



Stockport JSNA

joint strategic needs assessment

Stockport Health and Wellbeing Board Pharmaceutical Needs Assessment 2018

Version 0.4

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Name	Title/Responsibility
Eleanor Banister	Public Health Intelligence and Early intervention and Prevention Lead

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Dr V Owen Smith	Deputy Director of Public Health (CCG)	09/01/18	V0.2
Dr D Sager	Deputy Director of Public Health (MBC)	09/01/18	V0.2
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1 Executive Summary

This Pharmaceutical Needs Assessment (PNA) looks at the current provision of pharmaceutical services across Stockport's Health and Wellbeing Board (HWB) area, 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 England in its approval process for applications to join the pharmaceutical list under the NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013¹.

A consultation on this draft PNA was undertaken during early 2018, in line with the statutory requirements and changes have been incorporated into a final document to be published in March 2018.

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:

- A significantly higher number of pharmacies per 100,000 population than the England average
- Since 2015 the number of community pharmacies has remained stable
- More than 93% 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
- Analysis of opening hours and trading days shows there is adequate provision for out of hours services

The maps and data contained in this document clearly show that services which are commissioned in addition to the essential contract, including locally commissioned services, meet identified health needs in the necessary areas.

In the south of Stockport the development of the Woodford Aerodrome site, with an eventual 920 new homes, may lead to a gap in essential service provision in the future once the development is significantly occupied. Analysis of population change in this area will be undertaken regularly and a statement indicating unmet need will be issued if this population change leads to Stockport's strategic principles (see [section 2.4.4](#)) being breached. In addition Cheshire East's proposed North Cheshire Garden Village, may lead to further need for primary care in this area; a joint assessment of these needs will be undertaken once the development is agreed.

Potential future needs arising out of changes to GP provision, particularly changes to hours of operation (including weekend opening and extended hours during the week) and the move from acute to community services as part of the Stockport Together programme, will be assessed on a case by case basis against existing pharmacy provision as part of NHS England's contractual process.

Any change to provision of pharmacy services in Stockport will be signalled via publication of a supplementary statement to this PNA.

There are no pharmacies currently providing supervised consumption of buprenorphine. The need for this service is relatively limited, however, Pathfinder (Stockport's local drug and alcohol service) are actively working with pharmacies that currently offer supervised consumption of methadone to extend their provision to buprenorphine.

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

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 the NHS to be included on a pharmaceutical list, which are compiled and held by NHS England. This is known as the NHS “market entry” system.

2.2 Legal duties

Under the NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013² the application 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 published by NHS primary care trusts (PCTs) and were required to be published by 1 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. Stockport’s 2015 PNA can be accessed at: <https://www.stockport.gov.uk/health-and-wellbeing-board/pharmacy-needs-assessment>

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 whether further provision of pharmaceutical services in its area would secure improvements or better access
 - (f) an explanation of how the assessment has been carried out (localities, needs, protected characteristics and consultation)

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 pharmacy, focusing on safe supply and effective medicines use and supply.
- 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 HWB areas.

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

A range of pharmaceutical services are provided, including essential, advanced and local 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 and is set out in their terms of service. These include the dispensing of medicines, promotion of healthy lifestyles and support for self-care. These also include requirements for fair access to services to those with physical disability 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.

2.3.2 Advance Services

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

2.3.3 Locally Commissioned Services

Pharmaceutical Enhanced Services are commissioned by NHS England; other **locally commissioned services** (previously also known as enhanced services) are commissioned by the local NHS CCG (Clinical Commissioning Group) or the Local Authority. These services are commissioned from some or all of the pharmacies in the area to meet certain specific needs. Services are usually contracted and paid for outside of the general contracting process. The services which are currently commissioned in Stockport are described in [sections 4.3-4.5](#).

2.4 Stockport's PNA

2.4.1 2015 PNA Summary

Stockport's 2015 PNA set out the assessment of pharmaceutical needs for the population of Stockport as one locality, and identified the services provided. Through comparison of

pharmaceutical needs with current provision limited gaps in the existing provision of enhanced pharmaceutical services were identified. Essential services were deemed to be adequate although a future need as the Woodford Development continued was noted. See <https://www.stockport.gov.uk/health-and-wellbeing-board/pharmacy-needs-assessment>

2.4.2 2018 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, leads the development of the PNA and reports to the JSNA steering group.

The PNA project group includes representatives from Stockport Council, NHS Stockport CCG and Stockport Healthwatch, all representing the Health and Wellbeing Board, as well as Greater Manchester LPC (Local Pharmaceutical Committee, representing providers) and NHS England Local Area Team (representing commissioners).

2.4.3 2018 PNA Scope

Following a review of the 2015 PNA, PNAs from other areas, comments from NHS England and revised guidance, the PNA group have recommended that the format of the 2015 Stockport PNA meets the revised statutory and practical requirements and therefore the 2018 PNA will build on this template.

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

- Stockport JSNA and subsequent revisions have changed 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.
- This is demonstrated by the distribution of deprivation across the borough – see [section 3.2.3](#), which rather than being concentrated in a single geographical area occur within all commissioning localities.
- Health needs in Stockport are most closely correlated with deprivation, and therefore are not geographical 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.
- The compact geography of Stockport 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 majority of areas and hence access to alternative pharmacies if a resident chooses
- Good road infrastructure giving easy access to the centre of Stockport and out of town shopping areas where community pharmacies are present within supermarkets
- Patients already choosing some services away from their homes
- Stockport's 2011 and 2015 PNA was also analysed as one locality, and reviews by Department for Health supported this approach.

The key 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.

2.4.4 2018 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 at 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 Stockport resident's homes should be within 2km of at least three community pharmacies (choice).

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 Future Directions for Community Pharmacy Services

This PNA assesses the current and future pharmaceutical needs for Stockport as best as can be established at the current time. The health and care system is constantly evolving and the following developments, although unclear as to local impact at the moment, 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 Stockport Together

The five main health and care organisations in Stockport have been committed to working differently since January 2015, when they formally began working together and combining skills to design and deliver the **Stockport Together**³ programme. The organisations have pledged to deliver 'a safe, affordable and integrated health and social care system to meet the needs of Stockport.'

The rationale arises from the rising number of older people in Stockport meaning there will be a greater need for health and social care support both in the short and long term. One in five of the population in Stockport is aged over 65, and this proportion is expected to keep rising. By improving the health and wellbeing of the older generation, Stockport Together will increase their quality of life, and reduce the need for inpatient and outpatient care (health services provided in a hospital setting). Most people prefer to be treated in their own home rather than in hospital, although hospital can be the right place for some, high quality care at home is, in many circumstances, more beneficial to the patient and their recovery.

The aim is to provide an efficient and effective system by changing the way of working and becoming more integrated; instead of being a fragmented reactive service which treats people when they are ill. Stockport Together aims to become a proactive system which supports people to stay healthy for as long as possible and acts as a unified system when people need care and support.

³ <https://www.stockport-together.co.uk/>

By supporting people to maintain their independence, Stockport Together aims to reduce the number of unnecessary outpatient visits, lower the frequency of hospital stays and reduce the length of time spent in a hospital bed. Having health and social care services which work better together will provide more coherent support for people when they no longer need specialist medical support, but may need some longer-term ongoing care and support. It is intended that as a result of improvements across the system primary care and community care services will take on a greater share of the health care activity.

The building block of the new system is the neighbourhood; the eight neighbourhood teams will be groups of GP practices, social care workers, district nurses and other community services working together to provide a core service to support the group of people registered with those practices. The full role of community pharmacy in this arrangement is still to be defined but will grow as the neighbourhoods develop.

One key development for pharmacies that is decided is the development of the existing Stockport CCG Medicine Optimisation service (see [section 4.4.3](#)) during 2018 and 2019 to provide a service that manages, along with the GP practices in neighbourhoods, all repeat prescriptions across Stockport. It will take on the provision of the prescriptions, whilst ensuring that the medication review and monitoring is up to date, and will manage the changes in medicine regimen resulting from an admission to hospital or following an outpatient visit. To facilitate this development the team will be developing patient on line services such as online prescription ordering and the use of electronic systems to allow dispensing to be repeated for an agreed period before a further prescription is required. This will be a principle link for community pharmacy into the Stockport Together system.

2.5.2 Greater Manchester Health and Social Care partnership

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 Health and Social Care Partnership⁴ a body made up of the 37 NHS organisations and councils in the city region.

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 Pharmacies (see [section 2.5.4](#))
- 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 Manchester⁵ 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

⁴ <http://www.gmhsc.org.uk/>

⁵ <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 Summary Care Record by 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 barriers to delivery of MUR and NMS and effectively engage with patients
 - facilitate GPs and Practice Nurses to refer patients to a community pharmacy for a MUR or NMS 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

2.5.3 Community Pharmacy Reform

On 20th October 2016 the Government introduced a two-year funding package for community pharmacy. This will reduce the total global sum funding for community pharmacy services (delivered by 11,600 community pharmacies) in England to £2.687 billion for 2016/17. This is a reduction of 4% compared with last year, but owing to the stage the funding reduction has been implemented, it will mean that contractors will see their funding for December 2016 to March 2017 fall by an average of 12% compared with previous levels. This will be followed by a reduction in 2017/18 to £2.592 billion for the financial year, meaning funding levels from April 2017 will drop by around 7.5% compared with previous levels.

The funding reductions are to be achieved by:

- Phasing out of the Pharmacy Establishment Payment (20% reduction from December 2016, 40% reduction from April 2017 and totally phased out by end of 2019/20).
- Rationalising a number of activity related payments (dispensing fee per item, practice payment, repeat dispensing payment and electronic prescription service payment) into a single activity fee (SAF). The SAF will be less than the cumulative sum of current activity payments.

To support pharmacies through these funding changes the DH (Department of Health) has also introduced:

- Pharmacy Access Scheme (PhAS) - The aim of the PhAS is to ensure that a baseline level of patient access to NHS community pharmacy services is protected. Qualifying pharmacies will receive an additional payment, meaning those pharmacies will be protected from the full

effect of the reduction in funding from December 2016. The scheme will run from 1 December 2016 to 31 March 2018.

- **Market Entry Regulation Changes** - In December 2016 the NHS Pharmaceutical Services Regulations 2013 were amended to include a new regulation (26A) associated with market entry. The new regulation allows consolidation of pharmacy businesses on 2 or more sites onto a single site. It also allows the consolidation of pharmacy businesses owned by different contractors, so long as a change of ownership is also applied for at the same time. The regulation amendment also prevents anyone else opening a pharmacy to replace one of the businesses that have consolidated. Contractors can consolidate pharmacy businesses under Regulation 26A so long as:
 - Neither pharmacy business is a distance selling pharmacy or a Direct Appliance Contractor.
 - NHSE is assured (via a statutory statement from the Health and Wellbeing Board) that the consolidation will not lead to a gap in pharmacy services provision.This regulation amendment would allow pharmacy contractors to streamline businesses and still serve the existing patient population as opposed to closing down pharmacies.

Alongside the pharmacy funding cuts and supportive measures the DH have introduced, NHS England have also introduced additional pharmacy services and support measures to further integrate community pharmacy into wider primary care:

- **Pharmacy Quality Payments** - up to £75 million will be paid to community pharmacies across England for meeting a number of quality criteria. The Quality Payments Scheme will reward community pharmacies for delivering quality criteria in all three of the quality dimensions: Clinical Effectiveness, Patient Safety and Patient Experience.
- **New Urgent Medicines Emergency Supply Advanced Service (NUMSAS)** - the Service is being piloted nationally, from 1st December 2016 to 31st March 2018, to evaluate the impact on the urgent care system to inform future commissioning.
- **Pharmacy Integration Fund** - through NHS England's business planning process £42 million of extra funding has been secured for 2016-18. Some initial schemes will be set up in 2016-17 and plans will be developed for how best to use the rest of the funding taking into account the Independent Review of Community Pharmacy Clinical Services.

The impact of these reforms are now being felt by community pharmacies, but as yet there has been no change in provision as a result.

2.5.4 Healthy Living Pharmacies

Following national pilot work Stockport Council have supported pharmacies in Stockport over the last two years to become Healthy Living Pharmacies as part of the local primary care strategy, using funding from the Stockport Together programme to provide training and resources. So far over 1,000 health conversations have been recorded across Stockport, over a range of topics including Be Clear on Cancer, Stay Well This Winter and Dementia Awareness.

The new national contract recognises Healthy Living Pharmacy (HLP) formally for the first time and now [receive a quality payment](#), they are defined as an accredited pharmacy site that can demonstrate a healthy living ethos and a proactive approach to health and health improvement. HLP pharmacies must comply and maintain a [set of quality criteria](#), have appointed one or more qualified Health 'Champions' and have at least one 'Leader' of the pharmacy team that has undergone leadership training. Pharmacies that meet these criteria (including [dementia](#) trained staff) are awarded the HLP quality payment and are required to undertake a range of public health brief

interventions. Pharmacies that were part of the Stockport programme have already achieved the national standards, and the current local provision is described in [section 4.3.5](#) and [appendix 1 – map 18](#).

2.5.5 Greater Manchester LPC

Greater Manchester Local Pharmaceutical Committee (GMLPC) is the statutory representative body for community pharmacists across Greater Manchester. The GMLPC are funded by pharmacies to represent members in discussions with the NHS, local authorities and partners to plan and agree local services and contracts. The GMLPC was formally established in October 2016, as six local LPCs voted to unite to create a voice for pharmacies in Greater Manchester.

The new GMLPC act in members' best interests and aim to ensure local people reap the benefits community pharmacy can bring in improving health and wellbeing; the main priorities are Greater Manchester devolution, the national drive to transform health and social care, and the challenges of caring for an ageing population (many with multiple comorbidities) which all offer unique opportunities for community pharmacy.

2.5.6 Making the Most of Community Pharmacy - Scrutiny review

In April 2017 Stockport's Adult Social Care and Health Scrutiny Committee completed a review of community pharmacy, Making the Most of Community Pharmacy⁶. The review concluded that Stockport is well placed with the provision of pharmacies and made a number of recommendations about how the contribution by pharmacies to the wider health and care of Stockport could be enhanced, especially as part of the Stockport Together programme.

Stockport Council's Cabinet considered and responded to these recommendations⁷ in August 2017, and a number of these responds highlighted the PNA:

Recommendation	Response	PNA Action
Commissioners are recommended to work with GMLPC to determine the scale of the challenge presented by funding changes and to ensure that future commissioning decisions are taken in cognisant of these changes and so new initiatives and projects are funded appropriately.	<p>SMBC has responsibility to commission and update their Pharmaceutical Needs Assessment (PNA) and a working group led by SMBC is in place. Publication of Stockport's PNA is scheduled for March 2018 and will be presented to the Adult Social Care and Health Scrutiny Committee.</p> <p>All key stakeholders are represented on the working group, including the LPC and Healthwatch. The challenges of funding changes will be referenced within the PNA, as well as strategic reconfiguration delivering Stockport Together transformation.</p>	<p>Adult Social Care and Health Scrutiny Committee was included in consultation process (see section 6 and appendix 2).</p> <p>Funding challenges referenced (see section 2.5.3).</p> <p>Stockport Together referenced (see section 2.5.1).</p>

⁶ <http://scnmodgov.stockport.gov.uk:9070/documents/s115447/Scrutiny%20Review%20Final%20Report%20-%20Community%20Pharmacies.pdf>

⁷ <http://scnmodgov.stockport.gov.uk:9070/documents/s126677/Response%20Proforma%20for%20Making%20the%20most%20of%20Community%20Pharmacy.pdf>

Commissioners be encouraged to commission local services in such a way as to encourage facilitate sufficient investment to allow for continuous provision of service during the opening hours of the pharmacy.	We will support and encourage future investment in extended range of Pharmaceutical services at a Greater Manchester and national level. SMBC reviews all commissioned services to ensure that they represent value of money and are delivering high quality services to our local residents. We will continue to explore this as part of the Pharmaceutical Needs Assessment.	Current commissioned services analysed against need (see section 4).
Stockport Together Leaders be recommended to consult with the designated health scrutiny committee as it develops plans in relation to medicine management and community pharmaceutical services.	SMBC as part of Stockport Together will participate in the areas identified above and will ensure that the Pharmaceutical Needs Assessment and the JSNA provides the relevant data and Business Intelligence to support this decision making.	Needs set out in section 5

3 Health and Wellbeing in Stockport

The following section is based on evidence from the Stockport Joint Strategic Needs Assessment (JSNA), see www.stockportjsna.org.uk.

3.1 Stockport Profile

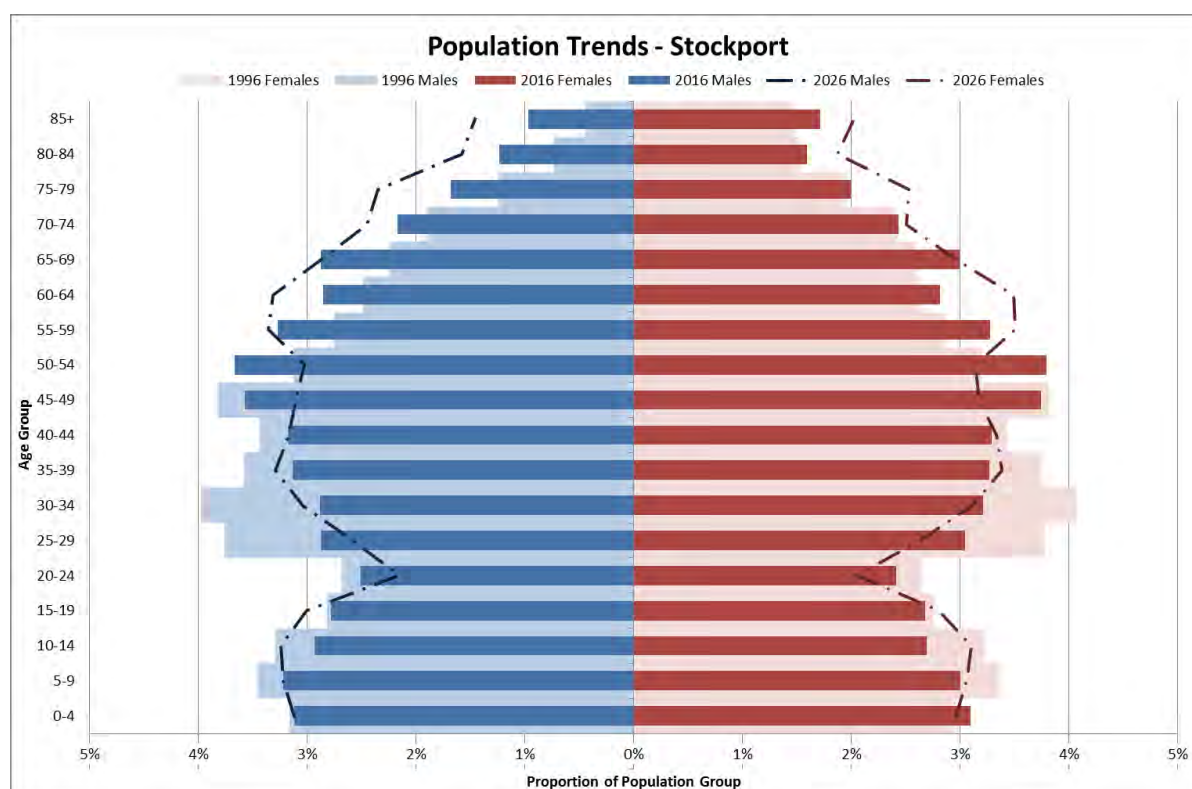
Stockport is located in the south east of the Greater Manchester conurbation, between the city of Manchester and the Peak District national park. Stockport is a large town with a busy central retail area, many district centres and many international and local businesses. It employs the third largest 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 towards the Peak District borders.

The town is served by a single clinical commissioning group, 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 40 GP practices located within the borough.

3.2 Stockport Demographics

3.2.1 Population trends and age structure

The ONS mid-year estimate of population for 2016 showed that around 290,500 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 is experiencing the national trend of an ageing population.



Source: Office for National Statistics

Trends over the last two decades show that Stockport's total population has been relatively stable, but is starting to increase. Until 2013 the population varied less than $\pm 1.2\%$, but has since showed a steady increase of 1,000 to 2,000 people per year which is projected to continue.

The age profile has changed significantly in this period however, and shown a significant ageing trend, so that since 2006 the 65+ population has grown by 17% and the 85+ population by 25%. These trends are driven by a number of factors, including increasing life expectancy and the cohort effect of the post war baby boom generation reaching older age.

Alongside this ageing trend Stockport has also experienced an increase 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 in 2012. This trend has now stabilised, with 3,400 births per year. 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.

The ageing population and rise in birth rates are contributing to an expectation that the overall population of Stockport will rise slightly over the next few years, by 2021 the population of Stockport is expected to have increased by 2.3%, to 271,000 (by 6,600 people). The majority of this rise will be in the older population which is expected to form more than 20% of the population by this time.

3.2.2 Ethnicity and other protected characteristics

Stockport is less ethnically diverse than the national average with 92% of the population identifying themselves as white in the 2011 Census compared to 86% nationally. Over time however the diversity of the population is increasing and the number of people identifying themselves as from a Black or Minority Ethnic Group (BME) almost doubled from 2001 to 2011, to 22,500.

Table 3.1 Stockport Ethnicity – data from the Census

Ethnic Group		Persons		Proportion	
		2001	2011	2001	2011
White	British	264,279	252,044	92.9%	89.0%
	Irish	4,155	3,938	1.5%	1.4%
	Other White	3,796	4,837	1.3%	1.7%
	Total White	272,230	260,819	95.7%	92.1%
Mixed	White & Black Caribbean	953	1,734	0.3%	0.6%
	White & Black African	413	775	0.1%	0.3%
	White & Asian	915	1,460	0.3%	0.5%
	Other Mixed	745	1,135	0.3%	0.4%
	Total Mixed	3,026	5,104	1.1%	1.8%
Asian or Asian British	Indian	1,867	2,786	0.7%	1.0%
	Pakistani	2,949	6,673	1.0%	2.4%
	Bangladeshi	353	705	0.1%	0.2%
	Chinese	1,315	1,722	0.5%	0.6%
	Other Asian	798	1,876	0.3%	0.7%
	Total Asian	7,282	13,762	2.6%	4.9%
Black or Black British	Black Caribbean	660	745	0.2%	0.3%
	Black African	352	976	0.1%	0.3%
	Other Black	167	237	0.1%	0.1%
	Total Black	1,179	1,958	0.4%	0.7%
Other Ethnic Groups		809	1,632	0.3%	0.6%
All people		284,526	283,275		

Source: Office for National Statistics

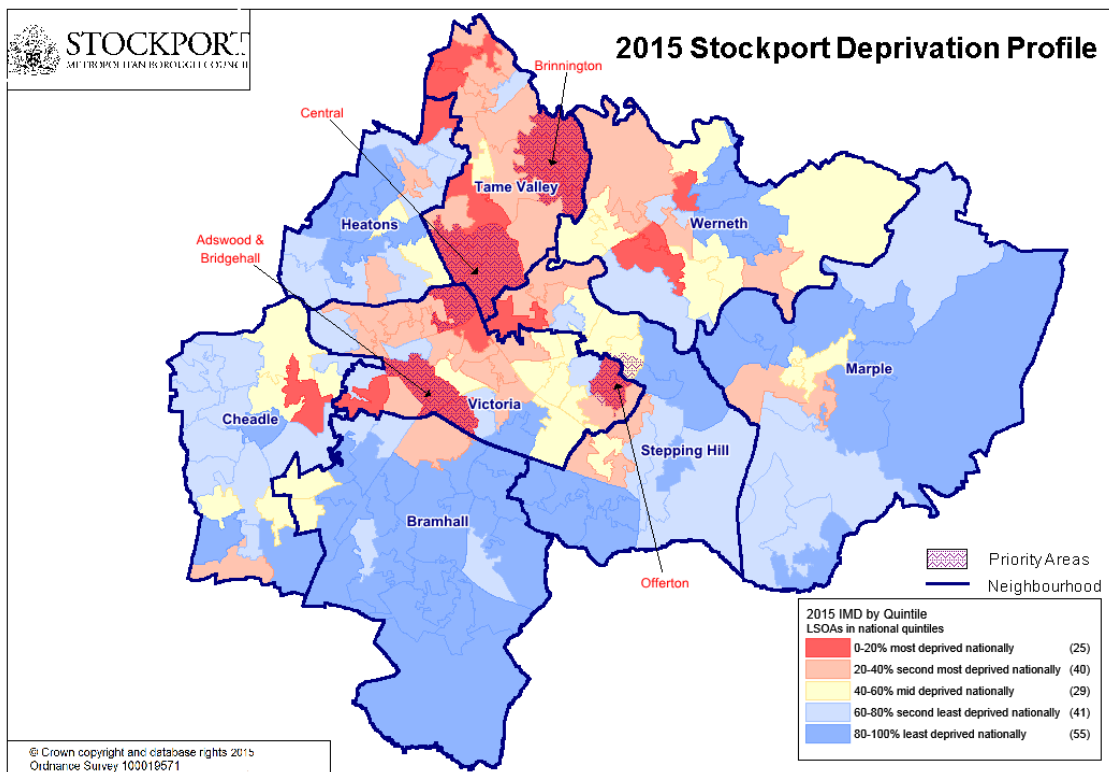
The distribution of the BME population across Stockport is not even and the areas of Heald Green, Cheadle & Gatley and Heaton South are particularly diverse; in each of these areas there are particularly high rates of the population who identify themselves as from a Pakistani or Indian background, the total BME population in these areas approaches 20%. These areas also have higher than average rates of people whose religion is Muslim; in fact 50% 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.

Comprehensive estimates of the population of Stockport who have a disability are not available; however it is known that 5.6% people in Stockport reported having poor health over the year preceding the 2011 Census, a rate that mirrors the national average. 8.6% of Stockport's population stated that they have an illness or condition which limits their day-to-day activities a lot; a rate very similar to the national average.

Overall in Stockport the uptake of disability related benefits is broadly similar to the national average, with 10,990 claiming Incapacity Benefit/Severe Disablement Allowance/ Employment and Support Allowance and 11,350 claiming Disability Living Allowance. Mental health is the most common condition leading to benefit uptake.

National estimates of prevalence for learning disability suggest that there are likely to be around 5,250 adults with a learning disability in Stockport, of which 1,100 will be moderate or severe. 1,415 people in Stockport are registered as blind or partially sighted, of whom 73% 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.

3.2.3 Deprivation

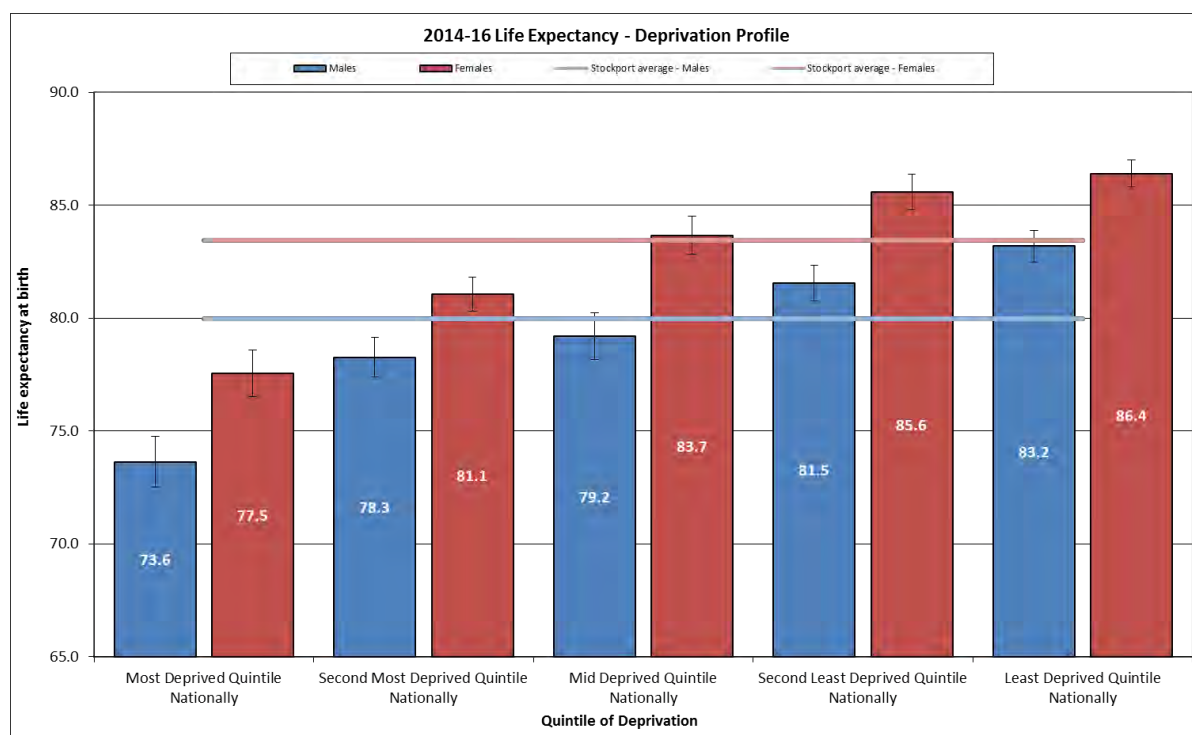


The 2015 Index of Multiple Deprivation ranked Stockport as having average levels of deprivation on a national scale; however within Stockport there is a considerable spectrum, ranging from very affluent areas in the south and east of the borough to significantly deprived areas in the north and centre. Stockport is unusual in having a few, relatively small, severely deprived areas in a borough which on the whole is well-off; in fact some areas in Stockport rank amongst the 2% most deprived nationally. Four areas across Stockport have been identified as priorities, these areas (shown on the map above) have the poorest health outcomes and highest priority health need.

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, nationally the area ranked third in the polarisation index. Addressing these inequalities is a key priority within Stockport’s Health and Wellbeing Strategy (2015).

3.3 Stockport Health Needs

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 has continued to rise and is currently 80.0 years for males and 83.4 years for females. Life expectancy is also rising in the most deprived areas; however rates here remain significantly lower than the average, currently males in Brinnington & Central can expect to live to 72.5 years and females to 76.9 years.



Source: Public Health Intelligence, Stockport Council

Healthy life expectancy estimates suggest that around 13-15 years of life are spent in poor health for men and 17-18 years of life are spent in poor health for women; but these times extend to almost 20 years in the most deprived areas.

There continues to be good progress in reducing deaths from circulatory disease; cancer is now the biggest killer overall. Hypertension (44,900 people), CHD (11,800), asthma (19,900), diabetes

(15,300) and depression (24,300) 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 16% 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 33% in Stockport's most deprived areas.

Around a quarter (25%) of the adult population drink unhealthily, with 3% drinking at levels that pose immediate risks to health. Alcohol related harm hospital admissions continue to rise and alcohol related causes of death are an increasing cause of health inequality. There are an estimated 1,250 adults in Stockport who are regular users of opiates and/or crack, around 970 of whom are engaged in some form of treatment with NHS services.

Rates of teenage conception are falling and are currently 20.7 per 1,000; lower than the national average and 55% lower than they were in 2006. Around 100 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 slightly over the next few years. This projection is based on the current trends in birth and death rates and doesn't 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 (summarised below, see also [appendix 1 – map 8](#)) that are under construction, and others which are still at the planning stage, for which the timescales completion are not finalised. For this PNA these 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 April 2021) 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 is being developed in a phased approach over the coming years. So far phases 1 and 2 of the scheme are underway, and a total of 250 homes have received full planning permission. Currently the nearest pharmacies are more than 2km away from the site. A supplementary statement for an additional need for essential services will possibly be required at some point during the development, as properties are completed and occupied. Analysis of population change in this area will be undertaken regularly and a statement indicating unmet need will be issued if this population change leads to Stockport's strategic principles (see [section 2.4.4](#)) being breached.
- **Heaton Manor, Heaton Moor**

Residential development comprising 129 dwellings with associated open space, of which phase 1 is complete and phase 2 is nearing completion. This application received permission in 2013 and is within 1km of an existing pharmacy.

- **Hampton Wood, Mirrlees Drive, Hazel Grove**
Residential development comprising 226 dwellings with associated open space which is at the final stage of completion. This application received permission in 2011 and is within 1km of an existing pharmacy.
- **Blackberry Vale, Brinnington**
A development to the north of Brinnington of 98 new dwellings which is nearing completion, most properties in the development are within 1km of an existing pharmacy.
- **Barnes Village, Cheadle**
Residential development of the former Barnes Hospital site in Cheadle to provide up to 300 new dwellings (apartments and housing). This application received permission in 2013 and phase 1 (155 dwellings) is under construction; it is within 1km of an existing pharmacy.
- **Chatsworth Grange, Marple**
Residential development of the former Marple College site in Marple to create 93 new dwellings. This application received permission in 2015 and is under construction. It is within 1km of an existing pharmacy.
- **Former Police Station, Lee Street, Stockport**
A town centre development, which is nearing completion, of 53 new dwellings. The site is within 1km of an existing pharmacy.
- **Carrington Field Street**
A resident development of up to 58 new dwellings, including 26 apartments and 32 houses. This application received permission in 2016 and is under construction, it is within 1km of an existing pharmacy.
- **Elizabeth Garden, North Reddish**
Full planning permission for the refurbishment and conversion of Elisabeth Mill and site to form 213 dwellings. This development is now under construction and is within 1km of an existing pharmacy.
- **Vision, Europa Way**
A resident development of 153 new dwellings in vacant land close to Bridgehall. This application received permission in 2016 and is now under construction; it is within 1km of an existing pharmacy.
- **Bredbury Curve**
A resident development of 60 new dwellings on a former railway siding. This application received permission in 2017 and is now under construction. It is within 1km of an existing pharmacy.
- **St Thomas Hospital, Shaw Heath**
Demolition of unused buildings and construction of 59 new residential dwellings, this application received permission in 2017, is now under construction and is within 1km of an existing pharmacy.
- **Midland Road, Bramhall**
Proposed residential development comprising up to maximum of 250 dwelling units, including 160 houses and 90 apartments, including the provision of affordable housing. This application received permission in 2013 and is within 1km of an existing pharmacy.

Permission granted but not yet underway

- **Meadow Mill, Portwood**

Conversion of a vacant grade II listed former mill building into mixed use development comprising of 217 apartments and retail space. This application received permission in 2017 and is within 1km of an existing pharmacy.

- **Cranford Golf Centre, Heaton Mersey**
Outline planning application for the construction of a residential development comprising up to 75 two storey dwellings. This application received permission in 2018 and is within 1km of an existing pharmacy.
- **Rock Row, Stockport**
Construction of a 4 storey residential block to accommodate 21 newly proposed apartments and 31 proposed in the existing buildings (52 apartments total). This application received permission in 2018 and is within 1km of an existing pharmacy.

Awaiting planning decision

- **Springmount Mill, Brinksway**
Application for planning permission in support of comprehensive redevelopment of existing site comprising erection of 3 blocks of varying heights from 5 to 8 storeys providing 175 apartments. This proposed development is within 1km of an existing pharmacy.
- **Battersby Hat Works, Offerton**
The creation of a new residential neighbourhood on the site of the Offerton Industrial Estate, in total 149 new dwellings will be provided. This proposed development is within 1km of an existing pharmacy.

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. Pharmacies in Handforth dispense over 87,000 items a year for Stockport GP registered patients.

Cheshire East Council are currently developing plans for a new growth village, North Cheshire Garden Village, comprising 1,650 homes to the east of Handforth, adjacent to the Stockport border close to the former Woodford Aerodrome site. It is expected that up to 325 of these dwellings could be built by March 2021. The site is close to the Handforth Dean Retail Park which includes a 100 hour pharmacy within a superstore, the majority of properties will therefore lie within 1km of an existing pharmacy.

Taken with the Woodford development, these local changes suggest a need to jointly review community pharmacy provision on both sides of the Cheshire East / Stockport border once developments are underway and the demographics of residents are understood. This may also highlight other care and health needs including primary care, community and other services that are driven by patient flow rather than geographical area of residence.

4 Current Provision of Pharmaceutical Services

Stockport is located in the south east of the Greater Manchester conurbation, between the city of Manchester and the Peak District national park with borders to Tameside and Glossop, Manchester, Eastern Cheshire and North Derbyshire CCGs.

For the review of current provision this assessment includes the community pharmacies providing essential, advanced and locally commissioned services in Stockport and in the neighbouring areas of Manchester, Tameside and Cheshire East. Out of area community pharmacies have been identified as relevant to Stockport residents where the pharmacy is either:

- located within 1km of the boundary
- dispenses 15,000+ Stockport generated items in 2016/17

These criteria were selected after a review of all pharmacies dispensing more than 1,000 items for Stockport patients over two years, thresholds were set to exclude the distortion caused by contract work for care homes. The community pharmacies in North Derbyshire CCG 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 out of area pharmacies considered in this PNA.

4.1 Essential services – provided by all pharmacies

Within the borough of Stockport there are 68 community pharmacies, 3 internet/ distance selling pharmacies; 1 dispensing appliance contractor (DAC) and 1 hospital pharmacy. There are no dispensing doctors.

- [Appendix 1 – map 2](#) shows the location of these pharmacies in relation to urban areas and the road network,
- [Appendix 1 – map 3](#) shows the location of these pharmacies in relation to the urban areas with 1km radii.
- [Appendix 1 – map 4](#) shows the location of these pharmacies in relation to concentrations of deprivation
- [Appendix 1 – map 5](#) shows the location of these pharmacies in relation to concentrations of deprivation with 1km radii.
- [Appendix 1 – map 6](#) shows the location of these pharmacies in relation to population spread
- [Appendix 1 – map 7](#) shows the location of these pharmacies in relation to GP practice locations and the OOH (out of hours) service

The number of community pharmacies per 100,000 patients in Stockport compares favourably with national average and is similar to the Greater Manchester average (see table 4.1). The number of community pharmacies has risen by 1 since 2014.

Table 4.1: Community pharmacies as at 31 March 2017			
	Number of community pharmacies 2016/17	Population (000)s (2016)	Pharmacies per 100,000 population 2016/17
England	11,699	55,268	21.2
Greater Manchester	704	2,782	25.3
Stockport	71 ⁸	291	24.4

Source: NHS Digital

⁸ Includes 3 distance selling pharmacies, does not include pharmacy which closed in June 2017

There are 40 GP practices in Stockport, with 11 branch GP locations and a GP out of hours service, generating 6,537,209 prescriptions in the year ending March 2016; and 6,568,861 in the year ending March 2017.

93.7% of the prescriptions generated by Stockport GP's are dispensed within Stockport boundaries (2016/17); of the remaining 6.3% dispensed out of area, significant numbers (2.8% of total) are dispensed in cross border pharmacies identified in this PNA assessment (see [appendix 1 - map 1](#)). Stockport and out of area distance selling pharmacies (internet) now account for up to 0.8% of the total volume which is similar to the previous PNA assessment. The remaining prescriptions are dispensed nationwide with no significant number in any area (source: EPACT2 prescribing data year ending 2016-17).

The average number of dispensed items per pharmacy in Stockport is higher than both the national and Greater Manchester averages. 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 Area Team and 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 pharmacy		
	Number of community pharmacies 2016/17	Average items per pharmacy per month
England	11,699	7,233.3
Greater Manchester	704	7,250.3
Stockport	71	7,841.5

Source: NHS Digital, EPACT2

Current provision for essential pharmaceutical services within Stockport ensures that for 93.4% 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. Provision for Stockport residents is available from both pharmacies within Stockport and cross border pharmacies within 1km of the boundary (see [appendix 1 - maps 3-6](#)).

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 (2015)					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	41	2,749	2,181	3,877	10,924	19,772
	Proportion	99.9%	95.6%	95.1%	94.1%	87.1%	93.4%
1.5km	Number	0	0	959	780	1,797	3,536
	Proportion	100.0%	100.0%	97.9%	98.8%	97.9%	98.8%

Source: Public Health Intelligence, Stockport Council

Deprived areas of Stockport are particularly well provided for by community pharmacies, with 100% of people living in the most deprived quintile living within 1km of a provider. The least deprived, most rural, parts of the borough are the areas with the furthest distance to travel, with 87.1% of the population within 1km of a pharmacy, however 97.9% of the population in these areas are within 1.5km (1 mile) of a provider (see table 4.3).

96.4% 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. 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 4.4). There is no evidence of patient dissatisfaction with choice of pharmacy.

Table 4.4: Community Pharmacies in contract with PCT at 31st March 2017, number and percentage of independent and multiple contractors 2016-17

	Number and [percentage]			
	Community Pharmacies	Independent Contractors		Multiple Contractors ⁹
England	11,699	4434	38%	7,265 62%
Greater Manchester	704	231	33%	473 67%
Stockport	71	26	37%	45 63%

Source: NHS Digital

4.1.1 Hours of trading

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 these declared hours, as originally stated on the contract application, must be applied for, to NHS England Greater Manchester Area Team, with a minimum of 90 days' notice.

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. All 100 hours are 'core' hours and any minor changes must again be applied for to NHS England Greater Manchester Area Team.

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

In 2017 in Stockport 6 community pharmacies open for the minimum 40 hours only, 24 open for between 40 and 50 hours, 26 open for between 50 and 60 hours, 6 open between 60 and 100 hours and 6 are contracted to provide 100 hours.

Review of current provision across Stockport indicates that there are no gaps in essential services, including late evenings Monday to Friday, Saturday and Sunday (see [appendix 1 – maps 9 - 12](#)).

[Appendix 1 – map 7](#) shows the distribution of pharmacies compared to that of GP practices and the GP out of hours service. In all cases there is a pharmacy within at least 1km of a GP site, and in the

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

vast majority of cases these services are either co-located or in very close proximity. There are more pharmacies than GP Practices in Stockport.

Potential future needs arising out of changes to GP provision, particularly changes to hours of operation (including weekend opening and extended hours during the week) and the move from acute to community services as part of the Stockport Together programme, will be assessed on a case by case basis against existing pharmacy provision as part of NHS England's contractual process. changes to pharmaceutical provision will be highlighted in published supplementary statements to this PNA.

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.

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 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:

- Provision of a ramp or bell to alert staff to the needs of wheel chair users
- Provision of a hearing loop
- Provision of plain lids where difficulties in opening child resistant containers exists
- Provision of large print medication labels
- Provision of MARS (medicines administrations record sheets) to support with medicine adherence
- Provision of monitored dosage systems
- Ability to source and supply non-gelatine based products
- Leaflets and / or translation facilities for those whose first language is not English

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

4.2 Advanced services

4.2.1 Medicines Use Review (MUR)

This service can be provided by any pharmacy contractor, including internet/distance selling pharmacies provided they can fulfil the requirements of The Pharmaceutical Services (Advanced and

Enhanced) (England) Directions 2013 (part 2, sections 4- 5)¹⁰. The pharmacist providing the service must be competent and have provided evidence of accreditation to the local area team of NHS England.

MUR consultations undertaken at locations other than the pharmacy premise can be authorised by a NHS England local area team on an individual named patient basis by completing a PSNC PREM 2 declaration. In these circumstances attention must be given to both patient and pharmacist safety. Enhanced Disclosure & Barring Service [DBS] checks, insurance, lone working and chaperone policies should be in place in all pharmacies providing MUR.

As per regulation more than 50% of all consultations must be to patients who receive medication in the declared 'national target' groups. The service is monitored by NHS England utilising the tool of indicators in the Community Pharmacy Assessment Framework (CPAF).

Data from 2016/17 shows that the number of pharmacies in Stockport offering this service has increased to 63 pharmacies, although this is still a slightly lower proportion than the national average. The average number of MUR consultations per year per pharmacy is similar to the rates in Greater Manchester and England (see table 4.5), indicating that there is no gap in provision.

Table 4.5: Pharmacies Providing MUR Services 2016/17

	Number of community pharmacies	Community pharmacies providing MUR	Percentage of community pharmacies providing MUR	Total MURs	Average MUR per community pharmacy
England	11,699	11,244	96.1%	3,368,005	299.5
Greater Manchester	704	653	92.8%	203,995	312.4
Stockport	71	63	88.7%	19,258	305.7

Source: NHS Digital / NHS Business Authority

4.2.2 New Medicines Service (NMS)

This service is available from both community pharmacies and internet/distance selling pharmacies provided they are compliant with the requirements of The Pharmaceutical Services (Advanced and Enhanced) (England) Directions 2013 (part 2, sections 6- 8)¹¹. Pharmacists undertaking the service with the patient must provide the commissioner with a declaration of competence to national standards.

Table 4.6: Pharmacies Providing NMS Services 2016/17

	Number of community pharmacies	Community pharmacies providing NMS	Percentage of community pharmacies providing NMS	Total NMS	Average NMS per community pharmacy
England	11,699	9,972	85.2%	872,296	87.5
Greater Manchester	704	582	82.7%	55,288	95.0

¹⁰ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/193012/2013-03-12_-_Advanced_and_Enhanced_Directions_2013_e-sig.pdf

¹¹ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/193012/2013-03-12_-_Advanced_and_Enhanced_Directions_2013_e-sig.pdf

Stockport	71	59	83.1%	4,788	81.2
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Source: NHS Digital / NHS Business Authority

Data from 2016/17 shows that 83% (59) of Stockport pharmacies were active with the NMS, up from 65.7% (46) in 2013/14 (see table 4.6). The average number of NMS consultations per year per pharmacy is slightly lower than the rates in Greater Manchester and England (see table 4.5), there is no gap in provision.

4.2.3 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.

During the 2016/17 flu season community pharmacies across Stockport delivered vaccinations to 2,877 patients who were identified as eligible for a NHS funded vaccination, delivered by 39 pharmacies (see [appendix 1 – map 13](#)). The 2017/18 service is underway and 47 community pharmacies across Stockport are registered to deliver the service, the location and volume delivered will be confirmed once the season is complete in February 2018.

This service is also offered by GPs in Stockport, and levels of provision are sufficient to ensure that flu vaccination rates in Stockport are amongst the highest nationally, indicating that there is no gap in provision.

Table 4.7: Pharmacies Providing Adult Flu Vaccination Services 2016/17

	Number of community pharmacies	Community pharmacies providing Flu	Percentage of community pharmacies providing Flu	Total Flu vaccines given in pharmacy	Overall flu uptake for 65+
England	11,699	8,451	72.2%	950,765	70.5%
Greater Manchester	704	463	65.8%	42,631	72.2%
Stockport	71	39	54.9%	2,877	78.1%

Source: NHS Digital/ NHS Business Authority

4.2.4 NHS Urgent Medicine Supply Advance Service (NUMSAS)

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

NUMSAS enables patients who contact NHS 111 for an urgent supply of medicines to be referred to a community pharmacy; if clinically appropriate the community pharmacist can supply the medicines required. This service is free at the point of use to those patients exempt from NHS prescription charges. This is a unique Advanced Pharmacy Service as it involves direct referral to community pharmacies and includes community pharmacy as part of the urgent care pathway. The service will reduce existing pressure on GP Out of Hours services as many patients will no longer be directed to them for an urgent supply of medicines.

The Service is being piloted nationally, to 30th September 2018, to evaluate the impact on the urgent care system to inform future commissioning. The NUMSAS pilot was launched across Greater

Manchester pharmacies in July 2017, as of January 2018 there were 42 community pharmacies delivering the service across Greater Manchester, two of which are from Stockport.

4.2.5 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.

In 2016/17 SAC were carried out by 10 Stockport premises providing 136 adaptations (source: NHS Digital / NHS Business Authority). This does not indicate that Stockport patients receiving appliances do not have access to SAC, as most are provided by DAC which are located outside Stockport boundaries and the data will be incorporated within the locality of the pharmacy rather than the patient (see [section 4.5](#)).

4.2.6 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.

It is expected the review is only undertaken by a healthcare professional qualified to undertake the service, with sufficient knowledge of the products provided to the patient receiving the AUR. A contractor can utilise the services of a specialist nurse for this service.

Data for 2016/17 indicates that no reviews were undertaken in Stockport. However, this does not indicate that Stockport patients receiving appliances do not have access to AUR, as most are provided by DAC which are located outside Stockport boundaries and the data will be incorporated within the locality of the pharmacy rather than the patient (see [section 4.5](#)).

Within Greater Manchester 1,187 patients received an AUR service either within their own home or at the premise of the service provider (source: Digital / NHS Business Authority).

4.3 Locally Commissioned Services – Stockport Council

4.3.1 Smoking cessation

The Smoking Cessation service based in community pharmacies is commissioned by Stockport Council to deliver increased choice and easier access to support for adult smokers (over 18 years) across Stockport. This scheme provides an opportunity for pharmacists to target activities and provide support to people in local and accessible settings. The scheme complements current local services provided by ABL Stockport ¹²and all Stockport GP practices.

The service is available for adults who reside or work in Stockport. Tailored one to one support is available with the offer of a maximum of 12 weeks of Nicotine Replacement Therapy (NRT) provided

¹² ABL (A Better Life) Stockport is the new integrated lifestyle service for Stockport, providing behaviour change support including smoking cessation support.

fortnightly, and assessed by initial client motivation and self-reporting. The revised service specification (from April 2014) has introduced routine carbon monoxide monitoring to provide motivation and validation of quit at each visit as well as dual therapy. Clients are signposted to additional services provided by ABL Stockport or any local GP practice as required. Staff involved in delivering the schemes attend accredited and locally delivered training and are currently supported by ABL Stockport. All pharmacists providing the service must meet the specifications requested by ABL Stockport and Local Authority Commissioners.

The service is been confirmed as commissioned from 14 pharmacies (see [appendix 1 – map 14](#)), including the pharmacy at Stockport NHS Foundation Trust. At least one pharmacy in each of Stockport's 8 neighbourhoods provides this service and the service is particularly targeted at areas where smoking rates are highest, which correspond to areas of deprivation (see [appendix 1 – map 14](#)). Additional provision is also being developed with pharmacies registered on the Healthy Living Pharmacy scheme, there is no gap in provision.

4.3.2 Supervised consumption of opiate substitute medication

Pennine Care NHS Trust's Pathfinder service works with around 700 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 who receive substitute medication.

As with Needle & Syringe Programme (NSP, see [section 4.3.3](#)) there is a need for supervised consumption services across the borough, though with notable clusters in areas of deprivation (see [section 3.2.3](#)).

Pharmacy services that Pathfinder 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 Pathfinder 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 114¹³, and Department of Health 'Orange Book'¹⁴ guidelines).

Since October 2015, the contracting of supervised consumption services has been a responsibility of Pathfinder.

Currently there are 9 pharmacies providing supervised consumption of methadone, this is a reduction compared to the situation at the previous PNA however the current pharmacies provide good geographical coverage across the borough and access to supervised consumption services is sufficient (see [appendix 1 – map 15](#)).

There are no pharmacies currently providing supervised consumption of buprenorphine. The need for this service is relatively limited as most clients start treatment using methadone and are already stable at the point they choose to switch to buprenorphine; however provision for any clients who may wish to start treatment on buprenorphine or who require supervision during treatment due to increased clinical risks being identified is currently not available. Pathfinder are actively working with

¹³ <http://www.nice.org.uk/guidance/ta114>

¹⁴

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

pharmacies that currently offer supervised consumption of methadone to extend their provision to buprenorphine.

4.3.3 Needle & Syringe programme (NSP)

The Needle and Syringe Programme (NSP) is co-ordinated by Change, Grow, Live (CGL) Stockport treatment service; during 2016/17 there were approximately 7,350 client contacts for NSP services recorded by pharmacy exchanges and approximately 800 contacts via the fixed site needle exchange run by CGL.

In terms of geographical spread, the clients live across the borough, though with notable clusters in areas of socio-economic deprivation (see [section 3.2.3](#)).

Currently 11 Stockport community pharmacies provide NSP services, located in both the cluster areas as outlined above; and the outlying areas of the borough (e.g. Gatley, Romiley, Marple, Woodley and Cheadle) (see [appendix 1 – map 16](#)). The level of provision indicates no gap for NSP services in Stockport.

There has been a 9% increase in the use of NSP services during April to September 2017 compared to the same period of the previous year. Around 70% of clients using NSP services are recorded as opiate users with around one third of these clients also reporting crack use. The remaining clients are fairly evenly split between using Performance and Image Enhancing Drugs (PIEDs) and stimulant only users.

Users of PIEDs (e.g. steroids/growth hormones) present a different profile to those clients using opiate/crack/amphetamines and may require services which meet particular needs (NICE PH52 Needle and syringe programmes¹⁵). Pharmacy based NSPs where there are particular concentrations of PIED users may require support and training to ensure that they are able to provide specific equipment and advice suitable for this clients group.

4.3.4 Emergency Hormonal Contraception (EHC)

9 pharmacies are commissioned to provide the Emergency Hormonal Contraception (EHC) service under a Patient Group Directions (PGD) (see [appendix 1 – map 17](#)). 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.

EHC under PGD is not limited to Stockport residents and is available 7 days per week. EHC is also available in community sexual health clinics and GP practices. Central Youth also provide a complete Sexual Health service for clients under the age of 25. The level of provision indicates no gap for EHC services in Stockport.

4.3.5 Healthy Living Pharmacies

In 2016/17 Stockport MBC accredited 18 pharmacies with Healthy Living Pharmacy (HLP) status. This required local compliance with the Greater Manchester HLP framework (December 2017). In April 2017 a national HLP scheme was announced supported by a 'quality payment'. Pharmacies registered with NHS Business Authority (NHSBA) by November 2017 if compliant can qualify.

¹⁵ <https://www.nice.org.uk/guidance/ph52>

There are now 58 pharmacies in Stockport registered as Healthy Living Pharmacies and receiving a 'quality' payment (see [appendix 1 – map 18](#)), indicating no gap in provision. To qualify for a payment pharmacies must meet 4 core criteria and have at least 1 trained HLP leader and champion; at least 80% of all staff on site must also be dementia friends trained.

HLP Champions & Leaders are trained to carry out very brief interventions on-site. A total of 1,049 very brief interventions have now been recorded in Stockport (Nov 16 – Oct 17). These interventions are for behaviour change supporting national campaigns and initiatives.

4.4 Locally Commissioned Services – Stockport CCG

4.4.1 Minor ailments

Stockport CCG has joined the Minor Ailments Scheme (MAS) managed through NHS England Greater Manchester Area Team. This scheme is open to all Stockport community pharmacies, provided they have a consultation room, and does not require that the patient attends the surgery to obtain any referral prior to supply. It is however only open to people entitled to free prescriptions.

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.

The scheme was launched in July 2014 with a new monitoring system introduced in August 2017. In November 2017, 30 Stockport pharmacies had at least one minor ailment consultation with a total of 265 interactions, the majority (80%) for children aged under 16. The level of provision indicates no gap for MAS services in Stockport.

4.4.2 On demand availability of specialist drugs (Last Days of Life Prescribing)

The formal service for last days of life medications has now ended, however many pharmacies still stock a full range of end-of-life medication that can be accessed at short notice during working hours. The GMLPC recently conducted a survey in Stockport to find out which pharmacies stock last days of life medication, of the 22 pharmacies who responded 15 pharmacies reported that they do stock the full range. There is no specific additional funding to supplement that available via the dispensing fee.

4.4.3 CCG Pharmaceutical Support Services

4.4.3.1 Medicines Optimisation Support

Stockport CCG employs a team of pharmacists to work together as a Medicine Optimisation team, to review the use of medication across Stockport. Their key role is to ensure safe, clinically cost effective prescribing and therefore appropriate use of the CCG drug budget. They work closely with colleagues across the rest of Greater Manchester and use the Greater Manchester Medicines Management Group Formulary. They also provide support to the commissioning team purchasing services from the hospitals, and advise on the role of medicines in a range of care pathways.

4.4.3.2 Care Homes

Support to care homes (residential and nursing) is also offered through the Medicine Optimisation team at the CCG. Policy and guidance has been developed and, working with the local authority, is supported by visits to the homes. The developments described in [section 2.5.1](#) will eventually enable the team to order the medication required by the homes.

4.5 Dispensing appliance contractors

Dispensing Appliance Contractors (DAC) (see page 7) 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 niche 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 [sections 4.2.5 and 4.2.6](#)).

Currently there is one DAC located within the boundaries of Stockport with two others sited close to the border in Tameside. A significant number of Stockport prescriptions for these products are dispensed by cross border DACs.

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.

4.6 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 and transcribers.

Additionally all patients have a smoking history taken on admission and, where appropriate, advice on quitting smoking and signposting for further help on discharge is given. Women in pregnancy are given advice on quitting smoking and second-hand smoke. There are plans being implemented so that all patients who smoke and require elective surgery will receive cessation advice, when planning that elective surgery, so that complications will be reduced following a sufficient period of quitting.

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.

Patients are given a copy and encouraged to review this with their community pharmacy at the time of their next repeat prescription in primary care. With the consent of the patient the community pharmacy may be contacted directly via discharge planning arrangements for those patients considered to be a particular risk so that active follow up may take place. These patients may be identified at admission, especially if the admission is medicine related.

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 Trust is actively giving consideration to improving patient throughput by developing an improved discharge service for patients utilising the services of the Pharmacy Shop

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 has been awarded Healthy Living Pharmacy Level 1 status and 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. The Pharmacy Shop is also used as part of the campaign to deliver flu vaccinations to the Trust's 5000 members of staff. It is envisaged that services will be expanded to provide FP10 dispensing in relation to out-patients and other service users, minor ailment, flu and travel clinics operated by independent pharmacist prescribers to the 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

Stockport NHS Foundation Trust offer a number of specialist pharmacy services including respiratory medicine, cardiology, care of the elderly, gastroenterology and two Macmillan posts for oncology / palliative care and haematology. There are dedicated pharmacists for antibiotics management 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 broad range of aseptically prepared products are also available.

Quality Control North West 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 Internet Pharmacy Provision

Within the borough of Stockport there are 3 internet/ distance selling pharmacies which dispense a small proportion of local prescriptions. Out of area internet and distance selling pharmacies now account for between 0.5-0.8% of the total volume of prescription items which has not changed significantly since the previous PNA assessment; and is 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 290,500 (2015) population by providing a service for > 93% of the residents within 1km of their home. This is further enhanced by the provision of pharmacies within 1km of the boundary of the borough. The number of community pharmacies in Stockport has increased by 1 since the previous PNA.

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

Data from 2016/18 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.

The possible future development of the Woodford Aerodrome site, with around 920 new homes, may lead to a gap in essential service provision once the development is underway and occupied; as currently the nearest pharmacy is more than 2km away. Analysis of population change in this area will be undertaken regularly and a statement indicating unmet need will be issued if this population change leads to Stockport's strategic principles (see [section 2.4.4](#)) being breached.

In addition Cheshire East's proposed North Cheshire Garden Village, may lead to further need for primary care in this area; a joint assessment of these needs will be undertaken once the development is agreed.

Analysis of opening hours and trading days shows there is adequate provision for out of hours services. Potential future needs arising out of changes to GP provision, particularly changes to hours of operation (including weekend opening and extended hours during the week) and the move from acute to community services as part of the Stockport Together programme, will be assessed on a case by case basis against existing pharmacy provision as part of NHS England's contractual process.

5.2 Advanced Services

MUR and NMS data for Stockport indicates that 2016/17 provision was in line with the Greater Manchester level of service. Any pharmacy may choose to provide the MUR or NMS service provided they meet all the national regulations. Appliance Use Reviews and Stoma Customisation can also be provided by any relevant pharmacy and subject to regulations. Analysis shows that advanced services are sufficiently well distributed in Stockport and there are no reported concerns about provision.

5.3 Locally Commissioned Services

There are no pharmacies currently providing supervised consumption of buprenorphine. The need for this service is relatively limited, however. Pathfinder are actively working with pharmacies that currently offer supervised consumption of methadone to extend their provision to buprenorphine.

The review of pharmacy needs does not indicate any other gap in provision for locally commissioned services.

6 Consultation Process

The PNA requires a statutory 60 day consultation with a range of stakeholders. This was undertaken in January to March 2018, and this document reflects the feedback arising from the comments.

Review and comment was invited from all statutory stakeholders, a list of whom is in [appendix 2](#), and the consultation was also posted on Stockport Council's 'Have Your Say' Consultation hub for the duration, where members of the public were able to view and respond.

In addition to statutory consultees the draft PNA was also discussed by Stockport's Adults Social Care and Health Scrutiny Committee and Stockport's Health and Wellbeing Board during the consultation period.

In total three sets of comments were received during the consultation, all agreed with the findings of the draft PNA and made only minor suggestions for amendments to the text, which have been incorporated into this version.

7 PNA updates and supplementary statements

This document will be published as Stockport Health and Wellbeing Board Pharmaceutical Needs Assessment 2018 on or before 1st April 2018.

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 1st April 2021) 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 2018 PNA and will be approved by the Chair of Stockport Health and Wellbeing board prior to release.

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Index of Providers

Stockport Pharmacies

ID	Pharmacy	Address 1	Town	Postcode
1	Adswood Pharmacy	205 Garners Lane	Adswood	SK3 8QJ
2	Asda Pharmacy	Warren Street	Stockport	SK1 1UA
3	Boots [Bramhall]	1a Bramhall Lane South	Bramhall	SK7 1AL
4	Boots [Cheadle Hulme]	130 Turves Road	Cheadle Hulme	SK8 6AW
5	Boots [Cheadle]	32 High Street	Cheadle	SK8 1AL
6	Boots [Edgeley]	82 Castle Street	Edgeley	SK3 9AL
7	Boots [Heaton Moor]	56/58 Heaton Moor Road	Heaton Moor	SK4 4NZ
8	Boots [Marple]	9 Market Street	Marple	SK6 7AA
9	Boots [Stockport]	47/49 Merseyway	Stockport	SK1 1PU
10	Carter D Pharmacy	513 Hempshaw Lane	Offerton	SK2 5TP
11	Centre Pharmacy	21a-22 The Shopping Precinct	Cheadle Hulme	SK8 5BB
12*	Cheadle Health Pharmacy	258 Stockport Road	Cheadle Heath	SK3 0RG
13*	Cheadle Pharmacy	7 Ashfield Crescent	Cheadle	SK8 1BH
14	Cohens [Bredbury]	164-166 Higher Bents Lane	Bredbury	SK6 2LU
15	Cohens [Cheadle Heath]	256 Stockport Road	Cheadle Heath	SK3 0RG
16	Cohens [Cheadle Hulme]	128 Hulme Hall Road	Cheadle Hulme	SK8 6LQ
17	Cohens [Heaton Chapel]	344 Wellington Road North	Heaton Chapel	SK4 5DA
18	Cohens [Heaton Mersey]	448 Didsbury Road	Heaton Mersey	SK4 3BS
19	Cohens [Heaton Moor]	133 Heaton Moor Road	Heaton Moor	SK4 4HY
20	Cohens [Reddish]	280-282 Gorton Road	Reddish	SK5 6RN
21	Davenport Pharmacy	191 Bramhall Lane	Davenport	SK2 6JA
22	Dial House Pharmacy	144 Dialstone Lane	Offerton	SK2 6AP
23	Fir Road Pharmacy	8 Fir Road	Bramhall	SK7 2NP
24*	Heald Green Pharmacy	208 Finney Lane	Heald Green	SK8 3QA
25*	Hillgate Pharmacy	50 Higher Hillgate	Hillgate	SK1 3PX
26	Jaybee Pharmacy	136 Lisburne Lane	Offerton	SK2 5RH
27	Lilleys Pharmacy	13 Turnstone Road	Offerton	SK2 5XT
28	Lloyds [Bredbury]	242 Stockport Road West	Bredbury	SK6 2AN
29	Lloyds [Cale Green]	236 Wellington Road South	Cale Green	SK2 6NW
30	Village Pharmacy [Cheadle Hulme]	1 Buckingham Road	Cheadle Hulme	SK8 5EG
31	High Street Pharmacy [Cheadle]	7-9 High Street	Cheadle	SK8 1AX
32	Lloyds [Edgeley]	99 Bloom Street	Edgeley	SK3 9LQ
33	Lloyds [Heaton Norris]	Heaton Norris Health Centre	Heaton Norris	SK4 1JX
34	Lloyds [Heaviley]	125 Buxton Road	Heaviley	SK2 6LR
35	Lloyds [Romiley]	2 Chichester Road	Romiley	SK6 4BL
36*	Lloyds [Sainsbury's Cheadle]	Wilmslow Road	Sainsbury's Cheadle	SK8 3BB
37	Lloyds [Sainsbury's Hazel Grove]	London Road	Sainsbury's Hazel Grove	SK7 4AW
38	Cale Green Pahrmary	43-45 Longshut Lane West	Shaw Heath	SK2 6RX
39	Lloyds [Woodley]	Woodley Health Centre	Woodley	SK6 1ND
40	Mai Fan Pharmacy	373 Buxton Road	Great Moor	SK2 7EY
41	Manor Pharmacy [Brinnington]	32 Brinnington Road	Brinnington	SK1 2EX
42*	Medichem	34-35 Woodley Precinct	Woodley	SK6 1RJ
43	Odell HM	601 Gorton Road	Reddish	SK5 6NX
44	Peak Pharmacy [Heald Green]	204 Finney Lane	Heald Green	SK8 3QA
45	Peak Pharmacy [High Lane]	The Village Green, Buxton Road	High Lane	SK6 8DR
46	Pharmacy One	262 Finney Lane	Heald Green	SK8 3QD
47	Romiley Pharmacy	30 Stockport Road	Romiley	SK6 3AA
48	Rowlands Pharmacy [Gatley]	10 Old Hall Road	Gatley	SK8 4BE
49	Rowlands Pharmacy [Hazel Grove]	61 Arundel Avenue	Hazel Grove	SK7 5LD
50	Scorah [Bramhall]	61 North Park Road	Bramhall	SK7 3LQ
51	Scorah [Cheadle]	169 Councillor Lane	Cheadle	SK8 2JE
52	Scorah [Hazel Grove]	87 Macclesfield Road	Hazel Grove	SK7 6BG

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53	Singers Pharmacy	15 Church Road	Gatley	SK8 4NG
54	Superdrug	4-6 Mersey Square	Stockport	SK1 1RA
55	Village Pharmacy [Bramhall]	42 Bramhall Lane South	Bramhall	SK7 1AH
56	Cohens [Brinnington]	Units 5-6, Berwick Parade	Brinnington	SK5 8LQ
57	Well [Hazel Grove 1]	114 London Road	Hazel Grove 1	SK7 4AG
58	Well [Hazel Grove 2]	221 London Road	Hazel Grove 2	SK7 4HS
59	Well [Heaton Moor]	32 Heaton Moor Road	Heaton Moor	SK4 4NX
60	Well [Hillgate]	54 Higher Hillgate	Hillgate	SK1 3PX
61	Well [Marple 1]	6 The Hollins	Marple 1	SK6 6AY
62	Well [Marple 2]	93 Stockport Road	Marple 2	SK6 6AA
63	Well [Marple Bridge]	19 Town Street	Marple Bridge	SK6 5AA
64	Well [Offerton]	217 Hall Street	Offerton	SK1 4JG
65	Well [Reddish 1]	1-3 Gorton Road	Reddish 1	SK5 6AZ
66	Well [Reddish 2]	26 Reddish Road	Reddish 2	SK5 7PE
67	Well [Reddish 3]	2 Longford Road West	Reddish 3	SK5 6ET
68	Well [Shaw Heath]	Shaw Heath Health Centre	Shaw Heath	SK3 8DN
69	C S Bullen Stomacare [DAC]	Unit 10, Waterloo Industrial Park	Stockport	SK1 3BP
70	Khalidoscope	46 Grasmere Road	Internet	SK8 4RS
71	Lloyds [Stockport Internet]	39 Carrington Field Street	Internet	SK1 3JN
72	Stockport Internet	73a Castle Street	Internet	SK3 9AT

Cross Border Pharmacies

ID	Pharmacy	Address 1	Town	Postcode
100*	Benchill Pharmacy	206 Hollyhedge Road	Wythenshawe	M22 4QN
101	Boots [Levenshulme]	215 Burnage Lane	Levenshulme	M19 1FN
102	Boots [Wythenshawe]	150 Hollyhedge Road	Wythenshawe	M22 9UE
103	Cocker Pharmacy	155 Fog Lane	Didsbury	M20 6FJ
104	Cohens [Burnage]	5 Kingsway Buildings	Burnage	M19 1PH
105	Lancewise [Burnage]	6 Queensway	Burnage	M19 1QP
106	Lancewise [Didsbury]	2a Lane End Road	Didsbury	M19 1WA
107	Listers Pharmacy	41 Peel Hall Road	Wythenshawe	M22 5DW
108	Lloyds [Gorton 1]	Unit 8, Gorton Market Hall	Gorton 1	M18 8LD
109^	Lloyds [Gorton 2]	65 Reddish Lane	Gorton 2	M18 7JH
110	Lloyds [Levenshulme]	809 Stockport Road	Levenshulme	M19 3BS
111	Lloyds [Wilmslow]	Unit 2, Summerfield Village Centre	Wilmslow	SK9 2TA
112	Manor Pharmacy [Hyde]	294-296 Stockport Road	Hyde	SK14 5RU
113	Roberts	12 Albert Road	Levenshulme	M19 3PJ
114	Rowlands Pharmacy [Wythenshawe]	158 Hollyhedge Road	Wythenshawe	M22 9UE
115*	Tesco [Burnage]	Burnage Lane	Burnage	M19 1TF
116*	Tesco [East Didsbury]	Parrswood Lane	East Didsbury	M20 5NP
117*	Tesco [Gorton]	Hyde Road	Gorton	M18 8LD
118	Tesco [Handforth]	Kiln Croft Lane	Handforth	SK9 3PA
119	Wain SF & Sons	4 Tatton Road	Denton	M34 7PL
120	Well [Handforth 1]	Handforth Health Centre	Handforth 1	SK9 3HL
121	Well [Handforth 2]	110 Wilmslow Road	Handforth 2	SK9 3ES
122	Windmill Pharmacy	709 Windmill Lane	Denton	M34 2ET
123	Moorland Surgical Supplies [DAC]	68 Hyde Road	Denton	M34 3AG
124	Salts Medilink [DAC]	91 School Lane	Didsbury	M20 6HQ

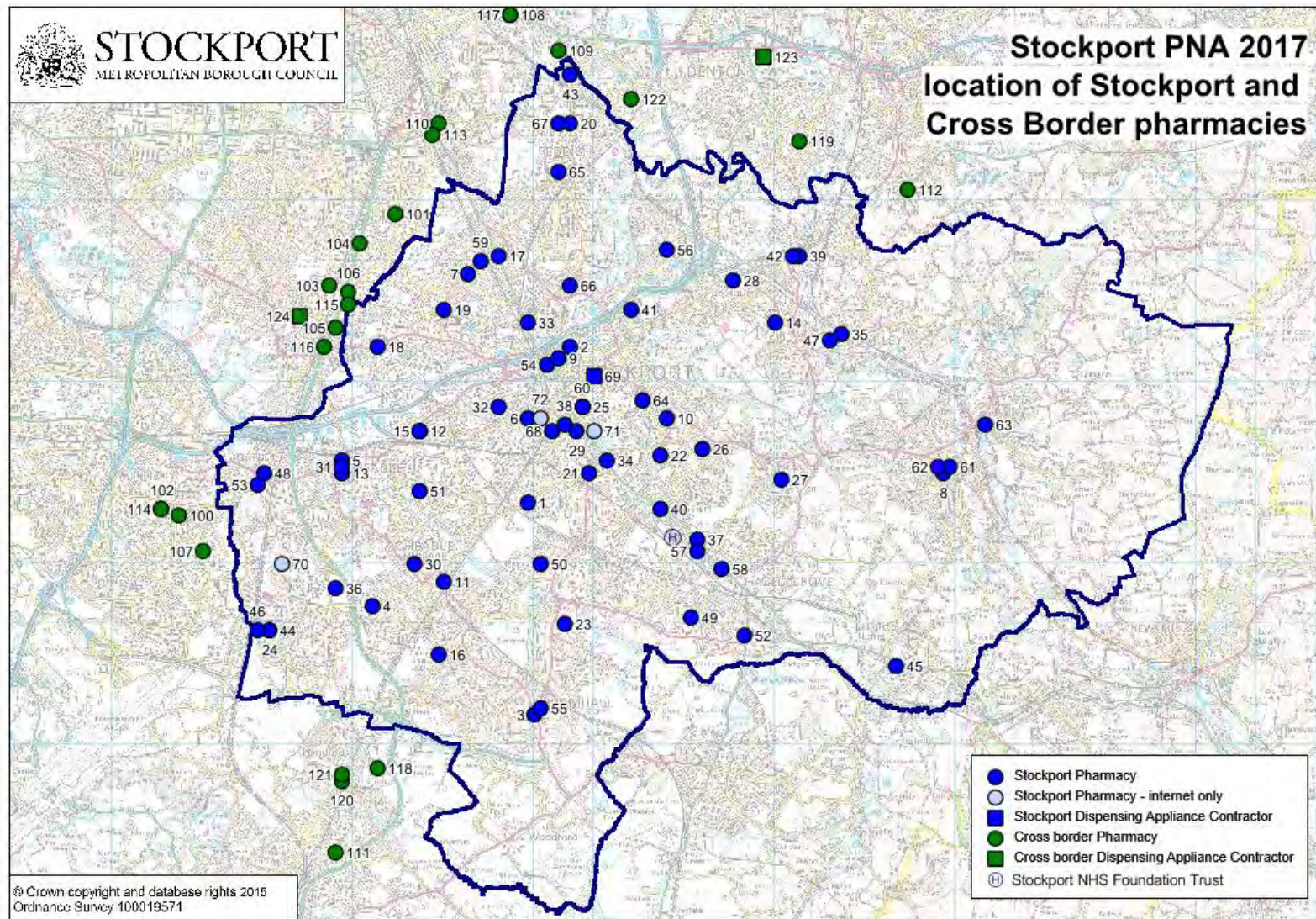
* These pharmacies have 100 hour contracts

^ This pharmacy has now closed

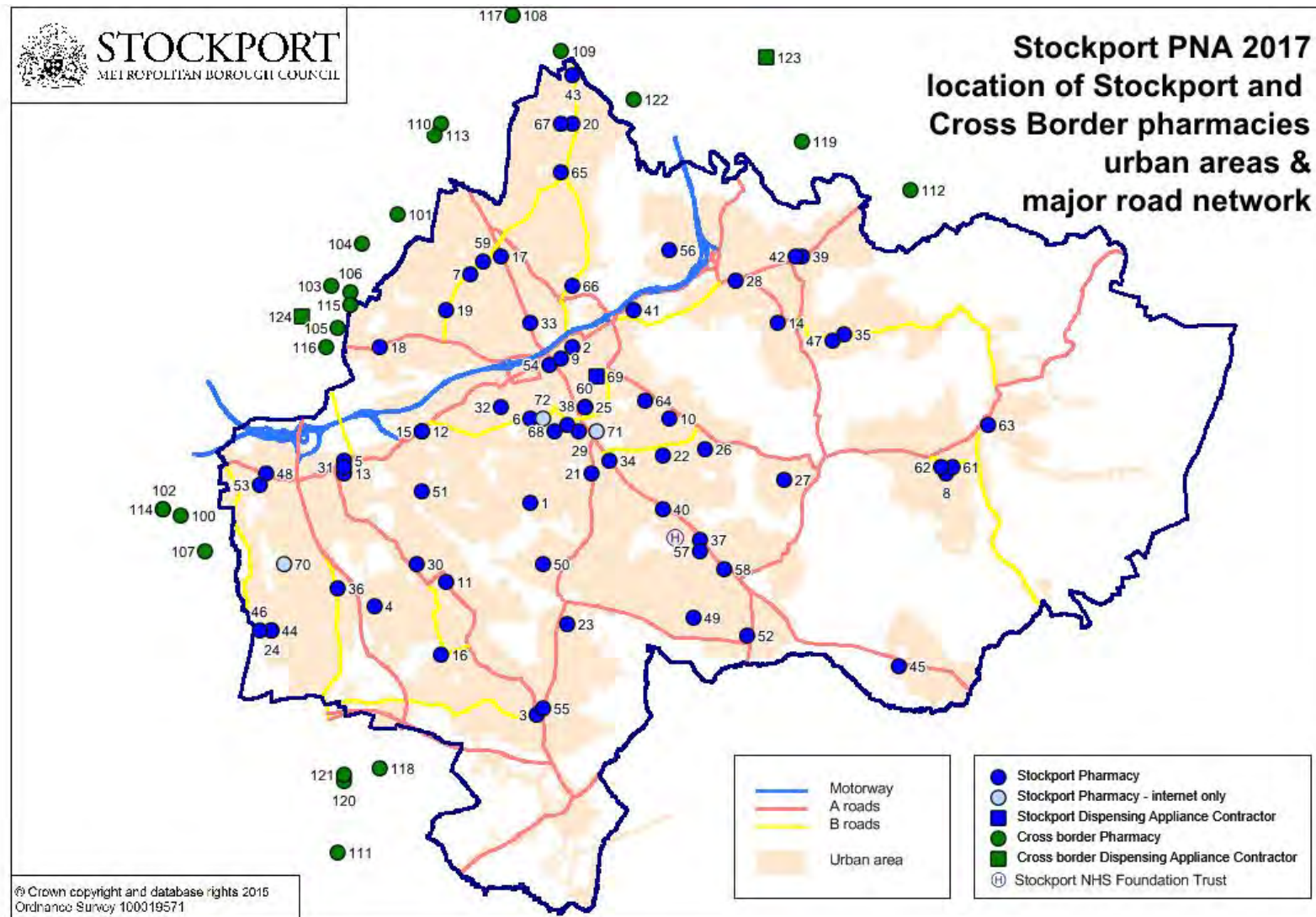
For current contact details and opening hours please refer to:

<http://www.nhs.uk/Service-Search/Pharmacy/LocationSearch/10>

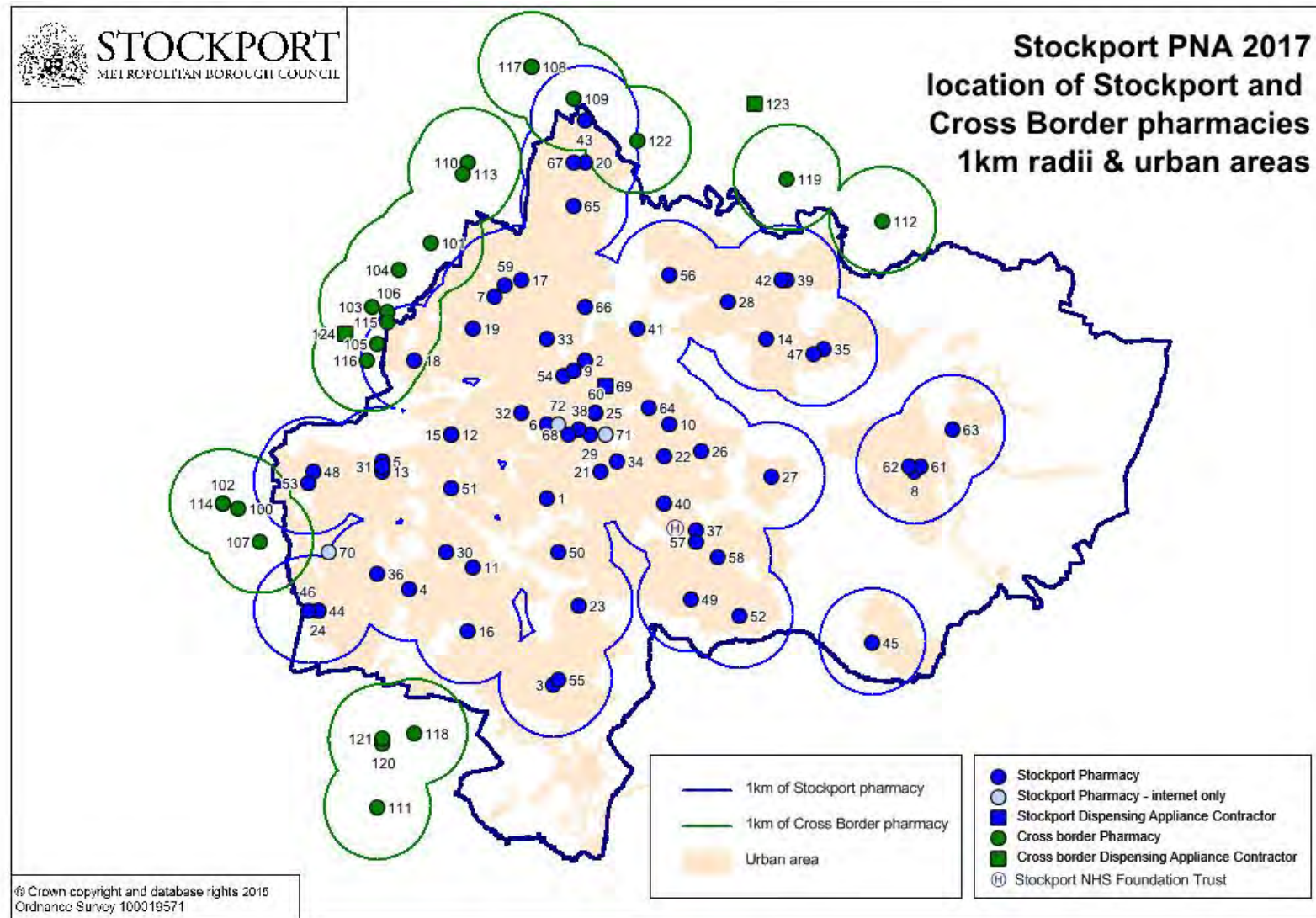
Map 1 – Location of Stockport and cross border pharmacies



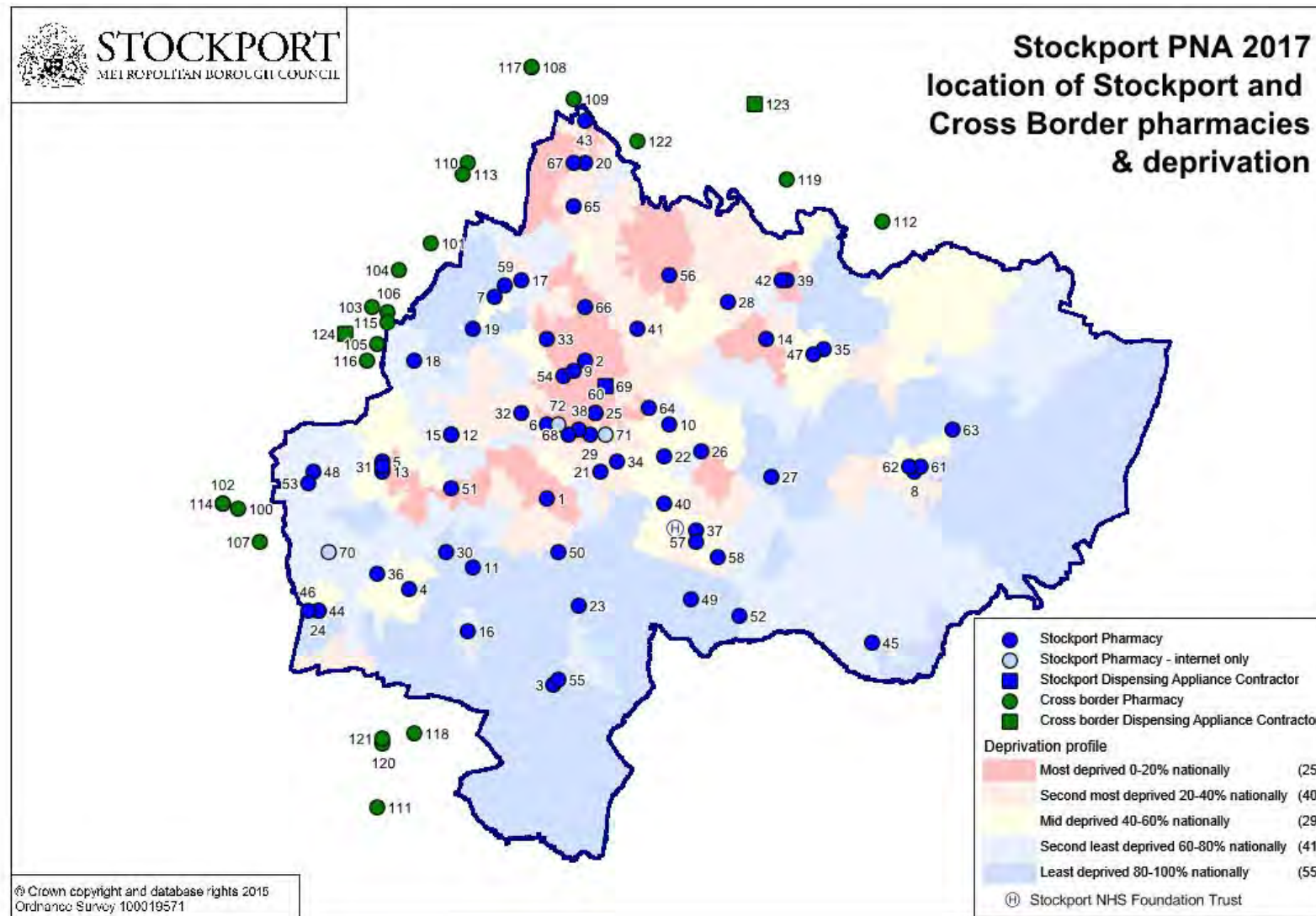
Map 2 – Location of Stockport and cross border pharmacies, urban area and major road network



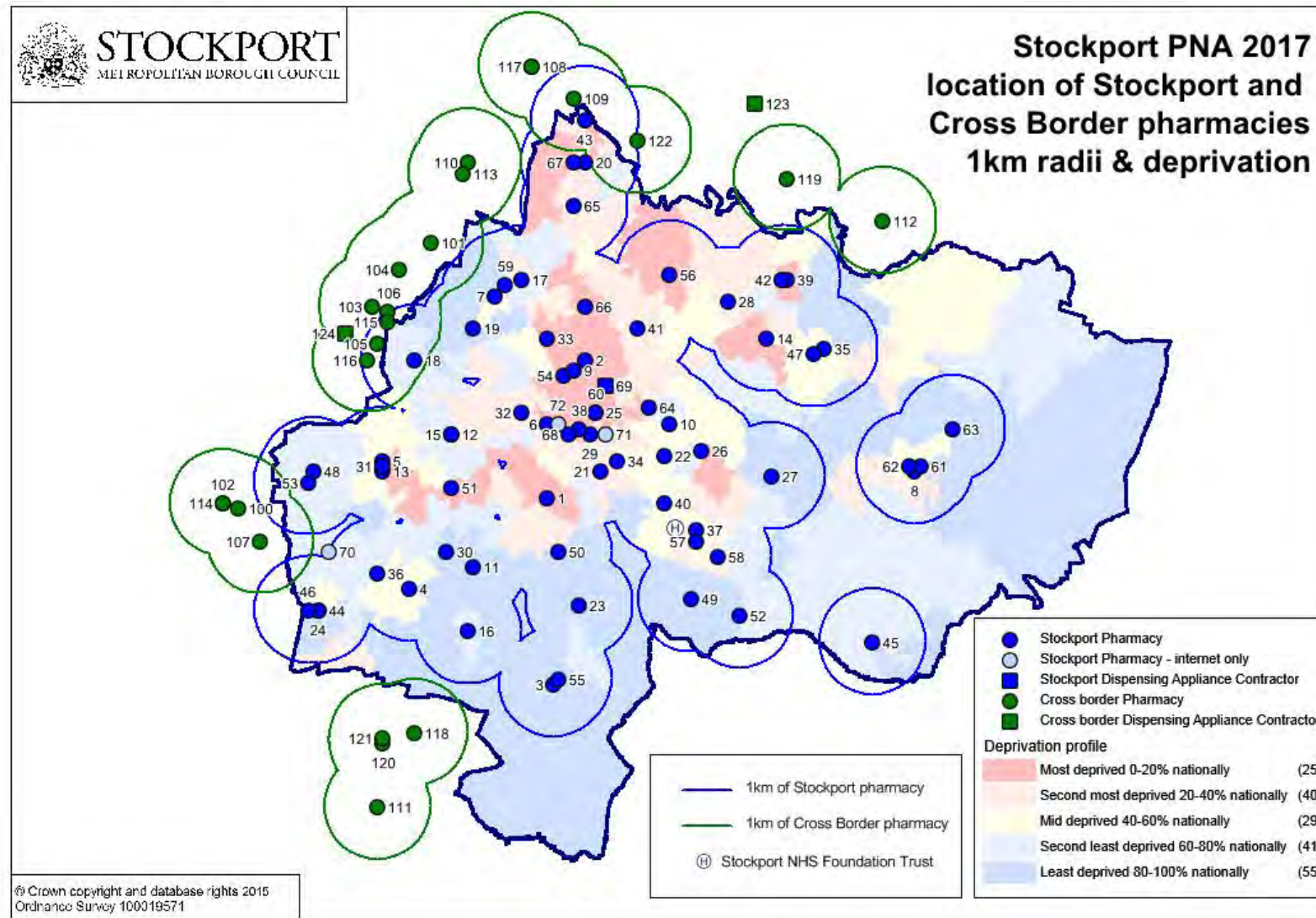
Map 3 – Location of Stockport and cross border pharmacies, 1km boundary and urban area



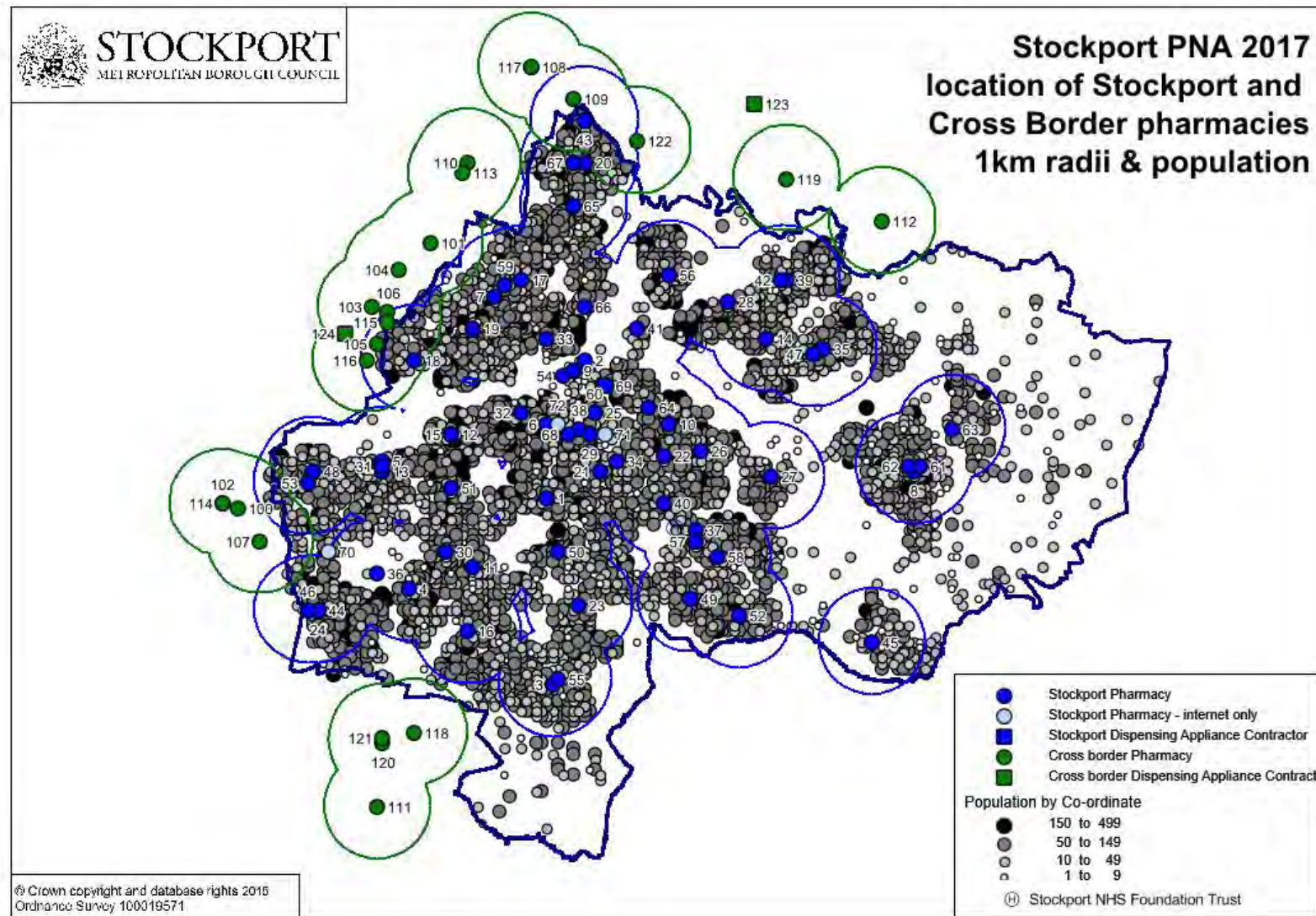
Map 4 – Location of Stockport and cross border pharmacies, 2015 Indices of Multiple Deprivation



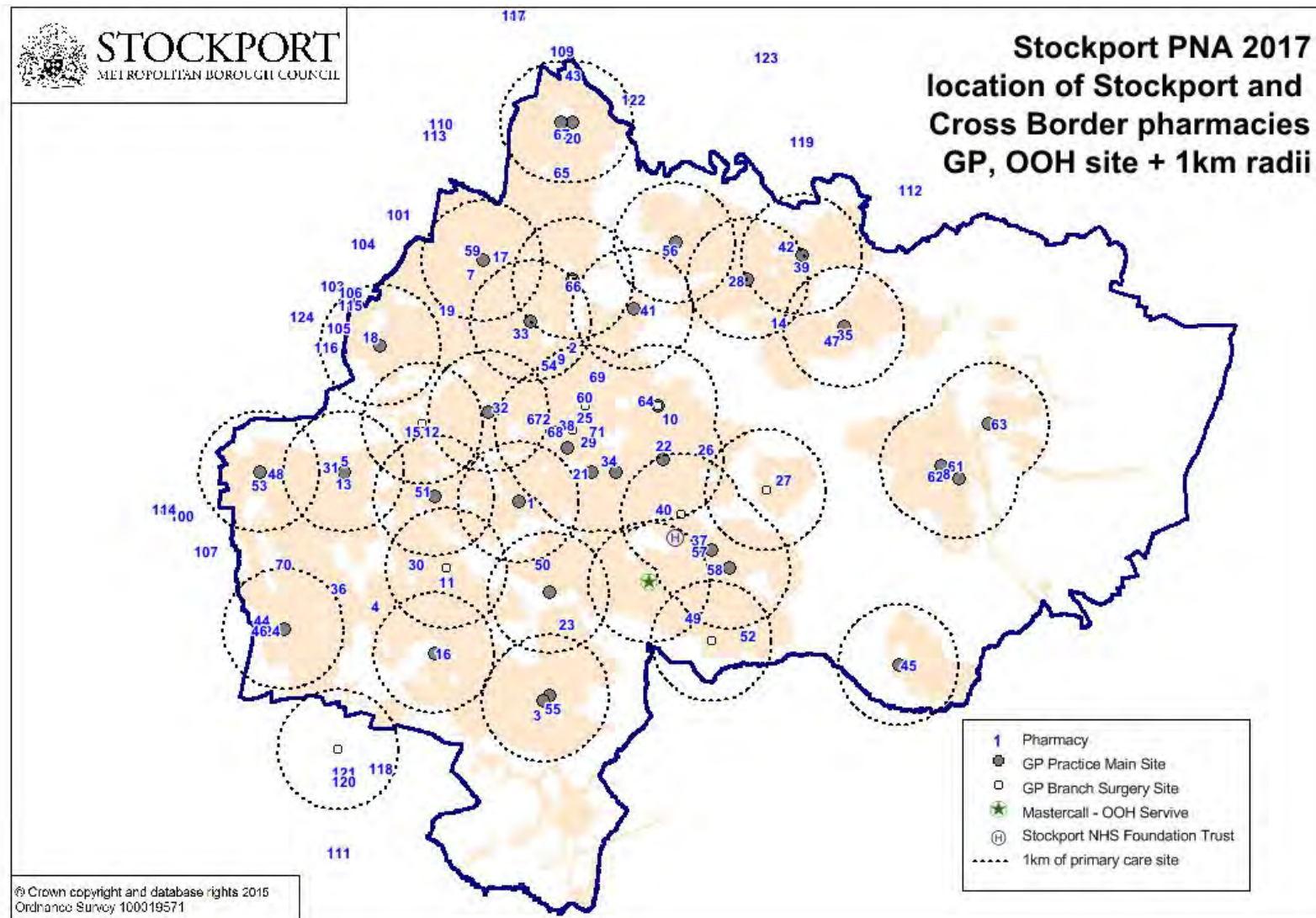
Map 5 – Location of Stockport and cross border pharmacies, 2015 Indices of Multiple Deprivation, 1km boundary



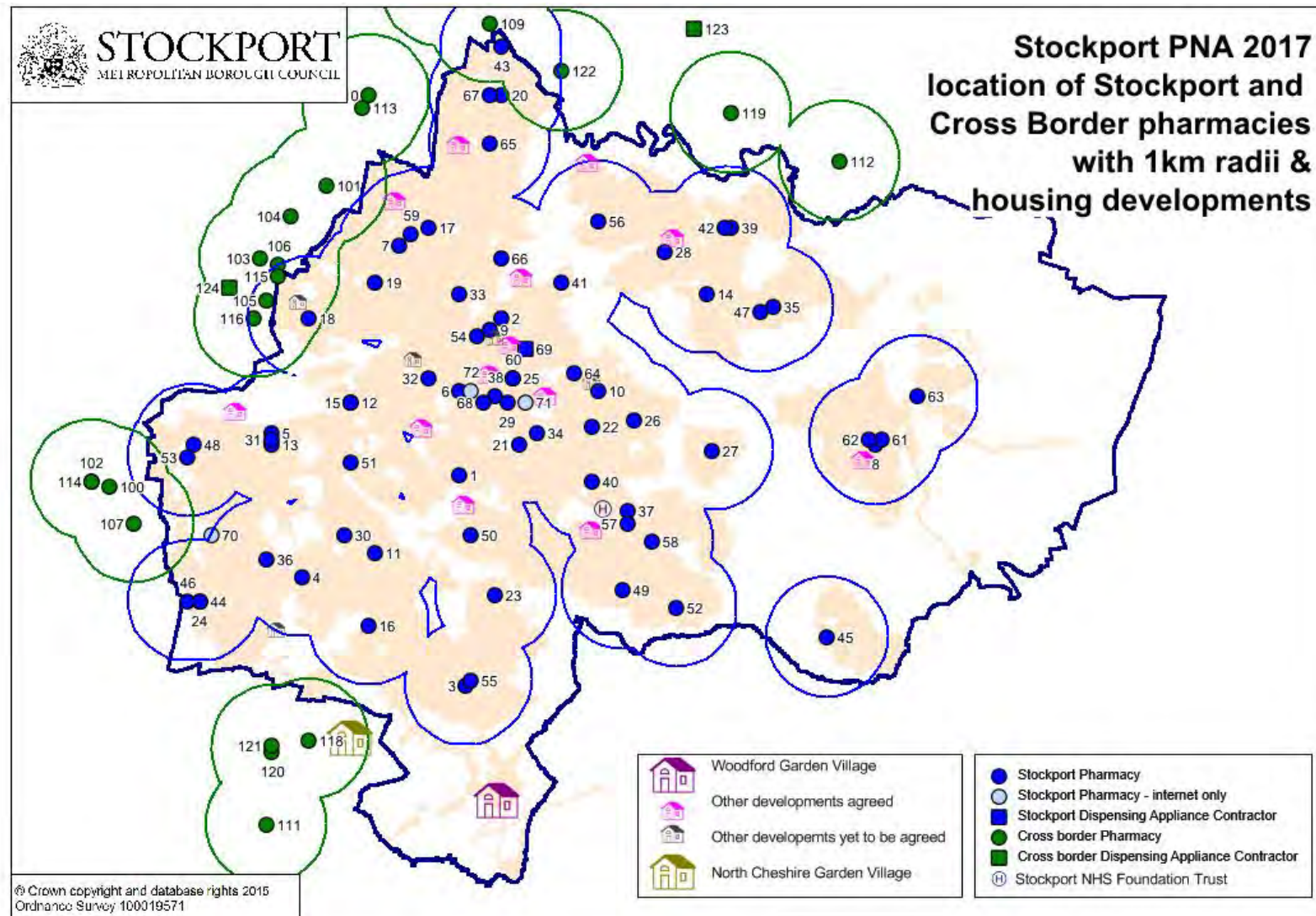
Map 6 – Location of Stockport and cross border pharmacies, 1km boundary and population



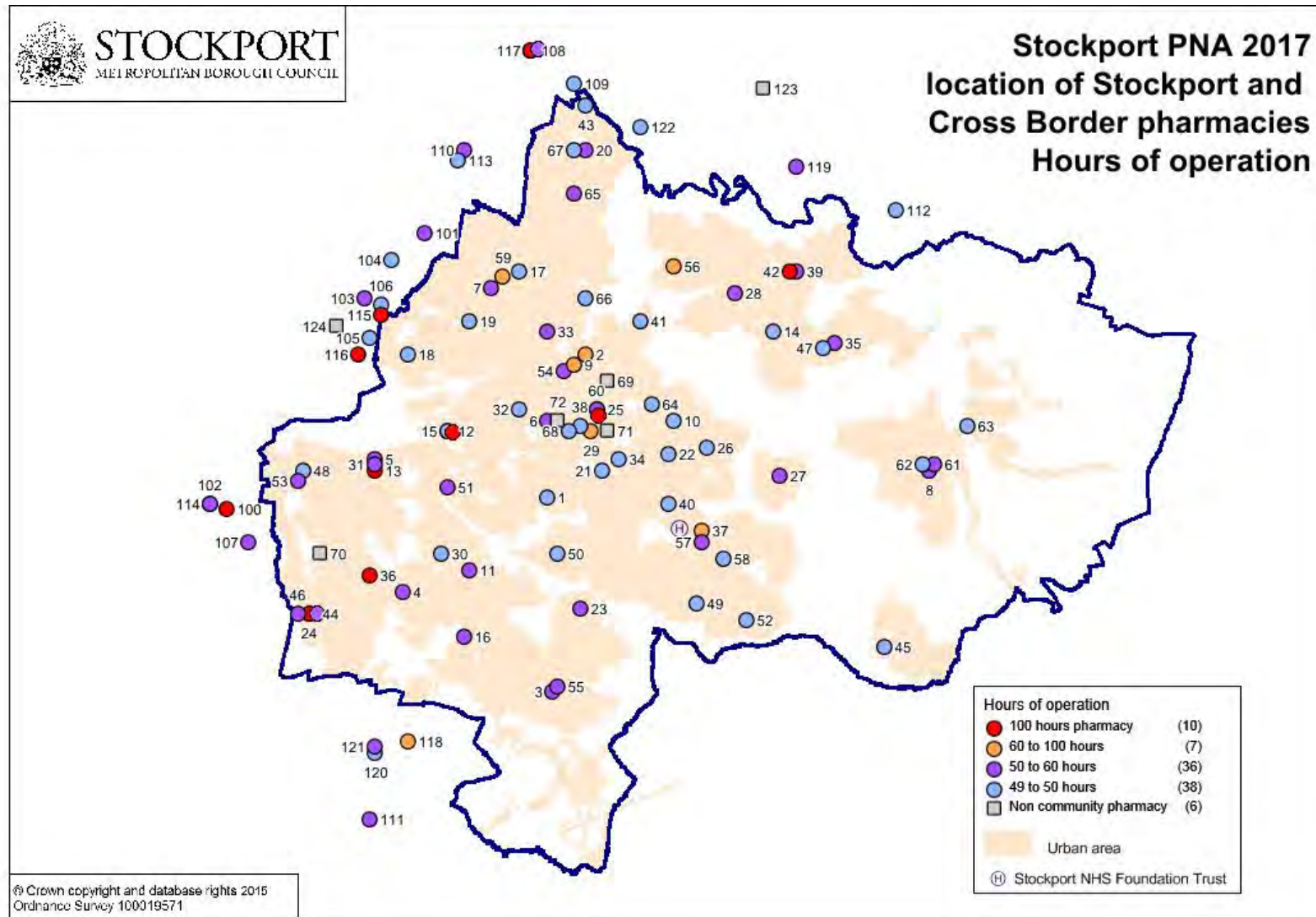
Map 7 – Location of Stockport and cross border pharmacies in relation to Stockport GP surgeries and OOH (out of hours) service with 1km boundary



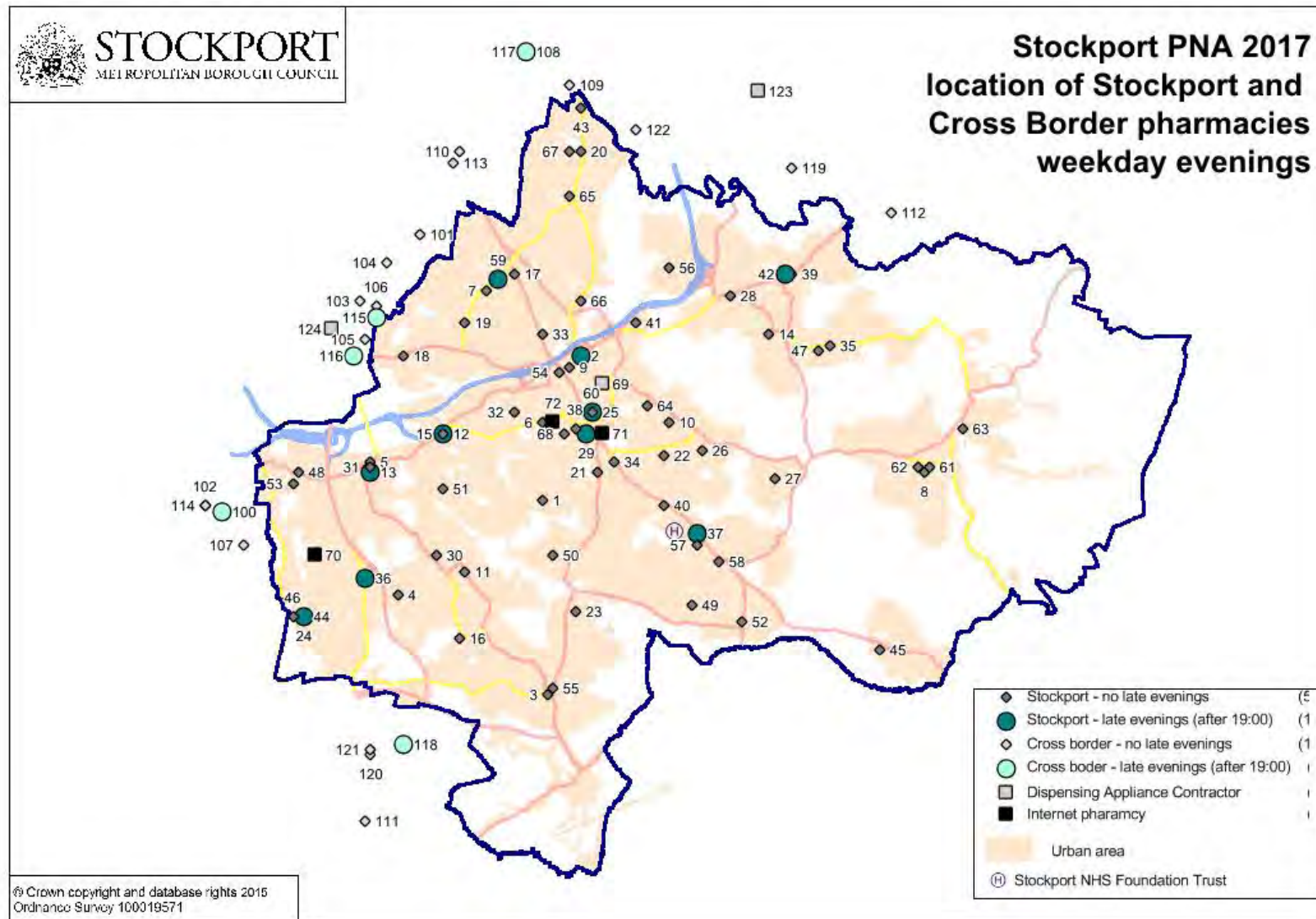
Map 8 - Location of Stockport and cross border pharmacies, 1km boundary and planned developments



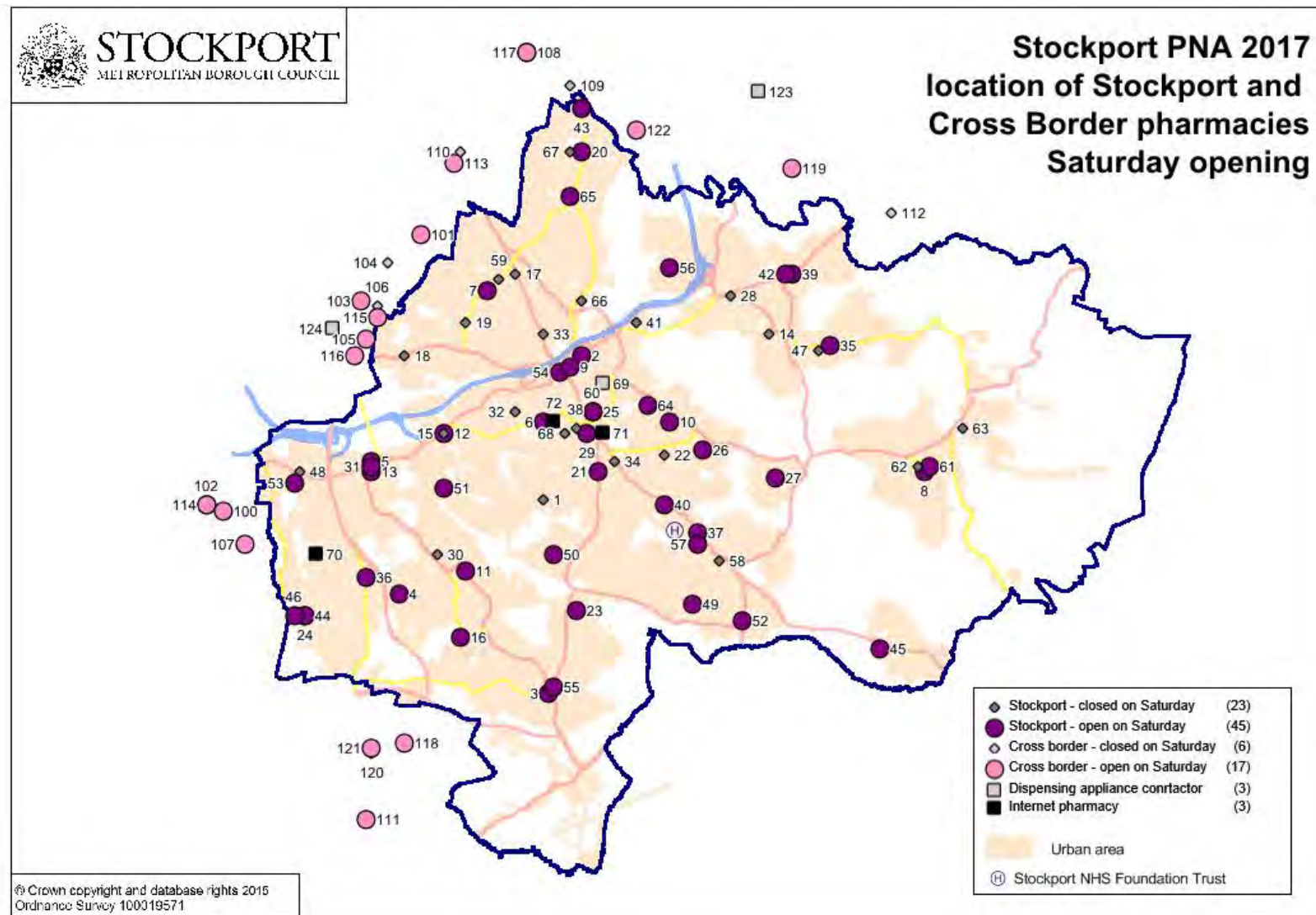
Map 9 – Hours of operation, Stockport and cross border pharmacies



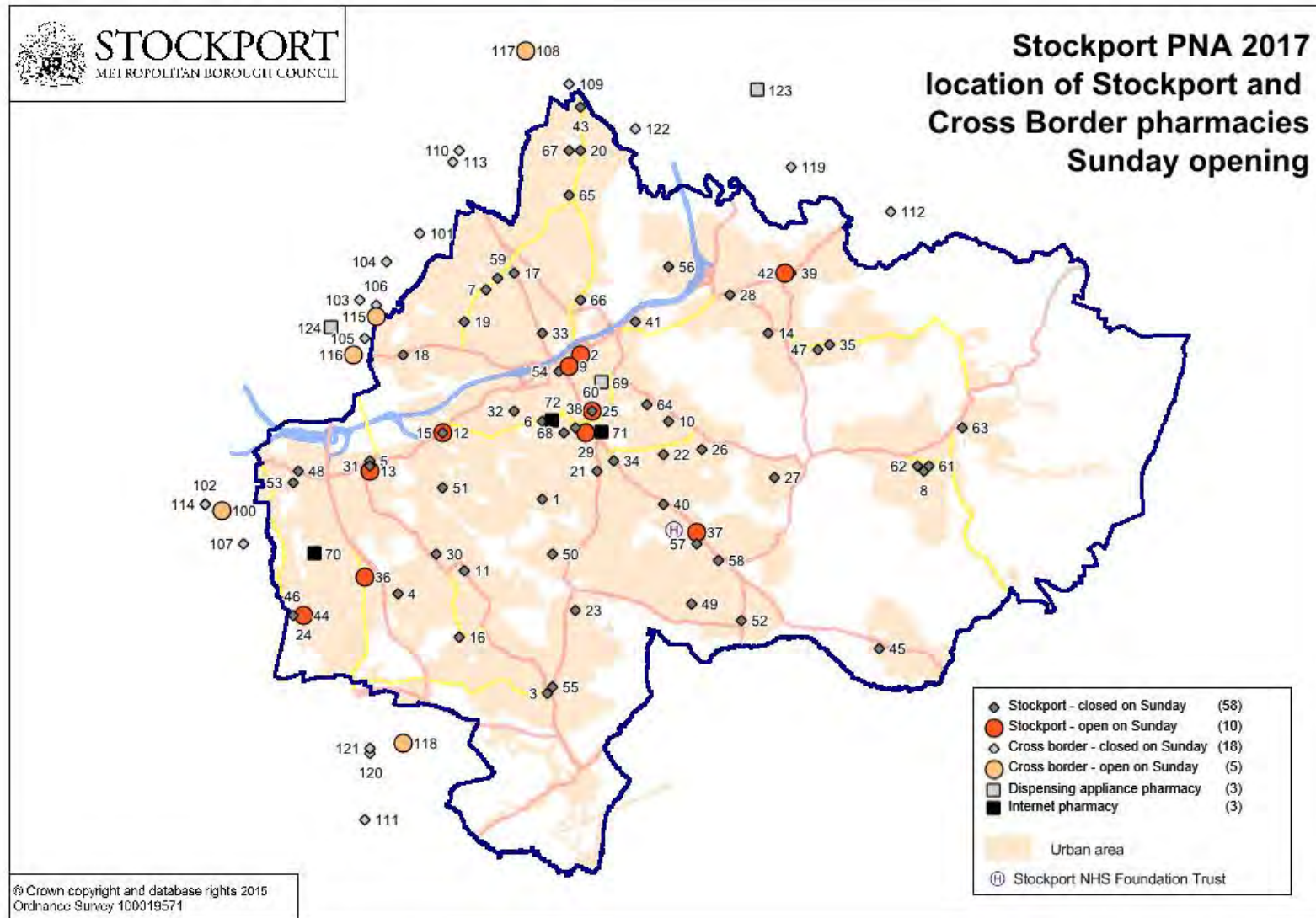
Map 10 - Weekday evening opening, Stockport and cross border pharmacies



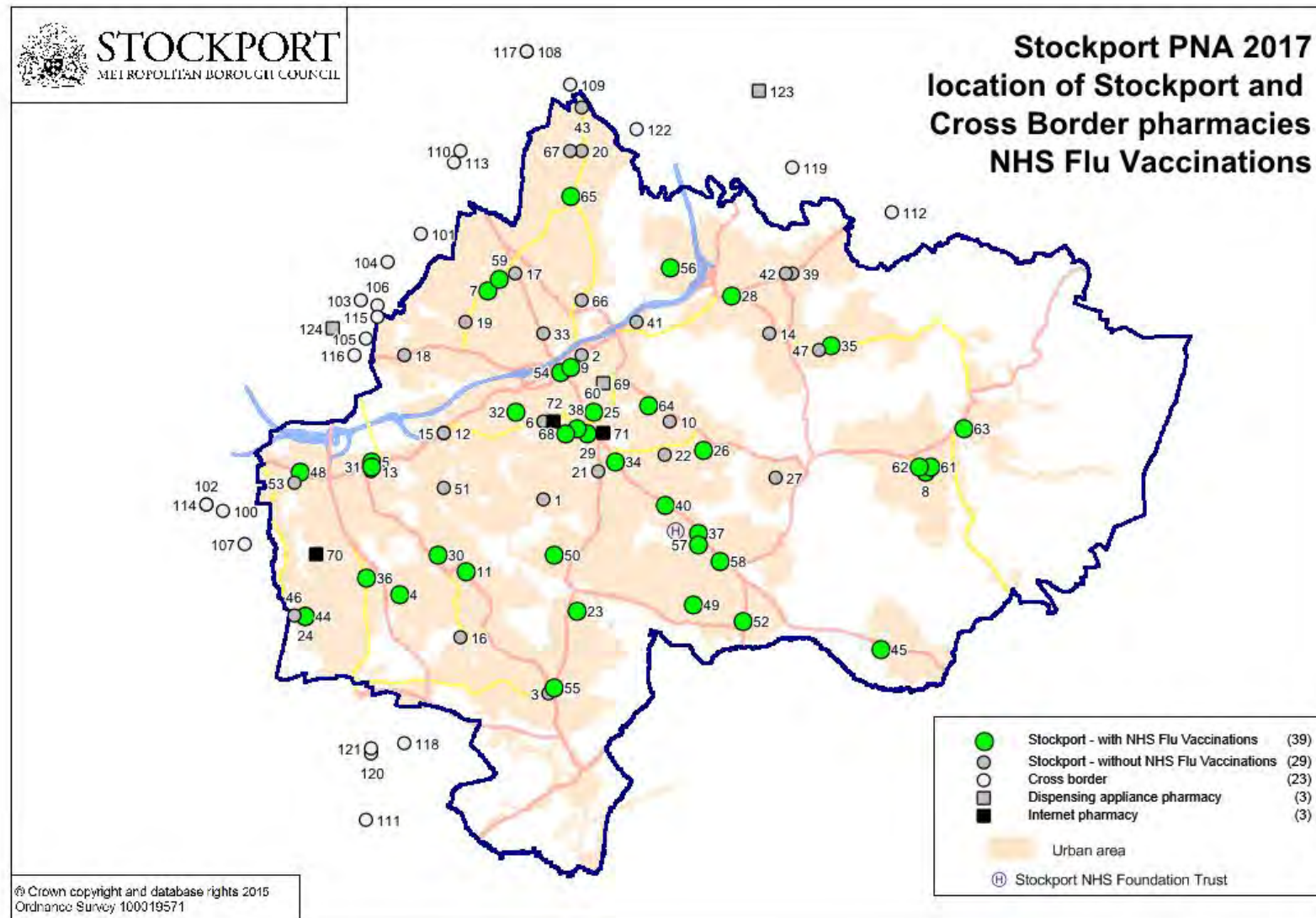
Map 11 – Saturday trading Stockport and cross border pharmacies



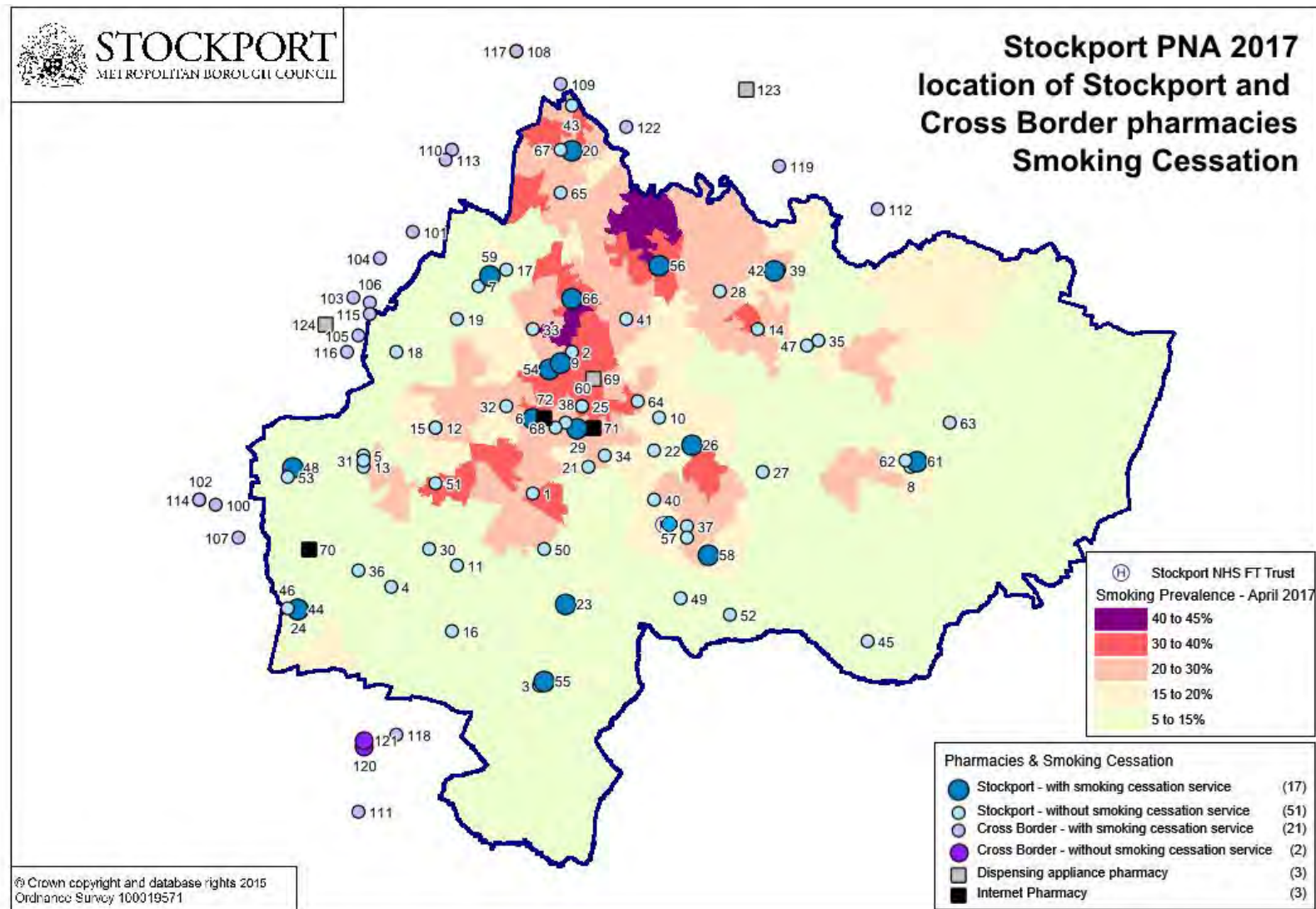
Map 12 – Sunday trading, Stockport and cross border pharmacies



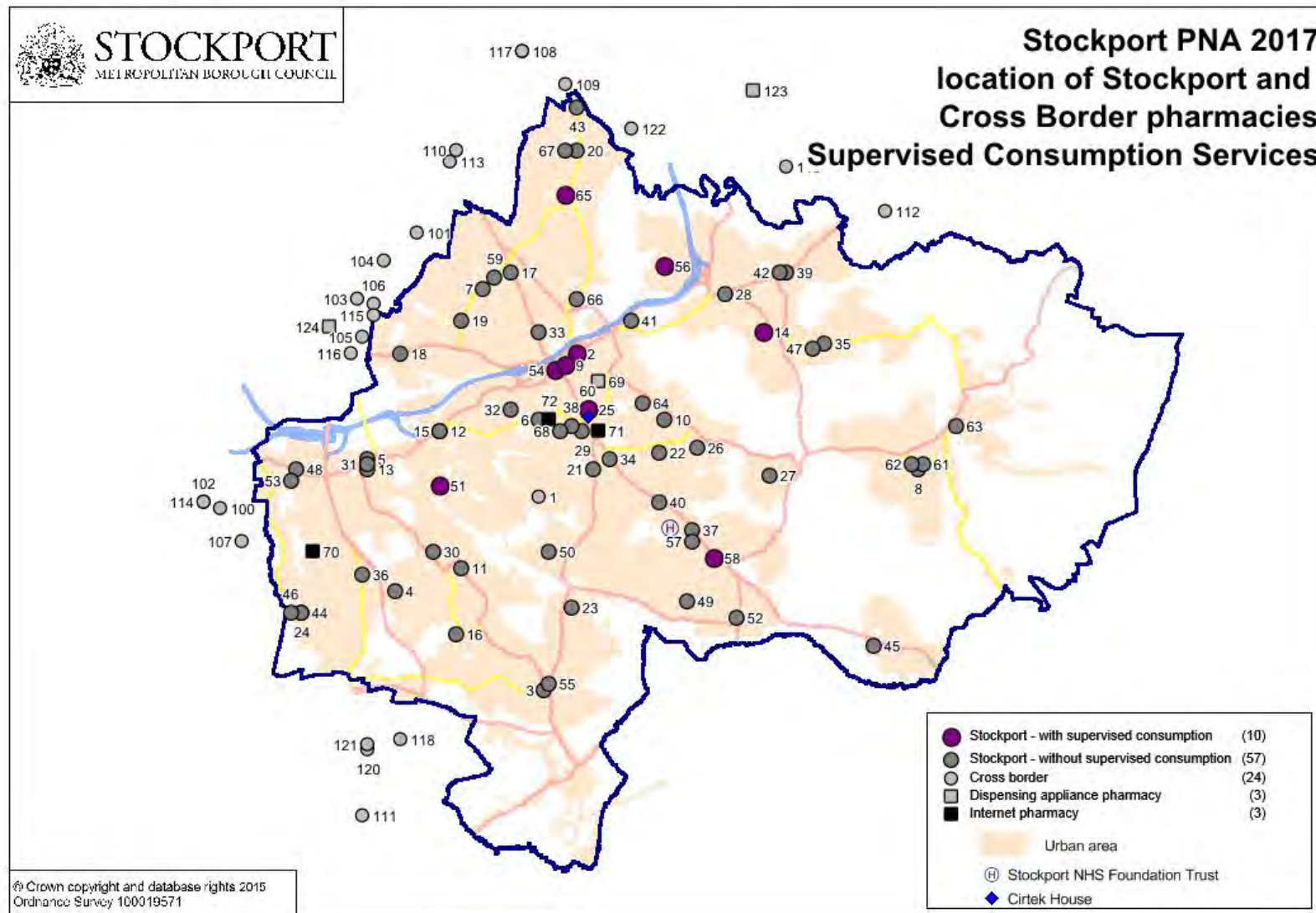
Map 13 – 2016/17 Flu vaccinations Stockport and cross border pharmacies



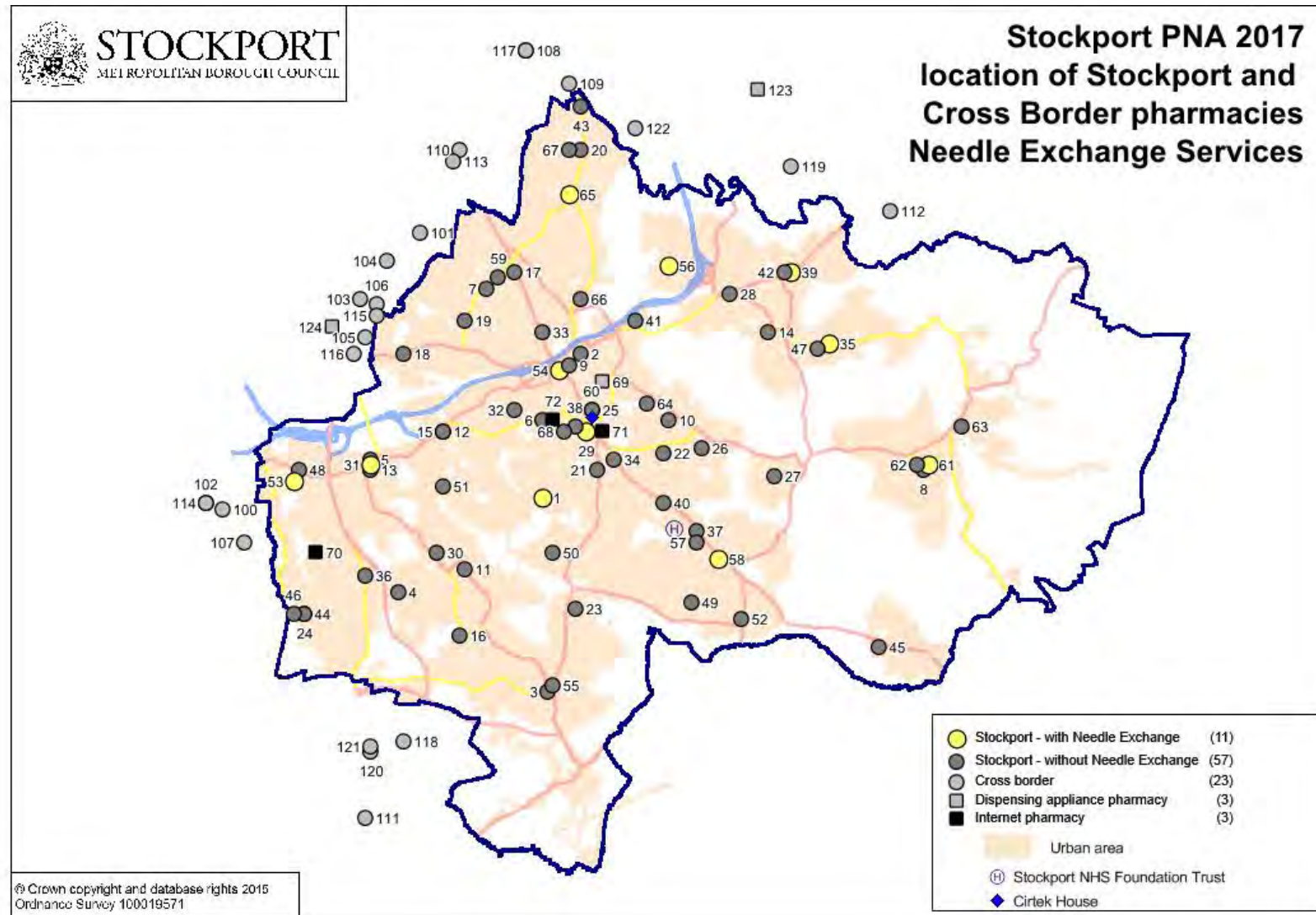
Map 14 – Smoking cessation enhanced services Stockport and cross border pharmacies



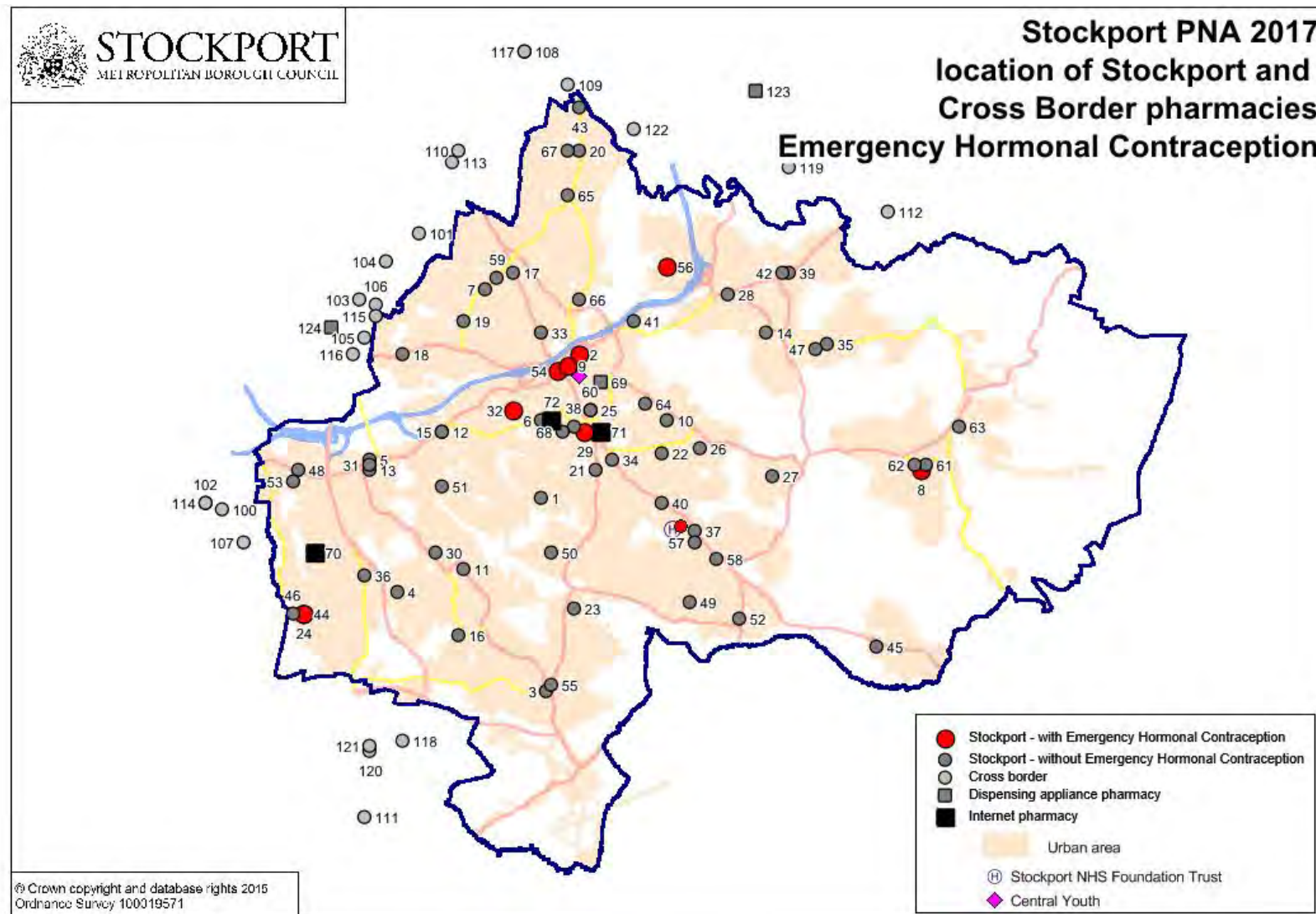
Map 15 – Supervised consumption Stockport and cross border pharmacies



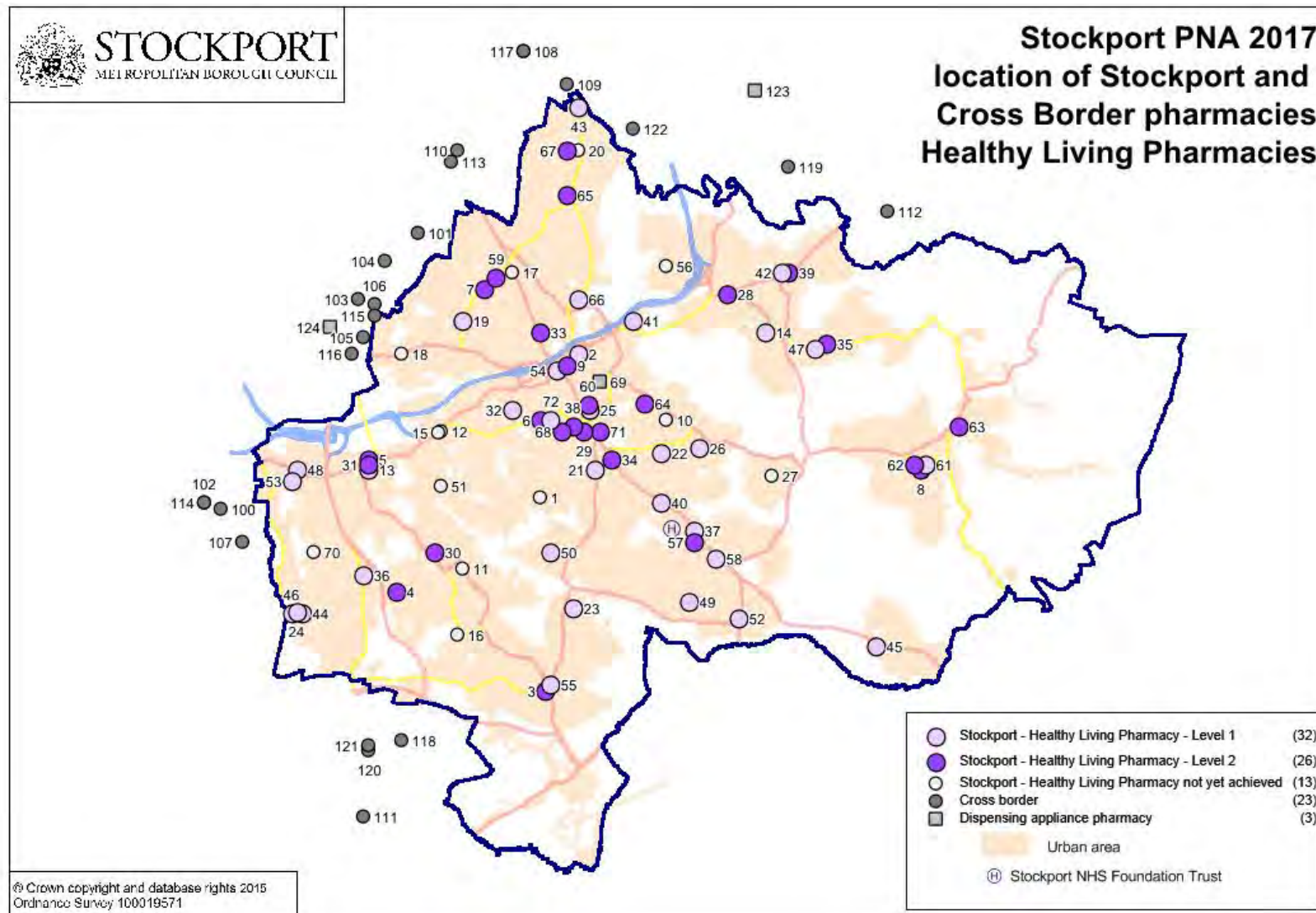
Map 16 – Needle and syringe programme Stockport and cross border pharmacies



Map 17 – Emergency Hormonal Contraception under PGD & Chlamydia screening Stockport and cross border pharmacies



Map 18 – Healthy Living Pharmacy status Stockport and cross border pharmacies



Appendix 2 Consultation process and questions

Consultation overview

The consultation for the 2018 Stockport PNA was undertaken during January to March 2018 with the draft document available on line for review and comment by all statutory stakeholders (who were be notified by e-mail) and also by members of the public. The consultation included a set of four questions for consideration by respondents.

Note that for the purposes of the regulation, a person is to be treated as served with a draft if that person is notified of the address of a website on which the draft is available and is to remain available (except due to accident or unforeseen circumstances) throughout the period for making responses to the consultation. Consultees were offered a hard copy version of the PNA on request.

Who we consulted with?

HWBs must consult the bodies set out in Regulation 8 at least once during the process of developing the PNA. Any neighbouring HWBs who are consulted should ensure any LRC in the area which is different from the LRC for the original HWB's area is consulted. These bodies are:

- any Local Pharmaceutical Committee for its area
- any Local Medical Committee for its area
- any persons on the pharmaceutical lists and any dispensing doctors list for its area;
- any LPS chemist in its area with whom the NHSCB has made arrangements for the provision of any local pharmaceutical services;
- any Local Healthwatch organisation for its area, and any other patient, consumer or community group in its area which in the opinion of HWB has an interest in the provision of pharmaceutical services in its area; and
- any NHS trust or NHS foundation trust in its area;
- the NHSCB; and
- any neighbouring HWB.

The list of those contacted directly is as follows:

Stockport NHS CCG	Chief Officer, Director Primary Care, Accountable Officer
GM Local Pharmaceutical Committee	Chief Executive Officer, Stockport Representative, PNA Lead
Stockport Local Medical Committee	Chair, Secretary
Stockport Pharmaceutical lists	Contractor list secured for 72 local providers
Stockport Healthwatch	Chair, Chief Officer, Manager & PNA Lead
NHS trusts / providers	Chief Executives and Pharmacy leads of <ul style="list-style-type: none">- Stockport NHS Foundation Trust- Pennine Care NHS Trust- Mastercall- Stockport Neighbourhood Care- Viaduct health
NHS England	Lead for Pharmacy of NHS E Greater Manchester
Neighbouring HWB	Chairs and PNA / JSNA leads of: <ul style="list-style-type: none">- Tameside HWB- Manchester HWB- Cheshire East HWB- Derbyshire HWB

We also consulted with the Adult Social Care and Health Scrutiny Committee.

Specific public engagement was not undertaken as part of this PNA, however all commissioners and Healthwatch were asked to review complaints and comments relating to Pharmacy services, and the findings of the JSNA patient experience principles were used to inform the needs identified by the PNA. Any member of the public who wished to provide comment was able to do so via the consultation hub.

What we consulted about

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

1. The document sets out the draft results of the pharmaceutical needs assessment for Stockport. Does it achieve this? 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.
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?
4. Do you have any other relevant comments to add to this document?

Results of consultation

The results of the consultation were considered thoroughly once the 60 day period ended and the PNA was revised in light of consultation (see [section 6](#)).

Appendix 3 PNA Project Team

Eleanor Banister	Stockport Council, Public Health – Public Health Intelligence Lead
Andy Dunleavy	Stockport Council, Public Health – Senior Health Promotion Adviser
Mike Lappin	Stockport Healthwatch
Judith Goodwin	GM LPC
Riki Smeaton	GM LPC
Roger Roberts	NHS Stockport CCG
Stephen Riley	GM Health and Social Care Partnership