Public Document Pack

HEALTH AND WELL BEING BOARD
Agenda

Date	Tuesday 22nd March 2022
Time	2.00 pm
Venue	Civic Centre, West Street, Oldham, OL1 1NL
Notes	1. DECLARATIONS OF INTEREST- If a Member requires advice on any item involving a possible declaration of interest which could affect his/her ability to speak and/or vote he/she is advised to contact Paul Entwistle or at least 24 hours in advance of the meeting. 2. CONTACT OFFICER for this agenda is Peter Thompson; telephone 0161 7705151 or email peter.thompson@oldham.gov.uk 3. PUBLIC QUESTIONS - Any Member of the public wishing to ask a question at the above meeting can do so only if a written copy of the question is submitted to the contact officer by 12 noon on Thursday, 17th March 2022. 4. FILMING - The Council, members of the public and the press may record/film/photograph or broadcast this meeting when the public and the press are not lawfully excluded. Any member of the public who attends a meeting and objects to being filmed should advise the Constitutional Services Officer who will instruct that they are not included in the filming. Please note that anyone using recording equipment both audio and visual will not be permitted to leave the equipment in the room where a private meeting is held. Recording and reporting the Council's meetings is subject to the law including the law of defamation, the Human Rights Act, the Data Protection Act and the law on public order offences. MEMBERSHIP OF THE HEALTH AND WELL BEING BOARD Councillors M Bashforth (Chair), Birch, Chauhan, Leach, Moores and Sykes

Item No

1 Apologies for Absence

2 Urgent Business

Urgent business, if any, introduced by the Chair.

3 Declarations of Interests

To receive any Declarations of Interests in any contract on matter to be discussed at the meeting.

4 Public Question Time

To receive questions from members of the public, in accordance with the Council's Constitution.

5 Minutes (Pages 1 - 4)

To consider the attached Minutes of the meeting of the Health and Wellbeing Board held 25th January 2022.

6 Pharmaceutical Needs Assessment (Pages 5 - 98)

7 Prehab for Cancer (Pages 99 - 114)

Presentation by Oldham Community Leisure Limited

8 Life Expectancy Update (Pages 115 - 126)

9 A Health Inequalities Plan for Oldham (Pages 127 - 130)

10 Date of Future Meeting

To note that the Health and Wellbeing Board meets on the following dates in 2022/2023:

a. Tuesday, 21st June 2022 at 2.00pm.
b. Tuesday, 26th July 2022 at 2.00pm
c. Tuesday, 13th September 2022 at 2.00pm
d. Tuesday, 15th November 2022 at 2.00pm
e. Tuesday, 13th December 2022 at 2.00pm (Development Session)
f. Tuesday, 24th January 2023 at 2.00pm
g. Tuesday, 21st March 2023 at 2.00pm

HEALTH AND WELL BEING BOARD
25/01/2022 at 2.00 pm

Present: Councillor M Bashforth (in the Chair); Councillors Birch, Leach and Sykes

Also in attendance:
Emma Davidson – First Choice Homes Oldham
David Garner – Adult Social Care Service
Majid Hussain – Oldham CCG
Stuart Lockwood - OCLL
Tamoor Tariq – Oldham HealthWatch
Claire Smith – Executive Nurse (Oldham CCG)
Katrina Stephens – Director of Public Health
Mark Warren – Director of Adult Social Care
Peter Thompson – Constitutional Services

1 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Chauhan, Councillor Moores, Dr Keith Jeffery, David Jago, Joanne Sloan and Donna Cezair.

2 **DECLARATIONS OF INTEREST**

There were no declarations of interest received.

3 **URGENT BUSINESS**

There were no items of urgent business received.

4 **PUBLIC QUESTION TIME**

There were no public questions received.

5 **MINUTES OF PREVIOUS MEETING**

Resolved:
That the Minutes of the meeting of the Health and Wellbeing Board, held 16th November 2021, be approved as a correct record.

6 **BETTER CARE FUND PLAN 2021-2022**

The Board considered a report of the Director of Adult Social Care and Managing Director Community Health and Social Care, which provided the Health and Wellbeing Board's members with details of the Oldham Better Care Fund (BCF) Plan for 2021-2022 and which also sought to obtain 'sign off' in line with the requirements of the national conditions of the BCF.

The BCF was one of the government's national vehicles for driving health and social care integration. It required local clinical commissioning groups (CCGs) and local government to agree a joint plan, 'agreed and owned' by the Health and Wellbeing Board. The joint plan supported integration using a pooled budget and was governed by an agreement under section 75 of the NHS Act (2006).

The details of the operation of the BCF were set out in two documents: *2021 to 2022 Better Care Fund policy framework* and *Better Care Fund planning requirements 2021-2022*. These documents were only published in September and October 2021 and formed the basis of the Oldham BCF plan for 2021-2022.

In line with the requirements set out by the government Oldham had submitted its BCF Plan for 2021-2022 on 16th November 2021. This was initially submitted to Greater Manchester's Health and Social Care Partnership as part of the agreement for regional ratification of BCF plans across Greater Manchester. The requirements therefore allowed for post-submission amendments and 'sign-off' by Health and Wellbeing Boards in consideration of the late publication of the policy framework and planning requirements.

For 2021-2022, the BCF plan was in two parts: an overall template that provided information on income, expenditure, type of schemes funded, metrics and how the plan meets national conditions; and a narrative plan outlining the key areas of focus in Oldham. This was based on the current Oldham Locality Plan.

The BCF consists of three main funding contributions: NHS CCG contribution to the BCF; the Disabled Facilities Grant (DFG); and the Improved Better Care Fund (iBCF). The total value of the BCF in Oldham in 2021-2022 was £32,869,636 and this was broken down as follows: NHS CCG Contributions - £19,667,669, DFG - £2,343,287 and iBCF - £10,858,680.

The funding was dependent on meeting the following four national conditions: National Condition 1 - a jointly agreed plan between local health and social care commissioners signed off by the Health and Wellbeing Board. National Condition 2 - NHS contribution to adult social care to be maintained in line with the uplift to CCG minimum contribution. National Condition 3 - invest in NHS commissioned out of hospital services. National Condition 4 - plan for improving outcomes for people being discharged from hospital.

Resolved:
That the Health and Wellbeing Board agrees to approve and sign off the plan in line with the requirements of the National Conditions of the Better Care Fund.

7 **PHARMACEUTICAL NEEDS ASSESSMENT**

The Board considered a report of the Director of Public Health, that updated members of the Health and Wellbeing Board on the progress of the production of the Pharmaceutical Needs Assessment.

Oldham Health and Wellbeing Board had a statutory responsibility to publish and keep up to date a Pharmaceutical Needs Assessment (PNA). Oldham's current PNA was due to be reviewed during 2020/2021 and the renewed PNA was to be

published in April 2021. However, the Department of Health and Social Care had determined that the publication of PNAs be suspended for one year, until April 2022, in order to reduce unnecessary extra pressure on local authorities and Local Pharmaceutical Committees (LPCs) during the response to the Covid-19 pandemic. Further notification was received that the deadline for publishing the PNA had now been postponed until October 2022.

Guidance for production of the PNA was produced in October 2021, setting out the process to be followed. The Medicines Optimisation team had been contracted to undertake the PNA for Oldham. The Team was to concurrently undertake the PNAs for Bury and Rochdale as well as Oldham.

Resolved:

1. The Health and Wellbeing Board notes that guidance to produce the PNA has now been received.
2. The Health and Wellbeing Board notes that the delay to the intended timescale due to the impact of the COVID-19 pandemic and staff absence in the Medicines Optimisation Team undertaking the PNA.
3. The Health and Wellbeing Board notes the issues raised and the need for mitigating actions to limit the impact of any further delays on the production and publication of the Oldham PNA.

8 **DATE OF NEXT MEETING**

Resolved:
That the next meeting of the Health and Wellbeing Board be held on Tuesday, 22nd March 2022, starting at 2.00pm, in the Civic Centre, Oldham.

The meeting started at 2.00pm and ended at 2.30pm.

This page is intentionally left blank

Report to HEALTH AND WELLBEING BOARD

Pharmaceutical Needs Assessment

Portfolio Holder:
Councillor Z Chauhan, Cabinet Member for Health and Social Care

Officer Contact: Katrina Stephens, Director of Public Health

Report Author: Julie Holt, Public Health Specialist

08/03/2022

Purpose of the Report

The purpose of this report is to present the Health and Wellbeing Board with the draft Pharmaceutical Needs Assessment, 2022.

Oldham Health and Wellbeing Board has a statutory responsibility to publish and keep up--to-date a Pharmaceutical Needs Assessment (PNA). The Department of Health and Social Care determined that the publication of PNAs be suspended during the pandemic with the deadline now set for publishing the PNA by October 2022.

Requirement from the Health and Wellbeing Board

The Health and Wellbeing Board is requested to:

1. Review and approve the draft PNA report for public consultation
2. Recognise the timescale for the activity required to complete the PNA
3. Discuss the suggestion that should housing development progress as expected and one or more new village centre(s) be planned then it would be beneficial to have a new pharmacy as part of such development(s).

Guidance for production of the PNA

The guidance for the production of the PNA was published in October 2021. (https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack).

Whilst this information pack has no statutory standing and does not constitute non-statutory guidance, it aims to support local authorities to interpret and implement their duties with regard to pharmaceutical needs assessments and sets out the process to be followed.

The information pack is set out as follows:

• chapter 1 introduces the requirements for pharmaceutical needs assessments,
• chapter 2 defines a number of the terms used in the regulations,
• chapter 3 provides an overview of the process of developing a pharmaceutical needs assessment,
• chapter 4 describes the engagement that should be undertaken whilst the document is being written,
• chapter 5 sets out the information that must be contained within the pharmaceutical needs assessment,
• chapter 6 provides advice on how to identify gaps in the provision of pharmaceutical services,
• chapter 7 sets out the requirement to consult on a draft of the document, and
• chapter 8 sets out the requirements on the health and wellbeing board once the document is published.

There are three appendices:
• appendix 1 contains a suggested timeline,
• appendix 2 contains a decision-making flowchart in relation to the requirements set out in chapter 8 and 6
• appendix 3 contains three supplementary statement templates

Current position

On behalf of Oldham Health and Wellbeing Board, the Medicines Optimisation Team has undertaken the process of developing the PNA according to the guidance.

1. The draft Oldham PNA is presented for review and approval such that it can undergo the mandatory 60day consultation period.

2. The consultation period is planned for 9th May – 10th July 2022.

3. Following consultation, the final version (after any necessary amendments are made) will be presented at the Health and Wellbeing Board in August for final approval before publication online by October 2022.

Oldham Health and Wellbeing Board Pharmaceutical Needs Assessment 2022 to 2025

VERSION 0.1

DRAFT

Contents

1 Executive Summary 4
1.1 Introduction 4
1.2 Results 5
1.3 Stakeholder Consultation 5
1.4 Conclusions 5
2 Introduction 7
2.1 Purpose of a PNA 7
2.2 HWB duties in respect of the PNA 7
2.3 Background and legislation 7
2.4 Scope of the PNA 10
2.5 Minimum requirements for the PNA 11
3 How the assessment was undertaken 12
3.1 Development of the PNA 12
3.2 JSNA and Locality Plan priorities 14
3.3 Patient and public engagement 16
3.4 Contractor engagement 18
3.5 Pharmaceutical services 19
3.6 Consultation 25
4 Context in Oldham 26
4.1 Overview 26
4.2 Current and Projected Population in Oldham 27
4.3 Deprivation 30
4.4 Life expectancy 31
4.5 Population characteristics health needs 33
5 Key health priorities for Oldham 43
5.1 Infant Mortality 43
5.2 Healthy weight and physical activity 44
5.3 Smoking 44
5.4 Oral Health 45
5.5 Alcohol and Substance Misuse 46
5.6 Secondary Prevention of Long-Term Conditions (LTCs) 48
5.7 Immunisations 50
5.8 Self-care 51
5.9 Improving the wider determinants of health 51
6 Provision of pharmaceutical services 53
6.1 Necessary services - current provision with-in the HWB's area 54
6.2 Necessary services: current provision out-side the HWB's area 67

DRAFT

6.3 Other relevant services - current provision 68
6.4 Future provision – necessary and other relevant services 69
6.5 Other NHS services 73
7 Districts for the purpose of the PNA 75
7.1 Overview 75
7.2 West Cluster 75
7.3 South Cluster profile 77
7.4 Central Cluster 78
7.5 North Cluster 79
7.6 East Cluster 81
8 How pharmaceutical services can help support a healthier population 82
8.1 Essential Services (ES) 82
8.2 Advanced Services 83
8.3 Locally commissioned services (LCS) 84
9 Gaps in current provision of pharmaceutical services 86
9.1 Gap Analysis Criteria 86
9.2 Gap Analysis – Location and times of opening 86
9.3 Gap Analysis - Current service provision 87
9.4 Gap Analysis - Future Provision 87
9.5 Gap analysis - Conclusion 87
10 Improvements and better access: gaps in provision of pharmaceutical services 88
11 Conclusions (for the purpose of Schedule 1 to the 2013 Regulations) 89
11.1 Current provision – necessary and other relevant services 89
11.2 Necessary services – gaps in provision 89
11.3 Future provision of necessary services 90
11.4 Improvements and better access – gaps in provision 90
11.5 Other NHS Services 91
11.6 How the assessment was carried out 91
11.7 Map of provision 91

DRAFT

1 Executive Summary

1.1 Introduction

A Pharmaceutical Needs Assessment (PNA) is a comprehensive assessment of whether current and future pharmaceutical services meet the needs of the local population.

- Oldham's Health and Wellbeing Board (HWB) has a statutory responsibility to publish and keep up to date the PNA for Oldham. The PNA for Oldham presents a picture of community pharmacy need and provision in Oldham and links to Oldham's Joint Strategic Needs Assessment[1] (JSNA).
- It will be used by NHS England & NHS Improvement (NHSE&I) to
  - inform which NHS funded services need to be provided by community pharmacies and dispensing appliance contractors
  - decide whether new pharmacies or services are needed
  - aid decision making about the relocation of existing pharmaceutical premises in response to applications by providers of pharmaceutical services
  - inform the commissioning of locally enhanced services delivered from pharmacies to address any gaps in health care provision
- Providers of pharmaceutical services will also use the PNA to inform their applications to provide pharmaceutical services by demonstrating that they are able to meet a pharmaceutical need as set out in the PNA.

The PNA includes information on:

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

This document has been prepared by Oldham's Health and Wellbeing Board (HWB) in accordance with the NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013, as amended. It replaces the Pharmaceutical Needs Assessment (PNA) previously published in 2018.
The HWB established a steering group to lead a comprehensive engagement process to inform the development of the PNA. The group undertook a public survey and sought information from pharmacies, Oldham Council, NHS Oldham CCG/ GM Integrated Care Board (ICB), and NHS England and NHS Improvement (NHS E&I)
Oldham has a population of 237,650 (mid-2020 population estimate). In ten years, by 2030 the population is estimated to increase by 5.9% to 249,440 mostly due to an increase in the over 60's.
In order to identify local health needs and assess current pharmaceutical services provision, Oldham is divided into five clusters:

- North Oldham
- East Oldham
- Central Oldham
- South Oldham
- West Oldham

[1] https://www.oldham-council.co.uk/jsna/

Information regarding local provision of pharmaceutical services was made available by NHSE&I, Oldham Council, CCGs/ICS. Other relevant nationally available data was gathered through providers such as ONS and NHSBSA. This was analysed by the Greater Manchester Strategic Medicines Optimisation Team on behalf of the Steering Group.

As part of the PNA process there is a statutory provision that requires consultation of at least 60 days to take place to establish if the pharmaceutical providers and services supporting the population in the HWB area are accurately reflected in the final PNA document. Oldham Council consultation ran from 09/05/2022 until 10/07/2022. The responses received were used to inform the final conclusions which were collated and are now published as part of this PNA.

1.2 Results

Oldham has 58 pharmacies (50 walk-in and 8 distance selling pharmacies) providing a range of essential services, advanced services, and locally commissioned services (including NHSE&I enhanced services) on behalf of Oldham Council, NHS Oldham CCG and NHS E&I. All pharmacies in Oldham have NHSE&I contracts, there are no Local Pharmaceutical Service (LPS) Contracts.
There are seven 100-hour pharmacies and no dispensing doctors in Oldham. There are no dispensing appliance contractors (DAC) in Oldham, which means that residents of Oldham access dispensing and services associated with appliances from pharmacy contractors or through DACs elsewhere within England.

The draft PNA concluded no gaps in current pharmaceutical services had been established. This is clearly demonstrated by the following points:

- Oldham has 25 pharmacies per 100,000 population, which is higher than the England and Greater Manchester averages.
- The majority of residents live within 1.0 miles of a pharmacy.
- The majority of residents can access a pharmacy within 20 minutes by walking, public transport or driving.
- The location of pharmacies within each of the five clusters and across the whole HWB area.
- The number and distribution of pharmacies within each of the five clusters and across the whole HWB area.
- The choice of pharmacies covering each of the five clusters and the whole HWB area.
- 95% of items dispensed in Oldham Pharmacies were for people registered with an Oldham GP practice.
- 91% of the public surveyed (86 responses) said they were either satisfied or very satisfied with the overall pharmacy service provided by their local pharmacy.
- Over 83% of the public surveyed stated they had no difficulties accessing the pharmacy of their choice
- Over 83% of the public surveyed had not had any problems accessing a pharmacy due to opening hours
- Oldham has a choice of pharmacies open across range of times including early mornings, evenings and the weekend.
- Oldham pharmacies offer a range of pharmaceutical services to meet the requirements of the population.

1.3 Stakeholder Consultation

As part of the PNA process there is a statutory provision that requires consultation of at least 60 days to take place to establish if the pharmaceutical providers and services supporting the population in the HWB area are accurately reflected in the final PNA document. Oldham Council's consultation ran from 09/05/2022 until 10/07/2022. The responses received were used to inform the final conclusions which were collated and are now published as part of this PNA.

1.4 Conclusions

Considering the totality of the information available, the HWB considered whether the location, number, distribution and choice of pharmacies covering each district, including the whole of Oldham HWB area providing essential and advanced services during the standard core hours currently meet the needs of the population.

The HWB has not received any significant information to conclude otherwise or any future specified circumstance that would alter that conclusion.

Based on the information available at the time of developing this PNA:

- No current gaps in the need for provision of essential services during normal working hours have been identified.
- No current gaps in the provision of essential services outside normal working hours have been identified.
- No current gaps in the provision of advanced and enhanced services have been identified.
- No gaps in the need for pharmaceutical services in specified future circumstances have been identified. Unless a local centre is built, including a healthcare centre, to provide for the residential properties which are proposed
- No gaps have been identified in essential services that if provided either now or in the future would secure improvements, or better access, to essential services.
- No gaps have been identified in the need for advanced services that if provided either now or in the future would secure improvements, or better access, to advanced services.
- No gaps in respect of securing improvements, or better access, to other NHS services either now or in specified future circumstances have been identified.

DRAFT

2 Introduction

This document has been prepared by Oldham's Health and Wellbeing Board (HWB) in accordance with the NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013, as amended. It replaces the Pharmaceutical Needs Assessment (PNA) previously published in 2018.

In the current NHS there is a need for the local health partners, NHSE&I, Oldham Council, Greater Manchester Integrated Care Service (GM ICS), Oldham pharmacies and other providers of health and social care, to ensure that the health and pharmaceutical needs of the local population are met through the appropriate commissioning of services.

There is also a need to ensure that those additional services commissioned by Oldham Council or GM ICS from Oldham pharmacies are promoted to Oldham's population to improve their uptake.

The current providers of pharmaceutical services in Oldham are well placed to support the HWB in achieving the required outcomes identified as the health priorities outlined in its strategy.

Glossary and acronyms are provided in Appendix One.

2.1 Purpose of a PNA

The purpose of the PNA is to assess and set out how the provision of pharmaceutical services can meet the health needs of the population of a HWB's area for a period of up to three years, linking closely to the joint strategic needs assessment (JSNA). Whilst the JSNA focusses on the general health needs of the population of Oldham, the PNA looks at how those health needs can be met by pharmaceutical services commissioned by NHSE&I, CCG/ICB and LAs.

If a pharmacist or a dispensing appliance contractor wants to provide pharmaceutical services, they are required to apply to NHSE&I to be included in the pharmaceutical list for the HWB's area in which they wish to have premises. In general, their application must offer to meet a need that is set out in the HWB's PNA, or to secure improvements or better access similarly identified in the PNA. There are however some exceptions to this e.g. applications offering benefits that were not foreseen when the PNA was published ('unforeseen benefits applications').

As well as identifying if there is a need for additional premises, the PNA will also identify whether there is a need for an additional service, or whether improvements or better access to existing services are required. Identified needs, improvements or better access could either be current or will arise within the lifetime of the PNA.

Whilst the PNA is primarily a document for NHSE&I to use to make commissioning decisions, it may also be used by Local Authorities (LA's) and Integrated Care Systems (ICSs). A robust PNA will ensure those who commission services from pharmacies and dispensing appliance contractors (DACs) are able to ensure services are targeted to areas of health need and reduce the risk of overprovision in areas of less need.

2.2 HWB duties in respect of the PNA

In summary Oldham HWB must:

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

2.3 Background and legislation

2.3.1 National Legislation and impending changes

DRAFT

The Health Act 2009[2] made amendments to the National Health Service (NHS) Act 2006 stating that each PCT must in accordance with regulations:

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

The Health and Social Care Act 2012 transferred responsibility for the developing and updating of PNAs to HWBs.

The preparation and consultation on the PNA should take account of the HWB's Joint Strategic Needs Assessment (JSNA) and other relevant local strategies to prevent duplication of work and multiple consultations with health groups, patients, and the public.

Each PNA, published by the HWB will have a maximum lifetime of three years. HWBs will also be required to publish a revised assessment when significant changes to the need for pharmaceutical services are identified unless this is considered a disproportionate response. However, due to disruption to many sectors of the health and care services across the UK during the COVID-19 pandemic there was a legislated delay to allow publication of the 3-yearly PNA to be extended until October 2022.

The Health and Social Care Act 2012 also transferred responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list from PCTs to NHS England (now merged to form NHS England & NHS Improvement (NHSE&I)). The PNA will be used by NHSE&I when making decisions on applications to open new pharmacies and dispensing appliance contractor premises; or applications from current pharmaceutical providers to change their existing regulatory requirements.

Such decisions are appealable to the NHS Resolution, and decisions made on appeal can be challenged through the courts.

PNAs will also inform the commissioning of enhanced services from pharmacies by NHS England, and the commissioning of services from pharmacies by the LA and other local commissioners

This PNA is being written during a time of legislative change nationally.

New legislation under the Health and Care Bill 71[3] is due to receive royal assent in July 2022. This Bill transfers commissioning arrangements for health and social services. The National Health Service Commissioning Board is renamed NHS England but will still be responsible for the provision of primary medical, primary dental, primary ophthalmic and pharmaceutical services.

Clinical Commissioning Groups (CCGs) are to be abolished and new commissioning groups under the remit of an Integrated Care Boards (ICB) will be established. These Integrated Care Systems (ICSs) will drive the shift to population health, targeting interventions at those groups most at risk, supporting health prevention as well as treatment. ICSs will take a lead role in tackling health inequalities.

Oldham will be part of the Greater Manchester Integrated Care System (GM ICS). The GM ICS will become a local commissioning organisation in place of the ten GM CCGs and a further 2 organisations. In GM many local organisations already worked closely under the collaborative Greater Manchester Health and Social Care Partnership (GMHSCP); established in 2015 to manage the devolved health care funds from central government. The GM ICS is therefore well placed to speed up legal processes and drive change across the ten different regions of GM. Currently it is envisioned that a locality team for each previous CCG area will remain in place to implement services locally.

Therefore, the PNA will use GM ICS as the nomenclature for the future commissioners of services but may refer to previously held services as being commissioned by Oldham CCG.

[2] http://www.legislation.gov.uk/ukpga/2009/21/part/3/crossheading/pharmaceutical-services-in-england

[3] https://publications.parliament.uk/pa/bills/lbill/58-02/071/5802071_en_2.html#pt1-pb2-l1g13

2.3.2 Effect on health and service provision due to Covid-19 Pandemic

The World Health Organization declared the outbreak of a novel coronavirus, subsequently named COVID-19, a Public Health Emergency of International Concern on 30th January 2020, and a pandemic on 11th March 2020. The first cases were identified in the UK on 29th January 2020 and to date (23/02/2022) there have been 160,979 deaths within 28 days of a positive Covid-19 test.

In response to the spread in the UK, the Government announced the first national lockdown in March 2020. All non-essential services, including health services such as routine operations, dental treatments, and routine screening were stopped and everyone was asked, if possible, to work and isolate at home.

Other actions were taken over the intervening 2 years, including mask wearing, children learning at home during periods of lockdown and isolation for those in contact with a known carrier of Covid-19 as well as just for those testing positive for the disease. A large-scale vaccination programme was rolled out from January 2021 and is still ongoing, with the majority of people being offered their 3rd Covid-19 vaccination, and a 4th vaccination being introduced for clinically vulnerable people.

All these measures, whilst keeping people safe from the immediate impact of Covid-19, have had a detrimental effect on the healthcare system. It has particularly highlighted the inequalities in health due to deprivation.

The direct impact in Oldham has seen 73,319 confirmed positive cases; and 808 deaths within 28 days of a positive test[4]. The Northern Care Alliance Foundation Trust (NCA FT) which includes Royal Oldham Hospital had had 6122 patients admitted to hospital from 1st April 2020 up to 26th February 2022, these are in addition to other patients the hospitals are managing. A total number of 427,653 vaccinations have been administered to the Oldham population. This direct impact has put a strain healthcare services, and meant that these people, whilst ill, were unable to contribute productively to their community or work.
An indirect effect has been that many healthcare professionals have been re-deployed to assist in managing the services set up to tackle Covid-19, or have had Covid-19, or been in contact with a person who has, and were therefore unable to work in their usual role. Whilst services were closed during lockdown periods, peoples' health conditions could have deteriorated as they were not able, or unwilling, to seek help. Also screening services and planned operations were cancelled so patients have been delayed in receiving treatment and there is now a longer waiting list than previous years.
An important side-effect of the Covid-19 impact is the exposure of the digital divide that exists in the UK. Social mobility and class differences mean that some of the poorest and most disadvantaged children are likely to be affected by a lack of access to remote learning because of technological issues[5].
Data shows that mental health and wellbeing have been affected. Analysis of data from the UK Household Longitudinal Study (UKHLS) has tracked changes in levels of psychological distress during the pandemic. It suggests the proportion of adults aged 18 and over reporting a clinically significant level of psychological distress increased from 20.8% in 2019 to 29.5% in April 2020. This figure had dropped by easing of lockdown and reducing cases and risen again coinciding with the periods of national lockdown and high COVID-19 cases following waves of the pandemic[6]. Some groups have been more likely to experience poor or deteriorating mental health during this period. These include women, young adults (aged between 18 and 34, depending on the study), adults with pre-existing

[4] https://coronavirus.data.gov.uk/details/cases accessed 23/02/2022
[5] https://blog.insidegovernment.co.uk/schools/the-impact-of-covid-19-on-education
[6] https://www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-surveillance-report/2-important-findings-so-far

mental or physical health conditions, adults experiencing loss of income or employment, adults in deprived neighbourhoods, some ethnic minority populations and those who experienced local lockdowns, and in addition, those who felt lonely.

It should be noted that pharmacy services have continued to remain the only primary care service to have open door access to the public throughout the Covid pandemic with additional delivery and support available for the clinically vulnerable. Community pharmacy has become one of the primary providers for Covid vaccination during 2021 available in the community of the people they serve, allowing take up close to people's homes and work.

2.3.3 Mandatory 60-day stakeholder consultation

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

- Any relevant local pharmaceutical committee (LPC) for the HWB area
- Any local medical committee (LMC) for the HWB area
- Any persons on the pharmaceutical lists and any dispensing GP practices in the HWB area
- Any local Healthwatch organisation for the HWB area, and any other patient, consumer and community group which in the opinion of the HWB has an interest in the provision of pharmaceutical services in its area
- Any NHS trust or NHS foundation trust in the HWB area
- NHS England
- Any neighbouring HWB

2.3.4 Circumstances under which the PNA is to be revised or updated

It is important that the PNA reflects changes that affect the need for pharmaceutical services in Oldham. Where the HWB becomes aware that a change may require the PNA to be updated then a decision to revise the PNA will be made.
Not all changes to pharmaceutical services will result in a change to the need for services. Where required, the HWB will issue supplementary statements to update the PNA as changes take place to the provision of services locally.

2.4 Scope of the PNA

The pharmaceutical services to which each PNA must relate are all the pharmaceutical services that may be provided under arrangements made by NHSE&I for –

- the provision of pharmaceutical services (including directed services) by a person on a pharmaceutical list
- the provision of local pharmaceutical services under a Local Pharmaceutical services (LPS) scheme; or
- the dispensing of drugs and appliances by a person on a dispensing doctors list (but not other NHS services that may be provided under arrangements made by the NHSE&I with a dispensing doctor).

Pharmaceutical services are defined by reference to the regulations and directions governing pharmaceutical services provided by community pharmacies (which may be LPS providers), dispensing doctors and appliance contractors.
Whether a service falls within the scope of pharmaceutical services for the purposes of the PNA depends on who the provider is and what is provided:
For **dispensing practices** the scope of the service to be assessed in the PNA is the dispensing service. However, as there are no dispensing GP practices in Oldham, these are not considered in the document.
For **appliance contractors** the scope of the service to be assessed in the PNA is the dispensing of appliances and the provision of appliance use review (AUR) and stoma appliance customisation

(SAC). This means that, for the purposes of the PNA, it is concerned with whether patients have adequate access to dispensing services, including dispensing of appliances, AURs and SACs where these are undertaken by an appliance contractor but not concerned with other services appliance contractors may provide.

For **community pharmacy contractors** the scope of the services to be assessed in the PNA is broad and comprehensive. It includes the essential, advanced and enhanced services elements of the pharmacy contract whether provided under the terms of services for pharmaceutical contractors or under LPS contracts.

Other providers may deliver services that meet a particular pharmaceutical service need although they are not considered pharmaceutical services under the relevant regulations. It is therefore important that these are considered as part of the assessment because they may reduce the need to deliver further services.

2.5 Minimum requirements for the PNA

Schedule 1 of the NHS 2013 Regulations state that the PNA must include, as a minimum, a statement of the following:

- **Necessary services** - pharmaceutical services which have been assessed as required to meet a pharmaceutical need. This should include their current provision (within the HWB area and outside of the area) and any current or likely future gaps in provision.
- **Relevant services** - services which have secured improvements, or better access, to pharmaceutical services. This should include their current provision (within the HWB area and outside of the area) and any current or future gaps in provision.
- **Other NHS services**, either provided or arranged by a LA, NHS England, a CCG, an NHS Trust or Foundation Trust which either impact upon the need for pharmaceutical services, or which would secure improvements, or better access to, pharmaceutical services within the area.
- **A map** showing the premises where pharmaceutical services are provided.
- **An explanation** of how the assessment was made.

DRAFT

3 How the assessment was undertaken

3.1 Development of the PNA

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

3.1.1. PNA steering group

The HWB has overall responsibility for the publication of the PNA and the Director of Public Health is the HWB member who is accountable for its development. Oldham's HWB established a PNA steering group, the membership of which ensured that all the main stakeholders were represented. The steering group has been responsible for reviewing the PNA to ensure it meets the statutory requirements. The steering group approved all public facing documentation. The membership and the terms of reference for the steering group are provided at Appendix Two.
The steering group included representation from the following groups:

- Oldham Public Health team
- NHS Oldham Clinical Commissioning Group (CCG)
- Greater Manchester Joint Commissioning Team (GMJCT)
- Greater Manchester Local Pharmaceutical Committee (GMLPC)
- GMHSCP who are the NHS England & NHS Improvement area team (NHSE&I)

3.1.2 PNA localities

This PNA describes the needs for the population of Oldham. It considers current provision of pharmaceutical services across five clusters of wards in the Oldham HWB area as described in the JSNA and are approved by the steering group for use in this PNA.
The PNA uses the current system of Oldham ward boundaries split across the five clusters. This approach was taken because:

- The current JSNA describes population health needs using these clusters
- This grouping of wards into clusters reflect the localities which are already in use by Oldham Council.
- Most available healthcare data is collected at ward level and wards are a well-understood definition within the general population as they are used during local parliamentary elections.

The five clusters and the wards within them are:

Central Cluster

- Alexandra Ward
- Coldhurst Ward
- St Mary's Ward

East Cluster

- Saddleworth North Ward
- Saddleworth South Ward
- Saddleworth West and Lees Ward
- St James' Ward
- Waterhead Ward

North Cluster

- Royton North Ward
- Royton South Ward
- Crompton Ward
- Shaw Ward

South Cluster

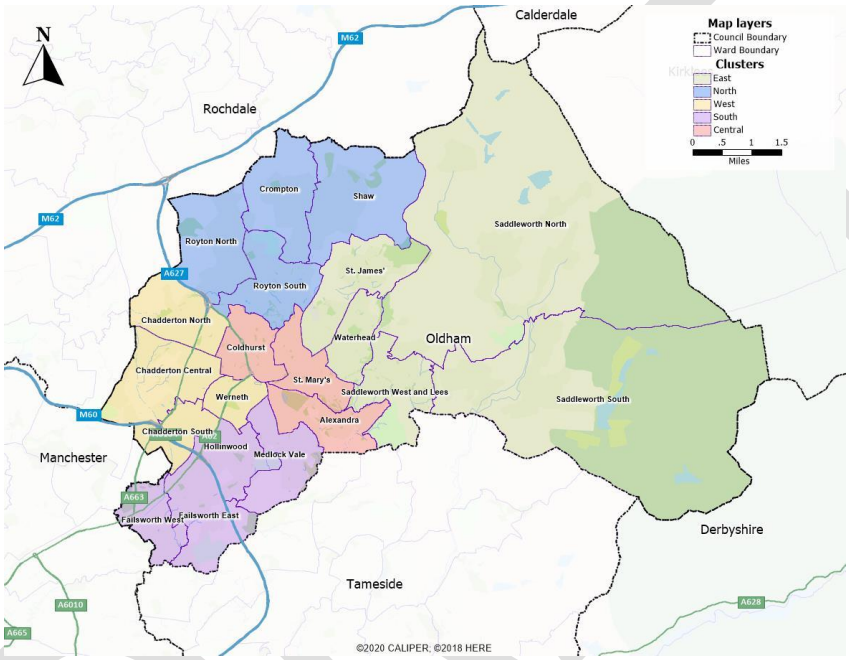
DRAFT

- Failsworth East Ward
- Failsworth West Ward
- Hollinwood Ward
- Medlock Vale Ward

West Cluster

- Chadderton North Ward
- Chadderton Central Ward
- Chadderton South Ward
- Werneth Ward

Map 1 - Oldham clusters and wards



Five clusters have been in used in the most recent JSNA. This is a change from the 2018 PNA which detailed six districts. The wards contained within the clusters are the same as those previously used.

3.1.3 Contractor questionnaire and patient survey

The contractor questionnaire and patient survey were approved by the steering group. These were promoted to pharmacy contractors and the public respectively during January and February 2022. Their aim was to identify additional relevant information from service providers and to identify how the public currently and in the future, want to interact with pharmacy services.
Once completed the results of both were analysed.
Oldham Council and NHS Oldham CCG were involved in promoting the public survey to as wide an audience as possible through the existing channels available to them.
GMLPC and NHS E&I area team were asked to help promote the pharmacy contractor survey.

3.1.4 Other sources of information

The content of the PNA including demographics, clusters and background information was approved by the steering group. In looking at the health needs of the local population, the Oldham JSNA[7], and

[7] https://www.oldham-council.co.uk/jsna/ accessed 03/02/2022

Oldham Locality Plan for Health and Social Care Transformation (2019 -2024)[8] and other health data were considered.
Information was gathered from NHSE&I, Oldham CCG and Oldham Council regarding:

- The size and demography of the population across Oldham.
- Whether there is adequate access to pharmaceutical services across Oldham.
- Different needs of different districts within Oldham.
- Pharmaceutical services provided from outside the HWBs area which affect the need for pharmaceutical services in Oldham.
- Other NHS services provided in or outside its area which affect the need for pharmaceutical services in Oldham.
- Likely changes or developments that might affect the need for pharmaceutical services including changes to the size of the population, the demography of the population, and risks to the health or wellbeing of people in its area.

3.1.5 Consultation

The statutory 60-day consultation commenced on 09/05/2022 and ran until 10/07/2022.
A report outlining areas of feedback from the consultation can be found in appendix X but the main themes were around x,y and z.
The list of stakeholders consulted included the following groups:

- Greater Manchester Local Pharmaceutical Committee (GMLPC).
- West Pennine Local Medical Committee (LMC)
- Persons on the pharmaceutical list and ESPLPS.
- Healthwatch Oldham.
- Other patient, consumer and community groups in the area with an interest in the provision of pharmaceutical services in the area.
- NHS trusts and NHS foundation trusts in the area (Northern Care Alliance (NCA) NHS Foundation Trust).
- NHS England and Improvement.
- Neighbouring HWBs. (Derbyshire, Calderdale, Kirklees, Manchester, Rochdale and Tameside).

3.2 JSNA and Locality Plan priorities

Oldham JSNA discusses the characteristics and identified health needs of the whole population living within the HWB area.
The Oldham Council's JSNA main sections are identified below. These are further broken down and we have identified the topics where pharmaceutical services could have the most impact:

- Starting Well
  - Smoking in pregnancy
  - Oral health
- Living and working well
  - NHS Health Checks
  - Obesity
  - Healthy Eating
  - Sexual Health
  - Alcohol
  - Smoking
- Ageing well
  - Vaccinations

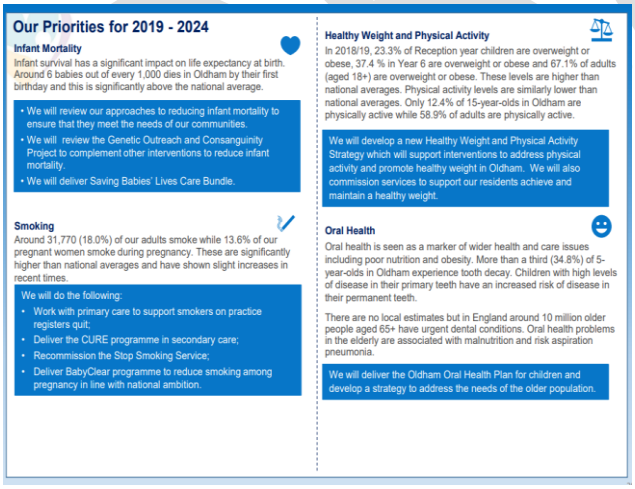
[8] http://www.oldhamccg.nhs.uk/Portals/0/Oldham%20Locality%20Plan.pdf

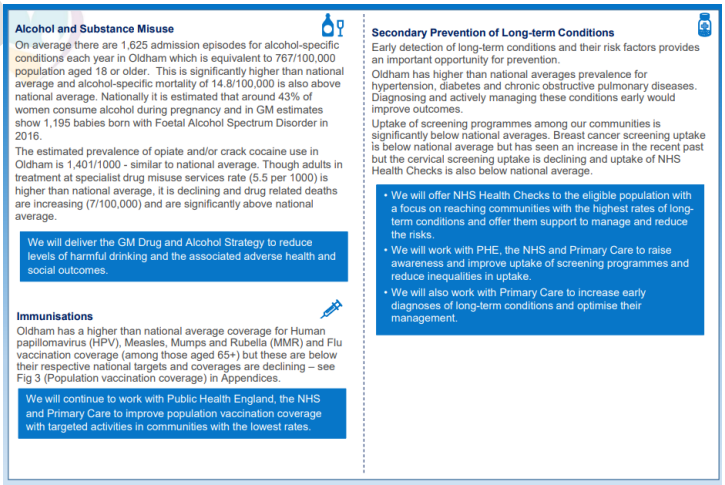
    - Care Home medication services
    - Falls prevention
- Health Conditions
    - Cancer
    - Cardiovascular disease
    - Diabetes
    - Mental health
- People and Places
- Wider determinants of Health
- Deprivation

Whilst the JSNA gives an overarching view of health needs in the population, Oldham has a locality plan in place which identifies more specific current priorities. This Oldham Locality Plan for Health and Social Care Transformation Nov 2019 and March 2024[9] covers much of the life cycle of this PNA. The next PNA review will begin in 2024 and will therefore be in line with any updated locality plan. The HWB have determined to identify the priorities which will require pharmaceutical services from this Oldham Locality Plan for Health and Social Care Transformation Nov 2019 and March 2024 document.

The priorities in the Oldham Locality Plan are

1. Infant mortality
2. Healthy weight and physical activity
3. Smoking
4. Oral health
5. Alcohol and substance misuse
6. Secondary prevention of long-term conditions: hypertension, diabetes, COPD & breast cancer
7. Immunisations





Where it has been possible to identify the different needs of people living within these localities including those sharing a protected characteristic, this has been addressed in the PNA (see section 7.0).

[9] http://www.oldhamccg.nhs.uk/Portals/0/Oldham%20Locality%20Plan.pdf

3.3 Patient and public engagement

To gain the views of patients and the public on pharmaceutical services, a questionnaire was developed and promoted via social media feeds. It was available on 19th January 2022, closing on 14th February 2022. The results of the survey, which identifies the questions asked, can be found in Appendix 3.

There were 86 responses to the Oldham public survey. This only represents 0.05% of Oldham's population (aged 16 years and over); we can only take this as a general picture of public opinion. Map 2 below shows the spread of responses to the public survey.

The lack of response to the public survey may indicate that residents in Oldham may not see access to pharmacies as an issue and therefore not worth taking the time to complete the survey, but this assumption is not proven.

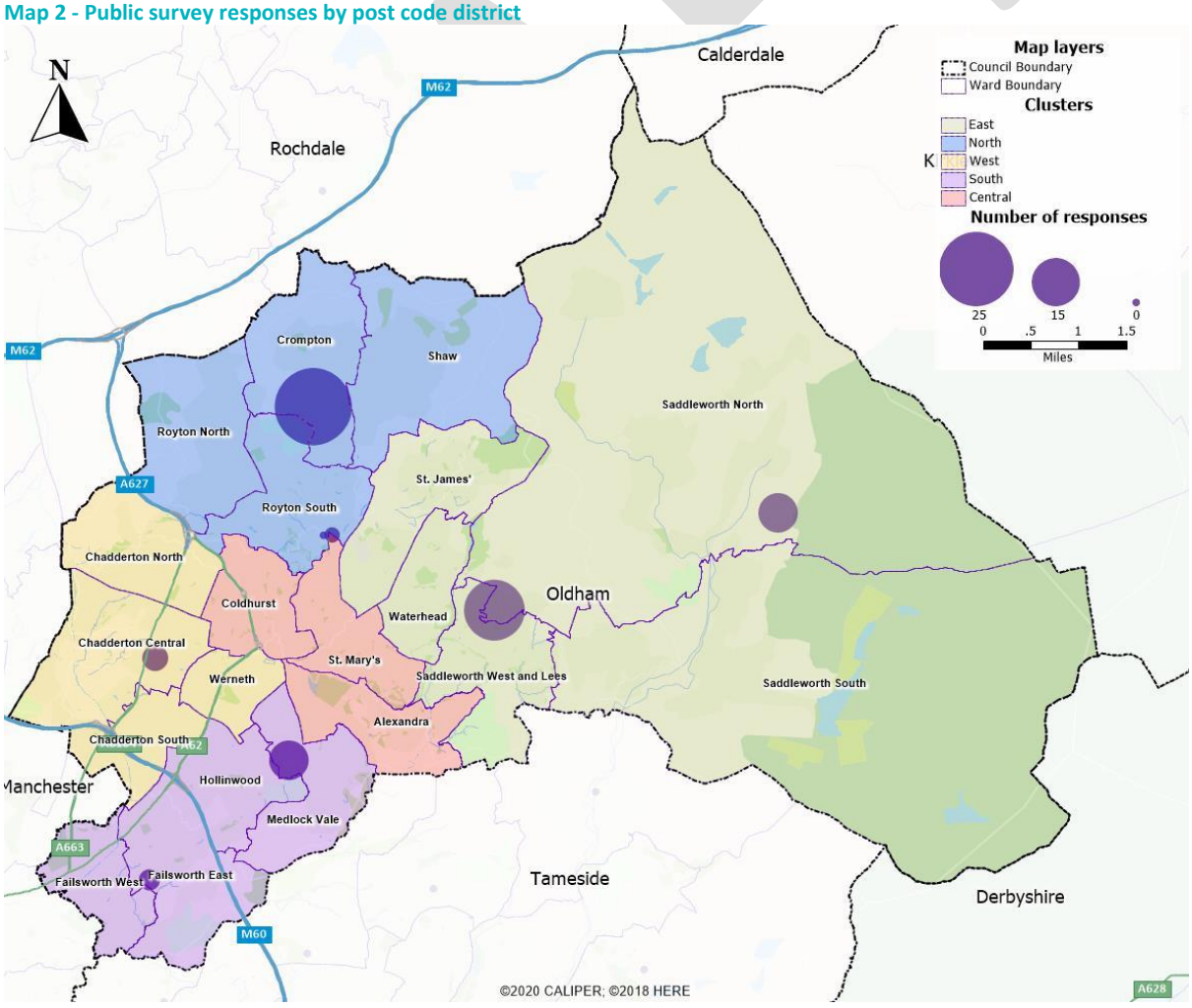
Of the 86, 68% of the responders were female and most respondents were over the age of 45.

21% of respondents consider themselves to have a disability.

92% of people considered themselves to be 'White British'.

As the sample size is so small, direct comparisons between the respondents and the general demographics of the Oldham Borough in terms of population density, gender, age, or ethnicity would be statistically invalid, but are used as indicative information of the Oldham population in this PNA.

Map 2 - Public survey responses by post code district



3.3.1 Choice of Pharmacy

70% of respondents stated they had no difficulties accessing the pharmacy of their choice and 80% used one pharmacy regularly.

From all the respondents two most selected reasons for using one pharmacy regularly was that the pharmacy was near to home or their doctors which 48% of these respondents accessed by walking and 43% by car either as a driver or passenger.

3.3.2 Access to Pharmaceutical Services

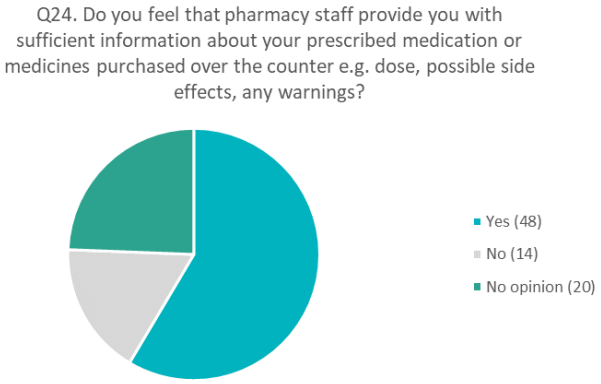
The location of pharmacies does not cause a problem for 91% of the responders and the opening hours do not cause a problem for 83% of respondents. For the remaining respondents who had a problem with the opening times they were aware that some pharmacies had extended opening times but more than half of these did not know where these pharmacies were located. Any campaign to increase use of pharmacies, e.g. for self-care, should include providing information on the location and opening times of pharmacies that provide extended hours.

70% of respondents had no difficulty in accessing a pharmacy of their choice and 73% of respondents were willing to travel up to 2 miles to access a pharmacy.

3.3.1 Development of Pharmacy Services

59% of respondents felt that they were provided with sufficient information about their medication in particular the side effects of the medication and interactions with other medication; 24% had no opinion on this matter. 13 of the 14 respondents made a comment on why they felt they did not receive enough information about their medications, 11 mentioned that the staff seem too busy and rarely advise on medication. Pharmacist staff should be primarily focussed on patient safety, of which delivering information to patients is a main feature. Regular conversations with clients around their medication and health status should be improved in pharmacies as these increase the understanding of medications and develops improved public confidence in the ability of pharmacy staff. Patients should also be encouraged to ask questions and understand that pharmacists are a good source of information about the medication they take.

Graph xx showing survey responses to information about medication via pharmacies



91% of respondents were either satisfied or very satisfied with the services they receive from their pharmacy/pharmacies overall.

In addition to the patient questionnaire (Appendix Three), respondents were provided with an opportunity to answer some questions in free text form, which the HWB have considered. Positive and negative comments were received on local pharmacies which relate to operational matters and other matters that while important are not concerns that are addressed with the context of the PNA. Each pharmacy will undertake its own patient survey on a regular basis to inform such

considerations. The main themes informing this PNA were with regard to opening times and services provided.

3.4 Contractor engagement

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

The contractor questionnaire provided an opportunity to validate the information provided by NHSE&I in respect of the hours and services provided.

The questionnaire was promoted via the Local Pharmaceutical Committee (LPC) weekly newsletter to all 58 pharmacies in Oldham HWB area and ran from 19th January 2022 until 14th February 2022. Responses were received from seven pharmacies, a 12% response rate, which was low compared to previous PNA questionnaires and failed to provide a complete picture of service delivery in Oldham. A major reason for the limited response is, due to the publication timeframes for the PNA, the contractor survey was undertaken during a wave of COVID-19 which led to increased community pharmacy requests from public and limited capacity for community pharmacists due to staff shortages from COVID-19 sickness and isolation.

Because of the limited response, data provided by commissioners has been used regarding the number of pharmacies delivering services.

3.4.1 Advanced services

See information contained in section 6.0.

Table 1 - Number of pharmacies in Oldham commissioned to provide (c) or claiming for providing (p) each service

Advanced Service	Number of Pharmacies	Commissioned (C) or Provided (P)	Comments
Appliance Use Review	0	P	Mainly provided by DACs
Community Pharmacist Consultation Service (CPCS)	51	C	From Nov 2020
Covid-19 Lateral Flow Device Distribution	54	P	From March 2021
Flu Vaccination	51	P	
Hepatitis C Testing	3	C	From Sept 2020 due to close 31st March 2022
Hypertension Case Finding	30	C	From Oct 2021
New Medicine Service (NMS)	53	P	Additional eligible conditions added Sept 2021
Pandemic Delivery	41	P	Closes March 2022
Stoma Appliance Customisation (SAC)	1	P	Mainly provided by DACs
Stop Cessation Service (SCS)	n/a	C	New from 10th March 2022, will replace CURE pilot (see enhanced services)

Archived Advanced Service	Number of Pharmacies
Medicines Use Review (replaced by CPCS Nov 2020)	52

Data from the NHS Business Services Authority show that the main providers of appliance use reviews and stoma customisation services are DACs. In the 12-month period, November 2020 to October 2021 (latest data on 1st February 2022), 320 AURs were provided to Greater Manchester residents with 307 of these delivered in the individual's home.

3.4.2 Enhanced and locally commissioned services

According to data provided by commissioners the following information is available:

Table 2 - Number of pharmacies providing enhanced and locally commissioned services

Commissioner	Service	Number of pharmacies commissioned
Oldham Council	Emergency Hormonal Contraception	32
	NHS Health Checks	1
	LFT Onsite Testing	22/26 Until 31st March 2022 with a potential to commission for a further 12 months
	Needle Exchange	8
	Supervised Methadone/ Buprenorphine Consumption	32
NHS Oldham CCG	Tier 1 Palliative Care Medicine holder	9
	Tier 2 Palliative Care fast track	6
	Antiviral stock	9
NHS England	Inhaler Technique Service	5
	Oldham Stop Smoking (CURE) pilot	9

Full details of which pharmacies are commissioned can be found in Appendix Five.

3.4.3 Non-NHS services

Pharmacy owners can opt to provide other services which are not directly commissioned. These can either be free to the client or the pharmacy staff can charge a fee.
Examples of such services are prescription delivery services or medication reminder tools.

3.5 Pharmaceutical services

The services that a PNA must include are defined within both the NHS Act 2006 and the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended (the 2013 regulations).
Pharmaceutical services may be provided by:

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

NHSE&I is responsible for preparing, maintaining and publishing the pharmaceutical list. It should be noted, however, for Oldham HWB there is no dispensing doctor list as there are no dispensing doctors within the HWB's area. Oldham does not have any DACs within the borough boundaries either.
Contractors may operate as either a sole trader, partnership, or a body corporate. The Medicines Act 1968 governs who can be a pharmacy contractor, but there is no restriction on who can operate as a DAC.

3.5.1 Pharmaceutical services provided by pharmacy contractors

Unlike for GPs, dentists and optometrists, NHSE&I does not hold contracts with pharmacy contractors. Instead, they provide services under a contractual framework, details of which (their terms of service) are set out in schedule 4 of the 2013 regulations and in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 (the 2013 directions). The

underpinning elements of the contractual framework, which align to national health plans, are reviewed regularly to allow service changes and payment to pharmacy contractors for delivering services which target national priorities.
The most recent version the Community Pharmacy Contractual Framework (CPCF) 5-year deal: year 3 (2021 to 2022)[10] was released in August 2021
Pharmacy contractors may provide three types of services that fall within the definition of pharmaceutical services. These are as follows:

- **Essential services** – all pharmacies with NHS contracts (see Appendix Six for complete list) must provide these services. Further details can be found on the PSNC website[11] :
  - Dispensing of prescriptions (both electronic and non-electronic), including urgent supply of a drug or appliance without a prescription
  - Dispensing of repeatable prescriptions
  - Disposal of unwanted drugs
  - Promotion of healthy lifestyles
  - Signposting
  - Support for self-care
  - Discharge Medicines Service (DMS)
  - Attain Healthy Living Pharmacy status

- **Advanced services** – pharmacies may choose whether to provide these services or not (refer Appendix Seven). If they choose to provide one or more of the advanced services, they must meet certain requirements and must be fully compliant with the essential services and clinical governance requirements:
  - Community Pharmacist Consultation Service (CPCS) from Nov 2020
  - New Medicines Service (NMS) additional conditions from Sept 2021
  - Appliance Use Review (AUR)
  - Stoma Appliance Customisation (SAC)
  - Flu vaccination
  - Hepatitis C Testing from Sept 2020
  - Covid-19 Lateral Flow device distribution from Mar 2021
  - Hypertension finding service from October 2021
  - Pandemic Delivery Service active UNTIL March 2022
  - Smoking Cessation Service from March 2022. This will replace the CURE Pilot when established

- **Enhanced services** – service specifications for this type of service are developed by NHS E&I Area Team (GM HSCP) and then commissioned to meet specific health needs.
  The current list of enhanced services offered by NHSE&I in the Oldham area are:
  - Inhaler Technique
  - Stop Smoking Service (CURE) pilot

Underpinning the provision of all these services is the requirement on each pharmacy to participate in a system of clinical governance[12]. This system is set out within the 2013 regulations and includes:

- A patient and public involvement programme
- A clinical audit programme
- A risk management programme
- A clinical effectiveness programme

[10] https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024/community-pharmacy-contractual-framework-5-year-deal-year-3-2021-to-2022
[11] http://psnc.org.uk
[12] https://psnc.org.uk/contract-it/essential-service-clinical-governance/

- A staffing and staff programme
- Continued professional and personal development assurance
- An information governance programme
- A premises standards programme
- Repeat dispensing
- Patient safety incident reporting

Also, the Pharmacy Quality Scheme (PQS) forms part of the Community Pharmacy Contractual Framework (CPCF). NHS E&I has introduced an updated Pharmacy Quality Scheme (PQS) from September 2021 with funding maintained at £75 million nationally.
In 2021/22 the PQS focuses on priorities supporting recovery from COVID-19. To participate, pharmacy contractors will need to have completed the 3 gateway criteria

1. Deliver 20 New Medicine Service (NMS) provisions
2. Meet patient safety criteria
3. Managing risks related to transmission of COVID-19, missing red flag symptoms in over-the-counter consultations and missing sepsis.

Future schemes may be introduced in subsequent years within the lifespan of this PNA. Contactors will be expected to participate in commissioned services to meet local needs.

Pharmacy contractors will then receive additional payments for achieving a range of criteria under the domains:

- Medicine Safety and Optimisation
- Respiratory
- Primary Care Network
- Digital
- Prevention
- Addressing unwarranted variation in care
- Healthy living support

3.5.2 Locally commissioned services

Locally commissioned community pharmacy services can be contracted via several different routes and by different commissioners. These services no longer fall within the definition of enhanced services or pharmaceutical services as set out in legislation and therefore should not be referred to as enhanced services. For the purposes of this document they are referred to as locally commissioned services.
Oldham Council and NHS Oldham CCG/GM ICB may also commission services from pharmacies and dispensing appliance contractors (DACs). However, these services fall outside the definition of pharmaceutical services. In particular, the commissioning of several services that have been designated as public health services were transferred to local authorities.
These services are included within this assessment where they affect the need for pharmaceutical services, or where the further provision of these services would secure improvements or better access to pharmaceutical services.
These services meet current identified needs for what would be pharmaceutical services if commissioned by NHS E&I and should be considered as relevant to the pharmaceutical needs of Oldham.
Guidance, examples, and templates of locally commissioned can be found on the PSNC website[13]
Services commissioned by Oldham Council are:

[13] https://psnc.org.uk/services-commissioning/locally-commissioned-services/

- Sexual Health Services:
  - Emergency contraception -going out on a Dynamic Purchasing System for contracts due to start on 1 April 2022
- Health Improvement:
  - NHS Health checks – this is provided by three pharmacies in Oldham. The contract is due to expire on 30th June 2022, when a new contract and service specification will be put in place for a period of 5 years
  - Onsite asymptomatic Covid-19 testing service - The service was commissioned 1st April 2021 – 31st March 2022 with an option to extend for a further 12 months. This is being commissioned from 22/26 Oldham community pharmacies
- Substance misuse services including:
- Needle exchange (NX)
- Supervised Consumption of prescribed medication for dependence (SC)

Turning Point are commissioned to provide Oldham's Substance misuse services by the Local Authority who in turn commission pharmacies to provide the NX and SC services.
Services commissioned by NHS Oldham CCG prior to GM ICS:

- Palliative Care Stock Scheme –Tier 1: 9 pharmacies; Tier 2: 6 pharmacies
- Antiviral Stock Scheme – 9 pharmacies

3.5.3 Non-commissioned added value services

Community pharmacy contractors also provide private services that improve patient care but are not commissioned directly by NHSE&I, LAs or CCGs/GM ICB. Examples of these include home delivery service, blood glucose measurements and weight loss programmes.
Pharmacists are free to choose whether to charge for these services but are expected to follow standards of governance if they do. As they are private services, they fall outside the scope of the PNA.

3.5.4 Contracted Opening Hours

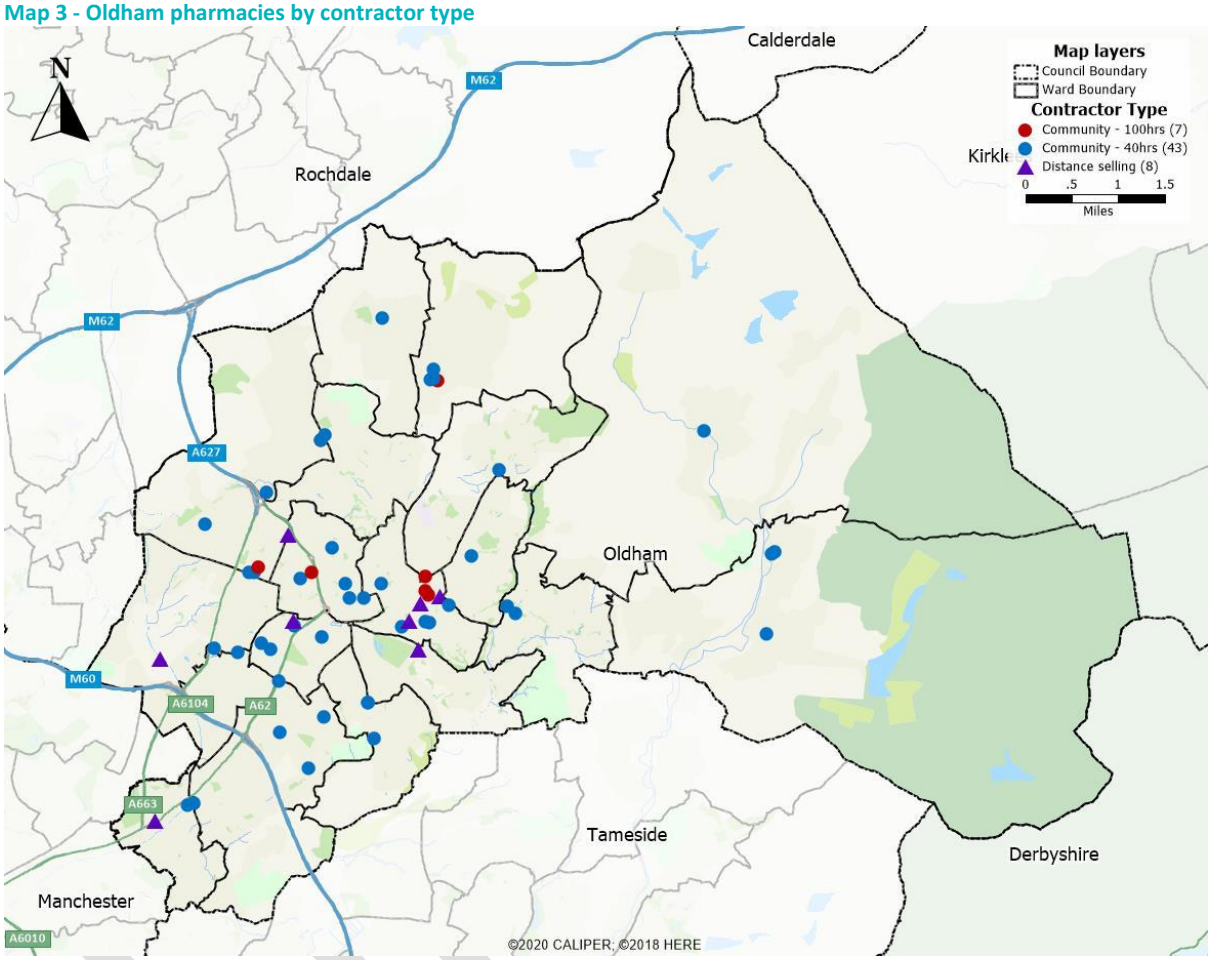
A pharmacy normally has 40 core contractual hours (or 100 for those that have opened under the former exemption from the control of entry test), which cannot be amended without the consent of NHS England. Pharmacies may choose to open for longer and these hours are referred to as supplementary opening hours.
Between April 2005 and August 2012, some contractors successfully applied to open new premises based on being open for 100 core opening hours per week (referred to as 100-hour pharmacies), which means that they are required to be open for 100 hours per week, 52 weeks of the year (apart from weeks which contain a bank or public holiday, or Easter Sunday).
These 100-hour pharmacies remain under an obligation to be open for 100 hours per week. In addition, these pharmacies may open for longer hours. There are seven pharmacies in Oldham with 100-hour contracts, a reduction of two from the previous PNA.
The proposed opening hours for each pharmacy are set out in the initial application. If the application is granted the pharmacy is then contracted to open during the opening hours identified in the application. The contractor can subsequently apply to NHSE&I change their core opening hours or notify a change in their supplementary hours.
NHSE&I will assess the application against the needs of the population of the HWB area as set out in the PNA to determine whether to agree to the change in core hours or not. If a contractor wishes to change their supplementary opening hours, they are obliged to notify NHSE&I of the change, giving at least three months' notice.

3.5.5 Closure of Pharmacy Premises

Community pharmacy contractors who no longer wish to provide NHS services from their NHS pharmacy premises must provide their local NHS E&I area team with adequate notice.

Generally, contractors must give at least 3 months' notice to the local area team in advance of the date on which they intend to cease providing pharmaceutical services. The exception is for contractors with 100 core hours in which case six months' notice is required.

Map 3 - Oldham pharmacies by contractor type



Pharmacy opening hours in Oldham HWB's area can be found on NHS.uk website under NHS Services[14] From 9th November 2020, under the NHS Terms of Service, contractors must ensure that the profile for their pharmacy is comprehensive and accurate[15]. Appendix Eight provides details as to the spread of opening times across each cluster and by ward.

3.5.6 Local pharmaceutical services

Local pharmaceutical services (LPS) are a local alternative to the nationally negotiated terms of service. It can be used by NHS England when there is a need to commission a service from a pharmacy contractor to meet the needs of a patient group or groups, or a particular locality. For the purposes of the PNA the definition of pharmaceutical services includes LPS.
There are no LPS contractors within the Oldham area.

3.5.7 Distance selling pharmacies

[14] https://www.nhs.uk/nhs-services/
[15] PSNC

Whilst the majority of pharmacies provide services on a face-to-face basis, e.g. people attend the pharmacy to ask for a prescription to be dispensed, or to receive health advice, there is one type of pharmacy that is restricted from providing services in this way. They are referred to in the 2013 regulations as distance selling premises (previously called wholly mail order or internet pharmacies). Distance selling pharmacies are required to provide essential services and participate in the clinical governance system in the same way as other pharmacies; however, they must provide these services remotely. Such pharmacies are required to provide services to people who request them wherever they may live in England. Patients may not walk into distance selling pharmacies.

There are eight distance selling pharmacies in Oldham, although residents may choose to use such pharmacies that are within or outside of the borough. Although these eight pharmacies can provide a service nationally, dispensing data from ePACT2[16] shows that 89% of their items are issued to clients who have an Oldham GP, and that a further 9% are issued to clients who have GPs in the neighbouring CCGs of Heywood, Middleton and Rochdale, Manchester, Calderdale and Tameside and Glossop. This indicates that the distance selling pharmacies in Oldham can be classed as 'local' pharmacies.

Table 3 - Items (>0.1%) issued from Oldham Distance Selling Pharmacies, Nov 2020-Oct 2021

CCG where the Prescriptions were issued	Number of Items	% of Items
OLDHAM CCG	532,045	89.15%
HEYWOOD, MIDDLETON & ROCHDALE CCG	39,047	6.54%
MANCHESTER CCG	8,141	1.36%
CALDERDALE CCG	5,956	1.00%
BURY CCG	2,300	0.39%
EAST LANCASHIRE CCG	1,795	0.30%
SURREY HEARTLANDS CCG	1,314	0.22%
TAMESIDE AND GLOSSOP CCG	980	0.16%
BRADFORD DISTRICT AND CRAVEN CCG	825	0.14%
TURNING POINT	756	0.13%

3.5.8 Pharmaceutical services through dispensing appliance contracts (DAC)

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

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

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

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

- Stoma appliance customisation
- Appliances use review

[16] https://www.nhsbsa.nhs.uk/access-our-data-products/epact2

DACs are required to open at least 30 hours per week, and these are referred to as core opening hours. They may choose to open for longer and these hours are referred to as supplementary opening hours.
There are no DACs in Oldham therefore its population has appliances dispensed either from DACs outside the Oldham area or from Oldham community pharmacies. Five of the seven community pharmacies that responded to the survey stated that they were able to dispense all types of appliances, although this is not a representative sample of the total 58 community pharmacies in Oldham it does show that there are other options to obtaining appliances within Oldham Borough.

3.5.9 Pharmaceutical services provided by doctors

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

3.5.10 Hospital pharmacy

Hospital pharmacies affect the need for pharmaceutical services within its area. They may reduce the demand for the dispensing essential service as prescriptions written in the hospital are dispensed by the hospital pharmacy service. Royal Oldham Hospital (part of NCA Foundation Trust), as with each of the NCA FT trust's hospital sites, offers outpatient dispensing of hospital prescriptions. At Royal Oldham, Salford Royal and North Manchester General, the NCA are partnered by Lloyds Pharmacy which provides outpatient dispensing services.
During the lifespan of this PNA it is possible, with the advent of virtual clinics in all hospitals, that electronic prescriptions will be able to be transmitted to community pharmacies as well as the outsourced pharmacies at NHS hospitals. It may allow specialists to send prescriptions to the patient's usual pharmacy allowing clinical checks alongside GP prescribed medication. The prescription numbers generated are unlikely to be significant due to the low volumes generated in outpatients versus long term prescribing by GPs.

3.5.11 Other provision of pharmaceutical services

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

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

The PNA makes no assessment of these services.

3.5.12 Other sources of information

Information was gathered from NHSE&I, NHS Oldham CCG and Oldham Council regarding:

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

The JSNA and the Oldham Locality Plan for Health and Social Care Transformation provided background information on the health needs of the population.

3.6 Consultation

A statutory consultation exercise was carried out over the Summer 2022 in accordance with the 2013 Regulations. The consultation took place from 9th May until 10th July 2022 for a period of at

least 60 days, in line with regulations. This is based on Section 242 of the NHS Act 2006, which requires HWBs to involve users of services in:

- The planning and provision of services
- The development and consideration of proposals for changes to how services are provided
- Decisions affecting the operation of services.

The statutory consultees were written to and provided with a link to the council's web site where the draft PNA was published and invited to respond online. The draft PNA and consultation response form was issued to all compulsory stakeholders listed in Appendix Nine. The documents were posted on the internet and publicised, with paper copies made available to those unable to access online.

The number of responses received totalled XXX and:

- all xx thought that the explanation of the PNA was sufficient.
- all xx thought that the PNA provided an adequate assessment of pharmaceutical services in the Oldham area.
- all xx thought that the PNA provided a satisfactory overview of the current and future pharmaceutical needs of the Oldham population.
- Xxx thought that current pharmacy provision and services in Oldham is adequate. One responder commented about the provision of needle exchange through pharmacies.
- all xx agreed with the conclusion of the PNA.

All xx made comments that needed addressing and these are detailed in the Appendix 13. No changes were made that altered the conclusions of this PNA.

4 Context in Oldham

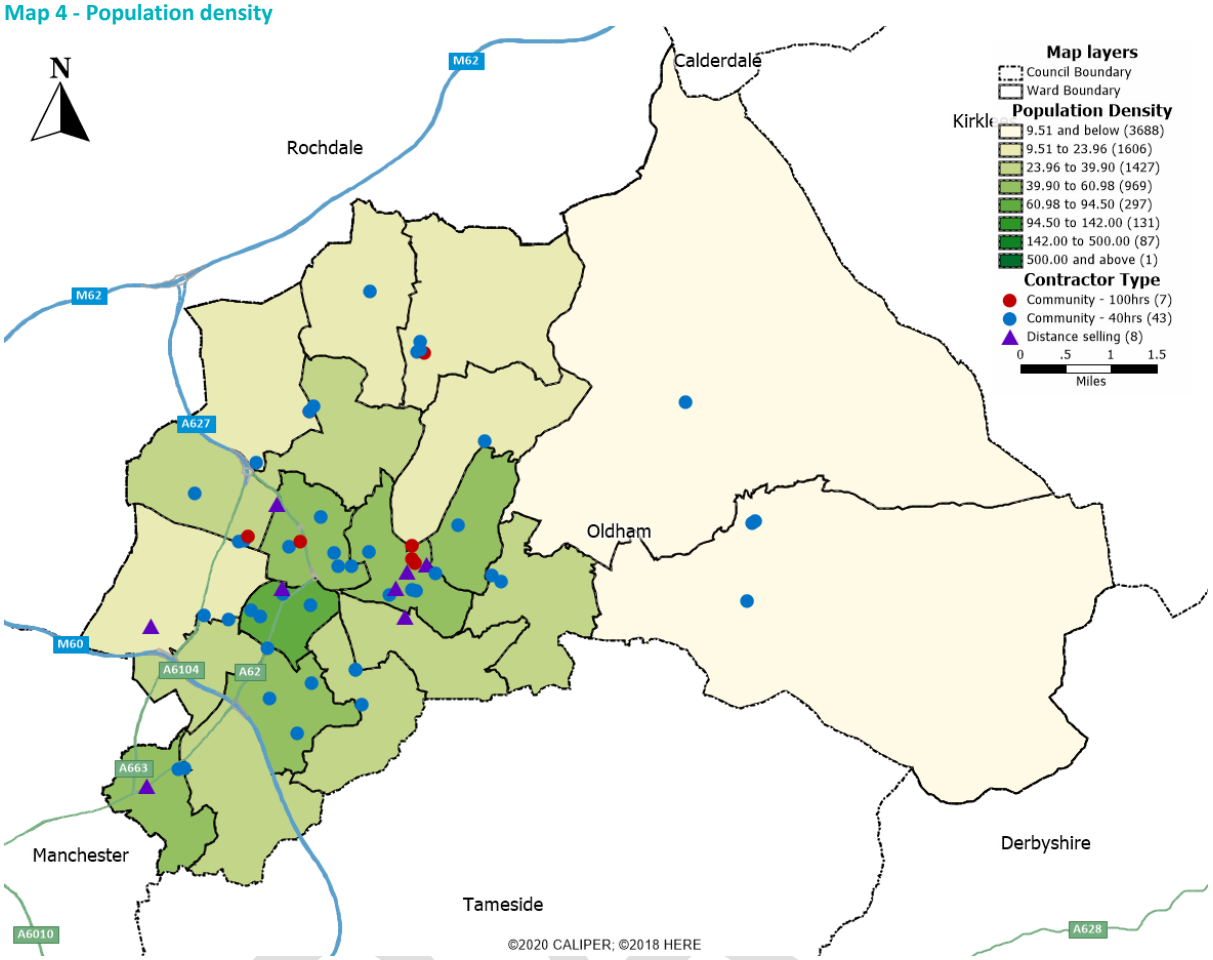
4.1 Overview

Oldham Council is one of ten councils in Greater Manchester, lying to the north east of the city of Manchester. The borough is named after its largest town, Oldham, but also includes the outlying towns of Chadderton, Failsworth, Royton and Shaw and Crompton, the village of Lees, and the parish of Saddleworth. It has a population of 237,650 (mid-2020 population estimate) and spans 55 square miles (142 km^2)

Although some parts are contiguous with the city of Manchester are highly industrialised and densely populated, about two-thirds of the borough is composed of rural open space. The eastern half stretches across the South Pennines.

DRAFT

Map 4 - Population density



4.2 Current and Projected Population in Oldham

By 2030 Oldham will have:

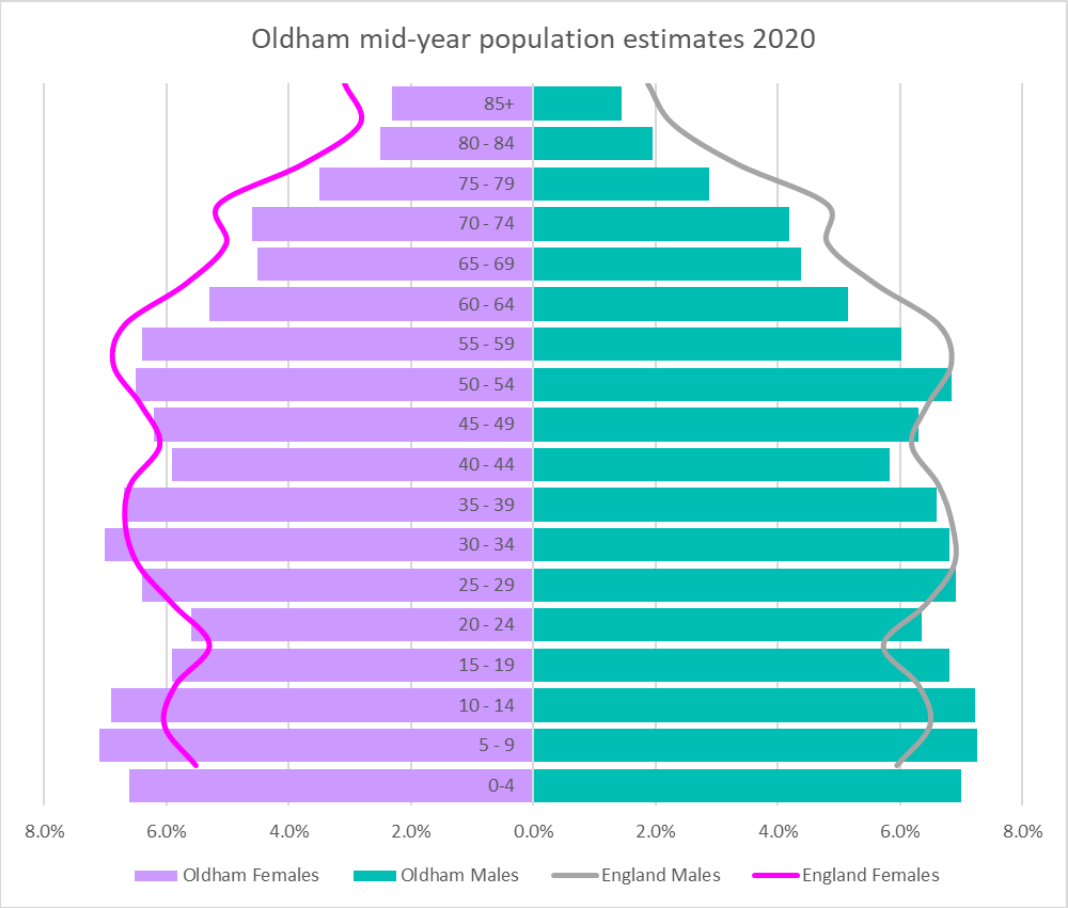
- a projected 6% increase in total population to 249,440;
- with those aged 65 years and above projected to increase, on average, by 25% to make up 18% of the total population by 2030;
- young people aged 0-14 years are expected to decrease in numbers by 3% but will still make up 19% of the total projected population;
- and a projection of 6% more people of working age.
- Compared to England, Oldham has a younger population aged under 30 years as seen in Figure 1

4.2.1 Current Population in Oldham 2020 MYE

Table 4 - Proportion of total population by age group by Cluster (MYE 2020) (source: ONS)

Age range	Oldham Cluster					Oldham Total
	Central	East	North	South	West	
0-14	27%	19%	16%	21%	22%	20%
15-24	16%	11%	10%	12%	13%	12%
25-64	49%	51%	51%	51%	50%	51%
65-79	6%	15%	18%	11%	11%	13%
80+	2%	5%	6%	4%	4%	4%
Total Population	**44,173**	**56,836**	**40,890**	**47,569**	**48,160**	**237,628**

Figure 1 - Oldham mid-year population estimates 2020 (source: ONS)



Central Cluster has a significant younger population with 27% of its population between 0-14 years, (compared to Oldham Borough total of 20%) and 16% of people aged 15- 24 (Oldham 12%), and only 8% of the residents over 65 years of age (Oldham 17%).
North Cluster has the largest proportion of adults at the older end of the age spectrum with those aged 65 and over significantly higher than the total borough average; 24% vs. 17%.
East Cluster has a mix of wards with the 3 Saddleworth wards having a greater proportion of their population over 65 years of age compared to the average for Oldham. Whilst two wards, St. James' and Waterhead wards having greater than average population aged 0-14 years.
Overall, the **South and West Clusters** show comparable age range population distribution to the Oldham Borough Average. Although they are 1% and 2% percent higher respectively for the age range 0-14 years and both are 2 % lower in the age range 65- 79 years.
Breaking these down to ward level shows the 2 Failsworth wards in **South Cluster** have higher older population, than the other two wards, Medlock Vale and Hollinwood.
The **West Cluster** also has 2 wards with a younger population (Chadderton North and Werneth wards). Whilst the population aged over 25 years are more prevalent in Chadderton Central and South wards.
These population statistics can help commissioners deliver age related services to the relevant areas.

4.2.2 Projected Population from 2018 to 2030 MYE

Figure 2 - Population projection for Oldham (source: ONS 2018 based subnational population projections)

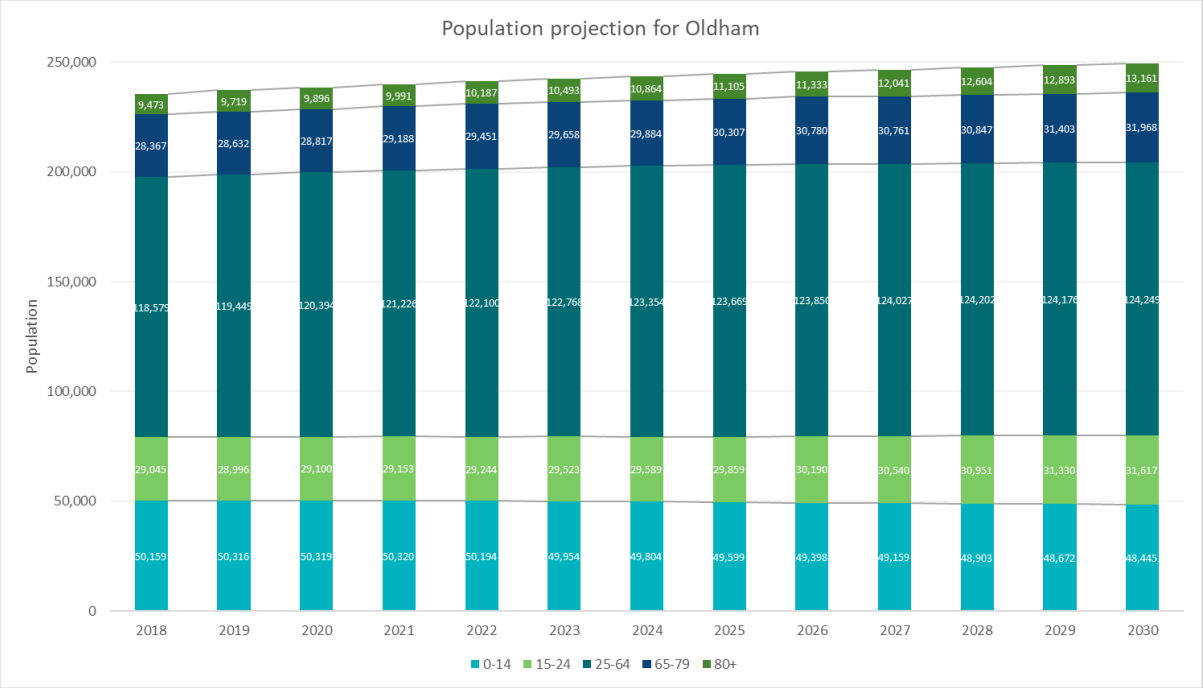


Table 5 - Projected Total Population by age group (MYE 2018- MYE 2030) (source: ONS)

	2018 Population	Projected 2030 Population	Projected % increase from 2018 to 2030	% of expected total 2030 population
Younger People (0-14 years)	50,159	48,316	-3%	19%
Working ages (15- 64 years)	147,624	139,149	6%	62%
Older People (65-90+ years)	37,840	45,128	25%	18%
Total Population	**235,623**	**249,440**	**6%**	**100%**

Oldham JSNA is structured into the following age groups to help define the population needs:
Starting Well – including Early Years (pre-term & ages 0-4 years) and School Aged (ages 5 -19 years)
Oldham has an estimated 16,792 residents aged 0-4 years Mid-Year Estimate (MYE) 2018, and there were 3,187 births to Oldham residents in 2018[17]. Oldham's population aged 0-4 is projected to decrease by 5% over the next decade to 15,901 in 2030.
The 2018 MYE suggested Oldham had 48,351 residents aged 5 -19 and this is projected to increase by 2% to 49,262 by 2030.

Living and Working Well (traditionally 16- 64 years, but as the data is in 5-year age bands we will use the age ranges 15 -64 years)
The population of 15–24-year-olds (young adults many of whom may still be in full time education) is currently estimated to be 29,045 (MYE 2018), increasing by 9% by 2030 to 31,617. For 25–64-year-

[17] https://www.oldham-council.co.uk/jsna/better-start-in-life/ accessed 7/3/2022

olds it is estimated that there are 118,579 residents (MYE 2018) and is set to rise by 6% to 124,249 by 2030.
In total Oldham will see an average 6% increase in those aged 15 to 64 years from 147,624 to 139,149.

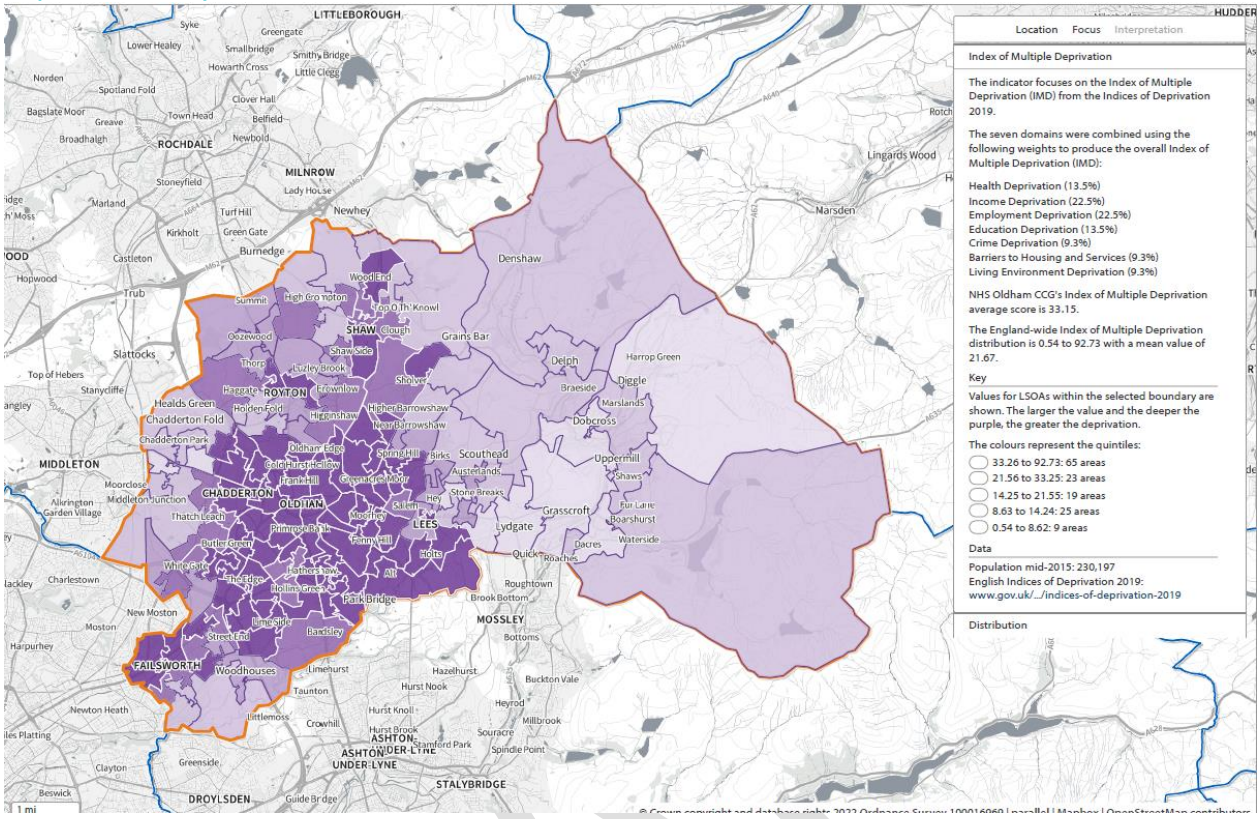
Ageing Well (traditional retirement years ages 65- 90+)
The over 65-year group will have the biggest increase in population between 2018 and 2030. It is set to rise by 18% from 37,840 (MYE 2018) to 45,863 in 203. The biggest rise (37%) will be in the over 80-year group from 9,473 (MYE 2018) to 13,161 (MYE 2030). At this stage of the life, the need for health and social care begins to increase. This growth in older people, some of whom are likely to be living in isolation, will lead to greater levels of need for pharmaceutical services.
This growth in the over 65-year group should be borne in mind if new services are developed in the future.

4.3 Deprivation

The Index of Multiple Deprivation (IMD) is a measure of relative deprivation for small areas (Lower Super Output Areas (LSOAs). These can then be aggregated to show local authority deprivation rankings. IMD is a combined measure of deprivation based on a total of 37 separate indicators, 13.5% of the scores are related to health indicators.
In 2019 data Oldham is ranked 29th most deprived of 317 Local Authority districts (rank of average score) and is 16th in terms of the proportion of LSOAs in the most deprived decile (bottom 10% nationally). Since 2015 Oldham has seen the biggest increase (7.7%) in the number of LSOAs in the most deprived decile[18]. Overall, Oldham is the 5th most deprived of the 10 GM districts (GM IMD rank of average range is 2nd- 209th), previously 4th in 2015.
Although it is not possible to use the Indices to measure changes in the level of deprivation in places over time, it is possible to explore changes in relative deprivation, or changes in the pattern of deprivation, between this and previous updates of the Indices. In 2010, Oldham was ranked 32 of the 326 Local Authority districts and in 2015 it was 34th – this means that the borough has dropped back below its original rank in 2010 meaning it is more relatively deprived than previously. This may not be due to falling standards locally, but rising standards elsewhere in England. Another factor to consider is the reduction in the number local authorities, from 326 to 217, since 2010.

[18] The English Indices of Deprivation (2019)

Map 5 - IMD 2019 by LSOA



The areas of higher deprivation are shown on Map 5 in dark purple with the lighter shades showing areas that have less deprivation. The areas of higher deprivation are distributed around the Oldham and Failsworth town centres. This follows the nationally seen pattern of the most deprived areas concentrated in large urban conurbations, areas that have historically had large heavy industry manufacturing and/or mining sectors.

The local authority (LA) IMD ranks are contained within Table 6 below is the 29th most deprived LA in England, the 5th most deprived in GM. The neighbouring LAs, Manchester, Rochdale and Tameside are more deprived than Oldham.

Table 6 - Rank of various measures of deprivation (English Indices of Deprivation 2019)[19]

Local Authority District code (2019)	Local Authority District name (2019)	IMD - Average rank	IMD - Rank of average rank	IMD - Average score	IMD - Rank of average score	IMD - Proportion of LSOAs in most deprived 10% nationally	IMD - Rank of proportion of LSOAs in most deprived 10% nationally
E08000001	Bolton	21,135.42	47	30.691	34	0.2373	31
E08000002	Bury	17,812.44	110	23.682	95	0.1000	82
E08000003	Manchester	26,417.75	2	40.005	6	0.4326	5
E08000004	Oldham	22,460.10	29	33.155	19	0.305	16
E08000005	Rochdale	23,414.21	17	34.415	15	0.2985	20
E08000006	Salford	23,233.56	20	34.210	18	0.3000	19
E08000007	Stockport	15,400.65	154	20.826	130	0.0895	90
E08000008	Tameside	22,774.30	23	31.374	28	0.2057	40
E08000009	Trafford	12,412.15	209	16.088	191	0.0507	125
E08000010	Wigan	18,600.47	97	25.713	75	0.1650	53

4.4 Life expectancy

The most recent data shows that life expectancy at birth for females has increased from 78.9 years in 2001-2003, to 80.7 years in 2013-15, with a slight dip to 80.5 years in 2018-2020 data. While life

[19] The English Indices of Deprivation (2019)

expectancy at birth for males has increased from 73.8 years in 2001-2003, to 77.2 in 2013-15 where it has remained until 2018-2020. The gender difference has been reduced from a gap of 5.1 years in 2001-2003 to 3.3 years in the latest data, however there has been no further improvement in life expectancy since the publication of the last PNA in 2018.
Life expectancy at birth varies by ward from the lowest in Alexandra Ward, Central Cluster (72 yrs. Male; 75.2 yr. Female) to the highest in Saddleworth South Ward, East Cluster (84 yrs. Male; 88.1 yrs. Female) and this variation can be seen in Table 7 below.

Table 7 - Life expectancy at birth by ward (Source: www.localhealth.org.uk)

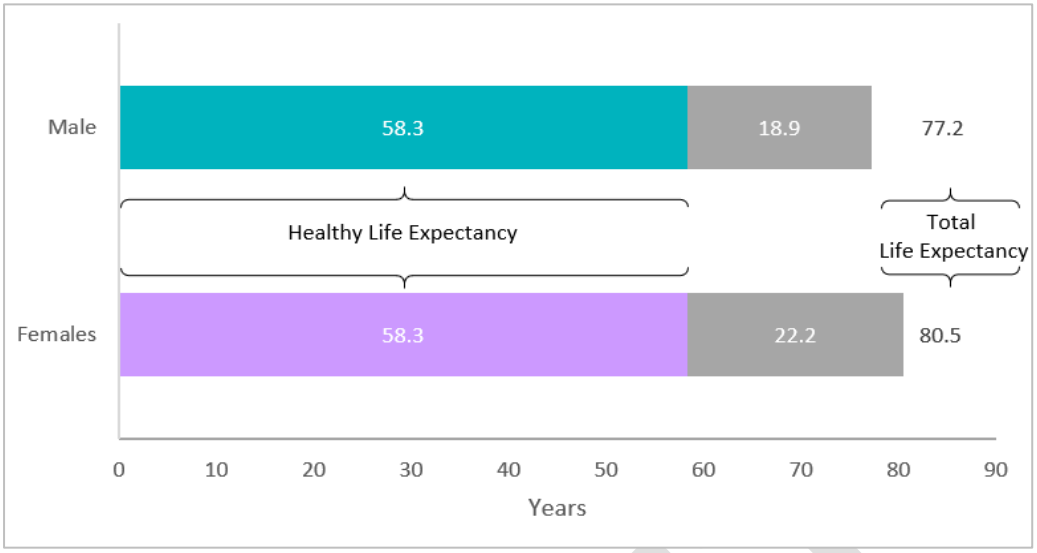
Life expectancy at birth (2015-19)			
Cluster	**Ward**	**Male**	**Female**
Central	Alexandra	72.0	75.2
	Coldhurst	73.7	77.6
	St Mary's	74.7	78.2
East	Saddleworth North	80.4	84.9
	Saddleworth South	84.0	88.1
	Saddleworth West and Lees	78.7	82.6
	St James'	75.3	78.0
	Waterhead	76.6	80.6
North	Crompton	79.1	83.0
	Royton North	79.5	82.2
	Royton South	79.8	81.1
	Shaw	76.4	80.8
South	Failsworth East	79.0	82.0
	Failsworth West	78.2	80.3
	Hollinwood	76.3	81.1
	Medlock Vale	76.8	79.2
West	Chadderton Central	77.0	79.7
	Chadderton North	78.8	83.4
	Chadderton South	78.8	81.8
	Werneth	74.2	79.4

Healthy Life Expectancy

Healthy Life Expectancy (HLE) is the average number of years a person would expect to live in good health based on current mortality rates and reliant on how people self-report good health in response to a health question on a survey.

DRAFT

Figure 3 - Healthy Life Expectancy at birth 2017 -2019 (source: fingertips.phe.org.uk)



Females and males in Oldham can expect to live 5.2 years and 4.9 years less, in good health respectively, compared to the England average for 2017-2019.

4.5 Population characteristics health needs

The following patient groups with one or more of the following protected characteristics have been identified as living within the HWB's area:

- Age
- Sex / gender
- Pregnancy and maternity
- Disability which is defined as a physical or mental impairment that has a substantial and long-term adverse effect on the person's ability to carry out normal day-to-day activities
- Gender reassignment
- Marriage and civil partnership
- Race which includes colour, nationality, ethnic or national origins
- Religion (including no religion) or belief (any religious or philosophical belief)
- Sexual orientation

This section also focusses on the particular health issues, setting out how pharmacies can support the specific needs of the population as defined by the protected characteristics in equality legislation.

4.5.1 Age

Age has an influence on which type of medicine and method of delivery is prescribed. Older people have a higher prevalence of illness and take many medicines. The medicines management of older people is complicated by multiple disease, complex medication regimes and the ageing process affecting the body's capacity to metabolise and eliminate medicines from it. Ability to swallow at any age, but particularly in young children and older people with comorbidities e.g. stroke, will also affect the type of medication available to treat a patient.

Pharmacy staff can support people to live independently by supporting optimisation of use of medicines, support with ordering, re-ordering medicines, home delivery to the housebound and appropriate provision of multi-compartment compliance aids and other interventions such as reminder charts to help people to take their medicines.

4.5.2 Children

Giving every child the best start is crucial to reducing health inequalities across the life course. What happens before and during pregnancy, in the early years and during childhood has lifelong effects on many aspects of health and wellbeing in adulthood from obesity, heart disease, mental health, educational achievement and economic status.
The child population (0 to 15 years) of Oldham is predicted to fall by 3% from 2018 to 2030.
However, key themes in the Oldham Locality Plan focus on early years of life in order to intervene before ill health occurs.
Starting life well through prevention and early intervention is a key priority developing strong universal public health with an increased focus on disadvantaged families. By improving maternal health, we could give our children a better start in life, reduce infant mortality and reduce the numbers of low-birth-weight babies and by taking better care of children's health and development we can improve educational attainment, reduce the risks of mental illness, unhealthy lifestyles, and hospital admissions.
Key priorities for children in the 2019 – 2024 Oldham Locality Plan[20] to improve their health and wellbeing are:

- **Infant Mortality reduction**
  Around 6 babies out of every 1,000 dies in Oldham by their first birthday and this is significantly above the national average.
- **Reduce smoking during pregnancy**
  Current rates are 13.6%, which is significantly higher than the national average.
- **Reduce alcohol consumption during pregnancy**
  Foetal alcohol spectrum disorders (FASD) which are a leading cause of developmental disability and estimated to affect up to 10% of children. In GM an estimated 1,195 babies were born with FASD in 2016.
- **Healthy weight and physical activity**
  23.3% and 37.4% of reception and year 6 children respectively are overweight or obese, whilst only 12.4% of 15-year-olds in Oldham are physically active.
- **Oral Health**
  The tooth decay rate in 5-year-olds in Oldham is 34.8%.
- **Immunisations**
  HPV and MMR vaccination rates in children are declining.

For further information about children in Oldham refer to Oldham's JSNA[21]

4.5.3 Older people

The 2020 mid-year population estimates from the Office for National Statistics (ONS) indicate that there are around 38,420 people aged 65 and over living in Oldham (equivalent to 16.1% of the population). This compares to 18.5% of the population in England indicating Oldham has a lower proportion of older people compared to other local authorities.
This varies between the five clusters in Oldham see Table 3 for further detail.

The greatest rate of increase in population numbers will be seen in those people aged over 80. In Oldham there is predicted to be a 35% increase, from the current 9,750 to 13,161 by 2030.
This increase in the older people will lead to growing demand for medicines and pharmacy services.
The most pressing priorities identified in the Oldham Locality Plan which affect the over 65s are

- **Oral Health**
  In England around 10 million people aged 65+ have urgent dental health problems. Oral health problems can be associated with malnutrition and risk aspiration pneumonia.
- **Secondary Prevention of long-term conditions**

[20] Oldham Locality Plan 2019-2024
[21] Oldham's JSNA

Early detection of long-term conditions and their risk factors can reduce ill health e.g. through screening programmes

- **Managing long-term conditions**
  Oldham has higher than national average prevalence rates for hypertension, diabetes, and chronic obstructive pulmonary diseases. Diagnosing and actively managing these conditions early would improve outcomes.

Older people living in isolation have a high incidence of suffering from loneliness. Social isolation and loneliness have a detrimental effect on health and wellbeing. Studies show that being lonely or isolated can impact on blood pressure and is closely linked to depression. The impact of this has cost implications for health and social care services. Investment is needed to ensure that voluntary organisations can continue to help alleviate loneliness and improve the quality of life of older people, reducing dependence on more costly services.
Table 8 below shows the variation between clusters in the percentage of older people living alone. Not all these people will be living in social isolation or loneliness, but there is likely to be a number that are, and this is likely to increase over the coming years. Conversely feelings of loneliness can occur in people whether they live alone or with someone and regardless of age. ONS states that nationally in 2020/2021 a composite loneliness score[22] was produced combining three indirect loneliness measures. A high score indicating loneliness was reported for 9% of respondents, approximately 4 million people in England; a similar proportion to 2019/20.

Table 8 - Older people living alone by cluster (source: www.localhealth.org.uk)

Cluster	% of older people (65 years and over) living alone
Central	37.5%
East	34.3%
North	32.8%
South	37.7%
West	34.2%
Oldham	35.3%
England	31.5%

Over 65s living alone in England has increased from 3,404,000 (2011) to 4,023,000 (2019). A difference of 619,000 (+18.2%).

Pharmacy teams are often one of the few teams that people living in isolation have regular contact with.
Community pharmacies can support people to live independently by supporting optimisation of use of medicines, support with ordering, re-ordering medicines, home delivery to the housebound and appropriate provision of multi-compartment compliance aids and other interventions such as reminder charts to help people to take their medicines.

Independence is or could be supported by offering:

- Reablement services following discharge from hospital
- Falls assessments

[22] ONS Wellbeing and Loneliness -Community Life Survey 2020/21

- Supply of daily living aids
- Identifying emerging problems with people's health
- Signposting to additional support and resources

For further information about older people in Oldham refer to Oldham's JSNA

4.5.4 Sex / Gender

In Oldham, the life expectancy from birth of men is 77.2 years and 80.5 years in women. The gap in life expectancy between females and males is 3.3 years in 2018 -2020, an improvement of 0.2 years since 2013-15 with males showing an increased rate of improvement in life expectancy compared to females.

However, males are still around three times as likely as females to die of coronary heart disease in Oldham[23] and have around 78% higher risk of dying of colorectal cancer than women.

Gender inequality is reported to exist in many aspects of society and refers to lasting and embedded patterns of advantage and disadvantage. In relation to health and health and social care, men and women can be subject to differences in:

- Risks relating to the wider determinants of health and wellbeing.
- Biological risks of particular diseases.
- Behavioural and lifestyle health risks.
- Rights and risks of exploitation.

It is well documented that men are often less likely to access healthcare services. Community pharmacies are ideally placed for self-care by providing advice and support for people to derive maximum benefit from caring for themselves or their families.

The planning and delivery of health and social care services should consider the distinct characteristics of men and women in terms of needs, service use, preferences/satisfaction, and provision of targeted or segregated services (e.g. single sex hospital or care accommodation).

When necessary, access to advice, provision of over-the-counter medications and signposting to other services is available as a walk-in service without the need for an appointment. Community pharmacy is a socially inclusive healthcare service providing a convenient and less formal environment for those who do not choose to access other kinds of health services.

4.5.5 Long term health problems and disability

This data is taken from the census of 2011. The last census in 2021 has not yet been analysed, hence there is no update since this section was written in 2017.

Most people suffer periods of ill health at some time, but these are usually temporary problems that do not have a sustained effect on day-to-day activities, such as going to work or socialising with friends and family. However, some health problems and disabilities are more serious because they are long-lasting and reduce a person's ability to carry out these activities.

People in some parts of Oldham are more likely to report that that their day-to-day activities are limited due to a long-term health problem or disability than others. The areas where more than 16% of people report having an activity limiting health problem or disability are listed in Table 7. At the opposite side of the spectrum, there are 25 LSOAs where less than 7% of people reported having an activity limiting health problem or disability. When looking at these figures it is important to remember that this measure is very strongly related to age and that areas with older populations are more likely to have higher rates of activity limiting health problems or disabilities than areas with younger populations, irrespective of the underlying levels of ill health in the area.

[23] Fingertips Public Health Profile data 2020 accessed 09/02/2022

Table 9 - Activity limiting health problem or disability (source: Census 2011, ONS. Crown copyright)

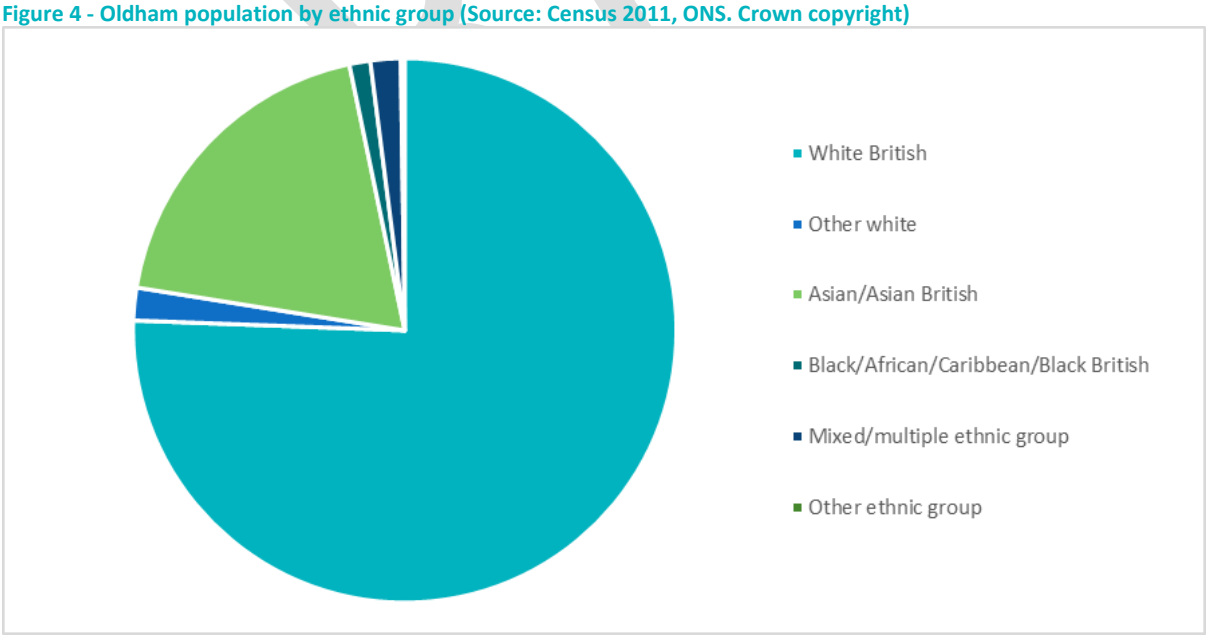
LSOA	LSOA name	Total residents in this LSOA at 2011	Ward	Cluster	Number of people whose day to day activites are limited	% of people whose day to day activites are limited
E01005350	Oldham 014B	1972	Coldhurst	Central	380	19.30%
E01005370	Oldham 032C	1437	Failsworth West	South	250	17.40%
E01005448	Oldham 012A	1458	Waterhead	East	251	17.20%
E01005338	Oldham 017E	1791	Chadderton North	West	303	16.90%
E01005328	Oldham 017B	1369	Chadderton Central	West	231	16.90%
E01005392	Oldham 008B	1481	Royton North	North	244	16.50%

People with disabilities often have individual complex and specific needs. It is important that health and social care services can provide effective specialist services to meet such needs.
When patients are managing their own medication but need some support, pharmacists and dispensing doctors must comply with the Equality Act 2010. Where the patient is assessed as having a long term physical or mental impairment that affects their ability to carry out everyday activities, such as managing their medication, the pharmacy contract includes funding for reasonable adjustments to the packaging or instructions that will support them in self-care. The first step should be a review to ensure that the number of medications and doses are reduced to a minimum. If further support is needed, then compliance aids might include multi- compartment compliance aids, large print labels, easy to open containers, medication reminder alarms/charts, eye dropper or inhaler aids.
Each pharmacy should have a robust system for assessment and auxiliary aid supplies that adheres to clinical governance principles.

4.5.6 Race, ethnicity, and language

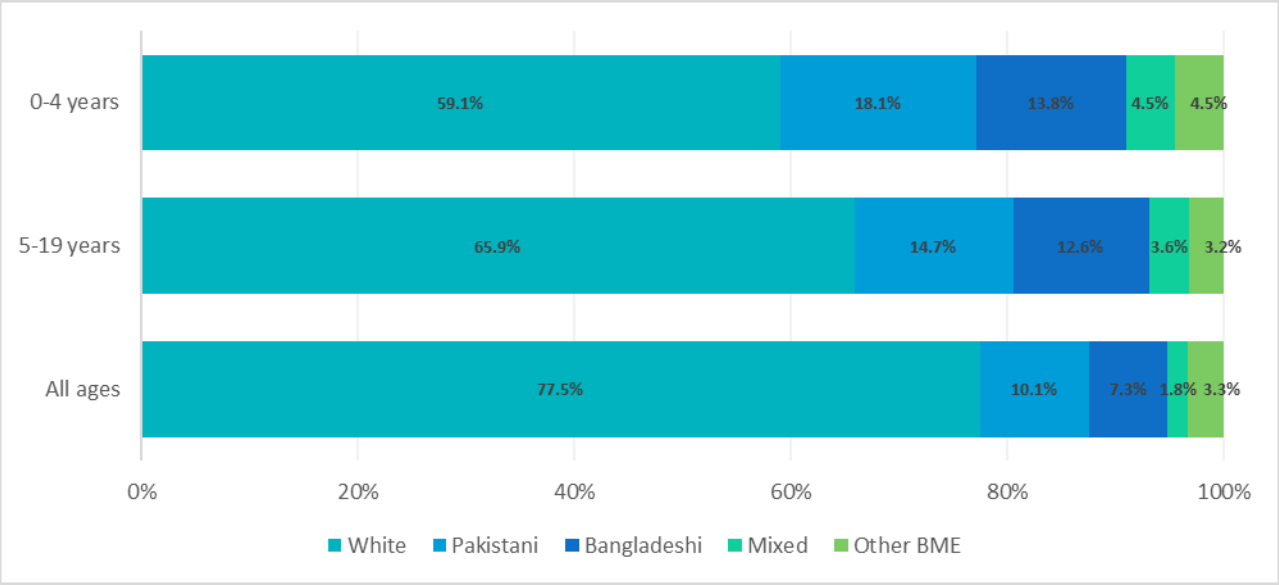
This data is taken from the census of 2011. The last census in 2021 has not yet been analysed, hence there is no update since this section was written in 2017.

Figure 4 - Oldham population by ethnic group (Source: Census 2011, ONS. Crown copyright)



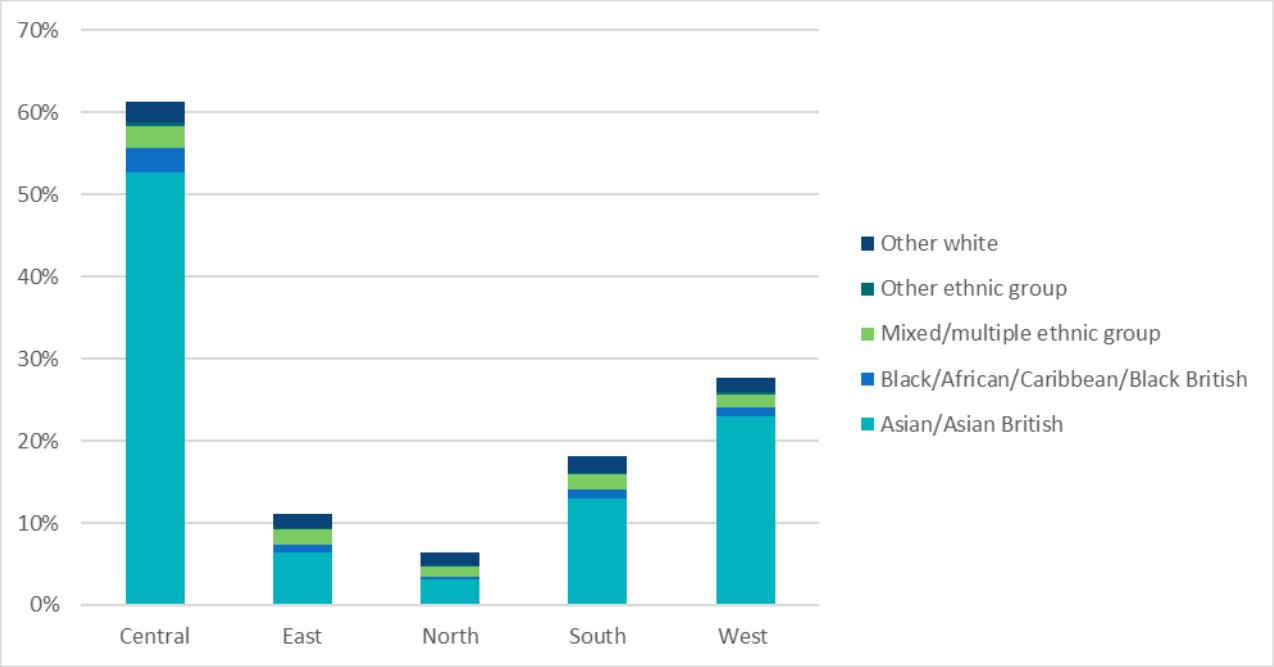
Oldham's ethnic group composition is expected to change, with the proportion of people from white backgrounds decreasing from 77.5% as in the 2011 census for all age groups. The proportion of people from white backgrounds aged 10 to14 years is 66.8%, and 59.1% for those aged 0 to 4 years.

Figure 5 - Ethnic group composition of Oldham's population aged 5 to 19 years compared (source: Oldham JSNA)



Pakistani is the largest ethnic minority group in Oldham accounting for 10.1% of the population, followed by Bangladeshi at 7.3%. These groups are both found within the Asian/ Asian British definition from national surveys including the census. Over 50% of Asian/Asian British population in Oldham are located within the Central Oldham Cluster, with the West Cluster having more than 20% of the Asian/Asian British local population. (see Figure 6).

Figure 6 - Percentage of BME by District (source: Census 2011, ONS. Crown copyright)



The percentage of people that cannot speak English well or not at all in Oldham is 3.7%; higher than the national average (1.7%) according to ONS data from the census in 2011[24].Those residents will need support accessing services. Table 8 below shows the variation across Oldham wards which are higher than the national average for those residents that cannot speak English well or at all.

Table 10 - Percentage of population who cannot speak English well or at all, by wards with a greater than England average (source: www.localhealth.org.uk)

Cluster	Ward	% of population who cannot speak English well or at all
Central	Coldhurst	16.7%
West	Werneth	13.2%
Central	St Mary's	11.7%
South	Medlock Vale	5.5%
Central	Alexandra	5.3%
East	Waterhead	3.2%
West	Chadderton North	3.0%
Oldham		3.7%
England		1.7%

Six out of Seven pharmacies who responded to the survey that they have staff who speak a number of languages other than English, including Bangla, Bengali, French, Gujrati, Hindi, Hinko, Pashto, Punjabi, Swahili and Urdu. Although not a significant number of responses were received, these six are spread across 4 clusters Central, North, South and West. This non-NHS, non-commissioned service is available across the borough.

While the health issues facing ethnic groups vary, overall, people from BME groups are more likely to have poorer health than the White British population although some BME groups fare much worse than others, and patterns vary from one health condition to the next. This represents an important health inequality.

Research provides the examples of the health problems experienced by different ethnic groups[25]:

- South Asian groups are at higher risk of diabetes and cardiovascular disease.
- People from black ethnic groups and Indian men are at higher risk of stroke. Whereas in females the risk of stroke is highest amongst Bangladeshi women and Pakistani women.
- People from a range of BME groups are at higher risk of the inherited blood conditions: sickle cell and thalassaemia.

Evidence suggests that the poorer socio-economic position of BME groups is the main factor driving ethnic health inequalities. Language can be a barrier to delivering effective advice on medicines, health promotion and public health interventions.

The Covid-19 pandemic has further highlighted the impact of socio-economic status on health care statistics, see section 2.3.2.

4.5.7 Religion and belief

This data is taken from the census of 2011. The last census in 2021 has not yet been analysed, hence there is no update since this section was written in 2017.

[24] https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/language/articles/peoplewhocannotspeakenglishwellaremorelikelytobeinpoorhealth/2015-07-09

[25] https://patient.info/doctor/diseases-and-different-ethnic-groups accessed 09/02/2011

Oldham has long embraced the breadth and diversity of its population and celebrates the values that bring people of different backgrounds together. The religious beliefs, and non-belief, of Oldham's population continues to diversify. However, the borough has experienced an overall reduction in the proportion of its population that holds a religious belief.

The 2011 Census showed that in Oldham the religious belief group of Christians where in the majority (59.7% - falling from 72.6% in 2001) in line with England as a whole. Muslims were the second largest religious group with 17.7%, increased from 11.1% in 2001. This is well above England (5.0%), which had a 3.1% increase in the Muslim religious group 2001. In Oldham 16.1% of people stated they had no religion, compared with 24.7% of people in England (increasing from 8.9% and 14.6% respectively in 2001).

It is important that health and social care services are aware of the need to respect and be sensitive to the preferences of people of particular religions and beliefs relevant to the services they deliver, including:

- Practices around births and deaths.
- Diet & food preparation.
- Family planning and abortion.
- Modesty of dress.
- Same sex clinical staff.
- Festivals and holidays.
- Medical ethics considerations in accepting some treatments and end of life care.
- Pharmaceuticals, vaccines, and other medical supplies.

Pharmacies can provide advice to specific religious groups on medicines derived from animal sources and during periods of fasting.

DRAFT

4.5.8 Marriage and civil partnership

This data is taken from the census of 2011. The last census in 2021 has not yet been analysed, hence there is no update since this section was written in 2017.

According to the 2011 Census in Oldham 44.6% of people are married, 11.2% cohabit with a member of the opposite sex, 0.7% live with a partner of the same sex, 25.4% are single and have never married or been in a registered same sex partnership, 9.3% are separated or divorced. There are 11,377 widowed people living in Oldham.

Limited systematically considered evidence is available on the health and social care needs of people in terms of marriage and civil partnership.

It is important that health and social care services are aware of and respectful of the legal equivalence of marriage and civil partnership when dealing with individuals, their partners and families. Some research suggests that married people and their children are less likely to suffer problems with their mental wellbeing.

It seems likely that these benefits will also potentially be enjoyed by people in similarly committed and secure relationships, including civil partnership, and other long term couple partnerships. However, some research suggests that such benefits are associated specifically with marriage as opposed to other forms of couple partnership.

Consideration should be given to signs of domestic violence especially towards women; pharmacies can help to raise awareness of this issue and sign posting to services/organisations that can provide advice and support.

4.5.9 Pregnancy and maternity

The number of live births in Oldham had been consistent year on year since 2010 up to 2015 of 3,336 (a crude birth rate of 14.5 births per 1,000 population). Since 2015 the crude live birth rate has dropped to 12.6 births per 1000 population in 2020. This is despite the number of females of childbearing age (15 -44 years) rising from 44,300 to 45,100.

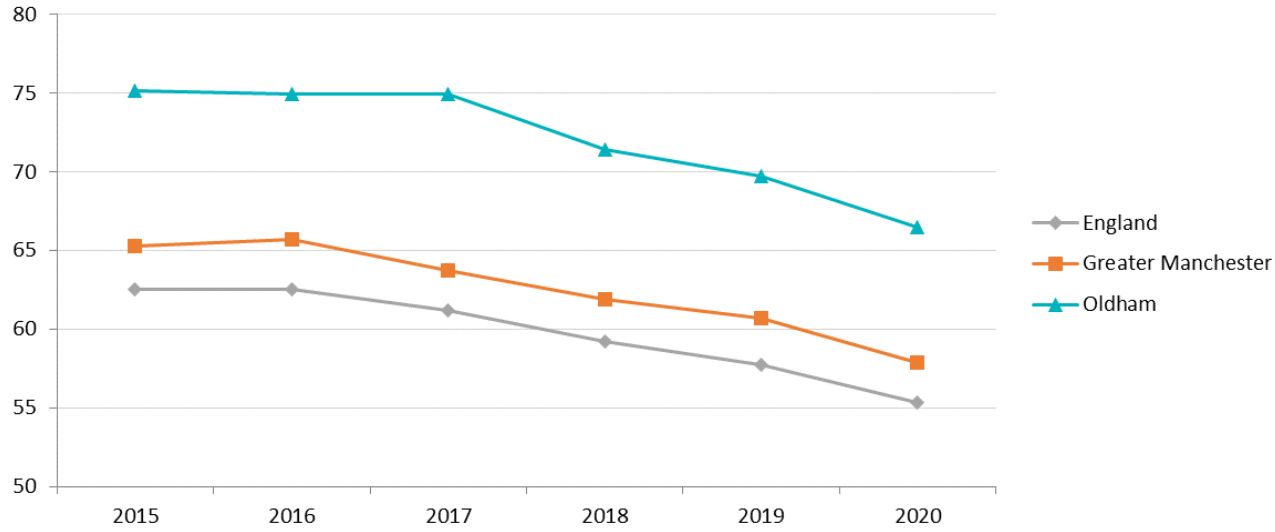
Table 11 - Live births for Oldham 2015 to 2020 (source: ONS)

Year	Population (thousands)			Total live births	Crude live birth rate
	Total	Females	Females aged 15 - 44		
2015	230.2	117.1	44.3	3,336	14.5
2016	232.3	118.1	44.4	3,327	14.3
2017	233.8	118.6	44.4	3,326	14.2
2018	235.6	119.5	44.7	3,187	13.5
2019	237.1	120.1	45.0	3,138	13.2
2020	237.6	120.2	45.1	3,004	12.6

The general fertility rate (GFR) in Oldham is higher than that for England and Greater Manchester but Oldham has a decreasing general fertility rate (GFR)[26]. This is consistent with that of England and Greater Manchester although the fall in rate only began in 2017 in Oldham when the start of the decrease began in 2016 for the wider population areas. The Oldham GFR was 75.1 in 2015 and was constant until 2018 when it fell to 71.4 and continued to fall to a GFR of 66.5 in 2020.

[26] The general fertility rate (GFR) is the total number of live births per 1,000 women of reproductive age (ages 15 to 49 years) in a population per year.

Figure 7 - General fertility rate for Oldham (source: ONS)



Pharmacies can provide advice to pregnant mothers on medicines and self-care. They have the expertise on advising which medicines are safe for use in pregnancy and during breast feeding.

4.5.10 Sexual orientation

The research by LBGTQ+ charity Stonewall.org.uk[27] suggests that the LGBTQ+ population may be exposed to certain patterns of health risks, for instance:

- One in seven LGBT people (14 per cent) avoid seeking healthcare for fear of discrimination, which puts the health of LGBT people at risk.
- They are more likely to experience harassment or attacks have negative experiences of health services related to their sexuality.
- Lesbian and bisexual women are twice as likely never to have had a smear test, and more likely to smoke, to misuse drugs and alcohol and to have deliberately harmed themselves.
- Gay and bisexual men are more likely to attempt suicide (3% vs. 0.4% of general population), suffer domestic abuse, smoke and misuse alcohol and drugs.
- Gay and bisexual men are at substantially higher risk of sexually transmitted diseases (STDs) including HIV/AIDS, yet one in four gay or bisexual men have never been tested for an STD.
- 41% of lesbian, gay, and bisexual people over 55 live alone, compared to 28 % of heterosexual people of the same age

Pharmacies can help to raise awareness of the issues discussed above and can provide advice to members of the LGBTQ+ community in relation to healthy lifestyle choices e.g. safe drinking levels, interactions and side effects of recreational drugs.

4.5.11 Gender reassignment

A 2018 Stonewall report based on 800 trans and non-binary people revealed the discrimination that transgender individuals experienced in the healthcare environment through several statistics:

- When accessing general healthcare services in the last year, two in five trans people (45%) said healthcare staff lacked understanding of trans health needs.
- 7% of trans people were refused access to healthcare because they were LGBT
- 24% fear discrimination from a healthcare provider
- 24% don't know how to access transition related healthcare

[27] https://www.stonewall.org.uk/sites/default/files/stonewall-guide-for-the-nhs-web.pdf

- 24% of trans people who are currently undergoing medical intervention are unsatisfied with the support given by their GP

Acceptance of transgender people in general health and social care settings and gender specific health services (e.g. sexual health screening), and access to appropriate specialist gender identity services are often reported as problematic.

Research and analyses suggest that untreated gender dysphoria can severely affect the person's health and quality of life and can result in:

- Higher levels of depression, self-harm, and consideration or attempt of suicide.
- Higher rates of drug and alcohol abuse.

Provision of necessary medicines and advice on adherence and side effects including the long-term use of hormone therapy. Pharmacies can provide advice to members of this community in relation to health and well-being and on raising awareness about issues relating to members of these communities as discussed above. Pharmacies should also be able to provide any LBGTQ+ people with signposting to relevant services ~~also.~~

5 Key health priorities for Oldham

As stated in section 3.2, to identify how pharmaceutical service provision can help tackle the need of Oldham's local population, we have used Oldham's Locality Plan (2019- 2024)[28]

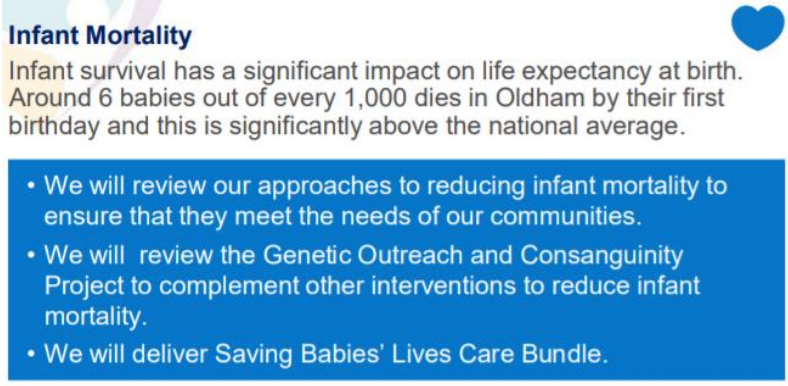
Oldham's Locality Plan describes how we will continue to deliver significant improvements in the health and wellbeing outcomes of our residents as we move towards place-based, person-centred provision of care and services. It focuses on the wider determinants of health and addressing health inequalities in our footprint.

The priorities in the Oldham Locality Plan are

1. Infant mortality
2. Healthy weight and physical activity
3. Smoking
4. Oral health
5. Alcohol and substance misuse
6. Secondary prevention of long-term conditions: hypertension, diabetes, COPD & breast cancer
7. Immunisations

By looking at each topic we can identify areas where pharmaceutical services already meet, or are able to be developed to meet, the objectives in this plan.

5.1 Infant Mortality



[28] Oldham Locality Plan for Health and Social Care Transformation

Infant mortality rate (Persons, <1 yr) 2018 - 20

Crude rate - per 1,000

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	7,111	3.9	3.8	4.0
North West region	–	1,028	4.3	4.1	4.6
Oldham	–	58	6.2	4.7	8.0

Oldham has the highest infant mortality rate of 6.1 deaths per 1000 of Persons<1 year in the North West region of England (average 4.3) which is in turn higher than the England rate of 3.9[29]

How can pharmacy contractors help?

Pharmacists could help identify and refer potential parents and those with children under the age of 1 year who meet any agreed at-risk criteria.

5.2 Healthy weight and physical activity

Healthy Weight and Physical Activity

In 2018/19, 23.3% of Reception year children are overweight or obese, 37.4 % in Year 6 are overweight or obese and 67.1% of adults (aged 18+) are overweight or obese. These levels are higher than national averages. Physical activity levels are similarly lower than national averages. Only 12.4% of 15-year-olds in Oldham are physically active while 58.9% of adults are physically active.

We will develop a new Healthy Weight and Physical Activity Strategy which will support interventions to address physical activity and promote healthy weight in Oldham. We will also commission services to support our residents achieve and maintain a healthy weight.

How can pharmacy contractors help?

All community pharmacies were required to become a Healthy Living Pharmacy (HLP) in 2020/21. The HLP framework is aimed at achieving consistent provision of a broad range of health promotion interventions through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities.[30]

The essential pharmaceutical services of Support for Self-Care, Public Health Campaigns and Signposting can all help deliver changes at a local population level.

E.g. In Jan 2022 there was a nationally driven Weight Management Public Health Campaign.

Commissioners should be aware of the national campaign topics and use community pharmacy expertise to help deliver health promotion messages which are relevant to the local priorities.

5.3 Smoking

[29] fingertips.phe.org.uk/infantmortality

[30] PSNC accessed 10/02/2022

Smoking

Around 31,770 (18.0%) of our adults smoke while 13.6% of our pregnant women smoke during pregnancy. These are significantly higher than national averages and have shown slight increases in recent times.

We will do the following:

- Work with primary care to support smokers on practice registers quit;
- Deliver the CURE programme in secondary care;
- Recommission the Stop Smoking Service;
- Deliver BabyClear programme to reduce smoking among pregnancy in line with national ambition.

Data source: Fingertips

Indicator	Period	Oldham			Region England	England			
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Smokers that have successfully quit at 4 weeks (Persons, 16+ yrs)	2019/20	–	582	1,770	1986*	1808	-	*Insufficient number of values for a spine chart*	-
Smoking Prevalence in adults (18+) - current smokers (APS) (Persons, 18+ yrs)	2019	–	31,764	17.9%	14.5%	13.9%	26.4%		3.4%
Smoking prevalence in adults (18+) - current smokers (GPPS) (Persons, 18+ yrs)	2019/20	–	-	16.9%	15.1%	14.3%	23.1%		6.1%

The CURE Project

The project is a secondary care treatment programme which identifies all smokers who are admitted to secondary care. As part of the programme upon admission they are immediately offered nicotine replacement therapy and other specialist support whilst in hospital and post discharge. Post discharge these patients can be referred to a local pharmaceutical service to obtain medication and follow up appointments.

This CURE pilot was developed in Greater Manchester and is currently an enhanced service commissioned by GMHSCP (NHSE&I GM area team). In Oldham area there are currently 9 pharmacies providing this service. Each cluster, except East Cluster, has at least one pharmacy providing this service, so access in the most densely populated wards is good.

Following this successful pilot in Greater Manchester the scheme has been adopted as a national advanced service called 'Smoking Cessation Service'. It will be for people referred to pharmacies by a hospital and will be commissioned as an advanced service from early 2022. Once this has been developed it will replace the enhanced service CURE, so any pharmacies wanting to continue to provide the service would transfer across to the national advanced service scheme.

How can pharmacy contractors help?

The new national Smoking Cessation Service scheme will only identify those smokers who have been through a hospital trust and referred into pharmacies. However, other anti-tobacco commissioned services (including tobacco used in different ways to smoking such as chewing) could be set up across the borough or in areas of high smoking prevalence. This would help Oldham residents who use tobacco to stop their consumption and improve their long-term health (and financial) prospects. Stop smoking services have been a traditional service delivered through community pharmacy for many years. They provide easy access for clients and have expert staff to help deliver quit rates.

5.4 Oral Health

Oral Health

Oral health is seen as a marker of wider health and care issues including poor nutrition and obesity. More than a third (34.8%) of 5-year-olds in Oldham experience tooth decay. Children with high levels of disease in their primary teeth have an increased risk of disease in their permanent teeth.

There are no local estimates but in England around 10 million older people aged 65+ have urgent dental conditions. Oral health problems in the elderly are associated with malnutrition and risk aspiration pneumonia.

We will deliver the Oldham Oral Health Plan for children and develop a strategy to address the needs of the older population.

Data source: Fingertips

Indicator	Period	Oldham			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Children with one or more decayed, missing or filled teeth	2016/17	–	-	34.8%	33.9%	23.3%	47.1%		12.9%
dmft in three year olds	2019/20	–	-	0.66	0.42	0.31	-	*Insufficient number of values for a spine chart*	-
dmft (decayed, missing or filled teeth) in five year olds	2018/19	–	-	1.90	1.19	0.80	2.35		0.26
Proportion of twelve year olds free from dental decay	2008/09	–	186	54.9%	60.1%	66.4%	43.4%		87.7%
DMFT in twelve year olds	2008/09	–	-	1.09	0.95	0.74	1.49		0.22
Access to NHS dental services - successfully obtained a dental appointment	2018/19	–	1,745	95.0%	94.8%	94.2%	82.5%		100.0%
Hospital admissions for dental caries (0-5 years)	2017/18 - 19/20	–	280	462.4	446.8	286.2	11.1		1,298.5
Percentage of 5 year olds with experience of visually obvious dental decay	2018/19	–	-	43.2%	31.7%	23.4%	50.9%		8.7%

Despite access to dental services in Oldham in 2018/19 being at 95%, slightly higher than the North West (94.8%) and England (94.2%), hospital access for dental caries in Oldham over the two years 2017/18 to 2019/20 was higher at 462.4 admissions per 100,000 than 446.8 in NW and 286.2 in England. This is also reflected in the percentage of 5-year-olds with visually obvious dental decay in Oldham in 2018/19 (43.2% vs. 31.7% vs. 23.4%)

How can pharmacy contractors help?

For patients who do not have or cannot get quick access to a dental practice, they may use pharmacy to obtain stronger analgesics than are available in supermarkets or other retail outlets. A commissioned service to identify patients in targeted populations, signpost to a dentist and offer advice, e.g. around nutrition or teeth brushing, could be designed as part of Oldham's Oral Health Plan.

5.5 Alcohol and Substance Misuse

Alcohol and Substance Misuse

On average there are 1,625 admission episodes for alcohol-specific conditions each year in Oldham which is equivalent to 767/100,000 population aged 18 or older. This is significantly higher than national average and alcohol-specific mortality of 14.8/100,000 is also above national average. Nationally it is estimated that around 43% of women consume alcohol during pregnancy and in GM estimates show 1,195 babies born with Foetal Alcohol Spectrum Disorder in 2016.

The estimated prevalence of opiate and/or crack cocaine use in Oldham is 1,401/1000 - similar to national average. Though adults in treatment at specialist drug misuse services rate (5.5 per 1000) is higher than national average, it is declining and drug related deaths are increasing (7/100,000) and are significantly above national average.

We will deliver the GM Drug and Alcohol Strategy to reduce levels of harmful drinking and the associated adverse health and social outcomes.

Data Source: Fingertips

Indicator	Period	Oldham			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Alcohol-specific mortality (Persons, 1 year range)	2020	→	48	22.9	17.2	13.0	29.3		5.5
Alcohol-specific mortality (Persons, 3 year range)	2017 - 19	–	102	15.9	14.6	10.9	27.3		3.9
Alcohol-specific mortality (Male, 3 year range)	2017 - 19	–	64	20.7	19.3	14.9	39.2		7.0
Alcohol-specific mortality (Female, 3 year range)	2017 - 19	–	38	11.5	10.1	7.1	17.3		1.8
Admission episodes for alcohol-specific conditions - Under 18s (Persons)	2018/19 - 20/21	–	65	36.4	40.1	29.3	83.8		7.7
Admission episodes for alcohol-specific conditions - Under 18s (Male)	2018/19 - 20/21	–	20	22.0	29.7	22.8	91.0		6.9
Admission episodes for alcohol-specific conditions - Under 18s (Female)	2018/19 - 20/21	–	45	51.4	51.0	36.1	111.3		8.1
Admission episodes for alcohol-specific conditions (Persons) New data	2020/21	→	1,475	681	795	587	2,276		298
Admission episodes for alcohol-specific conditions (Male) New data	2020/21	→	1,020	980	1070	806	3,350		344
Admission episodes for alcohol-specific conditions (Female) New data	2020/21	→	455	403	535	380	1,286		138

Alcohol

Since this text, from Oldham Locality Plan, was written new data on Public Health England website Fingertips indicates that in 2020/21 there were 1,475 admissions for alcohol-specific conditions, a rate of 681/100,000 which is a reduction, although the alcohol-specific mortality rate over the 3-year period 2017-2019 has increased to 15.9/100,000. The reduction in hospital admissions over this time frame could however be linked to the Covid-19 pandemic and may be a misleading statistic, see section 2.3.2.

How can pharmacy contractors help?

Pharmacies in Oldham do not currently provide alcohol support services, but they can provide signposting and advice. There is the potential for pharmacists to engage with people misusing alcohol when they collect prescriptions related to alcohol dependency.

Substance Misuse

Data Source: Fingertips

Indicator	Period	Oldham			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Estimated prevalence of opiate and/or crack cocaine use	2016/17	–	1,401	9.6	10.8	8.9	25.5		2.1
Proportion of opiates and/or crack cocaine users (i.e. OCU) not in treatment (%)	2020/21	–	885	54.8%	-	52.1%	78.0%		27.8%

How can pharmacy contractors help?

In Oldham there are currently 65 pharmacies who provide regular contact with people prescribed medication under the Turning Point commissioned supervised consumption scheme. Plus, 18 of these pharmacies also provide needle exchange schemes to people who inject substances of misuse, who may or may not be in contact with the substance misuse scheme.

As well as providing safe equipment to use and medication to take pharmacies can also provide signposting and advice and regular contact with people who may not use more conventional medical services.

5.6 Secondary Prevention of Long-Term Conditions (LTCs)

Secondary Prevention of Long-term Conditions

Early detection of long-term conditions and their risk factors provides an important opportunity for prevention.

Oldham has higher than national averages prevalence for hypertension, diabetes and chronic obstructive pulmonary diseases. Diagnosing and actively managing these conditions early would improve outcomes.

Uptake of screening programmes among our communities is significantly below national averages. Breast cancer screening uptake is below national average but has seen an increase in the recent past but the cervical screening uptake is declining and uptake of NHS Health Checks is also below national average.

- We will offer NHS Health Checks to the eligible population with a focus on reaching communities with the highest rates of long-term conditions and offer them support to manage and reduce the risks.
- We will work with PHE, the NHS and Primary Care to raise awareness and improve uptake of screening programmes and reduce inequalities in uptake.
- We will also work with Primary Care to increase early diagnoses of long-term conditions and optimise their management.

NHS Health Checks

The NHS Health Check[31] is a health check-up for adults in England aged 40 to 74. It's designed to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes or dementia. As we get older, we have a higher risk of developing one of these conditions. An NHS Health Check helps find ways to lower this risk. Unfortunately, this was one of the services paused due to COVID-19 pandemic (see section 2.3.2. Data below shows this service in Oldham has only invited 37.5% (23,735) of the eligible population over the five-year period 2017/18 to 2021/22; this is compared to 73.4% across the whole of England. Of those invited approximately half took up the offer, meaning only 18.6% received an NHS Health Check compared to 31.3% across England. This could be due to lack of access outside of standard working hours, or lack of slots available in GP practices, or access to be able to book a slot.

How can pharmacy contractors help?

Currently only three pharmacies deliver this service. It is mainly provided by GP practices, but more community pharmacies could be commissioned to provide the service to Oldham residents as a

[31] https://www.nhs.uk/conditions/nhs-health-check/

walk-in request and during their extended hours or on a weekend to allow more people to access the service.

Indicator	Period	Oldham			Region England	England	England		
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Percentage of NHS Health Checks offered to the total eligible population in the quarter	2021/22 Q2	↑	0	0.0%	2.3%	2.0%	0.0%		9.7%
Percentage of NHS Health Checks received by the total eligible population in the quarter	2021/22 Q2	↑	0	0.0%	0.9%	0.8%	0.0%		5.6%
Percentage of NHS Health Checks offered which were taken up in the quarter	2021/22 Q2	–	0	0%	40%	41%	0%		576%
People invited for an NHS Health Check	2017/18 Q1 - 2021/22 Q2	–	23,735	37.5%	73.4%	58.4%	1.9%		100%
People receiving an NHS Health Check	2017/18 Q1 - 2021/22 Q2	–	11,785	18.6%	31.3%	26.3%	0.7%		54.8%
People taking up an NHS Health Check invite	2017/18 Q1 - 2021/22 Q2	–	11,785	49.7%	42.7%	45.1%	12.0%		100.0%

Topics identified in the Locality Plan

The disease tables below give a snapshot of how Oldham is performing on national indicators compared to NW (region) and England averages. Many patients will not have had a test or the screening appointments necessary to improve these targets since the COVID-19 pandemic began in 2020. Also, the North West of England had longer periods in lockdown than many other areas of England, so Oldham is likely to have become worse in comparison on many of these indicators. It can be seen from the indicators below that COPD and many of the screening indicators are significantly worse (red dot) than the England average.

LEGEND

Hypertension

Indicator	Period	Oldham			Region England	England	England		
		Recent Trend	Count	Value	Value	Value	Lowest	Range	Highest
Hypertension: QOF prevalence (all ages)	2020/21	→	33,679	13.5%	14.6%*	13.9%	7.1%		18.1%

Diabetes

Indicator	Period	Oldham			Region England	England	England		
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Diabetes: QOF prevalence (17+)	2020/21	↑	16,383	8.6%	7.3%*	7.1%	2.8%		10.1%
Preventable sight loss - diabetic eye disease	2019/20	–	6	3.1	2.9*	2.9	-	*Insufficient number of values for a spine chart*	-
Percentage with a long-term illness, disability or medical condition diagnosed by a doctor at age 15	2014/15	–	-	13.7%	14.2%	14.1%	18.6%		9.2%
Admissions for diabetes for children aged 0 to 9	2019/20	–	-	*	28.2	27.6	69.4		0.0
Admissions for diabetes for children and young people aged under 19 years	2019/20	→	15	24.0	57.8	51.9	148.9		19.8
Admissions for diabetes for young people aged 10 to 18	2019/20	→	15	51.8	92.4	80.6	282.4		30.5

Chronic Obstructive Pulmonary Disease (COPD)

Indicator	Period	Oldham			Region England	England	England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Mortality rate from chronic obstructive pulmonary disease (Persons, 1 year range)	2020	→	86	44.0	56.6	43.3	108.0		17.8
Mortality rate from chronic obstructive pulmonary disease (Persons, 3 year range)	2017 - 19	–	415	72.5	66.2	52.8	118.3		25.4
Mortality rate from chronic obstructive pulmonary disease (Male, 3 year range)	2017 - 19	–	183	74.3	74.4	63.5	136.6		23.5
Mortality rate from chronic obstructive pulmonary disease (Female, 3 year range)	2017 - 19	–	232	71.8	60.8	45.2	106.9		18.2
Emergency hospital admissions for COPD	2019/20	↑	825	683	536	415	1,068		163
Emergency hospital admissions for Chronic Obstructive Pulmonary Disease (COPD), standardised admission ratio ⚠	2015/16 - 19/20	–	-	146.4	-	100.0	220.2		37.5

Screening

Indicator	Period	Oldham			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Cancer screening coverage - breast cancer New data	2021	↓	15,133	62.2%	62.2%*	64.1%*	41.7%		78.1%
School readiness: percentage of children achieving the expected level in the phonics screening check in Year 1	2018/19	↑	2,793	79.1%	80.9%	81.8%	77.1%		87.1%
School readiness: percentage of children with free school meal status achieving the expected level in the phonics screening check in Year 1	2018/19	↑	550	72.8%	69.8%	70.1%	57.0%		85.2%
Chlamydia proportion aged 15 to 24 screened	2020	↓	3,674	12.5%	11.7%	14.3%	4.1%		36.5%
Infectious Diseases in Pregnancy Screening - HIV Coverage	2017/18	–	-	-	99.2%*	99.6%*	-	*Insufficient number of values for a spine chart*	-
Sickle Cell and Thalassaemia Screening - Coverage	2016/17	–	-	-	98.8%	99.3%	-	*Insufficient number of values for a spine chart*	-
Newborn Blood Spot Screening - Coverage	2017/18	–	-	-	97.9%*	96.7%*	-	*Insufficient number of values for a spine chart*	-
Newborn Hearing Screening - Coverage New data	2020/21	–	2,798	97.3%	96.9%*	97.5%*	90.3%		100%
Cancer screening coverage - bowel cancer New data	2021	↑	21,805	61.9%	60.9%*	65.2%*	47.4%		77.0%
Abdominal Aortic Aneurysm Screening - Coverage New data	2020/21	↓	489	43.2%	35.8%*	55.0%*	15.2%		88.9%
Newborn and Infant Physical Examination Screening - Coverage New data	2020/21	–	2,747	94.1%	96.7%*	97.3%*	92.1%		99.5%
Cancer screening coverage - cervical cancer (aged 25 to 49 years old) New data	2021	→	28,503	67.1%	69.7%*	68.0%*	42.9%		78.2%
Cancer screening coverage - cervical cancer (aged 50 to 64 years old) New data	2021	↓	14,923	74.3%	74.1%*	74.7%*	53.5%		89.8%

How can pharmacy contractors help?

As detailed above more pharmacy contractors can be commissioned to provide NHS Health Checks, which would help identify and counsel patients with diabetes (or pre-diabetes) and hypertension to prevent these patients from requiring more intensive interventions later in life. Services to identify and help people using nicotine to stop, such as smoking cessation schemes, are pivotal to reduce the decline of patients with COPD. Many of the CPCF and locally commissioned/ enhanced services are helpful to optimise the use of medicines thereby improving people's health, reducing medication interactions and reducing wastage e.g. Inhaler technique, New Medicines Service.

Further resources, including case studies, detailing types of pharmaceutical services which could be commissioned as potential solutions to Oldham's health priorities can be found on the PSNC website: Getting a pharmacy service up and running[32] are listed under the four headings of

- Optimising the use of medicines
- Supporting people to live independently
- Supporting people to Self-Care
- Public Health Services

5.7 Immunisations

Immunisations

Oldham has a higher than national average coverage for Human papillomavirus (HPV), Measles, Mumps and Rubella (MMR) and Flu vaccination coverage (among those aged 65+) but these are below their respective national targets and coverages are declining – see Fig 3 (Population vaccination coverage) in Appendices.

We will continue to work with Public Health England, the NHS and Primary Care to improve population vaccination coverage with targeted activities in communities with the lowest rates.

[32] https://psnc.org.uk/services-commissioning/commissioners-portal/getting-a-pharmacy-service-up-and-running/

How can pharmacy contractors help?

51 Pharmacies in the Oldham Borough provided an Influenza (Flu) vaccinations advanced service between the dates September 2020 to March 2021. Flu vaccinations help protect the elderly and most vulnerable from the flu virus and therefore reduce hospital admissions, saving NHS time for clinicians to spend on other critically ill people and also saving money.

There have been 4 pharmacies in Oldham providing COVID-19 immunisations by appointment during the pandemic in 2021 and into 2022. This has added extra capacity to the very rapid vaccination programme which was implemented. Pharmacies are willing and able to provide much needed services to their local population and can be relied upon to set up a service at short notice. As pharmacy staff have the skills to vaccinate, they could be used in future for other rapid roll out schemes or mop up programmes under a PGD, for example where a child is absent from school when the HPV vaccine is scheduled, but still wishes to have it administered.

5.8 Self-care

Oldham's vision for health and wellbeing is set within the context of the Oldham Delivery Model as defined in The Oldham Plan 2017-22[33]. It commits to creating the conditions for residents to make positive choices about their health and lives (thriving communities).

This improvement will be achieved by:

- Enabling people to be more in control of their lives and their care;
- A health and care system that is focused on wellbeing and the prevention of ill health;
- Addressing the wider determinants of health;
- Delivering support and care which is as close to, and connected with, home and community as possible;
- Consistent, reliable, good quality, person and community centred support and care that is available when necessary.

Pharmacies are ideally placed, close to their communities, to support the delivery of this health and wellbeing plan through their role as Healthy Living Pharmacies, through campaigns which address some of these issues and supporting people in self-care and making lifestyle choices.

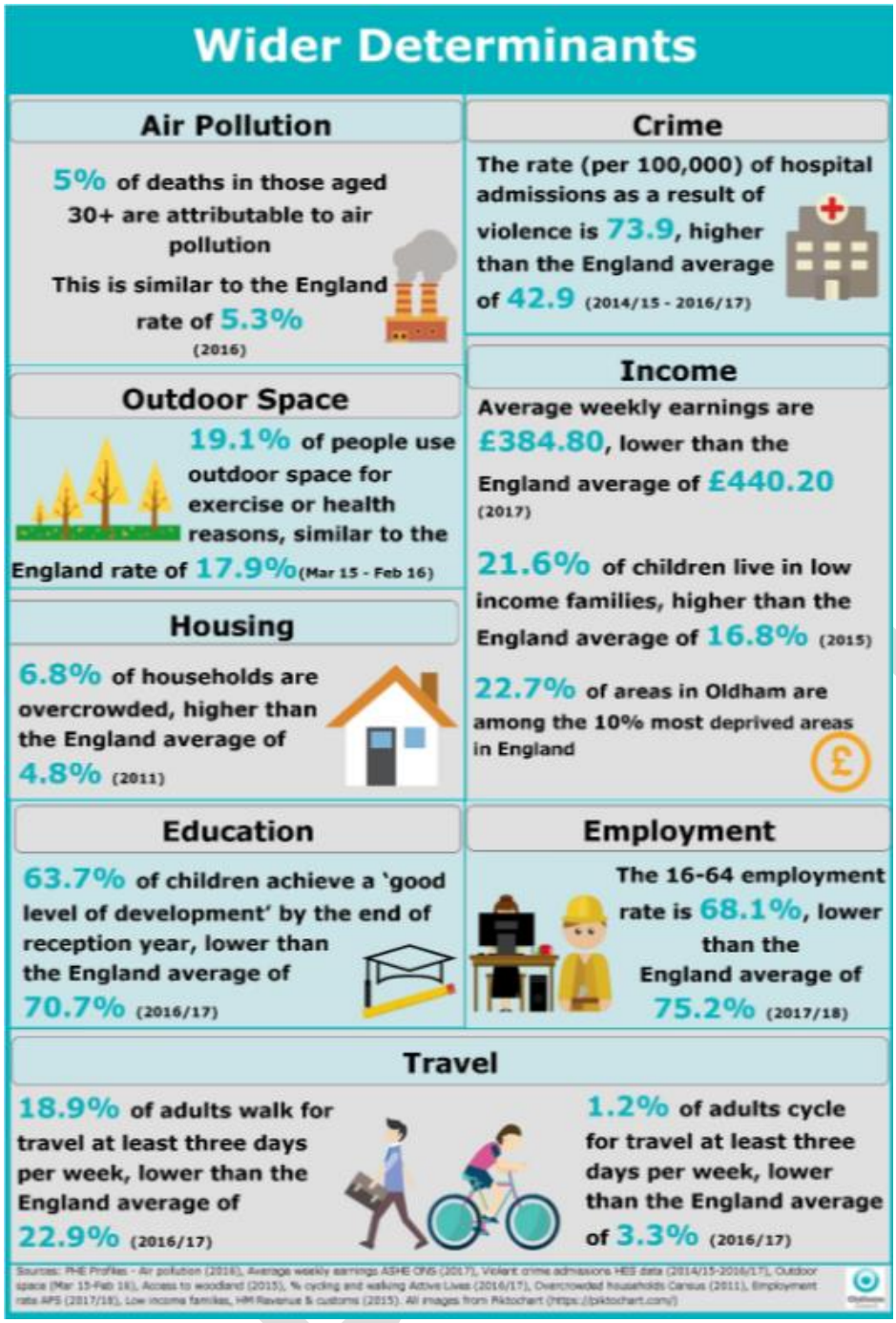
5.9 Improving the wider determinants of health

The wider determinants of health[34] are a range of factors that influence health and wellbeing and include:

- Income, Employment & Skills
- Education
- Housing
- Crime and community cohesion
- Utilisation of green space for exercise and health reasons
- Physical environment e.g. state of pavements, lighting etc.
- Availability of health and care services

[33] https://www.oldhampartnership.org.uk/wp-content/uploads/2017/07/Oldham-Plan-2017-22.pdf

[34] Oldham JSNA https://www.oldham-council.co.uk/jsna/the-wider-determinants-of-health/ accessed 28/2/2022



Data Source: Fingertips

Indicator	Period	Oldham			Region England	England		England	
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Percentage of adults walking for travel at least three days per week	2019/20	–	-	8.8%	13.4%	15.1%	6.5%		33.4%
Percentage of adults cycling for travel at least three days per week	2019/20	–	-	0.5%	1.8%	2.3%	0.0%		20.9%
Killed and seriously injured (KSI) casualties on England's roads (historic data)	2016 - 18	–	182	26.0	38.4	42.6*	109.8		17.7
The rate of complaints about noise	2019/20	–	931	3.9*	3.7*	6.4*	80.4		0.7
Number of premises licensed to sell alcohol per square kilometre	2017/18	–	641	4.5	1.9*	1.3*	155.2		0.2
Density of fast food outlets	2014	–	218	95.3	105.6	88.2	198.9		24.1
Access to Healthy Assets & Hazards Index	2017	–	8,625	3.7%	9.5%	21.1%	100%		0.0%
Air pollution: fine particulate matter New data	2020	–	-	6.9	6.1	6.9	10.0		3.5
Overcrowded households	2011	–	6,058	6.8%	3.7%	4.8%	25.4%		1.2%
Affordability of home ownership	2020	–	139,950	5.3	5.7	7.8	27.2		3.0
Fuel poverty (low income, high cost methodology)	2018	→	11,023	11.7%	12.1%	10.3%	16.1%		5.2%
Fuel poverty (low income, low energy efficiency methodology)	2019	–	14,439	15.2%	14.5%	13.4%	22.5%		4.7%
Excess winter deaths index	Aug 2019 - Jul 2020	–	90	14.3%	19.5%	17.4%	50.2%		0.7%
Emergency hospital admissions due to falls in people aged 65 and over New data	2020/21	→	720	1,923	2273	2023	3,234		1,102

These Public Health England Fingertips indicators comparing Oldham to NW (region) and to England track progress in terms of some of the wider factors that affect health and wellbeing.
Although pharmaceutical services may not be an appropriate way to tackle many of these wider determinants, they should be considered if the indicators have a direct link to medication. Pharmacists are specialists in medication so would be ideal locations from which to deliver services; example are hospital admissions due to falls in people aged 65, where the relevant NICE guidance CG161[35] states one of the multifactorial interventions to prevent recurrent falling is a medication review with modification/withdrawal.

Some of the wider determinants, with a more direct link to self-care, such as increasing exercise and improving mental health by using outdoor spaces to exercise could be promoted by pharmaceutical services also.

6 Provision of pharmaceutical services

The Community Pharmacy Contractual Framework (CPCF) for 2019/20 to 2023/24
The Community Pharmacy Contractual Framework (CPCF) adds more detail to the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. The CPCF are reviewed and updated every 5 years in line with national health care strategies.
The update, CPCF 2019/20 to 2023/24 (published in July 2019), is NHS England's latest statement of what is expected of pharmacists providing NHS services and has been designed to support delivery of the NHS Long Term Plan. It introduces new services to community pharmacies broadening the use of clinical skills of the teams that work in pharmacies and to make best use of the accessibility of the 11,500 pharmacies throughout England.
The Community Pharmacy Contractual Framework (CPCF) is made up of three different service types.

1. **Essential services and clinical governance** These services must be offered by all pharmacy contractors during all opening hours of the pharmacy as part of the NHS CPFC. These are
    - dispensing (medicines and appliances)
    - repeat dispensing
    - signposting
    - clinical governance
    - disposal of unwanted medicines
    - Support for self-care
    - Public health (promotion of healthy lifestyles) and

[35] https://www.nice.org.uk/guidance/cg161/chapter/1-Recommendations

- the new Discharge of Medicines Service (DMS);

2. **Advanced services** which can be provided by all contractors once accreditation requirements have been met and are commissioned by NHS E&I. These include
    - Appliance Use Review (AUR),
    - Community Pharmacy Consultation Service (CPCS) (from Nov 2020),
    - Covid 19 lateral flow distribution service (from March 2021)
    - Flu Vaccination Service,
    - Hep C testing Service
    - Hypertension Case finding service (from Oct 2021)
    - New Medicine Service (NMS)
    - Pandemic Delivery Service (currently active until 31st March 2022)
    - Stoma Appliance Customisation
    - Stop Smoking Advanced Service (from January 2022)
3. **Locally commissioned services** commissioned by Local Authorities, Clinical Commissioning Groups and NHS England (i.e. "Enhanced Services" outlined in the Drug Tariff) in response to the needs of the local population

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

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

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

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

Relevant services are

- locally commissioned services set up in response to needs of the local population.

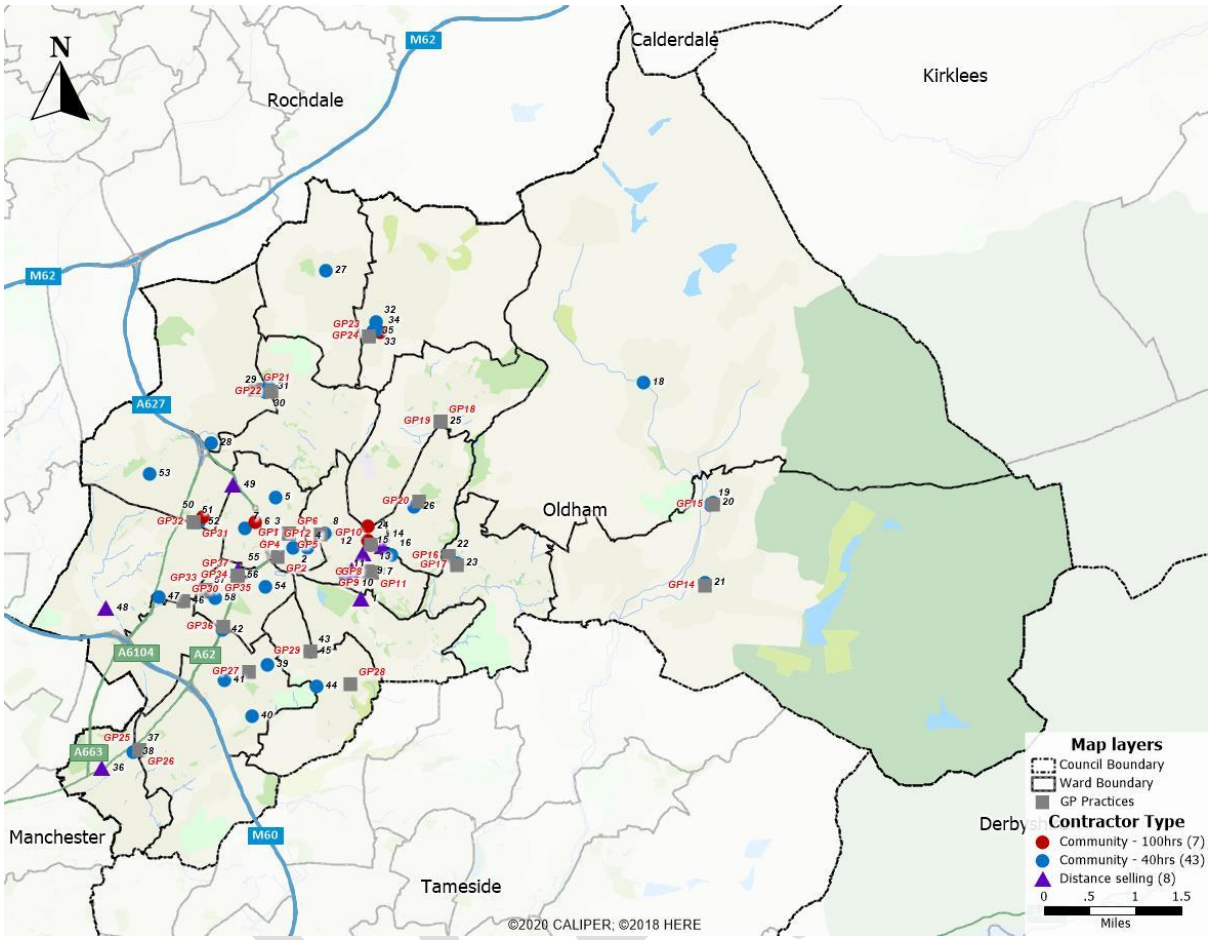
6.1 Necessary services - current provision with-in the HWB's area

There are 58 pharmacies included in the pharmaceutical list for the area of the HWB. This is made up of 43 with a standard 40-hour contract, seven with a 100-hour contract and eight listed as distance selling. There are no DACs, dispensing GP practices, and no LPS pharmacies in Oldham.

Map 6 (see Appendix Ten for a larger version), which is the statutory map as provided below, shows the location of premises providing pharmaceutical services within the HWB's area. It should be noted that due to the proximity of some pharmacies some icons may reflect the location of two contractors. The index number for each premises can be found in Appendix Six, with an overview of opening hours and cluster for each premises shown in Appendix Eight.

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

Map 6 - Location of Pharmacies & GP practices



In 2020/21, Oldham's average prescription items per month per pharmacy were 7,322. This is similar to the Greater Manchester average but lower than the average for England. Using Table 14 below we calculated the number of dispensed items per head of population for Oldham was 1.8 in line with the Greater Manchester average, but above the average in England of 1.5 items per head.

Table 12 - Oldham pharmacies 2017/18 to 2020/21 (source: EPACT2)

	Number of community pharmacies (based on mid-year count)	Prescription items dispensed per month (000)s	Population (000)s mid-year	Pharmacies per 100,000 population
2017/18	59	431	234	25
2018/19	60	436	236	25
2019/20	61	447	237	26
2020/21	59	432	238	25
2021/22	*Complete year not available as at 07/02/2022*			

**This table includes distance selling pharmacies.*

From November 2020 to October 2021 approximately 4.4% of items dispensed by Oldham pharmacies were prescribed by GPs elsewhere in Greater Manchester (see Table 13).

Table 13 - Items dispensed by Oldham pharmacies for prescribers by CCG in Greater Manchester (source: EPACT2)

Registered CCG	Total items dispensed by Oldham pharmacies (latest data available as at 7th Feb 22 - Nov 20 to Oct 21)	Percentage split of items dispensed by Oldham pharmacies
BOLTON CCG	731	0.0%
BURY CCG	4,571	0.1%
HEYWOOD, MIDDLETON & ROCHDALE CCG	119,602	2.3%
MANCHESTER CCG	87,545	1.7%
OLDHAM CCG	4,859,109	95.1%
SALFORD CCG	2,180	0.0%
STOCKPORT CCG	2,793	0.1%
TAMESIDE AND GLOSSOP CCG	31,182	0.6%
TRAFFORD CCG	645	0.0%
WIGAN BOROUGH CCG	410	0.0%
Grand Total	5,108,768	100%

**This table includes distance selling pharmacies.*

The average items per month are slightly lower than both GM and England average. The ability of each premises to cope with prescription dispensing demand is dependent upon a range of factors e.g. staffing levels, available space, use of robotics. As the aging population grows demand is likely to increase and pharmacy will need to consider how it prepares for this.

Table 14 - Number of pharmacies and items dispensed per month nationally and locally for 2020/21 data (source: EPACT2)

Based on 2020/21 data	Number of community pharmacies (based on mid year count)	Prescription items dispensed per month (000)s	Population (000s) mid year 2020	Pharmacies per 100,000 population	Average items per pharmacy per month
Oldham	59	432	238	25	7,322
GM	680	5,011	2,848	24	7,369
England	11,364	84,738	56,550	20	7,457

** This table includes distance selling pharmacies.*

The number of pharmacies available per 100,000 population in Oldham has remained constant since 2017/18, except for an increase of one during 2019/20. Also, the number of pharmacies per 100,000 is higher than both GM and England averages. Based on historical pharmacy use this would indicate that the current number of pharmacies are sufficient for the current population.
Also, with the average items per month dispensed in Oldham Pharmacies being lower than GM and England figures, this also indicates that the current number of pharmacies can cope with demand for prescription dispensing. However, prescription items may increase once people get quicker access to GP services when the COVID-19pandemic issues resolve, this a trend no doubt replicated over GM and England also.

6.1.1 Access to premises

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

Community pharmacists are easily accessible[36] with over 11,600 community pharmacies in England located where people live, shop and work. The latest information shows that:

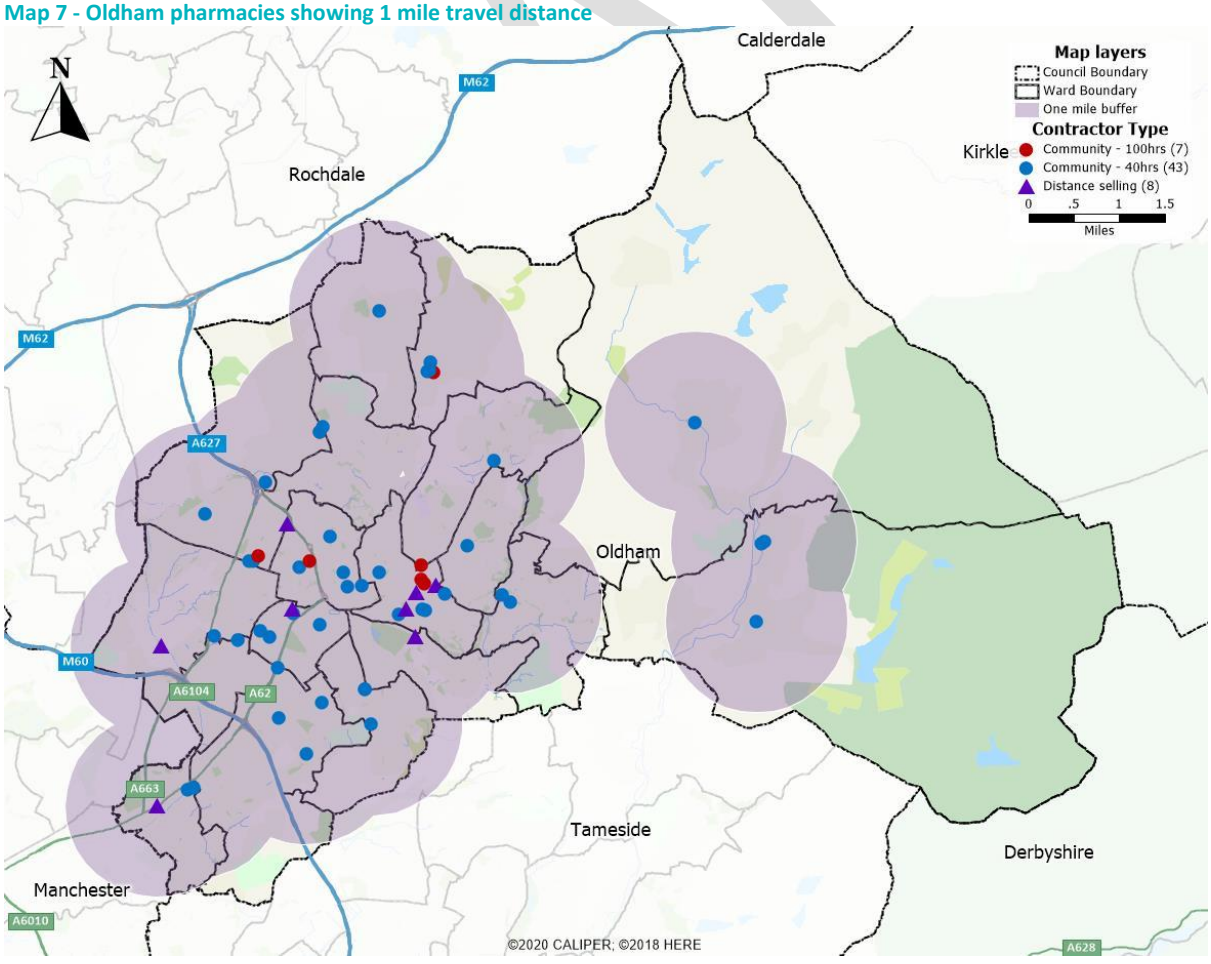
- 89% of the population in England has access to a community pharmacy within a 20-minute walk;
- Over 99% of those in areas of highest deprivation are within a 20-minute walk of a community pharmacy; and
- As the accessibility of community pharmacies is greatest in areas of higher deprivation, they may have an important role to play in reducing inequalities.

The location of pharmacies does not cause a problem for 78 of 86 (91%) of the responders to the public survey and the opening hours do not cause a problem for 84% (72 /86).

The Pharmacy Access Scheme (revised PhAS) started from January 2022, to continue to support patient access to isolated, eligible pharmacies. It is funded to no more than £20 million from the Community Pharmacy Contractual Framework (CPCF).
Eligibility for PhAS continues to be based on both those pharmacies in the lowest 70th percentile by dispensing volume, and distance of more than 1 mile from the next nearest pharmacy. The exception to the distance criteria is where the pharmacy is in an area in the top 20% on the Index of Multiple Deprivation (see section 4.3) and more than 0.8 miles from the nearest pharmacy.

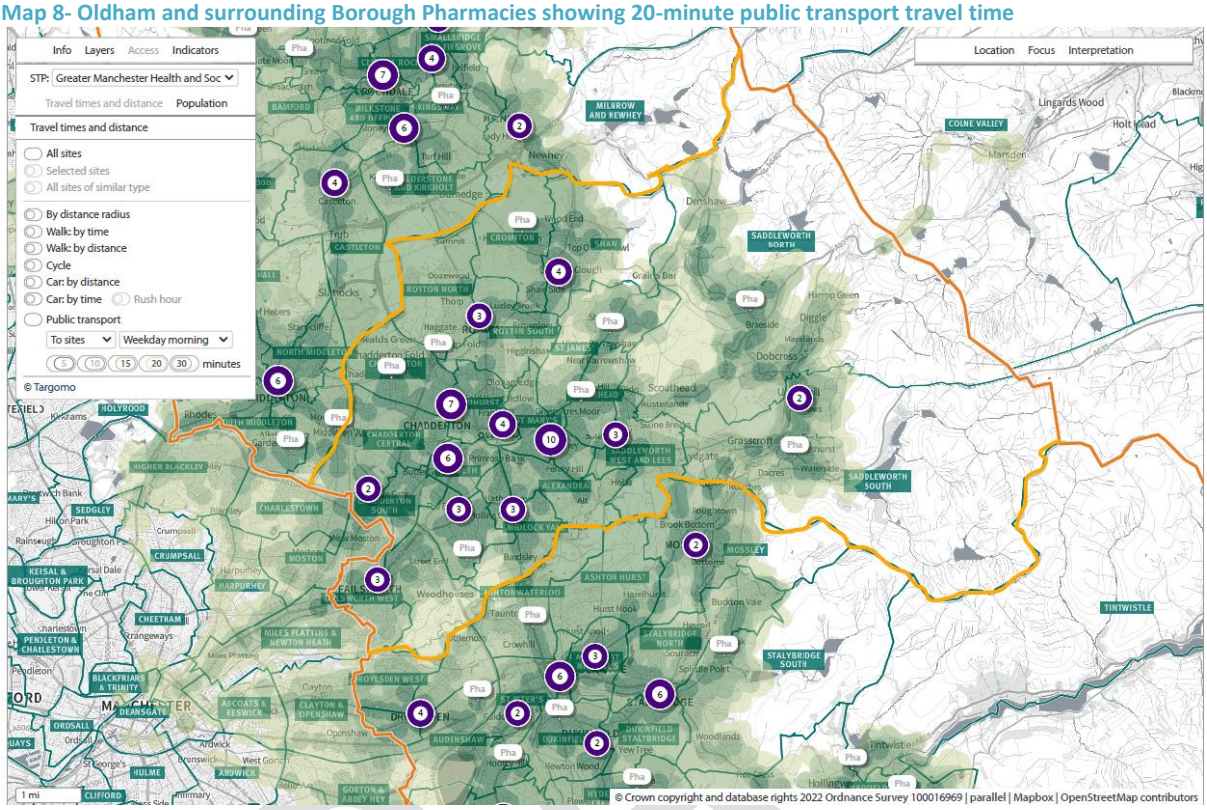
1 mile is used as an approximate for 20 minutes walking time assuming that an average walking speed is 3mph. Of course, the speed will vary depending on the walking ability of the person and the terrain in the area.

Map 7 - Oldham pharmacies showing 1 mile travel distance



[36] https://psnc.org.uk/psncs-work/about-community-pharmacy/ accessed 22/02/2022

Map 8- Oldham and surrounding Borough Pharmacies showing 20-minute public transport travel time



Map 7 indicates there are parts of Oldham further than a mile away from their nearest pharmacy, however, there are pharmacies outside Oldham that offer some further access, see Cluster maps in Section 7.0 for location of pharmacies in the neighbouring Boroughs which are close to Oldham borders. Other areas of Map 7 which are not within 1 mile of an Oldham pharmacy are mainly comprised of either rural or industrial land. However, Map 8 showing 20- minute travel time by public transport indicates that more of the borough is accessible when using transport. The main areas affected are located in the North East area of Shaw Ward, the Western edge of Saddleworth North Ward, and the South and West of Saddleworth South Ward.

According to government statistics the percentage of households in the North West without access to a vehicle has fallen from 27% in 2002/03 to 22% in 2020[37] (see Table 19 in section 7.1). Although this is high compared to some national regions it is on a par with other highly urbanised areas e.g. West Midlands 22% (England 2020 average 21%, England excluding London 17%, London 42%). The is because the North West includes large city centres, such as Manchester and Liverpool where people are more likely to rely on public transport rather than have access to a vehicle, the value for Oldham alone is not available but is likely lower than the NW average.

Most of Oldham's population should have access to a pharmacy within 20 minutes ~~either~~ by car, walking or using public transport.

6.1.2 Correlation with GP practices

There are 58 community pharmacies, more than the 37 GP practices (previously 39, but 2 GP practices are to close in March and April 2022). In addition, all Clusters have multiple pharmacies and there are pharmacies close to each GP practice, although practice list sizes, number of GPs and

[37] https://www.gov.uk/government/statistical-data-sets/nts99-travel-by-region-and-area-type-of-residence

opening times may differ significantly between practices. At ward level, Alexandra and Chadderton South and Failsworth East wards have no community pharmacy or GP practice, but do have them both in close proximity to their borders.

6.1.3 Access due to opening hours

The public survey asked, 'Have you used pharmacies early in the morning (before 9am), later at night (after 7pm), at weekends or on bank holidays?'. 60 out of 86 (70%) respondents replied 'No', so whilst most people will visit a pharmacy during the 9am to 7pm period, Monday to Friday, following a visit to their GP, there will be times when people will need to access a pharmacy outside of those times. This may be to collect a dispensed prescription or after being seen by the out-of-hours GP service, or it may be to access one of the other services provided by a pharmacy outside of a person's normal working day.

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

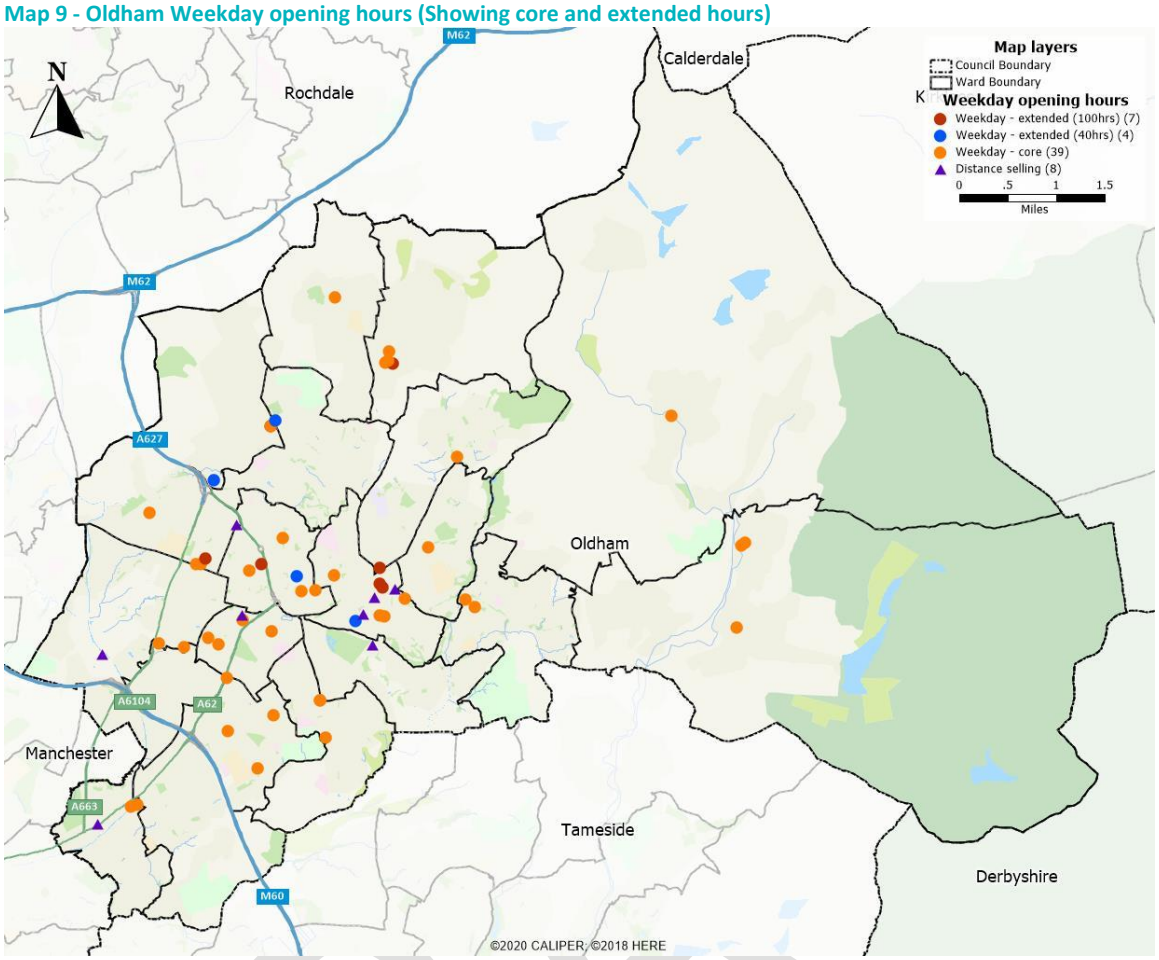
- 93% of respondents surveyed had not had any problems accessing a pharmacy service due to location. Of the other 8 (7%) who had trouble with accessing a pharmacy; two mentioned distance from their home; two mentioned parking the main complaints were lack of transport, parking or public transport access; one respondent used multiple pharmacies as they collected for various family members who used different GPs. Three were not relevant to the location question due to patients' mobility or pharmacy opening times.
- 72 respondents (84%) had no access problems due to opening hours. Of the 14 out of 86 who had problems, 4 of them were unaware that some pharmacies in Oldham have extended opening hours. Respondents who had access issues stated their main issues were 'Not open outside of working hours' and 'Not open weekends'
- When rating the overall experience of using a pharmacy most respondents (74%) indicated they were satisfied or very satisfied, with 19% not responding to this question and only 7% indicating they were unsatisfied.

Map 10 and 11 detailed below show the span of opening times for Oldham pharmacies based on their core and supplementary opening hours[38]. This identifies those that open 7 days a week, all day Saturday (open Monday to Friday), only half day Saturday (open Monday to Friday) and closed Saturday (open Monday to Friday). The map also identifies those open after 6pm Monday to Friday. Full details of the opening hours for community pharmacies in Oldham can be found on NHS Choices[39].

[38] Data valid as at 28th February 2022

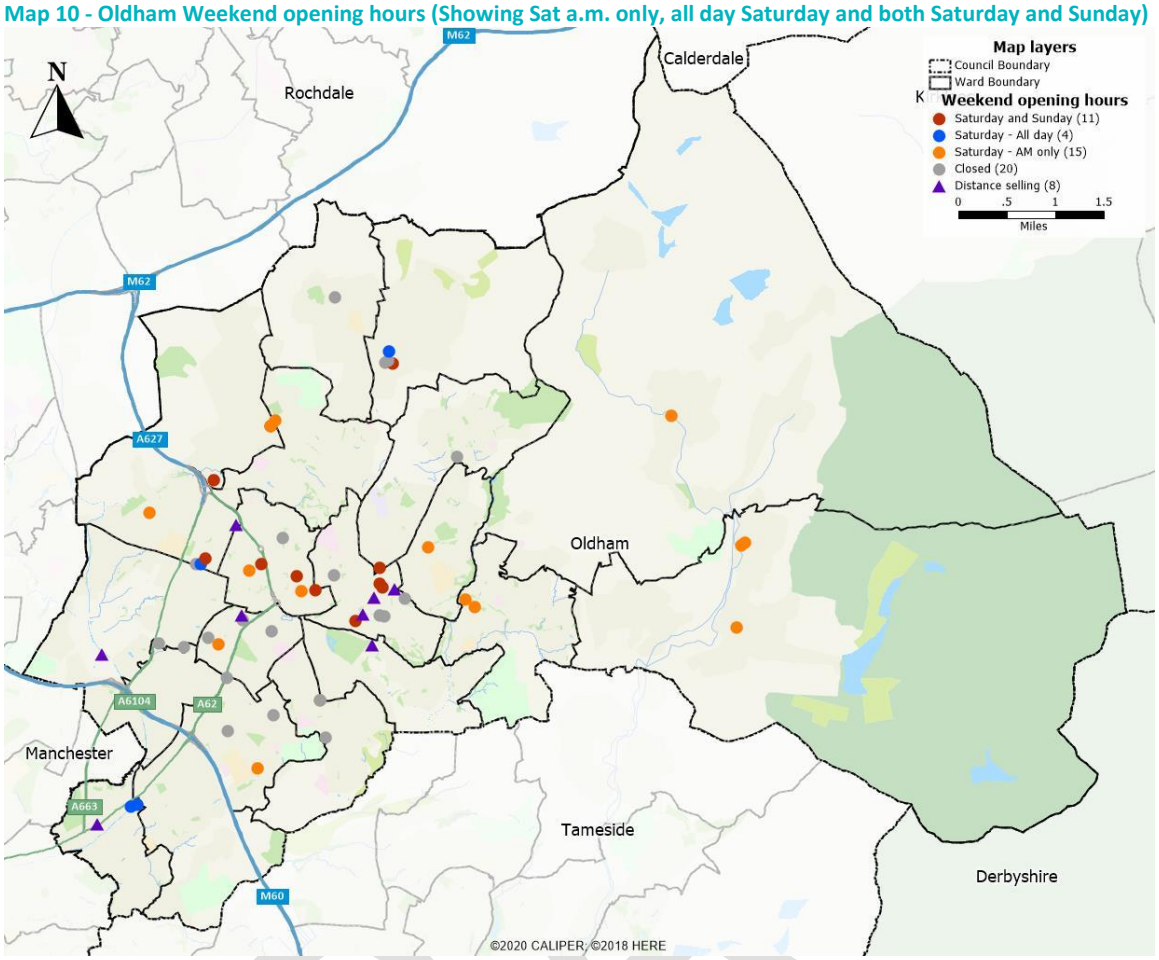
[39] https://www.nhs.uk/service-search/pharmacy/find-a-pharmacy

Map 9 - Oldham Weekday opening hours (Showing core and extended hours)



DRAFT

Map 10 - Oldham Weekend opening hours (Showing Sat a.m. only, all day Saturday and both Saturday and Sunday)



DRAFT

Monday to Saturday opening

Eight walk-in community pharmacies open at 8:00 a.m. or earlier Monday to Saturday. The earliest opening is 6:30 a.m. (see Table 15).
30 of the 50 walk-in community pharmacies open on a Saturday morning plus eight distance selling pharmacies, 15 of the 30 pharmacies close by 1:00 p.m. Leaving nine being open until 7:00pm or later during Saturday in Oldham. There is at least one pharmacy open in each cluster between 8.30am and 6pm on a weekday, plus 9am to 5pm on a Saturday.

The gaps in opening hours are in South Cluster where there is no pharmacy open before 8am or after 7pm on a weekday or a Saturday and no pharmacies open on a Sunday. All other clusters have cover with at least 1 pharmacy remaining open during these times. The public survey had 17 responses from people whose postcode matched those in South Cluster (M35 & OL8). Of these 17 only 1 complained of poor access due to opening times at their local pharmacy.

Table 15 - Oldham pharmacies open Monday to Saturday from 8:00 a.m. or earlier (source: NHSE&I)

Pharmacy	Postcode	Map Index	Mon to Sat opening time	Comments
ASDA Pharmacy	OL2 8QP	34	7:00am	Opens at 8:00am on Monday
ASDA Pharmacy	OL9 0JE	50	7:00am	Opens at 8:00am on Monday
Boots	OL9 0LQ	52	8:00am	
Market Square Pharmacy	OL2 5QD	29	7:00am	
Oldham Late Night Pharmacy	OL4 1JW	15	7:30am	
Our Pharmacy	OL4 1JN	13	7:00am	
Tesco In-Store Pharmacy	OL1 3LG	24	6:30am	Opens at 8:00am on Monday
Tesco In-Store Pharmacy	OL9 6BW	6	7:00am	Opens at 8:00am on Monday
Chemist Corner Internet Pharmacy	OL8 2BD	1	8:00am	Distance selling pharmacy/Closed on Saturday

11 pharmacies provide access to pharmaceutical services until 7:00 p.m. or later Monday to Friday; with 9 pharmacies also providing until 7:00 p.m. or later Saturday (see Table 16).

Table 16 - Oldham pharmacies open Monday to Saturday until 7:00 p.m. or later (source: NHSE&I)

Pharmacy	Postcode	Map Index	Mon to Sat closing time	Comments
ASDA Pharmacy	OL2 8QP	34	11:00pm	Closes at 10:00pm on Saturday
ASDA Pharmacy	OL9 0JE	50	11:00pm	Closes at 10:00pm on Saturday
Boots	OL2 5HX	28	8:00pm	Closes at 7:00pm on Saturday
Lloydspharmacy	OL1 1NL	3	7:00pm	
Market Square Pharmacy	OL2 5QD	29	10:00pm	
Oldham Late Night Pharmacy	OL4 1JW	15	10:30pm	
Our Pharmacy	OL4 1JN	13	10:30pm	Closes at 8:30pm on Saturday
Seemed Pharmacy	OL4 1EN	11	7:00pm	Closes at 12pm (noon) on Saturday
Tesco In-Store Pharmacy	OL1 3LG	24	10:30pm	Closes at 10:00pm on Saturday
Tesco In-Store Pharmacy	OL9 6BW	6	11:00pm	Closes at 10:00pm on Saturday
Well	OL2 6QN	31	7:00pm	Closes at 1:00pm on Saturday

Sunday opening

10 pharmacies open on Sunday and four of the five clusters have at least one pharmacy open for some hours. The majority of the respondents to the public survey were satisfied or very satisfied with the opening hours provided.

Table 17 - Oldham pharmacies open on Sunday (source: NHSE&I)

Pharmacy	Postcode	Map Index	Sun opening time	Sun closing time
ASDA Pharmacy	OL2 8QP	34	11:00am	5:00pm
ASDA Pharmacy	OL9 0JE	50	10:30am	4:30pm
Boots	OL1 1XD	4	10:30am	4:30pm
Boots	OL2 5HX	28	11:00am	5:00pm
Lloydspharmacy	OL1 1NL	3	10:00am	4:00pm
Market Square Pharmacy	OL2 5QD	29	8:00am	6:00pm
Oldham Late Night Pharmacy	OL4 1JW	15	10:00am	8:00pm
Our Pharmacy	OL4 1JN	13	8:00am	5:00pm
Seemed Pharmacy	OL4 1EN	11	6:00pm	11:00pm
Tesco In-Store Pharmacy	OL1 3LG	24	10:00am	4:00pm
Tesco In-Store Pharmacy	OL9 6BW	6	11:00am	5:00pm

Changes to pharmacy contractors

In Oldham since the last PNA there have been closure of two 100-hour pharmacies and one moved into Rochdale Borough area. A further two distance selling pharmacies have opened in Oldham Borough, leaving a net decrease of one pharmacy premises.

In Oldham one 100-hour closed in Royton South ward, but the population are still served by a 40-hour contracted pharmacy, open 8:30am until 7pm midweek and until 1pm on a Saturday. This is a 4-minute walk from the location of the 100-hour pharmacy which closed.

In Coldhurst ward two 100-hour pharmacies have closed, however the local population is well served by a further five 40-hour contract pharmacies and one 100-hour pharmacy nearby by as this is near the central shopping area.

There are no further known changes anticipated at the time of writing the PNA.

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

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

6.1.2 Access to Advanced Services

6.1.2.1 Access to Appliance Use Review (AUR)

According to data from NHS England no pharmacies in Oldham provided appliance use reviews. Data from the NHS Business Services Authority show that the main providers of appliance use reviews and stoma customisation services are DACs. In the 12-month period, November 2020 to October 2021 (latest data on 1st February 2022), 320 AURs were provided to Greater Manchester residents with 307 of these delivered in the individual's home.

Of the DACs in GM three have provided 320 AURs during 2020/21 the majority (307) of which took place in the patient's home. Some patients in Oldham will receive this service from DACs outside of GM. This low level of provision reflects the specialist nature of the provision of appliances, but may also reflect a drop in numbers due to COVID-19 and limited face-to-face patient contact.

6.1.2.2 Access to Community Pharmacy Consultation Service (CPCS)

Appendix Seven provides a list of pharmacies providing CPCS advanced services.
Since 1st November 2020, general practices have been able to refer patients for a minor illness consultation via CPCS[40], once a local referral pathway has been agreed. The local NHS E&I area Team (GMHSCP) have 51 pharmacies listed to provide this service across Oldham Borough.

As well as referrals from general practices, the service takes referrals to community pharmacy from NHS 111 (and NHS 111 online for requests for urgent supply), Integrated Urgent Care Clinical Assessment Services and in some cases, patients referred via the 999 service.
The CPCS aims to relieve pressure on the wider NHS by connecting patients with community pharmacy, which should be their first port of call and can deliver a swift, convenient, and effective service to meet their needs. Since the CPCS was launched, an average of 10,500 patients per week being referred for a consultation with a pharmacist following a call to NHS 111. These are patients who might otherwise have gone to see a GP.
The CPCS provides the opportunity for community pharmacy to play a bigger role than ever within the urgent care system.

6.1.2.3 Access to Covid-19 Lateral Flow Device Distribution Service

At the end of March 2021, a new Advanced service – the NHS community pharmacy COVID-19 lateral flow device distribution service (or 'Pharmacy Collect' as it is described in communications to the public) – was added to the NHS Community Pharmacy Contractual Framework as part of the Government's response to the Covid-19 pandemic. 54 Pharmacies in Oldham provided this service. This service, which pharmacy contractors can choose to provide if they meet the necessary requirements, aims to improve access to COVID-19 testing by making lateral flow device (LFD) test kits readily available at community pharmacies for asymptomatic people, to identify COVID-positive cases in the community and break the chain of transmission.
However, from 21st February 2022 the Government[41] announced plans to stop providing free COVID tests to the public.
The speed of set up and de-escalation of this service is further evidence that community pharmacies can be relied upon to provide timely and essential services to their local population.

6.1.2.4 Access to Community Pharmacy Seasonal Influenza Vaccination programme

According to data available at NHS Business Services Authority 49 pharmacies in Oldham delivered this service for 2020/21, providing 16,276 vaccinations during the flu season. This is compared to 44 pharmacies providing 8,749 vaccinations for 2019/20; which is an 86% increase in vaccination delivery compared to the national figure of 61%. From September to December 2021, part way through flu season, 19,635 vaccinations have by delivered by 45 pharmacies in Oldham.

6.1.2.5 Hepatitis C Testing Service

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 in the **5-year CPCF agreement**, and was always likely to be a time-limited service[42] as the national Hepatitis C Programme is an exercise to identify those people not in contact with other healthcare services. In the first instance it will run until 31st March 2022, as of February 2022 there has been no announcement on whether it will continue beyond this date or not.

[40] https://psnc.org.uk/services-commissioning/advanced-services/community-pharmacist-consultation-service/
[41]
[42] https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024

The service is focused on provision of point of care testing (POCT) for Hepatitis C (Hep C) antibodies to people who inject drugs (PWIDs), i.e. individuals who inject illicit drugs, e.g. steroids or heroin, but who haven't yet moved to the point of accepting treatment for their substance use. Where people test positive for Hep C antibodies, they will be referred for a confirmatory test and treatment, where appropriate.

Currently (February 2022) there are 3 pharmacies in Oldham providing this Hep C testing service. Two of the pharmacies only have supervised consumption service whilst the other pharmacy provides both supervised consumption and needle exchange. If the service is to continue it would be better placed in pharmacies who supply needle exchange programmes, rather than just supervised consumption, as is aimed at PWIDs who are not yet in treatment.

6.1.2.6 Hypertension Case Finding Service

The Hypertension case-finding service, which was commissioned as an advanced service from 1st October 2021. It is described, in public-facing communications, as the NHS Blood Pressure Checks Service.
The service has two stages – the first is identifying people at risk of hypertension and offering them blood pressure measurement (a 'clinic check'). The second stage, where clinically indicated, is offering 24-hour ambulatory blood pressure monitoring (ABPM). The blood pressure test results will then be shared with the patient's GP to inform a potential diagnosis of hypertension.
Contractors opting to provide the service must undertake both stages of it, where clinically required, i.e. it is not possible to just undertake clinic BP readings and not ABPM.

This service is commissioned by NHS E&I and has 30 pharmacies participating in Oldham. In the one-month data for November 2021[43] that we have access to currently, there were 295 blood pressure checks undertaken by 13 pharmacies and four ABPM undertaken by one pharmacy.

6.1.2.7 Access to New Medicine Service (NMS)

The service provides support for people, often with long-term conditions, newly prescribed a medicine to help improve medicines adherence and patient outcomes. The primary aim of the consultation (which can be face-to-face or telephone-based) is the patient-centred identification of any problems either with the treatment (including any adverse drug reactions) or otherwise in relation to the patient's self-management of their long-term condition, and identification of any need of the patient for further information and support in relation to the treatment or the long-term condition. NMS is focused, from 1st September 2021, on the following conditions, many of which align to the Oldham Local Priority Plan:

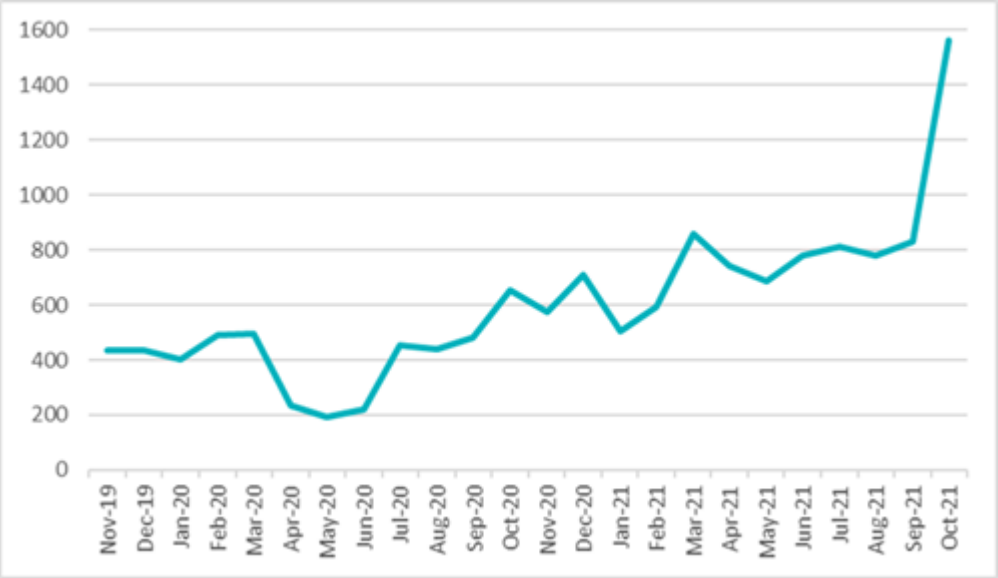
1. Asthma and COPD
2. Diabetes (Type 2)
3. Hypertension
4. Hypercholesterolaemia
5. Osteoporosis
6. Gout
7. Glaucoma
8. Epilepsy
9. Parkinson's disease
10. Urinary incontinence/retention
11. Heart failure

[43] NHS BSA dispensing data

12. Acute coronary syndromes
13. Atrial fibrillation
14. Long term risks of venous thromboembolism/embolism
15. Stroke / transient ischemic attack
16. Coronary heart disease

See Appendix Seven for those pharmacies that are providing NMS.

Figure 8- NMS graph showing numbers carried out by Oldham Pharmacies between Nov 2019 and Oct 2021



Since the service was relaunched in September 2021, with extra disease areas to focus on, uptake has increased significantly. This is due partly to the requirement in the PQS to carry out 20 NMS in the financial year (see section 3.5.1).

6.1.2.8 Pandemic Delivery Service

The Pandemic Delivery service was launched in April 2020 as a contractual responsibility introduced during the COVID-19 pandemic. It was to support certain groups of clinically vulnerable and self-isolating people to obtain their medicines via a delivery service. The service is currently active until 31st March 2022 for people notified of the need to self-isolate by NHS Test and Trace in all areas of England.

6.1.2.9 Access to stoma appliance customisation

In Nov 2020 to October 2021 one pharmacy provided stoma customisations, however, a number will have been provided by dispensing appliance contractors outside the Oldham area. Information provided by NHS England shows that there are eight DACs in the Greater Manchester area in Jan 2021, they provide approximately 1000 stoma customisations each per month to patients nationally and locally. Some patients will access this service from DACs outside GM.
This low level of provision reflects the specialist nature of the provision of appliances, and it would be expected that this service is provided by DACs specialising in the provision of stoma appliances.

6.1.2.10 Access to Smoking Cessation Service (SCS)

At the time of writing this service is not yet being delivered. The Smoking Cessation Service (SCS) will be commissioned as an advanced service from 10th March 2022. 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. The ambition is for referral from NHS trusts to community pharmacy to create additional capacity in the smoking cessation pathway. To start with, the service will only be provided by pharmacists, not other pharmacy staff members. It will likely replace the CURE enhanced service and pharmacies currently providing this service may opt to provide this also. There are currently 51 pharmacies providing the CURE stop smoking model.

6.1.3 Access to locally commissioned or enhanced services

6.1.3.1 Locally commissioned services by Oldham Council

In February 2022 Oldham Council commission 5 services from community pharmacies.

Local Authorities commission public health or preventative services.
Three services are directly commissioned:

- Emergency Hormonal Contraception
- NHS Health Checks
- Lateral Flow On-site Testing

Whilst Turning Point, a specialist care provider, have a devolved budget to commission addiction services. In Oldham these are:

- Needle Exchange
- Supervised Consumption Services

6.1.3.2 Locally commissioned services by NHS Oldham CCG/ transferring to GM ICB (July 2022)

NHS Oldham CCG usually commission services related to a person's current disease state rather than for preventative care. In Oldham there are two such services.

- Palliative care service: which is split into two tiers.
    - Tier 1 is for pharmacies to hold stock of drugs which may be required by a palliative care patient at short notice
    - Tier 2 is for a fast-track palliative care delivery for access to the stock outside of the regular pharmacy hours
- Antiviral stock holding: This is specifically (although not exclusively) to support the patient pathway for access to antiviral medication to protect patients exposed to flu or an influenza-like-illness in a care home setting.

In July 2022 NHS Oldham CCG will no longer be the statutory body and will therefore not be able to commission these services. The responsibility will lie with the newly formed GM Integrated Care Board (see section 2.3.1). How services will be arranged across GM is not yet fully mapped out, but it is thought that the current CCGs will become localities with some delegation to address local needs – whilst ensuring a reduction in inequalities across GM.

6.1.3.3 Enhanced Services commissioned by NHS E&I area Team (GM HSCP)

GM HSCP commission two services from Oldham pharmacies

- Inhaler Technique Service
- Oldham Stop Smoking CURE pilot

6.2 Necessary services: current provision out-side the HWB's area

In making its assessment the HWB needs to take account of any services provided to its population, which may affect the need for pharmaceutical services in its area. This could include services provided across a border to the population of Oldham by pharmacy contractors outside their area,

or by GP practices, or other health services providers including those that may be provided by NHS trust staff.
Patients have a choice of where they access pharmaceutical services; which may be close to their GP practice, their home, their place of work or where they go for shopping, recreational or other reasons. Consequently, not all the prescriptions written for residents of Oldham were dispensed by the pharmacies within Oldham. The Oldham Council has borders with three Greater Manchester boroughs (Manchester, Rochdale, and Tameside) and with Derbyshire, Calderdale and Kirklees.
30 pharmacies are located within 1 mile of the Oldham HWB border. However, there are none located in Calderdale or Kirklees but the Pennine moors stretch along their borders (see Map 8 and Appendix Twelve), some may offer extended hours. Refer to NHS Choices[44] for full opening times.
Data from NHS Digital shows that although most items (95.1%, see Table 13) prescribed by NHS Oldham CCG prescribers are dispensed in Oldham pharmacies a number are dispensed across England.
Information on the type of advanced services provided by pharmacies and DACs outside the HWB's area to Oldham residents is not available. When claiming for advanced services contractors merely claim for the total number provided for each service. The exception to this is the stoma appliance customisation service where payment is made based on the information contained on the prescription.
However, even with SAC service just the total number of relevant appliance items is noted for payment purposes. It can be assumed however that Oldham residents will be able to access advanced services from contractors outside of Oldham.
It is not possible to identify the number of Oldham residents who access enhanced services from pharmacies outside the HWB's area. This is due to the way that pharmacies are paid. However, residents of the HWB's area may access enhanced services from outside Oldham.
The same applies to locally commissioned services.

6.3 Other relevant services - current provision

Other relevant services are pharmaceutical services that are not necessary (see section 3.6.1 and section 8.2 to 8.5) but have secured improvement or better access to pharmaceutical services.
Other relevant services, for the purposes of this PNA, are defined as:

- Essential services provided by pharmacies outside of the standard 40 core hours (known as supplementary hours) in line with their terms of service as set out in the 2013 regulations,
- Advanced services
- Locally commissioned or enhanced services

6.3.1 Other relevant services within the HWB's area

Oldham Pharmacies also provide essential and advanced services where they have supplementary hours in place. The totality of these hours covers evenings, Saturday and Sunday. Opening hours are available on NHS Choices. The range of opening times is discussed in section 6.1.3 and is shown in Appendix Eight and Maps 9 and 10.

6.3.2 Other relevant services provided outside the HWB's area

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

[44] https://www.nhs.uk/service-search/pharmacy/find-a-pharmacy

6.3.3 Other relevant services

Whilst the HWB consider enhanced services as providing an improvement or better access to pharmaceutical services, two, CURE pilot and Inhaler Technique services, are commissioned by NHS England. From March 10th 2022, the new advanced service Smoking Cessation Service (SCS) is being finalised for introduction in 2022. The CSC is introduced following the successful CURE pilot and will replace it once in place. There are currently 9 pharmacies signed up to CURE pilot and these pharmacies will be able to transfer to the new national SCS if they wish.

6.3.4 Choice regarding obtaining pharmaceutical services

90.2% of items prescribed by Oldham practices are dispensed within Oldham community Pharmacies. 9.8% of items are dispensed outside of the borough of Oldham. This may be due to people using location near work for example, or through use of distance selling pharmacies in other areas of England.
As expected, a proportion of these were dispensed in neighbouring HWB areas but not in significant numbers.

6.4 Future provision – necessary and other relevant services

6.4.1 Housing and development

This section contains information on expected future housing and regeneration development which may impact on the future need for pharmaceutical services.

6.4.1.1 Places for Everyone

Places for Everyone (PfE) is a joint plan for the nine boroughs of Greater Manchester (Bury, Bolton, Oldham, Manchester, Rochdale, Salford, Tameside, Trafford and Wigan).

The PfE Publication Plan was submitted to the Secretary of State in February 2022. Independent Inspector(s) will then be appointed to undertake an independent examination into the plan later in 2022. Please see the GMCA website for further information and updates on the Plan's progress: https://www.greatermanchester-ca.gov.uk/what-we-do/planning-and-housing/places-for-everyone/

PfE proposes strategic housing and employment development across the nine boroughs and should be considered as a whole, given the likely effects of development in one borough impacting infrastructure needs in neighbouring boroughs. Policies set out measures to ensure the plan is supported by appropriate infrastructure. Including where it sets out measures related specifically to health provision.
PfE sets outs a housing requirement for Oldham of 680 homes a year from 2021-2037 phased using a stepped requirement as follows:

- 2021 to 2025 – 352 homes a year
- 2025 to 2030 – 680 homes a year
- 2030 to 2037 – 868 homes a year

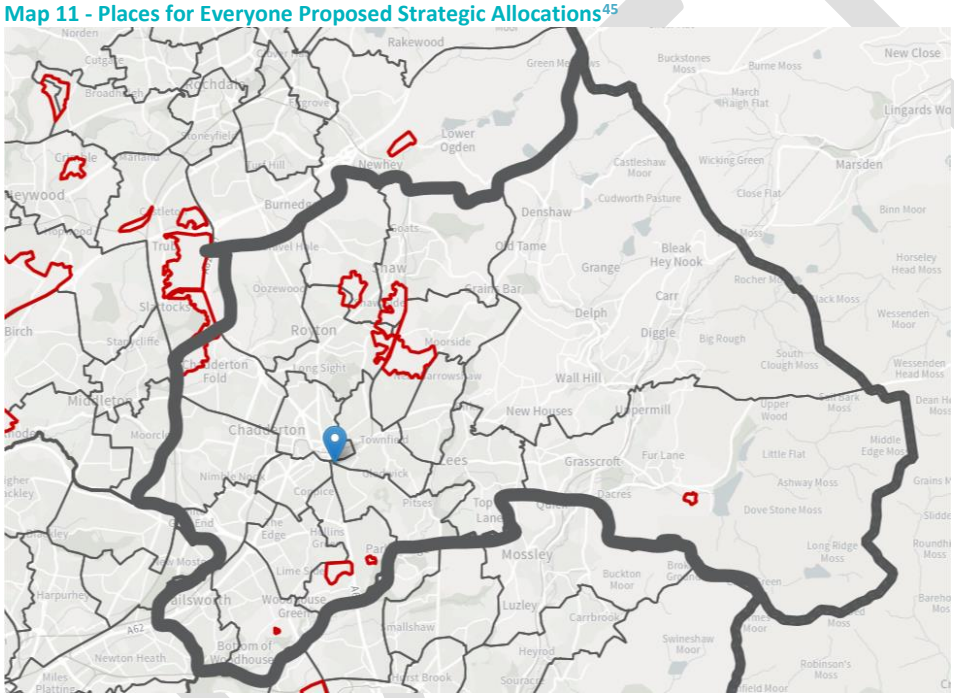
Across the plan period the total housing required in Oldham is 10,884 homes. Table 7.1, page 130, of the Plan identifies the housing land supply breakdown by district. For Oldham, the housing land supply identifies 12,801 homes, with the proposed strategic allocations providing approximately 2,176 homes and the baseline housing land supply (considered in section 3 below) providing the remainder

DRAFT

Table 18 - Oldham's Proposed Strategic Allocations (Places for Everyone 2021)

Allocation Name	Cluster	Ward	Current Planning Status	Type of allocation	Total Allocation Capacity	Total homes 2020-2025	Total homes 2025-2030	Total homes 2030-2037	Homes 2037 onwards (post-plan period)
Land South of Coal Pit Lane (Ashton Road)	South	Medlock Vale	Green Belt	Residential	175 homes	0	84	91	0
Beal Valley	North/East	Royton South, Shaw, St James'	Green Belt/small portion OPOL	Residential	482 homes	0	402	80	0
Broadbent Moss	North/East	Royton South, St James'	Green Belt/OPOL	Residential	1451 homes	77	347	527	500
				Employment	21,720sqm	N/A			
Cowlishaw	North	Royton South, Crompton	OPOL	Residential	465 homes	124	261	80	0
Chew Brook Vale (Robert Fletchers)	East	Saddleworth South	Previously developed site in Green Belt (Brownfield land)	Residential	90 homes	0	80	10	0
South of Rosary Road	South	Medlock Vale	Green Belt	Residential	60 homes	0	60	0	0
Bottom Field Farm (Woodhouses)	South	Failsworth East	Previously developed site in Green Belt	Residential	30 homes	0	30	0	0
Stakehill	West	Chadderton North	Green Belt	Employment (Oldham portion)	150,000sqm	0	45,000sqm	70,000sqm	0

Map 11 - Places for Everyone Proposed Strategic Allocations[45]



The areas identified by a red outline show location of significant PfE proposed locations.

Please note, the 77 dwellings identified in years 1-5 of the plan at Broadbent Moss have planning permission (Land East of Hebron Street - PA/343341/19). As of December 2021, 15 of these were completed. Furthermore, part of the Cowlishaw allocation has planning permission (RES/346720/21) for 205 dwellings and could therefore come forward sooner than anticipated.

Three of the strategic allocations (Beal Valley, Broadbent Moss and Cowlishaw) are proposed within the area covered by Crompton, Shaw, Royton South and St James wards. Given the scale of proposed development in these wards it is important that appropriate infrastructure provision is provided to support the proposed growth and ensure that no additional strain is placed on existing infrastructure, minimising the impact on the existing communities.

In PfE, each of the proposed strategic allocations within Oldham sets out policy requirements for development which includes, contributing to appropriate health and community facilities to meet

[45] https://mappinggm.org.uk/pfe-consultation-2021/?lyrs=pfe_allocation_boundaries,gm_wards,gm_boundaries,gm_border#os_maps_light/12/53.5528/-2.0016

the increased demand that will be placed on existing provision. These should be informed by local needs and deficiencies as appropriate.
The proposed Beal Valley and Broadbent Moss Strategic Allocations are significant in terms of their location and scale. Approximately 1,933 homes are identified to be delivered (including Land East of Hebron Street – PA/343341/19) across the allocations. The high-level indicative concept planning work for these allocations has identified that given the scale of development across these two allocations, a local centre could be provided. The local centre could include education, community and healthcare facilities. The PfE policy wording for Broadbent Moss requires development on the site to make provision for a local centre. The proposed allocation at Broadbent Moss also includes a new Metrolink station and Park and Ride facility. Further detail is provided within the allocation topic papers, available on the GMCA website.
Further discussions may be required to further understand the healthcare needs arising from the PfE proposed strategic allocations.

6.4.1.2 Oldham's 'Creating a Better Place' Framework

Oldham's 'Creating a Better Place' Framework is the strategic framework for the borough and includes the Housing Strategy and use of Oldham Council's corporate estate (land and property) to support development and open space requirements across the borough. It is expected to create more than 2,000 new homes in Oldham town centre, 1,000 new jobs and 100 apprenticeship opportunities.
Under the 'Creating a Better Place' framework, the scale of housing proposed for Oldham Town Centre is significant and will dramatically increase the number of homes within the town centre. The exact mix of housing is unknown, however it is envisioned that this will include a significant proportion of apartments, with the potential for some supported living and accommodation suitable for older persons. The Local Housing Needs Assessment (LHNA), prepared to support the Council's Housing Strategy, identifies a need across the borough for 1,604 additional units of specialist older person's accommodation, 855 additional units of residential care provision, 1,343 additional units of accessible and adaptable properties (including 550 wheelchair accessible homes).
It is important that the additional homes are supported by appropriate healthcare provision and as such further discussions may be required.

6.4.1.3 Oldham's Housing Land Supply 2021-2026

Oldham's Housing Land Supply is set out within the Council's Strategic Housing Land Availability Assessment (SHLAA). The most recent SHLAA was published in February 2022 and represents the housing land supply position looking forward from April 2021.
The SHLAA is a technical document identifying land that might have potential for housing at some stage in the future, but allocation will take place through the Local Plan, any Neighbourhood Plan and any site which may be granted Permission in Principle and included on Part II of a Brownfield Register. The land included in the SHLAA forms the "baseline" housing land supply and does not include those strategic allocations which are being considered as part of PfE.
The Housing Land Supply position as presented in the SHLAA is set out in figure 9 below:

Figure 9 *Oldham's Housing Land Supply as at 1 April 2021*

SHLAA Category	Total Additions 2021-2026	Total Additions 2026-2031	Total Additions 11+	Total Additions All Periods
Sites under construction	1,056	0	0	1,056
Sites with extant planning permission	718	344	44	1,106
Saved UDP Phase 1 housing allocations	15	360	0	375
Saved UDP Phase 2 housing allocations	52	253	0	305
Lapsed and stalled sites >5 dwellings	106	486	337	929
Potential sites	946	3,116	2,993	7,055
Subtotal	*2,893*	*4,559*	*3,374*	*10,826*
Current small sites allowance minus any small sites already identified in supply	0	375	450	825
Current clearance allowance	-187	-25	-35	-247
Total	**2,706**	**4,909**	**3,789**	**11,404**

The SHLAA includes a breakdown of the housing land supply by ward and associated ward maps. The wards which have the highest supply of identified housing land over the plan period are St Mary's and Coldhurst – the two wards which cover Oldham Town Centre. This includes sites identified through the 'Creating a Better Place' Framework. Chadderton Central, Failsworth West, Hollinwood, Medlock Vale, Saddleworth North, Saddleworth West and Lees, Shaw, Royton South and Waterhead, all also have a significant number of sites identified as being suitable for future housing development.

6.4.1.4 Oldham Local Plan Review

A Local Plan Review is currently underway to update the existing Local Plan (the Joint Core Strategy and Development Management DPD, 2011). The Local Plan Review will look to address issues including health and well-being where relevant to the Local Plan and will be identifying allocations for future development in the urban area (including housing and employment). As part of this there will be a need to understand the healthcare needs arising from the allocations and Local Plan as a whole.

An early stage of the Local Plan Review – an Issues and Options Consultation– was undertaken in Summer 2021. Future stages of the Local Plan Review will include key stakeholder and further public consultation. Further information on the Local Plan Review is available online: https://www.oldham.gov.uk/info/201213/local_plan_review.

6.5 Other NHS services

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

- Hospital pharmacies – reduce the demand for the dispensing essential service as prescriptions written in the hospital are dispensed by the hospital pharmacy service.
- Personal administration of items by GPs – as above this also reduces the demand for the dispensing essential service. Items are sourced and personally administered by GPs and/or practice nurses thus saving patients having to take a prescription to a pharmacy, for example for a vaccination, in order to then return with the vaccine to the practice so that it may be administered.
- GP out-of-hours service.
- Services commissioned by Oldham Council or CCG

6.5.1 Hospital pharmacies

Patients attending these, on either an inpatient or outpatient basis, may require prescriptions to be dispensed. There two hospital trusts in the HWB's area,

- Royal Oldham Hospital (part of NCA Foundation Trust), as with each of the NCA FT trust's hospital sites, offers outpatient dispensing of hospital prescriptions. At Royal Oldham, Salford Royal and North Manchester General, the NCA are partnered by Lloyds Pharmacy which provides outpatient dispensing services.
- Pennine Care NHS FoundatioTrust, which provides adult mental health services at several sites in Oldham. Both trusts also provide a range of community-based services across Oldham.

Should services be moved out of the hospitals and into the primary care setting then it is likely that this would lead to more prescriptions needing to be dispensed by pharmacies in primary care. However, it is likely that pharmacies will be able to absorb additional dispensing arising from this, should it happen.

DRAFT

6.5.2 Personal administration of items by GPs

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

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

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

6.5.3 GP out of hours service

Beyond the normal working hours when practices are open, there is an out of hours service operated as an initial telephone consultation where the doctor may attend the patient's home or request the patient access one of the clinics. The clinics and travelling doctors have a stock of medicines and depending on the patient's requirement they may be given medicines from stock or a prescription issued for dispensing at a pharmacy. GPs offer an OOH service from GTD Healthcare.

Prescriptions from out of hours services can be dispensed by pharmacies with longer opening hours. These are Pharmacies open~~ed~~ seven days a week or for longer hours six days per week are listed in section 6.1.3 (Table 15, 16 and 17). These pharmacies are geographically spread across the borough and five clusters.

6.5.4 Locally commissioned services – Oldham Council and NHS Oldham CCG

Since 1st April 2013 Oldham Council has been responsible for the commissioning of some public health services. In addition, the CCG commissions a number of services that have an impact. Appendix Five sets out the services currently commissioned and the number of pharmacies providing these services.

The patient survey indicated that more can be done to increase awareness of these services commissioned, 22 of the 79 of respondents said there were other services they would like their pharmacy to offer. Some of these included services already provided, e.g. vaccinations, which may mean promotion of services is required to be highlighted to the public. Other requested services included support for breastfeeding women, to be able to support and prescribe for minor conditions and obvious clinical infections.

DRAFT

7 Districts for the purpose of the PNA

7.1 Overview

This assessment has taken a ward level approach to support the integration of public health data with other sources of information. The 20 wards were then aggregated into five clusters, as described in section 3.1.2. As each cluster has slightly differing health needs, they are considered separately for the purposes of the PNA. A link to a 2019 ward profile within the Oldham JSNA is accessible by clicking the link embedded on each ward name. Current residential and future proposed residential areas have been assessed for access to a pharmacy. Access to a pharmacy is based on walking and public transport times from the nearest pharmacy and the most recent census data from 2011 showing % residents with no car or van availability in each ward.

Table 19 - Car ownership by cluster and ward

Cluster	Ward	Cars: All categories: Car or van availability; measures: Value	Cars: No cars or vans in household; measures: Value	% no cars	% with Car or Van availability
East	Saddleworth North	4068	460	11%	89%
East	Saddleworth South	4355	692	16%	84%
East	Saddleworth West and Lees	4764	919	19%	81%
North	Crompton	4617	921	20%	80%
North	Royton North	4399	1020	23%	77%
West	Chadderton Central	4332	1091	25%	75%
West	Chadderton North	4313	1097	25%	75%
North	Royton South	4699	1215	26%	74%
South	Failsworth East	4515	1226	27%	73%
North	Shaw	4582	1256	27%	73%
West	Chadderton South	4713	1522	32%	68%
South	Failsworth West	4488	1449	32%	68%
East	St James'	4734	1514	32%	68%
South	Medlock Vale	4540	1704	38%	62%
West	Werneth	3667	1409	38%	62%
East	Waterhead	4977	1949	39%	61%
South	Hollinwood	4515	1929	43%	57%
Central	St Mary's	4358	1902	44%	56%
Central	Alexandra	4789	2361	49%	51%
Central	Coldhurst	4278	2318	54%	46%

The percentage of Oldham residents (2011) with access to a car or van averages at 69%.

The Central Cluster wards have the lowest average (51%) car ownership across the Borough. This is to be expected as they are closest to the town centre of Oldham, with the facilities and public transport access that this offers, so they may not require transport to travel for work, or shopping.

The East Cluster wards have the highest average car ownership of 77%, with the highest level of 89% car ownership being in Saddleworth North Ward which is the most rural ward in Oldham and has the lowest population density (see Map 4). Although the East Cluster has the greatest variation in car ownership as both Waterhead (61%) and St. James' (68%) wards are bordering with the Central Cluster and have areas of higher deprivation.

7.2 West Cluster

7.2.1 West Cluster profile

Oldham West Cluster consists of four wards:

- Chadderton North Ward

- Chadderton Central Ward
- Chadderton South Ward
- Werneth Ward

The population living in the District when compared with the England average is characterised by:

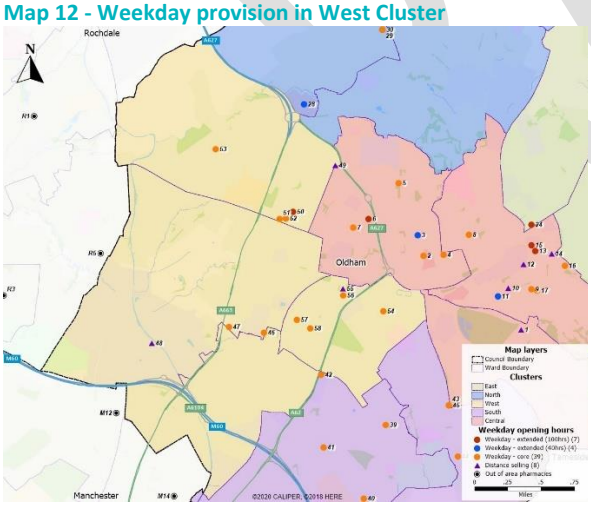
West Cluster Profile, February 2019

West Cluster Summary
CCG Cluster 3 average deprivation score is higher than Oldham CCG average. Across the GPs it is lower than average at Woodlands and Chadderton South Health. However it is considerably higher at Dr Sidhu's MP and St. Chad's.
Average life expectancy in males (76.8) and females (80.4) in Cluster 3 is similar to Oldham average (77.1 & 80.9 respectively) but lower than England (79.4 & 83.1 respectively). Life expectancy amongst males at Woodlands was higher than the Oldham male average but markedly lower for males at Dr Sidhu's practice (2015/16). Female life expectancy ranged from 79.1 years at Littletown and 81.9 years at Chadderton South HC. Life Expectancy data not available for Kapur Medical Practice.
Cluster 3 average prevalence is **HIGHER** than Oldham CCG average prevalence for the following health conditions: Learning disabilities (1.5 times CCG average), Diabetes and COPD
Cluster 3 average prevalence is **SIMILAR** to Oldham CCG average prevalence for the following health conditions: Depression, Mental Health, Cancer, CKD, Longstanding health conditions, Coronary Heart Disease, Hypertension, Asthma and Obesity. Where Cluster 3 also had ***similar*** rates to the Oldham CCG average but potentially requiring further local interpretation were in relation to: Reporting cancer in last 5 years; Females aged 25-64 years with record of cervical screening (last 5 years); Females aged 50-70 years screened for breast cancer in last 36 months; Persons aged 60-69 years screened for bowel cancer in last 30 months (2.5 year coverage, %); Emergency hospital admissions for all causes (under 18 years old) 2013/14- 2015/16; and, A & E Attendance (under 18 years old)
Cluster 3 average prevalence is **LOWER** than Oldham CCG prevalence for the following health conditions: Dementia and Stroke & TIA.

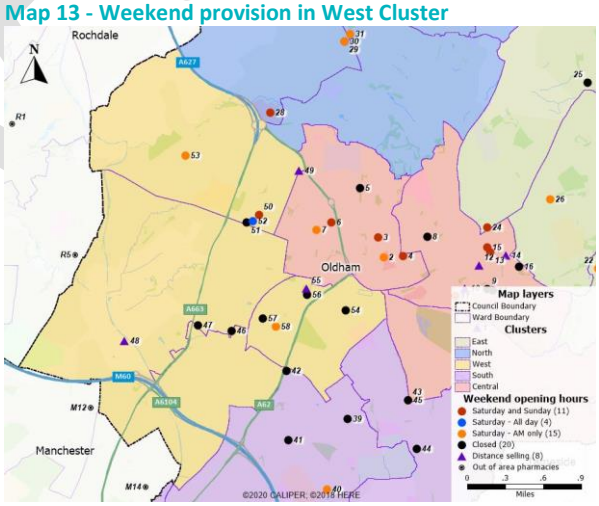
7.2.2 Access to a pharmacy in West Cluster

Maps 11 and 12 show that during Monday to Friday and at weekends there is satisfactory provision of pharmaceutical services across this Cluster. Although there are no pharmacies located in Chadderton South Ward travelling distances to pharmacies located on ward boundaries of Chadderton North, Hollinwood and with Manchester Council areas are all within the 1-mile travel buffer. The population density is lower compared to more central areas of Oldham and there is a higher-than-average number of households with cars (range 75% to 62%). The patient survey also identified no specific issues with access to pharmacies from this ward.

Map 12 - Weekday provision in West Cluster



Map 13 - Weekend provision in West Cluster



7.2.3 Future housing development in West Cluster

There are no residential sites proposed for future development in West Cluster. However, there is a proposal to build 150,000sqm of employment spaces in Chadderton North Ward adjacent to a site in Middleton (Rochdale Borough) which is already in use as an industrial estate. This type of building allocation is not considered as requiring pharmaceutical access.

7.3 South Cluster profile

Oldham South Cluster consists of four wards:

- Failsworth East Ward
- Failsworth West Ward
- Hollinwood Ward
- Medlock Vale Ward

The population living in South Cluster when compared with the England average is characterised by:

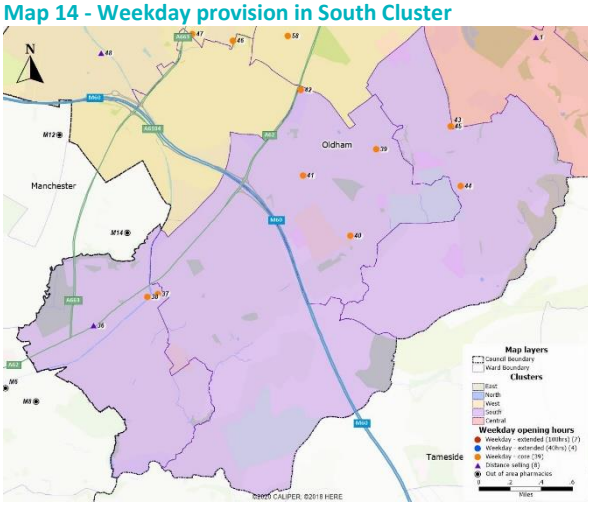
South Cluster Profile, February 2019

South Cluster Summary
Cluster 1 average deprivation score is far higher than Oldham CCG average. Across the GPs the lowest score was found at Hopwood House (37.9) and the highest at Hill Top Surgery (48.6).
Life expectancy in males and females is less than the Oldham average across all Cluster 1 GPs except in Hollinwood Medical Practice. Average life expectancy in males (75.5) is lower than the Oldham average (77.1) but amongst Cluster 1 females (79.9) life expectancy is similar to Oldham average (80.9) but both sexes are far lower than England (79.4 & 83.1 respectively). Life expectancy amongst males ranged from 73.8 years at Hill Top Surgery to 77.7 years at Hollinwood Medical Practice. Both of these practices hosted
Cluster 1 average prevalence is **HIGHER** than Oldham CCG average prevalence for the following health conditions: Learning disabilities, Mental Health, Diabetes and Obesity. Where Cluster 1 also had ***higher*** rates compared to the Oldham CCG average but potentially requiring further local interpretation were in relation to: Emergency hospital admissions for all causes (under 18 years
Cluster 1 average prevalence is **SIMILAR** to Oldham CCG average prevalence for the following health conditions: Dementia, Depression, Longstanding Health Conditions and Asthma. Where Cluster 1 also had ***similar*** rates to the Oldham CCG average but potentially requiring further local interpretation were in relation to: Females aged 25-64 years with a record of cervical screening (last
Cluster 1 average prevalence is **LOWER** than Oldham CCG prevalence for the following health conditions: Cancer (almost half CCG average), CKD, Coronary Heart Disease, Hypertension, Stroke & TIA and COPD. Where Cluster 1 also had ***lower*** rates than Oldham CCG average but potemtially requiring further local interpretation were in relation to: Reporting cancer in the last 5 years; Females aged 50-70 years screened for breast cancer in last 36 months (3 year coverage); and, Persons aged 60-69 years screened for bowel

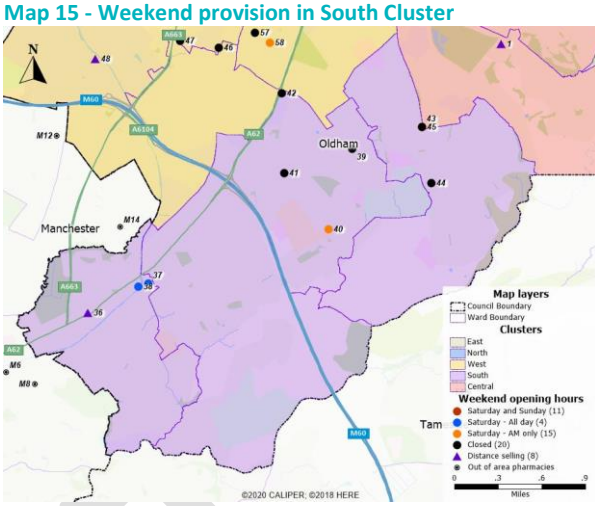
7.3.1 Access to a pharmacy in South Cluster

Maps 13 and 14 show that during Monday to Friday and at weekends there is satisfactory provision of pharmaceutical services across this Cluster. Although there are no pharmacies located in Failsworth East Ward travelling distances to pharmacies located outside the ward boundary is within 20 minutes travel time, the population density is lower than elsewhere and the number of households with cars or vans is 73% (higher than average). The patient survey also identified no specific issues with access to pharmacies from this ward.

Map 14 - Weekday provision in South Cluster



Map 15 - Weekend provision in South Cluster



7.3.2 Future housing development in South Cluster

South Cluster has three allocated areas for proposed residential development: two in Medlock Vale, and one in Failsworth East. Failsworth East's is a proposal for 30 homes to be at Bottom Field Farm (Woodhouses) between 2025 and 2030. The two in Medlock Vale have 144 houses planned between 2025 to 2030, plus 91 between 2030 and 2037. These areas falls within the 20-minute public transport time to other pharmacies on the Failsworth East border so would not require any extra pharmacy premises and are small allocation of houses (compared to those for the North and East Clusters) and so would not require any further pharmacy premises to open as they are already well served.

7.4 Central Cluster

7.4.1 Central Cluster

Oldham Central Cluster consists of three wards:

- Alexandra Ward
- Coldhurst Ward
- St Mary's Ward

The population living in Central Cluster when compared with the England average is characterised by:

Central Cluster Profile, February 2019

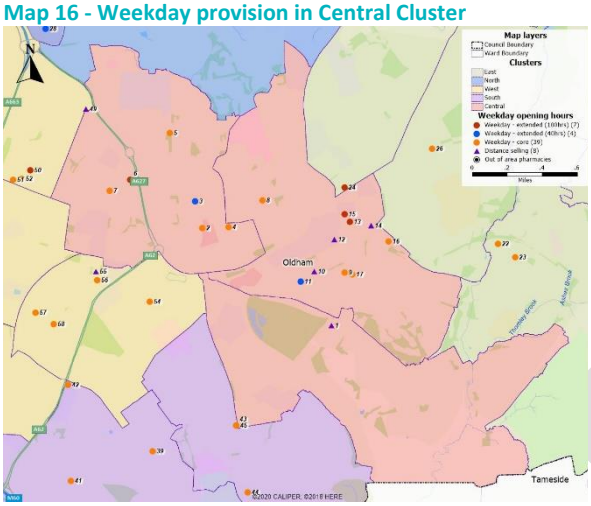
Central Cluster Summary
CCG Cluster 5 average deprivation score (39.8) is far higher than Oldham CCG average (30.3). Failsworth Group Practice has the lowest score with 25.8 and The Chowdhury Practice the highest with 48.7.
Average life expectancy in males (75.2) is lower than the CCG average (77.1) whlie amogst females (81.6) in Cluster 5 life expectancy is similar to the Oldham average (80.9). Only Failsworth Group Practice have males (77.6) and females (81.0) with life expectancy above the respective CCG averages. Life expectancy data is not available for the following practices: Quayside Medical Practice, Hossain
Cluster 5 average prevalence is **HIGHER** than Oldham CCG average prevalence for the following health conditions: Diabetes
Cluster 5 average prevalence is **SIMILAR** to Oldham CCG average prevalence for the following health conditions: Depression, Learning disabilities, Mental Health, Longstanding health conditions, Coronary heart disease, Hypertension, Asthma and COPD. Where Cluster 5 also had ***similar*** rates to the Oldham CCG average but potentially requiring further local interpretation were in relation to:Reporting cancer in the last 5 years; Females aged 25-64 years with a record of cervical screening (last 5 yrs); Females aged 50-70 years screened for breast cancer in last 36 months; Emergency hospital admissions for all causes (under 18 years) 2013/14-2015/16; and, A & E
Cluster 5 average prevalence is **LOWER** than Oldham CCG prevalence for the following health conditions: Dementia, Cancer, CKD, Stroke & TIA and Obesity. Where Cluster 5 also had lower rates than Oldham CCG average but may require further local interpretation were for: Persons aged 60-69 years screened for bowel cancer in last 30 months (2.5 year coverage)

Oldham JSNA[46] accessed online 23/2/2022

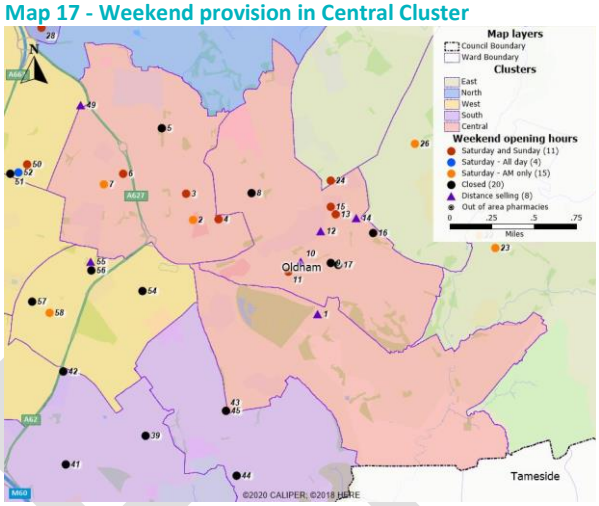
7.4.2 Access to a pharmacy in Central Cluster

Maps 15 and 16 show that during Monday to Friday and at weekends there is satisfactory provision of pharmaceutical services across this cluster.

Map 16 - Weekday provision in Central Cluster



Map 17 - Weekend provision in Central Cluster



7.4.3 Future housing development in Central Cluster

Oldham's 'Creating a Better Place' Framework identifies the need for approximately 2000 properties within the town centre which will include a significant proportion of accommodation suitable for older persons. As the town centre of Oldham has the highest proportion of pharmacies, including extended hours and weekend opening, across the borough it is not envisioned that these extra properties will give rise to a need for further pharmacy premises or opening hours. However, it may be once these properties are built and have residents that any pharmaceutical services commissioned from pharmacies in the central cluster may need a stronger focus on the health needs of an older population.

7.5 North Cluster

7.5.1 North Cluster

Oldham North Cluster consists of four wards:

- Royton North Ward
- Royton South Ward
- Crompton Ward
- Shaw Ward

The population living in North Cluster when compared with the England average is characterised by:

North Cluster Profile, February 2019

[46] https://www.oldham-council.co.uk/jsna/data-and-reports/

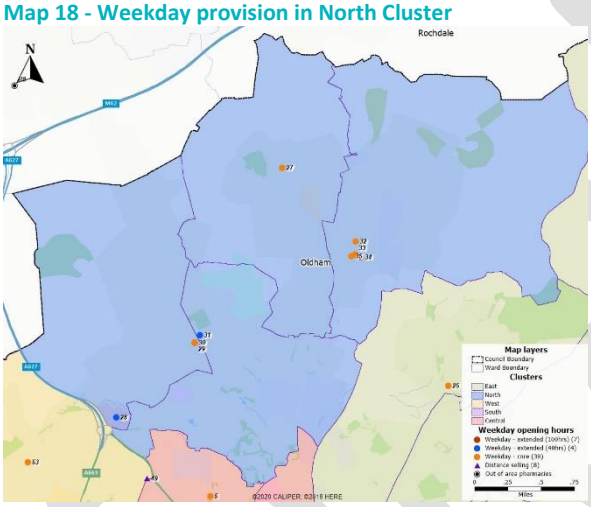
North Cluster Summary
CCG Cluster 2 average deprivation score (23.8) is far lower than Oldham CCG average (30.3) with the exception of Donald Wilde
Average life expectancy in males (77.1) and females (81.7) in Cluster 2 is similar to Oldham average with exception of males at Donald Wilde Medical Centre (75.4). Life expectancy data is not available for The Parks Medical Practice.
Cluster 2 average prevalence is **HIGHER** than Oldham CCG average prevalence for the following health conditions: Dementia, Cancer, Coronary Heart Disease and Stroke & TIA.
Cluster 2 average prevalence is **SIMILAR** to Oldham CCG average prevalence for the following health conditions: Mental Health, CKD, Diabetes, Longstanding health conditions, Hypertension, Asthma, COPD and Obesity. Where Cluster 2 also had ***similar*** rates to the Oldham CCG average but potentially requiring further local interpretation were in relation to: Reporting cancer in the last 5 years; Females aged 25-64 years with a record of cervical screening (last 5 yrs); Females aged 50-70 years screened for breast cancer in last 36 months (3 year coverage); Persons aged 60-69 years old screened for bowel cancer in last 30 months (2.5 year coverage; Emergency hospital admissions for all causes (under 18 years old) 2013/14-2015/16; and, A & E Attendance (under 18 years old)
Cluster 2 average prevalence is **LOWER** than Oldham CCG prevalence for the following health conditions: Depression and Learning

Oldham JSNA[47] accessed online 23/2/2022

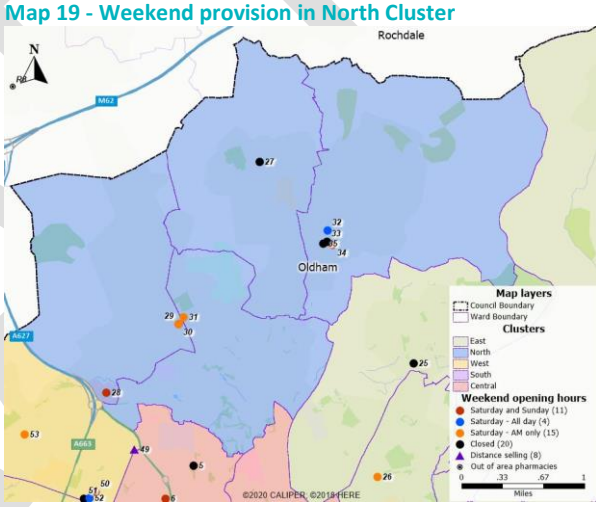
7.5.2 Access to a pharmacy in North Cluster

Maps 17 and 18 show that during Monday to Friday and at weekends there is satisfactory provision of pharmaceutical services across this Cluster.

Map 18 - Weekday provision in North Cluster



Map 19 - Weekend provision in North Cluster



7.5.3 Future housing development in North Cluster

There is significant allocation of land for both residential housing: 1211 up to the year 2030, plus a further 687 between the years 2030 - 2037, (the total plan identifies 2398 homes up to and post-2037), and employment premises (21,720sqm) within various wards stretching between North and East Cluster. These are Royton South Ward and Crompton Ward in the North Cluster ((see table 18 and map Eleven in Section 6.4.1). The 20-minute public transport map (Map 8, appendix Ten) across Oldham Borough shows that all these proposed building locations are within a 20-minute travel time of an existing pharmacy. However, given the scale of development across the allocations, Oldham Council planning department may opt to include in this area of residential builds a local centre including education, community and healthcare facilities. If a healthcare centre including GP practice were to open it may be reasonable to allocate a space for a community pharmacy to be included.

[47] https://www.oldham-council.co.uk/jsna/data-and-reports/

7.6 East Cluster

7.6.1 East Cluster profile

Oldham East Cluster consists of five wards:

- Saddleworth North Ward
- Saddleworth South Ward
- Saddleworth West and Lees Ward
- St James' Ward
- Waterhead Ward

The population living in East Cluster when compared with the England average is characterised by:

East Cluster Profile, February 2019

East Cluster Summary
CCG Cluster 4 average deprivation score (25.8) is far lower than Oldham CCG average (30.3). Saddleworth Medical Practice has the lowest score with 8.1 and St. Mary's Medical Centre the highest with 45.3.
Average life expectancy in males (78.0) and females (81.6) in Cluster 4 is similar to Oldham average with exception of males at St. Mary's Medical Centre (74.4). Life expectancy data is not available for Springfield House and Moorside Medical Practice.
Cluster 4 average prevalence is **HIGHER** than Oldham CCG average prevalence for the following health condition: Dementia and
Cluster 4 average prevalence is **SIMILAR** to Oldham CCG average prevalence for the following health conditions: Cancer, CKD, Longstanding health conditions, Coronary heart disease, Hypertension, Stroke & TIA, Asthma, COPD and Obesity. Where Cluster 4 also had ***similar*** rates to the Oldham CCG average but potentially requiring further local interpretation were in relation to: Reporting cancer in the last 5 years; Females aged 25-64 years with a record of cervical screening (last 5 yrs); Females aged 50-70 years screened for breast cancer in last 36 months (3 year coverage); Persons aged 60-69 years screened for bowel cancer in last 30 months (2.5 year coverage); Emergency hospital admissions for all causes (under 18 years old) 2013/14- 2015/16; and, A & E Attendance (under 18
Cluster 4 average prevalence is **LOWER** than Oldham CCG prevalence for the following health conditions: Learning disabilities, Mental

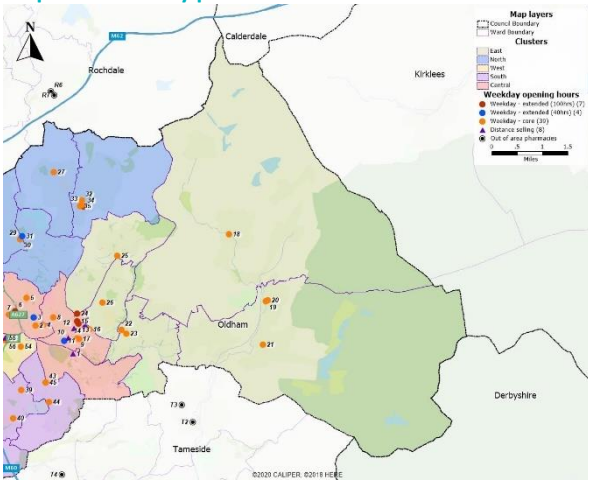
Oldham JSNA[48] accessed online 23/2/2022

7.6.2 Access to a pharmacy in East Cluster

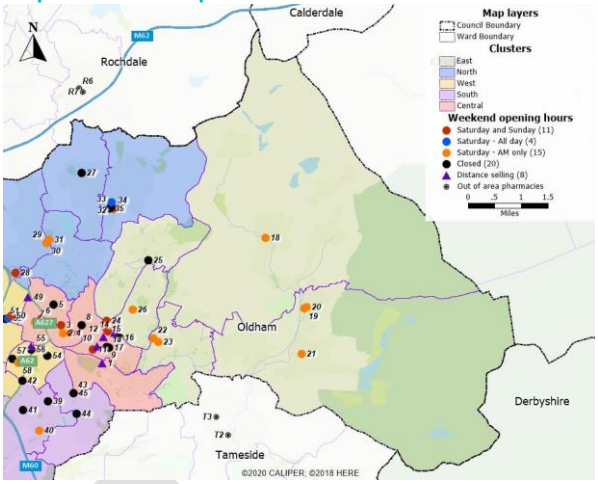
Maps 19 and 20 show that during Monday to Friday and on Saturday mornings there is satisfactory provision of pharmaceutical services across this Cluster within the populated areas. As there have been no complaints or comments from the public survey to indicate otherwise it is considered that provision of pharmaceutical services is satisfactory for this Cluster. The majority of this population have access to transport (car or van ownership 77%) and travel to access a range of services not just pharmaceutical services.

[48] https://www.oldham-council.co.uk/jsna/data-and-reports/

Map 20 - Weekday provision in East Cluster



Map 21 - Weekend provision in East Cluster



7.6.3 Future housing development in East Cluster

There is significant allocation of land for both residential housing: 1211 up to the year 2030, plus a further 687 between the years 2030 - 2037, (the total plan identifies 2398 homes up to and post-2037), and employment premises (21,720sqm) within various wards stretching between North and East Cluster. These are Shaw Ward and St. James' Ward in the East Cluster (see table 18 and map Eleven in Section 6.4.1). The 20-minute public transport map (Map 8, appendix Ten) across Oldham Borough shows that all these proposed building locations are within a 20-minute travel time of an existing pharmacy. However, given the scale of development across the allocations, Oldham Council planning department may opt to include in this area of residential builds a local centre including education, community and healthcare facilities. If a healthcare centre including GP practice were to open it may be reasonable to allocate a space for a community pharmacy to be included.

8 How pharmaceutical services can help support a healthier population

Pharmacies are well used by the public, employ clinically trained health care professionals and are freely accessible for the local population, some of whom may not access other health care services. As a minimum they must provide the essential services listed below, plus can then provide advanced and locally commissioned services to their customers. This gives commissioners scope for directing them to provide services for specific populations or health conditions and targeting the health needs which will most improve the population within the Borough.

8.1 Essential Services (ES)

The essential services within the CPCF are listed below. These services must be offered by all pharmacy contractors during all opening hours of the pharmacy.

1. Dispensing (medicines and appliances)
2. Repeat dispensing
3. Clinical governance
4. Disposal of unwanted medicines
5. Signposting
6. Support for self-care
7. Public health (promotion of healthy lifestyles)
8. Discharge of medicines Service (DMS)

One of the main functions of any pharmaceutical service is safety. Errors in medication use can lead unwarranted hospital admissions, due to side effects from medication interactions or incorrect dosages or falls through overprescribing. All essential services play a role in ensuring medicines are dispensed, taken, and disposed of safely ES1, ES2, ES3, ES4 and ES8.
ES1 & ES2, safe dispensing is vital for any person on medication to ensure dosages are correct, side effects and interactions are reduced.
ES3, a clinical governance programme follows structured processes and roles within pharmacy premises. These are designed to aid consistency, and therefore safety, of service provision and should undergo regular review.
ES4, pharmacies can direct patients in the safe disposal of medicines and reduce the risk of hoarding medicines at home which increases the risk of errors in taking medicines or in taking out of date medicines.
ES5, ES6, & ES7 all help the publics' understanding of their health condition and how to get help or self-manage either before or when problems arise. If people know why and how they are to take any medications it will benefit their long-term health. Also, improving awareness of the signs and symptoms of conditions through public health campaigns can save lives and improve a person's number of years of healthy living.
ES8, from February 2021, NHS Trusts were able to refer patients for extra guidance around new prescribed medicines for provision of the DMS at their community pharmacy. The service has been identified by NHSE&I Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.

8.2 Advanced Services

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

1. Appliance Use Review
2. Community Pharmacist Consultation Service (CPCS): GP referral for minor illnesses
3. Covid-19 Lateral Flow Device Distribution
4. Flu Vaccination
5. Hepatitis C Testing
6. Hypertension Case Finding
7. New Medicine Service (NMS): support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence
8. Pandemic Delivery
9. Stoma Appliance Customisation (SAC)
10. **Smoking Cessation Service** (SCS): referral from NHS trusts, where the patient consents, to a community pharmacy of their choice to continue their smoking cessation treatment.

Evidence[49] shows that up to half of medicines may not be taken as prescribed or simply not be taken at all. Advanced services have a role in highlighting issues with medicines or appliance adherence issues and in reducing waste through inappropriate or unnecessary use of medicines or appliances. Polypharmacy is highly prevalent in long term conditions management. Advanced services provide an opportunity to identify issues with side effects, changes in dosage, confirmation that the patient understands the role of the medicine or appliance in their care and opportunities for medicine optimisation.

[49] https://www.nice.org.uk/guidance/cg76

Advanced services may also identify other issues such as general mental health and well-being providing an opportunity to signpost to other local services or service within the pharmacy such as seasonal flu immunisation or repeat dispensing.
Screening for diseases of people who are hard to reach can also be effectively delivered through advanced services such as AS5, hepatitis C testing, and AS6, hypertension case finding. This allows these patients to be monitored or treated earlier and hence reduce disease progression.
Promotion of self-care is an important aspect to the management of many LTCs and advanced services provide an important opportunity for the pharmacist to do so for example, the importance of dry weight monitoring in heart failure management.
The AS3, and AS8 have been set up quickly to help stop the spread of disease and to aid patients in maintaining access to their medicines during COVID-19 pandemic. This shows that pharmaceutical services can be very responsive to the needs of the population and are a nationally trusted partner in healthcare.

8.3 Locally commissioned services (LCS)

These services are commissioned to meet an identified need in the local population. Pharmacies may choose whether to provide a service or not. Depending on the service agreement used these services may or may not be accessible during all of the pharmacies opening hours.

8.3.1 NHSE&I Enhanced services

Inhaler Technique Service

Inhaler technique services provide education, training, monitoring and support for patients with respiratory conditions. Correct use of an inhaler can lead to improved drug delivery in the lungs and therefore better health outcomes.

Stop Smoking Service (CURE) pilot

This pilot is for smokers who are admitted to hospital and put on a stop smoking course, they can then be referred to a community pharmacy to continue receiving the correct treatments and assist them in their attempt to quit smoking. Reducing smoking rates across the borough is a high priority to avoid many long-term conditions such as COPD and cardiovascular events. This scheme has now been replaced in the CPCF advanced services under the title Smoking Cessation Service (SCS) and pharmacy contractors can begin to provide the service under this title from 10th March 2022.

8.3.2 NHS Oldham CCG locally commissioned services

NHS Oldham CCG currently commissions the services below.
NHS Oldham CCG will cease to exist from July 2022. The commissioner for these, and any future services, will then be GM ICB.

Palliative Care Stock Scheme

Antiviral Stock Scheme

Both these schemes are for stock holding of items which are required for patient use at short notice. However, they may not be used very frequently and so may go out of date before used. Hence not all pharmacies are needed to maintain stock, so a few that have longer opening hours and/or are strategically placed around the borough are contracted to deliver this service.

8.3.3 Oldham Council locally commissioned services

Emergency Hormonal Contraception (EHC)

EHC is used in reducing unplanned or unwanted pregnancies. The drug levonorgestrel is used for EHC, which is supplied under a Patient Group Direction (PGD) to women who meet the criteria for inclusion of the PGD and service specification. The drug can also be prescribed using an FP10 prescription. It may also be bought as an over-the-counter medication from pharmacies; however, this service is of value to those unable or unwilling to access a prescription or who are not able to purchase the medication.

NHS Health Checks

This screening programme supports the prevention of heart disease, stroke, diabetes, kidney disease and certain types of dementia. Everyone between the ages of 40 and 74 years, who has not already been diagnosed with one of these conditions or have certain risk factors, is eligible to have a check (once every five years) to assess their risk of cardiovascular disease. All people identified with a medium or high risk are given support and advice to help them manage their risk.

The programme is provided in all GP practices and one pharmacy in the community reaching population groups who may or may not visit their GP. The national target to reach 100% of those eligible over a 5-year period between 2017 - 2021 has not been met (some of this is due to COVID-19 restrictions). An increase in accessible locations, including community pharmacies, would help Oldham Council to reach more people and meet the national target

Substance Misuse (commissioning budget delegated to Turning Point)

A needle exchange and supervised consumption of methadone/buprenorphine service are sub-contracted by the commissioned provider Turning Point.

- Needle and syringe exchange services (NEX) are an integral part of the harm reduction strategy for drug users which aims to:
  - Reduce the spread of blood borne pathogens e.g. Hepatitis B, Hepatitis C, HIV
  - Be a referral point for service users to other health and social care services

There is evidence to support the effectiveness of needle exchange services with long term health benefits to drug users and the whole population. Needle Exchange service may be an access point for reaching and delivering other services to people who are injecting drug users but are not in contact with any other health service (e.g. Hepatitis C testing service).

- Supervised consumption involves the client consuming methadone or buprenorphine under the direct supervision of a pharmacist in a community pharmacy.

It is a medicines adherence service which aims to:

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

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

DRAFT

9 Gaps in current provision of pharmaceutical services

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

- Essential services provided by pharmacies during standard 40 and 100 core hours in line with their terms of service as set out in the 2013 regulations, and
- Advanced services

The HWB consider it is those services provided within the standard pharmacy providing 40 and 100 core hours that should be regarded as necessary. There are 58 such pharmacies. The spread of opening times including the core hours are provided in Appendix Six and Eight; which is supported by Maps 12 to 21.

9.1 Gap Analysis Criteria

An assessment of whether there is a gap in pharmaceutical provision has been assessed using these criteria:

- All parts of the population should have general access to a physical community Pharmacy.
- Industrial and trading estates are not residential areas so will not form part of the gap analysis.
- Pharmacies located outside the borders of Oldham within a one-mile buffer zone, will be recorded and can qualify as providers of access, if Oldham providers do not suffice in certain areas.
- In rural areas (North Saddleworth ward is classed as a rural village[50]) the population should be within 20 minutes' driving time or within a 5 miles radius of at least one of the above providers. If neither criteria is met, then this should be given further consideration as a possible gap.
- In all other wards in Oldham, which are classed as urban areas, the population should be within 20 minutes' walking time (estimated at 1 mile) or 20 minutes' public transport time of a provider. If neither criteria is met, then this should be given further consideration as a possible gap.
- All pharmacies should open their minimum core hours each week.
- Weekend coverage by standard pharmacies (commonly about four hours on a Saturday morning) will be noted, but assessment of access to pharmacies will not be made utilising this, as it is difficult for NHS E&I to effect changes in existing contracts for weekend opening hours.
- Areas of low car ownership in villages (where 15% or more of households are without cars) should be identified and examined for acceptable public transport access on weekdays (within 20 minutes' travel time). Public transport access in rural areas (mainly bus) should be commented on, although it should not form a criterion.
- The prospective needs of new build areas should be identified and considered where growth of 200 or more dwellings is planned in the period April 2019 to March 2025.
- The projection of gaps in general access for new build areas in each locality should, as far as possible, apply the criterion of 20 minutes' drivetime in rural areas and the criterion of 20 minutes' public transport time in urban areas in the attempt to project the emergence of gaps in pharmaceutical services.

9.2 Gap Analysis – Location and times of opening

The HWB considered to the following, drawn from data discussed in this PNA and the mapped provision of and access to pharmacies:

[50] ONS https://geoportal.statistics.gov.uk/documents/rural-urban-classification-2011-map-of-the-lsoas-in-the-north-west-region/explore

- All five clusters have pharmacies within their border (Map 7)
- 95.1% of items dispensed in Oldham Pharmacies were for people registered with an Oldham GP practice. (Table 13). Indicating that the population do not need to travel outside of the borough to access pharmacy dispensing services.
- The number of pharmacies available per 100,000 population is 25 in Oldham (Table 14). This is higher than both GM (24) and England (20) averages. Based on historical pharmacy use this would indicate that the current number of pharmacies are sufficient for the current population.
- Also, with 7322 average items per month dispensed in Oldham pharmacies (Table 14) being lower than GM (7369) and England (7457) figures, this also indicates that the current number of pharmacies can cope with demand for prescription dispensing.
- Map 4 showing the population density by ward and the relative location of pharmacy premises. This shows more pharmacies are located in the most highly populated wards.
- Looking at Map 4 and Map 5 (showing the Index of Multiple Deprivation) show that the areas of high population density also have higher rates of deprivation, and therefore as with the previous statement, the pharmacies are located in these areas.
- Maps 7 & 8 illustrate that the majority of the residents of the HWB are within a 20-minute walk (approximately 1 mile) and/or a 20-minute public transport ride. In the small areas where this is not true there is a sparse population and car ownership is high (see Table 19).
- Taking into account the number and distribution of pharmacies within each of the five clusters and HWB area (section 7; Map 12-21).

9.3 Gap Analysis - Current service provision

- 91% of respondents to the public survey (appendix 3) said they were either satisfied or very satisfied with the overall pharmacy service provided by their local pharmacy.
- 83% of respondents to the public survey had not had any difficulty in accessing a pharmacy of their choice
- 83% of responders said the opening hours of pharmacies in Oldham do not cause a problem
- 87% were satisfied or very satisfied with the opening hours of the pharmacy they used (Appendix 3).
- Overall results of the patient survey (Appendix 3).

9.4 Gap Analysis - Future Provision

- Proposed housing development. Future provision of one pharmacy premises may be required in the wards of Royton South, Shaw, St. James', or Crompton wards in North and East Clusters only if the proposed housing allocations go ahead and a local centre is developed which includes a healthcare centre with a GP practice. If this is desirable in the future, any pharmaceutical service provider awarded a contract by NHS E&I must be willing to provide all commissioned services available in that locations and any future services which may be deemed necessary to invest in the local populations' health outcomes.

9.5 Gap analysis - Conclusion

Considering the information outlined in this PNA, the HWB considers the location, number, distribution and choice of pharmacies covering each of the five clusters and the whole Oldham HWB area providing essential and advanced services during the standard core hours to meet the needs of the current population.

However, only if the large-scale residential development proposed under PfE goes ahead and subsequently a local centre is also built, this may identify a need for pharmaceutical service provision to complement any new GP services designed for the area.

10 Improvements and better access: gaps in provision of pharmaceutical services

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

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

Location and Opening Hours

The location of premises and choice of provider is not as extensive beyond the standard 40 core hours as described under the previous consideration of what is necessary. However, in each cluster, there are pharmacies open beyond what may be regarded as normal hours, in that they provide pharmaceutical services during supplementary hours in the evening, on Saturday and Sunday. (see Tables 15,16 &17 in Section 6.1.3)

From the information available, the HWB consider the location, number, distribution and choice of pharmacies covering each of the five clusters who are providing essential and advanced services during the evening, on Saturday and Sunday, provides an improvement over standard contracted hours and better access which meets the requirements of the population.

The patient survey responses mentioned the low opening hours outside of regular 'office hours', yet some respondents were unaware of the location of pharmacies in Oldham Borough which had extended opening hours. Public awareness campaigns of local services and opening times could help improve this. The HWB therefore concludes there is no significant information to indicate there is a gap in the current provision of pharmacy opening times.

Future Gaps for access to pharmaceutical services

Although the Places for Everyone plans for residential and commercial buildings in Oldham has not yet had Secretary of State approval, it has been concluded that due to the large numbers of residential properties proposed for North and East Clusters, a local centre with health care facilities may be required as part of the plan. The areas identified still fall within the 20-minute travel time from other already established pharmacies, some of which will provide extended hours and pharmaceutical services at those times. However, a pharmacy near to a proposed health centre would seem reasonable for access to dispensing and other pharmaceutical services.

Enhanced services, commissioned by NHS England, and locally commissioned services, commissioned by the local authority or ICB, are regarded as pharmaceutical services for the purpose of this PNA.

Whether commissioned as enhanced or locally commissioned service, the HWB consider these to provide both an improvement and better access to such services for the residents of Oldham HWB area where such health needs have been identified and verified at a local level.

- Any campaign to increase use of pharmacies, e.g. for self-care, should include providing information on the location and opening times of pharmacies that provide extended hours.
- Pharmacist staff should be primarily focussed on patient safety, of which delivering information to patients is a main feature. Regular conversations with clients around their medication and health status should be improved in pharmacies as these

increase understanding of medications and develops improved public confidence in the ability of pharmacy staff.

- Patients should also be encouraged to ask questions and understand that pharmacists are a good source of information about the medication they take.
- Hep C testing- If the service is to continue it would be better placed in pharmacies who supply needle exchange programmes, rather than just supervised consumption, as is aimed at PWIDs who are not yet in treatment.
- The patient responses to services requested improved service provision around minor ailments and treatments for minor infections (see appendix 3)
- Service should continue to be developed to meet the health needs of the Borough and each cluster individually where deemed necessary

At the time of writing this PNA, the HWB has not identified, either itself or through consultation, any requirement to provide services already commissioned or to commence the provision of enhanced pharmaceutical services not currently commissioned.
Taking into account the totality of information available, the HWB consider the location, number, distribution and choice of pharmacies covering each of the five clusters and the Oldham HWB area providing enhanced services or locally commissioned services to provide an improvement and better access for population. The HWB has not received any significant information to conclude otherwise currently or of any local future specified circumstance that would alter that conclusion.

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

11.1 Current provision – necessary and other relevant services

As described in sections 6.1, 6.2 and 6.3 and required by paragraphs one and three of schedule 1 to the Regulations, Oldham HWB has had regard to the pharmaceutical services referred to in this PNA in seeking to identify those that are necessary, have secured improvements or better access, or have contributed towards meeting the need for pharmaceutical services in the area of the HWB.
Oldham HWB has determined that while not all provision was necessary to meet the need for pharmaceutical services, the majority of the current provision was likely to be necessary as described in section 9 with that identified in section 10 as providing improvement or better access without the need to differentiate in any further detail.

11.2 Necessary services – gaps in provision

As described in particular in section 9 and required by paragraph two of schedule 1 to the Regulations, Oldham HWB has had regard to the following in seeking to identify whether there are any gaps in necessary services in the area of the HWB.

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

11.2.1 Access to essential services during normal working hours

Oldham HWB has determined that the travel times as identified in section 6.1.1 to access essential services are reasonable in all the circumstances.
Based on the information available at the time of developing this PNA, no current gaps in the need for provision of essential services during normal working hours have been identified.

11.2.2 Access to essential services outside normal working hours

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

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

11.2.3 Access to advanced and enhanced services

Insofar as only NHS E&I may commission these services, section 3.5 of this PNA identifies access to enhanced and advanced services.

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

11.3 Future provision of necessary services

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

As detailed in Sections 6.4.1, 7.5.3 and 7.6.3 and section 9.4, The proposed PfE building of residential housing developments, where this would include a local centre with a healthcare service, may require one pharmacy to provide pharmaceutical dispensing services and any other necessary services to the 'new' population in those areas.

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

11.4 Improvements and better access – gaps in provision

As described in particular in section 10 and required by paragraph 4 of schedule 1 to the 2013 Regulations, Oldham HWB has had regard to the following in seeking to identify whether there are any gaps in other relevant services within the five clusters and the area of the HWB.

11.4.1 Access to essential services – present and future circumstances

Oldham HWB considered the conclusion in respect of current provision as set out at 11.1 above and the information in respect of essential services as it had done at 11.2. While it was not possible to determine which current provision of essential service by location or standard hours provided improvement or better access, the HWB was satisfied that some current provision did so.

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

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

11.4.2 Current and future access to advanced services

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

11.4.3 Current and future access to enhanced services

NHS England commission two enhanced service (Inhaler Technique service & CURE pilot) from pharmacies. It also commissions services from other non-pharmacy providers, principally GP practices.

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

11.5 Other NHS Services

As required by paragraph five of schedule 1 to the 2013 Regulations, Oldham HWB has had regard in particular to section nine considering any other NHS services that may affect the determination in respect of pharmaceutical services in the area of the HWB. This includes locally commissioned services, see section 3.5.2

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

11.6 How the assessment was carried out

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

In respect of how the HWB considered whether to determine clusters in its area for the purpose of this PNA, see section 3 and section 7 and maps 12-21.

In respect of how the HWB took into account the different needs in its area, including those who share a protected characteristic, see sections 4.5.

In respect of the consultation undertaken by the HWB, see Appendix Thirteen.

11.7 Map of provision

As required by paragraph seven of schedule 1 to the 2013 Regulations, the HWB has published a map of premises providing pharmaceutical in Map 6 (Section 6.1). Additional maps are also provided throughout and as listed in Appendix Ten.

DRAFT

This page is intentionally left blank

Prehabilitation and Rehabilitation in Cancer Care

Kirsty Rowlinson-Groves

Prehab4Cancer Programme Manager

Prehabilitation can be defined as:

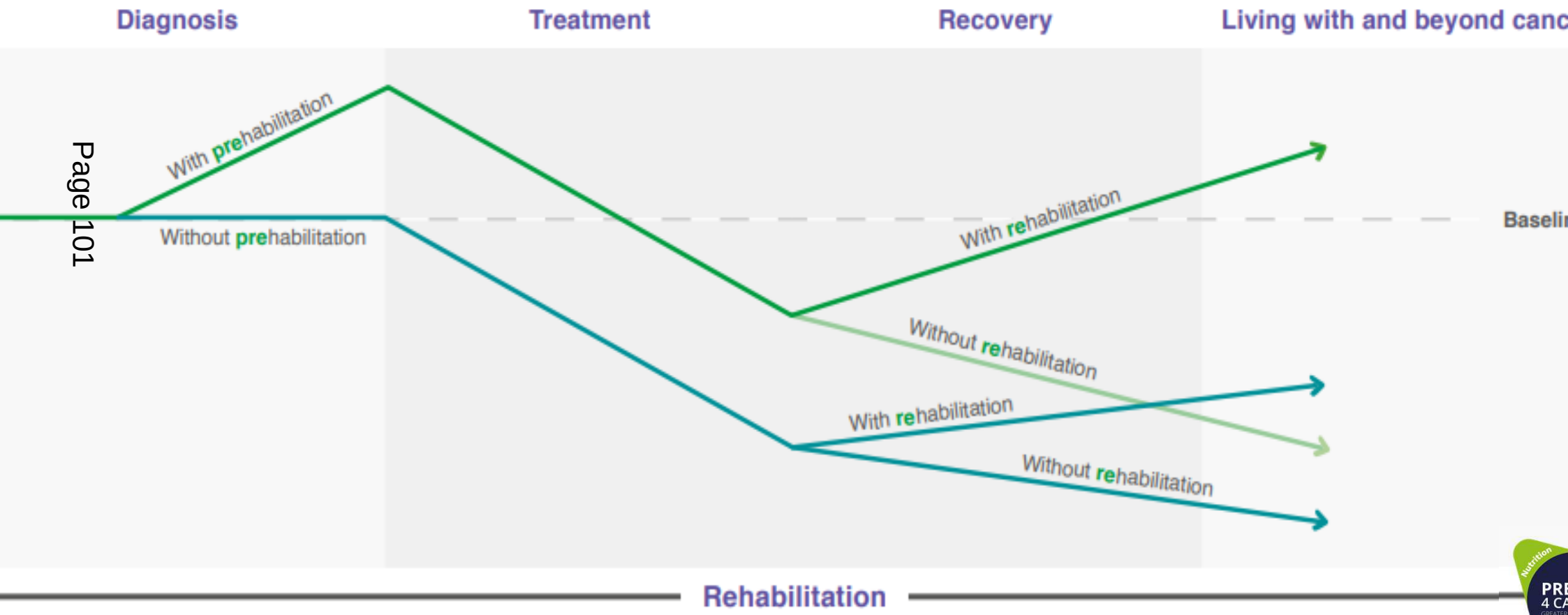
*"Prehabilitation enables people with cancer to **prepare for treatment** through promoting **healthy behaviours** and **through needs-based prescribing** of **exercise, nutrition** and **psychological interventions.** Prehabilitation is part of a **continuum to rehabilitation.**"*

This Photo by Unknown Author is licensed under CC BY-SA

Why do Prehabilitation?

"Prehabilitation and rehabilitation are essential for reducing the future needs of people with cancer"

Independent Cancer Taskforce 2015 5-yr Strategy for cancer



e: MacMillan 2019 Principles and guidance for prehabilitation within the management and support of people with cancer

The GM Model

- First system to Launch in the UK – April 2019
- Whole system, Multimodal approach to Prehabilitation and Rehabilitation for Greater Manchester
- Clinically led – Evidence-Based practice
- Designed in collaboration with GM Cancer & GM Active
- 3 Point programme – Exercise, Nutrition, Wellbeing
- Patients referred from MDT to central portal and built into clinical pathways
- Patients assessed at set time points using validated measures
- Tailored and progressive exercise prescription
- Specialised exercise guidelines, wellbeing intervention and dietic support
- Local & accessible across Greater Manchester
- Equity of access for patients across GM
- Standard practices for raising concerns and feeding back to clinical teams
- Steering groups to support and shape the service including Patient r

enefits of Prehabilitation

For Surgery & Treatment

- Shortened and less complex recovery
- Potential reduction in **length of stay**
- Reduce treatment-related complications
- Improve **adherence & completion** of treatment
- Potential **reduction in toxicity**
- Improved cardiorespiratory function
- Reduced impact of **Sarcopenia**

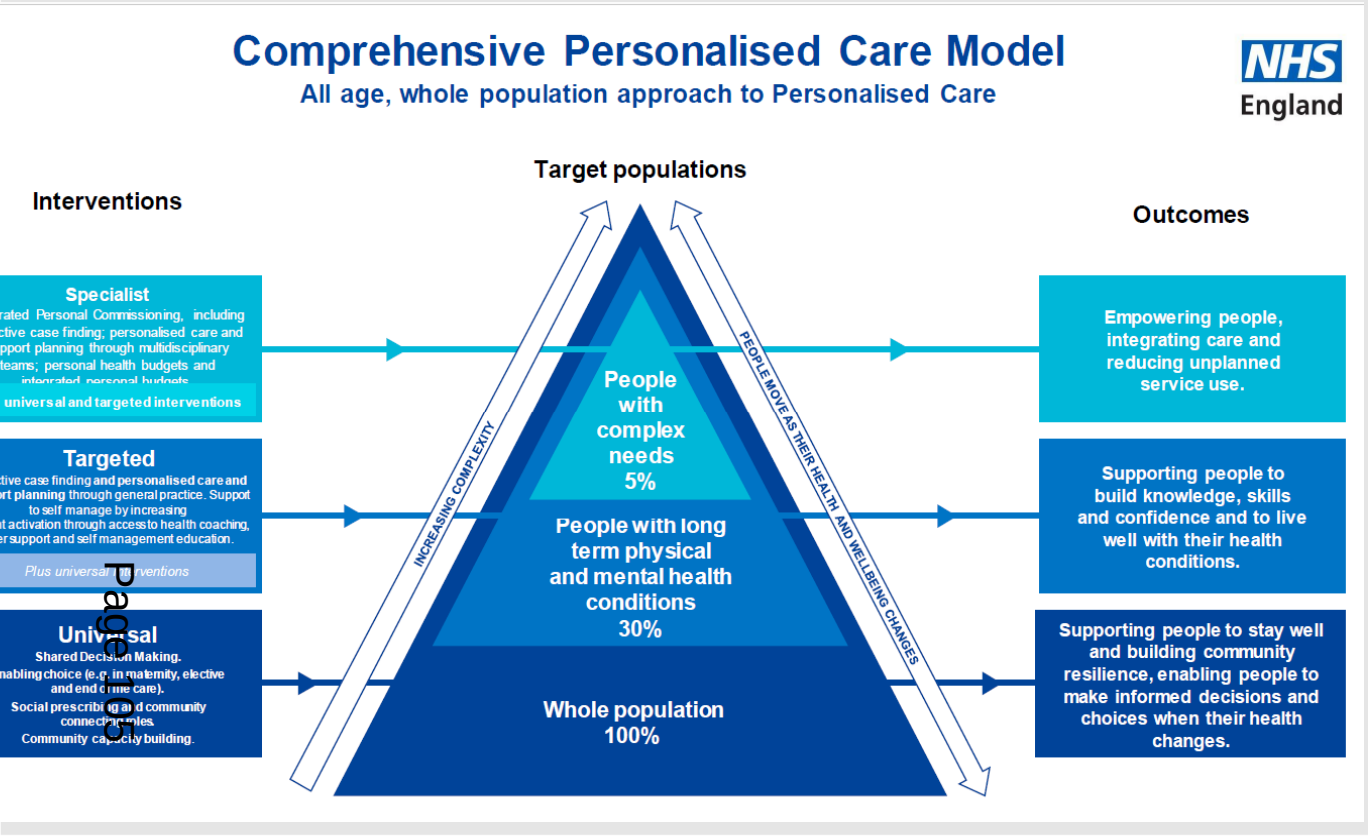
For Longer Term Rehabilitation

- Improved **functional capacity**
- Improved **strength & bone** health
- Improved **Mental wellbeing**
- Improved **confidence** & Self esteem
- Improve aspects of **Neuro-cognitive functi**
- **Transition to lifelong habit of physical acti**
- Reduced risk of **cancer specific mortality**
- Reduced risk of **all-cause mortality**
- Reduced **risk of recurrence**

Whole Systems Approach

- 10 Boroughs
- 10 Councils /Local authorities
- 10 Clinical Commissioning Groups
- 12 Referring Hospitals
- 5 Cancer Hubs
- Specialist AHP Board
- 2 Rapid Diagnostic Centres
- 12 Leisure Providers
- 17 Pathway Board Managers
- 5 Clinical Leads

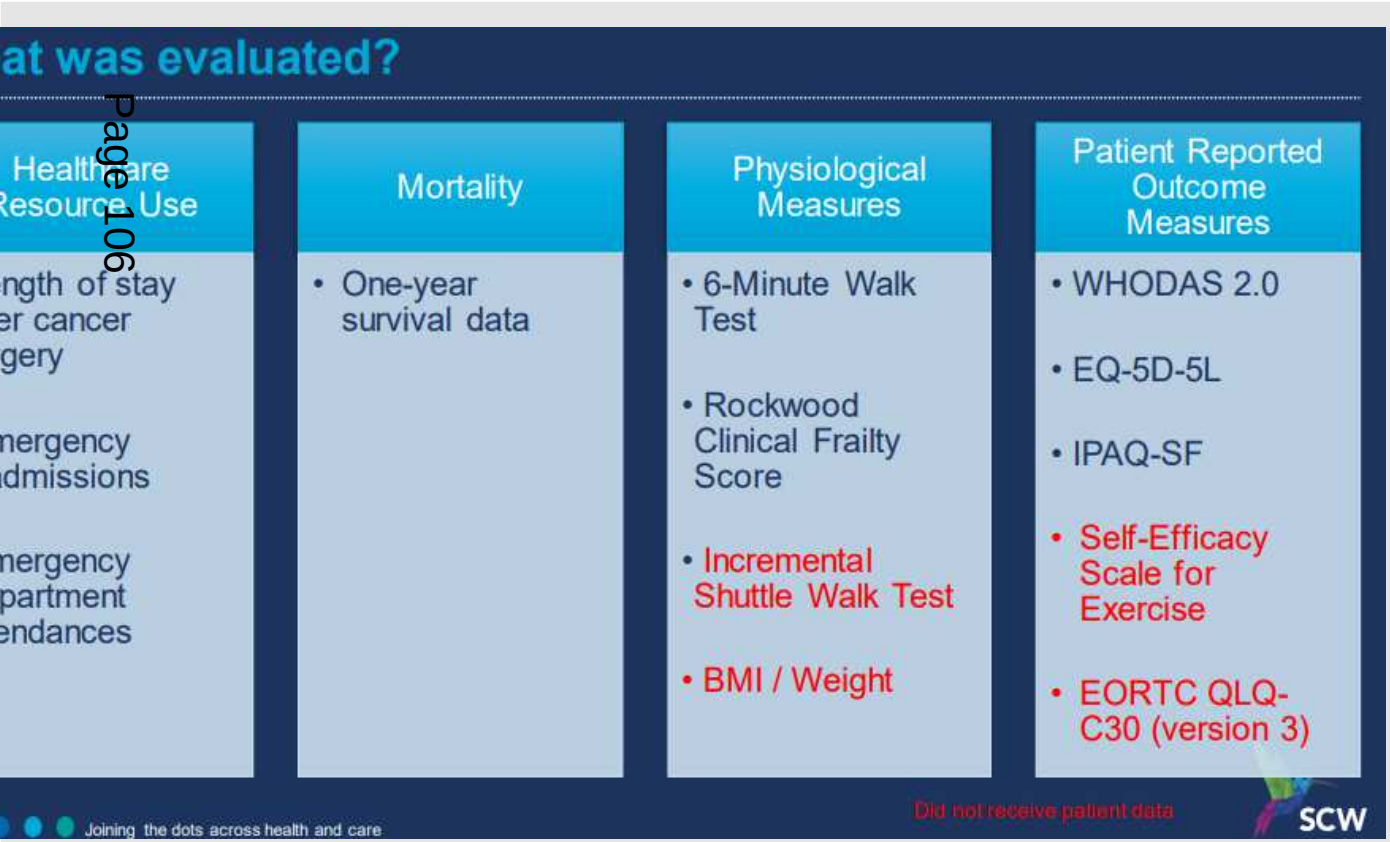
1 Prehab4Cancer Programme



Assessments = Personalisation

- Assessments lead to Personalised care.
- Tailored, person-centred prescription can be created
- The full assessment allows for the patients needs to be met with the correct level of support
- Targeted resources
- Each patients receives an Exercise, Wellbeing & nutritional support package based on needs
- Link with NHS services by replicating the Care Model

Recent Evaluation



- NHS South, Central and West Commissioning Support Unit (SCW) were commissioned to undertake a full independent service evaluation
- P4C assessment data (ReferAll) was matched with Secondary Usage Services (SUS) data and analysed:
  - Healthcare resource use – converted in to cost savings and ROI
  - Mortality Impact
  - Physiological Measures – impacting on clinical outcomes
  - Patient reported outcomes
- Data then compared to legacy set to run comparisons

Health Care Resource Use & Associated Savings (ROI)

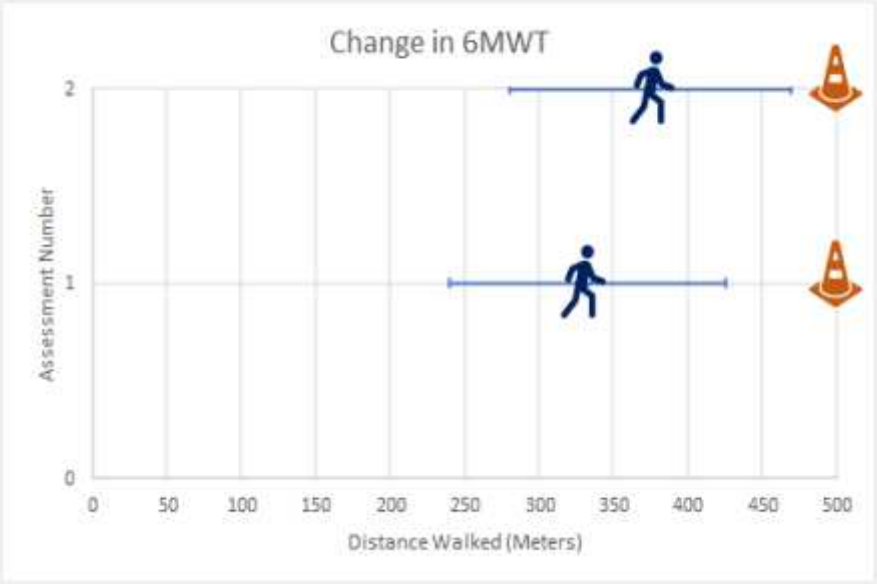
- Reduced Length of Stay by 2 days = 381 bed days saved
- Reduced 30 & 90 emergency readmissions = 35 bed days saved
- Reduced Emergency Department attendances = 6 bed days saved

	Number per Prehab Patient	Value	TOTAL (Based on 1000 participants
Bed Days released	1.5	£342 per day*	£513,000
Critical Care Bed Days released	0.4	£1214 per day*	£485,000
ED Attendances prevented	0.39	£375 per attendance*	£146,250
Emergency Readmissions prevented	0.29	£342 per admission*	£99,180
Estimated Financial Benefit			**£1,244,030**
P4C Programme Delivery Cost	-	£400 per participant	£400,000
Balance			**£844,030**

- **£400 cost per participant to deliver**
- **£1,244 provider efficiencies per patient**
- **Enables the programme to be delivered to a further 2,110 patients**

Mortality Impact & Physiological Measures

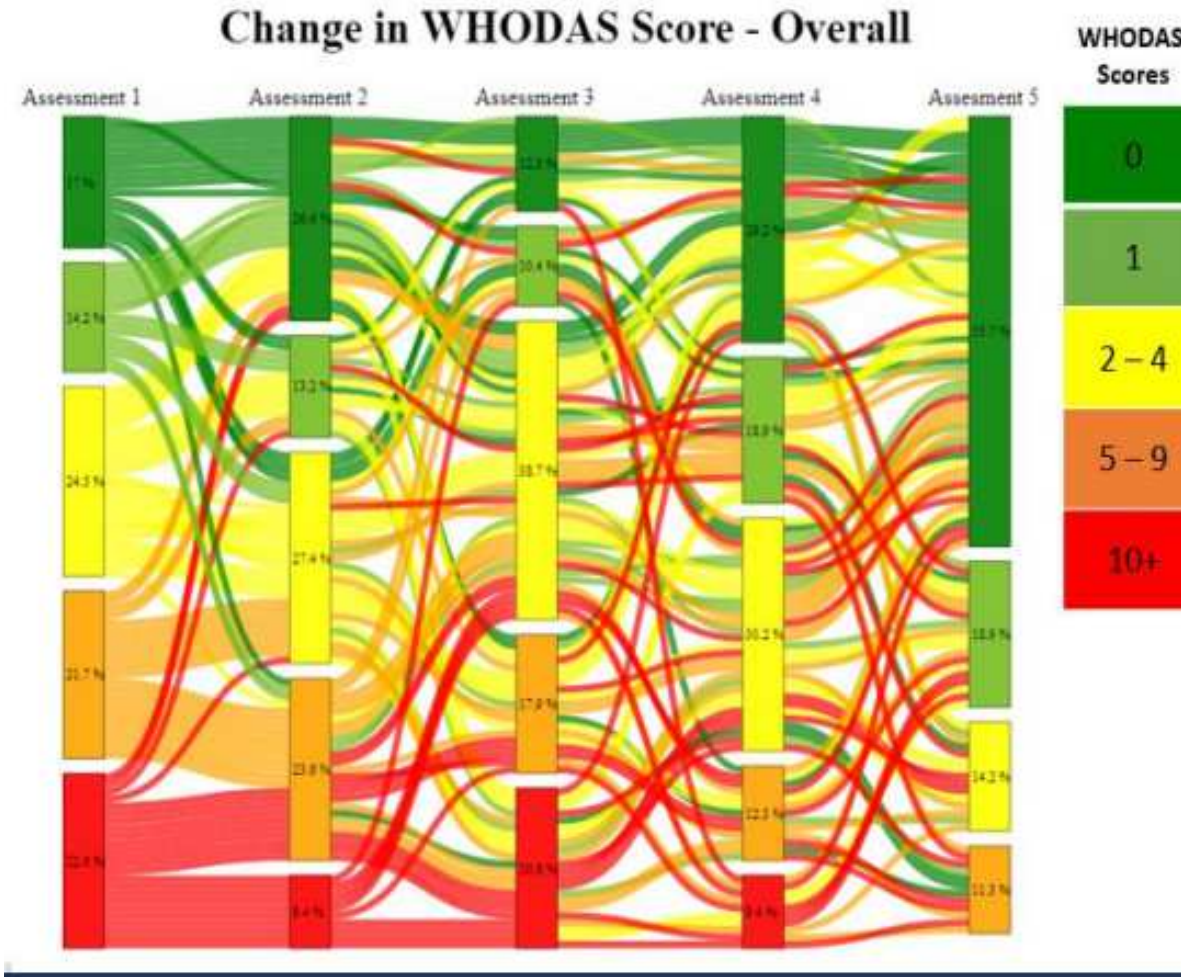
- Clinically significant improvement in 6Minute Walk Test (Functional capacity)
- Clinically significant improvement in lower body strength (Functional Strength)
- Positive association with 1 year survival rates (Up to 5%)



Assessment	Mean score (Metres)	Variation in score (Standard Deviation)
1: Initial P4C Referral	332.63	92.56
2: Pre-op	375.23	94.51
Difference	+42.60m (Significant)	

Patient Reported Outcome Measures

- *Significant (and Sustained) improvement in Self reported Quality of Life Measures
- *Significant reduction in disability level impacted by poor health
- *Significant improvement in self reported health status
- *Significant improvement in health and disability assessment scores

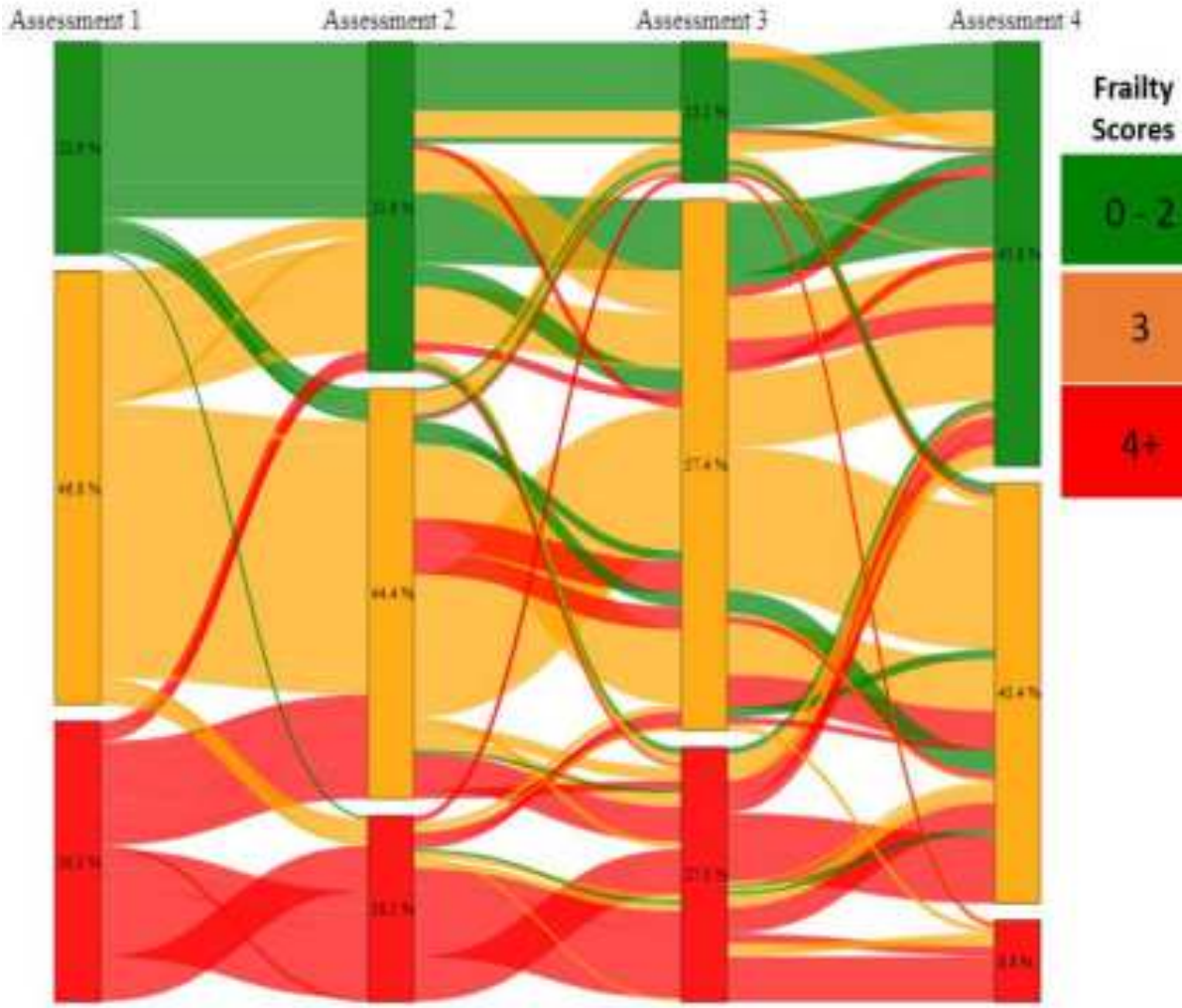


*Indicate statistical significance following data analysis

Rockwood Clinical Frailty Scale

- Significant (and Sustained) reduction in frailty scale
- Less than 10% of patients discharged as 'Vulnerable'
- Indicates functionality and independence
- Reduces burden on community services

Rockwood Clinical Frailty Scale



Spotlight on Oldham

- 190 Referrals across all hospital trusts
  - 52% referrals direct from Oldham Royal
- 69% Engagement Rate
- 15% Drop out rate
- 48% Targeted arm

Walk test Results

Prehabilitation Phase	Baseline	Pre-Op	Improvement
6MWT	320m	375.1m	+55.1m
ISWT	420m	460m	+40m
Rehabilitation Phase	**Post Op**	**Post-Rehab**	**Improvement**
6MWT	352.6m	407.2m	+54.6m
ISWT	407.6m	470m	+62.4m

Sit to Stand Results

Prehabilitation Phase	Baseline	Pre-Op	Improvement
Sit to stand	23	28	+5
Rehabilitation Phase	**Post-Op**	**Post Rehab**	**Improvement**
Sit to stand	26	36	+10

potlight on Oldham

he World Health Organisation's Disability ssessment Schedule (WHODAS 2.0) easures 6 aspects of functionality:

- Cognition – understanding & communicating
- Mobility– moving & getting around
- Self-care– hygiene, dressing, eating & staying alone
- Getting along– interacting with other people
- Life activities– domestic responsibilities, leisure, work & school
- Participation– joining in community activities

WHODAS – Quality of Life measure

Prehabilitation Phase	Baseline	Pre-Op	Improvement
WHODAS	5.5	2.8	-2.7
Rehabilitation Phase	**Post Op**	**Post Rehab**	**Improvement**
WHODAS	4.6	3.4	-1.2

Self Efficacy – Sustained behaviour change

Prehabilitation Phase	Baseline	Pre-Op	Improvement
Self-Efficacy for Exercise scale	58.1	64.5	+6.4
Prehabilitation Phase	**Post Op**	**Post Rehab**	**Improvement**
Self-Efficacy for Exercise scale	58.4	64	+5.6

Benefits to Patients, Pathways & Systems

Patients are optimised prior to surgery & treatments
Long-lasting health benefits following rehabilitation
Quality of life, physical activity improvements, long-term behaviour change
Improvements to wider health of patient reducing burden or primary care and local health and social care services
Improvements are seen in both ward and critical care bed da usage
Efficiency improvements to pathways
Evidence supports improved survival in patients who complete prehab
Cost-effective

“I just want to say how wonderful this service is. Exercise was to be honest the last thing on my mind when I was diagnosed! However, Sarah explained the importance of exercise and fitness both before and after the operation. This proved lifesaving for me both mentally and physically. It gave me something to focus on before and then when I was discharged from hospital it became a tool to regain my strength and start my new journey.

Unfortunately, I had CDiff when I was in hospital and couldn’t even keep food down etc. I ended up so weak I had to have the rehabilitation team in to provide me with aids to assist my basic daily living. My wound took along time to heal so I had district nurses for over two months visiting me at home. Sarah has kept in contact throughout. She has sent me exercises and a band which I use regularly and talked me through how to gradually build up my strength and mobility. I am now thanks to her constant and enthusiastic contact back up to a level of fitness I was before. I now go for walks in the park and next month will return to the gym. Before I didn’t really enjoy exercise, but Sarah’s approach has altered my perception so much I actually want to exercise because I enjoy it and I am feeling the benefits.

Thank you so much for giving me this opportunity. A Cancer diagnosis is certainly life changing but is also an opportunity to make life changes too

Report to HEALTH AND WELLBEING BOARD

Life Expectancy Update

Portfolio Holders:
Councilor Chauhan, Cabinet Member for Public Health

Officer Contact: Katrina Stephens, Director of Public Health

Report Author: Emily Baylis-Tunney, Public Health Data, Insight & Intelligence Analyst

Date: 09/03/2022

Purpose of the Report

This report provides an update on latest data on life expectancy in Oldham, which has been produced for Oldham's Joint Strategic Needs Assessment.

The report does not currently include information on the key contributors to the life expectancy gap between Oldham and England, as we are waiting for national data on this to be updated. If this information is available in advance of the meeting an updated report will be provided.

This report is closely related to the Health Inequalities Plan which is also on the Board's agenda, as the focus of the plan is on reducing inequalities in life expectancy and health life expectancy.

Requirement from the Health and Wellbeing Board

Board members are asked to consider the data presented and the implications for policy, planning and delivery across the Oldham system.

The Board are also asked for feedback on the future inclusion of similar extracts from the JSNA on the agenda for Board meetings.

This page is intentionally left blank

Life Expectancy Update

Strategy & Performance Service
Data, Insight & Intelligence Team

February 2022

Latest Data: 2018 – 2020

Author: Emily Baylis-Tunney
Public Health Data, Insight & Intelligence Analyst

Oldham Council

Contents

1 Overview 3
2 Life Expectancy at Birth 3
3 Life Expectancy at Age 65 Years 4
4 Life Expectancy across Greater Manchester 5
5 Life Expectancy by Oldham Ward 6
6 Healthy Life Expectancy 7
7 Inequality in Life Expectancy 8

Figures

Figure 1: Life expectancy at birth, 2001/3 to 2018/20 4
Figure 2: Life expectancy at 65, 2001/3 to 2018/20 5
Figure 3: Male life expectancy at birth by GM MCD 2018/20 5
Figure 4: Female life expectancy at birth by GM MCD 2018/20 6
Figure 5: Life expectancy at birth for Oldham males by ward, 2011-2015 6
Figure 6: Life expectancy at birth for Oldham females by ward, 2015-2019 7
Figure 7: Healthy life expectancy males 2009/11 to 2017/19 8
Figure 8: Healthy life expectancy females 2009/11 to 2017/19 8

1 Overview

- Latest life expectancy figures for the period 2018/20 reveal that Oldham's life expectancy at birth is lower than the England, North West and Greater Manchester (GM) averages for both males and females. The most recent life expectancy at birth figure for Oldham males is 77.2 years and for Oldham females is 80.5 years.

- Latest life expectancy at birth figures represent a slight decrease for both males and females in Oldham compared with 2017/19 figures.

- Life expectancy at age 65 years is lower in Oldham than for England, North West and Greater Manchester for both males and females.

- Oldham has the fifth lowest life expectancy at birth for males across Greater Manchester. Oldham females rank fourth lowest.

- For males, Alexandra, Werneth and Coldhurst have the lowest life expectancy at birth. Saddleworth South, Saddleworth North and Royton North have the highest. There is an 11.8 year life expectancy gap between the ward with the highest and lowest life expectancy.

- For females, Alexandra, Coldhurst and St. Mary's have the lowest life expectancy at birth. Saddleworth North, Saddleworth South and Chadderton North have the highest life expectancy. The gap in life expectancy for women between the wards with lowest and highest life expectancy currently stands at 12.8 years.

- Latest figures (2017/19) reveal that the percentage of life spent in good health has increased slightly for Oldham males and decreased for females compared with the previous reporting period of 2016/18.

2 Life Expectancy at Birth

Life expectancy at birth is a measure of the average number of years a person would expect to live based on contemporary mortality rates. For a particular area and time period, it is an estimate of the average number of years a newborn baby would survive if he or she experienced the age-specific mortality rates for that area and time period throughout his or her life.

Oldham's male life expectancy at birth for 2018/20 is 77.2 years, 0.4 years lower than the figure for 2017/19 of 77.6 years. This is in line with national and regional decreases.

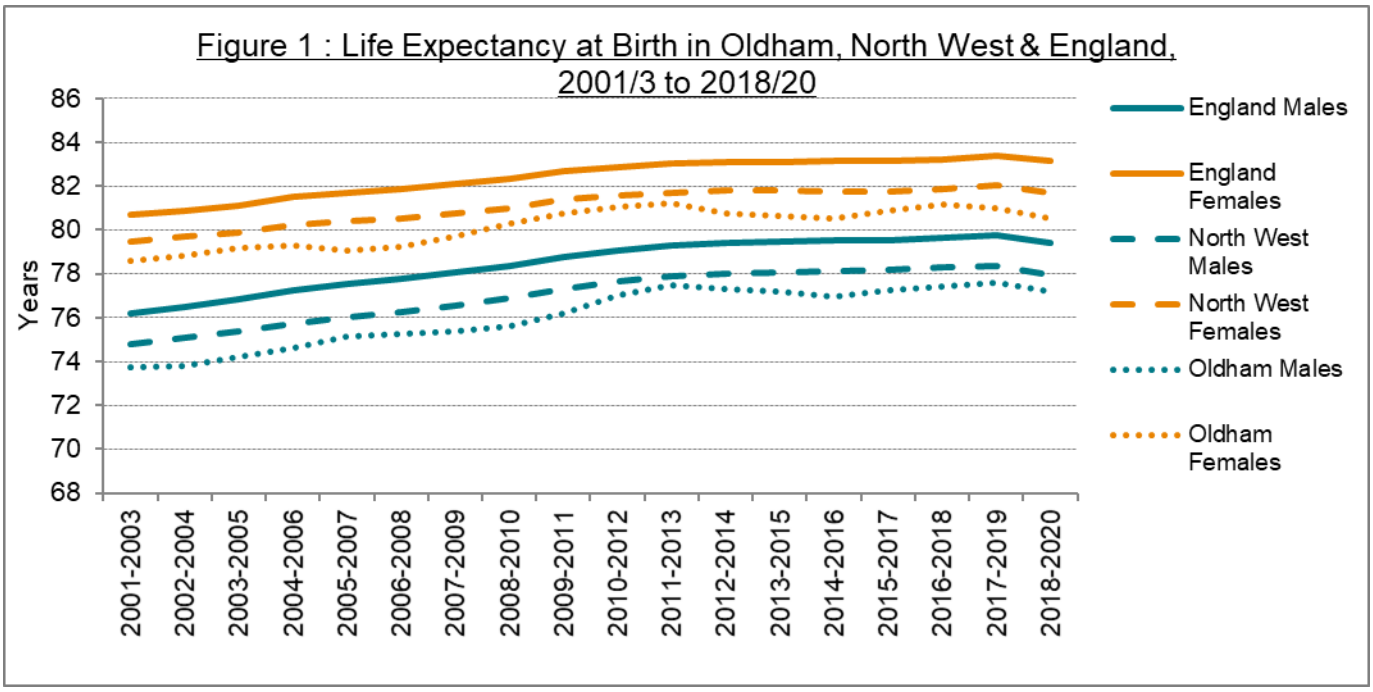
Most recent 2018/20 figures show Oldham's male life expectancy at birth falling short of the England average by 2.2 years, North West by 0.8 years and Greater Manchester by 0.3 years.

From 2001/3 until the most recent reporting period of 2018/20, the overall increase in male life expectancy is similar between Oldham (4.7%), the North West (4.5%) and England (4.2%).

Oldham's female life expectancy at birth for 2018/20 is 80.5 years, 0.5 years lower than the figure for 2017/19 of 81.0 years. This is in line with national and regional decreases.

Most recent 2018/20 figures show Oldham's female life expectancy at birth falling short of the England average by 2.6 years, North West by 1.2 years and Greater Manchester by 0.8 years

Overall, from 2001/3 until the most recent reporting period of 2018/20, the overall increase in female life expectancy is similar between Oldham (2.4%), the North West (2.9%) and England (3.0%).



3 Life Expectancy at Age 65 Years

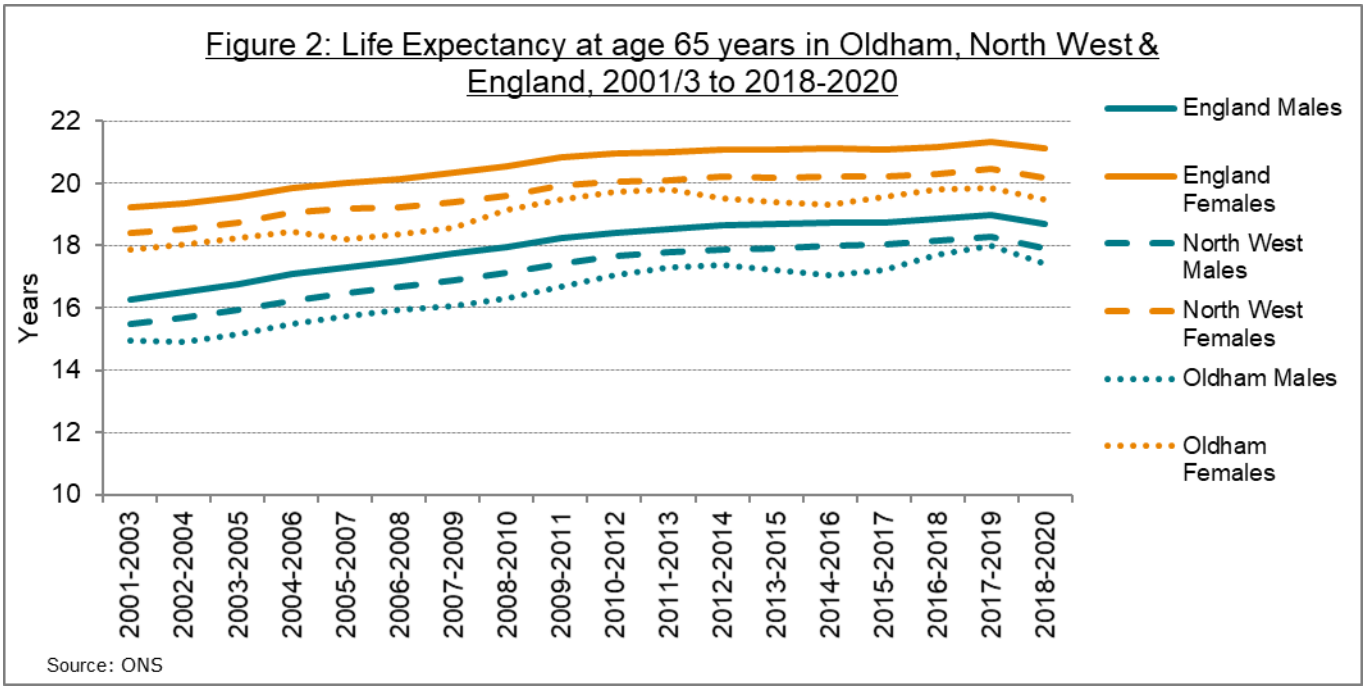
Oldham's male life expectancy at 65 for 2018/20 is 17.4 years, 0.6 years lower than the figure for 2017/19 of 18.0 years.

In the most recent 2018/20 figures, life expectancy at age 65 is lower for Oldham males (17.4 years) than for England (18.7 years), North West (17.9 years) and Greater Manchester (17.5 years). England, North West, GM and Oldham have all seen decreases between 2017/19 and 2018/20. Oldham's decrease was largest at 0.6 years.

Oldham's female life expectancy at 65 for 2018/20 is 19.5 years, 0.3 years lower than the figure for 2017/19 of 19.8 years.

In 2018/20, life expectancy at 65 is lower for Oldham females (19.5 years) than for England (21.1 years), North West (20.2 years) and Greater Manchester (19.8 years). England, North West, GM and Oldham have all seen decreases between 2017/19 and 2018/20. Oldham's decrease was larger than the England decrease of 0.2 years and equal to the decrease seen across the North West and GM.

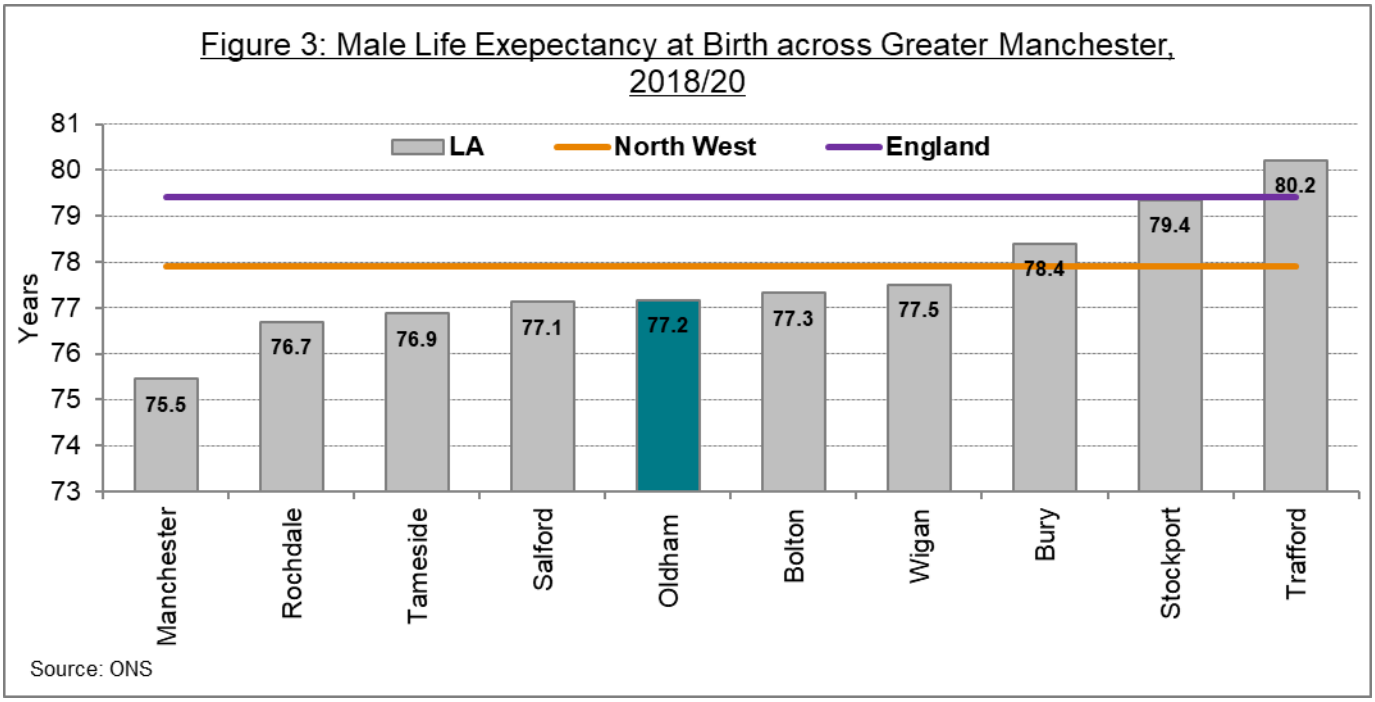
Life expectancy at 65 is currently 2.1 years higher for females than males in Oldham. Increases have been greater for males than for females between 2001/3 and 2018/20. Oldham females saw an increase of 9.0% whilst males saw an increase of 16.5%.

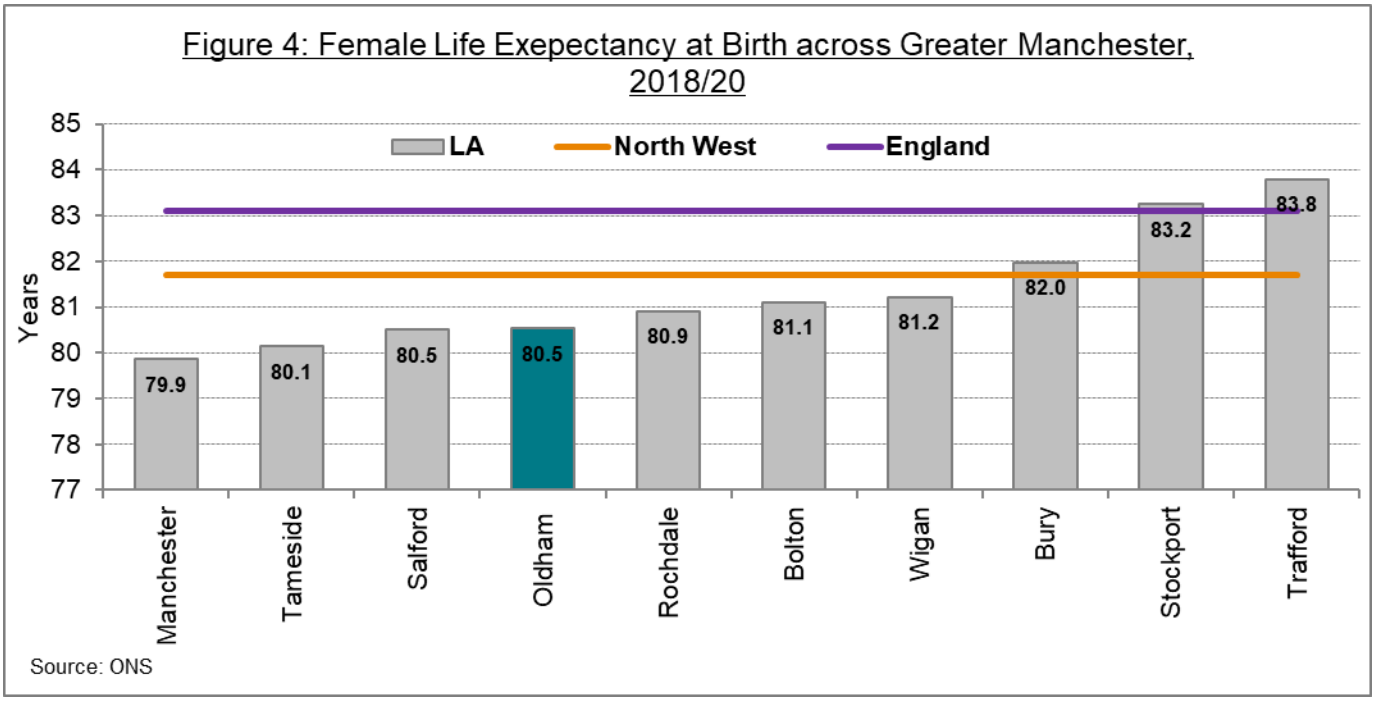


4 Life Expectancy across Greater Manchester

Across Greater Manchester there are considerable inequalities in life expectancy at birth for males. Oldham ranks 5th lowest across Greater Manchester at 77.2 years. Trafford ranks highest at 80.2 years and Manchester lowest at 75.5 years. Only Stockport and Trafford have rates higher than the England average.

A similar pattern emerges with the female rates, Oldham ranks 4th lowest at 80.5 years. Trafford ranks highest at 83.8 years and Manchester lowest at 79.9 years. Again, Stockport and Trafford are the only Greater Manchester authorities to exceed the England average.

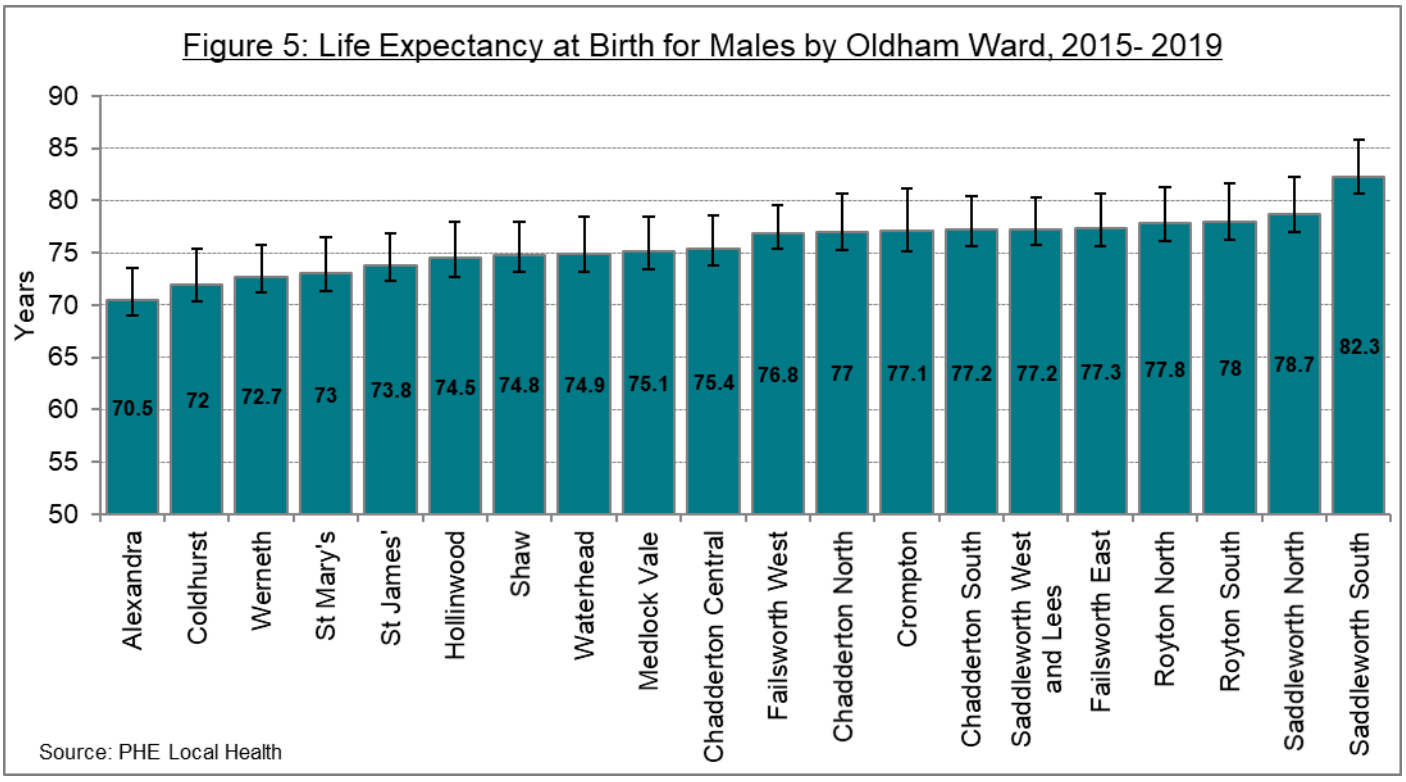


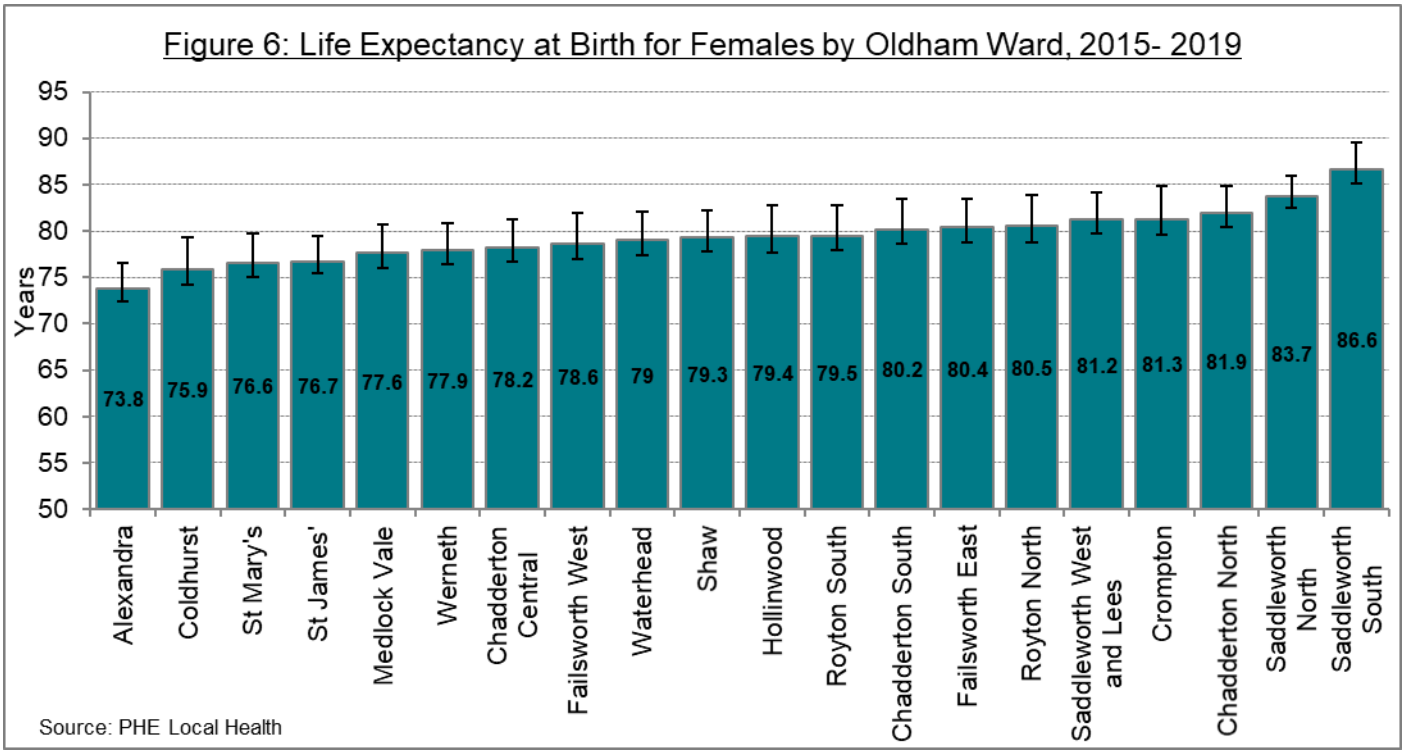


5 Life Expectancy by Oldham Ward

The difference for males between the ward with the highest life expectancy and the lowest life expectancy is 11.8 years. Saddleworth South ranks highest at 82.3 years and Alexandra the lowest at 70.5 years.

The inequalities between wards are higher for females than for males at 12.8 years. The ward with the highest female life expectancy at birth was Saddleworth South at 86.6 years and the ward with the lowest was Alexandra at 73.8 years.





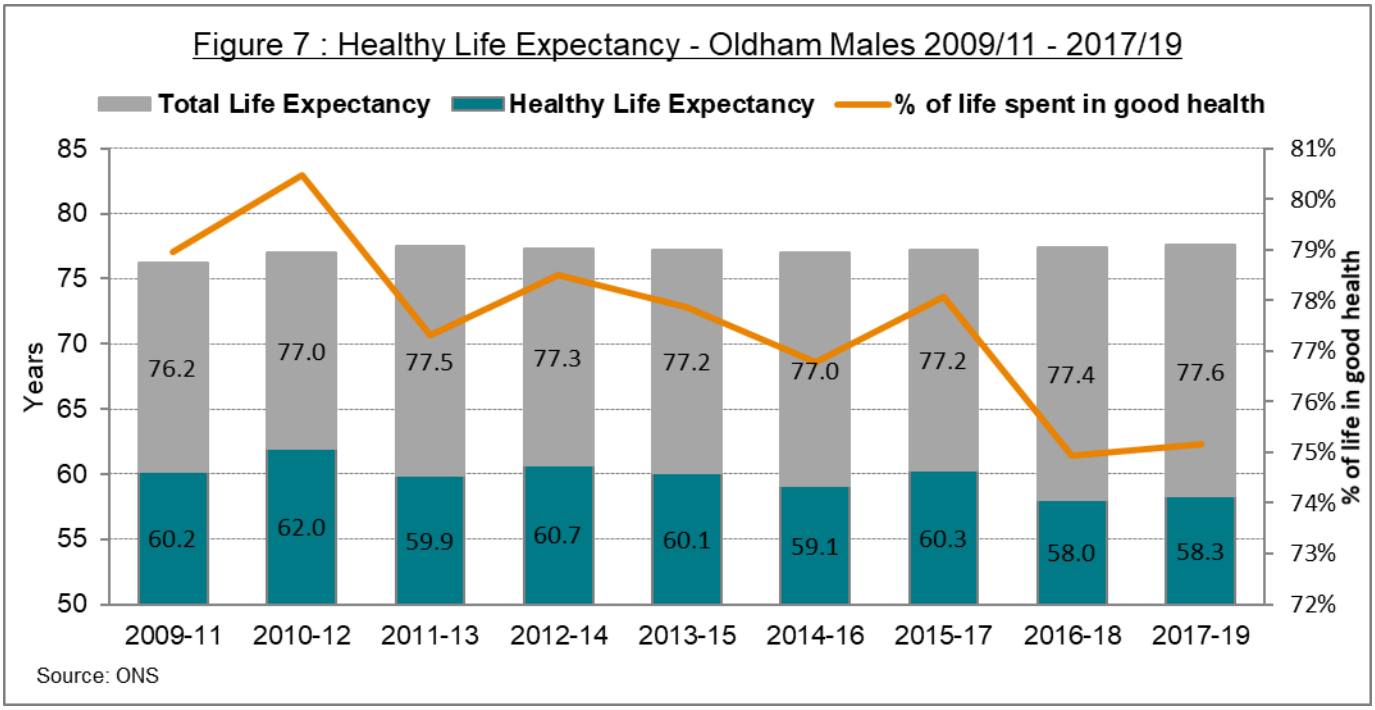
6 Healthy Life Expectancy

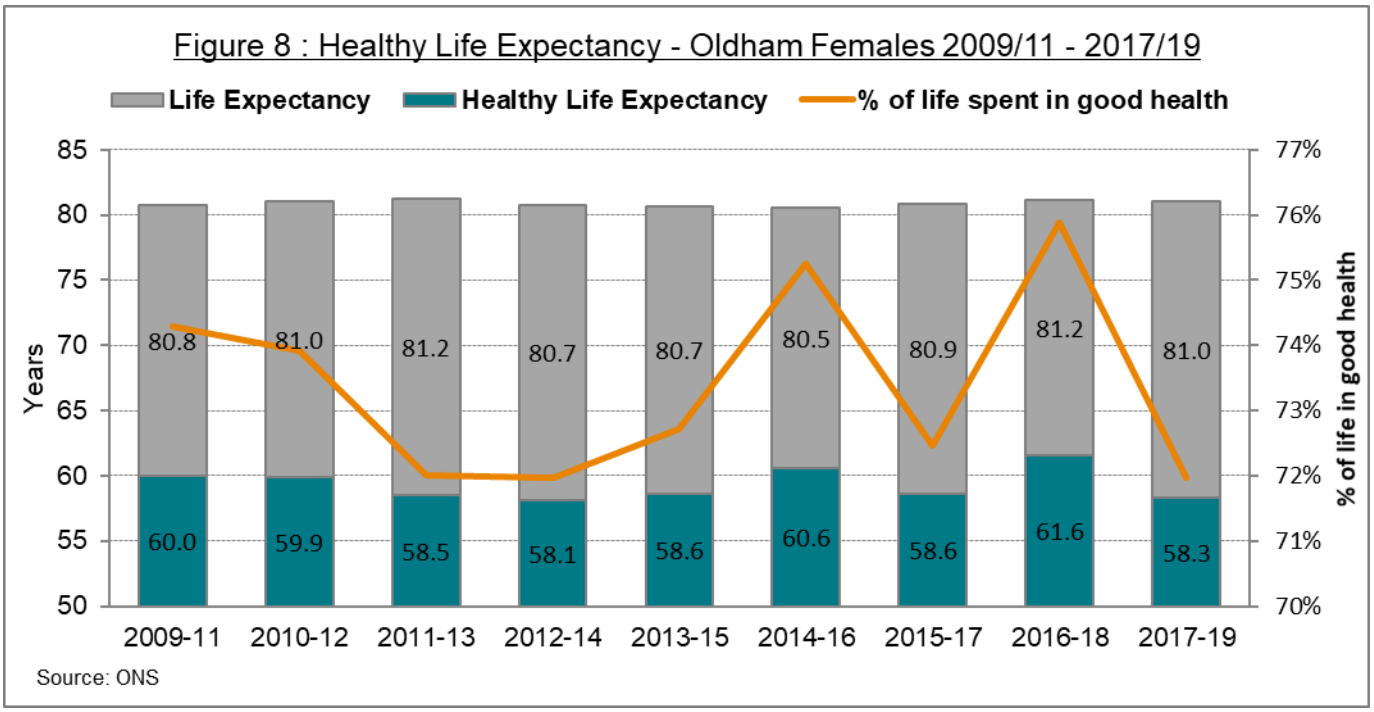
Healthy life expectancy at birth is an estimate of the average number of years babies born this year would live in a state of 'good' general health if mortality levels at each age, and the level of good health at each age, remain constant in the future.[1]

Overall, healthy life expectancy for males in Oldham has decreased between 2009/11 and 2017/19 from 60.2 years in 2009/11 to 58.3 years in the most recent data. The percentage of life spent in good health has decreased overall, from 79.0% in 2009/11 to 75.2% in 2017/19.

Overall, healthy life expectancy for females in Oldham has decreased between 2009/11 and 2017/19 from 60.0 years in 2009/11 to 58.3 years in the most recent data. The percentage of life spent in good health has decreased overall, from 74.3% in 2009/11 to 72.0% in 2017/19.

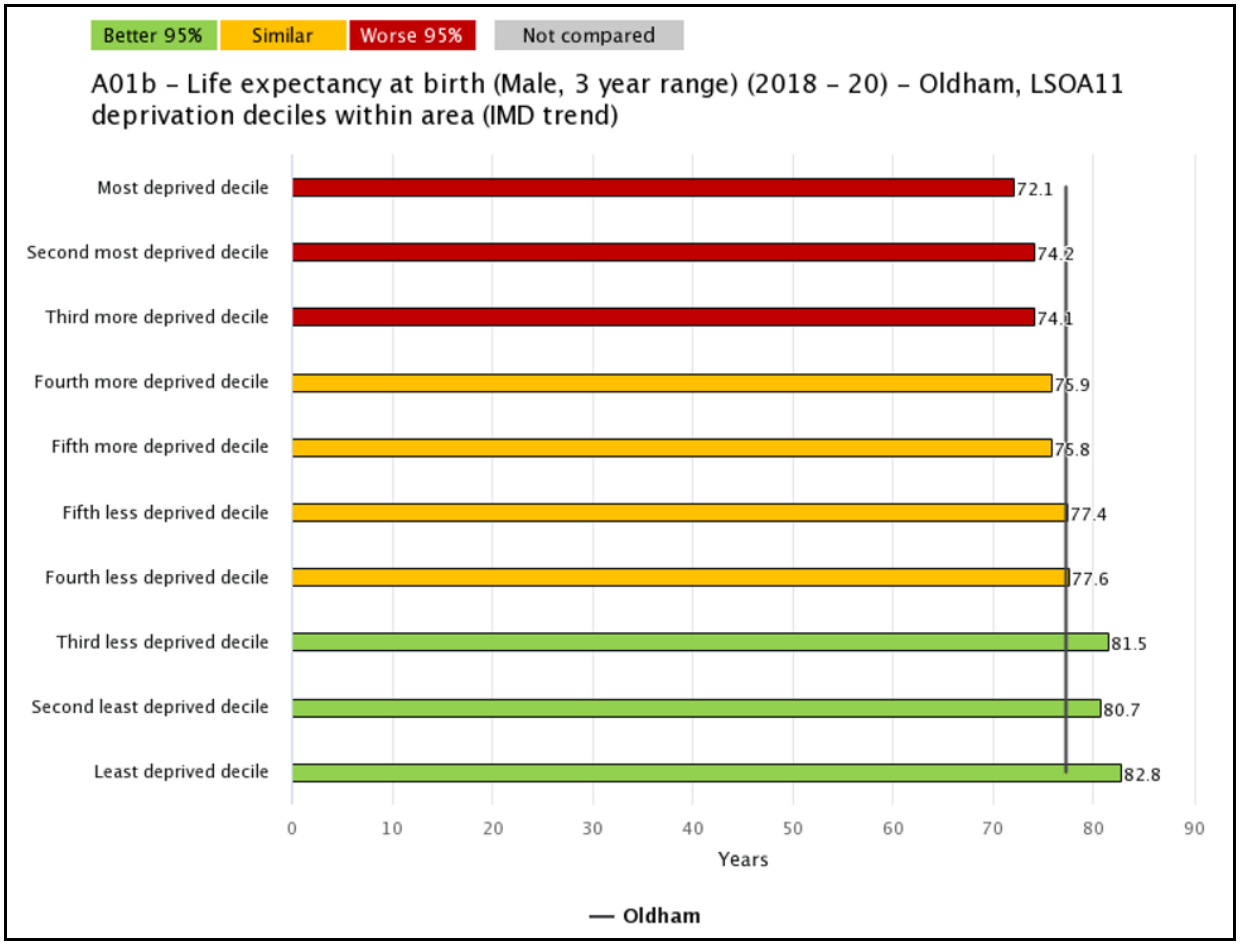
[1] ONS Health Profile for England 2017

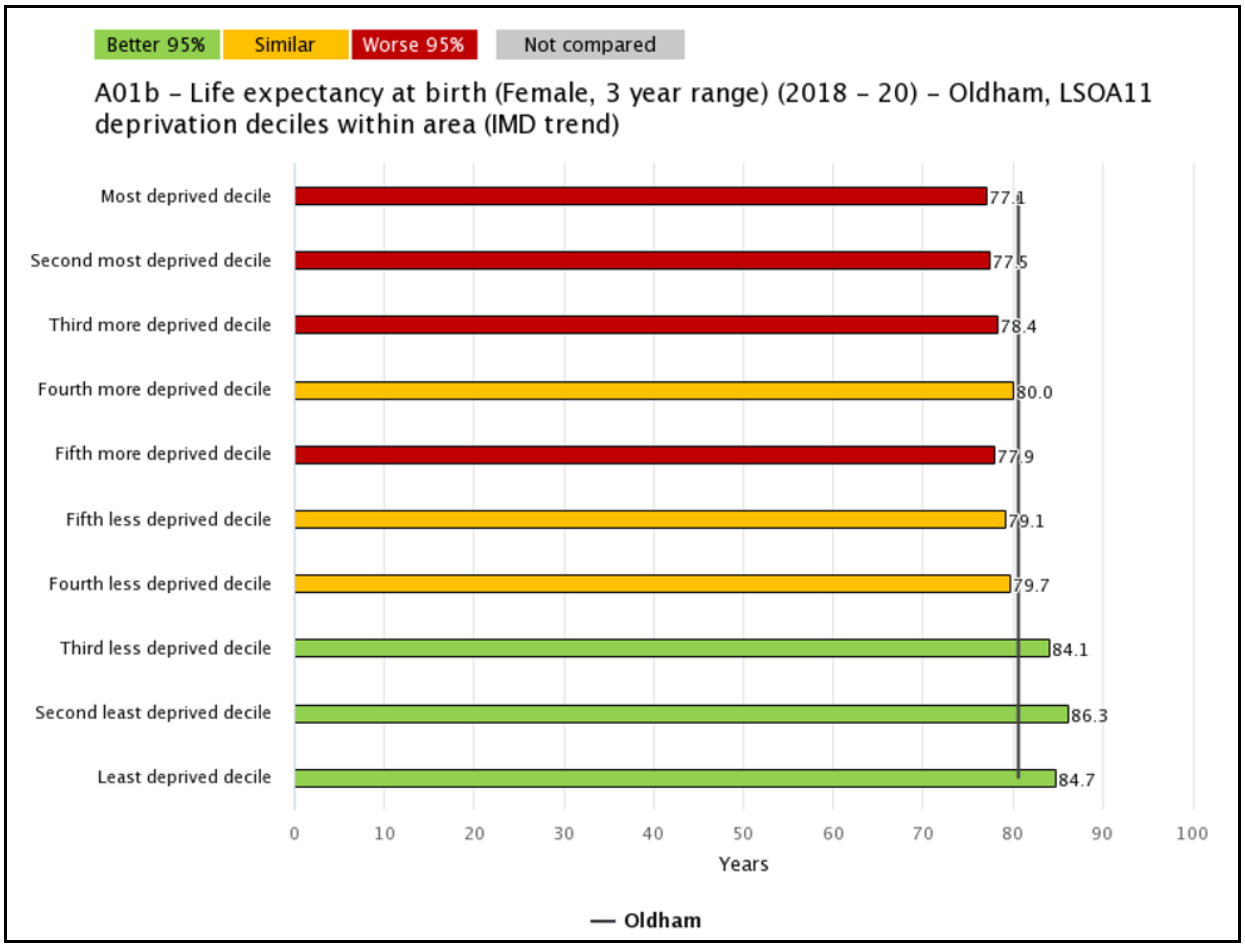




7 Inequality in Life Expectancy

The following two charts display life expectancy at birth for males and females across each of the 10 IMD deprivation deciles for Oldham's LSOAs. Both charts demonstrate clearly how life expectancy at birth is correlated to the deprivation level of the LSOA of residence. Inequality is greater for males than for females, with a 10.7 year age gap for males and a 4.2 year age gap for females between the most and least deprived deciles.


Better 95%
Similar
Worse 95%
Not compared
A01b – Life expectancy at birth (Male, 3 year range) (2018 – 20) – Oldham, LSOA11 deprivation deciles within area (IMD trend)
Most deprived decile
Second most deprived decile
Third more deprived decile
Fourth more deprived decile
Fifth more deprived decile
Fifth less deprived decile
Fourth less deprived decile
Third less deprived decile
Second least deprived decile
Least deprived decile
72.1
74.2
74.1
75.9
75.8
77.4
77.6
81.5
80.7
82.8
0
10
20
30
40
50
60
70
80
90
Years
Oldham


Better 95%
Similar
Worse 95%
Not compared
A01b – Life expectancy at birth (Female, 3 year range) (2018 – 20) – Oldham, LSOA11 deprivation deciles within area (IMD trend)
Most deprived decile
Second most deprived decile
Third more deprived decile
Fourth more deprived decile
Fifth more deprived decile
Fifth less deprived decile
Fourth less deprived decile
Third less deprived decile
Second least deprived decile
Least deprived decile
77.1
77.5
78.4
80.0
77.9
79.1
79.7
84.1
86.3
84.7
0
10
20
30
40
50
60
70
80
90
100
Years
Oldham

This page is intentionally left blank

Report to HEALTH AND WELLBEING BOARD

A Health Inequalities Plan for Oldham

Portfolio Holders:
Councilor Chauhan, Cabinet Member for Public Health

Officer Contact: Katrina Stephens, Director of Public Health

Report Author: Simon Watts, Registrar in Public Health

Date: 09/03/2022

Purpose of the Report

This report offers an update on the development of the Health Inequalities Plan for Oldham for discussion with board members and agreement of next steps.

Requirement from the Health and Wellbeing Board

Board members are asked to offer their input and comments on how the plan should be developed further and:

- Consider the actions recommended and how the HWB can drive delivery of these actions.
- Identify further areas for focus or changes needed to the draft plan.
- Support further engagement with residents and wider stakeholders as the plan is developed further.
- Receive a final version of the plan for sign off at HWB in June 2022.

A Health Inequalities Plan for Oldham

1. Background

In November 2021, Health and Wellbeing Board members discussed the development of a Health Inequalities plan for Oldham and the process for development. Since then, a series of working group meetings have taken place, with a significant amount of work outside of the working group, reviewing key themes highlighted in the GM Marmot Build Back Fairer report.
Members of the working group include colleagues from:

- Oldham MBC
  - Public health
  - Employment services
  - Policy
  - Children's Services
  - Organisational Development
  - Housing
- Oldham CCG / ICS
- Action Together
- First Choice Homes
- Oldham Community Leisure
- Northern Care Alliance
- HealthWatch

As each theme was reviewed, recommendations from each session were drawn together to form the Health Inequalities Plan for the borough. The table below outlines the key meetings that have taken place since the HWB discussed the development of this plan in November.

Date of Working Group	**Theme of Meeting**
17th December	Public health services
14th January	Income, poverty, housing and debt
25th January HWB Development Session	Health inequalities in all policies
28th January	Work and unemployment
11th February	Early years, children and young people
17th February	Follow up session on work and unemployment
23rd February	Poverty Truth Commission session on Health Services
3rd March	NHS services and access
4th March	Review Draft Plan
18th March	Advocating for policy change Review Draft Plan

2. Engagement and Co-development of the Plan

A retrospective review of the following pieces of resident engagement was carried out ahead of the working group sessions and the key themes from the engagement exercises were presented to inform the discussion:

- **Doorstep engagement team** – reviewed themes generated from 1000s of conversations on the doorstep with residents between from Aug-20 to Nov-21. Mental health, concerns about ASB, the environment and money issues were all key concerns.
- **Insight Tracker** – reviewed all insights that had been recorded in the insight tracker by professionals across Oldham up to Nov-21, with a number of themes around learning disabilities and mental health.
- **Community Champions Network** – drew on key themes that have emerged from a number of community champion network meetings during the pandemic.
- **Poverty Truth Commission** – emerging themes around the extent to which staff can associate and empathize with people in poverty informed elements of the plan.
- **Early Years Strategy Consultation** – wide range of points raised by residents which informed the Children and Young People element of the plan.
- **Homelessness strategy** – engagement that was part of the development of this strategy was used to inform in the housing discussion.
- **Covid-19 recovery plan** – wide range of residents offered their views on the impact of Covid-19 on their lifes, particularly relevant to the employment theme and discussion.
- **Let's Talk Oldham** – residents identified a number of priorities relevant to the health inequalities plan as part of this engagement around the corporate plan.

Working group members offered their accounts of client/service user experiences in each working group discussion.

Dedicated engagement took place in the form of a Poverty Truth Commission session around residents' experiences of using health services. Wider themes about access, trust and relationships emerged which are relevant to all aspects of the health inequalities plan.

Further engagement is planned with residents to review the draft form of the plan and sense check the priorities outlined within it.

Further conversations with residents will be needed to inform how actions are developed and delivered.

3. Content of the Plan

At the time of writing this report, following the latest working group meeting on 4th March, elements of the draft plan are still being developed. Therefore, the content of the draft plan will be presented via a presentation to HWB on 22nd March for discussion with members.

4. Recommendation

Board members are asked to take note of the update above and:

- Consider the actions recommended and how the HWB can drive delivery of these actions.
- Identify further areas for focus or changes needed to the draft plan.
- Support further engagement with residents and wider stakeholders as the plan is developed further.
- Receive a final version of the plan for sign off at HWB in June 2022.

This page is intentionally left blank