Manchester Health and Wellbeing Board Pharmaceutical Needs Assessment 2023-2026

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All maps discussed in this document are available in a separate appendix (see below).

Data regarding contractors and services delivered was obtained from NHS England (NHSE) Local Team, Manchester City Council (MCC) and Manchester Integrated Care Partnership (ICP).

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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 local authorities (LA) and the NHS, including Integrated Care Boards (from 01 July 2022) 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 (NHSE), these gaps may then be considered by those organisations.

The PNA will be used by NHSE 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 NHSE 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 NHSE is required to refer to the local PNA.

The City of Manchester covers an area of approximately 116 square kilometres (11,600 hectares) with a population of 586,100, giving a density of 51 persons per hectare. This is based on the Manchester City Council Forecasting Model (MCCFM) data for 2021.

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 rate of unemployment and the percentage of the population aged 16+ claiming unemployment benefit is higher (5.8%) when compared to the England national average (3.7%) as of October 2022. Manchester also has some of the poorest health in England, and within its 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. 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 of the Manchester population and sought information from pharmacies, Manchester City Council (MCC), Manchester Integrated Care Partnership (ICP), and NHSE.

1.3 Overview of current pharmaceutical services

Manchester currently has 127 pharmacies providing a range of essential services, advanced services, enhanced services, and locally commissioned services on behalf of MCC, Manchester ICP and NHSE.

Of those pharmacies, 18 are 100 hour pharmacies and 10 are distance selling or wholly mail order (internet) pharmacies.

There are three DACs who provide access to dispensing and services associated with appliances for some patients. In addition to this, DACs offer their services remotely and deliver products across huge footprints both regionally and nationally.

Therefore, it is worth noting that there are currently 8 DACs in Greater Manchester (this figure includes the three local to Manchester) that serve the whole of Greater Manchester and beyond.

The PNA contractor survey received response from 27 Manchester community pharmacies.

The PNA public questionnaire received 91 responses from the public via digital methods of collection.

The PNA has not, to date, identified any existing gaps in pharmaceutical services. This is clearly demonstrated by the following points:

- Manchester has 23 pharmacies per 100,000 population, which is higher than the Greater Manchester and England averages;
- Manchester has more 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 number, location and distribution of pharmacies across the city of Manchester;
- Over 84% of patients surveyed have a preferred pharmacy that they use regularly;
- Over 71% 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;
- 82% of patients surveyed are satisfied with the opening hours of their pharmacy;
- 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 was conducted between Monday 05 September and Friday 04 November 2022 (see section 2.1 for list of consultees).

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 or 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.

Results from both the public and contractor surveys indicate that further collaboration is required working with Manchester ICP, MCC, primary care, NHSE and Local Pharmacy Committee (LPC) stakeholders in order to promote the range of community pharmacy services available to the public and primary care. The HWB also recognise that collaboration with pharmacy contractors is required to understand the capability and capacity to provide existing and future services, commissioned both locally and nationally.

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 2020.

- In the current NHS there is a need for the local health partners to ensure that the health and pharmaceutical needs of the local population are met through the appropriate commissioning of services.
- 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 2019/20 to 2023/24 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. As the CPCF is projected to be updated in 2024, the HWB will issue supplementary statements to update the PNA where required 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 pharmacy and dispensing appliance contractors included on the pharmaceutical list and any dispensing GP practices in the HWB area;
- Any pharmacy contractor that holds a local pharmaceutical services contract with premises that are in the health and wellbeing board's area;
- Dispensing doctors included in the dispensing doctor list for the area of the health and wellbeing board (if any);

- Any local Health Watch 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 (NHSE)
- Any neighbouring HWB.
- Other patient, consumer and community groups in the area with an interest in the provision of pharmaceutical services in the area

The Health and Social Care Act 2012 also transferred responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list from primary care trusts to NHSE. The PNA will be used by NHSE 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 NHSE of pharmacy services, including enhanced services commissioned by local commissioners.

2.1.1 Health and Wellbeing Board duties in respect of the PNA

In summary Manchester HWB must:

- Produce an updated PNA which complies with the regulatory requirements;
- Publish its fourth PNA by 01 April 2023;
- 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 PNA

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 commissioned pharmaceutical services.

If a pharmacy or a DAC wants to provide pharmaceutical services, they are required to apply to NHSE 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, secure improvements or enable better access similarly identified within the PNA.

The PNA defines the needs for, improvements or better access to, a range of pharmaceutical services or one specific service. Based upon this, applications to meet these are triggered. 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 (2020) the city's health and social care services continue to undergo a significant change programme whilst at the same time implementing the Manchester Locality Plan, 'Our Healthier Manchester'. Since the legislation passed through parliament, Integrated Care Systems (ICS) were established in sub regions of England from 01 July 2022. This now means that the ten Clinical Commissioning Groups in Greater Manchester (GM) no longer exist and have integrated to become the NHS Greater Manchester Integrated Care (NHS GM) Partnership. Manchester Health and Care Commissioning (MHCC), a formal partnership between the CCG and the City Council, has therefore ceased.

The ICS will have four aims:

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience and access
- Enhance productivity and value for money
- Help the NHS support broader social and economic development.

National guidance sets out the core building blocks of an ICS including:

1. An ICS Partnership, convened between the ICS Board and local authorities as a broad strategic alliance
2. An ICS NHS Body, as a statutory NHS organisation, which will deliver the following functions:

    - Developing a plan to meet the health needs of the population and to ensure NHS services and performance are restored
    - Allocating resources
    - Establishing governance arrangements
    - Arranging for the provision of health services
    - Leading system implementation of the people plan
    - Leading system-wide action on data and digital
    - Working with Councils to invest in local community organisations and infrastructure
    - Joint work on estates, procurement, supply chain and commercial strategies
    - Planning for, responding to, and leading recovery from incidents
    - Functions NHS England (NHSE) will be delegating including primary care and appropriate specialised services

The ICS NHS Body will put necessary governance arrangements in place, including a unitary board (ICB), committees and a scheme of delegation. The statutory organisation within this new system has now become the Integrated Care Board (ICB) which will take on the functions of Clinical Commissioning Groups (CCGs) which were disestablished on the 30 June 2022.

In Greater Manchester this will mean a shift from the Greater Manchester Health & Social Care Partnership (GMHSCP) arrangements to a new Greater Manchester ICS and ICB. Work is currently underway to support this transition, determining the future role and governance of the GM ICS and ICB and the 10 localities in the new structure. There will be a designated Place Based Lead (PBL) for each local authority area and in Manchester this is the Chief Executive of the City Council. There will also be a Locality Board and Provider

Collaborative in each area, and these are now both established in Manchester. An interim operating model for how the local system will work within Manchester and between Manchester and NHS GM is in place to provide consistency whilst the ICS transition continues.

As part of the NHSE 2023/24 priorities and operational planning guidance, there will be a shift towards ICBs taking on population healthcare budgets, with pharmacy, ophthalmology and dentistry (POD) services fully delegated by April 2023. This will enable local systems to design and deliver more joined up care for the local population. NHSE will provide ICBs with tools and resources to support transformation as they take on commissioning responsibility across POD services as well as support the integration.

ICBs will be expected to work with NHSE through joint commissioning arrangements to develop delivery plans. At this stage, the plan is currently being developed. Any changes to access or delivery of pharmacy services provided in Manchester that may be affected by this transition will be updated by the HWB accordingly via a supplementary statement where required.

The Manchester Local Care Organisation (MLCO) is a partnership organisation comprised of Manchester University NHS Foundation Trust (MFT), Greater Manchester Mental Health NHS Trust (GMMH), MCC 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 3,400 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 the lead organisation for population health management across Manchester.

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 2020 re-fresh of the Locality Plan maintained the five strategic aims for the city:

- 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.

The impact of the COVID-19 pandemic on Manchester has included damaging longer-term economic, social and health effects which are expected to further impact on health and widen inequalities. These effects include strains in public finances, affecting community and environmental conditions; widening inequalities in attendance and attainment in education and early years; increasing poverty, debt and income inequality; rising unemployment, particularly for young and older people; deteriorating mental health for all age groups, but particularly for young people. These effects are likely to be compounded for people from Black, Asian and Minority Ethnic (BAME) groups, disabled people, older people, women and those on low incomes. In turn, these effects are likely to be further compounded for those living in low-income areas.

Following the publication of Professor Sir Michael Marmot's "Build Back Fairer in Greater Manchester: Health Equity and Dignified Lives" in June 2021, Manchester gave a commitment to consider the recommendations and develop a local response.

Making Manchester Fairer- Tackling Health Inequalities in Manchester 2022-27 describes the actions Manchester will take to reduce health inequalities over the next 5 years in response to the Marmot Review for Greater Manchester and the specific needs of Manchester's residents in light of the COVID-19 pandemic.

The plan identifies eight areas of action:

1. Giving children and young people the best start in life
2. Lifting low-income households out of poverty and debt
3. Cutting unemployment and creating good jobs
4. Preventing illness and early death from big killers- heart disease, lung disease, diabetes and cancer
5. Improving housing and creating safe, warm and affordable homes
6. Improving our environment and surroundings in the areas where we live, transport, and tackling climate change
7. Fighting systemic and structural discrimination and racism
8. Strengthening community power and social connections

This action plan also provides a structure for greater collaboration between multi-agency and cross sectoral partnerships to mobilise organisations to place health equity at the heart of governance, policy development, resource allocation, workforce planning and commissioning arrangements.

3.1.1 National Community Pharmacy Contract Overview

The HWB have noted that the Community Pharmacy Contractual Framework, 2019/20 to 2023/24 was published on 22 July 2019. The framework underlines the necessity of protecting access to local community pharmacy services and confirms community pharmacy's future as an integral part of the NHS, delivering clinical services as a full partner in local Primary Care Networks.

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 Pharmacy Quality Scheme Overview

The HWB have noted that the Pharmacy Quality Scheme (PQS) 2022/23 forms part of the Community Pharmacy Contractual Framework (CPCF). It supports delivery of the NHS Long Term Plan and rewards community pharmacy contractors that deliver quality criteria in three quality dimensions: clinical effectiveness, patient safety and patient experience.

3.1.3 Primary Care Networks

Primary Care Networks (PCNs) are a key part of the NHS Long Term Plan; since June 2019 all general practices have been required to be within a network and CCGs (as they were formerly known) were required to commit recurrent funding to develop and maintain them. PCNs build upon existing primary care services and enable a greater provision of proactive, personalised, coordinated and integrated health and social care for patients.

PCNs are formed via sign up to the Network Contract Directed Enhanced Service (DES) Contract Specification, which was first introduced on 01 July 2019 and sets out core requirements and entitlements for a PCN. PCNs are also supported by the PCN Development Programme which is centrally funded and locally delivered.

The implementation of PCNs in 2019 enabled networks to develop expanded neighbourhood teams which will comprise a range of staff such as GPs, pharmacists, district nurses and other Allied Health Professionals such as physiotherapists and podiatrists that can be sourced through the Additional Roles Reimbursement Scheme (ARRS). Additionally, PCNs will be joined by social care and the voluntary sector.

All general practices are aligned to a PCN, covering 30,000-50,000 patients, with local enhanced services that were funded by CCGs and provided through the network contracts. The networks aim to provide the structure and funding for services to be developed locally, in response to the needs of the patients they serve. Since 01 July 2022, this funding has transitioned to NHS GM Integrated Care Partnership.

It is important that community pharmacy teams are fully involved within the work of their PCN. In addition to the Network DES, the Investment and Impact Fund (IIF) forms part of this. It supports PCNs to deliver high quality care to their population, as well as supporting the delivery of priority objectives articulated in the NHS Long Term Plan and in Investment and Evolution; a five-year GP contract framework to implement the NHS Long Term Plan. The IIF incentivises collaborative working between primary care and community pharmacy teams through several indicators; including the delivery of the seasonal influenza vaccination program by community pharmacy providers, promoting the community pharmacy consultation service, and encouraging high blood pressure (hypertension) monitoring.

The expectation is that PCNs will work collaboratively with others, dependent on the needs of the local population. Community pharmacy should feature as an integral part of the PCNs by delivering clinical services as a full partner with local PCNs. Community pharmacies also have their own PCN that aligns to the PCN model; these PCNs are still in their infancy and more work is being done to develop them as part of an integrated approach to healthcare.

3.2 Manchester's Population

3.2.1 Summary

Since the publication of the last Manchester PNA, Manchester has faced the unprecedented challenge of the COVID-19 health pandemic. Manchester's residents have been disproportionately adversely affected by the pandemic. Existing inequalities have deepened across all age groups and particularly for our most deprived communities; Black, Asian and minority ethnic communities, and those already living in poverty.

Despite the health challenges, the economic interruption and hardship the city has faced due to the pandemic, the aspiration for a more inclusive economy has not been diminished.

During the pandemic, life expectancy at birth for Manchester residents fell by an estimated 3.1 years for men and 1.9 years for women in 2020, compared to England fall of 1.3 years for men and 0.9 years for women. Life expectancy fell more in the most deprived areas of England, seeing a significant gap in life expectancy at birth for both men and women between those living in the most and least deprived parts of the city (8.1 years for men; 7.3 years for women). Over 73,000 fewer presentations to GP practices throughout 2020 leading to significant drop in suspected cancer referrals decreases in breast (-4.1%) and

cervical cancer (-3.4%) screening uptake and delays in cancer diagnosis and treatment scheduling.

In Manchester, the population size has increased by 9.7%, from around 503,100 in 2011 to 552,000 in 2021 (figures published by the Office for National Statistics (ONS) on 28 June 2022 following the release of the first batch of the 2021 census data). This is higher than the overall increase for England (6.6%), and the North-West (5.2%). The percentage of people under the age of 15 years in Manchester is 19.4%, 71.1% of people are between the age of 15-64 years and 9.4% of people are over the age of 65 years.

Over the next 10 years, the resident population of Manchester is projected to increase. Forecasts produced by the City Council suggest that the city's population will surpass 635,000 by 2025 and that there will be around 662,000 people living in the city by 2028. The health of people in Manchester is generally worse than the England average. People living in Manchester continue to experience higher levels of ill health and early death than other major cities and towns in England. Manchester is one of the 20% most deprived districts/unitary authorities in England and about 28% (29,600) of children live in low income families. Life expectancy for both men and women are lower than the England average. The State of the City Report 2021 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).

Adults from the most deprived parts of Manchester are more likely to have a diagnosed long-term condition (LTC) such as Chronic Obstructive Pulmonary Disease (COPD), Heart Disease, Stroke or Diabetes, than those living in the least deprived parts of the city. Therefore, ensuring clear, safe, and fair access to the right pharmaceutical services in the right place, at the right time for the people of Manchester is critical.

3.2.2 Population growth and change

The estimated number of people living in Manchester fell throughout the 1970s and 1980s. However, between 2001 and 2011 the estimated population of Manchester grew by 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.

Measuring the population of the city is complex. The most recent information available based on counting residents is from the Census 2021 which indicated approximately 552,000 residents (rounded). This is the “gold standard” in measuring populations, but there are some significant limitations of Census 2021 as it was undertaken during the COVID-19 pandemic. It is not a full count of residents usually living in Manchester as many usual residents moved to live elsewhere (for example students moving back home) during this time. Our in-house modelling estimates that there may be as many as 33,000 missing residents from the Census data, with many of those aged 20-39.

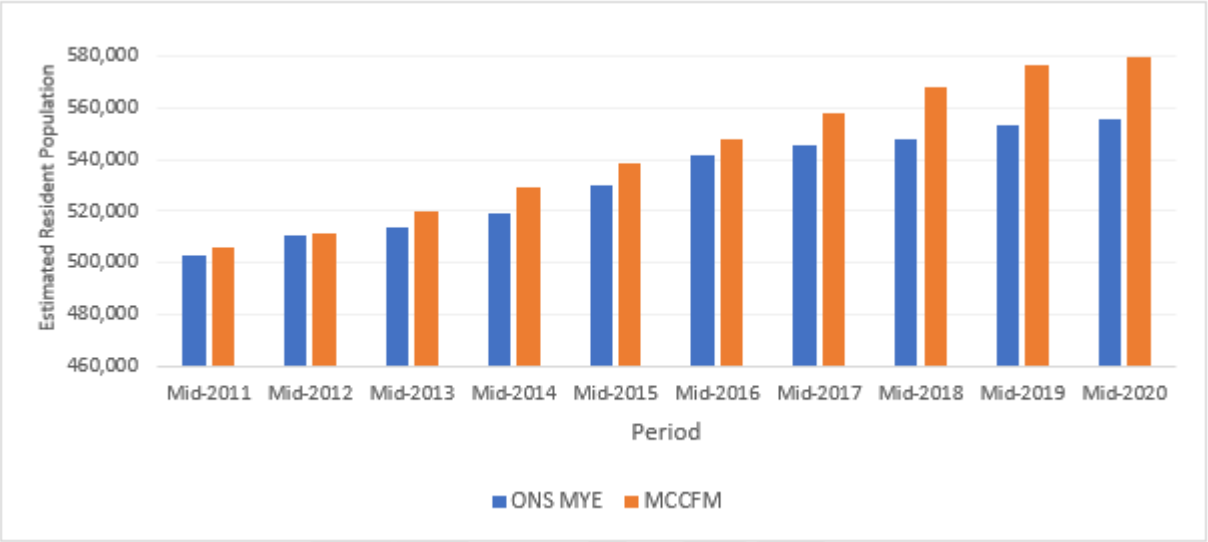
Alternative measures come from population estimates which are more frequent and take into account growth in the decade between census snapshots. In June 2021, the Office for National Statistics (ONS) published their most recent population estimates based on forecasting from the previous 2011 census: the data indicated 555,741 people were living in Manchester as of mid-2020. This is equivalent to just over 0.50% growth in the population compared with the previous year’s estimate for mid-2019 of 552,858.

Manchester City Council has developed its own population forecasting model (MCCFM) as local understanding and context is not taken into account in the national model. The MCCFM 2021 estimates that the residential population in 2021 was 586,100, compared to

578,500 in 2020. The 2020 mid-year estimate from the Office of National Statistics (ONS) is much lower at 555,741. The higher figure in the MCCFM take account of local intelligence such as the high level of construction, rising numbers of international students and increasing demand for school places.

When compared with Manchester City Council's own population growth forecasts (which align to local data), ONS consistently projects lower population growth rates potentially underestimating the total number of people living in the city (see Figure 1 below below).

Figure 1: Population change mid-2011 to mid-2020 – comparing ONS



Since the beginning of 2011, the largest growth has been seen in school age children in Age Group (5-15), and in adults in Age Groups (25-64). The following ten years, to 2031, portrays a slightly different picture with a decrease in Age Group (5-15), but with an increase in Age Group (65-84), as the higher volume of the current 45-64 years olds reach the next age band. Regardless of measurement, both the outward migration of people to neighbouring areas as they age, and low life expectancy are key contributing factors, alongside students and a rising young working population, towards Manchester being a 'young' City, with a median age of just below 31 years of age, this is nearly 10 years younger than the median age of the population in England (40.2). By 2031, the 66+ population of Manchester is set to increase by more than 8,500 residents over the decade, which is significantly higher than the 6% uplift in this population between 2011 and 2021.

Table 1: Estimated and projected change in population 2011- 2031

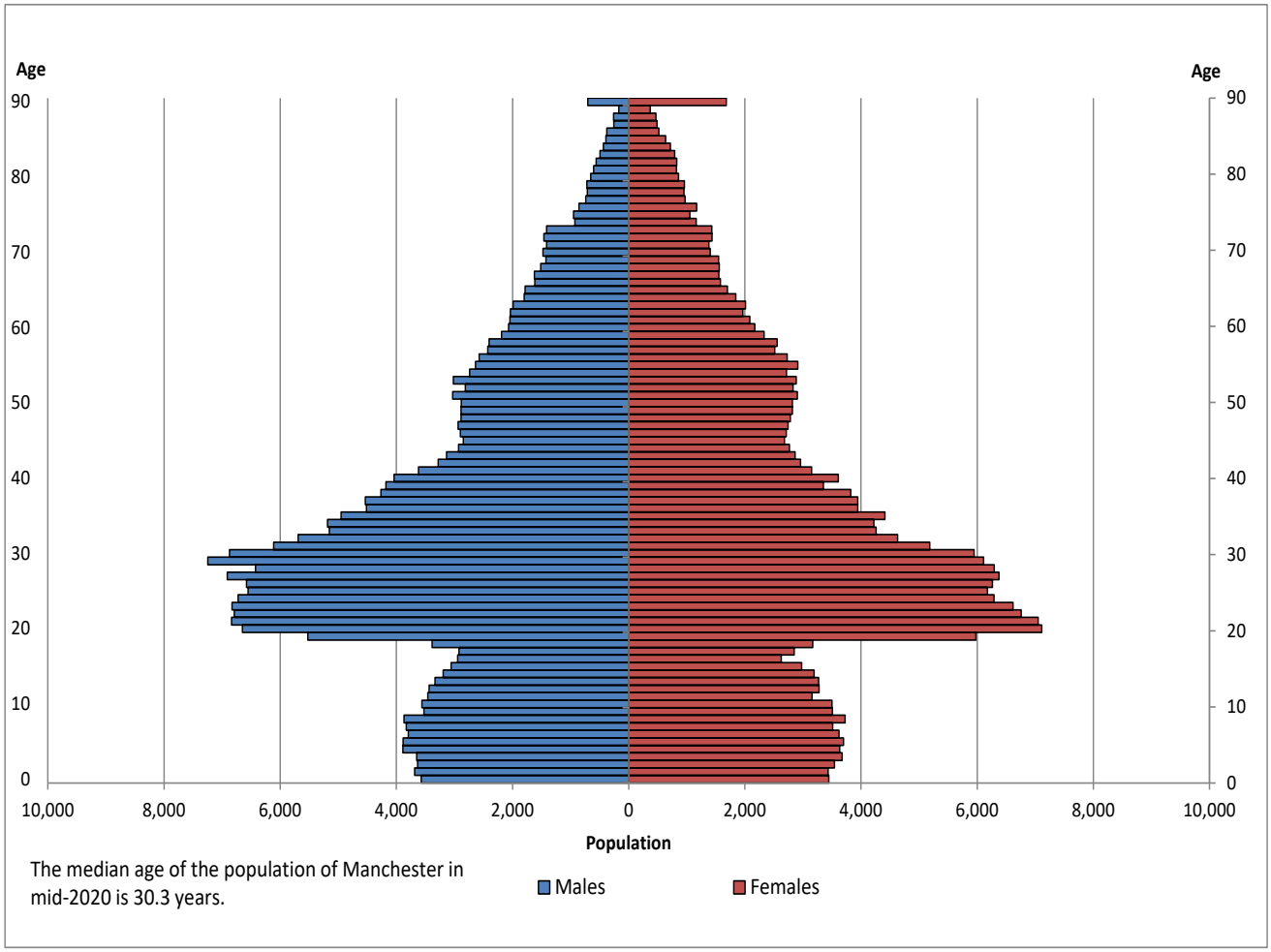
Age Group	Population 2011	Population 2021	Population Change 2011 - 2021		Annual Population Growth	Population 2031	Population Change 2021 - 2031		Population 2011, 2021 & 2031
0-4	36,742	36,427	-315	-0.9%	-0.1%	41,445	5,018	13.8%	
5-15	61,500	82,070	20,570	33.4%	2.8%	81,332	-738	-0.9%	
16-24	97,919	97,057	-863	-0.9%	-0.1%	115,229	18,172	18.7%	
25-44	168,520	210,457	41,937	24.9%	2.1%	238,396	27,939	13.3%	
45-64	90,938	109,107	18,169	20.0%	1.7%	133,432	24,325	22.3%	
65-84	42,781	45,956	3,175	7.4%	0.6%	55,956	10,000	21.8%	
85+	7,096	7,509	413	5.8%	0.5%	7,694	186	2.5%	
Total	505,496	588,582	83,086	16.4%	1.4%	673,484	84,902	14.4%	

Source: Manchester City Council Forecasting Model (MCCFM) W2020 Public Intelligence, PRI, 2020

MCCFM forecasts that there will be 118,497 0-16 year olds in 2021, this is a 20.6% increase from 2011. However, the rate of growth is slowing, mostly due to a decline in live birth rates and BREXIT.

The older (age 66+) population of Manchester in 2021 is an estimated 49,932 (MCCFM) and has changed and is projected to change. Both MCCFM and MYE/SNPP recorded a reduction in the older population between 2001 and 2011 but since 2011 there has been a steady rise as ‘baby boomers’ (large generation born end of WW2 to mid-1960s) reach this age group, this rise is projected to increase even higher by 2031.

Figure 2: Population Pyramid (MYE 2020)



Over the next 10 years, the resident population of Manchester is projected to increase. Forecasts produced by the City Council suggest that the city's population will surpass 635,000 by 2025 and that there will be around 662,000 people living in the city by 2028. The population of Manchester's five city centre wards are even predicted to grow by 25% by 2025 and by 41% leading to 2030.

Figure 3a: Resident Popultion Forecast (All Ages), Mid-2020 to Mid-2030

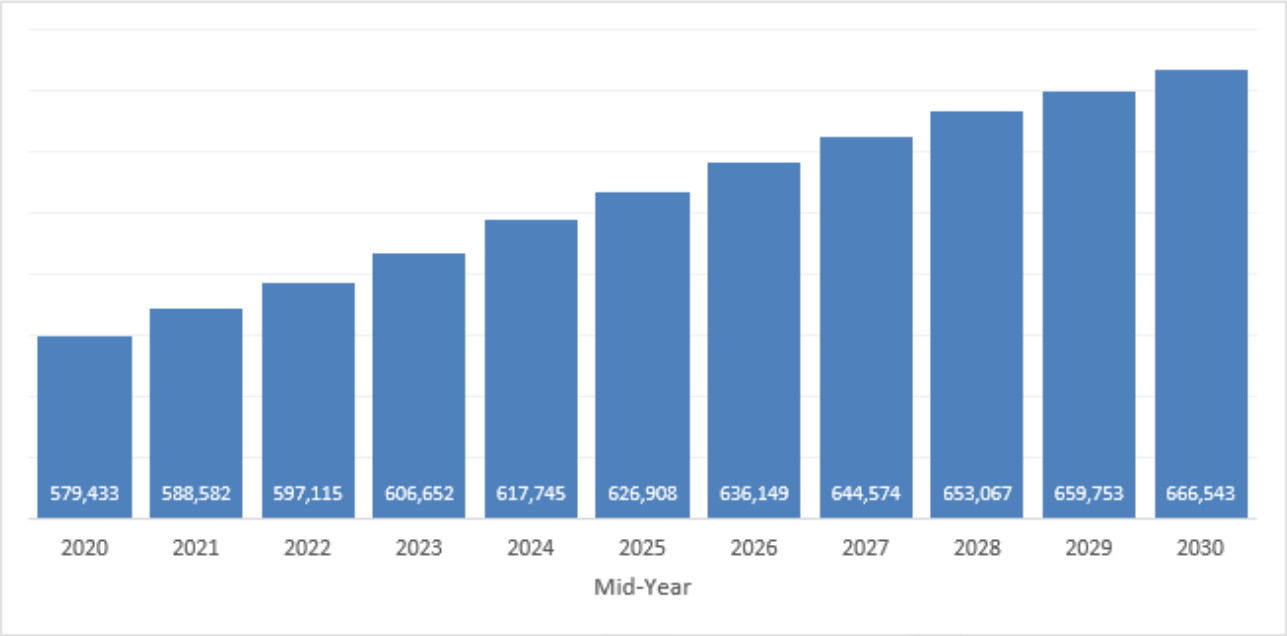
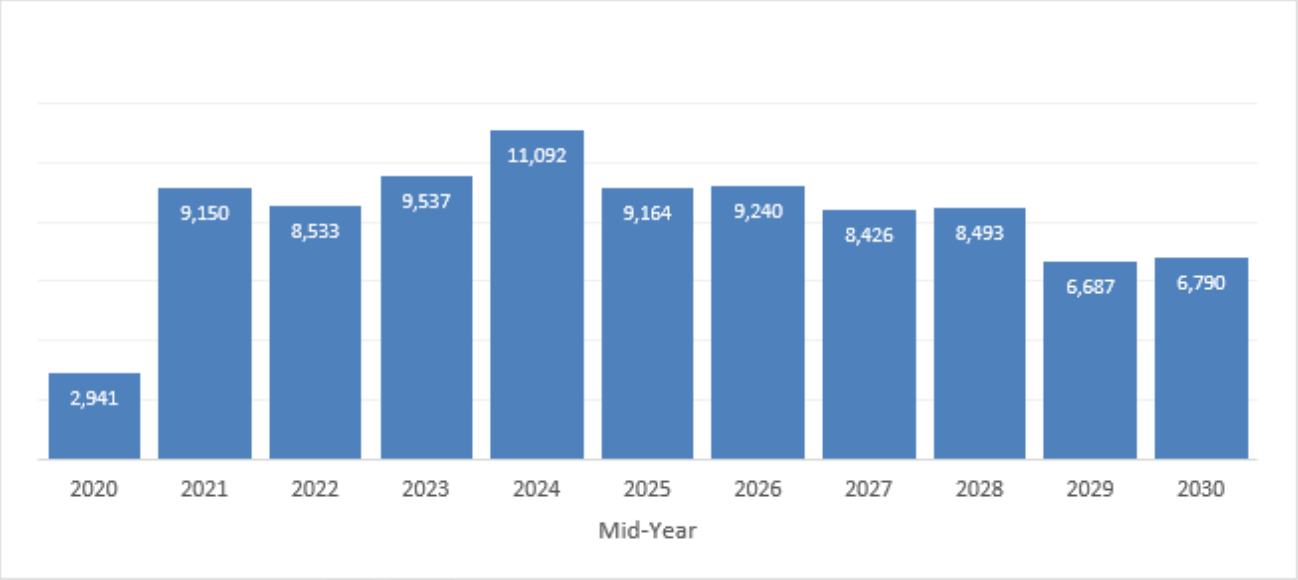
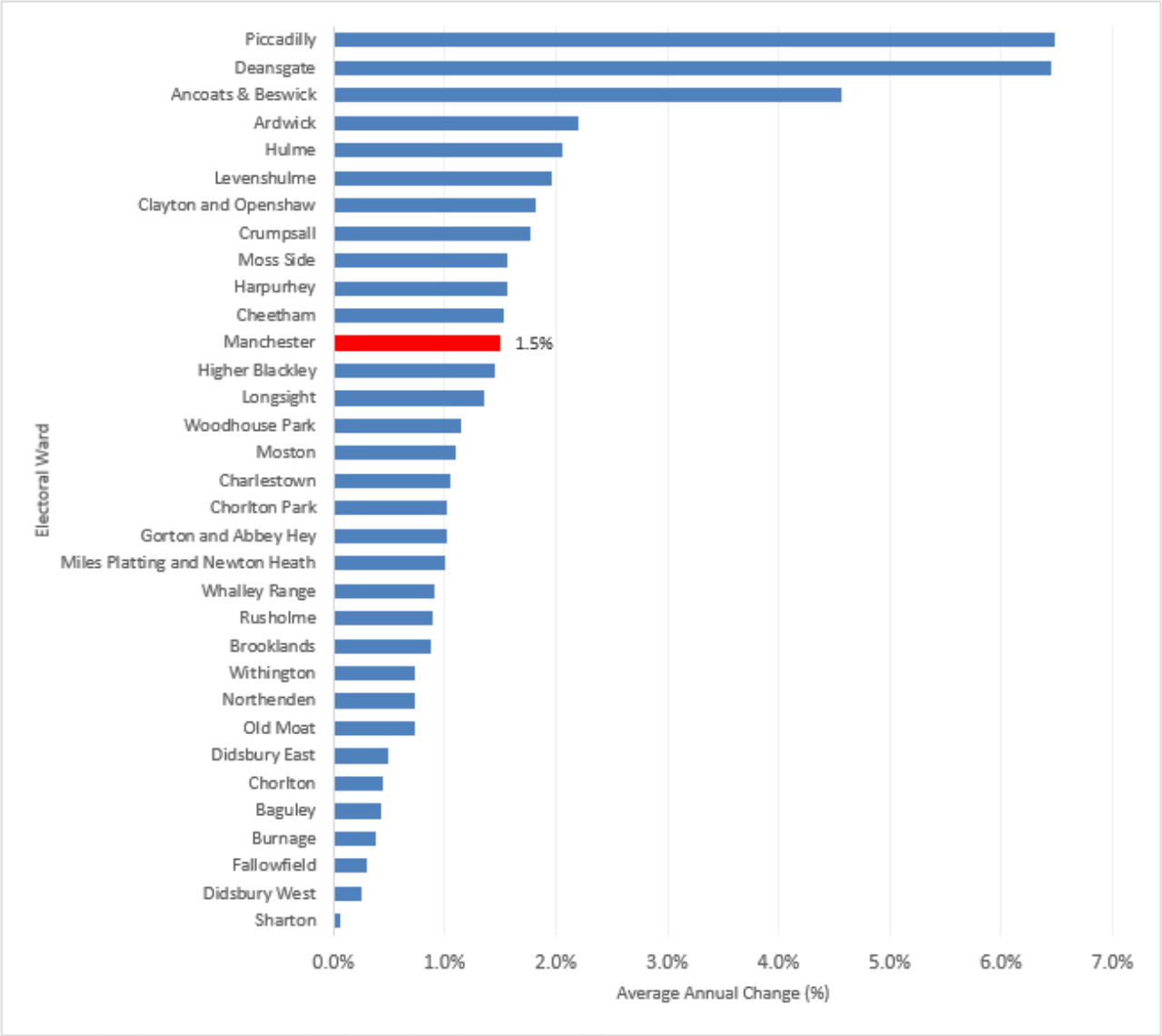


Figure 3b: The Difference Between Years of Resident Population Forecast (All Ages), Mid-2020 to Mid-2030



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

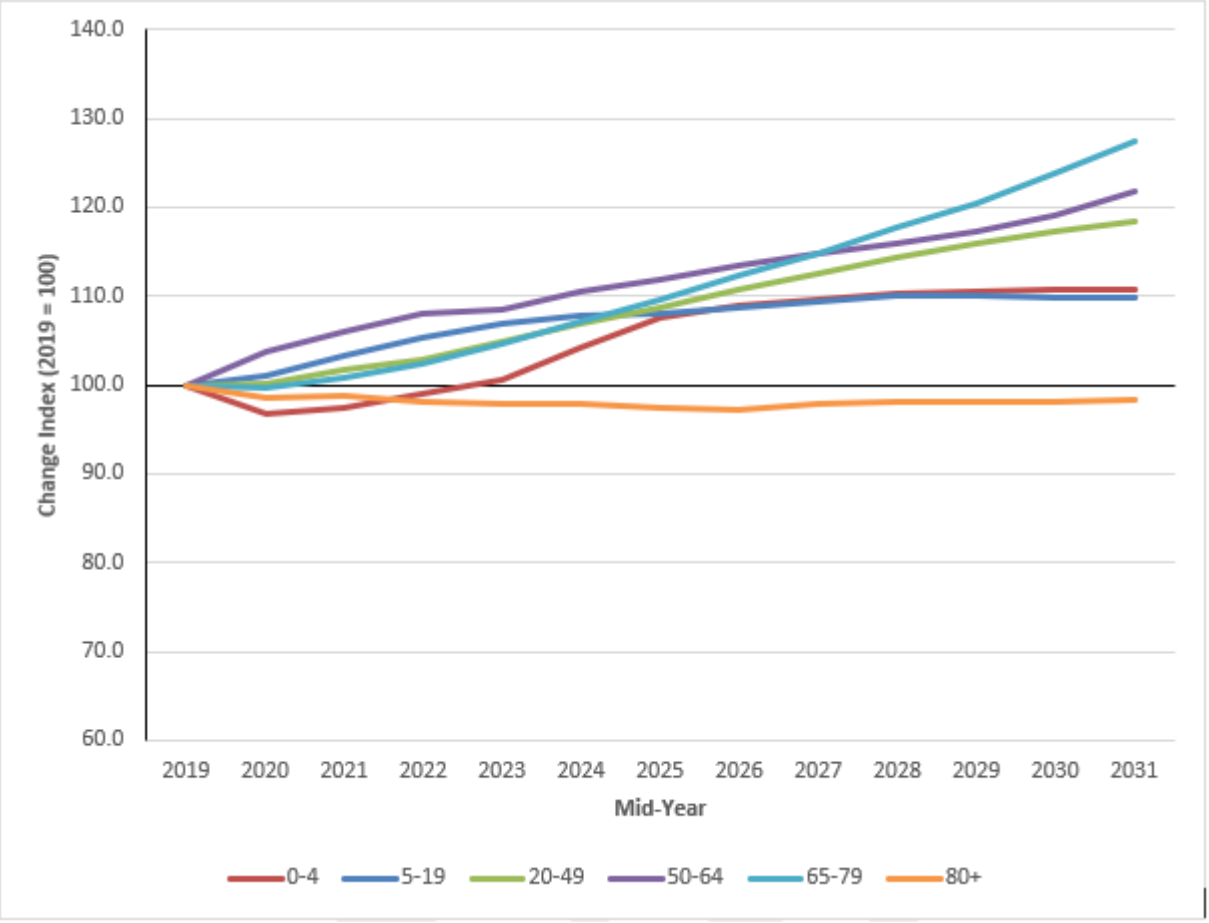
Figure 4: Forecast Annual Population Growth by ward, mid-2019 to mid-2031



The forecast rate of annual population growth in the city centre and surrounding wards is much higher than the city average. By 2030, 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 Ave Band (Indexed to 2019)



All age groups (except for the very oldest group of adults, age 80 and over) are forecast to increase compared with 2019. The largest increases relative to 2019 are forecast to occur among residents aged 5-19, 20-49 and 50-64 years. The number of children aged 0-4 are forecast to drop slightly in the first few years but are then likely to increase so that by 2031 there will be more children in this age group living in Manchester than there were in 2019. However, the number of older people (aged 80 and above) are expected to fall and stay low right up until 2031, meaning that there will be fewer older people living in Manchester than there were in 2019.

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) 2019 ranks Manchester as the sixth most deprived local authority in England with over 43% 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 2019; this reflects the high risk of premature death and impairment of quality of life through poor physical or mental health. Manchester is the 2nd 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 42% of children living in poverty (2019/20), this is based on households below average income

(HBAI) data from DWP (Department for Work and Pensions) & HMRC (Her or His Majesty's Revenue and Customs), after accounting for housing costs. (NB this pre-dates COVID19). This equates to roughly 31,500 children living in households experiencing in-work poverty before accounting for housing costs (DWP/HMRC). Rates of child poverty in in-work households have risen from 2014/15 to 2019/20 by 12,000 children, a 62% increase, far greater than the 8% growth in the child population over the same period. 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 that residents of Manchester 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 than other major cities and towns in England. Inequalities within the City also persist. 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 in Manchester is the 5th lowest in England – a boy born in Manchester can expect to live over 8 years less than a boy born in the most affluent parts of England. A girl can expect to live around 7 years less. The average life expectancy at birth for men in Manchester in 2020 is 73.6 years, and for women is 78.6 years of age, which is lower than the figures for England. These show that by 2019, life expectancy at birth in England had increased to 79.9 years for males and 83.6 years for females. However, the Covid-19 pandemic caused life expectancy in 2020 to fall to 78.6 years for males and to 82.6 years for females, the level of a decade ago.

Healthy Life Expectancy (HLE) in Manchester is also lower than the England average for both men and women. A boy born in Manchester during the period 2018-2020 can only expect to live 82% of his remaining years of life in good health compared with 83% 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 75% of her remaining years of life in good health compared with 86% 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 is predominantly due to three broad causes of death: Circulatory diseases, cancers and respiratory diseases which can all be linked to poor lifestyle which is also a key predictor of outcomes for diabetes. Manchester is the 2nd highest ranked local authority for overall premature deaths from all causes when the city is compared with other similarly deprived areas (using the CIPFA (Chartered Institute of Public Finance and Accountancy) nearest neighbourhood model), suggesting that deprivation alone is not the key factor in the high rates of premature deaths in the city. However, no other place in the country is like Manchester as we are uniquely positioned as a large city with a comparatively young population, huge student population, large areas of intense deprivation.

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 42% 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 813 deaths attributable to smoking in Manchester each year.
- Around 30% 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 2020/2021, around 1,225 older people aged 65 or more in Manchester were admitted to hospital for a falls-related injury; a rate of 2,461 per 100,000 population compared with a rate of 2,023 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 to 15.1 per 1,000 in 2020) and admission episodes for alcohol-specific conditions have risen (from 878 per 100,000 in 2011/2012 to 734 per 100,000 in 2017/2018 to 905 per 100,000 in 2020/2021). Over half (53.8%) of all cancers are now diagnosed early (at stage 1 or 2) (2019) with just under 70% of adults with cancer are still alive one year after diagnosis. Similarly in 2021, 72.1% of the 2,614 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 (as they were formerly known as) and local authorities.

The State of the City Report 2021 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 (LGBTQ+) 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 LGBTQ+ community in the City Centre which is likely to attract LGBTQ+ 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 increased (from 26% in 2001 to 40.7% in 2011). In today's figures, this is equivalent to nearly 204,890 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 2021, 27% of adults living in Manchester were estimated to have been born outside of the UK and around 18% were not British nationals. Over half (51.3%) of all live births in Manchester were to families where either one or both parents were born outside of the UK (2020).
- 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 1% as Buddhist, 1.1% as Hindu and 1% as 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 1,067people 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 2021. 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 were 1,138 young carers (aged 0-16 years) living in Manchester and an estimated 6,660 unpaid carers over the age of 65.

The JSNA includes several 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.

Manchester ICP is committed to embedding Equality, Diversity and Human Rights (EDHR) within all areas of its work. The former MHCC Inclusion and Social Value Strategy 2018/2023 set out a vision for improving outcomes across the health and social care system by reducing inequalities, and using social value as an enabler to develop more integrated working practices. It incorporates a five-year delivery plan which sets out the actions that 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 developments

In recent years, several thousand new homes have been completed on an annual basis in Manchester. A large number of these have been in and around the city centre in areas such as Ancoats and New Islington, Great Jackson Street and Castlefield. At the time of writing there are over 11,000 homes under construction across the city, with around 9,700 of these being in and around the city centre. A total of 1,500 homes are expected to complete in the year April 2022 to March 2023, rising to 3,400 the year after and 4,600 the year after that. Residential growth in the southern part of the city centre is being driven in large part by the scale and pace of new residential development coming forward in the Great Jackson Street area where the total number of new homes delivered or in the pipeline stands at more than 7,000. Elsewhere, developments such as Victoria North, will lead to growth in areas on the northern edge of the city centre, extending up to Collyhurst, and could deliver as many as 15,000 new homes over a 10-20-year period.

Red Bank is one of seven neighbourhoods identified in the Strategic Regeneration Framework (SRF) for Victoria North – the Joint Venture between Far East Consortium (FEC) and Manchester City Council to deliver transformational regeneration in North Manchester. Currently an underused part of the city, its riverside setting and unique industrial heritage make Red Bank the perfect location for a well-connected residential neighbourhood, forming an extension of the city centre with attractive new green spaces on its doorstep. It is anticipated that around 4,000 new homes will be delivered in the Red Bank over the next ten years which will create a new, distinctive residential neighbourhood. The NHS is working closely with colleagues from Manchester City Council 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 the new integrated management arrangements for localities and neighbourhoods provides a focal point for the delivery of all community-based health and social care services in Manchester. They are the focus for work that is designed to make positive changes to population health and wellbeing.

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

See section 5.3 for an overview of the existing Manchester neighbourhoods used for the purposes of the PNA.

5.0 Manchester Pharmacy Needs Assessment

5.1 Development of the PNA

The content of PNAs is set out in Schedule 1 to the NHS In line with the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 as amended ('the 2013 Regulations'). The process of developing the PNA has taken into account these requirements to involve and consult people about changes to health services. The specific legislative requirements in relation to development of PNAs were considered and must contain:

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

5.1.1 Stage 1

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

- Manchester ICP
- Manchester City Council
- NHSE
- Greater Manchester Local Pharmaceutical Committee (GMLPC)

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

5.1.2 Stage 2

The contractor questionnaire and patient survey were approved by the steering group and were circulated April to August 2022 to maximise public responses. The contractor survey results, where possible, will be validated against data already held by NHSE, NHSE - Greater Manchester Area Team, Manchester City Council and Manchester ICP.

5.1.3 Stage 3

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

- Manchester's JSNA
- the strategic objectives of the GM ICS (see section 3.1)

- the Greater Manchester Strategic plan: taking charge of health and social care in Greater Manchester;
- Manchester's 2021 'State of the City' report;
- and other health data.

Information on the provision of pharmaceutical services was also sourced (in addition to the contractor survey) from the NHS Business Services Authority website, with supplementary information from NHSE, Manchester ICP and MCC.

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.

5.1.4 Stage 4

Regulation 8 requires the HWB to consult a specified range of organisations on a draft of the pharmaceutical needs assessment at least once during the process of drafting the document. Therefore, a consultation exercise with stakeholders will be carried out for at least 60 days.

The list of stakeholders includes:

- GMLPC;
- Manchester Local Medical Committee (LMC);
- Pharmacy and dispensing appliance contractors included in the pharmaceutical list for the area of Manchester;
- Dispensing doctors included in the dispensing doctor list for the area of the health and wellbeing board (if any);
- Any pharmacy contractor that holds a local pharmaceutical services contract with premises that are in the health and wellbeing board's area;
- Manchester Health Watch;
- 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 (NHSE)- Greater Manchester Area Team;
- Manchester Local Care Organisation (MLCO);
- Any 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 number of wards as illustrated in map 2 of Appendix 8. 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)

Public health profiles and analytical tools containing data about the health and wellbeing of people in Manchester are available from the Office for Health Improvement and Disparities (OHID). These tools, known as 'Fingertips', are organised into themes and contain a series of indicators covering a range of health and wellbeing issues.

These profiles contain data at different geographical levels and allow Manchester to be compared with other parts of England and against the regional or England average. The data can also be exported to use locally.

5.4 Pharmaceutical services in Manchester

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.

NHSE 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.

5.4.1 Pharmaceutical services provided by pharmacy contractors

Unlike GPs, dentists and optometrists, NHSE 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') under the National Health Service Act 2006.

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

Essential services: these services are offered by all pharmacy contractors as part of the NHS Community Pharmacy Contractual Framework (CPCF) (see Appendix 6 for community pharmacy details):

- Discharge Medicines Service;
- Dispensing medicines and appliances (both electronic and non-electronic), including urgent supply of a medicine or appliance without a prescription;
- Dispensing of repeatable prescriptions;
- Disposal of unwanted medicines;
- Promotion of healthy lifestyles (public health);
- Signposting;
- Support for self-care;
- Clinical Governance (safeguarding high standards of care e.g. provision of clinical audits)

Advanced services: there are several services within the NHS CPCF. Community pharmacies can choose whether to provide any of 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 as set out in the Secretary of State Directions:

- Appliance Use Review (AUR);
- Community Pharmacy Consultation Service (CPCS);
- Community pharmacy seasonal influenza 'Flu' vaccination programme;
- Hepatitis C Testing Service;
- Hypertension Case-finding Service;
- New Medicine Service (NMS);
- Smoking Cessation Service;
- Stoma Appliance Customisation (SAC).

Enhanced services: these services are developed by NHSE and then commissioned to meet specific health needs (see Appendix 5).

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

- COVID-19 Vaccination Service
- Minor Eye Conditions Service (MECS)
- Minor Ailment Scheme (MAS)
- Inhaler technique

Underpinning the provision of all 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.

There are 127 community pharmacies in Manchester. 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.

In 2019, there were 22 pharmacies in Manchester with 100-hour contracts (residents may also choose to use similar pharmacies outside of the borough). Due to increasing financial pressures from government cuts, it was highlighted in the 2019 PNA for it to be likely that some contractors may close resulting in Manchester residents losing access to 100-hour pharmacies and that this could result in a gap in service provision. As of 2022, Manchester currently has 19 pharmacies with 100- hour contracts. 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.

NHSE 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 NHSE of the change, giving at least three months' notice.

Pharmacy opening hours in Manchester HWB's area can be found on NHS Choices. Appendix 7 provides details as to the spread of opening times across each neighbourhood.

5.4.2 Local pharmaceutical services

Local pharmaceutical services (LPS) are a local alternative to the nationally negotiated terms of service. It can be used by NHSE 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.

5.4.3 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 (also referred to as distance selling pharmacies or previously as 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 not provide any essential services to a person who is present at the pharmacy, or in the vicinity of it.

As of 30 June 2021, each resident had the choice of using any of the 379 distance selling premises in England, all of which are required to provide all of the essential services remotely to anyone anywhere in England who may request them. As compliance with the conditions is a pre-requisite for all distance selling pharmacies to remain on the pharmaceutical list, breach of the conditions could lead to removal from the Pharmaceutical List by NHSE.

There are 10 distance selling pharmacies in Manchester, although residents may still choose to use similar pharmacies that are outside of the borough.

5.4.4 Pharmaceutical services provided by dispensing appliance contracts (DAC)

As with pharmacy contractors, NHSE does not hold contracts with DACs. Their terms of service are also set out in schedule 5 of the 2013 Regulation and in the 2013 Directions, as amended.

DACs are different to pharmacy contractors because:

- They only dispense prescriptions for appliances. They cannot dispense prescriptions for drugs.
- They are not required to have a pharmacist.
- They do not have a regulatory body.
- Their premises do not have to be registered with the General Pharmaceutical Council (GPhC).

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

DACs may choose whether to provide advanced 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 (SAC)
- Appliance use review (AUR)

Under the 2013 regulations, DACs are required to open at least 30 hours per week (core opening hours). However, NHSE cannot stipulate the opening times or days for a contractor's core opening hours; this is the exclusive right of the contractor. They may also choose to open for longer (supplementary opening hours).

There are 3 DACs geographically located within Manchester; they are responsible for dispensing appliances to Manchester patients along with pharmacy contractors and DACs outside the Manchester area. Although there are few DACs within the Manchester locality, DACs offer their services remotely and deliver products across a regional and national footprint. Including the three existing within Manchester, there are currently eight DACs in Greater Manchester that serve the whole of GM and beyond.

5.4.5 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.

5.4.6 Locally commissioned pharmaceutical services

Manchester City Council and Manchester ICP can 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).

Community pharmacy services commissioned by MCC are:
Sexual Health Services:

- Emergency hormonal contraception (EHC)

Substance misuse services including:

- Observed Supervised Administration (OSA) (methadone/buprenorphine)
- Needle and Syringe Programmes (NSP)
- Domestic Sharps Waste (DSW)

Pregnancy, new mothers and children (under 4s):

- Healthy Start vitamins

See section 7.5. for further information on these services.

The following services are commissioned by Manchester ICP:

- Palliative care
- Antiviral provision

See section 7.4 for further information on these services.

The requirement of locally commissioned services may change over the lifetime of this PNA as the CPCF 2019/20 to 2023/24 will end and be reviewed for 2024 onwards. This will include several service developments and may also be affected by the transition of Manchester CCG into Manchester ICP as part of the GM ICB. The HWB will provide any supplementary statements following these changes in line with any new or existing legislation (The National Health Service Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 as amended ('the 2013 Regulations').

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 NHSE, MCC or Manchester ICP. These include services such as the provision of home delivery service, blood glucose measurements and weight loss programmes.

Pharmacies are free to choose whether to charge for these services but are expected to follow standards of governance if they do. Many pharmacies provide a delivery service and collections of prescriptions from doctor's surgeries.

Because they are private services, these activities 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 NHSE, Manchester ICP and MCC 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 Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy provided background information on the health needs of the population.

5.5 Contractor engagement

At the same time as an initial patient and public engagement questionnaire, an online contractor questionnaire was undertaken from April to August 2022 (Appendix 4).

The contractor questionnaire provided an opportunity to validate the information provided by NHSE 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 information technology (IT).

With the support of the GMLPC, the questionnaire was issued to all 127 pharmacies in the Manchester HWB area. Responses were received from 27 pharmacies, a 21% response rate.

5.5.1 Advanced services

Of the 27 pharmacies, all indicated that they provided advanced services. This was broken down in figure 6 below:

Table 2: Breakdown of advanced services by contractors as per response to the contractor survey 2022

Advanced Service	Responses	Percentage
Appliance Use Review (AUR)	3	11%
Community Pharmacy Consultation Service (CPCS)	27	100%
Community pharmacy seasonal influenza 'Flu' vaccination programme	26	96%
Hepatitis C Testing Service	3	11%
Hypertension Case-finding Service	18	67%
New Medicine Service (NMS);	27	100%
Smoking Cessation Service	5	19%
Stoma Appliance Customisation (SAC)	3	11%

5.5.2 Enhanced and locally commissioned services

Twenty-two pharmacies (81% of all contractor responses) stated that they provide the enhanced Minor Ailment Service, although 96 (76%) pharmacies are currently signed up to provide this service.

Additionally, 11% and 30% of contractors stated that they provide the antiviral stock holding and palliative care stockholding service respectively. Although, a defined and limited number of pharmacies are commissioned to provide these services, it is worth noting that 67% were willing to provide the AV stockholding if commissioned whilst 59% stated the same regarding the palliative care stockholding service.

In terms of services locally commissioned by MCC, 27 pharmacies responded stating that they provide the following services:

Table 3: Breakdown of contractor survey responses regarding MCC commissioned service provision.

Commissioned Service	Responses	Percentage
Emergency hormonal contraception (EHC)	18	67%
Observed Supervised Administration (OSA) (methadone/buprenorphine)	18	67%
Domestic Sharps Waste (DSW)	17	63%
Needle and Syringe Programmes (NSP)	9	33%
Healthy Start vitamins	10	41%

All 27 community pharmacies gave information on which locally commissioned services they provided. A review of data suggests more pharmacies are commissioned than indicated by this response (see Appendix 4 to view the results of the PNA 2022 contractor survey).

When asked about what services they would like to deliver if commissioned (including antiviral and palliative care stockholding mentioned above), contractor responses have shown a willingness to become involved (Appendix 4), but this should be treated with caution as these responses are subjective and must be viewed in respect to the overall capacity and need of the pharmacy to deliver that service.

5.5.3 Non-commissioned added value services

Community pharmacy contractors also provide private services that improve patient care, but are not commissioned by NHSE, MCC or Manchester ICP. These include services such as the provision of compliance aids, home delivery service, blood glucose measurements and weight loss programmes.

Pharmacies 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 well as a variety of different clinical services (see Appendix 4).

Although these activities fall outside the scope of the PNA, information relating non-commissioned services that offer added value to the population of Manchester was collated within the contractor survey (see Appendix 4).

Within this relates to public accessibility: for example responses from contractors identified that pharmacies have staff members that speak a second language, including Arabic, Bengali, British Sign Language (BSL), Cantonese, Farsi, Georgian, Guajarati, Hindi, Kurdish, Mandarin Chinese, Polish, Portuguese, Punjabi, Romanian, Russian, Somali, Spanish and Urdu.

5.6 Patient and public engagement

To gain the views of patients and the public on pharmaceutical services, a digital questionnaire was developed and made available on websites of the pre-existing CCG and MCC from 29 April 2022 to 19 August 2022 to ensure maximum public engagement and

feedback. Full results of the survey can be found in Appendix 3. This questionnaire was also shared with community pharmacy contractors and GP practices to share with the public.

There were 91 responses to the public survey which was promoted through direct email or Twitter. This represents 0.01% of Manchester's population (aged 16 years and over).

Due to the low response rate, 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.

68% of the responders were female and most respondents were between the age of 31 and 70. Responses from individuals less than 30 over 80 were low (8%).

37% of respondents consider themselves to have a disability, to which 34% of these individuals stated that their disability limits their day-to-day activity.

5.6.1 Choice of pharmacy

The main reason as to why respondents access a particular pharmacy is for the collection of a regular prescription and for most respondents (73%), the predominant reason for choosing a particular pharmacy was due to its proximity to their home or to their GP.

5.6.2 Access to pharmacy services

84% of respondents have a preferred pharmacy that they extensively use. 82% of respondents indicated that they were satisfied with the opening hours of their pharmacy; the remaining 18% of respondents highlighted that they were not satisfied however 50% of these individuals were not aware that pharmacies offer extended opening hours and did not know where to find information relating to the location and opening times of nearby pharmacies. Overall, 84% of respondents stated that they knew how to find out the opening times and location of their nearest pharmacies. Additionally, 34% of respondents stated that they can access a pharmacy within five minutes or less and a further 35% could access their pharmacy within 10 minutes. Most of the respondents had access to a car, either as a driver or a passenger.

Results from the public survey, indicates that any campaign to increase use of pharmacies, e.g. for self-care, should include a citywide communication strategy that provides information on the location and opening times of pharmacies that provide extended hours to the public.

5.6.3 Development of pharmacy services

65% of replies from the survey indicated that the pharmacist provides a good service. 66% of respondents stated that their community pharmacy staff offer advice when they need it and 45% felt that they were given good information about their medication.

The survey all gave respondents an opportunity to answer some questions relating to operational matters, such as politeness, waiting times, and other issues that, 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 accessibility, opening times and services provided, as well as patient awareness of existing pharmacy services.

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 Monday 05 September and Friday 04 November 2022.

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 127 pharmacies included in the pharmaceutical list for Manchester's HWB area. This is made up of 108 with a standard 40-hour contract,19 with a 100-hour contract and 10 listed as distance selling. There are eight DACs that cover Greater Manchester, three of which are located geographically in Manchester. There are 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 the services provided by each community pharmacy can be found in Appendix 5, the map index to premises can be found in Appendix 6, and the locality indexing showing opening hours spread can be found 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 23 pharmacies per 100,000 population size (see Table 2). This is higher than both the England average (21) and the Greater Manchester average (22).

There has been an increase in the number of items dispensed per month. However, as indicated in Table 2 detailed below and Manchester's average prescription items per month per pharmacy was 7,320 (see Table 4). This is slightly higher than the average for England and Greater Manchester.

Table 4: Manchester Pharmacies 2018 to 2022

	Number of community pharmacies	Prescription items dispensed per month (000)s	Population (000)s Mid-Year	Pharmacies per 100,000 population
2017/18	131	821	541	25
2021/22	128	937	552	23

* Excludes internet pharmacies and DACs

Table 5: Pharmacy Contractors Manchester, Greater Manchester & England 2021/22*

	Number of community pharmacies	Prescription items dispensed per month (000)s	Population (000)s Mid-Year	Pharmacies per 100,000 population	Average items per pharmacy per month
England (2020/21)	11,522	86,921	56,550	21	7,544
Greater Manchester 2020/21	697	5,131	2,815	22	7,340
Manchester CCG (2021/22)	128	937	552	23	7,320

Source: NHS Business Services Authority (NHSBSA) 2021/22 AND ONS 2021 (ENGLAND POPULATION) *Manchester CCG Data excludes internet pharmacies and DACs, GMIC Manchester referred to as Manchester CCG as was the existing statutory body at the time of the available data.

Although 11% (2017/18) of items issued by Manchester GPs were dispensed outside Manchester several prescriptions issued by Greater Manchester GPs were also dispensed by Manchester pharmacies (see Table 6).

Table 6: Items dispensed by Manchester pharmacies for each ICB locality in Greater Manchester in 2021/22. Appliance contractor items are excluded*

Registered	Total items dispensed by Manchester pharmacies	Percentage of items dispensed by Manchester pharmacies
Bolton	3,531	0.03%
Bury	19,507	0.18%
Oldham	27,450	0.25%
Heywood, Middleton and Rochdale	59,503	0.54%
Salford	89,087	0.82%
Stockport	96,650	0.88%
Tameside and Glossop	44,706	0.41%
Trafford	197,340	1.81%
Wigan	10,948	0.10%
Manchester	9,774,631	89.43%
Other Greater Manchester prescribers	37,298	0.34%
Online Dispensaries	569,151	5.21%
Total	**10,929,802**	100.00%

*Manchester ICP, previously referred to as Manchester CCG as the existing statutory body at the time of the available data.

The average items per month are below the national and regional averages (see Table 5 above), it can be concluded from the existing data that the current number of pharmacies across Manchester is sufficient and can cope with a future increase in items. A further 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.

It is also worth noting that the latest available data is from 2021/22; an increase in total items dispensed could possibly be explained as a result of the effect of the COVID-19 pandemic on community pharmacy services and NHS services.

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.

From the public survey, the predominant reason for choosing a particular pharmacy was due to its proximity to their home or to their GP. 41% of people responded that they used a pharmacy close to where they live most often. The range of responses can be seen in table 7 below, for the full patient survey see appendix 3.

Table 7: Patient Survey: Why do you prefer to use this pharmacy? (Respondents could select more than one option)

Answer choices	Responses	Percentage
Near home	57	62%
Near to work	4	4%
Near my GP surgery	22	24%
Friendly staff	18	20%
Reliable Service	26	29%
Opening Hours	23	25%
Transport Links	2	2%
Delivery Service	6	5%
Compliance Aid (E.g. Blister Pack)	3	2%
Other	1	1%

Answered: 76 Skipped 15

Map 4 (found in Appendix 8) shows that except for 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.

In January 2022, the Pharmacy Access Scheme (PhAS) was established to continue to support patient access to isolated, eligible pharmacies as part of the CPCF. Eligibility for PhAS continues to be based on both those pharmacies in the lowest 70th percentile by dispensing volume, and distance of more than 1 mile from the next nearest pharmacy. The exception to the distance criteria is where the pharmacy is in an area in the top 20% on the Index of Multiple Deprivation and more than 0.8 miles from the nearest pharmacy.

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 pharmacy services

Whilst the majority of people will visit a pharmacy during the 9am to 5pm 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:

- 93% of responses stated that it is easy to find an open pharmacy during the day. Similarly, 60% find it easy to locate a pharmacy in the evening, 65% find it easy on weekends and 38% find it easy on bank holidays.
- 82% of patients surveyed were satisfied with the opening hours of their pharmacy;
- 71% were aware that there are pharmacies in Manchester that open early mornings, ate nights and weekends;
- 84% of respondents knew how to find out where their nearest pharmacy was and its opening times;
- 84% had a preferred pharmacy that they regularly use;
- When rating the overall experience of using a pharmacy, 65% of replies from the survey indicated that the pharmacist provides a good service. 66% stated that their community pharmacy staff offer advice when they need it;
- Additionally, 45% of all respondents felt that they were given good information about their medication.

- Data from the survey found in Appendix 3 highlights that most respondents are not aware or not sure they are aware of what services are being offered by community pharmacies and by which ones.

Appendix 7 details the span of opening times for Manchester pharmacies based on their supplementary opening hours. This identifies those pharmacies 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.

Monday to Saturday opening - seventy-five pharmacies are open on Saturdays, whereby 26 of these pharmacies close by 1.00pm. This leaves 49 pharmacies open for most of Saturday, with 26 of those pharmacies being open until 7.00 pm or later; 17 of these pharmacies are open until 10:00pm or later (latest closing time 11:30pm).

Throughout the week, 30 pharmacies provide access to pharmaceutical services until 7.00 pm or later for Monday to Friday as well. 19 pharmacies are open until 10.00pm or later. There is one pharmacy that opens until 11.30pm and another pharmacy open until midnight.

Twenty-seven pharmacies open at 8.00 am or earlier Monday to Friday and 22 pharmacies are open at 8.00 am or earlier on Saturday. Additionally, 2 pharmacies are open at 6.00 am Monday to Saturday. 1 pharmacy is open from 4.00am 7 days a week.

Sunday opening - thirty pharmacies are open on Sunday and all neighbourhoods have at least one pharmacy open for some hours. 9 of the pharmacies open on Sundays are open until 6:00pm or later, this includes one pharmacy that is open until midnight.

For a full overview of opening times of community pharmacies across Manchester please see appendix 7.

6.1.4 Changes to pharmacy contractors

Since May 2016, 22 pharmacies have closed in Manchester; all pharmacies that closed from 2016 to 2019 have been captured in the previous PNA. Since this time, the following 9 pharmacies have closed:

- Wise Pharmacy, 175 Dickenson Road, Longsight M13 0YN (closed 06 January 2020)
- Elliott's Pharmacy Whalley Range, 171 Upper Chorlton Road, Whalley Range, M16 9RT (closed 29 February 2020)
- My Expert Pharmacy, 81 Beresford Road, Longsight, M13 0GX (closed 13 April 2020)
- Your Local Boots Pharmacy, 72 Market Street, Droylsden, M43 6DE (closed 09 May 2020)
- Boots the Chemist, Collegiate Medical Centre, 407 Cheetham Hill Road, Cheetham, M8 0DA (closed 13 June 2020)
- Boots the Chemist, 1 - 2 St Margaret's Building, Bury Old Road, M7 4PF (closed 27 June 2020)
- Boots the Chemist, 65 Victoria Avenue, Blackley, M9 0RD (closed 01 August 2020)
- Lloyds Pharmacy, 228 / 230 Wilmslow Road, Fallowfield, M14 6LE (closed 11 December 2020)
- Benchill Pharmacy, 206 Hollyhedge Road, Wythenshawe, M22 4QN (closed 29 August 2021)

The HWB will however need to be mindful of the effect of any further closures of pharmacies in Manchester. Community pharmacies are currently facing immense pressures which can, and has, resulted in several temporary short notice closures. This has been due to several reasons including a lack of staff being available. If a pharmacy needs to close for a short period, the contractor needs to ensure patients are able to access their prescriptions and that the contractor's business can resume easily and effectively once the situation has passed.

If a Manchester pharmacy is to permanently close, they must provide a Closure of Premises notification (also known as 'Market Exit') to NHSE GM Area Team. Pharmacies must give at least 3 months notice if they are a 40 hour pharmacy or DAC, or 6 months notice if they are a 100 hour pharmacy.

The HWB works in partnership with Manchester ICP, NHSE and primary care colleagues to ensure that any temporary closures do not have a significant impact on the affected patient population relating to any pharmacy closures.

6.1.5 Access to advanced services

Community Pharmacy Consultation Service (CPCS)

The NHS Community Pharmacist Consultation Service (CPCS) was launched by NHS England and NHS Improvement on the 29 October 2019, to facilitate patients having a same day appointment with their community pharmacist for minor illness or an urgent supply of a regular medicine, improving access to services and providing more convenient treatment closer to patients' homes.

The service helps alleviate pressure on GP practices and emergency departments, in addition to harnessing the skills and medicines knowledge of pharmacists. Should the patient need to be escalated or referred to an alternative service, the pharmacist can arrange this.

The service offers patients the option of having a face-to-face or remote consultation with a pharmacist following an initial assessment by an NHS 111 call advisor referrals from general practice. As part of the year 4 and 5 CPCF agreement, CPCS will expand to enable urgent and emergency care settings (hospital emergency departments and urgent treatment centres) to refer patients into the service from March 2023.

In Manchester, 118 pharmacies are currently signed up to provide CPCS. The most recent NHSBSA 21/22 data indicated that Manchester had delivered 16,891 CPCS consultations from 107 pharmacies.

The 2022/23 Investment and Impact Fund (IIF) offers further incentive to GP practices to refer patients to CPCS. Practices can receive extra financial income for increasing the number of referrals to the CPCS per registered patient and ongoing work is being delivered to increase referrals from GP practices into the CPCS. Currently 80 out of 83 Manchester GP practices have engaged with the service and are live.

Access to New Medicine Service (NMS)

The New Medicines Service (NMS) 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.

The latest available NHS Business Services Authority (NHSBSA) 2021/22 data indicated that a total of 20,311 NMS interventions were provided by 125 pharmacies in Manchester.

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. However, as part of the 2022/23 Pharmacy Quality Scheme, community pharmacies must have completed 20 NMS between 01 April 2022 and end of 31 March 2023 as part of the gateway criterion. This has been included to ensure that all pharmacies taking part in the scheme meet all the terms of service requirements and are choosing to actively provide clinical support to patients through the provision of this service.

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 CPCF, the NMS has been expanded to a wide variety of indications and conditions where it has been shown to demonstrate value. From 01 September 2021, the following conditions are covered by NMS:

- Asthma and Chronic Obstructive Pulmonary Disease (COPD);
- Diabetes (Type 2);
- Hypertension;
- Hypercholesterolaemia;
- Osteoporosis;
- Gout;
- Glaucoma;
- Epilepsy;
- Parkinson's disease;
- Urinary incontinence/retention;
- Heart failure;
- Acute coronary syndromes;
- Atrial fibrillation;
- Long term risks of venous thromboembolism / embolism;
- Stroke / transient ischemic attack; and
- Coronary heart disease

There is also an antiplatelet anticoagulant therapy eligibility criteria and this continues to be offered, but it is now included in the above list by reference to the underlying condition or reason for prescribing.

As part of the year 4 and 5 agreement of the CPCF, the NMS will expand to include antidepressants to enable patients who are newly prescribed an antidepressant to receive extra support from their community pharmacist. This is due to launch from 19 April 2023, subject to positive evaluation of an ongoing pilot.

Access to Stoma Appliance Customisation (SAC)

NHSBSA 2021/22 data indicated that only 33 stoma appliance customisations were provided by 7 pharmacies and in response to the pharmacy questionnaire, 3 of the 26 of the pharmacies that responded stated that they offered 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: there are currently 8 DACs which provide cover across the GM footprint, 3 of which are geographically located within Manchester itself. NHSBSA data for 2021/22 indicates 9567 SAC reviews were conducted across GM, highlighting that this service is predominantly provided by DACs.

Access to Appliance Use Review (AUR)

Similarly to SAC (see above), NHSBSA data indicated that no pharmacies provided AURs during 2021/22; this low level of provision reflects the aforementioned specialist nature of appliance provision. Like SAC, it would be expected that this service is provided by DACs.

There are currently eight DACs which provide cover across the GM footprint, 3 of which are geographically located within Manchester itself and the NHSBSA data reflects that these DACs are the main providers of these services. For March 2022 (latest available NHSBSA data), it highlights that 43 AURs were provided to Greater Manchester residents.

Access to Community Pharmacy Seasonal Influenza Vaccination programme

The community pharmacy seasonal influenza vaccination programme forms as part of an advanced service commissioned by NHSE. According to data provided by NHS Digital, 84 pharmacies delivered this service in 2018/19 that were commissioned to do so.

The most recent data from NHSE (2021/22) indicates that 90 pharmacies delivered the seasonal influenza vaccination programme over the last financial year, a slight increase from the previous years (see above).

From the contractor survey, 25 out of 26 pharmacies are providing the seasonal influenza vaccination programme.

Access to Hepatitis C Testing Service

A key theme across Manchester is reducing the transmission of Hepatitis C. Nationally, the Community Pharmacy Hepatitis C Antibody Testing Service was added to the Community Pharmacy Contractual Framework (CPCF) in 2020 as an advanced service.

The service is focused on provision of point of care testing (POCT) for Hepatitis C (Hep C) antibodies to people who inject drugs (PWIDs), i.e. individuals who inject illicit drugs, e.g. steroids or heroin, but who haven’t yet moved to the point of accepting treatment for their substance use.

Where people test positive for Hepatitis C antibodies, they will be referred for a confirmatory test and treatment, where appropriate.

Currently, 11 pharmacies in Manchester are signed up to deliver the Hepatitis C Antibody Testing Service however no pharmacies provided this service for 2021/22 according to NHSBSA data.

Access to Hypertension Case-finding Service

The hypertension case-finding service which was commissioned as an Advanced Service from 01 October 2021; in public-facing communications, the service is described as the NHS Blood Pressure Check Service whereby pharmacies can identify people at high risk of high blood pressure and perform a 24 hour ambulatory blood pressure monitoring (ABPM). The pharmacist will then communicate any results back to the patients GP practice and also make any necessary referrals based upon the results.

Chapter Three of the NHS Long Term Plan commits the NHS to reducing mortality and morbidity due to Cardiovascular Disease (CVD), tackling inequalities and shifting towards prevention strategies. This service provides an opportunity for the public to check on their health through tests for high blood pressure.

Currently, 99 pharmacies in Manchester are signed up to deliver this service and 17 out of 26 pharmacies indicated that they currently provide this service in the contractor survey. GP practices can refer into this service provided that the patient is:

- An adult ≥ 40 years with no diagnosis of hypertension
- By exception, < 40 years with family history of hypertension (pharmacist's discretion)
- Approached or self-requested 35-39 years old (pharmacist's discretion)
- An adult specified by a general practice (clinic and ambulatory blood pressure checks).

Patients already being treated and monitored for hypertension are not eligible for this service.

2021/222 NHSBSA data indicated, 3235 community pharmacy clinic blood pressure checks were provided by 33 pharmacies as well as an additional 57 ABPM provided by 9 pharmacies.

Access to Smoking Cessation Service

In January 2019, the NHS Long Term Plan (LTP) was published and said that the NHS would make a significant new contribution to making England a smoke-free society, by supporting people in contact with NHS services to quit based on a proven model, the Ottawa Model for Smoking Cessation (OMSC). The OMSC establishes the smoking status of all patients admitted to hospital followed by brief advice, personalised bedside counselling, timely nicotine replacement therapy (NRT) or pharmacotherapy, and follow-up of the patient after discharge. The NHS LTP also said that all people admitted to hospital who smoke would be offered NHS-funded tobacco treatment services by 2023/24.

In 2020/21 a Pharmacy Integration Fund pilot on smoking cessation began to test a new model of working in which community pharmacies managed the continuing provision of smoking cessation support initiated in secondary care following patient discharge from hospital. Since this pilot, the smoking cessation service was added to the NHS CPCF as part of Year 3 (2021/22) of the five-year deal.

This service has been designed to enable NHS trusts to undertake a transfer of care on patient discharge, referring patients to a community pharmacy of their choice to continue their smoking cessation treatment, including providing medication and support as required. The ambition is for referral from NHS trusts to community pharmacy to create additional capacity in the smoking cessation pathway.

This service was commissioned in March 2022 and 58 pharmacies are currently signed up in Manchester to deliver the advanced service (only 4 out of 26 pharmacies indicated that they are signed up to this in the contractor survey, however 18 of the responses who currently aren't stated that they would be willing to (Appendix 4).

As this is a relatively new development, in the context of the CPCF, the pharmacies currently signed up are not yet in a position to deliver this service as this requires individuals providing the service to complete the National Centre for Smoking Cessation and Training (NCSCT) assessments and further work is also ongoing to ensure that links between secondary care and community pharmacy are fully established.

Whilst this service is still in its infancy, it is worth noting that the Manchester population has access to the Be Smoke Free community service commissioned by Manchester City Council and the CURE service (identifying hospital inpatient smokers for stop smoking support) commissioned by GMIC Manchester. Work is ongoing to ensure that these 3 services align their work collaboratively in a way that ensures all eligible individuals get the right access and subsequent care from the available smoking cessation services (see section 6.3.3).

Please also see Appendix 13 for an overview of locations where NHSE commissioned advanced services are being provided across Manchester.

Historically, the implementation of the advanced services has been managed by a number of separate working groups. In light of the number of new services commissioned from 2022/23 and those expected in 2023/24, a Community Pharmacy Advanced Services Implementation Group has been established to act as a touch point for the Greater Manchester Primary Care Team, GM LPCs, Local Pharmacy Network (LPN) and other key stakeholders, to meet, provide oversight and assign work to support implementation of the new programmes. This work will support successful implementation and engagement with both new and pre-existing advanced services, helping to ensure that Manchester residents benefit from the wide range available.

6.1.6 Access to pharmaceutical services on public and bank holidays and Easter Sunday

NHSE 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. NHSE 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. Manchester ICP disseminate these opening times to all primary care stakeholders including GP practices, out-of-hours providers and local community services.

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 GM boroughs (Bury, Oldham, Rochdale, Salford, Stockport, Tameside and Trafford) and with Cheshire East.

86 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 for full opening times.

Data from NHSBSA show that of all prescriptions written for Manchester registered patients, 87% are dispensed by Manchester pharmacies. The remaining 13% are dispensed elsewhere in England including the neighbouring 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.

It is not possible to identify the number of Manchester residents who access certain Manchester ICP or MCC commissioned services pharmacies outside the HWB area as they are only accessible to Manchester residents.

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 Access to enhanced services

As of May 2022, the enhanced services commissioned by NHSE (Table 8) from pharmacies in the Manchester HWB area are:

- COVID-19 Vaccination Service
- Inhaler Technique
- Minor Ailment Scheme (MAS)
- Minor Eye Conditions Service (MECs)

Table 8: Enhanced services and numbers of pharmacies commissioned (September 2022)

Enhanced Service	Number of pharmacies commissioned
COVID-19 Vaccination Service	See section 7.3.1
Inhaler Technique	14
Minor Ailment Scheme (MAS)	97
Minor Eye Conditions Service (MECs)	1

The HWB recognises that commissioning arrangements for these locally commissioned services may change as the ICS transition progresses and commissioning of local services is mapped across the system. Any changes in commissioning or access to these services with be updated by the HWB accordingly via a supplementary statement where required. Further details of these enhanced services are provided in section 7.3.

The number of community pharmacies delivering the COVID-19 Vaccination service varies between phases of the COVID-19 vaccination program and as such it is difficult to directly specify how many pharmacies are signed up at any one point in time. Pharmacies must express interest to NHS England - Greater Manchester Area Team for each phase. They will then decide how many pharmacies are required to deliver the COVID-19 vaccination service based upon geographical location, capacity to deliver and patient cohorts that require vaccination (based upon guidance from the Joint Committee on Immunisation and Vaccination (JCVI)). See section 7.3.1 for more information.

6.3.2 Access to locally commissioned services

As of August 2022, the services locally commissioned by Manchester ICP (Table 9) from pharmacies in the Manchester HWB area are:

- Access to Palliative Care Medicines
- Antiviral Provision

Table 9: Locally commissioned services and numbers of pharmacies commissioned by Manchester ICP (December 2022).

Commissioned Service	Number of pharmacies commissioned
Access to Palliative Care Medicines	12
Antiviral Provision	4

Additionally, the services locally commissioned by MCC from pharmacies in the Manchester HWB are:

Sexual Health Services:

- Emergency hormonal contraception (EHC)

Substance misuse services including:

- Observed Supervised Administration (OSA) (methadone/buprenorphine)
- Needle and Syringe Programmes (NSP)
- Domestic Sharps Waste (DSW)

Pregnancy, new mothers and children (under 4s)

- Healthy Start Vitamins

Table 10: Locally commissioned services and numbers of pharmacies commissioned by Manchester City Council (August 2022)

Commissioned Service	Number of pharmacies commissioned
Emergency hormonal contraception (EHC)	95
Observed Supervised Administration (OSA) (methadone/buprenorphine)	89
Domestic Sharps Waste (DSW)	53
Needle and Syringe Programmes (NSP)	28
Healthy Start vitamins	47

In terms of population access, OSA services are for patients (also known as service users) under the care of CGL Manchester so is only accessible for patients who are Manchester residents or registered with a Manchester GP. The same principle applies to the DSW and Healthy Start Vitamin service and is only available for Manchester residents or people registered with a Manchester GP.

Although EHC and NSP provision is commissioned primarily for Manchester residents, it is an open access service and can be provided to anyone regardless of residence.

Please also see the maps provided in Appendix 12 regarding the locations of the enhanced and locally commissioned services.

6.3.3 Other relevant services within the HWB area

85 pharmacies provide essential and advanced services through supplementary hours with the totality of these hours covers evenings and weekends. The opening hours are available to the public via the NHS Choices website.

Pharmacy opening times are also highlighted in Appendix 7 of the PNA.

6.3.4 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.

6.3.5 Other relevant services

Whilst the HWB consider enhanced services as providing an improvement or better access to pharmaceutical services, only three are commissioned by NHSE. The HWB is mindful of local commissioned services as described in section 5.4.1 and 5.4.6.

There are several services commissioned for Manchester residents that complement existing pharmaceutical services. For example, as discussed in section 6.1.12, both Manchester ICP and MCC commission smoking cessation and tobacco addiction services in addition to the nationally advanced service.

6.3.6 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 127 pharmacies which have been utilised to dispense 87% of items prescribed within GMIC Manchester. 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 (see section 6.1). As expected, a proportion of these were dispensed in neighbouring HWB areas but not in significant numbers.

There are three 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

There have been significant changes within health and social care with the formation of Integrated Care Boards (ICB) in July 2022. ICBs are expected to have delegated responsibility for contract management for community pharmacy, dispensing compliance contractors and dispensing doctors. Since 01 July 2022, Manchester CCG was disestablished to form part of the GM ICB. This means that each of the ten localities in GM now have a locality board and a leader to support the delivery of the Locality Plan.

The MLCO has been delivering and developing services as a partnership between Health and Social Care since 2018. Working across 12 neighbourhoods, health and social care priorities are aligned and there is close working with PCNs to ensure care is co-ordinated across different services. The development of the ICB strengthens the opportunities to further develop joint working and enhance the population health approach within neighbourhoods to reduce inequalities and improve outcomes across Manchester.
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.

6.4.2 Community Pharmacy Contractual Framework

In line with NHS long term plan, the CPCF has expanded and transformed the role of community pharmacies, embedding them as the first port of call for minor illness and health advice.

The contractual framework provides a five-year settlement which has taken effect from October 2019. A number of new services have been 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 has seen community pharmacies take referrals from NHS 111 for minor illness and urgent medicines supply from October 2019. This has been further developed over the past few years with referrals from other parts of the NHS, including GP practices. The CPCS has replaced the current NHS Urgent Medicine Supply Advanced Service (NUMSAS), as well as any local pilots of the Digital Minor Illness Referral Scheme (DMIRS). As part of the year 4 and 5 CPCF agreement, CPCS will expand to enable urgent and emergency care settings (hospital emergency departments and urgent treatment centres) to refer patients into the service from March 2023.

Although the majority of community pharmacies already proactively deliver a wider range of interventions to support people's health and wellbeing, there will be an increased focus on prevention. From April 2020 all community pharmacy contractors have been required to be a Level 1 Health Living Pharmacy. This requires 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 were originally tested and have since been commissioned as advanced services. These are the hypertension case-finding service (publicly described as the NHS Blood Pressure Check Service) and smoking cessation service; these were commissioned in October 2021 and March 2022 respectively.

In 2019/20, funding was provided for Hepatitis C testing in community pharmacies for people using needle and syringe programmes to support the national Hepatitis C elimination programme.

As part of the framework, a medicines reconciliation service (known as the Discharge Medicines Service) has been introduced since February 2022 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 has been expanded to include further indications and conditions where it is shown to demonstrate value. As highlighted in the previous PNA, MURs have now been decommissioned and were phased out of the CPCF on the 31 March 2021.

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

Overall, the HWB have noted that the CPCF for 2019/20 to 2023/24 was published on 22 July 2019 and came into effect from October 2019.

As mentioned, the contractual changes represent a new and expanded role for community pharmacy which have required the sector to adopt new and different ways of working. Within this period, there has been significant change in service provision over the contract period. For example, MURs were discontinued, and the CPCS was launched.

Since the writing of this PNA, the Pharmaceutical Services Negotiating Committee, the Department of Health and Social Care (DHSC) and NHSE have agreed the arrangements for the CPCF in 2022/23 and 2023/24. These negotiations have proposed the commissioning of a Pharmacy Contraception Service, as an Advanced Service from the 11 January 2023. The service aims to provide people greater choice and access when considering continuing their current form of contraception.

Initially the service will involve community pharmacists providing ongoing management of routine oral contraception that was initiated in general practice or a sexual health clinic; this is the Tier 1 service. The supplies will be authorised via a Patient Group Direction, with appropriate checks, such as the measurement of the patient's blood pressure and body mass index, being undertaken, where necessary.

Subject to a positive evaluation of the ongoing pilot, from 04 October 2023, Tier 2 of the service will be introduced, which will enable community pharmacists to also initiate oral

contraception, via a Patient Group Direction, and provide ongoing clinical checks and annual reviews.

Not all changes to pharmaceutical services will result in a change to the need for services. As the CPCF is projected to be updated in 2024, the HWB will issue supplementary statements to update the PNA where required as changes take place to the provision of services locally.

6.4.3 Primary care medicines optimisation teams

There is a large network of medicines optimisation teams deployed within Manchester locality primary care; employed by the NHS, privately and by 3rd party providers (e.g., GP Federation etc). Medicines Optimisation Teams (MOTs) employ teams of clinical pharmacists and pharmacy technicians to support PCNs in delivering safe and effective care by optimising the use of medicines across Manchester. Through this, MOTs can help ensure that patients receive the right treatment by the right people at the right time using evidence-based medicine.

The Manchester ICP MOT's role is to continually improve access to safe, high quality and cost-effective medicines and devices for Manchester residents by continually reviewing prescribing and promoting the effective use of resources across all local health and social care sectors including Primary Care to maintain a sustainable system. They work closely with colleagues across the rest of Greater Manchester, secondary care and community services, and support and promote the Greater Manchester Medicines Management Group Formulary. They also provide support to Manchester commissioning teams both within NHS GM Manchester and MCC; advising on the role of medicines and devices in a range of care pathways.

Through these processes and reviews, workstreams conducted by MOTs may have an impact upon the number of items issued as their aim is to reduce medicines waste and any unnecessary prescribing that either isn't clinically appropriate for the patient or is not recommended for prescribing by the NHS. Since the ICP transition in July 2022, MOTs will continue to work closely with other providers and further integrate as part of a multidisciplinary team. This includes working alongside community pharmacy partners to ensure that all Manchester residents have equitable access to pharmacy services within the locality and by promoting and referring into them so that patients benefit from what they offer.

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 can affect 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 or decrease 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 services.

- Services commissioned by MCC or the Manchester ICP.
- Clinical workstreams developed by Manchester ICP in collaboration with primary care partners e.g., Financial Sustainability Program that aims to reduce medicines waste and the subsequent number of items or prescriptions required per patient.
- Digital solutions such as the NHS App, supported and developed by the Manchester ICP.

6.5.1 Hospital pharmacies and Manchester Local Care Organisation (MLCO)

Patients attending hospital pharmacies, on either an inpatient or outpatient basis, may require prescriptions to be dispensed. MFT provides hospital services.

As the MLCO evolves and community health and social care services are further developed to support pathways of care across Manchester, it is anticipated that a proportion of patients that were once seen in hospital will instead be supported within the primary care setting. 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 NHSE 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. Therefore, this process would reduce the demand on local community pharmacies.

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 patient's 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 6.1.3 and displayed in Appendix 7. These pharmacies are geographically spread across Manchester's 12 Neighbourhoods.
From 01 October 2022, PCNs have been required to provide enhanced access between the hours of 6.30pm and 8pm Mondays to Fridays and between 9am and 5pm on Saturdays as part of the 2022/23 GP Contract. This increase in GP practice accessibility may result in an increase of prescriptions and subsequent demand of dispensing by community pharmacies, outside of core hours.

6.5.4 Locally commissioned services: MCC and Manchester ICP

Since 01 April 2013 MCC has been responsible for the commissioning of some public health services. In addition the Manchester ICP 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 aware that what is available, where these are offered and by whom.

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 CPCF:

- Discharge Medicines Service;
- Dispensing medicines and appliances (both electronic and non-electronic), including urgent supply of a medicine or appliance without a prescription;
- Dispensing of repeatable prescriptions;
- Disposal of unwanted medicines;
- Promotion of healthy lifestyles (public health);
- Signposting;
- Support for self-care;
- Clinical Governance (safeguarding high standards of care e.g. provision of clinical audits)

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.

The Discharge Medicines Service enables the safe and effective transfer of patient care upon discharge from hospital. By providing this structure, any changes to an individual's medication are updated within 7 days of discharge. This way, all changes are clearly and consistently reflected on the individuals GP medical record.

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

Through these services, pharmacies can direct patients towards 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.

The promotion of healthy lifestyles 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, for example the 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 supporting self-care and in directing people to the most appropriate points of care for their symptoms.

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 self-care, community pharmacies can provide of advice and support to enable people to derive maximum benefit from caring for themselves or their families. 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.

Please note that support for self-care is different to the Minor Ailment Scheme that is commissioned as a locally enhanced service and limited to a defined list of conditions (see section 7.3.3).

Clinical governance standards provide 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 on the evidence base for the best practice and contribution of pharmacy services.

7.2 Advanced services

There are currently eight 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:

- Appliance Use Review (AUR);
- Community Pharmacy Consultation Service (CPCS);
- Community pharmacy seasonal influenza ‘Flu’ vaccination programme;
- Hepatitis C Testing Service;
- Hypertension Case-finding Service;
- New Medicine Service (NMS);
- Smoking Cessation Service;
- Stoma Appliance Customisation (SAC).

National Institute for Health and Care Excellence (NICE) state that it is thought that between a third and a half of all medicines prescribed for LTCs are not taken as

recommended. Advanced services such as NMS and AUR have a role in highlighting issues with medicines/appliance adherence, as well as reducing medicines waste.

NMS in particular provides support for people with LTCs newly prescribed a medicine to help improve medicines adherence; it is focused on specific patient groups and conditions. From 01 September 2021, the following conditions are covered by NMS:

- Asthma and COPD;
- Diabetes (Type 2);
- Hypertension;
- Hypercholesterolaemia;
- Osteoporosis;
- Gout;
- Glaucoma;
- Epilepsy;
- Parkinson's disease;
- Urinary incontinence/retention;
- Heart failure;
- Acute coronary syndromes;
- Atrial fibrillation;
- Long term risks of venous thromboembolism / embolism;
- Stroke / transient ischemic attack; and
- Coronary heart disease

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. Advance 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.

The CPCS relieves pressure on the wider NHS by connecting patients with community pharmacy, which should be their first port of call and can deliver a swift, convenient and effective service to meet their needs. CPCS enables patients to be referred for a consultation with a pharmacist following a call to NHS 111; these are patients who might otherwise have gone to see a GP. The CPCS provides the opportunity for community pharmacy to play a bigger role than ever within the urgent care system and enables quicker patient access to safe and effective care.

Promotion of self-care is an important aspect to managing LTCs. Advanced services such as the smoking cessation and hypertension case-finding service give the pharmacist an important opportunity to provide advice that encourages a holistic approach to patient centred care that is easily accessible to the public.

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 NHS England (NHSE) 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 NHSE 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. Section 7.3.1 to 7.3.4 lists the existing Enhanced Services commissioned within Manchester and are commissioned by NHSE on behalf of what was Manchester CCG (now transitioned to become Manchester ICP).

7.3.1 COVID-19 Vaccination Service

Since the start of the COVID-19 vaccination programme in December 2020, community pharmacy have been vaccinating patients and health and care workers under a Local Enhanced Service against coronavirus alongside vaccination centres, hospitals and PCN sites.

The number of community pharmacies providing this service varies between phases of the National COVID vaccination programme and as such pharmacies must present an expression of interest (EOI) to NHSE per phase to register interest in being a part of the Community Pharmacy Local Enhanced Service COVID-19 Vaccination Programme.

NHSE scrutinise each application to deliver the COVID-19 vaccination service in line with the following considerations:

- The location of the site or prospective site must be in a location that could meet the population need.
- The capacity of the site must be appropriate for the population need.
- The age groups that the pharmacy is offering to vaccinate must be appropriate for the population need.
- The ability of the pharmacy contractor to provide vaccinations to eligible care home residents and people who are housebound matches the population need.
- The Pharmacy Contractor must:

  a) Be able to offer at least 100 vaccines per week over each week of an expected 12-week period without affecting the delivery of their core NHS services.
  b) Be in good standing with NHS England in relation to provision of service, i.e., no outstanding concerns about their ability to satisfy their Terms of Service (as set out in the Pharmacy Regulations) including in relation to opening hours.
  c) Have read the Enhanced Service and be confident that they will be able to both meet the requirements and commence vaccinating within 4 weeks of notification of contract award.

- The most recent GPhC inspection of the Pharmacy must have resulted in ‘Standards Met’.

From autumn 2022, this service has been commissioned as a National Enhanced Service.

7.3.2 Inhaler Technique

The Inhaler Technique enhanced service is commissioned by NHSE on behalf of GMIC Manchester. It is designed to improve the technique of patients prescribed an inhaler device to ensure that treatment is delivered correctly into the lungs.

In the previous PNA, this service was included as part of 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. However, MURs have since been decommissioned and thus inhaler technique does play a role in ensuring safe patient care and is considered a necessary service.

There are currently 14 pharmacies providing the inhaler technique service within Manchester. Additionally, pharmacies may wish to participate and claim for the respiratory domain of the 2022/23 PQS (see section 3.1.2). The aims of this quality criterion are for community pharmacy teams to work in reducing morbidity and preventable deaths from asthma through targeted clinical surveillance and evidence-based interventions; contribute to optimising inhaler technique and outcomes in patients with asthma and/or chronic obstructive pulmonary disease (COPD); and, promote safe and environmentally friendly disposal of all unwanted and used inhaler devices by engaging in discussions with all patients, their carers and/or representatives and to contribute to the delivering a ‘Net Zero’ National Health Service agenda of being carbon neutral.

7.3.3 Minor Ailment Scheme

The Minor Ailment Scheme (MAS) is commissioned by NHS England on behalf of Manchester ICP.

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.

Currently, 97 pharmacies are signed up in Manchester to provide this service, however Manchester ICP are working alongside NHSE counterparts to encourage uptake of the service from both a contractor (with aim to ensure all 127 pharmacies are offering the service) and patient perspective.

7.3.4 Minor Eye Conditions Service

The Minor Eye Condition Service (MECS) enables a pharmacy to dispense medication directly to a patient who presents with a signed order on the agreed form written by a registered optometrist. The aims of the service are to:

- Improve access and choice for people with minor eye conditions who are seeking advice and treatment via the community pharmacy optometry eye conditions service, by supplying appropriate medicines at NHS expense; and

- Improve health inequalities for low income families by enabling equal access to medicines for self-care of minor eye conditions.

Currently, there is only one community pharmacy in Manchester providing the MECS. Although the level of service provision locally is low, MECS have been running successfully across England for a number of years and show that approx. 83% of patients seen are fully managed within the service.

However, in addition to MECS exists the Community Urgent Eyecare Service (CUES) that is available to Manchester residents. It should be recognised that despite similarities, CUES is for urgent symptoms only, and routine minor eye conditions would not be expected to be seen face to face within the service at this time.

7.4 Manchester Integrated Care Partnership Locally Commissioned Services

7.4.1 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.

Manchester currently commissions 12 community pharmacies, located across the City of Manchester to maintain a specified stock as well as supply any EOL medicines within an hour of request. This service is commissioned in hours; out of hours (OOH) provision is covered through our OOH healthcare provider Go-to-Doc Healthcare.

In addition to this service, all community pharmacies can choose to routinely hold 16 specifically listed palliative and end of life critical medicines and can support local access to parenteral haloperidol as part of Addressing Unwarranted Variation in Care Domain of the 2022/23 Pharmacy Quality Scheme (see section 3.1.2). This domain is not mandatory, and pharmacies can choose whether or not they wish to do this.

7.4.2 Antiviral provision

The purpose of this service is for community pharmacies to provide rapid access to clinical teams by stocking and supplying antivirals for the treatment and prophylaxis of influenza; this includes usual opening hours and bank holidays. This should be used when an outbreak has been detected and it is decided that prophylactic and or treatment of influenza is required for the desired population.

Currently, 4 pharmacies are commissioned to maintain a stock of antivirals. The aim of the service is to increase prompt access for patients who require antiviral medication for influenza treatment or prophylaxis.

7.5 Manchester City Council locally commissioned services

Sexual Health Services:

- Emergency hormonal contraception (EHC)

Substance misuse services including:

- Observed Supervised Administration (OSA) (methadone/buprenorphine)
- Needle and Syringe Programmes (NSP)
- Domestic Sharps Waste (DSW)

Pregnancy, new mothers 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 NHSE.
- Where the pharmacy does not provide the local commissioned service (LCS) for needle and syringe programmes, observed supervised administration 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.

Table 11: MCC commissioned services and numbers of pharmacies commissioned

Commissioned Service	Number of pharmacies commissioned
Emergency hormonal contraception (EHC)	95
Observed Supervised Administration (OSA) (methadone/buprenorphine)	89
Domestic Sharps Waste (DSW)	53
Needle and Syringe Programmes (NSP)	28
Healthy Start vitamins	47

See section 5.5.2 for contractor survey responses regarding MCC commissioned service provision.

7.5.1 Alcohol and substance misuse

Services such as needle and syringe programmes (NSP) and observed supervised administration (OSA) 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 people who use and/or inject drugs.

NSP aims to:

- Reduce the spread of blood borne pathogens e.g. Hepatitis B, Hepatitis C and HIV by providing clean and safe injecting equipment
- Provide advice on minimising the harm done by drugs and safe injecting practices
- Be a referral point for service users to other health and social care services.

OSA 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 NSP and OSA services with long term health benefits to drug users and the whole population, however there is also the intention to widen the scope of community pharmacy services to provide Naloxone. Naloxone is a drug that reverses the effects of an opioid overdose and can help prevent drug related deaths.

Needle and syringe programmes and the observed supervised administration of methadone/buprenorphine are commissioned by MCC, it is not envisaged that with-in 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: Contraception

Emergency Hormonal Contraception (EHC) can be used following unprotected sex to prevent pregnancy. The EHC service allows pharmacists in Manchester to facilitate the supply of appropriate emergency contraception and pregnancy tests. 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 which is provided at no cost to the patient. 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). Tackling the growing incidence of STIs and achievement of the goal of zero HIV transmissions by 2030 can only be achieved through the systematic introduction of health promotion, screening, STI and HIV testing, combination prevention 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.
- Increasing the provision and coverage of the more effective Long-Acting Reversible Contraception (LARC) to reduce unplanned conception.
- Establishing service standards, definitive care pathways and appropriately targeted provision. 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 may help achieve all of the above points and there is potential for pharmacy involvement in the delivery of Pre-exposure Prophylaxis (PrEP) (a medication used to prevent HIV transmission) subject to changes in commissioning arrangements by NHS England. However, pharmacies are not currently providing access to HIV screening or STI screening and treatment. There is potential for developing these services alongside digital services.

7.5.4 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.
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 Health 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. The service was re-commissioned in 2021 and there has been an increase in the number of pharmacies participating, with 47 pharmacies now contracted to deliver the scheme. Manchester now has a universal offer for Healthy Start vitamins and supplies are free to all women, babies and children within the clinical criteria, and not just to families who are in receipt of benefits. Supplies are available from 30 children's centres, health visitors, community midwives and some GP practices, as well as the participating pharmacies.

7.5.5 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.
- Following the expansion of the New Medicines Service (NMS) therapeutic areas in September 2021, NHSE are also currently working on the development of a pilot around the use of the NMS for people newly prescribed antidepressants for depression. This pilot is still in the early stages of development and any updates shall be incorporated into the PNA as a supplementary statement where required.

8.0 Gap analysis of pharmaceutical services provision

As part of the requirements of paragraphs 2(a) and 4(a) of Schedule 1 to the 2013 regulations. A statement must be produced of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB, but which the HWB is satisfied that there is a need to be provided in order to meet a current need for pharmaceutical services, or pharmaceutical services of a specified type, in its area;

The HWB must also produce a statement of the pharmaceutical services that have been identified (if any) as services that are not provided in the area of the HWB, but if they were provided (whether or not they were located in the area of the HWB), would secure improvements, or better access to pharmaceutical services, or pharmaceutical services of a specific type, in its area.

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 at this stage been considered necessary by the HWB. There are 127 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 in Appendix 8 show the location of pharmacies within each of the PNA localities and across the whole HWB area and show 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 the majority of Manchester residents live within 1 mile of a pharmacy. The majority of residents can access a pharmacy within 15 minutes, either by walking, public transport or driving.
- The number, location and distribution of pharmacies across the city of Manchester.
- Manchester has a choice of pharmacies which are open a range of times including early mornings, evenings and weekends (Appendix 7);
- Manchester pharmacies offer a range of pharmaceutical services to meet the requirements of the population (Appendix 5).
- 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 across the entire Manchester HWB area 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 post 2024 once this comes into effect.

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 currently consider the location, number, distribution and choice of pharmacies covering the 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 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 the HWB is mindful that only those commissioned by NHSE 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 NHSE is mitigated by commissioning through Manchester ICP and MCC. This PNA identifies those locally commissioned services.

Whether commissioned as enhanced or a locally commissioned service, the HWB currently 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 currently 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 which will come into effect from 2024 onwards. No further information on what the next CPCF will offer is currently available.

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

In order to provide pharmaceutical services in England a person and the premises from which they will provide services must be included in the relevant pharmaceutical list. NHSE is responsible for preparing, maintaining and publishing pharmaceutical lists in respect of each health and wellbeing board's area. Applications for inclusion in one of these lists are submitted to Primary Care Support England and determined by NHSE.

The main purpose of the pharmaceutical needs assessment is to inform the submission of applications for inclusion in a pharmaceutical list, and the subsequent determination of such applications. Therefore, in order to ensure that the existing pharmaceutical services meet the needs of the population the following assessments were made regarding:

- Current provision of necessary and other relevant service
- Future provision of necessary services
- Improvements and better access: gaps in provision
- Access to essential services: present and future circumstances
- Current and future access to advanced services
- Current and future access to enhanced services
- Other NHS services

10.1 How the assessment was carried out

The assessment was conducted 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 5.3 and maps in appendix 8.

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 and section 6.

10.2 Current provision: necessary and other relevant services

As described in sections 6.1, 6.2, 6.3 and 6.4 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 7 and 10 as providing improvement or better access without the need to differentiate in any further detail.

10.2.1 Necessary services: gaps in provision

In light of the information provided in section 6.0, the consideration of how pharmaceutical services support a healthier population noted in section 7.0 and 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.

10.2.2 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 and are assessed in section 6.1.

Overall, data from the public survey found in Appendix 3 and analysis of the existing pharmacies services available with respect to their geographical location highlighted that there is currently no gap in access to essential services across the locality. However, analysis from the public survey that further work is required to increase population awareness of what services are being offered by community pharmacies and by whom.

10.2.3 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.

As highlighted in the public survey (Appendix 3), further work will be done to ensure that Manchester residents have equal and consistent access to pharmacies across the City who can support any reasonable adjustments for patients; this work includes recognising and publicising what pharmacies provide to support disability access. There are many different ways in which community pharmacies can offer reasonable adjustments (e.g., disabled ramp access, hearing loops, large print labels). Manchester is also looking at future work to utilise and incorporate The Reasonable Adjustment Flag (RAF). The RAF is a national record which indicates that reasonable adjustments are required for an individual and can also provide details of an individual's significant impairments as well key adjustments that should be considered for them.

10.2.4 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 NHSE 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.

10.2.5 Access to advanced and enhanced services

Sections 6.1 and 6.2 of this PNA identify access to advanced services commissioned by NHSE and section 6.3 identifies the access to both nationally and locally enhanced services.

The HWB have noted that the Community Pharmacy Contractual Framework for 2019/20 to 2023/24 was published on 22 July 2019 and came into effect from October 2019. As discussed in section 6.4.2, there has been a change in service provision over the contract period and is considered as part of this assessment.

Not all changes to pharmaceutical services as part of the CPCF 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.

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

10.3 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. The HWB does note however that from 01 October 2022, PCNs will be required to provide enhanced access between the hours of 6.30pm and 8pm Mondays to Fridays and between 9am and 5pm on Saturdays as part of the 2022/23 GP Contract. This increase in GP practice accessibility may result in an increase of prescriptions and subsequent demand of dispensing by community pharmacies, outside of core hours.

In light of the above, section 5.4 highlights that Manchester currently has a large number of pharmacies who already provide extended hours and weekends. There will an ongoing assessment of whether the demand on community pharmacy in relation to change in GP practice operating hours from 01 October 2022 affects the access to services for Manchester residents.

10.4 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.

10.5 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 6.1 and 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 any immediate 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.

10.6 Current and future access to advanced services

As per section 6.1.5 and appendix 11, not all community pharmacies offer all of the advanced services commissioned NHSE and a pharmacy can decide if they choose to provide any of these services.

Since the CPCF was launched in 2019, there has been an expansion in the number of services available to population both nationally and locally in Manchester. NHSE continues to encourage pharmacies and pharmacists to become eligible to deliver the range of advanced services available and to encourage all pharmacies to increase their engagement with primary care and the public domain to ensure more eligible patients are able to access and benefit from each service provided.

In 2021/22, 11 pharmacies did not provide the CPCS but NHSE 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. The 2022/23 Investment and Impact Fund (IIF) offers further incentive to GP practices to refer patients to CPCS. Practices can receive extra financial income for increasing the number of referrals to the CPCS per registered patient. As a result of this and the multiple benefits associated with service, ongoing engagement work is being delivered to increase the number of referrals from GP practices into the CPCS.

Currently 80 out of 83 Manchester GP practices have engaged with the service and are live. Therefore, further work is also being done to achieve 100% of GP practices are signed up to refer into the service. As part of the year 4 and 5 CPCF agreement, CPCS will expand to enable urgent and emergency care settings (hospital emergency departments and urgent treatment centres) to refer patients into the service from March 2023, thus offering wider potential access to the service.

In 2017/18, 31 pharmacies did not provide the NMS. When compared to the latest available NHSBSA 2021/22 data, this indicated that a total of 20,311 NMS interventions were provided by 125 pharmacies in Manchester and only 2 pharmacies did not provide the NMS; an improvement in the uptake of the service by pharmacies across the locality and there is no nationally set maximum number of NMS interventions that may be provided in a year.

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 CPCF, the NMS has been expanded to a wide variety of indications and conditions where it has been shown to demonstrate value (see section 6.1.5). NHSE 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 advanced services available. This low level of provision reflects the much smaller proportion of the population that may require these services and specialist nature of the provision of appliances; it would be expected that this service is provided by DACs specialising in SAC provision: there are currently 8 DACs which provide cover across the GM footprint, 3 of which are geographically located within Manchester itself. Pharmacies and DACs may choose which appliances they provide and may also choose whether or not to provide the two related advanced services. NHSE continues to encourage those contractors in the area that do provide appliances to become eligible to deliver these advanced services where appropriate.

Within the lifetime of the 2020/23 PNA, several new advanced services have been commissioned under the CPCF (as well as the decommissioning of MURs). One of these was the hypertension case-finding service which was commissioned from 01 October 2021; which falls in line with chapter Three of the NHS Long Term Plan (LTP) that commits the NHS to reducing mortality and morbidity due to CVD, tackling inequalities and shifting towards prevention strategies. This service provides an opportunity for the public to check on their health through tests for high blood pressure.

Currently, 89 pharmacies in Manchester are signed up to deliver this service and 17 out of 26 pharmacies indicated that they currently provide this service in the contractor survey. 2021/22 NHSBSA data indicated, 3235 community pharmacy clinic blood pressure checks were provided by 33 pharmacies as well as an additional 57 ABPM provided by nine pharmacies. Because this service is relatively new in the context of the PNA, NHSE continues to encourage those contractors in the area that do provide appliances to become eligible to deliver these advanced services where appropriate. Further work is required to understand out of those pharmacies currently signed up, who is actually operationally ready to deliver the service (e.g., have a blood pressure machine in situ in order to take blood pressure measurements). Additional work is also being done to engage with primary care to encourage primary care teams (predominantly GP practices) to refer patients into the service.

Similarly to the hypertension case-finding service, the smoking cessation service was added to the NHS CPCF as part of Year 3 (2021/22) of the five-year deal in March 2022.
In January 2019, the LTP was published and said that the NHS would make a significant new contribution to making England a smoke-free society, and that all people admitted to hospital who smoke would be offered NHS-funded tobacco treatment services by 2023/24. This service was commissioned in March 2022 and 58 pharmacies are signed up in Manchester to deliver the advanced service. As this is still relatively new in the context of the CPCF, the pharmacies currently signed up are not yet in a position to deliver this service as this requires individuals providing the service to complete the National Centre for Smoking Cessation and Training (NCSCT) assessments and further work is also ongoing to ensure that links between secondary care and community pharmacy are fully established.

Whilst this service is still in its infancy, it is worth noting that the Manchester population has access to the Be Smoke Free community service commissioned by MCC's Public Health Team and the CURE programme (identifies and support smokers whilst in hospital) commissioned by GM ICP. Work is ongoing to ensure that these three services align their work collaboratively in a way that ensures all eligible individuals get the right access and subsequent care from the available smoking cessation services.

The Pharmaceutical Services Negotiating Committee, the Department of Health and Social Care (DHSC) and NHSE have agreed the arrangements for the CPCF in 2022/23 and 2023/24. These negotiations have proposed the commissioning of a Pharmacy Contraception Service, as an Advanced Service, from the 11 January 2023. The service aims to provide people greater choice and access when considering continuing their current form of contraception.

Initially the service will involve community pharmacists providing ongoing management of routine oral contraception that was initiated in general practice or a sexual health clinic; this is the Tier 1 service. The supplies will be authorised via a Patient Group Direction, with appropriate checks, such as the measurement of the patient's blood pressure and body mass index, being undertaken, where necessary.

Subject to a positive evaluation of the ongoing pilot, from 04 October 2023, Tier 2 of the service will be introduced, which will enable community pharmacists to also initiate oral contraception, via a Patient Group Direction, and provide ongoing clinical checks and annual reviews.

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.

However, results from both the public and contractor surveys indicate that further work is required working with primary care, NHSE and LPC stakeholders in order to promote the range of community pharmacy advanced services available to the public and primary care such as CPCS in order for these services to be utilised to their fullest.

10.7 Current and future access to enhanced services

NHSE commissions four enhanced services from pharmacies:

- COVID-19 Vaccination Service
- Inhaler Technique
- Minor Ailment Scheme (MAS)
- Minor Eye Conditions Service (MECs)

Many of the enhanced services listed in the 2013 directions are now commissioned by MCC's Public Health Team or Manchester ICP (access to medicines) and so fall outside of the definition of both enhanced services and pharmaceutical services.

The HWB recognises that commissioning arrangements for these locally commissioned services may change as the ICS transition progresses and commissioning of local services is mapped across the system.

Currently from 2022/23 for MAS, 97 pharmacies are signed up in Manchester, however Manchester ICP are working alongside NHSE GM Area Team counterparts to encourage uptake of the service from both a contractor (with aim to ensure all 127 pharmacies are offering the service) and patient perspective.

In light of the recent cost of living crisis, the HWB have identified that work needs to be done between with the aforementioned stakeholders, plus pharmacy contractors and patient groups to ensure that access to this service is equitable to ensure that the residents who will benefit most from this service will correlate to income deprivation.

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 have been identified.

However, results from both the public and contractor surveys indicate that further collaboration is required working with Manchester ICP, MCC, primary care, NHSE and LPC stakeholders in order to promote the range of community pharmacy enhanced services available to the public and primary care.

The HWB also recognise that collaboration with pharmacy contractors is required to understand the capability and capacity to provide existing and future services, commissioned both locally and nationally.

10.8 Other NHS services

As required by schedule 1, paragraph 5 of the 2013 Regulations, Manchester's HWB has had regard to section 9 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.

11.0 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. All maps are provided within Appendix 8 of this assessment.

In addition to this, Appendices 12 and 13 provide a geographical overview of where enhanced, locally commissioned and advanced services are currently being provided, although are not required as per the 2013 regulations.