

[CONSULTATION DRAFT]
Trafford Health & Wellbeing Board
Pharmaceutical Needs Assessment
01/10/2025 to 31/09/2028



TRAFFORD
COUNCIL

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1. Executive Summary

1.1 Introduction

From 1st April 2013, Trafford's Health and Wellbeing Board (HWB) assumed a statutory responsibility to publish and keep an up-to-date 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. It also considers whether there are any gaps to service delivery.

The PNA will be used to determine whether to approve applications to join the pharmaceutical list under The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. The relevant Integrated Care Board (ICB) will then review the application and decide if there is a need for a new pharmacy in the proposed location. When making the decision there is a requirement to refer to the local PNA.

The PNA may also be used to inform commissioners such as the ICB and Local Authorities, of the current provision of pharmaceutical services and where there are any gaps in relation to the local health priorities.

NHS England Changes

On 13th March 2025 it was announced by the Prime Minister that that over the next two years, NHS England will be brought into the Department of Health and Social Care entirely. The Secretary of State for Health and Social Care said that NHS England is being "taken back into direct government control". This follows more than a decade of the NHS – via NHS England (formally, the NHS Commissioning Board) – having a degree of operational independence from the government following the 2012 Health and Social Care Act reforms. Headcount across both NHS England and the DHSC is expected to be cut by around 50 per cent and it has been reported that the savings could release around £500 million. When combined, the two organisations have a workforce of over 18,000 staff. At the time of writing Trafford's PNA, the full impact of this is not clear and as information is provided, this PNA or any supplementary statements will be updated accordingly.

Integrated Care Boards (ICBs)

An Integrated Care Board (ICB) is an NHS organisation responsible for planning and funding health services for a specific local population. Under reforms from the Health and Care Act 2022, from 1st July 2022, Clinical Commissioning Groups came together in establishing the 42 ICBs in England. Each ICB operates within an Integrated Care

System (ICS), which is a partnership that brings together NHS organisations, local authorities, and other stakeholders to collectively plan and deliver health and care services.

ICBs manage the NHS budget for their area and work with local providers, such as hospitals and GP practices, to develop a joint five-year plan. This plan outlines how the NHS will contribute to the overall integrated care strategy set by the Integrated Care Partnership (ICP), which is another key component of the ICS. The main goals of ICBs include improving health outcomes, tackling health inequalities, enhancing productivity, and supporting broader social and economic development

The UK government has announced significant changes to the structure and function of integrated care boards (ICBs). These changes include a 50% reduction in their operating costs by October 2025. The reorganisation aims to streamline the management of NHS services, with ICBs transitioning to primarily strategic commissioners. This shift is part of a broader plan to integrate NHS England's functions with the Department of Health and Social Care (DHSC) within two years. At the time of writing Trafford's PNA, the full impact of this is not clear and as information is provided, this PNA or any supplementary statements will be updated accordingly.

The Pharmaceutical Needs Assessment

The PNA includes information on:

- Pharmacies in Trafford and the services they currently provide, including dispensing, providing advice on health, and local public health services (such as smoking cessation and sexual health).
- Other local pharmaceutical type services, including dispensing appliance contractors (DAC) and national and GM commissioned services.
- The results from patient and pharmacy surveys.
- Relevant maps relating to Trafford and providers of pharmaceutical services in the HWB area.
- Services in neighbouring HWB areas that may affect the need for services in Trafford.
- Potential gaps in provision that could be met by providing more pharmacy services, or through opening more pharmacies, and likely future needs.

Development of the PNA

A pan-Greater Manchester Steering Group was established, comprising representatives from Local Authorities and Community Pharmacy Greater Manchester. This group led an engagement process to inform the development of local PNAs. The group developed joint surveys which were used to collect insights from pharmaceutical service providers and the public in early 2025. Individual local authorities then developed their own needs assessments using insights from the surveys as well as other local data.

Structure of the PNA

The PNA is split up into the following chapters:

- Chapter 2: Introduction – The purpose and requirements of the PNA
- Chapter 3: How the Assessment was Undertaken – The feedback from the Steering Group, the two surveys, and the consultation
- Chapter 4: Provision of Pharmaceutical Services – What our current pharmacy provision looks like in Trafford
- Chapter 5: Context in Trafford – Key demographic information
- Chapter 6: Other Key Health Outcomes for Trafford – Public Health intelligence on wider population level outcomes
- Chapter 7: Neighbourhoods – Data on the different demographics and pharmaceutical provision split by the four PNA neighbourhoods
- Chapter 8: How Pharmaceutical Services Can Help Support a Healthier Population – How the services pharmacies provide benefit the health of residents
- Chapters 9 – 11: Conclusions – A more in-depth description of the conclusions detailed in the summary below, that set out if we have any gaps in pharmacy provision in Trafford

1.2 Conclusions

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

For the area of Partington a very specific gap in supplementary hours on Saturday afternoons and Sundays has been identified. In the North of the borough there is a small gap in early opening hours Monday to Friday. Full details are provided in section 10.

The HWB has not received any significant information to conclude otherwise or any future specified circumstance that would alter the above conclusions. Based on the information available at the time of developing this PNA:

- No current gaps in the need for provision of essential services during normal working hours have been identified.
- No current gaps in the provision of essential services outside normal working hours have been identified, with the exception of the Partington area at specific Saturday afternoon and Sunday times and North Trafford early morning opening (see section 10 for specific hours). The preference would be for these hours to be provided by existing pharmacies.
- No current gaps in the provision of advanced and enhanced services have been identified.
- No gaps have been identified in essential services that if provided either now or in the future would secure improvements, or better access, to essential services.
- No gaps have been identified in the need for advanced services that if provided either now or in the future would secure improvements, or better access, to advanced services.
- No gaps in respect of securing improvements, or better access, to other NHS services either now or in specified future circumstances have been identified.

2. Introduction

2.1 Background and legislation

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

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

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

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

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

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

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

The Health and Social Care Act 2012 also transferred responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list from ICBs to NHS England. The PNA will be used by NHS England 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 Litigation Authority's Family Health Services Appeal Unit (FHSAU), and decisions made on appeal can be challenged through the courts.

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

2.2 Health and Wellbeing Board (HWB) Duties in Respect of the PNA

In summary Trafford HWB must:

- Produce an updated PNA which complies with the regulatory requirements;
- Publish the PNA by 1st October 2025;
- 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; and
- Produce supplementary statements in certain circumstances.

2.3 Purpose of a PNA

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

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

As well as identifying if there is a need for additional premises, the PNA will also identify whether there is a need for an additional service or services, or whether improvements

or better access to existing services are required. Identified needs, improvements or better access could either be current or could arise within the lifetime of the PNA.

Whilst the PNA is primarily a document for NHS England to use to make commissioning decisions, it may also be used by LAs and ICBs. A robust PNA will ensure those who commission services from pharmacies and dispensing appliance contractors (DACs) are able to ensure services are targeted to areas of health need and reduce the risk of overprovision in areas of less need.

2.4 Scope of the PNA

A PNA is defined in the regulations as follows:

The statement of the needs for pharmaceutical services which each HWB is required to publish by virtue of section 128A of the 2006 Act (1) (pharmaceutical needs assessments), whether it is the statement of its first assessment or of any revised assessment, is referred to in these Regulations as a pharmaceutical needs assessment.

The pharmaceutical services to which each pharmaceutical needs assessment must relate are all the pharmaceutical services that may be provided under arrangements made by NHS England for –

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

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

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

For **dispensing practices**, the scope of the service to be assessed in the PNA is the dispensing service. However, as there are no dispensing practices in Trafford, these are not considered in the document.

For **appliance contractors**, the scope of the service to be assessed in the PNA is the dispensing of appliances and the provision of appliance use review (AUR) and stoma appliance customisation (SAC). This means that, for the purposes of the PNA, it is

concerned with whether patients have adequate access to dispensing services, including dispensing of appliances, AURs and SACs where these are undertaken by an appliance contractor but not concerned with other services appliance contractors may provide.

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

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

2.5 Minimum requirements for the PNA

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

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

3. How the assessment was undertaken

3.1 Development of the PNA

Work on the PNA began in late 2024, with the formation of steering groups both within Trafford and across GM. The Trafford Health and Wellbeing board were notified of the work programme in January 2025, and the pre-consultation draft will be presented to the board at the July 2025 meeting.

3.2 PNA Steering Group

A pan-Greater Manchester steering group was formed to drive forward work of local authorities in the area. This group comprised representatives from the LPC, NHS GM ICB as well as needs assessment leads from the local authorities across GM. The group worked together to determine the content of the public and provider surveys, as well as finding solutions to other shared issues of interest.

Within Trafford, the work was led by the Public Health team, with input from intelligence analysts and commissioners. Further support was sought from other sources as needed for specific elements of the PNA e.g. the corporate Business Intelligence team, and colleagues from Housing.

3.3 Public Engagement

A public survey was conducted between 4th February and 21st March 2025. The survey was developed and designed by a pan-Greater Manchester Steering Group, to enable consistency across areas. Details of the survey questions can be found in the appendix.

NOTE: For all results, where the number of respondents in any one group is fewer than 5 people, results may be masked or combined for privacy reasons.

3.3.1 Survey respondents

In total, 138 people who live in Trafford responded to the public survey. Over 99% of them indicated that they used a pharmacy. The distribution of people by postcode area is shown in Table 1.

Postcode area	Percentage
M41	39.9%
M33	18.1%
M32	14.5%
WA15	10.1%
WA14	8.7%
M31	4.3%
M15/M16/M44/Unspecified	4.3%

Table 1 Number of respondents by postcode area

Survey respondents were given the opportunity to optionally provide demographic information around personal protected characteristics so that the Council could understand whether the survey response was representative of the population of Trafford. Out of those who responded to these questions:

- 79.7% were female, 16.7% were male, the remainder did not provide an answer
- Over 97% indicated that they identified with the sex they were assigned at birth
- 3.6% were aged 25-34 years, 13.8% were aged 35-44 years, 21.7% were aged 45-54, 29.0% were aged 65-74% and 7.2% were aged 75+.
- 91.3% were White British, Irish or Other and 4.3% were from mixed or multiple ethnic groups. The remainder of people were from a range of ethnic groups, with numbers too small to report by specific group.
- 23.9% of people considered themselves to be disabled. Of the specific types of illness or disability that people described, the most common (54.5%) was problems with mobility such as difficulties walking short distances.
- 13.8% of people looked after or gave support to family members, friends or neighbours due to problems related to old age, and 26.8% supported someone with a long-term physical or mental health illness or disability.
- The number of people reporting they were pregnant or had given birth within the last 12 months was too small to report
- No participants indicated they had undergone gender reassignment
- 82.96% were heterosexual, 8.1% were LGBTQ+, and the remaining participants did not disclose their sexuality

- 45.6% were Christian, 44.9% did not consider themselves to have a religion, and the remaining participants had other faiths or religions, or did not specify.
- 60.3% were married or in civil partnership, 23.5% were single, 3.7% were widowed, 6.6% were cohabiting or had a life partner.
- 34.6% worked full time, 18.4% worked part time, 34.6% were retired and 7.4% were not working.

3.3.2 Pharmacy usage

People were asked to indicate why they used a pharmacy and were allowed to select more than one option (which means percentages can add up to more than 100%): 79.0% of people said they used a pharmacy for themselves, 20.3% said they used one for a family member, 12.35% said they used one as a carer, and fewer than 4% for a friend or neighbour.

In terms of frequency of visits to a pharmacy, 47.1% of people visited once a month, 30.4% once every couple of weeks, 6.5% visited once a week, and fewer than 4% visited more than once a week. Additionally, 13.7% visited less often than once a month, or stated that the question was not applicable to them. In all cases, the answers were around visits to a pharmacy and not exclusively around prescription items. Most people (70.3%) stated they used one pharmacy, while 29.0% used more than one.

3.3.3 Access to pharmacies

Participants were asked questions about issues in accessing pharmacies. A small number (4.3%) said they had difficulty accessing pharmacies due to location, with common themes around difficulties with opening hours, transport and parking, or loss of services in an area. A larger number of people (18.1%) indicated difficulties in accessing pharmacies due to opening hours. Common reasons for this reported difficulty were pharmacies being closed at lunchtimes, weekends or outside of people's own working hours (both early evening and later at night were highlighted as periods when people wanted access but were unable to find this easily). A number of people reported the need to find workarounds and try different pharmacies to be able to get prescribed medication, and some had particular concerns about running out of medications over the weekends.

People were asked if they had any problems accessing their pharmacy of choice and the majority (93.5%) said they did not, though 6.5% said they did have problems, either because the pharmacy was not suitable for their accessibility needs or because they had mobility issues which presented a barrier to access.

People were asked what they would do if unable to access their regular pharmacy, or if they did not have the things they would need. For this question people were allowed to select as many responses as they felt were relevant, so some people may have appeared in more than one group. 76.8% of people said they would try to find another pharmacy, and 44.9% said they would wait for the pharmacy to order them what they needed. Waiting for the pharmacy to open (39.9%) and getting a friend or relative to collect the item for them (22.5%) were other common answers, while 18.1% of people said they would go without medication and 10.9% said they would go to a walk-in centre or A&E. Other answers included attempting buy products online and contacting the GP for assistance. Note that people were not asked which order they would attempt different solution, so some of the less common options might only be attempted if easier or more convenient alternatives had not solved the problem.

There was an opportunity to select from a list all of the reasons why each person chose to access a particular pharmacy or pharmacy. Reasons related to accessibility are given in Table 2, and reasons related to specific pharmacy services are given in Table 3. The most common answer in relation to accessibility was proximity to home (86.2%) followed by proximity to GP surgery (39.1%), closely followed by opening times (34.8%). In the list of reasons related to pharmacy services, the most common answers people gave were that the staff were friendly (70.3%), knowledgeable (58.0%) and that they did not have to wait long for a walk-in service. Aside from the responses in Table 3, other reasons people stated included feeling tied to particular pharmacy, either because of location or because their GP surgery has a relationship with that pharmacy.

	Percentage
Near to home	86.2%
Near to my doctors	39.1%
Opening times	34.8%
In town/shopping area	23.2%
Near to work	8.7%
In the supermarket	5.1%
Good transport links	3.6%

Table 2 Reasons for selecting a pharmacy, related to accessibility (participants could select more than one answer, total percentage will therefore not add to 100%)

	Percentage
The staff are friendly	70.3%
The staff are knowledgeable	58.0%
I do not have to wait long for a walk-in service	43.5%
They offer a collection service	35.5%
The staff respect my privacy	30.4%
They offer a delivery service	25.4%
They offer another service which I use	10.1%
The staff speak my first language	5.8%*
Suitability of opening hours	3.6%

*Table 3 Reasons for selecting a pharmacy, related to pharmacy services (participants could select more than one answer, total percentage will therefore not add to 100%). *Respondents were asked to specify their first language if giving this answer and all stated English.*

3.3.4 Travel to pharmacies

For people who travel to a pharmacy, the mode of travel that people reported using to get to pharmacies was dominated by walking (50.7%) and motor vehicle travel as either a driver or passenger (47.8%). Few people reported travelling by public transport or

other means. Average journey times are shown in Table 4. These percentages excluded those who opted out of the question due to not having a reason to travel to a pharmacy (e.g. because they only used internet pharmacies).

Average time	Percentage
5 minutes or less	36.8%
6 to 10 minutes	36.0%
11 to 15 minutes	17.6%
16 to 20 minutes	5.1%
21 to 30 minutes	4.4%

Table 4: Average journey times to get to a pharmacy

3.3.5 Preferences

People were asked how important different opening hours were to them. Where people responded to this question, the results are shown in Table 5. With respect to weekday provision, daytime opening hours were considered essential by the majority, but 28.3% also considered early evening (6-9pm) to be essential and 25.4% considered late evening opening (after 9pm) to be fairly important. For Saturday opening, 79% considered Saturday morning opening to be essential or fairly important, dropping to 74.9% for Saturday afternoon and 31.9% for Saturday evening. For Sunday opening, 47.1% felt opening in the morning was essential or fairly important, dropping to 42.0% for Sunday afternoon and 21.0% for Sunday evening. Higher numbers of people were seeking bank holiday openings: 53.7% felt it was essential or fairly important for pharmacies to be open in the mornings, 43.4% for the afternoons and 26.6% for the evenings.

	Essential	Fairly important	Unimportant	Not necessary	Not sure
Weekday: Early Morning (before 9am)	12.3%	31.2%	26.8%	29.0%	*
Weekday: During the day	61.6%	28.3%	6.5%	*	*
Weekday: Lunchtime	34.8%	35.5%	17.4%	10.1%	*

Weekday: Early evening between 6pm and 9pm	28.3%	32.6%	24.6%	12.3%	*
Weekday: Late evening after 9pm	7.2%	25.4%	33.3%	29.0%	5.1%
Saturday: Early Morning (before 9am)	8.7%	17.4%	31.9%	37.7%	4.3%
Saturday: Morning	32.6%	46.4%	13.7%	6.5%	*
Saturday: Afternoon	23.9%	42.0%	21.0%	11.6%	*
Saturday: Evening after 6pm	10.9%	21.0%	36.2%	26.1%	5.8%
Sunday: Early Morning (before 9am)	3.6%	17.4%	37.7%	36.23%	*
Sunday: Morning	16.7%	30.4%	24.6%	22.4%	*
Sunday: Afternoon	12.3%	29.7%	30.4%	21.7%	5.8%
Sunday: Evening after 6pm	8.7%	12.3%	42.0%	31.2%	5.8%
Bank Holidays: Early Morning (before 9am)	8.0%	13.0%	39.1%	34.8%	5.1%
Bank Holidays: Morning	19.6%	34.1%	21.7%	21.0%	3.6%
Bank Holidays: Afternoon	15.9%	27.5%	27.5%	23.9%	5.1%
Bank Holidays: Evening after 6pm	11.6%	14.4%	34.8%	32.7%	6.5%

Table 5 Importance of opening times, with percentage of people who selected each answer. *Numbers too low to report.

People expressed opinions on a range of features of pharmacies and services. Convenient location was considered essential by 72.5% of people, while 67.4% rated provision of clear advice on medicines as essential. The 'essential' rating was also given to friendly staff (51.4%), private areas to speak to pharmacists (50.7%) and being able to use the pharmacy in an emergency (50%). Fewer than half of people rated parking, short waiting times or seeing a regular pharmacist as 'essential' but many did nonetheless consider these to be fairly important.

	Essential	Fairly Important	Unimportant	Not necessary	Not sure
Convenient location	72.5%	26.8%	*	*	*
Parking	35.5%	32.6%	16.7%	13.8%	*
Friendly staff	51.4%	43.5%	4.3%	*	*
Short waiting times	31.8%	62.3%	5.1%	*	*
Private area to speak to the pharmacist	50.7%	36.2%	10.9%	*	*
Seeing my regular pharmacist if I want to	20.3%	37.7%	30.4%	8.0%	*
Providing clear advice on my prescription and over the counter medicines	67.4%	27.5%	3.6%	*	*
Being able to use it in an emergency	50%	41.3%	5.8%	*	*

Table 6: Importance of other features of pharmacies, with percentage of people who selected each answer.

*Numbers too low to report.

In terms of satisfaction (Table 7), the features of pharmacies that people were most likely to be 'very satisfied' with were location (60.9%), staff attitude (54.3%), overall pharmacy service and physical access to the building (49.3% each), and knowledge of staff (48.6%). There were few people expressing dissatisfaction with the specific aspects listed, but the most common reason that people expressed they were unsatisfied or very unsatisfied was around being able to use the pharmacy in an emergency (16.7%).

	Very satisfied	Satisfied	Unsatisfied	Very unsatisfied	N/A
Being open when you need it	36.6%	53.6%	6.5%	3.6%	*
Location	60.9%	40.0%	*	*	*
Parking facilities	28.2%	39.9%	9.4%	*	19.6%
Knowledge of staff	48.6%	45.6%	*	*	4.6%
Staff attitude	54.3%	39.1%	5.8%	0.7%	*
Waiting times	31.9%	58.7%	6.5%	*	*
Private consultation areas	34.8%	44.9%	4.3%	*	14.5%
The pharmacist / pharmacy staff taking time to talk to you	37.7%	51.4%	3.6%	*	5.1%
The pharmacy having the things you need	32.6%	58.0%	5.8%	3.6%	*
The pharmacist offers advice when needed	43.5%	44.2%	*	*	*
Overall pharmacy service	49.3%	44.2%	4.4%	*	*
Physical access into the building	49.3%	39.1%	5.1%	3.6%	*
Being able to use it in an emergency	21.7%	40.0%	12.3%	4.4%	21.7%

*Table 7 How satisfied people were with different features of pharmacies, with percentage of people who selected each answer. *Numbers too low to report.*

People were asked a series of questions about the frequency with which they made use of various services provided by pharmacies (see Table 8). The most common services to have been used in the last three months were collection of regular prescription medications (82.6% of people), electronic repeat dispensing (68.9%), purchase of over-the-counter medicine (58.7%) and collection of occasional prescription medicines (56.5%).

There were several services where the number of people responding that they had accessed that service in the last three months or last year was too small to report, such as emergency hormonal contraception, chlamydia testing and condom distribution services. This does not necessarily mean that people do not use these services across Trafford, as it should be noted that the answers to some of these questions might be influenced by the age of the people who completed the survey, and how comfortable they felt answering questions on these topics.

Saturday opening had been used by 32.6% of people in the last three months and a further 18.1% of people in the last year, which corresponds with the expressed desire for Saturday opening times elsewhere in the survey.

There were several services where a significant minority of people were unaware of what the service was, including Pharmacy First (43.5%), the Minor Ailment Scheme (22.5%) and the NHS Urgent Medicine Supply (18.1%), though it is not clear whether people are unfamiliar with these services, or simply the terminology used in the survey.

	Used in the last three months	Used in the last year	Not used in the last year but may need to use in the future	Not used in the last year and not relevant to my needs	I don't know what this is
Delivery of medicines to my home	10.9%	6.5%	26.1%	52.2%	4.4%
Purchased Over the Counter medicines	58.7%	29.0%	6.5%	5.8%	*
Electronic Repeat Dispensing	68.9%	8.0%	6.5%	8.7%	8.0%
Collection of regular prescription medicines	82.6%	7.3%	3.6%	5.8%	*
Collection of occasional prescription medicines	56.5%	29.9%	9.4%	3.6%	*
NHS Urgent medicine supply	21.0%	11.6%	29.0%	20.3%	18.1%
Dispose of unwanted medication	11.6%	21.7%	37.7%	22.5%	6.5%

Emergency Hormonal Contraception (morning after pill)	*	*	4.4%	93.5%	*
Chlamydia testing or treatment	*	*	*	92.8%	3.6%
Condom distribution service	*	*	5.1%	90.6%	4.4%
Contraception	*	3.6%	4.3%	87.0%	*
Pharmacy First Service	8.7%	8.7%	15.2%	23.9%	43.5%
Minor Ailment Scheme (Access to certain free over the counter medicines to avoid a GP visit when eligible)	6.5%	11.6%	40.6%	18.8%	22.5%
Stop Smoking Service	*	*	*	91.3%	5.8%
Substance Misuse Service e.g. Observed Consumption of Medication, needle exchange service	*	*	*	93.5%	5.8%
Early morning opening (before 9am)	4.4%	5.8%	29.0%	51.5%	9.4%
Late night opening (after 7pm)	13.9%	6.6%	34.3%	37.2%	8.0%
Saturday opening	32.6%	18.1%	24.6%	17.4%	7.3%
Sunday opening	13.9%	10.1%	37.7%	30.4%	8.7%
Bank Holiday opening	12.3%	6.5%	38.4%	33.3%	9.4%

Table 8 Services provided by pharmacies and the frequency with which people use them. *Numbers too low to report.

The survey also asked about a further list of services that people might not use as frequently but where a pharmacy would nonetheless be an appropriate or convenient place to go (Table 9). In terms of vaccinations, 49.2% of people had a flu vaccine and 42% had a COVID-19 vaccine at a pharmacy either in the last three months or last year. Blood pressure checks had been carried out on 23.2% of people in the last three months or last year. Services which did not have any reported use over the last three months or last year were diabetes screening, healthy weight advice, health tests (e.g. cholesterol) and palliative care medicines, though this does not mean there is no need for these services, as many of these are either things that may be provided elsewhere, or which people need less frequently and therefore the sample size of the survey was unlikely to detect.

	Used in the last three months	Used in the last year	Not used in the last year but may need to use in the future	Not used in the last year and not relevant to my needs	I don't know what this is
Blood Pressure Check	5.8%	17.4%	39.1%	34.1%	3.6%
Lateral Flow Device (NHS Service)	*	5.8%	31.2%	43.5%	18.8%
Flu Vaccine	13.0%	36.2%	31.9%	17.4%	*
COVID Vaccine	9.4%	29.0%	36.2%	23.9%	*
New Medicine Service	5.8%	5.8%	20.3%	26.1%	42.0%
Diabetes Screening	*	*	33.3%	56.5%	7.8%
Healthy Weight advice	*	*	35.5*	56.5%	6.5%
Health Tests, e.g. cholesterol	*	*	47.1%	41.3%	10.1%
Long term condition advice	*	4.4%	39.9%	42.8%	10.8%
Sharps Bin Disposal	6.5%	5.1%	13.8%	66.7%	8.0%

Palliative Care Medicines	*	*	15.9%	74.6%	9.0%
Referral from NHS 111	*	7.25%	42.0%	39.9%	8.0%
Other	*	*	16.7%	51.5%	28.3%

Table 9 Further services provided by pharmacies and the frequency with which people use them. *Numbers too low to report.

The alternative services and information sources people would use if not making use of a pharmacy were varied (Table 10). Family doctors/GPs would be a source of support for 79.7%, NHS non-emergency options (such as 111) were indicated by 54.3% of people, followed by NHS Walk in centres (39.9%), Practice Nurses (31.2%) and friends and family (20.3%).

	Percentage
Your family doctor/GP/GP surgery	79.7%
An NHS non-emergency telephone helpline, such as NHS 111	54.3%
NHS walk-in centres	39.9%
Practice nurse	31.2%
Friends/family	20.3%
Other internet (not NHS choices)	17.4%
Not applicable	15.9%
NHS choices	15.2%
Other healthcare professional	6.5%
Sexual health service	5.8%
Nobody, I would not look for information about this issue	*

Table 10 Alternative services providers people use other than pharmacies (participants could select more than one answer, total percentage will therefore not add to 100%). *Numbers too low to report.

People were asked if there were any other services they wanted their pharmacy to offer. 21% of people provided suggestions including: different approaches to providing

prescription items (e.g. better online services, more reliability around repeat prescription items, the ability for pharmacies to check stock at other locations), different or extended opening hours, support from other health care providers, and suggestions around specific medications, interventions or tests.

3.3.6 Limitations

Overall, the number of people who participated in the survey was very small relative to the size of Trafford's population. Repeated efforts were made to publicise the survey and encourage residents to engage, but this did not lead to a sample of residents that was closely reflective of Trafford's population (for example, only 16.7% of respondents were men, no-one under the age of 25 completed the survey and there was low representation of people aged 75+ despite likely being a group highly likely to need pharmacy services, and there were a number of services offered by pharmacies which respondents did not show any use or knowledge of).

3.4 Pharmacy Engagement

A survey of pharmacies was conducted between 8th January and 16th February 2025. The survey was developed and designed by a pan-Greater Manchester Steering Group, to enable consistency across areas. Details of the survey questions can be found in the appendix.

Of the 57 pharmacies in Trafford that were approached to complete the survey, 56 responded (98.2%). Five of these were distance-selling pharmacies, and the remaining 51 have physical premises that people can attend in person.

3.4.1 Potential for increased demand

Pharmacies were asked about their ability to adapt if there was an increasing demand placed on services (e.g. through the development of new housing developments or closure of other pharmacies) and 75% of pharmacies indicated that they had capacity within their existing premises or staffing levels to adapt if needed. A further 17.9% indicated that they did not currently have the capacity but could make adjustments if needed, while 7.1% stated that they did not have the capacity and would have difficulty in meeting increased demand.

3.4.2 Essential services (appliances)

The pharmacies were asked about whether they dispensed 'appliances' (physical products which are not medications) for a range of conditions. The responses are shown in Table 11. Overall, 19.6% of pharmacies stated they did not dispense any appliances, while 11 pharmacies indicated that they dispensed of other appliances not

listed, such as stockings, lymphoedema garments, trusses, or all items listed in the drug tariff which are classified as appliances.

Appliance	Percentage of pharmacies which dispense this item
Stoma appliances	64.3%
Incontinence appliances	58.9%
Dressings	78.6%
Other	19.6%

Table 11 percentage of pharmacies dispensing different types of appliances.

3.4.3 Advanced services

Pharmacies were asked whether they provided any of a list of standard services which can be provided locally. There was quite a range of provision across different types of service, as shown in Table 12. The most commonly provided services were the New Medicines Service (100%), Pharmacy First (92.9%), Hypertension Case Finding (89.3%), Pharmacy Contraception (78.6%) and Lateral Flow Device services (78.6%). Half of all pharmacies (50.0%) offered a smoking cessation service and a minority offered appliance use review (16.1%) or stoma appliance customisation (12.5%), though in both cases between a quarter to a third of pharmacies indicated they would be willing to offer this in the future. Although this is low, it reflects the specialist nature of this service and low patient demand. Around 1 in 5 pharmacies would also be willing to offer smoking cessation services; the HWB will approach pharmacies to expand local provision.

Service	Yes	Planned	Willing	No
New Medicines Service	100%	-	-	-
Appliance Use Review Service	16.1%	-	32.1%	51.8%
Stoma Appliance Customisation Service	12.5%	3.6%	25.0%	58.9%
Hypertension Case Finding Service	89.3%	-	7.1%	3.6%
Smoking Cessation Service	50.0%	1.79%	21.4%	26.8%
Lateral Flow Device Service	78.6%	-	8.9%	12.5%
Pharmacy Contraception Service	78.6%	5.4%	8.9%	7.1%
Pharmacy First Service	92.9%	-	1.79%	5.4%

Table 12 current status of pharmacies with regard to advanced services

3.4.4 Commissioned services

Pharmacies were asked about specific commissioned services. In relation to Care Home services, 53.6% were willing and able to provide this if commissioned, 8.9% were currently providing a company led/private service in this area, while 39.2% were not willing or able. In relation to sharps disposal, 44.6% currently provided an NHS funded service, 37.5% were willing and able if commissioned, 3.5% were currently providing this as a company-led or private service, while 16.1% were not able or willing,

3.4.5 Urgent care

The most commonly provided urgent care service in Trafford pharmacies is the Minor Ailment Service (50%), followed by the palliative care stockholding service (30.4%) (Table 13). Other urgent care services are not provided by many pharmacies, though around three-quarters of them are willing and to provide COVID-19 medicines (antivirals) and on-demand availability of specialist drugs, if commissioned to do so.

	Currently providing NHS-funded service	Willing and able to provide if commissioned	Currently providing company-led/private service	Not willing or able to provide service
Minor Ailments Service	50%	35.7%	0	14.3%
COVID-19 medicines supply service (antivirals)	5.4%	73.2%	1.8%	21.4%
Out of hours service	7.1%	46.4%	1.79%	44.6%
On demand availability of specialist drugs	1.79%	75.0%	0	23.2%
Palliative care stockholding service	30.4%	57.1%	0	14.3%

Table 13: current status of provision of urgent care

3.4.6 Public Health services

The most commonly provided NHS-funded service in relation to public health was emergency hormonal contraception (64.3% of pharmacies) followed by supervised administration of medicines to support people with substance misuse needs (e.g.

methadone) (51.8%) (Table 14). Around a quarter offered smoking cessation support, and slightly fewer offered needle and syringe exchange.

	Currently providing NHS-funded service	Willing and able to provide if commissioned	Currently providing company-led/private service	Not willing or able to provide service
Emergency hormonal contraception	64.3%	23.2%	1.79%	10.7%
Chlamydia and Gonorrhoea testing	5.4%	69.6%	0	26.8%
Chlamydia treatment *	1.79%	71.4%	0	28.6%
Condom distribution	5.4%	71.4%	0	23.2%
Needle and syringe exchange	21.4%	33.9%	0	44.6%
Obesity management (adults and children)*	-	50%	30.4%	23.2%
Healthy start vitamin service	0	80.4%	0	19.7%
NRT voucher dispensing service*	10.7%	67.9%	0	21.4%
Smoking cessation support and supply	26.8%	51.8%	0	23.2%
Vape/e-Cigarette service	12.5%	55.4%	1.8%	32.1%
Varenicline PGD*	-	62.5%	8.9%	28.6%
Cytisine PGD*	-	64.3%	7.1%	28.6%
Naloxone*	5.4%	69.6%	5.3%	19.6%
Supervised administration (of methadone, buprenorphine etc)	51.8%	19.7%	3.6%	26.8%

Table 14 public health services provided by pharmacies *Not currently commissioned in Trafford

There is sufficient provision across all areas of Trafford for the key commissioned services such as EHC and smoking cessation. The HWB will look to map out the current provision against Trafford's Smoking Needs Assessment to approach pharmacies willing to expand provision in key areas of need.

3.4.7 Independent prescribing

Pharmacies were asked about Independent Prescribing: 19.6% reported currently having an Independent Prescriber (IP). Additionally, 62.5% indicated they would be willing to employ an IP in the future and 21.1% said they currently had a pharmacist undergoing IP training. For those IPs currently in post, the scope of their practice was typically around management of hypertension, minor illness, respiratory conditions, contraception and period management, and a small number of other conditions.

3.4.8 Screening services

Of all the screening services that pharmacies were asked about, a consistent percentage of 64 to 77% of them were willing and able to provide such services if commissioned (Table 15). The lowest percentage of 'willing and able' pharmacies was with respect to HIV testing. Aside from cholesterol and diabetes, none of these services were currently being provided under a company-led or private service.

	Willing and able to provide if commissioned	Currently providing company-led/private service	Not willing or able to provide service
Alcohol	71.4%	0	28.6%
Atrial Fibrillation	73.2%	0	28.6%
Cholesterol	75%	3.6%	21.4%
Diabetes	76.8%	3.6%	19.6%
<i>Helicobacter pylori</i>	76.8%	0	23.2%
HbA1C	76.8%	0	23.2%
Hepatitis	67.9%	0	32.1%
HIV	64.3%	0	35.7%
Phlebotomy service	71.4%	0	30.4%
Vascular Risk Assessment	73.2%	0	26.8%

Table 15: Status of pharmacies regarding screening services

3.4.9 Vaccinations

Provision of vaccination by pharmacies is shown in Table 16. The most commonly provided vaccines under NHS-funded services are seasonal influenza (91.1% of pharmacies), seasonal influenza (private) (69.9%) and COVID-19 vaccination (NHS) in

adults (53.6%). A large number of pharmacies indicated willingness to provide private COVID-19 vaccines for adults, private or NHS COVID-19 vaccines for children, MMR vaccination for children or adults, childhood vaccinations, and a number of other vaccinations which are not currently provided in these pharmacies.

	Currently providing NHS-funded service	Willing and able to provide if commissioned	Currently providing company-led/private service	Not willing or able to provide service
Seasonal influenza vaccination service (private)	69.6%	14.3%	16.1%	3.6%
Seasonal influenza vaccination service (NHS)	91.1%	8.9%	0	53.6%
COVID-19 vaccination service Adults (NHS)	53.6%	28.6%	0	19.6%
COVID -19 vaccination service Adults (Private)	21.4%	48.2%	10.7%	23.2%
COVID-19 vaccination service Children (NHS)	19.6%	44.6%	0	35.7%
COVID-19 vaccination service Children (Private)	7.1%	44.6%	1.8%	39.3%
MMR Vaccination service (NHS) children	5.4%	66.1%	1.8%	26.8%
MMR Vaccination service (NHS) adults*	3.6%	73.2%	1.8%	21.4%
Childhood vaccinations	-	69.6%	9.9%	26.8%
HPV	-	73.2%	12.5%	19.6%
Hepatitis B	-	71.4%	19.6%	16.1%
Pneumococcal	-	71.4%	16.1%	17.9%
Meningococcal	-	71.4%	17.8%	16.1%
Shingles	-	69.6%	17.9%	17.9%
Travel vaccines	-	69.6%	19.6%	17.9%
Chicken pox	-	71.4%	16.1%	16.1%
RSV	-	71.4%	14.3%	17.9%
Whooping Cough	-	73.2%	10.7%	19.6%

Table 16 vaccination provision across pharmacies *note that MMR service has now ceased

3.4.10 Delivery Services

Regarding delivery services that pharmacies offered:

- 78.6% offered delivery of dispensed medicines free of charge on request
- 44.6% offered delivery of dispensed medicines free of charge for elderly and housebound people, and a chargeable service for other people
- 25% offered delivery of dispensed medicines under a chargeable service.

3.4.11 Monitored Dosage Systems

In response to questions on provision of monitored dosage systems, 82.1% of pharmacies provide these free of charge, 21.4% provided these under a chargeable arrangement if not covered by the Equalities Act, and 26.8% did not provide them unless covered by the Equalities Act (percentages do not add to 100% as it is possible for the first two statements to both be true).

3.4.12 Domestic Violence Support

Pharmacies were asked if they provided a safe space for victims of domestic violence and 76.8% of them indicated that they did.

3.4.13 Accessibility

Pharmacies were asked about how accessible their facilities were by different modes of transport or to people with specific accessibility needs. In terms of transport, 76.9% of pharmacies were within 100m of a bus or train stop, and a further 19.2% were within 100m to 500m (Table 17). Cycle storage facilities within 50m were available at 60.7% of pharmacies, motor vehicle parking was available within 50m at 98.2%, and disabled parking was available at 55.4% (Table 18). For people who use wheelchairs, suitable access at the door was available at 82.1%, floor access at 94.6%, and automatic door assistance at 48.2% (Table 18). Some pharmacies indicated that they were in the process of installing additional facilities (such as auto door assistance) or were exploring the possibility of doing so.

For people who are deaf or have hearing loss or impairment, Sign Language was available at 1.8% of pharmacies and hearing loops at 41.1% (Table 18). For people with vision loss or impairment, large print leaflets were available at 66.1% of pharmacies and large print labels at 85.7% (Table 18). For spoken languages, non-English speaking support was available at 76.8% and a local interpretation and translation service was

available at 51.8%. Languages available at pharmacies are shown in Table 20; the most commonly available were Urdu (20 pharmacies), Punjabi (15) and Hindi (9).

For people who wanted to be seen by a pharmacist of the same sex as themselves, this option was available all the time at 32.1% of pharmacies and by arrangement at a further 62.5% (Table 19).

Bus/train stop distance	% of pharmacies
Within 100m	76.9%
100m to 500m	19.2%
500m to 1000m	1.9%
1000m+	1.9%

Table 17: percentage of pharmacies within different distances of bus or train stops

Feature	% of pharmacies with this feature
Cycle storage within 50m	60.7%
Parking within 50m	98.2%
Disabled parking	55.4%
Wheelchair access (entrance)	82.1%
Wheelchair access (floor)	94.6%
Automatic door assistance	48.2%
Bell at front door	26.8%
Toilet facilities accessible by wheelchair	12.5%
Hearing loop	41.1%
Sign language	1.8%
Free large print leaflets	66.1%
Free large print labels	85.7%
Free Medication Administration Record (MAR) charts	89.3%
Free prompt chart	46.4%
Available to purchase: tablet cutter/crusher	91.1%
Available to purchase: Easyhaler device	55.4%
Available to purchase: eye drop aid	58.9%
Available to purchase: lid gripping device	23.3%
Available to purchase: magnifying glass	30.4%
Available to purchase: audio labels	10.7%
Non-English speaking support	76.8%
Local interpretation and translation service available	51.8%

Table 18: Percentage of pharmacies with specific accessibility features

Same-sex pharmacist	Availability
All of the time	32.1%
By arrangement	62.5%

No	5.36%
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Table 19: availability of a same-sex pharmacist

Language	Number of pharmacies with a speaker of this language
Arabic	5
Bengali	2
Cantonese	1
Chinese	2
Farsi	2
Gujarati	6
Hindi	9
Hokkien	1
Indian	1
Malay	1
Malaylam	1
Mandarin	2
Punjabi	15
Pushtu	1
Spanish	4
Tamil	1
Telugu	1
Urdu	20

Table 20: Languages available across Trafford Pharmacies

3.4.14 Protected characteristics

Pharmacies were asked if they were aware of any gaps in access or pharmaceutical need according to various protected characteristics. The results are shown in Table 21. A small number of pharmacies felt there may be gaps in provision that might affect people according to their age (5.4%), if they had a disability (7.1%) or according to the person's ethnicity (3.6%). Issues raised included physical access (including the need to facilitate access to the building) to in-person pharmacies, and the funding to ensure that pharmacies remained open.

Protected characteristics	% of pharmacies who felt there may be a gap in access or need for this group
Age	5.4%
Disability	7.1%
Sex	1.8%
Gender reassignment	1.8%
Marriage and Civil Partnership	1.8%
Pregnancy and maternity	1.8%
Ethnicity	3.6%

Religion	1.8%
Other	1.8%

Table 21: Percentage of pharmacies who felt there may be a gap in access or need by protected characteristic

3.4.15 Enhanced & Locally Commissioned Services

Supervised Methadone and Needle Exchange services are commissioned by Greater Manchester Mental Health (GMMH), who provide Trafford's substance misuse offer. The number of Trafford pharmacies working with GMMH is shown below:

Commissioner	Service	Number of pharmacies commissioned
GMMH	Supervised Methadone	31
	Needle Exchange	5

Table 22 Number of pharmacies commissioned to provide GMMH substance misuse services

Since the last PNA, the number of pharmacies commissioned to provide needle exchange has reduced from 13 to 5. The HWB will look to map out the current provision against Trafford's Substance Misuse Needs Assessment to approach pharmacies willing to expand provision in key areas of need.

As shown above, 31 pharmacies are commissioned to provide supervised methadone (similar to 2022 when there were 35). However, eight of these are classified as 'not currently used' indicating that the pharmacy is not currently providing the service to any clients but could potentially be available to do so if required.

There is currently an uneven distribution of needle exchange sites across the borough. The majority of services are concentrated in the South of the borough (Altrincham and Timperley). There is also one needle exchange site in the West (Urmston) and in the North (Stretford). Notably, there is no provision in the Central ward, representing a significant gap in service provision.

The Achieve Recovery Services Harm Reduction Team have attempted to bridge this gap in provision by using communities settings on a small scale, however facilitating this in practice has had its own challenges.

To ensure equitable access and to better address harm reduction, it is essential to expand coverage into areas of higher deprivation or greater need, where individuals may be at increased risk and access to support is more limited for example in Partington. It would also be advantageous to have provision close to the recovery service where residents access support, to date the closest pharmacy with needle exchange provision is over a 30 minute walk away from The Trafford Achieve Recovery Service building.

3.5 Pharmaceutical Services

Community Pharmacy Contractual Framework (CPCF) and Pharmacy Quality Scheme (PQS)

Negotiations on the 2024/25 Community Pharmacy Contractual Framework (CPCF), which includes negotiations on the Pharmacy Quality Scheme (PQS), were paused when the 2024 general election was announced and resumed in January 2025. Initial details of the Pharmacy Quality Scheme (PQS) 2025/26 were released on 31st March 2025, as part of the arrangements for the Community Pharmacy Contractual Framework (CPCF) in 2024/25 and 2025/26 and as a Drug Tariff Update. Funding in 2025 to 2026 for the CPCF will rise to £3.073 billion, from which £900 million will be allocated to margin. This is a 19.7% like-for-like increase on 2023 to 2024 funding levels. Also agreed was a one-off write-off of £193 million of medicines margin over-delivery. The increase in margin and the impact of the write-off will both be reflected in the drug tariff from April 2025. This uplift recognises the increased activity and costs associated with the supply of medicines and aims to move towards stabilising this core pharmacy function.

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

During the previous 5-year deal and over the last year, the Pharmacy First service has been implemented, the sector has significantly increased the range of clinical services pharmacies offer to support patients and the wider NHS. To increase the delivery options, there will be as of October 2025, two expansions of existing services:

- Expanding the New Medicines Service (NMS) to introduce depression as a further therapeutic area for which patients can receive support. The expansion of the NMS recognises the value delivered for patients in effectively managing their medication, increasing the scope of the potential offer pharmacies may provide.
- Expanding the PCS to include emergency contraception (EC). This service expansion will allow all community pharmacies across England the opportunity to provide equitable access to EC for patients. This expansion will move away from the regional variation seen to date. Contractors will have the opportunity to maximise the

service's benefits by initiating a patient on oral contraception as part of an EC consultation and claim payment for both services.

Additionally, as part of the contract there have been agreed regulatory changes these include:

- clarify that from October 2025, distance selling pharmacies can only deliver advanced and enhanced services remotely in line with the delivery of essential services.
- amend the regulatory test for contractors' applications to amend the dates and times they deliver their core hours.
- clarify that the NMS, like other services, cannot be subcontracted to other providers.
- remove the requirement for practice leaflets.
- remove the requirement for references for staff involved in NHS services.
- remove the need for people who pay prescription charges to sign the FP10 or EPS token.
- remove the clinical audit requirement (nationally chosen audit or a contractor selected audit) for 2025 to 2026.
- require engagement in a maximum of two national health campaigns and two integrated care board (ICB) selected campaigns (agreed for 2025-26 only).

Therefore, under the CPCF the following services are now contracted to be provided in local pharmacies:

Essential Services

- Dispensing medicines.
- Discharge medicines service.
- Disposal of unwanted medicines.
- Healthy living pharmacies.
- Support for self-care.
- Public Health (promotion of healthy lifestyles).
- Repeat dispensing / electronic prescription service.
- Signposting to other services.

More details can be found and the latest information provided from Community Pharmacy England here: [Essential services - Community Pharmacy England](#).

Optional Advanced Services - Pharmacy owners can choose to provide any of these services as long as they meet the requirements set out in the Secretary of State Directions.

- Pharmacy first.
- Pharmacy contraception service.
- Flu vaccination service.
- Hypertension case-finding service.
- New medicine service.
- Smoking cessation service.
- Appliance use review.
- Stoma appliance customisation.
- Lateral flow device (LFD) service.

More details can be found and the latest information provided from Community Pharmacy England here: [Advanced services - Community Pharmacy England](#).

Additionally, as of December 2021 there are national enhanced services that pharmacy owners can choose to provide any of these services as long as they meet the requirements set out by NHS England. These are:

- COVID-19 vaccination service.
- Respiratory Syncytial Virus (RSV) and Pertussis vaccination service (only available to applicable test areas, not including Trafford or Greater Manchester at the present time – April 2025).

More details can be found and the latest information provided from Community Pharmacy England here: [National Enhanced Services - Community Pharmacy England](#).

3.6 Consultation

A 60-day consultation will run from 23rd July 2025 and run to 20th September 2025 inclusive. Consultation comments will be noted and the document will be updated if it is appropriate to do so.

4. Provision of Pharmaceutical Services

4.1 Necessary services – current provision within the area

Figure 1 shows the location of pharmacies in Trafford, while Table 32 (appendix) lists the names and postcodes and contracted hours of operation.

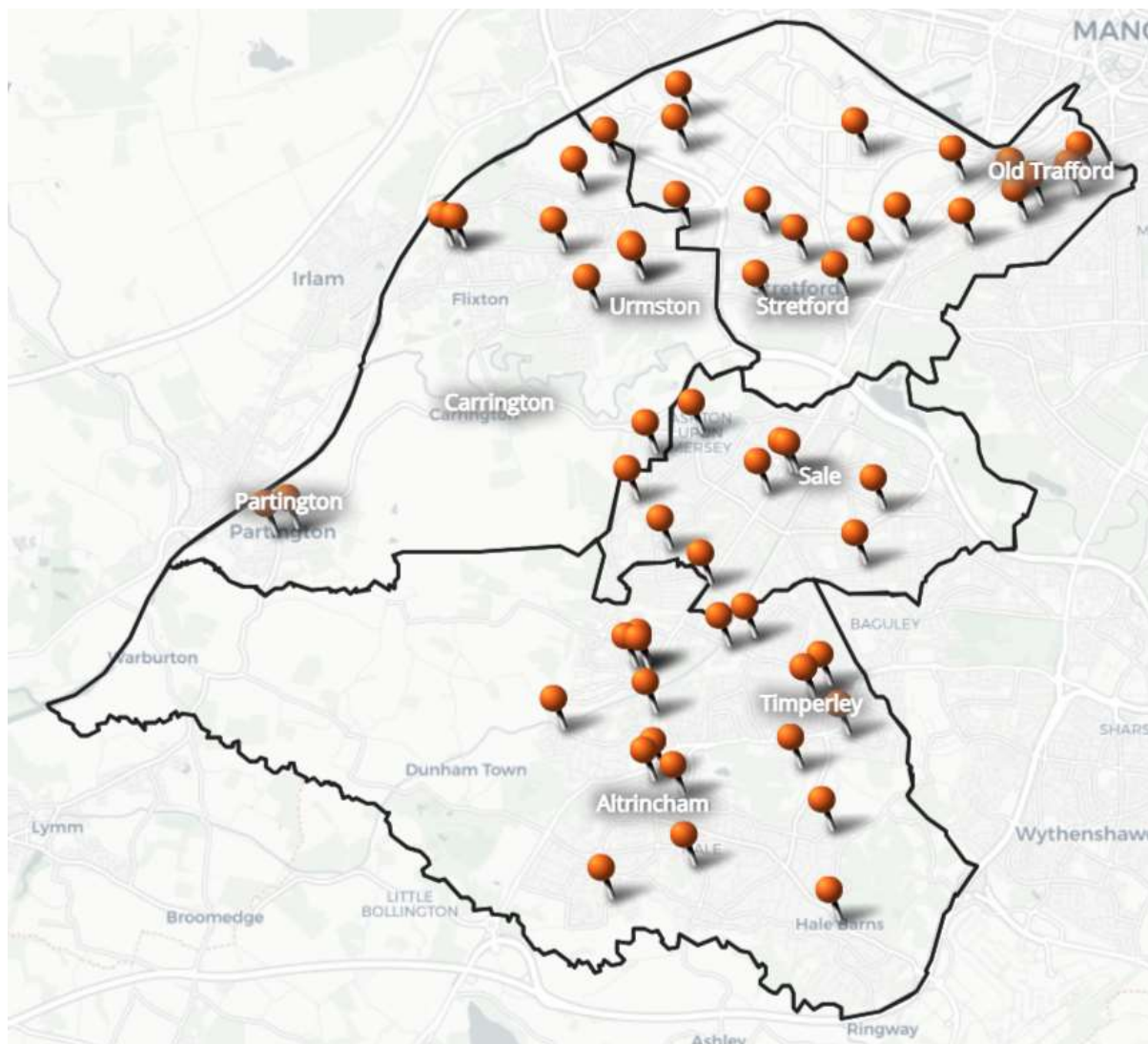


Figure 1: Map of pharmacy locations in Trafford

As can be seen from Table 23, the number of pharmacies within the HWB's area has reduced slightly since 2013/14. As of May 2025, Trafford had 24.0 pharmacies per 100,000 population. This is higher than both the England and Greater Manchester average (21 per 100,000). Details of pharmacy closures since 2022 can be found in the appendix (section 12.3).

There has been an increase in the number of items dispensed per month. However, as indicated in Table 24 below, in 2024/25 Trafford's average prescription items per month was lower than Greater Manchester and England.

As the average items per month remain below the national and regional averages, it can be concluded that the current number of pharmacies across Trafford is sufficient and can cope with a future increase in items. An 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.

Year	Number of community pharmacies	Prescription items dispensed per month (000)s	Population (000)s Mid-Year	Pharmacies per 100,000 population
2013/14	61	392	230	27
2021/22	62	402	238	26
2024/25	57	448	237.5	24.0

Table 23: Trafford Pharmacies 2013/14 compared with 2024/25

	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	12,009	96,086	57,690	21	8,001
Greater Manchester	623	5,452	2,949	21	8,973
Trafford	57	448	237.5	24.0	7,860

Table 24: Pharmacy Contractors Trafford, Greater Manchester & England 2024/25

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

A total of 98.9% of Trafford resident postcodes are within 1 mile of a Trafford pharmacy. A total of 90.6% of resident postcodes are within 0.5 miles of a Trafford pharmacy.

Across Trafford's 21 wards, the average distance to a Trafford pharmacy is highest for the ward of Bowdon (0.51 miles) and lowest for the ward of Old Trafford (0.14 miles) (Figure 2). 'Average distance' refers to the average distance that a resident living within each of the Trafford wards must travel to a pharmacy (averaged for each ward). As expected, wards with the highest average distance (Bowdon, Bucklow-St Martins, Flixton) are in Trafford's less densely populated and larger geographical wards.

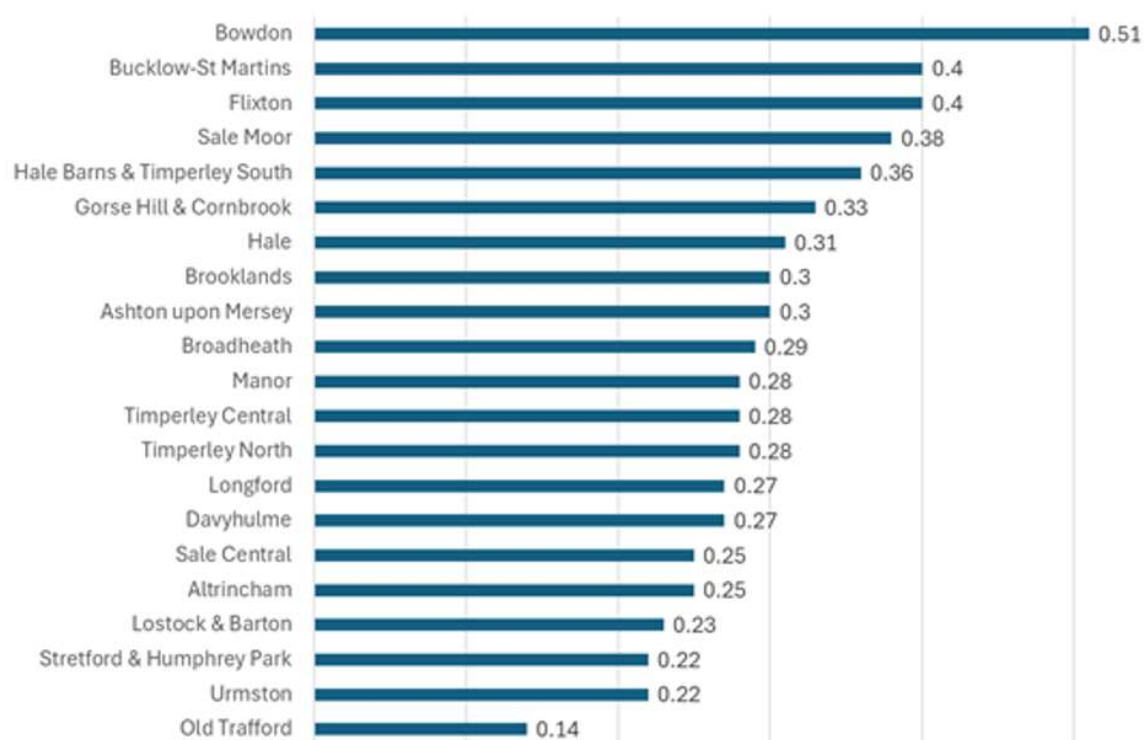


Figure 2: Average Distance (miles) to Trafford Pharmacy per Ward

In addition to the pharmacy provision within Trafford, there are a total 55 pharmacies located within one mile of Trafford, 19 within the borough of Salford, 34 within the borough of Manchester, and two within the borough of Warrington (Figure 3).

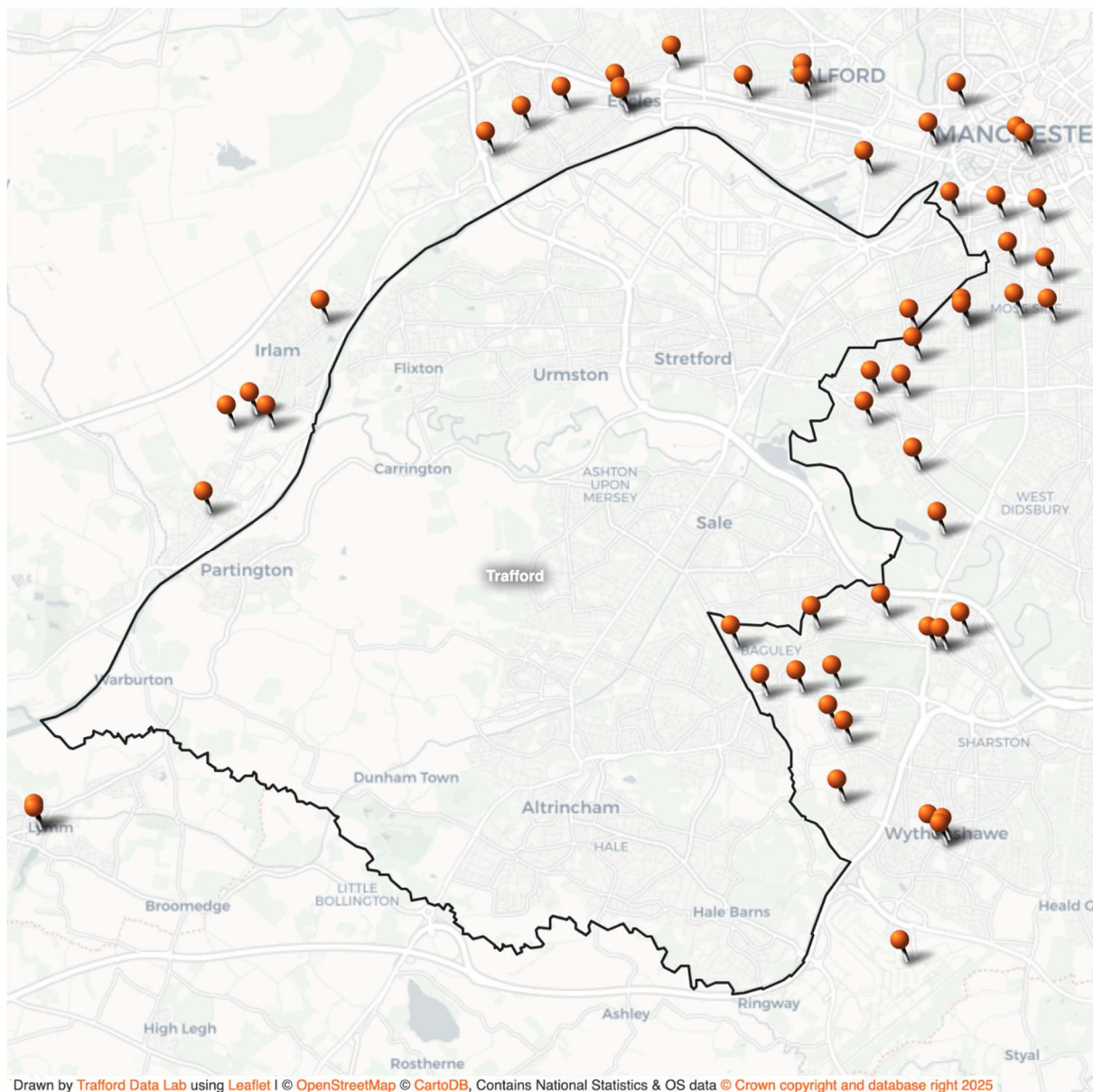


Figure 3: Pharmacies within 1 mile of Trafford border

Monday to Saturday opening

Four pharmacies open at 8am or earlier Monday to Friday. Of these, three also open at 8am on a Saturday, one opens at 9am on a Saturday and one is closed on a Saturday. This represents a reduction in access compared to the last PNA where there were 10 pharmacies open at 8am or earlier Monday to Saturday. **The North of the borough has a gap in early morning opening between 8 and 8:30am. The Public Survey respondents from the North Neighbourhood suggest that early morning opening from Monday to Friday is particularly important (23 out of 27 rated this as ‘essential’).**

Pharmacy	Postcode	Locality	Mon-Sat opening time	Comments
Malcolm's Pharmacy (Urmston)	M41 5AA	West	8am	9am opening time on Saturdays
Tesco (Hereford Street, Sale)	M33 7XN	Central	8am	
Tesco (Manor Road, Altrincham)	WA15 9QT	South	8am	
Timperley Pharmacy (Timperley)	WA15 7UN	South	8am	

Table 25 Trafford pharmacies open Monday to Saturday from 8am or earlier

26 pharmacies do not open at all on a Saturday and a further 14 close by 1pm. This leaves 18 pharmacies open for most of Saturday with seven of those pharmacies being open until 7pm or later. This represents a reduction in access compared to the last PNA (published in 2022) when 13 pharmacies were open on a Saturday until 7pm.

The 2022 PNA reported a 32% drop in the number of pharmacies open until 7pm or later Monday to Saturday compared to the PNA published in 2017. Unfortunately, this PNA shows a further drop from 13 to 10. Four of these pharmacies are supermarket pharmacies (Asda and Tesco), although the Lloyds pharmacies (located in Sainsbury's) have closed. There remain three independent late-night pharmacies operating within Trafford, as well as the continued presence of two Boots pharmacies open after 8pm.

Pharmacy	Postcode	Locality	Mon-Sat closing time	Comments
Asda (Trafford Park)	M41 7ZA	North	9pm	
Boots (Altrincham)	WA14 5GR	South	8pm	6pm closing on Saturdays
Boots (Trafford Centre)	M17 8BD	North	10pm	9pm closing on Saturdays
Conran Late Night Pharmacy	M41 5SJ	West	9pm	
Elliotts Pharmacy (Old Trafford)	M16 0LN	North	9pm	
Malcolm's Pharmacy (Urmston)	M41 5AA	West	8pm	5pm closing on Saturdays
Tesco (Hereford St, Sale)	M33 7XN	Central	7pm	

Tesco (Chester Road, Stretford)	M32 0QW	North	9pm	
Tesco (Manor Road, Altrincham)	WA15 9QT	South	8pm	
Timperley Pharmacy (Timperley)	WA15 7UN	South	9pm	

Table 26 Trafford pharmacies open Monday to Saturday until 7pm or later

Sunday opening

Pharmacy	Postcode	Locality	Sunday opening time	Sunday closing time
Asda (Trafford Park)	M41 7ZA	North	10.30am	4.30pm
Boots (Altrincham)	WA14 5GR	South	11am	3pm
Boots (Trafford Centre)	M17 8BD	North	12noon	6pm
Conran Late Night Pharmacy	M41 5SJ	West	9am	9pm
Elliotts Pharmacy (Old Trafford)	M16 0LN	North	10am	5pm
Tesco (Chester Road, Stretford)	M32 0QW	North	11am	5pm
Tesco (Hereford Street, Sale)	M33 7XN	Central	10am	4pm
Tesco (Manor Road, Altrincham)	WA15 9QT	South	10am	4pm
Timperley Pharmacy (Timperley)	WA15 7UN	South	9am	6pm

Table 27 Trafford pharmacies open on Sunday

Nine pharmacies open on Sunday (compared to 15 in 2022 PNA), but with all localities having at least one pharmacy open for some hours. Well Pharmacy, located in Partington Health Centre, opens from 8.30am-6pm Monday to Friday, and from 9am-12pm on Saturday, but Partington remains the only area that has limited access to pharmacy services on Sunday as well as Saturday evenings. The number of Public Survey respondents from Partington are very small, but it is likely that this causes an access issue for residents.

4.2 Other NHS Services

Changes in primary care in 2019 saw the establishment of Primary Care Networks (PCNs) as a key part of the NHS Long Term Plan. A PCN consists of groups of GP Practices working together with community, mental health, social care, pharmacy, hospital and voluntary services in their local areas. PCNs build on existing primary care services and offer more proactive, personalised, co-ordinated health and social care for people close to home. In Trafford there are five PCNs within four neighbourhoods. NHS England advise each PCN should serve a community of around 30,000 – 50,000 people, and therefore the south neighbourhood has two PCNs. Involvement of community pharmacy teams in the work of their local PCN is encouraged via the Pharmacy Quality Scheme.

During the Covid-19 pandemic digital innovation has transformed the way that people access GP services, with increased use of video and online consultations. In addition, the need to reduce face to face contacts has led to a rise in the use of electronic prescriptions. Due to new developments in the service almost all prescriptions can now be sent electronically. This means that in most cases patients no longer have to visit GP surgeries to access prescriptions and are able to collect them from any pharmacy or dispensing appliance contractor (DAC) in England.

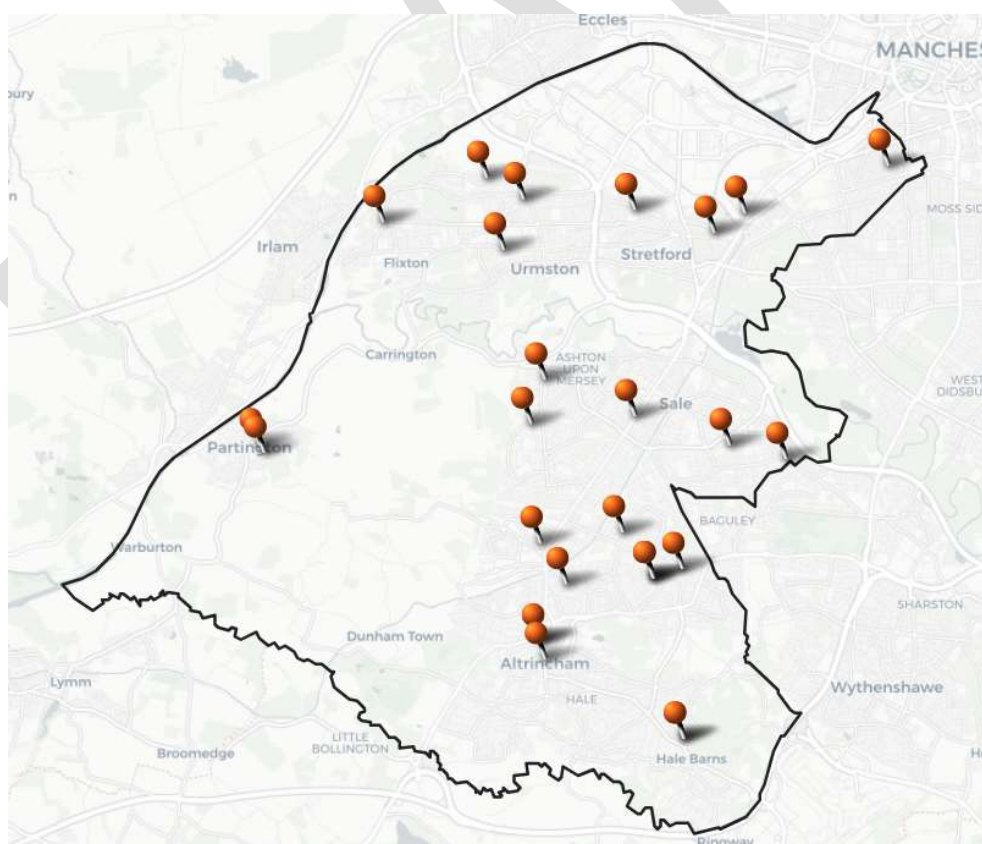


Figure 4: Map of the location of GP surgeries within Trafford

The location of GP practices in Trafford is shown in Figure 4. As expected, there are significantly more community pharmacies than there are GP practices in Trafford (23 surgeries compared to 57 pharmacies) reflecting the higher number of pharmacies per 100,000 population in Greater Manchester and England. In addition, all neighbourhoods have 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.

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

- Urgent care centre, Trafford General Hospital – The Urgent Care Centre at Trafford General Hospital is open daily from 8am to 8pm. As part of their treatment patients may be issued a prescription for dispensing. These can be dispensed by pharmacies with longer opening hours. There are pharmacies near to the hospital which are open longer hours and weekends.
- Hospital pharmacies – reduce the demand for the dispensing essential service as prescriptions written in the hospital are dispensed by the hospital pharmacy service. There are two hospitals in Trafford: Trafford General Hospital and Altrincham General Hospital. The latter does not have a pharmacy service.
- Personal administration of items by GPs – as above this also reduces the demand for the dispensing essential service. Under their medical contract with NHS England 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, implants 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
- GP out of hours service, provided by Mastercall. 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 the out of hours service can be dispensed by pharmacies with longer opening hours.

- GP extended access services. This refers to a service model in England that ensures patients can access general practice appointments outside of traditional core hours — making care more flexible and convenient. Each PCN submits a plan to determine how they will meet local needs in this way. This can increase the need for patients to access pharmacy services on a Saturday and in the evening.

4.3 Future provision

Future need affected by Housing Development

In the period 2024/25 to 2028/29, as part of the Greater Manchester identified land supply, it was determined that Trafford is planned to have 3,710 residences built across 220 different developments which have either been permitted or pending permission. Of these, 1,075 residences will be houses, and 2,635 will be apartments¹. Figure 5 is a map of where these developments will be occurring.

Notable large developments (with 150 or more houses and/or apartments) include:

- Lumina Village – Stretford (639 apartments)
- Pomona Docks/Pomona Strand – Old Trafford (526 apartments)
- Stretford Mall – Stretford (220 apartments)
- Lock Lane – Partington (188 houses)
- Heath Farm Lane – Partington (167 houses)
- Waterways Avenue (Pomona) – Old Trafford (159 apartments)
- Hall Lane – Partington (151 houses)

A vast majority of larger developments providing residences across Trafford fall within Partington, Stretford, and Old Trafford, and this could potentially impact upon future need for pharmacies within these areas. 100 developments are providing only one house or apartment, with approximately half of these being within south Trafford.

¹ [Research: Identified Land Supply 2024 - Greater Manchester Combined Authority](#)

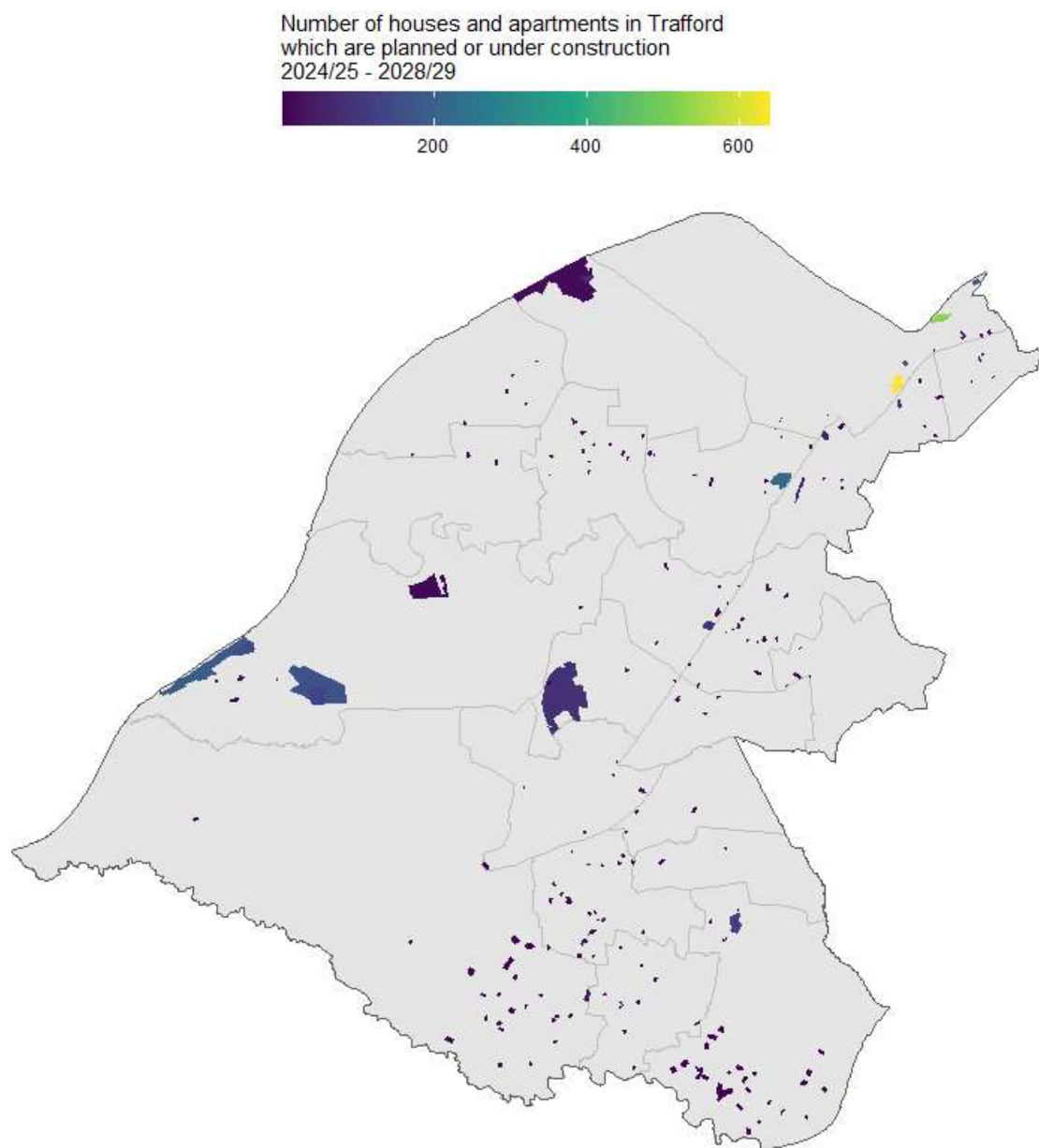


Figure 5: Map of housing and apartment developments in Trafford for the period 2024/25 – 2028/29

5 Trafford Context

5.1 Overview

Trafford's population has been increasing over most recent years (the exception being in 2020 and 2021, potentially as a result of the COVID-19 pandemic), notably within the younger and older age groups – the proportion of the population falling within the ages of 20 to 64 has been decreasing.

According to the 2019 Index of Multiple Deprivation (IMD), Trafford is the least deprived local authority in Greater Manchester, though there are still pockets of deprivation within Trafford where residents are deemed to be living in the 10% most deprived areas of England.

Life expectancy in Trafford has had no consistent trend over recent years, though is consistently higher for females than males, with most recent data showing Trafford having a higher life expectancy than in England.

This section covers the demographics of Trafford in detail.

5.2 Population

As of mid-2023, Trafford has a population of 237,480 people, an increase of over 10,000 people in the twelve years since 2011, where the population was 227,091² (Figure 6).

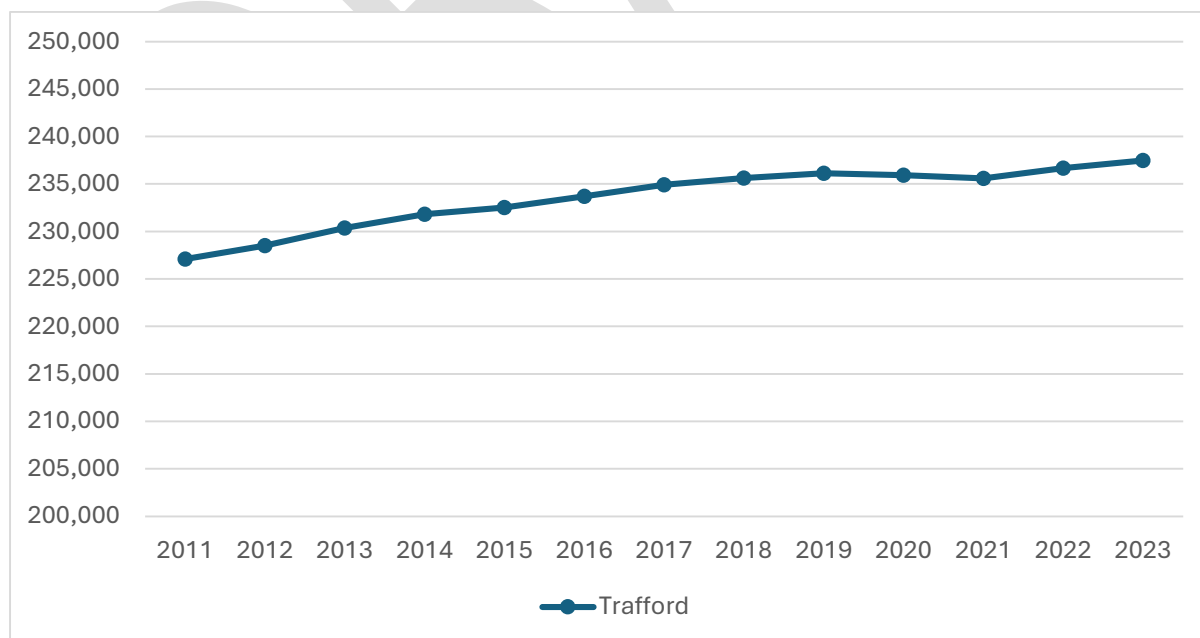


Figure 6 Population in Trafford from 2011 to 2023

² [Analysis of population estimates tool for UK - Office for National Statistics](#)

Trafford's age structure differs to England, with there being a higher proportion of the population aged 5 to 14 years and 35 to 54 years in Trafford compared to England, and a lower proportion of the population aged 20 to 34 and 65 to 79 years (Figure 7). For other age groups, Trafford has a similar distribution to England.

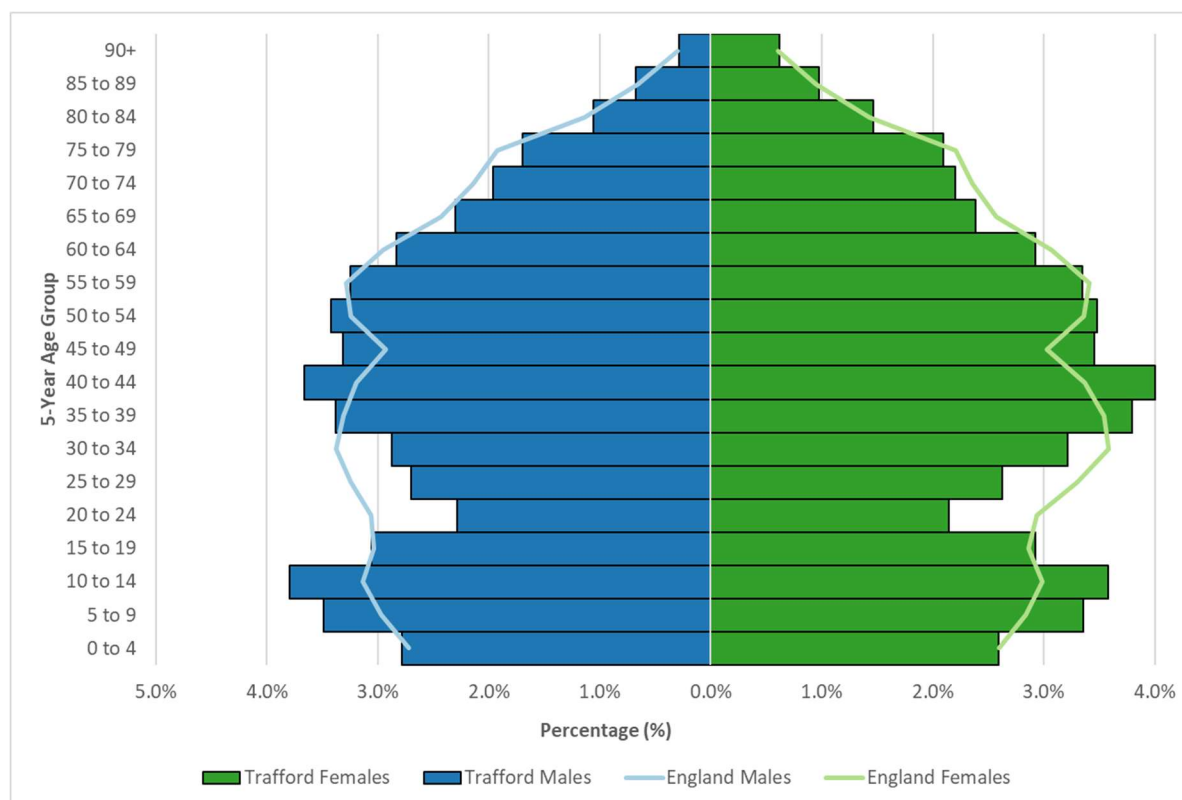


Figure 7 Population pyramid for Trafford's mid-2023 population compared to England

There are variations in the age makeup of small areas within Trafford (Figure 8) – for example, in the Gorse Hill & Cornbrook electoral ward, almost three quarters (73%) of the population are between the ages of 16 and 64, whilst in Hale Barns & Timperley South, this falls to just over half of the population (54.3%). Gorse Hill & Cornbrook also has the lowest proportion of people aged 65 and older (7.7%), and Hale Barns & Timperley South the highest (24.8%). Urmston has the lowest proportion people aged 0 to 15 (17.3%), and Broadheath the highest proportion (24.1%).³

³ [Population estimates - small area based - Nomis - Official Census and Labour Market Statistics](#)

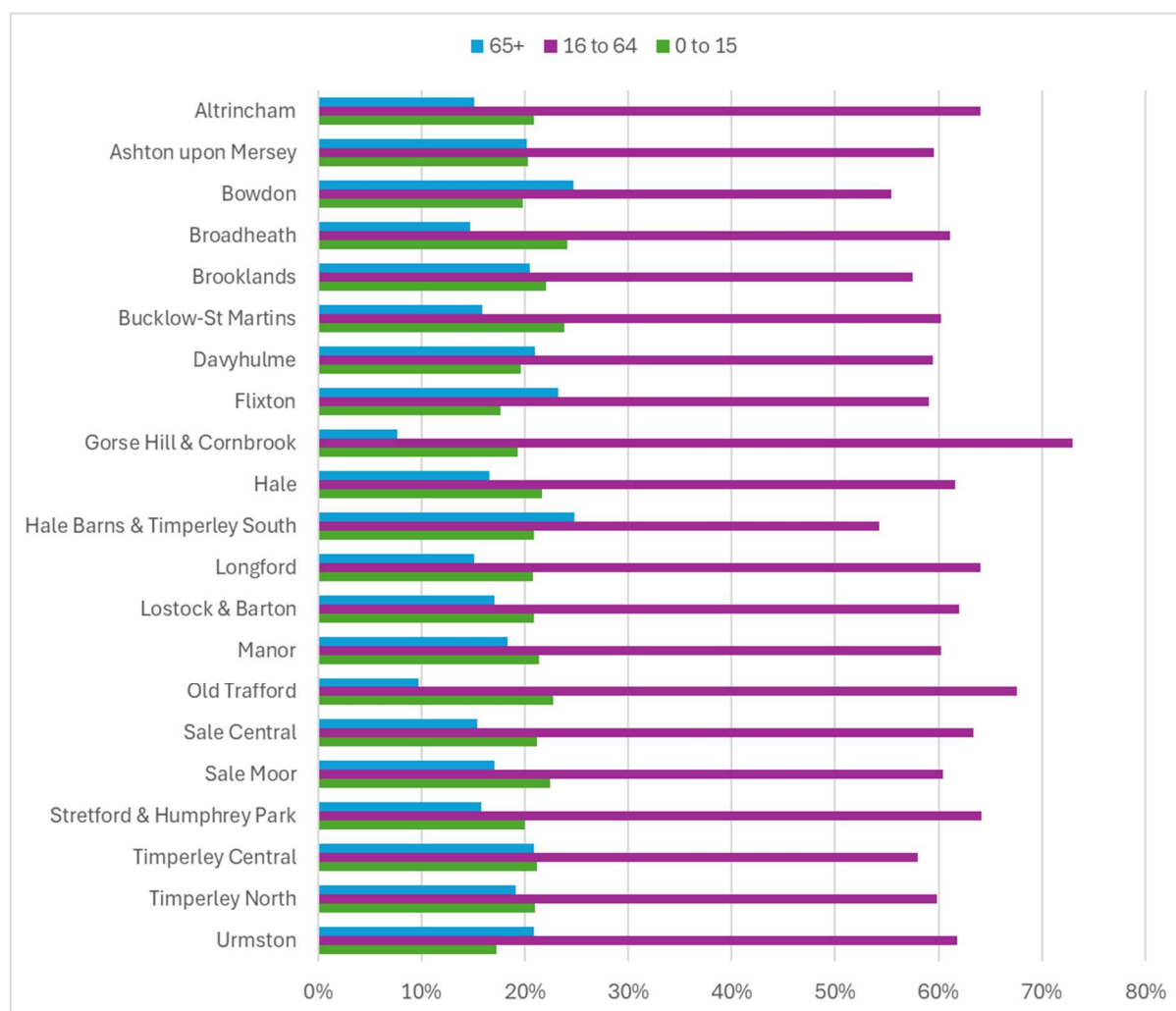


Figure 8 Population age breakdown for Trafford's electoral wards

Alongside population estimates, the Office for National Statistics produces population projections, which are estimated using demographic trends and do not consider things such as potential changes to international migration, and differ from population estimates. The most recent projections are based on the mid-2022 population estimates, and cover the span of 25 years, up to 2047.⁴

Trafford's population is projected to increase steadily in the 25 years between 2022 and 2047 (Figure 9). Overall, between 2022 and 2047, Trafford's population is projected to increase by approximately 30,000 people, reaching a population of 265,032 people, which is a 12% increase.

As mid-2023 population estimates had been released before the release of the population projections, a comparison could be made between the projected population and the estimated population. It was projected that the population would increase by

⁴ [Subnational population projections: 2022-based - Office for National Statistics](#)

approximately 1,676 people between 2022 and 2023, but the estimates show an increase of only 829 people – just under half of what the projection anticipated. It is, however, too soon to say as to whether the projections are inaccurate, as this is only a measure at one point in time.

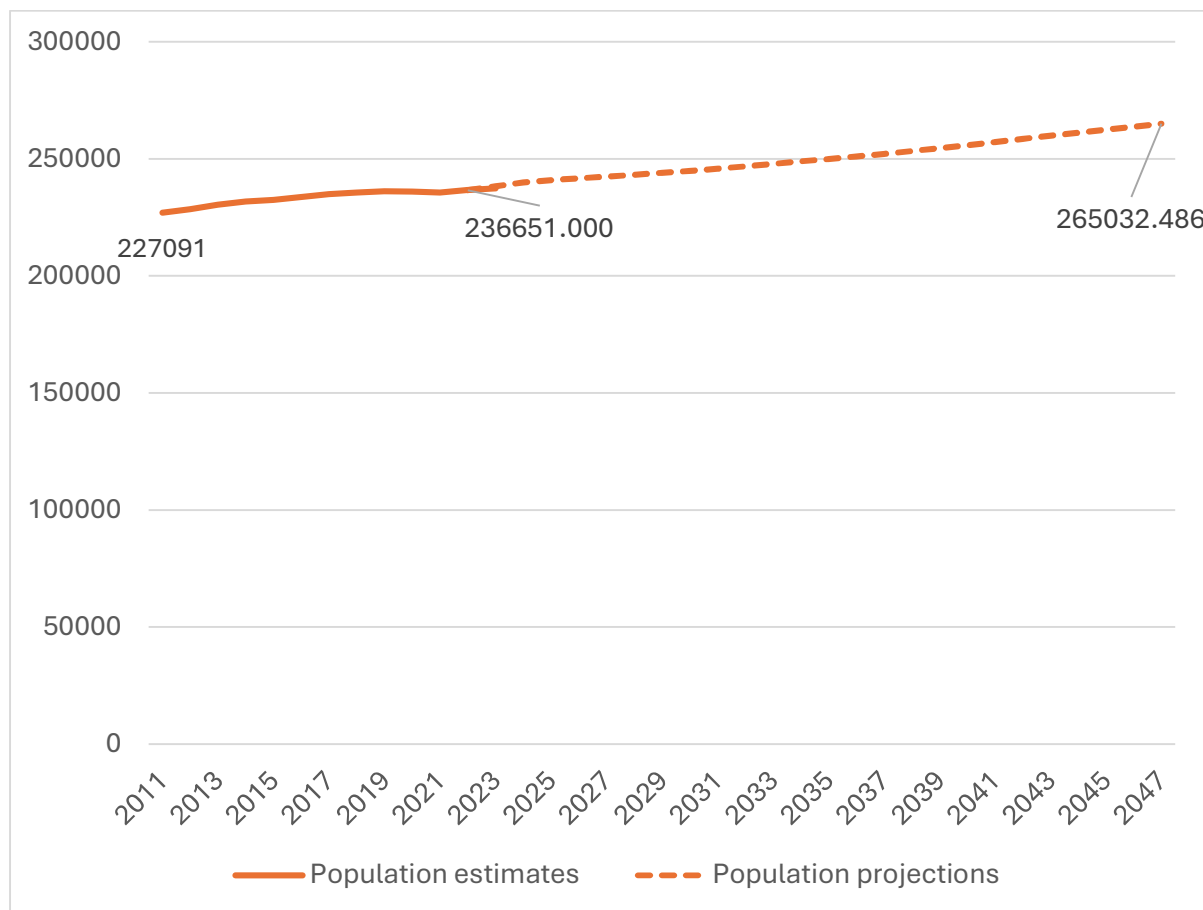


Figure 9 Population projections for Trafford from 2011 to 2023, alongside population projections from 2022 to 2047

5.3 Deprivation

Trafford ranks 191 of 317 local authority districts in England (where a rank of one is the most deprived authority in England). Trafford is the least deprived borough in Greater Manchester (GM) according to the 2019 Index of Multiple Deprivation (IMD), which combines several economic, social and housing indicators into one deprivation score⁵.

Among the ten GM local authorities, Trafford has the lowest proportion (5.0%) and number (7) of Lower Layer Super Output Areas (LSOAs) in the 10% most deprived LSOAs in England when adjusted for changes made to LSOA boundaries following the 2021 census⁶. Of the seven Trafford LSOAs that are within the 10% of most deprived LSOAs in

⁵ [English indices of deprivation 2019 - GOV.UK](#)

⁶ [Fingertips guidance - Public Health methods | Fingertips | Department of Health and Social Care](#)

the country, two are in North Trafford (Old Trafford and Longford electoral wards), West Trafford (Bucklow-St Martins ward), and Central Trafford (Manor ward), and 1 is in South Trafford (Timperley Central ward) (Figure 10).

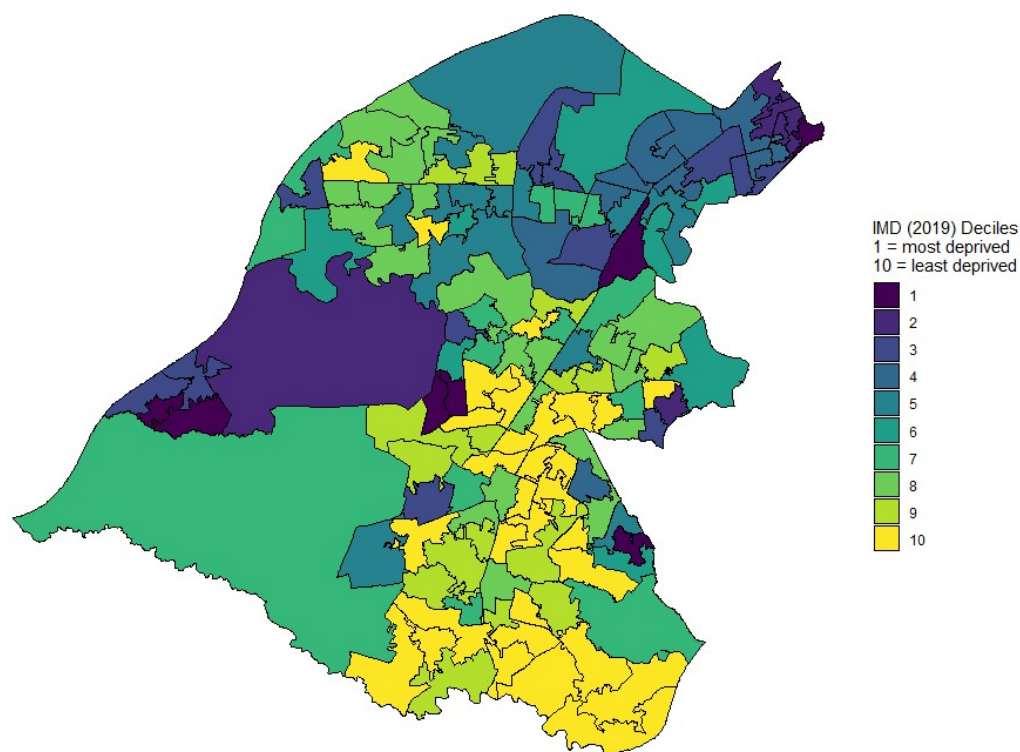


Figure 10 Map of Trafford LSOAs by deprivation decile

An alternative measure of deprivation is from the 2021 Census and is broken down into four dimensions of deprivation: employment, education, health and disability, and household overcrowding.⁷ This measure does not indicate which measure an area is deprived by, but instead provides proportion of households broken down by the number of dimensions in which an area is deprived in.

In Trafford as a whole, just over half of households (53.9%) are not deprived in any dimension, and 0.1% of households are deprived in all four dimensions.

5.4 Life expectancy

Life expectancy for males in Trafford is at 79.4 years as of 2023, a decrease of 0.5 years from 2022, and a decrease of 0.2 years since 2013 (Table 28, Figure 11). Life expectancy for males in Trafford is also 0.1 years higher than in England⁸. Life expectancy for

⁷ [TS011 - Households by deprivation dimensions - Nomis - Official Census and Labour Market Statistics](#)

⁸ [Public Health Outcomes Framework - Data | Fingertips | Department of Health and Social Care](#)

females in Trafford is at 83.8 years as of 2023, an increase of 0.6 years from 2022, and an increase of 1 year since 2013. Life expectancy for females in Trafford is also 0.6 years higher than in England⁹.

Gender	Trafford	England	Gap between Trafford and England
Male	79.4 years	79.3 years	+0.1 years
Change from 2013	-0.2 years	0 years	-
Female	83.8 years	83.2 years	+0.6 years
Change from 2013	+1 years	+0.2 years	-

Table 28: 2023 Life Expectancy for Males and Females in Trafford and England, and changes from 2013

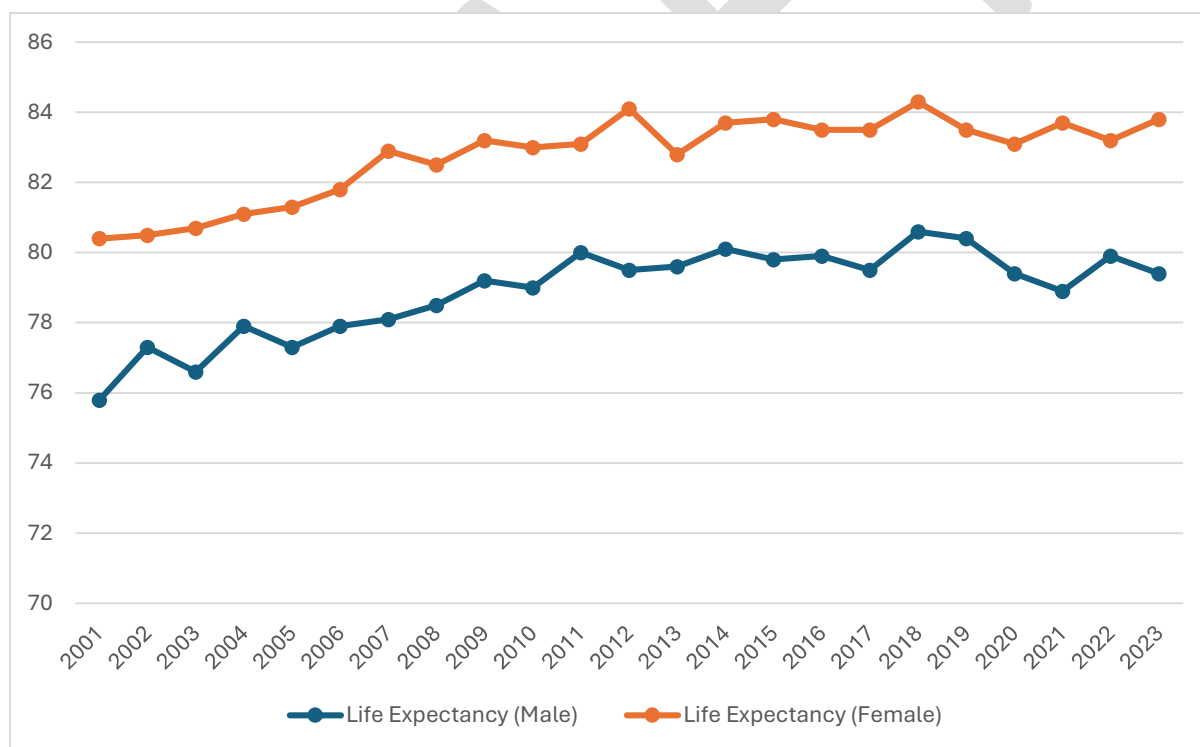


Figure 11 Male and Female Life Expectancy timeseries for Trafford (2001-2023)

Life expectancy at 65 for males in Trafford for 2023 is similar to England, at 18.7 years compared to 18.8 years¹⁰. Life expectancy at 65 for females in Trafford for 2023 is at 21.7 years, slightly higher than England at 21.3 years¹¹.

⁹ [Public Health Outcomes Framework - Data | Fingertips | Department of Health and Social Care](#)

¹⁰ [Public Health Outcomes Framework - Data | Fingertips | Department of Health and Social Care](#)

¹¹ [Public Health Outcomes Framework - Data | Fingertips | Department of Health and Social Care](#)

Inequality in life expectancy

Healthy life expectancy in the period 2021-2023 for males (63.9 years) in Trafford is above that of England (61.5 years), though is 2.6 years lower than the peak in healthy life expectancy in 2018-20 of 66.5 years¹². Healthy life expectancy at birth for females in Trafford (65.0 years) in 2021-23 is also higher than England (61.9 years), but is 2.5 years lower than the peak of 2018-20 (67.5 years)¹³.

5.5 Population characteristics

This section discusses, and outlines some health needs of, people from the following population groups within Trafford:

- Age
- Sex/Gender
- Long-term Health Problems and Disability
- Race, Ethnicity and Language
- Religion and Belief
- Marriage and Civil Partnership
- Pregnancy and Maternity
- Sexual Orientation
- Gender Identity

5.5.1 Age

As of mid-2023, 21% of Trafford's population were aged 0-15, 61.3% were aged 16-64, and 17.7% were aged 65+¹⁴ (Figure 12). Over the course of the ten years leading up to 2023, the proportions of those aged 0-15 and 65+ have increased, whilst those aged 16-64 have decreased.

¹² [Public Health Outcomes Framework - Data | Fingertips | Department of Health and Social Care](#)

¹³ [Public Health Outcomes Framework - Data | Fingertips | Department of Health and Social Care](#)

¹⁴ [Analysis of population estimates tool for UK - Office for National Statistics](#)

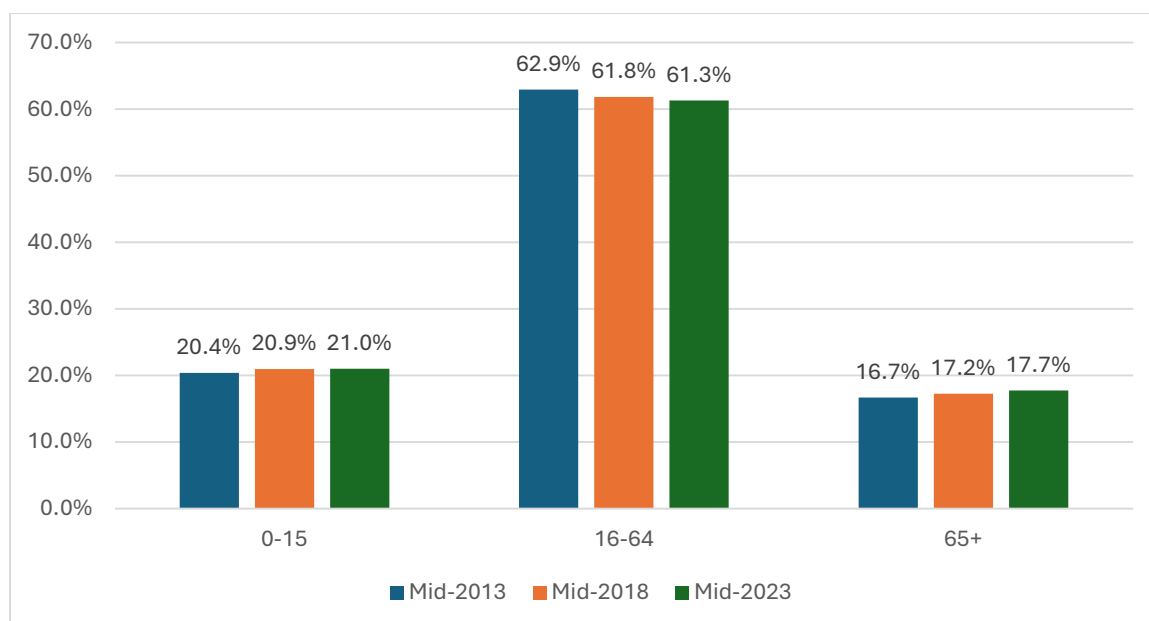


Figure 12 Changes to Trafford's population for different age groups in mid-2013, mid-2018, and mid-2023

When compared to all three of Greater Manchester, North West England, and England (Table 29), Trafford has a higher proportion of people aged 0-15, by 0.8% when compared to Greater Manchester, 2.3% compared to North West England, and by 2.5% compared to England.

Trafford also has a lower proportion of people aged 16-64 when compared to these three areas, with GM being at 2.7% higher, North West being 1.2% higher, and England being 1.6% higher.

For adults aged 65+, Trafford has a higher proportion when compared to GM (1.9% higher), but a lower proportion when compared to the North West and England (at 1.1% and 1% lower respectively).

Age group	Trafford	Greater Manchester	North West	England
0 to 15	21.0%	20.2%	18.7%	18.5%
16 to 64	61.3%	64.0%	62.5%	62.9%
65+	17.7%	15.8%	18.8%	18.7%

Table 29: Proportions of the populations of Trafford, GM, NW England, and England who are aged 0-19, 20-64, and 65+

Age has an influence on which medicine and method of delivery is prescribed. For example, older people have a higher prevalence of illness and take many medicines. The medicines management of older people is complicated by multiple diseases, complex medication regimes and the ageing process affecting the body's capacity to

metabolise and eliminate medicines from it. Younger people, similarly, have different abilities to metabolise and eliminate medicines from their bodies. Advice can be given to parents on the optimal way to use the medicine or appliance and provide explanations on the variety of ways available to deliver medicines.

Pharmacy staff can provide broader advice when appropriate to patients or carers on medicines, self-care, signposting to relevant services and public health messages. The safe use of medicines for children and older people is one where pharmacies play an essential role. Pharmacies also play an increasing role in imparting public health messages around healthy living, providing opportunistic brief interventions around topics such as alcohol, exercise and healthy eating.

Children

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

Starting life well through early intervention and prevention is a key priority for developing strong universal public health with an increased focus on disadvantaged families. By improving maternal health, we could give our children a better start in life, reduce infant mortality and reduce the numbers of low birth weight babies and by taking better care of children's health and development we can improve educational attainment, reduce the risks of mental illness, unhealthy lifestyles, road deaths and hospital admissions.

Older people

The greatest rate of increase in population numbers will be seen in those people aged over 65. In Trafford there is predicted to be a 19% increase for residents aged 65-79 (from 127,300 to 133,000), and a 46% increase for residents aged 80+ (from 12,290 to 17,897) between 2022 to 2040.

The main issues which challenge older people in Trafford are:

- Chronic disease – such as heart disease, stroke
- Dementia – half of dementias have a vascular component so by improving diet and lifestyle in earlier life the impact can be lessened.
- 1 in 4 older people experience depression requiring professional intervention
- Falls are common in older people with 1 in 3 people over 65 years and 1 in 2 people over 85 experiencing 1 or more falls. Hip fractures are a common serious injury relating to falls in older people.
- 1 in 4 people experience chronic loneliness

- There are increasing numbers of frail people and many people over 65 years are carers.
- Keeping warm is crucial in winter especially for older people and avoiding excess winter deaths.

The wards of Davyhulme West, Flixton, Hale Barns, and Bowdon have almost twice the number of people over 64 years of age when compared to the wards of Gorse Hill and Clifford.

Pharmacy teams are often one of the few or only teams that people living in isolation have regular contact with.

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

5.5.2 Sex/Gender

According to mid-2023 population estimates, 48.8% of Trafford's population are males, and 51.2% are females.¹⁵

Community pharmacies are ideally placed for self-care by providing advice and support for people to derive maximum benefit from caring for themselves or their families.

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

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

5.5.3 Long-term Health Problems and Disability

In the 2021 Census, long-term health problems and disability was measured under a question about being disabled under the Equality Act, and whether day-to-day activities are limited.¹⁶

¹⁵ [Analysis of population estimates tool for UK - Office for National Statistics](#)

¹⁶ [TS038 - Disability - Nomis - Official Census and Labour Market Statistics](#)

In Trafford, 16% of residents identified as being disabled under the Equality Act and having their day-to-day activities limited (6.8% limited a lot, and 9.2% limited a little) (Table 30). 7.2% of Trafford residents have a long-term health condition but their day-to-day activities are not limited, and 76.8% have no long-term health condition.

When compared to Greater Manchester, North West England, and England, Trafford has lower proportions of people who identify as disabled under the Equality Act, and higher proportions of people who identify as not disabled.

Area	Disabled under the Equality Act		Not disabled under the Equality Act	
	Day-to-day activities limited a lot	Day-to-day activities limited a little	Long-term health condition but day-to-day activities not limited	No long-term health condition
Trafford	6.8%	9.2%	7.2%	76.8%
Greater Manchester	8.4%	9.9%	6.4%	75.3%
North West	8.9%	10.5%	6.7%	73.8%
England	7.3%	10.0%	6.8%	75.9%

Table 30 Proportions of the population in Trafford, GM, NW England, and England on whether they identify as disabled under the Equality Act and whether their day-to-day activities are limited

Within Trafford, there are inequalities in the proportion of people who identify as disabled, ranging from 10.3% in Hale Central¹⁷ in South Trafford (5.7% lower than the Trafford average) to 23.5% in Bucklow-St Martins in West Trafford (7.5% higher than the Trafford average) (Table 31).

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

When patients are managing their own medication but need some support, pharmacists and dispensing doctors must comply with the Equality Act 2010. Where the patient is assessed as having a long term physical or mental impairment that affects their ability to carry out everyday activities, such as managing their medication, the pharmacy contract includes funding for reasonable adjustments to the packaging or instructions that will support them in self-care. The first step should be a review to ensure that the number of medications and doses are reduced to a minimum. If further

¹⁴ Ward boundaries changed as of 2023. Data is from 2021 and uses boundaries which existed at the time, so ward names may differ to other names used within the report

support is needed, then compliance aids might include multi- compartment compliance aids, large print labels, easy to open containers, medication reminder alarms/charts, eye dropper or inhaler aids.

2021 ward	% identifying as disabled under the Equality Act 2010
Hale Central	10.3
Altrincham	12.5
Broadheath	12.6
Timperley	13.1
Brooklands	13.2
Hale Barns	13.7
Priory	14.2
Bowdon	14.6
Ashton upon Mersey	15.5
Sale Moor	16.6
Longford	16.9
Clifford	17.1
Gorse Hill	17.1
Davyhulme East	17.2
Flixton	17.8
Davyhulme West	17.9
Village	18.0
St Mary's	18.2
Stretford	18.2
Urmston	18.2
Bucklow-St Martins	23.5

Table 31 Proportions of the population in Trafford who identify as disabled by electoral ward (pre-2023 boundary changes)

5.5.4 Ethnicity and Language

According to the 2021 Census, just over three quarters of the population in Trafford (77.8%) are White. The next biggest ethnic group in Trafford is Asian (12.5%), followed by Mixed or Multiple Ethnicities (3.7%), Black (3.4%), then Other (2.4%)¹⁸ (Figure 6).

¹⁸ [TS021 - Ethnic group - Nomis - Official Census and Labour Market Statistics](#)

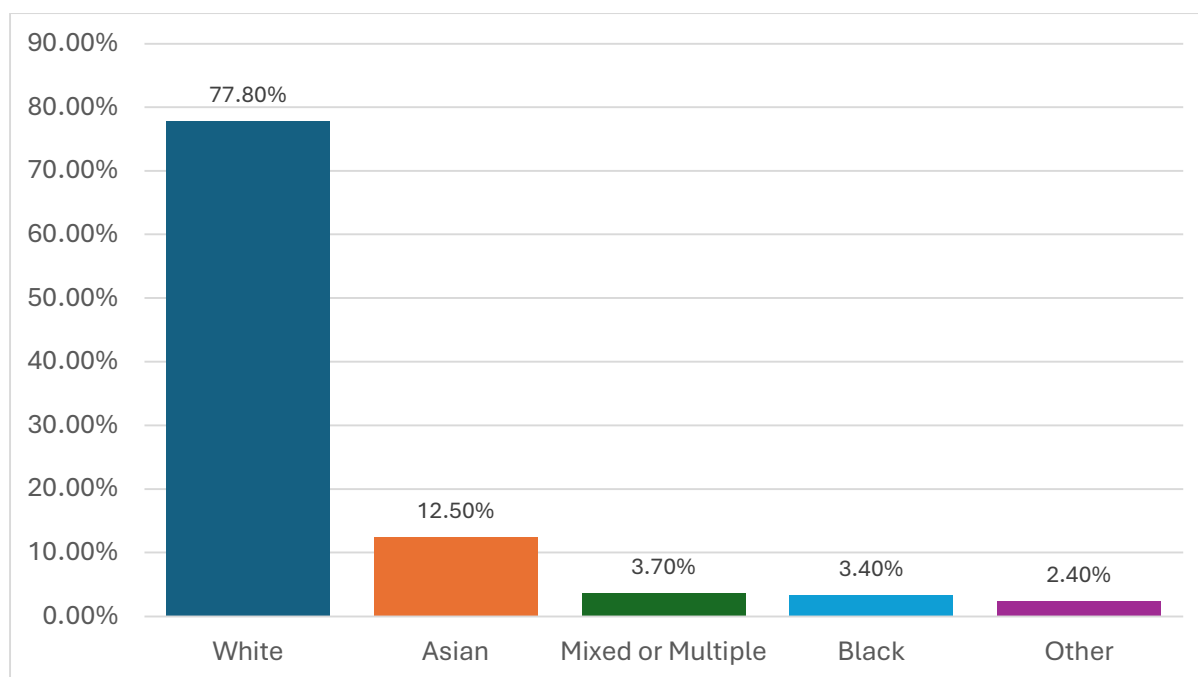


Figure 13: Breakdown of Trafford's population by overarching ethnic group

As at the 2021 Census, the main language used in Trafford was English, with 92.8% of the population using it as the main language. Of the 7.2% of people in Trafford who didn't use English as a main language, the five most predominant languages were Urdu, Polish, Arabic, Panjabi, and Cantonese Chinese.¹⁹

Language can be a barrier to delivering effective advice on medicines, health promotion and public health interventions.

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

5.5.5 Religion and Belief

Just under half (48.4%) of Trafford's population described themselves as being Christian as of the 2021 Census, and around a third (33.1%) said that they had no religion (Figure 14). Of the remaining 18.5% of the population, a majority were Muslim (8.7%), with another 5.1% not answering the question about religion (5.1%). The remainder of the population were either Hindu (2%), Jewish (1%), Sikh (0.8%), Buddhist (0.4%), or had another religion (0.4%).²⁰

¹⁹ [CENSUS 2021: Ethnicity, Identity, Language and Religion](#)

²⁰ [TS030 - Religion - Nomis - Official Census and Labour Market Statistics](#)

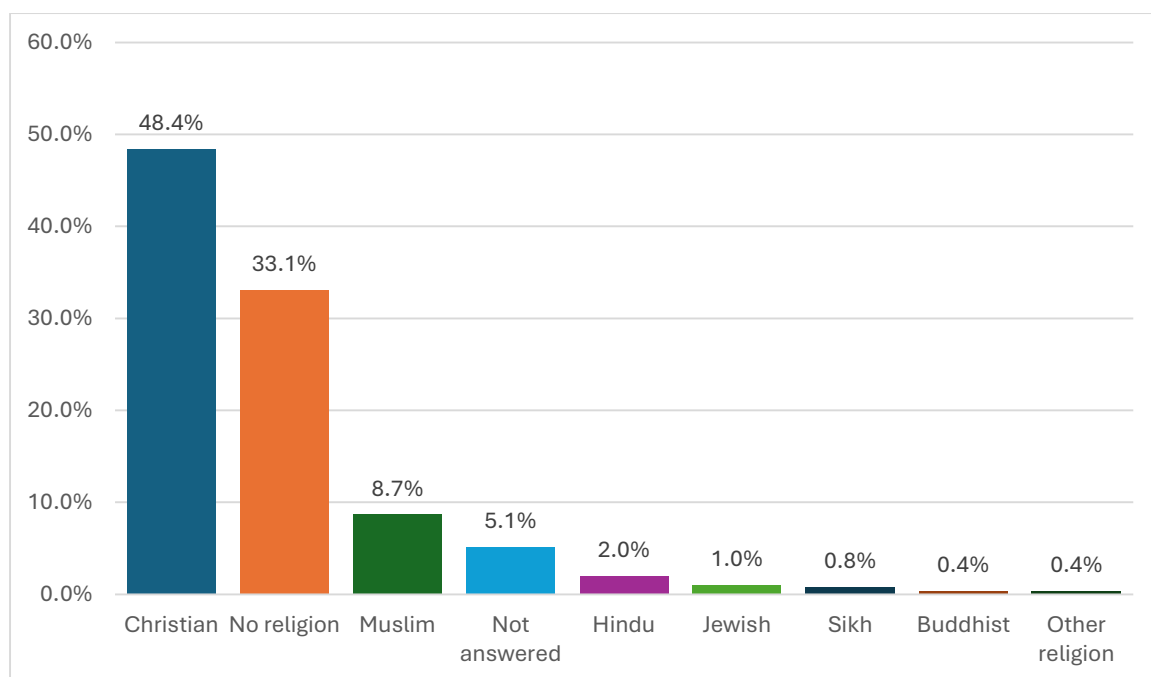


Figure 14 Breakdown of Trafford's population by religion

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

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

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

5.5.6 Marriage and Civil Partnership

Almost half (48.2%) of Trafford's 16+ population were married or in a registered civil partnership as of the 2021 Census, and just over a third of the population had never

been married or registered a civil partnership (Figure 15). 8.3% of the population were divorced or had their civil partnership dissolved, 6.2% were widowed, and 1.9% were separated but still legally married or in a civil partnership.²¹

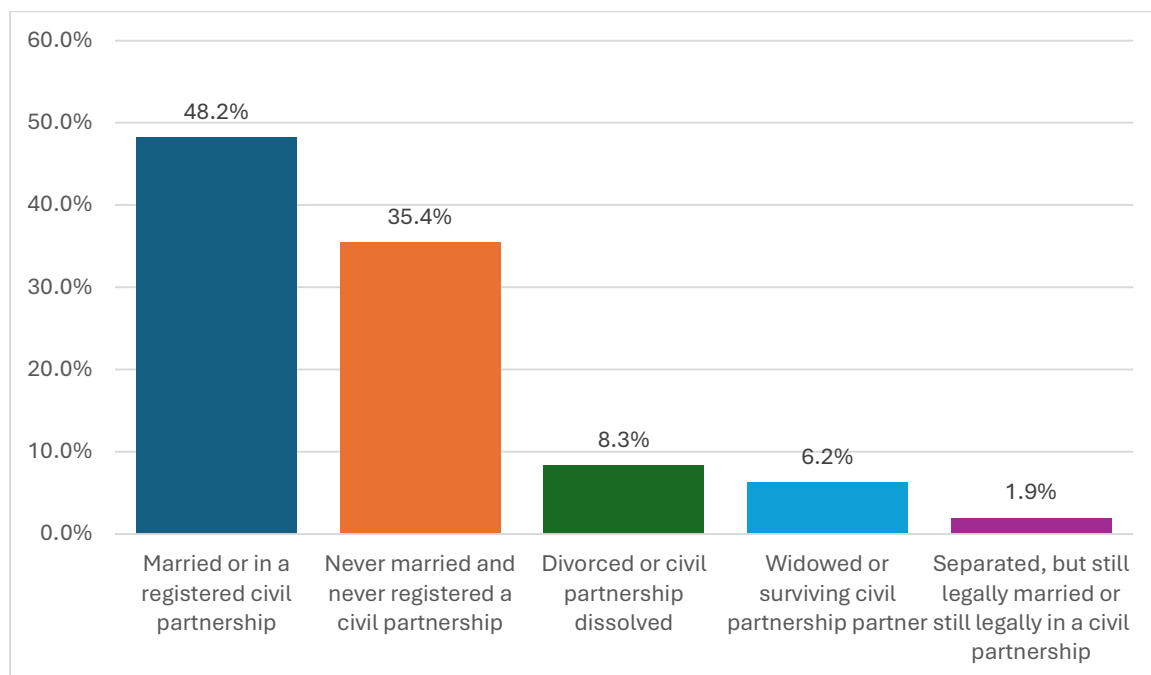


Figure 15: Breakdown of Trafford's 16+ population by legal partnership status

Consideration should be given to signs of domestic violence, pharmacies can help to raise awareness of this issue and sign posting to services/organisations who can provide advice and support.

5.5.7 Pregnancy and Maternity

Smoking was recorded in 6.3% of pregnancies in the early stages in Trafford in 2023/24, though only 3.8% had a smoking status at the time of delivery, significantly lower than both North West England and England.²²

67.8% of pregnancies had early access to maternity care in 2023/24, the highest proportion of all Greater Manchester local authorities, and fifth highest in the North West.²³

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

²¹ [TS002 - Legal partnership status - Nomis - Official Census and Labour Market Statistics](#)

²² [Fingertips | Department of Health and Social Care](#)

²³ [Fingertips | Department of Health and Social Care](#)

5.5.8 Sexual Orientation

In Trafford as at the 2021 Census, a majority (90.9%) of the 16+ population identified as straight or heterosexual (Figure 16). Not including the 6.2% who did not answer the question, the next biggest proportion of the population were gay or lesbian (1.6%), bisexual (1.0%), or of another sexual orientation (0.3%).²⁴

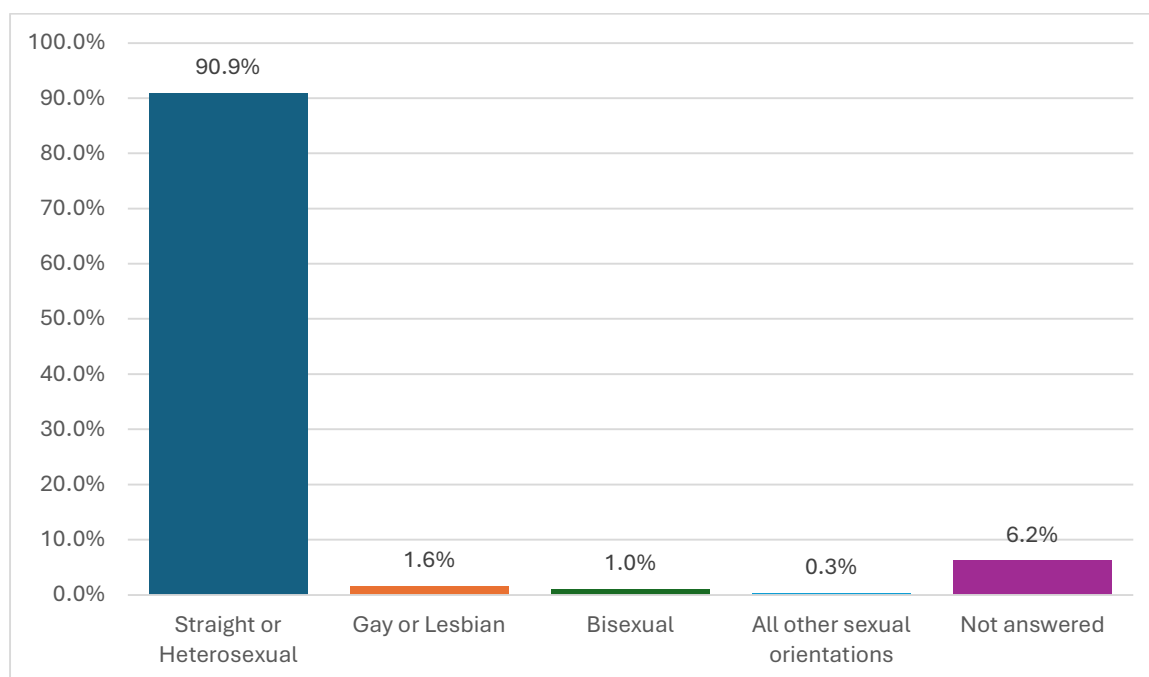


Figure 16 Breakdown of Trafford's 16+ population by sexual orientation

Research suggests that the LGBT population may be exposed to particular patterns of health risks, for instance:

- A higher prevalence of smoking and increased alcohol drinking.
- They are more likely to experience harassment or attacks, have negative experiences of health services related to their sexuality, lesbian and bisexual women are less likely to have had a smear test, and more likely to smoke, to misuse drugs and alcohol and to have deliberately harmed themselves.
- Gay and bisexual men are more likely to attempt suicide, suffer domestic abuse, misuse alcohol and drugs, and engage in risky sexual behaviours.
- Gay and bisexual men are at substantially higher risk of sexually transmitted diseases (STDs) including HIV/AIDS.

²⁴ [TS077 - Sexual orientation - Nomis - Official Census and Labour Market Statistics](#)

Pharmacies can help to raise awareness of the issues which may potentially impact members of the LGBTQ+ community and can provide advice to them in relation to healthy lifestyle choices.

5.5.9 Gender Identity

One of the most recent data sources of the gender identity of Trafford's population aged 16 years and older is the 2021 Census, though the Office for National Statistics suggests that data should be considered with caution and may differ from the actual numbers due to potential misinterpretations of the question.²⁵ The data suggests that 94.9% of people have the same gender identity as sex registered at birth, 0.2% have a gender identity different to the sex registered at birth but did not specify their identity, 0.1% were trans women, 0.1% were trans men, 0.1% were of another gender identity, and 4.7% of people did not answer the question.²⁶

It is reported the transgender community experience disproportionate levels of discrimination, harassment and abuse. Acceptance of transgender people in general health and social care settings and gender specific health services (e.g. sexual health), and access to appropriate specialist gender identity services are often reported as problematic. Research and analyses suggest that untreated gender dysphoria can severely affect the person's health and quality of life and can result in:

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

The transgender community require provision of necessary medicines and advice on adherence and side effects including the long-term use of hormone therapy. Pharmacies can provide advice to members of this community in relation to health and wellbeing and on raising awareness about issues relating to members of these communities as discussed above.

²⁵ [Sexual orientation and gender identity quality information for Census 2021 - Office for National Statistics](#)

²⁶ [TS078 - Gender identity - Nomis - Official Census and Labour Market Statistics](#)

6 Other Key Health Outcomes for Trafford

6.1 Health and Wellbeing Strategy

The JSNA forms the evidence base for Trafford's Health and Wellbeing Strategy. The Joint Health and Wellbeing Strategy is the borough's overarching plan for reducing health inequalities and improving health outcomes for Trafford residents. The Strategy focusses on reducing premature mortality, and on reducing our inequality gap in healthy life expectancy between different areas and population groups in Trafford.

Trafford's strategy highlights 5 priorities in the area: 1. To reduce the impact of poor mental health 2. To reduce physical inactivity 3. To reduce the number of people who smoke or use tobacco 4. To reduce harms from alcohol 5. To promote healthy weight

The Trafford Health and Wellbeing Board exists to improve population health outcomes. It does this through strategy development, improving partnership working, and using knowledge of local needs from the Joint Strategic Needs Assessment (JSNA) to improve our services. In Trafford the HWB's focus is to increase the number of years people spend in good health. This is measured by Healthy life expectancy. The actions required include addressing the 'wider determinants' of health such as clean air, housing, transport, employment and the environment we live in, as all of these have a role in shaping our behaviours. Pharmacies are already involved in supporting people to quit smoking and there is a desire to increase this further.

6.2 Public Health Outcomes Framework (PHOF)

The information on this section is structured around the four domains of the Public Health Outcomes Framework²⁷ (PHOF), namely:

- Wider determinants of health
- Health improvement
- Health protection
- Healthcare and premature mortality

6.2.1 Improving the Wider Determinants of Health

The following indicators track progress in terms of some of the wider factors that affect health and wellbeing.

- In the year 2023/24, 78.3% of Trafford's working age population were in employment. This was higher than the England average (75.7%) and the highest in Greater Manchester. Data for electoral wards within Trafford (2021/22) show

²⁷ [Public Health Outcomes Framework | Fingertips | Department of Health and Social Care](#)

that rates of unemployment are highest in Clifford ward (7.9%) and lowest in Timperley (1.5%).

- Homelessness is linked to poverty, poor mental and physical health. Those sleeping rough have significant health problems, often having difficulty accessing healthcare services, and local services need to consider this vulnerable group. In 2023/24 Trafford had a rate of 2.1 applicant households in temporary accommodation per 1,000 residents. This is lower than the North West (2.4 per 1,000) and England (4.6 per 1,000).
- Data for 2022 indicate that 11.4% of Trafford households were in fuel poverty. This is the lowest in Greater Manchester and lower than England (13.1%).

6.2.2 Reducing Health Inequalities

These indicators track progress in helping people to live healthy lifestyles and make healthy choices.

Physical Activity

- For the year 2023/24, Trafford has a slightly higher proportion of inactive adults (23.6%) when compared to the national average (22.0%) but slightly lower than the regional average (24.0%).
- For the same year, around a half (49.9%) of Trafford children and young people were physically active which was higher than the North West (47.6%) and England (47.8%) averages.

Weight Management

- For the three years 2021/22 to 2023/24, the proportion of reception age children in Trafford classified as obese was at 6.8%, below the England average (9.6%). However, this varies across the borough more than two-fold from 4.0% in Ashton on Mersey ward to 9.7% in Gorse Hill.
- For the three years 2021/22 to 2023/24, the proportion of Year 6 age children in Trafford classified as obese was at 17.9%, below the England average (22.7%). According to electoral ward, prevalence of obesity in Year 6 was highest in Stretford (26.9%) and lowest in Hale Central (8.3%).
- For the year 2022/23, the proportion of Trafford adults classified as overweight or obese was at 62.4%, increasing slightly from the previous year (60.4%), but still below the England average (64.5%).

Behavioural Risk Factors

- Trafford's rate of hospital admissions for alcohol related conditions has been improving. The rate of admissions where alcohol is the sole cause has also improved from being statistically significantly higher than England in 2016/17-2019/20 to statistically similar by 2023/24.

- Death from drug misuse have been increasing both locally and nationally. The rate in Trafford for 2021-23 was 6.4 per 100,000 population (compared to 2.3 per 100,000 in 2001-03). The Trafford rate is slightly higher but statistically similar compared to England (5.5 per 100,000).
- The proportion of Trafford adults who are current smokers has halved from 18.2% in 2011 to 9.6% in 2023.

Screening

- Breast cancer screening coverage in Trafford in 2024 was 72.1%, significantly higher than the England average (69.9%). However, coverage is still slightly down on historic figures (e.g. 76.1% in 2010).
- Bowel cancer screening coverage for Trafford in 2024 (72.0%) has seen an upward trend since 2015 and is statistically similar to the England average (71.8%).
- Cervical cancer screening in 2024 in Trafford women aged 25 to 49 years is 72.7% and, whilst statistically significantly better than England (66.1%), represents a decline in coverage over the last 5 years. Coverage among women aged 50-64 years was 76.7% in 2024, significantly better than England (74.3%)

6.2.3 Health Protection

These indicators track progress in protecting the population's health from major incidents and other threats.

Climate Associated Factors

- The fraction of Trafford's mortality associated to air pollution (5.2% in 2023) is the same as the North West average.

Vaccinations

- In 2023/24, Measles, Mumps and Rubella (MMR) coverage in Trafford for two doses in 5-year-olds was 89.8%, higher than England (83.9%) but below target levels. The recent trend in Trafford has been towards a decrease in coverage.
- Annual flu vaccination coverage (65+) for Trafford residents in the year 2023/24 was 79.3%, similar to the England average (77.8%).

Communicable Diseases

- The incidence of Tuberculosis (TB) in Trafford in 2021-23 (8.0 per 100,000) is the same as England.
- Trafford has seen a substantial decreasing trend in TB incidence since 2011-13 (14.1 per 100,000).

- The rate of new sexually transmitted infections (excluding Chlamydia aged <25) for Trafford is 372 per 100,000, below the England rate of 482 per 100,000.

6.2.4 Healthcare & Preventing Premature Mortality

These indicators track progress in reducing numbers of people living with preventable ill health and people dying prematurely.

- During 2023 there were 300 deaths of Trafford residents aged under 75 years from causes considered preventable, giving an age standardised rate of 152.1 per 100,000 (similar to England – 153.0 per 100,000).
- Trafford has generally followed a similar trend to England in the percentage of people who die in winter months (excess winter deaths) (Figure 17). In the year 2019/20 there was an increase both locally and nationally which likely reflects the impact of COVID-19 during the winter/spring months of 2020, as hospital admissions and mortality linked to COVID-19 were high during this period. For the year 2021/22 (most recent available) the ratio has dropped back down to 7.6% for Trafford, similar to England (8.1%), and representing 50 excess deaths.

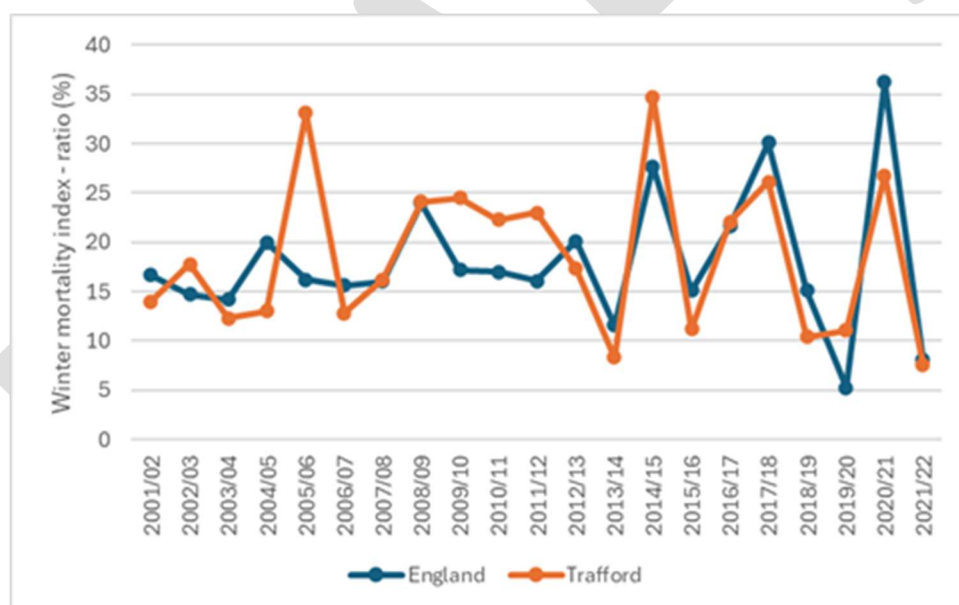


Figure 17 Excess Winter Deaths for All Residents – 2001-2022

6.2.5 People with Long Term Conditions

- Long-term conditions are a major cause of preventable death across the country, and whilst preventative care is an essential part of improving health and wellbeing priorities, supporting people with long-term conditions to take control of their health and care plays a substantial role in providing a more sustainable health care system.

- For Trafford (as well as shown across the country), GP-registered prevalence is highest for hypertension (14.8%) and obesity (11.7%) when looking at those conditions measured as part of the Quality and Outcomes Framework (QOF) indicators (Figure 18).
- QOF indicators such as Cardiovascular disease, Cancer, Chronic Kidney Disease, Atrial Fibrillation, and (but not limited to) Stroke and TIA are major contributors to events that increase years of life lost (YLL) and years lost due to a disability (YLD).
- QOF indicators such as Hypertension, Obesity, and Diabetes are heavily linked to preventative public health measures through healthy weight management and physical activity initiatives/programmes.
- When comparing indicator prevalence from 2022/23 to 2023/24, the majority have seen a slight increase or are the same as the previous year. Obesity has seen a 1.1 percentage point increase on the previous year; however, this could be linked to a data recording issue within primary care.

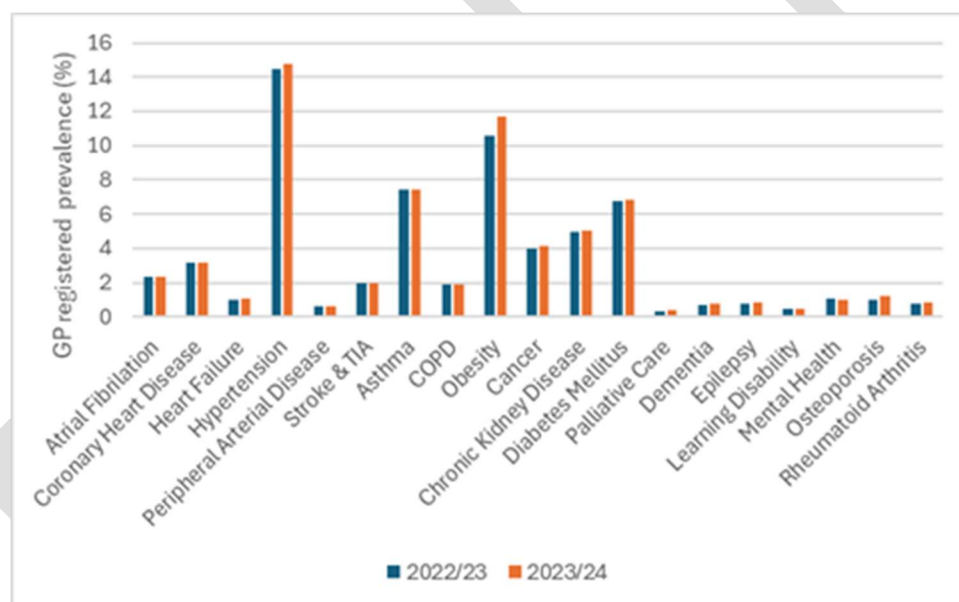


Figure 18 GP registered prevalence rates for a range of conditions (QOF 2022/23 and 2023/24; NHS Digital)

- The risk of death and other complications for people living with diabetes can be reduced by up to 50-70% if significant lifestyle changes are made. However, these changes are not always achievable, with health and wellbeing improvements often optimised through clinical regulation.
- The National Diabetes Audit shows that there has been a downward trend in people living with type 2 diabetes achieving all three treatment targets. Treatment targets (Figure 19) have dropped to 39.2% in 2023/24 from a peak of 46.7% in 17/18.

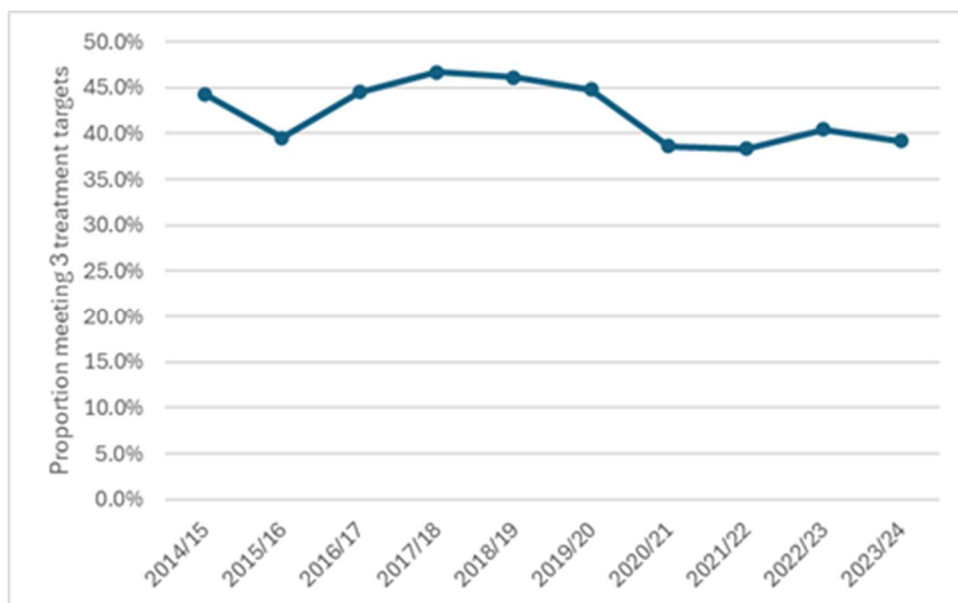


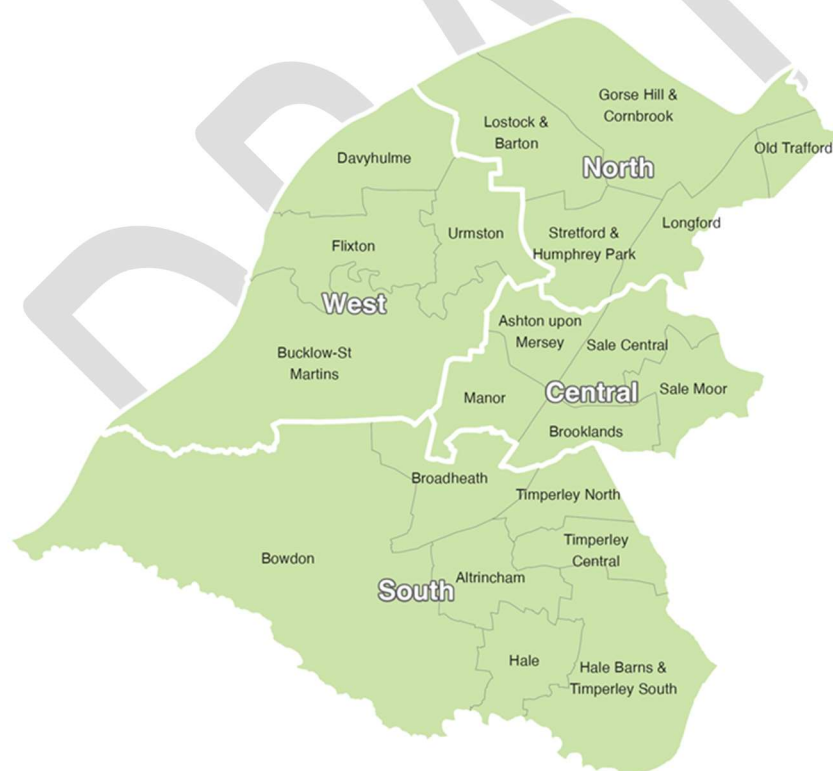
Figure 19: Diabetes treatment target for Trafford CCG (Office for Health Improvement & Disparities/National Diabetes Audit)

7 Neighbourhoods

Overview

Trafford is the least deprived authority in Greater Manchester, but internal inequalities vary significantly within and across neighbourhoods. The four neighbourhoods of Trafford are shown in Figure 20. Trafford has its own North and South divide, with greater life expectancy, better health outcomes and fewer health inequalities in the South of the borough compared with the North. Significant inequalities also exist within the wards that are masked at neighbourhood levels and can create a false picture of the population health needs. For example, South neighbourhood is the least deprived locality in Trafford but has pockets of deprivation with poor health outcomes can be masked when we look at South neighbourhood as a whole. These hidden inequalities highlight the importance of understanding and quantifying health needs and health inequalities at both the level of the borough as a whole and, crucially, at the level of the neighbourhood and wards.²⁸

Trafford wards and localities



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Figure 20 Map of Trafford's Electoral Wards and Neighbourhoods by Trafford Data Lab²⁹

²⁸ [Trafford Joint Strategic Needs Assessment: Our Neighbourhoods](#)

²⁹ [Trafford Data Lab: Trafford's Wards and Localities](#)

7.1 North Neighbourhood

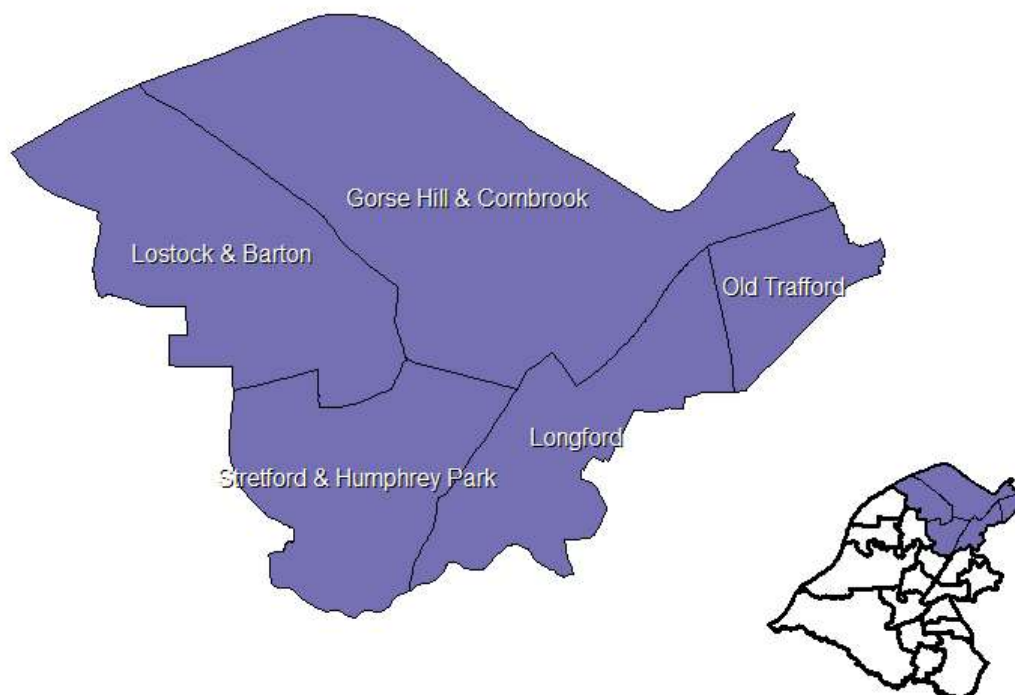


Figure 21 Map of North Trafford's electoral wards, and its location in relation to Trafford as a whole³⁰

Trafford's North neighbourhood consists of five wards: Lostock & Barton, Gorse Hill & Cornbrook, Old Trafford, Longford, and Stretford and Humphrey Park.

7.1.1 Neighbourhood profile

North has an estimated population of 58,977 as of mid-2022 ([ONS/Nomis, 2024](#)). Broken down by age, there are 12,243 people aged 0 to 15, 39,087 people aged 16 to 64, and 7,647 people aged 65 and older. Within North, Old Trafford has the biggest population at 12,695 people, and Longford has the smallest population at 10,681 people. 50.9% of the population are females, and 49.1% of the population are males.

North Trafford has a highly diverse population, with over 40% of the population belonging to Asian, Black, Mixed, or Other ethnicities, compared to 22.3% of the overall Trafford population as of the 2021 Census ([Census 2021 - ONS/Nomis, 2022](#)).

³⁰ [Trafford Joint Strategic Needs Assessment: North Neighbourhood](#)

59.9% of the population belong to a White ethnicity, 22.0% of the population belong to an Asian ethnicity, 8.8% of the population belong to a Black ethnicity, 5.4% belong to Mixed/Multiple ethnicities, and 3.9% belong to Other ethnicities.

Just under two thirds (64.8%) of North Trafford's population are religious as of the 2021 Census, with 3 in 10 people (29.9%) having no religion and 5.3% of people not answering the question on religion ([Census 2021 - ONS/Nomis, 2022](#)). Christianity is the most predominant religion, with 39.7% of the population identifying as Christian, followed by those who identify as Muslim (20.7% of the population) and Sikh (2.4% of the population). North Trafford has more than 10% more people identifying as Muslim than in Trafford overall (20.7% compared to Trafford's 8.7%), and 8.7% less people who identify as Christian than in Trafford overall (39.7% compared to Trafford's 48.4%).

In North Trafford, 85% of households have all adults (aged 16+) using English as a main language, and 7.4% of households with at least one adult (but not all adults) using English as a main language. There are 1.8% of households in North Trafford where no adults have English as a main language, but where it is the main language for at least one child within the household. 5.8% of households have nobody using English as a main language. ([Census 2021 - ONS/Nomis 2022](#))

Within North Trafford, the Old Trafford ward has notably lower proportions of people using English as a main language compared to the other wards in North. Only 70.4% of all adults in a household used English as a main language, 15.3% of households where at least one but not all adults using English, 3.1% with no adults but at least one child using English, and 11.2% of households where nobody uses English as a main language.

In North Trafford, 59.1% of adults (aged 16+) are in employment (full time and part time), which is similar to Trafford as a whole (59.9%), though there are notable variations from the Trafford average for other categories of people with regard to economic activity ([Census 2021 - ONS/Nomis, 2022](#)). For example, 15.9% of adults are retired in North, which is almost 5% lower than the Trafford average of 21.5%, whereas there are higher proportions of people who are unemployed, students, looking after home or family, and long-term sick or disabled in North Trafford than in Trafford as a whole.

In North Trafford, 45.8% of households live in a semi-detached house, which is 2% more households than the Trafford average (43.8%), whilst 23.4% of people live in terraced housing which is slightly higher than in Trafford (20.8%). Significantly more people in North live in a flat (22.4%) than in Trafford as a whole (16.9%), whereas the proportion of people living in a detached house in North is over 10% lower than Trafford's average (4.8% in North, 15.1% in Trafford). ([Census 2021 - ONS/Nomis, 2022](#)).

More than half of households in North Trafford (61.1%) consist of one or two people, which is similar to the proportion of households in Trafford as a whole (60.8%). North

Trafford has less people in 2, 3, or 4 person households than the Trafford average, but more people in households consisting of either 1 person, or 5 or more people. ([Census 2021 - ONS/Nomis, 2022](#)).

North Trafford has the highest number of households classified as overcrowded (not having enough bedrooms for the people within the household) or having an ideal number of bedrooms of all the neighbourhoods in Trafford, with 5.6% overcrowded (compared to Trafford's overall 2.9%) and 31.4% ideal (compared to the 23.6% Trafford average). This also means that North Trafford has a lower proportion of houses classed as under-occupied at 63.0%, compared to the average of 73.5% in Trafford. The Old Trafford ward notably has 10.7% of houses overcrowded, almost double the proportion of the next highest ward, Longford, where it is 5.5%. The ward with the lowest levels of overcrowding is Stretford & Humphrey Park at 3.3%, which is still higher than the Trafford average. ([Census 2021 - ONS/Nomis, 2022](#)).

North Trafford has higher proportions of adults holding lower-level qualifications as their highest level of qualifications than Trafford as a whole, including 17.7% of adults having no qualification at all compared to Trafford's overall 14.0%. There are significantly less people in North Trafford possessing a level 4 qualification (such as a degree) than the Trafford average, with 37.4% possessing at least a level 4 qualification or above compared to 43% overall in Trafford. ([Census 2021 - ONS/Nomis, 2022](#)).

North Trafford has a lower proportion of people who reported their health as being very good, with just under half of people (49.7%) classifying it as very good compared to just over half of Trafford's overall population (53.1%). For other self-reported levels of health (good health, fair health, bad health, and very bad health), North Trafford has slightly higher proportions than Trafford as a whole. ([Census 2021 - ONS/Nomis, 2022](#)).

In North Trafford, 17.2% of people have a disability or long-term health problem which limits their day-to-day activities, which is higher than the overall Trafford proportion (16.0%). ([Census 2021 - ONS/Nomis, 2022](#)).

8.7% of the population in North Trafford provides unpaid care each week, which is slightly more than the proportion for Trafford (8.5%). 4.2% of the population in North provide 19 or less hours of unpaid care per week, 2.0% of the population provide 20 to 49 hours of unpaid care per week, and 2.5% provide over 50 hours of unpaid care per week. ([Census 2021 - ONS/Nomis, 2022](#)).

7.1.2 Access to a pharmacy

Location of pharmacies within the North neighbourhood are indicated in Figure 22, with the yellow line denoting the boundary of the neighbourhood.

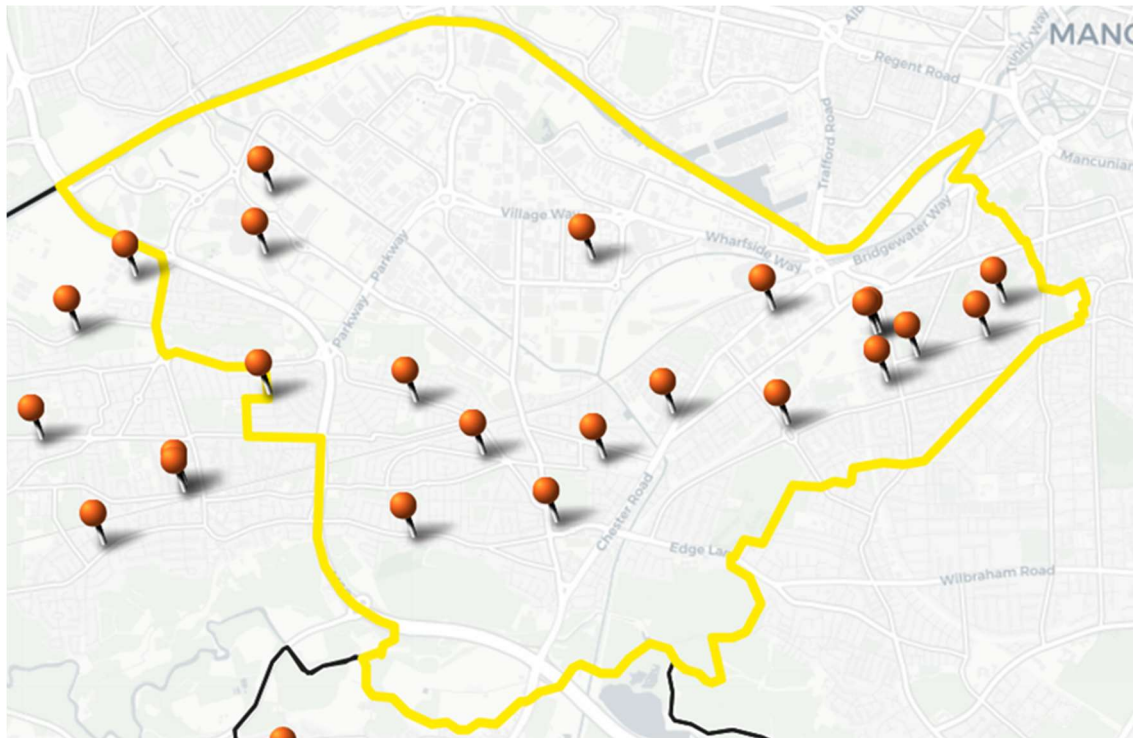


Figure 22: Map of pharmacies located in North neighbourhood

7.2 West Neighbourhood

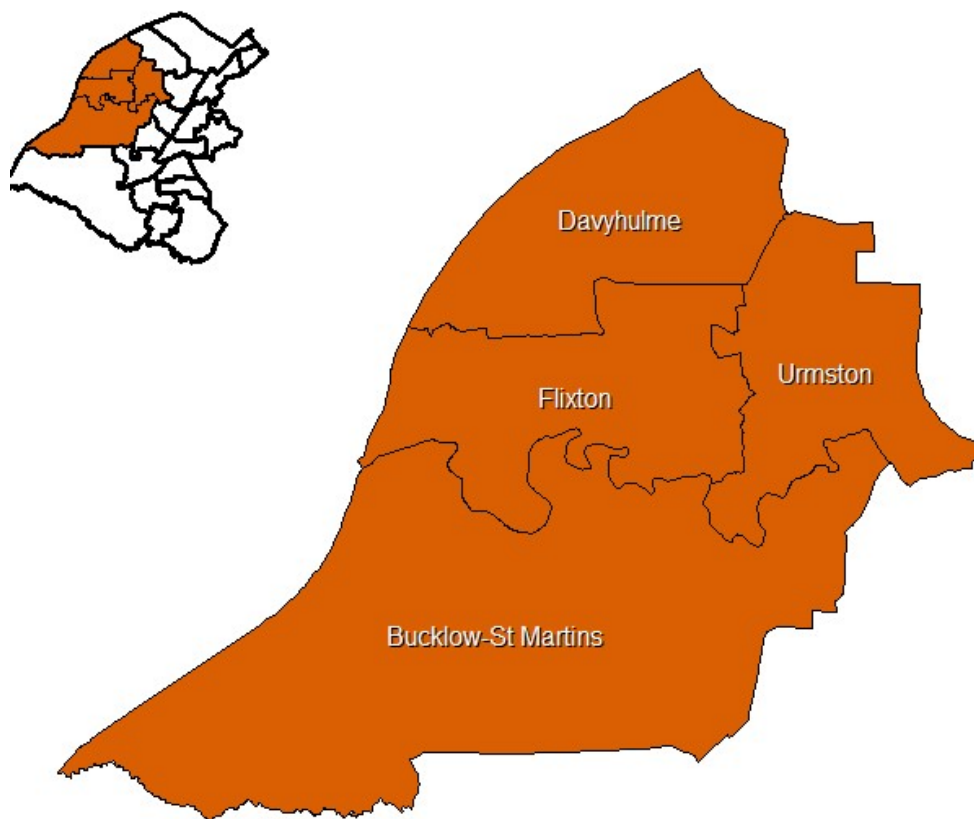


Figure 23 Map of West Trafford's electoral wards, and its location in relation to Trafford as a whole³¹

Trafford's West neighbourhood consists of four wards: Davyhulme, Urmston, Flixton, and Bucklow-St Martins.

7.2.1 Neighbourhood profile

West has an estimated population of 43,791 as of mid-2022 ([ONS/Nomis, 2024](#)). Broken down by age, there are 8,554 people aged 0 to 15, 26,325 people aged 16 to 64, and 8,912 people aged 65 and older. Within West, Davyhulme has the biggest population at 11,781 people, and Bucklow-St Martins has the smallest population at 10,145 people. 51.8% of the population are females, and 48.2% of the population are males.

8.5% of the population in West Trafford belongs to Asian, Black, Mixed, or Other ethnicities, compared to 22.3% of the overall Trafford population as of the 2021 Census ([Census 2021 - ONS/Nomis, 2022](#)). 91.5% of the population belong to a White ethnicity, 3.1% of the population belong to an Asian ethnicity, 1.5% of the population belong to a

³¹ [Trafford Joint Strategic Needs Assessment: West Neighbourhood](#)

Black ethnicity, 3.2% belong to Mixed/Multiple ethnicities, and 0.7% belong to Other ethnicities.

58.2% of West Trafford's population are religious as of the 2021 Census, with 37.0% of people having no religion and 4.8% of people not answering the question on religion ([Census 2021 - ONS/Nomis, 2022](#)). Christianity is the most predominant religion, with over half of the population (55.1%) identifying as Christian, followed by those who identify as Muslim (1.6% of the population) and Hindu (0.5% of the population).

In West Trafford, 96.8% of households have all adults (aged 16+) using English as a main language, and 1.6% of households with at least one adult (but not all adults) using English as a main language. There are 0.4% of households in West Trafford where no adults have English as a main language, but where it is the main language for at least one child within the household. 1.2% of households have nobody using English as a main language. ([Census 2021 - ONS/Nomis 2022](#))

In West Trafford, 58.7% of adults (aged 16+) are in employment (full time and part time), which is slightly lower than Trafford as a whole (59.9%) ([Census 2021 - ONS/Nomis, 2022](#)). Within West, Urmston ward has the highest proportion of people in employment (65.2%), and Bucklow-St Martins ward has the lowest proportion at 54.1%.

In West Trafford, over half of households (51.1%) live in a semi-detached house, which is 7.3% more households than the Trafford average (43.8%), and 21.5% of people live in terraced housing. Less people in West live in a flat (11.5%) than in Trafford as a whole (16.9%). ([Census 2021 - ONS/Nomis, 2022](#)).

More than half of households in West Trafford (62.8%) consist of one or two people, which is higher than the proportion of households in Trafford as a whole (60.8%). West Trafford has less people in households consisting of 4 or more people than the Trafford average, but more people in households consisting of 1 to 3 people. ([Census 2021 - ONS/Nomis, 2022](#)).

West Trafford has less houses classified as overcrowded (not having enough bedrooms for the people within the household) than the Trafford average (2.2% compared to Trafford's 2.9%) and has a higher proportion of houses classified as being under-occupied (75.0% compared to 73.5%). West has a lower proportion of houses classified as having an ideal number of bedrooms (22.9%) than Trafford (23.6%) The ward with the lowest levels of overcrowding is Flixton at 1.4%, and the highest levels of overcrowding are in Bucklow-St Martins at 4.5%. ([Census 2021 - ONS/Nomis, 2022](#)).

West Trafford has a lower proportion of adults holding a qualification of level 4 or above as their highest level of qualifications than Trafford as a whole, at 33.4% compared to Trafford's 43.0%. West has higher proportions of people holding all other levels of

qualification as their highest levels and having no qualifications at all than across Trafford. ([Census 2021 - ONS/Nomis, 2022](#)).

West Trafford has a lower proportion of people who reported their health as being very good (49.1%) when compared to Trafford (53.1%). For other self-reported levels of health (good health, fair health, bad health, and very bad health), West Trafford has higher proportions than Trafford as a whole. ([Census 2021 - ONS/Nomis, 2022](#)).

In West Trafford, 19.4% of people have a disability or long-term health problem which limits their day-to-day activities, which is higher than the overall Trafford proportion (16.0%). ([Census 2021 - ONS/Nomis, 2022](#)).

9.6% of the population in West Trafford provides unpaid care each week, which is higher than the proportion for Trafford (8.5%). 4.8% of the population in West provide 19 or less hours of unpaid care per week, 1.9% of the population provide 20 to 49 hours of unpaid care per week, and 3.0% provide over 50 hours of unpaid care per week. ([Census 2021 - ONS/Nomis, 2022](#)).

7.2.2 Access to a pharmacy

Location of pharmacies within the West neighbourhood are indicated in Figure 24.

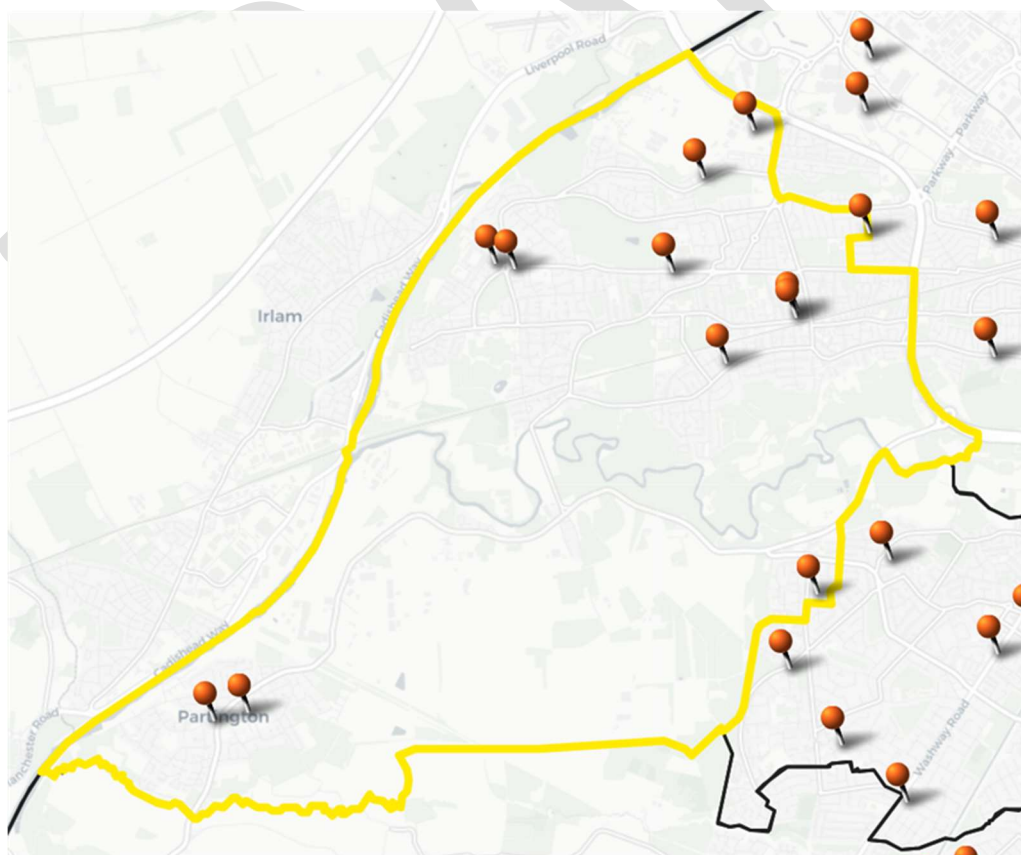


Figure 24 Map of pharmacies located in West neighbourhood

7.3 South Neighbourhood



Figure 25 Map of South Trafford's electoral wards, and its location in relation to Trafford as a whole³²

Trafford's South neighbourhood consists of seven wards: Altrincham, Bowdon, Broadheath, Timperley North, Timperley Central, Hale, and Hale Barns and Timperley South.

7.3.1 Neighbourhood profile

South has an estimated population of 79,570 as of mid-2022 ([ONS/Nomis, 2024](#)). Broken down by age, there are 17,061 people aged 0 to 15, 47,188 people aged 16 to 64, and 15,321 people aged 65 and older. Within South, Broadheath has the biggest population at 13,111 people, and Hale Barns & Timperley South has the smallest population at 10,288 people. 51.3% of the population are females, and 48.7% of the population are males.

20.3% of the population in South Trafford belongs to Asian, Black, Mixed, or Other ethnicities, compared to 22.3% of the overall Trafford population as of the 2021 Census ([Census 2021 - ONS/Nomis, 2022](#)).

³² [Trafford Joint Strategic Needs Assessment: South Neighbourhood](#)

79.7% of the population belong to a White ethnicity, 13.0% of the population belong to an Asian ethnicity, 1.5% of the population belong to a Black ethnicity, 3.3% belong to Mixed/Multiple ethnicities, and 2.5% belong to Other ethnicities.

64.4% of South Trafford's population are religious as of the 2021 Census, with 30.6% of people having no religion and 5.0% of people not answering the question on religion ([Census 2021 - ONS/Nomis, 2022](#)). Christianity is the most predominant religion, with over half of the population (50.4%) identifying as Christian, followed by those who identify as Muslim (6.9% of the population) and Hindu (3.2% of the population).

In South Trafford, 91.6% of households have all adults (aged 16+) using English as a main language, and 3.7% of households with at least one adult (but not all adults) using English as a main language. There are 1.7% of households in South Trafford where no adults have English as a main language, but where it is the main language for at least one child within the household. 3.0% of households have nobody using English as a main language. ([Census 2021 - ONS/Nomis 2022](#))

In South Trafford, 60.4% of adults (aged 16+) are in employment (full time and part time), which is slightly higher than Trafford as a whole (59.9%) ([Census 2021 - ONS/Nomis, 2022](#)). Within South, Hale ward has the highest proportion of people in employment (65.2%), and Hale Barns & Timperley South ward has the lowest proportion at 53.9%.

In South Trafford, 39.5% of households live in a semi-detached house, which is 4.3% less households than the Trafford average (43.8%) though is still the most predominant type of housing in South, and 24.0% of people live in detached housing in South (the second most common type of housing) which is significantly higher than in Trafford (15.1%). Less people in South live in a flat (14.8%) than in Trafford as a whole (16.9%). ([Census 2021 - ONS/Nomis, 2022](#)).

More than half of households in South Trafford (59.1%) consist of one or two people, which is slightly lower than the proportion of households in Trafford as a whole (60.8%). South Trafford has less people in households consisting of 1, 3, or 6+ people than the Trafford average, but more people in households consisting of 2, 4, or 5 people. ([Census 2021 - ONS/Nomis, 2022](#)).

South Trafford has less houses classified as overcrowded (not having enough bedrooms for the people within the household) than the Trafford average (1.7% compared to Trafford's 2.9%) and has a higher proportion of houses classified as being under-occupied (80.4% compared to 73.5%). South has a lower proportion of houses classified as having an ideal number of bedrooms (17.9%) than Trafford (23.6%) The ward with the lowest levels of overcrowding is Hale at 0.9%, and the highest levels of overcrowding are in Altrincham at 2.3%. ([Census 2021 - ONS/Nomis, 2022](#)).

South Trafford has over half of all adults holding a qualification of level 4 or above as their highest level of qualifications, higher than Trafford as a whole, at 50.4% compared to Trafford's 43.0%. South has lower proportions of people holding all other levels of qualification as their highest levels and having no qualifications at all than across Trafford. ([Census 2021 - ONS/Nomis, 2022](#)).

South Trafford has a higher proportion of people who reported their health as being very good (57.4%) when compared to Trafford (53.1%) and is the highest proportion of all of Trafford's neighbourhoods. For other self-reported levels of health (good health, fair health, bad health, and very bad health), South Trafford has lower proportions than Trafford as a whole. ([Census 2021 - ONS/Nomis, 2022](#)).

In South Trafford, 13.5% of people have a disability or long-term health problem which limits their day-to-day activities, which is lower than the overall Trafford proportion (16.0%), with only the Timperley Central ward having a higher proportion than the Trafford average at 16.9%. ([Census 2021 - ONS/Nomis, 2022](#)).

7.9% of the population in South Trafford provides unpaid care each week, which is lower than the proportion for Trafford (8.5%). 4.7% of the population in South provide 19 or less hours of unpaid care per week, 1.3% of the population provide 20 to 49 hours of unpaid care per week, and 1.9% provide over 50 hours of unpaid care per week. ([Census 2021 - ONS/Nomis, 2022](#)).

7.3.2 Access to a pharmacy

Location of pharmacies within the South neighbourhood are indicated in Figure 26.

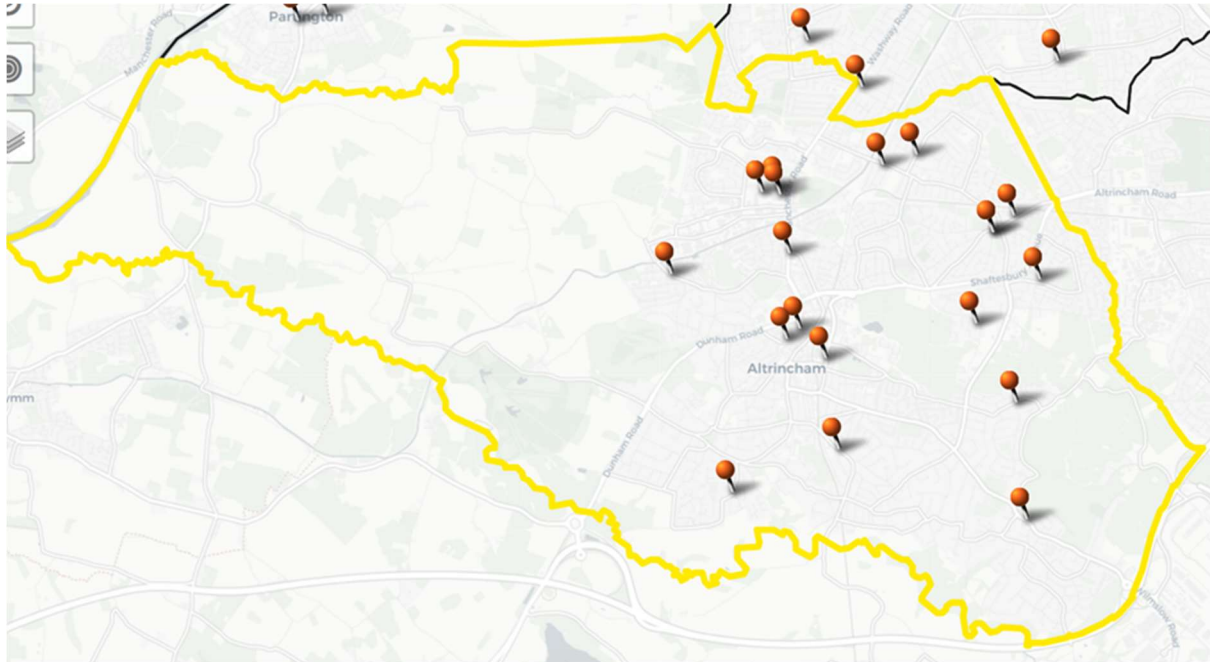


Figure 26 Map of pharmacies located in South neighbourhood

7.4 Central Neighbourhood



Figure 27 Map of Central Trafford's electoral wards, and its location in relation to Trafford as a whole³³

Trafford's Central neighbourhood consists of five wards: Ashton upon Mersey, Brooklands, Manor, Sale Central, and Sale Moor.

7.4.1 Neighbourhood profile

Central has an estimated population of 54,313 as of mid-2022 ([ONS/Nomis, 2024](#)). Broken down by age, there are 11,671 people aged 0 to 15, 32,702 people aged 16 to 64, and 9,940 people aged 65 and older. Within Central, Sale Moor has the biggest population at 11,564 people, and Sale Central has the smallest population at 10,375 people. 51.1% of the population are females, and 48.9% of the population are males.

17.1% of the population in Central Trafford belongs to Asian, Black, Mixed, or Other ethnicities, compared to 22.3% of the overall Trafford population as of the 2021 Census ([Census 2021 - ONS/Nomis, 2022](#)).

83.0% of the population belong to a White ethnicity, 9.5% of the population belong to an Asian ethnicity, 2.0% of the population belong to a Black ethnicity, 3.3% belong to Mixed/Multiple ethnicities, and 2.3% belong to Other ethnicities.

³³ [Trafford Joint Strategic Needs Assessment: Central Neighbourhood](#)

57.6% of Central Trafford's population are religious as of the 2021 Census, with 37.1% of people having no religion and 5.2% of people not answering the question on religion ([Census 2021 - ONS/Nomis, 2022](#)). Christianity is the most predominant religion, with almost half of the population (49.2%) identifying as Christian, followed by those who identify as Muslim (4.3% of the population) and Hindu (2.5% of the population).

In Central Trafford, 91.8% of households have all adults (aged 16+) using English as a main language, and 3.1% of households with at least one adult (but not all adults) using English as a main language. There are 1.6% of households in Central Trafford where no adults have English as a main language, but where it is the main language for at least one child within the household. 3.4% of households have nobody using English as a main language. ([Census 2021 - ONS/Nomis 2022](#))

In Central Trafford, 61.2% of adults (aged 16+) are in employment (full time and part time), which is slightly higher than Trafford as a whole (59.9%) ([Census 2021 - ONS/Nomis, 2022](#)). Within Central, the Sale Central ward has the highest proportion of people in employment (66.9%), and Manor ward has the lowest proportion at 56.9%.

In Central Trafford, 42.0% of households live in a semi-detached house, which is 1.8% less households than the Trafford average (43.8%), whilst 21.1% of people live in terraced housing which is slightly higher than in Trafford (20.8%). More people in Central live in a flat (18.4%) than in Trafford as a whole (16.9%). ([Census 2021 - ONS/Nomis, 2022](#)).

More than half of households in Central Trafford (61.3%) consist of one or two people, which is similar to the proportion of households in Trafford as a whole (60.8%). Central Trafford has less people in households consisting of 5 or more people than the Trafford average, but more people in households consisting of 1 to 4 people. ([Census 2021 - ONS/Nomis, 2022](#)).

Central Trafford has less houses classified as overcrowded (not having enough bedrooms for the people within the household) than the Trafford average (2.3% compared to Trafford's 2.9%) and has a higher proportion of houses classified as having an ideal number of bedrooms (24.3% compared to 23.6%). Central has a similar proportion of houses classified as under-occupied (73.4%) to Trafford (73.5%) The ward with the lowest levels of overcrowding is Brooklands at 1.5%, and the highest levels of overcrowding are in Manor at 3.3%. ([Census 2021 - ONS/Nomis, 2022](#)).

Central Trafford has a higher proportion of adults holding a qualification of level 4 or above as their highest level of qualifications than Trafford as a whole, at 46.0% compared to Trafford's 43.0%. Aside from having an apprenticeship as the highest level of qualification, which is the same as Trafford at 4.8%, Central has lower proportions of people holding all other levels of qualification as their highest levels and having no qualifications at all than across Trafford. ([Census 2021 - ONS/Nomis, 2022](#)).

Central Trafford has a higher proportion of people who reported their health as being very good (53.8%) when compared to Trafford (53.1%). For other self-reported levels of health (good health, fair health, bad health, and very bad health), Central Trafford has slightly lower proportions than Trafford as a whole. ([Census 2021 - ONS/Nomis, 2022](#)).

In Central Trafford, 15.6% of people have a disability or long-term health problem which limits their day-to-day activities, which is lower than the overall Trafford proportion (16.0%). ([Census 2021 - ONS/Nomis, 2022](#)).

8.2% of the population in Central Trafford provides unpaid care each week, which is slightly lower than the proportion for Trafford (8.5%). 4.5% of the population in Central provide 19 or less hours of unpaid care per week, 1.6% of the population provide 20 to 49 hours of unpaid care per week, and 2.1% provide over 50 hours of unpaid care per week. ([Census 2021 - ONS/Nomis, 2022](#)).

7.4.2 Access to a pharmacy

Location of pharmacies within the Central neighbourhood are indicated in Figure 28.

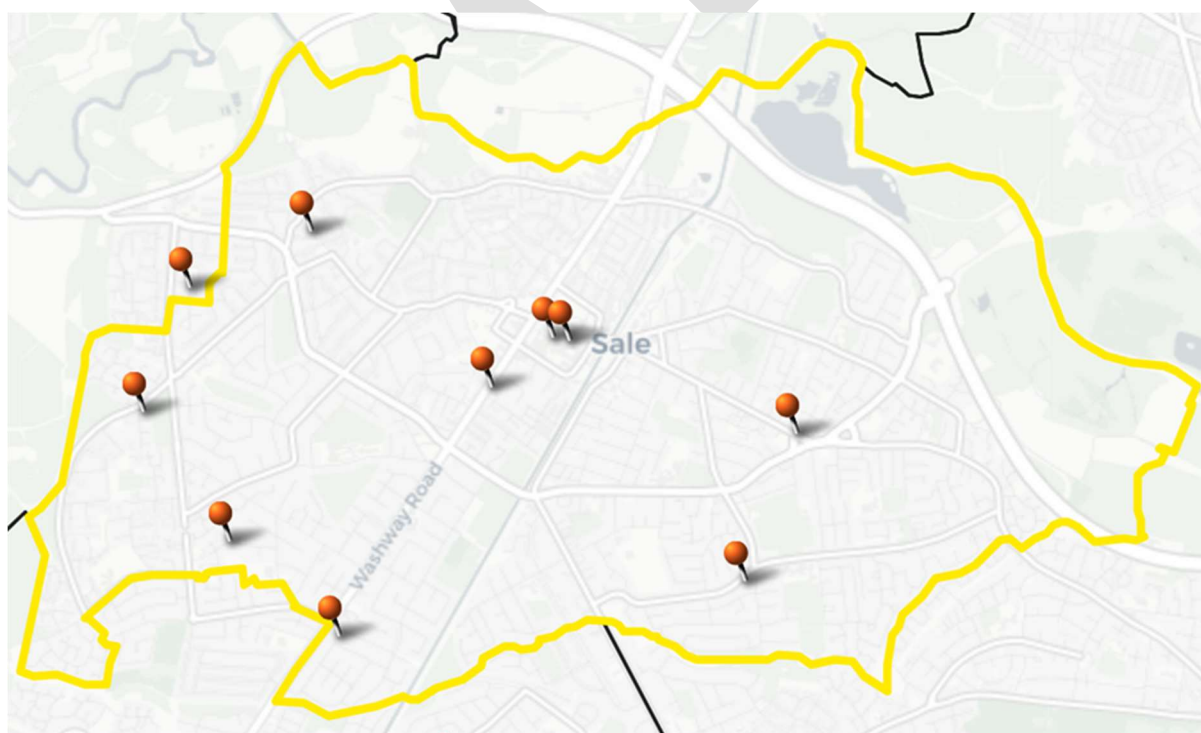


Figure 28: Map of pharmacies located in Central neighbourhood

8 How Pharmaceutical Services Can Help Support a Healthier Population

8.1 Essential services

There are eight essential services listed below. These services must be offered by all pharmacy contractors during all opening hours of the pharmacy as part of the NHS Community Pharmacy Contractual Framework.

- Dispensing Medicines
- Dispensing Appliances
- Repeat Dispensing
- Discharge Medicines Service
- Public Health (Promotion of Healthy Lifestyles)
- Signposting
- Support for Self-care
- Disposal of Unwanted Medicines

Dispensing Medicines & Appliances - Medicines management is vital in the successful control of many Long Term Conditions (LTCs) (e.g. circulatory diseases, mental health, diabetes) thus having a positive impact on morbidity and mortality. Disease-specific guidance, such as that provided by the National Institute for Health and Care Excellence (NICE), regularly emphasises the importance of medicines optimisation and adherence in control of conditions such as hypertension, asthma and stroke. These services support patients living with LTCs by providing timely supply of medicines and advice to patients. Appliances are required by patients with catheters and stomas and may also be of particular benefit to patients on lifelong medicines e.g. needles and blood glucose test strips for those requiring insulin.

Repeat Dispensing - At least two thirds of all prescriptions generated in primary care are for patients needing repeat supplies of regular medicines. Pharmacy teams will dispense repeat dispensing prescriptions issued by a GP, ensure that each repeat supply is required, and seek to ascertain that there is no reason why the patient should be referred back to their GP.

Discharge Medicines Service - Patients are digitally referred to their pharmacy after discharge from hospital. Using the information in the referral, pharmacists can compare the patient's medicines at discharge to those they were taking before admission to hospital. A check is also made to ensure the patient/carer understand which medicines the patient should now be using.

Public Health (Promotion of Healthy Lifestyles) - this supports local and national campaigns informing people of managing risk factors associated with many long-term conditions such as smoking, healthy diet, physical activity and alcohol consumption.

Signposting - 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

Support for Self-care - Pharmacies will help manage minor ailments and common conditions, by the provision of advice and where appropriate, the sale of medicines, including dealing with referrals from NHS 111.

Disposal of Unwanted Medicines - pharmacies can direct patients in the safe disposal of medicines and reduce the risk of hoarding medicines at home which may increase the risk of errors in taking medicines or in taking out of date medicines.

Further support to improving quality in pharmacies has been provided through a new Pharmacy Quality Scheme. It supports delivery of the NHS Long Term Plan and rewards community pharmacy contractors that achieve quality criteria in the three domains of healthcare quality: clinical effectiveness, patient safety and patient experience.

8.2 Advanced services

There are a number of advanced services within the NHS community pharmacy contractual framework. 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)
- Pharmacy First
- Seasonal Flu Vaccination Service
- Hypertension Case-Finding Service
- New Medicine Service (NMS)
- Stoma Appliance Customisation (SAC)
- Smoking Cessation Service
- Pharmacy Contraception Service

Evidence shows that up to half of medicines may not be taken as prescribed or simply not be taken at all. Advanced services have a role in highlighting issues with medicines or appliance adherence issues and in reducing waste through inappropriate or unnecessary use of medicines or appliances. Polypharmacy is highly prevalent in 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 or appliance in their care and opportunities for medicine optimisation.

Appropriate referrals can be made to GPs or other care settings resulting in patients receiving a better outcome from their medicines and in some cases, cost saving for the CCG. Advanced services may also identify other issues such as general mental health and wellbeing providing an opportunity to signpost to other local services or service within the pharmacy such as seasonal flu immunisation or repeat dispensing.

Promotion of self-care is an important aspect to the management of many LTCs and advanced services provide an important opportunity for the pharmacist to do so for example, the importance of dry weight monitoring in heart failure management.

8.3 Enhanced Services

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

Only those services that are listed within the Directions may be referred to as enhanced services. If NHS England wishes to commission a service not listed within the Directions then it cannot be called an enhanced service, and it also falls outside the definition of pharmaceutical services.

Minor Ailment Scheme

This service is designed to allow registered residents of Trafford to access treatment for minor ailments. The scheme is intended to reduce demand for GP consultations to deal with conditions that can be dealt with safely in the pharmacy setting. The scheme is also intended to reduce the demand for urgent care, especially out of hours.

8.4 NHS Trafford ICB Locally Commissioned services

Access to palliative care medicines

The aims of the end-of-life care/palliative care pharmacy service are 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 end-of-life care pathways and there should be adequate access to these drugs for both in hours and out of hours' settings thus supporting scenarios involving death at home.

As the service is commissioned by NHS Greater Manchester ICB, it is not envisaged that within the lifetime of this PNA there is, or will be, a need for it to be commissioned as part of pharmaceutical services.

8.5 Trafford Council locally commissioned services

Stop smoking

Trafford Council commission a pharmacy smoking cessation service. The main aims and objectives of this service are:

- To reduce smoking related illnesses and deaths by helping people to stop smoking
- To improve access to and choice of smoking cessation support services closer to people's home, workplace and leisure.
- To provide timely access to an early assessment of potential smoking-related harm.
- To provide a timely intervention to reduce the number of people who smoke.
- To minimise the impact on the wider community by reducing the levels of smoking and the associated second-hand smoke that may be inhaled by family and friends.

The pharmacies who deliver the service can offer a range of nicotine replacements therapies (NRT), including e-cigarettes, as well as pharmaceutical aids. This is offered over a 12-week period.

Alongside providing easy and equitable access to NRT and medicines advice, pharmacies provide brief advice or brief intervention to patients. National Centre for Smoking Cessation and Training (NCSCT)-trained professionals are able to deliver behavioural support, with monitoring and follow ups for patients to support them on their journey towards being smoke free.

As well as this, a new national smoking cessation offer has been brought in as an Advanced Service for patients discharged from hospital.

Sexual health – Emergency Hormonal Contraception

Emergency Hormonal Contraception (EHC) is an intervention aimed at preventing unintended pregnancy. Trafford Council commission EHC to ensure that residents have ease of access to the provision. This contributes to achieving a reduction in the number of unintended conceptions to women of all ages.

There are three methods of EHC available:

- Oral ulipristal acetate (ellaOne): a progesterone, supplied without the need for a Patient Group Direction (PGD)
- Oral Levonorgestrel: a progesterone. Supplied under a PGD

- The copper intrauterine device (Cu-IUD) - a non-hormonal intrauterine device. Where a copper coil is required, the pharmacist will need to refer the patient on to primary or secondary care

Alongside the provision of EHC, pharmacies are required to offer advice, referral, and signposting information about regular methods of contraception. This includes long-acting methods and how to obtain them (through the patient's GP or any open access integrated sexual and reproductive health service in England). Local pharmacies are paid a fee for referrals into services for long-acting contraception referrals.

With new contract changes to the pharmacy contractual framework, and with Emergency Contraception being funded as part of this from October 2025, there is likely to be a shift to more pharmacies offering this service separate to pre-existing local commissioned services.

Health Promotion

In addition to dispensing prescriptions, pharmacies through the provision of essential services can help to address many of the public health concerns contained within the Trafford JSNA, for example:

- Where a person presents a prescription, and they appear to have diabetes, be at risk of coronary heart disease (especially those with high blood pressure), smoke or are overweight, the pharmacy is required to give appropriate advice with the aim of increasing their knowledge and understanding of the health issues which are relevant to that person's circumstances.
- Pharmacies can sign up to the hypertension case finding Advanced Service and proactively take blood pressure measurements and refer into general practice for confirmation and management.
- Pharmacists and their teams can offer one-to-one conversations to raise awareness of risk factors such as smoking, alcohol misuse, poor diet, and physical inactivity.
- When clients are eligible for an NHS Health Check (40–74 years old), pharmacy teams can explain the programme and direct them to their GP or community screening venues. They can also signpost people to stop smoking services and free nicotine replacement therapies, local weight management or exercise referral schemes, alcohol brief intervention service and mental health and wellbeing support
- Pharmacies are required to participate in up to two public health campaigns each calendar year for NHS England and two campaigns for the local ICB. The topics for these campaigns have previously included healthy eating and physical activity.

- Pharmacies in Trafford are paid a fee for distributing Chlamydia and Gonorrhoea screening kits to residents under the age of 25.
- Signposting people using the pharmacy to other providers of services or support.

8.6 The NHS 10 year Plan

On 3rd July 2025, the UK Government published “Fit for the future: 10 year Health Plan for England”³⁴. Chapter 2 describes proposals for Neighbourhood Health Services, which would “create an NHS that delivers convenient care, at a time and place that fits around people’s lives”.

Within this model is a proposal to “increase the role of community pharmacy in the management of long-term conditions and link them to the single patient record”. In particular it is stated that pharmacies will transition from a primarily dispensing role to becoming integral to the Neighbourhood health service and offer more clinical services. Independent prescribing is highlighted as an enabler to helping patients better manage long-term conditions, and there is emphasis on prevention, as delivered through vaccine delivery and screening for chronic disease. Integrated information management, with sharing of patient data between pharmacies and GP surgeries, is also a proposal.

The local response in Trafford and the wider Greater Manchester context is to be determined. Any substantial changes to the nature of pharmaceutical provision during the period of this PNA will be reflected in updates and amendments as required.

8.7 Alternative pharmaceutical service delivery models

Although distance-selling pharmacies make up just under 10% of Trafford’s pharmacy providers, it should be noted that recent changes to regulation mean that no new distance-selling pharmacy applications will be accepted as of 23rd June 2025³⁵.

Dispensing of prescription medication via vending machines with 24-hour access is an alternative option for providing limited out of hours pharmaceutical support. We are aware that such facilities do exist within Trafford, however, this was outside of the considered scope for this iteration of the PNA. We will monitor any future emergence and adoption of this approach as part of the wider provision of services.

³⁴ [Fit for the future: 10 Year Health Plan for England \(accessible version\) - GOV.UK](#)

³⁵ [Distance selling pharmacies - Community Pharmacy England](#)

9 Necessary Services – Gaps in Provision of Pharmaceutical Services

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

Essential services provided by pharmacies during standard 40 core hours in line with their terms of service as set out in the NHS (Pharmaceutical and Local Pharmaceutical Services) and regulations 2013, and Advanced services

The HWB consider it is those services provided within the standard pharmacy providing 40 and 100 core hours that should be regarded as necessary. There are 57 such pharmacies. The core hours are provided in Appendix X and this is supported by Map X. In particular, the HWB had regard to the following, drawn from the mapped provision of and access to pharmacies:

- Figures 22, 24, 26 and 28 showing the location of pharmacies within each of the four PNA neighbourhoods and across the whole HWB area.
- Figure 2 showing the majority of residents live within a mile of a pharmacy (98.9%). Figure 3 shows those pharmacies within 1 mile of the Trafford border.
- The number, distribution and choice of pharmacies within each of the four PNA neighbourhoods and across the whole HWB area (Figures 1, 22, 24, 26 and 28).
- 93.5% of public survey responders stated they had no issues accessing the community pharmacy of their choice
- Trafford had 24.4 pharmacies per 100,000 population. This is higher than both the England and Greater Manchester average.

Taking into account the totality of information available, the HWB consider the location, number, distribution and choice of pharmacies covering the each of the four neighbourhoods and the whole Trafford HWB area providing essential and advanced services during the standard core hours to meet the needs of the population.

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

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

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 neighbourhood, there are pharmacies open beyond what may be regarded as normal hours, in that they provide pharmaceutical services during supplementary hours in the evening, on Saturday and Sunday.

The HWB notes that in comparison to the previous PNA, there has been a 70% reduction in pharmacies open at 8am or earlier Monday to Saturday (Table 25), a 23% reduction in evening openings (Table 26) and a 40% reduction in Sunday opening (Table 27). In addition to this, 18.1% of respondents to the patient survey indicated difficulties in accessing pharmacies due to opening hours (Section 3.3: Access to Pharmacies). Table 5 indicates that evening and weekend opening times are important to many Trafford residents. This is especially important considering the risk of 'collective action' potentially reducing the opening hours of pharmacies.

Taking into account the totality of information available, the HWB consider the location, number, distribution and choice of pharmacies covering the each of the four neighbourhoods and the Trafford HWB area providing essential and advanced services during the evening, on Saturday and Sunday, to provide better access that meet the requirements of the population.

The exceptions to this are the North neighbourhood and Partington.

In the North neighbourhood there is no early morning opening Monday to Saturday from 8am to 8:30am which is a gap in terms of better access. The nearest are The Range Pharmacy in Whalley Range (5-15 minute drive and up to 30 minutes on a bus) which opens at 8:15am or Tesco Sale which opens at 8am, Manchester city centre pharmacies and Malcolm's Pharmacy in Urmston (up to a 20-minute drive or up to 35 minutes on public transport). The public survey found that the vast majority of respondents from the North neighbourhood felt that early morning opening Monday to Friday was essential.

In Partington, there is not currently any provision available on a Saturday afternoon or all-day Sunday. Partington is an area of deprivation with poor transport links. This is a gap in terms of better access. The exact gap identified is between midday and 5pm on Saturday and 10am – 2pm on Sunday. The nearest pharmacy open on a Saturday afternoon is The Cross Pharmacy in Lymm (9 minutes by car and 19 minutes by bus which run hourly) and the nearest Sunday openings are Irlam Tesco and Broadheath Boots (both are a 13-minute drive and a 29-minute bus journey running hourly). The number of respondents to the public survey from Partington was low so it is difficult to judge the impact from a resident perspective, but it is likely that this gap impacts local people.

The HWB would be interested to explore whether any local pharmacies are willing to meet these gaps and enable better access in Trafford; a supplemental resident survey in Partington could be undertaken to provide further evidence if needed. 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.

In terms of accessibility, disabled parking and wheelchair access at entrance are not available at every pharmacy. There are also gaps in provision of hearing loops and sign language. For spoken languages other than English, availability is dependent on staff, though several languages that are relevant to Trafford populations are well-represented. Guidance for Pharmacies around responsibilities under The Equality Act (2010) can be found on the Community Pharmacy England web pages³⁶.

For locally commissioned services, needle exchange services are provided by a small number of pharmacies and a gap has been identified in the central neighbourhood.

³⁶ [The Equality Act 2010 - Community Pharmacy England](#)

11 Conclusions (for the purpose of schedule 1 to the 2013 regulations)

11.1 Current provision – necessary and other relevant services

As described in particular in sections 3 and 4 and required by paragraphs one and three of schedule 1 to the Regulations, Trafford HWB has had regard to the pharmaceutical services referred to in this PNA in seeking to identify those that are necessary, have secured improvements or better access, or have contributed towards meeting the need for pharmaceutical services in the area of the HWB.

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

11.2 Necessary services – gaps in provision

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

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

Trafford HWB has determined that the travel times as identified in section 4.1 to access essential services are reasonable in all the circumstances.

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

11.3 Future provision of necessary services

Trafford HWB has not identified any pharmaceutical services that are not currently provided but that would, 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 the for a specified need in future circumstances have been identified. However, the future housing developments outline in section 4.3 may require review for the local impact on demand on pharmaceutical services created by new dwellings and increased local populations.

11.4 Improvements and better access – gaps in provision

In Trafford there is satisfactory access to essential services outside normal working hours in the South neighbourhood.

Based on the information available at the time of developing this PNA, we have a specific gap in opening hours in the provision of essential services outside normal working hours in the Partington area: between midday and 5pm on Saturday and 10am – 2pm on Sunday and 8am-8:30am Monday to Friday in Old Trafford/Stretford. A gap has been identified in needle exchange services in the Sale area.

No other gaps in essential services outside of normal hours have been identified.

Given that the vast number of local pharmacies indicated they had capacity to adapt to increased demand or were able to make adjustments if needed, it is determined that gaps in improvements and better access can be met by the current pharmacies within Trafford.

11.5 Other NHS services

As required by paragraph five of schedule 1 to the 2013 Regulations, Trafford HWB has had regard in particular to section 10 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.

12 Appendices

12.1 Contractor survey

1. Date of completion
2. Which locality is your pharmacy in?
3. Post code
4. Is this a distance selling pharmacy?
5. Contact details (name, phone number, email address)
6. If there was increased demand for pharmaceutical services (e.g. dispensing, advanced and locally commissioned services) in your local area; through new housing developments, nearby pharmacies closing, etc. demand in your pharmacy may increase. With this in mind please select the option that best reflects your situation at the moment:
 - We have sufficient capacity within our existing premises and staffing levels to manage an increase in demand in our area
 - We don't have sufficient premises and staffing capacity at present but could make adjustments to manage an increase in demand in our area
 - We don't have sufficient premises and staffing capacity and would have difficulty in managing an increase in demand
7. Essential services (appliances): in this section, please give details of the essential services your pharmacy provides.
 - Stoma appliances
 - Incontinence appliances
 - Dressings
 - None
 - Other
8. Advanced services: Does the pharmacy provide the following services?

	Yes	Planned	Willing	No
New Medicine Service				
Appliance use review service				
Stoma appliance customization service				
Hypertension case finding service				
Smoking cessation service				
Lateral flow device service				
Pharmacy Contraception service				
Pharmacy First service				

Commissioned services: Use this section to record which local services you currently deliver or would like to deliver at your pharmacy. These can be enhanced Services,

commissioned by the NHS GM, Public Health Services commissioned by a Local Authority / third party. Please tick the box that applies for each service

	Yes	Planned	Willing	No
Care Home Service				
Sharps disposal service				

9. Urgent Care:

	Yes	Planned	Willing	No
Minor Ailments Service				
COVID-19 Medicines supply services (anti-virals)				
Out of hours services				
On demand availability of specialist drugs service				
Palliative care stockholding service				

10. Public Health Services: Please note commissioning varies across local authority areas, so some services may not be available in your area.

	Yes	Planned	Willing	No
Emergency hormonal contraception service				
Chlamydia and gonorrhoea testing				
Chlamydia treatment service				
Condom distribution service				
Needle and syringe exchange service				
Obesity management (adults and children)				
Healthy Start vitamin service				
NRT voucher dispensing service				
Smoking cessation support and supply service				
Vape/e-Cig service				
Varenicline PGD service				
Cytisine PGD service				
Naloxone service				
Supervised administration				

11. Medicines Optimisation:

	Yes	Planned	Willing	No
Domiciliary Medicine Administration Records (MAR)				
Monitored Dosage System (MDS) Service				

12. Independent prescribing:

- Do you currently have an IP?
- Would you be willing to employ an IP in the future?
- Do you have any pharmacists who are currently undergoing IP training?

13. Screening services

	Yes	Planned	Willing	No
Alcohol				
Atrial fibrillation				
Cholesterol				
Diabetes				
<i>Helicobacter pylori</i>				
HbA1C				
Hepatitis				
HIV				
Phlebotomy service				
Vascular Risk Assessment service				

14. Vaccinations

	Yes	Planned	Willing	No
Seasonal Influenza Vaccination Service (Private Service)				
Seasonal Influenza Vaccination Service (NHS Service)				
COVID-19 Vaccination Service Adults (NHS Service)				
COVID-19 Vaccination Service Adults (Private Service)				
COVID-19 Vaccination Service Children (NHS Service)				

COVID-19 Vaccination Service Children (Private Service)				
MMR Vaccination Service (NHS Service) Children				
MMR Vaccination Service (NHS Service) Adults				
Childhood Vaccinations				
HPV				
Hepatitis B				
Pneumococcal (PPV)				
Meningococcal vaccinations				
Shingles				
Travel vaccines				
Chicken Pox				
RSV				
Whooping cough				
Other (please state, including funding source)				

15. Delivery services

Does the pharmacy provide any of the following:

- Delivery of dispensed medicines - Free of charge on request
- Delivery of dispensed medicines - Free of charge for elderly/housebound patients. Chargeable for other patients
- Delivery of dispensed medicines – Chargeable

16. Monitored dosage systems

- Monitored/Community Dosage Systems - Free of charge
- Monitored/Community Dosage Systems - chargeable if not covered by Equality Act (DDA)
- Monitored/Community Dosage Systems - Not provided unless covered by Equality Act (DDA)

17. Domestic Violence support

- Does your pharmacy provide a safe space for victims of domestic violence?

18. Accessibility

- Can customers legally park within 50 metres of the pharmacy?
- Is dedicated cycle parking (e.g. cycle racks, stands) available within 50m of the pharmacy?
- How far is the nearest bus stop/train station?

- Do pharmacy customers have access to designated disabled parking?
- Is the entrance to the pharmacy suitable for wheelchair access unaided?
- Are all areas of the pharmacy floor accessible by wheelchair?
- Do you have any other facilities in the pharmacy aimed at supporting disabled people access your service?
- Are the following in available in your pharmacy for patients who require extra support with their medicines (this could be free of charge or as available for purchase)
- Are you able to offer support to people whose first language is not English? If so how?
- Is the pharmacist able to provide advice and support if a customer wishes to speak to a person of the same sex?

19. Protected characteristics: Are you aware of any gaps in access or pharmaceutical need for any of the following groups, relating to their:

- Age
- Disability
- Sex
- People with/about to have gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sexual orientation
- Other
- If yes to any of the above, please state why.

12.2 Public Survey

Pharmacy Services Public Survey

Local Health and Wellbeing Boards are working to help ensure everyone living in the area has the right access to community pharmacy services that help to improve your health, such as dispensing prescriptions and medicines, offering testing and screening for common conditions. This could include any location where you get your prescriptions dispensed or buy medicines from, this could be an actual pharmacy (chemist) on the high street or an internet (online) pharmacy.

What will the survey be used for?

The survey will help your Health and Wellbeing Board understand what pharmacy services people use, what services they want, and how they feel about access to pharmacies. The survey is important because it will be used to help consider whether there is a need to improve pharmacy services in the area.

Why should I complete the survey?

By completing the survey, you are making sure that your views influence the services currently delivered in your local pharmacy, or that could be provided in future. Your opinions will help us to develop the right services.

Is the questionnaire anonymous and confidential?

Yes. To make sure that all your answers will remain anonymous and confidential, please DO NOT write your name or address anywhere in the survey.

How much time do I need?

The survey will take about 10 minutes to complete. We need to get a minimum number of responses to validate the survey so please respond by 11:59pm on Friday 21st March 2025 to make your views count.

Can I see the results?

It is anticipated that the results will be available from 31st October 2025. If you would like to see the overall results please send a request to PNaenquiries@cpgm.org.uk and we will send you a link to the results when they are made public.

Thank you for taking part in this survey

Section 1 – About You

These questions are about your current use of pharmacy services

1. Do you use a pharmacy?

- Yes
- No

2. What is your postcode? (This information will not be published, and we will not be able to identify you from this limited information)

3. Where do you live?

- Bolton
- Bury
- Manchester
- Oldham
- Rochdale
- Salford
- Stockport
- Tameside
- Trafford
- Wigan

4. Why do you use a pharmacy? (Tick all that apply)

(A carer is someone of any age who supports, unwaged, a relative, partner, friend or neighbour who due to physical or mental illness, disability, frailty or addiction could not manage without that support)

- As a carer
- For a family member
- For yourself
- For a friend or neighbour
- Not applicable

5. How often do you use a pharmacy? (Please tick one option only)

- More than once a week
- Once a week
- Once every couple of weeks
- Once a month
- Less often
- Not applicable

6. Do you use one pharmacy or a number of pharmacies?

- One pharmacy
- More than one pharmacy
- Not applicable

Section 2 – Pharmacy Accessibility

These questions are about your ability to access a pharmacy and how this effects your choice of pharmacy

7. Do you have problems accessing a pharmacy due to location? (Please tick one option only)

- Yes (If yes, please explain why below)
- No
- Not applicable

8. If Yes, please explain why

9. Do you have problems accessing a pharmacy due to opening hours? (Please tick one option only)

- Yes (If yes, please explain why below)
- No

10. If Yes, please explain why

11. Do you have any difficulties accessing a pharmacy of your choice? (Please tick one option only)

- No
- Yes, I'm housebound
- Yes, I have mobility issues
- Yes, my preferred pharmacy does not have access suitable for my needs
- Other

12. If you were unable to access your regular pharmacy, or they didn't have the things you need, what would you do: tick as many reasons that apply

- Go without medication
- Wait until the pharmacy is open
- Wait for them to order the stock I need
- Go to A&E or a walk-in centre
- Get a relative / friend to collect for me
- Find another pharmacy
- Other (Please state)

13. Thinking of the pharmacy you use most, tick as many of the following reasons for your choice

Accessibility:

- Near to work
- Near to home
- Near to my doctors
- In town/ shopping area
- In the supermarket
- Good transport links
- Opening times
- N/A I do not use a regular pharmacy

14. Thinking of the pharmacy you use most, tick as many of the following reasons for your choice

Pharmacy Specifics:

- I do not have to wait long for a walk-in service

- The staff respect my privacy
- The staff are friendly
- The staff are knowledgeable
- They offer a collection service
- They offer a delivery service
- N/A I do not use a regular pharmacy
- They offer another service which I use, please explain why
- The staff speak my first language, please state your first language
- Other (use text below)

If Other, please explain

Section 3 – How and when do you access pharmacies

These questions are about your method of travel to a pharmacy and the times of day you require access to services

15. What is your usual method of travel when you visit a pharmacy? (Please tick one option only)

- Walk
- Motor vehicle (driver or passenger)
- Bus
- Bicycle
- Taxi
- Tram
- Train
- I do not travel to a pharmacy
- I only use an internet pharmacy
- Other, please explain in text below

If Other, please explain

16. On average, how long does it normally take you to get to your pharmacy?

- 5 mins or less
- 6 to 10 mins
- 11 to 15 mins

- 16 to 20 mins
- 21 to 30 mins
- 31 mins or more
- I do not travel to the pharmacy

17. When thinking about the time a pharmacy is open, please tell us which of the following are important to you. (Please tick all that apply)

	Essential	Fairly Important	Unimportant	Not necessary	Not sure
Weekday: Early Morning (before 9am)					
Weekday: During the day					
Weekday: Lunchtime					
Weekday: Early evening between 6pm and 9pm					
Weekday: Late evening after 9pm					
Saturday: Early Morning (before 9am)					
Saturday: Morning					
Saturday: Afternoon					
Saturday: Evening after 6pm					
Sunday: Early Morning (before 9am)					
Sunday: Morning					
Sunday: Afternoon					
Sunday: Evening after 6pm					
Bank Holidays: Early Morning (before 9am)					
Bank Holidays: Morning					
Bank Holidays: Afternoon					
Bank Holidays: Evening after 6pm					

18. Please tell us which of the following are important to you. (Please tick all that apply)

	Essential	Fairly Important	Unimportant	Not necessary	Not sure
Convenient location					
Parking					
Friendly staff					
Short waiting times					
Private area to speak to the pharmacist					
Seeing my regular pharmacist if I want to					
Providing clear advice on my prescription and over the counter medicines					
Being able to use it in an emergency					
Being able to use it in an emergency					

19. How satisfied are you with each of the following aspects of service at your regular pharmacy, from very satisfied to very unsatisfied? If you do not have a regular pharmacy, please comment on your last visit to a pharmacy.

	Very satisfied	Satisfied	Unsatisfied	Very unsatisfied	N/A
Being open when you need it					
Location					
Parking facilities					
Knowledge of staff					
Staff attitude					
Waiting times					
Private consultation areas					
The pharmacist / pharmacy staff taking time to talk to you					

The pharmacy having the things you need					
The pharmacist offers advice when need					
Overall pharmacy service					
Physical access into the building					
Being able to use it in an emergency					

Section 4 – What services do you use at the pharmacy

These questions are about the services that you use from your pharmacy

20. How often do you use any of the following services available from your pharmacy? (Please tick one box per row only)

	Used in the last three months	Used in the last year	Not used in the last year but may need to use in the future	Not used in the last year and not relevant to my needs	I don't know what this is
Delivery of medicines to my home					
Purchased Over the Counter medicines					
Electronic Repeat Dispensing					
Collection of regular prescription medicines					
Collection of occasional prescription medicines					
NHS Urgent medicine supply					
Dispose of unwanted medication					
Emergency Hormonal Contraception (morning after pill)					
Chlamydia testing or treatment					

Condom distribution service					
Contraception					
Pharmacy First Service					
Minor Ailment Scheme (Access to certain free over the counter medicines to avoid a GP visit when eligible)					
Stop Smoking Service					
Substance Misuse Service e.g. Observed Consumption of Medication, needle exchange service					
Substance Misuse Service e.g. Needle Exchange					
Early morning opening (before 9am)					
Late night opening (after 7pm)					
Saturday opening					
Sunday opening					
Bank Holiday opening					

21. How often do you use any of the following services available from your pharmacy (cont.)? (Please tick one box per row only)

	Used in the last three months	Used in the last year	Not used in the last year but may need to use in the future	Not used in the last year and not relevant to my needs	I don't know what this is
Blood Pressure Check					
Lateral Flow Device (NHS Service)					
Flu Vaccine					
COVID Vaccine					
New Medicine Service					
Diabetes Screening					
Healthy Weight advice					
Health Tests, e.g. cholesterol					
Long term condition advice					
Sharps Bin Disposal					
Palliative Care Medicines					

Referral from NHS 111					
Other					

22. If you don't go to a pharmacy for any services, who or which organisation, if any, would you contact if you wished to get information: (Please tick as many answers as appropriate).

- Your family doctor/GP/GP surgery
- Practice nurse
- NHS walk-in centres
- NHS choices
- Other internet (not NHS choices)
- Sexual health service
- Other healthcare professional
- Friends/family
- Local council
- An NHS non-emergency telephone helpline, such as NHS 111
- Nobody, I would not look for information about this issue
- Not applicable
- Other (please explain why in text below)

If Other, please explain

23. Are there any other services you would like your pharmacy to offer?

- Yes, please explain
- No

24. If Yes, please explain

Equal Opportunities Statement

Local Authorities have a duty to promote equality in relation to race, disability, sex, age, sexual orientation and religion and belief. As the commissioner and provider of health service and partner of the local NHS, our job is to ensure that everyone has access to high quality health care that meets their needs.

We are seeking this data for development of new services that meets your needs. However, please be assured that the completion of this part of the survey is voluntary.

We would like to thank you for your co-operation in gathering this information, which will help us to ensure the effective monitoring of our equal opportunities policy.

25. My sex is:

Please tick one option only.

- Male
- Female
- Prefer not to say

26. Do you identify with the sex you were assigned at birth? (e.g. Male or Female)

Please tick one option only.

- Yes
- No
- I prefer not to say

27. My age is:

Please tick one option only

- 18-24 years
- 25-34 years
- 35-44 years
- 45-54 years
- 55-64 years
- 65-74 years
- 75+ years
- Prefer not to say

28. I would describe my ethnic origin as: Please tick one option only.

- White: British
- White: Irish
- White: Gypsy or Irish Traveller
- White: Roma
- White: Other White
- Mixed or Multiple ethnic groups: White and Asian

- Mixed or Multiple ethnic groups: White and Black African
- Mixed or Multiple ethnic groups: White and Black Caribbean
- Mixed or Multiple ethnic groups: Other Mixed or Multiple ethnic groups
- Asian, Asian British: Bangladeshi
- Asian, Asian British: Chinese
- Asian, Asian British: Indian
- Asian, Asian British: Kashmiri
- Asian, Asian British: Pakistani
- Asian, Asian British: Other Asian
- Black, Black British: African
- Black, Black British: Caribbean
- Black, Black British: Other Black
- Other ethnic group: Arab
- Other ethnic group: Any other ethnic group
- Prefer not to say

29. Do you consider yourself to be disabled? Please tick one option only

- Yes
- No (If no, please advance to question 31)
- Prefer not to say (if prefer not to say, please advance to question 31)

30. Please indicate your disability and/or long-lasting illness

- Vision (e.g. due to blindness or partial sight)
- Hearing (e.g. due to deafness or partial hearing)
- Mobility, such as difficulty walking short distances, climbing stairs, lifting and carrying objects
- Learning or concentrating or remembering
- Mental Health
- Stamina or behavioural issues (e.g. due to neuro diverse conditions such as Autism or Attention Deficit Hyperactivity Disorder)
- Prefer not to say
- Other

31. Do you look after, or give any help or support to family members, friends, neighbours or others because of either of the following?

- Long-term physical or mental ill-health/disability
- Problems related to old age
- No
- Other

32. Are you pregnant or have you given birth within the last 12 months?

- Yes
- No
- Prefer not to say

33. Have you undergone or are you going through gender reassignment?

- Yes
- No
- Prefer not to say

34. I would describe my sexuality as:

Please tick one option only.

- Bisexual
- Gay
- Heterosexual/Straight
- Lesbian
- Prefer not to say
- Other

35. Please tell us your faith or religion.

Please tick one option only.

- Buddhist
- Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
- Hindu
- Jewish
- Muslim
- Sikh
- I do not consider myself to have a faith or religion
- Prefer not to say
- Other

36. What is your marital status?

Please tick one option only.

- Single
- Married
- Life-partner
- Civil Partnership
- Prefer not to say
- Other

37. Which of the following best describes your working situation?

Please tick one option only.

- I am working full-time
- I am working part-time
- I work as a volunteer
- I am not working
- I am retired
- Prefer not to say

Thank you for taking the time to fill in this questionnaire.

The Local Authority and their health partners value your opinions and experiences and will use the things you have told us to shape our services for the future.

DRAFT

12.3 Supplementary statement

A supplementary statement to the 2022-2025 Needs Assessment was published in summer 2024, to reflect on various pharmacy closures that had taken place. This statement is set out below.

Update February 2024

Trafford's Health and Wellbeing Board are issuing this supplementary statement due to a number of closures of local pharmacies.

The following pharmacies have closed:

Sainsbury's Altrincham Lloyds – closed May 2023

Sainsbury's Sale Lloyds – closed April 2023

Sainsbury's Urmston Lloyds – closed June 2023

Boot Stretford Mall – closing 2nd March 2024

The impact in terms of patient access is as follows:

Store Closures	Alternative Nearby Provision
Sainsbury's Altrincham Lloyds: Monday to Saturday 7-11pm (10 pm closing on Saturdays) and Sunday 10-4pm	Altrincham Tesco: Monday to Saturday from 8-8pm and Sunday 10-4pm Timperley Pharmacy: Monday to Saturday from 7.30-10.30pm and Sunday 8-6 pm
Sainsbury's Sale Lloyds: Monday- Saturday 8-8pm and Sunday 10-4pm	Sale Tesco: Monday-Saturday 8-7pm and Sunday 10-4
Sainsbury's Urmston Lloyds: Monday to Saturday 7-11pm (10 pm closing on Saturdays) and Sunday 11- 5pm (reduced offer in recent months due to staff shortages)	Malcolm's Pharmacy - 8-8pm weekdays, 9-5 Saturday, 9-1 Sunday Conran: Monday to Saturday 8-11pm and Sunday 9-7pm
Boot's Stretford Mall: Monday to Saturday 09:00 to 17:30	Also ASDA Trafford Park and Boots (Trafford retail park and Trafford Centre) Harry's pharmacy: Monday to Friday 09:00-18:00 and Saturday 09:00 to 13:00

Trafford has 58 pharmacies as of February 2024. This is a rate of 25 per 100,000. This is still above the England average for 2021-22 (22) and the GM average for 2021-22 (24), although it is likely that these have reduced also. As the pharmacies that have closed

are in close proximity to other pharmacy provision, it is unlikely that Trafford's access figure for residents will have reduced. There is some reduction in extended hours and reduced provision will have a substantial impact on the capacity of nearby pharmacies.

DRAFT

12.4 Pharmacy Hours

Table 32: Trafford Pharmacies by contract type and standard hours

Trading Name	Postcode	Type of Contract	Standard Hours	If opened as exemption/ type
Broomwood Pharmacy	WA15 7DD	Standard	40 hours	
Easymed Pharmacy	M16 0WL	Standard	40 hours	
Peak Pharmacy	M32 9PA	Standard	40 hours	
Cohens Chemist	M33 4BR	Standard	40 hours	
Davyhulme Pharmacy	M41 0SE	Standard	40 hours	
Tesco In-Store Pharmacy	M33 7XN	Standard	40 hours	
Tesco In-Store Pharmacy	WA15 9QT	Standard	40 hours	
Cohens Chemist	WA14 1RZ	Standard	40 hours	
Riddings Pharmacy	WA15 6BP	Standard	40 hours	
Delamere Pharmacy	M32 0DF	Standard	40 hours	
Well	M41 8TW	Standard	40 hours	
Davey Chemists	M31 4WJ	Standard	40 hours	
Malcolm's Pharmacy	M41 5AA	Standard	40 hours	
Conran Late Night Pharmacy	M41 5SJ	Standard	82 hours	100 hours
Limelight Pharmacy	M16 9NW	Standard	40 hours	
Alphabet Pharmacy	M32 9LD	Standard	40 hours	Distance
Reeds Chemist	M41 9FD	Standard	40 hours	
Broadheath Pharmacy	WA14 4PJ	Standard	40 hours	
Hale Barns Pharmacy	WA15 8SS	Standard	40 hours	
Elliotts Pharmacy Whalley Range	M16 0BH	Standard	40 hours	
Parade Pharmacy	M33 3JS	Standard	40 hours	
Timperley Pharmacy	WA15 7UN	Standard	72 hours	100 hours
Asda Pharmacy	M41 7ZA	Standard	72 hours	100 hours
High Speed Pharmacy	W15 7PL	Standard	40 hours	Distance
Allied Pharmacy Davyhulme Medical Centre	M41 7WJ	Standard	40 hours	
Empire Pharmacy	M16 0FF	Standard	40 hours	Distance
Village Pharmacy	M33 5PN	Standard	40 hours	
Coppice Pharmacy	M33 4WB	Standard	40 hours	
Phlo Digital Pharmacy	M17 1JX	Standard	40 hours	Distance
Oldfield Pharmacy	WA14 4LJ	Standard	40 hours	
Station Pharmacy	WA15 6TE	Standard	40 hours	
Elliotts Pharmacy	M16 0LN	Standard	75 hours	100 hours
Cohens Chemist	M32 0PA	Standard	40 hours	

C&T Pharmacy	M32 8GR	Standard	40 hours	
Terry's Chemist	WA14 5ET	Standard	40 hours	
Well	M31 4FL	Standard	40 hours	
Tesco In-Store Pharmacy	M32 0RW	Standard	78 hours	100 hours
Well	M41 8GY	Standard	40 hours	
Urmston Pharmacy	M41 9NU	Standard	40 hours	
Cohens Chemist	WA14 3BD	Standard	40 hours	
Well	WA15 7UN	Standard	40 hours	
Barry Bladon	WA15 9SZ	Standard	40 hours	
Everest Pharmacy	M16 9NH	Standard	40 hours	
Rowlands Pharmacy	M33 5JD	Standard	40 hours	
Harry's Pharmacy	M32 8AQ	Standard	40 hours	
Hollowood Chemist	M33 7SS	Standard	40 hours	
Sale Pharmacy	M33 4DX	Standard	40 hours	
Pelican Pharmacy	WA15 7XR	Standard	40 hours	
G Pennant Roberts	M16 9WR	Standard	40 hours	
Grove Lane Pharmacy	WA15 8PU	Standard	40 hours	