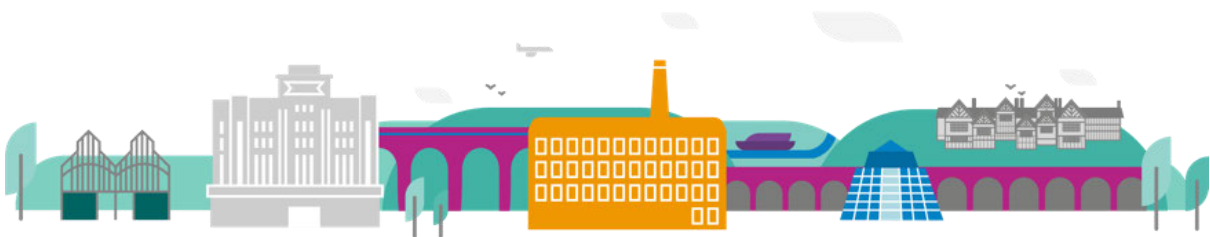


Stockport JSNA

joint strategic needs assessment

Stockport Health and Wellbeing Board Pharmaceutical Needs Assessment 2025

Version 1.0



Document Control

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1 Executive Summary

This Pharmaceutical Needs Assessment (PNA) looks at the provision of pharmaceutical services across Stockport's Health and Wellbeing Board (HWB) area as at spring 2025, assesses whether this meets the current needs of the population and identifies any potential gaps to service delivery. The PNA will be used by NHS Greater Manchester Integrated Care Board (ICB) in its approval process for applications to join the pharmaceutical list under the NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013¹.

This is the final version of Stockport's PNA 2025, a draft of which was published for a 60 day period during the summer of 2025, in line with the statutory requirements. This version incorporates comments from stakeholder and was approved by Stockport Health and Wellbeing Board for publication in October 2025.

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

- Within Stockport there are 59 community pharmacies, 3 distance selling pharmacies (internet): 1 dispensing appliance contractor (DAC) and 1 hospital pharmacy.
- This is a similar number of pharmacies per 100,000 population than the England average, despite four community pharmacies closing since 2022.
- In addition, there are 14 community pharmacies across Cheshire East, Manchester and Tameside which provide services to Stockport residents.
- More than 92% of the population have access to pharmacies within one kilometre of their home.
- Choice of pharmacy is provided as more than 96% of the population live within 2km of three or more pharmacy providers.
- Future anticipated population growth is unlikely to change this position in the lifetime of this PNA (to 2028).
- Analysis of opening hours and trading days shows there is adequate provision for out of hours service across the borough, with more than 90% of residents living within 30 minutes public transport access of pharmacies open on weekday evenings and weekends.
- The provision of out of hours pharmacy services is lower than at other times and there are opportunities to secure improvements to access to pharmacy services in the following areas and times:
 - Bramhall and Cheadle Hulme Neighbourhood – 18h30 to 20h00 on a weekday
 - Marple Neighbourhood – 18h00 to 20h00 on a weekday
 - Stepping Hill Neighbourhood – 18h30 to 20h00 on a weekday

This is a particular issue in Stepping Hill, which hosts the GP out of hours service, Mastercall. As there is already sufficient service provision to meet the population's essential pharmaceutical in other areas in the borough accessible from these neighbourhoods by public transport at these times, there is no gap in provision.

The maps (see [appendix 1](#)) and data contained in this document clearly show that services that are commissioned in addition to the essential contract, including locally commissioned services, meet identified health needs in the necessary area in all cases.

Any other change to provision of pharmacy services in Stockport giving rise to a change in these conclusions over the lifetime of this PNA (2025-2028) will be communicated via publication of a

¹ http://www.legislation.gov.uk/uksi/2013/349/pdfs/ukxi_20130349_en.pdf

supplementary statement to this PNA, and a full refresh of this assessment will be undertaken in 2028.

In summary this PNA finds in Stockport that there are:

- No current gaps have been identified in the provision of pharmaceutical services during normal working hours.
- No current gaps have been identified in the provision of pharmaceutical services during weekday evenings or at weekends.
- No future gaps have been identified in the need for pharmaceutical services in specified future circumstances.
- Limited opportunities have been identified that if provided either now or in the future would secure improvements, or better access, to essential services;
 - Bramhall and Cheadle Hulme Neighbourhood – 18h30 to 20h00 on a weekday
 - Marple Neighbourhood – 18h00 to 20h00 on a weekday
 - Stepping Hill Neighbourhood – 18h30 to 20h00 on a weekday
- No gaps have been identified in respect of securing improvements, or better access, to other NHS services either now or in the future other than the opportunity in Stepping Hill Neighbourhood – 18h30 to 20h00 on a weekday which would secure improvements in the GP out of hours service provision.

2 Introduction

2.1 Background

If a pharmacist, a dispenser of appliances, a GP or anyone else wants to provide NHS pharmaceutical services, they are required to apply to NHS England to be included on the 'pharmaceutical list'. This is known as the NHS market entry system for pharmacies. Under new NHS organisational arrangements from July 2022 NHS Greater Manchester manages the market entry system for the area pharmacies under delegation from NHS England. The Stockport Pharmaceutical Needs Assessment intends to provide NHS Greater Manchester with the evidence needed to make decisions about any applications made to join the Stockport list over the next three years.

2.2 Legal duties

Under the NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013² applications to be included on a pharmaceutical list must show that the provider is able to meet a pharmaceutical need as set out in the relevant local Pharmaceutical Needs Assessment (PNA).

The first PNAs were produced by NHS Primary Care Trusts (PCTs) and were required to be published by 1st February 2011. The Health and Social Care Act 2012 transferred responsibility for the development and updating of PNAs to local health and wellbeing boards (HWBs). HWBs had a duty to publish their first PNA by April 2015, and from then on publish a revised assessment every three years. As part of the national government response to the COVID-19 Pandemic local Health and Wellbeing Boards were granted an extension to publish PNAs, due by April 2021, by October 2022.

The NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013 set out the legislative basis for developing and updating PNAs and state that:

- (1) Each Health and Well-being Board must in accordance with regulations:
 - (a) assess needs for pharmaceutical services in its area, and
 - (b) publish a statement of its first assessment and of any revised assessment.
 - (c) publish this statement by 1 April 2015.
 - (d) revise this statement by 1 April 2018; or as reasonably practical after identifying significant changes
- (2) Information which must be contained in a statement include:
 - (a) pharmaceutical services that are currently provided both within the area and outside the area which contribute to meeting the needs
 - (b) pharmaceutical services that are currently not provided either within the area or outside the area which are required to meet the current needs
 - (c) pharmaceutical services that are currently not provided either within the area or outside the area which are required to meet the future needs, in specified future circumstances
 - (d) pharmaceutical services that are currently not provided either within the area or outside the area which are not required to meet the current needs, but could secure future improvements or better access
 - (e) any NHS services provided by non-pharmaceutical providers which the HWB has had regard in its assessment, which affect the need for pharmaceutical services, or would secure improvements or better access
 - (f) an explanation of how the assessment has been carried out

² http://www.legislation.gov.uk/uksi/2013/349/pdfs/ukxi_20130349_en.pdf

2.3 Definition of Pharmaceutical Services

Pharmaceutical services can be provided by:

- **Pharmacy contractors** – healthcare professionals working for themselves or as employees who practice in **community pharmacies**, providing safe and effective medicines supply and use on prescription.
- **Dispensing appliance contractors (DAC)** – a specific sub-set of NHS pharmaceutical contractors who supply, on prescription, appliances such as stoma and incontinence aids, dressings, bandages etc. They cannot supply medicines.
- **Dispensing doctors** – medical practitioners authorised to provide drugs and appliances in designated rural areas known as “controlled localities”.
- **Local pharmaceutical services (LPS) contractors** – provide a level of pharmaceutical services in some areas.

In Stockport there are no dispensing doctors or LPS contractors; the population is served by a large number of pharmacy contractors and a number of dispensing appliance contractors. For more information about the current provision in Stockport see [section 4](#).

Within pharmacies and dispensing appliance contractors a range of pharmaceutical services are provided, including essential, advanced and locally commissioned services, definitions of each type of service follows below.

2.3.1 Essential Services

Essential services are those which every community pharmacy providing NHS pharmaceutical services must provide as is set out in their terms of service by NHS England. These include the dispensing of medicines and repeat prescriptions, discharge medicines services, disposal of unused medication, promotion of healthy lifestyles (Healthy Living Pharmacies), signposting and support for self-care. These also include requirements for fair access to services to those with physical or sensory disability. A full list of essential service requirements is set out in the NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013; parts 4-6.

A major shift in essential service process over the last decade has been the move to electronic prescriptions, where most prescriptions are now signed and sent by GP practices to nominate pharmacies directly, where they are processed electronically.

2.3.2 Advance & Enhanced Services

Advanced services are services community pharmacy contractors and dispensing appliance contractors can provide, subject to specific accreditation, in addition to the essential services. These services are specified nationally and are commissioned by NHS England. The provision of these services in Stockport as at spring 2025 is described in [section 4.2](#) and [section 4.5](#):

There are currently seven advanced services that community pharmacies can opt into:

- Pharmacy First Service
- NHS New Medicines Service (NMS)
- NHS Pharmacy Contraception Service (PCS)
- NHS Hypertension Case Finding Service
- NHS Community Pharmacy Smoking Cessation Service
- NHS Flu Vaccination Service
- NHS Lateral Flow Device Test Supply Service

There are currently two advance services that both community pharmacies and dispensing appliance contractors can opt into:

- Appliance Use Review (AURs)
- Stoma Customisation Service (SCS)

The advanced services which are currently offered in Stockport are described in [section 4.2](#).

Nationally Enhanced services (NES) are services that NHS England commissions an enhanced service that is nationally specified. This requires NHS England to consult with Community Pharmacy England on matters relating to the service specification and remuneration for the service. A NES allows the agreement of standard conditions nationally, while still allowing the flexibility for local decisions to commission the service to meet local population needs, as part of a nationally coordinated programme.

There is currently one nationally enhanced service that community pharmacies can opt into, although in the near future a Respiratory Syncytial Virus (RSV) vaccination and Pertussis vaccination programme are also likely to be commissioned. The current service is:

- NHS COVID-19 Vaccination Service.

2.3.3 Locally Commissioned Services

The advanced and NES services above are commissioned by NHS England; locally commissioned services (also known as **local enhanced services**) can be commissioned by the local NHS Integrated Care Board (Greater Manchester), NHS Integrated Care System Locality Team (Stockport), or the Local Authority (Stockport Council) to meet specific local population health needs.

These services are commissioned from some or all of the pharmacies in the area. Services are usually contracted and paid for outside of the general contracting process. The services that are commissioned in Stockport as at Spring 2025 are described in [sections 4.3](#) and [section 4.4](#):

Commissioned by Stockport Council:

- Supervised consumption of opiate substitute medication
- Needle and Syringe Exchange Programme
- Emergency Hormonal Contraception (to be decommissioned in October 2025 as the NHS Pharmacy Contraception Service (PCS) contract changes to include emergency hormonal contraception).

Commissioned by NHS Greater Manchester:

- Minor Ailment Scheme (MAS)
- Minor Eye Condition Service (MECS)
- Palliative Care Medicines Service

2.3.4 Non-commissioned added value services

Community pharmacy contractors also provide private services that improve patient care but are not commissioned directly by NHS England, NHS Integrated Care Organisations or local authorities. Examples of these include home delivery service, blood glucose measurements and weight loss programmes. Pharmacists can choose whether to offer these services; and where offered they can choose whether to charge for these services; however, pharmacies are expected to follow standards of governance if they do choose to provide these. As they are private services, they fall outside the scope of this PNA.

2.3.5 Opening Hours

Pharmacies have two different types of opening hours – core and supplementary. In general pharmacies will have a legal agreement for either 40 or 72-100 core opening hours per week, although some may have a number that is between 40 and 72-100, and some may have less than 40 hours. Core opening hours can only be changed by first applying to NHS England. As with all applications, changes to core hours may be granted or refused.

Any opening hours that are over and above the core opening hours are called supplementary opening hours. They can be changed by giving NHS England at least five weeks' notice.

Dispensing appliance contractors are required to have no less than 30 core opening hours per week, although some may have more.

2.4 Stockport's Pharmaceutical Needs Assessment (PNA)

2.4.1 2022 PNA Summary

Stockport's 2022 PNA set out the assessment of pharmaceutical needs for the population of Stockport as one locality, and identified the services provided in 2022. Through comparison of pharmaceutical needs with provision, limited gaps in the existing provision of enhanced pharmaceutical services were identified. Essential services were deemed to be adequate although a possible future need at the Woodford Garden Village as development continued was noted, with the commitment to keep the population growth in the area under review and issue a supplementary notice if a gap in provision did arise. To see the full assessment:

<https://www.stockport.gov.uk/health-and-wellbeing-board/pharmacy-needs-assessment>

In 2023 the closure of 2 pharmacies in Stockport led to a significant change in provision. Stockport's Health and Wellbeing Board issued a supplementary statement to the Stockport Pharmaceutical Needs Assessment, which identified gaps in service in certain areas of the borough in the evening and at weekends, no gap was identified during normal working hours.

2.4.2 2025 PNA Governance

Stockport PNA is undertaken in conjunction with the Stockport Joint Strategic Needs Assessment (JSNA), so that the PNA is based on the most up to date assessment of need and is managed through the same governance systems. A specific PNA project group, designated by the Stockport Health and Wellbeing Board, has led the development of the PNA.

The PNA project group includes representatives from Stockport Council, NHS Stockport Locality Team and Stockport Healthwatch, all representing the Health and Wellbeing Board, as well as Community Pharmacy Greater Manchester (Local Pharmaceutical Committee, representing providers) and Greater Manchester Integrated Care Board (representing NHS England commissioners), see [appendix 3](#) for a list of group members.

Additionally, the 2025 Stockport PNA has been produced in collaboration with the nine other Health and Wellbeing Boards within Greater Manchester, so that whilst this PNA still reflects local need, it also reflects the move towards the integration of NHS services across the combined authority. This collaboration has particularly involved aligning contractor and public surveys.

2.4.3 2025 PNA Scope

The aim is to produce a PNA that meets the statutory duties of the Stockport's HWB and enables local commissioners of pharmacy services to make decisions on levels and range of provision based on an accurate assessment of local needs. Following a review of the 2022 PNA, comments from NHS England and national guidance, the PNA group have recommended that the format of the 2022 Stockport PNA meets the statutory and practical requirements and therefore the 2025 PNA should build on this template.

For the purposes of the PNA the group recommended that Stockport be treated as a single locality, whilst having regard to the accessibility of services in areas with significant levels of deprivation. This recommendation is based on analysis and experience, which showed the following points:

- Stockport JSNA has evolved from considering Stockport as four localities, which individually were based on geographic areas, to a single locality as the diversity within these localities was as great as at a Stockport level and consideration of inequalities was better one as whole.
- Stockport GP Practices are grouped into six Primary Care Networks (PCNs). An analysis of these has shown that these areas are not geographically contiguous, in other words they have overlapping borders, as they are based on practice of registration rather than where people live, in addition each PCN area contains significant diversity.
- Other services, including children's health and adult social care services are delivered on different footprints to the PCNs and to each other, meaning there is not a single geography for health in the borough. Analysis of both children's and adult areas shows that individual localities within each also contain significant diversity, even though they are based on where people live.
- This diversity is demonstrated by the distribution of pockets of deprivation across the borough (see [section 3.2.3](#)) which rather than being concentrated in a single geographical area occur within all localities.
- Health needs in Stockport are most closely correlated with deprivation and therefore are not uniform in their distribution but instead vary within localities. It has therefore been decided to analyse Stockport as a whole and by deprivation, rather as individual localities.
- This decision is also supported by:
 - The compact geography of Stockport which ensures that over 90% of residents live within 1km of a community pharmacy.
 - Excellent public transport which gives easy access to the centre of Stockport from the districts within Stockport and hence access to alternative pharmacies if a resident chooses
 - Good road infrastructure giving easy access to the centre of Stockport and district shopping areas, and out of town shopping centres where community pharmacies are often present within supermarkets.
 - Evidence that some patients already choose services away from their homes.
 - Stockport's 2011, 2015, 2018 and 2022 PNA was also analysed as one locality, and reviews by Department for Health supported this approach.
- Stockport is however moving towards a neighbourhood model of integrated care, as part of the strategic shift towards community and prevention focussed care (see [section 2.5](#) below) delivered through seven local neighbourhoods built around electoral ward groupings. This PNA will assess the provision both across Stockport and within neighbourhoods.

The analysis for the 2025 Stockport PNA was undertaken in the spring of 2025 and reflects the provision at this time.

2.4.4 Stockport definition of necessary services

The 2013 regulations require the health and wellbeing board to include a statement of those pharmaceutical services that it has identified as being necessary to meet the need for pharmaceutical services within the pharmaceutical needs assessment.

For the purposes of the Stockport PNA, necessary services are defined as:

- essential services provided by pharmacies in line with their terms of service as set out in the 2013 Regulations, and their core contracted hours.
- advanced services as commissioned at the time in line with population health need.

2.4.5 2022 PNA Strategic Principles

The following strategic principles will be used in this assessment to judge need:

Essential services:

- The ratio of residents to community pharmacies in Stockport should be similar to or above the national average.
- 90% of Stockport resident's homes should be within 1km of a community pharmacy.
- All deprived resident's homes should be within 1.5km of a community pharmacy.
- 90% of residents in each neighbourhood should be within 1.5km of a community pharmacy.
- 90% of Stockport resident's homes should be within 2km of at least three community pharmacies (to offer choice).
- 90% of Stockport resident's homes should be within 30 minutes of a community pharmacy services out of hours (weekday evenings, Saturdays and Sundays) using public transport.

Locally commissioned, advanced and enhanced services:

- Should be commissioned and targeted at areas of need for that particular service.
- 90% of Stockport resident's homes should be within 20 minutes of a community pharmacy offering each locally commissioned services using public transport.

2.5 Context for Community Pharmacy Services

This PNA assesses the current and future pharmaceutical needs for Stockport as best as can be established at the mid-point of 2025. The health and care system is constantly evolving and the following developments may influence the need for pharmaceutical services in the future.

Should these needs arise during the duration of this PNA, a supplementary statement will be issued (see [section 7](#) for more information) setting out the implications for Stockport.

2.5.1 ONE Stockport - Borough Plan

People and organisation across Stockport came together in 2021 to develop the [Stockport Borough Plan](#). The plan sets the vision for 2030 and sees us all working together to develop a Borough which is inclusive, caring, enterprising, full of ambition and giving everyone a voice and an opportunity.

This plan has been jointly developed in partnership across a number of Stockport based organisations and stakeholders, including: Stockport Council, Stockport Clinical Commissioning Group (as was), Stockport Foundation Trust, Pennine Care, Viaduct Stockport, Mastercall, Stockport Healthwatch, Stockport Homes, Greater Manchester Police, Greater Manchester Fire and Rescue Service, Department for Work and Pensions, School and College leaders, Stockport Economic

Alliance, Stockport's Voluntary, Community, Faith and Social Enterprise (VCFSE) Forum, Sector 3, Stockport Race Equality Partnership, Stockport Cultural Network, Stockport Health and Wellbeing Board, Safer Stockport Partnership and Stockport Family Partnership Board. It is a shared plan, and everyone and every organisation has an important part to play in addressing the challenges we need to overcome to ensure we can work together to create One Stockport for everyone.

This plan was developed during 2020, a unique and unprecedented time for everyone, as the UK and the rest of the world tackled a global pandemic on a scale that nobody had experienced before. The pandemic challenged us on every level and forced us to adapt to a new way of living and working across our Borough. If 2020 taught us anything, it is that we are stronger working together. Our residents, businesses, schools, colleges, community, creative and voluntary organisations, faith leaders and public services came together in the face of adversity. We have seen amazing outpouring of community spirit, creativity and collaboration, we came together as one and we want to stay together, to continue to collaborate together, building a hopeful and ambitious future for everyone to enjoy and embrace.

Our vision for Stockport is:

One Heart: At the heart of Stockport are its people and the communities in which they live:

- **A caring and growing Stockport:** Stockport is a great place to grow where children have the best start in life.
- **A healthy and happy Stockport:** People live the best lives they can - happy, healthy and independently.
- **A strong and supportive Stockport:** Confident and empowered communities working together to make a difference.

One home: Stockport is a great place to live, where no one is left behind:

- **A fair and inclusive Stockport:** A Borough for everyone - diversity and inclusion is celebrated and everyone has equity of opportunity.
- **A flourishing and creative Stockport:** Stockport is an exciting place to live, where people are active and celebrate the culture.
- **A climate friendly Stockport:** Stockport is a responsible and sustainable borough.

One future: Growing, creating and delivering a thriving future for Stockport:

- **An enterprising and thriving Stockport:** A thriving economy which works for everyone.
- **A skilled and confident Stockport:** Everyone has the opportunities and skills to successfully achieve their ambitions.
- **A radically digital Stockport:** A digitally inclusive and dynamic borough

The next phase of Stockport's borough plan was set out in 2024 in the [One Stockport One Future](#) plan, which clearly sets out how we will work together to tackle the challenges so Stockport can be the best place to live happy and healthy lives. The One Stockport One Future plan sets out **5 big things** that everyone in Stockport must have a relentless focus on:

1. Good jobs and homes
2. The best place to group up.
3. Best health and care
4. Thriving neighbourhoods
5. Clean, green transport

Under one heart priority of the borough plan and best health and care priority of the one future plan, both plans set out how by 2030 the Stockport system needs to focus investment on tackling

the inequalities in health experienced across Stockport and to be delivering joined up health and care services in neighbourhood which are focussed on prevention, providing better access to residents.

Across Stockport work is now underway to deliver the ONE Stockport plans, and a number of key strategies sit within the framework they set out, including the ONE Stockport Health and Care Plan (see below). **Pharmacies, as local services providers, employers and community assets have a key role in delivering the ONE Stockport vision.**

2.5.2 ONE Stockport - Health and Care Plan

Health and Wellbeing are at the forefront of Stockport's vision for 2030, and the way this is to be delivered is set out in the single, system-wide plan for health and care, the [One Stockport Health and Care Plan](#). This is a 5-year plan based on the priorities which have come from extensive engagement with people who live and work in Stockport.

The ONE Health and Care Plan brings together existing strategies and plans, including Stockport's Locality Plan, Health & Wellbeing Strategy, and the key priorities from local partners' strategies into a single document and ONE vision for health and care partners. It sets out what we intend to do over the next 5 years to deliver our shared ambition for health and care. Underpinning this are specific, detailed delivery plans which will ensure local delivery of the requirements of the NHS Long Term Plan and Greater Manchester's Integrated Care System priorities.

The key priorities highlighted for action in Stockport include:

- **Mental Health, Mental Wellbeing, Learning Disabilities and Autism** We will work together as ONE Stockport to deliver our all-age Mental Health and Wellbeing, Learning Disability and Autism strategies, we will aim to improve the mental and physical wellbeing of all of our residents and we will improve the quality and responsiveness of our mental health, learning disability and autism services.
- **Cost of Living and Anti-Poverty Action** There is a close link between the key elements of our long-term approach to anti-poverty action and the social determinants of health. The draft objectives have a close read across to the recommendations of the GM Independent Inequalities Commission and the Marmot report: Build Back Fairer in Greater Manchester – Health Equity and Dignified Lives.
- **Neighbourhoods and Prevention** We will work together as ONE Stockport through a model of public service delivery, in Stockport's Neighbourhoods, that recognises wider factors such as education, housing, employment, environment, and social connectedness to put people at the heart of our services and tailor care to their individual need with a relentless focus on prevention.
- **Safe & Timely Discharge** We will work together as ONE Stockport to develop the way we deliver health and care Services to ensure that the people of Stockport are able to live their best lives possible and have a Safe and Timely Discharge from residential or acute care. We will continue to develop and embed our operating models which promote prevention, reablement and a Home First approach reducing the reliance on bed-based placements.
- **Improving Access to Elective Care and Cancer Services** We will work together as ONE Stockport to focus on improving waiting list times for elective care, improving access, streamlining processes, eliminating duplication and ensuring that people on elective and suspected cancer pathways get the right care, in the right place at the right time. This will be achieved by taking a ONE Stockport approach to recovery and reform of elective care and cancer services.

- **Improving Access to Primary and Community Care** Stockport's health and care system currently relies heavily on hospital care, with high rates of hospital admissions for conditions which could be treated out of hospital, in Primary and Community Care. We believe that the only way to improve health and care for everyone is to work together as ONE Stockport, wrapping care around the needs of the individual with emphasis on improving access to primary care and enhancing our provision of community services.

Health and wellbeing are strongly influenced by a wide range of external factors and achieving our aims will require a full-system approach, including delivery of all the plans set out under ONE Stockport. **NHS Community Pharmacies are recognised a key part of this system along with other Primary Care Services, Social Care, NHS Acute and NHS Community Care, Mental Health services and voluntary and community services.**

Specifically for community pharmacy the One Stockport Health + Care Plan states:

- Wrapping care around the needs of the individual starts in primary care, the 'front door' of the NHS; this includes general practice, community pharmacy, dental, and optometry (eye health) services. **The aim of Primary Care is to provide access to care as easily as possible, dependent on the needs of the individual. Primary care professionals help treat common minor illness and long-term conditions and help to prevent future ill health.**
- Primary Care in Stockport will take a lead on supporting our people to maintain their health, wellbeing and independence through the proactive management of care working collaboratively as PCNs; delivering Population Health Plans and by active participation in the Teams Around the Practice to enhance health and care delivery in neighbourhoods.

2.5.3 NHS Greater Manchester Integrated Care Board

On 1 April 2016 Greater Manchester [took charge of its health and care system](#), as part of the wider devolution agreement for the city region. The ambition is to improve the health and wellbeing of Greater Manchester's population faster and further than other parts of the country, and this effort is led by the Greater Manchester Integrated Care Partnership³.

As part of the review of Greater Manchester's health and social care system the critical role of pharmacy has been emphasised.

- With every local person visiting a pharmacy on average five times each year, there are real opportunities to deliver healthcare messages to the public directly, especially through the accredited Healthy Living Pharmacy approaches.
- Medicines-related problems contribute to demand for acute and emergency care, with around 6.5% of hospital admissions being associated with adverse drug reactions and significantly more resulting from exacerbations of conditions due to medicines not being used as recommended or sub-optimal prescribing.

Pharmacy is therefore viewed as a core component of an integrated, community based, care, and to this end a revised Greater Manchester pharmacy strategy, The Pharmacy's Contribution to Greater Manchester⁴ was published in 2017. The approach for transforming pharmacy services for Greater Manchester is as follows:

- Developing and promoting the role of pharmacy teams to deliver health and well-being advice to prevent ill-health, by rolling out the Healthy Living Pharmacy framework across GM

³ <http://www.gmhsc.org.uk/>

⁴ <http://www.gmhsc.org.uk/assets/GM-Pharm-strategy-Final-2017.pdf>

- Supporting people with dementia and their carers to live well with dementia, by launching the Dementia Friendly Pharmacy framework and supporting Dementia Friends in every pharmacy
- Improving patient and public safety and outcomes by:
 - reporting, sharing and acting on learning about medication incidents relating to controlled drugs.
 - identifying medication related admissions to hospital
 - promoting antimicrobial stewardship through evaluated public awareness campaigns and by encouraging all staff to become antibiotic guardians
 - application of medicines optimisation principles in key therapeutic areas of priority
- Better transfer of information across care interfaces and referral to services to support patients to take their medicines, by:
 - encouraging the uptake of the Greater Manchester Care Record pharmacy professionals
 - developing an electronic referral system about medicines across Greater Manchester
- Standardising pharmacy services across Greater Manchester to improve efficiency ensuring that patients receive the same quality of service irrespective of where it is accessed. For example by:
 - developing a toolkit to support pharmacists to overcome and effectively engage with patients.
 - facilitate GPs and Practice Nurses to refer patients to a community pharmacy as part of their condition management.
- Standardising clinical support and back-office services
- Engaging the pharmacy workforce to raise awareness of their individual role in delivery of the implementation plans to improve patient care and outcomes.

Since 2016 work to deliver these priorities has continued and are now being taken forward amid the transition to an Integrated Care System, which was established in July 2022. This transition can be seen to represent a midpoint in Greater Manchester's ten-year journey towards integrated health and social care delivered through place-based partnerships connected to communities and system wide collaboration.

On 13th March 2025 it was announced that that over the next 2 years, NHS England will be brought into the Department of Health and Social Care (DHSC) entirely; this follows more than a decade of the NHS, via NHS England (formally, the NHS Commissioning Board), having a degree of operational independence from the government following the 2012 Health and Social Care Act reforms. These changes include Integrated Care Boards, including NHS Greater Manchester.

The workforce headcount across both NHS England and the DHSC is expected to be cut by around 50 per cent and it has been reported that the savings could release around £500 million for investment into health and are services. At the time of writing Stockport's PNA, the full impact of these changes, especially on NHS Greater Manchester, is not clear.

2.5.4 Community Pharmacy Greater Manchester

Community Pharmacy Greater Manchester (CPGM) (formerly GM Local Pharmaceutical Committee GMLPC) is the statutory representative body for community pharmacists across Greater Manchester. CPGM are funded by pharmacies to represent members in discussions with the local NHS, local authorities and partners to plan and agree local services and contracts, to support the implementation of local and national services and to promote pharmacy through engagement.

CPGM was formally established in October 2016. They represent the full spectrum of community pharmacists, from independent contractors to those practising as part of large national chains. The NHS has a legal duty to consult CPGM on matters affecting pharmacy services.

CPGM act in members' best interests and aim to empower and enable Community Pharmacy to improve health in our local communities now and in the future.

2.5.5 National Strategy for NHS Community Pharmacies

On 22nd July 2019 the Government published The Community Pharmacy Contractual Framework for 2019/20 - 2023/24⁵ which set out how pharmacies will contribute to deliver the NHS Long Term Plan. This set out a 5-year settlement, the Community Pharmacy Contractual Framework (CPCF) that, from October 2019, expanded and transformed the role of community pharmacies and embedded them as the first port of call for minor illness and health advice in England.

It recognised community pharmacies as a vital and trusted part of our NHS with expertise, experience, and an invaluable human connection with communities. The framework aims to ensure community pharmacies are further integrated within local primary care networks (PCNs), do more to protect public health and take on an expanded role in urgent care and medicines safety. The framework set out a clear future vision for community pharmacy, to deliver integrated and accessible community health services for all and to help people live happier, healthier lives for longer.

The joint vision for community pharmacy will support delivery of the NHS Long Term Plan and:

- Commits almost £13 billion to community pharmacy through its contractual framework, with a commitment to spend £2.592 billion in each of the next five financial years. This recognises the contribution that community pharmacy has committed to making towards the delivery of the NHS Long Term Plan.
- Is in line with the GP contract, providing 5-year stability and reassurance to community pharmacy. This should allow businesses to make long term business decisions and to discuss investment with banks and suppliers.
- Builds upon the reforms started in 2015 with the introduction of the Quality Payments Scheme to move pharmacies towards a more clinically focused service.
- Confirms community pharmacy's future as an integral part of the NHS, delivering clinical services as a full partner in local Primary Care Networks.
- Describes new services which will immediately be offered through community pharmacy as well as a programme to develop evidence-based additions to those services. Foremost amongst the new services is the new national NHS Community Pharmacist Consultation Service, connecting patients who have a minor illness with a community pharmacy which should rightly be their first port of call.
- Underlines the critical role of community pharmacy as an agent of improved public health and prevention, embedded in the local community.
- Recognises that an expanded service role is dependent on action to release pharmacist capacity from existing work. The deal rationalises existing services and commits all parties to action which will maximise the opportunities of automation and developments in information technology and skill mix, to deliver efficiencies in dispensing and services that release pharmacist time.

⁵https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/819601/cpcf-2019-to-2024.pdf

- Continues to prioritise quality in community pharmacy and to promote medicines safety and optimisation; and
- Underlines the necessity of protecting access to local community pharmacies through a Pharmacy Access Scheme.
Commits to working on a range of reforms to reimbursement arrangements to deliver smoother cash flow, and fairer distribution of medicines margin and better value for money for the NHS.

Negotiations for the 2024/25 Community Pharmacy Contractual Framework were paused when the 2024 general election was announced and resumed in January 2025. As a result of this pause the Pharmacy Quality Scheme (PQS) was not offered in 2024/25. Many community pharmacies are struggling financially following years of real-terms funding cuts and the pause in the PQS and many have been forced to close.

Initial details of the [Community Pharmacy Contractual Framework \(CPCF\) 2024/25 and 2025/26](#) were published on 31st March 2025 and include the reinstatement of a targeted Pharmacy Quality Scheme (PQS) from 1st April 2025.

The headlines from this offer are:

- Funding in 2025 to 2026 for the CPCF will rise to £3.073 billion; a 19.7% like-for-like increase on 2023 to 2024 funding levels. This uplift recognises the increased activity and costs associated with the supply of medicines and aims to move towards stabilising this core pharmacy function.
- In addition, funding for Pharmacy First and other Primary Care Access Recovery Plan services is confirmed at £215 million and can be earned in addition to the CPCF funding.
- The existing essential and advanced services (see [sections 2.3.1](#) and [2.3.2](#) above) are confirmed and additionally to increase the delivery options, there will be as of October 2025 2 expansions of existing services:
 - Expanding the New Medicines Service (NMS) to introduce depression as a further therapeutic area for which patients can receive support.
 - Expanding the Pharmacy Contraception Service (PCS) to include emergency contraception (EC). This service expansion will allow all community pharmacies across England the opportunity to provide equitable access to EC for patients.

All parties have agreed to work towards a sustainable contract and operational model for community pharmacy beyond 2026, to underpin a clearly defined role for the sector and harness its potential to further support the NHS in future. Negotiations for future contracts beyond 2026 are now underway.

The impact of these changes are likely to be seen after this PNA is published, and if this leads to gaps in services arising a supplementary statement will be issued.

3 Health and Wellbeing in Stockport

The following section is based on evidence from the Stockport Joint Strategic Needs Assessment (JSNA), see <https://www.stockport.gov.uk/health-and-wellbeing-board/joint-strategic-needs-assessment> and is correct as of April 2025.

3.1 Stockport Profile

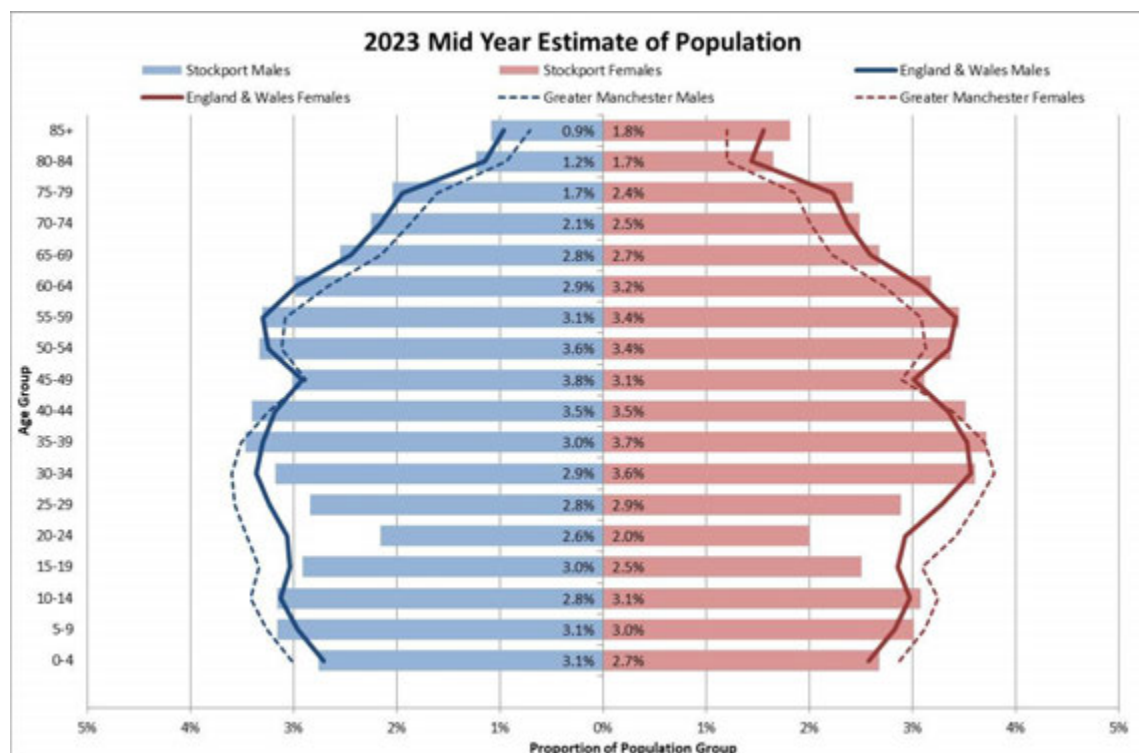
Stockport is located in the southeast of the Greater Manchester conurbation, between the city of Manchester and the Peak District national park. Stockport is a large town with a busy central retail and leisure area, several district centres and many international and local businesses. It employs the third largest number of people in Greater Manchester and has good access to national rail and road networks and an international airport. Despite its urban status Stockport has significant areas of green space, especially to the east towards the Peak District borders.

The town is served by a single NHS Locality Team, a single hospital foundation trust and a single borough council, all with a history of good partnership working. The vast majority of Stockport's resident population are registered with one of the 32 GP practices (operating out of 47 main and branch surgeries) located within the borough.

3.2 Stockport Demographics

3.2.1 Population trends and age structure

The ONS mid-year estimate of population for 2023 showed that around 299,550 people live in Stockport, 18% of whom are aged between 0 and 14 years, 20% of whom are aged 65 years or over and 3% of whom are aged 85 years or over. Stockport has a slightly older age profile than the national average and a significantly older population than the Greater Manchester average.



Source: Office for National Statistics

Trends since 1995 show that Stockport's total population was relatively stable until 2015 when numbers started to increase. Until 2015 the population varied less by than $\pm 0.5\%$ per year, but has since showed an increase of between 700 to 2,300 people per year, up to between $+0.4\%$ - 0.8% . A rise of around 1,000 people a year is projected to continue for the next decade; however new ONS population projections are due in the summer of 2025, the first to be produced after the COVID-19 pandemic and the 2021 Census, and these may show differing trends. This analysis will be updated when this data is published.

The age profile of Stockport has changed significantly in this period, showing an ageing trend, so that since 2013, while the overall population has increased by 5.2% over 10 years, the 65+ population has grown by 5.7% and the 85+ population 16.1%. These trends are driven by a number of factors, including life expectancy and the cohort effect of the post war baby boom generation reaching older age. Since 2010 life expectancy has not improved as fast as expected and the COVID-19 pandemic has further exacerbated this.

Alongside this ageing trend Stockport also experienced changing patterns in the number of births; births reached their lowest point in 2001, when there were 2,900 live births in the area, and then rose by almost 22% to 3,500 by 2012. This trend then reversed, dropping to 2,930 births per year by 2023. The increase in births has been caused by a number of factors including a period where some mothers delayed having their first child and the impact of the 1960s baby boom on the female population. It's important to note that when the birth rates grew, they did so most rapidly in deprived areas, and this is especially true of a cohort born between 2009 and 2014, where almost half of all births were in the two most deprived quintiles. There is therefore a cohort of children where levels of need are likely to be higher than average, and this cohort is currently in secondary education.

These trends combine to create the expectation that the overall population of Stockport will rise slightly over the lifetime of this PNA, and by 2028 the population of Stockport is expected to have increased by 1% since 2023, to 302,500 (by 3,000 people). The majority of this rise will be in the older population which is expected to form more than 22% of the population by this time.

3.2.2 Ethnicity and other protected characteristics

Intelligence on the ethnicity of Stockport's population is best sourced from the decennial Census. Data from the most recent Census (2021) shows Stockport is less ethnically diverse than the national average, with 87% of the population identifying themselves as white in the 2021 Census compared to 82% nationally. Over time however the diversity of the population is increasing and the number of people identifying themselves as from a Black or Asian or other minority ethnic group increased by 66% from 2011 to 2021, from 22,500 to 37,240.

The distribution of the ethnic minority populations across Stockport is not even, and the areas of Heald Green, Cheadle & Gatley and Heaton South are particularly diverse; in each of these areas there are particularly high rates of the population who identify themselves as from a Pakistani or Indian background, and the total ethnic minority population in these areas is between 27% and 34%. These areas also have higher than average rates of people whose religion is Muslim; in fact, 45% of Muslims in Stockport live in one of these three wards. Gatley also has a community of residents whose religion is Jewish. These populations may have particular needs that pharmacies in these areas will need to consider.

Table 3.1 Stockport Ethnicity – data from the 2021 Census					
Ethnic Group		Persons		Proportion	
		2011	2021	2011	2021
White	British	252,044	245,831	89.0%	83.4%
	Irish	3,938	4,174	1.4%	1.4%
	Other White	4,837	7,525	1.7%	2.6%
	Total White	260,819	257,530	92.1%	87.4%
Mixed	White & Black Caribbean	1,734	2,215	0.6%	0.8%
	White & Black African	775	1,236	0.3%	0.4%
	White & Asian	1,460	2,359	0.5%	0.8%
	Other Mixed	1,135	1,858	0.4%	0.6%
	Total Mixed	5,104	7,668	1.8%	2.6%
Asian or Asian British	Indian	2,786	4,433	1.0%	1.5%
	Pakistani	6,673	10,953	2.4%	3.7%
	Bangladeshi	705	963	0.2%	0.3%
	Chinese	1,722	2,306	0.6%	0.8%
	Other Asian	1,876	2,809	0.7%	1.0%
	Total Asian	13,762	21,464	4.9%	7.3%
Black or Black British	Black Caribbean	745	2,030	0.3%	0.7%
	Black African	976	896	0.3%	0.3%
	Other Black	237	490	0.1%	0.2%
	Total Black	1,958	3,416	0.7%	1.2%
Other Ethnic Groups		809	1,632	4,692	0.6%
All people		284,526	283,275	294,770	

Source: Office for National Statistics

Comprehensive regular estimates of the population of Stockport who have a disability are not available; however, **in the 2021 Census 18.1% of Stockport's population stated that they had a disability as defined by the Equality Act; compared to 17.3% nationally. For 7.7% of people this disability limits their day-to-day activities a lot and for 10.4% their condition limits their day-to-day activities a little** in total this means there are around 22,700 people in Stockport whose day-to-day activities are limited a lot by their health condition.

National estimates of prevalence for learning disability suggest that there are likely to be around **5,480 adults with a learning disability in Stockport, of which 1,130 will be moderate or severe.** 1,285 people in Stockport are registered as blind or partially sighted, of whom 46% are aged 75 years or over. Around 1 in 6 of the population have some form of hearing loss, and around 2% are regular users of hearing aids.

2021 Census data for Stockport, suggest that there are around 7,100 people who defined their sexual orientation as lesbian, gay, bisexual or other (LGB+); around 3% of the population. However, this question was not answered by many respondents and this level is lower than the projected **15,000 to 20,000** (5-7%) of residents are lesbian, gay or bisexual and estimated **2,900** (1%) are transgender. National research has shown that LGBT people are more likely to have poor mental health and unhealthy lifestyles and less likely to use certain NHS preventative services.

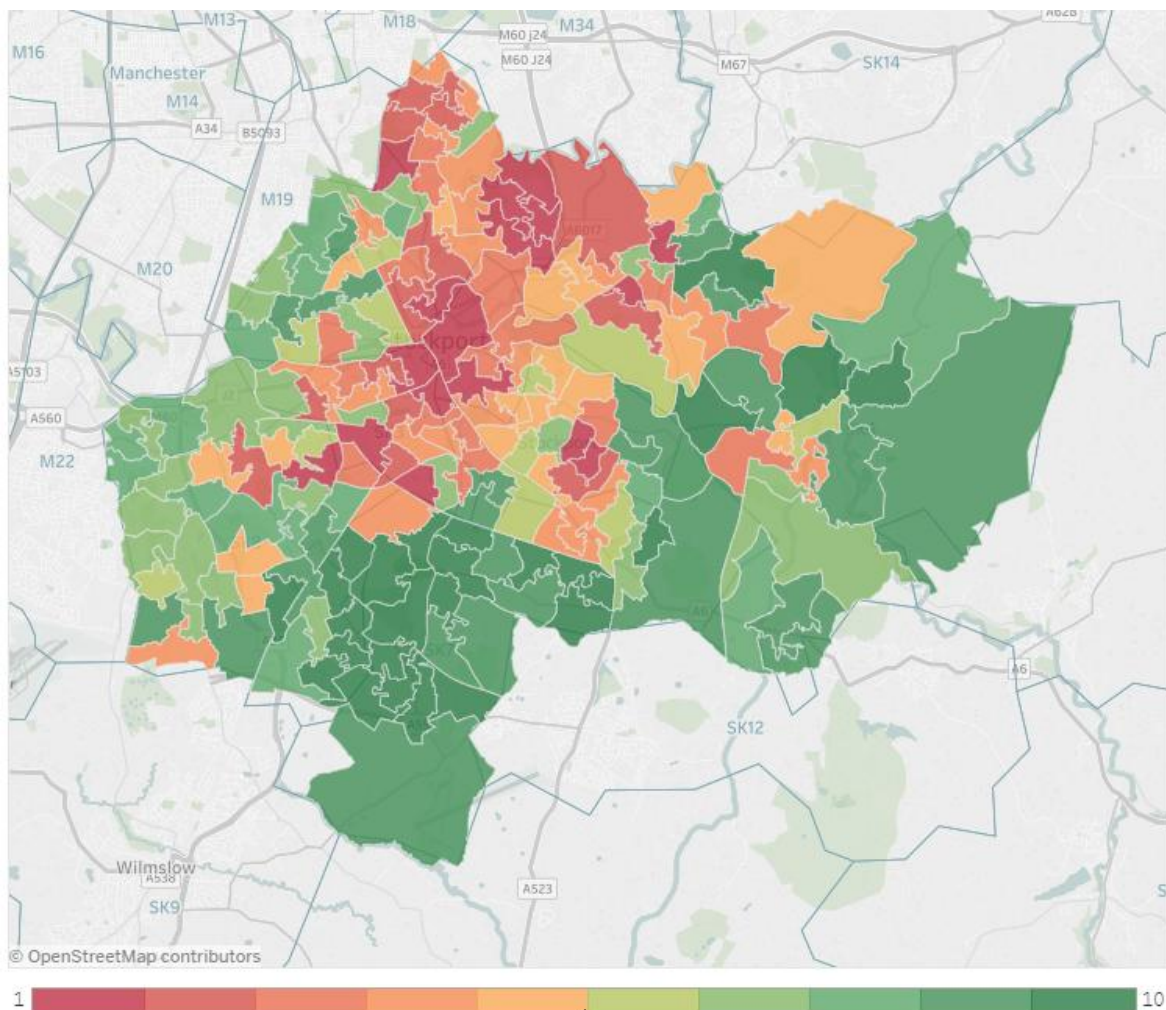
The national PNA guidance⁶ also recommends considering the following population groups:

6

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1029805/pharmaceutical-needs-assessment-information-pack.pdf

- University students – there is no university in Stockport.
- Offenders – Stockport's JSNA estimates that there are 800 people on probation in Stockport at any one time. There are no particular geographic clusters in the locality and there is no prison facility in the area.
- Homeless and rough sleepers – there are a small number of rough sleepers in Stockport, whose primary care needs are often met by the Wellspring Centre, located in the town centre and within 500m of a pharmacy. There are around 1,500 households in insecure housing in Stockport or owed a duty under the homelessness reduction act, there are no particular geographical clusters in of those in temporary accommodation in the borough, although these are aligned with deprivation (see below).
- Refugees and asylum seekers – on average round 100 refugees and asylum seekers arrive in Stockport each year. However, the year 2021 and 2022 have seen a larger number, with two sites in Stockport being used for temporary housing, with around 500 residents between them, and 250 people being supported under the homes for Ukraine programme. Both of the larger sites within 1km of an existing pharmacy and residents have been supported to register with primary care services.
- Military veterans – the 2021 Census shows that are around 8,000 military veterans in Stockport, again there are no particular geographic clusters leading to a pharmacy need.

3.2.3 Deprivation



Map of the distribution of deprivation 2019

Source: DCLG

The 2019 Index of Multiple Deprivation ranked Stockport as having average levels of deprivation on a national scale; however, within Stockport there is a considerable variation, ranging from very affluent areas in the south and east of the borough to significantly deprived areas in the north and centre; around **17% of the Stockport's areas rank in the most deprived national quintile**. A new national Index of Multiple Deprivation is due to be published in 2025 and this section will be updated once the data is published.

Stockport is unusual in having a few, relatively small but severely deprived areas in a borough which on the whole is well-off; in fact, some areas in Stockport rank amongst the 1% most deprived nationally. **Stockport's number of areas in England's most deprived 1% is just over double the national average** and the count of these most exceptionally deprived areas has increased to four from three in 2015. Less extreme deprivation is less widespread in Stockport. If high deprivation were to be defined differently, for example by looking at the most deprived 5% nationally, then Stockport's count of 6 areas is actually below average.

National studies of the differences between the most and least deprived areas within local authorities showed that Stockport has one of the biggest gaps between 'rich' and 'poor' in the country; addressing these inequalities is a key priority within Stockport's One Health and Care plan.

Across Stockport, pre-pandemic there were:

- An estimated 34,560 in Stockport are affected by income deprivation.
- 9,400 older people live in relative poverty.
- 8,050 children live in low-income households.

3.3 Stockport Health Needs

The long-term trend for mortality rates in England and Stockport had been a steady fall over time; however, since 2011 the rate of decline (i.e. the improvement) has significantly slowed and life expectancy improvements have therefore stalled. The Office for National Statistics (ONS) concluded in 2019 that a "statistically significant slowdown in the long-term improvement in age-standardised mortality rates for England and Wales took place around early 2010s⁷". These changes were observed even before the COVID-19 Pandemic developed, and the pandemic has intensified this trend and has exacerbated many inequalities.

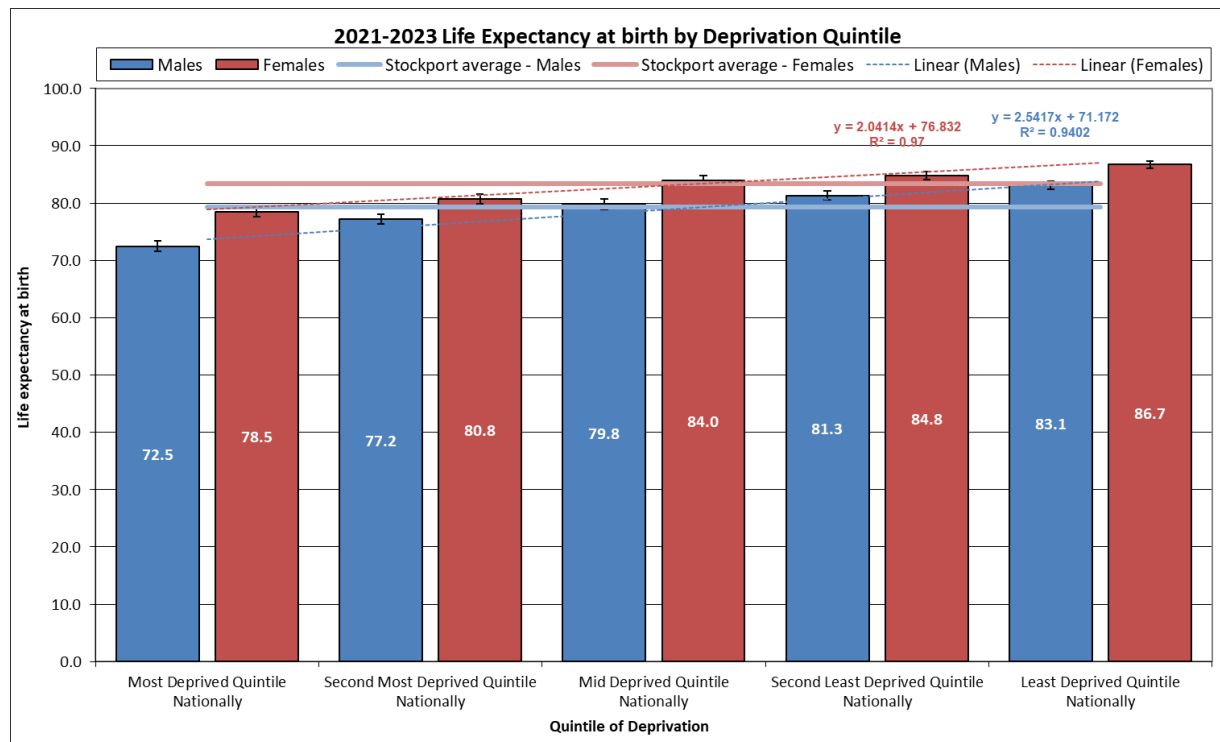
Local mortality rates in Stockport have followed this pattern, until 2010/12 the rate of decline for both males and females was consistent and followed a linear trend, since then rates stopped falling and instead held steady until 2018/2020, when mortality rates rose as a result of the excess mortality due to COVID-19; rates are now reducing but are not yet at pre-pandemic levels.

Life expectancy trends show similar patterns, with a consistent increase for both males and females up until 2010/12 and then a significant slowdown in the rate of improvement, and a fall in life expectancy in 2018/20 due the excess mortality case by COVID-19; again rates are recovering but are not yet at pre-pandemic levels.

Despite this slow down Stockport remains one of the healthier places in the North West and is average in national terms for most health indicators; life expectancy in Stockport is currently 79.3 years for males and 83.3 years for females, similar to the national average. Life expectancy in the most deprived areas however remain significantly lower than the average, currently males in the

⁷<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/changingtrends inmortality in england and wales 1990 to 2017/experimental statistics>

most deprived quintile can expect to live to 72.5 years and females to 78.5 years, around 9 years less than in the least deprived quintile.



Source: Public Health Intelligence, Stockport Council

Healthy life expectancy estimates suggest that around 18% of life are spent in poorer health for men and 25% of life are spent in poorer health for women; but these times extend significantly in the most deprived areas. In these areas, healthy life expectancy can be as low as 55 years.

Cancer and circulatory disease are the biggest causes of death amongst Stockport residents in all ages and aged under 75; for all age groups these two major disease groups combined are the underlying cause of 51.4% of all deaths in Stockport in 2023. Mortality rates for these conditions are falling or stable. There are inequalities in all causes of death between the most deprived and least deprived areas, but these are most significant for circulatory disease. Hypertension (51,6000 people), CHD (11,360), asthma (22,450), diabetes (19,950) and depression (5,200 new diagnosis a year) are the most common long-term conditions diagnosed by GPs in Stockport.

Lifestyles are a significant driver of poor health and health inequalities; and disadvantage starts early in life with mothers in the most deprived areas being 20% less likely to initiate breastfeeding and more than twice as likely to smoke at delivery. Overall smoking rates are falling, **with 11% of the adult population being current smokers**. Smoking however is the lifestyle behaviour with the greatest inequality and rates in the most deprived areas are more than double that of the average; smoking rates are 29% in Stockport's most deprived areas.

Around a fifth (21%) of the adult population drink unhealthily, with 4% drinking at levels that pose immediate risks to health. On average, **120 deaths per year in Stockport are alcohol related**; roughly two-thirds are men, one third women.

There are an **estimated 1,900 adults in Stockport who are regular users of opiates and/or crack**, around 800 of whom are engaged in some form of treatment with NHS services.

Rates of teenage conception are falling and are currently 11.0 per 1,000 (2021), similar to the national average and 50% lower than they were in 2014. Around 50-60 conceptions occur before the age of 18 each year. Rates vary across the borough and are especially high in the priority area of Brinnington.

3.4 Planned changes

3.4.1 Planned changes in Stockport

As described above (see [section 3.2.1](#)) Stockport's population is expected to increase over the next few years. This projection is based on the current trends in birth and death rates and does not take into account any significant changes in the availability of housing or employment in the area.

There are currently a number of large-scale housing developments (defined as over 50 properties and summarised below, see also [appendix 1 – map 7](#)) that are under construction, and others which are still at the planning stage, for which the timescales completion are not finalised. For this PNA the later do not represent a current need but may in time lead to new needs for pharmacy services. If new needs are created before the next PNA (due 2028) then these will be formally signalled by the publication of a supplementary statement (see [section 7](#)).

Under construction

- **Woodford Garden Village**
Redevelopment of the former Woodford Aerodrome site to provide up to 920 new dwellings with associated commercial and community space. The site is being developed in a phased approach, so far phases 1 to 5 and 7 of the scheme are complete and phases 6 and 8 are under construction (of a planned 8 phases). More than 700 of the 920 homes are complete, and the population of the area has increased by around 750 people since the last PNA in 2022 and 1,900 people since construction began; on current trends we can anticipate a future population growth of 600-700 as the current development is completed. In early 2025 planning permission was submitted for a further 540 dwellings on this site, bringing the total to 1,460; the outcome of this application is not yet known but it is possible that should it be granted construction could start before 2028. Currently the nearest pharmacies are more than 2km away from the site, in the centre of Bramhall village, however despite the increase in population there has been no breach in the strategic principles for Stockport (see [section 4.1](#)). Analysis of population change in this area is undertaken regularly and a statement indicating unmet need will be issued (see [section 7](#)) if this population change leads to Stockport's strategic principles being breached in the future, however given the expected house build rates and population change this is not likely. No public consultation responses mentioned pharmacy access issues in the Woodford area (see [section 6.1](#) and [appendix 2](#)).
- **Foxcote, Wilmslow Road, Heald Green**
This is a multi-phase development, and construction of the first phase, 202 three and four bed dwellings on land off Wilmslow Road, Heald Green is now complete. Since the last PNA planning permissions for a further 124 dwellings has been given and construction on this extension is now underway. This site is within 1.5km of existing pharmacies.
- **Former Battersby Hat Works, Offerton**
Construction of 144 new homes on the former Battersby Hat Works factory including both apartments and two, three and four bed houses. This is within 1km of an existing pharmacy and constructions is nearing completion.

- **Edward Street, Stockport**
Construction of 134 apartments on a former snooker hall close to Stockport town centre. This is within 1km of an existing pharmacy and constructions is nearing completion.
- **Melford Road, Hazel Grove**
Construction of 87 new homes, including apartments and houses on a brownfield site close to Hazel Grove Park and Ride. This is within 1km of an existing pharmacy and constructions is nearing completion.
- **Weir Mill, Stockport**
Construction of 253 1,2 & 3 bed apartments in the existing Weir Mill and two new buildings, alongside development of public and commercial space in the heart of Stockport. This is within 1km of an existing pharmacy and constructions is nearing completion.
- **Springmount Mill, Stockport**
Construction of 202 apartments on the site of the former Springmount Mill across two new buildings. This is within 1km of an existing pharmacy and constructions is nearing completion.
- **Royal George Village, Stockport**
Construction of 442 apartments on the site of Stockport College across three new buildings, alongside development of public and commercial space. This is within 1km of an existing pharmacy.
- **St Thomas Hospital Site, Shaw Heath**
Construction of 68 apartments and a 70-bed care home on the site of the former St Thomas Hospital. This is within 1km of an existing pharmacy.
- **King Street West, Stockport**
Construction of 73 apartments on the site of the former car wash and next to the Stockport Fire Station. This is within 1km of an existing pharmacy.
- **Didsbury Road, Heaton Mersey**
Construction of 10 houses and 72 apartments for older people on the site of the former Focus School. This is within 1km of an existing pharmacy.
- **Stockport Road, Cheadle**
Construction of 98 apartments within a conversion of the existing Lambert House. This is within 1km of an existing pharmacy.
- **Trinity Gardens, Woodsmoor**
Construction of 54 apartments for older people on the site of the former Trinity Methodist Church. This is within 1km of an existing pharmacy.

Permission granted but not yet underway

- **Ladybridge Road / Mill Lane, Cheadle Hulme**
Construction of 66 apartments on vacant land close to the March Hare. This is within 1km of an existing pharmacy.
- **Mirlees Fields, Woodsmoor**
Construction of 200 dwellings on part of the Mirlees Fields site. This is within 1km of an existing pharmacy.
- **King Street West, Stockport**
Construction of 148 apartments on the site of the former play station and across the road from the Wier Mill development. This is within 1km of an existing pharmacy.
- **Warren Street, Stockport**
Construction of 34 townhouses and 529 apartments on the site of the former Sainsbury's supermarket. This is within 1km of an existing pharmacy.

- **Stanley Road, Heald Green**
Construction of 78 houses and 81 apartments on the site adjacent to the Seashell trust. This is within 1.5km of an existing pharmacy.
- **Gatley Golf Club, Gatley**
Construction of 278 houses on the site with outline planning permission only. This is within 1.5km of an existing pharmacy.

Awaiting planning decision

There are, in addition, currently twelve significant development sites where planning permission is being sought, but where a decision has yet to be made. Permission may or may not be granted and therefore the sites are not included in this list; however, analysis shows that all these proposed sites are within 1.5km of an existing pharmacy and the vast majority are within 1km.

3.4.2 Planned changes in Cheshire East

Cheshire East and Stockport have highlighted the current existence of cross-border dispensing flows across the Cheshire East / Stockport border in their respective PNAs (see [section 4.1](#)). In particular this impacts on Stockport GP registered patients in Handforth, who live in Cheshire East but use Stockport GP services. Between them the two pharmacies in Handforth dispense around 55,000 items a year for Stockport GP registered patients.

Cheshire East Council are currently planning a new growth village, North Cheshire Garden Village, comprising up to 1,500 homes to the east of Handforth, adjacent to the Stockport border and close to the former Woodford Aerodrome site. Initially it was expected that construction would start by 2021, however it is now expected that the first 300 of these dwellings will not be completed within the lifetime of this PNA (2028). The site is close to the Handforth Dean Retail Park which includes pharmacy within a superstore with extended opening hours. The majority of these future properties will therefore lie within 1km of an existing pharmacy.

4 Current Provision of Pharmaceutical Services

For the review of current provision this assessment includes the 63 pharmacies providing essential, advanced and locally commissioned services in Stockport and 15 pharmacies in the neighbouring areas of Manchester, Tameside and Cheshire East as at spring 2025.

Out of area community pharmacies have been identified as relevant to Stockport residents where the pharmacy is located within 1km of the boundary. These criteria were selected after a review of all pharmacies dispensing more than 1,000 items for Stockport patients over two years, and thresholds were adjusted to exclude the distortion caused by contract work for care homes. The community pharmacies in Derbyshire do not fulfil any of the stated criteria and thus have not been considered in this assessment. [Appendix 1 – map 1](#) shows the distribution of the 15 out of area pharmacies considered in this PNA.

Data has been collected from a range of sources including the NHS Business Services Authority, NHS Greater Manchester Integrated Care Board, local service commissioners and a survey of the local pharmacy contractors run in conjunction with Community Pharmacy Greater Manchester and the 9 other Greater Manchester local authorities.

4.1 Essential services – provided by all pharmacies

Within the borough of Stockport at spring 2025 there are:

- 59 community pharmacies
- 3 distance selling pharmacies (internet)
- 1 dispensing appliance contractor (DAC);
- no dispensing doctors.

Of the 15 cross-border pharmacies, 14 are community pharmacies and 1 is a dispensing appliance contractor (DAC).

- [Appendix 1 – map 1](#) shows the location of these pharmacies in relation to urban, Stockport neighbourhoods and 1km radii.
- [Appendix 1 – map 3](#) shows the location of these pharmacies in relation to concentrations of deprivation, [map 4](#) with added 1km radii.
- [Appendix 1 – map 5](#) shows the location of these pharmacies in relation to population spread, [map 6](#) added 1km radii.
- [Appendix 1 – map 8](#) shows the location of these pharmacies in relation to GP practice locations and the OOH (out of hours) service and 1km radii.

Table 4.1: Community pharmacies as of 31 March 2024			
	Number of community pharmacies 2023/24	Population (2023 ONS Mid-year estimate)	Pharmacies per 100,000 population 2023/24
England	12,009	57,690,323	20.8
Greater Manchester	711	2,948,633	24.1
Stockport	59*	299,545	19.7

Source: NHS Business Service Authority⁸

⁸ <https://www.nhsbsa.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-2015-16-2023-24>

The number of community pharmacies per 100,000 patients in Stockport is similar to the national average although it is lower than the Greater Manchester average (see table 4.1), this meets the first strategic principle for essential services set out in [section 2.4.5](#). The number of community pharmacies has fallen by four since the last PNA, (see [appendix 1 – map 2](#)); 7 community pharmacies have been renamed, changed ownership or have relocated to a new site which has made no significant change in access, these changes do not lead to a need for additional numbers of community pharmacies.

There are 32 GP practices in Stockport, with 15 branch GP locations and a GP out of hours service (Mastercall), generating 7,009,142 prescriptions in the year ending March 2023; and 7,201,286 prescriptions in the year ending March 2024.

89.1% of the prescriptions generated by Stockport GP's are dispensed within Stockport boundaries (2023/24); of the 10.9% dispensed out of area, significant numbers (2.3% of total) are dispensed in the 15 cross border pharmacies identified in this PNA assessment (see [appendix 1 - map 1](#)) and 4.0% are dispensed at out of area distance selling pharmacies (i.e. internet pharmacies). The remaining prescriptions are dispensed nationwide with no significant number in any area (source: EPACKT2 prescribing data year ending 2023/24).

Stockport and out of area distance selling pharmacies (i.e. internet pharmacies) now account for 5.4% of the total volume of prescriptions dispensed in the borough, up from 3.6% in the 2022 PNA assessment.

The average number of dispensed items per pharmacy in Stockport is higher than both the national and Greater Manchester averages and have increased slightly since the last PNA. There have, however, been no complaints or evidence of patient dissatisfaction with access to essential pharmaceutical services to either Healthwatch or the NHS England Greater Manchester Integrated Care Board and levels of reported satisfaction with local pharmacies from the public survey (see [section 6.1](#)) are high, with 95% reporting having no problems accessing a pharmacy due to location. An above average number of prescriptions dispensed per pharmacy is not on its own a valid reason to require additional provision (see table 4.2).

Table 4.2: Average prescription items per month per community pharmacy			
	Number of prescription items 2023/24	Average items per community pharmacy per month 2023/24	Average items per community pharmacy per month 2020/21
England	1,112,920,890	7,722.8	7,281.8
Greater Manchester	64,652,091	7,577.6	7,169.1
Stockport	6,213,747	8,594.4	8,413.1

Source: NHS Business Services Authority, EPACKT2

Current provision for essential pharmaceutical services within Stockport ensures that for 92.7% of the resident population there is a community pharmacy within 1km of their home (see table 4.3), which is indicative of an easy 20-minute walk. 98.4% are within 1.5km of a community pharmacy (approximately a mile) and this therefore meets the second strategic principle set out in [section 2.4.5](#). Provision for Stockport residents is available from both pharmacies within Stockport and cross border pharmacies within 1km of the boundary (see [appendix 1 – map 6](#)). These proportions are very similar to 2022, when the figures were respectively 92.6% within 1 km and 98.5% within 1.5km.

Table 4.3: Population more than 1km or 1.5km from a community pharmacy by deprivation							
People more than 1km or 1.5km from a community pharmacy		National quintile of deprivation (2019)					Total Stockport
		Most deprived 0-20%	Second most deprived 20-40%	Mid deprived 40-60%	Second least deprived 60-80%	Least deprived 80-100%	
1km	Number outside	0	2,809	2,621	6,228	11,655	23,313
	Proportion within	100.0%	95.5%	94.7%	91.0%	85.8%	92.7%
1.5 km	Number outside	0	0	748	888	3,620	5,255
	Proportion within	100.0%	100.0%	98.5%	98.7%	95.6%	98.4%

Source: Public Health Intelligence, Stockport Council

Deprived areas of Stockport are particularly well provided for by community pharmacies, with 100% people living in the most deprived quintile living within 1km of a provider, therefore meeting the third strategic principle set out in [section 2.4.5](#). The least deprived, most rural, parts of the borough are the areas with the furthest distance to travel, with 85.8% of the population in these areas within 1km of a pharmacy, however 95.6% of the population are within 1.5km (1 mile) of a provider (see table 4.3).

Table 4.4: Population more than 1km or 1.5km from a community pharmacy by neighbourhood								
People more than 1km or 1.5km from a community pharmacy		Stockport Neighbourhood						
		Bramhall and Cheadle Hulme South	Cheadle	Heatons and Reddish	Marple	Stepping Hill	Stockport Central	Werneth
1km	Number outside	5,689	4,786	355	5,424	2,074	0	4,985
	Proportion within	87.5%	90.2%	99.5%	78.5%	95.4%	100.0%	83.7%
1.5 km	Number outside	2,546	0	0	1,961	0	0	748
	Proportion within	94.4%	100.0%	100.0%	92.2%	100.0%	100.0%	97.6%

Source: Public Health Intelligence, Stockport Council

At a neighbourhood level, people living in Marple, Werneth and Bramhall & Cheadle Hulme, which are the less deprived areas towards the south and east of Stockport, have higher proportions of people with further distances to travel; in all three neighbourhoods however fewer than 10% of people live more than 1.5km from a community pharmacy, therefore meeting the fourth strategic principle set out in [section 2.4.5](#) (see table 4.4).

96.2% of Stockport patients have at least three community pharmacies within 2km of their home, and a wider choice of alternative pharmacy provider within a 20-minute public transport route and therefore meets the fifth strategic principle set out in [section 2.4.5](#). All developed areas within

Stockport are within 1km of a bus stop or railway station, and most areas of Stockport can access the town centre or Manchester city centre within 20 minutes by public transport, only the rural localities of Marple Bridge, Compstall, Mellor, Strines and Woodford have journeys beyond this time.

Stockport has a similar percentage of pharmacies that belong to a multiple contractor when compared to the England average (see table 4.5). There is limited evidence of patient dissatisfaction with choice of pharmacy, with 87% reporting no problems accessing the pharmacy of their choice, those with reported issues were mainly due to mobility or other specific accessibility needs (see [section 4.1.3](#) for further information).

Table 4.5: Community Pharmacies in contract with NHS England at 31st March 2021, number and percentage of independent and multiple contractors 2016-17				
	Number and [percentage]			
	Community Pharmacies	Independent Contractors		Multiple Contractors⁹
England	11,636	5,345	44.51%	6,664 55.49%
Greater Manchester	699	308	43.32%	403 56.68%
Stockport	59	24	40.68%	35 59.32%

Source: NHS Digital

The analysis therefore shows that the current provision of general services in Stockport meets all five of the essential services strategic principles set out in [section 2.4.5](#) and therefore there is no current gap in provision for essential community pharmacies.

In addition the contractors survey showed that 83% of local community pharmacies report having sufficient capacity within existing premises and staffing levels to manage an increase in demand if required; a further 14% report not having sufficient premises and staffing capacity at present but that they could make adjustments to manage an increase in demand and only 3% (2 contractors) report not having sufficient premises and staffing capacity and would have difficulty in managing an increase in demand. These two premises are not the closest pharmacy to any of the identified housing developments where population growth is expected (see [section 3.4.1](#)).

The analysis of the population change anticipated through the life of this PNA ([section 3.2.1](#)) showed that the population is expected to grow by 3,000 through the duration PNA. The majority of likely locations of this population growth ([section 3.4](#)) are already within 1km of existing community pharmacies, with only the Heald Green and Woodford Garden Village developments beyond this. Using the data shown in table 4.3, analysis shows that even if all 3,000 additional people lived more than 1km from a community pharmacy then the total proportion of the Stockport population within 1km of a community pharmacy would be 91% (within the first strategic principle threshold). This PNA therefore finds that there are no anticipated future needs for essential community pharmacies to 2028.

Analysis of population change will be undertaken regularly over the next three years and if any unexpected growth does lead to a breach of the strategic principles the need will be notified via a supplementary statement (see [section 7](#)).

⁹ A multiple contractor is defined as consisting of six pharmacies: contractors with five or less pharmacies known as independent.

4.1.1 Hours of trading

Most community pharmacies are contracted to provide a minimum of 40 hours of essential services per week. These are the ‘core’ hours. Many choose to provide more than 40 hours, the extra known as ‘supplementary hours’. A pharmacy will decide which hours are declared as ‘core’ and which ‘supplementary’. Any change to core hours, as originally stated on the contract application, must be applied for, to NHS England with a minimum of 90 days’ notice; any changes to supplementary hours must be notified to NHS England, and if the change is a decrease at least 5 weeks notice must be given.

Prior to regulation changes in 2012, pharmacy contractors could apply for a contract of 100 hours, providing access to services from early morning to late evening seven days per week. In May 2023, DHSC introduced a regulatory exemption which enabled 100-hour pharmacies to reduce their core hours to no less than 72 hours per week; as long the notification complies with the regulatory requirements; which include the stipulation that they remain open until 21h00 Mon-Sat and are open at least 11h00-16h00 on Sunday.

If it is deemed that there is a lack of provision of pharmaceutical service in an area at a particular time of day or time of the week, NHS England can request existing contractors to change their hours or open up an opportunity for a new contract to fulfil the gap.

In 2025 in Stockport 5 (9%) community pharmacies open for the minimum 40 hours only, 36 (61%) open for between 40 and 49 hours, 13 (22%) open for between 50 and 59 hours, 5 (9%) open between 60 and 99 hours (see [appendix 1 - map 9](#)); there are no pharmacies in Stockport offering 100 hours. **This shows a fall in average opening hours from 2022 with fewer pharmacies open for 50 hours or more (down by 9) and more open for less than 50 hours (up by 5 - with an additional 4 closing permanently in that time) (see table 4.6).**

Table 4.6: Community Pharmacies opening hours 2025 and 2022					
Opening hours	2025		2022		Change
	Number	Proportion	Number	Proportion	
40 hours	5	8.5%	7	11.1%	-2
40.5 to 49.9 hours	36	61.0%	29	46.0%	+7
50 to 59.9 hours	13	22.0%	20	31.7%	-7
60 to 99.9 hours	5	8.5%	3	4.8%	+2
100 hours			4	6.3%	-4

Source: NHS Business Services Authority & NHS Greater Manchester ICB

In terms of out of hours provision:

- 13 (22%) community pharmacies in Stockport open after 18h00 on a weekday evening, additionally 3 cross border pharmacies open after 18h00 on a weekday evening (see [appendix 1 – map 12](#)). 4 community pharmacies in Stockport open after 19h00 on a weekday evening, additionally 3 cross border pharmacies open after 19h00 on a weekday evening (see [appendix 1 – map 10](#)).
 - 39.1% of Stockport residents are within 1km of an evening pharmacy after 18h00 and 16.7% are within 1km of an evening pharmacy after 19h00.
 - 84.7% of Stockport residents are within 2km of an evening pharmacy after 18h00 and 43.9% are within 2km of an evening pharmacy after 19h00.
 - 91.2% of Stockport residents are within 3km of an evening pharmacy after 18h00 and 71.8% are within 3km of an evening pharmacy after 19h00.

- 95.7% of Stockport residents are within 4km of an evening pharmacy after 18h00 and 87.3% are within 4km of an evening pharmacy after 19h00.
- The latest opening time on a weekday evening for each pharmacy is shown in [appendix 1 – map 11](#).
- Analysis from the Department of Health & Social Care SHAPES Atlas (<https://shapeatlas.net/> see [appendix 1 – map 29](#)) shows that the vast majority of Stockport residents live within 20 minutes drive of the 4 pharmacies opening after 19h00 on a weekday; with only one or two isolated dwellings to the far east of the borough toward Glossop living beyond 20 minutes drive time.
- Analysis by public transport travel times (see [appendix 1 – map 30](#)) shows that there are areas to the south (Woodford and High Lane) and east (Mellor, Strines and Hawk Green) that are beyond 30 minutes public transport travel time in the evening to one of the four evening pharmacies. Around 7.3% of Stockport's residents live in these areas, meaning that over 92% of residents live within 30 minutes public transport time of an evening pharmacy, therefore meeting the sixth strategic principle (see [section 2.4.5](#)).
- In 2022 7 community pharmacies were open after 19h00 on a weekday and 25.6% of the population lived within 1km, 68.1% lived within 2km and 88.2% lived within 3km of a later night pharmacy open after 19h00. There has therefore been a fall in the proportion living close to pharmacies open on a weekday evening.
- 39 (65%) community pharmacies open on a Saturday, additionally 9 cross border pharmacies open on a Saturday (see [appendix 1 – map 13](#))
 - 82.0% of Stockport residents are within 1km of a Saturday pharmacy.
 - 98.5% of Stockport residents are within 2km of a Saturday pharmacy.
- Analysis from the Department of Health & Social Care SHAPES Atlas (<https://shapeatlas.net/> see [appendix 1 – map 31](#)) shows that the vast majority of Stockport residents live within 15 minutes drive of the 39 pharmacies opening on a Saturday; with only one or two isolated dwellings to the far south east of the borough towards Middlewood living beyond 15 minutes drive time.
- Analysis by public transport travel times (see [appendix 1 – map 32](#)) shows that there are areas to the east (towards Glossop) that are beyond 30 minutes public on a Saturday afternoon, less than 1% of Stockport's residents live in these areas, therefore meeting the sixth strategic principle (see [section 2.4.5](#)).
- In 2022 41 community pharmacies were open on a Saturday; with 78.2% of the population living within 1km of a Saturday pharmacy; there has therefore been little change in Saturday provision.
- 5 (13%) community pharmacies open on a Sunday, additionally 3 cross border pharmacies open on a Sunday (see [appendix 1 – map 14](#))
 - 21.0% of Stockport residents are within 1km of a Sunday pharmacy.
 - 52.7% of Stockport residents are within 2km of a Sunday pharmacy.
 - 79.8% of Stockport residents are within 3km of a Sunday pharmacy.
 - 92.3% of Stockport residents are within 4km of a Sunday pharmacy.
- Analysis from the Department of Health & Social Care SHAPES Atlas (<https://shapeatlas.net/> see [appendix 1 – map 33](#)) shows that the vast majority of Stockport residents live within 20 minutes drive of the 5 pharmacies opening on a Sunday; with only one or two isolated dwellings to the far south east of the borough towards Middlewood living beyond 20 minutes drive time.
- Analysis by public transport travel times (see [appendix 1 – map 34](#)) shows that there are areas to the south (Woodford) and east (Mellor) that are beyond 30 minutes public transport travel time on a weekend afternoon to one of the 5 pharmacies open on a Sunday.

Around 2.9% of Stockport’s residents live in these areas, meaning that over 97% of residents live within 30 minutes public transport time of a Sunday pharmacy, therefore meeting the sixth strategic principle (see [section 2.4.5](#)).

- In 2022 8 community pharmacies were open on a Sunday; with 22.5% of the population living within 1km of a Sunday pharmacy; there has therefore been little change in Sunday provision.

Table 4.7: Opening times by neighbourhood								
	Stockport Neighbourhood							Total Stockport
	Bramhall and Cheadle Hulme South	Cheadle	Heatons and Reddish	Marple	Stepping Hill	Stockport Central	Werneth	
open after 18h00 Mon -Fri	1	2	3		1	3	2	12
Latest closing Mon - Fri	18h30	21h00	20h00	18h00	18h30	20h00	21h00	21h00
open Saturday	6	6	3	3	6	11	4	39
open Sunday		1				3	1	5
open 50 or more hours	3	3	2	1	1	6	2	18
open 60 or more hours		1	1			2	1	5

Source: NHS Business Services Authority & NHS Greater Manchester ICB

Table 4.7 shows how opening times vary in each of the seven neighbourhoods, with at least three pharmacies open on Saturday in each area. Weekday evening provision varies, with four neighbourhoods having pharmacies open until at least 20h00, but the three neighbourhoods having no local provision after 18h00.

Sunday provision is lower, but the majority of the pharmacies that are open cluster around Stockport town centre, an area which is accessible to the rest of Stockport via public transport as demonstrated by the SHAPES Atlas analysis on the previous page.

[Appendix 1 – map 8](#) shows the distribution of pharmacies compared to that of GP practices and the GP out of hours service, provided by Mastercall. For all GP practice sites there is a pharmacy within at least 1km, and in the vast majority of cases these services are either co-located or in very close proximity; the furthest distance between a surgery site and a pharmacy is 600m (or 10 minutes walk). There are almost twice as many pharmacies as GP Practices in Stockport.

For the GP out of hours service, Mastercall, the nearest pharmacy is just within 1km (straight line; 1.3 km via walking or driving), but this is a pharmacy with fewer than 50 hours and which closes at 17h30. For out of hours prescriptions during the week:

- the nearest pharmacy open until 18h30 is just over 1km away (straight line; 1.8km via walking or driving)

- the nearest pharmacy open until 19h00 is 2.8 km away (straight line, 3.7km via walking or driving)
- the nearest pharmacy open until 20h00 is 4.1 km away (straight line, 5.9km via walking or driving)
- the nearest pharmacy open until 21h00 is 6.3 km away (straight line, 6.4km via walking or driving)

The closest pharmacy to Mastercall is open on a Saturday morning, but for Sunday prescriptions the nearest open pharmacy is 2.8 km away.

Mastercall service data shows that the busiest times are 18h00-21h59 on a weekday and 09h00-14h59 on a weekend.

Feedback through the public consultation process showed that while the majority of respondents to the public survey found no problems accessing pharmacy services in relation to hours of opening (76.1%), around a quarter experienced issues, a proportion that was far higher than for the other factors explored (location or accessibility); weekday evenings were mentioned most commonly as an issue. Respondents were asked to rate the importance of pharmacy being open at various times, and the most requested times were as follows:

- Weekday during the day (93% reported these hours as being essential or fairly important)
- Saturday morning (87%)
- Saturday afternoon (73%)
- Weekday lunchtime (70%)
- Weekday early evening (65%)
- Bank holiday morning (56%)
- Bank holiday afternoon (51%)

NHS England have processes in place to ensure that there are some community pharmacies open on Bank Holidays, and these are communicated to local communities via NHS and local authority channels. The pharmacies which are open each bank holiday vary and therefore analysis of provision is not possible.

The conclusion of this analysis is that:

- provision of pharmacy services during normal working hours on weekdays in Stockport is excellent and there is no gap in provision.
- there is lower provision of pharmacy services in Stockport on weekday evening between 18h00 and 20h00 in the neighbourhood of Marple and 18h30-20h00 in the neighbourhoods of Bramhall & Cheadle Hulme South and Stepping Hill. This is a particular issue in Stepping Hill, which hosts the GP out of hours service, Mastercall. As there is already sufficient service provision to meet the population's essential pharmaceutical needs, which is accessible by car or public transport, this does not constitute a gap in provision. There are however opportunities to improve access to pharmacy services in the evening in parts of Stockport, and there is a need for system wide consideration of how to improve access to out of hours pharmacy services in these areas.
- provision of pharmacy services on Saturday's is good and there is no gap in provision.
- there is lower provision of pharmacy services on Sunday than on other days of the week, but the population's essential pharmaceutical needs are met due to the accessibility of open services, and there is no gap in provision. The smaller number of NHS health services which operate on Sunday and generate pharmaceutical needs are encouraged to maintain a list of pharmacies that are open on Sundays.

The review of provision across Stockport indicates that there are no gaps in the provision essential services; there are opportunities to improve access to weekday evening pharmacies for the hours of 18h00 and 20h00 in the neighbourhood of Marple and 18h30-20h00 in the neighbourhoods of Bramhall & Cheadle Hulme South and Stepping Hill (see [appendix 1 – maps 10-12](#) and table 4.7).

4.1.2 Home delivery

The current community pharmacy contract does not include the requirement of home delivery for prescriptions of medication. However, many community pharmacies choose to offer a home delivery service to housebound patients for all types of prescriptions, beyond the contractual requirement. The contractor survey shows that 54% of community pharmacies in Stockport provide delivery free of charge, on request, 34% provide delivery free of charge for those who are housebound or elderly but charge others, 9% provide delivery for a charge and 3% do not provide delivery. 18% of the public reported having used home delivery in the last year.

Dispensing appliance contractors (DAC) and community pharmacies supplying specific appliances such as catheters and stoma products must offer a home delivery service to patients.

Distance selling contracts (usually internet based) must ensure home delivery of all prescriptions by secure means. Patients cannot collect prescription items from the site of the distance selling (internet) pharmacy.

The review of current provision indicates no specific commissioning requirement for unmet need in relation to delivery.

4.1.3 Community Pharmacy Access – Language / Disability / Ethnic minority groups

All community pharmacies must assess both physical access to the premises and also make reasonable adjustments to basic delivery of essential services for patients with regard to their culture, ethnicity or disability. For example:

- Ensuring accessibility for wheelchair users or those with limited mobility
- Provision of a hearing loop
- Provision of large print medication labels
- Provision of MARS (medicines administrations record sheets) to support with medicine adherence
- Provision of monitored dosage systems
- Leaflets and / or translation facilities for those whose first language is not English, all pharmacies in Stockport have access to the Stockport Interpreting Unit
<https://www.stockport.gov.uk/stockport-interpreting-unit/interpreter-and-translation-services>

Results from the survey of Pharmacy Contractors shows that:

- 95% of community pharmacies in Stockport have level floors throughout the premises.
- 75% of community pharmacies in Stockport have doors that are suitable for wheelchair users and a further 14% have a bell at the front door so that support can be provided.
- 51% of community pharmacies in Stockport have a hearing loop, 2% offer sign language routinely.
- 86% of community pharmacies in Stockport offer large print labels free of charge, 76% offer large print leaflets.
- 92% of community pharmacies in Stockport can provide MARS (medicines administrations record sheets) free of charge.

- 93% of community pharmacies in Stockport offer monitored dosage systems, although some limit this to people eligible under the Disability Discrimination Act (17%).
- 71% of community pharmacies in Stockport offer support to those who do not speak English, 47% have staff members who speak additional languages and 52% can offer interpretation services.

The review of current provision indicates no specific commissioning requirement for unmet need in relation to access to services. The responses to the public consultation have not highlighted any issue relating to ethnicity or language but have highlighted that those with mobility issues are more likely to experience difficulties in accessing pharmacies of their choice, however a good range of services are accessible. Existing providers should continue to make their premises and services as accessible as possible.

4.2 Advanced & National Enhanced services

4.2.1 Pharmacy First Service

This service was introduced in January 2024 and replaced the Community Pharmacist Consultation Service (CPCS). The consultation service enables patients to be referred into community pharmacy for a minor illness or an urgent repeat medicine supply. The service gives people quicker and more convenient access to safe and high-quality healthcare (including the supply of appropriate medicines) for 7 common conditions for specific age ranges: earache, impetigo, infected insect bites, shingles, sinusitis, sore throat, and uncomplicated urinary tract infections.

All community pharmacies in Stockport offer the Pharmacy First Service, as do 2 of the 3 distance selling pharmacies and 13 of the 14 cross border community pharmacies in scope of this analysis (see [appendix 1 – map 15](#)). There is no gap in service for Pharmacy First.

4.2.2 NHS New Medicines Service (NMS)

The service provides support to people who are newly prescribed a medicine by their General Practice to manage a long-term condition, to help them to improve their medication adherence and their self-management of the condition. This support is offered through a number of one-to-one appointments with the pharmacist as the new medicine is introduced. These appointments can be face to face or via a phone and will also include healthy living advice. Specific conditions/medicines are covered by the service:

- Asthma
- Chronic obstructive pulmonary disease (COPD)
- Type 2 diabetes
- Hypertension
- Hypercholesterolaemia
- Osteoporosis
- Gout
- Glaucoma
- Epilepsy
- Parkinson's disease
- Urinary incontinence or retention
- Heart failure
- Acute coronary syndromes
- Atrial fibrillation
- long term risks of venous thromboembolism or embolism

- Stroke or transient ischemic attack
- Coronary heart disease

As mentioned in [section 2.5.5](#) depression will be added to this list of conditions from October 2025.

58 out of 59 community pharmacies in Stockport offer the NHS New Medicines Service, as do 2 of the 3 distance selling pharmacies and all the 14 cross border community pharmacies in scope of this analysis (see [appendix 1 – map 16](#)). There is no gap in service for NHS New Medicines Service.

4.2.3 NHS Pharmacy Contraception Service (PCS)

From Spring 2023, pharmacies have had the option to register for the NHS Pharmacy Contraception advanced service for the ongoing supply of oral contraception; from 1 December 2023 the service expanded to give people the option of being able to have a confidential consultation with a community pharmacist to request a prescription of the contraceptive pill for the first time directly from their pharmacist, rather than from their GP or sexual health clinic. As mentioned in [section 2.5.5](#) from October 2025 the supply of Emergency Hormonal Contraception (EHC) will be included in the Pharmacy Contraception Service. All community pharmacists offering the service will have demonstrated competence in the specific skills and knowledge required.

The aim of the Pharmacy Contraception Service (PCS) is to offer people greater choice and access when considering starting or continuing their oral contraception, which should also create additional capacity in primary care and sexual health clinics (or equivalent) to meet the demand for more complex assessments.

A person may self-refer or be referred by their general practice, sexual health clinic or equivalent, to a participating pharmacy. A pharmacy may also identify a person is suitable for the service and highlight it to appropriate individuals. The pharmacist will offer a confidential consultation and as part of that, will reach a shared decision with the person about oral contraception.

47 out of 59 community pharmacies in Stockport offer the NHS Pharmacy Contraception Service, as do 2 of the 3 distance selling pharmacies and 10 of the 14 cross border community pharmacies in scope of this analysis (see [appendix 1 – map 17](#)); there are at least 3 pharmacies providing NHS Pharmacy Contraception Service in each neighbourhood. There is no gap in service for NHS Pharmacy Contraception Service.

4.2.4 NHS Hypertension Case Finding Service

The NHS Hypertension Case Finding Service supports risk identification and prevention of cardiovascular disease (CVD).

A community pharmacist will opportunistically measure the blood pressure of consenting adults who come into the pharmacy, by offering anyone a free blood pressure check who:

- is over the age of 40,
- has not previously been identified as having hypertension or a related condition,
- has not had their blood pressure measured by a health professional within the previous six months.

At the end of a consultation, where readings indicate:

- **normal blood pressure**, the pharmacist will promote healthy behaviours.
- **high blood pressure**, the pharmacist will offer Ambulatory Blood Pressure Monitoring (ABPM) from the pharmacy and will also promote healthy behaviours.

- **very high blood pressure**, the pharmacist will urgently refer the patient to see their GP within 24 hours and the pharmacist will inform the patient's GP practice by NHS mail or via another locally agreed platform.
- **low blood pressure**, the pharmacist will provide appropriate advice and may also refer the patient to their GP if there are any concerns.

All blood pressure readings are sent to the general practice from the community pharmacy so records can be updated and appropriate action taken. In addition General Practices can refer patients to a participating community pharmacy for a clinical blood pressure reading or for 24 hour ambulatory blood pressure monitoring.

58 out of 59 community pharmacies in Stockport offer the NHS Hypertension Case Finding Service, as does 1 of the 3 distance selling pharmacies and 11 of the 14 cross border community pharmacies in scope of this analysis (see [appendix 1 – map 18](#)). There is no gap in service for NHS Hypertension Case Finding Service.

4.2.5 NHS Community Pharmacy Smoking Cessation Service (SCS)

NHS community pharmacies are a good place for patients to receive stop smoking advice and support. Through this service hospitals refer patients to community pharmacy to continue the stop smoking journey they started in hospital. A pharmacist will meet with the person stopping smoking or carry out consultations over the phone to discuss their quit progress for up to 12 weeks after their quit date. They will review the nicotine replacement therapy (NRT) prescribed by the hospital team and make any necessary adjustments to support the continued quit attempt and provide ongoing supplies free of charge as required.

34 out of 59 community pharmacies in Stockport offer the NHS Community Pharmacy Smoking Cessation Service, as does 1 of the 3 distance selling pharmacies and 6 of the 14 cross border community pharmacies in scope of this analysis (see [appendix 1 – map 19](#)); there are at least 3 pharmacies providing NHS Community Pharmacy Smoking Cessation Service in each neighbourhood and provision is available in areas with highest smoking prevalence (Stockport Town Centre, Lancashire Hill and Brinnington).

Smoking cessation provision is also available at Stockport ABL (A Better Life, the specialist smoking cessation provider). There is no gap in service for NHS Community Pharmacy Smoking Cessation Service.

4.2.6 NHS Flu vaccinations

Seasonal flu vaccination services are typically commissioned as an advanced community pharmacy service. The decision to commission the service is taken at a national level on an annual basis in line with the identified priorities of the programme.

54 out of 59 community pharmacies in Stockport offered NHS Flu Vaccinations in the winter of 2024/25, as does 1 of the 3 distance selling pharmacies and 13 of the 14 cross border community pharmacies in scope of this analysis (see [appendix 1 – map 20](#)).

Flu vaccinations are also offered by GPs and in schools in Stockport, and levels of provision are sufficient to ensure that flu vaccination rates in Stockport are amongst the highest nationally. There is no gap in service for NHS Flu Vaccinations.

4.2.7 NHS COVID-19 Vaccinations

Seasonal COVID-19 vaccination services are typically commissioned as an national enhanced community pharmacy service. The decision to commission the service is taken at a national level on a bi-annual basis in line with the identified priorities of the programme. In 2024/25 this service was made available for at risk adults, and a smaller service provision was made for children due to the low numbers eligible for the vaccine.

39 out of 59 community pharmacies in Stockport offered NHS COVID-19 Vaccinations in the winter of 2024/25, as did 7 of the 14 cross border community pharmacies in scope of this analysis (see [appendix 1 – map 21](#)); of the 39 community pharmacies offering the NHS COVID-19 Vaccination, 27 offered adult only, 11 offered child only and 1 offered both adult and child vaccines; for the cross border pharmacies 5 offered adult only and 2 offered both adult and child.

COVID-19 vaccinations are also offered by GPs in Stockport, and levels of provision are sufficient to ensure that vaccination rates in Stockport are amongst the highest nationally. There is no gap in service for NHS COVID-19 Vaccinations.

4.2.8 NHS Lateral Flow Device Test Supply Service

This service is to offer at risk patients eligible for anti-viral COVID-19 treatments and provides access to free NHS LFD (lateral flow device) tests to enable testing at home for COVID-19 if they develop symptoms of infection. A positive LFD test result will be used to inform a clinical assessment to determine whether the patient is suitable for and will benefit from NICE recommended anti-viral COVID-19 treatments. It is currently estimated that around 3.9 million patients nationally are potentially eligible for free lateral flow device (LFD) tests, which would equate to around 20,000 people in Stockport.

50 out of 59 community pharmacies in Stockport offer the NHS Lateral Flow Device Test Supply Service, as does 1 of the 3 distance selling pharmacies and 10 of the 14 cross border community pharmacies in scope of this analysis (see [appendix 1 – map 22](#)); there are at least 4 pharmacies providing NHS Lateral Flow Device Test in each neighbourhood. There is no gap in service for NHS Lateral Flow Device Test.

4.3 Locally Commissioned Services – Stockport Council

4.3.1 Supervised consumption of opiate substitute medication

Pennine Care NHS Foundation Trust's Specialist Drug & Alcohol service (SDAS) works with around 800 opiate using clients in structured treatment each year, the majority of who are prescribed an opiate substitute medication (either methadone or buprenorphine). MOSAIC, the young people's drug and alcohol service, also works with a small number of young clients (aged 25 or under) who receive substitute medication.

Pharmacy services that Stockport Drug & Alcohol Service and MOSAIC require are:

- Dispensing of methadone & buprenorphine on blue FP10 instalment prescriptions – often via daily dispensing as part of the essential service contract for dispensing in a community pharmacy as agreed between SDAS and Mosaic and that pharmacy.
- Supervised self-administration of methadone for new starters in treatment, or those where there is ongoing clinical risk (in line with both NICE guidance Technical Appraisal 114¹⁰, and Department of Health 'Orange Book'¹¹ guidelines).

As with Needle & Syringe Programme (NSP, see [section 4.3.2](#)) there is a need for supervised consumption services across the borough, though with notable clusters in areas of deprivation and with a service location to the south of the town centre (see [section 3.2.3](#)).

Since October 2015, the contracting of supervised consumption services from pharmacies has been a responsibility of Pennine Care NHS Foundation Trust as part of the Specialist Drug and Alcohol service contract with Stockport Council.

Currently there are 12 community pharmacies in Stockport providing supervised consumption of opiate substitute medication, this is an increase compared to the situation at the previous PNA (when the total was 7). The current pharmacies offering this service are concentrated in the town centre, where public transport links are good and also at the pharmacy closest to the service provider location, (see [appendix 1 – map 23](#)). There is no gap in service for supervised consumption of opiate substitute medication.

4.3.2 Needle & Syringe Exchange programme (NSP)

Needle and syringe exchange services that Stockport Drug & Alcohol Service (SDAS) and MOSAIC require are:

- Provision of clean needles and syringes to people who inject drugs, reducing the risk of blood-borne infections like HIV and Hepatitis B & C.
- Offer of safe disposal for used needles and syringes.,
- Provision of additional equipment like filters, sterile water and advice on harm reduction.
- The service to be free and confidential.

As with the supervise consumption service (see [section 4.3.1](#)) there is a need for needle and syringe exchange programme services across the borough, though with notable clusters in areas of deprivation and with a service location to the south of the town centre (see [section 3.2.3](#)).

¹⁰ <http://www.nice.org.uk/guidance/ta114>

¹¹

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/628634/clinical_guidelines_2017.pdf

Currently 8 Stockport community pharmacies provide Needle & Syringe Exchange services, the same as in the previous PNA. Pharmacies providing this service concentrate in the town centre, where public transport links are good along with outlying areas of the borough (see [appendix 1 – map 24](#)).

Alongside the in-person NSP offer at pharmacies and at the drug and alcohol service, we also offer a postal service, working alongside NSP Direct. This commenced during the COVID-19 pandemic and is continuing for a small number of people who are unable to access in-person provision (e.g. housebound or with a physical disability). Wherever possible, it is preferable for clients to access in-person needle exchange provision to ensure they are seen and can be given advice, information and support as required. There is no gap in service for Needle & Syringe Exchange.

4.3.3 Emergency Hormonal Contraception (EHC)

Stockport's Emergency Hormone Contraception (EHC) scheme contracts accredited pharmacists to offer information and advice to women attending for emergency hormonal contraception and, if deemed to be appropriate, to issue and supply medication in line with their licensed indications. Pharmacies within the scheme should also:

- provide free Locala chlamydia and gonorrhoea screening kits to young women aged 16-24 attending for EHC.
- provide safer sex advice to anyone accessing the service.
- based on clinical need, [pharmacies should also offer pregnancy testing to women attending for emergency hormonal contraception

The EHC service is dependent upon the individual pharmacist who must undertake regular training with the specialist sexual health services. It is expected that the EHC service is available at all times the pharmacy is trading and a compliant consultation area is essential.

30 pharmacies are commissioned to provide the Emergency Hormonal Contraception (EHC) service (see [appendix 1 – map 25](#)), this is an increase since the last PNA when the total was 16. There is at least 1 community pharmacy offering this service in each neighbourhood of the borough and the service is available at every pharmacy open on a Sunday and at every pharmacy open after 19h00 ensuring coverage at as many hours as possible.

EHC is also available in community sexual health clinics and GP practices. Since April 2022, Locala has provided the Integrated Sexual Health service in Stockport. This includes advice, support and treatment on all sexual health issues, including provision of contraception and emergency contraception. There is no gap in service for Emergency Hormone Contraception.

Following the announcement that Emergency Hormone Contraception will be added to the national advanced NHS Pharmacy Contraception Service (PCS) this local commissioned service is under review and is likely not to be recommissioned from April 2026.

4.4 Locally Commissioned Services – NHS Greater Manchester Integrated Care

4.4.1 Greater Manchester Minor Ailments Scheme (MAS)

Under the national Community Pharmacy Contractual Framework, Community Pharmacies support people to manage minor ailments and self-limiting conditions by the provision of advice and where appropriate, the sale of medicines. NHS Greater Manchester Integrated Care's Minor Ailments Scheme (MAS) support eligible people to access evidence-based medicines from Community Pharmacy free of charge for certain conditions without the need for a GP Prescriptions. NHS Greater

Manchester Integrated Care's Minor Ailments Scheme (MAS) is open to all Stockport community pharmacies, provided they have a consultation room, and does not require the patient to attend the GP Practice to obtain any referral prior to supply.

In 2020 the eligibility criteria was changed, now the service can be accessed free at the point of use by residents within Greater Manchester who meet the financial eligibility criteria as per the published Greater Manchester Medicines Management Group (GMMMG) commissioning statement (<https://greatermanchester.communitypharmacy.org.uk/greater-manchester-minor-ailments-scheme/>). The GMMMG commissioning statement defines financial vulnerability in line with NHS national criteria for help with prescription costs.

The MAS formulary has also kept up to date with restricted options, with items of low clinical benefit removed from the list, to bring it in-line with the National self-care agenda.

The aim of the scheme is to reduce the call on practice time prescribing for self-limiting or minor conditions suitable for self-management. There is a defined formulary and an extension to this is possible, in conjunction with a referral from an optometrist, as part of the Minor Eye Ailment scheme.

41 out of 59 community pharmacies in Stockport offer the Greater Manchester Minor ailment Scheme as does 1 out of 3 Stockport distance selling pharmacy and 6 out of 14 cross border community pharmacies in scope of this analysis (see [appendix 1 – map 26](#)), there are at least 3 pharmacies providing Greater Manchester Minor Ailments Scheme in each neighbourhood. There is no gap in service for the Greater Manchester Minor Ailments Scheme.

4.4.2 Greater Manchester Minor Eye Conditions

Community led minor eye condition schemes allow high street optometrists to advise and treat patients with minor eye conditions. This reduces the need for them to be referred to the GP or urgent eye clinics for treatment. Optometrists are able to supply any OTC (GSL or P) eye preparation during the course of their professional practice. The optometrist may also produce a signed order for a prescription only medicine for a limited number of eye preparations.

A pharmacist may supply any such medicines directly to a patient under the care of a registered optometrist. Signed orders are private transactions and patients would normally be liable for private charges. This has limited their use for patients exempt from NHS prescription charges. This scheme allows pharmacies to provide medication ordered on a signed order to exempt patients free of charge. Those patients that pay for their NHS prescription will be subject to the standard NHS prescription charge.

47 out of 59 community pharmacies in Stockport offer the Greater Manchester Minor Eye conditions Scheme (see [appendix 1 – map 27](#)), there are at least 3 pharmacies providing Greater Manchester Minor Eye conditions in each neighbourhood. There is no gap in service for the Greater Manchester Minor Eye conditions Scheme.

4.4.3 Greater Manchester Palliative Care Medicines Service

In order to ensure availability of palliative care, both within standard opening hours and out of hours, 6 community pharmacies in Stockport have been commissioned to hold an ongoing stock of end-of-life medicines for palliative care (see [appendix 1 – map 28](#)). NHS Greater Manchester reimburses these pharmacies, should this medicine be held beyond the expiry date.

In addition to this commissioned service, it should be noted that many community pharmacies hold supplies of palliative care medicines within their stocks of general pharmaceuticals.

4.4.4 NHS Greater Manchester ICB - Stockport Locality & Viaduct Care Support

4.4.4.1 Medicines Optimisation Support

NHS Greater Manchester ICB - Stockport Locality employs a small team of pharmacists to work together as a Medicine Optimisation team, to review the use of medication across Stockport Locality, supporting Primary Care Networks. Their key role is to ensure safe, clinically cost-effective prescribing and therefore appropriate use of the prescribing budget. They work closely with colleagues across the rest of Greater Manchester working in line with the Greater Manchester Medicines Management Group Formulary. They also provide support to the commissioning team within the Integrated Care Board when purchasing services from providers and advise on the role of medicines in a range of care pathways.

The NHS Greater Manchester ICB - Stockport Locality Team also commissions Viaduct Care to provide for the Stockport Integrated Pharmacy Service (SIPS), which aims to provide the Medicines Optimisation practice-based pharmacy services in all Stockport GP practices.

4.4.4.2 Care Homes

Support to care homes (residential and nursing) is also offered through the SIPS Medicine Optimisation team, Viaduct Care. Policy and guidance have been developed and, working with the local authority, is supported by visits to the homes. The developments described in [section 2.5](#) will eventually enable the team to order the medication required by the homes.

4.5 Dispensing appliance contractors

Dispensing Appliance Contractors (DAC) (see [section 2.3](#)) are unable to supply medicines and instead dispense appliances (i.e. equipment). Most specialise in supplying stoma appliances, such as colostomy, urostomy and ileostomy bags and associated products, providing a specialist service to a specialist market. DAC cover a wider geographical area than a community pharmacy, often spanning more than one health locality or even provide services nationwide.

Every DAC has to provide mandatory essential services relating to these products and can choose to provide two advanced services: Appliance Use Reviews (AUR) and Stoma Appliance Customisation (SAC) (see below).

Currently there is one DAC located within the boundary of Stockport with one other sited close to the border in Didsbury, these are distribution centres for home delivery rather than pharmacy shops. In 2023/24 significant number of Stockport prescriptions for these products are dispensed by cross border DACs, 18% of prescriptions are dispensed in Stockport, 0.2% at the DACs within 1 km of Stockport and 82% at DACs further afield.

Pharmacy contractors can choose to accept prescriptions for appliances and dispense them under their pharmaceutical contract or obtain the service from a DAC or wholesaler located at a national distribution site. It is often a joint decision between the specialist from secondary care and the patient as to where the prescription for an appliance is sent and thus how the dispensing appliance service is provided.

There have been no reported issues from patients or prescribers to indicate that Stockport patients have difficulty in obtaining the products they require.

4.5.1 Stoma Appliance Customisation (SAC)

Community pharmacies and dispensing Appliance Contractors (DAC) (see page 7) can provide this service provided they are compliant with The Pharmaceutical Services (Advanced and Enhanced) (England) Directions 2013 (part 3, sections 9- 10), and have suitable premises to undertake the customisation. It cannot be undertaken in the regular dispensary. Trained staff, not necessarily healthcare professionals, can undertake the service. The Stockport DAC does not provide this service.

4.5.2 Appliances Use Review (AUR)

Community pharmacies and dispensing Appliance Contractors (DAC) (see page 7) can undertake AUR with patients receiving appliances, provided they are competent with criteria in The Pharmaceutical Services (Advanced and Enhanced) (England) Directions 2013 (part 3, sections 11- 13), and have declared their intention to provide the service to NHS England. The Stockport DAC does not provide this service.

4.6 Stockport NHS Trust Hospital pharmacy services

4.6.1 Admission & patient stay

Patients who are admitted to hospital at Stockport NHS Foundation Trust will have medicines reconciliation undertaken. This process is augmented by independent pharmacist prescribers.

4.6.2 Discharge of patients

All patients discharged from Stockport NHS Foundation Trust will have an electronic discharge communication which is forwarded to GPs and should contain all the relevant information relating to the patients stay including medication changes.

PharmaOutcomes is a system that Greater Manchester and Stockport NHS Foundation Trust pharmacy use to support the transfer of medicines information from the hospital to community pharmacies when patients are discharged from hospital. PharmaOutcomes referrals are made for all patients using blister packs, patients on multiple medicines (polypharmacy) and patients with drug changes during admission.

Where applicable the hospital will dispense medicines in auxiliary aides and repeat prescription arrangements are made accordingly in primary care by direct communication between the hospital and the community pharmacy. The Pharmacy is using the PharmaOutcomes system to support the transfer of medicines information from the Trust to community pharmacies when patients are discharged from hospital.

4.6.3 Outpatients

Since September 2014, Stockport NHS Foundation Trust has used a subsidiary, trading as The Pharmacy Shop, to provide an outpatient prescription service; giving quicker access to medicines for patients. The outpatient pharmacy is able to offer some community-based services, such as

emergency hormonal contraception and smoking cessation services, to its staff as well as the wider public.

A number of shared care protocols are in operation which allows care to be shared by the hospital specialist and the patients GP. For prescriptions dispensed by the hospital, a supply for one month or the relevant course is usually provided to the patient. This can then be placed on a repeat prescription from the GP if required. The instructions for this are normally sent to the GP via a clinic letter or on a copy of the prescription that the patient receives and is asked to pass on to their GP. Where the medicine being prescribed is a hospital only product the patient obtains repeat supplies from the hospital. The decision on how care will continue to be provided is based on the guidance issued by the Greater Manchester Medicines Management Group (GMMM) and is available on their website.

4.6.4 Clinical Pharmacy Services

All the wards at Stockport NHS Foundation Trust receive a comprehensive clinical pharmacy service. There are a number of specialist pharmacy services including acute medicine, cardiology, care of the elderly, critical care, emergency medicine, endocrinology, gastroenterology, pain management, respiratory medicine, rheumatology, stroke and two Macmillan posts for oncology / palliative care and haematology. This is evident in both in-patient and out-patient settings. There are dedicated pharmacists for antibiotics management, education, homecare, parenteral nutrition writing discharge prescriptions and patient safety.

4.6.5 Regional specialist services

Specialist technical services are provided from Stockport NHS Foundation Trust with an integrated service experienced in this highly specialised area of pharmacy.

Stockport Pharmaceuticals manufactures and distributes unlicensed medicines for a comprehensive range of public and private sector healthcare organisations. Investigational Medicinal Products (IMPs) are also manufactured on site for use in clinical trials.

A dedicated Outsourcing department supplies purchased compounded IV products to the specialist areas within the Trust, including Haematology, Rheumatology and Gastroenterology.

A broad range of aseptically prepared products are also available.

Quality Control Northwest provides quality assurance and quality control services to both public and private sector organisations; working as part of a team to assure the quality of medicines and to contribute to minimising the risk of patients receiving defective medicines.

Community pharmacists have access to products and services from these units in the same way as with any other supplier of medicinal products.

4.7 Distance Selling (Internet) Pharmacy Provision

Within the borough of Stockport there are distance selling (internet) pharmacies which dispense a small proportion of local prescriptions. Distance selling (internet) pharmacies (both in and out of Stockport) now account for 5.4% the total volume of prescription items, a level which has increased since the previous PNA assessment (3.6%); but is still an overall small percentage of the total provision.

5 Gaps in provision of Pharmaceutical Services

5.1 Essential Services

Stockport as a locality has adequate provision of essential services to meet the needs of the population by providing a service for more than 92% of the residents within 1km of their home. The number of community pharmacies in Stockport decreased by 4 since the previous PNA, but this has not led to the strategic principles being breached and does not cause a gap in provision.

There is adequate choice of independent or multiple pharmacy provider within a 20-minute public transport journey and more than 96% of the population live within 2km of three or more pharmacy providers.

Data from 2023/24 indicates that the average number of items dispensed per pharmacy in Stockport is higher than the England average. There are however currently no concerns over the quality of the provision of essential services or evidence of patients experiencing difficulty accessing pharmaceutical services; therefore this should not in itself be a reason to require any additional provision. A significant majority of pharmacies in Stockport report having scope to meet increases in demand.

The continued development of the Woodford Aerodrome site, with around 700 of 920 new homes now complete and with the rest due to complete during the lifetime of this PNA, mentioned in previous PNAs has not yet led to a gap in pharmacy provision and is unlikely to do so in the next 3 years. Analysis is undertaken regularly and a statement indicating unmet need will be issued if this or any other population change leads to Stockport's strategic principles (see [section 2.4.5](#)) being breached.

Analysis of opening hours and trading days shows there is adequate provision for out of hours service across the borough, however in the following three areas there are opportunities to secure improvement to access:

- Bramhall and Cheadle Hulme Neighbourhood – 18h30 to 20h00 on a weekday
- Marple Neighbourhood – 18h00 to 20h00 on a weekday
- Stepping Hill Neighbourhood – 18h30 to 20h00 on a weekday

This is a particular issue in Stepping Hill, which hosts the GP out of hours service, Mastercall. As there is already sufficient service provision to meet the population's essential pharmaceutical in other areas in the borough accessible from these neighbourhoods by public transport at these times, there is no gap in provision.

To summarise:

- No current gaps have been identified in the provision of pharmaceutical services during normal working hours.
- No current gaps have been identified in the provision of pharmaceutical services during weekday evenings or at weekends.
- No future gaps have been identified in the need for pharmaceutical services in specified future circumstances.
- Limited opportunities have been identified that if provided either now or in the future would secure improvements, or better access, to essential services;
 - Bramhall and Cheadle Hulme Neighbourhood – 18h30 to 20h00 on a weekday
 - Marple Neighbourhood – 18h00 to 20h00 on a weekday
 - Stepping Hill Neighbourhood – 18h30 to 20h00 on a weekday

- No gaps have been identified in respect of securing improvements, or better access, to other NHS services either now or in the future other than the opportunity in Stepping Hill Neighbourhood – 18h30 to 20h00 on a weekday which would secure improvements in the GP out of hours service provision.

5.2 Advanced Services

Analysis suggests that provision of the range of advanced services is in line with population need and services are sufficiently well distributed in Stockport and does not indicate any gap in provision for advanced services in Stockport.

- No current or future gaps have been identified in the provision of advanced services.

5.3 Locally Commissioned Services

Analysis suggests that provision of the range of locally commissioned services is in line with population need and services are sufficiently well distributed in Stockport and does not indicate any gap in provision for advanced services in Stockport.

- No current or future gaps have been identified in the provision of locally commissioned services.

6 Consultation Process and Outcomes

To create the Stockport PNA a number of consultations were undertaken, at different parts of the process:

- In **January and February 2025** Community Pharmacy Greater Manchester asked all **pharmacy contractors** in the area to complete an online survey via PharmOutcomes. The aim of this survey was to collect data on services offered, both commissioned and non-commissioned (such as accessibility services) and seek feedback on levels of current provision. The results have been used to inform [section 4](#) of this report.
- In **February and March 2025** a public consultation seeking the views of **Stockport residents** about pharmacies in the area was undertaken. The process and outcomes of this consultation are summarised in [section 6.1](#) and detailed results are in [appendix 2](#).
- In **June to August 2025, a stakeholder consultation** was undertaken with the draft document available online for duration of the review and comment invited from all statutory stakeholders. The outcomes of this consultation are summarised in [section 6.2](#) and more details of the process are outlined in [appendix 2](#).

6.1 Public consultation

In a change from the previous 2022 Stockport PNA, the 2025 public consultation; which seeks the views of Stockport residents about pharmacies in the area; was undertaken in collaboration with the other Greater Manchester local authorities and with the Community Pharmacy Greater Manchester (Local Pharmacy Committee). The survey was undertaken in February and March 2025 and took the form of an online survey, promoted through social media and our partner organisations including Healthwatch, who also collected some responses on paper.

A total of 176 responses were received from Stockport residents, a full analysis of the responses and demographic profile of responses is set out in [appendix 2](#), and is summarised below.

The profile of respondents was older than average (72% aged 45-74 years, compared to the population profile of 45%) and dominated by females (78% compared to a population profile of 52%), is less representative of black and other minority ethnic groups and is less deprived than average; and these potential biases need to be born in mind when considering the results below.

Analysis shows that on average people use a pharmacy on a monthly basis. The majority of people use the same pharmacy when needed (80%) while a smaller proportion use a number of pharmacies (20%). Proximity to home (88%), friendly staff (68%), knowledgeable staff (56%) and proximity to a GP Practice (43%) were there most common reasons for choosing a particular pharmacy.

70% of respondents report being able to get to their pharmacy within 10 minutes, rising to 89% within 15 minutes; 95% of respondents reported no problems accessing pharmacy services due to location.

While the majority of respondents reported no problems accessing pharmacy services due to opening hours (76%) a significant proportion (24%) reported issues; these being:

- Opening hours on weekdays being not late enough, many report working the same hours (24 responses)
- Lack of opening on weekends (20 responses)
- Lunchtime closing (9 responses)
- Lack of service for out of hours for emergency prescriptions (2 responses)

Respondents ranked the importance of opening times as follows, with other times rating as essential or fairly important for fewer than 50%.

- Weekday during the day (93% essential or fairly important)
- Saturday morning (87%)
- Saturday afternoon (73%)
- Weekday lunchtime (70%)
- Weekday early evening (18h00-21h00) (65%)
- Bank holiday morning (56%)
- Bank holiday afternoon (51%)

Over the last year the majority of respondents have used the following services:

- Collection of regular prescription medicines (95%)
- Purchased Over the Counter medicines (85%)
- Collection of occasional prescription medicines (84%)
- Electronic Repeat Dispensing (78%)
- Saturday opening (64%)

Other used services include flu and COVID-19 vaccines, unwanted medicine disposal, urgent medicines, BP check and medicine delivery to home (between 18-39% each in the last year).

Levels of satisfaction with pharmacy services in Stockport are generally very high, with location (98% of respondents being very satisfied or satisfied) and physical access (93%) scoring highest.

Respondents are most likely to be unsatisfied with the following aspects of local community pharmacies:

- emergency use (25% unsatisfied or very unsatisfied)
- pharmacies having the things needed (20%)
- waiting times (17%)
- being open when needed (16%)
- parking facilities (16%)

10% of respondents report having problems accessing a pharmacy of their choice due to either mobility issues or access needed.

6.2 Stakeholder consultation

Regulation requires a statutory 60-day consultation with a range of stakeholders for a Pharmaceutical Needs Assessment. This stakeholder consultation was undertaken June – August 2025, with the draft document available online for duration of the review and comment invited from all statutory stakeholders, a list of whom is in [appendix 2](#) along with the consultation questions. Members of the public were also welcomed to respond, via the councils 'Have your Say' webpage.

In addition to statutory consultees the draft PNA was also be discussed by Stockport STAMP (Stockport Area Medicines Panel), Stockport Primary Care Board and Stockport Council Adult Social Care & Health Scrutiny Committee over the consultation period.

In total four sets of comments were received during the statutory consultation and there were three sets of comments from committee meetings. All stakeholders agreed with the identified population health needs and analysis of the current pharmacy provision contained in the draft PNA; however, some challenged the conclusions reached.

- One consultee challenged the findings in regards to the Woodford area, where the draft PNA stated there was no gap in provision, however no additional evidence was provided and the initial findings were also supported by other respondents. On further review the conclusions of the draft PNA in this area were felt to be correct and therefore remain in this final version.
- Two consultees commented about the evening provision and the terminology used in the draft PNA which identified this as a gap. On review the terminology has been amended in this final version to reference the lower provision in out of hours services and how this give rise to opportunities to improve access to pharmacy services, but is not a gap in provision.

Other consultees agreed with the findings of the draft PNA and highlighted the need for a system consideration of ways to improve access to pharmacy out of hours. A number of consultee highlight issues around medicine supply, and while this is outside the scope of the PNA this is being taken forward in other forums.

Consultees also made a number of suggestions for amendments to the text to clarify meanings, which have been incorporated into this version.

A full analysis of the responses and comments is set out in [appendix 2](#) .

7 PNA updates and supplementary statements

This document will be published as Stockport Health and Wellbeing Board Pharmaceutical Needs Assessment 2025 on or before 31st October 2025.

In accordance with the NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013, Stockport Health and Wellbeing Board will publish a revised assessment within 3 years (by 30th November 2028) unless there are identified changes to pharmaceutical needs assessment relevant to the granting of applications and in which case a revised PNA will be published as soon as is reasonably practicable.

Supplementary Statements will be issued on the opening or closure of pharmacies, or when there are pharmaceutical needs assessment changes that are minor and would not be relevant for granting of applications or have been signalled already in this document as having a potential, although as yet unknown, implication for local pharmaceutical service needs.

Supplementary Statements will be published in the same location as the 2025 PNA and will be approved by the Chair of Stockport Health and Wellbeing board prior to release.

Appendix 1 Index of Providers, Services and Maps

Table A1 - List of Pharmacies and Opening Times Spring 2025

Stockport PNA 2025: Opening Times of Stockport and Cross-border (within 1km) Pharmacies

Stockport Neighbourhood	Pharmacy Type	Pharmacy Name	Provider Count	Weekday Evenings After 18:00	Weekday Evenings After 19:00	Saturday Opening	Sunday Opening
Grand Total			73	16	7	48	8
Bramhall and Cheadle Hulme South	Stockport Pharmacy	Total	8	1		6	
		Boots (Bramhall)	1			1	
		Centre Pharmacy	1			1	
		Cohens (Cheadle Hulme)	1	1			
		Fir Road Pharmacy	1			1	
		Scorah (Bramhall)	1			1	
		Turves Road Pharmacy	1			1	
		Village Pharmacy (Bramhall)	1			1	
		Village Pharmacy (Cheadle Hulme)	1				
Cheadle	Stockport Pharmacy	Total	8	3	1	6	1
		Cohens (Cheadle Heath)	1				
		Heald Green Pharmacy	1	1	1	1	1
		High Street Pharmacy	1	1		1	
		Peak Pharmacy (Heald Green)	1	1		1	
		Pharmacy One	1			1	
		Rowlands Pharmacy (Gatley)	1				
		Scorah (Cheadle)	1			1	
		Singers Pharmacy	1			1	
Heatons and Reddish	Stockport Pharmacy	Total	10	3	1	3	
		Boots (Heaton Moor)	1			1	
		Cohens (Heaton Mersey)	1				
		Cohens (Heaton Moor)	1				
		Cohens (Heaton Norris)	1	1			
		Cohens (Reddish)	1				
		HM Odell Ltd	1			1	
		Well (Heaton Moor)	1	1	1		
		Well (Reddish 1)	1			1	
		Well (Reddish 2)	1				
		Well (Reddish 3)	1	1			
	Cross-border Pharmacy	Total	1	1	1	1	1
		Tesco (Burnage)	1	1	1	1	1
Marple	Stockport Pharmacy	Total	5			3	
		Boots (Marple)	1			1	
		Peak Pharmacy (High Lane)	1			1	
		Well (Marple 1)	1			1	
		Well (Marple 2)	1				
		Well (Marple Bridge)	1				
Stepping Hill	Stockport Pharmacy	Total	7	1		6	
		Bosden Pharmacy	1			1	
		Jaybee Pharmacy	1			1	
		Mai's Pharmacy	1			1	
		Rowlands Pharmacy (Hazel Grove)	1			1	
		Scorah (Hazel Grove)	1			1	
		Well (Hazel Grove 1)	1	1		1	
		Well (Hazel Grove 2)	1				
Stockport Central	Stockport Pharmacy	Total	16	3	1	11	3
		Adswood Pharmacy	1			1	
		Asda Pharmacy	1	1	1	1	1
		Boots (Edgeley)	1			1	
		Boots (Stockport)	1			1	
		Cale Green Pharmacy	1				
		Cohens (Brinnington)	1			1	
		Davenport Pharmacy	1			1	
		Dial House Pharmacy	1			1	
		Edgeley Pharmacy	1				
		Hillgate Pharmacy (Merged)	1	1		1	
		Manor Pharmacy (Brinnington)	1				
		Offerton Pharmacy	1	1		1	1
		Superdrug Pharmacy	1			1	
		Well (Offerton)	1				
		Well (Shaw Heath)	1				
Werneth	Stockport Pharmacy	Total	5	2	1	4	1
		Bredbury Pharmacy	1	1		1	
		Chichester Road Pharmacy	1			1	
		Cohens (Bredbury)	1				
		Medichem Pharmacy	1	1	1	1	1
		Romiley Pharmacy	1			1	
OOA Neighbourhood	Cross-border Pharmacy	Total	13	2	2	8	2
		Burnage Pharmacy	1			1	
		Everest Pharmacy (Didsbury)	1				
		Everest Pharmacy (Fog Lane)	1			1	
		Everest Pharmacy (Wythenshawe)	1			1	
		Manor Pharmacy (Hyde)	1				
		Roberts Pharmacy	1			1	
		SF Wain & Sons Pharmacy	1				
		Tesco (East Didsbury)	1	1	1	1	1
		Tesco (Handforth)	1	1	1	1	1
		Well (Handforth 1)	1				
		Well (Handforth 2)	1			1	
		Windmill Pharmacy	1			1	
		Wythenshawe Pharmacy	1				

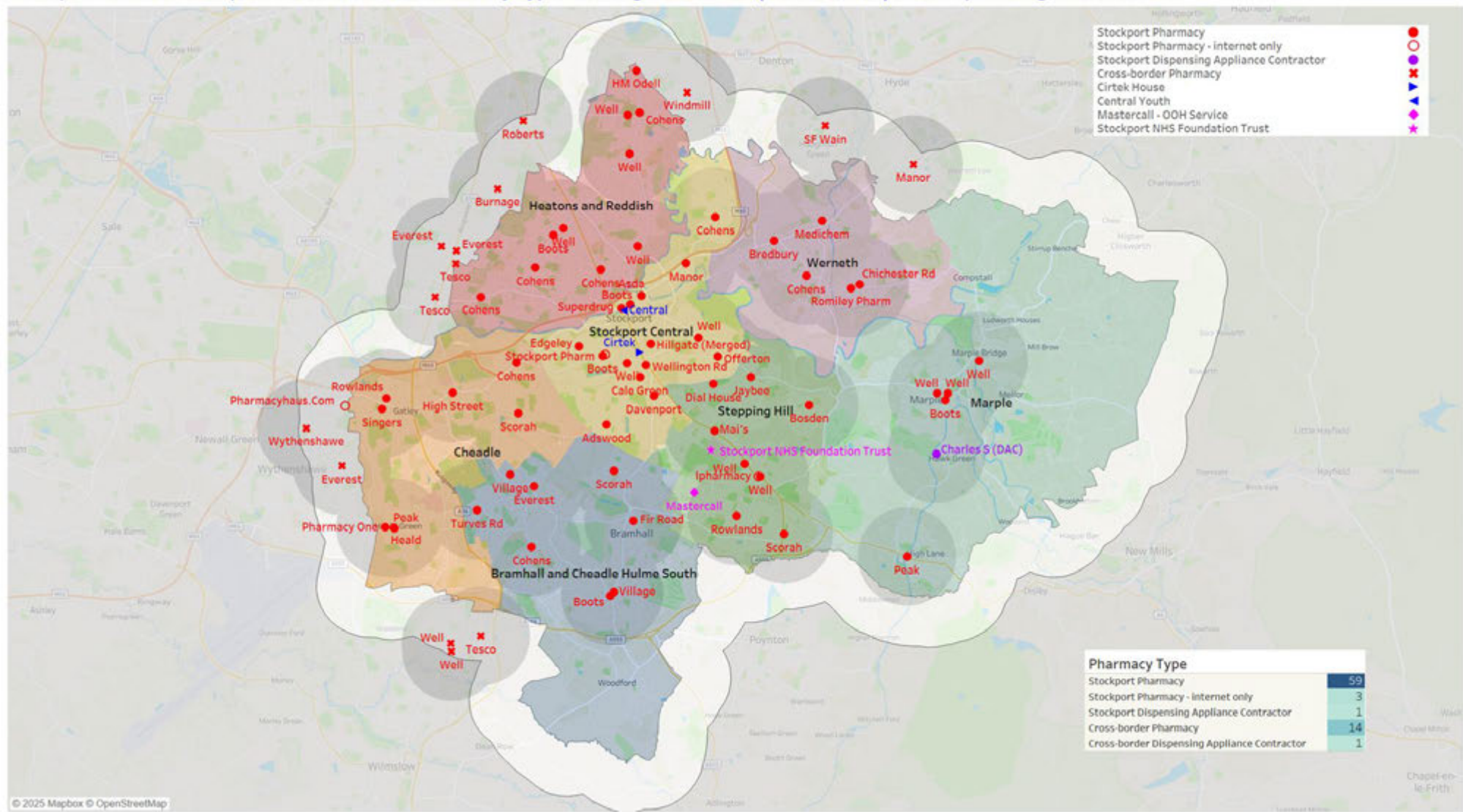
Table A2 - Services offered by Stockport Pharmacies Spring 2025

Stockport PNA 2025: Services offered by Pharmacy (Stockport Pharmacies only)

Stockport Neighbourhood	Pharmacy Type	Pharmacy Name	Provider Count	Pharmacy First Service	New Medicines Service	Contraception Service	Hypertension Case-Finding Service	Smoking Cessation Service	NHS Flu Vaccinations	NHS Covid Vaccinations Adults	NHS Covid Vaccinations Children	Lateral Flow Device Service	Supervised Administration	Needle Exchange Service	Emergency Hormonal Contraception	GM Minor Alliment Service	Minor Eye Service	GM Palliative Care
Grand Total			64	62	61	50	60	35	56	28	12	12	12	35	30	42	47	6
Bramhall and Cheadle Hulme South	Stockport Pharmacy	Total	8	8	8	5	8	4	8	5				4	5	4	8	2
		Boots (Bramhall)	1	1	1	1	1		1							1	1	
		Centre Pharmacy	1	1	1	1	1		1						1	1	1	
		Cohens (Cheadle Hulme)	1	1	1	1	1	1	1	1			1	1	1	1	1	1
		Fir Road Pharmacy	1	1	1	1	1	1	1	1				1	1	1	1	
		Scorah (Bramhall)	1	1	1	1	1	1	1	1				1	1	1	1	1
		Turves Road Pharmacy	1	1	1	1	1	1	1	1						1	1	
		Village Pharmacy (Bramhall)	1	1	1	1	1	1	1	1				1	1	1	1	
		Village Pharmacy (Cheadle Hulme)	1	1	1	1	1	1	1	1						1	1	
		Total	8	8	8	7	8	6	8	6	1	1	1	6	7	4	6	
Cheadle	Stockport Pharmacy	Cohens (Cheadle Heath)	1	1	1	1	1	1	1	1						1	1	
		Heald Green Pharmacy	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
		High Street Pharmacy	1	1	1	1	1	1	1	1				1	1	1	1	
		Peak Pharmacy (Heald Green)	1	1	1	1	1	1	1	1					1	1	1	
		Pharmacy One	1	1	1	1	1	1	1	1				1	1	1	1	
		Rowlands Pharmacy (Gatley)	1	1	1	1	1	1	1	1				1	1	1	1	
		Scorah (Cheadle)	1	1	1	1	1	1	1	1					1	1	1	
		Singers Pharmacy	1	1	1	1	1	1	1	1				1	1	1	1	
		Total	1	1	1	1	1	1	1	1				1	1	1	1	
		Stockport Pharmacy - internet..	1	1	1	1	1	1	1	1						1	1	
Heaton and Reddish	Stockport Pharmacy	Pharmacyhaus.Com	1	1	1	1	1	1	1	1						1	1	
		Total	10	10	10	9	10	8	10	5	4	1	1	8	4	9	8	1
		Boots (Heaton Moor)	1	1	1	1	1	1	1	1						1	1	
		Cohens (Heaton Mersey)	1	1	1	1	1	1	1	1				1	1	1	1	
		Cohens (Heaton Moor)	1	1	1	1	1	1	1	1				1	1	1	1	
		Cohens (Heaton Norris)	1	1	1	1	1	1	1	1				1	1	1	1	
		Cohens (Reddish)	1	1	1	1	1	1	1	1				1	1	1	1	
		HM Odell Ltd	1	1	1	1	1	1	1	1						1	1	
		Well (Heaton Moor)	1	1	1	1	1	1	1	1	1			1	1	1	1	
		Well (Reddish 1)	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Marple	Stockport Pharmacy	Well (Reddish 2)	1	1	1	1	1	1	1	1				1	1	1	1	
		Well (Reddish 3)	1	1	1	1	1	1	1	1				1	1	1	1	
		Total	1	1	1	1	1	1	1	1				1	1	1	1	
		Cross-border Pharmacy	1	1	1	1	1	1	1	1						1	1	
		Tesco (Burnage)	1	1	1	1	1	1	1	1						1	1	
		Total	5	5	5	4	5	3	5	3				3	1	5	5	
		Boots (Marple)	1	1	1	1	1	1	1	1					1	1	1	
		Peak Pharmacy (High Lane)	1	1	1	1	1	1	1	1						1	1	
		Well (Marple 1)	1	1	1	1	1	1	1	1	1			1	1	1	1	
		Well (Marple 2)	1	1	1	1	1	1	1	1				1	1	1	1	
Stepping Hill	Stockport Pharmacy	Well (Marple Bridge)	1	1	1	1	1	1	1	1				1	1	1	1	
		Total	7	7	6	5	7	3	7	3	2			3	2	5	6	1
		Bosden Pharmacy	1	1	1	1	1	1	1	1						1	1	
		Jaybee Pharmacy	1	1	1	1	1	1	1	1				1		1	1	
		Mai's Pharmacy	1	1	1	1	1	1	1	1						1	1	
		Rowlands Pharmacy (Hazel Grove)	1	1	1	1	1	1	1	1					1	1	1	
		Scorah (Hazel Grove)	1	1	1	1	1	1	1	1					1	1	1	
		Well (Hazel Grove 1)	1	1	1	1	1	1	1	1	1			1	1	1	1	
		Well (Hazel Grove 2)	1	1	1	1	1	1	1	1				1	1	1	1	
		Total	1	1	1	1	1	1	1	1				1	1	1	1	
Stockport Central	Stockport Pharmacy	lpharmacy	1	1	1	1	1	1	1	1						1	1	
		Total	16	16	16	14	15	7	13	5	2	6	6	7	8	11	11	2
		Adswood Pharmacy	1	1	1	1	1	1	1	1				1	1	1	1	
		Asda Pharmacy	1	1	1	1	1	1	1	1			1	1	1	1	1	
		Boots (Edgeley)	1	1	1	1	1	1	1	1						1	1	
		Boots (Stockport)	1	1	1	1	1	1	1	1			1	1		1	1	
		Cale Green Pharmacy	1	1	1	1	1	1	1	1					1	1	1	
		Cohens (Brinnington)	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
		Davenport Pharmacy	1	1	1	1	1	1	1	1				1		1	1	
		Dial House Pharmacy	1	1	1	1	1	1	1	1				1		1	1	
Werneth	Stockport Pharmacy	Edgeley Pharmacy	1	1	1	1	1	1	1	1				1	1	1	1	
		Hillgate Pharmacy (Merged)	1	1	1	1	1	1	1	1			1	1	1	1	1	
		Manor Pharmacy (Brinnington)	1	1	1	1	1	1	1	1			1	1	1	1	1	
		Offerton Pharmacy	1	1	1	1	1	1	1	1			1	1	1	1	1	
		Superdrug Pharmacy	1	1	1	1	1	1	1	1			1	1	1	1	1	
		Well (Offerton)	1	1	1	1	1	1	1	1				1	1	1	1	
		Well (Shaw Heath)	1	1	1	1	1	1	1	1	1				1	1	1	
		Wellington Road Pharmacy	1	1	1	1	1	1	1	1					1	1	1	
		Total	1	1	1	1	1	1	1	1								
		Stockport Pharmacy	1	1	1	1	1	1	1	1								
Werneth	Stockport Pharmacy	Total	1	1	1	1	1	1	1	1								
		Charles S Bullen Stomacare [DAC]	1	1	1	1	1	1	1	1								
		Total	5	5	5	3	5	3	3	4			4	4	3	3	3	3
		Bredbury Pharmacy	1	1	1	1	1	1	1	1			1	1	1	1	1	
		Chichester Road Pharmacy	1	1	1	1	1	1	1	1			1	1	1	1	1	
		Cohens (Bredbury)	1	1	1	1	1	1	1	1			1	1	1	1	1	
		Medichem Pharmacy	1	1	1	1	1	1	1	1			1	1	1	1	1	
		Romiley Pharmacy	1	1	1	1	1	1	1	1							1	
		Total	1	1	1	1	1	1	1	1								

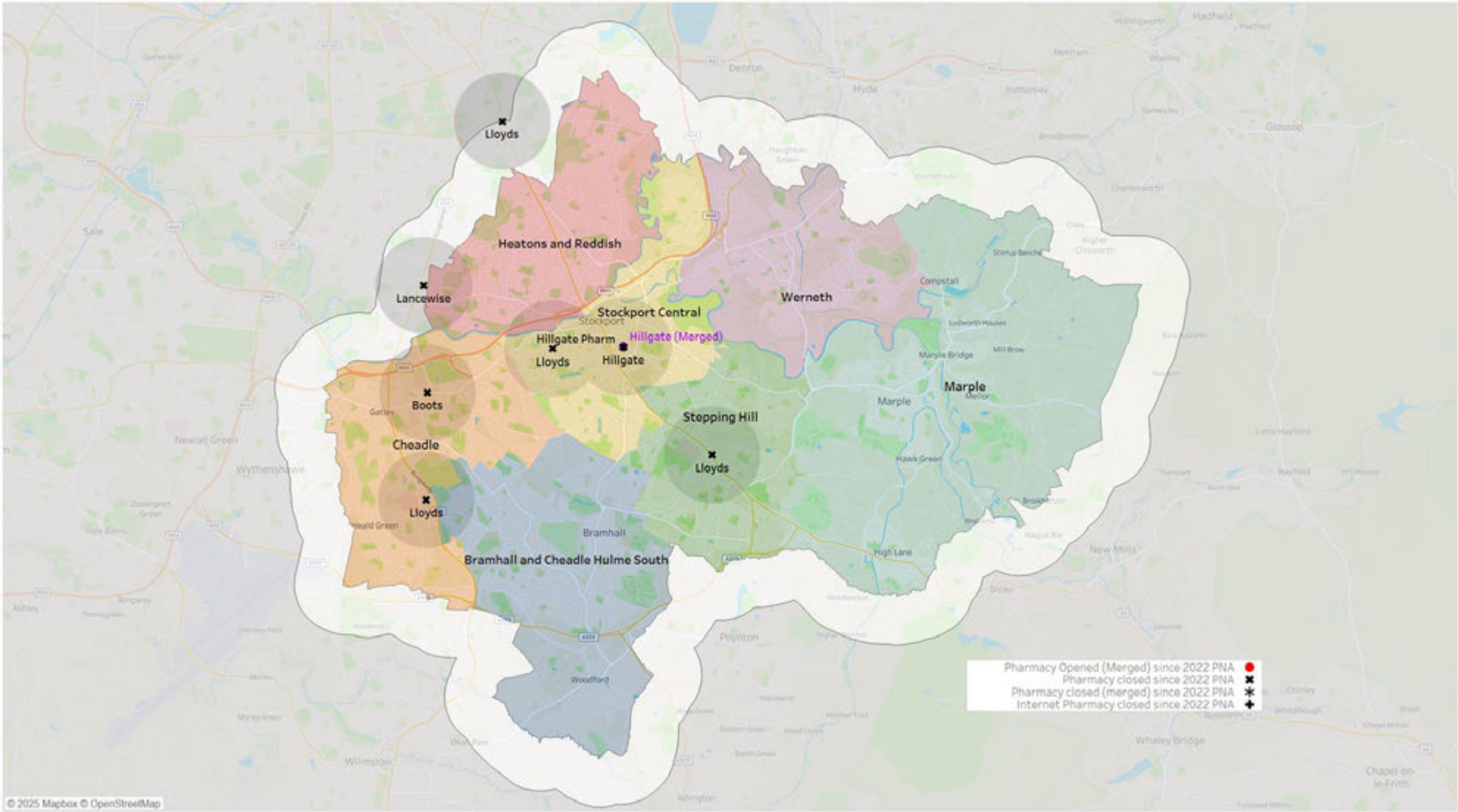
Map 01 - Location of Pharmacies by Type

Stockport PNA 2025: Map 01 - Location of Pharmacies by Type, showing urban areas (and 1km radii) in Stockport Neighbourhoods

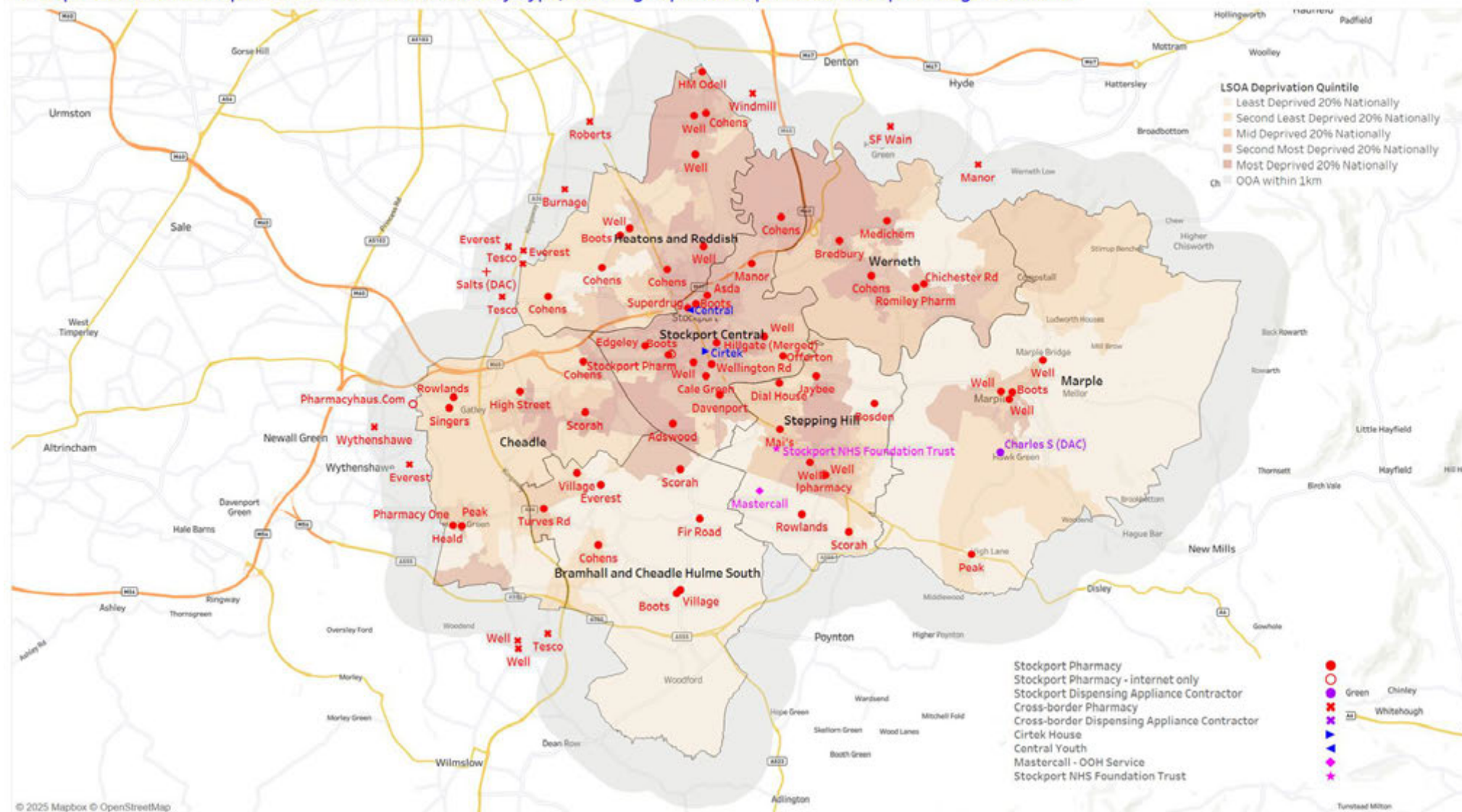


Map 02 - Location of New and Closed Pharmacies since 2022 PNA

Stockport PNA 2025: Map 02 - Location of New and Closed Pharmacies since last PNA (and 1km radii) in Stockport Neighbourhoods

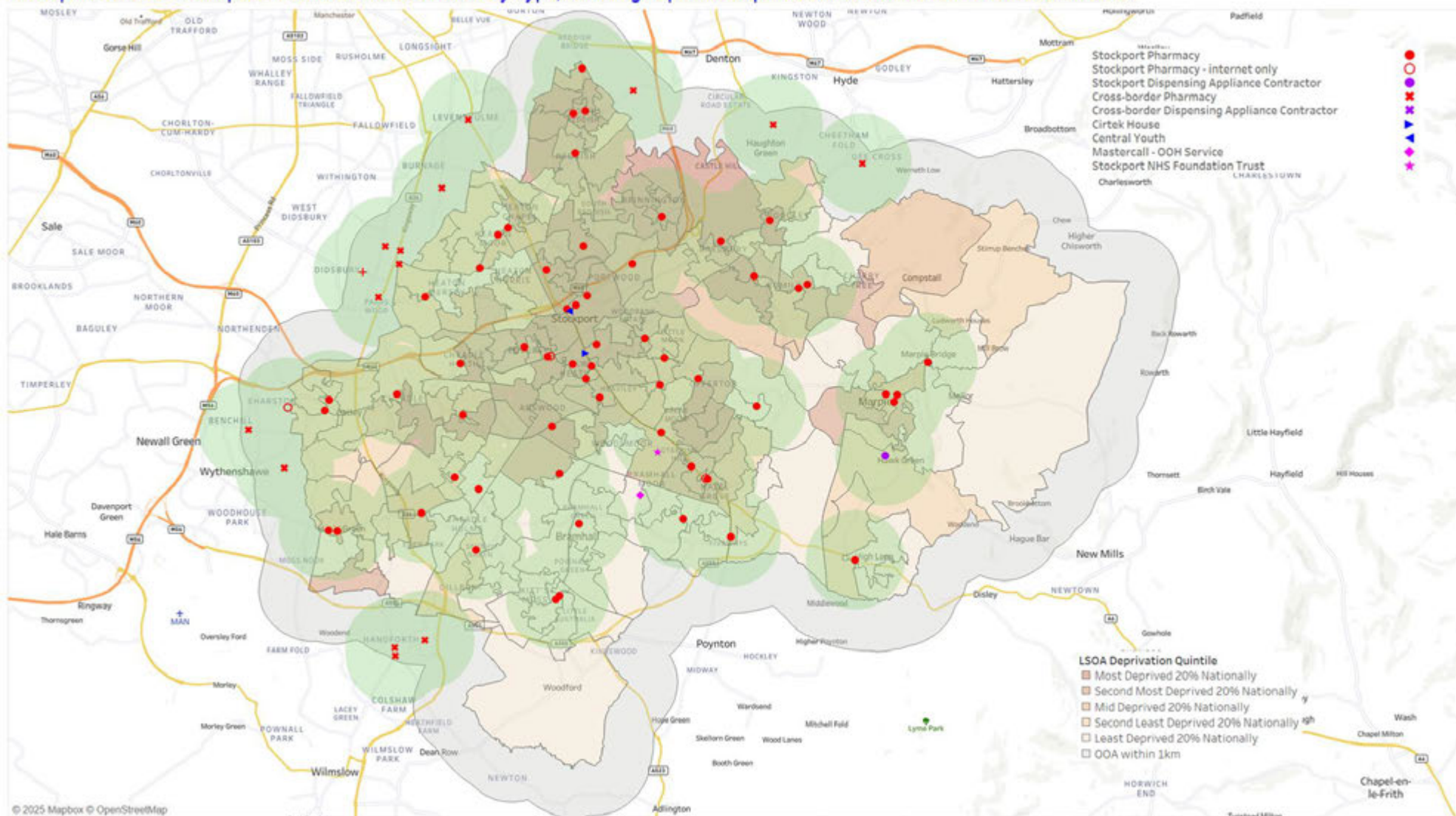


Stockport PNA 2025: Map 03 - Location of Pharmacies by Type, showing deprivation profile in Stockport Neighbourhoods



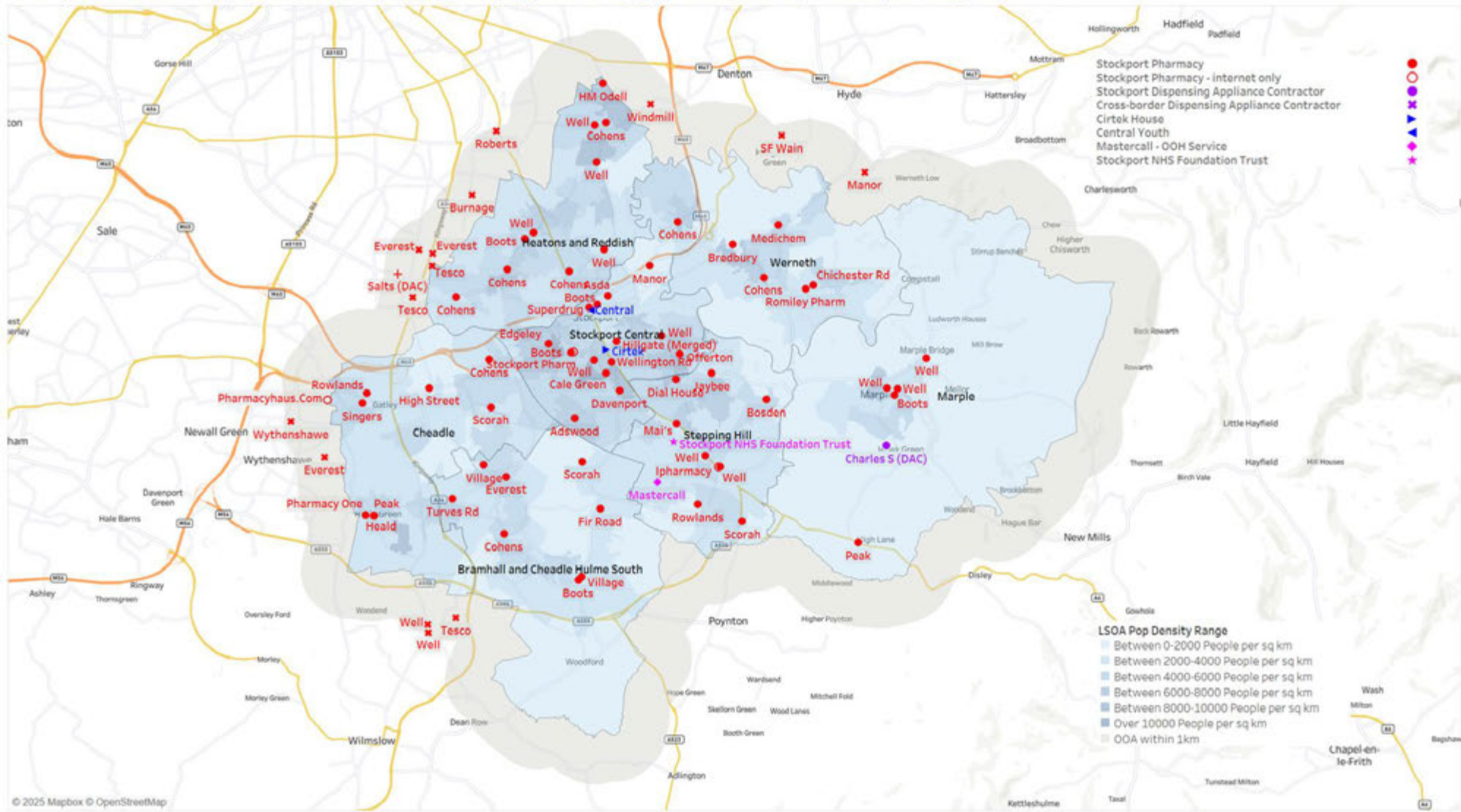
Map 04 - Location of Pharmacies by Type, showing deprivation profile and 1km radii

Stockport PNA 2025: Map 04 - Location of Pharmacies by Type, showing deprivation profile and 1km buffers around Pharmacies

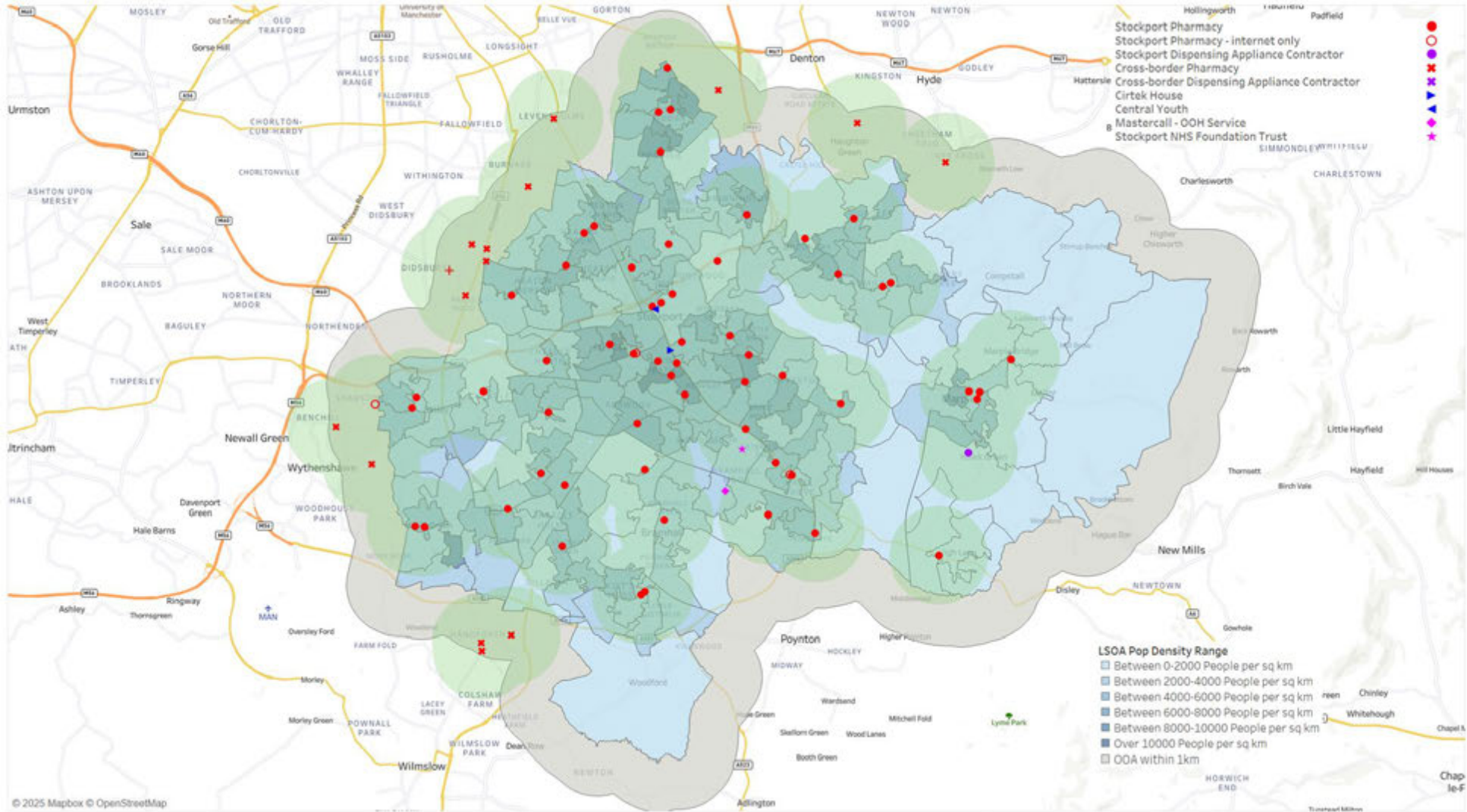


Map 05 - Location of Pharmacies by Type, showing population density

Stockport PNA 2025: Map 05 - Location of Pharmacies by Type, showing population density in Stockport Neighbourhoods

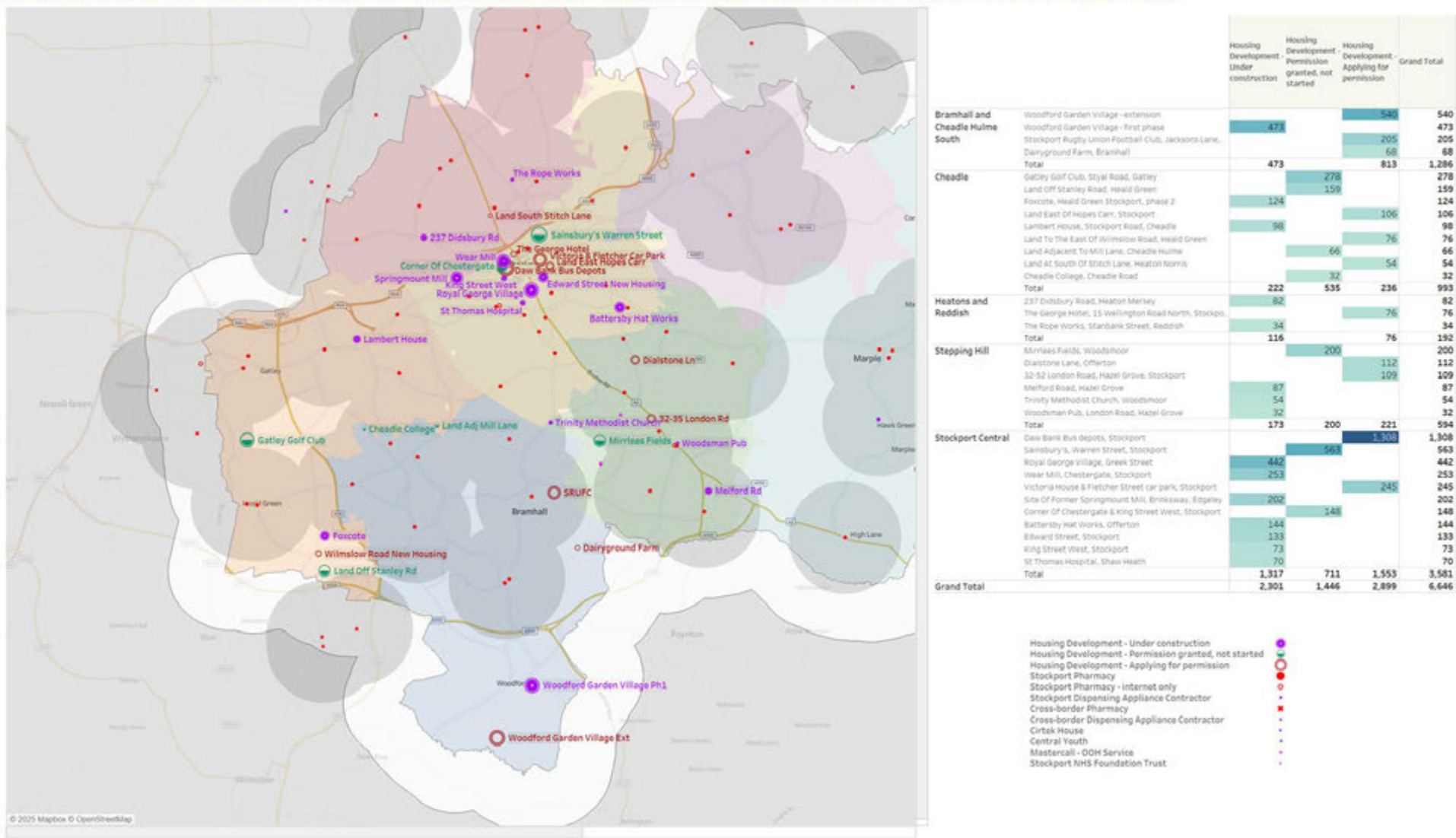


Stockport PNA 2025: Map 06 - Location of Pharmacies by Type, showing population density and 1km buffers around Pharmacies



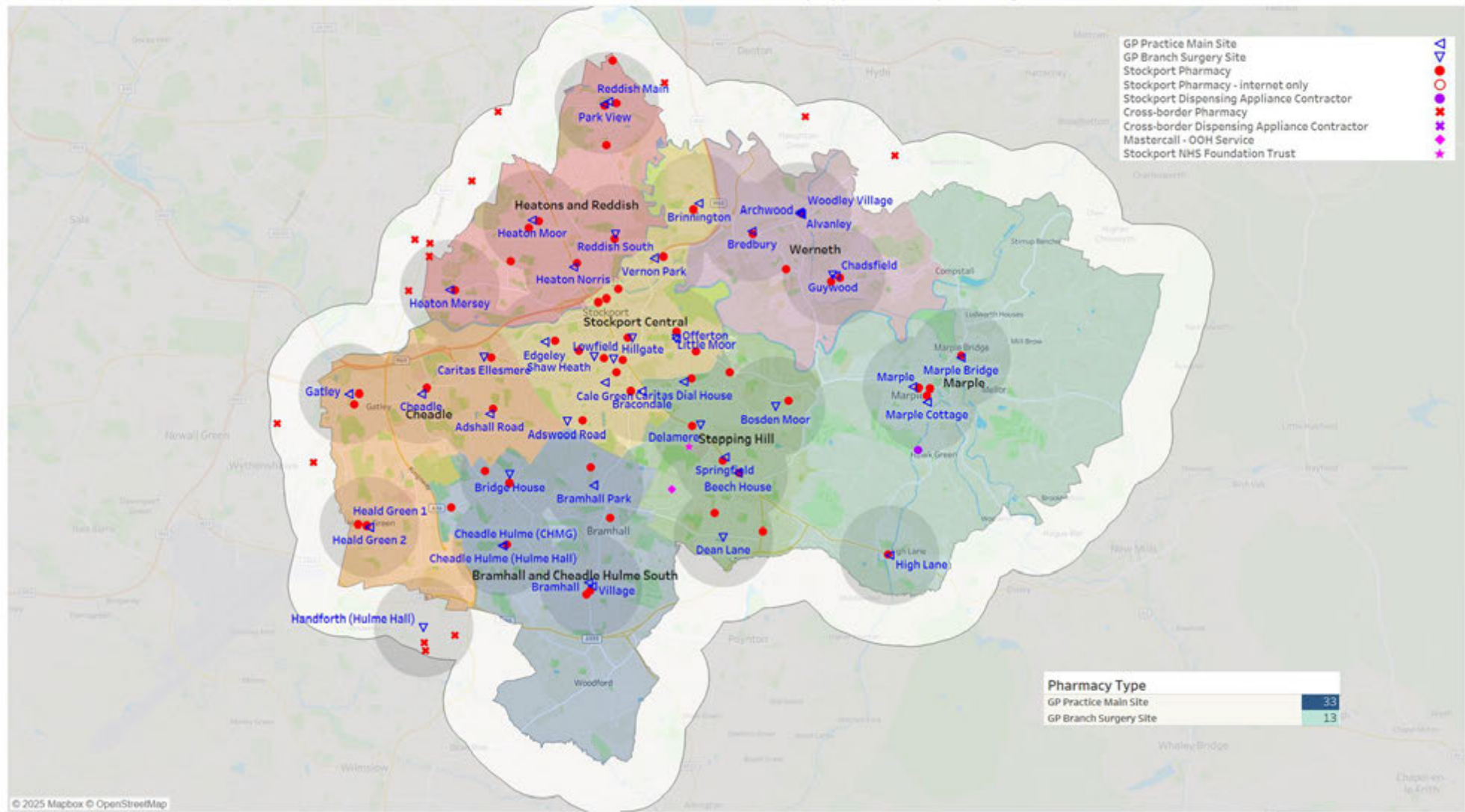
Map 07 - Location of Pharmacies by Type, showing new Housing Developments

Stockport PNA 2025: Map 07 - Location of Pharmacies by Type (with 1km buffers), showing new Housing Developments and their Size across Stockport Neighbourhoods



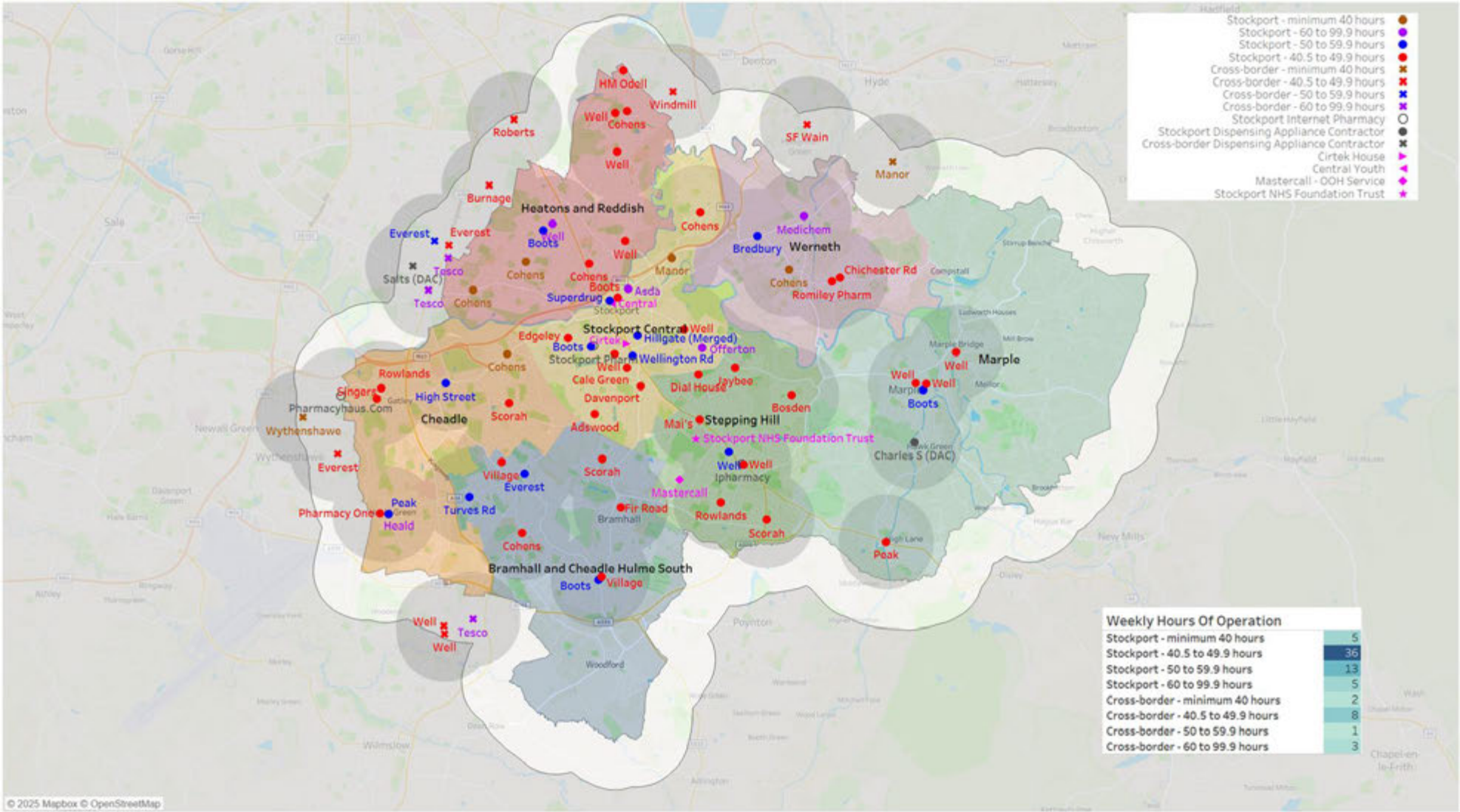
Map 08 - Location of GP Practices (and 1km radii) and Pharmacies by Type

Stockport PNA 2025: Map 08 - Location of GP Practices with 1km buffers and Pharmacies by Type in Stockport Neighbourhoods



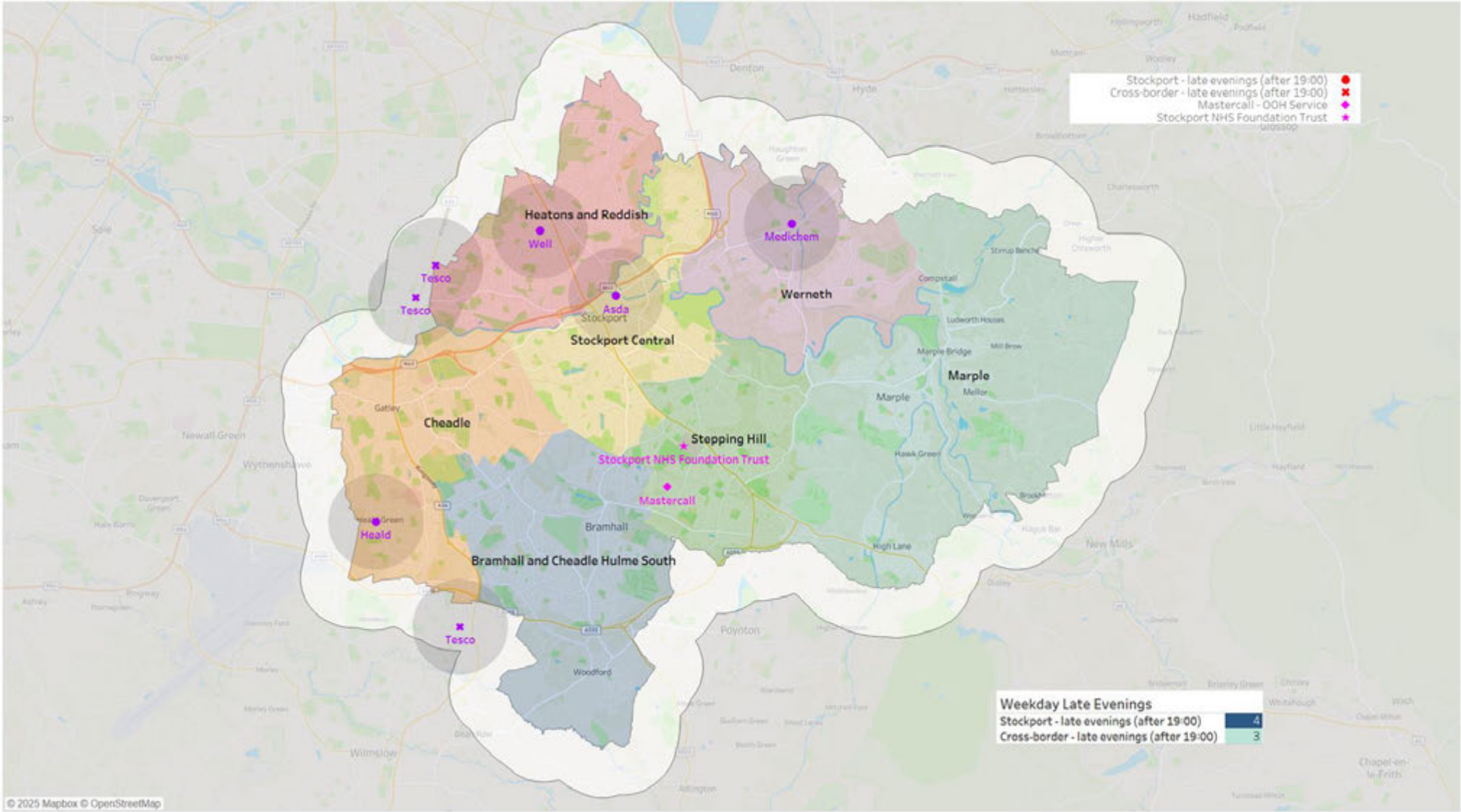
Map 09 - Location of Pharmacies with Hours of Operation

Stockport PNA 2025: Map 09 - Location of Pharmacies with Hours of Operation and 1km radii across Stockport Neighbourhoods



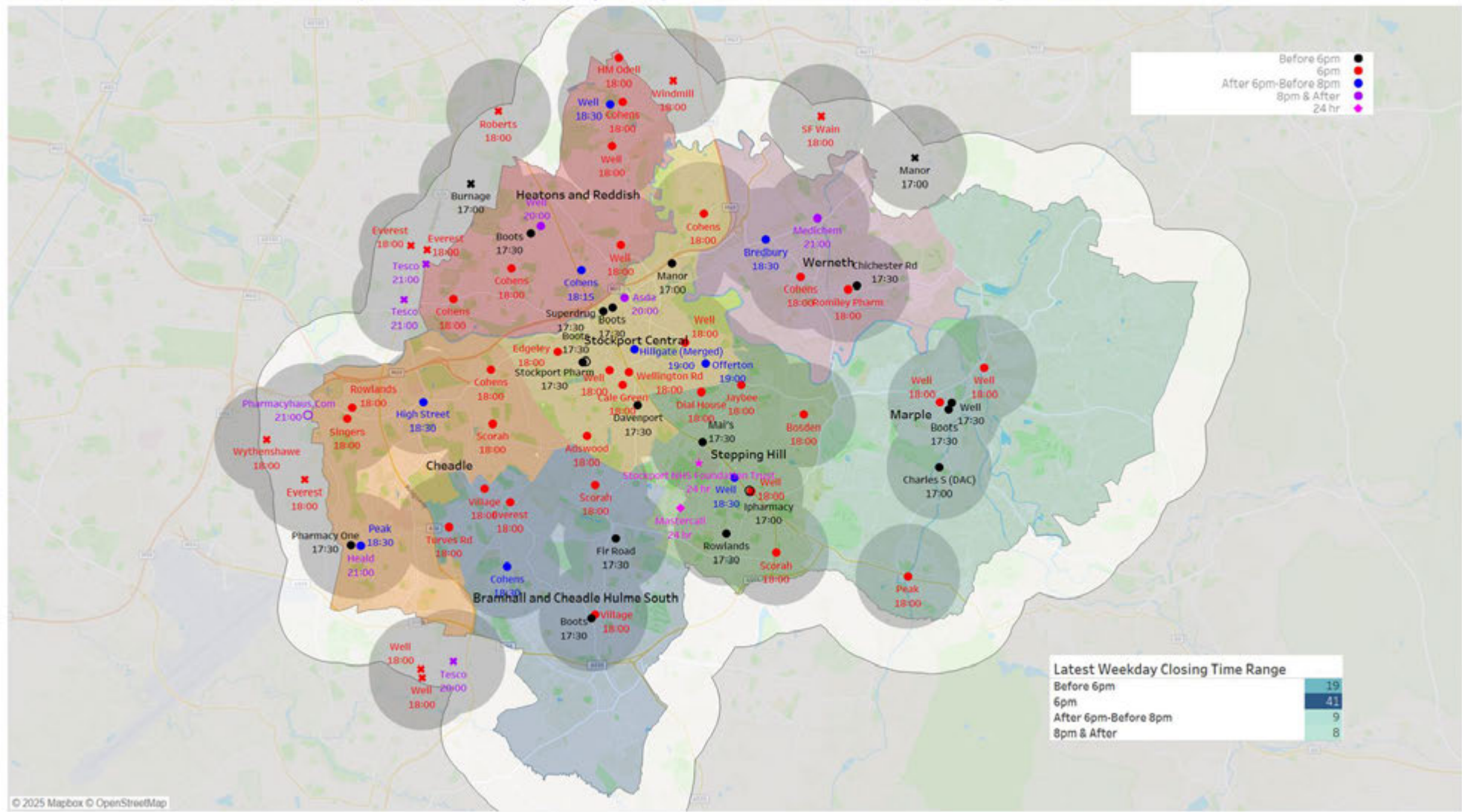
Map 10 - Location of Pharmacies with Late Evening Opening (after 19:00hrs)

Stockport PNA 2025: Map 10 - Location of Pharmacies with Late Evening Opening (after 19:00hrs) and 1km radii across Stockport Neighbourhoods



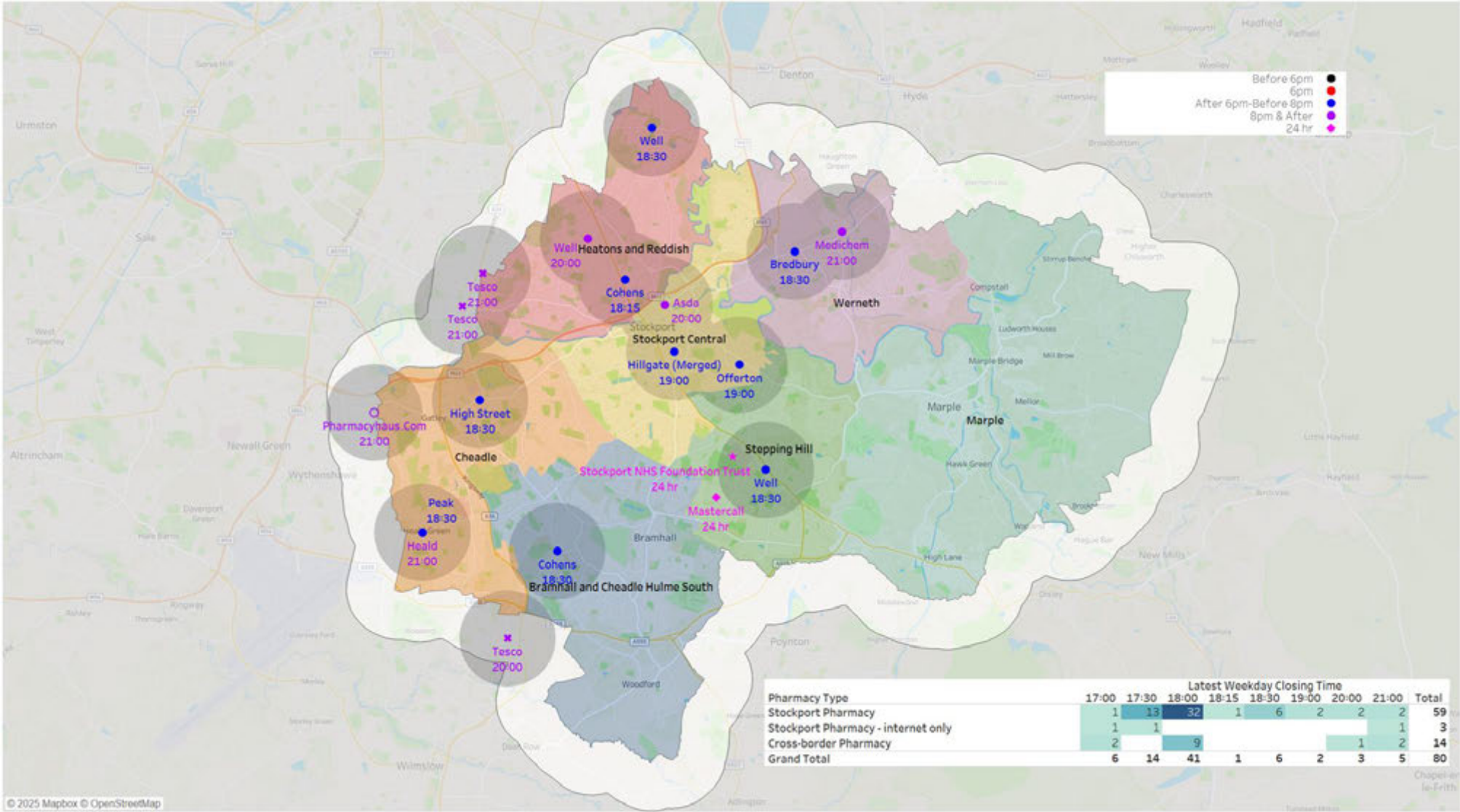
Map 11 - Location of Pharmacies showing latest Midweek (Mon-Fri) Closing Times

Stockport PNA 2025: Map 11 - Pharmacy Latest Midweek (Mon-Fri) Closing Times and 1km radii in Stockport Neighbourhoods



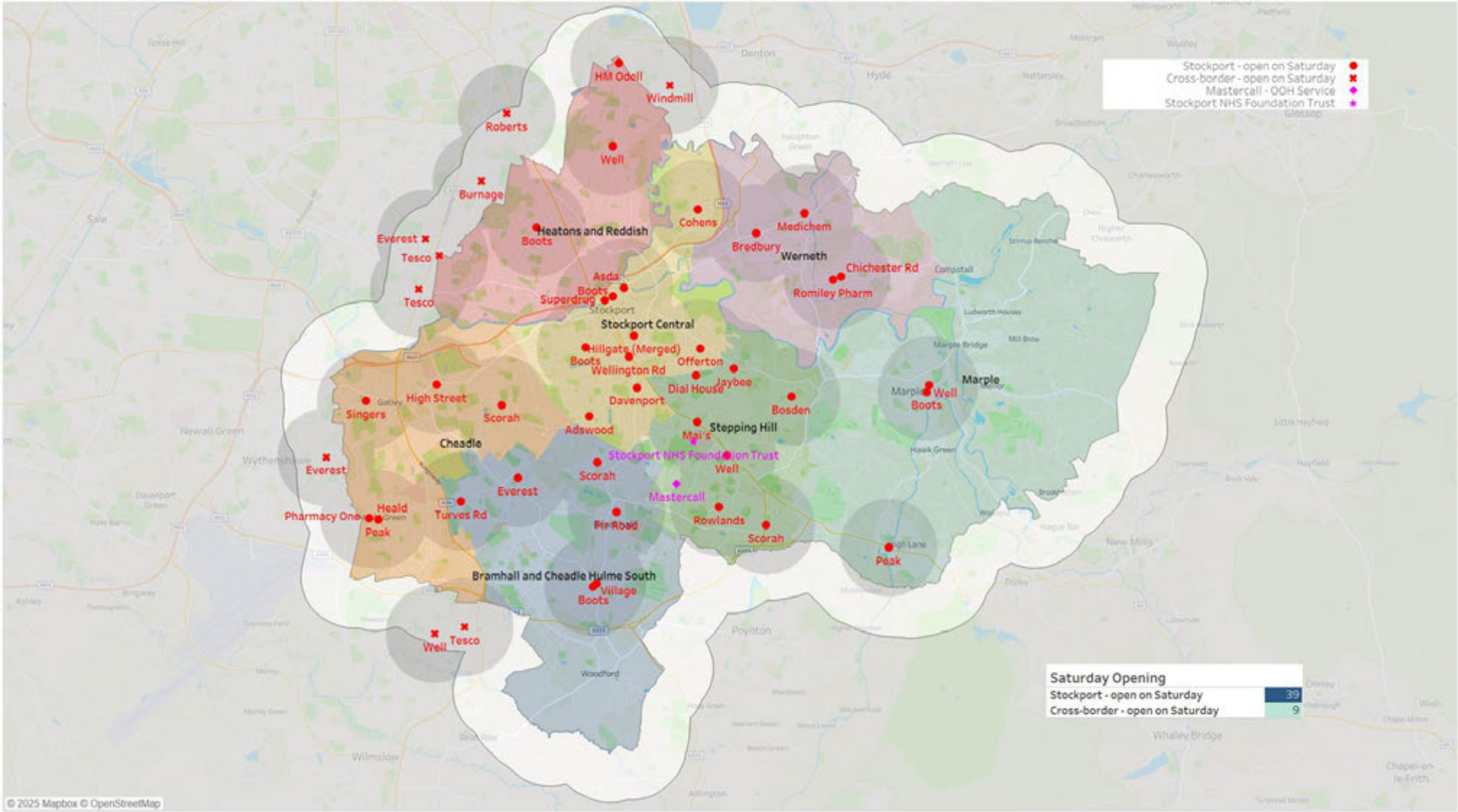
Map 12 – Location of Pharmacies with Late Evening Opening (after 18:00hrs)

Stockport PNA 2025: Map 12 - Pharmacies with Late Midweek (>6pm Mon-Fri) Closing Times and 1km radii in Stockport Neighbourhoods



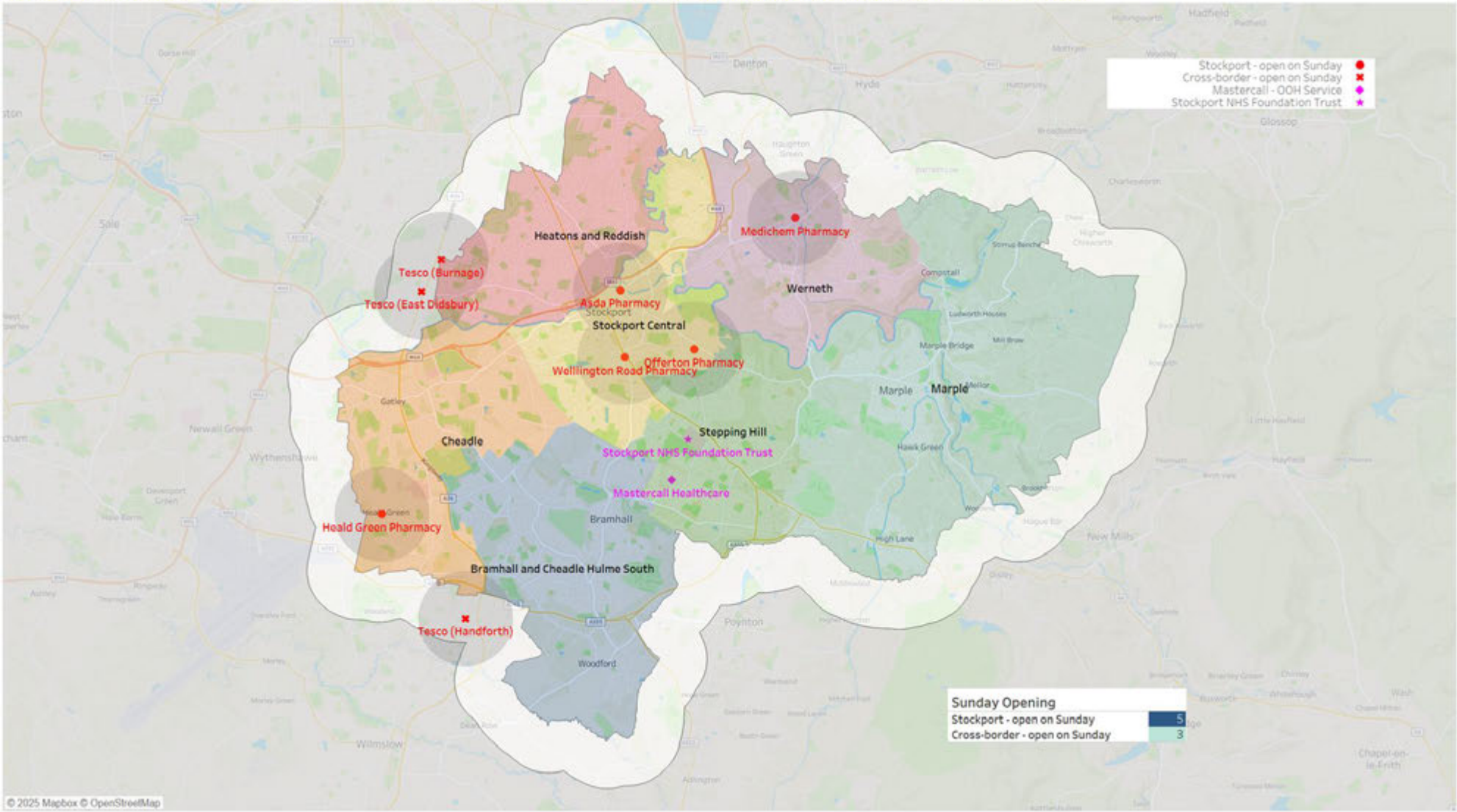
Map 13 - Location of Pharmacies with Saturday Opening

Stockport PNA 2025: Map 13 - Location of Pharmacies with Saturday Opening and 1km radii across Stockport Neighbourhoods



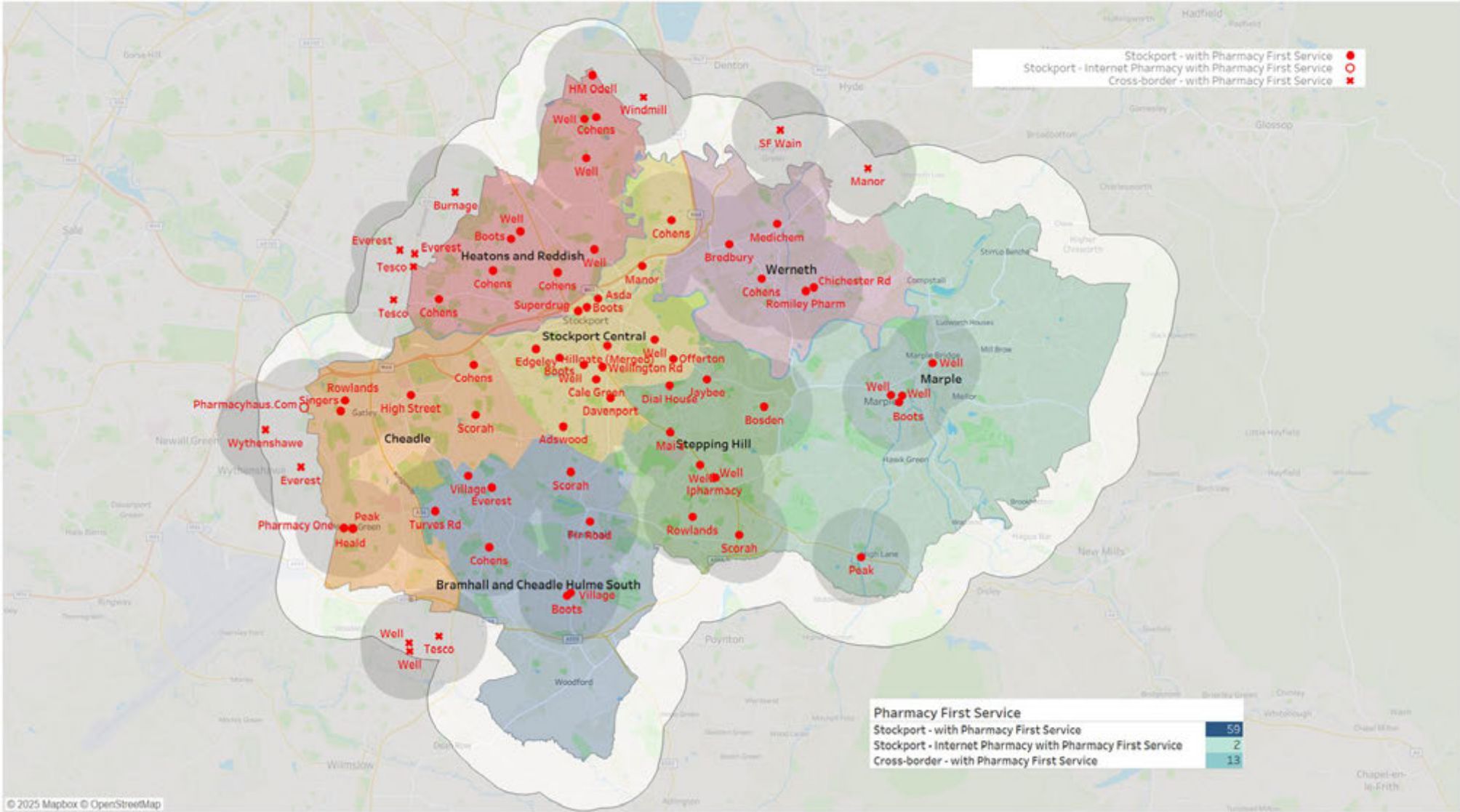
Map 14 - Location of Pharmacies with Sunday Opening

Stockport PNA 2025: Map 14 - Location of Pharmacies with Sunday Opening and 1km radii across Stockport Neighbourhoods



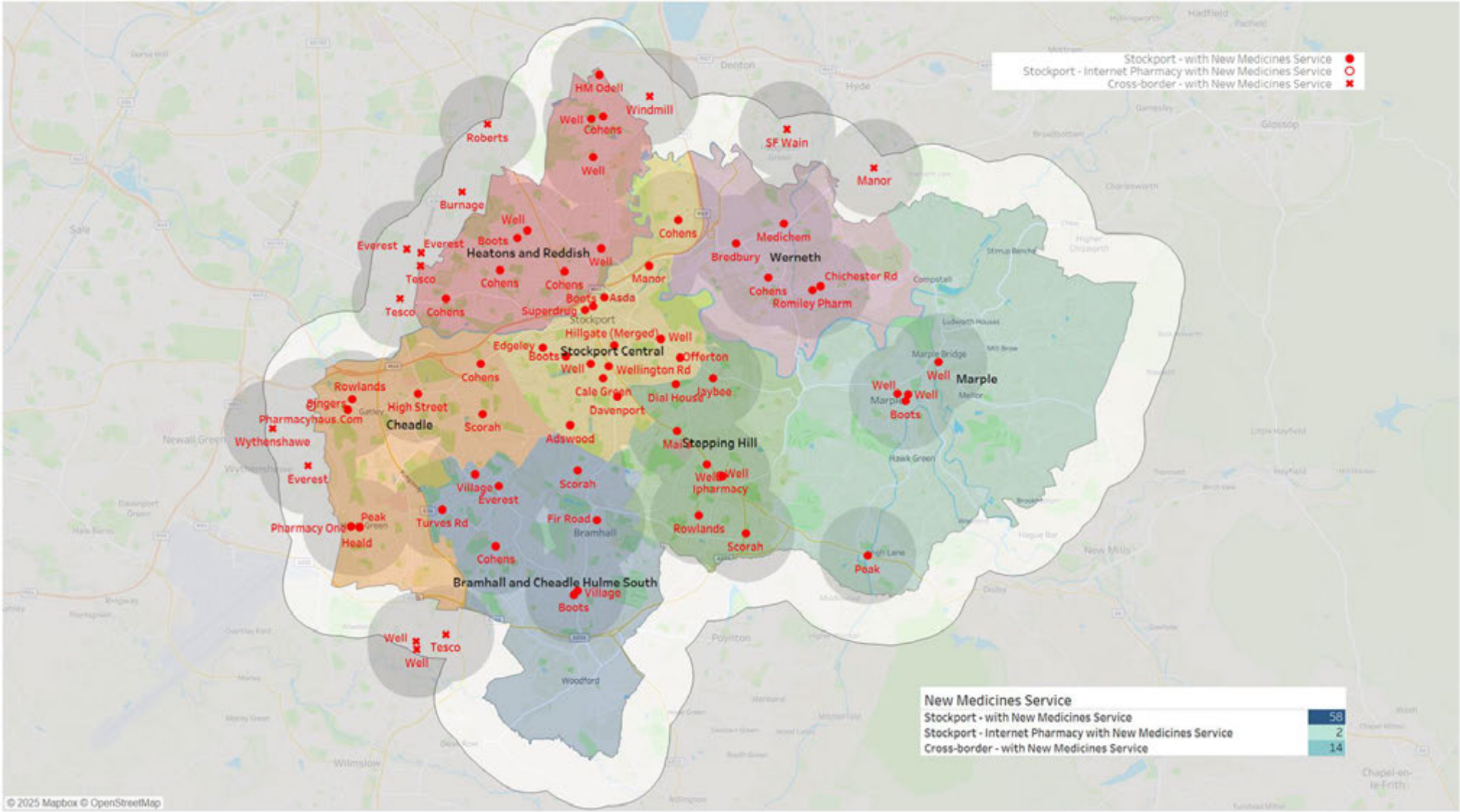
Map 15 - Location of Pharmacies providing Pharmacy First Service

Stockport PNA 2025: Map 15 - Location of Pharmacies providing Pharmacy First Service (and 1km radii) in Stockport Neighbourhoods



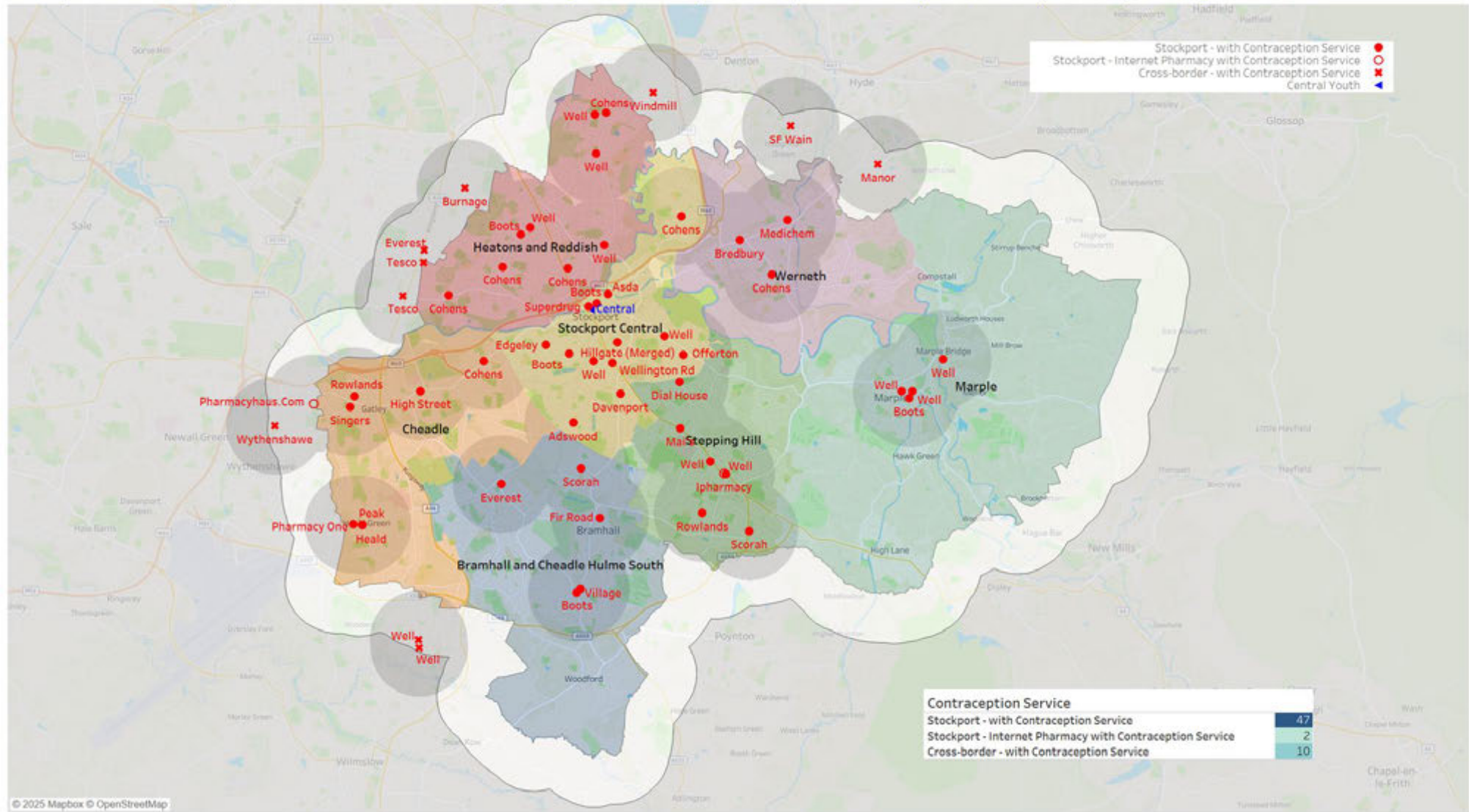
Map 16 - Location of Pharmacies providing New Medicines Service

Stockport PNA 2025: Map 16 - Location of Pharmacies providing New Medicines Service (and 1km radii) in Stockport Neighbourhoods



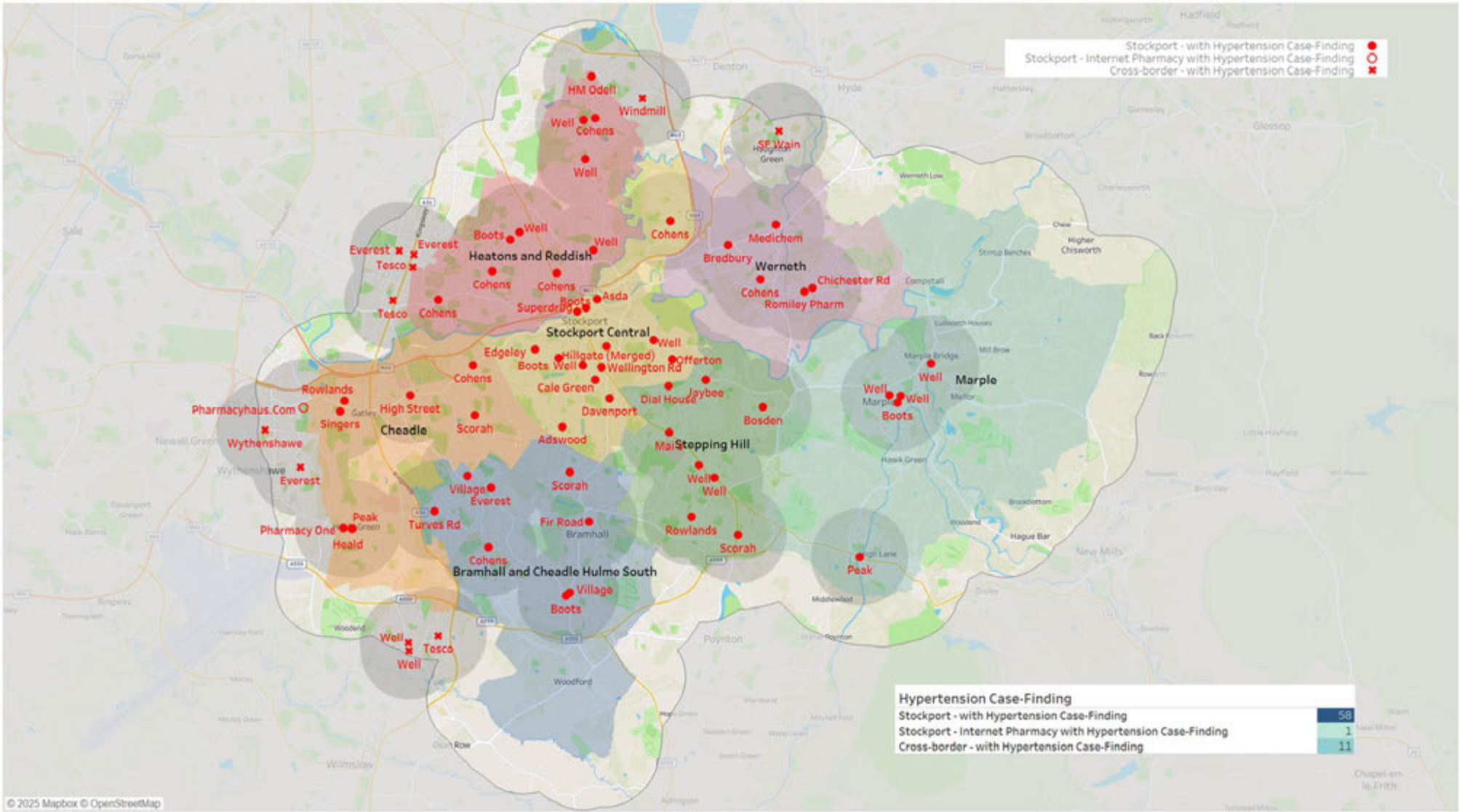
Map 17 - Location of Pharmacies providing NHS Pharmacy Contraception Service

Stockport PNA 2025: Map 17 - Location of Pharmacies providing NHS Pharmacy Contraception Service (and 1km radii) in Stockport Neighbourhoods



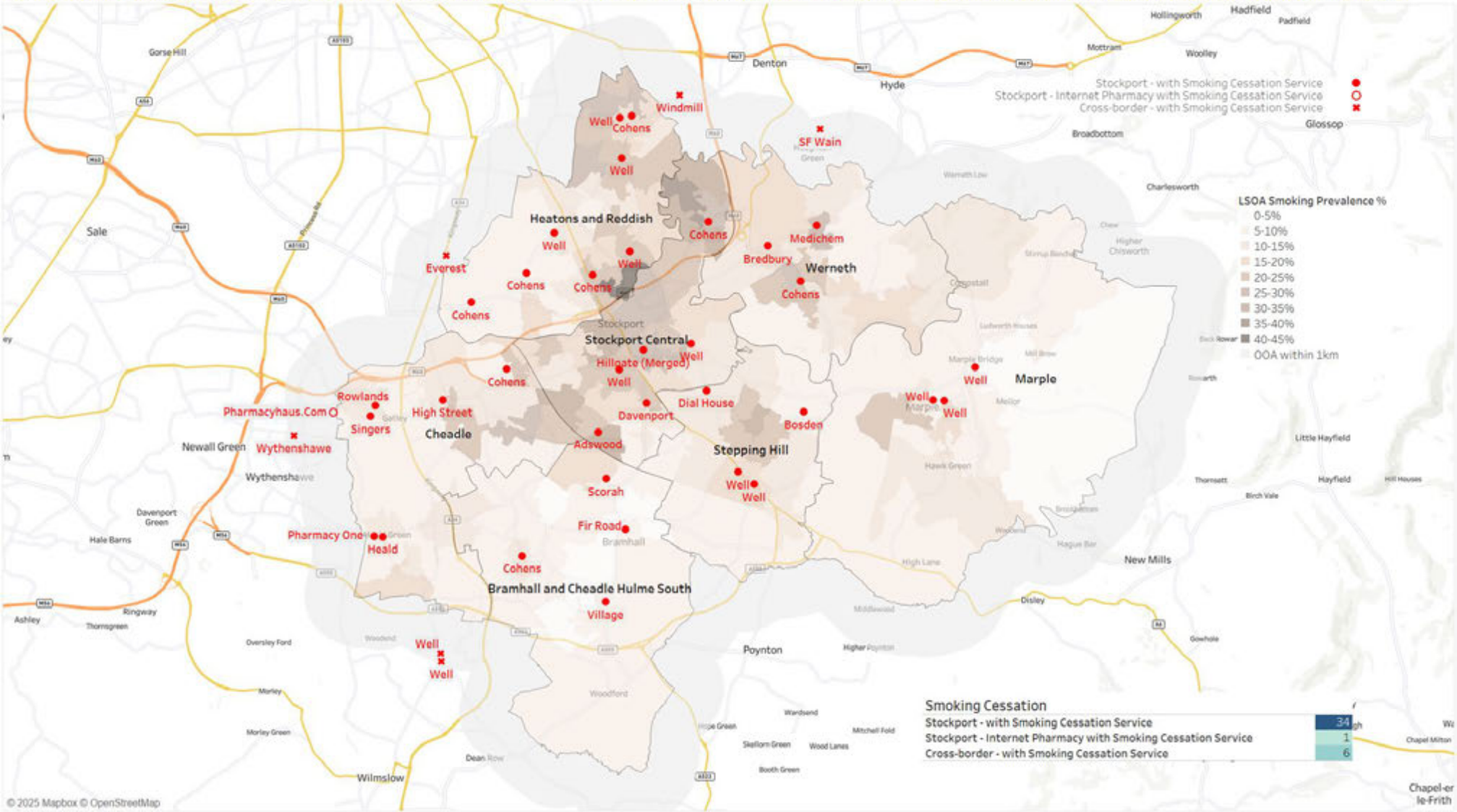
Map 18 - Location of Pharmacies providing Hypertension Case-Finding Service

Stockport PNA 2025: Map 18 - Location of Pharmacies providing Hypertension Case-Finding Service (and 1km radii) in Stockport Neighbourhoods



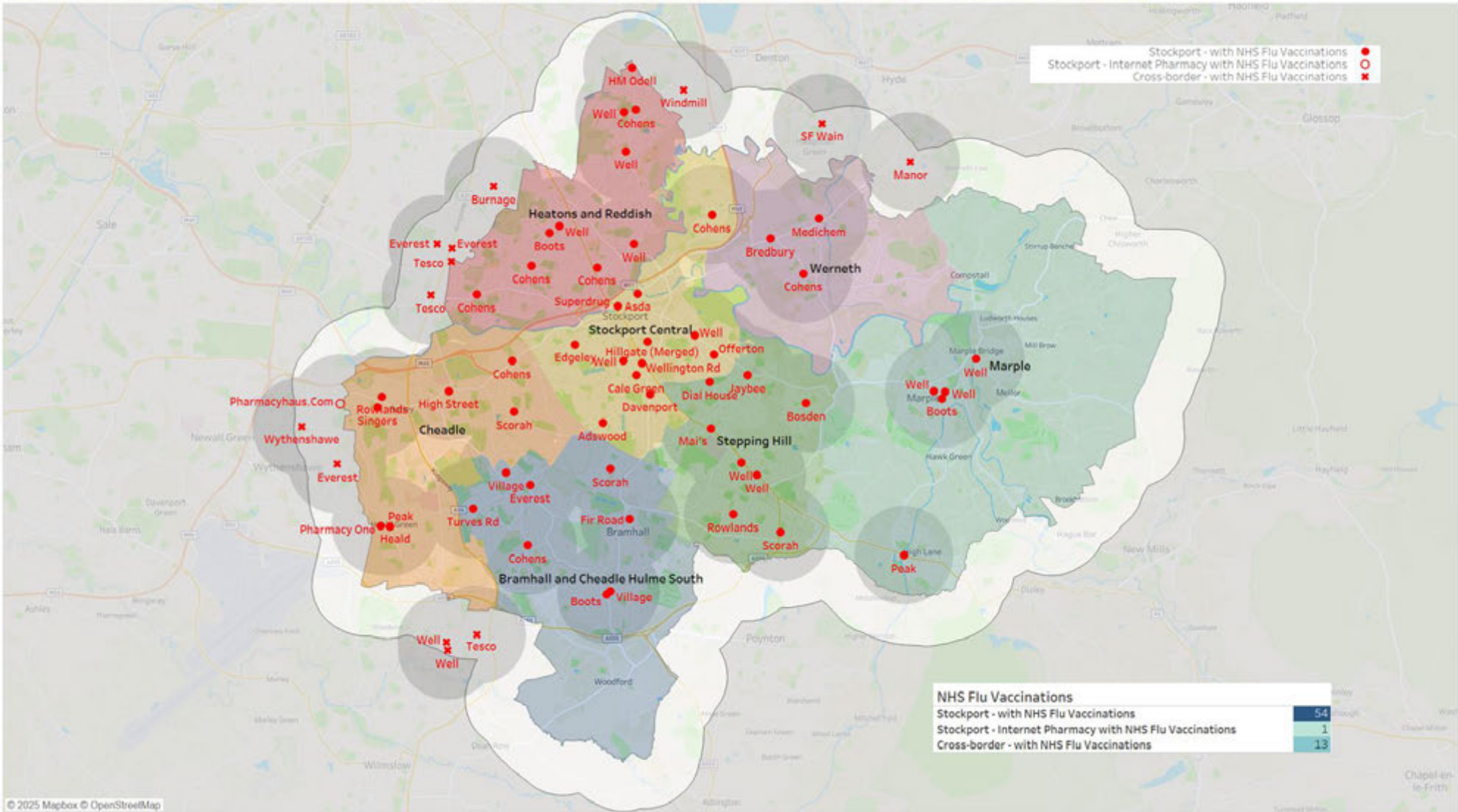
Map 19 - Location of Pharmacies providing Smoking Cessation Service with local levels of Smoking Prevalence

Stockport PNA 2025: Map 19 - Location of Pharmacies providing Smoking Cessation Service with local levels of Smoking Prevalence in Stockport Neighbourhoods



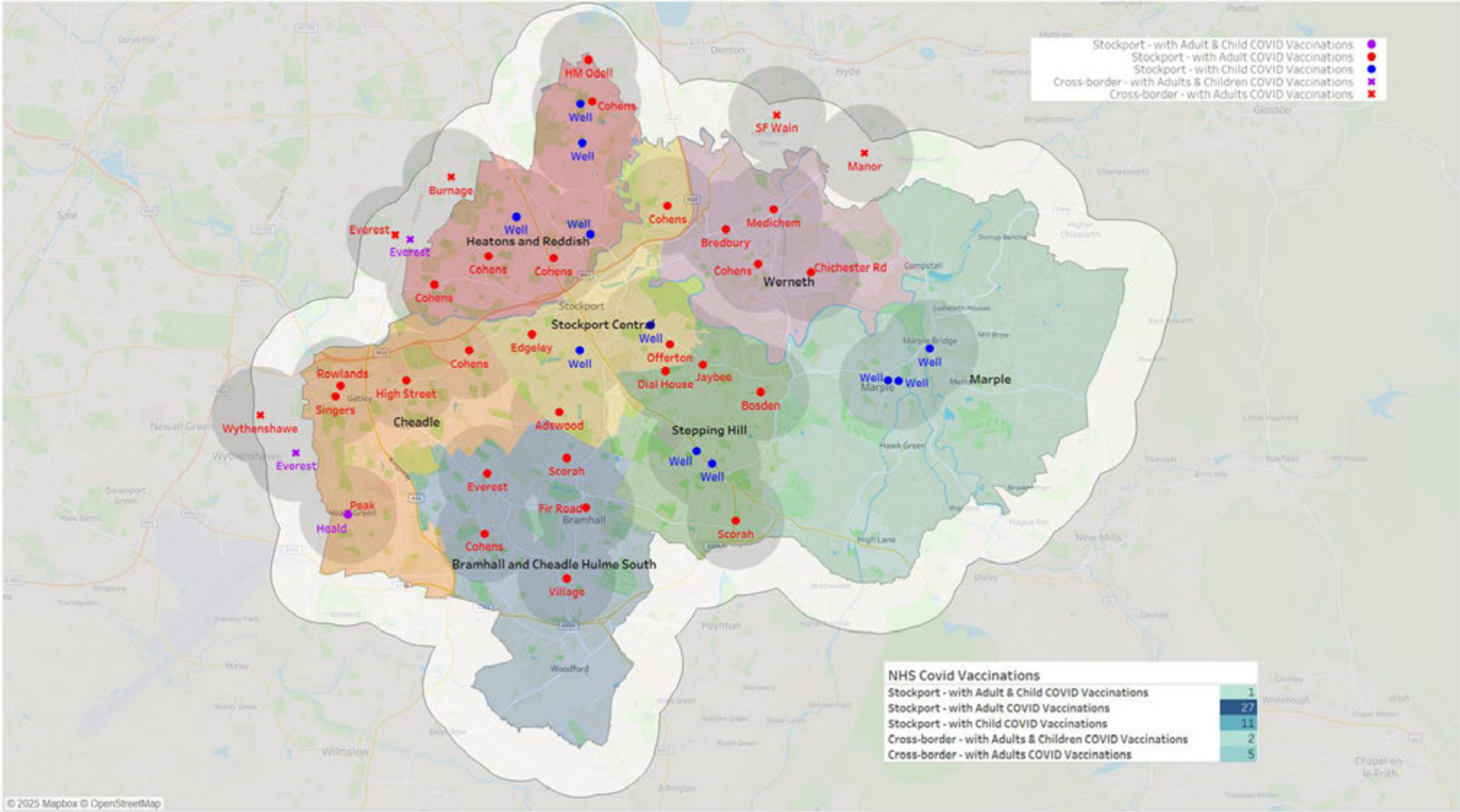
Map 20 - Location of Pharmacies providing NHS Flu Vaccinations

Stockport PNA 2025: Map 20 - Location of Pharmacies providing NHS Flu Vaccinations (and 1km radii) in Stockport Neighbourhoods



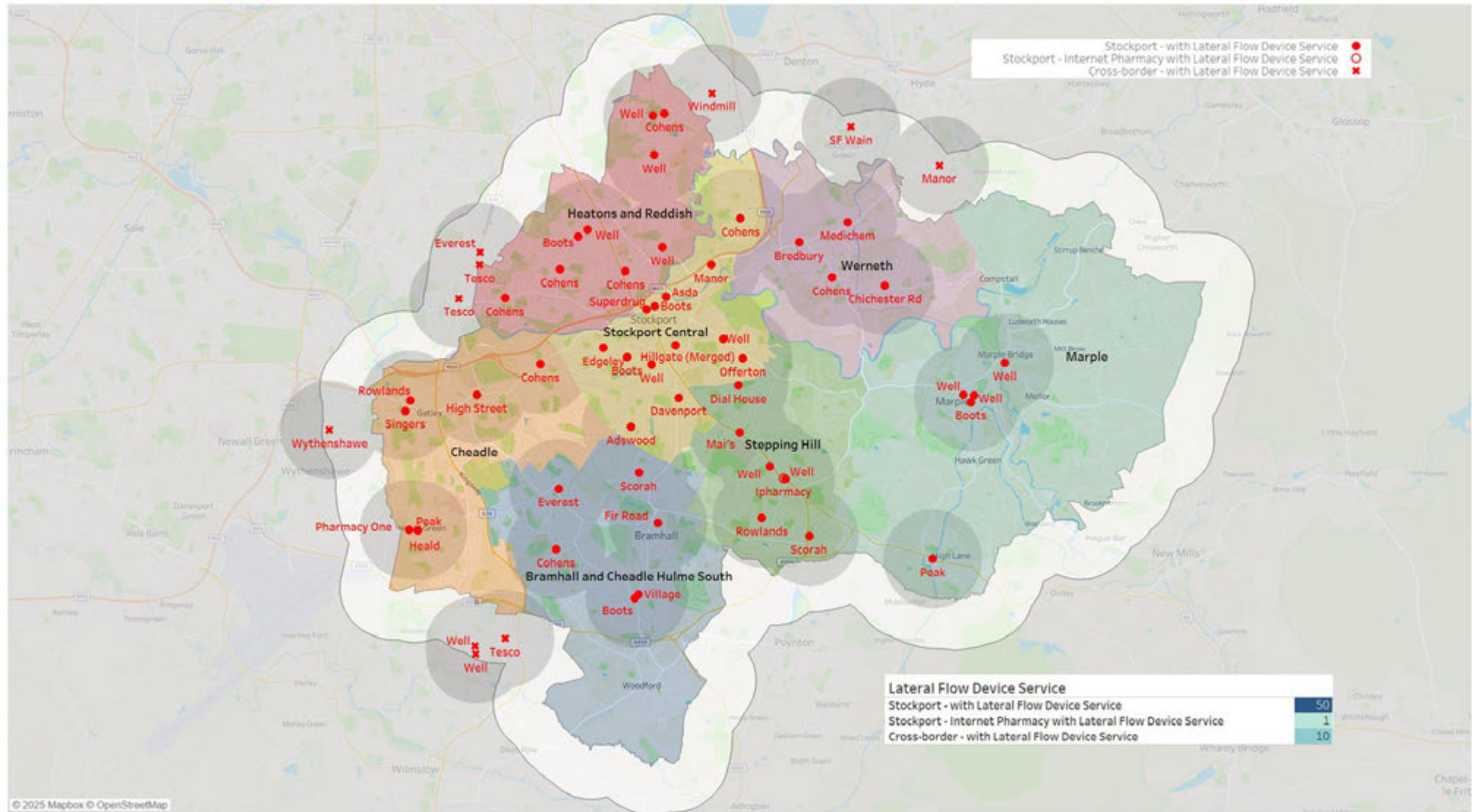
Map 21 - Location of Pharmacies providing NHS COVID Vaccinations

Stockport PNA 2025: Map 21 - Location of Pharmacies providing NHS COVID Vaccinations (and 1km radii) in Stockport Neighbourhoods



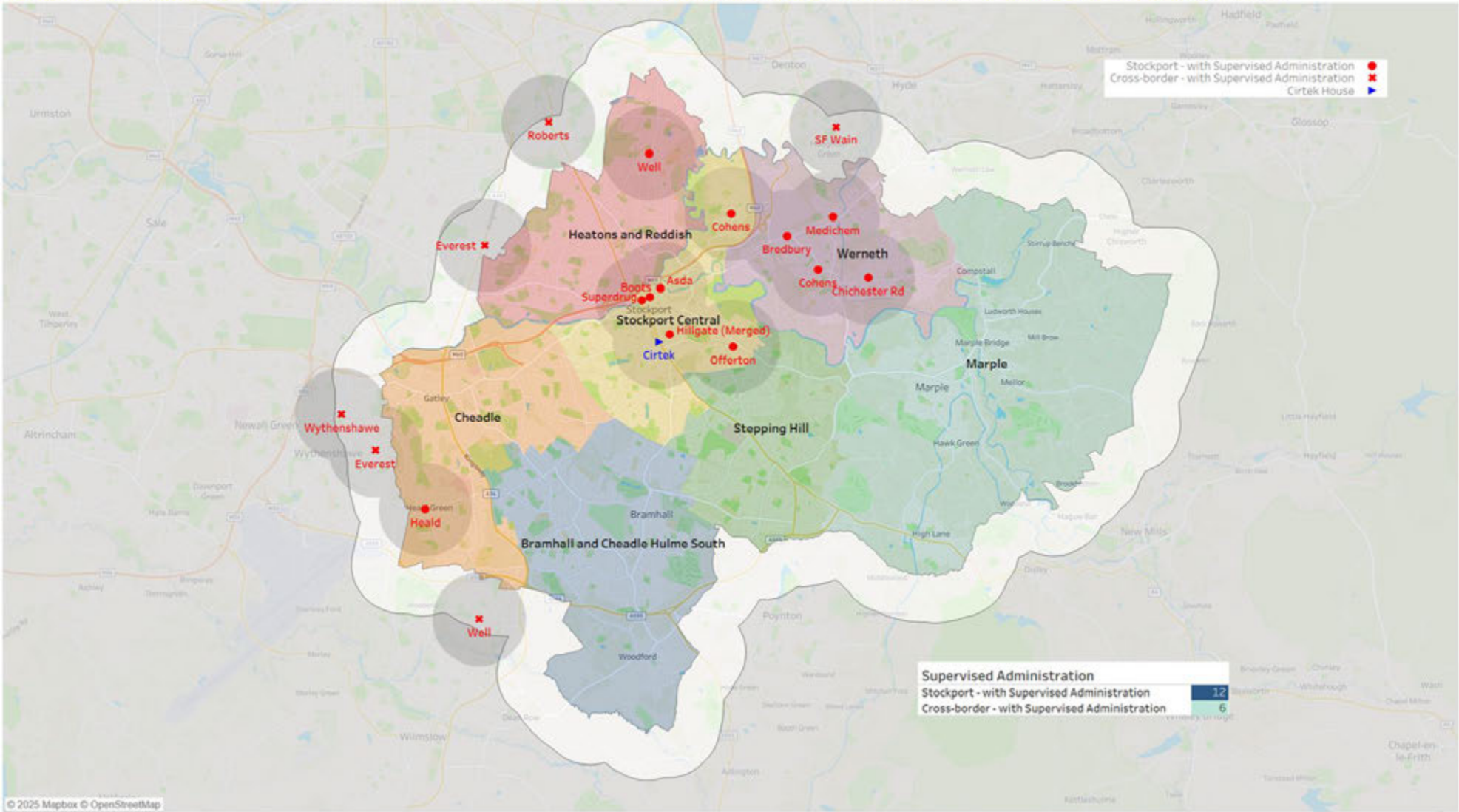
Map 22 - Location of Pharmacies providing Lateral Flow Device Service

Stockport PNA 2025: Map 22 - Location of Pharmacies providing Lateral Flow Device Service (and 1km radii) in Stockport Neighbourhoods



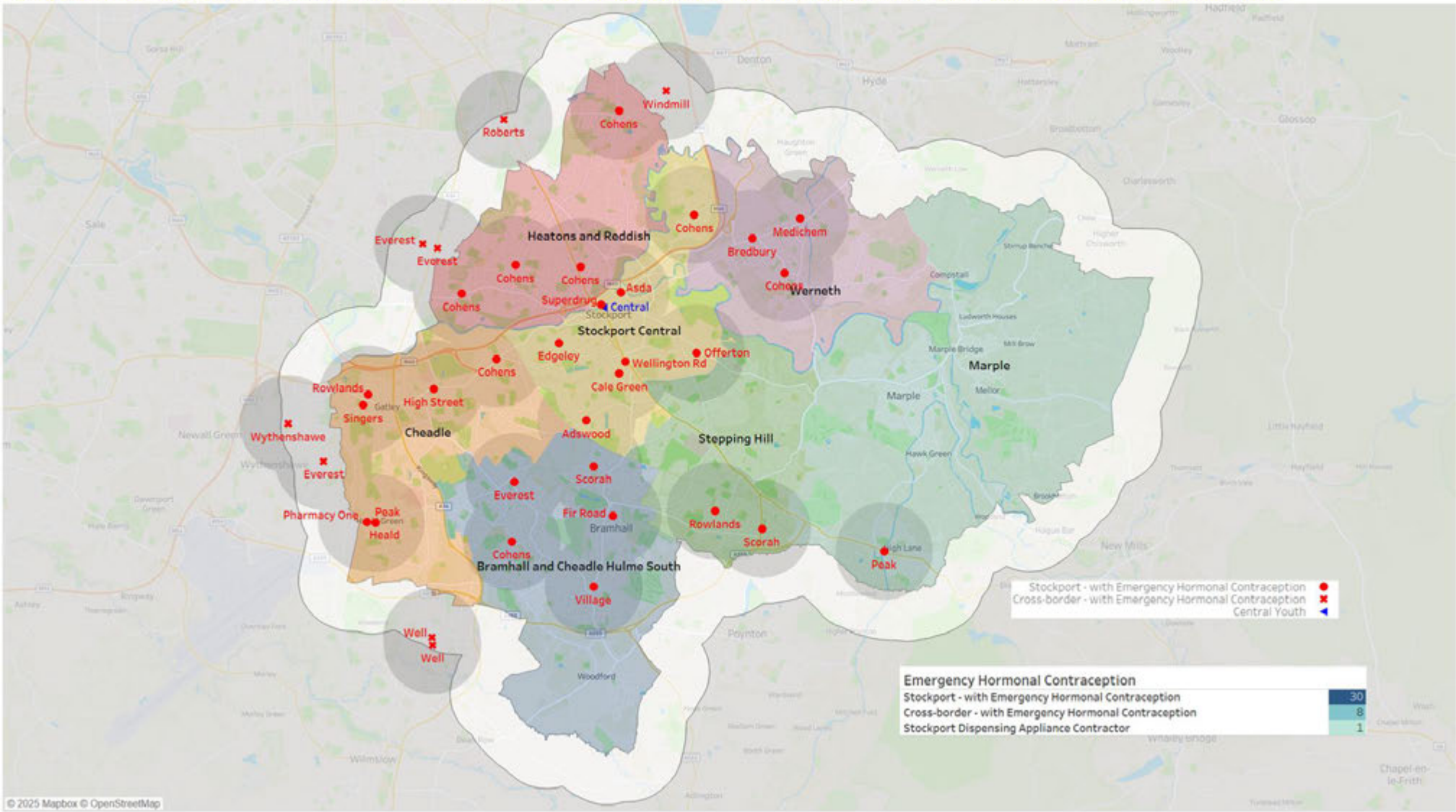
Map 23 - Location of Pharmacies providing Supervised Administration Services

Stockport PNA 2025: Map 23 - Location of Pharmacies providing Supervised Administration Services (and 1km radii) in Stockport Neighbourhoods



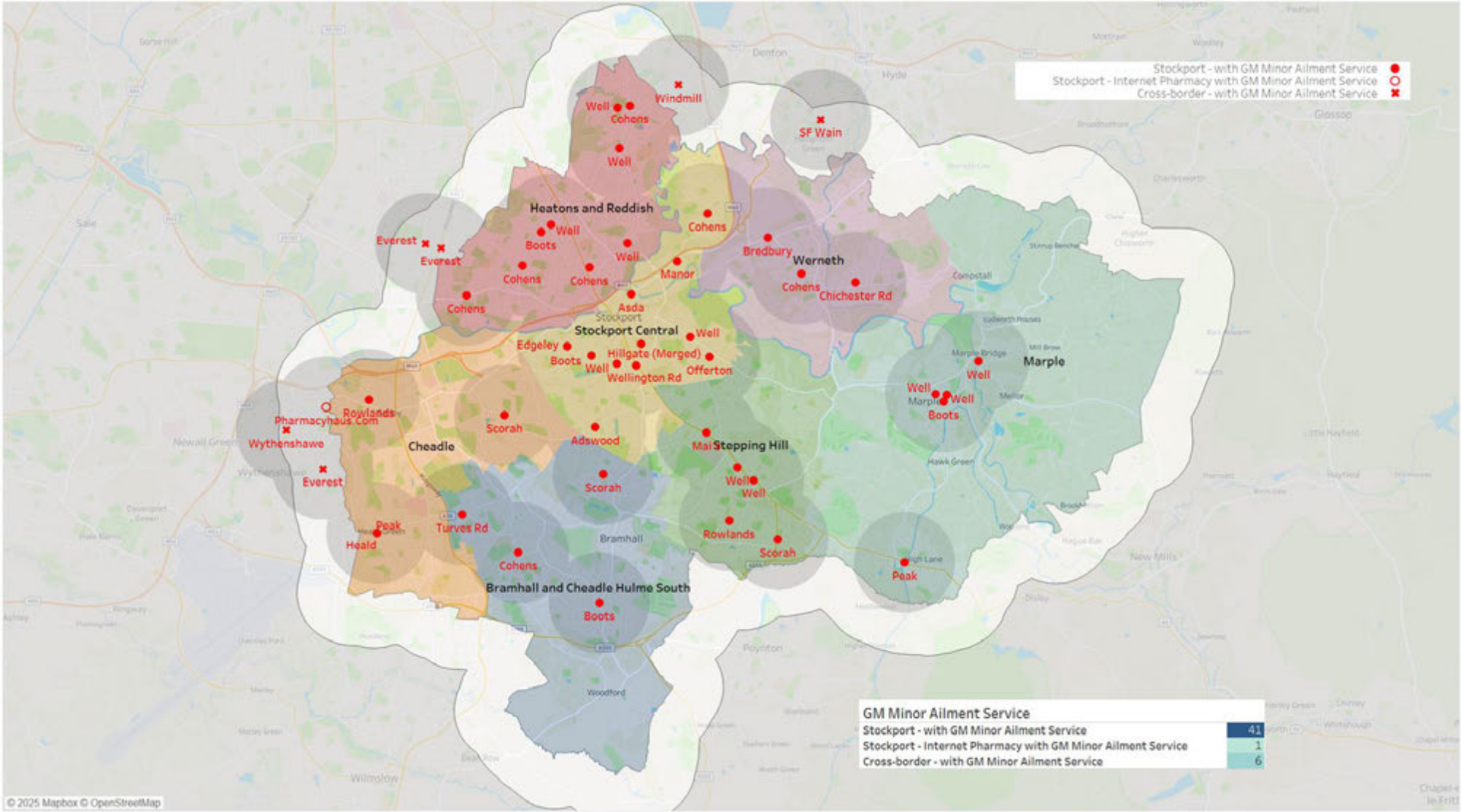
Map 25 - Location of Pharmacies providing Emergency Hormonal Contraception

Stockport PNA 2025: Map 25 - Location of Pharmacies providing Emergency Hormonal Contraception (and 1km radii) in Stockport Neighbourhoods



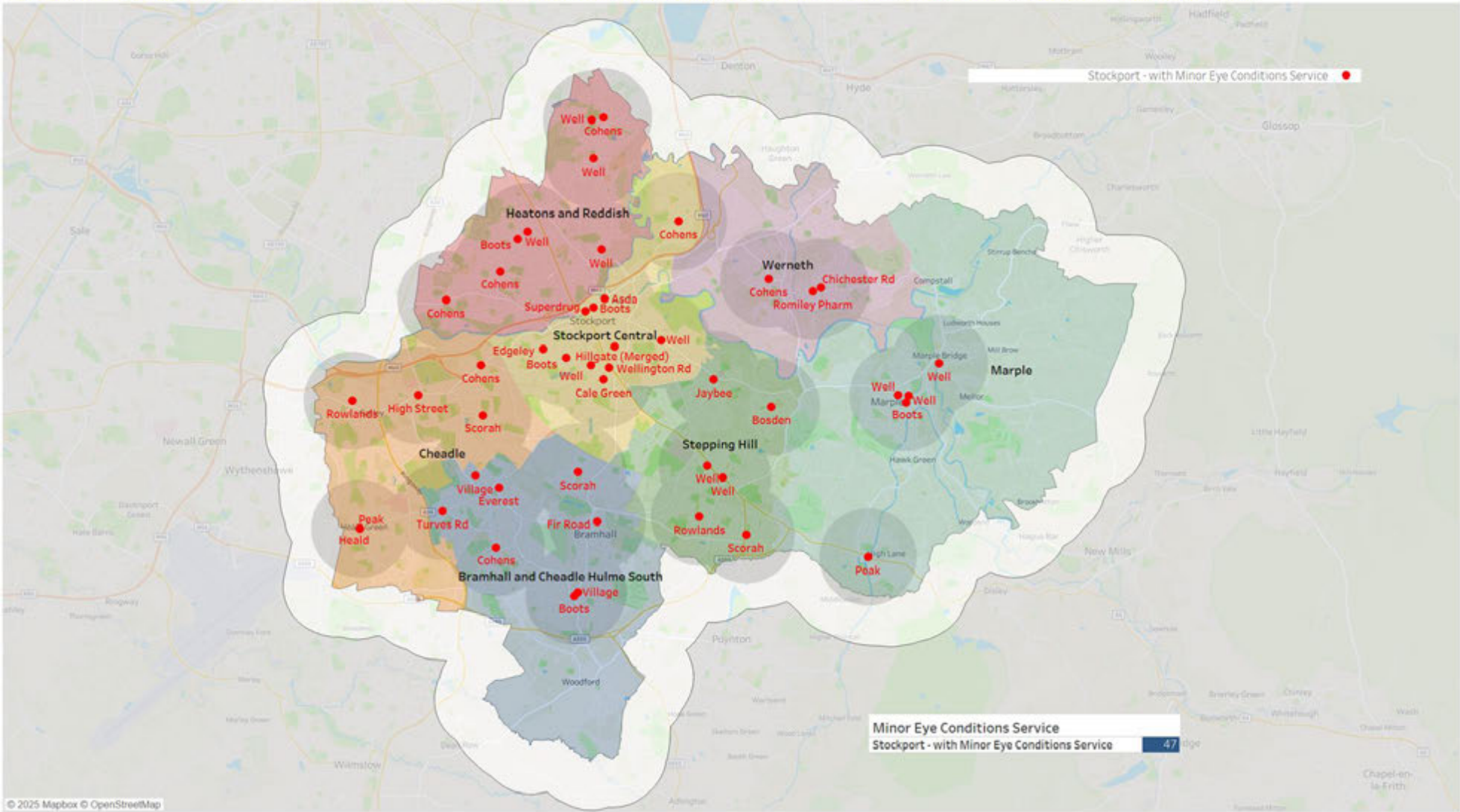
Map 26 - Location of Pharmacies providing Minor Ailment Service

Stockport PNA 2025: Map 26 - Location of Pharmacies providing Minor Ailment Service (and 1km radii) in Stockport Neighbourhoods



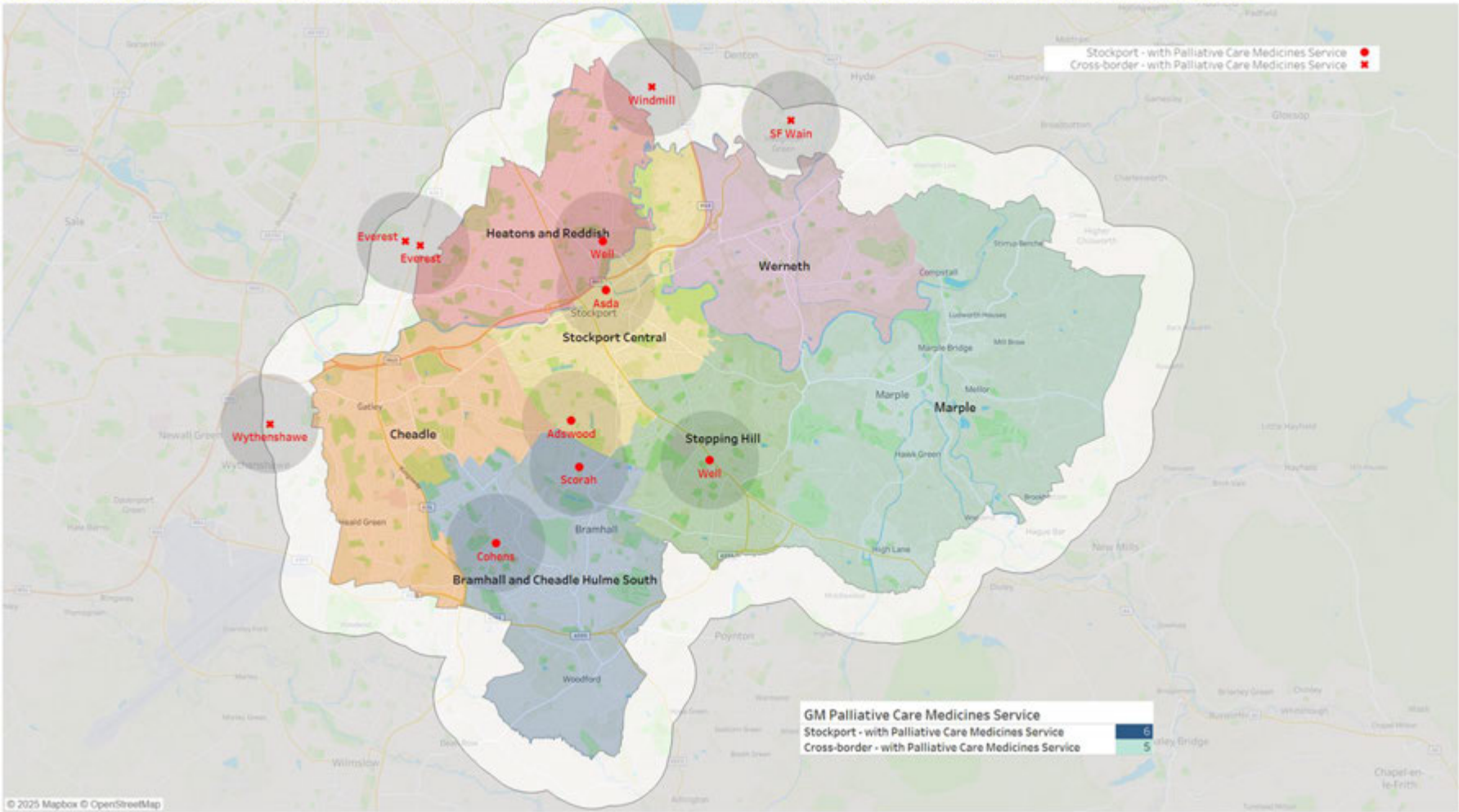
Map 27 - Location of Pharmacies providing GM Minor Eye Conditions Service

Stockport PNA 2025: Map 27 - Location of Pharmacies providing GM Minor Eye Conditions Service (and 1km radii) in Stockport Neighbourhoods



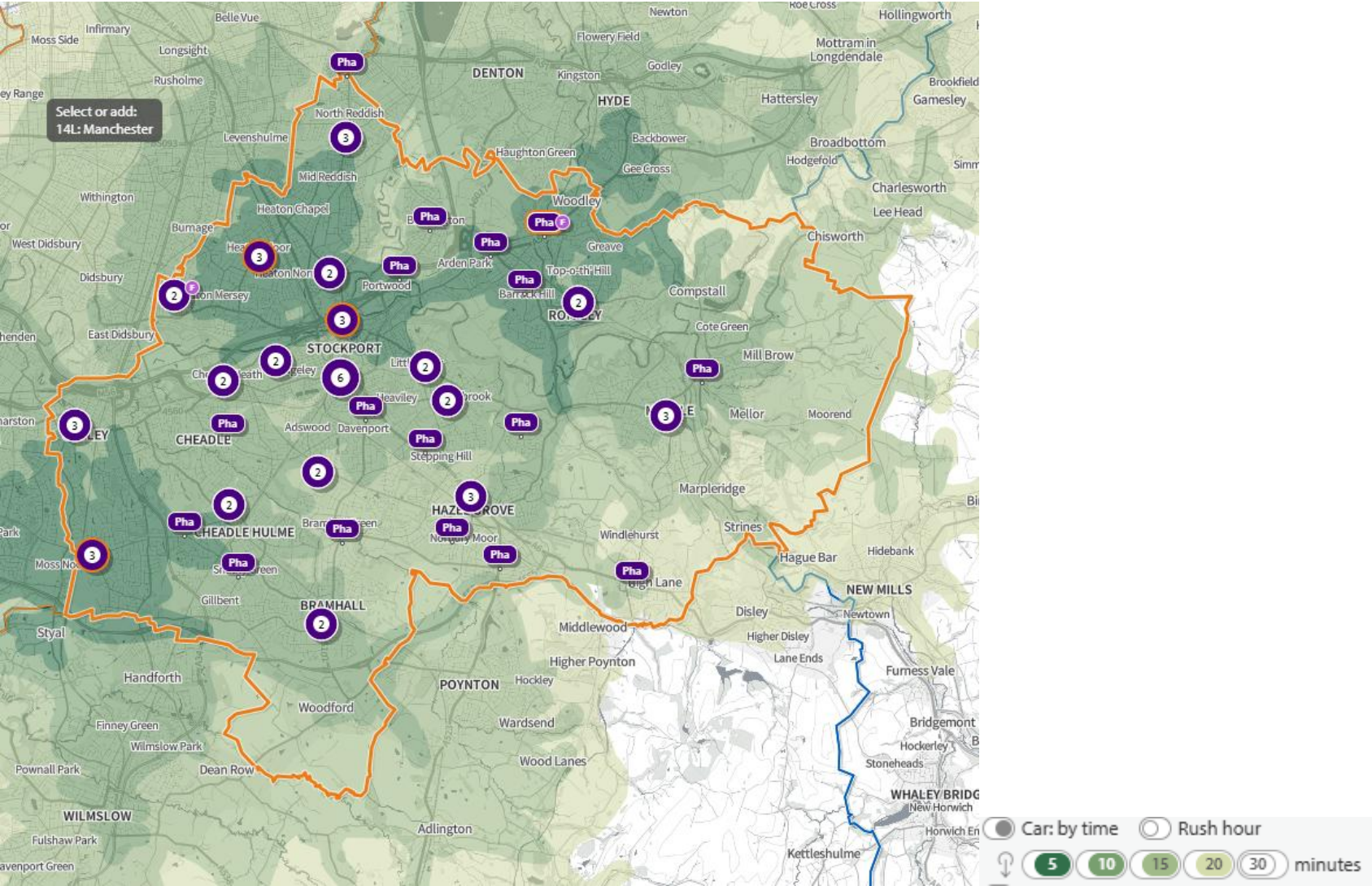
Map 28 - Location of Pharmacies providing Palliative Care Medicines Service

Stockport PNA 2025: Map 28 - Location of Pharmacies providing Palliative Care Medicines Service (and 1km radii) in Stockport Neighbourhoods

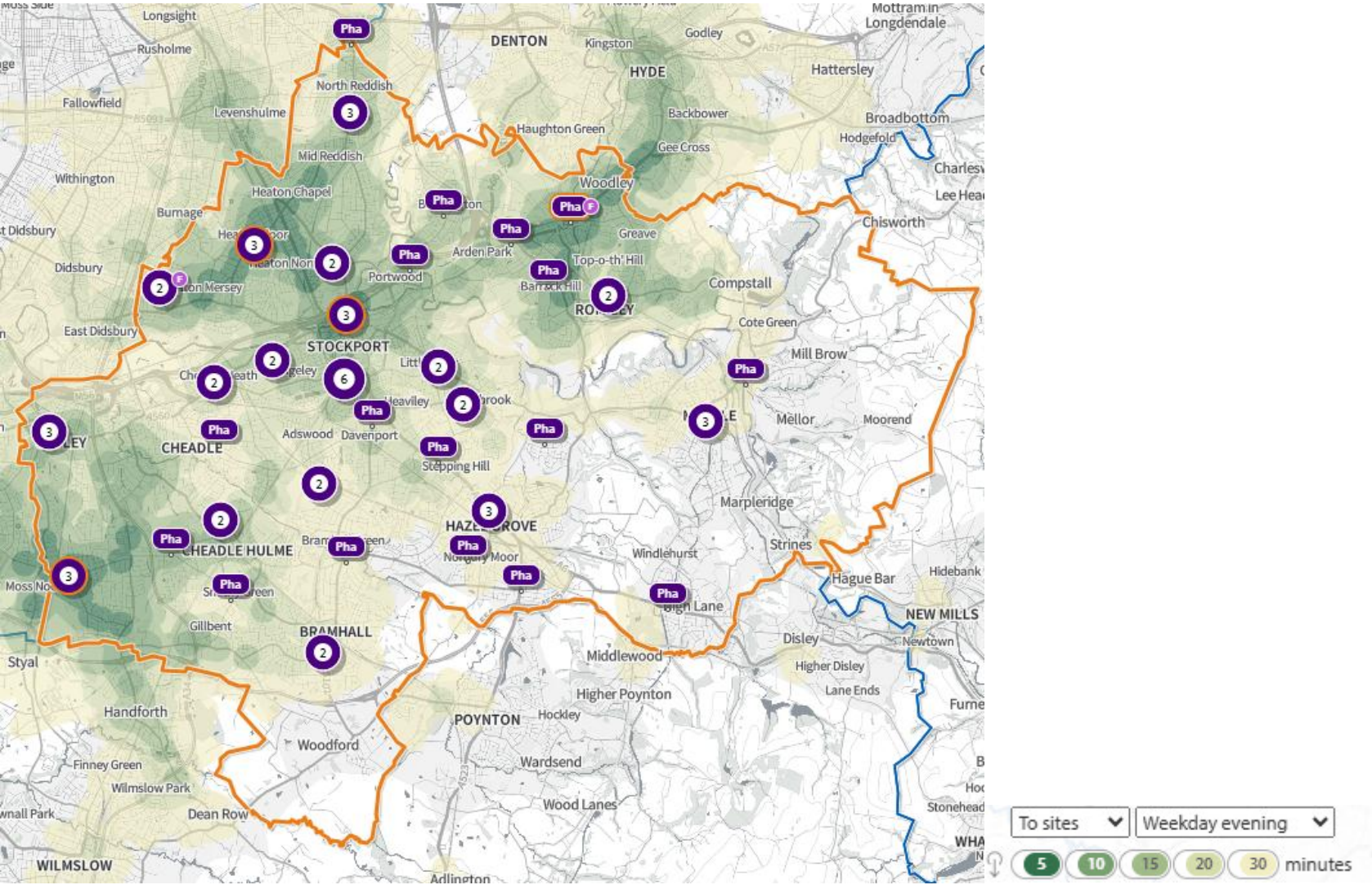


In addition to this commissioned service, it should be noted that many community pharmacies hold supplies of palliative care medicines within their stocks of general pharmaceuticals.

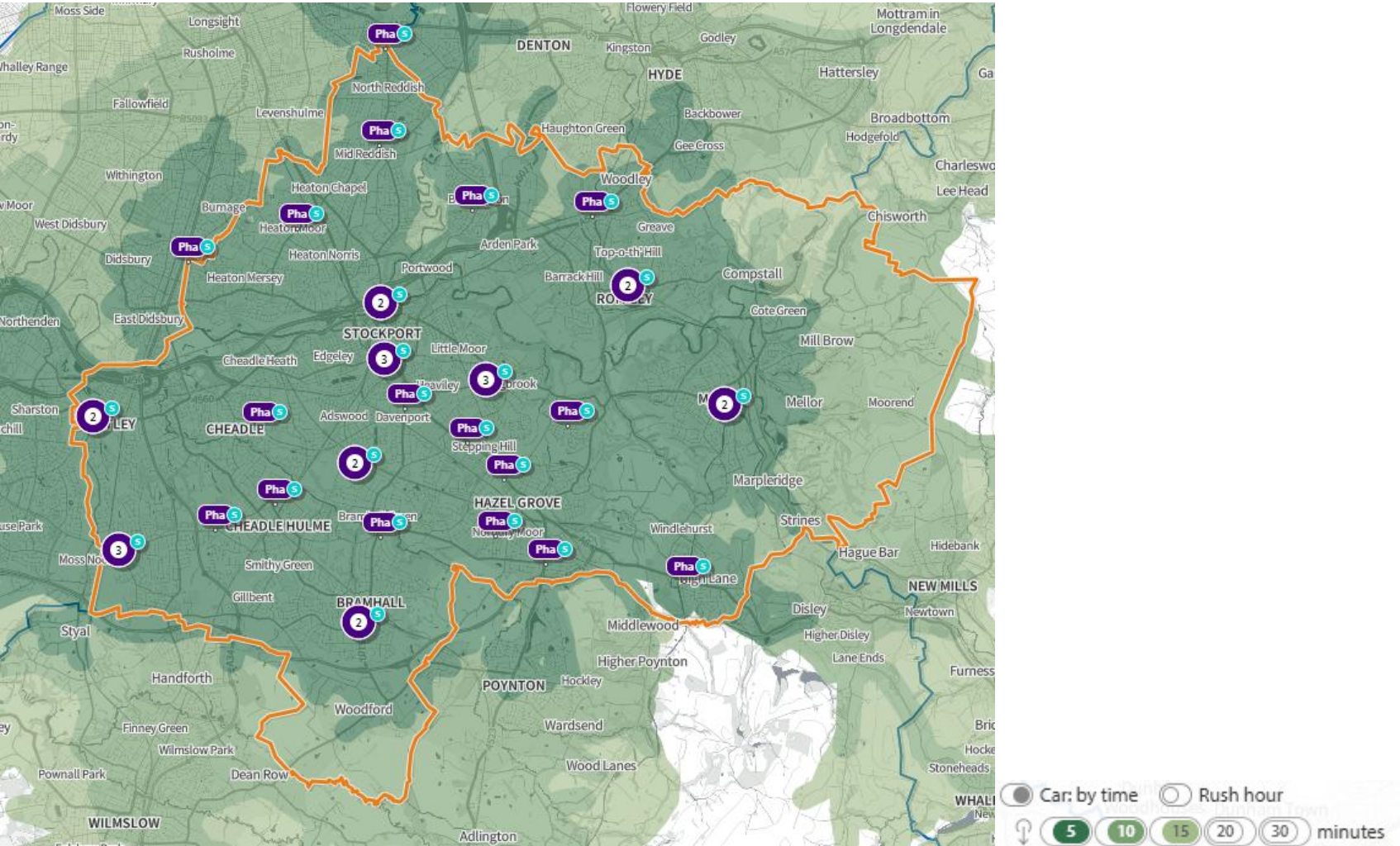
Map 29 – Drive time (car) to Pharmacies with Late Evening Opening (after 19:00hrs)



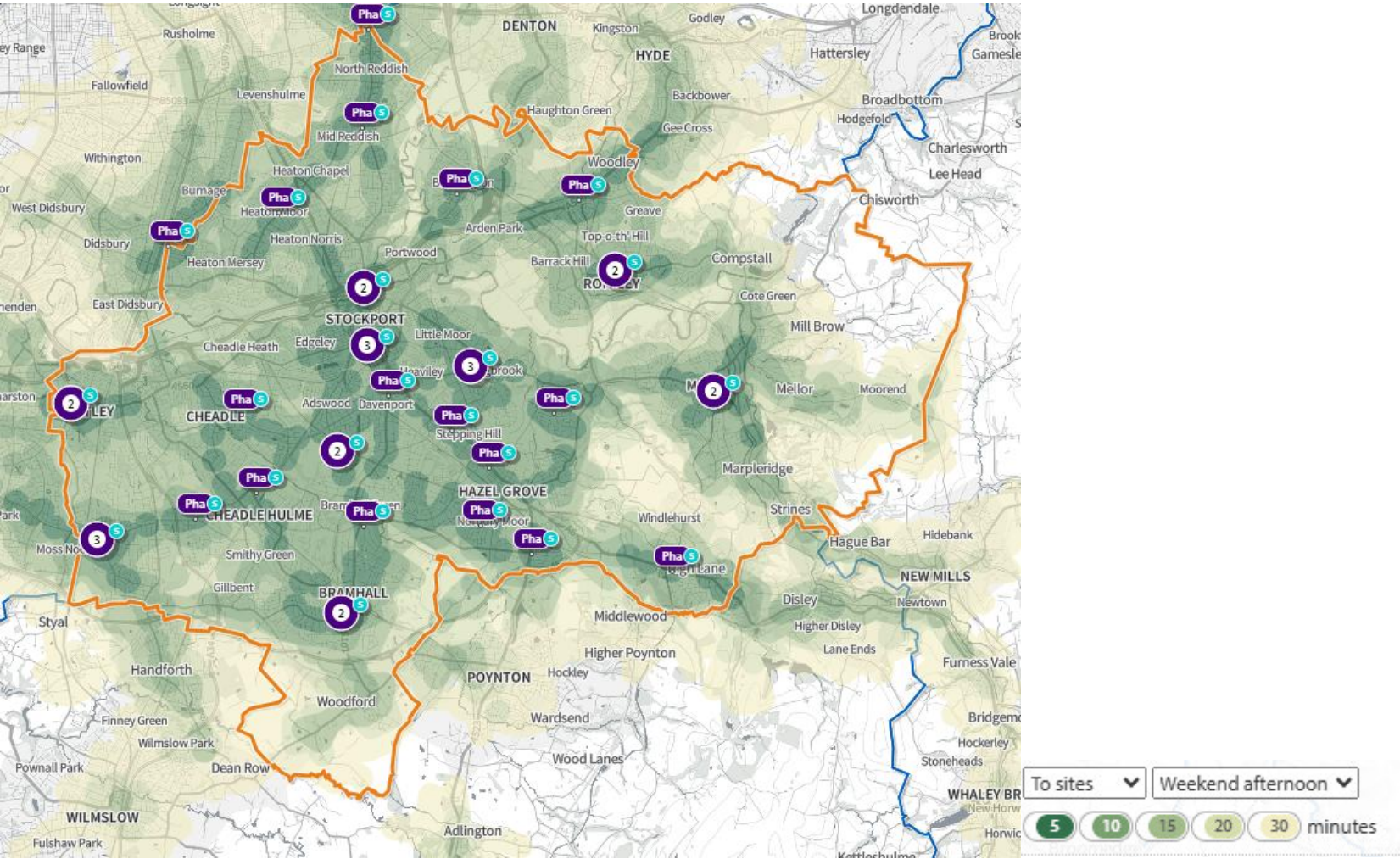
Map 30 – Public transport travel time to Pharmacies with Late Evening Opening (after 19:00hrs)



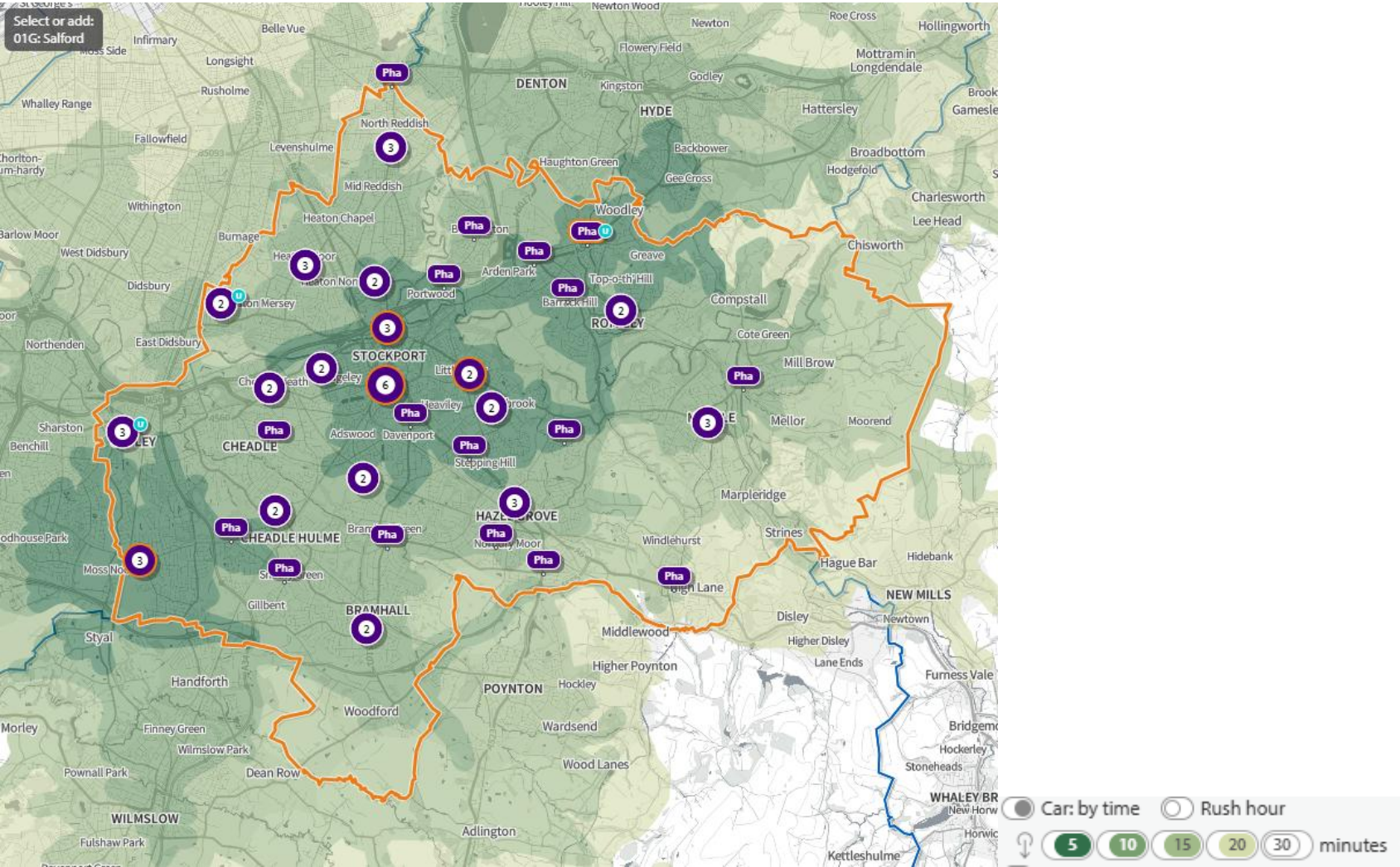
Map 31 – Drive time (car) to Pharmacies with Saturday opening



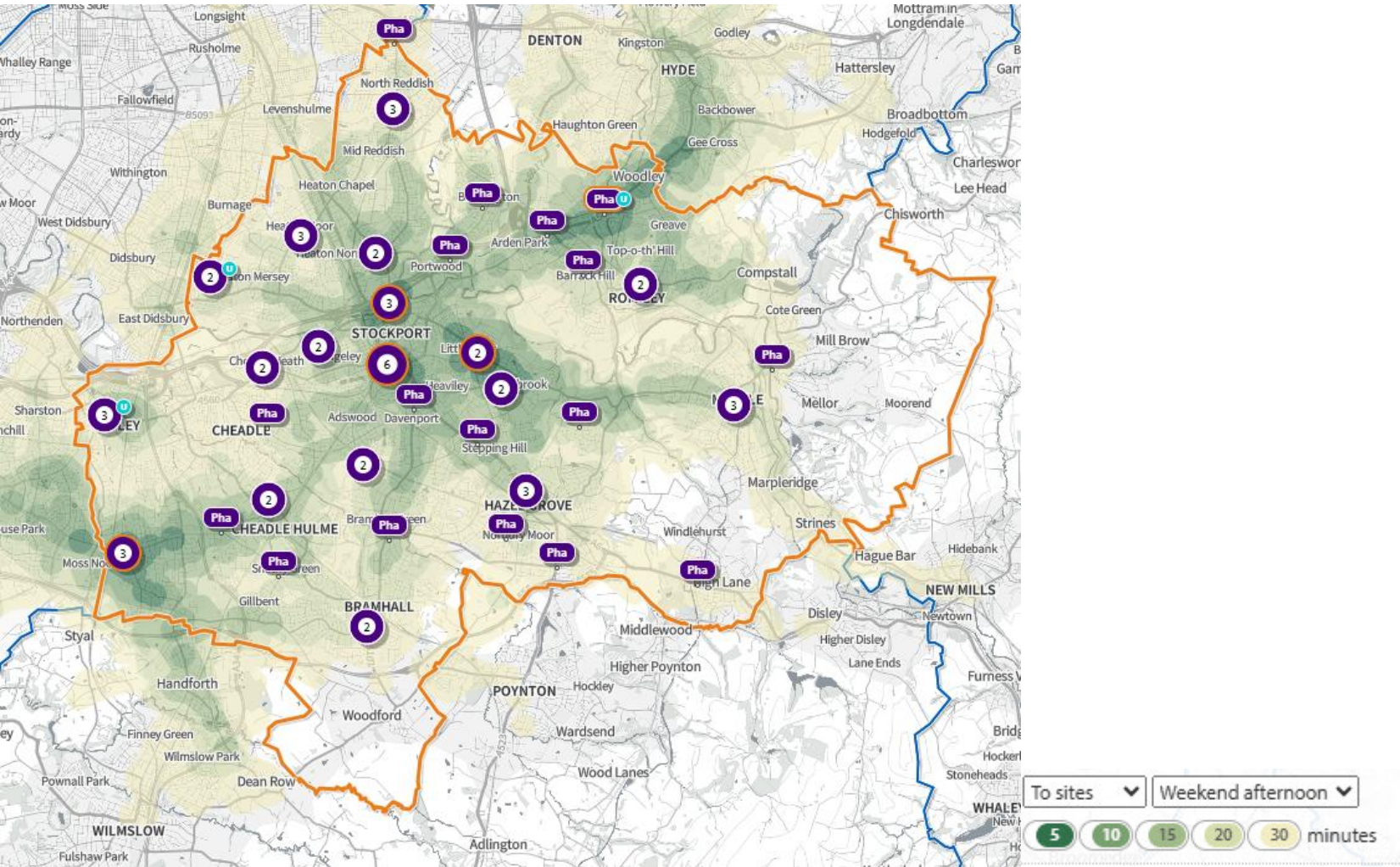
Map 32 – Public transport travel time to Pharmacies with Saturday opening



Map 33 – Drive time (car) to Pharmacies with Sunday opening



Map 34 – Public transport travel time to Pharmacies with Sunday opening



Appendix 2 Stakeholder & Public Consultation process and questions

Stakeholder consultation – Overview

This stakeholder consultation was undertaken in June to August 2025, with the draft document available online for duration of the review and comment invited from all statutory stakeholders, a list of whom is below along with the consultation questions. Members of the public were also welcomed to respond, via the councils ‘Have your Say’ webpage. In addition to statutory consultees the draft PNA was also discussed by Stockport Councils Adult Social Care & Health Scrutiny Committee, Stockport Primary Care Board and the Stockport STAMP (Stockport Area Medicines Panel).

Stake holder consultation – List of consultees

The list of those contacted directly as part of the Stockport PNA s as follows:

NHS Stockport Locality Team	Deputy Place Based Lead, Medical Director, Pharmacy Lead, PCN Clinical Leads, PCN Practice Manager Leads
Community Pharmacy Greater Manchester	Stockport Representative, GM PNA Lead
Stockport Local Medical Committee	Chair, Secretary
Stockport Pharmaceutical lists	All 63 local providers
Stockport Healthwatch	Chair, Chief Officer
NHS trusts / providers	Key contacts at: - Stockport NHS Foundation Trust - Pennine Care NHS Trust - Locala - ABL Stockport - Mastercall - Viaduct health - Local Dental Committee - Local Opticians Committee
NHS Greater Manchester ICB	Lead for Pharmacy of NHS Greater Manchester
Neighbouring HWB	PNA leads for: - Tameside HWB - Manchester HWB - Cheshire East HWB - Derbyshire HWB
Other consultees	• Signpost for Carers • Stockport SEND Champions and Parents & Carers Forum • Walthew House (engagement with those with hearing and / or sight loss) • S-Rep (engagement with ethnic minority-led community groups)

Stakeholder consultation – Questions

The following questions were circulated to consultees to help consider the PNA thoroughly:

1. The document sets out the draft Pharmaceutical Needs Assessment for Stockport. Does it adequately identify the needs of the population of Stockport? If you think it does not, please explain why not.
2. Do you know of any relevant information that has not been included which could affect the statements or conclusions in this document? If yes, then please provide the additional information below or to JSNA@stockport.gov.uk.
3. This document shows that pharmaceutical provision within Stockport is satisfactory with limited identified gaps in weekday evening provision in three neighbourhoods. Do you agree with this statement? If you do not agree, what else should be considered?
4. Do you have any other comments to add to your response?

Stakeholder Consultation – Response summary:

In total 4 responses were received to the Stockport Draft PNA 2025 stakeholder consultation via have you say. The consultation sought feedback to four questions about the content of the PNA (see table below).

Stakeholder Consultations Questions	Yes	No	No Answer	Comment
1. The document sets out the draft Pharmaceutical Needs Assessment for Stockport. Does it adequately identify the needs of the population of Stockport? If you think it does not, please explain why not	3	-	-	1
2. Do you know of any relevant information that has not been included which could affect the statements or conclusions in this document? If yes, then please provide the additional information below or to JSNA@stockport.gov.uk	-	4	-	-
3. This document shows that pharmaceutical provision within Stockport is satisfactory with limited identified gaps. Do you agree with this statement? If you do not agree, what else should be considered?	1	3	-	3
4. Do you have any other comments to add to your response?	-	1	-	3

Overall respondents were positive that the PNA achieved its objective of setting out the population needs of Stockport residents and accurately described the current pharmacy provision, however there were comments about the interpretation of and identification of gaps under question 3. Other comments made were factual corrections to terminology and typographic errors which have been corrected in this final version.

The following comments were made about the determination of possible provision gaps and the responses or amendments made as a result are listed alongside.

The table also includes comments made at local strategic meetings where the draft PNA was discussed during the consultation period; at all these meetings the consensus view was that the populations health needs and current pharmaceutical provision had been accurately reflected (i.e. answering positively to questions 1 and 2), and discussion focussed on question 3, the determination of possible provision gaps.

Comments	Response
Have the gaps identified in 2.4.1 been filled as of July 2025. If so, the statement does not adequately reflect the needs of the local area.	The gaps identified in section 2.4.1 refer to those identified in the supplementary statement to the 2022 PNA issued in 2023 following the closure of two 100 hour pharmacies. These gaps were for Hazel Grove / south Stockport • 18h00-22h00 on weekdays and Saturdays • 10h00-16h00 on a Sunday In 2023 and 2004 there was no change in evening or Sunday provision in this area to specifically meet this gap. The 2025 PNA takes a fresh look at population health needs, pharmacy provision and potential gaps; based on new evidence. The provision in this area at these times have been considered and included in the conclusions of this PNA.
I disagree. Woodford Garden Village is quite far from many essential services, and residents often have to travel to another town, such as Bramhall, to access them. Given the ongoing developments and the number of planning applications currently in the system, it's clear that Woodford needs its own GP and pharmacy services. We are fully aware of the scale of current and upcoming construction, and while the PNA suggests the next three years will be adequately covered, the existing distance to services is already a concern for the 1,000 homes currently in the area. I believe that there needs to be more supervision in Woodford, I have even discussed this with the local	In section 3.2.1 the PNA describes how since construction began in Woodford an estimated 1,900 people have moved to the area, with around 700 of the planned 920 dwellings complete. In early 2025 planning permission was submitted for a further 540 dwellings on this site, bringing the total to 1,460; the outcome of this application is not yet known. The likely population growth in the area over the next three years is expected to be between 600-700 people. This is a good proportion of the total population change for Stockport of 3,000 anticipated through the

councillor, who also agrees. There are some buildings available that would be suitable for this within the Woodford area.	life of this PNA (section 3.2.1 and section 4.1). However despite the increase in population there has been no breach in the strategic principles for Stockport (see section 4.1) and the population change is not sufficient require an additional pharmacy. Existing local pharmacies which serve the population of the area indicate that they will be able to meet increased demand.
No. Insufficient evidence there is a local need for extended opening in these three boroughs. Patient survey not neighbourhood specific. Pharmacies with extended weeknight opening within easy reach in neighbouring boroughs as reference on page 33-34. Location of out of hours GP service not relevant as most people would opt to have a prescription dispensed close to their home or work and EPS has removed need to physically collect a prescription as referenced in the PNA.	The terminology used to reference lower provision in out of hours services has been amended to state to improve access but is not a gap in provision.
CPGM do not agree that there are identified gaps in weekday evening provision in the three neighbourhoods listed. The Executive Summary states “The conclusion of this PNA is that the population of Stockport’s HWB area has sufficient service provision (including pharmacy contractors) to meet their essential pharmaceutical needs”. Additionally, Section 5.1 states “Stockport as a locality has adequate provision of essential services to meet the needs of the population by providing a service for more than 92% of the residents within 1km of their home” and “There are however currently no concerns over the quality of the provision of essential services or evidence of patients experiencing difficulty accessing pharmaceutical services; therefore this should not in itself be a reason to require any additional provision.” It is contradictory to then state that there is adequate provision except in three areas. The terminology used to reference this should be changed to reflect that it would improve access but is not a gap in provision.	Following further discussion with CPMG, the terminology used to reference lower provision in out of hours services has been amended to state to improve access but is not a gap in provision.

Within the Stockport PNA, necessary services are defined as: • essential services provided by pharmacies in line with their terms of service as set out in the 2013 Regulations, and • advanced services as commissioned at the time in line with population health need. There is no requirement under the regulations for pharmacies to operate extended hours, other than those operating under a 100 hour contract which must include in their core hours 5pm – 9pm Monday to Saturday and 11am to 4pm on Sunday. There are 2 pharmacies operating under a 100 hour contract within the locality that open until 9pm. The draft PNA identifies five strategic principles and concludes that each of these has been met by the current pharmaceutical provision. Section 2.4.5 of the PNA states that “90% of Stockport resident’s homes should be within 20 minutes of a community pharmacy offering each locally commissioned services using public transport”. It is reasonable to conclude that this is an appropriate measure to also use for out of hours service provision. From a population of 299500 residents, only 24 responses to the public consultation stated that there were problems accessing pharmaceutical services on weekday evenings. This constitutes less than 0.01% of the population of Stockport and is not statistically significant. Any gaps should be determined by necessary services. An increased evening provision within the 3 named localities would improve access to pharmaceutical services but does not constitute a gap in services. Stepping Hill Whilst Mastercall is sited here, the majority of patients accessing services will need to travel to the location. It is reasonable to assume that they will also travel to the nearest open pharmacy. Pharmaceutical services are available in Central Stockport until 8pm and are accessible to the rest of Stockport via public transport. The PNA deems this is acceptable for Sunday provision so this should be no different for weekday out of hours provision.	Necessary service statement has been amended to include statement about contracted hours of trading. Strategic principles amended to add a principle re out of hours. Although a small number the public response was clear that out of hours provision was of more concern to residents than other times. The terminology used to reference lower provision in out of hours services has been amended to state to improve access but is not a gap in provision.
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Additionally, there are 4 pharmacies within a 21 minute drive time of Mastercall that open until 9pm (2 in Stockport and 2 pharmacies out of area). An increased in provision may improve access but this does not constitute a gap in services. Bramhall and Cheadle Hulme South This is an affluent area of the borough with higher car ownership than the UK average. Whilst there is no access to services in the locality after 6.30pm, residents will travel out of the area for work and can access pharmacy services on their commute or by a drive of less than 15 minutes from the locality to a pharmacy that is open until 9pm. An increased provision may improve access but this does not constitute a gap in services. Marple This is an affluent area of the borough with higher car ownership than the UK average. Whilst there is no access to services in the locality after 6pm, residents will travel out of the area for work and can access pharmacy services on their commute or by a drive of less than 15 minutes from the locality to a pharmacy that is open until 9pm. An increased provision may improve access but this does not constitute a gap in services. In light of the points above, CPGM requests that the Health and Wellbeing Board reconsider its conclusion that a limited gap in evening provision pharmaceutical services exists in the three named localities. Additionally the terminology used within the document should be amended to reflect the statement in the Executive Summary that there is no gap in provision.	The terminology used to reference lower provision in out of hours services has been amended to state to improve access but is not a gap in provision.
STAMP – 9th July Agree with identified needs and gaps Agree we don't need a new pharmacy to meet these needs; however we need to think about how we can meet the out of hours dispensing need without a new pharmacy. How can we facilitate longer opening hours & provision	Comment welcomed PNA amended to emphasise the need for further consideration of out of hours alternative provision.

Report is missing medication supply issues including disruptions in supply	Medicine supply is outside scope of a PNA but comment noted by STAMP for further consideration.
<u>PRIMARY CARE BOARD – 31st July</u> Agree with identified needs and gaps Provision after 20h00 real issue as is Sunday afternoons and bank holidays. Realise this a difficult issue for pharmacy. System response needed for a solution to this issue. Also an issue of medication supply - patients having to ring around to check stocks when meds not available. From the Mastercall perspective: • We do have concerns about the lack of community pharmacy services in Stockport in the Out of Hours period, more particularly since Lloyds withdrew from OOH/weekend services and supermarkets. • The following points are relevant ○ There is no provision in Stockport after 8 pm on weekdays ○ There is no provision after late afternoon on Sundays in Stockport, ○ The above becomes more of a problem on bank holiday weekends; most markedly in the Christmas (can be 4 day) and New year periods when they cover weekends. This is when acute illness peaks and hospital capacity is most challenged It's also the case that patient expectations are for all services to be more available 24/7- whilst pharmacy services are going in the opposite direction. The progressive reduction in opening hours reduces the availability of urgent medication supply from the patient's own pharmacy, increases the risk of repeat medications not being collected due to other patient commitments, and less access to community pharmacy for queries and minor illnesses etc. In recent memory all community pharmacies were open on Saturday morning, and many for the whole day. Data on activity levels for June 25 at Mastercall was provided	Comment welcomed PNA amended to emphasise the need for further consideration of out of hours alternative provision. Medicine supply is outside scope of a PNA but comment noted by PCB for further consideration. PNA amended to emphasise the need for further consideration of out of hours alternative provision and concerns of Mastercall.

<u>STOCKPORT COUNCIL ADULT SOCIAL CARE & HEALTH SCRUTINY COMMITTEE – 4th SEPT</u> https://stockport.public-i.tv/core/portal/webcast_interactive/1009969/start_time/2214000 Comprehensive and report helpful which summarises the population health and pharmaceutical needs of the borough. The committee requested clarification on next steps in the process and how any needs identified in the final version might be met. The committee will be interested to see how the provision changes as a result. 2 typographical errors were noted. Noted and welcomed expansion of the new medicine service to include depression from Oct 2025, and a request for further information. The committee also noted supply chain issues, and recognising this is outside the scope of the PNA, requested a discussion at a future meeting about this issue.	Comment welcomed Corrected errors Further information supplied. This request was noted by democratic services and will be actioned.
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Public Consultation

A consultation seeking the views of Stockport residents about pharmacies in the area was undertaken in February and March 2025. This took the form of a Greater Manchester wide online survey, run in collaborations with the 9 other Greater Manchester local authorities and Community Pharmacy Greater Manchester (the Local Pharmacy Committee). The survey promoted through Greater Manchester and local social media and our including by our key partner organisation Stockport Healthwatch who also circulated paper surveys.

The Public Consultation received 176 responses from Stockport residents, and the collated responses are outlined below.

In addition a number of comments were made on the Stockport Council Facebook posts promoting the survey, and these have also been collated below.

Public Consultation - Response Summary

Question 1: Why do you use a pharmacy?

Option	Total percentage of respondents
For yourself	96.6%
For a family member	38.1%
As a carer	15.3%
For a friend or neighbour	2.8%

Respondents were able to select as many responses as they liked, and the analysis shows that the majority of people use a pharmacy for themselves (97%), while a smaller proportion use pharmacies for others, most likely family members (38%). Those using pharmacies for others are most likely to be adults of working age 35-44 years (94%) and 45-64 years (55%).

Question 2: How often do you use a pharmacy?

Option	Total percentage of respondents
More than once a week	1.7%
Once a week	3.4%
Once every couple of weeks	33.0%
Once a month	48.3%
Less often	13.6%

The majority of respondents use a pharmacy once a month (48%) or every couple of weeks (33.0%). Only 5% of respondents use a pharmacy weekly or more.

Question 3: do you use one pharmacy or a number of pharmacies?

Option	Total percentage of respondents
One pharmacy	80.1%
More than one pharmacy	19.9%

The majority of respondents use only one pharmacy (80%).

Question 4: do you have any problems accessing a pharmacy due to location?

Option	Total percentage of respondents
No	94.9%
Yes	4.0%
Not applicable	1.1%

The majority of respondents don't report experiencing any problems accessing pharmacies (95%). Of those who report issues these were stated as:

- Lack of parking (2 responses)
- Lack of wheelchair accessibility (2 responses)
- Health conditions impacting accessibility (2 responses)
- Lack of provision of certain medicines (1 response)
- Changed opening times (1 response)

Question 5: Do you have problems accessing a pharmacy due to opening hours

Option	Total percentage of respondents
No	76.1%
Yes	23.9%

A quarter of respondents report experiencing access issues relating to opening hours, when asked about these issues they stated:

- Opening hours on weekdays are not late enough, especially as many report working the same hours (24 responses)
- Lack of opening on weekends (20 responses)
- Lunchtime closing (9 responses)
- Lack of service for out of hours for emergency prescriptions (2 responses)

Question 6: do you have any problems accessing a pharmacy of your choice?

Option	Total percentage of respondents
No	86.9%
Yes, I have mobility issues	8.0%
Yes, my preferred pharmacy does not have access suitable for my needs	1.7%
Other	3.4%

The majority of respondents don't report experiencing any problems accessing the pharmacy of their choice (87.8%). Of those who report issues these were stated as:

- Mobility issues (14 responses)
- My needs (3 responses)
- Other (6 responses), which were not further elaborated

Question 7: If you were unable to access your regular pharmacy, or they didn't have the things you need, what would you do?

Option	Total percentage of respondents
Find another pharmacy	60.8%
Wait for them to order the stock I need	54.0%
Wait until the pharmacy is open	31.3%
Go without medication	15.3%
Get a relative / friend to collect for me	14.8%
Go to A&E or a walk-in centre	2.3%
Order online	1.7%
Ask them to deliver if there's a problem	0.6%
Contact GP for an alternative	0.6%
They always have my meds as it's a repeat they are fab	0.6%

Respondents were able to give more than one response to this question; with the most common responses being either to find another pharmacy (61%), wait for their regular pharmacy to order the stock (54%) or to wait for their regular pharmacy to open (31%). A smaller proportion (15%) responded that they would go without medication or ask a friend or relative to collect (15%).

Question 8: Thinking of the pharmacy you use most, tick as many of the following reasons for your choice Location

Option	Total percentage of respondents
Near to home	87.5%
Near to my doctors	42.0%
Opening times	29.5%
In town/ shopping area	15.3%
Good transport links	5.7%
Near to work	4.0%
In the supermarket	4.0%

Respondents were able to give more than one response to this question; with the most common response being the nearness to home (88%); followed by being near to the doctors surgery (42%) and opening times (30%). A smaller proportion (15%) responded that use a pharmacy as it's in a shopping area, and fewer than 6% said transport links and closeness to work were important.

Question 9: Thinking of the pharmacy you use most, tick as many of the following reasons for your choice Pharmacy specifics

Option	Total percentage of respondents
The staff are friendly	68.2%
The staff are knowledgeable	56.3%
The staff respect my privacy	33.0%
I do not have to wait long for a walk-in service	31.8%
They offer a prescription collection service	31.3%
They offer a delivery service	25.6%
They offer another service which I use	13.1%
The staff speak my first language: (either stated as English or none)	7.4%
Other: Close to home / location / convenience	11.4%
Other: Longer opening hours	1.7%
Other: Electronic prescriptions from GP sent there	1.7%
Other: They text when prescriptions ready	1.7%
Other: they are efficient / fast / don't make mistakes	1.7%
Other: Good medication availability	1.7%
Other: Flat access	0.6%
Other: They are independent	0.6%

Respondents were able to give more than one response to this question; with the most common response being the friendliness of staff (68%); followed by staff knowledge (56%) and staff respecting privacy (33%). For written in answers 11% responded that the location of the pharmacy was key, reaffirming the answers given in the first part of the question.

Question 10: What is your usual method of travel when you visit a pharmacy?

Option	Total percentage of respondents
Walk	54.0%
Motor vehicle (driver or passenger)	38.1%
Bus	4.5%
I do not travel to a pharmacy	1.1%
Bicycle	1.1%
Wheelchair	0.6%
My medication is delivered	0.6%

Reflecting the importance of closeness to home, the majority (54%) of respondents walk to their pharmacy, and 38% travel by motor vehicles.

Question 11: On average, how long does it normally take you to get to your pharmacy?

Option	Total percentage of respondents
5 mins or less	29.5%

6 to 10 mins	40.3%
11 to 15 mins	18.8%
16 to 20 mins	6.8%
21 to 30 mins	2.8%
31 mins or more	0.6%
I do not travel to the pharmacy	1.1%

Reflecting the importance of closeness to home, the majority (70%) of respondents can get to their pharmacy within 10 minutes, and 89% are within 15 minutes. Those reporting travel times of 20 minutes or more are more likely to use the bus, travel by car to a pharmacy which is wheelchair accessible.

Question 12: When thinking about the time a pharmacy is open, please tell us which of the following are important to you.

	Essential	Fairly Important	Not sure	Un-important	Not Necessary
Weekday: Early Morning (before 9am)	8.6%	26.9%	2.3%	32.6%	29.7%
Weekday: During the day	67.4%	25.1%	1.1%	5.1%	1.1%
Weekday: Lunchtime	34.9%	34.9%	0.6%	19.4%	10.3%
Weekday: Early evening (between 6pm and 9pm)	30.1%	34.7%	3.4%	13.1%	18.8%
Weekday: Late evening (after 9pm)	7.5%	18.4%	6.3%	31.0%	36.8%
Saturday: Early Morning (before 9am)	6.9%	14.9%	4.6%	36.0%	37.7%
Saturday: Morning	46.0%	40.9%	0.0%	8.5%	4.5%
Saturday: Afternoon	39.8%	33.5%	0.6%	14.8%	11.4%
Saturday: Evening (after 6pm)	10.3%	18.3%	4.6%	34.9%	32.0%
Sunday: Early Morning (before 9am)	6.3%	9.7%	5.7%	38.1%	40.3%
Sunday: Morning	16.5%	31.8%	4.5%	22.2%	25.0%
Sunday: Afternoon	16.6%	26.3%	5.1%	24.6%	27.4%
Sunday: Evening (after 6pm)	7.4%	15.4%	5.7%	31.4%	40.0%
Bank Holidays: Early Morning (before 9am)	8.5%	14.2%	4.0%	35.2%	38.1%
Bank Holidays: Morning	18.2%	37.5%	4.0%	19.9%	20.5%
Bank Holidays: Afternoon	18.2%	32.4%	4.0%	22.7%	22.7%
Bank Holidays: Evening (after 6pm)	10.3%	18.9%	4.0%	33.7%	33.1%

Respondents ordered the importance of opening times as follows:

- Weekday during the day (93% essential or fairly important)
- Saturday morning (87%)
- Saturday afternoon (73%)
- Weekday lunchtime (70%)
- Weekday early evening (65%)
- Bank holiday morning (56%)
- Bank holiday afternoon (51%)

All other times were rated as essential or fairly important by less than 50% of respondents.

Question 13: Please tell us which of the following are important to you.

	Essential	Fairly Important	Not sure	Un-important	Not Necessary
Convenient location	75.6%	24.4%	0.0%	0.0%	0.0%
Providing clear advice on my prescription and over the counter medicines	64.2%	29.5%	0.6%	3.4%	2.3%
Being able to use it in an emergency	60.8%	29.5%	1.7%	6.3%	1.7%
Friendly staff	56.3%	38.6%	0.0%	4.0%	1.1%
Private area to speak to the pharmacist	51.1%	40.3%	1.7%	6.3%	0.6%
Short waiting times	44.3%	52.8%	0.0%	2.3%	0.6%
Parking	35.2%	26.7%	2.8%	17.0%	18.2%
Seeing my regular pharmacist if I want to	23.3%	31.8%	1.7%	31.3%	11.9%

Respondents ordered the importance of pharmacy characteristics:

- Convenient location (100% essential or fairly important)
- Clear advice (94%)
- Available in an emergency (90%)
- Friendly staff (95%)
- Private area (92%)
- Short waiting times (97%)

Parking and seeing a regular pharmacist rated as essential or fairly important by less than 65%.

Question 14: How satisfied are you with each of the following aspects of service at your regular pharmacy.

	Very satisfied	Satisfied	Unsatisfied	Very unsatisfied	N/A
Location	63.1%	35.2%	1.7%	0.0%	0.0%
Physical access into the building	51.7%	41.5%	2.8%	0.0%	4.0%
Staff attitude	45.5%	38.1%	10.2%	4.0%	2.3%
Overall pharmacy service	45.5%	41.5%	7.4%	4.0%	1.7%

Knowledge of staff	41.5%	43.8%	6.8%	2.3%	5.7%
Being open when you need it	40.9%	43.2%	13.6%	2.3%	0.0%
The pharmacist offers advice when need	40.3%	44.9%	5.1%	1.7%	8.0%
The pharmacist / pharmacy staff taking time to talk to you	36.4%	44.3%	10.2%	1.7%	7.4%
Private consultation areas	35.8%	36.9%	9.1%	1.1%	17.0%
The pharmacy having the things you need	35.8%	44.3%	11.9%	8.0%	0.0%
Waiting times	33.5%	48.9%	13.1%	4.0%	0.6%
Parking facilities	24.4%	31.3%	13.6%	2.3%	28.4%
Being able to use it in an emergency	23.9%	34.7%	19.3%	5.7%	16.5%

Levels of satisfaction with pharmacy services in Stockport are generally high, with location (98% of respondents being very satisfied or satisfied) and physical access (93%) scoring highest. Respondents are most likely to be unsatisfied with:

- emergency use (25% unsatisfied or very unsatisfied)
- pharmacies having the things needed (20%)
- waiting times (17%)
- being open when needed (16%)
- parking facilities (16%)

Question 15: How often do you use any of the following services available from your pharmacy?
(ordered by frequency of use)

	Used in the last three months	Used in the last year	Not used in the last year but may need to use in the future	Not used in the last year and not relevant to my needs	I don't know what this is
Collection of regular prescription medicines	90.9%	4.0%	1.1%	4.0%	0.0%
Electronic Repeat Dispensing	73.3%	4.5%	4.0%	11.4%	6.8%
Collection of occasional prescription medicines	58.0%	25.9%	9.8%	5.2%	1.1%
Purchased Over the Counter medicines	57.1%	28.0%	9.7%	5.1%	0.0%
Saturday opening	40.9%	22.7%	18.2%	14.2%	4.0%
NHS Urgent medicine supply	16.7%	13.2%	32.2%	25.3%	12.6%
Delivery of medicines to my home	15.4%	2.9%	28.0%	49.7%	4.0%
Dispose of unwanted medication	12.6%	18.3%	29.1%	34.9%	5.1%
Sunday opening	11.4%	4.6%	40.6%	34.3%	9.1%
Late night opening (after 7pm)	10.2%	5.7%	34.1%	42.0%	8.0%
Flu Vaccine	8.0%	30.7%	34.1%	26.1%	1.1%
Blood Pressure check	7.4%	12.5%	41.5%	35.8%	2.8%
COVID Vaccine	6.8%	26.1%	34.1%	31.8%	1.1%

Minor Ailment Scheme	4.6%	10.9%	38.3%	23.4%	22.9%
Early morning opening (before 9am)	4.6%	3.4%	31.4%	53.7%	6.9%
Pharmacy First Service	4.0%	4.6%	20.6%	25.1%	45.7%
Sharps bin disposal	3.4%	5.7%	17.6%	64.8%	8.5%
Bank Holiday opening	2.9%	4.6%	48.6%	36.6%	7.4%
Referral from NHS 111	2.8%	2.3%	40.3%	44.3%	10.2%
New Medicine Service	2.9%	2.3%	27.4%	29.7%	37.7%
Contraception	2.9%	1.7%	4.0%	88.6%	2.9%
Long term condition advice	2.3%	4.5%	40.3%	41.5%	11.4%
Lateral Flow Device (NHS Service)	1.7%	3.4%	27.8%	47.2%	19.9%
Diabetes screening	1.1%	0.6%	35.8%	52.8%	9.7%
Emergency Hormonal Contraception	0.6%	1.7%	6.3%	88.0%	3.4%
Palliative Care Medicines	0.6%	0.6%	19.9%	68.8%	10.2%
Healthy Weight advice	0.6%	0.0%	32.4%	56.3%	10.8%
Health tests, e.g. cholesterol	0.0%	1.7%	45.5%	44.3%	8.5%
Chlamydia testing or treatment	0.0%	0.0%	4.6%	92.0%	3.4%
Condom distribution service	0.0%	0.0%	3.4%	92.6%	4.0%
Stop Smoking Service	0.0%	0.0%	1.7%	94.3%	4.0%
Substance Misuse Service e.g. observed consumption / needle exchange service	0.0%	0.0%	1.1%	92.6%	6.3%

Over the last year the majority of respondents have used the following services:

- Collection of regular prescription medicines (95%)
- Purchased Over the Counter medicines (85%)
- Collection of occasional prescription medicines (84%)
- Electronic Repeat Dispensing (78%)
- Saturday opening (64%)

Other used services include flu and COVID-19 vaccines, unwanted medicine disposal, urgent medicines, BP check and medicine delivery to home (between 18-39% each in the last year).

No respondents reported using the chlamydia tests, condom distribution, stop smoking or substance misuse services in the last year.

There was low respondent recognition of pharmacy first services and the new medicine services with 46% and 38% respectively responding that they didn't know what this service was.

Question 16: If you don't go to a pharmacy for any services, who or which organisation, if any, would you contact if you wished to get information:

Option	Total percentage of respondents
Your family doctor/GP/GP surgery	81.8%
An NHS non-emergency telephone helpline, such as NHS 111	50.6%
Practice nurse	35.8%
Friends/family	21.0%
NHS choices	20.5%

NHS walk-in centres	20.5%
Other internet (not NHS choices)	19.3%
Other healthcare professional	13.1%
Not applicable	7.4%
Sexual health service	2.8%
Local council	1.1%
Nobody, I would not look for information about this issue	0.6%
Other: Christie's hotline, specialist cancer nurse, local hospice team	0.6%
Other: Private GP	0.6%

GP practices were the most common alternative provider to pharmacies (82%), followed by NHS 111 (51%) and friends and family (21%).

Question 17: Are there any other services you would like your pharmacy to offer?

This was a free text question and the responses are listed below:

Anything that would help with medical issues.
Appointments for minor ailments available sooner. I looked recently and there was a 5 day wait. That's similar to GP so no point going to pharmacy when I can get advice from a doctor instead.
Blister packs.
Bood Pressure checks for <16s.
Bood Pressure checks in a bigger private area, ours is in a dark cupboard at the moment.
Dental information.
Extended opening hours and over lunch time.
I think pharmacies could offer a much needed support service to hospitals. If more pharmacies were open and there was easy access to them this might stop people turning up at A&E on a regular basis. But there would need to be proper advertising and proper support for the staff in the pharmacies.
I'd like them to have staff available to answer the phone.
Not to order unnecessary medication each month. I have enough to last for years.
I'd like the following: • online repeat prescription requests. • longer opening hours • better access - large step and heavy door. • access to my notes electronically like the NHS app - I don't know of a way to access them.
Order repeat prescriptions; also, free delivery for pensioners and disabled.
Pleasant attitude.
Prescriptions for minor ailments, thereby reducing pressure on GP surgeries and potentially hospital A&E.
Recently our chemist had to stop requesting our repeat prescription from the doctors after using the service for a few years. We found this very helpful, they would text us when prescription was ready. Now we will have to go to doctors and put our own repeat prescription in, we find this inconvenient.
Stockport needs an out of hours pharmacy. I had to use public transport to get an emergency prescription when I was extremely unwell and shouldn't have been travelling.
Thyroid testing.
Until January this year our pharmacy collected prescription from GP surgery and text us when it was ready to collect. Doctors surgery won't allow chemist to do this anymore.
Would like them not to text me saying prescription ready and then being asked to call back in an hour. Would like them to be able to get items on prescription and not ask me to try other pharmacies -happens every month, regularly.

Public Consultation - Demographics

The following section sets out the demographics of respondents and should be borne in mind when considering the analysis above and how representative the responses are for the whole population.

How old are you?

Age group		Respondents	Stockport population profile
18-24 years		1.7%	7.7%
25-34 years		5.1%	15.9%
35-44 years		9.7%	17.9%
45-54 years		19.9%	16.3%
55-64 years		23.3%	16.4%
65-74 years		28.4%	12.7%
75+ years		9.7%	13.0%
Prefer not to say		2.3%	

This survey was targeted at adults, and analysis of the age profile of the survey respondents with the population profile shows that older adults were more likely to respond than younger adults. The over representation of those aged 45-74 years should be kept in mind when considering the results above.

What is your Gender?

Gender	Respondents	Stockport population profile
Female	78.4%	51.8%
Male	19.9%	48.2%
Prefer not to say	1.7%	

78.4% of the respondents were female and 19.9% of respondents were male, this does not reflect the population structure, which has a roughly 50/50 split. The over representation of females should be kept in mind when considering the results above.

Less than 5% of respondents reporting not identify with the sex they were assigned at birth or having gone through gender reassignment; numbers are too small to analyse.

What is your Ethnicity?

	Respondents	2021 Census Stockport
White: British	93.8%	83.4%
White: Irish	0.6%	1.4%
White: Other White	1.1%	2.6%
Asian, Asian British: Pakistani	0.6%	3.7%
Black, Black British: African	1.1%	0.7%
Prefer not to say	2.8%	

The majority of respondents were White (93.8%), reflecting the population structure ([see section 3.2.2](#)). The low number of responses from people who identify as from ethnicities other than White British means the survey is unlikely to be representative of minority populations.

What is your health status?

- 46% report providing care / looking after someone else, this is higher than the population average.
- 21% reported being disabled, with mobility being the biggest reported issue; this is similar to the population average.
- <5% reported being currently pregnant; this is similar to the population average.

What is your sexual orientation?

	Respondents	2021 Census Stockport
Heterosexual/Straight	83.0%	91.0%
Bisexual	5.7%	3.0%
Lesbian or Gay	2.3%	
Pansexual	0.6%	
Prefer not to say	8.5%	6.0%

Due to the small population sizes it is difficult to draw firm conclusions, but the respondent profile is slightly more likely to report being lesbian, gay, bisexual or other sexual orientations or give no response than the population profile.

What is your faith or religion?

	Respondents	2021 Census Stockport
Christian	55.1%	47.5%
I do not consider myself to have a faith or religion	33.0%	39.6%
Other	1.1%	7.7%
Prefer not to say	10.8%	5.2%

Due to the small population sizes it is difficult to draw firm conclusions, but the respondent profile is more likely to report being Christian or give no response than the population profile. This survey is unlikely to be representative of views of people of faiths other than Christianity.

What is your working status?

	Respondents	2021 Census Stockport
I am working full-time	29.5%	41.7%
I am working part-time	17.6%	16.8%
I am not working	8.0%	17.4%
I am retired	35.8%	24.1%
I work as a volunteer	4.5%	
Prefer not to say	4.5%	

This question is not directly comparable to the 2021 Census which didn't include an option for volunteering.

What is your marital status?

	Respondents	2021 Census Stockport
Married	57.4%	48.4%
Single	22.7%	36.0%

Life Partner	8.0%	
Widowed	5.1%	6.8%
Divorced	1.7%	8.8%
Prefer not to say	5.1%	

This question is not directly comparable to the 2021 Census which didn't include an option for life partner and combined married and civil partnership into one option.

Where do you live within Stockport?

Using the postcodes provided by respondents we can understand the geographic distribution of responses to check that views have been gathered from across the borough. Analysis shows that responses were gained from each of the 7 neighbourhoods within Stockport, with Stockport Central having the highest crude response rate (0.75 per 1,000) and Heatons & Reddish the lowest (0.39 per 1,000).

Responses showed a deprivation profile, and crude response rates were highest in the least deprived and lowest in the most deprived areas, meaning the responses are unlikely to fully represent the views of the most deprived populations.

	Crude response rate
Most deprived 0-20%	0.386
Second most deprived 20-40%	0.563
Mid deprived 40-60%	0.569
Second least deprived 60-80%	0.564
Least deprived 80-100%	0.686

Other feedback for pharmacies in Stockport

As well as conducting the resident survey the PNA group have also undertaken a review of other feedback received by member organisations about pharmacy in the last year.

Stockport Healthwatch have received two pieces of feedback as follows:

1. Choose the area of care you would like to tell us about?

Pharmacies

2. Please tell us about your experience

Local pharmacy works very well. Prescription always ready the saying following it being approved on the NHS App.

3. How easy was it to access the help and support you needed?

Very good

4. How would you describe your experience of care?

Good

1. Choose the area of care you would like to tell us about?

Pharmacies

2. Please tell us about your experience

I get a text message when my prescription is ready to collect but it is normally too late in the day to allow to collect it that day. Last time they forgot to put the repeat prescription part into the bag with the drugs, so I had to write out a note to my GP, not very hard but annoying

3. How easy was it to access the help and support you needed?

Neither good nor bad

4. How would you describe your experience of care?

Neither good nor bad?

Monitoring the Stockport Council Facebook posts advertising the PNA survey 17 comments were also made:

- A number commented on opening times (5):
 - More opened at weekends (4)
 - Need for a local out of hours opening (2)
- A number praised pharmacies (3)
- A number commented on the communication between GP and pharmacies and processing time from initial request and / or errors (4)
- A number requested delivery services (2)

Appendix 3 PNA Project Team

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