

# Pharmaceutical Needs Assessment For Tameside

2025-2028



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# Abbreviations

<b>CCG</b>	Clinical Commissioning Group
<b>CHD</b>	Coronary Heart Disease
<b>COPD</b>	Chronic Obstructive Pulmonary Disease
<b>CPGM</b>	Community Pharmacy Greater Manchester
<b>CSP</b>	Commissioning Strategic Plan
<b>CVD</b>	Cardiovascular Disease
<b>DAC</b>	Dispensing Appliance Contractors
<b>DDA</b>	Disability Discrimination Act
<b>GTD</b>	Go to Doc
<b>HWBB</b>	Health and Well Being Board
<b>ICB</b>	Integrated Care Board
<b>ICS</b>	Integrated Care System
<b>JSNA</b>	Joint Strategic Needs Assessment
<b>LIPS</b>	Language and Interpretation Service
<b>LPC</b>	Local Pharmaceutical Committee
<b>LPS</b>	Local pharmaceutical services

<b>LTC</b>	Long-Term Conditions
<b>MoM</b>	
<b>MUR</b>	Medicine Use Review
<b>NHS</b>	National Health Service
<b>NMS</b>	New Medicines Service
<b>NMP</b>	Non-Medical Prescriber
<b>OOA</b>	Out of Area
<b>OOH</b>	Out of Hours
<b>PCC</b>	Primary Care Centre
<b>PCT</b>	Primary Care Trust
<b>PEC</b>	Professional Executive Committee
<b>PNA</b>	Pharmaceutical Needs Assessment
<b>PPI</b>	Patient and Public Involvement
<b>SHA</b>	Strategic Health Authority
<b>TMBC</b>	Tameside Metropolitan Borough Council

# Acknowledgements

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# 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 Greater Manchester 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/ukxi/2013/349/introduction/made>).

This PNA builds on, and supersedes previous PNAs for Tameside, produced in 2015, 2018 and 2022 and at the time concluded:

There was adequate access to pharmaceutical services and choice of pharmacy within the area and in the immediate bordering areas for necessary (essential and advanced) services:

- There is also a good range of locally commissioned 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. Many 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 2022 assessment recognised the rapidly developing potential for pharmacies 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 Pharmaceutical Needs Assessment lies with Tameside Health and Wellbeing Board, hence this Assessment only examines need in Tameside. Previous

PNAs conducted have included Glossop because of its links with the former Clinical Commissioning Group (CCG) and proximity to the Tameside area. However, with the changes to NHS commissioning, with CCGs margining into Integrated Care Boards (ICB), the NHS commissioning area the ICB covers (Greater Manchester) is only inclusive now of the Tameside local authority area for the purposes of this needs assessment. Analysis although focused on the Tameside area, has been undertaken within the wider context of Greater Manchester. The pharmacy contractor and public surveys discussed later in the document were under taken on a Greater Manchester footprint, with all Health and Wellbeing Boards aligning across Greater Manchester to achieve this. As discussed later, only responses provided by Tameside residents were provided to Tameside for analysis.

Tameside Council and Greater Manchester ICB have developed a new approach to commissioning its wider health and social care services and therefore this PNA reflects this and how we 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.



Taking all of this into consideration, 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 and amenities are provided in pharmacy?
- 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

A Pharmaceutical Needs Assessment (PNA) is a comprehensive assessment of whether current and future pharmaceutical services meet the needs of the local population. Tameside's Health and Wellbeing Board (HWB) has a statutory responsibility to publish and keep up to date the PNA for Tameside. The PNA for Tameside presents a picture of community pharmacy need and provision in Tameside and links to Tameside's Joint Strategic Needs Assessment (JSNA) Health and Wellbeing - Tameside MBC.

It will be used by NHS England, Community Pharmacy Greater Manchester & Greater Manchester Integrated Care Board to:

- Inform which NHS funded services need to be provided by community pharmacies and dispensing appliance contractors.
- Decide whether new pharmacies or services are needed.
- Aid decision making about the relocation of existing pharmaceutical premises in response to applications by providers of pharmaceutical services.
- Inform the commissioning of locally enhanced services delivered from pharmacies to address any gaps in health care provision.
- Providers of pharmaceutical services will also use the PNA to inform their applications to provide pharmaceutical services by demonstrating that they are able to meet a pharmaceutical need as set out in the PNA.

The PNA includes information on:

- Pharmacies in Tameside and the services they currently provide including dispensing, providing advice on health, medicines reviews and local public health services.
- Other local pharmaceutical type services, including dispensing appliance contractors (DAC).
- Relevant maps relating to Tameside and providers of pharmaceutical services in the HWB area.
- Potential gaps in provision that could be met by providing alternative pharmacy services, or through opening more pharmacies, and likely future needs.

This document has been prepared by Tameside's Health and Wellbeing Board (HWB) in accordance with the NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013, as amended. It replaces the Pharmaceutical Needs Assessment (PNA) previously published in 2022. The HWB established a steering group to lead a comprehensive engagement process to inform the development of the PNA alongside participating in a GM PNA steering group. The groups undertook a public survey and sought information from Tameside Residents, pharmacies, Tameside Council, GM Integrated Care Board (ICB), and NHS England.



Tameside has a population of 234,666, an increase of 4,135 people since the last PNA (2022) based on mid-2023 population estimate. In ten years, by 2035 the population is estimated to increase by 3.5% to 240,624. This includes 26.1% increase in those aged 80 and over, whose population is estimated to rise from 11,155 to 14,070, this will have implications for commissioning of services. To identify local health needs and assess current pharmaceutical services provision, Tameside is divided into four integrated neighbourhood teams:

- North Neighbourhood (Ashton Primary Care Network)
- West Neighbourhood (Denton Primary Care Network)
- South Neighbourhood (Hyde Primary Care Network)
- East Neighbourhood (Stalybridge Primary Care Network)



# Survey Results

Tameside has 48 community pharmacies (45 walk-in and 3 distance selling pharmacies) providing a range of essential services, advanced services, and locally commissioned services (including NHS England enhanced services) on behalf of Tameside Council and NHS GM ICB. All pharmacies in Tameside have NHS England contracts. There are nine 100-hour contracted pharmacies and no dispensing doctors in Tameside. There are two dispensing appliance contractors (DAC) in Tameside, but residents throughout Tameside can access dispensing and services associated with appliances from a regular pharmacy contractor or through DACs both in Tameside and elsewhere within England.

The PNA concluded; no gaps in current pharmaceutical services have been established. This is clearly demonstrated by the following points:

- Tameside has 20.5 pharmacies per 100,000 population, which is between the England (17 per 100,000 population) and Greater Manchester (21.5 per 100,000 population) averages.
- Most residents live within 2 kilometres of a pharmacy.
- Most residents can access a pharmacy within 20 minutes either by walking, public transport or driving.
- The location of pharmacies within each of the four neighbourhoods and across the whole HWB area.
- The number and distribution of pharmacies within each of the four

neighbourhoods and across the whole HWB area.

- The choice of pharmacies covering each of the four neighbourhoods and the whole HWB area.
- 169 of respondents to the public survey ([appendix 8 – question 19](#)) replied to the question ‘How satisfied are you with each of the following aspects of service at your regular pharmacy, from very satisfied to very unsatisfied?’. Of these 88.2% said they were either satisfied or very satisfied.
- 88.2% of respondents to the public survey had not had any difficulty in accessing a pharmacy of their choice.
- 81.2% of responders said the opening hours of pharmacies in Tameside do not cause a problem.
- 87.6% were satisfied or very satisfied with the location of the pharmacy they used.
- Tameside has a choice of pharmacies open across a range of times including early mornings, evenings and the weekend.
- Tameside pharmacies offer a range of pharmaceutical services to meet the requirements of the population.

# Stakeholder Consultation

As part of the PNA process there is a statutory provision that requires consultation of at least 60 days to take place to establish if the pharmaceutical providers and services supporting the population in the HWB area are accurately reflected in the final PNA document. Tameside's consultation ran from Tuesday 10th June 2025 until Saturday 9th August 2025. The responses received were used to inform the final conclusions which were collated and are now published as part of this PNA.



# Conclusions

Considering the totality of the information available, the HWB analysed the location, number, distribution, choice and services (essential, advanced and enhanced) of pharmacies covering each neighbourhood including the whole of Tameside HWB area. The HWB has not found nor received any significant information to conclude that pharmacy provision is not adequate for the population of Tameside's needs, or any future specified circumstance that would alter that conclusion.

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

- No current gaps in the need for provision of essential services during normal working hours have been identified.
- No current gaps in the provision of essential services outside normal working hours have been identified.
- No current gaps in the provision of advanced and enhanced services have been identified.
- No gaps in the need for pharmaceutical services in specified future circumstances have been identified.
- No gaps have been identified in essential services that if provided either now or in the future would secure improvements, or better access, to essential services.
- No gaps have been identified in the need for advanced services that if provided either now or in the future would secure improvements, or better access, to advanced services.

- No gaps in respect of securing improvements, or better access, to other NHS services either now or in specified future circumstances have been identified.

However, although no significant gaps were highlighted in this PNA, it should be noted that:

- The number of pharmacies has reduced since the last Pharmaceutical Needs Assessment from 53 pharmacies (51 community pharmacies) in 2022 to 50 in 2025 (48 community pharmacies), marking a 5.7% reduction in provision. Within Tameside there has however been a 6.8% population increase between 2011 and 2023, and pharmacy levels now at a similar number seen in 2011 where there were 47.
- Due to the change in how 100 hour pharmacies can operate, no pharmacies operate for 100 hours since last PNA. Of the 9 Pharmacies on 100 hour contracts, the pharmacies now open between 72 and 78 hours per week.
- Limited pharmacies open on a weekend with only 10 open in Tameside on a Sunday, and a 26 open on a Saturday. Their distribution is equal throughout the Tameside area.



The recommendations from the Pharmaceutical Needs Assessment (PNA) for Tameside emphasise the need to consider the impact of pharmacy growth on strategic drivers, particularly regarding over-provision and funding reductions. Public survey feedback suggests extending or adjusting pharmacy opening hours and improving communication about services pharmacies provide. Pharmacies should continue to expand wellness and health improvement services, leveraging recent contract announcements. Mapping current pharmacy facilities and services is essential for future developments. Pharmacies are encouraged to support prevention and early intervention, particularly for long-term conditions. The report also highlights the importance of benchmarking current facilities to identify gaps and notes potential changes in NHS England and Integrated Care Boards.



# 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:

- Produce an updated PNA which complies with the regulatory requirements.
- Publish its fourth PNA by 1st October 2025.
- Publish subsequent PNAs on a three yearly basis.
- Publish a subsequent PNA sooner when it identifies changes to the need for pharmaceutical services which are of a significant extent, unless to do so would be a disproportionate response to those changes.
- Produce supplementary statements in certain circumstances when needed and relevant.

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 (LA) and integrated care boards (ICBs).

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 ([The National Health Service \(Pharmaceutical and Local Pharmaceutical Services\) Regulations 2013](#)).

**Advanced Services:** These are services community pharmacy contractors and dispensing appliance contractors can provide subject to specific accreditation for example New Medicines Service (NMS), Pharmacy First or Hypertension Case Finding service 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 ICB 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, ICB and local NHS Trusts which could in theory be provided by pharmaceutical services contractors even if they are not currently provided in this way. Necessary pharmaceutical services in Tameside: Tameside Health and Wellbeing Board defines necessary pharmaceutical services as pharmacies delivering essential services provided in line with their terms of service as set out in the 2013 Regulations; and advanced services as commissioned at the time in line with population health need.



**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 (vapes) 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.



# National and Local Policy Drivers

## Wider drivers and strategies taken into account – National and Regional:

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.

## Key elements in the pharmacy needs assessment

The content of PNAs is set out in Schedule 1 to the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. The PNA must contain:

- A statement of the pharmaceutical services provided that are necessary to meet needs in the area.
- A statement of the pharmaceutical services that have been identified by the HWB that are needed in the area and are not provided (gaps in provision).
- A statement of the other services which are provided, which are not needed, but which have secured improvements or better

access to pharmaceutical services in the area.

- A statement of the services that the HWB has identified as not being provided, but which would, if they were to be provided, secure improvements or better access to pharmaceutical services in the area.
- A statement of other NHS services provided by a local authority, the NHS Commissioning Board (NHS England), an Integrated Care Board (ICB) or an NHS Trust, which affect the needs for pharmaceutical services.
- An explanation of how the assessment has been carried out (including how the consultation was carried out); and
- A map of providers of pharmaceutical services.

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. Which can be found here: [Tameside Joint Strategic Needs Assessment](#).



## NHS England Changes

On 13th March 2025 it was announced by the Prime Minister that that over the next 2 years, NHS England will be brought into the Department of Health and Social Care entirely. The Secretary of State for Health and Social Care said that NHS England is being “taken back into direct government control”. This follows more than a decade of the NHS – via NHS England (formally, the NHS Commissioning Board) – having a degree of operational independence from the government following the 2012 Health and Social Care Act reforms. Headcount across both NHS England and the DHSC is expected to be cut by around 50 per cent and it has been reported that the savings could release around £500 million. When combined, the two organisations have a workforce of over 18,000 staff. At the time of writing Tameside’s PNA, the full impact of this is not clear and as information is provided, this PNA or any supplementary statements will be updated accordingly.

## Integrated Health and Care

The Health and Social Care Act (2012)<sup>1</sup> 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.

Greater Manchester Integrated Care Board (ICB) and Tameside Metropolitan Borough Council have worked together to develop, introduce and commission an integrated system of health and social care in Tameside, and across Greater Manchester<sup>2</sup>.

The 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 is being 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.

Integration includes care that is closer to home and involves neighbourhood care teams. Health & Social Care integration is very much about how the people of Tameside, 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 to remain well for as long as possible. Health & Care integration allows us to 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.

## Integrated care systems (ICSs)

ICS's are partnerships between the organisations that meet health and care needs across an area, to coordinate services and to plan in a way that improves population health and reduces inequalities between different groups.

ICSs are a key part of the future direction for the NHS as set out in the NHS Long Term Plan. They aim to achieve greater integration of health and care services; improving population health and reducing inequalities; supporting productivity and sustainability of services; and helping the NHS to support social and economic development.

<sup>1</sup><http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>

<sup>2</sup><https://gmintegratedcare.org.uk/>

The ICS NHS body is responsible for NHS strategic planning and allocation decisions and is accountable to NHS England for NHS spending and performance within its boundaries. Key responsibilities of the ICS NHS body includes:

- securing the provision of health services to meet the needs of the population by taking on the commissioning functions as an ICB.
- developing a plan to meet the health needs of the population.
- setting out the strategic direction for the system.
- developing a capital plan for NHS providers within the geography.

The ICS health and care partnership is responsible for bringing together a wider set of system partners to promote partnership arrangements and develop a plan to address the broader health, public health and social care needs of the population (the ICS NHS body and local authorities are required to 'have regard to' this plan when making decisions). Membership is determined locally but alongside local government and NHS organisations includes representatives of local VCS organisations, social care providers, housing providers, independent sector providers, and local Healthwatch organisations.



## Integrated Care Boards (ICBs)

An Integrated Care Board (ICB) is an NHS organisation responsible for planning and funding health services for a specific local population. Under reforms from the Health and Care Act 2022<sup>3</sup>, from 1st July 2022, Clinical Commissioning Groups came together in establishing the 42 ICB's in England. Each ICB operates within an Integrated Care System (ICS) (discussed in detail below), which is a partnership that brings together NHS organisations, local authorities, and other stakeholders to collectively plan and deliver health and care services.

ICBs manage the NHS budget for their area and work with local providers, such as hospitals and GP practices, to develop a joint five-year plan. This plan outlines how the NHS will contribute to the overall integrated care strategy set by the Integrated Care Partnership (ICP), which is another key component of the ICS. The main goals of ICBs include improving health outcomes, tackling health inequalities, enhancing productivity, and supporting broader social and economic development.

The UK government has announced significant changes to the structure and function of integrated care boards (ICBs). These changes include a 50% reduction in their operating costs by October

2025.<sup>4</sup> The reorganization aims to streamline the management of NHS services, with ICBs transitioning to primarily strategic commissioners.<sup>5</sup> This shift is part of a broader plan to integrate NHS England's functions with the Department of Health and Social Care (DHSC) within two years.

## Community Pharmacy Greater Manchester

Community Pharmacy Greater Manchester (formerly GMLPC) is the statutory body representing contractors who provide community pharmacy services in Bolton, Bury, Manchester, Oldham, Rochdale, Salford, Stockport, Tameside, Trafford and Wigan. CPGM represent over 600 contractors across Greater Manchester. More information about Community Pharmacy Greater Manchester can be found here: [Community Pharmacy Greater Manchester – Representing community pharmacists in Greater Manchester.](#)

<sup>3</sup> <https://www.legislation.gov.uk/ukpga/2022/31/contents>

<sup>4</sup> <https://www.kingsfund.org.uk/insight-and-analysis/blogs/reshaping-nhs-national-bodies-started-finish>

<sup>5</sup> <https://www.kingsfund.org.uk/insight-and-analysis/blogs/icb-cuts-what-does-it-mean>



## Community Pharmacy Contractual Framework (CPCF) and Pharmacy Quality Scheme (PQS):

Negotiations on the 2024/25 Community Pharmacy Contractual Framework (CPCF), which includes negotiations on the Pharmacy Quality Scheme (PQS), were paused when the 2024 general election was announced and resumed in January 2025. Initial details of the Pharmacy Quality Scheme (PQS) 2025/26 were released on 31st March 2025, as part of the arrangements for the Community Pharmacy Contractual Framework (CPCF) in 2024/25 and 2025/26 and as a Drug Tariff Update. Funding in 2025 to 2026 for the CPCF will rise to £3.073 billion, from which £900 million will be allocated to margin. This is a 19.7% like-for-like increase on 2023 to 2024 funding levels. Also agreed was a one-off write-off of £193 million of medicines margin over-delivery. The increase in margin and the impact of the write-off will both be reflected in the drug tariff from April 2025. This uplift recognises the increased activity and costs associated with the supply of medicines and aims to move towards stabilising this core pharmacy function.

Community pharmacies are working harder than ever, in terms both of the volume of prescriptions they dispense, and the range of NHS clinical services delivered. Yet they are struggling financially following years of real-terms funding cuts, and many have been forced to close. In line with the broad shifts envisaged for the NHS 10 Year Health

Plan, community pharmacies – properly resourced - can dramatically improve access to primary care and do more to prevent ill-health and reduce health inequalities.

During the previous 5-year deal and over the last year, the Pharmacy First service, Pharmacy Contraception Service, Hypertension Case Finding Service and the Covid Vaccination Service have been implemented, the sector has significantly increased the range of clinical services pharmacies offer to support patients and the wider NHS. To increase the delivery options, there will be as of October 2025 2 expansions of existing services:

- Expanding the New Medicines Service (NMS) to introduce depression as a further therapeutic area for which patients can receive support. The expansion of the NMS recognises the value delivered for patients in effectively managing their medication, increasing the scope of the potential offer pharmacies may provide.
- Expanding the PCS to include emergency contraception (EC). This service expansion will allow all community pharmacies across England the opportunity to provide equitable access to EC for patients. This expansion will move away from the regional variation seen to date. Contractors will have the opportunity to maximise the service's benefits by initiating a patient on oral contraception as part of an EC consultation and claim payment for both services.



Additionally, as part of the contract there have been agreed regulatory changes these include:

- clarify that from October 2025, distance selling pharmacies can only deliver advanced and enhanced services remotely in line with the delivery of essential services.
- amend the regulatory test for contractors' applications to amend the dates and times they deliver their core hours.
- clarify that the NMS, like other services, cannot be subcontracted to other providers.
- remove the requirement for practice leaflets.
- remove the requirement for references for staff involved in NHS services.
- remove the need for people who pay prescription charges to sign the FP10 or EPS token.
- remove the clinical audit requirement (nationally chosen audit or a contractor selected audit) for 2025 to 2026.
- require engagement in a maximum of 2 national health campaigns and 2 integrated care board (ICB) selected campaigns during 2025/26 financial year.

Therefore, under the CPCF and PQS the following services are now contracted to be provided in local pharmacies:

### **Essential Services**

- Dispensing medicines.
- Discharge medicines service.
- Disposal of unwanted medicines.
- Healthy living pharmacies.
- Support for self-care.
- Public Health (promotion of healthy lifestyles).
- Repeat dispensing / electronic prescription service.
- Signposting to other services.

More details can be found and the latest information provided from Community Pharmacy England here: [Essential services - Community Pharmacy England](#).



**Optional Advanced Services** - Pharmacy owners can choose to provide any of these services as long as they meet the requirements set out in the Secretary of State Directions.

- Pharmacy first.
- Pharmacy contraception service.
- Flu vaccination service.
- Hypertension case-finding service.
- New medicine service.
- Smoking cessation service.
- Appliance use review.
- Stoma appliance customisation.
- Lateral flow device (LFD) service.

More details can be found and the latest information provided from Community Pharmacy England here: [Advanced services - Community Pharmacy England](#).

Additionally, as of December 2021 there are national enhanced services that pharmacy owners can choose to provide any of these services as long as they meet the requirements set out by NHS England. These are:

- COVID-19 vaccination service.
- Respiratory Syncytial Virus (RSV) and Pertussis vaccination service (only available to applicable pilot areas, not including Tameside or Greater Manchester at the present time – April 2025).

More details can be found and the latest information provided from Community Pharmacy England here: [National Enhanced Services - Community Pharmacy England](#).



## Locally Commissioned Services

### Sexual Health Services

Tameside Council's Public Health team commission and fund an Emergency Hormonal Contraception (EHC) service to ensure that residents have ease of access to this provision. The aim is to achieve a reduction in the number of unintended conceptions across all age groups. The pharmacies in Tameside providing this service are required to arrange for an accredited pharmacist to offer information and advice to women attending for EHC and, if deemed to be appropriate, to issue and supply medication in line with the relevant Patient Group Direction (PGD). With new contract changes to the pharmacy contractual framework, with Emergency Contraception being funded as part of this, there is likely to be a shift to more pharmacies offering this service separate to pre-existing local commissioned services.

### Substance Misuse Services

The Substance Misuse Service is a service encompassing both needle exchange and supervised consumption provision which aims to provide equity of service provision to service users and patients with substance misuse problems. Currently at the time of writing, in Tameside Change Grow Live (CGL) are the substance misuse treatment provider and contract specified pharmacies in Tameside to provide these services.

### Stop Smoking Services

Tameside Council's Public Health team commission and fund smoking cessation services in Tameside which comprise of supplying nicotine replacement therapies as requested from local stop smoking services. This includes Tameside's Be Well service, Maternity treating tobacco dependency team and GP practices and additionally to provide stop smoking medication where prescribed by a GP or other prescribing professional. The Pharmacist must supervise the supply of the NRT as per the instructions given in the individual products summary of product characteristics.

### End of Life Services

Tameside Integrated Care Partnership as part of the Greater Manchester Integrated Care Board commission palliative care medicine stock holding by pharmacies in Tameside. The demand for specialist palliative care medicines can be urgent and/or unpredictable. In addition, community pharmacies do not generally hold a stock of all these medicines, which can lead to a shortfall in provision of medicines for patients who are receiving end of life care. The Palliative Care Medicines Stock Holding Service is a locally commissioned service but in line with similar services employed across Greater Manchester. Pharmacies providing this service maintain an agreed stock of medicines used in the treatment of palliative care patients.



## Minor Ailments Services

Greater Manchester Integrated Care Board commission a minor ailments service as part of the self-care support offer for the Greater Manchester population. The aim is to increase the utilisation of Community Pharmacy as the first port of call for the management / treatment of self-limiting, minor illness. These services encompass the following conditions:

- Allergies
- Athletes foot
- Atopic Eczema
- Constipation
- Contact Dermatitis
- Diarrhoea
- Dry eyes
- Ear wax
- Otitis Externa
- Fever
- Head lice
- Indigestion and heartburn
- Insect bites and stings
- Mouth ulcers
- Nappy rash
- Pain including teething
- Threadworm
- Thrush.

In Tameside there are specified criteria for accessing the service and this includes:

- under 16 years of age and/or
- 16, 17 or 18 and in full-time education and/or
- 60 years of age or over and/or
- a valid maternity exemption certificate and/or
- a valid medical exemption certificate and/or
- a valid prescription exemption certificate issued by Ministry of Defence and/or
- named on current HC2 charges certificate and/or
- gets Income Support or income related ESA and/or
- gets income-based Jobseeker's Allowance and/or
- entitled or named on valid NHS Tax Credit Exemption certificate and/or
- receives Pension Credit Guarantee Credit (including partners) and/or
- Universal Credit and meets the criteria.



## Eye Condition Services

NHS England commission a Community Pharmacy Dispensing Service for the Community Optometry Minor Eye Conditions Service within the Tameside area. Pharmacies dispense medication directly to a patient who presents with a signed order on the agreed form written by a registered optometrist.

## Independent Prescribing

Independent prescribing allows qualified healthcare professionals, like pharmacists, to assess patients, diagnose conditions, and prescribe medications independently, without needing a doctor's consultation. In 2023/24, NHS England commissioned a pathfinder programme to explore the use of Pharmacist Independent Prescribers in NHS-commissioned services delivered by community pharmacy. NHS Greater Manchester has a small number of community pharmacies participating in the pathfinder programme which commenced in Q4 of 2024/25. NHS GM is testing 3 clinical models – minor illness (prescribing for patients who have accessed Pharmacy First advanced service but needed a prescribing intervention), Respiratory (medicines optimisation for people with asthma and COPD) and Hypertension (initiating treatment for patients identified as hypertensive through the Hypertension Case-Finding advanced service and medicines optimisation for people on hypertensive medication).

NHS England has commissioned a formal evaluation of the pathfinder programme which will be published and shared with stakeholders in 2025/26.

Due to the limited number of pharmacies involved in the pathfinder programme in GM (n=10), there is not anticipated to be any significant impact on provision of community pharmacy services in GM in 2024/25 or 2025/26, however, dependent upon the success of the programme, the outcomes of the evaluation, and future NHS England commissioning considerations, this model of service delivery may expand in the future, and potentially within the lifetime of this PNA, at which point a further assessment may be required.

## Advanced Services

NHS GM has in place a Community Pharmacy Services Group which meets monthly to oversee the implementation and quality assurance of nationally and locally commissioned community pharmacy services and to act as a touch point for the Greater Manchester Primary Care Team, CPGM (the LPC for GM), Local Pharmacy Network (LPN). This work supports the successful implementation and engagement with both new and pre-existing community pharmacy services, helping to ensure that Manchester residents benefit from the wide range of services available.



### **Inclusive pharmacy practice (IPP)**

Inclusive pharmacy practice (IPP) is a joint initiative with the Royal Pharmaceutical Society and the Association of Pharmacy Technicians UK and 13 other national partner organisations.

IPP focuses on making the workplace more inclusive for pharmacy professionals, with a senior leadership that reflects diverse communities, to improve health inequalities in the population. It involves open conversations and meaningful actions to improve the experience of both patients and pharmacy professionals.

It is about engaging with local communities, helping to improve health, and addressing the inequalities that people – particularly those from ethnically diverse backgrounds – can experience. For example, COVID-19 had a disproportionate impact on people from ethnically diverse backgrounds.





## Local drivers and strategies considered for Tameside:

### Health and Wellbeing Board

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 Health Watch 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 needs assessment will be managed and to which partners will be called to account for delivery.

The Health and Wellbeing Board will also use its powers and duties to promote the vision, a place where everyone can achieve their hopes and ambitions shared commissioning and the integration of health and social care, and wellbeing services to maximize the benefits for residents. It will therefore be a key driver towards meeting the overarching priorities for both the council and health care commissioners of improving local life expectancy and reducing the health inequalities gap.

### Health and Wellbeing Strategy and Locality Plan

A joint Health and Wellbeing Strategy and Locality Plan was established in 2023, which outlines the priorities within the borough in relation to “Building back fairer, stronger, together from 2023-2028”. The aim is to promote better health outcomes and improve quality of life by addressing the holistic needs of individuals and communities within Tameside. This strategy and plan emphasises prevention, early intervention, and equitable access to healthcare resources. Key components include making commitments across the life course, including a focus on mental health & wellbeing and then building back fairer, stronger and together to achieve these.

More details on Tameside’s joint Health and Wellbeing Strategy and Locality Plan can be found here: [Building Back Fairer, Stronger, Together - Tameside Joint Health and Wellbeing Strategy and Locality Plan 23-28](#)



## Local drivers and strategies considered for Tameside:

### Corporate Plan

Tameside Council have developed together a new corporate plan that reflects the priorities and guiding principles for Tameside. The corporate plan pulls together the objectives of the council. The corporate plan however does not sit, or operate, in isolation. It nests within a wider regional and local framework. It has relevance to, and aligns with, regional work such as the Greater Manchester Strategy 2021-31; the Greater Manchester Integrated Care Partnership Strategy 2023-28; and Greater Manchester Standing Together Police and Crime Plan 2022-25 (currently being updated).

‘A place where everyone can achieve their hopes and ambitions’ outlines the council’s aims and aspirations for the area, its people and how we commit to having the best start in life, opportunities to learn and earn, safe, green and supportive communities, healthy and active lives and financially sustainable public services.

The plan is supported by a list of our public service reform principles that define the ways of working we will take on to achieve those goals. The principles are Greater Manchester-wide idea that we have adopted locally and will redefine our relationship with residents – doing with, not to.

[Corporate Plan for Tameside - Tameside MBC](#)



1  
Best Start  
in Life



2  
Opportunity  
to Learn  
and Earn



3  
Safe, Green  
& Supportive  
Communities



4  
Healthy and  
Active Lives

### Foundation Principles

Enabling our Services to Deliver for Residents



# Scope

Both the GM Steering group and Tameside steering group for the Tameside Pharmaceutical Needs Assessment began the 2025/28 PNA by reviewing the 2022/25 document. Finding the majority of the document still fit for purpose in its structure and key sections, they proposed to build the 2025/28 PNA around a similar 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.

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.
- Support the priorities of the Joint Locality Plan and Health and Wellbeing Strategy.
- Inform the wider health and wellbeing plans of the Health & Wellbeing Board.
- Support Tameside Council’s Corporate plan.
- Reflect and inform neighbouring Boroughs JSNAs.



# Process followed for the 2025/28 PNA

The first step was to consider the 2022/25 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 national political change, local health and social care reforms and their influence on pharmacy provision.

To guide the process both the Greater Manchester and Tameside steering groups met at regular key intervals virtually to guide the assessment consisting of the main stakeholders. (Membership listed in [Appendix 1](#) and [Appendix 2](#)).

CPGM with assistance from all 10 Greater Manchester Local Authority PNA leads and the ICB representatives completed the public and stakeholder engagement and Tameside Public Health Team produced the PNA. (Further details of the process and consultations undertaken are outlined [Appendix 3](#)).

Pharmacy contractor stakeholder engagement was undertaken to determine the key issues to consider between 6th January 2025 and 16th February 2025 (all Pharmacies in Tameside contacted as listed in [Appendix 4](#)). This was conducted by Community Pharmacy Greater Manchester (CPGM) in liaison with the wider GM PNA steering group and hosted on PharmOutcomes. Tameside had a 95.8% response rate.

<sup>6</sup> <https://www.tameside.gov.uk/thebigconversation>

A parallel process of public consultation through electronic questionnaires was undertaken to capture the public's own views of access and experience of local pharmacies and representation of the PNA. The consultation took place between Wednesday 5th February 2025 and Friday 21st March 2025, hosted on GM Consult a consultation tool provided by Greater Manchester Combined Authority (GMCA) and in liaison with the GM PNA steering group. In addition, the links to the consultation were also presented on Tameside's the Big Conversation page<sup>6</sup>. The public consultation was also sent to the Primary Care Networks of the GP practices listed in [Appendix 5](#). Additionally, the following groups listed in [Appendix 6](#) were either presented or sent details of the survey. Tameside received 170 responses.

Following both the pharmacy contractor survey results ([Appendix 7](#)), public survey results ([Appendix 8](#)) and sign off of the 1st draft from Tameside Health and Wellbeing Board; a 60 day consultation period was held between Tuesday 10th June 2025 until Saturday 9th August 2025 of the 1st draft of this PNA. The results of the consultation are included in the appendices, under [Appendix 9](#) and feedback from the responses incorporated into the document.

# 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 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 and disability. The Covid-19 pandemic has exacerbated these health inequalities, with Tameside experiencing high levels of Covid-19 cases, hospital admissions and the 6th highest mortality rate from Covid-19. To further highlight this, Tameside has not yet recovered to pre Covid-19 levels of life expectancy or healthy life expectancy.

## Life Expectancy

The health of the UK population is now lagging behind that of many comparable countries. Having been in the middle of the range of high-income countries in 1960, life expectancy at birth is now close to the bottom. Between 1998 and 2018, the gain in life expectancy at birth has been much smaller for women than for men. For example, in England, life expectancy increased by 4.3 years for men but only by 3.1 years for women.<sup>7</sup>

<sup>7</sup>[The changing health needs of the UK population - Lancet 2021](#)

<sup>8</sup>[Health Equity in England: The Marmot Review 10 Years On | The Health Foundation](#)

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 the NHS, social care and pensions. 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 80 years and over and in men aged 85 years and older.

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.<sup>8</sup>

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 England and Greater Manchester as seen in figure 1.



**Figure 1: Life Expectancy and Healthy Life Expectancy at Birth (2021-2023); 3 year rolling average**

Indicator	Period	England	CA-Greater Manchester	Bolton	Bury	Manchester	Oldham	Rochdale	Salford	Stockport	Tameside	Trafford	Wigan
A01a - Healthy life expectancy at birth (Male)	2021 - 23	61.5	-	57.3	59.3	57.6	57.6	54.3	56.4	62.0	55.6	63.9	57.9
A01a - Healthy life expectancy at birth (Female)	2021 - 23	61.9	-	58.4	60.1	58.5	58.1	54.7	57.4	63.1	56.2	65.0	58.5
A01b - Life expectancy at birth (Male, 3 year range)	2021 - 23	79.1	-	76.7	77.5	75.2	76.6	76.5	76.3	79.3	76.5	79.4	77.3
A01b - Life expectancy at birth (Female, 3 year range)	2021 - 23	83.1	-	81.3	81.3	79.6	80.5	80.9	80.9	83.4	80.6	83.5	80.9

### 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 Life Expectancy. Healthy life expectancy (HLE) estimates the proportion of a life spent in 'Very good' or 'Good' health based upon self-perceived general 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 aging, fitness for work, health improvement monitoring, and extensions to the state pension age, pension provision and health and social care need.

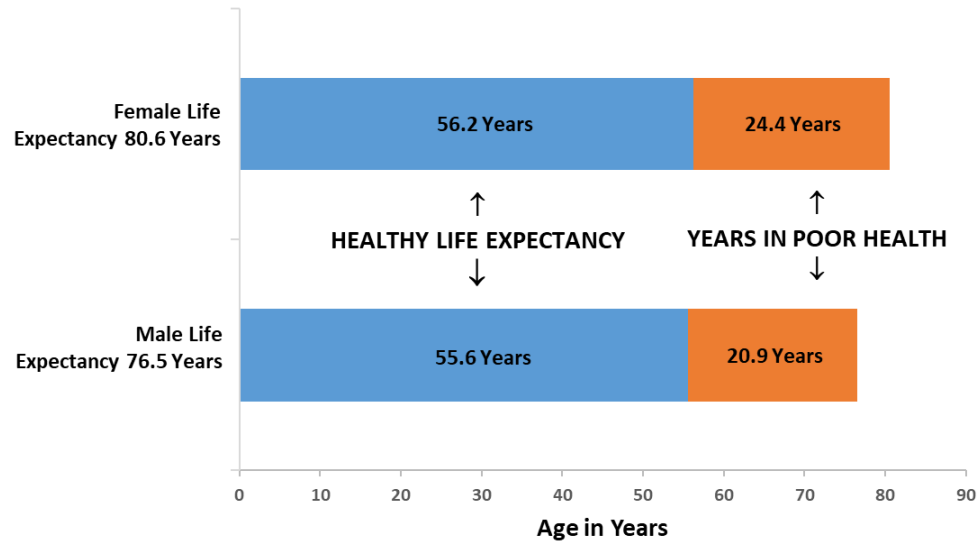
Healthy life expectancy in Tameside is currently 55.6 years for males and 56.2 years for females (2021-2023), which is significantly lower than the England average of 61.5 years for males and 61.9 years for females (2021-2023).

The impact of 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.





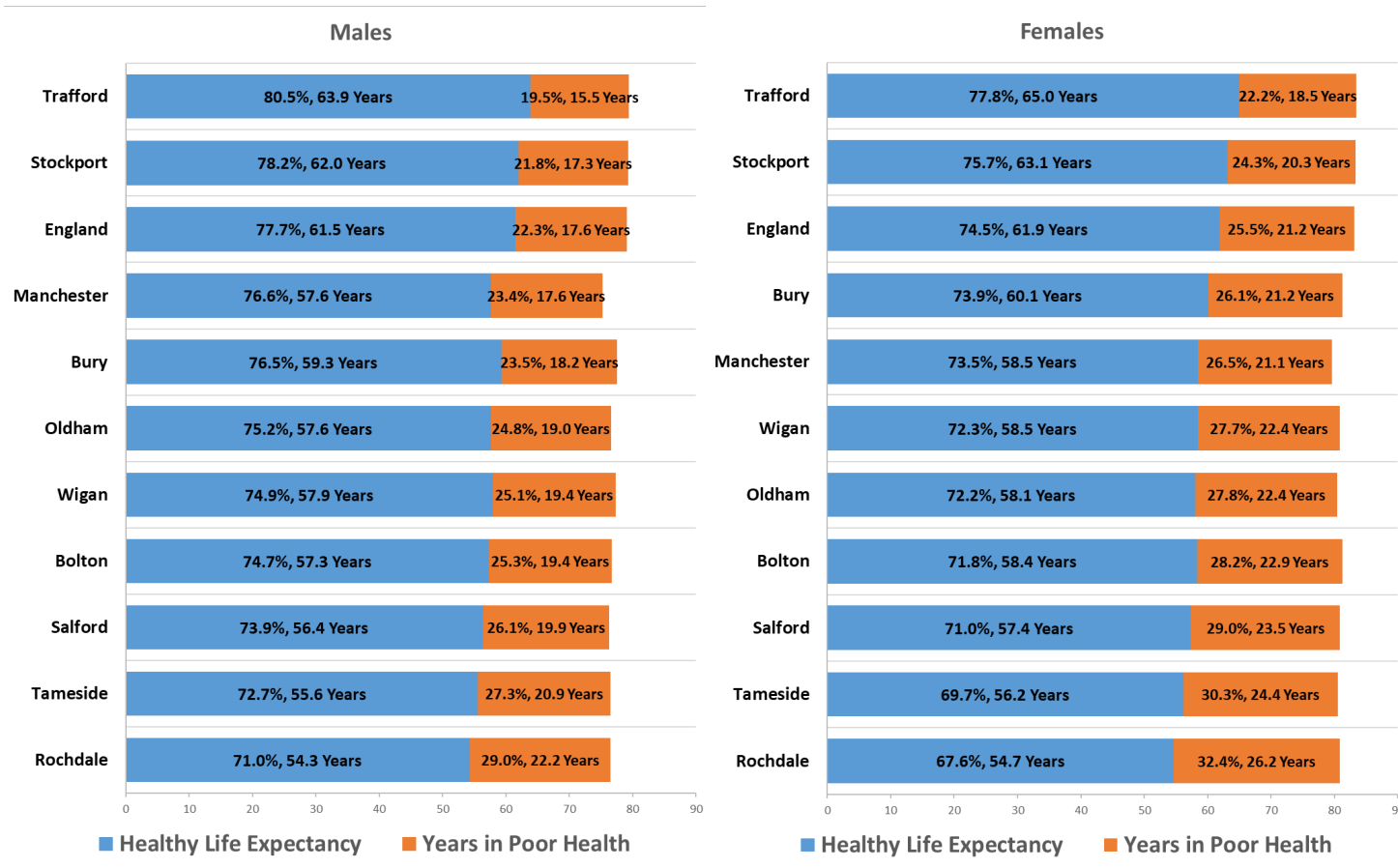
**Figure 2: Tameside Life and Healthy Life Expectancy (2021-2023)**



Source: OHID Fingertips Tool and ONS



**Figure 3: Proportion and Years of life spent in 'Good' health (Healthy Life Expectancy) and the gap with Life Expectancy by local authorities across Greater Manchester and England 2021-2023**



Source: OHID Fingertips Tool and ONS



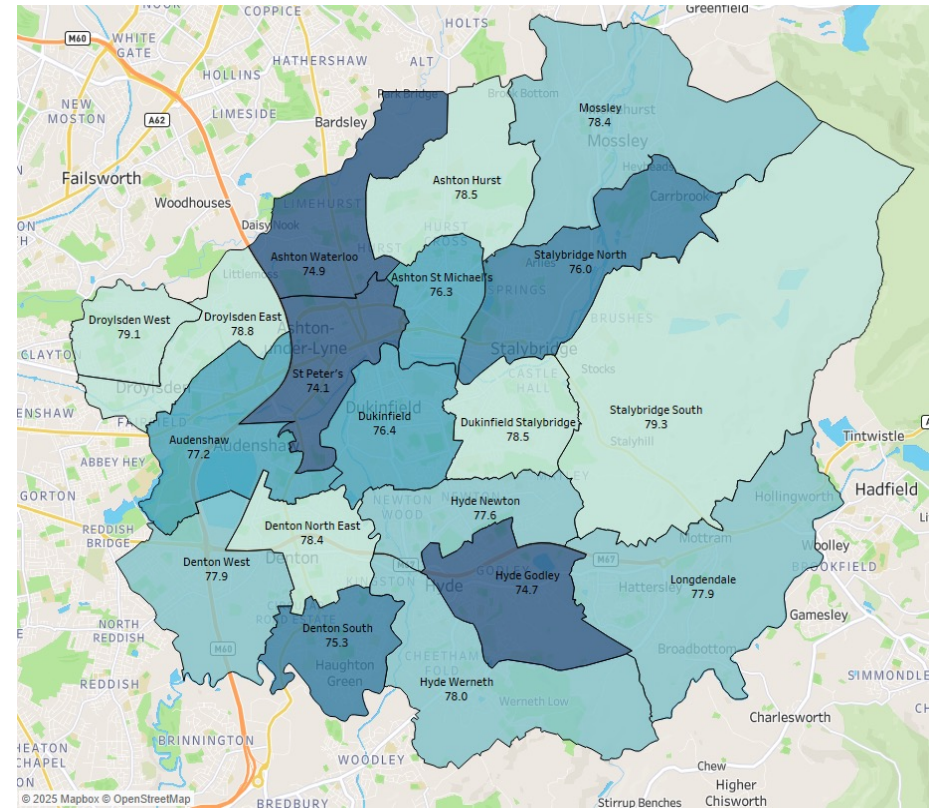
Furthermore, there are particular at-risk or vulnerable groups:

- People living in deprived areas
- People experiencing financial pressures and insecure employment
- Children and families living in poverty and poor housing
- Ethnic Minority Communities
- 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 Peter's and Hyde Godley, two of the most deprived wards in Tameside and correspondingly they suffer some of the lowest life expectancy.

Across Tameside wards there is over a five-year difference in male life expectancy from 74.1yrs in Ashton St. Peter's to 79.3yrs in Stalybridge South, and nearly a seven year difference between in female life expectancy from 75.2yrs in Ashton St. Peters to 82.3yrs in Denton North East. The figure below illustrates these differences in life expectancy across Tameside wards.

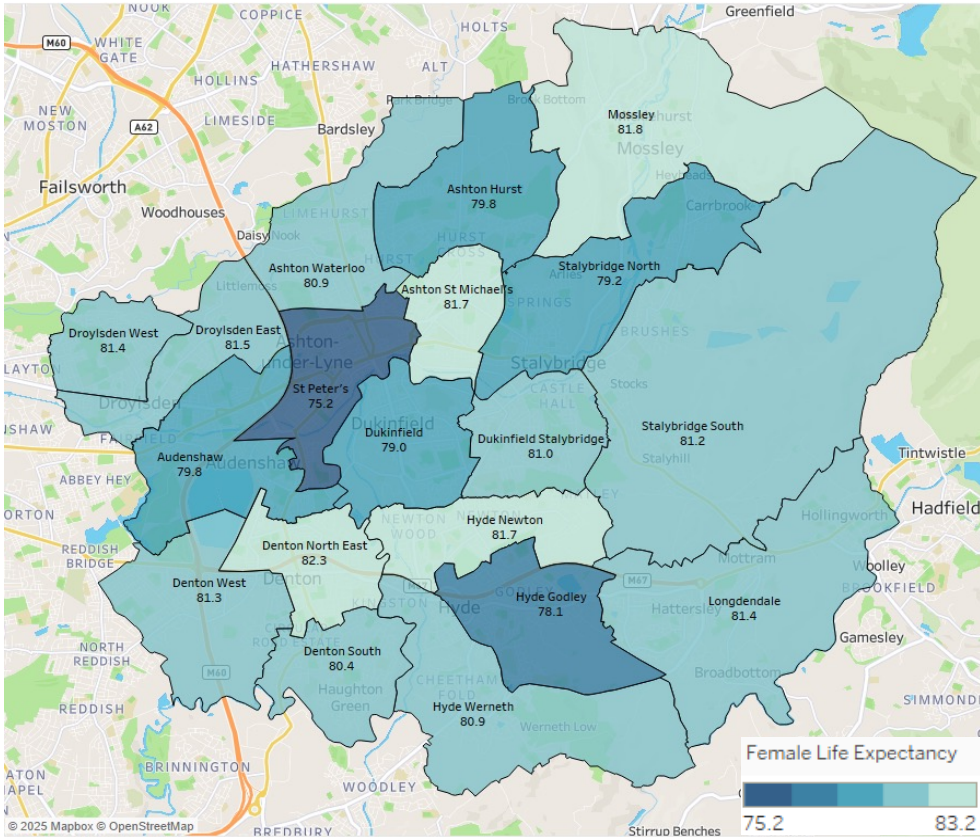
**Figure 4: Male Life Expectancy at Birth (Tameside wards 2016-2020)**



Source: Local Health OHID Fingertips



**Figure 5: Female Life Expectancy at Birth (Tameside wards 2016-2020)**



Source: Local Health OHID Fingertips

The persistent gap between 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 2023 population of Tameside was estimated to be 234,666, an increase of 4,135 people since the last PNA (2022). The mean age of the Tameside population as measured within this estimate is 40 years, which is slightly less than the England average of 41 years.

There are around 52,031 children aged 17 years and under (22% of the population), 41,557 people aged 65 years and over (18% of the population) and 141,078 people of working age - 18-64 (60% of the population).

Tameside is ethnically diverse with very established Indian, Pakistani and Bangladeshi communities, especially in Ashton and Hyde.

The estimated proportion according to the Census 2021 of people in Tameside from an ethnic minority community is 17.6% (this percentage includes White Other, Gypsy, Roma and White Irish ethnic communities).

## Deprivation

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 relatively deprived and is placed as the 28th most deprived local authority out of 317 in the Index of Multiple Deprivation (IMD). 21% of the 141 LSOAs in

Tameside are among the 10% most deprived LSOA in England.<sup>9</sup>

This growing health challenge also affects Tameside economically with 35.3% of the working age population of Tameside having a 'long term health problem or disability' (long-term sick) being economically inactive compared to 28.2% in England.<sup>10</sup>

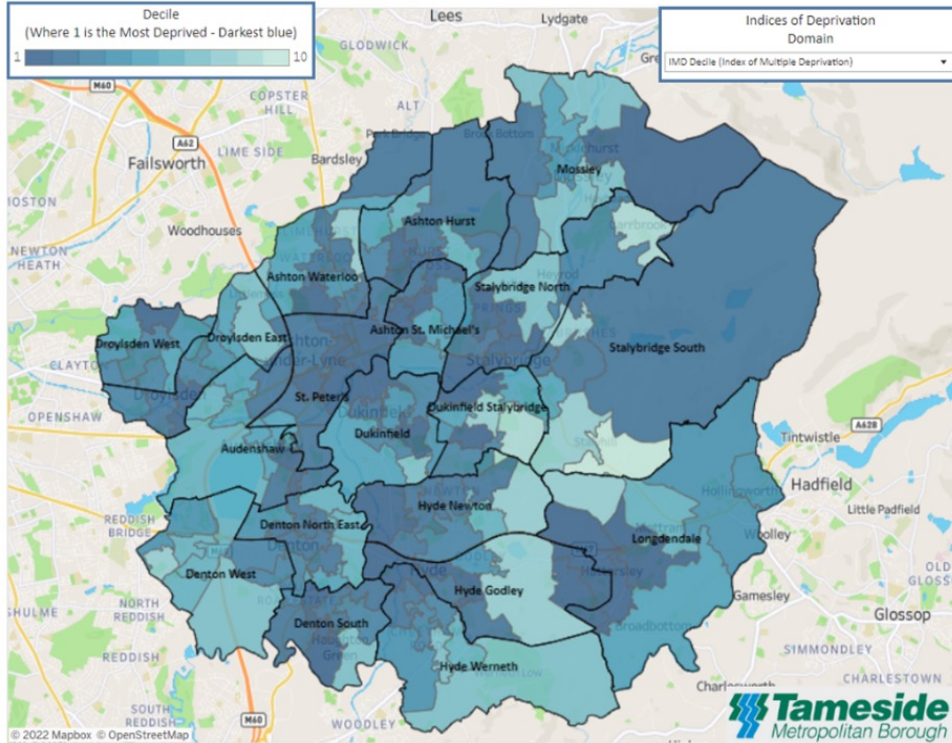
Periods of economic downturn often result in a rise in health problems, especially for those affected by long-term unemployment. In many cases losing a job can lead to social isolation and mental health problems and this combined effect can impact on general health and well-being leading to pressure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

<sup>9</sup> <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>

<sup>10</sup> <https://www.nomisweb.co.uk/reports/lmp/la/1946157088/report.aspx?town=tameside#tabempunemp>



**Figure 6: Map of Deprivation in Tameside (IMD 2019)**



Source: Ministry of Housing, Communities and Local Government 2019, analysis by Public Health Team Tameside

The map above illustrates the LSOAs across Tameside by deprivation quintile. The darker the blue areas the more deprived the LSOA is. Ward boundaries have been overlaid to aid with geographical locations.



## Employment

Figures covering the period between January 2023 and December 2023 show that the employment rate in Tameside was 73.2%. This is slightly higher than the Greater Manchester average (71.9%) but lower than the England average (76%).<sup>11</sup>

As of December 2024, there were 7,565 (5.2%) residents in Tameside claiming out of work benefits. Under Universal Credit a broader span of claimants are required to look for work than under Jobseeker's Allowance. As Universal Credit Full Service is rolled out in particular areas, the number of people recorded as being on the Claimant Count is therefore likely to rise.<sup>12</sup> This is similar to the Greater Manchester average (5.4%) but higher than the England average (4.1%).

Other indicators of Tameside's economic health include:

- Gross median weekly earning average at £663.80 in Tameside which is lower than both the Greater Manchester (£689.90) and England (£729.80) averages.
- 9.5% of the population aged 5 and over in Tameside have unpaid caring responsibilities.<sup>13</sup>

- Housing tenure in Tameside is mixed with houses mainly owner occupied (60.8%), rented from a Housing Association (21.2%), private rented (17.5%).
- The percentage of all pensioners aged 66 and above that are living alone in Tameside is 56.7% but this varies across wards from 46.2% in Stalybridge South ward to 67.5% in St Peter's ward.
- A high proportion of people in Tameside are employed in occupation groups 4-5 (27.6%). These occupations groups cover roles such as administrative occupations and skilled trades. This is higher than both GM and England. Around 40.8% of the Tameside population work in higher professional occupations (occupation groups 1-3), this is lower than the GM and England averages (52.9% & 53.4% respectively).
- The highest employee jobs by industry type of Tameside residents is human health and social work at 21.7% of job roles, this is closely followed by wholesale and retail trade repairs of motor vehicles at 18.8%. These jobs are over representative of the England average of 13.9% and 13.7% respectively.

<sup>11</sup> [Annual Population Survey / Labour Force Survey - NOMIS](#)

<sup>12</sup> <https://www.nomisweb.co.uk/reports/lmp/la/1946157088/report.aspx?town=tameside#tabempunemp>

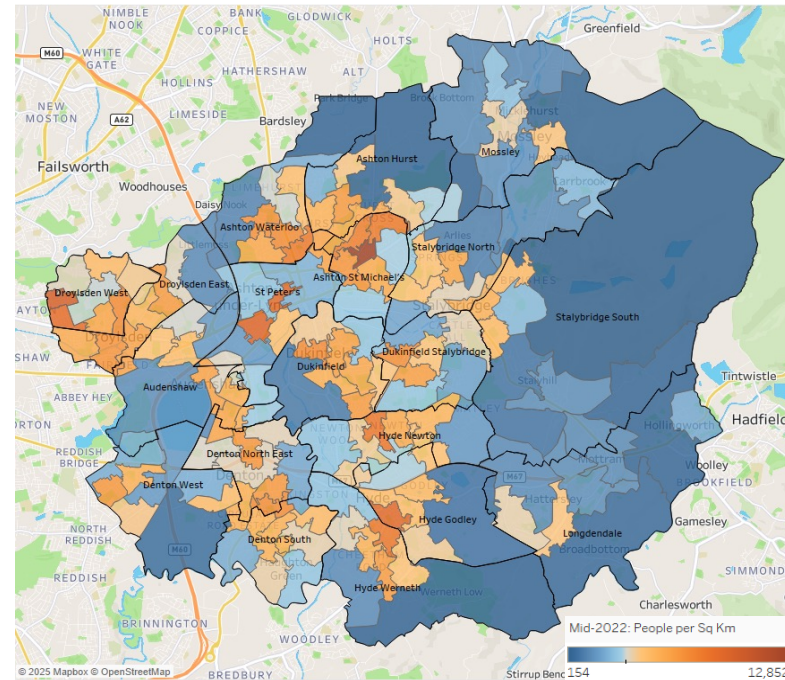
<sup>13</sup> [Nomis - Query Tool - TS039 - Provision of unpaid care - Census 2021](#)



Tameside has a residential population density overall of around 2,275 people per square kilometre.<sup>14</sup> The Borough covers 103 square kilometres (64 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).

**Figure 7: Tameside population density map with Electoral Ward Overlay**



Source: ONS mid-year population estimates population

<sup>14</sup> [Estimates of the population for England and Wales - Office for National Statistics](https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/estimatesofthepopulationforenglandandwales)

<sup>15</sup> <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/estimatesofthepopulationforenglandandwales>



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 improved transport links. Tameside accounts for 5% of all employment in Greater Manchester and is home to 5.9% of the GM business base.

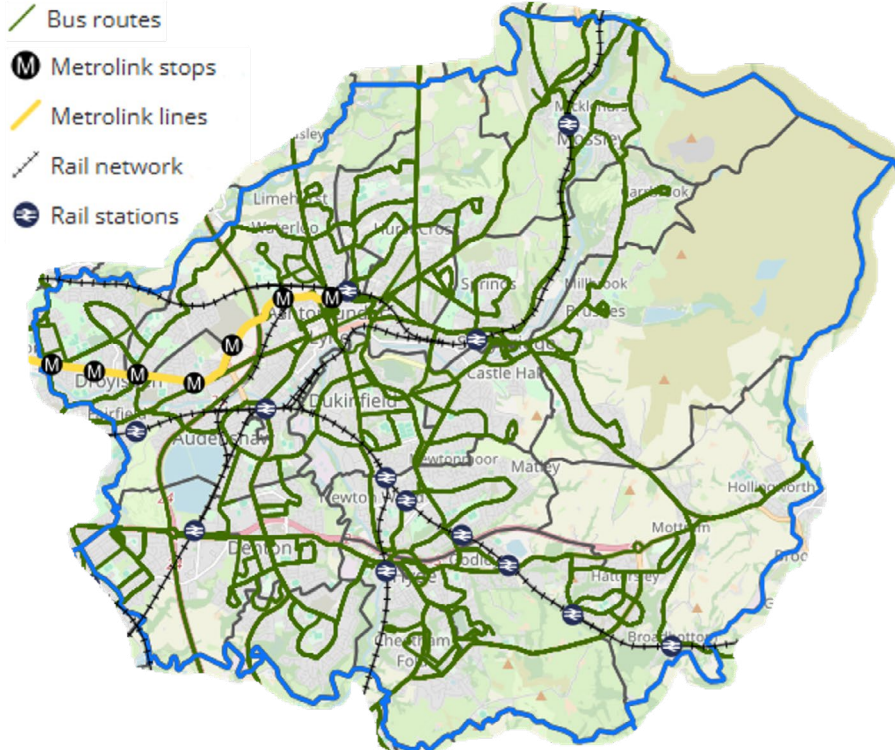
Tameside's share of the Greater Manchester working age (16-64) population is 9.3%, which means that there is a net outflow of workers to other areas including to the regional centre of Manchester, itself. (Further details may be found in the Tameside Housing Strategy at <http://www.tameside.gov.uk/housing/strategy>).

It can be clearly seen from the map below 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 within 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.





**Figure 8: Tameside Public Transport – Bus, Train and Metrolink**

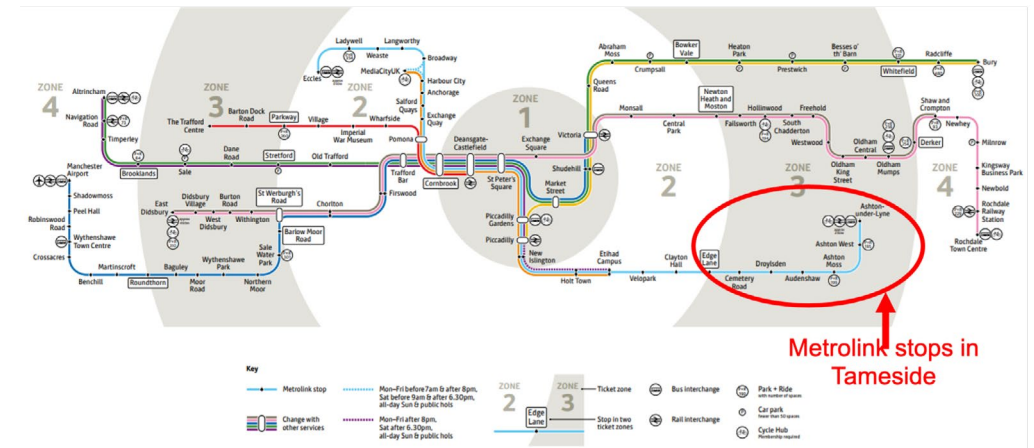


Source: GM Open Data Infrastructure Map, Mapping GM 2025

The Ashton-Under-Lyne Interchange which opened in August 2020 provides passengers with much-improved facilities and a modern, accessible gateway to the town and inter-connects with the Metrolink. The Interchange supports the economic growth of the town and helps people to get to and from their places of work.

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

**Figure 9: Schematic Transport Map of the Greater Manchester Metrolink Network**



Source: GMPTE, 2025





## Infrastructure Developments – Strategic Planning

### Greater Manchester Places for Everyone<sup>16</sup>

Places for Everyone is a long-term plan of nine Greater Manchester districts (Bolton, Bury, Manchester, Oldham, Rochdale, Salford, Tameside, Trafford and Wigan) for jobs, new homes, and sustainable growth. It has been published by the GMCA on behalf of the nine districts.

The plan is a joint development plan of the nine districts which will determine the kind of development that takes place in their boroughs, maximising the use of brownfield land and urban spaces while protecting Green Belt land from the risk of unplanned development.

It will also ensure all new developments are sustainably integrated into Greater Manchester's transport network or supported by new infrastructure.

### The plan:

- sets out how the nine boroughs should develop up until 2037.
- identifies the amount of new development that will come forward across the 9 districts, in terms of housing, offices, and industry and warehousing, and the main areas in which this will be focused.
- supports the delivery of key infrastructure, such as transport and utilities.
- protects the important environmental assets across the city region.
- allocates sites for employment and housing outside of the existing urban area; and
- defines a new Green Belt boundary for Greater Manchester

<sup>16</sup> <https://www.greatermanchester-ca.gov.uk/what-we-do/planning-and-housing/places-for-everyone/>



## Tameside Local Plan

Tameside is preparing Homes Spaces Places, Tameside's part 2 local plan, which will be the main land use planning document for the Borough.

Homes, Spaces, Places (HSP) is the name for the second part of the Local Plan, known as a part two local plan, it is just one of the documents which will form the development plan for Tameside. The other documents alongside it are:

- Greater Manchester Joint Waste Development Plan Document (adopted April 2012)
- Greater Manchester Joint Minerals Development Plan Document (adopted April 2013)
- Places for Everyone Joint Development Plan Document (adopted March 2024).
- 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 'Place for People' plan for Greater Manchester.

## Strategic Housing and Business Development

The Greater Manchester Strategic Housing Market Assessment (SHMA) 2019 concluded that there was an overall housing need for Tameside. The housing requirement as set out in Places for Everyone (PfE) policy (JP-H1) is at least 8,245 homes (an annual average of 485 homes) to be built across the area. These are to be provided in Tameside by 2039. This will be delivered in a phased approach. The target steps incrementally from 238 homes to 485 and then 588 homes over the PfE Plan period.

Commissioning of health and pharmacy services in Tameside needs to consider the impact of the increased population this will bring into Tameside.

Housing delivery: A total of 4,482 net residential units were delivered within Tameside over the ten year period 2010/11 to 2019/20 at an average of 448 net residential units per annum. Hyde has seen a huge addition of new residential houses, including new-build estates across Hattersley and Newton; whilst Stalybridge has also seen the Summer Quays apartment development in the town centre. 195 new homes and play spaces have recently started to be constructed on the former Hartshead School site, also in Ashton-Under-Lyne. The development of 91 affordable one and two bedroom care homes was recently completed by Onward Homes in Hattersley. The mix of homes is designed to cater to 'independent' people or couples aged over 55, who are either retired or looking to retire, or to downsize into 'more



modern and flexible housing' that can adapt to care requirements.

A large proportion of new housing is directed to the south-eastern part of the borough to the broader neighbourhood of Hyde, principally because of the two allocated sites within Places for Everyone, at Godley Green and the South of Hyde. The garden village in Godley, Hyde, is progressing with 2,350 new homes over the next 14 years. In addition, the borough's centres are expected to be locations where large proportions of new housing are expected to be directed to. This is because they are well suited to the provision of higher density housing and accessible locations, enabling large numbers of new homes to be provided. In particular, Ashton-under-Lyne and Stalybridge are locations where multiple opportunities exist.

There is a general presumption that existing employment areas will be retained. The Tame Valley, Ashton Moss and Denton are particularly notable locations for their density of employment premises. These traditional employment areas have been bolstered by the designation of an employment allocation through Places for Everyone, at Ashton Moss West. It is expected that these locations will continue to provide much valued employment opportunities and jobs for residents.

Office development is expected to be largely directed toward the borough's municipal centre of Ashton-under-Lyne, with other centres making much more modest contributions. Beyond Ashton Moss West, industrial and warehousing opportunities are expected to be

directed around traditional concentrations of employment through the Tame Valley from Mossley through Stalybridge, Ashton-under-Lyne, Dukinfield, Hyde and Denton.

The Homes Spaces Places options and preferences draft plan can be found here: [Options-and-Preferences\\_FINAL\\_09-04-2025.pdf](#) and further details on Homes Spaces Places [here](#). Consideration for the placement of homes and businesses where current pharmaceutical provision is, is reflected upon during the evidence gathering stage of the PNA. It is not envisaged that the developments of housing and businesses over the next three years will have a significant impact on pharmaceutical provision in the borough.

Further information on population demographics and health and wellbeing needs across Tameside can be found within the Tameside JSNA available alongside the PNA on the Tameside Joint Strategic Needs Assessment (JSNA) webpage.

The Tameside JSNA provides easy access to needs assessments, strategies, statistics and indicators at differing geographical levels across the borough. The categories cover a number of themes including starting well, living well and active and productive aging; with each theme containing all relevant published reports. [Health and Wellbeing - Tameside MBC](#).

# Meeting Pharmacy Need and Priorities in Tameside

The issues for health and wellbeing in Tameside are complex and often lie outside the traditional health and care services. It is widely recognised that social and environmental determinants and their interdependencies influence the health and wellbeing outcomes of our population and communities.

As the population continues to grow, age and change, so too will the demand for health and care services across the area, thus a need to enable our population to live as long as possible in good health, free from illness and disability. This will ensure services can cope with increased demand and that health and care are affordable to the local economy.

Changes in the ageing population are currently contributing to the increased demand on health and care services. People in Tameside are now living longer than they have ever done. With 12.8% of the 2023 population being 70 years and over. However, this longer life is not always in good health so the demands on services that support people with long term health and care will continue as people live longer and the dynamics of the ageing population changes. The number of carers will also increase as more people live longer and therefore it is important to have responsive flexible arrangements in place to support people caring for others and to support people who want to live independently; this will create a health and care culture where the need for secondary hospital services are a last resort.

Demand for early years and school age children's services is also on the increase, in 2024 there were 480.5 children in need per 10,000; 3,797 referrals to children's social services related to child protection; 467 children with child protection plans that started in the year and 645 cared for children. Therefore, children's services will need to adapt and respond to take into account the changing diversity of the population going forward.

More information relating to the health and wellbeing need in Tameside can be found here:

[JSNA: Summary of health and wellbeing 2024/25](#)  
[Local Authority health profile 2025](#)

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.



## Morbidity

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

**Figure 10: GP Registered Disease Prevalence 2023/24**

Indicator	Period	Tameside			England			
		Recent Trend	Count	Value	Value	Worst/ Lowest	Range	Best/ Highest
Learning disability: QOF prevalence (All ages)	2023/24	↑	1,747	0.7%	0.6%	0.1%		1.0%
Stroke: QOF prevalence	2023/24	→	4,849	2.0%	1.9%	0.7%		3.0%
Hypertension: QOF prevalence	2023/24	↑	40,114	16.9%	14.8%	7.4%		20.3%
Diabetes: QOF prevalence	2023/24	↑	16,853	8.9%	7.7%	2.7%		10.7%
COPD: QOF prevalence	2023/24	→	6,869	2.9%	1.9%	0.5%		3.8%
CKD: QOF prevalence (18+ yrs)	2023/24	↑	6,378	3.4%	4.4%	1.4%		7.6%
Heart Failure: QOF prevalence (All ages)	2023/24	↑	2,792	1.2%	1.1%	0.4%		1.9%
CHD: QOF prevalence	2023/24	→	8,777	3.7%	3.0%	1.2%		4.8%
Atrial fibrillation: QOF prevalence (All ages)	2023/24	→	4,879	2.1%	2.2%	0.6%		3.9%
Depression: QOF prevalence - retired after 2022/23	2022/23	↑	33,025	18.0%	13.2%	4.2%		21.6%
Osteoporosis: QOF prevalence (50+ yrs)	2023/24	↑	779	0.9%	1.1%	0.1%		2.5%
Mental Health: QOF prevalence (All ages)	2023/24	→	2,166	0.9%	1.0%	0.3%		1.6%
Depression: QOF incidence - new diagnosis (18+ yrs)	2023/24	↑	4,563	2.4%	1.5%	0.6%		3.1%
Asthma: QOF prevalence (6+ yrs)	2023/24	→	16,716	7.5%	6.5%	3.4%		8.3%
Rheumatoid Arthritis: QOF prevalence	2023/24	→	1,559	0.8%	0.8%	0.4%		1.2%
Smoking prevalence in adults (aged 15 and over) - current smokers (QOF)	2022/23	↓	34,021	17.7%	14.7%	23.0%		8.4%
Obesity: QOF prevalence (new definition)	2023/24	→	25,815	13.8%	12.8%	4.6%		19.1%

Source NHS England/ Office for Health Improvement and Disparities fingertips

The disease prevalence table (figure 10) illustrates the number and proportion of the Tameside population registered with a health condition, or contributing health condition factor. It shows that across many diseases and conditions Tameside has a similar prevalence to the England average with some exceptions. Levels of learning disabilities, hypertension, diabetes, CHD, depression, COPD, Asthma and smoking prevalence are higher than the England average.

## Mortality

Deaths that occur in people under 75 years are considered mainly preventable and therefore premature. In Tameside a higher proportion of people die prematurely than they do in other parts of England. Premature deaths from cancer, heart disease and respiratory conditions are particularly high.

More information on mortality in Tameside can be found here via the [OHID fingertips tool](#).

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 self-care programmes make it clear that intervention and prevention is key to improving the health outcomes of the population and we as a health economy need to;

- 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:

**Delivering public health programmes** through the health promotion campaigns carried out in community pharmacies annually for NHS England including action on seasonal flu services and COVID-19 vaccinations and the provision of opportunistic healthy lifestyle advice and public health advice to patients receiving prescriptions who appear to:

- have diabetes, or
- be at risk of coronary heart disease, especially those with high blood pressure; or
- who smoke, or
- are overweight, or
- have a sexual health related need, such as emergency contraception.

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



**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, and providing advanced services. If commissioned, or chose to deliver voluntarily, pharmacies could deliver any of the following services to promote self-care and independent living:

- Pharmacy First Service - involves pharmacists providing advice and NHS-funded treatment, where clinically appropriate, for seven common conditions (age restrictions apply):
  - Sinusitis
  - Sore Throat
  - Acute Otitis Media
  - Infected Insect Bite(s)
  - Impetigo
  - Shingles
  - Uncomplicated UTI.
- Flu Vaccination service.
- Pharmacy contraception service.
- Hypertension case-finding service.

- New medicine service.
- Smoking cessation service.
- Appliance use review.
- Stoma appliance customisation.
- Lateral flow device service.

Updated details of Advanced Services commissioned by NHS England can be found here <https://psnc.org.uk/services-commissioning/advanced-services/>

**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 building local social capital. With an aging 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.



### **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.<sup>17</sup>

There are 48 community pharmacies in Tameside (and 2 dispensing appliance contractors) many of which are open for extended hours at evenings and weekends. Pharmacists can be consulted without an 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.

Pharmacy First service has been commissioned so that pharmacies can manage minor ailments with a range of NHS medicines. A local scheme will soon move to the GM scheme, 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.<sup>18</sup> The Urgent and Emergency Care Review recommends these services are commissioned to local need.<sup>19</sup>

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 introduced a 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. Some pharmacies also deliver Covid-19 vaccines, subject to eligible individuals.

<sup>17</sup> <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/11/quick-guid-comm-pharm-urgent-care.pdf>

<sup>18</sup> <http://pharmacyresearchuk.org/our-research/our-projects/the-minor-ailment-study-mina/>

<sup>19</sup> <https://www.england.nhs.uk/wp-content/uploads/2015/06/trans-uec.pdf>



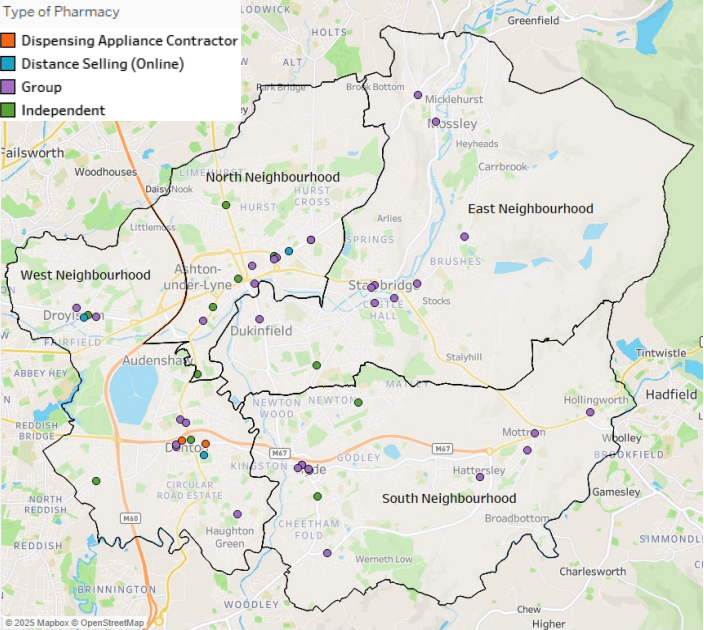
Refer to pharmacy schemes allow hospital pharmacists and pharmacy technicians to refer people directly to community pharmacists for support on leaving hospital through the Discharge Medicine Service and Discharge Medication Usage Reviews. Greater details of health needs at the community level are provided 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 February 2025. Access and services will be described in more detail, relative to need, in the subsequent individual locality sections.

**Figure 11: Locations of pharmacies in Tameside**

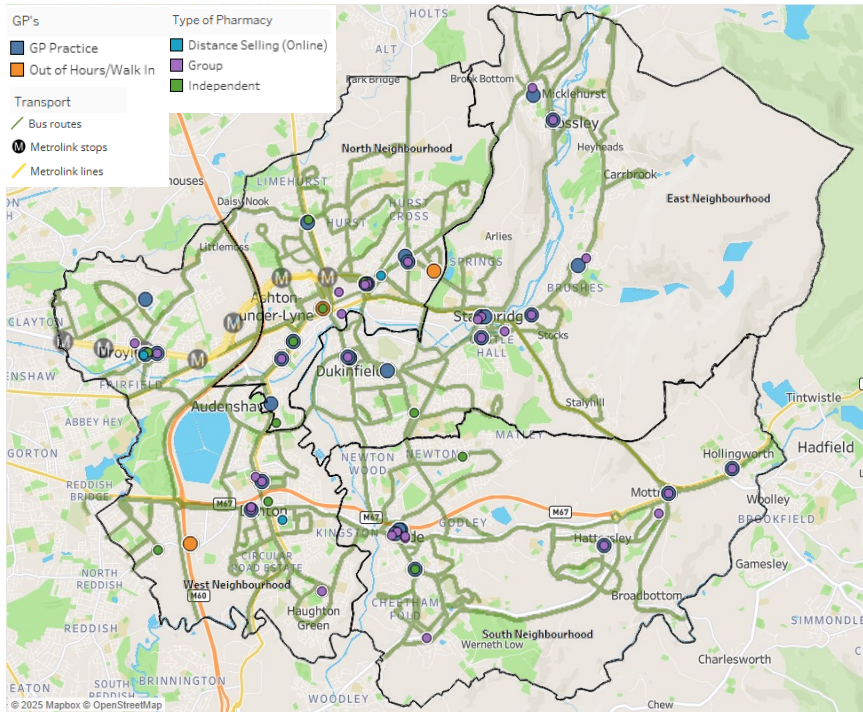


Source: Greater Manchester Local Pharmacy Committee and NHS England 2025

The above map highlights the distribution by type of Pharmacies within the Tameside boundary. There are currently (as at February 2025) 48 community Pharmacies within Tameside and 2 dispensing appliance contractors; all are distributed amongst our most densely populated areas, as highlighted in figure 7. Of all the pharmacies in Tameside 14 are identified as being independent (29.2%) although a further 6 pharmacies (12.5%) are part of a small to medium group chain of pharmacies.



**Figure 12: Map of GP Practices, Community Pharmacies and Transport Links in Tameside**



Sources: GM Mapping – Bee Network, CPGM, NHS England

As displayed in figure 12, there is a good spatial correlation between GP surgeries, pharmacies and public transport.

### Opening Times of Tameside Pharmacies<sup>20</sup>

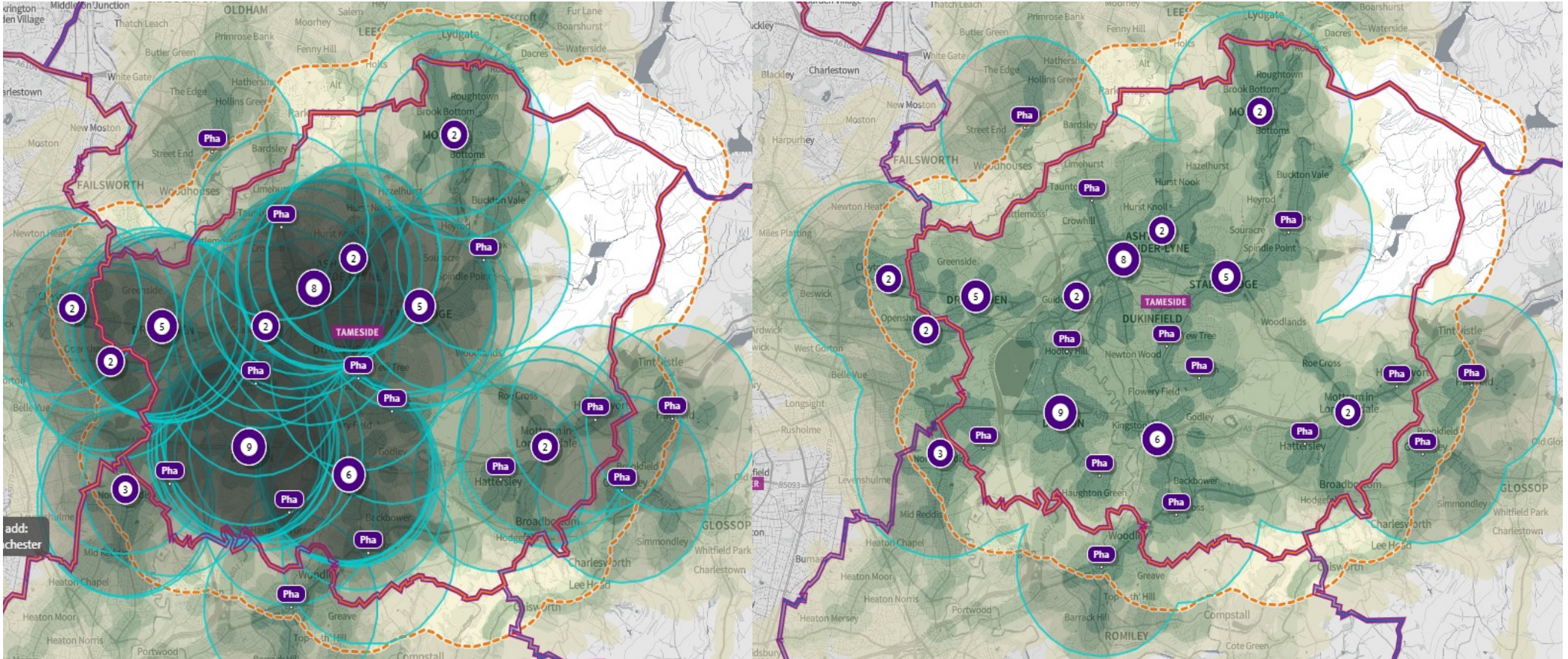
Most Tameside pharmacies have 40 hours per week core contracts. Many chose to work additional supplementary hours which match similar GP practice opening hours. For a list of opening hours of pharmacies across Tameside, NHS England provides up to date information here:

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

<sup>20</sup> [Consolidated Pharmaceutical List - Datasets - Open Data Portal](#)



Figure 13 Radius Map of Tameside – 2KM Distance from Each Pharmacy Location



Source: <https://shapeatlas.net/place>





Additionally, as outlined in figure 13, by the 2km radius maps, all populated parts of Tameside are covered by at least one pharmacy in a 2km radius, aside from a small area in the Alt Hill Lane/Lees New Road area with bordering Oldham Local authority. This area however is less densely populated, as highlighted in figure 7.

The above map highlights, both the number of pharmacies (labelled as the number in the circles) and also the travel distance to a pharmacy via public transport. As shown the coverage of pharmacy provision in Tameside is good, with most pharmacies accessible via less than a 30 minute travel. The darker the shading however the shorter the time it takes to access a pharmacy via public transport. The gap shown around Stalybridge to bordering areas is less populated (highlighted in figure 7) and predominantly comprises of farm and moor land.

All Pharmacies in Tameside are in local reach of residents by foot, public transport or by car.

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 reduced since the last Pharmaceutical Needs Assessment from 53 pharmacies in 2022 to 50 in 2025, marking a 5.7% reduction in provision. Within Tameside there

has however been a 6.8% population increase between 2011 and 2023.

### **Cross Border Relationships**

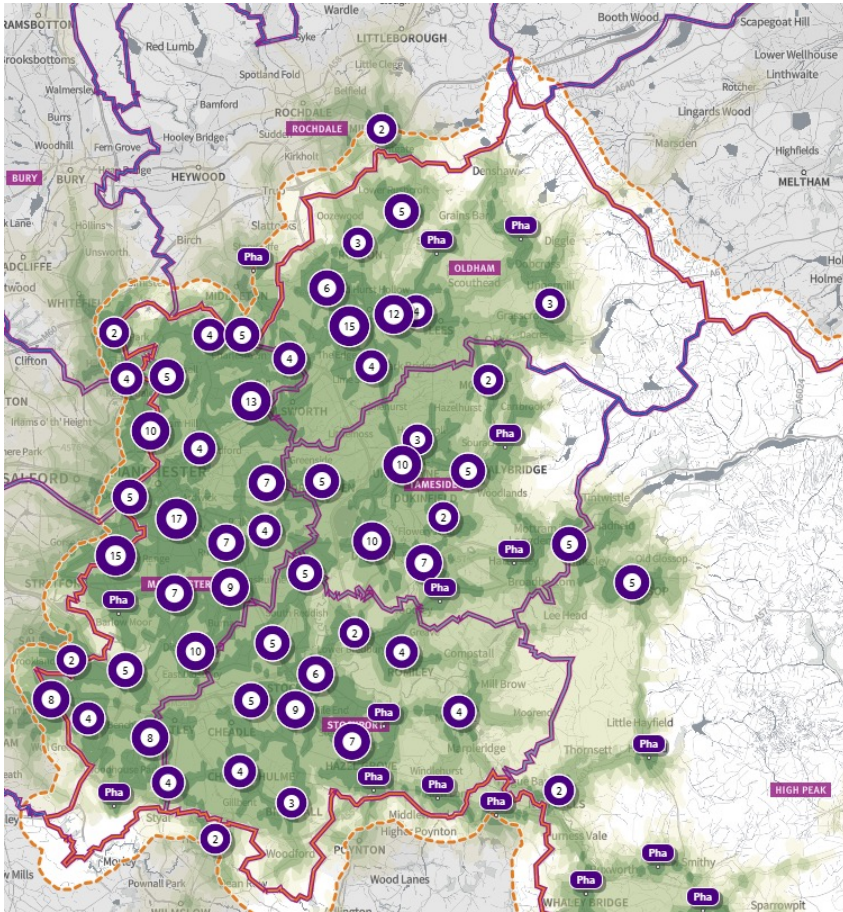
Whilst Tameside has no input into the commissioning of pharmacy services by neighbouring areas, an overview of existing services “over the border” may inform future commissioning and development of services within Tameside.

Greater Manchester authorities inclusive of Tameside, Stockport, Manchester and Oldham Pharmaceutical Needs Assessment surveys, were all launched together on PharmOutcomes for pharmacy contractors or GM Consult for the public survey. Separately Derbyshire County Council should follow similar survey periods to Greater Manchester and all areas a similar 60 day consultation periods and a release date in 2025.

PNAs produced to date do not highlight any major cross boundary issues with Tameside. We also work in conjunction with neighbours to allow cover across some schemes, for example cross boundary pharmacy first schemes and Anti-Viral access during holiday periods.



**Figure 14: Out of area Pharmacies**



Source: <https://shapeatlas.net/place>

<sup>21</sup> [Consolidated Pharmaceutical List - Datasets - Open Data Portal](#)

The map above illustrates the level of pharmacy provision within and outside the boundary of Tameside. The total number of community and distance selling pharmacies within Tameside equates to 20.5 pharmacies per 100,000 population. If out of area pharmacies are included this equates to 32.4 per 100,000 population. This is slightly higher than the England average of 18.1 pharmacies per 100,000 population although it is below the North West average of 20.9 per 100,000 population.<sup>21</sup>

Of the 50 pharmacies currently in operation in Tameside, three are internet or distance selling pharmacies, two are dispensing appliance contractors and there are around 28 relevant out of area pharmacies. 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 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.

In addition to the location and services provided by Tameside pharmacies, to ensure pharmacy contractor views and service provision was understood, a survey was launched via PharmOutcomes to all 48 community pharmacies in Tameside.



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Credit: MJ\_Prototype

# Pharmacy Contractor Views

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 48 community pharmacies serving Tameside residents and patients, which include 9 pharmacies with a specific exemption to provide a “100 hour service”, meaning contractually they must be open for a minimum of 72 to over 100 hours per week. Therefore there is reasonable access for Tameside residents to more community pharmacies and a greater proportion of the time per week they can be accessed (i.e. extended provision throughout the Borough as a whole of pharmacy in the evenings and at weekends). Subsequent to the last PNA, there has however been a reduction in the number of hours pharmacies across the borough open, the closure of 3 pharmacies and a reduction in the number of pharmacies that open on the weekend.

This flexibility in provision is important because if it was to be considered that there is insufficient pharmacy service available to meet the 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 services in an area at a particular time, NHS England can request existing contractors to change their hours or open up and extend services.

Local integrated commissioning also ensures that it works closely with its community pharmacies to ensure that there is provision 365 days a year including throughout any festive periods. However, it is the responsibility of NHS Greater Manchester to ensure adequate access to pharmaceutical services out of hours. They do this by contracting pharmacy contractors, such as Ashton PCC Pharmacy (located in Ashton Primary Care Centre) to open approximately 365 days per year, including Christmas Day as part of its contractual hours (not a separate arrangement). In addition, NHS England has a responsibility to negotiate additional hours over festive holiday. The Greater Manchester integrated care board 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.

Pharmacy contractor stakeholder engagement was undertaken to determine the key issues to consider amongst pharmacy contractors. This took place between 6th January 2025 and 16th February 2025 (all Pharmacies in Tameside contacted as listed in [Appendix 4](#)). This was undertaken by Community Pharmacy Greater Manchester (CPGM) in liaison with the wider GM PNA steering group and hosted on PharmOutcomes. Tameside had responses from 46 of the 48



community pharmacies in the area (95.8% response rate). Complete results from the survey can be found in [Appendix 7](#).

### Key Findings

1. From the survey contractors were asked if demand increases (e.g. new housing, nearby closures), can their pharmacy cope?

	Responses	% of Responses
Sufficient capacity for increase	38	82.6%
Insufficient capacity for increase, could adjust	5	10.9%
Insufficient capacity, could not adjust	3	6.5%

The Majority (83%) of pharmacies feel confident they can manage increased demand. However, 17.4% flagged potential strain, either needing adjustments or being unable to adapt. Unfortunately, there wasn't a way of distinguishing which areas this applied to; however, the overwhelming majority did feel confident in their capacity for increased demand on their services.

2. The majority of pharmacies (76.1%) have additional language support for Non-English speakers, with 41.3% having local interpretation and translation services available. Urdu and Hindi are the most commonly supported non-English languages, yet gaps remain (especially for non-speakers or dialect variants). Only 2 pharmacies report no other languages spoken. Below is a summary of languages spoken within pharmacies in Tameside:

Additional Languages Spoken	Number of Pharmacies	% of Pharmacies
None	2	4.3%
Unspecified	4	8.7%
Urdu	13	28.3%
Hindi	13	28.3%
Bengali	6	13.0%
Gujarati	3	6.5%
Farsi	2	4.3%
Turkish, Pothwari, Pashto, Sindhi	1	2.2%
Kurdish, Chinese	1	2.2%
Spanish	2	4.3%
Hungarian	1	2.2%
Italian, Polish, Serbian, Swahili, Albanian, Romanian	1	2.2%



3. When asked about gaps in pharmaceutical access by protected characteristics, the most noted issue was support for Urdu speakers. This aligns with the language data, suggesting further outreach or tailored service provision might be beneficial.

**The 2025/28 PNA contractor survey and analysis for Tameside found on the whole good provision across the range of essential, advanced and enhanced or locally commissioned pharmaceutical services.**

Tameside as an area, still has adequate provision of essential pharmaceutical services through the increased number of pharmacies in and out of the area offering residents a great amount of choice. The location and opening hours of pharmacies across Tameside is good and most of the population can access a community pharmacy by public transport or walking within 1 mile or 30 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. All carry out adaptation to service as required by disability.

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.

All Tameside pharmacies have consultation rooms / areas that have been accredited by NHS England 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.





## Views of residents on pharmacy provision (Choice, Provision and Access)

During Wednesday 5th February 2025 and Friday 21st March 2025, a public consultation exercise was undertaken in collaboration with all Greater Manchester Health and Wellbeing Boards. The full set of survey results are detailed in [Appendix 7](#).

The Pharmaceutical Needs Assessment survey questionnaire received a total of 170 responses over a 6-week and 2-day period. The majority of responses were submitted through the GM Consult website via a Microsoft Office Form, with a small subset captured through print copies and later digitised.

### Key Findings

#### • Demographics:

- 156 respondents (92%) provided a full postcode within Tameside, while 13 (8%) gave either no postcode or a partial postcode.
- The majority of respondents were female (79.4%), with 17.1% male and 3.5% preferring not to specify their gender.
- 85.3% of respondents identified as White: British.
- The age group with the highest representation was 35-64

years (70.6%), although all age groups from 18 to 75+ were represented. Younger individuals (16-29 years) and those aged 75 and over had lower response rates.

- A significant majority (74.7%) of respondents did not consider themselves to have a health problem or disability that limited their daily activities.
- The electoral ward with the highest proportion of respondents was Stalybridge North (23.5%).

#### • Pharmacy Usage and Accessibility:

- All 170 respondents reported using a pharmacy.
- The main reasons for using a pharmacy were for self (97.6%), family (46.5%), as a carer (12.4%), or for a friend/neighbour (2.9%).
- 47.1% of respondents use a pharmacy about once a month.
- A large majority (71.8%) use only one pharmacy.
- Accessibility issues due to location were reported by a minority of respondents, with distance (5.3%), parking (2.9%), mobility (1.2%), autism (3.5%), hours (1.2%), and transport (1.8%) being the main reasons.
- Opening hours also posed a challenge for some, with working hours (12.9%), evening hours (8.2%), and weekend hours (5.9%)



being the primary concerns.

- When unable to access their regular pharmacy, the most common actions were to find another pharmacy (65.3%), wait to order (37.1%), or wait until it opened (34.1%).

- Pharmacy Choice and Satisfaction:

- The main reasons for choosing a regular pharmacy were its proximity to home (59.4%), proximity to their doctor's surgery (50.6%), and opening times (35.9%).
- Key factors for choosing a pharmacy included friendly staff (65.3%), short wait times (27.6%), and staff respecting privacy (24.7%).
- Most respondents travel to their pharmacy by motor vehicle (53.5%) or by walking (35.9%), with travel time typically being 5-10 minutes.
- The most important aspects of pharmacy hours were being open during the day (57.1%), early evening (38.8%), and lunchtime (32.9%).
- The most important factors when choosing a pharmacy were convenient location (74.7%), friendly staff (55.9%), and being open when needed (59.4%).
- Overall satisfaction with pharmacies was high, particularly regarding being open when needed, location, staff knowledge,

and attitude. However, there was lower satisfaction with parking facilities and the ability to use the pharmacy in an emergency.

- Pharmacy Services:

- The most frequently used services were collection of regular prescription medicines (79.4%), purchase of over-the-counter medicines (54.7%), and collection of occasional prescription medicines (50.6%).
- A high percentage of services on question 20 were deemed by respondents as not relevant to them, they included: the Stop Smoking Service (88.2%), Substance Misuse Service (87.1%), and Condom Distribution Service (86.5%). These services however are in place for a subset of persons who may not have answered the survey.
- A significant proportion of respondents had not used services such as blood pressure checks, flu vaccines, and COVID vaccines in the last year but indicated they might use them in the future.



**Overall, the majority of respondents were happy with pharmacy provision in Tameside. Respondents did not identify substantial gaps and the satisfaction with pharmacies in Tameside is high.**

Recommendations coming out of the survey indicate respondents would like to see the extending or adjusting opening hours to better accommodate access and enhanced communication with services and information on what pharmacies can provide.



# Health Need and Pharmacy Provision by Neighbourhood

**Figure 15: The Four Neighbourhoods**



Source: Public Health, Tameside MBC

This section of the pharmacy needs assessment provides a greater level of detail on the four defined neighbourhoods within Tameside. The following neighbourhoods defined within this report will aim to describe health need and pharmaceutical service provision, as follows:

- North Neighbourhood (Ashton Primary Care Network)
- West Neighbourhood (Denton Primary Care Network)
- East Neighbourhood (Stalybridge Primary Care Network)
- South Neighbourhood (Hyde Primary Care Network)

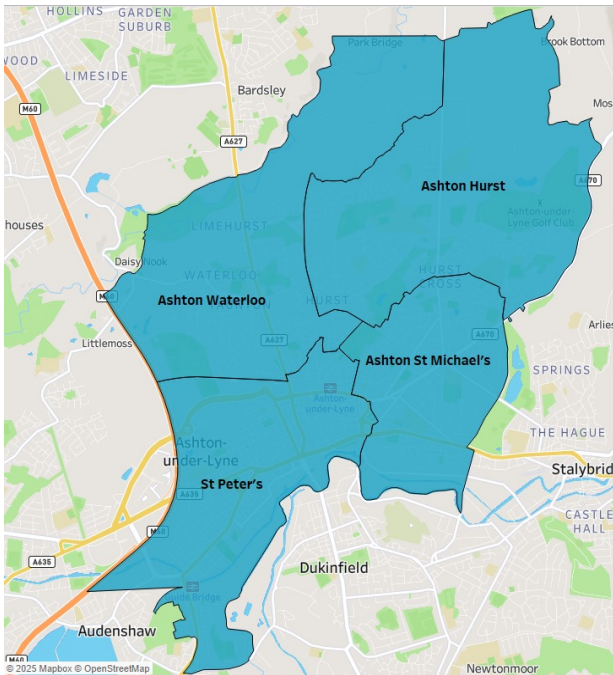
The neighbourhood sections include population demographic information, health need, vulnerable groups and pharmaceutical services information.





## North Neighbourhood (Ashton Primary Care Network)

**Figure 16 North Neighbourhood (Ashton Primary Care Network) by Ward.** Source: Tameside Public Health Intelligence



The north neighbourhood (Ashton PCN) has a total population of **50,941**<sup>22</sup>. This constitutes nearly a quarter (**22%**) of the total Tameside population with slightly more females than males (**49.5% males and 50.5% females**). The ward of Ashton St. Peters makes up the largest population in this neighbourhood, as well as being the most populated ward in the whole of Tameside. For the neighbourhood, under 5s make up 6.6% of the population (n=3,364) and the over 65s make up 15.7% (n=7,994) 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 North (Ashton PCN) Neighbourhood.

Population estimates<sup>23</sup> illustrate that 67.1% of the north neighbourhood (Ashton PCN) population is of 'White British' ethnicity, compared to 82.4% average for the borough. The north neighbourhood (Ashton PCN) has a much higher than average proportion of 'Asian or Asian British' population than the Tameside average (21.6% vs. 9.2%), with slightly higher populations of 'Mixed', 'Black and 'Other' ethnic groups. Ashton St Peters in particular has a larger ethnic minority community population than the Tameside average.

<sup>22</sup> [Ward-level population estimates \(official statistics in development\) - Office for National Statistics](#)

<sup>23</sup> <https://www.ethpop.org/>



## Health Need in the north neighbourhood (Ashton PCN)

Considering the demographics of the area, some of the health issues of concern are: Coronary Heart Disease (CHD) which is a major cause of mortality in ethnic minority communities particularly those of South Asian heritage. The Tameside electoral wards with the highest mortality from heart disease include Ashton's St. Peters. Cardiovascular disease is the main cause of premature mortality.

Type II diabetes, obesity and hypertension are also high in prevalence for the north neighbourhood (Ashton PCN), with practices in St. Peters ward having the highest prevalence amongst the ward level locations of practices.

Cardiovascular Disease (CVD) is a major cause of death in ethnic minority communities 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 two to six times more common in South Asian populations.<sup>24</sup>

<sup>24</sup> [Diabetes and cardiovascular risk in UK South Asians: an overview](#)

Average life expectancy in the north neighbourhood (Ashton PCN) is below the Tameside average for both males and females (2016-2020), with an average of **76 years** compared to the Tameside average of **77.2 years** for males and **79.4 years** for females compared to the Tameside average of **83.2 years**.

Ashton St. Peter's ward has the lowest life expectancy in Tameside at 74.1 years for males and 75.2 years for females.





## Mortality

When considering mortality rates for the main causes of death: cancer, CHD (coronary heart disease), COPD (Chronic Obstructive Pulmonary Disease), stroke and CVD (cardiovascular disease) for all ages and for premature mortality (under 75). The north neighbourhood (Ashton PCN) is worse compared to England, the Northwest and Tameside averages.

The north neighbourhood (Ashton PCN) has particularly high premature mortality rates for cancer, CHD, CVD and respiratory. Ashton Hurst has slightly better SMR across all conditions, aside from all age respiratory when compared with Tameside however for all other wards there is a significantly higher mortality ratio.

2016-2020 North (Ashton) Neighbourhood	Persons – Mortality – Indirectly Standardised Ratio (100 average for England)									
	<75 Years Cancer		All Ages Respiratory		<75 Years Circulatory Disease		Preventable < 75 years		All Causes <75 Years	
	Number	SMR	Number	SMR	Number	SMR	Number	SMR	Number	SMR
Ashton Hurst	82	112.6	101	<b>161.3</b>	54	134.5	101	122.2	214	114.7
Ashton St Michael's	61	102.2	81	137.5	55	<b>166.1</b>	108	<b>152.2</b>	210	<b>132.6</b>
Ashton Waterloo	91	<b>133.8</b>	100	<b>157.6</b>	59	<b>157.9</b>	118	<b>151.0</b>	253	<b>144.3</b>
St Peter's	98	<b>164.2</b>	114	<b>242.9</b>	72	<b>217.4</b>	184	<b>255.7</b>	330	<b>205.9</b>
North Neighbourhood		<b>127.6</b>		<b>170.8</b>		<b>166.8</b>		<b>168.3</b>		<b>148.0</b>
Tameside		<b>117.3</b>		<b>148.7</b>		<b>144.1</b>		<b>147.8</b>		<b>129.0</b>

Source: Fingertips Local Health

**RED** highlighted figures are higher than the Tameside average.

NB A standardised (directly or indirectly) mortality ratio (SMR) equal to England is 100. Therefore, for Tameside a SMR of 120 means that there were 20% more deaths in Tameside than expected, if the death rates were consistent with England age specific death rates.



## Morbidity

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

The table below illustrates the key causes of morbidity for the north neighbourhood (Ashton PCN).





**Figure 18: Disease prevalence (2023/24) for North Neighbourhood (Ashton PCN)**

Indicator	Period	Ashton PCN		Greater Manchester ICB - 01Y	England	England			
		Recent Trend	Count	Value	Value	Value	Lowest	Range	Highest
QOF Total List Size	2023/24	—	57,551	57,551*	225,651	163,207,644	-	-	-
Learning disability: QOF prevalence (All ages)	2023/24	➔	458	0.8%*	0.8%	0.6%	0.0%		1.6%
Stroke: QOF prevalence	2023/24	—	-	-	2.0%	1.9%	-	Insufficient number of values for a spine chart	-
Hypertension: QOF prevalence	2023/24	—	-	-	16.8%	14.8%	-	Insufficient number of values for a spine chart	-
Epilepsy: QOF prevalence (18+ yrs)	2023/24	➔	437	1.0%*	1.0%	0.8%	0.1%		1.4%
Diabetes: QOF prevalence	2023/24	—	-	-	9.0%	7.7%	-	Insufficient number of values for a spine chart	-
Dementia: QOF prevalence	2023/24	—	-	-	0.8%	0.8%	-	Insufficient number of values for a spine chart	-
COPD: QOF prevalence	2023/24	—	-	-	2.9%	1.9%	-	Insufficient number of values for a spine chart	-
CKD: QOF prevalence (18+ yrs)	2023/24	⬆	1,504	3.4%*	3.4%	4.4%	0.0%		11.7%
Heart Failure: QOF prevalence (All ages)	2023/24	⬆	539	0.9%*	1.2%	1.1%	0.0%		4.1%
CHD: QOF prevalence	2023/24	—	-	-	3.7%	3.0%	-	Insufficient number of values for a spine chart	-
Cancer: QOF prevalence	2023/24	⬆	1,742	3.0%*	3.6%	3.6%	0.2%		7.6%
Atrial fibrillation: QOF prevalence (All ages)	2023/24	➔	971	1.7%*	2.0%	2.2%	0.0%		4.9%
Palliative/supportive care: QOF prevalence (All ages)	2023/24	➔	609	1.1%*	1.1%	0.5%	0.0%		2.1%
% QOF points achieved	2023/24	➔	-	90.9%*	90.8%	93.1%	69.2%		100%
Depression: QOF prevalence - retired after 2022/23	2022/23	—	-	-	18.1%	13.2%	-	Insufficient number of values for a spine chart	-
Heart failure with LVSD: QOF prevalence (All ages)	2023/24	⬆	266	0.5%*	0.6%	0.6%	0.0%		1.9%
Osteoporosis: QOF prevalence (50+ yrs)	2023/24	➔	103	0.5%*	0.8%	1.1%	0.0%		6.2%
Mental Health: QOF prevalence (All ages)	2023/24	➔	526	0.9%*	0.9%	1.0%	0.2%		2.5%
Depression: QOF incidence - new diagnosis (18+ yrs)	2023/24	➔	1,090	2.4%*	2.5%	1.5%	0.1%		6.1%
Asthma: QOF prevalence (6+ yrs)	2023/24	—	3,540	6.6%*	7.5%	6.5%	2.0%		9.5%
Rheumatoid Arthritis: QOF prevalence	2023/24	—	-	-	0.8%	0.8%	-	Insufficient number of values for a spine chart	-
Smoking: QOF prevalence (15+ yrs)	2023/24	⬇	8,363	18.1%*	17.3%	14.5%	4.3%		42.3%
Obesity: QOF prevalence - replaced after 2022/23	2022/23	—	-	-	13.0%	11.4%	-	Insufficient number of values for a spine chart	-
PAD: QOF prevalence (All ages)	2023/24	➔	411	0.7%*	0.8%	0.6%	0.0%		1.6%
Non-Diabetic Hyperglycaemia (NDH): QOF prevalence (18+ yrs)	2023/24	—	3,531	7.9%*	8.5%	8.2%	0.1%		18.3%
Obesity: QOF prevalence (new definition)	2023/24	—	-	-	13.9%	12.8%	-	Insufficient number of values for a spine chart	-

Source: QOF-NHS England 2023/24 via Fingertips

NOTE Greater Manchester ICB – 01Y is the code for Tameside Locality as part of the Greater Manchester ICB.



## 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 70.3% of adults within Tameside are overweight or obese.<sup>25</sup> The anticipated rise in non-healthy weight (underweight, 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 non-healthy weight; therefore, north neighbourhood (Ashton PCN) is expected to have a higher proportion of people who are of a non-healthy weight.

Wards in the north neighbourhood (Ashton PCN) have a slightly higher proportion of children that are a non-healthy weight – specifically that are overweight and obese than both the Tameside and England Average. St. Peter's has the highest rates of obesity within reception year children out of all Tameside wards and 3rd highest year 6 prevalence. Ashton Waterloo has the second highest rates of obesity within year 6 children out of all Tameside wards, and all aside from Ashon Hust for reception aged children, have higher rates than the Tameside average.

[Ward level childhood obesity reception age](#)  
[Ward level childhood obesity year 6](#)

<sup>25</sup> Fingertips - OHID (based on Active Lives survey, Sport England)

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 north neighbourhood (Ashton PCN), 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. The north neighbourhood (Ashton PCN) has the highest prevalence of adult smoking in Tameside with 18.1% of the adult population smoking.

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 north neighbourhood (Ashton PCN), it is expected that there will be high levels of harmful drinking. For emergency hospital admissions for alcohol attributable conditions, St. Peter's ward has the highest ratio at 185.8 in the whole of Tameside



for 2016/17-2020/21. Ashton St Michael's and Ashton Waterloo wards also have higher admission ratios than the Tameside average at 3rd highest and 7th highest respectively.

### **Future Health Needs**

Prevalence projections for Tameside<sup>26</sup> show that the numbers of people aged 65+ with CVD are expected to rise over the next five years, by 8.7% and 9.6% for diabetes. This equates to approximately an extra 1,800 patients for just these two conditions. For overall long-term conditions, where activities are limited the projected rise in conditions is 8.8%.

Population projections are not available at neighbourhood level; however, it is expected that, between 2025 and 2030 in Tameside, there will be a 1.7% increase in total population, we will have an older population with a lower proportion of children and younger people. What is known using population estimates (rather than projections) is the north neighbourhood (Ashton PCN) is an area that contains a high young (19 and under) population, so the neighbourhood had consistently seen growth in this area. It is expected that this will still continue, although there will be additional growth in an older population. Overall, in Tameside there will be an expected increases of 4,200 65+ year olds and a 200 person reduction in the 0-19 year olds. The north neighbourhood (Ashton PCN) is likely to see a

similar percentage change of population and may therefore need to consider the extra pressure on pharmaceutical services for the aging population.

### **Access to Pharmacy – North Neighbourhood (Ashton PCN)**

There are 13 pharmacies in the north neighbourhood (Ashton PCN) and 1 pharmacy at the Tameside Foundation Integrated Care Trust (ICFT) with a further pharmacies located in other parts of Tameside and out of area' pharmacies in Oldham that are also likely to be accessed by the residents living in the North neighbourhood (Ashton PCN).

The pharmacies in the north neighbourhood (Ashton PCN) are available during core hours, out of hours for 3 pharmacies (two in Ashton St. Michael's and one in St. Peter's), 6 are open on a Saturday and 2 on a Sunday. They are easy to access and provide services at convenient locations. There is however no 100 hour provision anymore in the north neighbourhood – this applies to the whole of Tameside also, and the only 100 hour provision is now located in central Manchester.

<sup>26</sup> Source: Projecting Older People Population Information System (POPPI)

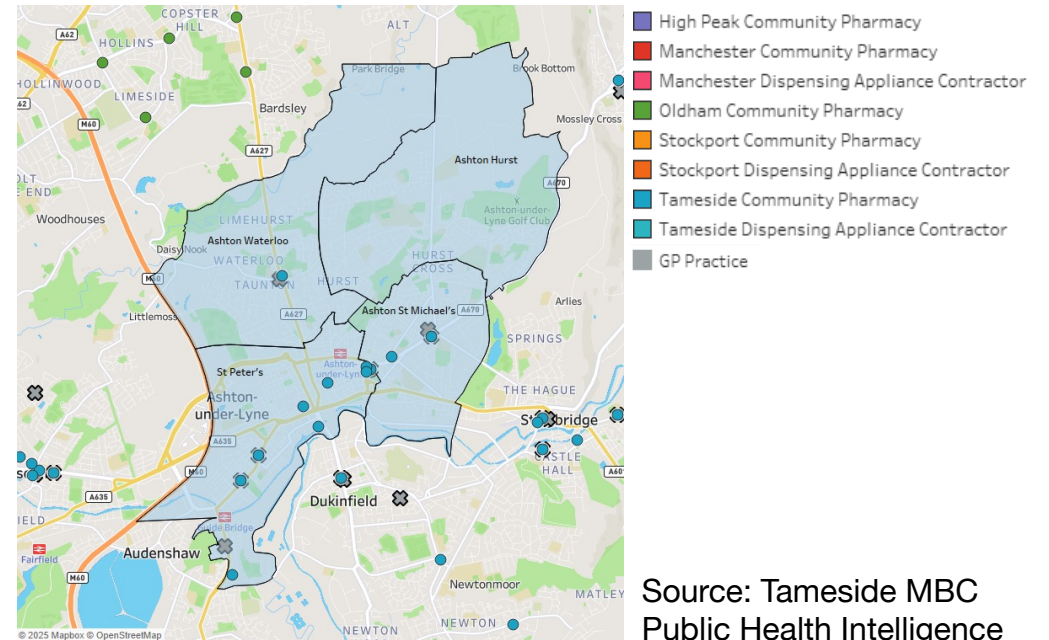


People living in areas of socio-economic deprivation (e.g. St Peter's and St Michaels) in the north neighbourhood (Ashton PCN) have good access to public transport and also have pharmacies within walking distance.

Pharmacies in the north neighbourhood (Ashton PCN) 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 neighbourhood is very good and meets the needs of the local population.

**Figure 19: Locations of GPs and pharmaceutical services serving the North Neighbourhood (Ashton PCN)**



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



The map above demonstrates 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.

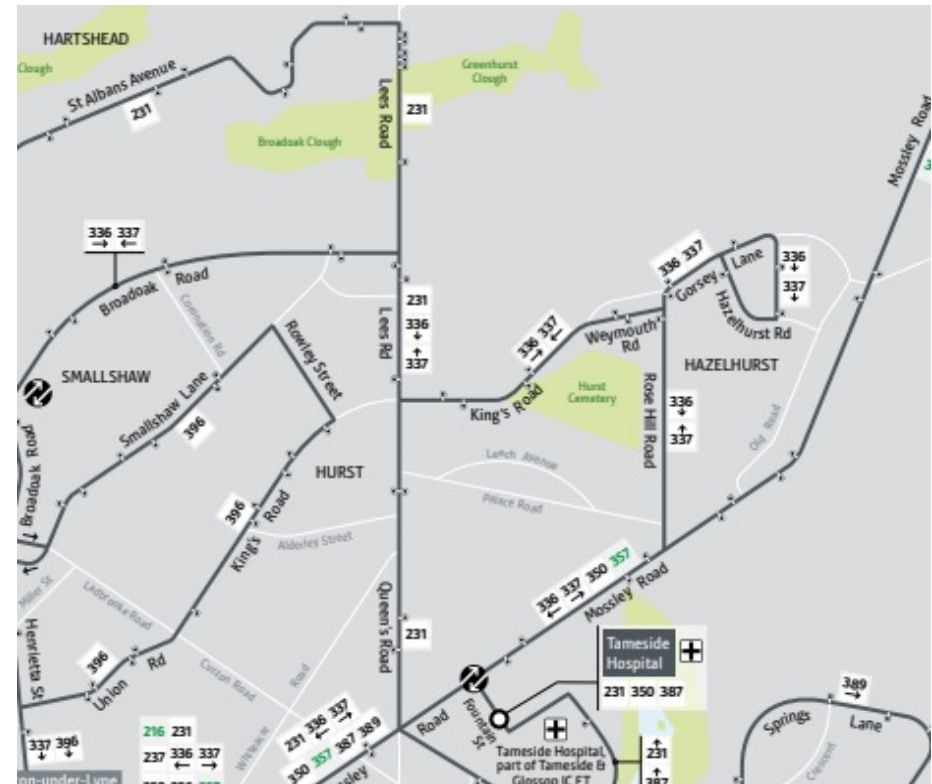
It is also important to consider the pharmacies location in relation to the 8 GP Practices in the North neighbourhood (Ashton PCN).

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 IMD2019. No further analysis was undertaken of this area as the majority number of pharmacies 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 the map below shows that the area is served by a large number of bus routes into and away from the centre of Ashton.

**Figure 20: Public transport routes through the Hurst area of Ashton.** Source: Bee Network, GMPTE 2025





### **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 Ashton 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 increase in students and teachers through the multi-service centre and the sixth form college 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.

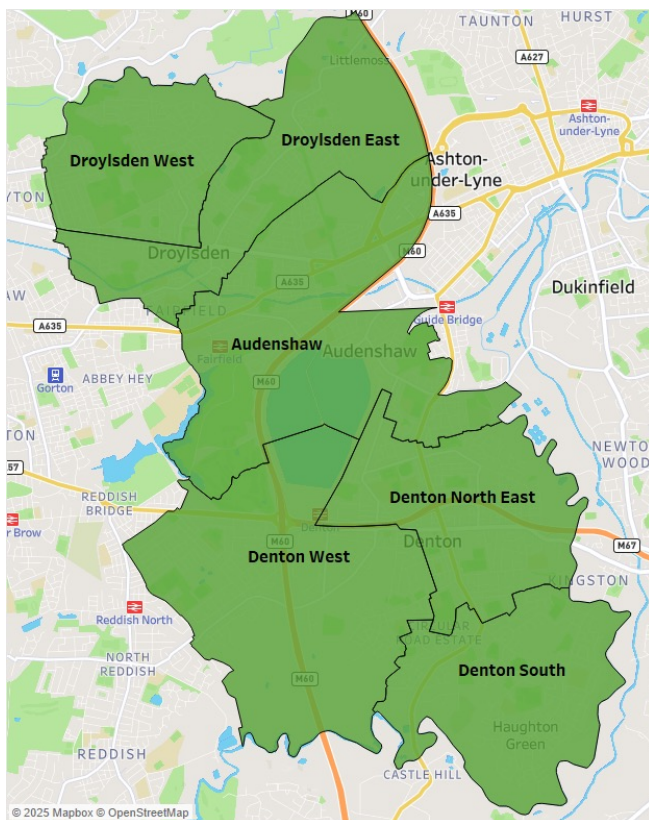
***The pharmacy provision in the north neighbourhood (Ashton PCN) is satisfactory in meeting the needs of the local population now and in the near future as any anticipated rises in demand due to demographic change should be easily responded to by existing local suppliers being able to flexibly increase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





## West Neighbourhood (Denton Primary Care Network)

**Figure 21: West Neighbourhood by Ward (Denton Primary Care Network).** Source: Tameside Public Health Intelligence



The west neighbourhood (Denton PCN) is situated in the west of the borough of Tameside bordering the neighbouring areas of Oldham, Stockport and Manchester and has a total population of 71,170.

This constitutes 30.6% of the total Tameside population with slightly more females than males (48.8% male and 51.2% 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. The neighbourhood is the largest in Tameside, with a higher population across all age groups, with 55-59 age group being the highest 5 year age band group in the neighbourhood.

Droylsden, Audenshaw and Denton wards are a mix of deprivation levels. But on the whole the west neighbourhood (Denton PCN) contains proportionately less of the population categorised within the most deprived fifth of areas nationally, according to the Indices of Multiple Deprivation 2019, compared to the Tameside average. A higher proportion of the population of the west neighbourhood (Denton PCN) live in quintiles 2 and 3 compared to the Tameside average.

At 86%, the west neighbourhood (Denton PCN) has a higher proportion of its population in the 'White British' ethnic category than Tameside and a lower proportion of ethnic minority communities at 14% compared to 17.6% in Tameside as a whole.



## Health Need in the Denton Neighbourhood

Average life expectancy (LE) in the west neighbourhood (Denton PCN) is above the Tameside average for both males and females; 77.8 years for males compared to 77.2 years for Tameside and 81.1 for females compared to 80.4 for Tameside in 2016-2020. Exceptions are males in Audenshaw and Denton South, and females in Audenshaw, where life expectancy is lower than the Tameside average.

## Mortality

When considering all age mortality rates for our main causes of death: cancer, CHD (coronary heart disease), stroke and CVD (cardiovascular disease) for all ages, the west neighbourhood (Denton PCN) is worse for cancer compared to England, the Northwest and Tameside averages.

Figure 22 below, explores the comparisons for the range of mortality indicators and highlights areas that are above the Tameside average.

**Figure 22: Premature Mortality in the west neighbourhood (Denton PCN) – Standardised Mortality Ratios 2016-2020**

2016-2020 West (Denton PCN) Neighbourhood	Persons – Mortality – Indirectly Standardised Ratio (100 average for England)									
	<75 Years Cancer		All Ages Respiratory		<75 Years Circulatory Disease		Preventable < 75 years		All Causes <75 Years	
	Number	SMR	Number	SMR	Number	SMR	Number	SMR	Number	SMR
Audenshaw	96	<b>138.0</b>	98	140.9	55	143.0	113	140.0	240	<b>133.0</b>
Denton <u>North East</u>	74	113.3	85	135.1	54	<b>149.6</b>	109	144.7	211	125.1
Denton South	85	<b>126.8</b>	115	<b>166.0</b>	61	<b>165.1</b>	144	<b>187.9</b>	244	<b>142.0</b>
Denton West	73	103.5	100	122.5	52	133.7	102	126.9	201	111.5
Droylsden East	89	<b>128.5</b>	101	<b>162.4</b>	46	120.2	110	137.2	218	121.3
Droylsden West	73	114.5	91	<b>149.2</b>	44	124.9	104	141.0	190	115.1
West Neighbourhood		<b>120.9</b>		145.1		139.3		<b>147.8</b>		124.7
Tameside		<b>117.3</b>		<b>148.7</b>		<b>144.1</b>		<b>147.8</b>		<b>129.0</b>

Source: Fingertips Local Health

RED highlighted figures are higher than the Tameside average.

NB A standardised (directly or indirectly) mortality ratio (SMR) equal to England is 100. Therefore, for Tameside a SMR of 120 means that there were 20% more deaths in Tameside than expected, if the death rates were consistent with England age specific death rates.



## Risk factors

It is estimated that people living in the majority of wards in the west neighbourhood (Denton PCN) are likely to choose unhealthy lifestyle behaviors.

Wards in the west neighbourhood (Denton PCN) have a slightly higher proportion of children that are a non-healthy weight for Reception and Year 6 children, and with the exception of Audenshaw and Denton West (for Year 6 only) for 2021/22-2023/24 combined.

In the west neighbourhood (Denton PCN), emergency hospital admissions for alcohol attributable conditions (broad definition) are higher than the Tameside average in Denton North East (124.3 indirectly standardised ratio) and Denton South (133.3 indirectly standardised ratio) when compared to the Tameside average of 122.2 indirectly standardised ratio (2016/17-202/21 combined). All other wards in the neighbourhood are slightly lower than the Tameside average for admissions.

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

## Morbidity

According to QOF disease registers, patients registered in the west neighbourhood (Denton PCN) locality have a higher prevalence than England and the Tameside average for: Cancer (3.8%) and Atrial Fibrillation (2.3%).

The table below illustrates the key causes of morbidity for the west neighbourhood (Denton PCN).





**Figure 23: Disease prevalence (2023/24) for West Neighbourhood (Denton PCN)**

Indicator	Period	Denton PCN			Greater Manchester ICB - 01Y	England	England		
		Recent Trend	Count	Value	Value	Value	Lowest	Range	Highest
QOF Total List Size	2023/24	-	52,434	52,434*	225,651	163,207,644	-	-	-
Learning disability: QOF prevalence (All ages)	2023/24	➔	378	0.7%*	0.8%	0.6%	0.0%		1.6%
Stroke: QOF prevalence	2023/24	-	-	-	2.0%	1.9%	-	Insufficient number of values for a spine chart	
Hypertension: QOF prevalence	2023/24	-	-	-	16.8%	14.8%	-	Insufficient number of values for a spine chart	
Epilepsy: QOF prevalence (18+ yrs)	2023/24	➔	411	1.0%*	1.0%	0.8%	0.1%		1.4%
Diabetes: QOF prevalence	2023/24	-	-	-	9.0%	7.7%	-	Insufficient number of values for a spine chart	
Dementia: QOF prevalence	2023/24	-	-	-	0.8%	0.8%	-	Insufficient number of values for a spine chart	
COPD: QOF prevalence	2023/24	-	-	-	2.9%	1.9%	-	Insufficient number of values for a spine chart	
CKD: QOF prevalence (18+ yrs)	2023/24	➔	1,338	3.2%*	3.4%	4.4%	0.0%		11.7%
Heart Failure: QOF prevalence (All ages)	2023/24	➔	622	1.2%*	1.2%	1.1%	0.0%		4.1%
CHD: QOF prevalence	2023/24	-	-	-	3.7%	3.0%	-	Insufficient number of values for a spine chart	
Cancer: QOF prevalence	2023/24	⬆	1,988	3.8%*	3.6%	3.6%	0.2%		7.6%
Atrial fibrillation: QOF prevalence (All ages)	2023/24	➔	1,187	2.3%*	2.0%	2.2%	0.0%		4.9%
Palliative/supportive care: QOF prevalence (All ages)	2023/24	➔	399	0.8%*	1.1%	0.5%	0.0%		2.1%
% QOF points achieved	2023/24	➔	-	91.3%*	90.8%	93.1%	69.2%		100%
Depression: QOF prevalence - retired after 2022/23	2022/23	-	-	-	18.1%	13.2%	-	Insufficient number of values for a spine chart	
Heart failure with LVSD: QOF prevalence (All ages)	2023/24	➔	229	0.4%*	0.6%	0.6%	0.0%		1.9%
Osteoporosis: QOF prevalence (50+ yrs)	2023/24	⬇	107	0.5%*	0.8%	1.1%	0.0%		6.2%
Mental Health: QOF prevalence (All ages)	2023/24	➔	439	0.8%*	0.9%	1.0%	0.2%		2.5%
Depression: QOF incidence - new diagnosis (18+ yrs)	2023/24	➔	946	2.3%*	2.5%	1.5%	0.1%		6.1%
Asthma: QOF prevalence (6+ yrs)	2023/24	-	3,441	7.0%*	7.5%	6.5%	2.0%		9.5%
Rheumatoid Arthritis: QOF prevalence	2023/24	-	-	-	0.8%	0.8%	-	Insufficient number of values for a spine chart	
Smoking: QOF prevalence (15+ yrs)	2023/24	⬇	6,639	15.6%*	17.3%	14.5%	4.3%		42.3%
Obesity: QOF prevalence - replaced after 2022/23	2022/23	-	-	-	13.0%	11.4%	-	Insufficient number of values for a spine chart	
PAD: QOF prevalence (All ages)	2023/24	➔	411	0.8%*	0.8%	0.6%	0.0%		1.6%
Non-Diabetic Hyperglycaemia (NDH): QOF prevalence (18+ yrs)	2023/24	-	2,973	7.1%*	8.5%	8.2%	0.1%		18.3%
Obesity: QOF prevalence (new definition)	2023/24	-	-	-	13.9%	12.8%	-	Insufficient number of values for a spine chart	

Source: QOF-NHS England 2023/24 via Fingertips

NOTE Greater Manchester ICB – 01Y is the code for Tameside Locality as part of the Greater Manchester ICB.



## Future Health Need

Prevalence projections for Tameside<sup>27</sup> show that the numbers of people aged 65+ with CVD are expected to rise over the next five years, by 8.7% and 9.6% for diabetes. This equates to approximately an extra 1,800 patients for just these two conditions. For overall long-term conditions, where activities are limited the projected rise in conditions is 8.8%.

As with the other three neighborhoods, estimated numbers of people with depression and dementia in the over 65 population are expected to rise, and the west neighbourhood (Denton PCN) 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 also has high rates of socio-economic deprivation and so it might be expected to be affected to a higher degree than the rest of Tameside; again this may also bring increased demand for pharmacy services.

In relation to increased demand for pharmacy services in the west neighbourhood (Denton PCN); Pharmacies are a business that can easily increase staff levels and skill mix appropriate to the increased pressure, but this is an area where provision has decreased as there are 3 less pharmacies than at the last PNA in 2022.

<sup>27</sup> Source: Projecting Older People Population Information System (POPPI)

## Access to Pharmacy – West Neighbourhood (Denton PCN)

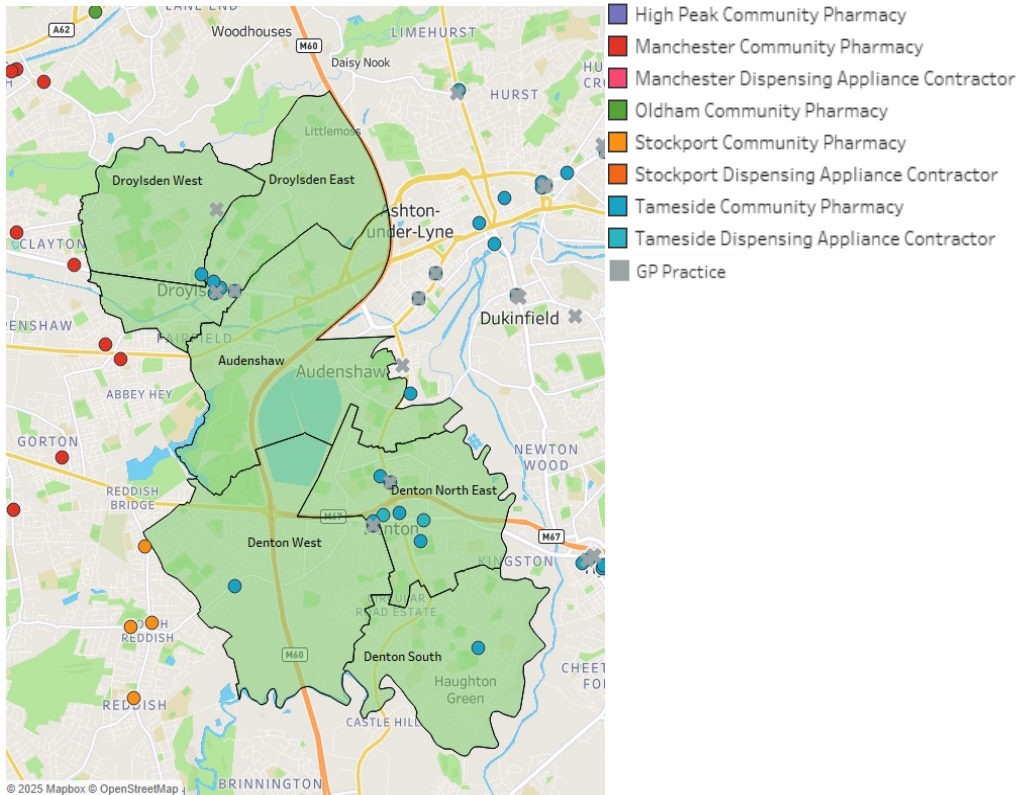
The west neighbourhood (Denton PCN) contains 13 community pharmacies and 6 GP practices at which pharmaceutical services can be accessed. As the map below highlights, there are also 14 pharmacies within Manchester, Oldham and Stockport local authorities that can be easily accessed by the west neighbourhood (Denton PCN) residents and the neighbouring localities of Ashton and Hyde Neighbourhoods have a number of pharmacies and GPs that residents are able to access. Both dispensing appliance contractors, which serve the whole of the Tameside population, are 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.



**Figure 24: Locations of GPs and pharmaceutical services serving the West Neighbourhood (Denton PCN)**



Source: Tameside MBC Public Health Intelligence  
NB: For information on pharmacies in neighbouring localities, please see relevant neighbourhood section.

Considering pharmacy provision alongside access to GP services and in west neighbourhood (Denton PCN) there are 6 GP Practices clustered in Droylsden and Denton with good correlation with the spread of pharmacies.

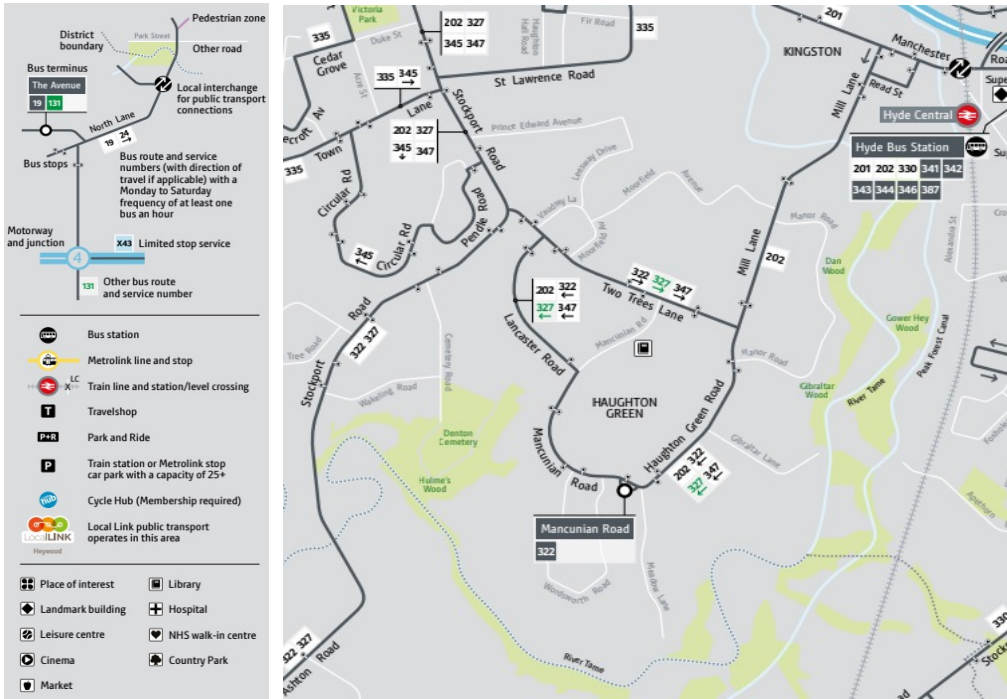
This area of Tameside has on the whole got good access to pharmacies, including two 100 hour contracted pharmacies. However, further analysis has been undertaken to identify if there are any areas where residents live who may have difficulty accessing pharmaceutical services.

Haughton Green and the Audenshaw ward were identified as areas of potential concern using both pharmacy locations and 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. Both areas were 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 IMD2019. 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.



**Figure 25: Public transport routes through the Haughton Green area of Denton**

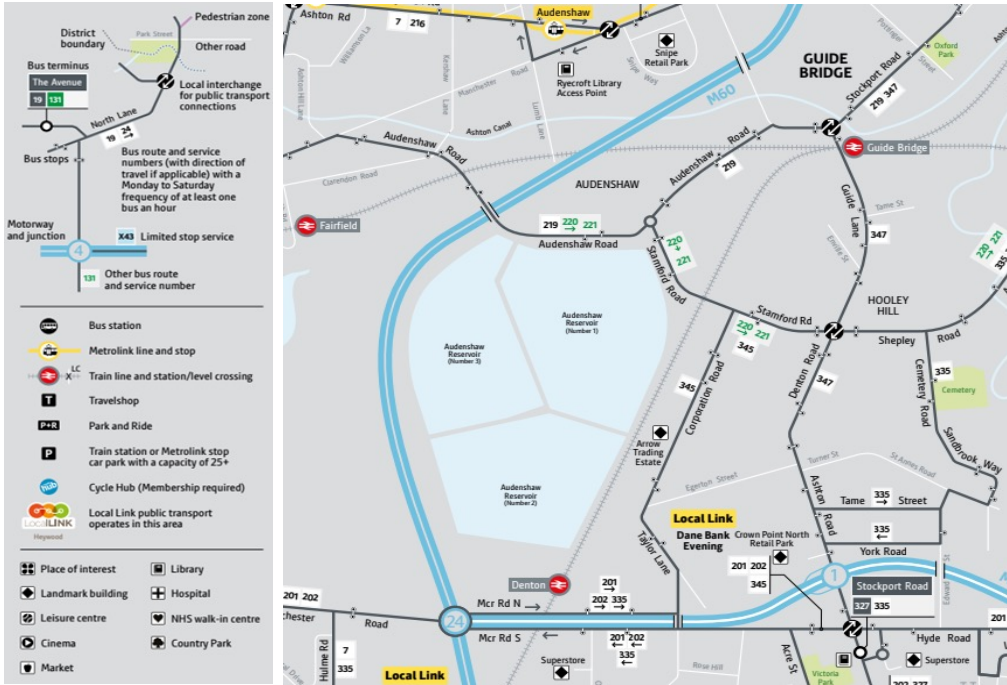


Although not classed as a high socio-economic deprivation area compared with other areas in Tameside, the lack of provision of pharmacies in Audenshaw meant that even with more vehicle owners, there would still be a small proportion of residents without access to a vehicle. When looking at available public transport routes and also the proximity of GP surgeries and pharmacies, it was deemed that there is adequate provision for Audenshaw residents to get to a pharmacy, with one pharmacy and GP practice located on the border with the north neighbourhood (Ashton PCN).

Source: Bee Network - GMPTE, 2025



Figure 26: Public transport routes through the Audenshaw Area



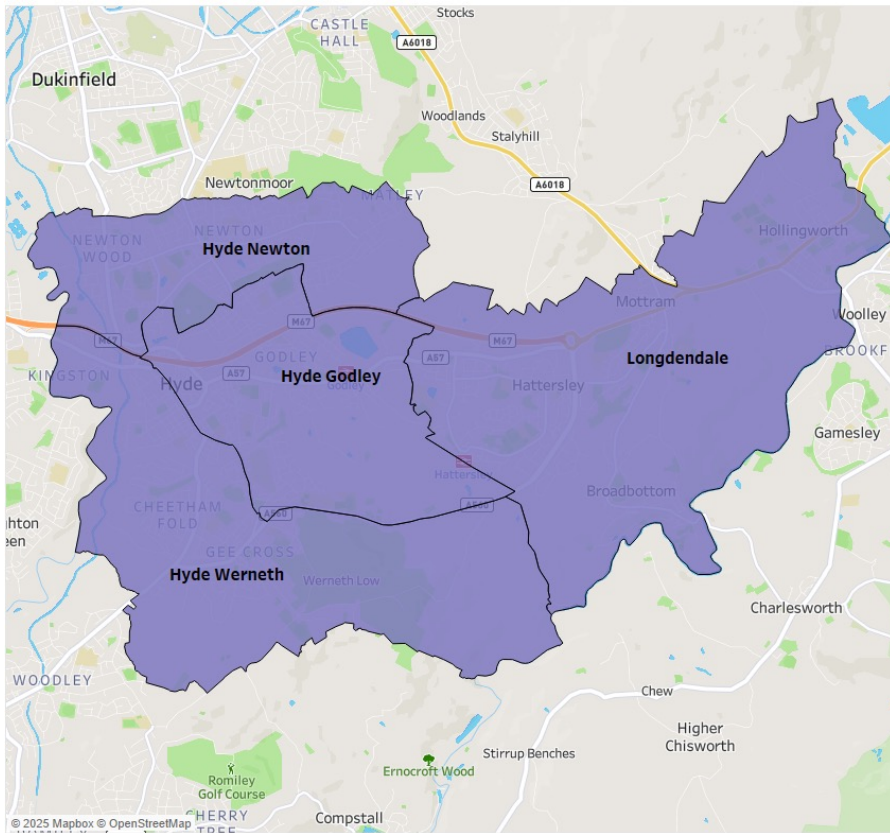
*In summary there has been a decrease of pharmacies in the west neighbourhood (Denton PCN) and whilst demand may increase due to demographic change and deprivation having an impact, there is good provision, and the existing providers should be able to easily respond and flexibly increase staff levels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

Source: Bee Network - GMPTE, 2025



## South Neighbourhood (Hyde Primary Care Network)

**Figure 27: South Neighbourhood by Ward (Hyde Primary Care Network).** Source: Tameside Public Health Intelligence



The south neighbourhood (Hyde PCN) 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 local authority areas of Stockport and High Peak. It has a total population of 50,225.

This constitutes **21.6%** of the total Tameside population with slightly more females than males (**49.2% male and 50.8% female**). Longendale has the highest population with 13,360 residents with Hyde Godley having the least at 11,569 (ONS mid-year estimates 2022).

The highest proportion of the population is within the 25-39 years age group, followed by the 50-54 and 55-59 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 groups categorised as living within the most deprived fifth of areas nationally, according to the Indices of Multiple Deprivation 2019, 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.



South neighbourhood (Hyde PCN) has a higher rate of people on out of work benefits in 2024 than Tameside as a whole and is second highest only to north neighbourhood.

The south neighbourhood (Hyde PCN) has a higher proportion of 'Asian or Asian British' population than the Tameside average (10% vs 9.2%), with smaller populations of 'Mixed', 'Black, or Black British', 'Chinese' and 'Other' ethnic groups than the Tameside average, and Hyde Werneth has the highest number of Bangladeshi residents of any ward in Tameside, accounting for 36.1% of the borough's total Bangladeshi population.<sup>28</sup>

Asian or Asian British 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. Hyde Godley ward has the 3rd highest percentage of pensioners aged 66+ living alone in Tameside at 61.3% compared to a Tameside average of 57% of all aged 66 and over.<sup>29</sup>

<sup>28</sup> [Nomis - Query Tool - TS022 - Ethnic group \(detailed\)](#)

<sup>29</sup> [Nomis - Query Tool - TS003 - Household composition](#)

## Health Need in the South Neighbourhood (Hyde PCN)

Cardiovascular Disease (CVD) is a major cause of death in ethnic minority communities particularly those of South Asian descent. In addition, type II diabetes is two to six times more common in South Asian populations. As the Asian or Asian British population is higher than the Tameside average in this neighbourhood, increase prevalence of these conditions is observed and discussed below.

Average life expectancy (LE) in the south neighbourhood (Hyde PCN) is slightly below the Tameside average for males and slightly above average for females at 77.1 years and 80.5 years respectively. However, at ward level, only Hyde Godley has a lower life expectancy compared to the Tameside average for males and females.

## Mortality

The south neighbourhood (Hyde PCN) has higher all age mortality for respiratory diseases (such as COPD), circulatory disease (CVD, CHD and Stroke) compared to the Tameside average. Premature mortality within the neighbourhood is higher than the Tameside average for circulatory disease (CVD, CHD and Stroke). Additionally, across all measures Hyde Godley ward has a higher ratio of expected deaths across all causes than the neighbourhood, Tameside and England averages.



**Figure 28: Premature Mortality in the south neighbourhood (Hyde PCN) – Standardised Mortality Ratios 2016-2020 averages.**

2016-2020 South Neighbourhood (Hyde PCN)	Persons – Mortality – Indirectly Standardised Ratio (100 average for England)									
	<75 Years Cancer		All Ages Respiratory		<75 Years Circulatory Disease		Preventable < 75 years		All Causes <75 Years	
	Number	SMR	Number	SMR	Number	SMR	Number	SMR	Number	SMR
Hyde Godley	79	124.5	98	187.4	60	170.7	139	186.9	267	160.2
Hyde Newton	85	110.4	87	148.2	53	124.5	123	136.8	245	121.6
Hyde Werneth	69	108.2	83	112.2	61	173.0	88	118.9	198	119.5
Longendale	68	105.4	91	155.6	54	152.1	107	145.5	199	120.7
South Neighbourhood		112.1		150.9		155.1		147.0		130.5
Tameside		117.3		148.7		144.1		147.8		129.0

Source: Fingertips Local Health **RED** highlighted figures are higher than the Tameside average.

NB A standardised (directly or indirectly) mortality ratio (SMR) equal to England is 100. Therefore, for Tameside a SMR of 120 means that there were 20% more deaths in Tameside than expected, if the death rates were consistent with England age specific death rates.

## Morbidity

QOF register data shows that the south neighbourhood (Hyde PCN) has a higher number on disease registers, when compared to the Tameside average for the following: Asthma (8.3%), Cancer (3.9%), Epilepsy (1.1%), CKD (3.5%), Heart failure (1.4%), Mental Health (1.1%), New Depression Diagnoses (3.1%), PAD (0.9%), Non-diabetic Hypoglycaemia (9.6%) and Palliative/supportive care (1.5%). The table below illustrates the key causes of morbidity for the south neighbourhood (Hyde PCN).

<sup>30</sup> [Diabetes and cardiovascular risk in UK South Asians: an overview](#)



**Figure 29: Disease prevalence (2023/24) for South Neighbourhood (Hyde PCN)**

Indicator	Period	Hyde PCN			Greater Manchester ICB - 01Y	England	England			
		Recent Trend	Count	Value	Value	Value	Lowest	Range	Highest	
QOF Total List Size	2023/24	-	72,957	72,957*	225,651	163,207,644	-	-	-	
Learning disability: QOF prevalence (All ages)	2023/24	↑	599	0.8%*	0.8%	0.6%	0.0%		1.6%	
Stroke: QOF prevalence	2023/24	-	-	-	2.0%	1.9%	-	Insufficient number of values for a spine chart		
Hypertension: QOF prevalence	2023/24	-	-	-	16.8%	14.8%	-	Insufficient number of values for a spine chart		
Epilepsy: QOF prevalence (18+ yrs)	2023/24	→	608	1.1%*	1.0%	0.8%	0.1%		1.4%	
Diabetes: QOF prevalence	2023/24	-	-	-	9.0%	7.7%	-	Insufficient number of values for a spine chart		
Dementia: QOF prevalence	2023/24	-	-	-	0.8%	0.8%	-	Insufficient number of values for a spine chart		
COPD: QOF prevalence	2023/24	-	-	-	2.9%	1.9%	-	Insufficient number of values for a spine chart		
CKD: QOF prevalence (18+ yrs)	2023/24	→	2,044	3.5%*	3.4%	4.4%	0.0%		11.7%	
Heart Failure: QOF prevalence (All ages)	2023/24	↑	1,025	1.4%*	1.2%	1.1%	0.0%		4.1%	
CHD: QOF prevalence	2023/24	-	-	-	3.7%	3.0%	-	Insufficient number of values for a spine chart		
Cancer: QOF prevalence	2023/24	↑	2,836	3.9%*	3.6%	3.6%	0.2%		7.6%	
Atrial fibrillation: QOF prevalence (All ages)	2023/24	→	1,550	2.1%*	2.0%	2.2%	0.0%		4.9%	
Palliative/supportive care: QOF prevalence (All ages)	2023/24	→	1,082	1.5%*	1.1%	0.5%	0.0%		2.1%	
% QOF points achieved	2023/24	→	-	90.0%*	90.8%	93.1%	69.2%		100%	
Depression: QOF prevalence - retired after 2022/23	2022/23	-	-	-	18.1%	13.2%	-	Insufficient number of values for a spine chart		
Heart failure with LVSD: QOF prevalence (All ages)	2023/24	↑	489	0.7%*	0.6%	0.6%	0.0%		1.9%	
Osteoporosis: QOF prevalence (50+ yrs)	2023/24	→	265	1.0%*	0.8%	1.1%	0.0%		6.2%	
Mental Health: QOF prevalence (All ages)	2023/24	→	767	1.1%*	0.9%	1.0%	0.2%		2.5%	
Depression: QOF incidence - new diagnosis (18+ yrs)	2023/24	↑	1,792	3.1%*	2.5%	1.5%	0.1%		6.1%	
Asthma: QOF prevalence (6+ yrs)	2023/24	-	5,647	8.3%*	7.5%	6.5%	2.0%		9.5%	
Rheumatoid Arthritis: QOF prevalence	2023/24	-	-	-	0.8%	0.8%	-	Insufficient number of values for a spine chart		
Smoking: QOF prevalence (15+ yrs)	2023/24	↓	10,511	17.9%*	17.3%	14.5%	4.3%		42.3%	
Obesity: QOF prevalence - replaced after 2022/23	2022/23	-	-	-	13.0%	11.4%	-	Insufficient number of values for a spine chart		
PAD: QOF prevalence (All ages)	2023/24	→	676	0.9%*	0.8%	0.6%	0.0%		1.6%	
Non-Diabetic Hyperglycaemia (NDH): QOF prevalence (18+ yrs)	2023/24	-	5,508	9.6%*	8.5%	8.2%	0.1%		18.3%	
Obesity: QOF prevalence (new definition)	2023/24	-	-	-	13.9%	12.8%	-	Insufficient number of values for a spine chart		

Source: Office for Health Improvement & Disparities (PH Fingertips)



## Risk factors

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, ethnic minority communities, people with existing health conditions, including poor mental health and those receiving treatment in hospital and children and unborn babies exposed to passive smoking.

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 Longdendale wards (Hattersley) and Hyde Newton ward, it is expected that there will be high levels of harmful drinking also. Emergency hospital admissions for alcohol attributable conditions (broad definition), are higher than the Tameside

average in Hyde Godley (133.5 indirectly standardised ratio) and Hyde Newton (128.3 indirectly standardised ratio) when compared to the Tameside average of 122.2 indirectly standardised ratio (2016/17-202/21 combined) Longdendale is just below the average (117.4 indirectly standardised ratio).

## Future Health Need – prevalence projections and demographic change

Prevalence projections for Tameside<sup>31</sup> show that the numbers of people aged 65+ with CVD are expected to rise over the next five years, by 8.7% and 9.6% for diabetes. This equates to approximately an extra 1,800 patients for just these two conditions. For overall long-term conditions, where activities are limited the projected rise in conditions is 8.8%.

Estimated numbers of people with depression and dementia in the over 65 population suggest that, across the whole of Tameside between 2025 and 2030, we may expect rise of 16% in the number of over 65s with dementia equating to an additional 513 people, a rise of 12% in over 65s with depression equating to an additional 475 people. It is expected that Tameside's aging population will bring an increase in long-term mental health problems, including dementia with significant implications for services supporting carers.

<sup>31</sup> Source: Projecting Older People Population Information System (POPPI)

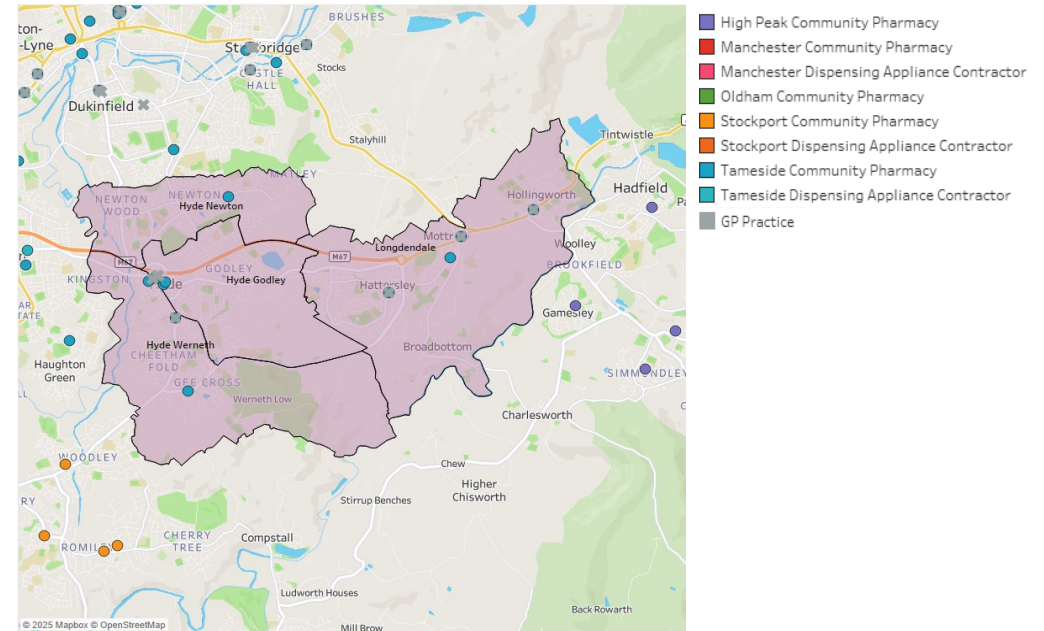


Population projections are not available at neighbourhood level; however, it is expected that, between 2025 and 2030 in Tameside, there will be a 1.7% increase in total population, we will have an older population with a lower proportion of children and younger people. Overall, in Tameside there will be an expected increases of 4,200 65+ year olds and a 200 person reduction in the 0-19 year olds. The south neighbourhood (Hyde PCN) is likely to see a similar percentage change of population and may therefore need to consider the extra pressure on pharmaceutical services for the aging population.

### Access to Pharmacy- South Neighbourhood (Hyde PCN)

The south neighbourhood (Hyde PCN) contains 12 pharmacies including three 100 hour contracted pharmacies, and 7 GP practices at which the population can access pharmaceutical services. There is a particular concentration of pharmacies within the Hyde Town centre. There are also 4 pharmacies within Stockport and 4 within High Peak in Derbyshire 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.

**Figure 30: Locations of GPs and pharmaceutical services serving the south neighbourhood (Hyde PCN)**



Source: Tameside MBC Public Health Intelligence

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



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

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 Longdendale. The relevant LSOAs are classified within the most socio-economically deprived decile in the country according to the IMD2019. 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. The map below (figure 31) 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.

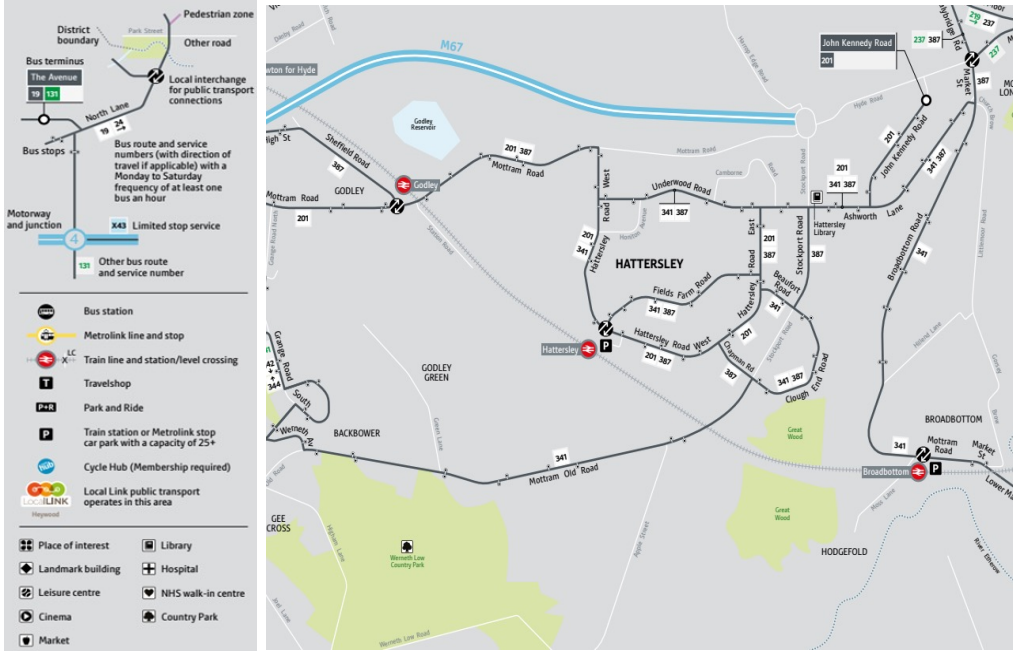
It is also recognised that many of the community pharmacies serving this area provide free prescription collection and delivery services to patients homes as an added value service to patients.

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.





Figure 31: Public transport routes through the Hattersley Area



Source: Bee Network - GMPT, 2025

In summary good access to pharmacy is evident across the south neighbourhood (Hyde PCN). Whilst there has been a slight decrease in pharmacy provision, and an increase in households and a demographic shift towards an aging 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.

It is worth noting that there are plans for Godley Green in Hyde. This could see 2,150 new homes built over the next 16 years. The site will also include 0sqm of retail space, 1,600sqm of commercial space and 1,000sqm for local community uses, including a primary school. Planning permission for the village was submitted at the end of 2023, so development of the village is due to start onsite in early 2026 therefore during the life course of this needs assessment. The impact of this development has been considered within the course of this needs assessment and there is no identified additional needs, aside from a population increase, this development would bring in relation to pharmacy provision.



## East Neighbourhood (Stalybridge Primary Care Network)

**Figure 32: East Neighbourhood by Ward (Stalybridge Primary Care Network)**



The Stalybridge neighbourhood has a total population of 60,417. This constitutes 26% of the total Tameside population with slightly more females than males (49.1% male and 50.9% female). There is a roughly equal split of the population between each of the wards. The highest proportion of the population is the 30-39 years age group, followed by the 50-59 age group. There are slightly more females in the younger age groups and slightly males more 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 British' ethnic category than Tameside and a much lower proportion from an ethnic minority community.

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%. Stalybridge South ward has the lowest percentage of pensioners aged 66+ living alone in Tameside at 46.2% compared to a Tameside average of 56.7% of all aged 66 and over<sup>32</sup> conversely Dukinfield Stalybridge has the 5th highest percentage of pensioners aged 66+ living alone in Tameside at 57.7%.

<sup>32</sup> [Nomis - Query Tool - TS003 - Household composition](#)



## Health Need in Stalybridge Neighbourhood

Average life expectancy (LE) in the Stalybridge Neighbourhood is higher than the Tameside average for males and around the average for females at 77.7 years and 80.4 years respectively. Both Dukinfield ward and Stalybridge North ward have lower levels of life expectancy for both males and females than the Tameside average.

## Mortality

When considering all age mortality rates for our main causes of death: cancer, CHD (coronary heart disease), respiratory disease, stroke and CVD (cardiovascular disease) for all ages, the East Neighbourhood is better compared to Tameside averages for all measures.

With respect to premature mortality (all causes under 75 years) the neighbourhood has a lower overall ratio of mortality, however for Dukinfield and Stalybridge North wards the ratio is substantially higher than the neighbourhood, Tameside and England averages. Stalybridge South has the lowest under 75 year mortality rate in the neighbourhood which in addition is lower than the England average ratio, with Stalybridge North having the highest.





Figure 33: Premature Mortality in the east neighbourhood (Stalybridge PCN) – Standardised Mortality Ratios 2016-2020

2016-2020 East Neighbourhood (Stalybridge PCN)	Persons – Mortality – Indirectly Standardised Ratio (100 average for England)									
	<75 Years Cancer		All Ages Respiratory		<75 Years Circulatory Disease		Preventable < 75 years		All Causes <75 Years	
	Number	SMR	Number	SMR	Number	SMR	Number	SMR	Number	SMR
Dukinfield	81	116.4	96	171.9	59	153.5	129	158.8	249	137.2
Dukinfield Stalybridge	76	105.4	98	126.6	56	140.8	107	130.5	216	117.3
Mossley	64	95.4	54	114.9	41	110.5	87	112.0	182	104.6
Stalybridge North	106	142.9	97	162.6	53	129.2	160	185.9	281	146.1
Stalybridge South	58	84.4	69	112.8	35	92.3	67	85.1	152	86.0
East Neighbourhood		108.9		137.8		125.3		134.5		118.2
Tameside		117.3		148.7		144.1		147.8		129.0

NB A standardised (directly or indirectly) mortality ratio (SMR) equal to England is 100. Therefore, for Tameside a SMR of 120 means that there were 20% more deaths in Tameside than expected, if the death rates were consistent with England age specific death rates.

Source: Fingertips Local Health

RED highlighted figures are higher than the Tameside average.



## Morbidity

Figure 34: Disease prevalence (2023/24) for East Neighbourhood (Stalybridge PCN)

Indicator	Period	Stalybridge PCN			Greater Manchester ICB - 01Y	England	England		
		Recent Trend	Count	Value	Value	Value	Lowest	Range	Highest
QOF Total List Size	2023/24	—	42,709	42,709*	225,651	163,207,644	-	-	-
Learning disability: QOF prevalence (All ages)	2023/24	➔	281	0.7%*	0.8%	0.6%	0.0%		1.6%
Stroke: QOF prevalence	2023/24	—	-	-	2.0%	1.9%	-	Insufficient number of values for a spine chart	-
Hypertension: QOF prevalence	2023/24	—	-	-	16.8%	14.8%	-	Insufficient number of values for a spine chart	-
Epilepsy: QOF prevalence (18+ yrs)	2023/24	➔	322	1.0%*	1.0%	0.8%	0.1%		1.4%
Diabetes: QOF prevalence	2023/24	—	-	-	9.0%	7.7%	-	Insufficient number of values for a spine chart	-
Dementia: QOF prevalence	2023/24	—	-	-	0.8%	0.8%	-	Insufficient number of values for a spine chart	-
COPD: QOF prevalence	2023/24	—	-	-	2.9%	1.9%	-	Insufficient number of values for a spine chart	-
CKD: QOF prevalence (18+ yrs)	2023/24	⬆	1,079	3.2%*	3.4%	4.4%	0.0%		11.7%
Heart Failure: QOF prevalence (All ages)	2023/24	⬆	497	1.2%*	1.2%	1.1%	0.0%		4.1%
CHD: QOF prevalence	2023/24	—	-	-	3.7%	3.0%	-	Insufficient number of values for a spine chart	-
Cancer: QOF prevalence	2023/24	⬆	1,583	3.7%*	3.6%	3.6%	0.2%		7.6%
Atrial fibrillation: QOF prevalence (All ages)	2023/24	➔	909	2.1%*	2.0%	2.2%	0.0%		4.9%
Palliative/supportive care: QOF prevalence (All ages)	2023/24	➔	412	1.0%*	1.1%	0.5%	0.0%		2.1%
% QOF points achieved	2023/24	➔	-	91.2%*	90.8%	93.1%	69.2%		100%
Depression: QOF prevalence - retired after 2022/23	2022/23	—	-	-	18.1%	13.2%	-	Insufficient number of values for a spine chart	-
Heart failure with LVSD: QOF prevalence (All ages)	2023/24	⬆	277	0.6%*	0.6%	0.6%	0.0%		1.9%
Osteoporosis: QOF prevalence (50+ yrs)	2023/24	⬆	187	1.2%*	0.8%	1.1%	0.0%		6.2%
Mental Health: QOF prevalence (All ages)	2023/24	➔	361	0.8%*	0.9%	1.0%	0.2%		2.5%
Depression: QOF incidence - new diagnosis (18+ yrs)	2023/24	⬆	557	1.6%*	2.5%	1.5%	0.1%		6.1%
Asthma: QOF prevalence (6+ yrs)	2023/24	—	3,177	7.9%*	7.5%	6.5%	2.0%		9.5%
Rheumatoid Arthritis: QOF prevalence	2023/24	—	-	-	0.8%	0.8%	-	Insufficient number of values for a spine chart	-
Smoking: QOF prevalence (15+ yrs)	2023/24	⬇	6,085	17.6%*	17.3%	14.5%	4.3%		42.3%
Obesity: QOF prevalence - replaced after 2022/23	2022/23	—	-	-	13.0%	11.4%	-	Insufficient number of values for a spine chart	-
PAD: QOF prevalence (All ages)	2023/24	➔	396	0.9%*	0.8%	0.6%	0.0%		1.6%
Non-Diabetic Hyperglycaemia (NDH): QOF prevalence (18+ yrs)	2023/24	—	3,121	9.2%*	8.5%	8.2%	0.1%		18.3%
Obesity: QOF prevalence (new definition)	2023/24	—	-	-	13.9%	12.8%	-	Insufficient number of values for a spine chart	-

Source: Office for Health Improvement & Disparities (PH Fingertips)



Additionally, when considering morbidity Quality Outcomes Data (QOF) for the east neighbourhood, GP registers shows their patients have a higher than average prevalence (compared with England, and the rest of Tameside) for: Asthma (7.9%), Smoking (17.6%), peripheral arterial disease (PAD) - (0.9%), non-diabetic hyperglycaemia (9.2%).

The figure above illustrates the key causes of morbidity for the east neighbourhood (Stalybridge PCN).

### Risk factors

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

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 70.3% of adults are overweight or obese 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.

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, 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.

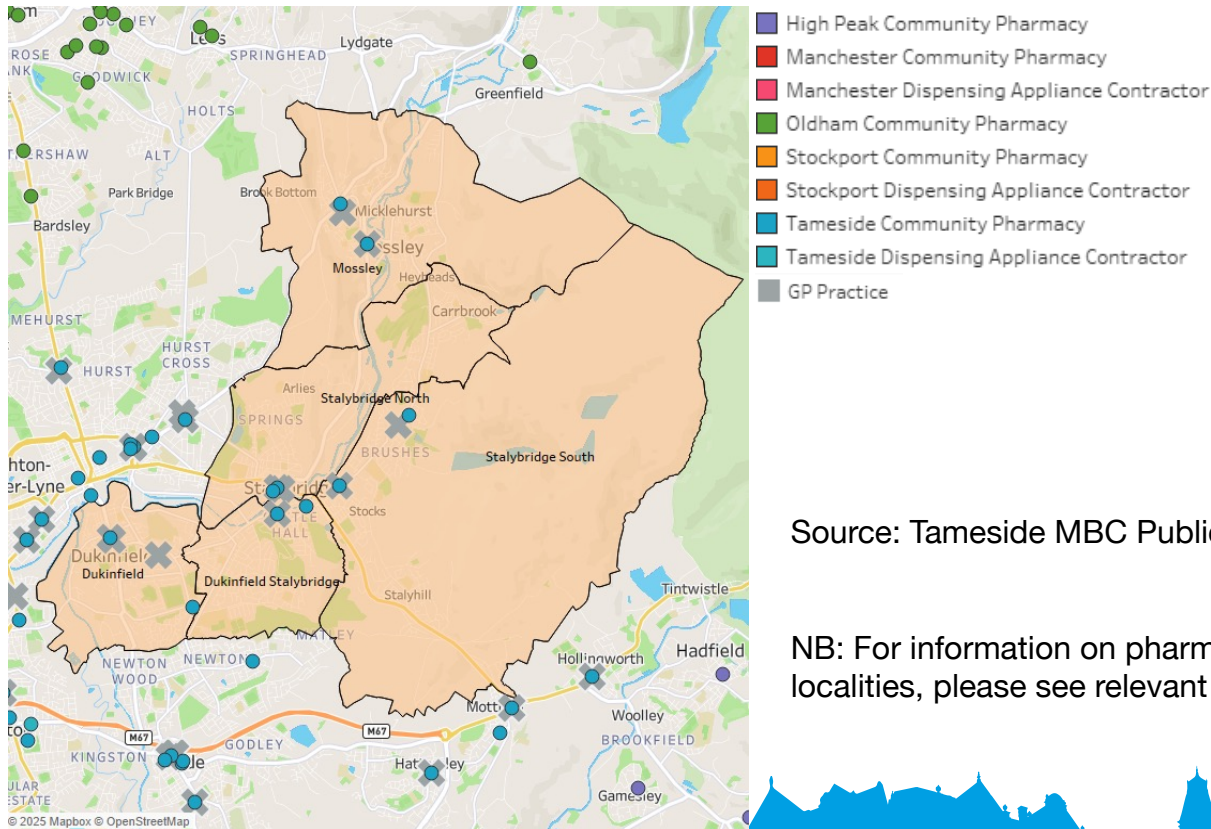
Harmful drinking patterns contribute to increasing levels of alcohol related ill health and pressure on health services through long-term conditions such as liver disease. In the short term alcohol contributes to accidents and violent crime. Harmful drinkers tend to live in more deprived areas of the 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. Emergency hospital admissions for alcohol attributable conditions (broad definition), are higher than the Tameside average in Dukinfield ward (129.7 indirectly standardised ratio) and Stalybridge North ward (136.2 indirectly standardised ratio) when compared to the Tameside average of 122.2 indirectly standardised ratio (2016/17-202/21 combined). Mossley is - pharmaceutical services from an aging population should be felt across the range of providers rather than in any defined specific location.



## Access to Pharmacy – Stalybridge Neighbourhood

There are 10 pharmacies in the east neighbourhood, including two 100 hours contract 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.

**Figure 35: Locations of GPs and pharmaceutical services serving the east neighbourhood (Stalybridge PCN)**



Source: Tameside MBC Public Health Intelligence

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



Figure 35 shows the location of the current pharmacies within the east neighbourhood, with a concentration of 5 in Stalybridge close to the Town Centre and the major road and rail intersections/public transport hub. Dukinfield has 2 pharmacies, Mossley has 2 and there is a further pharmacy in Stalybridge at Millbrook.

It is also important to consider pharmacy provision alongside access to GP services and in the Stalybridge Neighbourhood there are 10 GP Practices.

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 10 pharmacies and 10 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 30 minute walk estimate, and there are a further 38 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.

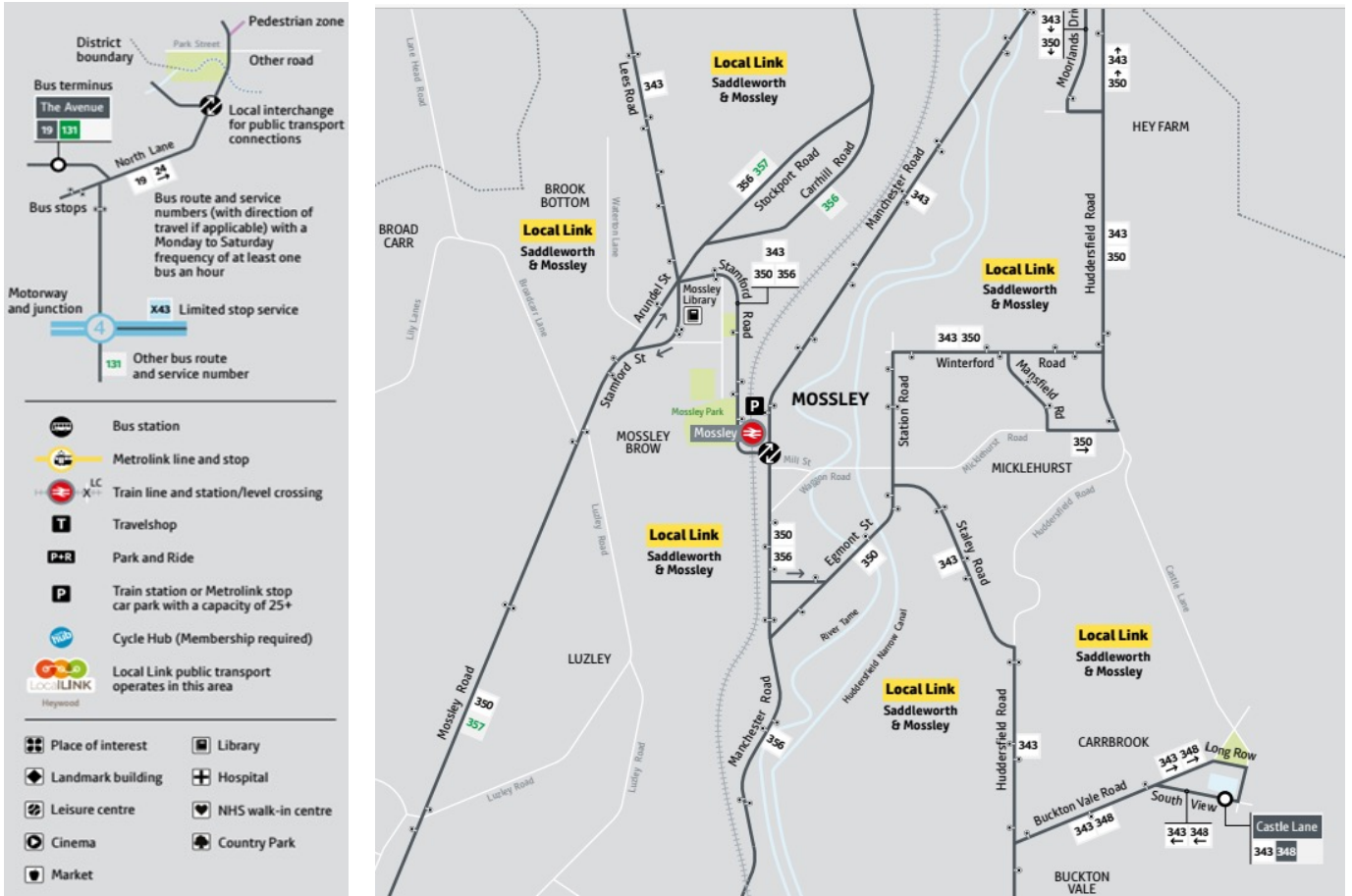
Micklehurst is within the Mossley ward and is classified as within the 10% most socio-economically deprived areas in the country according to the IMD2019. Micklehurst is also geographically isolated. Lloyds and 'Chadwick and Hadfield' pharmacies are located in Mossley, close to the Micklehurst area, 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.



Figure 36: Public transport routes through the Micklehurst and Mossley areas



Source: Bee Network - GMPT, 2025





***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 east 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.



# 60 Day Public and Stakeholder Consultation

The PNA is also required to incorporate a statutory 60-day formal consultation with a range of stakeholders. This was undertaken between Tuesday 10th June 2025 until Saturday 9th August 2025; further details of the process are outlined in [Appendix 9](#).

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.

The following questions were proposed to stakeholders for the consultation:

1. The draft PNA aims to identify pharmacy need across Tameside. Does it achieve this? If not, please can you explain why?
2. Do you know of any relevant information that you think has not been included which could affect the conclusions and recommendations of this PNA? If yes, then please provide the additional information.
3. The draft 2025-2028 PNA shows that pharmaceutical provision in Tameside is satisfactory with few or no identified gaps. Do you agree? If not, what else should be considered?
4. Do you have any other relevant comments to add regarding the 2025/28 draft PNA?

Feedback that was collated from the responses is outlined in [Appendix 9](#) and modifications to the document where relevant were made.

# Wider Issues around Pharmacy Need for Tameside

Whilst 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. This includes the changing landscape of health and social care, with the merger of NHS England into the Department for Health and Social Care, and the significant cuts to the Integrated Care Boards budgets. Whilst at the time of writing the full implications are not known, a clearer understanding will emerge in the next 2-3 years. Additionally, the future pharmacy's role in prevention and self-care especially around the neighbourhood model adapted in Tameside is a crucial part of primary care.

## 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 an audit exercise should be undertaken over the next 3 years to ensure pharmacies are being utilised to their potential.

Once this PNA 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. 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.

The PNA 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 CPGM 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. CPGM is happy to work with the council and other stakeholders to meet the needs identified in this PNA.

# Recommendations

This PNA builds on and supersedes the 2022/25 PNA and read alongside the JSNA summary of health and wellbeing 2024/25 and other needs assessments and profiles, gives a more complete picture of health & wellbeing need and assets across Tameside. From the assessment of provision, service, location and feedback the following outlines the recommendations from the information gathered:

- 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 within certain geographic areas and competition and government funding reductions. This impact must be within current regulatory parameters, with any additional impact measures being fully transparent. While most pharmacies have sufficient capacity, targeted support should be provided to the small percentage that may struggle with increased demand. This could include resource sharing or process optimisation.
- A recommendation from the public survey indicates respondents would like to see the extending or adjusting opening hours to better accommodate access, whilst the current provision is deemed satisfactory, a recommendation would be for pharmacies to look at opening hours where possible to align with service demands.
- Also from the public survey, it was observed that communication on services pharmacies provide including the Pharmacy First scheme isn't always clear therefore a recommendation would be

for enhanced communication with information on what services pharmacies can provide.

- The position of pharmacy in providing Wellness and health improvement services should continue to be considered, both in relation to specific models and with respect to further building of social capital. Through the recent contract announcement supporting pharmacies in expanding the provision of advanced services such as Contraception Service, and Pharmacy First etc, could assist in reducing demand elsewhere in the health system.
- 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.
- Pharmacies if commissioned 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 Integrated Care agenda and therefore needs to be explored in more depth. This could be through an increase in the Urgent Care and Care Home Services, for which pharmacies have demonstrated they are willing and able to provide.



- To support the decision making process of the NHS Greater Manchester ICB 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 and ensure any new process followed is fair for all parties. The panel, the applicant and interested parties along with sitting within the current regulatory pharmaceutical application consultation and determination process are to ensure responses have taken into consideration the 2025/28 PNA findings. This group should be made up of key members of the PNA steering group. and is to ensure any new process followed is fair for all parties; the panel, the applicant and interested parties along with sitting within the current regulatory pharmaceutical application consultation and determination process.
- In order to support this decision making additionally a consideration for how the currently available pharmacy facilities provide a benchmark for identifying gaps in provision should also be provided. This would be supported by the provision of this report and any subsequent supplementary statements until the next Pharmaceutical Needs Assessment supersedes it in 2028.
- As outlined in the introduction and background, there are significant changes expected around both NHS England and Integrated Care Boards. At the time of writing the most up to date information has been included however further supplementary statements may be required if any significant changes become apparent in the life course of this document.



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- Appendix 3: Process of the PNA including surveys and consultations
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# Appendix 1:

## Tameside PNA Steering Group Membership and Terms of Reference

### Terms of Reference - Pharmaceutical Needs Assessment Steering Group (2025/2028)

#### 1. Name of Committee

Pharmaceutical Needs Assessment (PNA) Steering Group

#### 2. Connectivity

Reports to the Health and Wellbeing Board

- Updates to the Board through a board representative

#### 3. Chair

Head of Medicines Optimisation (Tameside)

#### 4. Management Leads

Project Manager – Public Health Intelligence Manager (TMBC)

#### 5. Membership Role

Chair – Head of Medicines Optimisation (Tameside)

- Project manager (Public Health Intelligence, Tameside)
- CPGM representative
- Healthwatch Tameside
- NHS England (Senior Primary Care Programme Manager GM ICB)

- Primary Care Programme Manager GM ICB
- Primary Care Programme Manager GM ICB
- Head of Communications Tameside MBC
- Adult social care TMBC
- Chief Pharmacist (ICFT)
- Tameside Associate Medical Director and GP Representative
- GP representative Tameside
- Consultant in Public Health Tameside
- Public Health - Community Engagement Tameside

#### For information at a Greater Manchester level:

- Communications and Engagement Officer, Community Pharmacy Greater Manchester (former LPC)
- Director of Services, Community Pharmacy Greater Manchester (former LPC)

# Appendix 1:

## Tameside PNA Steering Group Membership and Terms of Reference

### 6. Function of Steering Group

- a. To oversee the refresh/update of the pharmaceutical needs assessment for the Tameside Health and Wellbeing Board that fulfils the statutory requirements specified under the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.
- b. To undertake a public consultation on pharmacy access and services and a 60 day formal stakeholder consultation on the PNA first draft report.
- c. To identify and report any risks to the board that might jeopardise the successful completion of the PNA.

#### ***Health and Wellbeing board meeting schedule:***

- 21st November 2024 - present schedule and terms of reference
- 23rd January 2025 – progress report
- 27th March 2025 –progress report
- 19th June 2025 - progress report with first draft
- 25th September 2025 - sign of final report

### 7. Outputs of the Group

To produce a Pharmaceutical Needs Assessment for Tameside Health and Wellbeing Board in line with statutory requirements

Briefing/action notes will be taken at each PNA steering group meeting and distributed to the relevant parties

Progress reports will be presented at H&WBB over the next 12 months

### 8. Quorum

It is envisaged that the group will 'meet' electronically, mainly through email or Teams. Engagement of 1/3 of the group is required for decision making.

# Appendix 1:

## Tameside PNA Steering Group Membership and Terms of Reference

### 9. Frequency of meetings

Approximately every 12 weeks (virtual) as a steering group and at intervals where needed

#### Meeting schedule of the PNA steering group will be;

- 5th November 2024 at 10:30am - 11:30am -1st 2022/2025 PNA steering group meeting
- 2nd December 2024 at 1.30pm - 2.30pm -present progress report and any other up dates
- 3rd March 2025 at 2.00pm - 3.00pm - present progress and consultation process
- 2nd June 2025 at 2.00pm - 3.00pm - present 1st draft of PNA
- 4th September 2025 at 2.00pm - 3.00pm present final PNA with edits from consultation

### 10. Governance

It is recognised that the PNA will take at least 8 months to produce up to the consultation period, a further 60 days for consultation is envisaged then a further month to update any changes.

The Health and Wellbeing board will continue to be given up dates throughout this time.

It is envisaged that the final PNA will be presented to the H&WBB in September 2025 for final sign off.

# Appendix 2:

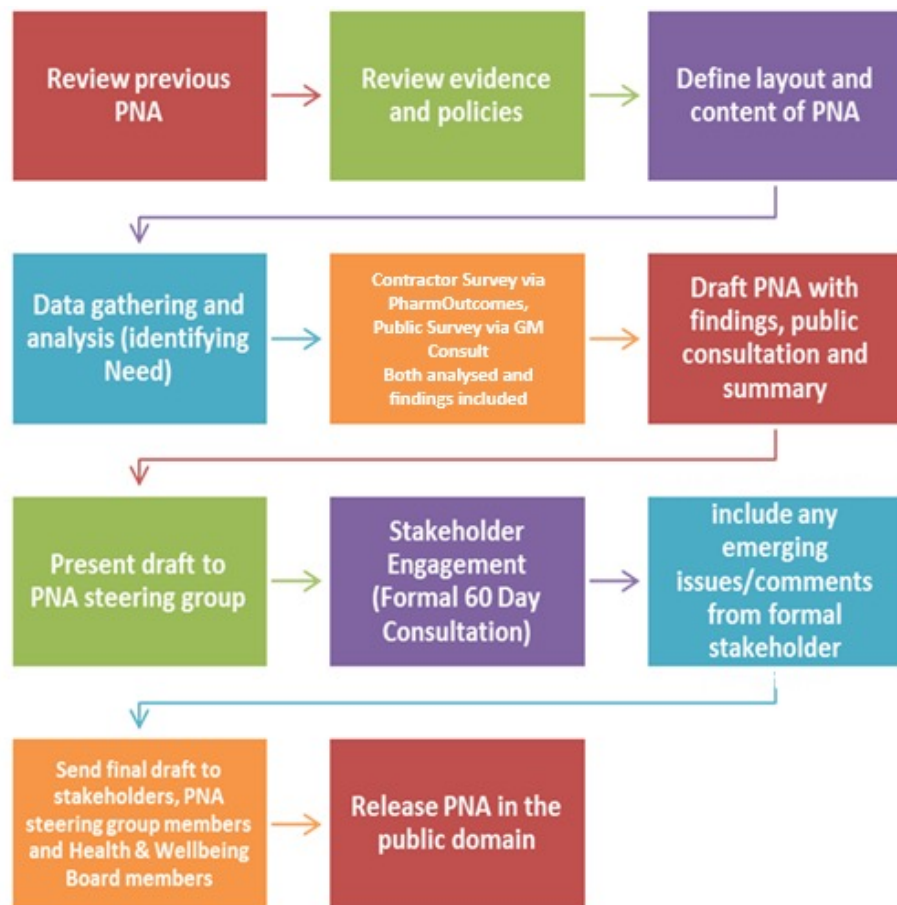
## Greater PNA Steering Group Membership

Name	Health and Wellbeing Board/Organisation/Role
2 x Bolton Public Health Representative	Bolton Health and Wellbeing Board
5 x Bury Public Health Representative	Bury Health and Wellbeing Board
1 x Stockport Pharmacy Representative	Chair of Meeting
4 x CPGM Representatives	Community Pharmacy Greater Manchester (Organisers)
6 x GM ICB Representatives	Greater Manchester Integrated Care Board
1 x GMCA Representative	Greater Manchester Combined Authority
3 x Manchester Representatives	Manchester Health and Wellbeing Board
2 x Oldham Representatives	Oldham Health and Wellbeing Board
3 x Rochdale Representatives	Rochdale Health and Wellbeing Board
3 x Salford Representatives	Salford Health and Wellbeing Board
2 x Tameside Representatives	Tameside Health and Wellbeing Board
2 x Trafford Representatives	Trafford Health and Wellbeing Board
3 x Wigan Representatives	Wigan Health and Wellbeing Board

# Appendix 3:

## Process of the PNA including surveys 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, Tuesday 10th June 2025 until Saturday 9th August 2025; 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 JSNA webpage hosted by Tameside Council. This method of consultation aimed to be more efficient and to save paper and limit the environmental impact, however paper copies were also made available, and were sent to those organisations upon request.

All feedback was considered, and the Tameside PNA steering group made the decision via email in August which sections of the PNA need amending so that it will be ready for sign off by the Health and Wellbeing board in September 2025 and final publication on 1st October 2025.

# Appendix 3:

## Process of the PNA including surveys and consultations

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:

- Community Pharmacy Greater Manchester (CPGM) for its area (including any Local Pharmaceutical representatives for part of its area or for its area and that of all or part of the area of one or more other HWBs) <https://greatermanchester.communitypharmacy.org.uk/>;
- 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) <http://www.tameside.gov.uk/>;
- Any persons on the pharmaceutical lists and any dispensing doctors list for its area;
- Any CPGM chemist in its area with whom the NHS England 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 <http://www.healthwatchtameside.co.uk/>; and

- Any NHS trust or NHS foundation trust in its area <https://www.tamesidehospital.nhs.uk/>;
- Greater Manchester Integrated Care Board <https://gmintegratedcare.org.uk/>;
- Any neighbouring Health and Wellbeing Board <https://www.oldham.gov.uk/>, <https://www.manchester.gov.uk/>, <https://www.stockport.gov.uk/>, <https://www.derbyshire.gov.uk/home.aspx>.

# Appendix 4:

## List of pharmacies in Tameside (as at April 2025)

ODS Code	Contractor Name (Legal Entity)	Trading Name	Postcode	Type of Contract	Standard Hours	If opened as exemption/type
FTH04	Ansar Mahmood and Saqab Zahid	Adams Pharmacy	OL6 6NE	Standard	73 hours	100 hours
FV756	Queen Street Pharmacy Ltd	Ashton Primary Care Centre Pharmacy	OL6 7SR	Standard	40 hours	
FRN15	Boots UK Ltd	Boots the Chemist	M34 3LY	Standard	72 hours	100 hours
FED07	lpharmacy Direct Ltd	lpharmacy Direct	OL6 9NU	Standard	40 hours	Distance
FP879	Asda Stores Ltd	Asda Pharmacy	OL6 7PF	Standard	72 hours	100 hours
FEJ56	Boots UK Ltd	Boots the Chemist	OL6 7JL	Standard	40 hours	
FX959	Gorgemead Ltd	Cohens Chemist	OL6 6HF	Standard	40 hours	
FM310	Gorgemead Ltd	Group Pharmacy	OL6 6HD	Standard	40 hours	
FK014	Bestway National Chemists Ltd	Well	OL7 0NW	Standard	40 hours	
FJE52	Audenshaw Pharmacy Ltd	Audenshaw Pharmacy	M34 5DE	Standard	40 hours	
FCN77	Bestway National Chemists Ltd	Well	SK15 1RZ	Standard	40 hours	

# Appendix 4:

## List of pharmacies in Tameside (as at April 2025)

ODS Code	Contractor Name (Legal Entity)	Trading Name	Postcode	Type of Contract	Standard Hours	If opened as exemption/type
FFP09	Bestway National Chemists Ltd	Well	SK15 2PT	Standard	40 hours	
FH003	Bestway Panacea Healthcare Ltd	Well	SK15 2AJ	Standard	40 hours	
FLL29	Bestway National Chemists Ltd	Well	SK14 2QR	Standard	40 hours	
FQN19	Bestway National Chemists Ltd	Well	SK14 2AD	Standard	40 hours	
FYE63	Bestway National Chemists Ltd	Well	SK16 4JZ	Standard	40 hours	
FC480	Gorgemead Ltd	Cohens Chemist	M34 2AJ	Standard	40 hours	
FQK26	A T Health Ltd	Denton Pharmacy	M34 3EX	Standard	40 hours	
FVA73	Newbridge (Healthcare) Ltd	Pharmacy First	M34 6PF	Standard	40 hours	Distance
FYA54	Newbridge (Healthcare) Ltd	S F Wain Pharmacy	M34 7PL	Standard	40 hours	
FRT39	Rachel S Potter Ltd	Windmill Pharmacy	M34 2ET	Standard	40 hours	
FV867	Al-Hram Pharma Ltd	Droylsden Pharmacy	M43 7BP	Standard	76 hours	100 hours

# Appendix 4:

## List of pharmacies in Tameside (as at April 2025)

ODS Code	Contractor Name (Legal Entity)	Trading Name	Postcode	Type of Contract	Standard Hours	If opened as exemption/type
FXK78	Tesco Stores Ltd	Tesco In-store Pharmacy	M43 6TQ	Standard	40 hours	
FFE81	Bestway National Chemists Ltd	Well	M43 7BW	Standard	40 hours	
FJ297	RJ Lad Chemists Ltd	Lad RJ Pharmacy	SK16 5AT	Standard	40 hours	
FRF38	JRS Futures Ltd	Future Pharmacy	OL7 0LH	Standard	40 hours	
FTP71	The Hub Pharmacy Ltd	Market Street Pharmacy	SK14 2AD	Standard	40 hours	
FKF06	Boots UK Ltd	Your Local Boots Pharmacy	SK14 3EH	Standard	40 hours	
FTC91	Asda Stores Ltd	Asda Pharmacy	SK14 1BD	Standard	72 hours	100 hours
FAG81	Alipharma Ltd	Hyde Pharmacy	SK14 1JY	Standard	73 hours	100 hours
FR468	Blundell's Pharmacy Limited	Manor Pharmacy	SK14 5RU	Standard	40 hours	
FNA75	Roshban Limited	Newton Pharmacy	SK14 4HH	Standard	40 hours	
FD408	Bestway National Chemists Ltd	Well	SK14 8LN	Standard	40 hours	
FLF52	Bestway National Chemists Ltd	Well	SK14 6LA	Standard	40 hours	
FJ174	Boots UK Ltd	Boots the Chemist	SK14 2LX	Standard	40 hours	

# Appendix 4:

## List of pharmacies in Tameside (as at April 2025)

ODS Code	Contractor Name (Legal Entity)	Trading Name	Postcode	Type of Contract	Standard Hours	If opened as exemption/type
FCT75	Gorgemead Ltd	Cohens Chemist	M34 3JE	Standard	40 hours	
FF631	Homepride Estates Ltd	Rizwan Chemist	M34 2AF	Standard	40 hours	
FJG93	Bestway National Chemists Ltd	Well	M34 2AF	Standard	40 hours	
FKK88	P A McKeever Limited	Chadwick & Hadfield Ltd	OL5 9AB	Standard	40 hours	
FH401	Tesco Stores Ltd	Tesco In-store Pharmacy	SK14 6NT	Standard	78 hours	100 hours
FMA65	Oldham Healthcare Limited	Waterloo Pharmacy	OL7 9PS	Standard	40 hours	
FAK83	Tesco Stores Ltd	Tesco In-store Pharmacy	SK15 2BJ	Standard	78 hours	100 hours
FXW73	Ansar Mahmood & Saqab Zahid & Azhar Ahmed	Adams Pharmacy	SK15 2AU	Standard	73 hours	100 hours
FA596	Blundell's Pharmacy Limited	Manor Pharmacy	SK15 3ET	Standard	40 hours	
FF766	S Z Enterprise Ltd	Penny Meadow Pharmacy	OL6 6HE	Standard	40 hours	
FGE67	BAA Pharma Ltd	Market Street Pharmacy	M43 6DD	Standard	40 hours	Distance
FE452	Mossley Healthcare Limited	Alans Pharmacy	OL6 6NE	Standard	40 hours	
FW297	P A McKeever Limited	McKeevers Chemists	OL5 0HR	Standard	40 hours	

# Appendix 5:

## Table of GP practices in Tameside

NHS Code	Name	Postcode	Ward name	Neighbourhood/
P89002	THE BROOKE SURGERY	SK14 1AT	Hyde Werneth	South - Hyde
P89003	ALBION MEDICAL PRACTICE	OL6 6HF	St Peter's	North - Ashton
P89004	AWBURN HOUSE MEDICAL PRACTICE	SK14 6LA	Longdendale	South - Hyde
P89005	LOCKSIDE MEDICAL CENTRE	SK15 2PT	Stalybridge South	East - Stalybridge
P89007	STAVELEIGH MEDICAL CENTRE	SK15 2AE	Stalybridge North	East - Stalybridge
P89008	ASHTON MEDICAL GROUP	OL6 6EW	St Peter's	North - Ashton
P89010	MEDLOCK VALE MEDICAL PRACTICE	M43 7BW	Droylsden East	West - Denton
P89011	GORDON STREET MEDICAL CENTRE	OL6 6NE	Ashton St Michael's	North - Ashton
P89012	CLARENDON MEDICAL CENTRE	SK14 2AQ	Hyde Godley	South - Hyde
P89013	HATTERSLEY GROUP PRACTICE	SK14 3EH	Longdendale	South - Hyde
P89014	HAUGHTON THORNLEY MEDICAL CENTRES	SK14 1JY	Hyde Werneth	South - Hyde
P89015	MILLGATE HEALTHCARE PARTNERSHIP	M34 2AJ	Denton West	West - Denton
P89016	DONNEYBROOK MEDICAL CENTRE	SK14 2AH	Hyde Godley	South - Hyde

# Appendix 5:

## Table of GP practices in Tameside

NHS Code	Name	Postcode	Ward name	Neighbourhood/
P89018	DENTON MEDICAL PRACTICE	M34 3JE	Denton North East	West - Denton
P89020	HT PRACTICE	OL7 0NW	St Peter's	North - Ashton
P89021	DUKINFIELD MEDICAL PRACTICE	SK16 4DB	Dukinfield	East - Stalybridge
P89022	KING STREET MEDICAL CENTRE	SK16 4JZ	Dukinfield	East - Stalybridge
P89023	ST. ANDREW'S HOUSE SURGERY	SK15 2AU	Stalybridge North	East - Stalybridge
P89025	TOWN HALL SURGERY	SK16 4LD	Dukinfield	East - Stalybridge
P89026	GROSVENOR MEDICAL CENTRE	SK15 1RZ	Dukinfield Stalybridge	East - Stalybridge
P89029	MARKET STREET MEDICAL PRACTICE	M43 6DE	Droylsden East	West - Denton
P89030	WEST END MEDICAL CENTRE	OL7 0LH	St Peter's	North - Ashton
P89602	THE SMITHY SURGERY	SK14 8LN	Longdendale	South - Hyde
P89609	STAMFORD HOUSE	OL6 9QH	Ashton St Michael's	North - Ashton
P89612	MOSSLEY MEDICAL PRACTICE	OL5 9AB	Mossley	East - Stalybridge
P89613	WATERLOO MEDICAL CENTRE	OL7 9EJ	Ashton Waterloo	North - Ashton

# Appendix 5:

## Table of GP practices in Tameside

NHS Code	Name	Postcode	Ward name	Neighbourhood/
P89616	DROYLSDEN MEDICAL CENTRE	M43 7BW	Droylsden East	West - Denton
P89618	PIKE MEDICAL PRACTICE	OL5 0HE	Mossley	East - Stalybridge
Y02663	DROYLSDEN MEDICAL PRACTICE	M43 7NP	Droylsden West	West - Denton
Y02713	GUIDE BRIDGE MEDICAL PRACTICE	M34 5HY	St Peter's	North - Ashton
Y02936	MILLBROOK MEDICAL PRACTICE	SK15 3BJ	Stalybridge South	East - Stalybridge

# Appendix 6:

## Public Survey Engagement and List of Contacted Organisations

Who	When	How	Type:
PNA Steering Group	05/02/2025	Steering group meetings	Strategic
JSNA Sub-Group	05/02/2025	Via email	Strategic
Tameside Council Intranet Page	05/02/2025	Information published on the intranet	Strategic
Information Ambassadors Network Bulletin	10/02/2025	Via Email	VCFSE
The Grafton Centre	10/02/2025	Via Email	VCFSE
The Together Centre	10/02/2025	Via Email	VCFSE
People First	10/02/2025	Via Email	VCFSE
Community Explorer - Ashton.	10/02/2025	Via Email	VCFSE
Community Explorer - Hyde, Hattersley & Longendale	10/02/2025	Via Email	VCFSE
Community Explorer - Stalybridge, Dukinfield & Mossley	10/02/2025	Via Email	VCFSE
Community Explorer - Denton, Droylsden & Audenshaw	10/02/2025	Via Email	VCFSE
Age UK	10/02/2025	Via Email	VCFSE

# Appendix 6:

## Public Survey Engagement and List of Contacted Organisations

Who	When	How	Type:
Curzon Ashton FC	10/02/2025	Via Email	VCFSE
Community Networks - Diversity, H&S etc	10/02/2025	Via Email	VCFSE
The Leap Centre	10/02/2025	Via Email	VCFSE
The Shed	10/02/2025	Via Email	VCFSE
Tameside Carers Group	10/02/2025	Via Email	VCFSE
Tameside Parent Carer Forum	10/02/2025	Via Email	VCFSE
Cedar Park Community Group (Mums Group)	26/02/2025	In person meeting	VCFSE
Tameside Arts Ltd	25/02/2025	Via email 25/2/25	VCFSE
Forget me Knot Buddies	25/02/2025	Via email 25/2/25	VCFSE
DMNW Groups	25/02/2025	Via email 25/2/25	VCFSE
Action Together Partnership Network	10/02/2025	Distributed to wider networks.	General Public
Ridge Hill residents	10/02/2025	Distributed survey via resident FB page; Engagement at Healthier You launch event where a tablet was used and hard copies for survey for use.	General Public

# Appendix 6:

## Public Survey Engagement and List of Contacted Organisations

Who	When	How	Type:
OKE – Our Kids Eyes	10/02/2025	OKE circulated to their distribution list.	General Public
GM Wellbeing Service, The Big Life group	10/02/2025	Distributed to wider networks.	General Public
Cedar Park & Hurst Group	10/02/2025	Distributed to wider networks.	General Public
Jigsaw Homes	10/02/2025	Via email.	General Public
Ashton Pioneer Homes	10/02/2025	Via email.	General Public
Onwards Housing	10/02/2025	Via email.	General Public
Active Tameside	10/02/2025	Via email.	General Public
Save the Children	10/02/2025	Via email.	General Public
Hype	10/02/2025	Via email.	General Public
Activation Workshop Stamford Drive/Granville Street- Public Event	22/02/2025	In Person, left flyers and paper copies with development worker (worker will contact if anyone completes)	General Public
NHS Social Prescribing	10/02/2025	Via email.	General Public
Cancer Timely Presentation Touch Point	13/02/2025	Via email.	General Public

# Appendix 6:

## Public Survey Engagement and List of Contacted Organisations

Who	When	How	Type:
Aspiring Leaders	25/02/2025	In person	General Public
Different Conversations Workshop Attendees	26/02/2025	In person	General Public
TMBC Staff	25/02/2025	In Person	General Public
Boots Chemist Ashton	25/02/2025	In Person	General Public
Hattersley Stakeholder Provider Network	25/02/2025	Distributed to wider networks.	General Public
Tesco Store, Droylsden	26/02/2025	Left poster with customers services for display in shop and staff canteen	General Public
Tesco Pharmacy, Droylsden	26/02/2025	Left poster with staff in pharmacy to display for customers.	General Public
Adams Pharmacy, Ashton	26/02/2025	Left poster with staff to display for customers.	General Public
Gordon Street Medical Centre, Ashton	26/02/2025	Left poster with staff to display for customers.	General Public
Stamford House Medical Centre, Ashton	26/02/2025	Left poster with staff to display for customers.	General Public
Tameside Libraries	25/02/2025	Via email	General Public
Tameside Carers Centre/Activities	10/02/2025	Via email	General Public

# Appendix 7:

## Pharmacy Contractor Survey Results

### Questionnaire Results Summary

Pharmacy contractor stakeholder engagement was undertaken to determine the key issues to consider amongst pharmacy contractors. This took place between 6th January 2025 and 16th February 2025 (all Pharmacies in Tameside contacted as listed in [Appendix 4](#)). This was undertaken by Community Pharmacy Greater Manchester (CPGM) in liaison with the wider GM PNA steering group and hosted on PharmOutcomes. Tameside had responses from 46 of the 48 community pharmacies in the area (95.8% response rate).

Because the survey was conducted using a PharmOutcomes module, two questions were asked of pharmacies to identify their location, their locality and also their postcode. Both were used to disseminate data to the right Health and Wellbeing locality by CPGM. The below is the questioned asked regarding pharmacies and the services they provide and an overview of the responses given.



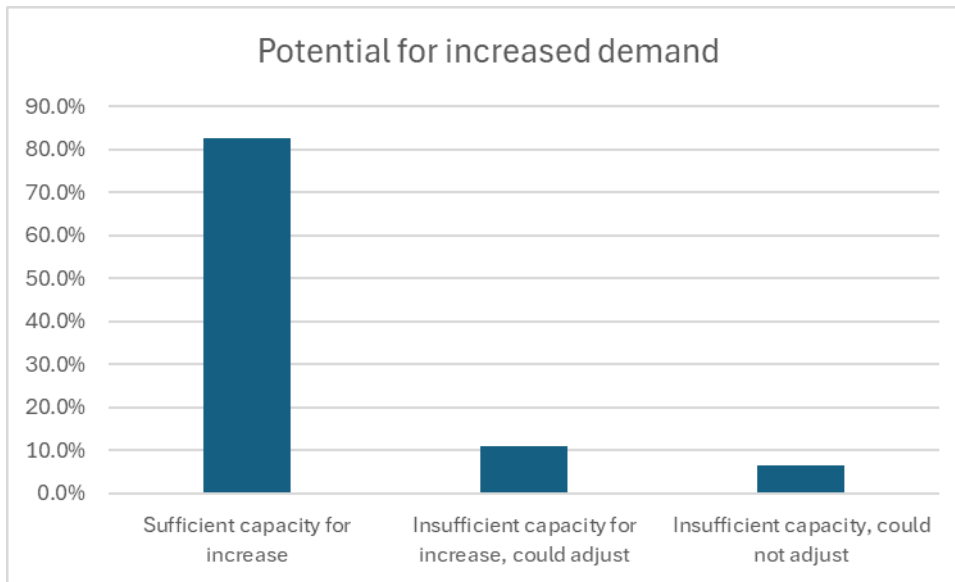
# Appendix 7:

## Pharmacy Contractor Survey Results

### Survey Summary:

#### Service Delivery

1. If there was increased demand for pharmaceutical services (e.g. dispensing, advanced and locally commissioned services) in your local area; through new housing developments, nearby pharmacies closing, etc. demand in your pharmacy may increase. With this in mind please select the option that best reflects your situation at the moment:



	Responses	% of Responses
Sufficient capacity for increase	38	82.6%
Insufficient capacity for increase, could adjust	5	10.9%
Insufficient capacity, could not adjust	3	6.5%

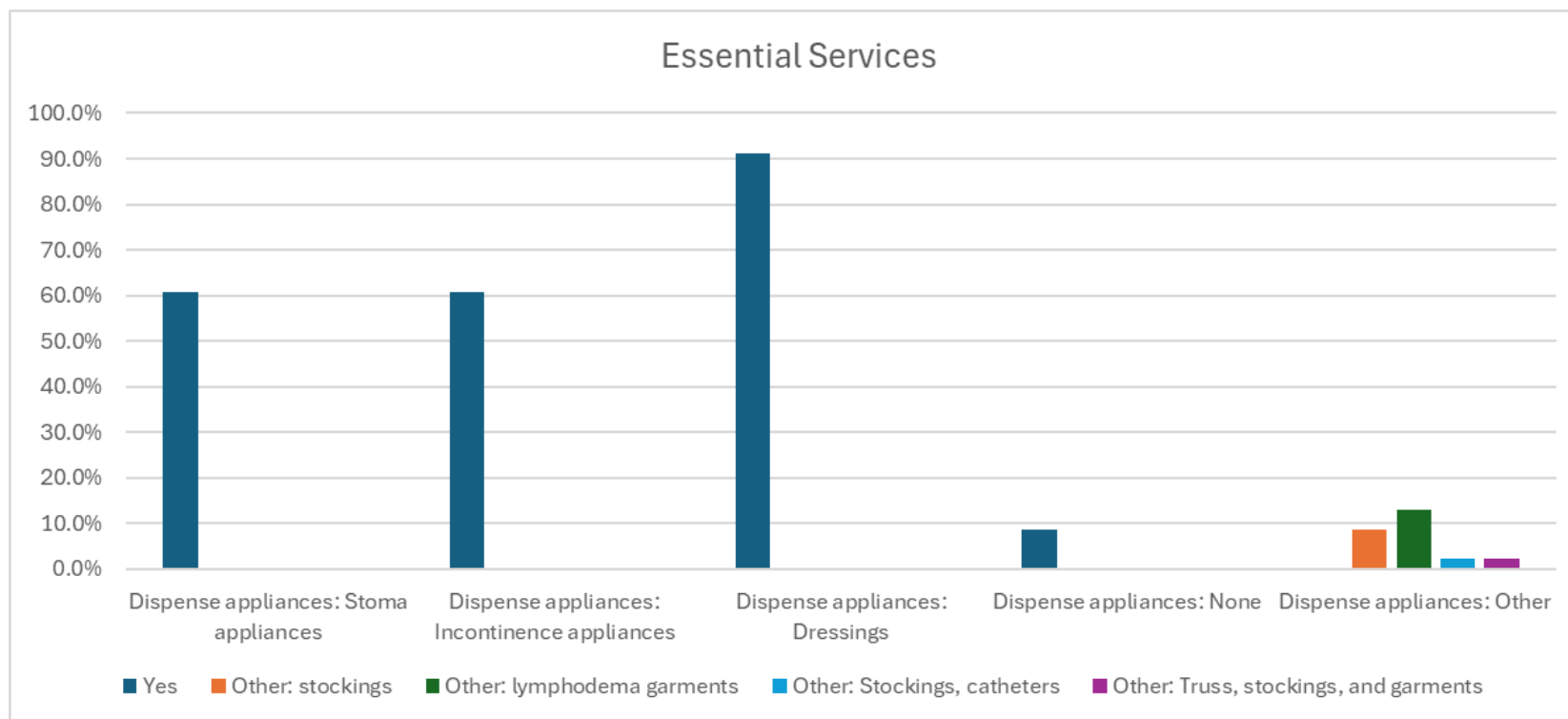
A significant majority (82.6%) of pharmacies reported having sufficient capacity to handle increased demand for pharmaceutical services. However, a small percentage (6.5%) indicated they could not adjust to increased demand.

# Appendix 7:

## Pharmacy Contractor Survey Results

### Essential Services (appliances)

2. Does the pharmacy dispense the following:



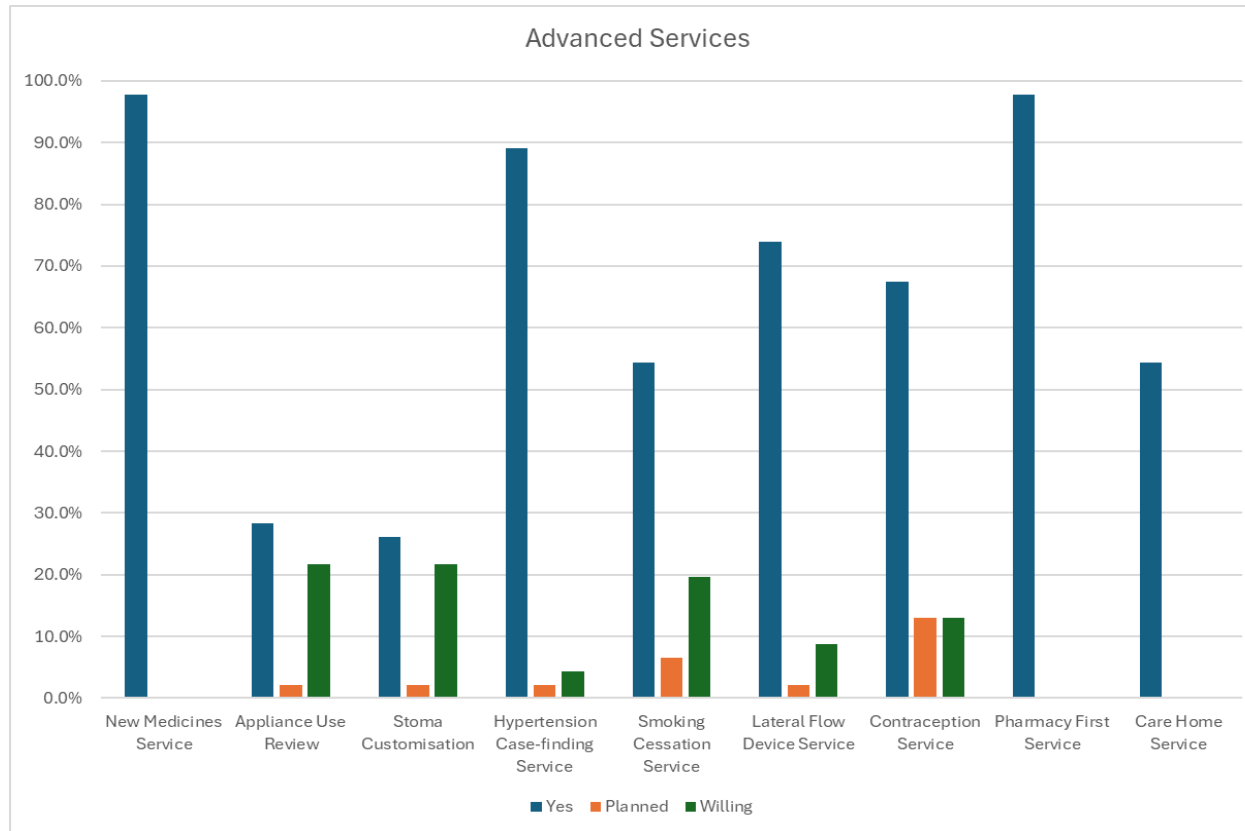
Most pharmacies dispense essential appliances, including those for stoma, incontinence, and dressings.

# Appendix 7:

## Pharmacy Contractor Survey Results

### Advanced Services

3. Does the pharmacy provide the following services?



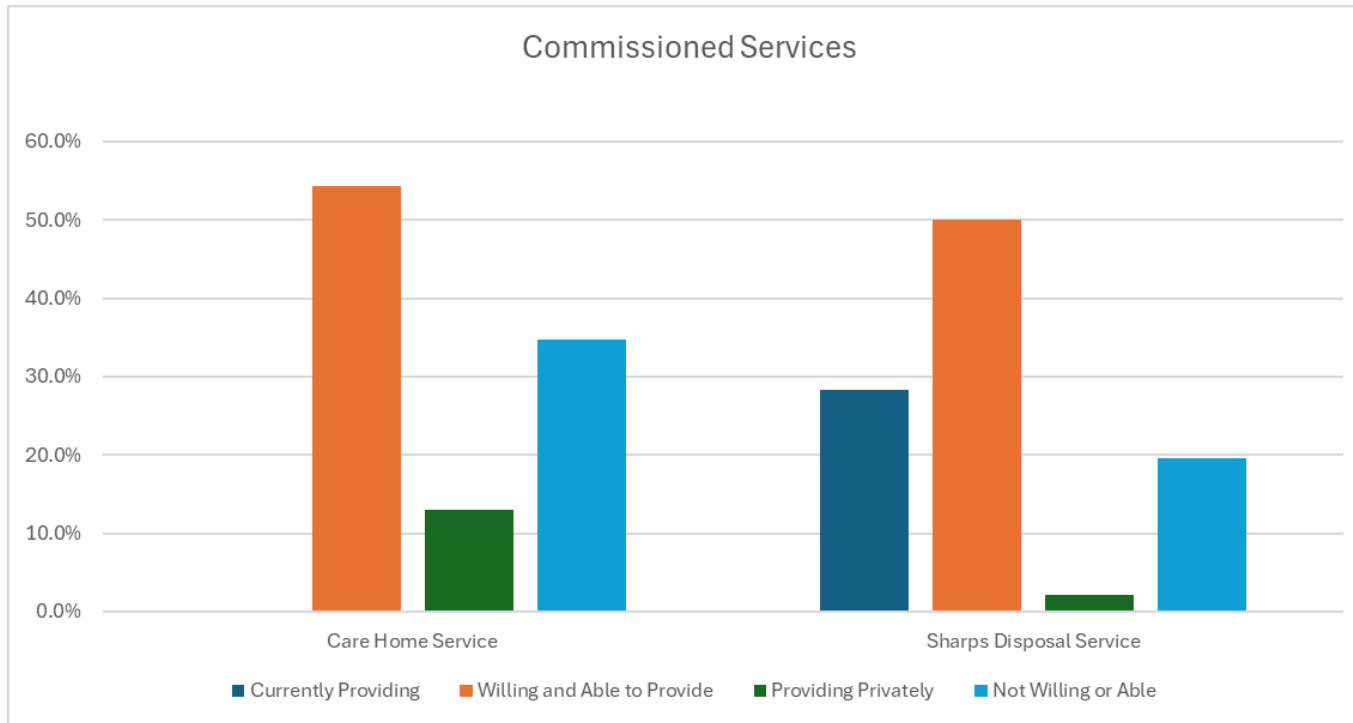
A high proportion of pharmacies provide New Medicine Service and Pharmacy First Service. Fewer pharmacies offer services such as Smoking Cessation services, Appliance Use Review, Stoma Appliance Customisation, Hypertension Case-finding, Lateral Flow Device Service and Contraception Service.

# Appendix 7:

## Pharmacy Contractor Survey Results

### Commissioned Services

4. Use this section to record which local services you currently deliver or would like to deliver at your pharmacy. These can be Enhanced Services, commissioned by the NHS GM, Public Health Services commissioned by a Local Authority / third party.



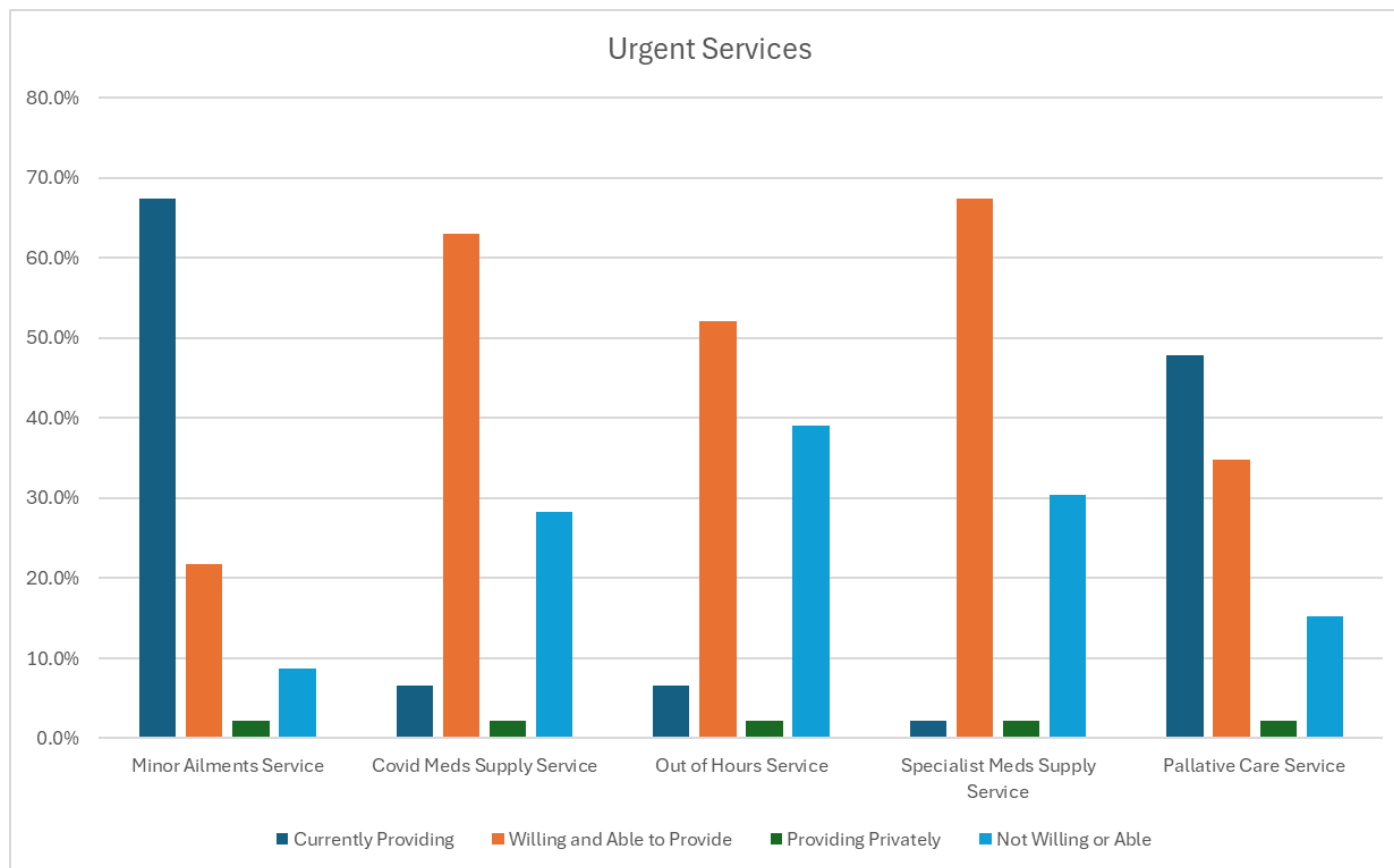
There is a variation in the provision of commissioned services. Many pharmacies currently provide services. Many pharmacies are willing and able to provide services, including Urgent Care and Care Home Services, as per the graph below.

# Appendix 7:

## Pharmacy Contractor Survey Results

### Urgent Care

5. Does the pharmacy provide the following services?

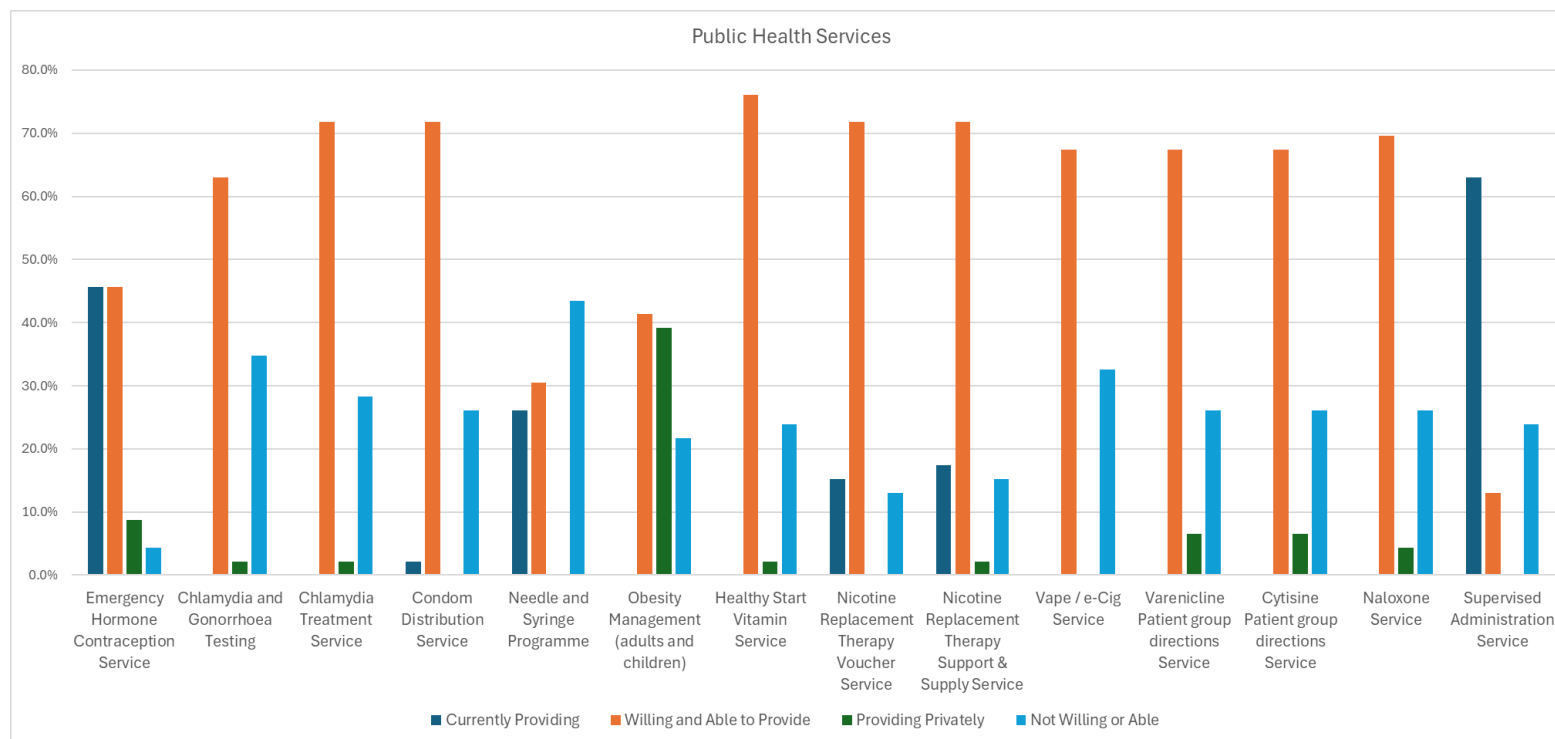


# Appendix 7:

## Pharmacy Contractor Survey Results

### Public Health Services

#### 6. Does the pharmacy provide the following services?



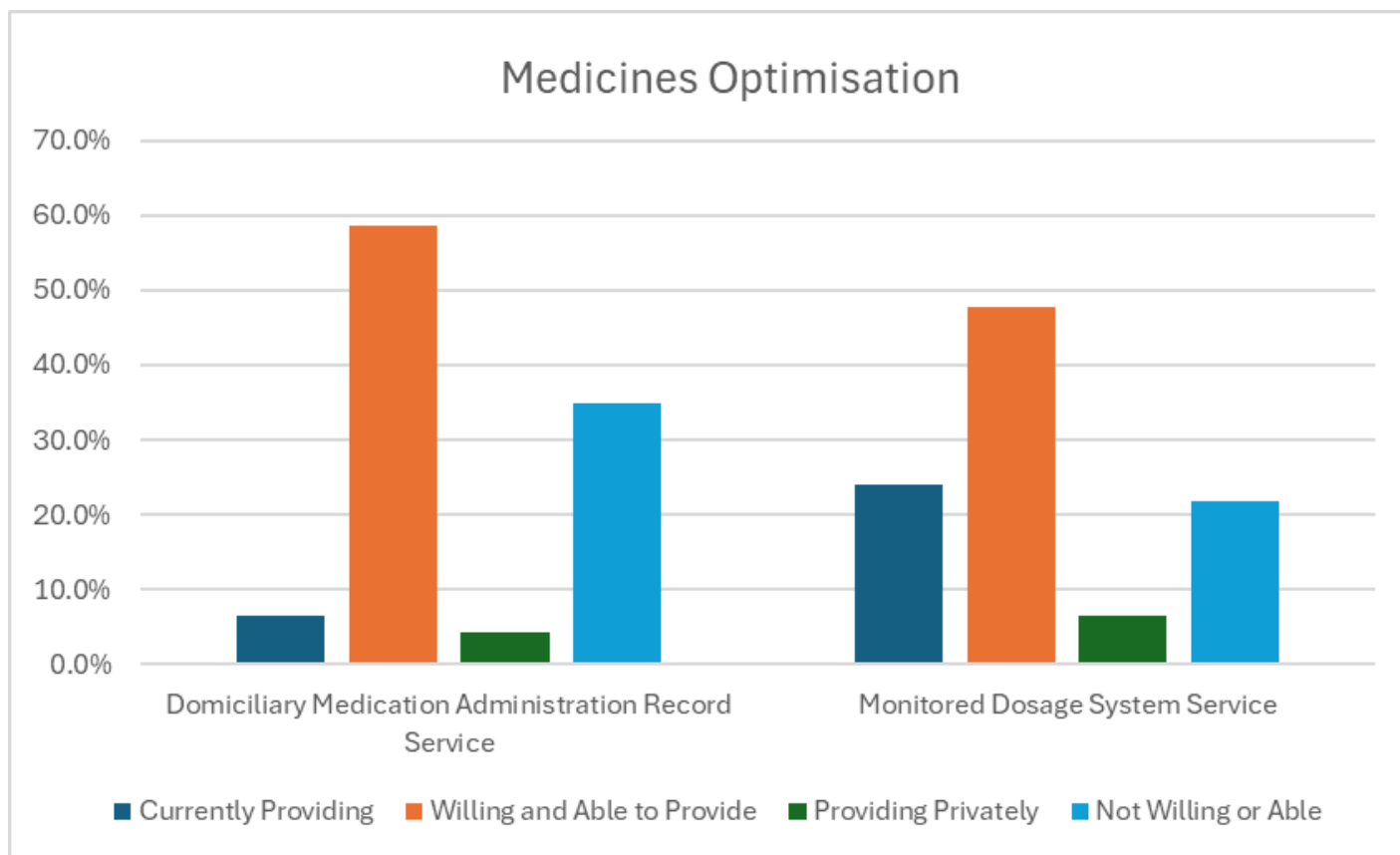
Most pharmacies offer services such as Chlamydia and Gonorrhoea Testing, Condom Distribution, Needle and Syringe Program (adults and children), and Nicotine Replacement Therapy. A significant number are willing and able to provide services like Obesity Management, Healthy Start Vitamins, and other smoking-related services.

# Appendix 7:

## Pharmacy Contractor Survey Results

### Medicines Optimisation

7. Does the pharmacy provide the following services?



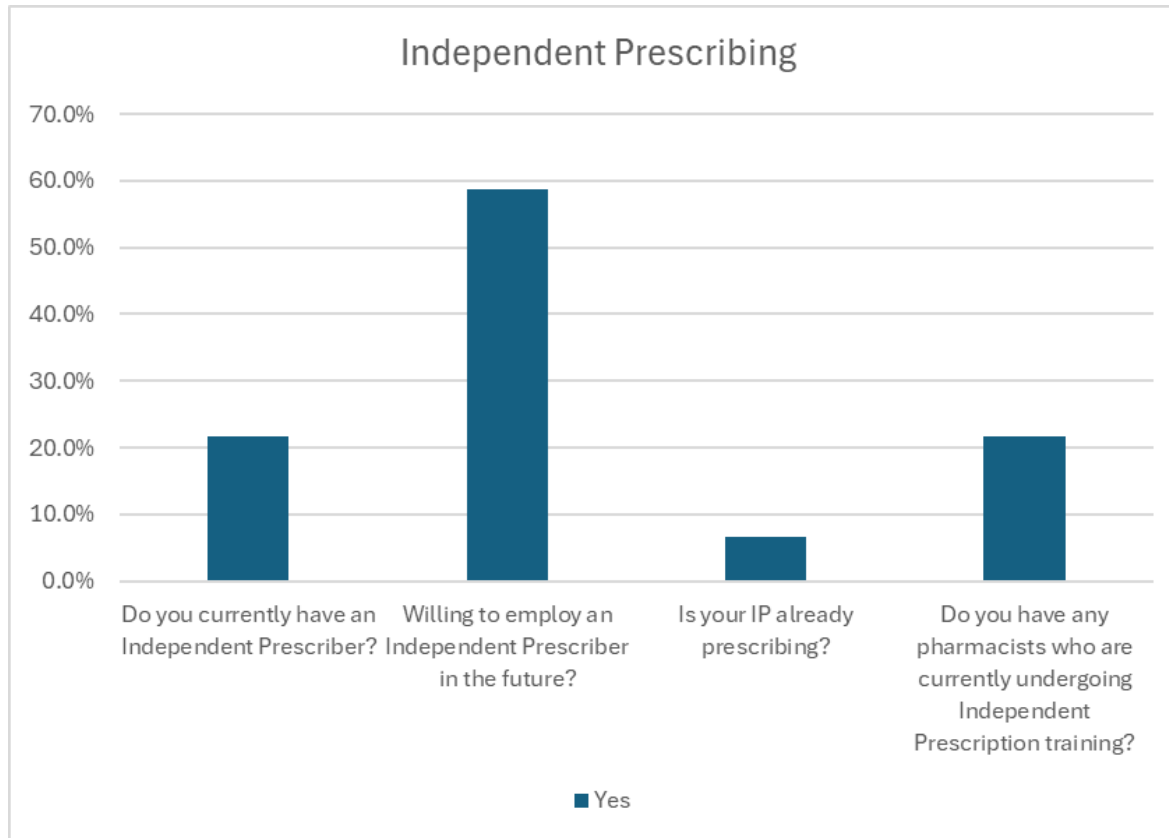
For Medicines optimisation services the survey question for currently providing was 'currently providing an NHS commissioned service' - this only applied to Wigan and Bolton only so answers with currently providing are incorrect for Tameside.

# Appendix 7:

## Pharmacy Contractor Survey Results

### Independent Prescribing

8. Do you currently have an IP? Would you be willing to employ an IP in the future? And do you have any pharmacist who are currently undergoing IP training?



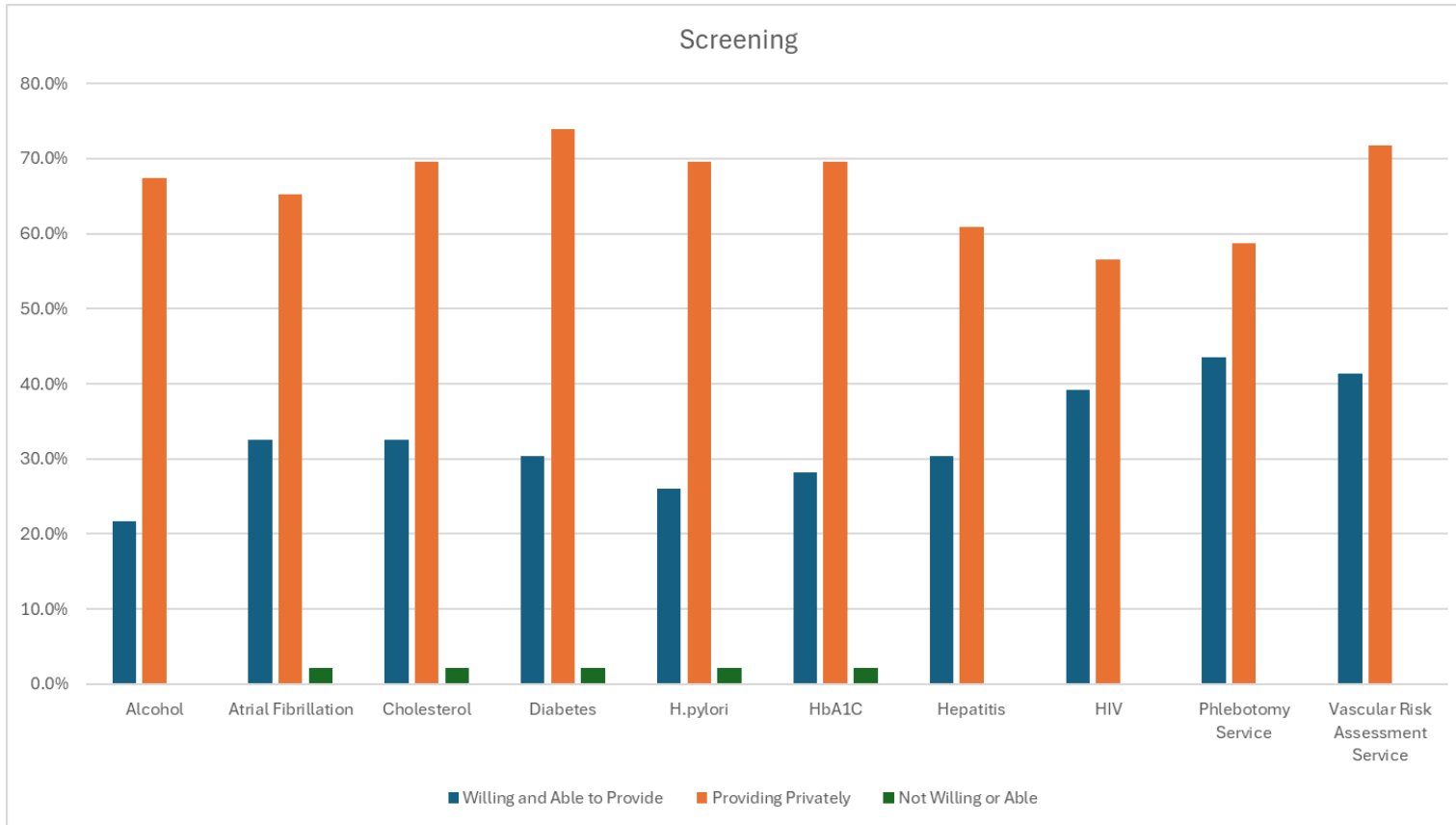
Around 40% of pharmacies currently have an Independent Prescriber. Over 60% are willing to employ an IP in the future. Just under 20% have pharmacists undergoing IP training.

# Appendix 7:

## Pharmacy Contractor Survey Results

### Screening Service

9. Does the pharmacy provide the following services?



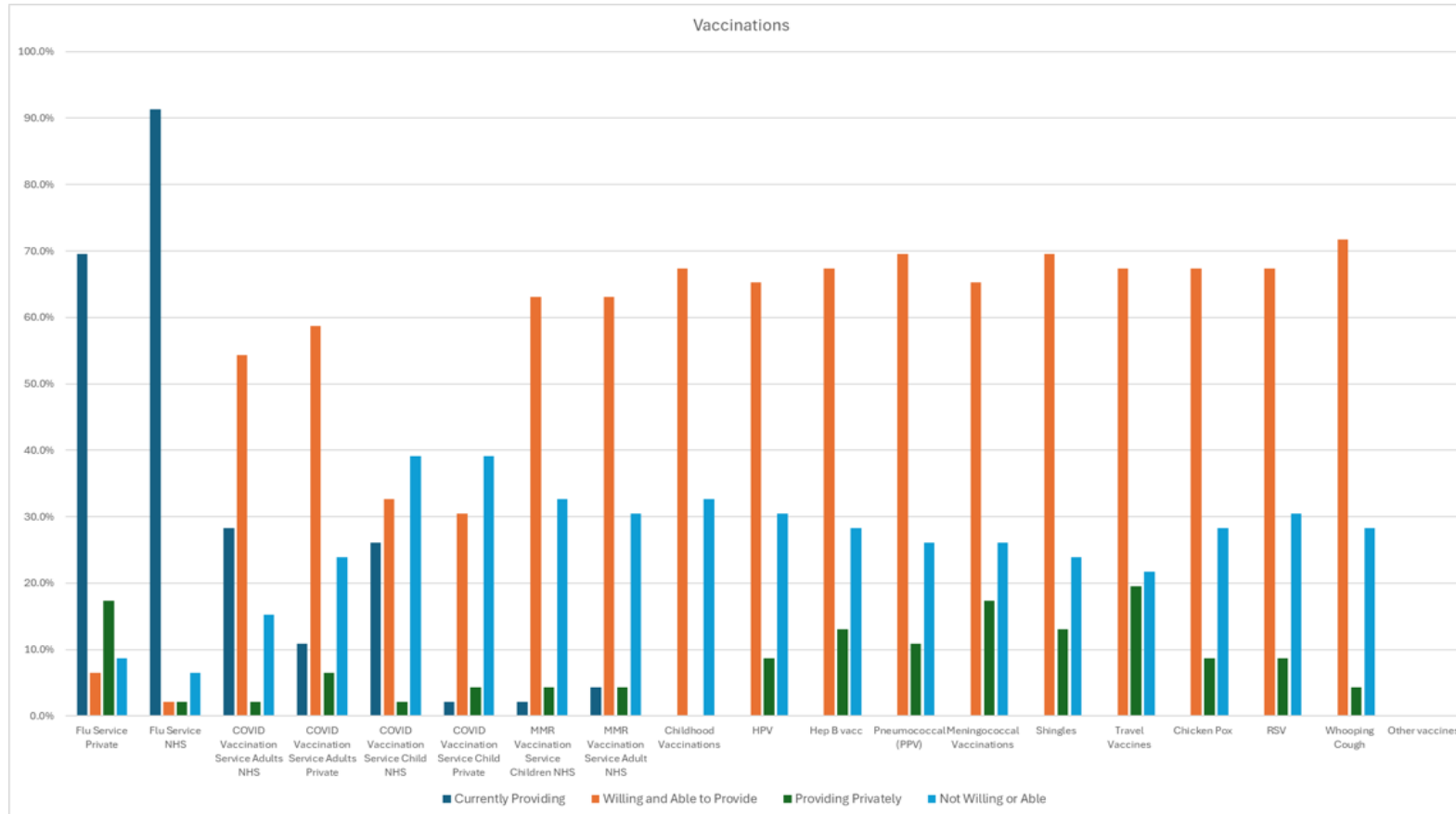
A varying amount of pharmacies offer screening services, with even less offering them privately. Most pharmacies that are not currently providing the service are willing and able to provide in the future.

# Appendix 7:

## Pharmacy Contractor Survey Results

### Vaccinations

10. Does the pharmacy provide the following services?



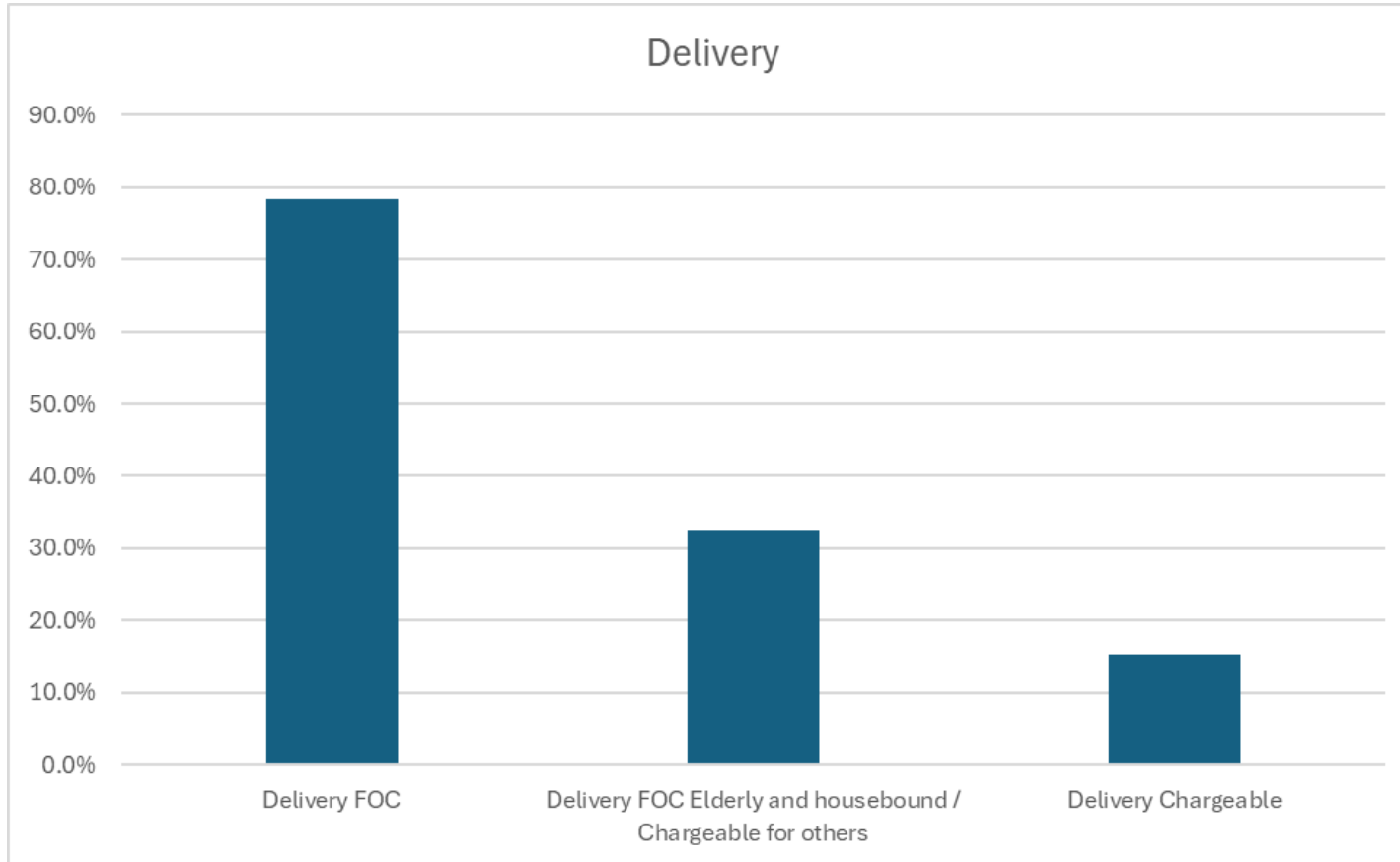
Most pharmacies provide flu vaccinations. A significant proportion also offer the COVID-19 Vaccine Service, and many are willing to provide additional vaccination services. MMR is currently no longer being provided as an NHS pharmacy service in Greater Manchester at the time of writing.

# Appendix 7:

## Pharmacy Contractor Survey Results

### Delivery Services

11. Does the pharmacy provide any of the following?



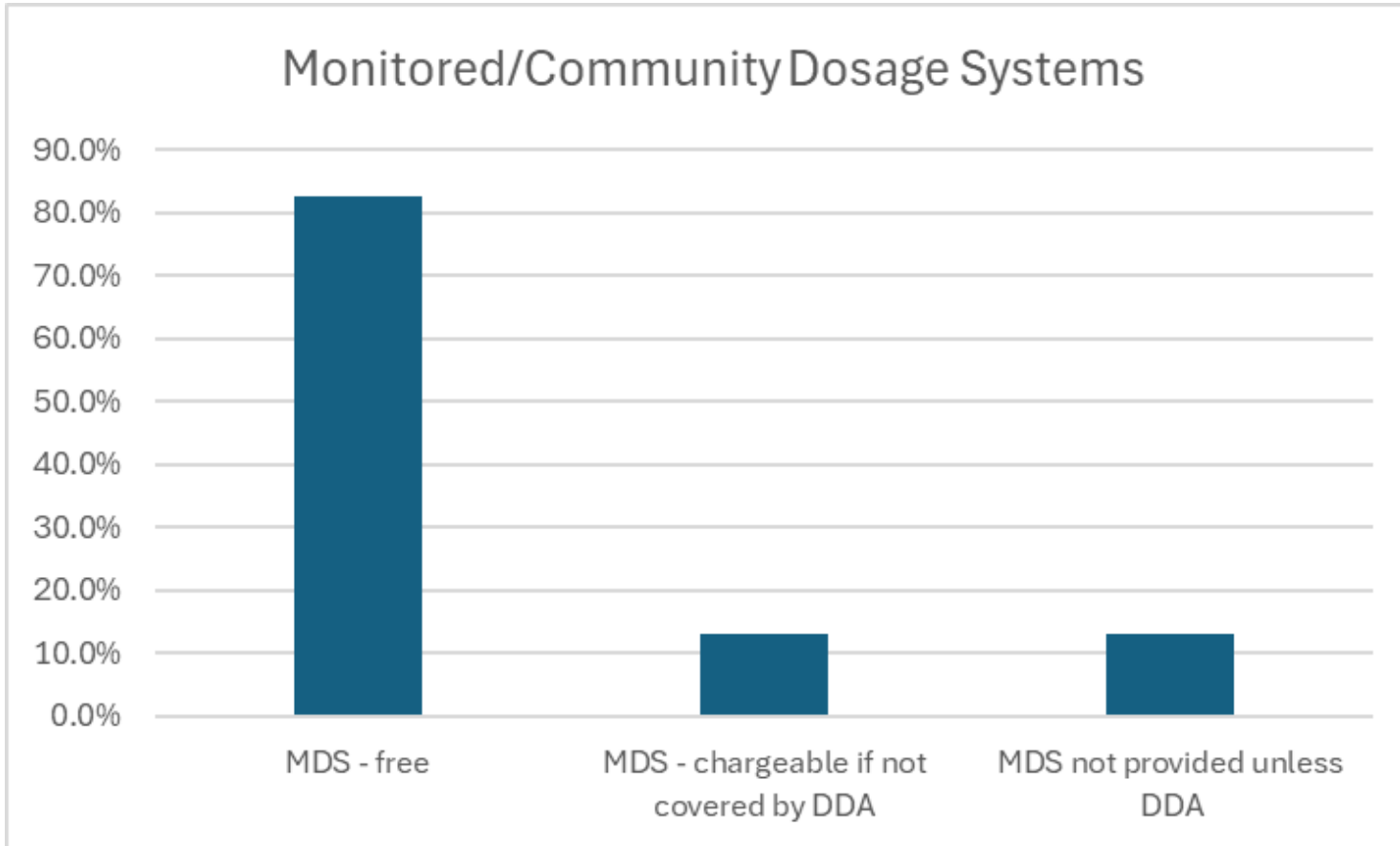
Most pharmacies offer delivery services, with a significant portion providing free delivery to the elderly and housebound.

# Appendix 7:

## Pharmacy Contractor Survey Results

### Monitored Dosage Systems

12. Does the pharmacy provide the following services?



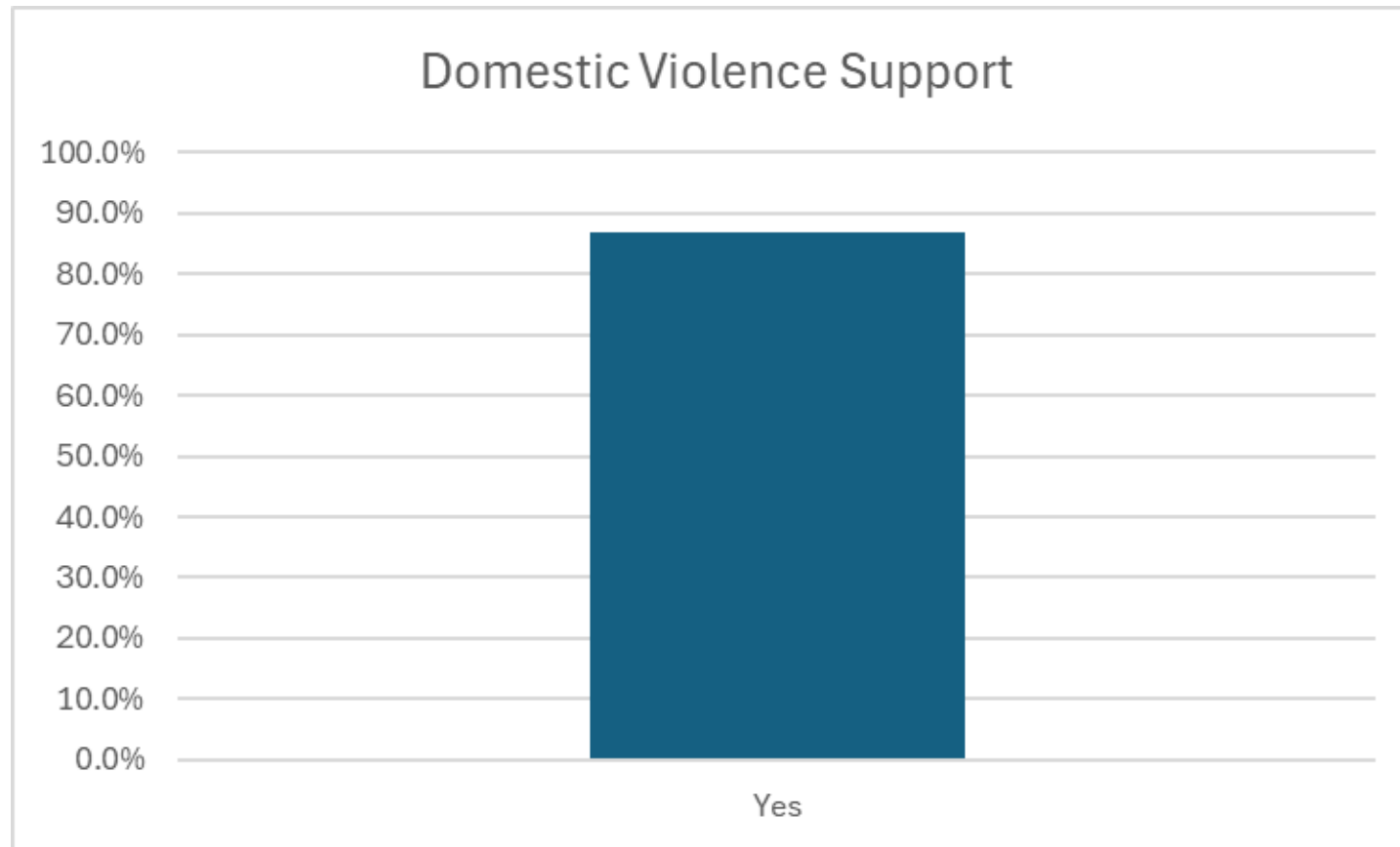
Most pharmacies provide Monitored Dosage Systems (MDS) free of charge.

# Appendix 7:

## Pharmacy Contractor Survey Results

### Domestic Violence Support

13. Does your pharmacy provide a safe space for victims of domestic violence?



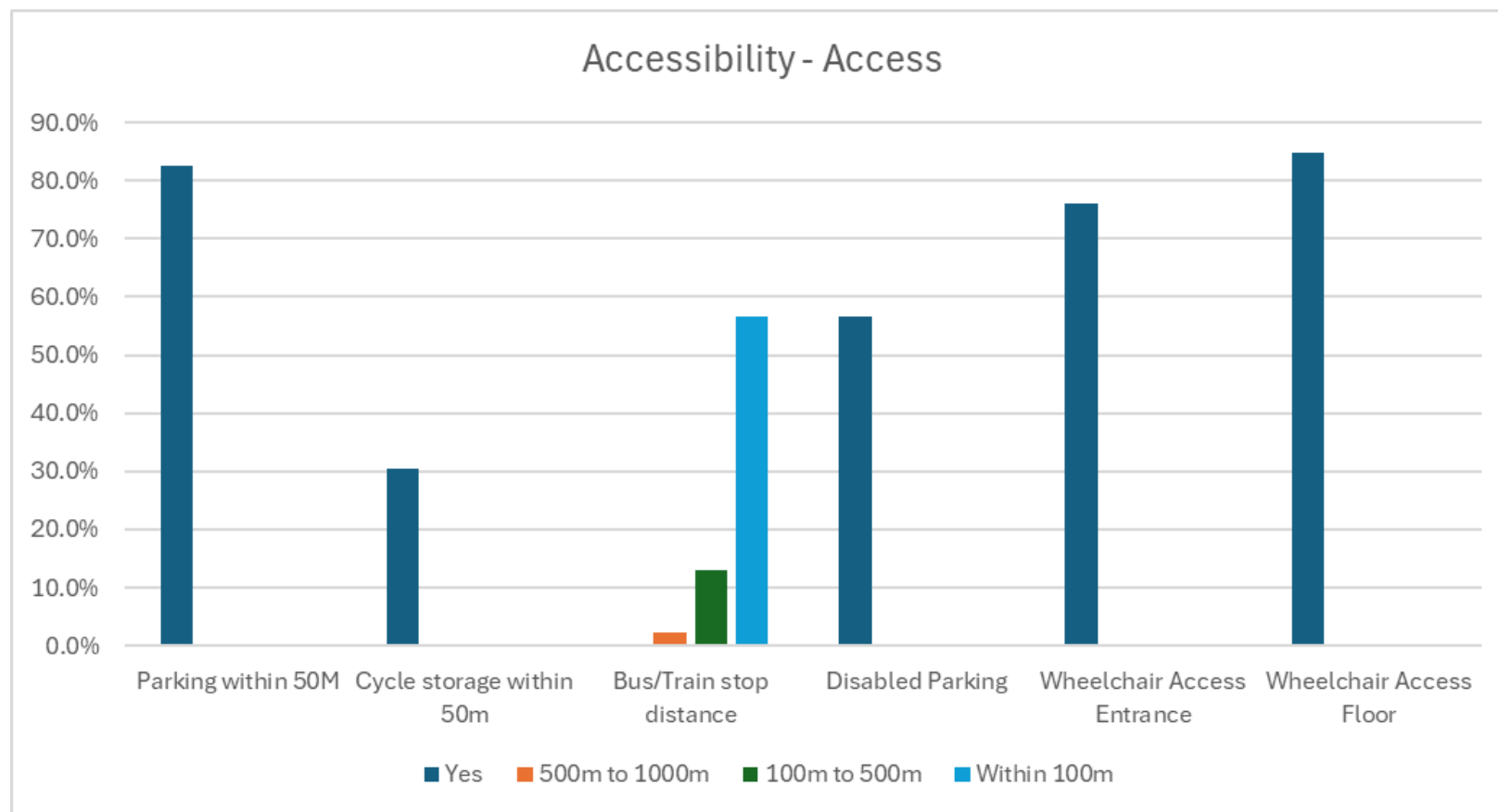
The majority of pharmacies provide a safe space for victims of domestic violence.

# Appendix 7:

## Pharmacy Contractor Survey Results

### Accessibility

#### 14. External to the Pharmacy Accessibility



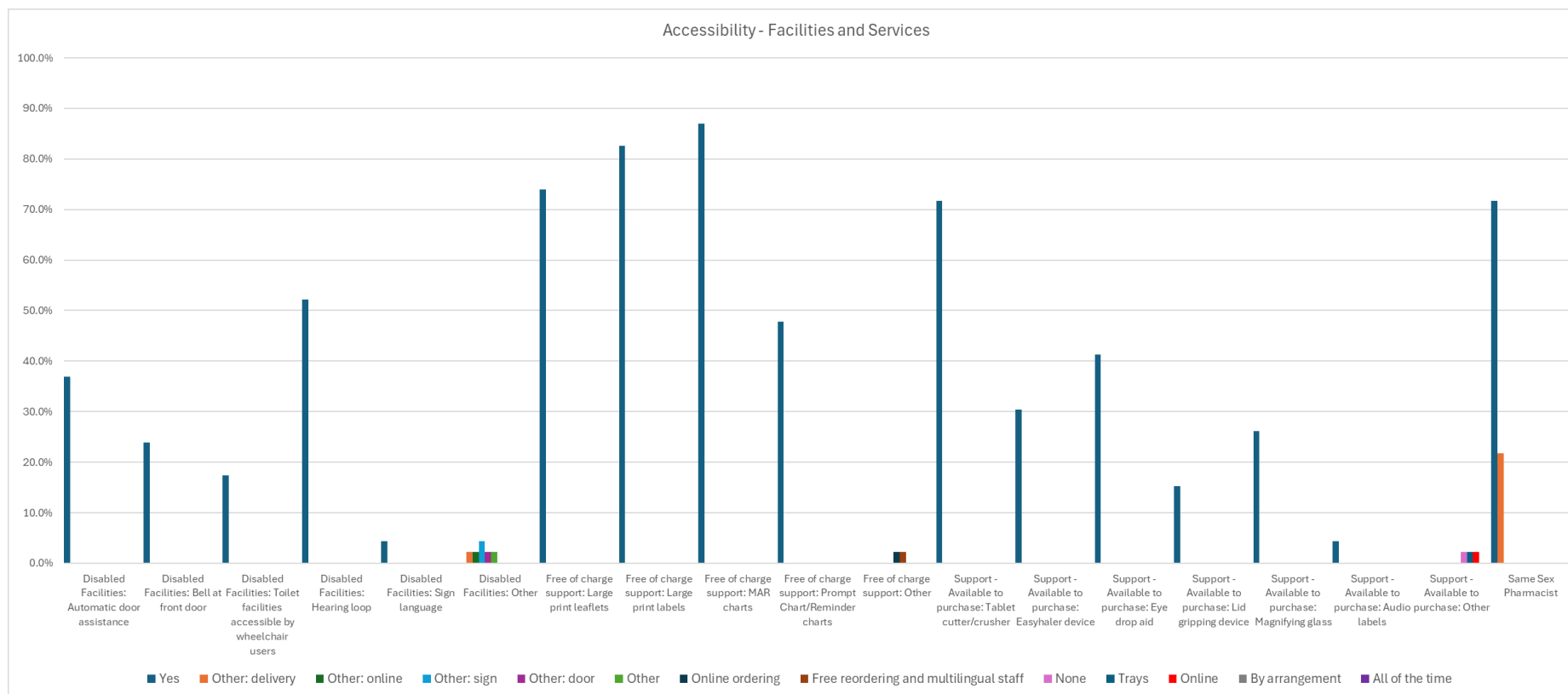
Most pharmacies have good external accessibility, including wheelchair access, parking, and proximity to public transport.

# Appendix 7:

## Pharmacy Contractor Survey Results

### Accessibility

#### 15. Internal to the Pharmacy Accessibility



Pharmacies generally offer good internal accessibility, including disabled facilities, language support, and aids for patients with specific needs.



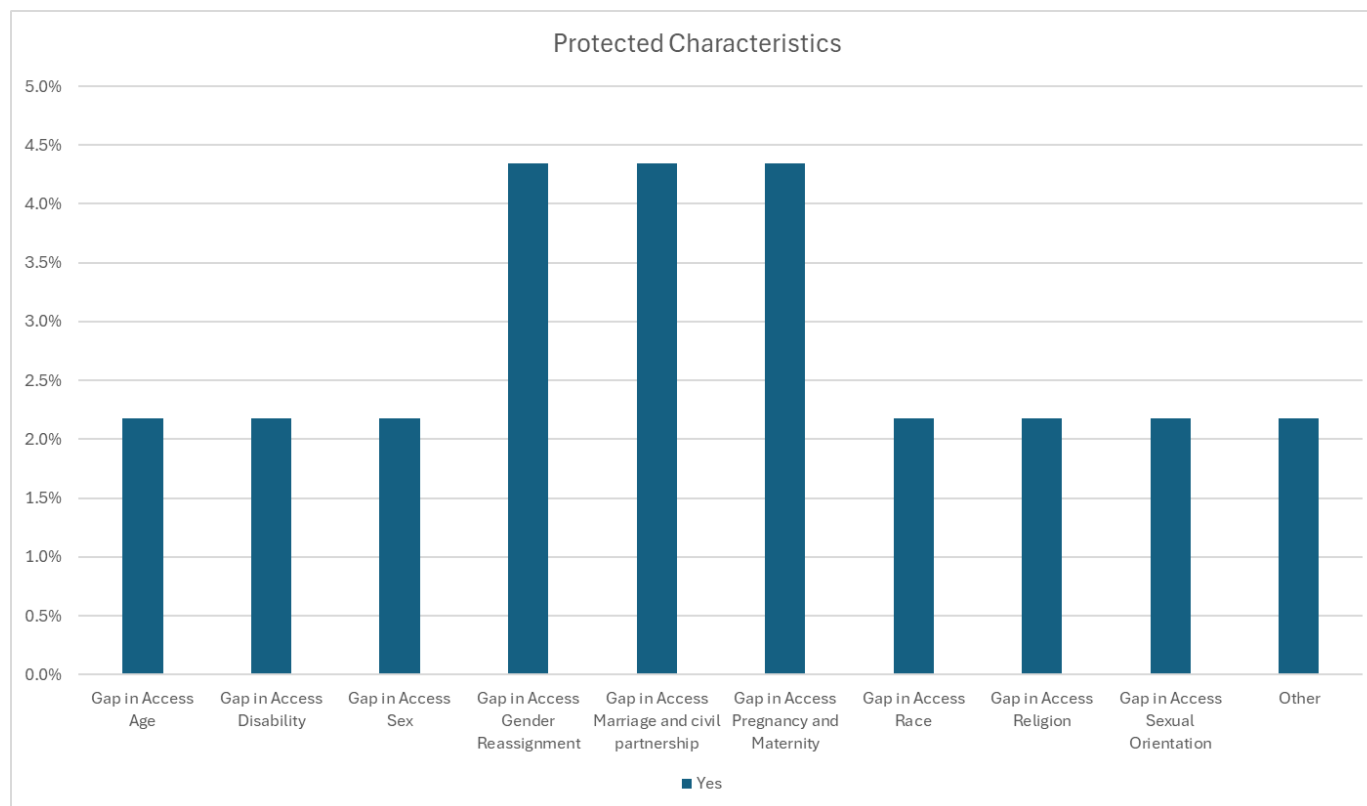
# Appendix 7:

## Pharmacy Contractor Survey Results

### Protected Characteristics

Are you aware of any gaps in access or pharmaceutical need for any of the following groups, relating to their:

#### 16. Protected Characteristics

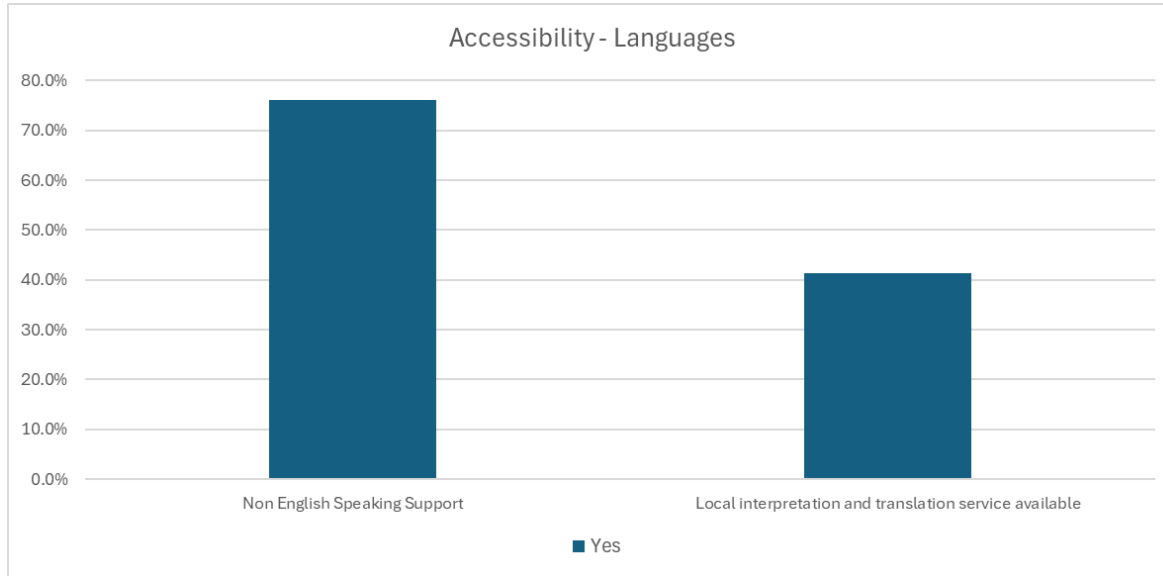


The survey identified gaps in access or pharmaceutical need for several groups when elaborated in the free text, the response given was support needed for Urdu speakers.

# Appendix 7:

## Pharmacy Contractor Survey Results

### 17. Languages



Many pharmacies offer non-English speaking support, and most have access to local interpretation and translation services.

Additional Languages Spoken	Number of Pharmacies	% of Pharmacies
None	2	4.3%
Unspecified	4	8.7%
Urdu	13	28.3%
Hindi	13	28.3%
Bengali	6	13.0%
Gujarati	3	6.5%
Farsi	2	4.3%
Turkish, Pothwari, Pashto, Sindhi	1	2.2%
Kurdish, Chinese	1	2.2%
Spanish	2	4.3%
Hungarian	1	2.2%
Italian, Polish, Serbian, Swahili, Albanian, Romanian	1	2.2%

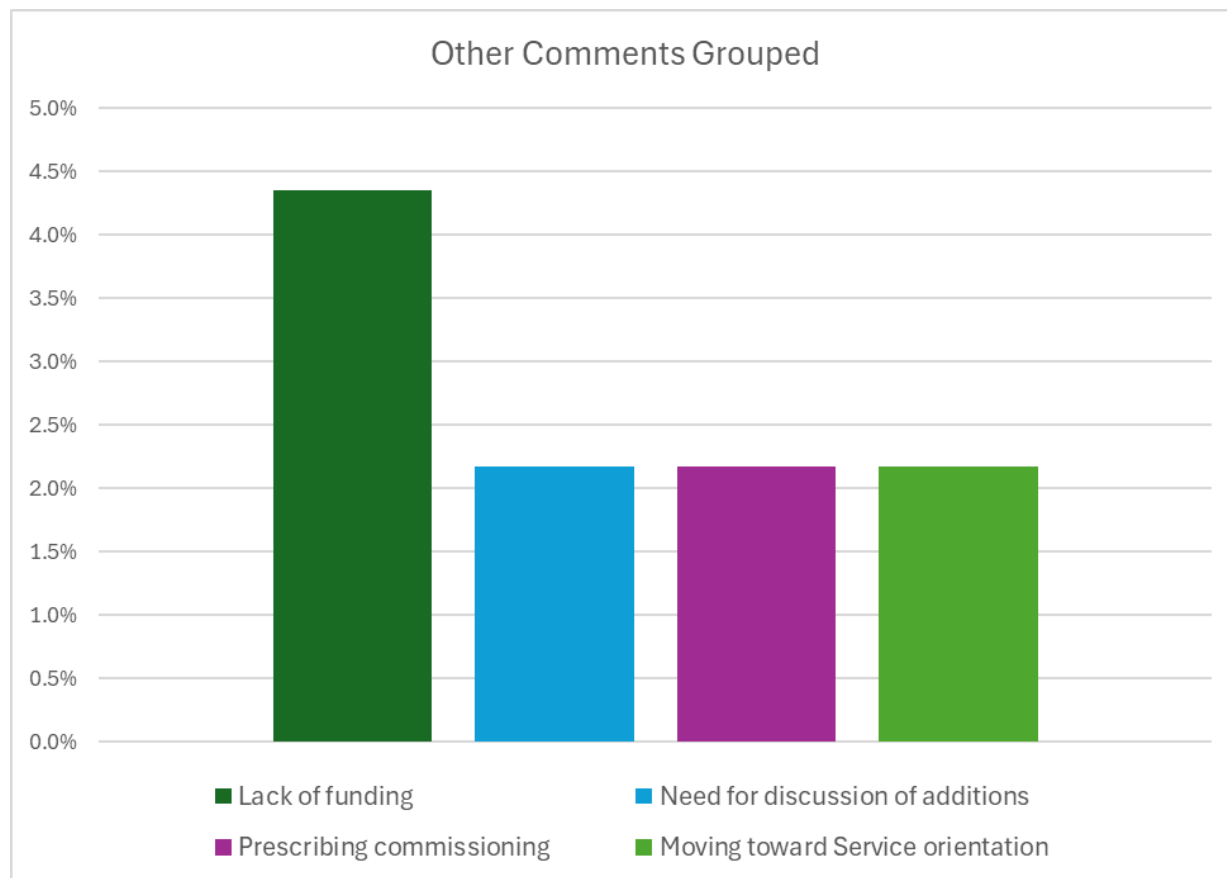
The most common additional languages spoken are Urdu and Hindi.

# Appendix 7:

## Pharmacy Contractor Survey Results

### Any Other Comments

18. Comments were grouped as the same responses came up via the free text, the comments were:



Key issues raised by respondents included a lack of funding, the need for discussion on prescribing additions, and a desire to move towards service orientation.

# Appendix 8:

## Public Pharmacy Survey Results

### Questionnaire Results Summary

The survey took place for 6 weeks and 2 days between Wednesday 5th February 2025 and Friday 21st March 2025.

### Key Findings: Demographic Information

The total number of responses to the Pharmaceutical Needs Assessment consultation questionnaire was 170.

This was made up of 170 responses via the GM Consult website – through a Microsoft Office Form. A small subset of responses were captured via a print copy of the questionnaire and then digitised to the GM Consult website form, so all responses could be analysed together.

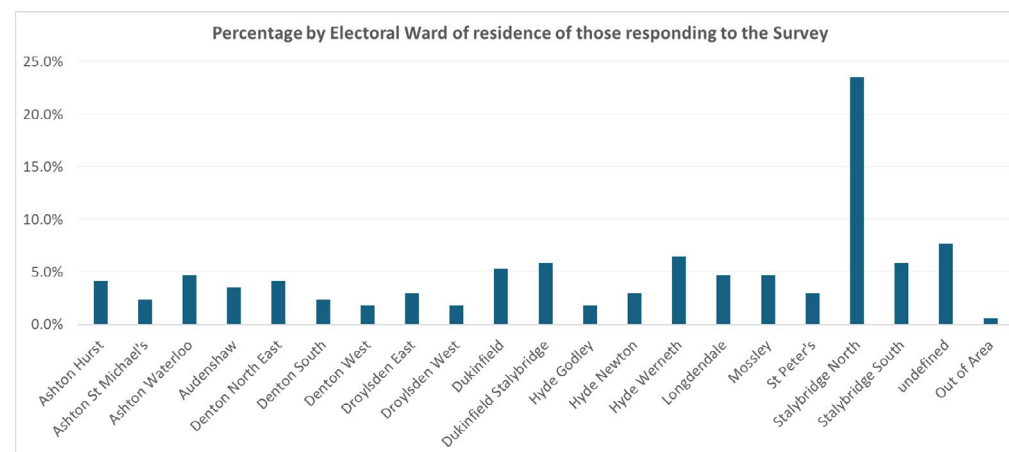
Of the 170 responses, 156 (92% of responses) gave a full postcode of residence within Tameside. 13 (8% of responses) identified themselves from living within Tameside with either no postcode given or only a partial postcode. 1 response was from someone living out of area, in reference to Tameside pharmacies.

79.4% (n= 135) of responses were from females, 17.1% male (n=29) and 3.5% preferred not to say. 85.3% (n=145) who completed the questionnaires were from the White: British background.

Although the largest proportion of responses were in the 35-64 years age groups (70.6%, n=120) there was responses given by all age groups between 18 to 75 years plus age groups. (1.8% to 27.1% response rates by age bands) There were however few responses from younger people (16-29 years, 11.2%, n=19) and for those aged 75 and over (4.1%, n=7).

74.7% (n=127) of respondents said that they did not consider themselves to have health problem or a disability which has lasted, or is expected to last, at least 12 months that limited day to day activities.

Of the residents that took part in the public consultation, a high proportion of wards were represented across Tameside with the highest proportion of respondents coming from Stalybridge North at 23.5% of all responses.



# Appendix 8:

## Public Pharmacy Survey Results

### Pharmacy Needs Assessment Public Consultation: 2025 – Responses by Question

#### Section 1 – About You

##### 1. Do you use a pharmacy?

All 170 responses identified they use a pharmacy.

##### 2. What is your postcode?

156 responses had identified postcodes, 13 respondents identified they lived in Tameside with no postcode, 1 respondent lived out of area but commented on pharmacies within Tameside. The table below highlights their geographical location by Electoral Ward.

##### 3. Where do you live?

- Bolton
- Bury
- Manchester
- Oldham
- Rochdale
- Salford
- Stockport
- Tameside
- Trafford
- Wigan

All 170 responses identified they live in Tameside, although 1 respondent had an out of area postcode.

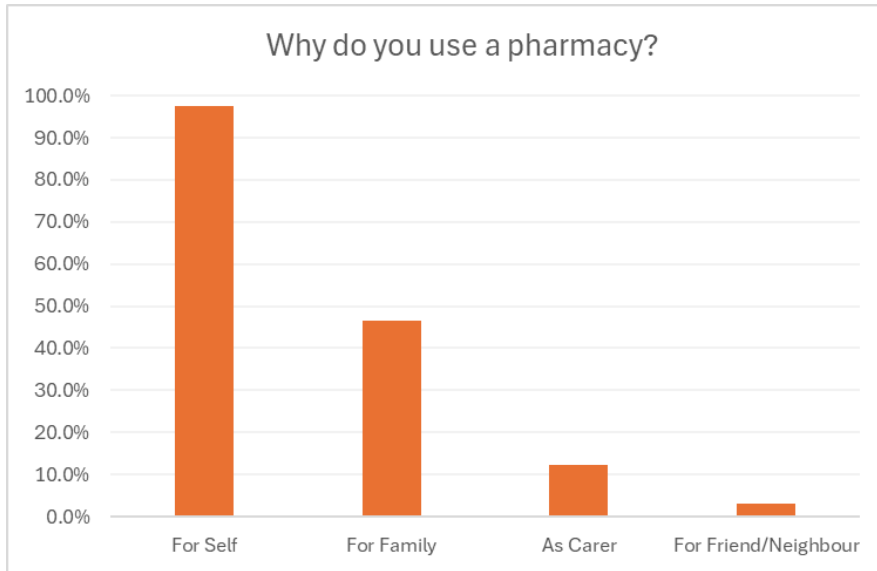
Ward Name	Number of Responses	Percentage
Ashton Hurst	7	4.1%
Ashton St Michael's	4	2.4%
Ashton Waterloo	8	4.7%
Audenshaw	6	3.5%
Denton North East	7	4.1%
Denton South	4	2.4%
Denton West	3	1.8%
Droylsden East	5	2.9%
Droylsden West	3	1.8%
Dukinfield	9	5.3%
Dukinfield Stalybridge	10	5.9%
Hyde Godley	3	1.8%
Hyde Newton	5	2.9%
Hyde Werneth	11	6.5%
Longdendale	8	4.7%
Mossley	8	4.7%
St Peter's	5	2.9%
Stalybridge North	40	23.5%
Stalybridge South	10	5.9%
Tameside (undefined)	13	7.6%
Out of Area	1	0.6%
Tameside Total	170	100%

# Appendix 8:

## Public Pharmacy Survey Results

### 4. Why do you use a pharmacy?

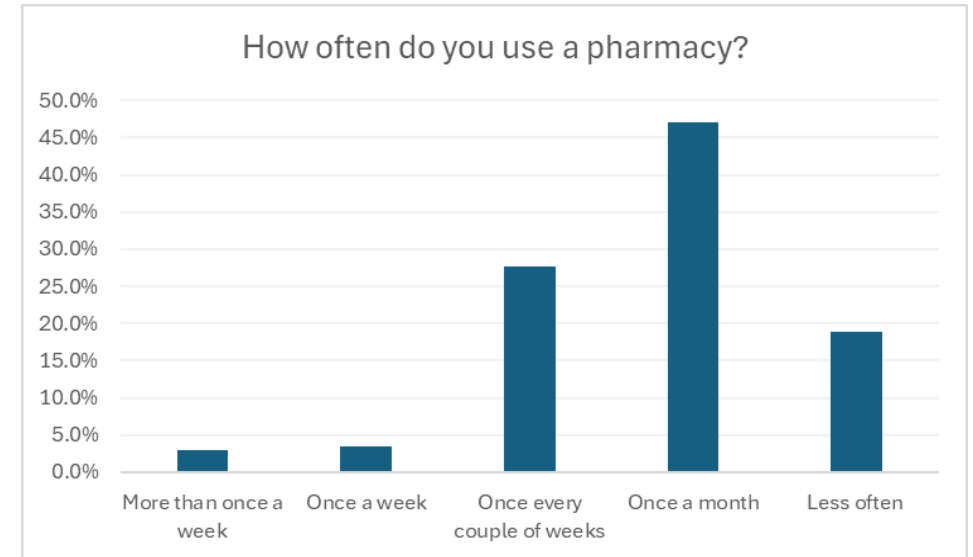
169 respondents answered the question.



	Number of Responses	Percentage of Respondents
For Self	166	97.6%
For Family	79	46.5%
As Carer	21	12.4%
For Friend/Neighbour	5	2.9%

### 5. How often do you use a pharmacy?

170 respondents answered the question.



	Number of Responses	Percentage of Respondents
More than once a week	5	2.9%
Once a week	6	3.5%
Once every couple of weeks	47	27.6%
Once a month	80	47.1%
Less often	32	18.8%

# Appendix 8:

## Public Pharmacy Survey Results

### 6. Do you use one pharmacy or a number of pharmacies?

170 respondents answered the question.



	Number of Responses	Percentage of Respondents
One Pharmacy	122	71.8%
More than One Pharmacy	47	27.6%

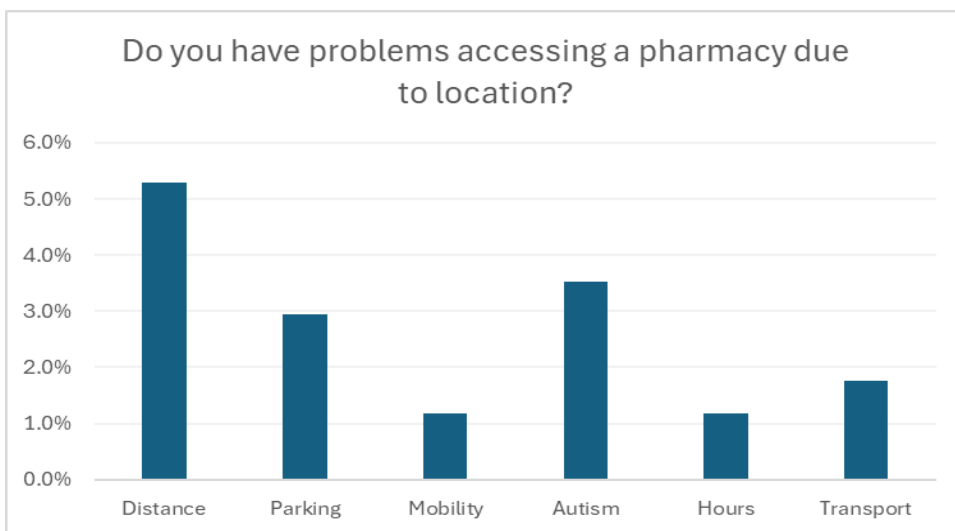
# Appendix 8:

## Public Pharmacy Survey Results

### Section 2 – Pharmacy Accessibility

#### 7. and 8. Do you have problems accessing a pharmacy due to location?

170 respondents answered the question. 21 respondents stated yes to the question and for the reasons below:



	Number of Responses	Percentage of Respondents
Distance	9	5.3%
Parking	5	2.9%
Mobility	2	1.2%
Autism	6	3.5%
Hours	2	1.2%
Transport	3	1.8%

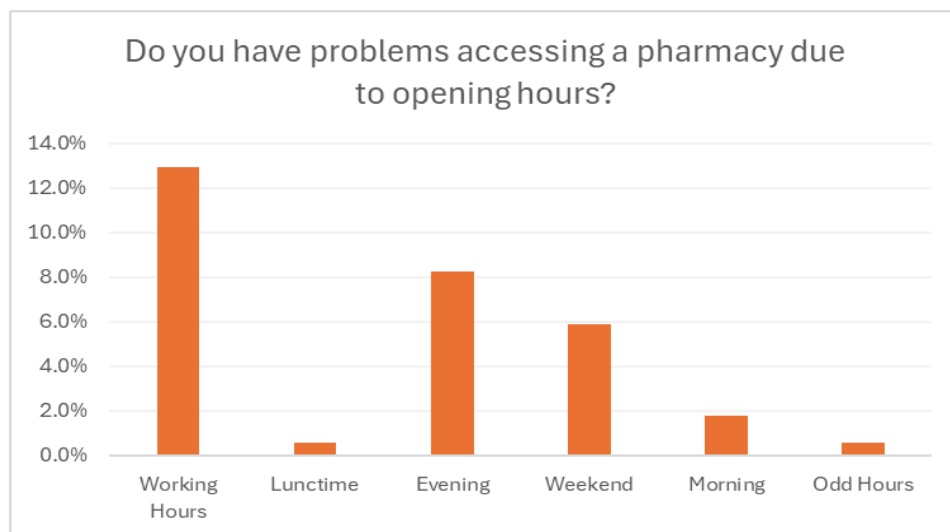
# Appendix 8:

## Public Pharmacy Survey Results

### Section 2 – Pharmacy Accessibility

#### 9. and 10. Do you have problems accessing a pharmacy due to opening hours?

170 respondents answered the question. 32 respondents stated yes to the question and for the reasons below:



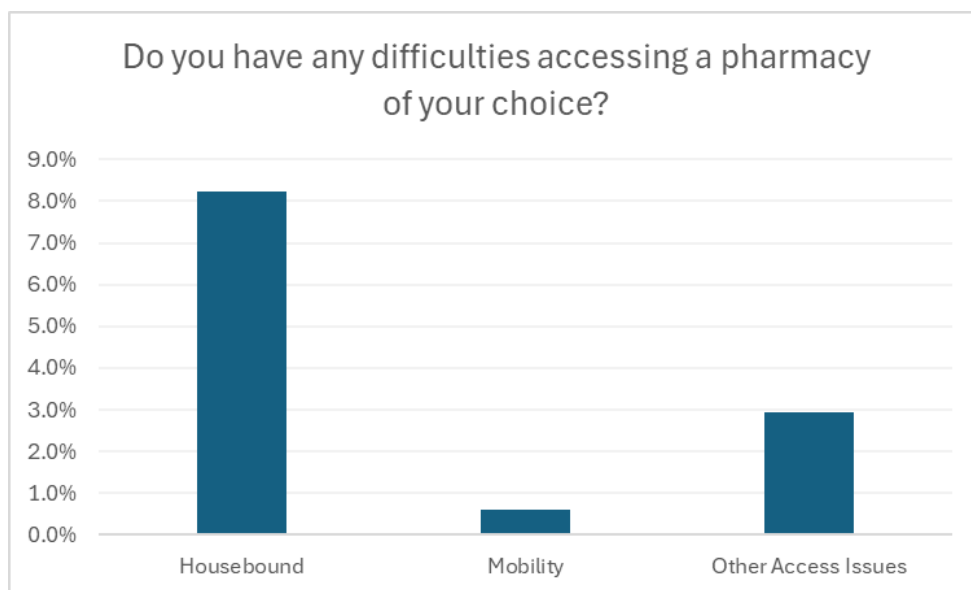
	Number of Responses	Percentage of Respondents
Working Hours	22	12.9%
Lunctime	1	0.6%
Evening	14	8.2%
Weekend	10	5.9%
Morning	3	1.8%
Odd Hours	1	0.6%

# Appendix 8:

## Public Pharmacy Survey Results

### 11. Do you have any difficulties accessing a pharmacy of your choice?

170 respondents answered the question. 20 respondents stated yes to the question and for the reasons below:



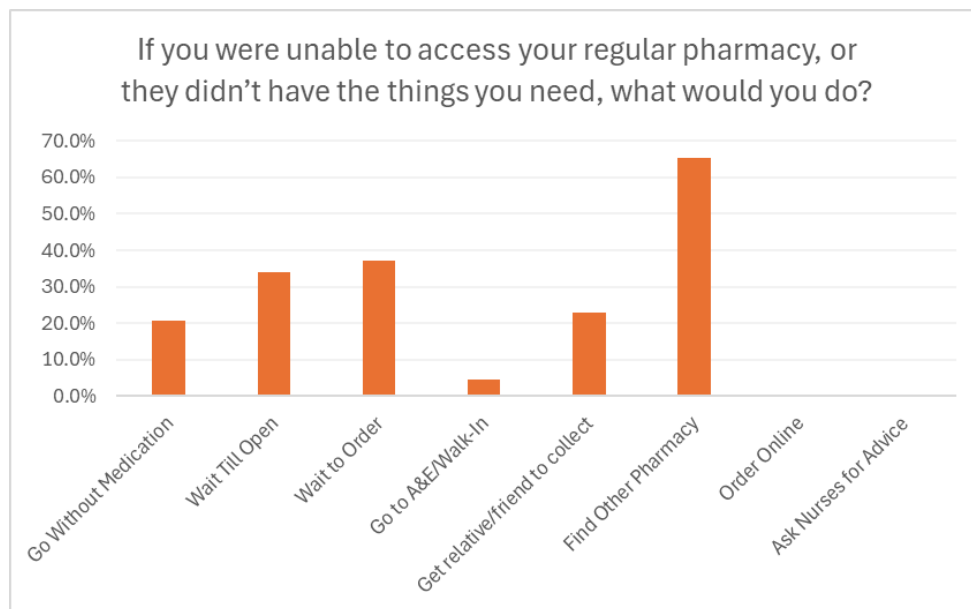
	Number of Responses	Percentage of Respondents
Housebound	14	8.2%
Mobility	1	0.6%
Other Access Issues	5	2.9%

# Appendix 8:

## Public Pharmacy Survey Results

### 12.If you were unable to access your regular pharmacy, or they didn't have the things you need, what would you do? (Multiple responses allowed)

170 respondents answered the question. 316 responses were given for the reasons below:



	Number of Responses	Percentage of Respondents
Go Without Medication	35	20.6%
Wait Till Open	58	34.1%
Wait to Order	63	37.1%
Go to A&E/Walk-In	8	4.7%
Get relative/friend to collect	39	22.9%
Find Other Pharmacy	111	65.3%
Order Online	1	0.6%
Ask Nurses for Advice	1	0.6%

# Appendix 8:

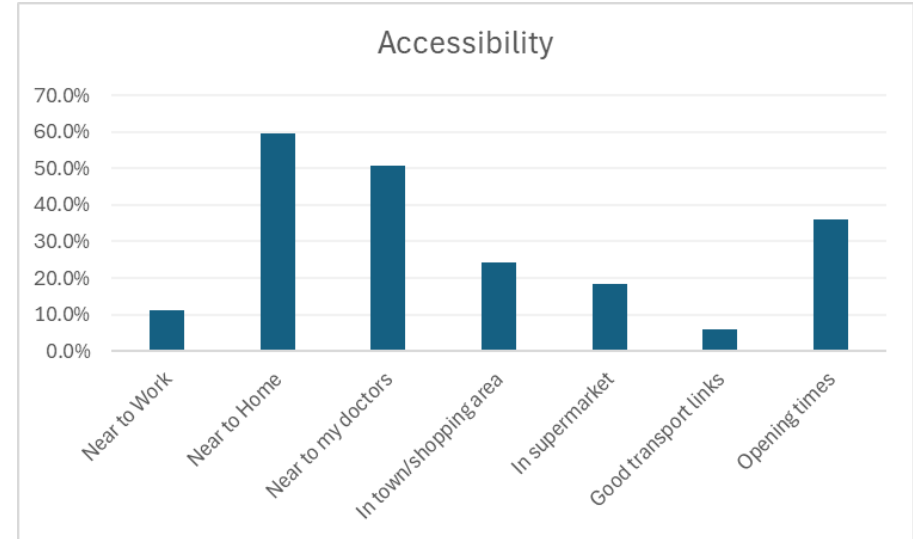
## Public Pharmacy Survey Results

13. Thinking of the pharmacy you use most, tick as many of the following reasons for your choice

**Accessibility:**

- Near to work
- Near to home
- Near to my doctors
- In town/ shopping area
- In the supermarket
- Good transport links
- Opening times
- N/A I do not use a regular pharmacy

170 respondents answered the question. 349 responses were given for the reasons below:



	Number of Responses	Percentage of Respondents
Near to Work	19	11.2%
Near to Home	101	59.4%
Near to my doctors	86	50.6%
In town/shopping area	41	24.1%
In supermarket	31	18.2%
Good transport links	10	5.9%
Opening times	61	35.9%

# Appendix 8:

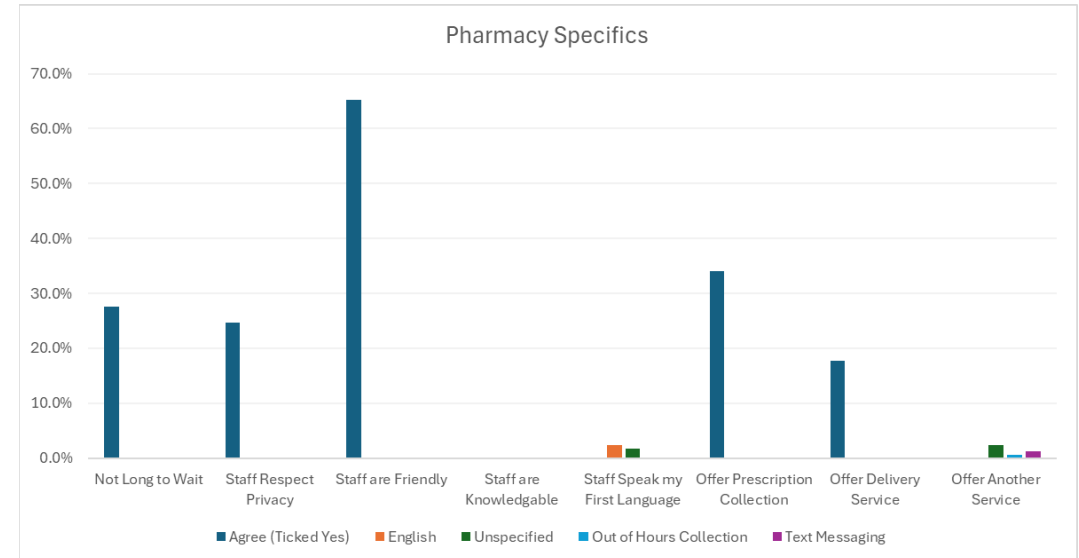
## Public Pharmacy Survey Results

14. Thinking of the pharmacy you use most, tick as many of the following reasons for your choice

### Pharmacy Specifics:

- I do not have to wait long for a walk-in service
- The staff respect my privacy
- The staff are friendly
- The staff are knowledgeable
- The staff speak my first language, please state your first language...
- They offer a prescription collection service
- They offer a delivery service
- They offer another service which I use, please explain why
- N/A I do not use a regular pharmacy
- Other (use text below)

170 respondents answered the question. 302 responses were given for the reasons below:



	Number of Responses	Percentage of Respondents
Not Long to Wait	47	27.6%
Staff Respect Privacy	42	24.7%
Staff are Friendly	111	65.3%
Staff are Knowledgeable	0	0.0%
Staff Speak my First Language - English	4	2.4%
Staff Speak my First Language - Unspecified	3	1.8%
Offer Prescription Collection	58	34.1%
Offer Delivery Service	30	17.6%
Offer Another Service - Unspecified	4	2.4%
Offer Another Service - Out of Hours	1	0.6%
Offer Another Service - Text Messaging	2	1.2%

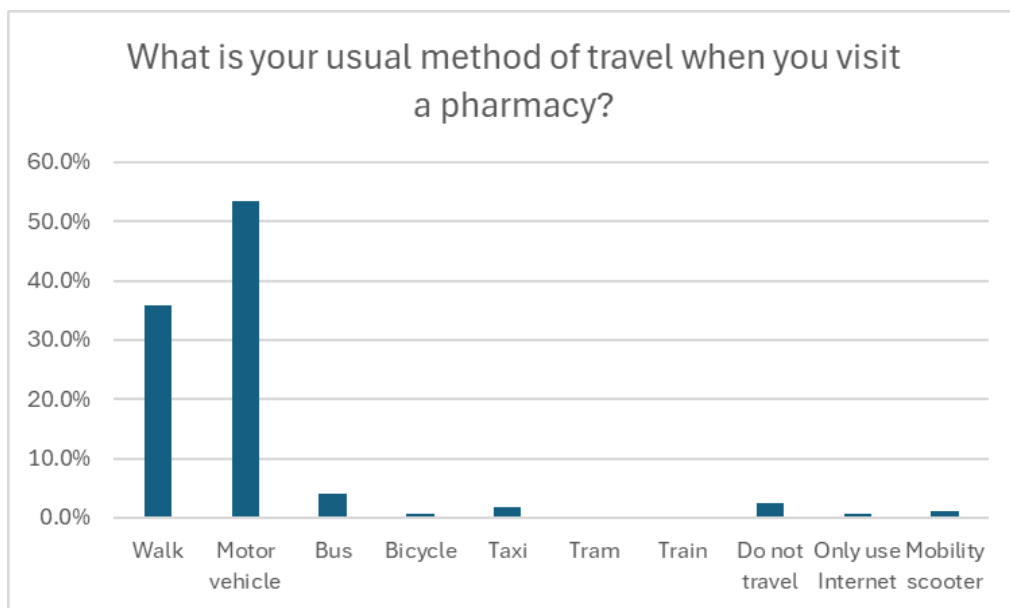
# Appendix 8:

## Public Pharmacy Survey Results

### Section 3 – How and when do you access pharmacies

#### 15. What is your usual method of travel when you visit a pharmacy?

170 respondents answered the question.



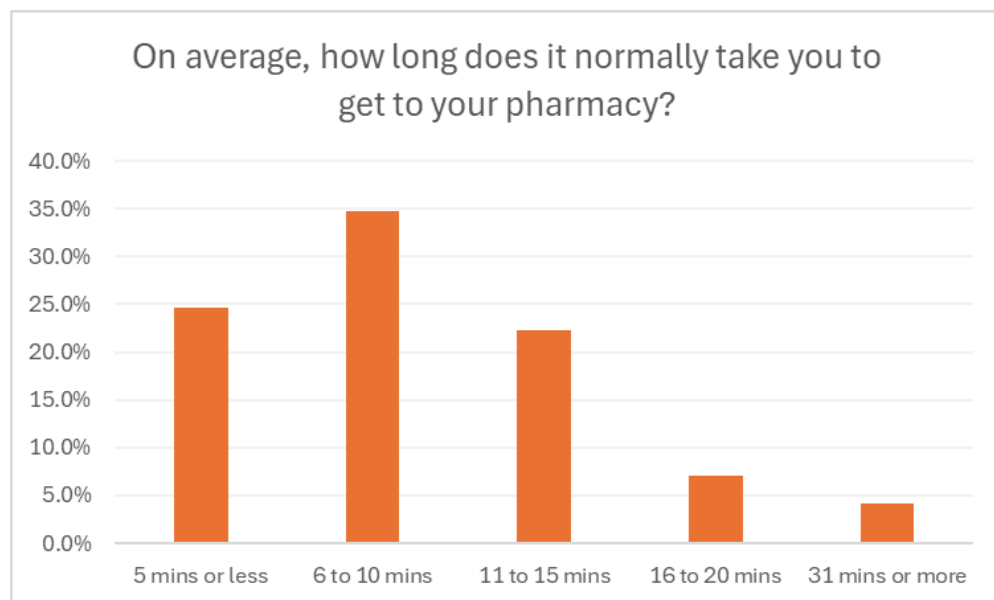
	Number of Responses	Percentage of Respondents
Walk	61	35.9%
Motor vehicle	91	53.5%
Bus	7	4.1%
Bicycle	1	0.6%
Taxi	3	1.8%
Tram	0	0.0%
Train	0	0.0%
Do not travel	4	2.4%
Only use Internet	1	0.6%
Mobility scooter	2	1.2%

# Appendix 8:

## Public Pharmacy Survey Results

### 16. On average, how long does it normally take you to get to your pharmacy?

156 respondents answered the question.



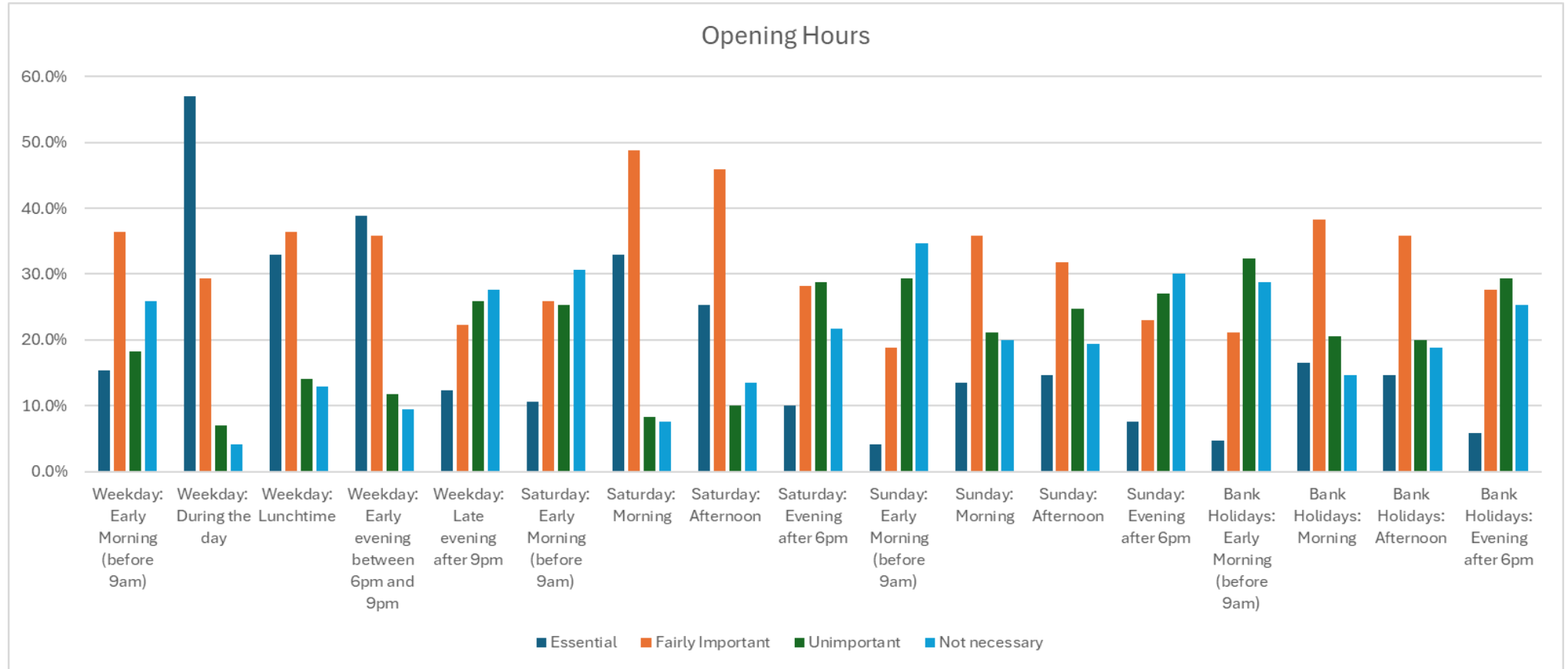
	Number of Responses	Percentage of Respondents
5 mins or less	42	24.7%
6 to 10 mins	59	34.7%
11 to 15 mins	38	22.4%
16 to 20 mins	12	7.1%
31 mins or more	7	4.1%
Did not answer	12	7.1%

# Appendix 8:

## Public Pharmacy Survey Results

17. When thinking about the time a pharmacy is open, please tell us which of the following are important to you.

170 respondents answered the question.



# Appendix 8:

## Public Pharmacy Survey Results

	Essential	Fairly Important	Unimportant	Not necessary
Weekday: Early Morning (before 9am)	26	62	31	44
Weekday: During the day	97	50	12	7
Weekday: Lunchtime	56	62	24	22
Weekday: Early evening between 6pm and 9pm	66	61	20	16
Weekday: Late evening after 9pm	21	38	44	47
Saturday: Early Morning (before 9am)	18	44	43	52
Saturday: Morning	56	83	14	13
Saturday: Afternoon	43	78	17	23
Saturday: Evening after 6pm	17	48	49	37
Sunday: Early Morning (before 9am)	7	32	50	59
Sunday: Morning	23	61	36	34
Sunday: Afternoon	25	54	42	33
Sunday: Evening after 6pm	13	39	46	51
Bank Holidays: Early Morning (before 9am)	8	36	55	49
Bank Holidays: Morning	28	65	35	25
Bank Holidays: Afternoon	25	61	34	32
Bank Holidays: Evening after 6pm	10	47	50	43

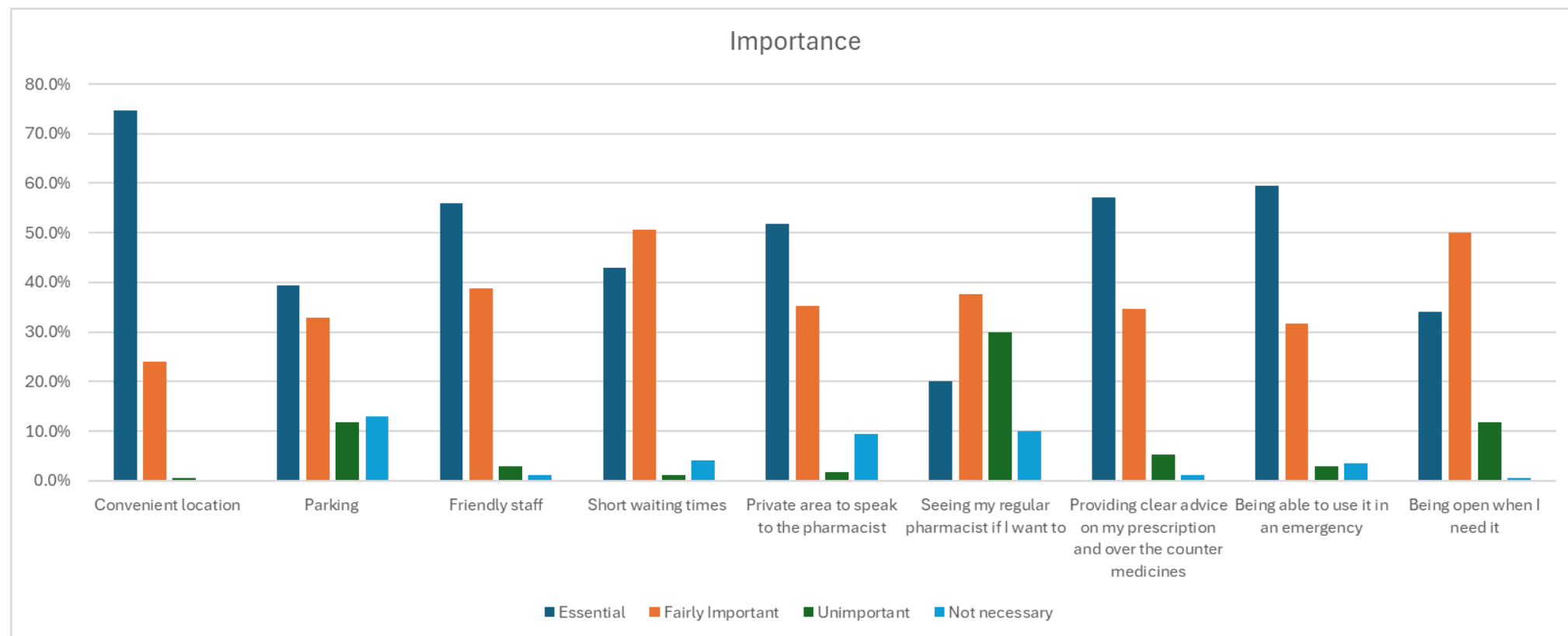
	Essential	Fairly Important	Unimportant	Not necessary
Weekday: Early Morning (before 9am)	15.3%	36.5%	18.2%	25.9%
Weekday: During the day	57.1%	29.4%	7.1%	4.1%
Weekday: Lunchtime	32.9%	36.5%	14.1%	12.9%
Weekday: Early evening between 6pm and 9pm	38.8%	35.9%	11.8%	9.4%
Weekday: Late evening after 9pm	12.4%	22.4%	25.9%	27.6%
Saturday: Early Morning (before 9am)	10.6%	25.9%	25.3%	30.6%
Saturday: Morning	32.9%	48.8%	8.2%	7.6%
Saturday: Afternoon	25.3%	45.9%	10.0%	13.5%
Saturday: Evening after 6pm	10.0%	28.2%	28.8%	21.8%
Sunday: Early Morning (before 9am)	4.1%	18.8%	29.4%	34.7%
Sunday: Morning	13.5%	35.9%	21.2%	20.0%
Sunday: Afternoon	14.7%	31.8%	24.7%	19.4%
Sunday: Evening after 6pm	7.6%	22.9%	27.1%	30.0%
Bank Holidays: Early Morning (before 9am)	4.7%	21.2%	32.4%	28.8%
Bank Holidays: Morning	16.5%	38.2%	20.6%	14.7%
Bank Holidays: Afternoon	14.7%	35.9%	20.0%	18.8%
Bank Holidays: Evening after 6pm	5.9%	27.6%	29.4%	25.3%

# Appendix 8:

## Public Pharmacy Survey Results

18. Please tell us which of the following are important to you.

170 respondents answered the question.



# Appendix 8:

## Public Pharmacy Survey Results

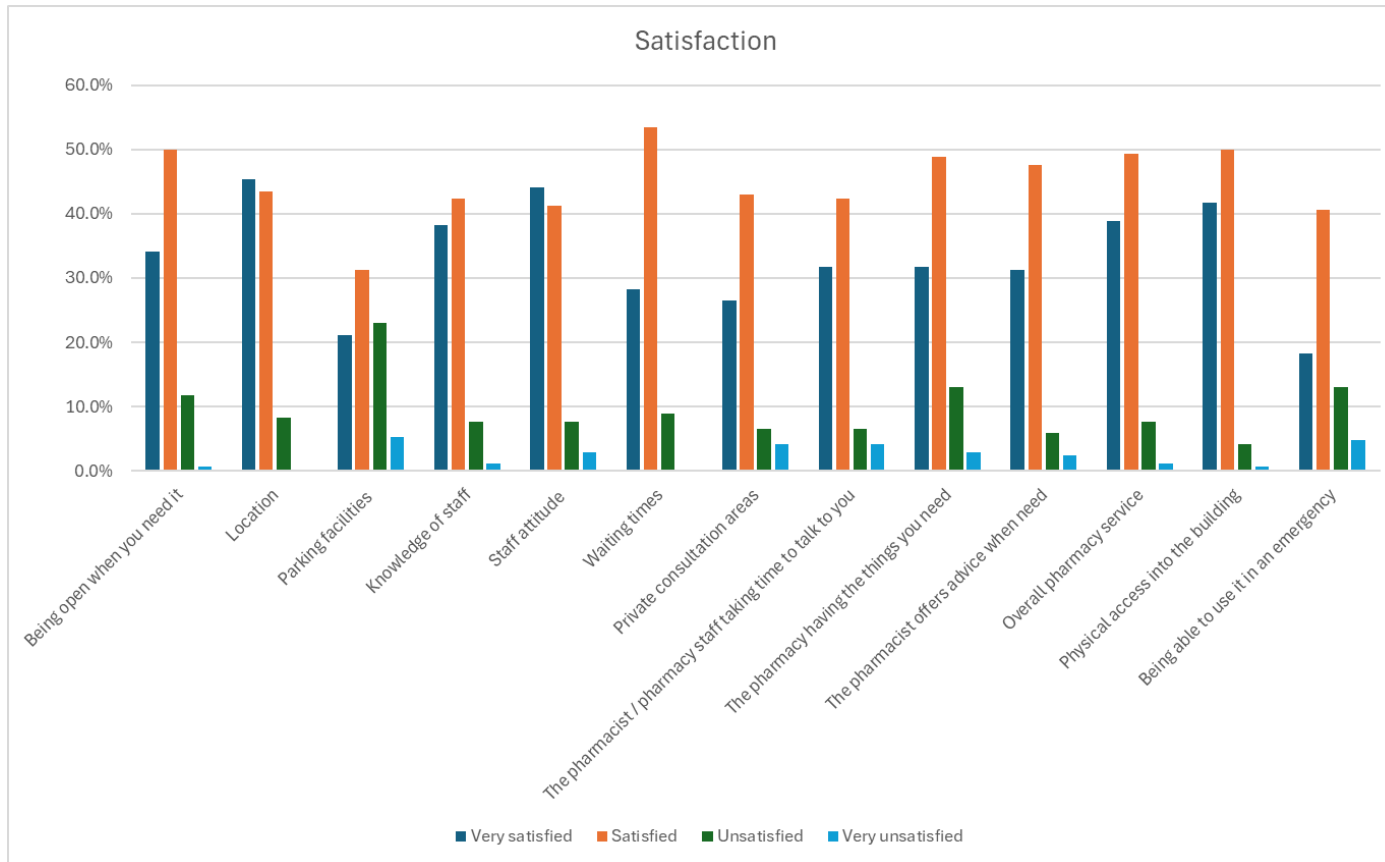
	Essential	Fairly Important	Unimportant	Not necessary
Convenient location	127	41	1	0
Parking	67	56	20	22
Friendly staff	95	66	5	2
Short waiting times	73	86	2	7
Private area to speak to the pharmacist	88	60	3	16
Seeing my regular pharmacist if I want to	34	64	51	17
Providing clear advice on my prescription and over the counter medicines	97	59	9	2
Being able to use it in an emergency	101	54	5	6
Being open when I need it	58	85	20	1

	Essential	Fairly Important	Unimportant	Not necessary
Convenient location	74.7%	24.1%	0.6%	0.0%
Parking	39.4%	32.9%	11.8%	12.9%
Friendly staff	55.9%	38.8%	2.9%	1.2%
Short waiting times	42.9%	50.6%	1.2%	4.1%
Private area to speak to the pharmacist	51.8%	35.3%	1.8%	9.4%
Seeing my regular pharmacist if I want to	20.0%	37.6%	30.0%	10.0%
Providing clear advice on my prescription and over the counter medicines	57.1%	34.7%	5.3%	1.2%
Being able to use it in an emergency	59.4%	31.8%	2.9%	3.5%
Being open when I need it	34.1%	50.0%	11.8%	0.6%

# Appendix 8:

## Public Pharmacy Survey Results

**19. How satisfied are you with each of the following aspects of service at your regular pharmacy, from very satisfied to very unsatisfied? If you do not have a regular pharmacy, please comment on your last visit to a pharmacy.**  
169 respondents answered the question.



# Appendix 8:

## Public Pharmacy Survey Results

	Very satisfied	Satisfied	Unsatisfied	Very unsatisfied
Being open when you need it	58	85	20	1
Location	77	74	14	0
Parking facilities	36	53	39	9
Knowledge of staff	65	72	13	2
Staff attitude	75	70	13	5
Waiting times	48	91	15	0
Private consultation areas	45	73	11	7
The pharmacist / pharmacy staff taking time to talk to you	54	72	11	7
The pharmacy having the things you need	54	83	22	5
The pharmacist offers advice when need	53	81	10	4
Overall pharmacy service	66	84	13	2
Physical access into the building	71	85	7	1
Being able to use it in an emergency	31	69	22	8

	Very satisfied	Satisfied	Unsatisfied	Very unsatisfied
Being open when you need it	34.1%	50.0%	11.8%	0.6%
Location	45.3%	43.5%	8.2%	0.0%
Parking facilities	21.2%	31.2%	22.9%	5.3%
Knowledge of staff	38.2%	42.4%	7.6%	1.2%
Staff attitude	44.1%	41.2%	7.6%	2.9%
Waiting times	28.2%	53.5%	8.8%	0.0%
Private consultation areas	26.5%	42.9%	6.5%	4.1%
The pharmacist / pharmacy staff taking time to talk to you	31.8%	42.4%	6.5%	4.1%
The pharmacy having the things you need	31.8%	48.8%	12.9%	2.9%
The pharmacist offers advice when need	31.2%	47.6%	5.9%	2.4%
Overall pharmacy service	38.8%	49.4%	7.6%	1.2%
Physical access into the building	41.8%	50.0%	4.1%	0.6%
Being able to use it in an emergency	18.2%	40.6%	12.9%	4.7%

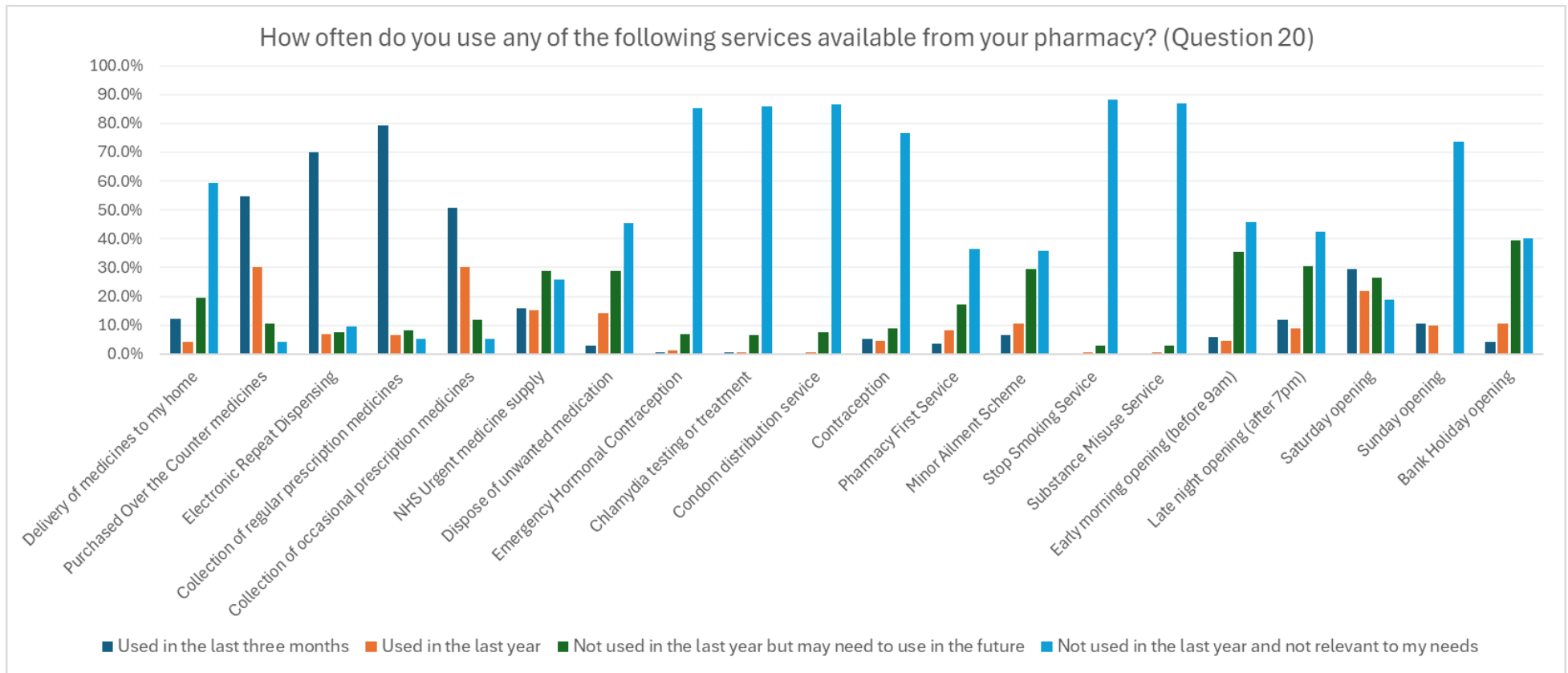
# Appendix 8:

## Public Pharmacy Survey Results

### Section 4 – What services do you use at the pharmacy

#### 20. How often do you use any of the following services available from your pharmacy?

169 respondents answered the question.



# Appendix 8:

## Public Pharmacy Survey Results

	Used in the last three months	Used in the last year	Not used in the last year but may need to use in the future	Not used in the last year and not relevant to my needs
Delivery of medicines to my home	21	7	33	101
Purchased Over the Counter medicines	93	51	18	7
Electronic Repeat Dispensing	119	12	13	16
Collection of regular prescription medicines	135	11	14	9
Collection of occasional prescription medicines	86	51	20	9
NHS Urgent medicine supply	27	26	49	44
Dispose of unwanted medication	5	24	49	77
Emergency Hormonal Contraception (morning after pill)	1	2	12	145
Chlamydia testing or treatment	1	1	11	146
Condom distribution service	0	1	13	147
Contraception	9	8	15	130
Pharmacy First Service	6	14	29	62
Minor Ailment Scheme (Access to certain free over the counter medicines to avoid a GP visit when eligible)	11	18	50	61
Stop Smoking Service	0	1	5	150
Substance Misuse Service e.g. Observed Consumption of Medication, needle exchange service	0	1	5	148
Early morning opening (before 9am)	10	8	60	78
Late night opening (after 7pm)	20	15	52	72
Saturday opening	50	37	45	32
Sunday opening	18	17	0	125
Bank Holiday opening	7	18	67	68

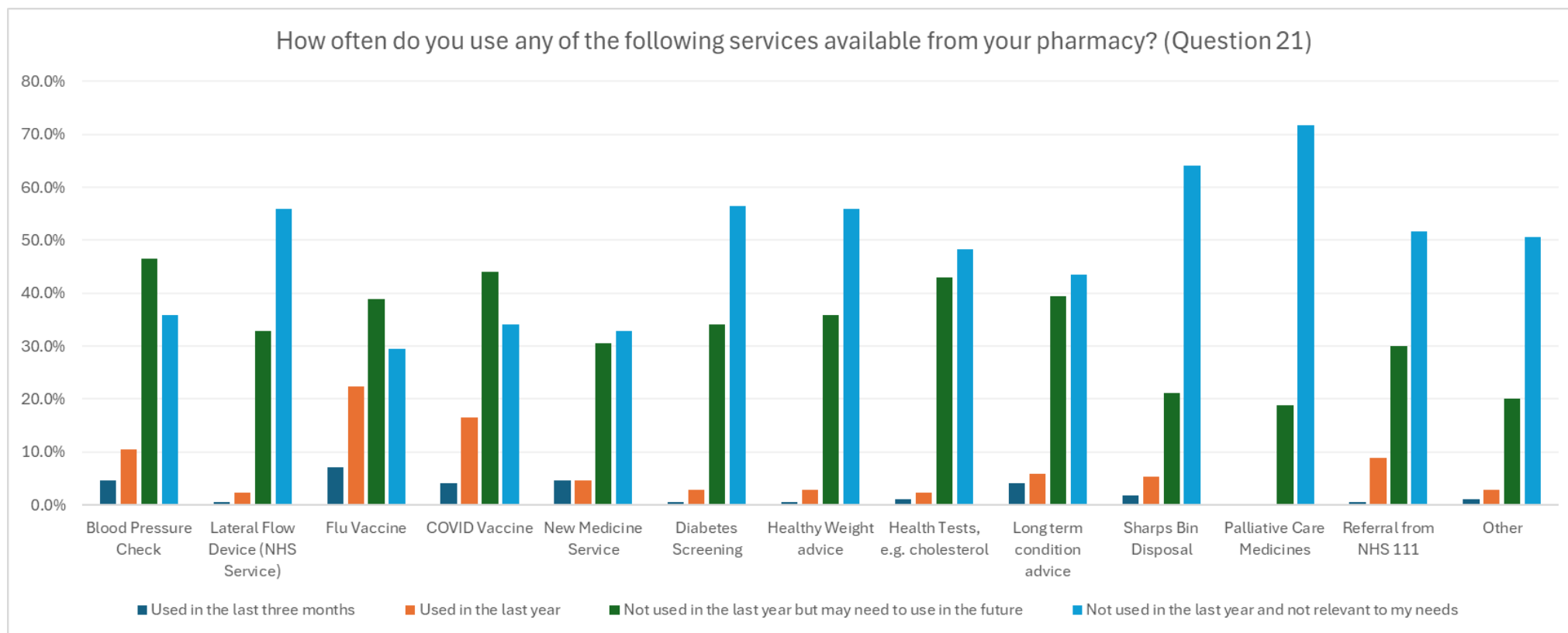
	Used in the last three months	Used in the last year	Not used in the last year but may need to use in the future	Not used in the last year and not relevant to my needs
Delivery of medicines to my home	12.4%	4.1%	19.4%	59.4%
Purchased Over the Counter medicines	54.7%	30.0%	10.6%	4.1%
Electronic Repeat Dispensing	70.0%	7.1%	7.6%	9.4%
Collection of regular prescription medicines	79.4%	6.5%	8.2%	5.3%
Collection of occasional prescription medicines	50.6%	30.0%	11.8%	5.3%
NHS Urgent medicine supply	15.9%	15.3%	28.8%	25.9%
Dispose of unwanted medication	2.9%	14.1%	28.8%	45.3%
Emergency Hormonal Contraception	0.6%	1.2%	7.1%	85.3%
Chlamydia testing or treatment	0.6%	0.6%	6.5%	85.9%
Condom distribution service	0.0%	0.6%	7.6%	86.5%
Contraception	5.3%	4.7%	8.8%	76.5%
Pharmacy First Service	3.5%	8.2%	17.1%	36.5%
Minor Ailment Scheme	6.5%	10.6%	29.4%	35.9%
Stop Smoking Service	0.0%	0.6%	2.9%	88.2%
Substance Misuse Service	0.0%	0.6%	2.9%	87.1%
Early morning opening (before 9am)	5.9%	4.7%	35.3%	45.9%
Late night opening (after 7pm)	11.8%	8.8%	30.6%	42.4%
Saturday opening	29.4%	21.8%	26.5%	18.8%
Sunday opening	10.6%	10.0%	0.0%	73.5%
Bank Holiday opening	4.1%	10.6%	39.4%	40.0%

# Appendix 8:

## Public Pharmacy Survey Results

### 21. How often do you use any of the following services available from your pharmacy (cont)?

168 respondents answered the question.



# Appendix 8:

## Public Pharmacy Survey Results

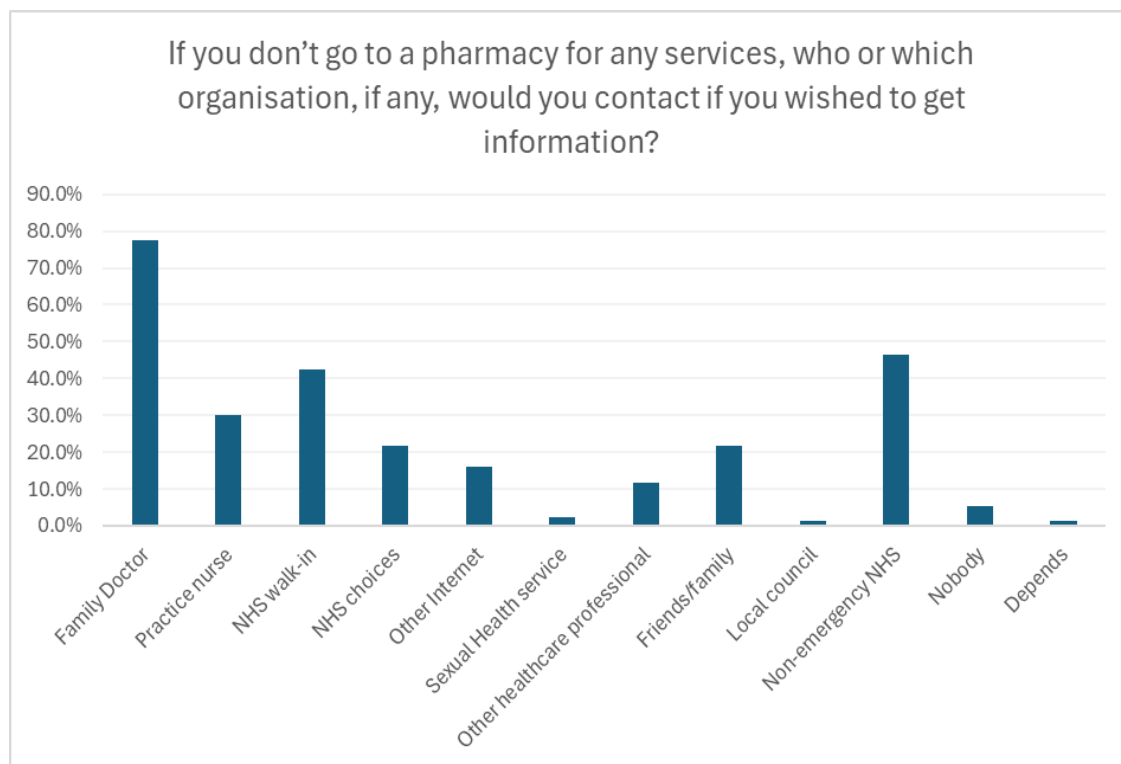
	Used in the last three months	Used in the last year	Not used in the last year but may need to use in the future	Not used in the last year and not relevant to my needs
Blood Pressure Check	8	18	79	61
Lateral Flow Device (NHS Service)	1	4	56	95
Flu Vaccine	12	38	66	50
COVID Vaccine	7	28	75	58
New Medicine Service	8	8	52	56
Diabetes Screening	1	5	58	96
Healthy Weight advice	1	5	61	95
Health Tests, e.g. cholesterol	2	4	73	82
Long term condition advice	7	10	67	74
Sharps Bin Disposal	3	9	36	109
Palliative Care Medicines	0	0	32	122
Referral from NHS 111	1	15	51	88
Other	2	5	34	86

	Used in the last three months	Used in the last year	Not used in the last year but may need to use in the future	Not used in the last year and not relevant to my needs
Blood Pressure Check	4.7%	10.6%	46.5%	35.9%
Lateral Flow Device (NHS Service)	0.6%	2.4%	32.9%	55.9%
Flu Vaccine	7.1%	22.4%	38.8%	29.4%
COVID Vaccine	4.1%	16.5%	44.1%	34.1%
New Medicine Service	4.7%	4.7%	30.6%	32.9%
Diabetes Screening	0.6%	2.9%	34.1%	56.5%
Healthy Weight advice	0.6%	2.9%	35.9%	55.9%
Health Tests, e.g. cholesterol	1.2%	2.4%	42.9%	48.2%
Long term condition advice	4.1%	5.9%	39.4%	43.5%
Sharps Bin Disposal	1.8%	5.3%	21.2%	64.1%
Palliative Care Medicines	0.0%	0.0%	18.8%	71.8%
Referral from NHS 111	0.6%	8.8%	30.0%	51.8%
Other	1.2%	2.9%	20.0%	50.6%

# Appendix 8:

## Public Pharmacy Survey Results

**22.If you don't go to a pharmacy for any services, who or which organisation, if any, would you contact if you wished to get information?**  
170 respondents answered the question.



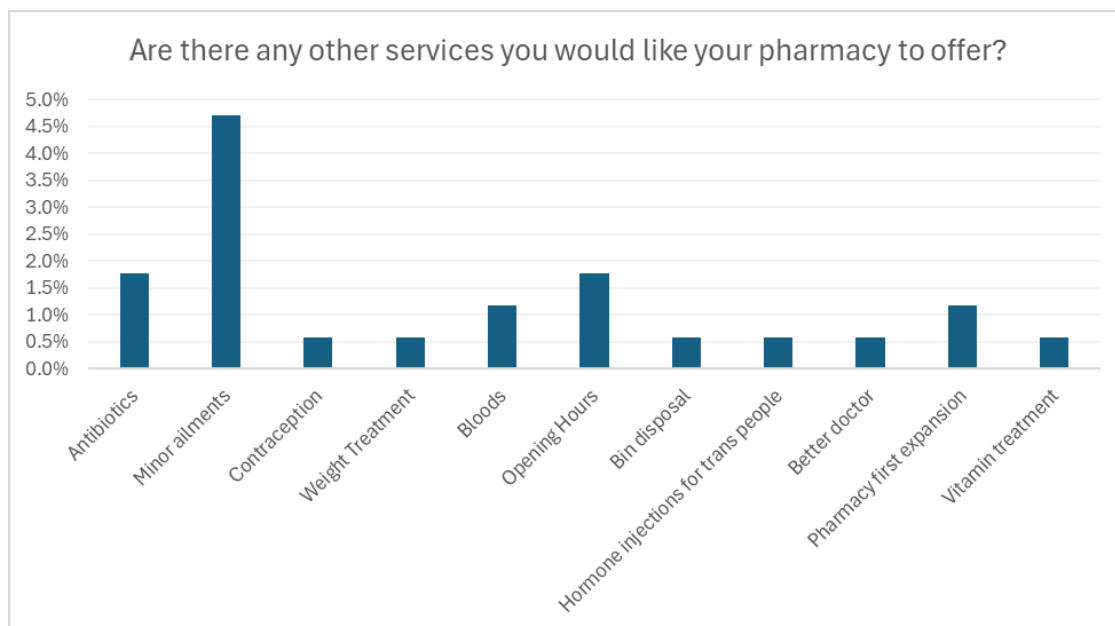
	Number of Responses	Percentage of Respondents
Family Doctor	132	77.6%
Practice nurse	51	30.0%
NHS walk-in	72	42.4%
NHS choices	37	21.8%
Other Internet	27	15.9%
Sexual Health service	4	2.4%
Other healthcare professional	20	11.8%
Friends/family	37	21.8%
Local council	2	1.2%
Non-emergency NHS	79	46.5%
Nobody	9	5.3%
Depends	2	1.2%

# Appendix 8:

## Public Pharmacy Survey Results

### 23. and 24. Are there any other services you would like your pharmacy to offer?

170 respondents answered the question. 24 respondents indicated yes for the reasons below:



	Number of Responses	Percentage of Respondents
Antibiotics	3	1.8%
Minor ailments	8	4.7%
Contraception	1	0.6%
Weight Treatment	1	0.6%
Bloods	2	1.2%
Opening Hours	3	1.8%
Bin disposal	1	0.6%
Hormone injections for trans people	1	0.6%
Better doctor	1	0.6%
Pharmacy first expansion	2	1.2%
Vitamin treatment	1	0.6%



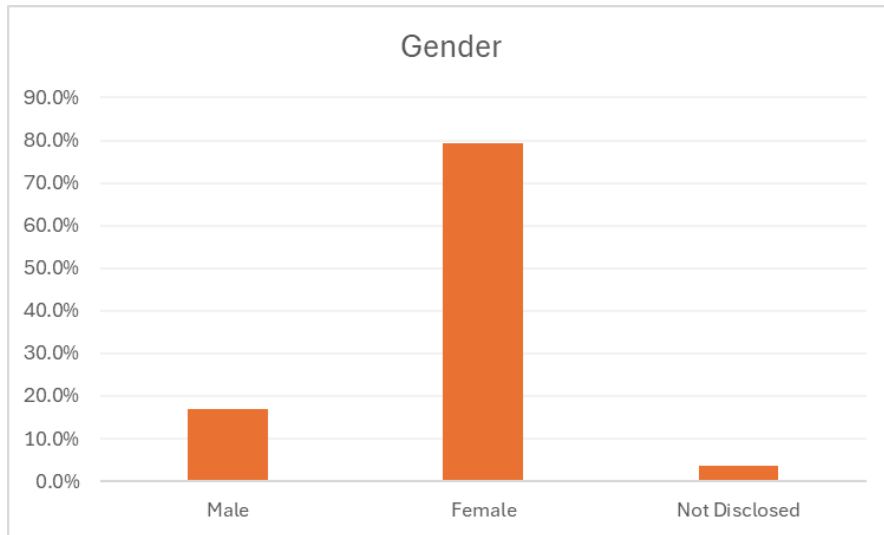
# Appendix 8:

## Public Pharmacy Survey Results

### Section 5 – Equalities Information

#### 25. My sex is?

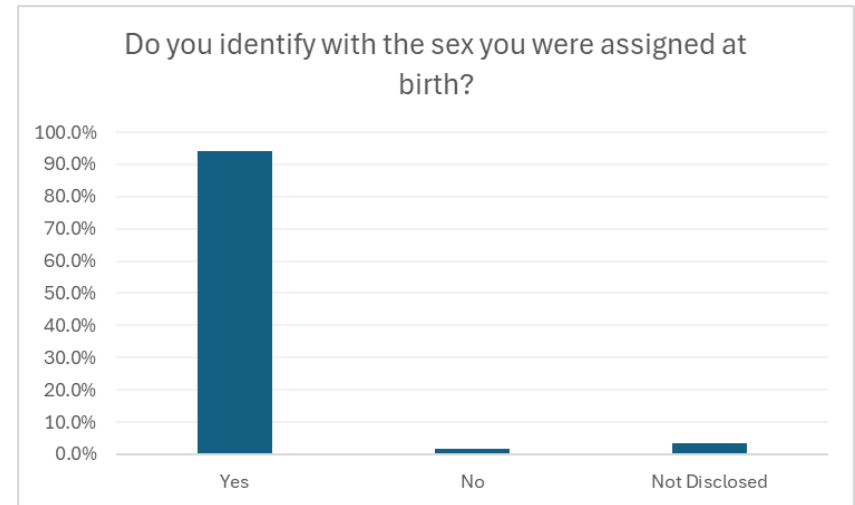
169 respondents answered the question.



	Number of Responses	Percentage of Respondents
Male	29	17.1%
Female	135	79.4%
Not Disclosed	6	3.5%

#### 26. Do you identify with the sex you were assigned at birth?

169 respondents answered the question.



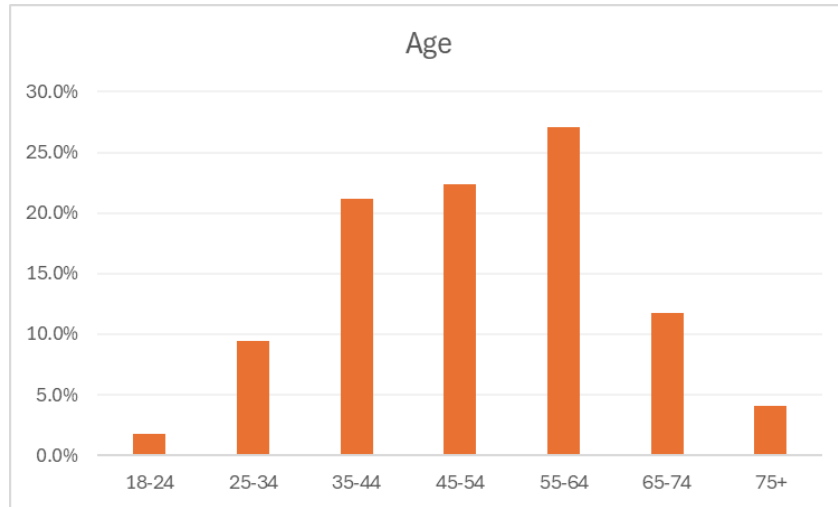
	Number of Responses	Percentage of Respondents
Yes	160	94.1%
No	3	1.8%
Not Disclosed	6	3.5%

# Appendix 8:

## Public Pharmacy Survey Results

### 27. My age is?

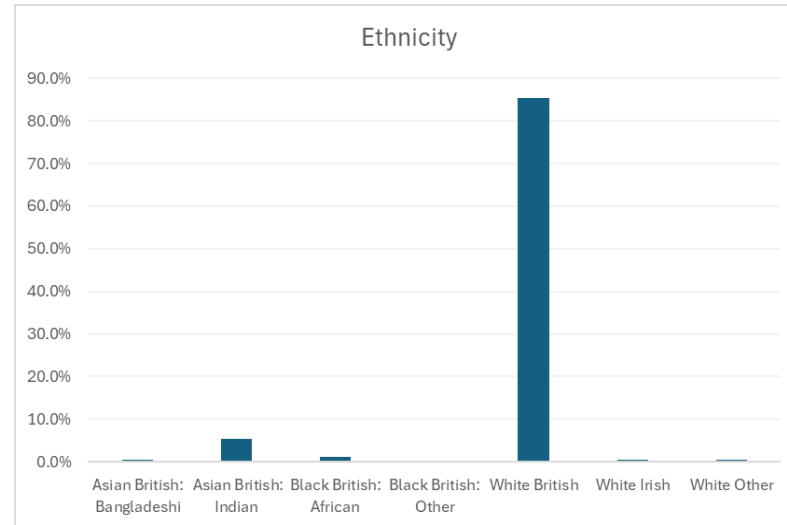
169 respondents answered the question.



Age Group	Number of Responses	Percentage of Respondents
18-24	3	1.8%
25-34	16	9.4%
35-44	36	21.2%
45-54	38	22.4%
55-64	46	27.1%
65-74	20	11.8%
75+	7	4.1%

### 28. I would describe my ethnic origin as?

169 respondents answered the question.



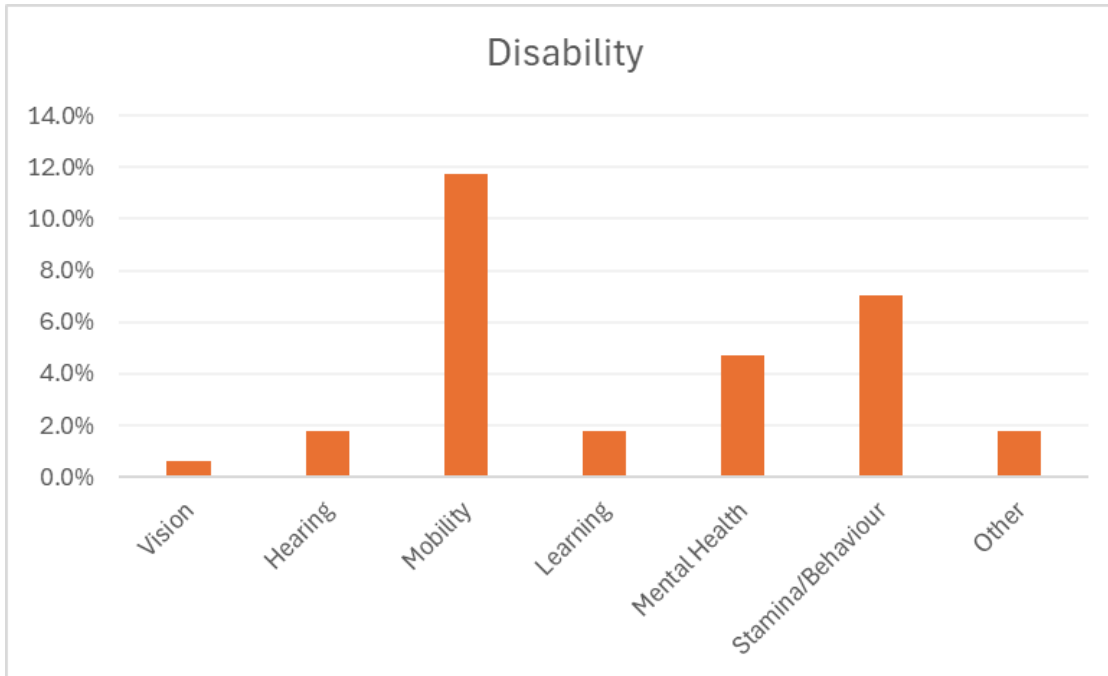
Ethnicity	Number of Responses	Percentage of Respondents
Asian British: Bangladeshi	1	0.6%
Asian British: Indian	9	5.3%
Black British: African	2	1.2%
Black British: Other	0	0.0%
White British	145	85.3%
White Irish	1	0.6%
White Other	1	0.6%

# Appendix 8:

## Public Pharmacy Survey Results

**28. and 30. Do you consider yourself to be disabled? If yes, please indicate your disability and/or long-lasting illness.**

169 respondents answered the question 28. 43 respondents indicated yes and answered question 29 for the reasons below:



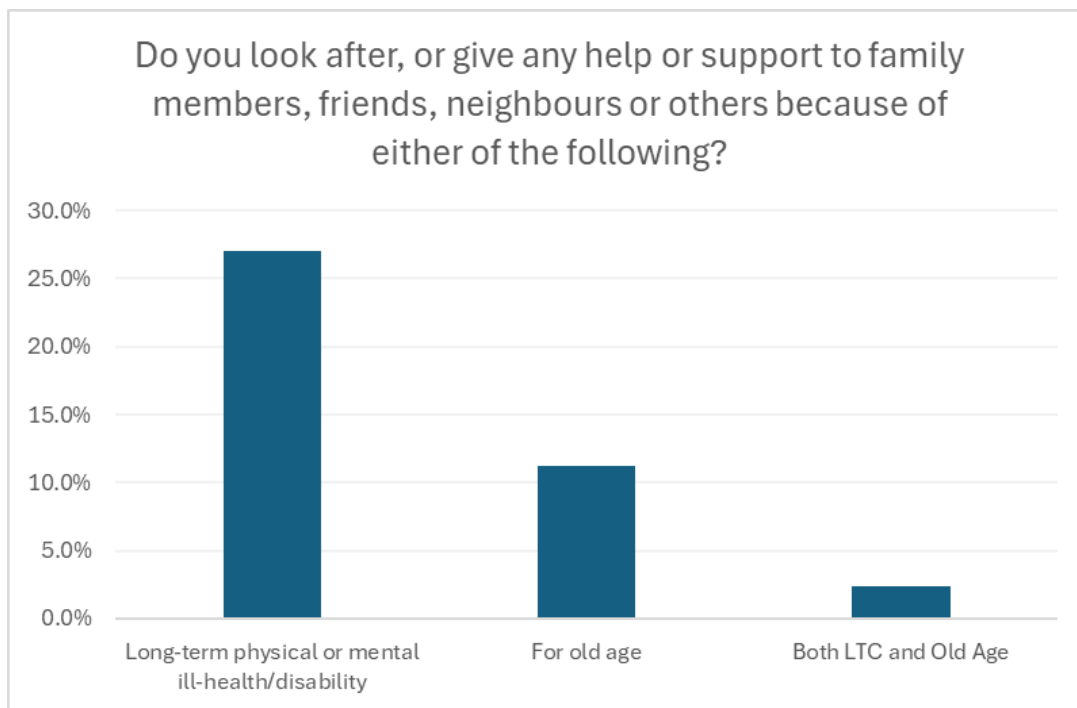
	Number of Responses	Percentage of Respondents
Vision	1	0.6%
Hearing	3	1.8%
Mobility	20	11.8%
Learning	3	1.8%
Mental Health	8	4.7%
Stamina/Behaviour	12	7.1%
Other	3	1.8%

# Appendix 8:

## Public Pharmacy Survey Results

### 31. Do you look after, or give any help or support to family members, friends, neighbours or others because of either of the following?

165 respondents answered the question. 69 respondents indicated yes and answered question 29 for the reasons below:



	Number of Responses	Percentage of Respondents
Long-term physical or mental ill-health/disability	46	27.1%
For old age	19	11.2%
Both LTC and Old Age	4	2.4%

# Appendix 8:

## Public Pharmacy Survey Results

### 32. Are you pregnant or have you given birth within the last 12 months?

165 respondents answered the question.



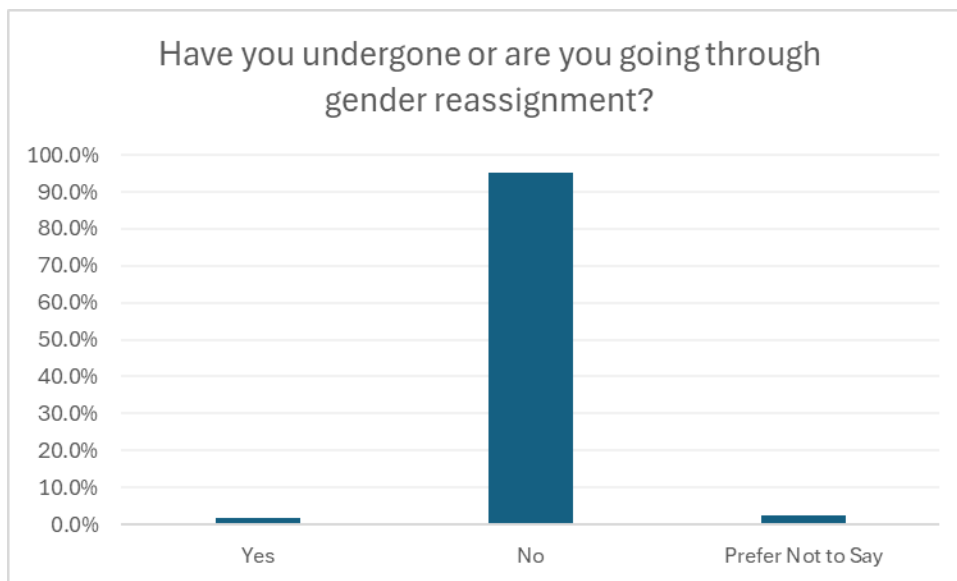
	Number of Responses	Percentage of Respondents
Yes	3	1.8%
No	162	95.3%
Prefer Not to Say	4	2.4%

# Appendix 8:

## Public Pharmacy Survey Results

### 33. Have you undergone or are you going through gender reassignment?

167 respondents answered the question.



	Number of Responses	Percentage of Respondents
Yes	0	1.8%
No	163	95.3%
Prefer Not to Say	4	2.4%

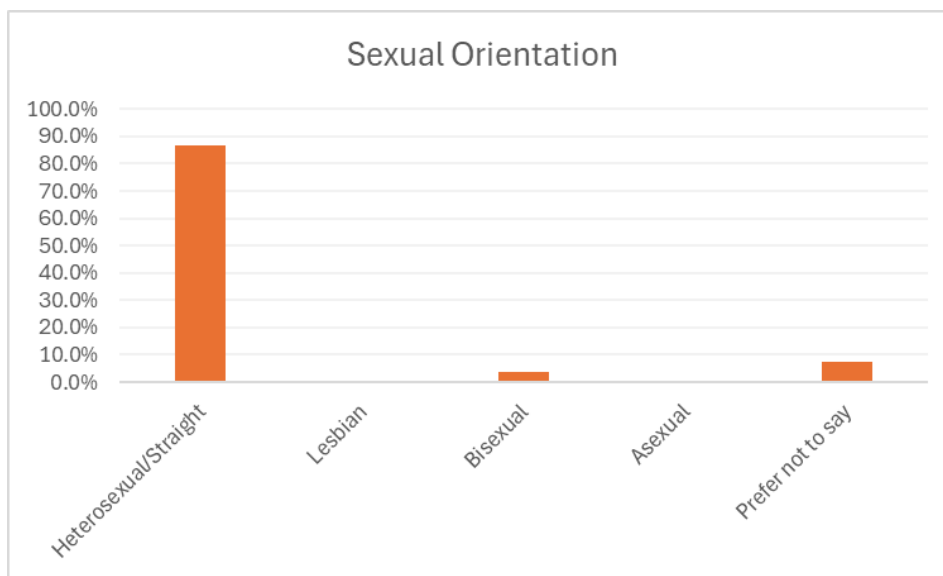


# Appendix 8:

## Public Pharmacy Survey Results

### 34. I would describe my sexuality as?

168 respondents answered the question.



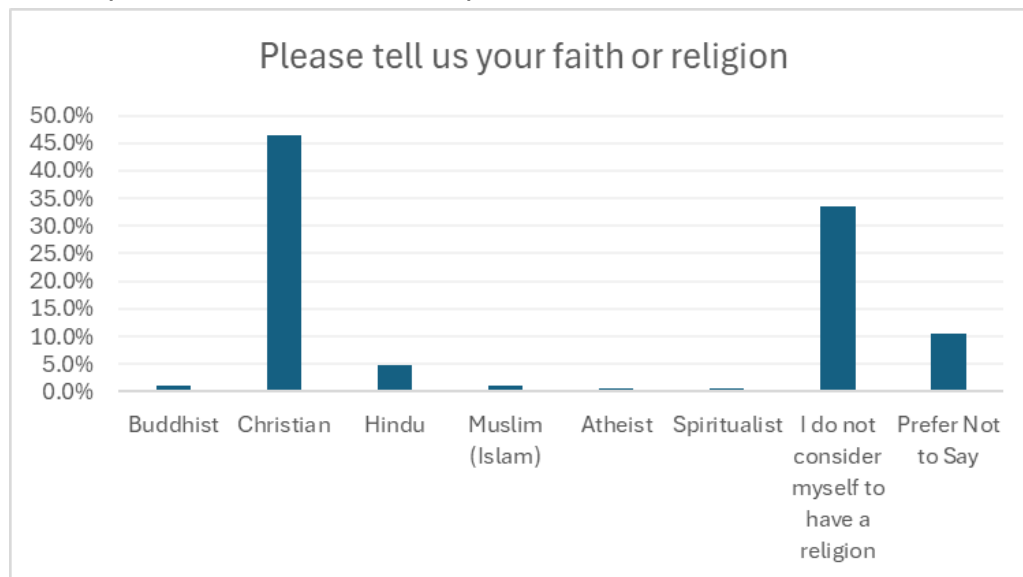
	Number of Responses	Percentage of Respondents
Heterosexual/Straight	147	86.5%
Lesbian	1	0.6%
Bisexual	6	3.5%
Asexual	1	0.6%
Prefer not to say	13	7.6%

# Appendix 8:

## Public Pharmacy Survey Results

### 35. Please tell us your faith or religion.

168 respondents answered the question.



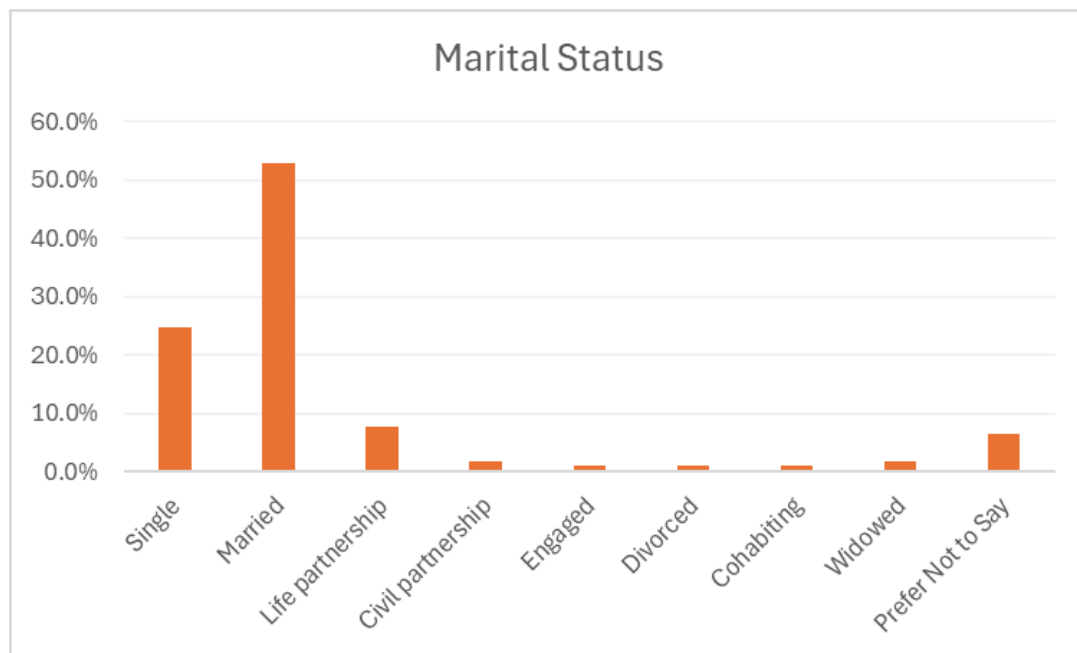
	Number of Responses	Percentage of Respondents
Buddhist	2	1.2%
Christian	79	46.5%
Hindu	8	4.7%
Muslim (Islam)	2	1.2%
Atheist	1	0.6%
Spiritualist	1	0.6%
I do not consider myself to have a religion	57	33.5%
Prefer Not to Say	18	10.6%

# Appendix 8:

## Public Pharmacy Survey Results

### 36. What is your marital status?

168 respondents answered the question.



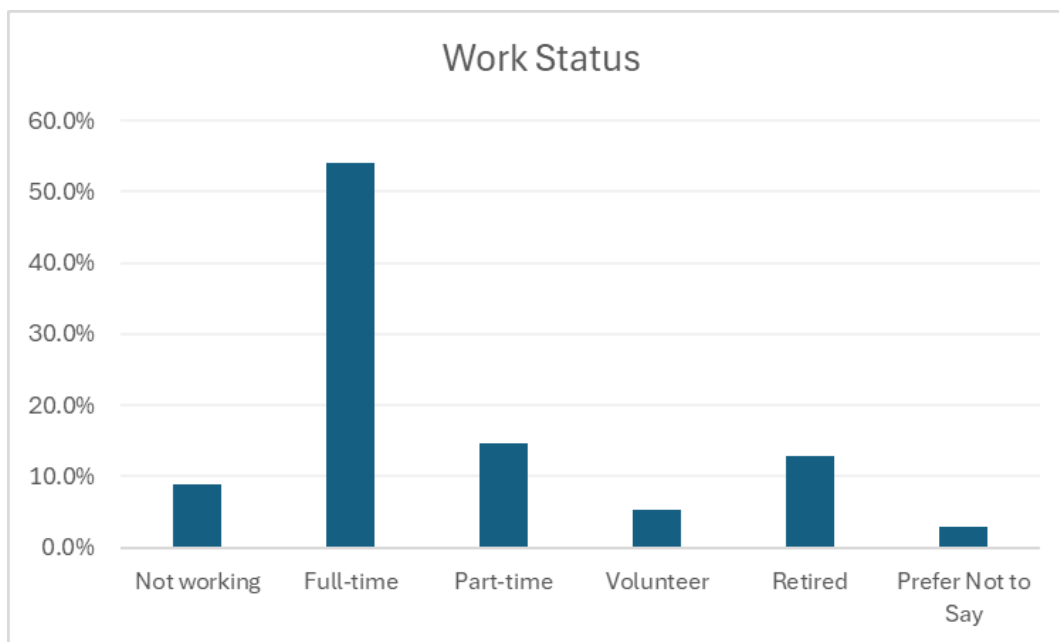
	Number of Responses	Percentage of Respondents
Single	42	24.7%
Married	90	52.9%
Life partnership	13	7.6%
Civil partnership	3	1.8%
Engaged	2	1.2%
Divorced	2	1.2%
Cohabiting	2	1.2%
Widowed	3	1.8%
Prefer Not to Say	11	6.5%

# Appendix 8:

## Public Pharmacy Survey Results

### 37. Which of the following best describes your working situation?

168 respondents answered the question.



	Number of Responses	Percentage of Respondents
Not working	15	8.8%
Full-time	92	54.1%
Part-time	25	14.7%
Volunteer	9	5.3%
Retired	22	12.9%
Prefer Not to Say	5	2.9%

# Appendix 9:

## 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 Tuesday 10th June 2025 until Saturday 9th August 2025.

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

Below outlines the stakeholder consultation responses listed under each of the consultation questions:

**1. The draft PNA aims to identify pharmacy need across Tameside. Does it achieve this? If not, please can you explain why?**

All agree that this is achieved.

**2. Do you know of any relevant information that you think has not been included which could affect the conclusions and recommendations of this PNA? If yes, then please provide the additional information.**

All do not know of any relevant information that has not been included which could affect the conclusions and recommendations

**3. The draft 2025-2028 PNA shows that pharmaceutical provision in Tameside is satisfactory with few or no identified gaps. Do you agree? If not, what else should be considered?**

All agree that the pharmaceutical provision in Tameside is satisfactory with few or no identified gaps.

**4. Do you have any other relevant comments to add regarding the 2025-2028 draft PNA?**

- Page 2, paragraph 2. Should the reference to Local Area Team be - NHS Greater Manchester / ICB? and the same on Page 39, paragraph 4
- Page 7, last paragraph: Medicines Use Reviews were stopped a few years ago. We would suggest adding as examples Pharmacy First or the Hypertension Case Finding Service
- Page 12, paragraphs 3 and 4: The NPA have withdrawn collective action
- Page 12, paragraph 5: Other services were introduced during the previous 5-year deal - Pharmacy Contraception Service, Hypertension Case Finding Service and the Covid Vaccination Service
- Page 14, Stop Smoking Services: The Pharmacist must supervise the supply, not the pharmacy

# Appendix 9:

## 60 Day Stakeholder Consultation

- Page 16: The link doesn't work
- Page 19: There is an error on the third line - t02?52
- Page 26: The link in the footer doesn't work
- Page 35: Opening times of Tameside Pharmacies. We think that this should read "Most Tameside pharmacies have 40 hours per week core contracts. Many chose to work additional supplementary hours which match similar GP practice opening hours." or similar
- Page 36: says 'Locally, the number of pharmacies has reduced since the last Pharmaceutical Needs Assessment from 53 pharmacies in 2022 to 50 in 2025' - earlier in the document it says 48 (page 5)
- P61 pharmacy is a business which can easily flex to increase staff levels and skill mix appropriate to the increased pressure.
- Page 68, bullet 4: unsure about the "low current position" - 47 pharmacies currently provide Pharmacy First and 46 provide hypertension case finding
- Page 68, bullet 6: this should be if commissioned
- Page 68, bullet 7 this should be ICB not team
- Page 88, last paragraph: it looks like the same number of pharmacies provide NMS and Pharmacy First
- Page 90, Medicines optimisation services: the survey question for currently providing was 'currently providing an NHS commissioned service' - this only applied to Wigan and Bolton only
- Page 92, vaccinations: MMR is no longer being provided in pharmacies as an NHS service in Greater Manchester.

