Bolton Council

PHARMACEUTICAL NEED ASSESSMENT

2018/21

Final draft

Bolton Council LPC Bolton LPC NHS Bolton

FOREWORD AND EXECUTIVE SUMMARY

The purpose of this Pharmaceutical Needs Assessment (PNA) is to assess the provision of pharmaceutical services across Bolton and ascertain whether the system is appropriate to meet the needs of our population and identify any potential gaps in the current service delivery. The PNA will be used by NHS England to inform decisions regarding applications to join Bolton's pharmaceutical list.

The number of pharmacies in Bolton today numbers 76 (including 6 distance-selling pharmacies), an increase of two new pharmacies from the previous PNA (2014/15). Based on a Bolton population of 283,115 Bolton has 27 community pharmacies per 100,000 population; however, this includes the distant-selling pharmacies – excluding these (71) Bolton has 25 community pharmacies per 100,000 population. While we cannot assess whether Bolton has the correct number of community pharmacies per head of population – because there is no national definition to follow – the borough is currently above the national average. This, coupled with the consistency we observe in the dispensing rate since the previous PNA, suggests the level of service is currently sufficient to meet demand - in fact it can likely accommodate a future increase in dispensing activity. Such an increase should be anticipated by local contractors as a result of the increasing and ageing population of Bolton. These increases will not be uniform and will cause associated growths in particular health conditions, many of which are central to Bolton's Locality Plan and the wider work of the Health and Wellbeing Board to mitigate local health inequalities. With this in mind, the focus in the short-term should not be on filling gaps in current provision – of which nothing major has been highlighted – but rather on increasing the locally commissioned services delivered by contractors designed to impact the health topics pertinent to the Bolton population.

Additional summary findings:

- **Bolton's current pharmaceutical provision satisfactorily covers the resident population of the borough, with the vast majority of people living within one mile of a pharmacy.**
- **In general, additional services commissioned should be informed by the priorities of the population as discussed and targeted in the first instance according to need in order to maximise the impact upon local health inequalities.**
- **Where possible and appropriate, the higher rate of pharmacies per head of population currently observed in Bolton's most deprived deciles should be maintained. This is vital for forward planning and will sustain the positive care law currently at work in the borough regarding pharmaceutical provision.**
- **There are few issues with the premises of Bolton pharmacies; however, a low response to the wheelchair access question in the survey warrants further investigation to ensure all premises are accessible. Some contractors have stated that they will be making additional improvements over the coming year.**
- **Virtually all Bolton's pharmacies provide prescription collection from GP practices, while most also provide a medicines delivery service free of charge. In most cases this is available to all patients. All of Bolton's pharmacies have Electronic Prescription Service Release 2 (EPS R2) available to patients. Finally, MUR and NMS have extensive coverage across Bolton, with one additional pharmacy soon to be added.**
- **To manage appropriately NHS 111 requests for urgent medicine supply and reduce demand on the rest of the urgent care system, pharmacies have agreed to provide an urgent medicine supply advanced service (NUMSAS). Currently, (on a pilot basis) 12 of Bolton pharmacies provide this service and 27 more have agreed to offer this service in the future.**
- **From the contractor survey it is clear that the majority of Bolton's pharmacies would be willing and able to provide additional services if they were to be commissioned in the future.**
- **The majority of Bolton's community pharmacies also provide at least one locally commissioned Public Health service. Just over a fifth provide an emergency hormonal contraception service (EHC), with over half of pharmacies providing chlamydia screening/treatment, NSE, supervised administration, and the Varenicline PGD service. The smoking cessation service delivered in pharmacy is under review at time of writing.**
- **There are 50 community pharmacies providing an NHS Flu Vaccination Service, which will be expanded to 61 sites in the near future. At present, 52 out of the 76 pharmacies would be willing and able to provide childhood vaccinations if they were to be commissioned.**

- **A greater focus on health promotion can be expected to be of benefit, particularly regarding the risk factors of CVD, diabetes, dementia, and alcohol.**
- **Age and disability were identified as barriers to accessing appropriate pharmaceutical services in Bolton, but only 6 pharmacies have identified such gaps.**

CONTENTS

The purpose and process for developing the Pharmaceutical Needs Assessment 7

1.1 Clarity of scope 7

1.2 Process followed in developing this PNA 7

Context of the Pharmaceutical Needs Assessment 9

2.1 Introduction and legislative background 9

2.2 Pharmaceutical services 11

2.3 Information to be contained in PNAs 12

2.4 Publication and updating of PNAs 16

2.5 Consultation 16

2.6 Matters for consideration 17

Localities definition and description 19

Demographic and socioeconomic information 24

4.1 Demographic context 25

4.2 Social and environmental context 31

4.3 Conclusion 35

Local health and social needs 36

5.1 Life expectancy 36

5.2 Starting Well 39

5.21 Locality Plan: Population Health and Wellbeing Delivery Programmes 43

5.3 Living Well 44

5.31 Locality Plan: Population Health and Wellbeing Delivery Programmes 47

5.4 Ageing Well 48

5.41 Locality Plan: Population Health and Wellbeing Delivery Programmes 50

5.5 Understanding pharmaceutical services and how they can meet these needs 52

5.6 Conclusion 61

Current pharmaceutical service provision 62
6.1 Change in number of pharmacy contractors since the previous PNA 62
6.2 Dispensing activity..... 63
6.3 Locally commissioned services..... 65
6.3.1 Substance misuse services 66
6.3.2 Sexual health services..... 68
6.3.3 Smoking cessation services 70
6.3.4 Healthy Living Pharmacies (HLP) 72
6.4 Access to pharmacies in Bolton by location..... 76
6.4.1 Community pharmacies by small area..... 76
6.4.2 Correlation with GP practices..... 79
6.4.3 Neighbouring areas 83
6.5 Public survey..... 83
6.6 Contractor survey..... 85
6.6.1 Access to pharmacies by core opening hours 86
6.6.2 Pharmacy premises 89
6.6.3 Access for non-English speakers..... 89
6.6.4 Access for disabled patients..... 90
6.6.5 Pharmacy services 92
6.6.6 Locally commissioned services..... 94
6.6.7 Public Health services 95
6.6.8 Medicines optimisation 98
6.6.9 Screening services 99
6.6.10 Vaccinations 100
6.6.11 Gaps in access or pharmaceutical need 101
6.7 Conclusion..... 102
Future matters 104
7.1 Future changes in the local health system..... 104
7.2 Future development..... 106
Appendices 108

1.0

The purpose and process for developing the Pharmaceutical Needs Assessment

The purpose of this Pharmaceutical Needs Assessment (PNA) is to assess the provision of pharmaceutical services across Bolton and ascertain whether the system is appropriate to meet the needs of our population and identify any potential gaps in the current service delivery. The PNA will be used by NHS England to inform decisions regarding applications to join Bolton's pharmaceutical list.

1.1 Clarity of scope

The Regulations[1] pertaining to PNAs limit the scope of this assessment. As such this document considers community pharmaceutical provision only (exactly defined in the following chapter).

This document does not cover pharmaceutical services for hospital patients, but will deal with community services that patients may utilise following discharge from Royal Bolton Hospital Foundation Trust and other Trust's used by Bolton residents.

Bolton does not have a prison, but the pharmaceutical needs of prisoners from Bolton are managed by providers contracting with the prison authorities and are commissioned by the Prison Service and so not considered herein.

1.2 Process followed in developing this PNA

Informed by the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013[2], the Pharmaceutical Needs Assessment Information Pack for Local

[1] See next chapter for details of pertinent Regulations.
[2] The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (PART 2): http://www.legislation.gov.uk/uksi/2013/349/part/2/made

Authority Health and Wellbeing Boards[3], and previous experience of working on Bolton's three previous PNAs, a steering group was established by Public Health to update the first PNA for Bolton's Health and Wellbeing Board, originally published in 2015.

The steering group was chaired by the Head of Service (Public Health Strategy Team) and included the chair of Bolton's Local Pharmaceutical Committee as well as colleagues from Bolton's Clinical Commissioning Group, Public Health Commissioning, and Public Health Intelligence where necessary. Project management was deemed the responsibility of the Public Health Principal (Intelligence).

From previous experience and ongoing changes to what were still new structures in many cases, it was decided that the project manager would meet with members of the steering group separately to collate the necessary information and intelligence and be responsible for bringing findings together into a final document for discussion and consultation.

Following this process, information has been drawn from six primary sources of information in order to develop the picture of the needs of our population and the current provision of pharmaceutical services across Bolton, including those provided by our network of 76 local pharmacies:

1. Review of information and data from Bolton's JSNA;
2. Bolton's Locality Plan (Health & Wellbeing Strategy is under review at time of writing);
3. Synthesis of official statistics from national datasets and sources;
4. Data from Bolton's PharmOutcomes system;
5. A Pharmacy Contractor Survey of Bolton's community pharmacy network carried out via PharmOutcomes (see Appendix 1 for full analysis of findings and Appendix 6 for template of survey design);
6. A public survey carried out via surveymonkey (see Appendix 5 for full analysis and Appendix 7 for template of survey design).

[3] Department of Health (2013) *Pharmaceutical needs assessments: Information Pack for local authority Health and Wellbeing Boards,* DoH.

2.0

Context of the Pharmaceutical Needs Assessment

The Health and Social Care Act 2012 transferred responsibility for the developing and updating of PNAs to local Health and Wellbeing Boards. The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for developing and updating PNAs. These regulations came into force on 1st April 2013 and replace the NHS (Pharmaceutical Services) Regulations 2012 and the NHS (Local Pharmaceutical Services etc.) Regulations 2006 as the new legislative regime which governs the arrangements for the provision of these services in England.

These regulations are a consequence of the changes to the NHS architecture in England that took full effect on 1st April 2013. Most Primary Care Trust (PCT) duties and functions under the 2012 Regulations transferred to the NHS Commissioning Board. Local Authority Health and Wellbeing Boards assumed responsibility for the development and publication of local PNAs from PCTs at this time. PCT functions under the 2006 Local Pharmaceutical Services Regulations also transferred to the Board at the same date and these alternative procurement arrangements continue largely unchanged.

2.1 Introduction and legislative background

If a person (for instance, a pharmacist, GP etc.) wishes to provide NHS pharmaceutical services, they must apply to the NHS to be added to a pharmaceutical list. These lists are compiled and held by the NHS Commissioning Board (NHS England). This is known as the NHS 'market entry' system.

Under the 2013 regulations those wishing to provide NHS pharmaceutical services must apply to NHS England to be included on a relevant list by proving they are able to meet a pharmaceutical need as set out in the relevant PNA[4]. The first PNAs were published by PCTs in 2011.

The Health and Social Care Act 2012 established Health and Wellbeing Boards and transferred the responsibility to develop and update PNAs from PCTs to local Health and Wellbeing Boards. Responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list transferred from PCTs to NHS England on 1st April 2013.

[4] Exceptions to this include emerging needs not foreseen in the PNA and services on a distance-selling or mail-only basis.

The 2006 NHS Act, amended by the Health and Social care Act 2012, sets out the requirements of local Health and Wellbeing Boards to develop and update PNAs and gives the Department of Health powers to make Regulations.

128A PHARMACEUTICAL NEEDS ASSESSMENTS

(1) Each Health and Wellbeing Board must in accordance with regulations:
   a. Assess needs for pharmaceutical services in its area;
   b. Publish a statement of its first assessment and of any revised assessment.

(2) The regulations must make provision:
   a. As to information which must be contained in a statement;
   b. As to the extent to which an assessment must take account of likely future needs;
   c. Specifying the date by which a Health and Wellbeing Board must publish the statement of its first assessment;
   d. As to the circumstances in which a Health and Wellbeing Board must make a new assessment.

(3) The regulations may in particular make provision:
   a. As to the pharmaceutical services to which an assessment must relate;
   b. Requiring a Health and Wellbeing Board to consult specified persons about specified matters when making an assessment;
   c. As to the manner in which an assessment is to be made;
   d. As to the matters to which a Health and Wellbeing Board must have regard when making an assessment.

The Health and Social Care Act 2012 also amended the Local Government and Public Involvement in Health Act 2007 to include duties and powers for Health and Wellbeing Boards in relation to Joint Strategic Needs Assessments (JSNAs). The purpose of a JSNA is to improve health and wellbeing and reduce inequalities through a continuous process of strategic assessment of the local population. Recommendations are made based on intelligence and evidence to meet the specific health and social needs of the local area and address health inequalities. Bolton's JSNA is presented via the Bolton's Health Matters website (http://www.boltonshealthmatters.org/).

The preparation of the PNA should take account of the JSNA and other relevant strategies, but the production of PNAs is a separate duty to that of the JSNA itself as it specifically informs the commissioning decisions of the local authority, local Clinical Commissioning Group (CCG), and NHS England. Therefore, though the PNA can be annexed to the JSNA, as a separate statutory duty, it cannot be subsumed as part of the JSNA.

2.2 Pharmaceutical services

Regulations 3-9 and Schedule 1 of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the requirements for PNAs.

Section 126 of the 2006 Act places an obligation on NHS England to put arrangements in place so that drugs, medicines, and listed appliances ordered via NHS prescriptions can be supplied to persons. Section 126 also makes provision for the types of healthcare professional who are authorised to order drugs, medicines, and listed appliances on an NHS prescription.

As defined, pharmaceutical services in relation to PNAs include:

1. **Essential services:** Services that every community pharmacy providing NHS pharmaceutical services must provide and is set out in their terms of service[5] - the dispensing of medicines, promotion of healthy lifestyles, and support of self-care;
2. **Advanced services:** Services community pharmacy contractors and dispensing appliance contractors can provide subject to accreditation as necessary – these are Medicine Use Reviews and the New Medicine Service for community pharmacists and Appliance Use Reviews and the Stoma Customisation Service for dispensing appliance contractors. In addition, at time of writing there are two relevant pilots ongoing – NUMSAS (urgent medicine supply advanced service) and the Flu Vaccination Service;
3. **Locally commissioned services:** Locally commissioned community pharmacy services can be contracted via a number of different routes and by different commissioners, including local authorities, Clinical Commissioning Groups and NHS England's area teams.

The following are included in a pharmaceutical list:

1. **Pharmacy contractors:** Healthcare professionals working for themselves or as employees who practice in pharmacy, the field of health sciences focusing on safe and effective medicines use;
2. **Dispensing appliance contractors:** Appliance suppliers are a specific sub-set of NHS pharmaceutical contractors who supply, on prescription, appliances such as stoma and incontinence aids, dressings, bandages, etc. They cannot supply medicines.

In addition to the above, there are two other types of pharmaceutical contractor:

1. **Dispensing doctors:** Medical practitioners authorised to provide drugs and appliances in designated rural areas known as 'controlled localities';

[5] The precise contractual requirements for providing NHS pharmaceutical services are set out in Schedules 4-6 of the Regulations.

2. **Local Pharmaceutical Services (LPS) contractors:** Provide a level of pharmaceutical services in some Health and Wellbeing Board areas.

A Local Pharmaceutical Service (LPS) contract allows NHS England to commission community pharmaceutical services tailored to specific local requirements. The contract provides flexibility to include within a single locally negotiated contract a broader or narrower range of services (including services not traditionally associated with pharmacy) than is possible under national pharmacy arrangements. However, all LPS contracts must include an element of dispensing.

The definition of pharmaceutical services in relation to PNAs is given below:

Regulation	Explanation
Regulation 3(2): *The pharmaceutical services to which each pharmaceutical needs assessment must relate are all the pharmaceutical services that may be provided under arrangements made by the NHS CB for:* *(a) The provision of pharmaceutical services (including directed services) by a person on a pharmaceutical list.*	There are three types of pharmaceutical service provided by pharmacy and dispensing appliance contractors as outlined above. Directed services are those services set out in Secretary of State Directions to NHS England (medicines use reviews and NHS England commissioned enhanced pharmaceutical services, such as services to care homes, language access and patient group directions).
(b) The provision of local pharmaceutical services under an LPS scheme (but not LP services which are not local pharmaceutical services).	An LPS contract allows NHS England to commission community pharmaceutical services tailored to specific local requirements. "LP services" is a legal term. NHS England has powers to include in LPS contracts other NHS services or other wider services, such as services relating to the provision of education and training. However, including those other services in an LPS contract turns those services into "LP services" but it does not turn them into "local pharmaceutical services".
(c) 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 NHS CB with a dispensing doctor).	For dispensing doctors, only the provision of those services set out in their pharmaceutical services terms of service (set out in the Schedules to the 2013 Regulations) is included within the definition of pharmaceutical services. Services such as GP enhanced services – either directed, such as childhood immunisation programmes or local, such as phlebotomy are not "pharmaceutical services".

2.3 Information to be contained in PNAs

Regulation 4 and Schedule 1 of the 2013 Regulations outline the minimum requirements for PNAs.

NECESSARY SERVICES: Current provision

A statement of the pharmaceutical services that the Health and Wellbeing Board has identified as services that are provided:

(a) In the area of the Board and which are necessary to meet the need for pharmaceutical services in its area;
(b) Outside the area of the Board but which nevertheless contribute towards meeting the need for pharmaceutical services in its area (if the Board has identified such services).

In order to assess the adequacy of provision of pharmaceutical services, current provision by all providers must be mapped. This must include providers and premises within the Health and Wellbeing Board area and also those outside the boundary but who provide services to the population.

The PNA includes a statement outlining this provision.

NECESSARY SERVICES: Gaps in provision

A statement of the pharmaceutical services that the Health and Wellbeing Board has identified (if it has) as services that are not provided in the area of the Board but which the Board is satisfied:

(a) Need to be provided (whether or not they are located in the area of the Board itself) in order to meet a current need for pharmaceutical services, or pharmaceutical services of a specified type, in its area;
(b) Will, in specified future circumstances, need to be provided (whether or not they are located in the area of the Board) in order to meet a future need for pharmaceutical services, or pharmaceutical services of a specified type, in its area.

Having assessed local needs and current provision, the PNA must identify any gaps that need to be filled. Gaps in provision are not just pharmaceutical health needs but also gaps by service type. Examples of potential gaps include:

- Inadequate provision of essential services at certain times of day or week meaning patients are attending GP-led health centres being unable to have their prescription dispensed;
- Opening hours that do not reflect the needs of the local population;
- Areas with little or no access to pharmaceutical services;
- Adequate provision of dispensing services but patients unable to access the wider range of essential services.

The PNA includes a statement outlining any gaps.

OTHER RELEVANT SERVICES: Current provision

A statement of the pharmaceutical services that the Health and Wellbeing Board has identified (if it has) as services that are provided:

(a) In the area of the Board and which, although they are not necessary to meet the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access to pharmaceutical services in its area;

(b) Outside the area of the Board and which, although they do not contribute towards meeting the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in its area;

(c) In or outside the area of the Board and, whilst not being services of the types described in sub-paragraph (a) or (b), or under 'NECESSARY SERVICES: Current provision' above, they nevertheless affect the assessment by the Board of the need for pharmaceutical services in its area.

This relates to the types of application that persons can make to be included on a pharmaceutical list or provide directed services. There are five types of market entry application (known as routine applications):

1. Current need;
2. Future need;
3. Improvements or better access;
4. Future improvements or better access;
5. Unforeseen benefits (where the applicant provides evidence of a need that was not foreseen when the PNA was published).

The Board will have identified the services necessary for adequate pharmaceutical services provision ('NECESSARY SERVICES: Current provision') but there may be services that provide improvements to local provision or better access for the public whether now or in the future.

IMPROVEMENTS AND BETTER ACCESS: Gaps in provision

A statement of the pharmaceutical services that the Health and Wellbeing Board has identified (if it has) as services that are not provided in the area of the Board but which the Board is satisfied:

(a) Would, if they were provided (whether or not they were located in the area of the Board), secure improvements, or better access to pharmaceutical services, or pharmaceutical services of a specific type, in its area;

(b) Would, if in specified future circumstances they were provided (whether or not they were located in the area of the Board), secure future improvements, or better

access, to pharmaceutical services, or pharmaceutical services or a specified type, in its area.

The PNA must identify services that are not currently being provided but which will be needed to secure future improvements in local pharmaceutical provision. Common examples where this is necessary are major industrial, communications, or housing developments, service redesign, or re-provision. Health and Wellbeing Boards may also identify services which are not currently commissioned by NHS England, local authorities, or CCGs but that could be commissioned in the future.

The PNA includes a statement outlining this provision.

OTHER SERVICES

A statement of any NHS services provided or arranged by the Health and Wellbeing Board, NHS Commissioning Board, a CCG, an NHS Trust, or an NHS Foundation Trust to which the Board has had regard in its assessment, which affect:

(a) The need for pharmaceutical services, or pharmaceutical services of a specified type, in its area;
(b) Whether further provision of pharmaceutical services in its area would secure improvements, or better access to pharmaceutical services, or pharmaceutical services of a specific type in its area.

There may be services provided or arranged by the Board, NHS England, a CCG, an NHS Trust (including Foundation Trusts) which could, if they were included in a PNA, be provided by pharmaceutical services contractors. Only those NHS services which affect the need for pharmaceutical services or potential pharmaceutical services need to be included.

The PNA includes a statement outlining the services identified in the assessment which affect pharmaceutical needs.

HOW THE ASSESSMENT WAS CARRIED OUT

An explanation of how the assessment has been carried out, in particular:

(a) How it has determined what are the localities in its area;
(b) How it has taken into account (where applicable):
    a. The different needs of different localities in its area;
    b. The different needs of people in its area who share a protected characteristic;
(c) A report on the consultation that it has undertaken.

Health and Wellbeing Boards may wish to divide up their area to reflect different needs in different localities. If so, the Board may wish to designate any PNA localities to mirror JSNA localities.

The PNA includes a statement setting out how the Board has determined the localities, the different needs of different localities in its area including the needs of those people in the area sharing a protected characteristic, and a report on the consultation undertaken on the PNA.

MAPS

Schedule 1 of the 2013 Regulations specifies that Health and Wellbeing Boards are required to include a map in their PNA identifying the premises at which pharmaceutical services are provided in their area.

Furthermore, Regulation 4(2) required Health and Wellbeing Boards to keep the above map up to date, in so far as is practicable (without the need to republish the whole of the assessment or publish a supplementary statement).

2.4 Publication and updating of PNAs

Regulations 5 and 6 cover the date by which Health and Wellbeing Boards first PNA must be published and the arrangements for revising the PNA.

Regulation 5 states that the Boards first PNA must be published by 1st April 2015. However, this does not preclude Boards from publishing their first PNA earlier.

TIMELINES FOR PUBLICATION OF FIRST AND REVISED ASSESSMENTS

The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 came into force on 1st April 2013:

- Health and Wellbeing Boards are required to produce the **first** assessment by 1st April 2015;
- Health and Wellbeing Boards are required to publish a revised assessment within **three years** of publication of the first assessment;
- Health and Wellbeing Boards are required to publish a revised assessment as soon as is reasonably practical after identifying significant changes to the availability of pharmaceutical services since the publication of its PNA unless it is satisfied that making a revised assessment would be a disproportionate response to those changes.

2.5 Consultation

Regulation 8 sets out the requirements for consultation on PNAs. The local authority duty to involve was first introduced in the Local Government and Public Involvement in Health Act 2007 and was updated and extended in the Local Democracy, Economic Development and Construction Act 2008.

Health and Wellbeing Boards must consult the bodies set out in Regulation 8 at least once during the process in developing the PNA. These bodies are:

1. Any Local Pharmaceutical Committee (LPC) for its area (including any LPC for part of its area or for its area and that of all or part of the area of one or more other Health and Wellbeing Boards);
2. Any Local Medical Committee (LMC) for its area (including any LMC for part of its area or for its area and that of all or part of the area of one or more other Health and Wellbeing Boards);
3. Any persons on the pharmaceutical lists and any dispensing doctors list for its area;
4. Any LPS chemist in its area with whom the NHS Commissioning Board has made arrangements for the provision of any local pharmaceutical services;
5. Any Local Healthwatch organisation for its area, and any other patient, consumer or community group in its area which in the opinion of the Board has an interest in the provision of pharmaceutical services in its area;
6. Any NHS Trust or NHS Foundation Trust in its area;
7. The NHS Commissioning Board;
8. Any neighbouring Health and Wellbeing Board.

Those being consulted can be directed to a website address containing the draft PNA but can, if they request, be sent an electronic or hard copy version. There is a minimum period of 60 days for consultation responses. A Consultation Plan accompanies this PNA, available in Appendix 3.

2.6 Matters for consideration

Regulation 9 sets out the matters Health and Wellbeing Boards must have regard to when developing their PNAs as far as is practicable to do so.

The following are the matters for consideration by Health and Wellbeing Boards:

- The demography of its area;
- Whether there is sufficient choice with regard to obtaining pharmaceutical services[6];
- Any different needs of different localities in its area;

[6] **Factors to consider in terms of benefits of sufficient choice:**
• What is the current level of access within the locality to NHS pharmaceutical services?
• What is the extent to which services in the locality already offer people a choice, which may be improved by the provision of additional facilities?
• What is the extent to which there is sufficient choice of providers in the locality, which may be improved, by additional providers?
• What is the extent to which current service provision in the locality is adequately responding to the changing needs of the community it serves?
• Is there a need for specialist or other services, which would improve the provision of, or access to, services such as for specific populations or vulnerable groups?
• What is the Boards assessment of the overall impact on the locality in the longer-term?

- The pharmaceutical services provided in the area of any neighbouring Health and Wellbeing Board which affect the need for pharmaceutical services in its area, or whether further provision of pharmaceutical services in its area would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area;
- Any other NHS services provided in or outside the area which affect the need for pharmaceutical services in its area, or whether further provision of pharmaceutical services in its area would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area;
- Likely future needs[7].

[7] **Identifying known future needs:**

- Known firm plans for the development/expansion of new centres of population i.e. housing estates, or for changes in the pattern of population i.e. urban regeneration, local employers closing or relocating?
- Known firm plans in and arising from local JSNA or JHWS?
- Known firm plans for changes in the number and/or sources of prescriptions i.e. changes in providers of primary medical services, or the appointment of additional providers of primary medical services in the area?
- Known firm plans for developments which would change the pattern of local social traffic and therefore access to services i.e. shopping centres or significant shopping developments whether these are in town, on the edge of town or out of town developments?
- Plans for the development of NHS services?
- Plans for changing the commissioning of Public Health services by community pharmacists, for example, weight management clinics, lifechecks?
- Introduction of special services commissioned by clinical commissioning groups?
- New strategy by social care/occupational health to provide aids/equipment through pharmacies or dispensing appliance contractors?

3.0

Localities definition and description

Our population needs reflect the borough's distinct character and proud history. With a population of 283,115 Bolton is a collection of townships rather than a single urban centre. A diverse borough with some of the region's most affluent areas and some of its most deprived. Bolton boasts a rich ethnic and cultural mix. Diversity and variety is a consequence of Bolton's long history and of its welcoming nature.

The borough of Bolton is now one of ten metropolitan districts in Greater Manchester. It is bounded in the north by Lancashire and on the remaining sides by the districts of Wigan, Salford, and Bury. The population live mainly in the urban areas of Bolton, Farnworth, Kearsley and Turton, and the freestanding settlements of Little Lever, Horwich, Blackrod and Westhoughton. About half of the area is built up, but the remainder is countryside, mainly in agricultural use or open moorland.

Several means of dividing up the area covered by NHS Bolton were considered in the development phase of the PNA. No single means was felt to be ideal either from the availability of data at that level or from what the people of Bolton would understand to be covered by each area. Wards were considered but it was felt that the information held at Ward level was poor and people frequently do not associate with the Ward in which they sit. The option of producing an arbitrary breakdown of Bolton based on the knowledge of those working in NHS Bolton and the local population was also considered but we would not be able to produce the data at this level, even if the local populations may understand the areas covered.

Instead it was decided to use the areas at Middle Super Output Area (MSOA) layer as this is the layer at which most data is held and forms the basis of the JSNA. Maps are provided to show Bolton by Wards as well as by MSOA to allow some comparison between the two[8]. Super Output Area's (SOA) are a statistical geography published by the Office for National Statistics (ONS). They are made up of two hierarchical layers: Lower and Middle that all fit within a boroughs boundary. Currently these areas should not be affected by political change and therefore in the long run more stable.

There are 35 MSOAs within the borough of Bolton. Each middle layer SOA has a code ranging from E02000984 to E02001018 and a nationally allocated name ranging from Bolton 001 to Bolton 035. In order to make it easier to reference each area throughout this document each MSOA layer has been given a locally derived name.

[8] Maps of Bolton's MSOAs and Wards are provided in Appendix 2.

The middle layer comprises groupings of lower layer areas and has a minimum population size of 5,000 persons (average of 7,500); therefore less densely populated areas have a larger footprint. This layer does not match current electoral Ward boundaries. In order to understand the different populations within NHS Bolton's area several maps have been produced which clearly show these differences (see Appendix 2). However, the below table is provided here as a key to the maps and tables to follow.

Bolton pharmacies 2018/21						
PNA map key	9 Locality Neighbourhoods	Ward	MSOA	Provider	Trading Name	Postcode
1	Area 3B	Little Lever and Darcy Lever	Leverhulme and Darcy Lever	A1 Pharmacy	A1 Pharmacy	BL3 1SX
2	Area 3A	Astley Bridge	Sweetlove	Asda Pharmacy (Branch: 4127 - Moss Bank Way, Bolton)	Asda Pharmacy	BL1 8QG
3	Area 2B	Farnworth	Central Farnworth	Asda Pharmacy (Branch: 4196 - Brackley Street, Farnworth)	Asda Pharmacy	BL4 9DT
4	Area 1A	Horwich and Blackrod	Horwich loco	Asda Pharmacy (Branch: 4652 - Middlebrook Retail Park)	Asda Pharmacy	BL6 6JA
5	Area 2C	Great Lever	Burnden	Asda Pharmacy (Manchester Road, Bolton)	Asda Pharmacy	BL3 2QS
6	Distance-selling	Distance-selling	Distance-selling	Ashton Pharmacy	Ashtons Pharmacy	BL6 5SL
7	Area 2A	Rumworth	Daubhill	Asif Iqbal Pharmacy Ltd (St Helens Road Bolton)	Asif Iqbal Pharmacy	BL3 3NP
8	Area 1A	Horwich and Blackrod	Blackrod	Blackhorse Pharmacy	Hollowood Chemists	BL6 5EW
9	Area 2C	Great Lever	Burnden	Boots the Chemist (Branch: 0531 - The Shipgates, Mealhouse Lane)	Boots UK Ltd	BL1 1DF
10	Area 2A	Rumworth	Heaton	Boots the Chemist (Branch: 1290 - Wigan Road, Bolton)	Boots UK Ltd	BL3 5QU
11	Area 2C	Crompton	Town Centre	Boots the Chemist (Branch: 1292 - Market Place, Bolton)	Boots UK Ltd	BL1 2AL
12	Area 1A	Horwich and Blackrod	Horwich loco	Boots the Chemist (Branch: 6444 - Middlebrook Retail Park, Horwich)	Boots UK Ltd	BL6 6JA
13	Area 2C	Great Lever	Town Centre	Boots the Chemist (Branch: 6586 - Trinity Street, Bolton)	Boots UK Ltd	BL3 6DH
14	Distance-selling	Distance-selling	Distance-selling	Care Connect Pharmacy	Care Connect Pharmacy	BL3 3AT
15	Area 2A	Rumworth	Lower Deane and The Willows	Diamond Healthcare (Derby Street)	Derby Street Pharmacy	BL3 6LH
16	Area 2B	Farnworth	Moses Gate	Freshphase Ltd / Manor Pharmacy (28-30 Egerton Street, Farnworth)	Manor Pharmacy	BL4 7LE
17	Area 1C	Westhoughton South	Daisy Hill	Freshphase Ltd/ Manor Pharmacy (9 Hindley Road, Westhoughton)	Manor Pharmacy	BL5 2JU
18	Area 3A	Crompton	Sweetlove	Gorgemead / Cohens (Waters Meeting)	Cohens Chemist	BL1 8SW
19	Area 3B	Little Lever and Darcy Lever	Little Lever	Gorgemead / Cohens Chemist (Branch: 001 - Little Lever)	Cohens Chemist	BL3 1HH
20	Area 2B	Kearsley	Central Kearsley	Gorgemead / Cohens (Bolton Rd)	Cohens Chemist	BL4 9BX
21	Area 3B	Breightmet	Breightmet N & Withins	Gorgemead / Cohens (Branch: 462 - Kentmere)	Cohens Chemist	BL2 5JG
22	Area 3A	Crompton	Tonge Moor & Hall'ith'Wood	Gorgemead / Cohens (Branch: 944359 - Crompton Health)	Cohens Chemist	BL1 8UP
23	Area 3C	Bromley Cross	Sharples	Gorgemead / Cohens (Egerton/Dunscar HC)	Cohens Chemist	BL7 9RG
24	Area 3B	Little Lever and Darcy Lever	Little Lever	Gorgemead /Cohens (Branch: 003 - Springview HC)	Cohens Chemist	BL3 1HQ
25	Area 3B	Breightmet	Breightmet N & Withins	Gorgemead Ltd / Cohens (Branch: 471 - Breightmet HC)	Cohens Chemist	BL2 6NT
26	Distance-selling	Distance-selling	Distance-selling	Gorgemead Ltd / Cohens Chemist (Branch: 199 - Lynstock House,)	Cohens Direct	BL6 4SA
27	Area 3A	Crompton	Town Centre	Halliwell Late Night Pharmacy / Al-Muhsineen Ltd	Halliwell Late Night Pharmacy	BL1 3QS

28	Area 3C	Bradshaw	Turton	Harwood Pharmacy (4 Court Ltd)	Harwood Pharmacy	BL2 3HQ
29	Area 2B	Farnworth	Central Farnworth	Hollowood / Market Pharmacy	Market Pharmacy	BL4 9DR
30	Area 1B	Smithills	Johnson Fold and Doffcocker	Kamsons Pharmacy (Heaton Medical Centre, Bolton)	Waremoss Limited	BL1 5PU
31	Area 1A	Horwich and Blackrod	Horwich loco	Kildonan Pharmacy	Kildonan Pharmacy	BL6 5NW
32	Area 1B	Smithills	Johnson Fold and Doffcocker	Lightpath - Moss Bank Pharmacy 993302 (Bolton)	Mossbank Pharmacy	BL1 5SN
33	Area 2C	Great Lever	Burnden	Lloyds Pharmacy (Branch: 7044 - Rupert Street)	Lloyds Pharmacy	BL3 6RN
34	Area 2C	Harper Green	Burnden	LloydsPharmacy (Branch: 7043 - Rishton Lane, Bolton)	Lloyds Pharmacy	BL3 2EH
35	Area 3A	Astley Bridge	Sweetlove	LloydsPharmacy (Branch: 7048 - Blackburn Road, Bolton)	Lloyds Pharmacy	BL1 7AL
36	Area 2A	Rumworth	Lower Deane and The Willows	LloydsPharmacy (Branch: 7085 - Pikes Lane, Bolton)	Lloyds Pharmacy	BL3 5HP
37	Area 2C	Great Lever	Town Centre	LloydsPharmacy in Sainsburys (Branch: 5026 - Bolton)	Lloyds Pharmacy	BL3 6DH
38	Area 2C	Great Lever	Burnden	Gorgemead / Cohens (Great Lever)	Cohens Chemist	BL3 2JS
39	Area 3A	Halliwell	Town Centre	Gorgemead / Cohens (Halliwell)	Cohens Chemist	BL1 3RG
40	Area 3A	Crompton	Tonge Moor & Hall'ith'Wood	Gorgemead / Cohens (Tonge Moor)	Cohens Chemist	BL2 2JS
41	Area 3C	Bradshaw	Harwood	Gorgemead / Cohens (The Hillock)	Cohens Chemist	BL2 3HP
42	Area 3B	Tonge with the Haulgh	Tonge Fold	Gorgemead / Cohens (Thicketford)	Cohens Chemist	BL2 2LS
43	Area 2C	Tonge with the Haulgh	Tonge Fold	Nash Pharmacy Ltd	Nash Pharmacy Ltd	BL2 1AD
44	Distance-selling	Distance-selling	Distance-selling	Natcol Online Pharmacy	NATCOL	BL2 2HH
45	Distance-selling	Distance-selling	Distance-selling	Nationwide - Pharmaease (Bolton)	Pharmaease.com	BL3 4BU
46	Area 2C	Great Lever	Burnden	Newport Pharmacy Ltd	Newport Pharmacy	BL1 1NE
47	Area 1B	Halliwell	Victory	Pharmavon Ltd (Avondale)	Pharmavon	BL1 4JP
48	Area 2B	Farnworth	Central Farnworth	Rowlands - Stonehill Pharmacy	Rowlands Pharmacy	BL4 9QZ
49	Area 2C	Halliwell	Town Centre	Rowlands Pharmacy - Highfield (1647)	Rowlands Pharmacy	BL4 0NX
50	Area 1C	Westhoughton North and Chew Moor	Westhoughton East	Rowlands Pharmacy (Branch: 1257 - Lever Chambers)	Rowlands Pharmacy	BL1 1SQ
51	Area 1A	Horwich and Blackrod	Horwich Town	Rowlands Pharmacy (Branch: 1301 - Captain Lees)	Rowlands Pharmacy	BL5 3UB
52	Area 1C	Westhoughton North and Chew Moor	Westhoughton East	Rowlands Pharmacy (Branch: 1458 - Lee Lane, Horwich)	Rowlands Pharmacy	BL6 7AX
53	Area 2B	Harper Green	Highfield and New Bury	Rowlands Pharmacy (McCallister) (Branch: 1300 - Market Street, Westhoughton)	Rowlands Pharmacy	BL5 3AN
54	Area 1A	Horwich and Blackrod	Horwich Town	Rowlands Pharmacy / Heatons (Branch: 1302 - Chorley New Road, Horwich)	Rowlands Pharmacy	BL6 5NP
55	Area 2A	Rumworth	Daubhill	Shanti Medi-Care Ltd	Shanti Pharmacy	BL3 3PH
56	Area 1C	Hulton	Over Hulton	Smash Healthcare Ltd (was Newbrook Pharmacy) (M Y Matadar)	S-M-A-S-H-Healthcare Ltd T/A Newbrook Pharmacy	BL5 1ER

57	Area 1B	Halliwell	Victory	Sykes / Howards Chemist	Howards Pharmacy	BL1 3BG
58	Area 3B	Tonge with the Haulgh	Tonge Fold	Sykes Chemist T/A Gatleys Chemist	Gatleys Chemist	BL2 6BH
59	Area 2A	Hulton	Deane and Middle Hulton	Sykes Chemists Ltd (St Helens Road)	Sykes Chemist Ltd	BL3 3RP
60	Area 1B	Smithills	Smithills N&E	Sykes Chemists Ltd / David Lee Pharmacy	Lees Pharmacy	BL1 6JE
61	Area 1B	Crompton	Halliwell Rd	Sykes Chemists Ltd / Haslams Pharmacy	Haslams Pharmacy	BL1 8AN
62	Area 1B	Halliwell	Victory	Sykes Chemists Ltd / Landmark Pharmacy	Landmark Pharmacy	BL1 4AP
63	Area 2C	Halliwell	Town Centre	Sykes Chemists Ltd / Marsden Road Pharmacy	Marsden Rd Pharmacy	BL1 2AY
64	Area 3B	Breightmet	Leverhulme and Darcy Lever	Sykes Chemists Ltd / Maxwell	Sykes Chemists Ltd T/A Maxwells Chemist	BL2 6PA
65	Area 1B	Smithills	Smithills N&E	Sykes Chemists Ltd / Noble and Peacock	Noble and Peacock	BL1 6AB
66	Area 1C	Westhoughton North and Chew Moor	Westhoughton East	Sykes Chemists Ltd / Rigby and Higginson Pharmacy	Rigby and Higginson	BL5 3SX
67	Area 2A	Rumworth	Lower Deane and The Willows	Sykes Chemists Ltd / Rigbys Chemist	Rigbys Chemist	BL3 6LF
68	Area 2B	Kearsley	Central Farnworth	Tesco Instore Pharmacy (Farnworth)	Tesco Stores Ltd	BL4 9LS
69	Area 1A	Horwich and Blackrod	Horwich loco	Tesco Instore Pharmacy (Middlebrook)	Tesco Stores Ltd	BL6 6JS
70	Distance-selling	Distance-selling	Distance-selling	UK Pharmacy Live (Deane Road Bolton)	UKPHARMACYLIVE	BL3 5DL
71	Area 2B	Farnworth	Central Farnworth	Well (Branch: 222562 - Farnworth - Frederick Street HC)	Bestway National Chemists Limited	BL4 9AH
72	Area 3B	Little Lever and Darcy Lever	Little Lever	Well (Branch: 223030 - Little Lever - High Street)	Bestway National Chemists Limited	BL3 1LR
73	Area 2A	Rumworth	Lower Deane and The Willows	Wellbrook Ventures Ltd / S & S Pharmacy	S&S Pharmacy	BL3 5DP
74	Area 1A	Horwich and Blackrod	Horwich Town	Whittle Pharmacy / Hootons	Hootons Pharmacy	BL6 7AR
75	Area 2A	Heaton and Lostock	Lostock and Ladybridge	Whittle Pharmacy / Ladybridge	Ladybridge Pharmacy	BL3 4PZ
76	Area 2A	Rumworth	Heaton	Wilkinsons / Deane Pharmacy	Deane Pharmacy	BL3 4LU

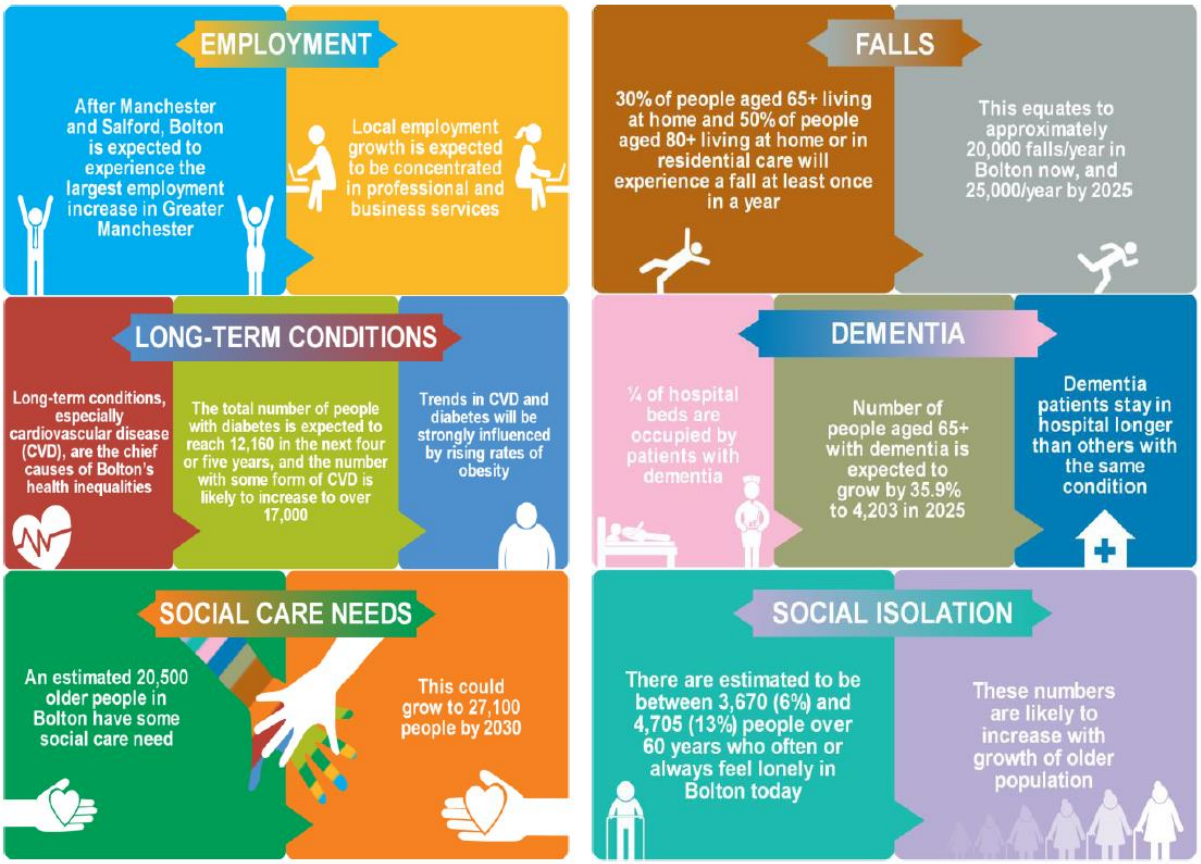
4.0

Demographic and socioeconomic information

The demographic change in Bolton clearly highlights the increasing challenges ahead:

- By 2020 Bolton's population is expected to reach 289,000 (a 3.0% increase from today);
- Over the next 5-10 years pre-school, older teenager (16-19 years), and younger adult (20-24 years) populations will reduce, whilst primary, secondary school ages, and older age groups, increase;
- The population aged 65+ is expected to grow by almost 20% to around 57,300 people in 2025. This includes substantial growth in the population aged 80+ which will increase by over 40% to approximately 16,500 in 2025.

The specific challenge which will be posed to the health and care economy, with specific focus of the impact as a result of an increasing elderly population is summarised below.

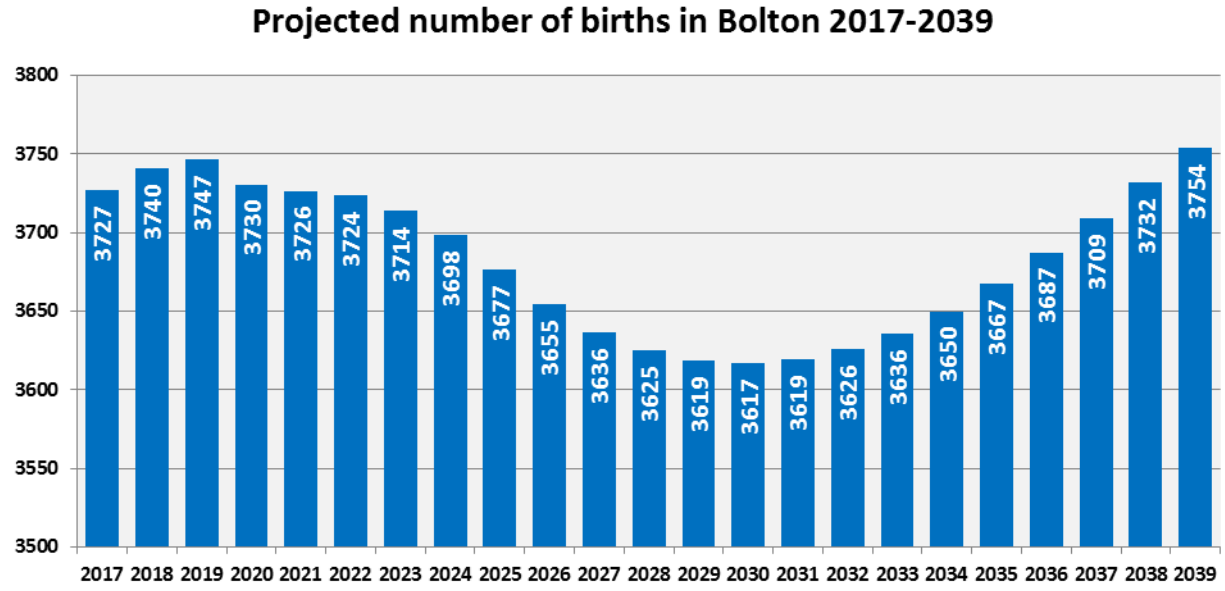


4.1 Demographic context

According to the Office of National Statistics Bolton is home to 283,115 people. Our population is increasing and ageing. This is in line with the national picture, with the stipulation that Bolton is ageing at a slightly slower rate. Over the next five years Bolton's total population, currently 283,115, will increase by 6,300 people (1.9%), and by 2027 there will be around 11,700 more people (4.1%) resident in the borough. The year 2031 is the first year our population will reach 300,000. This is a notably slower increase than we see nationally (6.9%) but is similar to the changes predicted for the Greater Manchester conurbation (5.6%)[9].

In general, over the next five to ten years Bolton's pre-school, primary school, young adult and early post retirement population groups are expected to reduce slightly, while secondary school and older teen groups, as well as the older working and retirement age groups, are predicted to increase[10].

Bolton is currently coming out of a small baby-boom, which peaked in 2012/13. This peak of almost 4,000 babies being born each year (from just over 3,000 per year a decade ago) will be maintained for the next couple of years, then will begin to decline to around 3,600 births per year. The below chart goes up to 2039 so we can see the projected increase post-2030 that will occur as a result of the high number of babies we've seen over the last decade becoming young adults and having children themselves[11].



[9] ONS (2016) *Subnational Population Projections*, ONS.
ONS Subnational population projections are estimates of the future resident population based on the continuation of recent demographic trends. Strengths and limitations of this data can be found here: *https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/qmis/subnationalpopulationprojectionsqmi*

[10] ONS (2016) *Subnational Population Projections*, ONS.

[11] ONS (2016) *Subnational Population Projections*, ONS.

According to the Census 2011 20.6% of Bolton's population is from BME groups (including White not British). This is almost a doubling of proportions from the 2001 Census when the BME population of Bolton was at 11.0%; meaning that today 7.8% of Bolton's population are of Indian background and 4.3% are of Pakistani background (the remaining number are split across various groups, with White Other (1.8%), Mixed (1.8%), and Black/African/Caribbean/Black British (1.7%) being the most significant). Locally, the percentage of babies born to mothers born outside the UK has been increasing and today 27.4% of Bolton's school age children are from Black and Minority Ethnic (BME) groups. Looking ahead, the younger age profile of our BME community, the higher birth rate seen in mothers born outside the UK, and international migration are driving growth within Bolton's BME population.

The ethnic profile of births has also seen a change in recent years with an increase to mothers born outside of the UK. Latest official data (2014 births) shows that 25.7% (966) of Bolton's live births were to mothers born outside the UK (this is similar to Greater Manchester (25.4%) and lower than seen nationally (27.8%)). Of these, the greatest number were to mothers born in the Middle East and Asia (525), followed by the EU (203), Africa (203), and the New EU[12] (174). This increase has happened over recent years; for comparison, in 2001 14.2% of all Bolton's live births were to mothers born outside the UK (462) with 350 born in Asia, 54 born in Africa, 37 born in the EU and 4 from the countries making up the New EU[13].

These are separate concerns in many ways as births to mothers outside the UK have significant language implications. Anecdotally, and from workshops carried out for previous intelligence support to health visiting and school nursing, language barriers have been identified as a key hindrance to effective service delivery and identified as very resource/time intensive. Of particular concern are new and emerging communities (especially New EU, and within that the Hungarian community) as there is a lack of professionals of similar background working in Bolton. In contrast, BME projections reflect how Bolton's diverse population is changing but is still dominated by the established South Asian community who have different issues to the new and emerging groups but also better representation. More analysis is required, but there are implications for school readiness and child poverty dependent on where in Bolton these babies will be born.

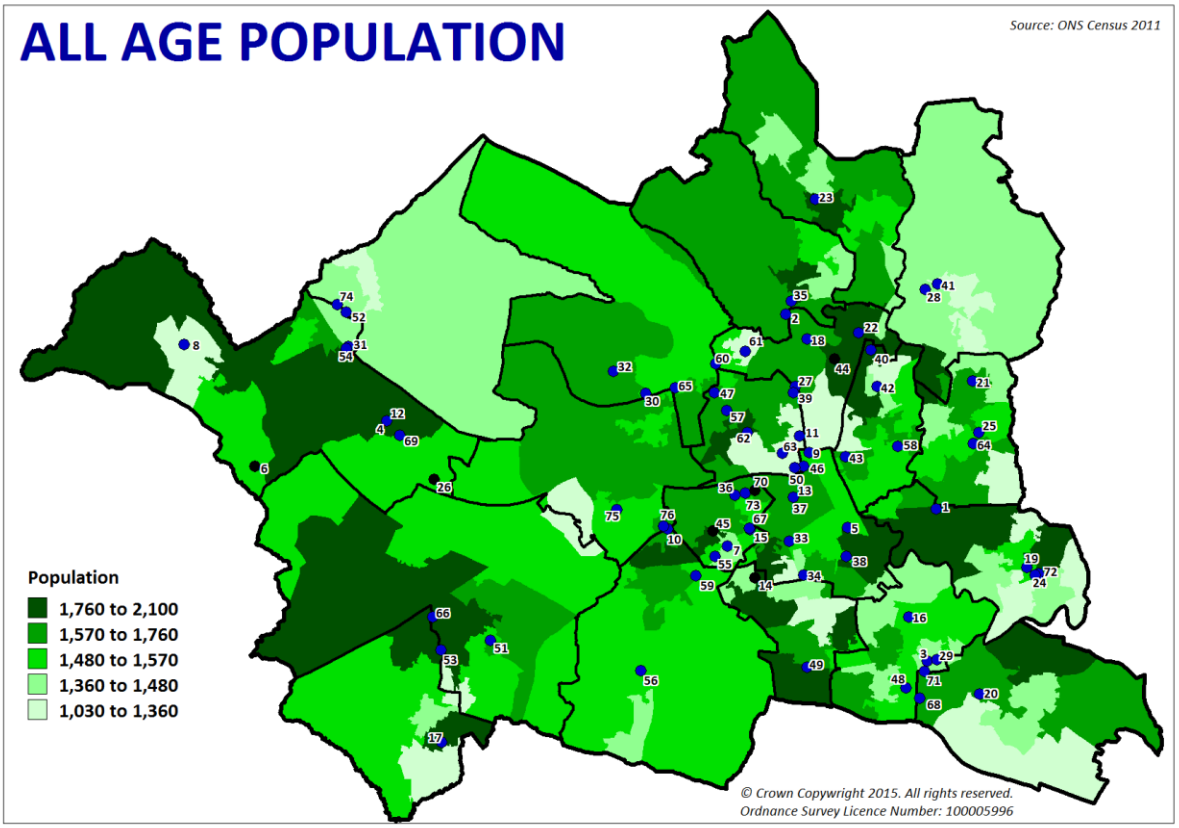
Where international migration into Bolton is concerned, current projections estimate that numbers will decrease by 2022. Bolton received 1,506 international migrants of all ages in 2017. This number is expected to decrease to 1,495 in 2018 and 1,425 by 2020, which will be 80 individuals less. In 2022 the number will have fallen by 105 (1,401 new arrivals) and will then remain static going forward - meaning that post-2022 Bolton can expect around

[12] The New EU. Joined in 2004: Estonia, Latvia, Lithuania, Czech Republic, Hungary, Poland, Slovakia, Malta, Cyprus (EU), Cyprus (not otherwise stated), Slovenia, Czechoslovakia not otherwise stated. Joined in 2007: Bulgaria, Romania. Joined in 2013: Croatia.
[13] ONS (2016) *Nomis*, ONS.

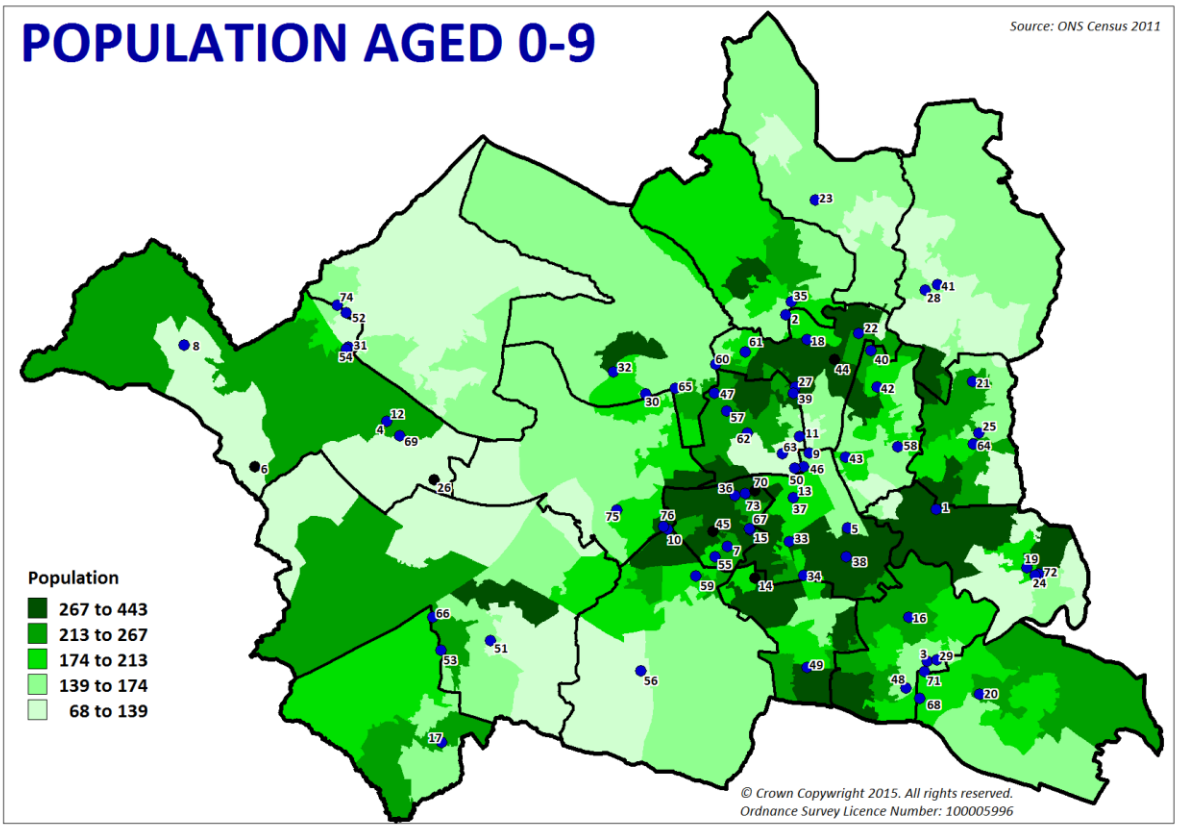
1,400 new arrivals each year. International migration out of Bolton will be a constant 982 per year looking ahead[14].

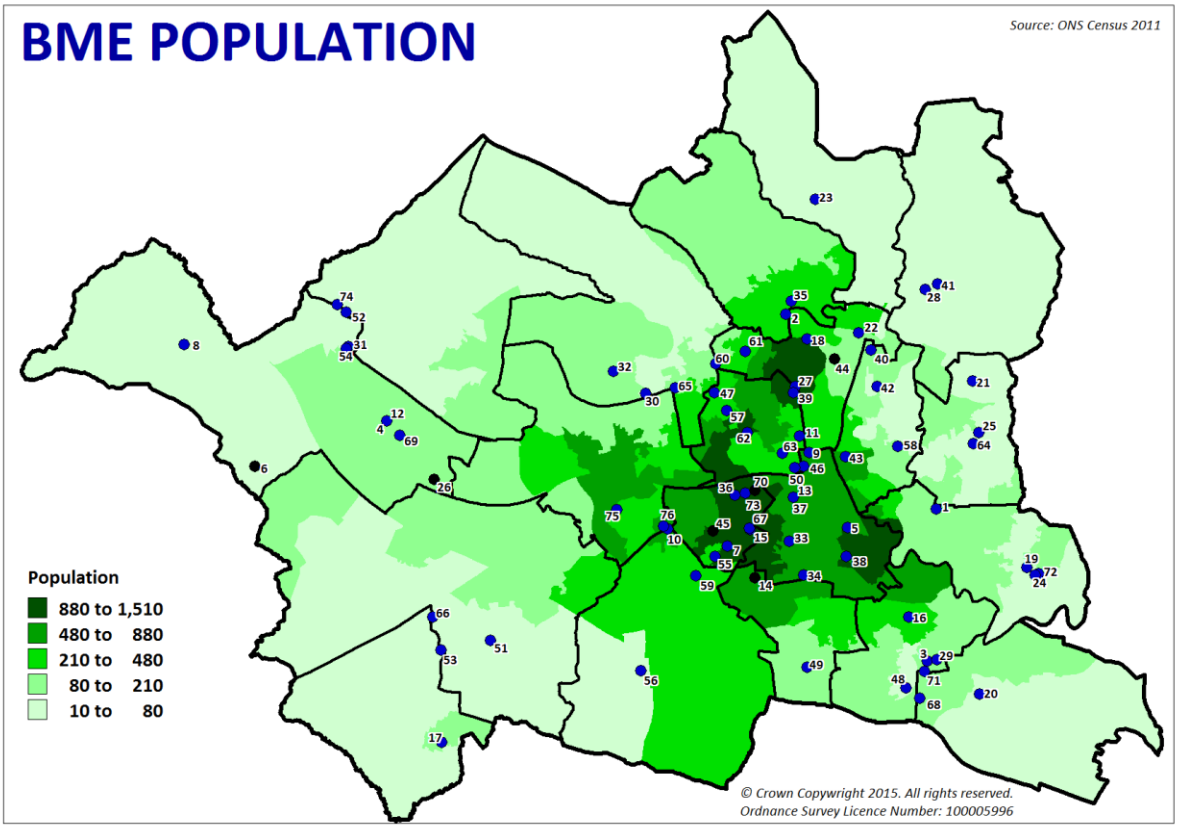
Number of international migrants into Bolton						
	2017	2018	2019	2020	2021	2022
Pre-school (0-4)	126	127	122	121	119	119
Primary School (5-10)	51	52	48	47	46	46
Secondary School (11-15)	80	80	78	77	76	76
Older Teens (16-19)	199	198	195	194	192	192
Young Adults (20-29)	587	581	564	554	544	544
Older Working (30-64)	425	422	405	397	389	389
Early Post-retirement (65-74)	27	27	26	26	25	25
Older Retirement (75+)	9	9	9	9	9	9
Total	1,506	1,495	1,448	1,425	1,401	1,401

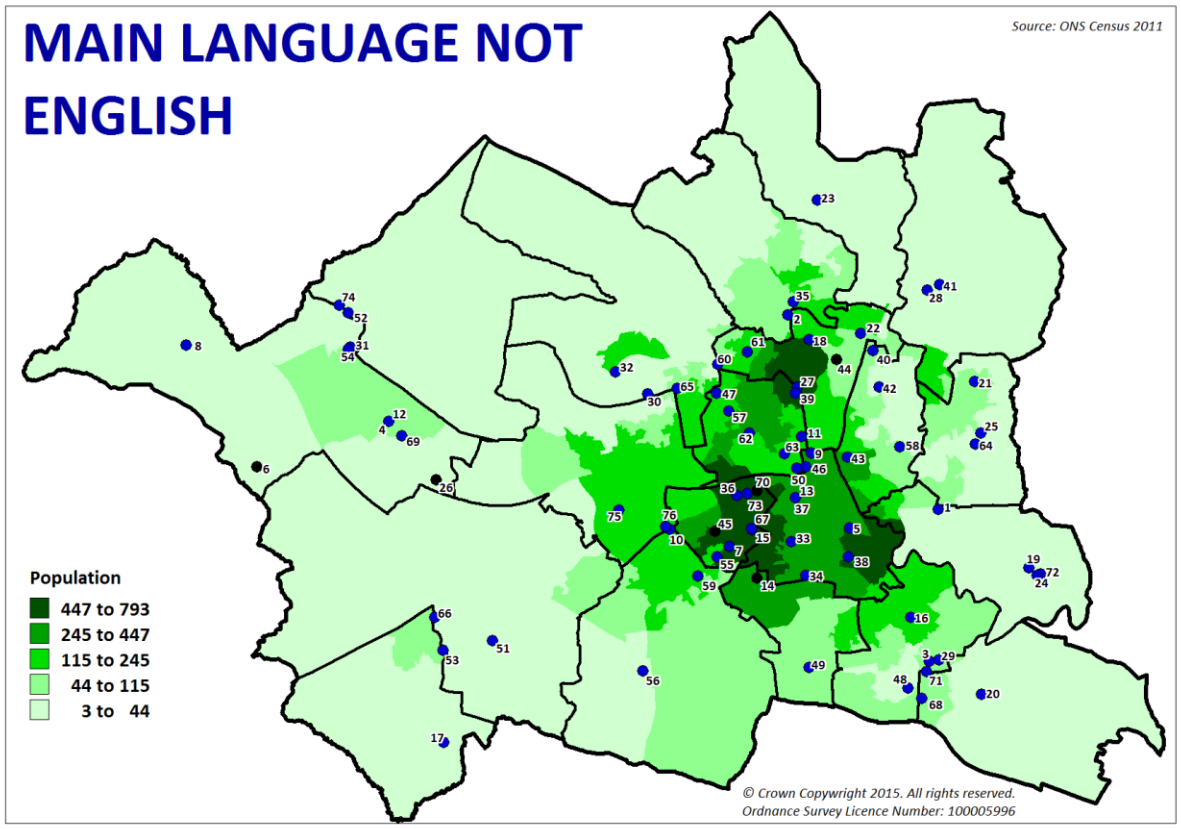
The following point maps show all pharmacies following the key given previously, with distance-selling pharmacies coloured black.

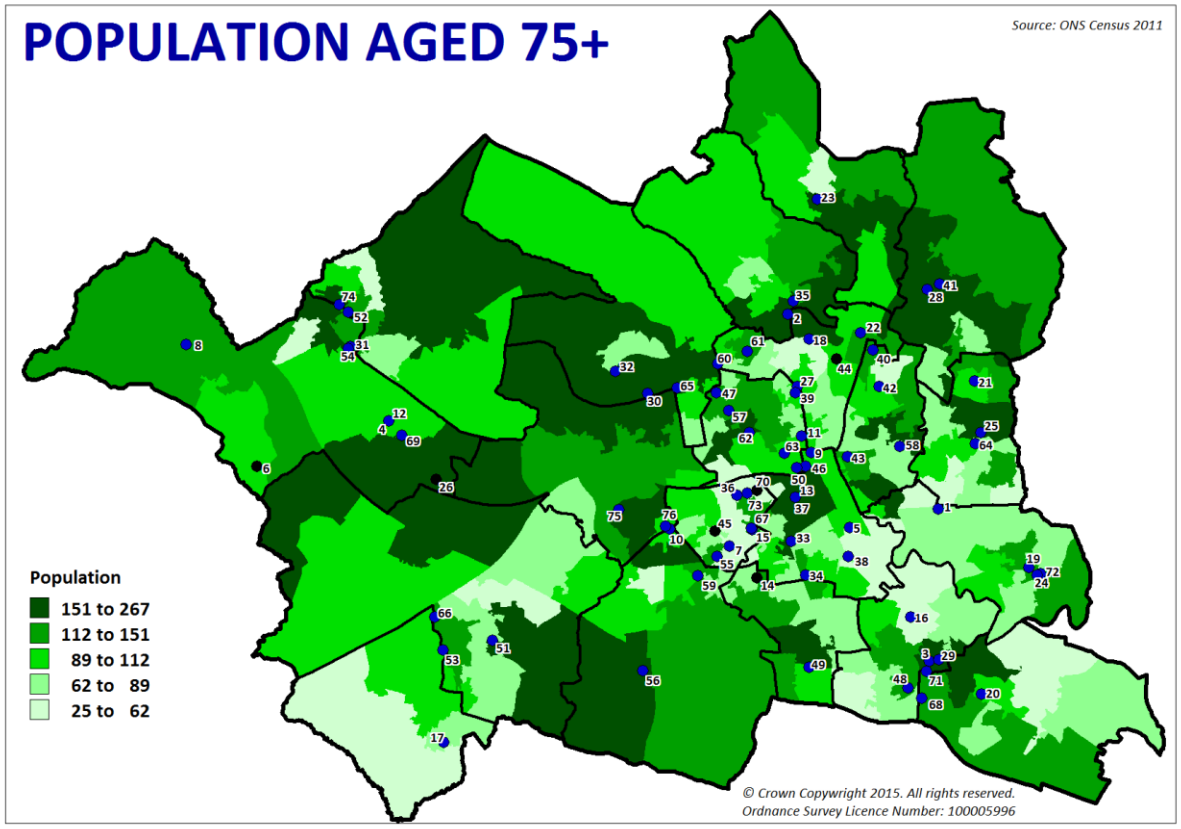


[14] ONS (2016) *Subnational Population Projections - International migration in and out flows*, ONS.


POPULATION AGED 0-9
Source: ONS Census 2011
Population
267 to 443
213 to 267
174 to 213
139 to 174
68 to 139
© Crown Copywright 2015. All rights reserved.
Ordnance Survey Licence Number: 100005996


BME POPULATION
Source: ONS Census 2011
Population
880 to 1,510
480 to 880
210 to 480
80 to 210
10 to 80
© Crown Copywright 2015. All rights reserved.
Ordnance Survey Licence Number: 100005996





Bolton's population is ageing at a similar pace to Greater Manchester but both are increasing at a slower rate than will be seen nationally. Bolton's working age population will

continue to expand driven by natural population increases, net inward migration, and rises in the state pension age.

There are currently 49,100 people aged 65 years and older in Bolton. This figure will increase to 55,900 by 2025. This will in turn incrementally increase the local prevalence of falls, dementia, and loneliness.

Bolton population aged 65 and over by age and gender, projected to 2030				
	2017	**2020**	**2025**	**2030**
Males aged 65-69	7,300	6,800	7,200	8,200
Males aged 70-74	6,300	6,900	6,200	6,600
Males aged 75-79	4,200	4,700	5,900	5,300
Males aged 80-84	2,700	3,100	3,600	4,700
Males aged 85-89	1,400	1,600	2,000	2,500
Males aged 90 and over	700	700	1,000	1,400
Total males 65 and over	22,600	23,800	25,900	28,700
Females aged 65-69	7,600	7,000	7,800	8,900
Females aged 70-74	6,800	7,600	6,600	7,400
Females aged 75-79	4,900	5,400	6,800	6,000
Females aged 80-84	3,500	3,900	4,500	5,700
Females aged 85-89	2,300	2,300	2,700	3,200
Females aged 90 and over	1,400	1,400	1,600	2,000
Total females 65 and over	26,500	27,600	30,000	33,200
Total aged 65 and over	49,100	51,400	55,900	61,900

How the local demographic context will affect the work and impact of local pharmacies?

1. **Age:** As Bolton's population ages and the prevalence of long-term conditions increases there will be a parallel increase in need for prescription items. This will impact upon local pharmacy services as Essential and Advanced services may need to be adjusted in the future to meet this need, with potentially a greater emphasis required for Medication Use Reviews, disease prevention, and self-care in order to prevent emergency hospital admissions. Commissioners should plan to ensure sufficient resources are in place to manage the expected increase in the elderly population, currently the greatest users of pharmacy services (as well as general health services).
2. **Dementia:** As dementia diagnosis continues to improve, increasingly more work post-diagnosis will be required to minimise the effects of dementia. In addition, preventative work through promoting better lifestyle and exercise is vital – the latter is key as up to half of all dementias have a vascular component.
3. **BME:** In Bolton the dominant BME community is South Asian and this population are at increased risk of diabetes. Pharmacies located in the areas of Bolton with the

most significant BME communities should offer targeted services that are culturally appropriate to achieve health outcomes most relevant to these communities, particularly concerning diabetes, obesity, and undiagnosed mental health problems.

4. **Main language not English:** This is an important issue as language is an acknowledged barrier to equitable access to healthcare systems. Pharmacies in areas with the greatest number of non-English speakers should take the languages spoken in their locality into account when recruiting new staff. However, pharmacies in Bolton do have access to translation lines and can to some extent get leaflets in a variety of languages if needed. The dominant languages spoken in Bolton are Gujarati (7,900 speakers), Urdu (3,000), Punjabi (1,600), and Polish (1,600).

4.2 Social and environmental context

Socioeconomic deprivation

Bolton is ranked the 64th most deprived local authority in the country (out of 326). This is based on the rank of average rank score, which is the preferred measure. Bolton was ranked the 48th most deprived authority on the 2010 IMD, and so relatively we have improved. However, when exploring changes in deprivation between the IMD 2015 and previous versions of the indices, users should be aware that changes can only be described in relative terms, for example, the extent to which an area has changed rank or decile of deprivation. They cannot be used to identify real change in deprivation over time.

Within Greater Manchester, Bolton has a lower ranking on the IMD 2015 than Manchester (1), Rochdale (25), Salford (27), Tameside (34), and Oldham (51). This makes us around average for the conurbation, given the much less deprived authorities of Trafford (222) and Stockport (178). As a whole, Greater Manchester ranks 3rd as a Local Enterprise Partnership (Liverpool City Region is 1st and the Black Country is 2nd).

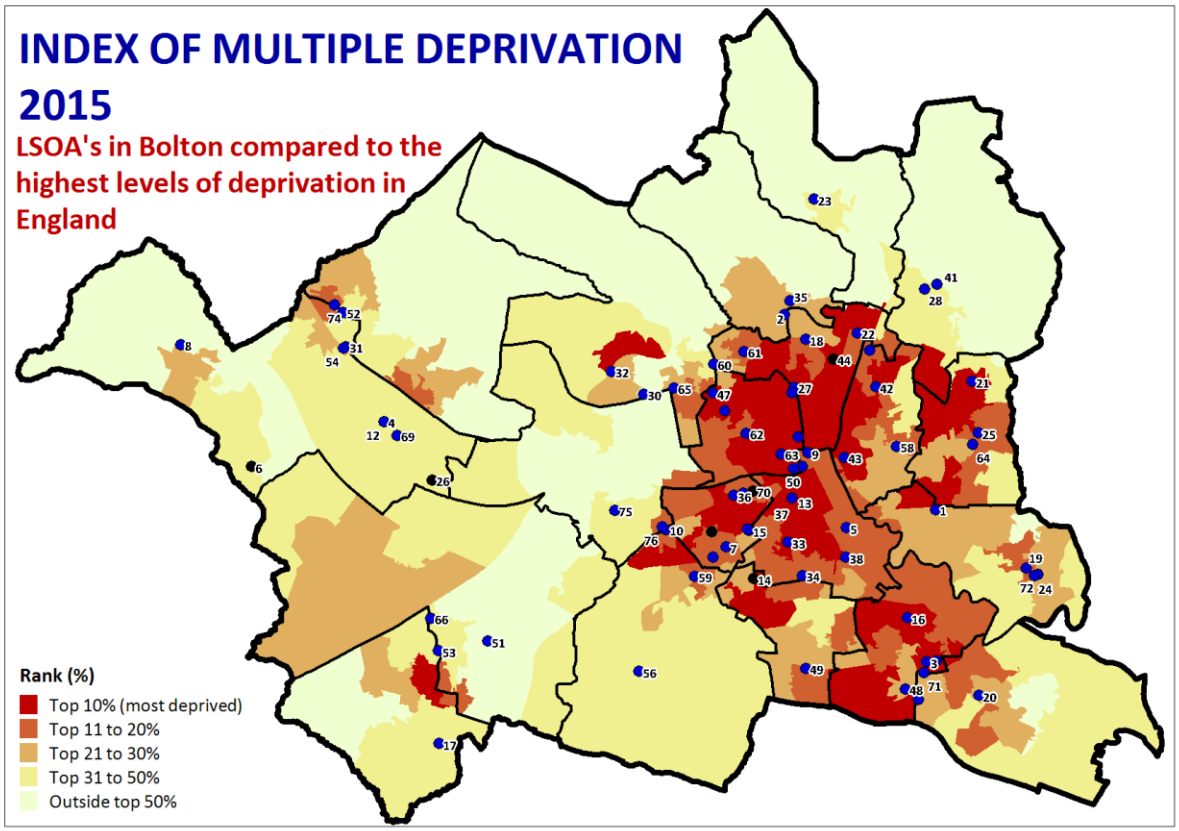
IMD 2015	
LA	**2015**
Bolton	64
Bury	132
Manchester	1
Oldham	51
Rochdale	25
Salford	27
Stockport	178
Tameside	34
Trafford	222
Wigan	107

When we look at the sub-domains of the IMD (the domains that are added together and weighted according to the weights shown in the below infographic) Bolton ranks higher for

health deprivation and disability (38), employment (49), and income (60); the authority ranks notably lower for barriers to housing and services (237). The IMD specific to children (IDACI) and older people (IDAOPI) are fairly consistent with the ranking we see for the IMD overall.

Bolton is made up of 177 LSOAs and of these 36 (20.3%) rank within the 10% deprived areas in the country. In 2010 Bolton had 39 (22.3%) out of (then) 175 LSOAs ranked within the 10% most deprived areas in the country.

There have been few changes regarding our most deprived neighbourhoods, with a minor improvement in north Crompton and west Halliwell, as well as a slight worsening in Farnworth/Harper Green. Deprivation remains at its greatest in the Wards of Halliwell, Crompton, Breightmet, Great Lever, Rumworth, and Farnworth, with pockets out of the town centre identifying Johnson Fold and Washacre.



Multiple disadvantage

There are Bolton residents who experience multiple disadvantage who are at increased risk of premature death and reduced healthy life expectancy now and who will continue to remain at risk over the longer term. This also has a negative impact on Bolton's internal and external health inequalities gaps

The clustering of unhealthy behaviours over time is a key aspect of those experiencing multiple disadvantage in Bolton. The King's Fund[15] have found that, across the UK, the proportion of the population engaging in three/four unhealthy behaviours (smoking, alcohol, poor diet, sedentary lifestyle) has reduced over recent years, from around 33% to 25% between relevant Health Survey for England samples. However, the key conclusion made by the King's Fund is that this reduction is seen mainly amongst those in higher socioeconomic and educational groups. In contrast, people with no qualifications were more than five times as likely as those with higher education to engage in unhealthy behaviours, compared with three times as likely in the earlier sample.

The health of the overall population of the UK will improve as a result of changes in healthier behaviours, but the poorest populations and those with the lowest levels of education will benefit least. This is expected to lead to widening inequalities and avoidable pressure on the NHS whilst widening the inequalities gap between socioeconomic and educational groups in the prevalence of multiple risk factors.

Whilst there are currently no available data to effectively inform projections relating to those experiencing multiple disadvantage, it is anticipated that Welfare Reform, widening health inequalities, and the economic shift away from manufacturing and low skill sectors is likely to mean that the numbers in this cohort will increase in the future.

Forecasted economic prosperity

However, economically a positive outlook is forecast over the next ten years for Bolton[16]. The borough is predicted to have increases in employment, GVA (Gross Value Added), and reductions in unemployment. The positive labour market outlook for Greater Manchester as a whole is largely dependent on the growth of professional and business services (accounting for 63% of total growth over 2014-2024). Despite robust GVA growth in the manufacturing sector in the coming decade, job losses are expected to continue. However, job losses in this sector are anticipated to be significantly less severe than those observed in the decade preceding 2008. The public administration and defence sector in Greater

[15] Buck D. and F. Frosini (2012) *Clustering of unhealthy behaviours over time Implications for policy and practice*, The King's Fund.
[16] New Economy (2015) *Greater Manchester Forecast Model*, New Economy.

Manchester is expected to suffer around 8,000 job losses in the coming decade and the education sector is also forecast to contract.

Manchester, Salford and Bolton are forecast to experience the biggest increases in employment. These areas tend to perform better than other districts due to their more favourable sectoral structures and in particular as a result of having a higher concentration of business and professional services activity. Rochdale, Tameside and Wigan are expected to experience the slowest rates of employment growth over the next decade. Their sectoral structures are more heavily skewed towards sectors where employment is likely to fall or rise at below average rates, such as manufacturing and public services.

Bolton's overall number of employees is expected to increase to 116,700 over the next decade. This is an increase of 7.9% from current levels. The number of self-employed people is anticipated to increase locally by a comparatively greater amount to 19,500 by 2024. This is an increase of 13.3%. The residence employment rate will increase to 136,400 over the next decade, which will reduce the number of people commuting out of Bolton by 2,100. Whilst this picture is largely positive, the future of public sector funding is currently uncertain and depends greatly on the level of cuts and in which sector they occur. It is too early to predict the impact of cuts to public sector funding and services will have on the economic future of the borough.

How the local socioeconomic context will affect the work and impact of local pharmacies?

1. **Key challenge:** For all local services to decide how to effectively manage the positive economic growth forecast without further excluding the most deprived in Bolton and deepening multiple disadvantage in the face of Welfare Reform and public sector cuts.
2. **Multiple disadvantage:** There are existing residents in Bolton, particularly in the most deprived areas, who will simply not benefit from the new job opportunities created over the coming decade. It is not entirely clear how this population will be affected by the changing demography but they will continue to need support and access to services now and in the future. The people in this cohort range from those with a combination of unhealthy lifestyles (who will begin to contribute to CVD-related health inequalities as they age) to those suffering severe multiple deprivation (homeless, alcohol/drug problems, contact with criminal justice system). Some of these individuals are likely to be dependent on local services throughout their lives.
3. **Smoking:** Due to its strong association with deprivation, smoking remains the key cause of inequality in Bolton as well as the being the chief cause of preventable death across the borough as a whole. Smoking is significantly higher in the most deprived communities and these groups have a less equitable outcome when attempting to quit. Though smoking is much higher in Bolton's predominantly White deprived communities, the low prevalence in South Asian communities is due to an extremely low prevalence in South Asian women, but South Asian men demonstrate

a similar smoking prevalence to the White population and this should be taken into account when planning pharmacy-based smoking cessation initiatives and related pharmaceutical services.

4. **Alcohol:** Although the more affluent communities consume more alcohol, the most deprived communities experience 2-3 times greater loss of life attributable to alcohol because of associated risk factors such as smoking, CVD, and mental health problems, and so despite the difference in consumption alcohol misuse should still be considered a very serious issue for pharmacies in these localities.
5. **Sexual health:** Teenage pregnancy and sexually transmitted diseases are both higher in the more deprived communities of Bolton, and are particular issues for those aged 15-24 years.
6. **Retail growth:** As real incomes in Bolton increase so will consumer spending. As the economy continues to grow over the coming decade the wholesale and retail sector is predicted to create 1,600 jobs locally. The town centre offer must be ready to take advantage of this change. Furthermore, as the residence employment rate increases, the number of people commuting out of Bolton will fall below current figures. This will mean an additional 2,100 workers will remain in Bolton during working hours with many likely to make use of the town centre.

4.3 Conclusion

This chapter has identified key issues regarding the demographic, social, and environmental context of Bolton that affect both the total resident population and defined communities within the borough. This underlying population context influences the health needs of Bolton people and in consequence the work of local pharmacies serving this multi-cultural population.

The next chapter seeks to align the Pharmaceutical Needs Assessment with Bolton's high-level and overarching Locality Plan. The chapter will summarise the key health needs of Bolton and highlight how local pharmaceutical services can act upon the inequalities currently at work in the town, particularly those identified as key priorities for Bolton moving forward.

5.0

Local health and social needs

5.1 Life expectancy

Life expectancy is commonly used as an indicator to gauge and compare the health and wellbeing of a population. The most commonly used indicator is life expectancy at birth i.e. the number of years that a baby boy or girl can expect to live to.

The steep social gradient within Bolton plays a significant role within this inequality; within Bolton there are greater numbers of people, both men and women, living in the most deprived areas of Bolton compared to England averages. This equates to greater numbers of people in Bolton living less years than in other parts of the country.

Professor Sir Michael Marmot recently (2017) released a briefing on the update of the Marmot Indicators of health inequality. The key findings are:

- The near 100 year rise in life expectancy seen in the UK has stalled since 2010;
- Levels of health and life expectancy are linked to where you live, with large gaps between the most and least deprived local authorities as well as large gaps within local authorities.

The national life expectancy picture:

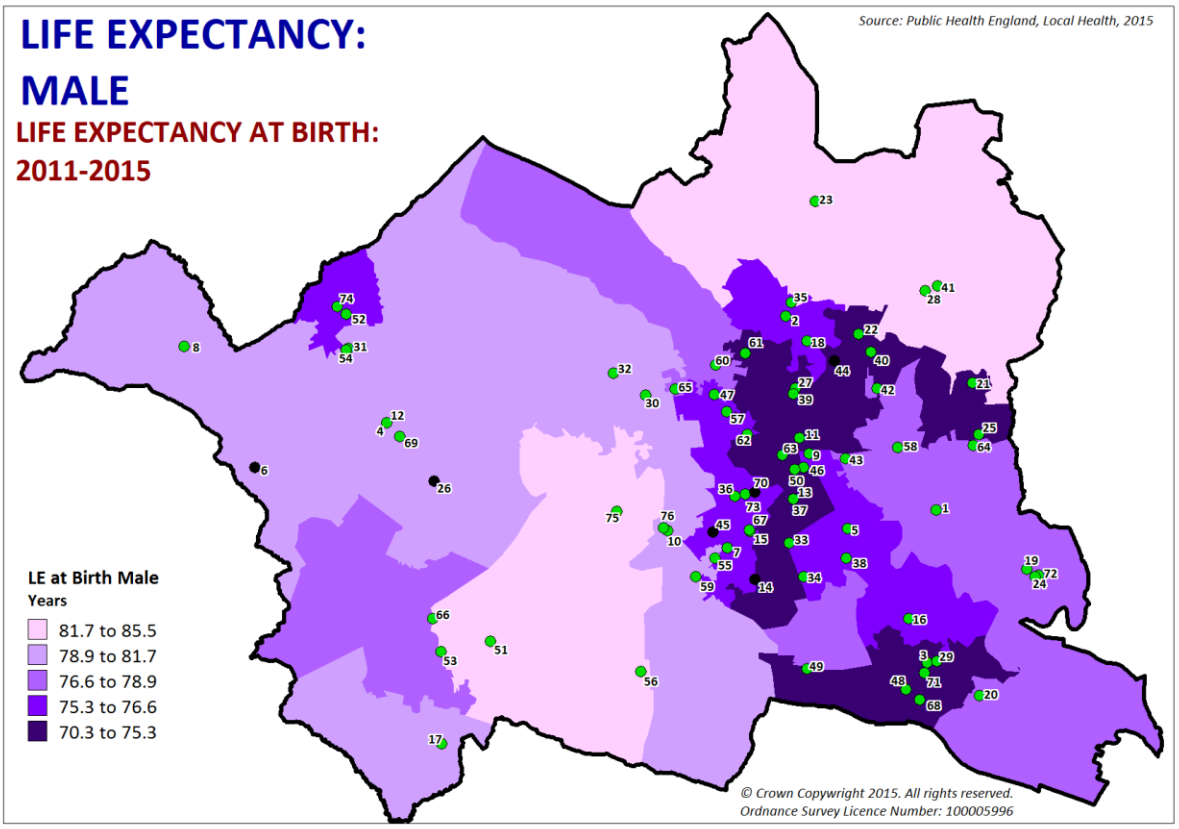
- Average life expectancy in England is currently 83 for women and 79 for men;
- Growth in life expectancy in England continues, but in recent years it has slowed down;
- It is not possible to draw conclusions about the exact cause of that;
- Social factors such as education, employment, working conditions and poverty all contribute to life expectancy by influencing peoples lifestyles;
- Differences in these social determinants contribute the inequality in life expectancy between the most affluent and the poorest in our society;
- It cannot be ruled out that austerity may be placing pressures on these social determinants, and that they may in turn be influencing lifestyle and life expectancy.

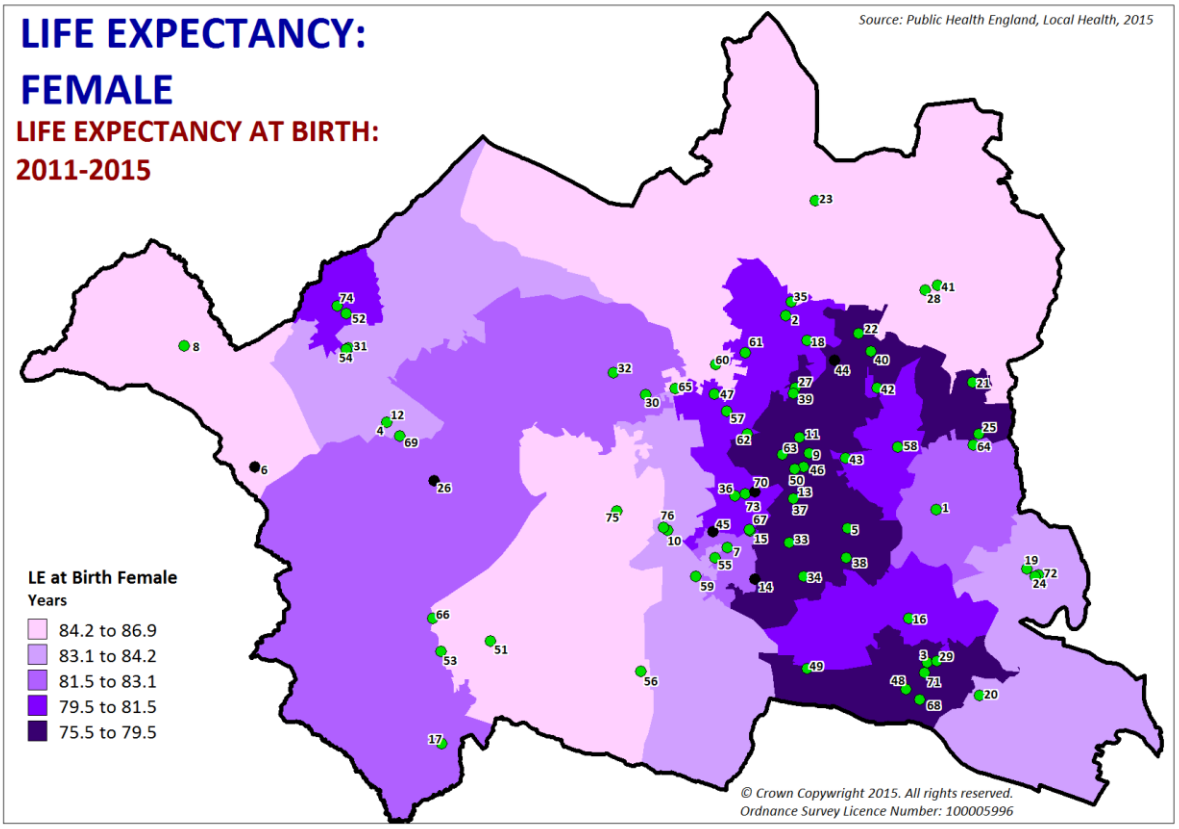
The Bolton life expectancy picture:

- Average life expectancy in Bolton is currently 81 for women and 78 for men. This is 1-2 years less than the rest of England;

- Life expectancy continues to rise for men in Bolton, but has slowed down in more recent years in line with the national trend. Female life expectancy has remained static for the last three years in Bolton;
- There remains an inequality in life expectancy of around 10-11 years between the most advantaged and disadvantaged people of Bolton;
- The main causes of earlier deaths in Bolton are circulatory disease, respiratory disease, cancers, digestive diseases and mental and behavioural disorders such as dementia. These conditions may be influenced by both social determinants of health and lifestyles.

Inequalities in life expectancy between Bolton and England		
	Male	**Female**
Life expectancy at birth in Bolton, 2013-2015	78.1	81.6
Life expectancy at birth in England, 2013-2015	79.5	83.1
Absolute gap in life expectancy between Bolton and England	-1.4 yrs	-1.5 yrs
Inequalities in life expectancy within Bolton		
	Male	**Female**
Life expectancy at birth in the most deprived quintile of Bolton, 2013-2015	73.3	75.7
Life expectancy at birth in the least deprived quintile of Bolton, 2013-2015	83.5	87.4
Absolute gap in life expectancy between most deprived and least deprived areas within Bolton	-10.2yrs	-11.7 yrs


LIFE EXPECTANCY:
MALE
LIFE EXPECTANCY AT BIRTH:
2011-2015
Source: Public Health England, Local Health, 2015
LE at Birth Male
Years
81.7 to 85.5
78.9 to 81.7
76.6 to 78.9
75.3 to 76.6
70.3 to 75.3
© Crown Copywright 2015. All rights reserved.
Ordnance Survey Licence Number: 100005996


LIFE EXPECTANCY:
FEMALE
LIFE EXPECTANCY AT BIRTH:
2011-2015
Source: Public Health England, Local Health, 2015
LE at Birth Female
Years
84.2 to 86.9
83.1 to 84.2
81.5 to 83.1
79.5 to 81.5
75.5 to 79.5
© Crown Copywright 2015. All rights reserved.
Ordnance Survey Licence Number: 100005996

5.2 Starting Well

Regarding indicators relating to pregnancy and birth, Bolton performs relatively well. Compared to our statistical neighbours, Bolton performs significantly better for teenage conceptions, breastfeeding, and we now have the lowest infant mortality rate of all our 15 peer localities.

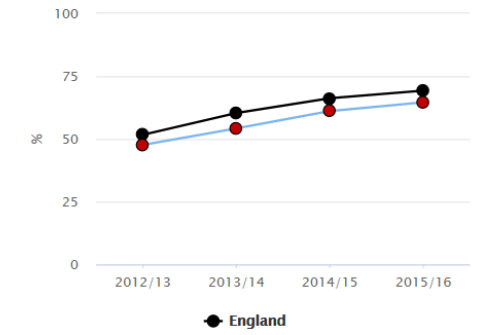
School attainment

Regarding several key indicators pertaining to school readiness and primary school outcomes, Bolton fairs average to worse than average compared to our statistical neighbours. Across secondary school outcomes Bolton is almost exactly average for the majority of key indicators; examples of which include admissions, attainment, absenteeism, child protection cases, and young carers.

1.02i - School Readiness: the percentage of children achieving a good level of development at the end of reception (Persons) Bolton

Proportion - %

Export chart as image Show confidence intervals



Recent trend: –

Period		Count	Value	Lower CI	Upper CI	North West	England
2012/13		1,801	47.6	46.0	49.2	50.4	51.7
2013/14		2,141	54.2	52.7	55.8	57.8	60.4
2014/15		2,397	61.1	59.6	62.6	63.7	66.3
2015/16		2,541	64.6	63.1	66.1	66.7	69.3

Source: Department for Education (DfE), EYFS Profile: EYFS Profile statistical series

Excess weight and physical activity

Bolton is significantly better for excess weight in Reception but falls back to average for our peers by Year 6. The increase in excess weight between Reception and Year 6 occurs at a greater rate in Bolton than we see nationally.

National data indicates that less than a quarter of schoolchildren are achieving recommended levels of physical activity, although around 60% are engaged in at least some activity. In general, in both the local and national data, boys are more active than girls. Boys enjoy physical activity more, and describe fewer barriers to activity. Older schoolchildren are less active than younger pupils, though the age at which the decline starts varies between boys and girls. No local data is available for pre-schoolers, though the England data indicates that only around 1 in 10 are likely to meet recommended activity levels, as guideline amounts are substantially higher than those for older children. Mirroring the situation in adults, local data indicates that children from Asian backgrounds

are least physically active, although likely to enjoy activity as much as those from other ethnic backgrounds.

Oral health

As a whole, 1.8% of Bolton primary school children do not clean their teeth at all, 4.8% said they had never been to the dentist, and 6.7% say they had last been to see the dentist more than a year ago[17]. The most recent dental surveys of children were taken of 5 year olds. Children aged 5 years old in Bolton on average have 1.9 number of dentinally decayed, missing (due to decay), and filled teeth (dmft). Although 62.5% of children from all socioeconomic quintiles had 0 dmft, for those with dmft, children from the most deprived quintile have 4 compared to children from the least deprived quintile in Bolton who typically have 2 dmft. When looking at Wards, Harper Green children have the highest rate of dmft in Bolton (57.1%) followed by Rumworth (54.5%). In addition, Little Lever and Darcy Lever and Tonge with the Haulgh both show dmft in half of all their children[18].

Early childhood caries (ECC) typically affects smooth surfaces of upper front teeth and can affect many other teeth as well. It is usually associated with long term use of a baby bottle containing sugared drinks, especially if given at night. In some areas it is culturally acceptable to put a baby or toddler to bed with a bottle and allow them to drink freely from a bottle during the day. If water or milk were given in this way there would be no harm to teeth but drinks containing sugar can cause this rapid and disfiguring type of decay. The measures of decay at age five include decay that may have been caused during the first two or three years of life. Where this type of decay is widespread, as it is in some areas of Bolton, action needs to be taken to tackle it early on, otherwise decay levels at age five will remain high[19].

Other

The health inequalities between BME groups and the rest of our society are well documented but are most marked for CVD, diabetes, mental health, cancer, TB, and HIV. In addition, some minority groups such as Irish Travellers, Gypsy and Roma communities, and refugees and asylum seekers have very specific health needs and require culturally appropriate health and social services.

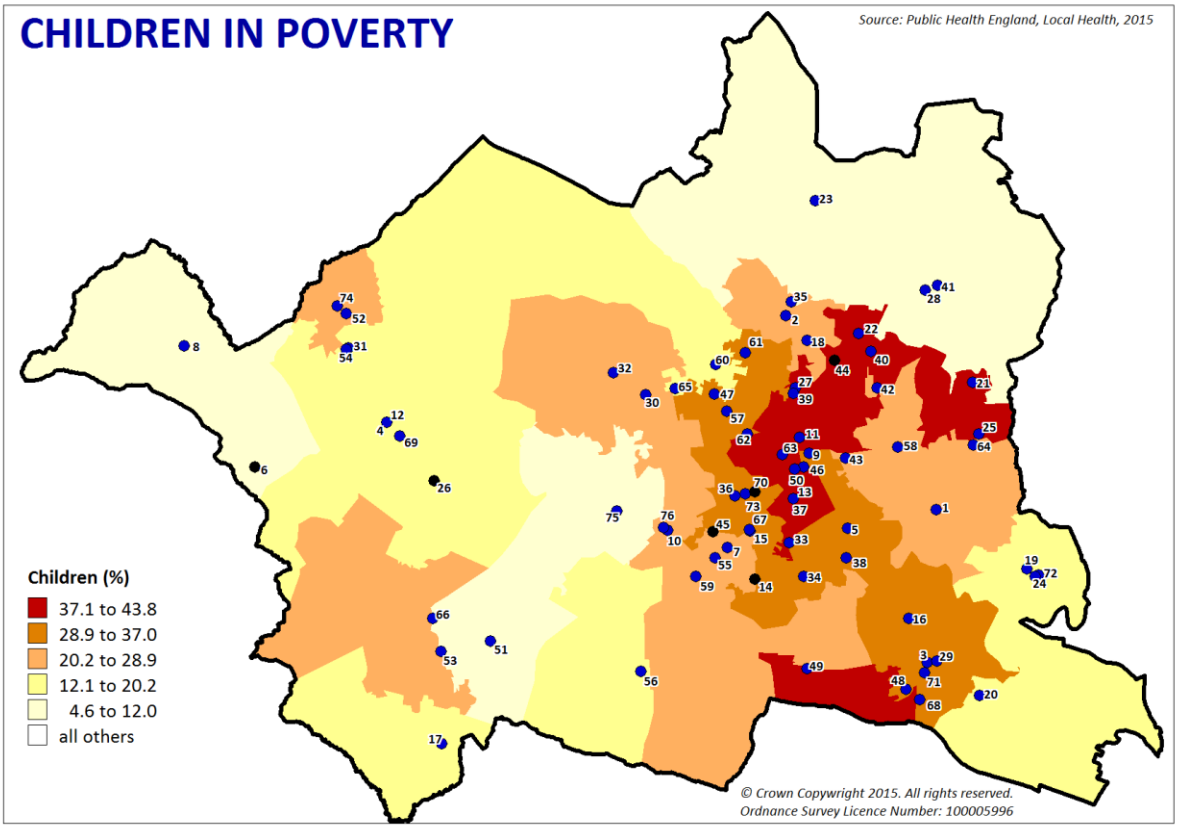
Nationally and locally, the prevalence of TB has been increasing for the last ten years and will continue to do so for specific at-risk groups. Bolton currently sees on average between 70-80 cases per year; this is the highest number in Greater Manchester with the exception of Manchester itself. The key risk factor for having TB in Bolton is being a recent migrant

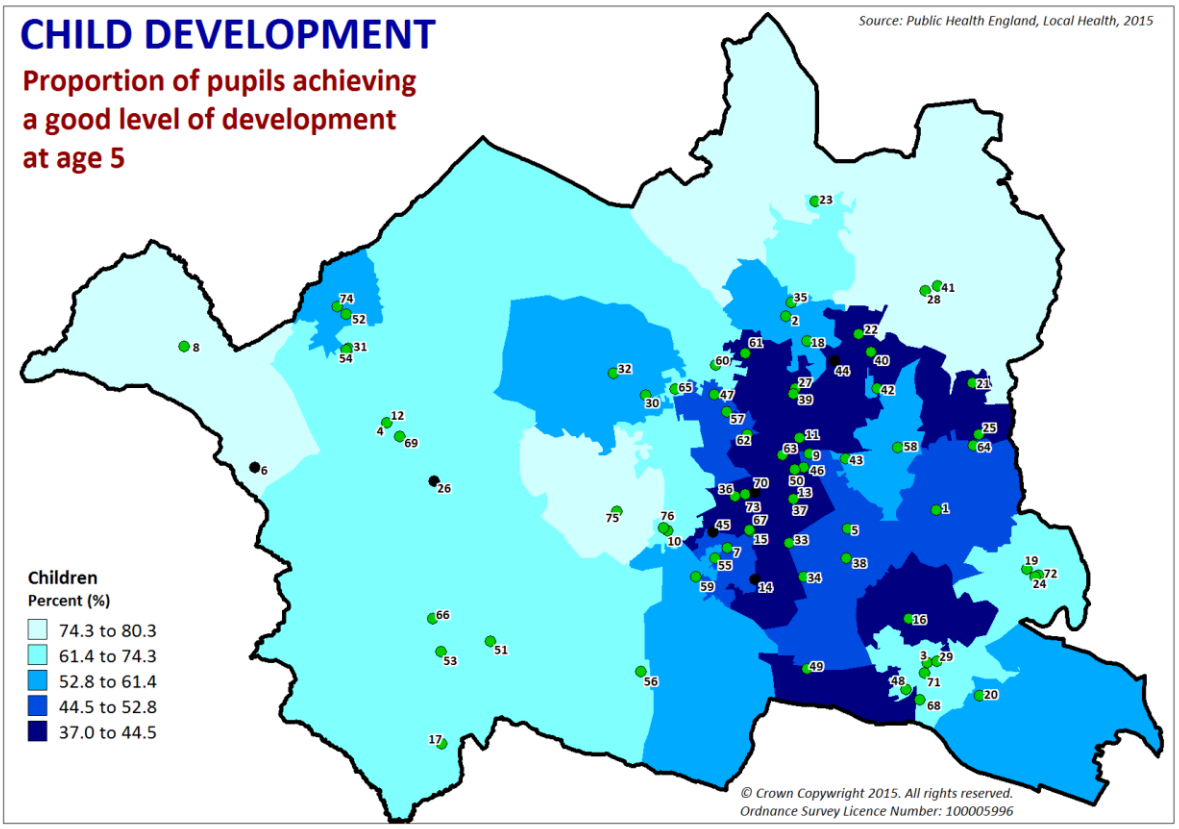
[17] Bolton Council (2016) *Children's Survey*, Bolton Council.
[18] Public Health England (2016) *Bolton LA 5 year Dental Survey 2015*, PHE.
[19] Public Health England (2014) *Information for Bolton and Greater Manchester arising from a dental survey of five years olds*, PHE.

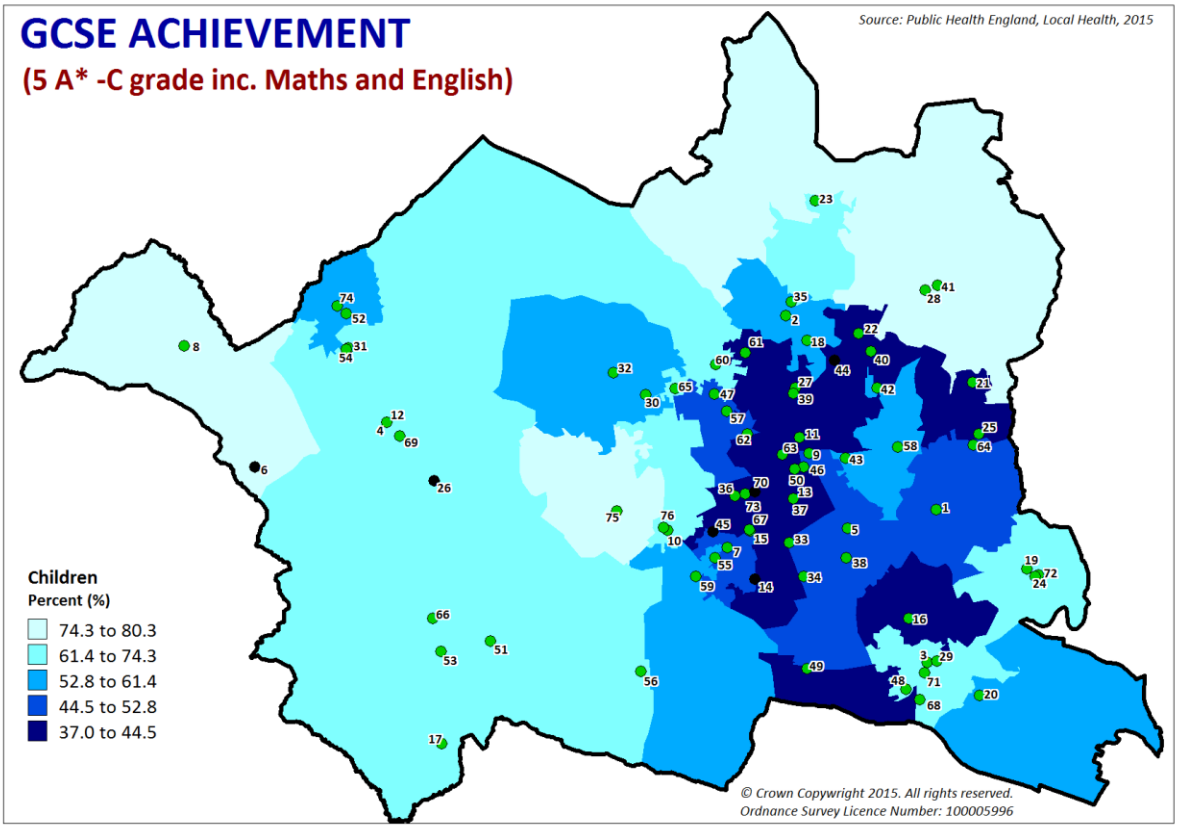
from a country with a high prevalence of TB. Using projections, over the next five years 8,540 migrants will enter Bolton of all ages, bringing an estimated 280 new cases of TB.

Key issues for our young people which also demonstrate poor performance are substance misuse admissions, chlamydia detection rates in young males (a notable difference from females and though such inequality is typical, the difference locally is greater than we see across England as a whole), and we have higher than the average number of young people (16-24) providing unpaid care.

Number of young carers in Bolton: Census 2011				
	Bolton Count	**Bolton proportion (%)**	**SN proportion (%)**	**England proportion (%)**
Children aged 0-15 years				
Providing unpaid care	594	1.0%	1.2%	1.1%
Providing considerable care (20+ hours)	116	0.2%	0.2%	0.2%
Young people aged 16-24 years				
Providing unpaid care	1,954	6.0%	5.5%	4.8%
Providing considerable care (20+ hours)	602	1.9%	1.7%	1.3%
All children and young people 15-24 years				
Providing unpaid care	**2,548**			
Providing considerable care (20+ hours)	**718**			




CHILD DEVELOPMENT
Proportion of pupils achieving a good level of development at age 5
Source: Public Health England, Local Health, 2015
Children
Percent (%)
74.3 to 80.3
61.4 to 74.3
52.8 to 61.4
44.5 to 52.8
37.0 to 44.5
© Crown Copywright 2015. All rights reserved.
Ordnance Survey Licence Number: 100005996


GCSE ACHIEVEMENT
(5 A* -C grade inc. Maths and English)
Source: Public Health England, Local Health, 2015
Children
Percent (%)
74.3 to 80.3
61.4 to 74.3
52.8 to 61.4
44.5 to 52.8
37.0 to 44.5
© Crown Copywright 2015. All rights reserved.
Ordnance Survey Licence Number: 100005996

5.21 Locality Plan: Population Health and Wellbeing Delivery Programmes

Start Well: Early Years Delivery Model[20]

Greater Manchester Start Well Early Years Strategy - local implementation

The vision is for every child in Greater Manchester (GM) to have the best start in life. This means that every child grows up in an environment that nurtures their development, derives safety and security from their parents/care givers, accesses high quality early years services and has a belief in their goals and their ability to achieve them. The ambition is that every child in GM acquires the skills necessary to negotiate early childhood, primary and secondary school and education and employment.

The Start Well Early Years strategy sets out the GM vision for transformational system change and a long-term and sustainable shift from expensive and reactive public services to prevention and early intervention. This means building capacity within children, families, and communities through the provision of high-quality accessible universal services. This will start to break the intergenerational cycles of poverty and dependency. Reform of Early Years services is essential to increase the productivity and wellbeing of parents and their children and therefore ultimately economic prosperity in GM.

This transformational change aims to reduce duplication and make more efficient use of resources to achieve better outcomes wherever possible within existing budgets, including a vision for integrated leadership, commissioning and delivery. To be successful there is a need to commission services at the most appropriate spatial level and standardise best practice via the use of a GM outcomes framework.

Giving every child the best start in life is crucial to closing the gap in health, education and social inequalities. Children's life chances are most heavily predicated on their development in the first five years of life. Key components of this are a healthy pregnancy, good maternal mental health, secure attachment, love and responsiveness of parents along with high quality educational opportunities.

The overall objective of the strategy is to increase the number of GM children who are school ready. The GM devolution agreement, the transfer of Health Visiting commissioning to Local Authorities, free early education places for disadvantaged 2 year olds, the Early Years Pupil Premium and the development of integrated services for 0-19 years present a golden window of opportunity to ensure a concerted approach to improving school readiness.

[20] The following is taken from the Bolton Locality Plan, 'Bolton's 5 Year Plan for Reform (Locality Plan), Moving from Planning to Delivery', Bolton Council and Bolton CCG.

We will ensure that children are ready to start school by prioritising prevention and early intervention to address health, education and social inequalities. This will be achieved by the commitment to:

- Using the strength of universal and targeted services to deliver prevention and early intervention: Every child pre-birth to five years and their families will have an entitlement to the universal EYDM. This will include early identification of risks and developmental delays supported by evidence based assessments and interventions;
- A Coherent Approach: Strengthen Early Years partnerships and reduce duplication and develop a consistent approach;
- Co-production of a 'place-based' and integrated approach to commissioning and service delivery: Implementing integrating commissioning and provision of Early Years which minimises variation within localities and improves quality whilst recognising local differences;
- Helping children, families and communities to secure outcomes themselves: Build the capacity of families and communities to take charge of, and responsibility for, managing their own health and wellbeing;
- Breaking cycles of poverty, inequality and poor outcomes in the early years: Help parents who are out of work to access education and training to help them towards work. Address health, education and social inequalities by improving the physical and emotional health and wellbeing of the 0-5 population by addressing behaviours which inhibit their capacity to parent effectively;
- Improve the quality of and access to early education: This will include making best use of the Early Years Pupil Premium, improving the effectiveness of assessment information, early identification of children with SEND and supporting effective transition to primary school;
- Putting quality at the heart of service delivery: Self-evaluation and peer challenge will focus on quality and outcomes and will inform future planning. Implement a GM outcomes framework and an information and data strategy. There will be continued evaluation of the evidence base and emerging best practice.

Priorities for this delivery programme are to integrate and jointly commission early years provision and roll out the model borough-wide. This is a GM priority which is fully supported by the Bolton locality.

5.3 Living Well

CVD and diabetes

Long-term conditions, especially CVD, are the chief causes of Bolton's health needs and inequalities. Recent gains in reduced premature morality and improved life expectancy may be at risk from the expected growth in population, especially if future populations to not

adopt healthier lifestyles and behaviours. It is important to note that CVD is the chief cause of Bolton's life expectancy gap when compared to England and also the considerable internal inequality gap across the borough. As such, tackling premature CVD death is vitally important if we are to reduce health inequalities in the borough.

Heart disease and stroke are largely preventable diseases. Individuals can reduce their risk of CVD by engaging in regular physical activity, avoiding tobacco use and second-hand smoke, choosing a diet rich in fruit and vegetables and avoiding foods that are high in fat, sugar, and salt, and maintaining a healthy body weight. Medical management of blood pressure and cholesterol levels in targeted individuals can also reduce the risk of future CVD and developing further complications.

Primary prevention concentrates on altering the modifiable lifestyle factors mentioned above, but there is also a Public Health role in secondary and tertiary prevention including ensuring appropriate availability of medicine as necessary and equity of access to high quality surgical procedures. In Bolton the latter has historically been a problem as a smaller proportion of the most deprived fifth of the population, the fifth with the greatest need, have a lower rate of access than lesser deprived quintiles.

Added to this picture, projections show that all conditions and disabilities associated with obesity, but diabetes in particular, will increase in the future. Bolton can expect an additional 906 diabetics aged 18+ to be diagnosed by 2025. Diabetes and other forms of CVD are very strongly associated with deprivation and ethnicity and so it is expected that CVD will disproportionately affect the most deprived in the borough as well as the South Asian community. Furthermore (apart from ketoacidosis) all diabetic complications increase with age and duration of diabetes and all complications are associated with social deprivation. Nationally there is up to a two-fold difference for all complications between the least and most deprived quintiles.

Unhealthy lifestyles

A factor analysis of local survey data has been performed by the Public Health Intelligence Team[21] to identify whether some less healthy lifestyle behaviours more commonly occur together. From this analysis, three fairly discrete factors have emerged in the Bolton population. These are described in more detail below:

- '**Unhealthy adversity**' is a combination of low wellbeing, smoking, and less healthy food habits. The people experiencing unhealthy adversity tend to be younger, more deprived, and in poor health, with a minority experiencing very poor health. There are an estimated 24,000 people in Bolton thought to be experiencing unhealthy adversity.

[21] Bolton Council (2015*) Integrated Wellness Service – Customers*, Bolton's Health Matters.

- '**Inactive overweight**' is a combination of low levels of physical activity and a BMI over healthy weight. These people tend to be middle aged and older, living across affluent and deprived neighbourhoods, and experiencing poor health. There are an estimated 51,000 of people in Bolton described as inactive overweight.

- '**Imbibers**' are those who drink alcohol at increasing risk levels. They are likely to be middle aged, living in affluent parts of Bolton and in generally good health. There are an estimated 39,000 of these people in Bolton.

These profiles can be used to inform pharmaceutical services that meet these different groups of residents' needs.

Troubled Families

There are an estimated 830 Troubled Families in Bolton, characterised by unemployed adults, young people involved in crime, family members involved in anti-social behaviour, children not attending school/exclusions. In addition there are typically other long standing problems experienced by these families such as mental health problems, drug abuse, alcohol abuse, domestic violence, and isolation. These issues often lead to an intergenerational cycle of disadvantage.

Bolton's Family First work is now well established but crucially these families are highly unlikely to benefit from the economic benefits that are anticipated in Bolton over the coming decade. This is because the work underway to tackle multiple problems and deprivation in these cohorts will take a generation or more to be realised in the form of sustainable positive outcomes.

Severe multiple deprivation

Severe Multiple Deprivation is generally a predictor of the majority of the problems faced by adults involved in the homelessness, substance misuse and criminal justice systems in England. It is important to note that poverty is an almost universal indicator in this respect whilst mental ill-health is a common and complicating factor.

Mental health

Mental ill health combined with other indicators of severe multiple deprivation is distinguishable from other types of social disadvantage because of the degree of stigma and dislocation from societal norms experienced those affected. This cohort predominantly comprises White men, aged 25-44, with long-term histories of economic and social marginalisation and, in most cases, childhood trauma of various kinds. The majority of these men will be in contact with, or living with, children. In Bolton there are approximately 330-600 such individuals in this cohort[22].

[22] Lankelly Chase Foundation (2015) *Hard Edges: Mapping severe multiple disadvantage*, LCF.

5.31 Locality Plan: Population Health and Wellbeing Delivery Programmes

Living Well: Wellbeing, Prevention and Health Improvement Partnership[23]

Increasing the focus on prevention in our communities will help improve Bolton's health and wellbeing, quality of life and prosperity. This section of the Locality Plan proposes a system-wide partnership for prevention and health improvement, aiming for a step change in emotional and physical wellbeing in Bolton.

Taking the earliest opportunity for prevention, there will be a focus on preventing disease and illness before it happens, working together to create healthier homes, workplaces, schools and communities and a healthier population. Our partnership approach will be asset based, which means really understanding the local associations and networks in areas, promoting and supporting active participation of local people and discovering their motivation to act and improve health and wellbeing. This new prevention system will work with and through local institutions, communities of interest and faith groups to develop community fitness and confidence. To deliver this, the Plan will develop a workforce of Bolton Community Asset Navigators recruited from local communities, helping to really understand and navigate local neighbourhoods; identifying assets, making links between them and building capacity for improvement.

For many people in Bolton the levels of unhealthy behaviours and risk factors for chronic disease are extremely high, with a cohort of adults who require individual assessment and support to make rapid and sustained improvements in health in order to avoid significant ill health and medical care. Deploying additional resources within primary care, the Plan will scale up existing innovations that have proven to deliver improved outcomes in the prevention of a wide range of chronic diseases. There will be systematic identification of those people at highest risk of disease and support put in place to improve their health so that they can live longer, healthier and more productive lives, improvements in their resilience and reductions to their healthcare costs. To deliver this ambitious programme a workforce of Bolton Health Improvement Practitioners will be developed with a focus on local recruitment and a programme of development in terms of health improvement and clinical skills.

The Bolton Strategic Partnership for Prevention and Health Improvement will develop and bring together voluntary sector and commissioned services and wider stakeholders who can assist with reducing health and care pressures, improving people's lives and wellbeing and ultimately preventing conditions starting in the first place by engaging with our community

[23] The following is taken from the Bolton Locality Plan, 'Bolton's 5 Year Plan for Reform (Locality Plan), Moving from Planning to Delivery', Bolton Council and Bolton CCG.

around lifestyle behaviour. Bolton has a wide range of statutory and voluntary sector partners who are ideally positioned to access parts of the community which may have had little contact with health and social care services and would benefit from links into community assets and/or referral to appropriate services.

Key outcomes for the partnership will include universal upscaling of healthy eating, increased physical activity, improved emotional and mental wellbeing, reduced prevalence of smoking and substance misuse, reduced falls, reduced social isolation, a reduction in population level risk factors for disease and ultimately a reduction in demand for health and care services.

5.4 Ageing Well

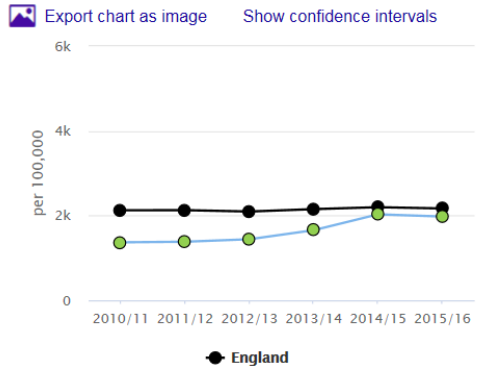
The ageing population will in turn incrementally increase the local prevalence of falls, dementia, and loneliness.

Falls

Falls are the largest cause of emergency hospital admission for older people, and significantly impact on long term outcomes, e.g. being a major precipitant of people moving from their own home to long-term nursing or residential care. The highest risk of falls is in those aged 65 and above and it is estimated that about 30% people aged 65 and above living at home and about 50% of people aged 80 and above living at home or in residential care will experience an episode of fall at least once a year.

2.24i - Emergency hospital admissions due to falls in people aged 65 and over (Persons) Bolton

Directly standardised rate - per 100,000



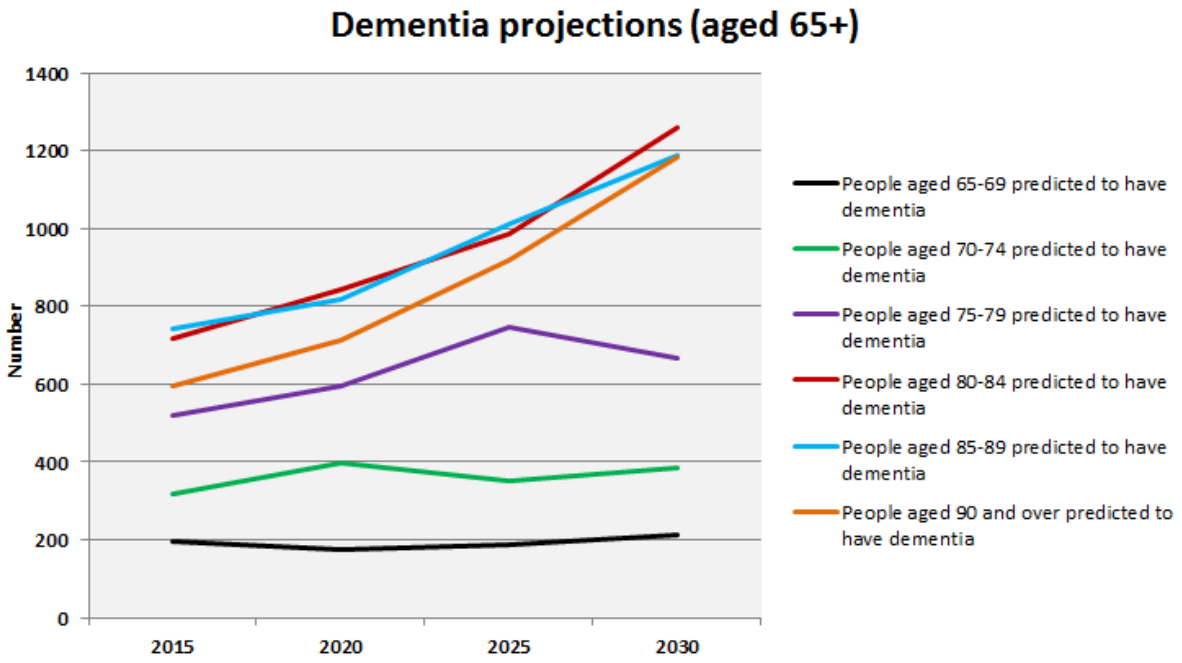
Recent trend: –

Period		Count	Value	Lower CI	Upper CI	North West	England
2010/11		560	1,369	1,257	1,489	2,516	2,126
2011/12		571	1,383	1,271	1,502	2,453	2,128
2012/13		617	1,442	1,330	1,561	2,376	2,097
2013/14		717	1,656	1,536	1,783	2,393	2,154
2014/15		890	2,030	1,898	2,169	2,547	2,199
2015/16		878	1,978	1,849	2,114	2,452	2,169

Dementia

One in six older people aged 80 and over and one in three aged 95 and over will die with a form of dementia. The graph below illustrates the expected increases in the prevalence of dementia, across the age groups, between 2015 and 2030. A quarter of all hospital beds for physical conditions are currently occupied by older patients with dementia and these

patients stay in hospital for longer than others with the same condition. Diagnosis is improving locally but numbers will keep increasing with the base population.



Loneliness

Emotional loneliness (especially bereavement) and social loneliness are very strongly associated with living alone and can affect physical health as well as mental health in the elderly. Both will again increase with the base population. In 2017, 7,040 people aged 65-74 are estimated to live alone and this will increase to 7,120 by 2020. The number is then expected to remain relatively static until 2030 when there will be another increase to 7,850. There are also currently 10,346 people aged 75 and over living alone. This will increase at a greater rate due to longer life expectancy, meaning that by 2020 there will be 11,364 people living alone in Bolton and by 2025 this will further increase to 13,766. Using estimates from the Campaign to End Loneliness[24] there are likely to be between 6% and 13% people over 60 years who often or always feel lonely today in Bolton. Absolute numbers will increase as the base older population does. Those at highest risk include:

- Lone pensioners;
- Older carers;
- People over 75;
- Recently bereaved;
- Older people with sensory impairment including dual sensory impairment;
- Older people receiving help with bin collections;

[24] Campaign to End Loneliness (2015) *www.campaigntoendloneliness.org/*

- Those living in a materially deprived area[25].

5.41 Locality Plan: Population Health and Wellbeing Delivery Programmes

Ageing Well: Staying Well including Falls Prevention[26]

The Staying Well service for over 65s uses the Staying Well tool to asses both assets and needs of an individual and when possible makes use of the strengths/assets to help others and to reduce the needs of the individual rather than just targeting the need with a service. This service works with GPs to profile people over 65 with a long term health condition who are not known to Health and Social Care services. Staying Well coordinators then visit these people and have conversations to build a relationship and to listen to the person's story. This leads to a self-assessment using the Staying Well toolkit which asks the person to score themselves against a range of holistic topics covering all areas of life. These scores can be high so an asset/strength or low so a need. The Staying Well coordinators then focus on the assets and encourage the individual to make use of these assets to help themselves and others and in doing so often can address the low scores/need. So an isolated lonely person has good mobility and communication then becomes a volunteer befriender which not only supports someone else but reduces their own need. This approach is currently being implemented borough-wide.

The 'Wellbeing in Later Life' service offers a combination of befriending visits, afternoon teas, lunch and leisure clubs and physical and creative activity classes all delivered in a social setting with a strong focus on fun.

Keeping mentally, physically and socially active is the best way to improve mental and physical health and wellbeing. For older people it is also key to retaining independence and preventing, reducing or delaying dependence on statutory health and social care services. Everyone shares the ambition for older people to remain at home as long as possible, including older people themselves. However for far too many people their homes can become a lonely place that is no longer fit for purpose as they struggle with daily living tasks and errands. The lack of appropriate low level practical and emotional support leads to crisis scenarios and avoidable and premature admission to hospital and/or residential care. The VCSE sector in Bolton offers a menu of person centred services, delivered with a team of over 300 dedicated volunteers that provide low level practical and emotional support.

[25] POPPI (2015) *Projecting Older People Population Information*, Institute of Public Care.
[26] The following is taken from the Bolton Locality Plan, 'Bolton's 5 Year Plan for Reform (Locality Plan), Moving from Planning to Delivery', Bolton Council and Bolton CCG.

Through the delivery of Ambition for Ageing, a partnership project between Bolton CVS, Age UK Bolton, Bolton at Home and supported by Bolton Council, a range of asset mapping methodologies are being utilised to identify gaps and priorities. These will be tailored to consider different ages, disability, gender, faith, sexualities and ethnicity. A series of events are being coordinated across Bolton bringing together older people, community groups voluntary and private sector providers, commissioners and local businesses.

Bringing together older people and local existing decision makers to plan for the future is a new approach leading to greater inclusion, openness and honesty and a greater understanding of social value leading to sustainable outcomes. The project is delivering 'Branching Out' workshops to existing and emerging 50+ groups and the sessions have been adapted to take place in less conventional settings such as a café or with a group of friends. This approach has been successfully piloted by Bolton CVS and uses an interactive engagement tool to identify assets and develop a plan to make positive improvements in the areas.

Bolton's Falls Prevention Delivery Model

Preventing falls requires a multi-agency approach from all sectors and falls prevention needs to be part of everyone's business. The approach to falls prevention spans multiple tiers aiming to meet the needs of the general population of older adults including:

- Those who have not fallen but are at risk;
- Those who have fallen with no injury or minor injury;
- Those who have fallen with a major injury.

In recognition of the fact that targeted holistic interventions are more effective than interventions aiming to change one risk alone, the focus of the new Falls Prevention Model will be on building falls prevention into existing workforce structures and service delivery, including falls risk assessments being embedded in hospital discharge planning.

Based on NICE recommendations and following a review undertaken by the Bolton Falls Strategy Group it is recognised that whilst there are examples of good practice and proactive falls prevention across the organisations and providers working within Bolton, a more comprehensive falls programme is required in order to achieve the reduction targets set out in the Locality Plan. The following key actions have been identified:

- Development of a single holistic falls risk check, which is embedded into existing services across all sectors;
- System to collate intelligence to gather further evidence;
- Using the housing stock condition database and applying this to GP or other registers/population lists to target those most at risk of fall. This will enable robust targeting taking the person and property information into consideration;

- Community based strength and balance programme;
- Physical Activity sessions including a holistic approach to reducing risk of falls delivered onsite (care settings), with the view to building capacity in-house;
- Proactive removal of falls hazards from private sector housing;
- Home Safety Check – Care and Repair caseworkers delivering a property check alongside falls questionnaire to assess risk of falls and need for home improvements/adaptations;
- Pharmacy-led medication review for older people in a community setting;
- Train the trainer model so a core group can go back to host organisations and train others to become Champions. Training to include understanding of any recent changes to fall prevention guidance, identification of individuals at high risk of a fall and how to carry out a holistic falls risk assessment, engaging elderly patients in fall prevention methods and encouraging staff participation to raise awareness;
- Asset based community /peer support educational sessions (not necessarily badged as falls);
- Falls Prevention/Healthy Living Public Campaigns;
- Development of digital holistic falls self-assessment;
- Inspections of all supported living environments for older people (sheltered, extra care, residential, nursing) to identify falls risks understand current position and develop improvement plans. This would encompass factors relating to the environment alongside resident information and the role of staff. The approach would be to target hotspots and high incident areas via a face to face visit. Others areas can be targeted using an asset based model, empowering organisations to carry out their own inspection or tapping into voluntary sector resources.

5.5 Understanding pharmaceutical services and how they can meet these needs

As defined previously, pharmaceutical services in relation to PNAs include Essential services, Advanced services, and Locally Commissioned services.

Essential services

Services that every community pharmacy providing NHS pharmaceutical services must provide and is set out in their terms of service:

1. **Dispensing medicines or appliances:** The supply of medicines and appliances ordered on NHS prescriptions, together with information and advice, to enable safe and effective use by patients and carers, and maintenance of appropriate records. This is a core part of a Pharmacy contractors business, however, GPs can supply

directly some medicines in the course of their day to day work e.g. Long Acting Reversible Contraception (these are usually administered to the patient in the practice). However, pharmacies are recognised as the experts in the supply of medicines on NHS prescription and the majority of medicines prescribed for Bolton patients are supplied via this route. This should be more than a straight forward supply function and also include the provision of information and advice as described above. The majority of prescriptions issued are done so by GP practices and normally between 8.30 a.m. and 6.00 p.m. Monday to Friday. The need for delivery reduces across the weekend and on Bank Holidays, and historically pharmacies have reduced their opening hours at weekends due to a lack of demand.

2. **Repeat dispensing:** The management and dispensing of repeatable NHS prescriptions for medicines and appliances, in partnership with the patient and the prescriber. This service has requirements additional to those for dispensing, such that the pharmacist ascertains the patient's need for a repeat supply and communicates any clinically significant issues to the prescriber.
3. **Disposal of unwanted medicines:** Pharmacy contractors will accept unwanted medicines from households and individuals which require safe disposal. This ensures the public has an easy method of safely disposing of unwanted medicines. It reduces the volume of stored unwanted medicines in people's homes, by providing a route for disposal, thus reducing the risk of accidental poisonings in the home and diversion of medicines to other people not authorised to possess them.
4. **Public Health lifestyle promotion:** The provision of opportunistic healthy lifestyle advice and Public Health advice to patients receiving prescriptions who appear to have diabetes, or be at risk of coronary heart disease (especially those with high blood pressure), or who smoke, or are overweight, and pro-active participation in national/local campaigns, to promote Public Health messages to general pharmacy visitors during specific targeted campaign periods. This should increase patient and public knowledge and understanding of key healthy lifestyle and public health messages so they are empowered to take actions which will improve their health. All pharmacies partake in six targeted health campaigns each year as part of their contract but Healthy Living Pharmacies are expected to do six more as part of the award.
5. **Signposting:** The provision of information to people visiting the pharmacy, who require further support, advice or treatment which cannot be provided by the pharmacy, on other health and social care providers or support organisations that may be able to assist the person. Where appropriate, this may take the form of a referral. It is intended to minimise inappropriate use of health and social care services. Signposting is a function that should occur in all pharmaceutical service providers regardless of who or where they are.
6. **Support for self-care:** Involves the provision of advice and support by healthcare staff to enable people to derive maximum benefit from caring for themselves or

their families. People, including carers, should be provided with appropriate advice and opportunistically provided with health promotion advice to help them self-manage a self-limiting or long-term condition, including advice on the selection and use of any appropriate medicines. It is intended that people, including carers, are better able to care for themselves or manage a condition both immediately and in the future, by being more knowledgeable about the treatment options they have, including non-pharmacological ones. This is a pharmaceutical service that should be provided by all those involved in provision of healthcare.

Provision of these essential services by Pharmacy contractors is supported by Clinical Governance requirements. Pharmacy contractors have to participate in clinical audit of their services and have arrangements in place to verify the quality of advice provided to patients. They must have procedures for providing information to patients, obtaining views and dealing with complaints from patients. They must also implement relevant risk management measures.

Pharmacy contractors must provide appropriate induction for staff, appropriate training for all staff in respect of any role they are asked to perform, and check the qualifications and references of all staff engaged in the provision of NHS services. Furthermore, contractors must identify and support the development needs of all staff engaged in the provision of services as part of the health service, including professional development for registered pharmacists and registered pharmacy technicians and any necessary accreditation in respect of directed services. Finally, arrangements must be in place for addressing poor performance (in conjunction with the Clinical Commissioning Group/Public Health/Local Area Team as appropriate) and have a written policy for making a disclosure in the public interest ('whistleblowing')[27].

Essential services are the minimum level of pharmaceutical service provision that Pharmacy contractors can deliver. However, Pharmacy contractors who fail to engage in delivering Advanced and Enhanced services will leave an identifiable gap in pharmaceutical service provision if no one else in their locality provides these.

Advanced services

Services community pharmacy contractors and dispensing appliance contractors can provide subject to accreditation as necessary:

1. **Medicines Use Review (MUR):** Medicines Use Review (MUR) is about helping patients use their medicines more effectively. The service includes MURs undertaken periodically, as well as those arising in response to the need to make a significant prescription intervention during the dispensing process. MURs are meant

[27] NHS Employers and Pharmaceutical Services Negotiating Committee (2012) *Clinical governance requirements for community pharmacy*, NHS Employers and PSNC.

to improve patient knowledge, concordance and use of medicines and support patients with a range of disease states by establishing the patient's actual use, understanding and experience of taking their medicines, identifying, discussing and resolving poor or ineffective use of their medicines, identifying side effects and drug interactions that may affect patient compliance, and improving the clinical and cost effectiveness of prescribed medicines and reducing medicine wastage. MURs can only be delivered by Pharmacy contractors and those contractors must meet the requirements laid down in the Directions, 'The Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2005 as amended by the Amendment Directions of 8 March 2006.

2. **New Medicine Service (NMS):** Provides support for patients with long-term conditions newly prescribed a medicine to help improve adherence. Initially, the NMS is focused on specific patient groups and conditions. The NMS was originally implemented as a time-limited service commissioned until March 2013, but has now become one of the advanced services for pharmacy.
3. **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 by advising the patient on the safe and proper disposal of the appliances that are used or unwanted. AURs can be carried out by a pharmacist or a specialist nurse in the contractor's premises or at the patient's home.
4. **Stoma Appliance Customisation Service (SAC):** This 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.

In addition, there are two new **advanced** services being trialled in Bolton, with both currently operating as pilots only. These are:

1. **NHS Urgent Medicine Supply Advanced Service (NUMSAS):** The objectives of the service are to:
    a. Manage appropriately NHS 111 requests for urgent medicine supply;
    b. Reduce demand on the rest of the urgent care system;
    c. Resolve problems leading to patients running out of their medicines;
    d. Increase patients' awareness of electronic repeat dispensing.
2. **Flu Vaccination Service:** The Community Pharmacy Seasonal Influenza Vaccination Advanced Service (Flu Vaccination Service) will support NHS England, on behalf of

Public Health England in providing an effective vaccination programme in England and it aims:

a. To sustain and maximise uptake of flu vaccine in at risk groups by building the capacity of community pharmacies as an alternative to general practice;
b. To provide more opportunities and improve convenience for eligible patients to access flu vaccinations;
c. To reduce variation and provide consistent levels of population coverage of community pharmacy flu vaccination across England by providing a national framework.

Locally commissioned services

There are a range of additional services that each area is authorised to arrange the provision of. There is no obligation to commission these additional pharmaceutical services from pharmacy contractors and some are commissioned from other providers (e.g. GP practices). The below are those provided by Bolton's community pharmacies and commissioned by the Local Authority:

1. **Smoking Cessation:** Purpose is to reduce smoking prevalence across Bolton. The service will advise and support patients wishing to give up smoking and, where appropriate, supply appropriate drugs and aids.
2. **Chlamydia Screening and Treatment:** The service will opportunistically offer chlamydia screening to sexually active 15-24 year olds at least annually, or following a change of partner. Where the pharmacy is commissioned to provide a treatment service, locally agreed guidance will be followed that complies with the core requirements of the NCSP. The pharmacy will assess the suitability of the person to receive the locally agreed antibiotic treatment, in line with the inclusion and exclusion criteria detailed in the PGD. Where appropriate a supply will be made; where a supply of the specific antibiotic is not appropriate, the person should be referred to the local sexual health services.
3. **Emergency Hormonal Contraception:** Supplying Levonorgestrel Emergency Hormonal Contraception (EHC) when appropriate to patients in line with the requirements of the Patient Group Direction (PGD).
4. **Needle Exchange:** Underlying purpose of which is for a pharmacist to provide sterile needles, syringes, and associated materials to drug addicts, receive from drug addicts used needles, syringes, and associated materials, and offer advice to drug addicts and where appropriate referral to another health care professional or a specialist drug treatment centre. Pharmacies will provide a user-friendly, non-judgemental, client-centred, and confidential service. This service will cease to be commissioned by the Local Authority in January 2018.
5. **Observed Consumption:** Provides a pharmacist and suitably qualified staff to observe the consumption of Methadone Solution, Buprenorphine Tablets, and

Morphine Sulphate at the point of dispensing in the pharmacy, ensuring that the dose has been administered to the patient. Pharmacies offer a user-friendly, non-judgemental, client-centred, and confidential service. This service will cease to be commissioned by the Local Authority in January 2018.

For community pharmacy, CCGs may wish to commission services such as minor ailments services, palliative care schemes, MUR+ and other medicines optimisation services such as domiciliary MAR (the latter being the most common medicines optimisation service provided in Bolton). Bolton CCG commissions the following services at time of writing:

1. **Medicines optimisation - Medication Administration Record (MAR):** The pharmacy helps support domiciliary care workers by preparing a MAR sheet when a prescription is presented for a patient assessed as requiring the service;
2. **In hours availability of specialist drugs (availability of palliative care medicines):** This service ensures the on demand availability of specialist palliative care medicines.

Healthy Living Pharmacies

Finally, in addition to the above services, work is going on under the Healthy Living Pharmacy award. Pharmacies in Bolton are working alongside the NHS and Bolton Council to support the health improvement agenda to tackle the health inequalities in our town as a result of long-term conditions.

At time of writing there are 65 Bolton pharmacies, either accredited with Healthy Living Pharmacy status by the Local Authority in 2015 or have self-declared.

The Healthy Living Pharmacy (HLP) framework is a tiered commissioning framework aimed at achieving consistent delivery of a broad range of high quality services through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities.

The previous PNA discussed the Healthy Living Pharmacy Health Conversation form and the Substance Misuse Record, but these are being phased out as local pharmacies migrate to the Greater Manchester/National Framework.

Enhanced services

The only truly enhanced service offered in Bolton is the Improving Inhaler Technique Through Community Pharmacy Service which is commissioned by the Greater Manchester Area Team. This is a brief intervention service to patients receiving inhaled medication for respiratory disease. The pharmacist provides an inhaler technique review and re-assessment if necessary.

Alignment with local priorities

With the demographic changes and local health needs in mind the Health and Wellbeing Board has identified the following topic areas as priorities for Bolton:

- Giving children the best start in life;
- Childhood obesity;
- Self-harm in children and young people;
- Physical activity;
- Alcohol harm;
- Mental wellbeing;
- Falls;
- Social isolation;
- Fuel poverty;
- Housing condition and quality;
- Employment and skills;
- Health inequalities.

The following table maps pharmaceutical services across these outcomes, showing how the work of local contractors contributes to the wider work of Bolton's Health and Wellbeing Board. Examples of how the work of community pharmacies contributes to these outcomes for Bolton include:

- Public Health promotions, signposting, self-care, health conversations, smoking cessation and other services will all help reduce overall sickness absence;
- Smoking cessation offer to pregnant women;
- Signposting to increase uptake of childhood immunisations;
- Pharmacies can offer advice to parents around correct and appropriate usage of medicines to encourage better control and so prevent childhood admissions;
- Patients using pharmacies for chlamydia screening reduces need on other health services such as GP practices and A&E;
- Pharmacies supporting self-care will enable people with long-term conditions to stay well and so in employment;
- Supporting self-care will help protect the older population from illness and falls over the winter;
- If a patient is discharged from hospital they may have had their medicines altered and not realise they should cease taking a medicine prescribed prior to admission. There is the potential for the medicines to interact causing a return to hospital.

	ESSENTIAL						ADVANCED			
	Dispensing medicines or appliances	Repeat dispensing	Disposal of unwanted medicines	Public Health lifestyle promotion	Signposting	Support for self-care	MUR	NMS	AUR	Stoma Appliance Customisation Service
Giving children the best start in life	✓	✓	✓	✓	✓	✓				
Childhood obesity	✓	✓		✓	✓	✓				
Self-harm in children and young people				✓	✓	✓				
Physical activity	✓	✓		✓	✓	✓				
Alcohol harm	✓	✓		✓	✓	✓				
Mental wellbeing				✓	✓	✓				
Falls	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Social isolation	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Fuel poverty	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Housing condition and quality	✓	✓	✓	✓	✓	✓				
Employment and skills	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Health inequalities	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

	ADVANCED		LOCALLY COMMISSIONED SERVICES: PUBLIC HEALTH					OTHER		
	NUMSAS	Flu vaccination	Smoking cessation	Chlamydia screening/ testing	EHC	Needle exchange	Supervised consumption	Healthy Living Pharmacies		
Giving children the best start in life			✓		✓			✓		
Childhood obesity								✓		
Self-harm in children and young people								✓		
Physical activity								✓		
Alcohol harm								✓		
Mental wellbeing			✓					✓		
Falls								✓		
Social isolation								✓		
Fuel poverty			✓					✓		
Housing condition and quality								✓		

Employment and skills Health inequalities	✓	✓	✓ ✓	✓	✓	✓	✓	✓ ✓

5.6 Conclusion

From this chapter it is clear that the work of local pharmacists is a key contributor to the aims of the Bolton Health and Wellbeing Board and the Locality Plan. To be an appropriate addition to the service, any potential new pharmaceutical contractor must show how its work will contribute to those outcomes clearly identified above as well as any key inequalities across the key themes that the Health and Wellbeing Board are working to mitigate.

The next chapter will assess how well the current pharmaceutical provision is designed to meet the needs of Bolton's population and identify any potential gaps in the service that must be addressed.

6.0

Current pharmaceutical service provision

6.1 Change in number of pharmacy contractors since the previous PNA

The previous Bolton PNA published in 2015 identifies 74 pharmacy contractors (including distance-selling pharmacies[28]). The number of pharmacies in Bolton today numbers 76 (including 6 distance-selling pharmacies), an increase of two new pharmacies (2.7%).

The NHS Digital report, 'General Pharmaceutical Services in England 2006/07 to 2015/16,' found that on 31st March 2016 there were 22 community pharmacies per 100,000 population in England[29]. Based on a Bolton population of 283,115 Bolton has 27 community pharmacies per 100,000 population; however, this includes distance-selling pharmacies – excluding these (70) Bolton has 25 community pharmacies per 100,000 population. While we cannot assess whether Bolton has the correct number of community pharmacies per head of population – because there is no national definition to follow – the borough is currently above the national average. This initial conclusion suggests the level of service is currently adequate to meet the needs of local patients.

Furthermore, this is a higher number than both the North of England (24) and slightly higher than Lancashire and Greater Manchester (26). However, this is to be expected as Bolton is more deprived than both and subsequently has a higher level of need to meet. Compared to the previous PNA this represents an increase from 26 pharmacies per 100,000 population (including distance-selling pharmacies); this recent increase and the fact that Bolton is today so far above the national average indicates very good local pharmaceutical provision.

There are also 266 distance-selling pharmacies nationally which can be accessed by any person in Bolton. This secures further access to the Essential Pharmacy Services securing better access for the population.

In general, for at least half of cases, prescriptions were picked up following a visit to a GP from a pharmacy near the surgery. Nationally, around 98% of GPs had a community pharmacy within one kilometre and around 75% had one within a short walk of 300 metres. In Bolton, 98% of general practices (including branch surgeries) have a pharmacy within 1km and 75% have one within 300 metres, reflecting the situation above. With data currently available we are unable to calculate the percentage of our population with a pharmacy

[28] "Distance Selling" formally known as "Mail Order or internet based" under the previous regulations.
[29] NHS Digital, General Pharmaceutical Services England 2006/07 to 2015/16

within 1km of their home. However, maps presented on page 81 present the location of each pharmacy in the borough with a 1 mile radius around each. This appears to cover the majority of residential areas.

6.2 Dispensing activity

This section examines the level of dispensing activity for Bolton's pharmacies. Data is taken from reports detailing monthly information dispensed by Pharmacy Contractors in England which includes Advanced Services declared. Data included here is for the latest annual period – August 2016 to July 2017 (the latest available at time of writing). July here is the dispensing month; this means data relates to prescriptions dispensed in July and received and processed by NHS Prescription Services in August, with payment made at the end of September.

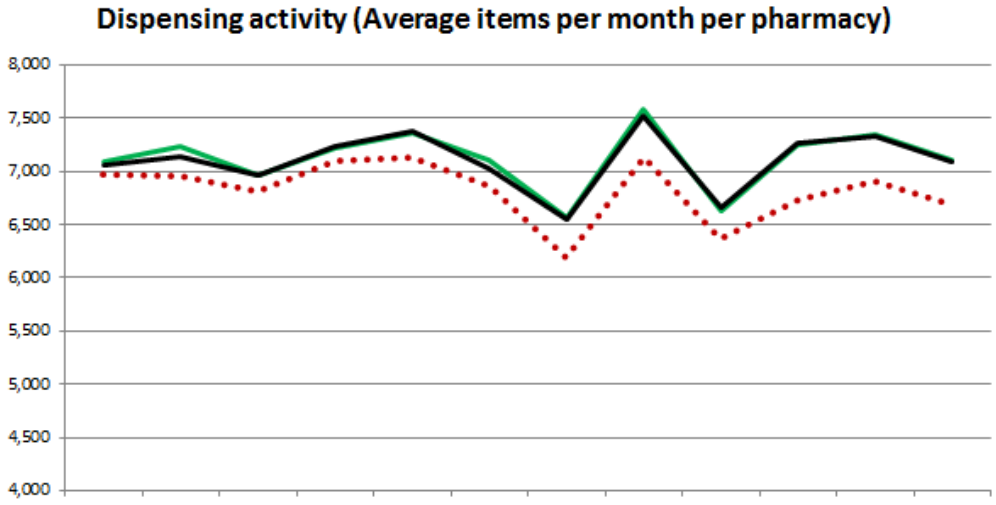
For the latest month for which data is available (July 2017) Bolton pharmacies dispensed 6,688 items per pharmacy. The dispensing rate is lower than Greater Manchester and England, but follows the same seasonal pattern. The rate has changed very little since the previous PNA (6,776). The consistency we observe in the dispensing rate per pharmacy means that the number of Bolton pharmacies is currently sufficient to meet demand and as such suggests that Bolton pharmacies could manage a future increase in dispensing activity, which is likely given the increasing and ageing population of Bolton.

The previous PNA recorded a total of 15,340 MURs delivered by Bolton pharmacies in the year; this representing an increase from previous years as the number of pharmacies delivering MURs increased. Today this has increased again to 21,198. It is important to ensure the quality of these MURs to ensure local patients achieve the maximum benefit.

Finally, over the previous year Bolton pharmacies have delivered 5,797 NMS. This equates to around 6 NMS per month per pharmacy, which is comparable to Greater Manchester and England.

Dispensing activity (August 2016-July 2017) ITEMS						
	Bolton		Greater Manchester		England	
	Number of items	Average items per month per pharmacy	Number of items	Average items per month per pharmacy	Number of items	Average items per month per pharmacy
Aug-16	529,261	6,964	5,071,304	7,093	84,015,450	7,064
Sep-16	528,893	6,959	5,177,566	7,241	84,947,238	7,142
Oct-16	518,197	6,818	4,976,014	6,959	82,909,598	6,971
Nov-16	539,533	7,099	5,162,862	7,221	86,080,732	7,237
Dec-16	542,533	7,139	5,268,346	7,368	87,800,203	7,382
Jan-17	521,387	6,860	5,081,230	7,107	83,548,331	7,024
Feb-17	470,999	6,197	4,692,698	6,563	77,952,200	6,554
Mar-17	541,725	7,128	5,424,722	7,587	89,524,473	7,527
Apr-17	484,390	6,374	4,742,422	6,633	79,220,982	6,661
May-17	512,177	6,739	5,182,120	7,248	86,439,684	7,268
Jun-17	524,402	6,900	5,249,112	7,341	87,125,258	7,325
Jul-17	508,260	6,688	5,076,695	7,100	84,347,843	7,092

MUR						
	Bolton		Greater Manchester		England	
	Number of declared MURs	Average MURs per month per pharmacy	Number of declared MURs	Average MURs per month per pharmacy	Number of declared MURs	Average MURs per month per pharmacy
Aug-16	1,598	21	16,061	22	256,414	22
Sep-16	1,639	22	15,813	22	261,772	22
Oct-16	1,897	25	16,931	24	260,584	22
Nov-16	1,720	23	18,374	26	288,967	24
Dec-16	1,151	15	13,965	20	230,058	19
Jan-17	1,775	23	19,534	27	319,570	27
Feb-17	1,775	23	19,521	27	325,608	27
Mar-17	1,801	24	18,772	26	321,100	27
Apr-17	1,727	23	15,437	22	254,490	21
May-17	1,855	24	17,672	25	301,732	25
Jun-17	2,052	27	17,933	25	304,057	26
Jul-17	2,208	29	17,572	25	282,717	24
NMS						
	Bolton		Greater Manchester		England	
	Number of declared NMS	Average NMS per month per pharmacy	Number of declared NMS	Average NMS per month per pharmacy	Number of declared NMS	Average NMS per month per pharmacy
Aug-16	307	4	3,918	5	65,095	5
Sep-16	353	5	3,912	5	60,190	5
Oct-16	492	6	4,535	6	64,707	5
Nov-16	549	7	5,159	7	75,847	6
Dec-16	536	7	5,158	7	76,183	6
Jan-17	464	6	4,883	7	72,311	6
Feb-17	500	7	5,302	7	80,299	7
Mar-17	479	6	5,885	8	90,314	8
Apr-17	565	7	4,903	7	78,356	7
May-17	551	7	5,088	7	82,139	7
Jun-17	469	6	5,079	7	82,813	7
Jul-17	532	7	5,191	7	78,716	7
Bolton total items			6,221,757			
Bolton total MUR			21,198			
Bolton total NMS			5,797			



	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17
Bolton	6,964	6,959	6,818	7,099	7,139	6,860	6,197	7,128	6,374	6,739	6,900	6,688
Greater Manchester	7,093	7,241	6,959	7,221	7,368	7,107	6,563	7,587	6,633	7,248	7,341	7,100
England	7,064	7,142	6,971	7,237	7,382	7,024	6,554	7,527	6,661	7,268	7,325	7,092

6.3 Locally commissioned services

As a recap, services commissioned in Bolton at time of writing:

1. Needle Exchange Service: Pick and mix scheme, which means that every needle exchange transaction is and can be tailored to the individual need of injectors;
2. Supervised Administration Service: Community pharmacists are required to provide a service to monitor the consumption of methadone and other medicine used for the management of opiate dependence;
3. Emergency Hormone Contraception (EHC): Supply of EHC under PGD (levonorgestrel);
4. Chlamydia: Supply of free chlamydia screening kits and chlamydia treatment under PGD (azithromycin, erythromycin, and doxycycline);
5. Stop Smoking Service: Historically, four levels of service were available - NRT voucher scheme, NRT support and supply, varenicline requested on a voucher from the stop smoking service, supply made via PGD and support and supply of varenicline via PGD. At time of writing however, this service is under review;
6. On Demand Availability of Palliative Care Drugs Service: Ensures availability of palliative care medicines;
7. Medicines Administration Record (MAR): The pharmacy will help support domiciliary care workers by preparing a MAR sheet when a prescription is presented for a patient assessed as requiring the service.

In addition, as discussed earlier there are two new advanced services being trialled nationally, with both currently operating as pilots only. These are:

1. NHS Urgent Medicine Supply Advanced Service (NUMSAS);
2. Flu Vaccination Service.

Finally, we have a local dementia service. However, this is not a commissioned service. Rather, a framework has been developed for community pharmacy teams to guide them on the small changes they can make which could make a different to people with dementia.

6.3.1 Substance misuse services

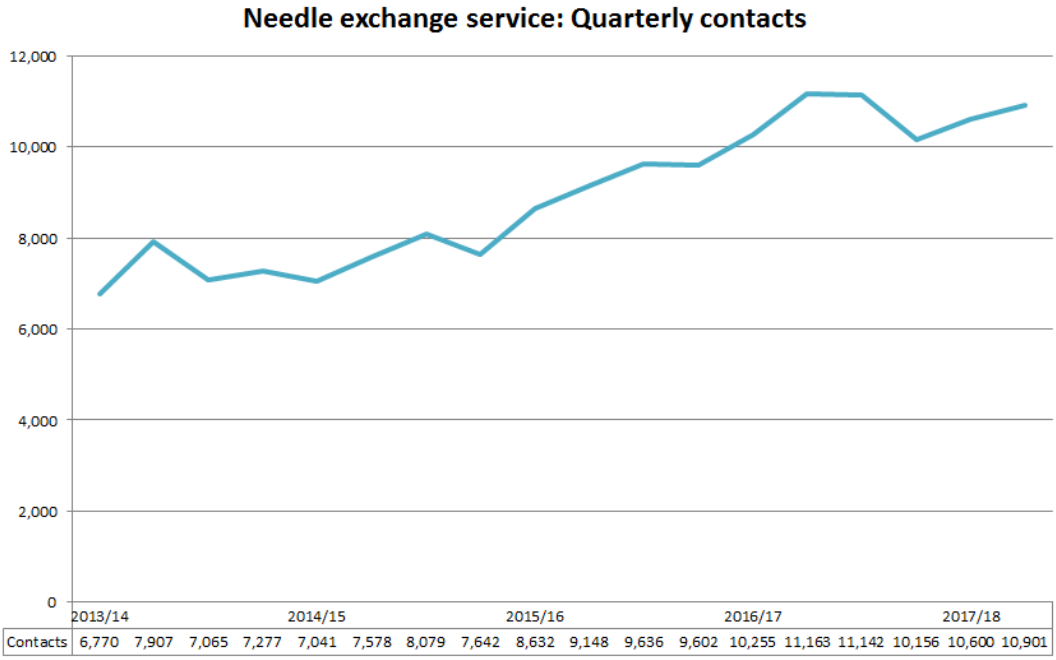
It is important to note that these substance misuse services may look different by the time the final draft of the PNA is published as the contracts novate to the Greater Manchester Mental Health Foundation Trust in January 2018.

The Opiate and Crack User (OCU) population in Bolton is ageing: both their age and longer drug-using careers leave older drug users more susceptible to the long-term health consequences of Class A drug use, resulting in an increased demand on treatment services and also other health and social care services. Commissioners in Bolton are aware that trends in substance use are shifting, with fewer young OCUs. Instead we are identifying a growing trend toward poly substance use, including but not limited to: concurrent alcohol and powder cocaine use, use of ketamine and 'legal highs', misuse of benzodiazepines and large amounts of cannabis use. We have also seen in recent years an increase in steroid users presenting to the needle exchange and a ‘spike’ in the number of known injecting amphetamine users.

Needle exchange service

Sharing needles increases the risk of HIV and hepatitis. The needle exchange service is confidential and provides clean injecting equipment such as needles, syringes, filters, swabs, portable sharps bins, and advice on harm reduction and safer injecting practices. Bolton’s main needle exchange is located at 69-73 Manchester Road. This main service is supported by a number of local pharmacies which also provide a needle (and other injecting equipment) exchange service.

The needle exchange is a highly used service and is currently provided by 40 pharmacies in Bolton. Since starting in 2013 Bolton’s needle exchange has carried out over 160,000 contacts. During 2016/17 (the latest complete financial year for which we have data at time of writing) there are typically between 10,000 – 11,000 contacts per quarter. As the chart below illustrates the number of contacts has continued to increase over time and remains on this trajectory.



One town centre pharmacy accounts for the most significant number of contacts (11,700 in 2016/17, or 27.5% of all Bolton contacts), distantly followed by another in Farnworth (3,200 contacts). There are an additional 11 pharmacies that delivered over 1,000 contacts during 2016/17.

Taking 2016/17 data for the purposes of analysis, the majority of contacts at the pharmacy-based exchange service are male (80.9%), White British[30] (60.1%), and an average age of 40 with just over half in treatment (53.8%). The proportion in treatment has changed little since 2013, varying between 52% and 58%. The injection site for the majority of clients is the arm (67.2%), followed by the groin and the leg; 10.1% of clients declined to discuss their injection site (which is notably lower than observed in the previous PNA). The overwhelming substance misused by clients accessing the service is heroin, used by 60.3% of clients who provided this information (a minor increase from the previous PNA); heroin is followed by amphetamines, used by 28.5% of clients. Other less common substances used include cocaine, crack, cannabis, benzodiazepines, and performance enhancers/steroids. The most common signposting made by pharmacists was to provide advice on storage, handling, and safe disposal – advice given in 66.6% of all contacts over the year. Other signposting activity included discussing safer injecting practices (28.3%), risks of unsafe injecting (17.7%), alternatives to injecting (11.5%), hepatitis B immunisation (2.0%), and finally, blood-borne virus testing (0.5%).

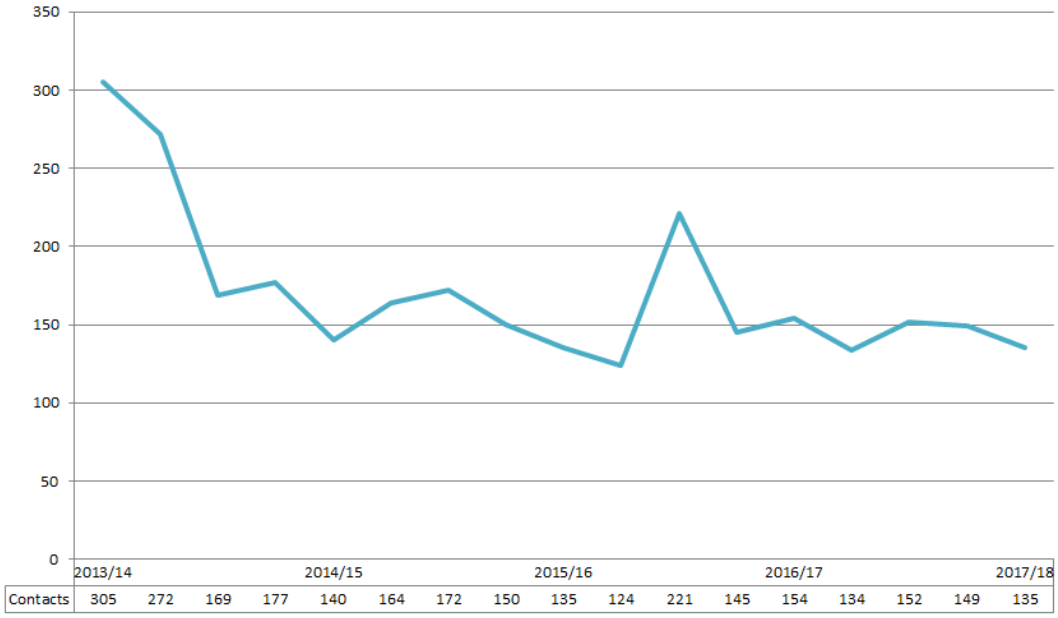
[30] It is important to note this does not mean the White British group is underrepresented relative to the population as 38% of contacts do not state their ethnicity.

Supervised consumption

One key element of drug treatment for opiate users is the prescribing of Methadone, Buprenorphine, or Morphine Sulphate[31]. Prescriptions reduce levels of injecting drug use and associated health problems, acquisitive crime and drug related death among those in treatment. Through the supervision of consumption of methadone solution or buprenorphine tablets, the pharmacist is instrumental in supporting drug users in complying with their prescribed regime. For most people, having observed consumption will only be for the first three months of treatment, but it depends on individual circumstances.

Over the financial year 2016/17 589 individuals registered with Bolton's pharmacies for supervised consumption. One town centre pharmacy accounts for the greatest number of contacts (63 in 2016/17). However, proportionally this only accounts for 11% of all such contacts – supervised consumption having a more even distribution of activity across the town.

Supervised consumption: Quarterly contacts



	2013/14			2014/15			2015/16			2016/17			2017/18		
Contacts	305	272	169	177	140	164	172	150	135	124	221	145	154	134	152	149	135

6.3.2 Sexual health services

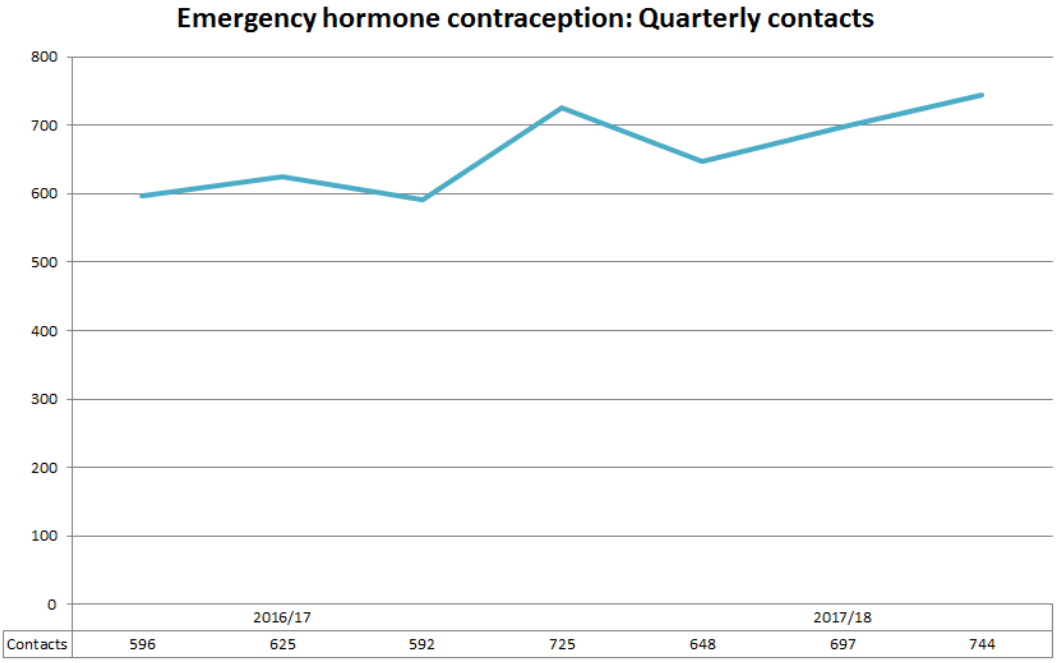
Emergency Hormone Contraception (EHC)

Pharmacists supply Levonorgestrel EHC to a range of clients via a user-friendly, non-judgemental, client-centred and confidential service. Pharmacists also provide advice on the avoidance of pregnancy and sexually transmitted infections (STIs), the use of regular contraceptive methods, and signpost to services that provide long-term contraceptive

[31] NICE Technology Appraisal 114: Methadone and buprenorphine for the management of opioid dependency (January, 2007).

methods and diagnosis and management of STIs. Pharmacists may facilitate supply to young people under the age of 16 in appropriate circumstances.

Over the financial year 2016/17 Bolton's pharmacies had 2,590 provisions/personal interactions with clients regarding emergency hormonal contraception. Though some contacts during 2016/17 were made with children under the age of 16 (34 aged under 16 and 72 aged 16), the majority of clients are older with an average age of 27 years. The most common reason given for accessing the service is unprotected sex (57.5%), followed by failed condom (33.1%). Those given unprotected sex as the reason does not differ from the age profile of all contacts, but those giving failed condom as a reason tend to be slightly older, more towards the late twenties/early thirties. The overwhelming majority (90.4%) stated that alcohol was not a factor in their reason for access.



Chlamydia

Chlamydia testing and treatment is offered opportunistically to young people aged 15-24 from community pharmacists with a view to improving the borough diagnosis rate and so reducing prevalence.

Very little activity occurs regarding chlamydia screening in pharmacies with only around 30-40 contacts per year across all pharmacies. There are more treatment contacts – around 70-100 contacts per year across all pharmacies – as this is the chief aim of the service as locally commissioned viz. to allow clients to attend pharmacies for treatment rather than having clinics as the only option.

6.3.3 Smoking cessation services

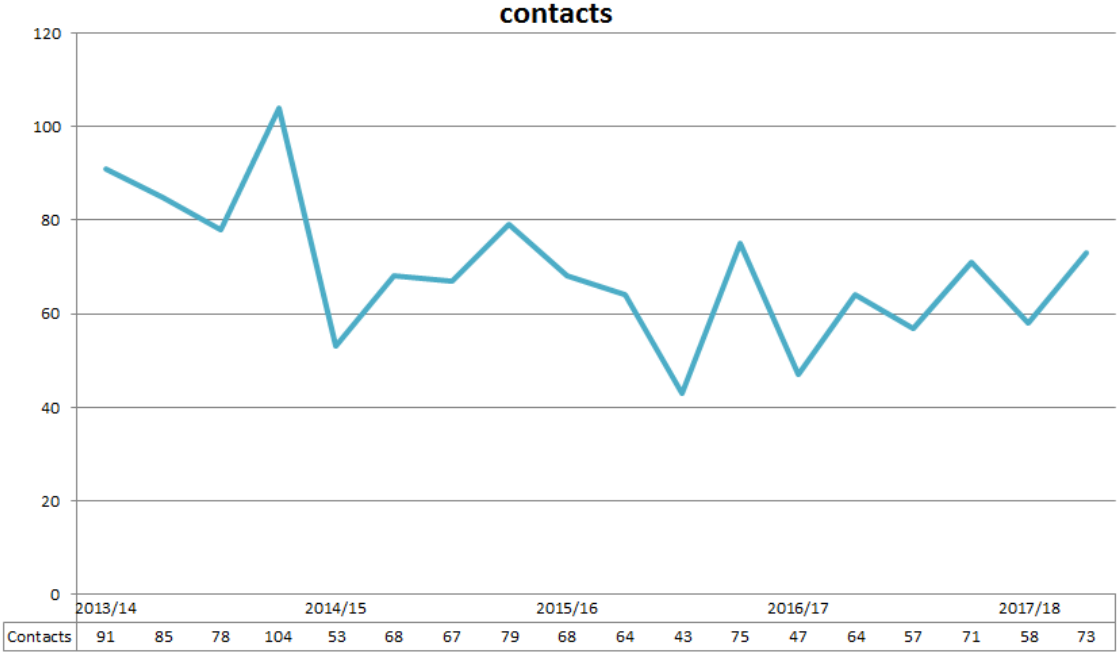
It is important to note that smoking cessation services in Bolton are currently under review and the service may look different by time of publication.

NRT

Nicotine Replacement Therapy is a method of getting nicotine into the bloodstream without smoking and includes nicotine gums, patches, inhalers, tablets, lozenges, and sprays.

Stage 1 of Bolton's NRT Smoking Cessation involves registration and a pre-quit assessment. Around 230-250 clients register and undertake the assessment each year in Bolton. In 2016/17 there were 239 clients registered across 34 pharmacies; however, 15 of these pharmacies saw fewer than 5 clients during 2016/17. More women than men typically register (55.6% female), with an average age of 44 years, while 36% of clients are unemployed and 23% are from the routine and manual group; however, the latter will most likely be a reflection of the location of the pharmacies accessed. The average number of cigarettes smoked a day by the 2016/17 cohort is 15 and the average smoking history is 22 years. The average CO Level at NRT Stage 1 across the 2016/17 cohort is 10.1. Prevention of ill health is given as the overwhelming reason for wanting to quit (followed distantly be experience of ill health).

NRT Stage 1 Registration and pre-quit assessment: Quarterly contacts



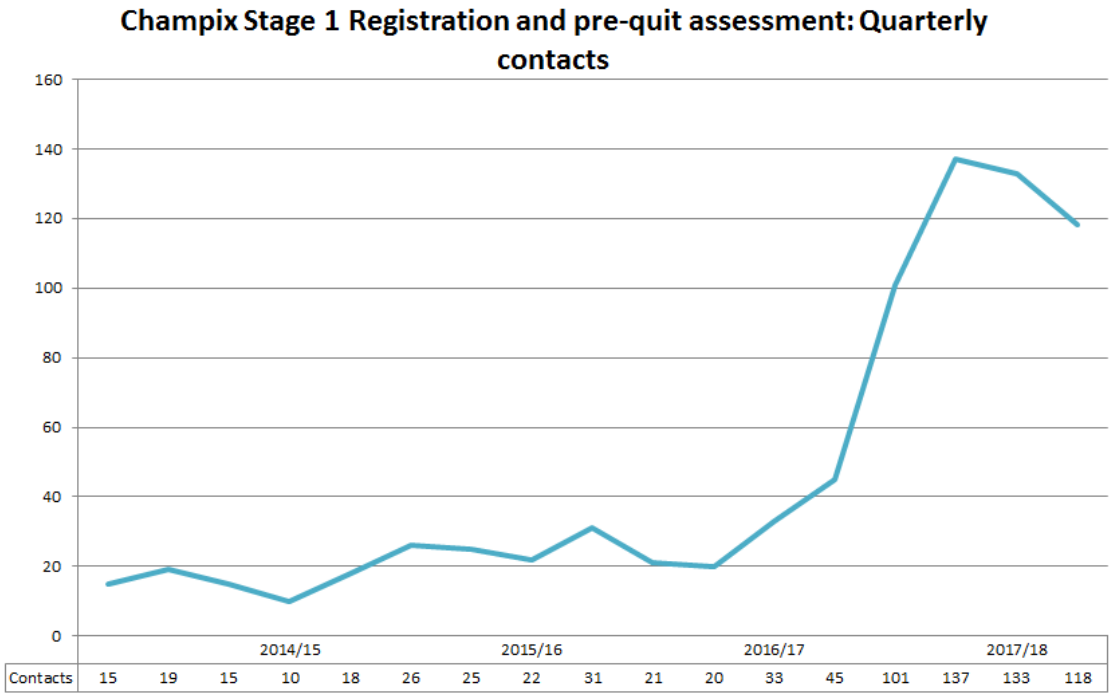
Stage 2 predominantly concerns NRT supply, the most common form of which are patches which account for 68.0% of all NRT supplied during 2016/17. This is followed by inhalators and gums. The average CO Level at NRT Stage 2 across the 2016/17 cohort is 5.5. Stage 3 saw a cohort of 73 in 2016/17 having a 4 week evaluation with an average CO Level of 2.4.

By Stage 4 (patient discharge) 60.9% of the 2016/17 cohort had successfully quit, while 23.2% had been lost to service, and 8.7% had failed in their quit attempt.

Champix (PGD)

Varenicline (trade name Champix) is a medicine first licensed in the UK in 2006. Varenicline mimics the effect of nicotine and so reduces the urge to smoke as well as relieving withdrawal symptoms. Pharmacists must be a Level 2 Stop Smoking Advisor to supply Varenicline under the PGD.

As with NRT, Stage 1 of Bolton's Champix PGD involves primarily registration and a pre-quit assessment. Registration for Champix has increased markedly since its introduction locally. In 2016/17 there were 316 clients registered across 30 pharmacies; however, 9 of these pharmacies saw fewer than 5 clients during 2016/17. Again, slightly more women than men typically register (53.2% female), with an average age of 45 years, while 20% of clients are unemployed and 27% are from the routine and manual group; however, as with NRT the latter will most likely be a reflection of the location of the pharmacies accessed. The average number of cigarettes smoked a day by the 2016/17 Champix cohort is 12 and the average smoking history is 17 years, both lower than the NRT cohort. The average CO Level at Champix Stage 1 across the 2016/17 cohort is 15.0 – higher than the comparative NRT group. As with the NRT cohort, prevention of ill health is given as the overwhelming reason for wanting to quit.



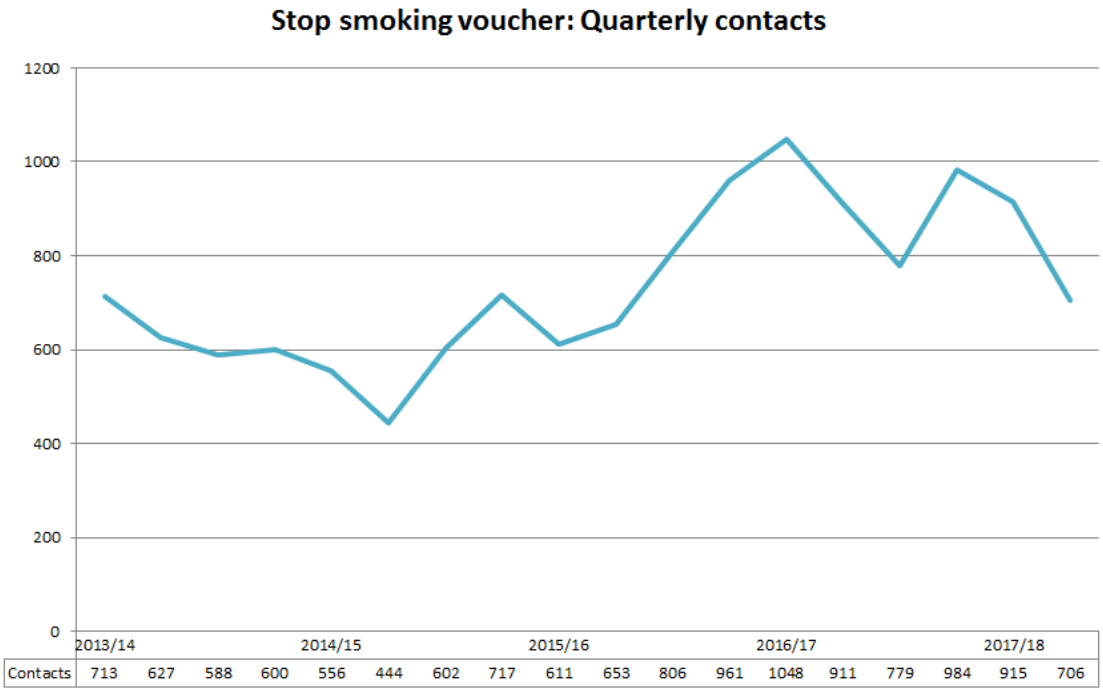
Stage 2 concerns medicine supply, which shows an associated increase to that seen in client numbers – going up from 224 contacts for medicine supply in 2015/16 to 657 in 2016/17. The average CO Level at Champix Stage 2 across the 2016/17 cohort is 9.2. Stage 3 saw a

cohort of 48 in 2016/17 having a 4 week evaluation. By Stage 4 (patient discharge) 51.0% of the 2016/17 cohort had successfully quit, while 41.9% had been lost to service, and 4.3% had failed in their quit attempt (the remainder quit before completing the course).

Stop smoking voucher (supply only)

NRT vouchers are completed by stop smoking advisors for a client once they have confirmed they would like to make a quit attempt. Each voucher entitles the client up to two weeks' worth of one or two NRT products which they can collect from any pharmacy participating in the scheme. A maximum of 12 vouchers can be issued per client per quit attempt, but only one voucher should be issued at any time. The first is completed only once the client has set a quit date and a monitoring form has been completed. Subsequent vouchers can be written only if the client is maintaining their quit attempt (although they do not need to be completely smokefree yet) and returns to the service.

Over the previous full financial year (2016/17) 61 pharmacies supplied NRT products under the voucher scheme. Again, more women (58.2%) than men used the vouchers at Bolton's pharmacies, with an average age of 49 years. As with NRT products overall, the most common products supplied via voucher by far are nicotine patches.



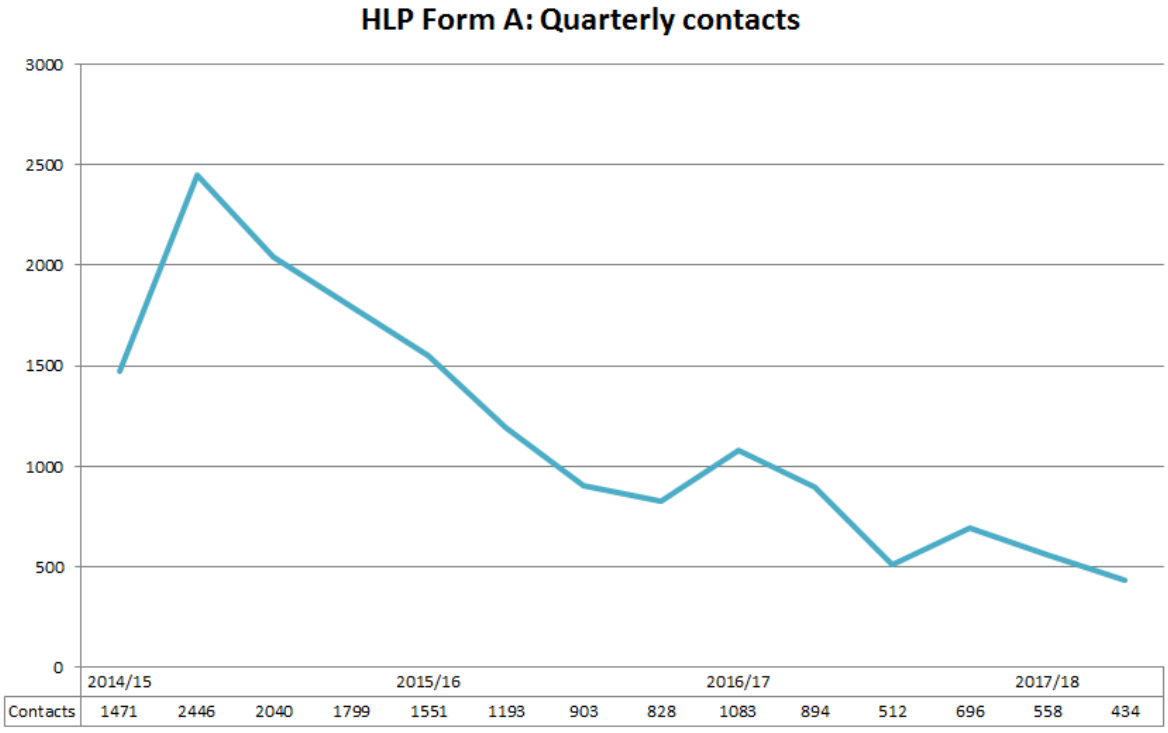
6.3.4 Healthy Living Pharmacies (HLP)

It is important to note that Form A and B are currently being phased out as pharmacies migrate to the Greater Manchester/National Framework. However, this is how the available data is currently recorded.

The Healthy Living Pharmacy (HLP) framework is a tiered commissioning framework aimed at achieving consistent delivery of a broad range of high quality services through community pharmacies to meet local need, improving the health and wellbeing of the local population, and helping to reduce health inequalities. Community pharmacies wishing to become HLPs are required to consistently deliver a range of commissioned services based on local need and commit to and promote a healthy living ethos within a dedicated health-promoting environment. Form A and Form B allow pharmacies to collect evidence of Public Health work undertaken.

Form A: Health Conversation Record

The number of quarterly contacts recorded on Form A has steadily reduced since 2014/15. During 2016/17 (the most recent full financial quarter for which data is available) there were 3,185 contacts made across the 20 participating pharmacies.



Over half of all health conversation contacts were conducted by a Health Trainer Champion (63.1%) or pharmacist (21.6%). The majority of all conversations were face-to face (88.2%). The most common outcomes were leaflets/information given and the selling of products. Responding to symptoms, smoking, oral health, and mental health are the most common single issues discussed followed by alcohol and healthy eating, but in most cases several topics are discussed.

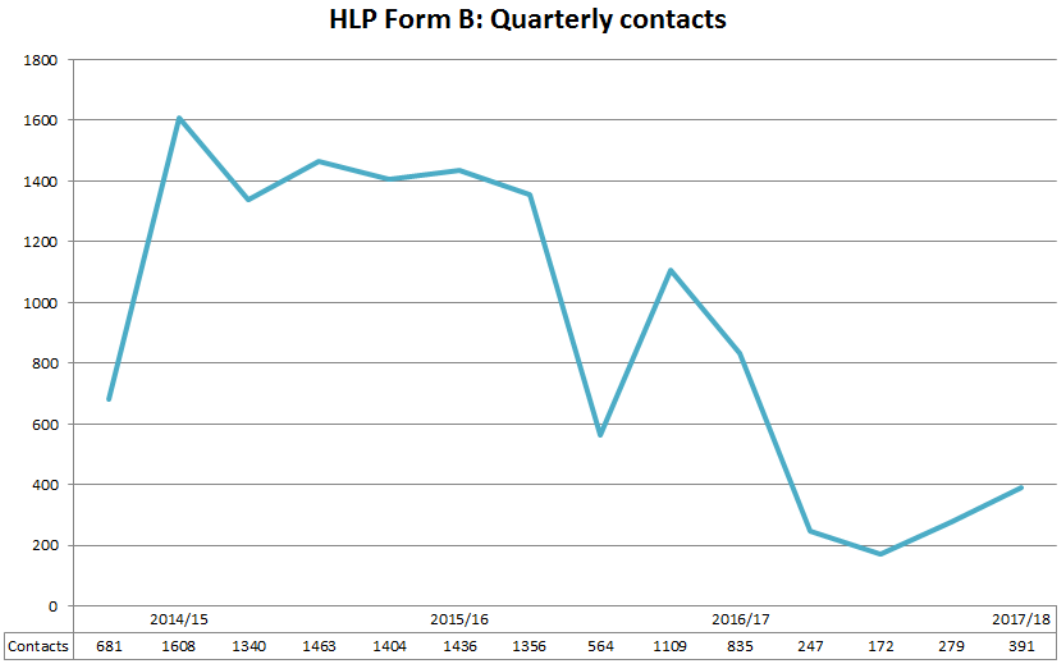
HLP Form A: Staff role 2016/17		
	Frequency	Percent
Counter Assistant	417	13.1
Dispenser	339	10.6
Health Trainer Champion	1,149	36.1
Pharmacist	687	21.6
Pharmacy Assistant	400	12.6
Pharmacy Technician	109	3.4
Pre-reg	84	2.6
Total	**3,185**	**100**

HLP Form A: Contact type 2016/17		
	Frequency	Percent
Face to Face	2,809	88.2
Telephone	376	11.8
Total	**3,185**	**100**

HLP Form A: Contact type 2016/17		
	Frequency	Percent
Leaflets/Information Given	1,244	39.1
Leaflets/Information Given: No Action	1	0.0
No Action	218	6.8
Sold product(s)	827	26.0
Sold product(s): Leaflets/Information Given	893	28.0
Sold product(s): No Action	2	0.1
Total	**3,185**	**100**

Form B: Substance Misuse Record

The number of quarterly contacts recorded on Form B has also reduced over time. During 2016/17 there were 2,360 contacts made across the 13 participating pharmacies. In line with other substance misuse services there is a gender bias here with 89.8% of all contacts during 2016/17 being male.



For Form B contacts, the Dispenser is the most common point of contact (35.5%) followed by Pharmacy Assistants (25.0%) and Health Trainer Champions (19.7%). Information and leaflets were provided in only 19.3% of contacts - for the remainder no signposting was required. By far the most common area of advice sought by clients was information concerning the needle exchange, with overdose advice placed a distant second.

HLP Form B: Staff role 2016/17		
	Frequency	Percent
Counter Assistant	97	4.1
Dispenser	838	35.5
Health Trainer Champion	466	19.7
Pharmacist	334	14.1
Pharmacy Assistant	590	25.0
Pharmacy Technician	25	1.1
Pre-reg	13	0.6
Total	**2363**	**100**

HLP Form B: Action required 2016/17		
	Frequency	Percent
No signposting required	1,907	80.7
Pharmacist	56	2.4
Pharmacist: Signpost to GP/Practice Nurse	4	0.2
Pharmacist: Signpost to Substance Misuse Service	3	0.1
Pharmacist: Signpost to Substance Misuse Service: Signpost to GP/Practice Nurse	1	0.0
Signpost to Dental Services	46	1.9
Signpost to GP/Practice Nurse	82	3.5
Signpost to GP/Practice Nurse: Signpost to other agency	3	0.1

Signpost to other agency	11	0.5
Signpost to Substance Misuse Service	226	9.6
Signpost to Substance Misuse Service: Signpost to GP/Practice Nurse	24	1.0
Total	**2,363**	**100**

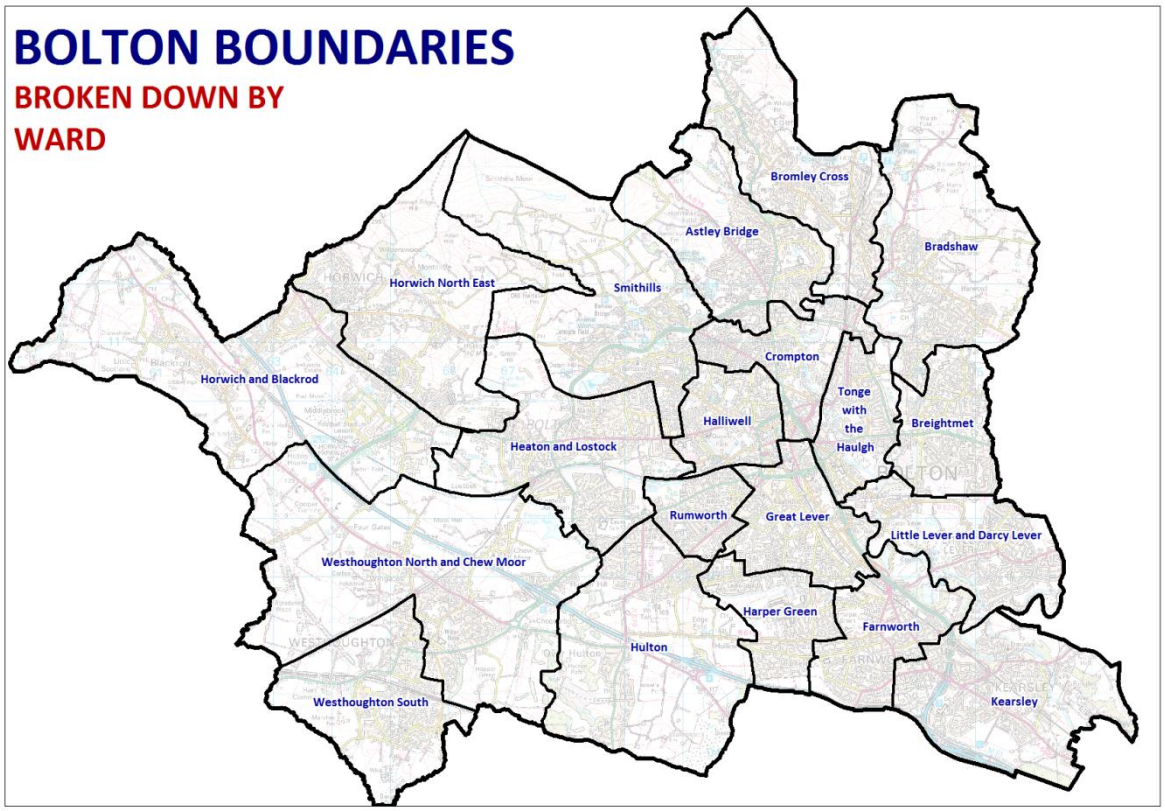
6.4 Access to pharmacies in Bolton by location

This section describes the number of pharmacies in Bolton and how they are spread across the borough in order to meet need.

6.4.1 Community pharmacies by small area

With the exception of Horwich North East all Bolton Wards have at least one community pharmacy. The greatest numbers are in Rumworth (8), Horwich and Blackrod (8), and Great Lever. Bolton's Wards vary in size and some cover very large areas. Although there are none located in Horwich North East there are several on the road that forms the border between the two Horwich Wards – which has the greatest proportion locally per head of population - and pharmacies are located in nearby Horwich town centre.

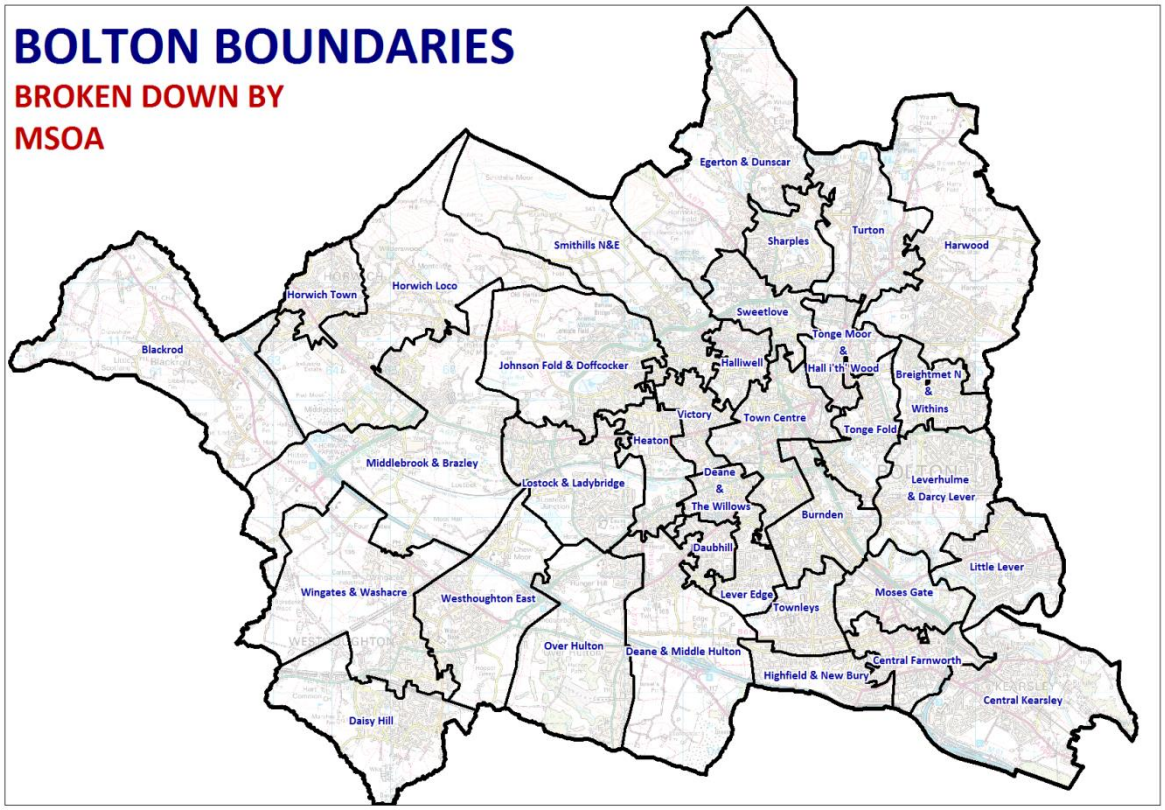
Pharmacies by Ward			
Ward	**Number of community pharmacies**	**Population**	**Pharmacies per 100,000 population**
Astley Bridge	2	14,083	14.2
Bradshaw	1	11,664	8.6
Breightmet	3	13,951	21.5
Bromley Cross	2	13,837	14.5
Crompton	6	15,929	37.7
Farnworth	5	16,075	31.1
Great Lever	7	15,390	45.5
Halliwell	6	14,309	41.9
Harper Green	2	14,887	13.4
Heaton and Lostock	1	13,866	7.2
Horwich and Blackrod	8	13,119	61.0
Horwich North East	0	12,304	0.0
Hulton	2	14,466	13.8
Kearsley	2	14,695	13.6
Little Lever and Darcy Lever	4	12,756	31.4
Rumworth	8	16,816	47.6
Smithills	4	14,448	27.7
Tonge with the Haulgh	3	13,343	22.5
Westhoughton North and Chew Moor	3	14,284	21.0
Westhoughton South	1	12,893	7.8
Bolton	**70**	**283,115**	**24.7**



Unlike Wards, MSOAs have roughly the same number of residents. By Ward, Bolton town centre is divided by three different Wards (Compton, Halliwell, and Great Lever), but the MSOA Town Centre is a much more definite demarcation of the actual town centre, and this is the MSOA with the greatest number of pharmacies, which is as we would expect.

Pharmacies by MSOA				
MSOA	MSOA Local Name	Number of community pharmacies	Population	Pharmacies per 100,000 population
Bolton 001	Egerton & Dunscar	0	7,630	0.0
Bolton 002	Turton	1	7,520	13.3
Bolton 003	Sharples	1	8,658	11.6
Bolton 004	Horwich Town	3	7,239	41.4
Bolton 005	Sweetlove	3	8,560	35.0
Bolton 006	Harwood	1	8,276	12.1
Bolton 007	Horwich Loco	4	7,872	50.8
Bolton 008	Smithills N&E	2	7,602	26.3
Bolton 009	Blackrod	1	5,930	16.9
Bolton 010	Tonge Moor & Hall i'th' Wood	2	7,323	27.3
Bolton 011	Halliwell Rd	1	8,256	12.1
Bolton 012	Johnson Fold & Doffcocker	2	8,274	24.2
Bolton 013	Breightmet N & Withins	2	8,418	23.8
Bolton 014	Middlebrook & Brazley	0	5,888	0.0
Bolton 015	Victory	3	8,970	33.4
Bolton 016	Town Centre	7	7,876	88.9

Bolton 017	Tonge Fold	3	9,223	32.5
Bolton 018	Heaton	2	8,487	23.6
Bolton 019	Leverhulme & Darcy Lever	2	9,549	20.9
Bolton 020	Lostock & Ladybridge	1	7,277	13.7
Bolton 021	Lower Deane & The Willows	4	8,415	47.5
Bolton 022	Burnden	6	8,407	71.4
Bolton 023	Daubhill	2	8,078	24.8
Bolton 024	Little Lever	3	10,126	29.6
Bolton 025	Lever Edge	0	8,571	0.0
Bolton 026	Deane & Middle Hulton	1	7,196	13.9
Bolton 027	Moses Gate	1	5,996	16.7
Bolton 028	Westhoughton East	3	9,905	30.3
Bolton 029	Townleys	0	8,122	0.0
Bolton 030	Over Hulton	1	6,124	16.3
Bolton 031	Wingates & Washacre	0	8,140	0.0
Bolton 032	Central Farnworth	5	8,232	60.7
Bolton 033	Highfield & New Bury	1	8,375	11.9
Bolton 034	Central Kearsley	1	11,011	9.1
Bolton 035	Daisy Hill	1	7,589	13.2
Bolton		**70**	**283,115**	**24.7**



The below table divides Bolton's population into ten equal parts (deciles) according to socioeconomic deprivation. Given the very strong correlation between deprivation and

poor health, we would expect the more deprived deciles to have a greater level of need for pharmacies to meet. This is largely the case where the three most deprived deciles all having a higher number of pharmacies. This higher number than average should be maintained going forward. However, ideally the most deprived decile would have the highest number, but other factors act upon this (for instance, many deprived areas around the town centre are serviced also by the pharmacies in the town centre, and the need for pharmacies in the smaller town centres of Bolton that are quite far out from Bolton town centre itself – Horwich, Little Lever etc.). Therefore, overall there does currently appear to be a rough correlation whereby the more deprived communities in Bolton have access to an appropriate number of community pharmacies.

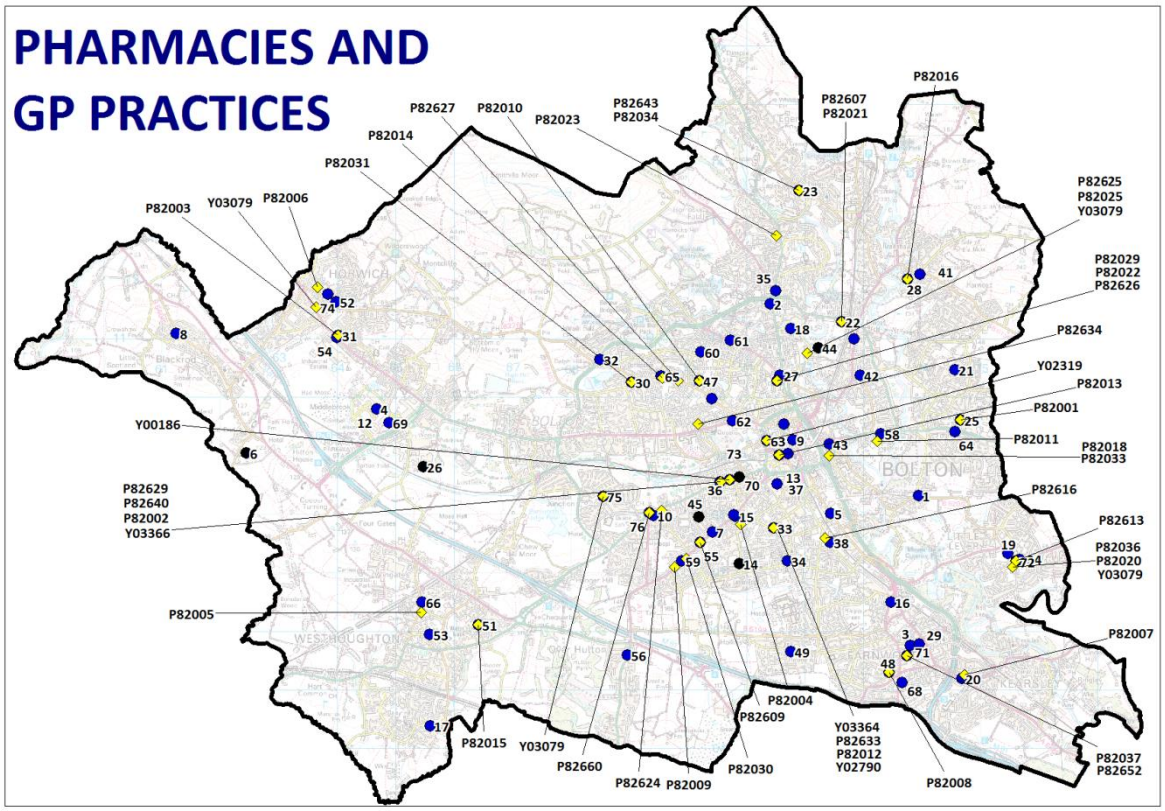
Pharmacies by IMD 2015 decile	
IMD Decile	Number of community pharmacies
Most deprived	9
2	12
3	15
4	5
5	6
6	5
7	7
8	7
9	3
Least deprived	1
Bolton	70

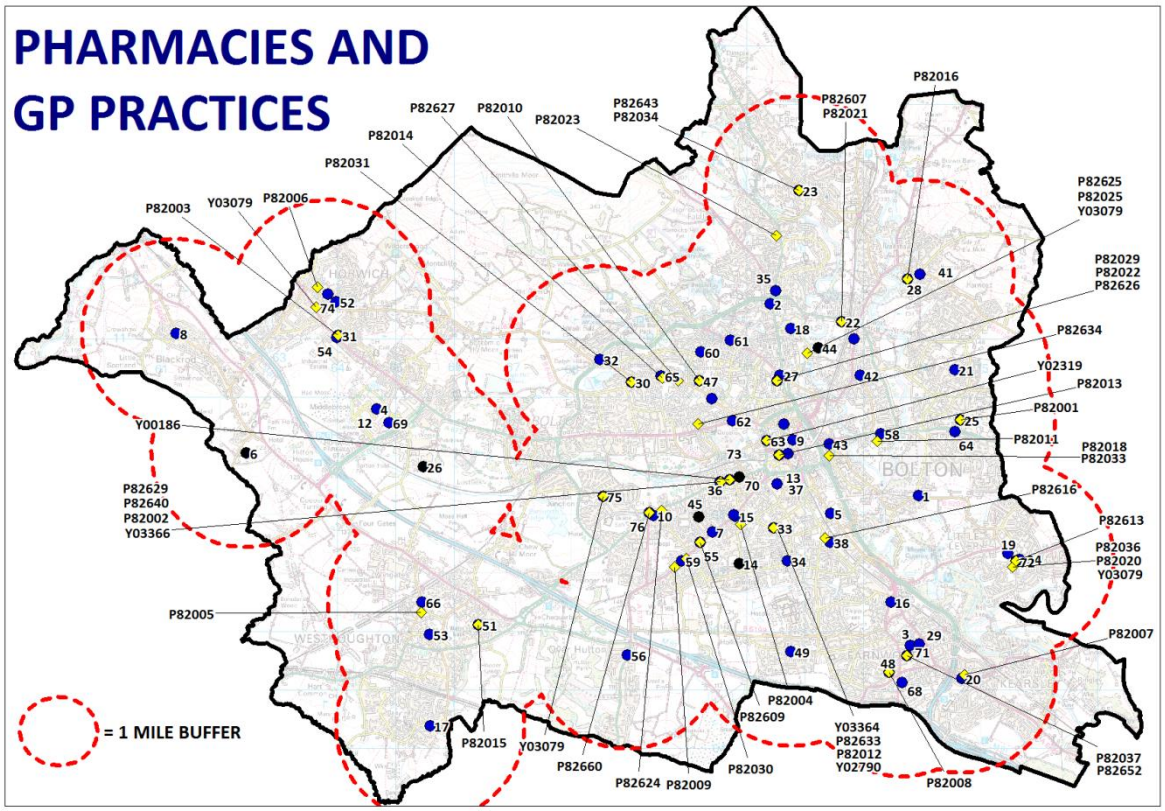
6.4.2 Correlation with GP practices

With the exception of Bromley Cross (one less), Halliwell (one less), Rumworth (one less) and Horwich North East (one less), all Bolton Wards have more pharmacies than GP practices (Hulton and Rumworth have an equal number). A lower number of pharmacies compared to GP practices suggests the need for more pharmacies in these areas, but in all cases it is only one less; furthermore, the areas with one less border the town centre (or Horwich and Blackrod which has seven more) and so access to several more pharmacies is very close and easily accessible – these differences appear largely a product of the Ward boundary rather than illustrative of an under-serviced area. This point is reinforced by the fact that all GP practices are located within one mile of at least one pharmacy, but more typically GP practices tend to be much closer than one mile to a number of different pharmacies.

Pharmacies by Ward		
Ward	Number of community pharmacies	Number of GPs

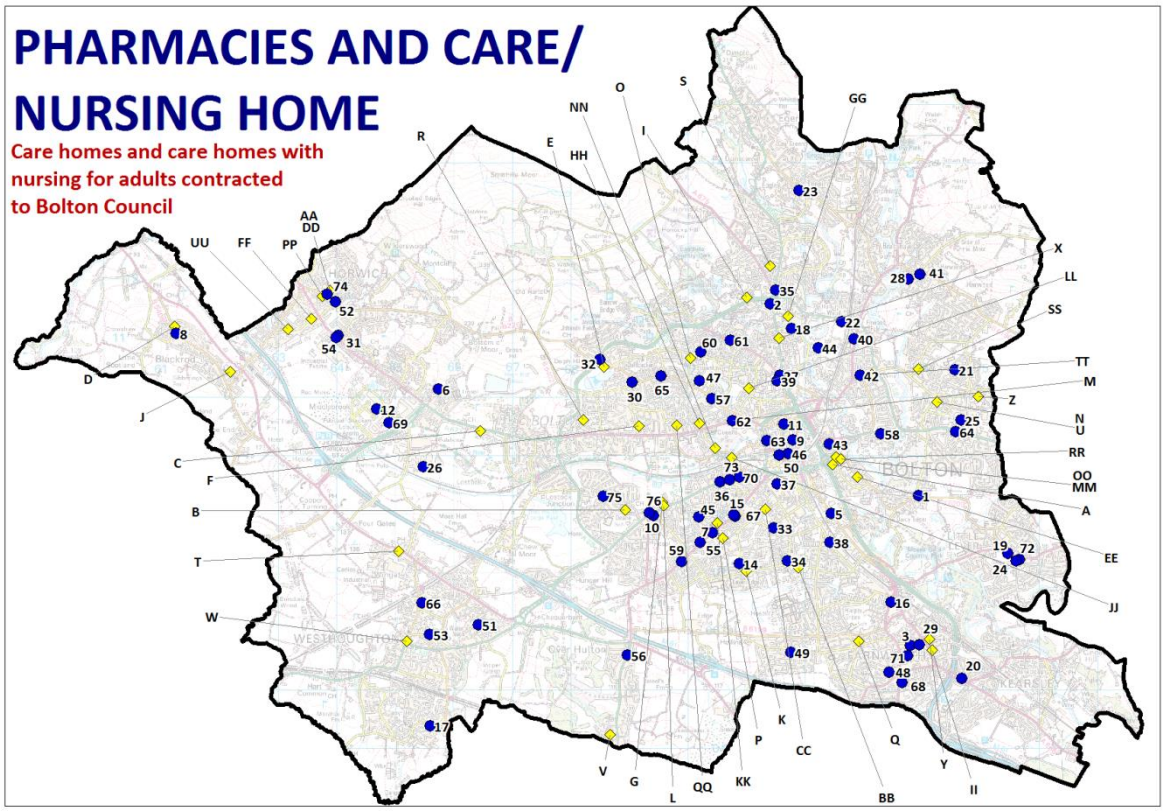
Astley Bridge	2	1
Bradshaw	1	0
Breightmet	3	2
Bromley Cross	2	3
Crompton	6	5
Farnworth	5	3
Great Lever	7	5
Halliwell	6	7
Harper Green	2	0
Heaton and Lostock	1	0
Horwich and Blackrod	8	1
Horwich North East	0	1
Hulton	2	2
Kearsley	2	1
Little Lever and Darcy Lever	4	3
Rumworth	8	9
Smithills	4	3
Tonge with the Haulgh	3	2
Westhoughton North and Chew Moor	3	2
Westhoughton South	1	0
Bolton	**70**	**50**

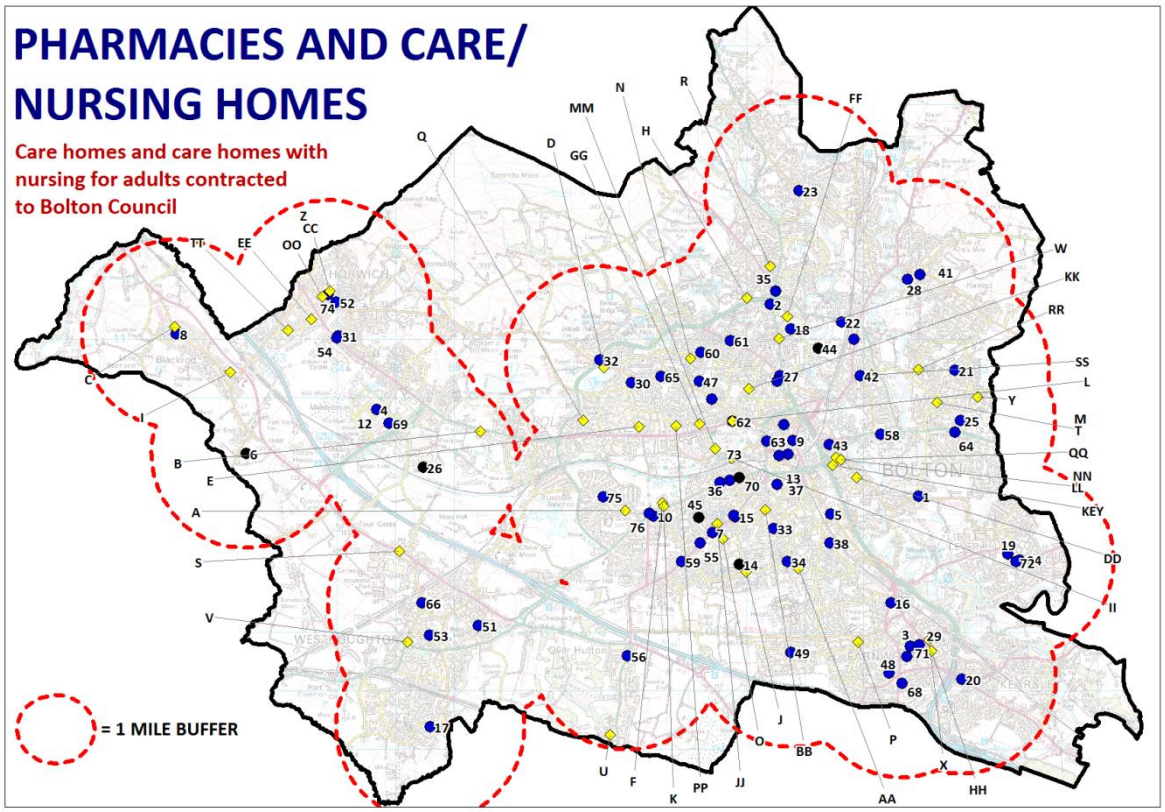




As can be seen in the one mile buffer map above, the present location of the pharmacies adequately covers the majority of the borough. The red dotted line illustrates a one mile border around all pharmacies. The area largely uncovered (around the northern border of Horwich North East and Smithills) is mostly unpopulated.

Similarly, all care homes and nursing homes are located within at least one mile of a pharmacy, showing a suitable level of coverage for these services.


PHARMACIES AND CARE/
NURSING HOME
Care homes and care homes with
nursing for adults contracted
to Bolton Council


PHARMACIES AND CARE/
NURSING HOMES
Care homes and care homes with
nursing for adults contracted
to Bolton Council
= 1 MILE BUFFER

6.4.3 Neighbouring areas

Some of our population will access pharmaceutical services in neighbouring local authorities. These pharmacies will provide essential and advanced services to those Bolton residents as appropriate. Bolton residents will also be able to access certain enhanced services at these pharmacies unless they are restricted to residents of that particular local authority. The bordering Health and Wellbeing Boards to Bolton, and who must receive a copy of this PNA as part of the consultation, are:

1. Salford Health and Wellbeing Board;
2. Bury Health and Wellbeing Board;
3. Blackburn with Darwen Health and Wellbeing Board;
4. Chorley and South Ribble Health and Wellbeing Board;
5. Wigan Health and Wellbeing Board.

6.5 Public survey

The survey was carried out January 2018 to gather the views of the Bolton public regarding local community pharmacy services. The survey was carried out online via surveymonkey with a link from the Pharmaceutical Needs Assessment page on the Bolton's Health Matter's website. By the end of the consultation period the survey received 233 responses. Only summarised here, the findings of the survey are presented in more detail in *Appendix 4*.

The majority of respondents had accessed a pharmacy in the last month and almost half (49.6%) had visited in the last fortnight. The majority of respondents (87.1%) also have a regular pharmacy that they access most often.

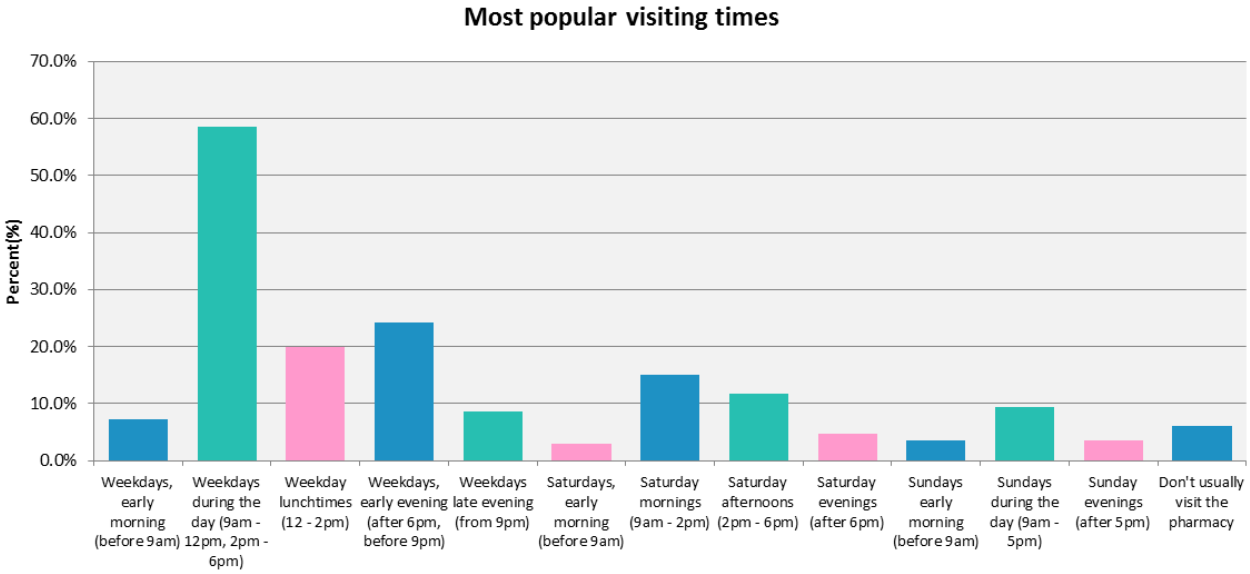
When did you last go to a pharmacy to get medicines or health advice? Please think about your last visit whether the pharmacy was in Bolton or not		
Answer Options	**Response Percent**	**Response Count**
Within the last two weeks	49.6%	116
Within the last month	24.8%	58
Within the last 3 months	14.1%	33
Within the last 6 months	4.3%	10
Within the last 12 months	3.9%	9
More than a year ago	1.7%	4
Never	0.4%	1
Can't remember	0.4%	1
Answered question		232
Skipped question		1

Do you have a regular pharmacy, which you use most often?

Answer Options	Response Percent	Response Count
Yes	87.1%	203
No	10.3%	24
Answered question		227
Skipped question		6

The current opening hours of Bolton pharmacies was received positively, with 81.1% of respondents stating they were either very or fairly satisfied with local opening hours. As may be expected the most common time of accessing local pharmacies is weekdays during the day (9:00-12:00, 2:00-6:00). Weekdays early evening (6:00-9:00) is the second most popular time of access. When asked what extra times respondents would like to visit the pharmacy but cannot easily do so at the moment the answers were fairly evenly spread, however almost half of respondents who answered this question said that they cannot easily access a pharmacy on Sundays during the day at 9:00 – 5:00 (respondents could select more than one answer which is why the total is greater than 100%).

How satisfied are you with the opening hours of the pharmacies in the Bolton borough?		
Answer Options	**Response Percent**	**Response Count**
Very satisfied	46.5%	106
Fairly satisfied	34.7%	79
Neither satisfied nor dissatisfied	8.8%	20
Fairly dissatisfied	4.8%	11
Very dissatisfied	2.6%	6
Don't know	2.6%	6
Answered question		228
Skipped question		5



Just over 70% of respondents use regular prescription medicines and in most cases (83.6%) the respondent collects their medicine from the pharmacy. Repeat prescriptions are most commonly ordered via electronic request to doctor's surgery (website or email) (39.8%) – but it is important to bear in mind that as the survey was undertaken via surveymonkey the results are skewed towards people who are computer-literate. The next most popular method of ordering is the pharmacy automatically orders from the doctor (18.3%), followed by contacting the pharmacy and asking them to order from the doctor (17.4%) and visiting the doctor's surgery.

Regarding the services respondents have used or would use if needed, the minor ailments scheme is the most popular, followed by reviewing medication. Respondents are most reluctant to use EHC, smoking cessation, alcohol support and weight management, but again the demographics of the respondents must be taken into account when interpreting these results (generally older and more affluent than average – see *Appendix 4*). The public suggests blood testing and health checks as potential additional services for local pharmacies; however, the majority are of the opinion that local pharmacies currently provide a comprehensive service.

Finally, the key themes coming out of the free text/additional comments made by members of the public are firstly focused on being content with current pharmacy and opening times. Less frequent themes were people unhappy with current pharmacy, repeat prescription issues, and dispensing waiting times.

The number of respondents to the public survey is comparable to the PNAs of Bolton's neighbours, but numbers are still relatively small and so caution is advised when drawing conclusions from the above. In particular, it is important to remember that the demographic of respondents is not representative of the Bolton population and this will skew the results - for example, use of EHC received a low likelihood of use but we know this service is well used by younger people across Bolton and so is likely an artefact of the relatively older age of the survey sample.

6.6 Contractor survey

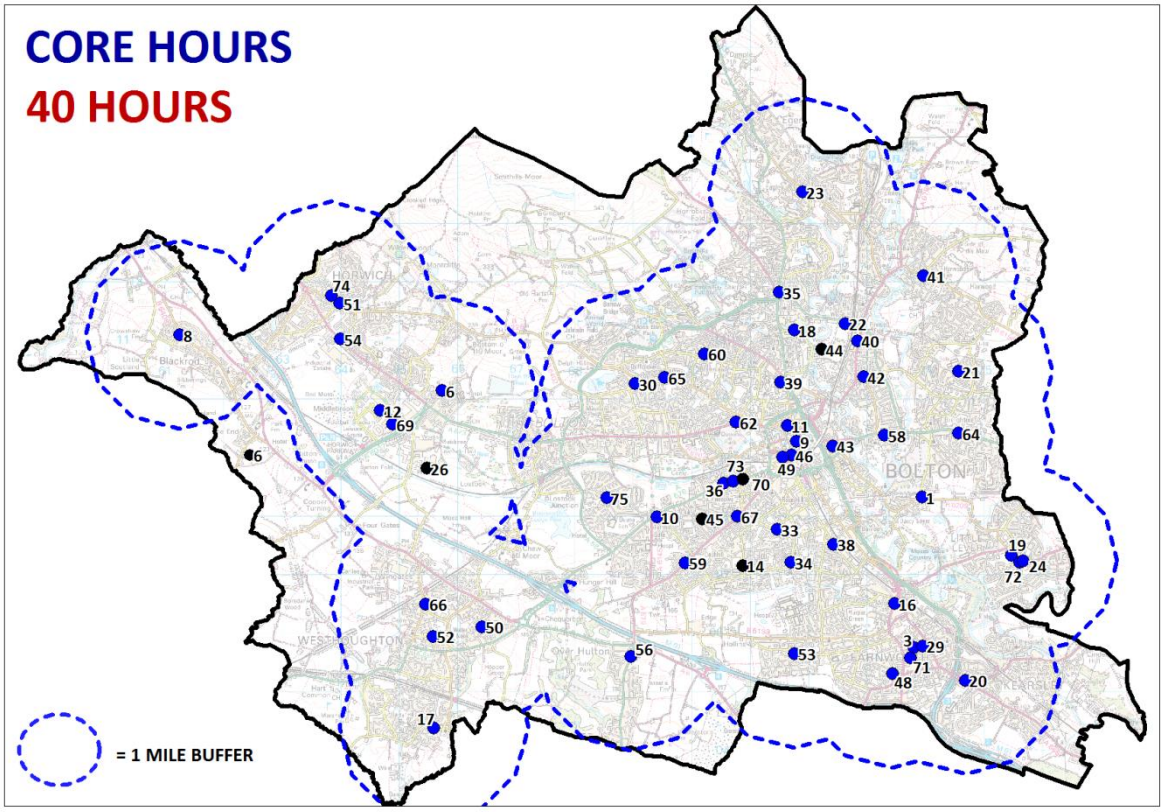
The survey was carried out July 2017 to gather information from pharmacies regarding the services they currently provide to the people of Bolton and their views on additional services they may be willing to provide in the future. With notable help from Bolton Local Pharmacy Committee the survey received responses from all 76 of Bolton's pharmacy contractors.

In the following maps the distance-selling pharmacies are coloured black to highlight their difference from the 40/100 hour contract pharmacies as they offer a national rather than a local service.

6.6.1 Access to pharmacies by core opening hours

A pharmacy can have either 40 or 100 core contractual hours; those with 100 hours opened under the former exemption from the control entry test. These cannot be amended without the consent of NHS England.

The following two maps plot Bolton's pharmacy provision according to whether they have 40 or 100 core hours. A one mile buffer has been added to the map to illustrate the service coverage across the borough; this is based on the assumption that adequate access is for the majority of Bolton's residents to live no further than one mile from a pharmacy.

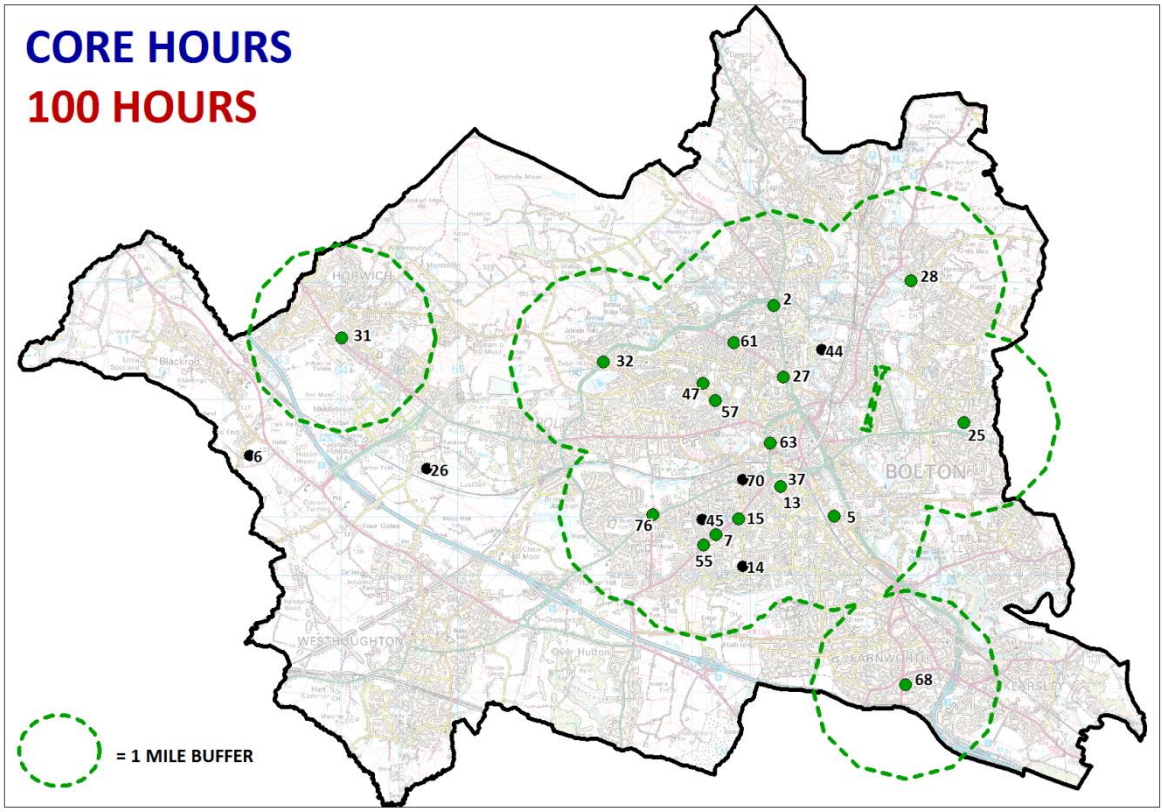


As evident above, the current provision of 40 hour pharmacies more than adequately covers the resident population of Bolton[32] (the only geographical areas of the borough not falling within a one mile radius of a pharmacy are largely unpopulated rural areas).

From the contractor survey, 18 of Bolton's pharmacies have 100 core hours. The majority are located in the densely populated areas around the town centre, with one providing services to Farnworth, and to the West in Horwich. The main locales not covered are Lostock and Westhoughton, but both these areas are adequately provided with 40 hour services, Lostock is close to the Horwich pharmacies, and both areas have a more affluent demography that are more likely to drive to pharmacies than those resident around the

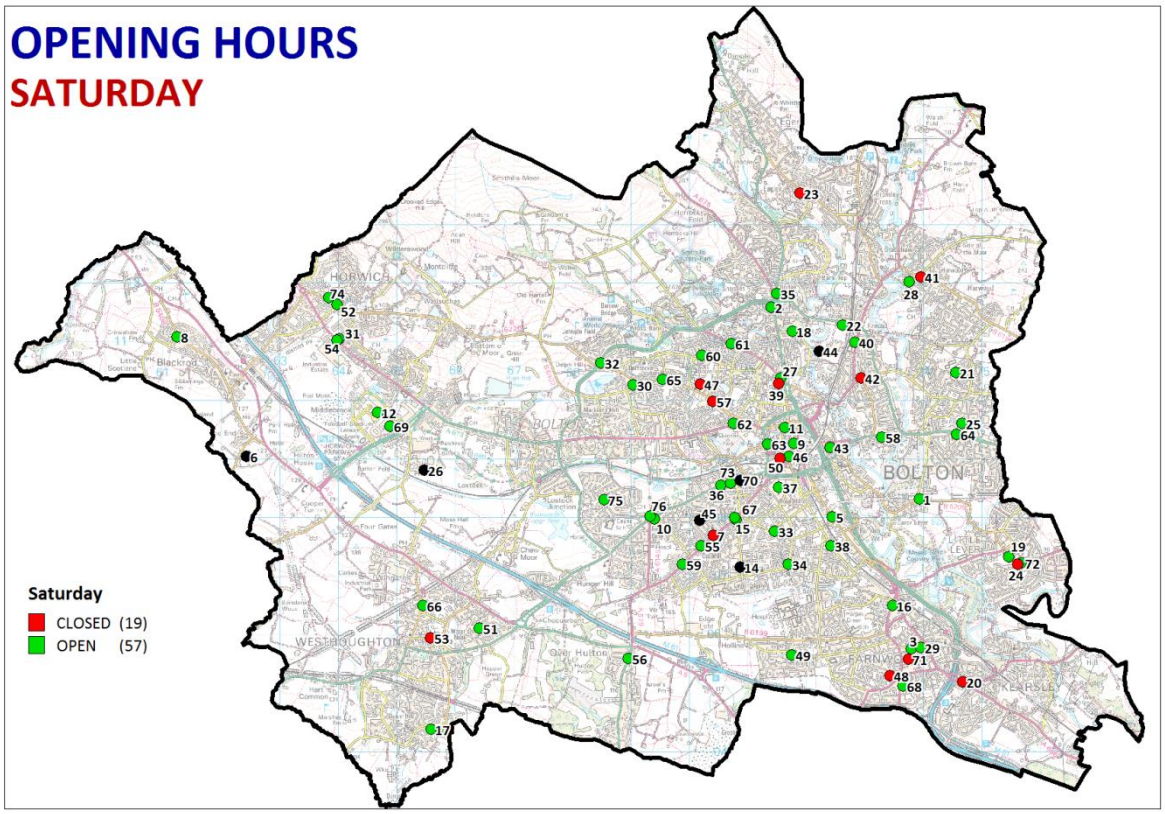
[32] The buffer coverage is identical to the pattern seen for all pharmacies – i.e. 40 hour plus 100 hour.

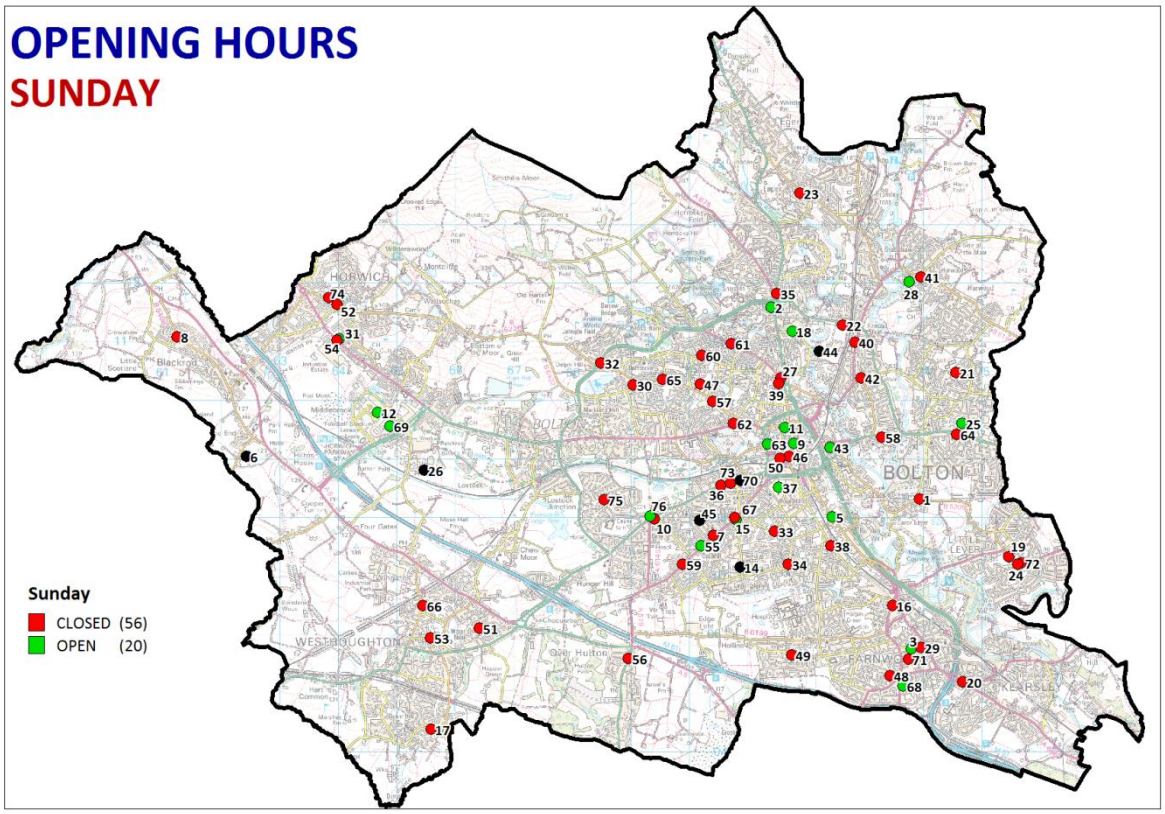
town centre. Taking all this into account, 100 hour pharmacies largely follow the population density and are satisfactory in their locations, and regarding Westhoughton there is a 100 hour pharmacy based in Leigh (outside Bolton) that is only two miles from Daisy Hill.



In total, 57 of Bolton's 76 pharmacies open on Saturdays (75.0%) and 20 are open on Sundays (26.3%). The Saturday opening hours coverage is largely consistent with the normal coverage and so allows access for the majority of Bolton residents. The only exception is to the north of the borough in Egerton and Dunscar.

The Sunday opening hours coverage is far more limited, as is to be expected. The town centre is well served, but the outer areas to the north in Egerton and Dunscar, to the West in Blackrod, and to the East in Little Lever having no local Sunday opening pharmacies. This is also true of Westhoughton, all of whose pharmacies close on Sunday's, but pharmacies in Leigh (outside Bolton) and Middlebrook currently provide adequate coverage for a Sunday. There is adequate coverage in the other main areas of Bolton – Town Centre, Farnworth, Breightmet, Harwood etc.


OPENING HOURS
SATURDAY
Saturday
CLOSED (19)
OPEN (57)
BOLTON
HORWICH
WESTHOUGHTON
FARNWORTH
KEARSLEY


OPENING HOURS
SUNDAY
Sunday
CLOSED (56)
OPEN (20)
BOLTON
HORWICH
WESTHOUGHTON
FARNWORTH
KEARSLEY

6.6.2 Pharmacy premises

Pharmacy premises must meet national standards regarding consultation areas to ensure that MURs are carried out in a confidential environment. In general, consultation areas must permit:

1. The patient and pharmacist to sit down together;
2. The patient and pharmacist can talk without being overheard by staff or customers;
3. The consultation area is clearly signposted as a private area.

Bolton pharmacies on average contain 1.07 consultation rooms, with 93.4% having 1 room and the remaining 6.6% containing 2. From the survey, the majority of Bolton's pharmacies currently have a separate room that meets the criteria for MURs (76.3%) and also has wheelchair access on the premises; there were 14 (18.4%) pharmacies which contained a consultation area without wheelchair access. The four pharmacies in Bolton with no provision are distance-selling-based and do not offer advanced services.

Is there a consultation room?		
Answer Options	**Response Percent**	**Response Count**
Available (including wheelchair access) on the premises	76.3%	58
Available (without wheelchair access) on premises	18.4%	14
Planned within next 12 months	0.0%	0
No consultation room available	5.3%	4
Other	0.0%	0
	Answered question	**76**

6.6.3 Access for non-English speakers

For customers whose first language was not English, 52 pharmacies were able to offer support; of those, 64% offered the service of an interpreter or language line. The most common languages spoken by staff at Bolton pharmacies are Urdu, Gujarati, Punjabi and Hindi. This is consistent with the demography of Bolton's Black and Minority Ethnic (BME) community, which is predominantly South Asian. As is to be expected, these languages are accessed in pharmacies located in areas with significant BME/non-English speaking populations. Finally, a few tend to use Google and/or apps to assist them in dealing with customers, which though practical is not perhaps ideal.

Which languages other than English can staff at pharmacy speak?		
Answer Options	**Response Percent**	**Response Count**
Urdu	30.1%	44
Gujarati	29.5%	43

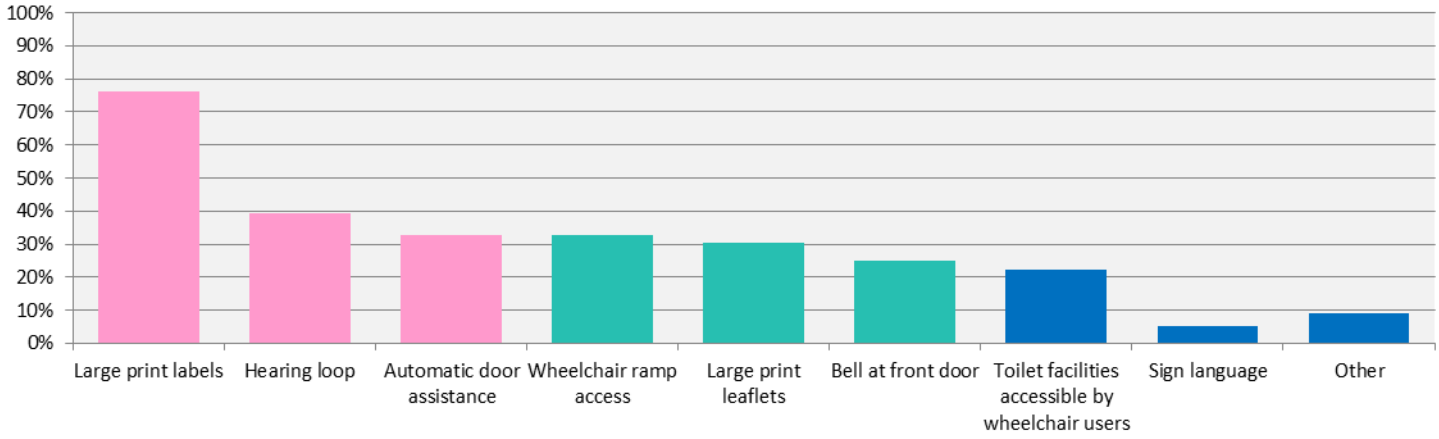
Punjabi	11.6%	17
Hindi	10.3%	15
Arabic	3.4%	5
Spanish	2.1%	3
French	1.4%	2
German	1.4%	2
Bosnian	0.7%	1
Dutch	0.7%	1
Kashmiri	0.7%	1
Mandarin	0.7%	1
Zulu	0.7%	1
Patois	0.7%	1
Polish	0.7%	1
Portuguese	0.7%	1
Shona	0.7%	1
Somali	0.7%	1
Persian	0.7%	1
Ndebele	0.7%	1
Mirpuri	0.7%	1
Russian	0.7%	1

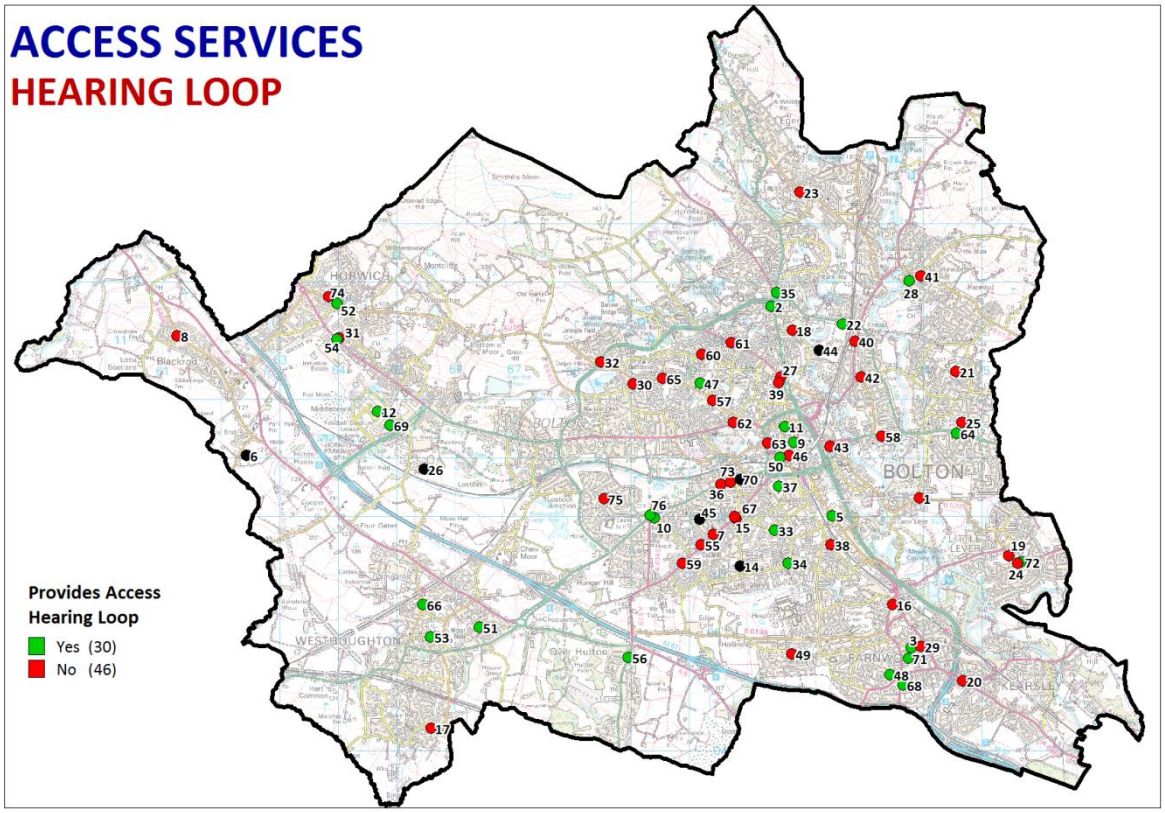
6.6.4 Access for disabled patients

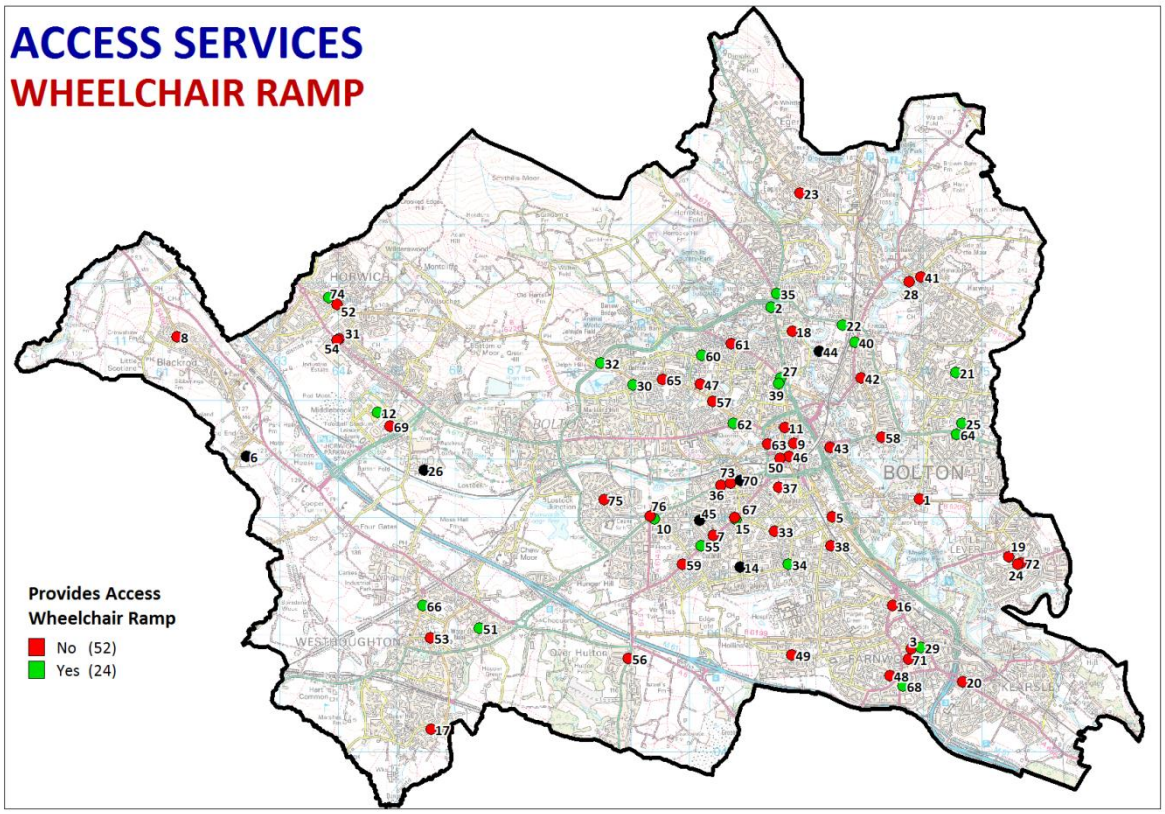
All pharmacies must ensure that there is no discrimination against people with disabilities. If the consultation area is not accessible by people with a disability, the pharmacy should make suitable alternative arrangements. All Bolton pharmacies provide wheelchair access with just over two-thirds (67.1%) allowing people to access the pharmacy independently with level access.

Just over half of all pharmacies in Bolton have disabled parking available and 96.1% have parking situated within 50m. As previously mentioned, all pharmacies provide wheelchair access - however, just over a quarter of Bolton pharmacies do not have suitable facilities at the entrance for wheelchair access unaided. More than 85% of pharmacies have all areas of the floor wheelchair accessible. The three most common facilities within Bolton pharmacies aimed to aid people with disabilities are large print labels, hearing loops, and automatic door assistance. The table below shows the breakdown of disabled facilities available in Bolton pharmacies. At present, only 32.9% of Bolton pharmacies have automatic door assistance available, while 76.3% offer assistance for customers with visual impairment (large print labels, braille on packaging etc.). Despite the responses given by individual contractors in the survey, we are assured that all Bolton pharmacies do indeed offer large print labels and braille as standard.

Do you have any other facilities in the pharmacy aimed at supporting disabled people access your service?



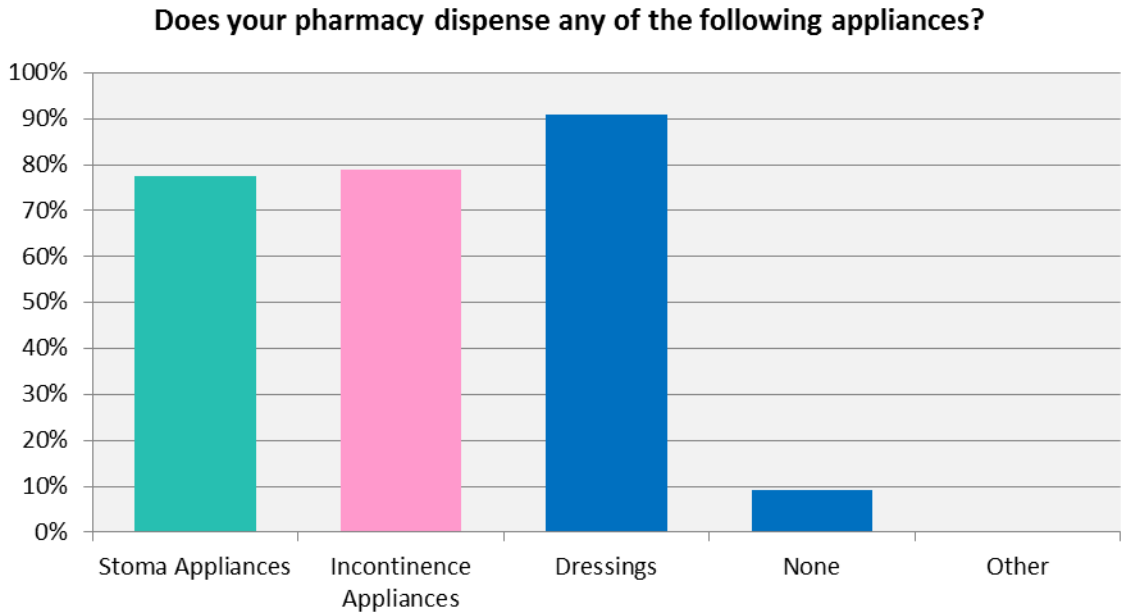




6.6.5 Pharmacy services

Virtually all Bolton's pharmacies provide prescription collection from GP practices, while most (89.5%) also provide a medicines delivery service free of charge. In most cases this is available to all patients. All of Bolton's pharmacies have Electronic Prescription Service Release 2 (EPS R2) available to patients. Finally, MUR and NMS have extensive coverage across Bolton, with one additional pharmacy soon to be added.

Across Bolton, 90.8% of pharmacies dispense dressing appliances, with 79.0% providing incontinence appliances and 77.6% stoma appliances. Just fewer than 10% of pharmacies do not provide any essential service appliances.



Currently, 9 of Bolton pharmacies provide Appliance Use Reviews (AURs), with 6 more planning to provide this service in the near future. Of the pharmacies which dispense stoma appliances, just over 15% provide a customisation service, with 5 pharmacies (6.6%) planning on providing this service going forward.

Does your pharmacy provide Appliance Use Reviews?		
Answer Options	**Response Percent**	**Response Count**
Yes	11.8%	9
Soon	7.9%	6
No	80.3%	61
	Answered question	**76**
	Skipped question	**0**

Does your Pharmacy provide a Stoma Appliance Customisation Service		
Answer Options	**Response Percent**	**Response Count**
Yes	15.8%	12
Soon	6.6%	5
No	77.6%	59
	Answered question	**76**
	Skipped question	**0**

There are 50 community pharmacies providing an NHS Flu Vaccination Service, which will be expanded to 61 sites in the near future.

Does your Pharmacy provide an NHS Flu Vaccination Service		
Answer Options	**Response Percent**	**Response Count**
Yes	65.8%	50
Soon	14.5%	11
No	19.7%	15

Answered question	76
Skipped question	0

To manage appropriately NHS 111 requests for urgent medicine supply and reduce demand on the rest of the urgent care system, pharmacies have agreed to provide an urgent medicine supply advanced service (NUMSAS). Currently, almost a fifth (14) of Bolton pharmacies are piloting this service and 27 more have agreed to offer this service in the future. However, NHS England advises that despite contractors' responses, only 12 of Bolton's pharmacies currently provide NUMSAS.

Does your Pharmacy provide an NHS Urgent Medicine Supply Advanced Service		
Answer Options	**Response Percent**	**Response Count**
Yes	18.4%	14
Soon	35.5%	27
No	46.1%	35
Answered question		76
Skipped question		0

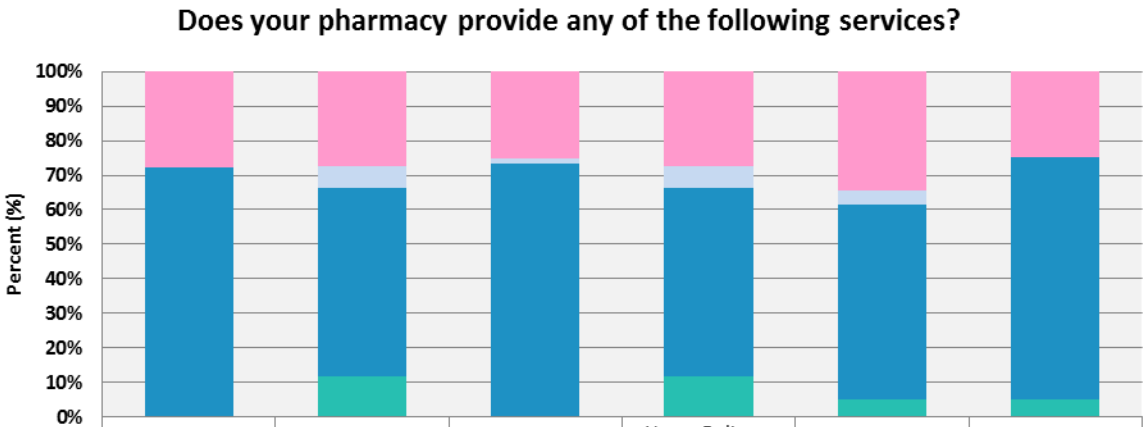
6.6.6 Locally commissioned services

The following shows commissioned services available from pharmacies and whether these are offered across Bolton. Locally commissioned community pharmacy services can be contracted via a number of different routes and by different commissioners, including Local Authorities, Clinical Commissioning Groups (CCGs), and local NHS England teams[33].

From the contractor survey it is clear that the majority of Bolton's pharmacies would be willing and able to provide the service if it were to be commissioned; however a lot of these services are not currently being commissioned locally.

Regarding the additional services in the below table, pharmacies are willing and would be able to provide (WA) the majority of services if commissioned in the future. The most common commissioned services already provided are care home and non-appliance home delivery services.

[33] http://psnc.org.uk/services-commissioning/locally-commissioned-services/



	Anticoagulant Service	Care Home Service	School Service	Home Delivery Service (Not Appliance)	Language Access Service	Sharps Disposal Service
NW	27.6%	27.3%	25.3%	27.3%	34.6%	24.7%
PP	0.0%	6.5%	1.3%	6.5%	3.8%	0.0%
WA	72.4%	54.5%	73.4%	54.5%	56.4%	70.1%
CP	0.0%	11.7%	0.0%	11.7%	5.1%	5.2%

CP - Currently providing service

PP - Currently providing company led/private service

WA - Willing and able to provide if commissioned

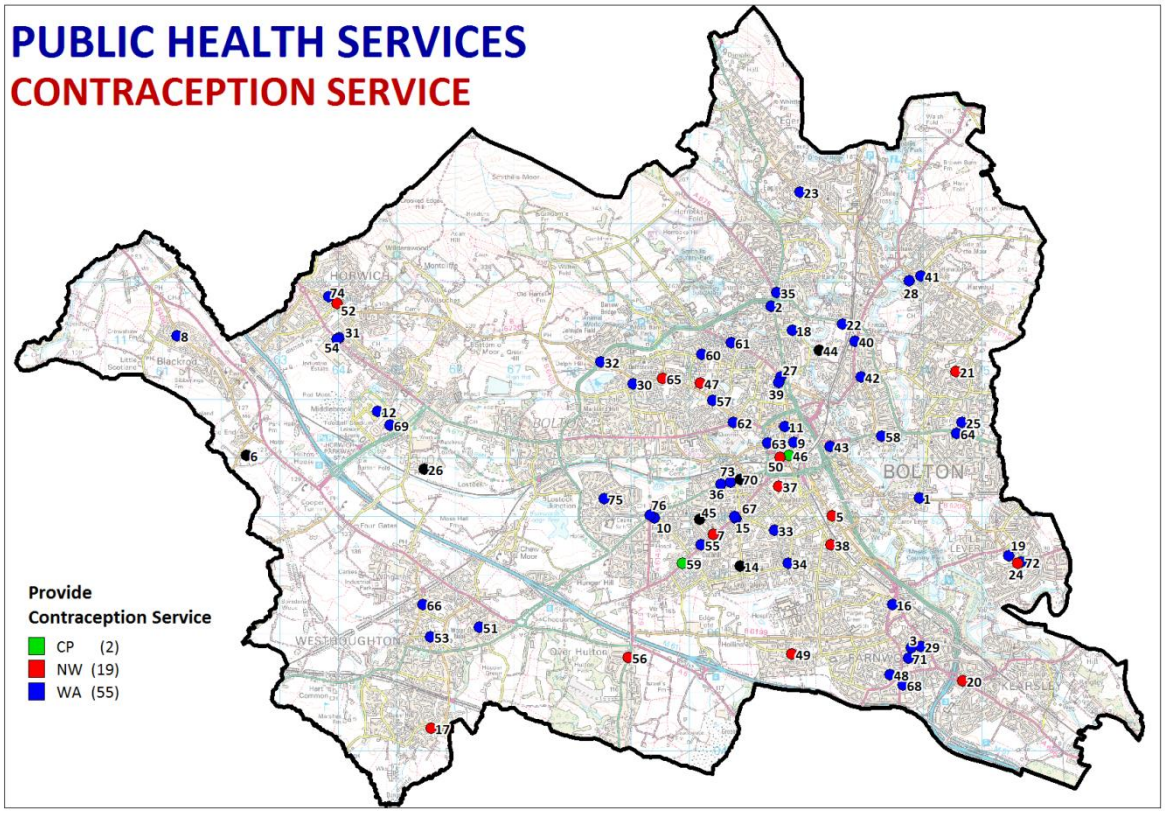
NW - Not willing or able to provide service

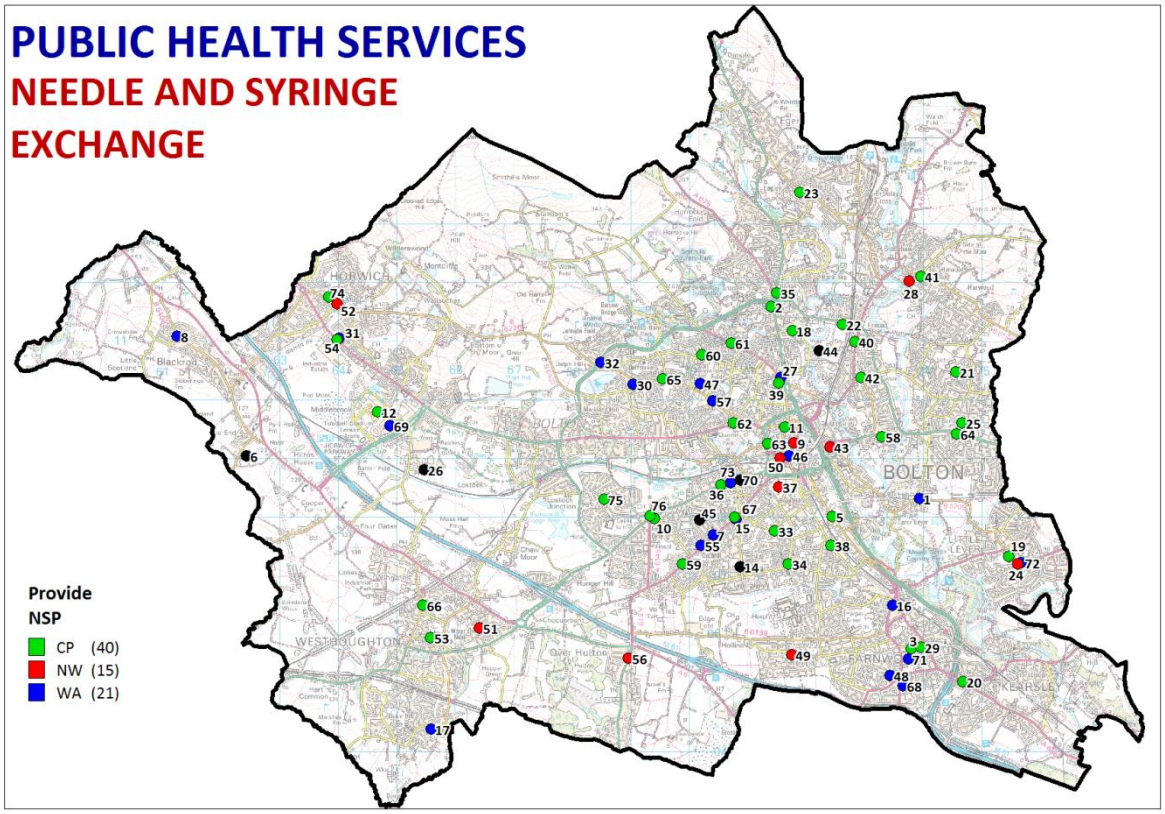
6.6.7 Public Health services

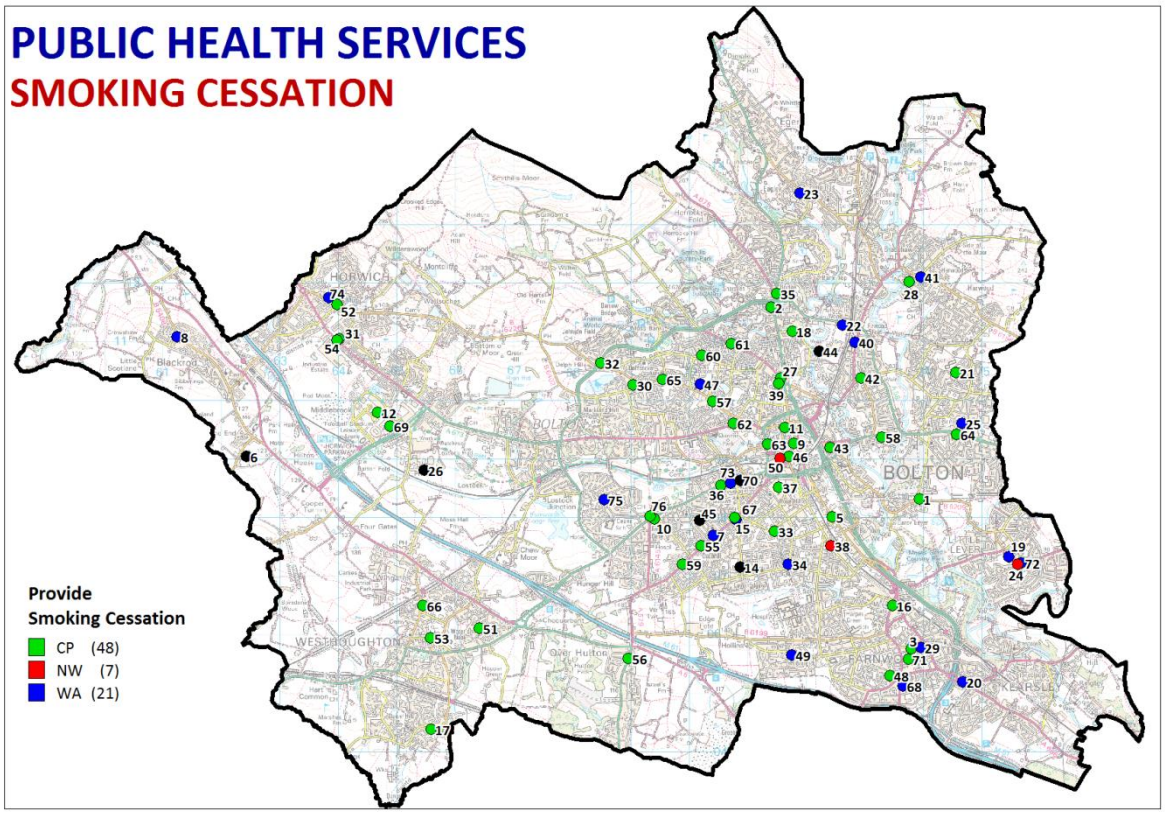
All community pharmacies provide healthy living advice to patients as part of the Public Health element of the Community Pharmacy Contractual Framework (CPCF) and provision of relevant healthy living advice is also a component of the Medicines Use Review (MUR) service and the New Medicine Service (NMS). The majority of community pharmacies also provide at least one locally commissioned Public Health service[34].

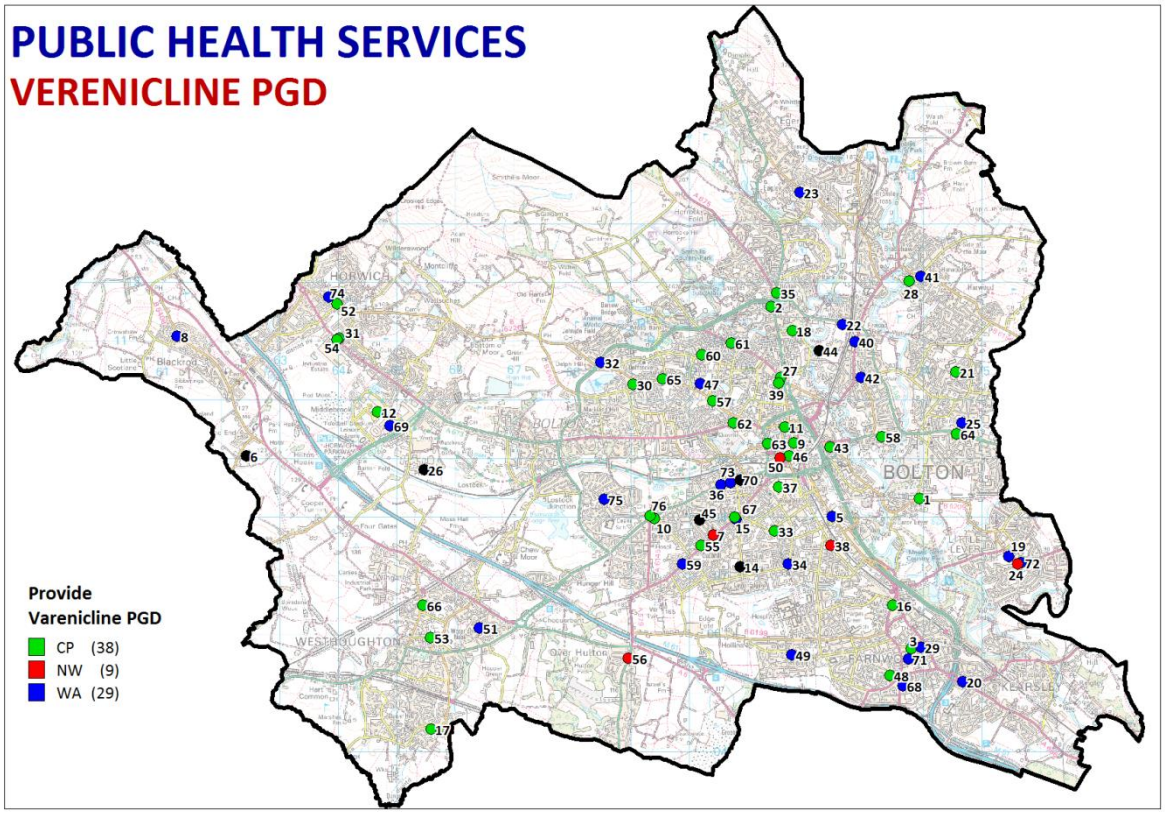
The most commonly provided Public Health service by pharmacies in Bolton is NRT voucher dispensing, with 65 (85.5%) pharmacies across the borough currently providing this service. However, this service is under review at time of writing and this may no longer be the case following publication of the PNA. Presently however, just over a fifth provide a smoking cessation and emergency hormonal contraception service (EHC), with over half of pharmacies providing chlamydia treatment, NSE, supervised administration, and the Varenicline PGD service.

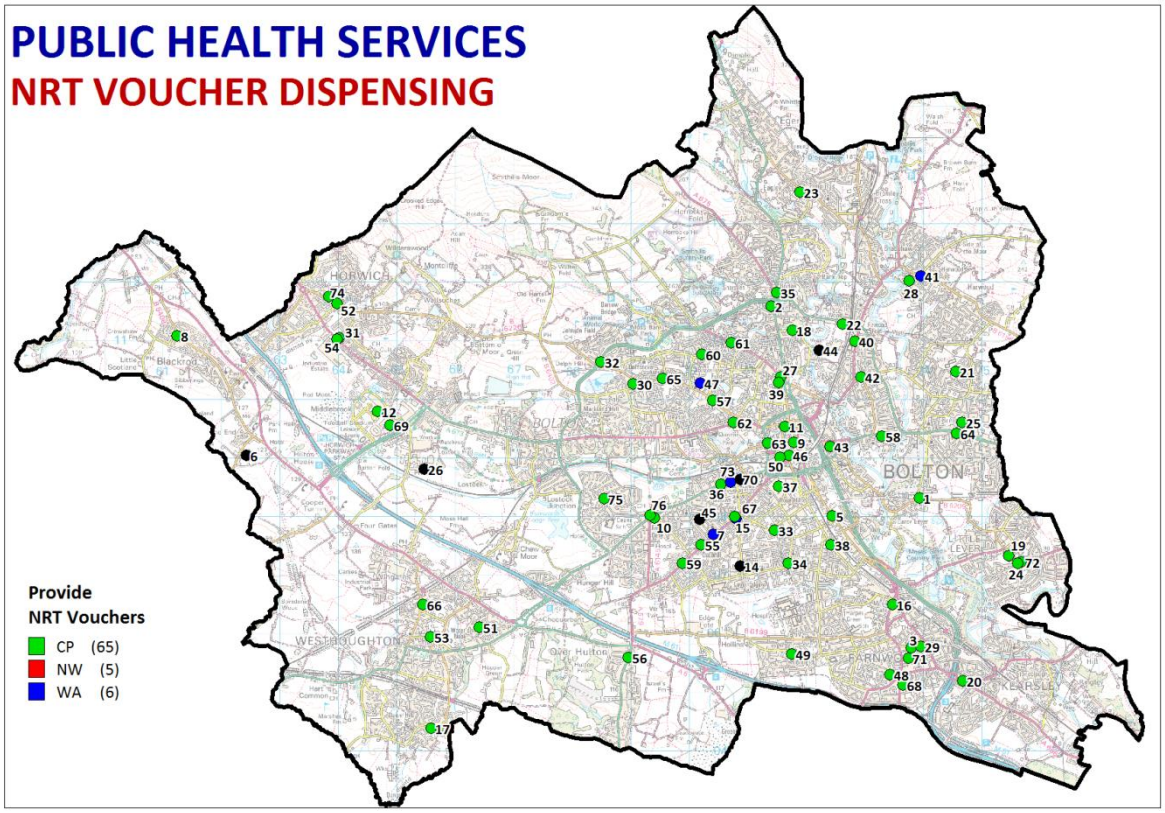
[34]Pharmaceutical Services Negotiating Committee http://psnc.org.uk/services-commissioning/4-service-domains/public-health-services/


PUBLIC HEALTH SERVICES
CONTRACEPTION SERVICE
Provide
Contraception Service
CP (2)
NW (19)
WA (55)
BOLTON
HORWICH
WESTHOUGHTON
FARNWORTH
KEARSLEY


PUBLIC HEALTH SERVICES
NEEDLE AND SYRINGE
EXCHANGE
Provide
NSP
CP (40)
NW (15)
WA (21)
BOLTON
HORWICH
WESTHOUGHTON
FARNWORTH
KEARSLEY

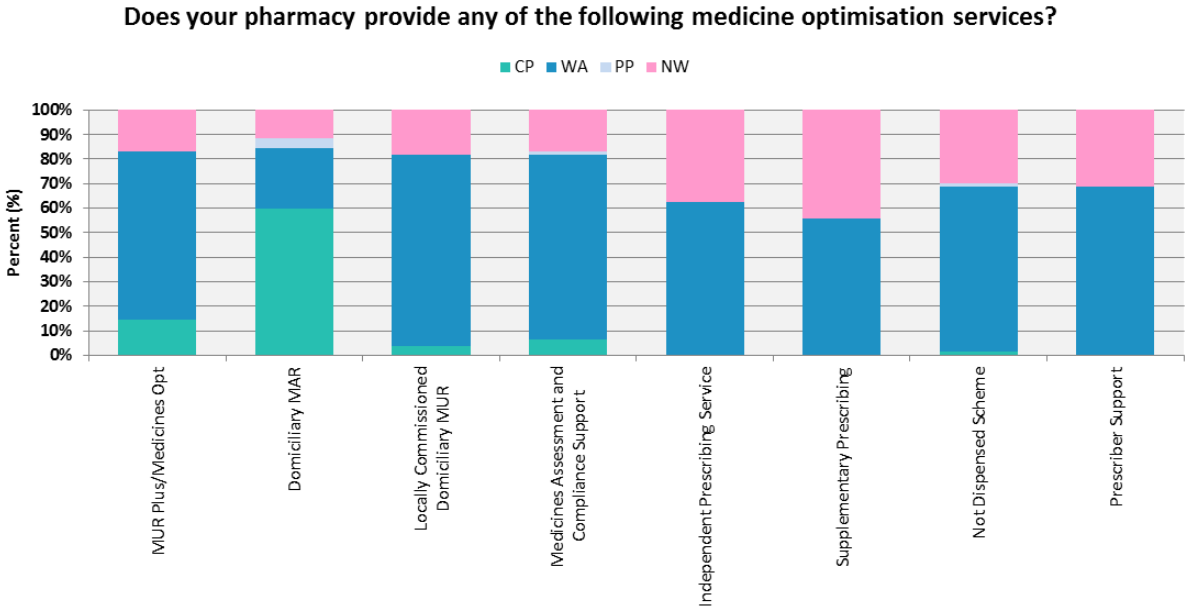

PUBLIC HEALTH SERVICES
SMOKING CESSATION
Provide
Smoking Cessation
CP (48)
NW (7)
WA (21)
BOLTON
HORWICH
WESTHOUGHTON
FARNWORTH
KEARSLEY


PUBLIC HEALTH SERVICES
VERENICLINE PGD
Provide
Varenicline PGD
CP (38)
NW (9)
WA (29)
BOLTON
HORWICH
WESTHOUGHTON
FARNWORTH
KEARSLEY



6.6.8 Medicines optimisation

Almost 60% of all pharmacies currently provide (CP) domiciliary MAR, and this is the most common medicines optimisation service provided in Bolton. The majority of pharmacies were willing and able to provide all of these services if they were to be commissioned. However, around 45% of pharmacies are not willing or able to provide a supplementary prescribing service.



6.6.9 Screening services

The top priorities chosen by local pharmacies that they would be most likely provide in the future are cholesterol screening, alcohol, and vascular risk assessment service. Screening services which are already provided are hypertension and diabetes, with 6.4% of pharmacies providing hypertension screening and 1.3% having a diabetes screening service available. The majority of pharmacies are willing and able to consider providing all screening services if they were to be commissioned. This is a positive finding as these largely tie in with Bolton's key areas of need as summarised in the main body of the PNA, and that there is acknowledgement and engagement amongst the pharmacies for these areas of work is promising for the future of preventative work in Bolton. As growing concerns however, both alcohol-related services and dementia-related services are likely to become more prominent in the future.

Which of the following screening services are you willing or able to provide?			
Answer Options	**Willing and able to provide if commissioned**	**Currently providing company led/private service**	**Not willing or able to provide service**
Alcohol	72.7%	0.0%	27.3%
Atrial Fibrillation	69.7%	0.0%	30.3%
Cholesterol	75.0%	3.9%	21.1%
Diabetes	71.4%	6.5%	20.8%
Gonorrhoea	71.1%	0.0%	28.9%
H. pylori	71.1%	0.0%	28.9%
HbA1C	71.1%	0.0%	28.9%
Hepatitis	61.4%	1.4%	37.1%
HIV	65.8%	0.0%	34.2%
Hypertension	65.4%	7.7%	20.5%

Phlebotomy Service	64.9%	0.0%	35.1%
Vascular Risk Assessment Service	72.4%	0.0%	27.6%

In addition to the above, 48 pharmacies have been signed up by their management companies to provide the chlamydia screening service but the claims that come into the Local Authority as commissioner are extremely low, suggesting pharmacies are not participating fully in this service at time of writing.

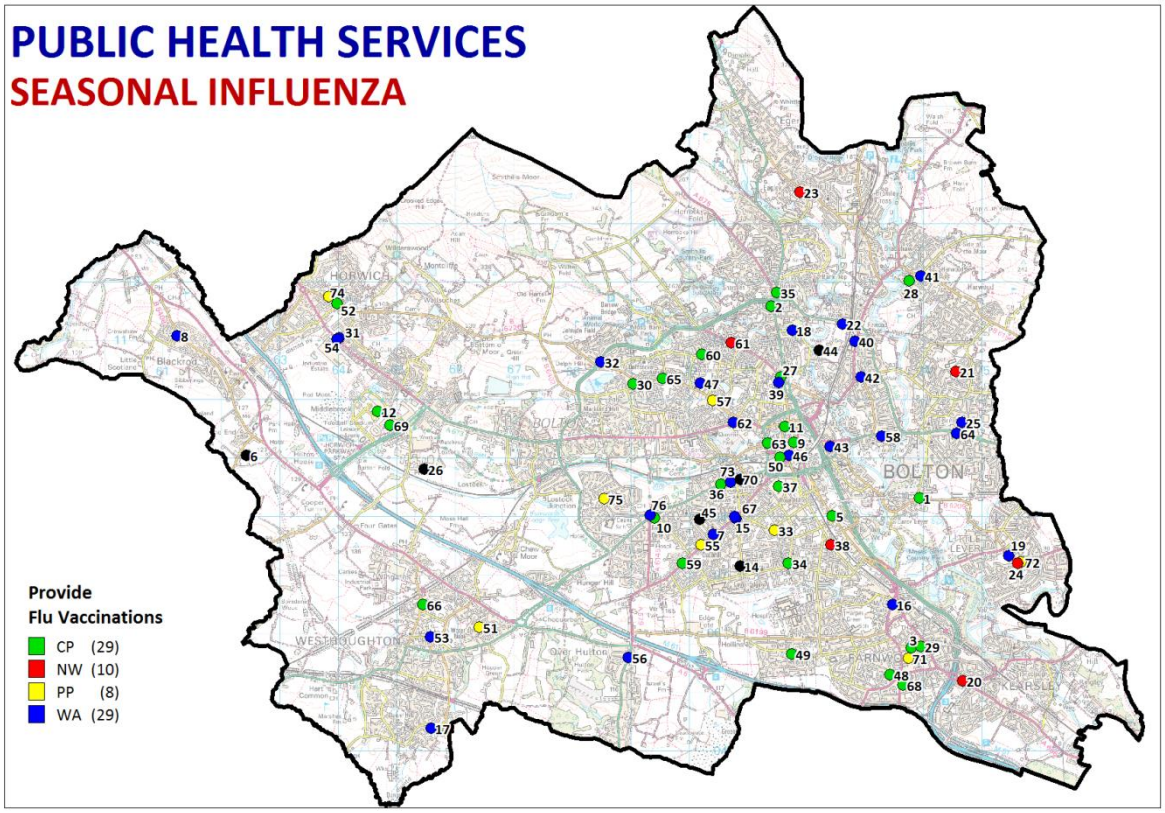
6.6.10 Vaccinations

Community pharmacists in England administered 950,765 flu vaccinations to patients under the national NHS Flu Vaccination Service in 2016/17. The average number of vaccinations carried out by each participating pharmacy was 113, although three contractors greatly exceeded this by completing over 1,000 vaccinations each[35]. In Bolton 29 pharmacies state they are currently providing a seasonal influenza vaccination, 13.2% would not be willing or are not able to provide this service. However, other data sources suggest the actual figure providing this service is 32, not 29.

At present, 52 out of the 76 pharmacies state they would be willing and able to provide childhood vaccinations in the future. Just over a third however (34.2%) are not willing or able to provide this service. Only 1 local pharmacy states that they currently provide travel vaccines; however, anecdotally we believe at least three Bolton pharmacies provide this service and one does so especially for the Hajj.

Vaccinations			
Answer Options	**Willing and able to provide if commissioned**	**Currently providing company led/private service**	**Not willing or able to provide service**
HPV	67.9%	0.0%	32.1%
Hepatitis B	65.4%	5.1%	29.5%
Travel Vaccines	67.5%	10.0%	21.3%

[35] Pharmaceutical Services Negotiating Committee http://psnc.org.uk/services-commissioning/4-service-domains/public-health-services/



6.6.11 Gaps in access or pharmaceutical need

When asked if the pharmacy had any gaps in access or pharmaceutical need they were aware of around 8% thought that their customers struggled to gain access to services or medicinal needs due to age and/or disability.

Are you aware of any gaps in access or pharmaceutical need for any of the following groups, relating to the following:		
Answer Options	**Yes**	**No**
Age	6	70
Disability	6	70
Gender	4	72
People with/about to have gender reassignment	4	72
Marriage and civil partnership	2	74
Pregnancy and maternity	2	74
Race	2	74
Religion or belief	2	74
Sexual orientation	2	74

6.7 Conclusion

Bolton now has more pharmacies per population than is average for our statistical neighbours (areas with a similar level of need); qualified as such, the borough is satisfactorily served by the current number of pharmacies. As the number of pharmacies increase so do the number services provided and the Health and Wellbeing Board must be assured of the continuing quality of such services going forward to achieve maximum gains towards the goals of the Strategy and Locality Plan.

Bolton's dispensing rate is lower than Greater Manchester and England, but follows the same seasonal pattern. The rate has changed very little since the previous PNA. The consistency we observe in the dispensing rate per pharmacy means that the number of Bolton pharmacies is currently sufficient to meet demand and as such suggests that Bolton pharmacies could manage a future increase in dispensing activity, which is likely given the increasing and ageing population of Bolton.

At present, based on local needs and the key priorities of the Health and Wellbeing Board the services currently commissioned are appropriate to the demography and needs of Bolton residents, particularly – with reference to the Health and Wellbeing Strategy – smoking cessation, chlamydia screening and treatment, emergency hormonal contraception, and needle exchange/supervised consumption. However, more commissioned work is required around alcohol given its influence on local inequalities and premature mortality. This was highlighted also in the previous PNA. This and other health topics associated with reducing long-term conditions in the borough (CVD, diabetes, obesity, physical activity etc.) will be helped with future pharmaceutical work regarding the Healthy Living Pharmacies, which has only recently begun in earnest.

The three most deprived deciles of Bolton's population have a notably higher rate of pharmacies per population than the Bolton average, which is desirable as this is where the greatest need in our town is and how pharmaceutical work can best address the key inequalities identified previously in this PNA. Importantly for the Board, this higher proportion than average must be maintained going forward when a new community pharmacy is located in the borough.

Bolton's current pharmaceutical provision satisfactorily covers the resident population of the borough, with the vast majority of people living within one mile of a pharmacy. There is a potential gap in 100 hour pharmaceutical provision regarding Westhoughton (as in the previous PNA), but in reality many are open much longer when supplementary hours are taken into account and when demographical factors and Wigan's pharmaceutical provision are taken into account the needs of Westhoughton are adequately met by the full 40 hour/100 hour coverage currently on offer.

A quarter of Bolton pharmacies have no access for wheelchair users at the entrance, and almost half do not have disabled parking. However, this figure should be much lower which warrants further investigation as it may simply be due to the way in which the question was understood. The figure should be lower because pharmacies are required to comply with DDA requirements and make reasonable adjustments where necessary to facilitate this.

Virtually all of Bolton's pharmacies now provide prescription collection from GP practices, MDS, the management of repeat prescription requests for patients, MURs, NMS, and are set up to receive EPS2 prescriptions. Currently, 9 pharmacies also provide AURs with 6 more planning to provide this service in the future.

The provision of emergency hormonal contraception through over-the-counter sales, NRT voucher dispensing, and smoking cessation counselling service are the most commonly provided Public Health services across Bolton pharmacies. The provision of screening services (with the exception of chlamydia) across Bolton pharmacies are currently rarely provided, however the majority confirm they are willing and able to provide these services if they were to be commissioned in the future.

From the last contractor survey, Bolton pharmacies have acted on key priorities which were set, most notably seasonal flu vaccinations. Going forward, Bolton's contractors have identified locally commissioned domiciliary MUR, MUR Plus/Medicines Opt, cholesterol screening, and alcohol screening as the services they have greatest interest in providing.

7.0

Future matters

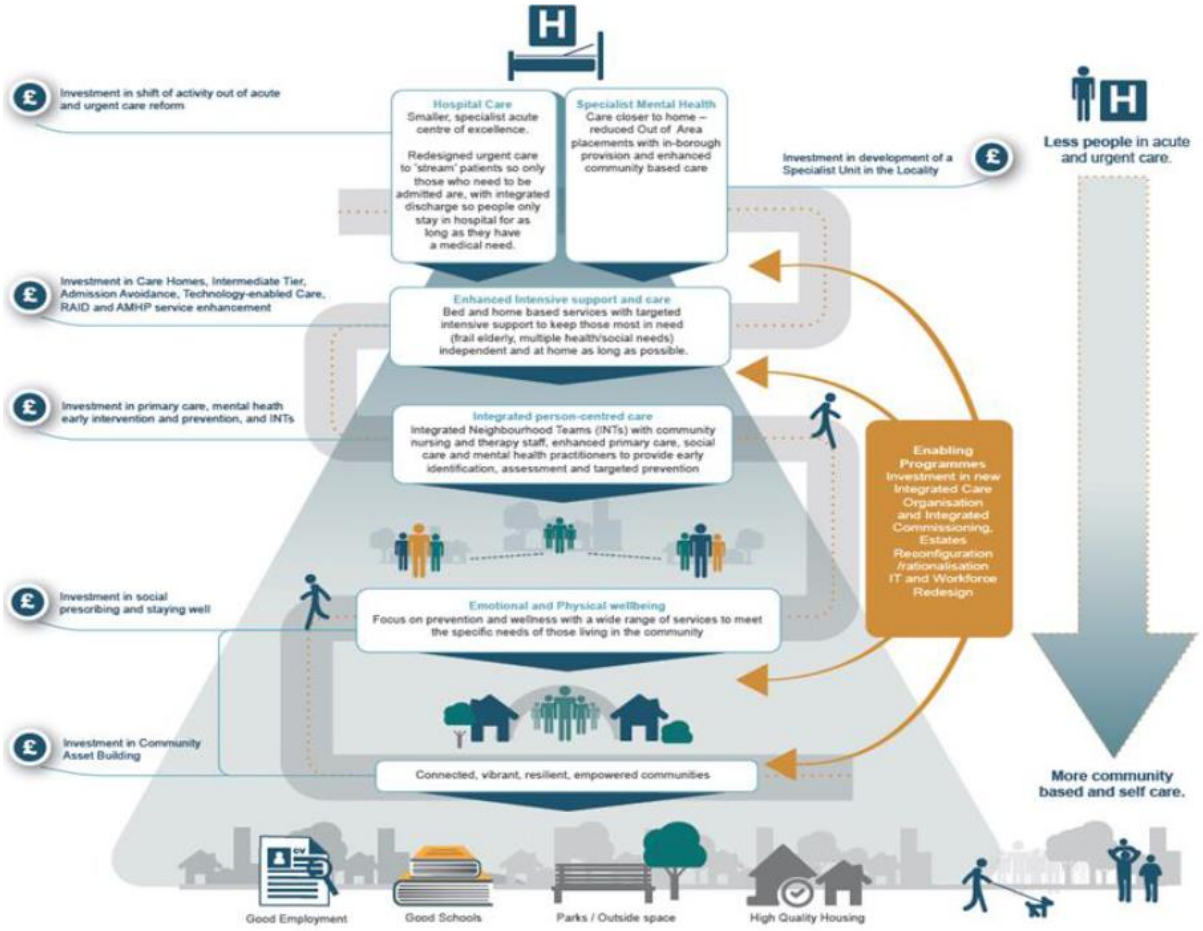
7.1 Future changes in the local health system

A summary taken from Bolton's Locality Plan has been included here, for further information please consult the Plan at http://www.boltonccg.nhs.uk/media/3027/bolton-locality-plan.pdf

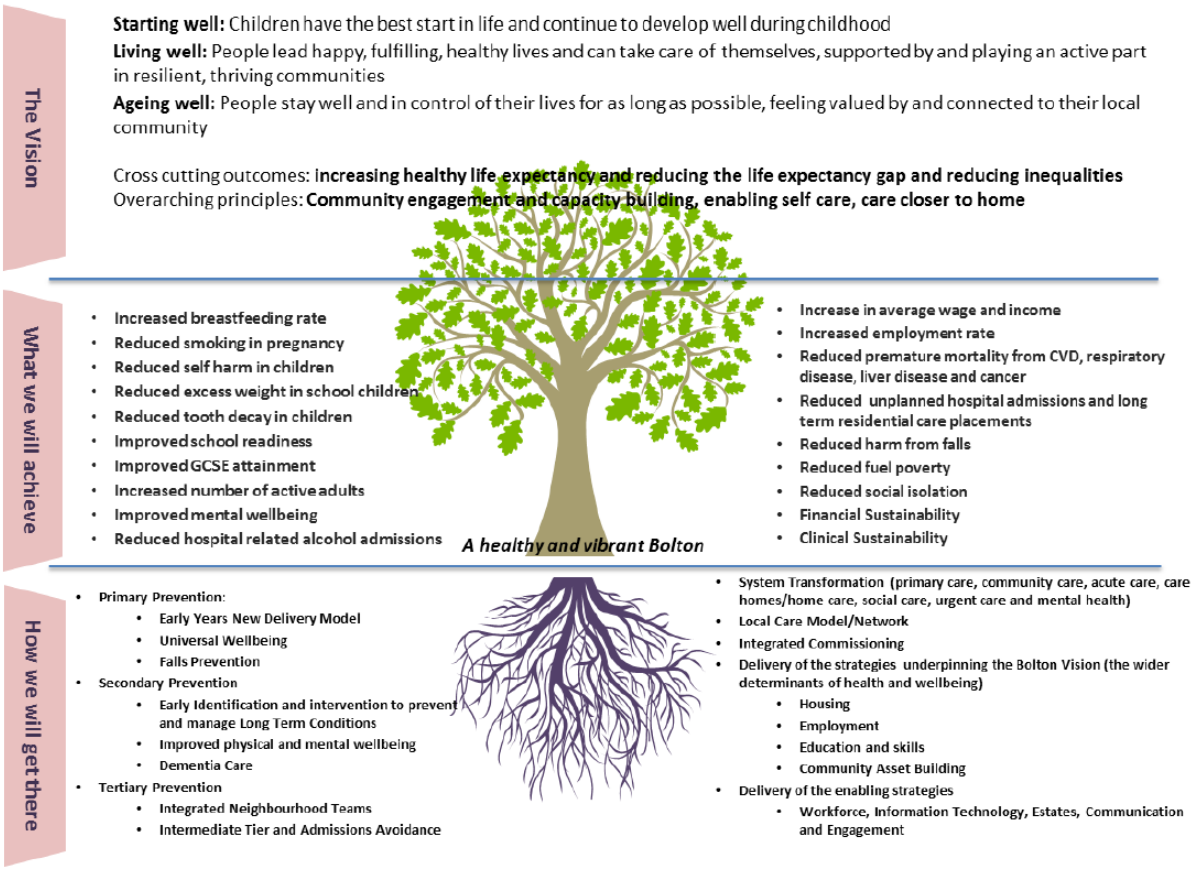
The Locality Plan is about transforming the way we do things, making better connections between existing services, building on community assets and developing an effective workforce that works with individuals to create better health outcomes.

The Locality Plan describes the system-wide redesign which is planned for early intervention and prevention (at primary, secondary and tertiary level) and the transitional funding required to build a system-wide, strategic partnership to lead population level prevention and health improvement. This means developing proactive care approaches which will allow us, over the next 5 years, to reduce the amount of resource we are spending on tertiary prevention through double running the primary and secondary prevention programmes alongside until these have started to deliver the necessary reductions in the usage of high cost care.

The diagram below shows how the transformation outlined in the Locality Plan will reform the system by 2021.



In order to deliver this vision we have identified they key themes where we will work together to deliver the Bolton which we aspire to. We will support our residents in starting well, living well and ageing well in an environment that is prosperous, clean, green, strong and distinctive. This is set out in the diagram below.



This Plan sets the local context within which this PNA is published.

7.2 Future development

Bolton's Core Strategy – adopted March 2011 - included plans for an average of 694 additional dwellings per annum between 2008 and 2026, an overall total of 12,492 dwellings. The location of new housing will reflect the overall spatial option of concentrating development in Bolton town centre, renewal areas, and at Horwich Loco Works. There will continue to be some development in the outer areas where it is in character with the surrounding area and where there is adequate infrastructure.

Going forward, key developments across the town centre, most notably the Transport Interchange, will impact on the way in which the town centre is used and accessed[36].

Whilst confirmation is ongoing and the number of dwelling subject to monitoring, the original planned distribution of housing over the life of the Strategy is:

1. Bolton town centre: 10-20%;
2. Renewal areas (most deprived neighbourhoods): 35-45%;
3. Horwich Loco Works: 10-15%;

[36] Bolton Council (2017) *Bolton town centre framework*, pg12.

4. Outer areas: 20-30%.

As has been made clear in this PNA Bolton town centre, the most deprived neighbourhoods, and Horwich are all well served by the current pharmaceutical provision. By their very nature, the outer areas are not as well covered, but as has been shown the majority of Bolton's outer areas are now within one mile of a pharmacy. Therefore, there is no anticipated risk identified, however, this will need to be monitored once developments are completed and residents in place.

Over the life of this PNA (the next three years), new housing is likely to continue to be built on brownfield sites within the existing urban area, especially in Bolton town centre and the immediately surrounding areas. Towards the end of the three years, there is likely to be a shift towards the development of housing on sites on the edge of the urban area such as in Westhoughton, Blackrod, Horwich and Bromley Cross.

Development is dependent on private housebuilders as to whether planned sites reach completion, but the rate of delivery over the last few years has been around 400-500 dwellings per year. The distribution of population across the Borough as a result of new housing will only change very marginally in a three year period.

8.0

Appendices

APPENDIX 1: Pharmacy contractor survey full analysis

APPENDIX 2: Bolton geographies

APPENDIX 3: Consultation plan

APPENDIX 4: Public survey analysis

APPENDIX 5: Pharmacy contractor survey template

APPENDIX 6: Public survey template