

2015 - 2018

Tameside Health and Wellbeing Board

Tameside Pharmaceutical Needs Assessment



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Abbreviations

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

Acknowledgements

This PNA was produced by the Public Health department, TMBC and was supported throughout by the Pharmacy Needs Assessment steering group. (Please see appendix 1 for membership)

FOREWARD

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

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

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

This PNA builds on, and supersedes the robust and well-regarded previous PNA for Tameside and Glossop produced in 2011 that at the time concluded:

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

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

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

- Minor ailments scheme, as a full township roll out had been suspended
- Some stop smoking services had been suspended during 2010 but plans were in place to widen the services in 2011 to areas of Tameside and Glossop with high smoking prevalence

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

The 2011 assessment recognised the rapidly developing potential for pharmacy to have a much greater role in health improvement and prevention, the management of long-term conditions, and the reduction of health inequalities but it warned there needs to be a very

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

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

Following the wide range of structural and governance changes over the last few years the responsibility for producing the PNA moved from the former Tameside and Glossop Primary Care Trust to Tameside Health and Wellbeing Board, hence this Assessment only examines need in Tameside. Need in Glossop has only been reviewed in so far as it affects any cross border issues, in other words how people in Tameside are affected if they access pharmacies in Glossop or the impact found of any people accessing Tameside pharmacies who come from Glossop. Similar analysis has been undertaken for all the Boroughs, which border Tameside, but because of historic links and existing pathways and patterns of behaviour, Glossop has had particular attention as a neighbouring area in this PNA.

Tameside Council is developing a new approach to commissioning its wider health and wellbeing services and during the process of producing this PNA report was conducting a parallel piece of work consulting on a new Wellness Offer. Pharmacy services are a vital part of public health provision within most communities as they are often people's first point of contact and, for some, their only contact with a healthcare professional. They are also valuable community assets in themselves because they can often be the only healthcare facility located directly within an area of deprivation.

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

Executive Summary

The conclusion of this PNA is that the population of Tameside Health and Well Being (HWB) area has sufficient service provision (including pharmacy contractors) to meet their essential pharmaceutical needs. This is clearly demonstrated by the following points:

- The higher number of pharmacies per 100,000 population (26) compared with the England average (22)
- Since 2011 the number of community pharmacies has increased considerably across Tameside from 47 to 60
- This figure includes 5 distance selling or internet pharmacies who do not exclusively serve the Tameside population as they are a service with a national footprint
- This is still an increase of 8 face to face pharmacies across Tameside since the last PNA
- Public consultation results indicates high levels of satisfaction with current pharmacy services in Tameside
- There is good access to a range of pharmacies with almost all the population (89%) able to access pharmacies within one mile of their home
- There is good location of pharmacies in relation to GP Practices across all four neighbourhoods
- Choice of pharmacy is good for most local residents as the majority of people tend to prefer to use a familiar or 'usual' pharmacy that they tend to stay with for a relatively long period of time and this is to be encouraged as it promotes continuity of care."
- Analysis of opening hours and trading days shows there is adequate provision for out of hours services and across the years since 2011 both the number of pharmacies have increased and more of them open for longer
- The maps and data contained in this document clearly show that services meet identified health needs in Tameside.

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

Stakeholder engagement and review of the current policy drivers raised some interesting strategic issues about the potential future contribution of pharmacy to the broader health

challenges facing Tameside. Whilst not strictly a core part of the PNA they have been included for further consideration by local partners.

A consultation on this PNA was undertaken for 60 days between the 14th November 2014 and the 9th January 2015, in line with the statutory requirements. Analysis and any feedback as been incorporated into this document where possible, with the full consultation responses being included in the appendices.

Introduction and Background

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

Previously the local Primary Care Trust published a PNA for each area in England. Until new PNAs are published, the current PNAs produced by primary care trusts remain relevant.

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

- Make a revised assessment as soon as is reasonably practicable after identifying changes to the need for pharmaceutical services which are significant and
- Publish its first PNA no later than 1 April 2015.

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

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

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

The main services reviewed in this PNA:

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

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

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

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

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

Improvements, better access and gaps in provision: The PNA must also identify services that are not currently being provided but which in the future may be needed to secure future improvements to pharmaceutical services – common examples of this are major industrial, communications or housing developments, service redesign or re-provision. The rapid development of new or altered lifestyle habits such as the rise of nicotine vaporisers is also an example of emerging considerations to be taken into account.

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

Local Policy Drivers

Health and Wellbeing Board and Strategy

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

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

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

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

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

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

- Starting well - ensuring the best start in life for children

- Developing well - enabling all children and young people to maximise their capabilities and have control over their lives
- Living well - creating a safe environment to build strong healthy communities and strengthening ill health prevention
- Working well - creating fair employment and good work for all
- Aging well- promoting independence and working together to make Tameside a good place to grow older
- Dying well - ensuring access to high quality care to all who need it

Key elements in the pharmacy needs assessment

All PNAs are required to contain key elements:

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

PNAs are closely related to, informed by, and inform the wider joint strategic needs assessment (JSNA). This means that the JSNA should cross reference to the assessment of need for pharmaceutical services and can also include details of the various roles that community pharmacy providers can carry out. This PNA should therefore be considered closely alongside the most recent JSNA for Tameside however, this PNA builds on and supersedes the 2011 PNA.

Wider drivers and strategies taken into account:

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

The Tameside Wellness Offer is a consultation on the future shape of prevention and wellbeing services across Tameside. Currently a range of separate lifestyle services is delivered by different services. The consultation seeks to find how a more holistic style of

service provision where people can access a range of lifestyle interventions at one single point may benefit local communities and be more effective at promoting health and preventing disease.

The place of pharmacy within this revised Wellbeing Strategy will be considered as community pharmacy itself is increasingly expressing the desire to be more actively involved in delivering health improvement activities.

NHS England's Pharmacy Call to Action (<http://www.england.nhs.uk/ourwork/qual-clin-lead/calltoaction/pharm-cta/>) was a consultation designed to gather views from pharmacy, patients and others with an interest in the sector on what community pharmacy services should look like in the future. It is now being considered as part of NHS England's forthcoming strategy for commissioning community pharmacy services for the next five or so years and is part of wider work to redesign the whole of primary care to improve patient care and efficiency.

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

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

The main purpose of the Community Pharmacy Call to Action is to stimulate debate in local communities, to find out the best way to develop the service. Consultations were conducted in the early part of 2014 and proposals are awaited with the analysis of these findings.

Healthy Living Pharmacies are now a concept gaining recognition across the country as an evidence-based way of enabling pharmacy to make the most of the setting it is in within the heart of communities to promote health and provide health education and self-care opportunities. As pharmacies do actually map positively against areas of deprivation this offers a unique springboard for locally tailored interventions.

The usual elements of Healthy Living Pharmacies include:

- A team approach to providing health education and promotion
- Locally sensitive programmes of activity
- It builds upon the existing core pharmacy services (Essential and Advanced) with a series of Enhanced Services at three different levels of engagement
- Three focuses of activity build the Healthy Living Pharmacy – workforce development; engagement with partners and improving the pharmacy environment

Further details can be found at: <http://www.npa.co.uk/business-management/service-development-opportunities/healthy-living-pharmacy/>

The Oldham, Tameside and Glossop Local Pharmaceutical Committee is actively promoting the Healthy Living Pharmacy (HLP) in Tameside as part of their vision to place community pharmacy at the heart of commissioned health and wellbeing services in the new NHS. At its core the HLP is a quality assurance scheme designed to inspire both commissioners and patients with confidence that any pharmacy that signs up to the scheme will consistently deliver a range of services to a high standard and:

- Deliver a broad range of commissioned NHS services to high quality
- Promote healthy living & wellbeing as a core activity
- Have a team proactive in supporting health & wellbeing, with the community's health at centre of all it does
- The main Pharmacist/ Pharmacy Manager has enhanced skills in the management of change
- Have a Healthy Living Champion - members of the pharmacy team who will provide customers with advice on health and wellbeing within the communities they serve. Who are trained to RSPH 2
- Provide support services people with long-term conditions
- Maintain premises to a high professional standard with private consultation facilities and IT linked to local practices when available
- Work closely with other healthcare providers

Due North: The Report of the Inquiry on Health Equity for the North¹ has investigated fresh insights into policy and actions to tackle health inequalities within the North of England.

¹ <http://www.cles.org.uk/wp-content/uploads/2014/09/Due-North-Report-of-the-Inquiry-on-Health-Equity-in-the-North-final1.pdf>

It recognises that local health service planning needs to ensure that the resources available to the NHS within each area are fully engaged in targeted resources to reduce inequalities.

This means targeting resources to those most in need and investing in interventions and services that are most effective in the most disadvantaged groups.

Whilst pharmacies may be in the heart of priority communities they also need to be delivering the most effective interventions from that position and ensuring that those delivering are trained and competent. The imperative for pharmacies therefore is to ensure that they select the right sort of intervention for their clients and local communities. This may be best achieved by working with other partners from the wider public health workforce, learning from their experience in how to select and target prevention activities to meet specific population needs.

A good understanding of the evidence base in promoting health plus training programmes in how to deliver effective health education, brief interventions and targeted health improvement programmes is readily available within the Borough as a wide variety of targeted and successful health improvement programmes have been built up over a number of years through collaboration between Public Health, Health Improvement Services and a range of other Borough base partners.

There is great potential for a more effective use of resources by marrying up methods of community engagement and wellbeing programmes with the unique footprint of pharmacies in priority parts of the Borough.

Healthier Together is the large-scale review of health and care services across the whole of Greater Manchester. It includes a re-assessment of hospital, integrated and primary care including pharmacies alongside GPs, dentists and optometrists.

It aims to find ways to:

- Move patient care away from hospitals into local primary and community care
- Increase the investment in primary and community care
- Improve the use of information technology in providing more effective communication and care
- A fundamental part of Healthier Together is enabling people and communities to manage their own health and make the most of the whole primary care system

The full implications for Tameside will not be known for some time as consultations are on-going but further information on the consultation progress can be accessed through the Healthier Together website (<https://healthiertogethergm.nhs.uk/best-care/primary-care/>).

Care Together (Integrated Care)

The **Health and Social Care Act** (2012)² sets 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.

The local programme being developed in Tameside is **Care Together**. This faces the challenge of supporting local people with less money to spend and through the local agencies across health and social care working together to reduce demand on more intensive health and social care services by implementing community based prevention and early intervention initiatives.

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

The Care Together programme is founded on the following principles

- Designing services around the people that use them
- Delivery of patient centred care plans and patient held records
- Better access to care when and where people need it
- Making each contact count made by health professionals by identifying at that contact point other things that are available and referring people towards them
- Focusing on wellness and preventing illness including longer term health improvement
- High quality, safe, local treatment and support in planned and urgent situations
- Getting good value for money for taxpayers

² <http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>

The goal is to build care from multi skilled professionals who understand both health and social care needs and can ensure you people get what you they need to keep healthy and independent.

Scope

The Steering group for the Tameside Pharmacy Needs Assessment began the 2015/18 PNA by reviewing the 2011 document against the revised statutory and practical requirements. Finding it still fit for purpose in its structure and key sections they proposed to build the 2015/18 PNA on the same template.

The only deviation from this was in relation to it now being a Tameside only document reflecting the shift in responsibility from the former PCT to the Health and Wellbeing Board, which has obvious different parameters. Hence it is concerned with health need and access at Borough level and how need might vary at local level alongside the recognised areas of deprivation. 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 services by promoting self-sufficiency. The structure proposed is designed to be future proofed. It can absorb other services over time to deliver further budget reductions and it can accommodate changes in service provision as demand and funding vary overtime.

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

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

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

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

Process followed for the 2015/18 PNA

The first step was to consider the 2011 PNA against the subsequent changes in Tameside demographically, structurally and from a policy perspective. This included a consideration of changing needs and provision in the last three years, and also, examined emerging structural and policy impact of the recent health and social care reforms and their influence on pharmacy provision.

As responsibilities of key stakeholders have changed so much since 2011 (and some such as Healthwatch have only recently been established) stakeholder engagement on these changes was crucial.

The key parties involved in producing the original PNA now sit in different organisational structures. In particular the various parts of the local pharmacy infrastructure itself were vital to be actively engaged throughout the process to ensure an effective assessment.

A wide range of other national, Greater Manchester and local strategies were included in the review for any potential implications for pharmacy need and provision to be captured and in order to prepare a set of key issues to be considered by stakeholders.

Stakeholder engagement was then conducted at two stages. The initial consultation to determine the key issues to be investigated, followed by a later consultation to consider and debate key issues and to draft a set of findings for a further formal 60 day consultation.

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

A range of consultations were undertaken through one to one phone and face to face interviews, and, attending or presenting at existing meetings and groups. The main stakeholders included:

- LPC (Local Pharmaceutical Committees)
- CCG (Clinical Commissioning Group) – Pharmacy and Medicines management leads, GP representative, Finance and attendance at CCG Locality meetings
- GPs and practice based multi-disciplinary team members were consulted in the CCG Locality meetings
- Local Authority – Public Health, Social Care, Finance, Planning, Strategic Housing, Communications
- NHS Providers
- Healthwatch and associated patients voice and service user organisations

The output from these stakeholder engagements was a set of key lines of enquiry to shape and define the data needed to be refreshed or new data to be collected and analysed.

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

The Tameside Council Public Health Intelligence Team already preparing a similar data set for the JSNA undertook the refresh of the data itself.

Feedback and recommendations were then incorporated into a re-draft to be shared with the public and all relevant stakeholders in the statutory 60-day consultation. (Further details of the process and consultations undertaken are outlined Appendix 2)

Context the growing health challenge in Tameside

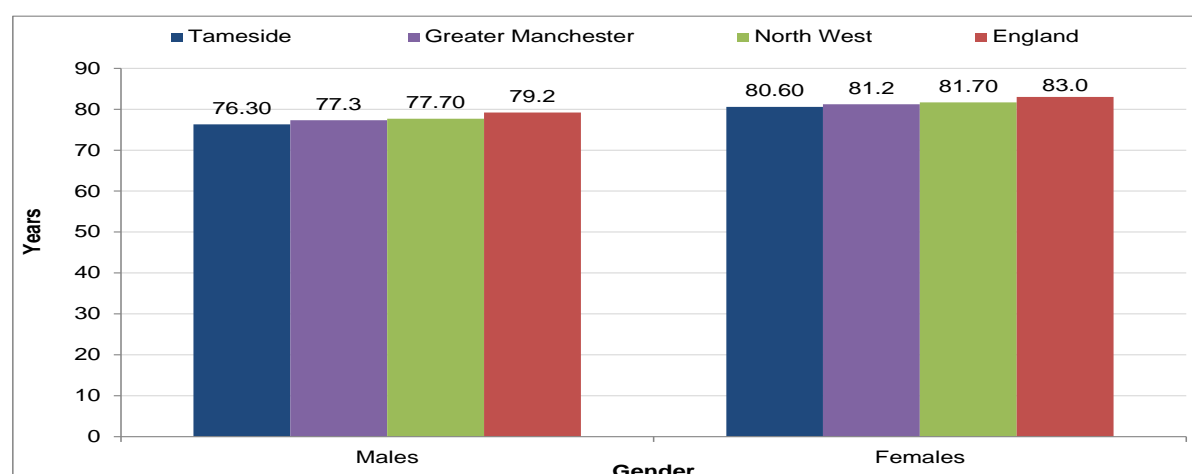
Life expectancy is improving in Tameside; however people in Tameside still have overall worse health and lower life expectancy than England. The top causes of this difference are deaths from heart disease and respiratory disease. Over the next decade it is predicted that life expectancy will continue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

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

Life Expectancy

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

Chart 1: Life Expectancy at Birth (2010-2012); 3 year rolling average



Source: NHS Information Centre, 2012

For the 2010-12 figures, Tameside MBC is ranked at 318 for male life expectancy, and 314 for female life expectancy, out of 324 Local Authorities.

Healthy Life expectancy (HLE)

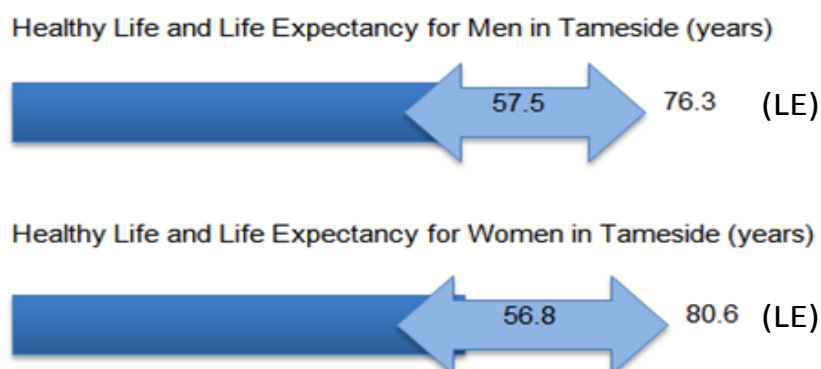
Health expectancies (HEs) divide predicted lifespan into time spent in given states of health thereby adding a quality of life dimension to estimates of LE. Healthy life expectancy (HLE), estimates lifetime spent in 'Very good' or 'Good' health based upon self-perceived general health and Disability-free life expectancy (DFLE), which estimates lifetime free from a limiting persistent illness or disability based upon a self-rated functional assessment of health.

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

Healthy life expectancy in Tameside is currently 57.5 years for males and 56.8 years for females, which is significantly lower than the England average of 63.2 years for males and 64.2 years for females.

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

Chart 2: Life and Healthy Life Expectancy



Furthermore there are particular at-risk or vulnerable groups:

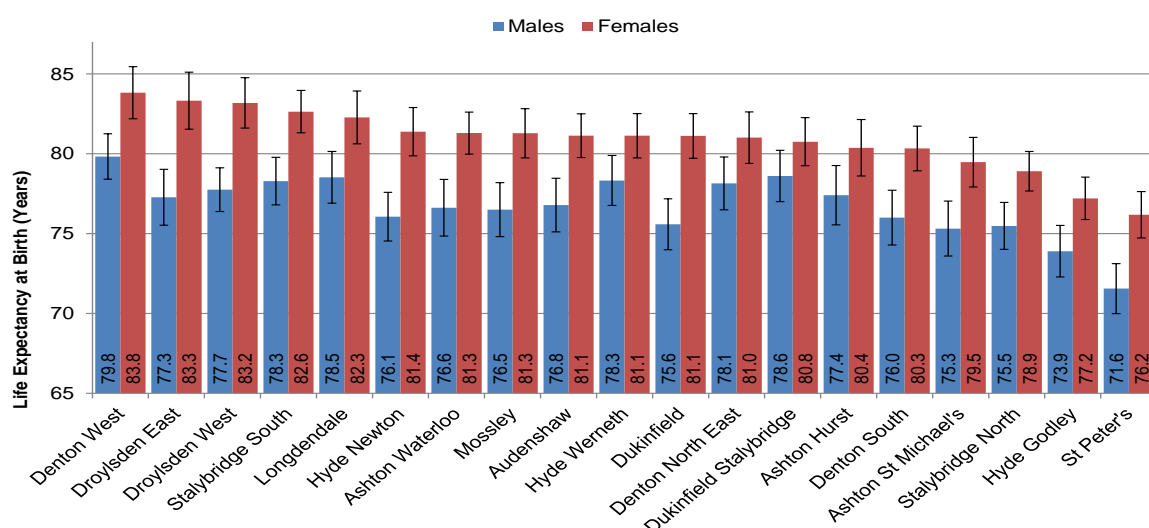
- People living in deprived areas

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

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

Across Tameside wards there is over eight-years difference in male life expectancy from 70.7 yrs. in St. Peter's to 79.8 yrs. in Denton West, and, over a seven year difference between in female life expectancy from 83.8 yrs. in Droylsden West to 76.2 yrs in St. Peter's. The chart below illustrates these differences in life expectancy across Tameside wards.

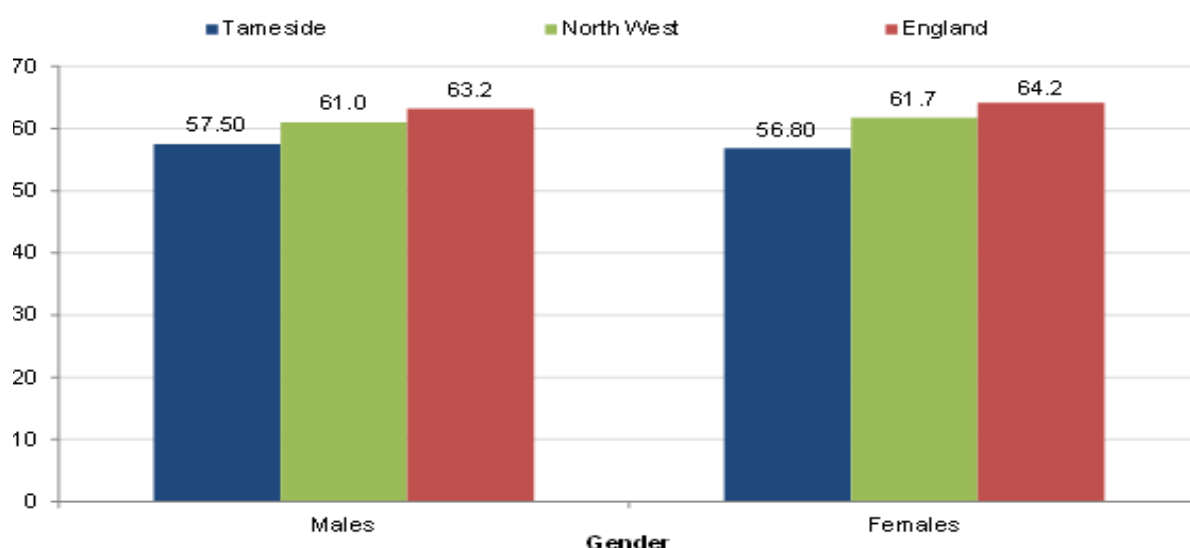
Chart 3: Life Expectancy at Birth (Tameside 2010/2012)



Source: Tameside MBC Public Health Intelligence 2014

The gap between Healthy Life Expectancy in Tameside compared with the rest of the North West and England is illustrated in the chart below.

Chart 4: Healthy Life Expectancy at Birth 2009/2011



Source ONS 2014

It is this widening gap between life expectancy and healthy life expectancy that raises so much concern about the sustainability of current ways of providing health and social care as the demand for resources to support this is rising steeply and it makes the development of wellbeing, disease prevention and self-care so vitally important.

This also varies starkly across Tameside alongside deprivation experienced at ward level, but it should be noted that this gap remains an issue within each and every ward. Even in the least deprived wards of the Borough the increasing amount of years that people live in ill health is a concern.

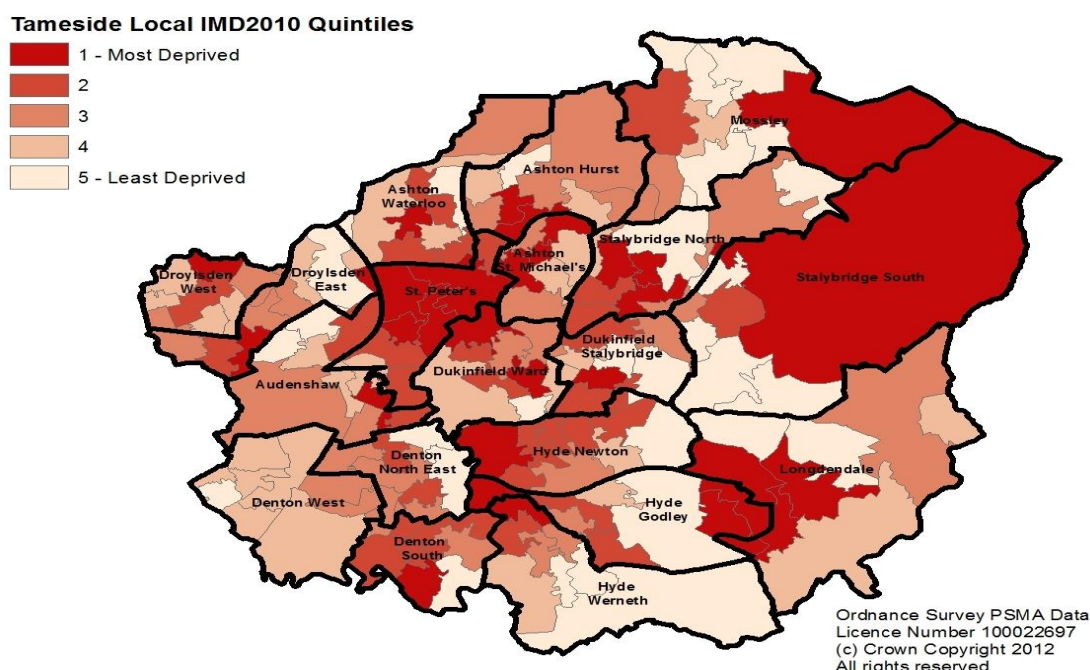
Tameside's changing population

The 2013 population of Tameside is estimated to be 220,597 and the mean age of the Tameside population as measured within the 2011 census is 39.1 years, which is approximate to the England average of 39. However, population forecasts predict a 4.2% increase in the local population by 2020 which will mean that by that date there will be a substantially older population in Tameside with proportionally fewer children and young people.

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

There are stark differences between the electoral wards and between small areas of Tameside experiencing considerable deprivation, which means that, overall there are great variations in life expectancy across Tameside wards.

Map 1: Deprivation in Tameside and Glossop (IMD 2010)



Source: Public Health Intelligence Tameside MBC 2014

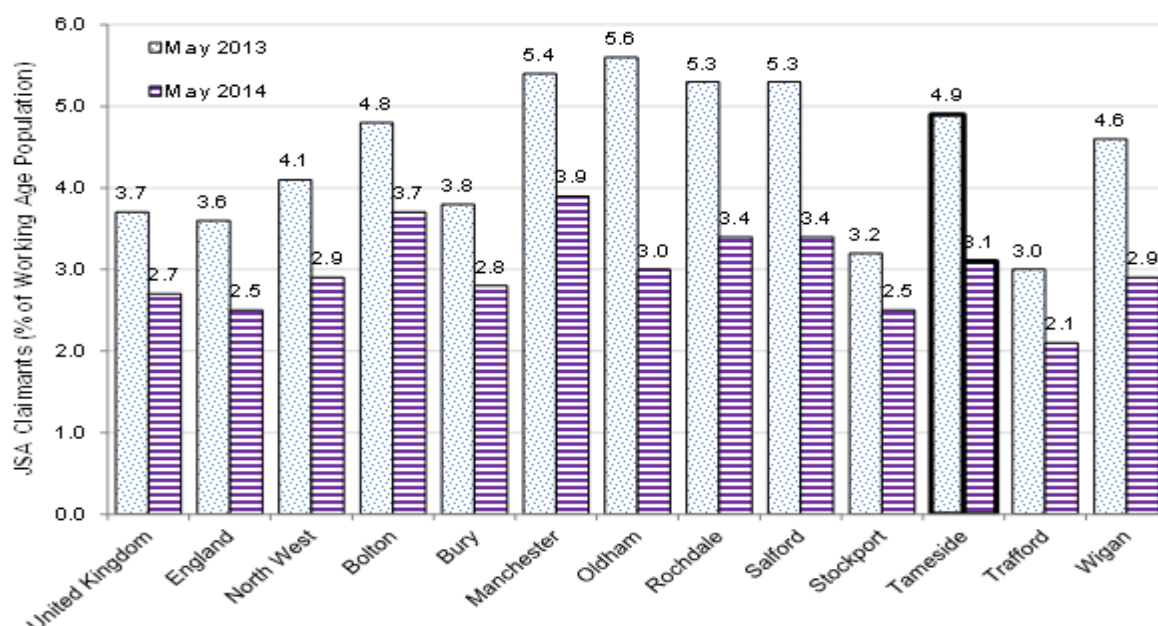
This growing health challenge also affects Tameside economically with 63.1% of the working age population of Tameside having a 'long term health problem or disability' being economically active compared to 63.6% in England.

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

Figures covering the period between April 2012 and March 2013 show that the employment rate in Tameside was 68.7%. This is below the North West average (69.2%) and England average (71.1%).

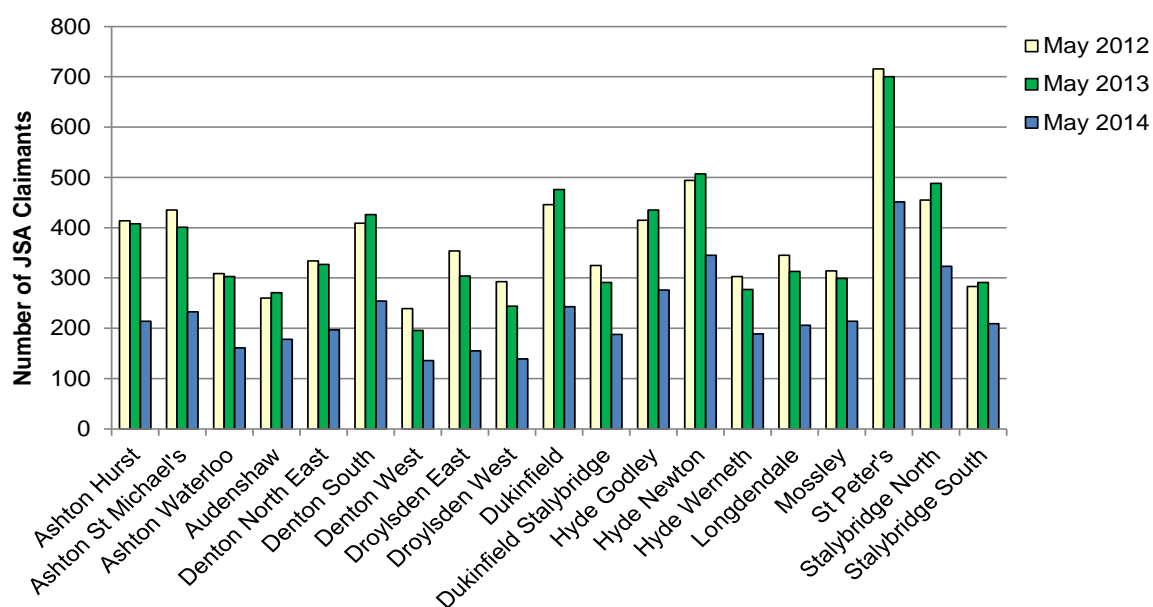
In May 2014, there were 4,311 residents in Tameside claiming Job Seekers Allowance (JSA). Numbers of people claiming JSA have fallen significantly over the last year due in part to the movement of people onto universal credits.

Chart 4: Job Seekers Allowance claimant rates in Greater Manchester districts: May 2014



The figure below indicates the year-on-year changes in the number of JSA claimants in the different wards across Tameside.

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



Source: NOMIS, 2014

Other indicators of Tameside's economic health include:

- 11% of the population of Tameside take on the role of unpaid carer.

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

Tameside has a residential population density overall of around 21 persons per hectare. The Borough covers 40 square miles centred on the River Tame but the living environment within that varies with a mix of urban and rural landscapes, the area includes historic market towns, a canal network and industrial heritage areas as well as modern fast transport links (rail, motorway and tram) links and is bordered by the metropolitan 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).

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

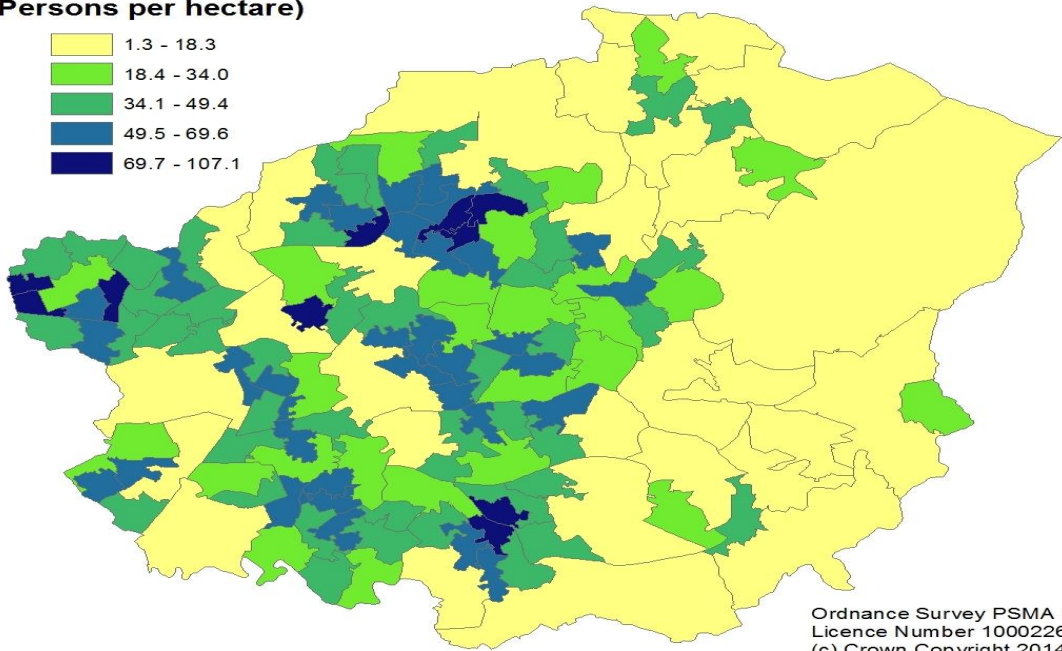
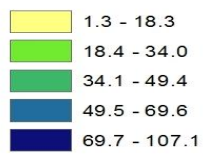
It can be clearly seen from the next four maps that the populations in both rural and urban parts of the Borough are well served by public transport routes and on the whole Tameside is very accessible.

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

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

Map 2: Tameside population density map

**Population Density
(Persons per hectare)**

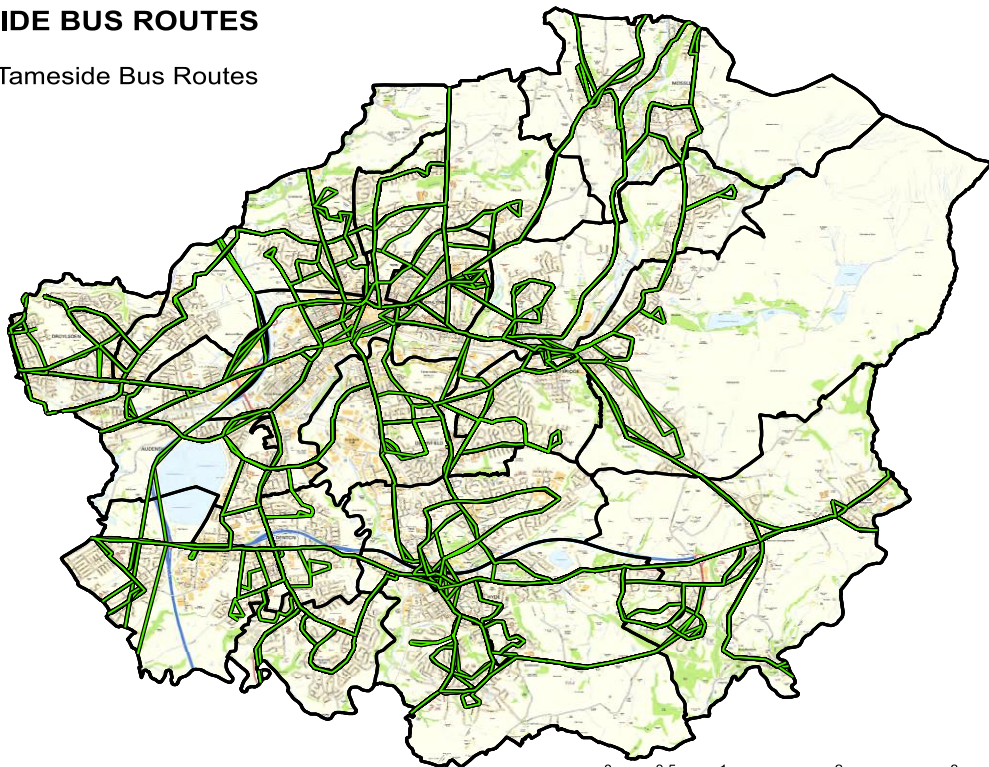


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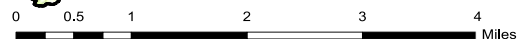
Map 3: Tameside Public Transport - Bus

TAMESIDE BUS ROUTES

— Tameside Bus Routes





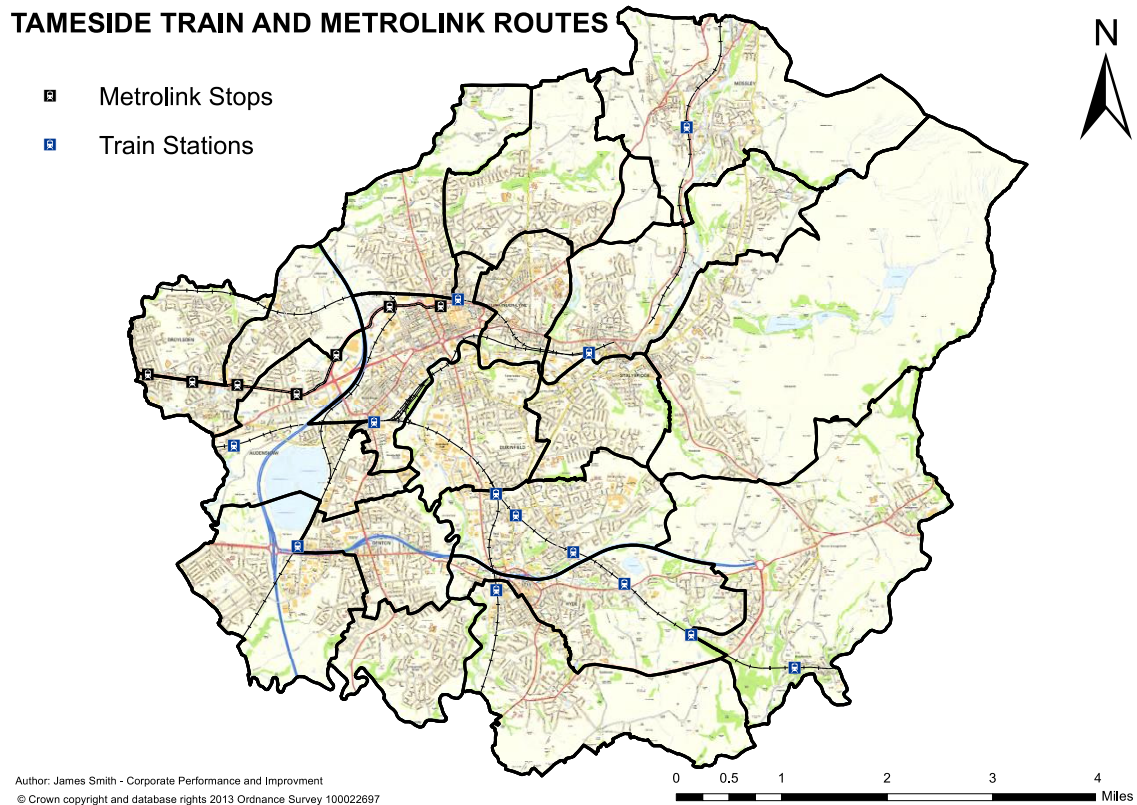
Author: James Smith - Corporate Performance and Improvement
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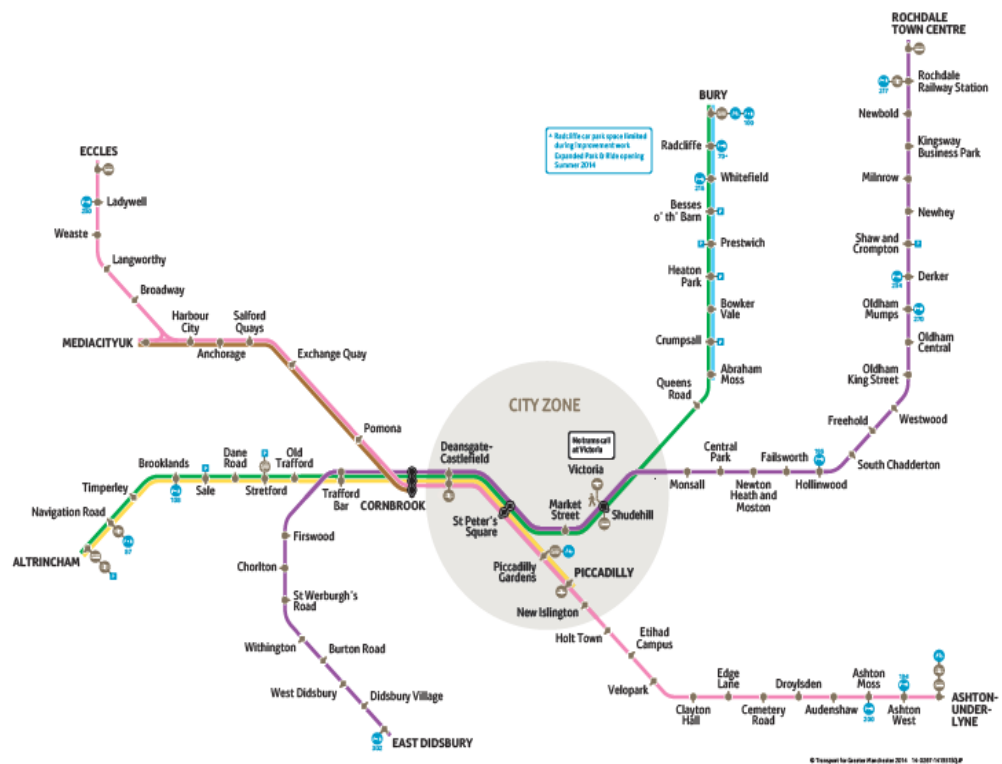
Map 4: Tameside Public Transport – Rail and Tram

TAMESIDE TRAIN AND METROLINK ROUTES

-  Metrolink Stops
-  Train Stations



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



Source: GMPTE, 2014

Further information on population demographics and geography in Tameside can be found within the Tameside JSNA available alongside the PNA document on the Partnership Information Portal (PIP) website (http://www.tamesidepip.org.uk/Custom/Resources/JSNA_Report_2013_14.pdf).

The Partnership Information Portal (PIP) provides easy access to statistics and indicators at differing geographical levels across the borough. The statistics cover a number of themes including demographics, educational achievement, health, employment and public perceptions. (<http://www.tamesidepip.org.uk/>).

Meeting Pharmacy Needs and Priorities in Tameside

The main causes of death (in all ages) in Tameside mirror those of England and the North West Region. The most recent mortality data shows that circulatory diseases (heart disease and stroke) and cancers remained the main causes of death 34% and 26% respectively. Respiratory Diseases account for 12% of deaths in Tameside.

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

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

The Health and Wellbeing Board considers that the key to ensuring a more healthy population is a significant investment and prioritisation in “wellness” 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 approach to improving health increasing life expectancy and tackling health inequalities.

The Wellness Offer makes clear that intervention and prevention is everyone's business and local programmes must:

- Facilitates access to universal service
- Build social capital within local communities
- Be embedded in primary and secondary care

- Ensure people have greater choice and control over meeting their needs

The potential contribution pharmacy services can make to the public health approach to meeting these needs includes three key strands:

1. **Delivering public health programmes** through the six health promotion campaigns carried out in community pharmacies annually for NHS England including action on pandemic and seasonal flu services including and among others helping people to stop smoking, manage their weight, practise safe sex, alcohol education and support to reduce/stop their use of illegal drugs. Pharmacies may voluntarily assist with ad hoc campaigns when they are able to do so, on top of their six contractual ones.

2. **Providing support for long-term conditions and promotion of independent living.**

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

- Anticoagulant Monitoring Service
- Care home service
- Disease specific medicines management service
- Emergency hormonal contraception services through patient group directions
- Gluten free food supply service
- Home delivery service
- Independent prescribing service
- Language access service
- Medication review service
- Medication support following hospital discharge
- Medicines assessment and compliance support service
- Minor ailments service
- Needle and syringe exchange
- NHS Health Checks
- On demand availability of specialist drugs service
- Out of Hours service
- Patient group direction service (This would include supply of any prescription only medicines via PGD)
- Pharmacists prescribers (supplementary and independent)

- Prescriber support services
- Schools service
- Screening services such as Chlamydia screening
- Stop smoking
- Supervised administration of medicines service
- Supplementary prescribing service
- Support for long term conditions and expert patient
- Therapeutic monitoring

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

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 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 at November 2014. Access and services will be described in more detail, relative to need, in the subsequent individual locality sections.

Map 5 shows the locations of Tameside pharmacies, out of area pharmacies (red stars), Dispensing Appliance Contractors (yellow lorries) and Tameside General Hospital (red cross). Out of area pharmacies were chosen using a combination of proximity and ease of access by Tameside and Glossop residents and number of prescriptions collected by residents. Methodology for identifying most accessed out of area pharmacies can be provided on request but it echoed recent research by Durham University that mapped access to pharmacies nationally and found that 89.2% of the population can get to a pharmacy within one mile (1.6-kilometer radius) or the average persons walking time to a pharmacy, estimated at 20 minutes.

These researchers also found that unusually and in contrast to most health services access to pharmacies tends to be in less prosperous areas. When they took into account deprivation, they found 90.1% of people living in the least deprived areas had access to a pharmacy within 20 minutes compared with 99.8% of people who live in the most deprived areas.³

Locally, the number of pharmacies has grown considerably from 45 within Tameside and Glossop when the new contract was introduced, to 54 in 2011. This included 7 in Glossop itself. As of November 2014 there are now 60 pharmacies within the Tameside area (including five internet or distance selling pharmacies'), 2 Dispensing Appliance Contractors and there are 31 relevant out of area pharmacies.

This means an increase since the last PNA of 13 pharmacies within Tameside and it now equates to 26 pharmacies per 100,000 population. If out of area pharmacies are included this equates to 40 per 100,000 population. This compares with the England average of 22 pharmacies per 100,000 population average and is the same as the North West average.⁴

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.

³ Todd A, Copeland A, Husband A, et al. The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England.BMJ Open 2014;4:e005764.doi:10.1136/bmjopen-2014-005764)³.

⁴ NHS Prescription Services of the NHS Business Services Authority

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

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

Among the key questions asked was how respondents prefer to access pharmacies – how far they expect to travel and what other location factors that are important to them. What is clear from the results is that people prefer pharmacies to be near their GP surgeries (69.6%) or near to their homes (55.7%). Location near the workplace or in the town centre close to shops is also important to some people but for many more it is location in their own neighbourhood or close to their family doctors that matters most.

Most responded that they have a pharmacy that they usually use (83.5%) and this should be encouraged as this promotes continuity of care for patients. Most respondents also say that they are able to get to a pharmacy of their choice (89.9%).

Chart 7 – Are you able to get to a pharmacy of your choice?

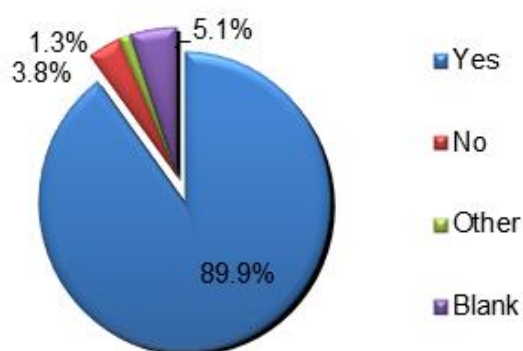
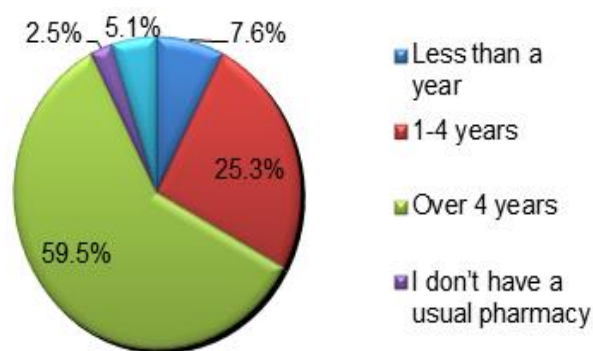


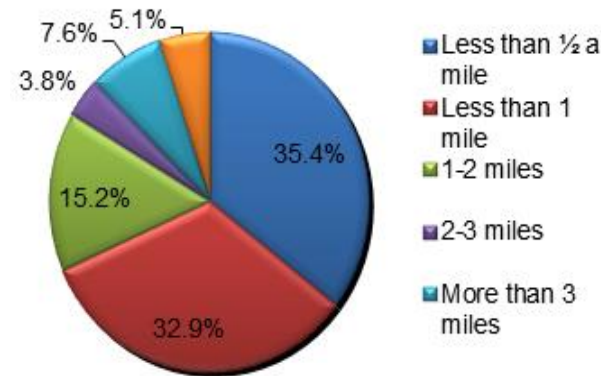
Chart 6: Length of use of usual Pharmacy



Respondents were also asked how far they are willing to travel to access pharmacy services and the majority travel independently (84.8%) and either walk or drive, with most people preferring a pharmacy no more than a mile away.

Chart 9: Distance willing to travel to a pharmacy

As can be clearly seen from comparing the following maps locating pharmacies and GP services across Tameside, and the previous maps of transport routes, there is both a good



spatial correlation between GP surgeries and pharmacies and all populated parts of Tameside are in good local reach of their pharmacies by foot, public transport or by car.

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.

Map 6: Locations of pharmaceutical services in Tameside, including Tameside pharmacies (black stars), out of area pharmacies (red stars), Dispensing Appliance Contractors (yellow Lorries) and Tameside General Hospital (red cross).

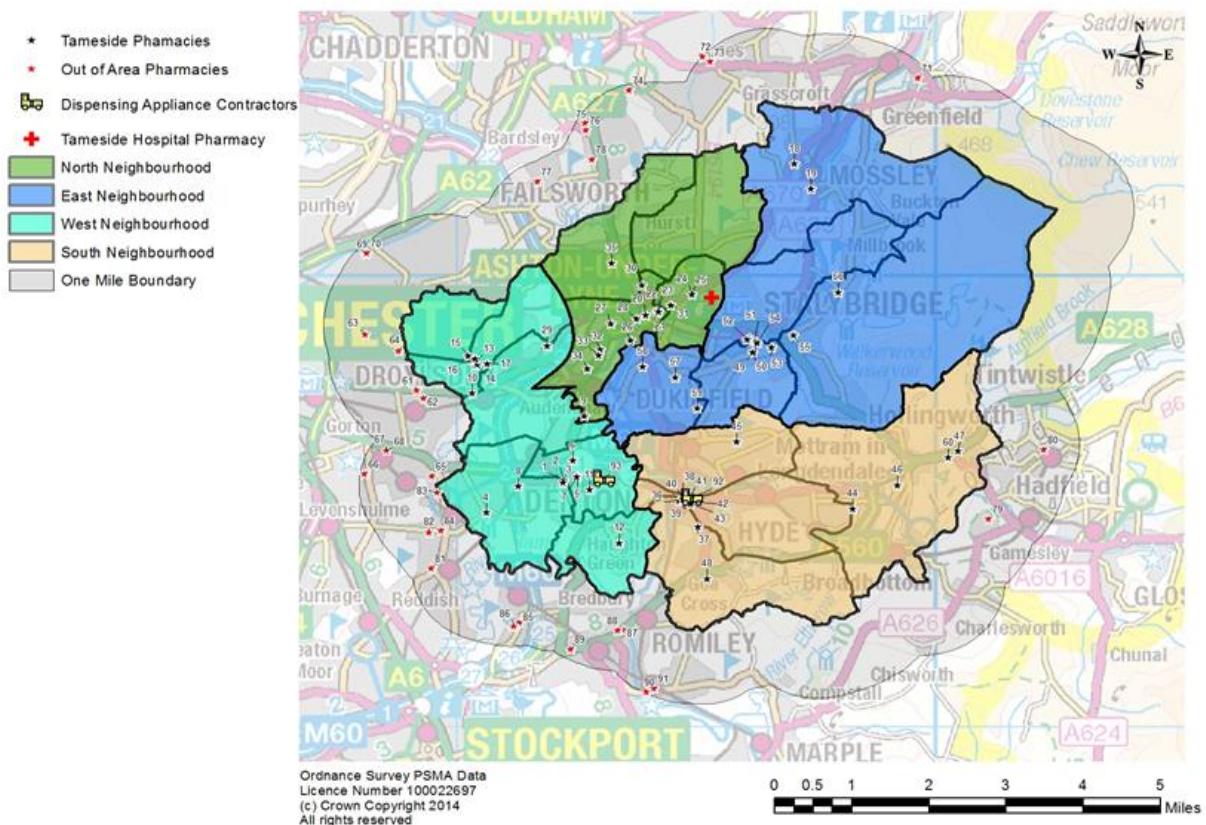


Table 1: Key table for Map - postcode locations of pharmaceutical services in Tameside

No.	Service Provider	Postcode	Type
1	Rizwan Chemist	M34 2AF	Tameside Pharmacy
2	The Co-Operative Pharmacy	M34 2AF	Tameside Pharmacy
3	Denchem	M34 2AJ	Tameside Pharmacy
4	The Pharmacy Windmill Lane	M34 2ET	Tameside Pharmacy
5	Greencross Pharmacy	M34 3EX	Tameside Pharmacy
6	Cohens Chemist	M34 3JE	Tameside Pharmacy
7	Boots The Chemist Ltd	M34 3LF	Tameside Pharmacy
8	Sainsburys Pharmacy	M34 3SJ	Tameside Pharmacy
9	Audenshaw Pharmacy	M34 5DE	Tameside Pharmacy
10	Pharmaco Chemist	M34 5PZ	Tameside Pharmacy
11	Pharmacy First	M34 6PF	Tameside Pharmacy
12	Wain SF & Sons Ltd	M34 7PL	Tameside Pharmacy
13	Droylsden Pharmacy	M43 6DD	Tameside Pharmacy
14	Your Local Boots Pharmacy	M43 6DE	Tameside Pharmacy
15	Tesco In-Store Pharmacy	M43 6TQ	Tameside Pharmacy
16	Boots The Chemist Ltd	M43 7AD	Tameside Pharmacy
17	The Co-Operative Pharmacy	M43 7BW	Tameside Pharmacy
18	Lloyds Pharmacy	OL5 0HR	Tameside Pharmacy
19	Chadwick & Hadfield Ltd	OL5 9AB	Tameside Pharmacy
20	Your Local Boots Pharmacy	OL6 6BU	Tameside Pharmacy
21	Group Pharmacy	OL6 6HD	Tameside Pharmacy
22	Penny Meadow Pharmacy	OL6 6HE	Tameside Pharmacy
23	Old Cross Pharmacy	OL6 6HF	Tameside Pharmacy
24	Adams Pharmacy	OL6 6NE	Tameside Pharmacy
25	Your Local Boots Pharmacy	OL6 6NE	Tameside Pharmacy
26	Asda Pharmacy	OL6 7DP	Tameside Pharmacy
27	Express Pharmacy	OL6 7HP	Tameside Pharmacy
28	Boots The Chemist Ltd	OL6 7JL	Tameside Pharmacy
29	Sainsburys Pharmacy	OL6 7UB	Tameside Pharmacy
30	Medicx Pharmacy	OL6 8SR	Tameside Pharmacy
31	lpharmacy Direct	OL6 9NU	Tameside Pharmacy
32	Ashton Pharmacy	OL7 0LB	Tameside Pharmacy
33	Lloyds Pharmacy	OL7 0LH	Tameside Pharmacy
34	The Co-Operative Pharmacy	OL7 0NW	Tameside Pharmacy
35	Your Local Boots Pharmacy	OL7 9PS	Tameside Pharmacy
36	Asda Pharmacy	SK14 1BD	Tameside Pharmacy
37	Hyde Pharmacy	SK14 1JY	Tameside Pharmacy
38	HBS Pharmacy	SK14 2AD	Tameside Pharmacy
39	Lloyds Pharmacy	SK14 2AD	Tameside Pharmacy
40	The Co-Operative Pharmacy	SK14 2AD	Tameside Pharmacy
41	Your Local Boots Pharmacy	SK14 2EL	Tameside Pharmacy
42	Boots The Chemist Ltd	SK14 2LX	Tameside Pharmacy
43	The Co-Operative Pharmacy	SK14 2QR	Tameside Pharmacy
44	Your Local Boots Pharmacy	SK14 3EH	Tameside Pharmacy

45	Newton Pharmacy	SK14 4HH	Tameside Pharmacy
46	Tesco In-Store Pharmacy	SK14 6NT	Tameside Pharmacy
47	The Co-Operative Pharmacy	SK14 8LN	Tameside Pharmacy
48	Manor Pharmacy	SK145RU	Tameside Pharmacy
49	The Co-Operative Pharmacy	SK15 1RZ	Tameside Pharmacy
50	Adams Pharmacy	SK15 2AA	Tameside Pharmacy
51	The Co-Operative Pharmacy	SK15 2AJ	Tameside Pharmacy
52	E-Pharmacy	SK15 2AW	Tameside Pharmacy
53	Tesco In-Store Pharmacy	SK15 2BJ	Tameside Pharmacy
54	Lloyds Pharmacy	SK15 2JE	Tameside Pharmacy
55	The Co-Operative Pharmacy	SK15 2PT	Tameside Pharmacy
56	Manor Pharmacy	SK15 3ET	Tameside Pharmacy
57	Your Local Boots Pharmacy	SK16 4DB	Tameside Pharmacy
58	The Co-Operative Pharmacy	SK16 4LJ	Tameside Pharmacy
59	Lad RJ Chemists Ltd	SK16 5AT	Tameside Pharmacy
60	The Co-Operative Pharmacy	SK16 6LA	Tameside Pharmacy
61	Peak Pharmacy	M11 1DA	Out of Area Pharmacy
62	Pharmaco Ltd	M11 1LE	Out of Area Pharmacy
63	Lloyds Pharmacy	M11 4NE	Out of Area Pharmacy
64	Cohens Chemist	M11 4PA	Out of Area Pharmacy
65	Lloyds Pharmacy	M18 7JH	Out of Area Pharmacy
66	Lloyds Pharmacy	M18 7QT	Out of Area Pharmacy
67	Lloyds Pharmacy	M18 8LD	Out of Area Pharmacy
68	Tesco Pharmacy	M18 8LD	Out of Area Pharmacy
69	The Co-Operative Pharmacy	M40 2JF	Out of Area Pharmacy
70	Newchem Pharmacy	M40 2JN	Out of Area Pharmacy
71	Co-Op Pharmacy	OL3 7DB	Out of Area Pharmacy
72	Rowlands Pharmacy	OL4 3BP	Out of Area Pharmacy
73	Co-Op Pharmacy	OL4 3BS	Out of Area Pharmacy
74	Chemist Corner Internet Pharmacy	OL8 2BD	Out of Area Pharmacy
75	Ashton Road Pharmacy	OL8 3ED	Out of Area Pharmacy
76	Co-Op Pharmacy	OL8 3HB	Out of Area Pharmacy
77	St Chads Pharmacy	OL8 3HH	Out of Area Pharmacy
78	Lomas Chemists	OL8 3HW	Out of Area Pharmacy
79	The Mews Pharmacy	SK13 0LU	Out of Area Pharmacy
80	Your Local Boots Pharmacy	SK13 1AL	Out of Area Pharmacy
81	The Co-Operative Pharmacy	SK5 6AZ	Out of Area Pharmacy
82	The Co-Operative Pharmacy	SK5 6ET	Out of Area Pharmacy
83	H M Odell Ltd	SK5 6NX	Out of Area Pharmacy
84	Cohens Chemist	SK5 6RN	Out of Area Pharmacy
85	Brinnington Pharmacy Ltd	SK5 8BS	Out of Area Pharmacy
86	The Co-Operative Pharmacy	SK5 8LQ	Out of Area Pharmacy
87	Lloyds Pharmacy	SK6 1ND	Out of Area Pharmacy
88	Medichem Pharmacy	SK6 1RJ	Out of Area Pharmacy
89	Lloyds Pharmacy	SK6 2AN	Out of Area Pharmacy
90	The Co-Operative Pharmacy	SK6 3AA	Out of Area Pharmacy
91	Lloyds Pharmacy	SK6 4BL	Out of Area Pharmacy

92	SG & P Payne Ltd	SK14 2HL	Dispensing Contractor	Appliance
93	Moorland Surgical Supplies	M34 3DH	Dispensing Contractor	Appliance

Map 7: Locations of GP Practices in Tameside (red circles).

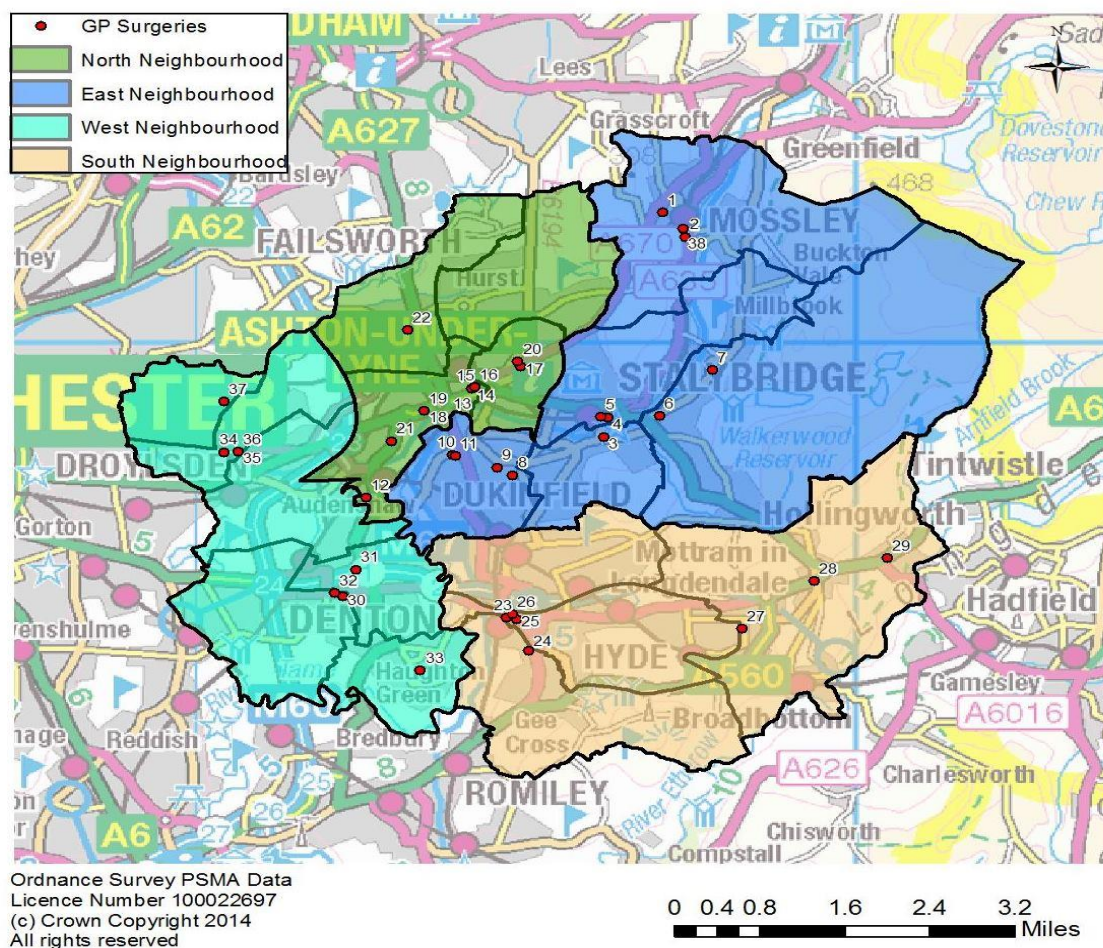


Table 2: Key table for Map - postcode locations of GP practices in Tameside

No	Practice Code	Practice Name	Postcode	Neighbourhood
1	P89015	WINDMILL MEDICAL PRACTICE	M34 2AJ	West
2	P89018	DENTON MEDICAL PRACTICE	M34 3JE	West
3	P89019	CHURCHGATE SURGERY	M34 3RA	West
4	Y02713	GUIDE BRIDGE MEDICAL PRACTICE	M34 5HY	North
5	P89029	MARKET STREET MEDICAL PRACTICE	M43 6DE	West
6	P89010	MEDLOCK VALE MEDICAL PRACTICE	M43 7BW	West
7	P89616	DROYLSDEN MEDICAL CENTRE	M43 7BW	West
8	Y02663	DROYLSDEN MEDICAL PRACTICE	M43 7NP	West
9	P89618	PIKE MEDICAL PRACTICE	OL5 0HE	East
10	P89612	MOSSLEY MEDICAL PRACTICE	OL5 9AB	East

11	P89017	CHAPEL STREET MEDICAL CENTRE	OL6 6EW	North
12	P89008	BEDFORD HOUSE MEDICAL CENTRE	OL6 6HD	North
13	P89033	TAME VALLEY MEDICAL CENTRE	OL6 6HD	North
14	P89003	ALBION MEDICAL PRACTICE	OL6 6HF	North
15	P89011	GORDON STREET MEDICAL CENTRE	OL6 6NE	North
16	P89020	HT PRACTICE	OL6 7SR	North
17	Y02586	ASHTON GP SERVICE	OL6 7SR	North
18	P89609	STAMFORD HOUSE	OL6 9QH	North
19	P89030	WEST END MEDICAL CENTRE	OL7 0LH	North
20	P89613	WATERLOO MEDICAL CENTRE	OL7 9EJ	North
27	P89002	THE BROOKE SURGERY	SK14 1AT	South
28	P89014	HAUGHTON/THORNLEY MEDICAL CENTRES	SK14 1JY	South
29	P89016	DONNEYBROOK MEDICAL CENTRE	SK14 2AH	South
30	P89012	CLARENDON MEDICAL CENTRE	SK14 2AQ	South
31	P89013	HATTERSLEY GROUP PRACTICE	SK14 3EH	South
32	P89004	AWBURN HOUSE MEDICAL PRACTICE	SK14 6LA	South
33	P89602	THE SMITHY SURGERY	SK14 8LN	South
34	P89026	GROSVENOR MEDICAL CENTRE	SK15 1RZ	East
35	P89007	STAVELEIGH MEDICAL CENTRE	SK15 2AE	East
36	P89023	ST.ANDREW'S HOUSE SURGERY	SK15 2AU	East
37	P89005	LOCKSIDE MEDICAL CENTRE	SK15 2PT	East
38	Y02936	MILLBROOK MEDICAL PRACTICE	SK15 3BJ	East
39	P89027	THE HOLLIES SURGERY	SK16 4AJ	East
40	P89021	DAVAAR MEDICAL CENTRE	SK16 4DB	East
41	P89022	KING STREET MEDICAL CENTRE	SK16 4JZ	East
42	P89025	TOWN HALL SURGERY	SK16 4LD	East

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 now 60 pharmacies, which include 13 pharmacies with a specific contract to provide a “100 hour service”, meaning contractually they must be open for a minimum of 100 hours per week? This has also increased substantially since the 2011 PNA at which time there were 5 “100 hours” pharmacies. Therefore there has been increasing access for Tameside residents to more community pharmacies and a greater proportion of the times per week they can be accessed (i.e. extended provision throughout the Borough as a whole of pharmacy in the evenings and at weekends).

This flexibility in provision is important because if it was to be considered that there is insufficient pharmacy service available to meet need within a community it may not necessarily follow that a new provider would be the solution but more hours of access. Particularly in an area with good geographical access to pharmacies, as in Tameside, it is

more likely that extending provision from the current footprint would be more appropriate. If it is deemed that there is a lack of provision of pharmaceutical service in an area at a particular time, NHS England can request existing contractors to change their hours or open up and extend services.

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

Levels of Service Provided

The 2011 PNA for Tameside and Glossop found on the whole good provision across the range of essential, advanced and enhanced or locally commissioned services.

Tameside as a locality still has adequate provision of essential services across the increased number of pharmacies in and out of the area offering patients a great amount of choice (even though the public consultation suggests that in fact most patients tend not to move from pharmacy to pharmacy but do stay faithful to a "usual" one).

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

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


Table 3 summarises the service currently commissioned but it should be recognised that as highlighted in the earlier section of strategic drivers the rising demand for health and social care is demanding a new commissioning approach for prevention, early intervention and development of new types of wellbeing service. Pharmacy services are included in this new

way of thinking and this PNA is being produced at the same time as the consultations on those new approaches are being held. Hence it is highly likely that the pattern of services locally commissioned will be changing in the immediate future both in terms of who commissions and what is commissioned from pharmacy.

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

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

Table 3: Levels of service provided



Level of service	Commissioned by		
	NHS England Local Area Team	Clinical Commissioning Group	Council/ Public Health
Essential Service	Standard Contract <ul style="list-style-type: none"> • Dispensing • Health Promotion Campaigns 		
Advanced Service	Medicines Use Review New Medicines Service		
Enhanced Service	Flu	Palliative Care- drugs List Minor Ailments	Emergency Hormonal Contraception Smoking Cessation Needle Exchange Supervised Consumption

As is indicated here with “Minor Ailments” the responsibility for commissioning some of the services is still in a state of transition or flux and is moving across parts of the health and social care system from one organisation’s responsibility to another. In particular public health as Council function is actively reshaping the way a range of enhanced services are being commissioned.

Healthy Living Pharmacy is not currently commissioned but is being actively championed by the LPC.

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

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, this will be undertaken once all the PNAs around the borders have been completed in 2015.

Stockport’s PNA have been consulted on and due to be published, Manchester’s PNA was published in April 2014, the published documents find sufficient service provision to meet need and do not highlight any major cross boundary issues with Tameside. Their consultation periods ran largely alongside this PNA 60 day consultation and all their findings have been taken into consideration in the final drafting if they have implications for Tameside.

To ensure any potential cross boundary issues are fully identified and addressed in Glossop the Tameside PNA Steering Group is represented in the Derbyshire PNA process, which is assessing need and provision for that area.

The public consultation found that there is a high degree of satisfaction with current pharmacy services although a significant minority is not clear what services are available to them.

Chart 8:
Level of satisfaction with the service
from your pharmacy

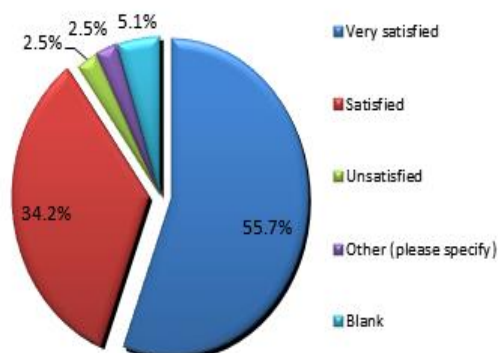
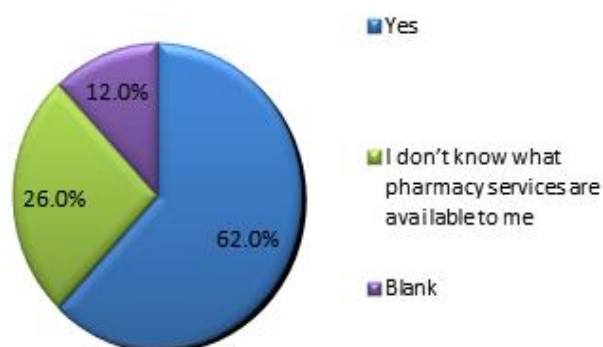


Chart 9
Are you able to access
all pharmacy services?



As around a quarter also don't know if their pharmacy has a delivery service or not would suggest that more needs to be done in general to help people understand the full range of services available and the optional ways of accessing these services or alternatively it could mean that respondents to the survey have never needed to access a delivery service.

Table 4: Opening Times of Tameside Pharmacies

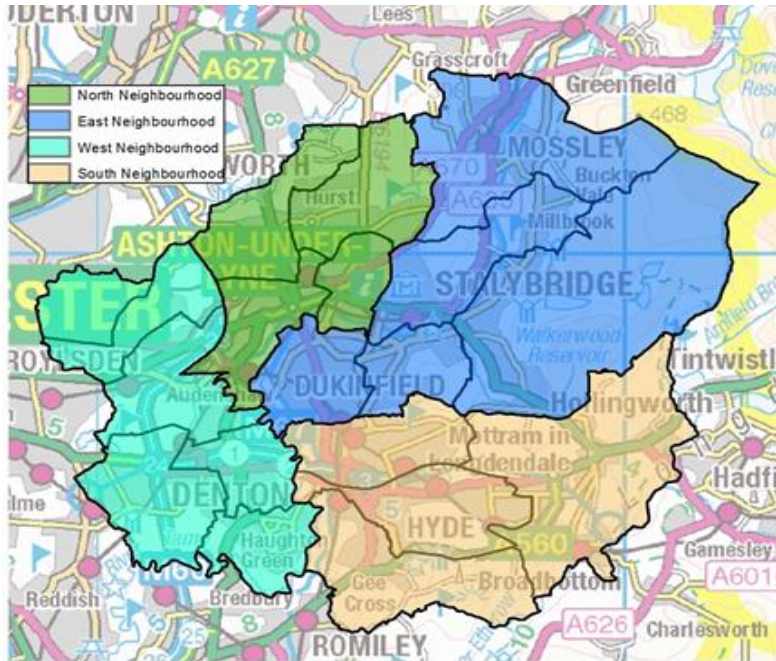
No	Name	Postcode	Neighbourhood	Mon/Tue/Thu/ Fri	Wed	Sat	Sun
1	Rizwan Chemist	M34 2AF	West	9am - 1pm 2pm - 7pm	9am - 5pm 5pm - 7pm	10am - 1pm	Closed
2	The Co-Operative Pharmacy	M34 2AF	West	8.30am - 6.30pm	8.30am - 6.30pm	8.30am- 5pm	Closed
3	Denchem	M34 2AJ	West	9am - 12.15pm 1.15pm - 6.15pm	9am - 12.15pm 1.15pm - 6.15pm	Closed	Closed
4	The Pharmacy Windmill Lane	M34 2ET	West	9am - 1pm 2pm - 6pm	9am - 1pm 2pm - 6pm	9am - 1pm	Closed
5	Greencross Pharmacy	M34 3EX	West	9am - 5.30pm	9am - 5.30pm	9am - 1pm	Closed
6	Cohens Chemist	M34 3JE	West	8.30am - 6pm	8.30am - 6pm	Closed	Closed
7	Boots The Chemist Ltd	M34 3LF	West	8am - Midnight	8am - Midnight	8am - 10pm	11am - 5pm
8	Sainsburys Pharmacy	M34 3SJ	West	8am - 9pm	8am - 9pm	8am - 9pm	10am - 4pm
9	Audenshaw Pharmacy	M34 5DE	North	9am - 1pm	9am - 1pm	9am - 1pm	Closed
10	Pharmaco Chemist	M34 5PZ	West	9am - 1pm 2pm - 6pm	9am - 1pm	Closed	Closed
11	Pharmacy First	M34 6PF	West	9am - 6pm	9am - 6pm	closed	closed
12	Wain SF & Sons Ltd	M34 7PL	West	8.30am - 6pm	8.30am - 6pm	9am - 12.30pm	Closed

13	Droylsden Pharmacy	M43 6DD	West	6am - 10pm	6am - 10pm	6am - 10pm	10am - 2pm
14	Your Local Boots Pharmacy	M43 6DE	West	8.30am - 6.15pm	8.30am - 6pm	Closed	Closed
15	Tesco In-Store Pharmacy	M43 6TQ	West	8am - 7pm	8am - 7pm	8am - 7pm	10am - 4pm
16	Boots The Chemist Ltd	M43 7AD	West	9am - 5.30pm	9am - 5.30pm	9am - 5.30pm	Closed
17	The Co-Operative Pharmacy	M43 7BW	West	8.45am - 6pm	8.45am - 6pm	Closed	Closed
18	Lloyds Pharmacy	OL5 0HR	East	9am - 6pm	9am - 6pm	Closed	Closed
19	Chadwick & Hadfield Ltd	OL5 9AB	East	8.30am - 1pm 1.30pm - 6.30pm	8.30 - 1pm 1.30pm - 6.30pm	9am - 12 noon	Closed
20	Your Local Boots Pharmacy	OL6 6BU	North	9am - 5.30pm	9am - 5.30pm	9am - 5pm	Closed
21	Group Pharmacy	OL6 6HD	North	8.30am - 6pm	8.30am - 6pm	Closed	Closed
22	Penny Meadow Pharmacy	OL6 6HE	North	6am - 11pm	6am - 11pm	7am - 10pm	Closed
23	Old Cross Pharmacy	OL6 6HF	North	8.30 - 1pm 2pm - 6pm	8.30 - 1pm 2pm - 6pm	Closed	Closed
24	Adams Pharmacy	OL6 6NE	North	Midnight - 8pm 10pm - Midnight	Midnight - 8pm	8am - 8pm	Closed
25	Your Local Boots Pharmacy	OL6 6NE	North	8.30am - 6.15pm	8.30am - 6.15pm	9am - 5pm	Closed
26	Asda Pharmacy	OL6 7DP	North	8am - 11pm	7am - 11pm	7am - 10pm	10.30am - 4.30pm
27	Express Pharmacy	OL6 7HP	North	9.30am - 5.30pm	9.30am - 5.30pm	Closed	Closed
28	Boots The Chemist Ltd	OL6 7JL	North	8.30am - 5.30pm	8.30am - 5.30pm	8.30am - 5.30pm	11am - 4pm
29	Sainsburys Pharmacy	OL6 7UB	West	7am - 11pm	7am - 11pm	7am - 10pm	11am - 5pm
30	Medicx Pharmacy	OL6 8SR	North	9am - 9pm	9am - 9pm	10am - 1pm 2pm - 10pm	10am - 1pm 2pm - 10pm
31	lpharmacy Direct	OL6 9NU	North	8.30am - 4.30pm	8.30am - 4.30pm	Closed	Closed
32	Ashton Pharmacy	OL7 0LB	North	9am - 6pm	9am - 6pm	9am - 12 noon	closed
33	Lloyds Pharmacy	OL7 0LH	North	8.30am - 6pm	8.30am - 6pm	Closed	Closed
34	The Co-Operative Pharmacy	OL7 0NW	North	8.30am - 6pm	8.30am - 6pm	Closed	Closed
35	Your Local Boots Pharmacy	OL7 9PS	North	9am - 6pm	9am - 6pm	9am - 12.30pm	Closed
36	Asda Pharmacy	SK14 1BD	South	8am - 11pm	7am - 11pm	7am - 10pm	10.30am - 4.30pm
37	Hyde Pharmacy	SK14 1JY	South	8am - 10.30pm	8am - 10.30pm	8am - 10.30pm	9am - 10pm
38	HBS Pharmacy	SK14 2AD	South	7am - 10pm	7am - 10pm	7am - 10pm	9am - 7pm
39	Lloyds Pharmacy	SK14 2AD	South	8am - 10.30pm	8am - 10.30pm	8am - 10.30pm	9am - 10.30pm

40	The Co-Operative Pharmacy	SK14 2AD	South	9am-6pm	9am-6pm	9am - 12noon	Closed
41	Your Local Boots Pharmacy	SK14 2EL	South	8.30am- 6pm	8.30am-6pm	9am - 3pm	Closed
42	Boots The Chemist Ltd	SK14 2LX	South	9am - 5.30pm	9am - 5.30pm	9am - 5.30pm	Closed
43	The Co-Operative Pharmacy	SK14 2QR	South	9am - 5.45pm	9am - 5.45pm	9am - 5.30pm	Closed
44	Your Local Boots Pharmacy	SK14 3EH	South	8.45am - 6pm	8.45am - 6pm	9am - 12noon	Closed
45	Newton Pharmacy	SK14 4HH	South	9am - 6pm	9am - 6pm	9am - 1pm	Closed
46	Tesco In-Store Pharmacy	SK14 6NT	South	8am - 10.30pm	6.30am 10.30pm	6.30am - 10pm	11am - 5pm
47	The Co-Operative Pharmacy	SK14 8LN	South	8.30am - 6.30pm	8.30am - 6.30pm	9am - 12noon	closed
48	Manor Pharmacy	SK145RU	South	9am - 1pm 2pm - 6pm	9am - 1pm 2pm - 6pm	Closed	Closed
49	The Co-Operative Pharmacy	SK15 1RZ	East	8.45am - 1pm 2pm - 6.15pm	8.45am - 1pm 2pm - 6.15pm	Closed	Closed
50	Adams Pharmacy	SK15 2AA	East	8am - 8pm 11pm - 12pm	0am - 8pm 11pm - 12am	9am - 5pm	4pm - 9pm
51	The Co-Operative Pharmacy	SK15 2AJ	East	8.30am - 6.30pm	8.30am - 6.30pm	9am - 1pm	Closed
52	E-Pharmacy	SK15 2AW	East	9am - 5pm	9am - 5pm	Closed	Closed
53	Tesco In-Store Pharmacy	SK15 2BJ	East	8am - 10.30pm	6.30am - 10.30pm	6.30am - 10pm	10am - 4pm
54	Lloyds Pharmacy	SK15 2JE	East	8.30am - 6pm	8.30am - 6pm	9am - 5.30pm	Closed
55	The Co-Operative Pharmacy	SK15 2PT	East	9am - 12.30pm 1.30pm - 6pm	9am - 12.30pm 1.30pm - 6pm	Closed	Closed
56	Manor Pharmacy	SK15 3ET	East	9am - 1pm 2pm - 6pm	9am - 1pm 2pm - 6pm	9am - 1pm	Closed
57	Your Local Boots Pharmacy	SK16 4DB	East	9am - 6pm	9am - 6pm	9am - 1pm	Closed
58	The Co-Operative Pharmacy	SK16 4LJ	East	9am - 6.30pm	9am - 6.30pm	9am - 12noon	Closed
59	Lad RJ Chemists Ltd	SK16 5AT	East	9am - 1pm 2pm - 6pm	9am - 1pm 2pm - 6pm	9am - 1pm	Closed

Locality Analysis Health Need and Pharmacy Provision by Neighbourhood

Map 8: The Four Neighbourhoods



Ordnance Survey PSMA Data

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This section provides a greater level of detail on the four defined neighbourhoods within Tameside, which will be used within this report to describe health need and pharmaceutical service provision, as follows:

- North Neighbourhood
- West Neighbourhood
- East Neighbourhood
- South Neighbourhood

This includes locality specific demography, health need, vulnerable groups and pharmaceutical services information

The North Neighbourhood

Map 9: North Neighbourhood - : Wards within the Ashton locality (coloured green)



The North neighbourhood has a total population of **47,108⁵**. This constitutes approximately a quarter (**26.4%**) of the total Tameside population with slightly more females than males (**49.1% males** and **50.9% females**). There is a roughly equal split of the population between each of the wards in Ashton. The 35-44 age groups make up the highest proportion of the North neighbourhood population. The age distribution of the North Neighbourhood is relatively younger than that of Tameside as a whole.

There are a number of areas in Tameside where people live in more deprived circumstances when compared to the rest of the country. 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. Michael's are located in the North Neighbourhood.

Census data shows that 80% of the North neighbourhood's population is of 'White' ethnicity, compared to 91% average for the borough. The Ashton locality has a much higher than average proportion of 'Asian or Asian British' population than the Tameside average (16% vs. 6.2%), with slightly higher populations of 'Mixed', 'Black' and 'Other' ethnic groups. Ashton St Peter's in particular has a larger BME population than the Tameside average. The Ashton locality is made up of 4 of the 5 wards with the highest proportion of residents classified as 'Asian or Asian British'.

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

- Coronary Heart Disease (CHD) as it is a major cause of death in ethnic minorities particularly those of South Asian heritage. The Tameside electoral wards with the highest mortality from heart disease include Ashton's St. Peter's, a high proportion of people from South Asian minority groups live in this Ward.

⁵ Mid-2006 Population Estimates for Census Area Statistics (CAS) Wards in Tameside & Glossop PCT by Single Year of Age and Sex; Office for National Statistics (ONS) - 2008

- Cancer is decreasing in the general population, but there has been a rise within the South Asian community
- Type II diabetes is six times more common in South Asians.
- Indian men and Pakistani women also have a higher relative risk of stroke.

Average life expectancy in the North Neighbourhood is below the Tameside average for both males and females, with an average of **77.4 years** compared to the Tameside average of **78.8 years**. Ashton St. Peter's ward has the lowest life expectancy in Tameside at 70.7 years for males and 76 years for females.

Census 2011 data shows that the North neighbourhood has:-

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

Source: Tameside Public Health Intelligence

Health Need in North Neighbourhood

Mortality

When considering mortality rates for the main causes of death: cancer, CHD (Coronary Heart Disease), COPD (Chronic Obstructive Pulmonary Disease), stroke and CVD (Cardio Vascular Disease) for all ages and for premature mortality (under 75), the Ashton locality is worse compared to England, the Northwest and Tameside averages.

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

Morbidity

According to Quality Outcomes Data (QOF) disease registers, patients registered in the Ashton locality have a higher prevalence than both England and Tameside average for:

- Depression (8.6%)
- Diabetes (7.6%)
- Epilepsy (0.97%)
- Mental Health (0.89%)
- Learning Disabilities (0.56%)
- Obesity (12.6%)

In addition, the Ashton locality has a greater prevalence than England for:

- Asthma (6.2%)
- CHD (4.2%)
- COPD (2.6%)
- Dementia (0.6%)
- Hypothyroidism (4%)
- Hypertension (13.8%)
- Palliative Care (0.27%)
- Peripheral Vascular Disease (0.96%)

Risk factors

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

With the exception of Ashton St. Michael's, wards in the North Neighbourhood have a percentage of reception year children that are obese that is higher than both the Tameside

and England Average. St. Peter's and Ashton Hurst have the second and third highest rates of obesity within reception year children out of all Tameside wards.

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

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

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

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

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

Future Health Needs

Prevalence projections for Tameside between 2015 and 2020⁶ show that the numbers of people with CHD, stroke, diabetes and hypertension are expected to rise over the five years, by 8.5% for CHD, 8.3% for stroke, 9.3% for diabetes and 5.8% for hypertension. This equates to an extra 6,000 patients by 2020, for just these four conditions.

Estimated numbers of people with depression and dementia in the over 65 population are published via THE Projecting Older People Population Information (POPPI). These projections should be treated with caution as they are based on national prevalence rates, but suggest that, across the whole of Tameside between 2014 and 2020, we may expect a

⁶ **Source:** APHO Prevalence models, 2008 and 2012; ONS, 2014

rise of 18% in the number of over 65s with dementia equating to an additional 450 people, a rise in 9% of over 65s with depression equating to an additional 325 people and a 10% increase in over 65s with severe depression equating to an additional 100 people. It is expected that Tameside's ageing population will bring an increase in long-term mental health problems, including dementia which will bring significant implications for services supporting carers.

Population projections are not available at neighbourhood level, however, it is expected that, between 2014 and 2020 in Tameside, there will be a 3.6% increase in total population, we will have an older population with a lower proportion of children and younger people, there will be an expected increase of 3,000 males and 2,000 females aged 65+ and an expected reduction of 1,000 males and 1,000 females aged 15-44. The North neighbourhood is likely to see a similar percentage change of population and may therefore need to consider the extra pressure on pharmaceutical services for the ageing population.

There are major redevelopments underway in 2014 in Ashton Town Centre focussed upon the redevelopment of Tameside council's offices on Wellington Road, new sites for Tameside College and new business premises. Estimates are that by the completion of the redevelopment up to 3,000 students and 300 staff will be brought regularly into the town centre. This will be partially be offset by the relocation of some council staff into other parts Tameside.

Access to Pharmacy – North Neighbourhood

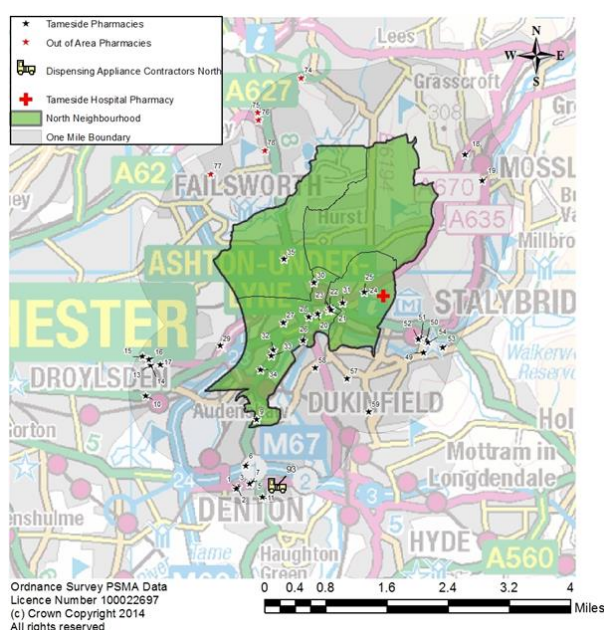
There are 16 pharmacies in the North Neighbourhood and 1 pharmacy at the Tameside Foundation Trust hospital with a further 25 pharmacies located in other parts of Tameside and out of area' pharmacies in Oldham that are also likely to be accessed by the residents living in Tameside's North neighbourhood.

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

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

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

The pharmacy provision for essential and advanced services in Ashton is satisfactory in meeting the needs of the local population.



Map 10: Locations of pharmaceutical services serving the North Neighbourhood

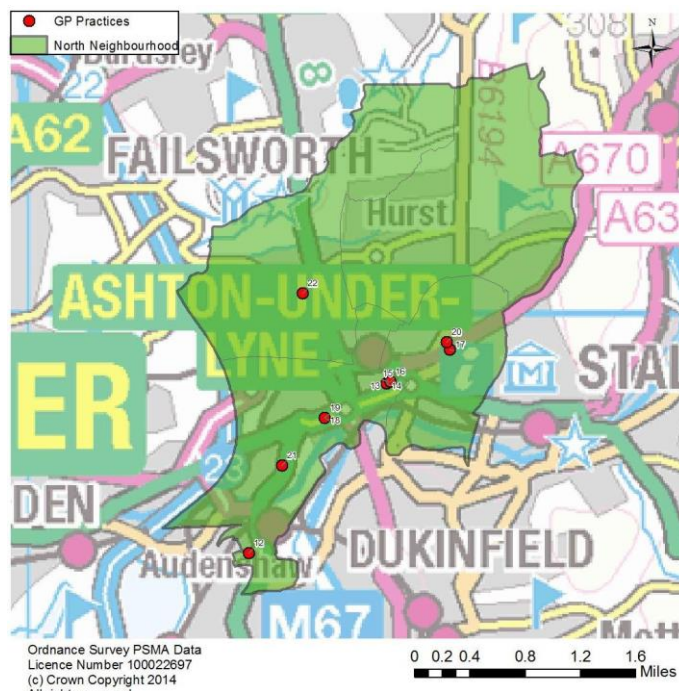
Source: Tameside MBC Public Health Intelligence

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

Map 10: Locations of pharmaceutical services serving the North Neighbourhood clearly shows a concentration of pharmacies around the large town centre of Ashton with easy access from road, public transport and in walking distance of the majority of the neighbourhood. The North of the neighbourhood around Hurst has less concentration of pharmacies but access is still good to those in the neighbourhood, plus those in Stalybridge and Mossley, or those that are out of town in Oldham.

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

Map 11: Locations of GP practices in the North Neighbourhood (red circles)



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

- **Ashton St. Peter's:** The whole of Ashton St. Peter's ward is classified as socio-economically deprived using the IMD2010. Census data also shows that approximately 50% of people do not own a car or van. No further analysis was undertaken of this area as 12 pharmacies are located across the ward; therefore most residents were considered able to access the pharmacies on foot and analysis of GMPTE public transport information reveals an extensive network accessible from all areas of the ward.
- **Hurst Cross:** There are no community pharmacies located within the Hurst Ward itself but Map 11 shows that the area is served by a large number of bus routes into and away from the centre of Ashton.

Map 12: Public transport routes through the Hurst area of Ashton



Source: GMPTE, 2014

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

Even in the town centre with the anticipated increase in students and teachers through the college redevelopment 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 is satisfactory in meeting the needs of the local population now and in the near future as any anticipated rises in demand due to demographic change should be easily responded to by existing local suppliers being able to flexibly increase staff levels and skill mix appropriate to the increased pressure.

The West Neighbourhood

Map 13: West Neighbourhood - Wards within the West Neighbourhood (turquoise)



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

Denton South, Droylsden, Audenshaw and Denton locality are some of the most deprived wards in Tameside but on the whole the West

locality contains proportionately less population categorised within the most deprived fifth of areas nationally, according to the Indices of Multiple Deprivation 2010, compared to the Tameside average. A higher proportion of the population of the West Neighbourhood live in quintiles 2 and 3 compared to the Tameside average.

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

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

Source: Tameside Public Health Intelligence

Health Need in West Neighbourhood

Mortality

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

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

Morbidity

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

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

Risk factors

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

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

Future Health Need

Prevalence projections for Tameside between 2015 and 2020 show that the numbers of people with CHD, stroke, diabetes and hypertension are expected to rise over the five years, by 8.5% for CHD, 8.3% for stroke, 9.3% for diabetes and 5.8% for hypertension. This equates to an extra 6,000 patients by 2020, for just these four conditions.

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

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

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

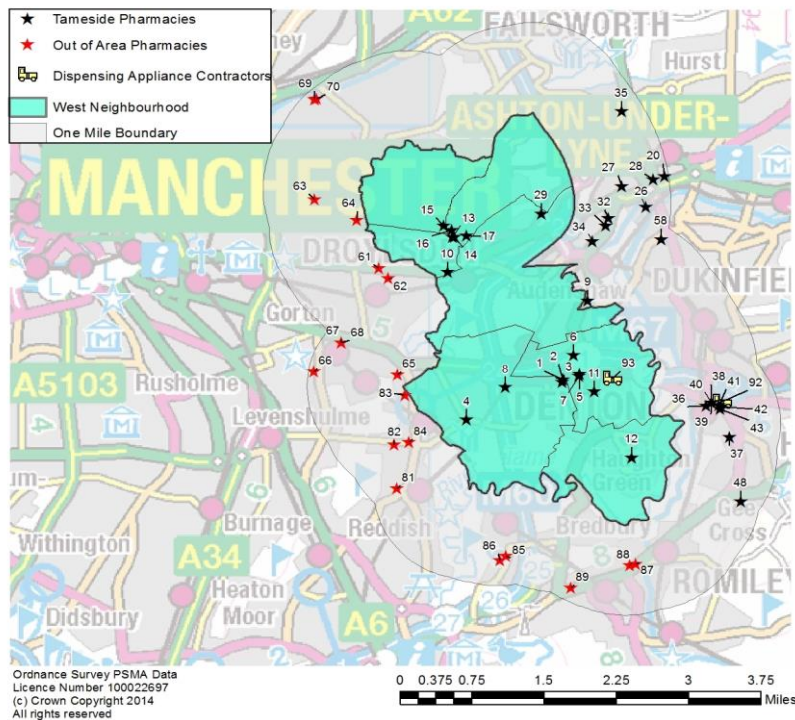
Access to Pharmacy – West Neighbourhood

The West neighbourhood has seen a relatively large increase in pharmacies and now contains 17 pharmacies (from 14 in 2011) and 7 GP practices at which pharmaceutical services can be accessed. As Map 14 shows, there are also 19 pharmacies within Manchester and Stockport local authorities that can easily be accessed by West Neighbourhood residents and the neighbouring localities of South and North Neighbourhoods have a number of pharmacies and GPs that residents are able to access. One dispensing appliance contractor, which serves the whole Tameside and Glossop population, is also located within this locality.

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

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

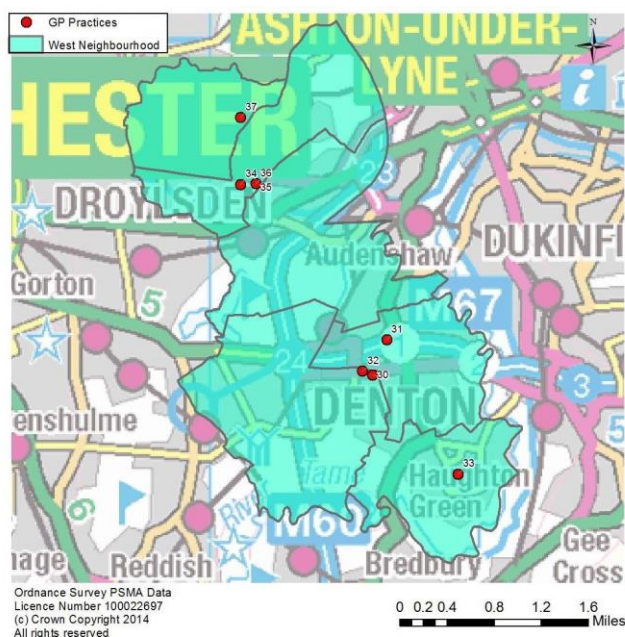
Map 14: Locations of pharmaceutical services in the West Neighbourhood (shaded light blue)



Source: Tameside MBC Public Health Intelligence

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

Map 15: Locations of GP practices in the West Neighbourhood (Red Circles)



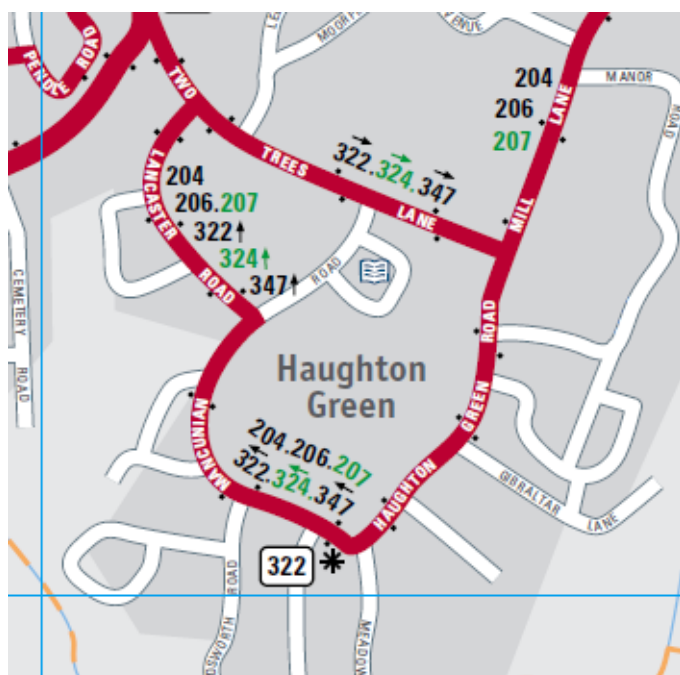
Clearly this area of Tameside has on the whole good access to pharmacies, including two 100 hours pharmacies. However, further analysis has been undertaken to identify if there are any areas where residents live who may have difficulty accessing pharmaceutical services. Only Haughton Green was identified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

Haughton Green in the 'Denton South' ward is classified as socio-economically deprived according to the IMD2010. 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 has poor health outcomes. There is one pharmacy serving the immediate area of Haughton Green.

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

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

Map 16: Public transport routes through the Houghton Green area of Denton

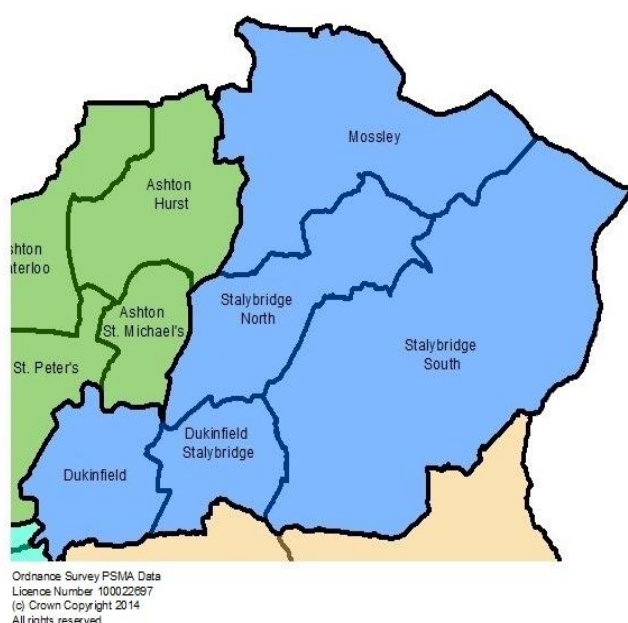


Source: GMPTE, 2014

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

The East Neighbourhood

Map 17: East Neighbourhood - Wards within the East Neighbourhood (coloured blue)



The East neighbourhood has a total population of 68,479. This constitutes 31.1% of the total Tameside population with slightly more females than males (48.4% male and 51.6% female). There is a roughly equal split of the population between each of the wards. The highest proportion of the population is the 45-54 years age group, followed by the 35-44 and 25-34 age groups. There are slightly more males in the younger age groups and slightly more females in the older groups.

Overall the locality is more deprived than the Tameside average, with more than one third of the locality population living in the 20% most deprived areas in the country (34.1%).

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

Average life expectancy (LE) in the East Neighbourhood is higher than the Tameside average in males, but marginally below the Tameside average in females.

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

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

Health Need in East Neighbourhood

Mortality

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

With respect to premature mortality The East neighbourhood has favourable comparable premature (under 75) mortality for the main causes of death compared to Tameside averages.

Morbidity

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

- Asthma (6.5%)
- Cancer (2%)
- Depression (7.7%)
- Hypertension (15.7%)
- Obesity (12.5%)
- Palliative Care (0.37%)
- Peripheral Arterial Disease (1.1%)

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

Risk factors

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

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

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

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

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

Harmful drinkers tend to live in more deprived areas of the country and Tameside is listed as in the top ten in the country for estimates of harmful drinkers. Due to high levels of socio-

economic deprivation in areas of the Stalybridge North and South wards, it is expected that there will be high levels of harmful drinking.

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

Future Health Need – prevalence projections and demographic change

Prevalence projections for Tameside between 2015 and 2020 show that the numbers of people with CHD, stroke, diabetes and hypertension are expected to rise over the five years, by 8.5% for CHD, 8.3% for stroke, 9.3% for diabetes and 5.8% for hypertension. This equates to an extra 6,000 patients by 2020, for **just** these four conditions.

Estimated numbers of people with depression and dementia in the over 65 population are published via POPPI. These projections should be treated with caution as they are based on national prevalence rates, but suggest that, across the whole of Tameside between 2014 and 2020, we may expect rise of 18% in the number of over 65s with dementia equating to an additional 450 people, a rise in 9% of over 65s with depression equating to an additional 325 people and a 10% increase in over 65s with severe depression equating to an additional 100 people.

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

Population projections are not available at neighbourhood level, however, it is expected that, between 2014 and 2020 across Tameside there will be a 3.6% increase in total population, we will have an older population with a lower proportion of children and younger people, there will be an expected increase of 3,000 males and 2,000 females aged 65+ and an expected reduction of 1,000 males and 1,000 females aged 15-44.

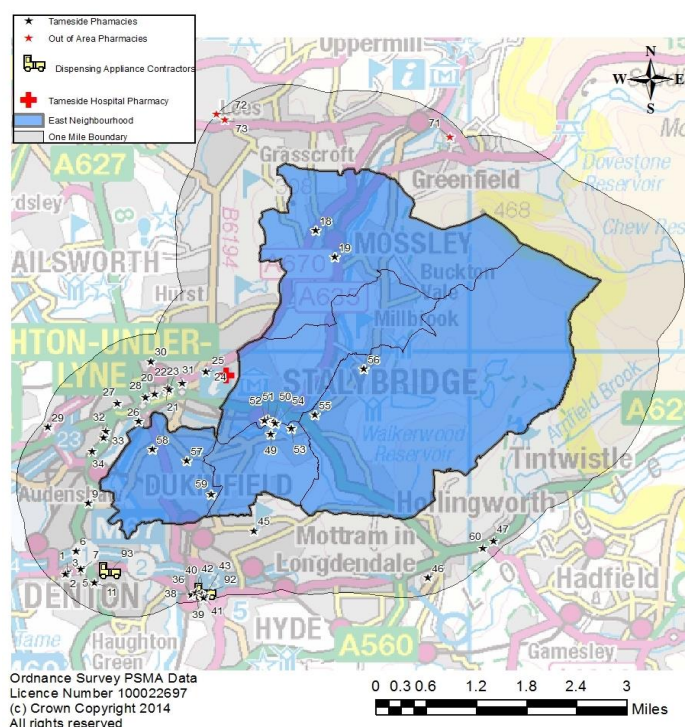
It is not currently anticipated that this will substantially alter the spatial distribution of population and households across the East Neighbourhood.

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

Access to Pharmacy – East Neighbourhood

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

Map 18: Pharmacies in the East Neighbourhood

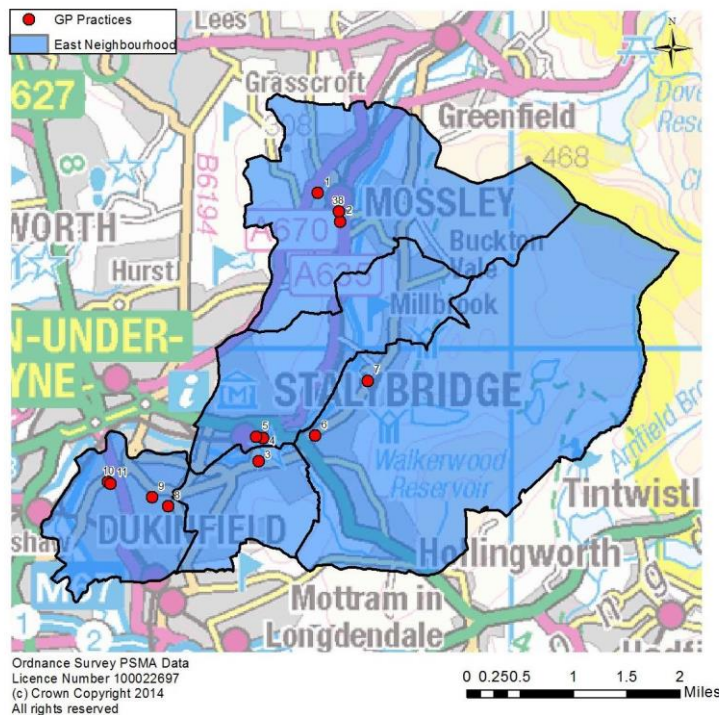


Map 18 clearly shows the location of the current pharmacies within the East part of Tameside, with a concentration of 7 in Stalybridge close to the Town Centre and the major road and rail intersections/public transport hub. Dukinfield has 3 pharmacies, Mossley has 2 and there is a further pharmacy in Stalybridge at Millbrook.

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

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

Map 19: GP Practices within the East Neighbourhood



The concentrations of the population within East Neighbourhood are largely in the urban or rural urban fringe and with very good access to the 13 pharmacies and 11 GP Practices in the area. Tameside General Hospital to the west of the border is also available, Mossley residents are able to access 3 pharmacies within the Oldham boundary and within the 20 minute walk estimate, and, there are a further 34 pharmacies within the other Tameside neighbourhoods.

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

The areas of Micklehurst and Millbrook, Millbrook-Manor pharmacy on Huddersfield road is very close to the border; 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.

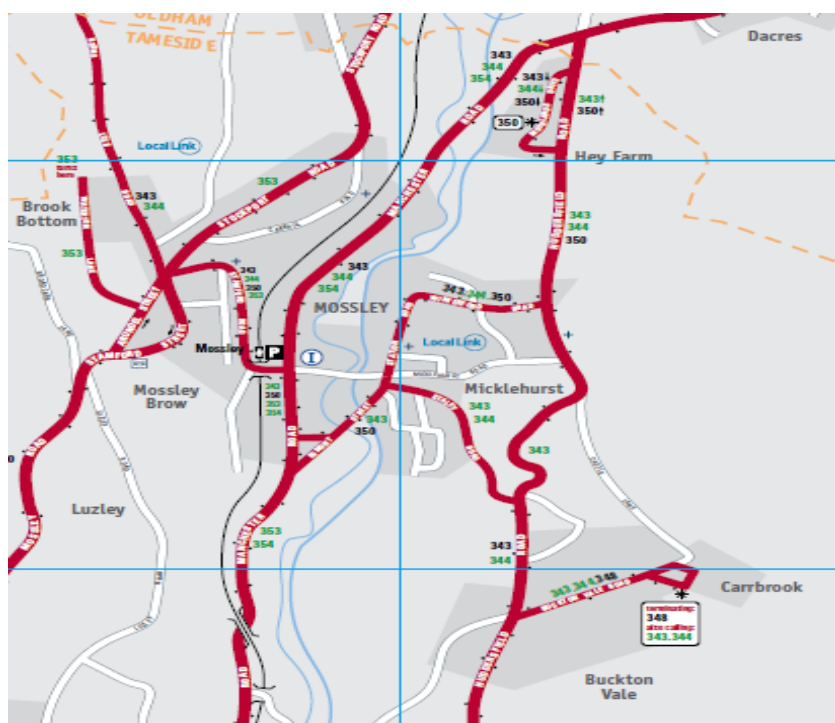
Micklehurst is within the Mossley ward, which is classified as within the 10% most socio-economically deprived areas in the country according to the IMD2010. There is also likely to be a high proportion of people who do not own a car or van in this area. Micklehurst is also geographically isolated. Lloyds and 'Chadwick and Hadfield' pharmacies are located in

Mossley, close to the Micklehurst area, and Pike and Mossley Medical Practices are also situated in the Mossley area and are accessible to Micklehurst residents. The figure below also illustrates there are a number of bus services linking Micklehurst to Mossley, Stalybridge, Ashton and Oldham where other services can be accessed.

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

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

Map 20: Public transport routes through the Micklehurst and Mossley areas



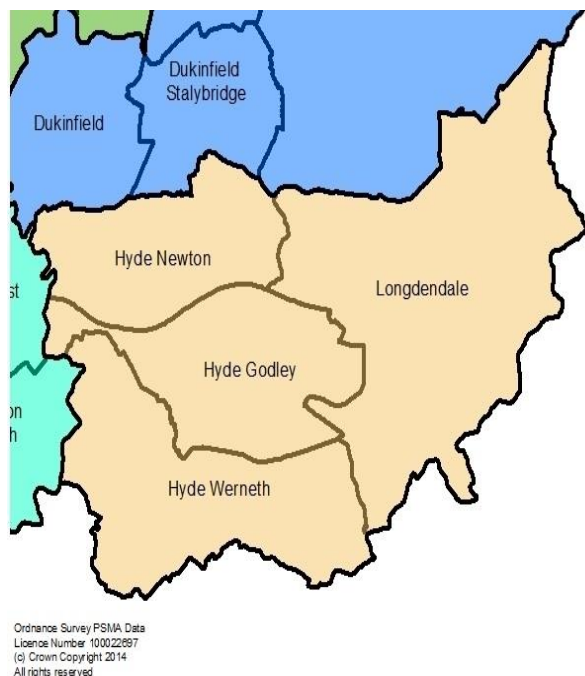
Source: GMPTE 2014

In summary there is good provision through a range of Pharmacies in this locality providing essential services and a range of advanced and enhanced services and although some of the most deprived areas like Micklehurst may seem geographically isolated they do have access to good pharmacy provision and are connected with good public transport.

The pharmacy provision in the 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.

The South Neighbourhood



Map 21: South Neighbourhood - Wards within the South Neighbourhood (coloured orange)

The South Neighbourhood encompasses the wards of Hyde Newton, Hyde Godley, Hyde Werneth and Longdendale and is situated in the south of the borough of Tameside on the border with the neighbouring area of Stockport and has a total population of 46,420. This constitutes **21%** of the total Tameside population with slightly more females than males (**49% male** and **51% female**). There is a roughly equal split of the population between each

of the wards. The highest proportion of the population is within the 45-54 years age group, followed by the 35-44 and 25-34 groups. There are slightly more males in the younger age groups and slightly more females in the older groups.

This neighbourhood contains proportionately more population categorised as living within the most deprived fifth of areas nationally, according to the Indices of Multiple Deprivation 2010, compared to the Tameside average. This equates to just less than half (41.9%) of the neighbourhood population living in the 20% most deprived areas in the country.

Local unemployment rates are higher than the Northwest and UK. And job Seekers Allowance claimants in Hyde Newton have the 2nd highest claimant rate and Hyde Godley the 3rd highest claimant rate in Tameside in 2014.

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

The locality has a higher than average proportion of 'Asian or Asian British' population than the Tameside average (7.6% vs 6.2%), with smaller populations of 'Mixed', 'Black, or Black British', 'Chinese' and 'Other' ethnic groups than the Tameside average.

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

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

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

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

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

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

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

Health Need in South Neighbourhood

Mortality

Life expectancy in the South Neighbourhood is below the Tameside and Glossop average for both males and females, with a locality average of **78.4 years** compared to the Tameside average of **78.8 years**.

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

Morbidity

QOF register data shows that the South neighbourhood has a higher number on disease registers (and therefore expected prevalence) than Tameside and England averages for

Asthma (6.6%)

Diabetes (7.5%)

Mental Health conditions (0.9%)

Stroke and Transient Ischemic Attacks (2%)

Risk factors

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

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

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

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

Future Health Need – prevalence projections and demographic change

Prevalence projections for Tameside between 2015 and 2020 show that the numbers of people with CHD, stroke, diabetes and hypertension are expected to rise over the five years, by 8.5% for CHD, 8.3% for stroke, 9.3% for diabetes and 5.8% for hypertension. This equates to an extra 6,000 patients by 2020, for just these four conditions.

Estimated numbers of people with depression and dementia in the over 65 population are published via POPPI. These projections should be treated with caution as they are based on national prevalence rates, but suggest that, across the whole of Tameside between 2014 and 2020, we may expect rise of 18% in the number of over 65s with dementia equating to an additional 450 people, a rise in 9% of over 65s with depression equating to an additional

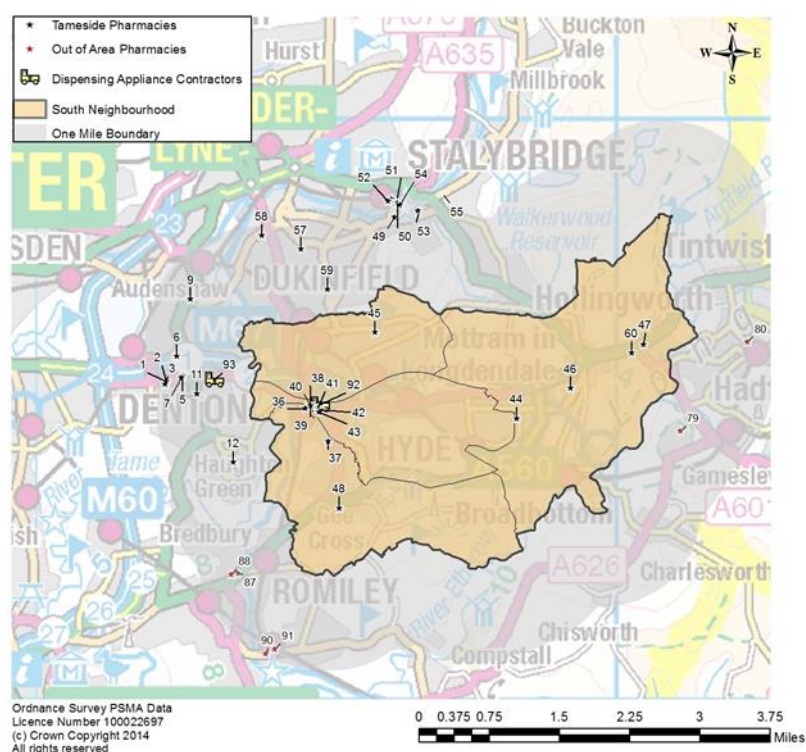
325 people and a 10% increase in over 65s with severe depression equating to an additional 100 people. It is expected that Tameside's ageing population will bring an increase in long-term mental health problems, including dementia with significant implications for services supporting carers.

Population projections are not available at neighbourhood level, however, it is expected that, between 2014 and 2020 Tameside, there will be a 3.6% increase in total population, we will have an older population with a lower proportion of children and younger people, there will be an expected increase of 3,000 males and 2,000 females aged 65+ and an expected reduction of 1,000 males and 1,000 females aged 15-44. The South neighbourhood is likely to see a similar percentage change of population and may therefore need to consider extra pressure on pharmaceutical services for the ageing population.

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

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

Map 22: Pharmacies in the South Neighbourhood.

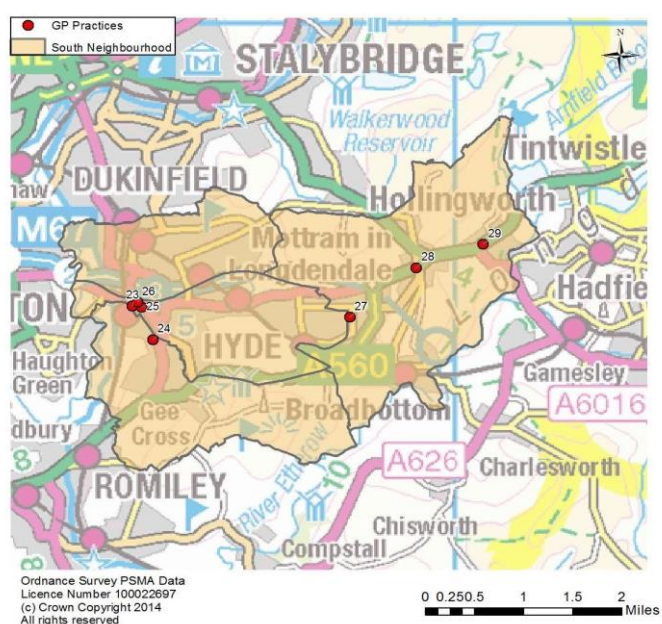


Source: NHS Tameside and Glossop Public Health Intelligence

NB: For information on GPs and pharmacies in neighbouring localities, please see relevant locality section.

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

Map 23: Locations of GP practices in the South Neighbourhood (red circles)



Whilst the distribution of both pharmacies and GP Practices across the South 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.

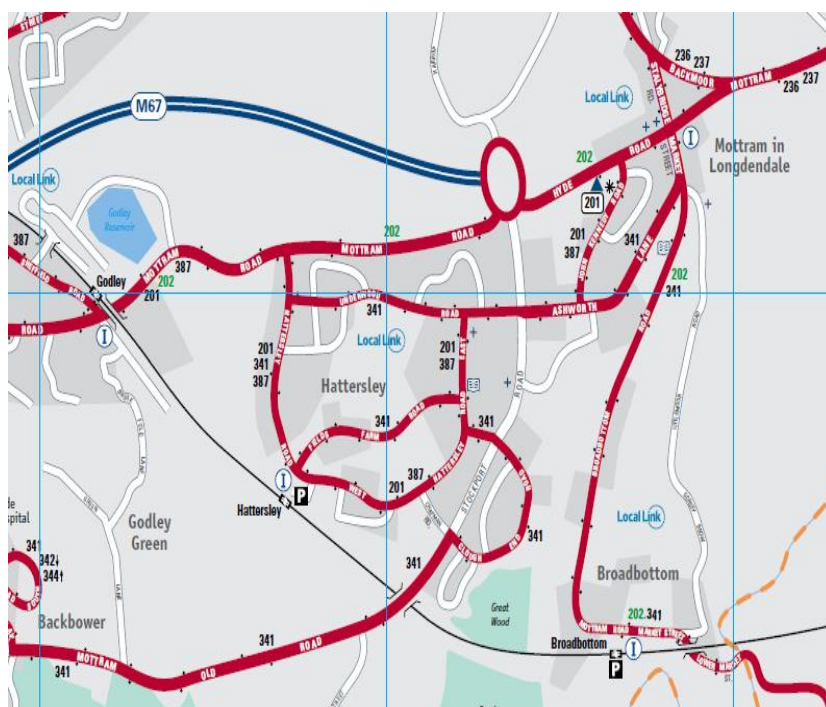
The Hattersley area is split across the wards of Hyde Godley and Longdendale. The relevant LSOAs are classified within the 5% most socio-economically deprived areas in the country according to the IMD2010. There is also likely to be a high proportion of people who do not own a car or van in this area, and a high level of health need.

The Local Boots pharmacy and Hattersley Group Practice are located close to the centre of Hattersley and are therefore accessible to residents. Map 24 also illustrates there are a number of bus services linking Hattersley to Mottram and also to Godley and on to Hyde, where connecting services link to the rest of Tameside, Stockport and Manchester. There is also a train station within Hattersley linking to Manchester.

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

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

Map 24: Public transport routes through the Hattersley Area



Source: GMPTE, 2014

In summary good access to pharmacy is evident across the South neighbourhood, and there has been an increase in pharmacy provision in the South since the last PNA in 2011. . Whilst official projections suggest an increase in households and a demographic shift towards an ageing population any increasing pressure this may bring on pharmacy services provided 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.

Consultation and Stakeholder Engagement

Three specific elements of stakeholder consultation have been undertaken through the PNA process.

Firstly, a range of key stakeholders were engaged through face to face meetings or attendance at local forums, plus involvement in a range of strategic workshops and consultations on the new drivers for health and social care in Tameside.

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

This consultation was undertaken during the summer of 2014 and 79 completed surveys were returned and analysed (50 of these were online and 29 paper copies). A specific report on these findings is appended (Appendix 3).

The PNA is also required to incorporate a statutory 60-day formal consultation with a range of stakeholders. This is being undertaken in the autumn of 2014 and further details of the process are outlined in Appendix 2.

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

Wider Issues around Pharmacy Need for Tameside

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

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

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

Over provision and competition:

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

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

The future pharmacies role in Health Improvement:

How can the most be made of the local pharmacy footprint in priority community locations? With what is known from the evidence base about effective methods of engagement, methods of behaviour change, as well as the importance of building social capital, is the pharmacy health improvement role being considered thoroughly enough within current strategic discussions on care closer to home, integrated offers etc.? 'No' however there is change occurring in the system with the development of the 'Wellness offer' and 'Integrated Care' evolving across Tameside. This change will endeavour to ensure all perspective providers of care closer to home, including pharmacies are included in the process.

Local pharmacy aspiration:

The local pharmacies are keen to further develop services and have a track record of responding to local commissions. An accurate assessment of just how much of their capacity and facilities are being used at the moment is missing and it is suggested that a fairly urgent mapping of this should be undertaken.

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

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

Conclusions

The population of Tameside is changing rapidly:

- The population of Tameside is estimated to be 224,500.
- Population forecasts predict a 4.2% increase in the local population by 2020.
- Tameside has an established Indian, Pakistani and Bangladeshi community, concentrated mainly in Ashton and Hyde.
- Overall, there is an 8 year difference between the wards with highest and lowest life expectancy in Tameside.
- Tameside at a population level is growing older but getting sicker younger

Health need in Tameside is also increasing:

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

Health needs and pharmacy provision:

- Pharmacy provision in Tameside has increased significantly since 2011
- Access to pharmacies is good across all four neighbourhoods both in location and hours of opening
- Location of pharmacies within areas of deprivation brings a good platform to build an assets based approach and utilise their their social capital
- Public consultation indicates high levels of satisfaction with current pharmacy services in Tameside

- The location of pharmacies in relation to GP Practices is good within all four neighbourhoods
- Analysis of opening hours and trading days shows there is adequate provision for out of hours services and across the year including the festive periods
- The commissioning of health and wellness services is in a period of change and the future role of pharmacies in prevention and early intervention plus support for long term conditions needs to be fully considered within future models

Locality provision

- In summary there is good provision through a range of Pharmacies in the North neighbourhood locality providing essential services and a range of advanced and enhanced services and although some of the most deprived areas such as Hurst and St. Peter's may seem slightly geographically isolated they do have access to good pharmacy provision and are connected with good public transport.
- In summary there has been an increase of pharmacies in the West neighbourhood and whilst demand may increase due to demographic change and deprivation having an impact there is good provision and the existing providers should be able to easily respond and flexibly increase staff levels and skill mix appropriate to the increased pressure
- In summary there is good provision through a range of Pharmacies in the East 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.
- In summary good access to pharmacy is evident across the South neighbourhood, and there has been an increase in pharmacy provision in the South since the last PNA in 2011. . Whilst official projections suggest an increase in households and a demographic shift towards an ageing population any increasing pressure this may bring on pharmacy services provided 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.

Recommendations

This PNA builds on and supersedes the 2011 PNA, and read alongside the JSNA, gives a more complete picture of health & wellbeing need and assets in Tameside.

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

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

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

As people are not fully aware of the services to them through pharmacies, a public promotion of pharmacies should be designed and rolled out. The LPC would be very pleased to work with Tameside MBC to ensure this happens.

A mapping exercise should be considered to ascertain the range of services that community pharmacies currently offer outside those that are currently commissioned by the CCG and TMBC.

Pharmacies are eager to extend their role in prevention 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.

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

Appendix One - Steering Group Membership

Lynn Travis - Cabinet member, Tameside Council

Jacqui Dorman - Project manager (Public Health), Tameside Council

Andrew Rogers - Independent consultant, Gwenallt Consulting

Clare Liptrott - Medicines Management, Tameside and Glossop CCG

Peter Howarth – Head of Medicines Management, Tameside and Glossop CCG

Ian Short - LPC Chief Officer for Oldham Tameside and Glossop LPC

Peter Denton - Health Watch Tameside

Amy Lepiorz - NHS England

Sarah Dobson Head of Policy and performance, Tameside Council

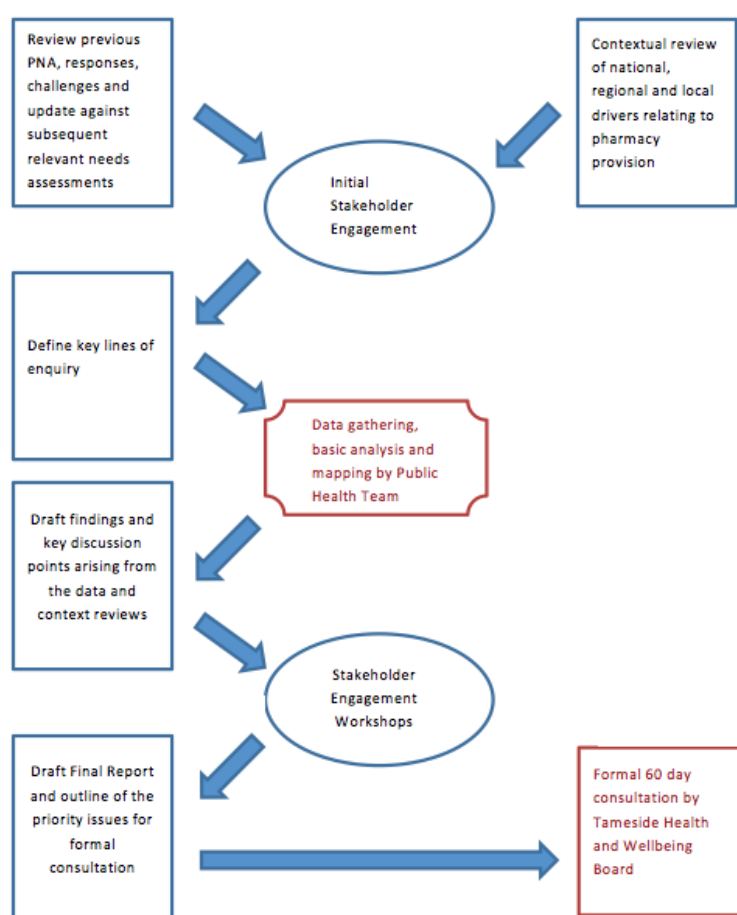
Rob Mitchell - Independent pharmacist and is a member and treasurer of Oldham, Tameside
& Glossop LPC **(Chair)**

Martin Garnet - Adult social care, Tameside Council

Tony Sivner - Chief Pharmacist, Tameside Hospital NHS Trust

Appendix Two - Process of the PNA and Consultations

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



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

The key purpose of this consultation is to encourage constructive feedback from a variety of stakeholders between 17th November 2014 and 15 January 2015, and to ensure that the wide range of primary care health professionals provide opinions and views on what is contained in the PNA.

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

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

All feedback will be considered and the HWB will decide in February 2015, which sections of the PNA need amending so that it will be ready for final publication from March 31st 2015.

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

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

The following are link to the above organisations

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

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

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

Appendix Three – Public Consultation

Pharmacy Needs Assessment Public Consultation Survey 2014/15

Questionnaire Results Summary

Key Findings

The total number of responses to the Pharmacy Needs Assessment consultation questionnaires was 79. This was made up of 50 online responses and 29 paper questionnaires collected through local pharmacies within the borough.

76% (n= 52) of responses were from females and 80% (n=63) of the people who completed the questionnaires were from the White: English/Welsh/Scottish/N Irish backgrounds.

Although the largest proportion of responses were in the 55-64 years age group (24%, n=19) there was a fairly even spread in numbers by age group between the 25-34 years age group through to the 65-74 years age group (please see specific results to question 17 below).

77% (n=61) of respondents said that they did not consider themselves to have a disability

51% (n=41) of respondents were either married or considered themselves to be with their life partner, 23% (n=18) said they were single, with 13% (n=10) not answering and a further 10% (n=8) not wishing to say.

Of the returned questionnaires 28% (n=22) were either working full time or had retired for each category, with 14% (n=11) working part time. The remaining (%) 24 respondents were split between, caring for another person, being a volunteer, being self-employed or unemployed, with only 17% (n=13) of people preferring not to say, not completing the answer or stating other.

44% (n=35) of respondents had not been offered / or had not had a medicines review within the last 12 months, whilst 13% (n=10) said they did not take prescribed medication

84% (n=66) of respondents said that they used the same pharmacy, 90% (n=71) were able to get to the pharmacy of their choice, and 85% (n=67) accessed their pharmacy by independent means.

42% (n=33) of respondents walked to their pharmacy, 35% (n=28) drove to their pharmacy.

68% (n=54) of respondents said they would only be willing to travel up to a mile to get to the pharmacy of their choice.

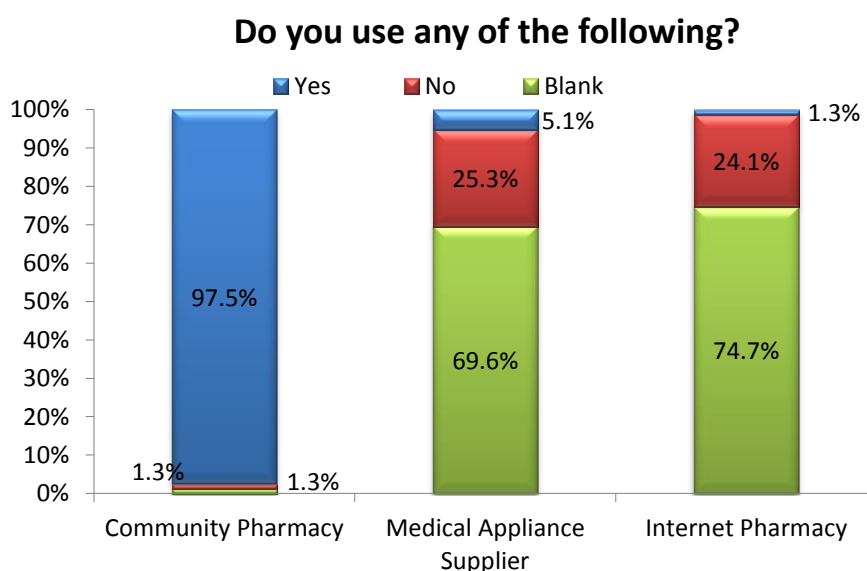
When asked why they chose the pharmacy they use, the 2 main reasons were 45% (n=36) of respondents said because it was near to their doctors, with 37% (n=29) saying being near to their home was a reason (multiple answers were completed by respondents)

60% (n=47) of respondents have been using their usual pharmacy for over 4 years.

Pharmacy Needs Assessment Public Consultation: 2014/15

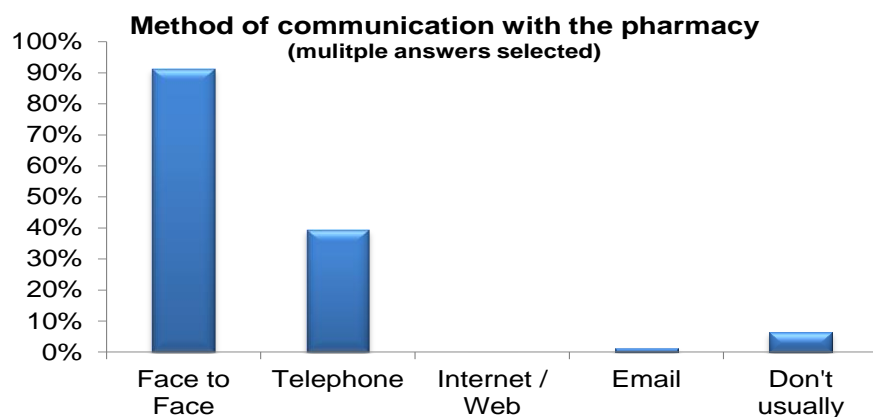
Q1. Do you use any of the following (tick all boxes that apply)

Responses:	Yes	No
A Community Pharmacy	97.5% (n=77)	1.3% (n=1)
A Medical Appliance Supplier	5.1% (n=4)	25.3% (n=20)
An Internet Pharmacy	1.3% (n=1)	24.1% (n=19)



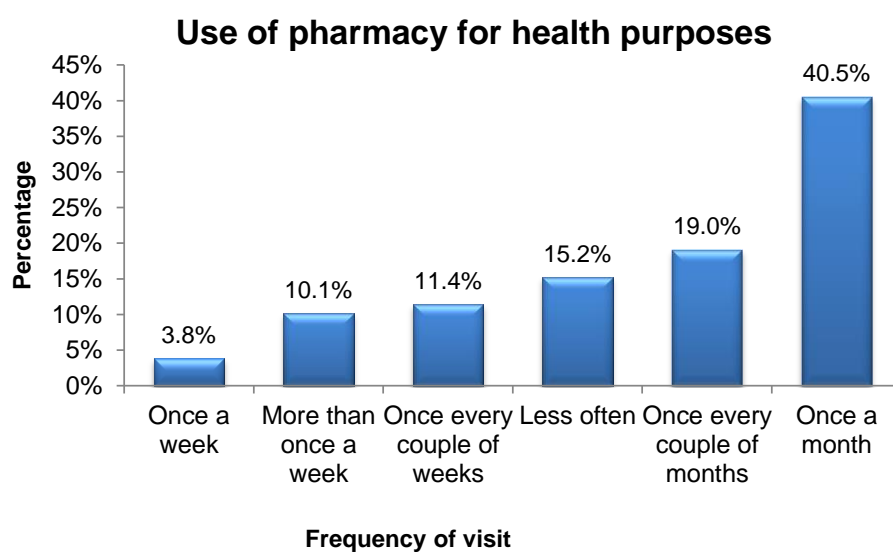
Q2. What methods do you use to communicate with your usual pharmacy (please tick those that apply to you)

Responses:	Percent	Number
Face to face	91.1%	72
Telephone	39.2%	31
Internet/website	0	0
Email	1.3%	1
I don't usually communicate with my pharmacy	6.3%	5



Q3. How often would you say you used a pharmacy for health purposes? (Please tick only 1 answer)

Responses:	Percent	Number
Once a week	3.8%	3
More than once a week	10.1%	8
Once every couple of weeks	11.4%	9
Once a month	40.5%	32
Once every couple of months	19.0%	15
Less often	15.2%	12



Q4 Please tell us how important (or otherwise) the following community pharmacy features and services are to you (please tick all boxes that apply to your needs, under the relevant category)

Responses:	Essential	Fairly Important	Unimportant	Not necessary	Not sure
Early morning opening (before 9am)	25.3% (n=20)	24.1% (n=19)	11.4% (n=11)	1.3% (n=1)	13.9% (n=14)
Late night opening (after 7pm)	34.2% (n=27)	21.5% (n=17)	11.4% (n=9)	1.3% (n=1)	13.9% (n=11)
Sunday opening	26.6% (n=21)	24.1% (n=19)	15.2% (n=12)	2.5% (n=2)	12.7% (n=10)
Convenient location	67.1% (n=53)	21.5% (n=17)	0	0	1.3% (n=1)

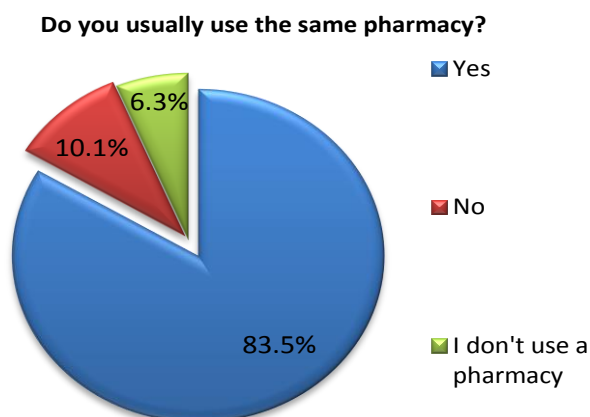
Q4 Please tell us how important (or otherwise) the following community pharmacy features and services are to you (please tick all boxes that apply to your needs, under the relevant category)

Responses:	Essential	Fairly Important	Unimportant	Not necessary	Not sure
Knowledgeable staff	63	12	0	0	0
Friendly staff	55	18	1	0	0
Pharmacy staff that take time to listen to my needs	56	15	5	0	0
Private consultation area	37	23	11	1	3
Electronic prescription service	18	26	12	10	6
Delivery of medicines to my home	19	15	18	19	1
Ordering repeat prescriptions on my behalf	31	15	12	13	2
Collection of prescription from my surgery	35	18	10	9	2
Buying over the counter medicines	48	22	2	2	0
Prescription dispensing	67	3	2	1	0
Having the medicines and products in store when I need them	62	13	0	0	0
Medicine use reviews	20	23	12	15	2

Responses:	Essential	Fairly Important	Unimportant	Not necessary	Not sure
(sometimes called medicines check-up / MOT)					
Long term condition advice	25	22	8	18	2
Flu vaccination	24	22	7	18	2
Diabetes screening	17	22	13	17	3
Health tests, e.g. cholesterol, blood pressure	20	26	9	15	3
Minor Ailment Scheme (treatment of common conditions under the NHS without seeing a GP)	31	28	3	9	3
Blood pressure check	22	28	9	14	1
Cancer treatment support services	24	21	6	16	7
Respiratory Services	16	28	5	17	7
Stop Smoking Service	15	13	9	30	5
Healthy weight advice	18	16	6	29	4
Alcohol support services	11	13	13	31	5
Substance Misuse Service	12	13	13	29	6
Buying medicines to protect against malaria	14	26	8	22	3
Emergency hormonal contraception (morning after pill)	12	13	13	29	6

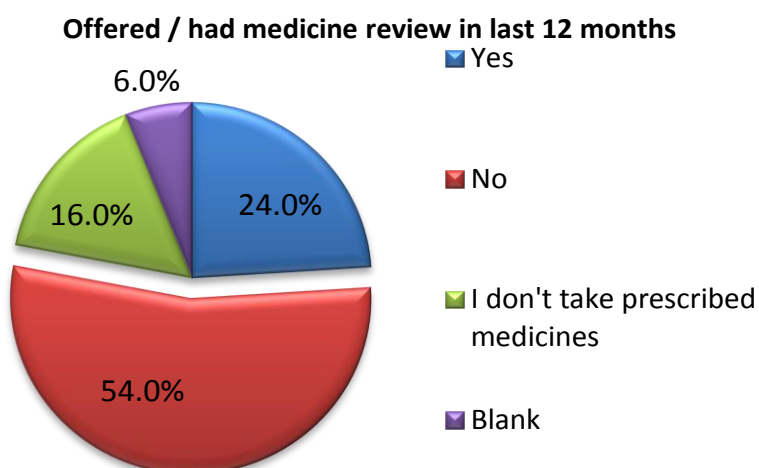
Q5. Do you usually use the same pharmacy? (Please tick one answer)

Responses:	Percent	Number
Yes	83.5%	66
No	10.1%	8
I don't use a pharmacy	6.3%	5



Q5a. Have you in the last 12 months been offered and/or had a medicines use review with your pharmacist (Please tick one answer only)

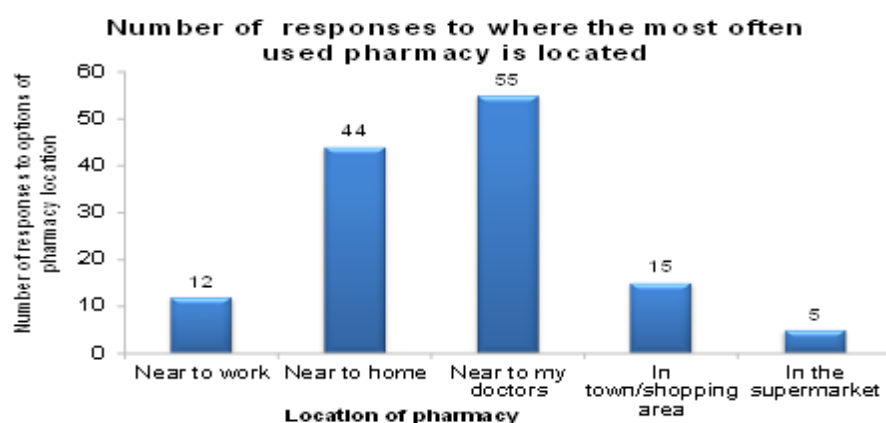
Responses:	Percent	Number
Yes	39.2%	31
No	44.3%	35
I don't take any prescribed medicines	12.7%	10
Blank	3.8%	3



Q6. Why do you use the pharmacy you use most often? (Please tick any that apply)

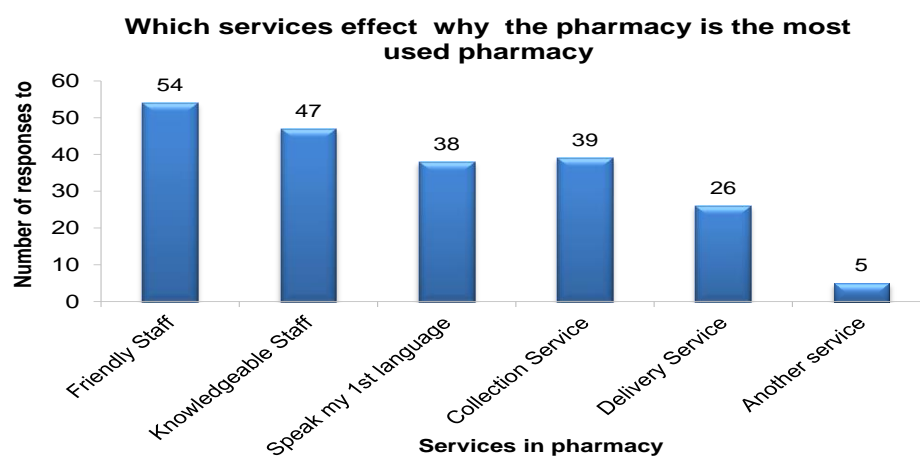
Responses:	Percent	Number
Near to work	15.2%	12
Near to home	55.7%	44
Near to my doctors	69.6%	55
In town/shopping area	19.0%	15
In the supermarket	6.3%	5

Q6a...Location



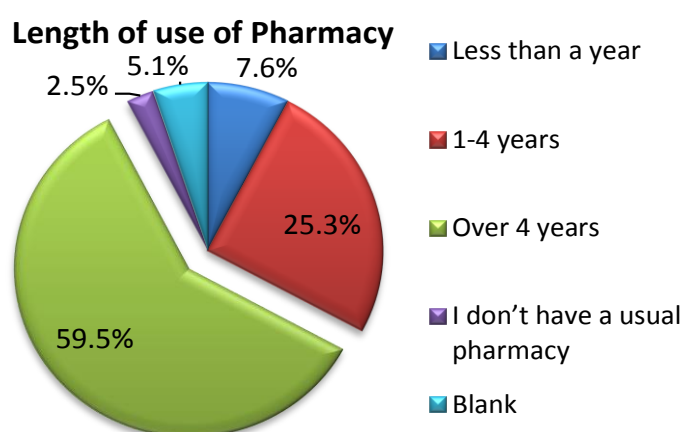
Q6b...Services

Responses:	Percent	Number
The staff are friendly	68.4%	54
The staff are knowledgeable	59.5%	47
The staff speak my first language	48.1%	38
They offer a collection service	49.4%	39
They offer a delivery service	32.9%	26
They offer another service which I use	6.3%	5



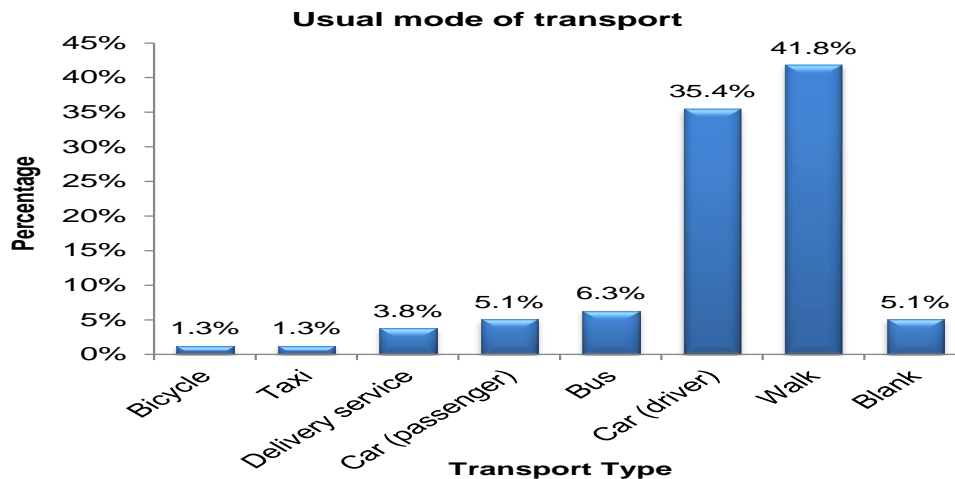
Q6c... How long have you been using your usual pharmacy?

Responses:	Percent	Number
Less than a year	7.6%	6
1-4 years	25.3%	20
Over 4 years	59.5%	47
I don't have a usual pharmacy	2.5%	2
Blank	5.1%	4



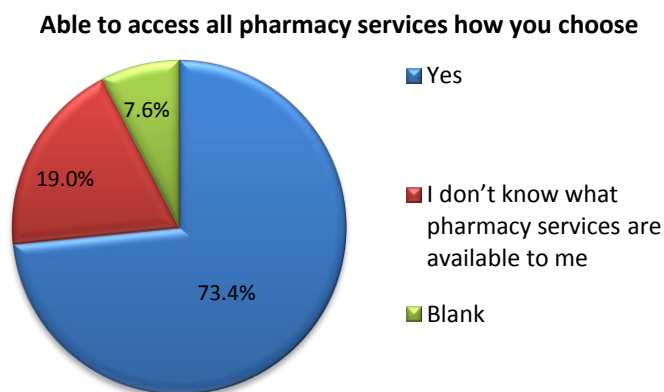
Q8. How do you usually travel to your pharmacy? (Please circle one answer only)

Responses:	Percent	Number
Bicycle	1.3%	1
Taxi	1.3%	1
I use the pharmacy delivery service	3.8%	3
Car (passenger)	5.1%	4
Bus	6.3%	5
Car (driver)	35.4%	28
Walk	41.8%	33
Blank	5.1%	4



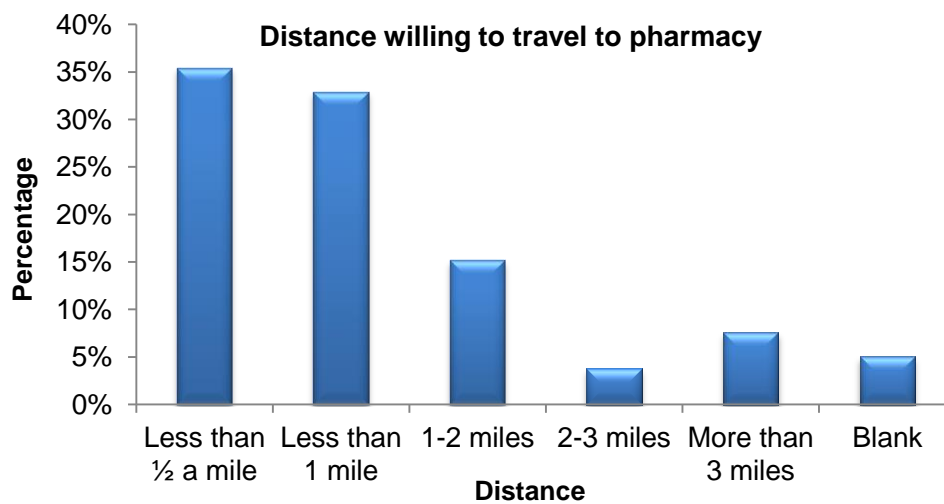
Q9. Are you able to access all the services your pharmacy offers in the way you would choose to? (Please tick only one answer)

Responses:	Percent	Number
Yes	73.4%	58
No (please specify the reason)	0	0
I don't know what pharmacy services are available to me	19.0%	15
Blank	7.6%	6



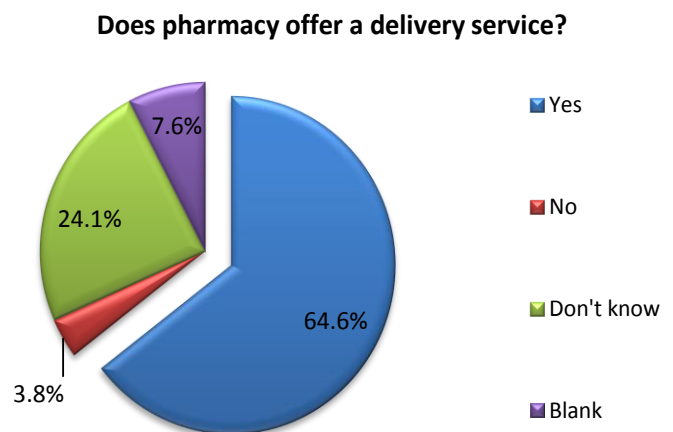
Q10 How far would you be willing to travel to a pharmacy? (Please tick one answer only)

Responses:	Percent	Number
Less than ½ a mile	35.4%	28
Less than 1 mile	32.9%	26
1-2 miles	15.2%	12
2-3 miles	3.8%	3
More than 3 miles	7.6%	6
Blank	5.1%	4



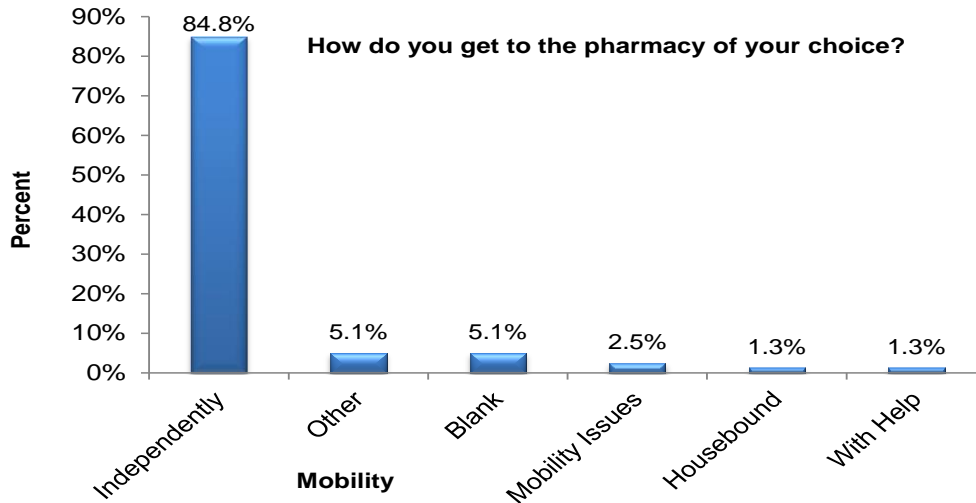
Q10a. Does your pharmacy offer a delivery service? (Please tick one answer only)

Responses:	Percent	Number
Yes	64.6%	51
No	3.8%	3
Don't Know	24.1%	19
Blank	7.6%	6



Q11 Are you able to get to a pharmacy of your choice? (Please tick one answer only)

Responses:	Percent	Number
Yes (independently)	84.8%	67
Yes (with help)	1.3%	1
No (I have mobility issues)	2.5%	2
No (I'm housebound)	1.3%	1
Other	5.1%	4
Blank	5.1%	4

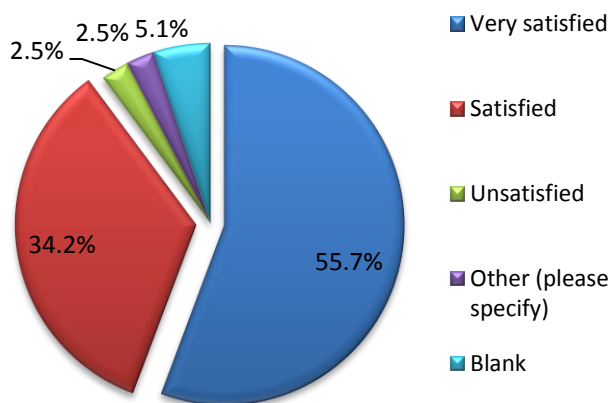


Q12 Overall, how satisfied are you with the service you receive from your pharmacy?

(Please tick one answer only)

Responses:	Percent	Number
Very satisfied	55.7%	44
Satisfied	34.2%	27
Unsatisfied	2.5%	2
Very unsatisfied	2.5%	2
Other (please specify)	5.1%	4

Level of satisfaction with service from your pharmacy

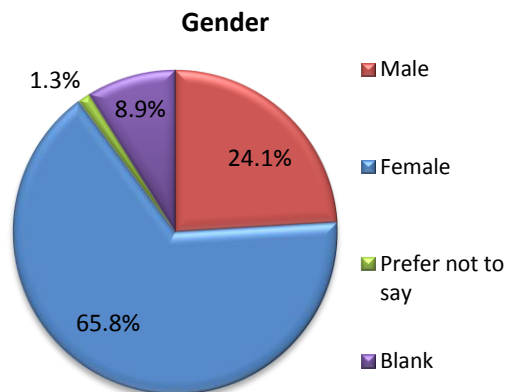


The following questions are optional but if answered would greatly enhance our survey by ensuring we meet all Tameside residents needs in the future delivery of pharmacy services

Q13. What is your postcode and House number?

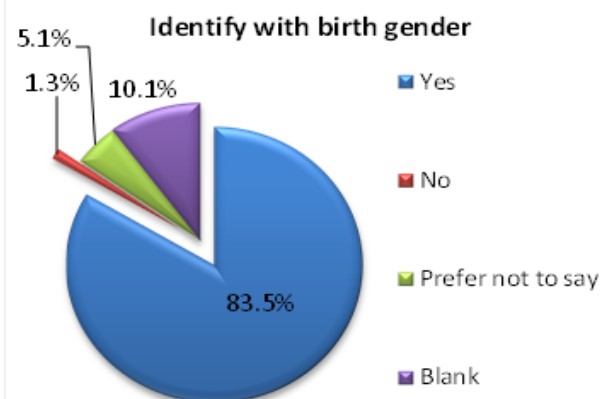
Q14. My gender is? (Please tick the answer that applies to you)

Responses:	Percent	Number
Male	24.1%	19
Female	65.8%	52
Prefer not to say	1.3%	1
Blank	8.9%	7



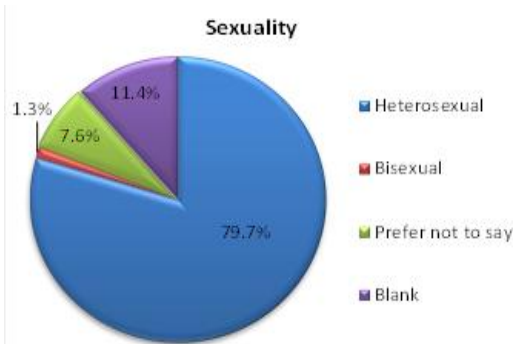
Q15. Do you identify with the gender you were assigned at birth? (Please circle the answer that applies to you)

Responses:	Percent	Number
Yes	83.5%	66
No	1.3%	1
Prefer not to say	5.1%	4
Blank	10.1%	8



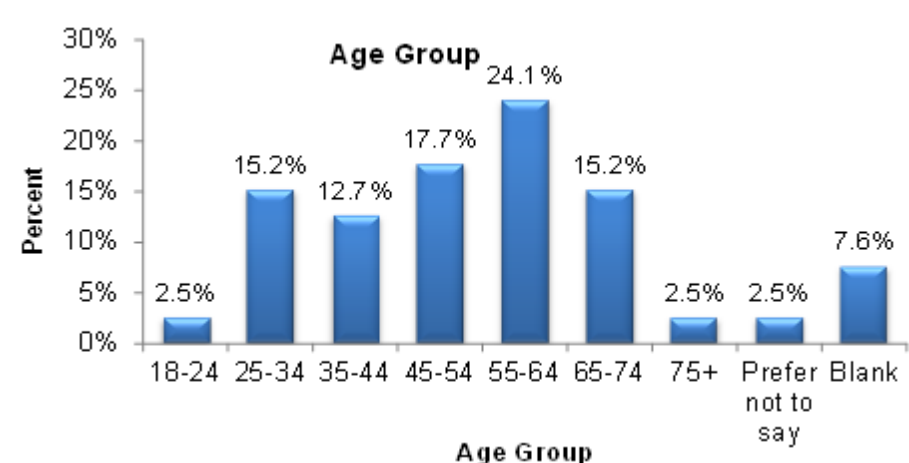
Q16. I would describe my sexuality as: (Please tick the answer that applies to you)

Responses:	Percent	Number
Bisexual	1.3%	1
Gay	0	0
Heterosexual (straight)	79.7%	63
Lesbian	0	0
Prefer not to say	7.6%	6
Blank	11.4%	9



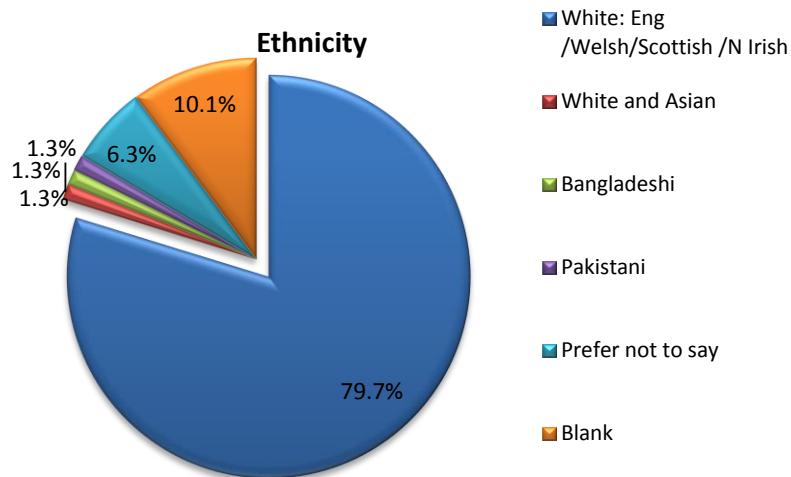
Q17. My age is: (Please tick the answer that applies to you)

Responses:	Percent	Number
18 – 24	2.5%	2
25 – 34	15.2%	12
35 – 44	12.7%	10
45 – 54	17.7%	14
55 – 64	24.1%	19
65 – 74	15.2%	12
75+	2.5%	2
Prefer not to say	2.5%	2
Blank	7.6%	6



Q18. I would describe my ethnic origin as (Please tick the answer that applies to you)

Responses:					
White			Asian		
English/Welsh/Scottish/N Irish	79.7%	63	Indian	0	0
Irish	0	0	Pakistani	1.3%	1
Gypsy/Irish Traveller	0	0	Bangladeshi	1.3%	1
Any other white	0	0	Chinese	0	0
Mixed multiple ethnic groups			Any other Asian background	0	0
White and black Caribbean	0	0	African/Caribbean		
White and black African	0	0	African	0	0
White and Asian	1.3%	1	Caribbean	0	0
Any other mixed/multiple ethnic background	0	0	Any other Black/African/Caribbean background	0	0
Arab	0	0	Prefer not to say	6.3%	5
Any other ethnic background	0	0	Blank	10.1%	8

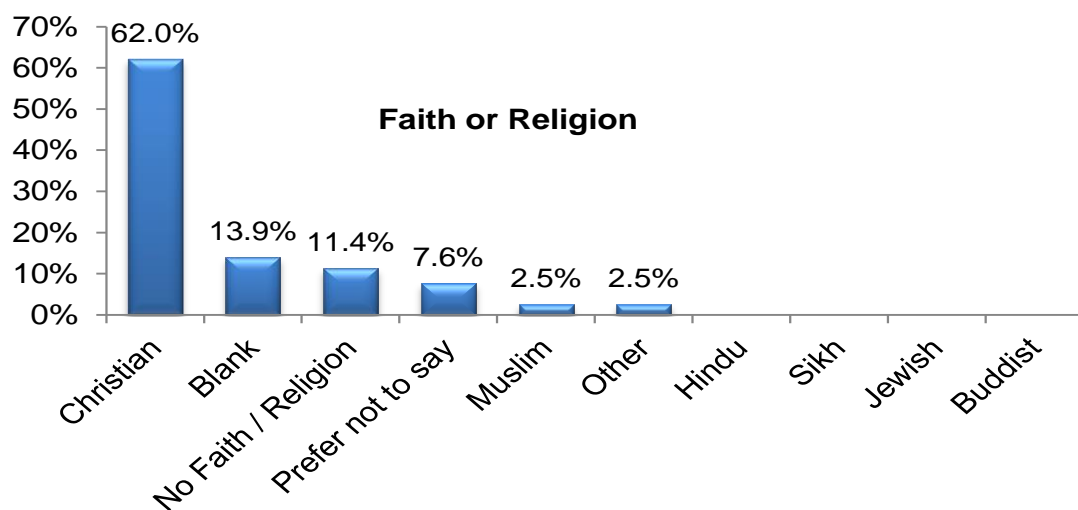


Q19. Do you consider yourself to be disabled? (Please tick the answer that applies to you)

Responses:	Percent	Number
Yes	11.4%	9
No	77.2%	61
Blank	11.4%	9

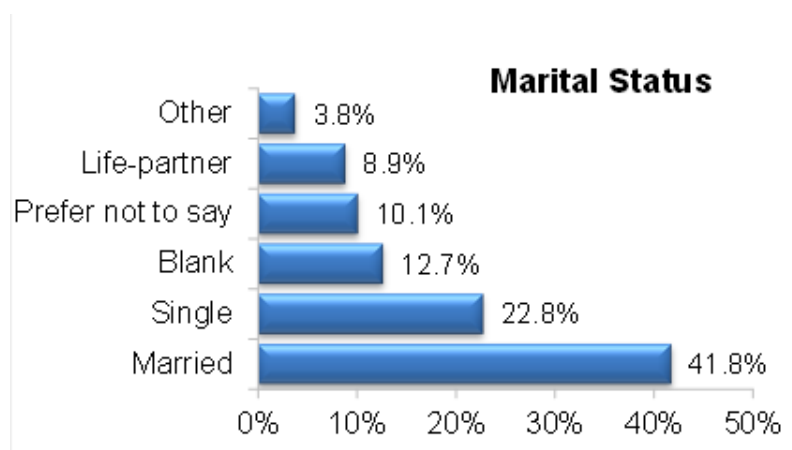
Q20. Please tell us your faith or religion? (Please tick the answer that applies to you)

Responses:	Percent	Number
Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	62%	49
Hindu	0	0
Muslim	2.5%	2
Sikh	0	0
Jewish	0	0
Buddhist	0	0
I do not consider myself to have a faith or religion	11.4%	9
Other	2.5%	2
Prefer not to say	7.6%	6
Blank	13.9%	11



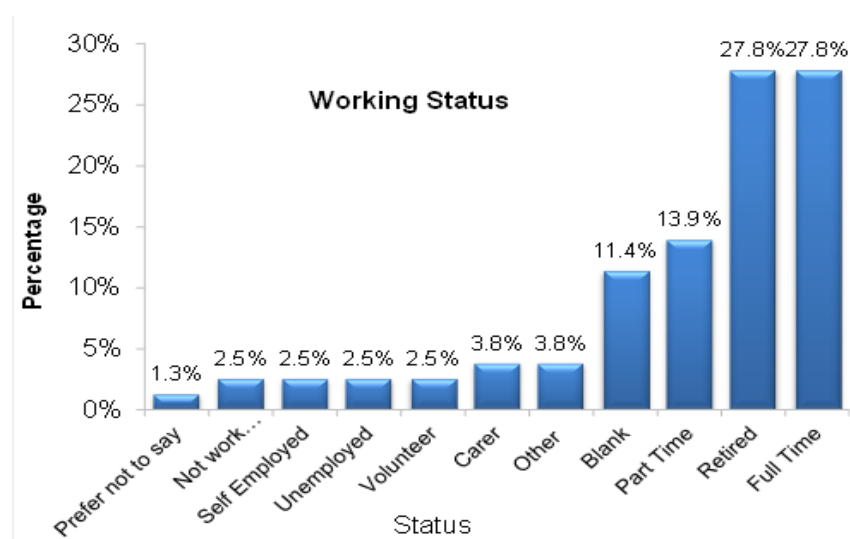
Q21. What is your marital status? (Please tick the answer that applies to you)

Responses:	Percent	Number
Civil Partnership	0	0
Life-Partner	8.9%	7
Married	41.8%	33
Single	22.8%	18
Prefer not to say	10.1%	8
Other	3.8%	3
Blank	12.7%	10



Q22. Which of the following best describes your working situation? (Please tick the answer that applies to you)

Responses:	Percent	Number
I am unemployed	2.5%	2
I am not working due to sickness or disability	2.5%	2
I am self employed	2.5%	2
I am retired	27.8%	22
I am working full-time	27.8%	22
I am working part-time	13.9%	11
I work as volunteer	2.5%	2
I am a carer	3.8%	3
Prefer not to say	1.3%	1
Other	3.8%	3
I am unemployed	2.5%	2
Blank	11.4%	9



Thank you for taking part in the pharmacy consultation your time is very much appreciated. Your responses will be used to plan and commission future NHS pharmacy provision and services and your responses will be treated in the strictest confidence.

Please return the questionnaire to your pharmacy or post to:

Health Watch Tameside (PNA)

Freepost NEA13942

Ashton-Under-Lyne

OL6 62X

Appendix Four – Pharmacy Locations in Tameside 2014

Adams Pharmacy	Ashton U Lyne	OL6 6NE
Adams Pharmacy	Stalybridge	SK15 2AA
Asda Pharmacy	Ashton U Lyne	OL6 7DP
Asda Pharmacy	Hyde	SK14 1BD
Ashton Pharmacy		OL7 0LB
Audenshaw Pharmacy	Audenshaw	M34 5DE
Boots	Ashton U Lyne	OL6 7JL
Boots the Chemist Ltd	Droylsden	M43 7AD
Boots the Chemist Ltd	Hyde	SK14 2LX
Boots	Denton	M34 3LY
Chadwick & Hadfield Ltd	Mossley	OL5 9AB
Cohens Chemist	Denton	M34 3JE
Denchem	Denton	M34 2AJ
Droylsden Pharmacy	Droylsden	M43 6DD
E-Pharmacy	Stalybridge	SK15 2AW
Express Pharmacy	Ashton U Lyne	OL6 7HP
Greencross Pharmacy	Denton	M34 3EX
Group Pharmacy	Ashton U Lyne	OL6 6HD
HBS Pharmacy	Hyde	SK14 2AD
Hyde Pharmacy	Hyde	SK14 1JY
Ipharmacy Direct	Ashton U Lyne	OL6 9NU
Lad RJ Chemists Ltd	Dukinfield	SK16 5AT
Lloyds Pharmacy	Stalybridge	SK15 2JE
Lloyds Pharmacy	Mossley	OL5 0HR

Lloyds Pharmacy	Ashton U Lyne	OL7 0LH
Lloyds Pharmacy	Hyde	SK14 2AD
Manor Pharmacy	Hyde	SK14-5RU
Manor Pharmacy	Stalybridge	SK15 3ET
MedicX Pharmacy	Ashton-u-Lyne	OL6 8SR
Newton Pharmacy	Hyde	SK14 4HH
Old Cross Pharmacy	Ashton U Lyne	OL6 6HF
Penny Meadow Pharmacy	Ashton U Lyne	OL6 6HE
Pharmaco Chemist	Audenshaw	M34 5PZ
Pharmacy First	King St	M34 6PF
Rizwan Chemist	Denton	M34 2AF
Sainsburys Pharmacy	Denton	M34 3SJ
Sainsburys Pharmacy	Ashton U Lyne	OL6 7UB
Tesco In-store Pharmacy	Droylsden	M43 6TQ
Tesco In-store Pharmacy	Stalybridge	SK15 2BJ
Tesco In-store Pharmacy	Hattersley	SK14 6NT
The Co-Operative Pharmacy	Hyde	SK14 2AD
The Co-Operative Pharmacy	Hyde	SK14 2QR
The Co-Operative Pharmacy	Dukinfield	SK16 4LJ
The Co-Operative Pharmacy	Stalybridge	SK15 2AJ
The Co-Operative Pharmacy	Ashton-u-Lyne	OL7 0NW
The Co-Operative Pharmacy	Droylsden	M43 7BW
The Co-Operative Pharmacy	Stalybridge	SK15 1RZ
The Co-Operative Pharmacy	Stalybridge	SK15 2PT
The Co-Operative Pharmacy	Denton	M34 2AF

The Co-Operative Pharmacy	Hollingworth	SK14 8LN
The Co-Operative Pharmacy	Mottram	SK14 6LA
The Pharmacy Windmill Lane	Denton	M34 2ET
Wain SF & Sons Ltd	Haughton Green	M34 7PL
Your Local Boots Pharmacy	Droylsden	M43 6DE
Your Local Boots Pharmacy	Ashton U Lyne	OL6 6BU
Your Local Boots Pharmacy	Ashton U Lyne	OL7 9PS
Your Local Boots Pharmacy	Hattersley Road East	SK14 3EH
Your Local Boots Pharmacy	Ashton U Lyne	OL6 6NE
Your Local Boots Pharmacy	Hyde	SK14 2EL
Your Local Boots Pharmacy	Dukinfield	SK16 4DB
Moorland Surgical Supplies	Denton	M34 3AG
SG & P Payne Ltd	Hyde	SG14 2HL

Key

	100 Hours Pharmacy
	Distance Selling/Internet Pharmacy
	DAC

Appendix Five - 60 Day Stakeholder Consultation

As part of the PNA process a 60 day stakeholder consultation takes place in order for key stakeholders of pharmacy provision to have their say on the PNA process and the final PNA report. In Tameside this took place between the 14th November 2014 and 9th January 2015. Where possible all comments, changes and additions have been included in the final report. There were some comments that were out of the scope of this PNA but could be considered for a PNA supplement in the near future.

The following pages have the responses from

Michelle Morris; SF Wain & son Ltd (pharmacy)

David Swift; TGCCG (Lay advisor)

Ian Short; Oldham, Tameside & Glossop LPC

Kath Gulson; Boots UK Ltd (pharmacy)

Eleanor Banister; Stockport council

David Sorg; Co-Op Pharmacy

Primary Care Support (Optometry and Pharmacy); NHS England (Lancashire and Greater Manchester)

Pharmaceutical Needs Assessment 2015/18

Response form for consultation

Tameside Health and Wellbeing Board have a duty to prepare and publish a regular **Pharmaceutical Needs Assessment (PNA)**. PNAs are comprehensive assessments of the **current and anticipated pharmaceutical needs of the community**. PNAs assist local commissioners and service providers by giving an evidence base on how best to plan and commission pharmacy services to meet the needs of the population.

We are undertaking a full update of the Tameside PNA in 2014-15, so that we can update our understanding of the priority needs of our population and meet our statutory duties. As part of this process we are required to conduct a consultation process. The draft Tameside PNA 2015/18 is available from 14th November 2014 to 12th January 2015 and we would welcome your thoughts and comments on this draft.

In particular we would welcome your views on the following questions:

1. The draft PNA aims to identify pharmacy need in 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.

On p27 & p28 you indicate the locations of GP practices in Tameside. Practice code P89014 Haughton/Thornley medical centres SK14 1JY number 28 on your map. This practice actually consists of two surgeries. Haughton Vale medical centre located at M34 7PL and Thornley House medical centre located at SK14 1JY. Haughton Vale Medical centre M34 7PL is not shown on your map. I appreciate that this is in effect one practice, however the two sites have (in the main) their own sets of patients in their immediate locality. Map 13 on page 42 does not show Haughton Vale medical centre.

[The suggestions above have been included in the main report, the maps and sites on the maps in the main report have been changed in accordance to the detail here.](#)

3. This draft 2015/18 PNA show that pharmaceutical provision in Tameside is satisfactory with few identified gaps. Do you agree? If not, what else should be considered?

Map 12 on p 41 clearly shows pharmacy 12 S F Wain & Sons Ltd, however paragraph 3 on p42 states that “no pharmacies are located in the centre of the Haughton Green area”. This is wholly inaccurate. S F Wain & Sons Ltd (pharmacy 12) is most definitely sited at M34 7PL. [The narrative has been changed to reflect this comment.](#)

4. Do you have any other relevant comments to add regarding the 2015/18 draft PNA?

Your details (optional)

Name	Michelle Morris
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Please forward responses to Tameside PNA Steering Group at PublicHealth.enquiries@tameside.gov.uk or send to PNA Project Lead, Public Health, Tameside MBC, Council offices, Wellington Road, Ashton under Lyne, Tameside, OL6 6DL clearly marked as PNA consultation.

All responses will be considered thoroughly once the consultation period has ended and any substantive issues identified will be addressed within the final PNA.

If you require a hard copy of the draft Tameside PNA or have any questions on the document or consultation process, please contact the PNA Project Lead at PublicHealth.enquiries@tameside.gov.uk or on 0161 342 3067



Tameside JSNA

joint strategic needs assessment

Pharmaceutical Needs Assessment 2015/18

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In particular we would welcome your views on the following questions:

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

The level of need is assessed in broad terms, but the mismatch to the (over) supply is not fully explored.

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.

The survey is unlikely to produce any statistically meaningful outcomes, due to its low size (79 responses), and its skewed distribution – especially the imbalance in favour of female respondents (76%); and particularly the almost complete failure to engage with the local ethnic community (only three responses, including one of mixed race). Before any conclusions can be drawn, I would suggest that the Authors seek a broader response base – maybe Healthwatch could assist, or maybe local College Students could undertake a relevant project?

The questionnaire for the public consultation was present on the Tameside and Glossop CCG website, the Tameside Council website and the Health Watch website. The consultation was promoted through posters and leaflets displayed in all pharmacies and GP practices. A more in depth consultation with the public is out of the scope of the PNA process.

3. This draft 2015/18 PNA show that pharmaceutical provision in Tameside is satisfactory with few identified gaps. Do you agree? If not, what else should be considered?

There is a statement in the Executive Summary which concludes that there is an over-supply of pharmacy services in the area, and highlights that each new pharmacy brings a “new and very significant cost” but “does not necessarily mean a better service”. I feel the PNA should consider how we address the over-supply, and also how potential new suppliers are controlled to prevent the exacerbation of cost outlined. The recommendations are particularly weak in this respect. [Comments have been taken into consideration here and where appropriate have been embedded in the main report.](#)

4. Do you have any other relevant comments to add regarding the 2015/18 draft PNA?

Name	David Swift
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Phone number	
Postal address	

Please forward responses to Tameside PNA Steering Group at PublicHealth.enquiries@tameside.gov.uk or send to PNA Project Lead, Public Health, Tameside MBC, Council offices, Wellington Road, Ashton under Lyne, Tameside, OL6 6DL clearly marked as PNA consultation.

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Tameside JSNA

joint strategic needs assessment

Pharmaceutical Needs Assessment 2015/18

Response form for consultation

Tameside Health and Wellbeing Board have a duty to prepare and publish a regular **Pharmaceutical Needs Assessment (PNA)**. PNAs are comprehensive assessments of the **current and anticipated pharmaceutical needs of the community**. PNAs assist local commissioners and service providers by giving an evidence base on how best to plan and commission pharmacy services to meet the needs of the population.

We are undertaking a full update of the Tameside PNA in 2014-15, so that we can update our understanding of the priority needs of our population and meet our statutory duties. As part of this process we are required to conduct a consultation process. The draft Tameside PNA 2015/18 is available from 14th November 2014 to 12th January 2015 and we would welcome your thoughts and comments on this draft.

In particular we would welcome your views on the following questions:

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

Yes

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.

Please see attached response- [All comments and suggestions in the additional response have been embedded into the main report](#)

3. This draft 2015/18 PNA show that pharmaceutical provision in Tameside is satisfactory with few identified gaps. Do you agree? If not, what else should be considered?

Yes

4. Do you have any other relevant comments to add regarding the 2015/18 draft PNA?

Please see attached response, [All comments and suggestions in the additional response have been embedded into the main report](#)

Your details (optional)

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Please forward responses to Tameside PNA Steering Group at PublicHealth.enquiries@tameside.gov.uk or send to PNA Project Lead, Public Health, Tameside MBC, Council offices, Wellington Road, Ashton under Lyne, Tameside, OL6 6DL clearly marked as PNA consultation.

All responses will be considered thoroughly once the consultation period has ended and any substantive issues identified will be addressed within the final PNA.

If you require a hard copy of the draft Tameside PNA or have any questions on the document or consultation process, please contact the PNA Project Lead at PublicHealth.enquiries@tameside.gov.uk or on 0161 342 3067



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Monday, 22 December 2014

Dear Jacqui

Thank you for the opportunity to comment on the Tameside MBC Draft Pharmaceutical Needs Assessment 2015 -2018.

Oldham, Tameside & Glossop Local Pharmaceutical Committee has considered the draft in detail and the committee has instructed me to make the following comments.

General points:

- The PNA is generally excellent and well produced and we thank and congratulate the team for their conscientious work.
- The LPC agrees with the main conclusion, which is that pharmaceutical provision in Tameside is satisfactory, with few identified gaps.
- We would like to emphasise the further conclusion expressed on p56, which is “that there is plenty of capacity for the existing providers to... respond flexibly to any future commissions.”
- The LPC will be happy to work with the Council and other stakeholders to meet any needs identified in the PNA. Surveying current capacity is probably a futile exercise, as 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 the fair return justifies the investment.
- This PNA builds on, **and supersedes** the 2011 PNA – people using it should not have to refer to the 2011 PNA and then check for updates in the 2015 PNA... that would make this a supplementary statement rather than a full PNA.
- The document contains a large number of web links. We think you should also include the date the link was checked and found working. We have found at least one dead link (HLP overview on p7).

Detailed comments:

Page	Section	Comment
0	Abbreviations	Although increasingly referred to for simplicity as the Local Pharmacy Committee, the correct title of the LPC, as referred to in appropriate Acts of parliament, is 'Local Pharmaceutical Committee' and that term should be used here.
1	Title	Typo: Foreword, not Forward
1	Para 4	This PNA builds on, and supersedes the 2011 PNA – people using it should not have to refer to the 2011 PNA and then check for updates in the 2015 PNA... that would make it a supplementary statement rather than a full PNA.
1	Para 6	We are concerned that 'gaps in provision' might be misinterpreted. To avoid the implication that pharmacies are somehow responsible for gaps in locally commissioned services... and that there is thus a need for additional pharmacies to provide those services... it should be clearly noted here that: 1. The range of NHS services provided is crucially affected by the will and ability of commissioning bodies to commission them 2. Existing pharmacies are willing and able to provide any local service that is commissioned from them 3. 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
2	Para 3	The document looks at 'pharmaceutical' need, not 'pharmacy' need. This is important, as the intention is not to decide the need for pharmacies <i>per se</i> , but the need for the services that could be provided from pharmacies.
2	Exec Summary	We would prefer '... do not exclusively serve...' to 'do not necessarily serve'
2	Bullet 3	
2	Bullet 4	Typo: 'still an increase'
2	Bullet 6	The LPC agrees with this assertion but believes it would be more robust if presented as the approximate percentage able to access a pharmacy within a mile, and the maximum distance that any resident has to travel to get to a pharmacy.
2	Bullet 8	We would like the point about people using a 'usual' pharmacy to be amplified by saying that "this is to be encouraged as it promotes continuity of care." The current wording using 'although' implies that this is a consequence of less than adequate choice, and we do not think that is intentional.
3	Para 3	'during the Autumn of 2014' is unspecific and inaccurate. Please insert the consultation dates, now they are known.
3	Intro and background Para 3	Since T&G PCT didn't do all the PNAs for the entire country, we believe 'Trust' should be plural.

3	Penultimate para	It is not necessary to specify who may want to open a pharmacy, so the parenthesis should be deleted.
4	Para 1	The wording is confusing. We suggest deleting 'but which may also be specific to the local areas' and starting a new sentence 'The PNA should also...'
4	Para 5 Advanced Services	AURs and SCSs may also be undertaken by community pharmacists
4	Penultimate para	We would prefer the term 'nicotine vaporisers' to 'e-cigarettes'
5	Penultimate para	The strategy identifies 6 priority issues, but only 5 are listed below
5	Final bullet	Typo: different bullet to the other 4
6	Para 2	We agree this PNA should be considered alongside the current JSNA, however, this PNA builds on, and supersedes the 2011 PNA – people using it should not have to refer to the 2011 PNA and then check for updates in the 2015 PNA... that would make it a supplementary statement rather than a full PNA.
7	HLP link	We think you should also include the date each link was checked and found working. This one was broken when we checked it on 16/12/14
7	Final Para	Either 'LPC' and rely on the abbreviations table, or 'Local Pharmaceutical Committee' please.
7	Final bullet	It isn't clear what a Healthy Living Champion is. This bullet should at least include the fact that they are trained to RSPH level 2
10	Para 1	The 'neighbourhood approach' needs defining, either here or by a link
10	Para 4	Delete 'sought to'... in our view the PNA has successfully achieved the three bullet points
18	Map 3	This map is unreadable. The ward boundaries are too similar in colour to the bus routes.
20	Final para	Wording is confusing. Perhaps put the six contracted health promotion campaigns first, followed by 'including, among others,' then the list of topics. Pharmacies may voluntarily assist with ad hoc campaigns when they are able to do so, on top of the six contractual ones.
21	Para 2	This is very limiting, and, if commissioned, pharmacies can do a lot more for patients with LTCs and to promote independent living and self-care: <ul style="list-style-type: none"> • Anticoagulant Monitoring Service • Care Home Service • Disease Specific Medicines Management Service • Emergency hormonal contraception services through patient group directions • Emergency supplies of repeat medication • Gluten Free Food Supply Service • Home Delivery Service • Independent Prescribing Service • Language Access Service • Medication Review Service • Medication support following hospital discharge

		<ul style="list-style-type: none"> • Medicines Assessment and Compliance Support Service (This is more clinical than MURs) • Minor Ailments Service • Needle and syringe exchange • NHS Health Checks • On Demand Availability of Specialist Drugs Service • Out of Hours Service • Patient Group Direction Service (This would include supply of any Prescription Only Medicine via PGD) • Pharmacist prescribers (supplementary and independent) • Prescriber Support Service • Schools Service • Screening services such as Chlamydia screening • Stop smoking • Supervised administration of medicines service • Supplementary Prescribing Service • Support for long term conditions and expert patients • Therapeutic monitoring
22	Footnote	An academic colleague pointed out that the style of reference is inconsistent – previous refs have been embedded in the text
23	Para 2	Again, we would like the point about people using a ‘usual’ pharmacy to be amplified by saying that “this is to be encouraged as it promotes continuity of care.”
24	Table 1	For clarity and consistency with Table 2, this should include the Neighbourhood
25	Table 1	Typo: Medix should read MedicX - this appears throughout the document
28	Table 2	The Haughton Thornley branch surgery (Tatton Road in Haughton Green) and Pennine Medical Centre (193 Manchester Road, Mossley) are not included
29	Top line	NHS England’s GM Area Team has the responsibility of ensuring access to pharmaceutical services out of hours. They do this by contacting all pharmacy contractors, so the arrangement is not just with MedicX. MedicX is not in Ashton town centre, but in Ashton Primary Care centre. The LPC believes the reference to one particular pharmacy is misleading and should be clarified or deleted.
29	Penultimate para	The LPC disagrees with the basic premise of this paragraph. Surveying current capacity is probably a futile exercise, as 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 the fair return justifies the investment.
29	Final para	The LPC would prefer ‘private healthcare offer’ to ‘commercial offer’. This paragraph needs to acknowledge that these services are non-NHS, non-targeted, and privately funded. In contrast with the equivalent NHS-commissioned pharmacy

		services in other parts of the country, these services do not always link with patients' GPs, and may increase health inequalities. For those reasons, the LPC would not wish this paragraph to imply that the current situation is acceptable.
30	Table 3	This table is inaccurate and unclear. The final row 'Enhanced Services' should only include the services commissioned by the LAT. All other services on this tier of the community pharmacy contractual framework are 'Locally Commissioned Services'. Currently the LAT do not commission the MAS in T&G. HLP is not a service under the community pharmacy contractual framework at all.
31	Para below pie charts	The fact that a quarter don't know that their pharmacy has a delivery service probably shows that they have never needed to access that service. Many pharmacies are selective about who they advertise their delivery service to, as it is provided at a cost to the pharmacy and so is primarily targeted at those who need it. The LPC thinks this is simply a bad example, as we agree that more could be done to help people understand the full range of services pharmacies can provide. However, experience shows that promotional messages are unclear and ineffective when not all pharmacies provide the service. Services should as far as possible be commissioned from all pharmacies, and the cost of promoting the service should be built in to the funding package.
34	Morbidity bullet list	Please quantify these prevalence data.
35	Para 5	POPPI is not defined, and does not appear in the abbreviations list at the front of the PNA
37	Bottom bullet	There is no map 11. The LPC is not sure why the proximity to TGH is relevant.
40	Morbidity bullet list	Please quantify these prevalence data.
41	Map 12	Duplicated map number
42	Map 13 and para below	No dots are shown in Haughton Green. The text is based on the premise that there is no pharmacy in Haughton Green, however SF Wain & Son on Tatton Road, Haughton Green definitely exists – the LPC treasurer works there!
43	Map 14	This could include symbols marking Haughton Thornley branch surgery and Wain's pharmacy – side by side in the central square
44	Morbidity bullet list	Please quantify these prevalence data.
47	Map 17	The large practice at Pennine Medical Centre (193 Manchester Road, Mossley) is not shown
47	Final para	Millbrook – Manor Pharmacy on Huddersfield Road (no 56 in table 1) is very close to the border
48	Para 2	For clarity it should be noted that Prescription delivery services are now included in the community pharmacy contractual framework for certain patients
50	Morbidity bullet list	Please quantify these prevalence data.
53	First para	Typo: Distribution of pharmacies, not pharmacists

55	Over provision: para 2	While understanding the point being made here, the LPC is concerned not to worry the public unnecessarily. We think this para should be deleted, and simply add “this could have implications for service quality” to the preceding paragraph.
55	Final para	The LPC feels that the second rhetorical question should be answered ‘No’, and that answer should be expanded to explain how the MBC intends to correct the situation.
56	Local Pharmacy Aspirations	How pharmacies use their consulting rooms is a matter for each pharmacy to determine, as they are independent contractors. Suffice it to say that 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 the fair return justifies the investment. The LPC strongly supports the statement that “...the current provision is sufficient to meet need and ... there is plenty [of] capacity for the existing providers to... respond flexibly to any future commissions”. The LPC will be happy to work with the Council and other stakeholders to meet any needs identified in the PNA.
58	Recommendations First para	This PNA builds on, and supersedes the 2011 PNA – people using it should not have to refer to the 2011 PNA and then check for updates in the 2015 PNA... that would make this a supplementary statement rather than a full PNA.
58	Final sentence	The LPC will be very pleased to work with Tameside MBC to ensure this happens.
59	Steering Group	For clarity and to ensure all interests are properly declared: Ian Short is Chief Officer of Oldham, Tameside & Glossop LPC, and Rob Mitchell is an independent pharmacist, and is a member and the treasurer of Oldham, Tameside & Glossop LPC
55	Final para	The LPC feels that the second rhetorical question should be answered ‘No’, and that answer should be expanded to explain how the MBC intends to correct the situation.
65	Q4	The LPC is concerned at the implication of ‘Not Necessary’ as a title for Column 5 of this table. We strongly believe this data should be interpreted as respondents finding the particular service not personally necessary... but without that clarification this data as it stands may be misinterpreted as meaning that in the respondent’s opinion pharmacists should not provide that service.
67	Q6a	Formatting error: the bottom row of the table has slipped below the chart and become attached to Q6b

Thank you again for the opportunity to comment on this important document.

If any points require clarification, please feel free to contact me.

Yours sincerely,

Ian Short
LPC Chief Officer

Pharmaceutical Needs Assessment 2015/18

Response form for consultation

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We are undertaking a full update of the Tameside PNA in 2014-15, so that we can update our understanding of the priority needs of our population and meet our statutory duties. As part of this process we are required to conduct a consultation process. The draft Tameside PNA 2015/18 is available from 14th November 2014 to 12th January 2015 and we would welcome your thoughts and comments on this draft.

In particular we would welcome your views on the following questions:

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

The PNA gives a good description of the Borough of Tameside and its needs.

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.

The PNA has not acknowledged the full range of services that community pharmacies are able to provide in England – the table on p30 is top line.

This PNA does not reflect the range of services currently provided across the Borough by the existing network of Community Pharmacies. This omission is stated on p56 as there is a need for these to be mapped, however gives no timescales for this exercise to be completed

This comment has been included as a recommendation to map services that all our community pharmacies deliver, whether commissioned by The council or CCG or not.

3. This draft 2015/18 PNA show that pharmaceutical provision in Tameside is satisfactory with few identified gaps. Do you agree? If not, what else should be considered?

Yes

4. Do you have any other relevant comments to add regarding the 2015/18 draft PNA?

Have concerns that this PNA is a refresh. There is no evidenced validation of the PNA written in 2011, which has clearly influenced this draft, and much has changed within the Borough since 2011 on which the 2011 PNA was based.

The PNA needs to be a standalone document, the reference on p58 that this document should be considered alongside the 2011 version only leads to complexity and potential for misunderstanding.

[This comment as been considered and embedded throughout the final PNA.](#)

Your details (optional)

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Please forward responses to Tameside PNA Steering Group at PublicHealth.enquiries@tameside.gov.uk or send to PNA Project Lead, Public Health, Tameside MBC, Council offices, Wellington Road, Ashton under Lyne, Tameside, OL6 6DL clearly marked as PNA consultation.

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Tameside JSNA

joint strategic needs assessment

Pharmaceutical Needs Assessment 2015/18

Response form for consultation

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In particular we would welcome your views on the following questions:

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

The document does not reflect all the aspects of the pharmacy provision in Tameside.

- Although table 3 lists the enhanced services commissioned, the document does not state from which pharmacies these are currently commissioned (unless it is all pharmacies?) or whether there are any gaps. Page 56 states that there is an urgent need for mapping and assessment of use of capacity and facilities for services – is it possible to undertake this before the final PNA is produced? *It is not possible to do this before the final version of the PNA is released, however the comments have been considered and the recommendations do suggest a mapping exercise.*
- There is no clear presentation about the distribution of opening hours and trading days (though results of analysis of hours of trading are referred to in the text); could this be included as a table or map? *A table of opening hours as now been included in the final document.*

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.

See above

3. This draft 2015/18 PNA show that pharmaceutical provision in Tameside is satisfactory with few identified gaps. Do you agree? If not, what else should be considered?

-

4. Do you have any other relevant comments to add regarding the 2015/18 draft PNA?

We agree with the following statement (page 30):

Stockport PNA is being consulted on and the drafts published find sufficient service provision to meet need and do not highlight any major cross boundary issues with Tameside.

Our consultation is now complete and our final PNA should be published by end of January, the consultation did not result in any changes to findings with relation to Tameside.

Your details (optional)

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Please forward responses to Tameside PNA Steering Group at PublicHealth.enquiries@tameside.gov.uk or send to PNA Project Lead, Public Health, Tameside MBC, Council offices, Wellington Road, Ashton under Lyne, Tameside, OL6 6DL clearly marked as PNA consultation.

All responses will be considered thoroughly once the consultation period has ended and any substantive issues identified will be addressed within the final PNA.

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Pharmaceutical Needs Assessment 2015/18

Response form for consultation

Tameside Health and Wellbeing Board have a duty to prepare and publish a regular **Pharmaceutical Needs Assessment (PNA)**. PNAs are comprehensive assessments of the **current and anticipated pharmaceutical needs of the community**. PNAs assist local commissioners and service providers by giving an evidence base on how best to plan and commission pharmacy services to meet the needs of the population.

We are undertaking a full update of the Tameside PNA in 2014-15, so that we can update our understanding of the priority needs of our population and meet our statutory duties. As part of this process we are required to conduct a consultation process. The draft Tameside PNA 2015/18 is available from 14th November 2014 to 12th January 2015 and we would welcome your thoughts and comments on this draft.

In particular we would welcome your views on the following questions:

1. The draft PNA aims to identify pharmacy need in 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. This draft 2015/18 PNA show that pharmaceutical provision in Tameside is satisfactory with few identified gaps. Do you agree? If not, what else should be considered?

4. Do you have any other relevant comments to add regarding the 2015/18 draft PNA?

You haven't included service provision and opening hours at pharmacy level. Without this detail it's not possible to confirm you have the correct picture of pharmacy provision/access in Tameside. [A table of opening hours as now been include in the main document, the recommendations reflect the service provision comment.](#)

Your details (optional)

Name	David Sorg
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E-mail address	David.Sorg@pharmacy.co.uk
Phone number	
Postal address	

Please forward responses to Tameside PNA Steering Group at PublicHealth.enquiries@tameside.gov.uk or send to PNA Project Lead, Public Health, Tameside MBC, Council offices, Wellington Road, Ashton under Lyne, Tameside, OL6 6DL clearly marked as PNA consultation.

All responses will be considered thoroughly once the consultation period has ended and any substantive issues identified will be addressed within the final PNA.

If you require a hard copy of the draft Tameside PNA or have any questions on the document or consultation process, please contact the PNA Project Lead at PublicHealth.enquiries@tameside.gov.uk or on 0161 342 3067

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Yes

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Yes; patient survey asked about MURs and not many of the patient surveys seems to have received or been offered one. Also page 21 states that pharmacies are key to helping patients understand and manage their medicines, therefore some figures regarding the number of pharmacies providing advance services would be relevant to be included in the PNA. [This information will be included as part of a supplementary mapping exercise as it wasn't feasible to complete within the timescales of this PNA](#)

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Yes

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- Page 4 – Call to action link does not work (<http://www.england.nhs.uk/ourwork/qual-clin-lead/calltoaction/pharm-ta/>) [Link now working](#)
- Page 28 review the last paragraph as the statement is not accurate. Pharmacy Contractors are not obliged or contracted to open on Bank Holidays.
- Page 29 - statement regarding the commissioning pharmacy to open is not correct – “The CCG have in previous years commissioned further service provision to cover as appropriate, if required, and place adverts in local news as appropriate to inform residents of opening hours.” CCG have never commissioned this service from pharmacies.
- Page 30 – Manchester’s PNA was published 1 April 2014
- Page 54 and 57 typos – too may full stops

[All these points have been considered and embedded into the final document where appropriate/relevant](#)

Your details (optional)

Name	
Organisation	NHS England (Lancashire and Greater Manchester)
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Postal address	Primary Care Support (Optometry and Pharmacy) NHS England (Lancashire and Greater Manchester) 4th Floor, 3 Piccadilly Place London Road Manchester M1 3BN

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