



DRAFT

Trafford Health and Wellbeing Board
Pharmaceutical Needs Assessment
01/10/2022 to 31/09/2025

Contents Page

1. Executive Summary	3
1.1 Introduction	3
1.2 Conclusions	4
2. Introduction.....	6
2.1 Background & Legislation	6
2.2 HWB Duties in Respect of the PNA.....	7
2.3 Purpose of a PNA.....	7
2.4 Scope of the PNA	8
2.5 Minimum Requirements for the PNA	9
3. How the Assessment was Undertaken	10
3.1 Development of the PNA.....	10
3.2 PNA Steering Group	11
3.3 PNA Neighbourhoods.....	11
3.4 Public Engagement	13
3.5 Pharmacy Engagement.....	15
3.6 Pharmaceutical Services.....	16
3.7 Consultation.....	21
4. Context in Trafford	23
4.1 Overview.....	23

4.2	Population Change.....	24
4.3	Deprivation	25
4.4	Life expectancy.....	27
4.5	Key findings from current data	28
4.6	Population characteristics health needs	28
5.	Other Key Health Outcomes for Trafford.....	38
5.1	Health and Wellbeing Strategy Vision.....	38
5.2	Public Health Outcomes	39
6.	Provision of Pharmaceutical Services	44
6.1	Necessary services - Current Provision Within the HWB's Area.....	44
6.2	Advanced Services - Current Provision	51
6.3	Enhanced Services - Current Provision.....	52
6.4	Necessary Services - Current Provision Outside the HWB's Area.....	53
6.5	Other relevant services - Current Provision.....	53
6.6	Future Provision – Necessary & Other Relevant Services	54
6.7	Other NHS services	55
7.	Neighbourhoods for the Purpose of the PNA.....	58
7.1	Overview.....	58
7.2	Sale Neighbourhood	58
7.3	Old Trafford & Stretford Neighbourhood.....	60
7.4	South Trafford Neighbourhood.....	62
7.5	Urmston & Partington Neighbourhood.....	63
8.	How Pharmaceutical Services Can Help Support a Healthier Population.....	66
8.1	Essential Services (ES)	66
8.2	Advanced Services	67
8.3	Enhanced services.....	68
8.4	NHS Trafford CCG Locally Commissioned Services.....	68
8.5	Trafford Council Locally Commissioned Services	69
9.	Necessary Services - Gaps in Provision of Pharmaceutical Services	71
10.	Improvements & Better Access: Gaps in Provision of Pharmaceutical Services	71
11.	Conclusions (for the purpose of Schedule 1 to the 2013 Regulations)	72
11.1	Current Provision – Necessary & Other Relevant Services.....	72
11.2	Necessary Services – Gaps in Provision.....	73
11.3	Future Provision of Necessary Services.....	74
11.4	Improvements & Better Access - Gaps in Provision	74
11.5	Other NHS Services	75

1. Executive Summary

1.1 Introduction

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

The PNA aims to identify whether current pharmaceutical service provision meets the needs of the population. It also considers whether there are any 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](#). The relevant NHS England area team will then review the application and decide if there is a need for a new pharmacy in the proposed location. When making the decision NHS England is required to refer to the local PNA.

The PNA may also be used to inform commissioners such as clinical commissioning groups (CCG) and local authorities (LA), of the current provision of pharmaceutical services and where there are any gaps in relation to the local health priorities.

Please note that Trafford CCG becomes part of Greater Manchester Integrated Care on 1st July 2022. The official name has yet to be decided at the time of writing, so the name Trafford CCG has continued to be used throughout this document.

The PNA includes information on:

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

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

The PNA is split up into the following chapters:

- **Chapter 2: Introduction** – The purpose and requirements of the PNA
- **Chapter 3: How the Assessment Was Undertaken** – The feedback from the Steering Group, the 2 surveys, and the consultation

- **Chapter 4: Context in Trafford** – Key demographic information
- **Chapter 5: Other Key Health Outcomes for Trafford** – Public Health intelligence on wider population level outcomes
- **Chapter 6: Provision of Pharmaceutical Services** – What our current pharmacy provision looks like in Trafford
- **Chapter 7: Neighbourhoods** – Data on the different demographics and pharmaceutical provision split by the 4 PNA neighbourhoods
- **Chapter 8: How Pharmaceutical Services Can Help Support a Healthier Population** – How the services pharmacies provide benefit the health of residents
- **Chapters 9–11: Conclusions** – A more in-depth description of the conclusions detailed in the summary below, that set out if we have any gaps in pharmacy provision in Trafford

1.2 Conclusions

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

For the area of Partington a very specific gap in supplementary hours on Saturday afternoons and Sundays has been identified. Full details are provided in section 10.

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

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

- No current gaps in the need for provision of essential services during normal working hours have been identified.
- No current gaps in the provision of essential services outside normal working hours have been identified, with the exception of the Partington area at specific Saturday afternoon and Sunday times (see section 10 for specific hours). The preference would be for these hours to be provided by existing pharmacies.
- No current gaps in the provision of advanced and enhanced services have been identified.
- No gaps have been identified in essential services that if provided either now or in the future would secure improvements, or better access, to essential services.
- No gaps have been identified in the need for advanced services that if provided either now or in the future would secure improvements, or better access, to advanced services.
- No gaps in respect of securing improvements, or better access, to other NHS services either now or in specified future circumstances have been identified.

This is based on the following:

- Trafford has 26 pharmacies per 100,000 population, which is higher than the Greater Manchester and England averages.
- Trafford has fewer prescription items dispensed per month per pharmacy than the Greater Manchester and England average.

- A total of 98.8% of Trafford resident postcodes are within 1 mile of a Trafford pharmacy. A total of 90.8% of resident postcodes are within 0.5 miles of a Trafford pharmacy
- The location of pharmacies within each of the four neighbourhoods and across the whole HWB area.
- The number and distribution of pharmacies within each of the four neighbourhoods and across the whole HWB area.
- The choice of pharmacies covering each of the four neighbourhoods and the whole HWB area.
- 97% of respondents to the public survey stated they had no issues accessing a community pharmacy.
- 91% respondents to the public survey had no issues travelling to their pharmacy.
- Trafford has a choice of pharmacies open a range of times including early mornings, evenings and the weekend.
- Trafford pharmacies offer a range of pharmaceutical services to meet the requirements of the population.

2. Introduction

This document has been prepared by Trafford's Health and Wellbeing Board (HWB) in accordance with the NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013, as amended. It replaces the Pharmaceutical Needs Assessment (PNA) previously published in 2017 and intended to remain in place until 2025.

There is a need for the local health partners, NHS England, Trafford Council, NHS Trafford 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 to ensure that those additional services commissioned by Trafford Council or Trafford CCG from Trafford pharmacies are promoted to Trafford's population to improve their uptake.

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

Glossary and acronyms are provided in Appendix 1.

2.1 Background & Legislation

The Health Act 2009¹ made amendments to the National Health Service (NHS) Act 2006 stating that each PCT must in accordance with regulations:

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

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

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

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

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

- Any relevant local pharmaceutical committee (LPC) for the HWB area
- Any local medical committee (LMC) for the HWB area
- Any persons on the pharmaceutical lists and any dispensing GP practices in the HWB area

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

- Any local HealthWatch organisation for the HWB area, and any other patient, consumer and community group which in the opinion of the HWB has an interest in the provision of pharmaceutical services in its area
- Any NHS trust or NHS foundation trust in the HWB area
- NHS England
- Any neighbouring HWB

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

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

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

2.2 HWB Duties in Respect of the PNA

In summary Trafford HWB must:

- Produce an updated PNA which complies with the regulatory requirements;
- Publish the PNA by 1st October 2022;
- Publish subsequent PNAs on a three yearly basis;
- Publish a subsequent PNA sooner when it identifies changes to the need for pharmaceutical services which are of a significant extent, unless to do so would be a disproportionate response to those changes; and
- Produce supplementary statements in certain circumstances.

2.3 Purpose of a PNA

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

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

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

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

Revising or Updated the PNA

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

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

2.4 Scope of the PNA

A PNA is defined in the regulations as follows:

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

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

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

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

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

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

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

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

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

2.5 Minimum Requirements for the PNA

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

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

3. How the Assessment was Undertaken

3.1 Development of the PNA

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

Stage 1

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

- Trafford's Public Health team
- NHS England area team
- NHS Trafford Clinical Commissioning Group (CCG)
- Health Watch representative

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

Stage 2

The contractor questionnaire and patient survey were approved by the Steering Group and were open for 4 weeks in May 2022. The contractor questionnaire sought to understand current pharmacy provision, whilst the public questionnaire sought the views of Trafford residents on the current pharmaceutical services provision.

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

The surveys were promoted via Healthwatch, local media, Trafford's Community Engagement Team and many other key stakeholders.

Stage 3

The content of the PNA including demographics, neighbourhoods and background information was approved by the Steering Group. In looking at the health needs of the local population, Trafford's JSNA, the HWB's Health and Wellbeing Strategy and other health data were considered.

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

- The size and demography of the population across Trafford.

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

Stage 4

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

- GM LPC
- Salford & Trafford Local Medical Committee Local Medical Committee (LMC)
- Trafford pharmacies
- Trafford HealthWatch.
- Other patient, consumer and community groups in the area with an interest in the provision of pharmaceutical services in the area.
- NHS England.
- Neighbouring HWBs. (Cheshire East, Manchester, Salford and Warrington)

3.2 PNA Steering Group

The Steering Group has been responsible for reviewing the PNA to ensure it meets the statutory requirements. It is made up of members from Trafford's Public Health team, Trafford CCG, NHS England, and Healthwatch. The Steering Group approved all public facing documentation. Members of the Steering Group are provided at Appendix 2.

3.3 PNA Neighbourhoods

Four neighbourhoods have been defined for the PNA by the Steering Group, these are:

- **Sale:** Ashton upon Mersey, Brooklands, Bucklow St Martins (Sale), Priory, Sale Moor and St Marys
- **Old Trafford & Stretford:** Clifford, Davyhulme East (Old Trafford), Gorse Hill, Longford, Old Trafford and Stretford
- **South Trafford:** Altrincham, Bowdon, Broadheath, Hale Barns, Hale Central, Timperley and Village.

3.4 Public Engagement

In order to gain the views of patients and the public on pharmaceutical services, a questionnaire was developed and made available on 10th May 2022, closing on 7th June 2022 prior to the statutory consultation period. The survey was promoted via Healthwatch, Age UK, Trafford social media, local media, VCSE organisations, and Trafford’s engagement team. A paper copy was made available to those who requested it. The results of the survey, which identifies the questions asked, can be found in Appendix 3.

The survey had 145 responses:

- 74% of residents were over the age of 50
- 60% of respondent’s self-identified as having a disability or a long-term health condition.
- 91% of responses were white British which is slightly above the known demographics of Trafford.
- There was representation from all four neighbourhoods, with the Urmston & Partington being the most represented.

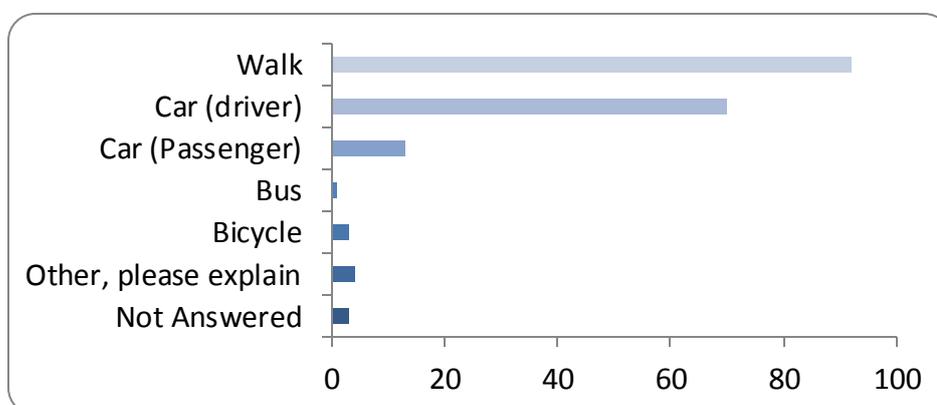
Use of an internet Pharmacy

Most Trafford residents still use a community pharmacy exclusively.

- 76% have never ordered medicines/appliances over the internet.
- 11% of the people who responded to the survey exclusively used a pharmacy delivery service or internet pharmacy.
- 5% of respondents stated they would order medicine online if their pharmacy didn’t have it in stock. Residents were far more likely to wait for it to be in stock (51%), or find another pharmacy (33%).
- There was little correlation between the age of residents and their use of internet services

Accessing a community pharmacy

- Of 143 responses 97% stated they had no issues accessing a community pharmacy
- Of the 142 responses 91% had no issues travelling to their pharmacy. The most cited issue was parking at 9%
- 63% of residents walked to their pharmacy followed by car at 48%.



Extended hours

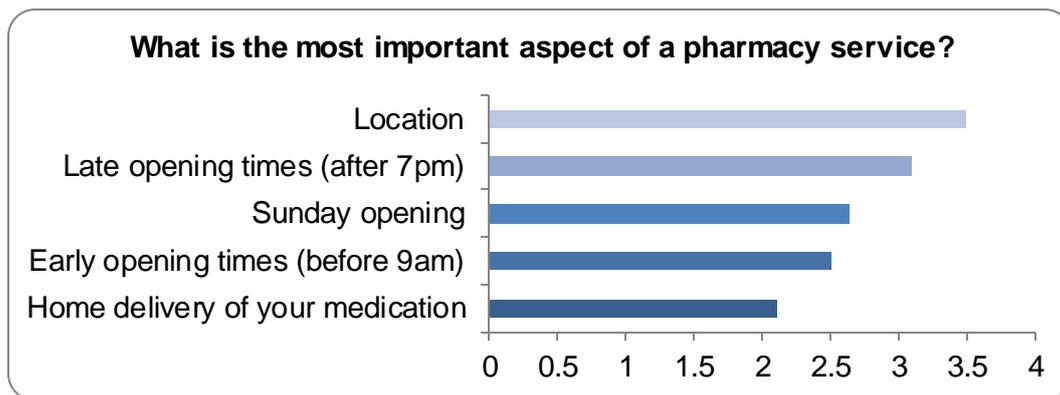
- 57% of respondents did not know the location of extended hours pharmacies, that they could access.
- 73% of respondents were aware that extended hours pharmacies existed
- Sunday, or after 7pm were all given equal preference for extended hours' time.

Opening times and usage

Around half of people accessed a pharmacy on weekends at 51%

Preference of Pharmacy

- 83% of residents stated they would not be prepared to travel more than 2 miles from their home
- 70% cited their pharmacy being near their home as the primary reason they use it. This was then followed by it being near their doctors at 20% or in town at 15%.
- 69% of residents stated that friendly staff was the main reason for using their pharmacy followed by staff knowledge at 63%.
- Location was the most important aspect of a pharmacy service as shown below.

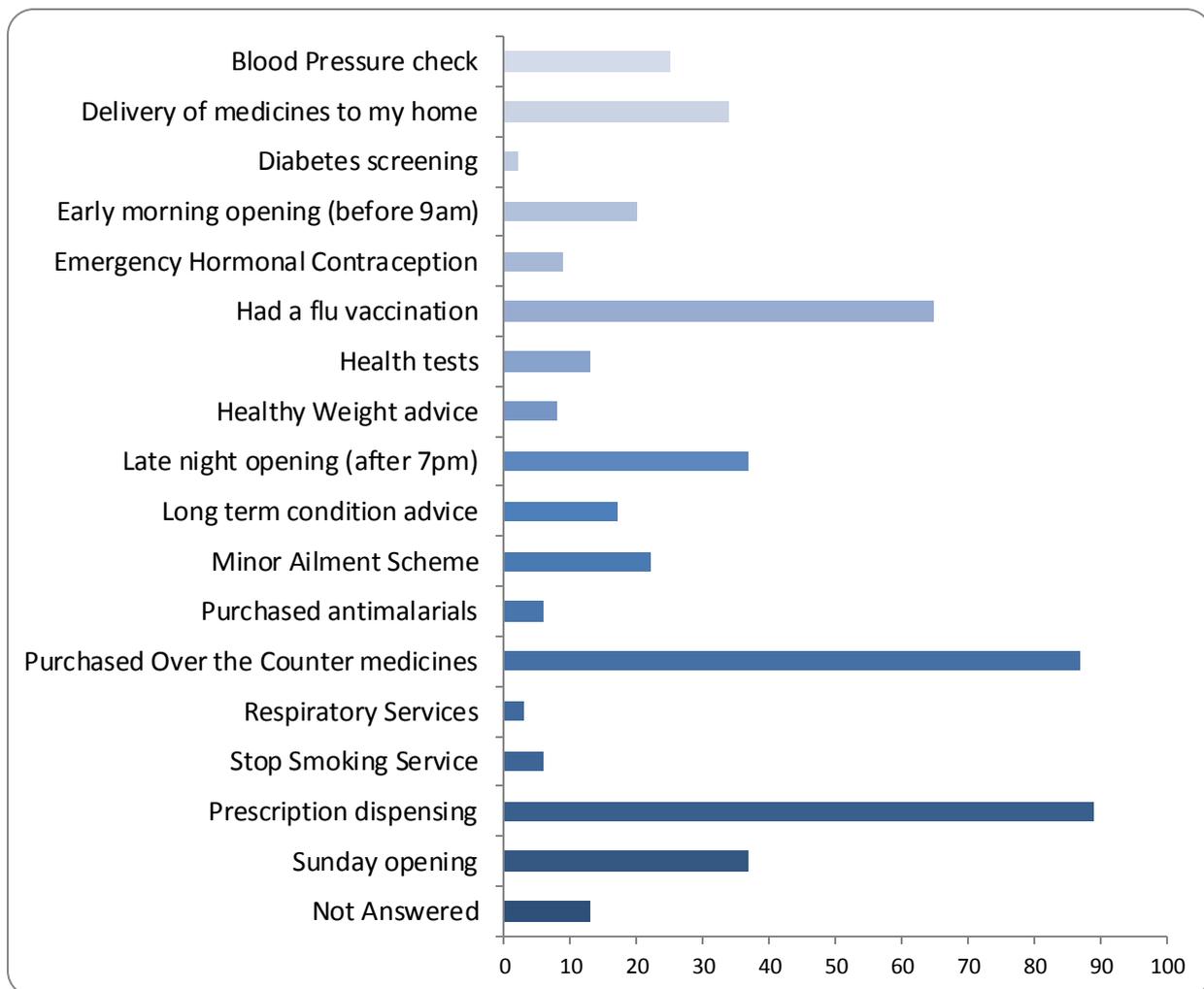


User experience

Out of the 145 who responded to the questions 77% said they were provided with sufficient information on their dosage and side effects. 7% stated they weren't provided enough information. The most cited reason was feeling as though pharmacies were too busy. 72% felt as though all services had met their needs, 17% felt some services had and 1% felt none had.

Use of a pharmacy

- 92% of residents stated they know staff provide advice on treating minor ailments
- The most commonly used service was prescription dispensing and purchasing over the counter medication



3.5 Pharmacy Engagement

A week earlier than the public survey, an online pharmacy questionnaire was undertaken for 4 weeks from 29th April – 27th May (Appendix 4).

The pharmacy questionnaire provided an opportunity to validate the information provided by NHS England in respect of the hours and services provided. 24 pharmacies completed the survey (38%), which was 4 more than the previous PNA. Because of the lower response, data provided by commissioners has been used to provide the information with regard to service delivery by pharmacies.

Key information from the survey included:

- All customers can legally park within 50 metres of the pharmacy
- 25% of pharmacies did not have wheelchair accessible premises & 16% did not have blue badge parking
- All pharmacies had a consultation room
- 25% of pharmacies did not have a website (although all were on the NHS Services website)
- 62% of pharmacies did not have two pharmacists on duty at any time

- 70% of pharmacies had a pharmacist that spoke an additional language. The most common was Urdu and Punjabi at 41%. A list of the languages spoken can be seen below:

Arabic	Bengali	Cantonese
Gujarati	Hindi	Mandarin
Punjabi	Urdu	Malay
Welsh		

Enhanced & Locally Commissioned Services

Commissioners have provided the following data on how many pharmacies provide locally commissioned services. There are 62 pharmacies in Trafford.

Table 1 - Number of pharmacies providing enhanced and locally commissioned services

Commissioner	Service	Number of pharmacies commissioned
Trafford Council	Emergency Hormonal Contraception	41
	Smoking Cessation	44
NHS Trafford CCG	Access to Palliative Care Medicines	9
NHS England	Inhaler Technique Service	3
	GM Minor Ailment Scheme	25

Previously, Supervised Methadone and Needle Exchange services were provided as Locally Commissioned Services. However, both of these services have been taken over by GreaterManchester Mental Health (GMMH), who provide Trafford's substance misuse offer. The number of pharmacies working with GMMH is shown below:

Commissioner	Service	Number of pharmacies commissioned
GMMH	Supervised Methadone	35
	Needle Exchange	13

Full details of which pharmacies are commissioned can be found in Appendix 5 & 7.

3.6 Pharmaceutical Services

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

Pharmaceutical services may be provided by:

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

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

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

3.6.1 Pharmaceutical Services Provided by Pharmacy Contractors

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

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

- **Essential services** – all pharmacies must provide these services:
 - Dispensing Medicines
 - Dispensing Appliances
 - Repeat Dispensing
 - Discharge Medicines Service
 - Public Health (Promotion of Healthy Lifestyles)
 - Signposting
 - Support for Self Care
 - Disposal of Unwanted Medicines

- **Advanced services** – pharmacies may choose whether to provide these services or not:
 - Appliance Use Review (AUR)
 - Community Pharmacist Consultation Service (CPCS)
 - Seasonal Flu Vaccination Service
 - Hepatitis C Testing Service
 - Hypertension Case-Finding Service
 - New Medicine Service (NMS)
 - Stoma Appliance Customisation (SAC)
 - Smoking Cessation Service
 - Enhanced services – service specifications for this type of service are developed by NHS England and then commissioned to meet specific health needs.

- **Enhanced Services** – pharmacies may choose whether to provide these services or not. The following enhanced services are commissioned by NHS England within Trafford's HWB area:
 - Inhaler technique
 - GM Minor Ailment Scheme

- **NHS Services (Locally Commissioned Services)** – Optional services commissioned by either the CCG or Local Authority
 - Emergency Hormonal Contraception
 - Smoking Cessation
 - Access to Palliative Care Medicines

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

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

Further support for improving quality in pharmacies has been provided through a new Pharmacy Quality Scheme. It supports delivery of the NHS Long Term Plan and rewards community pharmacy contractors that achieve quality criteria in the three domains of healthcare quality: clinical effectiveness, patient safety and patient experience. In order to access the additional funding available through the scheme, pharmacies need to achieve the following:

1) ...

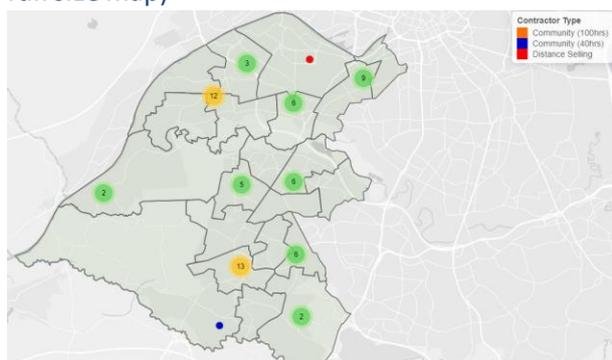
The majority of pharmacies are required to open for 40 hours per week, and these are referred to as core opening hours, but many choose to open for longer and these hours are referred to as supplementary opening hours.

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

These 100 hour pharmacies remain under an obligation to be open for 100 hours per week. In addition these pharmacies may open for longer hours. There are 8 pharmacies in Trafford with 100 hour contracts, and residents may also choose to use such pharmacies outside of the borough.

The 2022 Pharmacy Pressures Survey from the Pharmaceutical Services Negotiating Committee (PSNC) noted that 91% of pharmacies are experiencing staff shortages and 80% stated that the costs to run their pharmacies are significantly higher than last year. There is therefore a likelihood that some pharmacies may reduce their hours. The HWB is mindful that it would wish to keep the number of hours covered currently across Trafford as a minimum and would not want to see a reduction in the hours of access in any area.

Map 2 - Pharmacy Contractor Type (See Appendix 11 or link below where you can zoom in for the full size map)



Pharmacy Contractor
Type.html

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

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

Pharmacy opening hours in Trafford HWB's area can be found on NHS Choices (<http://www.nhs.uk/Service-Search/Pharmacy/LocationSearch/10>). Appendix 8 provides details to the spread of opening times across each neighbourhood and by ward.

3.6.2 Other Pharmaceutical Services

Local Pharmaceutical Services

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

Distance Selling Pharmacies

Whilst the majority of pharmacies provide services on a face-to-face basis, e.g. people attend the pharmacy to ask for a prescription to be dispensed, or to receive health advice, there is one type of pharmacy that is restricted from providing services in this way. They are referred to in the 2013 regulations as distance selling premises (previously called wholly mail order or internet pharmacies). Distance selling pharmacy applications (unlike applications for face-to-face pharmacies), are not considered on a 'needs' basis, and instead must meet set regulatory criteria in order to be granted.

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

There are 4 distance selling pharmacies in Trafford, although residents may choose to use such pharmacies that are outside of the borough.

Pharmaceutical Services Provided by DACs

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

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

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

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

- Stoma appliance customisation
- Appliance use review

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

There are no DACs in Trafford and its population have appliances dispensed from DACs outside the Trafford area. In 2021/22 (with the exception of March 2022) there were 2,343,613 prescriptions dispensed by DAC in the Greater Manchester region. Details on stoma appliance customisation and appliance use reviews is provided in section 6.

Pharmaceutical services provided by doctors

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

Non-commissioned added value services

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

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

Hospital pharmacy

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

Other provision of pharmaceutical services

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

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

The PNA makes no assessment of these services.

Other sources of information

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

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

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

3.7 Consultation

The formal consultation period of this Pharmaceutical Needs Assessment (PNA) ran from 15/02/2017 until 05/05/2017. The draft PNA and consultation response form were issued to all of the stakeholders listed in Appendix 12. The documents were posted on the intranet and internet.

- The number of responses received totalled six.
- Of those that answered the question all thought that the explanation of the PNA was sufficient;
- All that answered the question thought that the PNA provided an adequate assessment of pharmaceutical services in the Trafford area.
- Two respondents thought that the PNA provided a satisfactory overview of the current and future pharmaceutical needs of the Trafford population, three made no comment and the other responder (Number 2) is dealt with in Appendix 12.

- All that answered the question thought that current pharmacy provision and services in Trafford is adequate.
- All that answered the question agreed with the conclusion of the PNA.

4. Context in Trafford

4.1 Overview

When viewing Trafford as a whole, there are similarities in both health and economic terms to that of England. The North West is one of the most deprived regions in the country, but despite this, Trafford is identified as one of the least deprived boroughs within the region, as well as the least deprived borough within Greater Manchester.

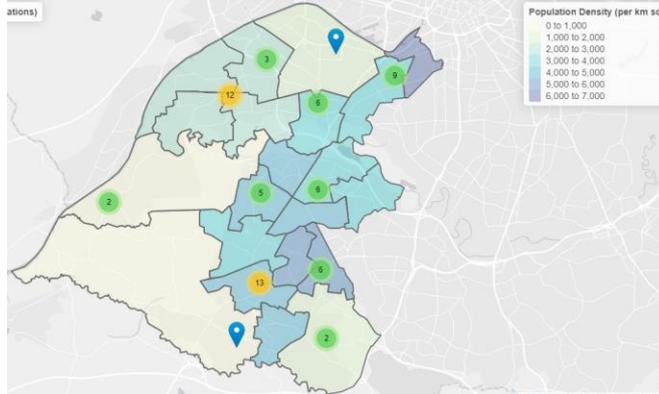
The demographic split between age groups differs only slightly when compared to England, with a lower proportion of young persons (aged 20-34), but higher proportion of 5-14 and 35-50 year olds for Trafford when compared to England. Population projections (up to 2040) suggest that there will be an increased proportion of the population made up of residents over the age of 65 (almost 1 in 5 residents).

As we see a shift towards an ageing population, we may see a greater burden on our healthcare system to support residents living with long term and chronic conditions, as well as a greater burden of disease incidence and health outcomes that are linked to increasing age, such as dementia, circulatory disease, and cancer. A shifting population only emphasises the need to embed a population health approach to address the health and wellbeing needs of our population. It is also important to recognise the proportion of ethnic minority residents that reside across each of our four neighbourhoods, and how areas that have a higher proportion of ethnic minority residents may require adaptations to health and social care needs.

Despite Trafford being a relatively affluent borough within the region, there is disparity in deprivation across the borough, with (generally) the most deprived area in the north of the borough, and least deprived area in the south of the borough. There are 4 Lower Super Output Areas (LSOAs) ¹ that are included in the top 10% of most deprived LSOAs within the country, 2 situated in the ward of Bucklow-St Martins, and 1 each in the wards of Clifford and St Mary's.

We know that nationally, worse health outcomes are linked to higher levels of deprivation. This is also a noticeable trend within the borough of Trafford as there are higher rates of disease, and higher prevalence of health-related risk factors for residents situated in our most deprived wards, such as Bucklow-St Martins and Clifford. Despite there being geographical areas of clear need due to their levels of deprivation, it's also important to recognise more granular levels of health needs within each of our 4 neighbourhoods, with the aim of mitigating disparities in health outcomes within each of those areas, irrelevant of deprivation.

Map 3 - Population Density (Source: 2020 Census) (See Appendix 11 or link below for full size map)

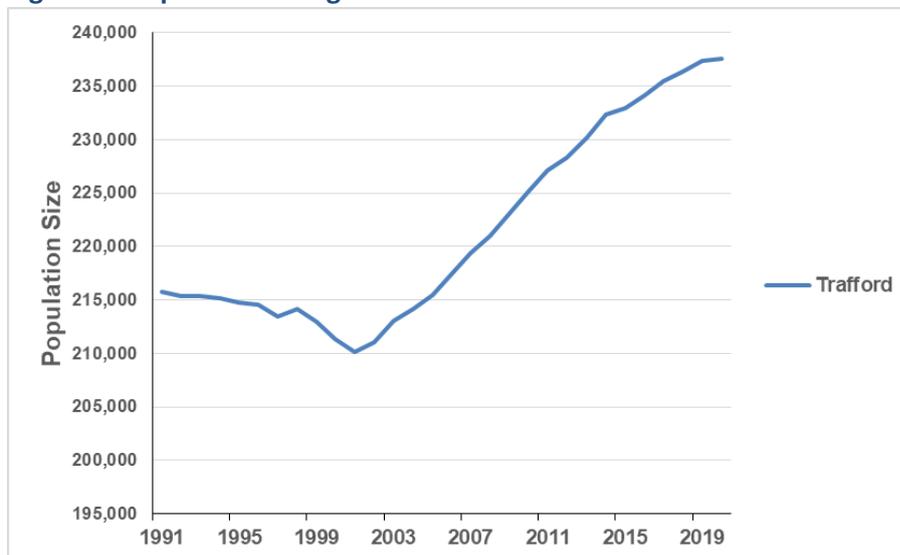


Population
Density.html

4.2 Population Change

Trafford saw a steady reduction in its population between 1991 to 2001. However, we have since seen a gradual increase in Trafford's population size since 2002, currently at 237,579 residents, increasing by 4.4% since 2011. Trafford's population is estimated to grow to 260,208 by 2040.

Figure 1 - Population changes 1991 to 2020 census



The age structure of Trafford's population differs slightly from that of England. Trafford has a lower proportion of 20-34 year olds (15.7%) when compared to England (19.6%). Whilst the proportion of people in the under 18 age group in Trafford is predicted to remain stable at around 25%, the over 65 population will increase quite markedly so that by 2030, almost 20% - 1 in 5 people - will be in this age group in Trafford.

Figure 2 - Age pyramid mid-2020 population Trafford

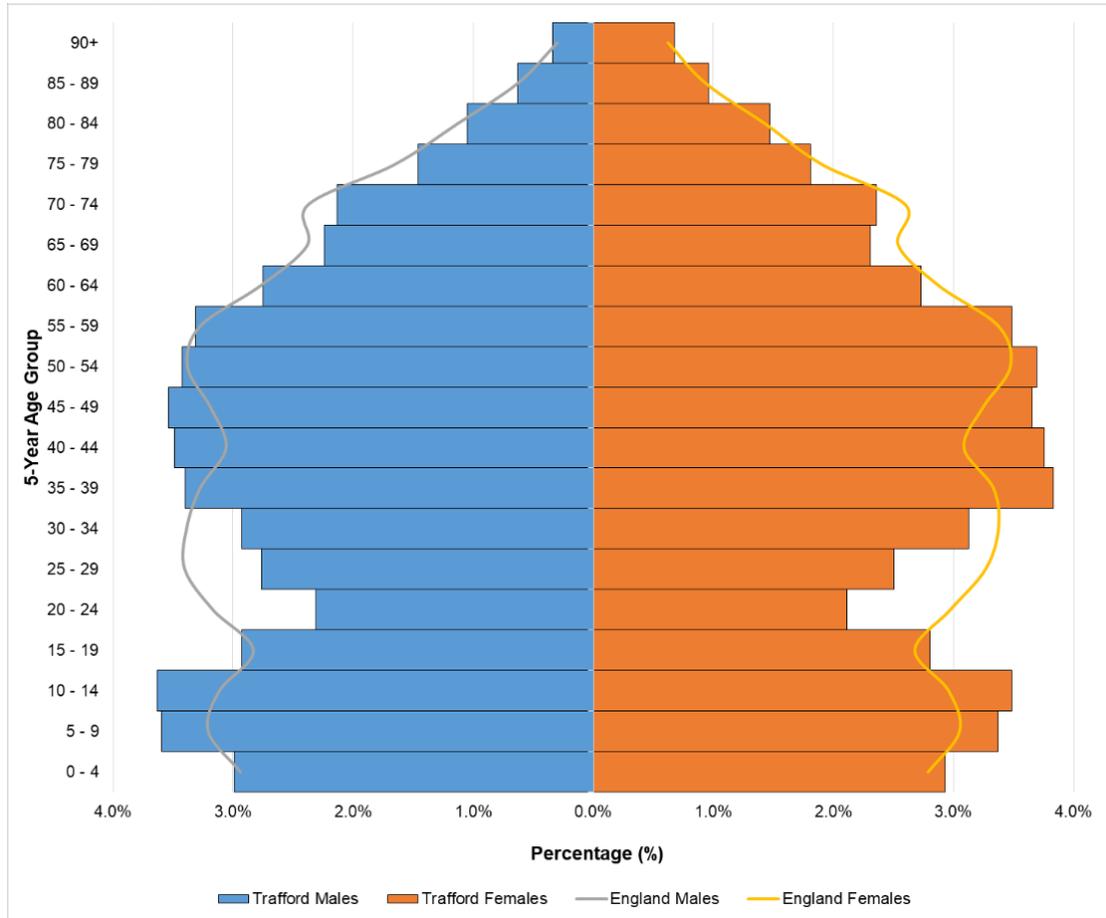
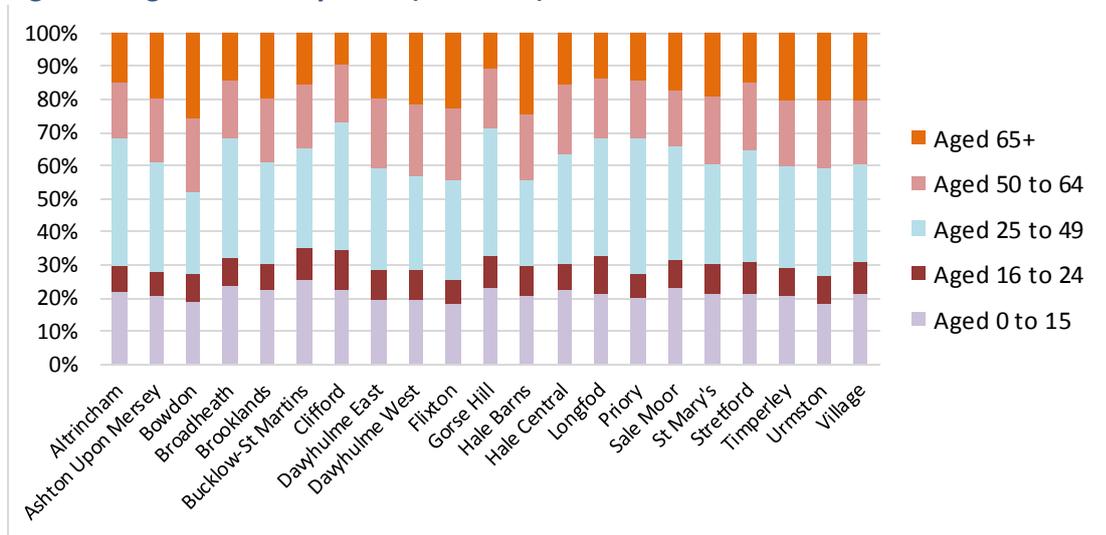


Figure 3 - Age structure by Ward (Mid-2020)



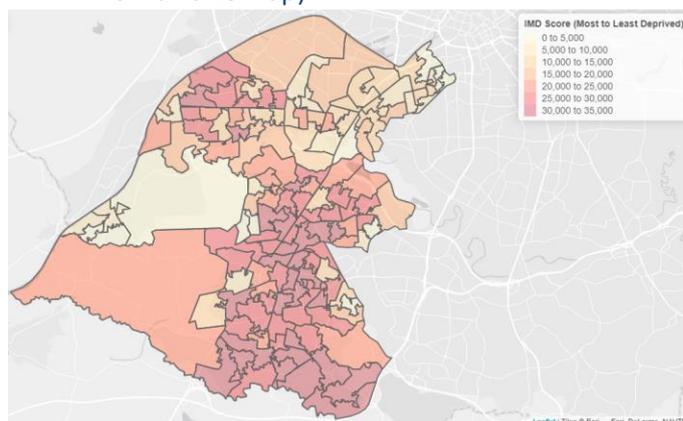
4.3 Deprivation

Trafford ranks 191 of 317 local authority districts in England (where a rank of 1 is the most deprived authority in England). Trafford is the least deprived borough in Greater Manchester (GM) according

to the 2019 Index of Multiple Deprivation (IMD), which combines a number of economic, social and housing indicators into one deprivation score (Department for Communities and Local Government).

Among the ten GM boroughs, Trafford also has the lowest proportion (5.1%) of Lower Super Output Areas³ (LSOA) in the most deprived 10% of LSOAs nationally. Of Trafford LSOAs (4) that are within the 10% of most deprived LSOAs in the country, two are in the ward of Bucklow -St Martins, one in Clifford, and one in St Mary's.

Map 4 - IMD 2019 by LSOA (Trafford Innovation & Intelligence Lab) (See Appendix 11 or link below for full size map)



IMD by LSOA.html

Table 2 - Index of Multiple Deprivation score and ranking

District name	Rank of proportion of LSOAs in most deprived 10% nationally	Proportion of LSOAs in most deprived 10% nationally	Rank of Average Score	Rank of Local Concentration	Rank of Extent
Manchester	5	43.3%	6	11	2
Rochdale	17	29.9%	14	19	17
Salford	16	30.0%	15	15	19
Oldham	14	30.5%	16	17	16
Tameside	33	20.6%	24	33	24
Bolton	25	23.7%	27	25	23
Wigan	41	16.5%	58	37	42
Bury	59	10.0%	69	49	64
Stockport	64	9.0%	86	45	78
Trafford	84	5.1%	118	85	103

Around 13.8% of over 60s in Trafford live in income deprived households with wide variation across Trafford wards. Income deprivation in over 60s ranges from 5% in Bowdon ward to 41.3% in Clifford ward. Around 13.8% of over 60s in Trafford live in income deprived households with wide variation

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

across Trafford wards. Income deprivation in over 60s ranges from 5% in Bowdon ward to 41.3% in Clifford ward ([IMD, 2019](#)). A third (33.3%) of Trafford pensioners live alone, ranging from around a fifth (22.6%) in Bowdon ward to twice that (42.4%) in Priory ward. An estimated 1 in 10 (10.4%) Trafford households are in fuel poverty similar to England average (10.3%)

Table 3 - Pensioners living alone in Trafford by ward.

Ward	Pensioners living alone (%)
England	31.5
Trafford	33.3
Altrincham	37.2
Ashton upon Mersey	36.5
Bowdon	22.6
Broadheath	31.3
Brookland	31.3
Bucklow St Martins	37.0
Clifford	38.6
Davyhulme East	39.2
Davyhulme West	28.7
Flixton	33.6
Gorse Hill	37.5
Hale Barnes	26.7
Hale Central	32.7
Longford	40.0
Priory	42.4
Sale Moor	36.7
St Mary's	31.3
Stretford	39.8
Timperley	26.5
Urmston	36.9
Village	34.8

4.4 Life expectancy

Maintaining its position and increasing male and female life expectancy at birth in Trafford compared to England remains one of the Trafford's objectives. The most recent data (2020) shows that life expectancy at birth, for both males and females in Trafford, has reduced when compared to 2014 data. We had started to see an increasing trend up to 2018, however the past two years have shown a reduction in life expectancy, although not dissimilar from the NW and England trends (as shown in table 4).

Table 4 - Life expectancy gap at birth in Trafford 2020 (Public Health Outcomes Framework)

Gender	Trafford	Greater Manchester	England	Gap between Trafford and England
Male	79.5	77	78.7	+0.8

Change from 2014	-0.7	-1.1	0.1	-
Female	83.3	81	82.6	+0.7
Change from 2014	-0.4	-1	-0.7	-

For older people life expectancy at age 65 in Trafford is similar to the England for females (20.6 years compared to 20.7 years) and for males (18.1 years compared to 18.1 years). Similar to the overall life expectancy, there has been a downward trend over the past two years.

Healthy life expectancy at birth for both males (66.3 years) and females (66.9 years) is well above that of England's (63.1 and 63.9 years respectively). Trafford has seen a greater increase in healthy life expectancy since 2014, for both males and females, when compared to the change for England.

This growing elderly population, many with ill health, will increase the burden on healthcare provision in Trafford.

4.5 Key findings from current data

The link between poor health and disadvantage was identified as a key area within the Greater Manchester Population Health Plan, recognising that disadvantage starts before birth and accumulates throughout life. With this in mind, Trafford has identified the 3 life courses of StartWell, Live Well, & Age Well as being 3 key areas that focus on preventing poor health and promoting wellbeing.

Overall health and wellbeing outcomes for Trafford are not that dissimilar from the England average, and in most instances are similar or better. However, to help address hidden inequalities, it is important to understand the inequities in health and wellbeing outcomes on a more granular scale, across each of Trafford's 4 main neighbourhoods. Although there is a clear link between higher levels of deprivation and worsening health outcomes across Trafford's geographical areas, plans to address population health need should also consider the demographic profiling of the specific population, in addition to environmental factors. Consideration should also be made that account for COVID-19 specific factors, recognising the impact that the past 2 years have had on the population's health and wellbeing, as well as enhanced strains on the health and social care system.

Sections 5 & 7 of this document outline the varying health inequalities across Trafford's population, and specifically within each of the 4 identified neighbourhoods (section 7).

4.6 Population characteristics health needs

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

- Age;
- Sex / gender;
- Pregnancy and maternity;
- Disability which is defined as a physical or mental impairment that has a substantial and long-term adverse effect on the person's ability to carry out normal day-to-day activities;
- Gender reassignment;

- Marriage and civil partnership;
- Race which includes colour, nationality, ethnic or national origins;
- Religion (including a lack of religion) or belief (any religious or philosophical belief)
- Sexual orientation.

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

4.6.1 Age

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

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

Children

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

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

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

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

Older people

The greatest rate of increase in population numbers will be seen in those people aged over 65. In Trafford there is predicted to be a 19% increase for residents aged 65-79 (from 127,300 to 133,000), and a 46% increase for residents aged 80+ (from 12,290 to 17,897) between 2022 to 2040.

The main issues which challenge older people in Trafford are:

- Chronic disease –such as heart disease, stroke
- Dementia –half of dementias have a vascular component so by improving diet and lifestyle in earlier life the impact can be lessened.
- 1 in 4 older people experience depression requiring professional intervention
- Falls are common in older people with 1 in 3 people over 65 years and 1 in 2 people over 85 experiencing 1 or more falls. Hip fractures are a common serious injury relating to falls in older people.
- 1 in 4 people experience chronic loneliness
- There are increasing numbers of frail people and many people over 65 years are carers.
- Keeping warm is crucial in winter especially for older people and avoiding excess winter deaths.

The wards of Davyhulme West, Flixton, Hale Barns, and Bowdon have almost twice the number of people over 64 years of age when compared to the wards of Gorse Hill and Clifford.

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

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

Independence is or could be supported by offering:

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

4.6.2 Sex / Gender

In Trafford, the life expectancy of men is 79.5 years and 83.3 years in women. Life expectancy has dropped for both sexes when compared to the previous year, with the gap between sexes remaining constant since 2012. Men are:

- Just under twice as likely to die from preventable liver disease
- Almost a 100% increased risk of dying under the age of 75 from preventable causes
- Almost a 3 times increased risk of dying from heart disease under the age of 75

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

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

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

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

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

4.6.3 Long Term Health Problems & Disability

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

People in some parts of Trafford are more likely to report that their day to day activities are limited due to a long-term health problem or disability than others. The percentage of people reporting living with long term illness or disability by ward is listed in Table 5. When looking at these figures it is important to remember that this measure is very strongly related to age and that areas with older populations are more likely to have higher rates of activity limiting health problems or disabilities than areas with younger populations, irrespective of the underlying levels of ill health in the area.

Table 5 Living with long term illness or disability (Source: Census 2011, ONS, Crown copyright)

Ward	Living with long term illness or disability %
Altrincham	14.1
Ashton upon Mersey	16.0
Bowdon	15.6
Broadheath	12.5
Brookland	14.9
Bucklow St Martins	22.5
Clifford	19.0
Davyhulme East	18.4

Davyhulme West	19.9
Flixton	19.7
Gorse Hill	17.3
Hale Barnes	15.9
Hale Central	10.3
Longford	18.7
Priory	15.2
Sale Moor	19.4
St Mary's	18.0
Stretford	19.4
Timperley	13.5
Urmston	19.3
Village	18.6
Trafford	17.0

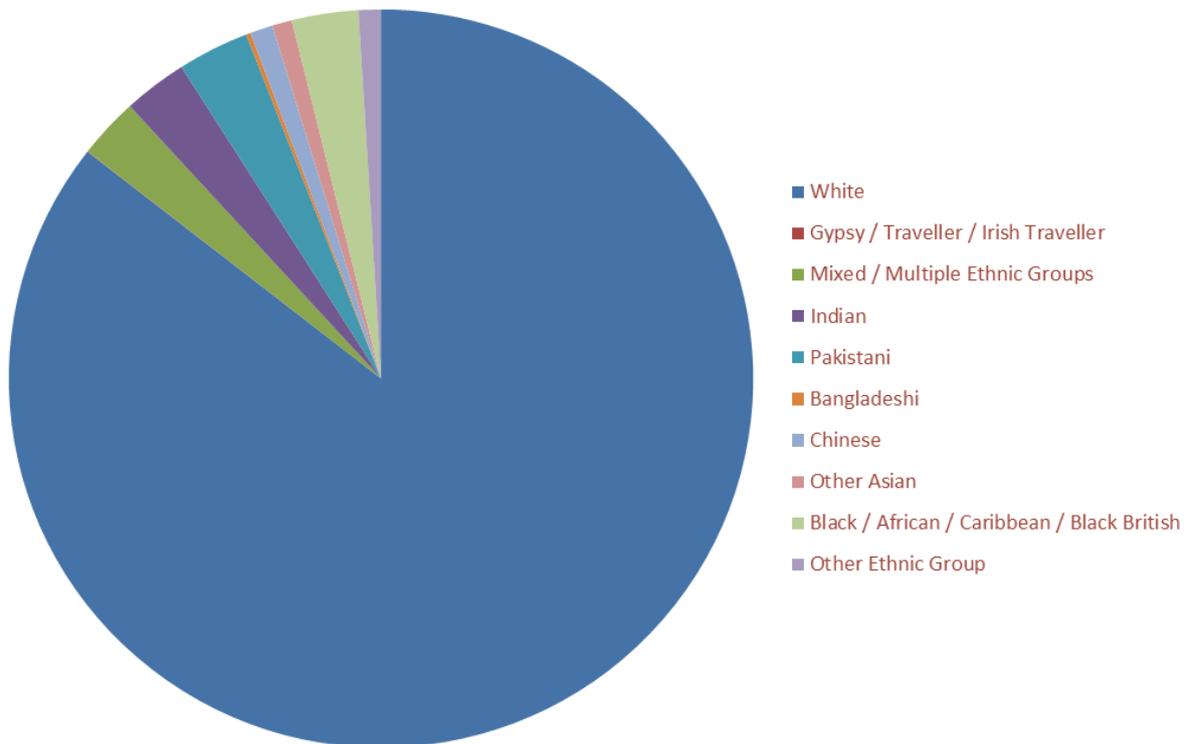
People with disabilities often have individual complex and specific needs. It is important that health and social care services are able to provide effective specialist services to meet such needs.

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

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

4.6.4 Race, Ethnicity & Language

Figure 4 – Trafford population by ethnic group (source: ONS 2011 Census)

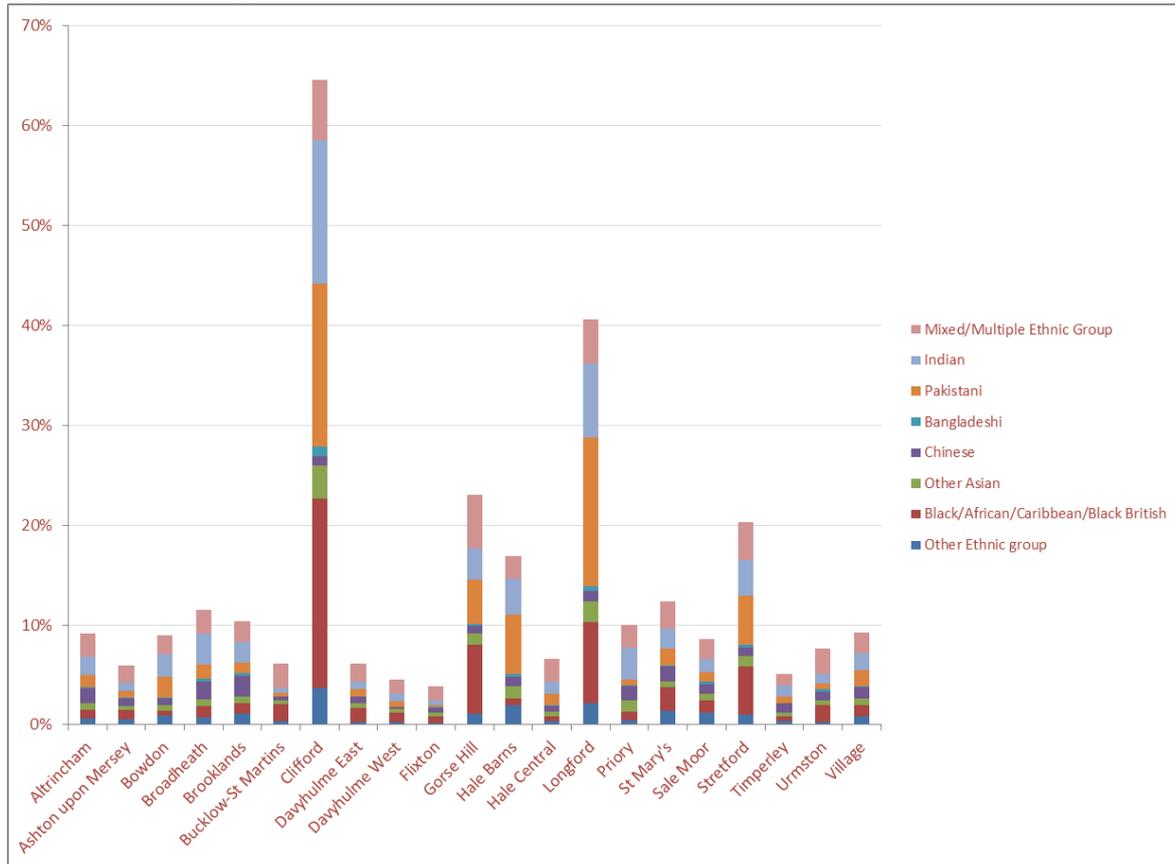


Current estimates put Trafford's ethnic minority population at slightly under 12%, around 26,000 people, an increase from the 10.8% estimated in 2006.

The largest of Trafford's minority groups is people who identify themselves as being of Pakistani origin, making up 2.4% of the total population. The vast majority of Trafford's population identify themselves as White British (82.6%). There are around 4,600 (2.1%) people who identify as 'White Irish' and around 7,000 (3.25%) people who identify as 'White Other'.

The overall figure hides significant, but expected, differences between age groups. For people aged 0-15, 16.5% of people identify as being of non-white origin. For people of working age, 13.1% of people identify as being of non-white origin. For older people, aged over 65, 4.2% of people identify as being of non-white origin.

Figure 5 - Percentage of ethnic minority population by ward



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

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

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

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

4.6.5 Religion and belief

Figures from the Office for National Statistics for the 2011 Census show that 72.5% of the population of Trafford identify as having some religious affiliation. The main religions / beliefs in Trafford identified through the Census 2011 are Christian (63.4%) and Muslim (5.7%) whilst residents with no religion amount to around 21.2%.

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

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

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

4.6.6 Marriage & Civil Partnership

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

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

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

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

4.6.7 Pregnancy & Maternity

3.9% (Q2 2021/22) of pregnant women in Trafford smoke during pregnancy which is the lowest level in the North West (9.6%) and lower than national average (9%).

The last available data (2017/18) showed that 58.0% of mothers in Trafford continue to breastfeed at 6-8 weeks after birth, which was better than the England figure of 43.1%.

As of 2020, Trafford has the lowest rate of teenage pregnancies (under 18 conceptions) in the North West at 9 per 1,000 compared to 16.7 in the North West and 13 in England.

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

4.6.8 Sexual Orientation

2001 data indicated that there were 360 people living as same sex couples in Trafford and 2013 data that there were 14 same sex civil partnerships in the borough.

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

- A higher prevalence of smoking and increased alcohol drinking.
- They are more likely to experience harassment or attacks, have negative experiences of health services related to their sexuality, lesbian and bisexual women are less likely to have had a smear test, and more likely to smoke, to misuse drugs and alcohol and to have deliberately harmed themselves.
- Gay and bisexual men are more likely to attempt suicide, suffer domestic abuse, misuse alcohol and drugs, and engage in risky sexual behaviours.
- Gay and bisexual men are at substantially higher risk of sexually transmitted diseases (STDs) including HIV/AIDS.
- In 2020 the new HIV diagnosis rate per 100,000 was 6.8 for Trafford compared to 5.0 for the North West and 5.7 for England.
- HIV testing uptake in Trafford for gay, bisexual and other men who have sex with men has dropped during the most recent year (2020), from 89% to 69.6%. Trafford's current uptake (69.6%) is below that of the England (77.4%)
- Between 2018-20, 41.7% of those diagnosed (all persons) with HIV have had a late diagnosis, similar to the North West (42.5%) and England (42.4%) averages. Late diagnosis of HIV had been worsening since 2014, however the most recent year shows improvements in diagnosis rates.

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

4.6.9 Gender Reassignment

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

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

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

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

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

The transgender community require provision of necessary medicines and advice on adherence and side effects including the long term use of hormone therapy. Pharmacies can provide advice to members of this community in relation to health and wellbeing and on raising awareness about issues relating to members of these communities as discussed above.

5. Other Key Health Outcomes for Trafford

To identify how pharmaceutical service provision can help tackle the need of Trafford's local population we have used Trafford's JSNA⁴.

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

5.1 Health and Wellbeing Strategy Vision

The JSNA forms the evidence base for Trafford's Health and Wellbeing Strategy.⁵ The Joint Health and Wellbeing Strategy is the borough's overarching plan for reducing health inequalities and improving health outcomes for Trafford residents. The Strategy focusses on reducing premature mortality, and on reducing our inequality gap in healthy life expectancy between different areas and population groups in Trafford.

Our strategy highlights 5 priorities in Trafford:

1. To reduce the impact of poor mental health
2. To reduce physical inactivity
3. To reduce the number of people who smoke or use tobacco
4. To reduce harms from alcohol
5. To promote healthy weight

The Trafford Health and Wellbeing Board exists to improve population health outcomes. It does this through strategy development, improving partnership working, and using our knowledge of local needs from our Joint Strategic Needs Assessment (JSNA) to improve our services. In Trafford we are focussing on using the HWBB to increase the number of years people spend in good health. This is measured by Healthy life expectancy.

The actions required include addressing the 'wider determinants' of health such as clean air, housing, transport, employment and the environment we live in, as all of these have a role in shaping our behaviours.

Pharmacies are already involved in supporting people to quit smoking and we want this to increase via the addition of the e-cigarette smoking cessation offer.

⁴ <http://www.infotrafford.org.uk/jsna>

⁵ Trafford's Joint Health and Wellbeing Strategy – [Trafford Health and Wellbeing Strategy 2019.pdf](#)

5.2 Public Health Outcomes

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

- Wider determinants of health
- Health improvement
- Health protection
- Healthcare and premature mortality

5.2.1 Improving the Wider Determinants of Health

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

- Data up to the year 2020, shows that 2.4% of Trafford's working age population were unemployed, less than the England average (2.8%). Unemployment is shown to vary across the borough, highest for the wards of Clifford (5.3%) and Bucklow -St Martins (5.3%), and lowest for the ward of Timperley (0.6%).
- Similar ward level variations were shown for the rate of long-term unemployment within Trafford (1.4 per 1,000 residents); highest for the ward of Bucklow -St Martins (4.9/1000), and lowest for Hale Central and Timperley (0/1000).
- Homelessness is linked to poverty, poor mental and physical health. Those sleeping rough have significant health problems, often having difficulty accessing healthcare services, and local services need to consider this vulnerable group. In 2020/21, Trafford had a rate of 1.1 applicant households in temporary accommodation per 1,000 residents. This is better than the rate for England (4/1,000) and the North West (1.6/1,000).
- Data from 2018 showed that the percentage of households that experience fuel poverty varies across the borough, highest for the wards of Clifford (18%) and Longford (15%), and lowest for the wards of Hale Barns (7.8%) and Altrincham (7.8%).

5.2.2 Reducing Health Inequalities

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

Physical Activity

- For the year up to 2021, Trafford has a lower proportion of inactive adults (22.2%) when compared to the national (23.4%) and regional average (24.9%).
- However, the proportion of physically active children and young people for the same year was less for Trafford (43.1%) when compared to the England (44.6%) and North West averages (44%).

Weight Management

- For the 3 years up to 2020, the proportion of reception age children in Trafford recognised as obese was at 7.5%, below the England average (9.7%), and varying across the borough. Highest for the wards of Bucklow-St Martins and Gorse Hill (11.2%).
- For the 3 years up to 2020, the proportion of Year 6 age children in Trafford recognised as obese was at 17.4%, below the England average (20.4%). Similar to reception prevalence, the proportion of obese Year 6 children were highest in the wards of Bucklow -St Martins (25.8%) and Gorse Hill (23%).
- For the year up to 2021, the proportion of adults classified as overweight or obese was at 60.7%, increasing slightly from the previous year (59.3%), but still below the North West average (65.9%).

Behavioural Risk Factors

- The latest estimates (2018) shows that 28.5% of adults were drinking over 14 units of alcohol a week, above the NW (25.7%) and England (22.8%) averages.
- Trafford has high and increasing rates of alcohol-related hospitalisation, especially for conditions where alcohol is the sole cause. Both locally and nationally, alcohol related hospitalisation rates are increasing over time indicating that this is a public health issue of increasing relative importance.
- Hospital admissions for alcohol attributable conditions increase as the levels of deprivation increase in Trafford.
- Despite deaths from drug misuse being lower in Trafford (4.5%) when compared to the England average (5%), there has been an increasing trend in the percentage of deaths since 2015.

Screening

- Breast cancer screening coverage (66.5%) is similar, but above the NW (62.2%) and England (64.1%) averages. However, Trafford has seen a downward trend since 2018 data (up to 2021).
- On the other hand, bowel cancer screening uptake for Trafford (65.3%) has seen an upward trend since 2018, above the NW (60.9%) and England (65.2%) averages.

5.2.3 Health Protection

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

Climate Associated Factors

- The fraction of Trafford's mortality associated to particular air pollution (5.2%) is above the NW average (5%) but below the England average (5.6%).
- Trafford has seen a decreasing trend between 2019 to 2020 (-1.6%) – potentially linked of the impact of COVID-19 and national lockdowns.

Vaccinations

- Measles, Mumps and Rubella (MMR) uptake in Trafford for 5 (96.8%) and 2 (94.1%) year olds is above the England averages (94.3% & 90.3%).
- Annual flu uptake (65+) for Trafford residents in the year 20/21 was 81.8%, similar to the NW (80.9%) and England average (80.9%).

- COVID-19 first dose vaccination uptake for Trafford (83.7%) is above the NW average (81%) but well below the England average (92.8%).
- COVID-19 vaccination coverage across the borough varies. It is the lowest in Trafford's most deprived areas and highest in Trafford's least deprived areas.

Communicable Diseases

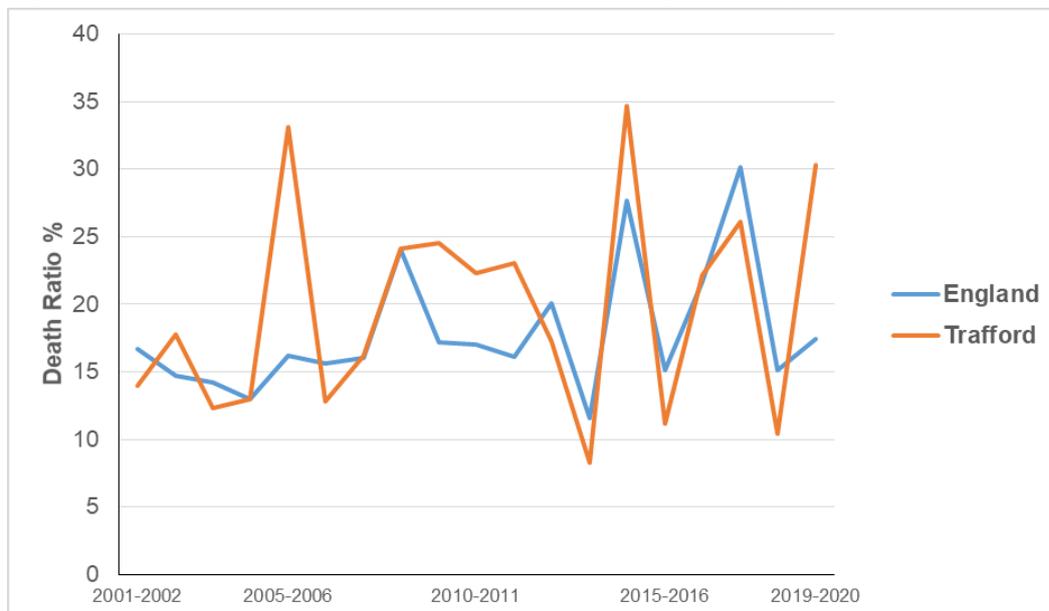
- The incidence of TB in Trafford (7.6 per 100,000) is well above the NW average (6.6%) but below the England average (8%).
- Trafford has seen a substantial decreasing trend in TB incidence since 2011 data (-6.3%).
- The rate of new sexually transmitted infections (excluding Chlamydia aged <25) for Trafford is 495 per 100,000, below the England rate of 619 per 100,000.

5.2.4 Healthcare & Preventing Premature Mortality

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

- Trafford has followed a similar trend to England in the percentage of people who die in winter months (excess winter deaths) since 13/14, however the most recent year (19/20) shows a substantially higher percentage jump for Trafford when compared to the England average. Such an increase for the year 19/20 may reflect the impact of COVID-19 during the winter/spring months of 2020, as hospital admissions and mortality linked to COVID-19 were high during this period. There were 180 more winter deaths in Trafford than anticipated for this time period.

Figure 6 - Excess Winter Deaths for All Residents – Aug 2001-July 2020



- Considering the impact of Covid-19, excess mortality since the beginning of the pandemic, up to the most recent data (22/04/22), shows that excess deaths are 10% higher for Trafford, the same as the England average, but less than the NW region (12%). A 10% increase in expected deaths for Trafford equates to 435 excess deaths.

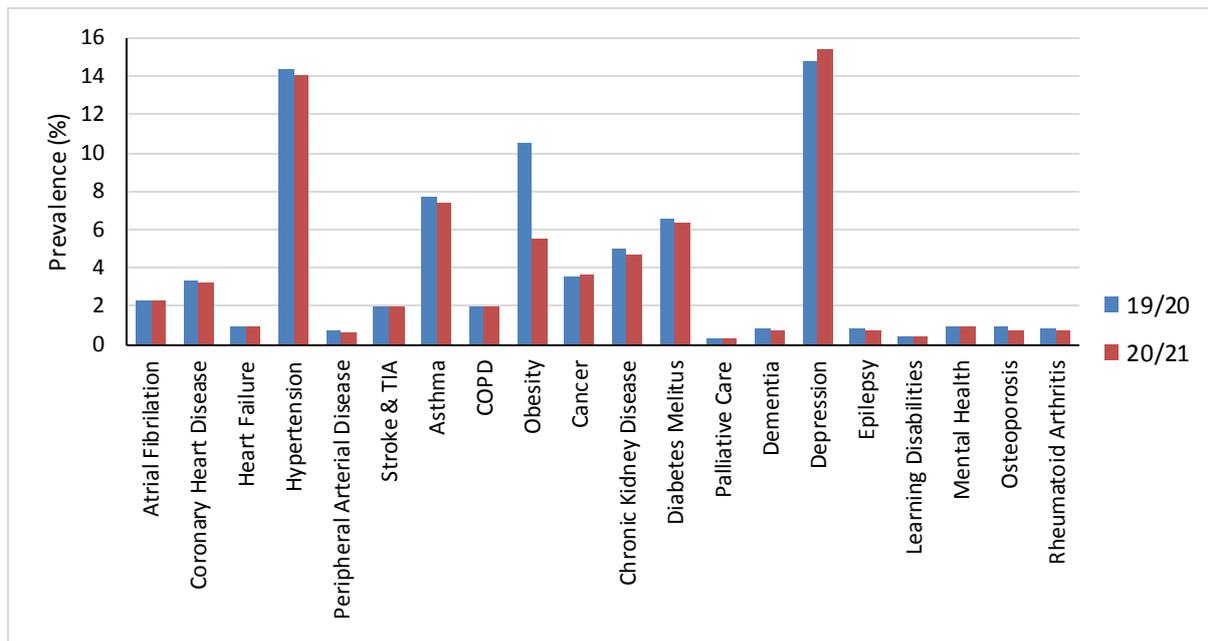
Table 6 - Excess Mortality in Trafford - Mar 2020 – Apr 2022

Area	Excess Deaths	Ratio (registered / expected)
England	106,602	1.10
North West	18,526	1.12
Trafford	435	1.10

5.2.5 People With Long Term Conditions

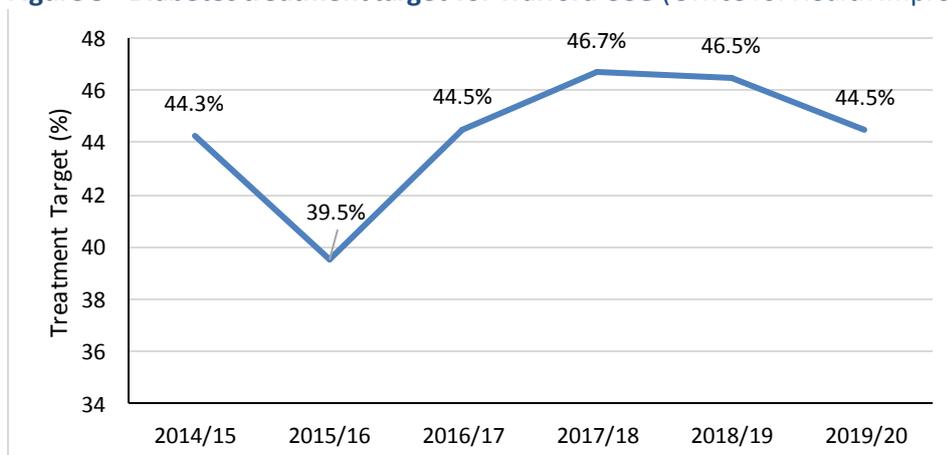
- Long-term conditions are a major cause of preventable death across the country, and whilst preventative care is an essential part of improving health and wellbeing priorities, supporting people with long-term conditions to take control of their health and care plays a substantial role in providing a more sustainable health care system.
- For Trafford (as well as shown across the country), prevalence is highest for Hypertension and depression when looking at QOF indicators.
- QOF indicators such as Cardiovascular disease, Cancer, Chronic Kidney Disease, Atrial Fibrillation, and (but not limited to) Stroke & TIA are major contributors to events that increase years of life lost (YLL) and years lost due to a disability (YLD).
- QOF indicators such as Hypertension, Obesity, and Diabetes are heavily linked to preventative public health measures through healthy weight management and physical activity initiatives/programmes.
- When comparing indicator prevalence from 19/20 to 20/21, the majority have seen a reduction and/or are the same as the previous year. Obesity has seen a large drop in prevalence for the most recent year (4.99 percentage points), however, this could be linked to a data recording issue within primary care as most other CCGs across Greater Manchester have seen a similar, abnormal drop in obesity prevalence.
- Another indicator with noticeable change from 19/20 data is the prevalence of depression. The change from these two years reflects the preceding year from the beginning of the COVID-19 pandemic. The impact that COVID-19 has had on mental health and wellbeing could have influenced a 0.6 percentage point increase in prevalence for Trafford.

Figure 7 - Prevalence rates for a range of conditions (QOF 2020/21 NHS Digital)



- The risk of death and other complications for people living with diabetes can be reduced by up to 50-70% if significant lifestyle changes are made. However, these changes are not always achievable, with health and wellbeing improvements often optimised through clinical regulation.
- Despite the most recent year seeing a drop (-0.12 percentage points) in diabetes prevalence for Trafford - as well as prevalence being lower than the England average (7.11%) - there has been a downward trend in people living with type 2 diabetes to achieve all three treatment targets. Treatment targets (as shown in figure 8) have dropped to 44.5% in 19/20 from 46.7% in 17/18.

Figure 8 - Diabetes treatment target for Trafford CCG (Office for Health Improvement & Disparities)



6. Provision of Pharmaceutical Services

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

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

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

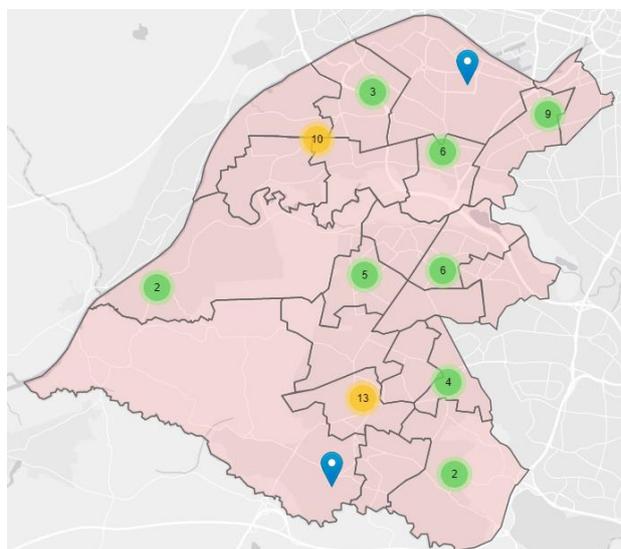
- those services provided by pharmacies and DACs in line with their terms of service as set out in the 2013 regulations, and
- advanced services

6.1 Necessary services - Current Provision Within the HWB's Area

There are 62 pharmacies included in the pharmaceutical list for the area of the HWB. This is made up of 54 with standard 40-hour contract, 8 with a 100-hour contract and 4 listed as distance selling. There are no DACs and no Local Pharmaceutical Service (LPS) pharmacies in Trafford.

Map 5, which is the statutory map as provided below, shows the location of premises providing pharmaceutical services within the HWB's area. It should be noted that due to the proximity of some pharmacies some icons may reflect the location of multiple pharmacies. The links to maps can be zoomed in on to see specific locations of pharmacies.

Map 5 - Pharmacy and GP Locations (See Appendix 11 or link below for full size map)



As can be seen from Table 7 detailed below, the number of pharmacies within the HWB's area has increased by 1 since 2013/14 (although it has dropped by 3 since 2015/16). As of February 2022, Trafford had 26 pharmacies per 100,000 population. This is higher than both the England average (20) and the Greater Manchester average (24).

There has been a small increase in the number of items dispensed per month. However, as indicated in Table 8 below, in 2021/22 (not including March 22) Trafford's average prescription items per month was 401,976. This is lower than the average for England and Greater Manchester. Trafford's 2021/22 average is higher than 2020/21 (382,610) and 2019/20 (383,475).

Table 7 - Trafford Pharmacies 2013/14 compared with 2021/22

Year	Number of community pharmacies	Prescription items dispensed per month (000)s	Population (000)s Mid-Year	Pharmacies per 100,000 population
2013/14	61	392	230	27
2021/22	62	402	238	26

Table 8 - Pharmacy Contractors Trafford, Greater Manchester & England 2021/22

	Number of community pharmacies	Prescription items dispensed per month (000)s	Population (000)s Mid-Year	Pharmacies per 100,000 population	Average items per pharmacy per month
England	11,182	81,409	56,550	20	7,280
Greater Manchester	670	4,758	2,848	24	7,101
Trafford	62	402	238	26	6,483

As the average items per month are below the national and regional averages, it can be concluded that the current number of pharmacies across Trafford is sufficient and can cope with a future increase in items. An increase may occur if there is an increase in population or in the prevalence of certain diseases or an ageing population or possibly a combination of all three factors, some of which are predicted to happen in the years leading up to 2025.

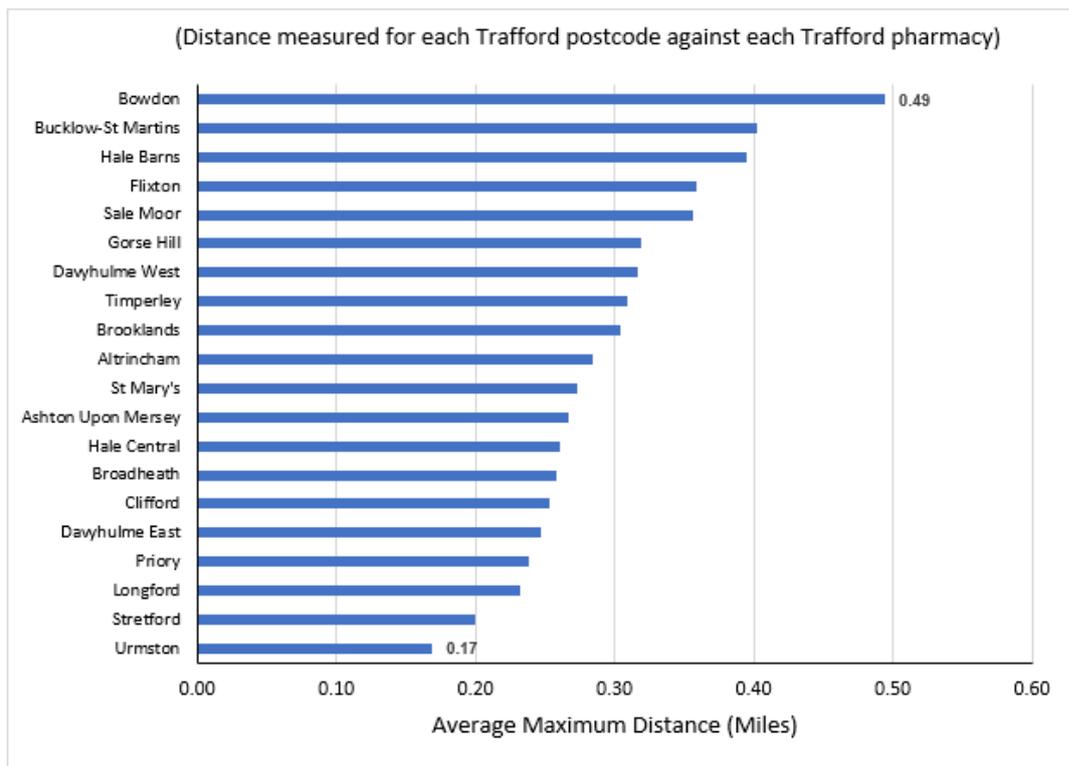
6.1.1 Access to Premises

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

A total of 98.8% of Trafford resident postcodes are within 1 mile of a Trafford pharmacy. A total of 90.8% of resident postcodes are within 0.5 miles of a Trafford pharmacy.

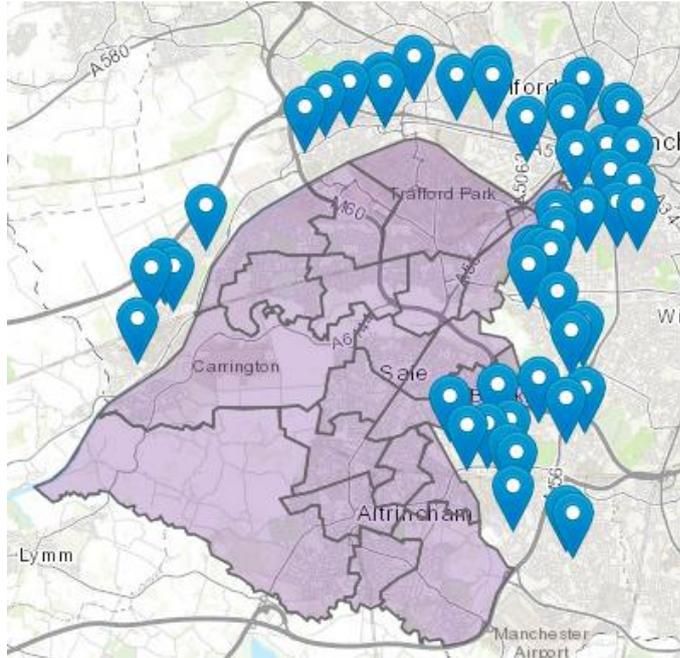
Across Trafford’s 21 wards, the average maximum distance to a Trafford pharmacy is highest for the ward of Bowdon (0.49 miles) and lowest for the ward of Urmston (0.17 miles). ‘Maximum distance’ refers to the maximum distance that a resident living within each of the Trafford wards must travel to a pharmacy (averaged for each ward). As expected, wards with the highest average distance (Bowdon, Bucklow-St Martins, Hale Barns) are in Trafford’s less densely populated and larger geographical wards.

Table 9 - Average Maximum Distance (Miles) to Trafford Pharmacy per Ward



There are a total 55 pharmacies located within 1 mile of Trafford, 19 within the borough of Salford, 36 within the borough of Manchester.

Map 6 - Pharmacies within 1 mile of Trafford border (See Appendix 11 for full size map)



Pharmacies Within 1
Mile of Trafford.html

6.1.2 Correlation With GP Practices

As expected, there are significantly more community pharmacies than there are GP practices in Trafford (27 compared to 62 pharmacies) reflecting the higher number of pharmacies per 100,000 population in Greater Manchester and England (Table 7).

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

6.1.3 Access to Services

Whilst the majority of people will visit a pharmacy during the 8.30 a.m. to 6 p.m. period, Monday to Friday, following a visit to their GP, there will be times when people will need to access a pharmacy outside of those hours. This may be to have a prescription dispensed after being seen by the out of hours GP service, or it may be to access one of the other services provided by a pharmacy outside of a person's normal working day. With Primary Care Networks required to offer GP Practice appointments in evenings and Saturdays from October 2022, extended pharmacy opening times are increasingly important.

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

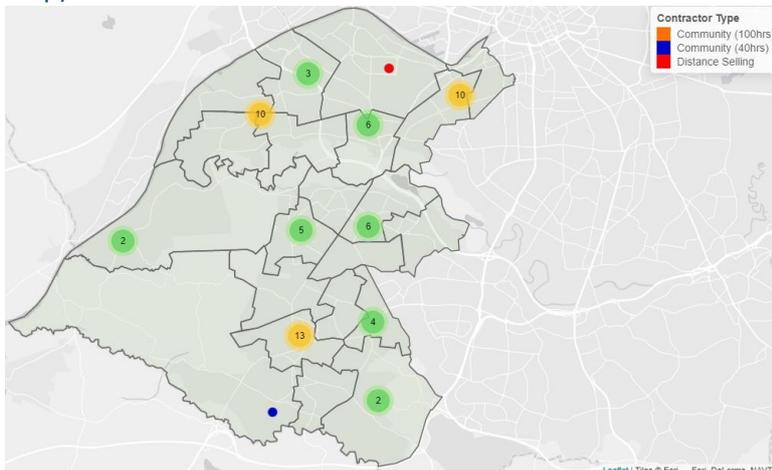
- 97% stated they had no issues accessing a community pharmacy

- 91% had no issues travelling to their pharmacy. The most cited issue was parking at 9%.
- 73% of respondents were aware that extended hours pharmacies existed
- 83% of residents stated they would not be prepared to travel more than 2 miles from their home
- 70% cited their pharmacy being near their home as the primary reason they use it. This was then followed by it being near their doctors at 20% or in town at 15%

Maps 8&9 detailed below shows the opening times for Trafford pharmacies based on their core and supplementary opening hours⁶. This identifies those that open 7 days a week, all day Saturday (open Monday to Friday), only half day Saturday (open Monday to Friday) and closed Saturday (open Monday to Friday). The map also identifies those open after 7 p.m. Monday to Friday.

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

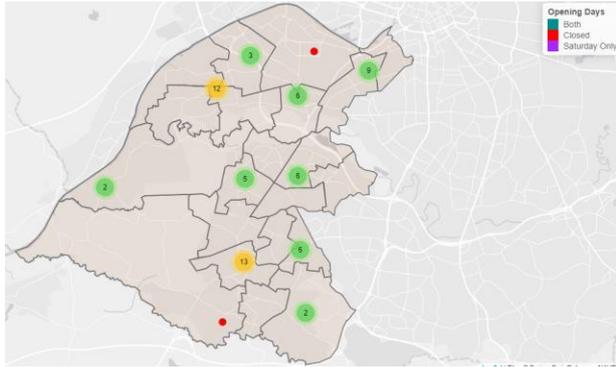
Map 7 - Weekday opening hours (See Appendix 11 or click on the link below and zoom in for full size map)



Weekday Opening
Hours.html

Map 8 - Weekend opening hours (See Appendix 11 or click on the link below for full size map)

⁶ Valid May 2016



Weekend Opening
Days.html

Monday to Saturday opening

14 pharmacies open at 8 a.m. or earlier Monday to Friday and 10 pharmacies open at 8 a.m. or earlier on Saturday. The earliest opening time Monday to Saturday is 6.30 a.m. with the exception of Monday when the pharmacy opens at 8 a.m. (See table 10)

- OT&S – Old Trafford & Stretford
- U&P – Urmston & Partington
- S – Sale
- ST – South Trafford

Table 10 - Trafford pharmacies open Monday to Saturday from 8.00 a.m. or earlier

Area	Pharmacy	Postcode	Monday to Saturday opening time	Comments
OT&S	Asda Pharmacy	M41 7ZA	7 a.m.	<i>8 a.m. opening on Mondays</i>
U&P	Conran Late Night Pharmacy	M41 5SJ	8 a.m.	
U&P	Malcolm's Pharmacy	M41 5AA	8 a.m.	<i>9 a.m. opening on Saturdays</i>
S	Lloyds Pharmacy	M33 7SA	8 a.m.	
ST	Sainsbury's Pharmacy	WA14 2SU	7 a.m.	
S	Tesco In-Store Pharmacy	M33 7XN	8 a.m.	
ST	Tesco In-Store Pharmacy	WA15 9QT	8 a.m.	
OT&S	Tesco In-Store Pharmacy	M32 0RW	6.30 a.m.	<i>8 a.m. opening on Mondays</i>
ST	Timperley Pharmacy	WA15 7UN	7.30 a.m.	
OT&S	Empire Pharmacy	M16 0FF	8 a.m.	<i>7 a.m. opening on Tues & Thurs, 9 a.m. opening on Sat</i>

21 pharmacies don't open at all on Saturday (this includes three of the four distance-selling pharmacies) and a further 19 close by 1.00 p.m. This leaves 27 pharmacies open for most of Saturday, with 13 of those pharmacies being open until 7.00 p.m. or later. See table 11 for a list of pharmacies.

14 pharmacies provide access to pharmaceutical services until 7.00 p.m. or later for Monday to Friday as well. Of these, four pharmacies are open until 11.00 p.m.

Table 11- Trafford pharmacies open Monday to Saturday until 7.00 p.m. or later

Area	Pharmacy	Postcode	Monday to Saturday closing time	Comments
OT&S	Asda Pharmacy	M41 7ZA	11 p.m.	10 p.m. closing on Saturdays
OT&S	Boots	M17 8BD	10 p.m.	9 p.m. closing on Saturdays
ST	Boots	WA14 5GR	8 p.m.	6 p.m. closing on Saturdays
U&P	Conran Late Night Pharmacy	M41 5SJ	11 p.m.	
OT&S	Elliotts Pharmacy	M16 0LN	10.30 p.m.	11 p.m. closing on Fridays and Saturdays
U&P	Malcolm's Pharmacy	M41 5AA	8 p.m.	5 p.m. closing on Saturdays
U&P	Lloyds Pharmacy	M41 0NA	11 p.m.	10 p.m. closing on Saturdays
S	Lloyds Pharmacy	M33 7SA	8 p.m.	
ST	Sainsbury's Pharmacy	WA14 2SU	11 p.m.	10 p.m. closing on Saturdays
S	Tesco In-Store Pharmacy	M33 7XN	7 p.m.	
ST	Tesco In-Store Pharmacy	WA15 9QT	8 p.m.	
OT&S	Tesco In-Store Pharmacy	M32 0RW	10.30 p.m.	10 p.m. closing on Saturdays
ST	Timperley Pharmacy	WA15 7UN	10.30 p.m.	

The number of pharmacies open until 7 p.m. or later Monday to Saturday is 13. This represents a 32% drop when compared to the number of pharmacies operating under this timeframe when the previous PNA was published (2017). Most of those pharmacies open until 7 p.m. or later are supermarket pharmacies: Asda Pharmacy, Lloyds Pharmacy (located within Sainsbury's), and Tesco In-Store Pharmacy. However, there are also three independent late-night pharmacies operating within Trafford, as well as the presence of two Boots pharmacies open after 7 p.m.

Sunday opening

Table 12 - Trafford pharmacies open on Sunday

Area	Pharmacy	Post code	Sunday opening time	Sunday closing time
OT&S	Asda Pharmacy	M41 7ZA	10.30 a.m.	4.30 p.m.
U&P	Boots	M41 7FN	11 a.m.	5 p.m.
OT&S	Boots	M17 8BD	12 p.m.	6 p.m.
ST	Boots	WA14 1RH	11 a.m.	3 p.m.
ST	Boots	WA14 5GR	11 a.m.	3 p.m.
U&P	Conran Late Night Pharmacy	M41 5SJ	9 a.m.	7 p.m.
OT&S	Elliotts Pharmacy	M16 0LN	11 a.m.	6 p.m.
U&P	Malcolm's Pharmacy	M41 5AA	9 a.m.	1 p.m.
U&P	Lloyds Pharmacy	M41 0NA	11 a.m.	5 p.m.
S	Lloyds Pharmacy	M33 7SA	10 a.m.	4 p.m.
ST	Lloyds Pharmacy	WA14 2SU	10 a.m.	4 p.m.
S	Tesco In-Store Pharmacy	M33 7XN	10 a.m.	4 p.m.
ST	Tesco In-Store Pharmacy	WA15 9QT	10 a.m.	4 p.m.
OT&S	Tesco In-Store Pharmacy	M32 0RW	11 a.m.	5 p.m.
ST	Timperley Pharmacy	WA15 7UN	8.00 a.m.	6 p.m.

15 pharmacies open on Sunday and all neighbourhoods have at least one pharmacy open for some hours.

As was the case during the previous Trafford PNA, Partington again remains the only area that has limited access to pharmacy services on Sunday, as well as Saturday evenings. One local GP practice offers one late night opening on Tuesday until 7:30p.m., however does not currently open Saturday or Sunday.

Changes to pharmacy contractors

There has been a recent change in that Malcolm's Pharmacy M41 5AA permanently closed on 31/05/22. Peak Pharmacy – formerly on Station Road M41 9SB – relocated onto the site previously occupied by Malcolm's Pharmacy on 01/06/22. We have received no notification of any other planned changes to pharmacy contractors other than those that may occur due to the information provided above.

6.2 Advanced Services - Current Provision

The following includes data from 2021/22 April - Feb (the latest data available at time of publication) unless stated otherwise. The number of services offered is likely to be lower in 2020/21 due to national and local lockdowns and pharmacies focussing on dispensing prescriptions and dealing with requests for support, not because pharmacies chose not to offer the service.

Appliance Use Review (AUR)

No pharmacies provided AURs during February 2022; this low level of provision reflects the specialist nature of the provision of appliances and it would be expected that this service is provided by DACs.

DACs in Greater Manchester delivered 295 AURs in 2021/22. The overwhelming majority of these were delivered in the patient's own home.

Community Pharmacy Consultation Service (CPCS)

This service connects patients who have a minor illness or need an urgent supply of a medicine with a community pharmacy. The CPCS aims to relieve pressure on the wider NHS by connecting patients with community pharmacy, which should be their first port of call and can deliver a swift, convenient and effective service to meet their needs. Almost all pharmacies (60) are signed up to provide CPCS in Trafford, with the majority (50) providing it in 2021/22. It is provided in all four neighbourhoods, with 3,030 CPCS carried out in Trafford in 2021/22.

Seasonal Influenza Vaccination Programme

From September 2021 to March 2022, 56 pharmacies in Trafford delivered a total of 31,023 flu vaccinations.

Hepatitis C Antibody Testing Service

Just 3 Trafford pharmacies are signed up to deliver this service. However, this low level of provision is mirrored across the country with just 2 pharmacies in England claiming for providing this service between March and February 2022.

Hypertension Case Finding Service

41 pharmacies in Trafford are signed up to deliver the Hypertension Case Finding Service. It is available in all four neighbourhoods in Trafford (with a minimum of 56% of pharmacies in each neighbourhood providing the service).

New Medicine Service (NMS)

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

In 2021/22, 9,504 NMS interventions were provided by 60 pharmacies (compared to 4,671 in 2020/21 and 5,274 in 2019/20). The NMS is accessible to residents in all four neighbourhoods.

Stoma Appliance Customisation

In 2021/22 just 27 stoma customisations were provided by 5 pharmacies in Trafford. This low level of provision reflects the specialist nature of the provision of appliances and it would be expected that this service is provided by DACs specialising in the provision of stoma appliances. There were 97,386 stoma customisations from DAC in Greater Manchester in 2021/22.

6.3 Enhanced Services - Current Provision

Inhaler Technique

66 pharmacies are currently commissioned to provide this service across Greater Manchester, 3 of which are located in Trafford. This service, commissioned for a number of years in GM, has recently been renewed and updated.

Minor Ailment Scheme

25 pharmacies in Trafford are currently signed up to provide the Minor Ailment Scheme, which is designed to allow registered residents of Trafford to access treatment for minor ailments as part of NHS provision without having to visit their GP. This is now an Enhanced Service commissioned across Greater Manchester by NHS England.

Access on Public & Bank Holidays

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

6.4 Necessary Services - Current Provision Outside the HWB's Area

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

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

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

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

It is not possible to identify the number of Trafford residents who access enhanced services from pharmacies outside the HWB's area. This is due to the way that pharmacies are paid. However residents of the HWB's area may access enhanced services from outside Trafford. The same applies to locally-commissioned services.

6.5 Other relevant services - Current Provision

Other relevant services are pharmaceutical services that are not necessary but have secured improvement or better access to pharmaceutical services.

Other Relevant Services Provided Outside the HWB's Area

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

Other Relevant Services

Whilst the HWB consider enhanced services as providing an improvement or better access to pharmaceutical services, only two are currently commissioned by NHS England. The HWB is mindful of local commissioned services as described in section 6.7.5.

Choice With Regard To Obtaining Pharmaceutical Services

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

Within the HWB's area they have a choice of 62 pharmacies which have been utilised to dispense over 4.5 million prescription items in Trafford. Residents can choose to access pharmacies in neighbouring areas, although due to geography most are dispensed within Trafford.

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

6.6 Future Provision – Necessary & Other Relevant Services

6.6.1 Housing & Development

Changes in population can affect need for pharmaceutical services. For the purposes of this PNA, those developments that are likely to be achievable in the next 5 years been considered. Over that time period, there could be potentially 6,483 new dwellings built across Trafford. Current planned major residential schemes (250 dwellings or more) in Trafford are detailed below. Numbers in brackets relate to planned dwellings over the next 5 years:

Stretford – Talbot Road (630 dwellings & 282 dwellings) – A mixture of apartments and houses at the former Itron site, plus the continued redevelopment at the former Kellogg's site. Stretford Mall (600 dwellings) – Up to 800 residential units over the next 10 years, alongside additional commercial, business and service floor space.

Old Trafford – Pomona Docks (526 dwellings) - residential units being built alongside the Manchester Ship Canal. It is noted that this is an isolated area. Bridgewater Way (363 dwellings) - residential units being developed within 5 new residential buildings.

Trafford Park – Trafford Waters (350 dwellings) - up to 3,000 new homes will be built in the next 15 years, creating a new urban village adjacent to the Trafford Centre and Trafford Leisure Village. This development will not impact pharmaceutical needs during the lifetime of this PNA, due to just 350 dwellings being planned in the next 5 years.

Partington – Lock Lane (298 dwellings) – Will include a public open space including play facilities, and associated works. Heath Farm Lane (250 dwellings) – up to 600 dwellings built over the next 15 years.

Within Trafford there are intentions for additional GP provision as mentioned in the planning applications / information with regard to Trafford Waters and Future Carrington but this is not detailed as yet. For all residential developments, except Stretford & Old Trafford, existing pharmaceutical service provision will be adequate or insufficient progress will have been made to affect this PNA during its lifetime. As dwellings are occupied, we will assess if further pharmaceutical provision is required and update the PNA as appropriate.

6.6.2 Primary Care developments

Changes in primary care in 2019 saw the establishment of Primary Care Networks (PCNs) as a key part of the NHS Long Term Plan. A PCN consists of groups of GP Practices working together with community, mental health, social care, pharmacy, hospital and voluntary services in their local areas. PCNs build on existing primary care services and offer more proactive, personalised, co-ordinated health and social care for people close to home.

In Trafford there are five PCNs within four neighbourhoods. NHS England advise each PCN should serve a community of around 30,000 – 50,000 people, and therefore the south neighbourhood has two PCNs. Involvement of community pharmacy teams in the work of their local PCN is encouraged via the Pharmacy Quality Scheme. PCNs will be critically important to the development of primary care over the next few years and will be an essential building block of Greater Manchester Integrated Care.

During the Covid-19 pandemic digital innovation has transformed the way that people access GP services, with increased use of video and online consultations. In addition, the need to reduce face to face contacts has led to a rise in the use of electronic prescriptions. Due to new developments in the service almost all prescriptions can now be sent electronically. This means that in most cases patients no longer have to visit GP surgeries to access prescriptions and are able to collect them from any pharmacy or dispensing appliance contractor (DAC) in England.

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

- Urgent care centre, Trafford General Hospital – The Urgent Care Centre at Trafford General Hospital is open daily from 8am to 8pm. As part of their treatment patients may be issued a prescription for dispensing. These can be dispensed by pharmacies with longer opening hours. There are pharmacies near to the hospital which are open longer hours and weekends.
- Hospital pharmacies – reduce the demand for the dispensing essential service as prescriptions written in the hospital are dispensed by the hospital pharmacy service.
- Personal administration of items by GPs – as above this also reduces the demand for the dispensing essential service.
- GP out of hours service, provided by Mastercall.
- GP extended access services
- Services commissioned by Trafford council or CCG

6.7 Other NHS services

NHS commissioning arrangements are changing from 1st July 2022, with the abolition of CCGs and the introduction of the Integrated Care System. While this changes many of the commissioning arrangements, it should not have any detrimental effect on the provision of community pharmacy services in local areas. Over time, the development of integrated neighbourhood services (of which local pharmacies are a key component) should enhance peoples' experience of health and social care

These developments should lead to greater delivery of care nearer to people's homes or at home and a drive to increase self-care for Trafford's residents. This is likely to offer opportunities for an enhanced

role for community pharmacies, reflecting their importance within our health care system. The HWB will wish to be mindful of both the requirement for people to have access to pharmaceutical services and of the need to ensure that there is equitable access to enhanced provision across the borough.

6.7.1 Hospital Pharmacies

Patients attending hospital, on either an inpatient or outpatient basis, may require prescription to be dispensed. There are two hospitals in the HWB's area: Trafford General Hospital and Altrincham Hospital. The latter does not have a pharmacy. Both sites are managed by Central Manchester University Hospitals NHS Foundation Trust.

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

6.7.2 Personal Administration of Items by GPs

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

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

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

6.7.3 Extended Access

Following the full roll out of extended access to general practice in 2018, and a subsequent requirement for PCNs to offer extended hours, evening and weekend appointments are available from neighbourhood hubs across Trafford. From October 2022 new enhanced access arrangements will require PCNs to provide bookable appointments from one or more GP practice sites between 6.30pm-8pm weekday evenings and 9am-5pm on Saturdays.

This may increase the demand for pharmaceutical services during these periods. Prescriptions from the extended access service can be dispensed by pharmacies with longer opening hours. These are Pharmacies open seven days a week or for longer hours six days per week and are listed in section 6.1.3 (Tables 10, 11 & 12). These pharmacies are geographically spread across the borough and four neighbourhoods

6.7.4 GP Out of Hours Service

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

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

6.7.5 Locally Commissioned Services

Since 1st April 2013 Trafford council has been responsible for the commissioning of some public health services. Currently the Council commissions a smoking cessation offer and access to emergency hormonal contraception. In addition, the CCG commissions Access to Palliative Care Medicines. Appendix 5 sets out the services currently commissioned and the number of pharmacies providing these services:

- **Smoking Cessation** – 44 pharmacies in Trafford are signed up to provide NRT and 9 are signed up to provide e-cigarettes. Work is underway to increase this offer, with a further 6 pharmacies expected to start delivering in Q2 22/23. All neighbourhoods have pharmacies providing the e-cigarette smoking cessation offer. In the past 12 months 66 people have attended an initial appointment for NRT and 333 people have attended an initial appointment for our e-cigarette smoking cessation offer.
- **Emergency Hormonal Contraception (EHC)** – 41 pharmacies are signed up to deliver EHC in Trafford, with at least 60% of pharmacies per neighbourhood providing this offer. Since August 2020, 5,777 people have accessed EHC from Trafford pharmacies.
- **Access to Palliative Care Medicines** – 9 pharmacies in Trafford provide access to palliative care medicines, including at least 1 pharmacy per neighbourhood. The service does not have high take up and as such this provision is adequate in Trafford.

Consideration should be given as to how we can utilise this part of NHS to help meet the increasing needs for healthcare provision.

We also have services that were previously locally commissioned, but are now provided by GMMH:

- **Needle Exchange** – 13 pharmacies in Trafford provide this offer, including at least 1 per neighbourhood.
- **Supervised Methadone** – 35 pharmacies deliver supervised methadone in Trafford. At least 50% of pharmacies in each neighbourhood provide this offer.

7. Neighbourhoods for the Purpose of the PNA

7.1 Overview

This assessment has taken a ward level approach in order to support the integration of public health data with other sources of information. The 21 wards were then aggregated into four neighbourhoods, as described in section 3.3 (please note the split of Bucklow St Martins and Davyhulme East). As each neighbourhood has slightly differing health needs they are considered separately for the purposes of the PNA, however, they all share the same priority outcomes:

- Reduce child obesity
- Improve the emotional health and wellbeing of children and young people.
- Reduce alcohol and substance misuse and alcohol related harm
- Support people with long term health and disability needs to live healthier lives.
- Increase physical activity
- Reduce the number of early deaths from cardiovascular disease and cancer.
- Support people with enduring mental health needs, including dementia to live healthier lives
- Reduce the occurrence of common mental health problems among adults.

Individual health profiles for each ward are available at <http://www.infotrafford.org.uk/lab> and all data contained in this PNA has been obtained from this site.

7.2 Sale Neighbourhood

7.2.1 Sale Neighbourhood Profile

Sale Neighbourhood is made up of six wards:

- Ashton upon Mersey
- Brooklands
- Bucklow St Martins (Sale)
- Priors
- Sale Moor
- St Marys

There is considerable variation in deprivation levels across the Sale neighbourhood, with indices of multiple deprivation (IMD) being highest for central Sale (Priors), east parts of Sale Moor, and west parts of St Mary's. Sale Moor (15%), St Mary's (16.6%), have a higher proportion of children living in poverty when compared to the Trafford average (11.7%) for data up to 2019.

The population density for this neighbourhood is above the Trafford average. The age structure of the neighbourhood varies, with a younger demographic (below 65) living in the Priory and Sale Moor wards, whilst a higher proportion of residents 65+ are living in the other remaining wards.

Unlike wards situated in the Old Trafford & Stretford neighbourhood, child weight indicators for the Sale locality show that the proportion of overweight, and obese (including severely obese) reception and year 6 children is below the Trafford average. However, ward data does suggest that overweight and obesity prevalence is much higher for the wards of Sale Moor and St Mary's when compared to the other neighbourhood wards, partly linked to what we know about higher deprivation in these two wards.

Life expectancy is similar and/or better for males and females, in each ward for the Sale locality.

Hospital admissions for the conditions Coronary Heart Disease (CHD), Myocardial Infarction, and Stroke are similar and/or better than the England average for each ward. The ward of St Mary's is the only ward to have a significantly worse admission rate than the England average for Chronic Obstructive Pulmonary Disease (COPD), whilst all-cause admissions is significantly worse than the England average for the wards of St Mary's, Sale Moor and Ashton upon Mersey.

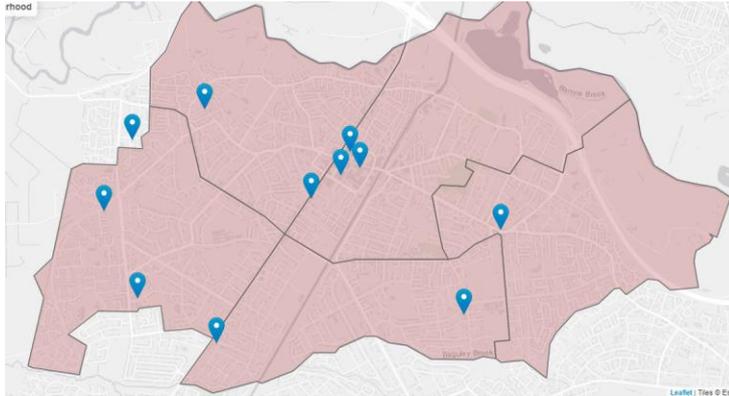
Similar to the other indicators for the Sale neighbourhood, the wards of Sale Moor and St Mary's are the only two wards to have a higher incidence ratio for all cause cancers when compared to the England average.

The Sale neighbourhood has clear disparities in health outcomes and risk factors between wards, with greater impact occurring for residents residing in the wards of Sale Moor and St Mary's. These disparities are evident for child weight indicators (obesity prevalence), all-cause hospital admissions, and the incidence of all cancers. Additionally, the ward of Sale Moor has significantly higher incidences of lung and colorectal cancer. To address these issues, weight management services/programmes should work with schools in the identified areas. Also cancer screening services and lifestyle programmes (such as stop smoking services) should be encouraged within these areas.

7.2.2 Access to a Pharmacy in Sale Neighbourhood

Map 9 shows that during Monday to Friday there is satisfactory access to pharmaceutical services across this Neighbourhood, with 11 pharmacies in Sale. There are 8 pharmacies open on Saturday and 2 open on Sunday. 2 pharmacies offer extended hours and are located centrally within the Neighbourhood.

Map 9 - Sale Neighbourhood (click on link below for full view)



Sale

[Neighbourhood.html](#)

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

7.3 Old Trafford & Stretford Neighbourhood

7.3.1 Old Trafford & Stretford Neighbourhood profile

Old Trafford & Stretford Neighbourhood is made up of five wards:

- Clifford
- Davyhulme East (Old Trafford)
- Gorse Hill
- Longford
- Stretford

The Old Trafford & Stretford neighbourhood encompasses some of Trafford's most deprived areas. The wards of Clifford, Gorse Hill, Longford, and Stretford are 4 of the top 5 most deprived wards in Trafford.

As of 2011 census data, there are roughly 17,542 residents belonging to ethnic minority backgrounds, making up 37.4% of the localities population, greater than the Trafford average 14.5%. The ward of Clifford has the highest proportion of ethnic minority residents when compared to all other locality wards. People of Black or Asian ethnicity have a higher risk of developing long-term health conditions, such as diabetes or heart disease. Using information from primary care, Old Trafford & Stretford Neighbourhood practices have the highest proportion of patients with diabetes.

Child weight indicators shows a slightly higher proportion of obese (including severely obese) reception children in this locality (8.6%) when compared to the Trafford average (7.5%). However, this gap increases for year 6 children, at 21.6% for this locality when compared to the Trafford average (17.4%).

Emergency admissions for young persons under the age of 15 is similar and/or worse for each of the wards located within this locality. Of the 5 wards with the highest rate of emergency admissions, the north locality has 3 wards included.

Male and female life expectancy for the wards of Gorse Hill and Stretford is significantly worse than the Trafford average. Male and female life expectancy for the ward of Longford is similar to the Trafford average; male life expectancy for the Clifford ward is significantly worse than Trafford average, whilst female life expectancy is similar.

Hospital admissions for CHD, Stroke, and all causes is significantly worse than the England average for each ward in the North locality. Admissions due to COPD Disease and Myocardial Infarction (heart attack) is similar and/or significantly worse than the Trafford average for all wards.

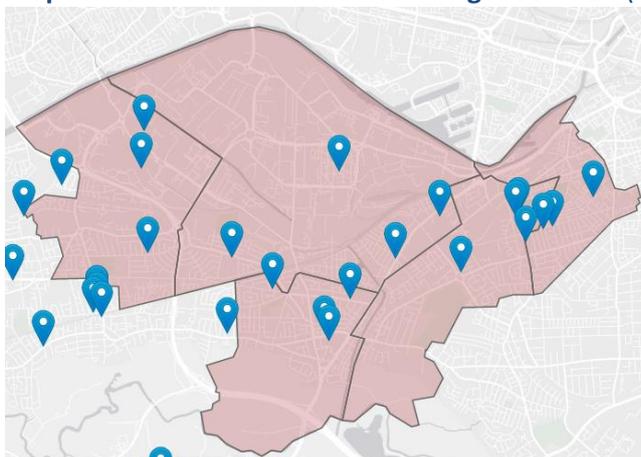
This neighbourhood has the worst health outcomes across the borough as well as containing wards with the highest ratio of deaths from circulatory disease. To tackle the increased levels of poor health, lifestyle services that help to address the high rates of hospital admissions linked to coronary heart disease are required. Actions could include encouraging residents to complete their NHS Health Checks and cancer screening; help people stop smoking; reduce alcohol use; and to increase the proportion of residents eating healthily and doing the recommended levels of physical activity. These actions can also help address the high incidence of lung cancer which is shown within this neighbourhood.

Many people in this population may be experiencing poverty and deprivation and may therefore need additional support to achieve a healthy lifestyle. It is also important to recognise the cultural needs of delivering health services to this population due to the high proportion of ethnic minority residents that live in this neighbourhood.

7.3.2 Access to a Pharmacy in Old Trafford & Stretford Neighbourhood

Map 10 shows that during Monday to Friday there is satisfactory access to pharmaceutical services across this Neighbourhood, with 18 pharmacies in the area. There are 10 pharmacies open on Saturday and 5 open on Sunday. 4 pharmacies offer extended hours and are spread across the Neighbourhood.

Map 10 - Old Trafford & Stretford Neighbourhood (click on link below for full view)





Old Trafford &
Stretford Neighbourhood

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

7.4 South Trafford Neighbourhood

7.4.1 South Trafford Neighbourhood Profile

South Trafford Neighbourhood is made up of seven wards:

- Altrincham
- Bowdon
- Broadheath
- Hale Barns
- Hale Central
- Timperley
- Village

South Trafford is Trafford's least deprived neighbourhood, containing 4 out of 5 least deprived wards. The South neighbourhood also contains 4 out of 5 wards with the lowest proportion of children aged 0-15 living in poverty.

Just over a third (33.7%) of Trafford's population live in the South, whilst containing the largest proportion of residents over the age of 64.

Child weight indicators show that only the Village ward has prevalence of overweight and obese reception and year 6 children above the England average.

The wards of Hale Central, Hale Barns and Bowdon have a significantly higher life expectancy for males and females when compared to the England average, whilst only males in Timperley and females in Altrincham have significantly higher life expectancy when compared to the England average. Males and females for the wards of Village and Broadheath have similar life expectancies when compared to the England average.

Only the Village ward has a significantly higher rate of all cause hospital admissions when compared to the England average. Each of the 7 wards have a similar and/or higher admission rate for Stroke when compared to the England average.

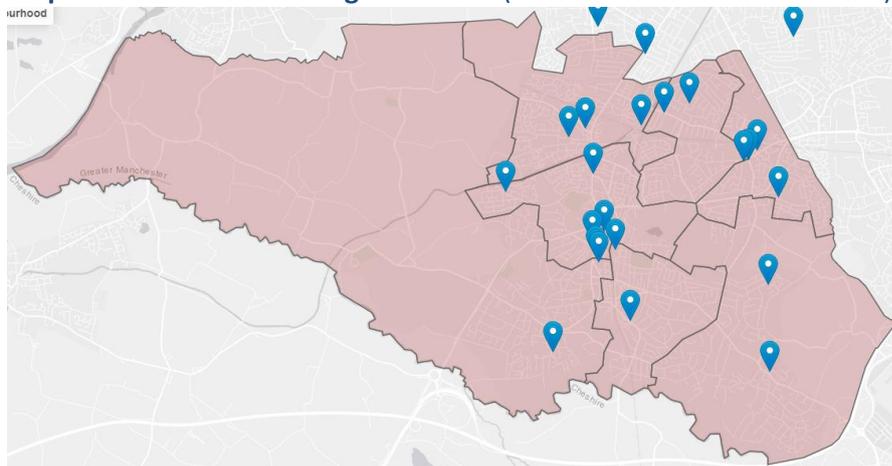
Of the 7 wards, 5 have a significantly higher incidence ratio of breast cancer when compared to the England average, however only Altrincham, Hale Central and Village have a higher incidence ratio of all cancers when compared to the England average.

Although the population of the South is our neighbourhood with lowest health and wellbeing impact, it is important to consider the needs that are specific to the demographic profile of the neighbourhood. This neighbourhood has the highest proportion of older residents, which is reflected in the rate of stroke related hospital admissions for each of the 7 wards – as likelihood of stroke related events increase with age. Additionally, incidence rates of breast cancer are highest (and significantly worse than the England average) for wards in the south neighbourhood, emphasising that it's important to reinforce the need of cancer screening services.

7.4.2 Access to a Pharmacy in South Trafford Neighbourhood

Map 11 shows that during Monday to Friday there is satisfactory access to pharmaceutical services across this Neighbourhood, with 20 pharmacies in the area. There are 12 pharmacies open on Saturday and 5 open on Sunday. 6 pharmacies offer extended hours and are spread across the Neighbourhood.

Map 11 -South Trafford Neighbourhood (click on link below for full view)



South
Neighbourhood.html

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

7.5 Urmston & Partington Neighbourhood

7.5.1 Urmston & Partington Neighbourhood profile

Urmston & Partington Neighbourhood is made up of five wards:

- Bucklow St Martins (Partington)
- Davyhulme East (Urmston)
- Davyhulme West
- Flixton

- Urmston

The Urmston & Partington Neighbourhood encompasses Trafford's most deprived ward, Bucklow -St Martins. The Partington area of this ward includes two Lower Super Output areas (LSOAs) recognised as being in the top 10% most deprived LSOAs in the country. This neighbourhood is the least populated neighbourhood in the borough, as well as having the lowest population density (per km sq). Although this neighbourhood does not have the highest proportion of elderly residents in Trafford, it does have the highest numbers of nursing and residential home residents of all the four neighbourhoods.

Only the ward of Bucklow-St Martins has significantly higher prevalence of overweight and obese children (reception and year 6) when compared to the Trafford average. Prevalence of overweight and obese children for Bucklow-St Martins is also well above those of other wards within the neighbourhood.

Life expectancy for males and females in the wards of Bucklow-St Martins and Urmston are significantly worse than England average. Only females in the ward of Davyhulme West have a significantly better life expectancy than the England average.

Similar to the Old Trafford & Stretford Neighbourhood, hospital admissions are high (compared to the England average) for all causes and cause-specific conditions. The ward of Bucklow-St Martins has a significantly higher rate of admissions for all causes when compared to other wards, as well as being the only ward to have significantly higher rates of admissions (when compared to the England average) for each cause specific condition (COPD, CHD, MI, & Stroke). The ward of Flixton is the only ward to have admission for a cause-specific condition (COPD) lower than the England average.

Unlike the 3 other neighbourhoods, each ward for the Urmston & Partington neighbourhood has a significantly higher incidence rate of lung cancer when compared to the England average. The wards of Bucklow St-Martins and Urmston are the only two wards to have a significantly higher incidence of all cause cancers when compared to the England average.

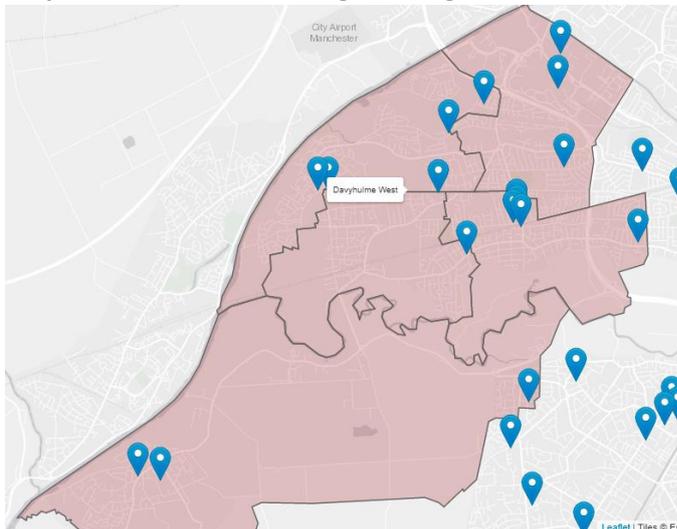
The Urmston & Partington neighbourhood is an area where worse health outcomes are mostly concentrated within the ward of Bucklow-St Martins (specifically the residential area of Partington), however, it is also important to consider the other apparent issues across the neighbourhood. Bucklow-St Martins is the only ward to have significantly worse child weight indicators (obesity prevalence) for reception and year 6 children, as well as a significantly higher incidence of emergency admissions (children under 15); thus, weight management services/programmes and other community health services should work with schools in the identified areas. Hospital admissions (all-cause and condition specific) are high across each of the wards, whilst the incidence of lung cancer is significantly higher than the England average for each of the wards. As well as promoting residents to engage in healthy lifestyle services, wider determinants that influence behavioural factors, such as the motor vehicle use and active travel initiatives should be reviewed.

7.5.2 Access to a Pharmacy in Urmston & Partington Neighbourhood

Map 12 shows that during Monday to Friday there is satisfactory access to pharmaceutical services across this Neighbourhood, with 13 pharmacies in this area. There are 10 pharmacies open on

Saturday and five open on Sunday. 3 pharmacies offer extended hours. All day Saturday opening and Sunday opening pharmacies are based in the Northern part of the Neighbourhood. The South, namely Partington has no pharmacy provision Saturday afternoon and all day Sunday. The need for additional hours on a Saturday afternoon and a Sunday (see section 10 for exact details) have therefore been identified.

Map 12 - Urmston & Partington Neighbourhood (click on link below for full view)



Urmston &
Partington Neighbour

Access to pharmaceutical services is considered to be satisfactory in this neighbourhood with the exception of the specific hours in Partington noted above.

8. How Pharmaceutical Services Can Help Support a Healthier Population

8.1 Essential Services (ES)

There are 8 essential services listed below. These services must be offered by all pharmacy contractors during all opening hours of the pharmacy as part of the NHS Community Pharmacy Contractual Framework.

- Dispensing Medicines
- Dispensing Appliances
- Repeat Dispensing
- Discharge Medicines Service
- Public Health (Promotion of Healthy Lifestyles)
- Signposting
- Support for Self-care
- Disposal of Unwanted Medicines

Dispensing Medicines & Appliances - Medicines management is vital in the successful control of many LTCs (e.g. circulatory diseases, mental health, diabetes) thus having a positive impact on morbidity and mortality. Disease specific guidance (such as that) provided by the National Institute for Clinical & Healthcare Excellence (NICE) regularly emphasises the importance of medicines optimisation and adherence in control of conditions such as hypertension, asthma and stroke. These services support patients living with Long Term Conditions by providing timely supply of medicines and advice to patients. Appliances are required by patients with catheters and stomas and may also be of particular benefit to patients on lifelong medicines e.g. needles and blood glucose test strips for those requiring insulin.

Repeat Dispensing - At least two thirds of all prescriptions generated in primary care are for patients needing repeat supplies of regular medicines. Pharmacy teams will dispense repeat dispensing prescriptions issued by a GP, 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 GP.

Discharge Medicines Service - Patients are digitally referred to their pharmacy after discharge from hospital. Using the information in the referral, pharmacists are able to compare the patient's medicines at discharge to those they were taking before admission to hospital. A check is also made to ensure the patient/carer understand which medicines the patient should now be using.

Public Health (Promotion of Healthy Lifestyles) - this supports local and national campaigns informing people of managing risk factors associated with many long term conditions such as smoking, healthy diet, physical activity and alcohol consumption.

Signposting - Pharmacies can signpost patients and carers to local and national sources of information and reinforce those sources already promoted. They can also direct patients to the appropriate care pathways for their condition

Support for Self-care - 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 111.

Disposal of Unwanted Medicines - pharmacies can direct patients in the safe disposal of medicines and reduce the risk of hoarding medicines at home which may increase the risk of errors in taking medicines or in taking out of date medicines.

Further support to improving quality in pharmacies has been provided through a new Pharmacy Quality Scheme. It supports delivery of the NHS Long Term Plan and rewards community pharmacy contractors that achieve quality criteria in the three domains of healthcare quality: clinical effectiveness, patient safety and patient experience.

8.2 Advanced Services

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

- Appliance Use Review (AUR)
- Community Pharmacist Consultation Service (CPCS)
- Seasonal Flu Vaccination Service
- Hepatitis C Testing Service
- Hypertension Case-Finding Service
- New Medicine Service (NMS)
- Stoma Appliance Customisation (SAC)
- Smoking Cessation Service

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

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

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

8.3 Enhanced services

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

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

Inhaler technique service

The inhaler technique enhanced service is intended to target individuals that use inhalers to treat asthma and chronic obstructive pulmonary disease and increase the benefit of treatment by ensuring that patients' technique in the use of these devices is correct and that they maintain this. It has been shown that many patients fail to use their inhaler correctly and this can lead to poor control of their disease. This service is intended to improve patient care. This service is currently being reviewed due to the lack of service delivery. Once it has been re-established an updated list of commissioned pharmacies will be issued as part of a supplementary statement.

Minor Ailment Scheme

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

8.4 NHS Trafford CCG Locally Commissioned Services

Access to palliative care medicines

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

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

8.5 Trafford Council Locally Commissioned Services

Stop smoking

Trafford council commission a pharmacy smoking cessation service. The main aims and objectives of this service are:

- To reduce smoking related illnesses and deaths by helping people to stop smoking
- To improve access to and choice of smoking cessation support services closer to peoples' home, workplace and leisure.
- To provide timely access to an early assessment of potential smoking related harm.
- To provide a timely intervention to reduce the number of people who smoke.
- To minimise the impact on the wider community by reducing the levels of smoking and the associated second-hand smoke that may be inhaled by the people family and friends.

The pharmacies who deliver the service can offer a range of nicotine replacements therapies (NRT), including e-cigarettes, as well as pharmaceutical aids. This is offered over an initial 4-week period, with the potential to extend support for a total of 12-weeks.

Alongside providing easy and equitable access to NRT and medicines advice, pharmacies provide brief advice or brief intervention to patients. NCSCT trained professionals are able to deliver behavioural support, with monitoring and follow ups for patients in order to support them on their journey towards being smoke free.

As well as this, a new national smoking cessation offer is being brought in as an Advanced Service.

Sexual health – Emergency Hormonal Contraception

Emergency Hormonal Contraception (EHC) is an intervention aimed at preventing unintended pregnancy. Trafford Council commission EHC to ensure that residents have ease of access to the provision. This contributes to achieving a reduction in the number of unintended conceptions to women of all ages.

There are three methods of EHC available:

- Oral ulipristal acetate (ellaOne): a progesterone, supplied without the need for a Patient Group Direction (PGD)
- Oral Levonorgestrel: a progesterone. Supplied under a PGD
- The copper intrauterine device (Cu-IUD) - a non-hormonal intrauterine device. Where a copper coil is required pharmacist will need to refer the patient on to primary or secondary care

Alongside the provision of EHC, pharmacies are required to offer advice, referral, and signposting information about regular methods of contraception. This includes long-acting methods and how to obtain them (through patient's GP or any integrated sexual and reproductive health service as these are open access in England so anyone can attend any provider).

Health Promotion

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

- Where a person presents a prescription, and they appear to have diabetes, be at risk of coronary heart disease (especially those with high blood pressure), smoke or are overweight, the pharmacy is required to give appropriate advice with the aim of increasing their knowledge and understanding of the health issues which are relevant to that person's circumstances.
- Encourage people in the target age range to participate in the Bowel Screening Programme, by for instance placing information leaflets near products for bowel related disorders, e.g. diarrhoea and constipation
- Pharmacies are required to participate in up to six public health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by NHS England and have previously included topics on healthy eating and physical activity.
- Signposting people using the pharmacy to other providers of services or support.

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

9. Necessary Services - Gaps in Provision of Pharmaceutical Services

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

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

The HWB consider it is those services provided within the standard pharmacy providing 40 and 100 core hours that should be regarded as necessary. There are 62 such pharmacies. The core hours are provided in Appendix 6 and this is supported by Map 2.

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

- Map 2 showing the location of pharmacies within each of the four PNA neighbourhoods and across the whole HWB area.
- Table 9 showing the majority of residents live within a mile of a pharmacy. Map 6 shows those pharmacies within 1 mile of the Trafford border.
- The number, distribution of pharmacies within each of the four PNA neighbourhoods and across the whole HWB area (Map 9 -12).
- The choice of pharmacies covering each of the four PNA neighbourhoods and the whole HWB area (Appendix 8).
- 97% of public survey responders stated they had no issues accessing a community pharmacy & 91% had no issues travelling to their pharmacy (Appendix 3).
- Overall results of the patient survey (Appendix 3).

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

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

10. Improvements & Better Access: Gaps in Provision of Pharmaceutical Services

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

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

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

The patient survey did not record any specific themes relating to pharmacy opening times.

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

The only exception to this is the opening hours available in Partington. There is not currently any provision available on a Saturday afternoon or all day Sunday. Partington is an area of deprivation with poor transport links. The exact gap identified is between midday and 5pm on Saturday and 10am – 2pm on Sunday.

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

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

11.1 Current Provision – Necessary & Other Relevant Services

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

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

11.2 Necessary Services – Gaps in Provision

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

11.2.1 Access to Essential Services

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

11.2.2 Access to Essential Services During Normal Working Hours

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

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

11.2.3 Access to Essential Services Outside Normal Working Hours

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

The only exception to this is in the area of Partington where there is not currently any provision available on a Saturday afternoon or all day Sunday. The exact gap identified is between midday and 5pm on Saturday and 10am – 2pm on Sunday.

Based on the information available at the time of developing this PNA, we have a specific hours gap in the provision of essential services outside normal working hours in the Partington area - between midday and 5pm on Saturday and 10am – 2pm on Sunday. There is a preference for this need to be met by existing providers, through a rota-based system if possible. No other gaps in essential services outside of normal hours have been identified.

11.2.4 Access to Advanced & Enhanced Services

Insofar as only NHS England may commission these services, sections 6.2 & 6.3 of this PNA identify access to enhanced and advanced services.

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

11.3 Future Provision of Necessary Services

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

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

11.4 Improvements & Better Access - Gaps in Provision

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

11.4.1 Access to Essential Services - Present & Future Circumstances

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

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

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

11.4.2 Current & Future Access to Advanced Services

Take up of advanced services was seen as similar to that of GM, with all neighbourhoods offering Community Pharmacist Consultation Service (CPCS), Hypertension Case-Finding Service, & New Medicine Service (NMS). In total 79% of pharmacies in Trafford provide CPCS, 65% provide Hypertension and 95% provide NMS. Only 5 pharmacies offer Stoma Appliance Customisation, but this is mainly provided by Dispensing Appliance Contractors (as is Appliance Use Review). Demand for Stoma Appliance Customisation and Appliance Use Review is lower, due to the much smaller proportion of the population that may require these services. We will continue to monitor take up of these services to identify any drops.

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

11.4.3 Current & Future Access to Enhanced Services

NHS England commissioned just two enhanced service (minor ailments and inhaler technique) from pharmacies. It also commissions these services from other non-pharmacy providers, principally GP practices.

Many of the enhanced services listed in the 2013 directions (Appendix 13) enhanced service descriptions) are now commissioned by Trafford Council (public health services) or NHS Trafford CCG and so fall outside of the definition of both enhanced services and pharmaceutical services.

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

11.5 Other NHS Services

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

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