Manchester Health and Wellbeing Board Draft Pharmaceutical Needs Assessment 2025-2028

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All maps discussed in this document are available in a separate appendix (see below).

Data regarding contractors and services delivered was obtained from NHS England (NHSE) Local Team, Manchester City Council (MCC) and Manchester Integrated Care Partnership (ICP).

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1.0 Executive Summary

1.1 Introduction

From 01 April 2013, Manchester Health and Wellbeing Board (HWB) has had a statutory responsibility to publish and keep up-to-date a statement of the needs for pharmaceutical services for the population in its area, referred to as a 'pharmaceutical needs assessment' (PNA).

The PNA aims to identify whether current pharmaceutical service provision meets the needs of the population. The PNA considers whether there are any gaps to service delivery.

The PNA may be used to inform commissioners, such as local authorities (LA) and the NHS, including Integrated Care Boards of the current provision of pharmaceutical services and where there are any gaps in relation to the local health priorities. Where such gaps are not met by NHS England (NHSE), these gaps may then be considered by those organisations.

The PNA will be used by NHSE in its determination as to whether to approve applications to join the pharmaceutical list under The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 as amended ('the 2013 Regulations'). The relevant NHSE Local Offices (LO) will then review the application and decide if there is a need for a new pharmacy in the proposed location. When making the decision NHSE is required to refer to the local PNA.

1.2 How the assessment was undertaken

This PNA describes the needs for the population of Manchester. The PNA includes information on:

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

The HWB established a steering group to lead a comprehensive engagement process to inform the development of the PNA. The group conducted various activities to acquire information from a public survey of the Manchester population and sought information from pharmacies (via a contractor questionnaire), Manchester City Council (MCC), Manchester Integrated Care Partnership (ICP), and NHSE.

1.3 Overview of current pharmaceutical services

Manchester currently has 119 pharmacies providing a range of essential services, advanced services, enhanced services, and locally commissioned services on behalf of MCC, Manchester ICP and NHSE.

Of those pharmacies, 18 are 100 hour pharmacies and 10 are distance selling or wholly mail order (internet) pharmacies.

There are three DACs who provide access to dispensing and services associated with appliances for some patients. In addition to this, DACs offer their services remotely and deliver products across huge footprints both regionally and nationally.

Therefore, it is worth noting that there are currently 8 DACs in Greater Manchester (this figure includes the three local to Manchester) that serve the whole of Greater Manchester and beyond.

The PNA contractor survey received response from all 119 Manchester community pharmacies which was facilitated through the Greater Manchester Local Pharmaceutical Committee to maximise engagement.

There were 119 responses to the public survey which was greater than the number of responses received in the 2023-2026 PNA (91 responses). However, this only represents 0.01% of Manchester's population (aged 16 years and over). Due to the low response rate, it is difficult to draw conclusions from the public survey and should be noted that information from the public was only obtained via digital methods of collection.

The PNA has not, to date, identified any existing gaps in pharmaceutical services. This is clearly demonstrated by the following points:

- Manchester has 21 pharmacies per 100,000 population, which is equal to the Greater Manchester and England averages. Additionally, the average prescription items per month are below the national and regional averages. Therefore, it can be concluded from this data that the current number of pharmacies across Manchester is able to meet the current demand in prescription items.
- The majority of residents live within one mile of a pharmacy;
- The majority of residents can access a pharmacy within 15 minutes, either by walking, public transport or driving;
- The number, location and distribution of pharmacies across the city of Manchester is sufficient to meet the needs of the local population regarding access to pharmaceutical services;
- 74% of patients surveyed have a preferred pharmacy that they use regularly;
- Manchester has a choice of pharmacies which are open a range of times including early mornings, evenings and weekends;
- 81% of patients surveyed are satisfied with the opening hours of their pharmacy;
- 90% of patients surveyed stated that they were satisfied or very satisfied with physical access to their pharmacy of choice;
- 61% of patients surveyed stated that they could access their regular pharmacy within 10 minutes or less.
- Manchester pharmacies offer a range of pharmaceutical services to meet the requirements of the population.

1.4 Consultation

The PNA process requires a minimum 60 days statutory consultation period to take place. This will ensure pharmaceutical providers and services, which support the population, are recognised. 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 pharmacy and dispensing appliance contractors included on the pharmaceutical list and any dispensing GP practices in the HWB area;
- Any pharmacy contractor that holds a local pharmaceutical services contract with premises that are in the health and wellbeing board's area;
- Dispensing doctors included in the dispensing doctor list for the area of the health and wellbeing board (if any);
- Any local Health Watch 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 (NHSE)
- Any neighbouring HWB.
- Other patient, consumer and community groups in the area with an interest in the provision of pharmaceutical services in the area

Manchester's HWB consultation was conducted between Tuesday 10 June and Saturday 09 August 2025.

1.5 Conclusions

Considering the totality of the information available, the PNA Steering Group considered the location, number, distribution and choice of pharmacies covering the whole of Manchester's HWB area that provide essential and advanced services during the standard core hours to meet the needs of the population.

The PNA Steering Group has not received any significant information to conclude otherwise or any future specified circumstance that would alter that conclusion within the lifetime of this PNA.

Based on the information available at the time of developing this PNA, no current gaps have been identified;

- In the need for essential service provision during and outside of normal working hours;
- In the provision of advanced or enhanced services;
- In the need for pharmaceutical services in specified future circumstances;
- In essential services that if provided either now or in the future would secure improvements, or better access, to essential services;
- In the need for advanced services that if provided either now or in the future would secure improvements, or better access, to advanced services;
- In respect of securing improvements, or better access, to other NHS services either now or in specified future circumstances have been identified.

Results from both the public and contractor surveys indicate that further collaboration is required working with Manchester ICP, MCC, primary care, NHSE and Local Pharmacy Committee (LPC) stakeholders in order to promote the range of community pharmacy services available to the public and primary care. The HWB also recognise that collaboration with pharmacy contractors is required to understand the capability and capacity to provide existing and future services, commissioned both locally and nationally.

The HWB have noted that over the next 10 years, the resident population of Manchester is projected to increase and forecasts produced by the City Council suggest that the city's population will surpass 707,000 by 2030 and that there will be around 756,000 people living in the city by 2034. Whilst it is recognised that there are no existing gaps in the provision of pharmacetucial services, the HWB will review this over the lifetime of the 2025-2028 PNA and will issue supplementary statements where required.

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.

2.0 Background

This document has been prepared by Manchester's HWB in accordance with the NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013, as amended. It replaces the PNA previously published in 2023.

- In the current NHS there is a need for the local health partners to ensure that the health and pharmaceutical needs of the local population are met through the appropriate commissioning of services.
- The current pharmaceutical service providers in Manchester are well placed to support the HWB in achieving the outcomes of the health priorities outlined in its strategy.
- The HWB have noted an update to National Community Pharmacy Contractual Framework (CPCF) for 2025/26 which supports a major uplift in funding for community pharmacy as well as increase in both the range and activity of services provided available to the local population.
- The 2025/26 CPCF negotiations also included the provision of the Pharmacy Quality Scheme (PQS), which was previously paused due to the 2024 general election and resumed in April 2025.
- The HWB recognise that the renewed CPCF and PQS continue to build on the quality of pharmaceutical services that community pharmacy can offer to the local population of Manchester.
- The HWB acknowledge the national remodeling of ICBs announced in April 2025 which outlines within the blueprint an ask to review and streamline the commissioning of end-to-end pathways, including those delegated by NHSE such as community pharmacy services.
- Not all changes to pharmaceutical services will result in a change to the need for services. The HWB will issue supplementary statements to update the PNA where required as changes take place to the provision of services locally.

2.1 Legislation

The Health Act 2009 made amendments to the National Health Service (NHS) Act 2006 stating that each Primary Care Trust must, in accordance with regulations:

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

The Health and Social Care Act 2012 transferred responsibility for the development and updating of PNAs to HWBs as the basis for determining market entry to a pharmaceutical list from primary care trusts to NHSE.

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

The PNA will be used by NHSE when making decisions on applications to open new pharmacies and dispensing appliance contractor premises, or applications from current pharmaceutical providers to change their existing regulatory requirements.

Such decisions are appealable to the NHS Resolution (Primary Care Appeals) and decisions made on appeal can be challenged through the courts.

PNAs will inform NHSE of pharmacy services, including enhanced services commissioned by local commissioners.

Each PNA 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.

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 pharmacy and dispensing appliance contractors included on the pharmaceutical list and any dispensing GP practices in the HWB area;
- Any pharmacy contractor that holds a local pharmaceutical services contract with premises that are in the health and wellbeing board's area;
- Dispensing doctors included in the dispensing doctor list for the area of the health and wellbeing board (if any);
- Any local Health Watch 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 (NHSE)
- Any neighbouring HWB.
- Other patient, consumer and community groups in the area with an interest in the provision of pharmaceutical services in the area

2.1.1 Health and Wellbeing Board duties in respect of the PNA

In summary Manchester HWB must:

- Produce an updated PNA which complies with the regulatory requirements as per the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013;

- Publish its fifth PNA by 01 Janaury 2026;
- Publish subsequent 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;
- Produce supplementary statements in order to determine the impact of any changes to the availability of pharmaceutical services.

2.1.2 Purpose of the 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 Manchester's HWB area for a period of up to three years, linking closely to the JSNA. Whilst the JSNA focusses on the general health needs of the population of Manchester, the PNA looks at how those health needs can be met by commissioned pharmaceutical services.

If a pharmacy or a Dispensing Appliance Contractor (DAC) wishes to provide pharmaceutical services, they are required to apply to NHSE for inclusion onto the pharmaceutical list for the HWB's area in which they wish to have their premises. In general, their application must either offer to meet a need that is set out in the HWB's PNA, secure improvements or enable better access similarly identified within the PNA.

The PNA defines the needs for, improvements or better access to, a range of pharmaceutical services or one specific service. Based upon this, applications to meet these are triggered. Identified needs, improvements or better access could either be current or could arise within the lifetime of the PNA. However, there are some exceptions to this:

- 'Unforeseen benefits' applications which offer benefits that were not foreseen when the PNA was published;
- 'Excepted category pharmacy' applications such as distance selling pharmacies;
- No significant change' relocations and change of ownerships.

All exceptions are required to meet the relevant criteria for approval under the 2013 Regulations, but, unlike routine category pharmacy applications, are not strictly needs-based.

A robust PNA will ensure those who commission services from pharmacies and DACs are able to ensure services, align to local health strategies, are targeted to areas of health need and reduce the risk of overprovision in areas of less need.

3.0 Context in Manchester

3.1 Transformation of Manchester Health and Social Care Services

Since the publication of the last Manchester PNA (2023) the city's health and social care services continue to undergo a significant change programme whilst at the same time implementing the Manchester Locality Plan, 'Our Healthier Manchester'. Since the legislation passed through parliament, Integrated Care Systems (ICS) were established in sub regions of England from 01 July 2022.

This now means that the ten Clinical Commissioning Groups in Greater Manchester (GM) no longer exist and have integrated to become the NHS Greater Manchester Integrated Care (NHS GM) Partnership. Manchester Health and Care Commissioning (MHCC), a formal partnership between the CCG and the City Council, has therefore ceased.

The ICS has aims to:

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience and access
- Enhance productivity and value for money
- Help the NHS support broader social and economic development.

National guidance sets out the core building blocks of an ICS including:

1. An ICS Partnership, convened between the ICS Board and local authorities as a broad strategic alliance
2. An ICS NHS Body, as a statutory NHS organisation, which will deliver the following functions:

- Developing a plan to meet the health needs of the population and to ensure NHS services and performance are restored
- Allocating resources
- Establishing governance arrangements
- Arranging for the provision of health services
- Leading system implementation of the people plan
- Leading system-wide action on data and digital
- Working with Councils to invest in local community organisations and infrastructure
- Joint work on estates, procurement, supply chain and commercial strategies
- Planning for, responding to, and leading recovery from incidents
- Functions NHS England (NHSE) will be delegating including primary care and appropriate specialised services

The statutory organisation within the ICS has now become the Integrated Care Board (ICB) which replaced the functions of Clinical Commissioning Groups (CCGs) which were disestablished on the 30 June 2022. In Greater Manchester this also resulted in a shift from the Greater Manchester Health and Social Care Partnership (GMHSCP) arrangements to a new Greater Manchester ICS and ICB.

Thr formation of the NHS GM Integrated Care Partnership resulted in a shift towards ICBs taking on population healthcare budgets, with pharmacy, ophthalmology and dentistry (POD) services, which were fully delegated in April 2023. This shift enables local systems to design and deliver more joined up care for the local population. NHSE will provide ICBs with

tools and resources to support transformation as they take on commissioning responsibility across POD services as well as support the integration.

In April 2025, NHSE announced plans to remodel and streamline all 42 ICBs in light of the of the Darzi review which concluded that the roles and responsibilities of ICBs need to be clarified to provide more consistency and better enable the strategic objectives of redistributing resource out of hospital and integrating care. The 10 Year Health Plan, due to be released in 2025, will reinforce the criticality of this role and the Secretary of State is clear about the need to deliver the 'three shifts' which provide a greater focus on prevention and reducing inequalities, delivering more services in a community or neighbourhood based setting. These three strategic shifts will form the foundation of the Model ICB's approach to transformation and redesign.

- Treatment to prevention: A stronger emphasis on preventative health and wellbeing, addressing the causes of ill health before they require costly medical intervention andreducing inequalities in health. This involves proactive community and public health initiatives, working closely with local authorities, to keep people healthy.

- Hospital to community: Moving care closer to home by building more joined-up, person-centred care in local neighbourhoods, reducing reliance on acute care.

- Analogue to digital: Harnessing technology and data to transform care delivery and decision-making. From digital health services for patients, to advanced analytics (population health management, predictive modelling) for planners, the focus is on smarter, more efficient, and more personalised care.

It is outlined within the National blueprint that there is an ask to review and streamline the commissioning of end-to-end pathways, including those delegated by NHSE such as community pharmacy services. The HWB noted that at the time of writing the PNA, the NHS GM model for redesign had not yet been published.

At this stage, the plan is currently being developed. Any changes to access or delivery of pharmacy services provided in Manchester that may be affected by this redesign will be updated by the HWB accordingly via a supplementary statement where required.

The Manchester Local Care Organisation (MLCO) is a partnership organisation comprised of Manchester University NHS Foundation Trust (MFT), Greater Manchester Mental Health NHS Trust (GMMH), MCC and the Manchester Primary Care Partnership. It brings together the teams from these organisations that provide community-based care (also known as out of hospital care) in the city in a new way. Over 3,400 staff from Manchester's adult and children's NHS community teams and adult social care teams have now been deployed to MLCO. They include nurses, social workers, health visitors, therapists, support staff and many other health and care professionals. The MLCO is the lead organisation for population health management across Manchester.

The MLCO is based on the 12 neighbourhoods, tailoring its services to local needs. A range of specialist services are also provided across the wider locality (north, central and south) communities. Many teams will work together in neighbourhoods to design and deliver services in partnership with local people. The aim is to base local teams together in a building where possible, as an Integrated Neighbourhood Team (INT), so care is planned and delivered in a seamless way.

The Greater Manchester Integrated Care Partnership (ICP) Strategy outlines a collaborative vision for improving health and care in Manchester. It brings together the NHS, local

authorities, voluntary and community sectors, and other partners to address long-standing health inequalities and ensure better outcomes residents. The strategy is built around six core missions:

- Strengthening communities – Empowering local people and neighbourhoods to take charge of their health and wellbeing.
- Helping people into good work – Supporting employment as a key determinant of health.
- Recovering NHS and care services – Addressing backlogs and improving access and quality post-COVID.
- Staying well and early detection – Promoting prevention and early intervention to reduce long-term health issues.
- Supporting the workforce and carers – Ensuring a sustainable, well-supported health and care workforce.
- Achieving financial sustainability – Making the system more efficient and resilient.

The impact of the COVID-19 pandemic on Manchester has included damaging longer-term economic, social and health effects which are expected to further impact on health and widen inequalities. These effects include strains in public finances, affecting community and environmental conditions; widening inequalities in attendance and attainment in education and early years; increasing poverty, debt and income inequality; rising unemployment, particularly for young and older people; deteriorating mental health for all age groups, but particularly for young people. These effects are likely to be compounded for people from Black, Asian and Minority Ethnic (BAME) groups, disabled people, older people, women and those on low incomes. In turn, these effects are likely to be further compounded for those living in low-income areas.

Following the publication of Professor Sir Michael Marmot's "Build Back Fairer in Greater Manchester: Health Equity and Dignified Lives" in June 2021, Manchester gave a commitment to consider the recommendations and develop a local response.

Making Manchester Fairer- Tackling Health Inequalities in Manchester 2022-27 describes the actions Manchester will take to reduce health inequalities over the next 5 years in response to the Marmot Review for Greater Manchester and the specific needs of Manchester's residents in light of the COVID-19 pandemic.

The plan identifies eight areas of action:

1. Giving children and young people the best start in life
2. Lifting low-income households out of poverty and debt
3. Cutting unemployment and creating good jobs
4. Preventing illness and early death from big killers- heart disease, lung disease, diabetes and cancer
5. Improving housing and creating safe, warm and affordable homes
6. Improving our environment and surroundings in the areas where we live, transport, and tackling climate change
7. Fighting systemic and structural discrimination and racism
8. Strengthening community power and social connections

This action plan also provides a structure for greater collaboration between multi-agency and cross sectoral partnerships to mobilise organisations to place health equity at the heart of governance, policy development, resource allocation, workforce planning and commissioning arrangements.

3.1.1 National Community Pharmacy Contract Overview

The HWB have noted that the Community Pharmacy Contractual Framework (CPCF) that informed the 2023-2026 PNA was initially published in July 2019 and expired 31st March 2024. Following a pause in negotiations during 2024 due to general election, funding and other arrangements for community pharmacies for 2024/25 and 2025/26 were finalised in March 2025. This settlement between Community Pharmacy England, the Department of Health and Social Care (DHSC), and NHS England provides community pharmacy with the largest uplift in funding across the whole of the NHS and signals the Government's commitment to stabilising the sector, recognising the key role they will play in future healthcare.

3.1.2 Pharmacy Quality Scheme Overview

The Pharmacy Quality Scheme (PQS) forms part of the Community Pharmacy Contractual Framework (CPCF). It supports delivery of the NHS Long Term Plan and rewards community pharmacy contractors that deliver quality criteria in three quality dimensions: clinical effectiveness, patient safety and patient experience.

The 2025/26 scheme is split into two domains:

- Domain 1: Medicines Optimisation
- Domain 2: Patient Safety

PQS promotes pharmacies to engage with key therapeutic areas that will support the Manchester population including antimicrobial stweardhip, consulting patients with mental health and increasing access to palliative care medicines.

3.1.3 Primary Care Networks

Primary Care Networks (PCNs) are a key part of the NHS Long Term Plan; since June 2019 all general practices have been required to be within a network and CCGs (as they were formerly known) were required to commit recurrent funding to develop and maintain them. PCNs build upon existing primary care services and enable a greater provision of proactive, personalised, coordinated and integrated health and social care for patients.

PCNs are formed via sign up to the Network Contract Directed Enhanced Service (DES) Contract Specification, which was first introduced in July 2019 and sets out core requirements and entitlements for a PCN. PCNs are also supported by the PCN Development Programme which is centrally funded and locally delivered.

The implementation of PCNs in 2019 enabled networks to develop expanded neighbourhood teams which will comprise a range of staff such as GPs, pharmacists, district nurses and other Allied Health Professionals such as physiotherapists and podiatrists that can be sourced through the Additional Roles Reimbursement Scheme (ARRS). Additionally, PCNs will be joined by social care and the voluntary sector.

All general practices are aligned to a PCN, covering 30,000-50,000 patients, with local enhanced services that were funded by CCGs and provided through the network contracts. The networks aim to provide the structure and funding for services to be developed locally, in response to the needs of the patients they serve. Since July 2022, this funding has transitioned to NHS Greater Manchester Integrated Care.

It is important that community pharmacy teams are fully involved within the work of their PCN. In addition to the Network DES, the Investment and Impact Fund (IIF) forms part of this. It

supports PCNs to deliver high quality care to their population, as well as supporting the delivery of priority objectives articulated in the NHS Long Term Plan and in Investment and Evolution; a five-year GP contract framework to implement the NHS Long Term Plan. The IIF incentivises collaborative working between primary care and community pharmacy teams through several indicators as it includes the delivery of the seasonal influenza vaccination program which is supported by community pharmacy providers across Manchester. In previous iterations, IIF included the promotion of the community pharmacy consultation service (now known as 'Pharmacy First'), and encouraging high blood pressure (hypertension) monitoring, however, these are not included in the 2024/25 scheme. At the time of writing the 2025-2028 PNA, the details of the 2025/26 scheme are not yet published.

The expectation is that PCNs will work collaboratively with others, dependent on the needs of the local population. Community pharmacy should feature as an integral part of the PCNs by delivering clinical services as a full partner with local PCNs in order to benefit local population health outcomes, such as cardiovascular disease prevention. Community pharmacies also have their own PCN that aligns to the PCN model; these PCNs are still in their infancy, non-funded, and more work is being done to develop them as part of an integrated approach to healthcare.

3.2 Manchester's Population

3.2.1 Summary

In Manchester, the population size has increased by 9.7%, from around 503,100 in 2011 to 552,000 in 2021 (figures published by the Office for National Statistics (ONS) on 28 June 2022 following the release of the first batch of the 2021 census data). This is higher than the overall increase for England (6.6%), and the North-West (5.2%). According to the ONS in 2021 the percentage of people under the age of 15 years in Manchester is 19.4%, 71.1% of people are between the age of 15-64 years and 9.4% of people are over the age of 65 years.

Over the next 10 years, the resident population of Manchester is projected to increase. Forecasts produced by the City Council suggest that the city's population will surpass 707,000 by 2030 and that there will be around 756,000 people living in the city by 2034.

The health of people in Manchester is generally worse than the England average. People living in Manchester continue to experience higher levels of ill health and early death than other major cities and towns in England. Manchester is one of the 20% most deprived districts/unitary authorities in England and as of the end of 2024 49,986 (40.7%) children live in relative low-income families. Life expectancy for both men and women is lower than the England average. The State of the City Report 2024 from Manchester City Council presents an analysis of key population and health trends across the five key themes of the Our Manchester Strategy (2016-2025).

Adults from the most deprived parts of Manchester are more likely to have a diagnosed long-term condition (LTC) such as Chronic Obstructive Pulmonary Disease (COPD), Heart Disease, Stroke or Diabetes, than those living in the least deprived parts of the city. Therefore, ensuring clear, safe, and fair access to the right pharmaceutical services in the right place, at the right time for the people of Manchester is critical.

3.2.2 Population growth and change

The estimated number of people living in Manchester fell throughout the 1970s and 1980s. However, between 2011 and 2021 the estimated population of Manchester grew by around 0.9% per year.

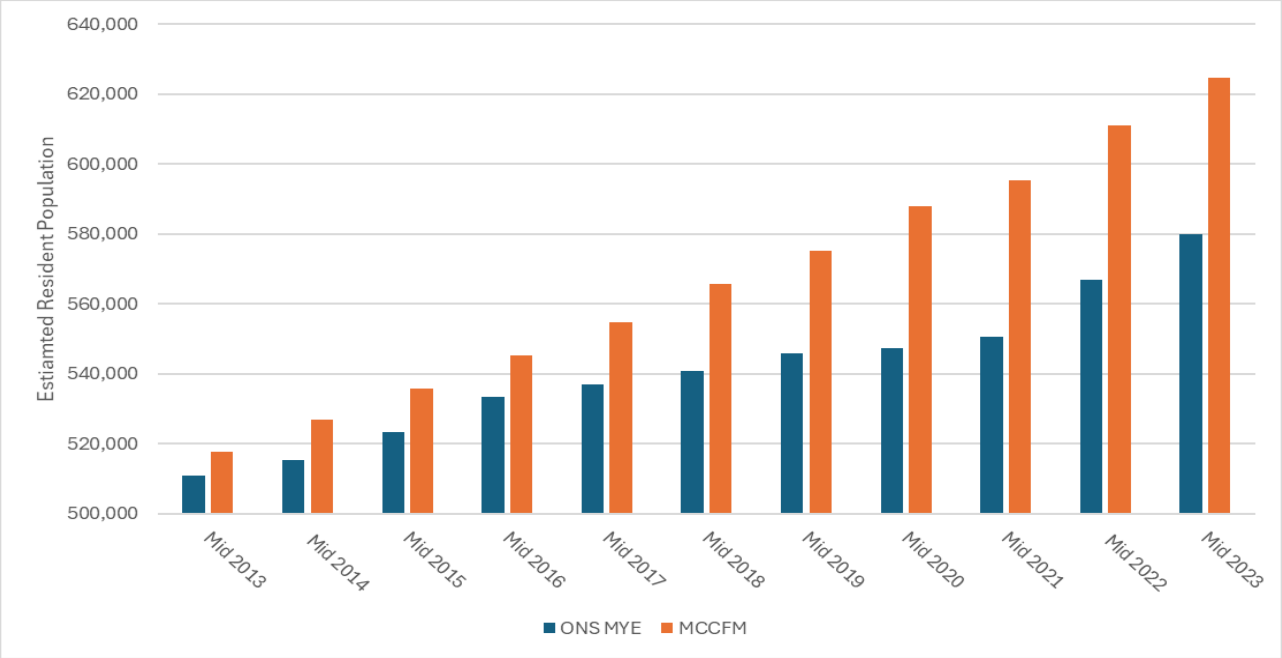
Measuring the population of the city is complex. The most recent information available based on counting residents is from the Census 2021 which indicated approximately 552,000 residents (rounded). This is the "gold standard" in measuring populations, but there are some significant limitations of Census 2021 as it was undertaken during the COVID-19 pandemic. It is not a full count of residents usually living in Manchester as many usual residents moved to live elsewhere (for example students moving back home) during this time. Our in-house modelling estimates that there may be as many as 33,000 missing residents from the Census data, with many of those aged 20-39.

Alternative measures come from population estimates which are more frequent and take into account growth in the decade between census snapshots. In July 2024, the Office for National Statistics (ONS) published their most recent population estimates based on forecasting from the 2021 census: the data indicated 579,917 people were living in Manchester as of mid-2023. This is equivalent to 2.3% growth in the population compared with the previous year's estimate for mid-2022 of 566,788.

Manchester City Council has developed its own population forecasting model (MCCFM) as local understanding and context is not taken into account in the national model. The MCCFM W2024 estimates that the residential population in 2024 was 633,986, compared to 624,643 in 2023.The 2023 mid-year estimate from the Office for National Statistics (ONS) is much lower at 579,91. The MCCFM takes into account of local intelligence such as the high level of construction, rising numbers of international students and increasing demand for school places.

When compared with Manchester City Council's own population growth forecasts (which align to local data), ONS consistently projects lower population growth rates potentially underestimating the total number of people living in the city (see Figure 1 below below).

Figure 1: Population change mid-2013 to mid-2023 – comparing ONS



Source: Office for National Statistics Mid-Year Estimates (ONS MYE) and Manchester City Council Forecasting Model (MCCFM) W2024 Public Intelligence, PRI, 2025

Since the beginning of 2013, the largest growth has been seen in school age children in Age Group (5-15), and in adults in Age Groups (25-64). The following ten years, to 2033, portrays a slightly different picture with a decrease in Age Group (5-15), but with a noticeable increase in age groups 30-49 and 60-69. Regardless of measurement, both the outward migration of people to neighbouring areas as they age, and low life expectancy are key contributing factors, alongside students and a rising young working population, towards Manchester being a 'young' City, with a median age of 31.3 years of age, this is nearly 10 years younger than the median age of the population in England (40).

Table 1: Estimated and projected change in population 2011- 2031

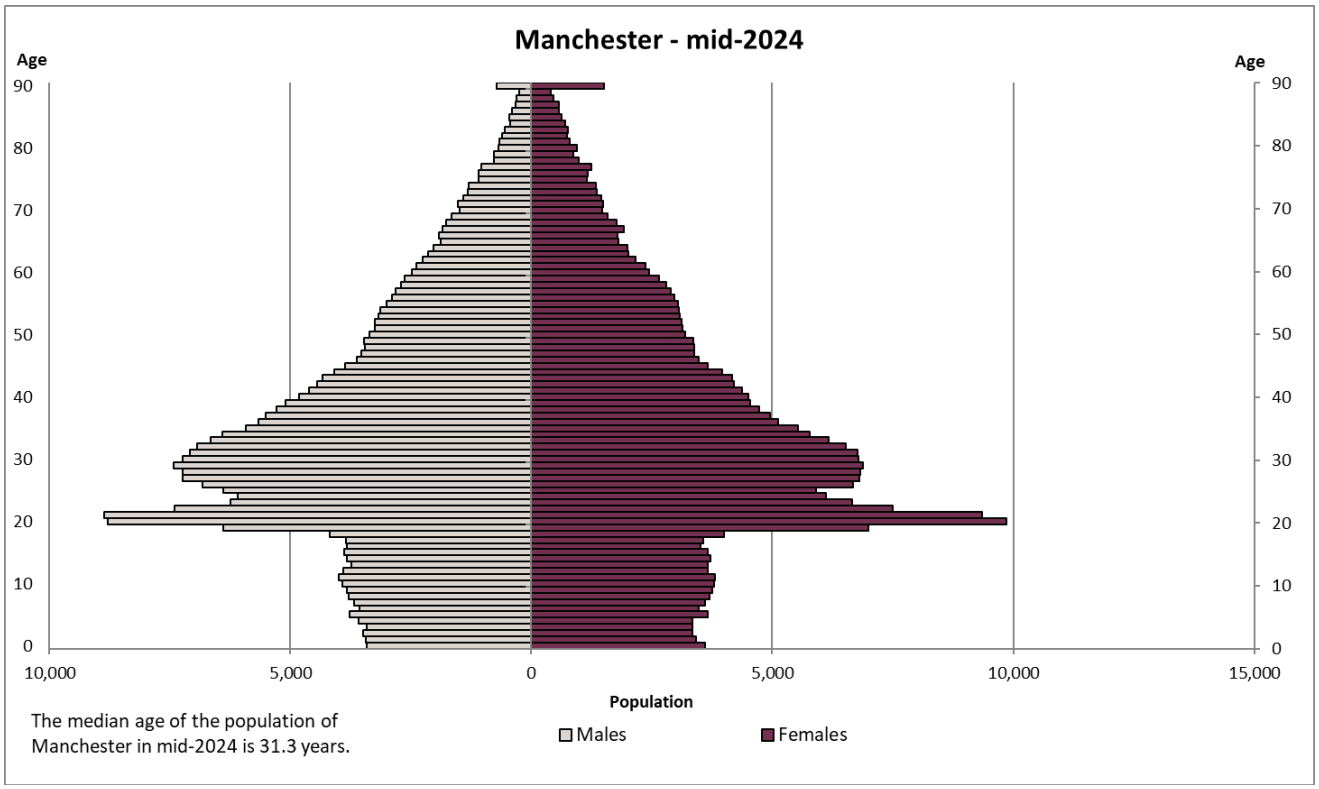
Age Group	Population 2011	Population 2021	Population Change 2011 - 2021		Annual Population Growth	Population 2031	Population Change 2021 - 2031	
0 to 4	36,730	35,562	-1,168	-3.2%	-0.3	37,540	1,978	5.6%
5 to 9	29,143	36,971	7,828	26.9%	2.4	36,613	-358	-1.0%
10 to 14	26,810	36,754	9,944	37.1%	3.2	39,185	2,431	6.6%
15 to 19	35,877	39,764	3,887	10.8%	1.0	48,624	8,860	22.3%
20 to 24	67,692	64,455	-3,237	-4.8%	-0.5	74,861	10,406	16.1%
25 to 29	56,534	68,202	11,668	20.6%	1.9	77,951	9,749	14.3%
30 to 34	45,255	60,023	14,768	32.6%	2.9	73,575	13,552	22.6%
35 to 39	34,084	48,377	14,293	41.9%	3.6	71,533	23,156	47.9%
40 to 44	32,402	39,202	6,800	21.0%	1.9	57,950	18,747	47.8%
45 to 49	28,794	33,731	4,937	17.1%	1.6	46,152	12,421	36.8%
50 to 54	24,021	31,162	7,140	29.7%	2.6	36,930	5,769	18.5%
55 to 59	19,785	26,717	6,932	35.0%	3.0	31,032	4,315	16.1%
60 to 64	18,243	21,098	2,855	15.6%	1.5	27,556	6,458	30.6%
65 to 69	13,364	16,570	3,207	24.0%	2.2	21,539	4,968	30.0%
70 to 74	12,004	14,151	2,147	17.9%	1.7	16,137	1,986	14.0%
75 to 79	9,789	9,431	-358	-3.7%	-0.4	9,296	-136	-1.4%
80 to 84	7,431	6,803	-628	-8.5%	-0.9	6,509	-294	-4.3%
85 to 89	4,638	3,992	-645	-13.9%	-1.5	4,714	721	18.1%
90+	2,314	2,232	-82	-3.5%	-0.4	2,946	714	32.0%
Total	504,910	595,199	90,288	17.9%	1.7	720,642	125,443	21.1%

Source: Manchester City Council Forecasting Model (MCCFM) W2024 Public Intelligence, PRI, 2025.

MCCFM forecasts that there will be 161,962 0-19 year olds in 2031, this is a 8.7% increase from 2021.

The older (age 64+) population of Manchester in 2021 is an estimated 53,180 (MCCFM) and has changed and is projected to change. Both MCCFM and MYE/SNPP recorded a reduction in the older population between 2001 and 2011 but since 2011 there has been a steady rise as 'baby boomers' (large generation born end of WW2 to mid-1960s) reach this age group, this rise is projected to increase even higher by 2031.

Figure 2: Population Pyramid (MCCFM W2024)



Source: Manchester City Council Forecasting Model (MCCFM) W2024 Public Intelligence, PRI, 2025

The median age of the population of Manchester in mid-2024 is 31.3 years, compared to 31 years in mid-2023. Whereas the Office for National Statistics has the median age for England in 2024 as 40 years old, an increase from 39 years old in 2023.

Over the next 10 years, the resident population of Manchester is projected to increase. Forecasts produced by the City Council suggest that the city's population will surpass 700,000 by 2030 and that there will be around 750,000 people living in the city by 2034. The population of Manchester's five city centre wards (Ancoats & Beswick, Cheetham, Deansgate, Piccadilly and Miles Platting & Newton Heath) are even predicted to grow by 26% by 2030 and by 51% leading to 2034.

Figure 3a: Resident Popultion Forecast (All Ages), Mid-2024 to Mid-2034

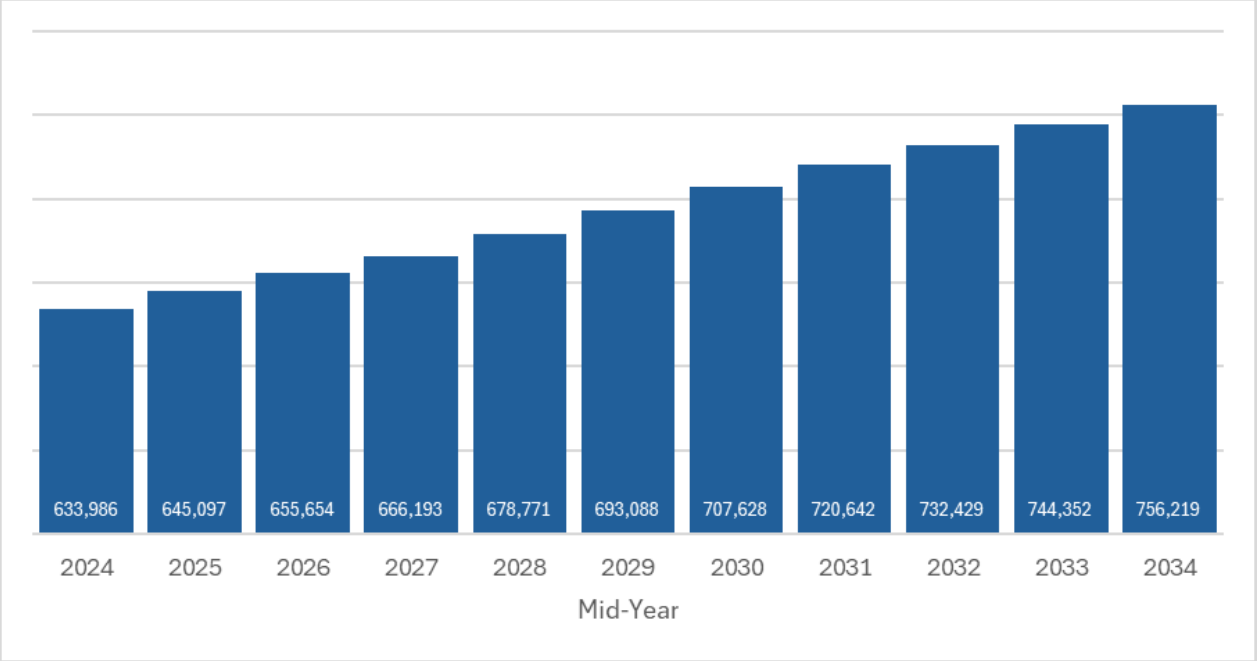
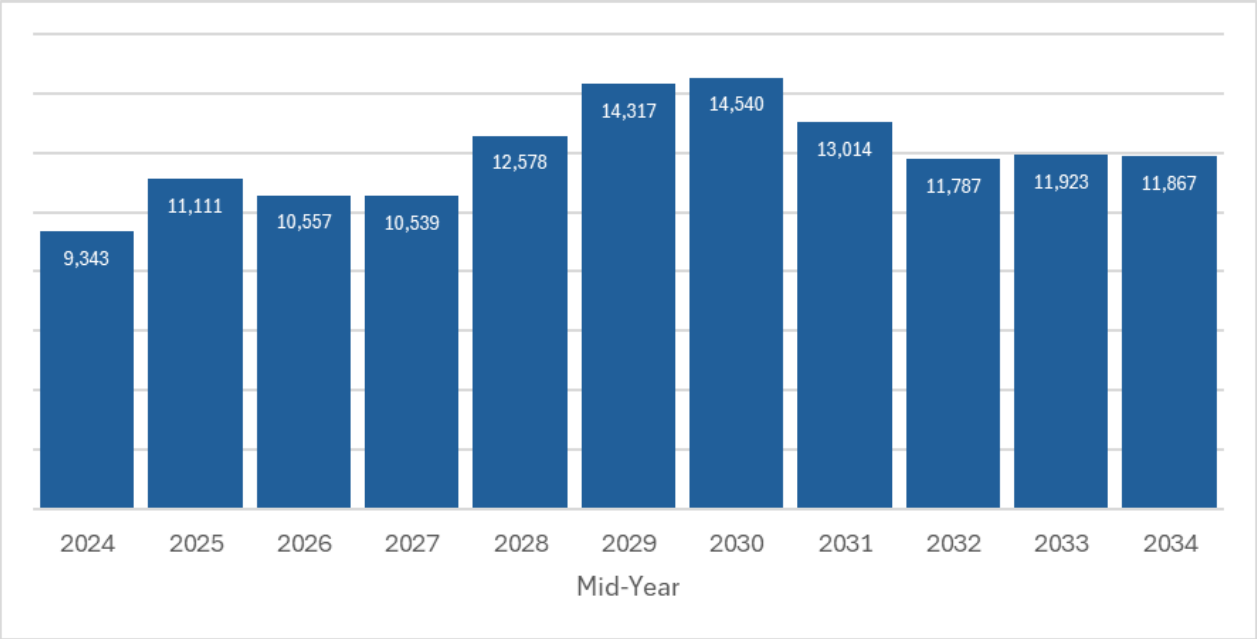
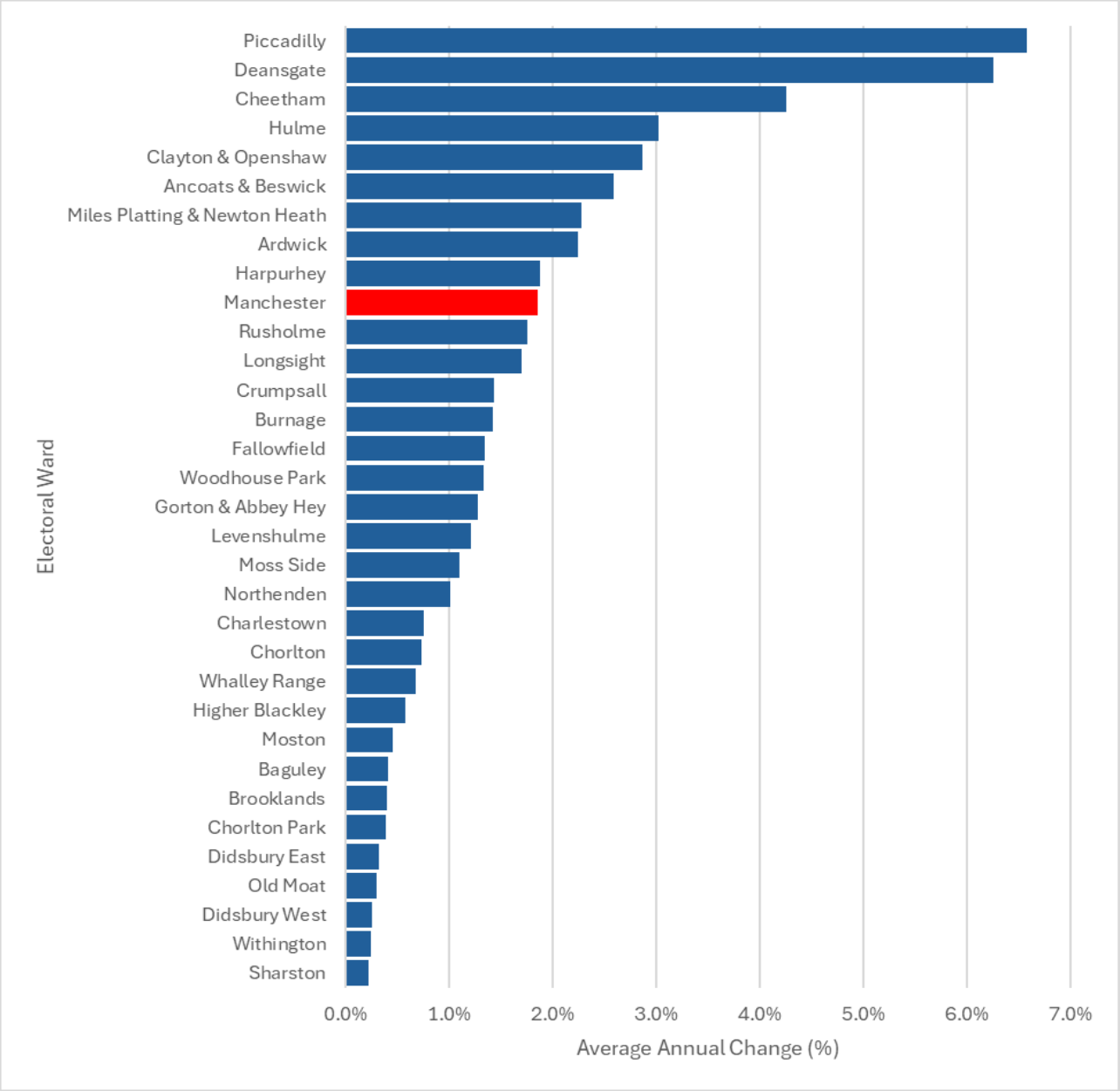


Figure 3b: The Difference Between Years of Resident Population Forecast (All Ages), Mid-2024 to Mid-2034



Forecast population growth is not evenly distributed across the city (see figure 4 below).

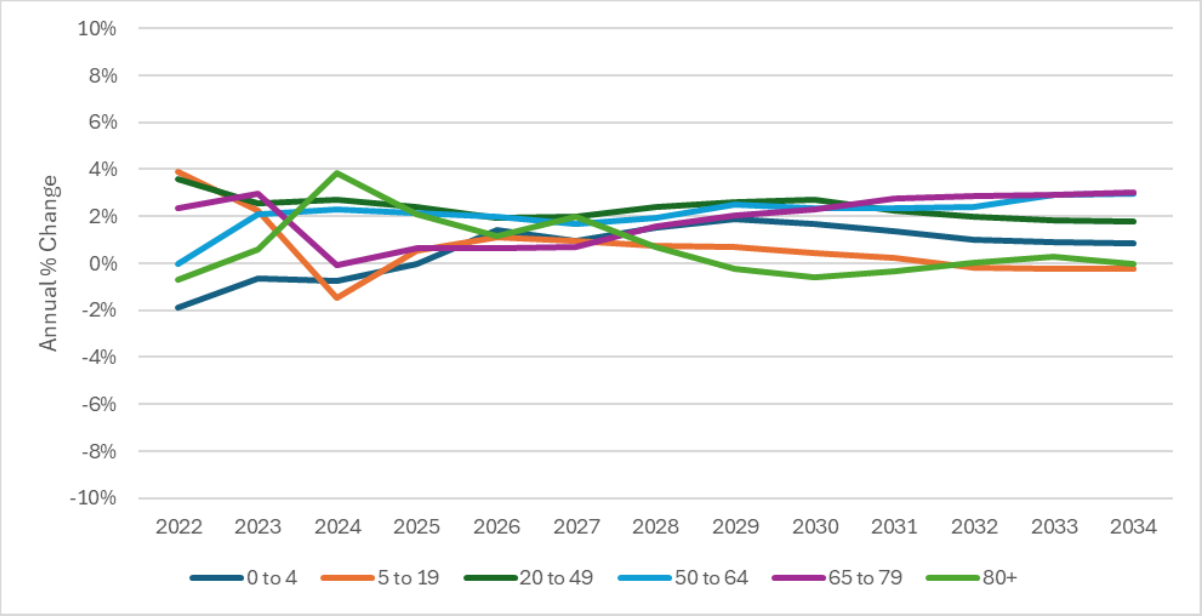
Figure 4: Forecast Annual Population Growth by ward, mid-2021 to mid-2034



The forecast rate of annual population growth in the city centre wards and surrounding wards is much higher than the city average. By 2034, the population in these wards is forecast to be over six times higher than it was in 2001. The age profile of city centre residents is beginning to mature with increasing numbers of 35–49-year-olds living in the area, reflecting the fact that people are choosing to stay in the area for longer.

This has potential implications for the provision of pharmaceutical services (and forms of primary care) in the city centre, particularly in the evening and weekends outside of normal retail hours. In contrast, the forecast rate of annual population growth in areas in the south of the city is much lower than the city average.

Figure 5: Forecast Annual Population by Broad Age group



All age groups by 2034 are forecast to increase compared with 2021. The largest increases relative to 2021 are forecast to occur among residents aged 20-49, 50-64 and 65-79 years. The number of children aged 0-4 are forecast to drop slightly in the first few years but are then likely to increase so that by 2028 there will be more children in this age group living in Manchester than there were in 2021. The number of older people (aged 80 and above) are expected to increase slightly with 9% more older people living in Manchester by 2034.

3.2.3 Deprivation

Despite the economic growth seen in recent years, Manchester continues to experience high levels of deprivation compared with other parts of England. The Index of Multiple Deprivation (IMD) 2019 ranks Manchester as the sixth most deprived local authority in England with over 43% of Lower Super Output Areas (LSOAs) in the city falling in the most deprived 10% of LSOAs nationally (see map 1 found in appendix 8).

More pertinently, Manchester does not perform well in respect of health-related deprivation. The city is the second most deprived local authority when measured against the Health Deprivation and Disability domain of the IMD 2019; this reflects the high risk of premature death and impairment of quality of life through poor physical or mental health. Manchester is the 2nd worst local authority in England in terms of the proportion of LSOAs that are in the most deprived 10% of LSOAs nationally.

Manchester also has one of the highest rates of child poverty in England with around 47.9% of children living in poverty (2022/23). This equates to 63,266 children living in households experiencing poverty. Child Poverty Statistics based on 22/23 show that the number of children living in poverty in the city has risen by 12.5% since 2014/15 and by 3.2% since 2021/22.This is the 3rd highest in UK after Birmingham and Tower Hamlets and the highest in the North West and Greater Manchester. Fuel poverty levels are also significantly higher than the England average. Findings from the English Longitudinal Study of Ageing suggest that health inequalities between the poorest over 50s and the rest of the older population is growing and that younger (middle-aged) cohorts in the poorest quintile have higher levels of ill-health than older cohorts at the same age.

3.2.4 Health outcomes

Statistics consistently show that residents of Manchester still have some of the worst health outcomes in England. People living in Manchester continue to experience higher levels of ill health and early death than other major cities and towns in England. Inequalities within the City also persist. The health of people in Manchester is generally worse than the England average at all stages of life. Life expectancy at birth for men and women in Manchester is the 2nd and 3rd lowest in England – a boy born in Manchester can expect to live over 8 years less than a boy born in the most affluent parts of England. A girl can expect to live around 7 years less. The average life expectancy at birth for men in Manchester in 2023 is 75.24 years, and for women is 79.64 years of age, which is lower than the figures for England. The impact of the COVID-19 pandemic on life expectancy becomes apparent when the figures for the individual calendar years 2019 and 2020 are compared. Between 2019 and 2020, life expectancy at birth for men fell by 2.8 years (from 76.8 years to 74.0 years) and for women it fell by 1.9 years (from 80.5 years to 78.6 years). Although the one-year life expectancy figures for 2021, 2022 and 2023 have recovered from the low point of 2020, they remain below those for the immediate pre-pandemic period.

Healthy Life Expectancy (HLE) in Manchester is also lower than the England average for both men and women. A boy born in Manchester during the period 2021-2023 can only expect to live 82% of his remaining years of life in good health compared with 83% of remaining years of life for a boy born in the healthiest part of England. Similarly, a girl born in Manchester can only expect to live 75% of her remaining years of life in good health compared with 86% of remaining years of life for a girl born in the healthiest area of the country.

Around two-thirds of the life expectancy gap between Manchester and England is predominantly due to three broad causes of death: Circulatory diseases, cancers and respiratory diseases which can all be linked to poor lifestyle which is also a key predictor of outcomes for diabetes. Manchester is the 2nd highest ranked local authority for overall premature deaths from all causes when the city is compared with other similarly deprived areas (using the CIPFA (Chartered Institute of Public Finance and Accountancy) nearest neighbourhood model), suggesting that deprivation alone is not the key factor in the high rates of premature deaths in the city. In 2024, Manchester has an early heart disease death rate of 125 per 100,000 people, the second highest figure in the country. However, no other place in the country is like Manchester as we are uniquely positioned as a large city with a comparatively young population, huge student population, large areas of intense deprivation.

Many of the issues can be linked in part to poor lifestyle. It has been reported that just three lifestyle behaviours - tobacco use, unhealthy diet and a sedentary lifestyle - increase the risk of developing the four long-term conditions that are associated with the large majority of preventable deaths and health inequalities, i.e. cardiovascular disease, cancer, respiratory disease and diabetes.

Data shows that both children and adults in the city have higher rates of obesity, alcohol misuse and smoking-related conditions.

- The percentage of Year 6 children who are overweight or obese is 43.8%, higher than the England average, and this is a significant increase from the 23.9% seen in Reception (ages 4-5).
- The rate of alcohol-specific hospital stays among those aged less than 18 and of alcohol related harm hospital stays in adults are both significantly worse than the average for England.

- Estimated levels of adult smoking are worse than the England average. The rate of smoking attributable deaths in Manchester is one of the highest in England and, on average, there are around 813 deaths attributable to smoking in Manchester each year.
- Around 30% of adults in Manchester report that they had eaten the recommended 5 portions of fruit and vegetables on a usual day compared with nearly 55% of adults across England as a whole.

Although Manchester contains a smaller proportion of older people compared with other parts of the country, this cohort tend to have poorer health and have experienced poorer health earlier in their lives. This places greater demands on health and social care services.

In 2021-2023, life expectancy at age 65 in Manchester remained among the lowest in England and Wales for both men and women.

Frailty is a significant factor underlying the poor physical and mental health of older people in Manchester. The rate of emergency hospital admissions for injuries due to falls in people aged 65 or more in Manchester remains significantly higher than the England average. In 2023/2024, around 1,165 older people aged 65 or over in Manchester were admitted to hospital for a falls-related injury; a rate of 2,316 per 100,000 population compared with a rate of 1,984 per 100,000 across England as whole. National research suggests that inequalities in levels of frailty are widening and that levels of frailty are increasing for the poorest in our population.

Rates of under-18 conceptions have fallen substantially (from 73.9 per 1,000 in 2005 to 15.1 per 1,000 in 2020 to 14.5 per 1,000 in 2021).

Admission episodes for alcohol-specific conditions have risen (from 878 per 100,000 in 2011/2012 to 734 per 100,000 in 2017/2018 to 905 per 100,000 in 2020/2021 to 929 per 100,000 in 2023/2024).

In Manchester, over half of all cancers, specifically 54.7%, are diagnosed at an early stage (stage 1 or 2). This early diagnosis rate is slightly higher than the overall rate for Greater Manchester, which is 53.2%

Similarly in 2024, 72.3% of the 2,718 people aged 65 and over recorded as having dementia in Manchester have received a diagnosis of the condition from their GP.

More information about the health of the population in Manchester can be found in the Local Authority Public Health Profiles that are produced by Local Knowledge and Intelligence Service (LKIS) Local Authority Health Profiles | Fingertips | Department of Health and Social Care. These provide access to data across a wide range of public health areas including:

- Cardiovascular disease, diabetes, and kidney disease.
- Child and maternal health.
- Mental health, dementia, and neurology.
- End of life care.
- Musculoskeletal diseases.
- Sexual and reproductive health.
- Lifestyle risk factors (alcohol, tobacco, and physical activity).

The Local Health Profile provides access data for small geographical areas within Manchester, including middle super output areas (MSOA) and electoral wards, as well as Clinical Commissioning Groups (as they were formerly known as) and local authorities.

The State of the City Report 2024 from Manchester City Council presents an analysis of key population and health trends across the five key themes of the Our Manchester Strategy (2016-2025).

3.2.5 Population characteristics

There is widespread evidence to demonstrate that some communities, such as people from minority ethnic groups and people from lesbian, gay, bisexual, and transgender (LGBTQ+) communities, can experience worse health outcomes. Other groups, such as refugees and asylum seekers, disabled people and people experiencing homelessness, may face barriers to accessing health and social care services as well as support services to move into good employment: this can have an impact on their health and wellbeing.

Manchester is a culturally and ethnically diverse city with a long history of welcoming people fleeing war, persecution or economic hardship who are seeking to make a home in the area. Manchester also has a thriving LGBTQ+ community in the City Centre which is likely to attract LGBTQ+ people to live and work in the city and its surrounding areas.

- Between 2011 and 2021, the proportion of the population identifying themselves as being from an Asian, Black, Mixed or Other ethnic group has increased (from 33.4% in 2011 to 43.18% in 2021).
- In some parts of the city (notably Longsight, Moss Side, Cheetham, Rusholme, Ardwick and Whalley Range) over half of the population identified themselves as being from a non-White British ethnic group.
- In 2021, 27% of adults living in Manchester were estimated to have been born outside of the UK and around 18% were not British nationals. Over half (51.3%) of all live births in Manchester were to families where either one or both parents were born outside of the UK (2020).
- The most common religious affiliation was Christianity (47.0%), followed by no religion (31.9%), and Muslim (13.0%). Christianity has seen a decline in the number of residents identifying as Christian, while those identifying as Muslim or having no religion have increased significantly.
- In 2021, the census showed that 6.6% (29,222) of Manchester's population aged over 16 identify as lesbian, gay, bisexual, or other (LGB+). The city remains one of the UK's largest areas for LGBTQ+ resident populations.
- National asylum statistics show that 1,985 people in Manchester were in receipt of support under Section 95 of the Immigration and Asylum Act 1999 (support provided to destitute asylum seekers until their claim is finally determined) at the end of December 2024.
- The 2021 Census in Manchester shows that the proportion of people providing any unpaid care decreased from 11.4% in 2011 to 9.0% in 2021. However, there was a shift towards people dedicating more hours of their time to unpaid care, with a significant increase in the number of hours of care provided by families each week.

The JSNA includes several reports that summarise the needs of these and other communities in Manchester in more depth. They also contain information on the work that is underway to address these needs and suggestions regarding what more needs to be done.

Manchester ICP is committed to embedding Equality, Diversity and Human Rights (EDHR) within all areas of its work. The former MHCC Inclusion and Social Value Strategy 2018/2023 set out a vision for improving outcomes across the health and social care system by reducing

inequalities, and using social value as an enabler to develop more integrated working practices. It incorporates a five-year delivery plan which sets out the actions that will have the most impact in achieving these aims.

3.2.6 Summary of the Manchester population demographics

- Poor health outcomes
- High population growth
- Significant deprivation across the city
- A high proportion of university and working age residents
- Highly diverse population in terms of ethnicity and culture

3.2.7 Summary of housing and employment developments

In the north of the city, significant investment in healthcare and housing is taking place over the next 10-15 years linked to the North Manchester Strategy. This is the biggest regeneration programme in the North of England, with a £6bn boost for healthcare and housing. The plan will bring top class facilities at the New North Manchester General Hospital site and North View mental health hospital, 15,000+ new homes, and supporting infrastructure. In planning for these developments, it will be necessary to consider both the needs of established communities, and the needs of the prospective growing population linked to residential development.

The Manchester Housing Strategy (2022-2032) was adopted by the Council in July 2022 and sets out our long-term vision for how best to deliver the city's housing objectives including delivering 36,000 new homes by 2032. Just under a third of these (10,000) will be affordable – with as many social rented homes as possible. Three years into the 10-year period, we have delivered almost 8,800 homes including over 1,500 affordable homes. A large portion of the delivery of market housing (69%) has been concentrated in the city centre, in areas such as Great Jackson Street, Ancoats and New Islington, where developers are able to build at a much larger scale than across the rest of the city.

The city's residential pipeline also remains strong – there are currently over 12,000 homes on site, including over 10,000 in and around the city centre. A further c.6,700 homes have had planning permission granted but are yet to start on site. Alongside this, there are several long-term, large-scale, mixed tenure regeneration projects which have the potential to significantly grow and improve the city's residential offer to the north and east of the city centre in particular - including Victoria North (c.15,000 homes), Strangeways (c.6,000 homes) and Holt Town (c.4,500 homes).

Across the wider city, work is ongoing to regenerate a number of District Centres, including improving the housing offer available in these areas – Harpurhey to the north, Gorton and Newton Heath in East Manchester, and Chorlton and Wythenshawe Civic Centre in the south of the city. Between them, development in these areas will provide over 2,500 new homes. The NHS is working closely with colleagues from Manchester City Council to ensure that the health and care implications of new residential developments are considered at an early a stage as possible.

4.0 Neighbourhoods for the purpose of the PNA

4.1 Overview

The establishment of the new integrated management arrangements for localities and neighbourhoods provides a focal point for the delivery of all community-based health and social care services in Manchester. They are the focus for work that is designed to make positive changes to population health and wellbeing.

Currently, there are 12 neighbourhoods in Manchester, each based around a group of wards and a similar collection of GP practices (see map 1 found in Appendix 8).

See section 5.3 for an overview of the existing Manchester neighbourhoods used for the purposes of the PNA.

5.0 Manchester Pharmacy Needs Assessment

5.1 Development of the draft PNA

The content of PNAs is set out in Schedule 1 to the NHS In line with the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 as amended ('the 2013 Regulations'). The process of developing the PNA has taken into account these requirements to involve and consult people about changes to health services. The specific legislative requirements in relation to development of PNAs were considered and must contain:

- A statement of the pharmaceutical services provided that are necessary to meet needs in the area;
- A statement of the pharmaceutical services that have been identified by the HWB that are needed in the area, and are not provided (gaps in provision);
- A statement of the other services which are provided, which are not needed, but which have secured improvements or better access to pharmaceutical services in the area;
- A statement of the services that the HWB has identified as not being provided, but which would, if they were to be provided, secure improvements or better access to pharmaceutical services in the area;
- A statement of other NHS services provided by a local authority, the NHS Commissioning Board (NHS England), an NHS GM Integrated Care Locality or an NHS Trust, which affect the needs for pharmaceutical services;
- An explanation of how the assessment has been carried out (including how the consultation was carried out); and
- A map of providers of pharmaceutical services.

5.1.1 Stage 1

The PNA was developed using a project management approach. A steering group was established which included representation from the following groups:

- NHS Greater Manchester Integrated Care
- Manchester City Council
- NHSE
- Community Pharmacy Greater Manchester (formerly known as Greater Manchester Local Pharmaceutical Committee).

Stakeholder views were gathered through feedback in meetings, by telephone or email the Terms of Reference for the group can be found in Appendix 2.

5.1.2 Stage 2

The pharmacy contractor questionnaire and patient survey were produced and approved centrally via a GM PNA Steering Group which comprised of the following membership:

- Community Pharmacy Greater Manchester (chair);
- Representation from all 10 Local Authorities within Greater Manchester;
- NHS GM Integrated Care Pan-GM Community Pharmacy Integration and Commissioning Leads;
- NHS GM Integrated Care Sub-Locality Medicines Optimisation Team (including Manchester).

The pharmacy contractor survey was conducted between 8th January 2025 to 16th February 2025. Responses were co-ordinated by CPGM who provided weekly updates to HWBs on progress. The public survey was launched on 4th February 2025 and ran for 6 weeks until 21st March 2025. The public survey was made available digitally via the GM Consult Page on the Greater Manchester Combined Authority (GMCA) website. Weblinks to the survey, including QR codes and psoters were also shared locally via the support of the Manchester City Counicl Strategic Communications team.

5.1.3 Stage 3

The following documents were considered during the development of the PNA:

- The strategic objectives of the GM ICS (see section 3.1)
- The Greater Manchester Strategic plan: taking charge of health and social care in Greater Manchester;
- Making Manchester Fairer- Tackling Health Inequalities in Manchester 2022-27
- Manchester's 2024 'State of the City' report;
- and other health data.

Information on the provision of pharmaceutical services was also sourced (in addition to the contractor survey) from the NHS Business Services Authority website, with supplementary information from NHSE, NHS GM and MCC.

To assess whether the needs of the pharmaceutical services (both current and in the future) are being met, the views of stakeholders were considered along with a number of factors including:

- The size and demographic of Manchester's population;
- Access to services; is it adequate? Would an increase in services improve access?
- Diverse needs within different neighbourhoods;
- Types of pharmaceutical services being provided in areas adjoining other HWBs;
- Other NHS services that may affect the pharmaceutical services being delivered in that neighbourhood;
- Identifying gaps in services which may risk the health and wellbeing of the population in that neighbourhood.

5.1.4 Stage 4

Regulation 8 requires the HWB to consult a specified range of organisations on a draft of the pharmaceutical needs assessment at least once during the process of drafting the document. Therefore, a consultation exercise with stakeholders will be carried out for at least 60 days.

The list of stakeholders includes:

- CPGM/GM Local Pharmaceutical Committee;
- Manchester Local Medical Committee (LMC);
- Pharmacy and dispensing appliance contractors included in the pharmaceutical list for the area of Manchester;
- Dispensing doctors included in the dispensing doctor list for the area of the health and wellbeing board (if any);
- Any pharmacy contractor that holds a local pharmaceutical services contract with premises that are in the health and wellbeing board's area;

- Manchester Health Watch;
- 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 Manchester area;
- NHS England (NHSE)- Greater Manchester Area Team;
- Manchester Local Care Organisation (MLCO);
- Any neighbouring HWBs (Bury, Oldham, Rochdale, Salford, Stockport, Tameside, Trafford and Cheshire East)

The questions posed to stakeholders in the consultation are outlined in Appendix 11.

5.2 PNA steering group

The steering group has been responsible for reviewing the PNA to ensure it meets the statutory requirements. Its members and Terms of Reference are provided in Appendix 2. The final draft version of the PNA was reviewed by the steering group before going to Manchester HWB for sign-off on 04 June 2025, prior to the 60-day consultation, as well as before sign off of the final version in September 2025.

5.3 PNA neighbourhoods

The steering group considered how the areas in Manchester could be defined and agreed to use the current system of neighbourhoods (as per Manchester City Council); these 12 neighbourhoods are made up with a varying number of wards as illustrated in map 2 of Appendix 8. They are:

North locality

- Higher Blackley, Harpurhey and Charlestown
- Miles Platting, Newton Heath, Moston and City Centre
- Cheetham and Crumpsall
- Ancoats, Clayton and Bradford

Central locality

- Hulme, Moss Side and Rusholme
- Gorton and Levenshulme
- Ardwick and Longsight
- Chorlton, Whalley Range and Fallowfield

South locality

- Didsbury, Burnage and Chorlton Park
- Fallowfield (Old Moat) and Withington
- Wythenshawe (Brooklands and Northenden)
- Wythenshawe (Baguley, Sharston and Woodhouse Park)

Public health profiles and analytical tools containing data about the health and wellbeing of people in Manchester are available from the Office for Health Improvement and Disparities (OHID). These tools, known as 'Fingertips', are organised into themes and contain a series of indicators covering a range of health and wellbeing issues.

These profiles contain data at different geographical levels and allow Manchester to be compared with other parts of England and against the regional or England average. The data can also be exported to use locally.

5.4 Pharmaceutical services in Manchester

A PNA must include services defined in both the NHS Act 2006 and 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; and
- A doctor who is included in a dispensing doctor list held for the area of the HWB.

NHSE is responsible for preparing, maintaining and publishing the pharmaceutical list. It should be noted, however, for Manchester's HWB there is no dispensing doctor list as there are no dispensing doctors within the HWB's area.

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.

5.4.1 Pharmaceutical services provided by pharmacy contractors

Unlike GPs, dentists and optometrists, NHSE does not hold contracts with pharmacy contractors. Instead, pharmacy contractors provide services under a contractual framework; details of their terms of service are set out in schedule 4 of the 2013 Regulations and also in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 ('the 2013 Directions') under the National Health Service Act 2006.

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

Essential services: these services are offered by all pharmacy contractors as part of the NHS Community Pharmacy Contractual Framework (CPCF) (see Appendix 6 for community pharmacy details):

- Discharge Medicines Service;
- Dispensing medicines and appliances (both electronic and non-electronic), including urgent supply of a medicine or appliance without a prescription;
- Dispensing of repeatable prescriptions (including electronic repeat dispensing);
- Disposal of unwanted medicines;
- Promotion of healthy lifestyles (public health);
- Signposting;
- Support for self-care;
- Clinical Governance (safeguarding high standards of care e.g. provision of clinical audits)

Advanced services: there are currently nine services within the NHS Pharmacy Contract (CPCF). Unlike essential services, community pharmacies can choose whether they wish to

provide these services. If they choose to provide them, they must the requirements outlined within the service specification. The pharmacy must also be fully compliant with essential services and clinical governance requirements as set out in the Secretary of State Directions. These advanced services are:

- Appliance Use Review (AUR)
- Community Pharmacy Seasonal Influenza 'Flu' Vaccination Programme
- Hypertension Case-Finding Service
- Lateral Flow Device Service (LFD)
- New Medicine Service (NMS)
- Pharmacy Contraception Service (PCS)
- Pharmacy First Service
- Smoking Cessation Service (SCS)
- Stoma Appliance Customisation (SAC).

Enhanced services: these services are developed by NHSE and then commissioned to meet specific health needs (see Appendix 5).

Currently the following enhanced services are commissioned by NHSE within Manchester's HWB area:

- COVID-19 Vaccination Service
- Minor Eye Conditions Service (MECS)
- Minor Ailment Scheme (MAS)

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

- A patient and public involvement programme;
- A clinical audit programme;
- A risk management programme;
- A clinical effectiveness programme;
- A staffing and staff programme;
- An information governance programme;
- A premises standards programme.

There are 119 community pharmacies in Manchester. The majority of pharmacies are required to open for 40 hours per week (core opening hours), but many choose to open for longer (supplementary opening hours).

Several pharmacies hold 100-hour contracts with NHSE; they are required to open for their core opening hours for 52 weeks of the year, with the exception of weeks which contain a bank/public holiday, or Easter Sunday. As well as being obliged to open their core hours, they may also opt to open for longer.

In 2019, there were 22 pharmacies in Manchester with 100-hour contracts (residents may also choose to use similar pharmacies outside of the borough). Due to increasing financial pressures from government cuts, it was highlighted in the 2019 PNA for it to be likely that some contractors may close resulting in Manchester residents losing access to 100-hour pharmacies and that this could result in a gap in service provision. As of 2025, Manchester currently has 18 pharmacies with 100- hour contracts. This PNA will record areas where the

provision of pharmaceutical services for these extended hours is necessary and should be maintained.

NHSE 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 notify NHSE of the change, giving at least three months' notice.

In 2023, the Department for Health and Social (DHSC) introduced amendments to the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations that allowed for 100-hour pharmacy contractors to apply for a reduction in their core hours to a minimum of 72 hours per week, in addition to the introduction of rest breaks. Contractors were only able to enact this following approval by NHS GM under the assurances that several specific regulatory tests are met, including the protection and maintenance of "out of hours" Essential Services availability during Monday to Saturday evenings, and on Sundays.

For Manchester HWB, 17 out of the existing 18 100-hour contractors were successfully granted their application to reduce their opening hours, however not all contractors reduced down completely to 72 hours (see Appendix 7 for full details).

Pharmacy opening hours in Manchester HWB's area can be found on NHS Choices. Appendix 7 provides details as to the spread of opening times across each neighbourhood.

5.4.2 Local pharmaceutical services

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

As of February 2025, there are no LPS contractors within the Manchester area.

5.4.3 Distance selling pharmacies

Whilst the majority of pharmacies provide services on a face-to-face basis, e.g. people attend the pharmacy to ask for a prescription to be dispensed, 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 (also referred to as distance selling pharmacies or previously as 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 not provide any essential services to a person who is present at the pharmacy, or in the vicinity of it.

As of 30 June 2021, each resident had the choice of using any of the 379 distance selling premises in England, all of which are required to provide all of the essential services remotely to anyone anywhere in England who may request them. As compliance with the conditions is a pre-requisite for all distance selling pharmacies to remain on the pharmaceutical list, breach of the conditions could lead to removal from the Pharmaceutical List by NHSE.

There are 10 distance selling pharmacies in Manchester, although residents may still choose to use similar pharmacies that are outside of the borough.

5.4.4 Pharmaceutical services provided by dispensing appliance contracts (DAC)

As with pharmacy contractors, NHSE does not hold contracts with DACs. Their terms of service are also set out in schedule 5 of the 2013 Regulation and in the 2013 Directions, as amended.

DACs are different to pharmacy contractors because:

- They only dispense prescriptions for appliances. They cannot dispense prescriptions for drugs.
- They are not required to have a pharmacist.
- They do not have a regulatory body.
- Their premises do not have to be registered with the General Pharmaceutical Council (GPhC).

DACs tend to operate remotely, receiving prescriptions either via post or EPS, which are then dispensed and delivered to the patient. There are far fewer DACs compared to pharmacies.

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

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

DACs may choose whether to provide advanced 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 (SAC)
- Appliance use review (AUR)

Under the 2013 regulations, DACs are required to open at least 30 hours per week (core opening hours). However, NHSE cannot stipulate the opening times or days for a contractor's core opening hours; this is the exclusive right of the contractor. They may also choose to open for longer (supplementary opening hours).

There are 2 DACs geographically located within Manchester; they are responsible for dispensing appliances to Manchester patients along with pharmacy contractors and DACs outside the Manchester area. Although there are few DACs within the Manchester locality, DACs offer their services remotely and deliver products across a regional and national footprint. Including the three existing within Manchester, there are currently 8 DACs in Greater Manchester that serve the whole of GM and beyond.

5.4.5 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 Manchester HWB's area this route of provision is not included in this document.

5.4.6 Locally commissioned pharmaceutical services

Manchester City Council and NHS Greater Manchester can also commission services from pharmacies and DACs. However, these services fall outside the definition of pharmacy services as set out in legislation and therefore should not be referred to as such.

For the purposes of this document they are referred to as locally commissioned services. 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 (see appendix 5).

Community pharmacy services commissioned by MCC are:

Sexual Health Services:

- Emergency Hormonal Contraception (EHC)

Substance Misuse Services:

- Observed Supervised Administration (OSA) (methadone/buprenorphine)
- Naloxone Supply Service
- Needle and Syringe Programmes (NSP)
- Domestic Sharps Waste (DSW)

Pregnancy, New Mothers and Children (under 4s):

- Healthy Start vitamins

See section 7.5. for further information on these services.

The following services are commissioned by NHS GM Integrated Care:

- Palliative Care Medicines Supply Service
- Antiviral Medicines Supply Service

See section 7.4 for further information on these services.

The requirement of locally commissioned services may change over the lifetime of this PNA as the CPCF and PQS is currently under review. The HWB will provide any supplementary statements following these changes in line with any new or existing legislation (The National Health Service Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 as amended ('the 2013 Regulations').

5.4.7 Non-commissioned added value services

Community pharmacy contractors also provide private services that improve patient care, but are not commissioned directly by NHSE, MCC or NHS GM. These include services such as the provision of home delivery service, blood glucose measurements and weight loss programmes.

Pharmacies are free to choose whether to charge for these services, but are expected to follow standards of governance if they do. Many pharmacies provide a delivery service and collections of prescriptions from doctor's surgeries.

Because they are private services, these activities fall outside the scope of the PNA.

5.4.8 Hospital pharmacy

Hospital pharmacies affect the need for pharmacy services within their area. They may reduce the demand for the dispensing essential service as prescriptions written in the hospital are dispensed by the hospital pharmacy service.

5.4.9 Other provision of pharmacy services

Pharmacy 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.

5.4.10 Other sources of information

Information was gathered from NHSE, NHS GM and MCC 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.

5.5 Contractor engagement

In addition to the patient and public engagement questionnaire, an online contractor questionnaire was undertaken from 8th January 2025 to 16th February 2025 (Appendix 4).

The contractor questionnaire provided an opportunity to validate the information provided by NHSE with respect to opening hours and services provided. The questionnaire also asked a number of questions outside the scope of the PNA to provide commissioners with valuable information related to governance and information technology.

With the support of the CPGM, the questionnaire was issued to all 119 pharmacies in the Manchester HWB area. Responses were received from 119 pharmacies, a 100% response rate.

5.5.1 Advanced services

Of the 119 pharmacies, all indicated that they provided advanced services. This was broken down in table 2 below:

Table 2: Breakdown of advanced services by contractors as per response to the contractor survey 2025.

Advanced Service	Providing Service	Percentage
Appliance Use Review (AUR)	22	19%
Community Pharmacy Seasonal Influenza 'Flu' Vaccination Programme	104	88%
Hypertension Case-Finding Service	107	91%
Lateral Flow Device Service	77	65%
New Medicine Service (NMS);	118	99%
Pharmacy Contraception Service	96	81%
Pharmacy First Service	111	94%
Smoking Cessation Service	58	49%
Stoma Appliance Customisation (SAC)	16	14%

5.5.2 Enhanced and locally commissioned services

76 pharmacies (64%) stated that they provide the enhanced Minor Ailment Service, although 89 (75%) pharmacies are currently signed up to provide this service.

Additionally, existing commissioned contractors stated that they provide the antiviral stock holding and palliative care stockholding service respectively. Although, a defined and limited number of pharmacies are commissioned to provide these services, it is worth noting that contractors were willing to provide the locally commissioned services. For example, 52% stated that they would be willing and able to deliver the palliative care stockholding service.

In terms of services locally commissioned by MCC, 118 pharmacies responded stating that they provide the following services:

Table 3: Breakdown of contractor survey responses regarding MCC commissioned service provision.

Commissioned Service	Responses	Percentage
Emergency hormonal contraception (EHC)	89	75%
Observed Supervised Administration (OSA) (methadone/buprenorphine)	19	16%
Domestic Sharps Waste (DSW)	65	55%
Naloxone Supply Service	17	14%
Needle and Syringe Programmes (NSP)	19	16%
Healthy Start vitamins	27	23%

All 118 community pharmacies gave information on which locally commissioned services they provided. A review of data suggests more pharmacies are commissioned than indicated by this response (see Appendix 4 to view the results of the PNA 2025 contractor survey).

When asked about what services they would like to deliver if commissioned (including antiviral and palliative care stockholding mentioned above), contractor responses have shown a willingness to become involved (Appendix 4), but this should be treated with caution as these responses are subjective and must be viewed in respect to the overall capacity and need of the pharmacy to deliver that service.

5.5.3 Non-commissioned added value services

Community pharmacy contractors also provide private services that improve patient care, but are not commissioned by NHSE, MCC or NHS GM. These include services such as the provision of compliance aids, home delivery service, blood glucose measurements and weight loss programmes.

Pharmacies are free to choose whether or not to charge for these services but are expected to follow standards of governance if they do. A large number of pharmacies provide a delivery service and collections of prescriptions from doctor's surgeries as well as a variety of different clinical services (see Appendix 4).

Although these activities fall outside the scope of the PNA, information relating non-commissioned services that offer added value to the population of Manchester was collated within the contractor survey (see Appendix 4).

Within this relates to public accessibility: for example responses from contractors identified that pharmacies have staff members that speak a second language, including Arabic, Bengali, British Sign Language (BSL), Cantonese, Farsi, Georgian, Guajarati, Hindi, Kurdish, Mandarin Chinese, Polish, Portuguese, Punjabi, Romanian, Russian, Somali, Spanish and Urdu. Responses outlined that 104 contractors (88%) had non-English speaking support, whilst 65 contractors (55%) stated that they had access to local interpretation and translation services.

5.5.4 Access to services

Physical access to community pharmacy services plays a crucial role in the patient journey and subsequent needs assessment. 114 contractor responses (97%) identified that they have parking facilities within 50 metres of the pharmacy in addition to 89 (75%) responses which stated that there was a bus and/or train stop within 100 metres. 94 contractors (80%) specified that they had appropriate wheelchair access entrance as well as 65 contractors (55%) who highlighted that they have disabled parking. Full information on this can be found in Appendix 4.

5.6 Patient and public engagement

The public survey were produced and approved centrally via a GM PNA Steering Group which comprised of the following membership:

- Community Pharmacy Greater Manchester (chair);
- Representation from all 10 Local Authorities within Greater Manchester;
- NHS GM Integrated Care Pan-GM Community Pharmacy Integration and Commissioning Leads;
- NHS GM Integrated Care Locality Medicines Optimisation Teams (including Manchester).

The public survey was launched on 4th February 2025 and ran for 6 weeks until 21st March 2025. The public survey was made available digitally via the GM Consult Page on the Greater

Manchester Combined Authority (GMCA) website. Weblinks to the survey, including QR codes and psoters were also shared locally via the support of the Manchester City Counicl Strategic Communications team. It has been recognised that the survey was conducted primarily through digital platforms due to the timescales and therefore has the potential that certain populations who do not have good digital literacy have been excluded from this activity. The GM PNA Steering Group have identified that all PNAs from 2028 onwards will require a consistent digital and non-digital approach to public engagement in regard to the PNA.

Full results of the survey can be found in Appendix 3. This questionnaire was also shared with community pharmacy contractors and GP practices to share with the public.

There were 119 responses to the public survey which was greater than the number of responses received in the 2023-2026 PNA (91). This represents 0.01% of Manchester's population (aged 16 years and over).

Due to the low response rate, it is difficult to draw conclusions from the public survey. However, all the responses received were positive and there is an opportunity to work with local communication and engagement teams to improve uptake for future PNAs. This includes further consideration to a non-digital approach as outlined above.

69% of the responders were female and most respondents were aged 65 and over (64%). Responses from individuals between 18-24 were low (1 response).

26% of respondents consider themselves to have a disability. 85% of respondents classified themselves as either white British, white Irish or white other.

5.6.1 Choice of pharmacy

The main reason as to why respondents access a particular pharmacy is for the collection of a regular prescription and for most respondents, the predominant reason for choosing a particular pharmacy was due to its proximity to their home or to their GP.

5.6.2 Access to pharmacy services

Most respondents have a preferred pharmacy that they extensively use. Whilst 81% of respondents indicated that they were satisfied with the opening hours of their pharmacy; 90% also stated that they were satisfied or very satisfied with physical access to their pharmacy.

98% stated that a convinient location is either essential or fairly important: 25% of respondents stated that they can access a pharmacy within five minutes or less and a further 35% could access their pharmacy within 10 minutes. Most of the respondents had access to a car, either as a driver or a passenger.

When asked about the importance of opening times, the following responses were received in Table 4 below:

Table 4: Public Questionnaire Responses Regarding The Importance of Opening Hours.

Opening Times	Considered Essential or Fairly Important
Weekday: Early Morning (before 9am)	26%
Weekday: During the day	93%
Weekday: Early evening between 6pm and 9pm	55%
Weekday: Late evening after 9pm	24%
Saturday: Early Morning (before 9am)	21%
Saturday: Morning	82%
Saturday: Afternoon	71%
Saturday: Evening after 6pm	30%
Sunday: Early Morning (before 9am)	19%
Sunday: Morning	43%
Sunday: Afternoon	44%
Sunday: Evening after 6pm	22%
Bank Holidays: Early Morning (before 9am)	22%
Bank Holidays: Morning	51%
Bank Holidays: Afternoon	46%
Bank Holidays: Evening after 6pm	23%

Results from the public survey, indicates that any campaign to increase use of pharmacies, e.g. for self-care, should include a citywide communication strategy that provides information on the location and opening times of pharmacies that provide extended hours to the public.

5.6.3 Development of pharmacy services

85% of responses indicated that they were satisfied or very satisfied with the overall service of their pharmacy; 79% stated that their pharmacist offers advice when they need it and 76% felt that their pharmacy had the things that they needed (e.g., medication).

The survey all gave respondents an opportunity to answer some questions relating to operational matters, such as politeness, waiting times, and other issues that, though important, will not be addressed within the context of the PNA. Each pharmacy should undertake its own patient survey on a regular basis to inform such considerations.

The main themes informing this PNA related to accessibility, opening times and services provided.

5.7 Consultation

The PNA process requires a minimum 60 days statutory consultation period to take place. This enables the views of pharmaceutical providers and services, which support the population, to be recognised. Manchester's HWB consultation took place between Tuesday 10 June and Saturday 09 August 2025. The details of questions asked to stakeholders can be found in Appendix 11.

6.0 Necessary and relevant 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 services provided by pharmacies and DACs in line with their terms of service as set out in the 2013 Regulations. Otherwise referred to as 'Essential Services'.

And

- NHSE commissioned advanced services

6.1 Necessary services: current provision within the HWB area

There are 118 pharmacies included in the pharmaceutical list for Manchester's HWB area. This is made up of 98 with a standard 40-hour contract,18 with a 100-hour contract and 10 listed as distance selling. It should be noted that 17 of the 18 100-hour pharamcies have reduced their opening times in line with the recent legislative changes described in section 5.4 (see Appendix 7 for full details of opening hours).

There are eight DACs that cover Greater Manchester, two of which are located geographically in Manchester. There are no LPS pharmacies in Manchester.

Map 3 (the statutory map as provided in Appendix 8) shows the location of premises providing pharmaceutical services within the HWB's area and includes GP practices. It should be noted that due to the proximity of some pharmacies some icons may reflect the location of two contractors. The map index to the services provided by each community pharmacy can be found in Appendix 5, the map index to premises can be found in Appendix 6, and the locality indexing showing opening hours spread can be found in Appendix 7.

While not a statutory requirement, where maps within this PNA include the location of GP premises, they do so solely as a point of reference and proximity to pharmacies. Appendix 9 provides an index of those GP surgeries.

Manchester has 21 pharmacies per 100,000 population size (see Table 5). This is equal to both the England and the Greater Manchester average (see Table 6).

Although both GM and Manchester have experienced a reduction in community pharmacies, there has been an increase in the number of items dispensed per month and is above the England average. As indicated in Table 6, Manchester's average prescription items per month per pharmacy has risen since 2021/22 to 8,697.

Table 5: Manchester Pharmacies 2018 to 2025

	Number of community pharmacies	Prescription items dispensed per month (000)s	Population (000)s Mid-Year	Pharmacies per 100,000 population
2017/18	131	821	541	25
2021/22	128	937	552	23
2024/25	119	1026	580	21

* Excludes internet pharmacies and DACs

Table 6: Pharmacy Contractors Manchester, Greater Manchester and England.

	Number of community pharmacies	Prescription items dispensed per month (000)s	Population (000)s Mid-Year	Pharmacies per 100,000 population	Average items per pharmacy per month
England 2020/21	11,522	86,921	56,550	21	7,544
Greater Manchester 2020/21	697	5,131	2,815	22	7,340
Manchester CCG 2021/22	128	937	552	23	7,320
England 2023/24*	**12,009**	**96,086**	**57,690**	**21**	**8,001**
Greater Manchester 2024/25	**623**	**5452**	**2,949**	**21**	**8,973**
Manchester Locality 2024/25	**119**	**1026**	**580**	**21**	**8,697**

Source: Office for National Statistics: Estimates of the population for England and Wales (Mid-Year 2023)
NHS Business Services Authority (NHSBSA) January 2024 – December 2024 ePACT2 data. (Includes distance sellers, but excludes DACS).
* Latest England available from the 2023/24 Pharmaceutical England report.

Between January to December 2024, 17.8% of items prescribed by Manchester Locality were dispensed by pharmacies outside of the area. In the same period, 8.4% of items dispensed by Manchester pharmacies were prescribed outside of Manchester Locality.

Table 7: Items dispensed by Manchester pharmacies for each ICB locality in Greater Manchester in 2021/22. Appliance contractor items are excluded*

Registered	Total items dispensed by Manchester pharmacies	Percentage of items dispensed by Manchester pharmacies
Bolton	5,969	0.05%
Bury	20,599	0.17%
Oldham	56,064	0.46%
Heywood, Middleton and Rochdale	49,476	0.41%
Salford	103,599	0.86%

Stockport	110,403	0.91%
Tameside and Glossop	106,179	0.88%
Trafford	207,472	1.72%
Wigan	7,488	0.06%
Manchester	10,761,063	88.96%
Other Greater Manchester prescribers	51,181	0.42%
Online Dispensaries	616,760	5.10%
Total	12,096,253	100.00%

*NHS Greater Manchester, previously referred to as Manchester CCG as the existing statutory body at the time of the available data.

The average items per month are below the national and regional averages (see Table 6 above), it can be concluded from the existing data that the current number of pharmacies across Manchester is sufficient and can cope with a future increase in items. A further increase may occur if there is an increase in population or in the prevalence of certain diseases or an ageing population or possibly a combination of all three factors.

It is also worth noting that the latest available data is from 2021/22; an increase in total items dispensed could possibly be explained as a result of the effect of the COVID-19 pandemic on community pharmacy services and NHS services.

6.1.1 Access to premises

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

From the public survey, the predominant reason for choosing a particular pharmacy was due to its proximity to their home or to their GP. 41% of people responded that they used a pharmacy close to where they live most often. The range of responses can be seen in table 8 below, for the full patient survey see appendix 3.

Table 8: Patient Survey: Why do you prefer to use this pharmacy? (Respondents could select more than one option)

Answer choices	Responses	Percentage
Near home	85	71%
Near my GP surgery	52	44%
Near Local Shops or Supermarket	24	20%
Opening Hours	17	14%
Transport Links	7	6%
Near to work	4	3%

* 2 repsones stated that they do not use a regular pharmacy.

Map 2, 3 and 4 of appendix 8 shows that except for land to the south west of Manchester International Airport and north west of Heaton Park , which is mostly countryside, all of Manchester is within 1 mile of a pharmacy and large areas within 0.5 miles.

Although some people will not be able to travel in a straight line from their home to a pharmacy, most residents should be able to access a pharmacy by foot, car or public transport with relative ease, unless they are housebound or have severe mobility issues.

Manchester has a good transport system with residents having the option of using an extensive bus network plus Metrolink and the provision of cycle lanes.

The majority of residents should be able to access a pharmacy within 15 to 30 minutes either by foot, car or public transport.

In January 2022, the Pharmacy Access Scheme (PhAS) was established to continue to support patient access to isolated, eligible pharmacies as part of the CPCF. Eligibility for PhAS continues to be based on both those pharmacies in the lowest 70th percentile by dispensing volume, and distance of more than 1 mile from the next nearest pharmacy. The exception to the distance criteria is where the pharmacy is in an area in the top 20% on the Index of Multiple Deprivation and more than 0.8 miles from the nearest pharmacy.

6.1.2 Correlation with GP practices

As expected, there are significantly more community pharmacies than there are GP practices reflecting the higher number of pharmacies per 100,000 population in Greater Manchester and England (Appendix 8).

In addition, all neighbourhoods have an equal number of, or more, pharmacies than GP practices. All GP practices have at least one pharmacy located nearby, although practice list sizes, number of GPs and opening times may differ significantly between practices.

6.1.3 Access to pharmacy services

Whilst the majority of people will visit a pharmacy during the 9am to 5pm period, Monday to Friday, following a visit to their GP, there will be times when people will need to access a pharmacy outside of those times; especially as development of 7-day access progresses. This may be to have a prescription dispensed after being seen by the out-of-hours GP service or extended hours provision by GP practices, or it may be to access one of the other services provided by a pharmacy outside of a person's normal working day.

In March 2023, changes were made to the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (as amended) which allowed 100 core hour community pharmacy contractors to reduce their core contracted hours provided that contractors meet the following criteria in order to protect extended or out of hours pharmaceutical service provision:

- Must offer a minimum of 72 core hours over seven days (but may offer anything between 72 and 99)
- Must offer core hours between 17:00 and 21:00 Monday to Saturday (unless the pharmacy did not originally have core opening hours between those times.
- Must maintain Sunday hours provision, including retaining opening hours between the "protected" timeframe of 11:00 and 16:00 (unless the pharmacy did not originally have core opening hours between those times.

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

- 82% of responses stated that they do not experience any difficulties accessig a pharmacy due to location.

- See table 4 in Section 5.6.2 for an overview of what the public considered essential or important in regard to pharmacy opening times. Similarly, 90% also stated they were satisfied with the location of their regular pharmacy.
- 98% had a preferred pharmacy that they regularly use;
- 83% (99 responses) of patients surveyed stated that that they had no difficulties accessing a pharmacy due to opening hours. Responses which did suggest difficulty identified that this was due to the fact that their local pharmacy was closed on a Saturday and/or Sunday;
- 85% of responses indicated that they were satisfied or very satisfied with the overall service of their pharmacy; 79% stated that their pharmacist offers advice when they need it and 76% felt that their pharmacy had the things that they needed (e.g., medication).
- Data from the survey found in Appendix 3 highlights that most respondents are not aware or not sure they are aware of what services are being offered by community pharmacies and by which ones.

Appendix 7 details the span of opening times for Manchester pharmacies based on their supplementary opening hours. This identifies those pharmacies 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).

Full details of the opening hours for community pharmacies in Manchester can be found on NHS Choices.

Throughout the week, 67 pharmacies provide access to pharmaceutical services until 6.00 pm Monday to Friday as well. 19 pharmacies are open until 8.00pm or later. Additionally, there is one pharmacy that opens until midnight.

Six pharmacies open at 8.00 am or earlier Monday to Friday; most pharmacies (109) open between 8.00 am and 9.00 am. 55 pharmacies are open at 9.00 am or earlier on Saturday. One of these pharmacies is open at 6.00 am Monday to Saturday.

Monday to Saturday opening - 63 pharmacies are open on Saturdays; 20 of these pharmacies close by 1.00pm. This leaves 43 pharmacies open for most of Saturday, with 20 of those pharmacies being open until 9.00 pm or later (latest closing time 11:59pm).

Sunday opening - 23 pharmacies are open on Sunday and all neighbourhoods have at least one pharmacy open for some hours. Five of the pharmacies open on Sundays are open until 6:00pm or later, which includes one pharmacy that is open until midnight.

For a full overview of opening times of community pharmacies across Manchester please see Appendix 7.

6.1.4 Changes to pharmacy contractors

Since 2020, 18 pharmacies have closed in Manchester which equates to 792 opening hours; all pharmacies that closed from 2020 to January 2023 have been captured in the previous PNA. Since this time, the following 11 pharmacies have closed (chronological order):

- Lloyds Pharmacy, Sainsburys Supermarket, 170 Heaton Park Rd W, Higher Blackley, M9 0QS (18th April 2023).
- Cohens Chemist, 22 Swan Street, Ancoats, M4 5JQ (21st April 2023).
- Lloyds Pharmacy, Sainsburys Supermarket, 347 Wilmslow Road, Fallowfield, M14 6SS (7th June 2023).
- Boots Pharmacy, 22 Chorlton Row, Chorlton Cum Hardy, M21 9AQ (18th November 2023).

- Everest Pharmacy Burnage, 6 Queensway, Burnage, M19 1QP (22nd January 2024).
- Boots Pharmacy, 103 Crumpsall Lane, Crumpsall, M8 5SR (5th February 2024).
- Cohens Chemist, 664 Rochdale Road, Harpurhey, M9 5TT (23rd February 2024).
- Everest Chorlton Pharmacy, 496 Wilbraham Road, Chorlton-cum-Hardy, M21 9AS (19th July 2024).
- Cheetham Hill Internet Pharmacy, 3 Shirley Road, Cheetham Hill, M8 0WB (30th December 2024).
- Everest Pharmacy, The Vallance Centre, Brunswick Street, Ardwick, M13 9UJ (3rd February 2025).
- Hollyhedge Pharmacy, 150 Hollyhedge Road, Wythenshawe, M22 9UE (TBC - March 2025)

The HWB will however need to consider the effect of any further closures of pharmacies in Manchester. Community pharmacies are currently facing immense pressures which can, and has, resulted in several temporary short notice closures. This has been due to several reasons including a lack of staff being available. If a pharmacy needs to close for a short period, the contractor needs to ensure patients are able to access their prescriptions and that the contractor's business can resume easily and effectively once the situation has passed.

If a Manchester pharmacy is to permanently close, they must provide a Closure of Premises notification (also known as 'Market Exit') to NHSE GM Area Team. Pharmacies must give at least 3 months notice if they are a 40 hour pharmacy or DAC, or 6 months notice if they are a 100 hour pharmacy.

The HWB works in partnership with NHS GM, NHSE and primary care colleagues to ensure that any temporary closures do not have a significant impact on the affected patient population relating to any pharmacy closures.

6.1.5 Access to advanced services

NHS GM has in place a Community Pharmacy Services Group in place 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.

Please also see Appendix 11 for an overview of locations by neighbourhood where NHSE commissioned advanced services are being provided across Manchester.

Pharmacy First Service

The NHS Pharmacy First Service was launched on the 31st January 2024, replacing the Community Pharmacist Consultation Service (CPCS) that was launched by NHS England and NHS Improvement in 2019.

Pharmacy First has absorbed CPCS meaning that patients can still have a same day appointment with their community pharmacist for minor illness or an urgent supply of a regular medicine, improving access to services and providing more convenient treatment closer to patients' homes. However, Pharmacy First has built upon CPCS with the addtion of clinical pathways for the management of seven common conditions, which can be offered to patients presenting to the pharmacy without a referral, as well as being referred electronically by NHS 111, general practices and urgent care centres.

The service helps alleviate pressure on GP practices and emergency departments, in addition to harnessing the skills and medicines knowledge of pharmacists. Individuals can access care at the point of care without being referred back to their GP; should the patient need to be escalated or referred to an alternative service, the pharmacist can arrange this.

Between February 2024 to January 2025, NHS GM had the greatest activity of Pharmacy First consultations completed by community pharmacy Nationally and equates to 5.99% of all Pharmacy First consultations in England. In Manchester, 112 pharmacies are currently signed up to deliver Pharmacy First and equate to approximately 25% of all consultations in GM.

The 2025/26 Pharmacy Contract (CPCF) has outlined that as part of the negotiations with NHSE and DHSC, this will include continued funding for Pharmacy First to continue to grow this service and provide increased access to primary care.

Access to New Medicine Service (NMS)

The New Medicines Service (NMS) 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.

All 119 pharmacies in Manchester provide NMS. NHSBSA November 2024 (latest available data) Dispensing Contractors Data showed that pharmacies within Manchester delivered 4895 NMS consultations for that month alone.

There is no nationally set maximum number of NMS interventions that may be provided in a year. Currently the service is limited to a specific range of drugs for certain conditions. This limits the total number of eligible patients. Although the NMS is accessible to residents in all 12 neighbourhoods there is potential for this service to be accessed by more people and those pharmacies that don't provide the NMS should be encouraged to do so.

Under the CPCF, the NMS was expanded to a wide variety of indications and conditions where it has been shown to demonstrate value. From 01 September 2021, the following conditions are covered by NMS:

- Asthma and Chronic Obstructive Pulmonary Disease (COPD);
- Diabetes (Type 2);
- Hypertension;
- Hypercholesterolaemia;
- Osteoporosis;
- Gout;
- Glaucoma;
- Epilepsy;
- Parkinson's disease;
- Urinary incontinence/retention;
- Heart failure;
- Acute coronary syndromes;
- Atrial fibrillation;

- Long term risks of venous thromboembolism / embolism;
- Stroke / transient ischemic attack; and
- Coronary heart disease

There is also an antiplatelet anticoagulant therapy eligibility criteria and this continues to be offered, but it is now included in the above list by reference to the underlying condition or reason for prescribing.

As part of the renewal for 2025/26, the Department of Health and Social Care (DHSC), NHS England and Community Pharmacy England (CPE) have agreed a new Community Pharmacy Contractual Framework. This will see continued funding for NMS to continue to grow this service and describes how the New Medicine Service (NMS) will be expanded to include:

- Medicines prescribed for depression
- The introduction of a national emergency contraception service

Access to Stoma Appliance Customisation Service (SACS)

Very few Stoma Appliance Customisations are provided by pharmacies and are instead primarily delivered by DACs. This low level of provision reflects the specialist nature of the provision of appliances, and it would be expected that this service is provided by DACs specialising in SAC provision: there are currently 8 DACs which provide cover across the GM footprint, 3 of which are geographically located within Manchester itself. NHSBSA data for October-December 2024 indicates 10,082 SACS reviews were conducted across GM, highlighting that this service is predominantly provided by DACs.

Access to Appliance Use Review (AUR)

Similarly to SAC (see above), NHSBSA data indicated that no pharmacies provided AURs between January – December 2024; this low level of provision reflects the aforementioned specialist nature of appliance provision. Like SAC, it would be expected that this service is provided by DACs.

There are currently eight DACs which provide cover across the GM footprint, 3 of which are geographically located within Manchester itself and the NHSBSA data reflects that these DACs are the main providers of these services. For example, in December 2024 (latest available NHSBSA data), it highlights that 69 AURs were provided to Greater Manchester residents by the two DACs registered within the Manchester HWB.

Access to Community Pharmacy Seasonal Influenza Vaccination programme

The community pharmacy seasonal influenza vaccination programme forms as part of an advanced service commissioned by NHSE. 28,263 influenza vaccinations have been delivered by community pharmacy in Manchester (as of 10th February 2025). Seasonal influenza vaccination programme is also supported by wider system partners, for example, 72,019 influenza vaccinations have been delivered by NHS GP Practices for the 2024/25 seasonal infleunza programme (as of 10th February 2025).

Access to Pharmacy Contraception Service

The Pharmacy Contraception Service (PCS) was commissioned 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.

Commissioning PCS supported the ambition to increase access to and convenience of contraception services in line with the Government's Women's Health Strategy for England, which had been announced in August 2022. The strategy flagged community pharmacy had a part to play in increasing choice in the ways people can access contraception. Currently 95 out of 119 pharmacies are signed up to deliver PCS in Manchester.

At the time of writing the PNA, the 2024-2026 CPCF was announced in April 2025, which continues to strengthen the role of community pharmacies in delivering accessible healthcare services. Part of this will also see the provision of emergency contraception becoming a part of PCS, in addition to an uplift in associated funding.

NHS GM, CPGM and local commissioners are currently working collaboratively across the 10 Greater Manchester localities to explore and develop a single, wraparound service that complements the national offer. Rather than each locality commissioning separate additional services, a GM-wide approach could provide consistency, equity, and improved outcomes for our populations.

More information will provided in due course in the form of a supplementatry statement where appropriate.

Access to Hypertension Case-finding Service

The hypertension case-finding service which was commissioned as an Advanced Service from 01 October 2021; in public-facing communications, the service is described as the NHS Blood Pressure Check Service whereby pharmacies can identify people at high risk of high blood pressure and perform a 24 hour ambulatory blood pressure monitoring (ABPM). The pharmacist will then communicate any results back to the patients GP practice and also make any necessary referrals based upon the results.

Chapter Three of the NHS Long Term Plan commits the NHS to reducing mortality and morbidity due to Cardiovascular Disease (CVD), tackling inequalities and shifting towards prevention strategies. This service provides an opportunity for the public to check on their health through tests for high blood pressure.

Currently, 110 pharmacies in Manchester are signed up to deliver this service. GP practices can refer into this service provided that the patient is:

- An adult ≥ 40 years with no diagnosis of hypertension
- By exception, < 40 years with family history of hypertension (pharmacist's discretion)
- Approached or self-requested 35-39 years old (pharmacist's discretion)
- An adult specified by a general practice (clinic and ambulatory blood pressure checks).

Patients already being treated and monitored for hypertension are not eligible for this service.

Access to Smoking Cessation Service

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

In 2020/21 a Pharmacy Integration Fund pilot on smoking cessation began to test a new model of working in which community pharmacies managed the continuing provision of smoking cessation support initiated in secondary care following patient discharge from hospital. Since this pilot, the smoking cessation service was added to the NHS CPCF as part of Year 3 (2021/22) of the five-year deal.

This service has been designed to enable NHS trusts to undertake a transfer of care on patient discharge, referring patients 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.

Since the service was commissioned in March 2022, 67 pharmacies are currently signed up in Manchester to deliver the advanced service.

Whilst this service is still in its infancy, it is worth noting that the Manchester population has access to the Be Smoke Free community service commissioned by Manchester City Council and the CURE service (identifying hospital inpatient smokers for stop smoking support) commissioned by NHS GM Manchester Locality. Work is ongoing to ensure that these 3 services align their work collaboratively in a way that ensures all eligible individuals get the right access and subsequent care from the available smoking cessation services (see section 6.3.3).

Access to Lateral Flow Device Service

The Lateral Flow Device (LFD) Tests Supply Service for patients potentially eligible for COVID-19 treatments (LFD service) was commissioned as an Advanced service from 6th November 2023. Prior to the introduction of this service, rapid LFD tests were available to order by these patients on GOV.UK or by calling NHS 119. These kits were then delivered directly to the patient's home. Since 6 November 2023, LFD tests are no longer available via GOV.UK or via NHS 119. Although access to LFD tests may be supplemented by other pathways (e.g., through anticipatory or specialist care), community pharmacy is well placed within the local community to provide local and rapid access for patients.

Access to COVID-19 community-based treatment will continue to be based on a confirmed COVID-19 infection, achieved with a diagnostic LFD test, in line with some of the recommended treatment's product licences. Given the short efficacy window for treatment and practical implications of point-of-care testing, tests need to be available for eligible patients to access in advance of developing symptoms.

In March 2024 it was announced that the service would continue to be commissioned in 2024/25 and that additional patient groups became eligible to access the service, as well as emphasising that patients eligible for the service do not need to have symptoms of COVID-19 to obtain a free box of LFD test kits under the service.

Expanding access to LFD testing from 1 April 2024 now includes:

- People aged 85 years and over
- People with end-stage heart failure who have a long-term ventricular assistance device
- People on the organ transplant waiting list
- People resident in a care home who are aged 70 years and over
- People resident in a care home who have a BMI of 35 kg/m2 or more
- People resident in a care home who have diabetes
- People resident in a care home who have heart failure
- People currently in a hospital who are aged 70 years and over
- People currently in a hospital who have a BMI of 35 kg/m2 or more
- People currently in a hospital who have diabetes
- People currently in a hospital who have heart failure

As of March 2025, 80 out of 119 pharmacies are signed up to deliver the LFD Supply Service in Manchester. At the time of writing the PNA, NHS England and DHSC on 31st March 2025 confirmed that the LFD service would continue to be commissioned during 2025/26.

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

NHSE has a duty to ensure that residents of the HWB area are able to access pharmaceutical services every day. Pharmacies and DACs are not required to open on public and bank holidays, or Easter Sunday, although some choose to do so. NHSE 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. NHS GM disseminate these opening times to all primary care stakeholders including GP practices, out-of-hours providers and local community services.

6.2 Necessary services: current provision outside the HWB 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 Manchester 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; this may be close to their GP practice, their home, their place of work or where they go shopping, recreational or other reasons. Consequently, not all the prescriptions written for residents of Manchester were dispensed by the pharmacies within its boundary. Manchester has borders with seven GM boroughs (Bury, Oldham, Rochdale, Salford, Stockport, Tameside and Trafford) and with Cheshire East.

79 pharmacies are located within 1 mile of the Manchester HWB border (Appendix 10), a number of which offer extended hours. Refer to NHS Choices for full opening times.

Data from NHSBSA show that of all prescriptions written for Manchester registered patients, 89% are dispensed by Manchester pharmacies. The remaining 11% are dispensed elsewhere in England including the neighbouring HWB areas (see section 6.1).

Information on the type of advanced services provided by pharmacies and DACs outside the HWB's area to Manchester residents is not available. When claiming for advanced services contractors merely claim for the total number provided for each service. The exception to this is the SAC service where payment is made based on the information contained on the prescription.

However, even with this service just the total number of relevant appliance items is noted for payment purposes. It can be assumed however that Manchester residents will be able to access advanced services from contractors outside of Manchester.

It is not possible to identify the number of Manchester residents who access enhanced services from pharmacies outside the HWB area. This is due to the way that pharmacies are paid. However residents of the HWB area may access enhanced services from outside Manchester.

It is not possible to identify the number of Manchester residents who access certain NHS GM (Manchester) or MCC commissioned services pharmacies outside the HWB area as they are only accessible to Manchester residents.

6.3 Other relevant services: current provision

Other relevant services are those that are not necessary 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 at times by pharmacies beyond the standard 40 core hours (known as supplementary hours) in line with their terms of service as set out in the 2013 regulations,
- Enhanced services

6.3.1 Access to enhanced services

As of February 2025, the enhanced services commissioned by NHSE (Table 9) from pharmacies in the Manchester HWB area are:

- COVID-19 Vaccination Service
- Minor Ailment Scheme (MAS)
- Minor Eye Conditions Service (MECs)

Table 9: Enhanced services and numbers of pharmacies commissioned (March 2025)

Enhanced Service	Number of pharmacies commissioned
COVID-19 Vaccination Service	See section 7.3.1
Minor Ailment Scheme (MAS)	87
Minor Eye Conditions Service (MECs)	1

The HWB recognises that commissioning arrangements for these locally commissioned services may change as the ICS transition progresses and commissioning of local services is mapped across the system. Any changes in commissioning or access to these services with be updated by the HWB accordingly via a supplementary statement where required. Further details of these enhanced services are provided in section 7.3.

The number of community pharmacies delivering the COVID-19 Vaccination service varies between phases of the COVID-19 vaccination program and as such it is difficult to directly specify how many pharmacies are signed up at any one point in time. Pharmacies must express interest to NHS England - Greater Manchester Area Team for each phase. They will then decide how many pharmacies are required to deliver the COVID-19 vaccination service based upon geographical location, capacity to deliver and patient cohorts that require vaccination (based upon guidance from the Joint Committee on Immunisation and Vaccination (JCVI)). See section 7.3.1 for more information.

6.3.2 Access to locally commissioned services

As of February 2025, the services locally commissioned by NHS GM (Table 10) from pharmacies in the Manchester HWB area are:

- Access to Palliative Care Medicines
- Antiviral Provision

Table 10: Locally commissioned services and numbers of pharmacies commissioned by NHS GM (February 2025).

Commissioned Service	Number of pharmacies commissioned
Access to Palliative Care Medicines	12
Antiviral Provision	4

Additionally, the services locally commissioned by MCC from pharmacies in the Manchester HWB are:

Sexual Health Services:

- Emergency hormonal contraception (EHC)

Substance misuse services including:

- Observed Supervised Administration (OSA) (methadone/buprenorphine)
- Naloxone Supply Service
- Needle and Syringe Programmes (NSP)
- Domestic Sharps Waste (DSW)

Pregnancy, new mothers and children (under 4s)

- Healthy Start Vitamins (HSV)

Table 11: Locally commissioned services and numbers of pharmacies commissioned by Manchester City Council (February 2025)

Commissioned Service	Number of pharmacies commissioned
Emergency hormonal contraception (EHC)	96
Observed Supervised Administration (OSA) (methadone/buprenorphine)	90
Domestic Sharps Waste (DSW)	56
Naloxone Supply Service	20
Needle and Syringe Programmes (NSP)	29
Healthy Start Vitamins (HSV) - Children	43
Healthy Start Vitamins (HSV) - Women	43

In terms of population access, OSA services are for patients (also known as service users) under the care of CGL Manchester so is only accessible for patients who are Manchester residents or registered with a Manchester GP. The same principle applies to the DSW and Healthy Start Vitamin service and is only available for Manchester residents or people registered with a Manchester GP.

Although EHC, Naloxone and NSP provision is commissioned primarily for Manchester residents, it is an open access service and can be provided to anyone regardless of residence.

6.3.3 Other relevant services within the HWB area

77 pharmacies provide essential and advanced services through supplementary hours with the totality of these hours covers evenings and weekends. The opening hours are available to the public via the NHS Choices website.

Pharmacy opening times are also highlighted in Appendix 7 of the PNA.

6.3.4 Other relevant services provided outside the HWB 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 Manchester.

6.3.5 Other relevant services

Whilst the HWB consider enhanced services as providing an improvement or better access to pharmaceutical services, only three are commissioned by NHSE. The HWB is mindful of local commissioned services as described in section 5.4.1 and 5.4.6.

There are several services commissioned for Manchester residents that complement existing pharmaceutical services. For example, as discussed in section 6.1.12, both NHS GM Manchester Locality and MCC commission smoking cessation and tobacco addiction services in addition to the nationally advanced service.

6.3.6 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 6.1 and 6.2, the residents of the HWB area currently exercise their choice of where to access pharmaceutical services.

Within the HWB area people have a choice of 119 pharmacies which have been utilised to dispense 89% of items prescribed within Manchester. Residents choose to access a large

number of pharmacies spread across Greater Manchester and the rest of England having 11% of items dispensed outside Manchester (see section 6.1). As expected, a proportion of these were dispensed in neighbouring HWB areas, but not in significant numbers.

There are two DACs in the Manchester HWB area, however some residents choose to use DACs further afield or those pharmacies that provide appliances.

6.4 Future provision: necessary and other relevant services

6.4.1 Primary care developments

There have been significant changes within health and social care with the formation of Integrated Care Boards (ICB). In July 2022, Integrated Care Boards (ICB) were established with the statutory functions of planning and arranging health services for their population, holding responsibility for the performance and oversight of NHS services within their footprint. Alongside these, ICBs have delegated responsibility for contract management for community pharmacy, dispensing compliance contractors and dispensing doctors.

In 01 July 2022, Manchester CCG was disestablished to form part of the GM ICB. This means that each of the ten localities in GM now have a locality board and a leader to support the delivery of the Locality Plan. Part of this reorganisation including significant restrucuture to the Medicines Optimisation function which provides support across all 10 Localities to HWBs in producing local PNAs. It is proposed that the new models of working will help to streamline the PNA process by reducing duplication in the production of certain elements such as the contractor surveys, and public questionnaires. This does not however remove the statutory repsonbilities of each HWB to publish a PNA.

In April 2025, NHSE announced plans to remodel and streamline all 42 ICBs in light of the of the Darzi review which concluded that the roles and responsibilities of ICBs need to be clarified to provide more consistency and better enable the strategic objectives of redistributing resource out of hospital and integrating care. The 10 Year Health Plan, due to be released in 2025, will reinforce the criticality of this role and the Secretary of State is clear about the need to deliver the 'three shifts' which provide a greater focus on prevention and reducing inequalities, delivering more services in a community or neighbourhood based setting. These three strategic shifts will form the foundation of the Model ICB's approach to transformation and redesign.

- Treatment to prevention: A stronger emphasis on preventative health and wellbeing, addressing the causes of ill health before they require costly medical intervention andreducing inequalities in health. This involves proactive community and public health initiatives, working closely with local authorities, to keep people healthy.

- Hospital to community: Moving care closer to home by building more joined-up, person-centred care in local neighbourhoods, reducing reliance on acute care.

- Analogue to digital: Harnessing technology and data to transform care delivery and decision-making. From digital health services for patients, to advanced analytics (population health management, predictive modelling) for planners, the focus is on smarter, more efficient, and more personalised care.

It is outlined within the National blueprint that there is an ask to review and streamline the commissioning of end-to-end pathways, including those delegated by NHSE such as community pharmacy services. The HWB noted that at the time of writing the PNA, the NHS GM model for redesign had not yet been published.

The MLCO has been delivering and developing services as a partnership between Health and Social Care since 2018. Working across 12 neighbourhoods, health and social care priorities are aligned and there is close working with PCNs to ensure care is co-ordinated across different services. The development of the ICB strengthens the opportunities to further develop joint working and enhance the population health approach within neighbourhoods to reduce inequalities and improve outcomes across Manchester.

How this will impact on the need for pharmaceutical services is difficult to quantify and it will be important that the HWB are mindful of the requirement for people to have access to pharmaceutical services that may be required as part of these changes.

6.4.2 Community Pharmacy Contractual Framework

In line with NHS long term plan, the CPCF has expanded and transformed the role of community pharmacies, embedding them as the first port of call for minor illness and health advice.

The first contractual framework provided a five-year settlement between October 2019 to March 2024. CPCF offered multiple new services through community pharmacy as well as a programme to develop evidence-based additions to those services.

Although the majority of community pharmacies already proactively deliver a wider range of interventions to support people's health and wellbeing, there will be an increased focus on prevention. From April 2020 all community pharmacy contractors have been required to be a Level 1 Health Living Pharmacy. This requires all community pharmacies to have trained health champions in place to deliver interventions on key issues such as smoking and weight management as well as providing self-care advice.

A range of additional prevention and detection services were originally tested and have since been commissioned as advanced services. These are the hypertension case-finding service (publicly described as the NHS Blood Pressure Check Service) and smoking cessation service; these were commissioned in October 2021 and March 2022 respectively.

As part of the framework, a medicines reconciliation service (known as the Discharge Medicines Service) has been introduced since February 2022 to ensure that changes in medicines made by secondary care are implemented appropriately when the patient is discharged back to community. In addition, the NMS has been expanded to include further indications and conditions where it is shown to demonstrate value.

CPCF resulted in the commissioning of a Pharmacy Contraception Service, as an Advanced Service commissioned by NHSE. The service aims to provide people greater choice and access when considering continuing their current form of contraception.

The service is currently being launched in a tiered approach and commenced on 24th April 2023, allowing the on-going supply of oral contraception from community pharmacies. From 1st December 2023, the service expanded to include both initiation and on-going supply of oral contraception.

The service enables community pharmacists to iniaitie and/or provide ongoing management of routine oral contraception that was initiated in general practice or a sexual health clinic. The supplies will be authorised via a Patient Group Direction, with appropriate checks, such as the measurement of the patient's blood pressure and body mass index, being undertaken, where necessary.

To facilitate successful integration into PCNs requirements around NHS mail, Summary Care Records, and Directory of Services have become essential terms of service since April 2020. Terms of service were also be updated to state all pharmacies must be able to process electronic prescriptions from April 2020.

As mentioned, the contractual changes represent a new and expanded role for community pharmacy which have required the sector to adopt new and different ways of working. Within this period, there has been significant change in service provision over the contract period. Not all changes to pharmaceutical services will result in a change to the need for services. The HWB have noted that the CPCF expired in 2024. 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 PQS or contract are not yet known.

Updates to the National CPCF were announced in April 2025, which provides a significant increase in funding to community pharmacy and is enabling the continuation of Pharmacy First in view to support increasing better Primary care access as well as proposed future expansions to the New Medicine Service (NMS). Manchester HWB will issue supplementary statements to update the PNA where required as changes take place to the provision of services locally.

6.4.3 Primary care medicines optimisation teams

There is a large network of medicines optimisation teams deployed within Manchester locality primary care; employed by the NHS, privately and by 3rd party providers (e.g., GP Federation etc). Medicines Optimisation Teams (MOTs) employ teams of clinical pharmacists and pharmacy technicians to support PCNs in delivering safe and effective care by optimising the use of medicines across Manchester. Through this, MOTs can help ensure that patients receive the right treatment by the right people at the right time using evidence-based medicine.

The NHS GM Manchester Locality MOT's role is to continually improve access to safe, high quality and cost-effective medicines and devices for Manchester residents by continually reviewing prescribing and promoting the effective use of resources across all local health and social care sectors including Primary Care to maintain a sustainable system. They work closely with colleagues across the rest of Greater Manchester, secondary care and community services, and support and promote the Greater Manchester Medicines Management Group Formulary. They also provide support to Manchester commissioning teams both within NHS GM Manchester and MCC; advising on the role of medicines and devices in a range of care pathways including the utilisation of community pharmacy services in order to benefit population health outcomes.

Through these processes and reviews, workstreams conducted by MOTs may have an impact upon the number of items issued as their aim is to reduce medicines waste and any unnecessary prescribing that either isn't clinically appropriate for the patient or is not recommended for prescribing by the NHS. Since the ICP transition in July 2022, MOTs will continue to work closely with other providers and further integrate as part of a multidisciplinary team. This includes working alongside community pharmacy partners to ensure that all Manchester residents have equitable access to pharmacy services within the locality and by promoting and referring into them so that patients benefit from what they offer.

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. Hospitals can affect the demand for the dispensing essential service as prescriptions written in the hospital are dispensed by the hospital pharmacy service.
- MLCO. As the MLCO develops, patients who were once seen in hospital will now be seen within the primary care setting which may in turn increase or decrease the demand on community pharmacies.
- 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.
- GP out-of-hours services.
- Services commissioned by MCC or NHS GM.
- Clinical workstreams developed by NHS GM Manchester Locality in collaboration with primary care partners e.g., Cost Improvement Program that aims to reduce medicines waste and the subsequent number of items or prescriptions required per patient.
- Digital solutions such as the NHS App, supported and developed by the Manchester ICP. This includes GM workstreams such as Patient-Led Ordering which is a National initiative and supports the GM Primary Care Blueprint to reduce Primary Care pressures.

6.5.1 Hospital pharmacies and Manchester Local Care Organisation (MLCO)

Patients attending hospital pharmacies, on either an inpatient or outpatient basis, may require prescriptions to be dispensed. MFT provides hospital services.

As the MLCO evolves and community health and social care services are further developed to support pathways of care across Manchester, it is anticipated that a proportion of patients that were once seen in hospital will instead be supported within the primary care setting. This could 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.

NHS GM are currently working through the procurement (subject to a successful business case) the procurement and implementation of a secondary care Electronic Prescription Service (EPS) pilot. EPS has been used in primary care for many years, is an electronic method of sending primary care prescriptions to a Community Pharmacy nominated by the patient; replacing the need for handwritten prescriptions. Secondary Care and Outpatient prescribing at many Trusts in England are currently completed using handwritten prescriptions that are either handed to the patient or sent through the post to the patient's home address. Alternatively, a request is sent to the patient's GP to prescribe necessary medications.

The implementation of this would enable numerous system benefits including improved prescription security, a fast efficient service to patients and a reduction in travelling time and costs for patients collecting handwritten prescriptions/medication and improinge the overall patient experience. The HWB recognise that whilst this has multiple benefits, this may increase workload to community pharmacies which could strain further pressures on existing capacity.

6.5.2 Personal administration of items by GPs

Under their medical contract with NHSE there will be occasion where a GP practice personally administers an item to a patient.

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

For these items the practice will produce a prescription however the patient is not required to take it to a pharmacy, have it dispensed and then return to the practice for it to be administered. Therefore, this process would reduce the demand on local community pharmacies.

6.5.3 GP out-of-hours service

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

Prescriptions from out of hours services can be dispensed by pharmacies with longer opening hours. There are Pharmacies opened seven days a week or for longer hours six days per week and this is discussed in section 6.1.3 and displayed in Appendix 7. These pharmacies are geographically spread across Manchester's 12 Neighbourhoods.
From 01 October 2022, PCNs have been required to provide enhanced access between the hours of 6.30pm and 8pm Mondays to Fridays and between 9am and 5pm on Saturdays as part of the 2022/23 GP Contract. This increase in GP practice accessibility may result in an increase of prescriptions and subsequent demand of dispensing by community pharmacies, outside of core hours.

6.5.4 Locally commissioned services: MCC and NHS GM Manchester Locality

Since 01 April 2013 MCC has been responsible for the commissioning of some public health services. In addition the NHS GM Manchester Locality commission a number of services that have an impact. Appendix 5 sets out the services currently commissioned and the number of pharmacies providing these services.

7.0 How pharmaceutical services can help support a healthier population

7.1 Essential services

There are nine essential services (ES) listed below. These services must be offered by all pharmacy contractors during all opening hours of the pharmacy as part of the NHS 'Pharmacy Contract':

- Discharge Medicines Service;
- Dispensing medicines and appliances (both electronic and non-electronic), including urgent supply of a medicine or appliance without a prescription;
- Dispensing of repeatable prescriptions;
- Disposal of unwanted medicines;
- Promotion of healthy lifestyles (public health);
- Signposting;
- Support for self-care;
- Clinical Governance (safeguarding high standards of care e.g. provision of clinical audits)

The Discharge Medicines Service enables the safe and effective transfer of patient care upon discharge from hospital. By providing this structure, any changes to an individual's medication are updated within 7 days of discharge. This way, all changes are clearly and consistently reflected on the individuals GP medical record. Manchester Foundation Trust is currently exploring the expansion of patient eligibility criteria to include patients who are discharged on a strong opioid (pain medication such as morphine or fentanyl) as part of a system approach to reduce unnecessary prescribing which can result in avoidable pateitn harm i.e., dependence.

Dispensing prescriptions and appliances support patients living with LTCs by providing timely supply of medicines and advice to patients. Dispensing repeat prescriptions may be of particular benefit to patients on lifelong medicines as part of their treatment such as those requiring statins or insulin.

Through these services, pharmacies can direct patients towards the safe disposal of medicines. This will reduce the risk of hoarding medicines at home and decrease the risk of errors in taking inappropriate or expired medicines.

The promotion of healthy lifestyles can support local and national campaigns. They can help inform people of managing risk factors associated with many LTCs, such as smoking, healthy diet, physical activity and alcohol consumption. It provides the ability to:

- Improve awareness of the signs and symptoms of conditions, such as stroke, for example the F.A.S.T. campaign
- Promote validated information resources for patients and carers
- Collect data from the local population on their awareness and understanding of different types of disease and their associated risk factors
- Target "at risk" groups within the local population to promote understanding and access to screening programmes, e.g. men in their 40s for NHS Health Checks

Community pharmacy also plays a vital role in supporting self-care and in directing people to the most appropriate points of care for their symptoms.

Pharmacies can signpost patients and carers to local and national sources of information and reinforce those sources already promoted. They can also direct patients to the appropriate care pathways for their condition.

Through self-care, community pharmacies can provide of advice and support to enable people to derive maximum benefit from caring for themselves or their families. Pharmacy staff can advise patients and carers on the most appropriate choices for self-care, they can also direct queries to the pharmacist for further advice when purchasing over-the-counter (OTC) medicines or general sales lists products. Some OTC medicines are contraindicated, e.g. decongestant use in circulatory disease, and inappropriate use could increase the risk of an unplanned hospital admission. Equally some symptoms can be much more significant in certain LTCs; for example, foot conditions in diabetes and the attempted purchase of a relevant OTC medicine by a patient or carer could alert the pharmacist leading to a referral to the appropriate healthcare professional or services.

Please note that support for self-care is different to the Minor Ailment Scheme that is commissioned as a locally enhanced service and limited to a defined list of conditions (see section 7.3.3).

Clinical governance standards provide the governance structure for the delivery of pharmacy services. This structure is set out within the 2013 Regulations and includes:

- A patient and public involvement programme
- A clinical audit programme
- A risk management programme
- A clinical effectiveness programme
- A staffing and staff programme
- An information governance programme.

It provides an opportunity to audit pharmacy services and influence on the evidence base for the best practice and contribution of pharmacy services.

7.2 Advanced services

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

- Appliance Use Review (AUR);
- Community Pharmacy Seasonal Influenza ‘Flu’ Vaccination Programme;
- Hypertension Case-finding Service;
- Lateral Flow Device Service;
- New Medicine Service (NMS);
- Pharmacy Contraception Service (PCS);
- Pharmacy First Service;
- Smoking Cessation Service (SCS);
- Stoma Appliance Customisation (SAC).

National Institute for Health and Care Excellence (NICE) state that it is thought that between a third and a half of all medicines prescribed for LTCs are not taken as

recommended. Advanced services such as NMS and AUR have a role in highlighting issues with medicines/appliance adherence, as well as reducing medicines waste.

NMS in particular provides support for people with LTCs newly prescribed a medicine to help improve medicines adherence; it is focused on specific patient groups and conditions. From 01 September 2021, the following conditions are covered by NMS:

- Asthma and COPD;
- Diabetes (Type 2);
- Hypertension;
- Hypercholesterolaemia;
- Osteoporosis;
- Gout;
- Glaucoma;
- Epilepsy;
- Parkinson's disease;
- Urinary incontinence/retention;
- Heart failure;
- Acute coronary syndromes;
- Atrial fibrillation;
- Long term risks of venous thromboembolism / embolism;
- Stroke / transient ischemic attack; and
- Coronary heart disease

Polypharmacy is highly prevalent in LTC management. Advanced services provide an opportunity to identify issues with side effects, changes in dosage, confirmation that the patient understands the role of the medicine/appliance, and optimise medicines

Appropriate referrals can be made to GPs, or other care settings, so patients can receive a better outcome from their medicines. Advance services may identify other issues with the patient, such as general mental health and wellbeing. These are good opportunities to signpost the patient to other pharmacy services, such as seasonal flu immunisation or repeat dispensing, or other services local to the area.

Pharmacy First relieves pressure on the wider NHS by connecting patients with community pharmacy, which should be their first port of call and can deliver a swift, convenient and effective service to meet their needs. Pharmacy First enables patients to be referred for a consultation with a pharmacist following a call to NHS 111; these are patients who might otherwise have gone to see a GP. Pharmacy First provides the opportunity for community pharmacy to play a bigger role than ever within the urgent care system and enables quicker patient access to safe and effective care.

Promotion of self-care is an important aspect to managing LTCs. Advanced services such as the smoking cessation and hypertension case-finding service give the pharmacist an important opportunity to provide advice that encourages a holistic approach to patient centred care that is easily accessible to the public.

Easier access and provision of oral contraception via the Pharmacy Contraception Service has given people greater choice from where people can access contraception services; as well create extra capacity in primary care and sexual health clinics (or equivalent) to support meeting the demand for more complex assessments.

The aims of national influenza vaccination programme are to:

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

This service is provided to eligible patients aged 18 years or more. It is undertaken between 01 September up to and including the 31 March, annually. There is an emphasis to vaccinate 'at risk' groups by 31 January of each year.

7.3 NHS England (NHSE) Enhanced services

Pharmacies may choose to provide enhanced services. These services are commissioned to meet an identified need in the local population (see Appendix 5). Depending on the service agreement in place, these services may or may not be accessible for all of the pharmacies opening hours.

Only those services that are listed within the 2013 Directions may be referred to as Enhanced Services. If NHSE wishes to commission a service not listed within the Directions, it cannot be called an Enhanced Service and it also falls outside the definition of pharmaceutical services. Section 7.3.1 to 7.3.4 lists the existing Enhanced Services commissioned within Manchester and are commissioned by NHSE on behalf of Manchester ICP.

7.3.1 COVID-19 Vaccination Service

At the beginning of the COVID-19 vaccination programme in December 2020, community pharmacy played a role in vaccinating patients and health and care workers under a Local Enhanced Service against coronavirus. Since Autumn 2022, this service has been commissioned as a National Enhanced Service.

The number of community pharmacies providing this service varies between phases of the National COVID vaccination programme and as such pharmacies must sign up process through the national process via the NHSBSA. NHSE must accept any sites that wish to particpate, unless they do not meet the criteria and do not pass the questionnaire which they are required to complete.

Further information on the sign up process can be found here.

7.3.2 Minor Ailment Scheme

The Minor Ailment Scheme (MAS) is commissioned by NHS England on behalf of NHS GM Manchester Locality.

The MAS is designed to support patient self-care by enabling any registered residents of Manchester who receive free NHS prescriptions to access treatment for minor ailments as part of NHS provision without having to visit their GP. The scheme is intended to reduce demand for GP consultations for conditions that can be managed safely in the pharmacy setting. The scheme is also intended to reduce the demand for urgent care, especially out of hours.

Currently, 87 pharmacies are signed up in Manchester to provide this service, however NHS GM Manchester are working alongside NHSE counterparts to encourage uptake of the service from both a contractor and patient perspective.

7.3.3 Minor Eye Conditions Service

The Minor Eye Condition Service (MECS) enables a pharmacy to dispense medication directly to a patient who presents with a signed order on the agreed form written by a registered optometrist. 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 pharmacy optometry eye conditions service, by supplying appropriate medicines at NHS expense; and
- Improve health inequalities for low income families by enabling equal access to medicines for self-care of minor eye conditions.

Currently, there is only one community pharmacy in Manchester providing the MECS. Although the level of service provision locally is low, MECS have been running successfully across England for a number of years and most patients seen are fully managed within the service.

However, in addition to MECS exists the Community Urgent Eyecare Service (CUES) that is available to Manchester residents. It should be recognised that despite similarities, CUES is for urgent symptoms only, and routine minor eye conditions would not be expected to be seen face to face within the service at this time.

7.4 NHS GM Manchester Locality Locally Commissioned Services

7.4.1 Access to palliative care medicines

The aim of the end-of-life (EOL) care/palliative care pharmacy service is to improve access to the supply of specialist palliative care drugs within the community in a timely manner for patients, carers and health professionals. National guidance recommends that palliative care formularies should be agreed as part of EOL care pathways. There should be adequate provision of these drugs for both in-hours and out-of-hours settings in order to support home death scenarios.

Manchester currently commissions 12 community pharmacies, located across the City of Manchester to maintain a specified stock as well as supply any EOL medicines within an hour of request. This service is commissioned in hours; out of hours (OOH) provision is covered through our OOH healthcare provider Go-to-Doc Healthcare.

7.4.2 Antiviral provision

The purpose of this service is for community pharmacies to provide rapid access to clinical teams by stocking and supplying antivirals for the treatment and prophylaxis of influenza. This should be used when an outbreak has been detected and it is decided that prophylactic and or treatment of influenza is required for the desired population (e.g., care homes).

Currently, 4 pharmacies are commissioned to maintain a stock of antivirals geographically situated across the City. The aim of the service is to increase prompt access for patients who require antiviral medication for influenza treatment or prophylaxis. Manchester also has an agreement in place with Go-to-Doc Healthcare to hold a defined list of antivirals in order to manage any outbreaks OOH (i.e., when all 4 pharmacies are closed).

7.5 Manchester City Council locally commissioned services

Substance misuse services including:

- Observed Supervised Administration (OSA) (methadone/buprenorphine)
- Naloxone Supply Service
- Needle and Syringe Programmes (NSP)
- Domestic Sharps Waste (DSW)

Sexual Health Services:

- Emergency Hormonal Contraception (EHC)

Pregnancy, new mothers and children (under 4s):

- Healthy Start Vitamins (HSV)

There are elements of the essential service provision which will help address the health needs of these cohorts of patients:

- Pharmacies are required to participate in up to six public health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by NHSE.
- Where the pharmacy does not provide the local commissioned service (LCS) for needle and syringe programmes, observed supervised administration of methadone/buprenorphine, or alcohol screening, they should signpost the client to other service providers that will support their condition.
- Where the pharmacy does not provide sexual health services, they should signpost the client to other service providers that will support their condition.

Table 12: MCC commissioned services and numbers of pharmacies commissioned

Commissioned Service	Number of Pharmacies Commissioned
Emergency hormonal contraception (EHC)	96
Observed Supervised Administration (OSA) (methadone/buprenorphine)	90
Domestic Sharps Waste (DSW)	56
Naloxone	20
Needle and Syringe Programmes (NSP)	29
Healthy Start Vitamins (HSV) - Children	43
Healthy Start Vitamins (HSV) - Women	43

See section 5.5.2 for contractor survey responses regarding MCC commissioned service provision.

7.5.1 Alcohol and substance misuse

Services such as needle and syringe programmes (NSP) and observed supervised administration (OSA) involving the client consuming methadone or buprenorphine under the direct supervision of a pharmacist in a community pharmacy, are an integral part of the harm reduction strategy for people who use and/or inject drugs.

NSP aims to:

- Reduce the spread of blood borne pathogens e.g. Hepatitis B, Hepatitis C and HIV by providing clean and safe injecting equipment
- Provide advice on minimising the harm done by drugs and safe injecting practices
- Be a referral point for service users to other health and social care services.

OSA 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 pre-scribed medicines.

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

Needle and syringe programmes and the observed supervised administration of methadone/buprenorphine are commissioned by MCC, it is not envisaged that within the lifetime of this PNA there is or will be a need for either service to be commissioned as part of pharmaceutical services.

Manchester City Council commissions and funds the distribution of Naloxone (1.8mg naloxone hydrochloride). Naloxone is an emergency antidote for overdoses caused by heroin and other opiates or opioids (such as methadone, morphine, and fentanyl). The main life-threatening effect of heroin and other opiates is to reduce and stop breathing, otherwise known as 'respiratory depression'. In simple terms, naloxone blocks these effects and thus helps to reverse the onset breathing difficulties.

Naloxone is a prescription only medication (POM). However, Human Medicines Regulations allows the formulations listed above to be supplied without a prescription, PGD or PSD by a drug treatment service including community pharmacy commissioned by a local authority or the NHS to any individual needing access to Naloxone for saving a life in an emergency to someone who is at risk of opioid overdose. This includes carers, relatives or friends and others who may be involved in the management of overdose, for example hostel staff or those working in substance misuse services.

The pharmacies accredited to provide Naloxone are required to issue and supply Naloxone and offer brief interventions and advice within a community pharmacy setting.

7.5.2 Sexual Health: Contraception

Emergency Hormonal Contraception (EHC) can be used following unprotected sex to prevent pregnancy. The EHC service allows pharmacists in Manchester to facilitate the supply of appropriate emergency contraception and pregnancy tests. There is a very strong evidence

base for the use of EHC in reducing unplanned or unwanted pregnancies, especially within teenage years. Its use forms part of an overall national strategy to reduce the rate of teenage pregnancy in England.

Through this service, treatment is supplied under a Patient Group Direction (PGD) to women. They must meet the criteria for inclusion stated in the PGD and service specification. Treatment can also be prescribed using an FP10 prescription which is provided at no cost to the patient. It may also be bought as an over-the-counter medicine from pharmacies; however, the client must be 16 years or more.

At the time of writing the PNA, the 2024-2026 CPCF was announced in April 2025, which continues to strengthen the role of community pharmacies in delivering accessible healthcare services. Part of this will also see the provision of emergency contraception becoming a part of PCS from October 2025, in addition to an uplift in associated funding.

NHS GM, CPGM and local commissioners are currently working collaboratively across the 10 Greater Manchester localities to explore and develop a single, wraparound service that complements the national offer. Rather than each locality commissioning separate additional services, a GM-wide approach could provide consistency, equity, and improved outcomes for our populations.

More information will provided in due course in the form of a supplementatry statement where appropriate.

7.5.3 Other sexual health services

Some key issues for both current and future sexual health services are:

- Reducing the transmission and rate of undiagnosed HIV and sexually transmitted infections (STIs). Tackling the growing incidence of STIs and achievement of the goal of zero HIV transmissions by 2030 can only be achieved through the systematic introduction of health promotion, screening, STI and HIV testing, combination prevention and prompt follow-up for both patients and their partners throughout the HWB area.
- Improving access to sexual and reproductive health services. Attaining prompt diagnosis and treatment, and therefore reducing the spread of infection whilst improving the patient experience of sexual health services, is critical.
- Increasing the provision and coverage of the more effective Long-Acting Reversible Contraception (LARC) to reduce unplanned conception.
- Establishing service standards, definitive care pathways and appropriately targeted provision. Introduction of these services into non-traditional settings, responding to local need and bringing sexual health services closer to the community.

Pharmacy-based screening and treatment services for STIs may help achieve all of the above points and there is potential for pharmacy involvement in the delivery of Pre-exposure Prophylaxis (PrEP) (a medication used to prevent HIV transmission) subject to changes in commissioning arrangements by NHS England. However, pharmacies are not currently providing access to HIV screening or STI screening and treatment. There is potential for developing these services alongside digital services.

7.5.4 Pregnancy, breastfeeding and children (under 4)

This commissioning model sees selected community pharmacies dispensing the Healthy Start vitamins to all eligible beneficiaries of the national Healthy Start scheme.

The aim of the model is to:

- Work in an integrated way to standardise the approach in the dispensing of Health Start vitamins;
- Manage the quality of community interventions to improve care and outcomes;
- Take a strength-based approach that builds upon existing good practice in community self-care;
- deliver a person-centred and whole-families approach to the delivery of Healthy Start and all aspects of health;
- Work in partnership with wider healthcare professionals to promote maternal and child nutrition and increase take-up of vitamin supplementation via Healthy Start.

Not all pharmacies in Manchester are part of the service, but we have aimed for an even spread across the city. The service was re-commissioned in 2021 and there has been an increase in the number of pharmacies participating, with 43 pharmacies now contracted to deliver the scheme. Manchester now has a universal offer for Healthy Start vitamins and supplies are free to all women, babies and children within the clinical criteria, and not just to families who are in receipt of benefits. Supplies are available from 30 children's centres, health visitors, community midwives and some GP practices, as well as the participating pharmacies.

7.5.5 Mental health and wellbeing

In addition to ensuring people with mental health problems have access to drugs and medicines, pharmacies can support in other ways by:

- Providing accessible and comprehensive information/advice to carers about what help and support is available to them.
- Provision of essential services, e.g. signposting. Ensuring that pharmacies have information on the help and support that is available will enable them to signpost carers accordingly.
- Following the expansion of the New Medicines Service (NMS) therapeutic areas in September 2021, NHSE are also currently working on the development of a pilot around the use of the NMS for people newly prescribed antidepressants for depression. This pilot is still in the early stages of development and any updates shall be incorporated into the PNA as a supplementary statement where required.

8.0 Gap analysis of pharmaceutical services provision

As part of the requirements of paragraphs 2(a) and 4(a) of Schedule 1 to the 2013 regulations. A statement must be produced of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB, but which the HWB is satisfied that there is a need to be provided in order to meet a current need for pharmaceutical services, or pharmaceutical services of a specified type, in its area;

The HWB must also produce a statement of the pharmaceutical services that have been identified (if any) as services that are not provided in the area of the HWB, but if they were provided (whether or not they were located in the area of the HWB), would secure improvements, or better access to pharmaceutical services, or pharmaceutical services of a specific type, in its area.

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

- Those services provided by pharmacies and DACs in line with their terms of service as set out in the 2013 Regulations. Otherwise referred to as 'Essential Services'.

And

- NHSE commissioned advanced services

Services provided within a standard pharmacy providing core hours have at this stage been considered necessary by the HWB. There are 119 such pharmacies. Their opening hours can be found in Appendix 7.

The 2008 White Paper, Pharmacy in England: building on strengths – delivering the future, states that it is the strength of the current system that community pharmacies are easily accessible. The HWB believe that the population of Manchester, across all 12 neighbourhoods used in the PNA, currently support this position.

- In particular, the HWB had regard to the following, drawn the following conclusions, based upon the information provided in sections 6.0 and 7.0 above in addition to the overall results of the patient survey (Appendix 3), as well as the maps found in Appendix 8 which show the location of pharmacies the whole HWB area, broken down by neighbourhood:
- Map 2 detailing the location of pharmacies across each neighbourhood.
- Maps 2, 3 and 4 illustrates that the majority of Manchester residents live within 1 mile of a pharmacy. The majority of residents can access a pharmacy within 15 minutes, either by walking, public transport or driving.
- Maps 3 and 4 illustrate that there is a sufficient number of pharmacies within suitable geographical distance to a GP practice across Manchester that enable good patient access to prescriptions.
- The number, location and distribution of pharmacies across the city of Manchester is equitable;
- Manchester has a choice of pharmacies which are open a range of times including early mornings, evenings and weekends (Appendix 7);
- Manchester pharmacies offer a range of national and Locally commissioned pharmaceutical services to meet the requirements of the population (Appendix 5).

Taking into account the totality of information available, the HWB consider the location, number, distribution and choice of pharmacies across the entire Manchester HWB area providing essential and advanced services during the standard core hours to meet the needs of the population.

9.0 Service improvements and better access

The HWB consider 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.

The location of premises and choice of provider is not as extensive beyond the standard 40 core hours as described under the previous consideration of what is necessary. However in each locality, there are pharmacies open beyond what may be regarded as normal hours, in that they provide pharmaceutical services during supplementary hours (in the early morning or evening, or weekends).

The HWB also notes a clear reduction in the number of available opening hours provided by 100 Hour pharmacies due to change of legislation in 2023 described in section 5.4. Whilst this is recognised, the existing location, number, distribution and choice of 100 Hour pharmacies covering Manchester's HWB area providing essential and advanced services during early mornings, evenings and weekends, to provide an improvement and better access that meet the requirements of the population.

Taking into account the totality of information available, the HWB currently consider the location, number, distribution and choice of pharmacies covering the each of the 12 neighbourhoods and Manchester's HWB area providing essential and advanced services during early mornings, evenings and weekends, to provide an improvement and better access that meet the requirements of the population.

The patient survey did not record any specific themes relating to pharmacy opening times and the majority of responses stated that they do not experience any difficulties accessing a pharmacy due to opening times. The HWB therefore concludes there no significant information to indicate there is a gap in the current provision of pharmacy opening times.

At present, the same conclusion was reached in considering whether there is any future specified circumstance that would give rise to the conclusion that there is a gap in pharmaceutical provision at certain times. Nonetheless, the HWB will be considering the response by pharmacy contractors to the changing expectations of the public to reflect the times at which pharmaceutical services are provided more closely with such changes during the life of this PNA.

With regard to enhanced services the HWB is mindful that only those commissioned by NHSE are regarded as pharmaceutical services. However, since 01 April 2013, there has been a shift in commissioning arrangements for some services that would otherwise be defined as enhanced services. Therefore, the absence of a particular service being commissioned by NHSE is mitigated by commissioning through Manchester ICP and MCC. This PNA identifies those locally commissioned services.

Whether commissioned as enhanced or a locally commissioned service, the HWB currently consider these to provide both an improvement and better access to such services for the residents of Manchester's HWB area where such a requirement has 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 either further access to those services

already commissioned or to commence the provision of enhanced pharmaceutical services not currently commissioned.

Taking into account the totality of information available, the HWB currently consider the location, number, distribution and choice of pharmacies covering each of the 12 neighbourhoods and Manchester's HWB area providing enhanced services, including the mitigation by the provision of locally commissioned services, to provide an improvement and better access for the population. The HWB has not received any significant information to conclude otherwise currently.

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

In order to provide pharmaceutical services in England a person and the premises from which they will provide services must be included in the relevant pharmaceutical list. NHSE is responsible for preparing, maintaining and publishing pharmaceutical lists in respect of each health and wellbeing board's area. Applications for inclusion in one of these lists are submitted to Primary Care Support England and determined by NHSE.

The main purpose of the pharmaceutical needs assessment is to inform the submission of applications for inclusion in a pharmaceutical list, and the subsequent determination of such applications. Therefore, in order to ensure that the existing pharmaceutical services meet the needs of the population the following assessments were made regarding:

- Current provision of necessary and other relevant service
- Future provision of necessary services
- Improvements and better access: gaps in provision
- Access to essential services: present and future circumstances
- Current and future access to advanced services
- Current and future access to enhanced services
- Other NHS services

10.1 How the assessment was carried out

The assessment was conducted as required by schedule 1, paragraph 6 of the 2013 Regulations. With respect to how the HWB considered whether to determine localities in its area for the purpose of this PNA, see section 5.3 and maps in appendix 8. With respect to how the HWB took into account the different needs in its area, including those who share a protected characteristic, see section 5.0 and section 6.0.

10.2 Current provision: necessary and other relevant services

As described in sections 6.1, 6.2, 6.3 and 6.4 and required by paragraphs one and three of schedule 1 to the Regulations, Manchester's HWB has had regard to the pharmaceutical services referred to in this PNA. The HWB has identified those that are necessary, those that secure improvements or better access and those which contribute towards meeting the need for pharmaceutical services in the area of the HWB.

Manchester's HWB has determined that while not all provision was necessary to meet the need for pharmaceutical services, the majority of the current provision was likely to be necessary as described in section 8 with that identified in section 7 and 10 as providing improvement or better access without the need to differentiate in any further detail.

10.2.1 Necessary services: gaps in provision

In light of the information provided in section 6.0, the consideration of how pharmaceutical services support a healthier population noted in section 7.0 and as described in section 8 and required by schedule 1, paragraph 2 of the 2013 Regulations, Manchester's 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.

10.2.2 Access to Essential Services

In order to assess the provision of essential services against the needs of our population, access is considered (distance to travel 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 and are assessed in section 6.1.

Overall, data from the public survey found in Appendix 3 and analysis of the existing pharmacies services available with respect to their geographical location highlighted that there is currently no gap in access to essential services across the locality. However, analysis from the public survey identified that further work is required to increase population awareness of what services are being offered by community pharmacies and by whom.

10.2.3 Access to essential services during normal working hours

Manchester's 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.

As highlighted in the public survey (Appendix 3), further work will be done to ensure that Manchester residents have equal and consistent access to pharmacies across the City who can support any reasonable adjustments for patients; this work includes recognising and publicising what pharmacies provide to support disability access. There are many different ways in which community pharmacies can offer reasonable adjustments (e.g., disabled ramp access, hearing loops, large print labels).

Further work should be consider in Manchester to utilise and incorporate The Reasonable Adjustment Flag (RAF). The RAF is a national record which indicates that reasonable adjustments are required for an individual and can also provide details of an individual's significant impairments as well key adjustments that should be considered for them.

10.2.4 Access to essential services outside normal working hours

In Manchester there is satisfactory access to essential services outside normal working hours in all 12 neighbourhoods and across the HWB area. This is due to the supplementary opening hours offered by most pharmacies. It is not expected that any of the current pharmacies will reduce the number of core opening hours and NHSE 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.

The HWB has noted a significant reduction in 100 Hour Pharmacy Opening Hours which at the time of writing the PNA does not create a gap in pharmaceutical service provision, but may incur such a gap should there be a further reduction across the City.

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.

10.2.5 Access to advanced and enhanced services

Sections 6.1 and 6.2 of this PNA identify access to advanced services commissioned by NHSE and section 6.3 identifies the access to both nationally and locally enhanced services.

The HWB have noted that the Community Pharmacy Contractual Framework was first published on 22 July 2019 and came into effect from October 2019. As discussed in section 6.4.2, there has been a change in service provision over the contract period and is considered as part of this assessment in line with the renewed 2025/26 Pharmacy Contract.

Not all changes to pharmaceutical services as part of the CPCF 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.

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

10.3 Future provision of necessary services

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

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. The HWB has noted a significant reduction in 100 Hour Pharmacy Opening Hours which at the time of writing the PNA does not create a gap in pharmaceutical service provision, but may incur such a gap should there be a further reduction across the City.

In light of the above, section 5.4 highlights that Manchester currently has a large number of pharmacies who already provide extended hours and weekends.

10.4 Improvements and better access: gaps in provision

As described in section 9 and required by schedule 1, paragraph 4 of the 2013 Regulations, Manchester's HWB has had regard to the following in seeking to identify whether there are any gaps in other relevant services within the 12 neighbourhoods and the area of the HWB.

10.5 Access to essential services: present and future circumstances

Manchester's HWB considered the conclusion in respect of current provision as set out in section 10.0 and the information in respect of essential services (see section 6.1 and 7.1). 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.

Manchester's HWB has not identified any immediate 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.

10.6 Current and future access to advanced services

As per section 6.1.5, the results of the contractor survey (appendix 4.0) and appendix 11, not all community pharmacies offer all of the advanced services commissioned NHSE and a pharmacy can decide if they choose to provide any of these services.

Since the CPCF was launched in 2019, there has been an expansion in the number of services available to population both nationally and locally in Manchester. NHSE continues to encourage pharmacies and pharmacists to become eligible to deliver the range of advanced services available and to encourage all pharmacies to increase their engagement with primary care and the public domain to ensure more eligible patients are able to access and benefit from each service provided.

This has been boosted by the announcement of the 2025/26 Pharmacy Quality Scheme which incentivises pharmacies to sign up to deliver the Pharmacy First Service and the Pharmacy Contraception service by the end of 31st August 2025 and remain registered for both services until the end of the scheme, 31st March 2026 as a gateway criterion for the remainder of the scheme.

Between February 2024 to January 2025, NHS GM had the greatest activity of Pharmacy First consultations completed by community pharmacy Nationally and equates to 5.99% of all Pharmacy First consultations in England. In Manchester, 112 pharmacies are currently signed up to deliver Pharmacy First and equate to approximately 25% of all consultations in GM.

The 2025/26 Pharmacy Contract (CPCF) has outlined that as part of the negotiations with NHSE and DHSC, this will include continued funding for Pharmacy First to continue to grow this service and provide increased access to primary care.

In 2017/18, 31 pharmacies did not provide the NMS. When compared to the latest available NHSBSA data (November 2024), this indicated that all 118 pharmacies in Manchester provide NMS to which they delivered 4895 NMS consultations for November alone. This outlines a consistent provision in the uptake of the service by pharmacies across the locality and there is no nationally set maximum number of NMS interventions that may be provided in a year.

Although the NMS is accessible to residents in all 12 neighbourhoods there is potential for this service to be accessed by more people and those pharmacies that don't provide the NMS should be encouraged to do so. Under the CPCF, the NMS has been expanded to a wide variety of indications and conditions where it has been shown to demonstrate value (see section 6.1.5). As part of the renewal for 2025/26 Community Pharmacy Contractual Framework, pharmacies will also see continued funding for NMS to continue to grow this service and will be expanded to include medicines prescribed for depression.

Demand for the appliance advanced services (SAC and AUR) is lower than for the other advanced services available. This low level of provision reflects the much smaller proportion of the population that may require these services and specialist nature of the provision of appliances; it would be expected that this service is provided by DACs specialising in SAC provision: there are currently 8 DACs which provide cover across the GM footprint, 2 of which are geographically located within Manchester itself. Pharmacies and DACs may choose which appliances they provide and may also choose whether or not to provide the two related advanced services. NHSE continues to encourage those contractors in the area that do provide appliances to become eligible to deliver these advanced services where appropriate.

Within the lifetime of the 2023-2026 PNA, the NHSE advanced services were expanded under the CPCF. One of these was the pharmacy contraceptive service which was commissioned

from 24 April 2023; which falls in line with chapter two of the NHS Long Term Plan (LTP) which highlighted the importance of NHS services complementing the action taken by local government to support the commissioning of sexual health services as well as the role community pharmacy can play in supporting access to contraception.

Currently 95 out of 119 pharmacies are signed up to deliver PCS in Manchester. The 2024-2026 CPCF was announced in April 2025, which continues to strengthen the role of community pharmacies in delivering accessible healthcare services. This includes the provision of emergency contraception becoming a part of PCS, in addition to an uplift in associated funding. Pharmacies are also being further incentivised to provide PCS as it forms part of the gateway criterion of the 2025/26 Pharmacy Quality Scheme.

Cardiovascular disease (CVD) is one of the leading causes of premature death in England and accounts for 1.6 million disability adjusted life years. Hypertension is the biggest risk factor for CVD and is one of the top five risk factors for all premature death and disability in England. An estimated 5.5 million people have undiagnosed hypertension across the country. The NHS Long Term Plan commits the NHS to reducing morbidity and mortality due to CVD, tackling inequalities and a shift towards prevention strategies. It specifically states that community pharmacy, in collaboration with other providers, will provide opportunities for the public to check on their health through tests for high BP and other high-risk conditions; this is being delivered through the ongoing commissioning of the NHS Hypertension Case-Finding Service.

Currently, 110 pharmacies in Manchester are signed up to deliver this service. NHSE continues to encourage those contractors in the area that do provide appliances to become eligible to deliver these advanced services where appropriate. Further work is required to understand out of those pharmacies currently signed up, who is actually operationally delivering the service (e.g., have a blood pressure machine in situ in order to take blood pressure measurements). Additional work is also being done to engage with primary care to encourage primary care teams (predominantly GP practices) to refer patients into the service. Further work is also being conducted with MCC Public Health colleagues through the Manchester Healthy Hearts Steering Group to understand access to the service and seeks to tackle associated health inequalities to support better access in areas of greater deprivation.

Similarly to the hypertension case-finding service, the smoking cessation service was added to the NHS CPCF as part of Year 3 (2021/22) of the five-year deal in March 2022.

In January 2019, the LTP was published and said that the NHS would make a significant new contribution to making England a smoke-free society, and that all people admitted to hospital who smoke would be offered NHS-funded tobacco treatment services by 2023/24.

This service was commissioned in March 2022 and currently 67 pharmacies are signed up in Manchester to deliver the advanced service, which is an increase from the 2023-26 PNA (58). As part of the 2025/26 CPCF, changes were made to the service so that different skill mix changes were introduced, allowing suitably trained and competent staff to provide the service, alongside pharmacists and pharmacy technicians, who are currently able to undertake consultations.

PGDs will also be introduced in the 2025/26 financial year to enable provision of Varenicline and Cytisinicline (Cytisine) under the service by both suitably trained and competent pharmacists and pharmacy technicians. This further expands to scope and acciesiblity of the service.

It is worth noting that the Manchester population also has access to the Be Smoke Free community service commissioned by MCC's Public Health Team and the CURE programme (identifies and support smokers whilst in hospital) commissioned by GM ICP. Work is ongoing to ensure that these three services align their work collaboratively in a way that ensures all eligible individuals get the right access and subsequent care from the available smoking cessation 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.

However, results from both the public and contractor surveys indicate that further work is required working with primary care, NHSE and LPC stakeholders in order to promote the range of community pharmacy advanced services available to the public and primary care, such as the hypertension case-finding service, in order for these services to be utilised to their fullest.

10.7 Current and future access to enhanced services

NHSE commissions three enhanced services from pharmacies:

- COVID-19 Vaccination Service
- Minor Ailment Scheme (MAS)
- Minor Eye Conditions Service (MECs)

Many of the enhanced services listed in the 2013 directions are now commissioned by MCC's Public Health Team or Manchester ICP (access to medicines) and so fall outside of the definition of both enhanced services and pharmaceutical services.

The HWB recognises that commissioning arrangements for these locally commissioned services may change in light of the recent announcements in April 2025 regarding NHS Reform and the re-modelling of Integrated Care Boards.

Currently 87 pharmacies are signed up in Manchester to deliver MAS, however Manchester ICP are working alongside NHSE GM Area Team counterparts to encourage uptake of the service from both a contractor and patient perspective. Although the number of participating pharmacies has declined since the 2023/26 PNA, the level of activity has significantly increased due to expansion of the patient eligibility criteria which now means that any Manchester resident who receives free NHS prescriptions can utilise the service.

The HWB will continue to work with the aforementioned stakeholders, plus pharmacy contractors and patient groups to ensure that access to this service is equitable.

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 have been identified.

However, results from both the public and contractor surveys indicate that further collaboration is required working with Manchester ICP, MCC, Primary Care, NHSE and LPC stakeholders in order to promote the range of community pharmacy enhanced services available to the public and primary care.

The HWB also recognise that collaboration with pharmacy contractors is required to understand the capability and capacity to provide existing and future services, commissioned both locally and nationally.

10.8 Other NHS services

As required by schedule 1, paragraph 5 of the 2013 Regulations, Manchester's HWB has had regard to section 9 considering any other NHS services that may affect the determination in respect of pharmaceutical services in the area of the HWB.

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.

11.0 Map of provision

As required by paragraph seven of schedule 1 to the 2013 Regulations, the HWB has published a statutory map of premises providing pharmaceutical services and is detailed within Appendix 8 (map 2) of this assessment.