

## ***HEALTH AND WELL BEING BOARD Agenda***

Date Thursday 19<sup>th</sup> June 2025

Time 10.00 am

Venue Lees Suite, Civic Centre, Oldham, 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 Alex Bougatef or Peter Thompson at least 24 hours in advance of the meeting.
  2. CONTACT OFFICER for this agenda is Peter Thompson – email: [peter.thompson@oldham.gov.uk](mailto: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 12.00 noon on Monday, 16<sup>th</sup> June 2025.
  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.

**MEMBERSHIP OF THE HEALTH AND WELL BEING BOARD**  
Councillors Brownridge, Davis (Chair), Mushtaq, Nasheen, Shuttleworth (Vice-Chair) and Sykes

### Item No

1 Apologies For Absence

2 Urgent Business

Urgent business, if any, introduced by the Chair

3 Declarations of Interest

To Receive Declarations of Interest in any Contract or matter to be discussed at

the meeting.

4 Public Question Time

To receive Questions from the Public, in accordance with the Council's Constitution.

5 Minutes (Pages 5 - 10)

The Minutes of the meeting of the Health and Wellbeing Board, held on 3<sup>rd</sup> April 2025, are attached for approval.

6 Better Care Fund 2023-25; End of Year 2024-25 (Pages 11 - 32)

7 Public Health Annual Report 2024/25 – Healthy Life Expectancy in Oldham (Pages 33 - 126)

The Public Health Annual Report, 2024/25, which takes a wider view on the healthy life expectancy for residents of Oldham, and the main contributing factors.

8 Pharmaceutical Needs Assessment (Pages 127 - 274)

A report that presents the Oldham Health and Wellbeing Board Pharmaceutical Needs Assessment 2025 - 2028.

9 Natural Health Service – Green Social Prescribing (Pages 275 - 278)

A report that provides an overview of the Natural Health service, the impact it has made to date and plans for the coming year, 2025/26.

10 Development of a Recovery System for Drugs and Alcohol

Report/presentation to follow

11 Dates of Future Meeting

Members of the Health and Wellbeing Board are asked to note dates for meetings during the remainder of the 2025/26 Municipal Year (all meetings on Thursdays, starting at 10.00am):

- a. 17<sup>th</sup> July 2025 (development session)
- b. 11<sup>th</sup> September 2025
- c. 30<sup>th</sup> October 2025
- d. 4<sup>th</sup> December 2025 (development session)
- e. 15<sup>th</sup> January 2026
- f. 5<sup>th</sup> March 2026



## **HEALTH AND WELL BEING BOARD**

**03/04/2025 at 10.00 am**

**Present:** Councillors Brownridge, Davis (Chair) and Shuttleworth

Also in attendance:

Rebecca Fletcher- Director of Public Health  
Rev Jean Hurlston- Voluntary member  
Anna Tebay- Head of Public Health  
Julie Daniels- Director of Children's Services  
Laura Windsor-Welsh- Action Together  
Claire Hooley- Adult Social Care  
Laura Wilson- GMP  
Rachel Dyson- Thriving Communities Hub Lead  
Andrea Entwistle- Public Health  
Michelle Clegg- NCA  
Anna Howarth- Healthwatch  
Stuart Lockwood- OCL  
Lauren Clannis- OCL  
Hayley Bibby- Weight Management and Wellbeing Services  
Charlotte Stevenson- Public Health  
Andrea Edmondson- NHS  
Erin Portsmouth- NHS  
Dr John Patterson- NHS  
Steve Taylor- NCA  
Jon Taylor- Data Insight and Intelligence Lead  
Emily Baylis-Turner- Data Insight and Intelligence Officer  
Mark Gifford- First Choice Homes  
Michelle Scholes- IGP Care  
Kristina Atkins- IGP Care  
Durga Paul- Constitutional Services

### **1 APOLOGIES FOR ABSENCE**

Apologies for absence were received from Cllr Sykes, Cllr Nasheen, Jayne Ratcliffe and Mike Barker.

### **2 URGENT BUSINESS**

There were no items of urgent business received.

### **3 DECLARATIONS OF INTEREST**

There were no declarations of interest received.

### **4 PUBLIC QUESTION TIME**

There were no Public Questions for this meeting to consider.

### **5 MINUTES OF PREVIOUS MEETING**

**RESOLVED** that the minutes of the meeting held on 30<sup>th</sup> January 2025 be approved as a correct record.

### **6 ORAL HEALTH**

The Health and Well Being Board heard from Public Health on the importance of Oral Health. Tooth decay is preventable;

however, tooth extraction is the leading cause of hospital admission in 5–9-year-olds with 15 million days of school missed due to dental problems each year. Tooth decay and tooth loss can be source of embarrassment and low self-esteem and gum disease has been associated with increased risk preterm birth, as well as heart disease and dementia. In older adults, poor oral health can lead to aspiration pneumonia, malnutrition, dehydration and subsequent urinary tract infections. Around 1 in 10 deaths from pneumonia among older adults in hospital or care facilities can be prevented by improving oral hygiene.

The Board received an update on the JSNA data dashboard with comparative data between Oldham, the North West, Greater Manchester and authorities with a similar demographic. Oldham ranked high across the board for tooth decay and plaque.

Members heard how about a shift in the Oldham Approach to Oral Health. The previous Oral Health Strategy (2018-2021) focused specifically on 0–5 year-olds. The Proposed approach is to shift to a life course oral health approach based around 4 priority areas; early years, targeted groups, oral health/food environments and the oral health system.

Officers confirmed that the next steps are to put together a Steering Group to continue work on improving Oral Health with partners and ask the board to identify named members of staff from respective organisations to attend and engage with the Oral Health Steering Group once established.

Members of the Board noted that Oldham already provided a good offer and were providing toothbrushes and toothpaste to children at key points. Members queried if there was opportunity to increase this offer and address need in key groups such as the homelessness and vulnerable groups.

Members noted that key groups needed to be expanded to include babies, and parents needed to be educated on the dangers of sugar in baby pouches before babies even have teeth. Members also welcome support of older people, there are instances of elderly residents unable to eat in care homes due to poor oral health.

The Board discussed how 40,000 NHS appointments are taken up with dental issues each year. There is a need for a social movement to focus on oral health as it is a 100% preventable issue that is causing a significant drain on money, time and resources.

Some members noted work done on an Oral Health Campaign in Chadderton 6-7 years ago which proved to have a positive impact on the community. Members asked that Officers share details of Oral Health Campaigns to district leads to see what members can do in their wards to support.

Members queried whether shortages of NHS Dentists had an impact on the Oral Health issues faced in Oldham. Officers explained that although it could be a contributing factor, the current focus is a prevention of decay through oral hygiene and improved diet. They further noted that there are issues with access to dentistry, but decay is 100% preventable without dentists.

**RESOLVED** that, the Health and Well Being Board note the Oral Health report.

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## **OCL AND THE NHS WORKPLACE HEALTH CHECKS**

The Health and Well Being Board heard from the OCL and Public Health on Workplace and NHS Health Checks.

Cardiovascular Disease (CVD) is a major cause of death and disability for Oldham residents. NHS Health Check is for people aged of 40 to 74 who do not already have a long-term health condition and is an opportunity to pick up early signs of CVD and calculate individual risk. People need to aware they are available and must be able to access them through GP practices in Oldham

As part of a National Pilot, the OCL received £86,400 grant funding from the NHS to deliver 1800 workplace CVD health. The OCL were able to mobilise quickly, and the work commenced in November 2024 with 15 members of staff being upskilled and trained in delivering a FULL NHS Health Check. OCL engaged with workplaces, agree a suitable space and arrange appointments with workers and found that workplaces promoted the health checks and give their employees time within the day to attend.

The Board heard that so far 814 workplace checks have been completed. The BMI was over 25 in most participants and more men participated than women. From the 814 completed checks, 72 GP referrals were made. The OCL also noted that of the 814 participants, 91 people had been offered NHS checks within last 5 years and not attended.

The OCL plan to continue to deliver health checks once the pilot is over and intend on widening the demographic of participants which has mostly been while males so far.

In response to member queries, OCL officers confirmed that they had secured NHS funding for the next quarter to continue their work and hope to continue this going forward.

Board members commended the work done so far and highlighted a need to coordinate about the commissioning to mitigate the risk of funding to be taken away because similar initiatives are going on already. They stressed the need to deliver health where people are such as workplaces in a preventative capacity, rather than waiting for health conditions to

become more serious. The Board will add this to the IPC agenda to discuss further with other partners and agencies.

**RESOLVED** that, the Health and Well Being Board note the OCL and NHS Workplace Checks report.

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## **LIVE WELL UPDATE**

The GM Live Well model is a key priority for GMCA, and for NHS GM. The goal is for everyone in every community to have daily access to support and advice to improve their physical and mental health, and socio-economic status. The Oldham Partnership mission for Healthier Happier Lives and resident focus means that this model aligns well with the existing approach in Oldham. In addition, a Live Well approach will support Oldham to deliver the Prevention and Early Intervention pillar in the Council's Corporate Plan.

Important issues

- Need to focus on Oldham – how do we access our share of GM funding?
- Fragmented system – pressures on individual organisations
- VCFSE need to be at the heart
  - Long-term sustainability & support for local groups
- Voice of residents is vital
  - Need to include everybody (not just those in need) & across generations
- Spread the word about the offer

Live well next steps are to identify all Live Well building blocks, co-produce Live Well principles, establish mechanisms to ensure connectivity and address gaps and continue to test and learn through innovation programmes

One of the Innovation Programmes ongoing is the Live Well Accelerator which will develop district-based budgets for commissioning and delivery of community led prevention activity. Efforts are currently being focused on delivering this in East Oldham.

Another innovation programme is the Employment trailblazer. This will focus on developing new approaches to supporting economically inactive residents back into employment. It also reflects the Oldham approach for the integration of employment support with social prescribing offer, growing community-led employment support, and growing volunteering into employment model.

**RESOLVED** that, the Health and Well Being Board note the Live Well update.

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## **BETTER CARE FUND**

The Health and Well Being Board heard that in order to meet the national funding conditions of the Better Care Fund, the report seeks the Board's approval on the submission of Oldham's: 2024-25 Quarter 2 & 3 submissions and 2025-26 Planning template. The Board should note, that in order to meet the deadlines set for the above, the templates have been submitted, delegation of this was previously provided for the submissions in the report presented in July 2024 and covered the 2024-25 financial year. It also seeks the Board's approval to continue to delegate the decision to submit quarterly reports during 2025-26 to the Better Care Fund team, with the understanding that the reports will be noted at the next available Health and Wellbeing Board meeting.

**RESOLVED** that, the Health and Well Being Board-

1. note the content of the Quarter 2 & 3 reports
2. note the content of the 2025-26 BCF Planning Template
3. approve to delegate the decision to submit quarterly reporting templates (including the year-end report) to the Place-Based Lead and Oldham Council's Chief Executive in consultation with the Director of Adult Social Services (DASS).

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#### **LONG-ACTING REVERSIBLE CONTRACEPTION UPDATE**

The Board heard from Public Health on the work that was being done to improve the awareness and access to Long Acting Reversible Contraception in the borough. The provision of contraception is widely recognised as a highly cost-effective public health intervention. This is because it reduces the number of unplanned pregnancies which bear high financial costs to individuals, the health service and to the state. There is a significant return on investment with and for every £1 spent, there is £48 saved over 10 years by the NHS.

Findings from the 2019 Oldham, Rochdale and Bury Sexual Health Needs Assessment, which included an extensive consultation with residents, found that only 20% of residents who were using LARC as their main form of contraception, accessed this via their GP. There are only 13 practices within Oldham providing LARC, with no provision at all in West Oldham. Work needs to be done to provide to allow residents to access LARC through Primary Care.

Members of the Board noted that there was an increase spend on £0.5m on abortions which could be attributed to a lack of contraceptive options. Members agreed with officers that more awareness of the availability of LARC was needed, and public engagement was required.

Officers noted that good work was being done on maternity wards to ensure that LARC was available to patients who had just given birth upon leaving the hospital.

**RESOLVED** that, the Health and Well Being note the LARC update.

The meeting started at 10:00am and ended at 11:58am.

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## Report to HEALTH AND WELLBEING BOARD

### Better Care Fund 2023-25; End of Year 2024-25

**Portfolio Holder:**

Councillor Barbara Brownridge, Cabinet Member Health & Social Care

**Officer Contact:** Jayne Ratcliffe, Director of Adult Social Care (DASS)

**Report Author:** Alison Berens, Head of Quality and Care Provisioning

**Contact:** 1792 / [alison.berens@oldham.gov.uk](mailto:alison.berens@oldham.gov.uk)

**Date:** 19<sup>th</sup> June 2025

#### Purpose of the Report

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In order to meet the national funding conditions of the Better Care Fund, this report seeks the Health and Wellbeing Board's approval on the submission of Oldham's:

- 2024-25 End of Year report

The Board should note, that in order to meet the deadlines set for the above, the template has been submitted.

It should be noted that the Board has already approved to delegate the decision to submit quarterly reports to the Better Care Fund team, with the understanding that the reports will be noted at the next available Health and Wellbeing Board meeting.

#### Requirement from Oldham's Health and Wellbeing Board

1.
  - a) Note the content of the 2024-25 End of Year report, and
  - b) Provide retrospective approval for its submission to the Regional Better Care Fund panel

## 1. Background

### The Better Care Fund

- 1.1 The Better Care Fund's vision has been to support people to live healthy, independent and dignified lives, through joining up health, social care and housing services seamlessly around the person. The BCF Policy Framework centres on these objectives and now sets separate National Condition for each:
- enable people to stay well, safe and independent at home for longer
  - provide people with the right care, at the right place at the right time.
- 1.2 As well as supporting delivery of the [Next Steps to put People at the Heart of Care](#), the BCF programme underpins key priorities in the NHS Long Term Plan by joining up services in the community and the government's [plan for recovering urgent and emergency care \(UEC\) services](#).
- 1.3 Differing from previous years, the current BCF plan spanned two years for the period 2023-25, with the delivery of the BCF supporting two key priorities for the health and care system that align with the two existing BCF objectives of:
- improving overall quality of life for people, and reducing pressure on UEC, acute and social care services through investing in preventative services
  - tackling delayed discharge and bringing about sustained improvements in discharge outcomes and wider system flow.

### 2024-25 End of Year Report

- 1.6 The Better Care Fund requires an End of Year report to be completed. For 2024-25 the deadline for this was 6<sup>th</sup> June 2025, with reports to be approved by the locality's Health and Wellbeing Board. The approval process allows for submission of the plan prior to approval of the Health and Wellbeing Board.

## 2. Current Position

- 2.1 The BCF continues to consist of three main funding contributions: NHS Greater Manchester Integrated Care Board (NHS GM ICB) contribution to the BCF; the Disabled Facilities Grant (DFG); and the Improved Better Care Fund (iBCF).
- 2.2 Due to increases being received for the Disabled Facilities Grant and Discharge Funding, the total value of the BCF in Oldham for 2023-25 period is £81,584,498. This is broken down as follows for 2023-25:

Funding Sources	Income Year 1 (2023/24)	Income Year 2 (2024/25)
DFG	£2,343,287	£2,555,942
Minimum NHS Contribution	£21,951,512	£23,193,968



iBCF	£11,187,623	£11,187,623
Additional LA Contribution	£0	£0
Additional ICB Contribution	£822,739	£462,916
Local Authority Discharge Funding	£1,568,487	£2,614,146
ICB Discharge Funding	£1,420,360	£2,275,895
<b>Total</b>	<b>£39,294,008</b>	<b>£42,290,490</b>

- 2.3 The use of the funding is dependent on meeting the following four national conditions:

**National Condition 1: Plans to be jointly agreed**

Plans must be agreed by the ICB and the local council chief executive prior to being signed off by the Health and Wellbeing Board.

**National Condition 2: Enabling people to stay well, safe and independent at home for longer**

Localities agree on how the services they commission will support people to remain independent for longer, and where possible support them to remaining their own home.

**National Condition 3: Provider the right care in the right place at the right time**

Localities agree on how the services they commission will support people to receive the right care in the right place at the right time.

**National Condition 4: NHS minimum contribution to adult social care and investment in NHS commissioned out of hospital services**

The NHS minimum contributions for social care and NHS commissioned out of hospital spend for all HWB areas in 2024-25 has been uplifted by 5.66%. ICBs and Councils may agree a higher level of spend, where this will deliver value to the system and is affordable.

- 2.4 The BCF policy framework sets out the vision, funding, oversight and support arrangements and is focused on two overarching objectives:

- reform to support the shift from sickness to prevention
- reform to support people living independently and the shift from hospital to home.

- 2.5 Working collaboratively across health and social care, the funding is focused on schemes to support the above objectives, of 'prevention' and 'living well at home' and is utilised for Oldham residents to support the following initiatives and services:

- Residential enablement at Butler Green and Medlock Court
- Falls prevention
- A range of dementia services across the borough
- Community equipment and wheelchair provision
- Minor adaptations
- A range of Falls Services
- Alcohol liaison
- Carers' support
- Dementia support services

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- Stroke support services
  - A range of services to support hospital discharge.

- 2.6 The End of Year (2024-25) reporting template requires data to be submitted on capacity and demand of the locality. For instance, how many units of a service are available compared to the number of individuals anticipated to require a service. The Oldham BCF team has found this to be a useful exercise in reviewing what services are available across the borough and to further understand the gaps in provision, therefore directing the funding to where is required to support people the most.
- 2.8 Work is taking place to review the section 75 agreement for it to be in place as soon as possible as per the national BCF deadline.

### **3. Case Studies on use of the Better Care Fund**

#### **3.1 Medlock Court – Bed Based Reablement**

- The woman had carers at home prior to Hospital admission so the main goals were to improve transfers and mobility and some kitchen tasks to a safe level to return home to previous or reduced package. A care plan and therapy plan/goals were put in place on arrival, completing alongside the lady.
- Staff encouraged, reassured and motivated throughout her stay as the lady could become anxious at times. A holistic way of working was operated, looking at both physical and emotional needs. The lady's main goal was to be able to return home.
- Staff/therapy managed to progress the lady through her stay and reached her baseline and better for mobility and kitchen tasks. Transfers were being worked on against usual transfer heights at home. There was question of the lady needing a short stay due to struggling with transfers without the use of a hoist and therefore her safety was priority, but we wanted to ensure all avenues were explored as the lady's wish was to return home. MioCare utilised the Helpline service for the loan of a mobile hoist in order to carry out a home visit with the lady and the therapists (Helpline delivered and collected the piece of equipment afterwards), the result being the lady managed well in her own home environment without the use of a hoist. Further equipment was identified and ordered for discharge.

#### **Outcomes**

- As a result of her 3 week stay at Medlock she was discharged home with a restart of her existing care package, remained at one carer supporting and with the additional equipment in place was able to remain as independent as possible and stay at home. Therapy conducted a follow up visit on the day of discharge.
- Feedback later received was she was managing well at home and thanked the team in helping her meet her goal(s).

#### **3.2 Community Reablement**

- 96-year-old woman, who was returning to borough from staying with family following having a pacemaker fitted which had reduced mobility in her arms.

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She had previously not been receiving care, but had returned from family without a plan in place due to a family conflict.

- Following an urgent referral via the ARCC Team, the Reablement Service arrived at the home within 10 minutes of the woman arriving home. The woman was shaken up and unable, able to manage on her own as she had no food in the house, which was cold and required cleaning.
- Staff assisted with getting food and settling the woman for the first night and made referrals in to Age UK Oldham for support with shopping and meals.
- Following the start of the support the staff could quickly see an improvement in mood and confidence. This meant she was able to work with the service on her mobility and regaining the confidence to take on her own task and regain her independence.

#### Outcomes

- Three weeks of reablement were provided after which point she was back in the community alone doing what she had previously enjoyed, which was walking and catching the bus to town.
- No other services were required long-term.

### 3.3 Urgent Care Response Team (UCR) – Hospital Avoidance

- 75-year-old woman with Guillain-Barre Syndrome who is quadriplegic, with a tracheostomy, night ventilation, PEG fed, with a long-term catheter. She lives at home with husband and has 24-hour double cover package of care.
- Had a fall from her wheelchair whilst out with carers, attended hospital and had her legs splintered due to fractures, discharged with district nurse support.
- A week later she returned to hospital due to low blood pressure and confusion. She was reviewed and sent home before blood tests were returned.
- The following day the GP referred her to UCR asking for monitoring over the weekend following the return of the blood test which indicated infection. The GP had prescribed anti-biotics for a possible chest infection on urinary tract infection.
- UCR visited the next 3 days and monitored condition. Patient felt well and declined to attend hospital. She was reviewed by the Out of Hours GP and Urgent Care Hub. Her carers monitored for deterioration and took hourly observations to ensure she did not deteriorate.

#### Outcome

- The patient was able to remain in her own home whilst receiving treatment, which was what she wanted and where she was most comfortable.

## 4. Key Issues for the Health and Wellbeing Board to Discuss

- 4.1 a) Note the content of the 2024-25 End of Year report, and  
b) Provide retrospective approval for its submission to the Regional Better Care Fund panel

## 5. Recommendation

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- 5.1 It is recommended that the Health and Wellbeing Board agree to sign off of the Better Care Fund End of Year Report 2024-25

## 5. Appendices

1. 2024-25 End of Year report



BCF EOY Report  
Oldham Health and W

# Better Care Fund 2024-25 End of Year Report

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19th June 2025

Alison Berens: Head of Quality and Care Provisioning

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## Purpose

The Better Care Fund (BCF) requires areas to jointly agree to deliver health and social care services supporting improvement in outcomes against the following BCF policy objectives:

- Enable people to stay well, safe and independent for longer
- Provide the right care in the right place at the right time.

The Hospital Discharge Fund, Disabled Facilities Grant and the Improved Better Care Fund (iBCF) are elements of the Better Care Fund 2024-25

# Oldham's allocation

Funding source	2023/24	2024/25
Disabled Facilities Grant	£2,343,287	£2,55,942
Minimum NHS contribution	£21,951,512	£23,193,968
Improved Better Care Fund (iBCF)	£11,187,623	£11,187,623
Additional LA contribution	£0	£0
Additional ICB contribution	£822,739	£762,916
LA Hospital Discharge Fund	£1,568,487	£2,615,146
ICB Hospital Discharge Fund	£1,420,360	£1,975,895
<b>Total</b>	<b>£39,294,008</b>	<b>£42,290,490</b>

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## Reporting and timelines

- The Health and Wellbeing Board signed off the BCF plan for 2024-25 at the July Health and Wellbeing Board and agreed to delegate sign off to approve the quarter reports to the Chief Executive of the Council and Deputy Place Lead at this time, in consultation with DASS and Lead Member.
- Quarterly submissions were submitted on the following dates:
  - Quarter 1 - 29<sup>th</sup> August 2024
  - Quarter 2 – 31<sup>st</sup> October 2024
  - Quarter 3 – 31<sup>st</sup> January 2025
- End of Year Report due on 6<sup>th</sup> June



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# Year End Report Summary

- Reporting on set metrics
- Capacity and demand – Intermediate care for hospital discharge step down and community step up
- Expenditure and outputs achieved for all cost lines
- End of year impact summary

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## Metrics – ICB Led

### Avoidable Admissions

- Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS outcome Framework indicator 2.2i)
  - Data not available for Q4 however performance to date suggests on target

### Discharge to normal place of residence

- % of people who are discharged from acute hospital to their normal place of residence
  - Data not available for Q4 however performance in first three quarters was on track

### Falls

- Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,00
  - Target not met, data not available for Q4 but performance up to Q3 was below target

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# Metrics – LA Led

## Residential Admissions

- Rate of permanent admissions to residential care per 100,000 population (65+)
  - Based upon local data, anticipated year end position for this measure is 256 admissions which would equate to a per 100,000 rate of 659 which would be below target of 685 admissions per 100,000.
  - We continue to work to ensure we meet the needs of residents who are experiencing rapid discharge from hospital due to hospital trusts pressures. This has meant that individuals are not healthy enough to be reenabled. We are working closely with enable to ensure the in-reach offer to individuals in residential, nursing care & short stay care is utilised.
  - Anticipated year end position for this measure is 246 admissions which would equate to a per 100,000 rate of 634 which would be below target of 685 admissions per 100,000.
  - We continue to work to ensure we meet the needs of residents who are experiencing rapid discharge from hospital due to hospital trusts pressures. This has meant that individuals are not healthy enough to be reenabled. We are working closely with enable to ensure the in-reach offer to individuals in residential, nursing care & short stay care is utilised.

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## Capacity and Demand

- Monitors pathway 1, 2 and 3 hospital discharge demand against activity
  - Tracking consistent with demand, with the exception of Reablement and Rehabilitation at home, this has seen a reduction in Quarter 4, this is related to historic data quality issues, with quarter 4 provider a more accurate picture than previously.
- Community Activity
  - On track or above, except for the Community Reablement Issue as above
  - Other short term social care as zero due to end of Home from Hospital which had reported on this line up until the end of October 2024

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## Capacity and Demand Commentary

- Continuing to see increased acuity at the point of hospital discharge with a shortage of specialist nursing placements causing delays to discharge
- Working closely across the system with strengthened Integrated Discharge Team
- Local Focus on Home First and emphasis on Reablement (which links to the end of Home from Hospital in year)
- Reviewing Intermediate Care offer as part of 2025-26 plan
- Increased therapy support within Intermediate Care and ARCC to reduce long-term permanent care and encourage hospital avoidance
- Strengthened capacity into Urgent Care Response Team, including Falls Pick Up Service for hospital avoidance

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## Spend

- Home from Hospital reports underspend as this service ended 31<sup>st</sup> October 2025. Underspend of £56,183 re-allocated to Mental Health Assessment and Rehabilitation
- Bank Holiday Enhancements were only in place for the Easter 2024 Bank Holidays, providers did not claim the full value which was allocated, the underspend of £22,416 reallocated to Rapid Discharge Service
- All other spend was track against planned spend
- Issue noted with the spend tracking at the top of the expenditure tab. Working with both Finance Teams to resolve and may require input from BCF team to resolve

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# Outputs

- The majority of outputs were on track
- Some outputs are below target due to decommissioning / ending in year this includes Home from Hospital and Bank Holiday Enhancements – these have a reduced spend compared to planned expenditure

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# Year End Impact Summary

## Key successes:

- Integrated system benefiting residents by allowing them to move seamlessly between health and social care to meet their needs.
- Early support and intervention, reduced length of stay in hospital and better-quality outcomes such as living independently

## Key challenges:

- Pressure across the whole system means it is difficult to 'shift' anything in line with demand, when pressures and demand are being seen throughout
- Increased acuity at discharge remains a challenge, particularly due to a shortage of specialist nursing provision but also in people being optimised to be ready for reablement at discharge



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# Case Study – Medlock Court Reablement

- The woman had carers at home prior to Hospital admission so the main goals were to improve transfers and mobility and some kitchen tasks to a safe level to return home to previous or reduced package. A care plan and therapy plan/goals were put in place on arrival, completing alongside the lady.
- Staff encouraged, reassured and motivated throughout her stay as the lady could become anxious at times. A holistic way of working was operated, looking at both physical and emotional needs. The lady's main goal was to be able to return home.
- Staff/therapy managed to progress the lady through her stay and reached her baseline and better for mobility and kitchen tasks. Transfers were being worked on against usual transfer heights at home. There was question of the lady needing a short stay due to struggling with transfers without the use of a hoist and therefore her safety was priority, but we wanted to ensure all avenues were explored as the lady's wish was to return home. MioCare utilised the Helpline service for the loan of a mobile hoist in order to carry out a home visit with the lady and the therapists (Helpline delivered and collected the piece of equipment afterwards), the result being the lady managed well in her own home environment without the use of a hoist. Further equipment was identified and ordered for discharge.

## Outcomes

- As a result of her 3 week stay at Medlock she was discharged home with a restart of her existing care package, remained at one carer supporting and with the additional equipment in place was able to remain as independent as possible and stay at home. Therapy conducted a follow up visit on the day of discharge.
- Feedback later received was she was managing well at home and thanked the team in helping her meet her goal(s).

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# Case Study – Community Reablement

- 96-year-old woman, who was returning to borough from staying with family following having a pacemaker fitted which had reduced mobility in her arms. She had previously not been receiving care, but had returned from family without a plan in place due to a family conflict.
- Following an urgent referral via the ARCC Team, the Reablement Service arrived at the home within 10 minutes of the woman arriving home. The woman was shaken up and unable, able to manage on her own as she had no food in the house, which was cold and required cleaning.

Staff assisted with getting food and settling the woman for the first night and made referrals in to Age UK Oldham for support with shopping and meals.

Following the start of the support the staff could quickly see an improvement in mood and confidence. This meant she was able to work with the service on her mobility and regaining the confidence to take on her own task and regain her independence.

## Outcomes

- Three weeks of reablement were provided after which point she was back in the community alone doing what she had previously enjoyed, which was walking and catching the bus to town.
- No other services were required long-term.

---

## Urgent Care Response Team (UCR) – Hospital Avoidance

- 75-year-old woman with Guillain-Barre Syndrome who is quadriplegic, with a tracheostomy, night ventilation, PEG fed, with a long-term catheter. She lives at home with husband and has 24-hour double cover package of care.
- Had a fall from her wheelchair whilst out with carers, attended hospital and had her legs splintered due to fractures, discharged with District Nurse support.
- A week later she returned to hospital due to low blood pressure and confusion. She was reviewed and sent home before blood tests were returned.
- The following day the GP referred her to UCR asking for monitoring over the weekend following the return of the blood test which indicated infection. The GP had prescribed anti-biotics for a possible chest infection on urinary tract infection.
- UCR visited for the next 3 days and monitored her condition. Patient felt well and declined to attend hospital. She was reviewed by the Out of Hours GP and Urgent Care Hub. Her carers monitored for deterioration and took hourly observations to ensure she did not deteriorate.

### Outcome

- The patient was able to remain in her own home whilst receiving treatment

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## Recommendations

- Note the content of the End of Year Submission for Better Care Fund
- Note the sign off is via Chief Executive of the Council and Deputy Place Lead at this time, in consultation with DASS and Lead Member
- Retrospective sign off will take place at Health and Wellbeing Board on 19<sup>th</sup> June 2025



## **Report to HEALTH AND WELLBEING BOARD**

### **Public Health Annual Report 2024/25 – Healthy Life Expectancy in Oldham**

#### **Portfolio Holders:**

Councillor Barbara Brownridge, Cabinet Member for Adults, Health & Wellbeing

**Officer Contact:** Dr Rebecca Fletcher, Director of Public Health

**Report Author:** Public Health Team

**Ext.** rebecca.fletcher@oldham.gov.uk

**Date:** 19<sup>th</sup> June 2025

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#### **Purpose of the Report**

- 1.1 As part of the statutory role of the Director of Public Health there is a requirement to produce an annual report on the health and wellbeing of the local population, highlighting key issues. The report can either be a broad overview of a wide range of public health programmes or may have a focus on a particular theme. This year's report takes a wider view on the healthy life expectancy for residents of Oldham, and the main contributing factors.
- 1.2 Healthy Life Expectancy is a measure of how many years someone can expect to live in good health, and is usually measured using self-reported good health. This is an important way to consider how healthy our population is, and to consider what factors will increase the numbers of years that Oldham residents will live in good health.
- 1.3 The Public Health Annual Report is structured around the key drivers of healthy life expectancy, and focusing on what is happening in Oldham to support our residents. It includes residents' stories to highlight the work that residents are doing to support their own health and life happier healthier lives.

#### **Requirement from the Health and Wellbeing Board**

- To note the draft Public Health Annual Report and the recommendations set out in the report.
- To consider the findings and disseminate them within their own organisations where relevant

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**Oldham**  
Council

# Healthy Life Expectancy in Oldham

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**Public Health Annual  
Report 2024/25**



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# Forewords

## Foreword by the Director of Public Health

Welcome to the Oldham Public Health Annual Report 2024-2025. The focus of this report is **'Healthy Life Expectancy'**.

**Healthy life expectancy** is the average number of years we expect a person to live in *good health*. This is different to *life expectancy*, which is the average number of years we expect a person to live, regardless of their health status. Both of these measures are important when thinking about the health of a population.

Page 35 From 2001 to 2019, average life expectancy in Oldham increased steadily, before dropping in 2020 due to the Covid-19 pandemic. Since then, it has increased once again, although it has not yet reached the pre-pandemic high. Healthy life expectancy on the other hand, has decreased slightly over the last 10 years. This means our residents are living for longer periods in poor health. A similar pattern can be seen across England.

On average, people in Oldham spend 21 years in poor health. Living in poor health not only has a negative impact on individual wellbeing but also has wider consequences for society, as people are less able to work and require more support from health and social care services.

Within this report we explore the factors that contribute to healthy life expectancy across our borough and the work we are doing to tackle these issues and improve the health of our residents.

I am grateful to our residents for sharing their stories and experiences. Thanks also to colleagues and partners for their dedication to improving the health of our residents. Finally, thanks to Muzamil Khan and Sam McCann for co-ordinating this report and to Amber Podmore, Andrea Entwistle, Anna Tebay, Charlotte Stevenson, Charlotte Wheatley, Emily Baylis-Tunney, John Taylor, Julian Guerriero, Louise Bradish, Marion Colohan, Neha Lamech, Pritesh Patel and Rachel Dyson for their valuable contributions.



Rebecca Fletcher  
Director of Public Health

# Forewords

## Foreword by the Cabinet Member for Health and Social Care

The annual report of the Director of Public Health is an independent view on matters related to health and wellbeing in Oldham, and what needs to be done to improve it. This report has a focus on healthy life expectancy.

Healthy life expectancy is important because it measures not just how long people live, but how many of those years are spent in good health.

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Living in good health enables residents to get the most out of life. This includes children being ready to learn, adults taking part in meaningful work, and everyone having healthy and supportive relationships and enjoying hobbies and leisure time.

This report discusses a wide range of factors that impact health and the excellent work taking place in Oldham to support the health of our population. It also proposes recommendations for wider action.

As Council Cabinet Member for Adults, Health and Wellbeing I am happy to support publication of this 2025 Annual Report of the Director of Public Health. I encourage councillors, partners and communities in Oldham to do their bit by engaging in discussion and action about health, wellbeing and health inequalities in Oldham, so that we could build toward a healthier future.

Councilor Barbara Brownridge  
Cabinet Member





# Reflections

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Reflections on the recommendations made in last year's Public Health Annual Report, which focused on Health and Housing, are shared in Appendix A.



# Introductions

This year's Public Health Annual Report is inspired by the launch of the Oldham Partnership Plan; an ambitious plan developed with the Oldham community, for the Oldham community. One of the three goals at the core of this Plan is for ***Oldham residents to have healthier and happier lives.***

Being in good health is something many people strive for. It is a gateway to good education, good work and good relationships. Whereas living in poor health, or caring for loved ones who do, can cause stress and impact overall mental health, as well as limiting opportunities to work, relax and do things we enjoy. The average number of years we can expect to live in good health is known as '**Healthy Life Expectancy**' and will be the focus of this year's Public Health Annual Report.



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A recent report from the Government's Actuary Department indicated that a relatively small number of health conditions contribute substantially to Healthy Life Expectancy. These include cardiovascular disease, respiratory disease, diabetes, cancer and mental health. However, the reasons that these conditions affect some people more than others are complex and wide ranging.

Within last year's Public Health Annual Report, we looked at the contribution of housing to health and health inequalities. This year we will take a broader view and explore a range of factors that we believe are key to the health of our population. These factors include getting a good start in life, behaviors such as smoking and drinking alcohol, our community and social support network and finally how and when we access health care.

## A Whole System Approach

Almost every aspect of our lives can impact health. From our jobs, schools and homes to how we travel and who we spend time with, as well as the environment around us and choices we make. This means improving the health of the population can be complex. Within this report we highlight the ongoing work to address these complex issues and improve the health of our population. In Oldham, we take **pride** in our '**Whole System Approach**' to health.

The 'system' is the network of organisations, people, processes, and structures that influence health and wellbeing in a local area. It's not just the public health team in the council—it's the whole ecosystem of partners that contribute to population health. A '**Whole System Approach**' means we work **together** across this system, using scientific evidence and insights from our residents to understand public health challenges, set **ambitious** goals and drive change. Through this work, we hope to guide our residents on the path towards ***healthier happier lives.***



# Oldham's Health in 2025

**9th  
highest**  
rate of infant mortality  
in England



Smoking rates are showing improvement, but remain above the England average

Oldham sees higher rates of drugs & alcohol related hospital admissions and deaths



Life Expectancy is significantly lower compared to England  
2.5 years lower for males  
2.6 years lower for females



Oldham residents are more likely to die prematurely (before 75) from :

- Cancers
- Cardiovascular Disease
- COVID-19
- Liver Disease
- Respiratory Disease



Healthy Life Expectancy is lower than the England average  
3.9 years lower for males  
3.8 years lower for females

**15%** of adults are recorded as having depression

35% of Oldham residents live in an area amongst the most deprived 10% nationally



**11th  
lowest**  
rate of physically active adults in England

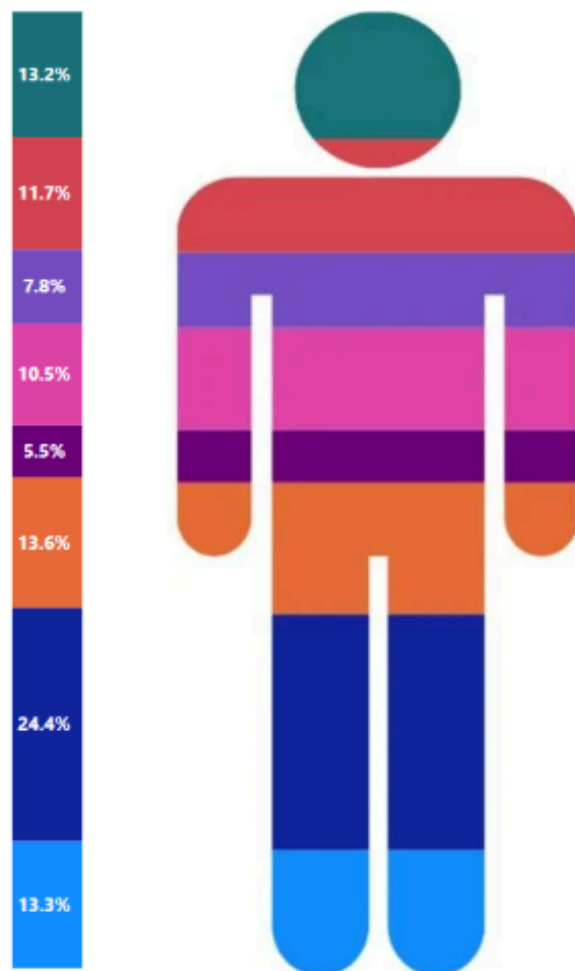


Oldham residents are spending an average of 21 years in poor health

# What's contributing to Oldham's within borough life expectancy inequality?

## Males

Total Gap: 8.4 years

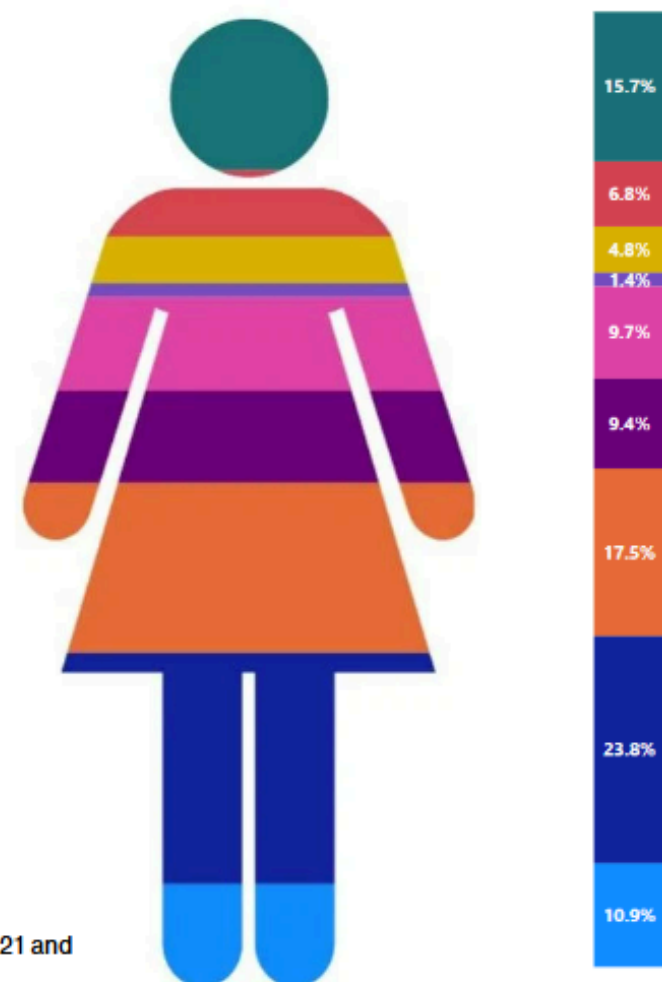


### Category

- Cancer
- Circulatory
- COVID-19
- Deaths under 28 days
- Digestive
- External causes
- Mental and behavioural
- Other
- Respiratory

## Females

Total Gap: 9.2 years



Data Source: OHID Segment Tool. Data relates to 2020/21 and compares the most and least deprived quintiles

# A Good Start

## What do we know?

During pregnancy and the first years of life, a child grows and develops more quickly than any other time in life. Within this period, the body and brain are very sensitive to the world around them, and experiences can shape physical and mental health throughout life.

Positive experiences during this time can have lifelong benefits. For example, breastfeeding is linked with lower risk of tooth decay and some infections, better attendance and higher grades at school, lower risk of being above a healthy weight and strong parent-child bond.

Negative experiences also have long term impacts. For example, experiencing stress or trauma in early life can increase the risk of heart disease, obesity and depression in adulthood.

To reach their full potential, babies and young children need good nutrition (e.g. breastfeeding), good health (e.g. oral health), protection from harm, a safe home and loving carer, and opportunities to play and learn. However, growing up in deprivation can make it more difficult for families to meet these needs.

The report 'Fair Society, Healthy Lives', a national review investigating health inequalities, concluded that supporting infants and young children to get a good start in life is one of the most effective ways of reducing health inequalities and improving the health of our communities.



# What's happening in Oldham ?

When compared with England as a whole, children in Oldham are twice as likely to grow up in a low-income family (42.2% in Oldham, 19.8% in England) and less children start school ready to learn (63.6% in Oldham, 67.7% in England).

## Breastfeeding

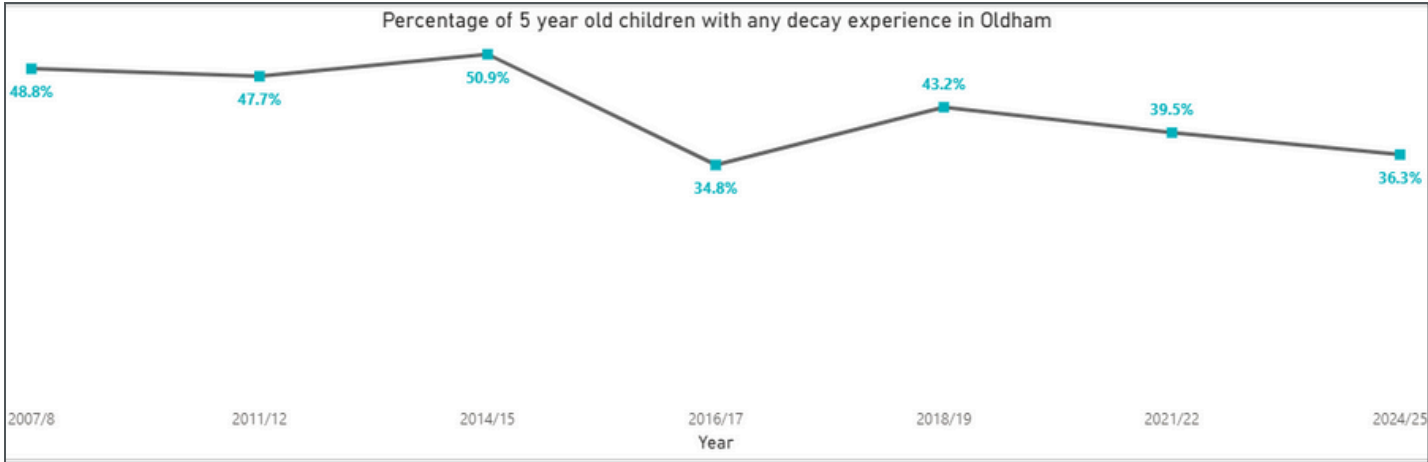
Mothers in Oldham are less likely to start breastfeeding or continue breastfeeding than elsewhere in the country. In 2023/24, 56.3% of newborns in Oldham received breast milk as their first feed. By 6 to 8 weeks after birth, 43.3% of mothers were still breastfeeding, which is lower than the England average of 52.7%.

There are many reasons why people are unable or choose not to breastfeed, including lack of emotional and practical support. Evidence suggests that mothers living within deprived areas are least likely to start breastfeeding, particularly those who are on lower incomes, young parents, early school leavers or routine and manual workers. This increases health inequalities. To address this, we have targeted breastfeeding support in areas with the highest levels of deprivation. In Oldham, breastfeeding is more common among South Asian communities, due to cultural influences.

## Tooth Decay

Tooth decay, which can cause pain and lead to school absences, is more common among 5 year old children in Oldham than elsewhere in England, with over a third (36.3%) of 5 year olds experiencing decay in the most recent survey.

Although there have been improvements over the last two decades, progress has been slower than hoped and further action is needed.





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## What we're doing in Oldham

In Oldham we recognise the key role of local authorities in giving every child the best start in life. This is why it is a priority area within our Health and Wellbeing Strategy. We are laying the foundations for healthier lives and reduced health inequalities by supporting health during pregnancy, early childhood and beyond. We do this through family-focused, coordinated support to all families, and additional targeted support for those who need it.

### Integrated Children and Families Service

In Oldham, the highest proportion of the public health budget is spent on the Integrated Children and Families Service, which is delivered by Oldham Council and the Northern Care Alliance through Family Hubs. Family Hubs provide a one stop shop where all families can access support to ensure their children are healthy, safe and looked after. Across the service, we have a keen focus on infant feeding, oral health and safeguarding.

This past year has brought about a new delivery model which has integrated the Healthy Child programme, Start for Life and Family Hubs in each district. This enables Oldham families to be healthier and more independent. The service is available to all families but also provides extra help to those who face more challenges.

The service is broadly split by our five districts, with each area having dedicated health visitors, school nurses, support for SEND (special educational needs and disabilities) and inclusion groups. Each district also has Family Hub buildings providing a community focus.

In the last year, we have broadened the criteria for additional tailored support meaning more vulnerable and complex families are eligible for it.



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## Infant Feeding Support

The following sections describe a range of initiatives in Oldham that support breastfeeding. While supporting breastfeeding, it is acknowledged that not everyone is able to or chooses to breastfeed. Infant feeding support is therefore available for all families, including those formula feed or combination feed. For example, the Oldham Breast Pump Equipment Loan Service managed by HomeStart is available to support families manage feeding challenges.





## Breastfeeding Peer Support Service

As a Breastfeeding Friendly borough, we recognise the importance of providing access to breastfeeding support, encouragement and understanding across our communities. That's why we have invested in a community Breastfeeding Peer Support Service in partnership with Tameside Council.

The service is delivered by HomeStart and aims to increase the number of mothers who start and continue to breastfeed, by removing some of the practical, emotional, and cultural challenges that may prevent breastfeeding. This includes:

- Support in the community
- Support on the hospital wards
- Family and one-to-one support
- Promoting breastfeeding-friendly venues
- Delivering a breast pump equipment loan service

Breastfeeding support is delivered through a universal and targeted offer across the borough. The service has been effective in providing support to families who are deprived or facing extra challenges.

During 2024, a total of 711 mothers received breastfeeding support. Of these, 297 were mothers living within the wards with the lowest breastfeeding initiation rates.



*"It's such an empowering service, women helping women at a pivotal time in their lives. We're so pleased to receive this service in Oldham"*

Source: HomeStart Infant Feeding Satisfaction Survey

## Infant Feeding Specialist

In conjunction with Home Start, we have an Infant Feeding Specialist who provides expert infant feeding support to families with complex breastfeeding issues at a weekly 'Baby Bistro'.

Our Infant Feeding Specialist ensures staff in the Integrated Children's and Family Service are trained on the most up to date, evidence-based practices and are competent and confident in supporting mothers to breastfeed.

The Infant Feeding Specialist is also responsible for ensuring Family Hubs meet the objectives of the UNICEF Baby Friendly Standards. In January 2025, audits were undertaken to assess staff knowledge, skills and the support for mothers. The response was very positive.



Jo Mayall (Infant Feeding Specialist) received the following feedback:  
*'Thank you so much for all your support and encouragement with my breastfeeding of both my babies. No two babies are the same and you have given me the knowledge and the confidence to understand that our breastfeeding journey matters and that certain 'phases' are normal and how amazing and magical our boobs are to our babies. Thank you!'*

## Breastfeeding Support - Digital Offer

The infant feeding team also signpost residents to the 'Anya' app. Anya offers 24/7 digital breastfeeding support and is currently available across Greater Manchester. The app includes:

- 24/7 support from Anya AI, a virtual supporter who provides instant evidence-based responses to user questions
- One-to-one support from human specialists
- 3D animations to help users learn the correct positioning and attachment for breastfeeding
- Tailored content to provide support through the journey to parenthood
- Moderated peer support communities

This digital offer complements other services by providing accessible professional and peer support anytime, anywhere. Based on a recent impact report for February 2025, there are a total of 236 Oldham residents accessing the support through the app.



## Oral Health Improvement Service

We provide an Oral Health Improvement Service, delivered through the Integrated Children and Family Service. The service funds an Oral Health Lead Practitioner as well as resources such as toothbrushes and toothpastes for distribution. The service aims to integrate oral health into a range of early years contact points including health visiting, Family Hubs, nurseries, childminders, primary schools and community initiatives. This service includes aspects that aim to benefit all young children, as well as targeted provision for those who may need extra support to maintain good oral health.

### Universal

- Annual oral health improvement education sessions to staff working with 0-5 year olds.
- Co-ordination of Healthy Eating Award in early years settings.
- Promotion of national and local oral health campaigns.
- Provision of resources to support supervised toothbrushing at childminders
- Co-ordination of oral health resource sale at Family Hubs

### Targeted

- Provision of oral health resources to health visitors, school nurses and family nurse partnership workers.
- Provision of resources to targeted services e.g. The Crib, Food Banks, Early Help.
- Provision of resources to support oral health promotion in dental practices serving areas with the highest rates of dental decay.



### Next step:

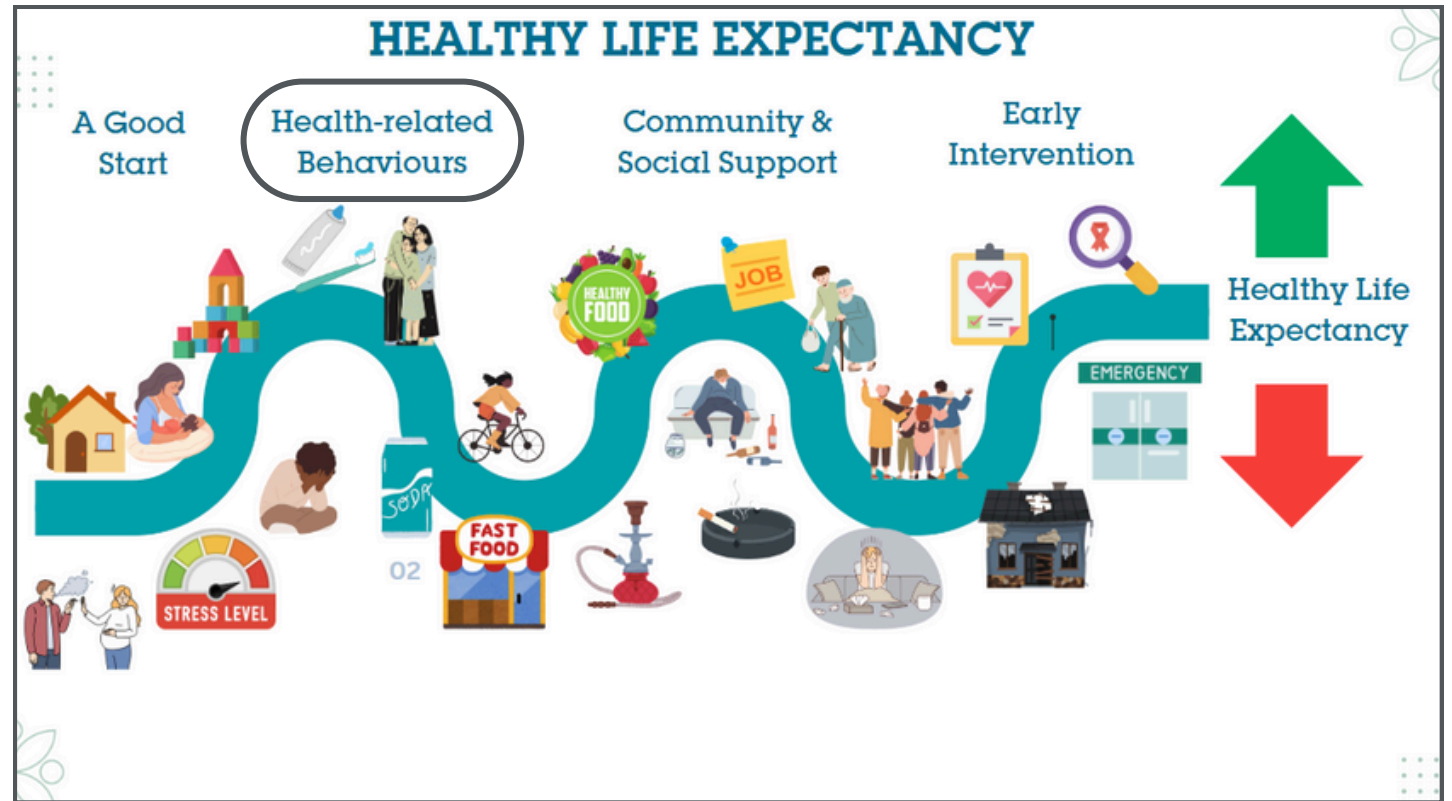
To continue to review the Integrated Children's and Families Service, ensuring that we are fully utilising our residents' voices to understand which elements of the provision are working for our families in each area.



# Health-related Behaviours

Many behaviours impact health either positively or negatively. Sometimes these behaviours are through choice, but often they are influenced by other factors outside of our control.

Supporting people to do more things that benefit their health and less things that compromise their health can prevent people from becoming ill. This means individuals can enjoy good health for longer and reduce the need for health and care services. This section explores the behaviours that have the greatest impact on health.



# Moving More

## What do we know?

Physical activity in any form benefits physical, social and mental health. Not only does it reduce the risk of health conditions that are most responsible for differences in healthy life expectancy - cardiovascular disease, depression and cancer - it can also help combat loneliness, strengthen communities and improve quality of life.

On top of that, choosing to walk or cycle instead of taking the car or bus can save money and help to protect the environment. Having a physically active population also reduces the need for health and social care services and supports the local economy through healthier workforces.

Despite the benefits, many people in the UK are not active enough.

There are many reasons for this, including lack of access to sports facilities or safe outdoor spaces, lack of time due to family or work commitments or not feeling motivated.

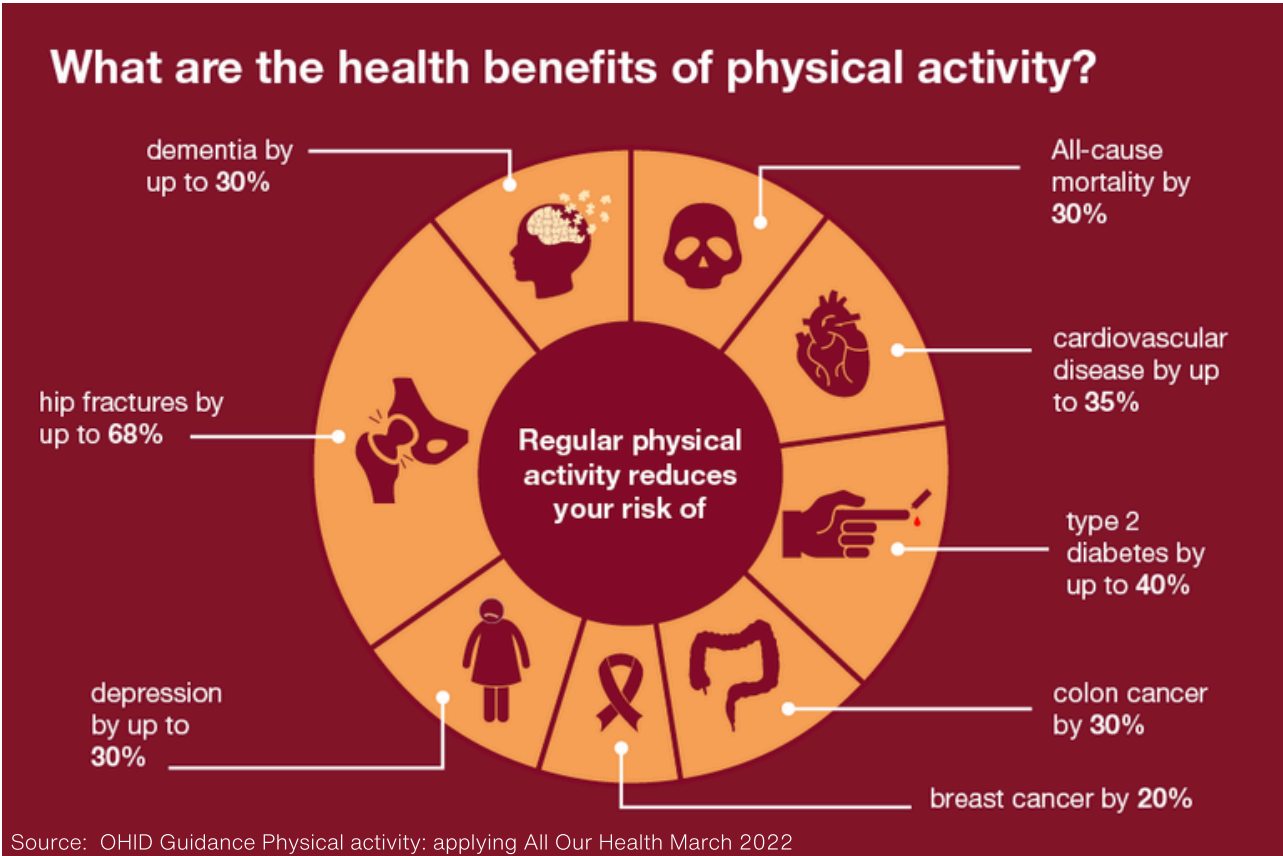
To help people get active, these challenges need to be collectively addressed. Achieving this requires the joint effort of many groups and services including:

- Leisure Providers
- Public health
- Housing
- Planning
- Parks
- Highways
- Health and Social Care
- Education
- Voluntary and Community Organisations



In the UK, the Chief Medical Officer recommends that children aged 5-18 years spend 60 minutes every day doing physical activity that is moderately intense, such as walking, playing outdoors or doing sport.

Adults should aim for 150 minutes of moderate activity per week.



*"If Physical activity were a drug, we would refer to it as a miracle cure, due to the great many illnesses it can prevent and help treat."*

UK Chief Medical Officers PA Guidelines, 2019



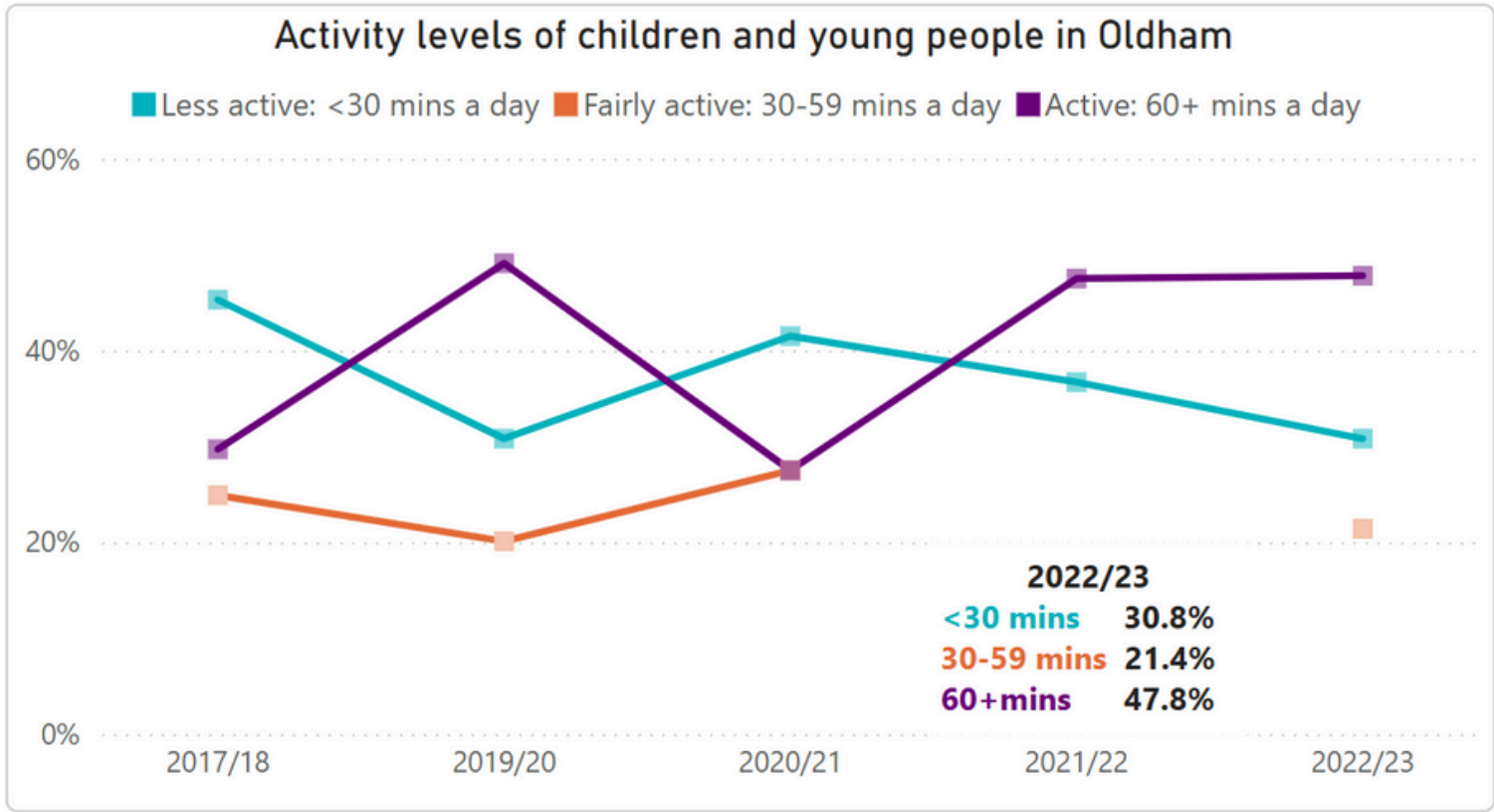
# What's happening in Oldham ?

## Children and Young People

In 2022-2023, around half of young people in Oldham (47.8%) met the recommended 60 minutes of physical activity per day and around a third (30.8%) did less than 30 minutes of physical activity per day. This is very similar to activity levels among young people across the UK (47.0% achieving 60 minutes per day and 30.2% not reaching 30 minutes per day).

Physical activity levels among young people in Oldham have remained quite consistent over recent years, except for 2020-2021 which was impacted by Covid 19 restrictions and saw activity levels drop.

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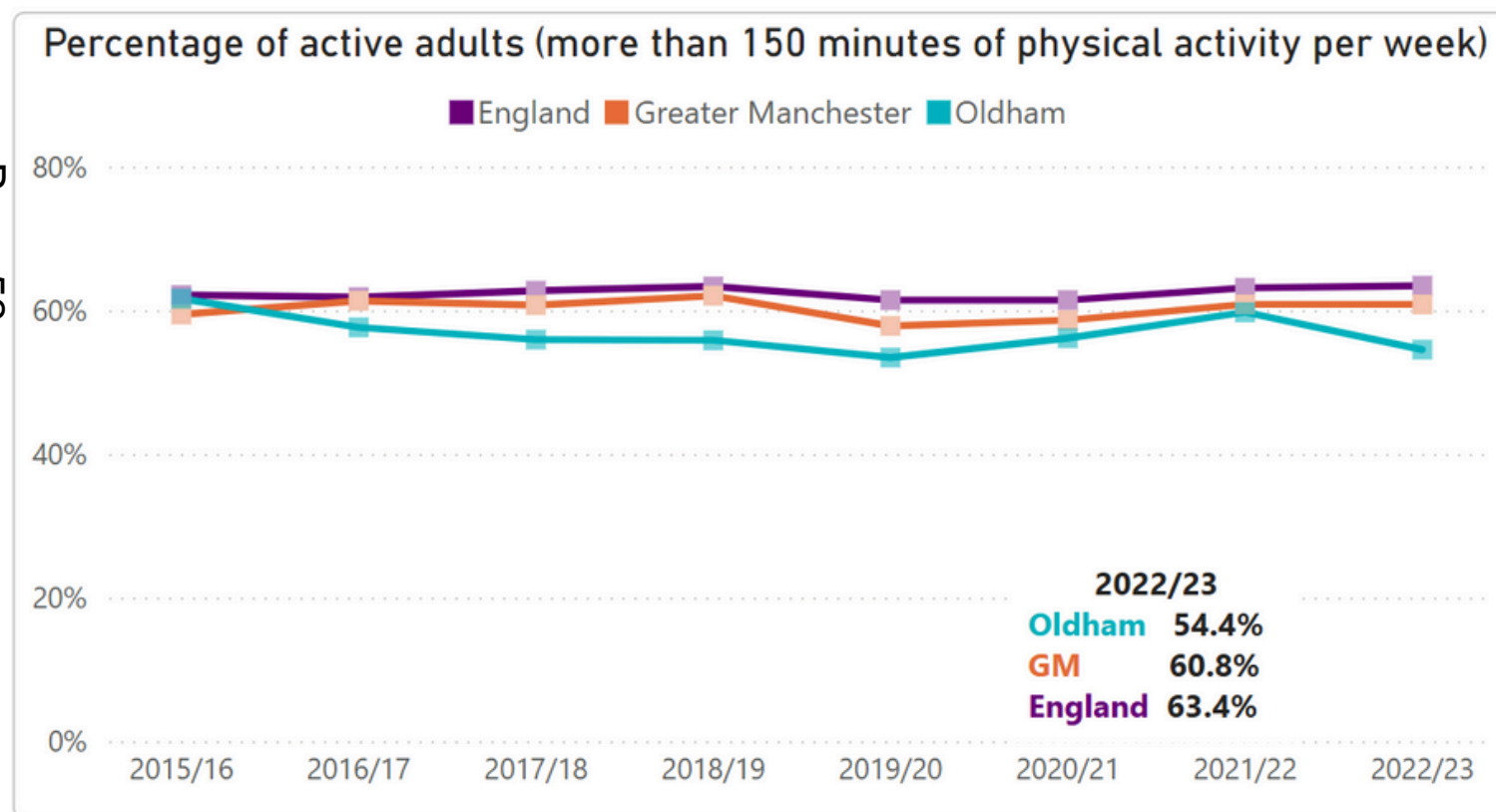


## Adults

Compared to other areas in Greater Manchester and other parts of England, fewer adults in Oldham reach the recommended 150 minutes of physical activity per week and more adults do less than 30 minutes of physical activity per week.

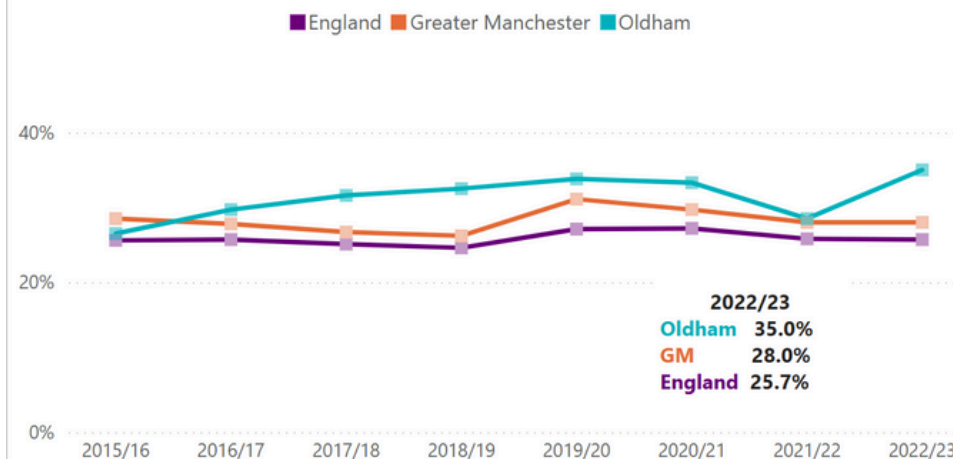
The number of adults reaching the recommended 150 minutes per week in Oldham increased year on year from 2019-2021 following a consistent decline in previous years. This indicates good progress. However, most recent data from 2022 shows a decline.

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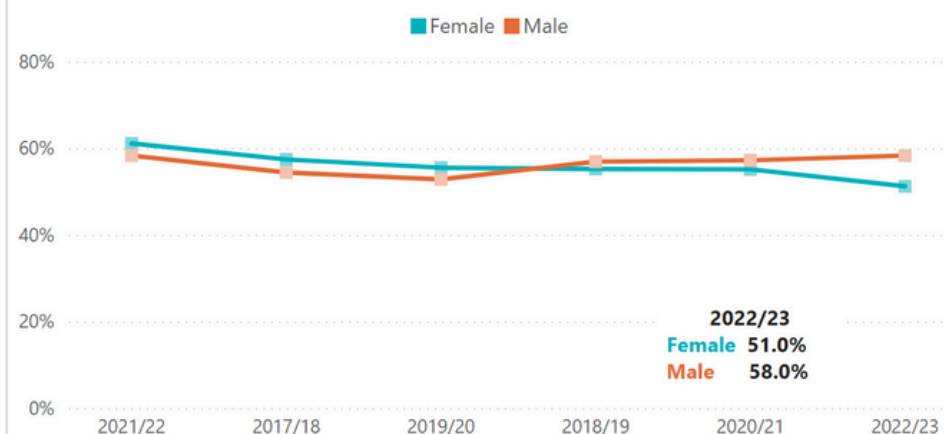




Percentage of inactive adults (less than 30 minutes of physical activity per week)



Active adults in Oldham by gender (more than 150 minutes of physical activity per week)





## What we're doing in Oldham

Our goal is for as many residents as possible to benefit from being active, in ways that are enjoyable and work for their lifestyle. We work closely with other parts of the council and external organisations to provide facilities that everyone can benefit from. We also work with community groups to provide extra support to those who are least likely to be active, and those who can benefit most from physical activity.

### Community Partnerships

We are strongly focused on developing and maintaining good relationships with community groups and leaders, which in time builds trust and collaboration. By working closely together, we aim to ensure the needs of our residents are central to everything we do. One example of this is our work to promote walking amongst women in our South Asian communities.

Page 54 Through partnerships with U-Projects, Fatima Women's Association and CHAI Ladies, we found that walking would be an accessible form of physical activity for South Asian women in Oldham, which would also address struggles with isolation and poor mental health. Female leaders set an example for their peers by taking up walking, and popularity among the community grew. We now see South Asian women walking in pairs or in groups more than ever before, both in the local community and green spaces as well as further afield.

With increased confidence, women came forward and asked for support in learning to cycle, so we provided cycle training in partnership with Transport for Greater Manchester. We continue to work closely with this community and introduce new opportunities to be active that women enjoy.

### Moving More and Healthy Weight Alliance

In the last 12 months we have established the Moving More and Healthy Weight Alliance. The alliance was formed to help co-ordinate a whole system approach to physical activity, by bringing people together across the system to work with and learn from one another. Within the alliance, collective aims and areas of focus have been set and it is already supporting a range of work, including some of the examples below.





### Resident Voice

*“I don’t feel comfortable in a gym but love this”*

### Active Travel

Our goal is for Oldham to be a place where walking and cycling is easy, enjoyable and safe.

To do this, we are working with other parts of the council as well as local community bike libraries, community groups, colleagues from Transport for Greater Manchester and British Cycling to make cycling accessible and give our residents confidence to get involved.

This has included giving over £30,000 across 25 local community groups to fund resources and equipment that will help to get people cycling.

### Active Through Football Oldham

Active Through Football is a project based in west Oldham. Despite the name of the project, activities include not only football but Zumba, circuits and seated classes.

The key ethos behind Active Through Football is to work closely with communities to decide together what types of activity would best suit them.

Some of the communities involved in Active Through Football include Eastern European, South Asian, refugees and people on a low income. Activities take place in trusted local venues such as cafes, community centres, places of worship and schools. This means activities are more accessible and residents find it easier to attend.

An important part of this project is testing out new ideas, together with our residents, and learning from what works and what doesn’t. The success of this project is built on strong and lasting engagement with community.





## Capital Investment

Sports facilities create lots of opportunities for our residents to move more and get active, especially if they are local to them.

We have worked closely with The Football Foundation, England and Wales Cricket Board, The Lawn Tennis Association and other council teams to refurbish and expand the number of high-quality sports facilities in Oldham.

With the support of a combined £313,000 of external funding from the organisations named above, we have installed four non-turf cricket pitches and refurbished 17 tennis courts across six of our parks.



As well as providing upgraded facilities, we are working with organisations in our community to host launch events, increase awareness and provide equipment and coaching, so that residents can make best use of all facilities available to them.



## Oldham Active

Oldham Active are commissioned by Oldham Council to manage six leisure facilities and provide wellbeing and leisure services across the borough. In 2023/2024 almost 1.5 million visits were made to these facilities. Oldham Active also work in partnership with other parts of the system to co-ordinate local services. In the last 12 months this has benefited the health and wellbeing of residents in many ways including by:

### Providing inclusive opportunities

- 500 free activity passes were given to families living in temporary accommodation through the 'Welcome to Oldham' initiative.
- 32 residents took up 2 months of free membership while seeking employment, in an initiative delivered in partnership with Get Oldham Working.
- More than 550 families participated in Free Family Swims, run in partnership with Oldham Council.
- 5,430 people across Oldham received up to 25% discount through a concession scheme, which provides access to pools, gyms, classes, and sports.
- 545 free adult swimming sessions were completed, supporting adults in learning how to swim.



### Supporting the health and wellbeing

- Oldham Active's Exercise Referral Scheme received 1,993 referrals from people with existing medical conditions. Each was offered a consultation and a personalised 12-week programme.
- Monthly 'Wellbeing Clinics' were provided for members and non-members, each offering different mental health and wellbeing topics.
- 265 Health and Wellbeing Community Classes were held in Oldham, attended by approximately 3,502 people.



### Supporting young people

- The school coaching team had 340,863 contacts with children throughout the school programmes in 2023/24.
- 1,184 children were taught in the school swim programme for the academic year 2023/24.
- 8 HAF camps, including Sport, Gymnastics and Swimming were provided during the school holidays. These were attended by 2,316 children, equating to an additional 11,580 hours of physical activity
- 7,500+ children took part in the swim lesson scheme, teaching essential swimming skills and promoting water safety.
- The Young Person's membership allowed 11-18-year-olds to use facilities independently.



### Promoting Sport

- 14 key sporting events were hosted, showcasing sports including baton twirling, dance and boxing to Oldham residents.
- 418 participants and 60 local volunteers took part in the Halloween Half Marathon.



# Tackling Tobacco Harms

## What do we know?

Smoking is the single biggest preventable cause of ill health, disability, and death in the UK. It harms almost every organ in the body and is strongly linked with three major killers - cardiovascular disease, respiratory disease and cancer. In fact, four out of every five cancers are caused by tobacco use and 90% of lung cancer is a direct result of smoking.

Up to two out of three lifelong smokers will die from smoking, and on average, smokers will lose 10 years of their life due to smoking. The impact of smoking on healthy life expectancy is even greater, as evidence shows there are thirty people living with serious smoking-related diseases for every person who dies due to smoking.

Non-smokers are also at risk of harm through second-hand smoke exposure, especially vulnerable adults, children, and babies. Smoking during pregnancy increases the risk of premature birth and infant mortality, as was discussed in our Public Health Annual Report in 2022.

## Smoking & Inequalities

As well as being the biggest contributor to ill health, smoking is also the biggest preventable cause of health inequalities, such as the difference in life expectancy seen between Oldham districts.

The report 'Fair Society, Healthy Lives', which was a national report investigating health inequalities, showed that smoking is responsible for around half the difference in life expectancy seen between the most and least deprived communities in England.

Smoking is far more common among people working in routine and manual jobs and people with lower incomes. People are also more likely to smoke if they grew up in a household where someone smoked. Other groups with higher smoking rates include people with mental health conditions, those living in social housing, prisoners, children looked after and care leavers, and LGBTQ+ people. Reducing the number of people who smoke within disadvantaged groups has knock-on benefits including a reduction in poverty.





**Did you know...** Quitting smoking at any age, will improve health and life expectancy of those who quit and the people closest to them.

### Wider Impact of Smoking

For the NHS and wider public services, the value of a person stopping smoking is considerable. Smoking accounts for approximately 5.5% of the NHS budget. Admissions to hospital due to smoking-related conditions represent a large demand on NHS resources.

There is also an impact on demand for social care and other support services. On average, smokers have difficulty carrying out everyday tasks like dressing, eating and walking across a room, seven years earlier than those who have never smoked. People who smoke also need care support 10 years earlier than those who have never smoked.

Not only does tobacco impact on health and care, but smoking is also detrimental to the economy, with smokers more likely to become ill while of working age. Those who smoke are burdened with a costly addiction, each spending on average £2,451 a year on tobacco.

Whilst smoking is not a root cause of poverty, the addiction, associated ill-health and loss of income it causes can lock people and families into poverty and disadvantage that is passed on through generations. The pandemic, and now the cost of living crisis, have both highlighted this issue and made it worse.

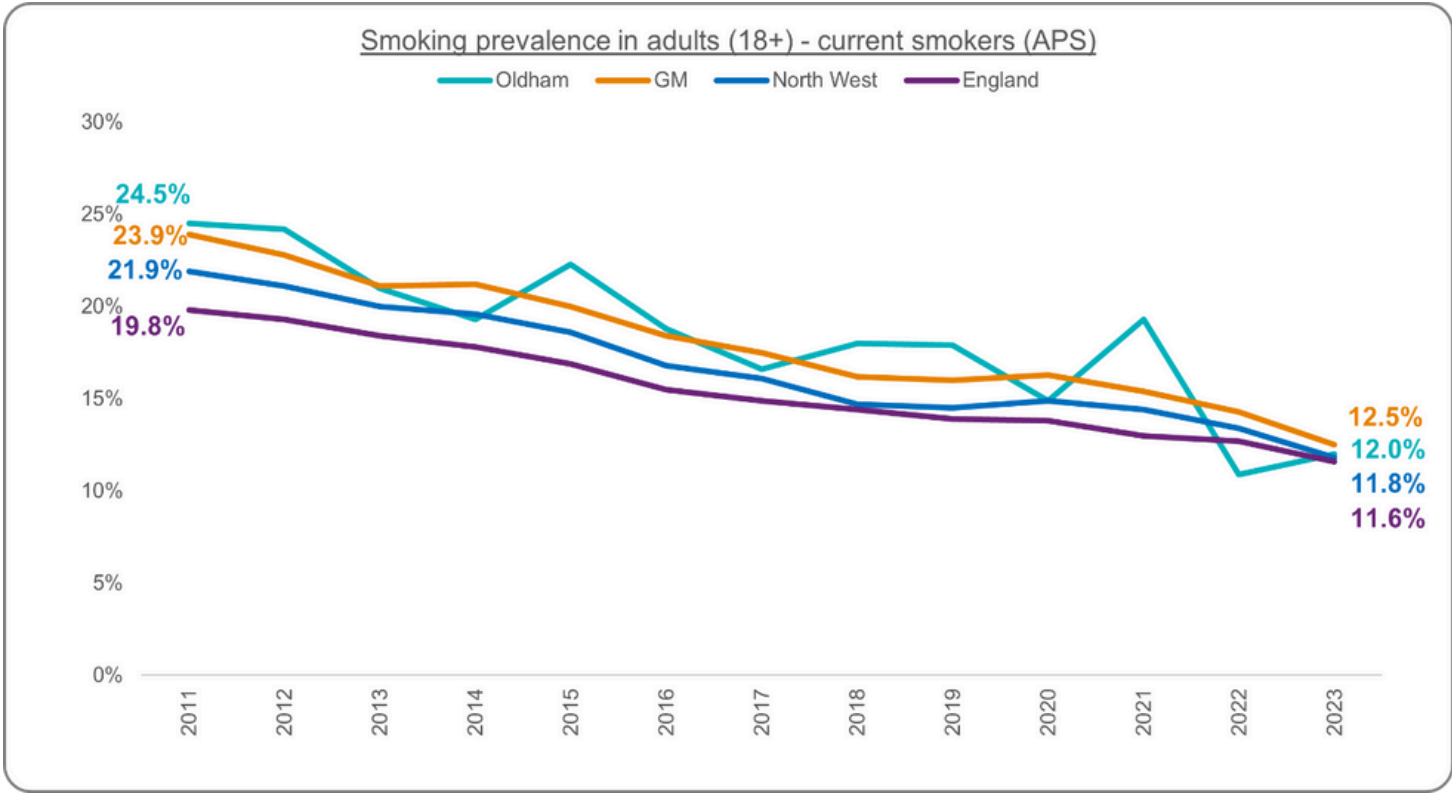
# What's happening in Oldham ?

Currently, 600 deaths and over 3,700 hospital admissions each year in Oldham are attributed to smoking.

Reducing smoking is one of the key priorities of Oldham’s Health and Wellbeing Strategy and it is our ambition to work towards a smoke free Oldham. We have made notable progress in reducing the numbers of people who smoke.

Over the last 12 years, the percentage of adults who smoke has reduced from 24.5% (2011) to 12.0% (2023) and is now similar to the average for England and the North West.

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*“Our Make Smoking History strategy is designed to address these disparities by focusing on prevention and the creation of smokefree environments, as well as treatment and support for quitting that is culturally competent and co-designed to ensure all residents can get the help they need, when they need it.*

*We are also absolutely committed to making sure that G M is a place where no young person starts smoking.”*

Dr Rebecca Flechter

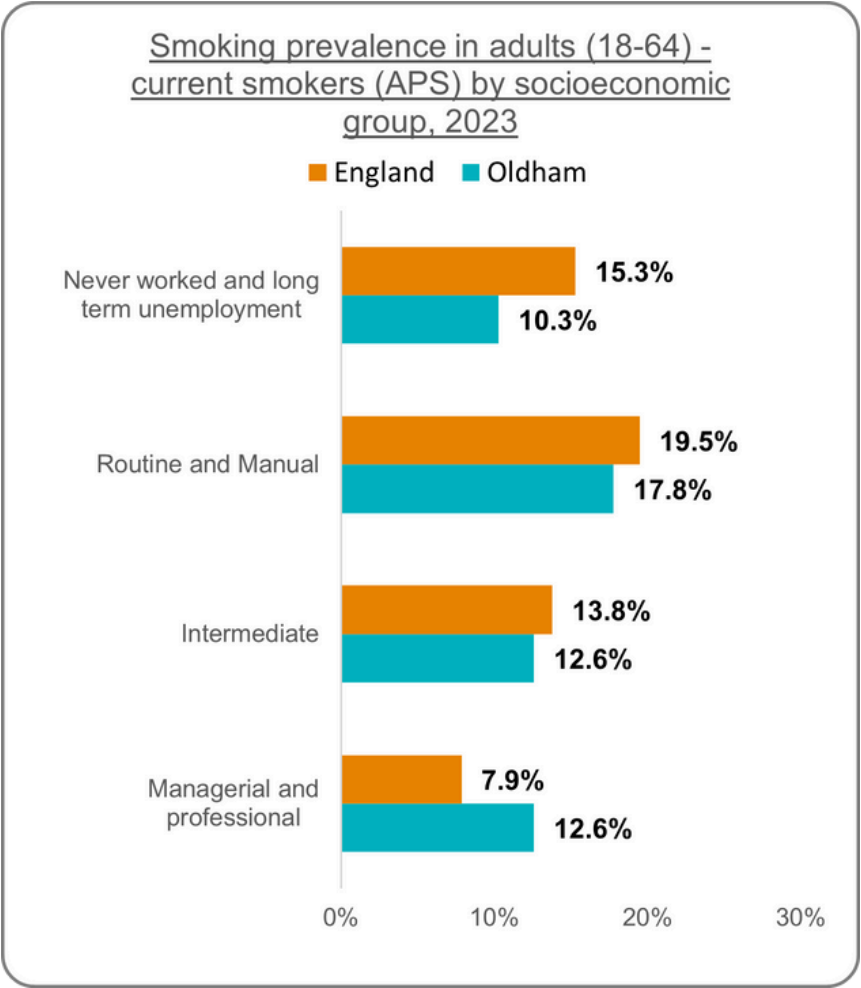
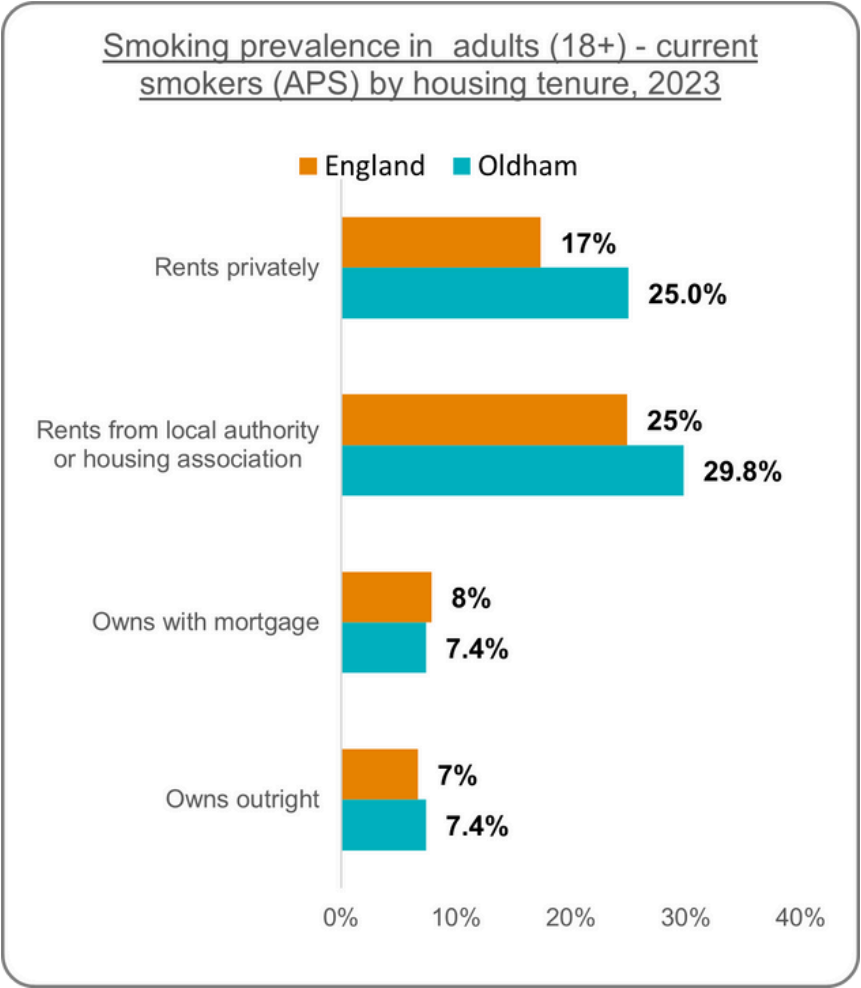
Director of Public Health for Oldham Council and Lead D P H for the G M Make Smoking History Programme

Smoking Inequalities in Oldham

As can be seen across England, smoking rates vary considerably within different wards in Oldham, with higher prevalence in more deprived areas.

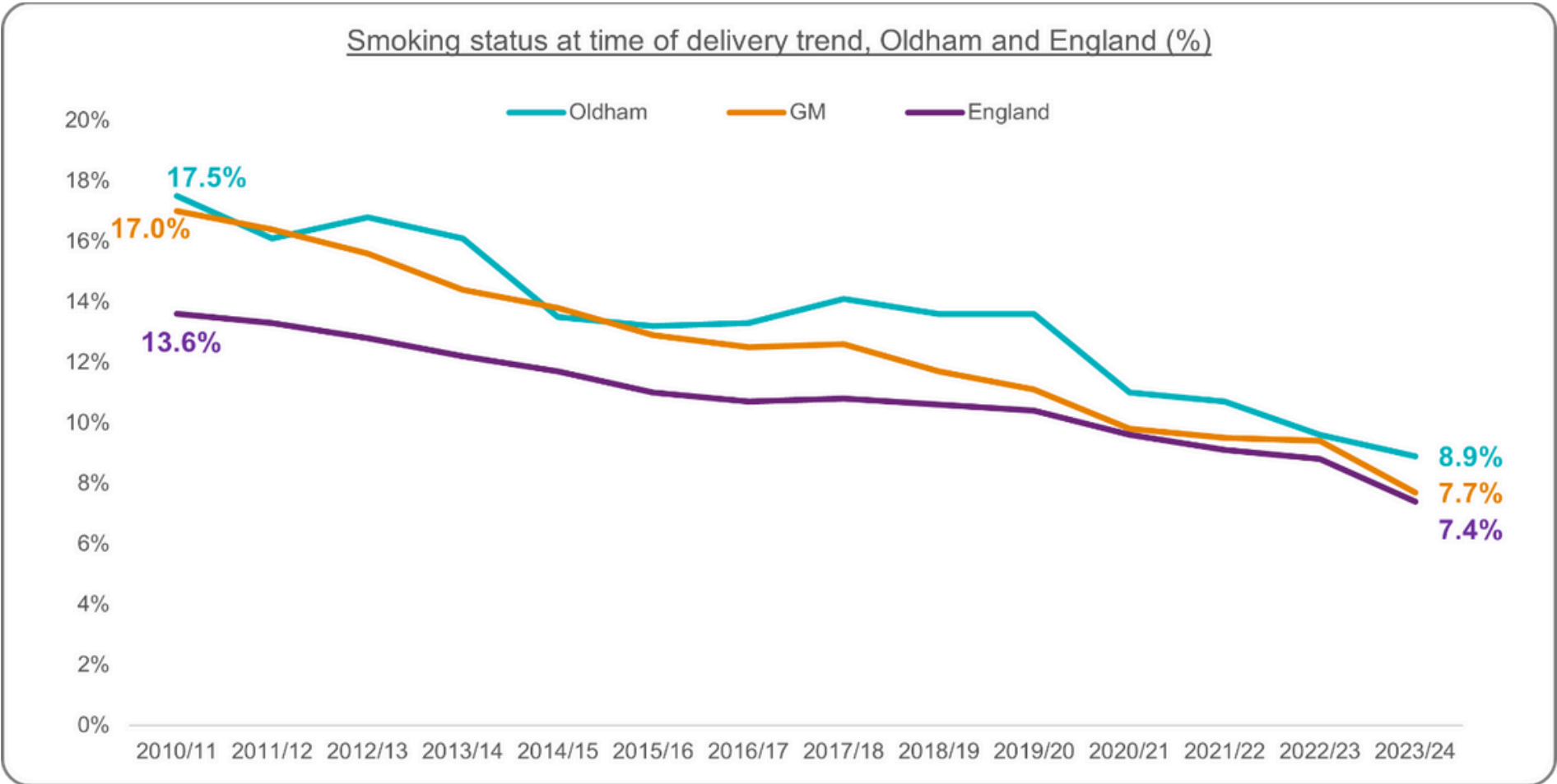
Smoking rates are particularly high among residents who rent from the local authority or a housing association and among routine and manual workers.

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Smoking in Pregnancy

The greatest progress in reducing tobacco harms in Oldham has been in the reduction of pregnant women smoking at the time of giving birth. Over the last five years this has reduced from 13% to 8.9%.





Action on Smoking and Health, a charity which aims to reduce the harms caused by smoking, estimated that almost £6 million more was spent on social care for adults over 50 years of age in Oldham because of smoking.

This includes the costs of 425 individuals receiving home-based care, and 87 individuals receiving state-funded residential care.

The cost per quitter for our local authority commissioned specialist stop smoking service was £535 in 2022/23, which was less than the North West average and less than the England average (£607 per quitter).

Page 64 This makes the service very good value for money, especially as the number of smokers setting a quit date and those that successfully quit at 4 weeks are better than the England values.

For 2022/23, 1,130 people set a quit date in Oldham. This equates to a rate of 5,487 per 100,000 smokers, the highest across Greater Manchester and significantly higher than the England average of 2,998 per 100,000.

During 2022/23, 635 people successfully quit smoking at 4 weeks in Oldham (3,083 per 100,000), a rate significantly higher than regional averages, the highest across Greater Manchester and almost double the England rate (1,620 per 100,000).



## What we're doing in Oldham

Statutory duties for public health include the provision of public health advice on smoking and tobacco (including smoking cessation and intervention).

Tackling smoking is one of the most evidence-based and effective actions that we can take to prevent ill health. However, smoking is an addiction most were trapped into as young people and have been unable to escape. Two thirds of those who try smoking go on to become regular smokers, only a third of whom succeed in quitting during their lifetime.

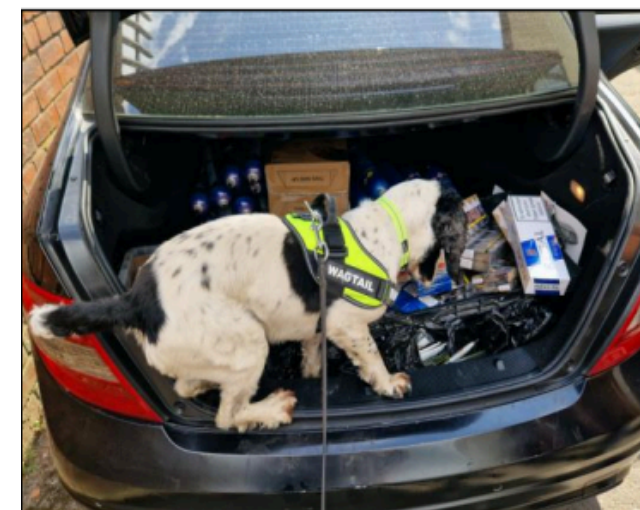
Most smokers want to quit and many more regret ever having started. There are many reasons why people start smoking and struggle to quit, so we take a whole-system approach, working together with schools, health services, the wider council and other organisations to understand and address these challenges.

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We take a co-ordinated and comprehensive approach to tobacco control across Oldham to make smoking less accessible, acceptable and desirable, empower successful quitting and stop young people starting to smoke.

We engage with our residents on multiple fronts, providing them with information, resources, and services to support them on their journey to become smoke free in a way that works best for them.

We also work closely with partners to address broader issues around tobacco control, such as licensing of tobacco sales and tackling illegal tobacco trade. We work closely with our communities to understand specific issues faced by them. We actively represent Oldham at a Greater Manchester level, sharing learning and contributing to the vision of a Smoke Free Greater Manchester.





## Smoking Cessation Services

We commission ABL Health Ltd to deliver our community stop smoking service, as part of an integrated Health Improvement and Weight Management Service - **Your Health Oldham**. Your Health Oldham provides specialist stop smoking support for people who live in Oldham or are registered with an Oldham GP. The service offers evidence-based interventions including behavioural support and access to medication to support quit attempts.

The service is focused on key groups we know can benefit most from support to quit smoking. These groups include, but are not limited to, routine and manual workers, care leavers and children looked after, people with poor mental health including drug and alcohol dependencies, people with long-term conditions, people recently discharged from hospital and those living in the most deprived areas of the borough.



Your Health Oldham also provides a 'Swap to Stop' service, in which vapes are provided alongside behavioural support to give people the best chance of successfully quitting.

Additional funds through the government's Smoke Free grant, have been used to provide more specialist stop smoking advisors, and a dedicated worker to support those smokers who may require more help to quit. We now also have a dedicated staff member who is responsible for training and engaging with staff across the health and social care work force and in voluntary and community organisations.

This will help spread messages about smoking as far as possible and have the biggest impact.

The support available from Your Health Oldham is part of a wider system of smoking cessation support, which falls under the 'Offer Stop Smoking Support' section of the Oldham Tobacco Control Action Plan.

More details of other support available can be found at:  
[www.oldham.gov.uk/keeping\\_healthy/stop\\_smoking](http://www.oldham.gov.uk/keeping_healthy/stop_smoking)



### Wider stop smoking offer

Residents can access support through their GP and pharmacies. As well as advice, residents accessing this support are offered nicotine replacement therapies, making quitting as simple as possible for those who choose to do so.

Support is also available in secondary care through the hospital CURE team. The CURE team supports anyone who has been admitted to hospital.

They will offer nicotine replacement therapy and other medications to help deal with cravings, as well as specialist support, for the duration of the hospital stay and after discharge.



### Smokefree Pregnancy Programme

There is a pathway to support expectant parents to quit smoking through the Smokefree Pregnancy Programme.

The programme has trained midwives and midwifery support workers who offer specialist support, individual carbon monoxide monitors to help you track progress and free nicotine replacement therapy to help with cravings.

Eligible expectant parents who quit smoking successfully are offered shopping vouchers to help them prepare for the arrival of their new baby.

Finally, anyone can access advice and support through the GM SmokeFree app, which is free for the first 6 months.

## Tobacco Alliance

We facilitate a collaborative strategic approach to tobacco control through a local Tobacco Alliance and locality Tobacco Control Action Plan.

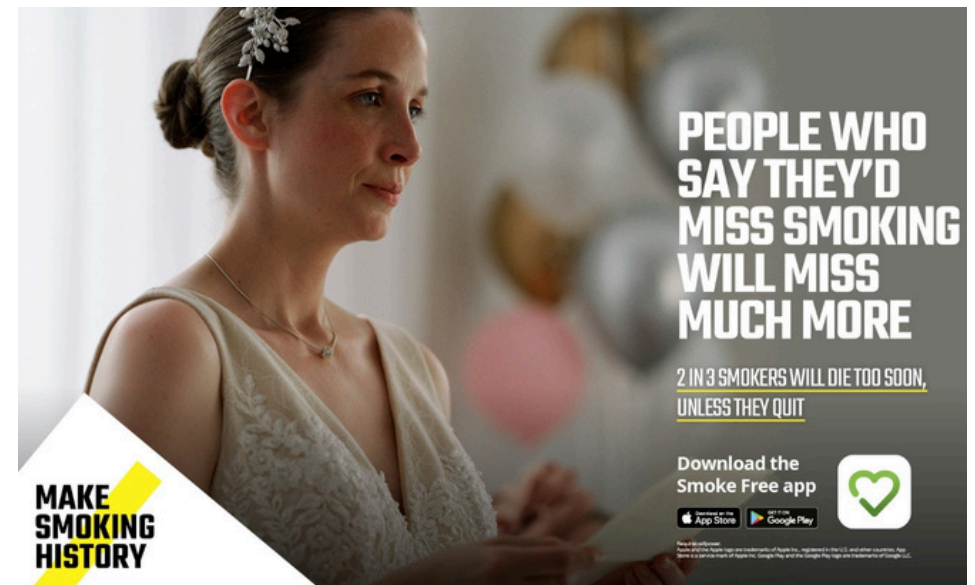
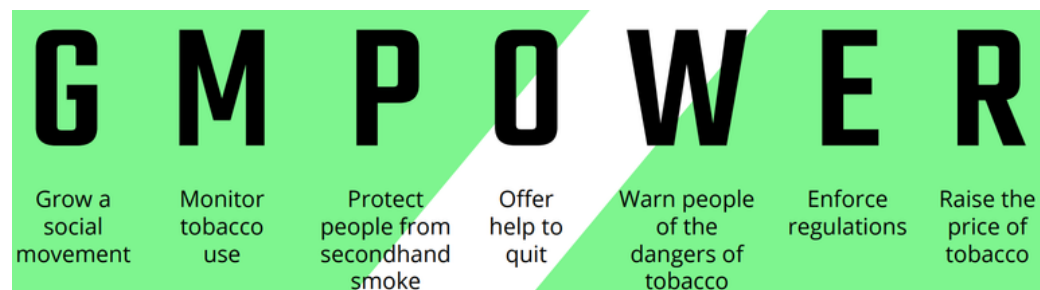
Our local Tobacco Alliance brings people together from across the Oldham Partnership to take action on tobacco-related harm.

Since its launch in 2021, considerable progress has been made including contributing the views of our residents and partners to national proposals such as raising the age of tobacco sales and measures to tackle youth vaping .

We have also built strong working relationships and together developed a local action plan. Our local Tobacco Control Action Plan is aligned with the Greater Manchester Making Smoking History Strategy which aims to become the first global city region to be smoke free by 2030.

This will be achieved through the GMPOWER model. The Office of National Statistics has estimated that reaching this goal would increase healthy life expectancy across Greater Manchester by over six years for men and seven years for women.

The Alliance plans to complete a CLear Assessment (a self-assessment benchmark tool) next year to review its effectiveness.



GM Making smoking History 'What will you miss?' communications campaign

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## Workforce Development

Your Health Oldham offers training and workshops to health professionals and voluntary and community organisations. Training and workshops delivered by Your Health Oldham include:

### Very Brief Advice Training

Very Brief Advice training is designed to support people to have meaningful conversations about smoking.

The training includes an overview of the impacts of tobacco dependency, insight into the support offered by Your Health Oldham's service, and guidance on how to approach a conversation and signpost to the support available to quit.

Page 69 This training is delivered to professionals in primary care, secondary care, voluntary and community organisations, and other stakeholders for whom the training is useful.

### Bespoke Workshops

Bespoke workshops and presentations can also be designed for a variety of audiences. For example, later this year, Your Health Oldham is delivering a series of workshops in collaboration with the Women's CHAI Project.

These workshops will be primarily for women in the South Asian community across Oldham to talk about tobacco dependency, alternative forms of tobacco, healthy homes, healthy families, and the support that's available to Oldham residents.





## Resident Story

A 59-year-old resident shares his experience of the Your Health Oldham Stop Smoking Service and his Smoking Advisor - Abby.

Before accessing the service, he smoked 20 cigarettes a day for 45 years and had not been able to quit for more than a week. He was struggling with health issues related to smoking. He's now six months smoke free.

*"I was struggling with breathing and walking due to my diagnosis of COPD. Due to my concerns relating to my health, I decided to make an appointment at Fitton Hill Clinic to see Abby, the smoking advisor"*

*"When I first met Abby, we connected straight away. It was very relaxed and that allowed me to speak up about my past and reasons why I continued smoking. Abby never judged me and I really felt that she truly wanted me to succeed with me quitting. We discussed ways in which I can distract myself during the day and making subtle, not big changes, which if I continued to do, slowly developed into a habit"*

*"I often complimented Abby saying to her that I couldn't have quit without her. She was having none of it! She made me believe that, okay... it's always good to have that weekly support from the advisor, but the main person was ME. If I didn't believe in ME, things would never change. Abby made me believe that it was never too late for change – and she was right!"*



# Advice, Information and Support

We know quitting can be difficult and that everyone is different so to make it easier we offer a range of free support to help people stop smoking.



“If you smoke, quitting is the single most important thing you can do for your health”

British Heart Foundation

- Information about the benefits of stopping smoking and the range of support available can be found at [Better Health - Quit Smoking](#)
- Free, tailored support and advice to help you stop smoking is available from [Your Health Oldham](#)
- More information about local support can be found at [Oldham Council - Stop Smoking](#)
- Anyone with information about unregulated or illicit vapes or tobacco products or underage sales can contact police on 101 or use the [LiveChat function](#) or call Crimestoppers anonymously on 0800 555 111.

## Next Steps:

Increase the number of residents receiving support to stop smoking through effective campaigns and access to evidence-based treatment.

Reduce the number of residents that smoke by implementing effective tobacco control measures as set out in the locality Tobacco Control Action Plan.



# Reducing Alcohol Harms

## What do we know?

Alcohol use can directly impact physical health, as it increases the risk of cardiovascular disease, liver disease, diabetes and several cancers.

There is also a strong link between alcohol and mental health. Alcohol is sometimes used as a coping strategy when dealing with stress or following trauma, however when the immediate effects of alcohol have worn off, it can worsen mental health issues such as anxiety and depression.

Alcohol use can also contribute to financial problems and issues in relationships, which in turn can negatively impact health and overall wellbeing. Each of these consequences can contribute to reduced healthy life expectancy.



Alcohol harms reach far beyond the person consuming it. Alcohol use contributes to violent crime, including domestic violence, as well as accidents and community safety issues.

Drinking alcohol during pregnancy can also be harmful to the unborn baby, by increasing the risk of Foetal Alcohol Spectrum Disorders (FASD).

Altogether, the broad effects of alcohol increase pressure on our health care system and statutory services, such as children's and adult's social care.

## Childhood and Adolescence

Experiences in childhood and adolescence can impact alcohol use in later life, and alcohol-related harm is more common among young people who are struggling with relationships, emotional development, anxiety, mental health or family trauma.

Children and young people can learn behaviour about alcohol use from parents, siblings or peers. Children are also exposed to alcohol advertising from a young age. This all contributes to 'normalising' alcohol use, which, in turn can lead to less cautious behaviour.

Beginning to drink at an early age is associated with increased health risks, including alcohol-related injuries, increased anxiety and associated risky behaviours including violence, young age pregnancy, using other substances. Early alcohol use is also linked education and employment problems. Adolescence is therefore a key period for preventing and reducing alcohol harms.

## Alcohol and Inequalities

There is a strong link between alcohol and health inequalities. Unlike other factors such as smoking, alcohol consumption is similar in more deprived and more affluent areas.

Despite this, moderate alcohol drinkers in deprived areas are more at risk of harm from alcohol than their equivalent alcohol drinkers in affluent areas. This is known as the alcohol harms paradox.

## Guidance and Support

Although it has been recognised that there is no 'safe' level of alcohol consumption, the UK Chief Medical Officer published guidelines for 'Low Risk Drinking'. These guidelines recommend no more than 14 units per week (6 pints of 4% beer or 6 medium glasses of wine). [NHS Better Health](#) provides helpful tips to cut down on alcohol.

People experience alcohol harms to differing extents and therefore require different levels of support, with a smaller number of people requiring intensive support such as alcohol dependency treatment and a larger number of people who could benefit from lower-level support to reduce their alcohol intake.



# What's happening in Oldham ?

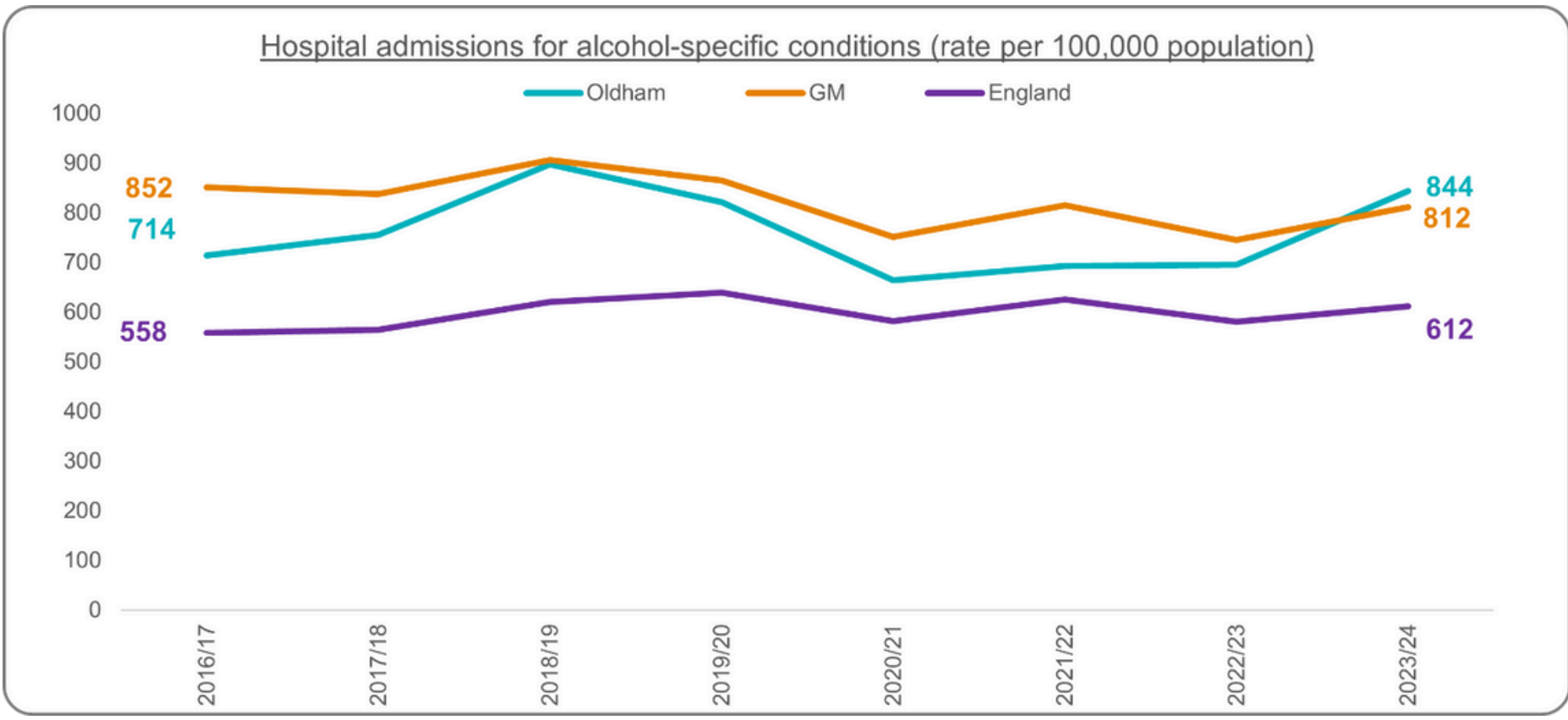
The impacts of alcohol on health are wide ranging, however data on some aspects, such as alcohol-related hospital admissions, are more readily available than others. This section will summarise the available data on alcohol-related harms in Oldham.

## Alcohol-related hospital admissions

In 2023/2024, Oldham's rate of alcohol-related hospital admissions (844 per 100,000 population) was similar to the Greater Manchester average (812/ 100,000 population) but much higher than the England average (612 per 100,000 population).

Oldham's admission rate was the fifth lowest of the ten boroughs in Greater Manchester in 2023/2024. It is important to note that Oldham has a substantial number of adults who abstain from alcohol, therefore comparisons with other areas must be interpreted with this in mind.

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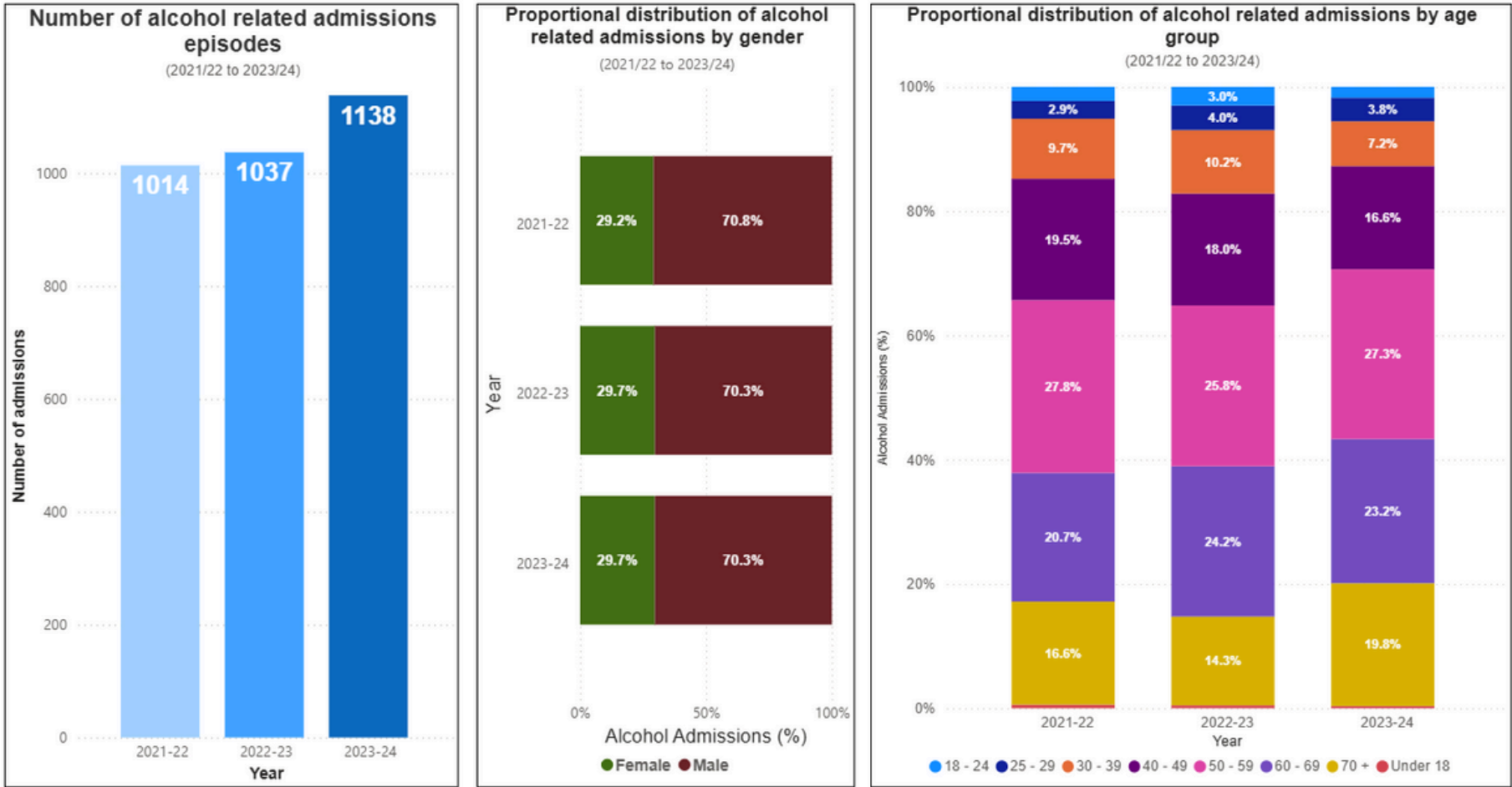


Alcohol-related hospital admissions continued

There are around 1,000 alcohol-related hospital admissions in Oldham each year. Males account for approximately 70% of admissions, while those aged 50-59 years old make up the largest proportion of admissions by age. Some of the most common alcohol-related admissions include liver disease, alcohol poisoning and injury or accidents.

The charts below offer a profile of almost 3,200 alcohol related hospital admissions in Oldham from 2021/22 to 2023/24.

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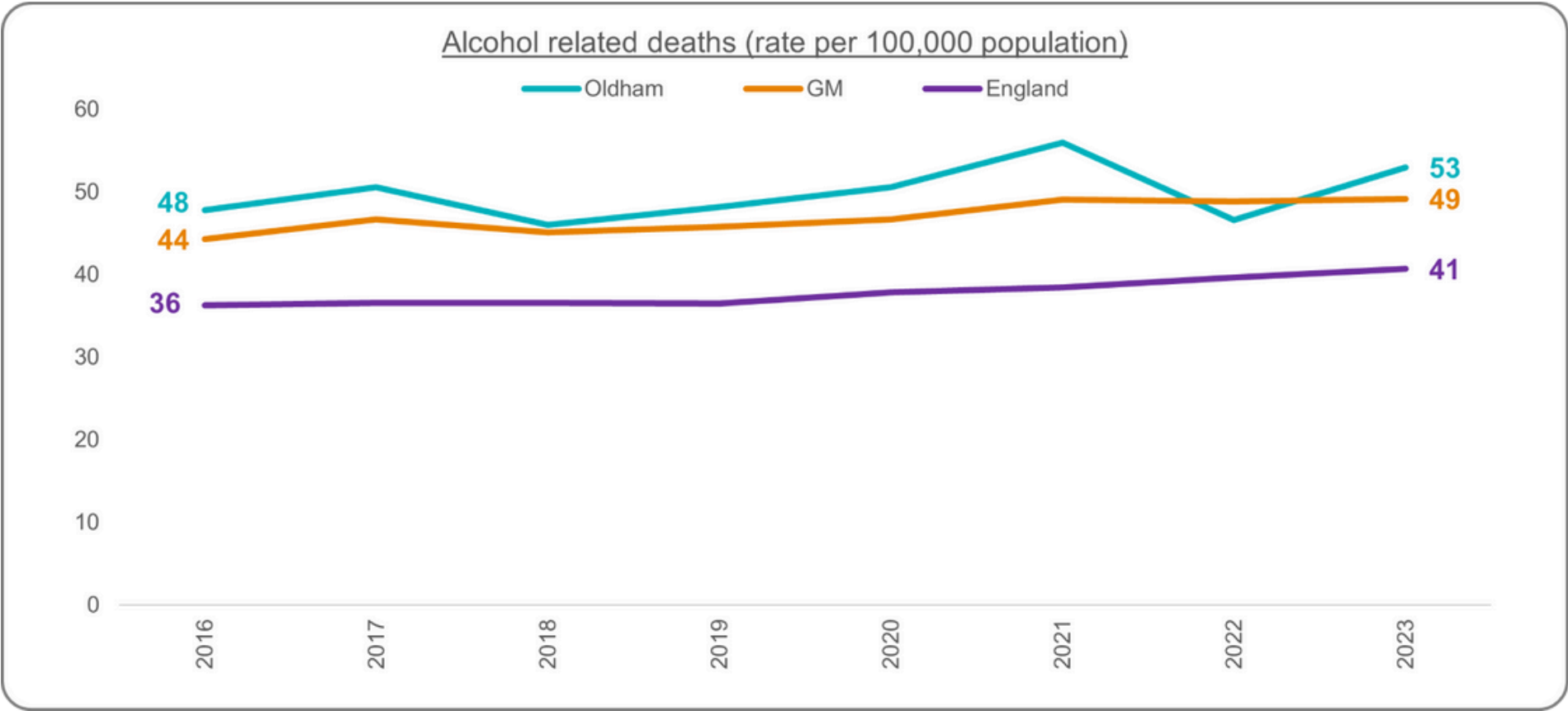




Alcohol-related deaths

Oldham’s rate of alcohol-related deaths has been consistently worse than the England average and, as of 2023, is higher than the Greater Manchester average.

Diseases of the liver are among the most common causes of alcohol-related deaths. In 2023/2024 40.5% of deaths due to liver disease in Oldham were related to alcohol.

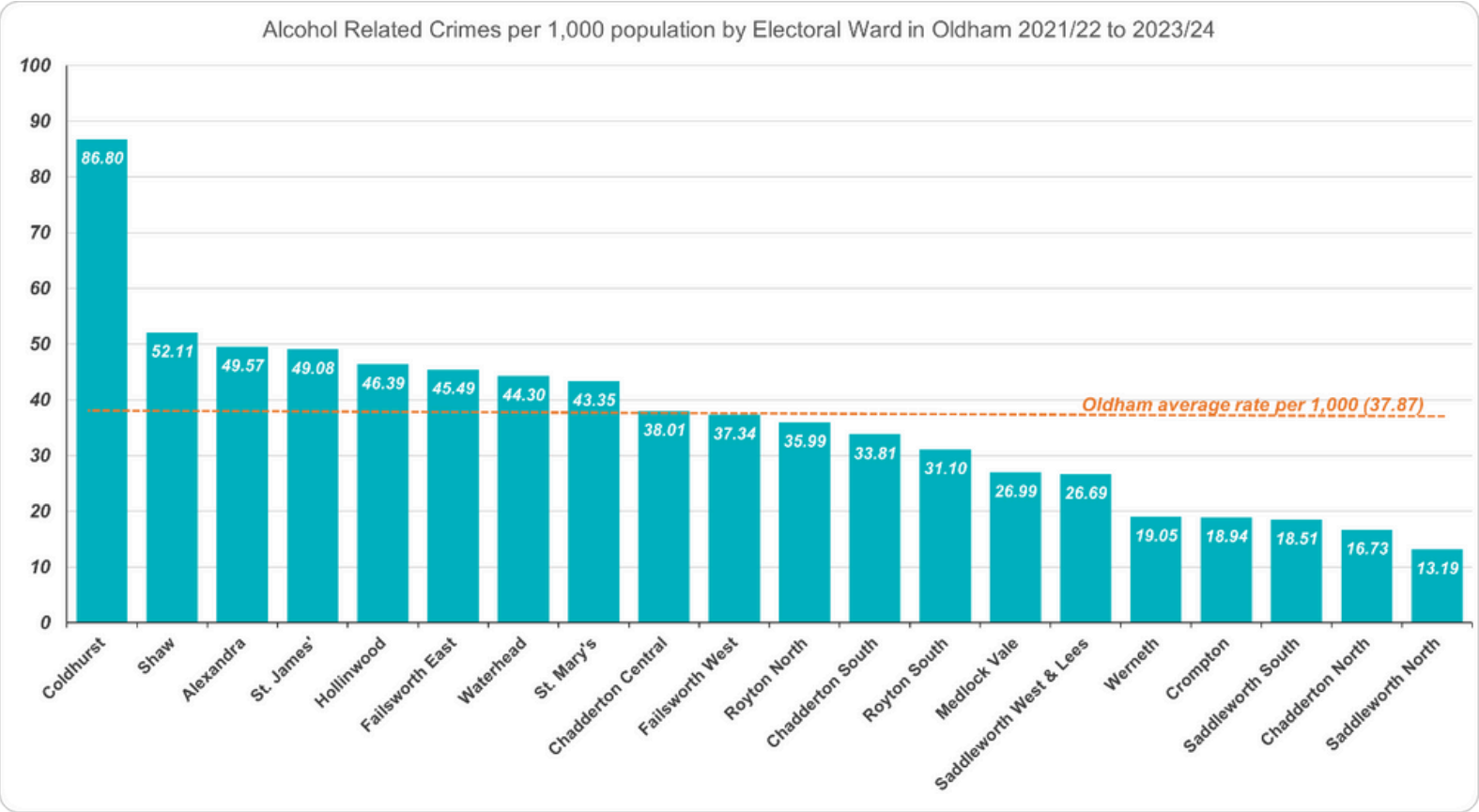


Alcohol-related crimes

Alcohol-related crime is responsible for a significant impact on resources and activity within the criminal justice system. According to data provided by Greater Manchester Police, during the period from 2021/22 to 2023/24 9,238 incidents were recorded in Oldham where alcohol was a contributing factor.

In this period, the highest rate of alcohol-related crime among Oldham wards was in Coldhurst, with a rate of 86.8 per 1,000 population. This is more than double the Oldham average rate of 37.9 and approximately 6.5 times the rate recorded in Saddleworth North (13.2 per 1,000 population), which had the lowest recorded rate.

The higher number of bars and pubs in wards close to the town centre is very likely to contribute to higher rates of alcohol-related crime in these areas.



Around half of alcohol-related incidents were flagged as “domestic abuse”

# What we're doing in Oldham

Our aim is to support people in making informed choices around alcohol and offer appropriate support to meet the differing needs of our residents.

## Alcohol Treatment

In previous years we have focused on supporting residents experiencing the highest levels of alcohol-related harm. We have commissioned specialist treatment services for those residents that need structured care and ongoing support to reduce their alcohol use and recover from alcohol dependency. [Turning Point](#) and [Early Break](#) provide this support for adults and young people respectively, and we are seeing increasing numbers accessing these services.

Page 78 Early Break offers support and advice to young people and families, encouraging young people to talk about the root cause of their drinking as well as providing support around the use of other substances. During 2023–2024, there were a total of 257 young people who accessed this service. Of these, 23 young people were receiving support in relation to alcohol use only and 29 for alcohol and other substances.

## Reducing Wider Alcohol Harms

We recognise that alcohol treatment and rehabilitation is relevant for a small but significant number of residents but is not appropriate for all. Therefore, we have been developing a wider reaching alcohol-related harms response that focuses on prevention, education, long-term better health and recovery. We are working in partnership with NHS Greater Manchester to develop the Greater Manchester Alcohol Harms Strategy.

The Oldham Alcohol Harms Plan will be linked to this strategy and will be based on the [World Health Organization's SAFER framework](#). It will be focused on the best evidence-based approaches to reducing alcohol-related harm.



### SAFER Framework

Strengthen restrictions on alcohol availability

Advance and enforce drink driving counter measures and work with police and other agencies on other secondary harms

Facilitate access to screening, brief interventions and treatment

Enforce bans or comprehensive restrictions on alcohol advertising, sponsorship, and promotion

Raise prices on alcohol through excise taxes and pricing policies

# Resident Story

**Early Break** provided support to a young female around her alcohol use. Interventions were used to manage her emotions along with the adverse childhood experiences she'd experienced.

Harm reduction support was also provided to reduce her alcohol use, through setting (SMART) goals and reduction planning.

There were links with Child and Adolescent Mental Health Services (CAMHS), including the trauma team, to ensure that she was accessing the correct support for her emotional health and wellbeing.

Early Break worked alongside CAMHS colleagues to ensure she received consistent messages around her mental health.

The support continues through weekly appointments with Early Break. This has led to a reduction in her alcohol use. She is now able to recognise her triggers and better able to prevent her alcohol use from escalating.

**SMART Goals**  
Specific  
Measurable  
Achievable  
Realistic  
Timely



## Next Steps

Work in partnership to implement and deliver the Oldham Reducing Alcohol-related Harms Plan, incorporating recommendations from the SAFER framework and Greater Manchester Alcohol Harms Strategy.

Improve awareness of the wider harms alcohol has on the physical and mental health of our residents, increasing information and support available to allow individuals to be able to make informed choices about their drinking.



# Nutrition, Hydration and Healthy Weight

## What do we know?

Eating a healthy, balanced diet and staying hydrated is an important part of maintaining good health and brings many benefits. A balanced diet consists of a wide variety of foods in the right amounts and proportions, to achieve and maintain a healthy body weight. It should provide enough nutrients for the body to function well, and for children, enough nutrients to grow well.

The increased availability of processed food and drinks, alongside changes in society, have led to differences in the type, quantity, and quality of food people eat. Most people in the UK now eat and drink too many calories, too much saturated fat, sugar and salt, and not enough fruit, vegetables, oily fish or fibre. This has consequences for health and for healthy life expectancy.

### Key Facts

- People who eat at least five portions of fruit and vegetables a day have a lower risk of heart disease, stroke and some cancers.
- Missing out on vitamins and minerals can lead to anaemia, bone fractures or a poor immune system.
- Too much saturated fat can increase the amount of cholesterol in the blood, which in turn increases the risk of developing heart disease.
- Regularly consuming foods and drinks high in sugar increases the risk of obesity and tooth decay.
- Eating too much salt can raise blood pressure, which increases the risk of getting heart disease or having a stroke.
- Eating too many calories can contribute to weight gain, especially when combined with too little physical activity.
- Being above a healthy weight has serious health implications including increasing the risk of developing diabetes and doubling the risk of dying early.
- For those who are above a healthy weight, losing weight has many health benefits.



## Children and Young People

Supporting children to maintain a healthy weight is very important. Research shows that children who stay a healthy weight tend to be fitter, healthier, better able to learn, and more self-confident.

Children who are above a healthy weight are more likely to be above a healthy weight as adults, and experience long-term health consequences.

Children can become overweight when they get more energy from food and drink than they use through activity and growth.

Therefore, staying active and eating well are both important. Getting enough sleep can also help children maintain a healthy weight.



## Inequalities in Healthy Weight

Some people are more likely to be above a healthy weight than others. Those at higher risk of being above a healthy weight include those from more deprived areas, older age groups, some ethnic groups such as South Asian communities, and people with disabilities.

People who belong to one or more of these groups are more likely to have their life and health impacted by their weight. For example, they are less likely to be in employment, more likely to be admitted to hospital, or experience discrimination and stigmatisation. People who belong to these groups are also at higher risk of reduced healthy life expectancy and premature death.

There are many reasons that people may have excess weight, these include genetics, behaviour, culture and the environment. The environment we live in makes it easier to make unhealthy food and drink choices and more difficult to make healthy choices. This is called an 'obesogenic' environment.

Unhealthy food and drink choices are often quicker, easier and cheaper than healthier alternatives. The environment we live in can also make it more difficult to be active if, for example, there are not safe places to walk, or affordable leisure facilities close by.

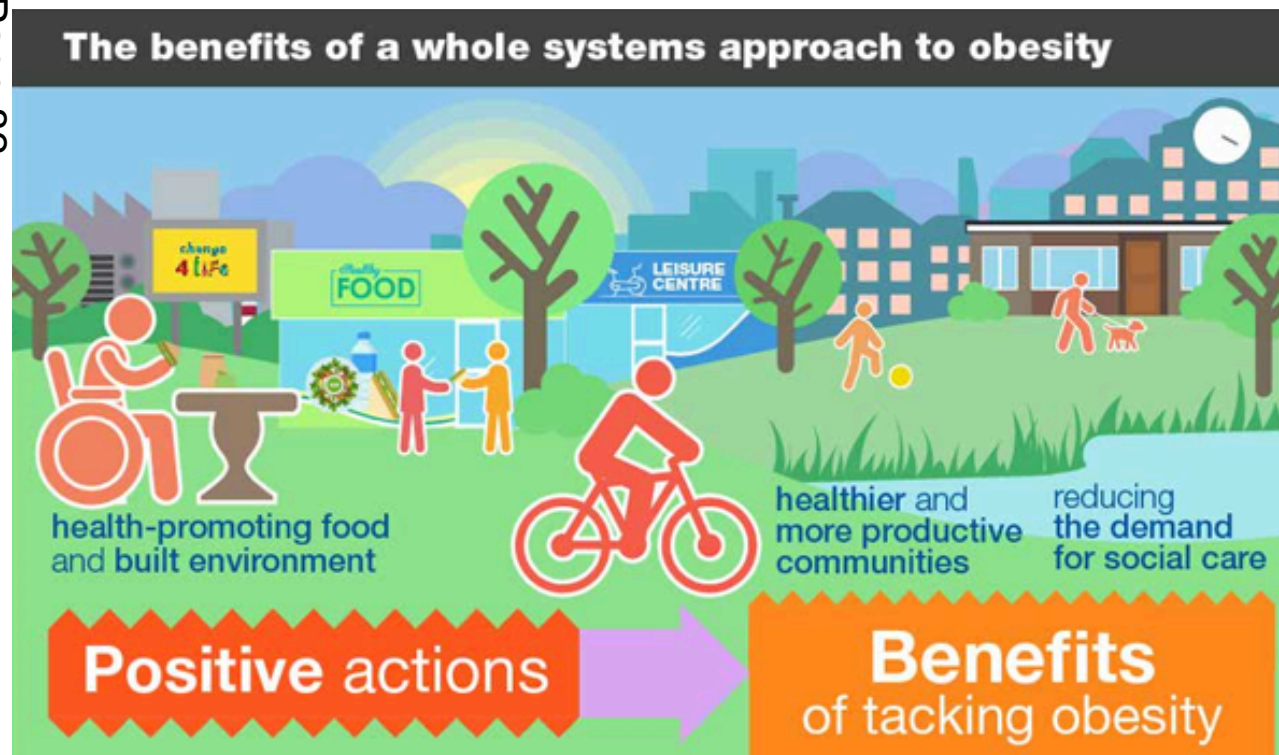


The ongoing cost of living crisis continues to have a devastating impact on the financial security of many families across Oldham, who may no longer be able to afford nutritious food due to soaring prices.

As the causes of obesity are complex, reducing obesity requires actions across the whole system and recognition that the choices people make around food have many influences, some of which are beyond their control.

Diabetes UK estimates that adult social care for diabetes costs £830 million annually in England, a large proportion of which is linked to excess weight. Additionally, those with obesity often experience comorbidities that may impact their ability to work.

Supporting people to achieve and maintain a healthy weight could reduce healthcare costs, improve productivity, and enhance quality of life, benefiting both individuals and the broader economy and system.



Source: [Health matters: whole systems approach to obesity](#)

Sugary drink consumption also plays a major role in the rise of diabetes and other long-term conditions. Sugary drinks and alcohol are often high in 'empty calories', meaning they contribute to caloric intake without providing nutritional value. Frequently eating and drinking sugary food and drink also contributes to tooth decay and poor oral health.

The Government's Sugar Tax Levy has already shown positive outcomes by encouraging both a reduction in sugar content of many drinks and helping to lower consumption.

Further policies supporting tighter regulations on food and drink, such as healthier food advertising, would provide further benefit.

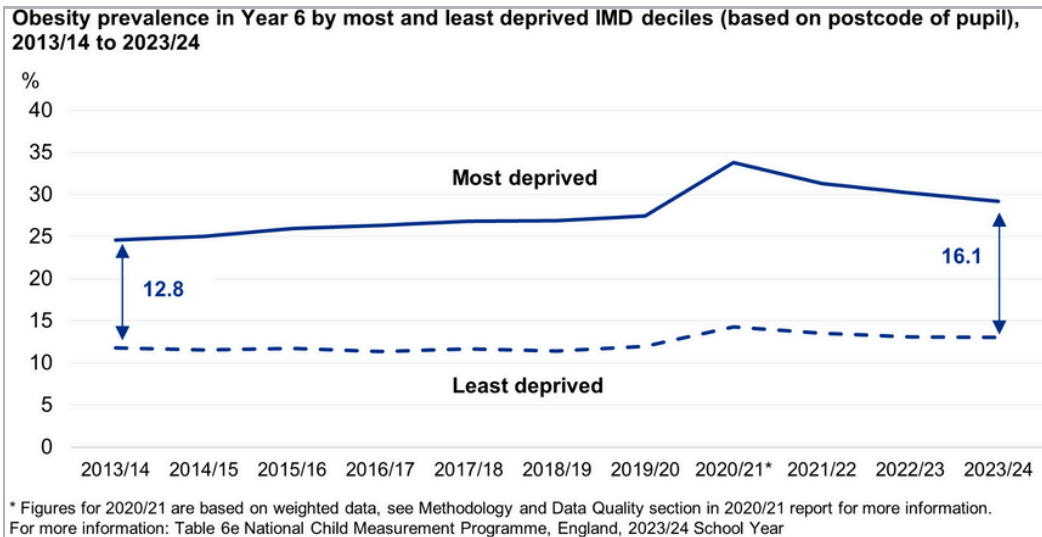
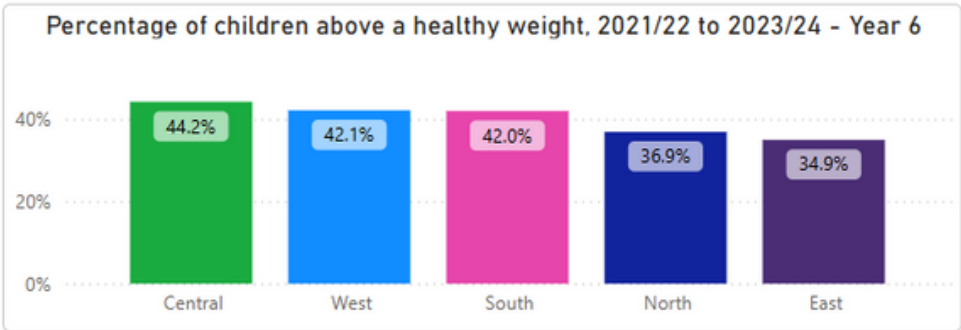
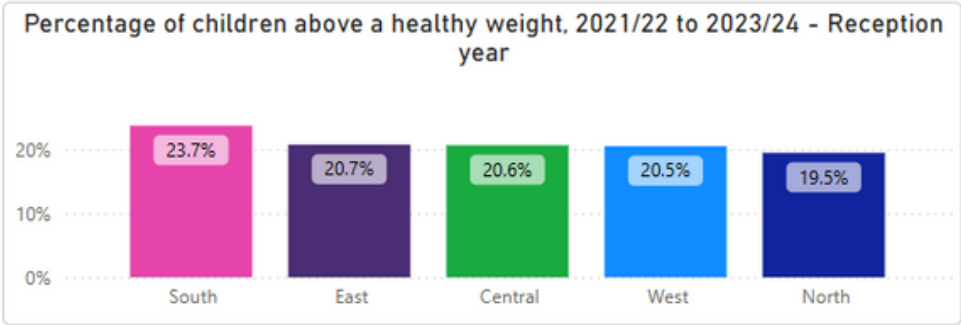
# What's happening in Oldham ?

Dietary risks contribute to a significant proportion of all deaths in Oldham. Excess weight and physical inactivity are major risk factors contributing to mortality which can be prevented.

Oldham's adult population is less physically active and carries more excess weight than the England average. In Oldham, two in every three adults are overweight or obese.

The high rate of overweight and obesity means Oldham has significantly higher rates of people with diabetes and deaths from cardiovascular disease compared to other areas in England.

Approximately one in every five children aged 4-5 years, and one in every three children aged 10-11 years are above a healthy weight, which is higher than the England average.



There is a strong relationship between deprivation and childhood obesity, with the number of children who are above a healthy weight in the most deprived 10% of children around double that of the least deprived 10%.

Central district is by some margin Oldham's most deprived district and demonstrates concerning rates of childhood obesity by Year 6, when almost half of children are above a healthy weight



Oldham also has a high proportion of children who are eligible for free school meals. This scheme is available to children who attend a state-funded school and whose family receive certain benefits or asylum support.

Free school meals are designed to provide extra support to low-income families throughout the school term. They guarantee that the most disadvantaged children receive a healthy meal every school day, aiding their focus, learning and overall success.

In Oldham, 32.7% of school pupils are eligible for free school meals, the third highest rate in the Greater Manchester region. This reflects the financial struggles faced by many local families.

Whilst the above figure indicates those eligible across Oldham, this doesn't mean that every family is benefiting from the scheme. Data shows that just over a quarter of those eligible are taking up this offer.

Many of our most deprived neighborhoods also experience difficulties in accessing affordable and healthy food within their local areas, as there are no shops selling fresh fruits or vegetables and other healthy foods nearby.

These areas are known as 'food deserts'. Coupled with the fact that Oldham has over 345 hot food takeaways outlets, which are densely populated in our most deprived wards, this means many people find healthier choices very difficult to make.



Action must be taken to ensure those entitled to free school meals are able to benefit from this essential scheme.

# What we're doing in Oldham

Statutory duties for public health include providing public health advice on obesity and physical activity for both adults and children.

To ensure we are taking steps towards tackling the key building blocks of health, Oldham Council and partners are working to create the conditions which make it easier for our residents to make healthier choices. To do this, we take a whole system approach.

## Your Health Oldham

Weight Management Support is one of the services provided by our Health Improvement service, Your Health Oldham, delivered by ABL Health Ltd. We jointly commission this service with Greater Manchester NHS Integrated Care so that there is a 'one stop shop' for weight management services in the borough. This means that residents only have to access one service to help them, and their families, to achieve and maintain a healthy weight.

Oldham is unique in having a collaborative commissioning arrangement and integrated offer that incorporates universal, targeted and specialist weight management options. This includes non-surgical weight loss treatment options, such as one-to-one and group sessions, as well as specialist clinical interventions, where appropriate. This ensures individuals who are above a healthy weight have access to effective and high-quality weight management support that suits their needs.

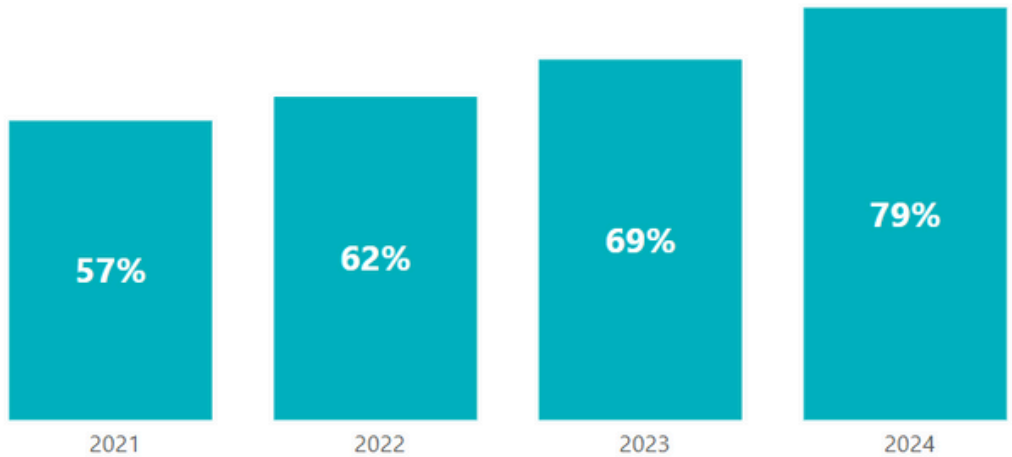


Support is available in-person and remotely (online or telephone) and is accompanied by digital options (apps, chats, peer support groups, webinars) so people can access evidence-based advice and guidance to achieve a healthy weight

The flexible, realistic approach to weight management from Your Health Oldham offers residents support to make positive, practical and realistic changes through nutritional and physical activity support, without strict diets or exercise routines. The service also includes therapeutic support to overcome behavioral and psychological barriers, taking into account an individual's circumstances which may be linked to weight.

This enhanced holistic, whole-family, 'step-up, step-down' offer that is not restricted by BMI is a real benefit to the residents of Oldham. It is compassionate and person-centered, and it recognises that different approaches work for different people.

Percentage of people on weight management who achieve weight loss

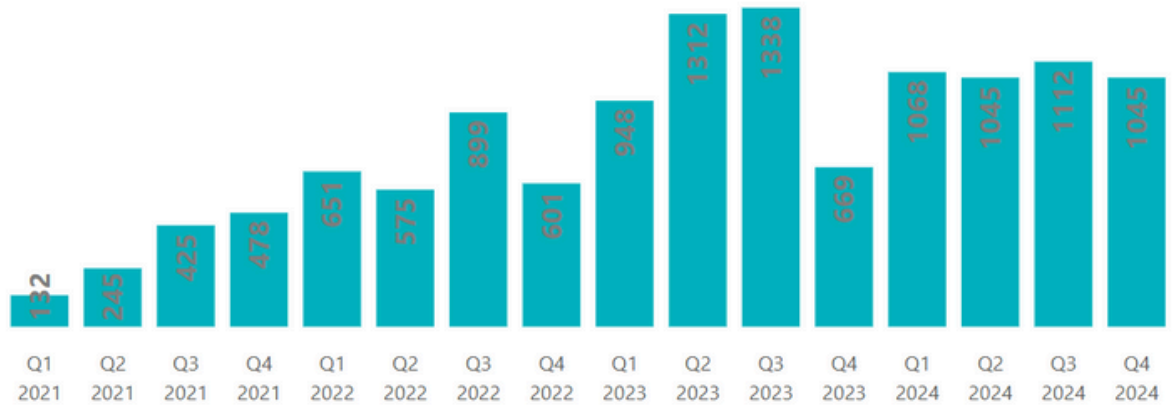


The service offer is borough-wide but Your Health Oldham focus on working with residents who may be facing extra challenges such as deprivation, poor mental health, learning difficulties or disabilities.

They also provide additional support to people who can benefit most from achieving a healthy weight, such as pregnant people, and communities and groups of people where the number of people living with excess weight may be higher.

In 2024, over 4000 people were referred to Your Health Oldham Weight Management Support and around four out of five (79%) achieved weight loss.

Weight management referrals by quarter and year



To date, over 400 residents who were placed on the bariatric pathway have been deferred from surgery, as a result of receiving weight management support from Your Health Oldham.

This has meant that over 400 residents have avoided the need for life-altering surgical interventions and, with the average cost of bariatric surgery at £10,000 per procedure (NHS 2023), this represents over £4m in savings for the wider health care system.

## Healthy Start Vouchers

Providing a healthy balanced diet can be difficult for families who are struggling financially. [Healthy Start](#) is an NHS programme that offers financial support to eligible families and pregnant people. It provides vouchers that can be used to purchase fruit, vegetables, and milk, as well as providing free vitamins.

The scheme aims to give children the best start in life by enabling families to buy nutritious food that supports healthy growth and development. It also plays a crucial role in boosting household incomes for those most in need across our borough.

Page 87 Across Oldham we have over 2,500 families currently signed up to the scheme. Working in partnership with early years and healthcare professionals, we have several initiatives to promote and support uptake of Healthy Start, to ensure our most vulnerable families have access to healthier food options.

Healthy Start training is offered to professionals working with families, ensuring they have the knowledge and resources to discuss the scheme, assess eligibility, and guide families on how to sign up.

All our Family Hubs provide easily accessible vitamins for families, and health visitors distribute vitamins during their visits. Information about Healthy Start is included in new birth registration packs, and communications are shared across social media to reach as many communities as possible.



We collaborate with local community groups and food clubs, such as The Bread and Butter Thing, allowing families to use their Healthy Start cards at community pantries, offering better value for money compared to local supermarkets.

We are also working to expand access to Healthy Start vitamins by making them available at libraries across Oldham, providing more convenient locations for residents to access this crucial part of the scheme.

**If you're pregnant or have a child under 4 and are receiving benefits, you may be eligible for [Healthy Start Vouchers](#).**



## Moving More and Healthy Weight Alliance

Our Moving More and Healthy Weight Alliance is a coalition of organisations who have joined together to shape the vision and drive changes that support Oldham residents to lead healthier lifestyles.

All members have a responsibility to drive forward agreed policies, share knowledge and develop supportive environments by working co-operatively and advocating for the alliance in other forums.

As we look to take more of a strategic and preventative approach to tackle excess weight across Oldham, a dedicated Healthy Weight Partnership will be established.

This will have the vision to reduce excess weight in children and adults in Oldham by ensuring that healthier food and drink choices are accessible, affordable, and the easiest option for all.

## Establishing a Healthy Weight Partnership

The partnership will provide leadership in transforming Oldham's food and weight environment. By driving policy changes, promoting healthier food choices, and creating accessible opportunities for all, the partnership aims to improve healthy weight outcomes across the community. The partnership will work collaboratively with local communities to ensure that both children and adults have access to the resources, education, and support needed for lifelong healthy habits.

The partnership acknowledges that poor nutrition and food choices are not solely individual problems but are significantly shaped by the broader food environment. Access to nutritious food should be a standard, not a privilege. By working together, we aim to dismantle the barriers that limit healthy food access for many. Healthy weight is not just an individual goal, it is a community-wide effort. We will emphasise collective responsibility and the wide-ranging factors that influence food choices. Through collaboration, we will create an environment in Oldham where healthy options are the easiest option for all.



## National Child Measurement Programme

The National Child Measurement Programme (NCMP) measures the weight and height of all children when they start primary school and leave primary school. This helps us to understand the number of children in Oldham who are above a healthy weight and how this has changed over time.

From these insights, we can engage schools in positive discussions about weight, helping them to deliver important health messages, reduce weight-related risk factors and support our children and families to access support, when appropriate.

In Oldham, we have an NCMP Working Group which is a collaboration of all key partners linked to the programme. The aim of this group is maximise benefit and minimize stigma related to NCMP.

Some positive actions from this group include reviewing the wording of NCMP letters to ensure this avoids being stigmatising to individuals or families and improving the links between the NCMP and Your Health Oldham service to provide ongoing support.



## Food Environment

A recent update to the National Planning Policy Framework (NPPF) includes positive changes aimed at preventing hot food takeaways from opening near schools or areas where children and young people gather (unless located in a designated town centre). Unlike the previous guidance, which only encouraged councils to 'enable and support healthy lifestyles', this new policy provides clear direction to 'prioritise preventing ill-health', granting councils the responsibility and authority to act in the best interests of their communities.

In Oldham, this has enabled us to collaborate more effectively with a wide range of colleagues to positively impact the broader determinants of health. A working group has been formed to make plans to support healthier high streets for future generations.

We also work with Environmental Health to support schools to provide healthy school meals, including Breakfast Clubs, and ensure that food businesses are healthy and safe.



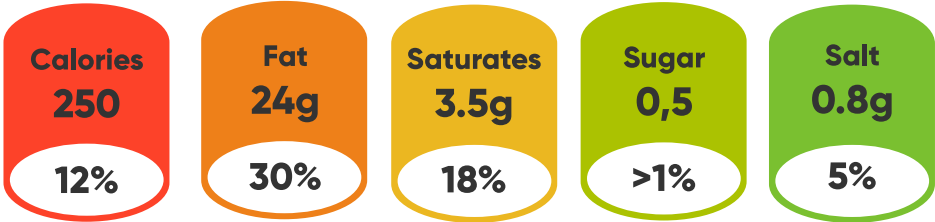
# Resident Story

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Your Health Oldham 1:1 Nutrition Service supported one resident who experienced a number of challenges, including partially losing her eyesight, which impacted her ability to cook, and left her reliant on microwave meals high in salt and fat. She was also struggling with the loss of her husband.

Within the support sessions, the resident was encouraged to use an air fryer and steamer for cooking and is now no longer reliant on microwave meals. She was advised to make simple changes like including two portions of vegetables in every meal and eating fish twice a week.

She also discussed practical issues with her advisor, such as being unable to read food labels in the supermarket. Her advisor supported her to find solutions, such as teaching her about the traffic light red, amber and green food labels which are easier to read.



Following the sessions, the resident had lost 10kg in weight and was feeling happier in herself.

When asked if she would recommend the service, she said  
**“Yes, Absolutely!”**

## Information, advice and support

For information and advice about eating a healthy, balanced diet: [NHS Live Well - Eat Well](#)

To find out more about water, drinks and hydration: [NHS Live Well - Drink Well](#)

For advice, information and access to online apps and support to help yourself to lose weight: [Better Health - Lose Weight](#)

Prevention support for people at risk of developing health issues through obesity: [Lets Get Active](#)

To gain new skills, grow in confidence and make better informed and healthier choices contact WIFI Northwest:  
[wifioldham@gmail.com](mailto:wifioldham@gmail.com)

Support for adults, children, young people and families to achieve and maintain a healthy weight: Refer yourself via the online referral form at [Your Health Oldham](#) or call 0161 960 0255



### Next Steps

Establish a dedicated Healthy Weight Partnership and locality action plan.

Contribute to work to embed health promoting food and drink environments within borough plans.



# Community, Social Support and Mental Health

## What do we know?

Mental health conditions contribute substantially to reduced life expectancy and reduced healthy life expectancy both in Oldham and across England. According to the The Big Mental Health Report 2024, which was produced by the charity Mind, life expectancy of people with a severe mental illness is about 15-20 years shorter than those without.

Physical and mental health are interconnected. Those in poor physical health experience worse mental health due to their physical illness. In turn those with poor mental health are at a greater risk of developing certain chronic physical conditions such as diabetes, stroke, heart disease and Alzheimer's.

People who are more physically active also have better mental health. Increased activity results in less depression, improved sleep, better stress management, helps maintain a healthy weight and overall improves quality of life. It can also reduce the risk of developing conditions such as diabetes, cardiovascular disease, and stroke.

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### Key Facts on Mental Health

- 1 in 4 of us will experience a mental health problem at some point each year
- 7.8% of adults in the UK felt lonely 'always or often' in 2024
- Children and young people's mental health services now account for over £1 billion of NHS spending annually in England
- 11% of 8-16 year olds with a mental health difficulty had missed more than 15 days of school in one term.
- There are over 2 million people on waiting lists for NHS mental health support
- 6.4 million people were referred to NHS Talking Therapies and other mental health services in 2021/22

Individuals with poor mental health are often more isolated and feel lonely. Quality social interactions and a sense of connection to the community are important for both health and wellbeing.

The Tackling Loneliness Evidence Review, conducted by the Department for Culture, Media and Sport reported growing evidence around who is most affected by loneliness.

Higher risk groups included young people, women, people who are single or widowed, people living with a long-term health condition and people living in rental accommodation. The research also showed that loneliness can be a risk factor for poor wellbeing, physical health and mental health.

## What's happening in Oldham ?

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In Oldham, 15% of residents 18 years and older are recorded as having depression. This is slightly higher than the England average of 13.2%.

There has been a steady increase in prevalence of depression across both Oldham and England over the last decade, with rates now more than double those seen 2012/13.

In addition to the prevalence rising, the gap between the prevalence of depression in Oldham and England is widening gradually year on year.

Around one in five adults in Oldham said they felt lonely often, always, or some of the time in a survey. This is slightly lower than the North West average of 22.9% and the England average of 22.3% (2019/20).



# What we're doing in Oldham

## Social Prescribing

Many things affect our health, such as housing problems, debt or loneliness, that can't be solved by medical care alone.

Social prescribing enables health and social care providers to refer residents to local activities, support and services within the community for practical and emotional support.

Our Social Prescribing service in Oldham is delivered by a consortium of voluntary and community organisations; Action Together, AgeUK, Positive Steps and TOG Mind.

Each resident supported by social prescribing is allocated a link worker who connects them with activities in their communities to support their physical and mental wellbeing. The link worker also connects with other professionals involved in the resident's care, to ensure support is co-ordinated.

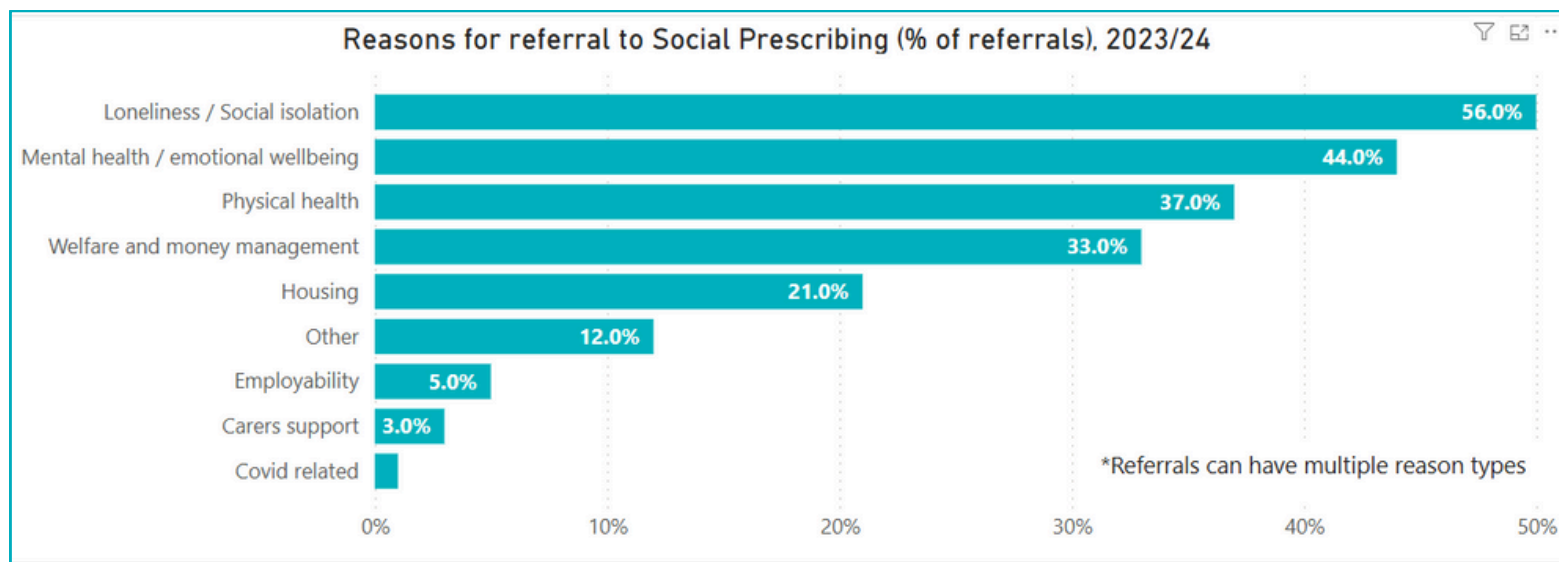
The Social Prescribing service focuses on individuals' strengths and personal goals to enable them to improve their own physical and mental wellbeing, by accessing appropriate support and activities. Over time, individuals build their skills, knowledge, and confidence to find their own solutions.

As well as supporting individuals, the social prescribing service works with local voluntary and community organisations, providing guidance, training and funding so that they are well equipped to meet the needs of residents and foster close knit communities.

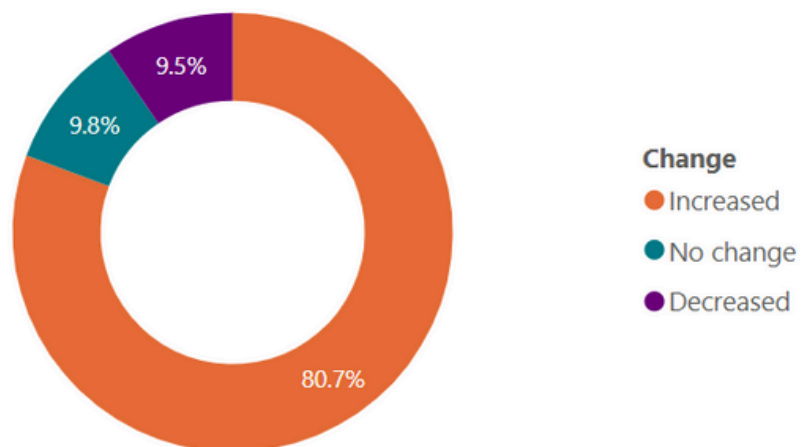


In 2023/2024, 3,051 residents in Oldham were referred to additional support through social prescribing.

Over half were experiencing loneliness, a third needed support with finances or physical health and one in five were experiencing difficulties with housing.



**Improvement in overall wellbeing following intervention, 2023/24**



Using Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS)

**Four out of five** residents (80.7%) using the social prescribing service saw an improvement in their overall wellbeing following support from the service.



## Resident Story

One resident shared her experience of the Social Prescribing Service, and her link worker Debra.

The Oldham Social Prescribing team provided a range of support including with housing applications, accessing prescriptions, successfully applying for benefits and attending social groups. They also offered emotional and practical support following the passing of her husband.

“My husband was in and out of hospital and he actually passed away six months ago. In those six months, they’ve been so marvelous.

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Debra introduced me to the Age UK Luncheon Club, which has led to a lot of things; like meeting new people... and making plans to go out with the friends I’ve made here. Me and some of the ladies now love to go for a Sunday lunch together! It’s been so lovely.

Since losing my husband, I think the service has made a real difference. Thinking back six months ago... I was very, very quiet. I think, if it hadn’t have been for Debra coming to the Club with me on that very first day, I don’t think I would have come.

Not only that, Debra was more like a friend. We’d go over to the community centre for a coffee and just talk. When the funeral came around, Debra helped me with the paperwork, bereavement counselling, pension credit... she was able to help me with so much. She has got me to a really good place on my own now, but I’ve still got her number for whenever I need it.”

*“The work that the Oldham Social Prescribing team do is just wonderful... they’ve been wonderful to me, and I hope they can do the same for so many others.”*



### Next Step

Work to engage with our voluntary and community sector and build capacity to provide activities within their communities which promote health and wellbeing as part of the Social Prescribing Network.

## Suicide Prevention Partnership Board

Oldham's Suicide Prevention Partnership Board is chaired by Public Health and brings together voluntary and statutory organisations to prevent self-harm and deaths by suicide in Oldham. Many organisations are represented within the Board, including TOG Mind and Samaritans, as well as Greater Manchester Police and safeguarding partners.

The aim of the Board is to identify and agree ways to improve support for those affected by suicide and those experiencing suicidal thoughts or self-harm. It provides a platform to share best practice and work together to improve referral pathways and the connections between services. This supports good clinical care, reduces self-harm and works towards the prevention of suicide across all parts of the community.



## Month of Hope

Oldham hosted events as part of the Greater Manchester Month of Hope, which took place between 10th September 2024 – 10th October 2024. The month opened with World Suicide Prevention Day on 10th September 2024 and closed with World Mental Health Day on 10th October 2024.

The theme of the month was "Changing the Narrative on Suicide" which is about starting the conversation around suicide and mental health. Local residents and professionals were encouraged to complete a [free online suicide awareness training](#) hosted by Zero Suicide Alliance.

The training provided the skills and confidence to support someone struggling with suicidal thoughts, which is an important factor in raising awareness and providing hope.

The events that took place in Oldham included a Walk of Hope and an exhibition of the 'Speak Their Name' memorial quilt, which is a piece of memorial artwork ([the stories behind Speak Their Name: Greater Manchester Suicide Memorial Quilt - Shining a Light on Suicide](#)).



## Connect 5 and Youth Connect 5

Together with Action Together and a team of independent trainers, we have delivered several Connect 5 training sessions across voluntary and community organisations. The training provides staff and volunteers with the skills and confidence to have conversations about mental health with the people they support or work with.

In 2023/2024, 15 Connect 5 sessions were delivered across Oldham's voluntary and community organisations. Through these sessions, we successfully reached a wide range of people in Oldham, including groups supporting young people, the unemployed, vulnerable adults, ethnic minority communities and religious groups

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Feedback showed that attendees felt positive and confident after completing the session. They said the course content was good, and they went away feeling more able to support others.

Following the success of Connect 5, we have recently secured funding for Youth Connect 5. The aim of Youth Connect 5 is to build resilience – that is the ability to bounce back from difficult circumstances - among children and young people.

Youth Connect 5 will provide training to adults who support young people in various capacities. It will be delivered through local Family Hubs.

During the sessions, attendees will learn about the teenage brain and find out about resilience techniques that will strengthen a young person's ability to cope with adversity, threats, or even significant sources of stress – skills that will remain with them into adulthood.



*"I learnt a lot about how mental health can affect other aspects of my life and how simply talking about this with others and not bottling it up can relieve a lot of the stress and stigma we face with mental well-being." (Connect 5 trainee)*

# Early Intervention

Many of the previous sections focused on actions that can be taken to maintain good health.

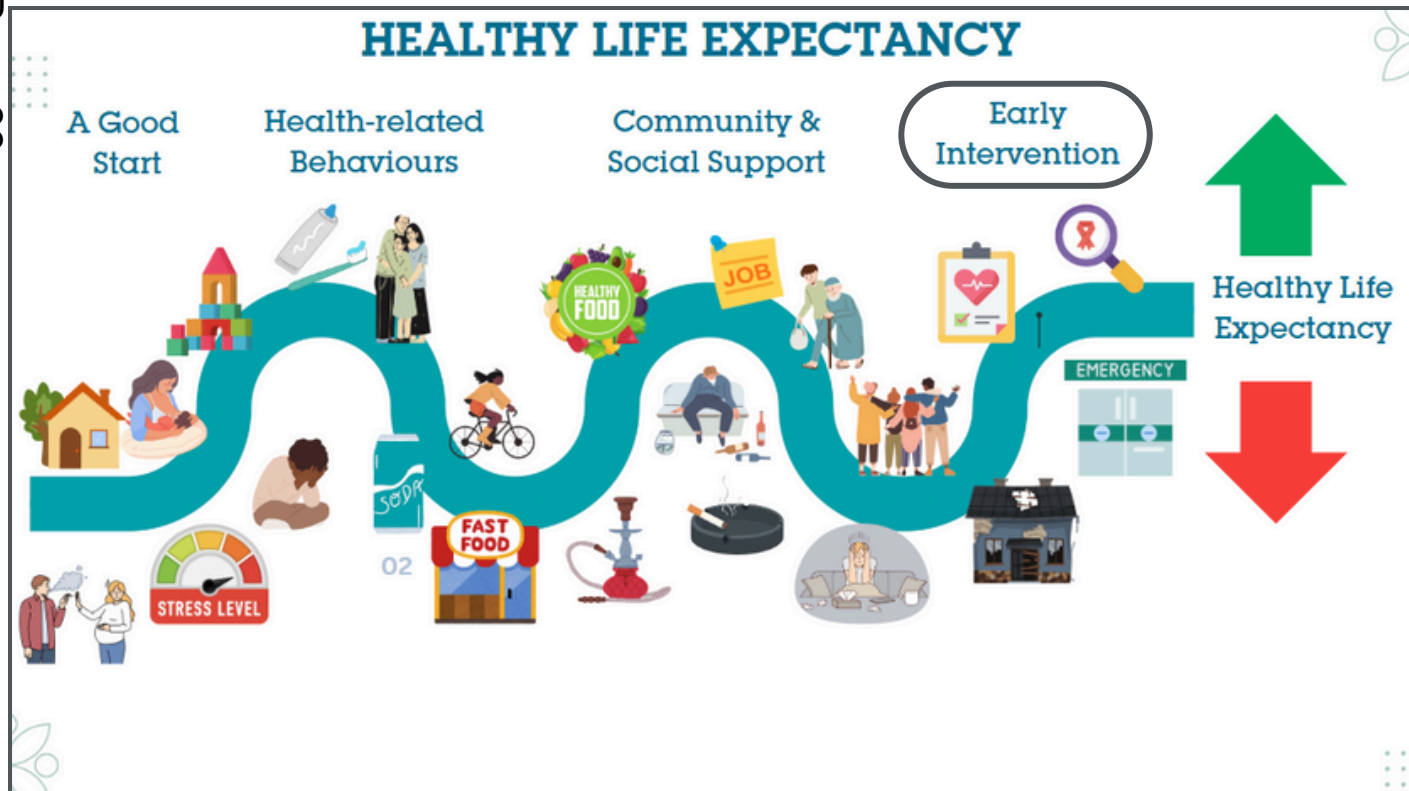
But what can be done if health has already started to decline?

The next sections focus on action that can be taken to identify health issues as early as possible, even before people experience symptoms.

By identifying issues early, early intervention can be offered. This can include support or treatment to reverse the problem or prevent it from getting worse.

Early intervention benefits individuals as it prevents them from experiencing poor health and can increase healthy life expectancy. It also benefits health and care services as it reduces the need for emergency care, specialist care and social care.

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Early Interventions can include screening 'healthy people' to look for underlying problems and offering support to groups of people who are more likely to become unwell.



# NHS Health Checks

## What do we know?

Cardiovascular Disease (CVD) is a major contributor to reduced life expectancy and healthy life expectancy in Oldham and across the UK.

CVD is caused when arteries and blood vessels become clogged up with fat and cholesterol, stopping some of the blood flow around the body. Providing health checks is one of the main ways to pick up early signs of CVD. The risk of developing CVD is calculated as part of the Health Check.

Page 100 In Oldham, Health Checks are carried out by local GPs. The aim of a Health Check is to spot early signs of illness that could indicate increased risk of heart disease, stroke, kidney disease, type 2 diabetes or dementia before symptoms develop that people notice themselves.

Being aware of these early signs can help people make small changes to the way they live to improve their health and reduce the risk of health issues in the future. Changes can include diet, exercise and help to stop smoking. Sometimes medication is prescribed, for example, to help lower cholesterol. These small changes can make a big difference to long-term health.

Health Checks are especially important for people who are at a higher risk of developing CVD, such as those with close family members who already have CVD.

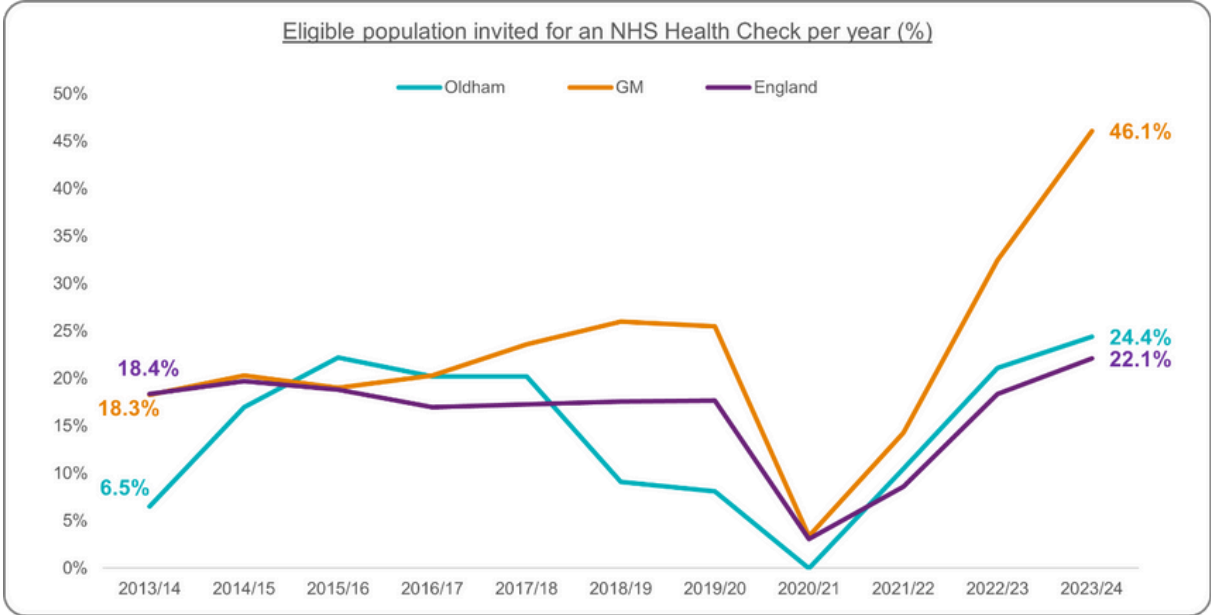
To get the most out of NHS Health Checks, people need to be aware that they are available, and those who are eligible must be able to access them.

An NHS Health Check is a check-up of overall health for people between the ages of 40 and 74 who don't already have a long-term health condition.



# What's happening in Oldham?

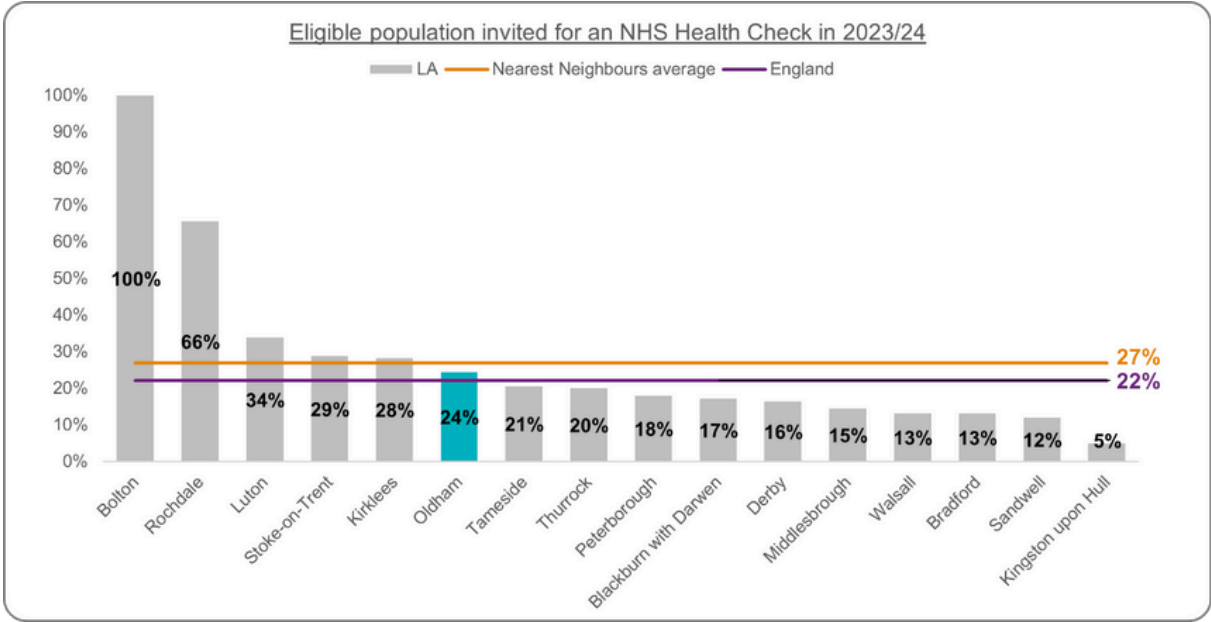
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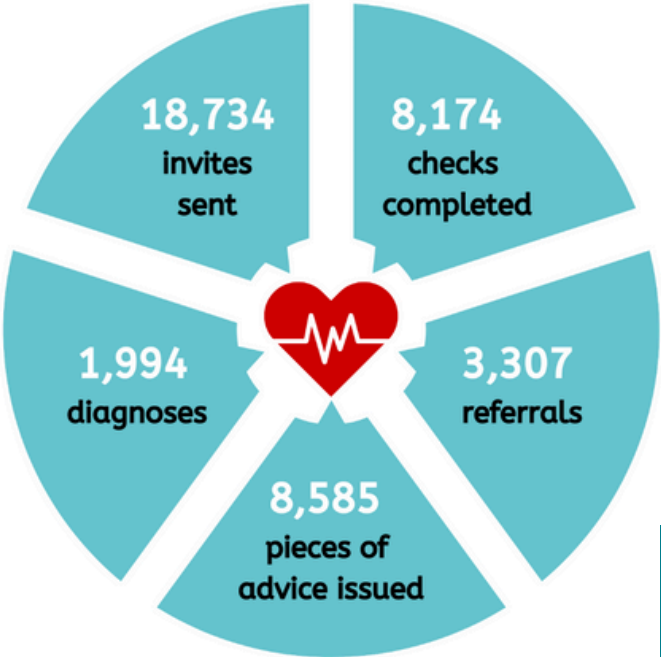
In 2023/2024, 24.4% of eligible people were invited for a Health Check. This was similar to England average but substantially lower than the Greater Manchester average.

In Oldham, and across England, there was a reduction in invitations because of the Covid-19 pandemic, but numbers are now increasing again.

In 2024, over 8000 checks were completed in Oldham, resulting in over 3000 referrals and almost 2000 diagnoses.



Over the previous 12 months across the NHS Health Checks programme in Oldham there have been...



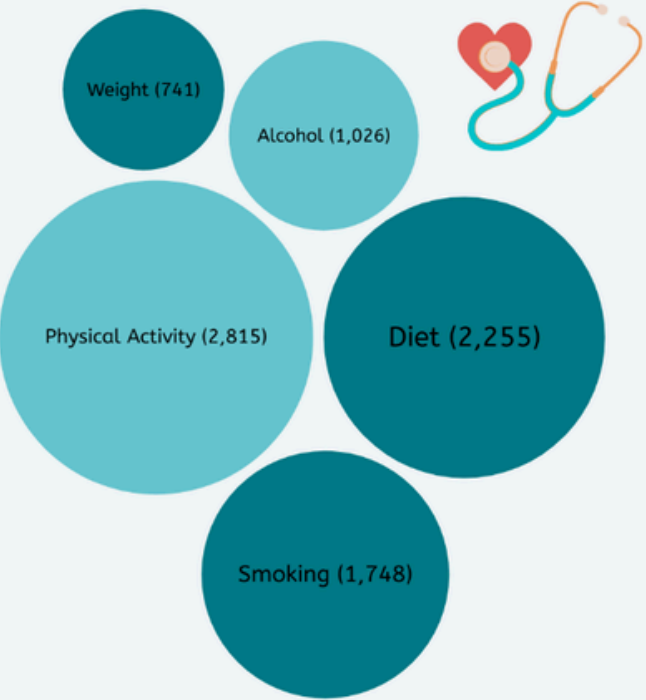
# What we're doing in Oldham

The figure below shows the outcomes for Health Checks conducted in 2024.

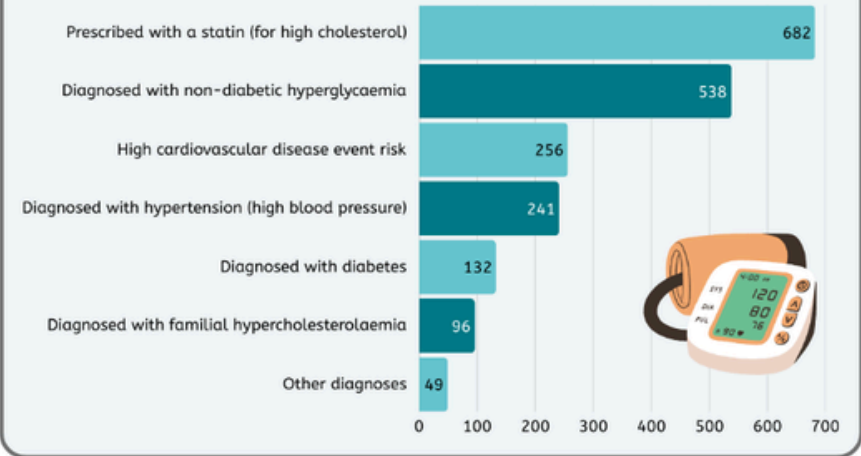
## Health Checks outcomes (2024)

Total NHS Health Checks in 2024: **8,174**

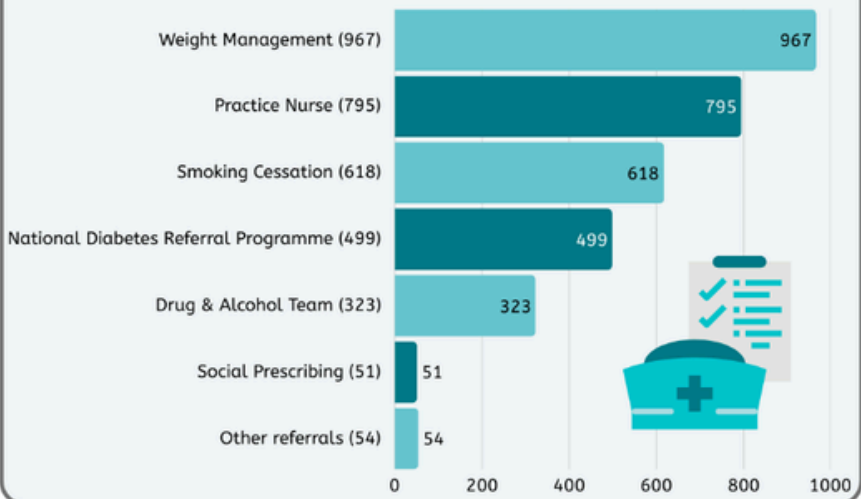
### Advice Issued



### Diagnoses



### Referrals



We have been working with GPs and Primary Care colleagues to improve the quality of NHS Health Checks and reach those experiencing the greatest health inequalities across the local area.

We want to make sure that those who will benefit most from receiving a Health Check get one.

This will help diagnose conditions sooner and treat more people earlier.

## National CVD Workplace Pilot

People who work often find it difficult to attend Health Checks due to their working hours. To address this, a pilot study is currently underway to see if offering Health Checks in the workplace can increase attendance. It is called the National CVD Workplace Pilot and Oldham is one of the selected areas taking part.

The pilot aims to provide 150,000 Health Checks in workplaces across the UK by the end of March 2025. Oldham are proud to have been selected to carry out up to 1800 workplace health checks within this pilot.

This work is being undertaken by Oldham Active who have already provided health checks to:

- Council Workers
- Ambulance Service
- Local businesses
- Greater Manchester Police Oldham (GMP)

The pilot will gather useful information about the impact of having a Health Check at work. It will also encourage employers to support people to stay well in work.

The objectives of the pilot are to:

- Understand the benefit to business and workplaces of offering Health Checks at work.
- Test the feasibility of delivering NHS Health Checks or similar in workplaces
- Detect more people at risk of CVD
- Compare different ways to provide Health Checks.

This will benefit the people of Oldham by reaching those who may not visit their GP for a Health Check and assist local plans for the development of health checks in future years.



Since December 2024, there has been a total of 922 Workplace Health Checks carried out by Oldham Active.



## Public Health in Action

Oldham Active recently delivered checks to the workforce at Oldham GMP and had some great feedback.

The workforce appreciated the opportunity to get a free Health Check from an independent provider.

They were able to fit dropping in for these, around their very busy shift patterns.

The blood screening and cholesterol test results were particularly valued, as these helped participants understand any potential long-term health conditions and think about small changes to improve health.

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*"The time I have spent with you today and the information and advice you have given has been more valuable than any GP appointment I have ever been to, thank you so much" GMP PSCO*

# Spotting Cancer Early

## What do we know?

Cancer is a condition resulting from growth and division of abnormal cells in a specific part of the body. The cancerous cells invade and destroy surrounding healthy tissue including organs.

National figures show that one in two people will develop some form of cancer during their lifetime.

Although there are more than 200 different types of cancer, the four most common types of cancer are:

- breast
- lung
- prostate
- bowel

Diagnosing cancer at an early stage reduces the likelihood of dying from that cancer.

As well as encouraging healthy behaviours, such as having a healthy diet, exercising regularly and stopping smoking, the risk of developing some cancers can be reduced through vaccination (cervical cancer) or screening (bowel, breast and cervical cancers).

Screening identifies early warning signs of cancer so that treatment can be offered at the earliest opportunity.

Did you know...

People who live in the most deprived areas in England are less likely to have cancer diagnosed early than people who live in the least deprived areas.



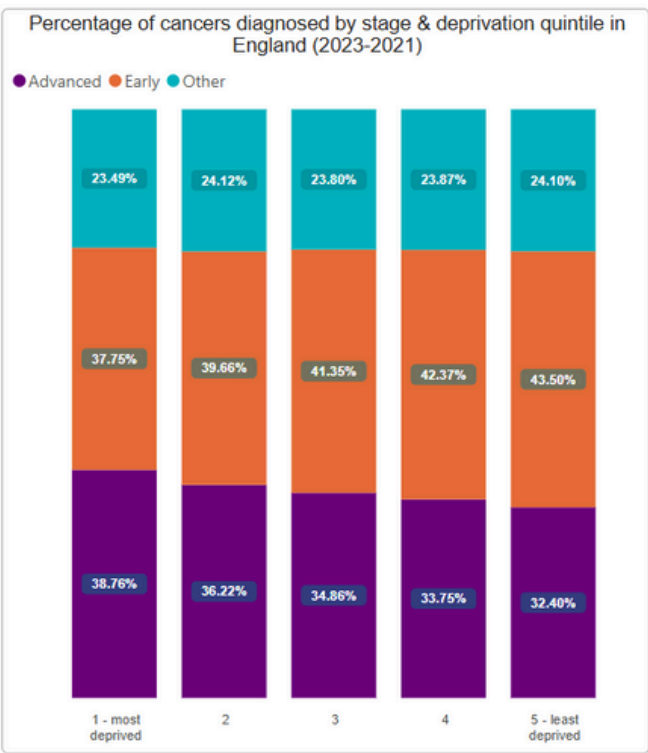
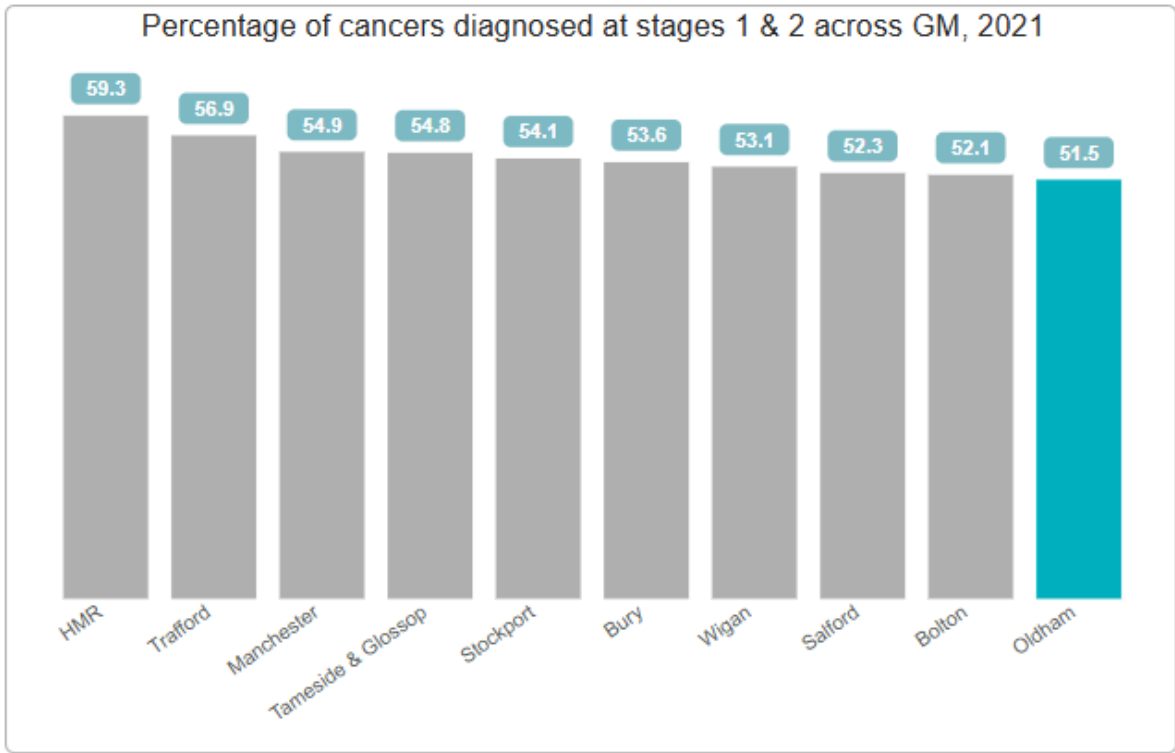
# What's happening in Oldham?

Between 2017-2019, cancer was the biggest contributor to differences in life expectancy among women in Oldham, and the second biggest contributor among men.

In 2021, of the 1,333 residents in Oldham who received a cancer diagnosis, 51.5% cancers were diagnosed at early stages (stage 1 or 2). This is lower than the England average of 53.9%. Oldham had the lowest rate of cancers diagnosed at stage 1 and 2 across Greater Manchester (2021).

Across England from 2021-2023, cancers among people in the most deprived 20% (quintile) of the population were more likely to be diagnosed at an advanced stage compared to cancers among people in the least deprived quintile 20% (quintile).

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## Cancer Screening Rates in Oldham

Oldham's breast cancer screening rate stands at 57.8% which is in line with the Greater Manchester average at 57.6%. The lowest screening rate is in the Central Primary Care Network (PCN).

Oldham cervical screening rate for 24-49 years old, combined with the extended screening for 50-64 years olds, stands at 70.1%, slightly above the Greater Manchester average of 67.8%. Once again the lowest rate is in Central PCN.

Oldham bowel screening rate for those aged 60-74 years old, combined with the phased extension to 50-59 year olds, stands at 50.2%, in line with the Greater Manchester average of 50%. The lowest rate is in South PCN.

Across all three screening programmes the lowest uptake is in the most deprived communities, and ethnic minority communities such as Traveller and South Asian groups.



## HPV vaccination in Oldham

The Human Papillomavirus (HPV) is a common virus that spread through skin contact (usually through sexual contact).

Most types of HPV are harmless, but some types increase the risk of cervical, mouth and anal cancers.

The HPV vaccine helps protect against HPV and is recommended for young people aged 12 to 13 years old



## What we're doing in Oldham

Much of the work highlighted in this report, including initiatives to reduce smoking and alcohol consumption, and increase healthy diets and physical activity, contribute to reducing cancer risk. In addition, we have programmes of work in Oldham to help detect cancer early.

### Targeted Lung Health Checks

The aim of the Targeted Lung Health Check programme is to detect lung cancer and lung disease early, so that people can be treated sooner and more effectively.

The programme commenced in 2024, in South and Central PCNs, with checks available to people aged 55-74 who currently or previously smoked cigarettes or shisha.

Due to the success of the programme, it has now been extended to eligible people across all Oldham PCNs through a mobile clinic.

In Oldham, we also ensure that our stop smoking service is connected into the Targeted Lung Health Check programme, so that support to quit is easy to access.

### Early detection including screening programmes

Each of the three main cancer screening programmes (breast, bowel and cervical) has a dedicated cancer screening improvement lead. These leads identify areas in Oldham where screening uptake is lowest, and work with health care staff in these areas to understand why uptake is low and address these challenges.

For example, after finding that some people don't attend screening because of language difficulties, local community organisations were commissioned to phone non-attenders, speaking in the language they were most comfortable with, and discuss the benefits of screening as well as any concerns. Information was translated into different languages, and easy read materials were created for those who struggled with reading.



## Spotting signs and symptoms

Knowing how to spot early signs and symptoms of cancer can help people get an early diagnosis. The PCNs in Oldham have secured a small amount of funding to deliver community engagement and education events to raise awareness of signs and symptoms of cancer. There is a particular focus on groups who are less likely to take up screening, such as those with learning disabilities and those who may decline for cultural reasons.

Oldham has a strong and vibrant voluntary and community sector, with Community Health Champions embedded in many organisations. Public Health have invested in the Community Health Champions to build health knowledge and skills within these organisations, so that they can share health messages with local residents. This has included educational sessions covering what cancer is, busting myths and false information, as well as how to spot early signs and symptoms.

For the Community Health Champions with a particular interest, a 'Talk Cancer' training session was offered to continue to build knowledge and encourage residents to seek out medical support at the earliest opportunity. Key information on signs and symptoms is also shared through the council communication channels.

According to Cancer Research UK, these are some of the key signs and symptoms of cancer:

- Very heavy night sweats or fever
- Feeling more tired than usual
- Unexplained bleeding or bruising
- Unexplained pain or ache
- Unexplained weight loss
- An unusual lump or swelling anywhere on your body
- A new mole or changes to a mole
- Skin changes, nail changes, or a sore that won't heal

Further information can be found on the [Cancer Research UK](https://www.cancerresearchuk.org) website.



## Public Health in Action

Fatima Women's Association is a community organisation in Oldham and is committed to improving the health and wellbeing of the local community.

They have hosted health events and activities to empower women to recognise the signs and symptoms of cancer, and to know where to seek support. This included encouraging attendance at regular cancer screening appointments.

Fatima Women's Association identified that women within the South Asian community feel uneasy about exposing their bodies, with mammograms and cervical screenings often causing discomfort. However, they were able to create a relaxed and welcoming environment through workshops and practical demonstrations, such as using a model to teach breast self-examinations.

This approach proved highly effective in helping women understand how to check for signs and symptoms. Many women pledged to make small behaviour changes, such as forming walking groups for daily exercise.



Resident voices from a cancer awareness event hosted by Fatima's Women's Association;

*"People in our community ... avoid this subject as it's seen as an embarrassment."*

*"I lost my sister to Breast Cancer. My sister in law and her mother has Breast Cancer. It's good for everyone to be aware and detect the cancer earlier to try to battle it."*

### Next Steps

Oldham should continue to scrutinise screening data and make targeted efforts to increase uptake in GP practices, and identified communities where we know screening is lower than the Oldham and national average.

We should work with local communities to better raise awareness of the risk factors that can contribute to cancer and signs and symptoms of cancer to enable earlier diagnosis.



# Population Health Management

## What do we know?

Health and care services are currently focused on people who are in immediate need of care. It is important for people to receive this care when needed. However, finding and treating health issues earlier, before they become emergencies, has benefits for both the individual and services.

Individuals can enjoy better health for longer and the need for higher level care, such as hospital stays, will be reduced. This is the focus of population health management.

As mentioned in previous sections of this report, health is impacted by many factors including social support, financial circumstances and living environment as well as health-related behaviours and preferences. Therefore, all these factors are incorporated into population health management interventions.

The overall aim is to provide co-ordinated and holistic support through health and care services and the wider system, including voluntary and community organisations, to keep people healthy and independent for longer.

### Benefits of a Population Health Management Approach

- **Improved patient outcomes:** The holistic and proactive model of care helps manage existing conditions better and prevent or delay new conditions developing so patients stay healthier for longer
- **Better patient experience:** Population health management promotes the importance of well co-ordinated, and holistic care tailored to individual needs and supporting independence.
- **Staff experience:** Better co-ordination across services makes more efficient use of staff time and supports staff to work together and learn from each other.
- **Reduced need for hospital care:** Supporting people to stay healthier for longer reduces the need for hospital care.

Population health management aims to identify people who at 'rising risk' of poor health and support them with early interventions to keep them in good health for longer.





## What's happening in Oldham?

Oldham has higher rates of long-term conditions, compared to national averages and areas with similar populations. There is also high demand for services like A & E compared to GP appointments. This might mean that people in Oldham wait until their health has deteriorated before they seek care. However, it is also possible that this pattern is due to difficulties in accessing GP appointments when they're needed.

In mental health services, there is high demand but difficulties accessing services. For example, there are long wait times for lower-level mental health support such as Talking Therapies.

Page 112 Oldham also has a high demand for children's social care. Compared to the national average and other areas within the region, Oldham sees very high rates of referrals for both high- and low-level support. This highlights the need for more pro-active support for children, young people and families.

There is a lot of variation in the need for health and care services across the five districts in Oldham. This is largely due to differences in the characteristics of the population, such as age and levels of deprivation. This variation means that different approaches to population health management in different wards will be most beneficial to the local residents.

There is also a lot of variation in the need for health and care resources between different groups of the population. For example, on average over £22k is spent annually on a person over 65 with frailty, compared to just under £1.4k to a person over 65 in good health, or £5.4k to a person over 65 with multiple long-term conditions. High health service costs are often associated with hospital stays, care at the end of life and treatment for substance misuse.

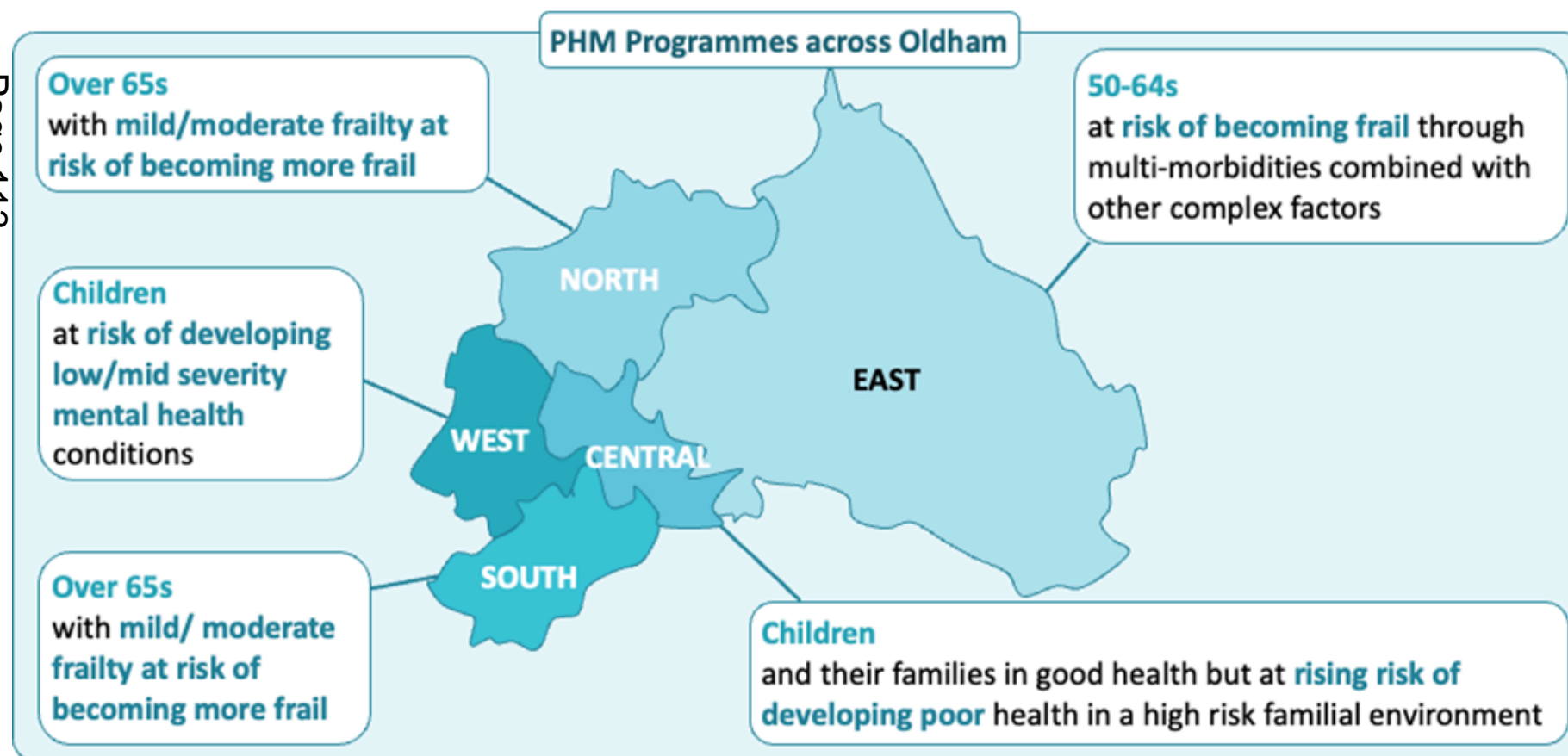


## What we're doing in Oldham

Oldham has designed a population health management programme to better manage the needs of certain groups of the population. The aim is to support more people in the community, rather than in hospital, and intervene early before health conditions deteriorate.

Each ward has used local data, knowledge and insights from residents to select a priority group to be the focus for the programme. The priority groups for each ward are shown in the figure below. Based on these priority groups, population health management programmes were designed for each ward, aiming support health and care needs pro-actively in a holistic, integrated way.

Priority groups and interventions were chosen and co-designed with each neighbourhood. Whilst each neighbourhood (apart from North and South which both chose the same group) has chosen a different target group, it is hoped that all programmes could be rolled out across all wards in the future.





# Recommendations

This report has discussed major contributors to healthy life expectancy in Oldham. To support our residents to stay in good health for longer, we must work together across the whole system, prioritising prevention and early intervention.

The following recommendations are set out to enable this vision.

## 1. Increase national public health investment

Advocate for increased and sustained national investment in public health services and initiatives integral to improving healthy life expectancy. This includes services for children and young people and social prescribing, as well as evidence-based initiatives to support smoking cessation, alcohol harm reduction, physical activity and positive food and drink choices.

## 2. Enhanced NHS focus on prevention

Building on the population health management work, enhance the focus and investment into prevention and early intervention within NHS services.

## 3. Health in all policies

Acknowledging the impact of the whole system on health, fully implement a health in all policies approach across the council and partners, with a focus on maximising health benefit. This can span advertising and licensing policies, food and drink offered in council, NHS and other partner establishments as well as planning to promote active travel and access to green space.



# Appendix

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## Reflection on the recommendations from the 2023/24 Public Health Annual Report 'Health and Housing in Oldham'

### Recommendation 1:

Oldham should continue to work as a system in response to crisis and the unprecedented housing demand, and also move towards a preventative and early intervention model.

A considerable amount of work has been undertaken with regard the Oldham housing response. Further actions identified include connecting local partnership structures and grass route support for housing issues. There are plans for a “prevention hub” for housing issues, along with a new housing options front door which will include a delivery space for partners.

### Recommendation 2:

Oldham should build upon the commitments made at the housing summit, led by the leader of the Council. This includes a pledge to build 500 new social homes over the next 5 years. Oldham Council should ensure healthy housing is a focus in the actions taken forward.

Through using its own land and working with partners, the Council has identified suitable sites to deliver 540 new social homes over the next 5 years. 126 homes are already under construction.

Promoting health and well-being as a key determinant of quality of life is a thread running through both the recently adopted Places for Everyone Joint Development Plan (PfE) and our emerging Local Plan. For example, PfE Policy JP-H3 recognises the role that cramped living conditions, overcrowding and lack of outdoor private amenity space has on health and quality of life. As a consequence, all new dwellings must comply with the nationally described space standards; and be built to the ‘accessible and adaptable’ standard in Part M4(2) of the Building Regulations unless specific site conditions make this impracticable.

In addition, through design PfE Policy JP-P1 seeks to enable all residents to lead healthier lives in safer places with good access to facilities that support health and wellbeing; whilst, PfE Policy JP-P6 sets out how new development will be expected to help tackle health inequality including, where appropriate, a requirement for health impacts assessments.



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### Recommendation 3:

Health needs and potential impacts on health should be considered during temporary accommodation allocations, where properties have been assessed for suitability for families with young children and those with health conditions or disabilities.

Housing leads and healthcare practitioners should further work together to explore shared solutions:

- To explore mitigations to barriers in accessing school, employment opportunities, or health centres.
- To ensure that household complexities, including presence of drug or gambling addictions, alcohol dependency, disabilities, and physical and mental illness, are recognised and supported.

People who experience gambling harms have been found to have greater tenancy insecurity, due to the impact of rent arrears arising from gambling, as well as interconnected co-morbidities of substance use and social housing. In Oldham, 'Chapter One' training on gambling harms has been targeted at professionals that work in social housing, welfare rights and debt support among other areas.

The training will equip professionals to engage in meaningful conversations to understand the cause of an individual's debt and sensitively support them should the issues be gambling related. The Oldham Gambling Harms Alliance will develop an action plan that will support services, including housing providers, to assess for gambling harms and intervene early

### Recommendation 4:

Through a no wrong front door approach, Oldham Council should ensure that staff from across the system are equipped to support vulnerable or at risk individuals with a range of housing needs.

In 2024, a resident survey identified that many people requiring support with housing were feeling emotional and anxious at the risk of homelessness. This was exacerbated by phone queues and lack of people to speak to. The key issues identified included increasing demand for advice and support, poor staff retention and lack of housing supply. In response, a Housing recovery board was established, and a number of work strands further progressed.

A housing dashboard was developed that helped the Local Authority better understand demand, including the number of contacts being made by residents. In response to the intelligence collected, the council implemented a 'housing front door' that went live July 2024, and is temporarily situated at the Civic Centre. There has been an improvement in call performance and the contact centre service standards were put in place. The household support fund was also mobilised enabling sustainable tenancies and in turn reducing pressure on temporary accommodation

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#### Recommendation 5:

Oldham Council should maximise opportunities to improve housing standards, for example through selective licensing, pest control and home improvement loans. A key focus should be on the private rented sector where residents are experiencing damp and mould.

Environmental Health are continuing to respond to housing disrepair cases as residents report them. Tougher action is being taken against landlords who are not dealing with repairs in a given timeframe, with officers now issuing Civil Penalty Notices for offences, which can be up to £30,000.

There is a current Selective Licensing Scheme in place, and we are about to consult on a second scheme meaning all houses in these areas get an inspection without the need for residents to report issues.

The pest control team continue to treat for public health pests in residential properties free of charge and give advice to tenants/landlords on how to prevent reinfestation.

The home improvement equity loan scheme with an allocated budget is currently still available. This is a loan facility to help homeowners across the borough finance repairs and improvements to their home.

Loans are only available to people eligible for state benefits or on low income and who could not otherwise use usual methods to finance the work.

Measures typically covered are aimed towards meeting the Government 'Decent Homes Standard' e.g. rewiring, re-roofing, replacement windows/doors, central heating, new bathroom/kitchen, damp proofing, etc. Also, where eligible to deal with overcrowding issues. The Council provides project management of the works identified.

The loans are free of regularised repayments with nothing to pay until your property changes ownership or change of title. However, each case will be assessed on its merits and discretion may be shown where applicable. At the time of application, the percentage of loan against the value of the property is calculated. When the property later changes ownership the percentage is applied to the new valuation at that time and the repayment amount is calculated. You can opt to repay the loan at any time.

Repayment of loan as a percentage of the property value when changes in ownership occur or at the request of the owner.

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### Recommendation 6:

a. Oldham Council should seek to systematically join and analyse data to understand how housing issues for residents are layered with non-housing complexities. Oldham's most vulnerable residents should be proactively identified and supported to prevent a point of crisis.

The current work by Newton and Xantura aims to systematically join and analyse data as detailed in this recommendation. They are building a predictive model, that will allow us to map residents with financial vulnerabilities (e.g. council tax debt) and later presentations in Temporary Accommodation. This will allow us to consider possible preventative approaches for the future.

b. Ensure that Oldham Council continues to use data and intelligence to monitor trends across a number of housing areas to prepare for future demand and implications to a wide range of services.

Page 118 Oldham have developed a Housing Dashboard which is used to inform priorities and actions within the Housing Recovery Board. This is being further developed to include Housing Supply, so that we have a more intelligent view of recent and future housing builds, including social and affordable housing.

### Recommendation 7:

**Ensure that strategic links are made and maintained to improve health outcomes and reduce inequalities through wider environmental and economic plans, such as housing development, climate change and decarbonisation.**

This work is progressing on the preparation of a revised Local Plan that will sit alongside Places for Everyone (PfE), providing a local planning policy framework that addresses our local priorities and regeneration ambitions. The role planning can play in improving health and well-being is a central component to the Draft Local Plan (the latest stage in the preparation of the revised plan) which seeks to encourage and facilitate development in the borough that provides opportunities for healthy lifestyles, contributes to the creation of healthier communities, and helps to reduce health inequalities.

For example, policies in the plan will help to:

- Create healthy, inclusive and safe places that are well connected to key services and facilities and high-quality open spaces.
- Provide a diverse, and affordable, housing offer that addresses local housing needs with homes that are energy efficient and adaptable.
- Promote sustainable and accessible transport that enables active travel, including walking and cycling, and the maximises opportunities to enhance our green infrastructure.
- Support healthy eating and promote healthy food choices through, for example, increasing opportunities for community food growing spaces.
- Support the delivery and improvement of access to healthcare facilities and education, employment and skills training.

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The Oldham Green New Deal Strategy 2020-25 has a number of objectives which impact on health outcomes with the most relevant to this recommendation being:

Maintain a high-quality local environment which delivers health and wellbeing benefits for residents, including food and recreation, reducing costs for public services.

The reduction of energy costs for residents and removal of barriers to social inclusion through new employment and training opportunities has a positive impact on health outcomes.

This strategic approach is currently being translated into a far-reaching delivery programme through the establishment of an Oldham Green New Deal Delivery Partnership – a cross-sector partnership which will include a large commercial energy infrastructure provider and which will contain provision for residents and communities to have their say in how energy infrastructure is developed in their neighbourhoods, and how they can take advantage of new economic opportunities associated with the development of new energy infrastructure, over the next 25 years or so.

The incoming investment will not only develop energy projects but will also contain a significant Social Value element, contributing to the improvement of local environments and health and wellbeing outcomes. Strategic links between the Oldham Green New Deal programme and Public Health will continue to strengthen through the implementation of the OGND Delivery Partnership initiative.



# Children, Young People and Families: Advice Referral Tool



## What's happening?

### Events and Activities:

- Family Hubs and Children's Centres 1
- Family activities 1 2 3 5
- School holiday activities and HAF 2 4 5

### Help, advice and support:

- Making the most of your money including children and family benefits 1 5 7
- Finding childcare and childcare funding 1 5 9
- Babies and early years including infant feeding, weaning, potty training and school readiness 1 5 13
- Children and young people with Special Educational Needs and Disabilities (SEND) 1 5 6
- Family support services 1 5 8
- Early Help 8

### Child Protection and Safeguarding: I am worried about the safety or wellbeing of a child or young person

- Abuse
- Exploitation
- Neglect
- Radicalisation

### Health and Wellbeing:

- Drugs and alcohol usage or abuse
- Children and Young People Mental Health
- Eating disorders/ disordered eating
- Sexual health
- Sexuality and gender identity
- Weight management
- Substance misuse
- Stop smoking or vaping

**1 Family Hubs and Children's Centres:** One stop-shops to access the help and support you need to make sure your child is healthy, safe and looked after.

**2 Oldham Libraries and Gallery:** Events, activities, storytelling and family theatre with Oldham Council's Heritage, Libraries and Arts services.

**3 Parks and Green Spaces:** Free access to parks and green spaces including Northern Roots and community volunteering activities.

**4 Holiday Activities and Food (HAF):** A programme of free activities during the school holidays funded by the Department for Education for children aged 5-16 who receive benefits-related free school meals in Oldham. There is also a selection of activities and events that children who don't qualify for free school meals can enjoy.

**5 Family Information Service including the SEND Local Offer:** Help, advice and support for parents and carers. Events, activities, childcare, children and family benefits and an online directory of services available in Oldham for children, young people and their families with special education needs and/ or a disability (SEND).

**6 Parent Carer Forum (POINT):** Support, advice, and activities for parents of children and young people with SEND.

**7 Support and Inclusion Team:** Practical and friendly support to make the most of your money including budgeting, benefit entitlement and debt advice.

**8 Early Help:** A range of specialist services to support children, young people and families with multiple and complex unmet needs on a range of issues.

**9 Health and Social Care Directory:** Social care, health, education, leisure and employment support and services.

**10 Child and adolescent mental health services (CAMHS):** Specialist services to children and young people who are experiencing mental health and emotional wellbeing difficulties.

**11 Child Protection and Safeguarding:** Protecting Oldham's children and young people from abuse, exploitation, neglect and radicalisation.

**12 Meeting Your Needs Oldham (MYNO):** Provides young people (13-19 year olds) with support about sexual health and/ or substance misuse.

**13 Home Start:** Provides infant feeding support and a genetics outreach service.

**14 Your Health Oldham:** Support for young people and their families to help to get more active and eat healthier. Plus advice and support to stop smoking or vaping for anyone over 12 years old.



# Children, Young People and Families: Advice Referral Tool

Please also see Adults Health and Wellbeing Tool



If a child or young person is in immediate danger or risk of serious harm or injury, call 999.

## 1 Family Hubs and Children's Centres:

You can access face-to-face support at one of our Family Hubs or Children's Centres.

Family Hubs are one-stop-shops for all your family's needs, offering a range of services, support and activities including support from maternity and health visitors, infant feeding support, speech and language support, parenting, activities, and lots of help from our partners such as Home-Start, Dad Matters and POINT.

You can also access support through our online Virtual Hub.

Accessing information and advice: [www.familyhubs.oldham.gov.uk](http://www.familyhubs.oldham.gov.uk)

## 4 HAF Programme:

Taking place at locations across the borough and delivered by multiple providers during Easter, Summer and Winter school holidays for ages 5-16 years.

**Bookings:** All sessions must be booked in advance by visiting [www.oldham.gov.uk/haf](http://www.oldham.gov.uk/haf)

**Questions or queries:** For questions about the activities, please contact our providers directly. For any questions about the programme, please email [oldhamhaf@oldham.gov.uk](mailto:oldhamhaf@oldham.gov.uk)

## 7 Support and Inclusion Team:

The Support and Inclusion Team can support with making the most of your money including children and family benefits such as Healthy Start Vouchers and child benefits.

**Check the benefits and financial support you could receive:** [www.gov.uk/browse/benefits/](http://www.gov.uk/browse/benefits/)

**Contact us:** [www.oldham.gov.uk/wecanhelp](http://www.oldham.gov.uk/wecanhelp) or call the Oldham Council Helpline on 0171 770 7007 (Monday - Friday, 9am - 5pm)

## 8 Early Help Service:

Family workers provide help to families on a range of issues. They help families identify their own strengths to achieve positive outcomes for themselves.

**Resources to support families are available:** [www.oldham.gov.uk/We-Can-Help-Families](http://www.oldham.gov.uk/We-Can-Help-Families)

**Make a referral:** Call 0161 770 7777, email [child.mash@oldham.gov.uk](mailto:child.mash@oldham.gov.uk) or fill in the form online on the council website.

## 11 Child protection and safeguarding:

If you suspect a child or young person is being abused, then you will be listened to and believed. The first step is to make a child protection referral. The more factual information you can share, the quicker Children's Social Care or the police will be able to deal with your referral.

**Make a referral:** Call 0161 770 7777, email [child.mash@oldham.gov.uk](mailto:child.mash@oldham.gov.uk) or fill in the form online on the council website.

## 5 Family Information Service including the SEND Local Offer

**For support, information and advice:**

The Family Information Service (FIS) provides free, impartial, up-to-date information to support parents/carers with children and young people aged 0-19 years (25 with an additional need) and prospective parents. You can find family services, Ofsted registered childcare, activities and events.

Oldham's Local Offer is an online resource that details services, support and guidance available to children and young people with special educational needs and disabilities (SEND) aged 0-25 and their families.

**Visit:** [www.oldham.gov.uk/FIS](http://www.oldham.gov.uk/FIS) and [www.oldham.gov.uk/localoffer](http://www.oldham.gov.uk/localoffer)

## 10 CAMHS:

Anyone can make a referral including self-referral by a young person, parents, carers, health, social care and education professionals or anyone who comes into contact with a young person.

**Make a referral:** Call 0161 770 7777 (8.40am - 5pm, Monday - Friday), email [child.mash@oldham.gov.uk](mailto:child.mash@oldham.gov.uk) or fill in the form online on the council website.

## 2 Oldham Libraries and Gallery:

Taking place at venues across Oldham, come and join in a variety of activities and events.

**Find out what's on:**

[www.oldham.gov.uk/liveathelibrary](http://www.oldham.gov.uk/liveathelibrary) or visit your local library. [galleryoldham.org.uk](http://galleryoldham.org.uk)

Keep up to date by signing up to the council's newsletter and by following our social media channels.



## 3 Parks and Green Spaces:

**Find out what's on:**

[www.oldham.gov.uk/parks](http://www.oldham.gov.uk/parks)

## 6 Parent Carer Forum (POINT):

A support and advice service for parents and carers of SEND children and young people. There is a peer-to-peer network, specialist support and advisors and access to a range of family activities.

**Visit:** [www.point-send.co.uk](http://www.point-send.co.uk)

## 14 Your Health Oldham

**Who is the service for:** children, young people and their families who want help to move more or eat healthier or anyone over the age of 12 who wants help to stop smoking or support around vaping.

**Contact us:** Refer yourself via the online referral tool or call 0161 960 025.

## 9 Health and Social Care Directory:

A directory of health and social care support and services.

[www.oldham.gov.uk/SEND](http://www.oldham.gov.uk/SEND)

## 12 Meeting Your Needs Oldham (MYNO):

**Who the service is for:** support for young people around sexual health, identify or substance misuse.

**Contact us:** Call 0161 723 3880 (8am - 6pm Monday - Thursday, 8am - 5pm on Friday) or email [info@earlybreak.co.uk](mailto:info@earlybreak.co.uk)

## 13 Home Start:

Information and support to help parents make informed choices around feeding their baby. Home Start also support families where parents or children have genetic disorders, and encourage and support families to undergo genetic screening tests to understand the likelihood of passing on genetic conditions, and assess the potential impact of these.

**Contact us:** Call 0161 344 0669 or fill in the online referral form.



# Adult Health and Wellbeing: Advice Referral Tool

## What's happening?

### Mental health: I am feeling/experiencing:

- Grief and loss 1 6 7
- I can't cope 1 4 5 6 7
- Suicidal thoughts 5 6 7
- Depressed 1 4 5 6 7
- Anxious 1 4 5 6 7
- Dementia/Alzheimers 1 7 9

### Isolation and Loneliness: I am/have:

- Haven't been out for months 1 6 7 8 2
- On my own and I don't have friends or family 1 6 10
- Caring for someone and I'm not getting out and about 1 4 10

### Keeping safe/safeguarding: I am worried about myself or another person:

- The safety of an adult 5 7 10 11
- Domestic violence or abuse 10 11
- Coercive/controlling behaviour 10 11

### Some further topics:

- Minor ailments 3 4 13
- Weight management 3 4 13
- Smoking 4 10
- Drug or alcohol use 4 10
- Eating disorders/disordered eating (NHS services accessed via GP referral) 4 10
- Hoarding 1 4
- Sexuality, gender identity and LGBT sexual health 1 4 17
- Physiotherapy 14
- Sexual health 1 4 16
- Victims of rape, sexual assault, or sexual violence 12
- Gambling 15
- I am not as active as I would like to be 1 4 8 13

### Physical health: I am feeling/experiencing:

- I can't get around like I used to/I'm struggling with day-to-day activities 1 2 4 8 10 14
- Long-term conditions or Long Covid 1 4
- Insect bites and stings 3
- General: hay fever, sleep problems, tiredness 3
- Respiratory infections: coughs, colds, flu, sore throats 3
- Ears: pain, wax, hearing problems 3
- Eyes: conjunctivitis, watery eyes, sticky eyes, eyelid problems 3
- Mouth: ulcers, cold sores, thrush, toothache 3
- Gastric: heartburn / indigestion, nausea, vomiting 3
- Bowel: diarrhoea, constipation, colic, rectal pain, piles 3
- Urinary: Cystitis, vaginal discharge or irritation 3
- Swelling: ankle, foot, lower limb, toe, wrist, hands, fingers 3

**1 Social prescribing:** Connecting with services and activities in your community to improve your health and wellbeing.



**2 Adult Social Care Referral Contact Centre (ARCC):** If you have tried ways to stay independent and still need further support.



**3 Community pharmacy:** Lots of illnesses can be managed safely at home with advice from your local pharmacist.



**4 Doctors:** Booking an appointment with your GP if you are worried about your mental or physical health. Call your local doctor's surgery or visit their website to book an appointment.



**5 NHS Pennine Care: Crisis Mental Health 24/7 Helpline:** Supporting anyone requiring urgent mental health support.



**6 NHS Oldham Talking Therapies:** Providing a range of therapies to support your mental health and wellbeing.



**7 TOG MIND:** For anyone who would like support with their mental health and wellbeing.



**8 Age UK:** Providing local support for older people and their families.



**9 Alzheimers UK:** Providing support and advice to people who experience dementia as well as their friends and families.



**10 Adults Safeguarding (MASH):** Reporting concerns to protect adults from abuse, neglect or mental or physical harm.



**11 Specialist Independent Domestic Violence Service:** Emotional and practical support for victims and survivors.



**12 Saint Mary's Sexual Assault Referral Centre (SARC):** Provides a comprehensive and coordinated forensic, counselling and aftercare service for anyone who has experienced rape or sexual assault.



**13 Your Health Oldham:** Providing support and advice to stop smoking and support with weight management.



**14 Adult physiotherapy:** Support with a musculoskeletal problem such as back pain, neck pain, a painful joint and/or general soft tissues sprains and strains.



**15 Chapter One:** Support for you or someone else affected by gambling.



**16 Oldham Sexual Health Service:** Free and confidential sexual health services including information and advice on all types of contraception and sexually transmitted infection (STI) testing and treatment.



**17 Switchboard LGBT Helpline:** A safe space to discuss anything including sexuality, gender identity, sexual health and emotional wellbeing.



**18 BEAT:** A national helpline supporting people and their family and friends who experience eating disorders and disordered eating.



**19 Turning Point:** A medically assisted recovery programme to support individuals with drug and/or alcohol addiction. Access to detoxification and rehab programmes also available.



## Contact us:

customer.feedback@oldham.gov.uk  
Oldham Council: December 2023

# Adult Health and Wellbeing: Advice Referral Tool

Please also see the Children, Young People and Families Tool

## 1 Social Prescribing:

**Who is the service for?** People who are experiencing things like loneliness and isolation, loss of confidence, anxiety or low mood, life changing events such as bereavement having a baby or retirement, living with long term health conditions or challenges with finances, work, relationships or housing.

**Contact us:** Refer yourself via the online referral form or call 0161 339 2345 (Monday – Friday, 9am – 4pm).

## 2 Adult Social Care Referral Contact Centre (ARCC):

**Who is the service for?** The ARCC team will identify with you the best options available. This could be accessing information, community-based support, some equipment or referring you for a more in-depth assessment.

**Contact us:** Visit the website at [www.oldham.gov.uk](http://www.oldham.gov.uk) or call 0161 770 7777 (Monday – Friday, 8.40am – 5pm)

## 3 Community Pharmacy:

**Who is the service for?** Support and advice. Most community pharmacies have a private consultation room where they can offer advice to patients in private and if they feel it's needed, they'll recommend seeing your GP.

**Contact us:** Visit your local pharmacy

## 4 Doctors:

**Who is the service for?** People worried about any aspect of their mental or physical health. To access some specialist support services, you will need to be referred by your Doctor. There may be waiting lists to access services.

**Accessing information and advice:** [www.111.nhs.uk](http://www.111.nhs.uk) or call 111

**Contact us:** Call your local doctor's surgery or visit their website to book an appointment

**Out of hours GP service:** Call 0161 934 2827

## 5 NHS Pennine Care: Crisis Mental Health 24/7 Helpline

**Who is the service for?** People and their families or friends who are experiencing increased mental health needs.

**What will happen when I call:** The helpline is run by experienced mental health professionals who can listen to you and help you work through immediate problems, find a way to move forward, to suggest ways of working and to give you information.

**Contact us:** Call 0800 014 9995 (freephone)

## 6 NHS Talking Therapies:

**Who is the service for?** People experiencing low mood, anxiety, obsessive compulsive disorder, panic, phobias, post-traumatic stress disorder, grief and sleep difficulties.

**Contact us:** Refer yourself via the online referral form or call 0161 716 2777 (Monday – Friday, 9am – 5pm)

## 7 TOG MIND:

**Who is the service for?** For anyone who would like support with their mental health and wellbeing. This includes the Listening Space, a walk-in service for any adult in Oldham experiencing mental health difficulties or simply have a calm space to feel safe.

**Contact us:** Call 0161 330 9223 or email [office@togmind.org](mailto:office@togmind.org)  
The Listening Space, 19-25 Union Street, Oldham, OL1 1HA – opening times are available online

## 8 Age UK Oldham:

**Who is the service for?** Support for older people and their families including information and advice, home and food services, support with care and social activities.

**Contact us:** Via online form or call 0161 633 0213

## 9 Alzheimers UK:

**Who is the service for?** Anyone affected by dementia or is worried about a diagnosis and the impact on day-to-day life.

**Contact us:** Call 0333 150 3456

## 10 Adults Safeguarding (MASH):

**Who is the service for?** If you need to report a safeguarding concern, or you think that someone is at risk from neglect or abuse

**Contact us:** Complete the 'Request Support from Adult Social Care' form or call 0161 770 7777 (Monday – Friday, 8.40am – 5pm)

## 11 Specialist Independent Domestic Violence Service:

**What does the service provide?** Support from the point of crisis, development of safety plans, advocacy and support with civil and criminal justice matters.

**Contact us:** Call 0161 770 1572 (Monday – Friday, 9am – 5pm)

## 12 Saint Mary's Sexual Assault Referral Centre (SARC):

**Who is the service for?** Men, women, and children who have experienced rape or sexual assault, whether this has happened recently or in the past.

**Contact us:** Call 0161 276 6515 (24-hour helpline) or email [stmarys.sarc@mft.nhs.uk](mailto:stmarys.sarc@mft.nhs.uk)

## 13 Your Health Oldham:

**Who is the service for?** People and their families who want to get help to get more active, eat healthier, manage their weight, drink less alcohol or stop smoking.

**Contact us:** Refer yourself via the online referral form or call 0161 960 0255

## 14 Adult Physiotherapy:

**Who is the service for?** Anyone experiencing musculoskeletal pain or symptoms affecting one area of the body.

**Contact us:** Refer yourself via the online referral form.

## 15 Chapter One:

**Who is the service for?** Anyone affected by gambling. This includes information to understand the causes of gambling harm and where to access the right help.

**Contact us:** Call 0300 3001490 and leave a contact number if leaving a message or email [referral.ngs@nhs.net](mailto:referral.ngs@nhs.net)

## 16 Oldham Sexual Health Service

**Who is the service for?** A confidential, non-judgement service for people of all ages, genders and orientations

**Contact us:** Book an appointment online or call 0300 303 8565.

## 17 Switchboard LGBT Helpline: LGBT+ support.

**What does the service provide?** Information, support and referral service for lesbian, gay, bisexual and trans people and anyone considering issues around their sexuality and/ or gender identity.

**Contact us:** Call 0300 330 0630

## 18 BEAT:

**Who is the service for?** Anyone affected by eating disorders. One-to-one virtual support from advisors.

**Contact us:** Call 0808 801 0677 or email [help@beateatingdisorders.org.uk](mailto:help@beateatingdisorders.org.uk)

## 19 Turning Point Oldham:

**Who is the service for?** Support for people to build a treatment plan tailored to their individual circumstances to address drug and/or alcohol addiction. Support also available for friends and family.

**Contact us:** Via online form on website or call 0300 555 0234 (Monday – Friday, 9am – 5pm)







**Oldham**  
Council

Produced by the Public Health Team (Oldham Council) with specific thanks to lead authors Sam McCann and Muzamil Khan.

**Healthy Life Expectancy 2024/25**



## **Report to HEALTH AND WELLBEING BOARD**

### **Oldham Health and Wellbeing Board Pharmaceutical Needs Assessment 2025-2028**

#### **Portfolio Holders:**

Councillor Barbara Brownridge, Cabinet Member for Adults, Health and Wellbeing

**Officer Contact:** Dr Rebecca Fletcher, Director of Health

**Report Author:** Charlotte Stevenson, Consultant in Public Health

**Date:** Thursday 19<sup>th</sup> June 2025

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#### **Purpose of the Report**

This report presents the Oldham Health and Wellbeing Board Pharmaceutical Needs Assessment 2025-2028.

#### **Requirement from the Health and Wellbeing Board**

Health and Wellbeing Board is asked to consider and note the content of the report.

## **1. Background**

- 1.1 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 2022.
- 1.2 In the current NHS there is a need for the local health partners, NHSCB, Oldham Council, 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.
- 1.3 There is also a need to ensure that those additional services commissioned by Oldham Council or NHSCB 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.
- 1.4 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 NHSCB and LAs.
- 1.5 Whilst the PNA is primarily a document for NHSCB 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. Current Position**

- 2.1 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.



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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.
- 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.

### **3. Key Issues for Health and Wellbeing Board to Discuss**

#### **3.1 Health and Wellbeing Board is asked to consider and note the content of the report**



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# **Oldham Health and Wellbeing Board Pharmaceutical Needs Assessment 2025 to 2028**

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# 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<sup>1</sup> (JSNA).
- It will be used by NHS commissioning bodies (NHSCB) 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 NHS Greater Manchester (NHS GM) on behalf of 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 2022.

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 GM, Community Pharmacy Greater Manchester (CPGM) and NHS commissioning boards (NHSCB).

The data and analysis that is presented in the PNA is supported by a number of appendices, please note there is no appendix 9 in this iteration of the PNA.

Oldham has a population of 246,130 and by 2033 the population is estimated to increase by 5.2% to 258,436, including a 14% increase in those aged 65-84 and a 27.8% increase in those aged over 85 (2023 ONS mid-year estimate), which will have implications for the commissioning of services.

In order to identify local health needs and assess current pharmaceutical services provision, Oldham is divided into five districts:

- North District
- East District
- Central District
- South District

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<sup>1</sup> [JSNA Oldham](#)

- West District

Information regarding local provision of pharmaceutical services was made available by NHSCB, Oldham Council, NHS GM and CPGM. Other relevant nationally available data was gathered through providers such as ONS and NHSBSA. This was analysed by the NHS GM 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 ran a stakeholder consultation and 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 60 pharmacies (50 walk-in and 10 distance selling pharmacies) providing a range of essential services, advanced services, and locally commissioned services (including NHSCB enhanced services) on behalf of Oldham Council and NHSCB. All pharmacies in Oldham have NHSCB contracts, there are no Local Pharmaceutical Service (LPS) Contracts.

There are 7 Pharmacies with 100-hour contracts, opening hours may vary due to new regulations as described in section 3.6.4. There are no dispensing doctors or dispensing appliance contractors (DAC) in Oldham, but residents of Oldham can access dispensing and services associated with appliances from a regular pharmacy contractor or through DACs elsewhere within England.

Oldham has 2 additional pharmacy contractors since the last PNA, both are distance selling pharmacies.

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

- Oldham has 24 pharmacies per 100,000 population, which is higher than the England and Greater Manchester averages.
- The majority of Oldham, including the highest populated areas, are within 1.0 miles of a pharmacy.
- Most areas of Oldham are within 20 minutes of a pharmacy, either by walking, public transport or driving.
- The location of pharmacies within each of the five districts and across the whole HWB area.
- The number and distribution of pharmacies within each of the five districts and across the whole HWB area.
- The choice of pharmacies covering each of the five districts and the whole HWB area.
- 80% of items dispensed in Oldham Pharmacies were for people registered with an Oldham GP practice.
- 78% of the public surveyed (14 responses) said they were either satisfied or very satisfied with the overall pharmacy service provided by their local pharmacy.
- 94% of the public surveyed stated they had no difficulties accessing the pharmacy of their choice
- 67% 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 16/08/2022. 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.
- 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.

## 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 2022.

In the current NHS there is a need for the local health partners, NHSCB, Oldham Council, 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 NHSCB 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 NHSCB 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 NHSCB 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

Since 1st April 2013 every Health and Wellbeing Board (HWB) in England has a statutory responsibility to publish every three years and keep up to date a statement of the need for pharmaceutical services in its area, otherwise referred to as a pharmaceutical needs assessment (PNA). From July 2022, the NHS Greater Manchester Integrated Care Board (GM ICB) is responsible for managing the Community Pharmacy Contractual Framework and is expected to refer to the PNA when making decisions about market entry for new service providers, as well as in the commissioning of enhanced services from pharmacies.

GM ICB will work to deliver the strategy set by our Integrated Care Partnership (ICP). It will support the ten place-based partnerships in Greater Manchester (Bolton, Bury, Heywood Middleton and Rochdale, Manchester, Oldham, Tameside, Trafford, Salford, Stockport and Wigan) as part of a well-established way of working to meet the diverse needs of our citizens and communities.

The aim of the Oldham PNA is to describe the underlying need for and current provision of pharmaceutical services in Oldham, to ensure that the minimum statutory requirements for PNAs are met, to identify systematically any gaps in services and, in consultation with stakeholders, make recommendations on future development.

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.

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

### 2.3.2 Effect on health and service provision due to financial pressures.

Negotiations on the 2024/25 CPCF, which includes negotiations on the Pharmacy Quality Scheme (PQS), were paused when the 2024 general election was announced and resumed in January 2025. (Community Pharmacy England, 2025) The new CPCF was announced in April 2025 and the PNA is updated to reflect any new information.

Community pharmacies are working harder than ever, in terms both of the volume of prescriptions they dispense and the range of NHS clinical services delivered. Yet they are struggling financially following years of real-terms funding cuts and many have been forced to close. Urgent action is required to stabilise the pharmacy network and realise opportunities for reform and service improvement. In line with the broad shifts envisaged for the NHS 10 Year Health Plan, community pharmacies – properly resourced - can dramatically improve access to primary care and do more to prevent ill-health and reduce health inequalities. (National Pharmacy Association, 2025)

In November 2024, NPA members in England, Wales and Northern Ireland voted overwhelmingly in favour of 'collective action'. No firm timetable has yet been set for the action, which might include serving notice on opening hours above the minimum required by their contract – meaning fewer pharmacies will be open in the evenings and at weekends. (National Pharmacy Association, 2025)

Currently, there is no agreed timeline for the implementation of 'collective action' and there is no detail on any specific impact that this action may have on pharmaceutical service provision. However, action may include serving notice on opening hours above contract minimums, ceasing free services such as free deliveries and free MDS packs, serving notice on locally commissioned services in the interests of patient safety and to refuse DHSC requests for data collection above that required by the

pharmacy contract. Once this detail is agreed upon and available, there will need to be further assessment to establish if any gaps are created within the PNA. With the announcement of the new CPCF in April 2025, any decisions relating to the implementation or holding off from 'collective action' will be monitored to support development of the PNA.

### 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 NHSCB 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 NHSCB 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, NHSCB, 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.

## 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:

- Representatives from the NHS Greater Manchester Community pharmacy integration and commissioning portfolio team.
- Representatives from Oldham local authority public health team.
- Representatives from Oldham local authority communications and engagement team.
- Representative from NHS Greater Manchester Primary Care Contracts Team.
- Representative from the Local Pharmaceutical Committee (LPC).
- Representative from Healthwatch.

#### 3.1.2 PNA localities

This PNA describes the needs for the population of Oldham. It considers current provision of pharmaceutical services across five districts 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 districts. This approach was taken because:

- The current JSNA describes population health needs using these districts
- This grouping of wards into districts 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 districts and the wards within them are:

##### North District

- Royton North
- Royton South
- Crompton
- Shaw

##### East District

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

##### Central District

- Alexandra

##### South District

- Failsworth East
- Failsworth West
- Hollinwood
- Medlock Vale

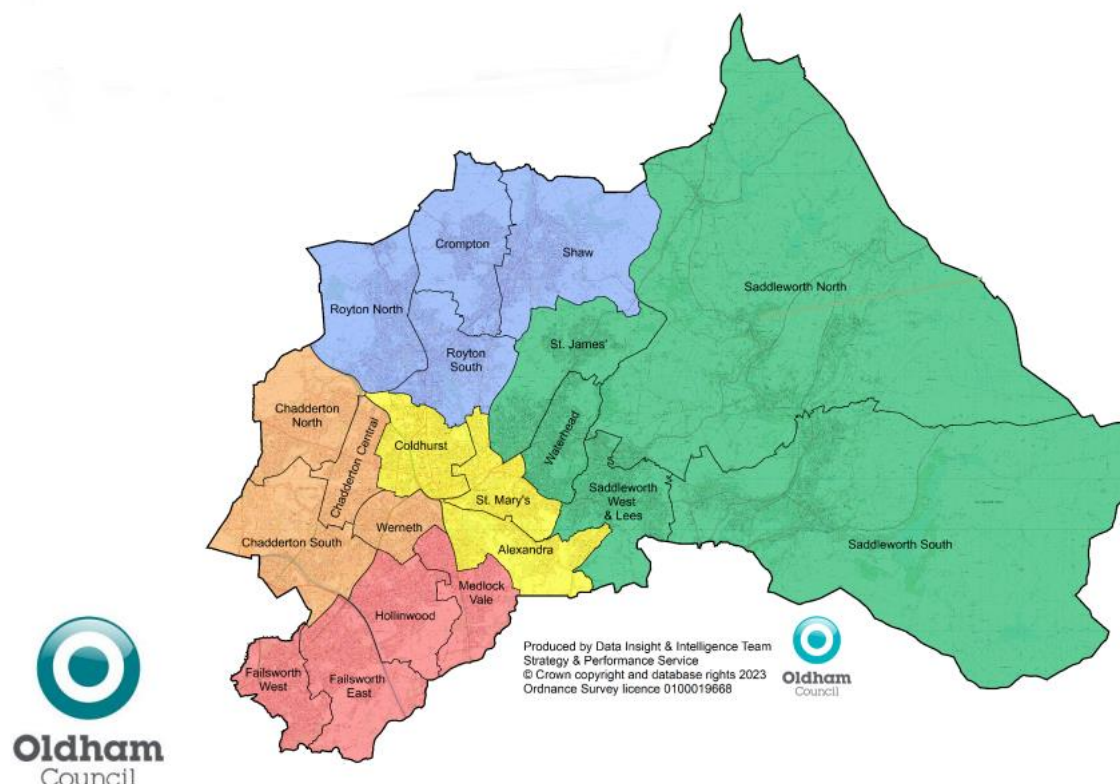
##### West District

- Chadderton North
- Chadderton Central
- Chadderton South
- Werneth



- Coldhurst
- St Mary's

**Map 1 - Oldham districts and wards**



### 3.1.3 Contractor questionnaire and patient survey

A standardised contractor questionnaire and patient survey were developed by a GM PNA steering group, with representation from all 10 LA's, CPGM and NHS GM. The questionnaire and survey were approved by the Oldham steering group. These were promoted to pharmacy contractors and the public between January and March 2025. They aimed 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 were involved in promoting the public survey to as wide an audience as possible through the existing channels available to them.

CPGM and NHS GM were asked to help promote the pharmacy contractor survey.

### 3.1.4 Other sources of information

The content of the PNA including demographics, districts and background information was approved by the steering group. In looking at the health needs of the local population, the Oldham JSNA<sup>2</sup>, Oldham's Local Plan guiding development up to 2039<sup>3</sup> and other health data were considered.

Information was gathered from NHSE, NHS GM and Oldham Council regarding:

- The size and demography of the population across Oldham.
- Whether there is adequate access to pharmaceutical services across Oldham.

<sup>2</sup> [Joint strategic needs assessment Oldham](#) accessed 07/02/2025

<sup>3</sup> [https://www.oldham.gov.uk/info/201233/local\\_plan\\_review](https://www.oldham.gov.uk/info/201233/local_plan_review)

- 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 16/08/2022.

A report outlining areas of feedback from the consultation can be found in appendix 13 but the main themes were around using plain English, clearer wording in the surveys and promoting them more widely. Responses from the listed stakeholders below did not identify issues, however the public responses which were representative of individual people, mentioned low levels of pharmacies and staff within the pharmacies. The number of pharmacies across Oldham, and their opening hours, have been considered and deemed to be sufficient compared to regional and national averages.

The list of stakeholders consulted included the following groups:

- Community Pharmacy Greater Manchester (CPGM).
- West Pennine Local Medical Committee (LMC)
- Pharmacies and DAC's on the pharmaceutical list in Oldham.
- Healthwatch Oldham and any 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 commissioning bodies.
- Neighbouring HWBs (Derbyshire, Calderdale, Kirklees, Manchester, Rochdale and Tameside).

## 3.2 JSNA and Local Plans

Oldham JSNA discusses the characteristics and identified health needs of the whole population living within the HWB area, but there are more detailed documents which underpin the themes and identify populations and health inequalities which need addressing.

### 3.2.1 Oldham JSNA

The Oldham Council's JSNA main sections are identified below, focussing on broad topics:

- Oldham Profile
- Starting Well
- Living and working well
- Ageing well
- Health Conditions
- People and Places
- Wider determinants of Health

However, there are more detailed documents which underpin the themes and identify populations and health inequalities which need addressing.

### 3.2.2 Oldham's local plan

Oldham's Local Plan will guide development in the borough up to 2039. The main purposes of the Plan are to:

- Set out the planning policies that the council will use to determine planning applications once the Plan is adopted;
- Identify designations for the protection of the borough's environmental and historical assets, our town centres, employment areas and existing infrastructure;
- Allocate land to meet our future housing and employment needs; and
- Support the development of infrastructure, such as transport, education and utilities.

### 3.2.3 Oldham's Health and wellbeing strategy 2022-2030

The Oldham ambition is 'People lead longer, healthier, and happier lives, and the gap in health outcomes between different groups and communities in Oldham, and between Oldham and England, is reduced. A demonstrable difference will be made to the average life expectancy and average healthy life expectancy of residents, and inequalities will be reduced.'<sup>4</sup>

The key priorities are as follows:

- Supporting our residents to gain the knowledge and skills to confidently make choices and participate in decisions about their own health.
- Giving children the best start in life.
- Improving mental wellbeing and mental health.
- Reducing smoking.
- Increasing physical activity.

## 3.3 Focus of the PNA

The key Health and Wellbeing Board priorities stem from the Health and Wellbeing strategy and are as follows:

- **Supporting our residents to gain the knowledge and skills to confidently make choices and participate in decisions about their own health** - empowering them to make positive choices including a common framework for engagement which can be used by all organisations and services.
- **Giving children the best start in life** - lay the foundations for a healthy life by improving health during pregnancy and throughout childhood and adolescence, with a focus on reducing infant mortality.
- **Improving mental wellbeing and mental health** – supporting networks, organisations and services to continue to offer the support and services our residents need.
- **Reducing smoking** – reduce the percentage of Oldham residents smoking, reduce smoking in pregnancy, increase the percentage of adults who have never smoked
- **Increased physical activity** – Oldham will have the same percentage of physically active adults as England as a whole.

## 3.4 Patient and public engagement

To gain the views of patients and the public on pharmaceutical services, a GM standardised survey was developed by a GM PNA steering group. The survey was hosted by Greater Manchester Combined Authority (GMCA) on their GM Consult webpage and was available from 4<sup>th</sup> February 2025 to 21<sup>st</sup> March 2025. The results of the survey are found in Appendix 3.

There were 18 responses to the Oldham public survey. This only represents 0.01% 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.

<sup>4</sup> [https://www.jsnaoldham.co.uk/cms-data/depot/profile-depot/HealthAndWellbeingStrategy\\_Approved210323.pdf](https://www.jsnaoldham.co.uk/cms-data/depot/profile-depot/HealthAndWellbeingStrategy_Approved210323.pdf)

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.

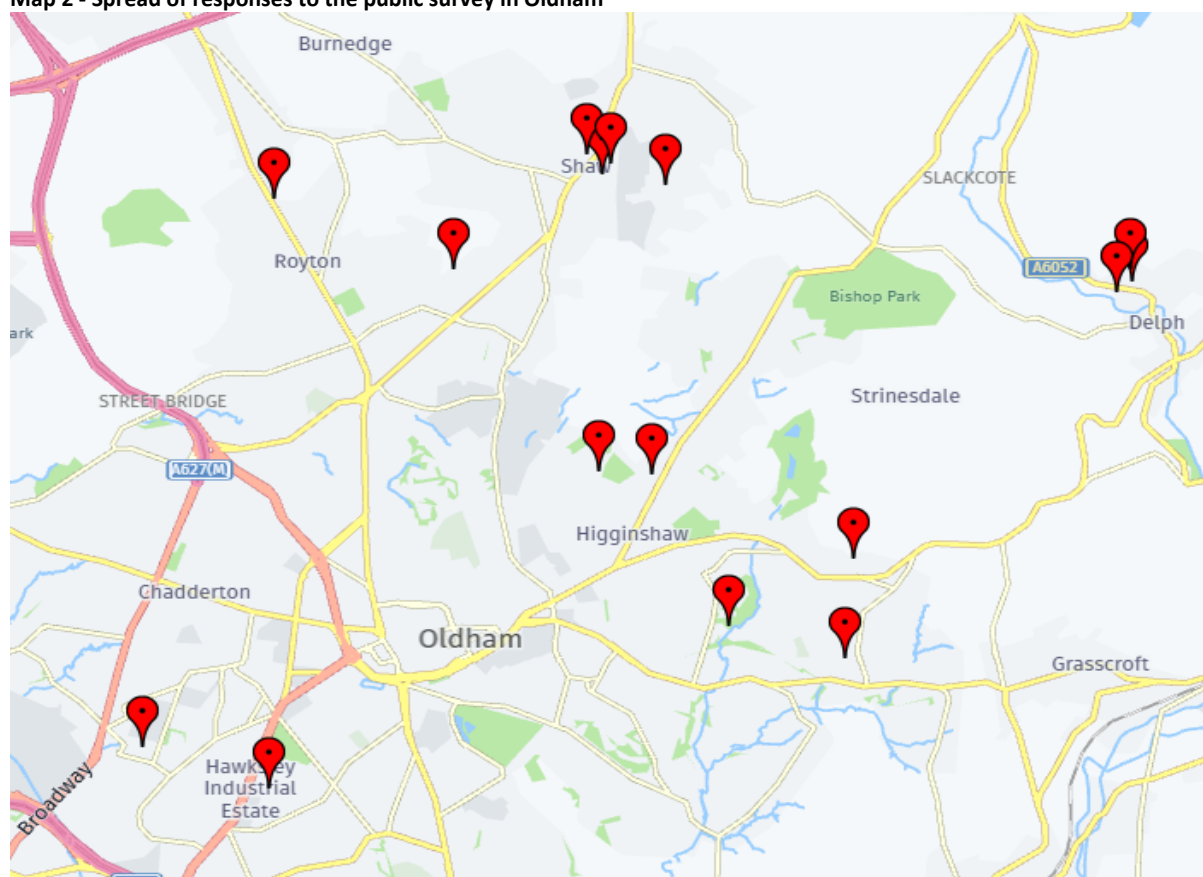
Of the 18, 72% of the responders were female and there was a good mix of age ranges of respondents, with the most responses received from respondents in the age range 25-34 years of age.

22% of respondents consider themselves to have a disability.

72% 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 - Spread of responses to the public survey in Oldham**



### 3.4.1 Choice of Pharmacy

94% of respondents stated they had no difficulties accessing the pharmacy of their choice and 72% 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 28% of these respondents accessed by walking and 72% by car either as a driver or passenger.

### 3.4.2 Access to Pharmaceutical Services

The location of pharmacies does not cause a problem for 89% of the responders and the opening hours do not cause a problem for 67% of respondents. For the 6 respondents who had a problem with the opening times, 5 had an issue with their nominated pharmacy not opening late enough in the evening or on the weekend. They were not aware that some pharmacies had extended opening times and where these pharmacies were located. Any campaign to increase use of pharmacies for self-care,



should include providing information on the location and opening times of pharmacies that provide extended hours.

94% of respondents had no difficulty in accessing a pharmacy of their choice and 50% of respondents were able to travel to their chosen pharmacy in 6 to 10 minutes.

### 3.4.3 Development of Pharmacy Services

89% of respondents felt that it was essential or fairly important that their pharmacist be able to provide clear advice on prescription and over the counter medicines and this guided their choice of pharmacy. 67% of respondents were also very satisfied or satisfied that the pharmacist offered advice when they needed it. Pharmacist and their 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 are taking place already but should be improved in pharmacies as this increases 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.

78% (14) of respondents were either satisfied or very satisfied with the overall service they receive from their pharmacy/pharmacies overall, 2 being unsatisfied and 1 very unsatisfied.

Respondents were provided with an opportunity to comment on which other pharmacy services they would like their pharmacy to offer. 3 respondents provided an answer to this question, with 2 of these commenting on a desire for an automatic reissue of medications. This indicates a lack of knowledge regarding Repeat dispensing in the Oldham borough, which would potentially address this issue. The other comment received was to request a contraceptive service, which again is already a nationally commissioned service, and again demonstrates a lack of knowledge with respect to services available via pharmacies in the Oldham borough. To address this, a campaign advertising available services via community pharmacy may be appropriate as a next step.

## 3.5 Contractor engagement

A GM PNA steering group was established, where a GM standardised contractor survey was developed and agreed. The survey was published to contractors on PharmOutcomes on 3<sup>rd</sup> February 2025 for a period of 4 weeks and the results are presented in Appendix Four. The contractor survey provided an opportunity to validate the information provided by NHSCB in respect of the hours and services provided.

The survey was promoted by CPGM to all contractors and they also supported the uptake of the survey through individual phone calls to outstanding contractors. Responses were received from 57 pharmacies, a 95% response rate, which is a significant increase compared to the previous PNA. This helps to provide a complete picture of pharmaceutical service provision in Oldham and can be used alongside data provided by NHSCB to support decisions for the PNA.

### 3.5.1 Advanced services

See information contained in section 6.0.

*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, December 23 to November 24 (latest data on 1<sup>st</sup> March 2025), 1461 AURs were provided to Greater Manchester residents with 500 of these delivered in the individual's home.*

**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
Pharmacy First Service (PFS)	60	<b>P</b>	Commenced on 31st January 2024. Replaced 2 elements of CPCS.
Flu Vaccination Service	43	<b>P</b>	Annually from Autumn to March.
Pharmacy Contraception Service (PCS)	27	<b>P</b>	Commenced on 24th April 2023, from 1st December 2023, the service expanded to include both initiation and on-going supply of OC. From October 2025 to include supply of EHC.
Hypertension Case-Finding Service	41	<b>P</b>	From 1st October 2021.
New Medicine Service (NMS)	55	<b>P</b>	
Smoking Cessation Service (SCS)	2	<b>P</b>	From 10 <sup>th</sup> March 2022
Appliance Use Review (AUR)	0	<b>C</b>	Provided by DACs
Stoma Appliance Customisation (SAC)	0	<b>C</b>	Provided by DACs
Lateral Flow Device Service (LFD)	7	<b>P</b>	From 6th November 2023. For eligible patient groups. <sup>5</sup>

### 3.5.2 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 Providing Service FYTD 24/25
Oldham Council	Emergency Hormonal Contraception**	5
Turning Point on behalf of Oldham Council	Supervised Methadone/Buprenorphine Consumption	35
Turning Point on behalf of Oldham Council	Needle Exchange	7
NHS GM ICB	Palliative Care Medicine Stockholding	7*
NHS GM ICB	Minor Ailment Service (MAS)	13
NHS GM ICB	IP Pathfinder – Minor Illness	2
NHS GM ICB	COVID-19 antiviral medication supply for Non-Hospitalised Patients via Community Pharmacy and COVID-19 antiviral medication Delivery (Medicines supply following referral via NHSMail)	1

\*Claim for outdated medicines.

\*\* From October 2025, supply of EHC added to Advanced Service Pharmacy Contraceptive Service.

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

### 3.5.3 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.

<sup>5</sup> <https://cpe.org.uk/national-pharmacy-services/advanced-services/lfd-service/>

## 3.6 Pharmaceutical services- legislation

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

NHSCB are 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.

### 3.6.1 Pharmaceutical services provided by pharmacy contractors

Unlike for GPs, dentists and optometrists, NHSCB 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.

Negotiations on the 2024/25 CPCF, which includes negotiations on the Pharmacy Quality Scheme (PQS), were paused when the 2024 general election was announced and resumed in January 2025. The most recent version the Community Pharmacy Contractual Framework (CPCF) for 2024 to 2025 and 2025 to 2026<sup>6</sup> was released in April 2025.

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 CPE website<sup>7</sup>:
  - Dispensing of medicines
  - Dispensing of appliances
  - Repeat dispensing and electronic repeat dispensing (eRD)
  - Disposal of unwanted medicines
  - Public health (Promotion of healthy lifestyles)
  - Signposting
  - Support for self-care
  - Discharge Medicines Service (DMS)
  - Healthy Living Pharmacies
- **Advanced services** – pharmacies may choose whether to provide these services or not (see 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:

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<sup>6</sup> <https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2024-to-2025-and-2025-to-2026/community-pharmacy-contractual-framework-2024-to-2025-and-2025-to-2026>

<sup>7</sup> <https://cpe.org.uk/national-pharmacy-services/>

- New Medicine Service (NMS)
  - Appliance Use Review (AUR)
  - Stoma Appliance Customisation (SAC)
  - Flu vaccination Service
  - Lateral Flow device (LFD) service
  - Hypertension case finding service
  - Smoking Cessation Service (SCS)
  - Pharmacy contraception service (PCS)
  - Pharmacy first service
- **National and Local Enhanced services** – In December 2021, provisions were made within the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 for a new type of Enhanced service, the National Enhanced Service (NES). Under this type of service, NHS England commissions an Enhanced service that is nationally specified. This requires NHS England to consult with Community Pharmacy England on matters relating to the service specification and remuneration for the service.

This differs from a Local Enhanced Service (LES) that should be locally developed and designed to meet local health needs and for which NHS England would consult with Local Pharmaceutical Committees. A NES allows the agreement of standard conditions nationally, while still allowing the flexibility for local decisions to commission the service to meet local population needs, as part of a nationally coordinated programme.<sup>8</sup>

The current list of National enhanced services offered by NHSCB in the Oldham area are:

- COVID-19 vaccination service

The current list of Local enhanced services offered by NHSCB in the Oldham area are:

- Minor Ailment Service (MAS)
- Minor Eye Conditions Service (MECS)

Underpinning the provision of all these services is the requirement on each pharmacy to participate in a system of clinical governance requirements as set out within the 2013 regulations and includes<sup>9</sup>:

- A patient and public involvement programme
- A clinical audit programme
- A risk management programme
- A clinical effectiveness programme
- A staffing and staff management programme
- An information governance programme
- A premises standards programme
- Patient safety incident reporting

The Pharmacy Quality Scheme (PQS) also forms part of the Community Pharmacy Contractual Framework (CPCF), which supports delivery of the NHS Long Term Plan and rewards community pharmacy owners that achieve quality criteria in the three domains of healthcare quality: clinical effectiveness, patient safety and patient experience. Negotiations on the 2024/2025 CPCF were paused when the last general election was called. The negotiations have since commenced and the new CPCF was announced in April 2025.

<sup>8</sup> <https://cpe.org.uk/national-pharmacy-services/national-enhanced-services/>

<sup>9</sup> <https://cpe.org.uk/quality-and-regulations/clinical-governance/>



### 3.6.2 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 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 GM ICB and should be considered as relevant to the pharmaceutical needs of Oldham.

Guidance, examples, and templates of locally commissioned can be found on the CPE website.<sup>10</sup>

Services commissioned by Oldham Council are:

- Sexual Health Services:
    - Emergency contraception
  - 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 GM ICB:

- Palliative Care Stock Scheme – Tier 1: 9 pharmacies; Tier 2: 6 pharmacies
- Antiviral Stock Scheme – 9 pharmacies
- Minor Ailment Service (MAS)
- IP Pathfinder – Minor Illness
- COVID-19 antiviral medication supply for Non-Hospitalised Patients via Community Pharmacy and COVID-19 antiviral medication Delivery (Medicines supply following referral via NHSMail)

### 3.6.3 Non-commissioned added value services

Community pharmacy contractors also provide private services that improve patient care but are not commissioned directly by NHSCB or LAs. 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.

### 3.6.4 Contracted Opening Hours

NHS England has overall responsibility for administering opening hours for pharmacies, however since 2023 this responsibility has been delegated to the Integrated Care Boards (ICBs).

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, together with supplementary hours, which are any the additional opening hours, which

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<sup>10</sup> <https://cpe.org.uk/lpcs-and-local/locally-commissioned-services/>

can be amended by the pharmacy subject to giving five weeks' notice (or less if an ICB consents). A pharmacy may also have more than 40 core hours where it has made an application based on that higher number, and NHS England (or the ICB) agreed to that application, in this case, the pharmacy cannot amend these hours without the consent of the ICB.

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).

In 2023 regulations were laid to make changes to the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 that added provisions for rest breaks, reduction of core hours for 100-hour pharmacies (to not less than 72 core opening hours each week), requirements to change core opening hours and local hours plans.

There are Seven pharmacies in Oldham with 100-hour contracts and the updated regulations for 100-hour pharmacies state that any existing core opening hours must remain that are:

- Monday to Saturday between 5pm and 9pm (no rest breaks are permitted during this time).
- Sunday between 11am and 4pm (rest breaks are permitted between 11am and 4pm on a Sunday), and
- Sunday's total opening hours (i.e. the existing, total core opening hours on Sundays must remain). i.e. the reduction of total core opening hours per week to not less than 72 is conditional on maintaining the above core opening hours.

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 NHS GM ICB to change their core opening hours or notify a change in their supplementary hours.

NHS GM ICB 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 NHS GM ICB of the change, giving at least three months' notice.

The new CPCF, which was confirmed in April 2025, outlines the amendment of regs' test for changing the days and times of core opening hours. The key points from the CPE briefing<sup>11</sup> are as follows:

- Changing core opening hours remains an application process – the ICB must approve any proposed change.
- The total number of core opening hours must remain the same (another provision applies for applications to reduce the number of core opening hours).
- The new/proposed core opening hours must better meet the needs of patients and likely users of the pharmacy.
- A pharmacy owner's evidence of the economic viability of their current opening hours may be considered by the ICB.
- The PLPS Regulations (Terms of Service) must be amended first – only then will this change be effective/apply.
- The Pharmacy Manual will be revised accordingly.

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<sup>11</sup> <https://cpe.org.uk/wp-content/uploads/2025/03/Briefing-010.25-Funding-Settlement-for-2024-25-and-2025-26.pdf> accessed 14/04/2025

### 3.6.5 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 ICB 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.

Pharmacy opening hours in Oldham HWB's area can be found on NHS.uk website under NHS Services.<sup>12</sup> From 9th November 2020, under the NHS Terms of Service, contractors must ensure that the profile for their pharmacy is comprehensive and accurate.<sup>13</sup> Appendix Eight provides details as to the spread of opening times across each district and by ward.

Since the last PNA there has been the closure of 1 distance selling pharmacy, but 3 new distance selling pharmacies have also opened. Pharmaceutical services provision has increased since the last PNA.

### 3.6.6 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.

### 3.6.7 Distance selling pharmacies

Whilst the majority of pharmacies provide services on a face-to-face basis, e.g. people attend the pharmacy to ask for a prescription to be dispensed, 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 ten distance selling pharmacies in Oldham, although residents may choose to use such pharmacies that are within or outside of the borough. Although these ten pharmacies can provide a service nationally, dispensing data from ePACT2<sup>14</sup> shows that 79.1% of their items are issued to clients who have an Oldham GP, and that the majority of the remainder are issued to clients who have GPs in the neighbouring ICB's. This indicates that the distance selling pharmacies in Oldham can be classed as 'local' pharmacies.

The number of distance selling pharmacies in GM has increased from 15 to 51 over the last 2 years. This has created additional choice for residents to access pharmaceutical services through these pharmacies, both where they lie within and outside of the Oldham boundary. This in turn may decrease the demand on the traditional walk-in pharmacies.

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<sup>12</sup> <https://www.nhs.uk/nhs-services/>

<sup>13</sup> CPE

<sup>14</sup> <https://www.nhsbsa.nhs.uk/access-our-data-products/epact2>

**Table 3 - Items (>0.1%) issued from Oldham Distance Selling Pharmacies, January 2024-December 2024**

Organisation/Locality where the prescription was issued	Number of items	Percentage of total
NHS GREATER MANCHESTER ICB - Oldham	651,945	79.1%
NHS GREATER MANCHESTER ICB - HMR	91,403	11.1%
NHS GREATER MANCHESTER ICB - Manchester	32,441	3.9%
NHS GREATER MANCHESTER ICB - Tameside	13,886	1.7%
NHS GREATER MANCHESTER ICB - Stockport	12,804	1.6%
NHS LANCASHIRE AND SOUTH CUMBRIA ICB - East Lancashire	6,687	0.8%
NHS LANCASHIRE AND SOUTH CUMBRIA ICB - Blackburn with Darwen	3,550	0.4%
NHS CHESHIRE AND MERSEYSIDE ICB - Cheshire and Merseyside	3,171	0.4%
NHS GREATER MANCHESTER ICB - Bury	1,927	0.2%
TURNING POINT	927	0.1%

### 3.6.8 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

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.

Results from the contractor survey provided the following information in relation to appliances:

- 42 Pharmacies can dispense stoma appliances
- 43 pharmacies can dispense incontinence appliances
- 55 pharmacies can dispense dressings
- 11 pharmacies can dispense other types of appliances

Appliance dispensing services can be accessed through local pharmacy contractors, or via DAC's that are based outside of the area.

### 3.6.9 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.



### 3.6.10 Hospital pharmacy

Hospital pharmacies affect the need for pharmaceutical services within its area. They may reduce the demand for the dispensing of essential service as prescriptions written in the hospital that are dispensed by the hospital pharmacy service. Royal Oldham Hospital (part of NCA Foundation Trust), as with each of the NCA FT hospital sites, offers outpatient dispensing of hospital prescriptions. In some exceptional circumstances medications may be supplied through secondary care pharmacy services rather than community pharmacy. An example of this may be when there is a national shortage of a particular medication, where secondary care pharmacies hold stocks as a priority from wholesalers. The prescription numbers generated are unlikely to be significant due to the low volumes generated in outpatients and shortages, versus long-term prescribing by GPs.

### 3.6.11 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.

### 3.6.12 Other sources of information

Information was gathered from NHSCB 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 Oldham's Local Plan to 2039 provided background information on the health needs of the population.

## 3.7 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 16th August 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. 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 12.

- 11 responders thought that the explanation of the PNA was sufficient.
- 8 responders thought that the PNA provided an adequate assessment of pharmaceutical services in the Oldham area.
- 4 responders thought that there were gaps in service provision that had not been identified. (One response was blank)

- Only half of the responders' thoughts the PNA reflected the needs of Oldham's population. (One response was blank)
- 8 responders thought that the PNA provided information to inform market entry decisions. (One response was blank)
- 9 responders thought that the PNA provided information to inform how pharmaceutical services may be commissioned in the future. (One response was blank)
- 6 responders thought that the PNA provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors. (One response was blank)
- Only 3 responders thought that there were pharmaceutical services that could be provided in the community pharmacy setting in the future that have not been highlighted. (One response was blank)
- 7 responders agree with the conclusion of the PNA. (One response was blank)

Six respondents 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

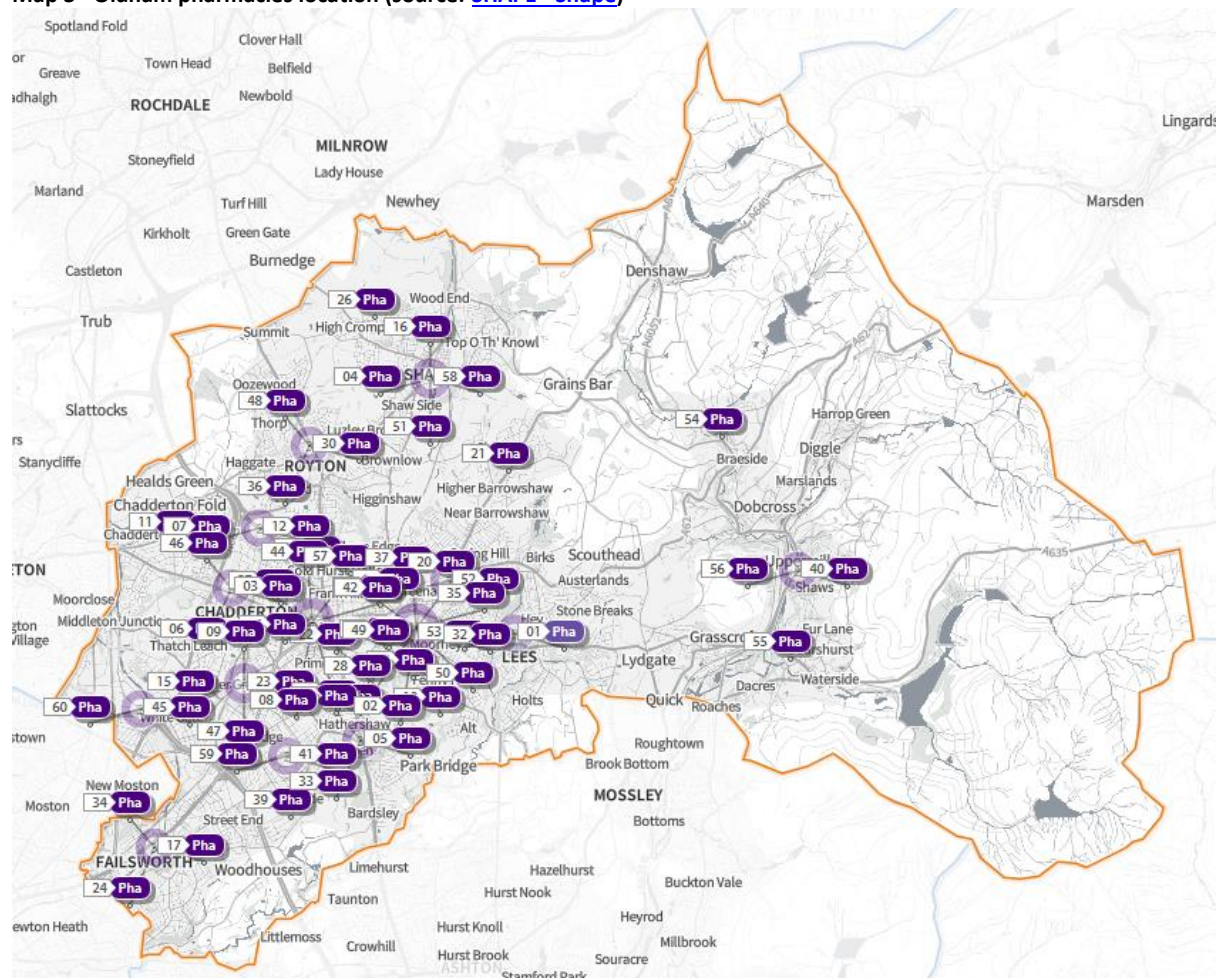
### 4.1 Overview

Oldham Council is one of ten councils in Greater Manchester, lying to the Northeast 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 246,130 (2023 mid-year estimate) and spans 55 square miles (142 km<sup>2</sup>).

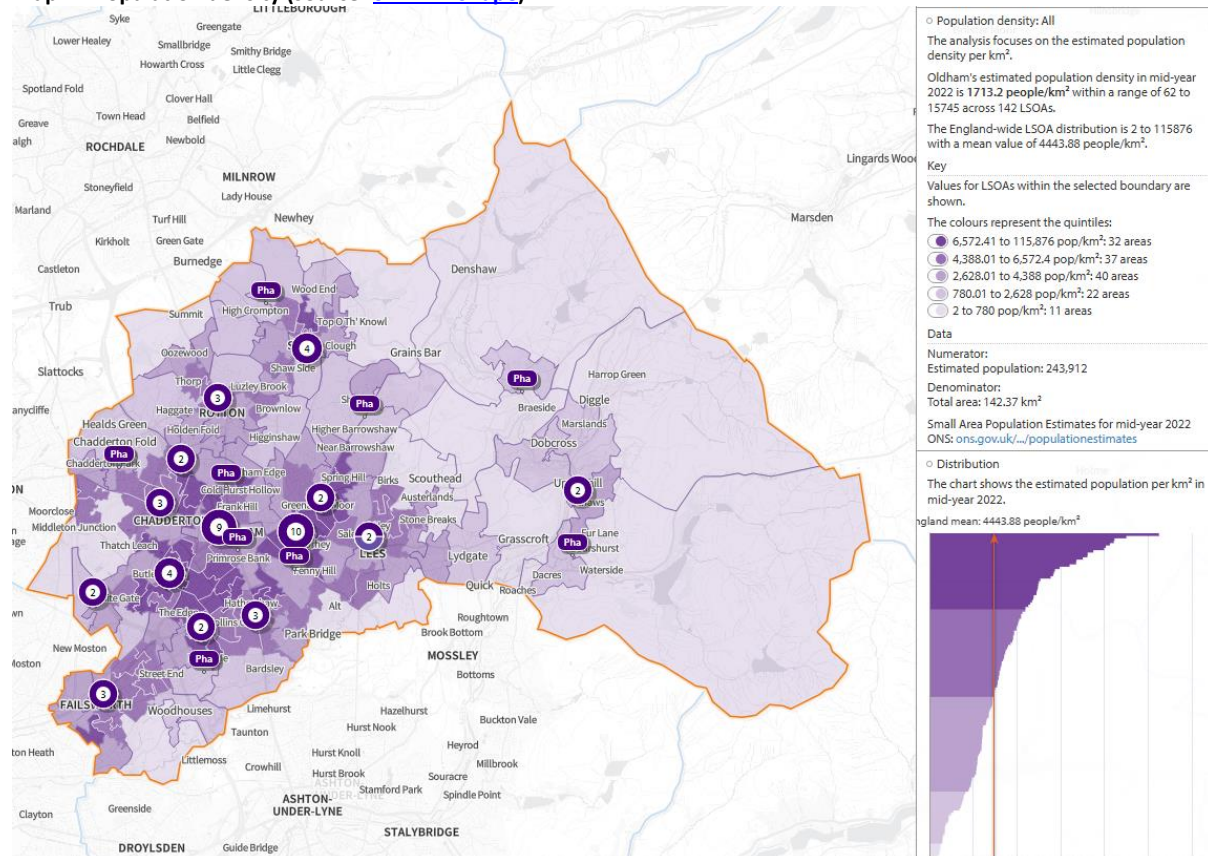
Although some parts are contiguous with the city of Manchester are highly industrialised and densely populated, about two-thirds of the borough is composed of rural open space. The eastern half stretches across the South Pennines.

Map 3 details all community pharmacy premises locations in Oldham and is considered as the statutory map for the purpose of the PNA. Map 4 further details the premises mapped against the population density of Oldham, where there is a clear correlation between pharmacy locations and more densely populated areas.

**Map 3 - Oldham pharmacies location (source: [SHAPE - Shape](#))**



**Map 4 - Population density (source: [SHAPE - Shape](#))**



## 4.2 Current and Projected Population in Oldham

Between 2023 and 2033 Oldham will have (ONS 2023 mid-year estimates):

- A projected 5.2% increase in total population.
- A 3.2% increase in those aged under 64.
- A 14% increase in those aged 65-84.
- A 27.8% increase in those aged over 85.

The large increase in those aged over 85 will create a demand for health and social care provision in Oldham.

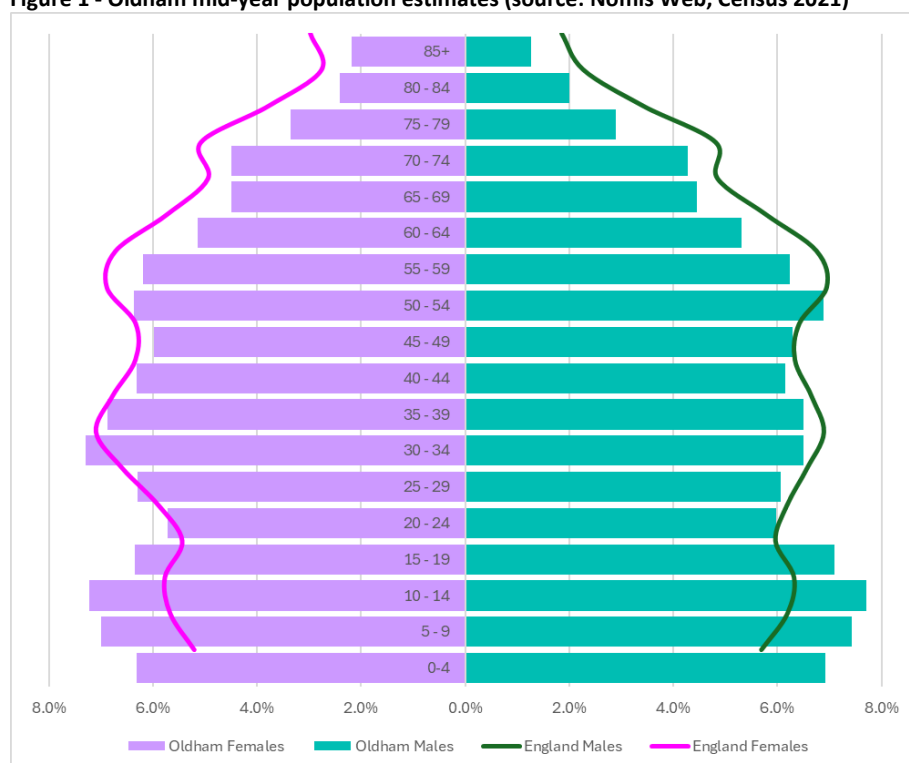
### 4.2.1 Current Population in Oldham

**Table 4 - Proportion of total population by age group by District (source: Nomis Web, Census 2021)**

Age range	North District	East District	Central District	South District	West District	Oldham Total
0-15	17%	20%	30%	23%	24%	23%
16-24	9%	9%	14%	11%	12%	11%
25-64	51%	51%	48%	51%	50%	50%
65-84	21%	17%	7%	13%	13%	14%
85+	2%	2%	1%	2%	2%	2%
<b>Total Population</b>	<b>41,339</b>	<b>57,185</b>	<b>45,319</b>	<b>48,809</b>	<b>49,432</b>	<b>242,084</b>



Figure 1 - Oldham mid-year population estimates (source: Nomis Web, Census 2021)



**Central District** has a significant younger population with 30% of its population between 0-15 years, (compared to Oldham Borough total of 23%) and 14% of people aged 16- 24 (Oldham 11%), and only 8% of the residents 65 years or over (Oldham 16%).

**North District** 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; 23% vs. 16%.

**East, South and West Districts** all have age ranges that are most comparable to the Oldham averages, where East district has a slightly higher population aged 65 or over at 19% compared to a 16% total for oldham.

These population statistics can help commissioners deliver age related services to the relevant areas.

## 4.2.2 Projected Population

Figure 2 - Population projections and estimates for Oldham (source: [Oldham-in-Profile-2024-JSNA.pdf](#))

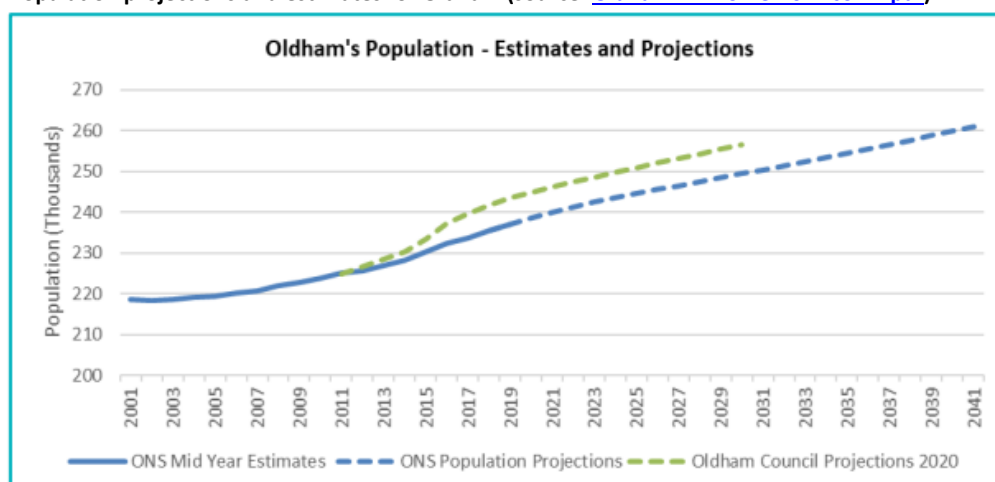


Table 5 - Projected total population by age group (source: [Oldham-in-Profile-2024-JSNA.pdf](#))

Age Band	2021	2026	2031	2036	2041	% Increase 2021 to 2041
<b>0-14</b>	50,320	49,398	48,316	48,770	50,333	0.02%
<b>15-64</b>	150,378	154,040	156,231	157,181	159,597	6%
<b>65+</b>	39,180	42,113	45,863	49,506	51,088	30%
<b>Overall</b>	239,878	245,551	250,410	255,456	261,018	9%

Oldham's total population is projected to increase by 9% from 2021 to 2041 but to understand what the impact of each group is for our commissioned services it is important to look at the underpinning figures.

The youngest age group of 0-14 years is expected to increase by just 0.02%, they will still account for approximately 19% of the total projected population by 2041.

By 2041, the 15-64 age group will increase by 6%, making up 61% of the projected population.

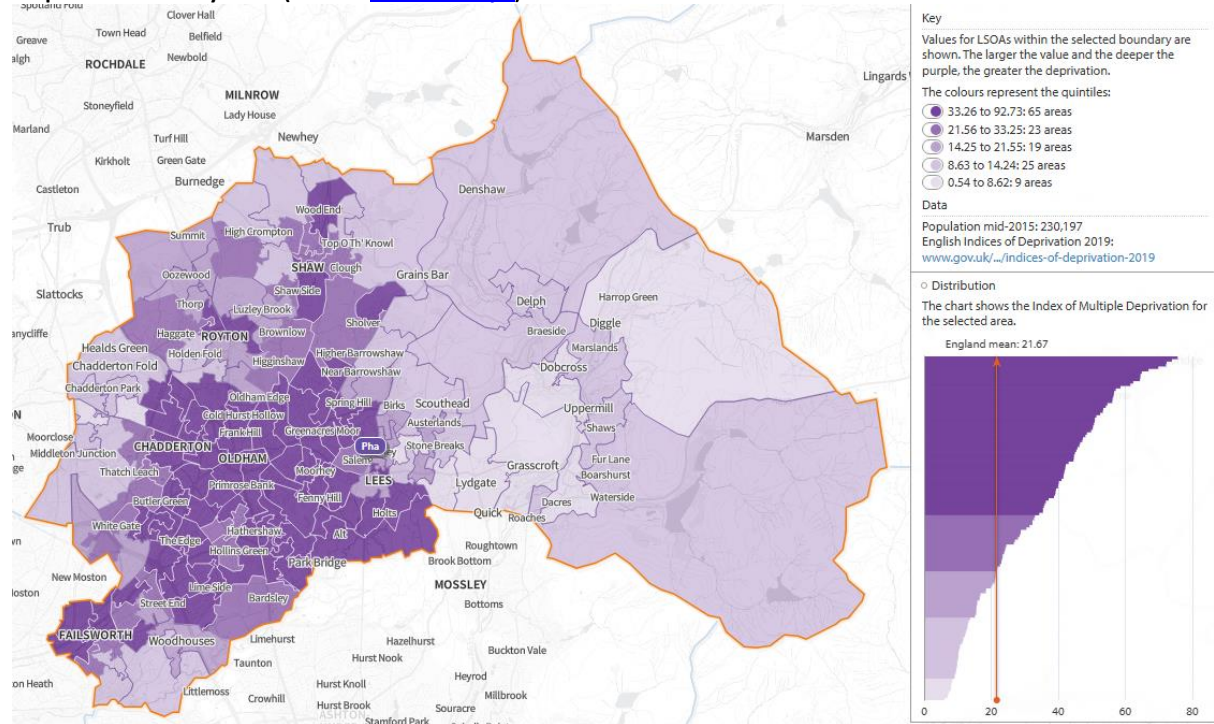
However, the most significant rise in population, both in terms of actual numbers and healthcare services they will require, is in the 65 years and over age group. There will be a projected increase of 30% by 2041, accounting for 19% of the total population of Oldham Borough. This may have a significant impact on the types of service which are required across Oldham Borough, as 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 65 and over age group should be borne in mind when 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.

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 mostly 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.

**Map 5 - IMD 2019 by LSOA (source: [SHAPE - Shape](#))**



Alexandra, Coldhurst, Hollinwood, Medlock Vale, St Mary's, Waterhead and Werneth are the most deprived wards in Oldham and fall within the most deprived 10% of English wards. Saddleworth South is the least deprived ward in Oldham. See table 6 for more details.

**Table 6 – Oldham ward by deprivation (10=in the most deprived 10% of English wards)(source: [2019 IMD Ward Briefing](#))**

Ward	Overall (IMD)
Alexandra	10
Coldhurst	10
Hollinwood	10
Medlock Vale	10
St Mary's	10
Waterhead	10
Werneth	10
Chadderton South	20
Failsworth West	20
St James'	20
Chadderton Central	30
Chadderton North	30
Failsworth East	30
Shaw	30
Crompton	40
Royton North	40
Royton South	40
Saddleworth West & Lees	50
Saddleworth North	80
Saddleworth South	90

## 4.4 Life expectancy

The most recent data shows that life expectancy at birth for females has remained the same between 2018-2020 and 2021-2023 at 80.5 years. While life expectancy at birth for males has decreased from 77.2 years in 2018-2020 to 76.6 years in 2021-2023. This has increased the gender gap from 3.3 years in 2018-2020 to 3.9 years in 2021-2023.

Life expectancy at birth varies by ward from the lowest in Alexandra Ward, Central District (71 years Male; 75 years Female) to the highest in Saddleworth South Ward, East District (83.7 years Male; 87.8 years Female) and this variation can be seen in Table 5 below.

**Table 7 - Life expectancy at birth by ward (2016 to 2020)** (Source: [Fingertips | Department of Health and Social Care](#))

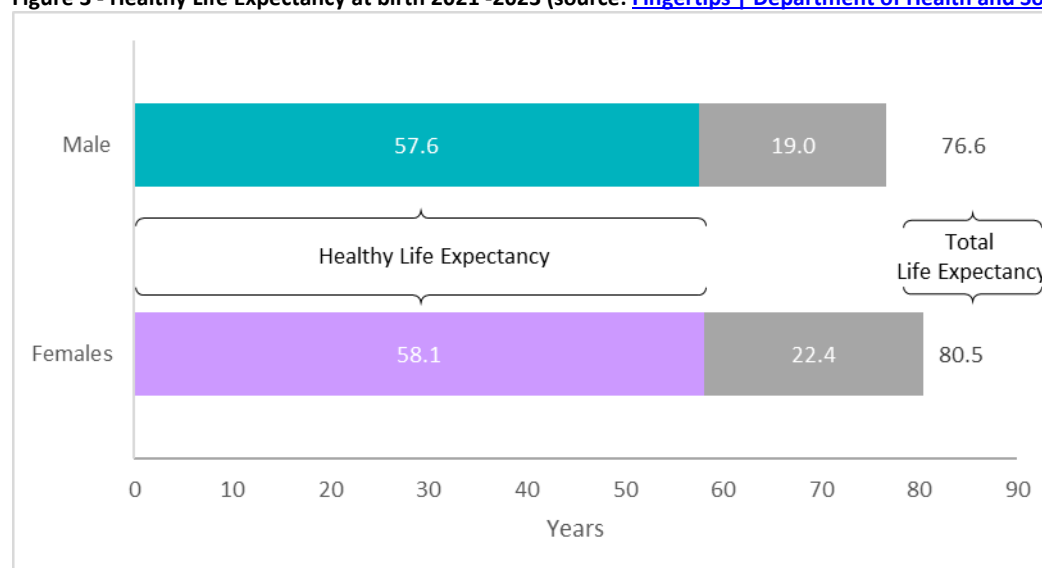
District	Ward	Male	Female
Central	Alexandra	71.0	75.0
Central	Coldhurst	74.1	77.3
Central	St Mary's	74.7	78.1
East	Saddleworth North	80.3	85.1
East	Saddleworth South	83.7	87.8
East	Saddleworth West and Lees	78.6	81.7
East	St James'	75.1	77.8
East	Waterhead	76.5	80.8
North	Crompton	78.5	83.0
North	Royton North	79.8	81.7
North	Royton South	79.4	80.6
North	Shaw	75.6	80.0
South	Failsworth East	78.4	81.6
South	Failsworth West	78.0	79.8
South	Hollinwood	75.8	81.1
South	Medlock Vale	76.0	79.1
West	Chadderton Central	77.1	78.6
West	Chadderton North	78.1	83.4
West	Chadderton South	78.5	81.9
West	Werneth	74.1	79.0

## 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.



**Figure 3 - Healthy Life Expectancy at birth 2021 -2023** (source: [Fingertips | Department of Health and Social Care](#))



Females and males in Oldham can expect to live 3.8 years and 3.9 years less, in good health respectively, compared to the England average for 2021-2023.

Males and females in Oldham can expect to live 19.0 years and 22.4 years of their expected life in relatively poor health. All the 65 or older age groups can expect to live in relatively poor health, highlighting another area for focussed service provision to support the health and wellbeing of this group.

## 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
- Being pregnant or on maternity leave
- Disability
- Gender reassignment
- Being married or in a civil partnership
- Race which includes colour, nationality, ethnic or national origins
- Religion or belief
- Sexual orientation

This section also focusses on the 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.

#### 4.5.1.1 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 14 years) of Oldham is predicted to increase by 0.02% from 2021 to 2041 (ONS Sub-National population projections). However, key themes in the Oldham Locality Plans focus on early years of life 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 goals for giving children the best start in life in the Oldham health and wellbeing strategy are:

- Implementing a targeted action plan to reduce infant mortality across the borough.
- Providing family-focused, coordinated support in our communities to all families, and additional targeted support for those who need it.
- Improving communication about what is needed to have a healthy pregnancy, from pre-conception until birth 8.
- Normalising breastfeeding, encouraging more women to start, and supporting women to continue.
- Increasing the proportion of children who start school ready to learn.
- Becoming a UNICEF UK Baby Friendly borough.
- Reducing teenage conception.

#### 4.5.1.2 Older people

There are around 38,733 people aged 65 and over living in Oldham, equivalent to 16% of the population (ONS 2021) and this varies between the five districts in Oldham see Table 2 for further detail.

The greatest rate of increase in population numbers will be seen in those people aged 65 and over. In Oldham there is predicted to be a 30% increase by 2044.

This increase in the older people will lead to growing demand for medicines and pharmacy services. 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.

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

### 4.5.2 Sex

In Oldham, the life expectancy from birth is lower than the England averages. For men it is 76.3 years compared to the England average of 78.9 and for women it is 80.1 compared to the England average of 82.8.<sup>15</sup> The gap in life expectancy between females and males is 1.2 years for 2020 -2022. Gender inequality is reported to exist in many aspects of society and refers to lasting and embedded patterns of advantage and disadvantage. About 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.

### 4.5.3 Long term health problems and disability

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 their day-to-day activities are limited due to a long-term health problem or disability than others. Table 8 details the breakdown by ward, where Alexandra reports the highest proportion people where day to day activities are affected (19.6%). Werneth reports the lowest number of people where day-to-day activities are affected (15%).

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<sup>15</sup> <https://www.jsnaoldham.co.uk/profile/#section4> accessed 27/03/2025

**Table 8 -Disability by ward (source: Nomis web, Census 2021)**

Ward	Disabled under the Equality Act: Day-to-day activities limited a lot	Disabled under the Equality Act: Day-to-day activities limited a little	Not disabled under the Equality Act: Has long term physical or mental health condition but day-to-day activities are not limited	Not disabled under the Equality Act: No long term physical or mental health conditions
Alexandra	10.2%	9.4%	3.7%	76.7%
Chadderton Central	8.8%	9.9%	5.9%	75.4%
Chadderton North	7.3%	9.0%	5.7%	78.0%
Chadderton South	9.4%	10.4%	6.1%	74.1%
Coldhurst	8.6%	7.9%	3.4%	80.0%
Crompton	8.7%	11.2%	7.6%	72.4%
Failsworth East	9.2%	10.5%	6.4%	73.9%
Failsworth West	9.5%	10.1%	6.2%	74.2%
Hollinwood	10.8%	11.2%	5.3%	72.8%
Medlock Vale	8.5%	9.0%	4.1%	78.4%
Royton North	8.1%	11.0%	7.1%	73.8%
Royton South	8.6%	10.5%	7.0%	73.9%
Saddleworth North	6.4%	9.6%	8.3%	75.7%
Saddleworth South	5.9%	10.0%	8.8%	75.2%
Saddleworth West and Lees	7.6%	11.0%	7.7%	73.7%
Shaw	10.0%	12.0%	6.8%	71.2%
St James'	9.0%	10.0%	6.1%	74.9%
St Mary's	8.4%	7.6%	3.3%	80.8%
Waterhead	8.6%	9.1%	5.0%	77.2%
Werneth	7.6%	7.4%	2.9%	82.2%

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. Pharmacists can review patients to ensure that the number of medications and doses are optimised and that the patient is getting the best outcomes from the treatment. If further support is needed, then reasonable adjustments can be recommended such as compliance aids, multi- compartment compliance aids, large print labels, easy to open containers or medication reminder alarms/charts. Each pharmacy should have a robust system for assessment and auxiliary aid supplies that adheres to clinical governance principles.

#### 4.5.4 Race, ethnicity, and language

The Key points identified from the Oldham ethnicity overview<sup>16</sup>:

- Since 2011 Oldham's population has grown by 7.6% to 242,087 and has become more diverse.
- The increase in Oldham's population is a result of the growth in ethnic minority groups, primarily the Pakistani, Bangladeshi and black communities. This population has grown from 50,571 in 2011 to 77,190 in 2021, which represents a growth of 52.6%.
- The only ethnic group that has reduced in size is the White population. This has fallen from 174,326 to 164,897 which is a decrease of 5.4%. This decrease is a natural decline in the

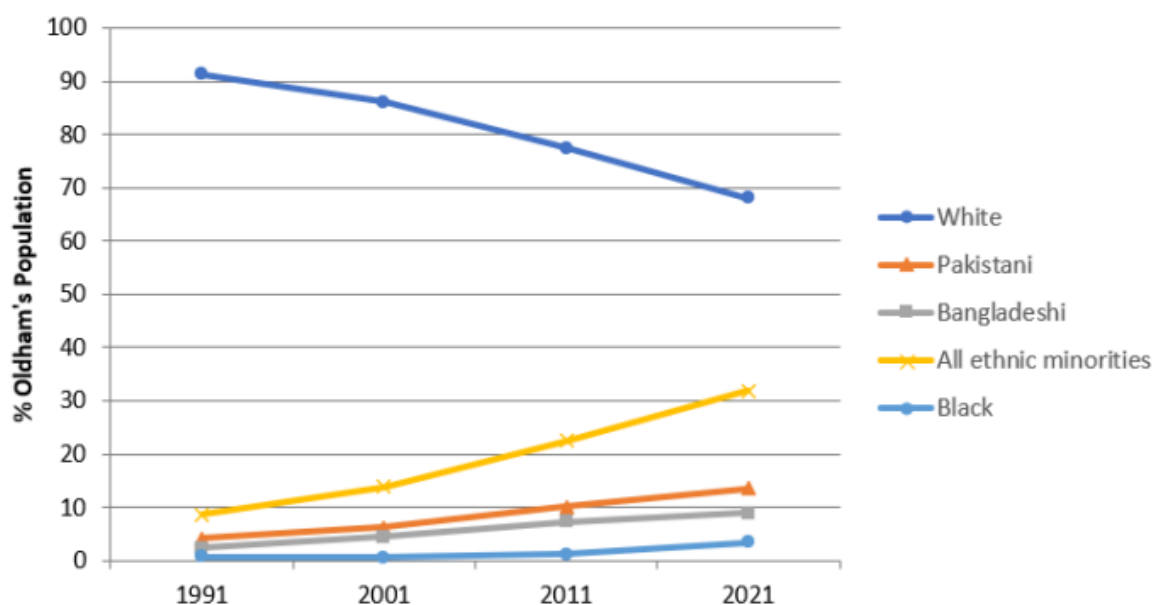
<sup>16</sup> [https://www.jsnaoldham.co.uk/cms-data/depot/profile-depot/Census\\_2021\\_First\\_Ethnicity\\_Report\\_v101.pdf](https://www.jsnaoldham.co.uk/cms-data/depot/profile-depot/Census_2021_First_Ethnicity_Report_v101.pdf) accessed 07/04/2025



population resulting from an older age profile for the White British population alongside a lower birth rate.

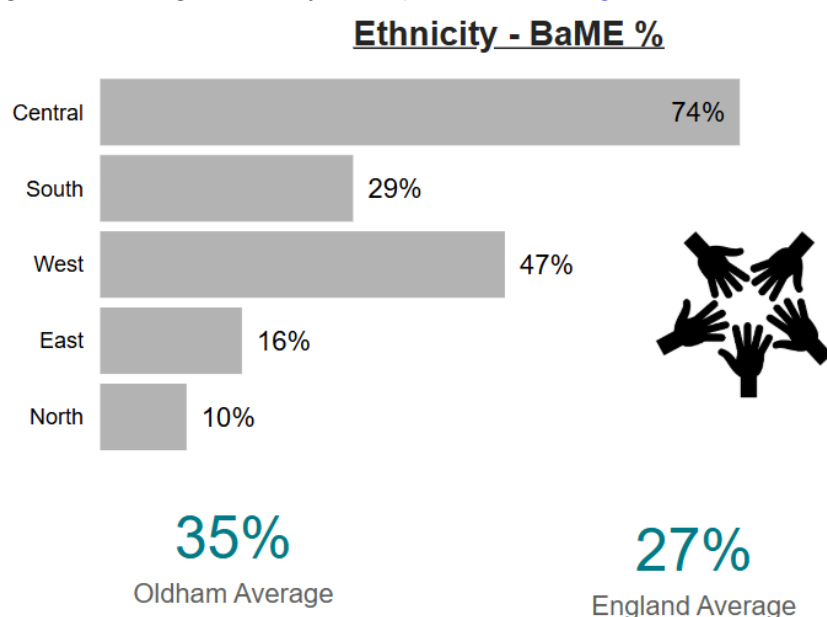
- Oldham's Pakistani and Bangladeshi populations now make up 22.5% of the total population up from 17.4% in 2011. The growth in these populations has been driven by a younger age profile, higher birth rates and migration.
- Oldham's black population now makes up 3.4% of the total population up from 1.2% in 2011. The growth in the size of the black population is primarily driven by migration from Africa, particularly from Nigeria.

Figure 4 - Oldham population by ethnic group (Source: [Census 2021: First Outputs Briefing](#))



The Central district has the largest percentage of BME population (74%) which is significantly greater than the Oldham (35%) and England (27%) averages. North district has the lowest proportion (10%) which is significantly lower than the Oldham and England averages. (See figure 5 for more details)

Figure 5 - Percentage of BaME by District (source: [Joint Strategic Needs Assessment | People and places](#))



BaME refers to Non White British residents.

The percentage of people that cannot speak English well or not at all in Oldham is 3.8%; higher than the national average (1.9%) according to ONS data from the census in 2021. Those residents will need support accessing services. Table 9 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 9 - Percentage of population who cannot speak English well or at all, by wards with a greater than England average (source: Nomis web, Census 2021)**

District	Ward	% of population who cannot speak English well or at all
Central	Coldhurst	13.0%
Central	St Mary's	9.9%
West	Werneth	9.9%
Central	Alexandra	6.3%
South	Medlock Vale	5.9%
East	Waterhead	5.1%
West	Chadderton North	3.5%
West	Chadderton Central	2.1%
Oldham		3.8%
England		1.9%

Population groups with differences determined by culture, religion or ethnicity also show differences in terms of illness behaviour and beliefs. More work is required to understand these reasons.<sup>17</sup> Population groups also differ genetically, so that some diseases are more prevalent in certain ethnic groups. This includes conditions such as sickle cell disease and Creutzfeldt-Jakob disease which are well described. It also includes altered prevalence and patterns, in different ethnic groups, of common conditions such as cardiovascular disease (CVD) and type II diabetes.<sup>18</sup> Community pharmacies are well-placed to provide easy access to healthcare advice and services, often within the communities themselves.

#### 4.5.5 Religion and belief

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 2021 Census showed that Christianity is the majority religious belief group (44.9% - falling from 59.4% in 2011). Muslims were the second largest religious group with 24.4%, increased from 17.7% in 2011. In Oldham 25.0% of people stated they had no religion, compared with 36.7% of people in England.

<sup>17</sup> <https://patient.info/doctor/diseases-and-different-ethnic-groups> accessed 27/03/2025

<sup>18</sup> <https://patient.info/doctor/diseases-and-different-ethnic-groups> accessed 27/03/2025

**Table 10 - Percentage of religious belief groups in Oldham and England, Census 2011 and Census 2021**

Religion	2011		2021	
	Oldham	England	Oldham	England
Christian	59.7%	59.4%	44.9%	46.3%
Buddhist	0.2%	0.5%	0.2%	0.5%
Hindu	0.5%	1.5%	0.5%	1.8%
Jewish	0.0%	0.5%	0.1%	0.5%
Muslim	17.7%	5.0%	24.4%	6.7%
Sikh	0.0%	0.8%	0.1%	0.9%
Other religion	0.2%	0.4%	0.2%	0.6%
No religion	16.1%	24.7%	25.0%	36.7%
Religion not stated	5.6%	7.2%	4.7%	6.0%

It is important that health and social care services are aware of the need to respect and be sensitive to the preferences of people's religions and beliefs when delivering services, 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.

#### 4.5.6 Marriage and civil partnership

According to the 2021 Census in Oldham 44.7% of people are married or in a registered civil partnership, 37.9% of people are never married or registered a civil partnership, 2.6 % of people are separated, 8.4 % of people are divorced or civil partnership dissolved, 6.3% are widowed.

Limited 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. Consideration should also be given to those people in similarly committed and secure relationships, including civil partnership, and other long-term couple partnerships

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

#### 4.5.7 Pregnancy and maternity

The number of live births in Oldham dropped to 2,987 in 2023, the lowest over the 5 year reporting period as shown in table 11. The crude birth rate also dropped to 12.1 during this period. This is despite the number of females of childbearing age (15 -44 years) rising to 49,200.

**Table 11 - Live births for Oldham 2019 to 2023 (source: Nomis web)**

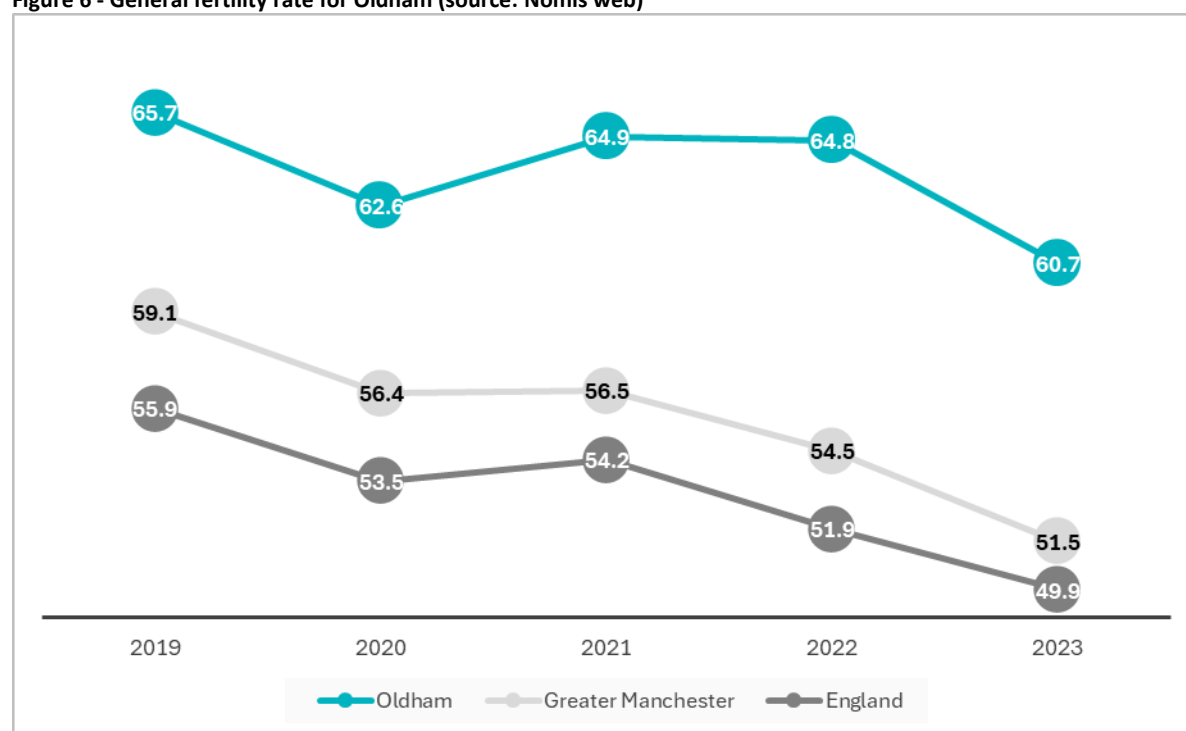
Year	Total population (thousands)	Female population (thousands)	Female population aged 15-44 years (thousands)	Total live births	Crude live birth rate	General Fertility Rate (GFR)
2019	242.1	123.8	47.8	3,138	13.0	65.7
2020	242.2	123.9	48.0	3,004	12.4	62.6
2021	242.0	123.8	48.2	3,127	12.9	64.9
2022	244.0	124.6	48.7	3,158	12.9	64.8
2023	246.1	125.5	49.2	2,987	12.1	60.7

Crude birth rate = Proportion of live births per 1,000 population (all ages)

General Fertility Rate (GFR) = number of live births per 1,000 women aged 15 to 44 years

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)<sup>19</sup>. This is consistent with that of England and Greater Manchester.

**Figure 6 - General fertility rate for Oldham (source: Nomis web)**



Pharmacies can provide advice to pregnant women on a range of healthcare issues including medicines, vaccinations and self-care, where they have the expertise to advise on which medicines are safe for use in pregnancy and during breast feeding. They are also well-placed to provide support and treatment for smoking cessation during pregnancy.

#### 4.5.8 Sexual orientation

Results from the 2021 census found that 169,261 residents over 16 identified as straight or heterosexual, 2,153 people described themselves as gay or lesbian, 1,541 people identified as bisexual and all other sexual orientations accounted for 489 people.

<sup>19</sup> 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.



The key findings of research by LGBTQ+ charity Stonewall.org.uk<sup>20</sup> suggests that the LGBTQ+ population may be exposed to certain patterns of health risks, for instance:

- Half of LGBT people (52 per cent) said they've experienced depression in the last year.
- One in eight LGBT people aged 18-24 (13 per cent) said they've attempted to take their own life in the last year.
- Almost half of trans people (46 per cent) have thought about taking their own life in the last year, 31 per cent of LGB people who aren't trans said the same.
- Forty-one per cent of non-binary people said they harmed themselves in the last year compared to 20 per cent of LGBT women and 12 per cent of GBT men.
- One in six LGBT people (16 per cent) said they drank alcohol almost every day over the last year.
- One in eight LGBT people aged 18-24 (13 per cent) took drugs at least once a month.
- One in eight LGBT people (13 per cent) have experienced some form of unequal treatment from healthcare staff because they're LGBT.
- Almost one in four LGBT people (23 per cent) have witnessed discriminatory or negative remarks against LGBT people by healthcare staff. In the last year alone, six per cent of LGBT people – including 20 per cent of trans people – have witnessed these remarks.
- One in twenty LGBT people (five per cent) have been pressured to access services to question or change their sexual orientation when accessing healthcare services.
- One in five LGBT people (19 per cent) aren't out to any healthcare professional about their sexual orientation when seeking general medical care. This number rises to 40 per cent of bi men and 29 per cent of bi women.
- One in seven LGBT people (14 per cent) have avoided treatment for fear of discrimination because they're LGBT.

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.

#### 4.5.9 Gender reassignment

The 2021 Census found that 93% of Oldham residents identify with the same sex registered at birth. From the remaining population 6% didn't answer the question, 736 people (0.3%) identified with a different sex from that registered at birth (but gave no specific identity), 233 identified as trans women (0.1%), 249 identified as trans men (0.1%) and 84 people identified as other gender identity (0.04%). A 2018 Stonewall report<sup>21</sup> based on over 800 trans and non-binary people revealed the experiences of transgender individuals in the healthcare environment:

- When accessing general healthcare services in the last year, two in five trans people (41%) said healthcare staff lacked understanding of trans health needs.
- Three in five trans people (62 per cent) who have undergone, or are currently undergoing, medical intervention for their transition are unsatisfied with the time it took to get an appointment. Three in ten (28 per cent) are unsatisfied with the cost related to this intervention.
- More than one in ten trans people (11%) have gone abroad for medical treatment to alter their physical appearance, including buying hormones over the internet from other countries, with many citing the barriers they currently face in accessing medical treatment in the UK. A further 17 per cent of trans people are considering doing this.
- One in ten trans people (10 per cent) don't want any form of medical intervention – this includes 16 per cent of non-binary people who identify as trans, 10 per cent of trans men and

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<sup>20</sup> [LGBT in Britain - Health \(2018\)](#)

<sup>21</sup> [https://files.stonewall.org.uk/production/files/lgbt\\_in\\_britain\\_-\\_trans\\_report\\_final.pdf?dm=1724230505](https://files.stonewall.org.uk/production/files/lgbt_in_britain_-_trans_report_final.pdf?dm=1724230505)  
accessed 28/02/2025

four per cent of trans women. One in eight trans people (13 per cent) are unsure if they want some form of medical intervention.

- Half of trans people (52 per cent) have undergone or are currently undergoing medical intervention. Almost one in four trans people (23 per cent) have not yet undergone any, but want some form of medical intervention.
- Almost half of trans people (47 per cent) who want to undergo some form of medical intervention, but have yet to have it, say that long waiting times prevent them from accessing medical treatment. Nearly half (45 per cent) say they don't have the financial means to afford it (e.g. costs for treatments they've been unable to access on the NHS or travel expenses). One in four (24 per cent) fear discrimination from a healthcare service provider and the same percentage of trans people, 24 per cent, don't know how to access the form of medical intervention they want.
- One in four trans people who have undergone or are currently undergoing medical intervention are unsatisfied with the support they have received from their GP (24 per cent) and their gender identity clinic (23 per cent).
- Seven in ten trans people (71 per cent) who are accessing medical support for their transition are satisfied with the care they have received at those facilities. However, one in seven trans people (14 per cent) don't share this experience and are not satisfied with the care they received at the medical facility.

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.

Pharmacies can provide 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 LGBTQ+ people with signposting to relevant services.

## 5 Key health priorities for Oldham

The key Health and Wellbeing Board priorities stem from the Health and Wellbeing strategy and are as follows:

- **Supporting our residents to gain the knowledge and skills to confidently make choices and participate in decisions about their own health** - empowering them to make positive choices including a common framework for engagement which can be used by all organisations and services.
- **Giving children the best start in life** - lay the foundations for a healthy life by improving health during pregnancy and throughout childhood and adolescence, with a focus on reducing infant mortality.
- **Improving mental wellbeing and mental health** – supporting networks, organisations and services to continue to offer the support and services our residents need.
- **Reducing smoking** – reduce the percentage of Oldham residents smoking, reduce smoking in pregnancy, increase the percentage of adults who have never smoked
- **Increased physical activity** – Oldham will have the same percentage of physically active adults as England as a whole.

By looking at each topic we can identify areas where pharmaceutical services already meet, or are able to be developed to meet, the objectives. 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. 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 CPE website.<sup>22</sup> Guidance on the development of local services and resources are listed under the headings of:

- Guidance for commissioners on commissioning community pharmacy medicines optimisation services.
- Guidance on commissioning levels.
- Guidance on developing a service proposal.
- Community pharmacy England locally commissioned services database.
- Services case studies hub.
- Guidance on decommissioning of services.

### 5.1 Infant Mortality

Oldham's infant mortality rate has been above Greater Manchester, regional and national averages for more than 20 years. Latest data for 2019-21 reveals that Oldham has the second highest rate in England at 7.2 per 1,000 live births. Stoke-on-Trent is the only Local Authority with a higher rate at 7.5 per 1,000. Whilst improvements in rate have been seen across Greater Manchester (-16%), the Northwest (-23%) and England (-28%) over the period shown in figure 7, Oldham has not experienced this trend, with rates similar in 2001-03 to 2019-21.<sup>23</sup>

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<sup>22</sup> <https://cpe.org.uk/lpcs-and-local/locally-commissioned-services/>

<sup>23</sup> <https://www.jsnaoldham.co.uk/starting/infant-mortality/> accessed 03/04/2025

Figure 7 - Infant mortality trend (source: [Joint Strategic Needs Assessment | Starting well](#))

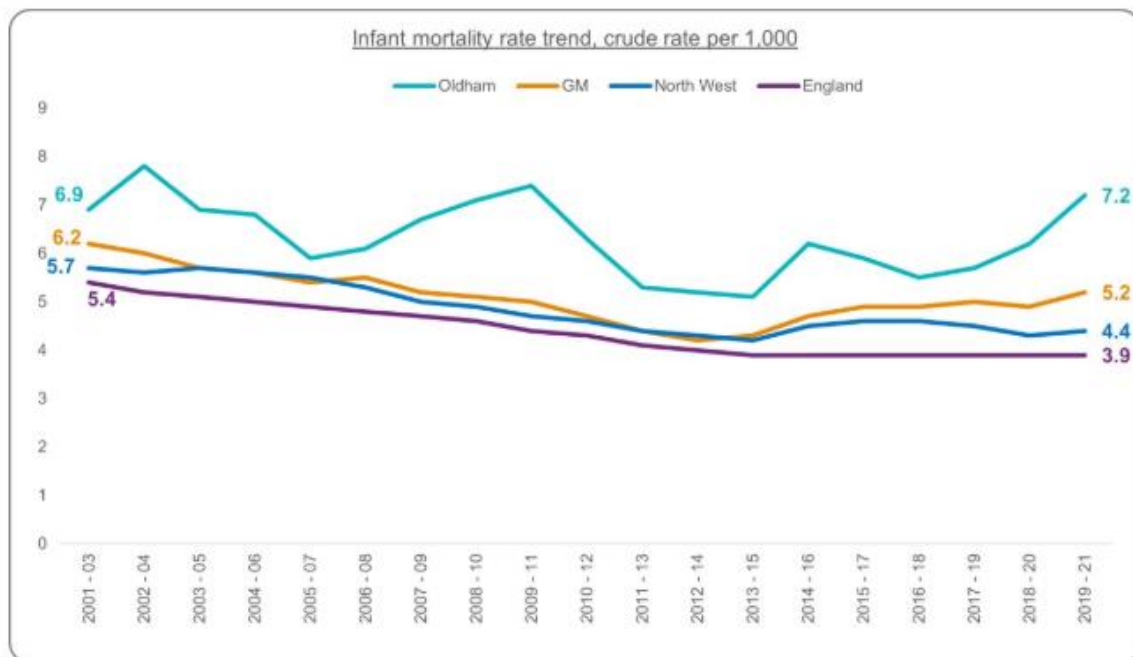
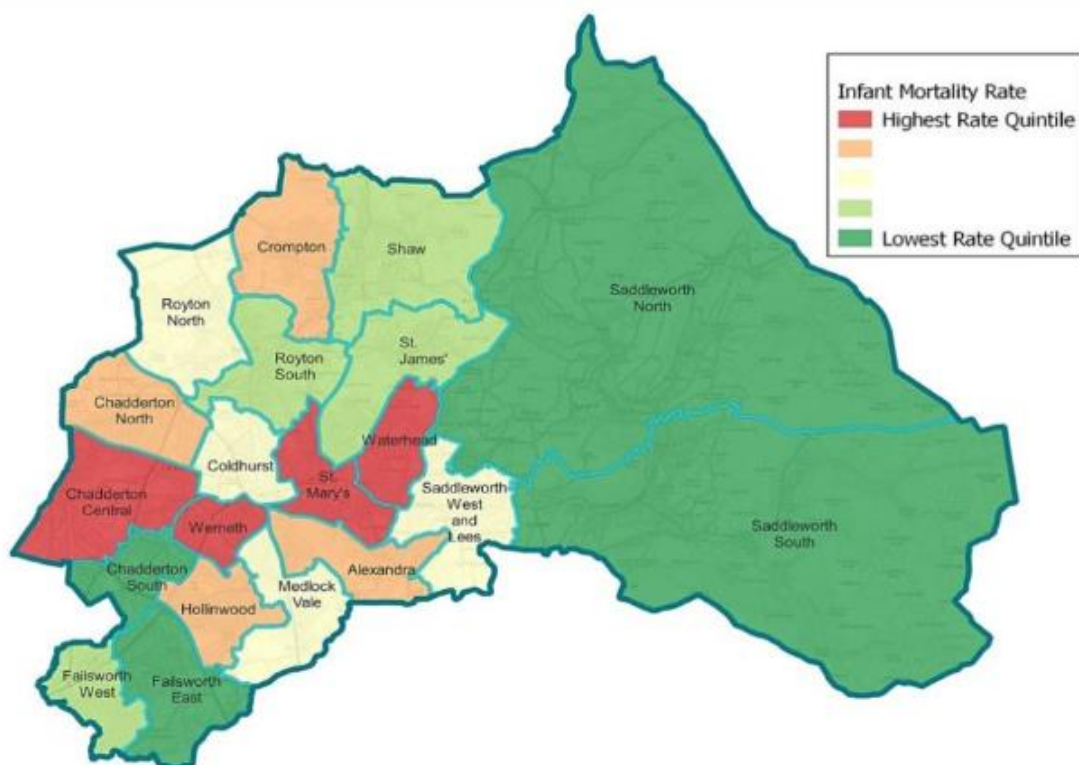


Figure 8 demonstrates the inequality within Oldham for infant mortality. The data is displayed over a ten year period and by quintile. Rates are highest in Waterhead (8.2 per 1,000 live births), Werneth (8.1), Chadderton Central (8.0) and St Mary's (7.7) indicating these are the areas of highest need. Oldham's overall average for this period is 5.8 (per 1,000 live births).<sup>24</sup>

Figure 8 - Infant mortality by ward (source: [Joint Strategic Needs Assessment | Starting well](#))



<sup>24</sup> <https://www.jsnaoldham.co.uk/starting/infant-mortality/> accessed 03/04/2025



### How can pharmacy contractors help?

Community pharmacies are well placed within local communities to promote and support healthy lifestyles, including early years development. Several existing essential services support the promotion of healthy lifestyles:

- Being a healthy living pharmacy.
- Signposting – Staff can signpost patients to local initiatives or services in Oldham.
- Public health (promotion of healthy lifestyles) – Support the mandatory health campaigns that may include elements of early years development.
- Dispensing – staff can provide brief advice and interventions for healthy lifestyles when handing over medications to patients.

Pharmacy campaigns could be targeted in those areas with the greatest inequality.

## 5.2 Immunisations and vaccinations

Figure 9 - Childhood vaccinations and immunisations uptake in Oldham (source: [Joint Strategic Needs Assessment | Starting well](#))

### Childhood Vaccinations & Immunisations

#### MMR Vaccinations

- **85.2%** of 2 year olds have had the one dose vaccination which is higher than the England average of **89.3%** (2022/23).

*Source: Cover of Vaccination Evaluated Rapidly (COVER) data collected by UK Health Security Agency (UKHSA)*

#### HPV Vaccinations

- **68.7%** of 12-13 year old females received the HPV vaccine (one dose) compared to **71.3%** for England in 2022/23. The impact of Covid-19 appears caused the HPV vaccine uptake to drop in 2021/22 however uptake has started to increase again in 2022/23.

*Source: UK Health Security Agency*

### How can pharmacy contractors help?

Community pharmacies are well placed within local communities to promote and support health and wellbeing, including advice in relation to immunisations and vaccinations. Several existing essential services support the promotion of immunisations and vaccinations:

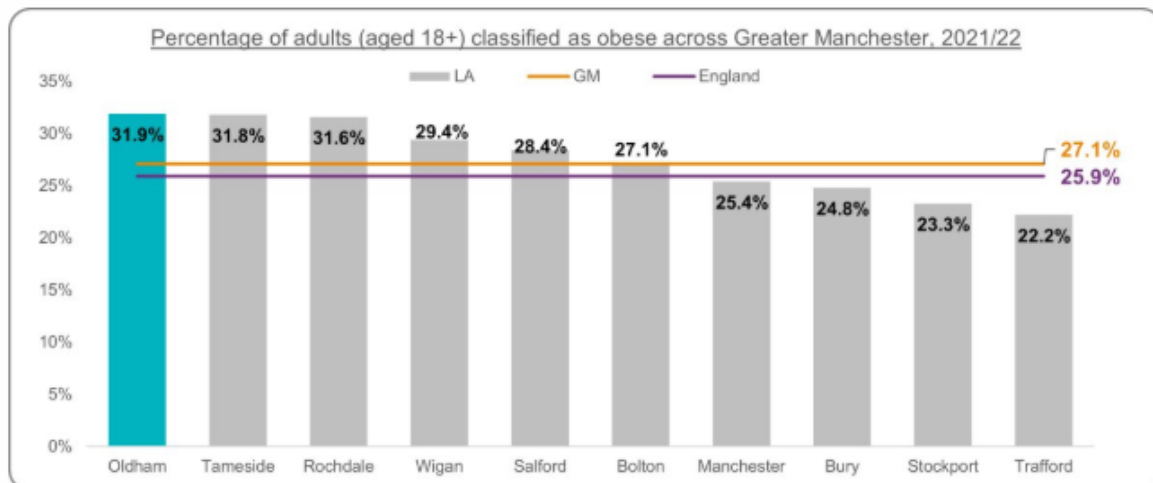
- Being a healthy living pharmacy.
- Signposting – Staff can signpost patients to local initiatives or services in Oldham.
- Public health (promotion of healthy lifestyles) – Support the mandatory health campaigns that may include elements relating to immunisations and vaccinations.
- Dispensing – staff can provide brief advice and interventions for immunisations and vaccinations when handing over medications to patients.

43 Pharmacies in the Oldham Borough provided an Influenza (Flu) vaccinations advanced service this flu season, which includes vaccination for pregnant women aged 18 or over. Flu vaccinations help protect the most vulnerable from the flu virus, promoting a healthy pregnancy and start to life for women children during this period.

## 5.3 Healthy weight and physical activity

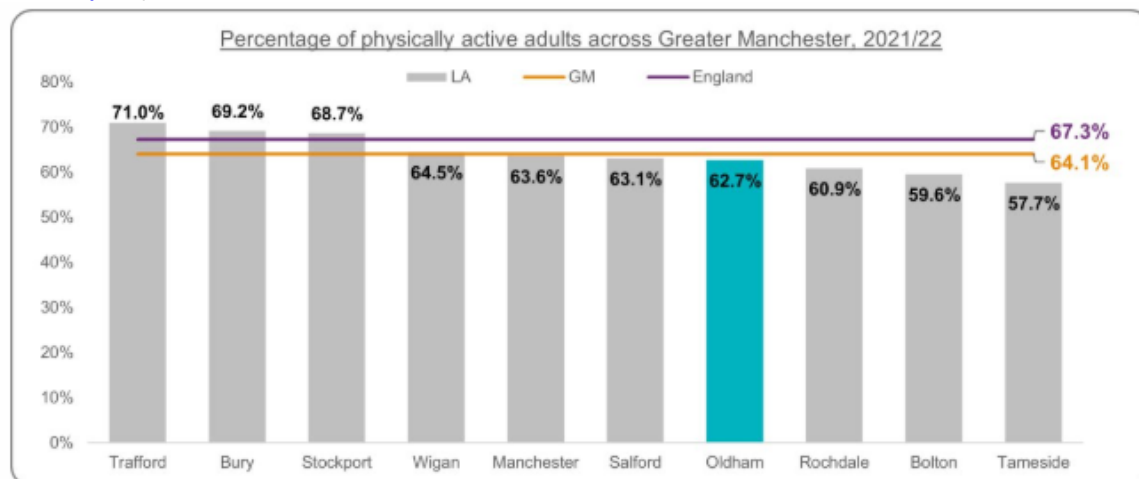
In Oldham, 31.9% of adults are classified as obese. This is higher than the Greater Manchester average (27.1%), the Northwest rate (27.5%), the England rate (25.9%). Oldham's rate of obesity is highest across Greater Manchester and average amongst its CIPFA neighbours.<sup>25</sup>

**Figure 10 - Percentage of adults (aged 18+) classified as obese across Greater Manchester (source: [Joint Strategic Needs Assessment | Data and reports](#))**



Oldham's latest data reveals a lower percentage of physically active adults (62.7%) compared to the Northwest (65.2%) and England (67.3%). Oldham's rate has been below regional and national averages since 2015/16. In 2021/22, Oldham ranked averagely against comparators. Oldham had the 4th lowest rate across Greater Manchester and 7th highest amongst CIPFA neighbours.<sup>26</sup>

**Figure 11 - Percentage of physically active adults across Greater Manchester (source: [Joint Strategic Needs Assessment | Data and reports](#))**



### How can pharmacy contractors help?

Community pharmacies are well placed within local communities to promote and support healthy lifestyles, including a healthy and balanced diet, weight management and physical activity. Several existing essential services support the promotion of healthy lifestyles:

- Being a healthy living pharmacy.

<sup>25</sup> <https://www.jsnaoldham.co.uk/living-working-well/living-obesity/> accessed 03/04/2025

<sup>26</sup> <https://www.jsnaoldham.co.uk/living-working-well/living-physical-activity/> accessed 03/04/2025

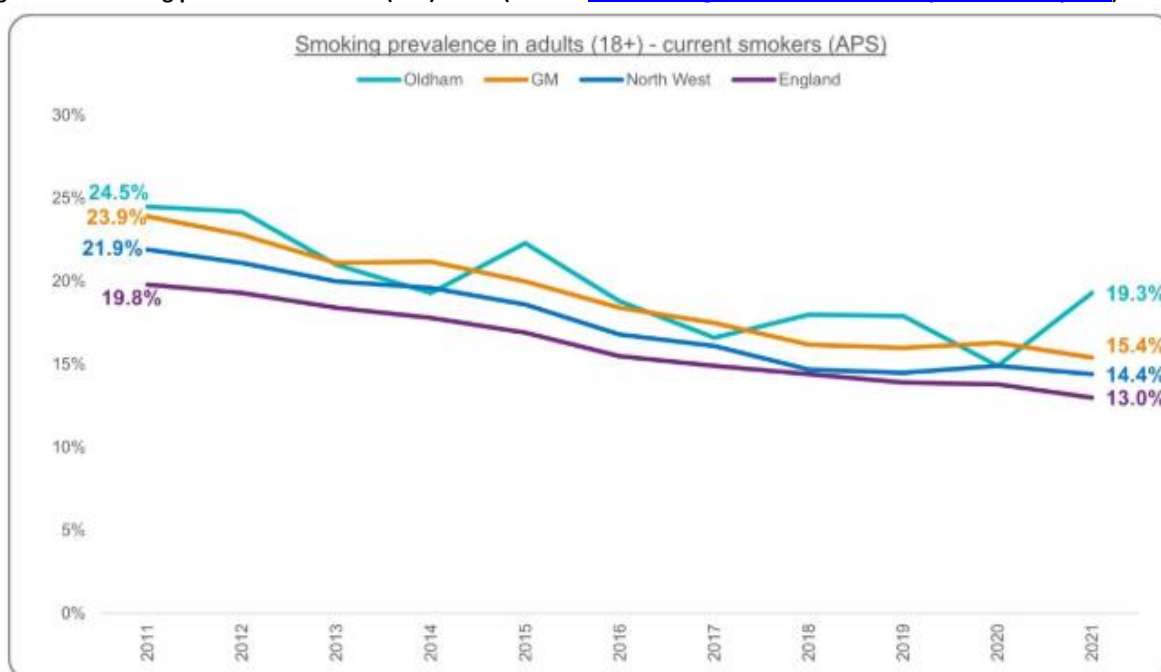
- Signposting – Staff can signpost patients to local initiatives or services in Oldham.
- Public health (promotion of healthy lifestyles) – Support the mandatory health campaigns that may include elements of weight management and physical activity.
- Dispensing – staff can provide brief advice and interventions for healthy lifestyles when handing over medications to patients.

There is a future opportunity for community pharmacy to be involved in the delivery of specialist weight management pathways eg Tirzepatide, and commissioners may include community pharmacy in the delivery model for these services on a local level.

## 5.4 Smoking

Oldham has the highest smoking prevalence across Greater Manchester and second highest across the Northwest. Nationally, the Local Authority with the highest percentage of smokers has a rate of 22% and the lowest rate is 6.6%, compared to Oldham's rate of 19.3%.

Figure 12 - Smoking prevalence in adults (18+) trend (source: [Joint Strategic Needs Assessment | Data and reports](#))



### How can pharmacy contractors help?

Community pharmacies are well placed within local communities to promote and support healthy lifestyles, including advice and treatment to help stop smoking. Several existing essential services support the promotion of healthy lifestyles:

- Being a healthy living pharmacy.
- Signposting – Staff can signpost patients to local initiatives or services in Oldham.
- Public health (promotion of healthy lifestyles) – Support the mandatory health campaigns that may include elements relating to stopping smoking.
- Dispensing – staff can provide brief advice and interventions for smoking cessation when handing over medications to patients.

There is also a nationally commissioned advanced service for smoking cessation, which is offered by 2 pharmacies in Oldham.

## 5.5 Mental health

Oldham's rate of 56.7 per 100,000 for hospital admissions for under 18s is lower than the regional average of 100.2 per 100,000 and the national average of 99.8 per 100,000. Oldham's rate was previously higher than the England rate and has experienced a decrease of 47.7% compared to 2015/16. During the same period the Northwest rate has decreased by only 9.7% and the England rate has seen an increase of 16.7%. Oldham's rate is second lowest across Greater Manchester.<sup>27</sup>

Figure 13 - Hospital admissions for mental health conditions <18 years trend (source: [Joint Strategic Needs Assessment | Starting well](#))

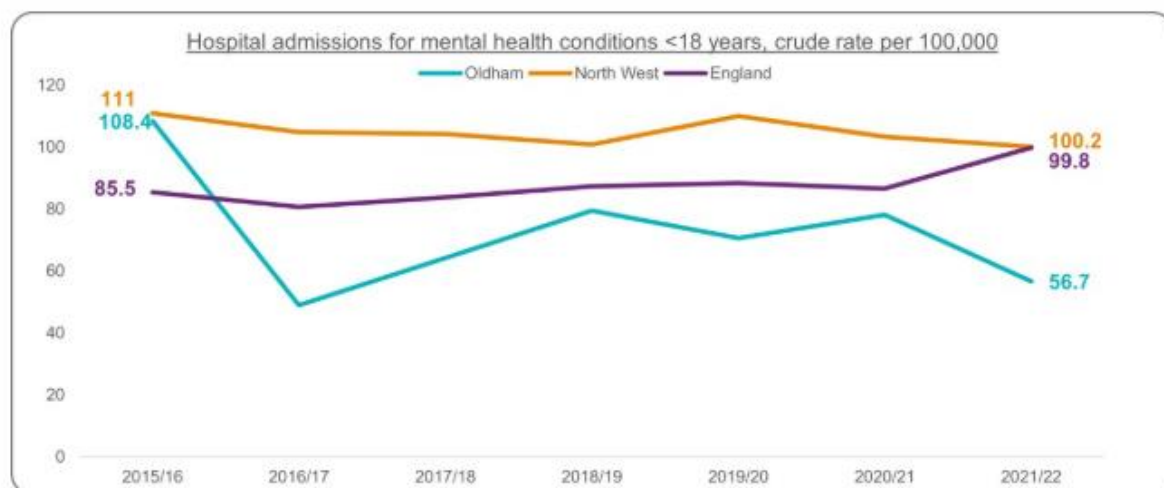


Figure 14 - Mental health overview for adults in Oldham (source: [Joint Strategic Needs Assessment | Data and reports](#))

### Mental health

- In Oldham, **15.0%** of residents aged 18+ are recorded as having depression. This is higher than the England average of **13.2%** (2022/23).
- Oldham has a similar suicide rate compared to the national average. The latest data shows in Oldham the suicide rate was **8.3** per 100,000 compared to the national rate at **10.3** per 100,000 (2020-22).

#### How can pharmacy contractors help?

Community pharmacies are well placed within local communities to promote and support healthy lifestyles, including advice and treatment in relation to mental health. Several existing essential services support the promotion of healthy lifestyles:

- Being a healthy living pharmacy.
- Signposting – Staff can signpost patients to local initiatives or services in Oldham.
- Public health (promotion of healthy lifestyles) – Support the mandatory health campaigns that may include elements relating to mental health.
- Dispensing – staff can provide brief advice and interventions for mental health when handing over medications to patients.

55 pharmacies in Oldham actively provide the New Medicine Service, which includes treatments for depression. Through identifying patients with this mental health condition and delivering this service

<sup>27</sup> <https://www.jsnaoldham.co.uk/starting/child-mental-health/> accessed 03/04/2025

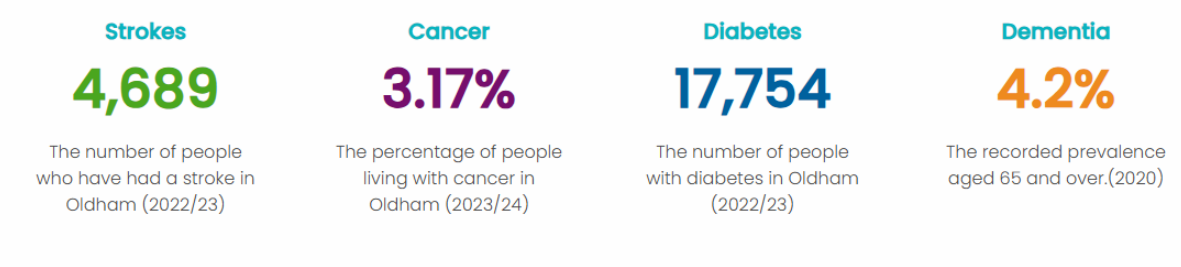


pharmacists can help to improve adherence to treatments for these conditions, improving long term outcomes for patients with mental health conditions.

## 5.6 Long-Term Conditions (LTCs)

Figure 15 - Overview of health conditions in Oldham (source: [Joint Strategic Needs Assessment | Health conditions](#))

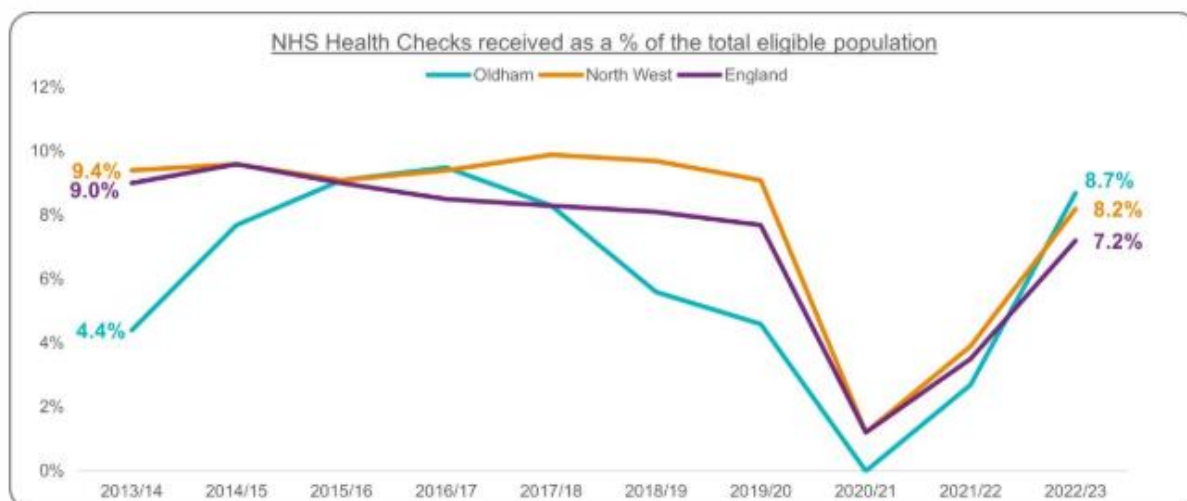
### Health conditions



The NHS Health check<sup>28</sup> 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.

In the most recent complete year (2022/23), Oldham GPs delivered 5,483 NHS Health Checks to eligible patients. This represents 8.7% of the eligible population, higher than the Northwest average of 8.2%, the Greater Manchester average of 8.5% and the national average of 7.2%. Oldham is 5th highest across Greater Manchester and 5th highest amongst CIPFA neighbours.<sup>29</sup>

Figure 16 - NHS Health Check uptake in Oldham (source: [Joint Strategic Needs Assessment | Data and reports](#))



### How can pharmacy contractors help?

Community pharmacies are well placed within local communities to promote and support health and wellbeing, including advice in relation to cardiovascular disease. Several existing essential services support the treatment and prevention of long-term conditions:

- Being a healthy living pharmacy.

<sup>28</sup> <https://www.nhs.uk/conditions/nhs-health-check/> accessed 03/04/2025

<sup>29</sup> <https://www.jsnaoldham.co.uk/living-working-well/living-health-checks/> accessed 03/04/2025

- Signposting – Staff can signpost patients to local initiatives or services in Oldham.
- Public health (promotion of healthy lifestyles) – Support the mandatory health campaigns that may include elements relating to long-term conditions.
- Dispensing – staff can provide brief advice and interventions for long-term conditions.

55 pharmacies in Oldham actively provide the New Medicine Service, which includes several long-term conditions. Through identifying patients with these conditions and delivering this service pharmacists can help to improve adherence to treatments for these conditions, improving long term outcomes for these patients.

Pharmacy services also identify and manage risk factors for CVD, such as obesity and smoking, and help to support the prevention of long-term conditions.

## 6 Current Provision of Pharmaceutical Services in Oldham

The most recent Community Pharmacy Contractual Framework (CPCF), including a breakdown of pharmaceutical services, is described in detail in section 3.6.1. It is noted that negotiations on the 2024/25 CPCF, which includes negotiations on the Pharmacy Quality Scheme (PQS), were paused when the 2024 general election was announced and resumed in January 2025. The details of the next CPCF were released in April and will be used for the purpose of analysis of provision of services.

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

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

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

- those essential 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 commissioned at the time of publication of the PNA that meet the requirements of the Oldham population need.

Relevant services are

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

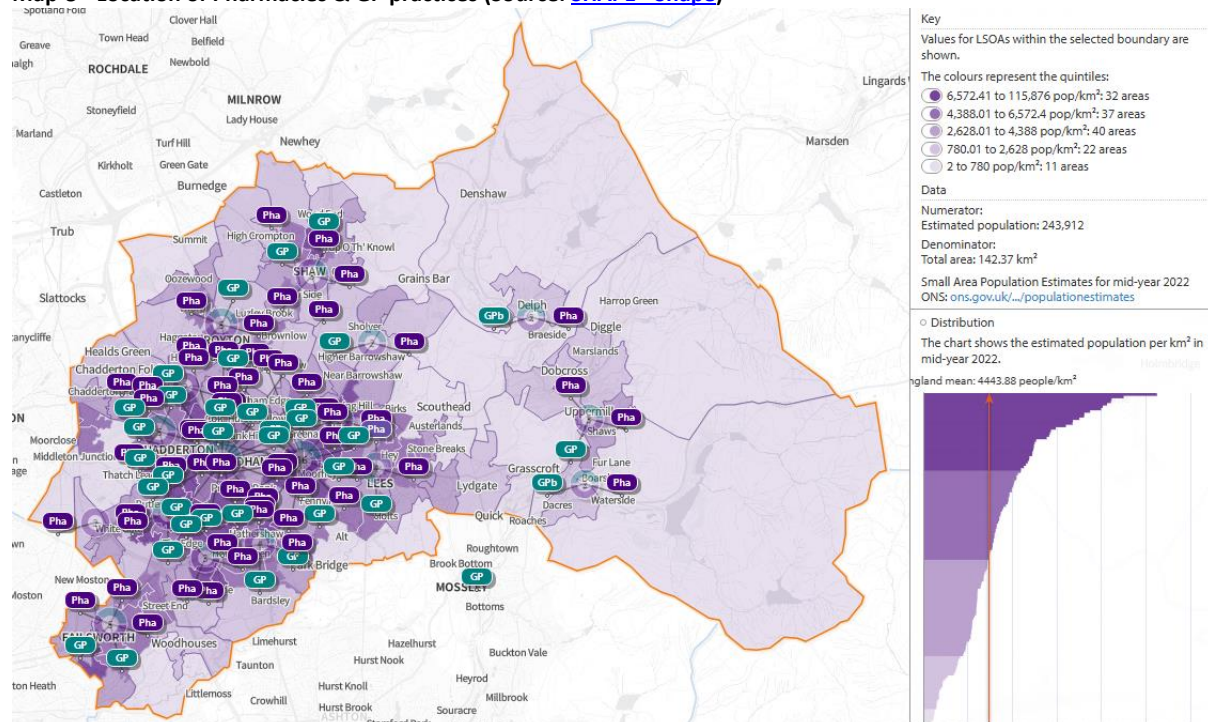
### 6.1 Necessary services - current provision with-in the HWB's area

There are 60 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 (opening hours may vary due to new regulations as described in section 3.6.4.) and ten listed as distance selling. There are no DACs, dispensing GP practices, and no LPS pharmacies in Oldham.

Map 6 below (see Appendix Ten for a larger version), shows the location of premises providing pharmaceutical services and GP practices within the HWB's area. The details for each premises down to ward level can be found in Appendix Six, with an overview of opening hours for each premises down to ward level 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 to highlight proximity to pharmacies. Appendix Eleven provides an index of those GP surgeries.

**Map 6 - Location of Pharmacies & GP practices (Source: [SHAPE - Shape](#))**



The number of pharmacies available per 100,000 population in 2024/25 is 24 and has remained constant since 2021/22 (table 12). Also, the number of pharmacies per 100,000 is higher than both GM and England averages (table 14). Based on historical pharmacy use this would indicate that the current number of pharmacies are sufficient for the current population.

**Table 12 - Oldham pharmacies 2017/18 to 2024/25 (source: EPACT2)**

	Number of community pharmacies	Prescription items dispensed per month (000)s	Population (000)s Mid-Year	Pharmacies per 100,000 population
2017/18	59	431	234	25
2021/22	58	443	238	24
2024/25	60	475	246	24

*\*This table includes distance selling pharmacies but excludes DACS. The number of distance selling pharmacies in 2024/25 is 10.*

From January 2024 until December 2024 approximately 20% of items dispensed by Oldham pharmacies were prescribed by providers who were not Oldham registered practices (see Table 13). Oldham pharmacies dispense items for patients that are registered with GM GPs across the Oldham border.



**Table 13 - Items dispensed by Oldham pharmacies for each ICB locality in Greater Manchester between January 2024 to December 2024 (source: EPACT2)**

Registered	Total items dispensed by Oldham pharmacies	Percentage of items dispensed by Oldham pharmacies
Bolton	443	0.01%
Bury	2,015	0.04%
HMR	112,270	2.00%
Manchester	122,117	2.17%
Oldham	4,512,157	80.30%
Salford	2,096	0.04%
Stockport	3,003	0.05%
Tameside	43,265	0.77%
Trafford	488	0.01%
Wigan	420	0.01%
Other GM	15,123	0.27%
Distance	805,686	14.34%
<b>Total</b>	<b>5,619,083</b>	<b>100.00%</b>

*\*This table includes distance selling pharmacies.*

In 2024/25, Oldham's average prescription items per month per pharmacy was 7,919. This is less than the Greater Manchester and England averages. Using Table 14 below we calculated the number of dispensed items per head of population for Oldham was 1.9 in line with the Greater Manchester average, but above the average in England of 1.6 items per head.

The average items per month in Oldham (7,919) are lower than both GM (8,840) and England (9,118) 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. 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.

**Table 14 - Number of pharmacies and items dispensed per month nationally and locally for 2024/25 (April 2024 – December 2025) (source: EPACT2)**

	Number of community pharmacies	Prescription items dispensed per month (000)s	Population (000)s Mid-Year	Pharmacies per 100,000 population	Average items per pharmacy per month
England	10,451	95,287	57,690	18	9,118
GM	623	5,507	2,949	21	8,840
Oldham	60	475	246	24	7,919

*\* This table includes distance selling pharmacies.*

### 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. 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.

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

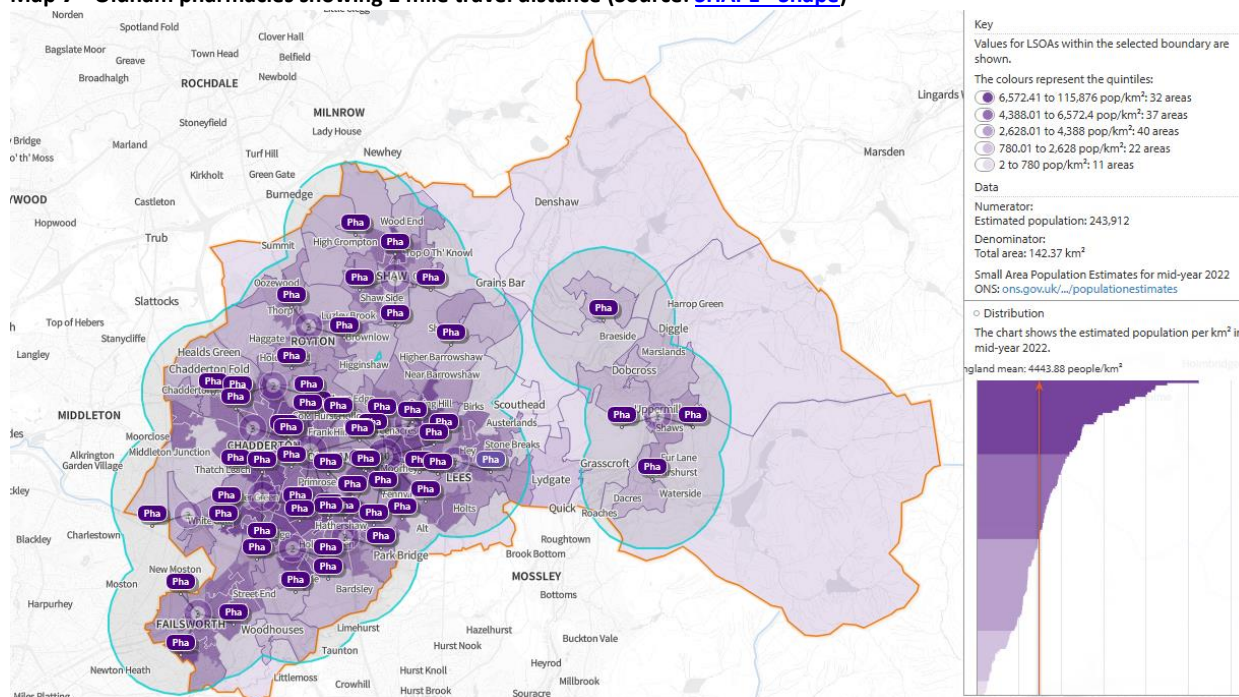
- 89% of the population in England has access to a community pharmacy within a 20-minute walk;
- Over 99% of those in areas of highest deprivation are within a 20-minute walk of a community pharmacy; and
- As the accessibility of community pharmacies is greatest in areas of higher deprivation, they may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

Community pharmacy is consequently a socially inclusive healthcare service providing a convenient and less formal environment for those who cannot easily access or do not choose to access other kinds of health service. Most pharmacies now have a private consultation area specifically for confidential or sensitive discussions.<sup>30</sup>

An updated Pharmacy Access Scheme (revised PhAS) began in 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 the dispensing volume of the pharmacy, and distance from the next nearest pharmacy, although there are changes to the detailed eligibility criteria.<sup>31</sup>

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 map 8 below and District 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.

**Map 7 - Oldham pharmacies showing 1 mile travel distance (Source: [SHAPE - Shape](#))**

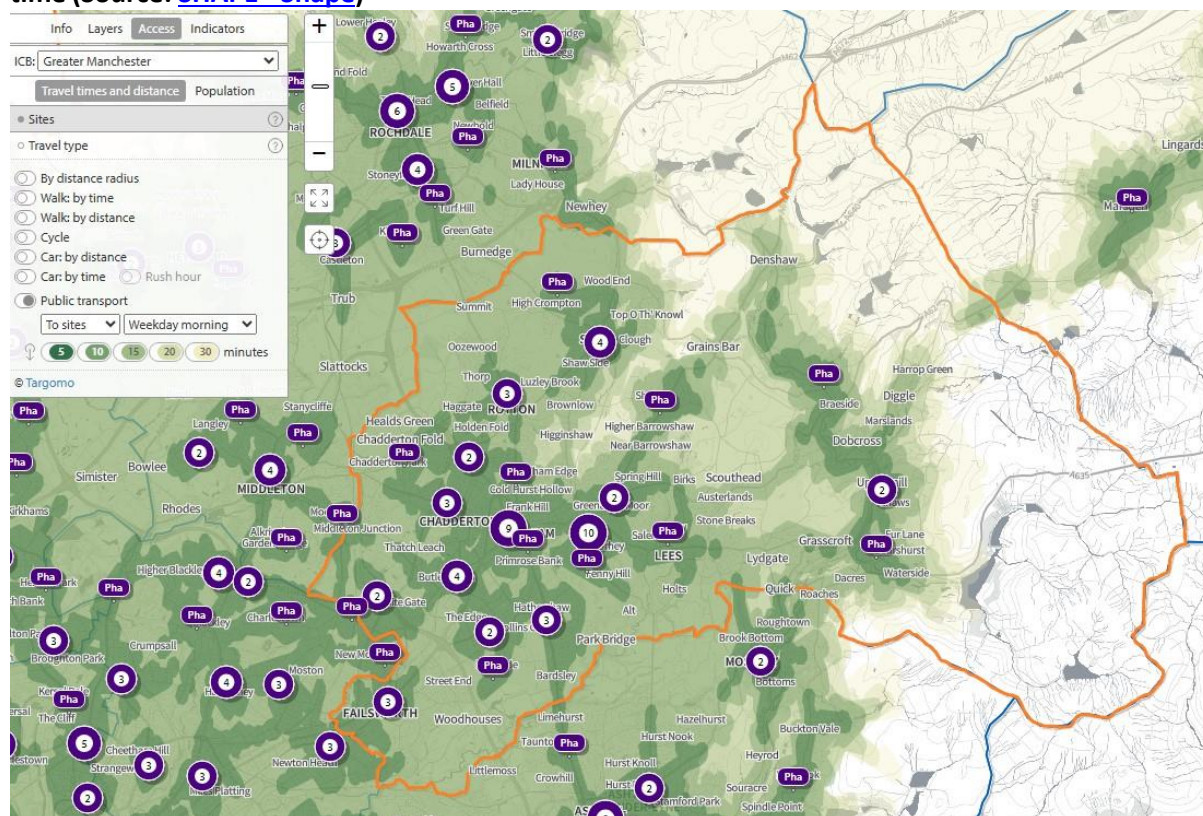


<sup>30</sup> <https://cpe.org.uk/learn-more-about-community-pharmacy/about-community-pharmacy/> accessed 11/03/2025

<sup>31</sup> <https://cpe.org.uk/quality-and-regulations/the-pharmacy-contract/pharmacy-access-scheme-phas/> accessed 11/03/2025

Map8 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 more rural areas along the Eastern Border of the borough.

**Map 8- Oldham and surrounding Borough Pharmacies showing 20-minute public transport travel time (Source: [SHAPE - Shape](#))**



According to government statistics the percentage of households in the Northwest without access to a vehicle has fallen from 27% in 2002/03 to 24% in 2023<sup>32</sup> (see Table 18 in section 7.1 for Oldham Census data). Although this is high compared to some national regions, it is in line with the national average (England 2023 average 22%, England-excluding-London 19%, London Only 42%). This is because the Northwest 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.

Most of Oldham's population 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 60 community pharmacies, more than the 33 GP practices. In addition, all Districts have multiple pharmacies and there are pharmacies close to each GP practice, although practice list sizes, number of GPs and opening times may differ significantly between practices. At ward level Failsworth East ward has no community pharmacy but do have them near their border.

<sup>32</sup> <https://www.gov.uk/government/statistical-data-sets/nts99-travel-by-region-and-area-type-of-residence> accessed 11/03/2025

### 6.1.3 Access due to opening hours

When questioned about access due to opening hours, in general respondents felt it was important to have access to pharmacies seven days a week, Monday to Sunday during the hours of 9am to 6pm.

When questioned about early morning and early evening opening on weekdays, in general respondents felt it was important to have access to pharmacies before 9am and early evening between 6pm and 9pm.

When questioned about early morning opening on Saturdays/Sundays and late evening opening on weekdays/Saturdays/Sundays, in general most respondents felt this was unimportant or not necessary.

Similarly with respect to bank holidays, in general most respondents felt that it was necessary to have some form of access during the day, in the morning and afternoon, but felt it was unimportant or not necessary with respect to access on a bank holiday in the early morning or evening.

The responses received are summarised in the table below:

	Essential	Fairly Important	Total of Essential and Fairly Important	Unimportant	Not necessary	Total of Unimportant and Not necessary	Not sure
Weekday: Early Morning (before 9am)	11%	39%	50%	28%	22%	50%	0%
Weekday: During the day	50%	28%	78%	11%	11%	22%	0%
Weekday: Lunchtime	28%	33%	61%	22%	17%	39%	0%
Weekday: Early evening between 6pm and 9pm	39%	50%	89%	11%	0%	11%	0%
Weekday: Late evening after 9pm	6%	61%	67%	17%	16%	33%	0%
Saturday: Early Morning (before 9am)	11%	28%	39%	28%	33%	61%	0%
Saturday: Morning	22%	61%	83%	17%	0%	17%	0%
Saturday: Afternoon	22%	61%	83%	11%	6%	17%	0%
Saturday: Evening after 6pm	11%	44%	55%	28%	17%	45%	0%
Sunday: Early Morning (before 9am)	11%	22%	33%	50%	17%	67%	0%
Sunday: Morning	22%	44%	66%	28%	6%	34%	0%
Sunday: Afternoon	22%	56%	78%	16%	6%	22%	0%
Sunday: Evening after 6pm	11%	33%	44%	45%	11%	56%	0%
Bank Holidays: Early Morning (before 9am)	11%	22%	33%	39%	28%	67%	0%
Bank Holidays: Morning	22%	33%	55%	28%	17%	45%	0%
Bank Holidays: Afternoon	17%	44%	61%	28%	11%	39%	0%



Bank Holidays: Evening after 6pm	11%	33%	44%	33%	17%	50%	6%
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Table 15, 16 and 17 along with appendix 8 detail the span of opening times for Oldham pharmacies based on their core and supplementary opening hours<sup>33</sup>. They identify 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) and those open before 8am and after 7pm (Monday to Friday). The opening times are correct at the time of drafting the PNA and are taken from the official pharmaceutical list for GM. Full details of the opening hours for community pharmacies in Oldham can be found on NHS Services<sup>34</sup>.

## Monday to Saturday opening

Three walk-in community pharmacies open at 8:00 am or earlier Monday to Friday, the earliest opening is 7am (see Table 15). This is a drop from the previous PNA when there were 8 pharmacies open during these hours. During a period of significant financial pressure, pharmacies have reduced hours (and terminated contracts in worst cases) during those hours where trade has been minimal and not cost effective to remain open during these hours.

26 of the 50 walk-in community pharmacies open on a Saturday morning. 13 of the 26 pharmacies close by 1:00pm leaving 14 open on Saturday afternoon until 7:00pm or later, with an additional pharmacy opening at 5:00pm.

There is at least one pharmacy open in each district between 8.30am and 6pm on a weekday, plus 9am to 5pm on a Saturday.

There is reduced access in opening hours in South District 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 districts have cover with at least 1 pharmacy remaining open during these times.

The public survey only had 1 response from someone whose postcode matched those in South District (M35 & OL8). They did not have a problem accessing a pharmacy due to opening times.

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

District	Ward	Map Index	Trading Name	Postcode	Mon to Sat Opening Times	Comments
Central	Alexandra	13	Chemist Corner Internet Pharmacy	OL8 2BD	8:00am	Distance selling pharmacy/closed on Saturday
Central	St Mary's	35	Our Pharmacy	OL4 1JN	7:00am	
West	Chadderton Central	6	Boots	OL9 0LQ	8:00am	

Ten pharmacies provide access to pharmaceutical services until 7:00 pm or later Monday to Friday; with eight pharmacies also providing until 7:00 pm or later Saturday (see Table 16).

<sup>33</sup> Data valid as at 11<sup>th</sup> March 2025

<sup>34</sup> <https://www.nhs.uk/nhs-services/>

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

District	Ward	Map Index	Trading Name	Postcode	Mon to Sat Closing Times	Comments
Central	Coldhurst	42	Tesco In-Store Pharmacy	OL9 6BW	9:00pm	
Central	St Mary's	38	Seemed Pharmacy	OL4 1EN	7:00pm	Closes at 12:00pm on Saturday
Central	St Mary's	35	Our Pharmacy	OL4 1JN	10:30pm	Closes at 8:30pm on Saturday
Central	St Mary's	32	Oldham Late Night Pharmacy	OL4 1JW	9:00pm	
East	St James'	43	Tesco In-Store Pharmacy	OL1 3LG	9:00pm	
North	Royton North	7	Boots	OL2 5HX	7:00pm	
North	Royton North	30	Market Square Pharmacy	OL2 5QD	9:00pm	
North	Royton South	48	Well	OL2 6QN	7:00pm	Closes at 1:00pm on Saturday
North	Shaw	4	ASDA Pharmacy	OL2 8QP	9:00pm	
West	Chadderton Central	3	ASDA Pharmacy	OL9 0JE	9:00pm	

## Sunday opening

10 pharmacies open on Sunday and four of the five districts have at least one pharmacy open for some hours. Most of the respondents, 67%, to the public survey were satisfied or very satisfied with the opening hours provided.

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

District	Ward	Map Index	Trading Name	Postcode	Sunday Opening Times	Sunday Closing Times
Central	Coldhurst	28	Lloydspharmacy	OL1 1NL	10:00am	4:00pm
Central	Coldhurst	8	Boots	OL1 1XD	11:00am	4:00pm
Central	Coldhurst	42	Tesco In-Store Pharmacy	OL9 6BW	11:00am	5:00pm
Central	St Mary's	35	Our Pharmacy	OL4 1JN	8:00am	5:00pm
Central	St Mary's	32	Oldham Late Night Pharmacy	OL4 1JW	10:00am	8:00pm
East	St James'	43	Tesco In-Store Pharmacy	OL1 3LG	10:00am	4:00pm
North	Royton North	7	Boots	OL2 5HX	11:00am	4:00pm
North	Royton North	30	Market Square Pharmacy	OL2 5QD	8:00am	6:00pm
North	Shaw	4	ASDA Pharmacy	OL2 8QP	11:00am	5:00pm
West	Chadderton Central	3	ASDA Pharmacy	OL9 0JE	10:30am	4:30pm

## Changes to pharmacy contractors

In Oldham since the last PNA there has been the closure of one distance selling pharmacy and the new opening of three distance selling pharmacies. The number of pharmacy contractors has increased by two. There are no further known changes anticipated at the time of writing the PNA.

### 6.1.4 Access to pharmaceutical services on public and bank holidays and Easter Sunday

NHSCB has a duty to ensure that residents of the HWB's area can 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.

### 6.1.5 Access to Advanced Services

NHS GM has in place a Community Pharmacy Services Group which meets monthly to oversee the implementation and quality assurance of nationally and locally commissioned community pharmacy services and to act as a touch point for the Greater Manchester Primary Care Team, CPGM (the LPC for GM), Local Pharmacy Network (LPN). This work supports the successful implementation and engagement with both new and pre-existing community pharmacy services, helping to ensure that Manchester residents benefit from the wide range of services available.

### 6.1.5.1 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, December 2023 to November 2024 (latest data on 1<sup>st</sup> March 2025), 1461 AURs were provided to Greater Manchester residents with 500 of these delivered in the individual's home.

### 6.1.5.2 Access to Pharmacy First Service (PFS)

Appendix Seven provides a list of pharmacies providing PFS advanced services.

The Pharmacy First service commenced on 31st January 2024<sup>i</sup>, and involves pharmacists providing advice and NHS-funded treatment, where clinically appropriate, for seven common conditions (age restrictions apply):

Clinical pathway	Age range
Acute Otitis Media*	1 to 17 years
Impetigo	1 year and over
Infected insect bites	1 year and over
Shingles	18 years and over
Sinusitis	12 years and over
Sore throat	5 years and over
Uncomplicated urinary tract infections	Women 16-64 years

\* Distance Selling Pharmacies will not complete consultations for Acute Otitis Media.

Consultations for these seven clinical pathways can be provided to patients presenting to the pharmacy as well as those referred electronically by NHS 111, general practices and others.

The service also incorporates the elements of the Community Pharmacist Consultation Service, i.e. minor illness consultations with a pharmacist and the supply of urgent medicines (and appliances), both following an electronic referral from NHS 111, general practices (urgent supply referrals are not allowed from general practices) and other authorised healthcare providers (i.e. patients are not able to present to the pharmacy without an electronic referral).

In the clinical pathway consultations with a pharmacist, people with symptoms suggestive of the seven conditions will be provided with advice and will be supplied, where clinically necessary, with a prescription-only treatment under a Patient Group Direction (PGD) or in one pathway, an over-the-counter medicine (supplied under a clinical protocol), all at NHS expense.

Currently (March 2025), all 60 Pharmacies in Oldham are registered to provide the Pharmacy First Service. In the 3 months up to December 2024, 3303 PFS Clinical Pathway Consultations, 1822 Urgent Supply Consultations and 2375 Minor Illness consultations were provided.

### **6.1.5.3 Access to Lateral Flow Device (LFD) Service**

The Lateral flow device tests supply service for patients potentially eligible for COVID-19 treatments (LFD service) was commissioned as an Advanced service from 6th November 2023. The NHS offers COVID-19 treatment to people with COVID-19 who are at risk of becoming seriously ill. To access treatment, eligible patients first need to be able to test themselves by using a lateral flow device (LFD) test if they develop symptoms suggestive of COVID-19. It is therefore important that they have LFD tests at their home **in advance of developing symptoms**, so they can promptly undertake a test. The LFD service was introduced to provide eligible patients with access to LFD tests.

If a patient tests positive, they are advised to call their general practice, NHS 111 or hospital specialist as soon as possible. The test result will be used to inform a clinical assessment to determine whether the patient is suitable for and will benefit from National Institute for Health and Care Excellence (NICE) recommended COVID-19 treatments.

The full list of eligible patients aged 12 years and over that are eligible to access LFD tests via the service (because they are at risk of getting seriously ill from COVID-19 and therefore are potentially eligible for COVID-19 treatments) can be found in the NICE guidance: <https://www.nice.org.uk/guidance/ta878/chapter/5-Supporting-information-on-risk-factors-for-progression-to-severe-COVID19>

As part of the service, patient's eligibility for a supply of LFD tests must be confirmed. Eligible patients should only receive one box of 5 LFD tests per consultation.

In the 3 months up to December 2024, 400 LFD supply consultations were carried out.

### **6.1.5.4 Access to Community Pharmacy Seasonal Influenza Vaccination programme**

According to data available at NHS Business Services Authority up to Dec 2024 (Latest available data 1<sup>st</sup> April 2025), 43 pharmacies in Oldham are delivering this service for 2024/25, 13,296 vaccinations provided from October 2024 to December 24.

### **6.1.5.5 Pharmacy Contraception Service (PCS)**

The PCS commenced on 24th April 2023, allowing the on-going supply of oral contraception (OC) from community pharmacies. From 1st December 2023, the service expanded to include both initiation and on-going supply of OC.

NHS community pharmacies are an accessible and convenient place for people to receive advice and support for contraception management.

The NHS Long Term Plan highlights the importance of NHS services complementing the action taken by local government to support the commissioning of sexual health services and exploring the future commissioning arrangements to widen access and create capacity where it is needed.

The Public Health England resource for commissioners highlighted the role community pharmacy can play supporting ongoing contraception. Appropriately trained and skilled community pharmacists can provide access to an ongoing supply of their oral contraception to relieve the burden on general practice and allow GPs to concentrate on more specialist services.

Supplies of oral contraception are made by a pharmacist via a Patient Group Direction (PGD). The aim of the Pharmacy Contraception Service (PCS) is to offer people greater choice and access when considering starting or continuing their current form of oral contraception.



Following the announcement of the new CPCF in April 2025, it has been announced that from October 2025, Emergency Hormonal Contraception is to be added to the Pharmacy Contraception Service (PCS). This in turn means that there will be no need from October 2025 for a Locally commissioned service for Emergency Hormonal Contraception as is currently the case.

Currently (April 2025) 40 pharmacies in Oldham are registered to provide this service. In the 3 months up to December 2024, there were 86 initiation consultations and 635 on-going supply consultations.

#### **6.1.5.6 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.

Currently (April 2025) 12 pharmacies in Oldham are registered to provide this service. In the 3 months up to December 2024, there were 3342 Community Pharmacy Clinic Blood Pressure checks and 527 Community Pharmacy Ambulatory Blood Pressure Monitoring (ABPM) consultations.

#### **6.1.5.7 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:

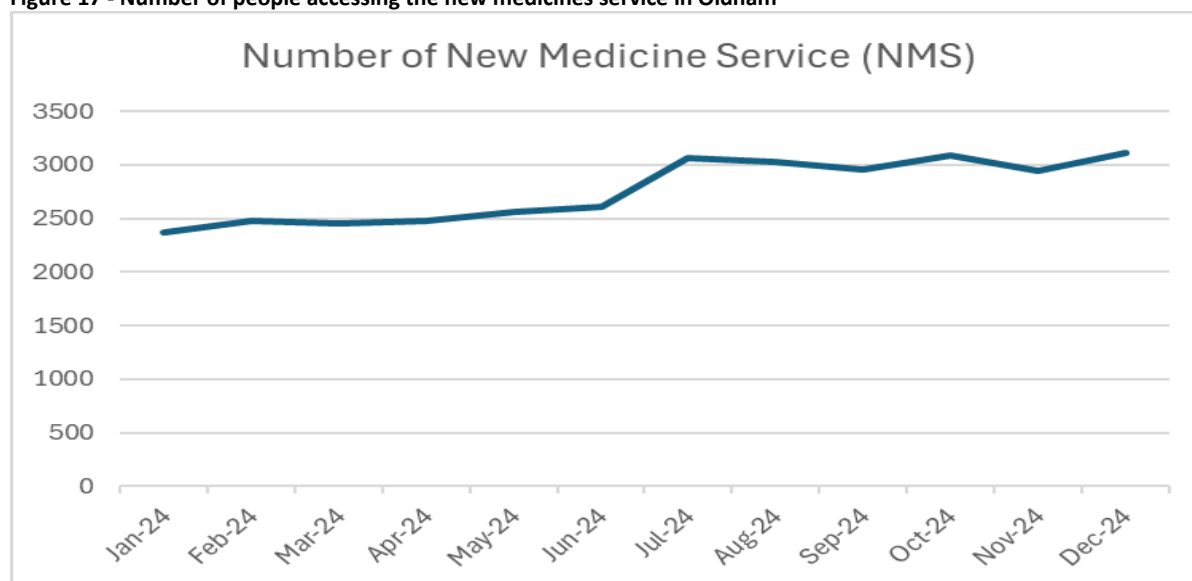
1. Asthma and COPD
2. Diabetes (Type 2)
3. Hypertension
4. Hypercholesterolaemia
5. Osteoporosis
6. Gout
7. Glaucoma
8. Epilepsy
9. Parkinson’s disease
10. Urinary incontinence/retention
11. Heart failure
12. Acute coronary syndromes
13. Atrial fibrillation
14. Long term risks of venous thromboembolism/embolism
15. Stroke / transient ischemic attack
16. Coronary heart disease

Following the announcement of the new CPCF in April 2025, a new condition of **Depression** is to be added to the NMS service from October 2025.

Currently (April 2025), all 60 Pharmacies in Oldham are registered to provide the Pharmacy New Medicines Service (NMS).

See Appendix Seven for those pharmacies that are providing NMS.

**Figure 17 - Number of people accessing the new medicines service in Oldham**



#### **6.1.5.8 Access to stoma appliance customisation**

Between January 2024 to December 2024, no pharmacies in the Oldham HWB area 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 April 2025, they provide an average 9,667 stoma customisations per month to patients nationally and locally. Some patients will access this service from DACs outside GM.

#### **6.1.5.9 Access to Smoking Cessation Service (SCS)**

The Smoking Cessation Service (SCS) has been 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.

Currently (April 2025) 29 pharmacies in Oldham are registered to provide this service. In the 12 months from Jan 24 up to December 2024, 153 Smoking Cessation Service Consultations were provided.

### **6.1.6 Access to locally commissioned or enhanced services**

#### **6.1.6.1 Locally commissioned services by Oldham Council**

In April 2025 Oldham Council commission 3 services from community pharmacies.

Local Authorities commission public health or preventative services.

One service is directly commissioned:

- Emergency Hormonal Contraception

Following the announcement of the new CPCF in April 2025, it has been announced that from October 2025, Emergency Hormonal Contraception is to be added to the Advanced service - Pharmacy

Contraception Service (PCS). This in turn means that the locally commissioned service for EHC should not be required from the October 2025 start date.

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

- Needle Exchange
- Supervised Consumption Services

#### *6.1.6.2 Locally commissioned services by NHS GM ICB*

NHS GM ICB usually commission services related to a person's current disease state rather than for preventative care. In Oldham there is four 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
- Minor Ailment Service
- IP Pathfinder – Minor Illness
- COVID-19 antiviral medication supply for Non-Hospitalised Patients via Community Pharmacy and COVID-19 antiviral medication Delivery (Medicines supply following referral via NHS Mail)

## 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 Appendix Twelve), some may offer extended hours.

Prescribing data from shows that although most items (80%, see Table 11) prescribed by Oldham prescribers are dispensed in Oldham pharmacies a number are dispensed across England.

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 and section 8) 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 core hours (known as supplementary hours) in line with their terms of service as set out in the 2013 regulations,
- 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 early morning, evenings, Saturday and Sunday. Opening hours are available on NHS Services. The range of opening times is discussed in section 6.1.3 and is shown in Appendix Eight and Maps 10 and 11. Locally commissioned services are also detailed in section 6.1.6.

### 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.

### 6.3.3 Other relevant services

The HWB consider locally commissioned services as providing an improvement or better access to pharmaceutical services, where palliative care stockholding, Covid Medicines Delivery Unit, Minor Ailment service and Minor Eye Conditions Services are commissioned by NHS GM.

### 6.3.4 Choice regarding obtaining pharmaceutical services

80% of items prescribed by Oldham practices are dispensed within Oldham community Pharmacies. 20% of items that are dispensed by Oldham pharmacies are prescribed 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 prescribed in neighbouring HWB areas but not in significant numbers.

## 6.4 Future provision – necessary and other relevant services

### 6.4.1 Housing and development

The following information is provided to inform the Pharmaceutical Needs Assessment (PNA) in relation to pharmaceutical provision in Oldham. The statement provides information on expected future housing, transport and regeneration development, including that identified within the Places for Everyone (PfE) Plan, Creating a Better Place and our identified housing land supply up to 2028/29.

#### 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 Plan sets out how the plan area will develop in terms of homes, jobs, green spaces and infrastructure up to 2039.

PfE was adopted 21 March 2024 and now forms part of Oldham's development plan, alongside Oldham's existing Local Plan ([the Joint Core Strategy and Development Management DPD, 2011](#)).

Policy JP-D1: Infrastructure Implementation sets out measures to ensure the plan is supported by appropriate infrastructure. Policy JP-P6: Health sets out measures related specifically to health provision and requires, where appropriate, the provision of new or improved health facilities as part of new developments proportionate to the additional demand that they would generate.

PfE sets out a housing requirement for Oldham of 680 homes a year from 2022-2039 phased using a stepped requirement as follows:



- 2022 to 2025 – 404 homes a year
- 2025 to 2030 – 680 homes a year
- 2030 to 2039 – 772 homes a year

Across the plan period the total housing required in Oldham is 11,560 homes. PfE identifies land to accommodate around 13,311 homes within Oldham.

PfE identifies Strategic Allocations in Oldham for housing development - around 2,500 homes up to 2039. Approximately 27 of these homes are expected to be delivered between 2024/25 – 2028/29, with the remainder being delivered after 2028.

Three of the strategic allocations (Beal Valley, Broadbent Moss and Cowlshaw) 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.

The allocation policy for Broadbent Moss has identified that given the scale of development, a local centre should be provided. The local centre could include education, community and healthcare facilities.

#### *6.4.1.2 Oldham's 'Creating a Better Place' Framework*

Creating a Better Place is an ambitious plan that will unlock investment worth £285 million and create around 2,000 new homes in Oldham town centre, new jobs and business and apprenticeship opportunities.

Please note this number may change slightly following further refinement and masterplanning work, however 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, as well as affordable housing.

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 2024-2028*

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 January 2025 and represents the housing land supply position looking forward from April 2024.

The SHLAA is a technical document identifying land that might have potential for housing at some stage in the future, as required by the National Planning Policy. Whilst the SHLAA is an important evidence source, it does not in itself determine whether a site should be allocated for development. Allocation will take place through the Local Plan and any Neighbourhood Plan. Instead, the purpose of the assessment is to provide an assessment of land that could be suitable for housing and to demonstrate how we can meet our housing needs going forward.

The Housing Land Supply position as presented in the SHLAA for the period of 2024/25 -2028/29 shows that around 3,500 homes are anticipated to be delivered over the period (2024/25 – 2028/

29)<sup>35</sup>. Beyond this period, around 9,980 homes are anticipated to be delivered over the medium to long term<sup>36</sup>.

The SHLAA contains a number of supporting appendices, including a breakdown of the housing land supply by [ward](#).

The wards which have the highest supply of identified housing land anticipated to be delivered between 2024 - 2029 are Shaw and Medlock Vale. This includes several large housing sites which are currently under construction, such as:

- Shaw Distribution Centre, off Linney Lane - which will deliver around 330 homes during this period (and a further 70 homes beyond this).
- Cowlshaw Abbatoir, Shaw (part of PfE Allocation) - which will deliver 177 homes during this period (124 homes have already been completed on this site prior to April 2024).
- Land at Rosary Road/ Hill Farm Close, Fitton Hill, Medlock Vale – which will deliver around 330 homes during this period (and a further 34 homes beyond this).

Wards of Coldhurst, Chadderton South, Failsworth West, St Mary's and Saddleworth North also include several housing sites which are expected to deliver over 200 homes (in total) in each ward in the short term (up to 2029).

#### *Housing type/ tenure/ specialist needs*

In terms of housing mix (types of houses, size etc) in some cases the mix of housing is known, where the site is already under construction or has planning permission. This information can be provided if required. However, for some sites the mix of housing is unknown at this stage.

In terms of affordable housing, of the 3,500 homes anticipated to be delivered up to 2028/29, around 652 affordable homes will be delivered<sup>37</sup>, in addition to 540 'Truly Affordable', Social Homes<sup>38</sup>. These figures represent sites where the tenure of homes to be delivered is known, i.e. through planning permissions or on council sites for example. More affordable housing may also come forward in this period on sites where the tenure is not yet known, such as those without planning permission.

An update of the Local Housing Needs Assessment (2024) has identified that there are currently around 3,275 units of specialist older persons' accommodation comprising 2,115 specialist older accommodation units (C3 planning use class), 227 Extra Care (C2 use class), and 933 bedspaces residential care (C2 use class). It is estimated there is a need for 3,139 additional C3 dwelling units over the period 2022 to 2041 or 165 each year, a need for 955 C2 Extra Care units or 50 each year, and 775 C2 residential care bedspaces or 41 each year. A key conclusion is that there needs to be a broader housing offer for older people across the borough and the LHNA has provided evidence of scale and range of dwellings needed.

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<sup>35</sup> Including accounting for small scale clearance – it is anticipated around 25 homes will be lost and not replaced over the same period.

<sup>36</sup> Medium term = 2029 to 2034, Long term = 2034+

<sup>37</sup> In line with the definition of 'Affordable Housing' set out in National Planning Policy Framework Annex 2.

<sup>38</sup> 'Truly Affordable' is defined as properties with rents at Local Housing Allowances rate or lower (50-60% of market rents defined by Sections 68-71 of the Housing and Regeneration Act 2008).

#### 6.4.1.4 *Transport Development*

The [Oldham Transport Strategy and Delivery Plan](#) sets the strategic direction for travel and mobility within Oldham. It captures existing commitments and priorities for all our communities and identifies the requirements for transport in the future both for growth and in response to changing travel technologies.

#### 6.4.1.5 *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 wellbeing where relevant to the Local Plan. As part of this there will be a need to understand the healthcare needs arising from the Local Plan as a whole.

A Draft Local Plan was consulted upon in January - February 2024. We are now working on the next stages of the Local Plan Review. If you wish to be kept informed of the preparation of the Local Plan please visit [https://www.oldham.gov.uk/info/200585/local\\_plan/1825/consultation](https://www.oldham.gov.uk/info/200585/local_plan/1825/consultation) or contact the Strategic Planning Team at [SPI.Consultations@oldham.gov.uk](mailto:SPI.Consultations@oldham.gov.uk).

#### 6.4.1.6 *Summary*

In summary, up to 2028/29 our Housing Land Supply identifies the expected delivery of around 3,500 homes. Over this period, the wards of Shaw and Medlock Vale have the highest anticipated level of development.

## 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, to then return with the vaccine to the practice so that it may be administered.
- GP out-of-hours service.
- Any other NHS services identified in the area

### 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.
- Pennine Care NHS Foundation Trust, 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.

### 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 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.

### 6.5.4 Independent prescribing

In 2023/24, NHS England commissioned a pathfinder programme to explore the use of Pharmacist Independent Prescribers in NHS-commissioned services delivered by community pharmacy. NHS Greater Manchester has a small number of community pharmacies participating in the pathfinder programme which commenced in Q4 of 2024/25. NHS GM is testing 3 clinical models – minor illness (prescribing for patients who have accessed Pharmacy First advanced service but needed a prescribing intervention), Respiratory (medicines optimisation for people with asthma and COPD) and Hypertension (initiating treatment for patients identified as hypertensive through the Hypertension Case-Finding advanced service and medicines optimisation for people on hypertensive medication). NHS England has commissioned a formal evaluation of the pathfinder programme which will be published and shared with stakeholders in 2025/26.

Due to the limited number of pharmacies involved in the pathfinder programme in GM (n=10), there is not anticipated to be any significant impact on provision of community pharmacy services in GM in 2024/25 or 2025/26, however, dependent upon the success of the programme, the outcomes of the evaluation, and future NHS England commissioning considerations, this model of service delivery may expand in the future, and potentially within the lifetime of this PNA, at which point a further assessment may be required.



## 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 districts, as described in section 3.1.2. As each district has slightly differing health needs, they are considered separately for the purposes of the PNA. Current residential and future proposed residential areas have been assessed for access to a pharmacy. Access to a pharmacy is based on walking, public or private transport times from the nearest pharmacy and the most recent census data from 2021 showing the percentage of residents with no car or van availability in each ward.

**Table 18 - Car ownership by district and ward**

District	Ward	% with car or van availability	% no cars (Census 2021)	% no cars (Census 2011)
Central	Coldhurst	53%	47%	54%
Central	Alexandra	61%	39%	49%
Central	St Mary's	64%	36%	44%
South	Hollinwood	65%	35%	43%
East	Waterhead	66%	34%	39%
South	Medlock Vale	68%	32%	38%
West	Werneth	69%	31%	38%
South	Failsworth West	70%	30%	32%
West	Chadderton South	71%	29%	32%
East	St James'	71%	29%	32%
North	Shaw	73%	27%	27%
South	Failsworth East	74%	26%	27%
North	Royton South	76%	24%	26%
West	Chadderton Central	76%	24%	25%
West	Chadderton North	78%	22%	25%
North	Royton North	78%	22%	23%
North	Crompton	81%	19%	20%
East	Saddleworth West and Lees	81%	19%	19%
East	Saddleworth South	84%	16%	16%
East	Saddleworth North	89%	11%	11%

The percentage of Oldham residents (2021) with access to a car or van averages at 72%.

The Central District wards have the lowest average (59%) 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 District wards have the highest average car ownership of 78%, 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). The East District has the greatest variation in car ownership as both Waterhead (66%) and St. James' (71%) wards are bordering with the Central District and have areas of higher deprivation.

## 7.2 West District profile

Oldham West District consists of four wards:

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

West District summary as described in the JSNA<sup>39</sup>:

- West District has the second highest population in Oldham. The district population grew by 11% between 2011 and 2021. The ward of Werneth saw the greatest growth of any in the borough.
- Deprivation levels vary greatly within the district. Werneth is the most deprived area, followed by Chadderton Central. Although Chadderton South and Chadderton North show areas of high need, deprivation levels are lower overall.
- Chadderton North is the only area of West district where the median house price falls above the Oldham average. Large differences are seen within the district, with a £115,000 average price difference between a home in Chadderton North and Werneth.
- Unemployment rates are high in Chadderton Central and Werneth and fall below the Oldham average in Chadderton North and Chadderton South. West has the largest difference in rates between its wards of any district.
- Chadderton Central has the lowest median household income of any ward in Oldham.
- Pupils in West perform within the range of the Oldham averages for Key Stage 1 Phonics Screening and Key Stage 2 SATS, however the average Attainment 8 score at Key Stage 4 is above the Oldham average and the highest of any district.
- Rates of childhood obesity are high. Children in Year 6 have one of the highest rates of overweight or obesity in Oldham.
- West has the highest rate of smoking within Oldham and sees high rates of Diabetes, Depression and Obesity. Learning Disability rates are the highest across Oldham in West.
- West District has low levels of Child and Adolescent Mental Health referrals and contacts. This may be a reflection on access to and utilisation of services rather than a difference in prevalence of mental health conditions in the district. Adult Mental Health service use is in line with Oldham averages.
- West District has a low rate of both Children's Social Care activity and referrals. The district sees the lowest proportion of its referrals from Education and the highest proportion of its referrals from Police. Adult Social Care activity is relatively high, referrals are like the average for Oldham.
- There are more crimes per 1,000 residents in Chadderton South than any other ward in West District. Chadderton North has the lowest crime rate of the district, and one of the lowest of any Oldham ward.

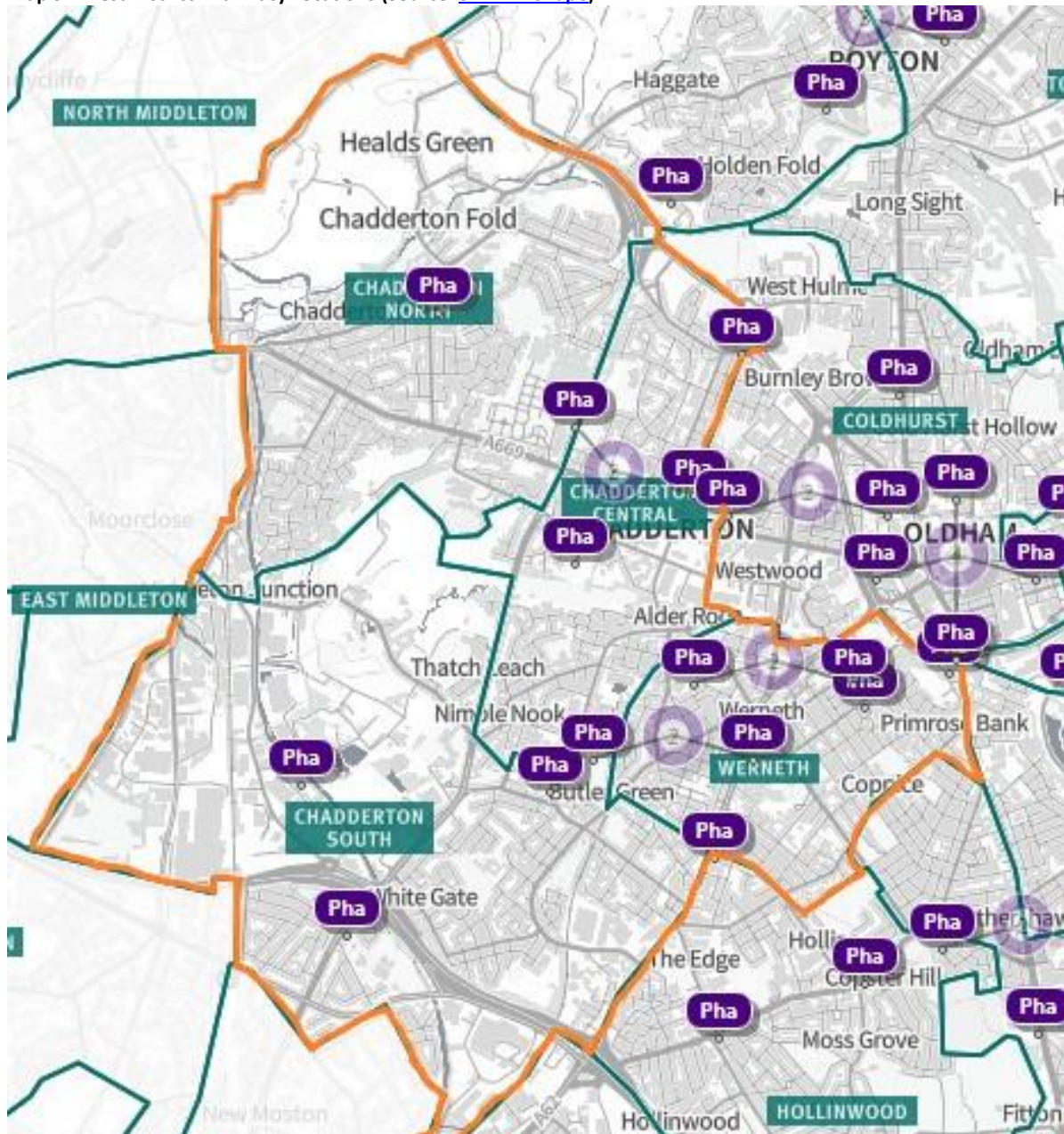
### 7.2.1 Access to a pharmacy in West District

Map 9 shows that there are multiple pharmacies located within all the wards within the West District. During Monday to Friday and at weekends there is satisfactory provision of pharmaceutical services across this District.

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<sup>39</sup> <https://www.jsnaoldham.co.uk/cms-data/depot/places-depot/West-District-Profile-2023.pdf> accessed 28/03/2025

Map 9 - West District Pharmacy Locations (Source: [SHAPE - Shape](#))



### 7.2.2 Future housing development in West District

There are no residential sites of more than 200 properties proposed for future development in West district and a just a smaller development in Chadderton South. This area is well served by existing pharmacies and would not require any extra pharmaceutical service facilities within this PNA cycle.

## 7.3 South District profile

Oldham South District consists of four wards:

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

South district summary as described in the JSNA<sup>40</sup>:

- South District's population increased by 10% between 2011 and 2021. It's population size, age structure and ethnic diversity most closely match the averages for Oldham of any district.
- Deprivation levels are relatively high across the district and vary between wards. Failsworth East and West's deprivation levels fall just below the Oldham average, whilst rates for Hollinwood and Medlock Vale are higher.
- Median house prices vary between areas of the district. A house in Failsworth East is most expensive, Failsworth West is similar to the Oldham average and Hollinwood and Medlock Vale are both lower.
- Fuel poverty is higher in Hollinwood and Medlock Vale than Oldham, GM and England averages. Rates in Failsworth are comparable to the Oldham average.
- Unemployment rates are similar to the Oldham average, however youth unemployment rates are highest across Oldham. Hollinwood and Medlock Vale have the two highest rates across Oldham.
- South District has the highest percentage of children in Reception classified as overweight or obese, however by Year 6 rates are similar to the Oldham average.
- Learning outcomes fall short of the Oldham averages at every Key Stage level. Pupils in Failsworth East and West perform better than those in Medlock Vale and Hollinwood. Rates of pupil absence are highest in South District. The rate of SEN Support need is highest in South.
- Rates Smoking, Adult Obesity, Depression, Diabetes and Learning Disability tend to be lower or similar to the borough averages in South District. However, rates still fall short of the England averages for all measures.
- Adult and Child Mental Health Referrals are second highest across Oldham. Mental Health Contacts for both groups rank third.
- South District has a high rate of both Children's Social Care activity and referrals. The district sees a higher than average proportion of its referrals from LA Services compared to other districts. Adult Social Care activity and referrals (age-standardised) are average for the borough.
- The crime rate in the district is second highest across Oldham. Hollinwood experiences the highest crime rate of all South District wards.

### 7.3.1 Access to a pharmacy in South District

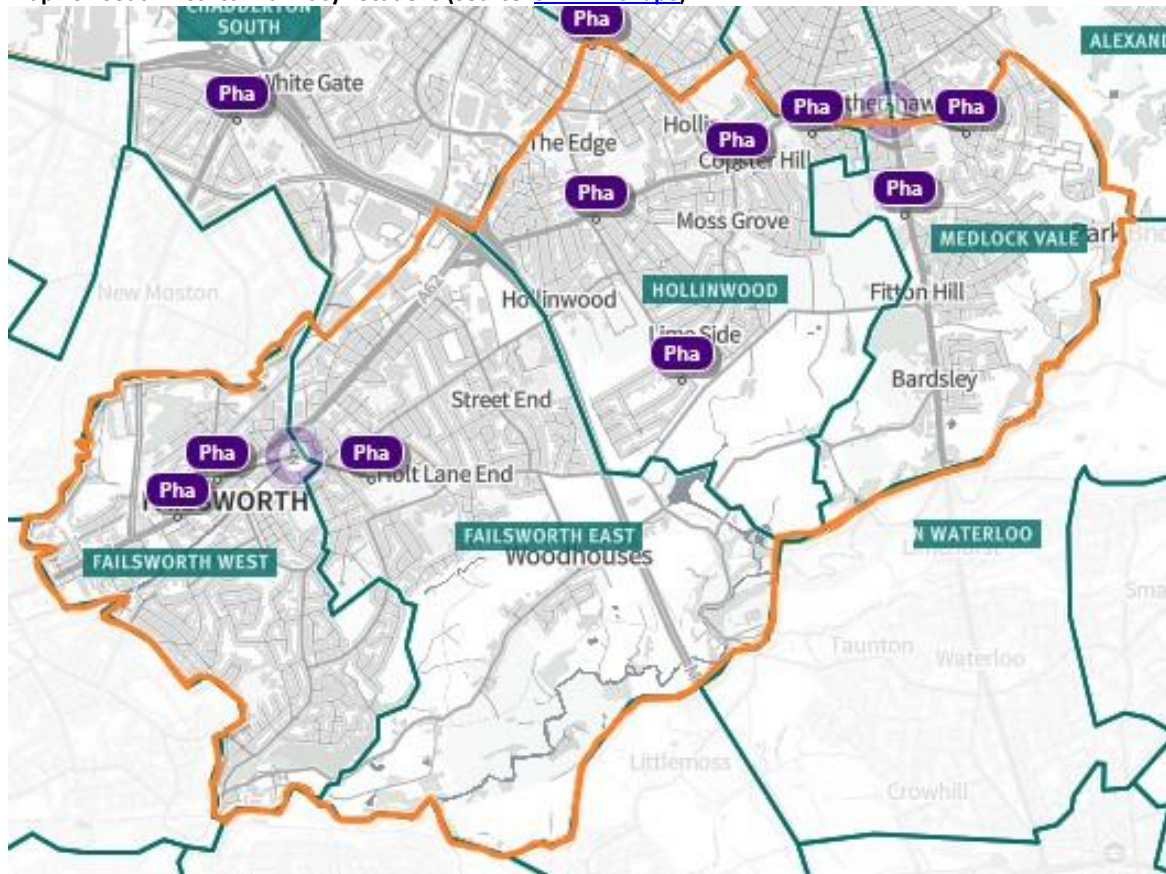
Map 10 shows that there are pharmacies located in all wards except Failsworth East in South District. During Monday to Friday and at weekends there is satisfactory provision of pharmaceutical services across this District. Although there are no pharmacies located in Failsworth East Ward travelling distances 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 74% (slightly higher than average).

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<sup>40</sup> <https://www.jsnaoldham.co.uk/cms-data/depot/places-depot/South-District-Profile-2023.pdf> accessed 28/03/2025



Map 10 - South District Pharmacy Locations (Source: [SHAPE - Shape](#))



### 7.3.2 Future housing development in South District

South District has allocated areas for proposed residential development in Medlock Vale (330 properties) and Failsworth East (small scale). These areas fall within the 20-minute public transport time to existing pharmacies so would not require any extra pharmacy premises to open as they are already well served within the district.

## 7.4 Central District profile

Oldham Central district consists of three wards:

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

Central district summary as described in the JSNA<sup>41</sup>:

- Central District has the second smallest population in Oldham and the lowest number of wards of any district. The district population had the largest population growth between 2011 and 2021. The population is the youngest across the borough, with the highest proportion of residents under 18 and the lowest proportion of residents aged 65+.
- Central has the highest proportion of residents from a non-White British ethnic background.
- Deprivation levels are high across the district. The three wards that make up the district have the highest deprivation levels across Oldham.
- The median house price is lowest across Oldham and a substantially larger than average number of residents are living in fuel poverty.
- Socially rented homes make up a significantly larger than average percentage of homes and the proportion of owner-occupied homes is well below average.
- Unemployment rates are very high across the district, with rates significantly higher than Oldham average and more than double that of East and North Districts. The wards in Central have the lowest median incomes across the borough.
- Pupils in Central have the worst learning outcomes for all measures, from Early Years to Year 11.
- Rates of childhood obesity are concerning. Children in reception have rates of obesity similar to the borough average, however by Year 6 rates are highest across Oldham.
- Central has high rates of Smoking, Diabetes, Depression and Obesity.
- Central District has the highest rates of A&E attendances, non-elective and elective hospital spells.
- Adult Mental Health Referrals and Contacts are highest across Oldham. However, the district has the lowest levels for Children's Mental Health service use. It's important to note this doesn't necessarily reflect the prevalence within the population.
- Central District has the highest rate of both Children's Social Care activity and referrals. The district sees the highest proportion of its referrals from Education and the lowest proportion from individuals. Adult Social Care activity is highest across Oldham, referrals are significantly higher than the average for Oldham.
- The crime rate in the district is significantly higher than the Oldham average. This is likely in part due to its town centre location.

### 7.4.1 Access to a pharmacy in Central District

Map 11 shows that there is a dense coverage of pharmacies located within all wards in Central District. During Monday to Friday and at weekends there is satisfactory provision of pharmaceutical services across this district.

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<sup>41</sup> <https://www.jsnaoldham.co.uk/cms-data/depot/places-depot/Central-District-Profile-2023.pdf> accessed 28/03/2025

Map 11 - Central District Pharmacy Locations (Source: [SHAPE - Shape](#))



#### 7.4.2 Future housing development in Central District

There are residential plans for small-scale properties in Coldhurst and StMary's within this PNA cycle. Oldham's 'Creating a Better Place' Framework also identifies the need for approximately 2000 properties within the town centre which will include a mix of housing, including a 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 district may need a stronger focus on the health needs of an older population.

## 7.5 North District profile

Oldham North district consists of four wards:

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

North district summary as described in the JSNA<sup>42</sup>:

- North District has the smallest population across Oldham. It is the only district within Oldham to see a decline in the number of residents between 2011 and 2021. The population is the oldest across the borough, with the lowest proportion of residents under 18 and the highest proportion of residents aged 65+.
- North has the lowest proportion of residents from a non-White British ethnic background.
- Deprivation levels are low across the district. No wards have a deprivation score higher than the Oldham average.
- The median house price is similar to the Oldham average in Royton South and Shaw and exceeds the Oldham average in Crompton and Royton North.
- Socially rented homes represent a smaller percentage of homes compared with the Oldham average and the proportion of owner-occupied homes is above average.
- Unemployment and Youth Unemployment rates are lowest across Oldham. All wards in North have a median household income higher than the Oldham average.
- Pupils in North have good learning outcomes, with rates above the Oldham average at all Key Stages, although only exceeding national rates in Key Stage 1. North sees the lowest percentage of school absences.
- Life Expectancy is higher than the Oldham average for both males and females.
- North has high rates of Smoking, Diabetes, Depression and Obesity and particularly high rates of Learning Disability.
- Adult Mental Health Referrals and Contacts are lowest across Oldham. However, the district has the highest levels for Children's Mental Health service use. It's important to note this doesn't necessarily reflect the prevalence within the population.
- North has the highest rate of 999 ambulance calls and the lowest percentage of calls falling into the most urgent need category.
- North District has the lowest rate of both Children's Social Care activity and referrals. The district sees the highest proportion of its referrals from Health. Adult Social Care activity and referrals (age-standardised) are relatively low.
- The crime rate in the district is second lowest across Oldham. Shaw experiences a much higher rate than other North District wards.

### 7.5.1 Access to a pharmacy in North District

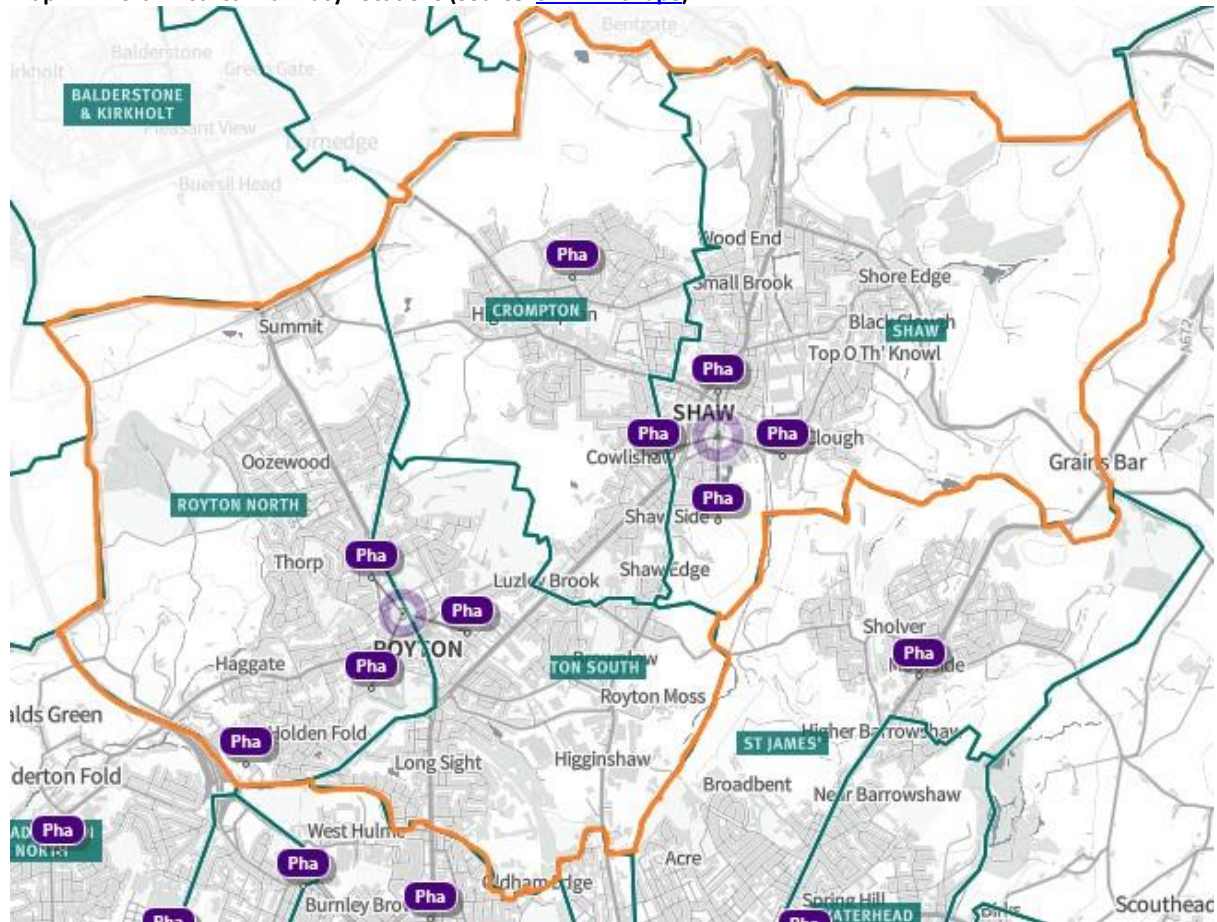
Map 12 show that there are pharmacies located within all wards in North District. During Monday to Friday and at weekends there is satisfactory provision of pharmaceutical services across this District.

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<sup>42</sup> <https://www.jsnaoldham.co.uk/cms-data/depot/places-depot/North-District-Profile-2023.pdf> accessed 28/03/2025



Map 12 - North District Pharmacy Locations (Source: [SHAPE - Shape](#))



### 7.5.2 Future housing development in North District

There is allocation of land for residential housing in Shaw delivering around 500 homes up to 2029, a proportion of these may fall outside of the PNA cycle. These proposed building locations are within a 20-minute travel time of an existing pharmacy and this area is well served by existing pharmacies and would not require any extra pharmaceutical service facilities within this PNA cycle.

## 7.6 East District profile

Oldham East District consists of five wards:

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

East district summary as described in the JSNA<sup>43</sup>:

- East District has the largest population across Oldham and the highest number of wards of any district. The district experienced one of the smallest population growths between 2011 and 2021. The district has an older than average population.
- East has the second lowest proportion of residents from a non-White British ethnic background.
- Deprivation levels are mixed across the district. Saddleworth North, Saddleworth South and Saddleworth West & Lees have low levels of deprivation, whereas St. James' and Waterhead have higher levels than the Oldham average.
- The median house price is also a mixed picture, with houses in Saddleworth North and South costing well above the national average and the remaining three wards averaging below that amount.
- Socially rented homes represent a smaller percentage of homes compared with the Oldham average and the proportion of owner-occupied homes is above average.
- Unemployment and Youth Unemployment rates are second lowest across Oldham. The Saddleworth wards have the three highest median household incomes across Oldham, rates for St. James' and Waterhead just fall short of the Oldham average.
- Pupils in East have good learning outcomes, with the highest district rates across all Key Stages with the exception of Key Stage 4, where performance falls below Oldham, North West and England averages.
- Life Expectancy is higher than the Oldham average for both males and females.
- Rates of childhood obesity are lowest across Oldham.
- Adult Mental Health Referrals and Contacts are low compared to Oldham. The district has a relatively high level of Children's Mental Health service use. It's important to note this doesn't necessarily reflect the prevalence within the population.
- East has the lowest rate of 999 ambulance calls. Hospital activity levels are lower than average.
- East District has an average rate of both Children's Social Care activity and referrals. The district sees the highest proportion of its referrals from LA Services. Adult Social Care activity and referrals (age-standardised) are lowest across Oldham.
- The crime rate in the district is lowest across Oldham. St. James' and Waterhead experience a much higher rate than other North District wards.

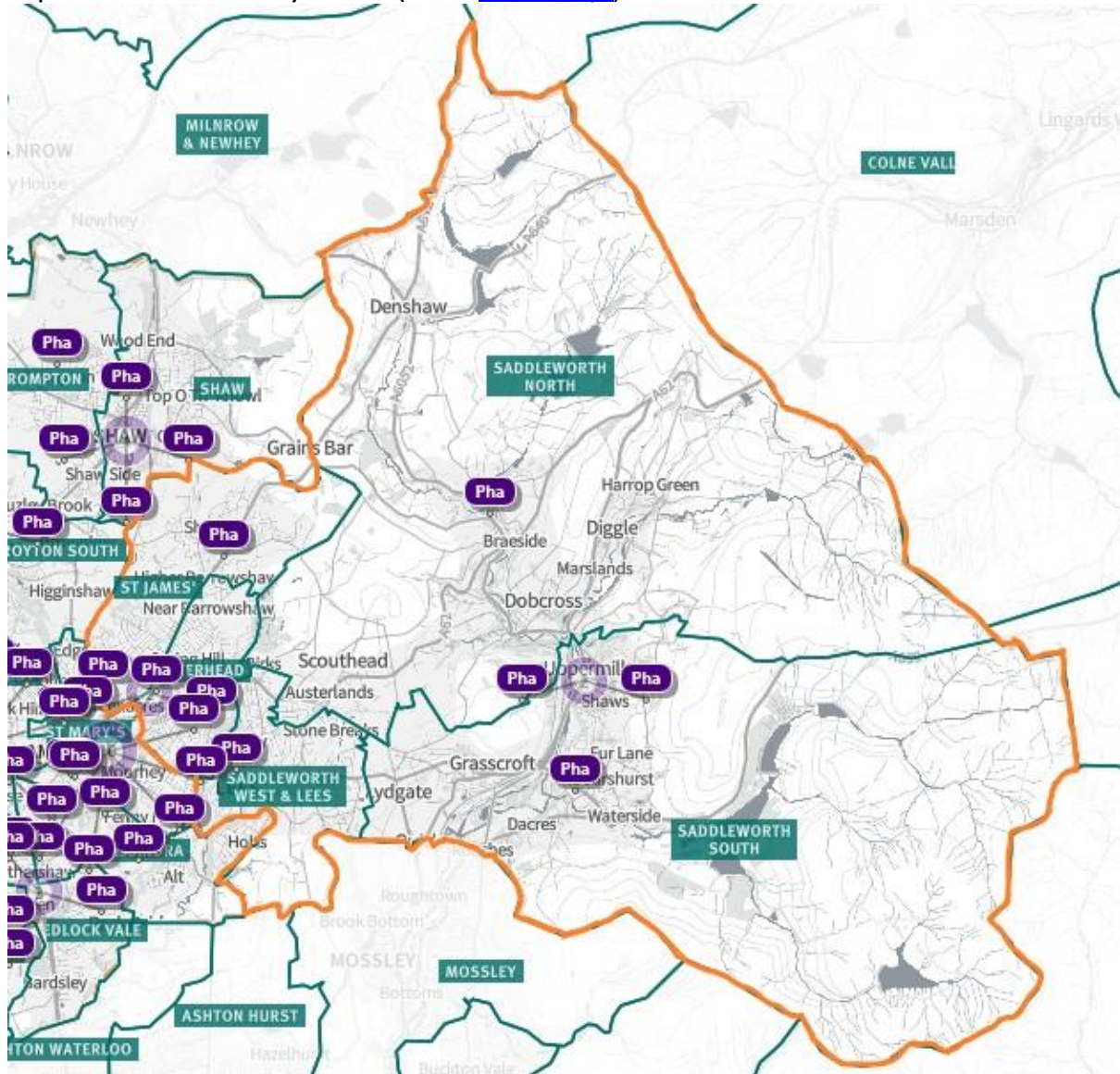
### 7.6.1 Access to a pharmacy in East District

Map 13 shows that there are pharmacies located in each ward in East district, correlating to the more densely populated areas. During Monday to Friday and on Saturday there is satisfactory provision of pharmaceutical services across this District within the populated areas. The provision of pharmaceutical services is satisfactory for this District. Most of this population have access to transport (car or van ownership average 78%) and travel to access a range of services, not just pharmaceutical services.

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<sup>43</sup> <https://www.jsnaoldham.co.uk/cms-data/depot/places-depot/East-District-Profile-2023.pdf> accessed 28/03/2025

Map 13 - East District Pharmacy Locations (Source: [SHAPE - Shape](#))



### 7.6.2 Future housing development in East District

There is allocation of land for residential housing in St James' ward but will complete outside the cycle of this PNA. This area is well served by existing pharmacies and would not require any extra pharmaceutical service facilities within this PNA cycle.



## 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 most recent CPCF are listed below. These services must be offered by all pharmacy contractors during all opening hours of the pharmacy.

- 1. Dispensing of medicines**

Pharmacies are required to maintain a record of all medicines dispensed, and also keep records of any interventions made which they judge to be significant.<sup>44</sup>

- 2. Dispensing of appliances**

Pharmacists may regularly dispense appliances in the course of their business, or they may dispense such prescriptions infrequently, or they may have taken a decision not to dispense them at all. Whilst the Terms of Service requires a pharmacist to dispense any (non-Part XVIII A listed) medicine “with reasonable promptness”, for appliances the obligation to dispense arises only if the pharmacist supplies such products “in the normal course of business”.<sup>45</sup>

- 3. Repeat dispensing and eRD**

Under the repeat dispensing service pharmacy teams will: dispense repeat dispensing prescriptions issued by a general practice, ensure that each repeat supply is required and seek to ascertain that there is no reason why the patient should be referred back to their general practice.<sup>46</sup>

- 4. Healthy Living Pharmacies**

The Healthy Living Pharmacy (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.<sup>47</sup>

- 5. Disposal of unwanted medicines**

Community pharmacy owners are obliged to accept back unwanted medicines from patients.

- 6. Signposting**

NHS England will provide pharmacies with lists of sources of care and support in the area. Pharmacies will be expected to help people who ask for assistance by directing them to the most appropriate source of help.<sup>48</sup>

- 7. Support for self-care**

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<sup>44</sup> <https://cpe.org.uk/national-pharmacy-services/essential-services/dispensing-of-medicines/> accessed 17/03/2025

<sup>45</sup> <https://cpe.org.uk/national-pharmacy-services/essential-services/dispensing-of-appliances/> accessed 17/03/2025

<sup>46</sup> <https://cpe.org.uk/national-pharmacy-services/essential-services/repeat-dispensing/> accessed 17/03/2025

<sup>47</sup> <https://cpe.org.uk/national-pharmacy-services/essential-services/healthy-living-pharmacies/> accessed 17/03/2025

<sup>48</sup> <https://cpe.org.uk/national-pharmacy-services/essential-services/signposting/> accessed 17/03/2025



Pharmacies will help manage minor ailments and common conditions, by the provision of advice and where appropriate, the sale of medicines, including dealing with referrals from NHS 111. Records will be kept where the pharmacist considers it relevant to the care of the patient.<sup>49</sup>

**8. Public health (promotion of healthy lifestyles)**

Each financial year (1st April to 31st March), pharmacies are required to participate in up to six health campaigns at the request of NHS England. This generally involves the display and distribution of leaflets provided by NHS England.

In addition, pharmacies are required to undertake prescription-linked interventions on major areas of public health concern, such as encouraging smoking cessation.<sup>50</sup>

**9. Discharge medicines Service (DMS).**

From 15th February 2021, NHS Trusts were able to refer patients who would benefit from extra guidance around prescribed medicines for provision of the DMS at their community pharmacy. The service has been identified by NHS England's Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.<sup>51</sup>

Results from the GM standardised public survey for the Oldham population show that with respect to pharmacy essential services 44% of respondents had used repeat dispensing in the last 3 months and 72% of respondents had collected regular prescription medication in the last 3 months.

## 8.2 Advanced Services

There are currently nine advanced services (Appendix Seven) within the most recent 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.

Current advanced services:

**1. Appliance Use Review (AUR)**

AURs should improve the patient's knowledge and use of any 'specified appliance' by: establishing the way the patient uses the appliance and the patient's experience of such use, identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient, advising the patient on the safe and appropriate storage of the appliance and advising the patient on the safe and proper disposal of the appliances that are used or unwanted.<sup>52</sup>

**2. Pharmacy First Service (PFS)**

The Advanced service involves pharmacists providing advice and NHS-funded treatment, where clinically appropriate, for seven common conditions.<sup>53</sup>

**3. Flu Vaccination Service**

Community pharmacy has been providing flu vaccinations under a nationally commissioned service since September 2015.

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<sup>49</sup> <https://cpe.org.uk/national-pharmacy-services/essential-services/support-for-self-care/> accessed 17/03/2025

<sup>50</sup> <https://cpe.org.uk/national-pharmacy-services/essential-services/public-health/> accessed 17/03/2025

<sup>51</sup> <https://cpe.org.uk/national-pharmacy-services/essential-services/discharge-medicines-service/> accessed 17/03/2025

<sup>52</sup> <https://cpe.org.uk/national-pharmacy-services/advanced-services/aur/> accessed 17/03/2025

<sup>53</sup> <https://cpe.org.uk/national-pharmacy-services/advanced-services/pharmacy-first-service/> accessed 17/03/2025

Each year from the autumn through to March, the NHS runs a seasonal flu vaccination campaign aiming to vaccinate all patients who are at risk of developing more serious complications from the virus.<sup>54</sup>

The accessibility of pharmacies, their extended opening hours and the option to walk in without an appointment have proved popular with patients seeking vaccinations.

**4. Pharmacy Contraception Service (PCS)**

The PCS commenced on 24th April 2023, allowing the on-going supply of oral contraception (OC) from community pharmacies. From 1st December 2023, the service expanded to include both initiation and on-going supply of OC.<sup>55</sup>

**5. Lateral Flow Device Service (LFD)**

The LFD service was introduced to provide eligible patients with access to LFD tests.<sup>56</sup>

**6. Hypertension Case Finding Service**

Identify people aged 40 years or older, or at the discretion of pharmacy staff, people under the age of 40, with high blood pressure (who have previously not had a confirmed diagnosis of hypertension), and to refer them to general practice to confirm diagnosis and for appropriate management.

At the request of a general practice, undertake ad hoc clinic and ambulatory blood pressure measurements. These requests can be in relation to people either with or without a diagnosis of hypertension.

Provide another opportunity to promote healthy behaviours to patients.<sup>57</sup>

**7. New Medicine Service (NMS)**

The service provides support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence; it is focused on specific patient groups and conditions.<sup>58</sup>

**8. Stoma Appliance Customisation (SAC)**

The service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste. The stoma appliances that can be customised are listed in Part IXC of the Drug Tariff.<sup>59</sup>

**9. Smoking Cessation Service (SCS)**

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.<sup>60</sup>

Results from the GM standardised public survey for the Oldham population show that with respect to Pharmacy Advanced Services, 56% of respondents had used the NHS urgent medicine supply within the last 12 months or were planning to use the service in the future, 33% of respondents had

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<sup>54</sup> <https://cpe.org.uk/national-pharmacy-services/advanced-services/flu-vaccination-service/> accessed 17/03/2025

<sup>55</sup> <https://cpe.org.uk/national-pharmacy-services/advanced-services/pharmacy-contraception-service/> accessed 17/03/2025

<sup>56</sup> <https://cpe.org.uk/national-pharmacy-services/advanced-services/lfd-service/> accessed 17/03/2025

<sup>57</sup> <https://cpe.org.uk/national-pharmacy-services/advanced-services/hypertension-case-finding-service/> accessed 17/03/2025

<sup>58</sup> <https://cpe.org.uk/national-pharmacy-services/advanced-services/nms/> accessed 17/03/2025

<sup>59</sup> <https://cpe.org.uk/national-pharmacy-services/advanced-services/sac/> accessed 17/03/2025

<sup>60</sup> <https://cpe.org.uk/national-pharmacy-services/advanced-services/smoking-cessation-service/> accessed 17/03/2025

used the NHS Pharmacy First Service within the last 12 months or were planning to use the service in the future, 56% of respondents had used the NHS Hypertension Service within the last 12 months or were planning to use the service in the future, 28% of respondents had used the NHS New Medicines Service within the last 12 months or were planning to use the service in the future, 44% of respondents had used the NHS Flu vaccination Service within the last 12 months or were planning to use the service in the future, 33% of respondents had used the NHS Contraception service within the last 3 months or were planning to use the service in the future and finally 6% of respondents had used the NHS Smoking Cessation/stop smoking Service within the last 12 months or were planning to use the service in the future.

### 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 the pharmacies opening hours.

#### 8.3.1 NHS GM ICB services

##### Minor Ailment Service

Provides advice and support to people registered with an Oldham GP on the management of minor ailments, including where necessary, the supply of medicines for the treatment of the minor ailment, for those people who would have otherwise gone to their GP or other healthcare provider for a prescription.

##### Minor Eye Conditions Service (MECS)

The aims of the service are to improve access and choice for people with minor eye conditions who are seeking advice and treatment via the community optometry minor eye conditions service by:

- supplying appropriate medicines at NHS expense; and
- to improve health-inequalities for low-income families and equal access to medicines for self-care of minor eye conditions.

The pharmacy (or pharmacist/suitably trained pharmacy staff) will dispense medication directly to a patient who presents with a signed order on the agreed form written by an Ophthalmic Optometrist. This service is not provided by any pharmacy in the Oldham HWB area. However, it is available in Bury, Rochdale, Stockport and Tameside and it is possible Oldham residents may access this service via Pharmacies in these HWB areas.

##### Palliative Care and Anti-viral Stockholding Service

Stock holding of items which are required for patient use at short notice. However, the drugs 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.

##### Independent Prescribing (IP) Pathfinder – Minor Illness

NHS England and integrated care boards (ICBs) have developed the Community Pharmacy Independent Prescribing Pathfinder Programme to enable a community pharmacist prescriber to support primary care clinical services. This presents a unique opportunity for community pharmacy to integrate with current pathways and play an increasing role in delivering clinical services in primary care.

GM ICB, working with Community Pharmacy Greater Manchester, and NHS bodies and local authorities in Greater Manchester, have decided that the scope of the IP pathfinder sites in Greater Manchester will be focussed on Minor illness.

## COVID-19 antiviral medication supply for Non-Hospitalised Patients via Community Pharmacy and COVID-19 antiviral medication Delivery (Medicines supply following referral via NHSMail)

The purpose of the service is to provide a Covid-19 therapeutics service focussed on oral antiviral medication (nirmatrelvir plus ritonavir (Paxlovid) and molnupiravir (Lagevrio)), for non-hospitalised adult patients as per GM CMDU pathway based on NICE guidance. In September 2022, NHS England wrote to Chief Medical Officers from all Integrated Care Boards to ask them to plan for sustainable community access to COVID-19 treatments for individuals at highest risk of hospitalisation, to ensure ongoing local service provision and to support transition to more sustainable services over the longer term. As part of this service, if a patient is unable to send a representative to collect the medication, the pharmacist must arrange prompt delivery of the antiviral medication for which they will be paid a fee.<sup>ii</sup>

### 8.3.2 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.

Following the announcement of the new CPCF in April 2025, it has been announced that from October 2025, Emergency Hormonal Contraception is to be added to the Pharmacy Contraception Service (PCS). This in turn means that the locally commissioned service for EHC should not be required from the October 2025 start date.

#### 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.

Results from the GM standardised public survey for the Oldham population show that with respect to Pharmacy Locally commissioned Services, 17% of respondents had used the Emergency Hormonal Contraception Service within the last 3 months or were planning to use the service in the future, 39% of respondents had used the Minor Ailments service within the last 12 months or were planning to use the service in the future and 17% of respondents had used the Palliative Care Service within the last 12 months or were planning to use the service in the future.

## 9 Gaps in current provision of pharmaceutical services

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

- those essential 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 commissioned at the time of publication of the PNA that meet the requirements of the Oldham population need.

There are 60 such pharmacies providing pharmaceutical services in Oldham. The spread of opening times including the core hours are provided in Appendix Six and Eight, which is supported by maps as detailed in appendix 10.

### 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 (Oldham has 1 LSOA described as rural<sup>61</sup>) 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 criterion 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 criterion 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 NHSCB 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 of the PNA.
- 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:

- All five districts have pharmacies within their border (see appendix 10 for maps)

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<sup>61</sup> ONS [https://geoportal.statistics.gov.uk/datasets/9dbf7613cbb147b8bb8627ddb3568cff\\_0/explore](https://geoportal.statistics.gov.uk/datasets/9dbf7613cbb147b8bb8627ddb3568cff_0/explore)

- 80% 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 24 in Oldham (Table 14). This is higher than both GM (21) and England (18) averages. Based on historical pharmacy use this would indicate that the current number of pharmacies are sufficient for the current population.
- Also, with 7,919 average items per month dispensed in Oldham pharmacies (Table 14) being lower than GM and England figures, this also indicates that the current number of pharmacies can cope with demand for prescription dispensing.
- Map 4 showing the population density and the relative location of pharmacy premises shows more pharmacies are in the most highly populated wards.
- Map 5 (showing the Index of Multiple Deprivation) shows that the areas of high population density also have higher rates of deprivation, and therefore as with the previous statement, the pharmacies are in these areas.
- Maps 7 & 8 illustrate that most 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.
- Considering the number, distribution and opening times of pharmacies within each of the five districts (section 7), there is sufficient pharmaceutical provision within each of the districts. Section 6.1.3 also describes the satisfactory spread and range of opening times available for pharmaceutical services in Oldham.

### 9.3 Gap Analysis - Current service provision

- 78% 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.
- 94% of respondents to the public survey had not had any difficulty in accessing a pharmacy of their choice
- 67% of responders said the opening hours of pharmacies in Oldham do not cause a problem
- 72% 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

- Sections 6.4 and 7 detail the proposed housing developments in Oldham and detail any impact within the 3 year PNA cycle. Many proposed developments within this cycle propose less than the 200 properties, as outlined in the gap analysis criteria. Proposed larger developments will complete outside of the PNA cycle or fall within a 1 mile radius or 20 minute public transport time of a current Oldham Pharmacy. Hence it is concluded that there is no immediate requirement for new pharmacy sites to be established.

### 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 districts and the whole Oldham HWB area providing essential and advanced services during the standard core hours to meet the needs of the current population.

Future provision of pharmaceutical services beyond 2028 will be reviewed during the next iteration of the Oldham HWB PNA.

## 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 district, 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, except for South district which has no provision on a Sunday.

From the information available, the HWB consider the location, number, distribution and choice of pharmacies covering each of the five districts 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 pharmacies not opening late enough in the evening or on the weekend, 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**

The plans for residential and commercial buildings in Oldham identify several smaller developments that will not impact the PNA and larger developments that will complete outside the cycle of the PNA, it is concluded there is no requirement to open a new pharmacy in these areas. Where larger developments have been identified that will complete or part complete within the PNA cycle, there is no requirement for additional pharmacies due to existing provisions and acceptable travel times in these areas.

Locally commissioned services commissioned by the local authority or ICB, are regarded as pharmaceutical services for the purpose of this PNA.

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.

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.

Considering the totality of information available, the HWB consider the location, number, distribution and choice of pharmacies covering each of the five districts 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 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.

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.

#### 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.**

#### Access to essential services outside normal working hours

In Oldham there is good access to essential services outside normal working hours in all five districts 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 NHSCB 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.**

#### Access to advanced and enhanced services

Insofar as only NHSCB 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 to meet a need for pharmaceutical services.

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

## 11.4 Improvements and better access – gaps in provision

As described 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 districts and the area of the HWB.

### 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.**

### 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.**

### Current and future access to enhanced services

NHSCB commissions two enhanced services (MAS and MECS) 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 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 districts in its area for the purpose of this PNA, see section 3 and section 7 and appendix 10.

In respect of how the HWB considered 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 services in Map 3 (Section 4.1). Additional maps are also provided throughout and as listed in Appendix Ten.

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<https://cpe.org.uk/national-pharmacy-services/advanced-services/pharmacy-first-service/>

i

ii <https://greatermanchester.communitypharmacy.org.uk/wp-content/uploads/sites/118/2024/09/C19-Oral-Therapeutics-Dispensing-Service-Specification-180724.pdf>

## Appendix 1 – Glossary

A&E	Accident and Emergency	LGBT	Lesbian, Gay, Bisexual and Transgender
AIDS	Acquired Immune Deficiency Syndrome	LMC	Local Medical Committee
AUR	Appliance Use Review	LPC	Local Pharmaceutical Committee
BME	Black and Minority Ethnic	LPS	Local Pharmaceutical Service
CCG	Clinical Commissioning Group	LSOA	Lower Super Output Areas
CHD	Coronary Heart Disease	LTC	Long Term Condition
COPD	Chronic Obstructive Pulmonary Disease	MI	Myocardial Infarction
COVER	Cover of Vaccination Evaluated Rapidly	MMR	Measles, Mumps and Rubella
CPCF	Community Pharmacy Contractual Framework	MUR	Medicines Use Review
CPCS	Community Pharmacy Consultation Service	NEX	Needle and Syringe Exchange Services
CVD	Coronary Vascular Disease	NHS	National Health Service
DAC	Dispensing Appliance Contractor	NHSBSA	NHS Business Services Authority
EHC	Emergency Hormonal Contraception	NHSCB	NHS Commissioning Board
EPS	Electronic Prescription Service	NHSE	NHS England
ES	Essential Services	NICE	National Institute for Clinical & Healthcare Excellence
GCSE	General Certificate of Secondary Education	NMS	New Medicine Service
GFR	General Fertility Rate	NW	North West
GM	Greater Manchester	ONS	Office for National Statistic
GMJCT	Greater Manchester Joint Commissioning Team	OOH	Out of Hours
GP	General Practitioner	PCT	Primary Care Trust
HIV	Human Immunodeficiency Virus	PGD	Patient Group Direction
HWB	Health and Wellbeing Board	PHE	Public Health England
ICB	Integrated Care Board	PNA	Pharmaceutical Needs Assessment
ICS	Integrated Care Service	PQS	Pharmacy Quality Scheme
IMD	Index of Multiple Deprivation	SAC	Stoma Appliance Customisation
JHWS	Joint Health and Wellbeing Strategy	SAR	Standardised Admission Ratio
JSA	Jobseeker Allowance	SMR	Standardised Mortality Rate
JSNA	Joint Strategic Needs Assessment	STDs	Sexually Transmitted Diseases
LA	Local Authority	STIs	Sexually Transmitted Infections
LCS	Locally Commissioned Services	TB	Tuberculosis



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# **Bury, Oldham and Rochdale PNA Steering Group**

## **Terms of Reference**

**28<sup>th</sup> November 2024**

# Terms of reference

## Terms of Reference

<b>Name of Group</b>	Bury, Oldham and Rochdale Pharmaceutical Needs Assessment (PNA) Steering Group
<b>Reports to</b>	Reports to the Health and Wellbeing Board (HWB) via the HWB Lead/HWB PNA Champion for each local authority
<b>Bodies reporting to this Group</b>	None
<b>Chair</b>	NHS Greater Manchester Pharmacist
<b>Membership</b>	<p>Representatives from the NHS Greater Manchester Community pharmacy integration and commissioning portfolio team:</p> <ul style="list-style-type: none"> <li>• Portfolio Lead Pharmacist</li> <li>• Strategic Medicines Optimisation Pharmacist</li> <li>• Senior Medicines Optimisation Pharmacist</li> </ul> <p>Representatives from Bury, Oldham and Rochdale local authority public health team.</p> <p>Representatives from Bury, Oldham and Rochdale local authority communications and engagement team.</p> <p>Representative from NHS Greater Manchester Primary Care Contracts Team.</p> <p>Representative from the Local Pharmaceutical Committee (LPC).</p> <p>Representative from Healthwatch.</p>
<b>Function of the group</b>	The primary role of the group is to advise and develop structures and processes to support the preparation of a comprehensive, well researched, well considered and robust pharmaceutical needs assessment, building on

expertise from across the local healthcare community.

Establishing the group will also ensure that the views of the main stakeholders are considered throughout the process of writing the document.

## **Responsibilities/Actions**

The NHS Greater Manchester team will lead the development of the PNA and will ask for support from all stakeholders during the process with regards to collating information and reviewing specific areas.

The steering group will report directly to the HWB in line with the local authorities usual reporting structures.

The HWB will need to decide how much it wishes to delegate to the steering group; for example, does it wish to sign-off the consultation version of the pharmaceutical needs assessment or will it delegate this to the group.

The group will identify and report any issues and risks to the HWB that may jeopardise the successful completion of the PNA.

## **Outputs of the Group**

The group will develop a PNA for Bury, Oldham and Rochdale HWB, meeting the statutory requirements specified in 'The National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.

## **Frequency of Meetings**

The group will meet via Microsoft teams, and will have email exchanges, as often as required to ensure successful completion of the PNA.

As there is local experience of producing PNA's it may not be necessary for the steering group to meet monthly. As HWB's will have experience of producing a PNA, it may only be necessary for there to be a minimum of four meetings.

The meeting frequency will be regularly reviewed to ensure that project timelines are met as the work progresses.

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# Appendix 3 – Public survey results - Oldham

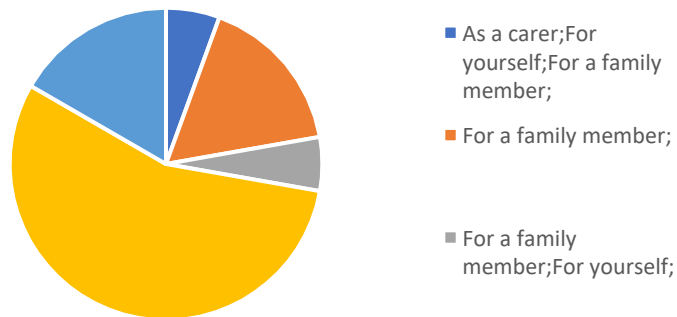
Survey ran 4<sup>th</sup> February 2025 to 21<sup>st</sup> March 2025.

There were 18 responses

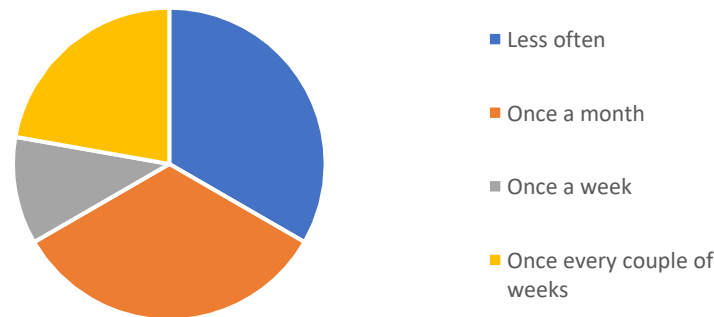
Q1 not included as had 100% yes response

Q2 & Q3 not included as ask postcode and where respondent lives due to use  
of Pan GM survey

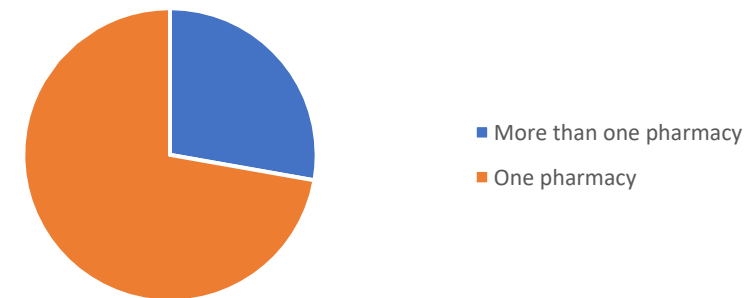
Q4. Why do you use a pharmacy?



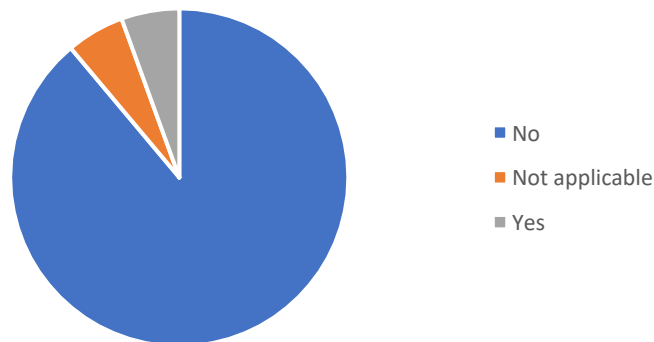
Q5. How often do you use a pharmacy?



Q6. Do you use one pharmacy or a number of pharmacies?



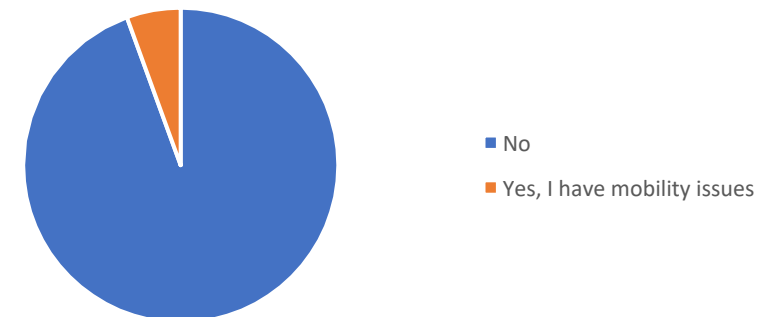
Q7. Do you have problems accessing a pharmacy due to location?



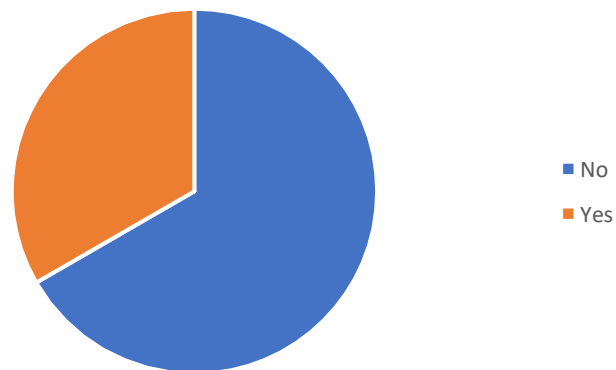
Q8. If you answered 'yes' to Q7, please explain why:

- I have to drive to it and I'm 91

Q11. Do you have any difficulties accessing a pharmacy of your choice?



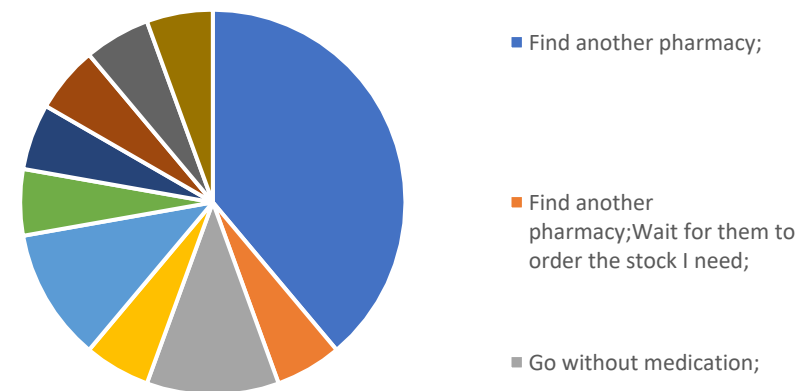
Q9. Do you have problems accessing a pharmacy due to opening hours?



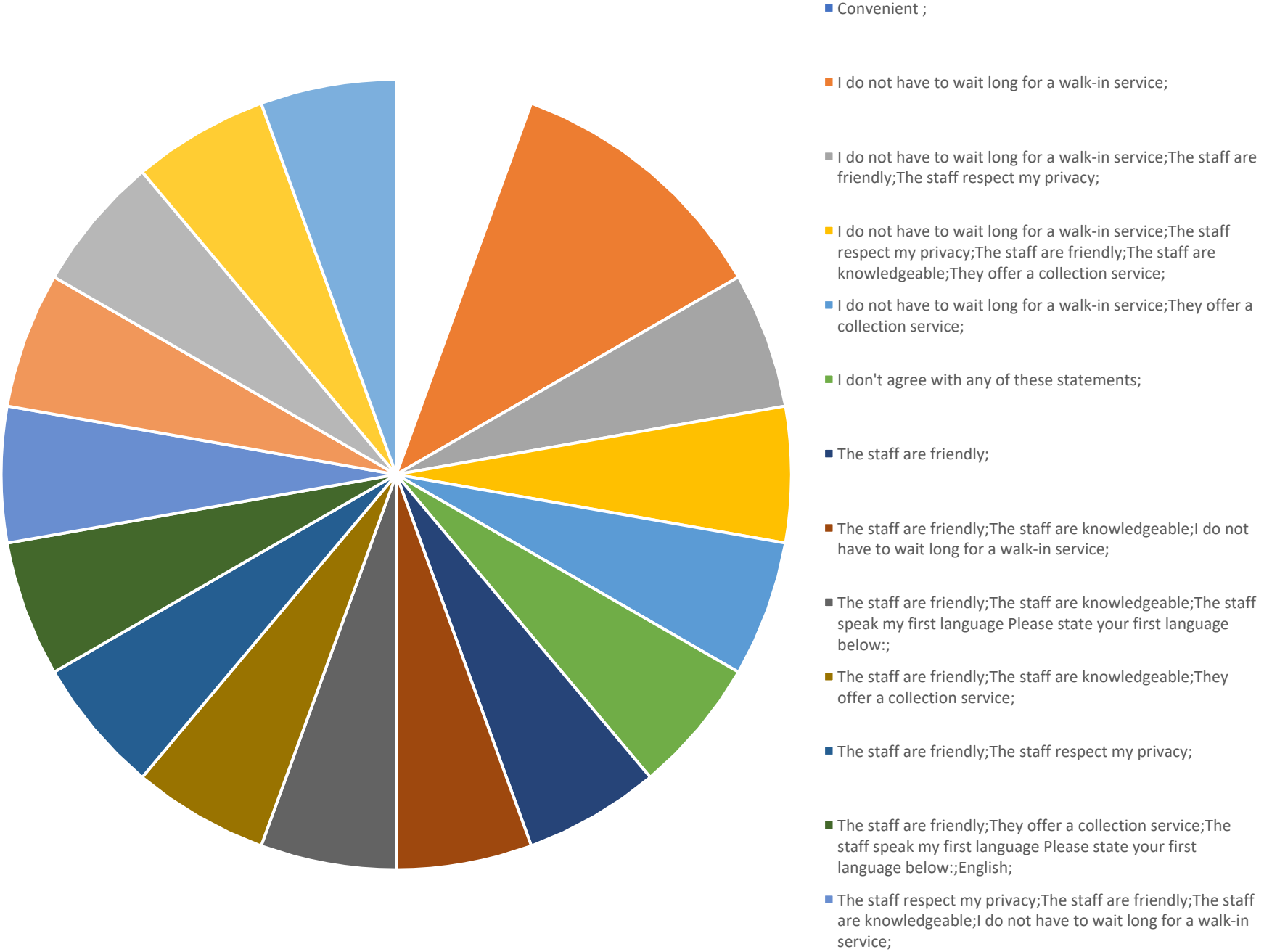
Q10. If you answered 'yes' to Q9, please explain why:

- I work until 4:45pm
- Not usually open evenings or weekends
- Only open during working hours, when I'm in work
- Pharmacy does not open for long enough, my local does not open on weekends
- Rarely open on a weekend
- Step into the shop

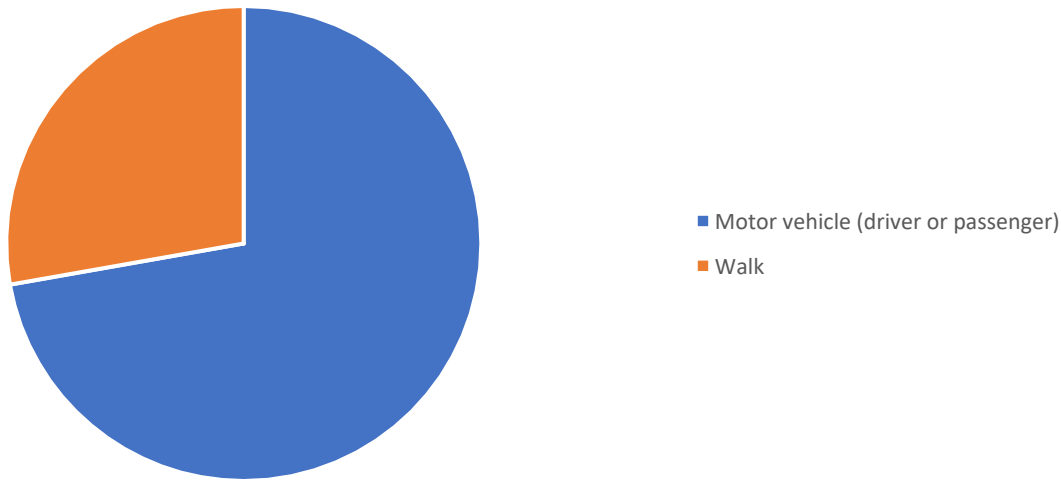
Q12. If you were unable to access your regular pharmacy, or they didn't have the things you need, what would you do



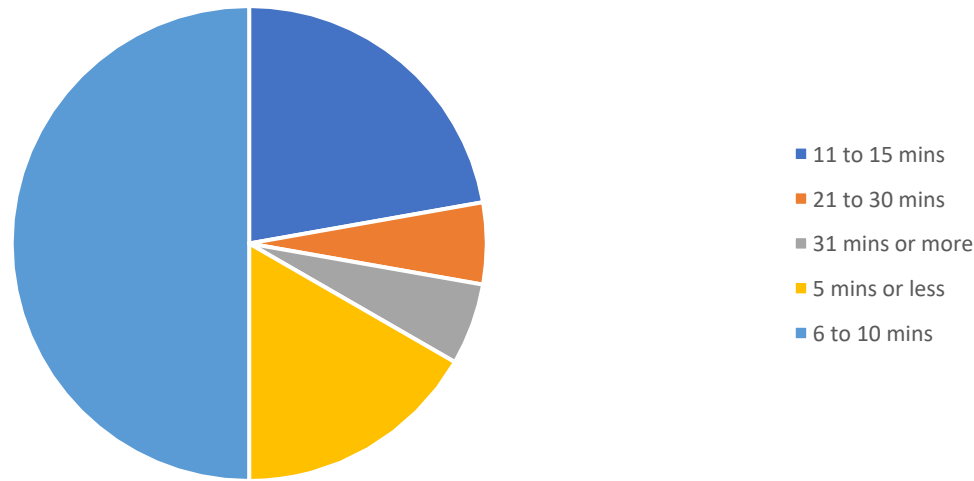
Q14. Thinking of the pharmacy you use most, tick as many of the following reasons for your choice



Q15. What is your usual method of travel when you visit a pharmacy?



Q16. On average, how long does it normally take you to get to your pharmacy?



Q17. When thinking about the time a pharmacy is open, please tell us which of the following are important to you.

	Essential	Fairly Important	Total of Essential and Fairly Important	Unimportant	Not necessary	Total of Unimportant and Not necessary	Not sure
Weekday: Early Morning (before 9am)	11%	39%	50%	28%	22%	50%	0%
Weekday: During the day	50%	28%	78%	11%	11%	22%	0%
Weekday: Lunchtime	28%	33%	61%	22%	17%	39%	0%
Weekday: Early evening between 6pm and 9pm	39%	50%	89%	11%	0%	11%	0%
Weekday: Late evening after 9pm	6%	61%	67%	17%	16%	33%	0%
Saturday: Early Morning (before 9am)	11%	28%	39%	28%	33%	61%	0%
Saturday: Morning	22%	61%	83%	17%	0%	17%	0%
Saturday: Afternoon	22%	61%	83%	11%	6%	17%	0%
Saturday: Evening after 6pm	11%	44%	55%	28%	17%	45%	0%

Sunday: Early Morning (before 9am)	11%	22%	33%	50%	17%	67%	0%
Sunday: Morning	22%	44%	66%	28%	6%	34%	0%
Sunday: Afternoon	22%	56%	78%	16%	6%	22%	0%
Sunday: Evening after 6pm	11%	33%	44%	45%	11%	56%	0%
Bank Holidays: Early Morning (before 9am)	11%	22%	33%	39%	28%	67%	0%
Bank Holidays: Morning	22%	33%	55%	28%	17%	45%	0%
Bank Holidays: Afternoon	17%	44%	61%	28%	11%	39%	0%
Bank Holidays: Evening after 6pm	11%	33%	44%	33%	17%	50%	6%

Q18. Please tell us which of the following are important to you

	Essential	Fairly Important	Unimportant	Not necessary	Not sure
Convenient location	9	7	2	0	0
Parking	8	6	1	3	0
Friendly staff	10	7	1	0	0
Short waiting times	8	10	0	0	0
Private area to speak to the pharmacist	10	6	1	1	0
Seeing my regular pharmacist if I want to	3	6	6	3	0
Providing clear advice on my prescription and over the counter medicines	7	9	1	1	0
Being able to use it in an emergency	9	7	2	0	0



Q19. How satisfied are you with each of the following aspects of service at your regular pharmacy, from very satisfied to very unsatisfied?

	Very satisfied	Satisfied	Unsatisfied	Very unsatisfied	N/A
Being open when you need it	3	19	3	1	1
Location	9	7	1	0	1
Parking facilities	4	9	1	2	2
Knowledge of staff	6	10	0	1	1
Staff attitude	6	10	1	0	1
Waiting times	5	10	1	1	1
Private consultation areas	8	2	0	1	7
The pharmacist / pharmacy staff taking time to talk to you	4	8	2	2	2
The pharmacy having the things you need	3	10	2	2	1
The pharmacist offers advice when need	4	8	1	1	4
Overall pharmacy service	3	11	2	1	1
Physical access into the building	6	8	1	1	2
Being able to use it in an emergency	1	8	3	1	5

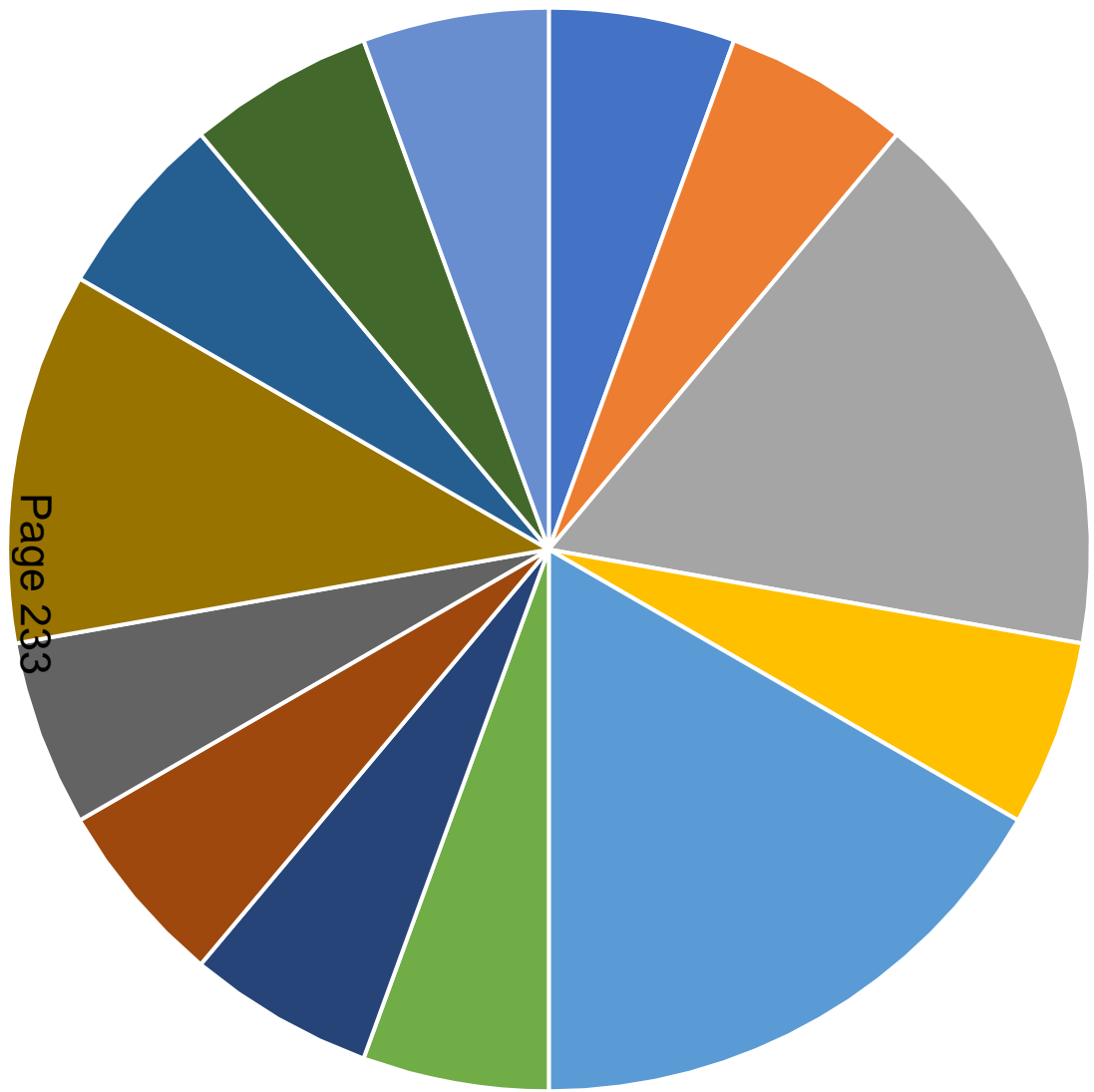
Q20. How often do you use any of the following services available from your pharmacy?

	Used in the last three months	Used in the last year	Not used in the last year but may need to use in the future	Not used in the last year and not relevant to my needs	I don't know what this is
Delivery of medicines to my home	3	0	5	9	1
Purchased Over the Counter medicines	5	7	4	2	0
Electronic Repeat Dispensing	8	2	3	4	1
Collection of regular prescription medicines	13	2	2	1	0
Collection of occasional prescription medicines	9	8	0	1	0
NHS Urgent medicine supply	2	1	7	7	1
Dispose of unwanted medication	1	1	6	9	1
Emergency Hormonal Contraception (morning after pill)	1	0	2	14	1
Chlamydia testing or treatment	0	0	4	13	1
Condom distribution service	0	0	3	14	1
Contraception	0	3	3	11	1
Pharmacy First Service	2	0	4	4	8
Minor Ailment Scheme (Access to certain free over the counter medicines to avoid a GP visit when eligible)	0	0	7	4	7
Stop Smoking Service	0	0	1	16	1
Substance Misuse Service e.g. Observed Consumption of Medication, needle exchange service	0	0	1	16	1
Early morning opening (before 9am)	1	1	8	7	1
Late night opening (after 7pm)	0	6	7	4	1
Saturday opening	1	7	6	3	1
Sunday opening	1	4	8	4	1
Bank Holiday opening	1	3	8	5	1

Q21. How often do you use any of the following services available from your pharmacy

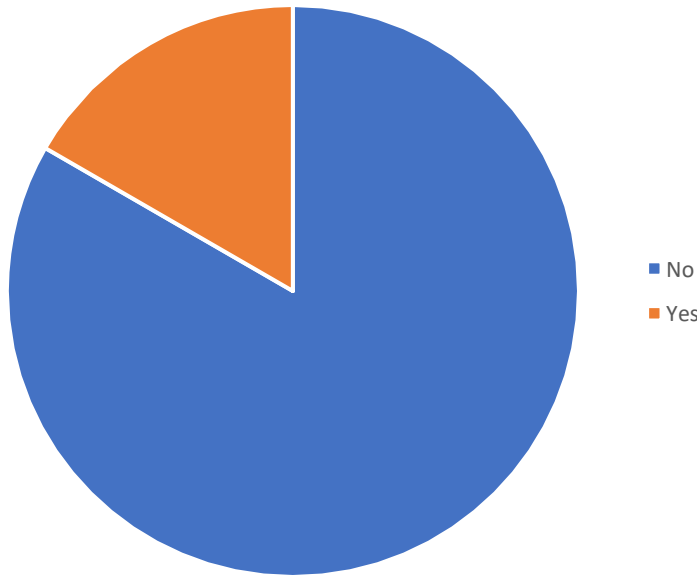
	Used in the last three months	Used in the last year	Not used in the last year but may need to use in the future	Not used in the last year and not relevant to my needs	I don't know what this is
Blood Pressure Check	1	0	9	8	0
Lateral Flow Device (NHS Service)	1	1	5	8	3
Flu Vaccine	2	3	3	10	0
COVID Vaccine	2	2	3	11	0
New Medicine Service	0	0	5	9	4
Diabetes Screening	0	0	5	13	0
Healthy Weight advice	0	1	5	12	0
Health Tests, e.g. cholesterol	0	0	6	12	0
Long term condition advice	0	0	6	10	2
Sharps Bin Disposal	0	0	3	15	0
Palliative Care Medicines	0	0	3	15	0
Referral from NHS 111	0	2	6	10	0
Other	0	0	4	12	2

Q22. Which organisation, if any, would you contact if you wished to get information?



- Friends/family;Your family doctor/GP/GP surgery;
- Nobody, I would not look for information about this issue;
- Not applicable;
- Practice nurse;Your family doctor/GP/GP surgery;
- Your family doctor/GP/GP surgery;
- Your family doctor/GP/GP surgery;An NHS non-emergency telephone helpline, such as NHS 111;
- Your family doctor/GP/GP surgery;Friends/family;
- Your family doctor/GP/GP surgery;Friends/family;An NHS non-emergency telephone helpline, such as NHS 111;
- Your family doctor/GP/GP surgery;NHS choices;
- Your family doctor/GP/GP surgery;NHS walk-in centres;An NHS non-emergency telephone helpline, such as NHS 111;
- Your family doctor/GP/GP surgery;NHS walk-in centres;Friends/family;An NHS non-emergency telephone helpline, such as NHS 111;
- Your family doctor/GP/GP surgery;NHS walk-in centres;Other internet (not NHS choices);Friends/family;
- Your family doctor/GP/GP surgery;Practice nurse;NHS walk-in centres;Sexual health service;Other healthcare professional ;An NHS non-emergency telephone helpline, such as NHS 111;

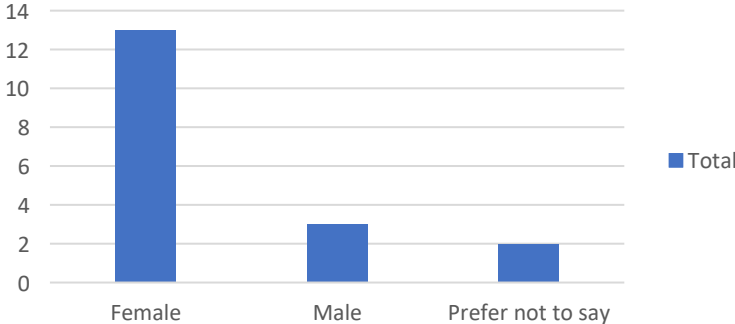
Q23. Are there any other services you would like your pharmacy to offer?



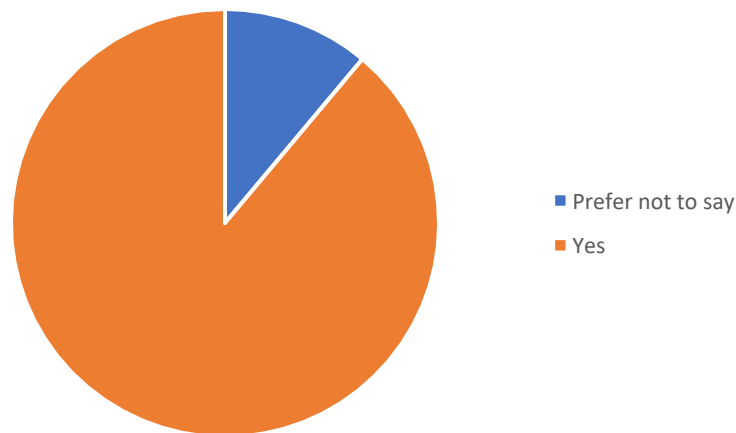
Q24. If Yes Please explain why.

- Reissue of prescriptions. I have had serval occasions where I have been without medication due to this. The pharmacy has given part of my prescription then can't get medicine in. I am then unbale to take it to another pharmacy without going back to the doctor. Time wasted for all involved.
- Contraception
- Send a text when a delivery of repeat medication is due

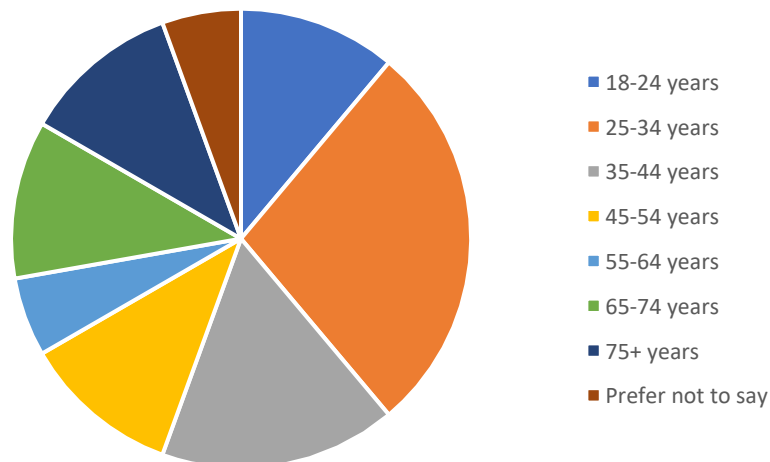
Q25. Gender



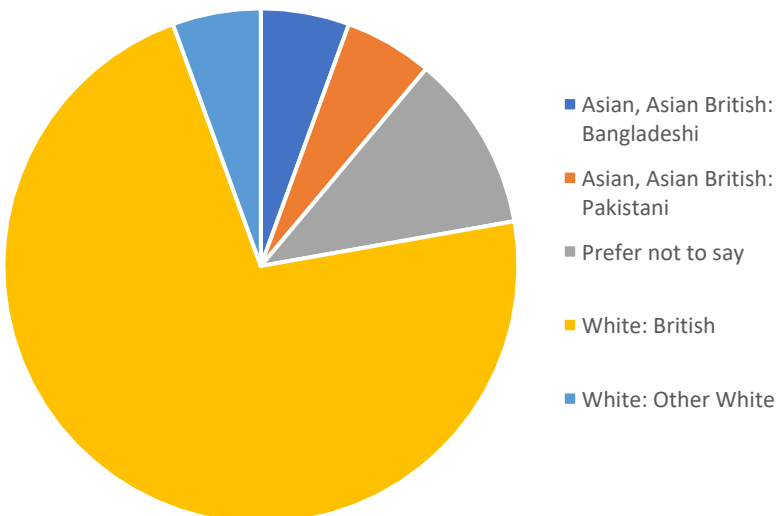
Q26. Do you identify with the sex you were assigned at birth?  
(e.g. Male or Female)



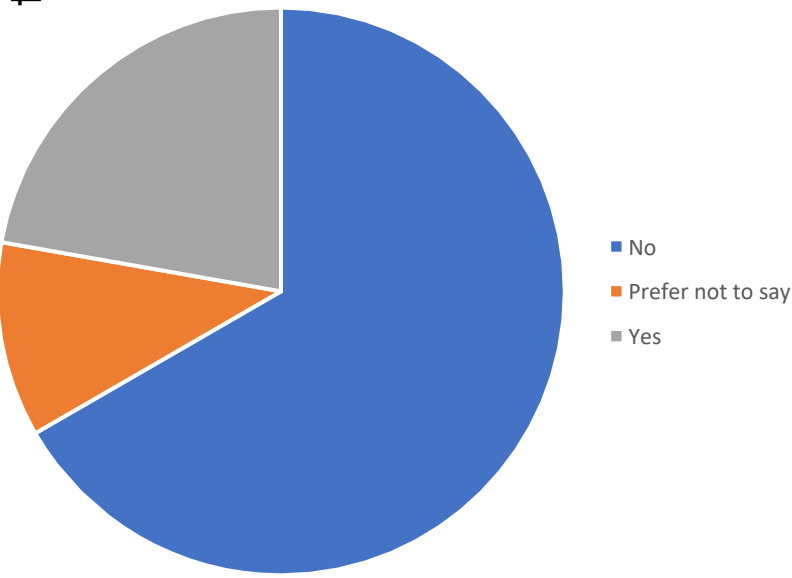
Q27. Age



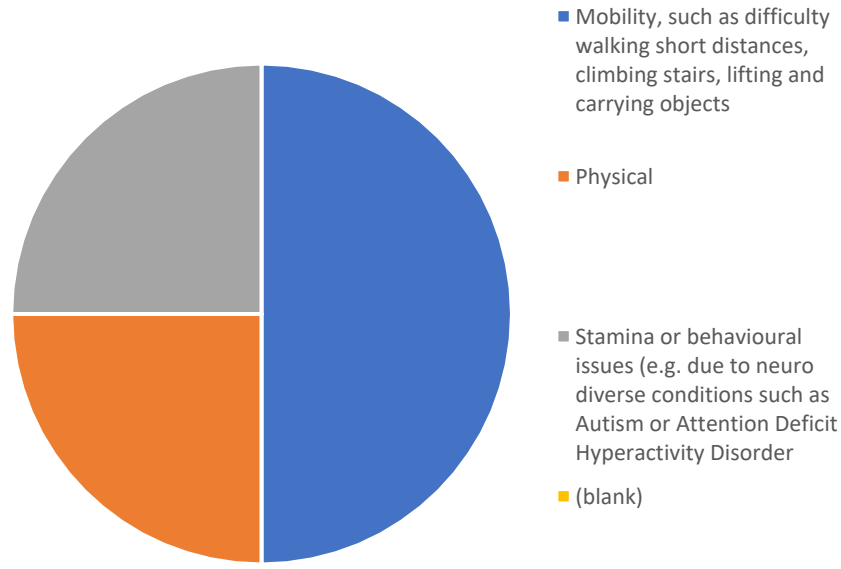
Q28. Ethnic origin



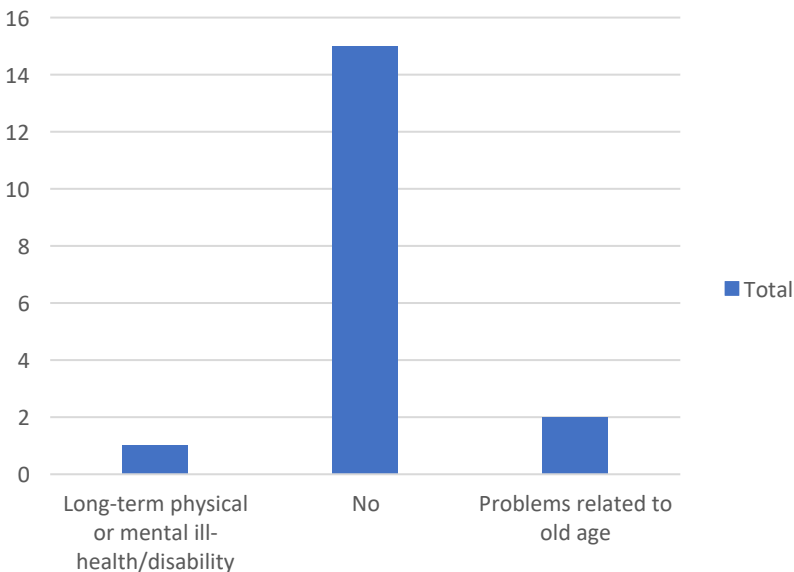
Q29. Do you consider yourself to be disabled?



Q30. Please indicate your disability and/or long-lasting illness

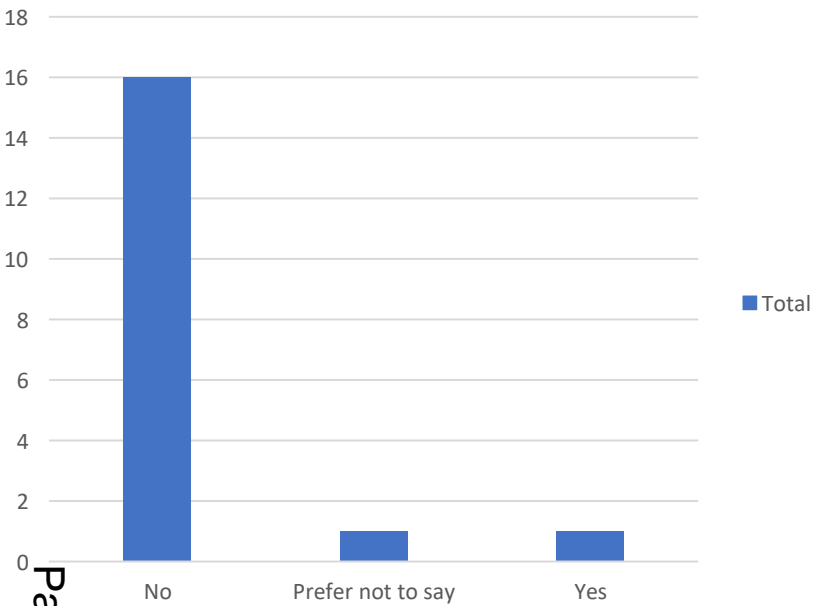


Q31. Do you look after, or give any help or support to family members, friends, neighbours or others?

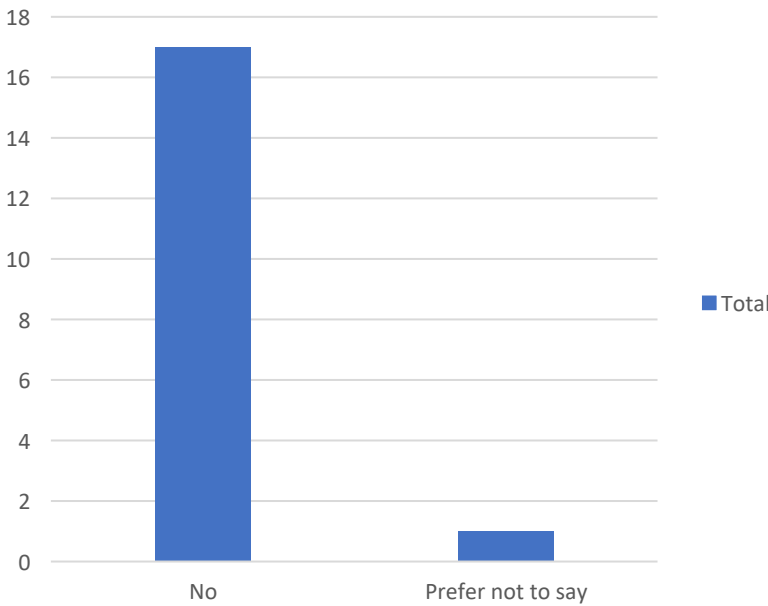




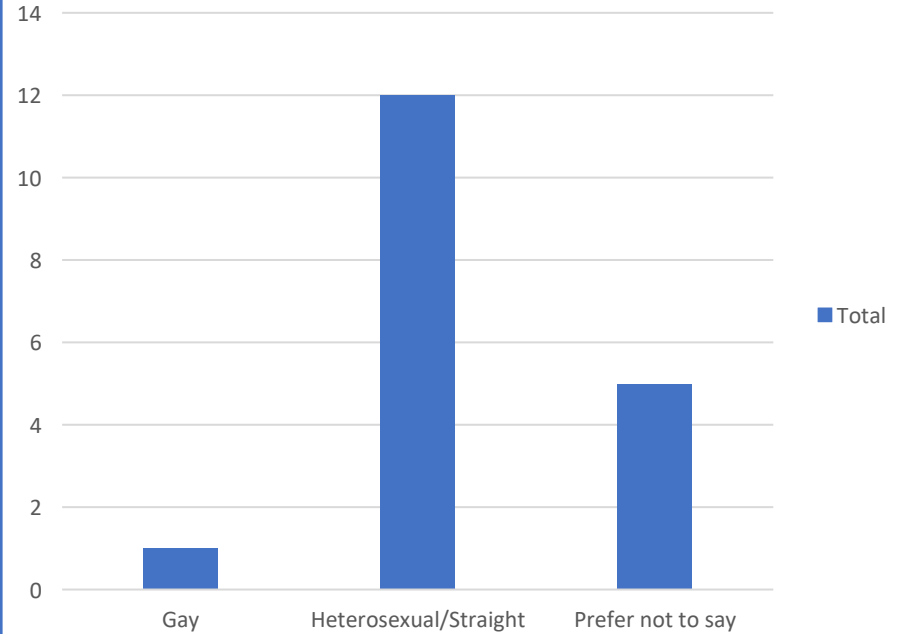
Q32. Are you pregnant or have you given birth within the last 12 months?



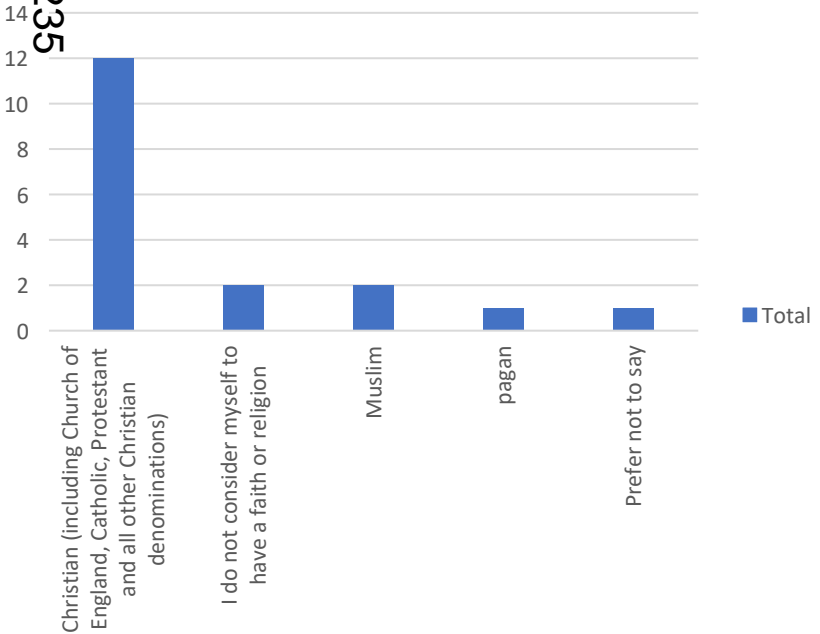
Q33. Have you undergone or are you going through gender reassignment?



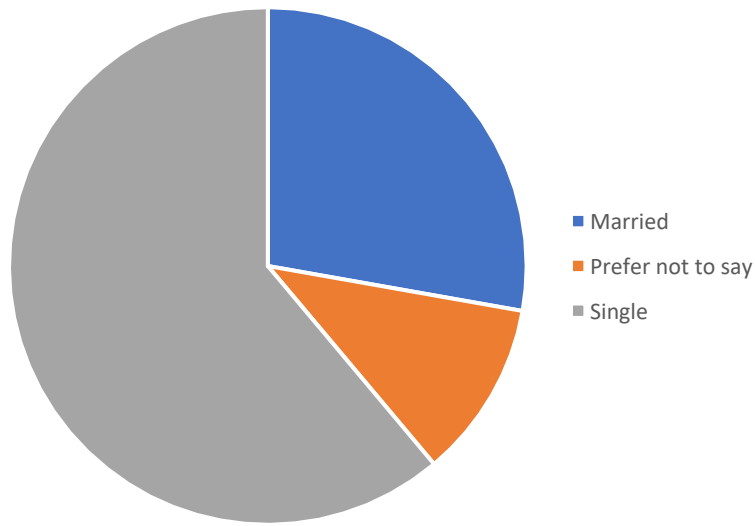
Q34. Sexuality



Q35. Faith or religion



Q36. Marital status

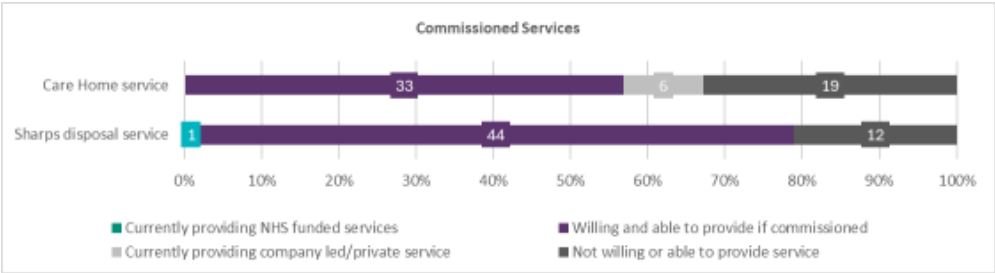
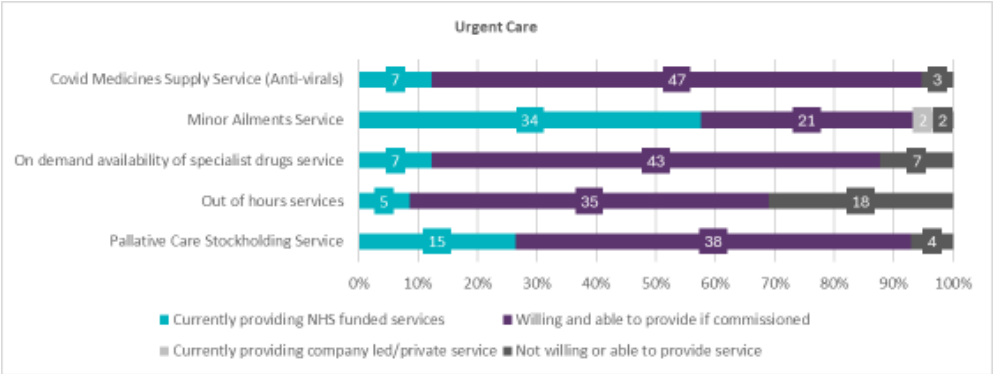
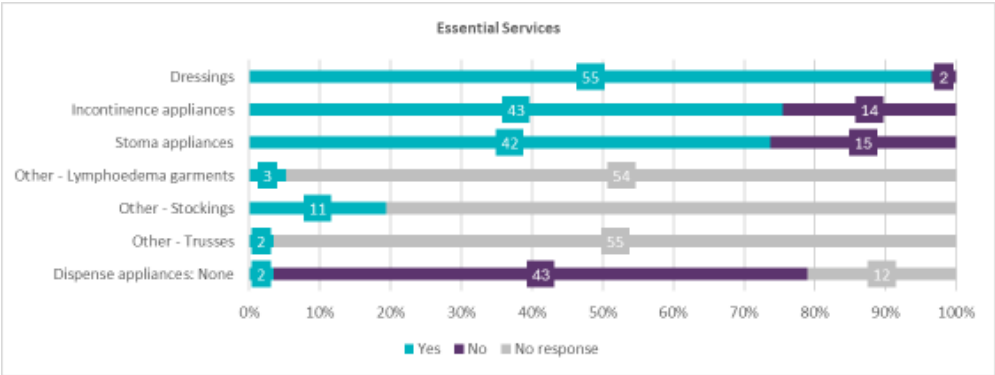
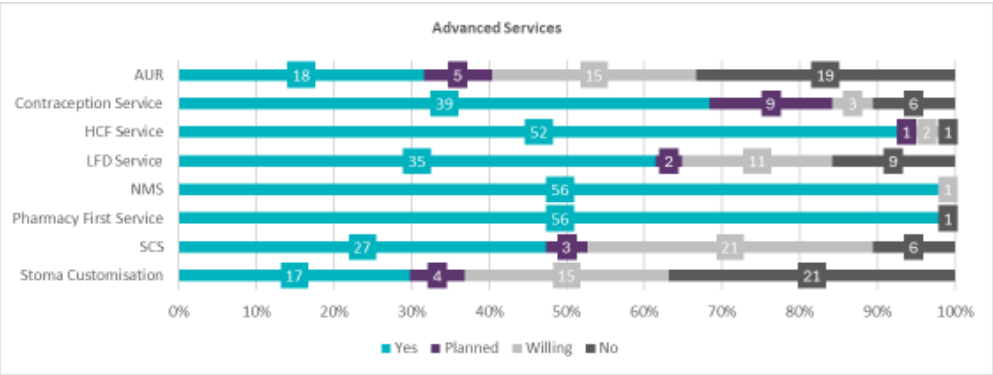


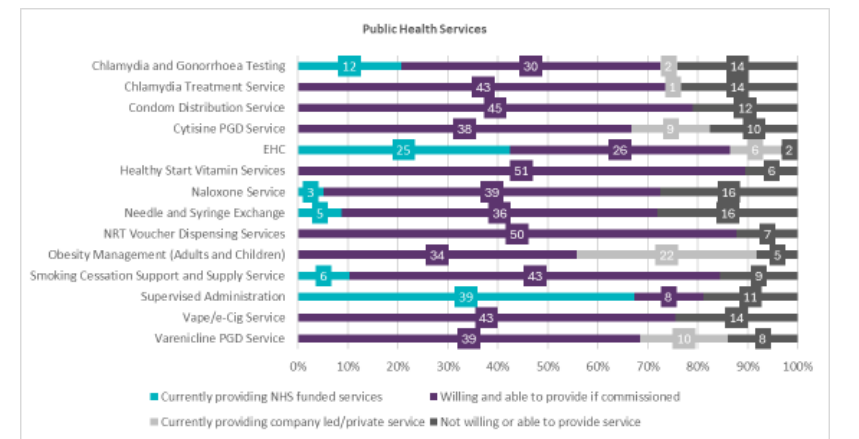
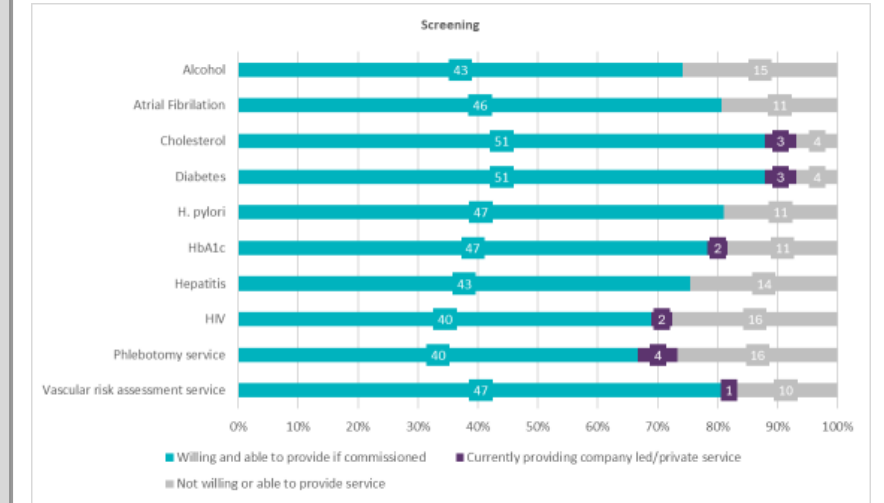
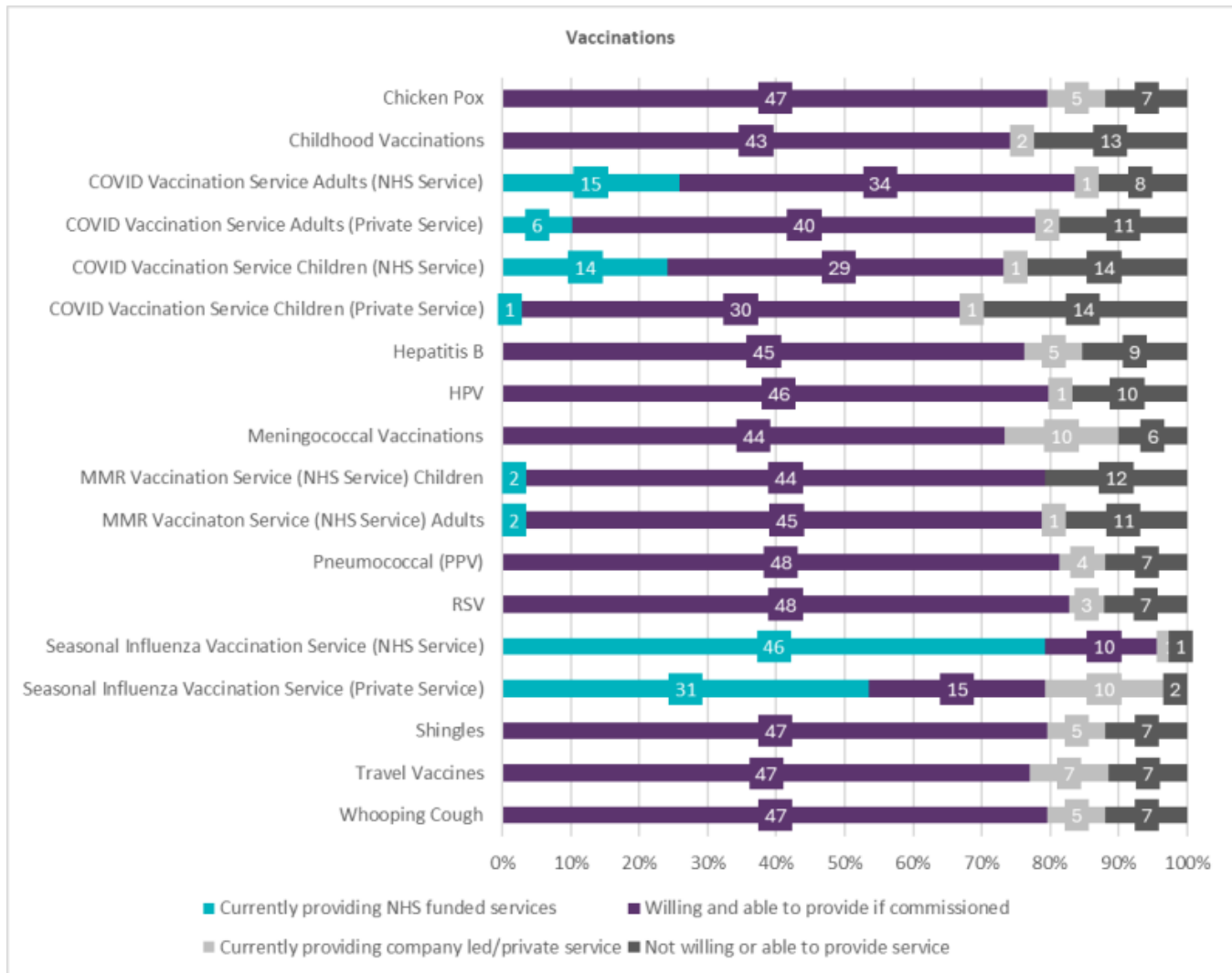
Q37. Current working situation

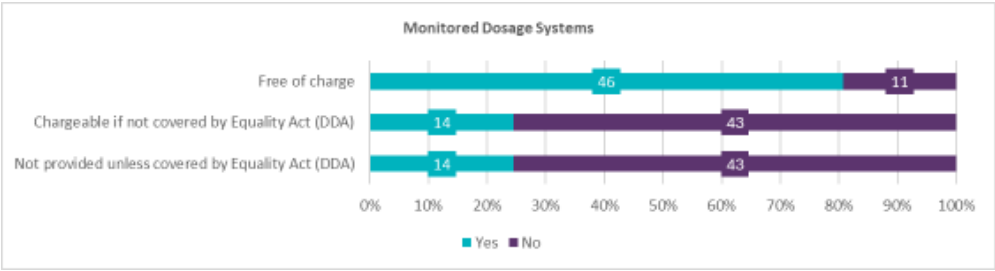
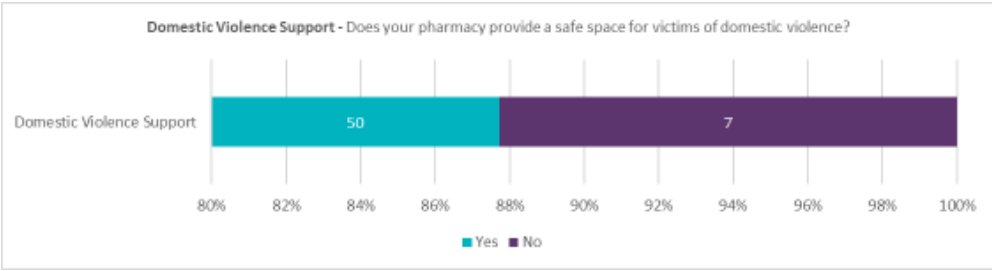
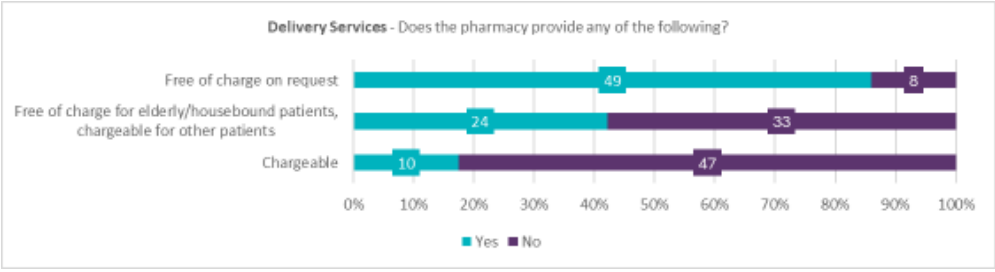
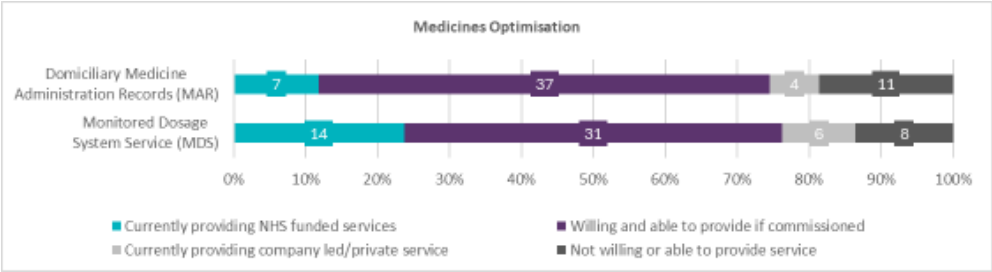


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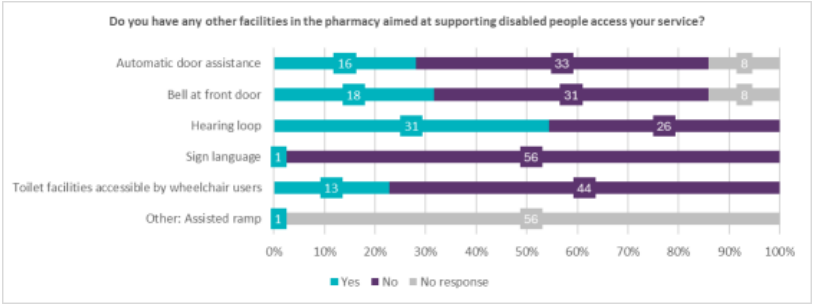
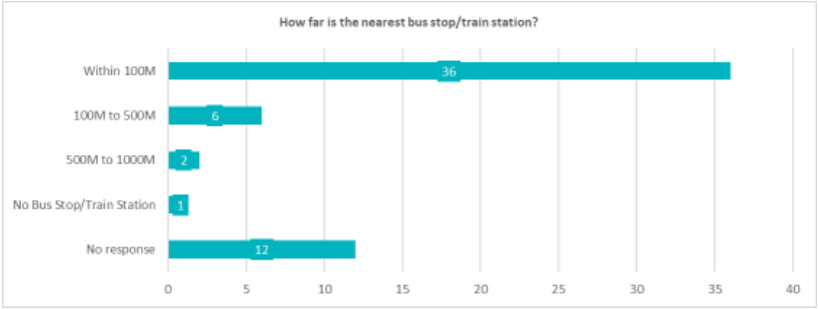
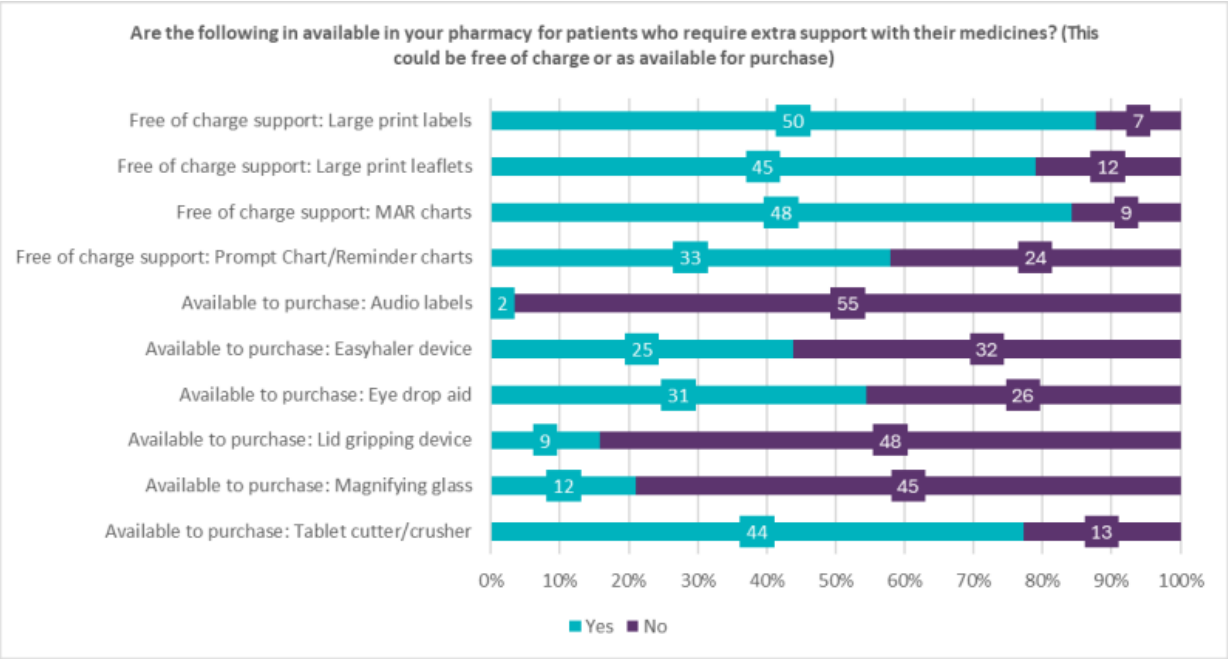
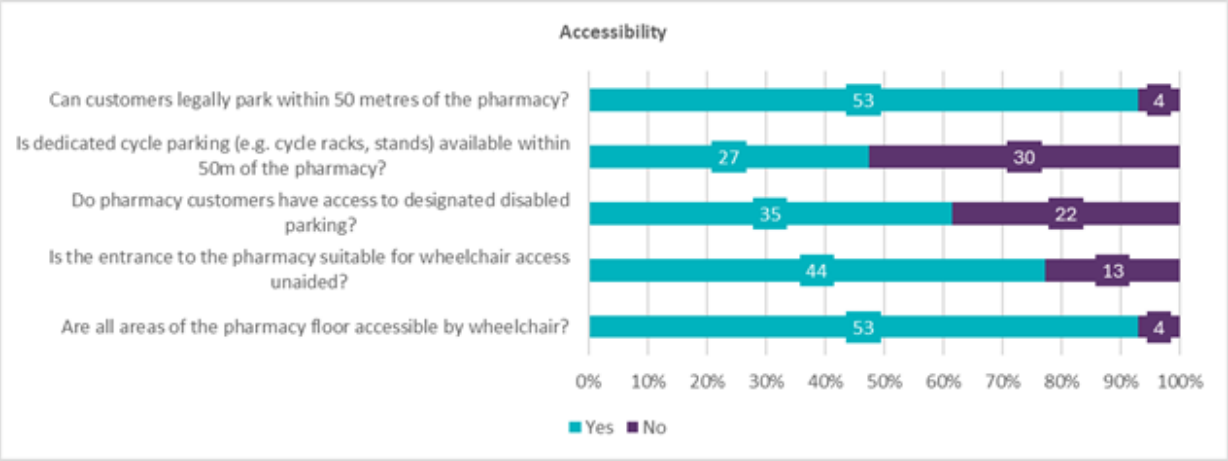
Appendix 4 – Pharmacy Survey Results

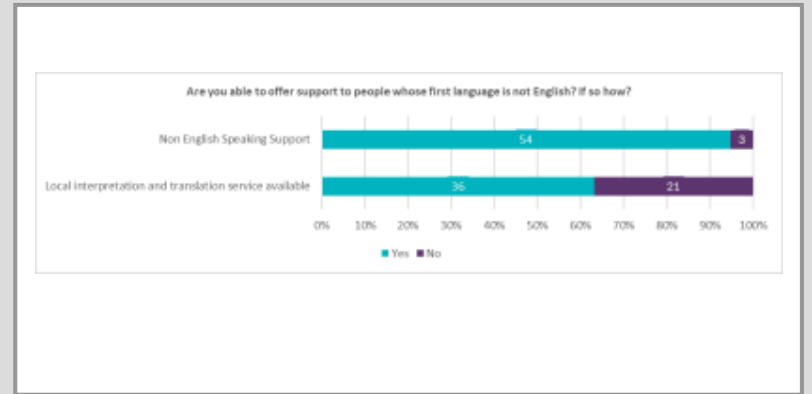
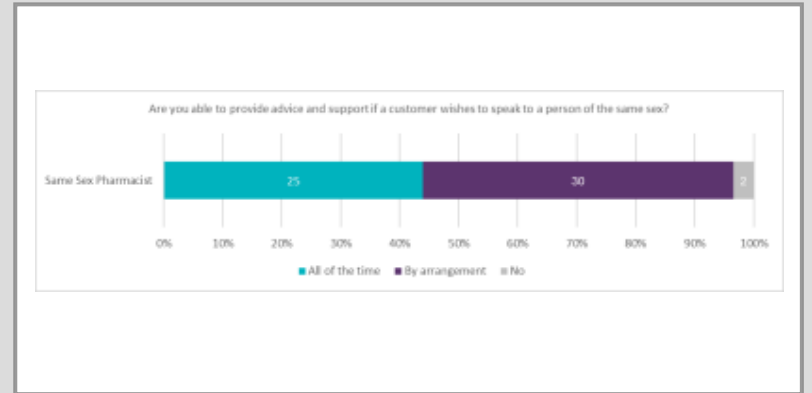
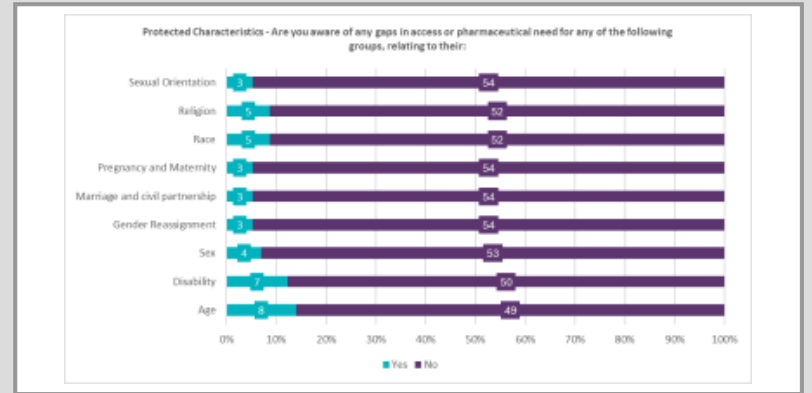
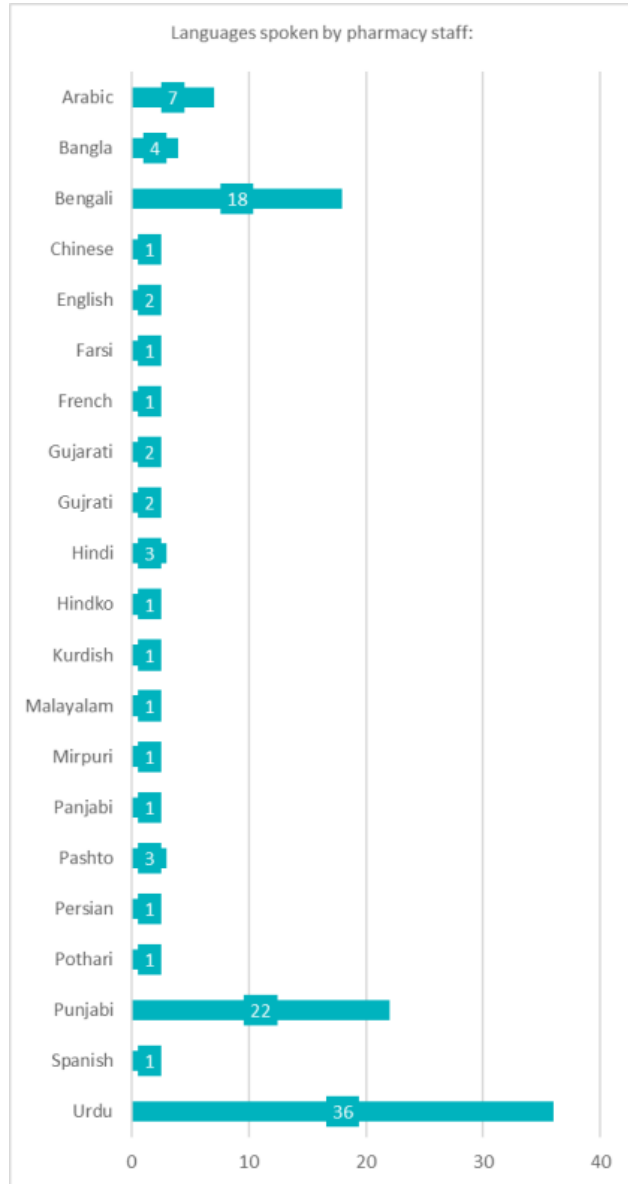












**Potential for increased demand - If there was increased demand for pharmaceutical services (e.g. dispensing, advanced and locally commissioned services) in your local area; through new housing developments, nearby pharmacies closing, etc. demand in your pharmacy may increase. With this in mind please select the option that best reflects your situation at the moment:**

We have sufficient capacity within our existing premises and staffing levels to manage an increase in demand in our area	51
We don't have sufficient premises and staffing capacity at present but could make adjustments to manage an increase in demand in our area	6

#### IP - Scope of practice

Asthma x 3
Minor Ailments x 6
Hypertension x 2
Skincare
Weight loss
ACP X 2 - Working in surgeries/walk in centres - both have masters

**If you have anything else you would like to tell us that you think would be useful in the formulation of the PNA, please include it here:**

The biggest area of concern for me is providing services for the elderly and vulnerable. Because of the funding crisis more and more pharmacy's have started stopping services such as free deliveries or free MDS compliance aids. This directly impacts the elderly and vulnerable patients in particular. At Apex we offer free delivery service which will not change but we have had to look at MDS systems as these are paid by the company. we have not made any changes but may have to look at this in the future if funding is not available.

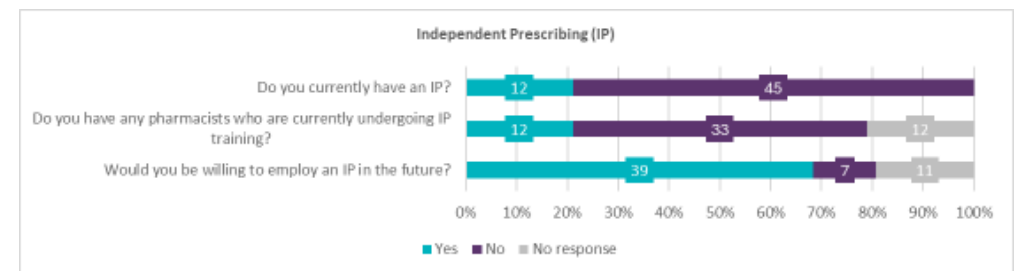
I feel there is a gap and lack of support for disabled patients and vulnerable adults, especially now a lot of pharmacy's are stopping free delivery and free MDS compliance aids due to the funding crisis. I feel this significantly increases the disadvantage these patients would have when accessing services.

Patient led ordering is a great idea but I also feel generally a lot of the community especially in our locality will be at a disadvantage due to the language barrier/lack of education, technologically challenged and perhaps this needs to be looked at. Also people from specific race, backgrounds and religion are less likely to be forthcoming with screening/preventative measures, access and availability to these services locally will significantly help reduce burden on the NHS and councils

Patients are almost scared into believing their nomination choice is not up to them. Pharmacies applying underhanded tactics to re-nominate patients without their consent. An example, we nominated an elderly patient with her consent. Upon her first delivery we realised she was very confused about her medication and had boxes dating back to early 2023. So we got rid of all her old meds, kept the current month ones, made a temporary note for her of when to take each one and told her from next month we will order your medications AND put them in blister packs for you (as she was currently ordering herself). A day later the surgery rings saying the patient was confused and didn't have any medication. We informed her of the situation and our solution to which the surgery was happy with and eager to recommend to the patient but she switched back to her old pharmacy out of fear, later telling us she got in trouble for coming to us. Now we don't know the pharmacies version of events so I can hold judgement and not accuse anyone of anything. But this patient had been ordering her medication incorrectly for at least two years without being identified and in need of blister packs for around the same time. The gap is in the amount of patients, elderly and non elderly, who are probably in need of a pharmacy to order for them and to be on MDS but with no way to identify them

People from specific race, backgrounds and religion are less likely to be forthcoming with screening/preventative measures, access and availability to these services locally will significantly help reduce burden on the NHS and councils

Many services could be commissioned in the local community pharmacies, taking the burden off the GP practices and the hospitals.



## Appendix 5 – Enhanced and Locally Commissioned Services

GM ICB	PC	Palliative Care Medicine Stockholding	Turning Point	NEx	Needle Exchange
GM ICB	MAS	Minor Ailment Service	Turning Point	SC	Supervised Consumption
GM ICB	IP-MI	IP Pathfinder – Minor Illness	Council	EHC	Emergency Hormonal Contraception
GM ICB	CMD	COVID Medicines Delivery			

District	Ward	ID*	Trading Name	Postcode	PC	MAS	IP-MI	CMD	Nex	SC	EHC
Central	Alexandra	13	Chemist Corner Internet Pharmacy	OL8 2BD	✗	✗	✗	✗	✗	✗	✗
Central	Coldhurst	10	Cannon Pharmacy	OL1 1LF	✗	✓	✗	✗	✗	✓	✓
Central	Coldhurst	28	Lloydspharmacy	OL1 1NL	✓	✗	✗	✗	✗	✗	✗
Central	Coldhurst	8	Boots	OL1 1XD	✗	✗	✗	✗	✓	✓	✗
Central	Coldhurst	18	Gardeners Chemist	OL1 2HG	✗	✗	✗	✗	✓	✓	✗
Central	Coldhurst	42	Tesco In-Store Pharmacy	OL9 6BW	✓	✗	✗	✗	✗	✗	✗
Central	Coldhurst	57	Westwood Pharmacy	OL9 6QB	✗	✓	✗	✗	✗	✓	✗
Central	Coldhurst	31	Medi Call	OL1 3AB	✗	✗	✗	✗	✗	✗	✗
Central	St Mary's	49	Well	OL1 3SH	✗	✗	✗	✗	✗	✓	✗
Central	St Mary's	50	Well	OL4 1BN	✗	✗	✗	✗	✗	✓	✗
Central	St Mary's	37	Seemed Internet Pharmacy	OL4 1DU	✗	✗	✗	✗	✗	✗	✗
Central	St Mary's	38	Seemed Pharmacy	OL4 1EN	✓	✓	✗	✗	✓	✓	✗
Central	St Mary's	20	Greenmed Pharmacy	OL4 1FN	✗	✗	✗	✗	✗	✗	✗
Central	St Mary's	35	Our Pharmacy	OL4 1JN	✓	✓	✗	✗	✗	✓	✗
Central	St Mary's	2	Apex Pharmacy	OL4 1JP	✗	✗	✗	✗	✗	✗	✗
Central	St Mary's	32	Oldham Late Night Pharmacy	OL4 1JW	✓	✗	✗	✗	✗	✓	✗
Central	St Mary's	25	Lees Road Pharmacy	OL4 1PA	✗	✓	✗	✗	✗	✓	✗
Central	St Mary's	19	Glodwick Pharmacy	OL4 1YN	✗	✗	✗	✗	✗	✓	✓
East	Saddleworth North	54	Well	OL3 5DQ	✗	✗	✗	✗	✗	✓	✗
East	Saddleworth South	56	Well	OL3 6AP	✗	✗	✗	✗	✗	✗	✗
East	Saddleworth South	40	Strachan's Chemist	OL3 6AU	✓	✓	✗	✗	✗	✗	✗

East	Saddleworth South	55	Well	OL3 7DB	✗	✓	✗	✗	✗	✓	✗
East	Saddleworth West & Lees	1	Rowlands Pharmacy	OL4 3BP	✗	✗	✗	✗	✗	✗	✗
East	Saddleworth West & Lees	53	Well	OL4 3BS	✗	✗	✓	✗	✗	✓	✗
East	St James'	43	Tesco In-Store Pharmacy	OL1 3LG	✗	✗	✗	✗	✗	✗	✗
East	St James'	21	Hobbs Pharmacy	OL1 4JU	✗	✗	✗	✗	✗	✗	✗
East	Waterhead	52	Well	OL4 2RB	✗	✗	✗	✗	✗	✓	✗
North	Crompton	26	Lifestyle Pharmacy	OL2 7QR	✗	✗	✗	✗	✗	✓	✗
North	Royton North	7	Boots	OL2 5HX	✓	✗	✗	✗	✗	✗	✗
North	Royton North	30	Market Square Pharmacy	OL2 5QD	✗	✗	✗	✗	✗	✗	✗
North	Royton North	36	Royton Pharmacy	OL2 5QD	✓	✗	✗	✗	✗	✓	✗
North	Royton South	48	Well	OL2 6QN	✗	✗	✗	✗	✗	✓	✗
North	Shaw	16	Everest Pharmacy Shaw	OL2 8NH	✗	✗	✗	✗	✗	✓	✗
North	Shaw	58	Wolstenholme Pharmacy	OL2 8NP	✗	✗	✗	✗	✗	✗	✗
North	Shaw	4	ASDA Pharmacy	OL2 8QP	✗	✗	✗	✗	✗	✗	✗
North	Shaw	51	Well	OL2 8RQ	✗	✗	✗	✗	✗	✓	✗
South	Failsworth East		<i>No community pharmacy</i>								
South	Failsworth West	34	Our Pharmacy	M35 0AY	✗	✗	✗	✗	✗	✗	✗
South	Failsworth West	17	Focus Pharmacy	M35 0AD	✓	✗	✗	✗	✗	✗	✓
South	Failsworth West	24	Kamson Pharmacy	M35 0FF	✗	✗	✗	✗	✓	✓	✗
South	Hollinwood	41	Suburb Pharmacy	OL8 3BE	✗	✓	✗	✗	✗	✓	✗
South	Hollinwood	39	St Chads Pharmacy	OL8 3HH	✗	✗	✗	✗	✗	✓	✗
South	Hollinwood	59	Yates Pharmacy	OL8 3SY	✗	✗	✗	✗	✗	✗	✗
South	Hollinwood	15	Everest Pharmacy Oldham	OL8 4LN	✗	✗	✓	✗	✗	✓	✓
South	Medlock Vale	5	Ashton Road Pharmacy	OL8 3HF	✗	✓	✗	✗	✗	✓	✓
South	Medlock Vale	29	Lomas Chemist	OL8 3HW	✗	✗	✗	✗	✗	✗	✗
South	Medlock Vale	33	Oldham Pharmacy	OL8 3HF	✗	✗	✗	✗	✗	✗	✗
West	Chadderton North	11	Cathedral Road Pharmacy	OL9 0RG	✗	✗	✗	✗	✗	✗	✗
West	Chadderton Central	3	ASDA Pharmacy	OL9 0JE	✗	✗	✗	✗	✗	✓	✗
West	Chadderton Central	6	Boots	OL9 0LQ	✗	✗	✗	✗	✗	✓	✗



West	Chadderton Central	12	Chadderton Pharmacy	OL1 2PW	✗	✗	✗	✗	✗	✗	✗
West	Chadderton Central	46	Well	OL9 0LH	✗	✓	✗	✗	✗	✓	✓
West	Chadderton South	9	Butler Green Pharmacy	OL9 8NH	✗	✓	✗	✗	✓	✓	✓
West	Chadderton South	45	Well	OL9 8RT	✗	✗	✗	✗	✗	✓	✗
West	Chadderton South	60	yourdoctorschemist	OL9 9XB	✗	✗	✗	✗	✗	✗	✗
West	Werneth	14	Click 2 Pharmacy	OL8 4BB	✗	✗	✗	✗	✗	✓	✗
West	Werneth	27	Lloydspharmacy	OL9 7AY	✗	✗	✗	✗	✓	✓	✗
West	Werneth	47	Well	OL9 7SB	✗	✓	✗	✗	✗	✓	✗
West	Werneth	23	Imaan Pharmacy	OL9 7SJ	✗	✓	✗	✓	✓	✓	✗
West	Werneth	22	iConnect Pharmacy	OL8 1EZ	✗	✗	✗	✗	✗	✗	✗
West	Werneth	44	Trustcare Pharmacy	OL9 6HT	✗	✗	✗	✗	✗	✗	✗

\*Map index relates to map 2 (section 4.1)

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## Appendix 6 – Oldham Pharmacies

District	Ward	ID*	Trading Name	Address of Contractor	Postcode	Contractor Type
Central	Alexandra	13	Chemist Corner Internet Pharmacy	3 Brook Lane, Glodwick	OL8 2BD	Distance selling
Central	Coldhurst	10	Cannon Pharmacy	5 Manchester Chambers, Cheapside	OL1 1LF	Community – 40hr
Central	Coldhurst	28	Lloydspharmacy	Oldham ICC, New Radcliffe Street	OL1 1NL	Community – 40hr
Central	Coldhurst	8	Boots	1 Town Square Shopping Centre	OL1 1XD	Community – 40hr
Central	Coldhurst	18	Gardeners Chemist	285 Rochdale Road	OL1 2HG	Community – 40hr
Central	Coldhurst	42	Tesco In-Store Pharmacy	Featherstall Road North	OL9 6BW	Community – 100hr
Central	Coldhurst	57	Westwood Pharmacy	69-71 Featherstall Road	OL9 6QB	Community – 40hr
Central	Coldhurst	31	Medi Call	31 Market Street	OL1 3AB	Distance selling
Central	St Mary's	49	Well	44 Horsedge Street	OL1 3SH	Community – 40hr
Central	St Mary's	50	Well	Barley Clough Medical Centre, Nuggett Street	OL4 1BN	Community – 40hr
Central	St Mary's	37	Seemed Internet Pharmacy	32 Hardy Street	OL4 1DU	Distance selling
Central	St Mary's	38	Seemed Pharmacy	165 Waterloo Street	OL4 1EN	Community – 40hr
Central	St Mary's	20	Greenmed Pharmacy	Unit 1, Greengate Business Centre, Greengate St	OL4 1FN	Distance selling
Central	St Mary's	35	Our Pharmacy	Hopwood House, The Vineyard, Lees Road	OL4 1JN	Community – 100hr
Central	St Mary's	2	Apex Pharmacy	Suite 1, 177 Lees Road	OL4 1JP	Distance selling
Central	St Mary's	32	Oldham Late Night Pharmacy	87-89 Lees Road	OL4 1JW	Community – 100hr
Central	St Mary's	25	Lees Road Pharmacy	282 Lees Road	OL4 1PA	Community – 40hr
Central	St Mary's	19	Glodwick Pharmacy	Glodwick Health Centre, 137 Glodwick Road	OL4 1YN	Community – 40hr
East	Saddleworth North	54	Well	28 King Street, Delph	OL3 5DQ	Community – 40hr
East	Saddleworth South	56	Well	71 High Street, Uppermill	OL3 6AP	Community – 40hr
East	Saddleworth South	40	Strachan's Chemist	7 New Street, Uppermill	OL3 6AU	Community – 40hr
East	Saddleworth South	55	Well	120-122 Chew Valley Road, Greenfield	OL3 7DB	Community – 40hr
East	Saddleworth West & Lees	1	Rowlands Pharmacy	Lees Medical Practice, Athens Way, Lees	OL4 3BP	Community – 40hr
East	Saddleworth West & Lees	53	Well	17 Mellor Street, Lees	OL4 3BS	Community – 40hr
East	St James'	43	Tesco In-Store Pharmacy	Huddersfield Road	OL1 3LG	Community – 100hr
East	St James'	21	Hobbs Pharmacy	679 Ripponden Road, Moorside	OL1 4JU	Community – 40hr
East	Waterhead	52	Well	242 Huddersfield Road	OL4 2RB	Community – 40hr
North	Crompton	26	Lifestyle Pharmacy	160 Trent Road High Crompton	OL2 7QR	Community – 40hr
North	Royton North	7	Boots	Central Retail, Elk Mill Centre Retail Park	OL2 5HX	Community – 40hr

North	Royton North	30	Market Square Pharmacy	28 Market Square, Royton	OL2 5QD	Community – 100hr
North	Royton North	36	Royton Pharmacy	38/40 Market Square, Royton	OL2 5QD	Community – 40hr
North	Royton South	48	Well	25 Park Street, Royton	OL2 6QN	Community – 40hr
North	Shaw	16	Everest Pharmacy Shaw	8 Market Street, Shaw	OL2 8NH	Community – 40hr
North	Shaw	58	Wolstenholme Pharmacy	67 Market Street, Shaw	OL2 8NP	Community – 40hr
North	Shaw	4	ASDA Pharmacy	Asda Superstore, Greenfield Lane, Shaw	OL2 8QP	Community – 100hr
North	Shaw	51	Well	4 High Street, Shaw	OL2 8RQ	Community – 40hr
South	Failsworth East		<i>No community pharmacy</i>			
South	Failsworth West	34	Our Pharmacy	229 Oldham Road, Failsworth	M35 0AY	Distance selling
South	Failsworth West	17	Focus Pharmacy	The Keppel Building, Ashton Road West	M35 0AD	Community – 40hr
South	Failsworth West	24	Kamson Pharmacy	Units 4, Failsworth Precinct, Sisson Street	M35 0FF	Community – 40hr
South	Hollinwood	41	Suburb Pharmacy	390 Hollins Road	OL8 3BE	Community – 40hr
South	Hollinwood	39	St Chads Pharmacy	St Chads Centre Limegreen Parade, Limeshurst	OL8 3HH	Community – 40hr
South	Hollinwood	59	Yates Pharmacy	733 -735 Hollins Road	OL8 3SY	Community – 40hr
South	Hollinwood	15	Everest Pharmacy Oldham	57 Manchester Road	OL8 4LN	Community – 40hr
South	Medlock Vale	5	Ashton Road Pharmacy	366 Ashton Road	OL8 3HF	Community – 40hr
South	Medlock Vale	29	Lomas Chemist	586-588 Ashton Road	OL8 3HW	Community – 40hr
South	Medlock Vale	33	Oldham Pharmacy	388-390 Ashton Road	OL8 3HF	Community – 40hr
West	Chadderton North	11	Cathedral Road Pharmacy	98 Cathedral Road, Chadderton	OL9 0RG	Community – 40hr
West	Chadderton Central	3	ASDA Pharmacy	Asda Superstore, 1 Milne Street, Chadderton	OL9 0JE	Community – 100hr
West	Chadderton Central	6	Boots	Units 1-2 Chadderton Shopping Precinct	OL9 0LQ	Community – 40hr
West	Chadderton Central	12	Chadderton Pharmacy	80 Burnley Lane, Chadderton	OL1 2PW	Distance selling
West	Chadderton Central	46	Well	Middleton Road, Chadderton	OL9 0LH	Community – 40hr
West	Chadderton South	9	Butler Green Pharmacy	Primary Care Centre, Fields New Road, Chadderton	OL9 8NH	Community – 40hr
West	Chadderton South	45	Well	Chadderton South Health Centre, Eaves Lane	OL9 8RT	Community – 40hr
West	Chadderton South	60	yourdoctorschemist	Independent House, Unit 8, Gateway Crescent	OL9 9XB	Distance selling
West	Werneth	14	Click 2 Pharmacy	33 Werneth Hall Road	OL8 4BB	Community – 40hr
West	Werneth	27	Lloydspharmacy	Werneth Primary Care Centre, Featherstall Road South	OL9 7AY	Community – 40hr
West	Werneth	47	Well	153 Block Lane, Chadderton	OL9 7SB	Community – 40hr
West	Werneth	23	Imaan Pharmacy	116 Oxford Street, Werneth	OL9 7SJ	Community – 40hr
West	Werneth	22	iConnect Pharmacy	First Floor, Unit 23, Meridian Business Centre	OL8 1EZ	Distance selling
West	Werneth	44	Trustcare Pharmacy	Suite 11 – Prospect House	OL9 6HT	Distance selling

\*Map index relates to map 2 (section 4.1)

## Appendix 7 – Advanced Services

<b>PFS</b>	Pharmacy First Service	<b>NMS</b>	New Medicine Service
<b>Flu</b>	Flu Vaccination Services	<b>SCS</b>	Smoking Cessation Service
<b>PCS</b>	Pharmacy Contraception Service	<b>LFD</b>	Lateral Flow Device Service
<b>HCF</b>	Hypertension Case-Finding Service		

District	Ward	ID*	Trading Name	Postcode	PFS	Flu	PCS	HCF	NMS	SCS	LFD
Central	Alexandra	13	Chemist Corner Internet Pharmacy	OL8 2BD	✓	✗	✗	✗	✓	✗	✗
Central	Coldhurst	10	Cannon Pharmacy	OL1 1LF	✓	✓	✓	✓	✓	✗	✓
Central	Coldhurst	28	Lloydspharmacy	OL1 1NL	✓	✓	✗	✓	✓	✗	✗
Central	Coldhurst	8	Boots	OL1 1XD	✓	✓	✓	✓	✓	✗	✗
Central	Coldhurst	18	Gardeners Chemist	OL1 2HG	✓	✗	✗	✓	✓	✗	✗
Central	Coldhurst	42	Tesco In-Store Pharmacy	OL9 6BW	✓	✓	✓	✓	✓	✗	✗
Central	Coldhurst	57	Westwood Pharmacy	OL9 6QB	✓	✓	✗	✓	✓	✗	✗
Central	Coldhurst	31	Medi Call	OL1 3AB	✗	✗	✗	✗	✗	✗	✗
Central	St Mary's	49	Well	OL1 3SH	✓	✓	✓	✓	✓	✗	✓
Central	St Mary's	50	Well	OL4 1BN	✓	✓	✗	✓	✓	✗	✓
Central	St Mary's	37	Seemed Internet Pharmacy	OL4 1DU	✓	✗	✗	✗	✓	✗	✗
Central	St Mary's	38	Seemed Pharmacy	OL4 1EN	✓	✗	✗	✓	✓	✓	✗
Central	St Mary's	20	Greenmed Pharmacy	OL4 1FN	✓	✓	✗	✓	✓	✗	✗
Central	St Mary's	35	Our Pharmacy	OL4 1JN	✓	✗	✗	✓	✓	✗	✗
Central	St Mary's	2	Apex Pharmacy	OL4 1JP	✓	✗	✗	✗	✓	✗	✗
Central	St Mary's	32	Oldham Late Night Pharmacy	OL4 1JW	✓	✓	✗	✓	✓	✗	✗
Central	St Mary's	25	Lees Road Pharmacy	OL4 1PA	✓	✓	✗	✓	✓	✓	✓
Central	St Mary's	19	Glodwick Pharmacy	OL4 1YN	✓	✓	✗	✓	✓	✗	✗
East	Saddleworth North	54	Well	OL3 5DQ	✓	✓	✓	✓	✓	✗	✗
East	Saddleworth South	56	Well	OL3 6AP	✓	✓	✓	✓	✓	✗	✗
East	Saddleworth South	40	Strachan's Chemist	OL3 6AU	✓	✓	✓	✓	✓	✗	✓



East	Saddleworth South	55	Well	OL3 7DB	✓	✓	✓	✓	✓	✗	✗
East	Saddleworth West & Lees	1	Rowlands Pharmacy	OL4 3BP	✓	✗	✓	✓	✓	✗	✗
East	Saddleworth West & Lees	53	Well	OL4 3BS	✓	✓	✓	✓	✓	✗	✗
East	St James'	43	Tesco In-Store Pharmacy	OL1 3LG	✓	✓	✓	✓	✓	✗	✗
East	St James'	21	Hobbs Pharmacy	OL1 4JU	✓	✓	✗	✓	✓	✗	✗
East	Waterhead	52	Well	OL4 2RB	✓	✗	✓	✓	✓	✗	✗
North	Crompton	26	Lifestyle Pharmacy	OL2 7QR	✗	✓	✗	✗	✓	✗	✗
North	Royton North	7	Boots	OL2 5HX	✓	✓	✓	✓	✓	✗	✗
North	Royton North	30	Market Square Pharmacy	OL2 5QD	✗	✗	✗	✗	✗	✗	✗
North	Royton North	36	Royton Pharmacy	OL2 5QD	✓	✗	✗	✓	✗	✗	✗
North	Royton South	48	Well	OL2 6QN	✓	✗	✓	✓	✓	✗	✗
North	Shaw	16	Everest Pharmacy Shaw	OL2 8NH	✗	✗	✗	✗	✓	✗	✗
North	Shaw	58	Wolstenholme Pharmacy	OL2 8NP	✓	✓	✗	✓	✓	✗	✗
North	Shaw	4	ASDA Pharmacy	OL2 8QP	✓	✓	✗	✓	✓	✗	✗
North	Shaw	51	Well	OL2 8RQ	✓	✓	✓	✓	✓	✗	✓
South	Failsworth East		<i>No community pharmacy</i>								
South	Failsworth West	34	Our Pharmacy	M35 0AY	✓	✗	✗	✗	✓	✗	✗
South	Failsworth West	17	Focus Pharmacy	M35 0AD	✓	✓	✓	✓	✓	✗	✓
South	Failsworth West	24	Kamson Pharmacy	M35 0FF	✓	✓	✓	✓	✓	✗	✗
South	Hollinwood	41	Suburb Pharmacy	OL8 3BE	✓	✗	✓	✓	✓	✗	✗
South	Hollinwood	39	St Chads Pharmacy	OL8 3HH	✓	✓	✓	✓	✓	✗	✗
South	Hollinwood	59	Yates Pharmacy	OL8 3SY	✓	✗	✗	✓	✓	✗	✗
South	Hollinwood	15	Everest Pharmacy Oldham	OL8 4LN	✓	✓	✓	✓	✓	✗	✓
South	Medlock Vale	5	Ashton Road Pharmacy	OL8 3HF	✓	✗	✓	✓	✓	✗	✗
South	Medlock Vale	29	Lomas Chemist	OL8 3HW	✓	✓	✗	✗	✓	✓	✓
South	Medlock Vale	33	Oldham Pharmacy	OL8 3HF	✗	✗	✗	✗	✓	✗	✗
West	Chadderton North	11	Cathedral Road Pharmacy	OL9 0RG	✓	✗	✓	✗	✓	✗	✗
West	Chadderton Central	3	ASDA Pharmacy	OL9 0JE	✓	✓	✓	✓	✗	✗	✗

West	Chadderton Central	6	Boots	OL9 0LQ	✓	✓	✓	✓	✓	✗	✓
West	Chadderton Central	12	Chadderton Pharmacy	OL1 2PW	✓	✓	✗	✓	✓	✗	✗
West	Chadderton Central	46	Well	OL9 0LH	✓	✓	✓	✓	✓	✗	✗
West	Chadderton South	9	Butler Green Pharmacy	OL9 8NH	✓	✓	✓	✓	✓	✓	✗
West	Chadderton South	45	Well	OL9 8RT	✓	✓	✓	✓	✓	✗	✗
West	Chadderton South	60	yourdoctorschemist	OL9 9XB	✗	✗	✗	✗	✗	✗	✗
West	Werneth	14	Click 2 Pharmacy	OL8 4BB	✓	✓	✗	✓	✓	✗	✗
West	Werneth	27	Lloydspharmacy	OL9 7AY	✗	✗	✗	✗	✓	✗	✗
West	Werneth	47	Well	OL9 7SB	✓	✓	✗	✓	✓	✗	✗
West	Werneth	23	Imaan Pharmacy	OL9 7SJ	✓	✓	✗	✓	✓	✗	✗
West	Werneth	22	iConnect Pharmacy	OL8 1EZ	✓	✗	✗	✗	✗	✗	✗
West	Werneth	44	Trustcare Pharmacy	OL9 6HT	✓	✗	✗	✗	✓	✗	✗

\*Map index relates to map 2 (section 4.1)

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## Appendix 8 – Community Pharmacy Opening Hours

District	Ward	Number of pharmacies	Weekday 8am or earlier	Week day AM	Week day PM	Weekday 7pm or later	Weekday Closed for lunch	Sat 8am or earlier	Sat AM	Sat PM	Sat 7pm or later	Sat Closed for lunch	Sun
Central	Alexandra	0	0	0	0	0	0	0	0	0	0	0	0
Central	Coldhurst	6	0	6	6	1	1	0	4	3	1	0	3
Central	St Mary's	7	1	7	7	3	2	1	2	2	2	0	2
East	Saddleworth North	1	0	1	1	0	1	0	1	0	0	0	0
East	Saddleworth South	3	0	3	3	0	0	0	3	0	0	0	0
East	Saddleworth West and Lees	2	0	2	2	0	1	0	2	0	0	0	0
East	St James'	2	0	2	2	1	0	0	1	1	1	0	1
East	Waterhead	1	0	1	1	0	0	0	1	0	0	0	0
North	Crompton	1	0	1	1	0	1	0	0	0	0	0	0
North	Royton North	3	0	3	3	2	0	0	2	2	2	0	2
North	Royton South	1	0	1	1	1	0	0	1	0	0	0	0
North	Shaw	4	0	4	4	1	0	0	2	2	1	1	1
South	Failsworth East	0	0	0	0	0	0	0	0	0	0	0	0
South	Failsworth West	2	0	2	2	0	0	0	2	2	0	0	0
South	Hollinwood	4	0	4	4	0	0	0	1	0	0	0	0
South	Medlock Vale	3	0	3	3	0	0	0	1	0	0	0	0
West	Chadderton North	1	0	1	1	0	0	0	1	0	0	0	0
West	Chadderton Central	4	1	4	4	1	2	1	2	2	1	1	1
West	Chadderton South	3	0	3	3	0	0	0	0	0	0	0	0
West	Werneth	4	0	4	4	0	1	0	1	0	0	0	0

\*There may be some variation in opening and closing times on certain days.

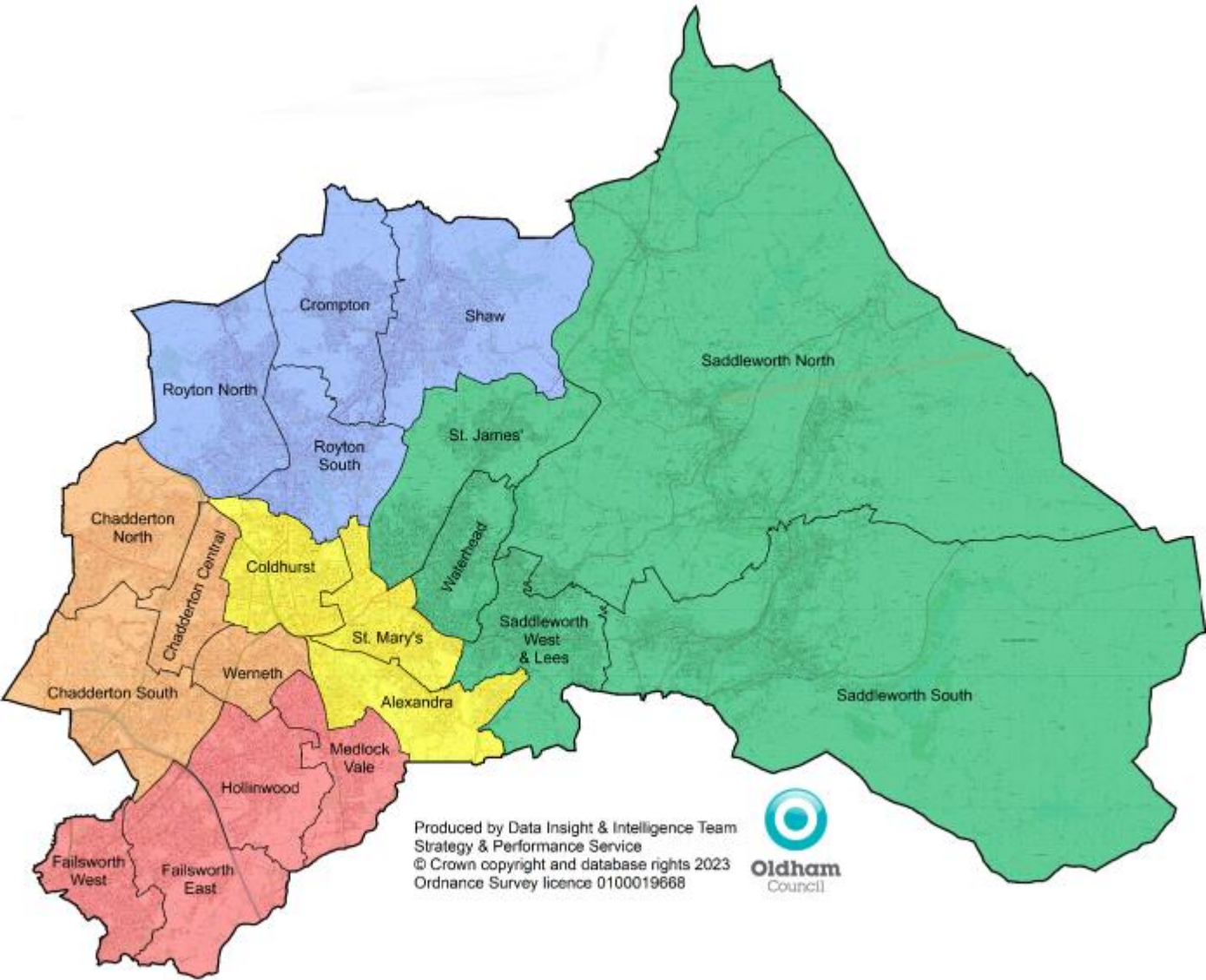
This table does not include distance selling pharmacies. These pharmacies tend to be open between 9am and 6pm, and close for an hour at lunch time.

For full details of pharmacy opening hours please see [NHS Services](#).

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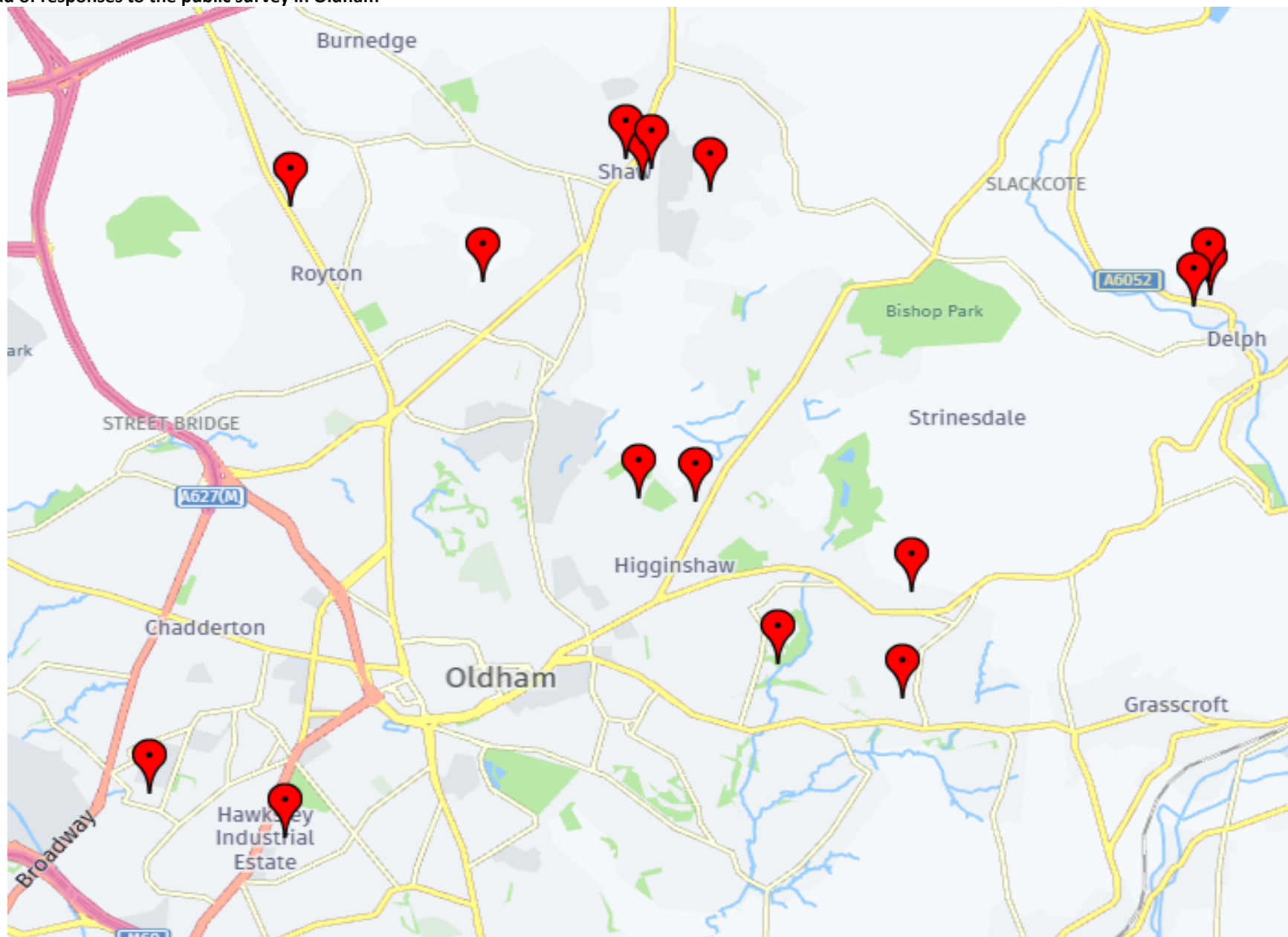
Map 1 -Oldham districts and wards



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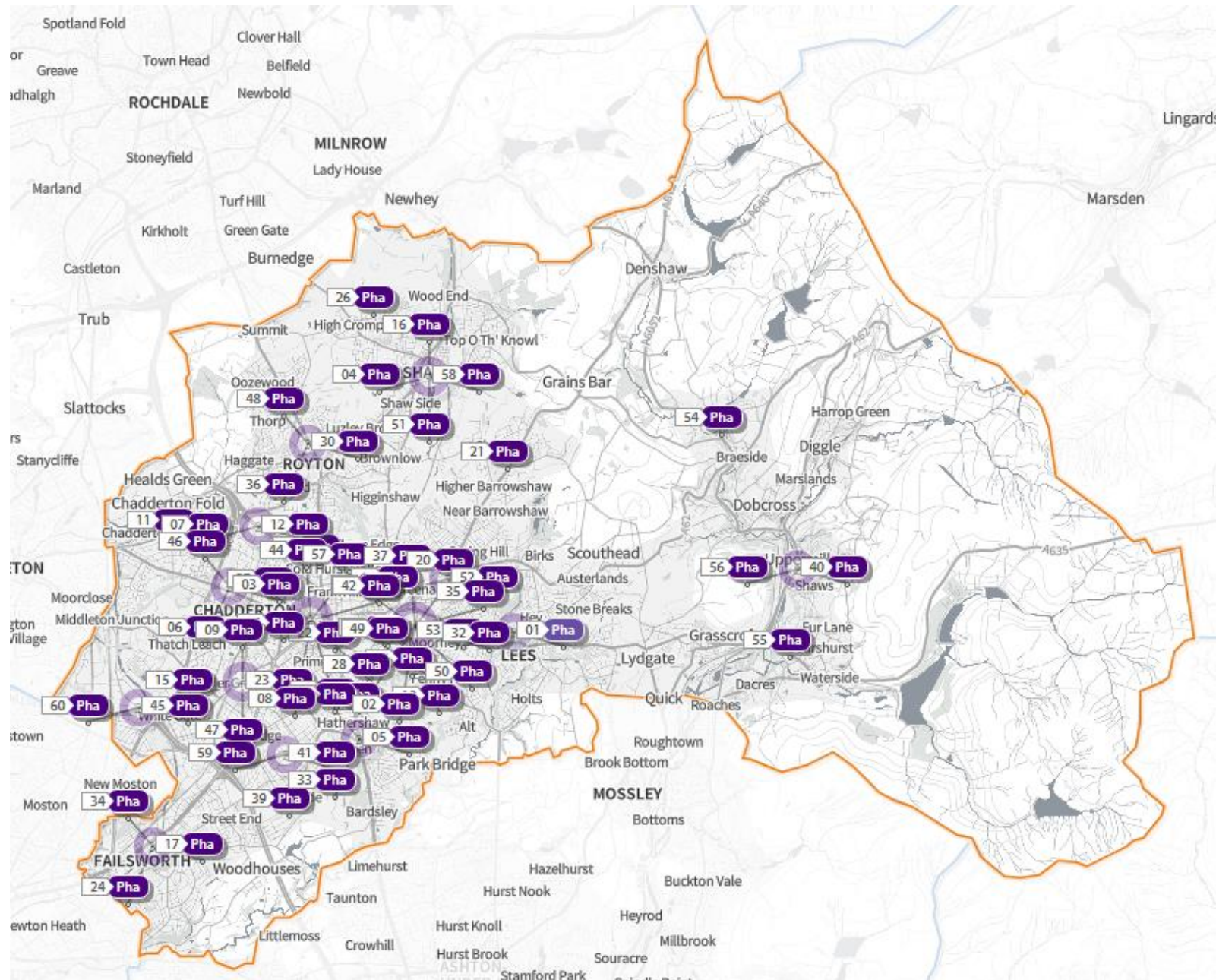


Map 2 - Spread of responses to the public survey in Oldham

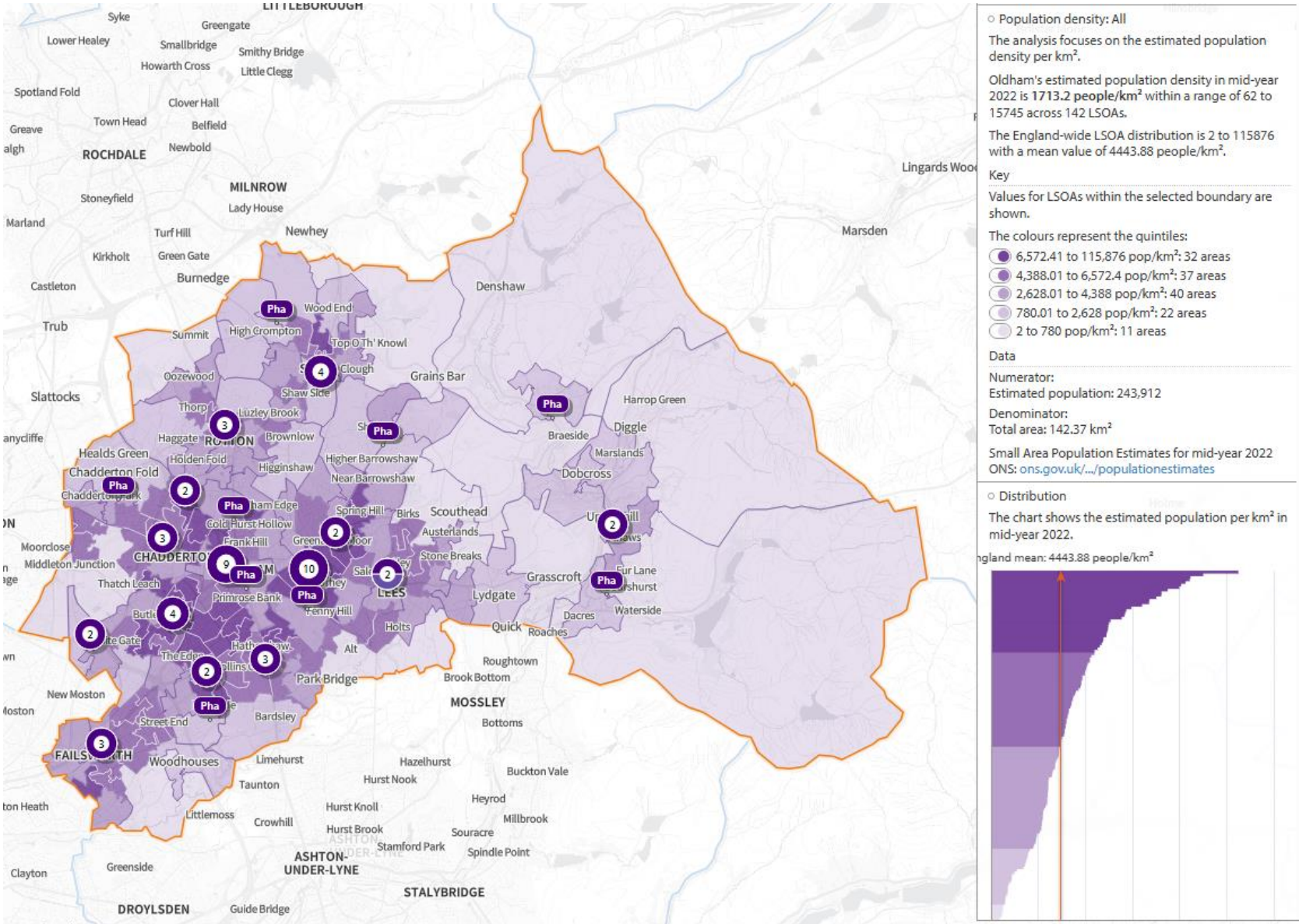




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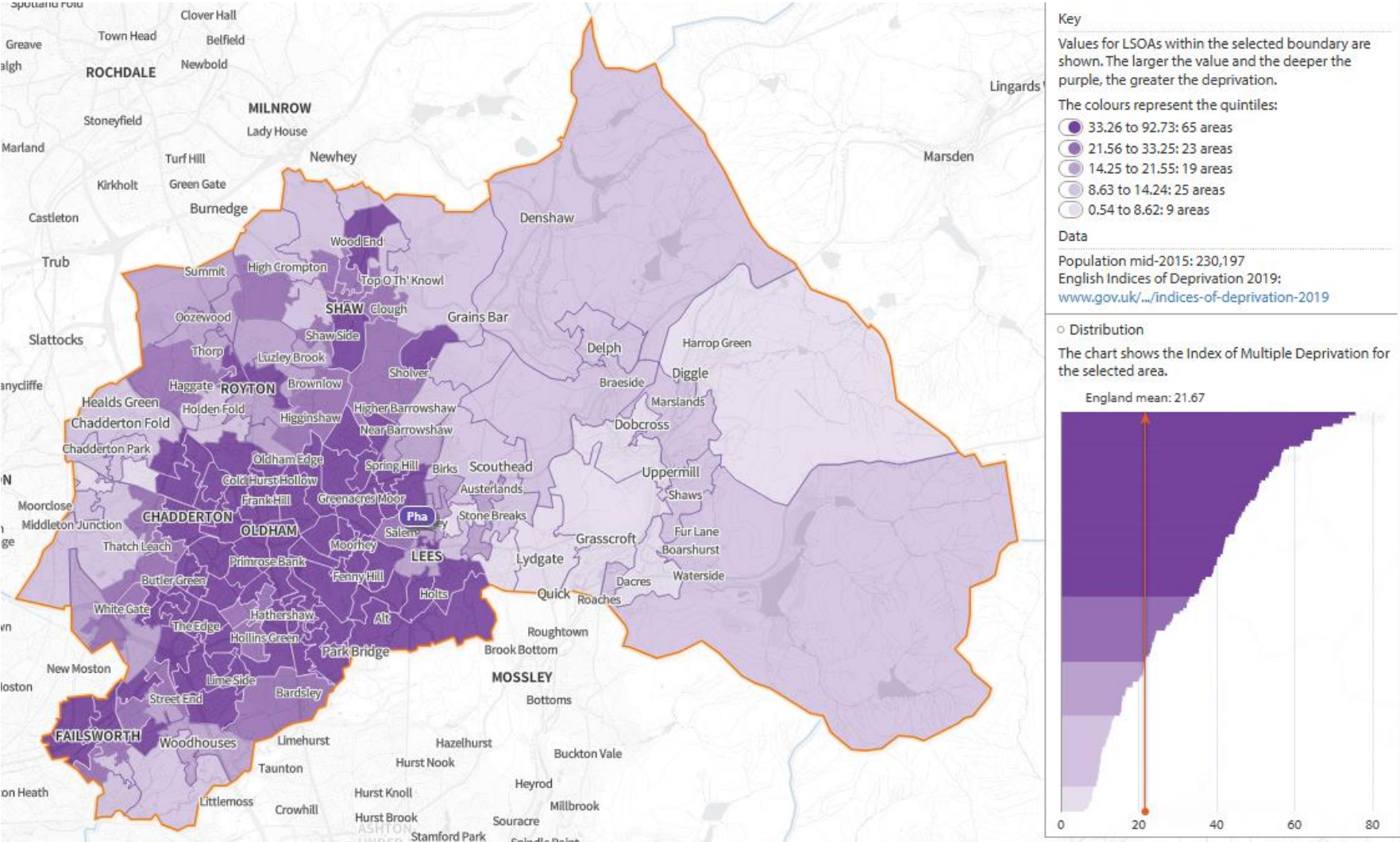


Map 4 - Population density (source: [SHAPE - Shape](#))



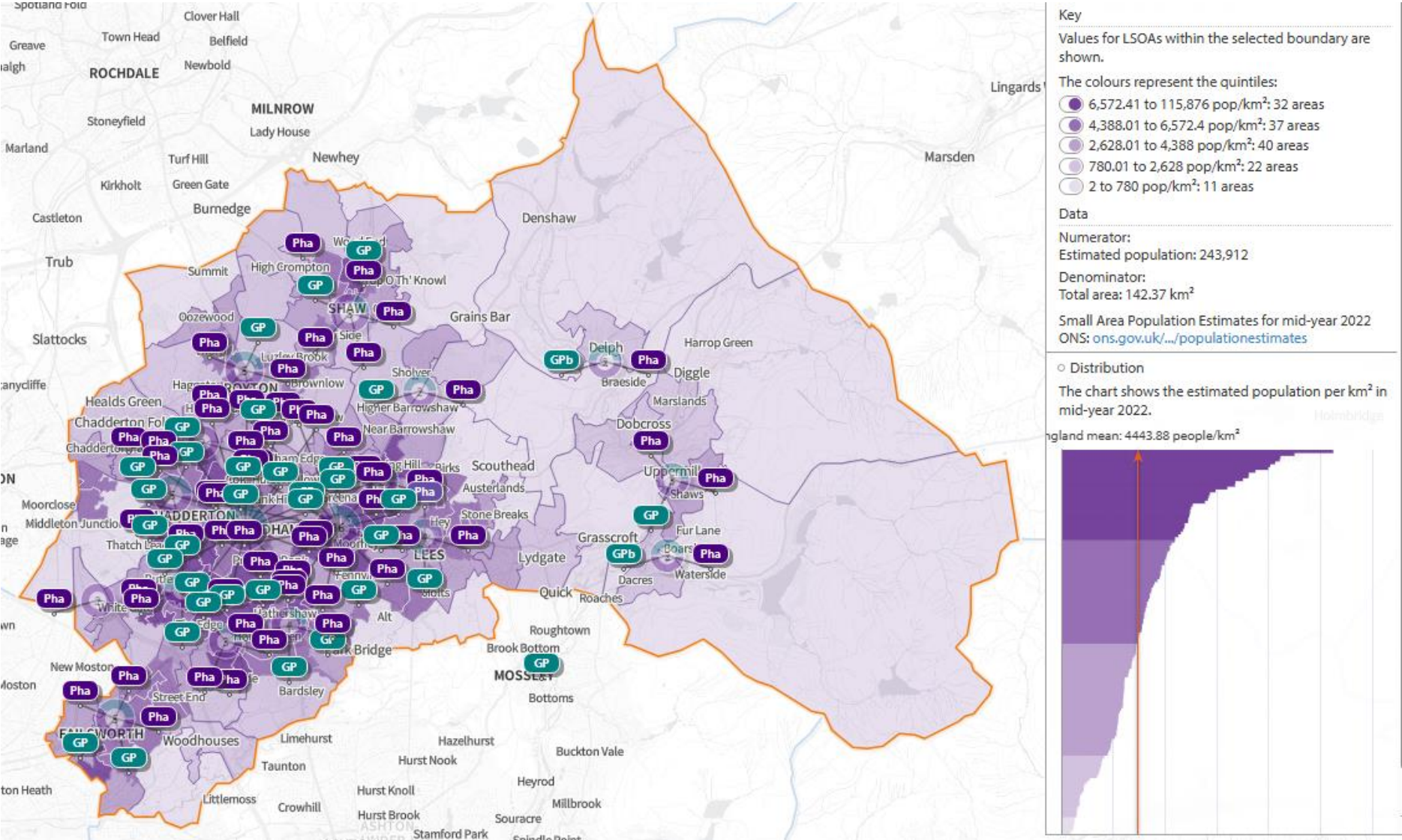


Map 5 – IMD 2019 by LSOA (source: [SHAPE - Shape](#))

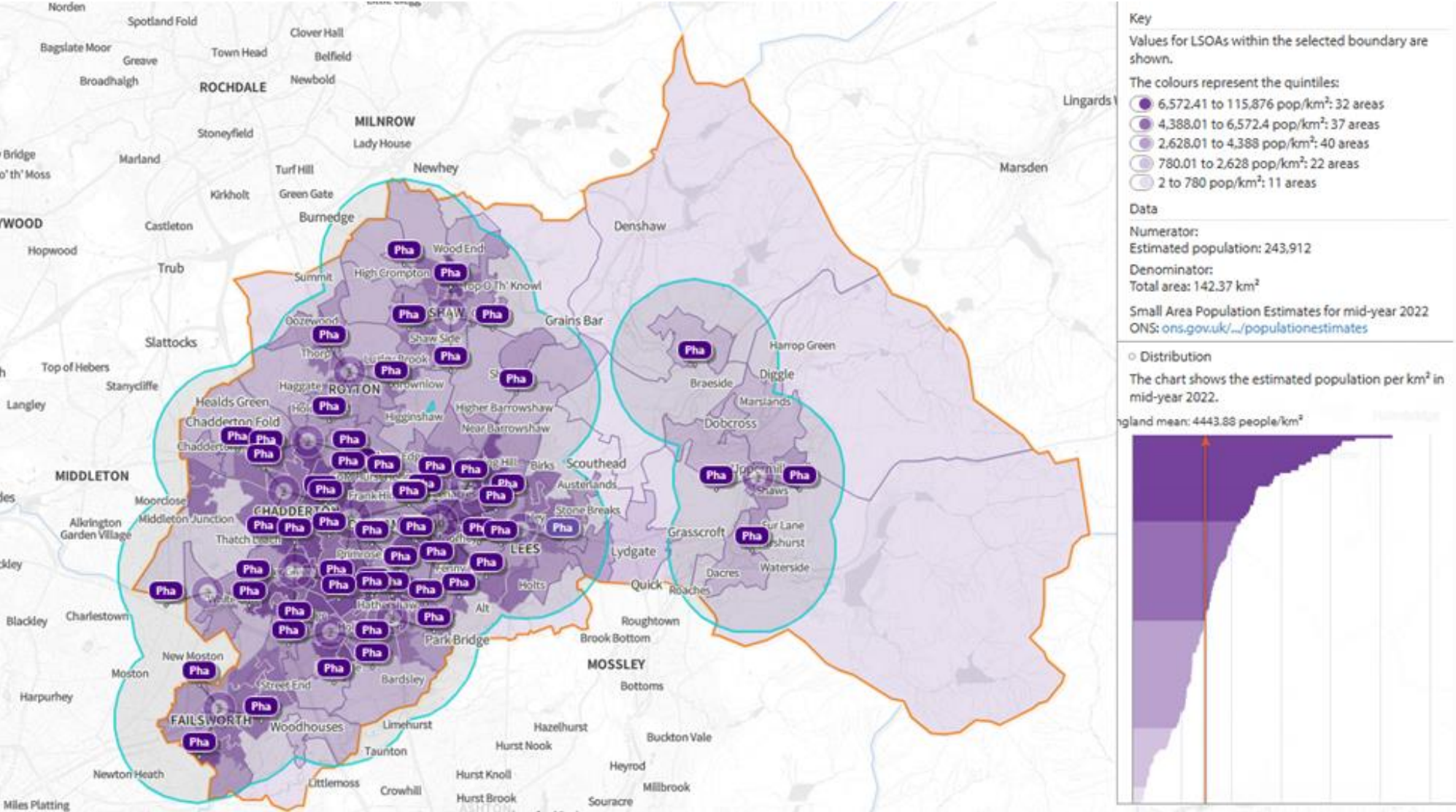




Map 6 - Location of Pharmacies & GP practices (Source: [SHAPE - Shape](#))

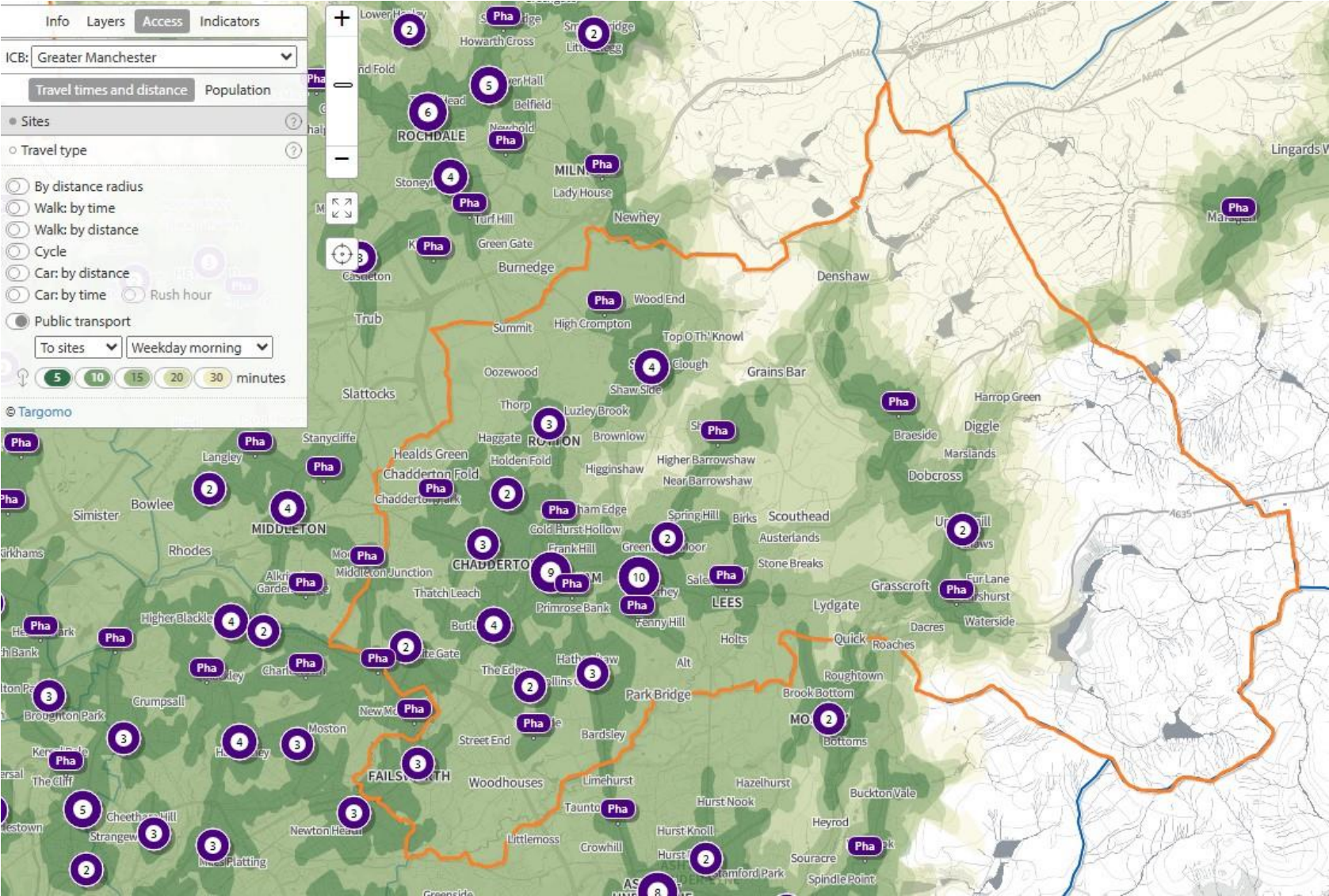


Map 7 - Oldham pharmacies showing 1 mile travel distance (Source: [SHAPE - Shape](#))



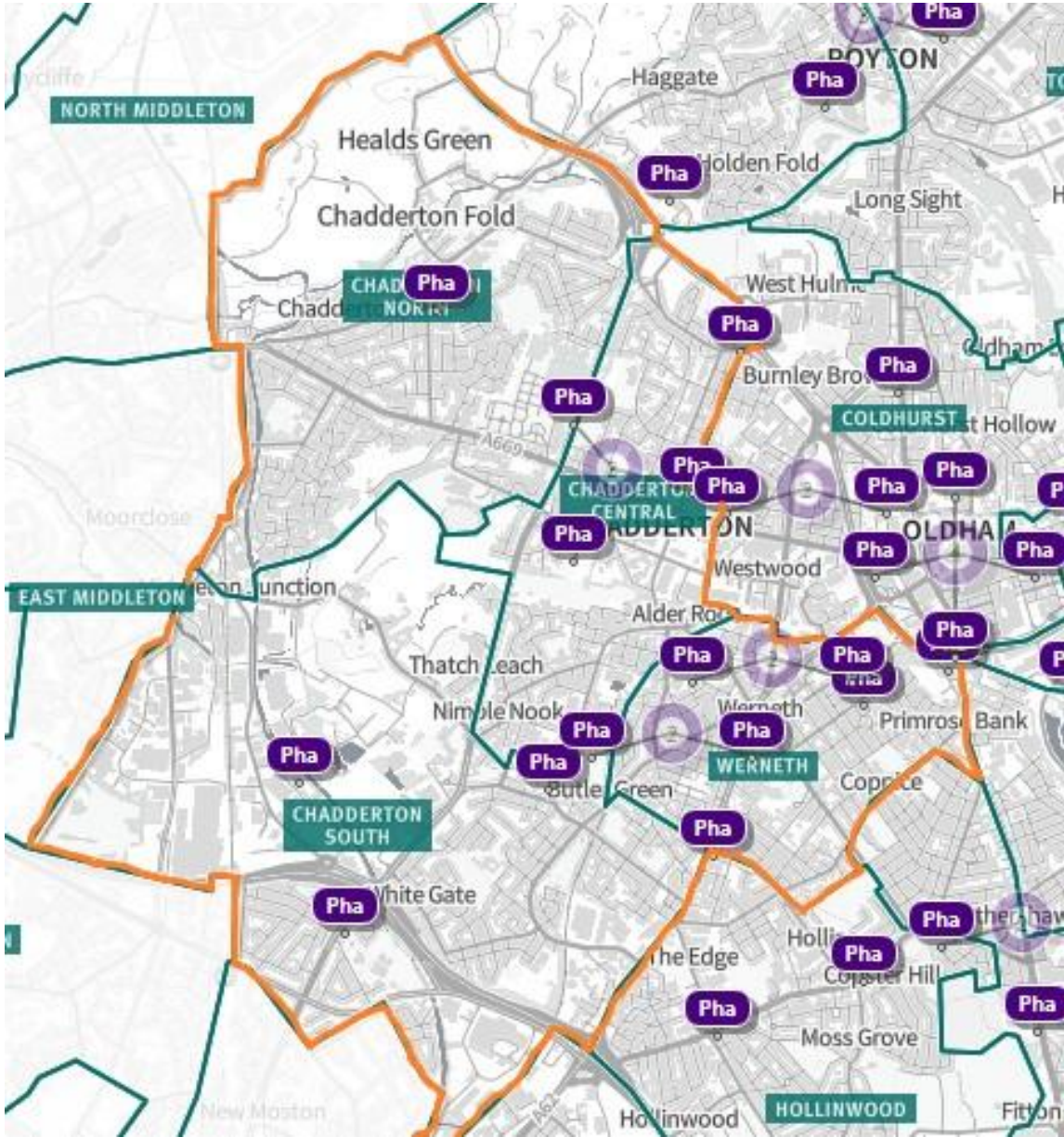


Map 8 - Oldham and surrounding Borough Pharmacies showing public transport travel time (Source: [SHAPE - Shape](#))

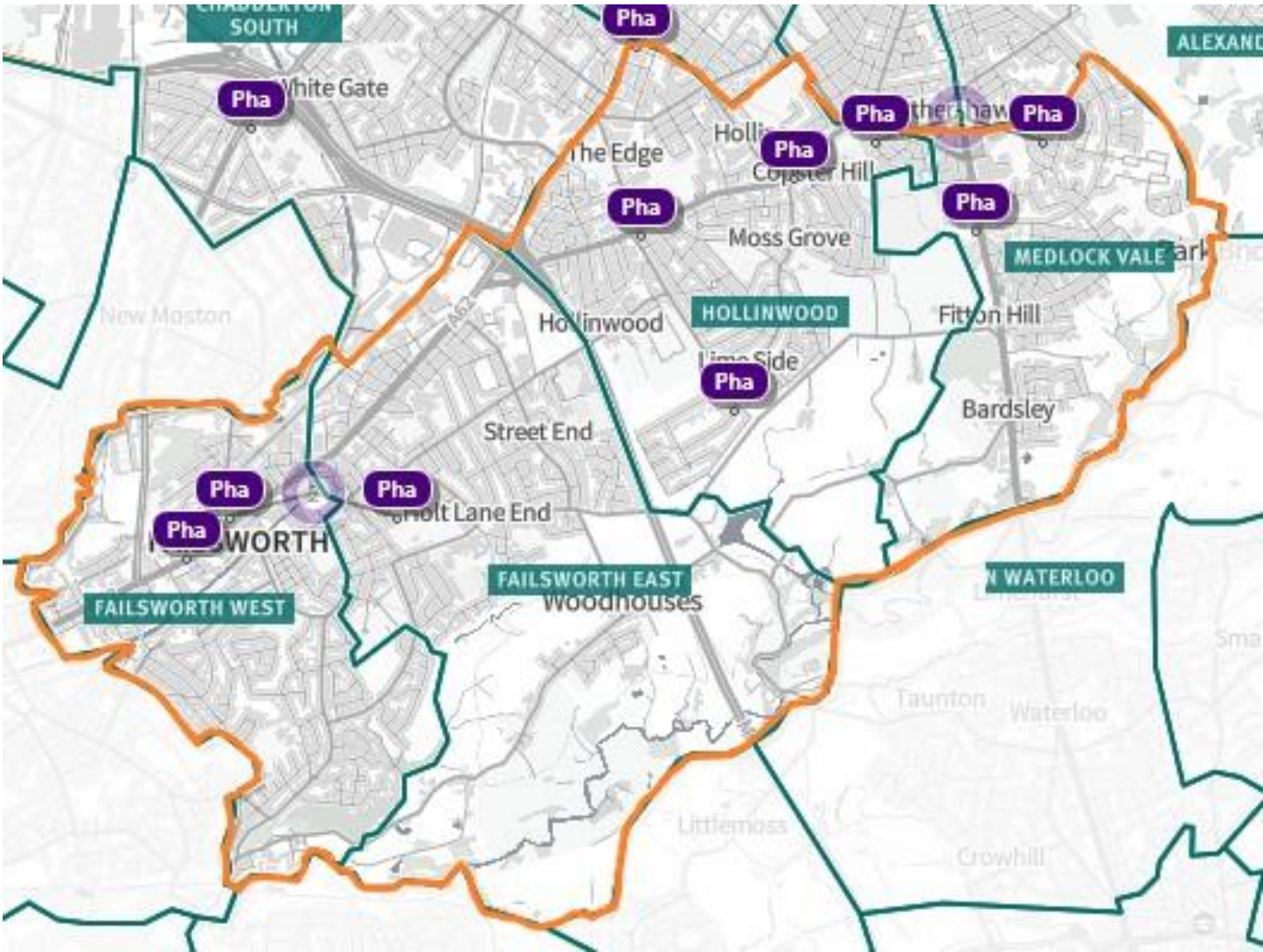




Map 9 – West District Pharmacy Locations (Source: [SHAPE - Shape](#))

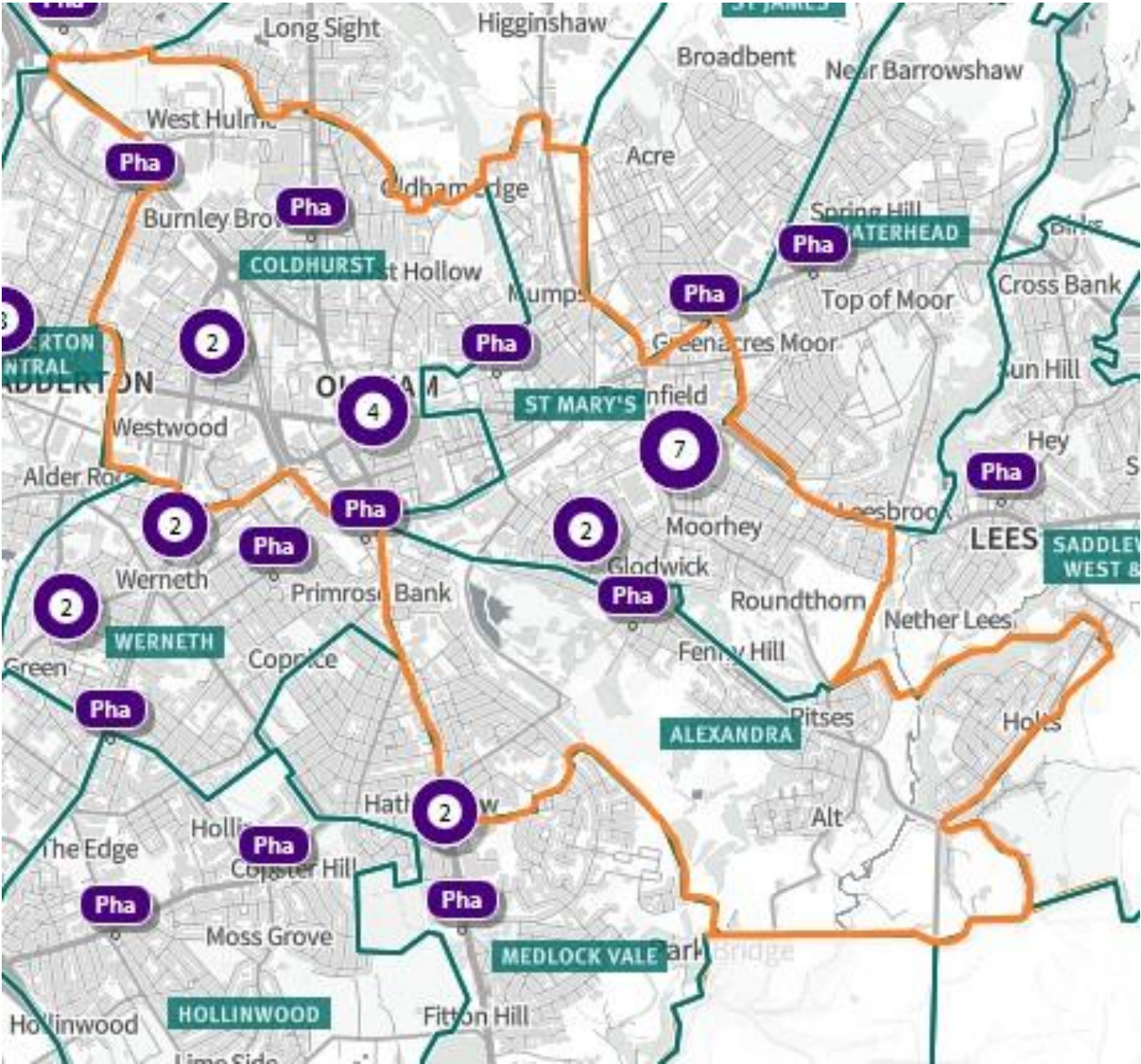


Map 10 – South District Pharmacy Locations (Source: [SHAPE - Shape](#))

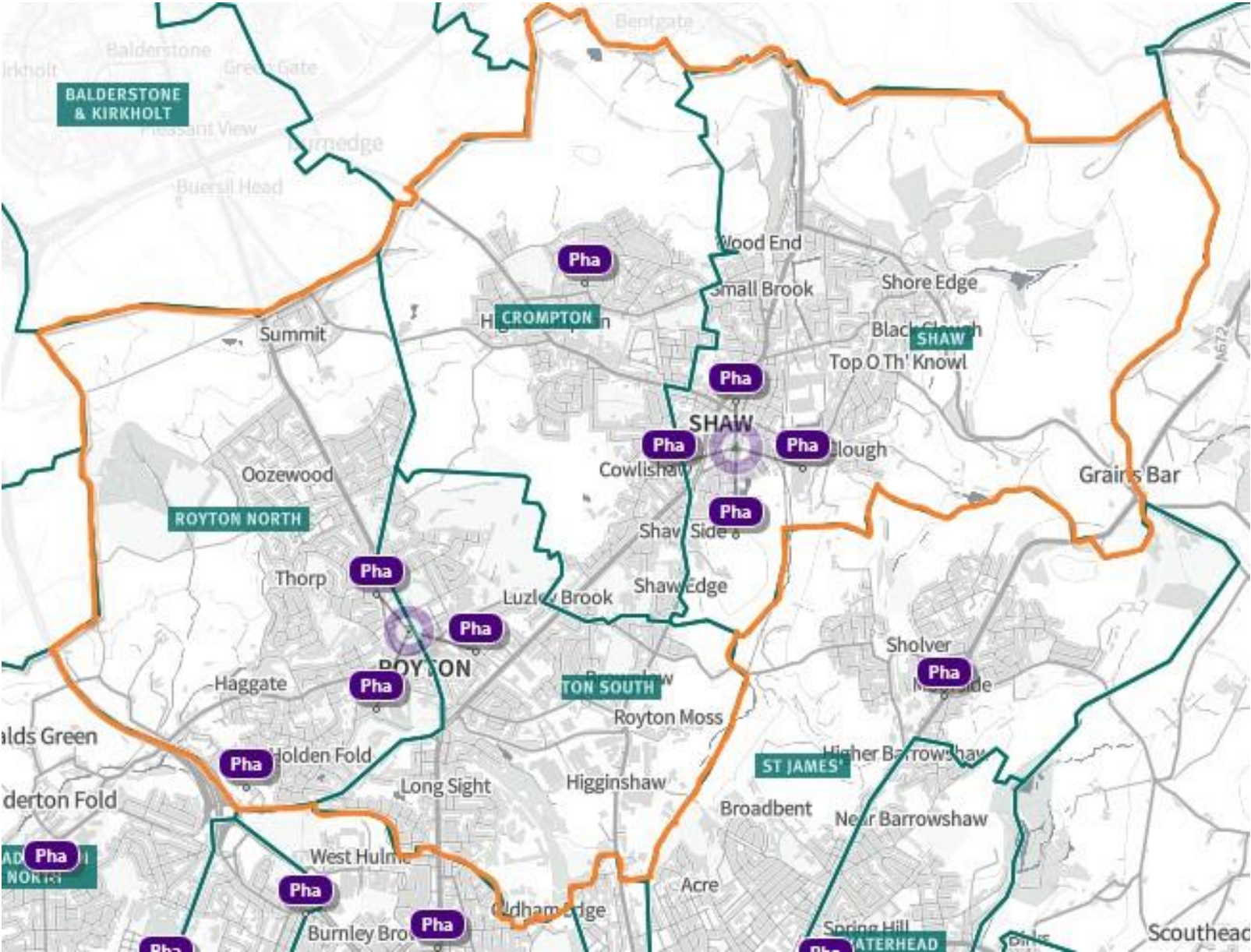




Map 11 – Central District Pharmacy Locations (Source: SHAPE - Shape)

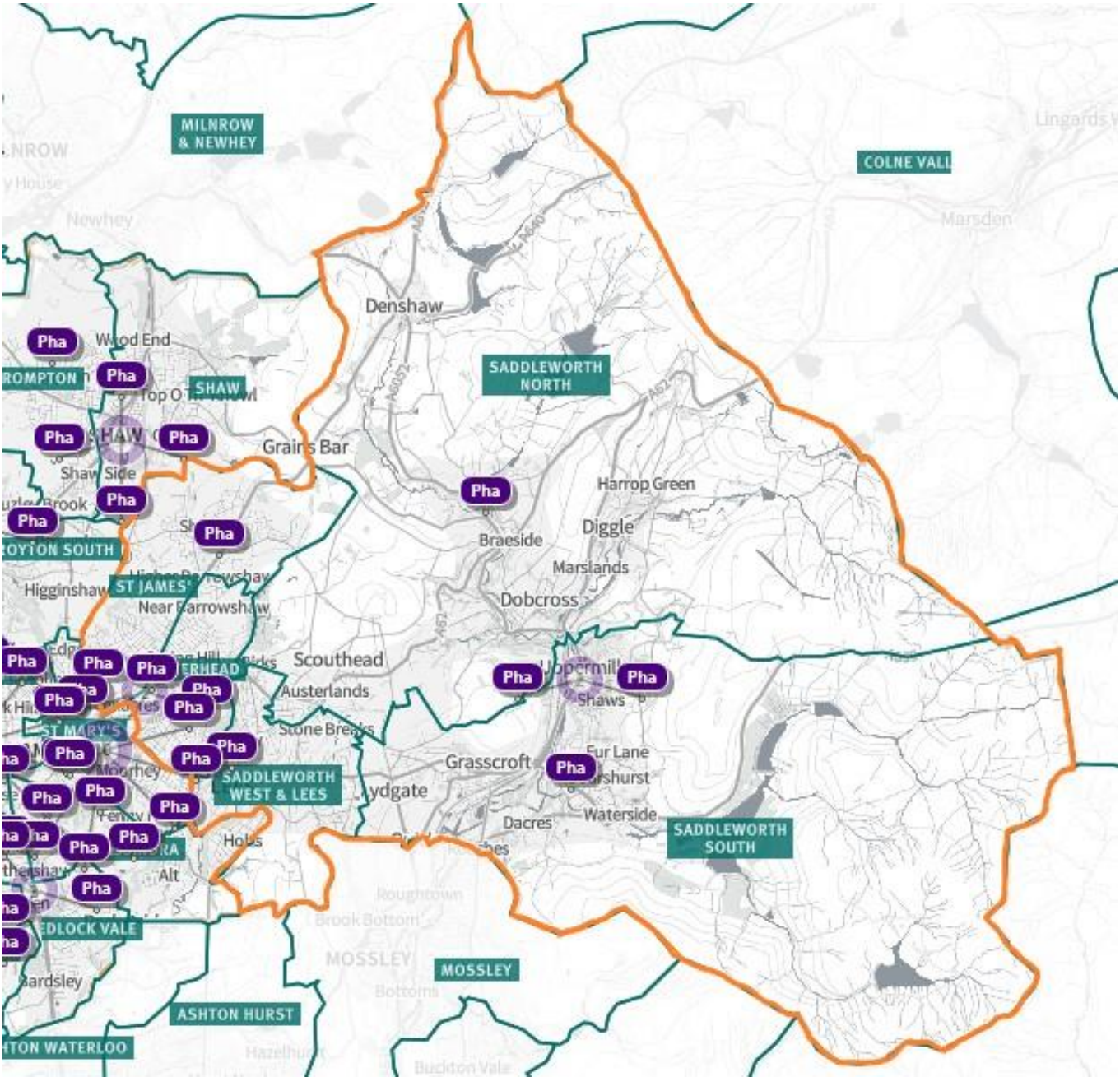


Map 12 – North District Pharmacy Locations (Source: [SHAPE - Shape](#))





Map 13 – East District Pharmacy Locations (Source: [SHAPE - Shape](#))



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## Appendix 11 – Oldham GP Practices

Cluster	Ward	GP Surgery	Address	Postcode
Central	Coldhurst	Dr Perkins	First Floor, Oldham Integrated Care Centre, New Radcliffe St	OL1 1NL
Central	Coldhurst	John Street Medical Practice	1 John Street	OL8 1DF
Central	Coldhurst	Lindley Medical Practice	Ground Floor, Oldham Integrated Care Centre, New Radcliffe St	OL1 1NL
Central	Coldhurst	Oldham Family Practice	First Floor, Oldham Integrated Care Centre, New Radcliffe St	OL1 1NL
Central	Coldhurst	The Chowdhury Practice	First Floor, Oldham Integrated Care Centre, New Radcliffe St	OL1 1NL
Central	Coldhurst	The Jalal Practice	First Floor, Oldham Integrated Care Centre, New Radcliffe St	OL1 1NL
Central	St Mary's	Alexandra Group Medical Practice	Glodwick Primary Care Centre, 137 Glodwick Road	OL4 1YN
Central	St Mary's	Greenbank Medical Practice	Barley Clough Medical Centre, Nugget Street	OL4 1BN
Central	St Mary's	Hopwood House Medical Practice	Hopwood House, The Vineyard, Lees Road, Glodwick	OL4 1JN
Central	St Mary's	Glodwick Medical Practice	Glodwick Primary Care Centre, 137 Glodwick Road	OL4 1YN
Central	St Mary's	St Mary's Medical Centre	Rock Street	OL1 3UL
East	Saddleworth South	Pennine Medical Centre	6-8 Chew Vale, Greenfield	OL3 7EQ
East	Saddleworth South	Saddleworth Medical Practice	Smithy Lane, Uppermill	OL3 6AH
East	Saddleworth West & Lees	Lees Medical Practice	Athens Way, Lees	OL4 3BP
East	Saddleworth West & Lees	Leesbrook Surgery	Mellor Street, Lees	OL4 3DG
East	St James'	Moorside Medical Practice	Moorside Medical Centre, 681 Ripponden Road, Moorside	OL1 4JU
East	Waterhead	Springfield House Medical Centre	275 Huddersfield Road	OL4 2RJ
North	Royton North	Royton Medical Centre	Chapel Street, Royton	OL2 5QL
North	Royton South	Royton and Crompton Family Practice	Royton Health and Wellbeing Centre, Park Street, Royton	OL2 6QW
North	Shaw	The Oak Gables Partnership	Shaw Crompton Health Centre, High Street, Shaw	OL2 8ST
North	Shaw	The Village Medical Practice	Shaw Crompton Health Centre, High Street, Shaw	OL2 8ST
South	Failsworth West	Medlock Medical Practice	Keppel Building, Ashton Road West, Failsworth	M35 0AD
South	Failsworth West	Quayside Medical Practice	Keppel Building, Ashton Road West, Failsworth	M35 0AD
South	Hollinwood	Hollinwood Medical Practice	1 Clive Street	OL8 3TR
South	Medlock Vale	Hill Top Medical Practice	Fitton Hill Neighbourhood Centre, Fircroft Road	OL8 2QD
South	Medlock Vale	Oldham Medical Services	Langham House, 368 Ashton Road	OL8 3HF
West	Chadderton Central	CH Medical	Fields New Road, Chadderton	OL9 8NH
West	Chadderton North	Chadderton Medical Practice	Chadderton Town Health Centre, Middleton Road, Chadderton	OL9 0LH
West	Chadderton North	Woodlands Medical	Chadderton Town Health Centre, Middleton Road, Chadderton	OL9 0LH
West	Werneth	Danson Family Practice	Werneth Primary Care Centre, Featherstall Road South	OL9 7AY



West	Werneth	Kapur Family Care	Werneth Primary Care Centre, Featherstall Road South	OL9 7AY
West	Werneth	Littletown Family Medical Practice	53 Manchester Road	OL8 4LR
West	Werneth	Werneth Medical Practice	Werneth Primary Care Centre, Featherstall Road South	OL9 7AY

## Appendix 12 – One mile boundary pharmacies

Name	Address	HWB Area	Postcode
Cohens Chemist	109 North Road	Manchester	M11 4NE
Cohens Chemist	861a Ashton New Road	Manchester	M11 4PA
D&K Chemist	380 Moston Lane	Manchester	M40 9LX
Newchem Pharmacy	55 Old Church Street, Newton Heath	Manchester	M40 2JN
Prescriptions Direct	First Floor, 1142 Rochdale Road	Manchester	M9 6FQ
Respond Healthcare Limited	2 Victoria Ave East, Blackley	Manchester	M9 6HB
Tesco in-Store Pharmacy	Victoria Avenue East	Manchester	M9 6HP
Tims & Parker Pharmacy	87 Moston Lane East	Manchester	M40 3GP
Well	139 Droylsden Road, Newton Heath	Manchester	M40 1NT
Well	48a Old Church Street, Newton Heath	Manchester	M40 2JG
Whitemoss Pharmacy	247 Charlestown Road	Manchester	M9 7BD
Wilkinson Pharmacy	203 Lightbowne Road, Moston	Manchester	M40 9DD
Wilkinson Pharmacy	321 Moston Lane, Moston	Manchester	M40 9NL
Wilkinson Pharmacy	384 Hollinwood Avenue, New Moston	Manchester	M40 0JD
Alkrington Pharmacy	199 Kirkway, Alkrington	Rochdale	M24 1LW
Carlows Pharmacy	74 Long Street	Rochdale	M24 6DN
Junction Pharmacy	350 Grimshaw Lane	Rochdale	M24 2AU
Middleton Pharmacy	50 Rochdale Road	Rochdale	M24 2PU
Rowlands Pharmacy	Milnrow Health Centre, Stonefield Street, Milnrow	Rochdale	OL16 4HZ
Rowlands Pharmacy	Unit 5 Pennine Precinct, Newhey Road, Milnrow	Rochdale	OL16 4JD
Stone Pharmacy	221 Boarshaw Road, Middleton	Rochdale	M24 2WQ
Boots the Chemist	33 Queens Walk, Droylsden	Tameside	M43 7AD
Chadwick & Hadfield Ltd	189 Manchester Road, Mossley	Tameside	OL5 9AB
Droylsden Pharmacy	54 Ashton Road	Tameside	M43 7BP
Market Street Pharmacy	95 Market Street, Droylsden	Tameside	M43 6DD
McKeevers Chemists	12 Stamford Street, Mossley	Tameside	OL5 0HR
Strand Pharmacy	18 The Strand, Kirkholt	Tameside	OL11 2JG
Tesco Instore Pharmacy	Manchester Road	Tameside	M43 6TQ
Well	56 Ashton Road, Droylsden	Tameside	M43 7BW
Waterloo Pharmacy	348 Oldham Road	Tameside	OL7 9PS

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## **Report to HEALTH AND WELLBEING BOARD**

### **Natural Health Service – Green Social Prescribing**

#### **Portfolio Holders:**

Councillor Barbara Brownridge, Cabinet Member for Adults, Health & Wellbeing

**Officer Contact:** Dr Rebecca Fletcher, Director of Public Health

**Report Author:** Rachel Dyson, Community-led Prevention Lead / Anna DaSilva, Director Northern Roots

**Ext.** Rachel.dyson@oldham.gov.uk

**Date:** 19<sup>th</sup> June 2025

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#### **Purpose of the Report**

- To provide the Health & Wellbeing Board with an overview of the Natural Health service, the impact it has made to date and plans for the coming year (25/26).

#### **Requirement from the Health and Wellbeing Board**

- To note the progress made in the implementation of the Natural Health service and the impact it has made to date and to note the grant award to support the implementation plans for the coming year (25/26).

## Natural Health Service – Green Social Prescribing

### 1. Background

- 1.1 Northern Roots (Oldham) Limited launched the Natural Health Service in Autumn 2023 supported by the National Lottery Heritage Fund and in partnership with Hilltop GP Surgery. Over the past 14 months it has grown and to date has supported over 200 participants.
- 1.2 The service supports participants through a targeted, person-centred approach designed to understand their needs, interests, abilities and objectives. The service offers a menu of nature connection activities designed to support participants' wellbeing within a supportive community. Activities might include sensory nature walks, breathwork, nature crafts and creativity, outdoor games, nature play, insect hunts, bushcraft, green woodworking, conservation activities, therapeutic gardening, edible food growing, mixed ability rambles, pond dipping, foraging, kite flying, wild sound recording, photography, nature natter picnics and outdoor cooking.
- 1.3 The service is supporting Oldham residents experiencing a range of mental health challenges including;
- Anxiety and depression
  - Social isolation and low self-esteem
  - Mild Learning Difficulties; neuro-diversity
  - Substance abuse
  - PTSD; childhood trauma
- 1.4 Participants often also have physical health conditions such as obesity and diabetes, which the project can support with by promoting increased physical activity as well as improved knowledge about healthy food and diet.
- 1.5 To date referrals from Hilltop GP Surgery reported a collective **54.83% improvement** in wellbeing for the whole group, and **66.48%** average increase in overall wellbeing per person using the Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS).

### 2. Current Position

- 2.1 The service has been awarded £95,000 from the Social Care Integration Pooled Fund to continue to test the Nature Health model with over 250 people during 25/26. The aims and outcomes of the project are aligned with the priorities of Oldham's Health and Wellbeing Strategy in particular to improve mental wellbeing and mental health.
- 2.2 The service will continue to support residents experiencing the challenges described above, as well as seeking to develop new referral pathways from additional local GPs, as well as developing partnerships and programmes to support the following priority groups:
- People recovering from Cancer
  - Young People
- 2.3 The project will support participants from local communities. It is anticipated that participants will reflect the demographics of communities local to the site. The project will utilise two, paid Community Champions from these communities whose role is to reach into their communities and help to ensure that programmes are culturally accessible and informed by lived experience.



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- 2.4 The programme will be as flexible as possible so that participants feel able to attend as much or as little as possible. There is also an online community of participants so that those who cannot attend physically still feel part of the group and activities.
- 2.5 To support the further expansion of this work Oldham Council have submitted a full application to the “Nature Towns and Cities” initiative, which is funded by National Lottery, Natural England and the National Trust. The application includes a proposal to work in partnership with Northern Roots to roll out a Natural Health Service approach across other greenspaces in Oldham, and across Oldham Schools. The Council will be notified on 7<sup>th</sup> July 2025 if the application has been successful and will have up to three years to implement the project.
- 2.6 Northern Roots are also partners in a Horizon Europe project entitled “GreenMe” which is exploring how to mainstream green social prescribing for adult mental health in nine European Countries. Oldham is the urban case study for this project, and as part of it the Natural Health Service is helping to develop and pilot the world’s first randomized control trial of green social prescribing and nature connection. This will be rolled out with cancer recovery patients over the coming year.

### **3. Recommendation**

- To note the progress made in the implementation of the Natural Health service and the impact it has made to date and to note the grant award to support the implementation plans for the coming year (25/26).

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