

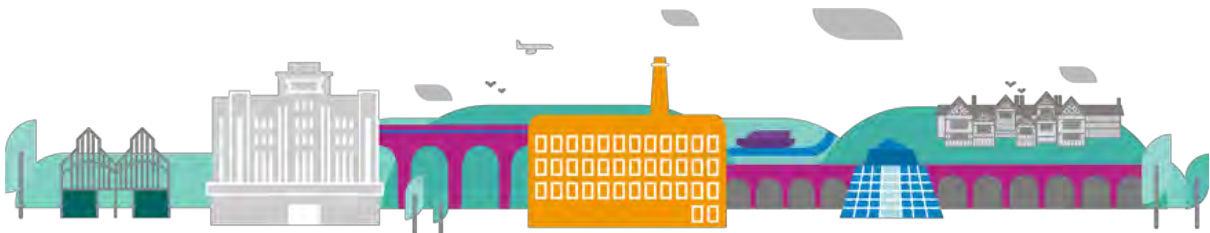


Stockport JSNA

joint strategic needs assessment

Stockport Health and Wellbeing Board Pharmaceutical Needs Assessment 2022

Version 0.4



Document Control

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1 Executive Summary

This Pharmaceutical Needs Assessment (PNA) looks at the provision of pharmaceutical services across Stockport's Health and Wellbeing Board (HWB) area as at spring 2022, 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 a draft PNA was undertaken during the summer of 2022, in line with the statutory requirements, and changes have been incorporated into this final document to be published in the autumn of 2022.

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

- Within Stockport there are 63 community pharmacies, 4 internet / distance selling pharmacies; 1 dispensing appliance contractor (DAC) and 1 hospital pharmacy.
- This is a higher number of pharmacies per 100,000 population than the England average, despite six community pharmacies closing since 2018.
- In addition, there are 16 community pharmacies across Cheshire East, Manchester and Tameside which provide services to Stockport residents.
- More than 92% of the population have access to pharmacies within one kilometre of their home
- Choice of pharmacy is provided as more than 96% of the population live within 2km of three or more pharmacy providers
- Future anticipated population growth is unlikely to change this position in the lifetime of this PNA (to 2025).
- Analysis of opening hours and trading days shows there is adequate provision for out of hours service across the borough, apart from the following two areas:
 - Brinnington until 20h00 on a weekday
 - Marple until 20h00 on a weekday

As there is already sufficient service provision to meet the population's essential pharmaceutical needs, the preference would be for an existing provider in each of these areas to meet the identified out of hours needs

The maps and data contained in this document clearly show that services that are commissioned in addition to the essential contract, including locally commissioned services, meet identified health needs in the necessary area in all cases, apart from one gap in provision as follows:

- **Hepatitis C Antibody Testing** where pharmacies already offering the locally commissioned needle exchange scheme should be encouraged to offer this service

It should be noted that as this is a new service the level of provision may increase.

In the south of Stockport the development of the Woodford Aerodrome site, with an eventual 920 new homes, has not yet led to a gap in essential service provision, although it may do in the future once the development is complete. 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.

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

Any other change to provision of pharmacy services in Stockport will be communicated via publication of a supplementary statement to this PNA, and a full refresh of this assessment will be undertaken in 2025.

2 Introduction

2.1 Background

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

2.2 Legal duties

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

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

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

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

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

2.3 Definition of Pharmaceutical Services

Pharmaceutical services can be provided by:

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

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

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

2.3.1 Essential Services

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

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

2.3.2 Advance Services

Advanced services are services community pharmacy contractors and dispensing appliance contractors can provide, subject to specific accreditation, in addition to the essential services. These services are specified nationally and are commissioned by NHS England.

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

- New Medicines Service (NMS)
- Flu Vaccination Service
- COVID-19 Vaccination Service.
- NHS Community Pharmacist Consultation Service
- Stop Smoking Advanced Service
- Hepatitis C Antibody Testing
- Hypertensive Case finding Services

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

- Appliance Use Reviews (AURs)

- Stoma Customisation Service (SCS)

The advanced services which are currently offered in Stockport are described in section 4.2 and 4.5.

Since the previous PNA the national Medicine's Use Review (MUR) advanced service has ceased. This work has been replaced for patients by Enhanced Structured Medication Reviews carried out by clinical pharmacists working within Primary Care networks (PCNs) as part of the new GP contract arrangements.

2.3.3 Locally Commissioned Services

The Enhanced and Advanced Services above are commissioned by NHS England; other locally commissioned services (previously also known as enhanced services) can be commissioned by the local NHS Locality Team, the sub regional NHS Integrated Commissioning Board or the Local Authority. These services are commissioned from some or all of the pharmacies in the area to meet certain specific local needs. Services are usually contracted and paid for outside of the general contracting process. The services that are currently commissioned in Stockport are described in [sections 4.3](#) and [section 4.4](#).

2.4 Stockport's Pharmaceutical Needs Assessment (PNA)

2.4.1 2018 PNA Summary

Stockport's 2018 PNA set out the assessment of pharmaceutical needs for the population of Stockport as one locality, and identified the services provided in 2017. Through comparison of pharmaceutical needs with provision, limited gaps in the existing provision of enhanced pharmaceutical services were identified. Essential services were deemed to be adequate although a future need as the Woodford Development continued was noted. To see the full assessment: <https://www.stockport.gov.uk/health-and-wellbeing-board/pharmacy-needs-assessment>

2.4.2 2022 PNA Governance

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

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

2.4.3 2022 PNA Scope

Following a review of the 2018 PNA, PNAs from other areas, comments from NHS England and revised guidance, the PNA group have recommended that the format of the 2018 Stockport PNA meets the revised statutory and practical requirements and therefore the 2022 PNA should build on this template. The aim is to produce a PNA that meets the statutory duties of the Stockport's HWB and enables local commissioners of pharmacy services to make decisions on levels and range of provision based on an accurate assessment of local needs.

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 is based on analysis and experience, which showed the following points:

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

The analysis for the 2022 Stockport PNA was undertaken in the spring of 2022 and reflects the provision at this time.

2.4.4 2022 PNA Strategic Principles

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

Essential services:

- The ratio of residents to community pharmacies in Stockport should be 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 (to offer 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 Context for Community Pharmacy Services

This PNA assesses the current and future pharmaceutical needs for Stockport as best as can be established at the mid-point of 2022. The health and care system is constantly evolving and the following developments may influence the need for pharmaceutical services in the future.

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

2.5.1 ONE Stockport - Borough Plan

People and organisation across Stockport came together in 2021 to develop the [Stockport Borough Plan](#). The plan sets the vision for 2030 and sees us all working together to develop a Borough which is inclusive, caring, enterprising and full of ambition. The plan identifies that Stockport is made up of citizens, entrepreneurs, employers and leaders who are proud of where they live and what they stand for and that through working together and supporting each other, we can create a Borough which gives everyone a voice and an opportunity.

This plan has been jointly developed in partnership across a number of Stockport based organisations and stakeholders, including: Stockport Council, Stockport Clinical Commissioning Group, Stockport Foundation Trust, Pennine Care, Viaduct Stockport, Mastercall, Stockport Healthwatch, Stockport Homes, Greater Manchester Police, Greater Manchester Fire and Rescue Service, Department for Work and Pensions, School and College leaders, Stockport Economic Alliance, Stockport's Voluntary, Community, Faith and Social Enterprise (VCFSE) Forum, Sector 3, Stockport Race Equality Partnership, Stockport Cultural Network, Stockport Health and Wellbeing Board, Safer Stockport Partnership and Stockport Family Partnership Board. This is a shared plan, and everyone and every organisation has an important part to play in addressing the challenges we need to overcome to ensure we can work together to create One Stockport for everyone.

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

Our vision for Stockport is:

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

- **A caring and growing Stockport:** Stockport is a great place to grow where children have the best start in life
- **A healthy and happy Stockport:** People live the best lives they can - happy, healthy and independently

- **A strong and supportive Stockport:** Confident and empowered communities working together to make a difference

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

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

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

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

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

2.5.2 ONE Stockport - Health and Care Plan

Health and Wellbeing are at the forefront of Stockport's vision for 2030, to be delivered through a single, system-wide plan for health and care. As part of the delivery plan for the ONE Stockport Borough Plan a plan for Health and Care is under development; a 10-year plan based on the priorities which have come from extensive engagement with people who live and work in Stockport.

The key areas highlighted for action include:

- a collective, proactive all-age approach to prevention and early intervention from both a physical, mental and social wellbeing viewpoint to enable people to live healthy, happy lives
- taking a "whole person" holistic approach to the delivery of health and social care services, coordinating care delivered by multiple teams and organisations
- ensuring equity and equality in access to all services
- recognising and increasing the significant role which our Voluntary, Community and Social Enterprise (VCSE) providers have in supporting and connecting our local communities and providing advice and guidance to our residents
- improving access to and information about mental health and emotional wellbeing services
- improving local employment, economic growth, education, housing and transport – the areas which have such a significant impact on people's health and wellbeing
- supporting our carers who are so vital to helping people retain their independence and prevent the need for high level health and care interventions
- working together to recover from the negative impact of COVID-19 on so many people in terms of physical and mental health - particularly those communities hardest hit through loss of employment, exacerbation of long-term conditions, increased waiting times, as well as the emotional impacts of loss, isolation, stress and grief
- locking in the benefits of increased collaboration between public services, the voluntary sector and local communities that arose during the pandemic to support each other and the most vulnerable in our communities; retaining the digital advances in care provision; and learning from the success of the rapid, far-reaching and agile delivery of the COVID vaccination programme.

The ONE Health and Care Plan brings together existing strategies and plans, including Stockport's Locality Plan, Health & Wellbeing Strategy, and the key priorities from local partners' strategies into a single document and ONE vision for health and care partners. It sets out what we intend to do over the next 3-5 years to deliver our shared ambition for health and care. Underpinning this are specific, detailed delivery plans which will ensure local delivery of the requirements of the NHS Long Term Plan and Greater Manchester's Integrated Care System.

Health and wellbeing are strongly influenced by a wide range of external factors and achieving our aims will require a full-system approach, including delivery of all the plans set out under ONE Stockport. NHS Community Pharmacies are recognised a key part of this system along with other Primary Care Services, Social Care, NHS Acute and NHS Community Care, Mental Health services and voluntary and community services. The COVID vaccine programme is cited within the plan as a great example of collaboration in Stockport as an NHS-commissioned service, delivered by our local GPs, pharmacists and the hospital, with support from the council, care homes, the local car scheme and volunteers coordinated by Healthwatch.

Plans to deliver the ONE Stockport Health and Care plan are in development, and detail about the priorities for Stockport's pharmaceutical services will be established through 2022 and 2023.

2.5.3 NHS Greater Manchester Integrated Commissioning

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 Partnership³.

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

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

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

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

³ <http://www.gmhsc.org.uk/>

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

- 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

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

2.5.4 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 local 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 (including the Stockport LPC) voted to unite to create a voice for pharmacies in Greater Manchester. They represent the full spectrum of community pharmacists, from independent contractors to those practising as part of large national chains. The NHS has a legal duty to consult the GMLPC on matters affecting pharmacy services.

The 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 supporting Greater Manchester devolution and supporting 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. The vision is to enable Community Pharmacy in Greater Manchester to improve health now and in the future.

2.5.5 National Strategy for NHS Community Pharmacies

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

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

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

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

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

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 and is correct as of June 2022

3.1 Stockport Profile

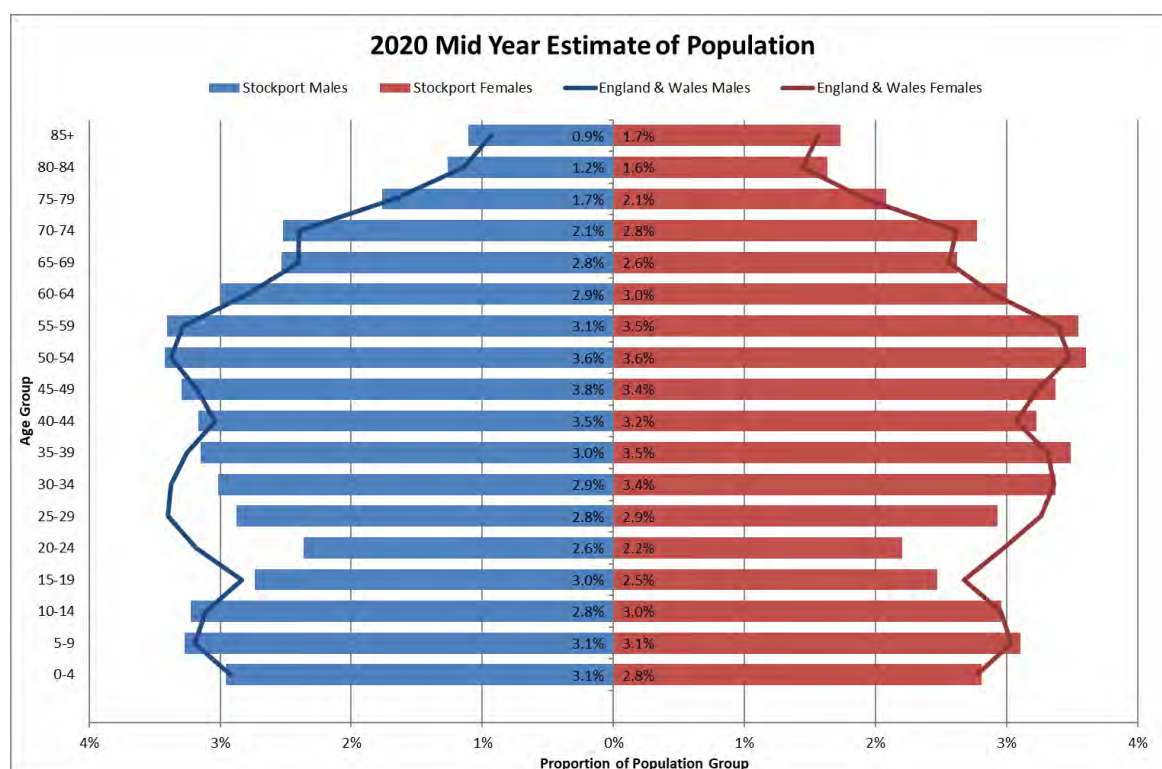
Stockport is located in the south east of the Greater Manchester conurbation, between the city of Manchester and the Peak District national park. Stockport is a large town with a busy central retail and leisure area, several district centres and many international and local businesses. It employs the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

The town is served by a single NHS Locality Team, a single hospital foundation trust and a single borough council, all with a history of good partnership working. The vast majority of Stockport's resident population are registered with one of the 36 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 2020 showed that around 294,200 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 since 1995 show that Stockport's total population has been relatively stable but is starting to increase. Until 2015 the population varied less than $\pm 1.0\%$ but has since showed a steady increase of 1,000 to 1,500 people per year. A rise of around 1,000 people a year is projected to continue for the next decade.

The age profile of Stockport has changed significantly in this period, showing an ageing trend, so that since 2010, while the overall population has increased by 4.1% over 10 years, the 65+ population has grown by 12% and the 85+ population by 21%. 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. Since 2010 life expectancy has not improved as fast as expected and the current projections for the continued increase and age in population are slightly lower than in the last PNA.

Alongside this ageing trend Stockport 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 by 2012. This trend then reversed, dropping to 3,100 births per year by 2020. The increase in births has been caused by a number of factors including a period where some mothers delayed having their first child and the impact of the 1960s baby boom on the female population. It's important to note that when the birth rates grew, they did so most rapidly in deprived areas, and this is especially true of a cohort born between 2009 and 2014, where almost half of all births were in the two most deprived quintiles. There is therefore a cohort of children where levels of need are likely to be higher than average, and this cohort is currently in primary education but will move into secondary education over the next few years.

These trends combine to create the **expectation that the overall population of Stockport will rise slightly over the lifetime of this PNA, and by 2025 the population of Stockport is expected to have increased by 2% since 2020, to 300,000 (by 5,800 people). The majority of this rise will be in the older population which is expected to form more than 21% of the population by this time.**

3.2.2 Ethnicity and other protected characteristics

Intelligence on the ethnicity of Stockport's population is best sourced from the decennial Census, the results of the 2021 Census are due to be published over the next year, and this section will be updated once this data is released. Data from the previous Census (2011) shows 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 Asian or Minority Ethnic Group (BAME) almost doubled from 2001 to 2011, to 22,500. It is anticipated that the population of Stockport will have become more diverse since 2011.

Table 3.1 Stockport Ethnicity – data from the 2011 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		284526	283,275		

Source: Office for National Statistics

The distribution of the BAME population across Stockport is not even, and the areas of Heald Green, Cheadle & Gatley and Heatons South are particularly diverse; in each of these areas there are particularly high rates of the population who identify themselves as from a Pakistani or Indian background, and the total BAME 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 and 9.8% a condition which limits their day-to-day activities a little (18.4% limited in total);** a rate similar to the national average.

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.

Applying national research figures to Stockport, **15,000 to 20,000** (5-7%) residents are lesbian, gay or bisexual and **2,900** (1%) are transgender. National research has shown that LGBT people are more likely to have poor mental health and unhealthy lifestyles and less likely to use certain NHS preventative services.

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

- University students – there is no university in Stockport
- Offenders – Stockport's JSNA estimates that there are 800 people on probation in Stockport at any one time. There are no particular geographic clusters in the locality and there is no prison facility in the area.

6

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

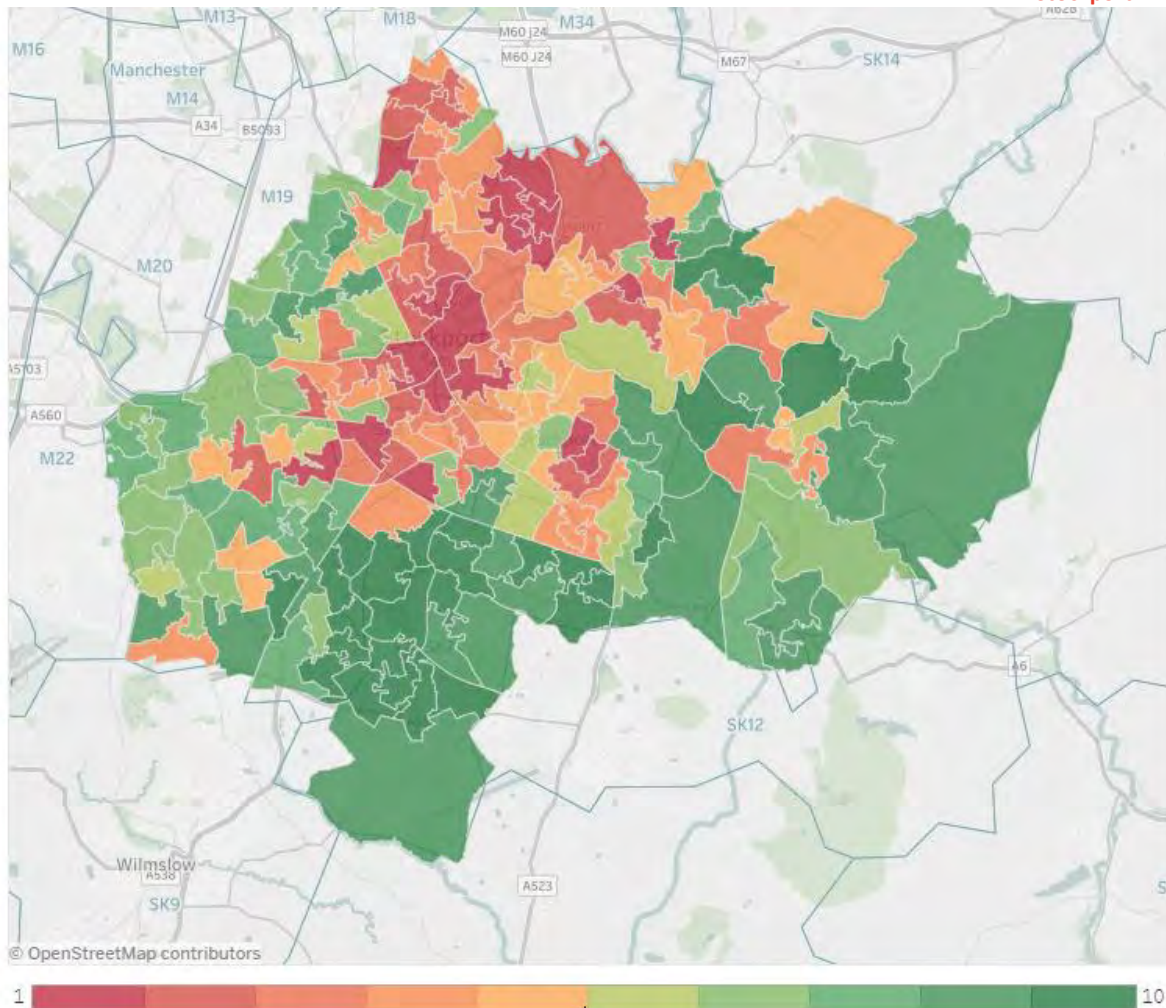
- Homeless and rough sleepers – there are a small number of rough sleepers in Stockport, whose primary care needs are often met by the Wellspring Centre, located in the town centre and within 500m of a pharmacy. There are around 500 households in insecure housing in Stockport, there are no particular geographical clusters in of those in temporary accommodation in the borough, although these are aligned with deprivation (see below).
- Refugees and asylum seekers – on average round 100 refugees and asylum seekers arrive in Stockport each year. However, the year 2021 and 2022 have seen a larger number, with two sites in Stockport being used for temporary housing, with around 500 residents between them, and 250 people being supported under the homes for Ukraine programme. Both of the larger sites within 1km of an existing pharmacy and residents have been supported to register with primary care services.
- Military veterans – Stockport JSNA shows that there are an estimated 22,500 veterans in Stockport, again there are no particular geographic clusters

3.2.3 Deprivation

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

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

National studies of the differences between the most and least deprived areas within local authorities showed that Stockport has one of the biggest gaps between 'rich' and 'poor' in the country, nationally the area ranked ninth in the polarisation index. Addressing these inequalities is a key priority within Stockport's One Health and Care plan.



Map of the distribution of deprivation 2019

Source: DCLG

Across Stockport, pre-pandemic there were:

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

3.3 Stockport Health Needs

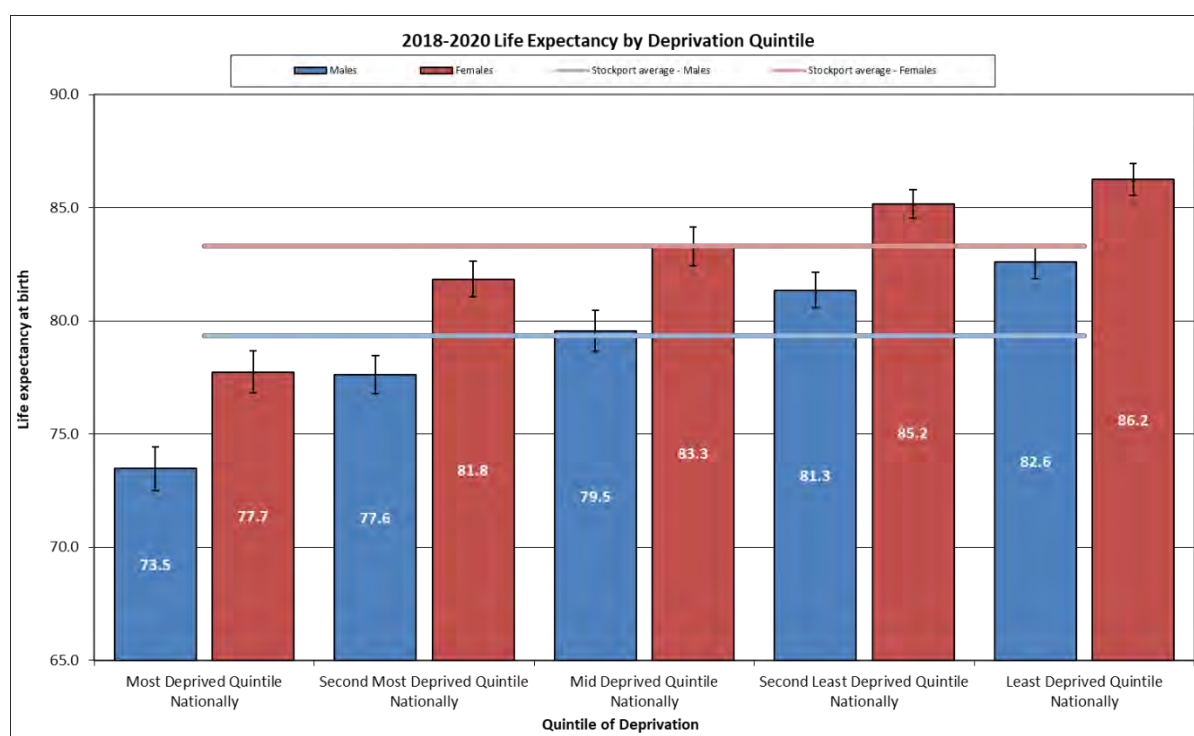
The long-term trend for mortality rates in England and Stockport had been a steady fall over time; however, since 2011 the rate of decline (i.e. the improvement) has significantly slowed and life expectancy improvements have therefore stalled. The Office for National Statistics (ONS) concluded in 2019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

⁷<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/changingtrends inmortalityinenglandandwales1990to2017/experimentalstatistics>

Local mortality rates in Stockport have followed this pattern, until 2010/12 the rate of decline for both males and females was consistent and followed a linear trend, since then rates stopped falling and instead held steady until 2018/2020, when mortality rates rose as a result of the excess mortality due to COVID-19.

Life expectancy trends show similar patterns, with a consistent increase for both males and females up until 2010/12 and then a significant slowdown in the rate of improvement, and a fall in life expectancy in 2018/20 due the excess mortality case by COVID-19.

Despite this slow down Stockport remains one of the healthier places in the North West and is average in national terms for most health indicators; life expectancy in Stockport is currently 79.3 years for males and 83.2 years for females, similar to the national average. Life expectancy in the most deprived areas however remain significantly lower than the average, currently males in the most deprived quintile can expect to live to 73.5 years and females to 77.7 years, around 9 years less than in the least deprived quintile.



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 19-21 years of life are spent in poor health for women; but these times extend significantly in the most deprived areas. In these areas, healthy life expectancy can be as low as 55 years.

There continues to be good progress in reducing deaths from circulatory disease; and cancer is now the biggest killer overall. Hypertension (47,100 people), CHD (12,170), asthma (20,500), diabetes (17,000) and depression & anxiety (37,000) 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 14% 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 28% in Stockport's most deprived areas.

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

There are an **estimated 1,500 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**; around a fifth of these people are receiving care from mental health services for reasons other than substance misuse.

Rates of teenage conception are falling and are currently 13.1 per 1,000 (2020), similar to the national average and 50% lower than they were in 2012. Around 65 conceptions occur before the age of 18 each year. Rates vary across the borough and are especially high in the priority area of Brinnington.

3.4 Planned changes

3.4.1 Planned changes in Stockport

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

There are currently a number of large-scale housing developments (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 the later do not represent a current need but may in time lead to new needs for pharmacy services. If new needs are created before the next PNA (due 2025) then these will be formally signalled by the publication of a supplementary statement (see [section 7](#)).

Under construction

- **Woodford Garden Village**
Redevelopment of the former Woodford Aerodrome site to provide up to 920 new dwellings with associated commercial and community space. The site is being developed in a phased approach, so far phases 1 to 4 of the scheme are complete and phases 5 and 6 are under construction (of a planned 8 phases). More than 500 of the 920 homes are complete, and the population of the area has increased by around a 1,000 since the last PNA in 2018. Currently the nearest pharmacies are more than 2km away from the site, however despite the increase in population there has as yet been no breach in the strategic principles for Stockport (see section 4.1). Analysis of population change in this area is undertaken regularly and a statement indicating unmet need will be issued (see [section 7](#)) if this population change leads to Stockport's strategic principles being breached in the future. No public consultation responses mentioned pharmacy access issues in the Woodford area (see [appendix 2](#)).
- **Meadow Mill, Portwood**
Conversion of a vacant grade II listed former mill building into mixed-use development comprising of 213 apartments and retail space. This is within 1km of an existing pharmacy.

- **Cranford Golf Centre, Heaton Mersey**
Construction of a residential development comprising up to 75 two-storey dwellings on a former golf-centre. This is within 1km of an existing pharmacy.
- **Foxcote, Wilmslow Road, Heald Green**
Construction of 202 three and four bed dwellings on land off Wilmslow Road, Heald Green. This is within 1.5km of existing pharmacies.
- **Stockport Interchange, Town Centre**
Construction of 196 apartments as part of a mixed-use development, including a new bus station and park, in Stockport town centre. This is within 1km of an existing pharmacy.
- **Former Battersby Hat Works, Offerton**
Construction of 144 new homes on the former Battersby Hat Works factory including both apartments and two, three and four bed houses. This is within 1km of an existing pharmacy.
- **Edward Street, Stockport**
Construction of 134 apartments on a former snooker hall close to Stockport town centre. This is within 1km of an existing pharmacy.
- **Melford Road, Hazel Grove**
Construction of 87 new homes, including apartments and houses on a brownfield site. This is within 1km of an existing pharmacy.
- **Weir Mill, Stockport**
Construction of 253 1,2 & 3 bed apartments in the existing Weir Mill and two new buildings, alongside development of public and commercial space in the heart of Stockport. This is within 1km of an existing pharmacy.

Permission granted but not yet underway

- **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 is within 1km of an existing pharmacy.
- **Former Greenhale House, Stockport**
Development of 164 new apartments on the site of a former office building. This is within 1km of an existing pharmacy.
- **Royal George Village, Greek Street**
Development of 62 new apartments on part of the Stockport College site, this is the first stage of larger developments planned in this area, that are not yet at the formal planning permission stage. This is within 1km of an existing pharmacy.
- **Strawberry Field, Lancashire Hill**
Development of 51 new apartments on a site at the end of Penny Lane, Lancashire Hill. This is within 1km of an existing pharmacy.

Awaiting planning decision

There are, in addition, currently four significant development sites where planning permission is being sought, but where a decision has yet to be made. Permission may or may not be granted and therefore the sites are not included in this list; however analysis shows that all these proposed sites are within 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 around 55,000 items a year for Stockport GP registered patients.

Cheshire East Council are currently implementing plans for a new growth village, North Cheshire Garden Village, comprising 1,650 homes to the east of Handforth, adjacent to the Stockport border and close to the former Woodford Aerodrome site. Initially it was expected that construction would start by 2021, however it is now expected that the first 300 of these dwellings will be completed by March 2025, with the remainder built by 2030. The site is close to the Handforth Dean Retail Park which includes pharmacy within a superstore with extended opening hours. The majority of these future properties will therefore lie within 1km of an existing pharmacy.

4 Current Provision of Pharmaceutical Services

For the review of current provision this assessment includes the community pharmacies providing essential, advanced and locally commissioned services in Stockport and 16 pharmacies in the neighbouring areas of Manchester, Tameside and Cheshire East as at spring 2022.

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 2020/21

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 Derbyshire do not fulfil any of the stated criteria and thus have not been considered in this assessment. [Appendix 1 – map 1](#) shows the distribution of the 16 out of area pharmacies considered in this PNA.

4.1 Essential services – provided by all pharmacies

Within the borough of Stockport there are 63 community pharmacies, 4 internet / distance selling pharmacies; 1 dispensing appliance contractor (DAC) and 1 hospital pharmacy at spring 2022. There are no dispensing doctors.

- [Appendix 1 – map 1](#) shows the location of these pharmacies in relation to urban areas and the road network, [map 3](#) with added 1km radii.
- [Appendix 1 – map 4](#) shows the location of these pharmacies in relation to concentrations of deprivation, [map 5](#) with added 1km radii
- [Appendix 1 – map 6](#) shows the location of these pharmacies in relation to population spread, [map 7](#) added 1km radii
- [Appendix 1 – map 9](#) shows the location of these pharmacies in relation to GP practice locations and the OOH (out of hours) service

Table 4.1: Community pharmacies as of 31 March 2021			
	Number of community pharmacies 2020/21	Population (2020)	Pharmacies per 100,000 population 2020/21
England	11,636	56,550,138	20.6
Greater Manchester	699	2,848,286	24.5
Stockport	63*	294,197	21.4

Source: NHS Digital, * EPACT 2022 data

The number of community pharmacies per 100,000 patients in Stockport is higher than the national average but is lower than the Greater Manchester average (see table 4.1), therefore meeting the first strategic principle for essential services set out in [section 2.4.4](#). The number of community pharmacies has fallen by six since the last PNA, but over the same time 2 new distance selling pharmacies have opened (see [appendix 1 – map 2](#)); 5 community pharmacies have been renamed or have relocated to a new site which has made no significant change in access, these changes do not lead to a need for additional community pharmacies.

There are 35 GP practices in Stockport, with 12 branch GP locations and a GP out of hours service, generating 6,698,306 prescriptions in the year ending March 2020; and 6,592,547 in the year ending March 2021.

91.8% of the prescriptions generated by Stockport GP's are dispensed within Stockport boundaries (2020/21); of the remaining 8.2% dispensed out of area, significant numbers (2.6% of total) are dispensed in the 16 cross border pharmacies identified in this PNA assessment (see [appendix 1 - map 1](#)). The remaining prescriptions are dispensed nationwide with no significant number in any area (source: EPACT2 prescribing data year ending 2020/21).

Stockport and out of area distance selling pharmacies (internet) now account for up to 3.6% of the total volume, up from 0.8% in the 2018 PNA assessment.

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 community pharmacy		
	Number of prescription items 2020/21	Average items per community pharmacy per month
England	1,016,769,042	7,281.8
Greater Manchester	60,134,624	7,169.1
Stockport	6,360,287	8,413.1

Source: NHS Digital, EPACT2

Current provision for essential pharmaceutical services within Stockport ensures that for 92.6% of the resident population there is a community pharmacy within 1km of their home (see table 4.3), which is indicative of an easy 20-minute walk. 98.5% are within 1.5km of a community pharmacy (approximately a mile) and meets the second strategic principle set out in [section 2.4.4](#). 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, 5 and 7](#)). These proportions are down slightly from 2018, when the figures were respectively 93.4% within 1 km and 98.8% within 1.5km.

Table 4.3: Population more than 1km or 1.5km from a community pharmacy by deprivation							
People more than 1km or 1.5km from a community pharmacy		National quintile of deprivation (2019)					Total Stockport
		Most deprived 0-20%	Second most deprived 20-40%	Mid deprived 40-60%	Second least deprived 60-80%	Least deprived 80-100%	
1km	Number outside	321	2,968	2,789	5,260	12,096	23,434
	Proportion within	99.4%	95.2%	94.3%	92.3%	85.0%	92.6%
1.5 km	Number outside	0	16	946	786	3,070	4,818
	Proportion within	100.0%	100.0%	98.1%	98.9%	96.2%	98.5%

Source: Public Health Intelligence, Stockport Council

Deprived areas of Stockport are particularly well provided for by community pharmacies, with 99.4% people living in the most deprived quintile living within 1km of a provider, and 100% of people within 1.5km of a provider, therefore meeting the third strategic principle set out in [section 2.4.4](#). The least deprived, most rural, parts of the borough are the areas with the furthest distance to travel, with 85.0% of the population in these areas within 1km of a pharmacy, however 96.2% of the population are within 1.5km (1 mile) of a provider (see table 4.3).

96.1% of Stockport patients have at least three community pharmacies within 2km of their home, and a wider choice of alternative pharmacy provider within a 20-minute public transport route and therefore meets the fourth strategic principle set out in [section 2.4.4](#). 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 NHS England at 31st March 2021, number and percentage of independent and multiple contractors 2016-17				
	Number and [percentage]			
	Community Pharmacies	Independent Contractors		Multiple Contractors⁸
England	11,636	4697	40.4%	6,939 59.6%
Greater Manchester	699	268	38.3%	431 61.7%
Stockport	63	23	36.5%	40 63.5%

Source: NHS Digital

The analysis therefore shows that the current provision of general services in Stockport meets all four of the essential services strategic principles set out in [section 2.4.4](#) and therefore there is no current gap in provision for essential community pharmacies.

The analysis of the population change anticipated through the life of this PNA ([section 3.2.1](#)) showed that the population is expected to grow by 5,800 through the duration PNA. The majority of likely locations of this population growth ([section 3.4](#)) are already within 1km of existing community pharmacies, with only the Woodford Garden Village beyond this. Using the data shown in table 4.3 analysis shows that even if all 5,800 additional people lived more than 1km from a community pharmacy then the total proportion of the Stockport population within 1km of a community pharmacy would be 91% (within the first strategic principle threshold). This PNA therefore finds that there are no anticipated future needs for essential community pharmacies to 2025.

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

⁸ A multiple contractor is defined as consisting of six pharmacies: contractors with five or less pharmacies known as independent.

4.1.1 Hours of trading

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 2022 in Stockport 7 (11%) community pharmacies open for the minimum 40 hours only, 29 (46%) open for between 40 and 49 hours, 20 (32%) open for between 50 and 59 hours, 3 (5%) open between 60 and 99 hours and 4 (6%) are contracted to provide 100 hours (see [appendix 1 - map 10](#)).

In terms of out of hours provision:

- 7 (11%) community pharmacies in Stockport open after 19h00 on a weekday evening, additionally 3 cross border pharmacies open after 19h00 on a weekday evening (see [appendix 1 – map 11](#))
 - 25.6% of Stockport residents are within 1km of an evening pharmacy
 - 68.1% of Stockport residents are within 2km of an evening pharmacy
 - 88.7% of Stockport residents are within 3km of an evening pharmacy
- 41 (65%) community pharmacies open on a Saturday, additionally 9 cross border pharmacies open on a Saturday (see [appendix 1 – map 12](#))
 - 78.5% of Stockport residents are within 1km of a Saturday pharmacy
 - 98.8% of Stockport residents are within 2km of a Saturday pharmacy
 - 98.9% of Stockport residents are within 3km of a Saturday pharmacy
- 8 (13%) community pharmacies open on a Sunday, additionally 3 cross border pharmacies open on a Sunday (see [appendix 1 – map 13](#))
 - 22.5% of Stockport residents are within 1km of a Sunday pharmacy
 - 67.0% of Stockport residents are within 2km of a Sunday pharmacy
 - 90.1% of Stockport residents are within 3km of a Sunday pharmacy

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

[Appendix 1 – map 9](#) shows the distribution of pharmacies compared to that of GP practices and the GP out of hours service, provided by Mastercall. In all cases there is a pharmacy within at least 1km of a GP site or the out of hours service, and in the vast majority of cases these services are either co-located or in very close proximity. There are more pharmacies than GP Practices in Stockport.

Feedback through the public consultation process has noted while the majority of respondents to the public survey found it easy to access services out of hours (58%), over a third found it difficult or very difficult to access pharmacy services at these times (see [section 6](#)) a far higher proportion than inside normal hours (6%). Some local areas were highlighted by one respondent each as having a possible need outside of normal hours, including Brinnington, Cheadle, Edgeley and Marple, although it was not clear about when these needs might occur.

The stakeholder consultation process also highlighted that:

- There is a gap in late-evening pharmacy provision for Marple & Romiley area.
- Mastercall have issues with restricted opening hours provision in Stockport on late evenings, weekends, and Bank Holidays
- Feedback from one GP Practice has indicated that changes in the pharmacy opening hours in Brinnington have caused issues as the pharmacy closes before the GP Practice closes (and final prescriptions are issued). This is a particular issue in Brinnington as levels of deprivation are high and therefore more people will find it difficult to travel to other pharmacies.

The conclusion of this analysis is that:

- coverage during normal working hours and on Saturday's is satisfactory
- there are gaps in pharmacy service in Stockport for late weekday evening services in the following two areas (reported by both the public and stakeholders),
 - Brinnington until 20h00 on a weekday
 - Marple until 20h00 on a weekday

As there is already sufficient service provision to meet the population's essential pharmaceutical needs, the preference would be for an existing provider in each of these areas to meet the identified out of hours needs

- although provision on Sunday is not as widespread as on other days of the week it does not create a gap in pharmacy provision. This is because there are pharmacies open from 07h00-21h00 in Stockport town centre, an area which accessible to the rest of Stockport via public transport. The smaller number of NHS health services which operate on Sunday are encouraged to maintain a list of these pharmacies and commissioners are advised to ensure these pharmacies are opened at the advertised times.

Currently the review of 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](#)).

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 wheelchair 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 products that meet patients dietary and religious needs
- Leaflets and / or translation facilities for those whose first language is not English

Greater Manchester LPC encourage local pharmacies to join Stockport Dementia Action Alliance which brings groups, organisations and businesses together to improve the lives of people with dementia. Greater Manchester LPC has joined the DAAs across Greater Manchester. To join, pharmacies should complete a short action plan with a few steps to take to become more dementia-friendly.

The review of current provision indicates no specific commissioning requirement for unmet need in relation to access to services. The responses to the public consultation have not highlighted any issue relating to ethnicity or language, but have highlighted that those with poor or very poor health are more likely to experience difficulties in accessing pharmacies. The comments made by people with poor or very poor health showed that this is mainly due to difficulties in getting to the pharmacy (walking or getting public transport) rather than issues at the pharmacy, and therefore do not suggest unmet need beyond those stated above.

4.2 Advanced services

4.2.1 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)⁹. Pharmacists undertaking the service with the patient must provide the commissioner with a declaration of competence to national standards.

	Number of community pharmacies	Community pharmacies providing NMS	Percentage of community pharmacies providing NMS	Total NMS	Average NMS per participating community pharmacy
England (2020/21)	11,636	9,543	82.0%	932,880	97.8
Greater Manchester	699	562	80.4%	64,780	115.3

⁹ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/193012/2013-03-12_-_Advanced_and_Enhanced_Directions_2013_e-sig.pdf

(2020/21)					
Stockport (2021/22)*	63	63	100%	14,973	237.7

Source: NHS Digital / NHS Business Authority

*Figures for Stockport over twelve-month period of the financial year 2021/22.

Data from 2021/22 shows that all 63 Stockport community pharmacies had at least one NMS intervention (see [appendix 1 – map 26](#)), up from 83.1% (59) of pharmacies in 2016/17. The average number of NMS consultations per year per community pharmacy is significantly higher than the rates in 2020/21 in Greater Manchester and England (see table 4.6), however this is for a subsequent year so cannot be directly compared, levels of NMS in 2020/21 in Stockport were lower. There is therefore no gap in provision for NMS.

4.2.2 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 2021/22 flu season community pharmacies across Stockport delivered vaccinations to 24,481 patients who were identified as eligible for a NHS funded vaccination, 17.2% of the total NHS flu vaccination delivered, this is a significant increase since the 2018 PNA when the level was 2,877. There are currently 52 community pharmacies offering this service (see [appendix 1 – map 14](#)).

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

Table 4.7: Pharmacies Providing Adult Flu Vaccination Services 2020/21

	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	11,636	9,816	84.4%	2,770,330	80.5%
Greater Manchester	699	548	78.4%	132,720	80.9%
Stockport*	63	52	82.5%	24,481	87.1%

Source: NHS Digital/ NHS Business Authority * data for 2021/22

4.2.3 COVID-19 Vaccinations

The first COVID-19 vaccinations were given in December 2020, and since then the national programme has offered at least 3 doses of the vaccine to adults, with the most vulnerable receiving 4 or 5 doses, and 2 doses to children over 5 years of age. Over the last 20 months around 696,000 doses have been administered to patients in Stockport. Pharmacies have made a significant contribution to this, with at least 36% of these vaccines delivered by pharmacy led sites across Stockport and neighbouring areas (23.8% by Stockport Pharmacies).

Provision has changed, and is still changing, as the programme develops and the commissioning and management has not yet settled into a regular programme. There have been 10 pharmacy providers across the Borough over the course of the programme (see [appendix 1 – map 15](#)) and currently there is no gap in provision.

4.2.4 NHS Community Pharmacist Consultation Service

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

The service aims to help alleviate pressure on GP appointments and emergency departments, in addition to harnessing the skills and medicines knowledge of pharmacists. Should the patient need to be escalated or referred to an alternative service, the pharmacist can arrange this. This service is a development of the NUMSAS (NHS Urgent Medicine Supply Advance Service)

The service is being rolled out to all community pharmacies and as of May 2022 62 of the 63 community pharmacies in Stockport were delivering the service, plus three of the four distance selling pharmacies (see [appendix 1 – map 23](#)) and there is no gap in provision.

4.2.5 Stop Smoking Advanced Service (SSAS)

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

Pilot work indicated that a consistent, national offer could be achieved through community pharmacy, and that it could create the capacity needed to enable NHS trusts to transfer patients for smoking cessation support into the community. The SSAS was therefore added to the NHS Community Pharmacy Contractual Framework (CPCF) as part of Year 3 (2021/22) of the five-year CPCF deal. This service has been designed to enable NHS trusts to undertake a transfer of care on patient discharge, referring patients (where they consent) to a community pharmacy of their choice to continue their smoking cessation treatment, including providing medication and support as required.

Across Stockport 31 community pharmacies and 1 internet pharmacy are currently opted into providing this service (see [appendix 1 – map 16](#)). These provide good geographical coverage across the borough with provision in every district centre and provision is available in areas with highest smoking prevalence (Stockport Town Centre, Lancashire Hill and Brinnington). Smoking cessation provision is also available at Stockport GP Practices, Stockport NHS Foundation Trust and via Stockport ABL (A Better Life, the specialist smoking cessation provider), there is therefore no gap in provision. This analysis has been updated from that contained in the draft PNA, as provision increased rapidly between April 2022 and October 2022, rising from 2 to 31 providers,

4.2.6 Hepatitis C Antibody Testing

The Community Pharmacy Hepatitis C Antibody Testing Service was added to the Community Pharmacy Contractual Framework (CPCF) in 2020, commencing on 1st September. The introduction of this new Advanced Service was delayed by five months because of the COVID-19 pandemic.

The service is focused on provision of point of care testing (POCT) for Hepatitis C (Hep C) antibodies to people who inject drugs (PWIDs), i.e. individuals who inject illicit drugs, e.g. steroids or heroin, but who have not yet moved to the point of accepting treatment for their substance use. Where people test positive for Hep C antibodies, they will be referred for a confirmatory test and treatment, where appropriate. The overall aim of the service is to increase levels of testing for HCV amongst PWIDs who are not engaged in community drug and alcohol treatment services.

Across Stockport only 3 community pharmacies are currently opted into providing this service (see [appendix 1 – map 21](#)), although this is a new service and numbers are expected to rise. These are in Bramhall, Hazel Grove and Heald Green they do not serve the areas of highest PWIDs (which will be aligned to areas of deprivation). Commissioners are encouraged to work the pharmacies already offering the Needle Exchange Programme (see section 4.3.2) to align these services, as they are aimed at the same population, although it should be noted that it's up to pharmacies which Advanced Services they sign up to provide and also should be noted that provision may increase in the future.

4.2.7 Hypertensive Case Finding Service

The Department of Health and Social Care (DHSC) and NHSE&I proposed the commissioning of a new Hypertension case-finding service, as an advanced service, in the Year 3 of the 5-year contract, in other words starting in 2021/22.

The service aims to:

- Identify people with high blood pressure aged 40 years or older (who have previously not had a confirmed diagnosis of hypertension), and to refer them to general practice to confirm diagnosis and for appropriate management;
- At the request of a general practice, undertake ad hoc clinic and ambulatory blood pressure measurements; and
- Provide another opportunity to promote healthy behaviours to patients.

Across Stockport 45 community pharmacies are currently opted into providing this service (see [appendix 1 – map 22](#)) and as in addition as provision is also available at Stockport GP Practices, there is no overall gap in provision.

4.3 Locally Commissioned Services – Stockport Council

4.3.1 Supervised consumption of opiate substitute medication

Pennine Care NHS Foundation Trust's Drug & Alcohol 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 (aged 25 or under) who receive substitute medication.

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

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

- Dispensing of methadone & buprenorphine on blue FP10 instalment prescriptions – often via daily dispensing as part of the essential service contract for dispensing in a community pharmacy as agreed between 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 114¹⁰, and Department of Health 'Orange Book'¹¹ guidelines).

Since October 2015, the contracting of supervised consumption services has been a responsibility of Pennine Care NHS Foundation Trust as part of the wider contract.

Currently there are 7 pharmacies providing supervised consumption of methadone, this is a reduction compared to the situation at the previous PNA (when the total was 9). The current pharmacies provide good geographical coverage across the borough, including at pharmacies close to the service provider, and access to supervised consumption services is sufficient (see [appendix 1 – map 17](#)).

Currently there are 7 pharmacies providing supervised consumption of buprenorphine, this is an increase compared to the situation at the previous PNA (when there were none) and is in line with plans previously outlined to encourage pharmacies already offering supervised consumption of methadone to extend their provision to buprenorphine.

Pennine Care NHS Foundation Trust have noted the excellent working relationships in place with pharmacies, and pharmacies being very supportive of their clients those accessing these services.

4.3.2 Needle & Syringe Exchange programme (NSP)

Since April 2022, the Needle and Syringe Programme (NSP) has been co-ordinated by Pennine Care NHS Foundation Trust Drug & Alcohol Service, between 2015 and 2022, this was co-ordinated by CGL (Change, Grow, Live). During 2020/21, there were 3,146 transactions via the pharmacy needle exchange provision and 557 transactions at the needle exchange based within the substance misuse service provision.

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

Currently 8 Stockport community pharmacies provide NSP services, the same as in the previous PNA, located in both the cluster areas as outlined above and in pharmacies close to the service location, along with outlying areas of the borough (see [appendix 1 – map 18](#)). The level of provision indicates no gap for NSP services in Stockport.

Alongside the in-person NSP offer at pharmacies and at the drug and alcohol service, we also offer a postal service, working alongside NSP Direct. This commenced during the COVID-19 pandemic and is continuing for a small number of people (approximately 3 to 5 individuals in any one month) who are unable to access in-person provision (e.g. housebound or with a physical disability). Wherever possible, it is preferable for clients to access in-person needle exchange provision to ensure they are seen and can be given advice, information and support as required.

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

¹¹

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

Opiate users account for the highest use of the NSP on site, with 49% of service users reporting using heroin or heroin and crack, followed by Image and Performance Enhancing Drugs (IPEDs) at 23%. In terms of pharmacy provision, 77% of service users report they use heroin or heroin and crack, followed by IPEDs at 13% and then stimulants at 10%.

Users of IPEDs (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 programmes¹³). 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.

4.3.3 Emergency Hormonal Contraception (EHC)

16 pharmacies are commissioned to provide the Emergency Hormonal Contraception (EHC) service (see [appendix 1 – map 19](#)), this is the same as in the last PNA. 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 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. Since April 2022, Locala has provided the Integrated Sexual Health service in Stockport. This includes advice, support and treatment on all sexual health issues, including provision of contraception and emergency contraception. The level of provision indicates no gap for EHC services in Stockport.

4.4 Locally Commissioned Services – NHS Greater Manchester Integrated Care & NHS Stockport Locality Team

4.4.1 Greater Manchester Minor Ailments Scheme (MAS)

NHS Stockport Locality Team has joined the Minor Ailments Scheme (MAS) managed through NHS Greater Manchester Integrated Care. This scheme is open to all Stockport community pharmacies, provided they have a consultation room, and does not require the patient to attend the GP Practice to obtain any referral prior to supply.

In 2020 the eligibility criteria was changed, now the service can be accessed free at the point of use by residents within Greater Manchester who meet the financial eligibility criteria as per the published Greater Manchester Medicines Management Group (GMMMG) commissioning statement (<https://gmmmg.nhs.uk/docs/ip/Commissioning-Statement-for-all-GM-CCGs-010919-Final.pdf>) or set by the NHS Locality Team in which geography the service is delivered.

The GMMMG commissioning statement defines financial vulnerability as in receipt of the following income related benefits (in line with NHS national criteria for help with prescription costs).

1. Individuals named on a current HC2 charges certificate
2. Individual or their partner receives Income Support, Income based Job seekers Allowance or Income related Employment and Support allowance, or the person is a young person under the age of 20 who is dependent on someone receiving those benefits.
3. Universal Credit where entitlement to free prescriptions is stated on the Universal Credit award notice.

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

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

In May 2022 48 Stockport pharmacies provided the Greater Manchester MAS (see [appendix 1 – map 24](#)) with coverage across the borough and no gap in service provision.

4.4.2 Greater Manchester Minor Eye Conditions

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

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

In May 2022 48 Stockport pharmacies provided the Greater Manchester MEC (see [appendix 1 – map 25](#)) with coverage across the borough and no gap in service provision.

4.4.3 Stockport Palliative Care Medicines Service

In light of the current pandemic and in order to ensure availability of palliative care, both within standard opening hours and out of hours, four community pharmacies in the Primary Care Networks across Stockport have been commissioned to hold an ongoing stock of end-of-life medicines for palliative care (see [appendix 1 – map 20](#)). NHS Stockport Locality Team reimburses these pharmacies, should this medicine be held beyond the expiry date. Arrangements for the management of this service under the new organisational forms will be confirmed shortly.

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

4.4.4 NHS Stockport Locality & Viaduct Care Support Services

4.4.4.1 Medicines Optimisation Support

NHS Stockport Locality employs a small team of pharmacists to work together as a Medicine Management team, to review the use of medication across Stockport, supporting Primary Care Networks. Their key role is to ensure safe, clinically cost-effective prescribing and therefore appropriate use of the 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.

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

4.4.4.2 Care Homes

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

4.5 Dispensing appliance contractors

Dispensing Appliance Contractors (DAC) (see 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 below).

Currently there is one DAC located within the boundary of Stockport with two others sited close to the border in neighbouring areas. A significant number of Stockport prescriptions for these products are dispensed by cross border DACs, 28% of prescriptions are dispensed in Stockport, 25% at the two nearby DACs and 47% at DACs further afield.

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

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

4.5.1 Stoma Appliance Customisation (SAC)

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

4.5.2 Appliances Use Review (AUR)

Community pharmacies and dispensing Appliance Contractors (DAC) (see page 7) can undertake AUR with patients receiving appliances, provided they are competent with criteria in The Pharmaceutical Services (Advanced and Enhanced) (England) Directions 2013 (part 3, sections 11- 13), and have declared their intention to provide the service to NHS England. 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).

4.6 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.

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.

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 Pharmacy is using the PharmOutcomes system to support the transfer of medicines information from the Trust to community pharmacies when patients are discharged from hospital.

4.6.3 Outpatients

Since September 2014, Stockport NHS Foundation Trust has used a subsidiary, trading as The Pharmacy Shop, to provide an outpatient prescription service; giving quicker access to medicines for patients. The outpatient pharmacy 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.

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 (GMMMGMG) 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, endocrinology, gastroenterology, rheumatology and two Macmillan posts for oncology / palliative care and haematology. This is evident in both in-patient and out-patient settings. There are dedicated pharmacists for antibiotics management, writing discharge prescriptions and patient safety.

4.6.5 Regional specialist services

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

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

A broad range of aseptically prepared products are also available.

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

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

4.7 Internet Pharmacy Provision

Within the borough of Stockport there are 4 internet/ distance selling pharmacies which dispense a small proportion of local prescriptions. Internet and distance selling pharmacies now account for 3.6% the total volume of prescription items, a level which has increased since the previous PNA assessment (0.8%); but is still an overall small percentage of the total provision.

5 Gaps in provision of Pharmaceutical Services

5.1 Essential Services

Stockport as a locality has adequate provision of essential services to meet the needs of the population by providing a service for more than 92% of the residents within 1km of their home. The number of community pharmacies in Stockport decreased by 6 since the previous PNA, but this has not led to the strategic principles being breached and does not cause a gap in provision.

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

Data from 2020/21 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 continued development of the Woodford Aerodrome site, with around 500 of 920 new homes now complete and with the rest due during the lifetime of this PNA, may lead to a gap in essential service provision in the future as currently the nearest pharmacy is more than 2km away. However analysis of population change in this area so far shows that this point has not yet been reached and is unlikely to do so in the next 3 years. Analysis is undertaken regularly and a statement indicating unmet need will be issued if this population change leads to Stockport's strategic principles (see [section 2.4.4](#)) being breached.

Analysis of opening hours and trading days shows there is adequate provision for out of hours service across the borough, apart from the following two gaps:

- Brinnington until 20h00 on a weekday
- Marple until 20h00 on a weekday

As there is already sufficient service provision to meet the population's essential pharmaceutical needs, the preference would be for an existing provider in each of these areas to meet the identified out of hours needs

5.2 Advanced Services

Analysis suggests that provision of most advanced services is in line with population need services are sufficiently well distributed in Stockport and there are no reported concerns about provision, apart from the following new advanced service:

- **Hepatitis C Antibody Testing** where existing community pharmacies already offering the locally commissioned needle exchange scheme should be encouraged to offer this service. It should be noted that it is up to pharmacies which Advanced Services they sign up to provide and that as this is a new service the level of provision may increase in the future.

5.3 Locally Commissioned Services

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

6 Consultation Process and Outcomes

6.1 Stakeholder consultation

The PNA requires a statutory 60 day consultation with a range of stakeholders. This stakeholder consultation was undertaken in August 2022 and October 2022, with the draft document available online for duration of the review and comment invited from all statutory stakeholders, a list of whom is in [appendix 2](#) along with the consultation questions. Members of the public were also welcomed to respond, via the councils 'Have your Say' webpage. In addition to statutory consultees the draft PNA has also been discussed by Stockport's Adult Social Care and Health Scrutiny Committee and the Stockport STAMP committee.

In total four sets of comments were received during the statutory consultation, all agreed with the overall findings of the draft PNA and the conclusions reached. Consultees made suggestions for amendments to the text and information to add, which have been incorporated into this version. A full analysis of the responses and comments is set out in [appendix 2](#).

6.2 Public consultation

In addition, a consultation seeking the views of Stockport residents about pharmacies in the area was also undertaken in the summer of 2022. This took the form of an online survey, promoted through social media and our partner organisations including Healthwatch. The Public Health Response Service Team within the council also completed Community Engagement work across the borough to support residents to complete the consultation, partly to ensure those may be digitally excluded were include and partly to ensure a good level of response, especially in areas of deprivation.

A total of 507 responses were received, and more than a quarter of these came from the most deprived parts of Stockport. A full analysis of the responses and demographic profile of responses is set is set out in [appendix 2](#), and is summarised below.

Analysis shows that the majority of people use the same pharmacy when needed (53%), while a smaller proportion use a number of pharmacies (14%). Proximity to home (45%) and GP Practice (29%) were there most common reasons for choosing a pharmacy

The majority of respondents found it very easy (52%) to access pharmacy services during normal opening hours, and adding together all those who found it very easy, easy and somewhat easy this proportion rises to 93%. Only 6% find it difficult or very difficult to access pharmacy services in normal working hours, the most common reason being the working hours of the respondent.

A different picture emerged for out of normal hours, while the majority still found it easy to access services out of hours (58%), 36% found it difficult or very difficult, the most common reasons for this were the lower number of available pharmacies, the difficulty in accessing via public transport, the distance that open pharmacies are from people who need them and the ease of finding out which pharmacies are available. In addition, some local areas were highlighted by one respondent each as having a possible need, including Brinnington, Cheadle, Edgeley and Marple, although it was not clear about when these needs might occur. Some amendments to section 4.1.1 have been made as a result of this response.

A large majority of respondents reported that local pharmacies offered the medicine advice and minor health information they required, fewer people reported being offered the health lifestyle or

vaccine or health service advice that they required, but there were still more people who reported being offered these services than reported not being offered these services.

Equity analysis of the survey showed that there were no significant differences in response profiles by age, gender and deprivation, however those in poor or very poor health were more likely to experience difficulties in accessing pharmacy services.

7 PNA updates and supplementary statements

This document will be published as Stockport Health and Wellbeing Board Pharmaceutical Needs Assessment 2022 on or before 30th November 2022.

In accordance with the NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013, Stockport Health and Wellbeing Board will publish a revised assessment within 3 years (by 30th November 2025) 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 2022 PNA and will be approved by the Chair of Stockport Health and Wellbeing board prior to release.

Appendix 1 Index of Providers, Services and Maps

Name	Address	Postcode
Adswood Pharmacy	205 GARNERS LANE, ADSWOOD, STOCKPORT, CHESHIRE	SK3 8QJ
Asda Pharmacy	WARREN STREET, STOCKPORT	SK1 1UA
Boots (Bramhall)	1A BRAMHALL LANE SOUTH, BRAMHALL, STOCKPORT	SK7 1AL
Boots (Cheadle Hulme)	130 TURVES ROAD, CHEADLE HULME, CHEADLE, CHESHIRE	SK8 6AW
Boots (Cheadle)	32 HIGH STREET, CHEADLE, CHESHIRE	SK8 1AL
Boots (Edgeley)	82 CASTLE STREET, EDGELEY, STOCKPORT	SK3 9AL
Boots (Heaton Moor)	56/58 HEATON MOOR ROAD, HEATON MOOR, STOCKPORT	SK4 4NZ
Boots (Marple)	9 MARKET STREET, MARPLE, STOCKPORT	SK6 7AA
Boots (Stockport)	47/49 MERSEYWAY, STOCKPORT	SK1 1PU
Bosden Pharmacy	13 TURNSTONE ROAD, OFFERTON, STOCKPORT	SK2 5XT
Cale Green Pharmacy	145 SHAW HEATH, STOCKPORT, CHESHIRE	SK2 6QZ
Centre Pharmacy	21A-22 THE SHOPPING PRECT, CHEADLE HULME, CHEADLE, CHESHIRE	SK8 5BB
Cohens (Bredbury)	164-166 HIGHER BENTS LANE, BREDBURY, STOCKPORT, CHESHIRE	SK6 2LU
Cohens (Brinnington)	UNITS 5-6 BERWICK PARADE, BRINNINGTON, STOCKPORT, CHESHIRE	SK5 8LQ
Cohens (Cheadle Heath)	256 STOCKPORT ROAD, CHEADLE HEATH, STOCKPORT, CHESHIRE	SK3 0RG
Cohens (Cheadle Hulme)	128 HULME HALL ROAD, CHEADLE HULME, CHEADLE, CHESHIRE	SK8 6LQ
Cohens (Heaton Mersey)	448 DIDSBUY ROAD, HEATON MERSEY, STOCKPORT	SK4 3BS
Cohens (Heaton Moor)	133 HEATON MOOR ROAD, HEATON MOOR, STOCKPORT, CHESHIRE	SK4 4HY
Cohens (Reddish)	280-282 GORTON ROAD, REDDISH, STOCKPORT	SK5 6RN
Cohens Chemist	76 BELMONT STREET, HEATON NORRIS, STOCKPORT	SK4 1LX
Davenport Pharmacy	191 BRAMHALL LANE, DAVENPORT, STOCKPORT	SK2 6JA
Dial House Pharmacy	144 DIALSTONE LANE, OFFERTON, STOCKPORT, CHESHIRE	SK2 6AP
Fir Road Pharmacy	8 FIR ROAD, BRAMHALL, STOCKPORT	SK7 2NP
Heald Green Pharmacy	208 FINNEY LANE, HEALD GREEN, CHEADLE, CHESHIRE	SK8 3QA
High Street Pharmacy	7 HIGH STREET, CHEADLE, CHESHIRE	SK8 1AX
Hillgate Pharmacy	56-58 HIGHER HILLGATE, STOCKPORT	SK1 3PZ
HM Odell Ltd	601 GORTON ROAD, REDDISH, STOCKPORT	SK5 6NX
Jaybee Pharmacy	136 LISBURNE LANE, OFFERTON, STOCKPORT, CHESHIRE	SK2 5RH
Lloyds (Bredbury)	242 STOCKPORT ROAD WEST, BREDBURY, STOCKPORT	SK6 2AN
Lloyds (Cale Green)	236 WELLINGTON ROAD SOUTH, STOCKPORT	SK2 6NW
Lloyds (Edgeley)	99 BLOOM STREET, EDGELEY, STOCKPORT	SK3 9LQ
Lloyds (Romiley)	2 CHICHESTER ROAD, ROMILEY, STOCKPORT, CHESHIRE	SK6 4BL
Lloyds (Sainsbury's Cheadle)	WILMSLOW ROAD, CHEADLE, CHESHIRE	SK8 3BB
Lloyds (Sainsbury's Hazel Grove)	PHARMACY DEPT, SAINSBURY'S SUPERMARKET, LONDON RD, HAZEL GROVE, STOCKPORT	SK7 4AW
Mai's Pharmacy	373 BUXTON ROAD, GREAT MOOR, STOCKPORT	SK2 7EY
Manor Pharmacy (Brinnington)	32 BRINNINGTON ROAD, BRINNINGTON, STOCKPORT, CHESHIRE	SK1 2EX
Medichem Pharmacy	34-35 WOODLEY PRECINCT, WOODLEY, STOCKPORT, CHESHIRE	SK6 1RJ
Offerton Pharmacy	513 HEMPSHAW LANE, OFFERTON, STOCKPORT, CHESHIRE	SK2 5TP
Peak Pharmacy (Heald Green)	202-204 FINNEY LANE, HEALD GREEN, CHEADLE, CHESHIRE	SK8 3QA
Peak Pharmacy (High Lane)	THE VILLAGE GREEN, BUXTON ROAD, HIGH LANE, STOCKPORT	SK6 8DR
Pharmacy One	262 FINNEY LANE, HEALD GREEN, CHEADLE, CHESHIRE	SK8 3QD
Romiley Pharmacy	30 STOCKPORT ROAD, ROMILEY, STOCKPORT	SK6 3AA
Rowlands Pharmacy (Gatley)	10 OLD HALL ROAD, GATLEY, CHEADLE, CHESHIRE	SK8 4BE
Rowlands Pharmacy (Hazel)	61 ARUNDEL AVENUE, HAZEL GROVE, STOCKPORT	SK7 5LD

Grove)		
Scorah (Bramhall)	61 NORTH PARK ROAD, BRAMHALL, STOCKPORT, CHESHIRE	SK7 3LQ
Scorah (Cheadle)	169 COUNCILLOR LANE, CHEADLE, CHESHIRE	SK8 2JE
Scorah (Hazel Grove)	87 MACCLESFIELD ROAD, HAZEL GROVE, STOCKPORT, CHESHIRE	SK7 6BG
Singers Pharmacy	15 CHURCH ROAD, GATLEY, CHEADLE, CHESHIRE	SK8 4NG
Superdrug Pharmacy	4-6 MERSEY SQUARE, STOCKPORT	SK1 1RA
Village Pharmacy (Bramhall)	44-46 Bramhall Lane South, Bramhall Lane South, Bramhall	SK7 1AH
Village Pharmacy (Cheadle Hulme)	1 BUCKINGHAM ROAD, CHEADLE HULME, CHEADLE, CHESHIRE	SK8 5EG
Well (Hazel Grove 1)	114 LONDON ROAD, HAZEL GROVE, STOCKPORT, CHESHIRE	SK7 4AG
Well (Hazel Grove 2)	221 LONDON ROAD, HAZEL GROVE, STOCKPORT	SK7 4HS
Well (Heaton Moor)	32 HEATON MOOR ROAD, HEATON MOOR, STOCKPORT, CHESHIRE	SK4 4NX
Well (Hillgate)	54 HIGHER HILLGATE, HILLGATE, STOCKPORT	SK1 3PX
Well (Marple 1)	6 THE HOLLINS, MARPLE, STOCKPORT	SK6 6AY
Well (Marple 2)	93 STOCKPORT ROAD, MARPLE, STOCKPORT	SK6 6AA
Well (Marple Bridge)	19 TOWN STREET, MARPLE BRIDGE, STOCKPORT	SK6 5AA
Well (Offerton)	217 HALL STREET, OFFERTON, STOCKPORT	SK1 4JG
Well (Reddish 1)	1-3 GORTON ROAD, REDDISH, STOCKPORT, CHESHIRE	SK5 6AZ
Well (Reddish 2)	26 REDDISH ROAD, REDDISH, STOCKPORT, CHESHIRE	SK5 7PE
Well (Reddish 3)	2 LONGFORD ROAD WEST, REDDISH, STOCKPORT, CHESHIRE	SK5 6ET
Well (Shaw Heath)	SHAW HEATH HEALTH CENTRE, GILMORE STREET, SHAW HEATH, STOCKPORT	SK3 8DN
Ipharmacy	UNIT 231A LONDON RD, GROVE HOUSE, HAZEL GROVE, STOCKPORT (Internet Pharmacy)	SK7 4HS
Pharmacyhaus.Com	13 CRANSTON GROVE, GATLEY, CHESHIRE (Internet Pharmacy)	SK8 4HS
Stockport Pharmacy	73A CASTLE STREET, EDGELEY, STOCKPORT, CHESHIRE (Internet Pharmacy)	SK3 9AT
Your UK Pharmacy	46 GRASMERE ROAD, GATLEY, CHEADLE, CHESHIRE (Internet Pharmacy)	SK8 4RS
Charles S Bullen	1 BANN STREET, STOCKPORT (Stockport Dispensing Appliance Contractor)	SK3 0EX
Stomacare [DAC]	91 SCHOOL LANE, DIDSbury, MANCHESTER (Cross-border Dispensing Appliance Contractor)	M20 6HQ
Salts Medilink [DAC]	215 BURNAGE LANE, LEVENSHULME, MANCHESTER (Cross-border Pharmacy)	M19 1FN
Boots (Levenshulme)	155 FOG LANE, DIDSbury, MANCHESTER (Cross-border Pharmacy)	M20 6FJ
Cocker Pharmacy	6 QUEENSWAY, BURNAGE, MANCHESTER (Cross-border Pharmacy)	M19 1QP
Lancewise (Burnage)	2A LANE END ROAD, DIDSbury, MANCHESTER (Cross-border Pharmacy)	M19 1WA
Lancewise (Didsbury)	41 PEEL HALL ROAD, CROSSACRES, WYTHENSHAW, MANCHESTER (Cross-border Pharmacy)	M22 5DW
Listers Pharmacy	809 STOCKPORT ROAD, LEVENSHULME, MANCHESTER (Cross-border Pharmacy)	M19 3BS
Lloyds (Levenshulme)	294-296 STOCKPORT ROAD, HYDE, CHESHIRE (Cross-border Pharmacy)	SK14 5RU
Manor Pharmacy (Hyde)	12 ALBERT ROAD, LEVENSHULME, MANCHESTER (Cross-border Pharmacy)	M19 3PJ
Roberts Pharmacy	4 TATTON ROAD, HAUGHTON GREEN, DENTON, MANCHESTER (Cross-border Pharmacy)	M34 7PL
SF Wain & Sons Pharmacy	BURNAGE LANE, BURNAGE, MANCHESTER (Cross-border Pharmacy)	M19 1TF
Tesco (Burnage)	PARRS WOOD LANE, EAST DIDSbury, MANCHESTER (Cross-border Pharmacy)	M20 5NP
Tesco (East Didsbury)	KILN CROFT LANE, HANDFORTH, WILMSLOW, CHESHIRE (Cross-border Pharmacy)	SK9 3PA
Tesco (Handforth)		

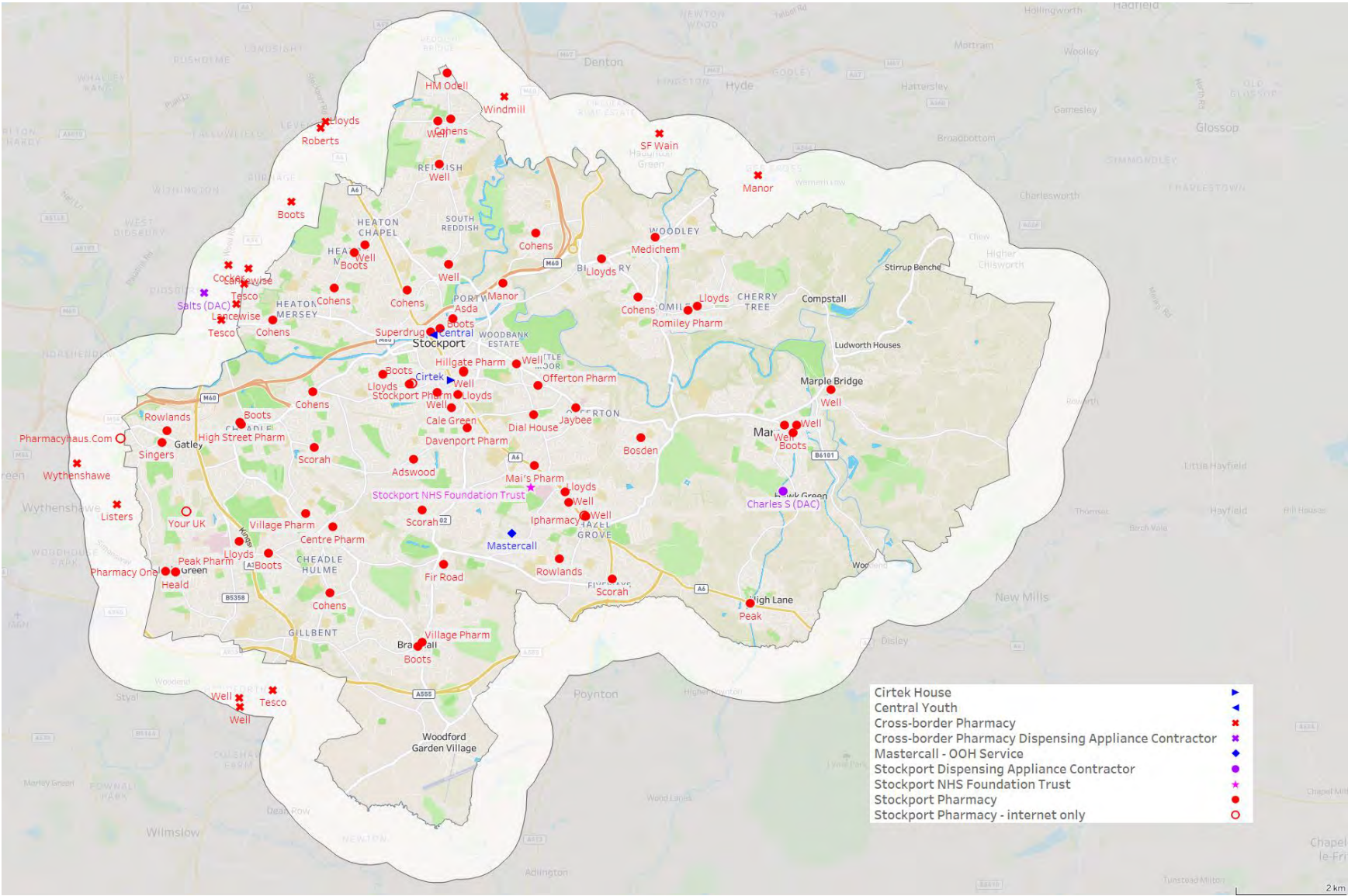
<i>Well (Handforth 1)</i>	<i>WELL PHARMACY, WILMSLOW ROAD, HANDFORTH, CHESHIRE (Cross-border Pharmacy)</i>	<i>SK9 3HL</i>
<i>Well (Handforth 2)</i>	<i>110 WILMSLOW ROAD, HANDFORTH, WILMSLOW, CHESHIRE (Cross-border Pharmacy)</i>	<i>SK9 3ES</i>
<i>Windmill Pharmacy</i>	<i>709 WINDMILL LANE, DENTON, MANCHESTER (Cross-border Pharmacy)</i>	<i>M34 2ET</i>
<i>Wythenshawe Pharmacy</i>	<i>158 HOLLYHEDGE ROAD, WYTHENSHAW, MANCHESTER (Cross-border Pharmacy)</i>	<i>M22 9UE</i>

Services offered by Stockport Pharmacies

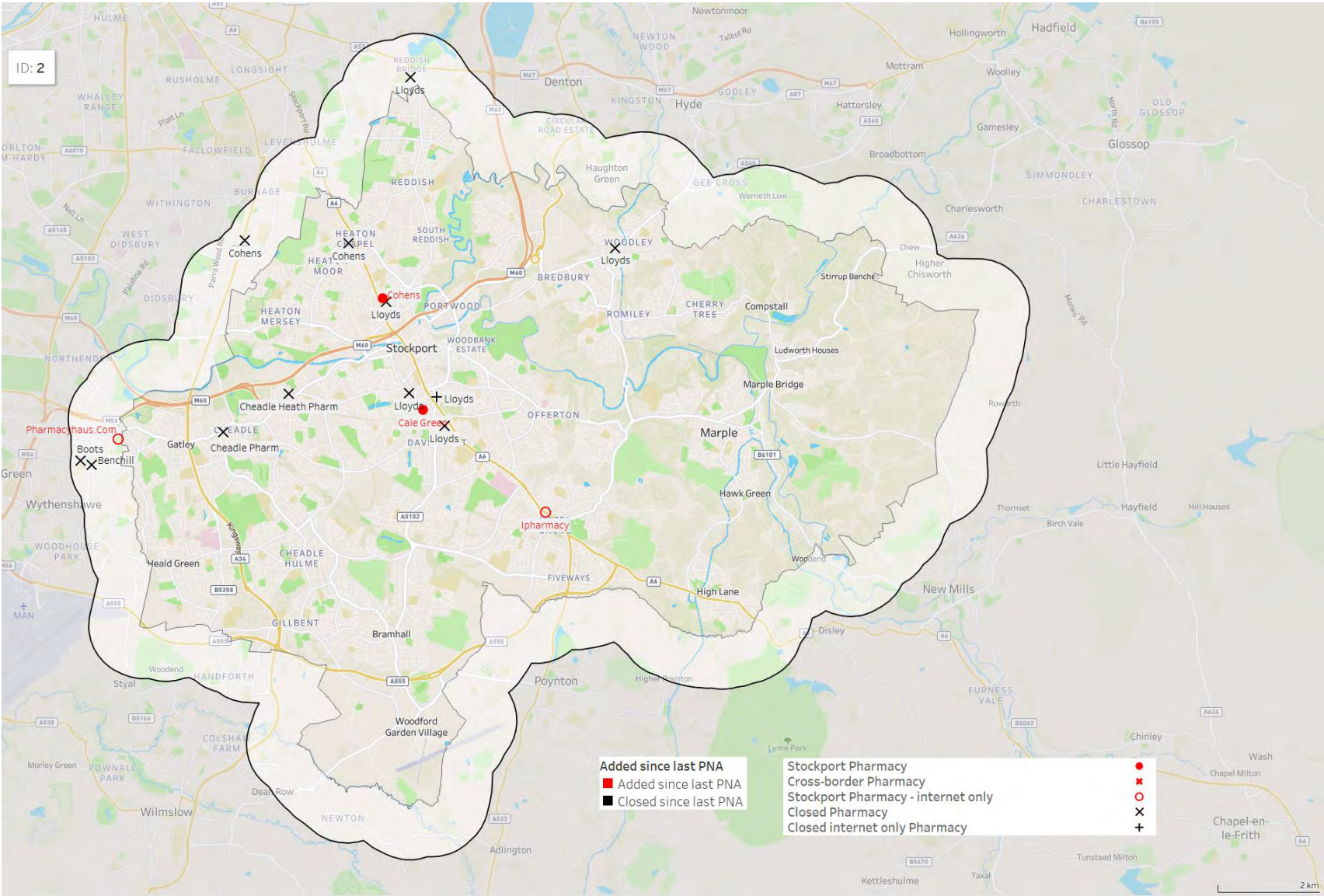
Pharmacy Type	Pharmacy Name	Provider Count	NHS Flu Vaccinations	NHS Covid Vaccinations	CPCS Stop Smoking Advanced	Hep C Testing	Hypertensive Case Finding	Supervised Consumption Services	Needle Exchange Services	Emergency Hormonal Contraception	GM Minor Ailment Service	Minor Eye Conditions Service	Last Days Of Life	New Medicines Service
Grand Total		69	52	10	64	32	3	48	7	8	16	52	49	66
Stockport Pharmacy	Total	63	52	9	62	31	3	45	7	8	16	48	48	63
	Adswood Pharmacy	1			1	1								1
	Asda Pharmacy	1	1		1	1		1	1		1	1	1	1
	Boots (Bramhall)	1	1		1			1			1	1	1	1
	Boots (Cheadle Hulme)	1	1		1						1	1	1	1
	Boots (Cheadle)	1	1		1						1	1	1	1
	Boots (Edgeley)	1	1		1						1	1	1	1
	Boots (Heaton Moor)	1	1		1						1	1	1	1
	Boots (Marple)	1	1		1			1			1	1	1	1
	Boots (Stockport)	1	1	1	1			1	1		1	1	1	1
	Bosden Pharmacy	1	1		1	1		1				1	1	1
	Cale Green Pharmacy	1	1		1			1			1		1	1
	Centre Pharmacy	1	1		1						1	1	1	1
	Cohens (Bredbury)	1	1		1	1		1			1	1	1	1
	Cohens (Brinnington)	1	1	1	1	1		1	1	1	1	1	1	1
	Cohens (Cheadle Heath)	1	1	1	1	1		1			1	1	1	1
	Cohens (Cheadle Hulme)	1	1	1	1	1		1			1	1	1	1
	Cohens (Heaton Mersey)	1	1		1	1		1			1	1	1	1
	Cohens (Heaton Moor)	1	1		1	1		1			1	1	1	1
	Cohens (Reddish)	1	1	1	1	1		1			1	1	1	1
	Cohens Chemist	1	1		1	1		1			1		1	1
	Davenport Pharmacy	1	1		1			1						1
	Dial House Pharmacy	1	1		1	1					1			1
	Fir Road Pharmacy	1	1		1	1					1	1	1	1
	Heald Green Pharmacy	1	1		1	1	1	1		1	1	1	1	1
	High Street Pharmacy	1	1		1	1		1			1	1		1
	Hillgate Pharmacy	1	1		1			1						1
	HM Odell Ltd	1	1		1			1						1
	Jaybee Pharmacy	1	1		1			1			1	1	1	1
	Lloyds (Bredbury)	1	1		1			1			1	1	1	1
	Lloyds (Cale Green)	1	1		1			1		1	1	1	1	1
	Lloyds (Edgeley)	1	1		1			1		1	1	1	1	1
	Lloyds (Romiley)	1	1		1			1		1	1	1	1	1
	Lloyds (Sainsbury's Cheadle)	1	1		1			1						1
	Lloyds (Sainsbury's Hazel Grove)	1	1		1									1
	Mai's Pharmacy	1	1								1			1
	Manor Pharmacy (Brinnington)	1			1			1						1
	Medichem Pharmacy	1	1	1	1									1
	Offerton Pharmacy	1	1		1			1						1
	Peak Pharmacy (Heald Green)	1	1	1	1			1			1	1	1	1
	Peak Pharmacy (High Lane)	1	1		1			1			1	1	1	1
	Pharmacy One	1	1		1			1			1	1	1	1
	Romiley Pharmacy	1			1						1	1	1	1
	Rowlands Pharmacy (Gatley)	1	1		1	1					1	1	1	1
	Rowlands Pharmacy (Hazel Grove)	1	1		1	1					1	1	1	1
	Scorah (Bramhall)	1	1		1		1	1		1	1	1	1	1
	Scorah (Cheadle)	1	1		1						1	1	1	1
	Scorah (Hazel Grove)	1	1		1		1			1	1	1	1	1
	Singers Pharmacy	1	1		1	1				1				1
	Superdrug Pharmacy	1	1		1			1	1	1		1	1	1
	Village Pharmacy (Bramhall)	1	1		1	1		1			1	1	1	1
	Village Pharmacy (Cheadle Hulme)	1	1		1			1			1	1	1	1
	Well (Hazel Grove 1)	1	1		1	1		1			1	1	1	1
	Well (Hazel Grove 2)	1	1	1	1	1		1			1	1	1	1
	Well (Heaton Moor)	1	1		1	1		1			1	1	1	1
	Well (Hillgate)	1	1		1	1		1			1	1	1	1
	Well (Marple 1)	1	1		1	1		1			1	1	1	1
	Well (Marple 2)	1	1		1	1		1			1	1	1	1
	Well (Marple Bridge)	1	1		1	1		1			1	1	1	1
	Well (Offerton)	1	1		1	1		1			1	1	1	1
	Well (Reddish 1)	1	1	1	1	1		1	1		1	1	1	1
	Well (Reddish 2)	1	1		1	1		1			1	1	1	1
	Well (Reddish 3)	1	1		1	1		1			1	1	1	1
	Well (Shaw Heath)	1	1		1	1		1			1	1	1	1
Stockport Pharmacy - internet only	Total	4			2	1		3			4	1		3
	lpharmacy	1						1			1			1
	Pharmacyhaus.Com	1			1			1			1	1		1
	Stockport Pharmacy	1									1			
	Your UK Pharmacy	1			1	1		1			1			1
Stockport Dispensing Appliance Contractor	Total	1												
	Charles S Bullen Stomacare [DAC]	1												
Stockport Pop-up COVID-19 Vaccination Clinic	Total	1		1										
	Trinity Methodist Church (Scorah Chemists)	1		1										

For current contact details and opening hours please refer to:
<http://www.nhs.uk/Service-Search/Pharmacy/LocationSearch/10>

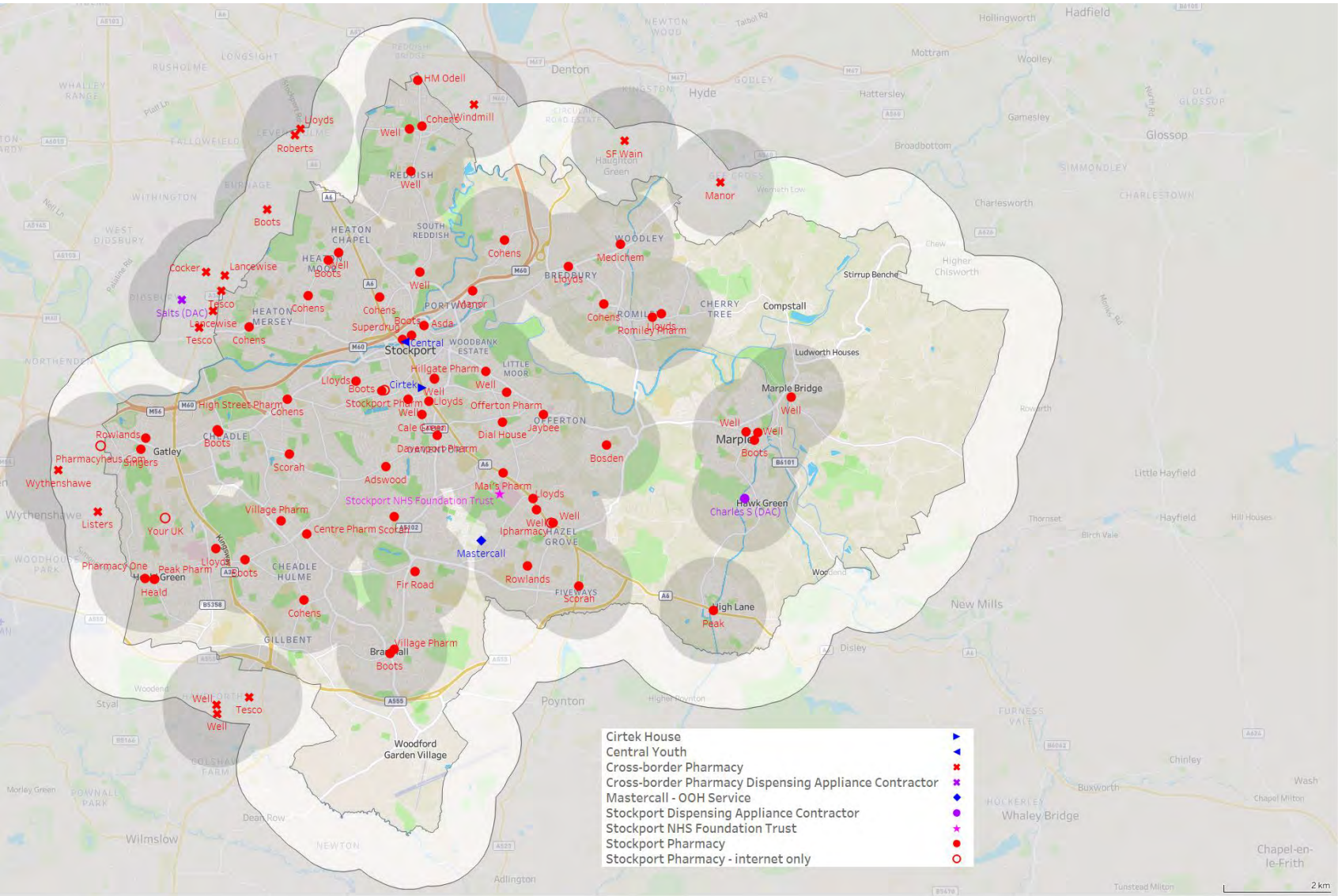
Map 01 - Location of Pharmacies by Type, showing urban areas and major road networks



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

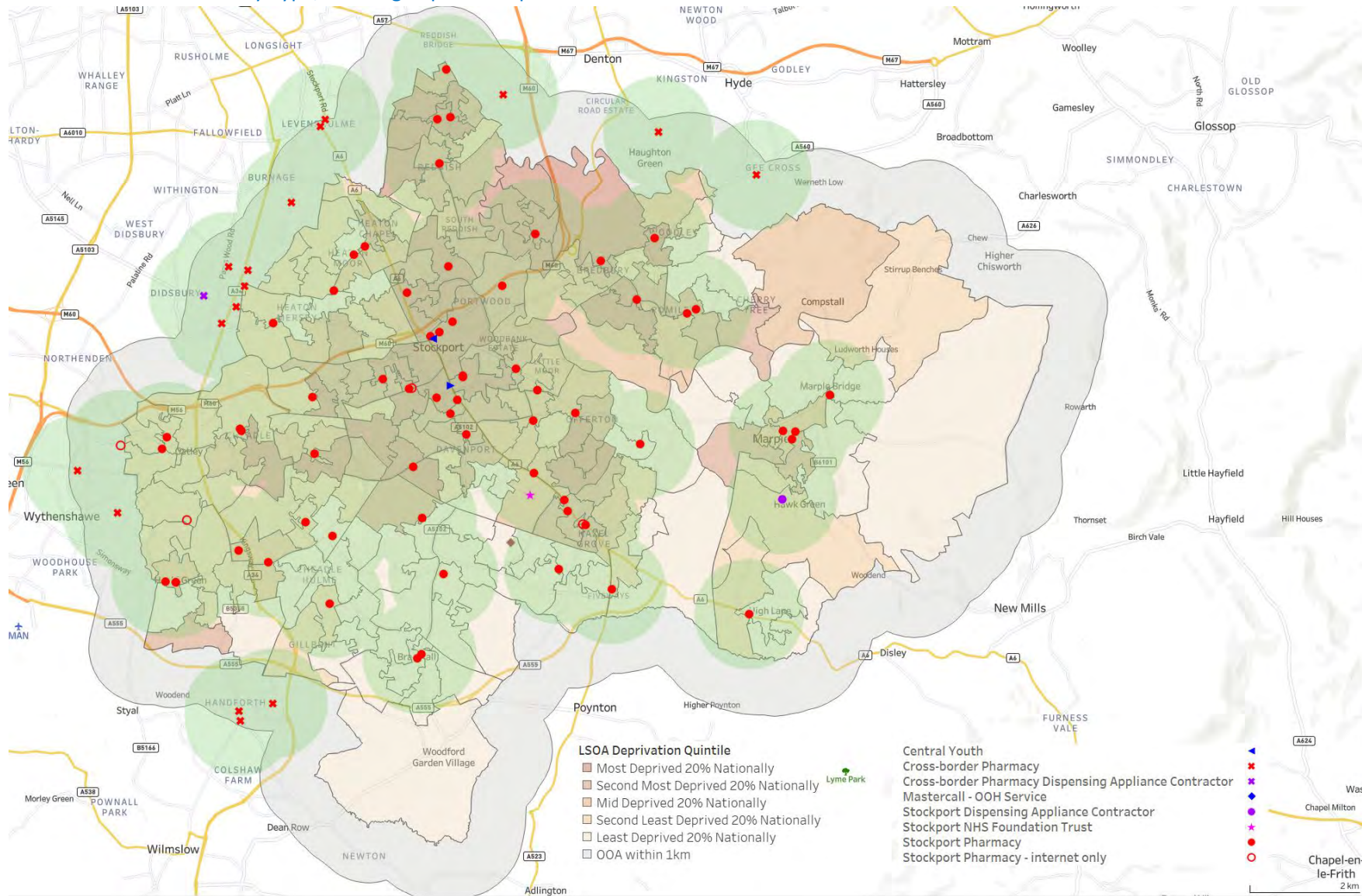


Map 03 - Location of Pharmacies by Type, showing urban areas and 1km radii



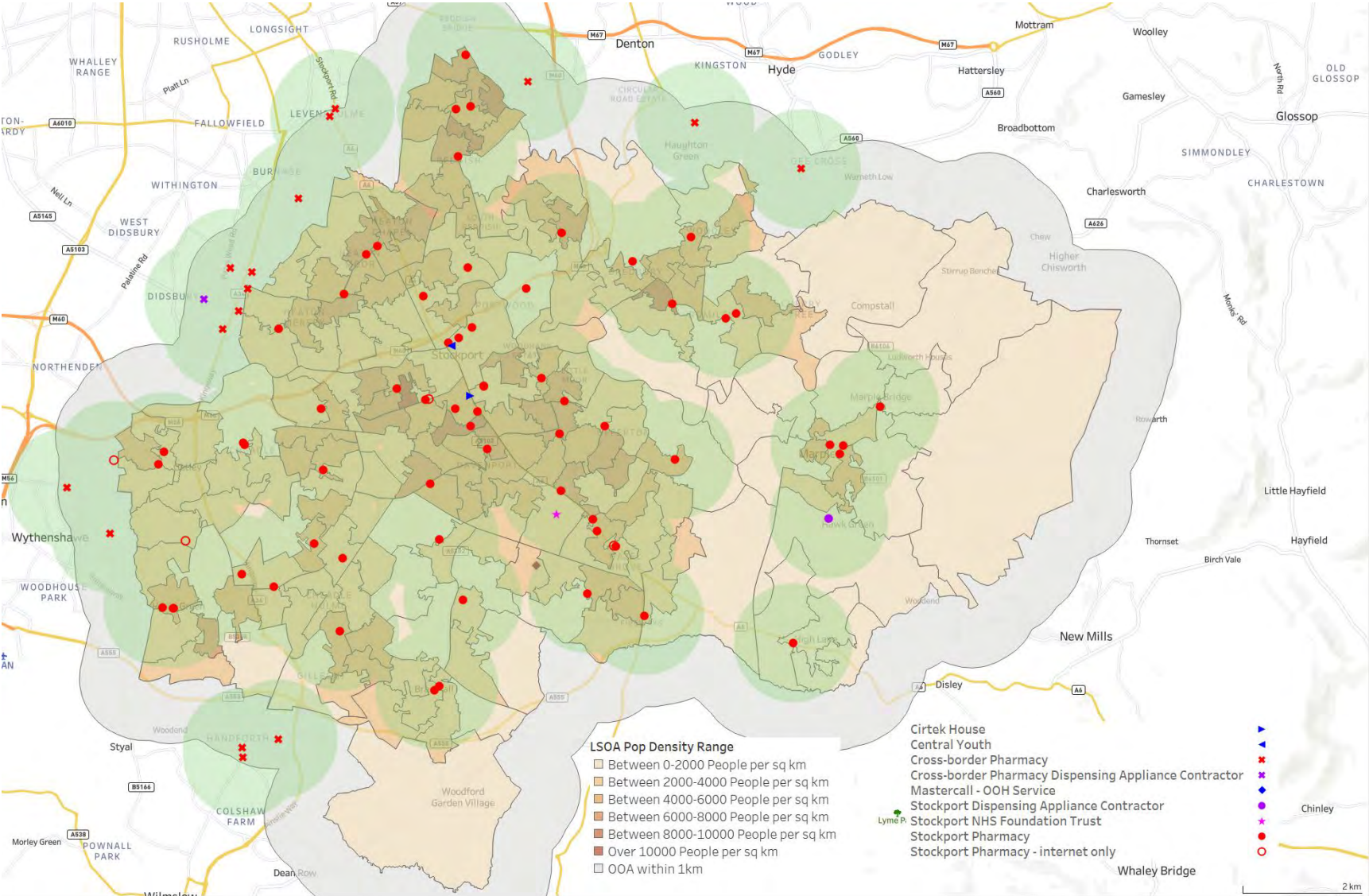


Map 05 - Location of Pharmacies by Type, showing deprivation profile and 1km radii

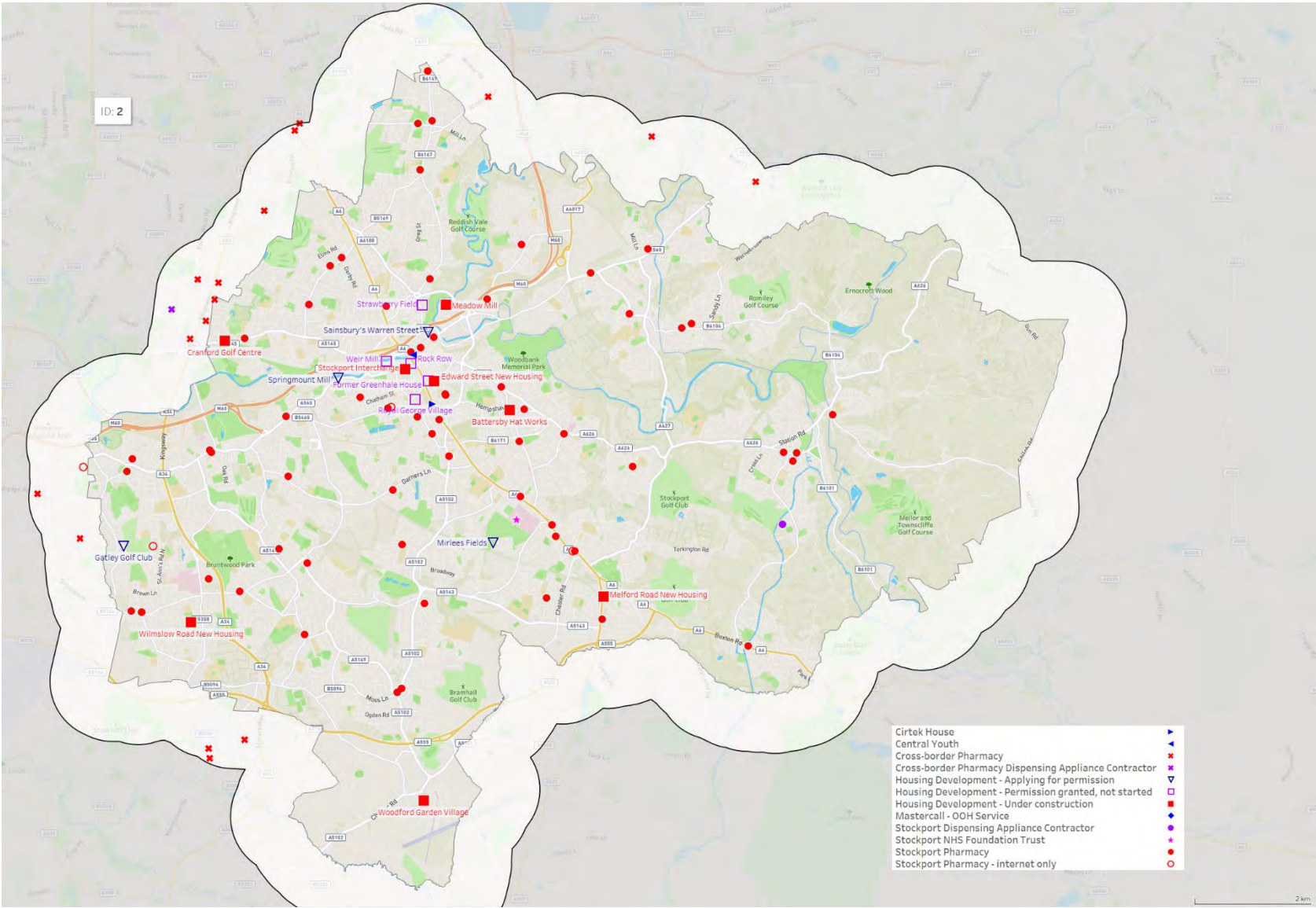




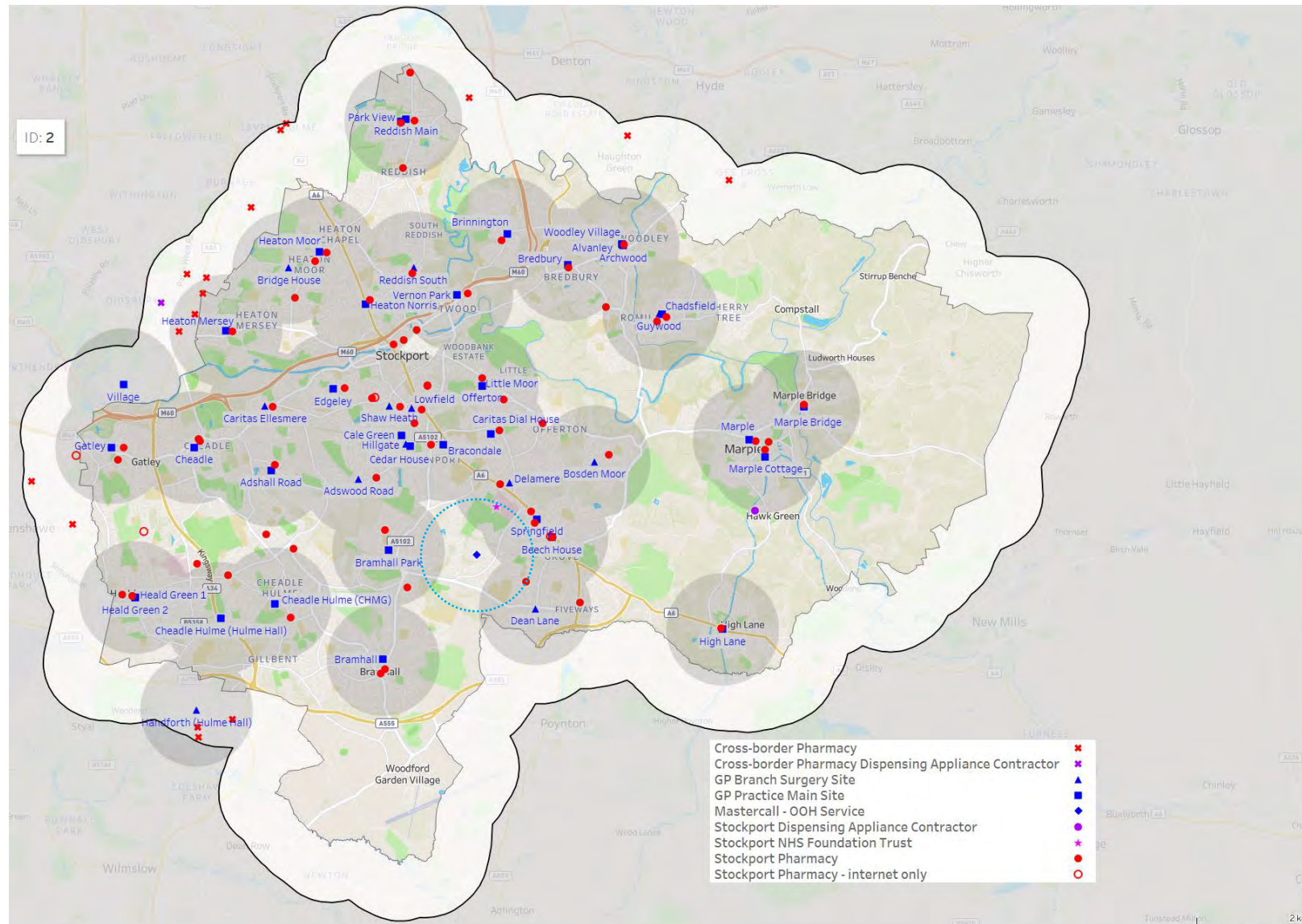
Map 07 - Location of Pharmacies by Type, showing population density and 1km radii



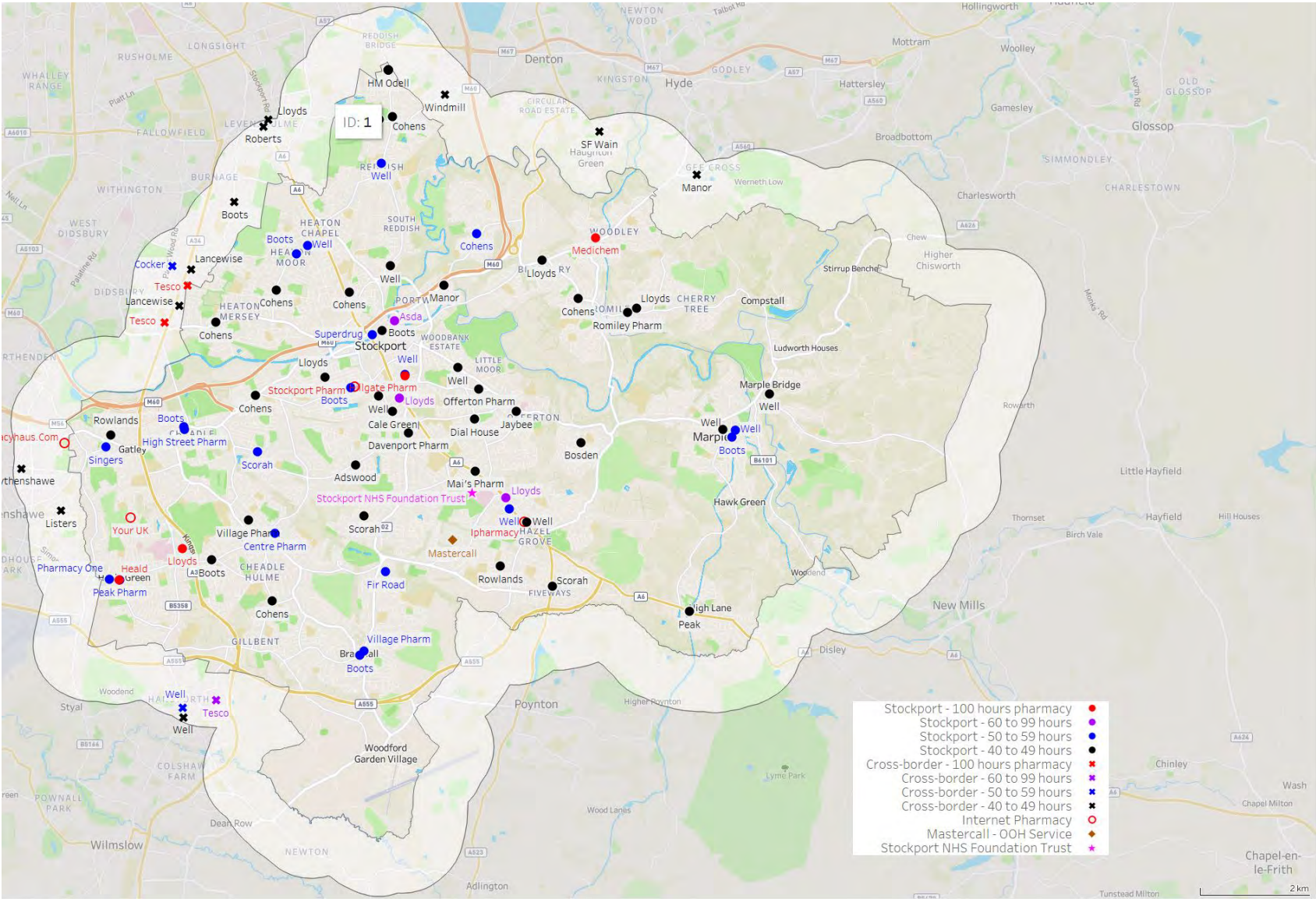
Map 08 - Location of Pharmacies by Type, showing new Housing Developments



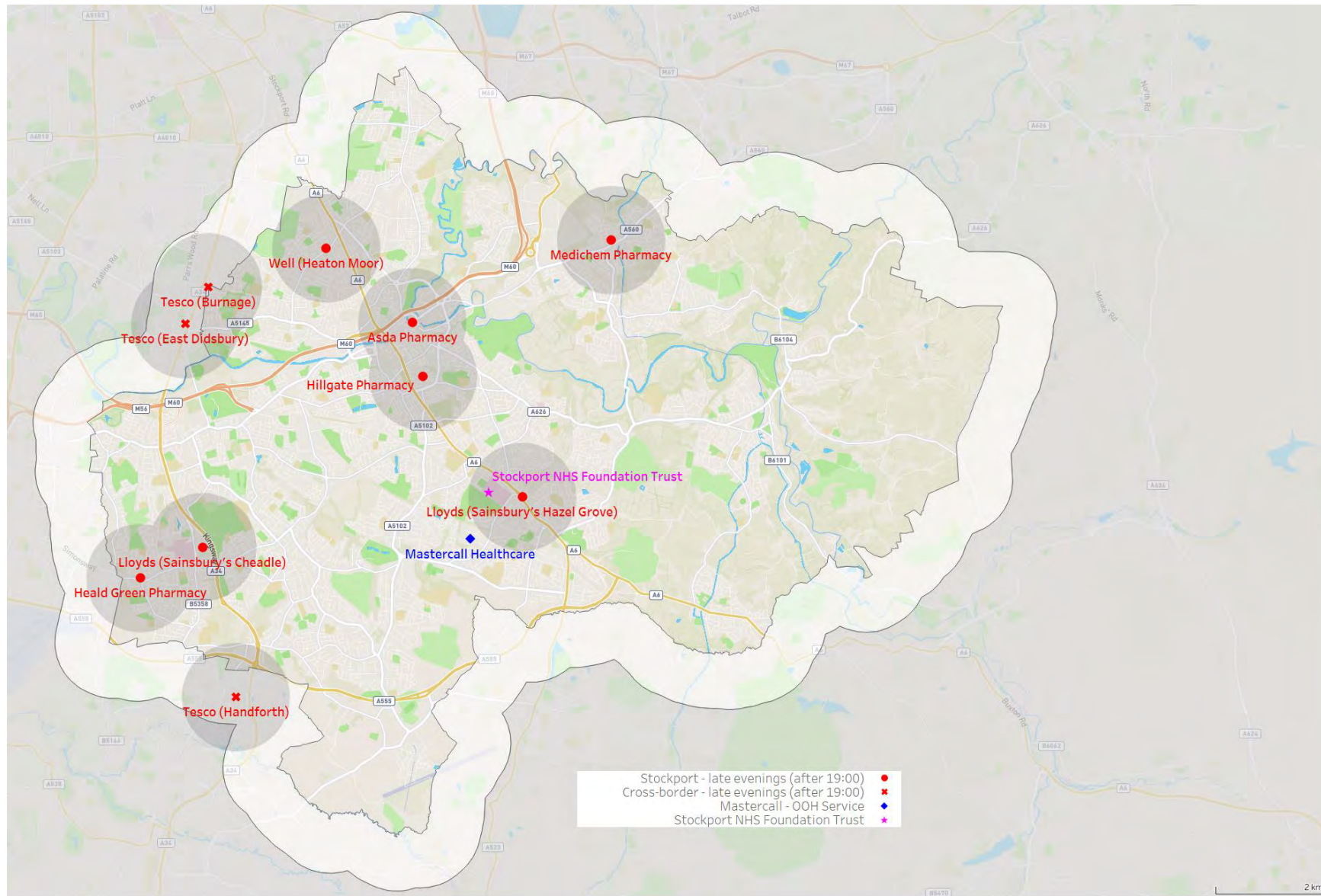
Map 09 - Location of GP Practices with 1km buffers Mastercall with 1km buffer and Pharmacies by Type



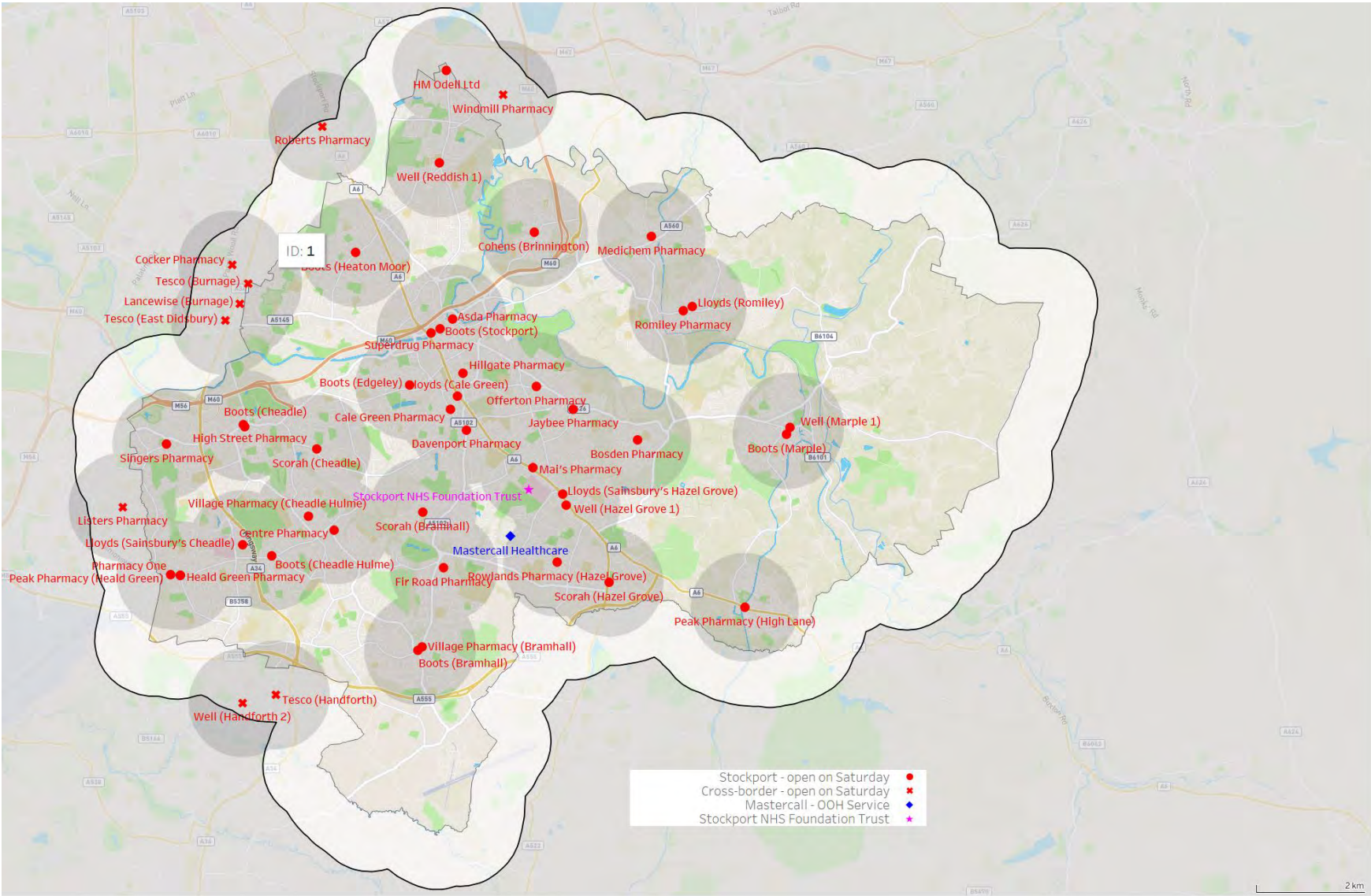
Map 10 - Location of Pharmacies by Hours of Operation



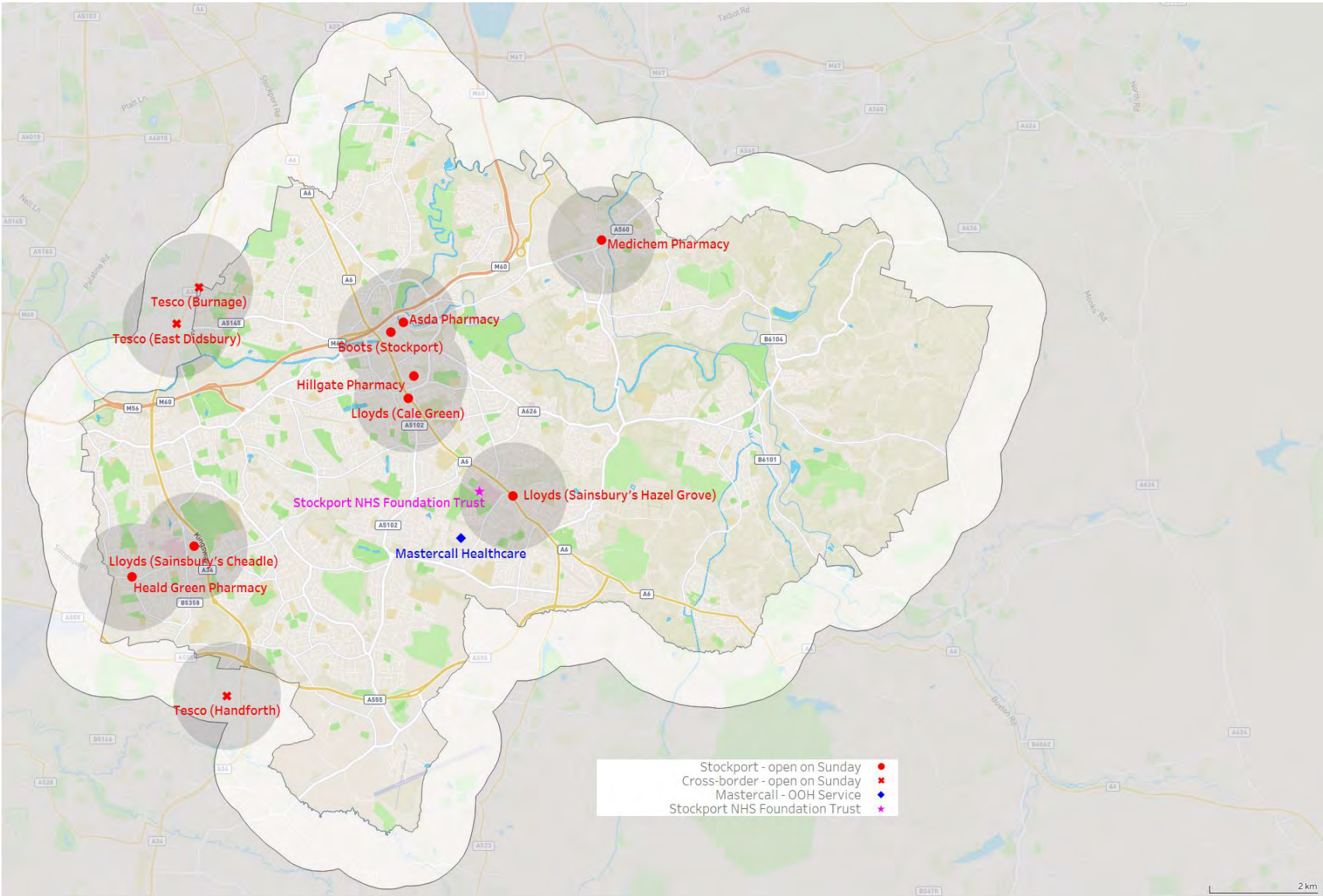
Map 11 - Location of Pharmacies with Late Evening Opening



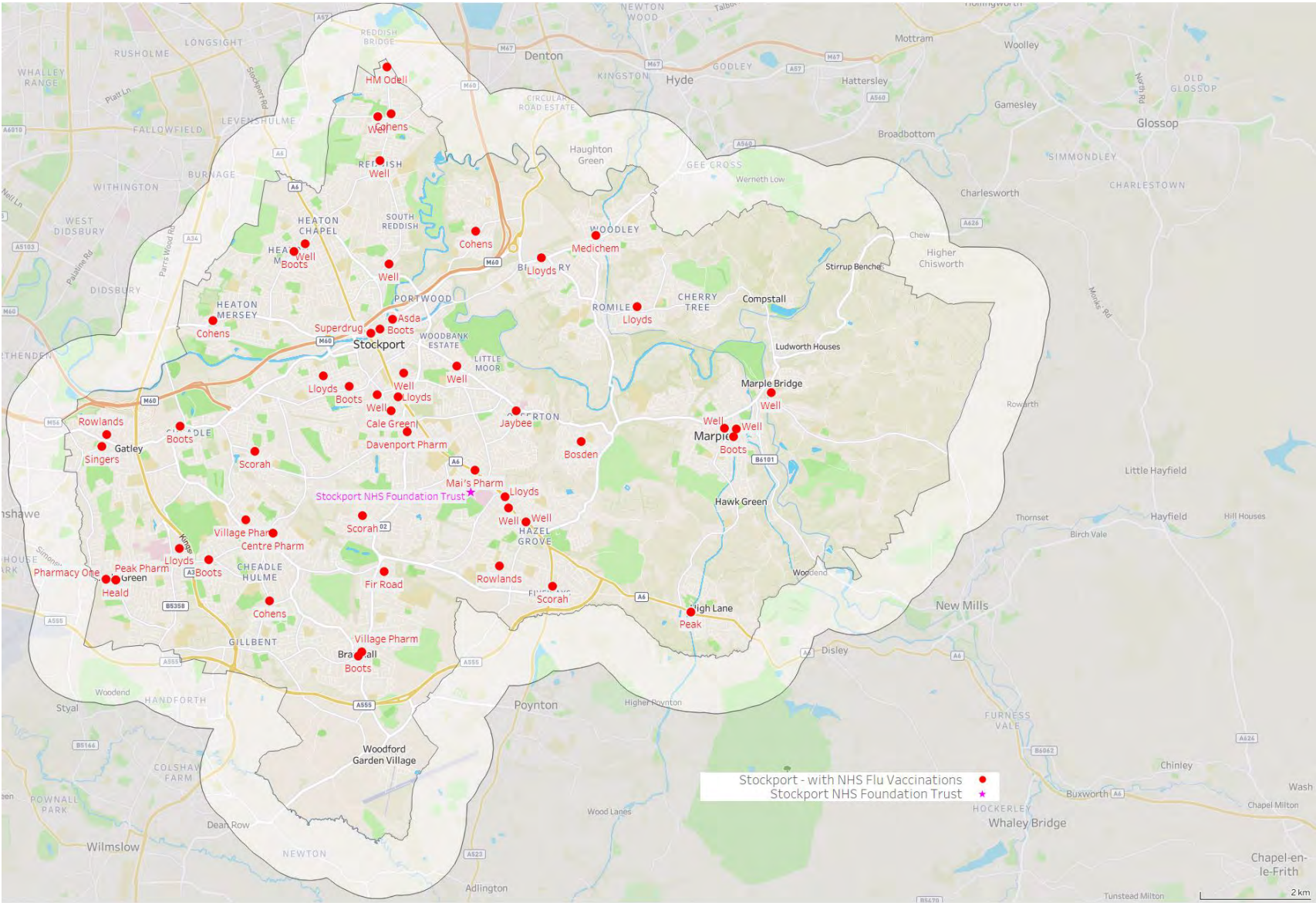
Map 12 - Location of Pharmacies with Saturday Opening



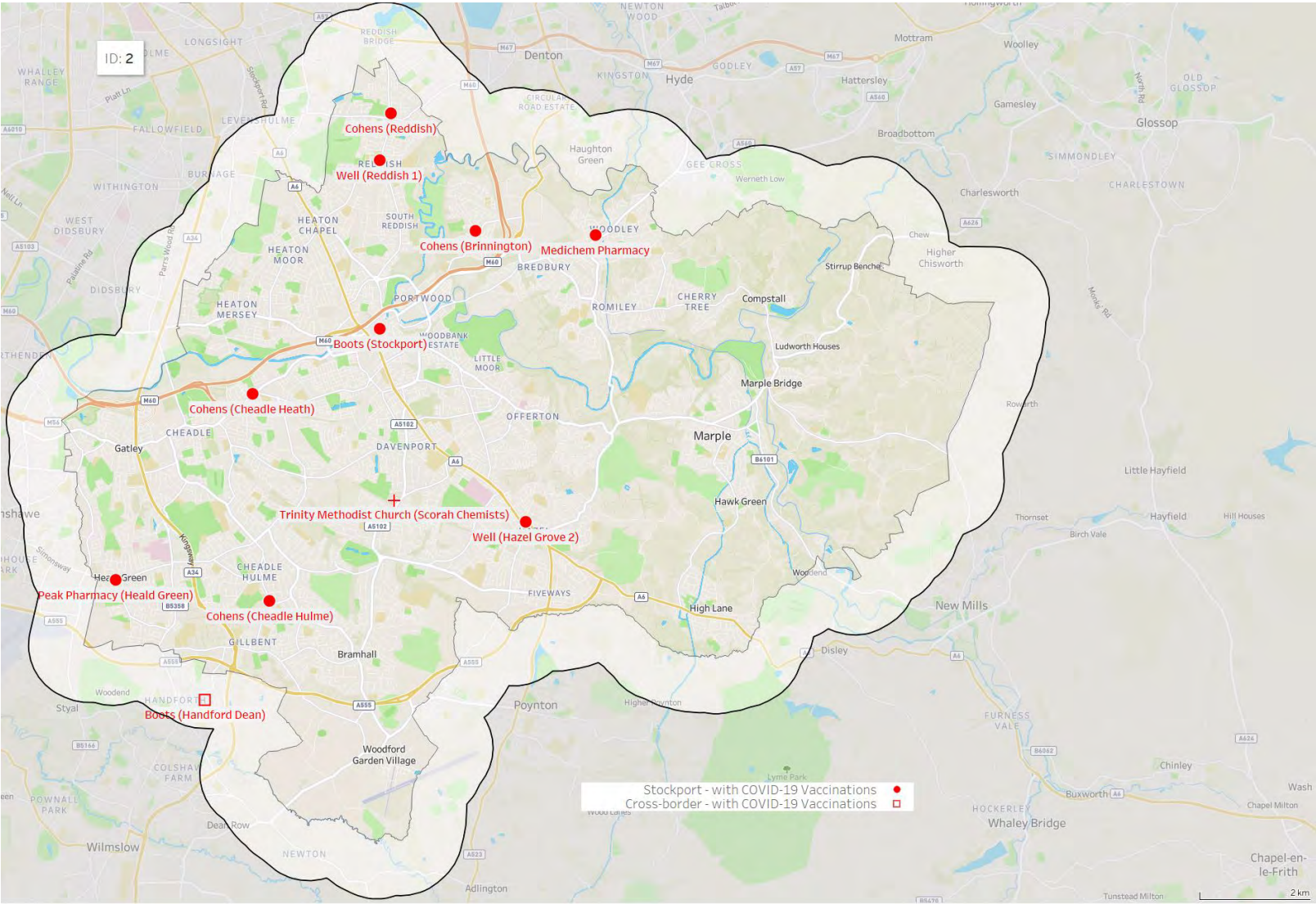
Map 13 - Location of Pharmacies with Sunday Opening



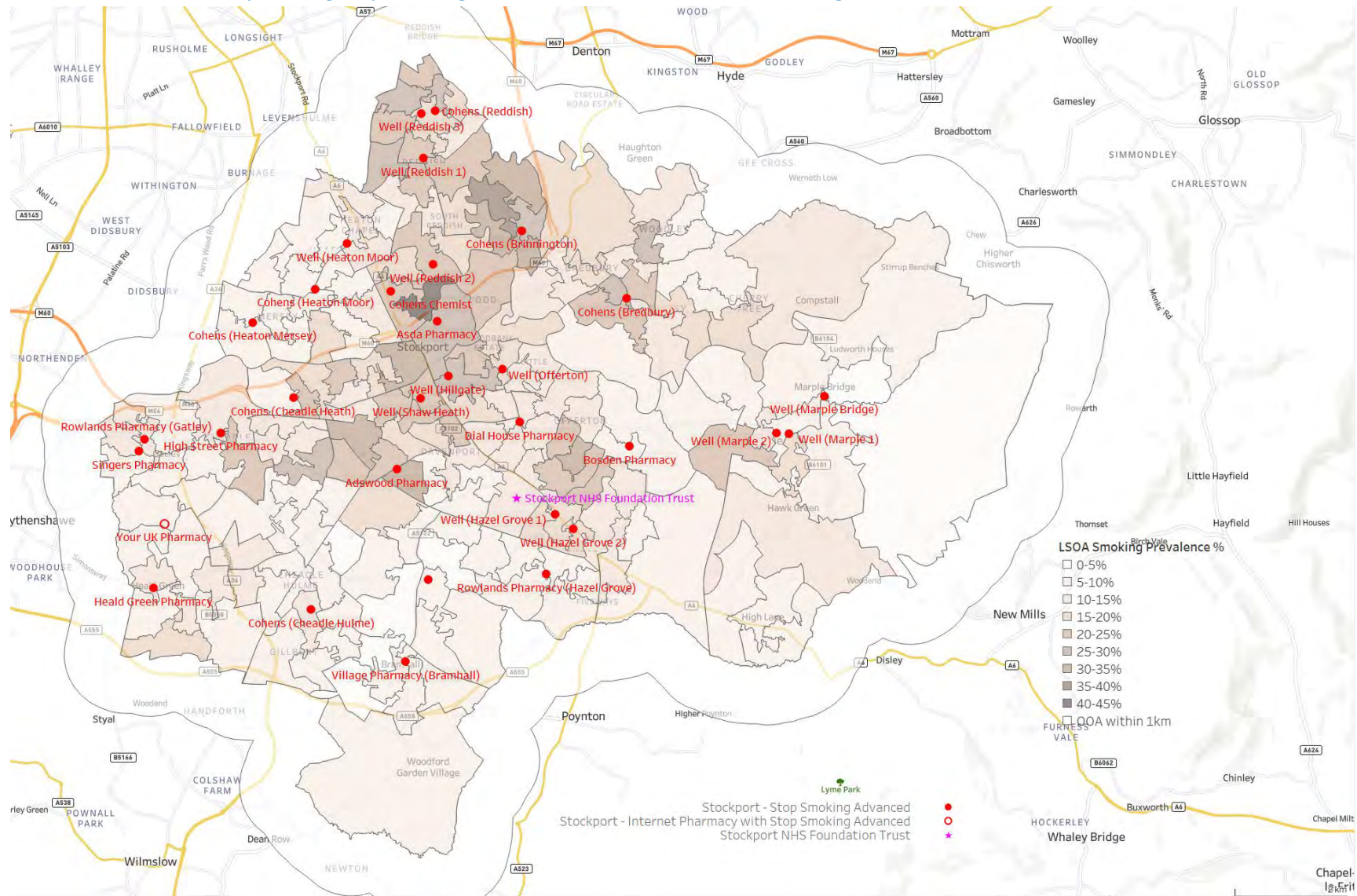
Map 14 - Location of Pharmacies providing NHS Flu Vaccinations



Map 15 - Location of Pharmacies providing COVID-19 Vaccinations



Map 16 - Location of Pharmacies providing Stop Smoking Advanced service and levels of Smoking Prevalence

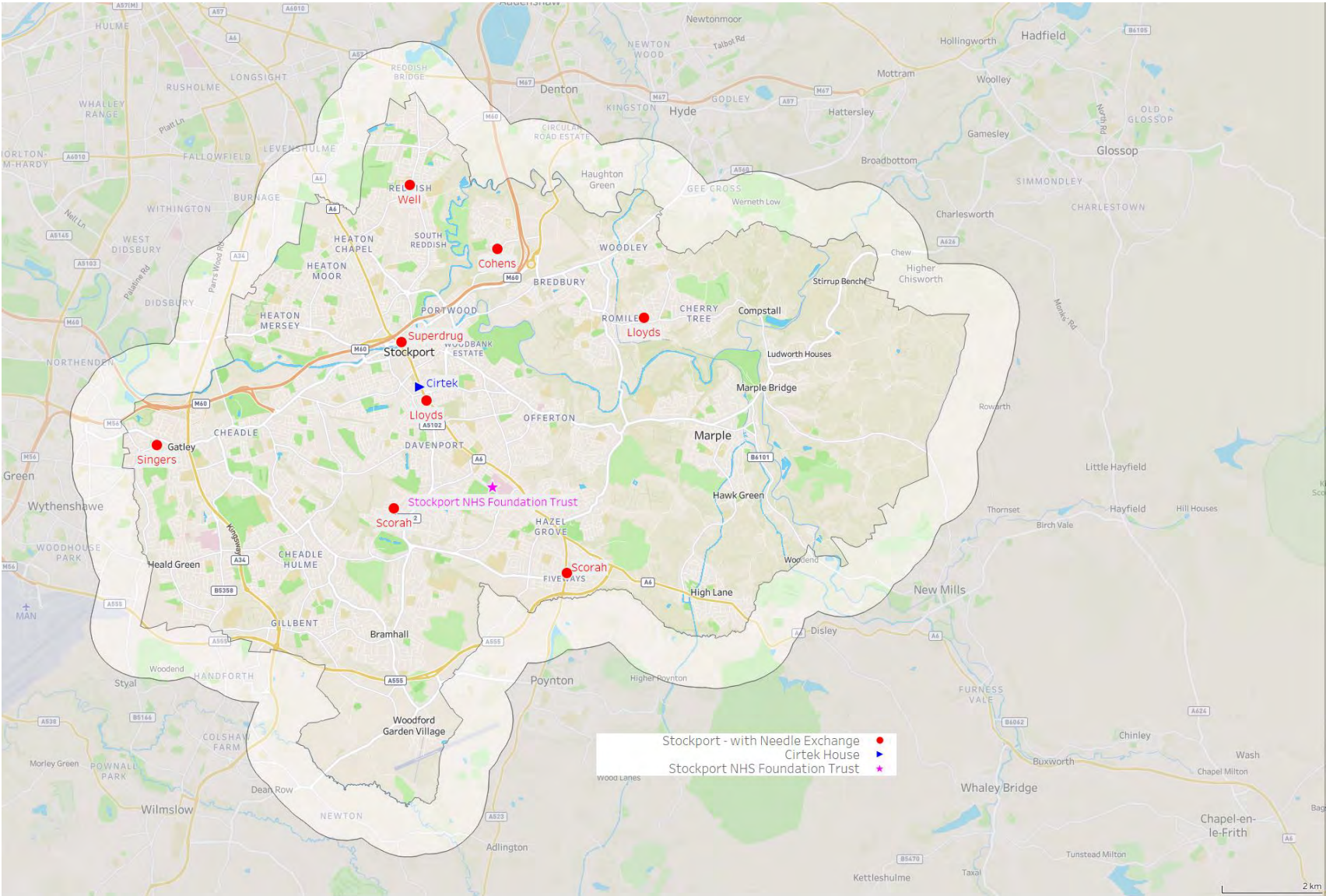


Stockport - with Supervised Consumption ●

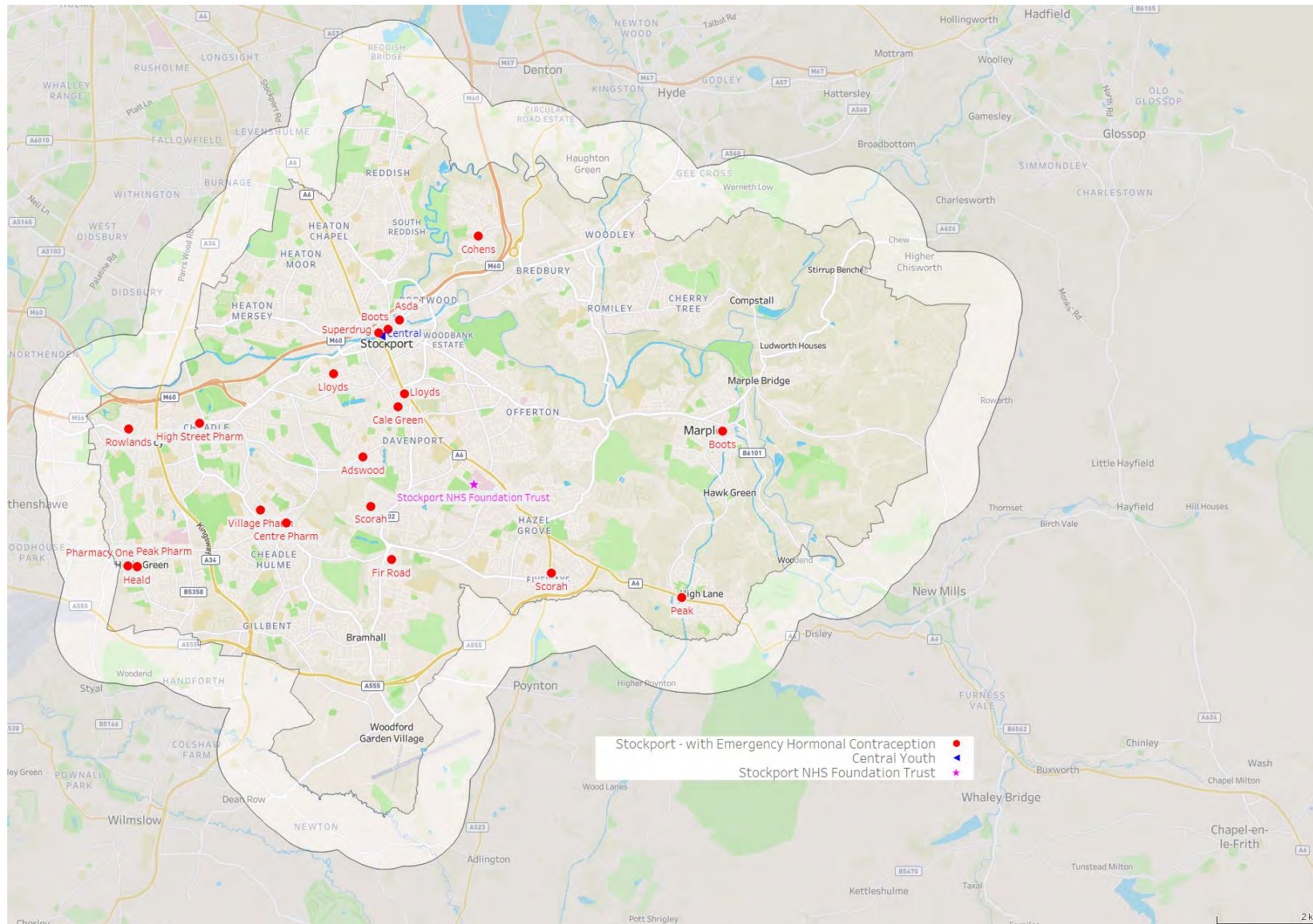
Cirttek House ▲

Stockport NHS Foundation Trust ★

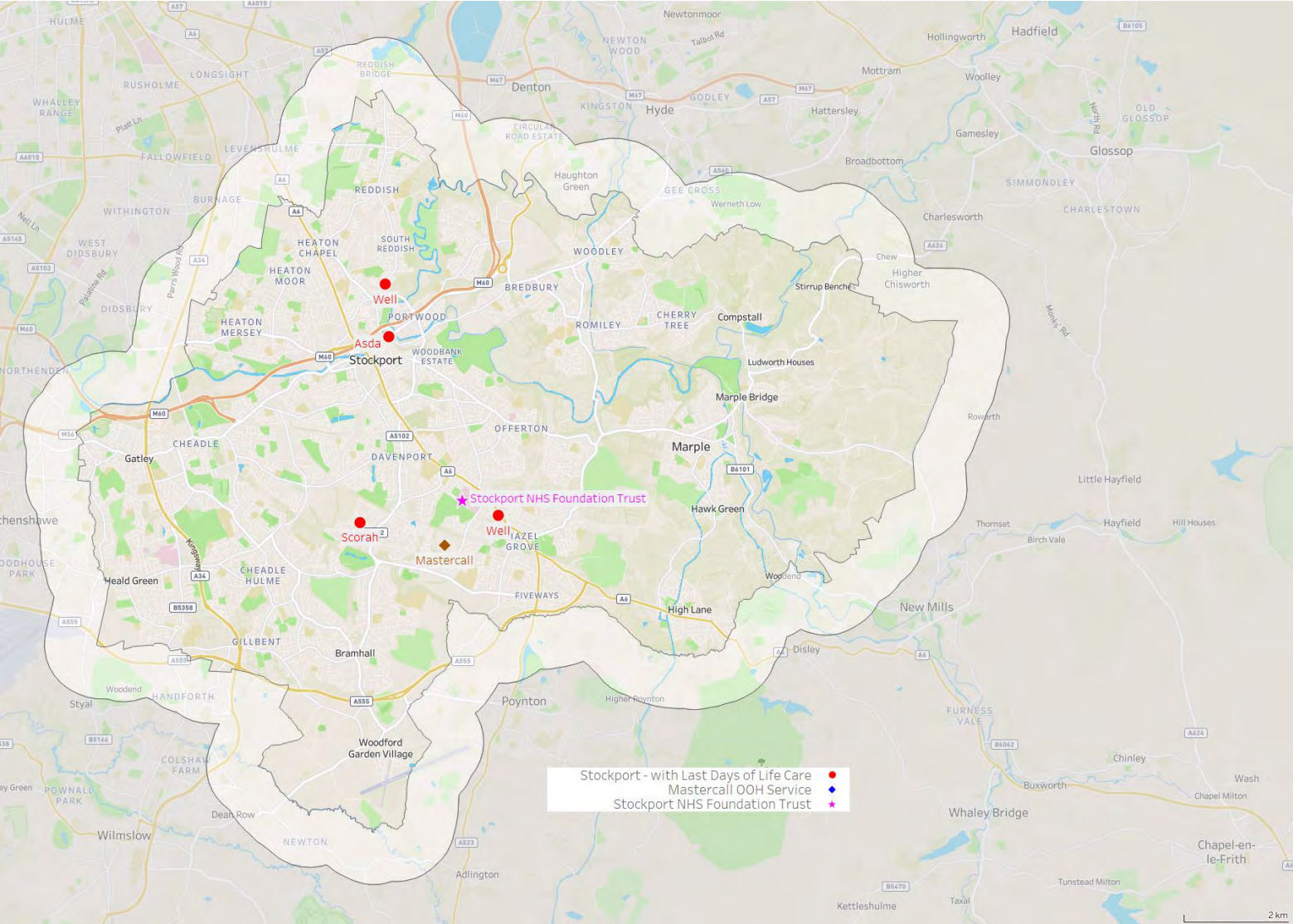
Map 18 - Location of Pharmacies providing Needle Exchange Services



Map 19 - Location of Pharmacies providing Emergency Hormonal Contraception

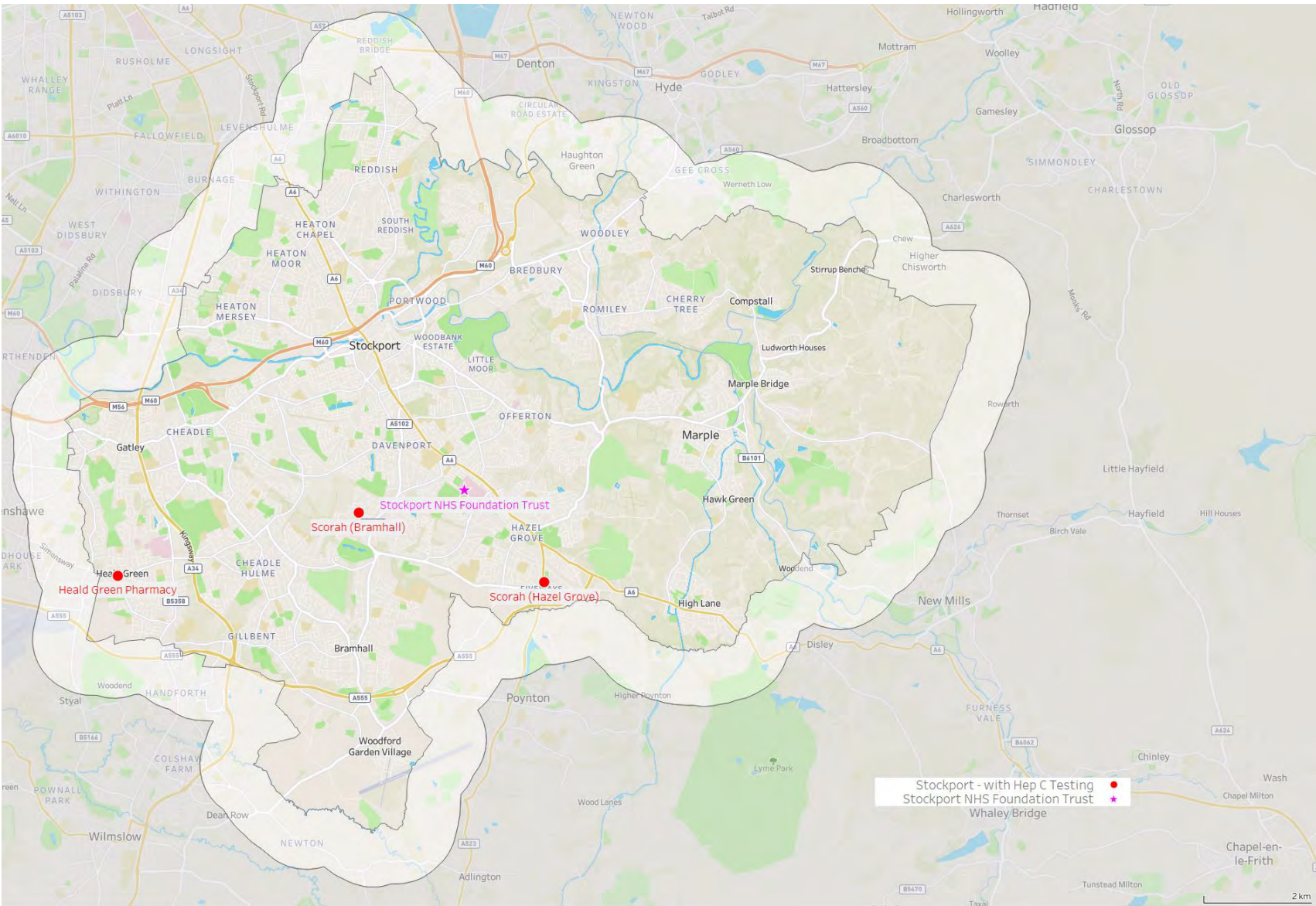


Map 20 - Location of Pharmacies providing commissioned Palliative Care Medicines Service

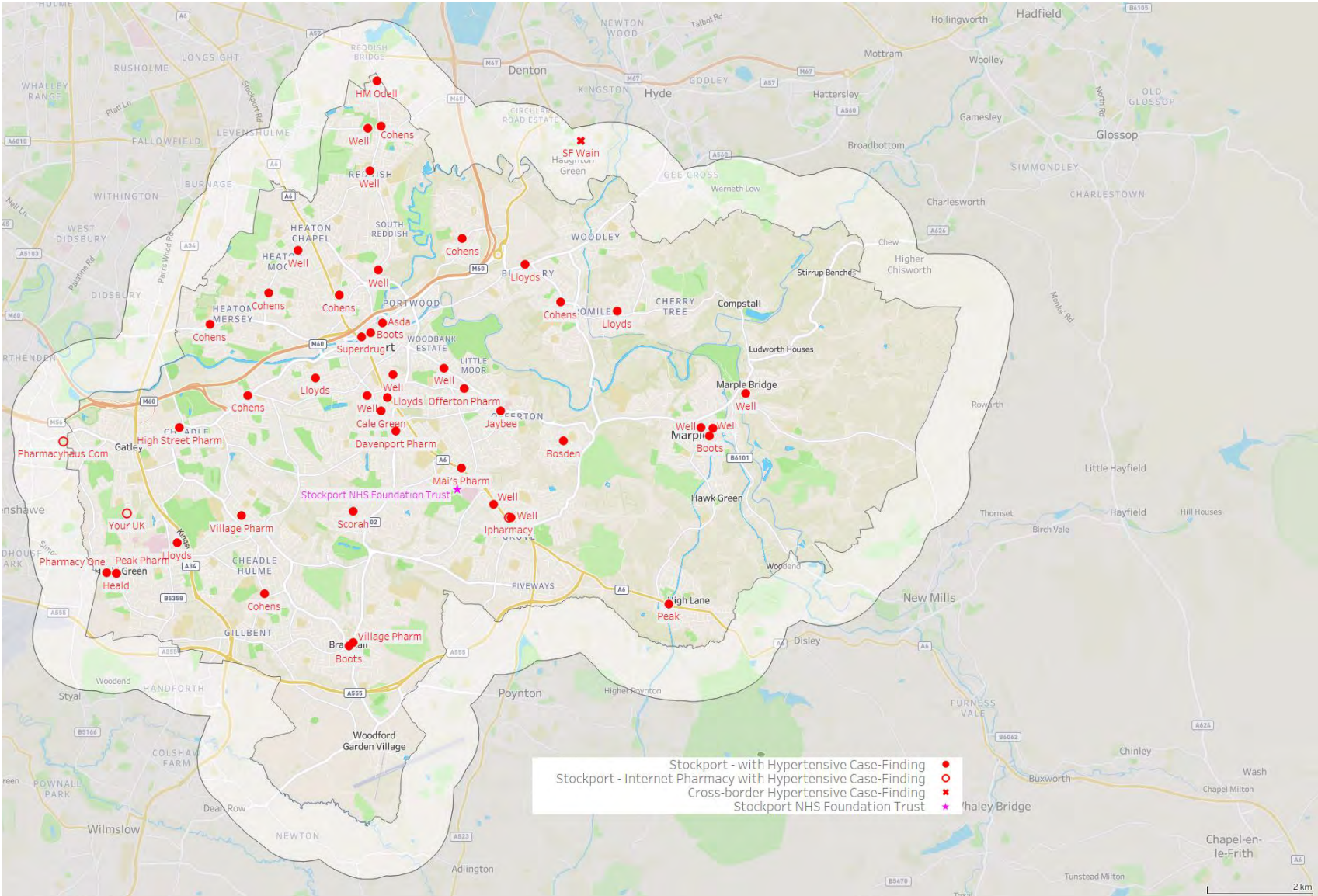


In addition to this commissioned service, it should be noted that many community pharmacies hold supplies of palliative care medicines within their stocks of general pharmaceuticals.

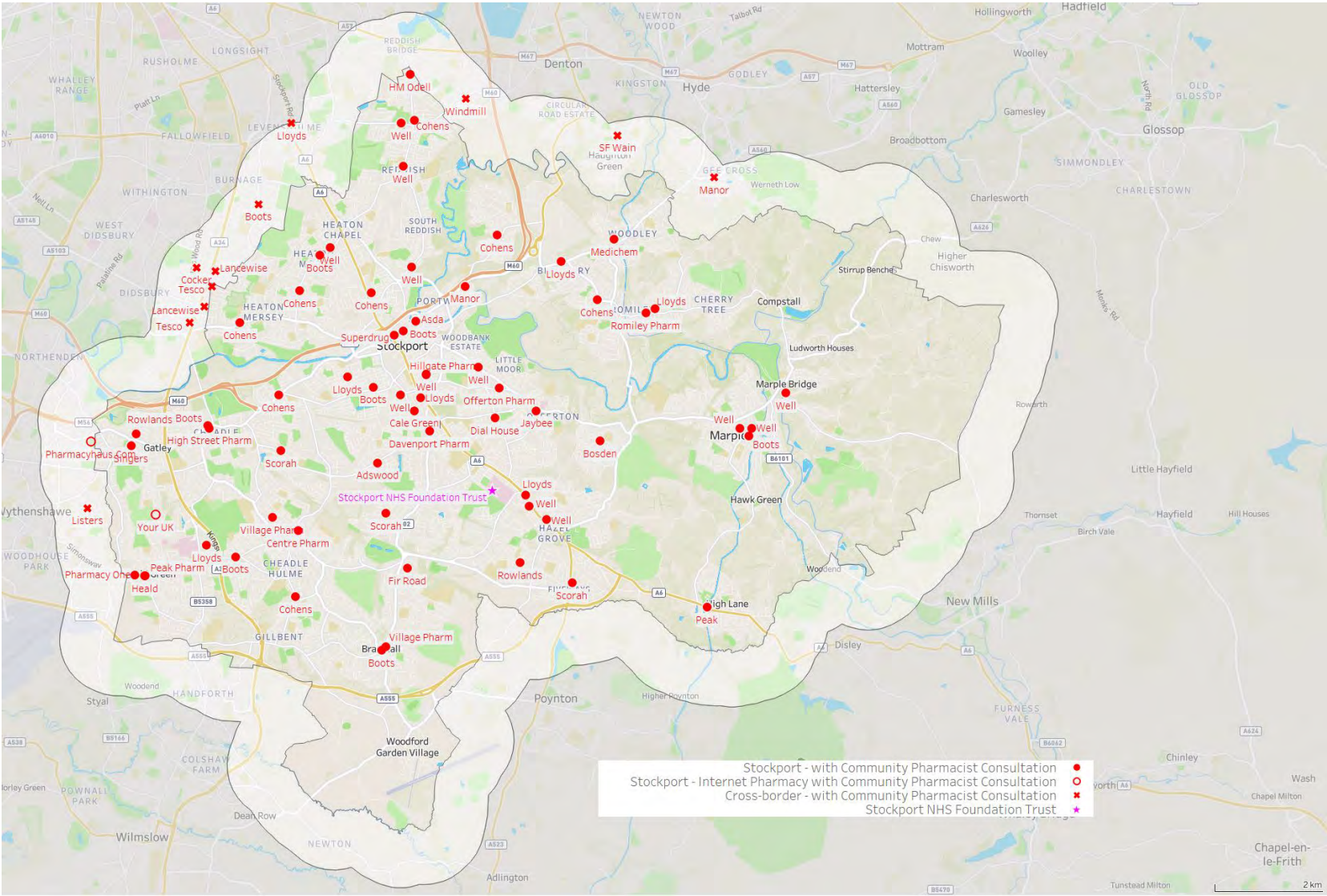
Map 21 - Location of Pharmacies providing Hepatitis C Antibody Testing



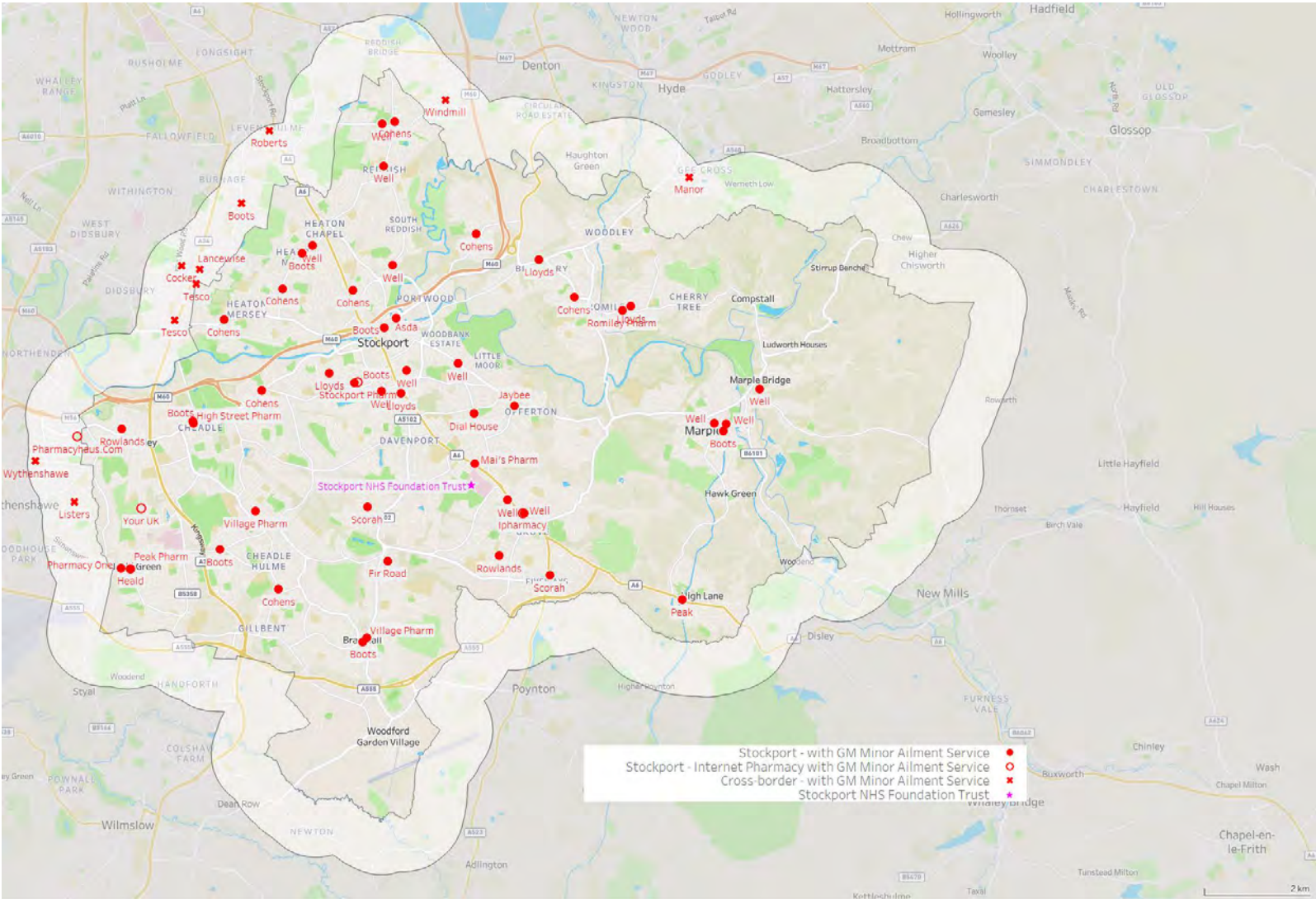
Map 22 - Location of Pharmacies providing Hypertensive Case-Finding Service



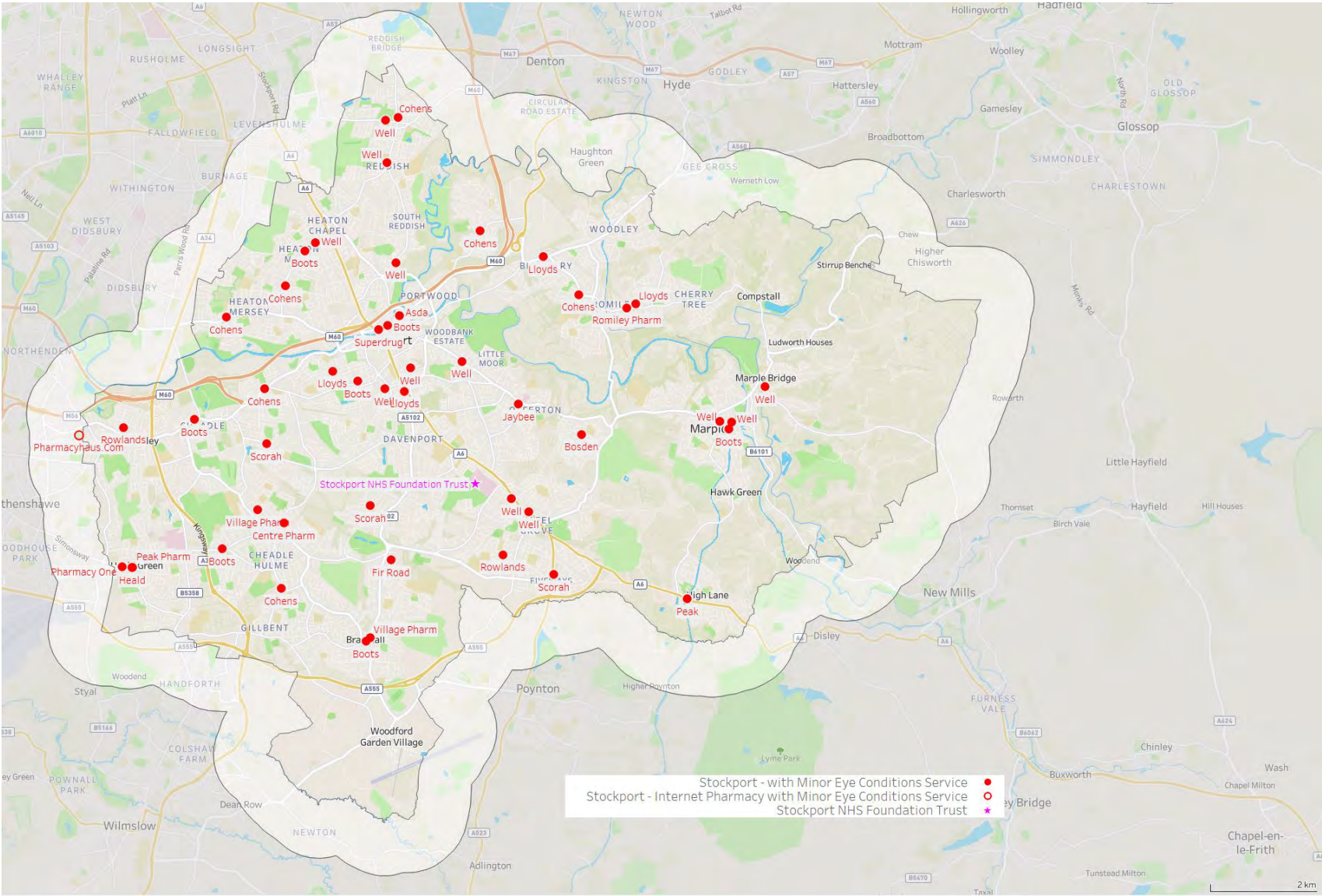
Map 23 - Location of Pharmacies providing Community Pharmacist Consultation Service



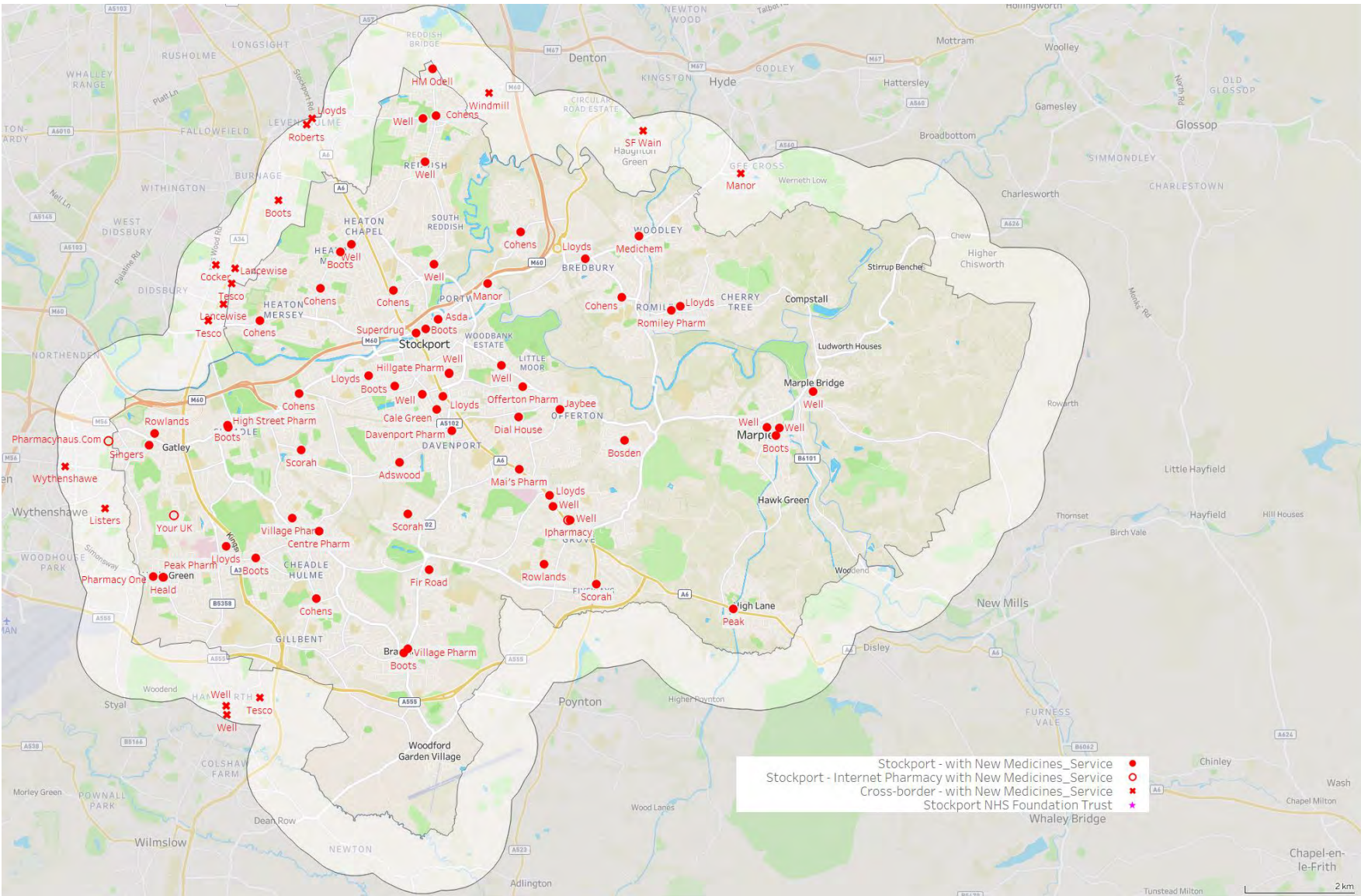
Map 24 - Location of Pharmacies providing GM Minor Ailment Service



Map 25 - Location of Pharmacies providing GM Minor Eye Conditions Service



Map 26 - Location of Pharmacies providing New Medicines Service



Appendix 2 Consultation process and questions**Consultation overview**

The consultation for the 2022 Stockport PNA was undertaken during the summer of 2022 with two different approaches, a formal consultation on the draft document and a public survey

Stakeholder consultation – Overview

This stakeholder consultation was undertaken in August 2022 and October 2022, with the draft document available on line for duration of the review and comment invited from all statutory stakeholders, a list of whom is below along with the consultation questions. Members of the public were also welcomed to respond, via the councils 'Have your Say' webpage. In addition to statutory consultees the draft PNA has also been discussed by Stockport's Adult Social Care and Health Scrutiny Committee and the Stockport STAMP committee.

Stake holder consultation – List of consultees

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

NHS Stockport Locality Team	Locality Lead, Medical Director, Pharmacy Lead, PCN Clinical Leads, PCN Practice Manager Leads
GM Local Pharmaceutical Committee	Stockport Representative
Stockport Local Medical Committee	Chair, Secretary
Stockport Pharmaceutical lists	All 67 local providers
Stockport Healthwatch	Chair, Chief Officer & PNA Lead
NHS trusts / providers	Key contacts at: <ul style="list-style-type: none"> - Stockport NHS Foundation Trust - Pennine Care NHS Trust - Locala - ABL Stockport - Mastercall - Viaduct health - Local Dental Committee - Local Opticians Committee
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
Other consultees	<ul style="list-style-type: none"> • Signpost for Carers • Stockport SEND Champions and Parents & Carers Forum • Walthew House (engagement with those with hearing and / or sight loss) • S-Rep (engagement with BAME community)

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

Stakeholder consultation – Questions

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

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

Stakeholder Consultation – Response summary:

In total 4 responses were received to the Stockport Draft PNA 2022 stakeholder consultation. The consultation sought feedback to four questions about the content of the PNA (see table below).

Stakeholder Consultations Questions	Yes	No	No Answer	Comment
1. The document sets out the draft Pharmaceutical Needs Assessment for Stockport. Does it adequately identify the needs of the population of Stockport? If you think it does not, please explain why not	1	2	1	1
2. Do you know of any relevant information that has not been included which could affect the statements or conclusions in this document? If yes, then please provide the additional information below or to JSNA@stockport.gov.uk	1	2	1	1
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?	3		1	1
4. Do you have any other comments to add to your response?				4

Overall respondents were positive that the PNA achieved its objective of setting out the pharmaceutical needs of Stockport residents.

The following comments were made/ issues raised, and the responses or amendments made as a result are listed alongside,

Comments/ themes arising	Response
Lots of information about needs. Not convinced about the benefit of NMS or MUR services as seems to provide some duplication of workload.	This comment is beyond the scope of the PNA as the NMS service is nationally commissioned services and MUR service has been withdrawn
The PNA mentions the ageing population and increase in births, this suggests an increase in the populations that are likely to interact with health services and be prescribed more medicines. However, the impact of this does not seem to have been explored.	As a result of this comment we have added some analysis to section 4.1 about the population change over the next 5 years and the impact on the future needs for pharmacy.
Also, not all protected characteristics have been looked at identified in the DHSC guidance “PNA: Information pack for local authority health and wellbeing boards” published in October 2021	As a result of this comment we have strengthened section 3.2.2. and added information about the additional groups listed in this guidance
There is a gap in late-evening pharmacy provision for Marple & Romiley area.	We have amended section 4.1.1
Mastercall have issues with restricted opening hours provision in Stockport on late evenings, weekends, and Bank Holidays	We have amended section 4.1.1
I would suggest reviewing capacity to provide blister packed medication - this is becoming an increasing issue for patients.	This comment is beyond the scope of the PNA as this is not a commissioned service
Is there any information on the amount of unnecessary items dispensed i.e. meds wastage. Patients seem to be receiving medicines that they do not need. This will contribute to numbers of items dispensed and help understand efficiencies	This comment is beyond the scope of the PNA
I thought the document was well written Everyone has found the PNA production very difficult this year and I know many areas have limited the content but have also found it difficult because JSNAs are out of date. I love the drive time analysis and thought the decision to consider Stockport as one area worked well.	No response needed
There are some extended hours and late evening pharmacies (including OOH pharmacies) listed in the appendices of the document; however in reality they can change their mind and close early without updating the DOS or the PSNC website. For example There was very low pharmacy provision e.g. during Queen’s funeral Bank Holiday, and their opening times was not amended on DOS	We have referred this comment to NHS Greater Manchester Pharmacy team who note that Community Pharmacies are required to update their Directory of Service and NHS Site profiles with any changes in opening hours as part of the contract arrangements.

Public Consultation – Overview

In addition, a consultation seeking the views of Stockport residents about pharmacies in the area was also undertaken in the summer of 2022. This took the form of an online survey, promoted through social media and our partner organisations including Healthwatch. Stockport Council's Public Health Response Service Team also completed community engagement work across the borough to support residents to complete the consultation, partly to ensure those who may be digitally excluded were included and partly to ensure a good level of response, especially in areas of deprivation.

The Public Consultation received 507 respondents which are outlined below.

Public Consultation - Response Summary

Question 1: How do you use and choose which pharmacy to visit?

Option	Total percentage of respondents
I use the same pharmacy whenever I need one	53%
I choose the pharmacy closest to where I live	45%
I choose the pharmacy closest to my GP Practice	29%
I use a number of different pharmacies	14%
I choose the pharmacy convenient for me on the day	10%
I choose the pharmacy that's open at the time I need it	8%
I use an online pharmacy	6%

Respondents were able to select as many responses as they chose to, and the analysis shows that the majority of people use the same pharmacy when needed (53%), while a smaller proportion use a number of pharmacies (14%). Proximity to home (45%) and GP Practice (29%) were the most common reasons for these choices.

Question 2: How easy is it for you to access pharmacy services during normal opening times in your local area when needed in Stockport?

Option	Total percentage of respondents
Very Easy	52%
Easy	29%
Somewhat Easy	12%
Difficult	5%
Very Difficult	2%
Not Answered	1%

The majority of respondents found it very easy (52%) to access pharmacy services during normal opening hours, and adding together all those who found it very easy, easy or somewhat easy this proportion rises to 93%. Only 6% find it difficult or very difficult to access pharmacy services in normal working hours.

31 out of 507 respondents found access to pharmacy services during normal opening times in their local area difficult or very difficult, and 15 gave a reason or reasons for this:

- 6 due to the working hours of the respondent clashing with opening hours of pharmacy

- 3 due to mobility or chronic health conditions
- 3 due to the busyness of the pharmacy and long waiting times
- 2 due to stock issues with medication
- 1 each due to:
 - lunchtime closure of pharmacy
 - Saturday closure of pharmacy
 - Last minute closures due to staff shortages

Analysis by age, gender and deprivation shows no particular difference in experience in accessing services during normal opening hours, however those who report their general health as poor or very poor were slightly more likely to have difficulty accessing pharmacy services (around 10% reporting difficulty).

Question 3: How easy is it for you to access pharmacy services out of normal opening times such as evenings, weekends and/or on Bank Holidays when needed in Stockport?

Option	Total
Very Easy	10%
Easy	18%
Somewhat Easy	30%
Difficult	24%
Very Difficult	12%
Not Answered	6%

The majority of respondents found it very easy, easy or somewhat easy (58%) to access pharmacy services out of normal opening hours, but this proportion was far lower than in normal opening hours. 36% find it difficult or very difficult to access pharmacy services out of normal working hours.

185 out of 507 respondents found access to pharmacy services during normal openings times in their local area difficult or very difficult, and 60 gave a reason or reasons for this:

- 26 due to their usual or local pharmacies not being open out of normal hours / lower number of pharmacies that are open
- 11 due to access being difficult via public transport
- 11 due to the distance to the nearest pharmacy offering out of hours
- 8 due to the difficulty in finding out which pharmacies are open
- 5 explained that they try and avoid using a pharmacy out of hours
- 5 mentioned difficulties in particular areas:
 - Brinnington
 - Cheadle
 - Edgeley
 - Marple
 - Near to hospital
- 1 each due to:
 - Lack of delivery
 - Not being able to get specific medication
 - Mobility issues

Analysis by age, gender and deprivation shows no particular difference in experience in accessing services during normal opening hours, however those who report their general health as poor or

very poor were more likely to have difficulty accessing pharmacy services out of hours (over 50% reporting difficulty).

Question 4: Does your pharmacy offer the services that you need?

	Medicine advice	Minor health	Lifestyle	Vaccines	Health services	Other services
Yes	73%	70%	29%	34%	32%	7%
No	6%	5%	14%	14%	8%	5%
Don't Know	10%	16%	43%	39%	46%	47%
Don't Need	8%	5%	9%	8%	9%	10%
(blank)	3%	4%	5%	5%	6%	31%

A large majority of respondents reported that local pharmacies offered the medicine advice and minor health information they required, fewer people reported being offered the health lifestyle or vaccine or health service advice that they required, but there were still more people who reported being offered these than reported not being offered these services.

Question 5: Do you have any comments regarding pharmacies in Stockport?

This question was a free text box that enabled respondents to share their views. The most common themes of the comments were related to customer service (both positive and negative), opening hours and making suggestions for pharmacy services.

With regards to customer service, sample comments included:

- 'I am very happy with my regular Pharmacy and indeed any of the other pharmacies that I use in Stockport'
- 'Happy with it generally'
- 'Well-staffed - poorly treated'

With regards to opening hours comments included:

- 'Local pharmacies do not generally open on weekends. You have to have transport to ones that are open.'
- 'Out of hours services are easy for us to access because we drive. Probably much more difficult for non-drivers.'

Suggestions for pharmacy services:

- 'It would be good if each pharmacy had a regular evening opening slot.'
- 'Would be helpful if supermarkets were able to offer longer opening hours for its pharmacies.'
- 'Would like a pharmacy open on a Sunday as work full-time'

There were 155 responses to this open question and the themes from the responses have been broken down as follows:

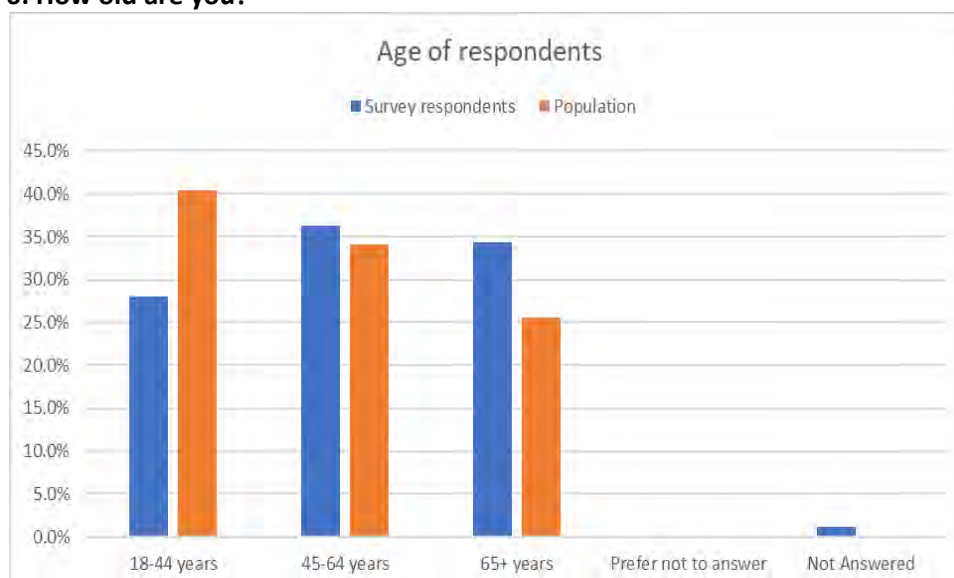
Option	Total	Percent
Customer service	29	19%
Opening hours	28	18%
Suggestion	13	8%
Supply issues	11	7%
Info and advice	9	6%
Long waits	8	5%
Out of Hours service	8	5%
Reliable	6	4%

Accessibility	5	3%
Internal communication	5	3%
Staffing	5	3%
Quantities dispensed	3	2%
Transport	3	2%
Wrong medication	3	2%
Medical tests	2	1%
Medication ready on time	2	1%
More PH campaigns	2	1%
Supermarkets	2	1%
Vitamins	2	1%
Walking distance	2	1%
Affordability	1	1%
Chase doctors	1	1%
Mental health	1	1%
Not taking unused medication	1	1%
Packaging	1	1%
Telephone contact	1	1%
Vaccines	1	1%
	155	100%

Public Consultation - Demographics

The following section sets out the demographics of respondents, and should be borne in mind when considering the analysis above and how representative this is.

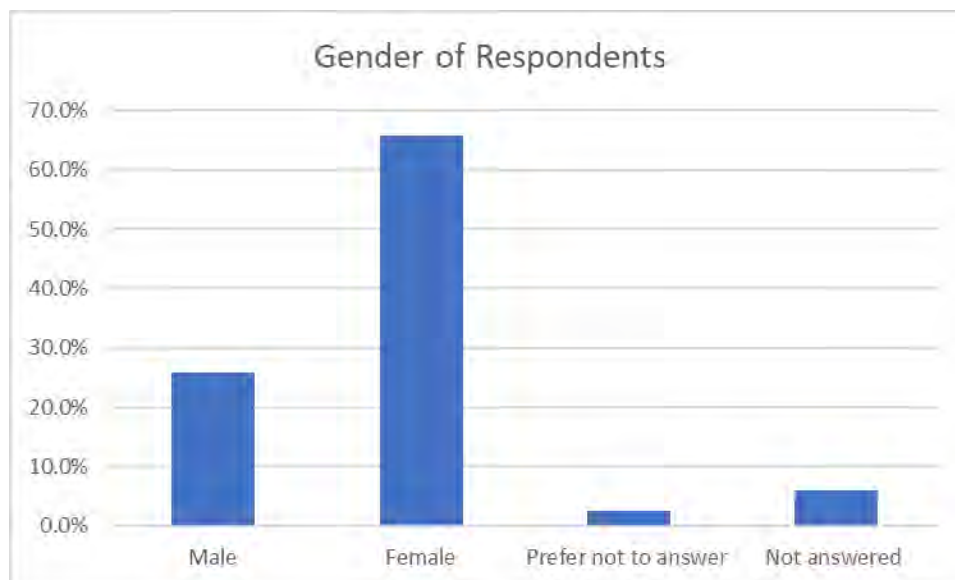
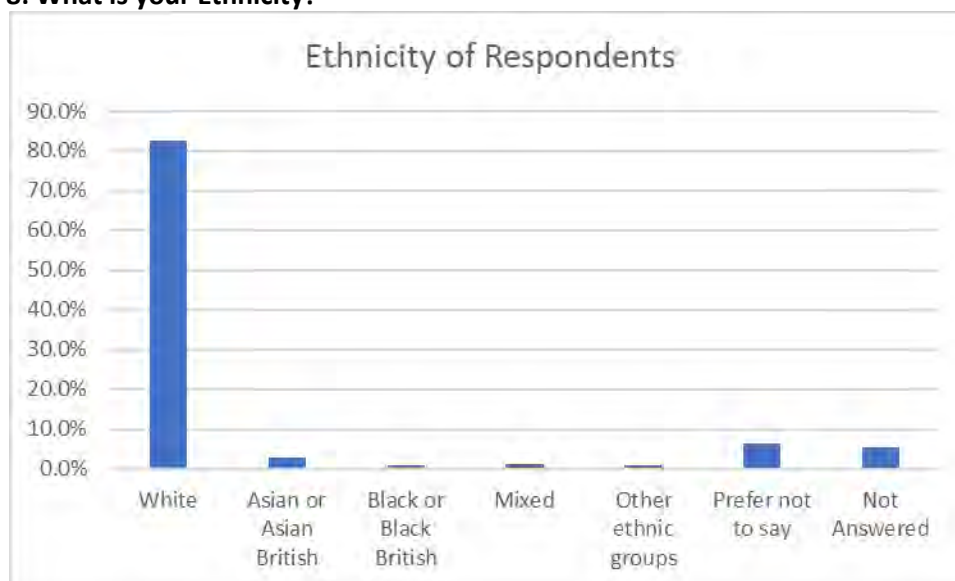
Question 6: How old are you?



This survey was targeted at adults, and analysis of the age profile of the survey respondents with the population profile shows that while older adults were more likely to respond than younger adults there were still good levels of response in all groups and therefore the survey is broadly likely to be representative.

Question 7: What is your Gender?

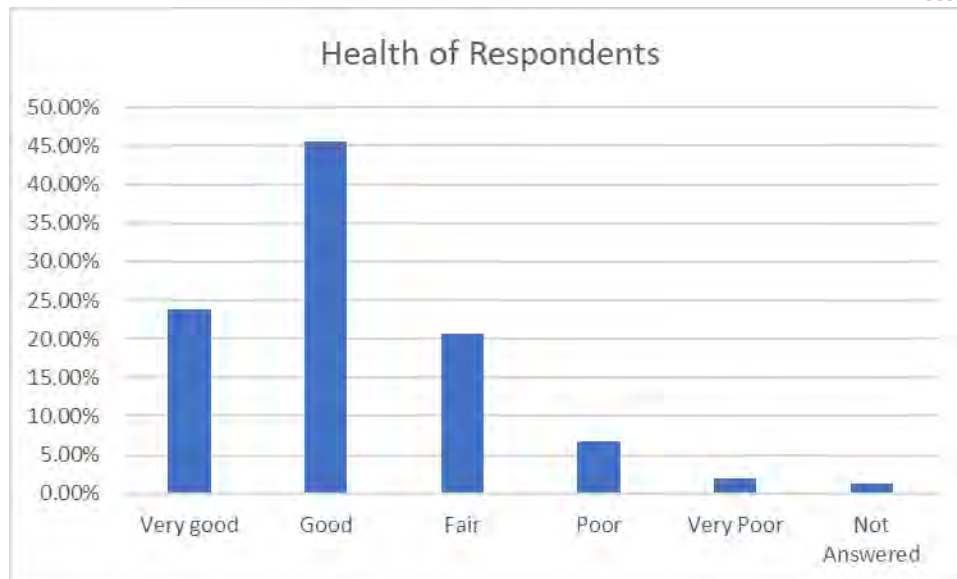
65.7% of the respondents were female and 25.8% of respondents were male, this does not reflect the population structure, which has a roughly 50/50 split. The over representation of females should be kept in mind when considering the results above.

**Question 8: What is your Ethnicity?**

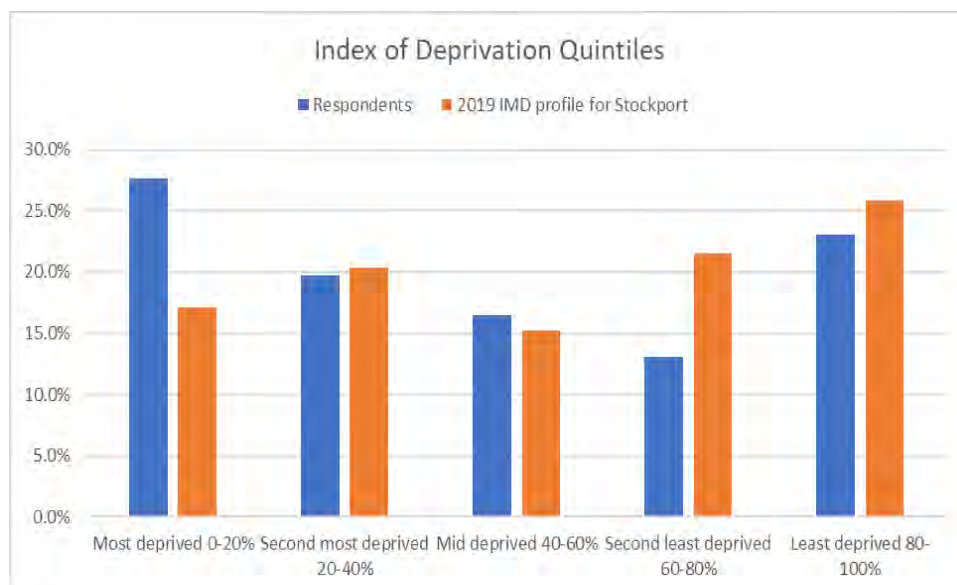
The majority of respondents were White (82.6%), reflecting the population structure (see section 3.2.2). The low number of responses from people who identify as BAME means the survey is unlikely to be representative of non-white populations.

Question 9: How is your health generally?

The majority of respondents (90%) rated their health as very good or good and 9% rated their health as poor or very poor, this is broadly similar to the proportion seen at the 2011 Census.



Question 10: What is your postcode?



The work of the Public Health Response Team has led to a good level of response from the more deprived areas of Stockport, with more than a quarter of respondents living in areas of highest deprivation (17% of the overall population).

Responses were received from all 21 wards of Stockport.

Appendix 3 PNA Project Team

Eleanor Banister	Stockport Council, Public Health – Public Health Intelligence Lead
Daniel Compton	Stockport Council, Public Health – Senior Analyst – Business Intelligence and Improvement
Katie Flynn	Stockport Council, Public Health - Public Health Protection and Response Service Project Manager
Mike Lappin	Stockport Healthwatch
Peter Marks	GM LPC
Lindsey Crabtree	NHS England and NHS Improvement
Suzanne Bovis	NHS England and NHS Improvement
Sarah Ward	NHS England and NHS Improvement
Faduma Abukar	NHS Stockport locality Team
David Moore	Home Instead Stockport (until June 2022)