



MANCHESTER  
CITY COUNCIL

# Manchester Health and Wellbeing Board Pharmaceutical Needs Assessment 2020-2023

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## 1.0 Executive Summary

### 1.1 Introduction

From 01 April 2013, Manchester Health and Wellbeing Board (HWB) has had a statutory responsibility to publish and keep up-to-date a statement of the needs for pharmaceutical services for the population in its area, referred to as a 'pharmaceutical needs assessment' (PNA).

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

The PNA may be used to inform commissioners, such as clinical commissioning groups (CCG) and local authorities (LA), of the current provision of pharmaceutical services and where there are any gaps in relation to the local health priorities. Where such gaps are not met by NHS England, these gaps may then be considered by those organisations.

The PNA will be used by NHS England in its determination as to whether to approve applications to join the pharmaceutical list under The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 as amended ('the 2013 Regulations'). The relevant NHS England Local Offices (LO) will then review the application and decide if there is a need for a new pharmacy in the proposed location. When making the decision NHS England is required to refer to the local PNA.

The City of Manchester covers an area of approximately 116 square kilometres with a population of 547,000, giving a density of 47 persons per hectare (based on the Office for National Statistics mid-2019 population estimates).

Manchester is a city of change, the birthplace of the industrial revolution, and the powerhouse of the north-west region. The city boasts several key drivers that help sustain the economic growth of the area. These include its world-class universities, a knowledge-based economy, a thriving city centre, a skilled workforce, and Manchester International Airport.

Despite this Manchester has a higher proportion of working-age residents claiming Employment Support Allowance (7.7%) compared to the England average (5.4%). It also has some of the poorest health in England. Within its own boundaries, people die younger and experience higher levels of illness in some parts of the city than others.

### 1.2 How the assessment was undertaken

This PNA describes the needs for the population of Manchester. It considers current provision of pharmaceutical services across 12 neighbourhoods in the Manchester HWB area (see section 4).

The PNA uses the current system of Manchester ward boundaries to create 12 clear neighbourhoods.

This approach was taken because

- These neighbourhoods reflect ward areas already in use by Manchester City Council,
- The majority of available healthcare data is collected at ward level, and
- Wards are a well-understood definition within the general population as they are used during local parliamentary elections.

The PNA includes information on

- Pharmacies in Manchester and the services they currently provide, including dispensing, providing advice on health, medicines reviews and local public health services, such as smoking cessation, sexual health and support for drug users;
- Other local pharmaceutical type services, including dispensing appliance contractors (DAC);
- Relevant maps relating to Manchester and providers of pharmaceutical services in the HWB area;
- Services in neighbouring HWB areas that may affect the need for services in Manchester;
- Potential gaps in provision that could be met by providing more pharmacy services, or through opening more pharmacies, and likely future needs.

The HWB established a steering group to lead a comprehensive engagement process to inform the development of the PNA. The group undertook a public survey and sought information from Manchester pharmacies, Manchester City Council, Manchester CCG, NHS England and neighbouring Health and Wellbeing Boards.

## 1.3 Results

Manchester currently has 135 pharmacies providing a range of essential services, advanced services, enhanced services and locally commissioned services on behalf of Manchester City Council, Manchester CCG and NHS England.

Of those pharmacies, 22 are 100 hour pharmacies and eleven are distance selling or wholly mail order (internet) pharmacies.

There are no dispensing doctors within Manchester, however, there are two dispensing appliance contractors (DACs) who provide access to dispensing and services associated with appliances for some patients.

60% of pharmacy contractors said that they were able to dispense all types of appliances.

The draft PNA has concluded no gaps in pharmaceutical services have been identified. This is clearly demonstrated by the following points;

- Manchester has 25 pharmacies per 100,000 population, which is higher than the Greater Manchester and England averages;
- Manchester has fewer prescription items dispensed per pharmacy per month than the Greater Manchester and England average;
- The majority of residents live within one mile of a pharmacy;
- The majority of residents can access a pharmacy within 15 minutes, either by walking, public transport or driving;
- The location of pharmacies within each of the 12 neighbourhoods;
- The number and distribution of pharmacies within each of the 12 neighbourhoods and across the whole HWB area;

- The choice of pharmacies covering each of the 12 neighbourhoods and the whole HWB area;
- Over 85% of patients surveyed have a preferred pharmacy that they use regularly;
- Over 80% of patients surveyed are aware there are pharmacies in Manchester that open early mornings, late nights and weekends;
- Manchester has a choice of pharmacies which are open a range of times including early mornings, evenings and weekends;
- Manchester pharmacies offer a range of pharmaceutical services to meet the requirements of the population.

## 1.4 Consultation

The PNA process requires a minimum 60 days statutory consultation period to take place. This will ensure pharmaceutical providers and services, which support the population, are recognised. Manchester's HWB consultation took place between 2nd September and 1st November 2019.

The PNA was updated in line with responses received, and no significant information was received that materially changed the content of the PNA.

## 1.5 Conclusions

Taking into account the totality of the information available, the HWB considered the location, number, distribution and choice of pharmacies covering the whole of Manchester's HWB area that provide essential and advanced services during the standard core hours to meet the needs of the population.

The HWB has not received any significant information to conclude otherwise or any future specified circumstance that would alter that conclusion within the lifetime of this PNA.

Based on the information available at the time of developing this PNA, no current gaps have been identified;

- In the need for essential service provision during and outside of normal working hours;
- In the provision of advanced and enhanced services;
- In the need for pharmaceutical services in specified future circumstances;
- In essential services that if provided either now or in the future would secure improvements, or better access, to essential services;
- In the need for advanced services that if provided either now or in the future would secure improvements, or better access, to advanced services;
- In respect of securing improvements, or better access, to other NHS services either now or in specified future circumstances have been identified.

Not all changes to pharmaceutical services will result in a change to the need for services. Where required, the HWB will issue supplementary statements to update the PNA as changes take place to the provision of services locally.



## 2.0 Background

This document has been prepared by Manchester's HWB in accordance with the NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013, as amended. It replaces the PNA previously published in 2017.

- In the current NHS there is a need for the local health partners - Greater Manchester Health and Social Care Partnership (GMHSCP), Manchester Health and Care Commissioning (MHCC), Manchester pharmacies and other providers of health and social care - to ensure that the health and pharmaceutical needs of the local population are met through the appropriate commissioning of services.
- Also, there is a need to ensure additional pharmacy services commissioned by MHCC are promoted to improve uptake.
- The current pharmaceutical service providers in Manchester are well placed to support the HWB in achieving the outcomes of the health priorities outlined in its strategy.
- The HWB have noted that the Community Pharmacy Contractual Framework (CPCF) for 2019/2020 to 2023/2024 was published on 22 July 2019, and became effective from October 2019. The contractual changes represent a new and expanded role for community pharmacy. This will require the sector to adopt new and different ways of working which are aimed at enhancing the level of clinical provision provided through community pharmacy.
- Not all changes to pharmaceutical services will result in a change to the need for services. Where required, the HWB will issue supplementary statements to update the PNA as changes take place to the provision of services locally.

## 2.1 Legislation

The Health Act 2009 made amendments to the National Health Service (NHS) Act 2006 stating that each Primary Care Trust must, in accordance with regulations:

- Assess needs for pharmaceutical services in its area.
- Publish a statement of its first assessment and of any revised assessment.

The Health and Social Care Act 2012 transferred responsibility for the development and updating of PNAs to HWBs. The preparation and consultation on the PNA should take account of the HWB's Joint Strategic Needs Assessment (JSNA) and other relevant local strategies in order to prevent duplication of work and multiple consultations with health groups, patients and the public.

Each PNA will have a maximum lifetime of three years. HWBs will also be required to publish a revised assessment when significant changes to the need for pharmaceutical services are identified, unless this is considered a disproportionate response.

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

- Any relevant local pharmaceutical committee (LPC) for the HWB area;
- Any local medical committee (LMC) for the HWB area;

- Any persons on the pharmaceutical list and any dispensing GP practices in the HWB area;
- Any local HealthWatch organisation for the HWB area, and any other patient, consumer and community group which, in the opinion of the HWB, has an interest in the provision of pharmaceutical services in its area;
- Any NHS trust or NHS Foundation Trust in the HWB area;
- NHS England (Greater Manchester Health and Social Care Partnership);
- Any neighbouring HWB.

The Health and Social Care Act 2012 gives responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list to NHS England. The PNA will be used by NHS England when making decisions on applications to open new pharmacies and dispensing appliance contractor premises, or applications from current pharmaceutical providers to change their existing regulatory requirements.

Such decisions are appealable to the NHS Resolution (Primary Care Appeals) and decisions made on appeal can be challenged through the courts.

PNAs will inform NHS England of pharmacy services, included enhances services, commissioned by MCC and other local commissioners, such as CCGs.

### **2.1.1 Health and Wellbeing Board duties in respect of the Pharmacy Needs Assessment**

In summary Manchester HWB must:

- Produce an updated PNA which complies with the regulatory requirements;
- Publish its third PNA by 1st April 2020;
- Publish subsequent PNAs on a three yearly basis;
- Publish a subsequent PNA sooner when it identifies changes to the need for pharmaceutical services which are of a significant extent, unless to do so would be a disproportionate response to those changes;
- Produce supplementary statements in certain circumstances.

### **2.1.2 Purpose of the Pharmacy Needs Assessment**

The purpose of the PNA is to assess and set out how the provision of pharmaceutical services can meet the health needs of the population of Manchester's HWB area for a period of up to three years, linking closely to the JSNA. Whilst the JSNA focusses on the general health needs of the population of Manchester, the PNA looks at how those health needs can be met by pharmaceutical services commissioned by NHS England, local authorities, CCGs, Local Care Organisations (LCO) and other local commissioners.

If a pharmacy or a DAC wants to provide pharmaceutical services, they are required to apply to NHS England for inclusion onto the pharmaceutical list for the HWB's area in which they wish to have their premises. In general, their application must either offer to meet a need that is set out in the HWB's PNA, or secure improvements / better access similarly identified in the PNA.

Identified needs, improvements or better access could either be current or could arise within the lifetime of the PNA. However, there are some exceptions to this;

- 'Unforeseen benefits' applications which offer benefits that were not foreseen when the PNA was published;

- 'Excepted category pharmacy' applications such as distance selling pharmacies;
- No significant change' relocations and change of ownerships.

All exceptions are required to meet the relevant criteria for approval under the 2013 Regulations, but, unlike routine category pharmacy applications, are not strictly needs-based.

A robust PNA will ensure those who commission services from pharmacies and DACs are able to ensure services are targeted to areas of health need, and reduce the risk of overprovision in areas of less need.

## 3.0 Context in Manchester

### 3.1 Transformation of Manchester Health and Social Care Services

Since the publication of the last Manchester PNA the city's health and social care services have begun to undergo a transformation programme based on the 2016 Manchester Locality Plan, 'Our Healthier Manchester'. This has included the:

- Establishment of Manchester Health and Care Commissioning (MHCC), made up from Manchester Clinical Commissioning Group and the commissioning function of Manchester City Council. MHCC commenced on 01 April 2017 with the aim of integrating the city's strategic health and social care commissioning,
- Procurement of the Manchester Local Care Organisation (MLCO), which became operational from 01 April 2018. This will be responsible for improved population health outcomes and more efficient use of health and social care resources centred on twelve neighbourhoods in the city,
- Formation of a Single Hospital Service (SHS) for the city, which began on 01 October 2017, with the merger of Central and South Manchester NHS Foundation Trusts creating the Manchester University NHS Foundation Trust (MFT). There are future plans to include North Manchester General Hospital within this Trust.

The MLCO is a partnership organisation comprised of MFT, Greater Manchester Mental Health, Manchester City Council and the Manchester Primary Care Partnership. It brings together the teams from these organisations that provide community-based care (also known as out of hospital care) in the city in a new way. Over 2,700 staff from Manchester's adult and children's NHS community teams and adult social care teams have now been deployed to MLCO. They include nurses, social workers, health visitors, therapists, support staff and many other health and care professionals.

The MLCO is based on the 12 neighbourhoods, tailoring its services to local needs. A range of specialist services are also provided across the wider locality (north, central and south) communities. Many teams will work together in neighbourhoods to design and deliver services in partnership with local people. The aim is to base local teams together in a building where possible, as an integrated neighbourhood team (INT), so care is planned and delivered in a seamless way.

The 2018/2019 re-refresh of the Locality Plan identified five strategic aims:

- Improve the health and wellbeing of people of Manchester;
- Strengthen the social determinants of health and promote healthy lifestyles;
- Ensure services are safe, equitable and of a high standard with less variation;

- Enable people and communities to be active partners in their health and wellbeing;
- Achieve a sustainable system.

This is set within the challenging, exciting and ambitious vision incorporated in the Our Manchester Strategy that sets the concept for the city to be in the top flight of world-class cities by 2025. To make this a reality across health and care, the system will work together in a new way, the 'Our Manchester' way, to get things done. The Our Manchester approach simply means having a different conversation with residents and partners, working together to build relationships and really listen to the people we work with. Taking a strength based approach the aim is to help people across the city lead better lives.

The Manchester Population Health Plan (2018-2027) was published in April 2018 and is the city's overarching plan for reducing health inequalities and improving health outcomes. The plan was developed in partnership with a wide range of stakeholders and is an integral component of the refreshed Locality Plan. The implementation of both plans will be monitored by the Manchester Health and Wellbeing Board.

The Population Health Plan identified five priorities:

1. Improving outcomes in the first 1,000 days of a child's life;
2. Strengthening the positive impact of work on health;
3. Supporting people, households, and communities to be socially connected and make changes that matter to them;
4. Creating an age-friendly city that promotes good health and wellbeing for people in mid and later life;
5. Taking action on preventable early deaths.

It reflects the ambition of the Our Manchester Strategy and aims to build on the successes and achievements of the past 20 years, whilst recognising that the population health challenges facing Manchester are considerable. However, the establishment of MHCC, MLCO and SHS offers a real opportunity to break the cycle of health inequalities in Manchester and deliver prevention programmes at scale.

### **3.1.1 National pharmacy contract overview**

The HWB have noted that the CPCF, 2019/2020 to 2023/2024 was published on 22 July 2019. The contractual changes represent a new and expanded role for community pharmacy which will require the sector to adopt new and different ways of working which are aimed at enhancing the level of clinical provision provided through community pharmacy.

### **3.1.2 Primary Care Networks**

Primary Care Networks (PCNs) are a key part of the NHS Long Term Plan; all general practices being required to be in a network by June 2019 and CCGs being required to commit recurrent funding to develop and maintain them.

The networks will have expanded neighbourhood teams which will comprise a range of staff such as GPs, pharmacists, district nurses, community geriatricians, dementia workers and Allied Health Professionals such as physiotherapists and podiatrists/chiropractors, joined by social care and the voluntary sector.

Under the plans, all general practices will be aligned to a PCN, covering 30,000-50,000 patients, with local enhanced services funded by CCGs and provided through the new network contracts. The networks will provide the structure and funding for services to be

developed locally, in response to the needs of the patients they serve. It is important that community pharmacy teams are fully involved in the work of their PCN.

Community pharmacy will feature as an integral part of the PCNs through delivering clinical services as a full partner with local PCNs.

## **3.2 Manchester's Population**

### **3.2.1 Summary**

In recent years, Manchester has experienced significant population and economic growth with a vastly improved physical infrastructure. The population of the city has increased by nearly a third since 2001 and local forecasts indicate that this growth is likely to continue in the future. By 2028, it is forecast that approximately 662,000 people will be living in the city, up from 503,000 at the time of the 2011 Census. There has also been a similar increase in patient numbers registered with Manchester GP practices. However, the benefits of this growth have not been felt equally by all sections of the population; areas of the city and economic improvements have not been matched by similar improvements in health outcomes or a narrowing of inequalities within Manchester.

Although Manchester is a small local authority in geographical terms, there are some significant inequalities within the city in terms of both life expectancy and premature mortality. Figures show that there are over three times as many premature deaths (deaths under the age of 75) in the most deprived parts of Manchester (primarily in the north east of the city and in parts of Wythenshawe) compared with the least deprived parts. Life expectancy for men living in the most deprived areas of Manchester is 8.1 years lower than for men living in the least deprived areas. For women, the gap is 7.0 years. There are similar gaps for other major causes of death (cancers, cardiovascular diseases and respiratory diseases).

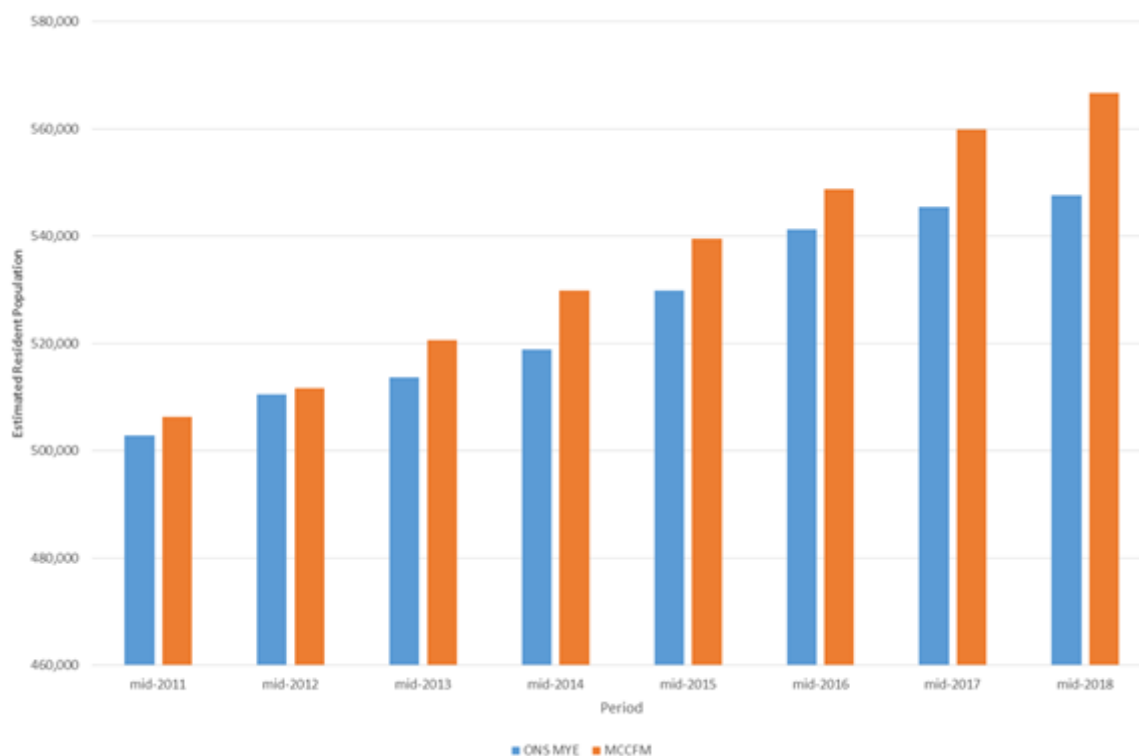
### **3.2.2 Population growth and change**

The estimated number of people living in Manchester numbers fell throughout the 1970s and 1980s. However, between 2001 and 2011, the estimated population of Manchester grew around 1.7% per year. This is over twice the average rate of growth for England as a whole, making Manchester the fastest growing local authority in the country.

In June 2019, the Office for National Statistics (ONS) published the most recent population estimates; the data indicates just over 547,000 people are living in Manchester as of mid-2018. This is equivalent to a 0.4% growth in the population compared with previous estimate for mid-2018 of 545,501. This is lower rate of growth than seen in previous years and is below the estimated annual growth rate of 0.6% for the UK as a whole.

When compared with Manchester City Council's own population growth forecasts (which align to local data), it can be seen that ONS consistently projects lower population growth rates and hence potentially underestimate the total number of people living in the city (see chart below).

Figure 1: Population change mid-2001 to mid-2018



Since the beginning of the decade, the largest growth has been seen in school age children (5-15 years) and in adults aged 25-44 and 45-64 years. In contrast, the population aged 85 and over has grown by just 0.2% a year over the same period.

Table 1: Historic Population Change by Broad Age Band Mid-2011 to Mid-2018

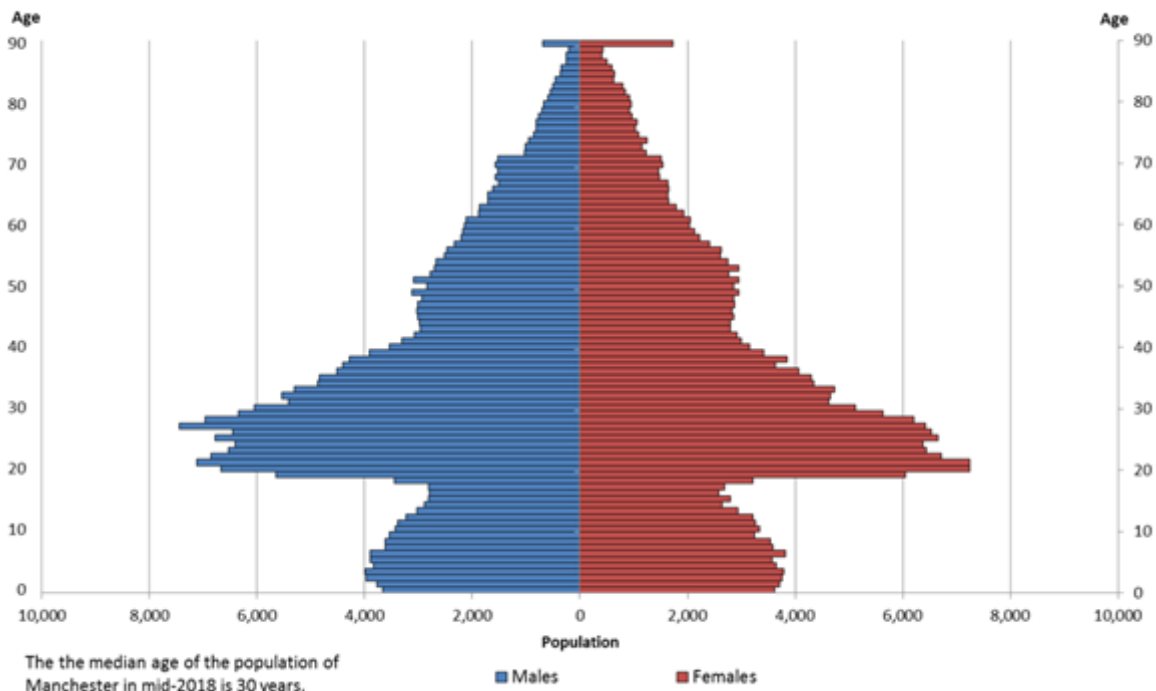
Age group	Total population 2011	Total population 2018	Total population growth	Population growth (%)	Annual population growth (%)
0-4	36,742	38,899	2,157	5.9%	0.8%
5-15	61,500	73,540	12,040	19.6%	2.8%
16-24	98,701	100,258	1,557	1.6%	0.2%
25-44	168,520	197,851	29,331	17.4%	2.5%
45-64	90,938	103,803	12,865	14.1%	2.0%
65-84	42,781	45,255	2,474	5.8%	0.8%
85+	7,096	7,994	898	12.7%	1.8%
Total	506,278	567,601	61,323	12.1%	1.7%

Source: Manchester City Council Forecasting Model (MCCFM) W2018 Public Intelligence, PRI, 2018

Manchester has a much younger population than other parts of England. The median age of the population in Manchester is 30 years. This is nearly 10 years younger than the median age of the population in England (39.9 years).

Figure 2: population pyramid (MYE 2018)



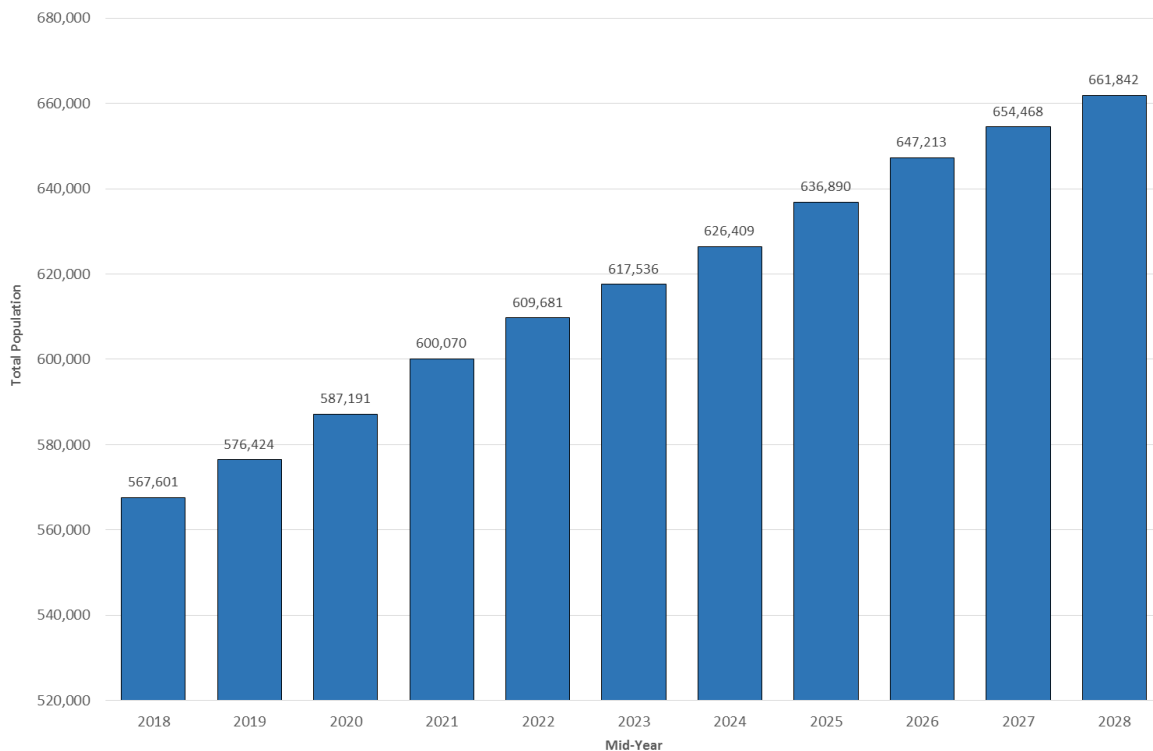


Around 41% of the population are aged between 20 and 40 (and 24% between 20 and 30). Only 6% of the population are aged over 70 compared with 13% of the population in England.

The population of Manchester is continuing to grow and official projections from ONS suggest that the population is estimated to reach around 593,000 by mid-2028; an increase of 9.5% compared with mid-2016.

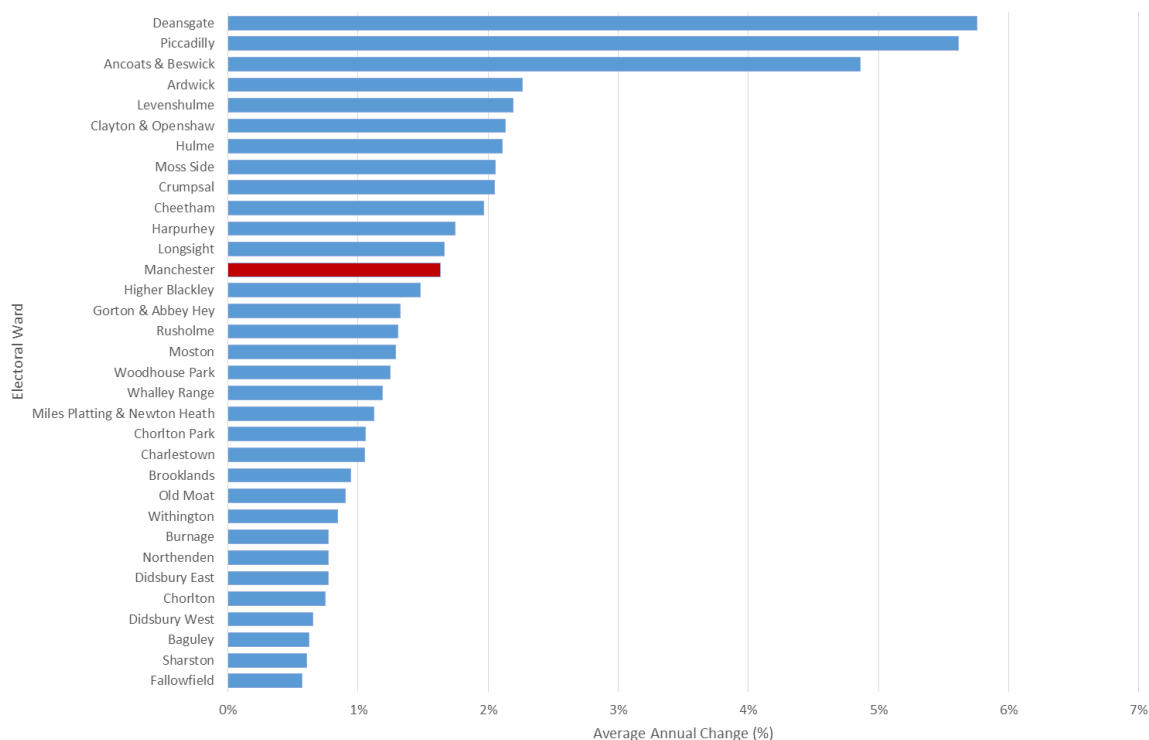
However, the City Council's local forecasting model (MCCFM) indicates a higher rate of growth than is assumed by ONS. This is largely due to the fact that the ONS model assumes a lower rate of international in-migration and more out-migration to neighbouring areas. Based on the MCCFM, it is estimated that there are likely to be around 661,800 people living in the city in 2028; an increase of around 94,200 people (or 1.6% a year). This is 69,000 (11.6%) more people than the ONS projection for the same year.

Figure 3: Resident Population Forecast (All Ages), Mid-2018 to Mid-2028



Forecast population growth is not evenly distributed across the city (see figure 4 below).

Figure 4: Forecast annual population growth by ward, mid-2018 to mid-2028

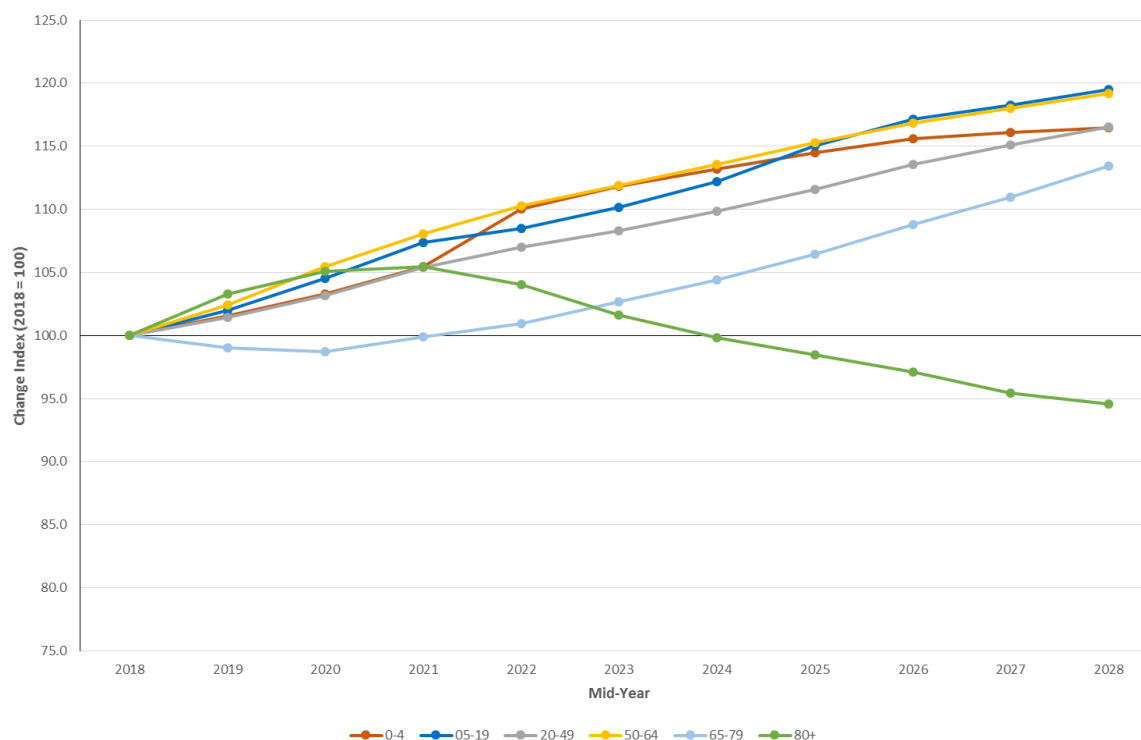




The forecast rate of annual population growth in the city centre and surrounding wards is much higher than the city average. By 2028, the population in this ward is forecast to be over six times higher than it was in 2001. The age profile of city centre residents is beginning to mature with increasing numbers of 35-49 year olds living in the area, reflecting the fact that people are choosing to stay in the area for longer.

This has potential implications for the provision of pharmaceutical services (and forms of primary care) in the city centre, particularly in the evening and weekends outside of normal retail hours. In contrast, the forecast rate of annual population growth in areas in the south of the city is much lower than the city average.

**Figure 5: Forecast Population change by Broad Age Band (Indexed to 2018)**



All age groups (with the exception of the very oldest group of adults age 80 and over) are forecast to increase compared with 2018. The largest increases relative to 2018 are forecast to occur among residents aged 5-19, 20-49 and 50-64 years. The number of adults aged 80 and over is forecast to increase slightly over the 3-4 years, but is then likely to fall so that by 2028 there are fewer people in this age group living in Manchester than there were in 2018.

### 3.2.3 Deprivation

Despite the economic growth seen in recent years, Manchester continues to experience high levels of deprivation compared with other parts of England. The Index of Multiple Deprivation (IMD) 2015 ranks Manchester as the fifth most deprived local authority in England with over 41% of Lower Super Output Areas (LSOAs) in the city falling in the most deprived 10% of LSOAs nationally (see map 1 found in appendix 8).

More pertinently, Manchester does not perform well in respect of health related deprivation. The city is the second most deprived local authority when measured against the Health Deprivation and Disability domain of the IMD 2015; this reflects the high risk of premature death and impairment of quality of life through poor physical or mental health. Manchester is

the worst local authority in England in terms of the proportion of LSOAs that are in the most deprived 10% of LSOAs nationally.

Manchester also has one of the highest rates of child poverty in England with around 27% of children under the age of 16 living in poverty. This equates to roughly 29,500 children less than 16 years of age living in poverty in Manchester. Levels of fuel poverty in Manchester are also significantly higher than the England average.

Findings from the English Longitudinal Study of Ageing suggest that health inequalities between the poorest over 50s and the rest of the older population is growing and that younger (middle-aged) cohorts in the poorest quintile have higher levels of ill-health than older cohorts at the same age.

### **3.2.4 Health Outcomes**

Statistics consistently show Manchester residents still have some of the worst health outcomes in England. People living in Manchester continue to experience higher levels of ill-health and early death compared with other major cities and local authorities in England.

The health of people in Manchester is generally worse than the England average at all stages of life. Life expectancy at birth for both men and women is currently among the worst in England. The latest figures for 2015-2017 show that Manchester has the third lowest life expectancy at birth for men and the lowest life expectancy at birth for women in England.

Healthy Life Expectancy (HLE) in Manchester is also significantly lower than the England average for both men and women. A boy born in Manchester during the period 2015-2017 can only expect to live 75% of his remaining years of life in good health compared with 86% of remaining years of life for a boy born in the healthiest part of England. Similarly, a girl born in Manchester can only expect to live 71% of her remaining years of life in good health compared with 84% of remaining years of life for a girl born in the healthiest area of the country.

Around two-thirds of the life expectancy gap between Manchester and England as a whole is due to three broad causes of death: cardiovascular disease (CVD), cancers and respiratory diseases. The rate of premature deaths from these diseases in Manchester are all the highest in England. Manchester is also the highest ranked local authority for overall premature deaths from these diseases when the city is compared with other similarly deprived areas, suggesting that deprivation alone is not the key factor in the high rates of premature deaths in the city.

Many of the issues can be linked in part to poor lifestyle. It has been reported that just three lifestyle behaviours - tobacco use, unhealthy diet and a sedentary lifestyle - increase the risk of developing the four long-term conditions that are associated with the large majority of preventable deaths and health inequalities, i.e. cardiovascular disease, cancer, respiratory disease and diabetes.

Data from the latest Health Profile for Manchester shows that both children and adults in the city have higher rates of obesity, alcohol misuse and smoking-related conditions.

- Around 41% of children in Year 6 and 63% of adults in Manchester are classified as being overweight or obese.

- The rate of alcohol-specific hospital stays among those aged less than 18 and of alcohol related harm hospital stays in adults are both significantly worse than the average for England.
- Estimated levels of adult smoking are worse than the England average. The rate of smoking attributable deaths in Manchester is the highest in England and, on average, there are around 790 deaths attributable to smoking in Manchester each year.
- Around 47% of adults in Manchester report that they had eaten the recommended 5 portions of fruit and vegetables on a usual day compared with nearly 55% of adults across England as a whole.

Although Manchester contains a smaller proportion of older people compared with other parts of the country, this cohort tend to have poorer health and have experienced poorer health earlier in their lives. This places greater demands on health and social care services. In 2015-2017, life expectancy at age 65 in Manchester was the **lowest** in England and Wales for both men and women.

Frailty is a significant factor underlying the poor physical and mental health of older people in Manchester. The rate of emergency hospital admissions for injuries due to falls in people aged 65 or more in Manchester remains significantly higher than the England average. In 2017/2018, around 1,358 older people aged 65 or more in Manchester were admitted to hospital for a falls-related injury; a rate of 2,724 per 100,000 population compared with a rate of 2,170 per 100,000 across England as whole. National research suggests that inequalities in levels of frailty are widening and that levels of frailty are increasing for the poorest in our population.

Although significant challenges remain, there have been some successes in recent years. Rates of under-18 conceptions have fallen substantially (from 73.9 per 1,000 in 2005 to 23.5 per 1,000 in 2018) and admission episodes for alcohol-related conditions have also fallen (from 878 per 100,000 in 2011/2012 to 734 per 100,000 in 2017/2018). Over half of all cancers are now diagnosed early (at stage 1 or 2) with just under 70% of adults with cancer are still alive one year after diagnosis. Similarly, over 77% of the 2,900 people aged 65 and over recorded as having dementia in Manchester have received a diagnosis of the condition from their GP.

More information about the health of the population in Manchester can be found in the [Public Health Profiles](#) that are produced by Public Health England (PHE). These provide access to data across a wide range of public health areas including:

- Cardiovascular disease, diabetes and kidney disease;
- Child and maternal health;
- Mental health, dementia and neurology;
- End of life care;
- Musculoskeletal diseases;
- Sexual and reproductive health;
- Lifestyle risk factors (alcohol, tobacco and physical activity).

The [Local Health Profile](#) provides access data for small geographical areas within Manchester, including middle super output areas (MSOA) and electoral wards, as well as Clinical Commissioning Groups (CCG) and local authorities.

The [State of the City report](#) from Manchester City Council presents an analysis of key population and health trends across the five key themes of the Our Manchester Strategy (2016-2025).

### 3.2.5 Population Characteristics

There is widespread evidence to demonstrate that some communities, such as people from minority ethnic groups and people from lesbian, gay, bisexual and transgender (LGBT) communities, can experience worse health outcomes. Other groups, such as refugees and asylum seekers, disabled people and people experiencing homelessness, may face barriers to accessing health and social care services as well as support services to move into good employment; this can have an impact on their health and wellbeing.

Manchester is a culturally and ethnically diverse city with a long history of welcoming people fleeing war, persecution or economic hardship who are seeking to make a home in the area. Manchester also has a thriving LGBT community in the City Centre which is likely to attract LGBT people to live and work in the city and its surrounding areas.

- Between 2001 and 2011, the proportion of the population identifying themselves as being from a non-White British ethnic group has doubled (from 26% in 2001 to 41% in 2011). In today's figures, this is equivalent to nearly 230,000 people.
- In some parts of the city (notably Longsight, Moss Side, Cheetham, Rusholme, Ardwick and Whalley Range) over half of the population identified themselves as being from a non-White British ethnic group.
- In 2017, just under a quarter of adults living in Manchester were estimated to have been born outside of the UK and around 18% were not British nationals. Over half (55%) of all live births in Manchester were to families where either one or both parents were born outside of the UK.
- Between 2016 and 2017, there were over 16,500 first time registrations with GP practices in Manchester from people born outside of the UK.
- In the 2011 Census, 68% of people living in Manchester said that they identified themselves as being from a religious group, with just over 25% saying that they had no religion. Just under half (49%) of the population identified themselves as Christian, 16% as Muslim and 2.4% as Buddhist, Hindu or Jewish.
- Based on the best estimates available, in 2018 around 38,000 people in Manchester identified as lesbian, gay or bisexual (LGB) and 5,500 as transgender.
- National asylum statistics show that 1,053 people in Manchester were in receipt of support under Section 95 of the Immigration and Asylum Act 1999 (support provided to destitute asylum seekers until their claim is finally determined) at the end of December 2017. However, the Boaz Trust estimates the total number of asylum seekers living in the city to be closer to 6,000.
- At the time of the 2011 Census, 42,640 people (8.5%) in Manchester reported that they provided unpaid care, of which 28% provided more than 50 hours of care per week. Data from the same sources suggests that there are over 1,000 young carers (aged 0-16 years) living in Manchester and an estimated 6,660 unpaid carers over the age of 65.

The [Manchester JSNA](#) includes a number of reports that summarise the needs of these and other communities in Manchester in more depth. They also contain information on the work that is underway to address these needs and suggestions regarding what more needs to be done.

MHCC is committed to embedding Equality, Diversity and Human Rights (EDHR) within all areas of its work. The [MHCC Inclusion and Social Value Strategy](#) 2018/2023 sets out a vision for improving outcomes across the health and social care system by reducing inequalities, and using social value as an enabler to developing more integrated working

practices. It incorporates a five-year delivery plan which sets out the actions that MHCC believes will have the most impact in achieving these aims.

### **3.2.6 Summary of the Manchester population demographics**

- Poor health outcomes
- High population growth
- Significant deprivation across the city
- A high proportion of university and working age residents
- Highly diverse population in terms of ethnicity and culture

### **3.2.7 Summary of housing and employment developments**

The Greater Manchester Spatial Framework (GMSF) sets out the amount of housing and employment land needed in each district up to 2037. For Manchester, the draft GMSF (January 2019) proposed 54,530 new homes (27% of GM total), 50,000 of which would be in the City Centre, 1,759,847m<sup>2</sup> of new offices (60% of GM total) and 247,315m<sup>2</sup> of new industry and warehousing (4% of GM total). The majority of the planned office development will be in and around the City Centre and the Manchester Airport Enterprise Zone. These developments will swell the day time population and may increase the demand on pharmacy provision and other non-urgent care.

To date, residential property growth has been concentrated in and around the City Centre e.g. Ancoats and Cheetham (driven by the 'Green Quarter' development). Looking to the future, new developments, such as the Northern Gateway, will lead to growth in other areas on the northern edge of the City Centre, such as Collyhurst, and could deliver as many as 15,000 new homes over a 10-20 year period. MHCC is continuing to work closely with colleagues from the City Council in order to ensure that the health and care implications of new residential developments are considered at an early a stage as possible.

## **4.0 Neighbourhoods for the purpose of the PNA**

### **4.1 Overview**

The establishment of new integrated management arrangements for localities and neighbourhoods will provide the focal point for the delivery of all community-based health and social care services in Manchester. They will also be the focus for work that is designed to make positive changes to population health and wellbeing and developed with genuine co-production with the community.

Currently, there are 12 neighbourhoods in Manchester, each based around a group of electoral wards and a similar collection of GP practices (see map 2 found in appendix 8).

In order to support the development of local neighbourhood plans, a set of profiles has been developed. These summarise and compare the key population features of each of the 12 neighbourhoods, including information about:

- population health outcomes;
- the 'wider determinants of health';
- the sorts of households living in different parts of the neighbourhood;
- changes to the size and age structure of the population over the next 10 years; and
- patients registered with GPs in each neighbourhood, including the prevalence of long-term health conditions, prescribing rates, use of health and social care services, risk of emergency hospital admission and care/nursing home residents.

These [Neighbourhood Profiles](#) are available on the Manchester JSNA website.

## 5.0 Manchester Pharmacy Needs Assessment

### 5.1 Development of the draft PNA

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

#### Stage 1

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

- Manchester CCG;
- Manchester City Council;
- GMHSCP (NHS England);
- Greater Manchester Local Pharmaceutical Committee (GMLPC).

Stakeholder views were gathered through feedback in meetings, by telephone or email.

#### Stage 2

The contractor questionnaire and patient survey were approved by the steering group and were undertaken during the months of March 2019 to July 2019. Once completed the results of both were analysed. The contractor survey results, where possible, were validated against data already held.

#### Stage 3

The following documents were considered during the development of the PNA;

- Manchester's JSNA;
- the strategic objectives in Manchester CCG's annual report, 2018-2019;
- the Greater Manchester Strategic plan: taking charge of health and social care in Greater Manchester;
- Manchester's 'State of the City' report; and other health data.

To assess whether the needs of the pharmaceutical services (both current and in the future) are being met, the views of stakeholders were considered along with a number of factors including:

- The size and demographic of Manchester's population
- Access to services; is it adequate? Would an increase in services improve access?
- Diverse needs within different neighbourhoods
- Types of pharmaceutical services being provided in areas adjoining other HWBs



- Other NHS services that may affect the pharmaceutical services being delivered in that neighbourhood
- Identifying gaps in services which may risk the health and wellbeing of the population in that neighbourhood

#### Stage 4

As required by legislation, a consultation exercise with stakeholders will be carried out for 60 days. The list of stakeholders includes:

- Greater Manchester Local Pharmaceutical Committee (GMLPC);
- Manchester Local Medical Committee (LMC);
- Persons on the Manchester pharmaceutical list;
- Manchester HealthWatch;
- Other patient, consumer and community groups in the area with an interest in the provision of pharmaceutical services in the area;
- NHS Trusts and NHS Foundation Trusts in the Manchester area;
- NHS England;
- Manchester Local Care Organisation (MLCO);
- Neighbouring HWBs (Bury, Oldham, Rochdale, Salford, Stockport, Tameside, Trafford and Cheshire East).

## 5.2 PNA steering group

The steering group has been responsible for reviewing the PNA to ensure it meets the statutory requirements. Its members and Terms of Reference are provided in appendix 2.

## 5.3 PNA neighbourhoods

The steering group considered how the areas in Manchester could be defined and agreed to use the current system of neighbourhoods (as per Manchester City Council); these 12 neighbourhoods are made up with a varying numbers of wards as illustrated in map 2. They are:

### ***North locality***

- Higher Blackley, Harpurhey and Charlestown
- Miles Platting, Newton Heath, Moston and City Centre
- Cheetham and Crumpsall
- Ancoats, Clayton and Bradford

### ***Central locality***

- Hulme, Moss Side and Rusholme
- Gorton and Levenshulme
- Ardwick and Longsight
- Chorlton, Whalley Range and Fallowfield

### ***South locality***

- Didsbury, Burnage and Chorlton Park
- Fallowfield (Old Moat) and Withington
- Wythenshawe (Brooklands and Northenden)
- Wythenshawe (Baguley, Sharston and Woodhouse Park)

MCC's JSNA discusses the characteristics and identified health needs of the whole population living within the HWB area. The JSNA is split into three main sections:

- Children and young people,
- Adults,
- Older people.

The JSNA also looks at the following topics in more detail:

- Alcohol
- Autism
- Cancer
- Dementia
- Healthy weight
- Heart disease (cardiovascular disease)
- Liver disease
- Long term conditions
- Mental health and wellbeing
- Older people, falls and fall prevention
- Oral health
- Sight loss
- Tuberculosis (TB)
- Topics in development
- Work and health

The local health profile is discussed in more detail in the context of Neighbourhood Profiles, which are provided for the 12 neighbourhoods.

Neighbourhoods are part of a community-based care system; this allows Manchester's health and social care to switch from being reactive, expensive and institutionalised to being preventative and encouraging people to live well in their community.

Where it has been possible to identify the diverse needs of the population, including those sharing a protected characteristic, these have been addressed in the PNA. Some health information can be represented at a practice population level which is useful when focusing on the 12 different areas.

## 5.4 Patient and public engagement

In order to gain the views of patients and the public on pharmaceutical services, a questionnaire was developed and made available on websites of the CCG and MCC between 25 March 2019 and 01 July 2019. The results of the survey can be found in appendix 3.

There were 77 responses to the public survey which was promoted through direct email or Twitter. This represents 0.01% of Manchester's population (aged 15 years and over).

Due to the low response reate it is difficult to draw conclusions from the public survey. However all the responses received were positive and there is an opportunity to work with local communication and engagement teams to improve uptake for future PNAs.

66% of the responders were female and the majority of respondents were between the age of 31 and 80.

23% of respondents consider themselves to have a disability.

Figure 6: Distribution of patient survey respondents

ANSWER CHOICES	RESPONSES	
Ancoats and Bradford	2.63%	2



Arwick	0.00%	0
Baguley	1.32%	1
Bradford	1.32%	1
Brooklands	1.32%	1
Burnage	0.00%	0
Charlestown	3.95%	3
Cheetham	3.95%	3
Chorlton	10.53%	8
Chorlton Park	2.63%	2
City Centre	6.58%	5
Crumpsall	5.26%	4
Didsbury East	9.21%	7
Didsbury West	10.53%	8
Fallowfield	2.63%	2
Gorton North	1.32%	1
Gorton South	0.00%	0
Harpurhey	3.95%	3
Higher Blackley	3.95%	3
Hulme	3.95%	3
Levenshulme	0.00%	0
Longsight	2.63%	2
Miles Platting and Newton Heath	1.32%	1
Moss Side	0.00%	0
Moston	5.25%	4
Old Moat	1.32%	1
Rusholme	1.32%	1
Sharston	1.32%	1
Whalley Range	2.63%	2
Withington	1.32%	1
Not sure – North	1.32%	1
Not sure – Central	1.32%	1
Not sure – South	1.32%	1
<b>TOTAL</b>		<b>76</b>

76 responded 1 skipped this question.

#### 5.4.1 Choice of pharmacy

The two main reasons for using one pharmacy regularly was its proximity to home or to their GP. Half of the respondents had access to a car, either as a driver or a passenger.

#### 5.4.2 Access to pharmacy services

86% of respondents have a preferred pharmacy that they regularly use. 41% of respondents indicated that opening hours did not cause a problem; the remaining 59% were aware of pharmacy extended opening times, with over half of them stating they did not know where these pharmacies were located. Any campaign to increase use of pharmacies, e.g. for self-care, should include providing information on the location and opening times of pharmacies that provide extended hours.

### **5.4.3 Development of pharmacy services**

69% of respondents felt that they were given good information about their medication. In addition to the patient survey (appendix 3), respondents were given an opportunity to answer some questions in free text form; these responses were considered by the HWB. Comments, relating to operational matters, such as politeness, waiting times, and other issues though important, will not be addressed within the context of the PNA. Each pharmacy should undertake its own patient survey on a regular basis to inform such considerations. The main themes informing this PNA related to opening times and services provided.

## **5.5 Contractor engagement**

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

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

With the support of the GMLPC, the questionnaire was issued to all 135 pharmacies and the two DACs in Manchester HWB area, starting in March 2019 until 08 July 2019. Responses were received from 67 pharmacies, a 49% response rate.

### **5.5.1 Advanced services**

Of the 67 pharmacies, all indicated that they provided advanced services. This was broken down to:

- Medicines Use Reviews (MURs): 67 (100%)
- New Medicines Service (NMS): 63 (97%)
- Appliance Use Review (AUR): 3 (5%)
- Stoma appliance customisation (SAC): 14 (21%)

Claims data between 2017/2018 indicated that 124 pharmacies provided the MURs and 104 pharmacies provided the NMS.

This low level of provision reflects the specialist nature of the provision of appliances and data from NHS Digital show that the main providers of these services are DACs. In 2017/2018 (latest data at NHS Digital), 731 AURs were provided to Greater Manchester residents with 635 delivered in the individual's home.

### **5.5.2 Enhanced and locally commissioned services**

49 pharmacies (80% of all contractor responses) stated that they provide the enhanced Minor Ailment Service, although 106 pharmacies are commissioned to do so.

61 pharmacies gave information on which locally commissioned services they provided (see figure 2). A review of data suggests more pharmacies are commissioned than indicated by this response (see appendix 5).

**Figure 7: Which of these locally commissioned services do you currently provide?**

ANSWER CHOICES	RESPONSES	
Antiviral provision	6.56%	4
Chlamydia screening	31.15%	19
Chlamydia treatment	6.56%	4
Emergency hormonal contraception	59.02%	36
Minor Ailment Scheme	80.33%	49
Needle/syringe exchange	8.20%	5
Supply of palliative care medicines	6.56%	4
Supervised consumption	73.77%	45

Total Respondents: 61

When asked about what services they would like to deliver if commissioned, their responses show a willingness to become involved (see figure 8), but this should be treated with caution as 54 pharmacies stated they would like to provide an Observed supervised consumption of methadone service and yet 85 pharmacies are already commissioned to deliver this service.

**Figure 8: Pharmaceutical Needs Assessment – Contractor Survey 2019**

	YES	NO	Total respondents
Alcohol screening and brief intervention	81.13% 43	18.87% 10	53
Anticoagulant management	87.50% 49	12.50% 7	56
Anticoagulant monitoring service	83.02% 44	16.98% 9	53
Antiviral provision	78.85% 41	21.15% 11	52
Disease specific medicines management	88.24% 45	11.76% 6	51
Emergency hormonal contraception	100.00% 54	0.00% 0	54
Gluten free food supply service	83.93% 47	16.07% 9	56
Independent prescribing service	87.27% 48	12.73% 7	55
Medication review service	96.08% 49	3.92% 2	51
Medicines assessment and compliance support	95.92% 47	4.08% 2	49

	YES	NO	Total respondents
Oral contraception service	98.25% 56	1.75% 1	57
Patient group directions	94.83% 55	5.17% 3	58
Phlebotomy service	72.00% 36	28.00% 14	50
Services to schools	80.39% 41	19.61% 10	51
Sharps disposal	90.38% 47	9.62% 5	52
Stop smoking service	94.64% 53	5.36% 3	56
Supervised consumption	90.74% 49	9.26% 5	54
Supplementary prescribing service	84.00% 42	16.00% 8	50
Vascular risk assessment service	88.24% 45	11.76% 6	51
Weight management	92.98% 53	7.02% 4	57

Total Respondents: 65

### 5.5.3 Non-NHS services

Pharmacies have staff members that speak a second language, including Arabic, Bengali, Cantonese, Czech, Farsi, French, Georgian, Gujarati, Hindi, Japanese, Kurdish, Mandarin, Polish, Punjabi, Romanian, Somali, Spanish and Urdu.

IT facilities are available to staff with all having access to the internet and an email address that can be used for official communications.

## 5.6 Pharmaceutical services

A PNA must include services defined in both the NHS Act 2006 and the 2013 Regulations.

Pharmaceutical services may be provided by:

- A pharmacy contractor who is included in the pharmaceutical list for the area of the HWB;
- A pharmacy contractor who is included in the local pharmaceutical services (LPS) list for the area of the HWB;
- A DAC who is included in the pharmaceutical list held for the area of the HWB; and
- A doctor who is included in a dispensing doctor list held for the area of the HWB.

NHS England is responsible for preparing, maintaining and publishing the pharmaceutical list. It should be noted, however, for Manchester's HWB there is no dispensing doctor list as there are no dispensing doctors within the HWB's area.

Contractors may operate as either a sole trader, partnership or a body corporate. The Medicines Act 1968 governs who can be a pharmacy contractor, but there is no restriction on who can operate as a DAC.

### **5.6.1 Pharmaceutical services provided by pharmacy contractors**

Unlike GPs, dentists and optometrists, NHS England does not hold contracts with pharmacy contractors. Instead pharmacy contractors provide services under a contractual framework; details of their terms of service are set out in schedule 4 of the 2013 Regulations and also in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 ('the 2013 Directions').

Pharmacy contractors may provide three types of services that fall within the definition of pharmaceutical services. These are as follows:

- Essential services: all pharmacies must provide these services (see appendix 6):
  - Dispensing of prescriptions (both electronic and non-electronic), including urgent supply of a drug or appliance without a prescription;
  - Dispensing of repeatable prescriptions;
  - Disposal of unwanted drugs;
  - Promotion of healthy lifestyles;
  - Signposting;
  - Support for self-care.
- Advanced services: pharmacies may choose whether to provide these services or not. If they choose to provide them, they must meet certain requirements and must be fully compliant with essential services and clinical governance requirements:
  - MUR and prescription intervention services;
  - NMS;
  - SAC;
  - AUR;
  - Community pharmacy seasonal influenza vaccination programme

Enhanced services specifications are developed by NHS England and then commissioned to meet specific health needs (see appendix 5).

Currently the following enhanced services are commissioned by NHS England within Manchester's HWB area:

- NHS urgent medicine supply advanced service (NUMSAS);
- Inhaler technique.

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

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

The majority of pharmacies are required to open for 40 hours per week (core opening hours), but many choose to open for longer (supplementary opening hours).

Between April 2016 and August 2019, some contractors successfully applied to open new premises on the basis of being open for 100 core opening hours per week (referred to as 100-hour pharmacies); they are required to open for their core opening hours for 52 weeks of the year, with the exception of weeks which contain a bank/public holiday, or Easter Sunday. As well as being obliged to open their core hours, they may also opt to open for longer.

There are 22 pharmacies in Manchester with 100-hour contracts. Residents may also choose to use similar pharmacies outside of the borough. During the next three years, pharmacy contractors will be under increasing financial pressure due to government cuts. It is likely that some contractors may close resulting in Manchester residents losing access to 100-hour pharmacies and this could result in a gap in service provision. This PNA will record areas where the provision of pharmaceutical services for these extended hours is necessary and should be maintained.

The proposed opening hours for each pharmacy are set out in the initial application. If the application is granted, the pharmacy will be expected to fulfil its contracted opening hours. The contractor can subsequently apply to change their core opening hours or notify a change in their supplementary hours.

NHS England will assess the application against the needs of the population of the HWB area as set out in the PNA to determine whether to agree to the change in core hours or not. If a contractor wishes to change their supplementary opening hours they simply notify NHS England of the change, giving at least three months' notice.

Pharmacy opening hours in Manchester HWB's area can be found on NHS Choices (<http://www.nhs.uk/Service-Search/Pharmacy/LocationSearch/10>). Appendix 7 provides details as to the spread of opening times across each neighbourhood.

### **5.6.2 Local pharmaceutical services**

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

There are currently no LPS contractors within the Manchester area.

### **5.6.3 Distance selling pharmacies**

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

Distance selling pharmacies are required to provide essential services and participate in the clinical governance system in the same way as other pharmacies. However they must provide these services remotely. Such pharmacies are required to provide services to people who request them wherever they may live in England. There are eleven distance selling pharmacies in Manchester, although residents may choose to use similar pharmacies that are outside of the borough.

#### **5.6.4 Pharmaceutical services provided by dispensing appliance contracts (DAC)**

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

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

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

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

- Stoma appliance customisation
- Appliance use review

DACs are required to open at least 30 hours per week (core opening hours). They may choose to open for longer (supplementary opening hours).

There are two DACs in Manchester; they are responsible for dispensing appliances to Manchester patients along with pharmacy contractors and DACs outside the Manchester area. 57% of pharmacy contractors said that they were able to dispense all types of appliances.

#### **5.6.5 Pharmaceutical services provided by doctors**

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

#### **5.6.6 Locally commissioned services**

Manchester City Council and Manchester CCG may also commission services from pharmacies and DACs. However, these services fall outside the definition of pharmacy services as set out in legislation and therefore should not be referred to as such.



For the purposes of this document they are referred to as locally commissioned services. These services are included within this assessment where they affect the need for pharmaceutical services, or where the further provision of these services would secure improvements or better access to pharmaceutical services (see appendix 5).

Services commissioned by Manchester City Council are:

- Sexual Health Services:
  - Emergency hormonal contraception
  - Chlamydia screening and treatment
- Substance misuse services including:
  - Supervised methadone/buprenorphine
  - Needle exchange

The following services are commissioned by Manchester CCG:

- Palliative care (with Out of Hours provision);
- Antiviral provision;
- Community Pharmacy Hypertension Find and Treat (pilot scheduled to start September 2019);
- Joint Health and Social Care Assessments (pilot of 50 patients started July 2019).

The requirement of locally commissioned services may change over the life time of this PNA as the CPCF 2019/2020 to 2023/2024 is introduced. This includes a number of service developments, for example the introduction of the Community Pharmacist Consultation Service (CPCS) with referrals from NHS 111 and GPs, and palliative care service pilots.

#### **5.6.7 Non-commissioned added value services**

Community pharmacy contractors also provide private services that improve patient care, but are not commissioned directly by NHS England, Manchester City Council or Manchester CCG. These include services such as home delivery service, blood glucose measurements and weight loss programmes.

Pharmacists are free to choose whether or not to charge for these services, but are expected to follow standards of governance if they do. A large number of pharmacies provide a delivery service and collections of prescriptions from doctor's surgeries. As these are private services they fall outside the scope of the PNA.

#### **5.6.8 Hospital pharmacy**

Hospital pharmacies affect the need for pharmacy services within their area. They may reduce the demand for the dispensing essential service as prescriptions written in the hospital are dispensed by the hospital pharmacy service.

#### **5.6.9 Other provision of pharmacy services**

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

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

The PNA makes no assessment of these services.



### 5.6.10 Other sources of information

Information was gathered from NHS England, Manchester CCG and Manchester City Council regarding:

- Services provided to residents of the HWB's area, whether provided from within or outside of the HWB's area;
- Changes to current service provision;
- Future commissioning intentions;
- Known housing developments within the lifetime of the PNA;
- Any other developments which may affect the need for pharmaceutical services.

The JSNA and the Joint Health and Wellbeing Strategy provided background information on the health needs of the population.

## 5.7 Consultation

The PNA process requires a minimum 60 days statutory consultation period to take place. This enables the views of pharmaceutical providers and services, which support the population, to be recognised. Manchester's HWB consultation took place between 2nd September 2019 and 1st November 2019.

The PNA has been updated in line with responses received.

Comments raised queries if the introduction of online GP services and community pharmacies would impact on community pharmacy provision and if the future development of local services will be influenced by PCNs.

How the above factors will impact on the need for pharmaceutical services is difficult to quantify and it will be important that the HWB are mindful of the requirement for people to have access to pharmaceutical services that may be required as part of these changes.

## 6.0 Necessary and relevant services

The regulations governing the development of the PNA require the HWB to consider the needs for pharmaceutical services in terms of necessary and relevant services:

- **Necessary services**, i.e. pharmaceutical services which have been assessed as required to meet a pharmaceutical need. This should include their current provision (within the HWB area and outside of the area) and any current or likely future gaps in provision.
- **Relevant services**, i.e. services which have secured improvements, or better access, to pharmaceutical services. This should include their current provision (within the HWB area and outside of the area) and any current or future gaps in provision.

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

- those services provided by pharmacies and DACs in line with their terms of service as set out in the 2013 Regulations, and
- advanced services

## 6.1 Necessary services: current provision within the HWB area

There are 135 pharmacies included in the pharmaceutical list for Manchester's HWB area. This is made up of 113 with a standard 40-hour contract, 22 with a 100-hour contract and 11 listed as distance selling. There are two DACs and no LPS pharmacies in Manchester.

Map 3 (the statutory map as provided in appendix 8) shows the location of premises providing pharmaceutical services within the HWB's area and includes GP practices. It should be noted that due to the proximity of some pharmacies some icons may reflect the location of two contractors. The map index to premises can be found in appendix 6, with locality indexing showing opening hours spread in appendix 7.

While not a statutory requirement, where maps within this PNA include the location of GP premises, they do so solely as a point of reference and proximity to pharmacies. Appendix 9 provides an index of those GP surgeries.

Manchester had 25 pharmacies per 100,000 population size (see table 2). This is higher than both the England average (21) and equal to the Greater Manchester average (25).

There has been a small decrease in the number of items dispensed per month. However, as indicated in table 2 detailed below, in 2017/2018. Manchester's average prescription items per month per pharmacy was 6,266 (see table 3). This is significantly lower than the average for England and Greater Manchester.

**Table 2: Manchester Pharmacies 2015/2016 to 2017/2018**

2017/18	Number of community pharmacies	Prescription items dispensed per month (000)s	Population (000)s Mid-Year	Pharmacies per 100,000 population
2015/16	141	860	520	26
2017/18	131	821	541	25

\* Excludes internet pharmacies and DACs

**Table 3: Pharmacy Contractors Manchester, Greater Manchester & England 2017/18**

	Number of community pharmacies	Prescription items dispensed per month (000)s	Population (000)s Mid-Year (2017)	Pharmacies per 100,000 population	Average items per pharmacy per month
England	11,619	84,439	55,268	21	7,267
Greater Manchester	699	5,082	2,815	25	7,271
Manchester CCG	131	821	541	25	6,266

Source: HSCIC – 2017/18

*\*Manchester CCG Data excludes internet pharmacies and DACs*

Although 11% (2017/2018) of items issued by Manchester GPs were dispensed outside Manchester a number of prescriptions issued by Greater Manchester GPs were also dispensed by Manchester pharmacies (see table 4).

**Table 4: Items dispensed by Manchester Pharmacies for each CCG in Greater Manchester**

Registered CCG	Total items dispensed by Manchester pharmacies 2017/18	Percentage of items dispensed by Manchester pharmacies
Bolton	4,559	0.04%
Bury	137,589	1.24%
Heywood, Middleton & Rochdale	53,269	0.48%
Manchester	9,849,506	88.76%
Oldham	80,011	0.72%
Salford	135,717	1.22%
Stockport	264,116	2.38%
Tameside & Glossop	207,321	1.87%
Trafford	308,300	2.78%
Wigan	833	0.01%
Online only	55,979	0.50%
<b>Total</b>	<b>11,097,200</b>	<b>100%</b>

As the average items per month are below the national and regional averages, it can be concluded that the current number of pharmacies across Manchester is sufficient and can cope with a future increase in items. An increase may occur if there is an increase in population or in the prevalence of certain diseases or an ageing population or possibly a combination of all three factors, some of which are predicted to happen in the years leading up to 2020.

### 6.1.1 Access to premises

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

The latest information shows that 99% of the English population - even those living in the most deprived areas - can reach a pharmacy within 20 minutes by car and 96% by walking or using public transport<sup>1</sup>.

From the public survey, 50% of people responded that they used a pharmacy close to where they live most often. The range of responses can be seen in table 5, for the full patient survey see appendix 3.

**Table 5: Patient Survey: Why do you prefer to use this pharmacy?**

Answer choices	Responses	
Near home	50.00%	33
Near to work	16.67%	11
Near my GP surgery	54.55%	36

<sup>1</sup> Pharmacy in England: Building on Strengths – Delivering the Future, Department of Health White Paper (2008)

Friendly staff	24.24%	16
They offer a particular service (please tell us which service in the 'other box' below)	6.06%	4

Answered: 66 Skipped 11

Map 4 (found in appendix 8) shows that with the exception of land to the South West of Manchester International Airport, which is mostly countryside, all of Manchester is within 1 mile of a pharmacy and large areas within 0.5 miles.

Although some people will not be able to travel in a straight line from their home to a pharmacy, most residents should be able to access a pharmacy by foot, car or public transport with relative ease, unless they are housebound or have severe mobility issues.

Manchester has a good transport system with residents having the option of using an extensive bus network plus Metrolink and the provision of cycle lanes.

The majority of residents should be able to access a pharmacy within 15 to 30 minutes either by foot, car or public transport.

### 6.1.2 Correlation with GP practices

As expected, there are significantly more community pharmacies than there are GP practices reflecting the higher number of pharmacies per 100,000 population in Greater Manchester and England (see map 3 found in appendix 8).

In addition, all neighbourhoods have an equal number of, or more, pharmacies than GP practices. All GP practices have at least one pharmacy located nearby, although practice list sizes, number of GPs and opening times may differ significantly between practices.

### 6.1.3 Access to services

Whilst the majority of people will visit a pharmacy during the 8.30 am to 6 pm period, Monday to Friday, following a visit to their GP, there will be times when people will need to access a pharmacy outside of those times; especially as development of 7-day access progresses. This may be to have a prescription dispensed after being seen by the out-of-hours GP service or extended hours provision by GP practices, or it may be to access one of the other services provided by a pharmacy outside of a person's normal working day.

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

- 70% of patients surveyed had not had any problems accessing a pharmacy service due to location and 81% due to opening hours in the past year;
- Approximately 86% had a preferred pharmacy that they regularly use;
- When rating the overall experience of using a pharmacy most respondents (81%) indicated the staff are very knowledgeable with 56% providing good information about their medication;
- The majority of people stated they were quite satisfied with the opening times of pharmacies. 80% of respondents were aware that pharmacies open late nights, early

mornings and weekends, however only 40% were aware of the location of the pharmacy.

Appendix 7 details the span of opening times for Manchester pharmacies based on their supplementary opening hours. This identifies those that open 7 days a week, all day Saturday (open Monday to Friday), only half day Saturday (open Monday to Friday) and closed Saturday (open Monday to Friday).

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

### Monday to Saturday opening

48 pharmacies do not open on Saturdays (includes nine distance selling pharmacies) and a further 28 pharmacies close by 1.00 pm. This leaves 57 pharmacies open for most of Saturday, with 30 of those pharmacies being open until 7.00 pm or later.

36 pharmacies provide access to pharmaceutical services until 7.00 pm or later for Monday to Friday as well (see table 6). Nine pharmacies open until 11.00 pm and only one opens until 12.00 midnight.

**Table 6: Manchester pharmacies open Monday to Saturday until 7.00 pm or later**

Pharmacy	Post code	Map index	Monday to Saturday closing time	Comments
Asda Pharmacy, Sport City	M11 4BD	42	11.00 pm	10.00 pm closing on Saturdays
Asda Pharmacy, Stanley Grove	M12 4NH	65	10.00 pm	9.00 pm closing Mondays and Saturdays
Wise Chemist	M13 0YN	72	11.00 pm	10.00 pm closing on Saturdays
Tesco Pharmacy, Altrincham Rd	M23 9TJ	124	10.30 pm	10.00 pm closing on Saturdays
Tesco Pharmacy, Cheetham Hill Rd	M8 5DP	18	10.30 pm	10.00 pm closing on Saturdays
Boots the Chemist, Manchester Fort Retail Park	M8 8EP	33	8.00 pm	7.00 pm closing on Saturdays

Pharmacy	Post code	Map index	Monday to Saturday closing time	Comments
Wise Pharmacy, Cheetham Hill	M8 9LS	26	9.00 pm	
Lloyds Chemists, Fallowfield	M14 6LE	89	7.00 pm	6.00 pm closing on Saturdays
Manley Pharmacy, Whalley Range	M16 0EH	83	7.00 pm	6.00 pm closing on Wednesdays and 5.00 pm closing on Saturdays
Range Pharmacy, Whalley Range	M16 8EB	75	7.00 pm	6.00 pm closing on Saturdays
Elliotts Pharmacy, Whalley Range	M16 9RT	77	10.00 pm	
Everest Chorlton Pharmacy	M21 9AS	91	10.00 pm	
Tesco Pharmacy, Burnage	M19 1TF	112	10.30 pm	10.00 pm closing on Saturdays
Tesco Pharmacy, Didsbury	M20 5NP	117	10.30 pm	10.00 pm closing on Saturdays
Lloyds Pharmacy (in Sainsbury's) Fallowfield	M14 6SS	95	9.00 pm	8.00 pm closing on Saturdays
Withington Pharmacy	M20 3HE	102	10.00 pm	
Ladybarn Lane Chemist, Fallowfield	M14 6NQ	94	11.00 pm	10.00 pm closing on Saturdays
Tesco Pharmacy, Gorton	M18 8LD	61	10.30 pm	10.00 pm closing on Saturdays
Westpoint Pharmacy	M19 2DD	88	10.30 pm	
Lloyds Pharmacy (in Sainsbury's) Higher Blackley	M9 0QS	1	11.00 pm	10.00 pm closing on Saturdays
Asda Pharmacy, Harpurhey	M9 4DJ	21	11.00 pm	10.00 pm closing on Saturdays
Tesco Pharmacy, Blackley	M9 6HP	6	10.00 pm	
Medichem Pharmacy	M14 4EP	76	11.30 pm	
A & A Pharmacy, Rusholme	M14 5AL	71	10.30 pm	
Rusholme Pharmacy	M14 5LW	79	11.00 pm	
Asda Pharmacy, Hulme	M15 5AS	62	11.00 pm	10.00 pm closing on Saturdays
Superdrug Pharmacy	M1 1LY	45	7.00 pm	5.30 pm closing on Saturdays
Boots the Chemist, Market Street	M1 1PL	41	8.00 pm	
Boots the Chemist, Piccadilly Station	M1 2BN	48	9:30 pm	9.00 pm closing on Fridays and Saturdays
Cameolord Pharmacy, Oxford Street	M1 5AE	47	12.00 am	

Pharmacy	Post code	Map index	Monday to Saturday closing time	Comments
Benchill Pharmacy	M22 4QN	130	10.00 pm	
Asda Pharmacy, Wythenshawe	M22 5HZ	135	10.00 pm	
Lloyds Pharmacy, Wythenshawe	M22 5RX	133	10.00 pm	
Boots the Chemist, Airside Terminal 1	M90 3HG	137	8.00 pm	
Boots the Chemist, Piccadilly	M1 1LY	44	8.00 pm	6.30 pm closing on Saturdays

29 pharmacies open at 8.00 am or earlier Monday to Friday and 24 pharmacies open at 8.00 am or earlier on Saturday. Four pharmacies open at 6.00 am Monday to Saturday (see table 7).

**Table 7: Manchester pharmacies open Monday to Saturday from 8.00 am or earlier**

Pharmacy	Post code	Map index	Monday to Saturday opening time	Comments
Asda Pharmacy, Sport City	M11 4BD	42	7.00 am	8.00 am opening on Mondays
Asda Pharmacy, Stanley Grove	M12 4NH	65	6.00 am	
Wise Chemist	M13 0YN	72	7.00 am	8.00 am opening on Saturdays
Tesco Pharmacy, Altrincham Rd	M23 9TJ	124	6.30 am	8.00 am opening on Mondays
Tesco Pharmacy, Cheetham Hill Rd	M8 5DP	18	6.30 am	8.00 am opening on Mondays
Elliotts Pharmacy, Whalley Range	M16 9RT	77	7.00 am	
Everest Chorlton Pharmacy	M21 9AS	91	7.00 am	
Tesco Pharmacy, Burnage	M19 1TF	112	6.30 am	8.00 am opening on Mondays
Tesco Pharmacy, Didsbury	M20 5NP	117	6.30 am	8.00 am opening on Mondays
Withington Pharmacy	M20 3HE	102	7.00 am	
Ladybarn Lane Chemist, Fallowfield	M14 6NQ	94	7.00 am	8.00 am opening on Saturdays
Tesco Pharmacy, Gorton	M18 8LD	61	6.30 am	8.00 am opening on Mondays
Westpoint Pharmacy	M19 2DD	88	8.00 am	
Lloyds Pharmacy (inside Sainsbury's) Higher Blackley	M9 0QS	1	7.00 am	



Pharmacy	Post code	Map index	Monday to Saturday opening time	Comments
Asda Pharmacy, Harpurhey	M9 4DJ	21	7.00 am	8.00 am opening on Mondays
Tesco Pharmacy, Blackley	M9 6HP	6	6.00 am	7.30 am opening on Mondays 6.30 am opening on Saturdays
Medichem Pharmacy	M14 4EP	76	8.00 am	
Rusholme Pharmacy	M14 5LW	79	8.00 am	10.00 am opening on Saturdays
Asda Pharmacy, Hulme	M15 5AS	62	7.00 am	8.00 am opening on Mondays
Boots the Chemist, 11-13 Piccadilly	M1 1LY	44	7.30 am	9.00 am opening on Saturdays
Superdrug Pharmacy	M1 1LY	45	8.00 am	9.00 am opening on Saturdays
Boots the Chemist, Market Street	M1 1PL	41	8.00 am	
Boots the Chemist, Piccadilly Station	M1 2BN	48	6.00 am	
Boots the Chemist, Portland St	M1 4RL	50	8.00 am	9.00 am opening on Saturdays
Cameolord Pharmacy, Oxford Street	M1 5AE	47	8.00 am	
Benchill Pharmacy	M22 4QN	130	7.30 am	
Asda Pharmacy, Wythenshawe	M22 5HZ	135	6.00 am	7.00 am opening Mondays & Saturdays
Lloyds Pharmacy, Wythenshawe	M22 5RX	133	7.30 am	8.15 am opening on Saturdays
Boots the Chemist, Airside Terminal 1	M90 3HG	137	4.00 am	

### Sunday opening

33 pharmacies open on Sunday and all neighbourhoods have at least one pharmacy open for some hours (see table 8).

**Table 8: Manchester pharmacies open on Sunday**

Pharmacy	Post code	Map index	Opening time	Closing time
Asda Pharmacy, Sport City	M11 4BD	42	11.00 am	5.00 pm
Asda Pharmacy, Stanley Grove	M12 4NH	65	10.30 am	4.30 pm
Wise Chemist	M13 0YN	72	10.00 am	4.00 pm
Tesco Pharmacy, Altrincham Rd	M23 9TJ	124	10.00 am	4.00 pm
Tesco Pharmacy, Cheetham Hill Rd	M8 5DP	18	11.00 am	5.00 pm
Boots the Chemist, Manchester Fort Retail Park	M8 8EP	33	11.00 am	5.00 pm
Lloyds Chemists, Fallowfield	M14 6LE	89	11.00 am	6.00 pm



Pharmacy	Post code	Map index	Opening time	Closing time
Elliotts Pharmacy, Whalley Range	M16 9RT	77	10.00 am	8.00 pm
Everest Chorlton Pharmacy	M21 9AS	91	10.00 am	8.00 pm
Tesco Pharmacy, Burnage	M19 1TF	112	10.00 am	4.00 pm
Boots the Chemist, Didsbury	M20 2DW	113	11.00 am	4.00 pm
Tesco Pharmacy, Didsbury	M20 5NP	117	11.00 am	5.00 pm
Pharmdirect	M14 6BA	98	09.00 am	5.00 pm
Lloyds Pharmacy (inside Sainsbury's) Fallowfield	M14 6SS	95	11.00 am	5.00 pm
Withington Pharmacy	M20 3HE	102	8.00 am	6.00 pm
Ladybarn Lane Chemist, Fallowfield	M14 6NQ	94	10.00 am	4.00 pm
Tesco Pharmacy, Gorton	M18 8LD	61	10.00 am	4.00 pm
Westpoint Pharmacy	M19 2DD	88	8.00 am	10.00 pm
Lloyds Pharmacy (inside Sainsbury's), Higher Blackley	M9 0QS	1	10.00 am	4.00 pm
Asda Pharmacy, Harpurhey	M9 4DJ	21	10.00 am	4.00 pm
Tesco Pharmacy, Blackley	M9 6HP	6	10.00 am	4.00 pm
Medichem Pharmacy	M14 4EP	76	10.00 am	5.30 pm
A & A Pharmacy, Rusholme	M14 5AL	71	10.00 am	10.00 pm
Rusholme Pharmacy	M14 5LW	79	10.00 am	11.00 pm
Asda Pharmacy, Hulme	M15 5AS	62	11.00 am	5.00 pm
Boots the Chemist, 11-13 Piccadilly	M1 1LY	44	12.00 am	5.30 pm
Boots the Chemist, Market Street	M1 1PL	41	11.30 am	5.30 pm
Boots the Chemist, Piccadilly Station	M1 2BN	48	10.00 am	6.00 pm
Cameolord Pharmacy, Oxford Street	M1 5AE	47	8.00 am	12.00 am
Benchill Pharmacy	M22 4QN	130	8.00 am	9.00 pm
Asda Pharmacy, Wythenshawe	M22 5HZ	135	10.00 am	4.00 pm
Lloyds Pharmacy, Wythenshawe	M22 5RX	133	8.15 am	10.00 pm
Boots the Chemist, Airside Terminal 1	M90 3HG	137	4.00 am	10.00 pm

#### 6.1.4 Changes to pharmacy contractors

The stakeholder group was informed that seven pharmacies have closed since the end of October 2016. The seven pharmacies are:

- Grove Village Pharmacy, Unit 8 Grove Village Parade, Stockport Rd, Ardwick (closed 22 April 2017)
- Lloyds Pharmacy, 110 Mauldeth Rd, Fallowfield, M14 6SQ (closed 22 April 2017)
- Lloyds Pharmacy, 10 Hale Top Civic Centre, Wythenshawe, M22 5RN (closed 30 January 2018)
- Cohens Chemist, 287 Cheetham Hill Rd, M8 0SN (closed 29 May 2018)
- Cohens Chemist, 5 Kingsway Buildings, Manchester, M19 1PH (closed 11 June 2018)

- LloydsPharmacy, 266 Wilmslow Rd, Fallowfield, Manchester, M15 6JR (closed 07 June 2019)
- Whitswood Pharmacy, 2 Whitswood Close, Moss Side, M16 7AW (relocated 23/5/19)
- FtP Healthcare Ltd T/A Pharmdirect – 1<sup>st</sup> Floor, Belvedere Road, Fallowfield, M14 6BA (closed 30 September 2019)

The stakeholder group has concluded that this will make no difference to pharmaceutical service provision in Manchester.

The HWB will however need to be mindful of the effect of any further closures of pharmacies in Manchester.

### **6.1.5 Access to Medicines Use Reviews (MUR)**

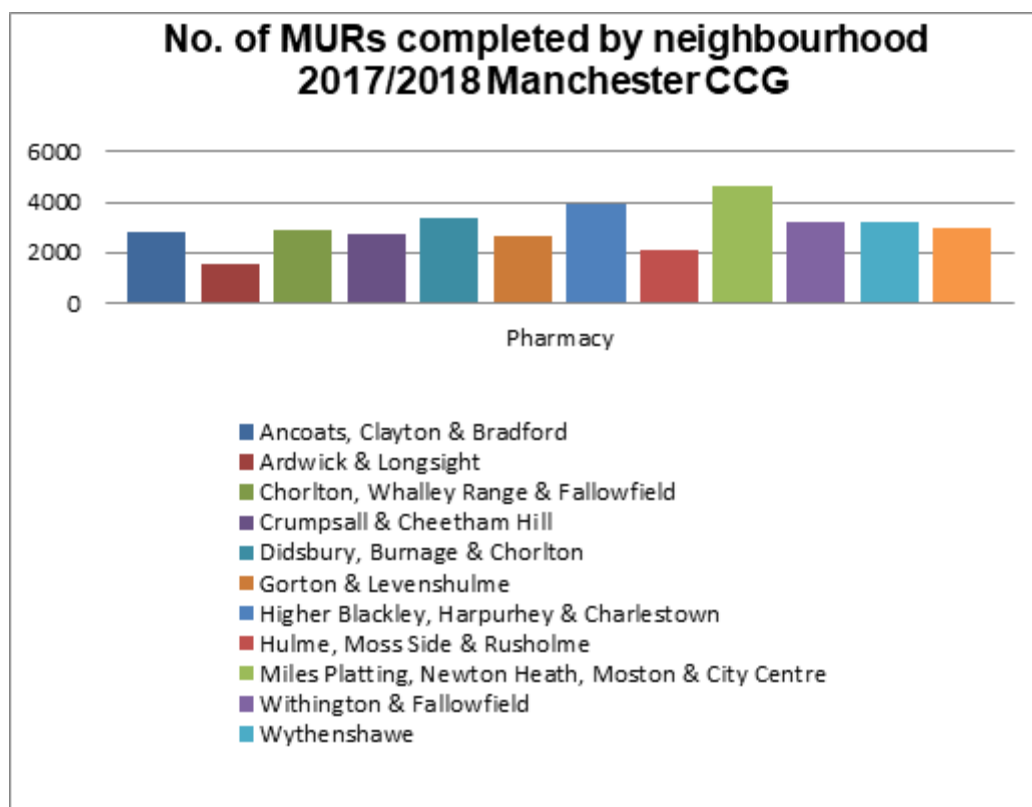
This is a medicines adherence service designed to improve patient outcomes from taking regular medication. A report is shared with the patient and if necessary the prescriber. 70% of MURs undertaken have to be from a specified group of patients:

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

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

In 2017/2018 a total of 35,647 MURs were provided by 124 pharmacies with an average of 295 per pharmacy. Figure 9 shows the pattern of claims made per neighbourhood for all pharmacies.

Figure 9: Number of MURs delivered by pharmacies in Manchester (2017/2018)



Up to 400 MURs can normally be provided at each pharmacy, giving an overall maximum number of 54,000 (135 pharmacies by 400) per annum for Manchester. 11 pharmacies (figure based on claims for April 2017 to March 2018) are not providing the service, therefore, the actual number of MURs that could have been achieved is 49,600. It should be noted that the inhaler technique enhanced service allows additional MURs to be completed above the 400. Although MURs are accessible to residents in all 12 neighbourhoods, there is potential for this service to be accessed by more people and those pharmacies that do not provide MURs should be encouraged to do so.

By the end of financial year 2020/2021 the MUR service will be phased out as part of the new CPCF.

### 6.1.6 Access to New Medicine Service (NMS)

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

In 2017/2018 a total of 9,050 NMS interventions were provided by 110 pharmacies.

Unlike MURs, there is no nationally set maximum number of NMS interventions that may be provided in a year. Currently the service is limited to a specific range of drugs for certain conditions. This limits the total number of eligible patients.

Although the NMS is accessible to residents in all 12 neighbourhoods there is potential for this service to be accessed by more people and those pharmacies that don't provide the NMS should be encouraged to do so.

Under the new CPCF, the NMS will be expanded to include further indications and conditions where it has been shown to demonstrate value.

### 6.1.7 Access to stoma appliance customisation

In responding to the pharmacy questionnaire, 14 of the 67 of the pharmacies that responded stated that they offered stoma appliance customisation (SAC). Data supplied by the NHS Digital shows that in 2017/2018, 8 pharmacies were paid for SAC. This low level of provision reflects the specialist nature of the provision of appliances and it would be expected that this service is provided by DACs specialising in SAC provision.

In 2017/2018, 10 pharmacies provided this service to patients carrying out a total of 1,541 customisations. NHS Digital provided data shows that DACs in Greater Manchester carried out 88,355 SACs in 2015/2016 and 96,279 in 2018/2019.

According to data available from NHS Digital in 2017/2018 pharmacies and DACs nationally delivered 92,218 SACs for Manchester registered patients. This indicates that some SACs are carried out by DACs based outside Greater Manchester.

### 6.1.8 Access to Appliance Use Review (AUR)

Only two pharmacies provided AURs during 2017/2018; this low level of provision reflects the specialist nature of the provision of appliances and it would be expected that this service is provided by DACs.

DACs in Greater Manchester delivered 971 in 2015/2016 and 511 in 2017/2018 according to data from NHS Digital. The majority of these were delivered in the patient's own home. There were also some AURs provided by DACs outside GM in 2017/2018 as the data from NHS Digital indicates that there were 220 AURs carried out for Manchester registered patients.

### 6.1.9 Access to Community Pharmacy Seasonal Influenza Vaccination programme

According to data provided by NHS Digital, 84 pharmacies delivered this service in 2018/2019 that were commissioned to do so. These 84 pharmacies vaccinated 9,710 patients in 2018/2019 (see table 9).

**Table 9: Community Pharmacy Seasonal Influenza Vaccination delivery 2018/2019**

Neighbourhood	No. of Patients Vaccinated
Miles Platting, Newton Heath, Moston & City Centre	1835
Didsbury, Burnage & Chorlton	1340
Wythenshawe & Northenden	1070
Higher Blackley, Harpurhey & Charlestown	1024
Chorlton, Whalley Range & Fallowfield	999
Wythenshawe	980
Ancoats, Clayton & Bradford	569
Crumpsall & Cheetham Hill	488

Withington & Fallowfield	480
Gorton & Levenshulme	462
Hulme, Moss Side & Rusholme	335
Ardwick & Longsight	128
<b>Total</b>	<b>9,710</b>

### 6.1.10 Access to enhanced services

In July 2019, the only enhanced services commissioned by NHS England (table 10) from pharmacies in the Manchester HWB area are:

- Inhaler technique
- NUMSAS (111)

Table 10: Enhanced services and numbers of pharmacies commissioned (as of June 2019)

Enhanced Service	Number of pharmacies commissioned
NUMSAS (111)	19
Inhaler technique	22

The HWB recognises that this position may be mitigated by locally commissioned services.

Further details of these enhanced services are provided in section 7.3.

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

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

## 6.2 Necessary services: current provision outside the HWB area

In making its assessment the HWB needs to take account of any services provided to its population, which may affect the need for pharmaceutical services in its area. This could include services provided across a border to the population of Manchester by pharmacy contractors outside their area, or by GP practices, or other health services providers including those that may be provided by NHS trust staff.

Patients have a choice of where they access pharmaceutical services; this may be close to their GP practice, their home, their place of work or where they go shopping, recreational or other reasons. Consequently not all the prescriptions written for residents of Manchester were dispensed by the pharmacies within its boundary. Manchester has borders with seven Greater Manchester boroughs (Bury, Oldham, Rochdale, Salford, Stockport, Tameside and Trafford) and with Cheshire East.

87 pharmacies are located within 1 mile of the Manchester HWB border (see appendix 10), a number of which offer extended hours. Refer to NHS Choices (<http://www.nhs.uk/pages/home.aspx>) for full opening times.

Data from NHS Business Services Authority show that of all prescriptions written for Manchester registered patients, 87% are dispensed by Manchester pharmacies and DACs. The other 13% are dispensed elsewhere in England including the neighbouring HWB areas.

For details of prescriptions dispensed by Manchester pharmacies and DACs for patients registered in other Greater Manchester HWB areas see section 6.1.

Information on the type of advanced services provided by pharmacies and DACs outside the HWB's area to Manchester residents is not available. When claiming for advanced services contractors merely claim for the total number provided for each service. The exception to this is the SAC service where payment is made based on the information contained on the prescription.

However, even with this service just the total number of relevant appliance items is noted for payment purposes. It can be assumed however that Manchester residents will be able to access advanced services from contractors outside of Manchester.

It is not possible to identify the number of Manchester residents who access enhanced services from pharmacies outside the HWB area. This is due to the way that pharmacies are paid. However residents of the HWB area may access enhanced services from outside Manchester.

The same applies to locally commissioned services.

### **6.3 Other relevant services: current provision**

Other relevant services are those that are not necessary, but have secured improvement or better access to pharmaceutical services.

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

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

#### **6.3.1 Other relevant services within the HWB area**

91 pharmacies provide essential and advanced services through supplementary hours. The totality of these hours covers evenings and weekends. Opening hours are available on NHS Choices. The range of opening times is discussed in section 6.1.3 and is shown in appendix 7.

#### **6.3.2 Other relevant services provided outside the HWB area**

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

### **6.3.3 Other relevant services**

Whilst the HWB consider enhanced services as providing an improvement or better access to pharmaceutical services, only two are commissioned by NHS England<sup>2</sup>. The HWB is mindful of local commissioned services as described in section 5.5.2.

### **6.3.4 Choice with regard to obtaining pharmaceutical services**

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

Within the HWB area people have a choice of 135 pharmacies which have been utilised to dispense 87% of items prescribed within Manchester CCG. Residents choose to access a large number of pharmacies spread across Greater Manchester and the rest of England having 13% of items dispensed outside Manchester. As expected a proportion of these were dispensed in neighbouring HWB areas but not in significant numbers.

There are two DACs in the Manchester HWB area, however some residents choose to use DACs further afield or those pharmacies that provide appliances.

## **6.4 Future provision: necessary and other relevant services**

### **6.4.1 Primary Care developments**

The face of primary care in Manchester is undergoing major change with the formation of the Manchester Local Care Organisation (MLCO), which took over the running of statutory community health and social care services from April 2018.

The MLCO aims to deliver improvements in health and social care services for the people of Manchester by bringing together teams of health and care professionals.

Alongside this has been the publication of the NHS Long Term plan and the development of PCNs. These support the MLCO vision of local leadership, and aim to dissolve the barrier between primary care and community services with the objective to bring care closer to home. From a commissioning perspective, a significant part of primary care funding will flow through PCNs and the future development of local services will be influenced by PCNs.

How this will impact on the need for pharmaceutical services is difficult to quantify and it will be important that the HWB are mindful of the requirement for people to have access to pharmaceutical services that may be required as part of these changes.

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<sup>2</sup> By Sept 2019



## 6.4.2 Community Pharmacy Contractual Framework

The new Community Pharmacy Contractual Framework (CPCF) will expand and transform the role of community pharmacies and embed them as the first port of call for minor illness and health advice.

The contractual framework provides a five-year settlement which will take effect from October 2019. A number of new services will immediately be offered through community pharmacy as well as a programme to develop evidence based additions to those services. Foremost amongst the new services is the new national NHS Community Pharmacist Consultation Service (CPCS). The CPCS will see community pharmacies take referrals from NHS 111 for minor illness and urgent medicines supply from October 2019. This will be further developed over the five year period with referrals from other parts of the NHS, including GP practices. The CPCS will replace the current NHS NUMSAS and any local pilots of the DMIRS.

Although the majority of community pharmacies already proactively deliver a wider range of interventions to support peoples health and wellbeing, there will be an increased focus on prevention. By April 2020 being a level 1 Health Living Pharmacy will become an essential requirement for community pharmacy contractors. This will require all community pharmacies to have trained health champions in place to deliver interventions on key issues such as smoking and weight management as well as providing self-care advice.

A range of additional prevention and detection services will also be tested. If found to be effective, they could be mainstreamed within the CPCF over the course of the settlement period. These could include for example, a model for detecting undiagnosed cardiovascular disease (CVD) and referrals to treat within PCN, complementing the CVD service specification in the new GP contract; or the introduction of stop smoking support.

In 2019/2020, funding will be provided for Hepatitis C testing in community pharmacies for people using needle and syringe programmes to support the national Hepatitis C elimination programme.

Over the five year period a medicines reconciliation service will be introduced to ensure that changes in medicines made by secondary care are implemented appropriately when the patient is discharged back to community. In addition the NMS will be expanded to include further indications and conditions where it is shown to demonstrate value. MURs will be phased out by the end of 2020/2021.

To facilitate successful integration into PCNs requirements around NHS mail, Summary Care Records, and Directory of Services will become essential terms of service by April 2020. Terms of service will also be updated to state all pharmacies must be able to process electronic prescriptions from April 2020.

## 6.5 Other NHS services

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

- Hospital pharmacies. Hospitals reduce the demand for the dispensing essential service as prescriptions written in the hospital are dispensed by the hospital pharmacy service.
- MLCO. As the MLCO develops, patients who were once seen in hospital will now be seen within the primary care setting which may in turn increase the demand on community pharmacies.
- Personal administration of items by GPs. As above this also reduces the demand for the dispensing essential service. Items are sourced and personally administered by GPs and/or practice nurses thus saving patients having to take a prescription to a pharmacy, for example for a vaccination.
- GP out-of-hours service.
- Services commissioned by MCC or the Manchester CCG.

### 6.5.1 Hospital pharmacies and Manchester Local Care Organisation

Patients attending hospital pharmacies, on either an inpatient or outpatient basis, may require prescriptions to be dispensed. There are two hospital trusts in the HWB's area Manchester University NHS Foundation Trust, and North Manchester General Hospital (part of The Northern Care Alliance NHS Group).

As the MLCO evolves and community health and social care services are further developed, it is anticipated that a proportion of patients that were once seen in hospital will instead be supported within the primary care setting. It follows that this could lead to more prescriptions needing to be dispensed by pharmacies in primary care; however, it is likely that pharmacies will be able to absorb additional dispensing arising from this.

### 6.5.2 Personal administration of items by GPs

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

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

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

### 6.5.3 GP out-of-hours service

Beyond the normal working hours practices open, there is an out of hours service operated as an initial telephone consultation where the doctor may attend the patients home or request the patient access one of the clinics. The clinics and travelling doctors have a stock of medicines and depending on the patient and their requirement they may be given medicines from stock or a prescription issued for dispensing at a pharmacy. Prescriptions from out of hours services can be dispensed by pharmacies with longer opening hours. There are Pharmacies opened seven days a week or for longer hours six days per week and this is discussed in section 5.1.3 (Tables 6, 7 and 8). These pharmacies are geographically spread across Manchester and 12 Neighbourhoods.

### 6.5.4 Locally commissioned services: Manchester City Council and Manchester CCG

Since 01 April 2013 Manchester City Council has been responsible for the commissioning of some public health services. In addition the CCG commission a number of services that have an impact. Appendix 5 sets out the services currently commissioned and the number of pharmacies providing these services.

The patient survey indicated that more can be done to increase awareness of those services commissioned, as many respondents indicated that they would use these services if they were available.

## 7.0 How pharmaceutical services can help support a healthier population

### 7.1 Essential services

There are seven essential services (ES) listed below. These services must be offered by all pharmacy contractors during all opening hours of the pharmacy as part of the NHS CCPF:

- ES1 Dispensing medicines & dispensing appliances
- ES2 Repeat dispensing
- ES3 Disposal of unwanted medicines
- ES4 Public Health (promotion of a healthy lifestyle)
- ES5 Signposting
- ES6 Support for self-care
- ES8 Clinical governance

Medicines Optimisation is vital in the successful control of many long-term conditions (LTCs), e.g. circulatory diseases, mental health, diabetes, in order to have a positive impact on morbidity and mortality. Disease specific guidance, such as that provided by the National Institute for Health and Care Excellence (NICE), regularly emphasises the importance of medicines optimisation and adherence in control of LTCs.

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

Using ES3, pharmacies can direct patients in the safe disposal of medicines. This will reduce the risk of hoarding medicines at home and decrease the risk of errors in taking inappropriate or expired medicines.

ES4 can support local and national campaigns. They can help inform people of managing risk factors associated with many LTCs, such as smoking, healthy diet, physical activity and alcohol consumption. It provides the ability to:

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

Community pharmacy also plays a vital role in the management of minor ailments and self-care. They are also an important resource in supporting people in managing their own self-care and in directing people to the most appropriate points of care for their symptoms.

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

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

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

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

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

## 7.2 Advanced services

There are five advanced services within the NHS CPCF. Community pharmacies can choose to provide any of these services as long as they meet the requirements set out in the Secretary of State Directions:

- Medicines Use Reviews (MUR)
- New Medicines Service (NMS)
- Appliance Use Review (AUR)
- Stoma Appliance Customisation (SAC)
- Flu vaccination

Evidence shows that up to half of medicines prescribed for LTCs may not be taken as prescribed or simply not be taken at all (source NICE, Medicines adherence). Advanced services have a role in highlighting issues with medicines/appliance adherence, as well as reducing medicines waste.

Polypharmacy is highly prevalent in LTC management. Advanced services provide an opportunity to identify issues with side effects, changes in dosage, confirmation that the patient understands the role of the medicine/appliance, and optimise medicines.

Appropriate referrals can be made to GPs, or other care settings, so patients can receive a better outcome from their medicines. Advanced services may identify other issues with the patient, such as general mental health and wellbeing. These are good opportunities to signpost the patient to other pharmacy services, such as seasonal flu immunisation or repeat dispensing, or other services local to the area.

Promotion of self-care is an important aspect to managing LTCs. Advanced services gives the pharmacist an important opportunity to provide advice, for example, the importance of dry weight monitoring in heart failure management.

The aims of national influenza vaccination programme are to:

- a) sustain uptake of flu vaccine by building the capacity of community pharmacies as an alternative to general practice;
- b) provide more opportunities and improve convenience for eligible patients to access flu vaccinations;
- c) reduce variation and provide consistent levels of population coverage of community pharmacy flu vaccination across England by providing a national framework.

This service is provided to eligible patients aged 18 years or more. It is undertaken between 01 September up to and including the 31 March, annually. There is an emphasis to vaccinate 'at risk' groups by 31 January of each year.

## 7.3 Enhanced services

Pharmacies may choose to provide enhanced services. These services are commissioned to meet an identified need in the local population (see appendix 5). Depending on the service agreement in place, these services may or may not be accessible for all of the pharmacies opening hours.

Only those services that are listed within the 2013 Directions may be referred to as enhanced services. If NHS England wishes to commission a service not listed within the Directions, it cannot be called an enhanced service and it also falls outside the definition of pharmaceutical services.

### **7.3.1 Inhaler technique**

The inhaler technique enhanced service is commissioned by NHS England. It is designed to improve the technique of patients prescribed an inhaler device to ensure that treatment is delivered correctly into the lungs.

This service is included with an advanced service (MUR) to improve the patient's understanding of their treatment as well as ensuring they have the correct technique when using the device.

### **7.3.2 NHS Urgent Medication Supply Advanced Service (111)**

The NHS Urgent Medication Supply Advanced Service (NUMSAS) was a new advanced pharmacy service pilot commissioned by NHS England. The service was introduced as part of the 2016-2018 Community Pharmacy Funding Settlement and will run until the end of September 2019.

As part of the 2019/2020 – 2023/2024 CPCF (introduced from October 2019), NUMSAS will continue as a nationally commissioned advanced pharmacy service and become part of a Community Pharmacist Consultation Service.

NUMSAS enables patients who contact NHS 111 asking for an urgent supply of medicines to be referred to a community pharmacy. If clinically appropriate, the community pharmacist can supply the medicines required. This service is free, at the point of use, to those patients exempt from NHS prescription charges. NUMSAS involves direct referral to community pharmacies and includes community pharmacy as part of the urgent care pathway. The service reduces existing pressure on GP out-of-hours services as many patients will no longer be directed to them for an urgent supply of medicines.

NUMSAS was launched across Greater Manchester pharmacies in July 2017. As of June 2019 there were 121 community pharmacies delivering the service. Nineteen pharmacies in the Manchester HWB area currently deliver this service.

## **7.4 Manchester CCG locally commissioned services**

### **7.4.1 Minor Ailment Scheme**

Manchester CCG commission a minor ailment service (MAS). It is managed by NHS England on their behalf. The scheme is funded by Manchester CCG.

The MAS is designed to allow registered residents of Manchester to access treatment for minor ailments as part of NHS provision without having to visit their GP. The scheme is intended to reduce demand for GP consultations for conditions that can be managed safely

in the pharmacy setting. The scheme is also intended to reduce the demand for urgent care, especially out of hours.

#### **7.4.2 Access to palliative care medicines**

The aim of the end-of-life (EOL) care/palliative care pharmacy service is to improve access to the supply of specialist palliative care drugs within the community in a timely manner for patients, carers and health professionals. National guidance recommends that palliative care formularies should be agreed as part of EOL care pathways. There should be adequate provision of these drugs for both in-hours and out-of-hours settings in order to support home death scenarios.

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

#### **7.4.3 Antiviral provision**

This service is intended to provide rapid access for antiviral medicines for use in care homes. This should be used when an outbreak has been detected and it is decided that prophylactic treatment is required for the resident population.

Two pharmacies have been commissioned to maintain a stock of antivirals ensuring that in-date stock is available during their opening times. This service commenced in September 2016.

#### **7.4.4 Manchester Community Pharmacy Hypertension Find & Treat Service**

Hypertension is one of several risk factors for diseases such as heart failure, myocardial infarction, stroke, and chronic kidney disease. The service aims to find people with undiagnosed hypertension and/or atrial fibrillation through the targeted opportunistic screening of people. There are 8 community pharmacies in the pilot who will deliver lifestyle advice and intervention using an 'every contact counts' approach.

#### **7.4.5 Joint health and care assessments**

A pilot is currently in operating for a small cohort of patients; where joint assessments are taking place between health (community pharmacy, medicines optimisation and general practice) and adult social care colleagues. These assessments, check Manchester residents medication requirements and compliance support. Where appropriate reasonable adjustments are provided, e.g. MDS, optimisation of medication regimens and assistive technology

### **7.5 Manchester City Council locally commissioned services**

Sexual Health Services:



- Emergency hormonal contraception (EHC)
- Chlamydia screening and treatment

Substance misuse services including:

- Supervised methadone/buprenorphine
- Needle exchange

Pregnancy, Breast feeding and Children (under 4s)

- Healthy Start vitamins

There are elements of the essential service provision which will help address the health needs of these cohorts of patients:

- Pharmacies are required to participate in up to six public health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by NHS England.
- Where the pharmacy does not provide the local commissioned service (LCS) for needle exchange, supervised consumption of methadone/buprenorphine, or alcohol screening, they should signpost the client to other service providers that will support their condition.
- Where the pharmacy does not provide sexual health services, they should signpost the client to other service providers that will support their condition.

### **7.5.1 Alcohol and substance misuse**

Services, such as needle and syringe exchange (NEX) and administration involving the client consuming methadone or buprenorphine under the direct supervision of a pharmacist in a community pharmacy, are an integral part of the harm reduction strategy for drug users.

NEX aims to:

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

Direct supervision is a medicines adherence service which aims to:

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

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

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

### 7.5.2 Sexual health: teenage pregnancy

There is a very strong evidence base for the use of EHC in reducing unplanned or unwanted pregnancies, especially within teenage years. Its use forms part of an overall national strategy to reduce the rate of teenage pregnancy in England.

Through this service, treatment is supplied under a patient group direction (PGD) to women. They must meet the criteria for inclusion stated in the PGD and service specification. Treatment can also be prescribed using an FP10 prescription. It may also be bought as an over-the-counter medicine from pharmacies; however the client must be 16 years or more.

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

### 7.5.3 Other sexual health services

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

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

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

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

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

### 7.5.4 Mental health and wellbeing

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

- Providing accessible and comprehensive information/advice to carers about what help and support is available to them.
- Provision of essential services, e.g. signposting. Ensuring that pharmacies have information on the help and support that is available will enable them to signpost carers accordingly.

### 7.5.5 Pregnancy, breastfeeding and children (under 4)

This commissioning model sees selected community pharmacies dispensing the Healthy Start vitamins to all eligible beneficiaries of the national Healthy Start scheme.

The aim of the model is to:

- Work in an integrated way to standardise the approach in the dispensing of Healthy Start vitamins;
- Manage the quality of community interventions to improve care and outcomes;
- Take a strength-based approach that builds upon existing good practice in community self-care;
- deliver a person-centred and whole-families approach to the delivery of Healthy Start and all aspects of health;
- Work in partnership with wider healthcare professionals to promote maternal and child nutrition and increase take-up of vitamin supplementation via Healthy Start.

Not all pharmacies in Manchester are part of the service, but we have aimed for an even spread across the city. It is the aim of our commissioners to have more pharmacies participating in the scheme.

## 8.0 Gap analysis of pharmaceutical services provision

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

- Essential services provided by pharmacies during standard 40 core hours in line with their terms of service as set out in the 2013 regulations, and
- Advanced services

Services provided within a standard pharmacy providing 40 core hours have been considered necessary by the HWB. There are 135 such pharmacies. Their opening hours can be found in appendix 7.

The 2008 White Paper, Pharmacy in England: building on strengths – delivering the future, states that it is the strength of the current system that community pharmacies are easily accessible. The HWB believe that the population of Manchester, across all 12 neighbourhoods used in the PNA, currently support this position.

In particular, the HWB had regard to the following, drawn from the mapped provision of and access to pharmacies:

- Maps 2, 3, 4, 5 and 6 show the location of pharmacies within each of the PNA localities and across the whole HWB area.
- Maps 2, 3, 5 and 6 showing the population density per square km by Ward and the relative location of pharmacy premises.
- Map 1 showing the Index of Multiple Deprivation and deprivation ranges.
- Map 4 illustrates that a large proportion of Manchester residents live within 0.5 miles of a pharmacy and that the majority sit within 1.0 miles. The majority of residents should be able to access a pharmacy during normal weekday hours within 15 to 30 minutes.

- The number, distribution of pharmacies within each of the PNA localities and across the whole HWB area (maps 2, 3, 4, 5 and 6).
- The choice of pharmacies covering each of the 12 neighbourhoods and the whole HWB area (appendix 6).
- Overall results of the patient survey (appendix 3).

Taking into account the totality of information available, the HWB consider the location, number, distribution and choice of pharmacies covering each of the 12 neighbourhoods and the whole Manchester HWB areas providing essential and advanced services during the standard core hours to meet the needs of the population.

The HWB has not received any significant information to conclude otherwise currently. This needs to be considered in the context of the new CPCF.

## 9.0 Service improvements and better access

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

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

The location of premises and choice of provider is not as extensive beyond the standard 40 core hours as described under the previous consideration of what is necessary. However in each locality, there are pharmacies open beyond what may be regarded as normal hours, in that they provide pharmaceutical services during supplementary hours (in the early morning or evening, or weekends).

Taking into account the totality of information available, the HWB consider the location, number, distribution and choice of pharmacies covering each of the 12 neighbourhoods and Manchester's HWB area providing essential and advanced services during early mornings, evenings and weekends, to provide an improvement and better access that meet the requirements of the population.

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

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

With regard to enhanced services, in this case "WHAT" services, the HWB is mindful that only those commissioned by NHS England are regarded as pharmaceutical services.

However, since 01 April 2013, there has been a shift in commissioning arrangements for some services that would otherwise be defined as enhanced services. Therefore, the absence of a particular service being commissioned by NHS England is mitigated by commissioning through the Manchester CCG and Manchester City Council. This PNA identifies those locally commissioned services.

Whether commissioned as enhanced or a locally commissioned service, the HWB consider these to provide both an improvement and better access to such services for the residents of Manchester's HWB area where such a requirement has been identified and verified at a local level. At the time of writing this PNA, the HWB has not identified either itself or through consultation any requirement to provide either further access to those services already commissioned or to commence the provision of enhanced pharmaceutical services not currently commissioned.

Taking into account the totality of information available, the HWB consider the location, number, distribution and choice of pharmacies covering each of the 12 neighbourhoods and Manchester's HWB area providing enhanced services, including the mitigation by the provision of locally commissioned services, to provide an improvement and better access for the population. The HWB has not received any significant information to conclude otherwise currently.

The above assessments will need to be considered in the context of the new CPCF.

## **10.0 Conclusions (for the purpose of Schedule 1 to the 2013 Regulations)**

### **10.1 Current provision: necessary and other relevant services**

As described in sections 6.1, 6.2 and 6.3 and required by paragraphs one and three of schedule 1 to the Regulations, Manchester's HWB has had regard to the pharmaceutical services referred to in this PNA. The HWB has identified those that are necessary, those that secure improvements or better access and those which contribute towards meeting the need for pharmaceutical services in the area of the HWB.

Manchester's HWB has determined that while not all provision was necessary to meet the need for pharmaceutical services, the majority of the current provision was likely to be necessary as described in section 8 with that identified in section 10 as providing improvement or better access without the need to differentiate in any further detail.

#### **10.1.1 Necessary services: gaps in provision**

As described in section 8 and required by schedule 1, paragraph 2 of the 2013 Regulations, Manchester's HWB has had regard to the following in seeking to identify whether there are any gaps in necessary services in the area of the HWB.

### 10.1.2 Access to essential services

In order to assess the provision of essential services against the needs of our population we consider access (distance to travel and opening hours) as the most important factor in determining the extent to which the current provision of essential services meets the needs of the population.

### 10.1.3 Access to essential services during normal working hours

Manchester's HWB has determined that the travel times as identified in section 6.1.1 to access essential services are reasonable in all the circumstances.

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

### 10.1.4 Access to essential services outside normal working hours

In Manchester there is satisfactory access to essential services outside normal working hours in all 12 neighbourhoods and across the HWB area. This is due to the supplementary opening hours offered by most pharmacies. It is not expected that any of the current pharmacies will reduce the number of core opening hours and NHS England foresees no reason to agree a reduction of core opening hours for any service provider except on an ad hoc basis to cover extenuating circumstances.

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

### 10.1.5 Access to advanced and enhanced services

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

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

## 10.2 Future provision of necessary services

Manchester's HWB has not identified any pharmaceutical services that are not currently provided but that will, in specified future circumstances, need to be provided in order to meet a need for pharmaceutical services.

**Based on the information available at the time of developing this PNA, no gaps in the need for pharmaceutical services in specified future circumstances have been identified.**

### **10.3 Improvements and better access: gaps in provision**

As described in section 9 and required by schedule 1, paragraph 4 of the 2013 Regulations, Manchester's HWB has had regard to the following in seeking to identify whether there are any gaps in other relevant services within the 12 neighbourhoods and the area of the HWB.

### **10.4 Access to essential services: present and future circumstances**

Manchester's HWB considered the conclusion in respect of current provision as set out in section 10.0 and the information in respect of essential services (see section 7.1). While it was not possible to determine which current provision of essential service by location or standard hours provided improvement or better access, the HWB was satisfied that some current provision did so.

Manchester's HWB has not identified services that would, if provided either now or in future specified circumstances, secure improvements to or better access to essential services.

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

### **10.5 Current and future access to advanced services**

Not all pharmacies are currently offering MURs or NMS. However, these services are not commissioned by NHS England but provided by the pharmacy should it choose to do so.

In 2017/18, 11 pharmacies did not provide MURs. NHS England continues to encourage these pharmacies and pharmacists to become eligible to deliver MURs and to encourage all pharmacies to complete the maximum number of MURs allowed to ensure more eligible patients are able to access and benefit from this service.

In 2017/18, 31 pharmacies did not provide the NMS. NHS England continues to encourage pharmacies and pharmacists to become eligible to deliver the service so that more eligible patients are able to access and benefit from this service.

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

NHS England continues to encourage those contractors in the area that do provide appliances to become eligible to deliver these advanced services where appropriate.



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

## **10.6 Current and future access to enhanced services**

NHS England commissioned just **two** enhanced services (inhaler technique and NUMSAS) from pharmacies.

Many of the enhanced services listed in the 2013 directions are now commissioned by Manchester City Council (public health services) or Manchester CCG (access to medicines) and so fall outside of the definition of both enhanced services and pharmaceutical services.

**Based on the information available at the time of developing this PNA, no gaps in respect of securing improvements, or better access, to enhanced services either now or in specified future circumstances have been identified.**

## **10.7 Other NHS services**

As required by schedule 1, paragraph 5 of the 2013 Regulations, Manchester's HWB has had regard in particular to section nine considering any other NHS services that may affect the determination in respect of pharmaceutical services in the area of the HWB.

**Based on the information available at the time of developing this PNA, no gaps in respect of securing improvements, or better access, to other NHS services either now or in specified future circumstances have been identified.**

## **10.8 How the assessment was carried out**

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

With respect to how the HWB considered whether to determine localities in its area for the purpose of this PNA, see section 3 and section 6 and maps 1- 7.

With respect to how the HWB took into account the different needs in its area, including those who share a protected characteristic, see section 5.

## **10.9 Map of provision**

As required by paragraph seven of schedule 1 to the 2013 Regulations, the HWB has published a map of premises providing pharmaceutical services in map 3. Additional maps are also provided throughout and as listed in appendix 8.

## **10.10The Community Pharmacy Contractual Framework 2019/2020 to 2023/2024**

The HWB have noted that the Community pharmacy Contractual Framework for 2019/2020 to 2023/2024 was published on 22 July 2019 and will come in to effect from October 2019. The contractual changes represent a new and expanded role for community pharmacy which will require the sector to adopt new and different ways of working. There will be a change in service provision over the contract period for example MURs will be discontinued and a Community Pharmacy Consultation Service will be launched.

Not all changes to pharmaceutical services will result in a change to the need for services. Where required, the HWB will issue supplementary statements to update the PNA as changes take place to the provision of services locally.