2014/15 is planned.

Information and Signposting Function

Since the last update there have been 16 instances of signposting or information requests from the public. 8 of these have been for smoking cessation service, There have been 11 concerns / complaints in this time 4 of these are ongoing.

Ann Day
Chair Healthwatch Trafford.
April 2014

TRAFFORD COUNCIL

Report to: Health and Wellbeing Board
Date: 1st April 2014
Report for: Information
Report of: Adrian Bates, Partnerships Manager, Trafford Council

Report Title

Trafford Partnership update April 2014

Purpose

To update the Health and Wellbeing Board on current activity of the Trafford Partnership

Recommendation(s)

That the Health and Wellbeing Board note the progress

Contact person for access to background papers and further information:

Name: Adrian Bates
Extension: 5558

Community Strategy refresh

The Trafford Partnership has undertaken a review of the Vision 2021 Community Strategy, its seven key objectives and priority outcomes, to ensure there is clarity over what the Partnership wants to achieve in the next 7 years, what it has achieved to date, and to focus future partnership activity on achieving our strategic vision.

The refreshed draft Community Strategy has been considered as a single document by the Strong Communities Board and Partnership Executive, exploring the connectivity, inter-dependencies and relationships that will enable the partnership and partners to achieve their individual and collective aims. (see Appendix 1)

Overall, there was a feeling that we have achieved a great deal in Trafford by working in partnership, so we are starting from a strong position. There is a great deal of connectedness already, with Thematic Partnerships working together, and we are already seeing how strategic priorities are being taken forward locally by the locality partnerships. However, we must build on this culture of partnership working, ensuring there is clarity of role and expectations at different levels, with opportunities and openness to challenge where required. We must also continue to improve our engagement with local communities, through existing partnerships and networks such as the Community Partnerships, and improve the links between local activity and strategic partnerships. The Thematic Partnerships must understand and add value to local delivery.

Public consultation on the refreshed strategy will take place over the coming months.

Trafford Partnership Executive

Aligned with the refresh of the Community Strategy, the Partnership Executive has chosen two cross-cutting outcomes they wish focus on over the next year:

- Worklessness and low-paid employment
- Healthy weight

The Executive are also establishing three task and finish groups to consider cross-organisational priorities:

- Staff, organisation and community working culture
- Asset management
- Social Value

An Executive workshop was held on 24th March to begin exploring obesity and worklessness. Volunteers are currently being sought for the cross-organisation groups.

Trafford Partnership Conference 9th April 2014

The Trafford Partnership Annual Conference will take place at the LifeCentre in Sale on April 9th 2014. Capacity is 200, and initial invites have gone to the Locality and Thematic Partnership members and Ward Councillors, with the Locality Partnerships asked to identify key people in their local area to invite.

This year the Partnership will welcome Cormac Russell, a leading speaker in Asset Based Community Development. In addition to Cormac's facilitated workshops, we will showcase the work of the Partnership and the Locality Partnerships over the last year,

and highlight the new Sports Partnership. More information about Cormac, and Asset Based Community Development, can be found here

<http://www.nurturedevelopment.org/>

The objectives of the workshop are for delegates to:

- Recognise the connectivity, interdependencies and relationships that will achieve the vision
- Identify opportunities for how we can work better together, and the challenges and risks this may bring
- Understand, and have practical examples of, how to best use local assets

Our intended outcomes are that delegates:

- Are inspired to take positive action, in partnership with others across sectors
- Actively engage, empower and support others, including local residents, in delivering our vision

Furthermore, as with previous partnership events, we also want to:

- Celebrate success of partnership working
- Raise awareness of the Trafford Partnership, its thematics and localities
- Engage communities and partners in working with us to achieve our common vision
- Provide a space for networking and the development of new opportunities

Locality Partnerships

Trafford has established Locality Partnerships, made up of Councillors, partners including the police, health, housing and council, and Community Ambassadors. There are four Locality Partnerships (*note name changes*) that will comprise of the following areas:

- Old Trafford & Stretford - Gorse Hill, Longford, Stretford, Clifford
- South - Altrincham, Bowdon, Broadheath, Hale Barns, Hale Central, Timperley, Village
- Urmston & Partington - Bucklow St Martins (Partington), Davyhulme East, Davyhulme West, Flixton, Urmston
- Sale - Bucklow St Martins (Sale), Ashton upon Mersey, Brooklands, Priory, Sale Moor, St Marys

Their purpose is to:

- Increase resident and community involvement in local democracy and decision making, increasing service responsiveness and accountability
- Increase involvement in local priority setting
- Increase volunteering, increasing social cohesion, community capacity and resilience
- Enable improved engagement with residents and communities

They will do this by:

- Enabling the community to contribute to the solution to key challenges, ensuring improvements are more sustainable and more effective, whilst influencing public sector services to redeploy resources more effectively
- Brokering engagement between strategic partner organisations and local residents and communities, utilising more effective methods of engagement

Since being launched in April 2013, the four Locality Partnerships have met six times (with the sixth round in March 2014). Overall, the feelings across the four partnerships are that they are well attended, with a good atmosphere, balanced views and a drive to take action and make a positive impact. Each partnership has a Chair Team, made up of a Councillor (who is the LP Chair), Community Ambassador and Statutory Partner. They are working closely together to drive forward the partnership, set agendas and manage activity. The Chair and Community Ambassador of each LP now attend the Strong Communities Board, ensuring a link between the strategic partnership and localities.

Each partnership is developing a common understanding of the capacity, talent, skills, knowledge, connections, relationships and physical assets in the locality, aligning the data and information with their local knowledge and the views of local people. Workshops took place in July 2013, and from these have emerged initial themes for the partnerships to focus on:

Sale - maximising the economic and health benefits of Sale Town Centre – this includes engagement events in the town centre in November 2013 and March 2014. They are also beginning an innovative Stronger Families pilot project, to develop local sustainability into this strategic priority. The partnership has successfully applied for funding from Our Place to support this project.

South – isolation of older people, intergenerational activity and child obesity. The partnership has successfully bid for funding from Our Place to develop the isolation project.

Urmston and Partington – tackling obesity in children and families, and employment and skills – three working groups have been established, to increase take up of Community Learning, increase use of greenspace such as the Mersey Valley and explore new ways to increase physical activity in target hard-to-engage groups

Old Trafford and Stretford – child obesity and healthy eating, and education attainment and youth employment. The initial focus has been on making Community Learning more accessible to specific areas of Stretford, and exploring the role School Governors can take in promoting healthy eating. Links are being established with Trafford Park to focus discussions on youth employment.

Working groups have been established made up of locality partnership members and other statutory and community partners, such as Trafford College and Red Rose Forest. Exciting links are being made between the localities, Thematic Partnerships such as the Environment and Sports Partnerships, and statutory agencies, developing greater engagement between residents, communities and organisations, and bringing in new resources to tackle some of these most challenging issues. If successful, the pilot projects being delivered in localities can be rolled-out across the borough.

In addition, the Locality Partnerships have developed plans for the Council's 2014 Voluntary Sector Grants process, to allocate £120,000 through participatory budgeting.

Engagement of partners and residents in the work of the locality partnerships is increasing, with development of website and social media, and attendance at public events to understand key local issues and involve local people in delivery of actions.

Trafford is 40

On 1st April 1974 Trafford Metropolitan Council was formed, which created Trafford as a single borough. This 40th year anniversary presents the Trafford Partnership and Council with a great opportunity to celebrate everything that is good about Trafford, such as its sporting icons, thriving town centres and diverse communities.

Trafford is 40 will go live on 1st April, with its launch on 9th April at the Trafford Partnership Conference.

40 Events - To showcase the vitality of Trafford and its communities, a brochure of 40 events taking place between April and December will be produced for distribution. The first brochures will be distributed at the Partnership Conference. The events will include business, community, sport and environment to highlight the breadth of activity in Trafford. Supplementing the brochure will be an on-line events calendar, enabling more community groups and stakeholders to include their events in the celebration programme and benefitting from the branding and coordinated marketing and communication.

The Big Trafford Lunch – Sunday 1st June - In addition to the organised events, we want to enable communities to get involved and deliver their own events. A focus for this will be “The Big Trafford Lunch”, which is aligned with The Big Lunch, a national event building on the success of Olympic and Jubilee events, where residents will be encouraged to hold street parties and community events. Information packs and free support will be made available. To ensure this is more than a ‘one-off event’, the street parties will provide a platform to promote the development of resident groups, enabling residents to support each other to improve the quality of life of the people that live around them.

40 Faces of Trafford - Finally, we want to celebrate the people who have made Trafford. The Trafford Partnership will work with partners, stakeholders and local communities to identify the 40 Faces of Trafford, people who have contributed to the borough, through business, education, community, health, environment, over the past 40 years. The winners will be chosen by the Trafford Partnership Executive. It is proposed that those selected will be invited to a celebration event in summer hosted by the Mayor.



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