



Trafford Health and Wellbeing Board
Pharmaceutical Needs Assessment
DRAFT FOR CONSULTATION
(30TH January 2017 to 31st March 2017)

Contents Page

1. Executive Summary	4
1.1 Introduction	4
1.2 How the assessment was undertaken	4
1.3 Consultation (to be completed post consultation)	5
1.4 Conclusions	5
2. Introduction	7
2.1 Background and legislation	7
2.2 HWB duties in respect of the PNA	8
2.3 Purpose of a PNA	8
2.4 Circumstances under which the PNA is to be revised or updated.....	9
2.5 Scope of the PNA	9
2.6 Minimum requirements for the PNA	10
3. How the assessment was undertaken	11
3.1 Development of the PNA	11
3.2 PNA steering group	13
3.3 PNA neighbourhoods	13
3.4 Patient and public engagement	14
3.5 Contractor engagement.....	16
3.6 Pharmaceutical services.....	17
3.7 Consultation (To be completed post consultation)	23
4. Context in Trafford	23
4.1 Overview	23
4.2 Population change	24
4.3 Deprivation.....	26
4.4 Life expectancy.....	29
4.5 Key findings from current data	29
4.6 Population characteristics health needs.....	30
5. Other key health outcomes for Trafford	40
5.1 Health and Wellbeing Strategy Vision	40
5.2 Public Health Outcomes.....	41
6. Provision of pharmaceutical services.....	46
6.1 Necessary services - current provision within the HWB's area	46
6.2 Necessary services: current provision outside the HWB's area	57
6.3 Other relevant services - current provision	57
6.4 Future provision – necessary and other relevant services	59
7. Neighbourhoods for the purpose of the PNA	61
7.1 Overview	61
7.2 Sale Neighbourhood	62
7.3 Old Trafford & Stretford Neighbourhood	63
7.4 South Trafford Neighbourhood	64
7.5 Urmston & Partington Neighbourhood	65
8. How pharmaceutical services can help support a healthier population	67

8.1 Essential Services (ES)	67
8.2 Advanced Services	69
8.3 Enhanced services	69
8.4 NHS Trafford CCG locally commissioned services.....	70
8.5 Trafford Council locally commissioned services (LCS)	71
9. Necessary services - gaps in provision of pharmaceutical services	75
10. Improvements and better access: gaps in provision of pharmaceutical services.....	76
11. Conclusions (for the purpose of Schedule 1 to the 2013 Regulations).....	77
11.1 Current provision – necessary and other relevant services.....	77
11.2 Necessary services – gaps in provision	77
11.3 Future provision of necessary services	78
11.4 Improvements and better access – gaps in provision	79
11.5 Other NHS Services	80
11.6 How the assessment was carried out	80
11.7 Map of provision	80

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

1. Executive Summary

1.1 Introduction

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

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

The PNA 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 (AT) 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.

Trafford Council has a population of 233, 288 (2015 Mid-year estimate). This equates to a 0.4% increase in population from the 2014 mid-year estimate.

1.2 How the assessment was undertaken

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

- 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.
- Urmston & Partington: Bucklow St Martins (Partington), Davyhulme East (Urmston), Davyhulme West, Flixton and Urmston.

This approach was taken because:

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

- The division of the two wards (Bucklow St Martins and Davyhulme East) ensures that the different areas are included in the appropriate neighbourhood.

The PNA includes information on:

- Pharmacies in Trafford and the services they currently provide, including dispensing, providing advice on health, medicines reviews and local public health services, such as smoking cessation, sexual health and support for drug users.
- Other local pharmaceutical type services, including dispensing appliance contractors (DAC).
- The results from patient and pharmacy contractor 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, NHS Trafford CCG and NHS England.

1.3 Consultation (to be completed post consultation)

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

The majority of respondents felt the PNA reflected:

1.4 Conclusions

THE CONCLUSIONS REACHED ARE BASED ON THE INFORMATION CURRENTLY CONTAINED WITHIN THE PNA. SHOULD ANYTHING OF RELEVANCE BE IDENTIFIED DURING THE CONSULTATION THAT MAKES IT NECESSARY TO REVIEW AND ALTER THE CONCLUSION THEN THIS WILL TAKE PLACE ONCE THE CONSULTATION RESPONSES HAVE BEEN CONSIDERED.

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.

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

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

- No current gaps in the need for provision of essential services during normal working hours have been identified.
- No current gaps in the provision of essential services outside normal working hours have been identified.
- No current gaps in the provision of advanced and enhanced services have been identified.
- No gaps 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 28 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.
- The majority of residents live within 1.0 miles of a pharmacy.
- The majority of residents can access a pharmacy within 15 to 30 minutes either by walking, public transport or driving.
- The location of pharmacies within each of the 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.
- All respondents to the public survey thought the location of a pharmacy was important or very important; no respondents to the public survey had any problems accessing a pharmacy due to location
- 90% of respondents to the public survey had no problems accessing a pharmacy due to their opening hours.
- 94% of respondents to the public survey had no difficulty accessing a pharmacy of their choice.
- 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.

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

This transformation will lead to greater delivery of care nearer to people's homes or at home and a drive to increase self-care for Trafford's residents. How this will impact on the need for

pharmaceutical services is difficult to quantify and it will be important that the HWB are mindful of the requirement for people to have access to pharmaceutical services as part of this transformation. This may mean that this PNA will need to be replaced earlier than the planned date of April 2020.

2. Introduction

This document has been prepared by 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 2014 and intended to remain in place until 31st March 2017.

In the current NHS 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 NHS 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 and 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.

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

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

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

The Health and Social Care Act 2012 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 (FHSAU), and decisions made on appeal can be challenged through the courts.

PNAs will also inform the commissioning of enhanced services from pharmacies by NHS England, and the commissioning of services from pharmacies by 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 its second PNA by 1st April 2017;
- Publish subsequent PNAs on a three yearly basis;
- Publish a subsequent PNA sooner when it identifies changes to the need for pharmaceutical services which are of a significant extent, unless to do so would be a disproportionate response to those changes; and
- Produce supplementary statements in certain circumstances.

2.3 Purpose of a PNA

The purpose of the PNA is to assess and set out how the provision of pharmaceutical services can meet the health needs of the population of 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.

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

It is important that the PNA reflects changes that affect the need for pharmaceutical services in 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.

2.5 Scope of the PNA

A PNA is defined in the regulations as follows:

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

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

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

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

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

For **dispensing practices** the scope of the service to be assessed in the PNA is the dispensing service. However, as there are no dispensing practices in 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.

2.6 Minimum requirements for the PNA

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

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

3. How the assessment was undertaken

3.1 Development of the PNA

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

Stage 1

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

- Trafford Public Health team
- Greater Manchester Shared Service
- NHS England area team
- Greater Manchester Local Pharmaceutical Committee (GM LPC)
- 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. The contractor questionnaire was undertaken during September 2016. A patient survey was also undertaken in October 2016 of 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.

HealthWatch were involved in capturing opinions on the current provision of pharmaceutical and locally commissioned services in their communities. This included on how people use local pharmacies, why they use them, ease of access and what improvements in service provision should be considered.

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

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, NHS Trafford CCG's Annual Report, the HWB's Joint Health and Wellbeing Strategy 2013-16 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)
- Persons on the pharmaceutical list and ESPLPS.
- Trafford HealthWatch.
- Other patient, consumer and community groups in the area with an interest in the provision of pharmaceutical services in the area.
- Central Manchester University Hospitals NHS Foundation Trust.
- 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. 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.
- **Urmston & Partington:** Bucklow St Martins (Partington), Davyhulme East (Urmston), Davyhulme West, Flixton and Urmston.

The PNA steering group considered how the areas in Trafford could be defined for the PNA and agreed to use Trafford Council's system of neighbourhoods bringing wards together into the four neighbourhoods above, see Map 1. Bucklow St Martins Ward for the purposes of defining neighbourhoods is divided into two, the Sale area and the Partington area; as is the Davyhulme East Ward, Urmston and Old Trafford.

Wards are used because the majority of available healthcare data is collected at ward level and wards are a well-understood definition within the general population as they are used during local parliamentary elections.

Map 1 - Trafford Neighbourhoods and Wards (Trafford Innovation & Intelligence Lab) (See Appendix 11 for full size map)



Trafford JSNA discusses the characteristics and identified health needs of the whole population living within the HWB area.

In determining the needs of the different neighbourhoods the data and information contained on Trafford Innovation and Intelligence Lab² was used to reach conclusions and determine local population needs.

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

3.4 Patient and public engagement

In order to gain the views of patients and the public on pharmaceutical services, a questionnaire was developed and made available on the council's website on 26th September 2016, closing on 21st October 2016 prior to the statutory consultation period. The results of the survey, which identifies the questions asked, can be found in Appendix 3.

There were 53 responses to the Trafford Public survey which was promoted through direct email, twitter, etc. All but one respondent appear to be from the Trafford area with one person giving a Manchester post code. 53 respondents represents 0.03% of Trafford's population (aged 15 years and over), therefore, we can only use this survey as a general picture of public opinion.

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

Of the 53, 71% (35) of the responders were female and the majority of respondents were between the age of 45 and 64. The majority of respondents classed themselves as White British, 88% (43), this is representative of the borough population, which is 88% White British.

Only 14% of respondents considered themselves to have a disability.

3.4.1 Choice of Pharmacy

92% of respondents used a regular pharmacy and the two most selected reasons for using one pharmacy regularly was that the pharmacy was near to home or near to doctors which 55% of these respondents accessed by walking. 43% accessed their regular pharmacy in a car either as a driver or passenger.

3.4.2 Access to Pharmaceutical Services

No respondents had any issues accessing a pharmacy due to its location and 90% had no problems accessing one due to opening times. Of those that did have problems accessing a pharmacy most raised the closure of their local pharmacy at weekends, in particular Saturday.

76% of respondents were aware of pharmacies offering extended hours on early mornings, late nights, weekends and bank holidays. Although opening times are available on NHS Choices and the public can search for pharmacies near their post code; consideration should be given to wider

² Trafford Innovation and Intelligence Lab is available at <http://www.infotrafford.org.uk/lab>

advertising of those pharmacies that provide extended hours. 46% of respondents had used these pharmacies during their extended hours.

3.4.3 Development of Pharmacy Services

Services that had been used and either met the respondents' needs or some of their needs were:

- Alcohol support services – 1.96% (1)
- Blood pressure check – 13.73% (7)
- Early morning opening (before 9 a.m.) – 21.57% (11)
- Electronic prescription service – 64.00% (31)
- Emergency hormonal contraception (morning after pill) – 8.00% (4)
- Had a flu vaccination – 18% (9)
- Health tests (e.g. cholesterol) – 5.88% (3)
- Healthy weight advice – 1.96% (1)
- Late opening (after 7 p.m.) – 31.37% (16)
- Long term condition advice – 19.61% (10)
- Medicines Use Review – 24.00% (12)
- Minor ailment service – 29.41% (15)
- Purchased antimalarial – 13.73% (7)
- Purchased over the counter medicines – 84.31% (43)
- Respiratory services e.g. inhaler technique – 7.84% (4)
- Stop smoking service _ 1.96% (1)
- Substance misuse service – 1.96% (1)

18% of respondents would like to see pharmacy deliver additional services; greater detail is given in Table 1.

Table 1 - Responses to question 21 of the public survey. Are there any other services you would like your pharmacy to offer?

If yes, please explain
Yes I want my pharmacy to be able to provide a full and complete service, this might mean putting some services which we have to get at the doctors in the chemist because they are more friendly and approachable.
If possible more of a community focus looking at early years and prevention work.
Cold drinks on sale in summer e.g. water flavoured water and juices, smoothies.
Weight management and culturally appropriate healthy eating advice.
Paediatric services
Pay and go weighing scales instead of having to pay to go to Slimming World.
Longer opening times.
To be able to have blood samples taken. As now there are no local services.
Travel vaccinations/advice

96% of respondents are either very satisfied or satisfied with the overall service provided by their pharmacy.

3.5 Contractor engagement

At the same time as the initial patient and public engagement questionnaire, an online contractor questionnaire was undertaken (Appendix 4).

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

The questionnaire was distributed by GM LPC to all 65 pharmacies in Trafford HWB area and ran from 15th September 2016 until 21st October 2016. 20 pharmacies completed the survey (31%), which was poor and failed to provide a complete picture of service delivery in Trafford.

Because of the poor response data provided by commissioners has been used to provide the information with regard to service delivery by pharmacies.

3.5.1 Advanced services

See information contained in section 6.0.

3.5.2 Enhanced and locally commissioned services

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

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

Commissioner	Service	Number of pharmacies commissioned
Trafford Council	Emergency Hormonal Contraception	42
	Chlamydia Screening	31
	Chlamydia Treatment	5
	Supervised Methadone/ Buprenorphine Consumption	36
	Needle Exchange	17
	Smoking Advice	35
	Smoking Cessation NRT	34
	Health Checks (pilot)	5
NHS Trafford CCG	Minor Ailment Scheme	57
	Palliative Care Scheme	9
	Do Not Dispense Scheme (pilot)	8
NHS England	Inhaler Technique Service	14

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

Appendix 5 does not contain details of those pharmacies commissioned to deliver the Do Not Dispense Scheme as the data was not available at the time of publication. It should be noted that the

Inhaler Technique Service is currently under review and details of commissioned pharmacies may change.

3.5.3 Non-NHS services

Pharmacies that did respond to the survey have staff that speak a number of languages other than English, including: Arabic, Cantonese, Hindi, Kurdish, Punjabi, Urdu and Yoruba.

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

The new Quality Payment mentioned in 3.6.1 will require pharmacies to have a generic NHS mail account. This is currently being actioned and should be in place during 2017/18.

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 of prescriptions (both electronic and non-electronic), including urgent supply of a drug or appliance without a prescription
 - Dispensing of repeatable prescriptions
 - Disposal of unwanted drugs
 - Promotion of healthy lifestyles
 - Signposting
 - Support for self-care
- Advanced services – pharmacies may choose whether to provide these services or not. If they choose to provide one or more of the advanced services they must meet certain requirements and must be fully compliant with the essential services and clinical governance requirements:
 - Medicine use review and prescription intervention services (more commonly referred to as the medicine use review or MUR service).
 - New medicine service.
 - Stoma appliance customisation.
 - Appliance use review (AUR).
 - Community Pharmacy Seasonal Influenza Vaccination programme (this advanced service has been commissioned on an annual basis since September 2015)
 - NHS Urgent Medicine Supply Advanced Service (NUMSAS). (Commissioned from 1st December 2016 to 31st March 2018 – rolled out to the North West January 2017.)
 - Enhanced services – service specifications for this type of service are developed by NHS England and then commissioned to meet specific health needs.

The following enhanced service is commissioned by NHS England within Trafford's HWB area:

- Inhaler technique³

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

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

Further support to improving quality in pharmacies has been provided through a new Quality Payments (QP) scheme, introduced for the 2017/2018 Community Pharmacy Contractual

³ This service is currently being reviewed and commissioned pharmacies may change.

Framework. In order to access the additional funding available through the QP, pharmacies need to achieve the following:

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

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

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

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

During the next three years pharmacy contractors will be under increasing financial pressure, due to potential funding changes, and there is a likelihood that some contractors may close with the possibility that Trafford residents may lose access to the extended hours provided by some pharmacy contractors and this could result in a gap in provision. 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 for full size map)



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 as to the spread of opening times across each neighbourhood and by ward.

3.6.2 Local pharmaceutical services

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

3.6.3 Distance selling pharmacies

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

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

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

3.6.4 Pharmaceutical services provided by dispensing appliance contracts (DAC)

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

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

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

- Signposting

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

- Stoma appliance customisation
- Appliance use review

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

There are no DACs in Trafford and its population have appliances dispensed from DACs outside the Trafford area. Of stoma and incontinence appliances prescribed by Trafford prescribers in 2015/16, 25% were dispensed by Trafford pharmacies with the remainder being dispensed by pharmacies and DACs elsewhere.

3.6.5 Pharmaceutical services provided by doctors

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

3.6.6 Locally commissioned services

Trafford council and NHS Trafford CCG may also commission services from pharmacies and DACs. However, these services fall outside the definition of pharmaceutical services. In particular, the commissioning of a number of services that have been designated as public health services have been transferred to local authorities.

These services no longer fall within the definition of enhanced services or pharmaceutical services as set out in legislation and therefore should not be referred to as enhanced services.

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

Services commissioned by Trafford Council are:

- Sexual Health Services:
 - Emergency hormonal contraception by PGD
 - Chlamydia screening and treatment
- Substance misuse services including:
 - Supervised methadone/buprenorphine
 - Needle exchange
 - Smoking Cessation including Advice and Nicotine Replacement Therapy (NRT)

- Health Promotion
 - Health checks (pilot)

Trafford Council has a desire to engage with pharmacies in developing Healthy Living Pharmacies as part of supporting the Public Health agenda. There are no firm commissioning decisions at this time.

The following services are commissioned by NHS Trafford CCG:

- Minor Ailments Service
- Palliative Care Service
- Do Not Dispense Scheme (pilot)

3.6.7 Non-commissioned added value services

Community pharmacy contractors also provide private services that improve patient care but are not commissioned directly by NHS England, 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 and collections of prescriptions from surgeries. As these are private services they fall outside the scope of the PNA.

3.6.8 Hospital pharmacy

Hospital pharmacies affect the need for pharmaceutical services within 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.

3.6.9 Other provision of pharmaceutical services

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

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

The PNA makes no assessment of these services.

3.6.10 Other sources of information

Information was gathered from NHS England, NHS 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 (To be completed post consultation)

Insert comments post consultation

4. Context in Trafford

4.1 Overview

In both health and economic terms, the profile of Trafford is close to that of England as a whole.

In general terms, the demographic split between age groups is similar to that of England; the population is amongst the healthiest in the North West – but the North West is the least healthy region in the country; Trafford remains the ‘economic powerhouse’ of the region with world leading brands situated in the Borough, and with below regional average levels of unemployment. Crime in Trafford is low and has decreased significantly over the last few years.

Overall, Trafford is a relatively affluent Borough, certainly in regional terms, but also in national terms. It is one of the smaller District Councils within the Greater Manchester conurbation in terms of population, at 233,288 people, living in an estimated 96,000 dwelling. The area has a strong local business base, high skill levels, a massively successful enterprise culture and above average levels of economic activity.

This predominant affluence and high levels of achievement, however, hides local differences and inequalities. Whilst there are some very affluent areas in the Borough, some amongst the most affluent in the country, there are also some of the most relatively deprived areas in the country within the Borough. These areas are highlighted throughout the Indices of Multiple Deprivation (IMD), across a range of indicators, as being amongst the most deprived nationally. Since 2010, 57 Lower Super Output Areas⁴ (LSOA) in Trafford have moved from a lower decile position to a higher one. Of the nine LSOAs that were in the 10% most deprived areas in England in 2010, only four remain there.

Across the range of issues discussed in this PNA, no area in the Borough can be said to be free from health, lifestyle or social problems that need to be addressed. However, there are a small group of areas that have multiple, and persistent, issues afflicting the people and communities that live in them through the course of their lives, from birth to death. Whilst the identity of these areas will be of no surprise to people – parts of Partington, Clifford ward, Sale West estate all being in the 10% of LSOAs most relatively deprived in the country – the wealth of evidence contained within the Trafford

⁴ 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.

Innovation and Intelligence Lab provides a sobering testament to the range and depth of inequalities faced by these communities. These issues include higher rates of mothers smoking during pregnancy, higher rates of low birth weight babies, lower educational attainment through childhood and youth, higher rates of worklessness, higher rates of mental health problems through life and higher rates of premature mortality across a range of specific diseases.

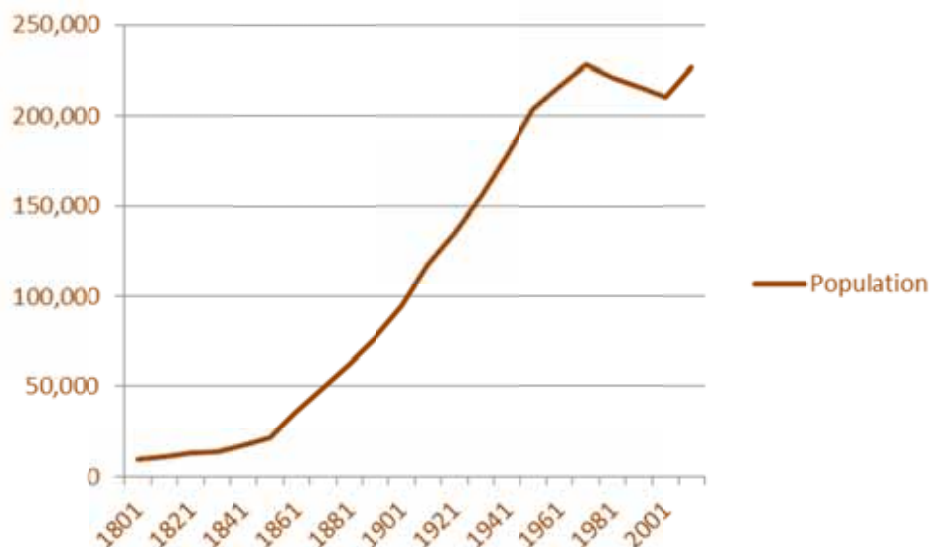
Map 3 - Population Density (Source: 2011 Census) (See Appendix 11 for full size map)



4.2 Population change

Although population numbers fell throughout the 1970s and 1980s, over the past decade the population of Trafford has been growing and it is estimated that it will grow by 14% from 217,307 in 2010 to 247,600 by 2030. It is anticipated that by 2020 the number of males in the population is projected to overtake the number of females.

Figure 1 - Population changes 1801 to 2011 census



In general terms, the age structure of Trafford's population differs slightly from that of England as a whole. Currently, the borough has a slightly higher percentage of older people (65+) than the profile of Greater Manchester as a whole (17.03% compared to 15.64%). 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-2015 population Trafford

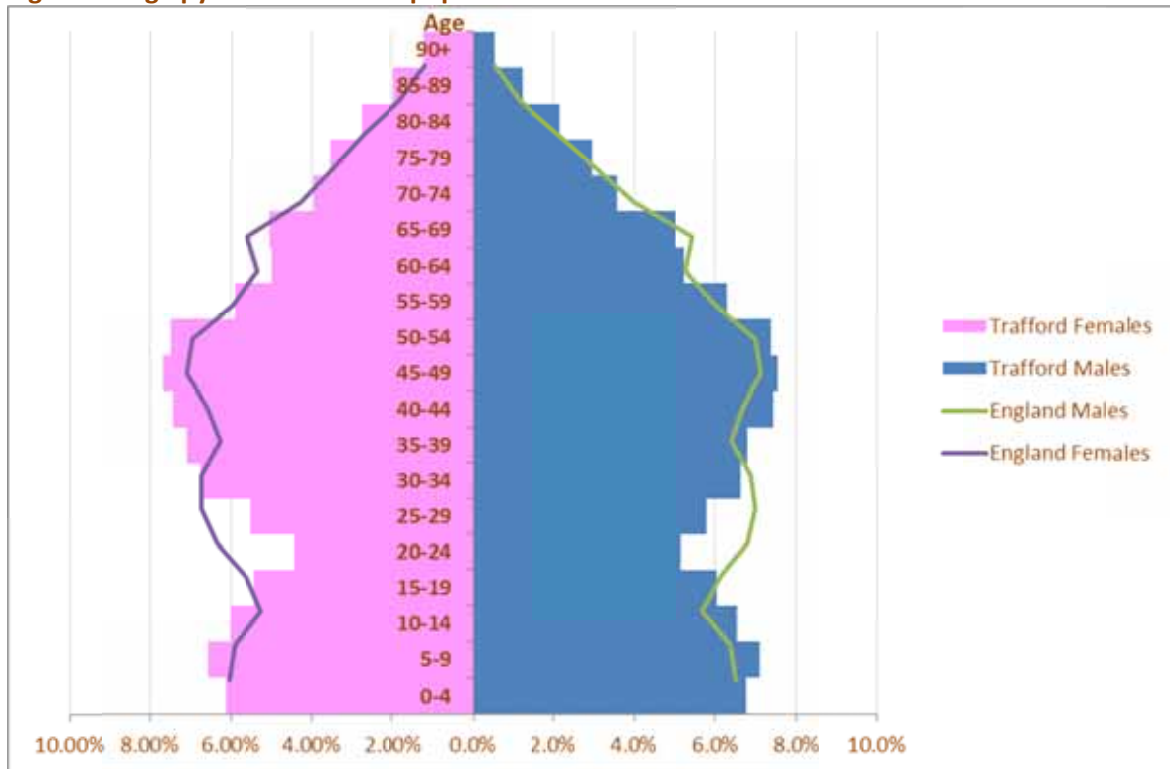


Figure 3 - Age structure by Ward (Mid-2014)

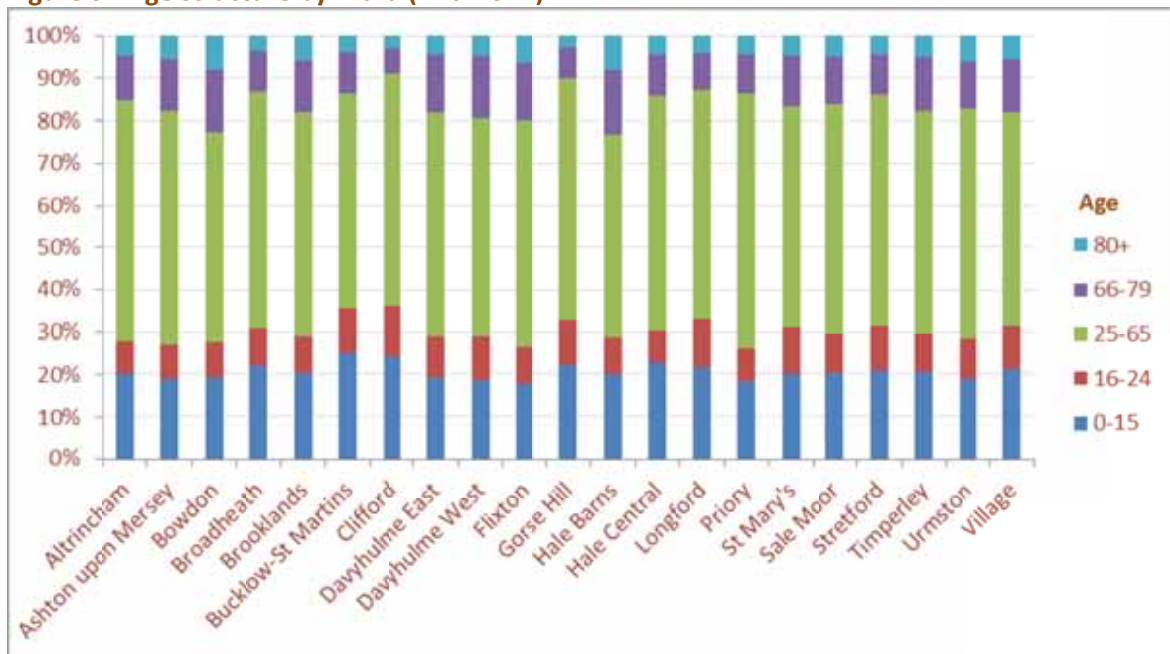
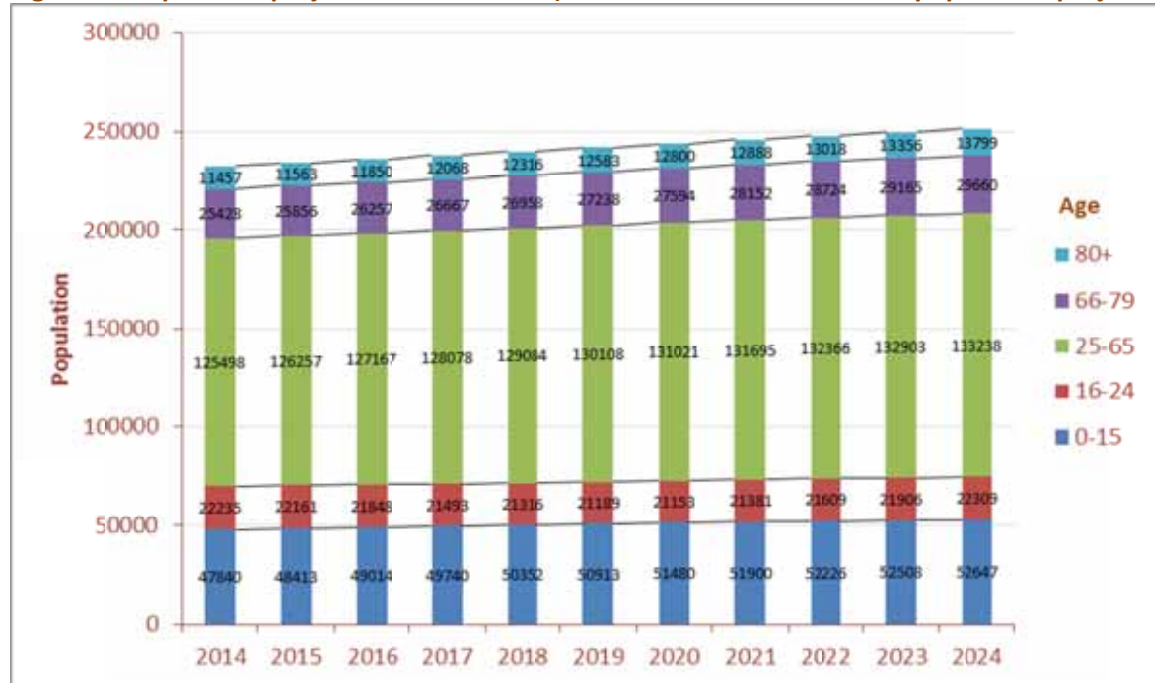


Figure 4 - Population projection for Trafford (ONS 2014 based subnational population projections)



4.3 Deprivation

Trafford is one of the least deprived areas in Greater Manchester according to the 2015 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).

There are four (3%) Lower Super Output Areas⁵ (LSOA) in the most deprived 10% of LSOAs nationally and these can be found in the wards Bucklow St Martins, Clifford and St Mary’s. 30 (22%) of LSOAs in Trafford are in the least deprived 10% of LSOAs nationally and in the main can be found in South West of the Borough.

⁵ 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.

Map 4 - IMD 2015 by LSOA (Trafford Innovation & Intelligence Lab) (See Appendix 11 for full size map)

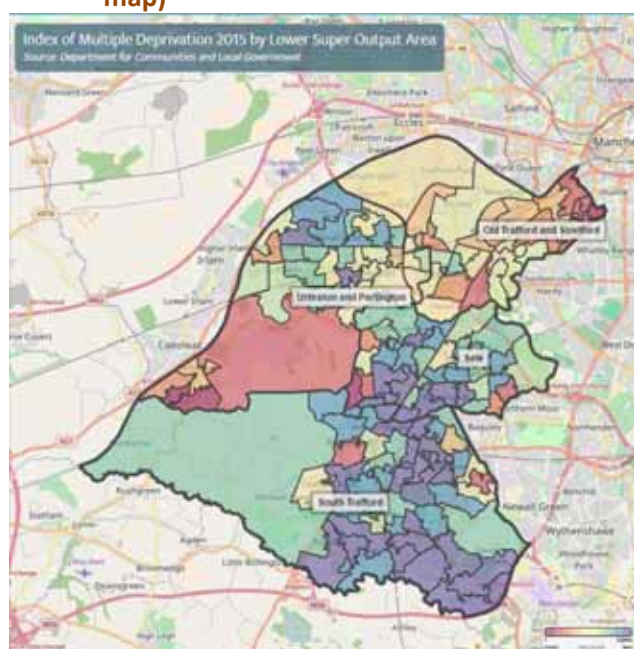


Table 3 - Index of Multiple Deprivation score and ranking

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

According to Department for Education data, in January 2013, 12.5% of pupils in maintained nursery and state-funded primary and secondary schools in Trafford were taking free school meals, compared to the North West average of 20.1% and England average of 18.3%.

In Trafford, the percentage of households estimated to be in fuel poverty is 10.0%, lower than the averages for Greater Manchester (10.6%) and England (10.4%) and the 5th lowest among Greater Manchester councils (Public Health Outcomes Framework).

A third of pensioners live alone in Trafford, which is significantly higher than the England average of 31.5%. In some wards roughly 40% live alone e.g. Priory 42.4% and Longford 40.0%. Older people living in isolation have a high incidence of suffering from loneliness. Social isolation and loneliness have a detrimental effect on health and wellbeing. Studies show that being lonely or isolated can impact on blood pressure, and is closely linked to depression. The impact of loneliness and social

isolation on an individual's health and wellbeing has cost implications for health and social care services. Investment is needed to ensure that voluntary organisations can continue to help alleviate loneliness and improve the quality of life of older people, reducing dependence on more costly services.

Table 4 - 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 shows that life expectancy at birth for females has increased from 80.3 years in 2000-02 to 83.7 years in 2012–14, while life expectancy at birth for men has increased from 76.4 years in 2000-02 to 79.9 years in 2012–14 (Table 1). This is a gender difference of 3.8 years.

Table 5 - Life expectancy gap at birth in Trafford 2012-14 (Public Health Outcomes Framework)

Gender	Trafford	Greater Manchester	England	Gap between Trafford and England
Male	79.9	77.8	79.5	0.4
Male gain from 2011-13	0.0	0.1	0.1	0.3
Female	83.7	81.4	83.2	0.5
Female gain from 2011-13	0.2	0.1	0.1	0.1

For older people life expectancy at age 65 in Trafford is better than England for females (21.7 years compared to 21.2 years) and similar for males (19.0 years compared to 18.8 years) giving a gender difference of 2.4 years. Healthy life expectancy at birth for both females (64.4 years) and males (65.2 years) is also similar to England (64.0 and 63.4 years respectively).

Life expectancy is 7.1 years lower for men and 7.9 years lower for women in the most deprived areas of Trafford than in the least deprived areas.

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

4.5 Key findings from current data

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

A key measure of individual wellbeing is what people think of their state of health. 83% of Trafford’s population state their health is good or very good⁶, with only 4% stating they have bad health and 1% very bad health. 17% are living with a limiting long term illness or disability, this is similar to the England average of 17.6%.

There are wide variations across Trafford by ward with 90% having very good or good general health in Hale Central to 76% in Bucklow St Martins. For very bad to bad general health it is 2% and 9% respectively.

⁶ 2011 data, www.localhealth.org.uk

The latest Health Profile for Trafford shows a number of indicators are significantly better than the England average and a range of indicators are not significantly different from the England average. However, there are some indicators that are significantly worse than the England average:

- Emergency admissions in under 5s (Trafford 163 per 1000; England 150)
- A&E attendances in under 5s (Trafford 595.8 per 1000; England 509.5)
- All cancer rates (Trafford 102.8 SIR⁷; England 100)
- Deaths from coronary heart disease (Trafford 106.4 SMR⁸; England 100)
- Binge drinking in adults (Trafford 23.5%; England 20.0%)
- Hospital stays for alcohol related harm (Trafford 108 SAR⁹; England 100)

One measure, however, is significantly worse than the England average: hospital stays due to alcohol related harm, although this is better than the regional average. Related to this, the incidence of increasing and higher rate drinking, although not significantly different from the England average, is shown as being worse than the regional average.

Changes to the population and to expectations of good health lead to ever-increasing demands on health and social care services, which is not sustainable in the long term. It is essential to prevent people from getting to the stage where they need expensive treatments or services, whether in the NHS or social care. Where people do need support, it is important to reduce their dependency on services.

4.6 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.

⁷ Standardised Incidence Ratio (2007-2011)

⁸ Standardised Mortality Ratio (2008-2012)

⁹ Standardised Admission Ratio (2008/9 to 2012/13)

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 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 preschool 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

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

Older people

The greatest rate of increase in population numbers will be seen in those people aged over 85. In Trafford there is predicted to be a 54% increase, from the current 5,777, to 8,900 by 2030. There was a 2.67% increase from the mid-2014 estimate for the over 85's.

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.

Brooklands, Urmston, Flixton, Bowdon and Hale Barnes have almost twice the number of people over 74 years of age than Gorse Hill.

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

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

Independence is or could be supported by offering:

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

4.6.2 Sex / Gender

In Trafford, the life expectancy of men is 79.4 years and 83.5 years in women. The gap in life expectancy between females and males has reduced from 5.7 years in 1994-96 to 3.8 years in 2012-14, with males showing a 5.8 year increase in life expectancy compared to a 3.9 year increase for females. However males:

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

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

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

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

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

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

4.6.3 Long term health problems and disability

Most people suffer periods of ill health at some time, but these are usually temporary problems that do not have a sustained effect on day to day activities, such as going to work or socialising with friends and family. However, some health problems and disabilities are 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 3. 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 6 - 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

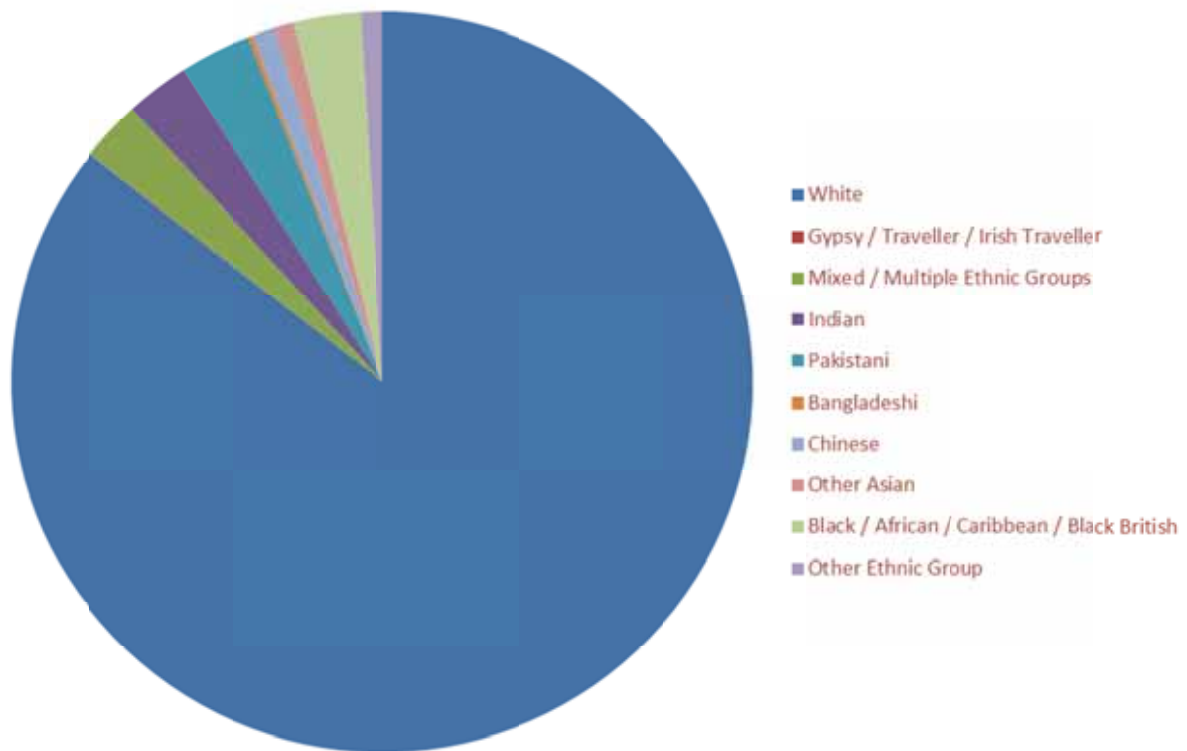
People with disabilities often have individual complex and specific needs. It is important that health and social care services are able to provide effective specialist services to meet such needs.

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 inhaler aids.

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

4.6.4 Race, ethnicity and language

Figure 5 – Trafford population by ethnic group (source: ONS 2011 Census)

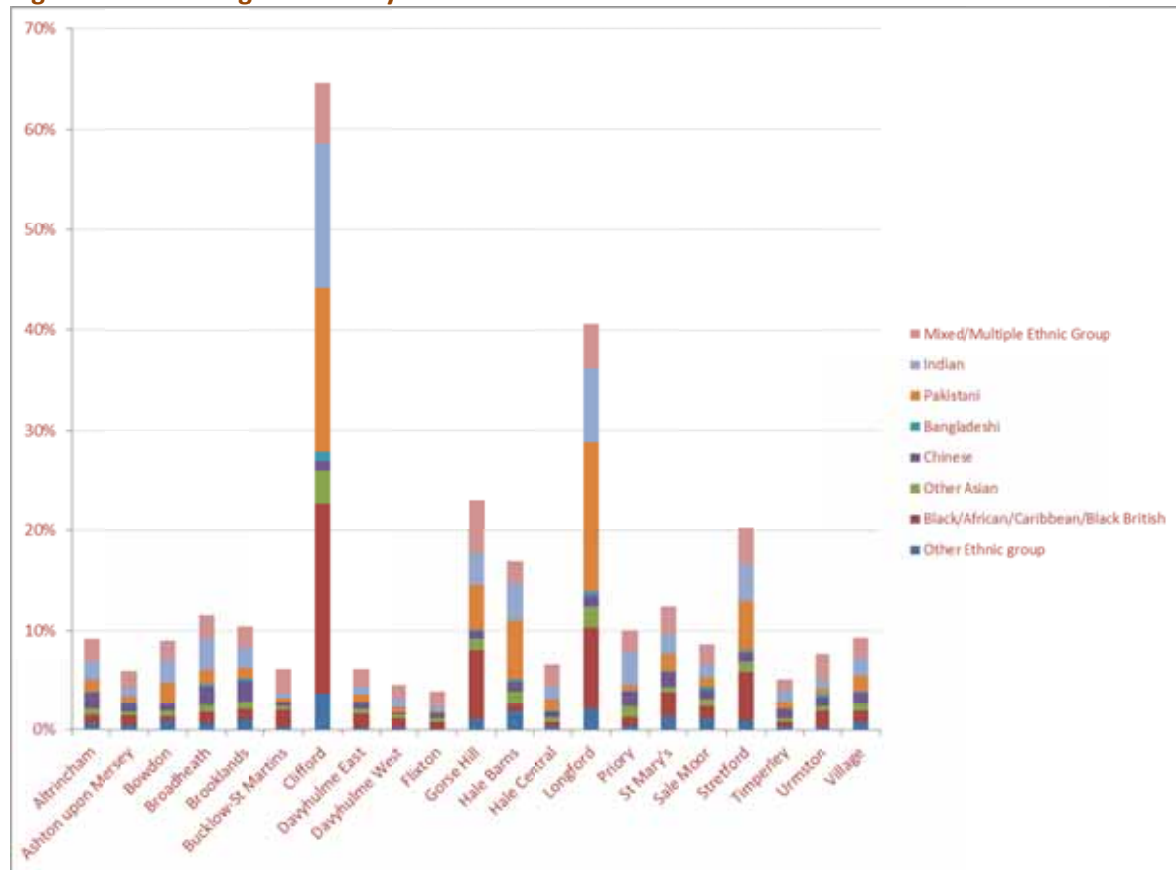


Current estimates put Trafford’s BME population at slightly under 12%, around 26,000 people, an increase from the 10.8% estimated in 2006.

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 6 - Percentage of BME by ward



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

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

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

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

4.6.5 Religion and belief

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 and 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 and maternity

The numbers of both male and female births have steadily increased with an overall birth rate increase of 12% since 2004, that's 302 more babies born in 2014 than back in 2004. The number of deaths has also seen a similar 12% decrease overall with a 16% reduction in the number of female deaths.

The age profile of mothers giving birth in Trafford, in 2014/15 is older than the Greater Manchester and England averages – 26.8% of mothers in the borough were aged 35 years or over, compared to 20% in London and 20.4% in England.

8.3% (2014/15) of pregnant women in Trafford smoke during pregnancy which is the lowest level in Greater Manchester (17.7%) and lower than national average (11.4%).

The latest available data (2012/13) shows that 51.0% of mothers in Trafford continue to breastfeed at 6-8 weeks after birth, this is better than the 47.2% for England.

Trafford has a lower rate of teenage pregnancies (under 18 conceptions) than England, 16.0 per 1000 compared to 22.8. Trafford has gone from a figure of 34.0 per 1000 in 1998 to the present day figure in 2014, although there was a small increase from 15.6 to 16.0 for 2013 to 2014. Trafford has the lowest level of teenage pregnancy in Greater Manchester.

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 2014 the new HIV diagnosis rate per 100, 000 was 8.0 for Trafford compared to 8.4 for the North West and 12.4 for England.
- HIV testing uptake in Trafford for persons offered one when attending GUM has been worsening since 2012 with only 44.9% accepting a test in 2015 compared to 60.0% in the North West and 76.2% in England.

- Between 2012-14 61.0% of those diagnosed with HIV have had a late diagnosis, compared to 46.5% for the North West and 42.7% for England. Late diagnosis of HIV has been worsening since the 2009-11 period.

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.

Research suggests that each year there are likely to be between NN and NN new people with gender dysphoria in Trafford.

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 JSNA¹⁰.

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 city easy access to the evidence base for strategic decision making, planning, designing and, commissioning services and writing funding bids. The JSNA is also a vehicle for developing insight from service users, removing barriers to delivery and reducing duplication across partners.

5.1 Health and Wellbeing Strategy Vision

The JSNA forms the evidence base for Trafford's Health and Wellbeing Strategy (HWBS).¹¹ The Joint Health and Wellbeing Strategy is the borough's overarching plan for reducing health inequalities and improving health outcomes for Trafford residents.

Our strategy outlines:

- Our vision, aims, intended outcomes and priorities
- Our partnership approach and guiding principles to improving health and wellbeing
- Our local challenges around health and wellbeing
- How we will respond to these challenges

The strategy is a working tool which concentrates on highlighting Trafford's challenges and provides vision for a coherent approach for partners involved in improving health and wellbeing across the borough. It sets the strategic direction, but the actual operational details will be developed through the service planning of the many partners involved in its implementation.

The strategy emphasises the importance of partnership working and the joint commissioning of services to achieve a more focused use of resources and better value for money. It is based on the guiding principles of prevention and early intervention, 'think family' and ensuring choice, control and empowerment of our residents.

The strategy sets out to improve the health and wellbeing of children and adults in our borough and reduce health inequalities between the north and south of the borough. This strategy incorporates the health and wellbeing strategies of Trafford's Children and Young People's Strategy 2011-2014. It also replaces the 'Improving Health and Wellbeing in Trafford - Joint Health Inequalities Strategy and delivery plan' 2010-2013.

¹⁰ <http://www.infotrafford.org.uk/jsna>

¹¹ Trafford's Joint Health and Wellbeing Strategy – <http://www.infotrafford.org.uk/jsna>

Five priorities were agreed in 2016:

- Reducing harm from alcohol
- Increasing physical activity
- Reducing smoking and improving tobacco control
- Improving cancer detection and screening
- Improving the physical health of people with severe mental illness

Action plans are being developed for each of these priorities.

Pharmacies are already involved in supporting people to quit smoking, we want this to continue. We are looking to recruit “alcohol champions”, people in the community who can help raise awareness of increasing alcohol consumption and signpost support for those who need – a community pharmacist would be an ideal person to take on this role. As part of their public health role we would look to engaging pharmacies in awareness raising campaigns about the cancer screening programmes, particularly the bowel screening programme.

5.2 Public Health Outcomes

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

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

5.2.1 Improving the wider determinants of health

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

- There are an estimated 8,500 households which are struggling families (low income families with high levels of unemployment) in Trafford.
- In February 2016, 4.05% of 16-18 year olds in Trafford were not in education, employment or training (NEET), this compares favourably with 4.92% for the North West and 4.26% for England. However, the range across wards in Trafford varies from 12.37% in Bucklow St Martins and 1.70% in Timperley (data for Hale Barnes, Hale Central and Bowdon is suppressed).
- 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 2015/16, Trafford had a rate of 1.4 applicant households in temporary accommodation per 1,000 where the family were unintentionally homeless and in priority need (family includes dependent children or a pregnant woman). This is better than the rate for England (2.5 per 1,000), and has been decreasing from a peak of 2.31 per 1,000 in 2012/13.

5.2.2 Reducing health inequalities

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

- In 2014/15, 20.2% of reception children in Trafford carried excess weight and 8.2% are classed as obese. In year six this has risen to 29.8% and 16.0% respectively.
- The latest estimates of drinking in Trafford suggest that there are nearly 8,000 people drinking at a higher risk level, and nearly 40,000 drinking at an increasing risk level.
- Trafford has both nationally and across the NW the highest percentage rate of alcohol attributable admissions to Trafford Acute Trust and the lowest number of people in treatment.
- There is an increase in the rate of hospital admissions in which alcohol is an underlying factor
- Death rates from liver disease for people under 75 years are highest in Clifford, Gorse Hill and Longford wards. Overall death rates from liver disease are slightly increasing.
- The data suggests that the use of drugs in Trafford is changing. Fewer people are using heroin or opiates than were ten years previous; however there is a slight rise in the use of cannabis and cocaine, this especially amongst our younger community.
- Cancer screening coverage (2015) for breast cancer was 73.9%, worse than the national average (75.4%) and is showing a downward trend.
- Cancer screening coverage (2015) for cervical cancer was 75.2%, better than the national average (73.5%), but is showing a downward trend having dropped from 76.8% in 2011.

5.2.3 Health Protection

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

- Immunisations against common childhood diseases can have positive long-term effects on children's health and development. Annual COVER (Cover of Vaccination Evaluated Rapidly) statistics for 2014/15 reveal the percentage uptake for the '5 in 1' vaccine among 2-year-old children living in Trafford was 98.6%, which is higher than the 95.7% for England overall.
- The percentage uptake for the Measles, Mumps and Rubella (MMR) vaccine among 2-year-old children was 96.5% which is higher than the England total of 92.3%, and greater than the target 90%. The percentage uptake for the MMR booster among 5-year-old children was 95.3% which is higher than the England total of 88.6% (Annual COVER statistics, 2014/15).
- The incidence of TB in Trafford (13.9 per 100,000) remains high when compared to England (13.5 per 100,000 respectively) and worryingly isn't decreasing in a similar manner to the England average.
- The rate of new sexually transmitted infections (excluding Chlamydia aged <25) for Trafford is higher at 867 per 100,000 is higher than that for England, 815 per 100,000.

5.2.4 Healthcare public health and preventing premature mortality

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

- The percentage of people who die in winter months (excess winter deaths) in Manchester has been consistent with that for England over the last few years. Older people are most susceptible to higher death rates in winter, although this has decreased in the latest data. In those aged 85 years and over, there were 4 fewer deaths than anticipated (Ratio of -1.7) in winter in Trafford, compared to 49 (Ratio of 8.3) in all age groups. See Figures 12 and 13 to see how this compares with England. Local pharmacies can raise awareness of affordable warmth initiatives, particularly amongst older and vulnerable people.

Figure 7

4.15i – Excess winter deaths index (single year, all ages) (Persons) – Trafford

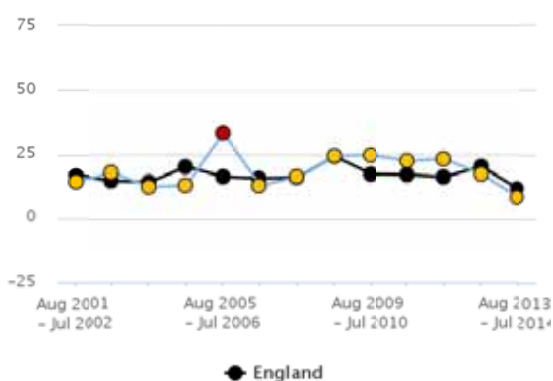
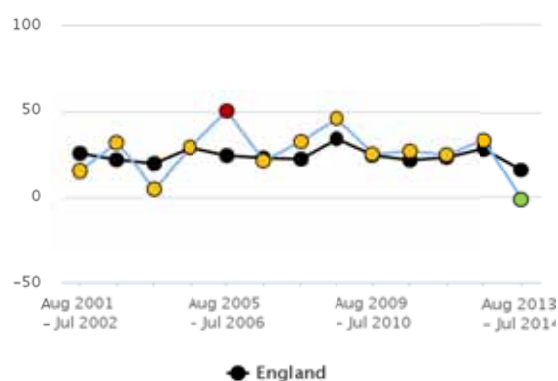


Figure 8

4.15ii – Excess winter deaths index (single year, age 85+) (Persons) – Trafford

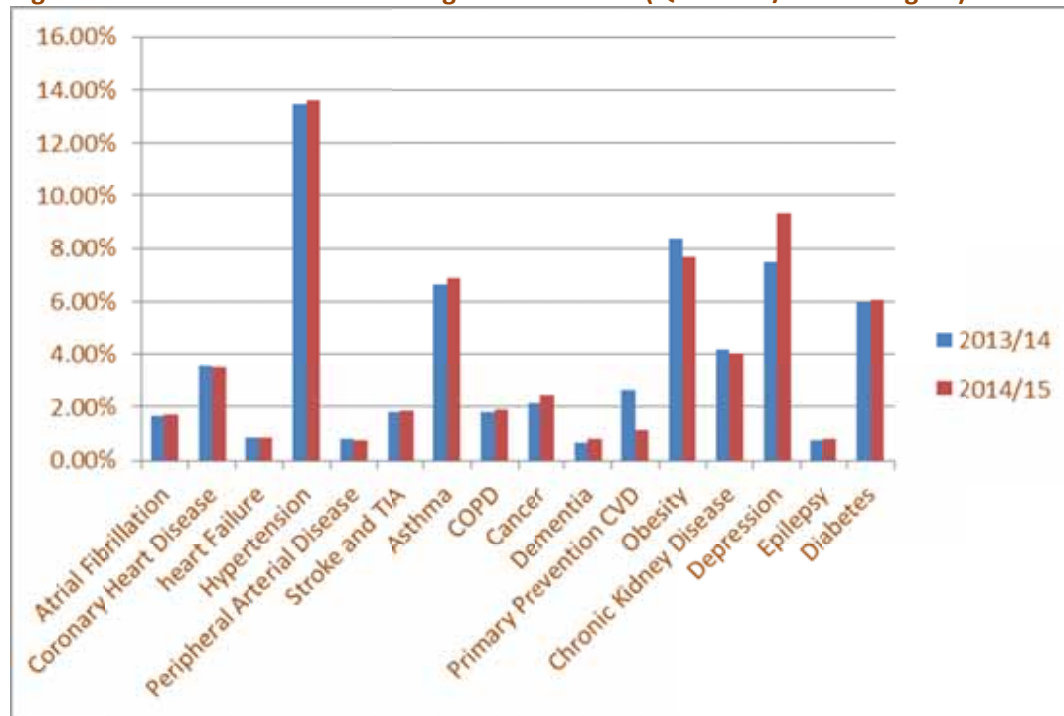


- Admission for mental and behavioural disorders due to use of alcohol in Trafford is higher, 605 per 100,000 population, than the national average of 390 per 100,000. Worryingly this figure has been steadily increasing from 2008/09.
- Child (0 – 17 years) admissions for mental health has increased from a 2011/12 low of 94.7 per 100, 000 to 119.2 per 100, 000 in 2014/15, whereas England has remained level at the current figure of 87.4 per 100, 000 for the same time period.

5.2.5 People with long term conditions

- Long-term conditions are a major cause of preventable death in Trafford. Cardiovascular disease, cancer, chronic obstructive pulmonary disease and diabetes all contribute to poor health, disability and death. Some groups are disproportionately affected by long-term conditions. Universally, more men die from cardiovascular disease than women.
- Recorded prevalence for CHD and for Stroke in Trafford are higher at 3.5% and 1.8% respectively compared to England's, 3.2% and 1.7% respectively.

Figure 9 - Prevalence rates for a range of conditions (QOF 2014/15 NHS Digital)



- The 2014/15 prevalence of diagnosed diabetes among registered patients aged 17 years and older in NHS Trafford CCG was 6.1%. The England prevalence is 6.4%. Prevalence has increased from 2013/14, which could be partly due to improved detection, although failure of the population as a whole to adopt a healthy lifestyle is also responsible. 90% of people with diabetes have co-morbidities. Diabetes is a major cause of premature mortality nationally and although current indicators for diabetic control within Trafford show that they are better or similar to England there is room for improvement (Figure 15).

Figure 10 - Diabetes treatment targets (Public Health England)

Compared with benchmark: Better (Green), Similar (Yellow), Worse (Red), Lower (Blue), Similar (Yellow), Higher (Blue), Not compared (Grey)

Indicator	Period	England	Greater Manchester NHS region	NHS Bolton CCG	NHS Bury CCG	NHS Central Manchester CCG	NHS Heywood, Middleton and Rochdale	NHS North Manchester CCG	NHS Oldham CCG	NHS Salford CCG	NHS South Manchester CCG	NHS Stockport CCG	NHS Tameside and Glossop CCG	NHS Trafford CCG	NHS Wigan Borough CCG
Good blood sugar control in people with diabetes	2014/15	60.4	61.5*	62.3	61.6	58.0	55.7	55.4	57.3	62.5	59.1	65.8	64.7	63.1	65.0
Good blood pressure control in people with diabetes	2014/15	71.2	73.4*	73.5	76.9	68.9	76.8	68.8	71.4	72.4	67.0	75.0	73.9	71.0	77.2
Good cholesterol control in people with diabetes	2014/15	70.8	71.1*	65.8	71.0	73.1	70.5	70.5	71.4	72.8	67.8	77.5	69.4	71.7	73.0

- The prevalence of asthma (all ages) in Trafford is 6.9% compared to England, 6.0%. However, the estimated prevalence is 9.12%, which indicates that there are a number of unidentified individuals with asthma.

- Prevalence of COPD (all ages) at 1.9% is similar to that for England at 1.8%, however, estimated prevalence is 3.36%.
- Nearly 17,300 (9.29%) people (aged 18+) are recorded on Trafford GP systems as having depression. Although Trafford has a similar incidence of new cases of psychosis (21.0) per 100,000 aged 16-64) to England (24.2) and the North West region (22.2). Co-morbidity among psychiatric conditions is high.
- Trafford's mortality rate (directly standardised rate) from causes considered preventable (all Persons) 195.9 per 100,000 compared to England's 182.7 per 100,000. However, it is lower than the North West rate of 223.6 per 100,000 and one of the lowest in Greater Manchester.
- The number of 0-4 year olds attending accident and emergency (A&E) in Trafford is significantly above the national average. The majority receive no investigation or significant treatment, or are discharged without follow-up. In this age group, respiratory disease and infections are the main reason for emergency admissions and GP consultations.
- The number of A&E attendances fluctuates over the course of the year (high in winter), over the course of the week (high on Monday, lower attendance on weekends by older people), and over the course of the day (peak mid-morning, for children a second peak is seen around 7pm).
- Trafford had a SAR¹² of 163.0 for emergency admissions in the under 5s the period from 2010/11 to 2012/13. The ratio for Trafford indicates a higher level of emergency admissions than would be expected in this age group.
- Deaths in a person's usual place of residence has been increasing since 2004, however, it still remains lower than the England figure. This low figure is driven by people over the age of 75 years and those dying from circulatory and respiratory disease and dementia.
- In Trafford 1,908 people ages 65+ have a diagnosis of dementia, this represents 4.77% of that age group. It is estimated that for England only 48% of dementia sufferers are currently diagnosed. This indicates that there are possibly the same number of people aged 65+ that suffer from dementia but are not known to their GP. Of those with dementia, 70% have one or more other LTC, and it is estimated that two-thirds of those with dementia live in the community.
- Cancer prevalence and incidence are increasing nationally. Compared to England the overall incidence of cancer is higher in Manchester, although no specific cancer seems to be driving this.

¹² The Standardised Admission Ratio (SAR) is defined as the ratio of the observed number of admissions in an area to the number expected if the area had the same age specific rates as England (ratio set at 100).

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 65 pharmacies included in the pharmaceutical list for the area of the HWB. This is made up of 54 with standard 40-hour contract, nine with a 100-hour contract and two listed as distance selling. There are no DACs and no LPS pharmacies in Trafford.

Map 5, which is the statutory map as provided below and shows the location of premises providing pharmaceutical services within the HWB's area. It should be noted that due to the proximity of some pharmacies some icons may reflect the location of two contractors. The map index to premises can be found in Appendix 6, with neighbourhood indexing showing opening hours spread in Appendix 8.

While not a statutory requirement, where maps within this PNA include the location of GP premises, they do so solely as a point of reference and proximity to pharmacies. Appendix 6 provides an index of those GP surgeries.

Map 5 - Pharmacy and GP Locations (See Appendix 11 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 8% since 2013/14. As at March 2016, Trafford had 28 pharmacies per 100,000 population. This is higher than both the England average (22) and the Greater Manchester average (25).

There has been a small increase in the number of items dispensed per month which has been absorbed by the existing contractors. However, as indicated in Table 8 detailed below, in 2014/15 Trafford's average prescription items per month per pharmacy was 6,531. This is lower than the average for England and Greater Manchester.

In 2014/15, Trafford pharmacies dispensed 1.8 items per head of population the North of England figure ranged from 2.1 to 1.6 items and England average was 1.5 items.

Table 7 - Trafford Pharmacies 2013/14 to 2015/16

Year	Number of community pharmacies	Prescription items dispensed per month (000)s	Population (000)s Mid-Year	Pharmacies per 100,000 population
2013/14	61	392	230	27
2014/15	64	418	232	28
2015/16	65	421	233	28

Table 8 - Pharmacy Contractors Trafford, Greater Manchester & England 2014/15

	Number of community pharmacies	Prescription items dispensed per month (000)s	Population (000)s Mid-Year (2013)	Pharmacies per 100,000 population	Average items per pharmacy per month
ENGLAND	11,674	81,525	53,866	22	6,983
GREATER MANCHESTER	695	4,981	2,748	25	7,167
TRAFFORD	64	418	232	28	6,531

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 2020.

6.1.1 Access to premises

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

The latest information shows that 99% of the English population - even those living in the most deprived areas - can reach a pharmacy within 20 minutes by car and 96% by walking or using public transport¹³.

From the public survey, 55% of people responded that they used a pharmacy close to where they live most often. The range of responses can be seen in Table 9, for the full patient survey see Appendix 3.

Table 9 - Patient Survey: Why do you use this pharmacy?

Answer Choices	Responses	
Near to work	8.51%	4
Near to home	55.32%	26
Near to my doctors	21.28%	10
In town/ shopping area	8.51%	4
In the supermarket	2.13%	1
Other (please specify)	4.26%	2
Total		47

No respondent to the public survey stated that they had difficulty accessing a pharmacy due to location and 90% had no problems accessing a pharmacy due to opening hours.

Map 6 shows the area within a one mile travelling distance of pharmacies within Trafford. Several areas are outside this one mile buffer, but these are areas with low population density and are industrial or rural in character or dedicated to retail and leisure activities.

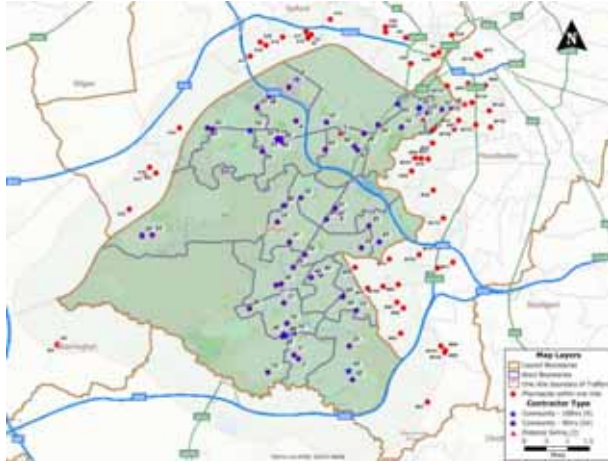
The majority of Trafford's population live within one mile of a pharmacy.

Map 6 - One mile buffer around Trafford pharmacies (See Appendix 11 for full size map)



¹³ Pharmacy in England: Building on Strengths – Delivering the Future, Department of Health White Paper (2008)

Map 7 - Pharmacies within 1 mile of Trafford border (See Appendix 11 for full size map)



6.1.2 Correlation with GP practices

As expected, there are significantly more community pharmacies than there are GP practices reflecting the higher number of pharmacies per 100,000 population in Greater Manchester and England (Tables 6 & 7, see section 6.1).

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 8.30am to 6pm period, Monday to Friday, following a visit to their GP, there will be times when people will need to access a pharmacy outside of those times. 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.

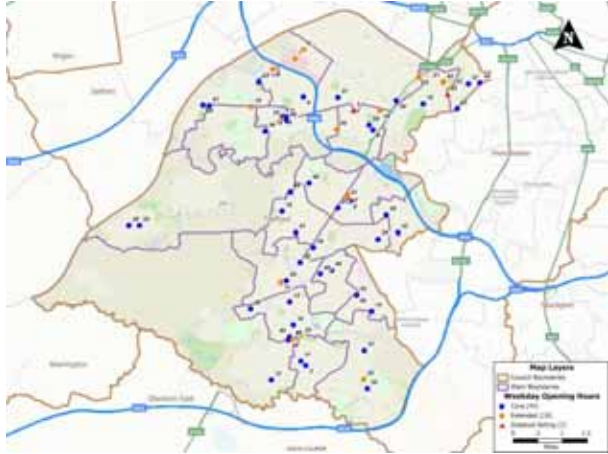
The public survey provided the following insights into how Trafford residents access pharmaceutical services:

- 100% of respondents had not had any problems accessing a pharmacy service due to location.
- 90% of respondents had not had any problems accessing a pharmacy service due to opening hours in the past year.
- Approximately 92% of respondents were satisfied or very satisfied with the opening hours of the pharmacy they used.
- When rating the overall experience of using a pharmacy most respondents (96%) indicated they were satisfied or very satisfied, with 61% rating that they were very satisfied (the highest option).
- The majority of people stated they were satisfied or very satisfied with the opening times of pharmacies, however, a small number stated that those local to them were not open outside their working day and this created some difficulty and meant they used pharmacies on their way to or near work.

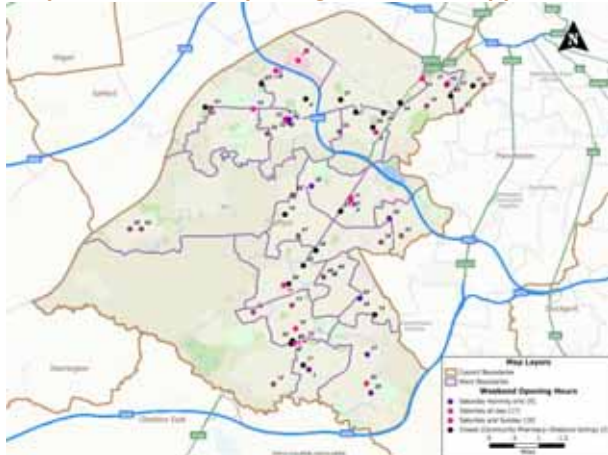
Maps 8 & 9 detailed below shows the opening times for Trafford pharmacies based on their core and supplementary opening hours¹⁴. This identifies those that open 7 days a week, all day Saturday (open Monday to Friday), only half day Saturday (open Monday to Friday) and closed Saturday (open Monday to Friday). The map also identifies those open after 7pm Monday to Friday.

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

Map 8 - Weekday opening hours (See Appendix 11 for full size map)



Map 9 - Weekend opening hours (See Appendix 11 for full size map)



¹⁴ Valid May 2016

Monday to Saturday opening

12 pharmacies open at 8.00 a.m. or earlier Monday to Friday and 11 pharmacies open at 8.00 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 8.00 a.m. (See table 9)

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

Map index	Pharmacy	Postcode	Monday to Saturday opening time	Comments
2	Asda Pharmacy	M41 7ZA	7.00 a.m.	<i>8.00 a.m. opening on Mondays</i>
19	Conran Late Night Pharmacy	M41 5SJ	8.00 a.m.	
21	Elliotts Pharmacy	M16 0LN	7.00 a.m.	
25	Hale Barns Pharmacy	WA15 8NZ	7.00 a.m.	<i>9.00 a.m. opening on Saturdays</i>
35	Malcolm's Pharmacy	M41 5AA	7.00 a.m.	
46	Sainsburys Pharmacy	M41 0NA	7.00 a.m.	
47	Sainsbury's Pharmacy	M33 7SA	8.00 a.m.	
48	Sainsbury's Pharmacy	WA14 2SU	7.00 a.m.	
51	Tesco In-Store Pharmacy	M33 7XN	8.00 a.m.	
52	Tesco In-Store Pharmacy	WA15 9QT	8.00 a.m.	
53	Tesco In-Store Pharmacy	M32 0RW	6.00 a.m.	<i>8.00 a.m. opening on Mondays</i>
54	Timperley Pharmacy	WA15 7UN	7.00 a.m.	

20 pharmacies don't open at all on Saturday (this includes one of the two distance selling pharmacies) and a further 18 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.

19 pharmacies provide access to pharmaceutical services until 7.00 p.m. or later for Monday to Friday as well (see table 11). Of these, five pharmacies are open until 11.00 p.m.

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

Map index	Pharmacy	Postcode	Monday to Saturday closing time	Comments
2	Asda Pharmacy	M41 7ZA	11.00 p.m.	10.00 p.m. closing on Saturdays
6	Boots	M41 7FN	7.00 p.m.	6.00 p.m. closing on Saturdays
7	Boots	M17 8BD	10.00 p.m.	9.00 p.m. closing on Saturdays
11	Boots	WA14 5GR	8.00 p.m.	6.00 p.m. closing on Saturdays
19	Conran Late Night Pharmacy	M41 5SJ	11.00 p.m.	
21	Elliotts Pharmacy	M16 0LN	10.30 p.m.	11.00 p.m. closing on Fridays and Saturdays
23	G Pennant Roberts	M16 9WR	7.00 p.m.	6.00 p.m. closing on Wednesday and 1.00 p.m. closing on Saturdays
25	Hale Barns Pharmacy	WA15 8NZ	11.00 p.m.	10.00 p.m. closing on Saturdays
29	Lloyds Pharmacy	M32 0DF	7.00 p.m.	Closed on Saturdays
35	Malcolm's Pharmacy	M41 5AA	10.00 p.m.	
42	Rowland Pharmacy	M16 0WL	7.00 p.m.	Closed on Saturdays
46	Sainsbury's Pharmacy	M41 0NA	11.00 p.m.	10.00 p.m. closing on Saturdays
47	Sainsbury's Pharmacy	M33 7SA	10.00 p.m.	
48	Sainsbury's Pharmacy	WA14 2SU	11.00 p.m.	10.00 p.m. closing on Saturdays
51	Tesco In-Store Pharmacy	M33 7XN	7.00 p.m.	
52	Tesco In-Store Pharmacy	WA15 9QT	8.00 p.m.	
53	Tesco In-Store Pharmacy	M32 0RW	10.30 p.m.	10.00 p.m. closing on Saturdays
54	Timperley Pharmacy	WA15 7UN	10.30 p.m.	
55	Urmston Pharmacy	M41 9NU	7.00 p.m.	1.00 p.m. closing on Saturdays

Sunday opening

Table 12 - Trafford pharmacies open on Sunday

Map Index	Pharmacy	Post code	Sunday opening time	Sunday closing time
2	Asda Pharmacy	M41 7ZA	10.30 a.m.	4.30 p.m.
5	Boots	M41 0NA	11.00 a.m.	5.00 p.m.
6	Boots	M41 7FN	11.00 a.m.	5.00 p.m.
7	Boots	M17 8BD	12.00 p.m.	6.00 p.m.
9	Boots	M32 9BD	10.00 a.m.	4.00 p.m.
10	Boots	WA14 1RH	11.00 a.m.	5.00 p.m.
11	Boots	WA14 5GR	10.30 a.m.	4.30 p.m.
19	Conran Late Night Pharmacy	M41 5SJ	9.00 a.m.	7.00 p.m.
21	Elliotts Pharmacy	M16 0LN	11.00 a.m.	6.00 p.m.
25	Hale Barns Pharmacy	WA15 8NZ	10.00 a.m.	5.00 p.m.
35	Malcolm's Pharmacy	M41 5AA	9.00 a.m.	7.00 p.m.
46	Sainsbury's Pharmacy	M41 0NA	11.00 a.m.	5.00 p.m.
47	Sainsbury's Pharmacy	M33 7SA	10.00 a.m.	4.00 p.m.
48	Sainsbury's Pharmacy	WA14 2SU	10.00 a.m.	4.00 p.m.
51	Tesco In-Store Pharmacy	M33 7XN	10.00 a.m.	4.00 p.m.
52	Tesco In-Store Pharmacy	WA15 9QT	10.00 a.m.	4.00 p.m.
53	Tesco In-Store Pharmacy	M32 0RW	11.00 a.m.	5.00 p.m.
54	Timperley Pharmacy	WA15 7UN	8.00 a.m.	6.00 p.m.

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

Partington is the only area that has limited access to pharmacy services on Sunday, and early morning and late evening Monday to Saturday. Local GP practices offer one late night opening on Monday until 8.30 p.m., but do not open Saturday or Sunday. There is no specific evidence that would indicate there is a need for extra hours beyond those currently provided. Commissioning of additional pharmaceutical service provision in Partington by the HWB partners is not currently seen as a priority for funding.

Changes to pharmacy contractors

The stakeholder group has received no notification of any planned changes to pharmacy contractors other than those that may occur due to the information provided in 6.4.1.

6.1.4 Access to Medicines Use Reviews (MUR)

Appendix 7 provides a list of pharmacies providing MUR advanced services.

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

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

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

In 2015/16 a total of 19,139 MURs were provided by 62 of the pharmacies with 33 pharmacies claiming at or near the maximum number of MURs.

Figure 11 - Number of MURs delivered by pharmacies in Trafford by neighbourhood (2014/15 compare to 2015/16)

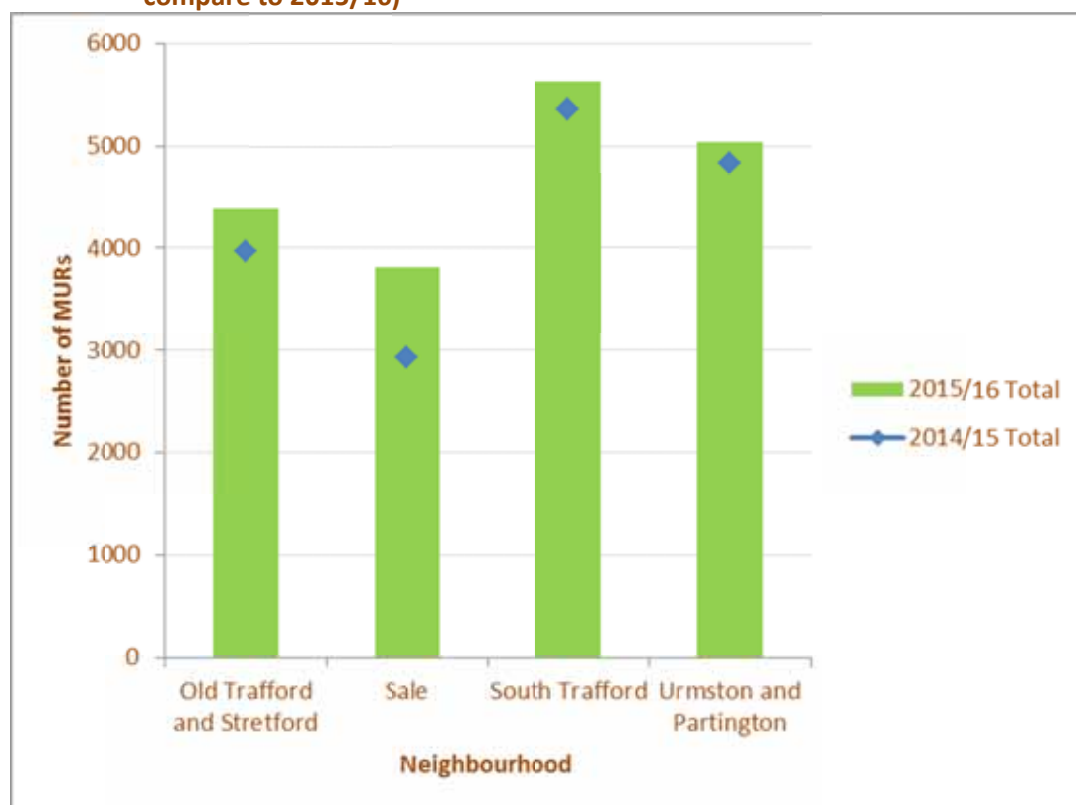
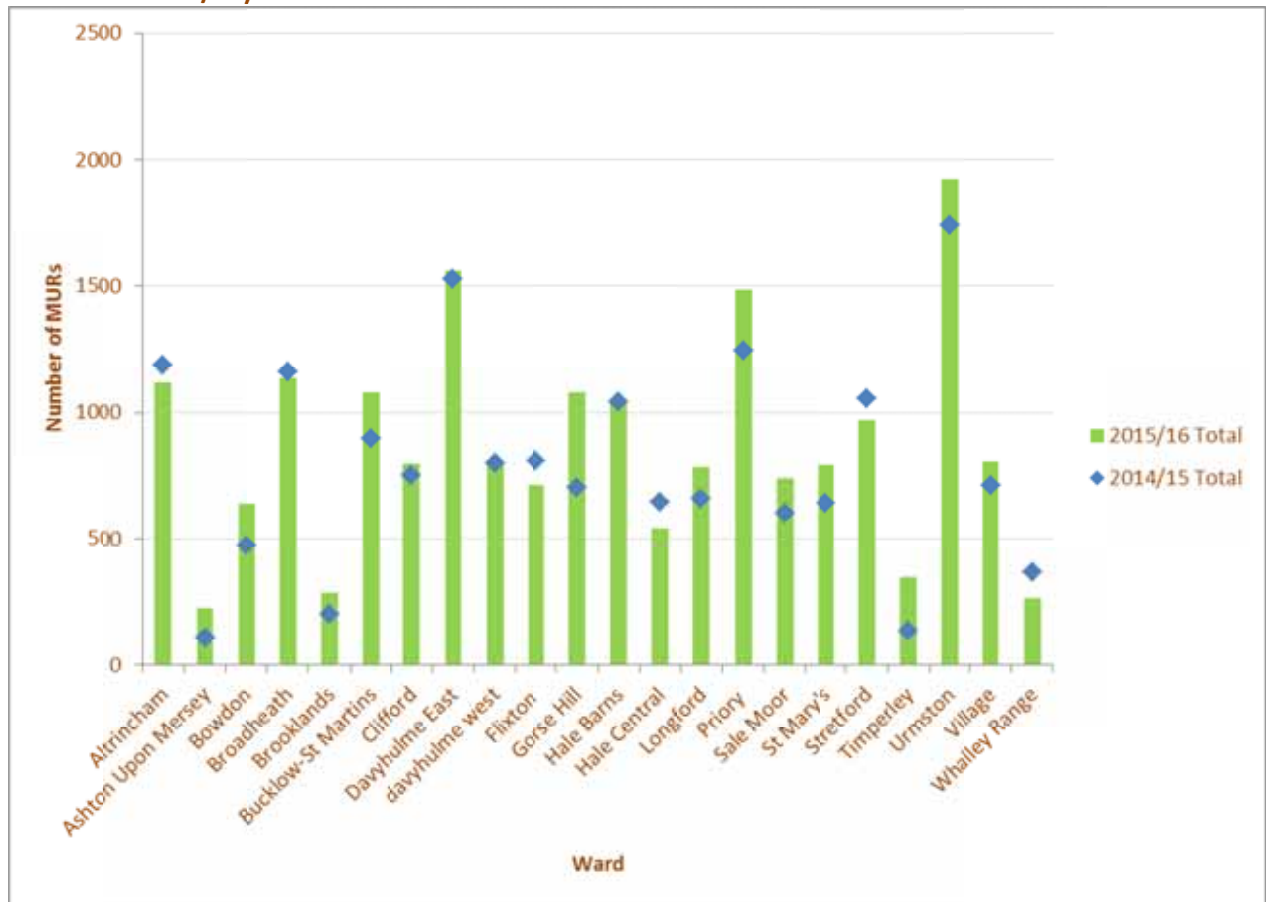


Figure 12 - Number of MURs delivered by pharmacies in Trafford by ward (2014/15 compare to 2015/16)



Up to 400 MURs can be provided at each pharmacy, giving an overall maximum number of 26,000 per annum. However with three pharmacies not providing the service the actual number of MURs that could have been undertaken is 24,800.

MURs are accessible to residents in all four neighbourhoods.

6.1.5 Access to New Medicine Service (NMS)

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

In 2015/16 a total of 4,345 NMS interventions were provided by 54 pharmacies.

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

NMS are accessible to residents in all four neighbourhoods

6.1.6 Access to stoma appliance customisation

In 2015/16 a total of 144 stoma customisations were provided by 10 pharmacies across all four neighbourhoods. This low level of provision reflects the specialist nature of the provision of appliances and it would be expected that this service is provided by DACs specialising in the provision of stoma appliances.

6.1.7 Access to Appliance Use Review (AUR)

No pharmacies provided AURs during 2014/15 and 2015/16; this low level of provision reflects the specialist nature of the provision of appliances and it would be expected that this service is provided by DACs.

DACs in Greater Manchester delivered 1,017 AURs in 2014/15 and 971 in 2015/16 according to data from NHS England Area Team. The majority of these were delivered in the patient's own home.

6.1.8 Access to Community Pharmacy Seasonal Influenza Vaccination programme

According to data provided by NHS England Area Team 43 pharmacies are delivering this service for 2016/17, providing 3,798 vaccinations so far during September and October 2016. This is compared to 3,500 vaccinations for all of 2015/16. Nationally, the number of influenza vaccinations delivered so far during 2016/17 has increased, only limited local data is available at this time.

6.1.9 NHS Urgent Medicine Supply Advanced Service (NUMSAS)

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

6.1.10 Access to enhanced services

The inhaler technique service was commissioned from 14 pharmacies in 2015/16, however, only 5 pharmacies showed any activity. It is this low number of deliveries that is resulting in review of the service, with a potential relaunch. This is likely to take place during 2017/18 and the commissioned pharmacies may well change.

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

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

6.2 Necessary services: current provision 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.

6.3 Other relevant services - current provision

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

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

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

6.3.1 Other relevant services within the HWB's area

52 pharmacies provide essential and advanced services through supplementary hours. The totality of these hours covers evenings, Saturday and Sunday. The data on the spread of opening hours provided by NHS England is shown in Appendix 8 and Map 7 & 8 (see section 6.1.3).

6.3.2 Other relevant services provided outside the HWB's area

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

6.3.3 Other relevant services

Whilst the HWB consider enhanced services as providing an improvement or better access to pharmaceutical services, only one is currently commissioned by NHS England¹⁵ and this is currently under review and does not have guaranteed ongoing funding. The HWB is mindful of local commissioned services as described in section 3.6.6 and 6.5.4).

6.3.4 Choice with regard to obtaining pharmaceutical services

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

Within the HWB's area they have a choice of 65 pharmacies which have been utilised to dispense over 5 million prescription items in Trafford. Residents can choose to access pharmacies in neighbouring areas, although due to geography most are dispensed within Trafford. A proportion of these items were dispensed in Manchester HWB areas but not in significant numbers.

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

¹⁵ By MM/YYYY

6.4 Future provision – necessary and other relevant services

6.4.1 Housing and development

There is currently a shortfall between the existing housing land supply and the Greater Manchester Spatial Framework (GMSF) target of some 5,500. However, this is not unique to Trafford and options to address this are being considered as part of the preparation of the first complete version of the GMSF, which is due to be published in the autumn.

Current planned major residential schemes in Trafford include:

Future Carrington – The plan is eventually for additional 5,000 – 7,000 residential units. Enabling works for phase one, comprising 900 new homes, are due to start in summer 2017 with delivery of residential units planned for summer 2018; all subject to planning approval. There will be no impact on pharmaceutical needs during phase one, unless occupied homes exceed 500.

Trafford Waters – Planning permission has been approved for up to 3,000 new homes, 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.

Altair – Planned to provide 150 new apartments in Altrincham adjacent to the Interchange. Phase one of the development for 59 new apartments has now received planning permission. This will not impact pharmaceutical needs.

Pomona Island/Cornbrook Hub (Manchester Waters) – There is potential for approximately 2,500 residential units alongside the Manchester Ship Canal. Phase one comprising 164 apartments started on site in April 2016.

Partington Canalside – Planning consent has been given for 550 new homes, including a mix of family type housing.

For all residential developments, except Future Carrington, existing pharmaceutical service provision will be adequate or insufficient progress will have been made to affect this PNA during its lifetime.

6.4.2 Primary Care developments

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

Within Trafford there 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.

The Altrincham Health and Wellbeing Centre and the Shrewsbury Street Limelight developments are new buildings which are intended to house existing healthcare provision, It is intended that existing contractors will move into the new premises, subject to approval.

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

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

6.4.3 Hospital pharmacies

Patients attending these, on either an inpatient or outpatient basis, may require prescriptions to be dispensed. There are two hospitals in the HWB's area Trafford General Hospital and Altrincham Hospital & Minor Injuries Unit. Both sites are managed by Central Manchester University Hospitals NHS Foundation Trust.

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

6.4.4 Personal administration of items by GPs

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

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

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

6.4.5 GP out of hours service

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

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

6.4.6 Locally commissioned services – Trafford Council and NHS Trafford CCG

Since 1st April 2013 Trafford council has been responsible for the commissioning of some public health services. In addition the CCG commissions a number of services that have an impact. Appendix 5 sets out the services currently commissioned and the number of pharmacies providing these services.

The patient survey indicated that more can be done to increase awareness and encourage uptake of these commissioned services. Consideration should be given as to how we can utilise this part of NHS to help meet the increasing needs for healthcare provision.

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. 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 8% of children living in poverty in Ashton on Mersey, compared to 26% in St Mary's ward. St Mary's and Sale Moor have higher rates of alcohol admissions to hospitals than the national average. Sale Moor and Priors have two of the lowest overall cancer rates in Trafford.

Cardiovascular disease in Sale neighbourhood is lower than the national average, both for heart attacks and coronary heart disease. However, COPD rates (as recorded by primary care) are higher than the average. Central Trafford residents engage well in cancer screening, with high rates of bowel, breast and cervical screening. However, their uptake of NHS health checks is less good.

To address the high rates of COPD, physical activity, stopping smoking and self-care are recommended.

It is important that the population is encouraged to maintain their healthy lifestyles, and there may need to be some particular attention paid to alcohol consumption.

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. Two pharmacies offer extended hours and are located centrally within the Neighbourhood.

INSERT MAP SHOWING PHARMACIES AND OPENING TIMES IN NEIGHBOURHOOD.

Map 9 shows that there are nine pharmacies open on Saturday (four for the morning only) and two open on Sunday.

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

Four of the five Trafford Borough wards with the lowest male life expectancy are in this neighbourhood. Women in Gorse Hill ward live almost 7 years longer than men living in Gorse Hill, however, life expectancy for women in Gorse Hill is not high, and is 5 years less than in Hale Central.

Old Trafford and Stretford Neighbourhood has higher levels of deprivation than the Trafford average; this is also associated with higher rates of disease (including mental health issues). All wards in this neighbourhood have high levels of child poverty, with 43% of children living in Clifford ward living in poverty, after housing costs have been taken into account.

The majority of Trafford's black and minority ethnic (BME) population live in this neighbourhood. 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.

Gorse Hill, Stretford and Longford wards all have high rates of emergency hospital admissions for heart attacks. Clifford, Longford, Gorse Hill and Stretford wards have high rates of emergency hospital admissions for coronary heart disease. Furthermore Longford, Gorse Hill and Clifford wards have high rates of elective or planned hospital admissions for coronary heart disease.

Stretford ward has the highest rate of emergency hospital admissions for injurious falls in people aged 65 years and over in Trafford.

Five of the seven Trafford wards with the highest alcohol-related hospital admissions are in this neighbourhood. Four of the six wards with the highest rate of lung cancer cases are also in this neighbourhood. These measures are associated with high rates of alcohol use and smoking.

Early diagnosis and disease prevention can significantly improve the health of a population. Primary care practices in this neighbourhood have the lowest rates of cervical screening and bowel cancer screening uptake in the borough and have low levels of flu vaccine uptake.

To tackle the increased levels of poor health in this neighbourhood, we need to focus on heart and circulatory disease and cancer prevention. 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. Many people in this population may be experiencing poverty and deprivation and may therefore need additional support to achieve a healthy lifestyle.

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. Six pharmacies offer extended hours and are spread across the Neighbourhood.

INSERT MAP SHOWING PHARMACIES AND OPENING TIMES IN NEIGHBOURHOOD.

Map 10 shows that there are nine pharmacies open Saturday (four for the morning only) and five open on Sunday.

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

Life expectancy for males and females is generally higher in the South than elsewhere in Trafford. However, female life expectancy in Village ward is the 4th lowest in Trafford. Hale Barns has the largest gap between male and female life expectancy, at 7.4 years. This is mainly due to very high female life expectancy (88.8 years).

Almost a third (32%) of Trafford's population live in the South, and the South also has the largest proportion of older people, with 35% of our over 65s and 37% of our over 85s living in this area.

The five lowest wards for hospital admissions related to alcohol are in South Trafford neighbourhood. Village, however, is the 5th worst ward, and Broadheath is also above the national average.

Breast cancer incidence is generally higher in wards in South Trafford, especially Hale Central, Bowdon and Hale Barns, while lung cancer is low in these wards.

South Trafford is lower than the national average for heart attacks and heart disease and generally has the lowest rates in Trafford, with exception of Village ward.

Village is the ward in South Trafford with the highest childhood obesity rates.

While the population of South Trafford is generally healthy, the higher numbers of older people mean that it is important that steps are in place to ensure that people are supported to continue to live independently and to have a healthy older age.

The higher rates of breast cancer in the South reinforce the importance of continuing to promote attendance for screening.

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. Five pharmacies offer extended hours and are spread across the Neighbourhood.

INSERT MAP SHOWING PHARMACIES AND OPENING TIMES IN NEIGHBOURHOOD.

Map 11 shows that there are 13 pharmacies open on Saturday (four for the morning only) and five open on Sunday.

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

Urmston & Partington Neighbourhood has the ward (Bucklow St Martins) with the lowest male life expectancy in Trafford Borough. Furthermore the three wards with the lowest female life expectancy in Trafford are also in this neighbourhood. Out of the five wards in this neighbourhood, only Davyhulme West is in the top half of wards in Trafford for life expectancy for both males and females.

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.

There is a high prevalence of dementia in Urmston & Partington Neighbourhood. The high rates of dementia may be because of better diagnosis rather than increased prevalence, and so could be seen as a positive.

Urmston & Partington Neighbourhood experiences higher levels of heart and circulatory disease and stroke than other neighbourhoods. The prevalence of heart attacks in this neighbourhood is generally higher than the national average and all wards in this neighbourhood are in the top half of

areas in Trafford for heart attacks, coronary heart disease and emergency and elective admissions. The three wards in Trafford with the highest rates of emergency hospital admissions are in this neighbourhood, with Urmston having particularly high rates.

Urmston also has particularly high rates of admissions for falls but this is not sufficient to explain their high emergency admission rates. Emergency admission rates may be linked to a number of causes including heart disease and Chronic Obstructive Pulmonary Disease (COPD) i.e. chronic bronchitis and emphysema. This neighbourhood also experiences high levels of asthma and obesity.

Uptake of bowel and breast cancer screening in this neighbourhood is low although cervical screening rates have increased recently. Bucklow St Martins has the highest incidence of all cancer in Trafford. The rate of lung cancer is especially high in this ward, which is suggestive of high smoking levels. This is also linked to higher rates of deprivation. There are pockets of deprivation in this neighbourhood, for example 34% of children living in Bucklow St Martins ward live in poverty, after housing costs have been taken into account.

Flu vaccination rates are low, which is a concern given the number of care homes and the number of people with asthma. Bucklow St Martins has highest rate of hospital admissions for alcohol in Trafford and all wards in this neighbourhood are higher than the national average.

To tackle the increased levels of poor health in this neighbourhood, there is a need to focus on heart and circulatory disease and cancer prevention. 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. Many people in this population may be experiencing poverty and deprivation and may therefore need additional support to achieve a healthy lifestyle. This is particularly relevant to Partington residents.

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. Four pharmacies offer extended hours, but are located in northern part of the Neighbourhood.

INSERT MAP SHOWING PHARMACIES AND OPENING TIMES IN NEIGHBOURHOOD.

Map 12 shows that there are 10 pharmacies open on Saturday (five for the morning only) and three open on Sunday. All day Saturday opening and Sunday opening pharmacies are based in the Northern part of the Neighbourhood and the South, namely Partington has no pharmacy provision Saturday afternoon and all day Sunday. . There is no specific evidence that would indicate there is a need for extra hours beyond those currently provided. Commissioning of additional pharmaceutical service provision in Partington by the HWB partners is not currently seen as a priority for funding.

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

8. How pharmaceutical services can help support a healthier population

8.1 Essential Services (ES)

There are seven essential services listed below (Appendix 11). These services must be offered by all pharmacy contractors during all opening hours of the pharmacy as part of the NHS Community Pharmacy Contractual Framework.

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

Medicines management is vital in the successful control of many LTCs (e.g. circulatory diseases, mental health, diabetes) thus having a positive impact on morbidity and mortality. Disease specific guidance (such as that) provided by the National Institute for Clinical & Healthcare Excellence (NICE) regularly emphasises the importance of medicines optimisation and adherence in control of conditions such as hypertension, asthma and stroke.

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

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

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

ES4 provides the ability to:

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

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

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

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

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

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

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

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

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

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

8.2 Advanced Services

There are six advanced services (Appendix 7) within the NHS community pharmacy contractual framework. Community pharmacies can choose to provide any of these services as long as they meet the requirements set out in the Secretary of State Directions:

- Medicines Use Reviews (MUR)
- New Medicines Service (NMS)
- Appliance Use Review (AUR)
- Stoma Appliance Customisation (SAC)
- Flu vaccination
- NHS Urgent Medicine Supply Advanced Service (NUMSAS) (Due to start January 2017 and run until 31st March 2018.)

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 service may or may not be accessible for all of the pharmacies opening hours.

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

8.3.1 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 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.

8.4 NHS Trafford CCG locally commissioned services

8.4.1 Access to palliative care medicines

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

As the service is commissioned by NHS 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.

8.4.2 Minor ailment scheme

NHS Trafford CCG commission a minor ailment service 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. 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.

There is an option for NHS Trafford CCG to have NHS England commission this service on their behalf as an enhanced service. This would require them adopting the standardised service specification that NHS England provides.

8.4.3 Do not prescribe scheme

NHS Trafford CCG commission a Do Not Prescribe scheme that aims to reduce waste by incentivising pharmacies to question patients as to their repeat medication needs and ensure only those items that will be required in the next one to two months are dispensed. It is also intended to identify any potential issues with the patient taking their medication and, if consent is provided, inform the patient's GP.

This is currently being run as a pilot to assess whether it delivers value for money before considering continuation and further role out.

8.5 Trafford Council locally commissioned services (LCS)

8.5.1 Stop smoking

This service is commissioned by Trafford council as a LCS, however pharmacies are just one of several providers of this service. As stop smoking is commissioned by the council, it is not envisaged that within the lifetime of this PNA there is or will be a need for it to be commissioned as part of pharmaceutical services.

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

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

8.5.2 Alcohol and substance misuse

As needle exchange and the supervised consumption of methadone/buprenorphine are commissioned by the council, it is not envisaged that within the lifetime of this PNA there is or will be a need for either service to be commissioned as part of pharmaceutical services.

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

It aims to:

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

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

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

It is a medicines adherence service which aims to:

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

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

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

- Pharmacies are required to participate in up to six public health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by NHS England.
- Where the pharmacy does not provide the LCS for needle exchange or supervised consumption of methadone/buprenorphine or alcohol screening, signposting people using the pharmacy to other providers of the services.

8.5.3 Sexual health - Teenage pregnancy

There is a very strong evidence base for the use of emergency hormonal contraception (EHC) in reducing unplanned or unwanted pregnancies, especially within teenage years. Its use forms part of an overall national strategy to reduce the rate of teenage pregnancy with England. The drug levonorgestrel is used for EHC under the Trafford Council scheme commissioned from pharmacies.

Through this scheme levonorgestrel is supplied under a PGD to women who meet the criteria for inclusion of the PGD and service specification. The drug can also be prescribed using an FP10 prescription. It may also be bought as an over the counter medication from pharmacies, however the user must be 16 years or over, hence the need for a PGD service within pharmacies which provides access from 13 to 25 years of age.

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

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

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

8.5.4 Other sexual health services

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

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

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

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

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

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

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

8.5.5 NHS Health Checks

This screening programme was introduced in Trafford to help prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia. Everyone between the ages of 40 and 74 years, who has not already been diagnosed with one of these conditions or have certain risk factors, is eligible to have a check (once every five years) to assess their risk of cardiovascular disease. All people identified with a medium or high risk are given support and advice to help them manage their risk.

The programme is provided in all but one GP practice. There has been a pilot project running to serve the patients of the non-participating general practice; two community pharmacies have been delivering Health Checks to the patients of this practice (only). The pilot will be evaluated soon and any revisions needed to future delivery will be arranged. From 2013 to the present time, the percentage of people that received an NHS Health Check of those offered one in Trafford is 49%¹⁶.

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

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

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

¹⁶ http://www.healthcheck.nhs.uk/interactive_map/compare_local_authorities_or_centres/

8.5.6 Mental health and well being

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

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

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

8.5.7 Health prevention

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 the four 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 65 such pharmacies. The core hours are provided in Appendix 6 and this is supported by Map 2, 3, 4, 6 and 7.

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

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.
- Map 3 showing the population density per square km by Census 2011 Output Area and the relative location of pharmacy premises.
- Map 4 showing the Index of Multiple Deprivation and deprivation ranges compared to the relative location of pharmacy premises.
- Maps 6 illustrate that the majority of the residents of the HWB within a walking distance of 1 mile. Map 7 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 10 -13).
- The choice of pharmacies covering each of the four PNA neighbourhoods and the whole HWB area (Appendix 8).
- All patients surveyed thought location of a pharmacy was an important factor with regards to accessing pharmacy (Appendix 3).
- All patients surveyed had not had any problems accessing a pharmacy service in the past year due to location and approximately 90% were satisfied with the opening hours of the pharmacy they used (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 and better access: gaps in provision of pharmaceutical services

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

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

The location of premises and choice of provider is not as extensive beyond the standard 40 core hours as described under the previous consideration of what is necessary. However in each 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.

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

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

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

Whether commissioned as enhanced or LCS, the HWB consider these to provide both an improvement and better access to such services for the residents of Trafford HWB area where such a

requirement has been identified and verified at a local level. At the time of writing this PNA, the HWB has not identified either itself or through consultation any requirement to provide either further those services already commissioned or to commence the provision of enhanced pharmaceutical services not currently commissioned.

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

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

THE CONCLUSIONS REACHED ARE BASED ON THE INFORMATION CURRENTLY CONTAINED WITHIN THE PNA. SHOULD ANYTHING OF RELEVANCE BE IDENTIFIED DURING THE CONSULTATION THAT MAKES IT NECESSARY TO REVIEW AND ALTER THE CONCLUSION THEN THIS WILL TAKE PLACE ONCE THE CONSULTATION RESPONSES HAVE BEEN CONSIDERED.

11.1 Current provision – necessary and other relevant services

As described in particular in sections 6.1, 6.2 and 6.3 and required by paragraphs one and three of schedule 1 to the Regulations, 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.

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

11.2.4 Access to advanced and enhanced services

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

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

11.3 Future provision of necessary services

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 specified future circumstances have been identified.

11.4 Improvements and better access – gaps in provision

As described in particular in section 10 and required by paragraph 4 of schedule 1 to the 2013 Regulations, 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 and 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 and future access to advanced services

Not all pharmacies are currently offering MURs or NMS. However, these services are not commissioned by NHS England and provided by the pharmacy that have opted to do so.

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

In 2015-16, 11 pharmacies did not provide the NMS. NHS England will encourage pharmacies and pharmacists to become eligible to deliver the service so that more eligible patients are able to access and benefit from this service.

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

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

11.4.3 Current and future access to enhanced services

NHS England commissioned just two enhanced service (minor 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.

11.6 How the assessment was carried out

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

In respect of how the HWB considered whether to determine neighbourhoods in its area for the purpose of this PNA, see section 3 and section 6 and maps 10 – 13.

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

In respect of the consultation undertaken by the HWB, see Appendix 13 **(TO BE ADDED POST CONSULTATION)**.

11.7 Map of provision

As required by paragraph seven of schedule 1 to the 2013 Regulations, the HWB has published a map of premises providing pharmaceutical in Map 5 (Section 6.1). Additional maps are also provided throughout and as listed in Appendix 11.