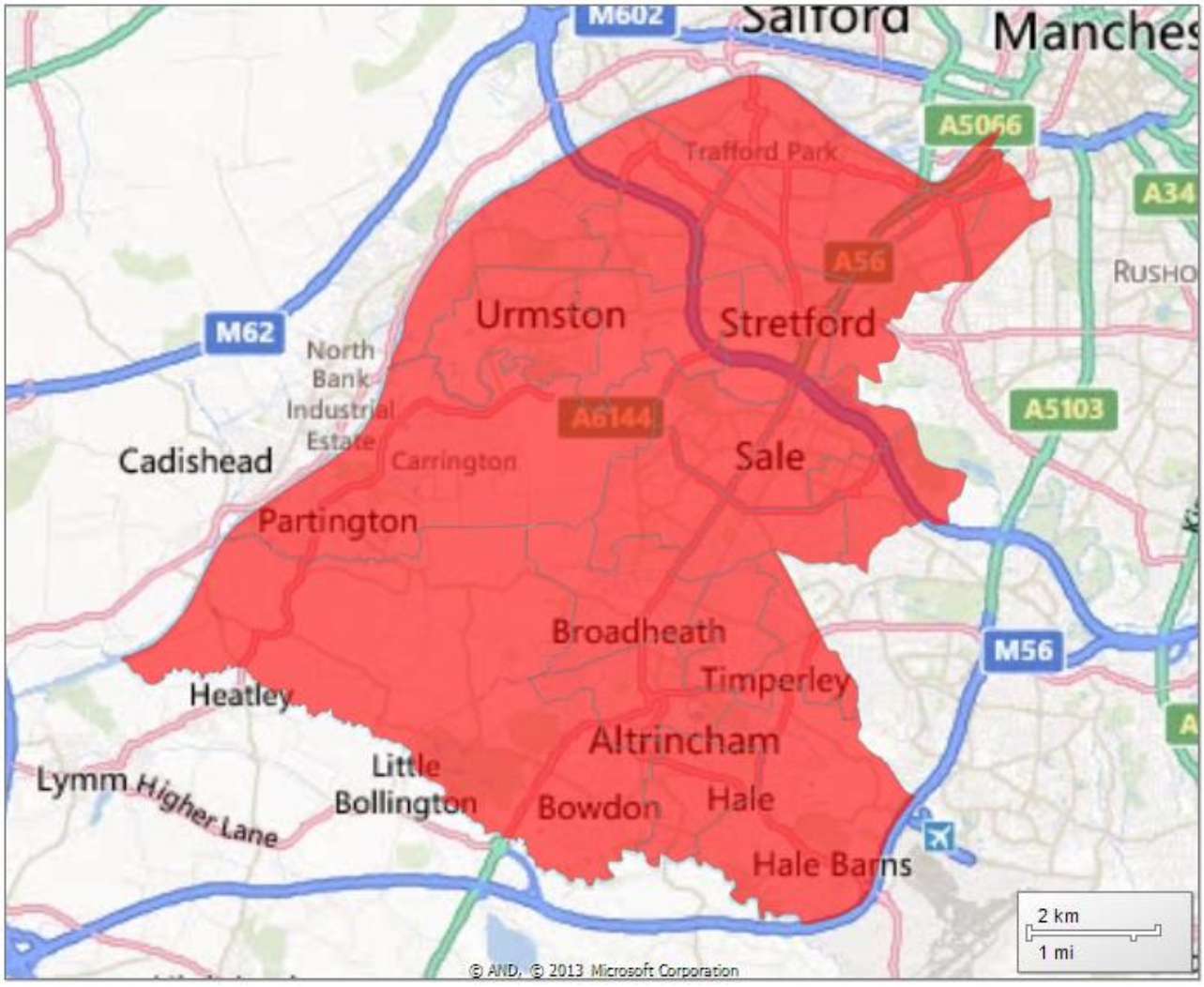
NHS
Greater Manchester
Commissioning Support Unit

TRAFFORD
COUNCIL

Trafford Council Pharmaceutical Needs Assessment

Date: 1st April 2014 v1.0



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

Contents

1.0 Foreword and Executive Summary

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

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

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

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

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

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

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

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

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

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

2.1 Background

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

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

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

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

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

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

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

3.0 Context of the PNA

3.1 Purpose of a PNA

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

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

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

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

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

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013: No. 349 PART 3 Regulation 13 states that:
Current needs: additional matters to which the NHSCB[1] must have regard
13.—(1) If the NHSCB[1] receives a routine application and is required to determine whether granting it, or granting it in respect of some only of the services specified in it, would meet a current need

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

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

3.2 Scope of assessment

A PNA is defined in the regulations as:

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

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

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

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

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

3.2.1 Definition of Pharmaceutical Services

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

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

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

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

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

Trafford’s HWB area has no dispensing doctors.

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

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

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

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

3.2.2 Pharmaceutical Services Contractual arrangements[iii,iv]

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3.2.3 Locally commissioned services

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

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

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

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

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

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

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

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

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

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

Sexual Health Services:

- Emergency Hormonal Contraception
- Chlamydia Testing and treatment

Harm Reduction services including:

- Supervised Methadone/Buprenorphine
- Needle Exchange
- Smoking Cessation

Current review of Emergency Hormonal Contraception Service by Community Pharmacy

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

Community Pharmacy Services now commissioned by NHS England:

- Minor Ailment Scheme
- Palliative Care
- Headlice Eradication

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

For a description of the service please refer to appendix 1

3.3 Non-commissioned added value community pharmacy services

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

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

3.4 Hospital pharmacy

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

Table 1: Hospital Choice for Trafford Residents

Hospital Trust	Patient numbers	%
CENTRAL MANCHESTER	38,511	56%
SOUTH MANCHESTER	24,166	35%
Salford Royal	5,439	8%
		99%

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

3.5 What is excluded from scope of the assessment?

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

3.5.1 Prison pharmacy

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

3.6 Process followed for developing the PNA

The PNA followed guidance set out by:

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

Stage 1:
The PNA was developed using a project management approach and a steering group was established in May 2013 consisting of Local Authority representatives, GMCSU Medicines Management Team, and a Project Manager. This steering group has been responsible for the completion of the PNA and to ensure that the PNA meets at least the minimum requirements. This steering group approved the template for the PNA, along with all public facing documentation.

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

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

Stage 3:
The content of the PNA was produced. This included demographics, mapping, analytics and background information. This darft PNA was then approved by the steering group to go to consultation.

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

Stage 4:
The consultation took place from 3 October 2013 to 6 December 2013 for a period of 64 days, in line with the Department of Health Regulations on the development of the PNA. This is based on Section 242 of the NHS Act 2006 which requires PCTs to involve users of services in:

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

- Decisions affecting the operation of services.

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

Stage 5:
The consultation responses have been analysed and used to pull together the final PNA document which was approved by the Health and Wellbeing Board on 3rd April 2014. The PNA was then published on the website on 4th April 2014.

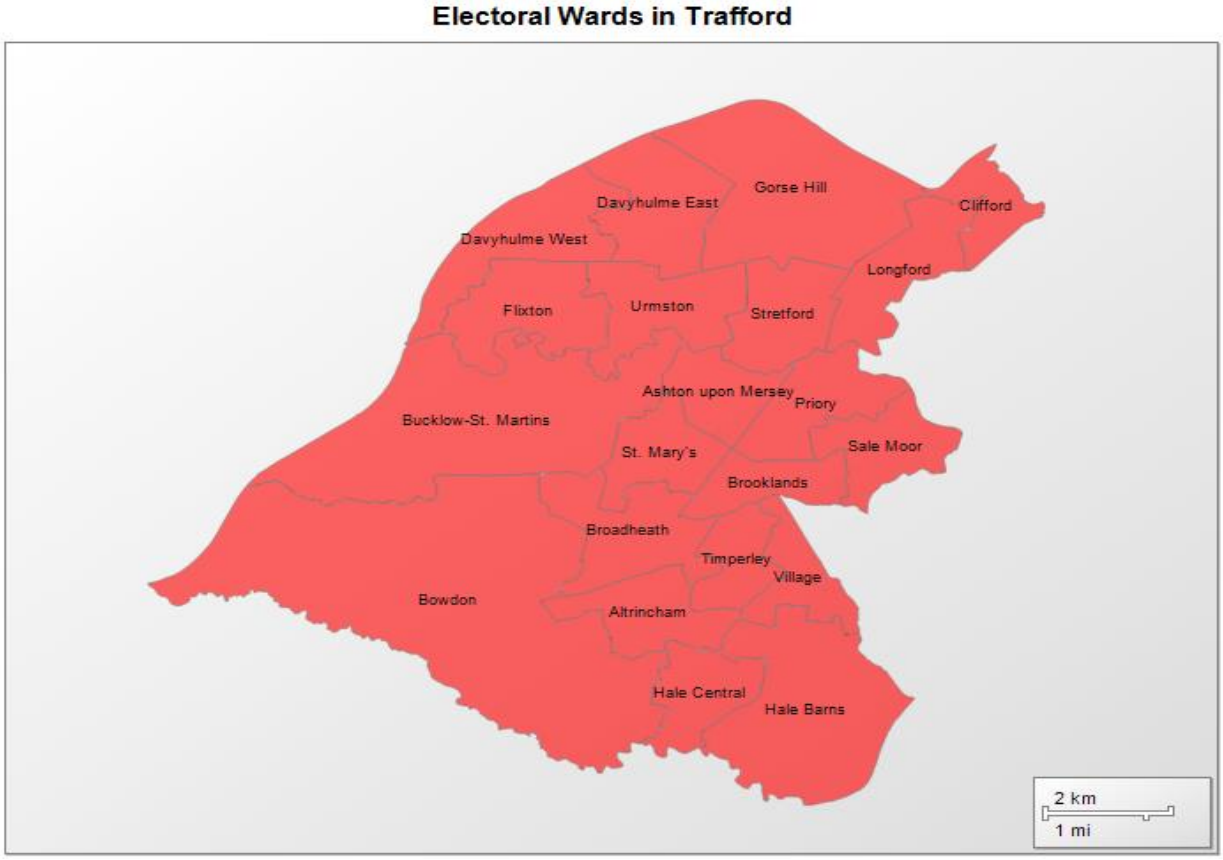
3.7 Localities for the purpose of the PNA

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

Trafford is made up of 21 wards.

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

Map 1: Electoral Wards in Trafford



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

3.8 Services provided across the border in other Local Authority areas

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

3.9 PNA consultation

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

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

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

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

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

3.10 PNA review process

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

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

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

4.0 Population Demography

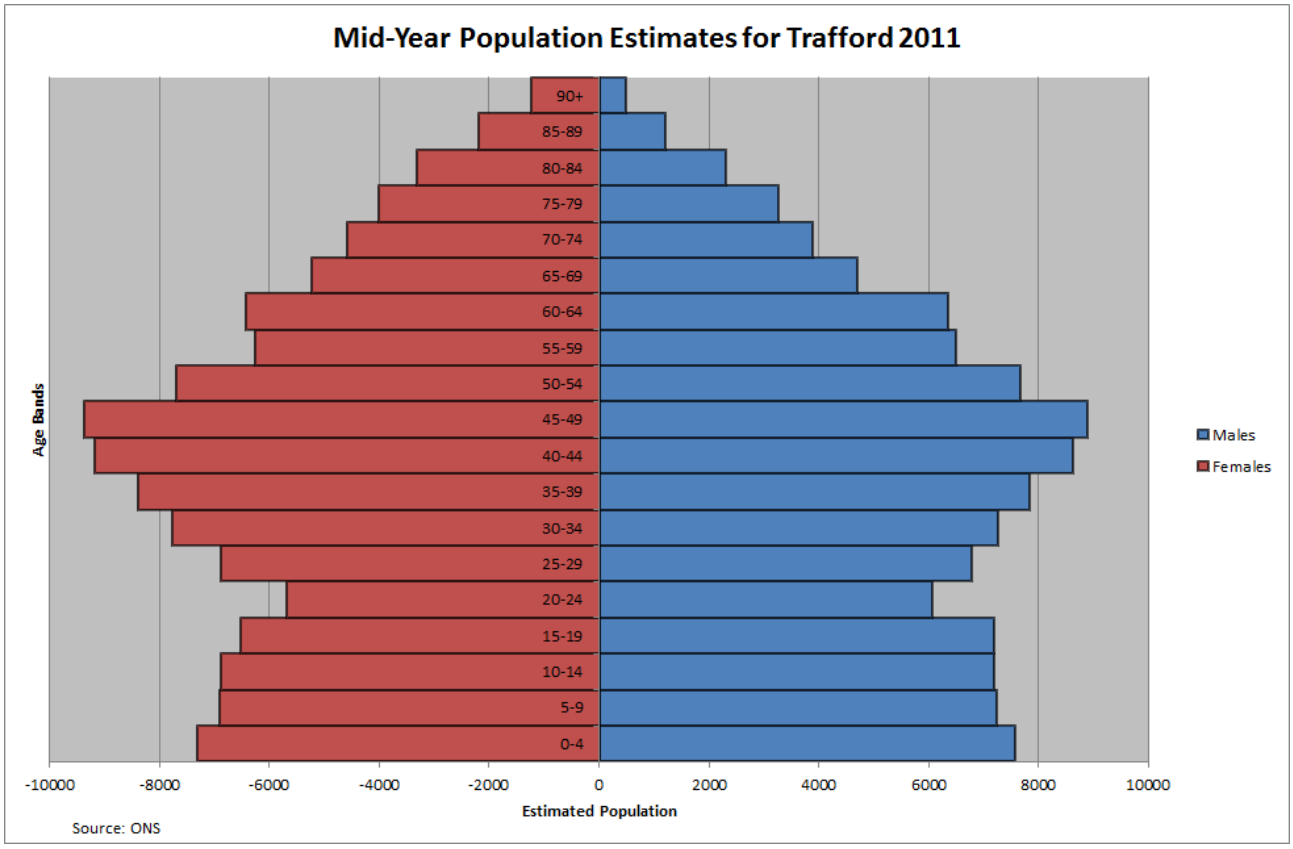
4.1 Overview

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

4.2 Age of Population

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

CHART 1: Mid-Year Population Estimates



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

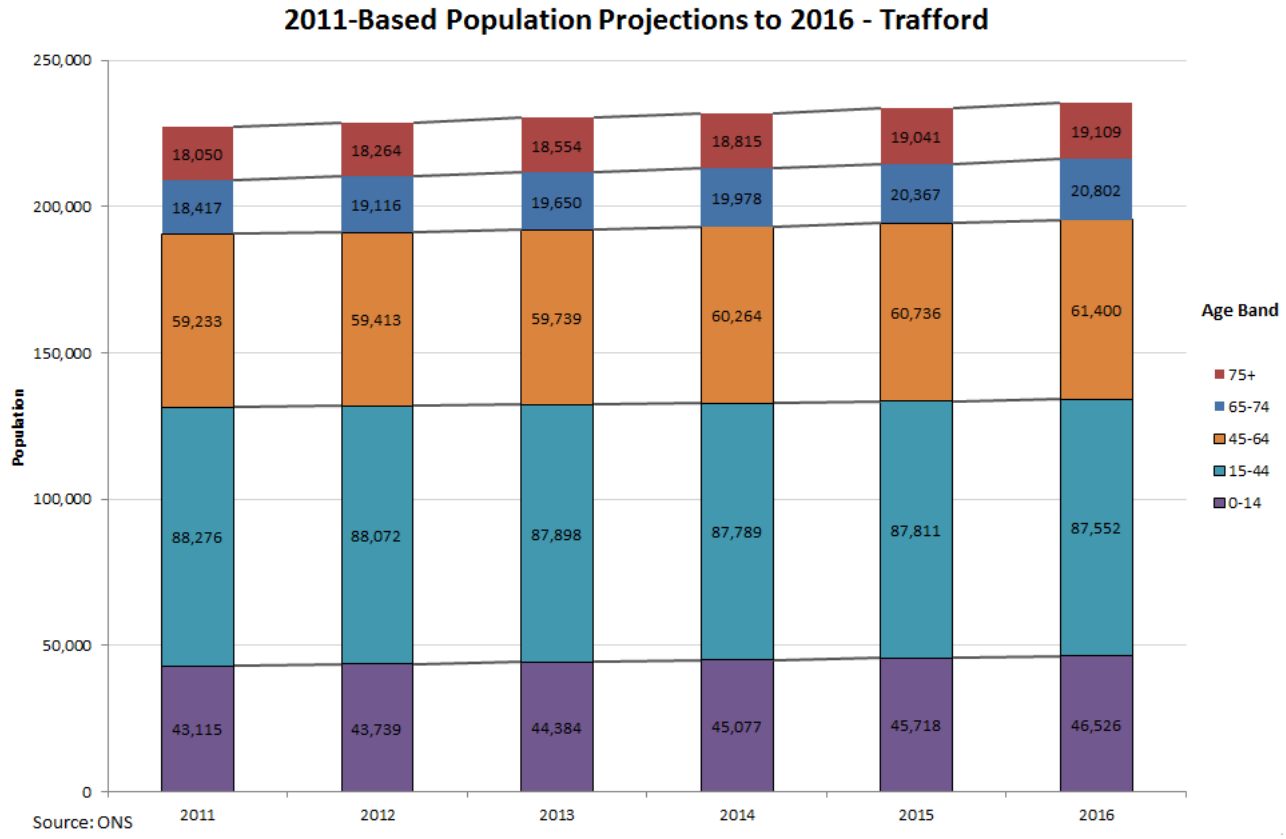
has a very similar age profile to that of England. Since 2001, Trafford's population has increased by 7.8% or 16,400 people and is now estimated to be around 226,600. Some changes to note are there has been a drop in the number of people who are aged between 30 and 40. There has also been an increase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

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

4.3 Future Age Trends

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

CHART 2: Population Projections to year 2016



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

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

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

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

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

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

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

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

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

4.4 Life Expectancy

Table 2: Life Expectancy Gap

Life Expectancy Gap at Birth in Trafford 2009-11

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

Source: ONS

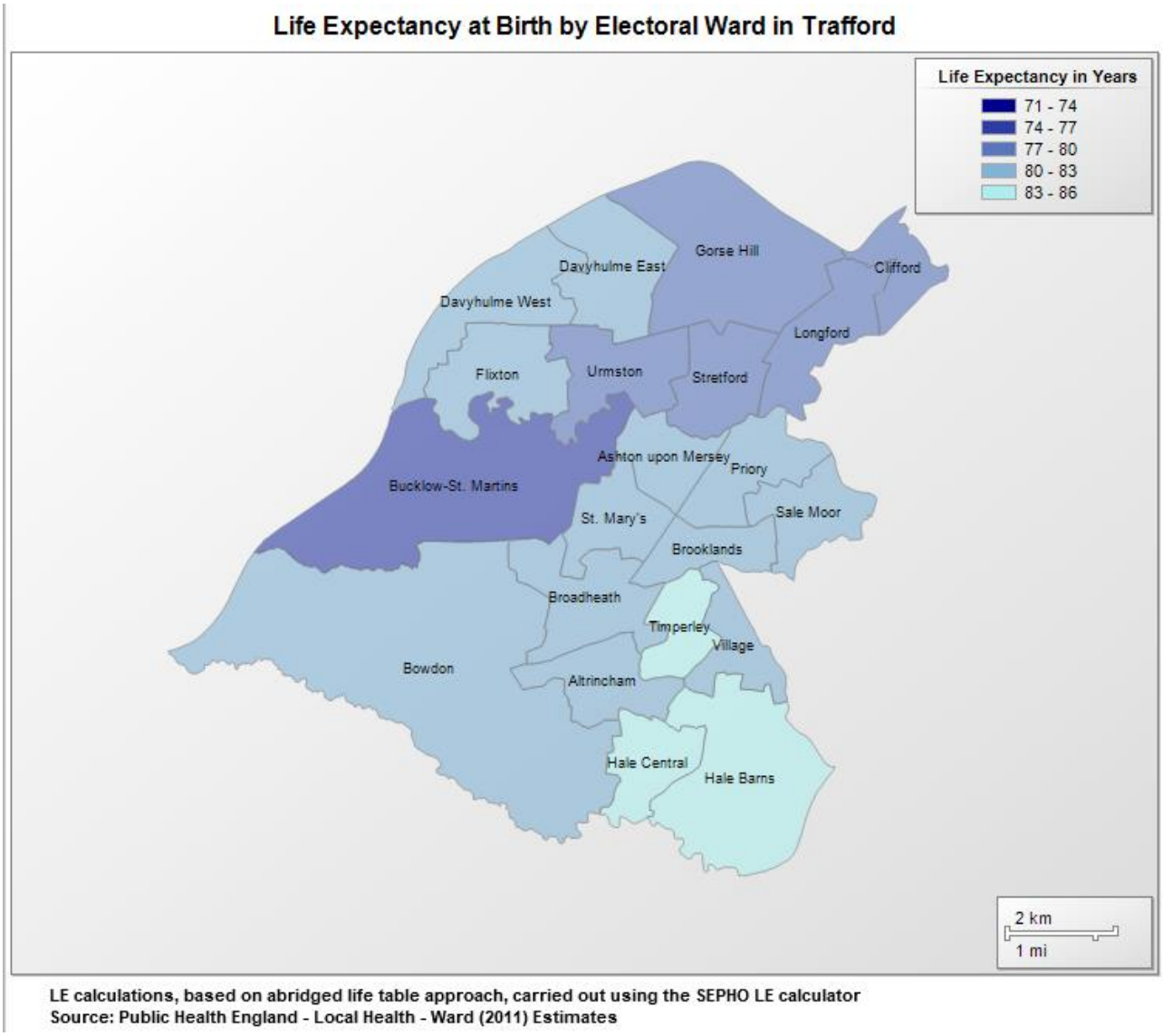
The average life expectancy of a man born in Trafford today is 79.5 years and 83.5 years for women, both slightly above the national averages. This has been increasing over the last decade, and is expected to increase for the foreseeable future. This means more and more people will live into what we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

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

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

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

Map 2: Internal Life Expectancy Gap within Trafford

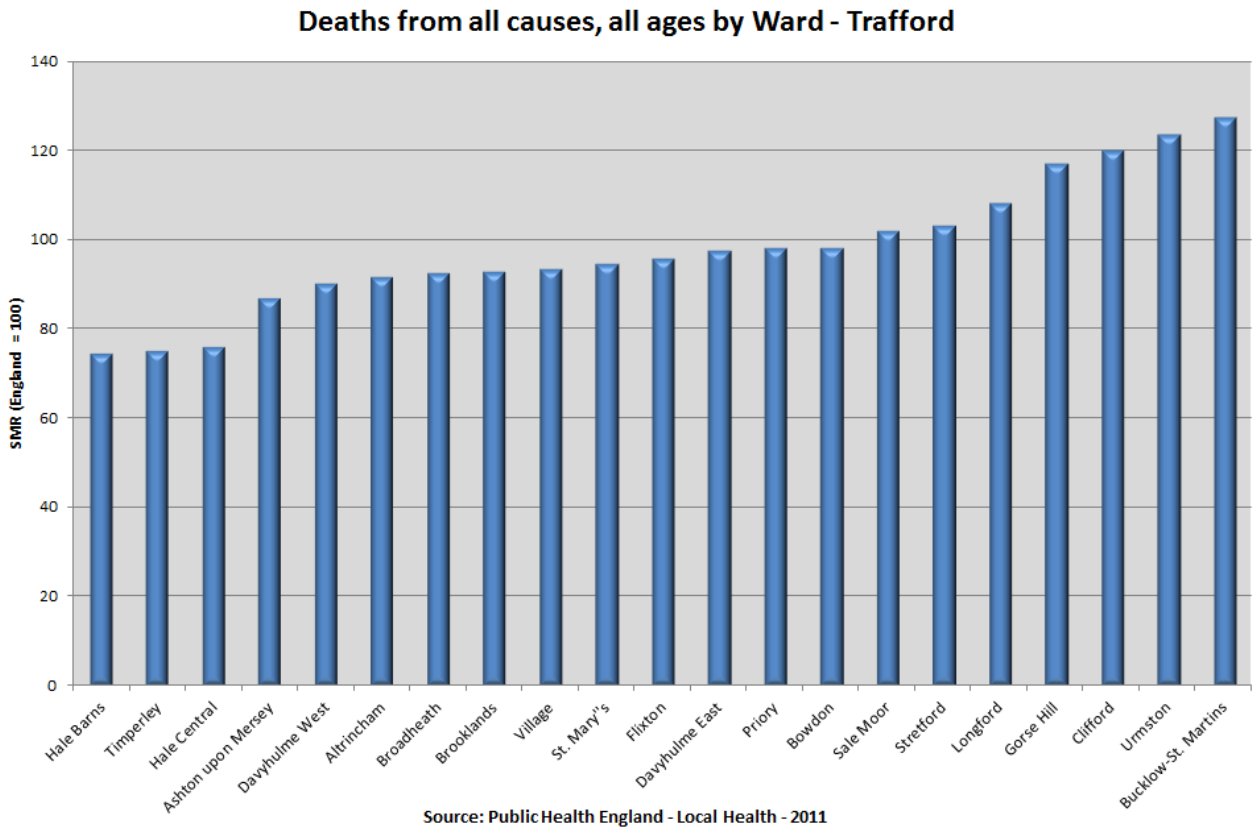


It can be seen from the shading on the map that life expectancy in the South of the borough is higher than in the North. The ward with the shortest life expectancy is Bucklow-St.

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

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

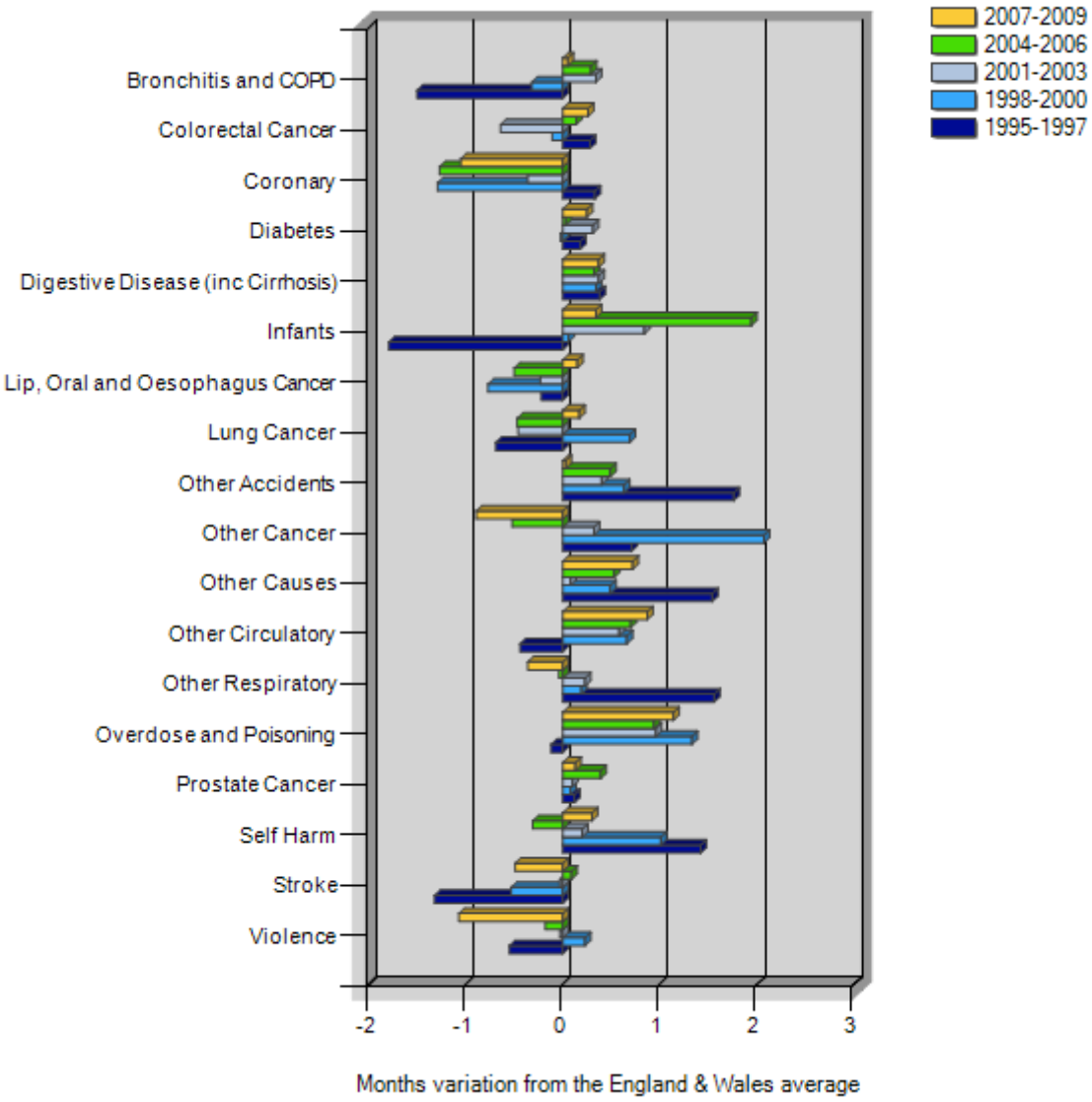
Chart 3: Trafford Deaths from All Causes, All Ages by Ward



Disease Specific Population Statistics.

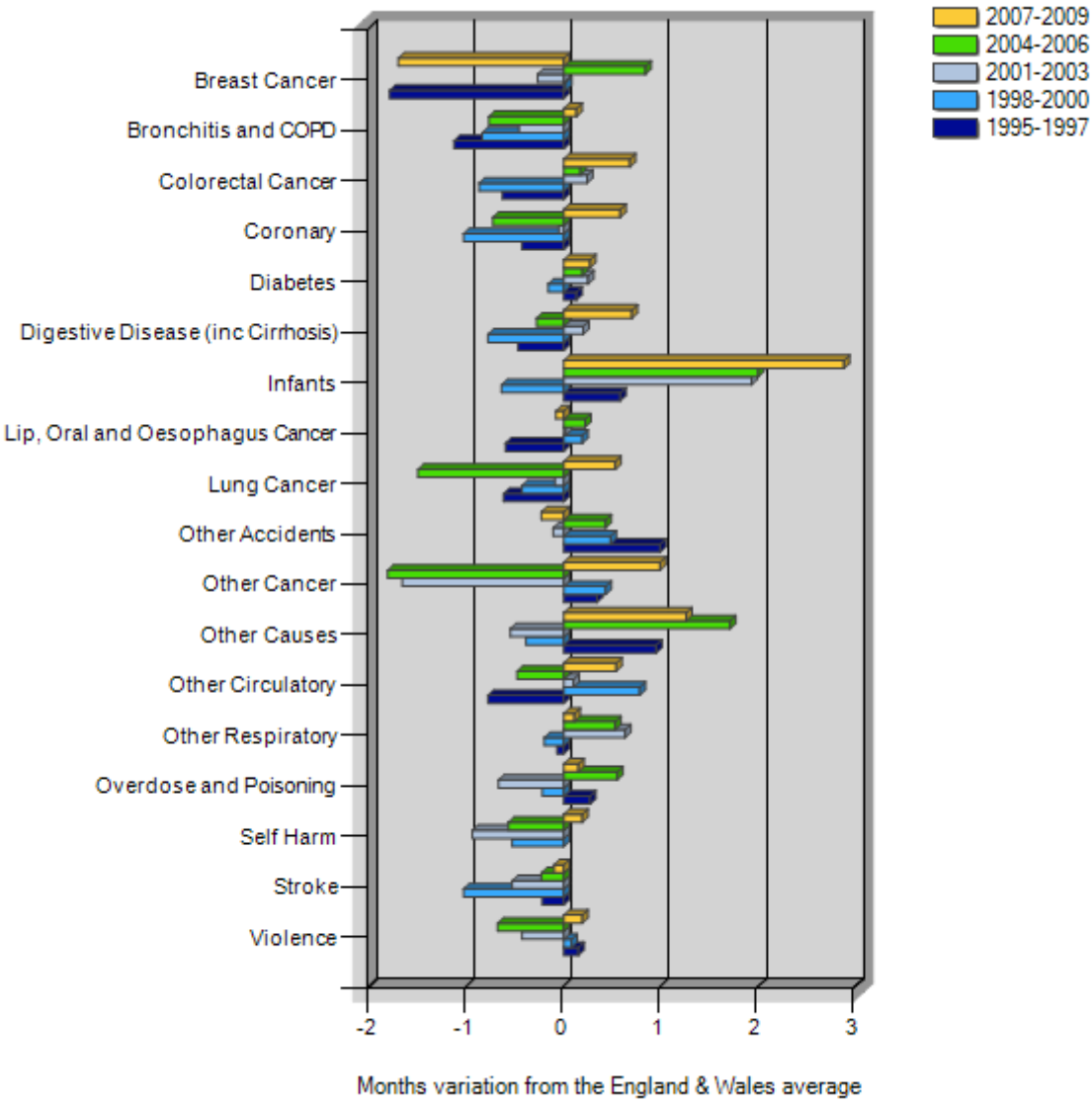
The two charts below show The Difference in Life Expectancy from England by disease area for men (A) and women (B). The yellow bars show where Trafford was in 2009 (the most recent data) compared to previous years, the zero line is where England average lies.

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



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

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



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

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

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

<u>How can pharmacy and the local health partners make an Impact?</u>

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

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

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

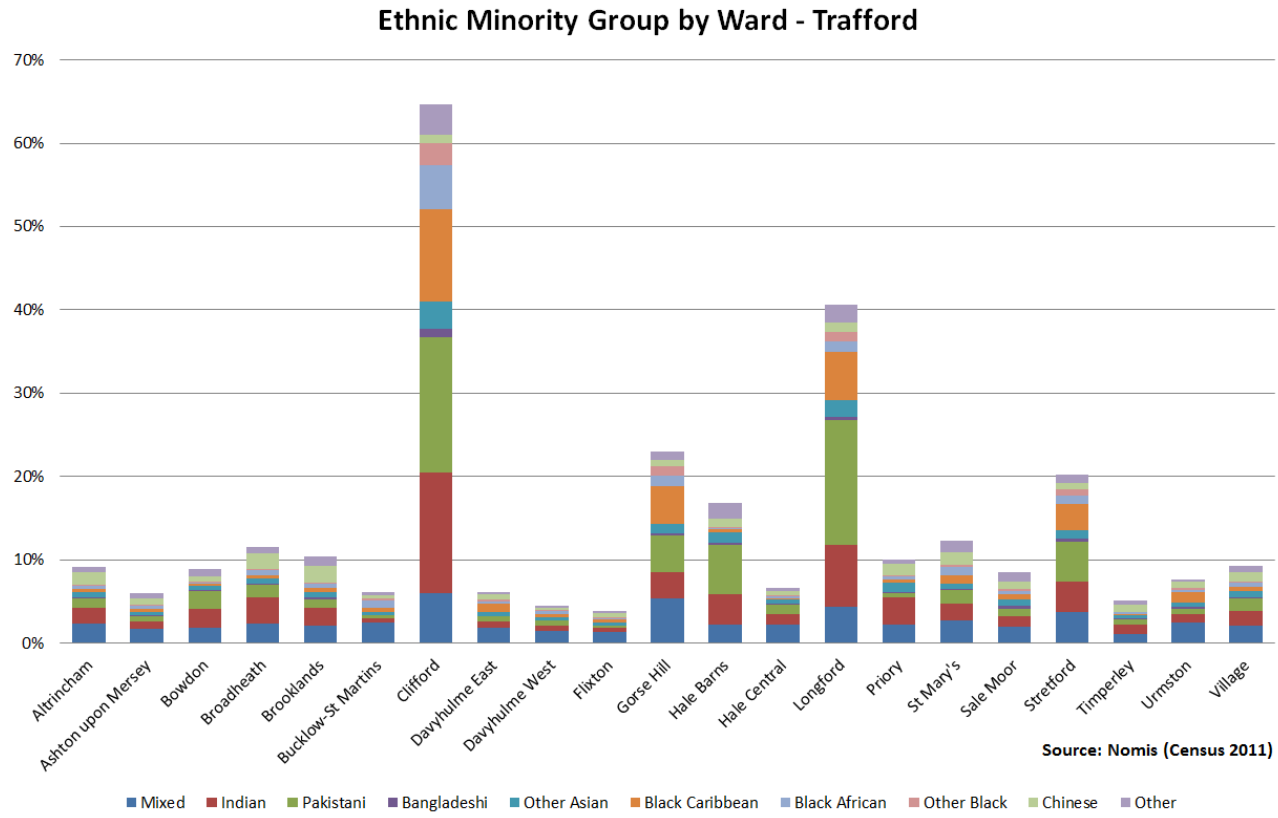
4.5 Ethnicity

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

The main other ethnic groups within Trafford are

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

CHART 4: Ethnic Group by Ward



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

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

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

<u>How can pharmacy and the commissioners improve the health of this population?</u>

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

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

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

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

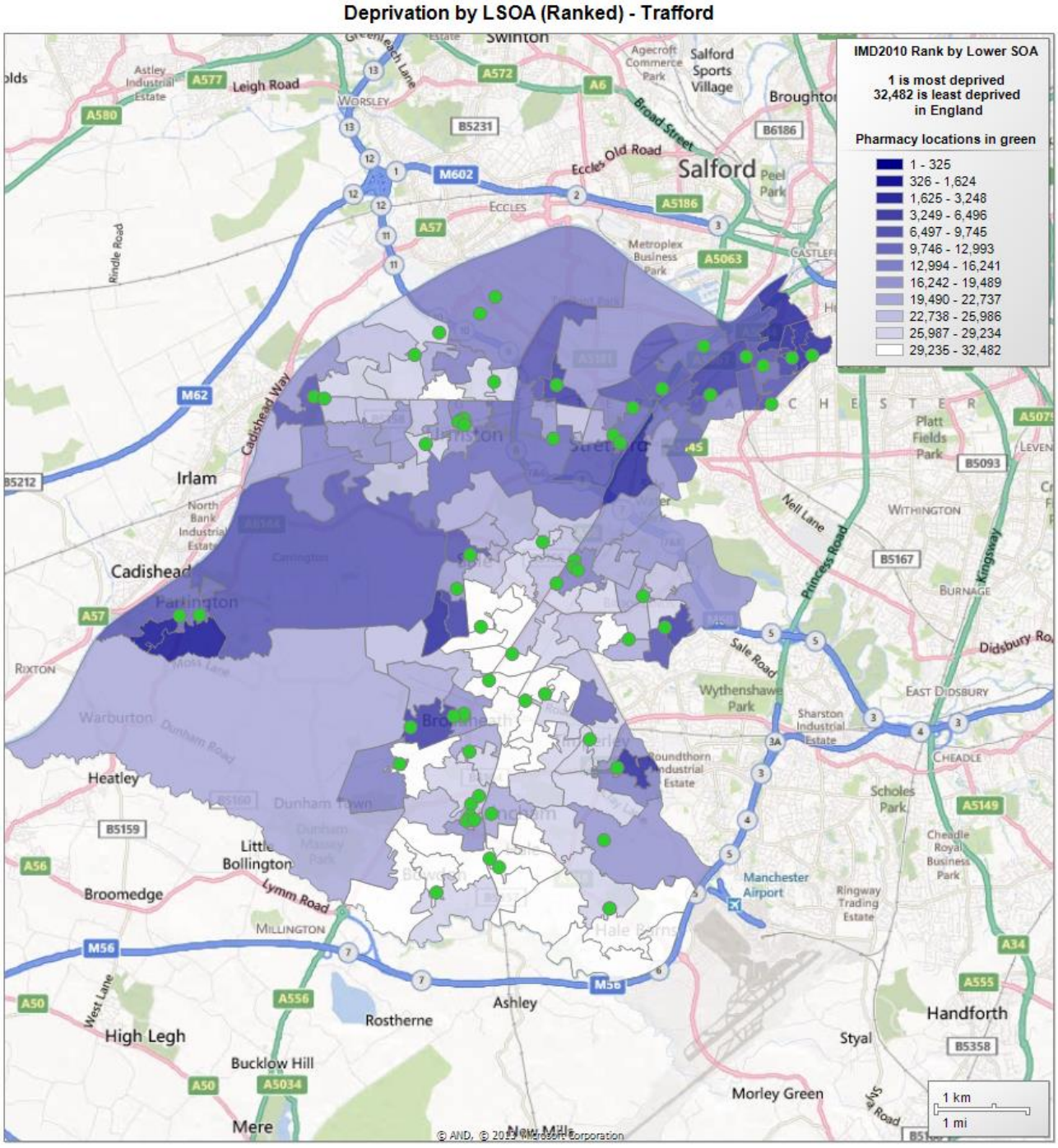
4.6 Deprivation

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

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

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

MAP 3: Deprivation by LSOA



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

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

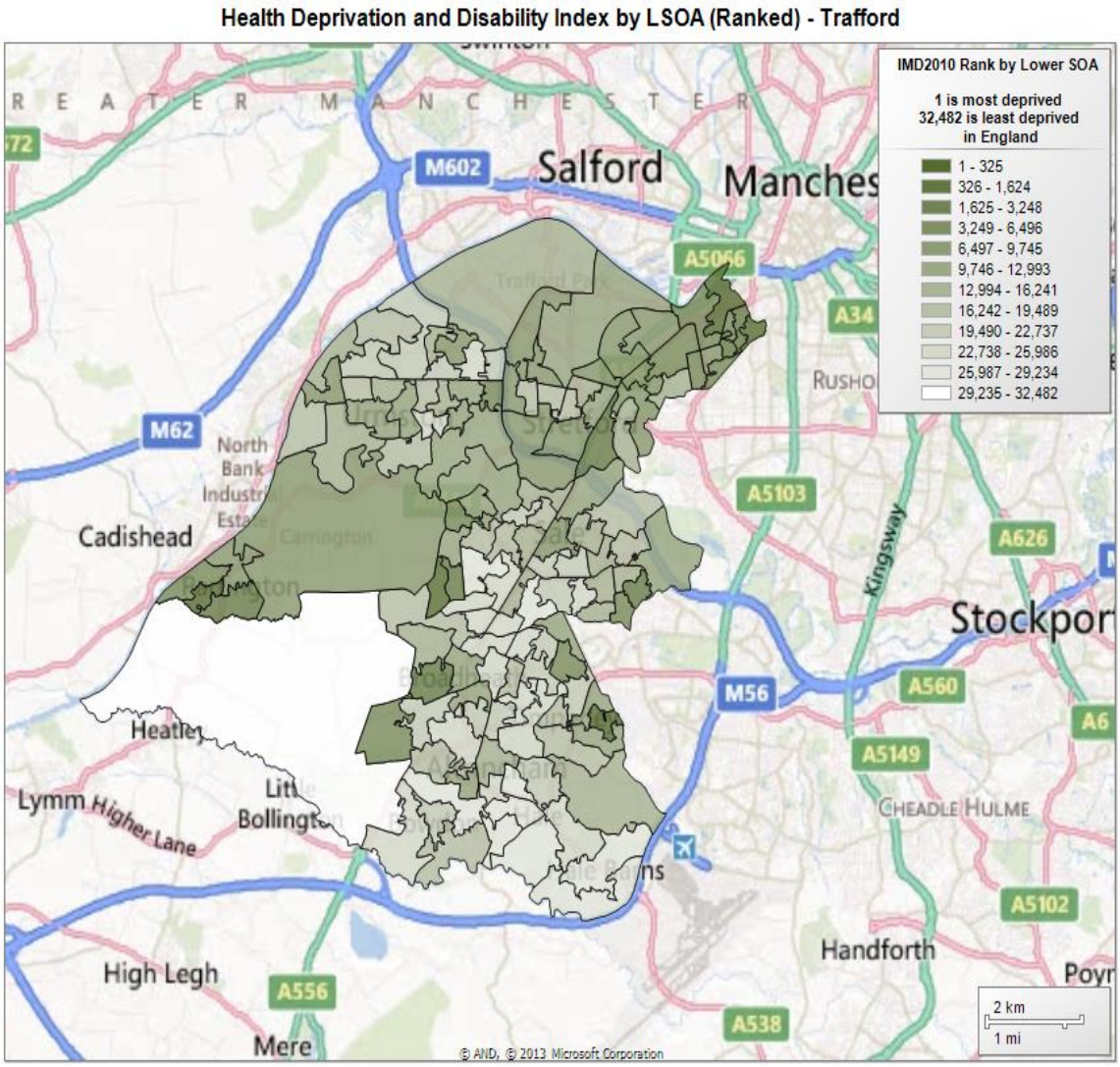
The greatest concentrations of deprivation are in the north of the town near to Manchester city centre; another area of deprivation is in the ward of Bucklow-St. Martin around Partington.

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

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

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

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



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

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

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

4.7 Conclusion

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

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

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

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

5.0 Locally Identified Heath Need

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

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

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

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

Table 3: Outcomes and Priorities for Trafford HWB

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

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

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

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

5.1 Essential Services

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

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

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

5.1.2 Advanced Services

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

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

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

5.1.3 Locally commissioned services

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

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

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

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

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

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

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

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

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

Disposal of unwanted medicines	Outcome 2 – P3, P4, P6 Outcome 3 – P7	Again this is another area where pharmacy staff have the opportunity to identify patients who have not taken the medicines they were prescribed. This can initiate a discussion and problems such as side effects or dosage regimes can be addressed to help improve the patients' health outcomes. When controlled systems of disposal are used, it can also help the pharmacist to identify other issues such as non-compliance or excessive prescribing. CCGs would be interested in knowing whether issued medicines are not being used correctly. A significant amount of wasted NHS resource is attributed to medications being used incorrectly or not at all.
Public health (Promotion of healthy lifestyles)	ANY highlighted priority area. In 2013 /2014 specifically: Outcome 1 – P1, P2 Outcome 2 – P4, P5, P6 Outcome 3 – P7, P8	In 2013/ 2014 the Health promotion campaigns have been linked to national priorities and local public health messages across Greater Manchester. Please see the list below of the agreed health promotional campaign 'topics' and relevant dates for promoting these: 1. Healthy Lifestyles (including Smoking, Alcohol, Healthy eating and Physical activity) – July/August 2013 2. Oral Health - September 2013 3. Sexual Health OR Dementia – October 2013 – please choose the relevant health topic most suited for your patient population need within your area 4. Cancer (including Breast and/or Mouth cancer) – November 2013. 5. Winter Planning - December 2013/January 2014 6. To be confirmed at a later date Promotion of these messages will reinforce wider campaigns to improve health in the locality and are a useful tool to engage the public in meaningful discussions about preventing illness and staying well. EXAMPLE: An oral health campaign can be used to target awareness of tooth decay in children aged 5 (Priority 2)

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

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

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

5.2 Public Survey

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

5.2.1 Summary of the Trafford Public Survey

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

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

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

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

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

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

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

5.3 Conclusion

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

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

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

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

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

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

6.0 Current Pharmacy Provision and Services

6.1 Pharmacy Demographics

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

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

6.2 Change in number of Pharmacy contractors from 2011

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

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

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

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

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

6.3 Dispensing activity

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

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

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

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

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

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

Table 7: Community pharmacies contracted with PCT at 31.3.13, prescription items dispensed per month and population by PCT, England 2011-12							
		Number of community pharmacies 2011-12	**Prescription items dispensed per month (000)s 2011-12**	**Population (000)s Mid 2011 (1)**	**Prescription items dispensed per 100,000 population 2011-12**	**Pharmacies per 100,000 population 2011-12**	**Average items (000)s per month per community pharmacy**
5LC	Westminster	92	265	220	1.21	42	**2.88**
TAP	Blackburn with Darwen Teaching	50	271	148	1.83	34	**5.41**
5NT	Manchester	133	789	503	1.57	26	5.93
5NN	Western Cheshire	58	347	236	1.47	25	**5.99**
5NK	Wirral	90	554	320	1.73	28	**6.15**
5NH	East Lancashire	101	629	383	1.64	26	**6.23**
5NL	Liverpool	133	841	466	1.81	29	**6.33**
5NR	**TRAFFORD**	**61**	**390**	**227**	**1.72**	**27**	**6.40**
	ENGLAND	**11,236**	**73,568**	**53,107**	**1.39**	**21**	**6.55**
5NG	Central Lancashire	109	717	467	1.53	23	**6.58**
Q31	**NORTH WEST**	**1,764**	**11,978**	**7,056**	**1.70**	**25**	**6.79**
5NJ	Sefton	76	523	274	1.91	28	**6.88**
5J2	Warrington	45	312	203	1.54	22	**6.93**
5NE	Cumbria	107	745	500	1.49	21	**6.96**
5J5	Oldham	55	384	225	1.71	24	**6.99**
5NP	Central & Eastern Cheshire	101	709	464	1.53	22	**7.02**
5HQ	Bolton	68	479	277	1.73	25	**7.04**
5NM	Halton and St Helens	77	552	301	1.83	26	**7.16**
5NQ	Heywood, Middleton & Rochdale	50	363	212	1.71	24	**7.26**
5JX	Bury	39	285	185	1.53	21	**7.29**
5HG	Ashton, Leigh and Wigan	70	511	318	1.61	22	**7.30**
5NF	North Lancashire	77	568	322	1.76	24	**7.37**
5F7	Stockport	66	491	283	1.73	23	**7.44**
5LH	Tameside and Glossop	59	442	253	1.75	23	**7.50**
5HP	Blackpool	44	335	142	2.36	31	**7.60**
5F5	Salford Teaching	59	453	234	1.93	25	7.68
5J4	Knowsley	36	290	146	1.99	25	**8.05**
5QR	Redcar and Cleveland	28	286	135	2.11	21	**10.20**
Sources: NHS Prescription Services of the NHS Business Services Authority, Population data - Office of National Statistics (2011 mid-year Estimates based on 2011 census)							

6.3.1 Where are Trafford Prescriptions dispensed?

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

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

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

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

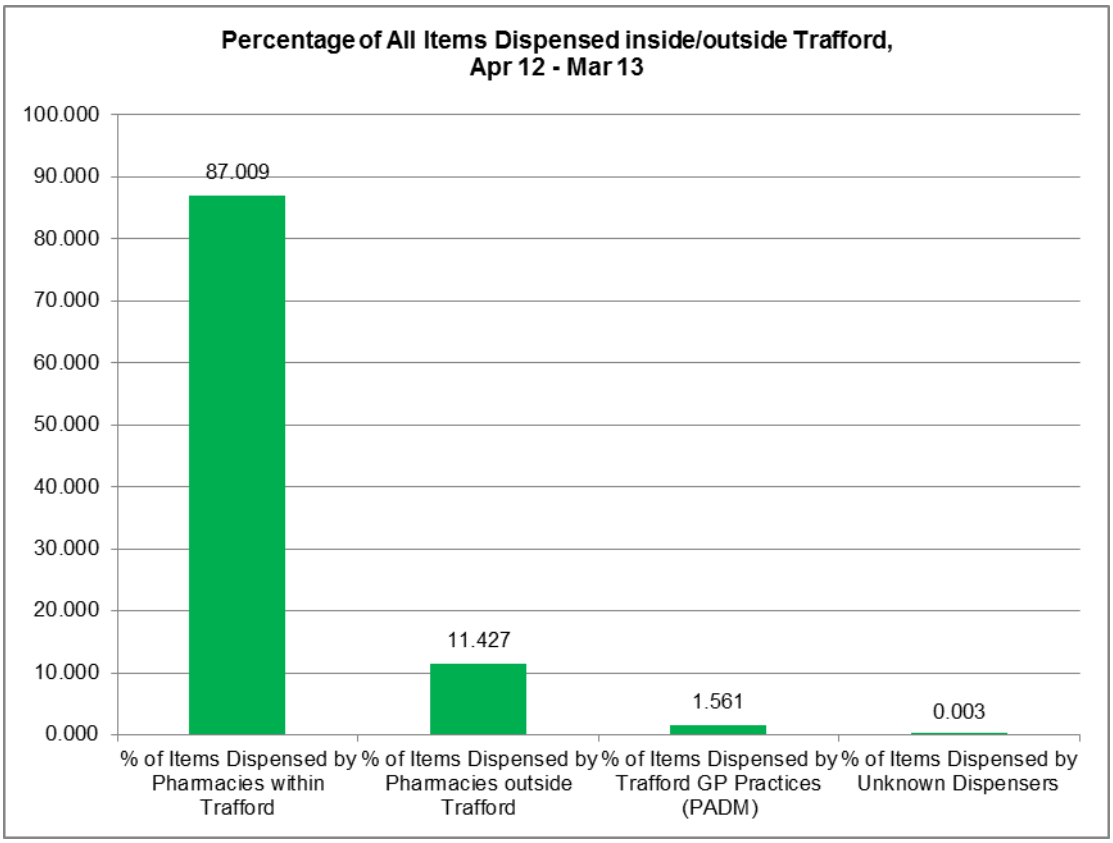
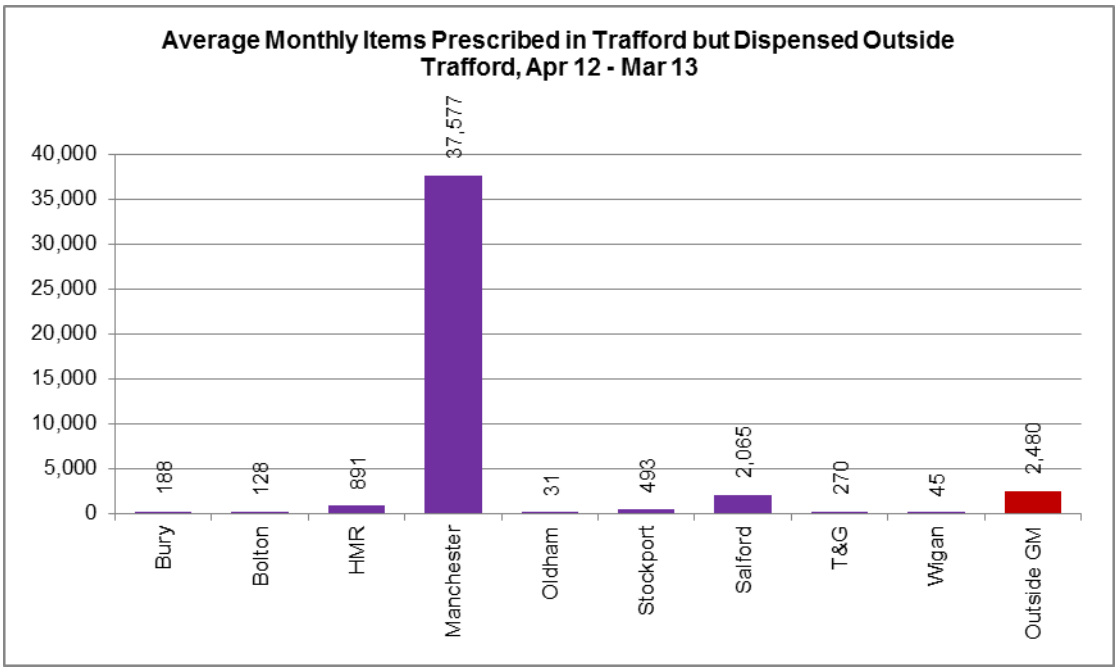


Chart 6: Average monthly items dispensed outside of Trafford



6.4 Access to pharmacies by location

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

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

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

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

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

Table 8: Community pharmacies in contract with PCTs at 31 March, prescription items dispensed per month and population by former PCT, England 2011-12				
	Number of community pharmacies 2011-12	**Prescription items dispensed per month (000)s 2011-12**	**Population (000)s Mid 2011 (1)**	**Pharmacies per 100,000 population 2011-12**
ENGLAND	**11,236**	**73,568**	**53,107**	**21**
NORTH WEST	**1,764**	**11,978**	**7,056**	**25**
Ashton, Leigh and Wigan	70	511	318	22
Blackburn with Darwen Teaching	50	271	148	34
Blackpool	44	335	142	31
Bolton	68	479	277	25
Bury	39	285	185	21
Central & Eastern Cheshire	101	709	464	22
Central Lancashire	109	717	467	23
Cumbria	107	745	500	21
East Lancashire	101	629	383	26
Halton and St Helens	77	552	301	26
Heywood, Middleton & Rochdale	50	363	212	24
Knowsley	36	290	146	25
Liverpool	133	841	466	29
Manchester	133	789	503	26
North Lancashire	77	568	322	24
Oldham	55	384	225	24
Salford Teaching	59	453	234	25
Sefton	76	523	274	28
Stockport	66	491	283	23
Tameside and Glossop	59	442	253	23
Trafford	**61**	**390**	**227**	**27**
Warrington	45	312	203	22
Western Cheshire	58	347	236	25
Wirral	90	554	320	28

6.4.2 Pharmacies per Ward

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

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

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

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

6.4.3 Correlation with GP practices

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

6.4.4 Access issues described in the Public survey

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

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

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

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

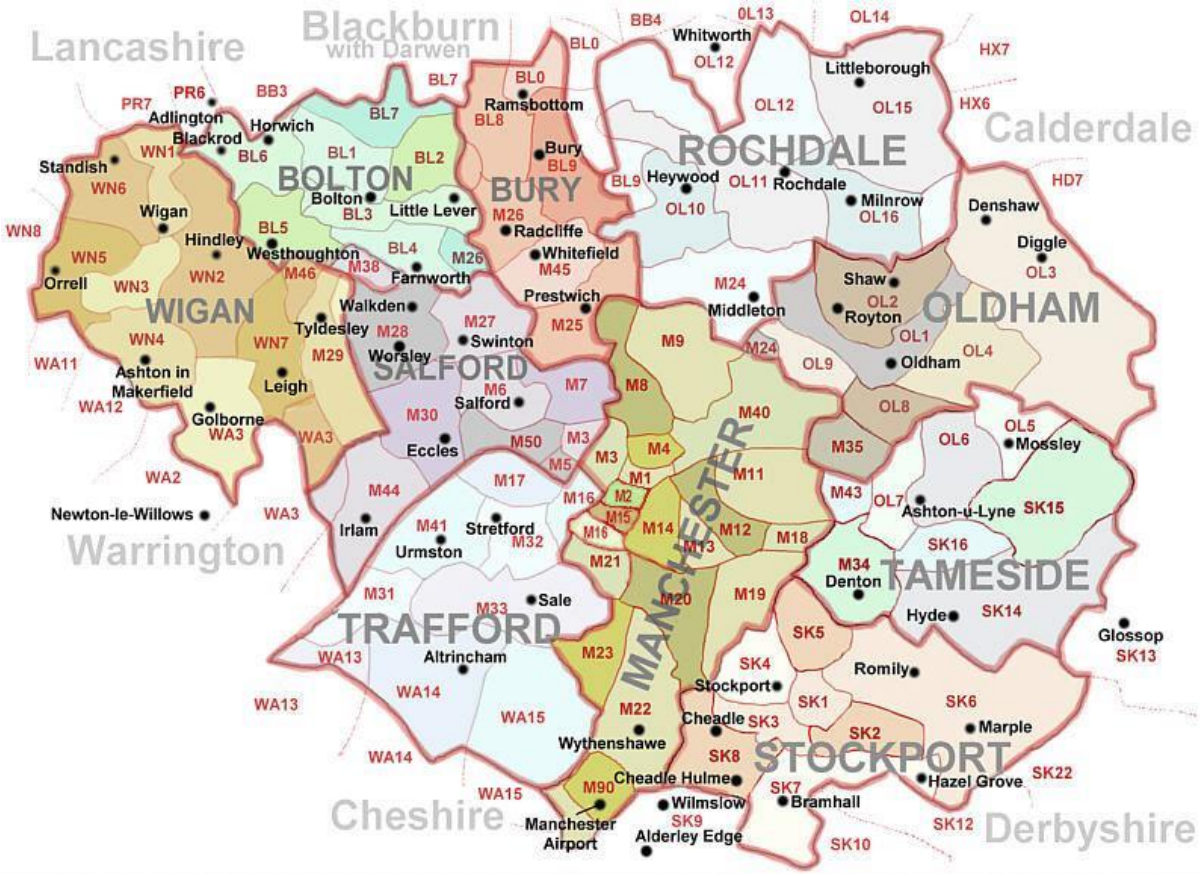
6.4.5 Neighbouring areas

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

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

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

Map 5: Postcode boundary across Greater Manchester



Postcodes map Copyright © 2005 John Moss.

A map of Greater Manchester postcodes can be seen above.

6.4.6 Travel times to Pharmacies

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

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

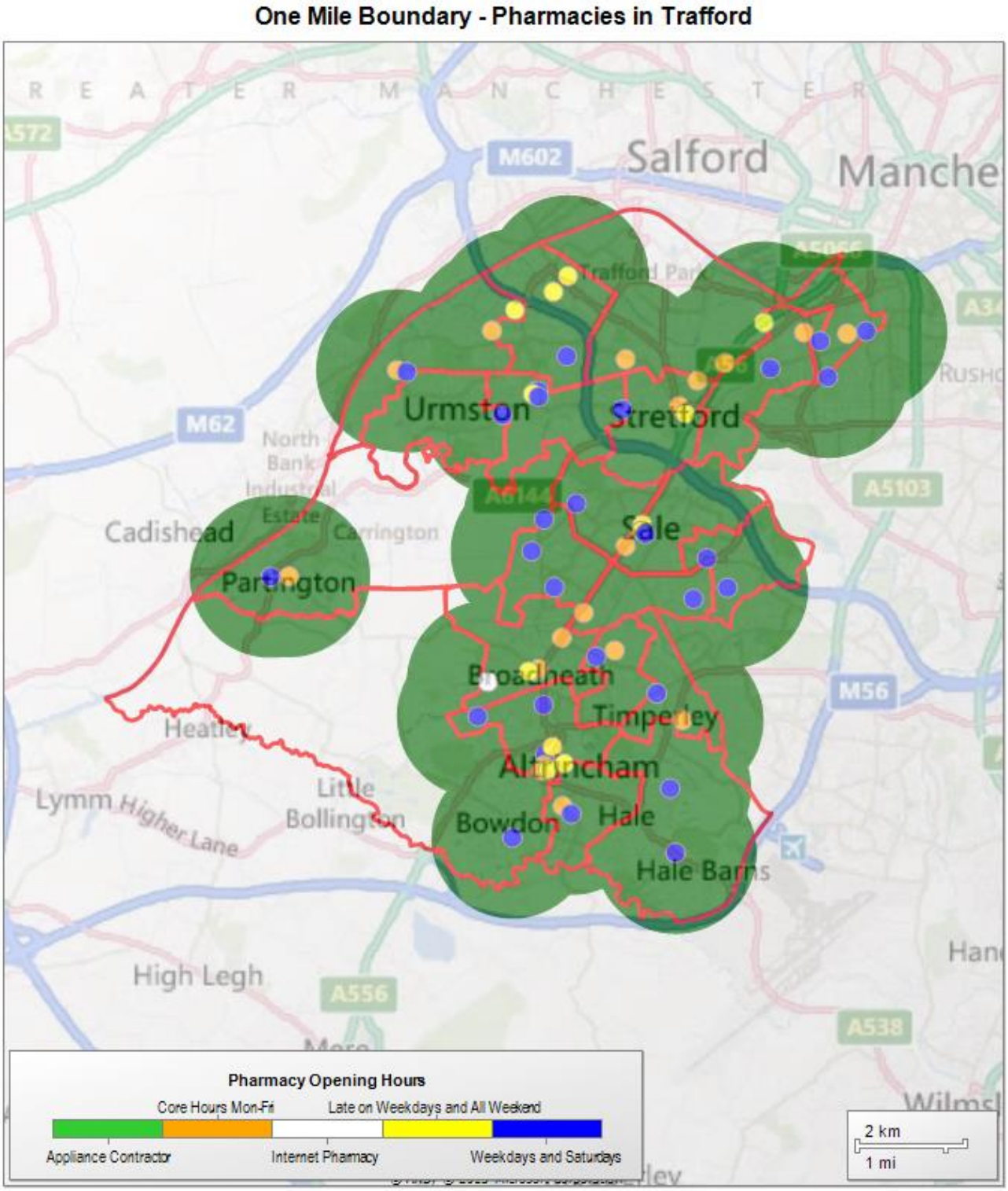
This is also corroborated by the results of our Patient and Public survey (Appendix 7) where 65.85% of patients said they would be willing to travel less than one mile to a pharmacy. A further 26.83% of patients would be willing to travel up to two miles to their pharmacy.

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

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

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

MAP 6: One Mile Boundary



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

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

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

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

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

6.4.7 Unpopulated areas

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

6.5 Access to pharmacies by opening hours

For a table of opening times see appendix 8.

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

Colour codes for Opening Hours of Dispensing Contractors

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

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

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

Table 10: Saturday and Sunday opening

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

6.5.1 Saturday Opening

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

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

Therefore there is no need for extra Saturday opening hours.

6.5.2 Sunday Opening

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

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

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

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

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

6.5.3 Bank Holiday Opening

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

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

6.6 Conclusion

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

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

Pharmacy opening hours are currently sufficient during the week.

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

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

7.0 Future Matters

7.1 Housing and development

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

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

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

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

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

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

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

7.2 Primary care developments

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

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

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

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

Identified Health Priorities	Health Partners target/aims	Target Areas (Neighbourhoods)	Relevant Services currently delivered from community pharmacy	Service provided by other providers to address that need	Gap between need and current provision	How could community pharmacy meet the needs in the future
Outcome One: Give every child the best start in life. Priority 1: Reduce childhood obesity	Ensure every baby and child in Trafford get off to a good start. Evidence has shown us that what happens in utero, early life and childhood impacts on health and wellbeing for the rest of the person's life. Trafford aims include: • Increase the number of primary schools participating in FFL in the four localities with particular focus on schools with high levels of obesity • Agree a collaborative programme of activity for childhood obesity including healthy eating and physical activity across all agencies in Trafford using the life course approach • Support new mothers to breastfeed by using universal services, peer support groups and targeted follow up • Work with planners, local food outlets and other agencies to ensure healthy food is available and promoted, and that allotments and green spaces are utilised and developed • The LARCO (Locality Approach to Reducing Childhood Obesity) project. will fund local groups in three areas of Trafford to provide innovative activities for primary age pupils around physical activity and healthy eating	Obesity levels in children are falling and are significantly better than the England average for children aged 4-5 years (7.8%) but there is variation in rates of obesity across the borough. By year 6 (10-11 years old), around 16.4% of Trafford children are classed as obese. Although this level has reduced and is similar to the England average, significantly higher levels of obesity in this age group have been identified in Urmston, Hale Barns, Timperley, Broadheath and Village all with at least 20% of children classed as obese at this age.	*Essential service:* *Health promotion and advisory service* *Public Health promotion, Signposting, Dispensing Medicines or Appliances,* *Advanced service:* *MUR,* *NMS* *Local Authority Commissioned services:* Smoking cessation (for parents) *CCG Commissioned Services:* *Minor ailment scheme*	Local Authority Commissioned services: Continue the annual National Child Measurement Programme (NCMP) for reception class and year 6 children including feedback to parents. From GP: Health visitor and Midwife support	Commissioners need to ensure that any austerity measures do not further disadvantage such children and young people by identifying the groups of children who are most likely to be affected and intervene at the earliest opportunity. The current gaps and variation in services, facilities and education in certain neighbourhoods is affecting child obesity.	Pharmacies are readily accessible health care locations within the communities that can support parents through pre- and post-pregnancy, early years and through to school, to give children the best start in life They can encourage national exercise programmes like Change4life programme Ensure patients are able to contact relevant health professionals such as Midwives and Health Visitors by signposting when appropriate. They could also provide facilities for breastfeeding mothers to breast feed in their consultation facilities Commissioners could consider introducing healthy weight management clinics from pharmacies or any willing provider.

Identified Health Priorities	Health Partners target/aims	Target Areas (Neighbourhoods)	Relevant Services currently delivered from community pharmacy	Service provided by other providers to address that need	Gap between need and current provision	How could community pharmacy meet the needs in the future
Outcome One: Give every child the best start in life. Priority 2: Improve the emotional health and wellbeing of children and young people.	Trafford recognises that addressing the social and emotional wellbeing for children and young people, is a priority and effective way of addressing health inequalities. **Trafford aims include**: • Work as a partnership to develop a single point of access (SPA) for emotional health services to provide a clear and easy to access system • Ensure voluntary and community sector providers are engaged with the SPA • Engage schools in developing the SPA as key supporters of children with emotional health issues • Develop clear communications and publicity to ensure that all relevant services, as well as the young people and families, understand how to access the SPA • Deliver targeted (National Institute Health and Care Excellence) behaviour change evidence based interventions for parents of 0-5 year olds • Work with schools to coordinate mental health services and promote emotional health for children and young people • A partnership task and finish group will work together to ensure that all services locally are evidence based (NICE) and of a high quality	The wards Bucklow St Martin, Clifford, Longford and St Marys are areas with the lowest average Personal Social and Emotional Development (PSE) scores in children In Trafford there is a total of 580 pupils (1.6% of the total school population) receiving support for behavioural, emotional or social difficulties (BESD), including ADHD. Referrals into Trafford`s Child and Adolescent Mental Health Service (CAMHS) have increased significantly over the last ten years and that trend continues. The referrals for the last 4 months of 2011 show a 20% increase on referrals for the same period in 2010. In December 2011, only 10% of referrals were inappropriate.	*Essential service:* *Public Health promotion, Signposting, Dispensing Medicines or Appliances, Repeat Dispensing* *Advanced service:* *MUR, NMS*		Ensuring access to mental health services is essential and must be addressed. Commissioners could consider mental health screening opportunities and increase appropriate access to the existing local mental health services.	Pharmacies are readily accessible health care locations within the communities. They are a good opportunity to identify, intervene, promote and signpost for support around social and emotional wellbeing of children and young people. Early intervention, maintenance and management of a stable patient is vital and medication can play a huge role in achieving that. Education around reasons for taking medicines and how they work can aid the patient's understanding of their condition and therefore improve their outcome.

Identified Health Priorities	Health Partners target/aims	Target Areas (Neighbourhoods)	Relevant Services currently delivered from community pharmacy	Service provided by other providers to address that need	Gap between need and current provision	How could community pharmacy meet the needs in the future
Outcome Two: A reduced gap in life expectancy Priority 3: Reduce alcohol and substance misuse and alcohol related harm	**Trafford aims include** • Work collaboratively with partners to ensure messages relating to drugs/alcohol are promoted across the borough at events such as the Warehouse project • Implement the RAID model within Trafford to reduce the demand on A & E caused by frequent flyers • Ensure those with alcohol/drug misuse issues who are committing crime are subject to ATR or DRR to encourage them to address their addiction • Refresh alcohol strategy for Trafford and action plan • Deliver a programme of events in Trafford for alcohol Awareness week in November 2013 "Hair of the Dog" • Review and revise as necessary the care pathway for GPs to ensure early identification support people with alcohol problems - in line with national best practice Map of Medicine guidelines	<u>Alcohol</u> The rate of alcohol attributable admissions per 100,000 population in 2010-11 was highest in the wards of Bucklow-St-Martins, Sale Moor, Davyhulme East and Stretford and the rate in these wards was higher than the rate for Trafford overall. Males continue to be presenting at A&E significantly more than women but women are increasing at a faster rate. In Trafford, alcohol related offences have increased by 7% during 2009-2011; the data may also suggest a serious under reporting by victims of crime, especially regarding Domestic Violence. <u>Drugs</u> Trafford services have changed during the past year to incorporate recovery management and facilitate access to a range of options which involve either reducing dosage levels or working towards abstinence. This avoids the issue of individuals being parked indefinitely on methadone and a lack of identifiable progress towards client goals. As part of the drug strategy review in May 2012, there were new powers granted to tackle the growth of new psychoactive substances (legal highs) with banning orders for substances such as Mephedrone. In Trafford, these substances have not presented as a recurring issue for Young People whilst Cannabis continues to be the highest single category for those presenting to YP drug services.	*<u>Essential service:</u>* Health promotion and advisory service Public Health promotion, Signposting, Dispensing Medicines or Appliances, Repeat Dispensing *<u>Advanced service:</u>* MUR, NMS *<u>Local Authority Commissioned services:</u>* Supervised Methadone or Buprenorphine, Needle Exchange scheme. Smoking Cessation *<u>CCG Commissioned Services:</u>* Minor ailment scheme, Out Of Hours Medical and Pharmacy provision	*<u>From GP:</u>* General Practice NHS service Ad hoc immunisations for at risk Patients	Particular patient demographics can point to a potential abuse of alcohol and drugs. These populations should be targeted as first line to reduce the Trafford alcohol-related hospital admissions. Trafford must find ways to work with communities and individual(s) and to help them disseminate the message that alcohol and drugs can have potentially devastating effect on lives. Commissioner should look at the neighbourhoods' health needs and determine which services can be targeted where e.g. drug and alcohol programmes in particular deprived wards	Pharmacies … could provide community-level leadership to promote sensible alcohol use and community champions to lead on excess alcohol. are readily accessible health care locations within the communities that can provide early intervention and prevention of alcohol-related harm. can support the: Trafford Tobacco and Alcohol Control Strategy could reach those patients who would not usually attend the GP surgery. already provide services to substance misusers are readily accessible health care locations within the communities. can take this opportunity to provide early intervention and prevention of drug-related harm. could provide community-level leadership to promote expertise in alcohol/drug misuse and become community champions to support health indicator. could reach those patients who would not usually attend the GP surgery. Screening for increased alcohol and substance misuse risk can be offered opportunistically in a number of front line settings, including pharmacies.

Identified Health Priorities	Health Partners target/aims	Target Areas (Neighbourhoods)	Relevant Services currently delivered from community pharmacy	Service provided by other providers to address that need	Gap between need and current provision	How could community pharmacy meet the needs in the future
Outcome Two: A reduced gap in life expectancy Priority 4: Support people with long term health and disability needs to live healthier lives.	**Trafford aims include**: • Develop a hub and spoke model of information and advice services with partners, linked to locality working by March 2015. • Increase the number of people in receipt of a personal budget to further promote choice and control by 10% by March 2014 • Increase the number of people in receipt of Telecare, to promote independence and resilience linked to the Trafford Telecare Pledge. • Implement the Winterbourne View Response Actions Plans and deliver on the identified areas for improvement in the Winterbourne submission stocktake • Deliver the Learning Disabilities Service Improvement Programme, including the Winterbourne View Response Action Plans • Deliver the Trafford Autism Strategy Delivery Plan • Monitoring progress towards the elimination of avoidable health inequalities faced by people with learning disabilities.	In Trafford, approximately 135 people (125 aged 18-64 & 10 aged 65+) received residential or nursing care at some point in the year 2010/11, People with a learning disability experience the same range of mental health difficulties as the rest of the general population, and they are 3-4 times more likely than the general population to become mentally unwell. Adults with a learning disability have more health problems than the general population.	*Essential service:* Health promotion and advisory service, Public Health promotion, Signposting, Dispensing Medicines or Appliances, Repeat Dispensing *Advanced service:* MUR, NMS *CCG Commissioned Services:* Minor ailment scheme, Out Of Hours Medical and Pharmacy provision	*From GP:* General Practice NHS service Ad hoc immunisations for at risk Patients	All of this shows that in order to include the extra patient numbers, Trafford needs to change the way services are provided so that the needs of individuals and their families can be met as the population grows older, require more complex packages of care and support, and the demand rises from different ethnic minority groups. Some of these differences are associated with particular learning disabilities rather than the whole learning disability population. Some of the disabilities are easily recognisable, e.g. physical, but others are not, e.g. some communication and mental health difficulties. These difficulties require specialist knowledge and training.	Pharmacies are readily accessible health care locations within the communities. They are a good opportunity to identify, intervene, promote and signpost to support services. Commissioners could consider screening for early signs of long term conditions and increase appropriate access to the existing health services. Early intervention, maintenance and management of a stable patient is vital and medication can play a huge role in achieving that. Education around reasons for taking medicines and how they work can aid the patient's understanding of their condition and therefore improve their outcome Increasing access to wider mental health support resources, self-help groups, coaching/mentoring and talking therapies

Identified Health Priorities	Health Partners target/aims	Target Areas (Neighbourhoods)	Relevant Services currently delivered from community pharmacy	Service provided by other providers to address that need	Gap between need and current provision	How could community pharmacy meet the needs in the future
Outcome Two: A reduced gap in life expectancy Priority 5: Increase physical activity	**Trafford aims include:** • Ensure that strategic planning processes contribute to creating a local environment, including facilities for outdoor recreation, physical activity and play that support an active lifestyle. • Work in partnership to increase participation levels and offer GP Referral pathways to progression. • We will identify gaps in provision and target interventions where they are most needed, e.g. women and girls', ethnic minority communities and young people between the ages of 14 - 24 • Develop and extend/promote the Active Trafford and Junior Active Trafford Scheme to communities in most need. • Evaluate, then develop and expand/innovate the Healthy Hips and Hearts older peoples exercise programme throughout Trafford working with physiotherapists and Occupational Therapies and Housing.	Trafford is an active borough and is above the national average for participation in sport and physical activity. Trafford Community Leisure Trust is the main provider of physical activity opportunities in the borough and its aim is to have "more people, more active, more often". Trafford Community Leisure Trust provides centre based activities alongside community programmes delivered through the Sport Trafford development team.	*<u>Essential service:</u>* *Health promotion and advisory service,* *Public Health promotion,* *Signposting,*	.	Trafford must find ways to work with communities and individual(s) where the gaps are greatest. Commissioners need to ensure that any austerity measures do not further disadvantage at risk-groups who are most likely to be affected.	Innovative health promotion campaigns can increase population awareness e.g. weight management programmes. Pharmacies are readily accessible health care locations within the communities that can promote healthy eating messages and encourage exercise programmes e.g. National Change4life programme Commissioners could consider introducing healthy weight management clinics from pharmacies or any willing provider

Identified Health Priorities	Health Partners target/aims	Target Areas (Neighbourhoods)	Relevant Services currently delivered from community pharmacy	Service provided by other providers to address that need	Gap between need and current provision	How could community pharmacy meet the needs in the future
Outcome Two: A reduced gap in life expectancy Priority 6: Reduce the number of early deaths from cardiovascular disease and cancer.	**Trafford aims include**: • Commission work to understand what lifestyle interventions will have the biggest impact on CVD/cancer in disadvantaged communities based on National Institute of Health and Care Excellence Public Health Draft Guidance • Deliver NHS Health Checks programme and consider extending the programme (e.g. out of hours, non-clinical venues) targeting disadvantaged communities • Design and implement a patient education programme for CVD and cancer awareness targeted at disadvantaged communities • Design and implement a clinical education programme in Primary Care • Develop and deliver primary care cancer & CVD strategies across whole population	There is still significant inequalities in premature death due to CVD remain in Trafford. The premature mortality (people under 75) rate for all circulatory diseases in Bucklow-St Martin's – the highest – is almost treble that seen in the ward with the lowest rate – Hale Central. The next highest rates were observed in Clifford, Stretford and Sale Moor, whilst the next lowest rates were observed in Hale Barns, Brooklands, Village and Altrincham. Cancer is the leading cause of death for people under 75 years in Trafford. The rate of premature mortality from all cancers is highest in the wards of Gorse Hill, Longford and Bucklow-St-Martins.	*Essential service:* Health promotion and advisory service, Public Health promotion Signposting, Dispensing Medicines or Appliances, Repeat Dispensing *Advanced service:* MUR, NMS *Local Authority Commissioned services:* Smoking Cessation *CCG Commissioned Services:* Minor ailment scheme, Heal lice scheme – It is anticipated such schemes will relieve GP consultation time and enable greater support around LTC Palliative care	*From GP:* The NHS Trafford Health Checks offers screening of 40-74 year olds for cardiovascular disease. Smoking Cessation Near Patient testing *There are a number of strategies to improve LTC in Trafford:* Working Together for a Change 4 Life; Trafford Tobacco and Alcohol Control Strategy	Need to expand and improve GP registers for managing patients with LTC at high risks i.e. developing CVD and those with raised BP and Atrial Fibrillation. Trafford must find ways to work with communities and individual(s) and to help them to access the existing services.	Use pharmacists as part of a multidisciplinary team to help patients understand and manage long term conditions more effectively e.g. via targeted MURs, supplementary prescribing pharmacist clinics or other innovative mechanisms. Disease screening to identify patients with particular long term conditions could be carried out from pharmacy locations. Pharmacies themselves, as well as national pharmacy bodies and local commissioners, need to do more to promote the pharmacy as centres of excellence for supporting self-care. Pharmacies could reach those patients who would not usually attend the GP surgery. Ensure professionals are trained across partnerships to signpost local people to services to help them stop smoking, drink sensibly, eat healthily and improve their life chances. Screening for smokers can be offered opportunistically in a number of front line settings. Pharmacist can promote the range of local stop smoking services amongst the population.

Identified Health Priorities	Health Partners target/aims	Target Areas (Neighbourhoods)	Relevant Services currently delivered from community pharmacy	Service provided by other providers to address that need	Gap between need and current provision	How could community pharmacy meet the needs in the future
Outcome Three: Improved mental health and wellbeing Priority 7: Support people with enduring mental health needs, including dementia to live healthier lives.	**Trafford aims include**: • Review and refresh the council section 75 Partnership agreement with Greater Manchester West to further Transform the model of support based on personalisation, choice and control. • To facilitate the development of an integrated service model with shared performance indicators across the health and social care economy, following a partnership review of current spend and activity. • To review in partnership, all existing all-age mental health services • Deliver the Improving Access to Psychological Therapies Service Improvement Programme • Deliver the Trafford Dementia Kitemark for residential care and homecare services across the Borough.	In 2011, there were 972 people registered with a Trafford GP with a diagnosis but it was estimated that there would be around 2,650 people in the Borough living with dementia. These figures would seem to indicate that Trafford reflects the national situation, in that there are currently high numbers of people with dementia with unmet needs and remaining undiagnosed. People with a learning disability experience the same range of mental health difficulties as the rest of the general population, and they are 3-4 times more likely than the general population to become mentally unwell.	*Essential service:* Public Health promotion, Signposting, Dispensing Medicines or Appliances, Repeat Dispensing *Advanced service:* MUR, NMS	*From GP:* The NHS Trafford Health Checks offers screening of 40-74 year olds for cardiovascular disease. Smoking Cessation *There are a number of strategies to improve mental health needs in Trafford:* Working Together for a Change 4 Life; Trafford Tobacco and Alcohol Control Strategy Trafford's Dementia Strategy	Ensuring access to mental health services is essential and must be addressed. Trafford must find ways to work with communities and individual(s) and to help them to access the existing services. Trafford may benefit with various service re-design to achieve the priorities.	Pharmacies are readily accessible health care locations within the communities. They are a good opportunity to identify, intervene, promote and signpost for support around social and emotional wellbeing of children and young people. Commissioners could consider mental health screening and increase appropriate access to the existing local mental health services. Early intervention, maintenance and management of a stable patient is vital and medication can play a huge role in achieving that. Education around reasons for taking medicines and how they work can aid the patient's understanding of their condition and therefore improve their outcome Increasing access to wider mental health support resources, self-help groups, coaching/mentoring and talking therapies

Identified Health Priorities	Health Partners target/aims	Target Areas (Neighbourhoods)	Relevant Services currently delivered from community pharmacy	Service provided by other providers to address that need	Gap between need and current provision	How could community pharmacy meet the needs in the future
Outcome Three: Improved mental health and wellbeing Priority 8: Reduce the occurrence of common mental health problems among adults.	• We will work to deliver improved mental health in working aged adults through new and innovative Workplace Health programmes specifically through 'Healthy Workplaces' and 'Fit for Work' services. Therefore, we will develop the mental health in the workplace training for businesses and organisations including GMP and other support agencies. • We will implement targeted, mental health and wellbeing programmes across Trafford that will then develop to inform evidence led commissioning. We will work with partner such as Trafford Housing Trust to address the wider determinants of health and wellbeing. • We will work across boundaries to develop and deliver a new 2014 Salford, Bolton and Trafford Suicide Prevention Strategy Targeted approach to men • We will promote mental resilience and reduce the burden of mental illness through awareness raising programmes including interventions such as 'books on prescription' and through campaigns to reduce stigma relating to mental illness. We will work with key stakeholders to address wider health inequalities and social determinants of health e.g. housing, social exclusion and income inequality and we will develop plans to mitigate the potentially negative impact of benefit changes and other economic changes linked to the economic downturn. • Manage provider performance against contract / KPIs.		*Essential service:* Public Health promotion, Signposting, Dispensing Medicines or Appliances, Repeat Dispensing *Advanced service:* MUR, NMS *Local Authority Commissioned services:* Supervised Methadone/ Buprenorphine, Needle Exchange scheme. Smoking Cessation	*From GP:* Smoking Cessation *There are a number of strategies to improve mental health needs in Trafford:* Working Together for a Change4Life Trafford Tobacco and Alcohol Control Strategy Trafford's Dementia Strategy	Ensuring access to mental health services is essential and must be addressed. Trafford must find ways to work with communities and individual(s) and to help them to access the existing services.	Pharmacies are readily accessible health care locations within the communities. They are a good opportunity to identify, intervene, promote and signpost for support around social and emotional wellbeing of children and young people. Commissioners could consider mental health screening and increase appropriate access to the existing local mental health services. Early intervention, maintenance and management of a stable patient is vital and medication can play a huge role in achieving that. Education around reasons for taking medicines and how they work can aid the patient's understanding of their condition and therefore improve their outcome Increasing access to wider mental health support resources, self-help groups, coaching/mentoring and talking therapies via pharmacies, either by signposting or by delivering the services from community pharmacy locations themselves.

8.0 Conclusion and Recommendations

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

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

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

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

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

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

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

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

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

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

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

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

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

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

9.0 Equality Impact Assessment

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

10.0 Appendices

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

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

[ii] http://www.legislation.gov.uk/ukpga/2009/21/section/25

[iii] Primary Care Commissioning http://www.pcc-cic.org.uk/article/pharmacy-enhanced-services-1-april-2013 accessed 6.8.13

[iv] Pharmaceutical Services Negotiating Committee ahttp://psnc.org.uk/contract-it/the-pharmacy-contract/ accessed at 6.8.13

[v] Pharmaceutical Services Negotiating Committee's "Community Pharmacy Local Service Commissioning Routes; July 2013 http://psnc.org.uk/wp-content/uploads/2013/08/Local-Community-Pharmacy-services-commissioning-routes-July-2013.pdf accessed 6.8.13

[vi] NHS Employers PNA guidance Accessed 25.6.2013 http://www.nhsemployers.org/Aboutus/Publications/Documents/Pharmaceutical_Needs_Assessments%E2%80%93a_practical_guide.pdf

[vii] Trafford's Joint Health and Wellbeing Strategy Strategic Needs Assessment http://www.infotrafford.org.uk/custom/resources/JSNA%20Summary%20doc1.pdf accessed 13.8.13

[viii] Trafford's Joint Health and Wellbeing Strategy. Accessed 13.8.2013

[ix] General Pharmaceutical Services in England: 2002-03 to 2011-12 Published 22 November 2012 accessed 27.8.2013 https://catalogue.ic.nhs.uk/publications/primary-care/pharmacy/gen-pharm-eng-2002-03-2011-12/gen-pharm-eng-2002-03-2011-12-rep.pdf

[x] General Pharmaceutical Services in England: 2002-03 to 2011-12 Published 22 November 2012 accessed 27.8.2013 https://catalogue.ic.nhs.uk/publications/primary-care/pharmacy/gen-pharm-eng-2002-03-2011-12/gen-pharm-eng-2002-03-2011-12-rep.pdf