

2018 - 2021

Tameside Health and Wellbeing Board

Tameside Pharmaceutical Needs Assessment



 **Tameside**
Metropolitan Borough

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Abbreviations

CARA	Community Assessment and Rapid Action
CCG	Clinical Commissioning Group
CHD	Coronary Heart Disease
COPD	Chronic Obstructive Pulmonary Disease
CSP	Commissioning Strategic Plan
CVD	Cardiovascular Disease
DAC	Dispensing Appliance Contractors
DDA	Disability Discrimination Act
GTD	Go to Doc
HWB	Health and Well Being Board
JSNA	Joint Strategic Needs Assessment
LIPS	Language and Interpretation Service
LPC	Local Pharmaceutical Committee
LPS	Local pharmaceutical services
LTC	Long-Term Conditions
MoM	Map of Medicine
MUR	Medicine Use Review
NHS	National Health Service
NMP	Non-Medical Prescriber
OOA	Out of Area
OOH	Out of Hours
PCC	Primary Care Centre
PCT	Primary Care Trust
PEC	Professional Executive Committee
PNA	Pharmaceutical Needs Assessment
PPI	Patient and Public Involvement
SHA	Strategic Health Authority
TMBC	Tameside Metropolitan Borough Council

Acknowledgements

This PNA was produced by Jacqui Dorman (Public Health Intelligence), Policy, Performance and Communications team, TMBC and was supported throughout by the Pharmacy Needs Assessment steering group. (Please see appendix 1 for membership)

Preface

This Pharmaceutical Needs Assessment (PNA) is an important strategic document produced on behalf of the Tameside Health and Wellbeing Board. It reviews the current provision of pharmaceutical services across the Borough, examines whether the pattern of services provided meets the identified health needs of local communities and assesses if there are any gaps or any over provision in both place and type of services available.

The PNA is an important reference for the NHS England Local Area Team to use in their determination of applications to join the pharmaceutical list under The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (<http://www.legislation.gov.uk/uksi/2013/349/introduction/made>).

Each new pharmacy places a new and very significant cost to the NHS and more pharmacies does not necessarily mean a better service for local people as the resource to fund new pharmacies would need to be diverted from other health services, plus, there are further risks in creating over-provision and unhealthy competition.

This PNA builds on, and supersedes the robust and well-regarded previous PNA for Tameside and Glossop produced in 2015 that at the time concluded:

There is adequate access to pharmaceutical services and choice of pharmacy within the area and in the immediate bordering areas for essential and advanced services

- There is also a good range of locally commissioned enhanced services

It also identified some gaps in provision for pharmacy-based enhanced services:

- Pharmacies are eager to extend their role in prevention given the increasing levels of people managing long term conditions. The footprint of pharmacies within and across local communities in Tameside also plays an important role in terms of social capital and therefore needs to be explored in more depth

The range of NHS services provided is crucially affected by the will and ability of commissioning bodies to commission them. Existing pharmacies are willing and able to provide any local service that is commissioned from them. To maximise value for public money, any service to meet a local need will be offered to existing community pharmacy contractors in the first instance

The 2015 assessment recognised the rapidly developing potential for pharmacy to have a much greater role in health improvement and prevention, the management of long-term conditions, and the reduction of health inequalities but it warned there needs to be a very

careful balance performed between understanding need and suggesting un-evidenced further pharmacy developments.

Since then the importance of this issue has grown even further as across the country pharmacies have become much more involved in wider public health programmes, sometimes directly commissioned and sometimes developing their own role. This PNA does not constitute a commissioning intention for these wider services but it does provide the context against which decisions about commissioning further services should be considered.

Following the wide range of structural and governance changes over the last few years the responsibility for producing the Pharmacy Needs Assessment lies with Tameside Health and Wellbeing Board, hence this Assessment only examines need in Tameside. However need in Glossop has been reviewed in some detail due to the unique relationship Glossop has with Tameside via Tameside & Glossop CCG and the emergence of the Single Commissioning Board for Health and Social Care. Analysis has also been undertaken for the Boroughs, which border Tameside relating only to any cross border issues that may affect residents across Tameside in relation to access to health and pharmacy services.

Tameside Council and Tameside & Glossop CCG are developing a new approach to commissioning its wider health and social care services and during the process of producing this PNA changes are occurring to the way Tameside deliver health and social care services to its population and in particular the way we can encourage our population to take better care of themselves through social prescribing and social capital interventions. Pharmacy services are a vital part of this provision within most communities as they are often people's first point of contact and, for some, their only contact with a healthcare professional. They are also valuable community assets in themselves because they can often be the only healthcare facility located directly within an area of deprivation.

Taking all of this into account, this document looks at pharmaceutical need and provision from a number of different perspectives including spatial (how far from a pharmacy do people live or work), opening hours access, what services are provided in pharmacy etc. It also starts to think about pharmacy from an infrastructure point of view by understanding their potential contribution to social capital and social prescribing in communities.

Executive Summary

The conclusion of this Pharmacy Needs Assessment is that the population of Tameside has sufficient service provision (including pharmacy contractors) to meet their essential pharmaceutical needs. This is clearly demonstrated by the following points:

- The higher number of pharmacies per 100,000 population (24) compared with the England average (22)
- Since 2011 the number of community pharmacies has increased considerably across Tameside and Glossop from 47 to 60 (53 in Tameside, 7 in Glossop)
- This figure includes 5 distance selling or internet pharmacies who do not exclusively serve the Tameside population as they are a service with a national footprint
- This is still an increase of 8 face to face pharmacies across Tameside since the 2011 PNA. There have been no increases in pharmacy provision since the last PNA in 2016.
- Public consultation results indicates high levels of satisfaction with current pharmacy services in Tameside
- There is good access to a range of pharmacies with almost all the population (90%) able to access pharmacies within one mile of their home
- There is good location of pharmacies in relation to GP Practices across all four Tameside neighbourhoods
- Choice of pharmacy is good for the majority of local residents as most people tend to prefer to use a familiar or ‘usual’ pharmacy that they tend to stay with for a relatively long period of time and this is to be encouraged as it promotes continuity of care.”
- Analysis of opening hours and trading days shows there is adequate provision for out of hour’s services across Tameside and Glossop.
- The maps and data contained in this document clearly show that services meet identified health and care needs in Tameside.

The potential future role of pharmacy to help meet the demands of a changing Tameside have been highlighted and future population changes and building developments that may alter population densities have been anticipated. Any future development of housing and industry that may have further impact will be re-assessed at the point that it becomes relevant and a supplementary statement will be issued if it affects the findings of this PNA.

Review of the current policy drivers raised some interesting strategic issues about the potential future contribution of pharmacy to the broader health challenges facing Tameside. Whilst not strictly a core part of the PNA they have been included for further consideration by local partners.

A consultation on this PNA was undertaken for 60 days between the 3rd November 2017 and the 5th January 2018, in line with the statutory requirements. Analysis and any feedback has been incorporated into this document where possible, with the full consultation responses being included in the appendices.

Introduction and Background

This Tameside pharmaceutical needs assessment (PNA) is a comprehensive assessment of the current and future pharmaceutical needs of the local population for community pharmacy, dispensing and appliance contractors and (where relevant) doctors' services and will identify if, and where, there are gaps in provision.

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, effective from 1 April 2013, now require each health and wellbeing board (HWB) to:

- Make a revised assessment as soon as is reasonably practicable after identifying changes to the need for pharmaceutical services which are significant and
- Publish its first PNA no later than 1 April 2015 and then publish subsequent PNAs every 3 years. (2018/21)

Before a registered pharmacy can dispense prescriptions issued under the National Health Service, it must be included in the pharmaceutical list relating to a Health and Wellbeing Board Area, maintained by NHS England (administered by the local team). The process for dealing with applications is set out in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, which can be found in the Market Entry section, and application forms are available from [NHS England](#)

Pharmacists play a key role in providing quality healthcare. They're experts in medicines, and use their clinical expertise, together with their practical knowledge, to advise on common problems, such as coughs, colds, aches and pains, as well as healthy eating and stopping smoking. Community pharmacists are the health professionals most accessible to the public. In addition to ensuring an accurate supply of appropriate products, their professional activities also cover counselling of patients at the time of dispensing of prescription and non-prescription drugs, drug information to health professionals, patients and the general public, and participation in health-promotion programmes.

The main purpose of the PNA is to enable effective commissioning of community pharmacy services. A person who wishes to provide NHS pharmaceutical services must generally apply to NHS England to be included on a relevant list by proving they are able to meet pharmaceutical needs as set out in the relevant Pharmaceutical Needs Assessments.

The guidance on PNAs makes clear that it needs to include not only essential services, which all pharmacies provide. The PNA should also take account of other services which might be commissioned by local authorities and CCGs.

Now that national attention is turning to the increased role of pharmacy in promoting health through the Pharmacy Call to Action (<http://www.england.nhs.uk/ourwork/qual-clin-lead/calltoaction/pharm-cta/>) it is important for the Council to fully understand their pharmacy services, what they are and what they aren't capable of delivering and to optimise the role that community pharmacy can play in delivering wider public health services.

The main services reviewed in this PNA:

Essential services: In order to assess the adequacy of provision, all providers of essential services have been mapped. Essential services are those which every community pharmacy providing NHS pharmaceutical services must provide as set out in their terms of service, this includes the dispensing of medicines but also elements of health promotion and self care.

The requirements also include ensuring fair access to services to those with physical disability or sensory disability. The complete list of essential service requirements is set out in the NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013; parts 4-6 (<http://www.legislation.gov.uk/uksi/2013/349/part/4/made>).

Advanced Services: These are services community pharmacy contractors and dispensing appliance contractors can provide subject to specific accreditation for example Medicines Use Reviews (MURs) and the New Medicines Service (NMS) which may only be undertaken by community pharmacists, plus, Appliance Use Reviews (AURs) and the Stoma Appliance Customisation (SAC) which may be undertaken by dispensing appliance contractors.

Other Enhanced/Locally Commissioned Services: current provision Enhanced Services are commissioned directly by NHS England and the Council and the CCG commission other locally determined services. These are usually commissioned outside the general contracting process and may apply to some or all the pharmacies in the area.

This assessment has also considered services provided or secured by the Health and Wellbeing Board, NHS England, CCG and local NHS Trusts which could in theory be provided by pharmaceutical services contractors even if they are not currently provided in this way.

Improvements, better access and gaps in provision: The PNA must also identify services that are not currently being provided but which in the future may be needed to secure future improvements to pharmaceutical services – common examples of this are major industrial, communications or housing developments, service redesign or re-provision. The rapid

development of new or altered lifestyle habits such as the rise of nicotine vaporisers is also an example of emerging considerations to be taken into account.

It is important to recognise that even if well evidenced and clearly presented NHS England does not have to meet the needs identified by the Health and Wellbeing Board.

Local Policy Drivers

Health and Wellbeing Board and Strategy

Since April 2013 the Tameside Health and Wellbeing Board has been a statutory partnership board of Tameside Council, acting as a forum where commissioners across the NHS, public health and social care, elected members, voluntary and community representatives of Healthwatch agree how to work together to achieve better health and wellbeing for local people.

The Health and Wellbeing Board is the principal statutory partnership through which this strategy will be managed and to which partners will be called to account for delivery. The first Joint Health and Wellbeing Strategy for Tameside, produced by the Health and Wellbeing Board sets out the overarching plan through which the public, private, community and voluntary sectors, as well as residents themselves, will work together to improve the health and wellbeing for and with local people.

The strategy sets the framework for the commissioning of health, social care and wellbeing services in the Borough. It does not replace existing commissioning plans, but comes at a time when both the Council and the NHS Clinical Commissioning Group are developing significant new plans for the medium term, and will ensure that these are aligned to the needs based priorities set out in this strategy.

The Health and Wellbeing Board will also use its powers and duties to promote joint commissioning and the integration of health, adult and children's social care, and wellbeing services to maximize the benefits for residents. It will therefore be a key driver towards meeting the overarching health outcome for both the CCG and the Council, of improving local life expectancy and reducing the health inequalities gap.

The strategy identifies 6 priority issues that the Health and Wellbeing Board has committed to work together on, to make our shared vision a reality. The strategy is not about tackling everything at once, but about setting priorities for joint action and making a real impact on people's lives, particularly in relation to reducing health inequalities. Although not all of the health and wellbeing challenges facing the Borough have been identified as specific priorities, the strategy aims to improve outcomes for all residents.

Our strategy adopts a life course approach detailed in the Marmot Review, “Fair Society, Healthy Lives, a Strategic Review of Health Inequalities in England”.¹

- Improve the health and wellbeing of local residents throughout life
- Give targeted support to those with poor health to enable their health to improve faster
- Focus on prevention and early intervention
- Develop cost effective solutions and innovative services, through improved efficiency
- Emphasise local action and responsibility for everyone
- Deliver more joined up services that meet local need
- Enable and ensure public involvement in improving health and wellbeing

Key elements in the pharmacy needs assessment

All PNAs are required to contain key elements:

- A statement on how the Health and Wellbeing Board has determined the localities in the area,
- Consideration of the different needs, communities and different localities in its area including the needs of those people in the area sharing key common characteristics,
- A report on the consultation undertaken on the PNA,
- Maps identifying the premises at which pharmaceutical services are provided, which are then maintained and updated in real time

PNAs are closely related to, informed by, and inform the wider joint strategic needs assessment (JSNA). This means that the JSNA should cross reference to the assessment of need for pharmaceutical services and can also include details of the various roles that community pharmacy providers can carry out. This PNA should therefore be considered closely alongside the most recent JSNA for Tameside.

Wider drivers and strategies taken into account:

This PNA could not be undertaken in isolation as there is large-scale change taking place across the health and social care economy in which pharmacies operate. The main current strategic drivers affecting local health and social care at primary and secondary service level have therefore also been considered alongside the specific drivers for community pharmacy provision.

¹ <http://www.instituteofhealthequity.org/resources-reports>

NHS England's Pharmacy Call to Action (<http://www.england.nhs.uk/ourwork/qual-clin-lead/calltoaction/pharm-cta/>) was a consultation designed to gather views from pharmacy, patients and others with an interest in the sector on what community pharmacy services should look like in the future.

During the consultation period, PSNC, LPCs and pharmacies gathered views and responses outlining what community pharmacy have to offer. In total NHS England received more than 800 responses to the CTA, which it has confirmed is more than it received for the CTA for general practice.

At a local level many LPCs and Area Teams hosted meetings which pharmacy teams may have attended and which were designed to gather local views. In particular Area Teams held events designed to:

- a) Work with local communities to develop strategies based on the emerging principles set out in the CTA, with close engagement with patients and the public and Health and Wellbeing Boards, to ensure that community pharmacy develops in ways that reflect their pharmaceutical needs and priorities and build on their insights;
- b) Through pharmacy Local Professional Network (LPN) chairs, discuss with local community pharmacists and contractors, CCGs, CSUs, local authorities and other health and social care partners what changes NHS England needs to make to support these local needs and emerging strategies;
- c) Ensure that all outcomes are linked appropriately to the five domains of the NHS Outcomes Framework and help reduce inequalities.

The Call to Action places community pharmacies as a key, frontline health service that can and does provide healthcare, advice/education and triage as an effective alternative to what the consultation suggested are the many over-subscribed primary care services in communities, particularly GP practices.

The geographical position of pharmacies within communities is particularly important as, contrary to most other health facilities; areas of deprivation in general are better served by pharmacies than communities in wealthier neighbourhoods. This fact may provide a vital opportunity in priority communities for targeting prevention initiative. In addition the pharmacies themselves may also be an essential community asset adding greatly to the social capital of an area as they sell a range of essential goods, provide a range of services such as vaccinations and testing/monitoring and provide a meeting point for local people in the way that other former community assets like launderettes and post offices did before they fell into decline.

Healthy Living Pharmacies

The Healthy Living Pharmacy (HLP) framework is a tiered commissioning framework aimed at achieving consistent delivery of a broad range of high quality services through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities.

The HLP framework is underpinned by three enablers:

- workforce development – a skilled team to pro-actively support and promote behaviour change, improving health and wellbeing;
- premises that are fit for purpose; and
- engagement with the local community, other health professionals (especially GPs), social care and public health professionals and local authorities.

Quality Payments Scheme

Achieving HLP level 1 (self-assessment) is now a Quality Payment criterion for the Quality Payments Scheme 2017/18. Further details on the Quality Payments Scheme can be found on the Quality Payments hub on the PSNC website. <http://psnc.org.uk/services-commissioning/essential-services/quality-payments/>

The Greater Manchester Local Pharmaceutical Committee

Greater Manchester LPC is the statutory organisation representing community pharmacists in our area. It represents pharmacy members in discussions with the NHS, local authorities and partners to plan and agree local services. Their aim is to act in members' best interests and ensure local people reap the benefits community pharmacy can bring in improving health and wellbeing.

More information about Greater Manchester LPC can be found here:

<http://psnc.org.uk/greater-manchester-lpc/localities/>

Greater Manchester Health and Social Care Devolution: Taking Charge of Health & Social Care² on April 1 2016, Greater Manchester became the first city region in the country to take control of its combined health and social care budgets – a sum of more than £6 billion. It means that – for the first time – local leaders and NHS clinicians are working together to tailor budgets and priorities to improve the health and wellbeing of 2.8 million residents.

² <http://www.gmhsc.org.uk/>

Greater Manchester Health and Social Care Partnership is the body made up of the NHS organisations and councils in the city region that is overseeing the work.

Governed by the Health and Social Care Partnership Board, which meets in public each month, the partnership comprises the local authority and NHS organisations in Greater Manchester, plus representatives from primary care, NHS England, the community, voluntary and social enterprise sector, HealthWatch, Greater Manchester Police and the Greater Manchester Fire and Rescue Service.

The Partnership is working in consultation with local people to tackle some of the inequalities and poor health outcomes that blight the region. For example, more than two thirds of early deaths in Greater Manchester are caused by things like smoking, alcohol dependency and poor diet, behaviours that could be changed. Nearly 25% of the population have a mental health or wellbeing issue that can affect everything from health to employment, parenting and housing. This has to change.

The outcomes the partnership aims to achieve are:

- More GM children will reach a good level of development cognitively, socially and emotionally.
- Fewer GM babies will have a low birth weight resulting in better outcomes for the baby and less cost to the health system.
- More GM families will be economically active and family incomes will increase.
- Fewer will die early from cardio-vascular disease (CVD)
- Fewer people will die early from cancer
- Fewer people will die early from respiratory disease
- More people will be supported to stay well and live at home for as long as possible.

More detail of the plans can be found here: <http://www.gmhsc.org.uk/who-we-are-and-what-we-do/>

Care Together (Integrated Care)

The **Health and Social Care Act (2012)³** set out an explicit focus on the importance of integrated care. Recent reforms to the health and care system have enabled local communities to increase focus on commissioning and ensure the kind of care and support that best meets their needs, with local practitioners in the driving seat.

³ <http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>

NHS Tameside and Glossop Clinical Commissioning Group (T&G CCG), Tameside Metropolitan Borough Council (TMBC), and Tameside and Glossop Integrated Care NHS Foundation Trust (T&G ICFT) are working together to develop, introduce and operate an integrated system of health and social care in Tameside and Glossop.

The local programme being developed in Tameside is **Care Together**. This programme of change has the challenge of supporting local people with less money to spend and by local organisations across health and social care working better together to reduce demand on more intensive and expensive health and social care services; by implementing community based prevention and early intervention initiatives and promoting self-care and health proficiency.

There is a firm commitment to achieving a seamless health and social care service where organisational boundaries do not get in the way. This will be achieved by a range of methods such as joint funding, sharing resources and jointly building integrated services that are centred on the health and social needs of individuals and communities.

Care Together is the development of care that is closer to home and involves the development of local care teams, Care Together is very much about how the people of Tameside and Glossop, along with GPs, the local Council, care providers, hospital, community services and charities can work effectively together to deliver improved health and social care services and outcomes; placing the person at the centre of the care that is required.

The key to this approach is to prevent people becoming ill in the first place, we want the residents of Tameside and Glossop to remain well for as long as possible. Care Together will work with residents, and communities to address the things that contribute to ill health; designing services, places and spaces, to support healthier choices and outcomes. This also means providing better information and support to people who have ongoing health and care needs to live healthy and independent lives for as long as possible. Pharmacies across the borough are ideally situated to be an integral part of the "Care Closer to Home" agenda.

Scope

The Steering group for the Tameside Pharmacy Needs Assessment began the 2018/21 PNA by reviewing the 2015/18 document. Finding it still fit for purpose in its structure and key sections they proposed to build the 2018/21 PNA on the same template.

The Tameside "neighbourhood" approach aims to capture the benefits of a more focussed consideration on community needs and access to services. This approach will achieve budget reductions whilst maximising engagement with communities and partners to deliver

those services that are most important to local residents. The approach/offer aims to support prosperity and reduce dependency on specialist and costly council and health services by promoting self-sufficiency. The structure proposed is designed to be future proofed. It can absorb other services over time to deliver further budget reductions and it can accommodate changes in service provision as demand and funding vary overtime.

Cross border issues have been included in the scope as pharmacies in Stockport, Oldham, Manchester and Derbyshire may well be the most local facilities for some residents living near the edges of Tameside, or indeed may be more convenient to where their GP is sited, on the route to or near their workplace/shopping route etc. Similarly these neighbouring areas may also have residents whose usual or preferred pharmacy is in Tameside.

This issue is particularly relevant to the Glossop area and specific close working with the production of the Derbyshire PNA is included in the scope.

To continue to be fit for purpose for the next three years this assessment has ensured that all relevant strategic drivers that influence need have been reviewed. In summary the PNA will:

- Enhance and contribute to the JSNA
- Inform the wider health and wellbeing plans of the HWB
- Reflect and inform neighbouring Boroughs JSNAs

Process followed for the 2018/21 PNA

The first step was to consider the 2015 PNA against the subsequent changes in Tameside demographically, structurally and from a policy perspective. This included a consideration of changing needs and provision in the last three years, and also, examined emerging structural and policy impact of the recent health and social care reforms and their influence on pharmacy provision.

Stakeholder engagement was undertaken to determine the key issues to consider and debate from the 1st draft of this PNA over a 60 day consultation period. The results of the consultation are included and highlighted in this final draft.

To guide the process a steering group met every eight weeks to guide the assessment consisting of the main stakeholders defined by the Health and Wellbeing Board. (Membership listed in Appendix 1).

A parallel process of public consultation through electronic and paper questionnaires was undertaken to capture the public's own views of access and experience of local pharmacies.

The Tameside Council Corporate Policy, Performance and Communications Team completed the public and stakeholder engagement and produced the PNA. (Further details of the process and consultations undertaken are outlined Appendix 2)

Context: The growing health challenge in Tameside

Life expectancy is improving in Tameside; however people in Tameside still have overall worse health and lower life expectancy than England. The top causes of this difference are deaths from heart disease, cancer and respiratory disease. Over the next decade it is predicted that life expectancy will continue to improve, although these gains will be overshadowed by the worrying parallel of increased prevalence of limiting long term illness brought on by the relatively high local levels of obesity, tobacco use and alcohol consumption.

There are also marked inequalities in health across Tameside with people living in poorer areas having lower life expectancy and even higher levels of limiting long-term conditions.

Life Expectancy

Improvements in life expectancy at birth, which had seen around a one---year increase every five years for women and every three and a half years for men, have slowed since 2010 to a one---year increase every 10 years for women and every six years for men.⁴

There are many potential explanations for this reduced level of improvement in this key indicator. However a key factor is the increasing role played by deaths at older ages. There has been a sudden and sustained increase in the number of people reaching 80 years plus. This is both as a result of improved survival to old age and a sustained level of births and greatly improved chances of surviving infancy and childhood.

This has placed substantial pressure on all forms of social protection such as health, social care and pensions.⁵ At the same time there has been increased recognition of age related mental health conditions, in particular Dementia. Dementia is now the most common cause of death in women aged 80years and over and in men aged 85 years and older.

⁴ <http://www.instituteofhealthequity.org/resources-reports/marmot-indicators-2017-institute-of-health-equity-briefing/marmot-indicators-briefing-2017-updated.pdf>

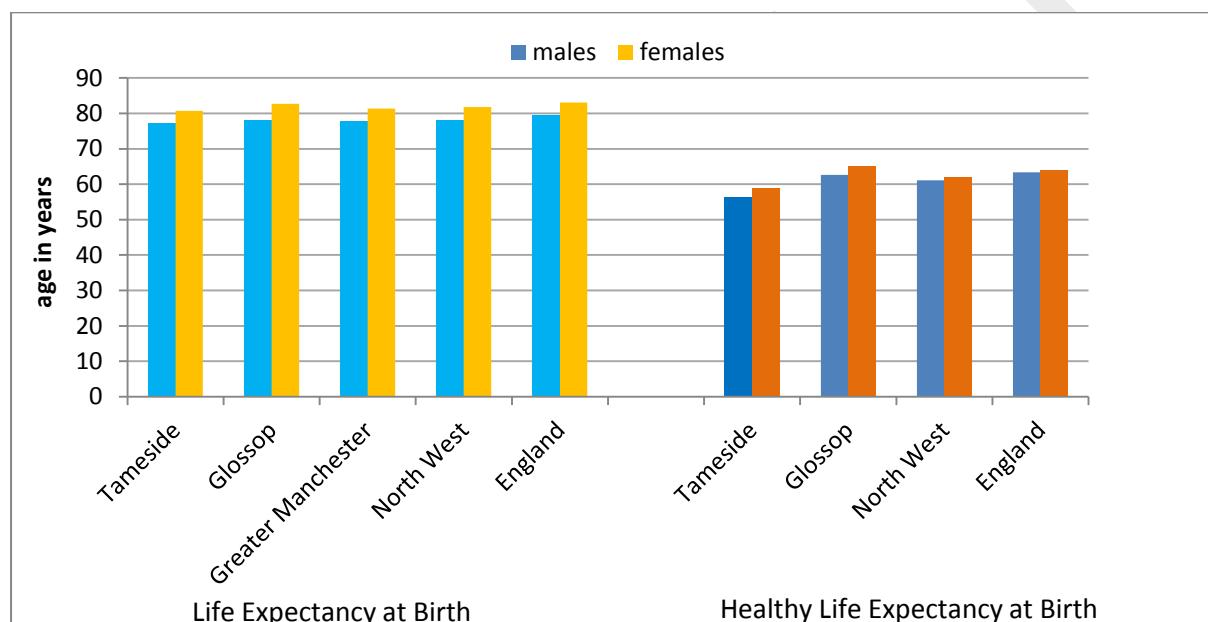
⁵ <http://www.instituteofhealthequity.org/resources-reports/marmot-indicators-2017-institute-of-health-equity-briefing/marmot-indicators-briefing-2017-updated.pdf>

The implications for services of both a greater rate of dementia at death and a relatively rapid increase in the population at the most vulnerable ages is considerable and puts social protection activities under considerable strain.⁶

Within local authorities there are considerable variations in the inequality gradient in life expectancy between small areas based on deprivation, with healthy life expectancy following the same pattern.

Overall Life Expectancy in Tameside for both males and females is below the average for the North West and England as can be seen in chart 1.

Chart 1: Life Expectancy and Healthy Life Expectancy at Birth (2013-2015); 3 year rolling average



Source: PHE and ONS; please note Glossop life expectancies have been calculated locally

For the 2013-15 figures, Tameside MBC is ranked at 318 for male life expectancy, and 314 for female life expectancy, out of 324 Local Authorities. This means that life expectancy is considerably lower in Tameside than the England average.

Healthy Life expectancy (HLE)

Health expectancies (HEs) divide predicted lifespan into time spent in given states of health thereby adding a quality of life dimension to estimates of LE. Healthy life expectancy (HLE), estimates lifetime spent in 'Very good' or 'Good' health based upon self-perceived general

⁶ [Marmot review 2017](#)

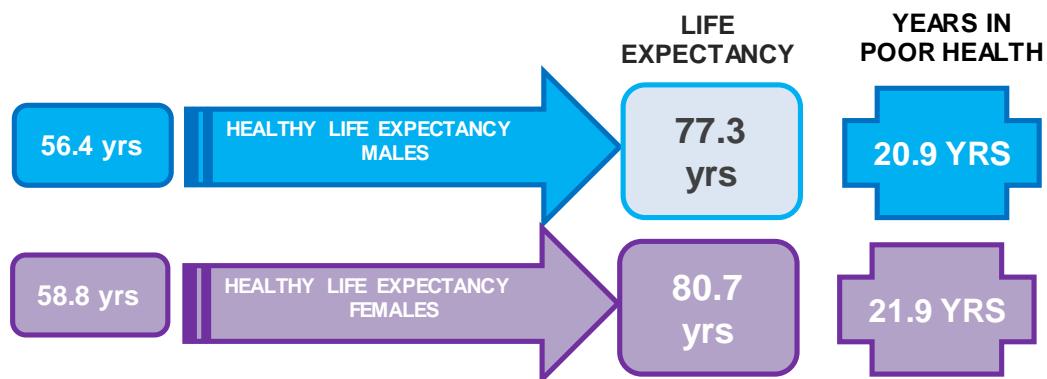
health and Disability-free life expectancy (DFLE), which estimates lifetime free from a limiting persistent illness or disability based upon a self-rated functional assessment of health.

HLEs are used as a high level outcome to contrast the health status of different populations at specific points in time and to monitor changes in population health over time, giving context to the impacts of policy changes and interventions at both national and local levels. HLEs have value across state, private and voluntary sectors, in the assessment of healthy ageing, fitness for work, health improvement monitoring, and extensions to the state pension age, pension provision and health and social care need.

Healthy life expectancy in Tameside is currently 56.4 years for males and 58.8 years for females, which is significantly lower than the England average of 63.4 years for males and 64.1 years for females.

The impact of this rising life expectancy but decreasing age at which people begin to suffer illness or disability is quite stark as it results in a growing population of people who are living longer but becoming sicker younger. As this is the population age group that is also expanding rapidly in numbers it produces the combined impact of an increasing and unsustainable demand for more health and social care and support.

Chart 2: Life and Healthy Life Expectancy (2013/15)



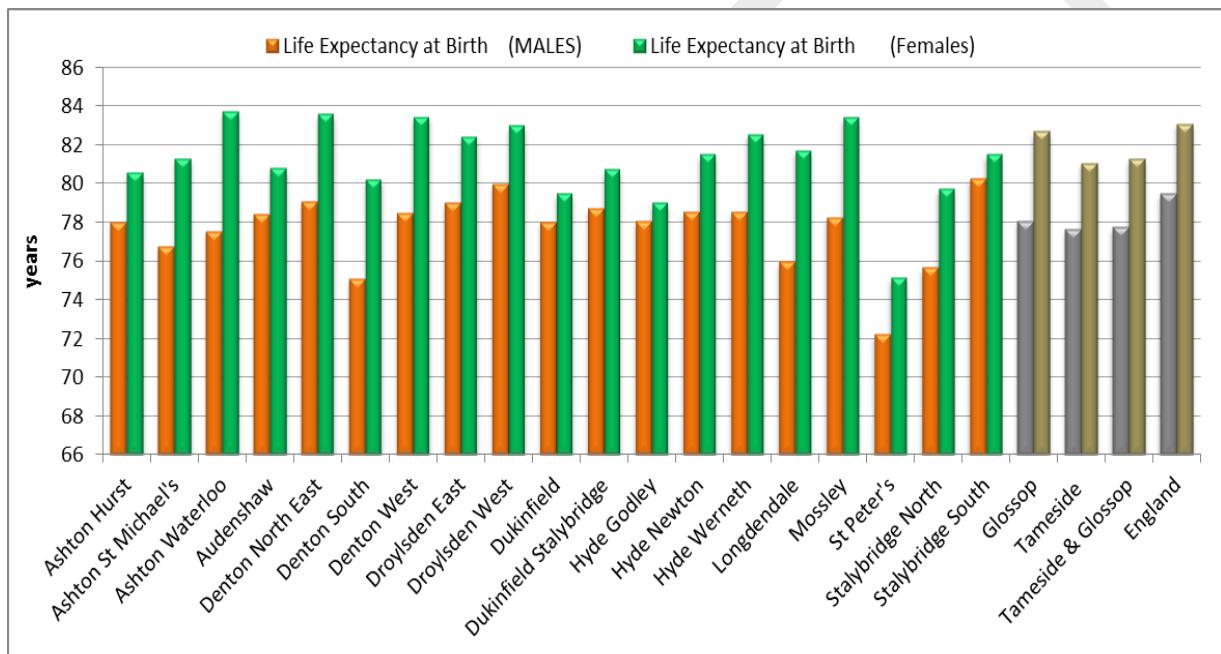
Furthermore there are particular at-risk or vulnerable groups:

- People living in deprived areas
- People experiencing financial pressures and insecure employment
- Children and families living in poverty and poor housing
- Black and Minority Ethnic Groups
- Adults with poor educational attainment

Deprivation is a major factor influencing our population's health needs, health inequalities and life expectancy and there is a link between areas of higher deprivation and areas with low life expectancy levels. This link can be seen in Tameside Ashton St Peters and Hyde Godley are two of the most deprived wards and correspondingly they suffer some of the lowest life expectancy.

Across Tameside wards there is over eight-years difference in male life expectancy from 72.2 yrs. in Ashton St. Peter's to 80.3yrs in Stalybridge South, and, nearly 9yrs difference between in female life expectancy from 75.1yrs in Ashton St. Peters to 83.7yrs in Ashton Waterloo. The chart below illustrates these differences in life expectancy across Tameside wards.

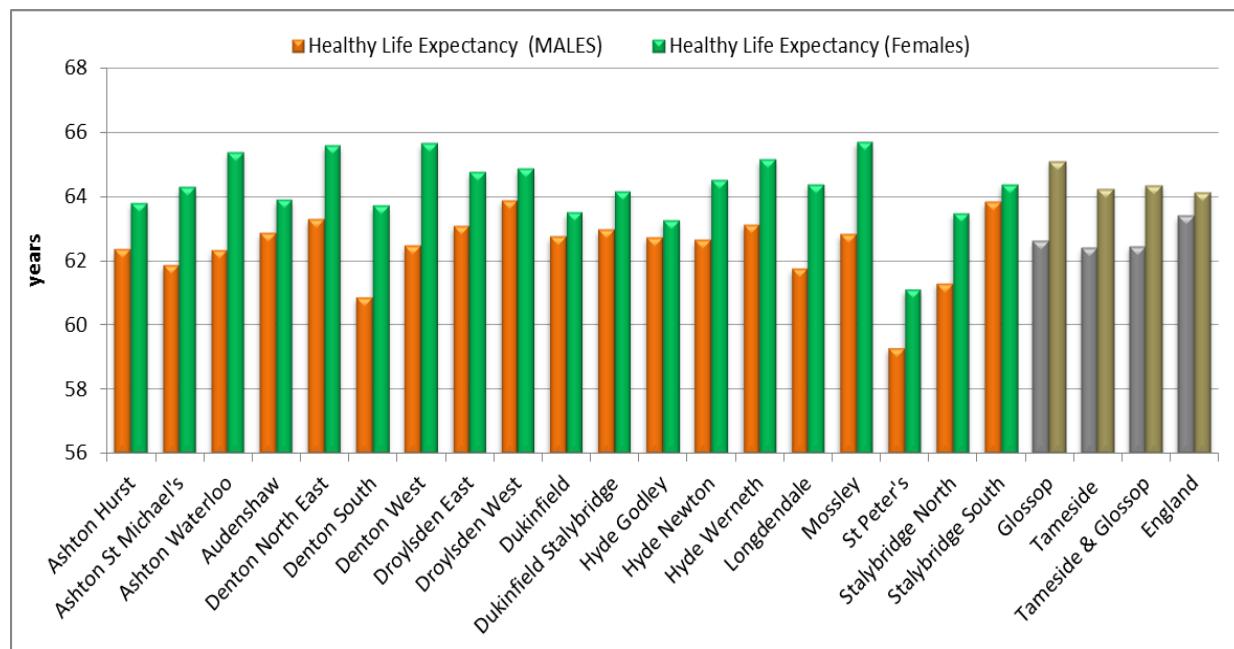
Chart 3: Life Expectancy at Birth (Tameside 2014/2016)



Source: Tameside MBC Public Health Intelligence 2017and PCMD

The gap in healthy life expectancy across wards is also stark. Where across the wards in Tameside there are considerable differences in healthy life expectancy. Ashton St Peters has the lowest male healthy life expectancy 59.3yrs compared to 63.9yrs in Droylsden West. For females again Ashton St. Peters has the lowest HLE, 61.1yrs compared to 65.7yrs in Mossley. This means that males and females in Ashton St. Peters will live nearly 5 years longer in poor health than the Tameside average.

Chart 4: Healthy Life Expectancy at Birth 2014/2016



Source: Tameside MBC Public Health Intelligence 2017 and PCMD

The widening gap between life expectancy and healthy life expectancy raises much concern about the sustainability of current ways of providing health and social care. As the demand for resources to support poor health and long term conditions are rising steeply, it makes the development of prevention and early intervention strategies and a focus on self-care and social prescribing vitally important.

Tameside's changing population

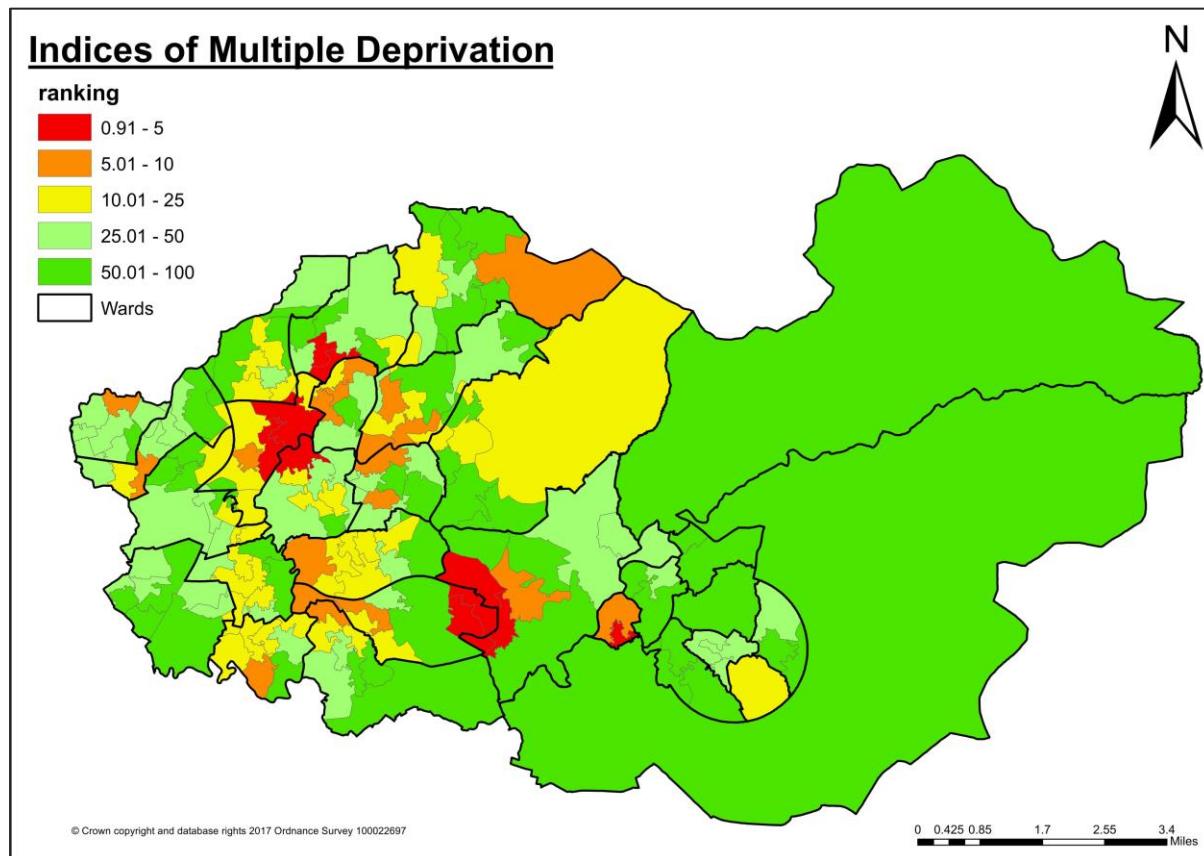
The 2016 population of Tameside is estimated to be 223,189 and increase of 2,592 people since the last PNA. The mean age of the Tameside population as measured within this estimate is 40.5 years, which is approximate to the England average of 39 years. However, population forecasts predict a 3.5% increase in the local population by 2027 which will mean that by this date there will be a substantially older population in Tameside with proportionally fewer children and young people.

Tameside is ethnically diverse with very established Indian, Pakistani and Bangladeshi communities, especially in Ashton and Hyde. The estimated proportion of people in Tameside from a British Minority Ethnic group (BME) is 10.5%.

There are currently 46,658 children aged 16 years and under, 38,951 people aged 65 years plus and 137,580 people of working age.

Deprivation

Map 1: Deprivation in Tameside and Glossop (IMD 2015)



Source: Policy, performance and communication team Tameside MBC 2017

Deprivation from income, housing, employment and health are key drivers in health and wellbeing outcomes. People born into and living in deprivation tend to have poorer health outcomes than people from more affluent areas. Tameside as a local authority is reality deprived and is placed as the 41st most deprived local authority out of 326 in the Index of Multiple Deprivation (IMD).

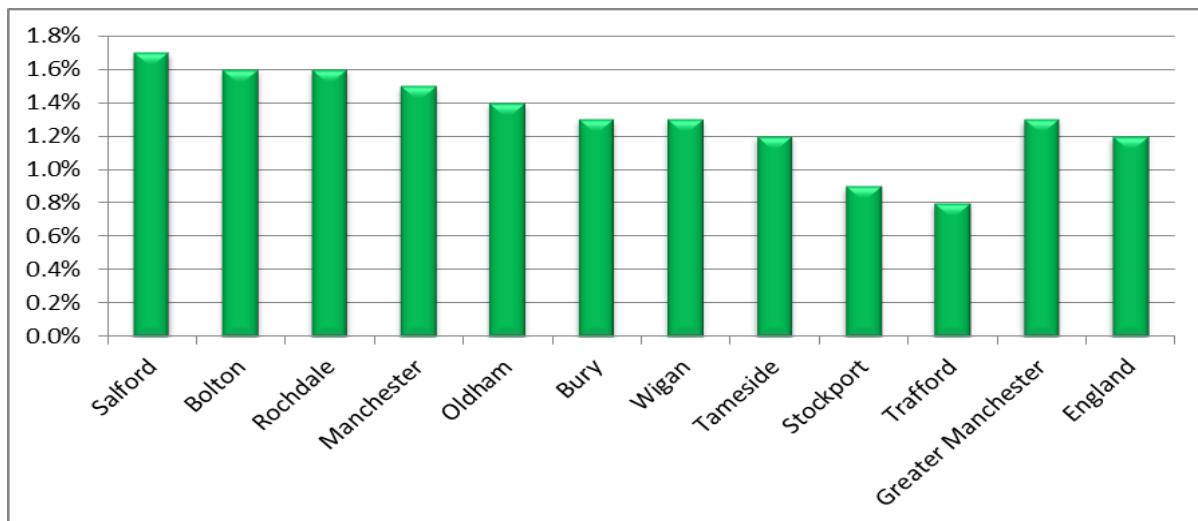
This growing health challenge also affects Tameside economically with 56.5% of the working age population of Tameside having a 'long term health problem or disability' being economically active compared to 53.2% in England.

Periods of economic downturn often result in a rise in health problems, especially for those affected by long-term unemployment. In many cases losing a job can lead to social isolation and mental health problems and this combined effect can impact on general health and well-being leading to pressure on health services.

Figures covering the period between April 2016 and March 2017 show that the employment rate in Tameside was 70.5%. This is below the Greater Manchester average (71.4%) and England average (74.4%).

As of April 2017, there were 1,660 residents in Tameside claiming Job Seekers Allowance (JSA). Numbers of people claiming JSA have fallen significantly over the last year due in part to the movement of people onto universal credits.

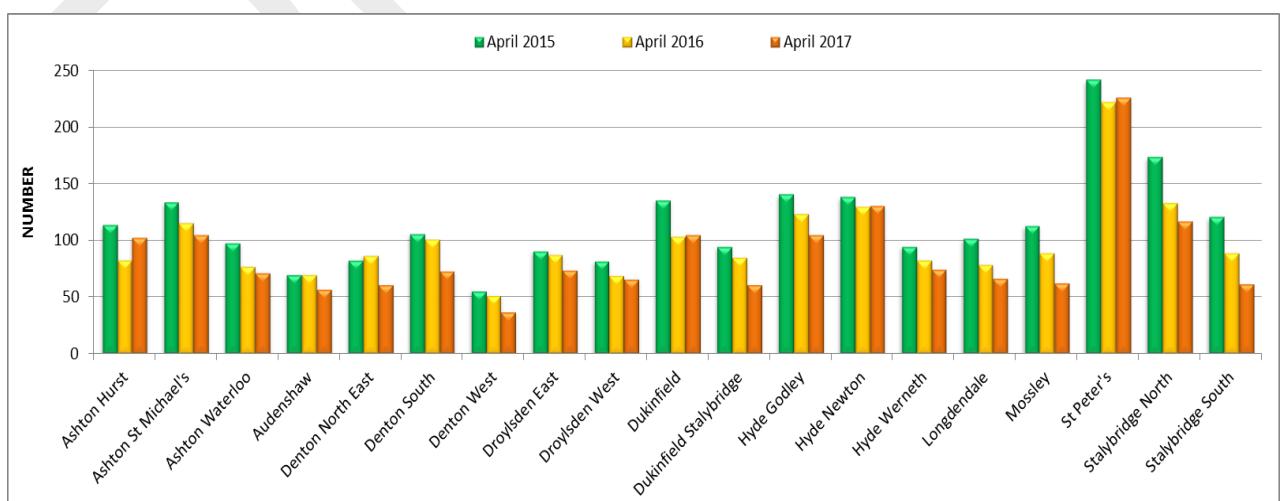
Chart 4: Job Seekers Allowance claimant rates in Greater Manchester districts: April 2017



Source: NOMIS, 2017

The chart below (chart 5) indicates the year-on-year changes in the number of JSA claimants in the different wards across Tameside from 2015 to 2017. It illustrates the wide variations in claimants, with the wards of Ashton St. Peters and Stalybridge North showing consistently high levels of job seekers claimants.

Chart 5: JSA Claimants May 2014: Numbers in Tameside Wards



Source: NOMIS, 2017

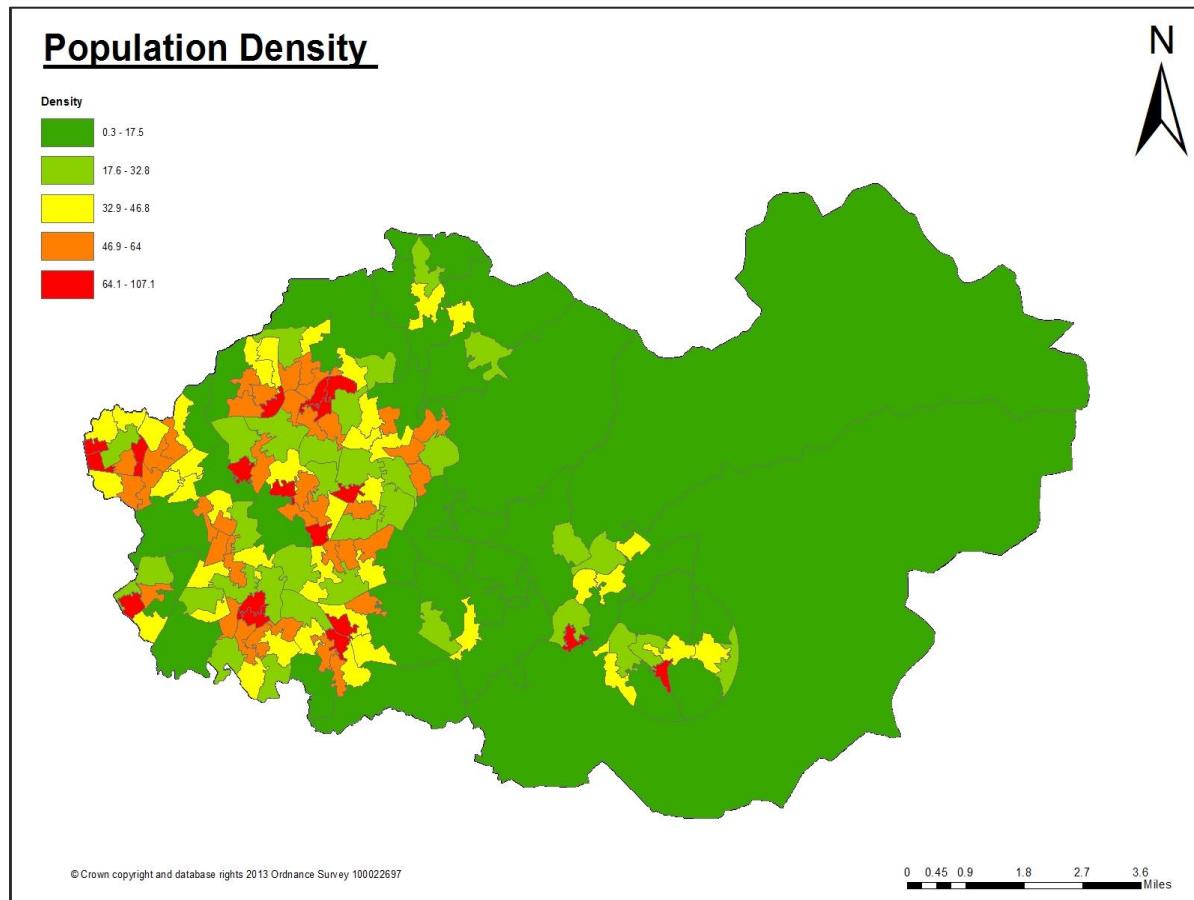
Other indicators of Tameside's economic health include:

- 18.6% of the population of Tameside are unpaid caring responsibilities
- Houses in Tameside are mostly owner occupied (63.8%) with a mortgage or loan (35.7%) or owning the property outright (28.1%).
- The percentage of pensioners aged 65 and above living alone in Tameside varies from 41.5% in St. Peter's ward to 27.6% in Stalybridge South ward.
- In Tameside, 29.6% of households have no car or van, slightly less than the Greater Manchester average of 30.6%.

Tameside has a residential population density overall of around 21 persons per hectare. The Borough covers 40 square miles centred on the River Tame but the living environment within that varies with a mix of urban and rural landscapes, the area includes historic market towns, a canal network and industrial heritage areas as well as modern fast transport links (rail, motorway and tram) links and is bordered by the boroughs of Stockport and Oldham to the south and north respectively, the city of Manchester to the west and the borough of High Peak in Derbyshire to the east.

Some parts to the East of the Borough are sparsely populated whilst areas of the main towns are highly populated (e.g. Ashton, Droylsden and Hyde).

Map 2: Tameside population density map



Source: ONS mid-year population estimates

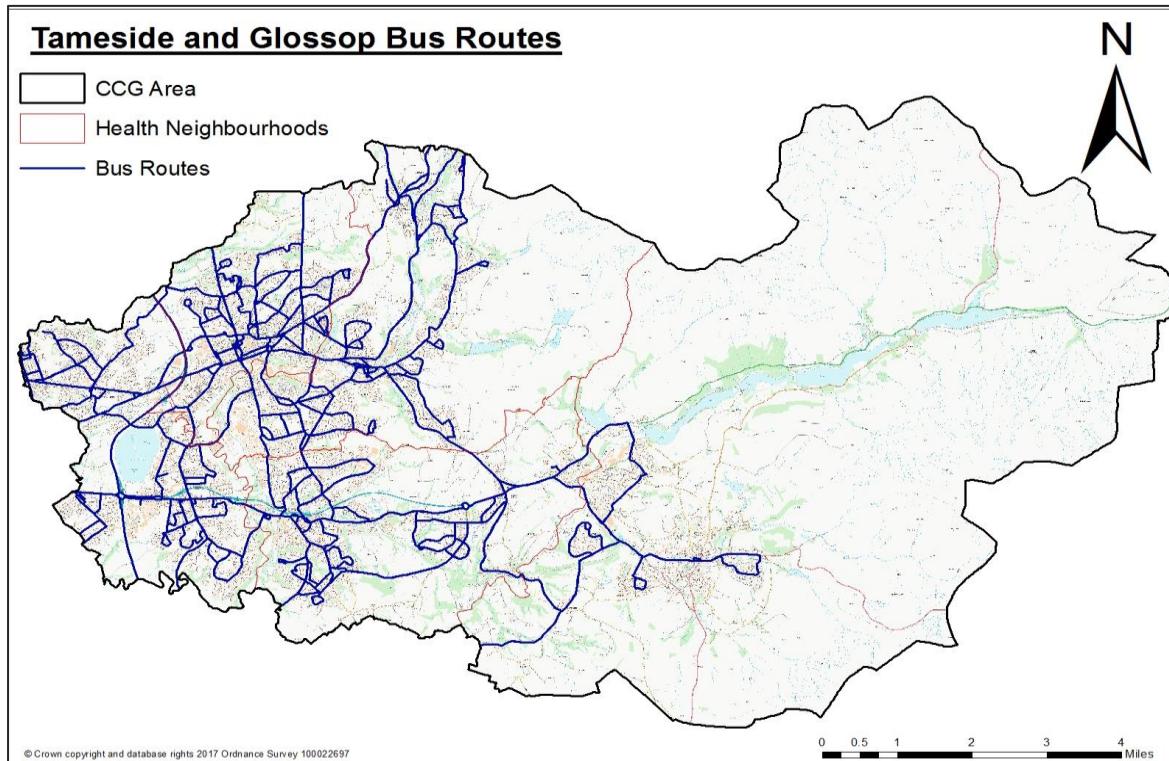
Tameside's local economy is inter-connected with that of the wider Greater Manchester Region. The workforce is well placed, particularly in the west of the borough, to benefit from this geographic concentration of economic activity and the newly improved transport links. 6.2% of all jobs in Greater Manchester are in Tameside and the Tameside share of Greater Manchester working age (16-64) population is 8.3%, which means that there is a net outflow of workers to other areas including to the regional centre, Manchester, itself. (Further details may be found in the Tameside Housing Strategy at <http://www.tameside.gov.uk/housing/strategy>.

It can be clearly seen from the next three maps that the populations in both rural and urban parts of the Borough are well served by public transport routes and on the whole Tameside is very accessible.

There is a good degree of mobility between the towns of Tameside and there are clear transport links between towns and specific areas outside of Tameside. For instance, Audenshaw, Droylsden and Denton strongly interact with Manchester; Mossley with Oldham; Hyde with Stockport and Longdendale with High Peak.

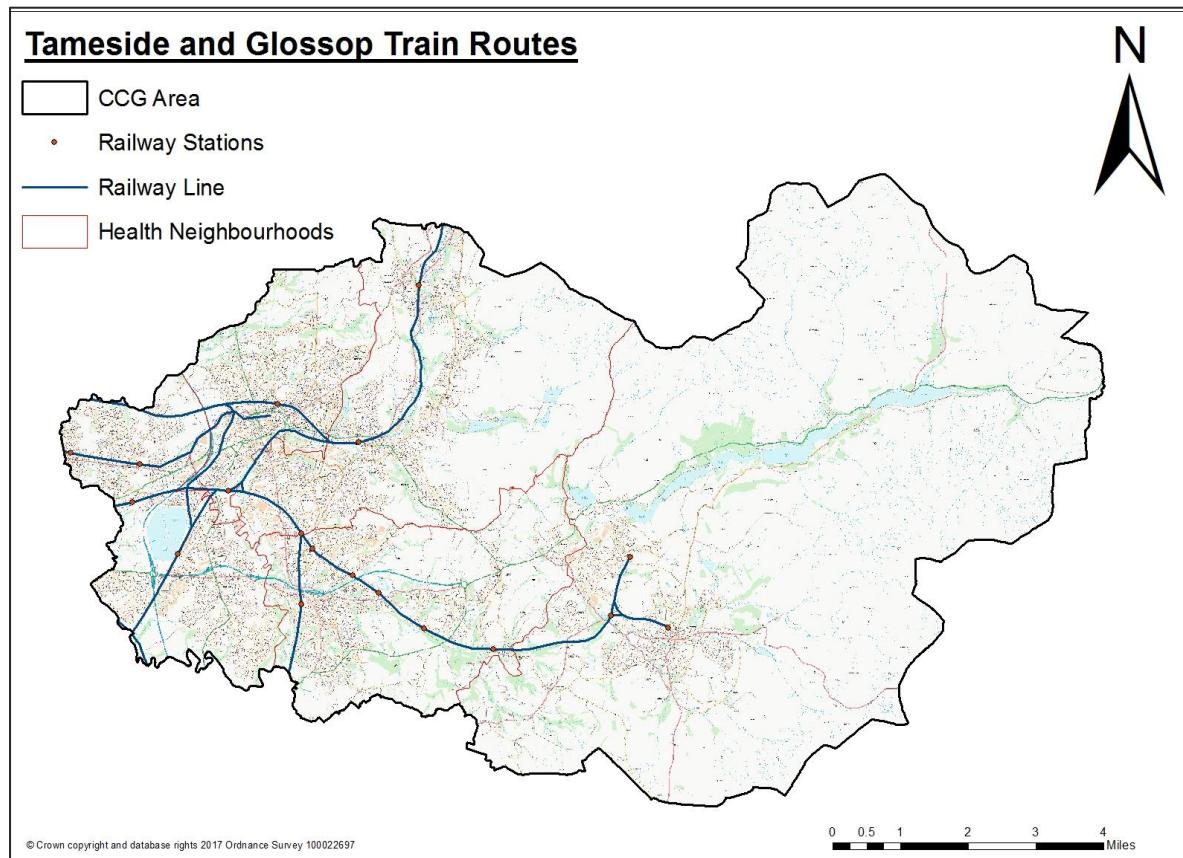
The completion of the Metrolink tram network line to Ashton during 2013 enabled further connections and access across parts of Tameside and increased public transport routes to the rest of Greater Manchester.

Map 2: Tameside Public Transport - Bus



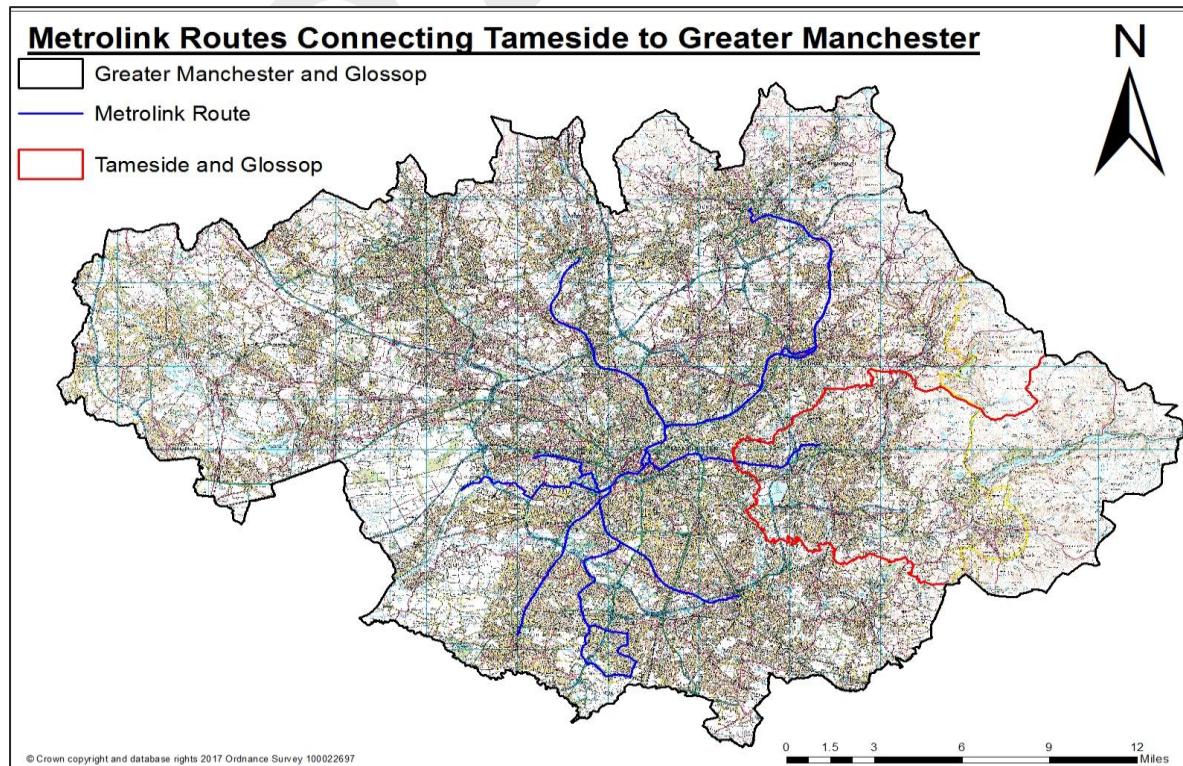
Source: GMPTE, 2017

Map 3: Tameside Public Transport – Rail



Source: GMPT, 2017

Map 5: Tameside Public Transport – Metrolink routes connecting Tameside to the rest of Greater Manchester



Source: GMPT, 2017

Further information on population demographics and health and wellbeing need across Tameside can be found within the Tameside JSNA available alongside the PNA on the Tameside JSNA website. (Life in Tameside & Glossop)

The Life in Tameside and Glossop website provides easy access to statistics and indicators at differing geographical levels across the borough. The statistics cover a number of themes including demographics, educational achievement, health, social care, employment and published reports. www.lifeintamesideandglossop.org

Infrastructure Developments

Vision Tameside

Tameside Metropolitan Borough Council is working in partnership with Tameside College on a strategy to bring greater economic prosperity and transform learning and skills in Tameside. The multi million pound 'Vision Tameside' plans to build three new Advanced Learning Centres, based in Ashton Town Centre and at the Beaufort Road site. These new Learning and Skills Centres will be built in three phases and will offer people in Tameside "state of the art" facilities that equip them for the challenges of a changing economy requiring a highly skilled workforce. These facilities will bring more students into the Ashton town centre footprint alongside the teaching and support staff that will work across the 2 sites. As part of phase 2 of the project there will be a Joint Public Service Centre for Tameside Council and partners. Partners include Tameside & Glossop CCG staff and Job Centre Plus. This will inevitably increase the population of the town centre during the week. It is therefore crucial that over the development period of the town centre sites that consideration is taken into account on the impact the rise in population during the working day may have on health and pharmacy provision.

Strategic Planning

Greater Manchester Spatial Framework

The Greater Manchester Spatial Framework is a joint plan for Greater Manchester that will provide the land for jobs and new homes across the city region. A £300m Greater Manchester Housing Fund will help free up land, regenerate housing and build new homes. To date the fund has committed over £311m to build over 4,400 units at 23 sites across Greater Manchester. This will impact on population migration in and out of the Tameside borough over the next few years and needs to be considered in commissioning plans going forward.

Tameside Local Plan

Tameside is preparing a new Local Plan which will be the main land use planning document for the Borough. The Local Plan will replace the Councils currently adopted Unitary Development Plan, adopted in 2004 and will incorporate the strategic policies and

allocations as they evolve in the draft Greater Manchester Spatial Framework (GMSF). The Greater Manchester Strategic Housing Market Assessment (SHMA) 2010 concluded that there was an overall housing requirement for Tameside of 13,579 additional dwellings between 2015 and 2035, an average of 679 dwellings per annum. In the draft GMSF this has been rounded to 13,600 and 680 respectively. Commissioning of health and pharmacy services in Tameside need to consider the impact of the increased population this will bring into Tameside.

Tameside Wellness Centre

Tameside Council is investing £20 million in the provision of high quality sports and leisure facilities across Tameside, creating a platform upon which to increase physical activity and develop a sustainable model for Active Tameside.

The Wellness Centre will be built in Denton, replacing the existing Active Denton leisure centre. The Wellness Centre will move away from the traditional model of simply providing leisure facilities. In addition to ensuring Tameside residents have access to sport and leisure facilities, the Tameside Wellness Centre will help and encourage residents to become more active and socially involved.

The impact the Wellness centre may have on the Denton Neighbourhood and pharmacy provision should be minimal, as most of the footfall of residents would be as visitors. However it is worth noting that if there are pharmacy facilities within the locality of the Wellness Centre, this could offer a convenient service for residents to deal with any minor injuries or illnesses while visiting the Wellness Centre and this as a facility would give users of the Wellness Centre a wide range of opportunities to improve their health.

Meeting Pharmacy Need and Priorities in Tameside

The main causes of morbidity and mortality in Tameside mirror those of England and the Greater Manchester Region. The most recent morbidity and mortality data shows that circulatory diseases (heart disease and stroke) and cancers remained the main causes of ill health and mortality. Respiratory Diseases and alcohol related conditions follow next.

Disease prevalence in Tameside is high, with many people living with more than one long term condition. Key long term conditions in Tameside include the following

Table 1: Registered Disease Prevalence 2015/16

Prevalence by Condition	Tameside & Glossop		England
	number	%	%
Hypertension	111,795	56.3	53.2
Coronary Heart Disease	7,943	4	3.2
Obesity	20,651	10.4	9.5
Diabetes	14,893	7.5	6.5
Cancer	4,766	2.4	2.4
Chronic Obstructive Pulmonary Disease	3,773	1.9	2.7
Asthma	13,304	6.7	5.9
Arthritis and joint problems	21,644	10.9	9.6
Long term mental health problems	12,311	6.2	5.2
Depression and anxiety	32,963	16.6	12.7

Source NHS Digital

Deaths in people under 75 years are considered mainly preventable and therefore premature. In Tameside and Glossop a higher percentage of women die prematurely as a result of cancer than men (43% compared to 36%), but cancer is still the main cause of premature death for men. However 28% of men die prematurely from circulatory disease compared to 22% of women. Additionally 10% of deaths in the under 75's are due to respiratory diseases.

Lifestyle factors especially smoking, harmful alcohol consumption, poor diet and lack of exercise contribute to these largely preventable diseases. They also contribute to other risk factors including diabetes, high blood pressure, obesity and high cholesterol which have a direct impact on heart disease and stroke, cancer and respiratory disease.

The Health and Wellbeing Board considers that the key to ensuring a more healthy population is significant investment and prioritisation in prevention services and flexible personalised services closer to home. The current drivers will inevitably mean a change in investment profiles and service redesign to ensure a preventative and early intervention approach to improving health increasing life expectancy and tackling health inequalities.

The ‘BE WELL’ services and the ‘Care Together’ social prescribing and self-care programmes make it clear that intervention and prevention is everyone’s business and local programmes must:

- Facilitate access to universal services
- Build social capital within local communities
- Ensure people have greater choice and control over meeting their needs

- Integrate services to deliver holistic services and interventions
- focus on the health and care needs of the individual, rather than the organisation
- enable local people to take more responsibility for their own health and care

The potential contribution pharmacy services can make to the prevention and early intervention approach to meeting these needs includes three key strands:

1. **Delivering public health programmes** through the six health promotion campaigns carried out in community pharmacies annually for NHS England including action on pandemic and seasonal flu services and the provision of opportunistic healthy lifestyle advice and public health advice to patients receiving prescriptions who appear to:
 - have diabetes
 - be at risk of coronary heart disease, especially those with high blood pressure; or
 - who smoke; or
 - are overweight,

Pharmacies may voluntarily assist with ad hoc campaigns when they are able to do so, on top of their six contractual ones.

2. **Providing support for long-term conditions and promotion of independent living.** Pharmacies play a key role in helping people to understand and manage their medicines by providing advice and signposting to relevant services, through prescribing and referrals to health professionals, conducting medicines use reviews and providing enhanced services. If commissioned, pharmacies could deliver any of the following services to promote self-care and independent living:

- Anticoagulant Monitoring Service
- Care home service
- Disease specific medicines management service
- Emergency hormonal contraception services through patient group directions
- Gluten free food supply service
- Home delivery service
- Independent prescribing service
- Language access service
- Medication review service
- Medication support following hospital discharge
- Medicines assessment and compliance support service
- Minor ailments service

- Needle and syringe exchange
- NHS Health Checks
- On demand availability of specialist drugs service
- Out of Hours service
- Patient group direction service (This would include supply of any prescription only medicines via PGD)
- Pharmacists prescribers (supplementary and independent)
- Prescriber support services
- Schools service
- Screening services such as Chlamydia screening
- Stop smoking
- Supervised administration of medicines service
- Supplementary prescribing service
- Support for long term conditions and expert patient
- Therapeutic monitoring

3. Contributing to social capital. Particularly on housing estates the presence of a community pharmacy is one of the key businesses, which can make a difference between a viable shopping area, and one that fails commercially and thus helps community sustainability and builds local social capital. With an ageing population this may become increasingly more important as for many older people who live alone a visit to a pharmacy can provide a valued social interaction. Furthermore the investment pharmacies make into a community (for example through local facilities and providing employment) can be an important link into the rest of the health infrastructure, which is important in maintaining community resilience.

4. Contributing to Urgent and Intermediate Care Demand Reduction

Up to 30% of all calls to NHS 111 services on a Saturday are for urgent requests for repeat medication. This can block GP out of hours (GPOOH) appointments, disrupt the usual repeat prescribing and dispensing cycle, and increase the potential for medicines waste. A small number of patients also attend A&E to obtain urgently needed medicines.⁷

There are 60 community pharmacies in Tameside & Glossop many of which are open for extended hours at evenings and weekends. Pharmacists can be consulted without an

⁷ <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/11/quick-guid-comm-pharm-urgent-care.pdf>

appointment about a range of minor conditions providing self-care advice and medicines and advising when symptoms may indicate something more serious and what action should be taken. NHS 111 and other health professionals should signpost to this advice.

Minor Ailment Services (MAS) (also known as Common Ailment services or Pharmacy First schemes) have been commissioned so that pharmacies can manage minor ailments with a range of NHS medicines. A [Systematic Review](#) of 26 schemes found low re-consultation rates and high symptom resolution rates. It was estimated that 3% of A&E consultations and 5.5% of GP consultations for common ailments could be managed in community pharmacy at significantly reduced cost. The Urgent and Emergency Care Review recommends these services are commissioned to local need.

Dental pain is the second most common reason for calls to NHS 111, particularly at weekends. Early referral to community pharmacy to provide support for dental pain is critical. Analgesics available from community pharmacy can be effective if started early. NHS 111 pilots have been triaging dental pain and referring non-urgent cases to pharmacy for pain relief until dental treatment is available.

Following high levels of patient satisfaction with locally commissioned pharmacy flu vaccination services NHS England has introduced a new nationally commissioned, community pharmacy seasonal influenza vaccination advanced service to increase choice for 'at risk' patient groups who are over 18 years of age regarding where they receive their flu vaccination. No appointment is needed and vaccinations can be offered and given when people collect their repeat prescriptions, ensuring people under the age of 65 years with an eligible long term condition receive their annual flu vaccination.

Pharmacists can support those with long term conditions to manage their condition effectively and stay well. NHS England commission Medicines Use Reviews (MURs), half of which must be targeted at patients on high risk medicines, those whose medicines have changed in hospital and patients with respiratory disease. 17% of all unplanned hospital admissions in the over 65s are due to medication issues.⁸

A project supporting patients to manage their COPD showed increased medicines adherence, decreased use of NHS resources and improved quality of life for patients.⁹ The Domiciliary MUR initiative aims to support housebound people to make better use of their medicines. From April 2012 to February 2013, over 230 domiciliary MURs were conducted,

⁸ <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/11/quick-guid-comm-pharm-urgent-care.pdf>

⁹ http://www.communitypharmacyfuture.org.uk/pages/copd_229724.cfm

estimated to avoid over 130 emergency admissions, saving over £400,000, and costing £42,880.¹⁰

Refer to pharmacy schemes allow hospital pharmacists and pharmacy technicians to refer people directly to community pharmacists for support on leaving hospital through the New Medicine Service and Discharge Medication Usage Reviews. Isle of Wight- Reablement Service: Developed in partnership with the Local Authority and Social Services, this service supports people with poor physical and mental health to better manage their medicines by providing one-to-one support from the time they come into hospital to when they return home. The service has run for 3 years and already it has reduced readmissions, made hospital stays shorter, and released over £800,000 worth of health care resource for local patients.¹¹

Greater details of health needs at the community level are provided later in this document in the sections on each of the four Neighbourhoods.

Overview of Pharmaceutical Service Provision in and around Tameside

The purpose of this section is to provide an overview of the current pharmaceutical provision in terms of geographical coverage and access, including relevant cross-border pharmacies, as of September 2017. Access and services will be described in more detail, relative to need, in the subsequent individual locality sections.

Map 6 and 7 shows the locations of Tameside pharmacies, including Glossop pharmacies. Out of area pharmacies were chosen using a combination of proximity and ease of access by Tameside and Glossop residents and number of prescriptions collected by residents. Methodology for identifying most accessed out of area pharmacies can be provided on request but it echoed recent research by Durham University that mapped access to pharmacies nationally and found that 89.2% of the population can get to a pharmacy within one mile (1.6-kilometer radius) or the average persons walking time to a pharmacy, estimated at 20 minutes.

These researchers also found that unusually and in contrast to most health services access to pharmacies tends to be in less prosperous areas. When they took into account deprivation, they found 90.1% of people living in the least deprived areas had access to a

¹⁰ <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/11/quick-guid-comm-pharm-urgent-care.pdf>

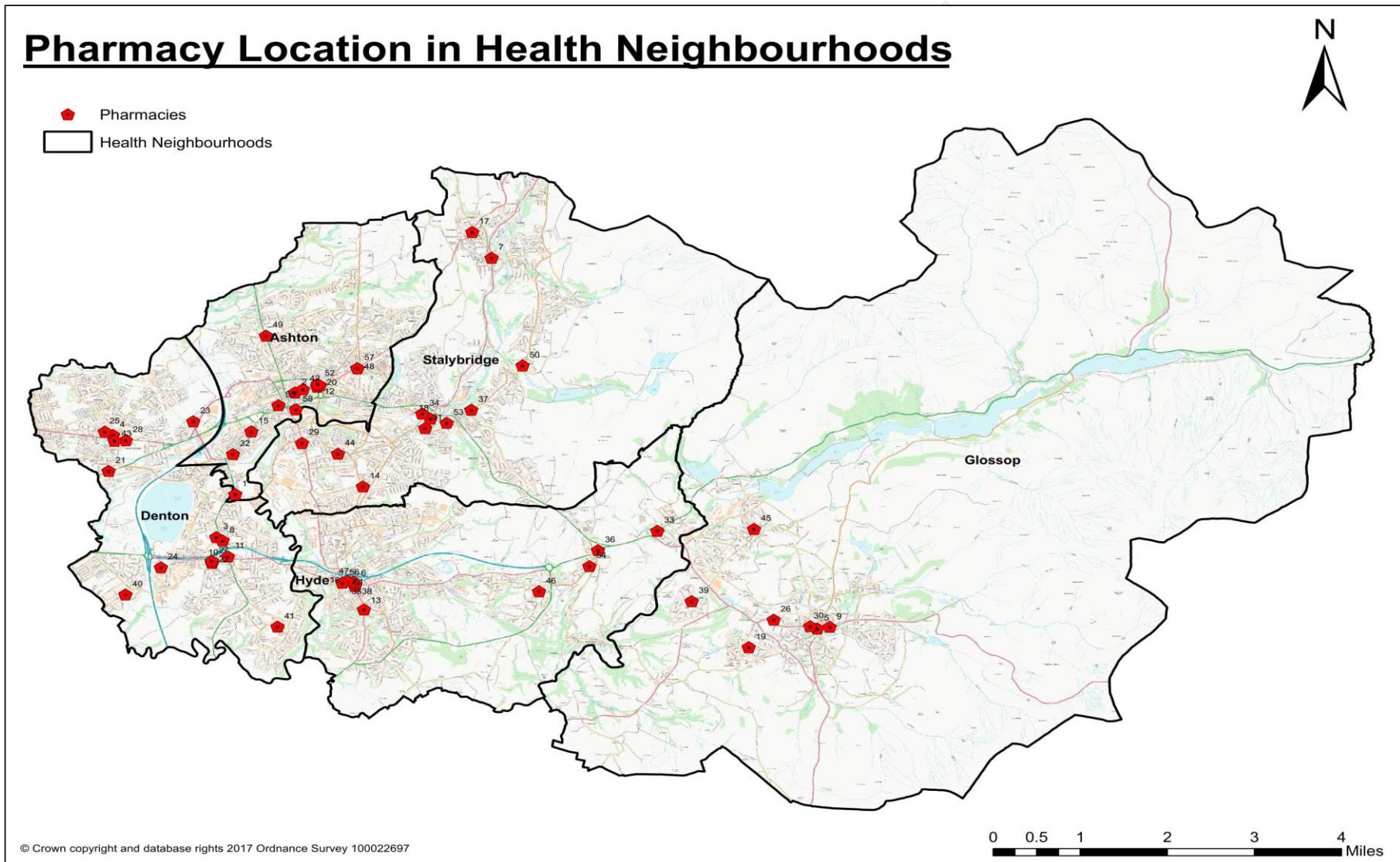
¹¹ <http://www.iow.nhs.uk/default.aspx.loclid-02gnew08v.Lang-EN.htm>

pharmacy within 20 minutes compared with 99.8% of people who live in the most deprived areas.¹²

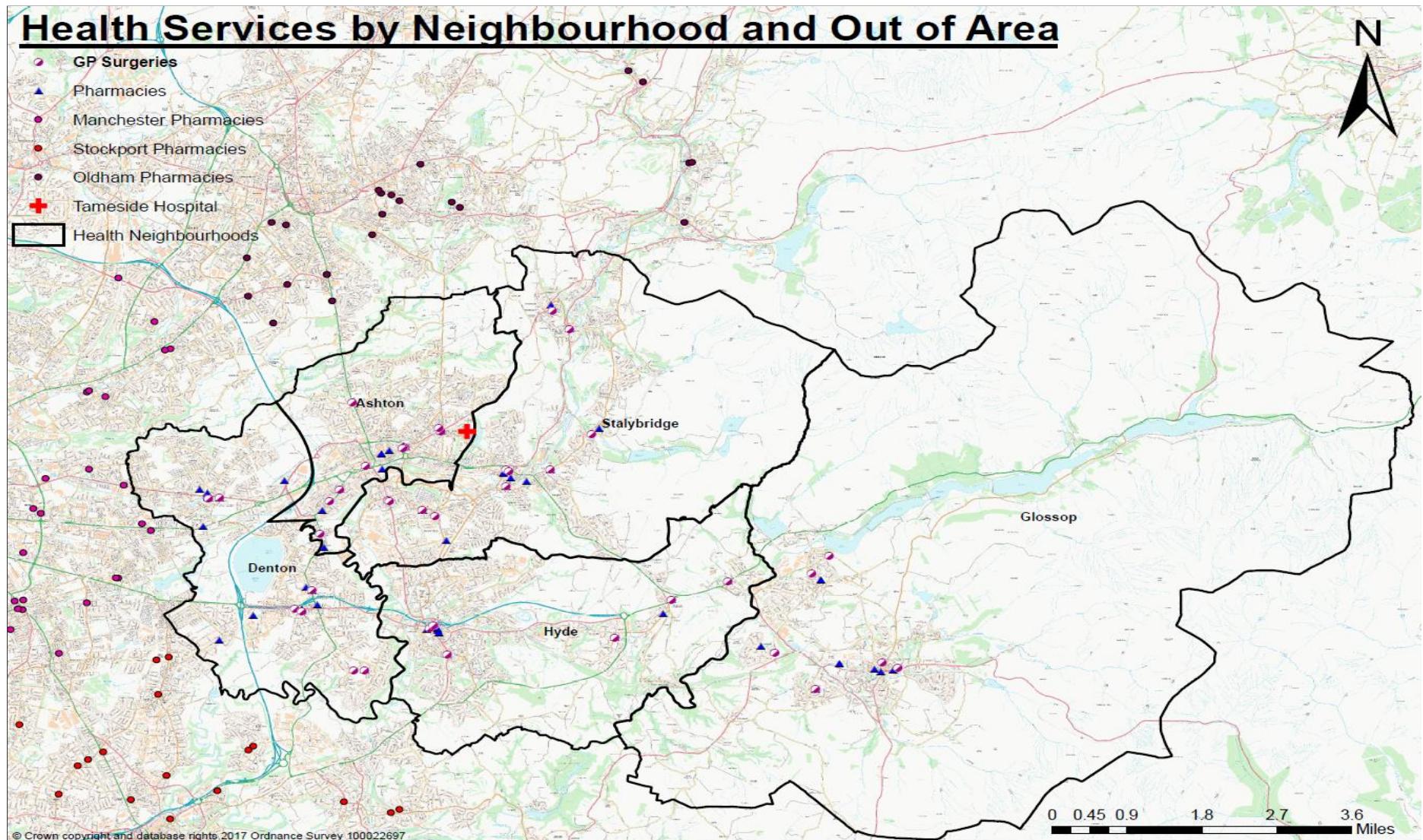
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¹² Todd A, Copeland A, Husband A, et al. The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England.BMJ Open 2014;4:e005764.doi:10.1136/bmjopen-2014-005764)¹².

Map 6: Locations of pharmacies in Tameside



Map 7: Out of area Pharmacies



As can be clearly seen in map 6 and 7, previous maps of transport routes and the maps throughout this report; with regard to locations of pharmacies across Tameside and Glossop, there is both a good spatial correlation between GP surgeries and pharmacies and all populated parts of Tameside are in good local reach of their pharmacies by foot, public transport or by car. A list of pharmacies in Tameside and Glossop can be found in appendix two

There are some areas of the maps where this may not be immediately obvious and it is these areas that are studied in more depth in the subsequent neighbourhood sections.

Locally, the number of pharmacies has grown over the last decade, from 54 in 2011 within Tameside and Glossop to 60 in 2017. This includes 7 in Glossop itself. As of September 2017 there are now 53 pharmacies within the Tameside area (including five internet or distance selling pharmacies¹³), 2 Dispensing Appliance Contractors and there are 34 relevant out of area pharmacies.

This equates to 24 pharmacies per 100,000 population. If out of area pharmacies are included this equates to 40 per 100,000 population. This compares with the England average of 22 pharmacies per 100,000 population average and is similar to the North West average.

¹³

An e-pharmacy/internet/distance selling pharmacy is a pharmacy that operates over the Internet and sends the orders to customers through the mail or via other forms of delivery.

Out of area, Internet and distance selling pharmacies now account for a small but growing percentage of the total volume of prescription items. However there is significant confusion in the public's mind between Internet pharmacy and the other developments within community pharmacies that are using new technologies to streamline the ordering and distribution of medicines for patients.

It is important to recognise this growth in distance selling pharmacy locally as part of the national trend but also acknowledge that their users are not specifically Tameside residents. Whilst there may be some local residents using these pharmacies for non-face-to-face delivery of medicines, equally they may use any of the other virtual pharmacies across the

¹³ NHS Prescription Services of the NHS Business Services Authority

country and therefore these pharmacies can be largely discounted from the assessment of local need and provision.

The development and utilisation of internet pharmacy will continue to be monitored in Tameside to ensure provision does not conflict with local needs and aligns with national policy.

During September and October 2017 a public consultation exercise was undertaken in collaboration with Healthwatch, the GM Local Pharmacy Committee, Tameside CCG and pharmacies themselves. The full set of survey results are detailed in Appendix 3.

Views of residents on pharmacy provision (Choice and Access)

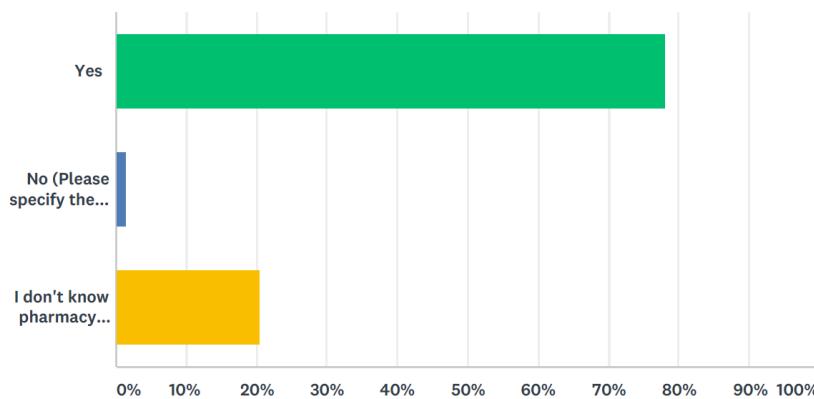
Among the key questions asked in the public consultation was 'how respondents prefer to access pharmacies' and 'how far they expect to travel' and 'what other location factors that are important to them'. What is clear from the results is that people prefer pharmacies to be near their home or GP surgeries (41%) Location near the workplace or in the town centre close to shops is also important to some people but for many more it is location in their own neighbourhood or close to their family doctors that matters most.

Most responded that they have a pharmacy that they usually use (82%) and this should be encouraged as this promotes continuity of care for patients. Most respondents also say that they are able to access all the services their pharmacy offers in the way they choose. (78%)

Chart 6: Responses to public consultation; access to services from pharmacies

Q12 Are you able to access all the services your pharmacy offers in the way you would choose to? (Please tick one box only)

Answered: 73 Skipped: 10

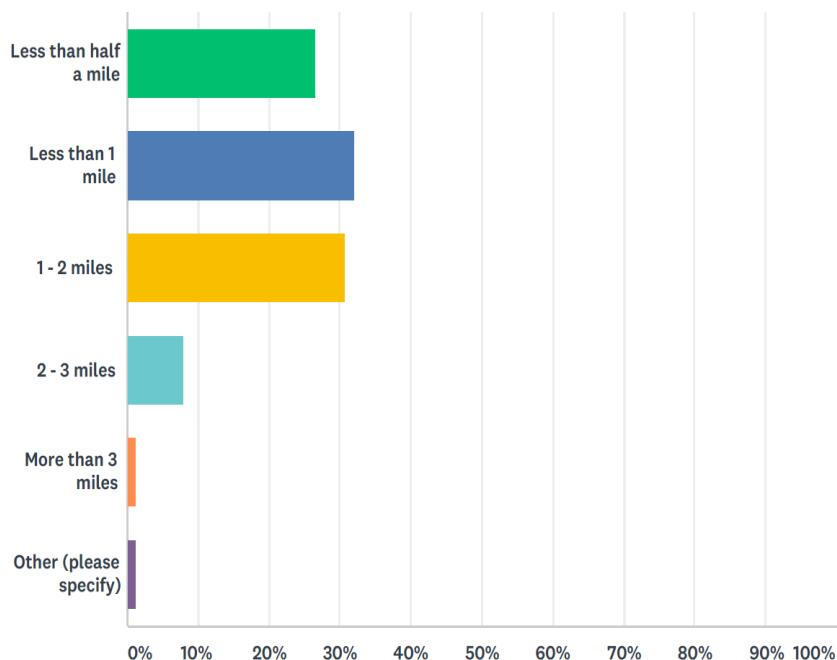


Respondents were also asked how far they were willing to travel to access pharmacy services with most people (32%) preferring a pharmacy no more than a mile away but 27% preferring closer to home at less than a mile.

Chart 7: Responses to public consultation; distance willing to travel to a pharmacy

Q13 How far would you be willing to travel to a pharmacy? (Please tick one box only)

Answered: 75 Skipped: 8



This is worth noting when planning future pharmacy services and where pharmacies need to be located. As results illustrate that most people prefer their pharmacies to be within their communities.

Map 4: Locations of GP Practices in Tameside (red circles).

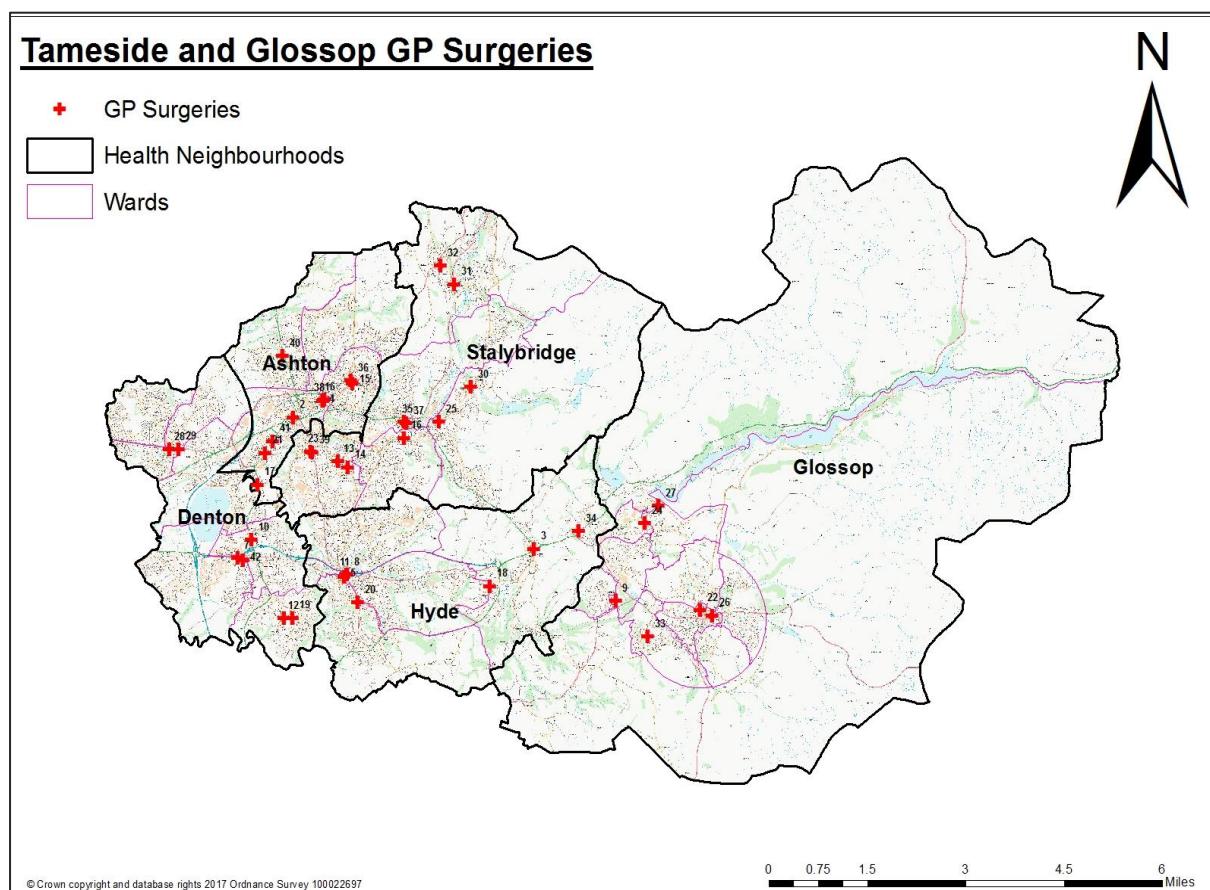


Table 1: Key table for Map - postcode locations of GP practices in Tameside

PRACTICE NAME	ADDRESS	POSTCODE	TEL NO.	Neighbourhood
ALBION MEDICAL PRACTICE	1 ALBION ST ASHTON -U-LYNE	OL6 6HF	0161 214 8710	Ashton
ASHTON GP SERVICE	193 OLD ST ASHTON -U-LYNE	OL6 7SR	0161 343 7050	Ashton
AWBURN HOUSE	MOTTRAM MOOR GLOSSOP	SK14 6LA	01457 763263	Glossop
BEDFORD HOUSE	GLEBE ST ASHTON -U-LYNE	OL6 6HD	0161 330 9880	Ashton
CHAPEL STREET MEDICAL P	CHAPEL ST ASHTON-U-LYNE	OL6 6EW	0161 339 9292	Ashton
MILLGATE HEALTH PATERNERSHIP	119 MANCHESTER RD DENTON	M34 3RA	0161 336 2114	Denton
CLARENDRN MEDICAL P	CLARENDRN ST HYDE	SK14 2AQ	0161 368 5224	Hyde
COTTAGE LANE SURGERY	COTTAGE LANE Glossop	SK13 6EQ	01457 861343	Stalybridge
DUKINFIELD MEDICAL CENTRE	20-22 CONCORD WAY DUKINFIELD BRANCH SITE (The Hollies)83 BIRCH LANE DUKINFIELD	SK16 4DB SK16 4AJ	0161 343 6382 0161 330 2039	Stalybridge
DENTON MEDICAL PRACTICE	100 ASHTON ROAD DENTON	M34 3JE	0161 320 8788	Denton
DONNEYBROOK MEDICAL CENTRE	CLARENDRN ST Hyde	SK14 2SAH	0161 368 3838	Hyde
SIMMONDLEY MEDICAL PRACTICE	15A PENNINE RD Glossop	SK13 6NN	1457862305	Glossop
DROYLSDEN MEDICAL PRACTICE	1-3 ALBION DRIVE Droylsden	M43 7NP	0161 342 7777	Denton
GORDON STREET MEDICAL PRACTICE	171 MOSSLEY RD ASHTON-U-LYNE	OL6 6PR	0161 330 5104	Stalybridge
GROSVENOR MEDICAL CENTRE	62 GROSVENOR ST STALYBRIDGE	SK15 1RZ	0161 303 4313	Stalybridge
GUIDE BRIDGE MEDICAL PRACTICE	GUIDE LANE AUDENSHAW	M34 5HY	0161 344 2609	Denton
HATTERSLEY GROUP PRACTICE	HATTERSLEY RD EAST HYDE	SK14 3EH	0161 368 4161	Hyde
HAUGHTON THORNLEY MEDICAL	THORNLEY ST HYDE	SK14 1JY	0161 367 7910	Hyde
HOWARD ST MEDICAL PRACTICE	HOWARD STREET GLOSSOP	SK13 7DE	01457 854321	Glossop
KING STREET MEDICAL CENTRE	KING STREET DUKINFIELD	SK16 4JZ	0161 330 1142	Stalybridge
LAMBGATES SURGERY	1-5 LAMBGATES HADFIELD Glossop	SK13 1AW	01457 869090	Glossop
LOCKSIDE MEDICAL PRACTICE	85 HUDDERSFIELD RD STALYBRIDGE	SK15 2PT	0161 303 7200	Stalybridge
MANOR HOUSE HADFIELD	82 BOSSCROFT HADFIELD Glossop	SK13 1DS	01457 860860	Glossop
MANOR HOUSE GLOSSOP	MANOR ST GLOSSOP	SK13 8PS	01457 860860	Glossop
MARKET STREET MEDICAL PRACTICE	76 MARKET STREET DROYLSDEN	M43 6DE	0161 371 6188	Denton
MEDLOCK VALE MEDICAL PRACTICE	58 ASHTON ROAD DROYLSDEN	M43 7BW	0161 370 1610	Denton
MILLBROOK MEDICAL PRATICE	HOLLYBANK OFF GROVE RD STALYBRIDGE	SK15 3BJ	0161 304 2470	Stalybridge
MOSSLEY MEDICAL PRACTICE	187 MANCHESTER RD MOSSLEY	OL5 9AB	01457 833315	Stalybridge
ST ANDREWS HSE	WATERLOO RD STALYBRIDGE	SK15 2AU	0161 338 3181	Stalybridge
STAMFORD HOUSE	2 PRINCESS ST ASHTON UNDER LYNE	OL6 9QH	0161 344 0803.	Ashton
STAVEREIGH MEDICAL CENTRE	KING STREET STALYBRIDGE	SK15 2AE	0161 304 8009	Stalybridge
TAME VALLEY MEDICAL CENTRE	GLEBE ST ASHTON-U-LYNE	OL6 6HD	0161 330 7747	Ashton
THE BROOKE SURGERY	20 MARKET STREET HYDE	SK14 1AT	0161 368 3312	Hyde
THE HIGHLANDS	156 STOCKPORT ROAD ASHTON UNDER LYNE	OL7 0NW	0161 330 2440	Ashton
THE PIKE MEDICAL PRACTICE	MARKET PLACE MOSSLEY	OL5 0HE	1457832561	Stalybridge
THE SMITHY SURGERY	4 MARKET STREET HOLLINGWORTH	SK14 8LN	1457767123	Hyde
TOWN HALL SURGERY	112 KING STREET DUKINFIELD	SK16 4LD	0161 330 2125	Stalybridge
TRAFAVGAR SQUARE SURGERY	ASHTON PRIMARY CARE CENTRE	OL6 7SR	0161 342 7200	Ashton
WATERLOO MEDICAL PRACTICE	1 DUNKERLEY ST ASHTON UNDER LYNE	OL7 9EJ	0161 330 7087	Ashton
WEST END MEDICAL CENTRE	98/102 STOCKPORT ROAD ASHTON UNDER LYNE	OL7 0LH	0161 339 5488	Ashton
MILLGATE HEALTH (WINDMILL MEDICAL PRACTICE)	ANN STREET DENTON	M34 2AJ	0161 320 3131	

All Tameside community pharmacies are contracted to provide a “Standard” minimum of 40 hours of essential services per week. These are the ‘core’ hours but many pharmacies also provide more hours than this and many in Tameside operate over 50 hours per week. (Appendix 4)

In total there are 60 pharmacies serving Tameside and Glossop residents and patients, which include 13 pharmacies with a specific contract to provide a “100 hour service”, meaning contractually they must be open for a minimum of 100 hours per week? Therefore there is good access for Tameside residents to more community pharmacies and a greater proportion of the times per week they can be accessed (i.e. extended provision throughout the Borough as a whole of pharmacy in the evenings and at weekends).

This flexibility in provision is important because if it was to be considered that there is insufficient pharmacy service available to meet need within a community it may not necessarily follow that a new provider would be the solution but more hours of access. Particularly in an area with good geographical access to pharmacies, as in Tameside, it is more likely that extending provision from the current footprint would be more appropriate. If it is deemed that there is a lack of provision of pharmaceutical service in an area at a particular time, NHS England can request existing contractors to change their hours or open up and extend services.

The CCG also ensures that it works closely with its pharmacies to ensure that there is provision 365 days a year and throughout festive periods advertises which pharmacies remain open. However, it is the responsibility of NHS England’s GM area team to ensure adequate access to pharmaceutical services out of hours. They do this by contracting all pharmacy contractors, such as Medicx Pharmacy (located in Ashton Primary Care Centre) which is contracted to open 365 days per year, including Christmas Day as part of its contractual hours (not a separate arrangement). However the arrangement is not just with Medicx. In addition NHS England has a responsibility to negotiate additional hours over festive holiday. The CCG have in previous years commissioned further service provision to cover as appropriate, if required, and place adverts in local news as appropriate to inform residents of opening hours.

Levels of Service Provided

The 2015/18 PNA for Tameside found on the whole good provision across the range of essential, advanced and enhanced or locally commissioned services.

Tameside as an area, still has adequate provision of essential services across the increased number of pharmacies in and out of the area offering patients a great amount of choice (even

though the public consultation suggests that in fact most patients tend not to move from pharmacy to pharmacy but do stay faithful to a “usual” one).

The location and opening hours of pharmacies across Tameside is very good and most of the population can access a community pharmacy by public transport or walking within 1 mile or 20 minutes. It is recognised that many of these community pharmacies also provide free prescription collection and delivery services to patients homes as an added value service to patients.

It should also be noted that the local Internet/distance selling contracts must ensure home delivery of all prescriptions by secure means. Patients cannot collect prescription items from the site of the internet pharmacy whatsoever.

Table 2 summarises the service currently commissioned but it should be recognised that as highlighted in the earlier section of strategic drivers the rising demand for health and social care is demanding a new commissioning approach for prevention, early intervention and development of new types of wellbeing service. Pharmacy services are included in this new way of thinking and this PNA is being produced at the same time as the consultations on those new approaches are being held. Hence it is highly likely that the pattern of services locally commissioned will be changing in the immediate future both in terms of who commissions and what is commissioned from pharmacy.

All Tameside pharmacies have consultation rooms / areas that have been accredited in accordance with the Standard Pharmacy Contract as suitable for provision of Advanced Pharmacy Services and there is confidence in the existing local pharmacies abilities to be able to respond to new commissions.

The appetite for delivering prevention and screening services locally is high and many services are offered from pharmacies as part of their overall commercial offer rather than being specifically commissioned by the NHS (for example a range of screening, testing, monitoring, and vaccination services).

Table 2: Levels of service provided : Tameside and Glossop locally-commissioned services

Minor Ailments Service	Service Specification Pharmacy Protocol Products and Prices Schedule How to input a consultation
EHC	Service Specification

	EHC client record form
	How to input consultation on neo360 EHC
	PGD EHC Levonorgestrel
Drug Misuse service	Service Information
Needle Exchange	Service Information
Alcohol	Service Information
MECC	Service Specification
	How to input consultation on neo360
Flu Service	Detailed under GM Services

Source GM LPC

“Minor Ailments” the responsibility for commissioning some of the services are still in a state of transition or flux and is moving across parts of the health and social care system from one organisation’s responsibility to another. In particular public health within Councils is actively reshaping the way a range of enhanced services are being commissioned. A Greater Manchester policy for 7-day prescribing has now also been developed and agreed. This policy should be used by GPs and pharmacists to help decide whether an individual may be appropriate or not for 7-day prescriptions. [Policy for 7 day prescribing](#)

Healthy Living Pharmacy is not currently commissioned across Tameside but is being actively championed by the GM LPC. The Healthy Living Pharmacy (HLP) framework is a tiered commissioning framework aimed at achieving consistent delivery of a broad range of high quality services through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities.

The HLP framework is underpinned by three enablers:

- Workforce development – a skilled team to pro-actively support and promote behaviour change, improving health and wellbeing;
- Premises that are fit for purpose; and
- Engagement with the local community, other health professionals (especially GPs), social care and public health professionals and local authorities.

Quality Payments Scheme

Achieving HLP level 1 (self-assessment) is now a Quality Payment criterion for the Quality Payments Scheme 2017/18. Further details on the Quality Payments Scheme can be found on the Quality Payments hub on the PSNC website.

As described above pharmacies themselves across Tameside have high aspirations around prevention and are already promoting their own health improvement potential, as there is a high degree of anticipation about future roles following the Call to Action.

Cross Border Relationships

Whilst Tameside has no input into the commissioning of pharmacy services by neighbouring areas, an overview of existing services “over the border” may inform future commissioning and development of services within Tameside.

Stockport, Manchester and Oldham’s Pharmacy Needs Assessment will follow a similar consultation period and release date in 2018. PNAs produced to date do not highlight any major cross boundary issues with Tameside. Their consultation periods ran largely alongside this PNA’s 60 day consultation and all their findings have been taken into consideration in the final drafting if they have implications for Tameside.

To ensure any potential cross boundary issues are fully identified and addressed in Glossop the Tameside PNA Steering Group is represented in the Derbyshire PNA process and vice versa; which is assessing need and provision for that area. Glossop data and information is also represented in the neighbourhood sections of this Tameside PNA due to the close unique integrated working relationship Tameside & Glossop CCG have with Tameside council, the NHS Integrated Care Foundation Trust (ICFT) and the Care Together programme of work.

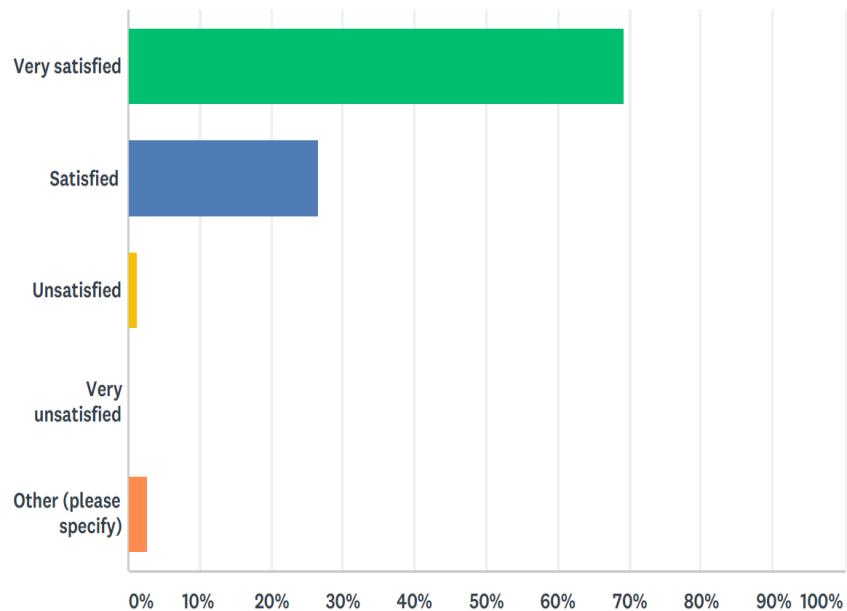
View of residents on pharmacy provision (Satisfaction with services)

The public consultation found that there is a high degree of satisfaction with current pharmacy services.

Chart 5: level of satisfaction with the service from your pharmacy

Q16 Overall, how satisfied are you with the service you receive from your usual pharmacy? (Please tick one box only)

Answered: 75 Skipped: 8



When consulted about delivery services provided by local pharmacies nearly half of respondents didn't know if their pharmacy had a delivery service, which would suggest that more needs to be done in general to help people understand the full range of services available and the optional ways of accessing these services. Alternatively it could also suggest that respondents to the survey have never needed to access a delivery service by their pharmacy.

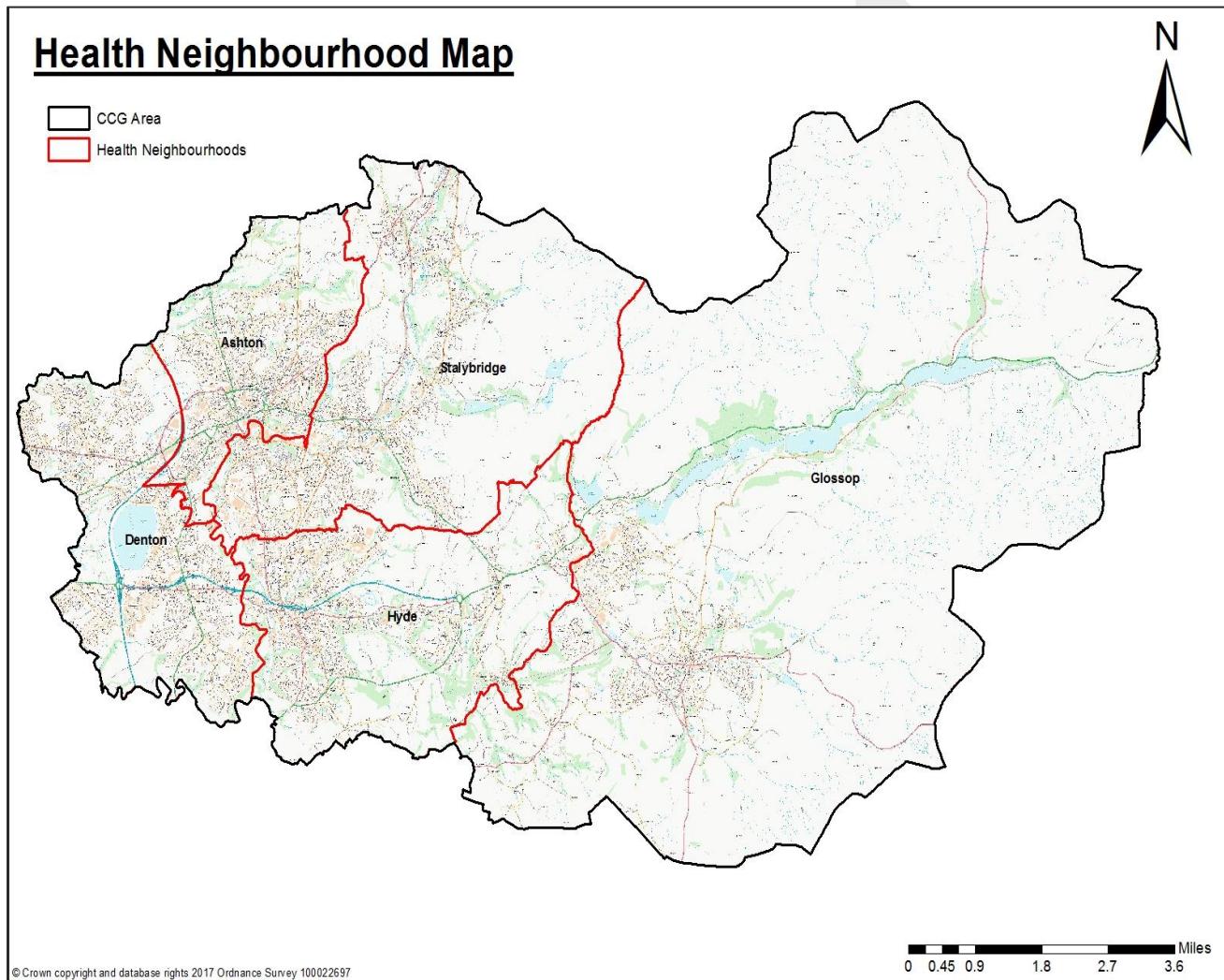
Opening Times of Tameside Pharmacies

Pharmacies across Tameside and Glossop are open mainly 40 hours per week and match similar patterns to GP practice opening hours. For a list of opening hours of pharmacies across Tameside and Glossop, NHS Choices provide this at the following link

<http://www.nhs.uk/service-search/Pharmacy/LocationSearch/10>

Health Need and Pharmacy Provision by Neighbourhood

Map 5: The Five Neighbourhoods



This section of the pharmacy needs assessment provides a greater level of detail on the four defined neighbourhoods within Tameside and includes a supplement section for Glossop due to the unique relationship Glossop residents and services have and align with the Tameside borough. The following neighbourhoods defined within this report will aim to describe health need and pharmaceutical service provision, as follows:

- ❖ Ashton Neighbourhood
- ❖ Denton Neighbourhood
- ❖ Stalybridge Neighbourhood
- ❖ Hyde Neighbourhood
- ❖ Glossop Neighbourhood

The neighbourhood sections include population demographic information, health need, vulnerable groups and pharmaceutical services information

HEALTH NEED & PHARMACY PROVISION BY NEIGHBOURHOODS

THE ASHTON NEIGHBOURHOOD



Map 6: Ashton Neighbourhood - : Wards within the Ashton locality (coloured green)

65s make up 3% (n=7,007) of the total population.

There are a number of communities in Tameside where people live in more deprived circumstances when compared to the rest of Tameside and England. These areas cluster around the towns of Ashton, Hyde, Denton and Stalybridge however the 2 most deprived wards in Tameside, St. Peter's and Ashton St. Michaels are located in the Ashton Neighbourhood.

Census data shows that 80% of the Ashton neighbourhood's population is of 'White' ethnicity, compared to 91% average for the borough. The Ashton neighbourhood has a much higher than average proportion of 'Asian or Asian British' population than the Tameside average (16% vs. 6.2%), with slightly higher populations of 'Mixed', 'Black and 'Other' ethnic groups. Ashton St Peters in particular has a larger BME population than the Tameside average.

Taking into account the ethnic makeup of the area, some of the health issues of concern are:

¹⁴ Mid-2015 Population Estimates for Census Area Statistics (CAS) Wards in Tameside & Glossop PCT by Single Year of Age and Sex; Office for National Statistics (ONS) - 2008

- Coronary Heart Disease (CHD) as it is a major cause of death in ethnic minorities particularly those of South Asian heritage. The Tameside electoral wards with the highest mortality from heart disease include Ashton's St. Peters.
- Cancer is the main cause of premature mortality
- Type II diabetes is an issue for the Ashton neighbourhood, with practices in St. Peters ward having the highest prevalence

Average life expectancy in the Ashton Neighbourhood is below the Tameside average for both males and females, with an average of **76.2 years** compared to the Tameside average of **77.3 years** for males and **80.1 years** for females compared to the Tameside average of **80.7 years**. Ashton St. Peter's ward has the lowest life expectancy in Tameside at 72.2 years for males and 75.1 years for females.

Census 2011 data shows that the Ashton neighbourhood has:-

- The percentage of owner occupied housing close to the Tameside Average of 63.8%. St. Peter's ward has the lowest % of owner occupied housing in Tameside at 36.7%.
- A percentage of households without central heating of 2.7%, which is approximate to the Tameside average. Ashton Hurst has the lowest percentage of households without central heating in Tameside at 1.7%.
- A proportion of those aged 65+ living alone that are close to the Tameside average of 35.5%. Ashton St. Peter's has the highest proportion of persons aged 65+ living alone at 41.5%.
- High proportions (36.8%) of residents in the Ashton neighbourhood do not have access to a car or van, compared to Tameside as a whole at 29.6%. St. Peter's ward has the highest proportion of residents without access to a car or van at 50.1%.
- The Claimant count is high in the Ashton neighbourhood, at 3.5% compared to the Tameside average of 2.9% combined with low income rates.

Source: Tameside Public Health Intelligence

Health Need in the Ashton Neighborhood

Mortality

When considering mortality rates for the main causes of death: cancer, CHD (Coronary Heart Disease), COPD (Chronic Obstructive Pulmonary Disease), stroke and CVD (Cardio

Vascular Disease) for all ages and for premature mortality (under 75), the Ashton neighbourhood is worse compared to England, the Northwest and Tameside averages.

The Ashton Neighbourhood has particularly high premature mortality rates for cancer, CHD, CVD and COPD. The premature mortality rate for stroke in the neighbourhood is lower than the Tameside average and approximate to the North-West average.

Table 3: Premature Mortality

2014/16 Ashton Neighbourhood	Persons				Males				females	
	<75 Cancer deaths		<75 CVD		All Causes < 75 years					
	OBS	DSR	OBS	DSR	OBS	DSR	OBS	DSR	OBS	DSR
Ashton Hurst	42	132.87	38	117.88	69	431.57	53	334.45		
Ashton St Michael's	38	142.19	32	124.46	73	547.59	44	322.15		
Ashton Waterloo	42	154.03	38	143.79	77	506.05	38	283.30		
St Peter's	59	224.55	46	179.3	118	848.07	59	480.36		

Source: PCMD

With regard to the prevalence of long term conditions and morbidity, the Ashton neighbourhood has higher levels of illness and disability than the Tameside average. The table below (table 4) illustrates the main causes of morbidity and illness in the Ashton neighbourhood. The table illustrates that risk factors to heart disease such as hypertension and diabetes are a particular issue across the Ashton Neighbourhood and in particular at practices in the St. Peters and St. Michaels wards.

Morbidity

The table below illustrates the key causes of morbidity for the Ashton Neighbourhood.

Table 4: Disease prevalence by Neighbourhood

Practice Name	Neighbourhood	Heart Failure		Coronary Heart Disease (CHD)		Atrial Fibrillation (AF)		Hypertension		Chronic Kidney Disease(CKD)		Chronic Obstructive Pulmonary Disease (COPD)		Stroke		Diabetes Mellitus	
		Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Register number	Prevalence (%)
ALBION MEDICAL PRACTICE	Ashton	57	0.6%	413	5.2%	191	1.9%	1,523	19.0%	220	2.8%	200	2.5%	199	2.5%	660	8.32
BEDFORD HOUSE MEDICAL CENTRE	Ashton	26	0.4%	326	5.7%	135	1.8%	1,189	20.7%	196	3.5%	215	3.7%	154	2.7%	482	8.34
GORDON STREET MEDICAL CENTRE	Ashton	25	0.6%	160	4.6%	28	0.5%	650	18.8%	75	2.3%	123	3.6%	60	1.7%	356	10.67
CHAPEL STREET MEDICAL CENTRE	Ashton	90	1.6%	249	5.3%	99	1.6%	880	18.9%	188	4.2%	163	3.5%	141	3.0%	326	7.07
HT PRACTICE	Ashton	47	0.6%	339	5.4%	101	1.2%	1,113	17.7%	108	1.8%	236	3.8%	131	2.1%	545	8.80
WEST END MEDICAL PRACTICE	Ashton	47	1.0%	214	5.5%	68	1.4%	677	17.5%	125	3.3%	148	3.8%	69	1.8%	329	8.53
TAME VALLEY MEDICAL CENTRE	Ashton	57	0.8%	271	5.1%	89	1.2%	1,072	20.0%	243	4.7%	236	4.4%	133	2.5%	464	8.84
STAMFORD HOUSE	Ashton	21	0.5%	146	4.3%	39	0.9%	542	16.0%	100	3.0%	128	3.8%	66	1.9%	295	8.90
WATERLOO MEDICAL PRACTICE	Ashton	7	0.3%	92	4.5%	22	0.8%	346	17.1%	22	1.1%	44	2.2%	28	1.4%	135	6.83
ASHTON GP SERVICE	Ashton	3	0.1%	49	2.1%	12	0.4%	160	6.7%	19	0.8%	38	1.6%	18	0.8%	143	6.57
Practice Name	Neighbourhood	Dementia		Depression		Epilepsy		Learning Disability		Mental Health		Cancer		Obesity		Asthma	
		Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
ALBION MEDICAL PRACTICE	Ashton	114	1.16	516	6.59	83	1.06	32	0.33	97	0.99	235	2.40	875	11.18	703	7.18
BEDFORD HOUSE MEDICAL CENTRE	Ashton	87	1.22	699	12.24	52	0.91	41	0.58	53	0.74	159	2.23	562	9.84	482	6.76
GORDON STREET MEDICAL CENTRE	Ashton	20	0.45	414	12.67	28	0.86	24	0.54	34	0.77	86	1.94	344	10.53	321	7.24
CHAPEL STREET MEDICAL CENTRE	Ashton	51	0.89	1004	22.12	44	0.97	32	0.56	51	0.89	166	2.89	515	11.35	434	7.56
HT PRACTICE	Ashton	42	0.53	280	4.57	41	0.67	31	0.39	77	0.98	148	1.88	549	8.96	431	5.48
WEST END MEDICAL CENTRE	Ashton	17	0.36	226	5.94	45	1.18	28	0.59	42	0.88	81	1.70	248	6.51	265	5.57
TAME VALLEY MEDICAL CENTRE	Ashton	49	0.73	693	13.45	58	1.13	67	0.99	59	0.88	160	2.38	531	10.31	394	5.85
STAMFORD HOUSE	Ashton	23	0.53	552	16.92	32	0.98	24	0.55	46	1.05	79	1.81	339	10.39	257	5.88
WATERLOO MEDICAL PRACTICE	Ashton	18	0.69	148	7.60	17	0.87	10	0.38	14	0.53	41	1.56	115	5.90	143	5.44
ASHTON GP SERVICE	Ashton	21	0.67	200	9.29	18	0.84	13	0.41	26	0.83	10	0.32	225	10.46	159	5.05

Source: QOF-NHS Digital 2015/16

Risk factors

Obesity increases the risk of morbidity from diseases such as CVD, cancer and type 2 diabetes: which can lead to increased risk of premature mortality. We currently estimate that we have 60,000 obese and 95,500 overweight adults within Tameside. The anticipated rise in obesity and overweight for both adults and children is also expected to have a significant impact on life expectancy. Areas of high socio-economic deprivation are linked to high levels of obesity; therefore Ashton is expected to have a higher proportion of people who are obese.

With the exception of Ashton St. Michael's, wards in the Ashton Neighbourhood have a percentage of reception year children that are obese that is higher than both the Tameside and England Average. St. Peter's and Ashton Hurst have the second and third highest rates of obesity within reception year children out of all Tameside wards.

Ashton St. Michael's and Ashton Hurst have the first and second highest rates of obesity within year 6 children out of all Tameside wards. Ashton Waterloo and St. Peter's wards have a rate of obesity within year 6 children that is approximate to the Tameside average.

Smoking contributes to excess mortality from cancer, circulatory and respiratory disease and lowers life expectancy in our population, with a large number of people dying each year due to smoking and a substantial number of hospital admissions caused.

Due to the high number of vulnerable groups within Ashton, it is expected that a larger proportion of the population will be vulnerable to tobacco related harm, e.g. socio-economically deprived/ Routine and Manual (R&M) groups, Bangladeshi adults and Pakistani men, people with existing health conditions, including poor mental health and those receiving treatment in hospital and children and unborn babies exposed to passive smoking, particularly amongst Routine and Manual families.

Harmful drinking patterns contribute to increasing levels of alcohol related ill health and pressure on health services through long-term conditions such as liver disease. In the short term alcohol contributes to accidents and violent crime. Harmful drinkers tend to live in more deprived areas of the country and Tameside is listed as in the top ten in the country for estimates of harmful drinkers. Due to high levels of socio-economic deprivation in the Ashton locality it is expected that there will be high levels of harmful drinking.

Hospital Admissions for acute alcohol intoxication are significantly higher in the Ashton Neighbourhood compared to other Tameside neighbourhoods and Tameside as a whole.

Future Health Needs

Prevalence projections for Tameside between 2017 and 2022¹⁵ show that the numbers of people with CHD, stroke, diabetes and hypertension are expected to rise over the next five years, by 8.5% for CHD, 8.3% for stroke, 9.3% for diabetes and 5.8% for hypertension. This equates to an extra 6,000 patients by 2020, for just these four conditions.

Estimated numbers of people with depression and dementia in the over 65 population are published via THE Projecting Older People Population Information (POPPI). These projections should be treated with caution as they are based on national prevalence rates, but suggest that, across the whole of Tameside between 2014 and 2020, we may expect a rise of 18% in the number of over 65s with dementia equating to an additional 450 people, a rise in 9% of over 65s with depression equating to an additional 325 people and a 10% increase in over 65s with severe depression equating to an additional 100 people. It is expected that Tameside's ageing population will bring an increase in long-term mental health problems, including dementia which will bring significant implications for services supporting carers.

Population projections are not available at neighbourhood level, however, it is expected that, between 2017 and 2022 in Tameside, there will be a 3.6% increase in total population, we will have an older population with a lower proportion of children and younger people, there will be an expected increase of 3,000 males and 2,000 females aged 65+ and an expected reduction of 1,000 males and 1,000 females aged 15-44. The North neighbourhood is likely to see a similar percentage change of population and may therefore need to consider the extra pressure on pharmaceutical services for the ageing population.

There are major developments underway in Ashton Town Centre which sits in the Ashton neighbourhood, developments include Vison Tameside which will see a multi-service centre on Wellington Road, a new sixth form College opened in 2016 and the newly refurbished market will be complete alongside the multi-service centre in 2018. Estimates are that by the completion of the development up to 3,000 students and 300 staff will be brought regularly into the town centre. This will be partially be offset by the relocation of some council staff into other parts Tameside.

Access to Pharmacy – Ashton Neighbourhood

There are 16 pharmacies in the Ashton Neighbourhood and 1 pharmacy at the Tameside Foundation Integrated Care Trust (ICFT) with a further 4 pharmacies located in other parts of

¹⁵ **Source:** APHO Prevalence models, 2008 and 2012; ONS, 2014

Tameside and out of area' pharmacies in Oldham that are also likely to be accessed by the residents living in the Ashton neighbourhood.

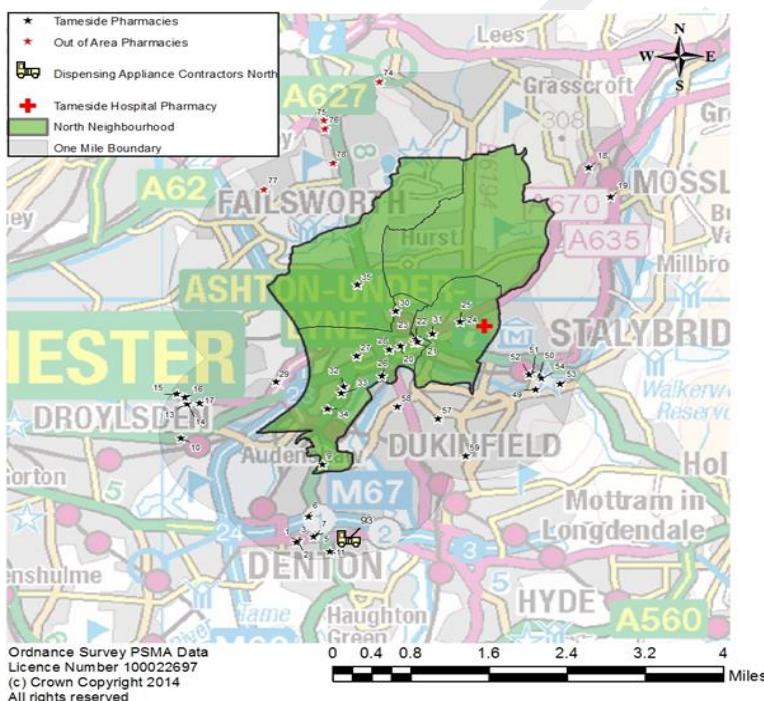
The pharmacies in the Ashton neighbourhood are available during core hours, out of hours and on weekends, are easy to access and provide services at convenient locations. They include four 100 hours pharmacies.

People living in areas of socio-economic deprivation (e.g. St Peter's and St Michaels) in the Ashton Neighbourhood have good access to public transport and also have pharmacies within walking distance.

Pharmacies in the Ashton Neighbourhood provide a range of enhanced and advanced services to support the health need of the local population.

The pharmacy provision for essential and advanced services in the Ashton neighbourhood is very good and meets the needs of the local population.

Map 7: Locations of pharmaceutical services serving the Ashton Neighbourhood



Source: Tameside MBC Public Health Intelligence

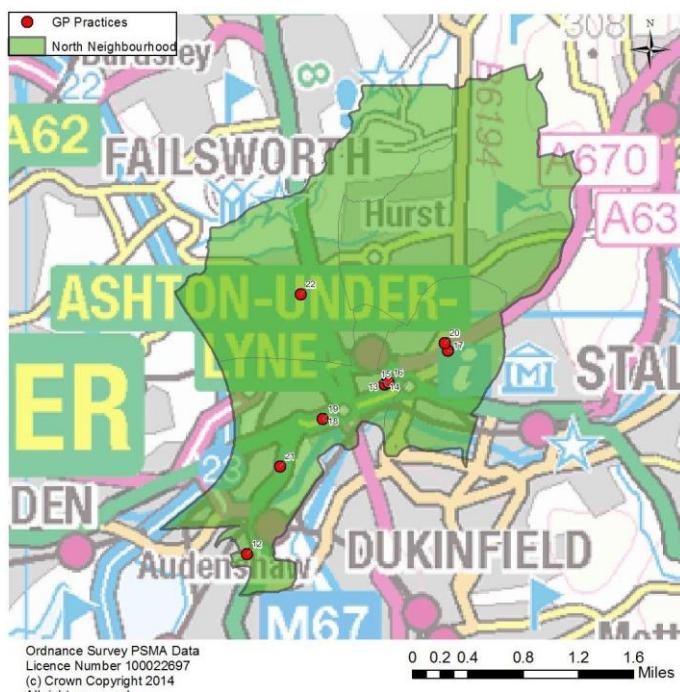
NB: For information on pharmacies in neighbouring localities, please see relevant neighbourhood section.

Map 7: Locations of pharmaceutical services serving the Ashton Neighbourhood clearly shows a concentration of pharmacies around the large town centre of Ashton with easy access from road, public transport and within walking

distance of the majority of the neighbourhood. The North of the neighbourhood around Hurst has less concentration of pharmacies but access is still good to those in the neighbourhood, plus those in Stalybridge and Mossley, or those that are out of town in Oldham.

It is also important to consider the pharmacies location in relation to the 11 GP Practices in the Ashton neighbourhood (as respondents in the public consultation highlighted how important this is to them).

Map 8: Locations of GP practices in the Ashton Neighbourhood (red circles)



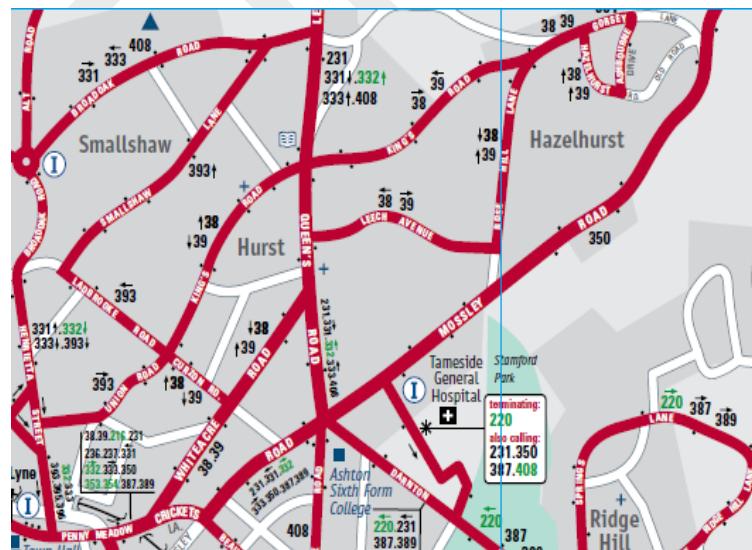
Access to both GP Practices and pharmacies in the north of the neighbourhood have been further cross-checked with public transport routes and nearest pharmacy locations in order to establish whether residents would be able to access essential pharmaceutical services via public transport.

Ashton St. Peter's: The whole of Ashton St. Peter's ward is classified as socio-economically deprived using the IMD2015. Census data also shows that approximately 50% of people do

not own a car or van. No further analysis was undertaken of this area as 12 pharmacies are located across the ward; therefore most residents were considered able to access the pharmacies on foot and analysis of GMPTe public transport information reveals an extensive network accessible from all areas of the ward.

Ashton Hurst: There are no community pharmacies located within the Hurst Ward itself but Map 8 shows that the area is served by a large number of bus routes into and away from the centre of Ashton.

Map 9: Public transport routes through the Hurst area of Ashton



Source: GMPTF, 2016

In summary: There is good provision through a range of Pharmacies in this neighbourhood providing essential services and a range of advanced and enhanced services and although some of the most deprived areas such as Hurst and St. Peter's may seem slightly geographically isolated they do have access to good pharmacy provision and are connected with good public transport.

Even in the town centre with the anticipated increase in students and teachers through the multi-service centre currently in construction and the new sixth form college now operating in the centre of Ashton, there is such a concentration of pharmacies within this part of the neighbourhood that even this level of increase will be well within their shared capacity.

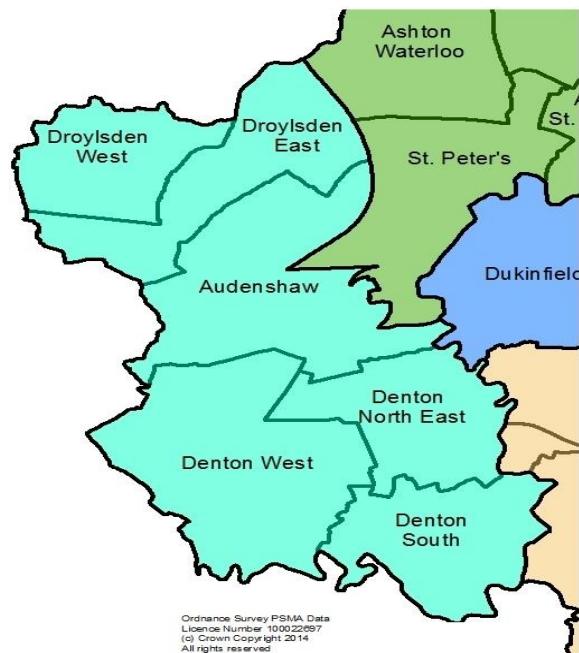
It is recognised that many of these community pharmacies also provide free prescription collection and delivery services to patients homes as an added value service to patients.

It should also be noted that the local Internet/distance selling contracts must ensure home delivery of all prescriptions by secure means. Patients cannot collect prescription items from the site of the internet pharmacy whatsoever.

The pharmacy provision in the Ashton neighbourhood is satisfactory in meeting the needs of the local population now and in the near future as any anticipated rises in demand due to demographic change should be easily responded to by existing local suppliers being able to flexibly increase staff levels and skill mix appropriate to the increased pressure.

THE DENTON NEIGHBOURHOOD

Map 10: Denton Neighbourhood - (turquoise)



The Denton Neighbourhood is situated in the west of the borough of Tameside on the border with the neighbouring areas of Stockport and Manchester and has a total population of 68,479. This constitutes 31.1% of the total Tameside population with slightly more females than males (48.4% male and 51.6% female). There is a roughly equal split of the population between each of the wards. There are slightly more males in the younger age groups and slightly more females in the older groups.

Denton South, Droylsden, Audenshaw and Denton wards are a mix of deprived and less deprived wards. But on the whole the Denton neighbourhood contains proportionately less of the population categorised within the most deprived fifth of areas nationally, according to the Indices of Multiple Deprivation 2015, compared to the Tameside average. A higher proportion of the population of the Denton Neighbourhood live in quintiles 2 and 3 compared to the Tameside average.

At 94.9%, the Denton neighbourhood has a higher proportion of its population in the 'White' ethnic category than Tameside and a lower proportion of BME groups.

Average life expectancy (LE) in the Denton Neighbourhood is above the Tameside average for both males and females. Exceptions are males in Denton South, and females in Audenshaw and Denton South, where life expectancy is lower than the Tameside average.

Source: Tameside Public Health Intelligence

Health Need in the Denton Neighbourhood

Mortality

When considering all age mortality rates for our main causes of death: cancer, CHD (Coronary Heart Disease), COPD (Chronic Obstructive Pulmonary Disease), stroke and CVD (Cardio Vascular Disease) for all ages, the Denton Neighbourhood is worse for cancer and COPD compared to England, the Northwest and Tameside averages.

The Denton Neighbourhood also has higher rates for premature mortality (under 75s) for cancer and stroke compared to England, the Northwest and Tameside.

Table 5: Premature mortality in the Denton Neighbourhood

Denton Neighbourhood	Under 75 years All Causes				< 75 cancer		< 75 CVD	
	males		females		persons			
	OBS	DSR	OBS	DSR	OBS	DSR	OBS	DSR
Audenshaw	62	404.11	41	271.54	51	167.02	24	75.24
Denton North East	54	380.23	52	338.25	53	178.59	25	83.65
Denton South	81	553.72	64	383.74	48	151.38	43	142.46
Denton West	38	247.49	23	138.89	25	79.71	14	87.93
Droylsden East	42	283.34	28	195.30	30	103.5	18	62.41
Droylsden West	29	225.32	35	229.58	34	117.63	18	65.12

Source: PCMD

Morbidity

According to QOF disease registers, patients registered in West locality have a higher prevalence than both England and the Tameside average for:

- Atrial Fibrillation (1.7%)
- Cancer (2.1%)
- CHD (4.4%)
- Depression (7.7%)
- Heart Failure (0.9%)
- Hypertension (15.8%)
- Stroke or Transient Ischemic Attack (2.1%)

The table below illustrates the key causes of morbidity for the Denton Neighbourhood.

Table 6: Disease prevalence by Neighbourhood

Practice Name	Neighbourhood	Heart Failure		Coronary Heart Disease (CHD)		Atrial Fibrillation (AF)		Hypertension		Chronic Kidney Disease(CKD)		Chronic Obstructive Pulmonary Disease (COPD)		Stroke		Diabetes Mellitus	
		Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Register number	Prevalence (%)
MEDLOCK VALE MEDICAL PRACTICE	Denton	119	1.50	346	5.00	156	1.90	1,323	19.20	223	3.30	221	3.20	184	2.70	474	7.00
WINDMILL MEDICAL PRACTICE	Denton	119	0.90	579	5.30	270	2.00	2,003	18.40	438	4.10	307	2.80	319	2.90	667	6.10
DENTON MEDICAL PRACTICE	Denton	89	1.20	354	6.00	179	2.10	1,460	24.80	257	4.50	244	4.10	150	2.50	464	8.10
CHURCHGATE SURGERY	Denton	67	0.80	339	4.90	160	1.90	1,333	19.40	242	3.60	295	4.30	191	2.80	546	8.00
DR SREENIVASAN & PARTNER	Denton	48	0.80	265	5.40	103	1.70	1,177	23.80	175	3.60	217	4.40	106	2.10	386	8.00
DROYLSDEN MEDICAL PRACTICE	Denton	16	0.40	94	3.60	29	0.90	416	15.80	42	1.60	71	2.70	53	2.00	140	5.40
GUIDE BRIDGE MEDICAL PRACTICE	Denton	15	0.40	87	3.40	29	1.00	329	12.80	51	2.00	74	2.90	32	1.20	134	5.80
Practice Name	Neighbourhood	Dementia		Depression		Epilepsy		Learning Disability		Mental Health		Cancer		Obesity		Asthma	
		Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
MEDLOCK VALE MEDICAL PRACTICE	Denton	57	0.70	875	13.01	58	0.86	15	0.18	51	0.62	251	3.07	629	9.35	559	6.80
WINDMILL MEDICAL PRACTICE	Denton	80	0.59	959	8.80	88	0.81	28	0.21	97	0.72	331	2.46	755	6.93	829	6.20
DENTON MEDICAL PRACTICE	Denton	51	0.72	824	14.50	69	1.21	48	0.68	60	0.85	173	2.45	909	16.00	510	7.20
CHURCHGATE SURGERY	Denton	41	0.49	610	9.10	72	1.07	31	0.37	45	0.54	246	2.94	609	9.09	584	7.00
DR SREENIVASAN & PARTNER	Denton	50	0.85	318	6.66	50	1.05	35	0.60	65	1.11	130	2.22	473	9.91	254	4.30
DROYLSDEN MEDICAL PRACTICE	Denton	22	0.61	256	9.98	14	0.55	4	0.11	21	0.58	71	1.96	337	13.14	234	6.50
GUIDE BRIDGE MEDICAL PRACTICE	Denton	15	0.48	292	12.72	14	0.61	6	0.19	32	1.02	33	1.06	236	10.28	223	7.10

Source: QOF-NHS Digital 2015/16

Risk factors

It is estimated that people living in the majority of wards in the Denton Neighbourhood are likely to choose unhealthy lifestyle behaviours. With the exception of Denton West and Denton East, residents in the Denton neighbourhood wards are more likely to be obese and to binge drink compared to the Tameside average. With the exception of Audenshaw and Denton West, all other wards are expected to have a lower proportion of the population consuming 5 or more portions of fruit and vegetables daily and have lower than average physical activity levels..

Although Hospital admissions for acute alcohol intoxication are lower in the Denton neighbourhood compared to Tameside, high Admissions for alcohol intoxication in Denton South highlight a need to target efforts to reduce binge drinking in areas of deprivation.

Future Health Need

Prevalence projections for Tameside between 2017 and 2022 show that the numbers of people with CHD, stroke, diabetes and hypertension are expected to rise over the five years, by 8.5% for CHD, 8.3% for stroke, 9.3% for diabetes and 5.8% for hypertension. This equates to an extra 6,000 patients by 2020, for just these four conditions.

As with the other three neighborhoods estimated numbers of people with depression and dementia in the over 65 population are expect to rise and the West neighbourhood is likely to see a similar percentage change of population and may therefore need to consider how this will be expressed in demand for GP and pharmacy services.

Denton South ward has the 5th highest rate of Job Seekers Allowance claimants at 3.6% of the working age population in 2014. The Denton South ward also has high rates of socio-economic deprivation and so is might be expected to be affected to a higher degree than the rest of Tameside and Glossop; again this may also bring increased demand for pharmacy services.

In relation to increased demand for pharmacy services in the West neighbourhood Pharmacy is a business that can easily increase staff levels and skill mix appropriate to the increased pressure and, this is an area where provision has increased as 3 more pharmacies have opened since the last PNA in 2011.

Access to Pharmacy – Denton Neighbourhood

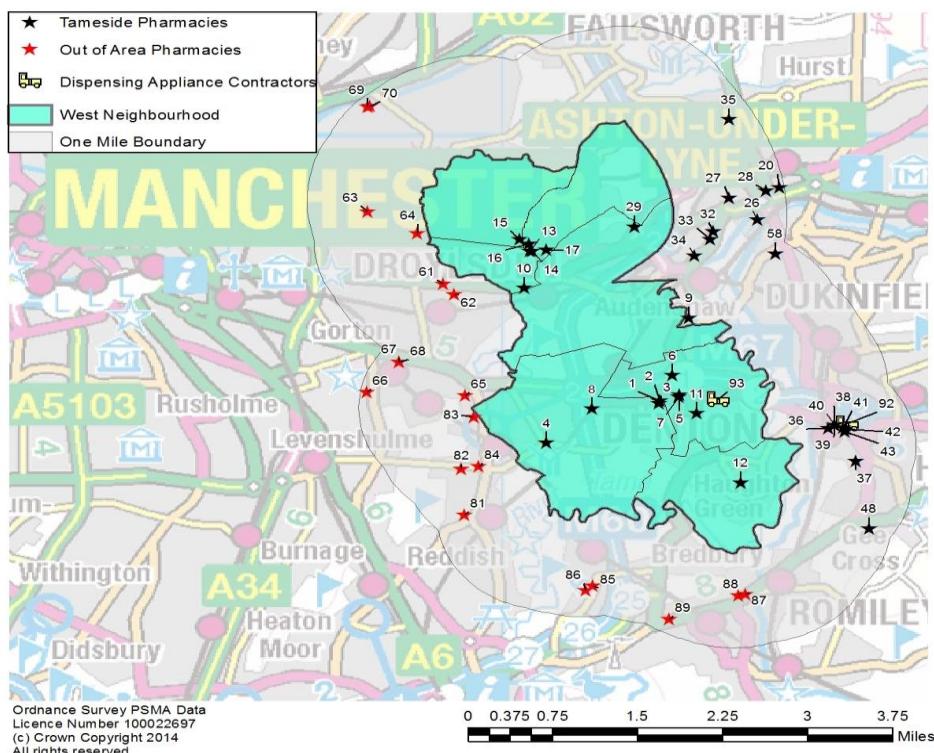
The Denton neighbourhood has seen a relatively large increase in pharmacies and now contains 17 pharmacies (from 14 in 2011) and 7 GP practices at which pharmaceutical services can be accessed. As Map 11 shows, there are also 19 pharmacies within

Manchester and Stockport local authorities that can be easily accessed by the Denton Neighbourhood residents and the neighbouring localities of Ashton and Hyde Neighbourhoods have a number of pharmacies and GPs that residents are able to access. One dispensing appliance contractor, which serves the whole of the Tameside and Glossop population, is also located within this neighbourhood.

It is recognised that many community pharmacies also provide free prescription collection and delivery services to patients homes as an added value service to patients.

It should also be noted that the local Internet/distance selling contracts must ensure home delivery of all prescriptions by secure means. Patients cannot collect prescription items from the site of the internet pharmacy whatsoever.

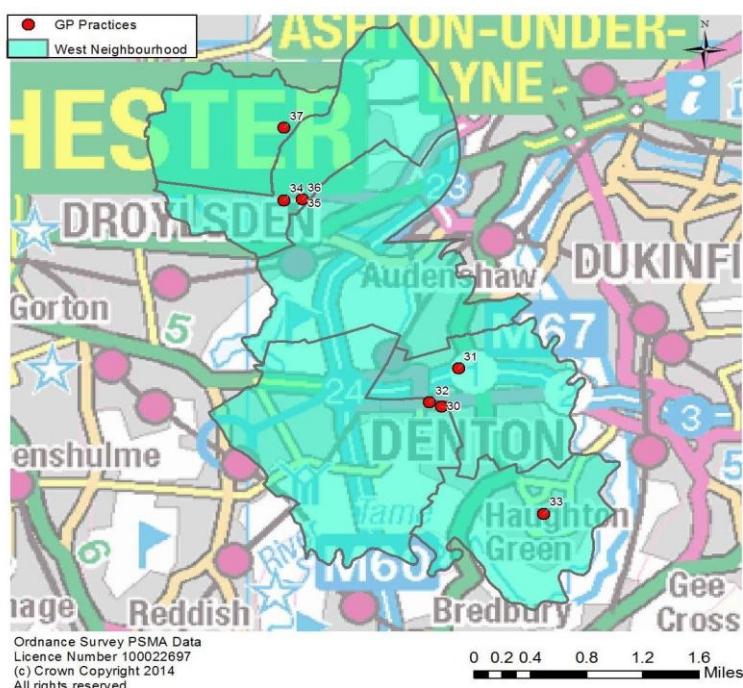
Map 11: Locations of pharmaceutical services in the Denton Neighbourhood



Source: Tameside MBC Public Health Intelligence

Considering pharmacy provision alongside access to GP services and in Denton Neighbourhood there are 7 GP Practices clustered in Droylsden and Denton with good correlation with the spread of pharmacies.

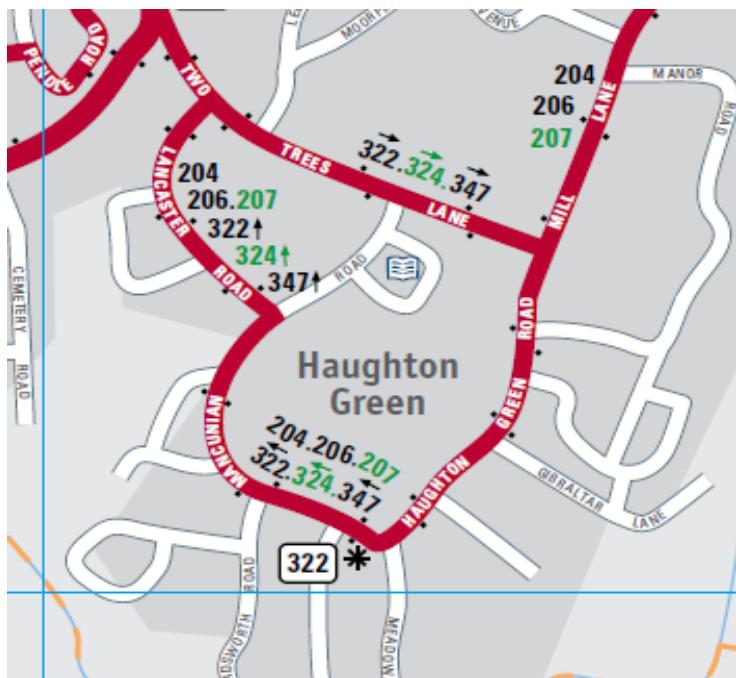
Map 12: Locations of GP practices in the Denton Neighbourhood (Red Circles)



Clearly this area of Tameside has on the whole got good access to pharmacies, including two 100 hours pharmacies. However, further analysis has been undertaken to identify if there are any areas where residents live who may have difficulty accessing pharmaceutical services. Only Haughton Green was identified as an area of potential concern using socio-economic deprivation at LSOA (Lower Super Output Area) level as a proxy to identify areas likely to have low levels of car ownership and high levels of health need and that may be geographically isolated from the town centre. This area was then cross-checked with public transport routes and nearest pharmacy locations in order to establish whether residents would be able to access essential pharmaceutical services via public transport.

Haughton Green in the 'Denton South' ward is classified as socio-economically deprived according to the IMD2015. There is also likely to be a high proportion of people who do not own a car or van in this ward and as the previous health need section showed, frequently have poor health outcomes. There is one pharmacy serving the immediate area of Haughton Green.

Map 13: Public transport routes through the Haughton Green area of Denton



Source: GMPTe, 2017

In summary there has been an increase of pharmacies in the Denton neighbourhood and whilst demand may increase due to demographic change and deprivation having an impact, there is good provision and the existing providers should be able to easily respond and flexibly increase staff levels and skill mix appropriate to the increased pressure

THE STALYBRIDGE NEIGHBOURHOOD

Map 14: Stalybridge Neighbourhood - (coloured blue)



The Stalybridge neighbourhood has a total population of 58,416. This constitutes 26% of the total Tameside population with slightly more females than males (49% male and 51% female). There is a roughly equal split of the population between each of the wards. The highest proportion of the population is the 45-54 years age group, followed by the 35-44 and 25-34 age groups. There are slightly more males in the younger

age groups and slightly more females in the older groups.

Overall the neighbourhood is less deprived than the Tameside average, with less than a quarter of the local population living in the 20% most deprived areas in the country.

The Stalybridge Neighbourhood has a higher proportion of its population in the 'White' ethnic category than Tameside and a much lower proportion from BME groups.

Average life expectancy (LE) in the Stalybridge Neighbourhood is higher than the Tameside average in males, but the same as the Tameside average for females.

Stalybridge North and Dukinfield wards have a low % of owner occupied housing at 50-60%, Dukinfield Stalybridge and Mossley wards are slightly higher at 60-70%, whilst Stalybridge South is at 72%.

Stalybridge South has the lowest percentage of people aged 65+ living alone in Tameside at 27.6%. Dukinfield has the highest percentage of people aged 65+ living alone out of the Stalybridge Neighbourhood wards at 37.4%.

Health Need in Stalybridge Neighbourhood

Mortality

When considering all age mortality rates for our main causes of death: cancer, CHD (Coronary Heart Disease), COPD (Chronic Obstructive Pulmonary Disease), stroke and CVD (Cardio Vascular Disease) for all ages, the East Neighbourhood is worse compared to Tameside averages for CVD.

With respect to premature mortality The Stalybridge neighbourhood has favourable comparable premature (under 75) mortality for the main causes of death compared to Tameside averages. Mossley has the lowest under 75 year mortality rate in the Stalybridge neighbourhood, with Stalybridge North having the highest.

Table 7: Premature mortality rates

Stalybridge Neighbourhood	Under 75 years All Causes				< 75 cancer		< 75 CVD	
	males		females		persons			
	OBS	DSR	OBS	DSR	OBS	DSR	OBS	DSR
Dukinfield	69	478.83	65	454.21	50	176.67	35	126.56
Dukinfield Stalybridge	76	489.94	58	379.27	52	164.96	37	120.35
Mossley	23	156.65	21	169.19	12	48.5	15	52.16
Stalybridge North	90	580.34	55	353.53	44	142.81	33	108.83
Stalybridge South	55	404.35	30	214.27	37	137.73	19	65.86

Morbidity

Additionally, when considering morbidity Quality Outcomes Data (QOF) for the Stalybridge Neighbourhood, GP registers shows their patients have a higher than average prevalence (compared with England, and the rest of the North West) for:

- Asthma (6.6%)
- Cancer (2%)
- Depression (11%)
- Hypertension (18.5%)
- Obesity (10%)
- CHD (4.4%)

The data from this should be treated with an element of caution but it can be used as a proxy for disease. It represents the GP registered population, which does not include all Tameside residents and data for the Stalybridge neighbourhood is made up of patients registered with Stalybridge Neighbourhood GPs, all of whom may not be resident within that area. Additionally, QOF prevalence data does not reflect undiagnosed patients and may not show 100% recording. Please see table 8 for disease prevalence in the Stalybridge Neighbourhood.

Risk factors

Model-based estimates of lifestyle show that people living in the majority of wards in the East Neighbourhood area are more likely to binge drink and less likely to be obese than Tameside and England.

Two wards within the East Locality, Dukinfield and Stalybridge North, have an expected prevalence of 5 a day fruit and vegetable consumption that falls below that of Tameside and England as a whole

Obesity increases the risk of morbidity from diseases such as CVD, cancer and type 2 diabetes. This can lead to an increased risk of premature mortality. We currently estimate there are 60,000 obese and 95,500 overweight adults within Tameside as a whole. The anticipated rise in obesity and overweight for both adults and children is also expected to have a significant impact on life expectancy.

Table 8: Disease prevalence by Neighbourhood (Stalybridge)

Practice Name	Neighbourhood	Heart Failure		Coronary Heart		Atrial Fibrillation (AF)		Hypertension		Chronic Kidney		Chronic Obstructive		Stroke		Diabetes Mellitus	
		Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	Prevalence (%)
LOCKSIDE MEDICAL CENTRE	Stalybridge	65	0.9%	266	4.5%	112	1.5%	1,136	19.1%	189	3.3%	166	2.8%	153	2.6%	394	6.81
STAVELEIGH MEDICAL CENTRE	Stalybridge	47	0.7%	288	5.2%	147	2.0%	1,132	20.3%	192	3.5%	172	3.1%	137	2.5%	424	7.70
KING STREET MEDICAL CENTRE	Stalybridge	17	0.5%	155	5.2%	46	1.3%	478	16.2%	63	2.2%	92	3.1%	55	1.9%	192	6.60
DR NCH MCNEIL & PARTNERS	Stalybridge	42	0.8%	244	5.4%	118	2.0%	853	18.7%	82	1.8%	160	3.5%	145	3.2%	259	5.71
TOWN HALL SURGERY	Stalybridge	11	0.3%	132	4.9%	45	1.3%	525	19.6%	63	2.4%	67	2.5%	45	1.7%	183	6.91
GROSVENOR MEDICAL CENTRE	Stalybridge	43	0.7%	254	5.2%	94	1.6%	1,015	20.8%	136	2.9%	188	3.9%	121	2.5%	378	7.97
MOSSLEY MEDICAL PRACTICE	Stalybridge	11	0.5%	54	3.0%	31	1.1%	322	17.9%	36	2.1%	58	3.2%	33	1.8%	113	6.25
PIKE MEDICAL CENTRE	Stalybridge	12	0.6%	59	3.9%	29	1.7%	298	19.5%	37	2.5%	46	3.0%	33	2.2%	114	7.59
MILLBROOK MEDICAL PRACTICE	Stalybridge	12	0.4%	47	2.1%	28	0.9%	324	14.7%	29	1.4%	53	2.4%	30	1.4%	97	4.54
Practice Name	Neighbourhood	Dementia		Depression		Epilepsy		Learning Disability		Mental Health		Cancer		Obesity		Asthma	
		Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
LOCKSIDE MEDICAL CENTRE	Stalybridge	61	0.81	570	10.04	52	0.92	37	0.49	44	0.59	160	2.13	452	7.96	590	7.86
STAVELEIGH MEDICAL CENTRE	Stalybridge	66	0.99	473	8.68	55	1.01	27	0.40	59	0.88	186	2.78	685	12.56	441	6.59
KING STREET MEDICAL CENTRE	Stalybridge	18	0.49	255	8.89	34	1.19	10	0.27	21	0.58	74	2.03	125	4.36	190	5.22
DR NCH MCNEIL & PARTNERS	Stalybridge	21	0.38	557	12.47	35	0.78	19	0.34	40	0.73	141	2.56	572	12.80	345	6.26
TOWN HALL SURGERY	Stalybridge	31	0.96	79	3.03	24	0.92	27	0.84	28	0.87	59	1.83	256	9.83	177	5.49
GROSVENOR MEDICAL CENTRE	Stalybridge	40	0.70	695	14.87	55	1.18	32	0.56	44	0.77	165	2.88	624	13.35	400	6.98
MOSSLEY MEDICAL PRACTICE	Stalybridge	7	0.30	320	17.92	10	0.56	10	0.43	15	0.65	57	2.47	223	12.49	140	6.06
PIKE MEDICAL CENTRE	Stalybridge	13	0.69	129	8.80	9	0.61	9	0.48	20	1.07	33	1.76	146	9.96	137	7.32
MILLBROOK MEDICAL PRACTICE	Stalybridge	14	0.48	259	12.30	11	0.52	7	0.24	19	0.65	26	0.89	162	7.69	211	7.20

Source: QOF prevalence NHS Digital 2015/16

Childhood obesity measurement at reception age and in year 6, show that children in this neighbourhood currently have rates of obesity below the Tameside and England averages.

Smoking contributes to excess mortality from cancer, circulatory and respiratory disease and lowers life expectancy in our population, with a large number of people dying each year due to smoking and a substantial number of hospital admissions caused.

Due to the high number of vulnerable groups especially within Stalybridge North and South wards, it is expected that a larger proportion of the population will be vulnerable to tobacco related harm, e.g. socio-economically deprived/ Routine and Manual (R&M) groups, Bangladeshi adults and Pakistani men, people with existing health conditions, including poor mental health and those receiving treatment in hospital and children and unborn babies exposed to passive smoking, particularly amongst R&M families.

Harmful drinking patterns contribute to increasing levels of alcohol related ill health and pressure on health services through long-term conditions such as liver disease. In the short term alcohol contributes to accidents and violent crime.

Harmful drinkers tend to live in more deprived areas of the country and Tameside is listed as in the top ten in the country for estimates of harmful drinkers. Due to high levels of socio-economic deprivation in areas of the Stalybridge North and South wards, it is expected that there will be high levels of harmful drinking.

The rates of hospital admissions for acute alcohol intoxication in the Stalybridge Neighbourhood are lower than the Tameside average, although not significantly so. The highest rate of hospital admissions for acute alcohol intoxication in this Neighbourhood is in Stalybridge North.

Future Health Need – prevalence projections and demographic change

Prevalence projections for Tameside between 2017 and 2022 show that the numbers of people with CHD, stroke, diabetes and hypertension are expected to rise over the five years, by 8.5% for CHD, 8.3% for stroke, 9.3% for diabetes and 5.8% for hypertension. This equates to an extra 6,000 patients by 2020, for **just** these four conditions.

Estimated numbers of people with depression and dementia in the over 65 population are published via POPPI. These projections should be treated with caution as they are based on national prevalence rates, but suggest that, across the whole of Tameside between 2016 and 2022, we may expect rise of 18% in the number of over 65s with dementia equating to an additional 450 people, a rise in 9% of over 65s with depression equating to an additional

325 people and a 10% increase in over 65s with severe depression equating to an additional 100 people.

It is expected that Tameside's ageing population will bring an increase in long-term mental health problems, including dementia with significant implications for services supporting carers.

Population projections are not available at neighbourhood level, however, it is expected that, between 2017 and 2022 across Tameside there will be a 3.6% increase in total population, we will have an older population with a lower proportion of children and younger people, there will be an expected increase of 3,000 males and 2,000 females aged 65+ and an expected reduction of 1,000 males and 1,000 females aged 15-44.

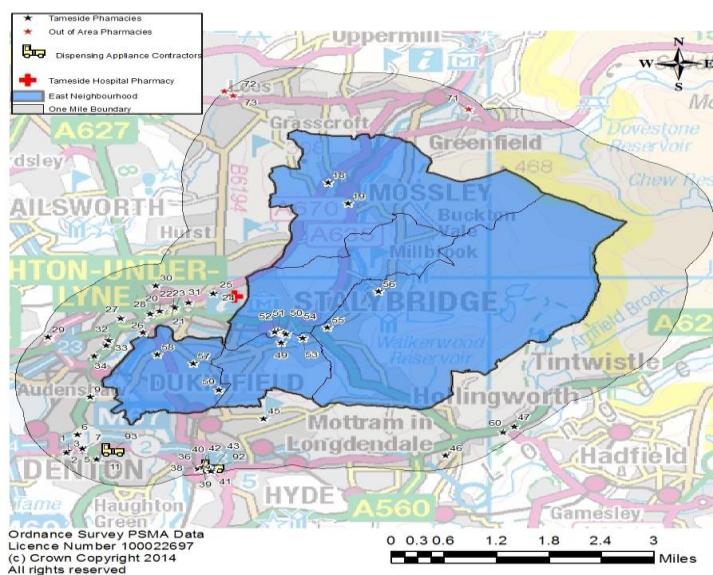
It is not currently anticipated that this will substantially alter the spatial distribution of population and households across the Stalybridge Neighbourhood.

The Stalybridge neighbourhood is likely to see a similar percentage change of population as the rest of Tameside but spread more or less evenly across the area and may therefore extra pressure on pharmaceutical services from an ageing population should be felt across the range of providers rather than in any defined specific location.

Access to Pharmacy – Stalybridge Neighbourhood

There are 13 pharmacies in the Stalybridge neighbourhood, including two 100 hours pharmacies, and 3 out of area pharmacies that are likely to be accessed by residents of this locality. These out of area pharmacies are located in Oldham, and a range of other pharmacy options exist throughout the rest of Tameside.

Map 15: Pharmacies in the Stalybridge Neighbourhood



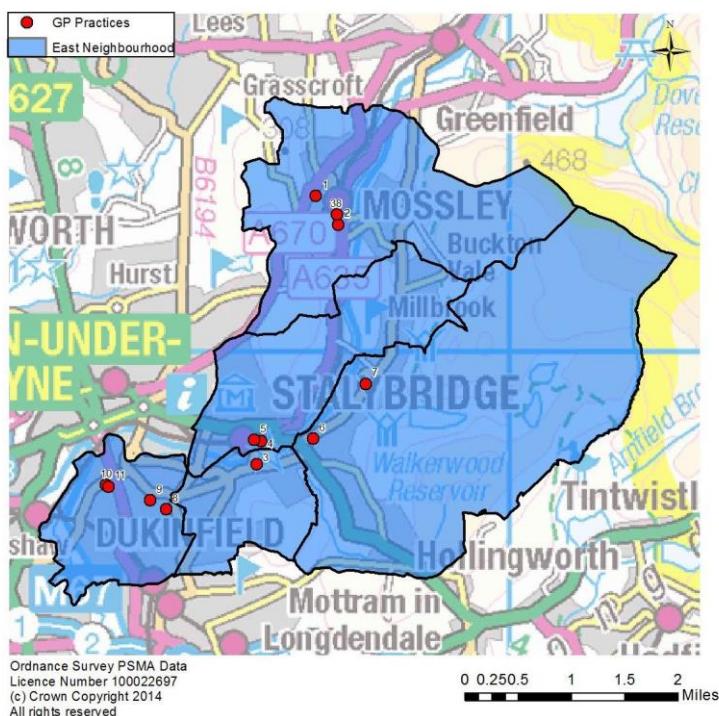
Map 15 clearly shows the location of the current pharmacies within the Stalybridge neighbourhood, with a concentration of 7 in Stalybridge close to the Town Centre and the major road and rail intersections/public transport hub. Dukinfield has 3 pharmacies, Mossley has 2 and there is a further pharmacy in

Stalybridge at Millbrook.

It is important to understand against this location map the population distribution within the Stalybridge neighbourhood and to take account of whether there is any proportion of the population living further than 1.6 kilometres from the pharmacies mapped. In doing so access to those pharmacies within the same walking distance but lying outside the Stalybridge neighbourhood boundaries have to also be taken into account

It is also important to consider pharmacy provision alongside access to GP services and in the Stalybridge Neighbourhood there are 11 GP Practices.

Map 16: GP Practices within the Stalybridge Neighborhood



The concentrations of the population within the Stalybridge Neighbourhood are largely in the urban or rural urban fringes and with very good access to the 13 pharmacies and 11 GP Practices in the area. Tameside & Glossop Integrated Care Foundation Trust (ICFT) to the west of the border is also available, Mossley residents are able to access 3 pharmacies within the Oldham boundary and within the 20 minute walk

estimate, and, there are a further 34 pharmacies within the other Tameside neighbourhoods.

Spatially to the North East of the Neighbourhood there is an open area of this map where in fact there is very little population at all with this area being a combination of moorland, reservoirs and farms.

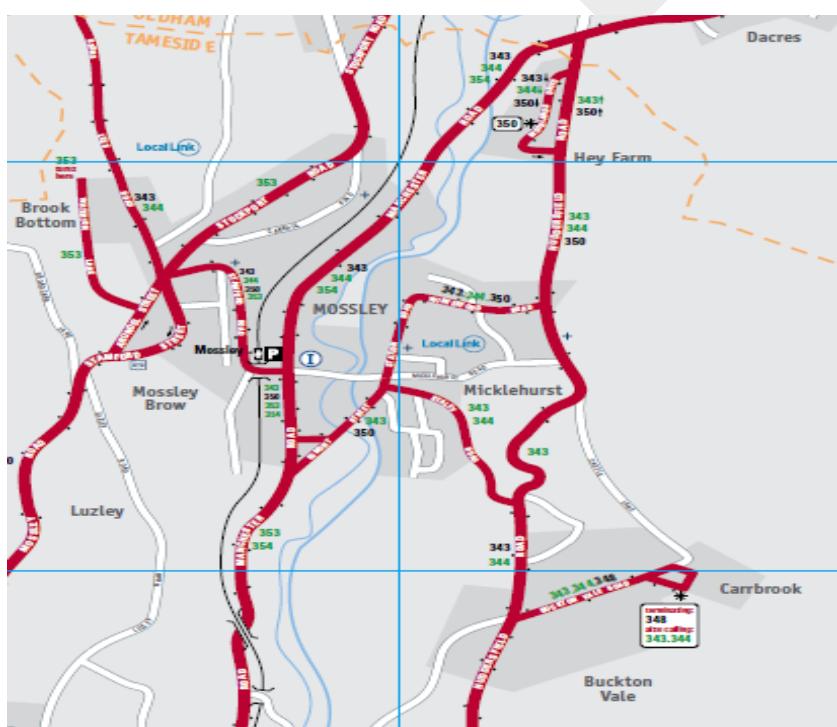
The areas of Micklehurst and Millbrook; Millbrook-Manor pharmacy on Huddersfield road is very close to the border; and may be identified as areas potentially more geographically isolated from the town centres. These areas have been cross-checked with public transport routes and nearest pharmacy locations in order to establish whether residents would be able to access essential pharmaceutical services via public transport.

Micklehurst is within the Mossley ward, and is classified as within the 20% most socio-economically deprived areas in the country according to the IMD2015. There is also likely to be a high proportion of people who do not own a car or van in this area. Micklehurst is also geographically isolated. Lloyds and ‘Chadwick and Hadfield’ pharmacies are located in Mossley, close to the Micklehurst area, and Pike and Mossley Medical Practices are also situated in the Mossley area and are accessible to Micklehurst residents. The map below (map 20) also illustrates there are a number of bus services linking Micklehurst to Mossley, Stalybridge, Ashton and Oldham where other services can be accessed.

It is also recognised that the majority of community pharmacies serving this area provide free prescription collection and delivery services to patients homes as an added value service to patients and that prescription delivery services are now included in the community pharmacy contractual framework for certain patients.

It should also be noted that the local Internet/distance selling contracts must ensure home delivery of all prescriptions by secure means. Patients cannot collect prescription items from the site of the internet pharmacy whatsoever.

Map 17: Public transport routes through the Micklehurst and Mossley areas



Source: GMPTF 2014

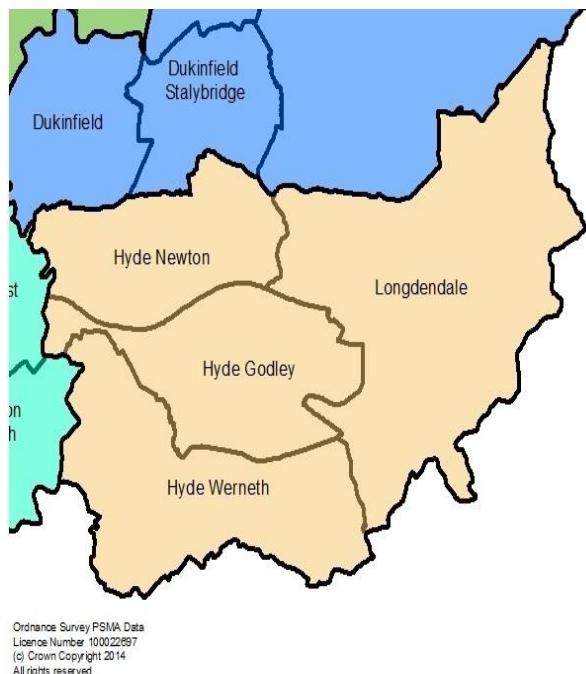
In summary there is good provision through a range of Pharmacies in this locality providing essential services and a range of advanced and enhanced services and although some of

the most deprived areas like Micklehurst may seem geographically isolated they do have access to good pharmacy provision and are connected with good public transport.

The pharmacy provision in the Stalybridge neighbourhood is satisfactory in meeting the needs of the local population now and in the near future as any anticipated rises in demand due to demographic change should be easily responded to by existing local suppliers being able to flexibly increase staff levels and skill mix appropriate to the increased pressure.

THE HYDE NEIGHBOURHOOD

Map 18: Hyde Neighbourhood - Wards within the Hyde Neighbourhood (coloured pink)



The South Neighbourhood encompasses the wards of Hyde Newton, Hyde Godley, Hyde Werneth and Longendale and is situated in the south of the borough of Tameside on the border with the neighbouring area of Stockport and has a total population of 46,838. This constitutes 21% of the total Tameside population with slightly more females than males (**49% male and 51% female**). There is a roughly equal split of the population between each of the wards. The highest proportion of the population is within the 45-54 years age group, followed by the 35-44 and 25-34 groups. There are slightly more males in

the younger age groups and slightly more females in the older groups.

This neighbourhood contains proportionately more population categorised as living within the most deprived fifth of areas nationally, according to the Indices of Multiple Deprivation 2015, compared to the Tameside average. This equates to just less than half (42%) of the neighbourhood population living in the 20% most deprived areas in the country.

Local unemployment rates are higher than the Northwest and UK. And job Seekers Allowance claimants in Hyde Newton have the 2nd highest claimant rate and Hyde Godley the 3rd highest claimant rate in Tameside in 2016.

With respect to ethnicity census data shows that 90.1% of Hyde, Hollingworth and Longendale locality's population is of 'White' ethnicity, compared to 90.9% average for Tameside.

The whole neighbourhood has a higher than average proportion of 'Asian or Asian British' population than the Tameside average (9% vs 8%), with smaller populations of 'Mixed', 'Black, or Black British', 'Chinese' and 'Other' ethnic groups than the Tameside average.

Hyde Werneth has by far the highest number of Bangladeshi residents of any ward in Tameside, accounting for 40% of the borough's total Bangladeshi population.

When considering lifestyle in the Bangladeshi community it is worth noting that there is a higher prevalence of smoking amongst men than the white population.

Coronary Heart Disease (CHD) is a major cause of death in ethnic minorities particularly those of South Asian descent and while cancer is decreasing in the general population, there has been a rise within the South Asian community. In addition type II diabetes is six times more common in South Asians.

Pakistani and Bangladeshi communities in Tameside have a young age profile and it is expected that the older population will increase significantly in the future, significantly impacting on this locality.

Average life expectancy (LE) in the Hyde Neighbourhood is below the Tameside average for both males and females, however, at ward level, only Hyde Godley has a lower life expectancy compared to the Tameside average for males and females.

Hyde Werneth ward has a high percentage of owner occupied housing with Hyde Godley, Hyde Newton and Longdendale having a significantly lower percentage of owner occupied housing.

Hyde Godley and Longdendale wards have the 3rd and 4th highest percentage of pensioners aged 65+ living alone in Tameside at 39.2% and 38.2% respectively.

Health Need in the Hyde Neighbourhood

Mortality

Average Life expectancy in the Hyde Neighbourhood is similar to the Tameside average for both males and females, with a locality average being **77.7 years** and **81.1 years** respectively.

The Hyde neighbourhood has higher all age mortality for CHD, CVD and Stroke compared to the Tameside average. Premature mortality within the Hyde neighbourhood is higher than the Tameside and Glossop average for CHD, CVD, COPD and Stroke.

Table 9: Premature mortality in the Hyde Neighbourhood (2014/16)

Hyde Neighbourhood	Under 75 years All Causes				< 75 cancer		< 75 CVD	
	males		females		persons			
	OBS	DSR	OBS	DSR	OBS	DSR	OBS	DSR
Hyde Godley	78	592.57	56	421.11	46	180.13	28	104.5
Hyde Newton	65	400.34	65	399.12	52	349.13	36	118.04
Hyde Werneth	60	434.22	31	212.40	41	145.4	24	83.41
Longdendale	80	587.83	45	303.11	49	172.62	34	120.97

Morbidity (see table 10)

QOF register data shows that the Hyde neighbourhood has a higher number on disease registers for the following

Asthma (6.7%)

Diabetes (7.9%)

Depression (10%)

Stroke and Transient Ischemic Attacks (3%)

Hypertension (19%)

Risk factors

Modelled estimates show that people living in Hyde Newton and Hyde Godley areas are likely to exhibit unhealthy lifestyle behaviours. Residents in areas of Hyde Newton and Hyde Godley are likely to binge drink more, have greater levels of obesity and consume fewer fruit and vegetables than the Tameside average.

Smoking contributes to excess mortality from cancer, circulatory and respiratory disease and lowers life expectancy in our population, with a large number of people dying each year due to smoking and a substantial number of hospital admissions caused.

Due to the high number of vulnerable groups especially within Hattersley (Hyde Godley and Longdendale wards), it is expected that a larger proportion of the population will be vulnerable to tobacco related harm, e.g. socio-economically deprived/ Routine and Manual (R&M) groups, Bangladeshi adults and Pakistani men, people with existing health conditions, including poor mental health and those receiving treatment in hospital and children and unborn babies exposed to passive smoking, particularly amongst R&M families.

Alcohol causes similar levels of concern for the neighbourhood as harmful drinkers also tend to live in more deprived areas of the country and Tameside is listed as in the top ten in the country for estimates of harmful drinkers. Due to high levels of socio-economic deprivation in areas of the Hyde Godley and Longendale wards (Hattersley) and Hyde Newton ward, it is expected that there will be high levels of harmful drinking also.

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Table 10: Disease prevalence by Neighbourhood (Hyde)

Practice Name	Neighbourhood	Heart Failure		Coronary Heart		Atrial Fibrillation		Hypertension		Chronic Kidney		Chronic		Stroke		Diabetes Mellitus	
		Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	Prevalence (%)
THE BROOKE SURGERY	Hyde	93	0.9%	418	4.9%	157	1.3%	1,687	19.9%	280	3.4%	259	3.1%	232	2.7%	559	6.72
AWBURN HOUSE	Hyde	45	0.6%	315	5.2%	130	1.6%	765	12.6%	110	1.9%	147	2.4%	142	2.3%	351	5.85
CLARENDRON MEDICAL CENTRE	Hyde	80	1.0%	319	5.0%	142	1.6%	1,071	16.8%	158	2.6%	263	4.1%	144	2.3%	497	7.86
HATTERSLEY GROUP PRACTICE	Hyde	42	0.8%	251	5.9%	69	1.4%	890	20.9%	131	3.2%	199	4.7%	152	3.6%	353	8.46
HAUGHTON THORNLEY MEDICAL CENTRES	Hyde	87	0.7%	457	4.9%	189	1.5%	1,853	19.7%	326	3.6%	341	3.6%	238	2.5%	819	8.87
DONNEYBROOK MEDICAL CENTRE	Hyde	63	0.7%	384	4.9%	157	1.8%	1,580	20.3%	112	1.5%	263	3.4%	162	2.1%	881	11.61
DAVAAR MEDICAL CENTRE	Hyde	36	0.6%	220	4.7%	87	1.4%	915	19.3%	128	2.8%	155	3.3%	124	2.6%	338	7.46
THE HOLLIES SURGERY	Hyde	25	0.6%	192	5.4%	73	1.6%	959	26.8%	173	5.0%	113	3.2%	85	2.4%	282	8.00
THE SMITHY	Hyde	64	1.5%	184	5.1%	84	2.0%	632	17.4%	132	3.7%	92	2.5%	101	2.8%	224	6.27
Practice Name	Neighbourhood	Dementia		Depression		Epilepsy		Learning Disability		Mental Health		Cancer		Obesity		Asthma	
		Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
THE BROOKE SURGERY	Hyde	112	1.08	1151	14.05	89	1.09	45	0.43	103	0.99	286	2.75	680	8.30	704	6.76
AWBURN HOUSE	Hyde	48	0.67	249	4.20	45	0.76	13	0.18	44	0.61	232	3.23	885	14.94	361	5.02
CLARENDRON MEDICAL CENTRE	Hyde	81	1.02	616	9.89	44	0.71	20	0.25	100	1.26	139	1.76	603	9.68	589	7.45
HATTERSLEY GROUP PRACTICE	Hyde	41	0.74	389	9.48	60	1.46	19	0.35	60	1.09	103	1.87	437	10.65	458	8.32
HAUGHTON THORNLEY MEDICAL CENTRES	Hyde	125	1.06	658	7.26	74	0.82	53	0.45	142	1.20	261	2.21	1451	16.02	766	6.48
DONNEYBROOK MEDICAL CENTRE	Hyde	75	0.80	636	8.52	77	1.03	48	0.51	97	1.03	184	1.95	674	9.03	612	6.49
DAVAAR MEDICAL CENTRE	Hyde	70	1.17	296	6.63	45	1.01	37	0.62	38	0.64	121	2.03	398	8.91	441	7.39
THE HOLLIES SURGERY	Hyde	52	1.18	442	12.72	36	1.04	19	0.43	22	0.50	134	3.04	444	12.78	251	5.69
THE SMITHY	Hyde	26	0.59	522	14.83	31	0.88	21	0.48	22	0.50	125	2.83	253	7.19	292	6.62

Future Health Need – prevalence projections and demographic change

Prevalence projections for Tameside between 2017 and 2022 show that the numbers of people with CHD, stroke, diabetes and hypertension are expected to rise over the five years, by 8.5% for CHD, 8.3% for stroke, 9.3% for diabetes and 5.8% for hypertension. This equates to an extra 6,000 patients by 2020, for just these four conditions.

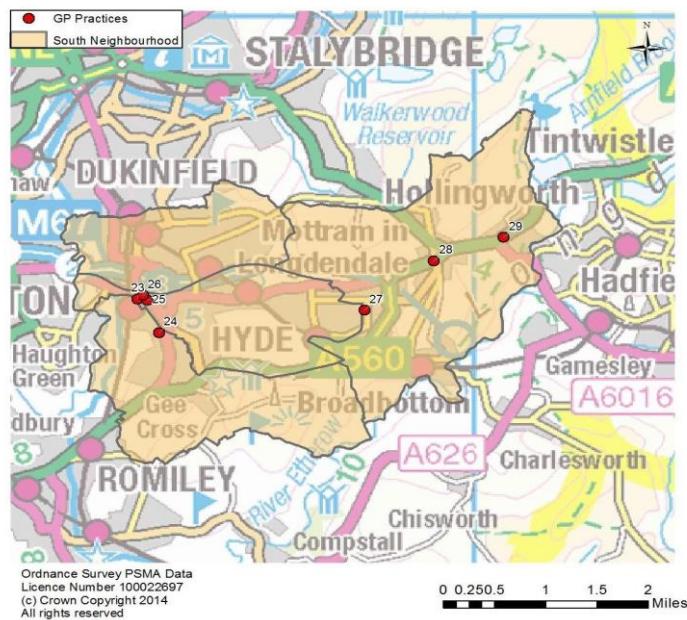
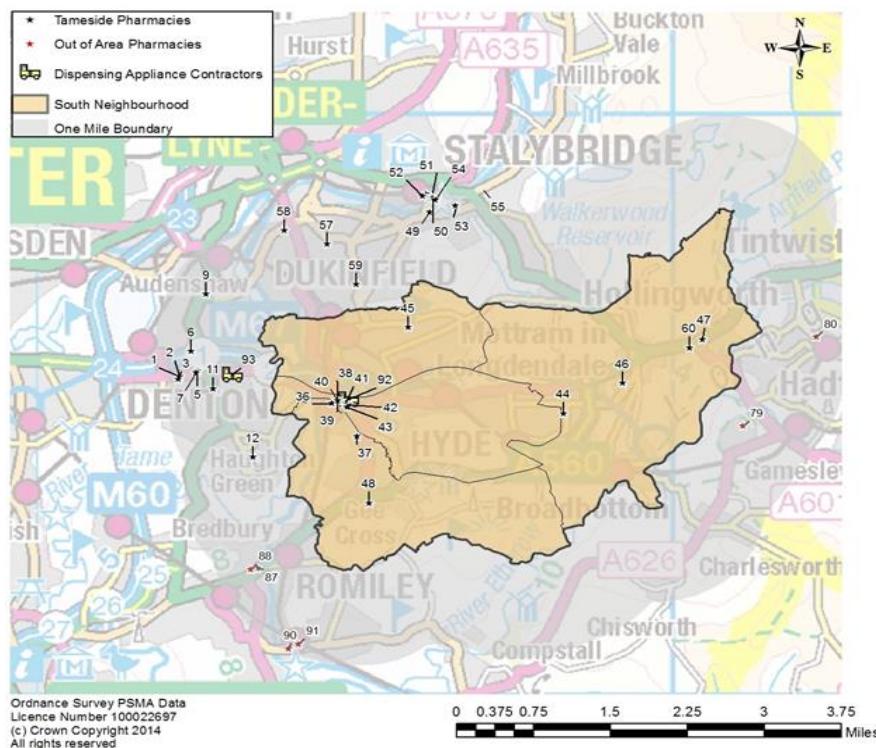
Estimated numbers of people with depression and dementia in the over 65 population are published via POPPI. These projections should be treated with caution as they are based on national prevalence rates, but suggest that, across the whole of Tameside between 2014 and 2020, we may expect rise of 18% in the number of over 65s with dementia equating to an additional 450 people, a rise in 9% of over 65s with depression equating to an additional 325 people and a 10% increase in over 65s with severe depression equating to an additional 100 people. It is expected that Tameside's ageing population will bring an increase in long-term mental health problems, including dementia with significant implications for services supporting carers.

Population projections are not available at neighbourhood level, however, it is expected that, between 2017 and 2022 Tameside, there will be a 3.6% increase in total population, we will have an older population with a lower proportion of children and younger people, there will be an expected increase of 3,000 males and 2,000 females aged 65+ and an expected reduction of 1,000 males and 1,000 females aged 15-44. The South neighbourhood is likely to see a similar percentage change of population and may therefore need to consider extra pressure on pharmaceutical services for the ageing population.

The Hyde Neighbourhood contains 13 pharmacies including five 100 hours pharmacies, and 7 GP practices at which the population can access pharmaceutical services. (This is an increase of 3 more pharmacies than in 2011 in the neighbourhood). There is a particular concentration of pharmacies within the Hyde Town centre.

There are also 4 pharmacies within Stockport and 2 within high peak that can easily be accessed by Hyde Neighbourhood residents and the Denton and Ashton neighbourhoods also have a number of pharmacies and GPs that residents are able to access within the range and methods they have indicated they are comfortable with. A dispensing appliance contractor is also situated within this locality.

Map 19: Pharmacies in the Hyde Neighbourhood.



There is a good spatial correlation between pharmacists and GP Practices across the Hyde neighbourhood.

Map 20: Locations of GP practices in the Hyde Neighbourhood (red circles)

Whilst the distribution of both pharmacies and GP Practices across the Hyde neighbourhood is good, further analysis has been undertaken to identify any areas

where residents live who may have difficulty accessing pharmaceutical services.

The area of Hattersley was identified as an area geographically isolated from the town centre and with high health need with many residents living in socio-economically deprived circumstances. This area was then cross-checked with public transport routes and nearest

pharmacy locations in order to establish whether residents would be able to access essential pharmaceutical services via public transport.

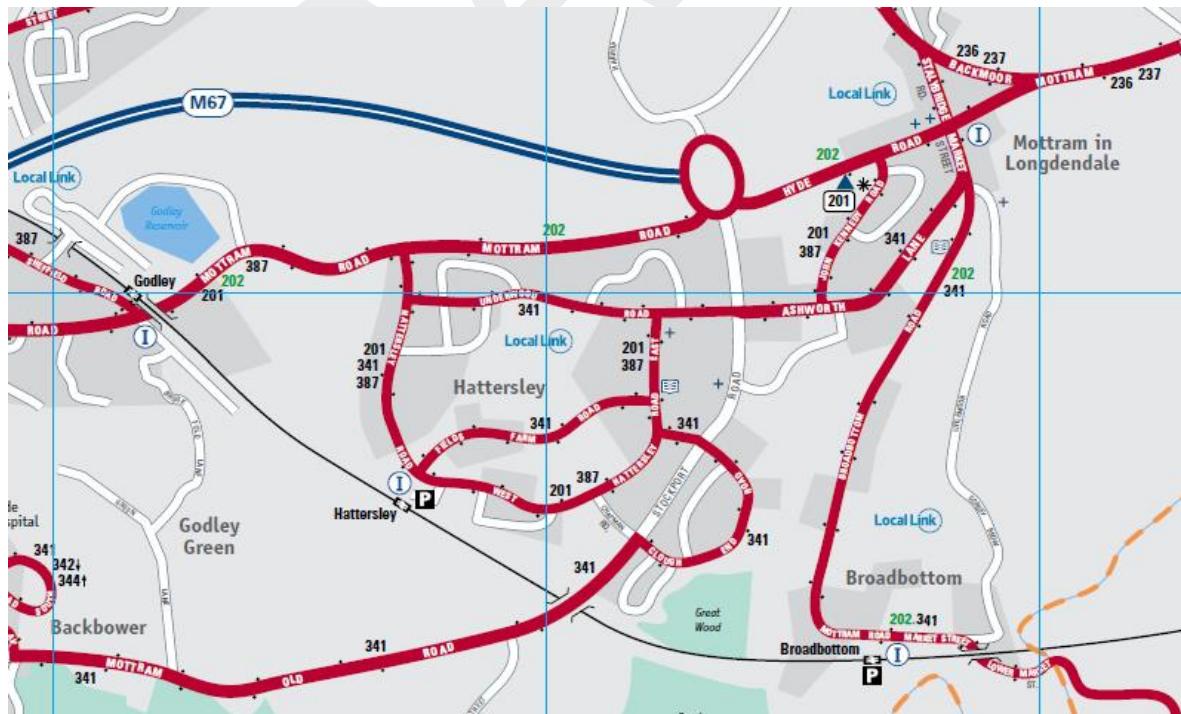
The Hattersley area is split across the wards of Hyde Godley and Longendale. The relevant LSOAs are classified within the 5% most socio-economically deprived areas in the country according to the IMD2015. There is also likely to be a high proportion of people who do not own a car or van in this area, and a high level of health need.

The Local Boots pharmacy and Hattersley Group Practice are located close to the centre of Hattersley and are therefore accessible to residents. Map 21 also illustrates there are a number of bus services linking Hattersley to Mottram and also to Godley and on to Hyde, where connecting services link to the rest of Tameside, Stockport and Manchester. There is also a train station within Hattersley linking to Manchester.

It is also recognised that many of the community pharmacies serving this area provide free prescription collection and delivery services to patients homes as an added value service to patients.

It should also be noted that the local Internet/distance selling contracts must ensure home delivery of all prescriptions by secure means. Patients cannot collect prescription items from the site of the internet pharmacy whatsoever.

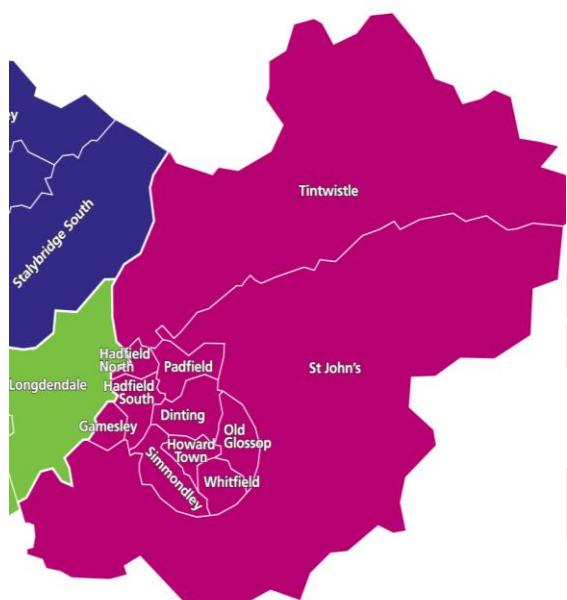
Map 21: Public transport routes through the Hattersley Area



Source: GMPTE, 2017

In summary good access to pharmacy is evident across the Hyde neighbourhood, and there has been an increase in pharmacy provision in the Hyde over the last 5 years. Whilst official projections suggest an increase in households and a demographic shift towards an ageing population any increasing pressure this may bring on pharmacy services provided within the neighbourhood should be able to be responded to positively as pharmacy is a business which can easily flex to increase staff levels and skill mix appropriate to the increased pressure.

THE GLOSSOP NEIGHBOURHOOD



The Glossop neighbourhood consist of 11 wards and has an estimated total population of 33,177. This constitutes 13% of the total Tameside and Glossop population with slightly more females than males (49% male and 51% female). There is a roughly equal split of the population between the four wards of Hadfield South, Howard Town, Old Glossop and Simmondly, who share similar population densities of around 4,430. St John's has the smallest population. The highest proportion of the population is the 35-54 years age group (29%), followed by the 17-34 (20%) and 65+ age groups (18%). There are slightly more males in the younger age groups and more females in the older groups.

Overall the neighbourhood is less deprived than the Tameside average, with less than a fifth of the local population living in the 20% most deprived areas in the country.

The Glossop Neighbourhood has a higher proportion of its population in the 'White' ethnic category (97.5%) than Tameside and a much lower proportion from BME groups.

Local unemployment rates are lower than the Tameside, Northwest and UK averages. And a Job Seekers Allowance claimant is low compared to the rest of Tameside; Gamesley and Howard Town have the highest number of claimant counts.

Health Need in Glossop

Residents of Glossop have levels of poor health and limiting long term illness or disability that are lower compared to the Tameside average. Male mortality is higher than the

Tameside average; however female mortality is considerably lower than the Tameside average. The prevalence rates of chronic illnesses are roughly in line with the Tameside average, apart from rates of diabetes which are lower than the Tameside average.

Mortality

Average Life expectancy in the Glossop Neighbourhood is generally higher than the Tameside average for both males and females, with a locality average being 78.2 years for males and 82.7 years for females. However the ward of Gamesley has the lowest life expectancy in Glossop for both males and females 73.3 yrs. and 77.8 yrs. respectively)

The Glossop neighbourhood has lower all age mortality for CHD, CVD and Stroke compared to the Tameside average. Premature mortality within the Glossop neighbourhood is also lower than the Tameside average for cancer, CVD, COPD and Stroke. However there are some exceptions, especially for the wards of Gamesley and Whitfield, where premature mortality from CVD and cancer are high compared to the rest of the Glossop neighbourhood.

Table 11: Premature mortality in the Glossop Neighbourhood (2014/16)

2014/16 Glossop Neighbourhood	Persons				Males				females			
	<75 Cancer deaths		<75 CVD		All Causes < 75 years				All Causes < 75 years			
	OBS	DSR	OBS	DSR	OBS	DSR	OBS	DSR	OBS	DSR	OBS	DSR
Dinting	11	190.7	<5	54.33	12	355.75	8	247.29				
Gamesley	14	254.42	7	139.55	16	732.37	18	576.91				
Hadfield North	8	185.86	<5	79.3	20	979.23	7	273.38				
Hadfield South	24	197.21	7	51.14	26	449.83	19	294.70				
Howard Town	16	158.49	11	106.96	30	550.55	16	321.01				
Old Glossop	13	97.91	11	81.47	22	337.94	12	166.84				
Padfield	5	92.19	5	88.1	9	284.84	5	182.52				
Simmondley	22	155.2	11	88.34	26	410.58	19	272.50				
St John's	<5	71.76	<5	58.09	9	314.56	<5	142.22				
Tintwistle	5	101.83	0	0	8	298.28	<5	167.75				
Whitfield	13	244.72	8	135.18	26	642.76	10	333.45				

Morbidity (see table 12)

QOF register data shows that the Glossop neighbourhood has a higher number on disease registers for the following

Diabetes (7%)

Depression (15%)

Hypertension (18%)

Obesity (10%)

Table 12: Disease prevalence by Neighbourhood (Glossop)

Practice Name	Neighbourhood	Heart Failure		Coronary Heart Disease (CHD)		Atrial Fibrillation (AF)		Hypertension		Chronic Kidney Disease(CKD)		Chronic Obstructive Pulmonary Disease (COPD)		Stroke		Diabetes Mellitus	
		Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	Prevalence (%)
GROUP PRACTICE CENTRE	Glossop	29	0.80	128	4.40	67	2.00	582	20.10	109	3.90	90	3.10	49	1.70	166	5.81
MANOR HOUSE	Glossop	216	1.60	527	4.80	267	2.00	1,993	18.20	344	3.20	359	3.30	408	3.70	679	6.31
LAMBGATES	Glossop	76	1.20	237	4.40	97	1.20	950	17.70	163	3.10	201	3.80	143	2.70	323	6.08
COTTAGE LANE	Glossop	10	0.50	103	6.20	22	1.10	317	19.10	55	3.50	105	6.30	46	2.80	102	6.27
SIMMONDLY	Glossop	12	0.30	112	3.80	51	1.20	502	17.20	50	1.70	61	2.10	41	1.40	169	5.85
HADFIELD	Glossop	38	1.20	122	4.80	62	2.20	415	16.30	63	2.50	75	3.00	98	3.90	152	6.12
Practice Name	Neighbourhood	Dementia		Depression		Epilepsy		Learning Disability		Mental Health		Cancer		Obesity		Asthma	
		Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
GROUP PRACTICE CENTRE	Glossop	14	0.40	483	17.14	27	0.96	9	0.26	23	0.66	95	2.73	202	7.17	306	8.78
MANOR HOUSE	Glossop	132	1.01	1292	12.19	120	1.13	72	0.55	93	0.71	401	3.06	1106	10.43	1,056	8.05
LAMBGATES	Glossop	66	1.00	671	12.86	44	0.84	34	0.51	48	0.72	184	2.78	689	13.20	505	7.62
COTTAGE LANE	Glossop	29	1.37	346	21.69	22	1.38	7	0.33	31	1.46	49	2.31	232	14.55	169	7.96
SIMMONDLY	Glossop	11	0.31	325	11.46	27	0.95	14	0.39	13	0.36	102	2.84	150	5.29	175	4.87
HADFIELD	Glossop	39	1.28	330	13.50	33	1.35	14	0.46	28	0.92	83	2.72	278	11.37	262	8.60

Risk Factors

Glossop is a fairly affluent area compared to other neighbourhoods across Tameside. However people in Glossop are still at risk of health conditions relating to life style. For residents of Glossop, alcohol consumption, food choice and physical inactivity are key issues that impact on health outcomes.

Smoking contributes to excess mortality from cancer, circulatory and respiratory disease and lowers life expectancy in our population, with a large number of people dying each year due to smoking and a substantial number of hospital admissions apparent, especially in the more deprived wards of Glossop.

Future Health Need – prevalence projections and demographic change

Prevalence projections for Tameside between 2017 and 2022 show that the numbers of people with CHD, stroke, diabetes and hypertension are expected to rise over the five years, by 8.5% for CHD, 8.3% for stroke, 9.3% for diabetes and 5.8% for hypertension. This equates to an extra 6,000 patients by 2020, for just these four conditions.

Estimated numbers of people with depression and dementia in the over 65 population are published via POPPI. These projections should be treated with caution as they are based on national prevalence rates, but suggest that, across the whole of Tameside between 2014 and 2020, we may expect rise of 18% in the number of over 65s with dementia equating to an additional 450 people, a rise in 9% of over 65s with depression equating to an additional 325 people and a 10% increase in over 65s with severe depression equating to an additional 100 people. It is expected that Tameside's ageing population will bring an increase in long-term mental health problems, including dementia with significant implications for services supporting carers.

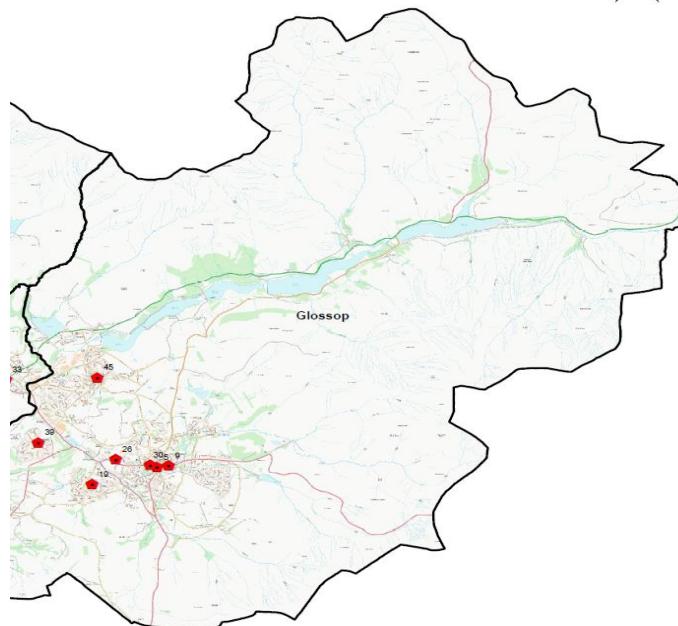
Population projections are not available at neighbourhood level, however, it is expected that, between 2017 and 2022 Tameside, there will be a 3.6% increase in total population, we will have an older population with a lower proportion of children and younger people, there will be an expected increase of 3,000 males and 2,000 females aged 65+ and an expected reduction of 1,000 males and 1,000 females aged 15-44. The Glossop neighbourhood is likely to see a similar percentage change of population and may therefore need to consider extra pressure on pharmaceutical services for the ageing population.

The Glossop Neighbourhood contains 7 pharmacies, and 6 GP practices of which the population can access pharmaceutical services. There is a particular concentration of pharmacies within the Glossop Town centre.

There are also 5 pharmacies within the Hyde neighbourhood and 2 within high peak that can easily be accessed by Glossop Neighbourhood residents. There is one healthy living pharmacy in Glossop

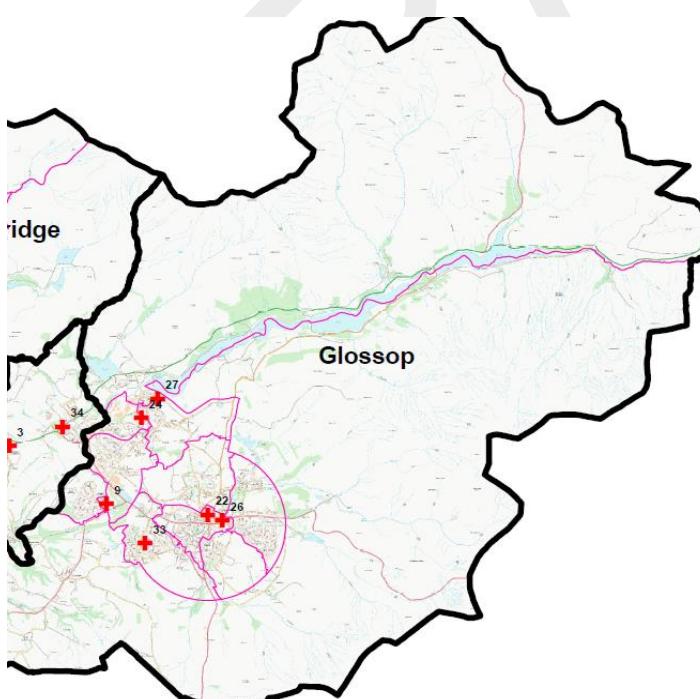
Pharmacies in the Glossop Neighbourhood

Map 25: Pharmacies in the Glossop Neighbourhood



There is adequate provision of pharmacies in the Glossop neighbourhood. However they do tend to be clustered around the more populated areas of Old Glossop, Simmondley, Gamesley and Padfield. There is no provision in the ward of St John. It is important to know that within the Glossop neighbourhood a high proportion of the population live around these areas and that the ward of St John is very sparsely populated.

Map 26: Locations of GP practices in the Hyde Neighbourhood (red crosses)



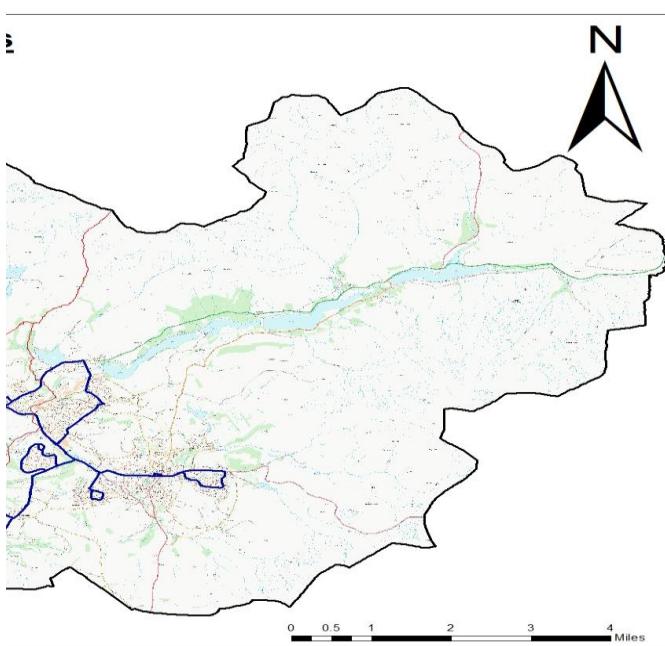
Whilst the distribution of both pharmacies and GP Practices across the Glossop neighbourhood is good, further analysis has been undertaken to identify any areas where residents live who may have difficulty accessing pharmaceutical services.

The area of St John was identified as an area geographically isolated from the town centre and with health needs relating to older people such as dementia and arthritis and with some residents

living in socio-economically deprived circumstances. This area was then cross-checked with

public transport routes and nearest pharmacy locations in order to establish whether residents would be able to access essential pharmaceutical services via public transport.

Map 27: Bus routes across the Glossop neighbourhood



It should be noted that we were unable to get a detailed map of transport routes across Glossopdale. Bus services are provided via High Peak and Derbyshire transport.

It is also worth noting that the bus routes that do operate across Glossop do serve the more populated areas of the area and are convenient for the GP and pharmacy provision in these areas.

Source: Ordnance survey 2017

In summary good access to pharmacy is evident across the Hyde neighbourhood, and there has been an increase in pharmacy provision in the Hyde over the last 5 years. Whilst official projections suggest an increase in households and a demographic shift towards an ageing

Public Consultation and Stakeholder Engagement

Two specific elements of public consultation and stakeholder engagement have been undertaken through the PNA process.

Firstly the public consultation was undertaken through a survey available electronically on a number of websites including the Councils 'Big Conversation' and Tameside Healthwatch. Paper copies of this were also made available through GP Practices and individual pharmacies.

This consultation was undertaken during the autumn of 2017 and 83 completed surveys were returned and analysed. A specific report on these findings is appended (Appendix 3).

The PNA is also required to incorporate a statutory 60-day formal consultation with a range of stakeholders. This was undertaken between November and January 2017/18 and further details of the process are outlined in Appendix 3.

This appendix will also include an account of any issues raised in the consultation phase and how responses have been incorporated into the revised document.

Wider Issues around Pharmacy Need for Tameside

This PNA has been undertaken at a time of great change for both the local population and all who provide services or support them. Responsibilities are shifting and the commissioning of pharmacy services, in particular those classed as advanced and enhanced services are in transition.

There is now an even greater necessity than before to ensure that effective methods of prevention and early intervention are making an impact at scale across the whole of the Tameside and Glossop population. As Care Together takes shape it is anticipated that there will be a number of changes to the services commissioned from pharmacy, and, pharmacy professionals themselves will be looking to extend their involvement.

Whilst these locally commissioned services were not the central purpose of this PNA, (which in essence was to assess if there is sufficient pharmacy provision to meet need now and in the next three years), a number of issues emerged through analysis of the new policy drivers that need some further consideration by decision makers across the local health economy.

Over provision and competition:

Contrary to the focus of exploring if Tameside has any unmet pharmacy need the opposite problem is a bigger concern and that there may in fact be over-provision; parts of the Borough having simply too many close together. This could have implications for service quality and the customer needs focus

This PNA did not set out to investigate this area and hence no specific tools were developed to investigate whether this is true. The core data used here would still be relevant but different lines of enquiry would need to be developed.

The future pharmacies role in Prevention and Self Care

How can the most be made of the local pharmacy footprint in priority neighbourhood locations?

With what is known from the evidence base about effective methods of engagement, methods of behaviour change, as well as the importance of building social capital.

Is the pharmacy health prevention and self-care role being considered thoroughly enough within current strategic discussions on care closer to home, integrated offers etc.?

'Maybe/maybe not'; however there is change occurring in the system with the development of the 'Self Care' and Social Prescribing agenda and 'Care Together' evolving across Tameside and Glossop? This change will endeavour to ensure all perspective providers of care closer to home, including pharmacies are included in the process.

Local pharmacy aspiration:

The local pharmacies are keen to further develop services and have a track record of responding to local commissions. An accurate assessment of just how much of their capacity and facilities are being used at the moment is missing and it is suggested that a mapping exercise should be undertaken over the next 3 years to ensure pharmacies are being utilised to their potential.

Once this mapping is completed a better picture of how local need will match with both service requirement (i.e. what is being commissioned) but also pharmacy aspirations will be seen. However how pharmacies use their consulting rooms is a matter for each pharmacy to decide, as they are indeed independent contractors. Suffice this, community pharmacies are responsive organisations, willing and able to expand their capacity, if they have confidence in the long term stability of services commissioned from them, and their fair return justifies the investment.

This should also provide a valuable platform to a number of stakeholders for what should be the preferred approach for pharmacy developments in future across Tameside. There is a strongly expressed belief that the current provision is sufficient to meet need and that there is plenty of capacity for the existing providers to flex and respond flexibly to any future commissions and the Local Pharmaceutical committee strongly supports this statement. This may be the case but further detail on the facilities and capacity will need to be mapped to provide that assurance to commissioning organisation. The GM LPC is happy to work with the council and other stakeholders to meet the needs identified in this PNA.

Conclusions

The population of Tameside is changing rapidly:

- The resident population of Tameside is estimated to be 223,189 (2016 midyear estimate)) and 245,511 registered with a Tameside & Glossop pharmacy.
- Population forecasts predict a 3.5% increase in the local population by 2027.
- Tameside has an established Indian, Pakistani and Bangladeshi community, concentrated mainly in Ashton and Hyde.

- Overall, there is an 8 year difference between the wards with highest and lowest life expectancy in Tameside.
- Tameside at a population level is growing older but getting sicker younger

Health need in Tameside is also increasing:

- Cancer, circulatory disease and respiratory disease are the main causes of mortality in England, in the North West and in Tameside. Life expectancy and Healthy Life expectancy is significantly lower in Tameside than the national average.
- Smoking is a major contributory factor for the main causes of mortality in Tameside (i.e. Cancer, circulatory disease and respiratory disease).
- Obesity and physical inactivity has a significant impact on the life expectancy of the local population.
- Tameside has significantly higher levels of alcohol related harm than England and the North West.
- CHD, Stroke, Diabetes, COPD, Asthma contribute the main burden of Long Term Conditions (LTCs) in Tameside.
- With an ageing population, there will be a significant increase in LTCs in the future.
- The measures of general population health in Tameside demonstrate lower levels of health and wellbeing than for England.

Health needs and pharmacy provision:

- Pharmacy provision in Tameside has increased significantly over the last 10 years.
- Access to pharmacies is good across all five neighbourhoods (including Glossop) both in location and hours of opening
- Location of pharmacies within areas of deprivation brings a good platform to build an assets based approach and utilise their social capital.
- Public consultation indicates high levels of satisfaction with current pharmacy services in Tameside
- The location of pharmacies in relation to GP Practices is good within all five neighbourhoods
- Analysis of opening hours and trading days shows there is adequate provision for out of hours services and across the year including the festive periods
- The commissioning of health and social care is in a period of change and the future role of pharmacies in prevention, early intervention and self-care plus support for long term conditions needs to be fully considered within future models

Neighbourhood provision

- In summary there is good provision through a range of Pharmacies in the Ashton neighbourhood providing essential services and a range of advanced and enhanced services and although some of the most deprived areas such as Hurst and St. Peter's may seem slightly geographically isolated they do have access to good pharmacy provision and are connected with good public transport.
- In summary there has been an increase of pharmacies in the Denton neighbourhood and whilst demand may increase due to demographic change and deprivation having an impact there is good provision and the existing providers should be able to easily respond and flexibly increase staff levels and skill mix appropriate to the increased pressure
- In summary there is good provision through a range of Pharmacies in the Stalybridge neighbourhood providing essential services and a range of advanced and enhanced services, and although some of the most deprived areas like Micklehurst may seem geographically isolated they do have access to good pharmacy provision and are connected with good public transport.
- In summary good access to pharmacy is evident across the Hyde neighbourhood, and there has been an increase in pharmacy provision in the Hyde since the PNA 2011. Whilst official projections suggest an increase in households and a demographic shift towards an ageing population any increasing pressure this may bring on pharmacy services provided, the neighbourhood should be able to respond to this positively.
- In Summary there is good provision of pharmacies in the Glossop neighbourhood which should be responsive to any demographic change over the next few years. Although St John ward appears geographically isolated, much of the ward is unpopulated with the main population conurbations being to the south of the ward, where there is good provision and reasonable access to public transport.

Recommendations

This PNA builds on and supersedes the 2015/18 PNA, and read alongside the JSNA and other needs assessments, gives a more complete picture of health & wellbeing need and assets across Tameside.

The impact of the further growth of pharmacy should be further considered across all relevant strategic drivers, in particular the potential negative impact of over provision and competition.

The position of pharmacy in providing Wellness and health improvement services should continue to be considered, both in relation to specific models such as the Healthy Living Pharmacy, and, with respect to further building of social capital.

The extent and type of pharmacy facilities currently available from individual premises (size and number of consultation rooms etc) and the services being delivered in each location should be mapped to provide the benchmark and foundation for any further local developments.

As people are not fully aware of the services to them through pharmacies, a public promotion of pharmacies should be designed and rolled out. Pharmacy First initiatives can provide the local population with rapid access to a pharmacist who can give self-care advice on a range of minor ailments and is a cost-effective way to manage patients presenting with minor ailments and medication issues. A mapping exercise should be considered to ascertain the range of services that community pharmacies currently offer outside those that are currently commissioned by the CCG and TMBC.

Pharmacies are eager to extend their role in prevention and early intervention and are well placed to support 'Care Closer to Home'. Given the increasing levels of people managing long term conditions, the footprint of pharmacies within and across local communities in Tameside plays an important role in terms of social capital and supporting the Care Together agenda and therefore needs to be explored in more depth.

To support the decision making process of the NHS local area team who make the final decisions around pharmacy applications in Tameside; it is recommended that a pharmacy consultation group meet when relevant to discuss and report on incoming pharmacy applications to ensure responses have taken into consideration the 2015/18 PNA findings. This group should be made up of key members of the PNA steering group.

Appendix One - Steering Group Membership

Jacqui Dorman: Project manager and author (Policy, Performance & Communications), TMBC

Clare Liptrott: Medicines Management, Tameside and Glossop CCG (**Chair**)

Claire Dickens: GM LPC

Jody Stewart – Policy, Performance & Communications, TMBC

Adam Irvine: GM LPC

Gideon Smith: Consultant in Public Health Medicine, Public Health, TMBC

Judith Goodwin: GM LPC

Janna Rigby: Head of Primary Care, Tameside & Glossop CCG

Lindsay Crabtree: Project manager: GM Health & Social Care Partnership

Key Derbyshire Contact

Andrew Muirhead: Senior Public Health Manager, Derbyshire County Council

Appendix 2: List of pharmacies in Tameside & Glossop

Pharmacy Name	Location	Area	PNA Area	Postcode
Adams Pharmacy	169 Mossley Road	Ashton U Lyne	Tameside Pharmacy	OL6 6NE
Adams Pharmacy	Ground Floor, Stalybridge Resource Centre, 2 Waterloo Road	Stalybridge	Tameside Pharmacy	SK15 2AU
Asda Pharmacy	Cavendish Street	Ashton U Lyne	Tameside Pharmacy	OL6 7DP
Asda Pharmacy	Water Street	Hyde	Tameside Pharmacy	SK14 1BD
Ashton Pharmacy	22 Stockport Road		Tameside Pharmacy	OL7 0LB
Ashton Primary Care Centre Pharmacy	Ashton Primary Care Centre	193 Old Street	Tameside Pharmacy	OL6 7SR
Audenshaw Pharmacy	3 Chapel Street	Audenshaw	Tameside Pharmacy	M34 5DE
Boots the Chemist	15-17 Staveleigh Way	Ashton U Lyne	Tameside Pharmacy	OL6 7JL
Boots the Chemist	Crown Point North Retail Park, Ashton road	Denton	Tameside Pharmacy	M34 3LY
Boots the Chemist	33 Queens Walk	Droylsden	Tameside Pharmacy	M43 7AD
Boots the Chemist	1a Market Place	Hyde	Tameside Pharmacy	SK14 2LX
Chadwick & Hadfield Ltd	189 Manchester Road	Mossley	Tameside Pharmacy	OL5 9AB
Cohens Chemist	98-102 Ashton Road	Denton	Tameside Pharmacy	M34 3JE
Cohens Chemist	Ann Street HC, Ann St	Denton	Tameside Pharmacy	M34 2AJ
Droylsden Pharmacy	91 Market Street	Droylsden	Tameside Pharmacy	M43 6DD
E-Pharmacy	2 Chapel Street	Stalybridge	Tameside Pharmacy	SK15 2AW
Express Pharmacy	227 Portland Street North	Ashton U Lyne	Tameside Pharmacy	OL6 7EL

Greencross Pharmacy	14 Ashton Road	Denton	Tameside Pharmacy	M34 3EX
Group Pharmacy	Glebe Street	Ashton U Lyne	Tameside Pharmacy	OL6 6HD
Hyde Pharmacy	Thornley House Medical Centre , Thornley St	Hyde	Tameside Pharmacy	SK14 1JY
Ipharmacy Direct	2 Raynham Street	Ashton U Lyne	Tameside Pharmacy	OL6 9NU
Lad RJ Pharmacy	201 Birch Lane	Dukinfield	Tameside Pharmacy	SK16 5AT
Lloydspharmacy	5 Melbourne Street	Stalybridge	Tameside Pharmacy	SK15 2JE
Lloydspharmacy	12 Stamford Street	Mossley	Tameside Pharmacy	OL5 0HR
Lloydspharmacy	96 Stockport Road	Ashton U Lyne	Tameside Pharmacy	OL7 0LH
Lloydspharmacy	27 Market Street	Hyde	Tameside Pharmacy	SK14 2AD
Manor Pharmacy	294-296 Stockport Road	Hyde	Tameside Pharmacy	SK14 5RU
Manor Pharmacy	397 Huddersfield Road	Stalybridge	Tameside Pharmacy	SK15 3ET
Market Street Pharmacy	33-35 Market Street	Hyde	Tameside Pharmacy	SK14 2AD
Newton Pharmacy	132-138 Talbot Road	Hyde	Tameside Pharmacy	SK14 4HH
Cohens Chemist	2 Albion Street	Ashton U Lyne	Tameside Pharmacy	OL6 6HF
Penny Meadow Pharmacy	61 Penny Meadow	Ashton U Lyne	Tameside Pharmacy	OL6 6HE
Pharmaco Chemist	1 Manchester Road	Audenshaw	Tameside Pharmacy	M34 5PZ
Pharmacy First	Unit 5, Crown Point South Ind Park	King St	Tameside Pharmacy	M34 6PF
Rizwan Chemist	103-107 Manchester Road	Denton	Tameside Pharmacy	M34 2AF
Lloydspharmacy	Oldham St	Denton	Tameside Pharmacy	M34 3SJ
Lloydspharmacy	Lord Sheldon Way	Ashton U Lyne	Tameside Pharmacy	OL6 7UB
Tesco In-store Pharmacy	Manchester Road	Droylsden	Tameside Pharmacy	M43 6TQ
Tesco In-store Pharmacy	Trinity Street	Stalybridge	Tameside Pharmacy	SK15 2BJ
Tesco In-store Pharmacy	Ashworth Lane	Hattersley	Tameside Pharmacy	SK14 6NT

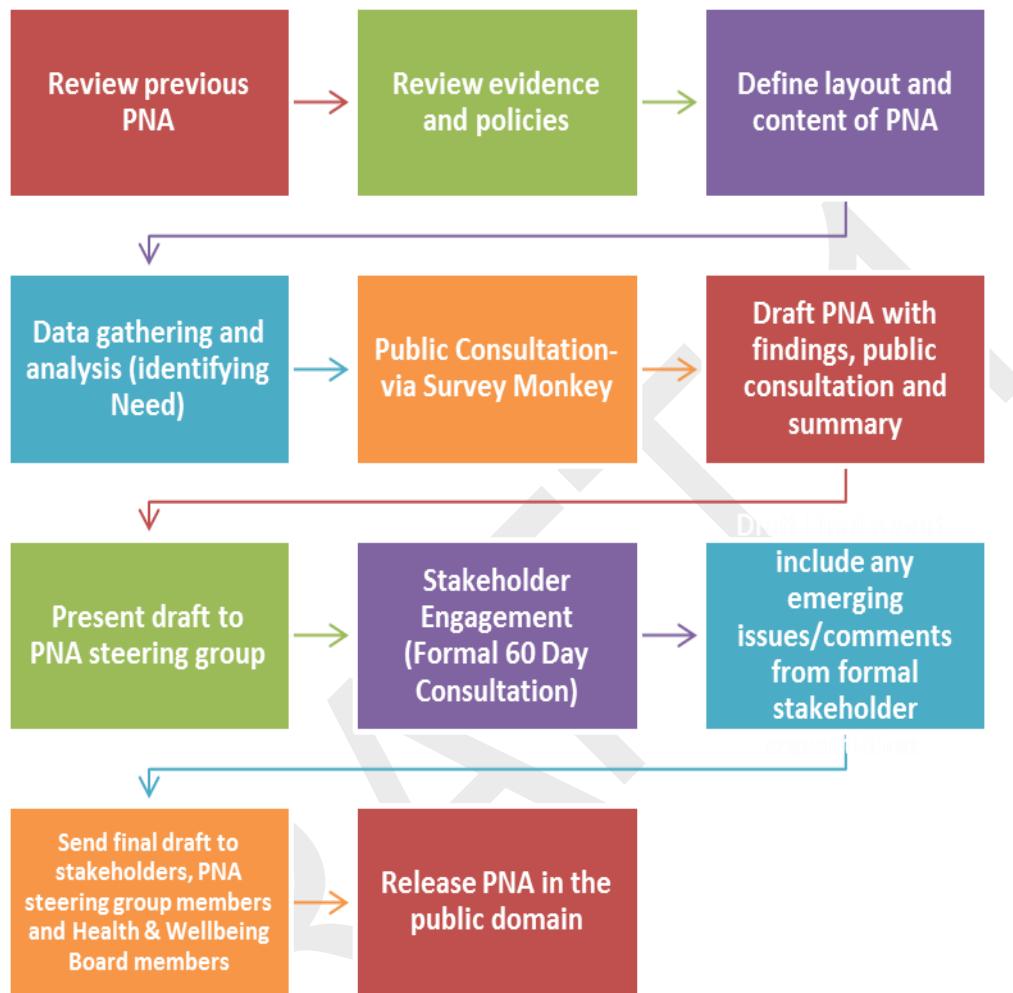
Wain SF & Sons Ltd	4 Tatton Road	Haughton Green	Tameside Pharmacy	M34 7PL
Well	23 Market Street	Hyde	Tameside Pharmacy	SK14 2AD
Well	1 The Square	Hyde	Tameside Pharmacy	SK14 2QR
Well	104-106 King Street	Dukinfield	Tameside Pharmacy	SK16 4JZ
Well	38-40a Market Street	Stalybridge	Tameside Pharmacy	SK15 2AJ
Well	The Highlands Surgery, 156 Stockport Road	Ashton-u-Lyne	Tameside Pharmacy	OL7 0NW
Well	56 Ashton Road	Droylsden	Tameside Pharmacy	M43 7BW
Well	62 Grosvenor Street	Stalybridge	Tameside Pharmacy	SK15 1RZ
Well	85 Huddersfield Road	Stalybridge	Tameside Pharmacy	SK15 2PT
Well	53a Manchester Road	Denton	Tameside Pharmacy	M34 2AF
Well	38 Market Street	Hollingworth	Tameside Pharmacy	SK14 8LN
Well	9-11 Mottram Moor	Mottram	Tameside Pharmacy	SK14 6LA
Windmill Pharmacy	709 Windmill Lane	Denton	Tameside Pharmacy	M34 2ET
Your Local Boots Pharmacy	72 Market Street	Droylsden	Tameside Pharmacy	M43 6DE
Your Local Boots Pharmacy	1-3 Bow Street	Ashton U Lyne	Tameside Pharmacy	OL6 6BU
Your Local Boots Pharmacy	348 Oldham Road	Ashton U Lyne	Tameside Pharmacy	OL7 9PS
Your Local Boots Pharmacy	Hattersley Health Centre	Hattersley Road East	Tameside Pharmacy	SK14 3EH
Your Local Boots Pharmacy	173 Mossley Road	Ashton U Lyne	Tameside Pharmacy	OL6 6NE
Your Local Boots Pharmacy	21 Clarendon Street	Hyde	Tameside Pharmacy	SK14 2EL
Your Local Boots Pharmacy	30 Concord Way	Dukinfield	Tameside Pharmacy	SK16 4DB
Boots the Chemist	19 High Street	Glossop	Glossop Pharmacy	SK13 8AL

	West			
Cohens Chemist	77 High Street East	Glossop	Glossop Pharmacy	SK13 8PN
Moorland Pharmacy	5 Pennine Road	Simmondley, Glossop	Glossop Pharmacy	SK13 6NN
Tesco In-Store Pharmacy	Wren Nest Road	High Street West, Glossop	Glossop Pharmacy	SK13 8HB
The Mews Pharmacy	10-14 Winster Mews	Gamesley, Glossop	Glossop Pharmacy	SK13 0LU
Well	Norfolk Street	Glossop	Glossop Pharmacy	SK13 8BS
Your Local Boots Pharmacy	116/118 Station Road	Hadfield, Glossop	Glossop Pharmacy	SK13 1AL
EXTENDED HOURS				
Ashton PPC Pharmacy - Ashton Under Lyne	Ashton-u-Lyne	Ashton-u-Lyne	Tameside Pharmacy	OL6 7SR
Asda Pharmacy - Hyde	Hyde	Hyde	Tameside Pharmacy	SK14 1BD
Adams Pharmacy - Ashton Under Lyne	Ashton-u-Lyne	Ashton-u-Lyne	Tameside Pharmacy	OL6 6NE
Asda Pharmacy - Ashton Under Lyne	Ashton-u-Lyne	Ashton-u-Lyne	Tameside Pharmacy	OL6 7PF
OUT OF AREA				
Peak Pharmacy	Openshaw		Out of Area Pharmacy	M11 1LE
Pharmaco Ltd	Openshaw		Out of Area Pharmacy	M11 4NE
Lloyds Pharmacy	Openshaw		Out of Area Pharmacy	M11 4PA
Cohens Chemist	Gorton		Out of Area Pharmacy	M18 7JH
Lloyds Pharmacy	Gorton		Out of Area Pharmacy	M18 7QT
Lloyds Pharmacy	Gorton		Out of Area Pharmacy	M18 8LD
Lloyds Pharmacy	Gorton		Out of Area Pharmacy	M18 8LD
Tesco Pharmacy	Newton Heath		Out of Area Pharmacy	M40 2JF
Well Pharmacy	Newton Heath		Out of Area Pharmacy	M40 2JN
Newchem Pharmacy	Oldham		Out of Area Pharmacy	OL3 7DB
Well Pharmacy	Oldham		Out of Area Pharmacy	OL4 3BP
Rowlands Pharmacy	Oldham		Out of Area Pharmacy	OL4 3BS

Well Pharmacy	Oldham		Out of Area Pharmacy	OL8 2BD
Chemist Corner Internet Pharmacy	Oldham		Out of Area Pharmacy	OL8 3ED
Ashton Road Pharmacy	Oldham		Out of Area Pharmacy	OL8 3HB
Well Pharmacy	Oldham		Out of Area Pharmacy	OL8 3HH
St Chads Pharmacy	Oldham		Out of Area Pharmacy	OL8 3HW
Lomas Chemists	Derbyshire		Out of Area Pharmacy	SK13 0LU
The Mews Pharmacy	Derbyshire		Out of Area Pharmacy	SK13 1AL
Your Local Boots Pharmacy	Stockport		Out of Area Pharmacy	SK5 6AZ
Well Pharmacy	Stockport		Out of Area Pharmacy	SK5 6ET
Well Pharmacy	Stockport		Out of Area Pharmacy	SK5 6NX
H M Odell Ltd	Stockport		Out of Area Pharmacy	SK5 6RN
Cohens Chemist	Stockport		Out of Area Pharmacy	SK5 8BS
Brinnington Pharmacy Ltd	Stockport		Out of Area Pharmacy	SK5 8LQ
Well Pharmacy	Stockport		Out of Area Pharmacy	SK6 1ND
Lloyds Pharmacy	Stockport		Out of Area Pharmacy	SK6 1RJ
Medichem Pharmacy	Stockport		Out of Area Pharmacy	SK6 2AN
Lloyds Pharmacy	Stockport		Out of Area Pharmacy	SK6 3AA
Well Pharmacy	Stockport		Out of Area Pharmacy	SK6 4BL
Lloyds Pharmacy	Stockport		Out of Area Pharmacy	SK6 4BL
SG & P Payne Ltd	Hyde		Dispensing Appliance Contractor	SK14 2HL
Moorland Surgical Supplies	Denton		Dispensing Appliance Contractor	M34 3DH

Appendix Three: Process of the PNA and Consultations

Consultation and stakeholder engagement is an integral part of this PNA and was considered throughout the process of putting the Assessment together.



As part of the legislation the draft PNA must be available for local health partners to comment on the contents of the needs assessment before it is finalised and published, and the consultation must run for at least 60 days.

The key purpose of this consultation is to encourage constructive feedback from a variety of stakeholders between 3rd November 2017 and 5th January 2018, and to ensure that a wide range of primary care health professionals provide opinions and views on what is contained in the PNA.

To facilitate this, the Draft PNA document was uploaded onto the Tameside Council website and other appropriate websites linked to the stakeholders on the steering group. This method of consultation aims to be more efficient and to save paper and limit the

environmental impact however paper copies were also made available, and will be sent to those organisations from which a formal response is required.

All feedback will be considered and the Health & Well-Being Board will decide in February 2018, which sections of the PNA need amending so that it will be ready for final publication from March 31st 2018.

When making an assessment for the purposes of publishing a pharmaceutical needs assessment, the HWB must formally consult with at least the following about the contents of the assessment it is making:-

- Any Local Pharmaceutical Committee for its area (including any Local Pharmaceutical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);
- Any Local Medical Committee for its area (including any Local Medical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);
- Any persons on the pharmaceutical lists and any dispensing doctors list for its area;
- Any LPS chemist in its area with whom the NHSCB has made arrangements for the provision of any local pharmaceutical services;
- Any Local Healthwatch organisation for its area, and any other patient, consumer or community group in its area which in the opinion of HWB has an interest in the provision of pharmaceutical services in its area; and
- Any NHS trust or NHS foundation trust in its area;
- Tameside Single Commissioning Board
- Any neighbouring HWB

The following are link to the above organisations

<http://www.tameside.gov.uk/>

<http://www.tamesideandglossopccg.org/>

<http://www.healthwatchtameside.co.uk/>

<https://www.tamesidehospital.nhs.uk/>

Appendix Four: Public Consultation Results

Pharmacy Needs Assessment Public Consultation Survey 2017

Questionnaire Results Summary

The survey took place for 6 weeks between September and October 2017

Key Findings: Demographic Information

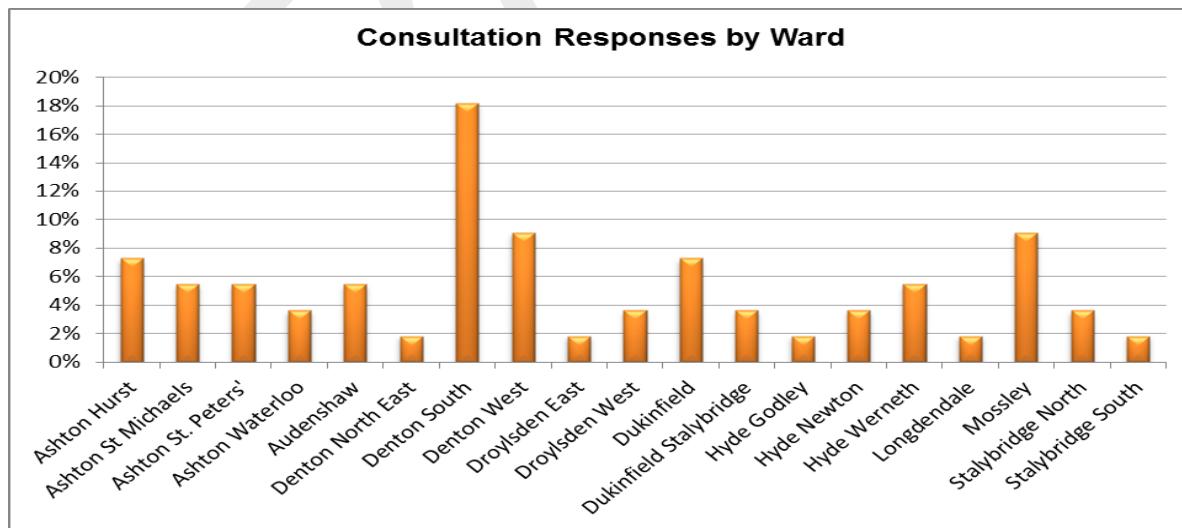
The total number of responses to the Pharmacy Needs Assessment consultation questionnaire was 83. This was made up of 83 online responses via Survey Monkey.

49% (n= 36) of responses were from females and 46% male (n=34); 92% (n=66) of the people who completed the questionnaires were from the White: English/Welsh/Scottish/Irish backgrounds.

Although the largest proportion of responses were in the 65-74 years age group (38%, n=28) there was a fairly even spread in numbers by age group between the 45-74 years age group. There were very few responses from younger people (18-34 years).

75% (n=55) of respondents said that they did not consider themselves to have a disability

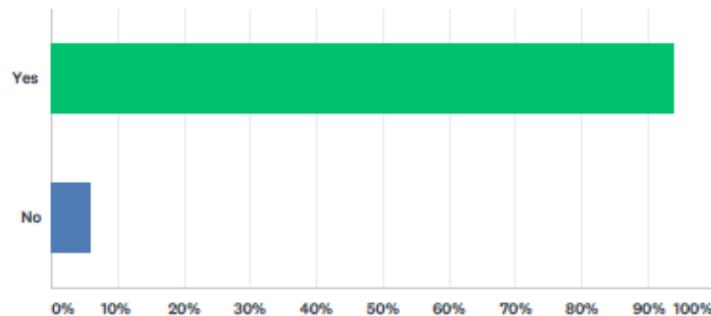
Of the residents that took part in the public consultation, all wards were represented across Tameside with the highest proportion of respondents coming from Denton South.



Pharmacy Needs Assessment Public Consultation: 2017

**Q1 Have you used a pharmacy in Tameside in the last 12 months?
(Please tick one box only)**

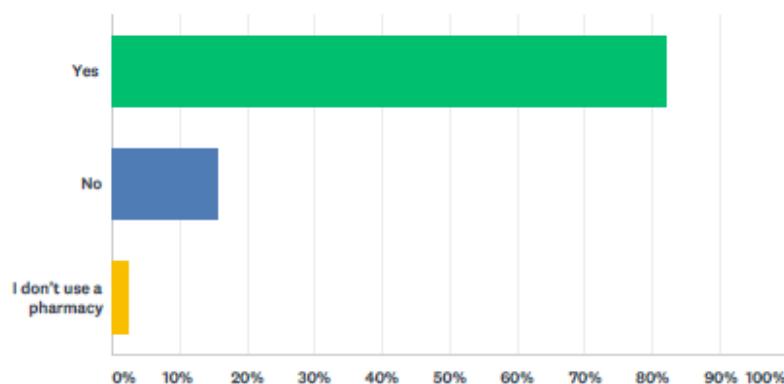
Answered: 83 Skipped: 0



ANSWER CHOICES	RESPONSES
Yes	78
No	5
TOTAL	83

Q2 Do you usually use the same pharmacy? (Please tick one box only)

Answered: 83 Skipped: 0



ANSWER CHOICES	RESPONSES
Yes	68
No	13
I don't use a pharmacy	2
TOTAL	83

Q3 If yes, which one do you use the most? (Please write in the box below)

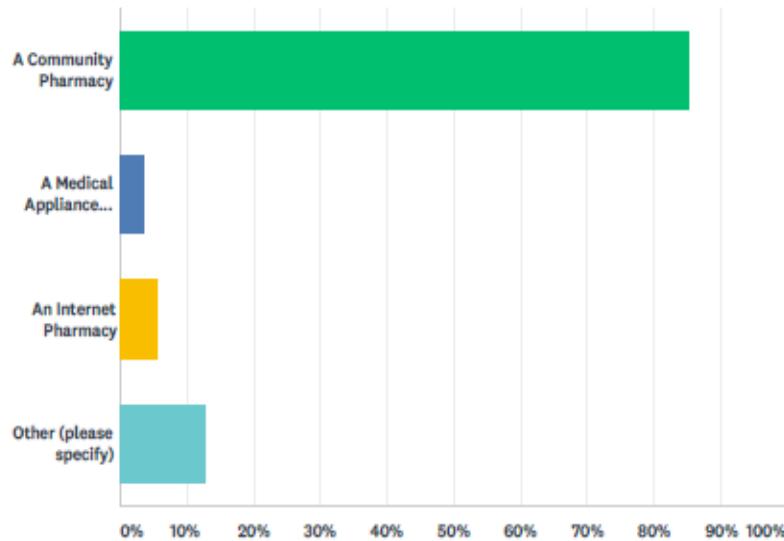
Answered: 76 Skipped: 7

#	RESPONSES	DATE
1	Manchester Road, Mossley	10/16/2017 2:44 PM
2	NA	10/3/2017 11:00 AM
3	Lloyds at Sainsburys	9/29/2017 12:34 PM
4	Boots, Ladysmith Centre, Ashton	9/28/2017 2:47 PM
5	Boots crown point north	9/21/2017 4:28 PM
6	Sainsbury's DENTON	9/21/2017 2:39 PM
7	well	9/20/2017 8:00 PM
8	Boots Ashton	9/20/2017 6:57 PM
9	Well chemist grosvenor sq stalybridge	9/19/2017 10:40 PM
10	Windmill	9/19/2017 4:54 PM
11	Guide Lane, Audenshaw	9/18/2017 11:52 PM
12	cohens millgate surgery	9/18/2017 7:27 PM
13	Aud enshaw pharmacy 3 chapel St audenshaw	9/18/2017 8:32 AM
14	Well Denton	9/18/2017 5:18 AM
15	Well, Denton	9/18/2017 5:13 AM
16	Windmill lane pharmacy, Denton	9/18/2017 2:41 AM
17	The one next door to Denton Medical Practice	9/18/2017 12:34 AM
18	Wain chemist tatton road haughton green	9/17/2017 7:53 PM
19	Ashton PCC Pharmacy	9/17/2017 1:31 PM
20	Boots, Mossley Road	9/17/2017 8:46 AM
21	Group Pharmacy	9/16/2017 8:59 PM
22	Ann street	9/16/2017 3:12 PM
23	Boots near Hattersley Health Centre	9/16/2017 1:43 PM
24	King street	9/16/2017 9:46 AM
25	Adams pharmacy, Mossley Rd Ashton	9/16/2017 9:43 AM
26	boots, market street	9/16/2017 9:14 AM
27	Waits chemist tatton road haughton green denton	9/16/2017 6:13 AM
28	Wains Pharmacy on Tatton Road, Haughton Green, Denton, Manchester	9/15/2017 8:13 PM
29	Boots. Crown Point	9/15/2017 8:02 PM
30	Well Pharmacy 53 Manchester Road Denton M34 2AF	9/15/2017 8:00 PM
31	Tatton rd haughton green	9/15/2017 7:59 PM
32	ANN STREET	9/15/2017 5:36 PM
33	Well Pharmacy, Manchester Road, Denton.	9/15/2017 5:34 PM
34	Wains	9/15/2017 4:34 PM

35	Haughton Green	9/15/2017 1:56 PM
36	Asda hyde	9/15/2017 1:25 PM
37	Wain's, Haughton Green	9/15/2017 1:12 PM
38	Haughton Green.	9/15/2017 1:10 PM
39	Wains	9/15/2017 1:09 PM
40	Wains on Tatton Road, Haughton Green	9/15/2017 1:04 PM
41	Wains Pharmacy on Tatton Road, Haughton Green, Denton, Manchester	9/15/2017 1:03 PM
42	Boots at the small Dukinfield precinct near the library	9/15/2017 11:38 AM
43	Boots, Concord Way	9/14/2017 11:41 PM
44	Asda	9/14/2017 11:16 PM
45	Asda	9/14/2017 11:15 PM
46	Boots Concord Way Dukinfield	9/14/2017 9:11 PM
47	Thornley street hyde	9/14/2017 8:27 PM
48	Chadwick & Hadfield, Mossley	9/14/2017 7:40 PM
49	Boots mossley road	9/14/2017 7:12 PM
50	Boots Market Street Droylsden	9/14/2017 4:30 PM
51	Cannon Street,Town Square,Oldham	9/14/2017 4:03 PM
52	Mottram	9/14/2017 3:44 PM
53	Lloyds at Sainsburys	9/14/2017 3:40 PM
54	tesco stalybridge	9/14/2017 3:10 PM
55	Tescos Droylsden	9/14/2017 2:56 PM
56	At the Highlands Group Practice Pottinger St Ashton U Lyne	9/14/2017 2:53 PM
57	Lads birch lane dukinfield	9/14/2017 2:33 PM
58	Chadwick & Hadfield, Mossley	9/14/2017 1:55 PM
59	Odell Ltd. 601 Gorton Road, Reddish, Stockport	9/14/2017 1:53 PM
60	Cohen's the pharmacy near penny meadow	9/14/2017 12:37 PM
61	Cohen's the pharmacy near penny meadow	9/14/2017 12:32 PM
62	Sainsbury Ashton-under-Lyne	9/14/2017 12:01 PM
63	Boots, Clarendon	9/14/2017 11:52 AM
64	Tesco Stalybridge	9/14/2017 11:29 AM
65	Chadwick and Hadfield Mossley	9/14/2017 11:26 AM
66	Tesco Droylsden	9/14/2017 11:22 AM
67	Well pharmacy	9/14/2017 11:12 AM
68	Well Pharmacy 38-40 Market Street Stalybridge.	9/14/2017 11:11 AM
69	Asda Hyde	9/14/2017 11:04 AM
70	Tesco's Stalybridge	9/14/2017 11:04 AM
71	Cohens Chemist	9/14/2017 10:57 AM
72	Boots market street Droylsden	9/14/2017 10:42 AM
73	Adams	9/14/2017 10:40 AM
74	lloyds. stockport road. A-U-L lancs.	9/14/2017 10:37 AM
75	Ashton PCC Pharmacy	9/14/2017 10:30 AM
76	Adams Stalybridge	9/14/2017 10:26 AM

Q4 Do you use any of the following? (Please tick all that apply)

Answered: 54 Skipped: 29



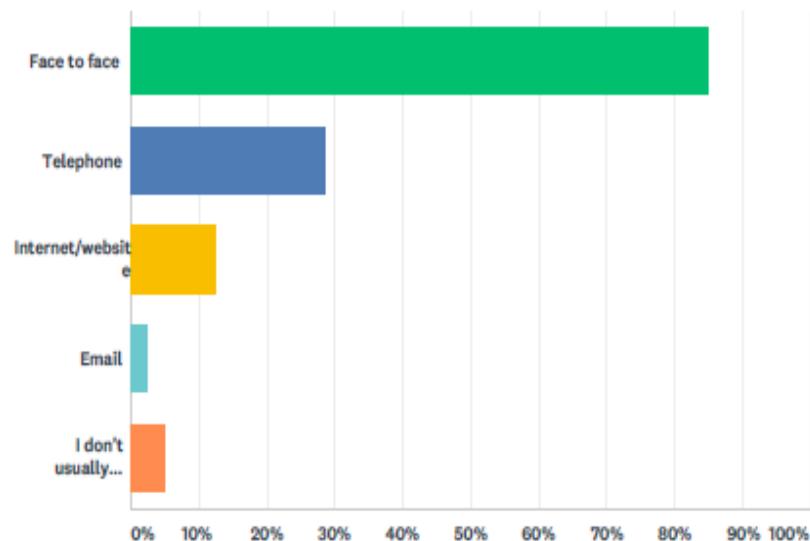
ANSWER CHOICES		RESPONSES	
A Community Pharmacy		85.19%	46
A Medical Appliance Supplier e.g. oxygen supply		3.70%	2
An Internet Pharmacy		5.56%	3
Other (please specify)		12.96%	7
Total Respondents: 54			

#	OTHER (PLEASE SPECIFY)	DATE
1	None	10/3/2017 11:01 AM
2	No	9/14/2017 7:41 PM
3	Not sure what a community pharmacy is	9/14/2017 7:08 PM
4	Personal service	9/14/2017 4:05 PM
5	Lloyds at Sainsburys supermarket	9/14/2017 3:41 PM
6	General pharmacy	9/14/2017 11:54 AM
7	tesco	9/14/2017 11:06 AM



Q5 What methods do you use to communicate with your usual pharmacy? (Please tick all that apply)

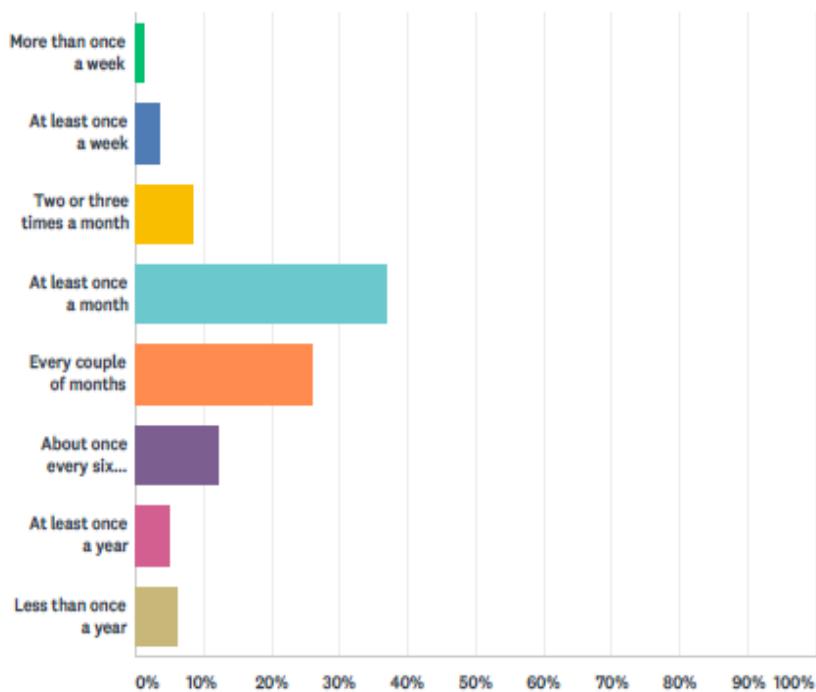
Answered: 80 Skipped: 3



ANSWER CHOICES	RESPONSES
Face to face	85.00%
Telephone	28.75%
Internet/website	12.50%
Email	2.50%
I don't usually communicate with my pharmacy	5.00%
Total Respondents: 80	

**Q6 How often would you say you used a pharmacy for health purposes?
(Please tick one box only)**

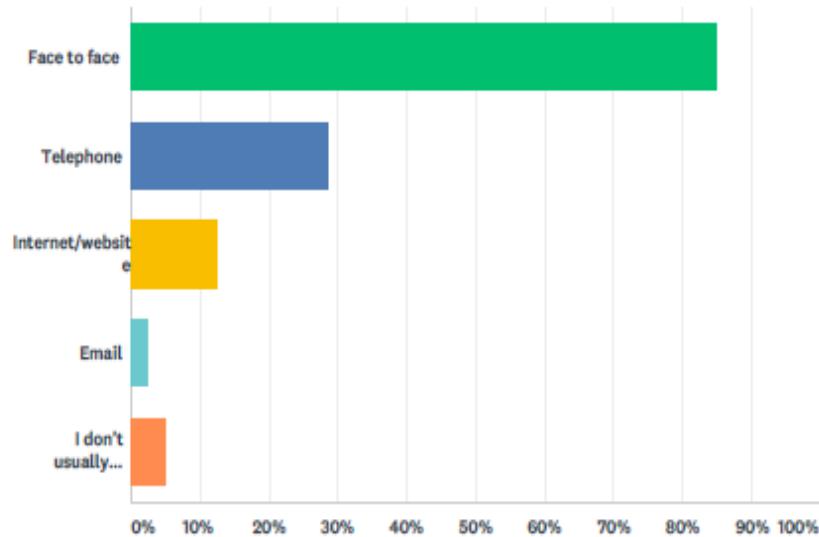
Answered: 81 Skipped: 2



ANSWER CHOICES	RESPONSES
More than once a week	1.23%
At least once a week	3.70%
Two or three times a month	8.64%
At least once a month	37.04%
Every couple of months	25.93%
About once every six months	12.35%
At least once a year	4.94%
Less than once a year	6.17%
TOTAL	81

Q5 What methods do you use to communicate with your usual pharmacy? (Please tick all that apply)

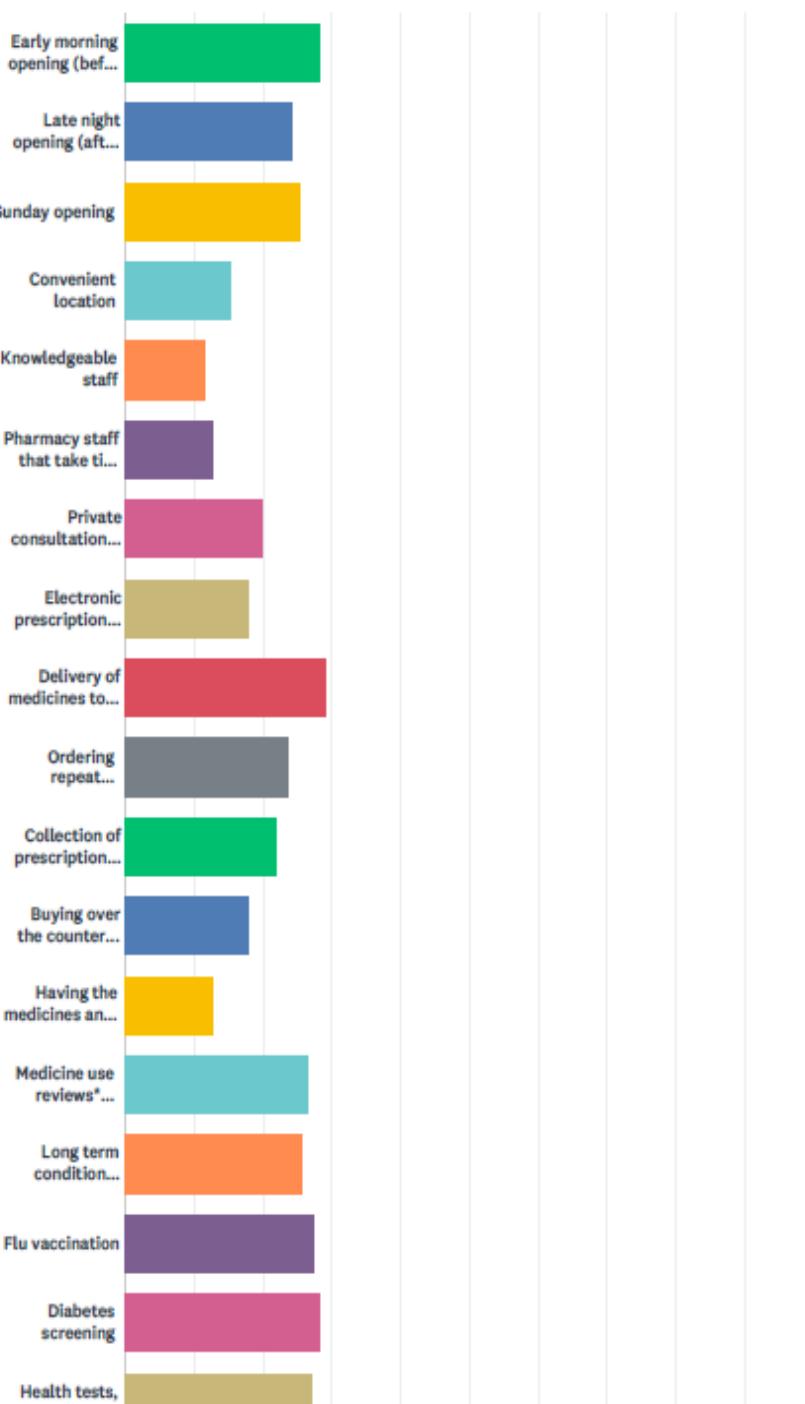
Answered: 80 Skipped: 3

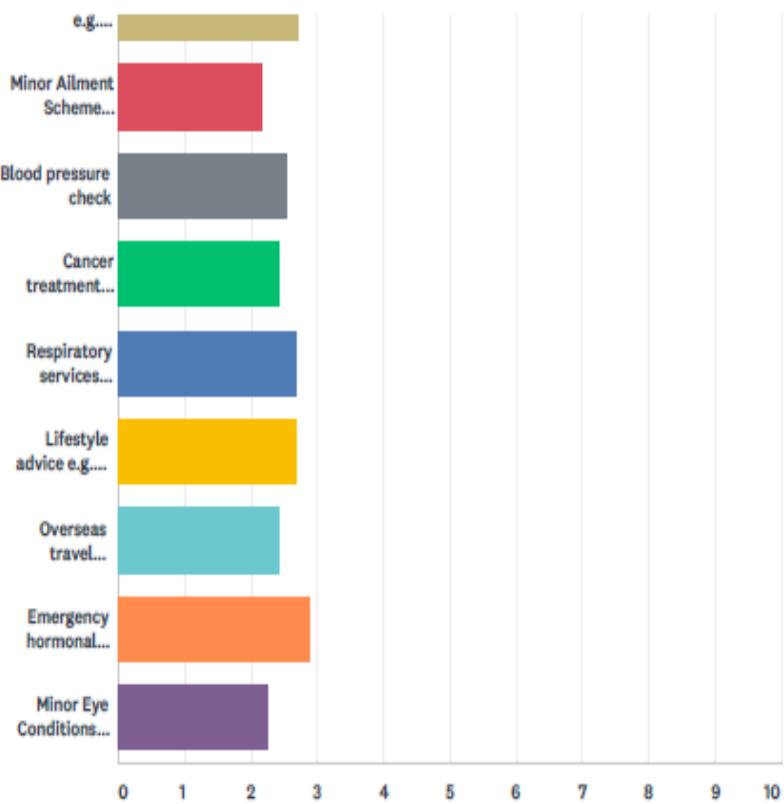


ANSWER CHOICES	RESPONSES
Face to face	85.00%
Telephone	28.75%
Internet/website	12.50%
Email	2.50%
I don't usually communicate with my pharmacy	5.00%
Total Respondents: 80	

Q7 Please tell us how important the following community pharmacy features and services are to you: (Please tick one box per feature/service)

Answered: 77 Skipped: 6



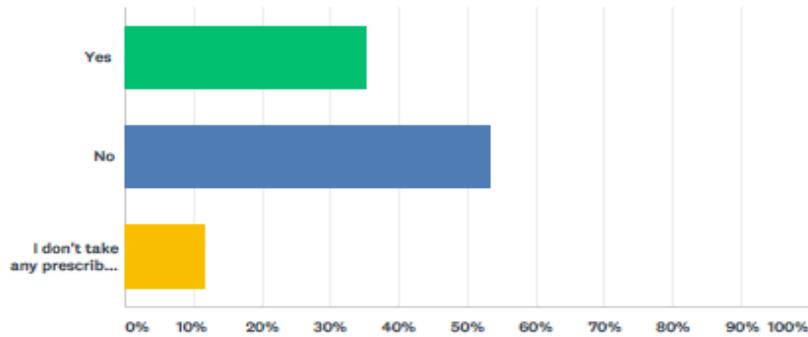


	VERY IMPORTANT	IMPORTANT	NEUTRAL	LOW IMPORTANCE	NOT IMPORTANT	TOTAL	WEIGHTED AVERAGE
Early morning opening (before 9am)	24.68% 19	15.58% 12	29.87% 23	11.69% 9	18.18% 14	77	2.83
Late night opening (after 7pm)	27.63% 21	28.95% 22	25.00% 19	7.89% 6	10.53% 8	76	2.45
Sunday opening	24.68% 19	27.27% 21	29.87% 23	5.19% 4	12.99% 10	77	2.55
Convenient location	59.21% 45	34.21% 26	2.63% 2	0.00% 0	3.95% 3	76	1.55
Knowledgeable staff	83.12% 64	16.88% 13	0.00% 0	0.00% 0	0.00% 0	77	1.17
Pharmacy staff that take time to listen to my needs	75.32% 58	22.08% 17	2.60% 2	0.00% 0	0.00% 0	77	1.27
Private consultation area	34.21% 26	39.47% 30	19.74% 15	5.26% 4	1.32% 1	76	2.00
Electronic prescription service	46.75% 36	32.47% 25	18.18% 14	0.00% 0	2.60% 2	77	1.79
Delivery of medicines to my home	16.88% 13	15.58% 12	41.56% 32	10.39% 8	15.58% 12	77	2.92
Ordering repeat prescriptions on my behalf	32.89% 25	17.11% 13	38.16% 29	1.32% 1	10.53% 8	76	2.39
Collection of prescription from my surgery	41.56% 32	18.18% 14	27.27% 21	2.60% 2	10.39% 8	77	2.22
Buying over the counter medicines	46.05% 35	35.53% 27	11.84% 9	5.26% 4	1.32% 1	76	1.80

Having the medicines and products in store when I need them	74.03% 57	22.08% 17	3.90% 3	0.00% 0	0.00% 0	77	1.30
Medicine use reviews* (sometimes called medicines checkup / MOT)	15.58% 12	31.17% 24	35.06% 27	6.49% 5	11.69% 9	77	2.68
Long term condition advice	20.78% 16	33.77% 26	24.68% 19	9.09% 7	11.69% 9	77	2.57
Flu vaccination	20.78% 16	25.97% 20	28.57% 22	7.79% 6	16.88% 13	77	2.74
Diabetes screening	15.58% 12	27.27% 21	32.47% 25	6.49% 5	18.18% 14	77	2.84
Health tests, e.g. cholesterol, blood pressure etc	15.79% 12	35.53% 27	26.32% 20	6.58% 5	15.79% 12	76	2.71
Minor Ailment Scheme (treatment of common conditions under the NHS without seeing a GP)	32.89% 25	32.89% 25	23.68% 18	3.95% 3	6.58% 5	76	2.18
Blood pressure check	18.18% 14	37.66% 29	27.27% 21	5.19% 4	11.69% 9	77	2.55
Cancer treatment support services	25.33% 19	28.00% 21	34.67% 26	1.33% 1	10.67% 8	75	2.44
Respiratory services (including checking of inhaler technique)	19.48% 15	28.57% 22	32.47% 25	2.60% 2	16.88% 13	77	2.69
Lifestyle advice e.g. stop smoking, weight management and alcohol services etc	18.18% 14	33.77% 26	25.97% 20	5.19% 4	16.88% 13	77	2.69
Overseas travel medications e.g. malaria	27.27% 21	31.17% 24	24.68% 19	5.19% 4	11.69% 9	77	2.43
Emergency hormonal contraception (morning after pill)	27.27% 21	14.29% 11	27.27% 21	3.90% 3	27.27% 21	77	2.90
Minor Eye Conditions Dispensing Service (treatment of eye conditions under NHS after visiting optician, without seeing GP)	29.87% 23	32.47% 25	25.97% 20	5.19% 4	6.49% 5	77	2.26

Q8 Have you in the last 12 months been offered and/or had a medicines use review with your pharmacist? (Please tick one box only)

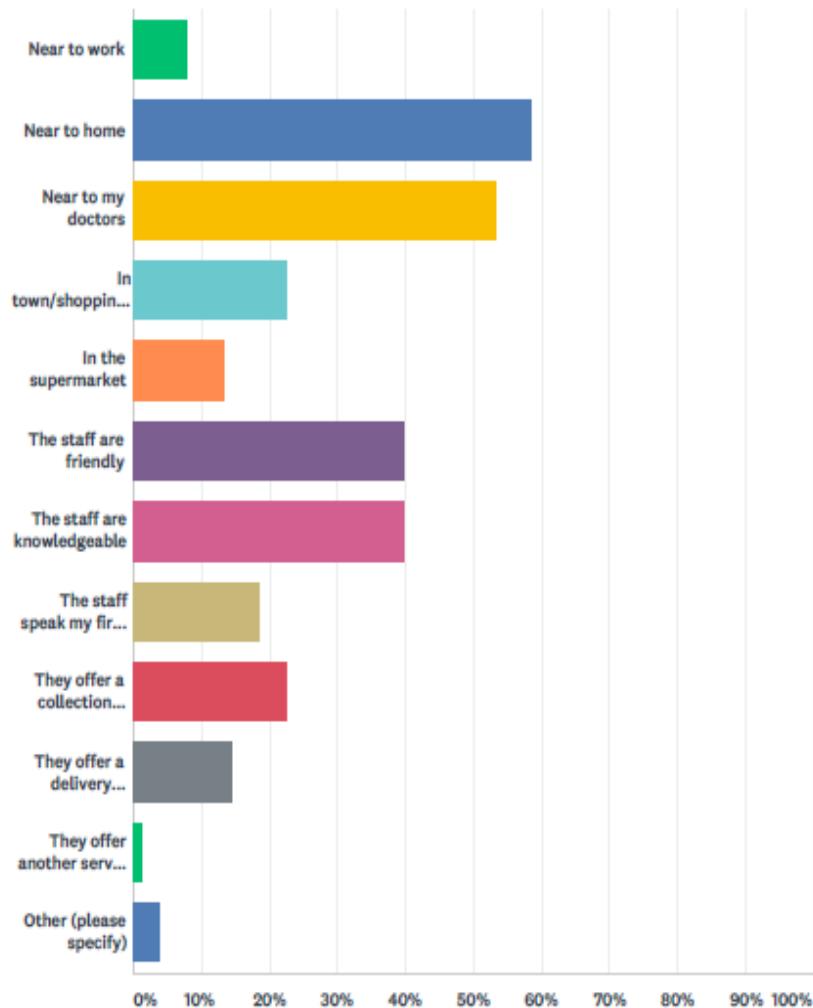
Answered: 77 Skipped: 6



ANSWER CHOICES	RESPONSES
Yes	35.06%
No	53.25%
I don't take any prescribed medicines	11.69%
TOTAL	77

Q9 Why do you use the pharmacy you use most often? (Please tick all that apply)

Answered: 75 Skipped: 8



ANSWER CHOICES	RESPONSES
Near to work	8.00% 6
Near to home	58.67% 44
Near to my doctors	53.33% 40
In town/shopping area	22.67% 17
In the supermarket	13.33% 10
The staff are friendly	40.00% 30
The staff are knowledgeable	40.00% 30

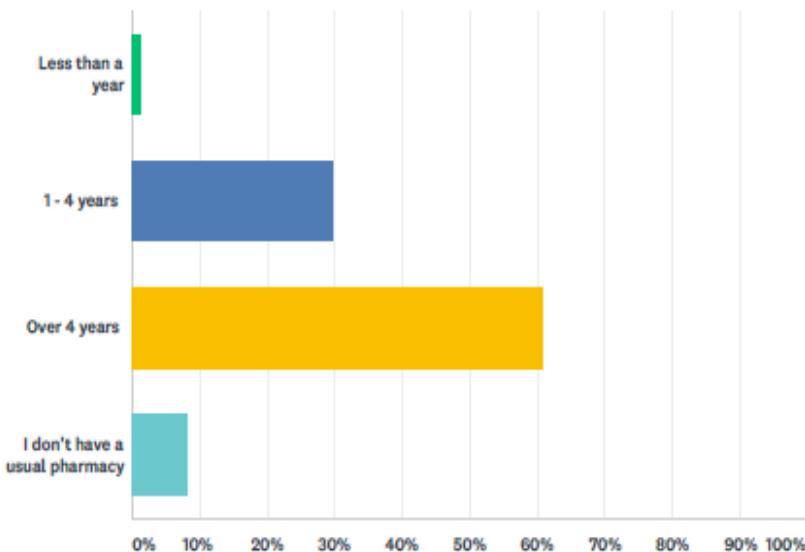
The staff speak my first language	18.67%	14
They offer a collection service	22.67%	17
They offer a delivery service	14.67%	11
They offer another service which I use	1.33%	1
Other (please specify)	4.00%	3

Total Respondents: 75

#	OTHER (PLEASE SPECIFY)	DATE
1	Hardly ever use pharmacy	10/3/2017 11:05 AM
2	Hardly ever use pharmacy	10/3/2017 11:04 AM
3	They have my medications in stock	9/29/2017 12:41 PM
4	easy to park have disabled parking.	9/14/2017 11:28 AM

Q10 How long have you been using your usual pharmacy? (Please tick one box only?)

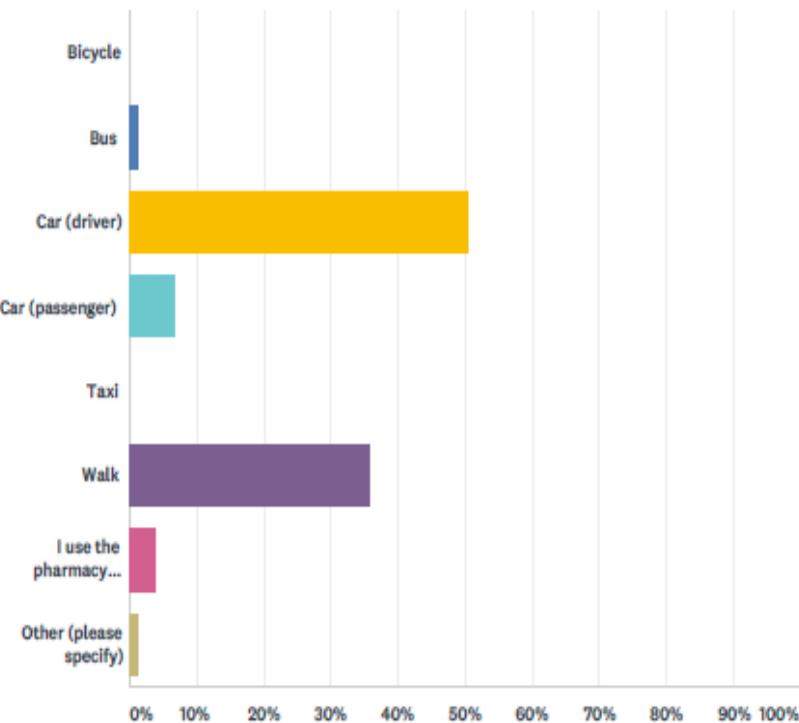
Answered: 74 Skipped: 9



ANSWER CHOICES	RESPONSES
Less than a year	1.35%
1 - 4 years	29.73%
Over 4 years	60.81%
I don't have a usual pharmacy	8.11%
TOTAL	74

Q11 How do you usually travel to your pharmacy? (Please tick one box only)

Answered: 75 Skipped: 8

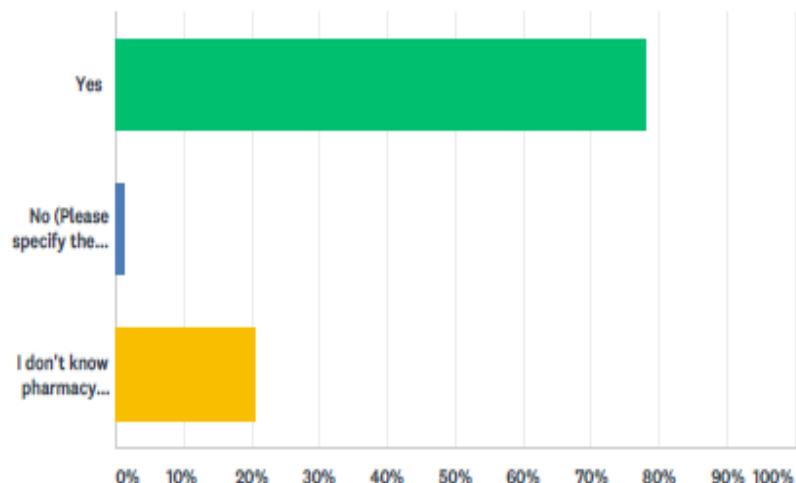


ANSWER CHOICES	RESPONSES
Bicycle	0.00%
Bus	1.33%
Car (driver)	50.67%
Car (passenger)	6.67%
Taxi	0.00%
Walk	36.00%
I use the pharmacy delivery service	4.00%
Other (please specify)	1.33%
TOTAL	75

#	OTHER (PLEASE SPECIFY)	DATE
1	NA	10/3/2017 11:05 AM
2	NA	10/3/2017 11:04 AM

Q12 Are you able to access all the services your pharmacy offers in the way you would choose to? (Please tick one box only)

Answered: 73 Skipped: 10



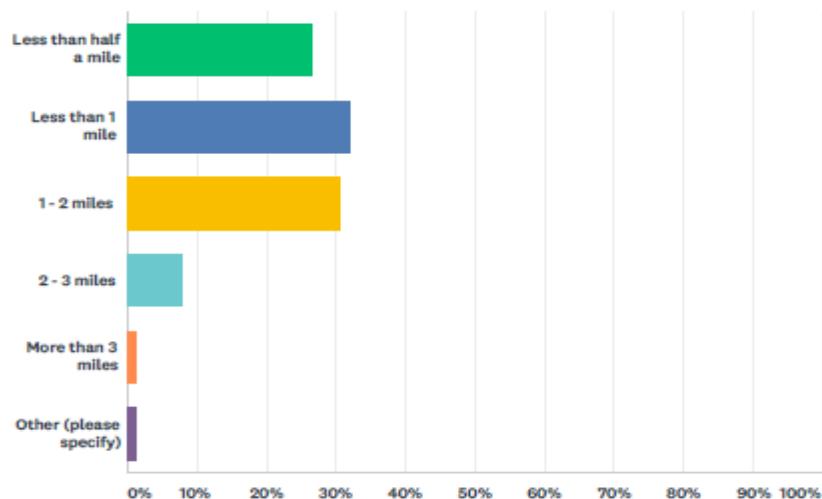
ANSWER CHOICES	RESPONSES	
Yes	78.08%	57
No (Please specify the reason below)	1.37%	1
I don't know pharmacy services are available to me	20.55%	15
TOTAL		73

#	PLEASE SPECIFY WHY:	DATE
1	NA	10/3/2017 11:05 AM
2	NA	10/3/2017 11:04 AM
3	I have medical conditions this is all I use pharmacy for.	9/29/2017 12:41 PM
4	Not sure what these are.	9/14/2017 12:01 PM
5	They don't all have a private consultation area	9/14/2017 11:22 AM



Q13 How far would you be willing to travel to a pharmacy? (Please tick one box only)

Answered: 75 Skipped: 8

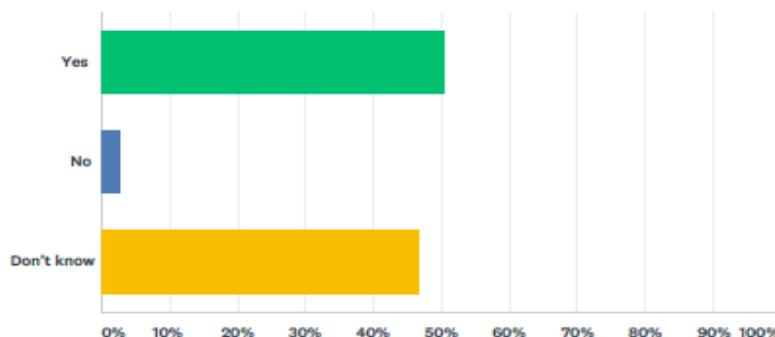


ANSWER CHOICES		RESPONSES
Less than half a mile		26.67%
Less than 1 mile		32.00%
1 - 2 miles		30.67%
2 - 3 miles		8.00%
More than 3 miles		1.33%
Other (please specify)		1.33%
TOTAL		75

#	OTHER (PLEASE SPECIFY)	DATE
1	Depends on mobility	9/14/2017 4:17 PM

Q14 Does your pharmacy offer a delivery service? (Please tick one box only)

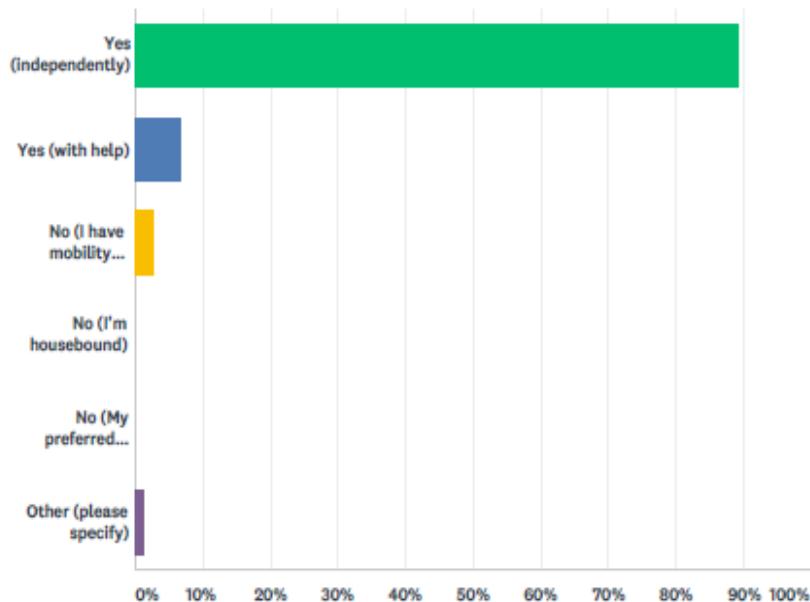
Answered: 75 Skipped: 8



ANSWER CHOICES		RESPONSES
Yes		50.67%
No		2.67%
Don't know		46.67%
TOTAL		75

Q15 Are you able to get to your pharmacy of choice? (Please tick one box only)

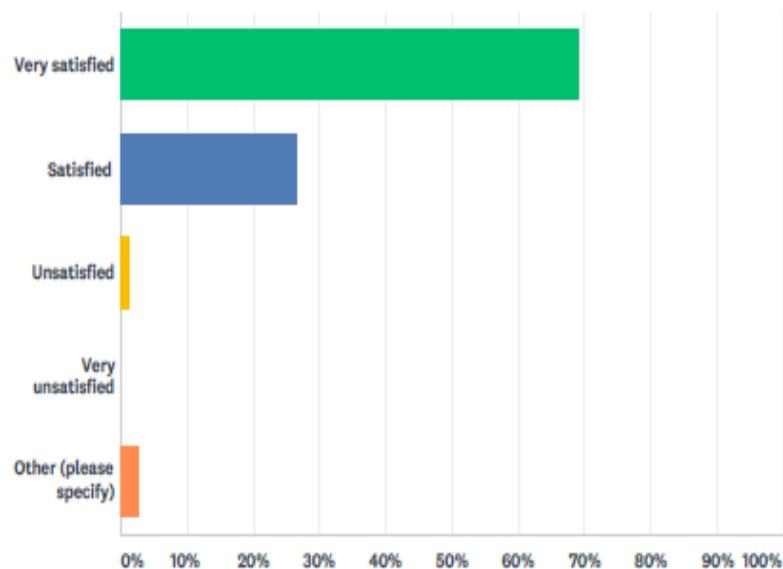
Answered: 75 Skipped: 8



ANSWER CHOICES	RESPONSES
Yes (independently)	89.33% 67
Yes (with help)	6.67% 5
No (I have mobility issues)	2.67% 2
No (I'm housebound)	0.00% 0
No (My preferred pharmacy does not have access suitable for my needs)	0.00% 0
Other (please specify)	1.33% 1
TOTAL	75

Q16 Overall, how satisfied are you with the service you receive from your usual pharmacy? (Please tick one box only)

Answered: 75 Skipped: 8



ANSWER CHOICES	RESPONSES
Very satisfied	69.33%
Satisfied	26.67%
Unsatisfied	1.33%
Very unsatisfied	0.00%
Other (please specify)	2.67%
TOTAL	75

Q17 Do you have any further comments about your experiences of use of pharmacies in Tameside?

Answered: 18 Skipped: 65

#	RESPONSES	DATE
1	NA	10/3/2017 11:05 AM
2	Boots never seems to have my medications available mostly I have to go back at least once. Once lost my prescription stockings for 3 weeks.	9/29/2017 12:41 PM
3	we should all use them so they stay open	9/20/2017 8:04 PM
4	My pharmacy rarely has all of my prescription medicine in stock and I have to go back for the balance	9/19/2017 4:59 PM
5	They are usually staffed by knowledgeable and friendly staff.	9/18/2017 12:41 AM
6	No	9/16/2017 9:05 PM
7	I have concerns should any close. I have regular problems with lack of stock of my medication. (Drug company's fault). This means I have to travel to more than 1 to track it down. My condition is serious and without the ability to get the medication I won't be able to continue to drive or work.	9/15/2017 8:11 PM
8	A lot of them don't open at all at the weekends - I don't mind if it's closed on Sunday but I'd use it a lot more if it was open on a Saturday	9/15/2017 8:05 PM
9	No	9/15/2017 1:10 PM
10	Important that we retain local pharmacies that offer personal services to communities.(not in personal multi chain pharmacies)	9/14/2017 4:17 PM
11	I changed from Cohen's because of always having to wait for my prescription - regardless of how long they had had the prescription. They always seem to be too busy to cope.	9/14/2017 3:46 PM
12	None	9/14/2017 2:57 PM
13	In the past we have used a national pharmacy and 3 times out of 4 they have not been able to fulfill the prescription 100%	9/14/2017 2:41 PM
14	my pharmacy is excellent. I have no issues.	9/14/2017 1:59 PM
15	none	9/14/2017 1:59 PM
16	Have had issues with poor performance but they seem to be getting themselves sorted out	9/14/2017 12:01 PM
17	Trying to explain a condition in a busy environment is not a satisfactory experience. For one minor condition I got better advice over the internet	9/14/2017 11:22 AM
18	I found that pharmacies in health/walk in centres are impersonal and uninterested in you, they tend to have a take it or leave it attitude/ next please.	9/14/2017 10:47 AM

Appendix Five - 60 Day Stakeholder Consultation

As part of the PNA process a 60 day stakeholder consultation takes place in order for key stakeholders of pharmacy and health provision to have their say on the PNA process and the final PNA report. In Tameside this took place between the 3rd November 2017 and 5th January 2018.

Where possible all comments, changes and additions have been included in the final report.

The following few pages have the responses from stakeholders:

DRAFT 1

DRAFT 1

DRAFT 1