



**Bury Health and Wellbeing Board  
Pharmaceutical Needs Assessment  
2025 to 2028**

# Contents

1	Executive Summary.....	4
1.1	Introduction.....	4
1.2	Results .....	5
1.3	Stakeholder Consultation .....	5
1.4	Conclusions.....	6
2	Introduction .....	7
2.1	Purpose of a PNA.....	7
2.2	HWB duties in respect of the PNA.....	7
2.3	Background and legislation .....	8
2.4	Scope of the PNA.....	9
2.5	Minimum requirements for the PNA.....	10
3	How the assessment was undertaken .....	11
3.1	Development of the PNA.....	11
3.2	JSNA and Locality strategy.....	13
3.3	Focus of the PNA .....	14
3.4	Patient and public engagement .....	15
3.5	Contractor engagement .....	16
3.6	Pharmaceutical services .....	17
3.7	Consultation .....	24
4	Context in Bury.....	25
4.1	Overview.....	25
4.2	Current and Projected Population in Bury .....	26
4.3	Deprivation .....	28
4.4	Life expectancy .....	30
4.5	Population characteristics health needs .....	31
5	Key health priorities for Bury.....	43
5.1	Increase in Physical Activity.....	43
5.2	Management of Obesity and Healthy Weight.....	45
5.3	Reduction in Smoking prevalence .....	45
5.4	Harm Reduction from Drugs and Alcohol.....	46
5.5	Health protection – Immunisations and Vaccinations .....	47
5.6	Increase in pharmacy first uptake .....	49
5.7	Cardiovascular Disease .....	49
5.8	Chronic Respiratory conditions .....	50
5.9	Cancer .....	52
5.10	Musculoskeletal.....	53
6	Provision of pharmaceutical services.....	55
6.1	Necessary services - current provision within the HWB’s area.....	55

6.2	Necessary services: current provision out-side the HWB’s area .....	67
6.3	Other relevant services - current provision.....	67
6.4	Future provision – necessary and other relevant services.....	68
6.5	Other NHS services .....	69
7	Districts for the purpose of the PNA.....	71
7.1	Overview.....	71
7.2	East Bury Neighbourhood Profile .....	72
7.3	West Neighbourhood Profile.....	74
7.4	North Neighbourhood .....	76
7.5	Prestwich Neighbourhood.....	78
7.6	Whitefield Neighbourhood.....	80
8	How pharmaceutical services can help support a healthier population .....	82
8.1	Essential Services (ES).....	82
8.2	Advanced Services .....	83
8.3	Locally commissioned services (LCS) .....	85
9	Gaps in current provision of pharmaceutical services.....	87
9.1	Gap Analysis Criteria.....	87
9.2	Gap Analysis – Location and times of opening.....	87
9.3	Gap Analysis - Current service provision .....	88
9.4	Gap Analysis - Future Provision .....	88
9.5	Gap analysis - Conclusion .....	88
10	Improvements and better access: gaps in provision of pharmaceutical services .....	89
11	Conclusions (for the purpose of Schedule 1 to the 2013 Regulations) .....	90
11.1	Current provision – necessary and other relevant services .....	90
11.2	Necessary services – gaps in provision.....	90
11.3	Future provision of necessary services.....	90
11.4	Improvements and better access – gaps in provision .....	91
11.5	Other NHS Services.....	91
11.6	How the assessment was carried out.....	91
11.7	Map of provision.....	91

# 1 Executive Summary

## 1.1 Introduction

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

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

The PNA includes information on:

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

This document has been prepared by NHS Greater Manchester (NHS GM) on behalf of Bury's Health and Wellbeing Board (HWB) in accordance with the NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013, as amended. It replaces the Pharmaceutical Needs Assessment (PNA) previously published in 2022.

A steering group was established to lead a comprehensive engagement process to inform the development of the PNA. The group undertook a public survey and sought information from pharmacies, Bury Council, NHS GM, Community Pharmacy Greater Manchester (CPGM) and NHS commissioning boards (NHSCB).

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

Bury has a population of 193,855 (2021 Census). Between 2023 and 2033 the Bury population is estimated to increase by 5,798 (ONS mid-2018 population estimate). This includes a 15.4% increase in those aged 65 and over, with an additional 5,617 adults in this age bracket, which will have implications for the commissioning of services.

To identify local health needs and assess current pharmaceutical services provision, Bury is divided into five integrated neighbourhood teams as described in the Bury directory<sup>2</sup>:

- Bury East
- Bury North
- Bury West
- Prestwich
- Whitefield

---

<sup>1</sup> [Joint Strategic Needs Assessment - Bury Council](#)

<sup>2</sup> [The Bury directory - Neighbourhood profiles](#)

Information regarding local provision of pharmaceutical services was made available by NHSCB, Bury Council, NHS GM and CPGM. Other relevant nationally available data was gathered through providers such as ONS and NHSBSA. This was analysed by the NHS GM Medicines Optimisation Team on behalf of the Steering Group.

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

## 1.2 Results

Bury has 41 pharmacies (37 walk-in and 4 distance selling pharmacies) providing a range of essential services, advanced services, and locally commissioned services (including NHSCB enhanced services) on behalf of Bury Council and NHSCB. All pharmacies in Bury have NHSCB contracts, there are no Local Pharmaceutical Service (LPS) Contracts.

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

There have been pharmacy closures since the last PNA; one in Ramsbottom and one in Radcliffe East, where service provision has been absorbed by existing providers.

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

- Bury has 21 pharmacies per 100,000 population, which is more than the England (18) and equal to the Greater Manchester (21) averages.
- Most residents live within 1.0 miles of a pharmacy.
- Most residents can access a pharmacy within 20 minutes either by walking, public transport or driving.
- The location of pharmacies within each of the five neighbourhoods and across the whole HWB area.
- The number and distribution of pharmacies within each of the five neighbourhoods and across the whole HWB area.
- The choice of pharmacies covering each of the five neighbourhoods and the whole HWB area.
- 92% of respondents to the public survey had not had any difficulty in accessing a pharmacy of their choice.
- 93% of respondents to the public survey had not had any difficulty in accessing a pharmacy due to location.
- 82 % of responders said the opening hours of pharmacies in Bury do not cause a problem
- Bury has a choice of pharmacies open across range of times including early mornings, evenings and the weekend.
- Bury pharmacies offer a range of pharmaceutical services to meet the requirements of the population.

## 1.3 Stakeholder Consultation

As part of the PNA process there is a statutory provision that requires consultation of at least 60 days to take place to establish if the pharmaceutical providers and services supporting the population in the HWB area are accurately reflected in the final PNA document. Bury Council's consultation ran from 22<sup>nd</sup> September 2025 until 20<sup>th</sup> November 2025. The responses received were used to inform the final conclusions which were collated and are now published as part of this PNA.

## 1.4 Conclusions

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

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

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

- No current gaps in the need for provision of essential services during normal working hours have been identified.
- No current gaps in the provision of essential services outside normal working hours have been identified.
- No current gaps in the provision of advanced and enhanced services have been identified.
- No gaps in the need for pharmaceutical services in specified future circumstances have been identified.
- No gaps have been identified in essential services that if provided either now or in the future would secure improvements, or better access, to essential services.
- No gaps have been identified in the need for advanced services that if provided either now or in the future would secure improvements, or better access, to advanced services.
- No gaps in respect of securing improvements, or better access, to other NHS services either now or in specified future circumstances have been identified.

## 2 Introduction

This document has been prepared by NHS GM on behalf of Bury's Health and Wellbeing Board (HWB) in accordance with the NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013, as amended. It replaces the Pharmaceutical Needs Assessment (PNA) previously published in 2022.

In the current NHS there is a need for the local health partners, NHSCB, Bury Council, Bury pharmacies and other providers of health and social care, to ensure that the health and pharmaceutical needs of the local population are met through the appropriate commissioning of services.

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

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

Glossary and acronyms are provided in Appendix One.

### 2.1 Purpose of a PNA

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

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

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

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

### 2.2 HWB duties in respect of the PNA

In summary Bury HWB must:

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

## **2.3 Background and legislation**

### **2.3.1 National Legislation**

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

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

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

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

Each PNA, published by the HWB will have a maximum lifetime of three years. HWBs will also be required to publish a revised assessment when significant changes to the need for pharmaceutical services are identified unless this is considered a disproportionate response.

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

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

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

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

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

At the time of writing, there was no agreed timeline for the implementation of 'collective action' and there is no detail on any specific impact that this action may have on pharmaceutical service provision. However, action may include serving notice on opening hours above contract minimums, ceasing free services such as free deliveries and free MDS packs, serving notice on locally commissioned services in the interests of patient safety and to refuse DHSC requests for data collection above that required by the pharmacy contract. Once this detail is agreed upon and available, there will need to be further assessment to establish if any gaps are created within the PNA.

With the announcement of the new CPCF in April 2025, the NPA decided against recommending 'collective action' to its members.

### 2.3.3 Mandatory 60-day stakeholder consultation

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

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

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

It is important that the PNA reflects changes that affect the need for pharmaceutical services in Bury. Where the HWB becomes aware that a change may require the PNA to be updated then a decision to revise the PNA will be made.

Not all changes to pharmaceutical services will result in a change to the need for services. Where required, the HWB will issue supplementary statements to update the PNA as changes take place to the provision of services locally.

## 2.4 Scope of the PNA

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

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

Pharmaceutical services are defined by reference to the regulations and directions governing pharmaceutical services provided by community pharmacies (which may be LPS providers), dispensing doctors and appliance contractors.

Whether a service falls within the scope of pharmaceutical services for the purposes of the PNA depends on who the provider is and what is provided:

For **dispensing practices**, the scope of the service to be assessed in the PNA is the dispensing service. However, as there are no dispensing GP practices in Bury, these are not considered in the document. For **appliance contractors** the scope of the service to be assessed in the PNA is the dispensing of appliances and the provision of appliance use review (AUR) and stoma appliance customisation (SAC). This means that, for the purposes of the PNA, it is concerned with whether patients have adequate access to dispensing services, including dispensing of appliances, AURs and SACs where these are undertaken by an appliance contractor but not concerned with other services appliance contractors may provide.

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

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

## 2.5 Minimum requirements for the PNA

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

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

## 3 How the assessment was undertaken

### 3.1 Development of the PNA

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

#### 3.1.1. PNA steering group

The HWB has overall responsibility for the publication of the PNA and the Director of Public Health is the HWB member who is accountable for its development. Bury's HWB established a PNA steering group, the membership of which ensured that all the main stakeholders were represented.

The steering group has been responsible for reviewing the PNA to ensure it meets the statutory requirements. The steering group approved all public facing documentation. The membership and the terms of reference for the steering group are provided at Appendix Two.

The steering group included representation from the following groups:

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

#### 3.1.2 PNA localities

This PNA describes the needs for the population of Bury. It considers current provision of pharmaceutical services across five neighbourhoods in the Bury HWB area as described in the JSNA and are approved by the steering group for use in this PNA.

The PNA uses the current system of Bury ward boundaries split across the five neighbourhoods. This approach was taken because:

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

The five neighbourhoods and the wards within them are:

North

- Ramsbottom
- North Manor
- Tottington
- Elton

East Bury

- Moorside
- Bury East
- Redvales

West

- Bury West
- Radcliffe North & Ainsworth
- Radcliffe East
- Radcliffe West

Prestwich

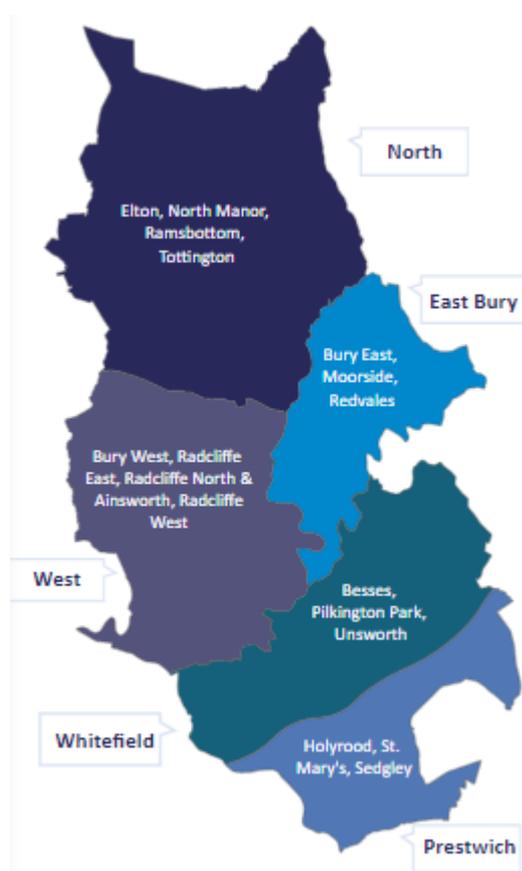
- St. Mary's

- Holyrood
- Sedgley

Whitefield

- Unsworth
- Besses
- Pilkington Park

Map 1 - Bury neighbourhoods and wards



Source - <https://theburydirectory.co.uk/neighbourhood-profiles> accessed 13/02/2025

### 3.1.3 Contractor questionnaire and patient survey

A standardised contractor questionnaire and patient survey were developed by a GM PNA steering group, with representation from all 10 LA's, CPGM and NHS GM. The questionnaire and survey were approved by the Bury steering group. These were promoted to pharmacy contractors and the public between January and March 2025. They aimed to identify additional relevant information from service providers and to identify how the public currently and in the future, want to interact with pharmacy services. Once completed the results of both were analysed.

Bury Council were involved in promoting the public survey to as wide an audience as possible through the existing channels available to them. Healthwatch supported this by taking the survey into community groups and assisting people with responding.

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

### 3.1.4 Other sources of information

The content of the PNA including demographics, neighbourhoods and background information was approved by the steering group. In looking at the health needs of the local population, the Bury JSNA<sup>3</sup>,

<sup>3</sup> [Joint Strategic Needs Assessment - Bury Council](#) accessed 07/02/2025

Bury Councils 'Let's Do It! strategy'<sup>4</sup> – the Strategy for the borough until 2030, and other health data were considered.

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

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

### **3.1.5 Consultation**

The statutory 60-day consultation commenced on 22<sup>nd</sup> September 2025 and ran until 20<sup>th</sup> November 2025.

There were 6 responses and a report outlining areas of feedback from the consultation along with replies can be found in appendix 13.

The list of stakeholders consulted included the following groups:

- Community Pharmacy Greater Manchester (CPGM).
- Bury Local Medical Committee (LMC)
- Pharmacies and DAC's on the pharmaceutical list in Bury.
- Healthwatch Bury and any other patient, consumer, and community groups in the area with an interest in the provision of pharmaceutical services in the area.
- NHS trusts and NHS foundation trusts in the area (Northern Care Alliance (NCA) NHS Foundation Trust).
- NHS commissioning bodies.
- Neighbouring HWBs. (Bolton, Salford, Manchester, Rochdale, Blackburn with Darwen, and Rossendale).

## **3.2 JSNA and Locality strategy**

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

### **3.2.1 Bury's JSNA**

Bury's JSNA discusses the characteristics and identified health needs of the whole population living within the HWB area. It focuses on broad topics:

1. Life course – starting well, living well and ageing well.
2. Wider Determinants of Health – Crime, education, housing, environment, income and work and the labour market.
3. Neighbourhood profiles.
4. Interactive tools with updated information and intelligence.
5. Census 2021.

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

---

<sup>4</sup> [Let's Do It! strategy](#) accessed 07/02/2025

### **3.2.2 Bury's Let's Do It! Strategy – the strategy for the borough up to 2030**

This goal for Bury is 'to stand out as a place that is achieving faster economic growth than the national average, with lower than national average levels of deprivation' both of which are wider determinants of health and health inequalities.

Bury will measure progress to achieving this ambition by tracking seven core outcome measures on an annual basis:

1. Improved quality of life
2. Improved early years development
3. Improved educational attainment for our young people
4. Increased adult skill levels and employability
5. Delivering inclusive economic growth
6. Delivering carbon neutrality by 2038
7. Improved digital connectivity

### **3.3 Focus of the PNA**

The Health and Wellbeing Board discuss these documents and approve actions to take forward to address the needs of the population of Bury. The HWB have identified health priorities as stated in HWB minutes from 16/01/2025 meeting<sup>5</sup>. The HWB have also identified priorities in the locality plan update for 2025 to address issues which will help drive the changes recommended in Bury's Let's do it! strategy. The priorities identified by the HWB that are related to pharmaceutical services provision are:

1. Increase annual physical activity
2. Reduce smoking prevalence
3. Management of obesity and healthy weight
4. Harm reduction from drugs and alcohol
5. Health protection – immunisations and vaccinations
6. Increase in pharmacy first uptake

The major conditions board have also identified the following major conditions as priorities:

7. Cardiovascular disease
8. Respiratory disease (COPD and Asthma)
9. Cancers
10. Musculoskeletal conditions

---

<sup>5</sup> [Health and Wellbeing Board - Bury Council](#)

### 3.4 Patient and public engagement

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

There were 71 responses to the Bury public survey. This only represents 0.04% of Bury's population (aged 16 years and over); we can only take this as a general picture of public opinion. Map 2 below shows the spread of responses to the public survey.

The lack of response to the public survey may indicate that residents in Bury may not see access to pharmacies as an issue and therefore not worth taking the time to complete the survey, but this assumption is not proven. Of the 71, 79% of the responders were female.

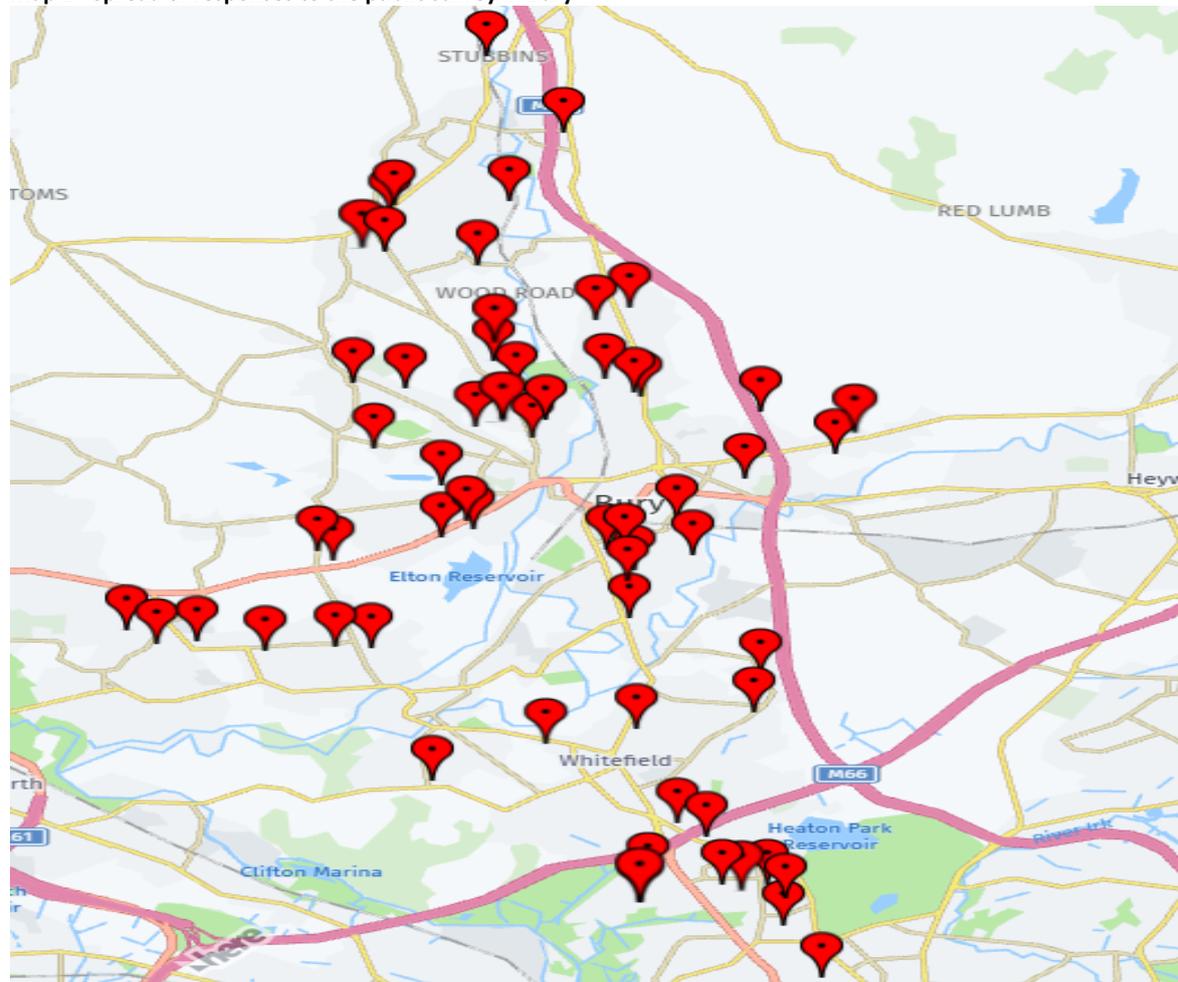
30% of respondents were over the general age of retirement of 65 years and over.

23% of respondents consider themselves to have a disability.

80% of people considered themselves to be 'White British'.

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

Map 2 - Spread of responses to the public survey in Bury



#### 3.4.1 Choice of Pharmacy

92% of respondents to the public survey had not had any difficulty in accessing a pharmacy of their choice and 86% used one pharmacy regularly.

From all the respondents, the two most selected reasons for using one pharmacy regularly were that the pharmacy was near to home or their doctors which 28% of these respondents accessed by walking and 63% by car either as a driver or passenger.

### **3.4.2 Access to Pharmaceutical Services**

The location of pharmacies does not cause a problem for 93% of the responders and the opening hours do not cause a problem for 82% of respondents. For the 13 respondents who had a problem with the opening times, eight had an issue with their nominated pharmacy not opening on the weekend. They were not aware that some pharmacies had extended opening times and where these pharmacies were located. Any campaign to increase use of pharmacies for self-care, should include providing information on the location and opening times of pharmacies that provide extended hours. 92% of respondents had no difficulty in accessing a pharmacy of their choice and 43% of respondents were able to travel to their chosen pharmacy in 6 – 10 minutes.

### **3.4.3 Development of Pharmacy Services**

82% of respondents felt that it was essential or fairly important that their pharmacist be able to provide clear advice on prescription and over the counter medicines and this guided their choice of pharmacy. 79% of respondents were also very satisfied or satisfied that the pharmacist offered advice when they needed it. Pharmacist and their staff should be primarily focussed on patient safety, of which delivering information to patients is a main feature. Regular conversations with clients around their medication and health status are taking place already but should be improved in pharmacies as this increases the understanding of medications and develops improved public confidence in the ability of pharmacy staff. Patients should also be encouraged to ask questions and understand that pharmacists are a good source of information about the medication they take.

82% (58) of respondents were either satisfied or very satisfied with the overall service they receive from their pharmacy/pharmacies overall. With 2 being unsatisfied and 2 were very unsatisfied.

Respondents were provided with an opportunity to comment on which other pharmacy services they would like their pharmacy to offer. 10 respondents provided an answer to this question, and the comments received included a minor skin conditions service, a blood testing service, a stoma products service and to provide advice when medication is not available.

## **3.5 Contractor engagement**

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

The survey was promoted by CPGM to all contractors and they also supported the uptake of the survey through individual phone calls to outstanding contractors. Responses were received from 41 pharmacies, a 100% response rate, which is a significant increase compared to the previous PNA. This helps to provide a complete picture of pharmaceutical service provision in Bury and can be used alongside data provided by NHSCB to support decisions for the PNA.

### **3.5.1 Advanced services**

See information contained in section 6.0.

*Data from the NHS Business Services Authority show that the main providers of appliance use reviews and stoma customisation services are DACs. In the 12-month period, December 23 to November 24 (latest data on 1<sup>st</sup> March 2025), 1461 AURs were provided to Greater Manchester residents with 500 of these delivered in the individual's home.*

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

Advanced Service	Number of Pharmacies	Commissioned (C) or Provided (P)	Comments
Pharmacy First Service (PFS)	41	P	Commenced on 31st January 2024. Replaced 2 elements of CPCS.
Flu Vaccination Service	33	P	Annually from Autumn to March.
Pharmacy Contraception Service (PCS)	33	P	Commenced on 24th April 2023, from 1st December 2023, the service expanded to include both initiation and on-going supply of OC. From October 2025 to include supply of EHC.
Hypertension Case-Finding Service	37	P	From 1st October 2021.
New Medicine Service (NMS)	40	P	
Smoking Cessation Service (SCS)	24	P	From 10 <sup>th</sup> March 2022
Appliance Use Review (AUR)	0	C	Provided by DACs
Stoma Appliance Customisation (SAC)	0	C	Provided by DACs
Lateral Flow Device Service (LFD)	24	P	From 6th November 2023. For eligible patient groups. <sup>6</sup>

### 3.5.2 Enhanced and locally commissioned services

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

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

Commissioner	Service	Number of Pharmacies Providing Service FYTD 24/25
Bury Council	Emergency Hormonal Contraception**	18
Bury Council	Supervised Methadone/Buprenorphine Consumption	17
Bury Council	Needle Exchange	6
NHS GM ICB	Palliative Care Medicine Stockholding	3*
NHS GM ICB	Minor Ailment Service (MAS)	23
NHS GM ICB	Minor Eye Conditions Service (MECS)	27
NHS GM ICB	COVID medicines delivery - Medicines supply following referral via NHS Mail	2

\*Claim for outdated medicines.

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

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

### 3.5.3 Non-NHS services

Pharmacy owners can opt to provide other services which are not directly commissioned. These can either be free to the client or the pharmacy staff can charge a fee.

Examples of such services are prescription delivery services or medication reminder tools.

## 3.6 Pharmaceutical services

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

Pharmaceutical services may be provided by:

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

<sup>6</sup> <https://cpe.org.uk/national-pharmacy-services/advanced-services/lfd-service/>

NHSCB are responsible for preparing, maintaining and publishing the pharmaceutical list. It should be noted, however, for Bury HWB there are no dispensing doctors within the HWB's area. Bury does not have any DACs within the borough boundaries either.

Contractors may operate as either a sole trader, partnership, or a body corporate. The Medicines Act 1968 governs who can be a pharmacy contractor, but there is no restriction on who can operate as a DAC.

### 3.6.1 Pharmaceutical services provided by pharmacy contractors

Unlike for GPs, dentists and optometrists, NHSCB does not hold contracts with pharmacy contractors. Instead, they provide services under a contractual framework, details of which (their terms of service) are set out in schedule 4 of the 2013 regulations and in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 (the 2013 directions). The underpinning elements of the contractual framework, which align to national health plans, are reviewed regularly to allow service changes and payment to pharmacy contractors for delivering services which target national priorities.

Negotiations on the 2024/25 CPCF, which includes negotiations on the Pharmacy Quality Scheme (PQS), were paused when the 2024 general election was announced and resumed in January 2025. The most recent version the Community Pharmacy Contractual Framework (CPCF) for 2024 to 2025 and 2025 to 2026<sup>7</sup> was released in April 2025.

Pharmacy contractors may provide three types of services that fall within the definition of pharmaceutical services. These are as follows:

- **Essential services** – all pharmacies with NHS contracts (see Appendix Six for complete list) must provide these services. Further details can be found on the CPE website<sup>8</sup>:
  - Dispensing of medicines
  - Dispensing of appliances
  - Repeat dispensing and electronic repeat dispensing (eRD)
  - Disposal of unwanted medicines
  - Public health (Promotion of healthy lifestyles)
  - Signposting
  - Support for self-care
  - Discharge Medicines Service (DMS)
  - Healthy Living Pharmacies
  
- **Advanced services** – pharmacies may choose whether to provide these services or not (see Appendix Seven). If they choose to provide one or more of the advanced services, they must meet certain requirements and must be fully compliant with the essential services and clinical governance requirements:
  - New Medicine Service (NMS)
  - Appliance Use Review (AUR)
  - Stoma Appliance Customisation (SAC)
  - Flu vaccination Service
  - Lateral Flow device (LFD) service
  - Hypertension case finding service
  - Smoking Cessation Service (SCS)
  - Pharmacy contraception service (PCS)
  - Pharmacy first service
  
- **National and Local Enhanced services** – In December 2021, provisions were made within the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 for a new type of Enhanced service, the National Enhanced Service (NES). Under this type of service, NHS

---

<sup>7</sup> <https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2024-to-2025-and-2025-to-2026/community-pharmacy-contractual-framework-2024-to-2025-and-2025-to-2026>

<sup>8</sup> <https://cpe.org.uk/national-pharmacy-services/>

England commissions an Enhanced service that is nationally specified. This requires NHS England to consult with Community Pharmacy England on matters relating to the service specification and remuneration for the service.

This differs from a Local Enhanced Service (LES) that should be locally developed and designed to meet local health needs and for which NHS England would consult with Local Pharmaceutical Committees. A NES allows the agreement of standard conditions nationally, while still allowing the flexibility for local decisions to commission the service to meet local population needs, as part of a nationally coordinated programme.<sup>9</sup>

The current list of National enhanced services offered by NHSCB in the Bury area are:

- COVID-19 vaccination service

The current list of Local enhanced services offered by NHSCB in the Bury area are:

- Minor Ailment Service (MAS)
- Minor Eye Conditions Service (MECS)

Underpinning the provision of all these services is the requirement on each pharmacy to participate in a system of clinical governance requirements as set out within the 2013 regulations and includes<sup>10</sup>:

- A patient and public involvement programme
- A clinical audit programme
- A risk management programme
- A clinical effectiveness programme
- A staffing and staff management programme
- An information governance programme
- A premises standards programme
- Patient safety incident reporting

The Pharmacy Quality Scheme (PQS) also forms part of the Community Pharmacy Contractual Framework (CPCF), which supports delivery of the NHS Long Term Plan and rewards community pharmacy owners that achieve quality criteria in the three domains of healthcare quality: clinical effectiveness, patient safety and patient experience. Negotiations on the 2024/2025 CPCF were paused when the last general election was called. The negotiations have since commenced and the new CPCF was announced in April 2025.

### **3.6.2 Locally commissioned services**

Locally commissioned community pharmacy services can be contracted via several different routes and by different commissioners. These services no longer fall within the definition of enhanced services or pharmaceutical services as set out in legislation and therefore should not be referred to as enhanced services. For the purposes of this document, they are referred to as locally commissioned services.

Bury Council and NHS GM ICB may also commission services from pharmacies and dispensing appliance contractors (DACs). However, these services fall outside the definition of pharmaceutical services. In particular, the commissioning of several services that have been designated as public health services were transferred to local authorities.

These services are included within this assessment where they affect the need for pharmaceutical services, or where the further provision of these services would secure improvements or better access to pharmaceutical services.

These services meet current identified needs for what would be pharmaceutical services if commissioned by NHS CB and should be considered as relevant to the pharmaceutical needs of Bury. Guidance, examples, and templates of locally commissioned can be found on the CPE website.<sup>11</sup>

---

<sup>9</sup> <https://cpe.org.uk/national-pharmacy-services/national-enhanced-services/>

<sup>10</sup> <https://cpe.org.uk/quality-and-regulations/clinical-governance/>

<sup>11</sup> <https://cpe.org.uk/lpcs-and-local/locally-commissioned-services/>

The Emergency contraception service will transfer to a nationally commissioned Pharmacy Contraception Service from 29<sup>th</sup> October 2025. Arrangements are in place to decommission the locally commissioned Emergency contraception service.

**Services commissioned by Bury Council are:**

- Sexual Health Services:
  - Emergency contraception
- Substance misuse services including:
  - Needle exchange (NX)
  - Supervised Consumption of prescribed medication for dependence (SC)

**Services commissioned by NHS GM IC:**

- Palliative Care Medicine Stockholding
- Minor Ailments Service (MAS)
- Minor Eye Care Service (MECS)
- COVID medicines delivery - Medicines supply following referral via NHS Mail

### **3.6.3 Non-commissioned added value services**

Community pharmacy contractors also provide private services that improve patient care but are not commissioned directly by NHSCB or LAs. Examples of these include home delivery service, blood glucose measurements and weight loss programmes.

Pharmacists are free to choose whether to charge for these services but are expected to follow standards of governance if they do. As they are private services, they fall outside the scope of the PNA.

### **3.6.4 Contracted Opening Hours**

NHS England has overall responsibility for administering opening hours for pharmacies, however since 2023 this responsibility has been delegated to the Integrated Care Boards (ICBs).

A pharmacy normally has 40 core contractual hours (or 100 for those that have opened under the former exemption from the control of entry test), which cannot be amended without the consent of the ICB. The supplementary hours, which are the additional opening hours, can be changed and notification of change must be given in advance to the ICB. The supplementary hours can be decreased by the pharmacy subject to giving five weeks' notice (or less if an ICB consents), or increased with no notice period. A pharmacy may also have more than 40 core hours where it has made an application based on that higher number, and NHS England (or the ICB) agreed to that application, in this case, the pharmacy cannot amend these hours without the consent of the ICB.

Between April 2005 and August 2012, some contractors successfully applied to open new premises based on being open for 100 core opening hours per week (referred to as 100-hour pharmacies), which means that they are required to be open for 100 hours per week, 52 weeks of the year (apart from weeks which contain a bank or public holiday, or Easter Sunday).

In 2023 regulations were laid to make changes to the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 that added provisions for rest breaks, reduction of core hours for 100-hour pharmacies (to not less than 72 core opening hours each week), requirements to change core opening hours and local hours plans.

There are four pharmacies in Bury with 100-hour contracts and the updated regulations for 100-hour pharmacies state that any existing core opening hours must remain that are:

- Monday to Saturday between 5pm and 9pm (no rest breaks are permitted during this time).
  - Sunday between 11am and 4pm (rest breaks are permitted between 11am and 4pm on a Sunday),
- and

- Sunday's total opening hours (i.e. the existing, total core opening hours on Sundays must remain). i.e. the reduction of total core opening hours per week to not less than 72 is conditional on maintaining the above core opening hours.

The proposed opening hours for each pharmacy are set out in the initial application. If the application is granted the pharmacy is then contracted to open during the opening hours identified in the application. The contractor can subsequently apply to NHS GM ICB to change their core opening hours or notify a change in their supplementary hours.

NHS GM ICB will assess the application against the needs of the population of the HWB area as set out in the PNA to determine whether to agree to the change in core hours or not. If a contractor wishes to change their supplementary opening hours, they are obliged to notify NHS GM ICB of the change, giving at least three months' notice.

The new CPCF, which was confirmed in April 2025, outlines the amendment of regs' test for changing the days and times of core opening hours. The key points from the CPE briefing<sup>12</sup> are as follows:

- Changing core opening hours remains an application process – the ICB must approve any proposed change.
- The total number of core opening hours must remain the same (another provision applies for applications to reduce the number of core opening hours).
- The new/proposed core opening hours must better meet the needs of patients and likely users of the pharmacy.
- A pharmacy owner's evidence of the economic viability of their current opening hours may be considered by the ICB.
- The PLPS Regulations (Terms of Service) must be amended first – only then will this change be effective/apply.
- The Pharmacy Manual will be revised accordingly.

### **3.6.5 Closure of Pharmacy Premises**

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

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

Pharmacy opening hours in Bury HWB's area can be found on NHS.uk website under NHS Services.<sup>13</sup> From 9th November 2020, under the NHS Terms of Service, contractors must ensure that the profile for their pharmacy is comprehensive and accurate.<sup>14</sup> Appendix Eight provides details as to the spread of opening times across each neighbourhood and by ward.

Since the last PNA there has been the closure of 2 standard contract pharmacies in Ramsbottom and Radcliffe East. However, a change in location of one pharmacy means that all wards in Bury now have a community pharmacy premises within their boundary.

### **3.6.6 Local pharmaceutical services**

Local pharmaceutical services (LPS) are a local alternative to the nationally negotiated terms of service. It can be used by NHS England when there is a need to commission a service from a pharmacy contractor to meet the needs of a patient group or groups, or a particular locality. For the purposes of the PNA the definition of pharmaceutical services includes LPS.

There are no LPS contractors within the Bury area.

---

<sup>12</sup> <https://cpe.org.uk/wp-content/uploads/2025/03/Briefing-010.25-Funding-Settlement-for-2024-25-and-2025-26.pdf> accessed 14/04/2025

<sup>13</sup> <https://www.nhs.uk/nhs-services/>

<sup>14</sup> [CPE](#)

### 3.6.7 Distance selling pharmacies

Whilst most pharmacies provide services on a face-to-face basis, e.g. people attend the pharmacy to ask for a prescription to be dispensed, or to receive health advice, there is one type of pharmacy that is restricted from providing services in this way. They are referred to in the 2013 regulations as distance selling premises (previously called wholly mail order or internet pharmacies).

Distance selling pharmacies are required to provide essential services and participate in the clinical governance system in the same way as other pharmacies; however, they must provide these services remotely. Such pharmacies are required to provide services to people who request them wherever they may live in England. Patients cannot walk into distance selling pharmacies.

There are four distance selling pharmacies in Bury, although residents may choose to use such pharmacies that are within or outside of the borough. Although these four pharmacies can provide a service nationally, dispensing data from ePACT2<sup>15</sup> shows that 60.7% of their items are issued to clients who have a Bury GP, and that a further 20.7% are issued to clients who have GPs in the neighbouring CCGs of Bolton, Heywood, Middleton and Rochdale, Manchester, East Lancashire, Blackburn with Darwen, and Salford. This indicates that the distance selling pharmacies in Bury can be classed as 'local' pharmacies.

The number of distance selling pharmacies in GM has increased from 15 to 51 over the last 2 years. This has created additional choice for residents to access pharmaceutical services through these pharmacies, both where they lie within and outside of the Bury boundary. This in turn, may decrease the demand on the traditional walk-in pharmacies.

**Table 3 - Items (>0.1%) issued from Bury Distance Selling Pharmacies, Jan 2024 – Dec 2024 (Source: ePACT2)**

Organisation/Locality where the prescription was issued	Number of items	% of total
NHS GREATER MANCHESTER ICB - Bury	250,296	60.7%
NHS GREATER MANCHESTER ICB - Stockport	38,133	9.2%
NHS GREATER MANCHESTER ICB - HMR	27,767	6.7%
NHS LANCASHIRE AND SOUTH CUMBRIA ICB - East Lancs	22,394	5.4%
NHS GREATER MANCHESTER ICB - Bolton	19,721	4.8%
NHS GREATER MANCHESTER ICB - Oldham	13,902	3.4%
NHS GREATER MANCHESTER ICB - Wigan	11,093	2.7%
NHS LANCASHIRE AND SOUTH CUMBRIA ICB - Blackburn with Darwen	5,979	1.4%
NHS GREATER MANCHESTER ICB - Manchester	5,185	1.3%
NHS GREATER MANCHESTER ICB - Salford	4,708	1.1%
NHS GREATER MANCHESTER ICB - Tameside	4,525	1.1%
NHS GREATER MANCHESTER ICB - Trafford	2,483	0.6%
NHS SOUTH YORKSHIRE ICB - Sheffield	1,457	0.4%
NHS WEST YORKSHIRE ICB - Bradford District and Craven	770	0.2%
NHS NORTH WEST LONDON ICB - North West London	733	0.2%
NHS CHESHIRE AND MERSEYSIDE ICB - Cheshire	652	0.2%

### 3.6.8 Pharmaceutical services through dispensing appliance contracts (DAC)

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

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

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

<sup>15</sup> <https://www.nhsbsa.nhs.uk/access-our-data-products/epact2>

- Provision of expert clinical advice regarding the appliances
- Signposting

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

- Stoma appliance customisation
- Appliances use review

DACs are required to open at least 30 hours per week, and these are referred to as core opening hours. They may choose to open for longer and these hours are referred to as supplementary opening hours. There are no DACs in Bury therefore its population has appliances dispensed either from DACs outside the Bury area or from community pharmacies who provide the items they require.

Results from the contractor survey provided the following information in relation to appliances:

- 24 Pharmacies can dispense stoma appliances
- 27 pharmacies can dispense incontinence appliances
- 35 pharmacies can dispense dressings
- 12 pharmacies can dispense other types of appliances

Appliance dispensing services can be accessed through local pharmacy contractors, or via DAC's that are based outside of the area.

### **3.6.9 Pharmaceutical services provided by doctors**

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

### **3.6.10 Hospital pharmacy**

Hospital pharmacies affect the need for pharmaceutical services within its area. They may reduce the demand for the dispensing of essential service as prescriptions written in the hospital that are dispensed by the hospital pharmacy service. Fairfield General Hospital (part of NCA Foundation Trust), as with each of the NCA FT hospital sites, offers outpatient dispensing of hospital prescriptions.

In some exceptional circumstances medications may be supplied through secondary care pharmacy services rather than community pharmacy. An example of this may be when there is a national shortage of a particular medication, where secondary care pharmacies hold stocks as a priority from wholesalers. The prescription numbers generated are unlikely to be significant due to the low volumes generated in outpatients and shortages, versus long-term prescribing by GPs.

### **3.6.11 Other provision of pharmaceutical services**

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

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

The PNA makes no assessment of these services.

### **3.6.12 Other sources of information**

Information was gathered from NHSCB and Bury Council regarding:

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

The JSNA and Bury Council's 'Let's Do It! strategy' provided background information on the health needs of the population.

### 3.7 Consultation

A statutory consultation exercise was carried out in accordance with the 2013 Regulations. The consultation took place from 22<sup>nd</sup> September to 20<sup>th</sup> November 2025 for a period of at least 60 days, in line with regulations. This is based on Section 242 of the NHS Act 2006, which requires HWBs to involve users of services in:

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

The statutory consultees were written to and provided with a link to the council's web site where the draft PNA was published and invited to respond to an online survey. The draft PNA and consultation response form was issued to all compulsory stakeholders. The documents were posted on the council internet and publicised to the compulsory stakeholders.

The number of responses received totalled six and:

- all six thought that the PNA identified pharmacy need in Bury.
- all six agreed with the conclusion of the PNA, that no gaps in pharmaceutical service provision had been identified in Bury.
- 4 respondents provided further comments, which have been addressed and replied to in appendix 13.

No changes were made that altered the conclusions of this PNA.

## 4 Context in Bury

### 4.1 Overview

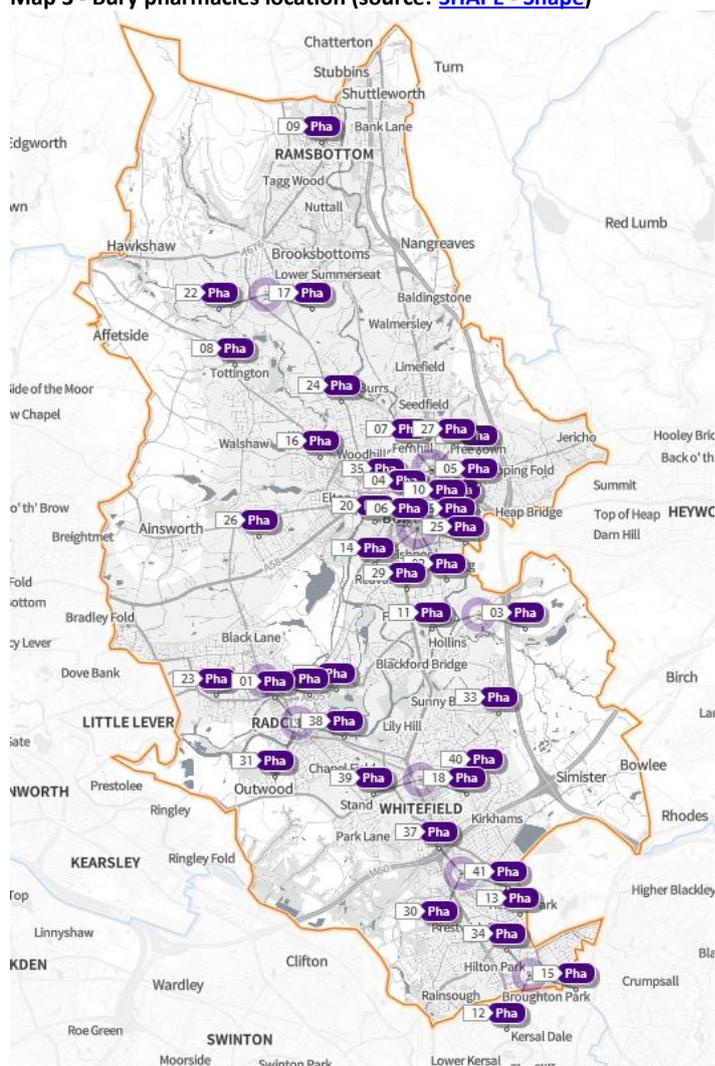
Bury Council is one of ten councils in Greater Manchester. It lies to the north of the city of Manchester. The borough is named after its largest town, Bury, but also includes the towns of Prestwich, Whitefield, Radcliffe, Tottington and Ramsbottom. The latest estimated population for Bury is 195,476 (ONS Crown copyright reserved – from Nomis on 13<sup>th</sup> February 2025) and spans 38 square miles (99 km<sup>2</sup>).

Although some parts are contiguous with the city of Manchester, are highly industrialised and densely populated, the northern region between Tottington and Ramsbottom have areas covered by moorland and are sparsely populated.

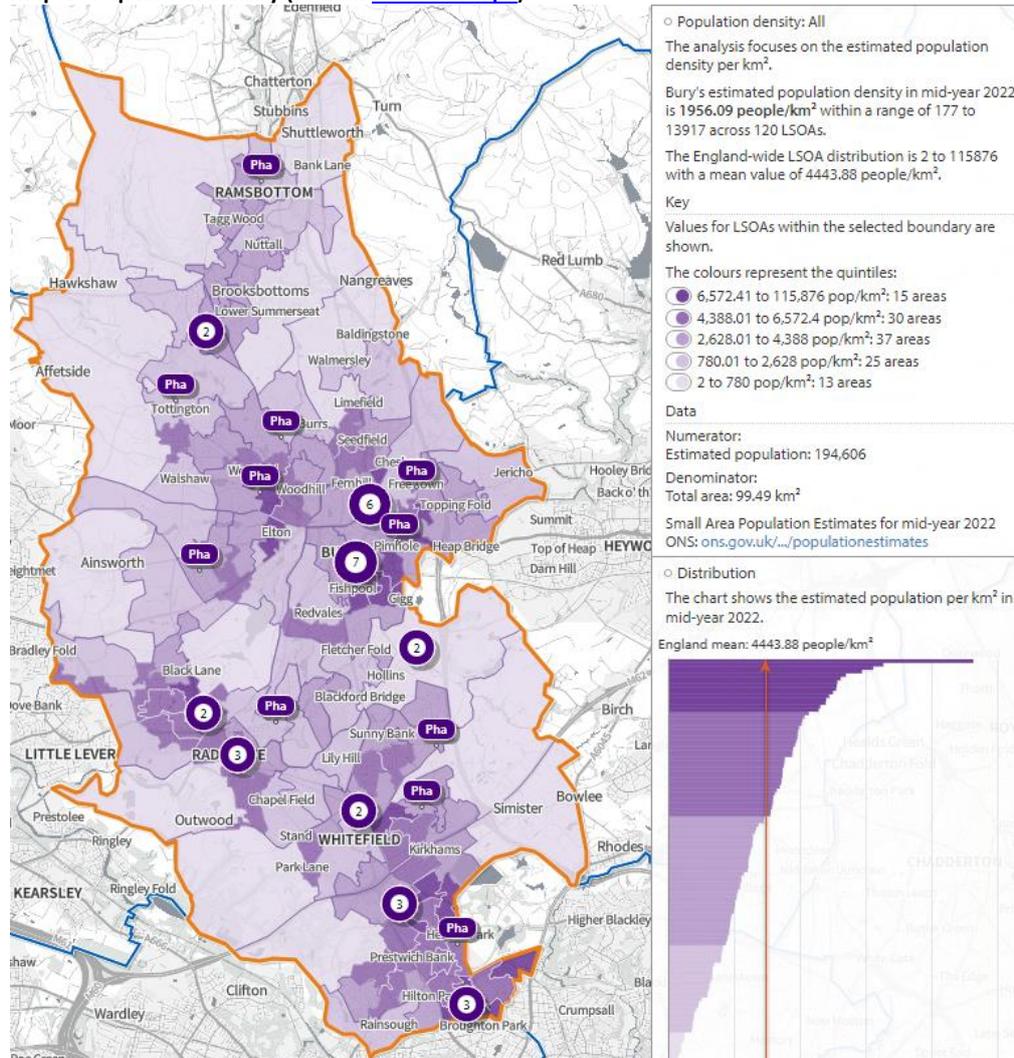
Bury Borough is bordered by Bolton to the West, Rochdale Borough to the East, and Manchester and Salford Cities to the South, all of which are part of the Greater Manchester conurbation. Two other council areas to the North also border Bury Borough. These are Blackburn with Darwen and Rossendale.

Map 3 details all community pharmacy premises locations in Bury and is considered as the statutory map for the purpose of the PNA and can be referenced to appendix 6 for the details for each pharmacy. Map 4 further details the premises mapped against the population density of Bury, where there is a clear correlation between pharmacy locations and more densely populated areas.

Map 3 - Bury pharmacies location (source: [SHAPE - Shape](#))



**Map 4 - Population density (source: [SHAPE - Shape](#))**



## 4.2 Current and Projected Population in Bury

Between the year 2023 and 2033 Bury will have (ONS 2018):

- a projected increase in total population of 5,798.
- a projected increase of 404 (3.6%) for babies and infants 0-4 years of age.
- a projected decrease of 1,117 (6.3%) for children 5-11 years of age.
- a projected decrease of 440 (2.9%) of young people aged 12-17 years.
- a projected increase of 1,333 (1.2%) in working-age adults aged 18-64 years.
- a projected increase of 5,617 (15.4%) older adults aged 65 years and over.

This creates a significant shift in the demographic composition of the Bury population.

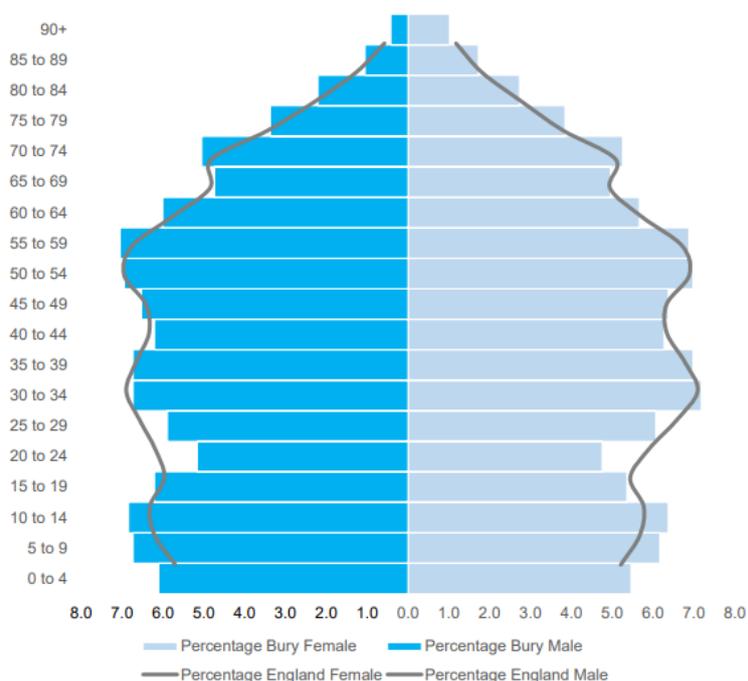
### 4.2.1 Current Population in Bury

**Table 4 - Proportion of total population by age group by Neighbourhood (Source: [Neighbourhood Profiles | The Bury Directory](#))**

Age Range	East Bury	North	West	Prestwich	Whitefield	Bury
0-14	21.2%	16.4%	18.0%	21.0%	17.9%	18.8%
15-24	12.1%	10.1%	10.7%	10.5%	10.2%	10.7%
25-64	52.7%	51.4%	52.3%	52.4%	52.3%	52.0%
65-79	10.6%	16.8%	14.3%	11.7%	14.1%	13.6%
80+	3.4%	5.4%	4.6%	4.4%	5.6%	4.6%
<b>Total Population</b>	<b>37,440</b>	<b>43,098</b>	<b>43,624</b>	<b>35,950</b>	<b>33,774</b>	<b>193,885</b>

\*Note this may not match the Bury total due to rounding

**Figure 1 – Population pyramid presenting the percentage composition by 5-year age group and gender of resident population in Bury compared with England (Source: [Age | The Bury Directory](#))**



**East Bury Neighbourhood** has a younger population than the rest of Bury Borough, having 21.2% of its population between 0-14 years (compared to Bury Borough total of 18.8%) and 12.1% of people aged 15- 24 (Bury 10.7%). Only 14% of the residents are aged 65 or over (Bury 18.2%).

**Prestwich Neighbourhood** also has a relatively younger population, having 21% of its population aged 0-14 years (compared to Bury Borough total of 18.8%) and 10.2% of people aged 15-24 (Bury 10.7%). Only 16.1% of the residents are aged 65 or over (Bury 18.2%).

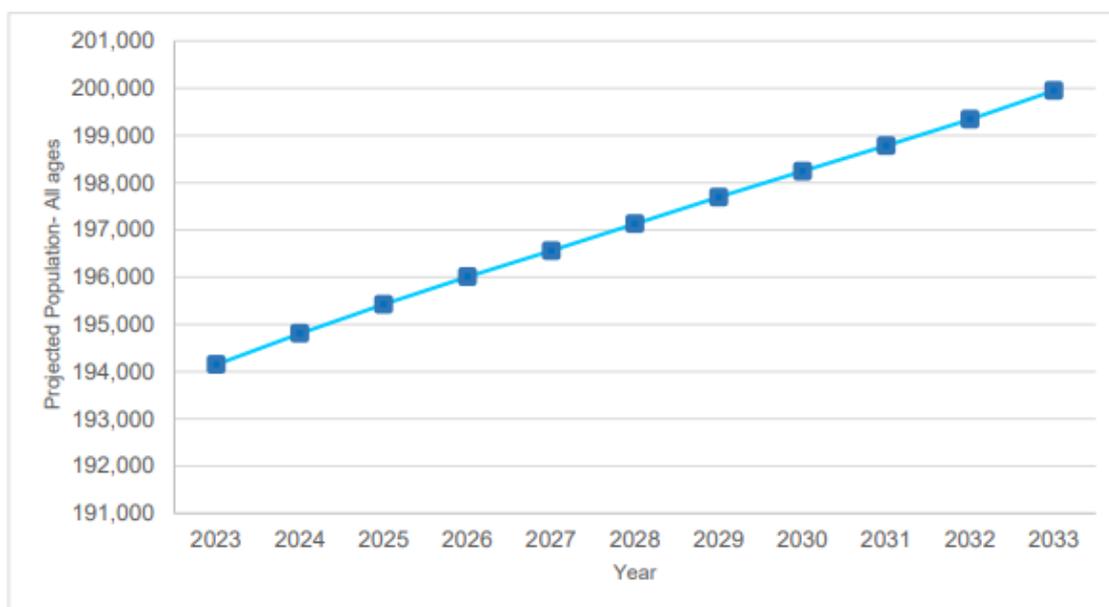
**North and Whitefield Neighbourhoods** have the largest proportion of adults at the older end of the age spectrum with those aged 65 and over with 22.2% and 19.7% respectively, where the total borough average is 18.2%.

**West Neighbourhood** has an age profile most like the Bury Borough average.

These population statistics can help commissioners deliver age-related services to the relevant areas.

## 4.2.2 Projected Population from 2023 to 2033 MYE

**Figure 2 - Population projection for all ages in Bury from 2023 to 2033 (ONS, 2018) (source: Population Projections | The Bury Directory)**



**Table 5 - Projected total population by age group (source: ONS, 2018)**

Age	Projected Population 2023	Projected Population 2033	Projected % increase from 2023 to 2033	% of expected total 2033 population
Younger People (0-17)	43,946	42,793	-3%	21%
Working ages (18-64)	113,817	115,150	1%	58%
Older people (65+)	36,384	42,001	15%	21%
<b>Total Population</b>	<b>194,148</b>	<b>199,946</b>	<b>3%</b>	<b>100%</b>

Figures may not sum because of rounding

Bury’s total population is projected to increase by 3% from 2023 to 2033 but to understand what the impact of each group is for our commissioned services it is important to look at the underpinning figures.

Whilst the youngest age group of 0-17 years is expected to decrease by 3%, they will still account for approximately 21% of the total projected population by 2033.

By 2033, 58% of the projected population are expected to be in the working age ranges of 18- 64 years.

However, the most significant rise in population, both in terms of actual numbers and healthcare services they will require, is in the 65 years and over age group. There will be a projected increase of 15% by 2033, accounting for 21% of the total population of Bury Borough. This may have a significant impact on the types of service which are required across Bury Borough, as at this stage of the life, the need for health and social care begins to increase. This growth in older people, some of whom are likely to be living in isolation, will lead to greater levels of need for pharmaceutical services. This growth in the 65 and over age group should be borne in mind when new services are developed in the future.

### 4.3 Deprivation

The Index of Multiple Deprivation (IMD) is a measure of relative deprivation for small areas (Lower Super Output Areas (LSOAs)). These can then be aggregated to show local authority deprivation rankings. IMD is a combined measure of deprivation based on a total of 37 separate indicators, 13.5% of the scores are related to health indicators. It is important to consider deprivation factors as they

can impact on access to health care and pharmaceutical services should be designed and commissioned to ensure there is an equitable level of access in those areas of higher levels of deprivation.

East and Moorside are the most deprived wards in Bury and North Manor (deprivation decile 1), Tottington, Ramsbottom and Pilkington Park are the least deprived wards in Bury (deprivation decile 10). Please see table 6 for further information.

**Table 6 – Bury Wards by Deprivation deciles<sup>16</sup>**

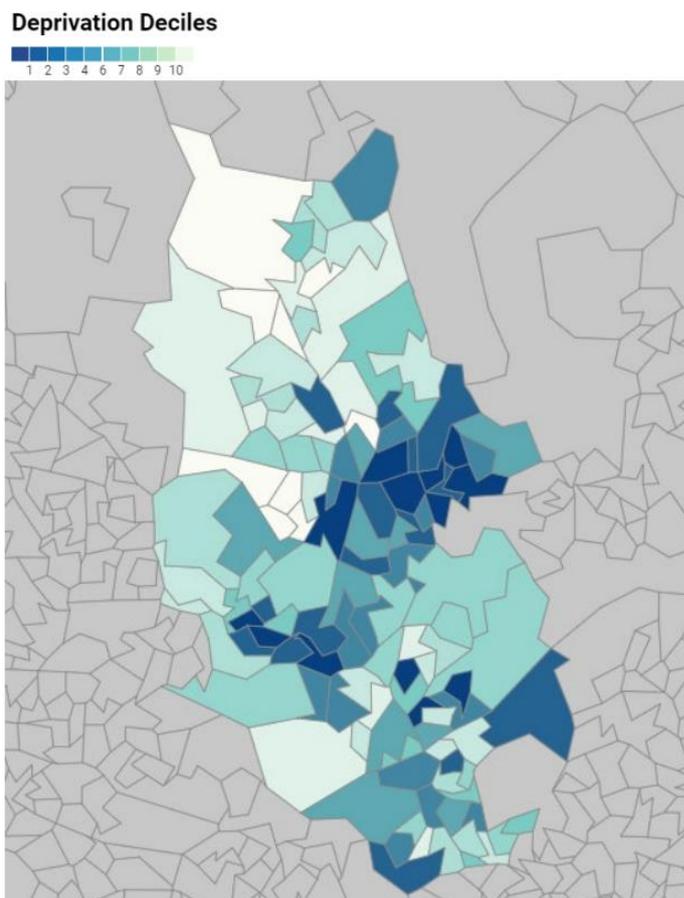
Ward	Deprivation Decile
East	1
Moorside	1
Radcliffe West	3
Redvales	3
Besses	4
Radcliffe East	4
St Mary's	6
Radcliffe North	6
Holyrood	7
Unsworth	8
Elton	8
Church	9
Sedgley	9
Pilkington Park	10
Ramsbottom	10
Tottington	10
North Manor	10

Created with Datawrapper

12 LSOAs in Bury are in the 10% most deprived in the country (shown in dark blue on map 5), with the lighter shades showing areas that have less deprivation. These areas of high deprivation are mostly found near Bury town centre, and in the Radcliffe and Besses areas ([IMD 2019](#)). However, there are smaller pockets of deprivation scattered around other wards in Bury.

<sup>16</sup> Bury Wards by Deprivation deciles

**Map 5 – LSOAs in Bury showing their national deprivation decile based on ten groups ranging from ‘1% most deprived’ (decile 1) to ‘10% least deprived’ (decile 10) in England (Source: [Deprivation | The Bury Directory](#))**



## 4.4 Life expectancy

### Females

The most recent data shows that life expectancy at birth for females has decreased to 81.3 years for the 3-year average during 2021-23 from 82.0 (2018-20) and is the same as the 3-year average during 2015-17 (81.3 years). This latest figure for 2021-23 is now below both the Northwest average of 81.6 years and the England average of 83.1 years.

### Males

Life expectancy at birth for males has continued to decrease from 78.5 years in 2015-17, to 78.4 in 2018-20 and then to 77.5 years in 2021-23. This is now the same as the Northwest average (77.5 years) but below the England average (79.1 years).

### Gender Gap

The gender difference has increased from a gap of 2.8 years in 2015-17 to 3.8 years in the latest data. This is a similar difference in life expectancy on average across England which is 4 years in favour of females. This indicates that services could be commissioned to help males maintain a healthy lifestyle.

### Gap across wards (2016-20)

Life expectancy at birth varies by ward from the lowest in Moorside ward, East Bury Neighbourhood (73.9 years for males; 77.7 years for females) to the highest, 81.7 years, for males in Pilkington Park ward, Whitefield Neighbourhood. Whilst the highest life expectancy for females is in North Manor ward, North Neighbourhood at 85 years. This gives a variation within the Bury Borough of 7.8 years for males and 7.3 years for females. This variation can be seen in Table 7 below.

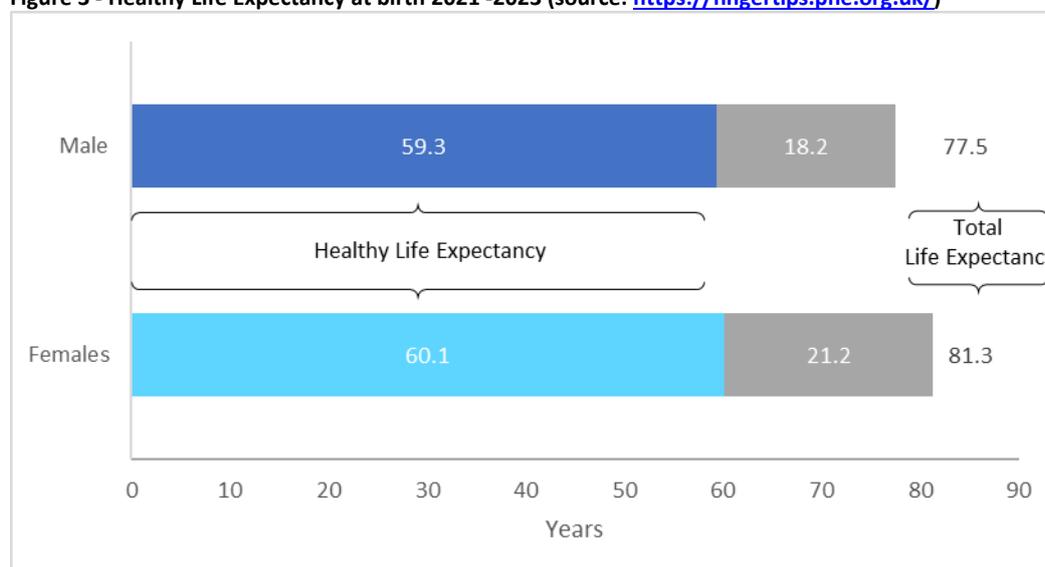
Table 7 - Life expectancy at birth by ward (2016-20) (Source: [Fingertips | Department of Health and Social Care](#))

Neighbourhood	Ward	Females	Males
North	Elton	80.8	79.7
North	North Manor	85	81
North	Ramsbottom	84.7	81.2
North	Tottington	81.6	79.8
East Bury	Bury East	79.4	74.6
East Bury	Moorside	77.7	73.9
East Bury	Redvales	81.9	78.5
West	Bury West	83.6	80.9
West	Radcliffe East	83.3	77.7
West	Radcliffe North & Ainsworth	81	78.7
West	Radcliffe West	79	75.2
Prestwich	Holyrood	84.3	79.6
Prestwich	St Mary's	81.7	76.6
Prestwich	Sedgley	82.3	79.1
Whitefield	Besses	81.3	76.4
Whitefield	Pilkington Park	82.1	81.7
Whitefield	Unsworth	82.7	80.2

## Healthy Life Expectancy

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

Figure 3 - Healthy Life Expectancy at birth 2021 -2023 (source: <https://fingertips.phe.org.uk/>)



Males and females in Bury can expect to live 18.2 years and 21.2 years of their expected life in relatively poor health. All the 65 or older age groups can expect to live in relatively poor health, highlighting another area for focussed service provision to support the health and wellbeing of this group.

## 4.5 Population characteristics health needs

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

- Age
- Sex
- Being pregnant or on maternity leave
- Disability
- Gender reassignment
- Being married or in a civil partnership
- Race which includes colour, nationality, ethnic or national origins
- Religion or belief
- Sexual orientation

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

### **4.5.1 Age**

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

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

#### **4.5.1.1 Children**

Giving every child the best start is crucial to reducing health inequalities across the life course. What happens before and during pregnancy, in the early years and during childhood has lifelong effects on many aspects of health and wellbeing in adulthood from obesity, heart disease, mental health, educational achievement and economic status.

The babies, infants, children and young people population (0 to 17 years) of Bury is predicted to fall by 1,153 between the year 2023 and 2033 (ONS 2018). However, key themes in the Bury Let's Do It! Strategy are:

1. Improved quality of life
2. Improved early years development
3. Improved educational attainment for our young people

Starting life well through prevention and early intervention is a key priority. By improving maternal health, we could give our children a better start in life, reduce infant mortality and reduce the numbers of low-birth-weight babies and by taking better care of children's health and development we can improve educational attainment, reduce the risks of mental illness, unhealthy lifestyles, and hospital admissions.

#### **4.5.1.2 Older people**

There are 35,447 people aged 65 and over living in Bury, equivalent to 18.3% of the population (Census 2021). This compares to 18.4% of the population in England indicating Bury has similar proportion of older people compared to the national average. This varies between each ward in Bury, see Table 8 for further detail.

The greatest percentage increase in population numbers will be seen in those people aged 65 and over, with an increase of 15.4% between 2023 and 2033 (ONS 2018). This is a smaller increase than the England average of 21.4%, but it still represents a significant shift in the demographic of the Bury population.

This increase in the older people will lead to growing demand for medicines and pharmacy services.

Older people living in isolation have a high incidence of suffering from loneliness. Social isolation and loneliness have a detrimental effect on health and wellbeing. Studies show that being lonely or isolated can impact on blood pressure and is closely linked to depression. The impact of this has cost implications for health and social care services. Investment is needed to ensure that voluntary organisations can continue to help alleviate loneliness and improve the quality of life of older people, reducing dependence on more costly services.

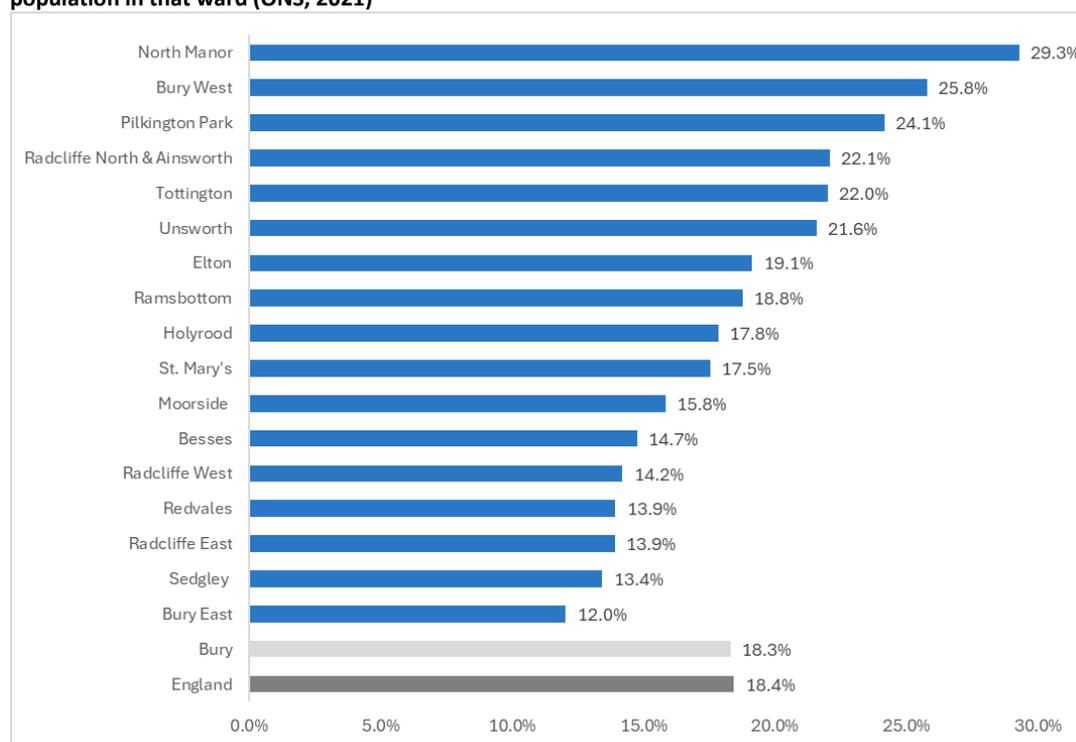
One of the key priorities of the Bury Let's do it! Strategy is to achieve a better quality of life for the residents of Bury and delivery of pharmaceutical services can help to achieve this. Pharmacy teams are often one of the few teams that people living in isolation have regular contact with.

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

Independence is or could be supported by offering:

- Reablement services following discharge from hospital
- Falls assessments
- Supply of daily living aids
- Identifying emerging problems with people's health
- Signposting to additional support and resources

**Table 8 - Proportion of population aged 65 years and over living in each ward in Bury as a percentage of the total population in that ward (ONS, 2021)**



## 4.5.2 Sex

In Bury, the life expectancy from birth of men is 77.5 years and 81.3 years in women. The gap in life expectancy between females and males is 3.8 years.

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

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

- Behavioural and lifestyle health risks.
- Rights and risks of exploitation.

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

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

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

### **4.5.3 Long term health problems and disability**

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

People in some parts of Bury are more likely to report that their day-to-day activities are limited due to a long-term health problem or disability than others. Table 9 details, by ward, where people have reported being disabled under the Equality Act or having a long term physical or mental health condition, and how this limits their day-to-day activities. Moorside had the highest number of Disabled under the Equality Act: Day-to-day activities limited a lot at 10.9%, with Ramsbottom the lowest at 6.2%.

Table 9 – Disability by ward (source: [Disability | The Bury Directory](#))

Ward name	Disabled under the Equality Act: Day-to-day activities limited a lot	Disabled under the Equality Act: Day-to-day activities limited a little	Not disabled under the Equality Act: Has long term physical or mental health condition but day-to-day activities are not limited	Not disabled under the Equality Act: No long term physical or mental health conditions
Besses	8.7%	10.7%	6.9%	73.8%
Bury East	8.8%	9.8%	5.5%	75.9%
Bury West	7.7%	10.2%	7.8%	74.3%
Elton	7.5%	10.2%	7.4%	74.9%
Holyrood	7.5%	10.4%	7.5%	74.6%
Moorside (Bury)	10.9%	11.1%	6.1%	71.9%
North Manor	6.5%	10.7%	8.5%	74.3%
Pilkington Park	7.1%	10.0%	8.1%	74.8%
Radcliffe East	9.0%	10.8%	6.7%	73.5%
Radcliffe North & Ainsworth	10.0%	11.4%	7.1%	71.5%
Radcliffe West	9.3%	10.5%	6.4%	73.8%
Ramsbottom	6.2%	9.3%	8.6%	75.8%
Redvales	8.9%	9.8%	5.5%	75.7%
Sedgley (Bury)	6.7%	8.5%	6.0%	78.8%
St Mary's (Bury)	9.3%	10.7%	7.5%	72.5%
Tottington	7.8%	10.3%	8.0%	73.9%
Unsworth	7.8%	10.3%	7.6%	74.3%

People with disabilities often have individual, complex and specific needs. It is important that health and social care services can provide effective specialist services to meet such needs.

When patients are managing their own medication but need some support, pharmacists and dispensing doctors must comply with the Equality Act 2010. Where the patient is assessed as having a long term physical or mental impairment that affects their ability to carry out everyday activities, such as managing their medication, the pharmacy contract includes funding for reasonable adjustments to the packaging or instructions that will support them in self-care. Pharmacists can review patients to ensure that the number of medications and doses are optimised and that the patient is getting the best outcomes from the treatment. If further support is needed, then reasonable adjustments can be recommended such as compliance aids, multi- compartment compliance aids,

large print labels, easy to open containers or medication reminder alarms/charts. Each pharmacy should have a robust system for assessment and auxiliary aid supplies that adheres to clinical governance principles.

#### 4.5.4 Race, ethnicity, and language

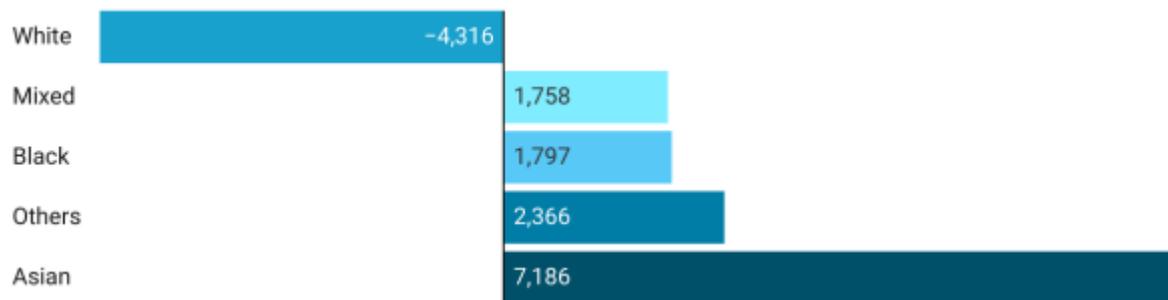
This data is taken from the census of 2011 and 2021 and demonstrates that Bury’s ethnic group composition has changed. The proportion of people from white backgrounds has decreased to 82.9% between 2011 and 2021, with a proportional increase of 6.3% in minority ethnic backgrounds.

**Table 10 – Percentage of population by broad ethnic categories in Bury and England for Census 2011 and 2021 (Source: Ethnicity | The Bury Directory)**

Broad Ethnic Categories	Bury		England	
	2011	2021	2011	2021
White groups	89.2%	82.9%	85.4%	81.0%
Mixed	1.8%	2.6%	2.3%	2.9%
Asian	7.2%	10.6%	7.8%	9.7%
Black	1.0%	1.9%	3.5%	4.2%
Others	0.7%	1.9%	1%	2.2%

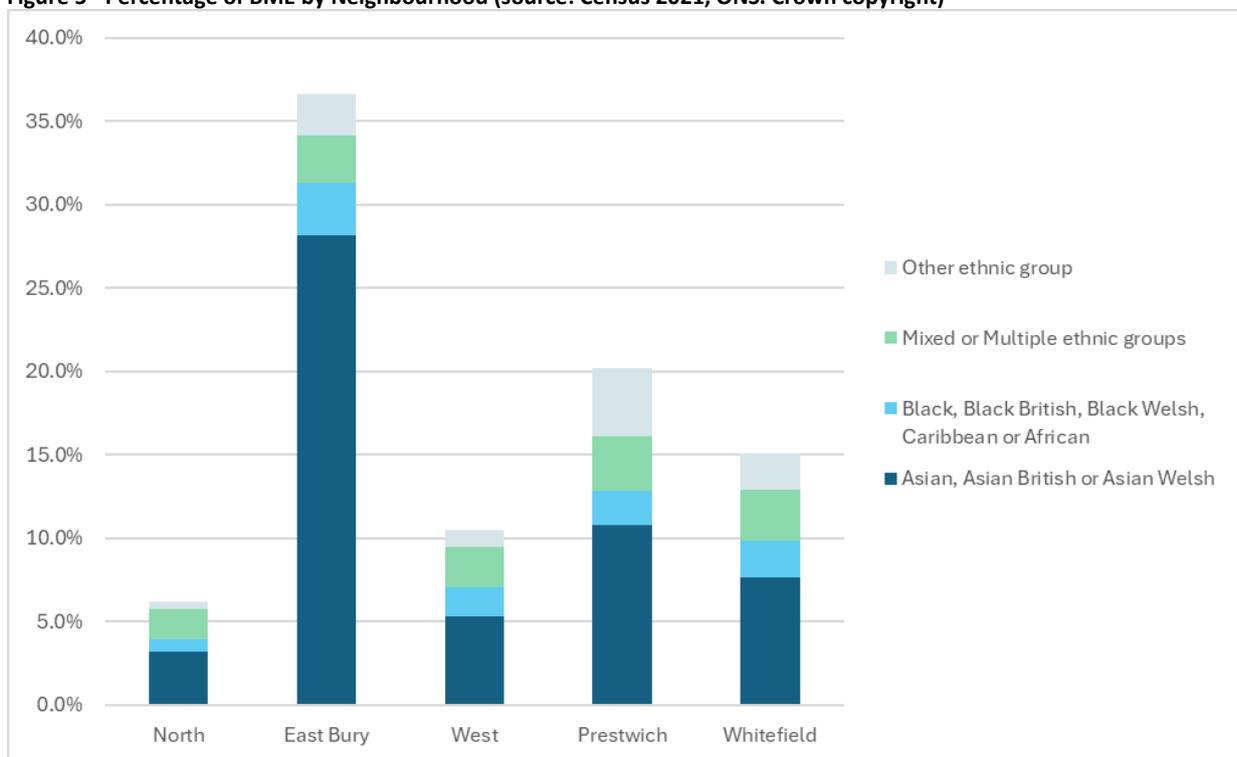
The largest increase has been seen in the Asian community with an additional 7,186 people over this time period (see figure 4). This data should be considered to ensure that all communities have appropriate access to the pharmaceutical services that are provided. In community pharmacy this may include access to translation services or staff members that are able to speak a variety of languages.

**Figure 4 - Changes in broad ethnic categories between Census 2011 and Census 2021 (Source: Ethnicity | The Bury Directory)**



Asian, Asian British/Asian Welsh make up the largest minority ethnic background group in Bury, accounting for 10.6% of the population. 51% of Bury’s Asian, Asian British/Asian Welsh population are located within East Bury Neighbourhood with most of this group in East Bury ward (See Figure 6).

**Figure 5 - Percentage of BME by Neighbourhood (source: Census 2021, ONS. Crown copyright)**



The percentage of people that cannot speak English well or not at all in Bury is 1.7%; lower than the national average (1.9%), according to ONS data from the census in 2021. However, Table 11 below shows there are pockets where residents are above the national average. These are mainly in the East Bury neighbourhood where there is a high population of minority ethnic background living as shown above. Those residents may need support accessing and understanding services if they that cannot speak English well or at all.

**Table 11 - Percentage of population who cannot speak English well or at all, by wards with a greater than England average (source: ONS, 2021)**

Neighbourhood	Ward	% of population who cannot speak English well or at all	
		Census 2011	Census 2021
East Bury	Bury East	4.6%	5.8%
East Bury	Redvales	3.1%	4.6%
East Bury	Moorside	2.0%	3.6%
Prestwich	Sedgley	2.0%	2.0%
Bury		1.2%	1.7%
England		1.7%	1.9%

People from most ethnic minority groups report worse health and more limiting long-term illness than White British people. Some ethnic minority groups also experience worse child health, including higher rates of stillbirths, lower levels of childhood physical activity, and higher levels of obesity. Many of these issues are caused by differences in access to the building blocks of health: for example, levels of unemployment, poverty, and overcrowded housing are higher among South Asian and Black ethnic communities.<sup>17</sup> Community pharmacies are well-placed to provide easy access to healthcare services, often within the communities themselves.

#### 4.5.5 Religion and belief

Little is known about inequalities in health between people of different faiths or no faith. Local data are not available, and faith is not captured in most NHS data sets. National data from the ONS suggest that people of Christian, Jewish, and Hindu faiths are most likely to say they are satisfied with their health. Christians, Hindus, and Sikhs also report better mental health. However, Muslim respondents reported worse physical health, and people of no faith are more likely to smoke.<sup>18</sup>

The religious beliefs, and non-belief, of Bury’s population continues to diversify. In line with the rest of the country the borough has experienced an overall increase in the proportion of its population that does not identify with any religious belief.

The latest data from the 2021 Census showed that in Bury the religious belief group of Christians are the majority at 48.8% of the population compared to 46.3% for the average in England. Those with no religion identified accounted for 29.4% (36.7% England), with Jewish religion and Muslim religion populations accounting for 5.5% (0.5% England) and 9.9% (6.7% England) respectively. Comparisons between the 2011 Census and the 2021 Census can be seen in table 12 below.

<sup>17</sup> <https://theburydirectory.co.uk/storage/11596/Bury-Health-Inequalities-Position-Paper.pdf> accessed 28/02/2025

<sup>18</sup> <https://theburydirectory.co.uk/storage/11596/Bury-Health-Inequalities-Position-Paper.pdf> accessed 28/02/2025

**Table 12 - Percentage of religious belief groups in Bury and England, Census 2011 and Census 2021**

Religion	2011		2021	
	Bury	England	Bury	England
Christian	62.7%	59.4%	48.8%	46.3%
Buddhist	0.2%	0.5%	0.3%	0.5%
Hindu	0.4%	1.5%	0.5%	1.8%
Jewish	5.6%	0.5%	5.5%	0.5%
Muslim	6.1%	5.0%	9.9%	6.7%
Sikh	0.2%	0.8%	0.3%	0.9%
Other religion	0.2%	0.4%	0.3%	0.6%
No religion	18.6%	24.7%	29.4%	36.7%
Religion not stated	6.0%	7.2%	4.9%	6.0%

It is important that health and social care services are aware of the need to respect and be sensitive to the preferences of people’s religions and beliefs when delivering services, including:

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

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

#### **4.5.6 Marriage and civil partnership**

According to the 2021 Census in Bury, for residents aged 16 and over, 45.3% of people are married or in a registered civil partnership, 36.6% are single and have never married or registered a civil partnership, 11.6% are separated or divorced. There are 9,980 widowed people living in Bury. Limited evidence is available on the health and social care needs of people in terms of marriage and civil partnership.

It is important that health and social care services are aware of and respectful of the legal equivalence of marriage and civil partnership when dealing with individuals, their partners and families. Consideration should also be given to those people in similarly committed and secure relationships, including civil partnership, and other long-term couple partnerships

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

#### **4.5.7 Pregnancy and maternity**

The number of live births in Bury has continued to reduce year on year from 2,228 in 2019 to 2,008 in 2022. Equivalent to the crude live birth rate dropping from 11.5 births per 1,000 population to 10.3 in 2022. There was however an increase in live births in 2023 (2,055) and the crude live birth rate increased to 10.5. This timeframe has also seen a slight increase in the number of females of childbearing age (15 – 44 years); increasing from 36,000 in 2020 to 36,700 in 2023.

**Table 13 - Live births for Bury 2019 to 2023 (source: ONS)**

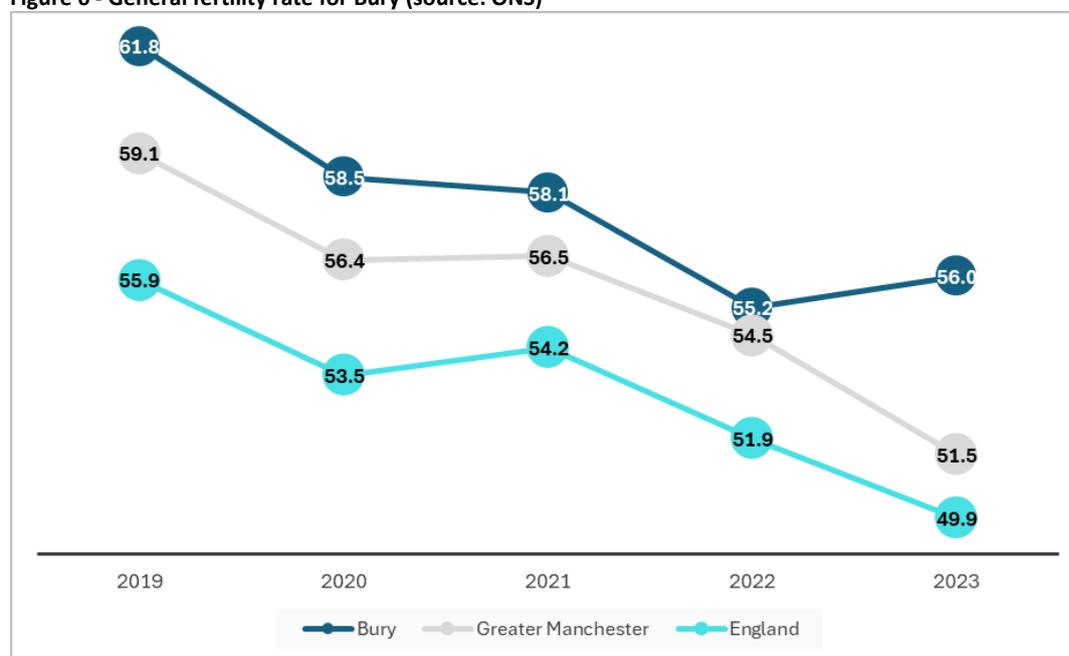
Year	Total population (thousands)	Female population (thousands)	Female population aged 15-44 years (thousands)	Total live births	Crude live birth rate	General Fertility Rate (GFR)
2019	193.8	98.8	36.0	2,228	11.5	61.8
2020	193.6	98.7	36.0	2,104	10.9	58.5
2021	193.9	98.8	36.1	2,098	10.8	58.1
2022	194.6	98.9	36.4	2,008	10.3	55.2
2023	195.5	99.1	36.7	2,055	10.5	56.0

Crude birth rate = Proportion of live births per 1,000 population (all ages)

General Fertility Rate (GFR) = number of live births per 1,000 women aged 15 to 44 years

The general fertility rate (GFR) in Bury is higher than that for England and Greater Manchester. Bury has had a decreasing general fertility rate (GFR) from 61.8 in 2019 to 55.2 in 2022. This was consistent with overall drops with England and Greater Manchester. However, the latest data available from 2023 shows that this has increased in Bury to 56.0 and is no longer in line with the Greater Manchester and England trends, which dropped to 51.5 and 49.9 respectively.

**Figure 6 - General fertility rate for Bury (source: ONS)**



Pharmacies can provide advice to pregnant women on a range of healthcare issues including medicines, vaccinations and self-care, where they have the expertise to advise on which medicines are safe for use in pregnancy and during breast feeding. They are also well-placed to provide support and treatment for smoking cessation during pregnancy.

#### 4.5.8 Sexual orientation

An estimated 2.6% of the Bury’s population aged 16 years and over identified as lesbian, gay, or bisexual in the 2021 Census, this compares to an England figure of 2.8%.

The key findings of research by LGBTQ+ charity Stonewall.org.uk<sup>19</sup> suggests that the LGBTQ+ population may be exposed to certain patterns of health risks, for instance:

- Half of LGBT people (52 per cent) said they’ve experienced depression in the last year.
- One in eight LGBT people aged 18-24 (13 per cent) said they’ve attempted to take their own life in the last year.

<sup>19</sup> [LGBT in Britain - Health \(2018\)](#)

- Almost half of trans people (46 per cent) have thought about taking their own life in the last year, 31 per cent of LGB people who aren't trans said the same.
- Forty-one per cent of non-binary people said they harmed themselves in the last year compared to 20 per cent of LGBT women and 12 per cent of GBT men.
- One in six LGBT people (16 per cent) said they drank alcohol almost every day over the last year.
- One in eight LGBT people aged 18-24 (13 per cent) took drugs at least once a month.
- One in eight LGBT people (13 per cent) have experienced some form of unequal treatment from healthcare staff because they're LGBT.
- Almost one in four LGBT people (23 per cent) have witnessed discriminatory or negative remarks against LGBT people by healthcare staff. In the last year alone, six per cent of LGBT people – including 20 per cent of trans people – have witnessed these remarks.
- One in twenty LGBT people (five per cent) have been pressured to access services to question or change their sexual orientation when accessing healthcare services.
- One in five LGBT people (19 per cent) aren't out to any healthcare professional about their sexual orientation when seeking general medical care. This number rises to 40 per cent of bi men and 29 per cent of bi women.
- One in seven LGBT people (14 per cent) have avoided treatment for fear of discrimination because they're LGBT.

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

#### **4.5.9 Gender reassignment**

Data from Census 2021 shows 0.5% of the Bury population have a gender different than that registered at birth, which is in line with England (0.5%).

A 2018 Stonewall report<sup>20</sup> based on over 800 trans and non-binary people revealed the experiences of transgender individuals in the healthcare environment:

- When accessing general healthcare services in the last year, two in five trans people (41%) said healthcare staff lacked understanding of trans health needs.
- Three in five trans people (62 per cent) who have undergone, or are currently undergoing, medical intervention for their transition are unsatisfied with the time it took to get an appointment. Three in ten (28 per cent) are unsatisfied with the cost related to this intervention.
- More than one in ten trans people (11%) have gone abroad for medical treatment to alter their physical appearance, including buying hormones over the internet from other countries, with many citing the barriers they currently face in accessing medical treatment in the UK. A further 17 per cent of trans people are considering doing this.
- One in ten trans people (10 per cent) don't want any form of medical intervention – this includes 16 per cent of non-binary people who identify as trans, 10 per cent of trans men and four per cent of trans women. One in eight trans people (13 per cent) are unsure if they want some form of medical intervention.
- Half of trans people (52 per cent) have undergone or are currently undergoing medical intervention. Almost one in four trans people (23 per cent) have not yet undergone any, but want some form of medical intervention.
- Almost half of trans people (47 per cent) who want to undergo some form of medical intervention, but have yet to have it, say that long waiting times prevent them from accessing medical treatment. Nearly half (45 per cent) say they don't have the financial means to afford it (e.g. costs for treatments they've been unable to access on the NHS or travel expenses). One in four (24 per cent) fear discrimination from a healthcare service provider and the same

---

<sup>20</sup> [https://files.stonewall.org.uk/production/files/lgbt\\_in\\_britain\\_-\\_trans\\_report\\_final.pdf?dm=1724230505](https://files.stonewall.org.uk/production/files/lgbt_in_britain_-_trans_report_final.pdf?dm=1724230505)  
accessed 28/02/2025

percentage of trans people, 24 per cent, don't know how to access the form of medical intervention they want.

- One in four trans people who have undergone or are currently undergoing medical intervention are unsatisfied with the support they have received from their GP (24 per cent) and their gender identity clinic (23 per cent).
- Seven in ten trans people (71 per cent) who are accessing medical support for their transition are satisfied with the care they have received at those facilities. However, one in seven trans people (14 per cent) don't share this experience and are not satisfied with the care they received at the medical facility.

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

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

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

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

## 5 Key health priorities for Bury

To identify how pharmaceutical service provision can help tackle the need of Bury's local population, we have used HWB minutes from 16/01/2025 meeting<sup>21</sup>. The HWB have also identified priorities in the locality plan update for 2025 to address issues which will help drive the changes recommended in Bury's Let's do it! strategy. The priorities identified by the HWB that are related to pharmaceutical services provision are:

1. Increase annual physical activity
2. Management of obesity and healthy weight
3. Reduce smoking prevalence
4. Harm reduction from drugs and alcohol
5. Health protection – immunisations and vaccinations
6. Increase in pharmacy first uptake

The major conditions board have also identified the following major conditions as priorities:

7. Cardiovascular disease
8. Respiratory disease (COPD and Asthma)
9. Cancers
10. Musculoskeletal conditions

By looking at each topic we can identify areas where pharmaceutical services already meet, or are able to be developed to meet, the objectives. Many of the CPCF and locally commissioned/ enhanced services are helpful to optimise the use of medicines thereby improving people's health, reducing medication interactions and reducing wastage e.g. New Medicines Service.

Further resources, including case studies, detailing types of pharmaceutical services which could be commissioned as potential solutions to Bury's health priorities can be found on the CPE website.<sup>22</sup> Guidance on the development of local services and resources are listed under the headings of:

- Guidance for commissioners on commissioning community pharmacy medicines optimisation services.
- Guidance on commissioning levels.
- Guidance on developing a service proposal.
- Community pharmacy England locally commissioned services database.
- Services case studies hub.
- Guidance on decommissioning of services.

### 5.1 Increase in Physical Activity

The LET's get Bury moving strategy is designed to ignite a passion for physical activity and well-being within our community. As we embark on this journey together, we envision a healthier, happier, and more vibrant Bury.<sup>23</sup> The strategy highlights the following key findings in relation to physical activity:

- Inactivity within our communities has remained steady between 2015/16 and 2021/22.
- 1 in 4 adults experience inactivity
- Over half of our children (53%) are not active enough
- Inactivity has worsened the most in the most deprived IMD deciles since the pandemic

Figure 7 demonstrates that 65% of adults in Bury were physically active in 2020/21, which was in line with the England average of 65.9%.

---

<sup>21</sup> [Health and Wellbeing Board - Bury Council](#)

<sup>22</sup> <https://cpe.org.uk/lpcs-and-local/locally-commissioned-services/>

<sup>23</sup> <https://theburydirectory.co.uk/storage/13099/LETS-Get-Bury-Moving-Framework-2024.pdf> accessed 19/03/2025

Figure 8 demonstrates that 47.1% of children and young people in Bury were physically active in 2021/22, which was in line with the England average of 47.2%.

Figure 7 - Percentage of physically active adults, Bury and England, 2015/16 – 2020/21 (Source: [Physical Activity | The Bury Directory](#))

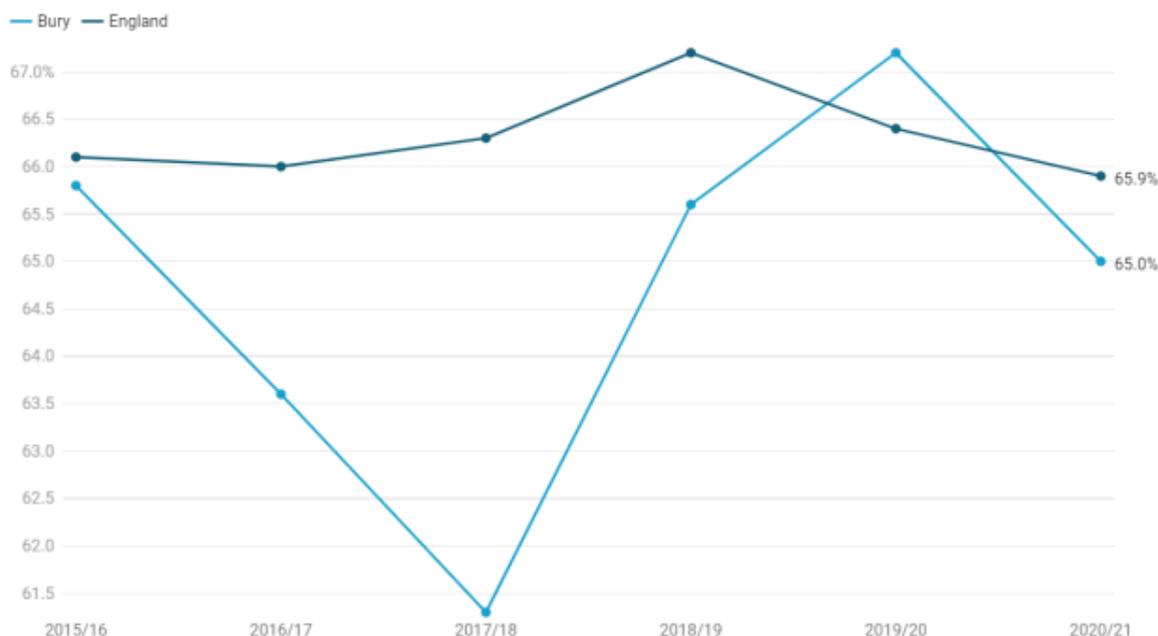
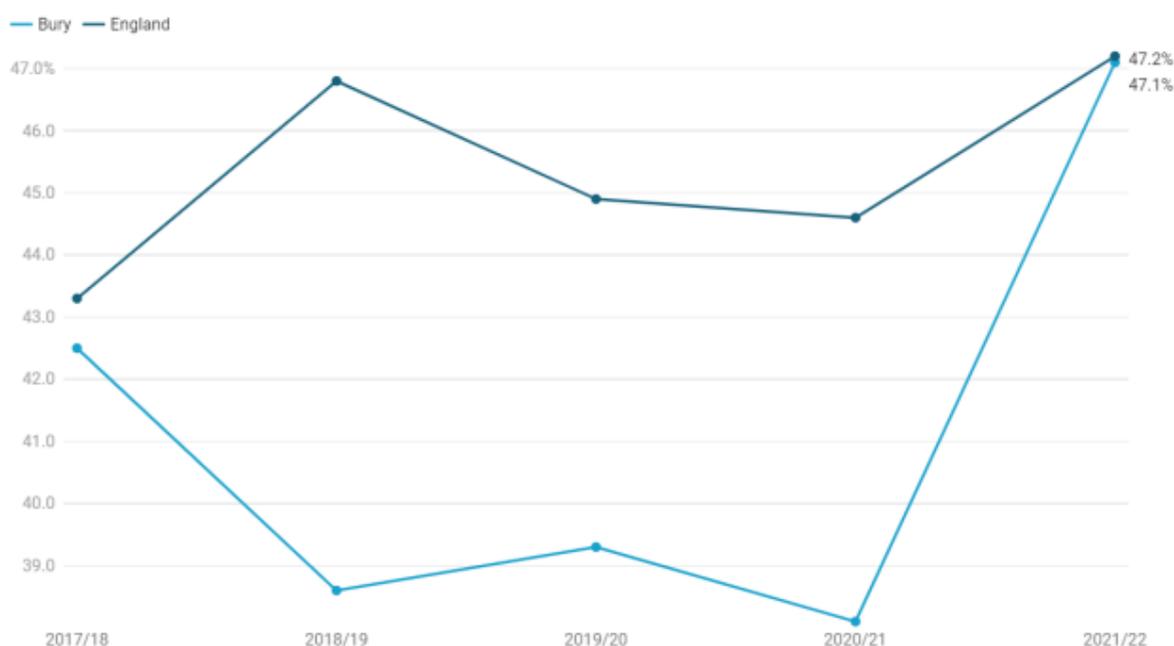


Figure 8 - Percentage of physically active children and young people, Bury and England, 2017/18 – 2021/22 (Source: [Physical Activity | The Bury Directory](#))



### How can pharmacy contractors help?

Community pharmacies are well placed within local communities to promote and support healthy lifestyles, including physical activity. Several existing essential services support the promotion of healthy lifestyles:

- Being a healthy living pharmacy.
- Signposting – Staff can signpost patients to local initiatives or services in Bury.
- Public health (promotion of healthy lifestyles) – Support the mandatory health campaigns that may include elements of physical activity.

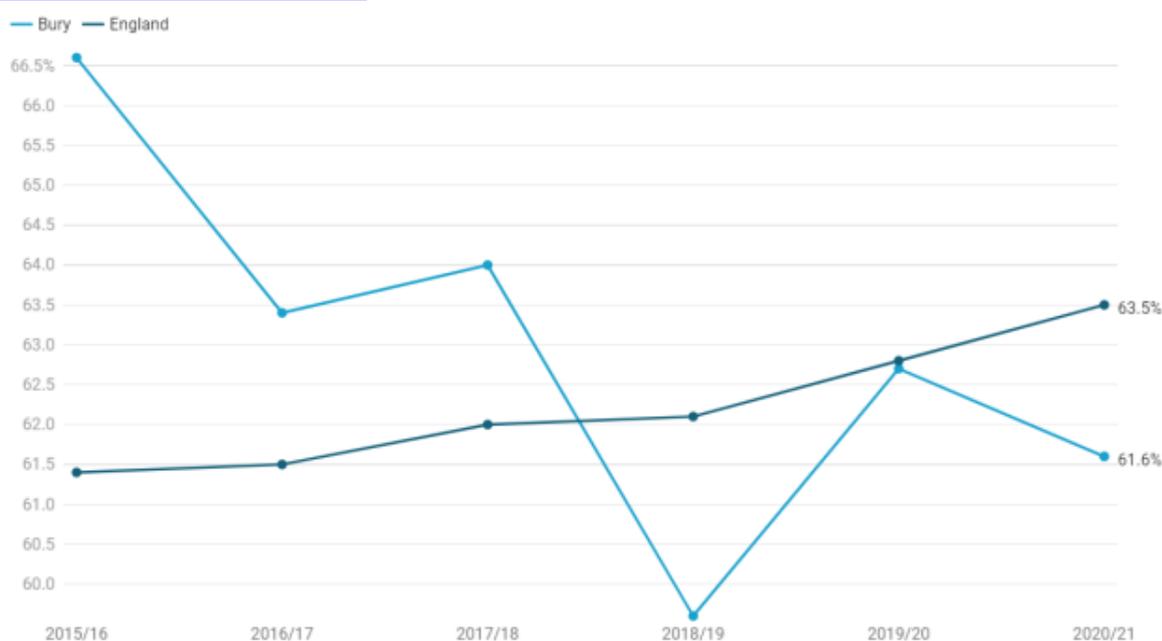
- Dispensing – staff can provide brief advice and interventions for healthy lifestyles when handing over medications to patients.

## 5.2 Management of Obesity and Healthy Weight

A healthy weight can be partly managed with physical activity as described in section 5.1. Other factors are also important, including a healthy and balanced diet. The Bury food strategy details how Bury can be at the forefront of promoting and celebrating good food for all, through a knowledgeable, connected, supported and vibrant food culture.<sup>24</sup>

Figure 9 shows that 61.6% of adults aged 18 or over were classified as overweight or obese in 2020/21, which was less than the England average of 63.5%.

**Figure 9 - Percentage of adults 18+ classified as overweight or obese, Bury and England, 2015/16 – 2020/21 (Source: [Physical Activity | The Bury Directory](#))**



### How can pharmacy contractors help?

Community pharmacies are well placed within local communities to promote and support healthy lifestyles, including a healthy and balanced diet and weight management. Several existing essential services support the promotion of healthy lifestyles:

- Being a healthy living pharmacy.
- Signposting – Staff can signpost patients to local initiatives or services in Bury.
- Public health (promotion of healthy lifestyles) – Support the mandatory health campaigns that may include elements of weight management.
- Dispensing – staff can provide brief advice and interventions for healthy lifestyles when handing over medications to patients.

There is a future opportunity for community pharmacy to be involved in the delivery of specialist weight management pathways eg Tirzepatide, and commissioners may include community pharmacy in the delivery model for these services on a local level.

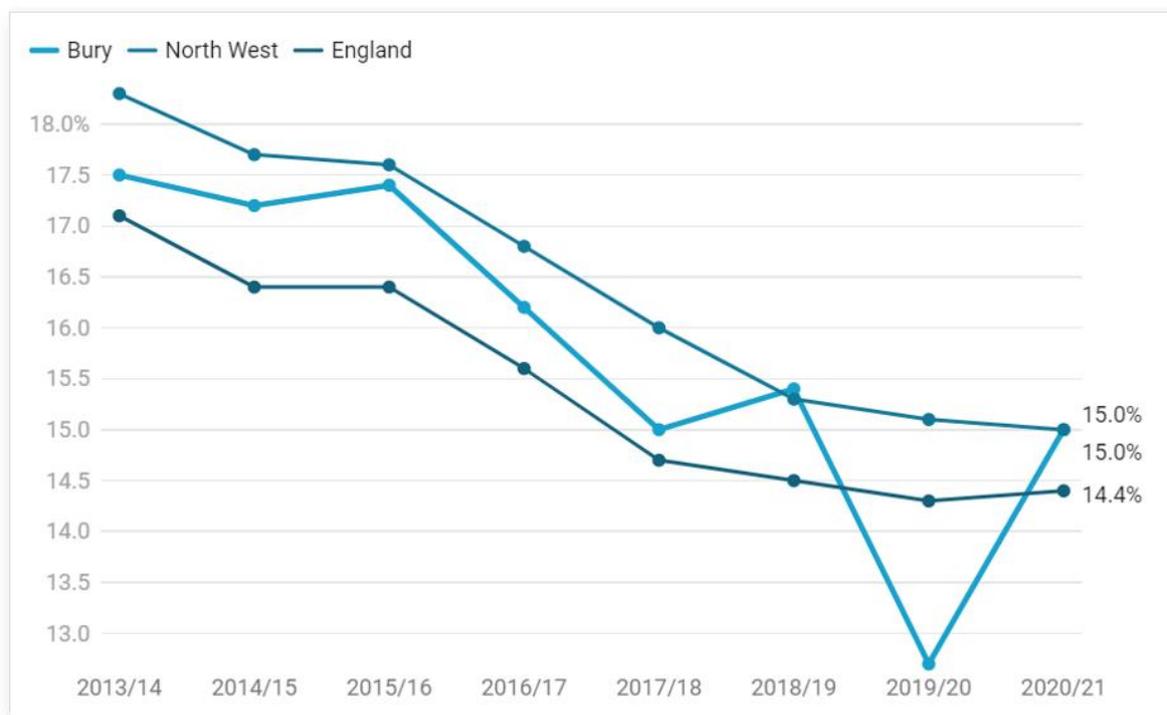
## 5.3 Reduction in Smoking prevalence

<sup>24</sup> <https://theburydirectory.co.uk/storage/7175/Bury-Food-Strategy-PDF-AC.pdf> accessed 19/03/2025

Smoking is the leading behavioural cause of death in Bury and causes a range of cancers, coronary heart disease and respiratory disease.<sup>25</sup>

Figure 10 shows that Bury had a smoking prevalence of 15.0% in 2020/21, which was in line with the North West average of 15.0% and slightly higher than the England average of 14.4%.

**Figure 10 - Smoking prevalence by percentage, Bury, North West and England (2013/14 - 2020/21)** (Source: [Smoking | The Bury Directory](#))



### How can pharmacy contractors help?

Community pharmacies are well placed within local communities to promote and support healthy lifestyles, including advice and treatment to help stop smoking. Several existing essential services support the promotion of healthy lifestyles:

- Being a healthy living pharmacy.
- Signposting – Staff can signpost patients to local initiatives or services in Bury.
- Public health (promotion of healthy lifestyles) – Support the mandatory health campaigns that may include elements relating to stopping smoking.
- Dispensing – staff can provide brief advice and interventions for smoking cessation when handing over medications to patients.

There is also a nationally commissioned advanced service for smoking cessation, which is offered by 24 pharmacies in Bury.

## 5.4 Harm Reduction from Drugs and Alcohol

Alcohol misuse is the fifth biggest cause of death, ill health, and disability across all ages, and the biggest cause among 15–49-year-olds in the UK.<sup>26</sup>

Table 14 shows that Bury had a standardised alcohol-related mortality rate of 49.7, greater than the North West (47.8) and England (38.5) rates.

<sup>25</sup> <https://theburydirectory.co.uk/smoking>

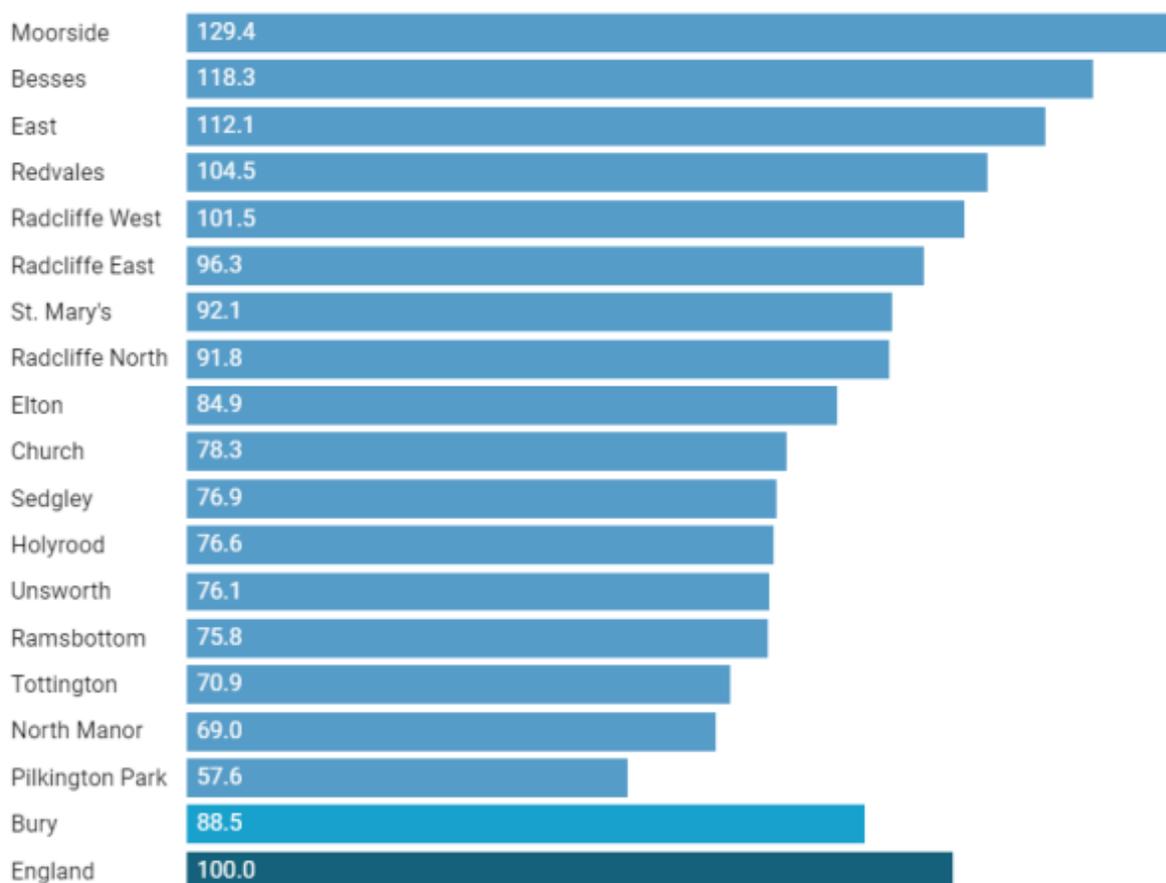
<sup>26</sup> <https://theburydirectory.co.uk/alcohol>

**Table 14 - Alcohol-related mortality (Persons) for Bury and England, 2021. Directly standardised rate – per 100,000**  
 (Source: [Alcohol | The Bury Directory](#))

Bury	England	Northwest
49.7	38.5	47.8

Figure 11 shows that there are 5 wards in Bury that had worse rates of hospital admissions than England for alcohol attributable conditions (Moorside, Besses, East, Redvales and Radcliffe West).

**Figure 11 - Hospital admissions for alcohol attributable conditions (*Narrow definition*), Wards in Bury, 2016/17 – 2020/21. Indirectly standardised ratio (per 100)** (Source: [Alcohol | The Bury Directory](#))



### How can pharmacy contractors help?

Community pharmacies are well placed within local communities to promote and support healthy lifestyles, including advice in relation to alcohol consumption. Several existing essential services support the promotion of healthy lifestyles:

- Being a healthy living pharmacy).
- Signposting – Staff can signpost patients to local initiatives or services in Bury.
- Public health (promotion of healthy lifestyles) – Support the mandatory health campaigns that may include elements relating to alcohol consumption.
- Dispensing – staff can provide brief advice and interventions for alcohol consumption when handing over medications to patients.

There are also locally commissioned services for substance misuse including needle exchange (provided by 5 pharmacies) and supervised consumption of prescribed medication for dependence (provided by 15 pharmacies).

## 5.5 Health protection – Immunisations and Vaccinations

One of the key priorities from the Bury Locality plan update for 2025 is to improve immunisation and vaccination rates across the borough. This priority is supported by the data in table 15, which demonstrates a general decreasing trend in vaccination rates in Bury.

Most vaccinations show a worsening trend and also fall below the vaccination rates for England.

**Table 15 - Population vaccination coverage by indicator** (Source: <https://fingertips.phe.org.uk/>)

Indicator	Period	Bury (%)	England (%)
Rotavirus (1 years old)	2023/24	82.6	88.5
Dtap IPV Hib HepB (1 year old)	2023/24	88.3	91.2
Dtap and IPV booster (5 years old)	2023/24	78.3	82.7
Hepatitis B (1 year old)	2023/24	100.0	0.0
Hepatitis B (2 years old)	2023/24	88.9	0.0
Hib and MenC booster (2 years old)	2023/24	84.5	88.6
Hib and MenC booster (5 years old)	2017/18	92.2	92.4
MenB (1 year old)	2023/24	88.2	90.6
MenB booster (2 years old)	2023/24	82.4	87.3
MMR for one dose (2 years old)	2023/24	85.7	88.9
MMR for one dose (5 years old)	2023/24	93.2	91.9
MMR for two doses (5 years old)	2023/24	81.5	83.9
PCV	2023/24	91.4	93.2
PCV booster	2023/24	84.1	88.2
PPV	2022/23	64.5	71.8
HPV for one dose (12-13 years old)(Male)	2022/23	69.7	65.2
HPV for one dose (12-13 years old)(Female)	2022/23	79.4	71.3
HPV for two doses (13-14 years old)(Male)	2022/23	54.7	56.1
HPV for two doses (13-14 years old)(Female)	2022/23	62.4	62.9
Meningococcal ACWY conjugate vaccine (14-15 years old)	2023/24	72.6	73.0
Shingles (71 years)	2022/23	37.6	48.3
Flu (aged 65 and over)	2023/24	77.5	77.8
Flu (at risk individuals)	2023/24	40.0	41.4
Flu (2-3 years old)	2023/24	39.2	44.4
Flu (Primary school aged children)	2023/24	63.5	55.1

Trend for Bury
Increasing and getting better
No significant change
Decreasing and getting worse
No trend available

### How can pharmacy contractors help?

Community pharmacies are well placed within local communities to promote and support health and wellbeing, including advice in relation to immunisations and vaccinations. Several existing essential services support the promotion of immunisations and vaccinations:

- Being a healthy living pharmacy.
- Signposting – Staff can signpost patients to local initiatives or services in Bury.
- Public health (promotion of healthy lifestyles) – Support the mandatory health campaigns that may include elements relating to immunisations and vaccinations.
- Dispensing – staff can provide brief advice and interventions for immunisations and vaccinations when handing over medications to patients.

30 Pharmacies in the Bury Borough provided an Influenza (Flu) vaccinations advanced service this flu season. Flu vaccinations help protect the elderly and most vulnerable from the flu virus and therefore

reduce hospital admissions, saving NHS time for clinicians to spend on other critically ill people and also saving money.

There is also a national enhanced service for COVID-19 vaccinations, which contractors can provide under certain criteria and has added extra capacity to the vaccination programme across Bury. Pharmacies have been willing and able to provide much needed services to their local population and can be relied upon to set up a service at short notice. As pharmacy staff have the skills to vaccinate, they could be used in future for other rapid roll-out schemes or mop up programmes under a PGD.

## 5.6 Increase in pharmacy first uptake

One of the key priorities from the Bury Locality plan update for 2025 is to increase pharmacy first uptake to help transform community care in our neighbourhoods.

In February 2025, community pharmacies in Bury received a total of 430 pharmacy first referrals which was the second lowest locality total in GM. Please note that this is a total activity figure and is not weighted for population size.

**Table 16 - GM wide pharmacy first consultation data by locality for February 2025** (Source: <https://curator.gmtableau.nhs.uk/dashboard/gm-tableau-nhsgm-powerpoint-slides-slide-deck-filters-and-parameters>)

Community Pharmacy Locality	Acute Otitis Media Flag	Acute Sinusitis Flag	Acute Sore Throat Flag	Impetigo Flag	Infected Insect Bites Flag	Shingles Flag	Uncomplicated UTI Flag	Total PF Clinical Pathways Delivered by CP	Total PF Minor Illness Delivered by CP	Total PF Referrals Completed Delivered by CP	Total PF Referrals Received by CP
Bolton	52	30	111	2	0	0	44	239	599	838	1069
Bury	21	11	61	3	1	3	37	137	188	325	430
Manchester	91	70	290	10	5	3	131	600	1118	1718	2240
Oldham	32	29	89	5	4	7	60	226	401	627	795
Rochdale	35	15	100	4	6	8	61	229	265	494	623
Salford	51	31	161	4	1	1	63	312	480	792	1047
Stockport	47	44	147	3	1	5	71	318	160	478	638
Tameside	16	15	61	3	0	1	40	136	134	270	379
Trafford	33	12	59	0	3	8	51	166	245	411	495
Wigan	18	41	91	5	1	7	56	219	166	385	519
Non-GM CP	2	26	67	1	0	0	9	105	354	459	504
<b>Grand Total</b>	<b>398</b>	<b>324</b>	<b>1237</b>	<b>40</b>	<b>22</b>	<b>43</b>	<b>623</b>	<b>2687</b>	<b>4110</b>	<b>6797</b>	<b>8739</b>

### How can pharmacy contractors help?

All pharmacy contractors are commissioned to provide and are actively providing the pharmacy first service in Bury.

More work around communications and engagement with patients and the wider healthcare system may be required to help drive knowledge, understanding and access to this valuable service.

## 5.7 Cardiovascular Disease

Under 75 years of age mortality from CVD (Persons) in Bury (93.1 per 100,000 population in those aged under 75 years) is higher than England (76 per 100,000) average but similar to North West average (92.8 per 100,000).<sup>27</sup>

The directly standardised mortality rate from all CVDs for people over 65 in Bury is 1,050.1 per 100,000 population in 2021, lower than the average for the North West (1,092.9 per 100,000) and statistically similar to England average of 1021.4 points per 100,000.<sup>28</sup>

<sup>27</sup> <https://theburydirectory.co.uk/ageing-well> accessed 21/03/2025

<sup>28</sup> <https://theburydirectory.co.uk/ageing-well> accessed 21/03/2025

In its group of 16 statistical neighbours, Bury has the 5<sup>th</sup> lowest CVD mortality rate among people over 65, with the highest rate in Calderdale (1,250.5) and lowest in Bedford (885.3).<sup>29</sup> (See Figure 12)

Figure 12 - Directly age-standardised mortality rate from all CVDs in persons aged 65 years and over for Bury and its statistical neighbours per 100,000 population (Source: Ageing Well | The Bury Directory)

Local authority	Directly age-standardised mortality rate from all CVDs in persons aged 65 years and over per 100,000 population
Calderdale	1250.5
Doncaster	1188.9
Oldham	1178.9
Rotherham	1174.6
Kirklees	1144.3
Derby	1129.8
Rochdale	1112.6
Wigan	1109.7
Dudley	1099.2
Bolton	1062.4
St. Helens	1059.6
Bury	1050.1
Stockport	1034.3
Medway	1032.6
Swindon	1006.6
Bedford	885.3

### How can pharmacy contractors help?

Community pharmacies are well placed within local communities to promote and support health and wellbeing, including advice in relation to cardiovascular disease. Several existing essential services support the treatment and prevention of cardiovascular disease:

- Being a healthy living pharmacy.
- Signposting – Staff can signpost patients to local initiatives or services in Bury.
- Public health (promotion of healthy lifestyles) – Support the mandatory health campaigns that may include elements relating to cardiovascular disease.
- Dispensing – staff can provide brief advice and interventions for cardiovascular disease.

38 pharmacies in Bury actively provide the New Medicine Service, which includes several long-term conditions in the cardiovascular category. Through identifying patients with these conditions and delivering this service pharmacists can help to improve adherence to treatments for these conditions, improving long term outcomes for patients with cardiovascular disease.

Pharmacy services also identify and manage risk factors for CVD, such as obesity and smoking, and help to support the prevention of cardiovascular disease.

## 5.8 Chronic Respiratory conditions

Under 75 years of age mortality from respiratory disease (Persons) in Bury is 28.3 per 100,000 population in those aged under 75 years, similar to England average of 26.5 per 100,000 and lower than North West average of 35.3 per 100,000.<sup>30</sup>

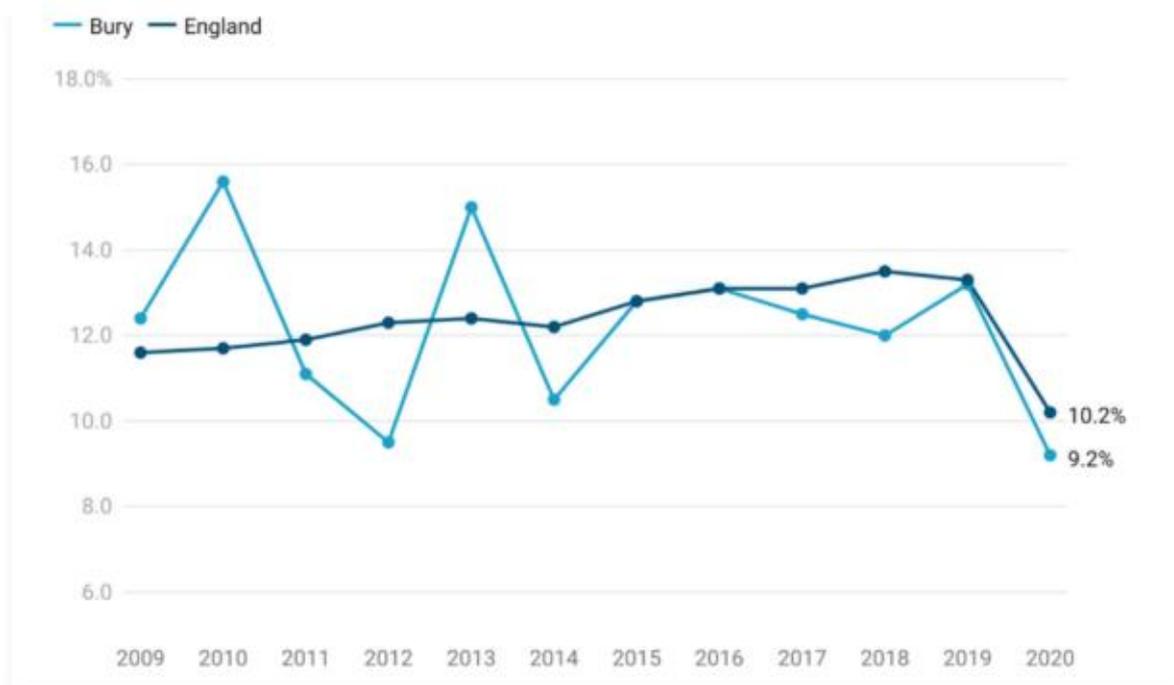
Respiratory diseases account for 9.2% of all deaths in Bury's population of 65-74-year-olds, which is statistically comparable to England's average of 10.2% (Figure 13).<sup>31</sup>

<sup>29</sup> <https://theburydirectory.co.uk/ageing-well> accessed 21/03/2025

<sup>30</sup> <https://theburydirectory.co.uk/ageing-well> accessed 21/03/2025

<sup>31</sup> <https://theburydirectory.co.uk/ageing-well> accessed 21/03/2025

Figure 13 - Percentage of deaths in 65-74 years of age with respiratory diseases as the underlying cause in Bury compared with England - 2009-2020 (Source: Ageing Well | The Bury Directory)



Mortality rate from respiratory disease, in persons over 65 years of age per 100,000 population for the year 2021 in Bury (471.3 per 100,000) is slightly higher than England average of 440.8 (although statistically similar) but lower than Northwest average of 529.2. Bury has the 6<sup>th</sup> lowest mortality from respiratory disease in its group of statistical neighbours with the highest mortality in St. Helens of 638.4 per 100,000 and lowest mortality in Stockport of 375.8 per 100,000 (Figure 14).<sup>32</sup>

<sup>32</sup> <https://theburydirectory.co.uk/ageing-well> accessed 21/03/2025

Figure 14 - Directly age-standardised mortality rate from respiratory disease per 100,000 population, in persons over 65 years of age for Bury and its statistical neighbours (Source: Ageing Well | The Bury Directory)

Local authority	Directly age-standardised mortality rate from respiratory disease per 100,000 population, in persons over 65 years of age
St. Helens	638.4
Rochdale	605.0
Oldham	589.7
Rotherham	577.7
Wigan	572.2
Medway	571.2
Bolton	569.8
Calderdale	547.4
Dudley	505.0
Doncaster	477.7
Bury	471.3
Kirklees	470.0
Bedford	461.3
Swindon	442.8
Derby	388.2
Stockport	357.8

### How can pharmacy contractors help?

Community pharmacies are well placed within local communities to promote and support health and wellbeing, including advice in relation to respiratory disease. Several existing essential services support the treatment and prevention of respiratory disease:

- Being a healthy living pharmacy.
- Signposting – Staff can signpost patients to local initiatives or services in Bury.
- Public health (promotion of healthy lifestyles) – Support the mandatory health campaigns that may include elements relating to respiratory disease.
- Dispensing – staff can provide brief advice and interventions for respiratory disease.

38 pharmacies in Bury actively provide the New Medicine Service, which includes several long-term conditions in the respiratory category. Through identifying patients with these conditions and delivering this service pharmacists can help to improve adherence to treatments for these conditions, improving long term outcomes for patients with respiratory disease.

Pharmacy services also identify and manage risk factors for respiratory disease such as smoking cessation and help to support the prevention and treatment of respiratory disease.

## 5.9 Cancer

Under 75 years of age mortality from cancer (Persons) in Bury (156.9 per 100,000 population in those aged under 75 years) is higher than England (121.5 per 100,000) and Northwest averages (136 per 100,000). Amongst Bury's statistical neighbours, Bury has the highest premature mortality rate from cancer, with the lowest rate in Calderdale (117.6).<sup>33</sup>

<sup>33</sup> <https://theburydirectory.co.uk/ageing-well> accessed 21/03/2025

Cancer contributes to 34.5% of all deaths in individuals aged 65-74 years in Bury, statistically like England's average of 38.2%.<sup>34</sup>

Figure 15 - Public health profile for cancer in Bury (Source: Fingertips)

Indicator	Period	Bury					England		
		Recent Trend	Count	Value	Value	Worst/ Lowest	Range		Best/ Highest
Deaths from all cancer, all ages, standardised mortality ratio	2016 - 20	–	2,449	106.8	100.0	132.2			82.7
Deaths from all cancer, under 75 years, standardised mortality ratio	2016 - 20	–	1,168	107.9	100.0	141.4			82.7
Percentage of deaths with underlying cause Cancer (All ages)	2020	➔	504	23.1%	24.3%	19.7%			27.7%
Percentage of deaths with underlying cause Cancer (<65 yrs)	2020	➔	109	31.8%	31.7%	22.3%			39.2%
Percentage of deaths with underlying cause Cancer (65-74 yrs)	2020	➔	131	34.5%	38.2%	29.1%			52.1%
Percentage of deaths with underlying cause Cancer (75-84 yrs)	2020	➔	165	24.2%	27.4%	20.0%			32.3%
Percentage of deaths with underlying cause Cancer (85+ yrs)	2020	➔	99	12.7%	13.8%	10.2%			16.3%

### How can pharmacy contractors help?

Community pharmacies are well placed within local communities to promote and support health and wellbeing, including advice in relation to cancer. Several existing essential services support the treatment and prevention of cancer:

- Being a healthy living pharmacy.
- Signposting – Staff can signpost patients to local initiatives or services in Bury.
- Public health (promotion of healthy lifestyles) – Support the mandatory health campaigns that may include elements relating to cancer.
- Dispensing – staff can provide brief advice and interventions for cancer.

Pharmacy services also identify and manage risk factors for cancer such as smoking cessation and help to support the prevention of cancer.

Identifying patients at high risk of developing cancer in the future due to diet, obesity, smoking and other lifestyle factors and giving them information or signposting into other relevant services can help reduce the long-term outcomes for the residents of Bury Borough.

## 5.10 Musculoskeletal

22.8% of the Bury population report a long term musculoskeletal (MSK) problem, which is above the England average (18.4%) and the Northwest average (20.6%). (See figure 16)

Figure 16 - Public health profile for Musculoskeletal health in Bury (Source: Fingertips)

Indicator	Period	Bury			North West	England		England		
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range		Best/ Highest
Percentage reporting a long-term Musculoskeletal (MSK) problem	2023	–	-	22.8%	20.6%	18.4%	30.3%			10.0%
Percentage reporting at least two long-term conditions, at least one of which is MSK related	2023	–	-	16.3%	15.3%	13.4%	24.2%			6.5%
Odds ratio of reporting a mental health condition among people with and without an MSK condition	2023	–	-	1.5	1.4	1.4	0.5			3.9
Back pain prevalence in people of all ages	2012	–	-	16.9%	17.3%	16.9%	21.4%			11.8%
Prevalence of hip osteoarthritis in people aged 45 and over	2012	–	8,906	11.1%	11.2%	10.9%	12.5%			9.6%
Prevalence of knee osteoarthritis in people aged 45 and over	2012	–	14,805	18.5%	18.8%	18.2%	21.4%			14.6%
Hip fractures in people aged 65 and over <span style="background-color: #c8e6c9; border: 1px solid #000; padding: 2px;">New data</span>	2023/24	➔	205	574	578	547	849			120
Rheumatoid Arthritis: QOF prevalence	2023/24	⬆	1,448	0.8%	0.8%	0.8%	0.4%			1.3%

### How can pharmacy contractors help?

Community pharmacies are well placed within local communities to promote and support health and wellbeing, including advice in relation to MSK. Several existing essential services support the treatment and prevention of cancer:

- Being a healthy living pharmacy.
- Signposting – Staff can signpost patients to local initiatives or services in Bury.

<sup>34</sup> <https://theburydirectory.co.uk/ageing-well> accessed 21/03/2025

- Public health (promotion of healthy lifestyles) – Support the mandatory health campaigns that may include elements relating to MSK.
- Dispensing – staff can provide brief advice and interventions for MSK.

38 pharmacies in Bury actively provide the New Medicine Service, which includes osteoporosis in the musculoskeletal category. Through identifying patients with these conditions and delivering this service pharmacists can help to improve adherence to treatments for these conditions, improving long term outcomes for patients with osteoporosis.

Medication reviews can identify prescribed or over the counter medication which may contribute to falls. Pharmacies should discuss adherence to prescribed medication or exercise regimes and promote healthy lifestyles which reduce the risk of accidental fractures.

## 6 Provision of pharmaceutical services

The most recent Community Pharmacy Contractual Framework (CPCF), including a breakdown of pharmaceutical services, is described in detail in section 3.6.1. It is noted that negotiations on the 2024/25 CPCF, which includes negotiations on the Pharmacy Quality Scheme (PQS), were paused when the 2024 general election was announced and resumed in January 2025. The details of the next CPCF were released in April 2025 and will be used for the purpose of analysis of provision of services.

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

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

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

- those essential services provided by pharmacies and DACs in line with their terms and contracted hours of service as set out in the 2013 regulations, and
- advanced services commissioned at the time of publication of the PNA that meet the requirements of the Bury population need.

Relevant services are

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

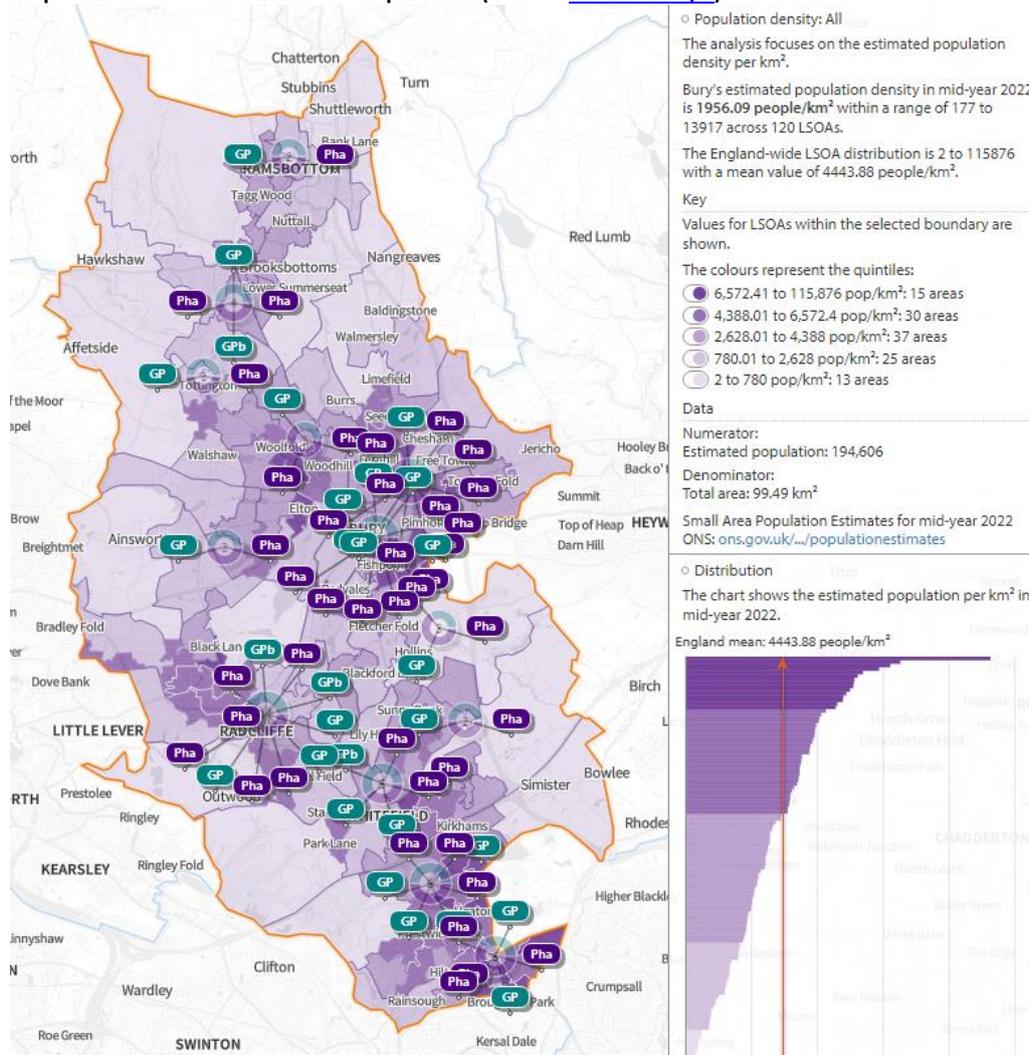
### 6.1 Necessary services - current provision within the HWB's area

There are 41 pharmacies included in the pharmaceutical list for the area of the HWB. This is made up of 33 with a standard 40-hour contract, four with a 100-hour contract (opening hours may vary due to new regulations as described in section 3.6.4.) and four listed as distance selling. There are no DACs, dispensing GP practices, and no LPS pharmacies in Bury.

Map 6 below (see Appendix Ten for a larger version), shows the location of premises providing pharmaceutical services and GP practices within the HWB's area. The details for each premises down to ward level can be found in Appendix Six, with an overview of opening hours for each premises down to ward level shown in Appendix Eight.

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

Map 6 - Location of Pharmacies & GP practices (Source: [SHAPE - Shape](#))



The number of pharmacies available per 100,000 population in Bury in 204/25 is 21, slightly less than in 2020/21 when it was 22 per 100,000 population (table 17). This reduction has been caused by an increase in population size coupled with a reduction in the number of contractors. Pharmaceutical services provision has been absorbed by the existing contractors and is consistent with the level from 2017/18.

Table 17 - Bury pharmacies 2017/18 to 2024/25 (source: EPACT2)

	Number of community pharmacies	Prescription items dispensed per month (000)s	Population (000)s Mid-Year 2023	Pharmacies per 100,000 population
2017/18	39	292	190	21
2021/22	43	315	194	22
2024/25	41	352	195	21

*\*This table includes distance selling pharmacies but excludes DACs. The number of distance selling pharmacies in 2024/25 is 4.*

From January 2024 until December 2024 approximately 15% of items dispensed by Bury pharmacies were prescribed by providers who were not Bury registered practices (see Table 18). Bury pharmacies dispense items for patients that are registered with GM GPs across the Bury border.

**Table 18 - Items dispensed by Bury pharmacies for each ICB locality in Greater Manchester between January 2024 to December 2024 (source: EPACKT2)**

Registered provider	Total items dispensed by Bury pharmacies	Percentage of items dispensed by Bury pharmacies
Bolton	32,204	0.78%
Bury	3,504,221	85.15%
HMR	47,673	1.16%
Manchester	56,792	1.38%
Oldham	1,602	0.04%
Salford	71,461	1.74%
Stockport	1,546	0.04%
Tameside	1,329	0.03%
Trafford	637	0.02%
Wigan	1,022	0.02%
Other GM	19,132	0.46%
Distance	377,813	9.18%
<b>Total</b>	<b>4,115,432</b>	<b>100%</b>

*\*Appliance contractor items are excluded*

In 2024/25, Bury's average prescription items per month per pharmacy was 8,585. This is similar to the Greater Manchester average but lower than the average for England (table 19). This indicates that the current number of pharmacies can cope with demand for prescription dispensing.

The number of pharmacies per 100,000 population in Bury is the same as GM (21), but higher than England (18). Based on historical pharmacy use this would indicate that the current number of pharmacies are sufficient for the current population.

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

**Table 19 - Number of pharmacies and items dispensed per month nationally and locally for 2024/25 (April 2024 – December 2025) (source: NHS BSA and EPACKT2)**

	Number of community pharmacies	Prescription items dispensed per month (000)s	Population (000)s Mid-Year 2023	Pharmacies per 100,000 population	Average items per pharmacy per month
England	10,451	95,287	57,690	18	9,118
GM	623	5,507	2,949	21	8,840
Bury	41	352	195	21	8,585

### 6.1.1 Access to premises

Access can be defined by the location of the pharmacy in relation to where residents of the HWB area live and the length of time to access the pharmacy by driving (private car), using public transport or walking. 1 mile is used as an approximate for 20 minutes walking time, assuming that an average walking speed is 3mph. Of course, the speed will vary depending on the walking ability of the person and the terrain in the area.

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

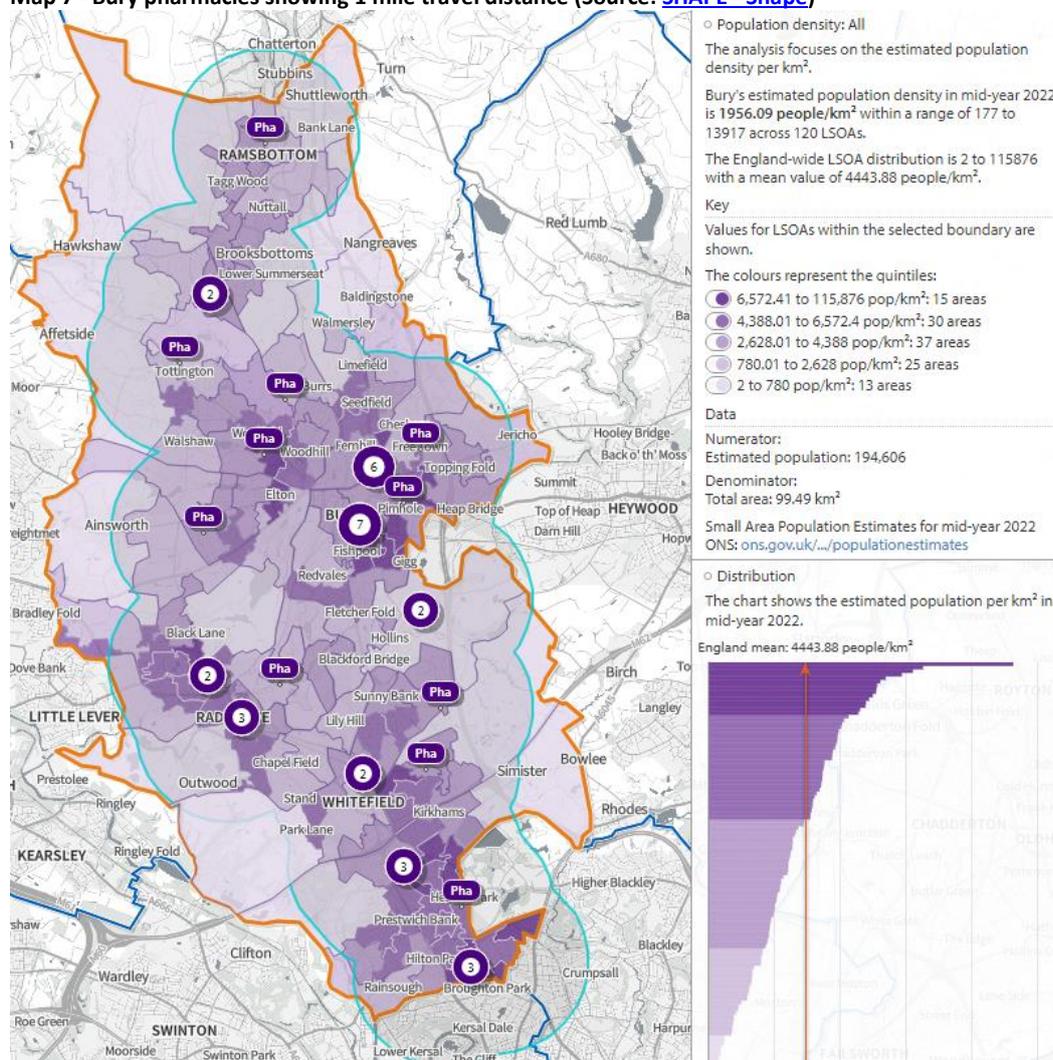
- 89% of the population in England has access to a community pharmacy within a 20-minute walk;
- Over 99% of those in areas of highest deprivation are within a 20-minute walk of a community pharmacy; and
- As the accessibility of community pharmacies is greatest in areas of higher deprivation, they may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

Community pharmacy is consequently a socially inclusive healthcare service providing a convenient and less formal environment for those who cannot easily access or do not choose to access other kinds of health service. Most pharmacies now have a private consultation area specifically for confidential or sensitive discussions.<sup>35</sup>

An updated Pharmacy Access Scheme (revised PhAS) began in January 2022, to continue to support patient access to isolated, eligible pharmacies. It is funded to no more than £20 million from the Community Pharmacy Contractual Framework (CPCF). Eligibility for PhAS continues to be based on both the dispensing volume of the pharmacy, and distance from the next nearest pharmacy, although there are changes to the detailed eligibility criteria.<sup>36</sup>

Map 7 indicates there are parts of Bury further than a mile away from their nearest pharmacy, although these tend to be in the least populated and more rural areas. Also, there are pharmacies within 1 mile of Bury boundaries that offer further access, see map 8 below for location of pharmacies in the neighbouring Boroughs.

**Map 7 - Bury pharmacies showing 1 mile travel distance (Source: [SHAPE - Shape](#))**



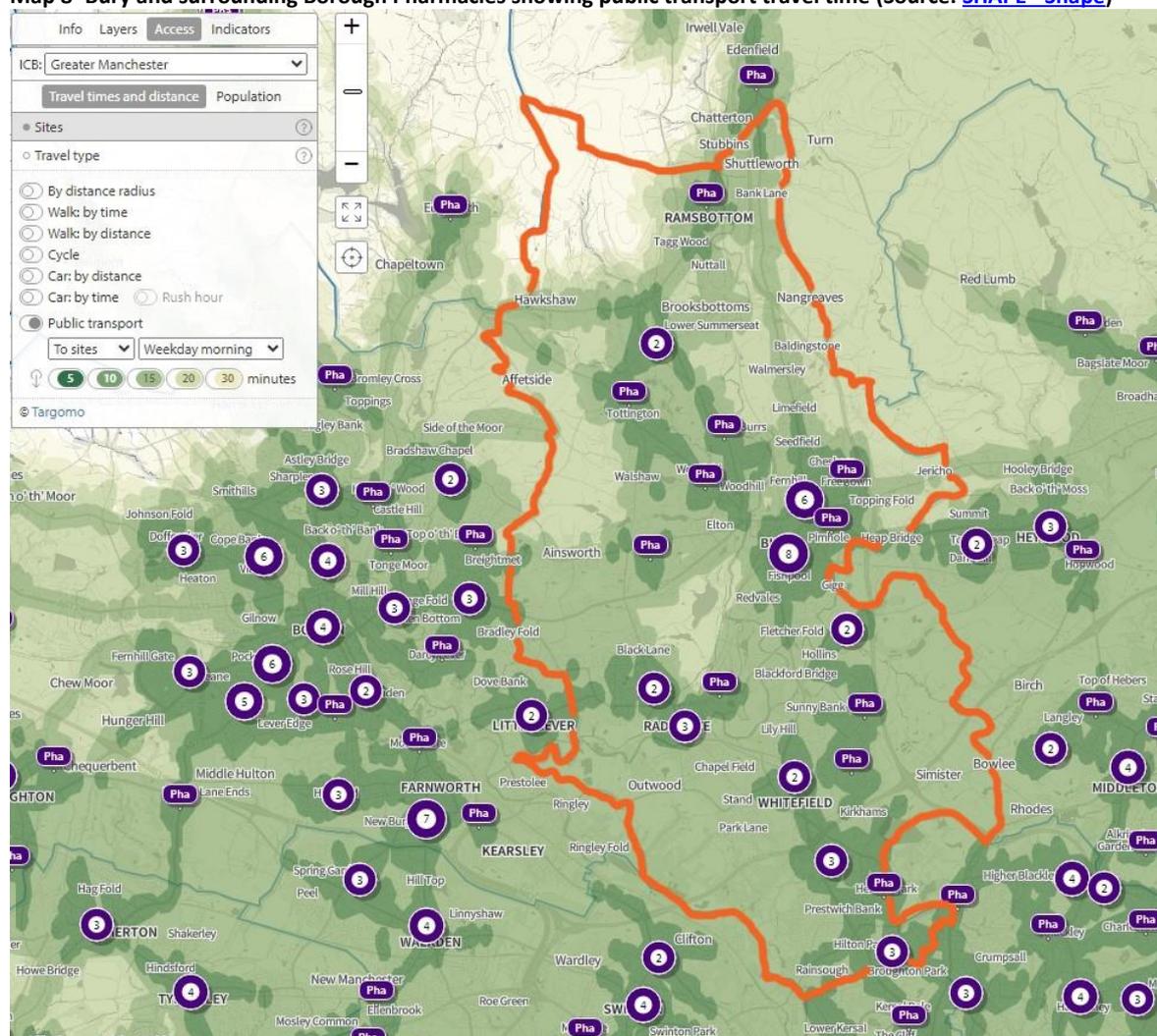
Map 8 below shows 20-minute travel time by public transport and indicates that most of the borough is accessible when using public transport. The area which indicates that public transport travel time is

<sup>35</sup> <https://cpe.org.uk/learn-more-about-community-pharmacy/about-community-pharmacy/> accessed 11/03/2025

<sup>36</sup> <https://cpe.org.uk/quality-and-regulations/the-pharmacy-contract/pharmacy-access-scheme-phas/> accessed 11/03/2025

greater than 20 minutes is located in the Northwest of Bury Borough, to the North of Hawkshaw. This area is rural and less densely populated, with limited housing in the area. There is also a pharmacy in a neighbouring borough that is accessible to this area.

**Map 8- Bury and surrounding Borough Pharmacies showing public transport travel time (Source: [SHAPE - Shape](#))**



According to government statistics the percentage of households in the Northwest without access to a vehicle has fallen from 27% in 2002/03 to 24% in 2023<sup>37</sup> (see Table 23 in section 7.1 for Bury Census data). Although this is high compared to some national regions, it is in line with the national average (England 2023 average 22%, England-excluding-London 19%, London Only 42%). This is because the Northwest includes large city centres, such as Manchester and Liverpool where people are more likely to rely on public transport rather than have access to a vehicle, the value for Bury alone is not available.

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

### 6.1.2 Correlation with GP practices

There are 41 community pharmacies, more than the 28 GP practices. In addition, all neighbourhoods have multiple pharmacies and there are pharmacies close to each GP practice, although practice list sizes, number of GPs and opening times may differ significantly between practices. At ward level, all wards now have a pharmacy within its borders, thanks to a re-location since the last PNA. There are also other pharmacies near the Bury borders, including its border with Bolton Local Authority area.

<sup>37</sup> <https://www.gov.uk/government/statistical-data-sets/nts99-travel-by-region-and-area-type-of-residence> accessed 11/03/2025

### 6.1.3 Access due to opening hours

When questioned about access due to opening hours, in general respondents felt it was important to have access to pharmacies seven days a week, Monday to Sunday during the hours of 9am to 6pm.

When questioned about early morning opening on weekdays/Saturdays/Sundays, early evening and late evening opening on weekdays/Saturdays/Sundays, in general most respondents felt this was unimportant or not necessary.

Similarly with respect to bank holidays, in general most respondents felt that it was necessary to have some form of access during the day, in the morning and afternoon, but felt it was unimportant or not necessary with respect to access on a bank holiday in the early morning or evening.

The responses received are summarised in the table below:

	Essential	Fairly Important	Total of Essential and Fairly Important	Unimportant	Not necessary	Total of Unimportant and Not necessary	Not sure
Weekday: Early Morning (before 9am)	13%	20%	33%	24%	35%	59%	8%
Weekday: During the day	70%	17%	87%	3%	6%	9%	4%
Weekday: Lunchtime	24%	28%	53%	18%	21%	39%	8%
Weekday: Early evening between 6pm and 9pm	17%	37%	54%	15%	24%	39%	7%
Weekday: Late evening after 9pm	4%	25%	29%	23%	37%	60%	11%
Saturday: Early Morning (before 9am)	7%	23%	30%	23%	38%	61%	9%
Saturday: Morning	35%	34%	69%	6%	20%	26%	5%
Saturday: Afternoon	22%	35%	57%	12%	23%	35%	8%
Saturday: Evening after 6pm	7%	25%	32%	24%	32%	56%	12%
Sunday: Early Morning (before 9am)	8%	11%	19%	24%	44%	68%	13%
Sunday: Morning	13%	35%	48%	14%	28%	42%	10%
Sunday: Afternoon	11%	28%	39%	14%	37%	51%	10%
Sunday: Evening after 6pm	4%	15%	19%	23%	45%	68%	13%
Bank Holidays: Early Morning (before 9am)	7%	20%	27%	24%	40%	64%	9%
Bank Holidays: Morning	11%	31%	42%	20%	28%	48%	10%
Bank Holidays: Afternoon	8%	30%	38%	20%	32%	52%	9%
Bank Holidays: Evening after 6pm	4%	18%	22%	28%	37%	65%	13%

Tables 20, 21 and 22 along with appendix 8 detail the span of opening times for Bury pharmacies based on their core and supplementary opening hours<sup>38</sup>. They identify those that open 7 days a week, all day Saturday (open Monday to Friday), only half day Saturday (open Monday to Friday) and closed Saturday (open Monday to Friday) and those open before 8am and after 7pm (Monday to Friday). The opening times are correct at the time of drafting the PNA and are taken from the official pharmaceutical list for GM. Full details of the opening hours for community pharmacies in Bury can be found on NHS Services<sup>39</sup>.

## Monday to Saturday opening

Seven walk-in community pharmacies open at 8:00 a.m. or earlier Monday to Saturday. The earliest opening is 6:00 a.m. (see Table 20).

25 of the 37 walk-in community pharmacies open on a Saturday morning, 12 of these 25 pharmacies close by 1:00 p.m. and 13 remain open until later during Saturday, with the latest time of closing being 10:00pm for three of these pharmacies.

In Bury North neighbourhood there is no pharmacy open before 9:00am or after 6:30pm on a weekday or before 9:00am and after 13:00pm on a Saturday and no pharmacies open on a Sunday. The Whitefield neighbourhood does not have a pharmacy that opens before 9:00am on a Monday to Saturday. However, members of the public can access pharmaceutical services from any other contractor within these hours.

The public survey had 45 responses from people whose postcode matched those in Bury North (BL0 & BL8 & BL9). 9 of these 45 (20%) residents complained of poor access due to opening times at their local pharmacy.

All other neighbourhoods have cover with at least 1 pharmacy remaining open during the weekday and Saturday evening, and on a Sunday.

**Table 20 - Bury pharmacies open Monday to Saturday from 8:00 a.m. or earlier (source: NHSE&I)**

Neighbourhood	Ward	Map Index	Trading Name	Postcode	Mon to Sat Opening Times	Comments
Bury East	Bury East	2	Asda Pharmacy	BL9 0RN	6:00am	
Bury East	Bury East	25	Medi Home Pharmacy	BL9 0RE	8:00am	Distance selling pharmacy - closed on Saturday
Bury East	Bury East	28	Pimhole Pharmacy	BL9 7BB	7:00am	
Bury East	Moorside	5	Boots the Chemist	BL9 5BY	8:00am	
Bury East	Moorside	6	Bury Healthcare Pharmacy	BL9 6DP	7:00am	
Bury East	Redvales	29	Postbox Pharmcare Limited	BL9 9AA	7:00am	Distance selling pharmacy - closed on Saturday
Bury West	Radcliffe East	31	Radcliffe Pharmacy	M26 2SP	8:00am	Opens at 9:00am on Saturday
Bury West	Radcliffe East	38	Well	M26 2SP	8:00am	Closed on Saturday
Prestwich	St Mary's	37	Tesco In-Store Pharmacy	M25 7BL	8:00am	

Nine pharmacies provide access to pharmaceutical services until 7:00 p.m. or later Monday to Friday; with eight pharmacies also providing until 7:00 p.m. or later Saturday (see Table 21).

**Table 21 - Bury pharmacies open Monday to Saturday until 7:00 p.m. or later (source: NHSE&I)**

Neighbourhood	Ward	Map Index	Trading Name	Postcode	Mon to Sat Closing Times	Comments
Bury East	Bury East	2	Asda Pharmacy	BL9 0RN	10:00pm	Closes at 9:00pm on Monday and Tuesday
Bury East	Bury East	28	Pimhole Pharmacy	BL9 7BB	10:15pm	Closes at 10:00pm on Monday and Saturday
Bury East	Moorside	5	Boots the Chemist	BL9 5BY	9:00pm	
Bury East	Moorside	6	Bury Healthcare Pharmacy	BL9 6DP	10:00pm	
Bury East	Moorside	36	Tesco In-Store Pharmacy	BL9 5BY	7:00pm	
Bury West	Radcliffe East	31	Radcliffe Pharmacy	M26 2SP	7:00pm	Closes at 4:00pm on Saturday
Bury West	Radcliffe West	1	Asda Pharmacy	M26 3DA	8:00pm	
Prestwich	St Mary's	37	Tesco In-Store Pharmacy	M25 7BL	8:00pm	
Whitefield	Unsworth	3	Asda Pharmacy	BL9 8RS	8:00pm	

<sup>38</sup> Data valid as at 11<sup>th</sup> March 2025

<sup>39</sup> <https://www.nhs.uk/nhs-services/>

## Sunday opening

Nine of the 37 walk-in pharmacies open on Sunday and four of the five neighbourhoods have at least one pharmacy open for some hours. The Sunday opening hours across the borough range from the earliest opening time of 8:00am and the latest closing time of 7:00pm (see table 22).

83% of the respondents to the public survey were satisfied or very satisfied with the opening hours provided. Additionally, 54% of respondents had not used a pharmacy on a Sunday in the last year and felt it wasn't relevant to their needs.

**Table 22 - Bury pharmacies open on Sunday (source: NHSE&I)**

Neighbourhood	Ward	Map Index	Trading Name	Postcode	Sunday Opening Times	Sunday Closing Times
Bury East	Bury East	2	Asda Pharmacy	BL9 0RN	11:00am	5:00pm
Bury East	Bury East	4	Boots the Chemist	BL9 0QQ	11:00am	3:00pm
Bury East	Bury East	28	Pimhole Pharmacy	BL9 7BB	10:00am	7:00pm
Bury East	Moorside	5	Boots the Chemist	BL9 5BY	11:00am	5:00pm
Bury East	Moorside	6	Bury Healthcare Pharmacy	BL9 6DP	8:00am	6:00pm
Bury East	Moorside	36	Tesco In-Store Pharmacy	BL9 5BY	10:00am	4:00pm
Bury West	Radcliffe West	1	Asda Pharmacy	M26 3DA	10:00am	4:00pm
Prestwich	St Mary's	37	Tesco In-Store Pharmacy	M25 7BL	10:00am	4:00pm
Whitefield	Unsworth	3	Asda Pharmacy	BL9 8RS	10:30am	4:30pm

## Changes to pharmacy contractors

Since the last PNA there has been the closure of 2 standard contract pharmacies and one pharmacy contract changed from a 100hr to a standard contract. Pharmaceutical services provision from these contractors has been absorbed locally by existing contractors. There are no further known changes anticipated at the time of writing the PNA.

### 6.1.4 Access to pharmaceutical services on public and bank holidays and Easter Sunday

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

### 6.1.5 Access to Advanced Services

NHS GM has in place a Community Pharmacy Services Group which meets monthly to oversee the implementation and quality assurance of nationally and locally commissioned community pharmacy services and to act as a touch point for the Greater Manchester Primary Care Team, CPGM (the LPC for GM), Local Pharmacy Network (LPN). This work supports the successful implementation and engagement with both new and pre-existing community pharmacy services, helping to ensure that Manchester residents benefit from the wide range of services available.

#### 6.1.5.1 Access to Appliance Use Review (AUR)

According to data from NHS England no pharmacies in Bury provided appliance use reviews.

Data from the NHS Business Services Authority show that the main providers of appliance use reviews and stoma customisation services are DACs. In the 12-month period, December 2023 to November 2024 (latest data on 1<sup>st</sup> March 2025), 1461 AURs were provided to Greater Manchester residents with 500 of these delivered in the individual's home.

### 6.1.5.2 Access to Pharmacy First Service (PFS)

Appendix Seven provides a list of pharmacies providing PFS advanced services.

The Pharmacy First service commenced on 31st January 2024<sup>40</sup>, and involves pharmacists providing advice and NHS-funded treatment, where clinically appropriate, for seven common conditions (age restrictions apply):

Clinical pathway	Age range
Acute Otitis Media*	1 to 17 years
Impetigo	1 year and over
Infected insect bites	1 year and over
Shingles	18 years and over
Sinusitis	12 years and over
Sore throat	5 years and over
Uncomplicated urinary tract infections	Women 16-64 years

\* Distance Selling Pharmacies will not complete consultations for Acute Otitis Media.

Consultations for these seven clinical pathways can be provided to patients presenting to the pharmacy as well as those referred electronically by NHS 111, general practices and others.

The service also incorporates the elements of the Community Pharmacist Consultation Service, i.e. minor illness consultations with a pharmacist and the supply of urgent medicines (and appliances), both following an electronic referral from NHS 111, general practices (urgent supply referrals are not allowed from general practices) and other authorised healthcare providers (i.e. patients are not able to present to the pharmacy without an electronic referral).

In the clinical pathway consultations with a pharmacist, people with symptoms suggestive of the seven conditions will be provided with advice and will be supplied, where clinically necessary, with a prescription-only treatment under a Patient Group Direction (PGD) or in one pathway, an over-the-counter medicine (supplied under a clinical protocol), all at NHS expense.

Currently (March 2025), all 41 Pharmacies in Bury are registered to provide the Pharmacy First Service. In the 3 months up to November 2024, 2167 PFS Clinical Pathway Consultations, 1686 Urgent Supply Consultations and 1211 Minor Illness consultations were provided.

### 6.1.5.3 Access to Lateral Flow Device (LFD) Service

The Lateral flow device tests supply service for patients potentially eligible for COVID-19 treatments (LFD service) was commissioned as an Advanced service from 6th November 2023. The NHS offers COVID-19 treatment to people with COVID-19 who are at risk of becoming seriously ill. To access treatment, eligible patients first need to be able to test themselves by using a lateral flow device (LFD) test if they develop symptoms suggestive of COVID-19. It is therefore important that they have LFD tests at their home **in advance of developing symptoms**, so they can promptly undertake a test. The LFD service was introduced to provide eligible patients with access to LFD tests.

<sup>40</sup> <https://cpe.org.uk/national-pharmacy-services/advanced-services/pharmacy-first-service/>

If a patient tests positive, they are advised to call their general practice, NHS 111 or hospital specialist as soon as possible. The test result will be used to inform a clinical assessment to determine whether the patient is suitable for and will benefit from National Institute for Health and Care Excellence (NICE) recommended COVID-19 treatments.

The full list of eligible patients aged 12 years and over that are eligible to access LFD tests via the service (because they are at risk of getting seriously ill from COVID-19 and therefore are potentially eligible for COVID-19 treatments) can be found in the NICE guidance: <https://www.nice.org.uk/guidance/ta878/chapter/5-Supporting-information-on-risk-factors-for-progression-to-severe-COVID19>

As part of the service, patient's eligibility for a supply of LFD tests must be confirmed. Eligible patients should only receive one box of 5 LFD tests per consultation.

In the 3 months up to November 2024, 1348 LFD supply consultations were carried out.

#### **6.1.5.4 Access to Community Pharmacy Seasonal Influenza Vaccination programme**

According to data available at NHS Business Services Authority up to Nov 2024 (Latest available data 1<sup>st</sup> March 2025), 31 pharmacies in Bury are delivering this service for 2024/25, providing 13,347 vaccinations from September 2024 to November 24.

#### **6.1.5.5 Pharmacy Contraception Service (PCS)**

The PCS commenced on 24th April 2023, allowing the on-going supply of oral contraception (OC) from community pharmacies. From 1st December 2023, the service expanded to include both initiation and on-going supply of OC.

NHS community pharmacies are an accessible and convenient place for people to receive advice and support for contraception management.

The NHS Long Term Plan highlights the importance of NHS services complementing the action taken by local government to support the commissioning of sexual health services and exploring the future commissioning arrangements to widen access and create capacity where it is needed.

The Public Health England resource for commissioners highlighted the role community pharmacy can play supporting ongoing contraception. Appropriately trained and skilled community pharmacists can provide access to an ongoing supply of their oral contraception to relieve the burden on general practice and allow GPs to concentrate on more specialist services.

Supplies of oral contraception are made by a pharmacist via a Patient Group Direction (PGD). The aim of the Pharmacy Contraception Service (PCS) is to offer people greater choice and access when considering starting or continuing their current form of oral contraception.

Following the announcement of the new CPCF in April 2025, it has been announced that from October 2025, Emergency Hormonal Contraception is to be added to the Pharmacy Contraception Service (PCS). This in turn means that there will be no need from October 2025 for a Locally commissioned service for Emergency Hormonal Contraception as is currently the case.

Currently (March 2025) 34 pharmacies in Bury are registered to provide this service. In the 3 months up to November 2024, there were 49 initiation consultations and 231 on-going supply consultations.

#### **6.1.5.6 Hypertension Case Finding Service**

The Hypertension case-finding service was commissioned as an advanced service from 1st October 2021. It is described, in public-facing communications, as the NHS Blood Pressure Checks Service.

The service has two stages – the first is identifying people at risk of hypertension and offering them blood pressure measurement (a 'clinic check'). The second stage, where clinically indicated, is offering 24-hour ambulatory blood pressure monitoring (ABPM). The blood pressure test results will then be shared with the patient's GP to inform a potential diagnosis of hypertension.

Contractors opting to provide the service must undertake both stages of it, where clinically required, i.e. it is not possible to just undertake clinic BP readings and not ABPM.

Currently (March 2025) 37 pharmacies in Bury are registered to provide this service. In the 3 months up to November 2024, there were 2919 Community Pharmacy Clinic Blood Pressure checks and 422 Community Pharmacy Ambulatory Blood Pressure Monitoring (ABPM) consultations.

#### **6.1.5.7 Access to New Medicine Service (NMS)**

The service provides support for people, often with long-term conditions, newly prescribed a medicine to help improve medicines adherence and patient outcomes.

The primary aim of the consultation (which can be face-to-face or telephone-based) is the patient-centred identification of any problems either with the treatment (including any adverse drug reactions) or otherwise in relation to the patient's self-management of their long-term condition, and identification of any need of the patient for further information and support in relation to the treatment or the long-term condition. NMS is focused, from 1st September 2021, on the following conditions:

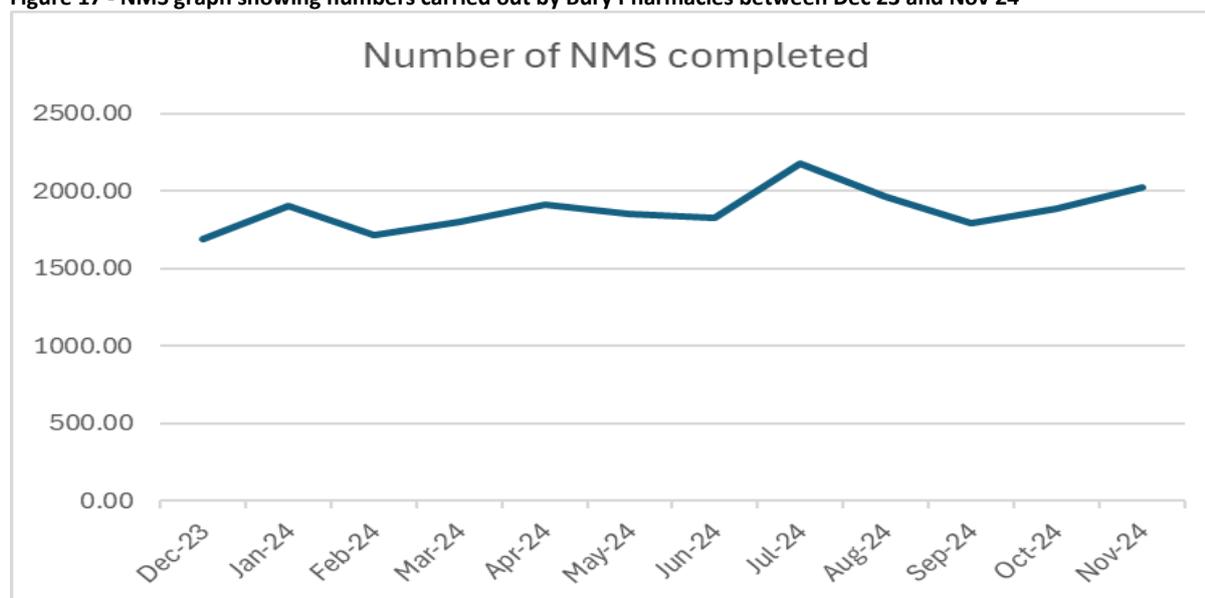
1. Asthma and COPD
2. Diabetes (Type 2)
3. Hypertension
4. Hypercholesterolaemia
5. Osteoporosis
6. Gout
7. Glaucoma
8. Epilepsy
9. Parkinson's disease
10. Urinary incontinence/retention
11. Heart failure
12. Acute coronary syndromes
13. Atrial fibrillation
14. Long term risks of venous thromboembolism/embolism
15. Stroke / transient ischemic attack
16. Coronary heart disease

Following the announcement of the new CPCF in April 2025, a new condition of **Depression** is to be added to the NMS service from October 2025.

Currently (April 2025), all 41 Pharmacies in Bury are registered to provide the Pharmacy New Medicines Service (NMS).

See Appendix Seven for those pharmacies that are providing NMS.

Figure 17 - NMS graph showing numbers carried out by Bury Pharmacies between Dec 23 and Nov 24



### 6.1.5.8 Access to stoma appliance customisation

Between December 2023 to November 2024, one Bury pharmacy provided 3 stoma customisations, however, a number will have been provided by dispensing appliance contractors outside the Bury area. Information provided by NHS England shows that there are eight DACs in the Greater Manchester area in March 2025, they provide an average 9667 stoma customisations each per month to patients nationally and locally. Some patients will access this service from DACs outside GM.

### 6.1.5.9 Access to Smoking Cessation Service (SCS)

The Smoking Cessation Service (SCS) has been an advanced service from 10th March 2022. This service has been designed to enable NHS trusts to undertake a transfer of care on patient discharge, referring patients (where they consent) to a community pharmacy of their choice to continue their smoking cessation treatment, including providing medication and support as required. The ambition is for referral from NHS trusts to community pharmacy to create additional capacity in the smoking cessation pathway.

Currently (March 2025) 24 pharmacies in Bury are registered to provide this service. In the 12 months from Dec 23 up to November 2024, 64 Smoking Cessation Service Consultations were provided.

## 6.1.6 Access to locally commissioned or enhanced services

### 6.1.6.1 Locally commissioned services by Bury Council

In March 2025, Bury Council commissioned three services from community pharmacies.

Local Authorities commission public health or preventative services.

Three services are directly commissioned:

- Emergency Hormonal Contraception
- Needle Syringe Exchange Programme
- Supervised Consumption Services

Following the announcement of the new CPCF in April 2025, it has been announced that from October 2025, Emergency Hormonal Contraception is to be added to the Advanced service - Pharmacy Contraception Service (PCS). This in turn means that the locally commissioned service for EHC should not be required from the October 2025 start date.

### 6.1.6.2 Locally commissioned services by NHS GM ICB

NHS GM ICB usually commission services related to a person's current disease state rather than for preventative care. In Bury there are three such services:

- Palliative care service medicine stockholder
- Minor Ailment Service

- Minor Eye Conditions Service

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

In making its assessment the HWB needs to take account of any services provided to its population, which may affect the need for pharmaceutical services in its area. This could include services provided across a border to the population of Bury by pharmacy contractors outside their area, or by GP practices, or other health services providers including those that may be provided by NHS trust staff. Patients have a choice of where they access pharmaceutical services, which may be close to their GP practice, their home, their place of work or where they go for shopping, recreational or other reasons. Consequently, not all the prescriptions written for residents of Bury were dispensed by the pharmacies within Bury. The Bury Council has borders with four Greater Manchester boroughs (Bolton, Salford, Manchester, Rochdale) and with Blackburn with Darwen and Rossendale.

26 pharmacies are located within one mile outside of Bury's boundary (appendix 12), providing good access to pharmaceutical services across the Bury border.

Prescribing and dispensing data shows that most items (85%, see Table 18) dispensed by Bury pharmacies are prescribed by Bury prescribers. Most of the remainder are dispensed in neighbouring HWB areas in GM.

It is not possible to identify the number of Bury residents who access enhanced services from pharmacies outside the HWB's area. This is due to the way that pharmacies are paid. However, residents of the HWB's area may access enhanced services from outside Bury. The same applies to locally commissioned services.

## **6.3 Other relevant services - current provision**

Other relevant services are pharmaceutical services that are not necessary (see section 3.6 and section 8) but have secured improvement or better access to pharmaceutical services.

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

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

### **6.3.1 Other relevant services within the HWB's area**

Bury Pharmacies also provide essential and advanced services where they have supplementary hours in place. The totality of these hours covers early morning, evenings, Saturday and Sunday. Opening hours are available on NHS Services. The range of opening times is discussed in section 6.1.3 and is shown in Appendix Eight. Locally commissioned services are also detailed in section 6.1.6.

### **6.3.2 Other relevant services provided outside the HWB's area**

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

### **6.3.3 Other relevant services**

The HWB consider locally commissioned services as providing an improvement or better access to pharmaceutical services. The palliative care stockholding, Minor Ailment service, Covid Medicines Delivery Unit and Minor Eye Conditions Services are commissioned by NHS GM. Emergency hormonal contraception, needle syringe and exchange and supervised consumption are commissioned by the local authority.

### **6.3.4 Choice regarding obtaining pharmaceutical services**

85% of items dispensed by Bury pharmacies are prescribed by Bury GP's. This may be due to people from other areas using a location near work for example, or through use of distance selling pharmacies in different areas of England.

As expected, a large proportion of the remaining items were prescribed in neighbouring HWB areas. Just as residents from Bury may choose to have prescriptions dispensed in neighbouring HWB areas, the same also applies in reverse.

## **6.4 Future provision – necessary and other relevant services**

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

### **6.4.1 Housing and development**

#### **Bury Town Centre**

There are plans for significant levels of development proposed in Bury Town Centre which will start to deliver new homes within the next 3 years. Around 2,500 new homes are in the pipeline for Bury town centre over the next 10-15 years, although it is expected the majority will be delivered beyond the 3-year timeframe of this PNA. The construction of Bury Flexi Hall is underway, and is scheduled to open in 2026, with plans to redevelop Bury interchange also being progressed. A further 13,000sqm commercial floorspace planned at Chamberhall, Bury.

#### **Radcliffe**

Around 650 homes are currently in the pipeline in Radcliffe Town Centre. This includes 134 dwellings at Green Street (currently under construction). 90 new homes at School Street Radcliffe, 30 at Station House (Bury Road) with a further 400 dwellings at the East Lancashire Paper Mill (ELPM), although this development will extend beyond the end of the PNA's 3-year time frame. A site at York Street, Radcliffe is currently under construction and will deliver 211 homes for rent. 900sqm of offices are currently under construction at Green Street in Radcliffe and the development of a new Radcliffe Hub is progressing which will provide a new leisure centre, library and community space, and is scheduled to open in 2026.

#### **Prestwich Town Centre**

The Prestwich Village regeneration plans include a new community hub, village square, a market hall, flexible retail and leisure spaces, outdoor spaces, a new travel hub and around 200 homes. This development will extend beyond the 3-year timeframe of the PNA.

#### **Other developments**

In terms of other larger scale developments, 268 homes at Waldmers Wood, Walmersley Old Road in Bury are currently under construction and 57 homes will be delivered at Mondri in Ramsbottom. 52 retirement apartments are also planned to replace the Fairways Lodge Hotel in Sedgley Park and are likely to be completed within the PNA timeframe. Around 6,500sqm of commercial floorspace at Hollins Brook Way, Bury (Pilsworth) is also in the pipeline at JD Sports at Pilsworth, including a new creche, office hub and sports facilities.

#### **6.4.1.1 Places for Everyone**

The adopted Places for Everyone (PfE) Plan sets housing and employment land supply targets and allocates strategic sites for housing and employment development across nine Greater Manchester boroughs. Policies set out measures to ensure the plan is supported by appropriate infrastructure, including PfE Policy JP-P6 which sets out measures related specifically to health provision.

For Bury the total PfE housing requirement is for 7,678 new homes from 2022-2039 – an overall average of 452 homes per year. It also allocates the following strategic sites for housing and employment development:

- JPA1.1 Heywood / Pilsworth (Northern Gateway) – around 1.2m sqm of industrial and warehousing space (across Bury and Rochdale) and around 200 new homes within Bury
- JPA1.2 Simister and Bowlee (Northern Gateway) – 1,550 new homes of which around 1,350 will be within Bury
- JPA7 Elton Reservoir – 3,500 new homes, of which around 2,100 are expected to be delivered by 2039.
- JPA8 Seedfield – around 140 new homes
- JPA9 Walshaw – around 1,250 new homes

Although the large strategic sites will take many years to build out, it is likely that development will commence within the three year PNA period.

The PfE policy also includes plans for a new Metrolink station as part of the Elton Reservoir allocation.

Further discussions may be required to further understand the healthcare needs, including the need for pharmaceutical services arising from the PfE strategic allocations as the masterplan and development of the sites progresses.

The Bury Housing Need and Demand Assessment (2020) identifies a need for around 578 additional units of specialist older person and 518 units of residential care by 2037.

Please note - the Housing Need and Demand Assessment is currently being updated.

## 6.5 Other NHS services

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

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

### 6.5.1 Hospital pharmacies

Patients attending hospital pharmacies, on either an inpatient or outpatient basis, may require prescriptions to be dispensed. There is an acute hospital and a mental health trust operating in the Bury Borough HWB's area,

- Fairfield General Hospital (part of NCA Foundation Trust which also includes Royal Oldham and Salford Royal).
- Pennine Care NHS Foundation Trust, which provides a range of mental health, learning disability, and autism services at several sites in Bury.

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

### 6.5.2 Personal administration of items by GP practices

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

Generally, when a patient requires a medicine or appliance their prescriber will electronically transfer or give them a prescription which they take to their preferred pharmacy. In some instances, the GP practice supplies the item against a prescription. This is referred to as personal administration because the item supplied is then directly administered to the patient by the GP or a clinical member of staff. This is different to the dispensing of prescriptions and only applies to certain specified items for example vaccines, anaesthetics, injections, intra-uterine contraceptive devices, and sutures. For these items the practice will produce a prescription however the patient is not required to take it to a pharmacy, have it dispensed and then return to the practice for it to be administered.

### **6.5.3 GP out of hours service**

Beyond the normal working hours of GP practices, there is an out of hours service operated as an initial telephone consultation where a clinician may attend the patient's home or request the patient access one of the clinics. The clinics and travelling clinicians have a stock of medicines and depending on the patient's requirement they may be given medicines from stock, or a prescription issued for dispensing at a pharmacy. GPs offer an OOH service from BARDOC (Bury and Rochdale Doctors On Call).

Prescriptions from out of hours services can be dispensed by pharmacies with longer opening hours. These pharmacies which are open seven days a week or for longer hours six days per week are listed in section 6.1.3 (Table 19, 20 and 21). There is a lack of extended hours pharmacies in Bury North Neighbourhood, where all pharmacies are open core hours during the week closing after 6pm, and only Saturday mornings (all closed after 1pm) at a weekend. This neighbourhood does have the least deprivation and has the highest vehicle ownership so they are more able to travel to a pharmacy further afield, however extension of opening hours from existing contractors in this location could be beneficial to residents.

### **6.5.4 Independent prescribing**

In 2023/24, NHS England commissioned a pathfinder programme to explore the use of Pharmacist Independent Prescribers in NHS-commissioned services delivered by community pharmacy. NHS Greater Manchester has a small number of community pharmacies participating in the pathfinder programme which commenced in Q4 of 2024/25. NHS GM is testing 3 clinical models – minor illness (prescribing for patients who have accessed Pharmacy First advanced service but needed a prescribing intervention), Respiratory (medicines optimisation for people with asthma and COPD) and Hypertension (initiating treatment for patients identified as hypertensive through the Hypertension Case-Finding advanced service and medicines optimisation for people on hypertensive medication). NHS England has commissioned a formal evaluation of the pathfinder programme which will be published and shared with stakeholders in 2025/26.

Due to the limited number of pharmacies involved in the pathfinder programme in GM (n=10), there is not anticipated to be any significant impact on provision of community pharmacy services in GM in 2024/25 or 2025/26, however, dependent upon the success of the programme, the outcomes of the evaluation, and future NHS England commissioning considerations, this model of service delivery may expand in the future, and potentially within the lifetime of this PNA, at which point a further assessment may be required.

## 7 Districts for the purpose of the PNA

### 7.1 Overview

This assessment has taken a ward level approach to support the integration of public health data with other sources of information. The 17 wards were then aggregated into five neighbourhoods, as described in section 3.1.2. As each neighbourhood has slightly differing health needs, they are considered separately for the purposes of the PNA. Current residential and future proposed residential areas have been assessed for access to a pharmacy. Access to a pharmacy is based on walking, public or private transport times from the nearest pharmacy and the most recent census data from 2021 showing the percentage of residents with no car or van availability in each ward.

**Table 23 - Car ownership by neighbourhood and ward (Source: ONS, Census 2021)**

Neighbourhood	Ward	% with car or van availability	% no cars (Census 2021)	% no cars (Census 2011)
East Bury	Bury East	64%	36%	41%
East Bury	Moorside	67%	33%	37%
East Bury	Redvales	72%	28%	29%
West	Radcliffe East	73%	27%	28%
West	Radcliffe West	73%	27%	30%
Whitefield	Besses	74%	26%	29%
Prestwich	St. Mary's	77%	23%	25%
West	Radcliffe North & Ainsworth	80%	20%	23%
North	Elton	80%	20%	20%
Prestwich	Holyrood	80%	20%	23%
Prestwich	Sedgley	80%	20%	23%
Whitefield	Unsworth	82%	18%	20%
West	Bury West	82%	18%	18%
North	Ramsbottom	84%	16%	16%
Whitefield	Pilkington Park	85%	15%	16%
North	Tottington	88%	12%	12%
North	North Manor	89%	11%	12%

The percentage of Bury residents (2021) with access to a car or van averages at 78%.

The East Bury wards have the lowest average (68%) car ownership across the borough. This may be partly as they are closest to the town centre of Bury, with the facilities and public transport access that this offers, so they may not require transport to travel for work, or shopping. However, it is also the most deprived neighbourhood which may also impact this statistic.

The North neighbourhood wards have the highest average car ownership of 85%, with the highest percentage of car or van availability in North Manor (89%). The North neighbourhood has the poorest pharmacy accessibility due to opening hours; this may be a reflection of the population's accessibility via their own vehicles to other areas for their out of hours pharmacy supplies. Bury North is generally less densely populated than the other neighbourhoods and has the most rural locations in Bury (see Map 4).

## 7.2 East Bury Neighbourhood Profile

This profile provides an insight into the neighbourhood of East Bury, in relation to aspects that are more relevant to the provision of pharmaceutical services. For further profile information please see [Neighbourhood Profiles | The Bury Directory](#). It is one of the five neighbourhoods within Bury, and it comprises of three wards: Moorside, Bury East and Redvales.

### Population

There are around 37,500 people living in East Bury, which constitutes 19% of the total population in Bury. Around 38% of residents in East Bury are from a non-white background, which is significantly higher than the proportion in Bury and England.

### Health and wellbeing

East Bury has 19.5% of residents with a limiting illness or disability, greater than the averages for Bury (18.5%) and England (17.3%).

East Bury Neighbourhood has a life expectancy of 80 for females and 76 for males, which are both less than the Bury and England averages.

East Bury has the lowest smoking prevalence at age 15 and is below the Bury and England average. The highest cause of mortality and premature mortality in East Bury is circulatory disease for under 75-year-olds.

Results from the National Childhood Measurement Programme (NCMP) show that East Bury has a higher prevalence of obesity in all age groups compared to the Bury and England averages.

The highest long-term condition recorded prevalence level (all ages) is for hypertension (13.7%).

Chronic Obstructive Pulmonary Disease is the highest cause of emergency hospital admissions for long term conditions, followed by coronary heart disease.

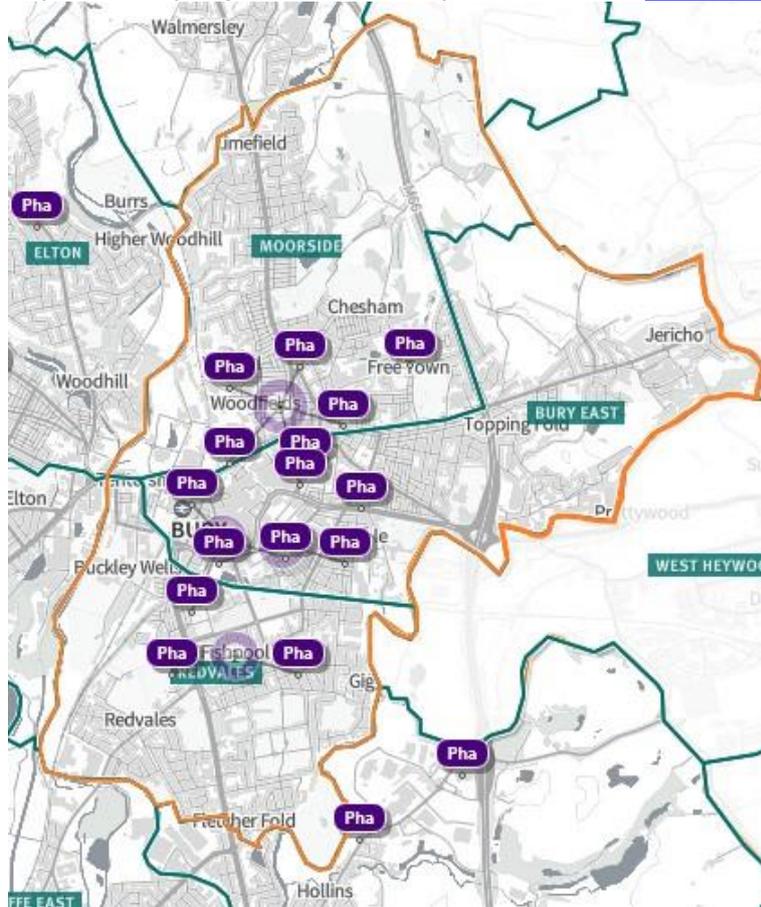
2.8% of the East Bury population provide unpaid care, which is in line with the Bury average (2.8%) and greater than the England average (2.6%).

Please note: In the absence of raw data, some percentages have been aggregated to provide a neighbourhood level figure

### 7.2.1 Access to a pharmacy in East Bury Neighbourhood

Map 9 shows that there are 15 pharmacies located within the East Bury neighbourhood, with pharmacies within all 3 wards. During Monday to Friday and at weekends there is satisfactory provision of pharmaceutical services across this Neighbourhood across a range of opening times. There are five with extended weekday hours and six that open on both Saturdays and Sundays. The population density is high and the area has the lowest average number of households with cars (range 64% to 72%), but this is the central area of Bury Town centre and the transport links are good.

Map 9 - East Bury Neighbourhood Pharmacy Locations (Source: [SHAPE - Shape](#))



## 7.2.2 Future housing development in East Bury Neighbourhood

A small plot of land for 140 properties under PfE proposal is allocated in Moorside ward at the Seedfield site and this will likely complete outside of this PNA cycle. There are currently 5 walk-in pharmacies in Moorside ward, with access to multiple other pharmacies in other wards, and good public transport links into Bury Town centre where more can be accessed. Bury Town centre lies within Bury East ward and there are plans for significant levels of development proposed in Bury Town Centre which will start to deliver new homes within the next 3 years. Around 2,500 new homes are in the pipeline for Bury town centre over the next 10-15 years, although it is expected the majority will be delivered beyond the 3-year timeframe of this PNA. The construction of Bury Flexi Hall is underway, and is scheduled to open in 2026, with plans to redevelop Bury interchange also being progressed. A further 13,000sqm commercial floorspace planned at Chamberhall, Bury. This area is well served by existing pharmacies and would not require any extra pharmaceutical service facilities within this PNA cycle.

## 7.3 West Neighbourhood Profile

This profile provides an insight into the neighbourhood of West, in relation to aspects that are more relevant to the provision of pharmaceutical services. For further profile information please see [Neighbourhood Profiles | The Bury Directory](#). It is one of the five neighbourhoods within Bury, and it comprises of four wards: Bury West, Radcliffe East, Radcliffe West and Radcliffe North and Ainsworth.

### Population

There are around 43,600 people living in West, which constitutes 23% of the total population in Bury. 9.5% of residents in West are from a non-white background, which is lower than the proportion in Bury (15.2%) and England (16.8%).

### Health and wellbeing

West has 20.8% of residents with a limiting illness or disability, greater than the averages for Bury (18.5%) and England (17.3%).

West has a life expectancy of 82 for females and 79 for males, which are both in line with the Bury and England averages.

West has a smoking prevalence at age 15 in line with the Bury average and greater than the England average for regular smokers.

The highest cause of mortality in all ages is respiratory disease and the highest cause of premature mortality is circulatory disease for under 75-year-olds.

Results from the National Childhood Measurement Programme (NCMP) show that West has a prevalence of obesity in all age groups that is in line with the Bury and England averages.

The highest long-term condition recorded prevalence level (all ages) is for hypertension (15.6%).

Coronary heart disease is the highest cause of emergency hospital admissions for long term conditions, followed by Chronic obstructive pulmonary disease.

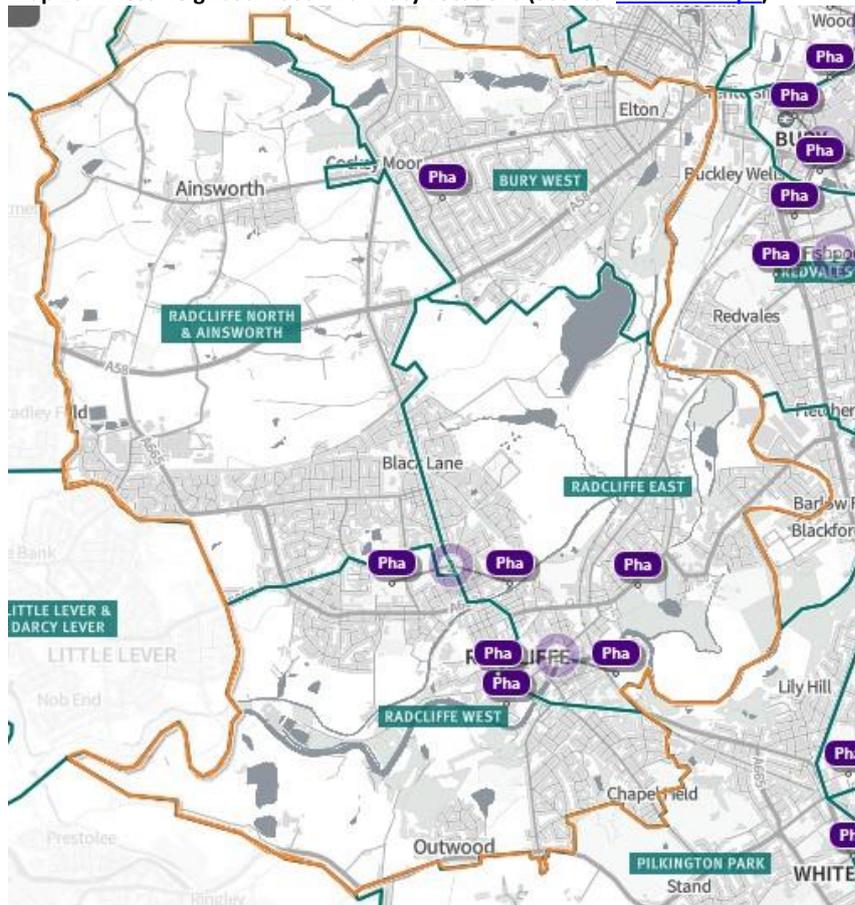
2.8% of the West population provide unpaid care, which is in line with the Bury average (2.8%) and greater than the England average (2.6%).

Please note: In the absence of raw data, some percentages have been aggregated to provide a neighbourhood level figure.

### 7.3.1 Access to a pharmacy in West Neighbourhood

Map 10 shows that there are 7 pharmacies located within the West neighbourhood. There is no pharmacy located within the Radcliffe North and Ainsworth ward, but there are pharmacies located in neighbouring wards and across the Bury border, maintaining access in this area within the 1-mile travel buffer. During Monday to Friday and at weekends there is satisfactory provision of pharmaceutical services across this Neighbourhood across a range of opening times. There are two with extended weekday hours and one that opens on both Saturdays and Sundays. The population density is lower compared to more central areas and the area has an average number of households with access to cars (range 73% to 82%).

Map 10 - West Neighbourhood Pharmacy Locations (Source: [SHAPE - Shape](#))



### 7.3.2 Future housing development in West Neighbourhood

West neighbourhood has the largest proposed housing allocation under Places for Everyone at the Elton Reservoir Site, the majority of which falls in Radcliffe East Ward. There is a proposal for 3,500 houses to be built up 2039. Again, it is likely that this site will complete outside of the timeframe of this PNA. There are already multiple pharmacies which fall within a 1-mile radius of the proposed site. Also, a new metrolink station near the proposed housing would give good public transport access to both Radcliffe and Bury town centres where there are more health facilities.

Around 650 homes are currently in the pipeline in Radcliffe Town Centre. This includes 134 dwellings at Green Street (currently under construction). 90 new homes at School Street Radcliffe, 30 at Station House (Bury Road) with a further 400 dwellings at the East Lancashire Paper Mill (ELPM), although this development will extend beyond the end of the PNA's 3-year time frame. A site at York Street, Radcliffe is currently under construction and will deliver 211 homes for rent. 900sqm of offices are currently under construction at Green Street in Radcliffe and the development of a new Radcliffe Hub is progressing which will provide a new leisure centre, library and community space, and is scheduled to open in 2026.

This area is well served by existing pharmacies and would not require any extra pharmaceutical service facilities within this PNA cycle.

## 7.4 North Neighbourhood

This profile provides an insight into the neighbourhood of North, in relation to aspects that are more relevant to the provision of pharmaceutical services. For further profile information please see [Neighbourhood Profiles | The Bury Directory](#). It is one of the five neighbourhoods within Bury, and it comprises of four wards: Ramsbottom, North Manor, Tottington and Elton.

### Population

There are around 43,100 people living in North, which constitutes 22% of the total population in Bury. 5.7% of residents in North are from a non-white background, which is lower than the proportion in Bury (15.2%) and England (16.8%).

### Health and wellbeing

North has 17.1% of residents with a limiting illness or disability, less than the averages for Bury (18.5%) and England (17.3%).

North has a life expectancy of 84 for females and 81 for males, which are both greater than the Bury and England averages.

North has a smoking prevalence at age 15 greater than Bury and England averages for regular and casual smokers.

The highest cause of mortality in all ages is coronary heart disease.

Results from the National Childhood Measurement Programme (NCMP) show that North has a prevalence of obesity in all age groups that is below the Bury and England averages, except for reception age which is in line with Bury and England averages.

The highest long-term condition recorded prevalence level (all ages) is for hypertension (14.1%).

Stroke is the highest cause of emergency hospital admissions for long term conditions, followed by coronary heart disease.

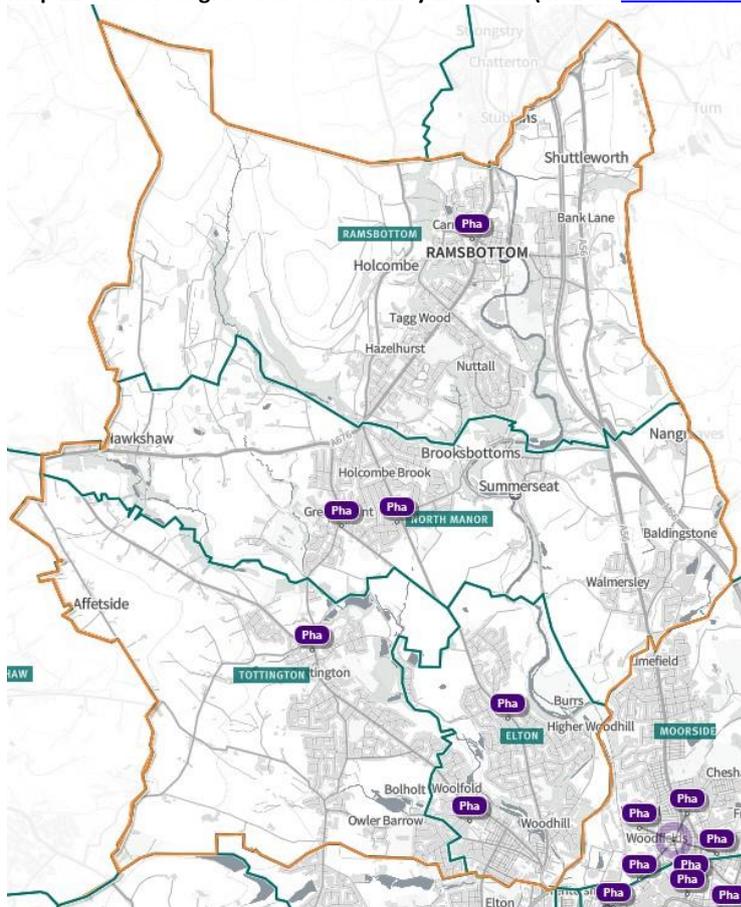
2.8% of the North population provide unpaid care, which is in line with the Bury average (2.8%) and greater than the England average (2.6%).

Please note: In the absence of raw data, some percentages have been aggregated to provide a neighbourhood level figure.

### 7.4.1 Access to a pharmacy in Bury North Neighbourhood

Map 11 shows that there are 6 pharmacies located within the Bury North neighbourhood, located within all 4 wards. During Monday to Friday and at weekends there is satisfactory provision of pharmaceutical services across this Neighbourhood across the core opening times. However, provision is more limited outside these hours with no extended hours Monday to Saturday and no pharmacy open on a Sunday. This access remains the same as the previous PNA cycle. This area has the lowest population density in Bury Borough and it has the highest number of households with cars (range 84% to 89%), ensuring that current pharmaceutical provision is sufficient. However, an extension of opening hours would help to secure improved access in the neighbourhood.

Map 11 - North Neighbourhood Pharmacy Locations (Source: [SHAPE - Shape](#))



#### 7.4.2 Future housing development in North Neighbourhood

Under PfE there is a proposal for 1250 houses in Walshaw and the bulk of the area is in Tottington ward. This location falls within 1 mile of 4 pharmacies, although only 1 of these is in Tottington ward. Although the large strategic sites will take many years to build out, extending beyond the 3 year PNA cycle, it is likely that development will commence within the PNA period. This area is well served by existing pharmacies and would not require any extra pharmaceutical service facilities within this PNA cycle.

## 7.5 Prestwich Neighbourhood

This profile provides an insight into the neighbourhood of Prestwich, in relation to aspects that are more relevant to the provision of pharmaceutical services. For further profile information please see [Neighbourhood Profiles | The Bury Directory](#). It is one of the five neighbourhoods within Bury, and it comprises of three wards: Holyrood, St. Mary's and Sedgley.

### Population

There are around 36,000 people living in Prestwich, which constitutes 19% of the total population in Bury. 16.2% of residents in Prestwich are from a non-white background, which is higher than the proportion in Bury (15.2%) and lower than the proportion in England (16.8%).

### Health and wellbeing

Prestwich has 17.5% of residents with a limiting illness or disability, less than the average for Bury (18.5%) and more than the average for England (17.3%).

Prestwich has a life expectancy of 83 for females and 79 for males, which are both in line with the Bury and England averages.

Prestwich has a smoking prevalence at age 15 greater than the Bury and England averages for regular smokers.

The highest cause of mortality in all ages is coronary heart disease. The highest causes of premature mortality in the under 75 age group are circulatory disease and cancer.

Results from the National Childhood Measurement Programme (NCMP) show that Prestwich has a prevalence of obesity in all age groups that is below the Bury and England averages.

The highest long-term condition recorded prevalence level (all ages) is for hypertension (12.2%).

Myocardial infarction is the highest cause of emergency hospital admissions for long term conditions, followed by coronary heart disease.

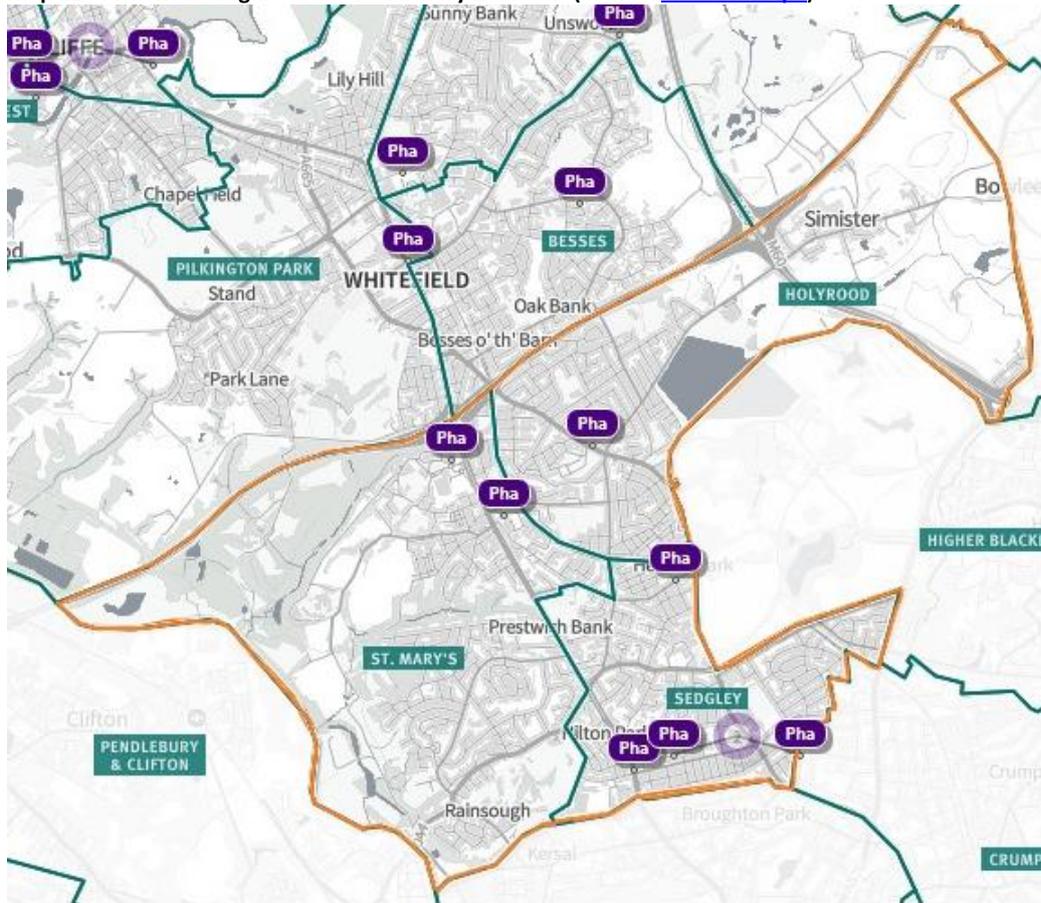
2.7% of the Prestwich population provide unpaid care, compared to the Bury average (2.8%) and the England average (2.6%).

Please note: In the absence of raw data, some percentages have been aggregated to provide a neighbourhood level figure.

### 7.5.1 Access to a pharmacy in Prestwich Neighbourhood

Map 12 shows that there are 7 pharmacies in the Prestwich neighbourhood, located within all 3 of the wards. Prestwich neighbourhood has access to pharmacies with extended opening hours during Monday to Saturday and one pharmacy is open on a Sunday. The population density is relatively high especially in Sedgely ward, but St. Mary's ward has a lower population density than the other wards. Vehicle ownership is average for the borough with a range of 77 to 80%.

Map 12 - Prestwich Neighbourhood Pharmacy Locations (Source: [SHAPE - Shape](#))



### 7.5.2 Future housing development in Prestwich Neighbourhood

The Prestwich Village regeneration plans include a new community hub, village square, a market hall, flexible retail and leisure spaces, outdoor spaces, a new travel hub and around 200 homes. This development will extend beyond the 3-year timeframe of the PNA.

Under PfE there is a proposal for 1,350 homes at Simister. Although the large strategic sites will take many years to build out, extending beyond the 3 year PNA cycle, it is likely that development will commence within the PNA period.

This area is well served by existing pharmacies and would not require any extra pharmaceutical service facilities within this PNA cycle.

## 7.6 Whitefield Neighbourhood

This profile provides an insight into the neighbourhood of Whitefield, in relation to aspects that are more relevant to the provision of pharmaceutical services. For further profile information please see [Neighbourhood Profiles | The Bury Directory](#). It is one of the five neighbourhoods within Bury, and it comprises of three wards: Unsworth, Besses and Pilkington Park.

### Population

There are around 33,800 people living in Whitefield, which constitutes 17% of the total population in Bury. 12.9% of residents in Whitefield are from a non-white background, which is less than the proportion in Bury (15.2%) and England (16.8%).

### Health and wellbeing

Whitefield has 17.3% of residents with a limiting illness or disability, less than the average for Bury (18.5%) and equal to the average for England (17.3%).

Whitefield has a life expectancy of 82 for females and 79 for males, which are both in line with the Bury and England averages.

Whitefield has a smoking prevalence at age 15 greater than the Bury and England averages for regular smokers.

The highest cause of mortality in all ages is coronary heart disease. The highest causes of premature mortality in the under 75 age group are causes considered to be preventable.

Results from the National Childhood Measurement Programme (NCMP) show that Whitefield has a prevalence of obesity in all age groups that is above the Bury and England averages, except for year 6 which was lower.

The highest long-term condition recorded prevalence level (all ages) is for hypertension (15.1%).

Coronary heart disease is the highest cause of emergency hospital admissions for long term conditions, followed by myocardial infarction.

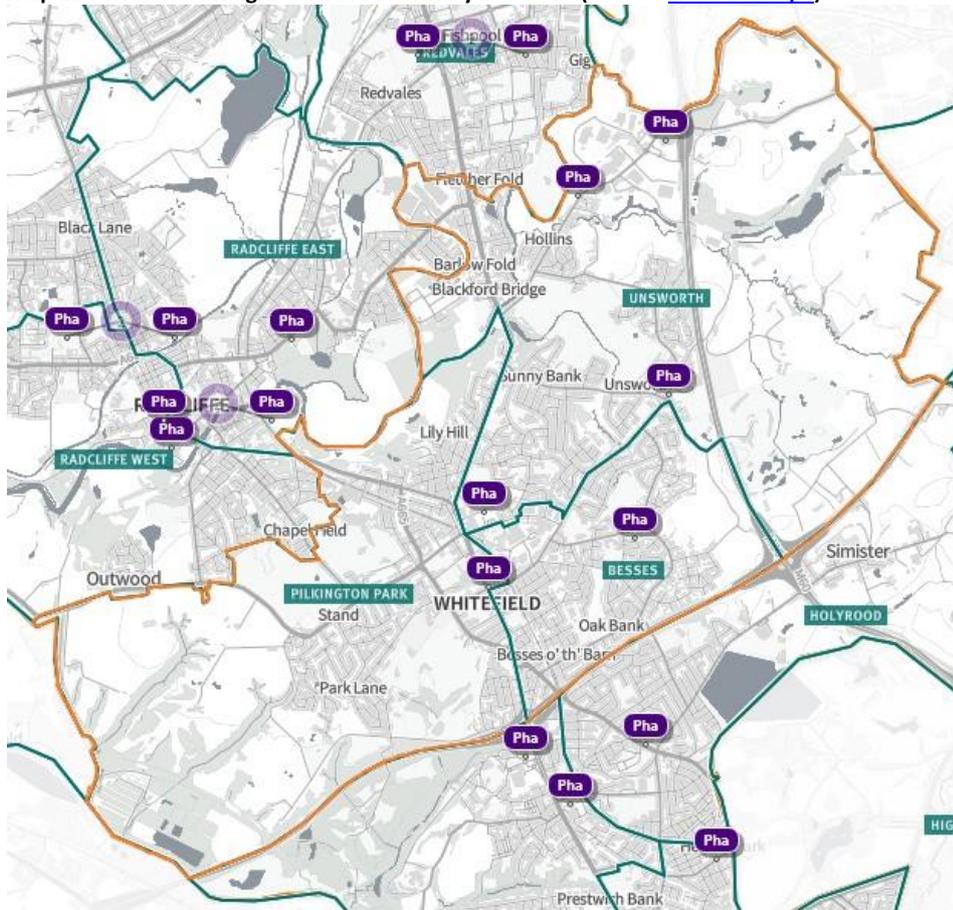
3.0% of the Whitefield population provide unpaid care, compared to the Bury average (2.8%) and the England average (2.6%).

Please note: In the absence of raw data, some percentages have been aggregated to provide a neighbourhood level figure.

### 7.6.1 Access to a pharmacy in Whitefield Neighbourhood

Map 13 shows that there are six pharmacies in Whitefield neighbourhood, located within all the wards. There is good pharmaceutical provision with one pharmacy open extended hours during Monday to Saturday and open on a Sunday, plus another three which open on a Saturday morning. This is satisfactory provision of pharmaceutical services across this neighbourhood. Most residential areas are all within the 1-mile travel buffer and all are within the 20-minute public transport time frame. The population density is like the Bury average and there is a higher-than-average number of households with cars (range 74% to 85%).

Map 13 - Whitefield Neighbourhood Pharmacy Locations (Source: [SHAPE - Shape](#))



### 7.6.2 Future housing development in Whitefield Neighbourhood

There are no larger developments planned in this neighbourhood. This area is well served by existing pharmacies and would not require any extra pharmaceutical service facilities within this PNA cycle.

## 8 How pharmaceutical services can help support a healthier population

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

### 8.1 Essential Services (ES)

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

#### 1. Dispensing of medicines

Pharmacies are required to maintain a record of all medicines dispensed, and also keep records of any interventions made which they judge to be significant.<sup>41</sup>

#### 2. Dispensing of appliances

Pharmacists may regularly dispense appliances in the course of their business, or they may dispense such prescriptions infrequently, or they may have taken a decision not to dispense them at all. Whilst the Terms of Service requires a pharmacist to dispense any (non-Part XVIII A listed) medicine “with reasonable promptness”, for appliances the obligation to dispense arises only if the pharmacist supplies such products “in the normal course of business”.<sup>42</sup>

#### 3. Repeat dispensing and eRD

Under the repeat dispensing service pharmacy teams will: dispense repeat dispensing prescriptions issued by a general practice, ensure that each repeat supply is required and seek to ascertain that there is no reason why the patient should be referred back to their general practice.<sup>43</sup>

#### 4. Healthy Living Pharmacies

The Healthy Living Pharmacy (HLP) framework is aimed at achieving consistent provision of a broad range of health promotion interventions through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities.<sup>44</sup>

#### 5. Disposal of unwanted medicines

Community pharmacy owners are obliged to accept back unwanted medicines from patients.

#### 6. Signposting

NHS England will provide pharmacies with lists of sources of care and support in the area. Pharmacies will be expected to help people who ask for assistance by directing them to the most appropriate source of help.<sup>45</sup>

#### 7. Support for self-care

Pharmacies will help manage minor ailments and common conditions, by the provision of advice and where appropriate, the sale of medicines, including dealing with referrals from

---

<sup>41</sup> <https://cpe.org.uk/national-pharmacy-services/essential-services/dispensing-of-medicines/> accessed 17/03/2025

<sup>42</sup> <https://cpe.org.uk/national-pharmacy-services/essential-services/dispensing-of-appliances/> accessed 17/03/2025

<sup>43</sup> <https://cpe.org.uk/national-pharmacy-services/essential-services/repeat-dispensing/> accessed 17/03/2025

<sup>44</sup> <https://cpe.org.uk/national-pharmacy-services/essential-services/healthy-living-pharmacies/> accessed 17/03/2025

<sup>45</sup> <https://cpe.org.uk/national-pharmacy-services/essential-services/signposting/> accessed 17/03/2025

NHS 111. Records will be kept where the pharmacist considers it relevant to the care of the patient.<sup>46</sup>

#### **8. Public health (promotion of healthy lifestyles)**

Each financial year (1st April to 31st March), pharmacies are required to participate in up to six health campaigns at the request of NHS England. This generally involves the display and distribution of leaflets provided by NHS England.

In addition, pharmacies are required to undertake prescription-linked interventions on major areas of public health concern, such as encouraging smoking cessation.<sup>47</sup>

#### **9. Discharge medicines Service (DMS).**

From 15th February 2021, NHS Trusts were able to refer patients who would benefit from extra guidance around prescribed medicines for provision of the DMS at their community pharmacy. The service has been identified by NHS England's Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.<sup>48</sup>

Results from the GM standardised public survey for the Bury population show that with respect to pharmacy essential services 62% of respondents had used repeat dispensing in the last 3 months and 79% of respondents had collected regular prescription medication in the last 3 months.

## **8.2 Advanced Services**

There are currently nine advanced services (Appendix Seven) within the most recent NHS CPCF. Community pharmacies can choose to provide any of these services if they meet the requirements set out in the Secretary of State Directions.

Current advanced services:

#### **1. Appliance Use Review (AUR)**

AURs should improve the patient's knowledge and use of any 'specified appliance' by: establishing the way the patient uses the appliance and the patient's experience of such use, identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient, advising the patient on the safe and appropriate storage of the appliance and advising the patient on the safe and proper disposal of the appliances that are used or unwanted.<sup>49</sup>

#### **2. Pharmacy First Service (PFS)**

The Advanced service involves pharmacists providing advice and NHS-funded treatment, where clinically appropriate, for seven common conditions.<sup>50</sup>

#### **3. Flu Vaccination Service**

Community pharmacy has been providing flu vaccinations under a nationally commissioned service since September 2015.

Each year from the autumn through to March, the NHS runs a seasonal flu vaccination campaign aiming to vaccinate all patients who are at risk of developing more serious complications from the virus.<sup>51</sup>

---

<sup>46</sup> <https://cpe.org.uk/national-pharmacy-services/essential-services/support-for-self-care/> accessed 17/03/2025

<sup>47</sup> <https://cpe.org.uk/national-pharmacy-services/essential-services/public-health/> accessed 17/03/2025

<sup>48</sup> <https://cpe.org.uk/national-pharmacy-services/essential-services/discharge-medicines-service/> accessed 17/03/2025

<sup>49</sup> <https://cpe.org.uk/national-pharmacy-services/advanced-services/aur/> accessed 17/03/2025

<sup>50</sup> <https://cpe.org.uk/national-pharmacy-services/advanced-services/pharmacy-first-service/> accessed 17/03/2025

<sup>51</sup> <https://cpe.org.uk/national-pharmacy-services/advanced-services/flu-vaccination-service/> accessed 17/03/2025

The accessibility of pharmacies, their extended opening hours and the option to walk in without an appointment have proved popular with patients seeking vaccinations.

**4. Pharmacy Contraception Service (PCS)**

The PCS commenced on 24th April 2023, allowing the on-going supply of oral contraception (OC) from community pharmacies. From 1st December 2023, the service expanded to include both initiation and on-going supply of OC.<sup>52</sup>

**5. Lateral Flow Device Service (LFD)**

The LFD service was introduced to provide eligible patients with access to LFD tests.<sup>53</sup>

**6. Hypertension Case Finding Service**

Identify people aged 40 years or older, or at the discretion of pharmacy staff, people under the age of 40, with high blood pressure (who have previously not had a confirmed diagnosis of hypertension), and to refer them to general practice to confirm diagnosis and for appropriate management.

At the request of a general practice, undertake ad hoc clinic and ambulatory blood pressure measurements. These requests can be in relation to people either with or without a diagnosis of hypertension.

Provide another opportunity to promote healthy behaviours to patients.<sup>54</sup>

**7. New Medicine Service (NMS)**

The service provides support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence; it is focused on specific patient groups and conditions.<sup>55</sup>

**8. Stoma Appliance Customisation (SAC)**

The service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste. The stoma appliances that can be customised are listed in Part IXC of the Drug Tariff.<sup>56</sup>

**9. Smoking Cessation Service (SCS)**

This service has been designed to enable NHS trusts to undertake a transfer of care on patient discharge, referring patients (where they consent) to a community pharmacy of their choice to continue their smoking cessation treatment, including providing medication and support as required. The ambition is for referral from NHS trusts to community pharmacy to create additional capacity in the smoking cessation pathway.<sup>57</sup>

Results from the GM standardised public survey for the Bury population show that with respect to Pharmacy Advanced Services, 52% of respondents had used the NHS urgent medicine supply within the last 12 months or were planning to use the service in the future, 39% of respondents had used the NHS Pharmacy First Service within the last 12 months or were planning to use the service in the future, 58% of respondents had used the NHS Hypertension Service within the last 12 months or were planning to use the service in the future, 28% of respondents had used the NHS New Medicines Service within the last 12 months or were planning to use the service in the future, 58% of respondents had used the NHS Flu vaccination Service within the last 12 months or were planning to use the service in the future, 11.2% of respondents had used the NHS Contraception service within the last 3 months or were planning to use the service in the future and finally 10% of respondents

---

<sup>52</sup> <https://cpe.org.uk/national-pharmacy-services/advanced-services/pharmacy-contraception-service/> accessed 17/03/2025

<sup>53</sup> <https://cpe.org.uk/national-pharmacy-services/advanced-services/lfid-service/> accessed 17/03/2025

<sup>54</sup> <https://cpe.org.uk/national-pharmacy-services/advanced-services/hypertension-case-finding-service/> accessed 17/03/2025

<sup>55</sup> <https://cpe.org.uk/national-pharmacy-services/advanced-services/nms/> accessed 17/03/2025

<sup>56</sup> <https://cpe.org.uk/national-pharmacy-services/advanced-services/sac/> accessed 17/03/2025

<sup>57</sup> <https://cpe.org.uk/national-pharmacy-services/advanced-services/smoking-cessation-service/> accessed 17/03/2025

had used the NHS Smoking Cessation/stop smoking Service within the last 12 months or were planning to use the service in the future.

### **8.3 Locally commissioned services (LCS)**

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

#### **8.3.1 NHS GM ICB services**

##### **Minor Ailment Service**

Provides advice and support to people registered with a Bury GP on the management of minor ailments, including where necessary, the supply of medicines for the treatment of the minor ailment, for those people who would have otherwise gone to their GP or other healthcare provider for a prescription.

##### **Minor Eye Conditions Service (MECS)**

The aims of the service are to improve access and choice for people with minor eye conditions who are seeking advice and treatment via the community optometry minor eye conditions service by:

- supplying appropriate medicines at NHS expense; and
- to improve health-inequalities for low-income families and equal access to medicines for self-care of minor eye conditions.

The pharmacy (or pharmacist/suitably trained pharmacy staff) will dispense medication directly to a patient who presents with a signed order on the agreed form written by an Ophthalmic Optometrist.

##### **Palliative Care Stockholding Service**

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

#### **8.3.2 Bury Council locally commissioned services**

##### **Emergency Hormonal Contraception (EHC)**

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

Following the announcement of the new CPCF in April 2025, it has been announced that from October 2025, Emergency Hormonal Contraception is to be added to the Pharmacy Contraception Service (PCS). This in turn means that the locally commissioned service for EHC should not be required from the October 2025 start date.

##### **Needle and syringe exchange services (NEX)**

An integral part of the harm reduction strategy for drug users which aims to:

- Reduce the spread of blood borne pathogens e.g. Hepatitis B, Hepatitis C, HIV
- Be a referral point for service users to other health and social care services

There is evidence to support the effectiveness of needle exchange services with long term health benefits to drug users and the whole population. Needle Exchange service may be an access point for

reaching and delivering other services to people who are injecting drug users but are not in contact with any other health service (e.g. Hepatitis C testing service).

### **Supervised consumption**

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

It is a medicines adherence service which aims to:

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

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

Results from the GM standardised public survey for the Bury population show that with respect to Pharmacy Locally commissioned Services, 6% of respondents had used the Emergency Hormonal Contraception Service within the last 3 months or were planning to use the service in the future, 45% of respondents had used the Minor Ailments service within the last 12 months or were planning to use the service in the future and 17% of respondents had used the Palliative Care Service within the last 12 months or were planning to use the service in the future.

## 9 Gaps in current provision of pharmaceutical services

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

- those essential services provided by pharmacies and DACs in line with their terms and contracted hours of service as set out in the 2013 regulations, and
- advanced services commissioned at the time of publication of the PNA that meet the requirements of the Bury population need.

There are 41 such pharmacies providing pharmaceutical services in Bury. The spread of opening times including the core hours are provided in Appendix Six and Eight, which is supported by maps as detailed in appendix 10.

### 9.1 Gap Analysis Criteria

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

- All parts of the population should have general access to a physical community Pharmacy.
- Industrial and trading estates are not residential areas so will not form part of the gap analysis.
- Pharmacies located outside the borders of Bury within a one-mile buffer zone, will be recorded and can qualify as providers of access.
- In rural areas (Bury has 2 LSOA described as rural<sup>58</sup>) the population should be within 20 minutes' driving time or within a 5 miles radius of at least one of the above providers. If neither criterion is met, then this should be given further consideration as a possible gap.
- In all other wards in Bury, which are classed as urban areas, the population should be within 20 minutes' walking time (estimated at 1 mile) or 20 minutes' public transport time of a provider. If neither criterion is met, then this should be given further consideration as a possible gap.
- All pharmacies should open their minimum core hours each week.
- Weekend coverage by standard pharmacies (commonly about four hours on a Saturday morning) will be noted, but assessment of access to pharmacies will not be made utilising this, as it is difficult for NHSCB to effect changes in existing contracts for weekend opening hours.
- Areas of low car ownership in villages (where 15% or more of households are without cars) should be identified and examined for acceptable public transport access on weekdays (within 20 minutes' travel time). Public transport access in rural areas (mainly bus) should be commented on, although it should not form a criterion.
- The prospective needs of new build areas should be identified and considered where growth of 200 or more dwellings is planned in the period of the PNA.
- The projection of gaps in general access for new build areas in each locality should, as far as possible, apply the criterion of 20 minutes' drivetime in rural areas and the criterion of 20 minutes' public transport time in urban areas in the attempt to project the emergence of gaps in pharmaceutical services.

### 9.2 Gap Analysis – Location and times of opening

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

- All five neighbourhoods have pharmacies within their border (See appendix 10 for maps).
- 85% of items dispensed in Bury Pharmacies were for people registered with a Bury GP practice (Table 18), indicating that most of the population do not need to travel outside of the borough to access pharmacy dispensing services.
- The number of pharmacies available per 100,000 population is 21 in Bury (Table 17). This is equal to GM (21), but higher than England (18) averages. Historical pharmacy use

---

<sup>58</sup> ONS [https://geoportal.statistics.gov.uk/datasets/9dbf7613cbb147b8bb8627ddb3568cff\\_0/explore](https://geoportal.statistics.gov.uk/datasets/9dbf7613cbb147b8bb8627ddb3568cff_0/explore)

coupled with a high number of pharmacies per 100,000 population, indicates that the current number of pharmacies is sufficient for the current population.

- Also, with 8,585 average items per month dispensed in Bury pharmacies (Table 19) being lower than GM (8,840) and England (9,118) figures, this also indicates that the current number of pharmacies can cope with demand for prescription dispensing.
- Map 4 showing the population density and the location of pharmacy premises indicates more pharmacies are in the most densely populated areas.
- Map 5 (showing the Index of Multiple Deprivation) show that the areas of high population density correlate to higher rates of deprivation, and therefore as with the previous statement, the pharmacies are in these areas.
- Maps 7 & 8 illustrate that most of the residents of the HWB area are within a 20-minute walk (approximately 1 mile) and/or a 20-minute public transport ride. In the small areas where this is not true there is a sparse population and car ownership is high (see Table 23).
- Considering the number, distribution and opening times of pharmacies within each of the five neighbourhoods (section 7), there is sufficient pharmaceutical provision within each of the neighbourhoods. Section 6.1.3 also describes the satisfactory spread and range of opening times available for pharmaceutical services in Bury.

### **9.3 Gap Analysis - Current service provision**

- 81% said they were either satisfied or very satisfied when asked how they felt about the overall pharmacy service received.
- 93% of respondents to the public survey had not had any difficulty in accessing a pharmacy of their choice
- 82% of responders said the opening hours of pharmacies in Bury do not cause a problem
- 83% were satisfied or very satisfied with the opening hours of the pharmacy they used (Appendix 3).
- Overall results of the patient survey (Appendix 3).

### **9.4 Gap Analysis - Future Provision**

- Sections 6.4 and 7 detail the proposed housing developments in Bury and detail any impact within the 3 year PNA cycle. Many proposed developments within this cycle propose less than the 200 properties, as outlined in the gap analysis criteria. Proposed larger developments will complete outside of the PNA cycle or fall within a 1 mile radius or 20 minute public transport time of a current Bury Pharmacy. Hence it is concluded that there is no immediate requirement for new pharmacy sites to be established.

### **9.5 Gap analysis - Conclusion**

Considering the information outlined in this PNA, the HWB considers the location, number, distribution and choice of pharmacies covering each of the five neighbourhoods and the whole Bury HWB area providing necessary services to meet the needs of the current population.

Future provision of pharmaceutical services beyond 2028 will be reviewed during the next iteration of the Bury HWB PNA.

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

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

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

### **Location and Opening Hours**

The location of premises and choice of provider is not as extensive beyond the standard core hours across Bury borough. However, in each neighbourhood apart from Bury North (where there is no supplementary provision on a Sunday or late evenings on any day), there are pharmacies open beyond what may be regarded as standard hours, in that they provide pharmaceutical services during supplementary hours in the evening, on Saturday and Sunday. Consideration should be made to extending these hours if a request was submitted from a current pharmacy contracted and located within Bury North.

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

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

### **Future Gaps for access to pharmaceutical services**

The plans for residential and commercial buildings in Bury identify several smaller developments that will not impact the PNA and larger developments that will complete outside the cycle of the PNA, it is concluded there is no requirement to open a new pharmacy in these areas. Where larger developments have been identified that will complete or part complete within the PNA cycle, there is no requirement for additional pharmacies due to existing provisions and acceptable travel times in these areas.

Locally commissioned services commissioned by the local authority or ICB, are regarded as pharmaceutical services for the purpose of this PNA.

The HWB consider these to provide both an improvement and better access to such services for the residents of Bury HWB area where such health needs have been identified and verified at a local level.

At the time of writing this PNA, the HWB has not identified, either itself or through consultation, any requirement to provide services already commissioned or to commence the provision of pharmaceutical services not currently commissioned.

Considering the totality of information available, the HWB consider the location, number, distribution and choice of pharmacies covering each of the five neighbourhoods and the Bury HWB area providing locally commissioned services to provide an improvement and better access for population. The HWB has not received any significant information to conclude otherwise currently or of any local future specified circumstance that would alter that conclusion.

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

## 11.1 Current provision – necessary and other relevant services

As described in detail in section 6 and required by paragraphs one and three of schedule 1 to the Regulations, Bury HWB has had regard to the pharmaceutical services referred to in this PNA in seeking to identify those that are necessary, have secured improvements or better access, or have contributed towards meeting the need for pharmaceutical services in the area of the HWB.

Bury HWB has determined that while not all provision was necessary to meet the need for pharmaceutical services, most of the current provision was likely to be necessary as described in section 9 with that identified in section 10 as providing improvement or better access without the need to differentiate in any further detail.

## 11.2 Necessary services – gaps in provision

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

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

### 11.2.1 Access to essential services during normal working hours

Bury HWB has determined that the travel times as identified in section 6.1.1 to access essential services are reasonable in all the circumstances.

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

### 11.2.2 Access to essential services outside normal working hours

In Bury there is good access to essential services outside normal working hours in four of the five neighbourhoods and across the HWB area. However, the exception being Bury North neighbourhood where due to population, deprivation and car ownership factors no extra service hours of provision are deemed necessary. This is due to the supplementary opening hours offered by other pharmacies across the borough. It is not expected that any of the current pharmacies will reduce the number of core opening hours and NHSCB foresees no reason to agree a reduction of core opening hours for any service provider except on an ad hoc basis to cover extenuating circumstances.

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

### 11.2.3 Access to advanced and enhanced services

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

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

## 11.3 Future provision of necessary services

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

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

## **11.4 Improvements and better access – gaps in provision**

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

### **11.4.1 Access to essential services – present and future circumstances**

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

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

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

### **11.4.2 Current and future access to advanced services**

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

### **11.4.3 Current and future access to enhanced services**

NHSCB commissions two enhanced services (MAS and MECS) from pharmacies. It also commissions services from other non-pharmacy providers, principally GP practices.

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

## **11.5 Other NHS Services**

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

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

## **11.6 How the assessment was carried out**

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

In respect of how the HWB considered whether to determine neighbourhoods in its area for the purpose of this PNA, see section 3 and section 7 and appendix 10.

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

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

## **11.7 Map of provision**

As required by paragraph seven of schedule 1 to the 2013 Regulations, the HWB has published a map of premises providing pharmaceutical services in Map 3 (Section 4.1). Additional maps are also provided throughout and as listed in Appendix Ten.