

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

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1. Executive Summary

1.1 Introduction

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

- Rochdale's Health and Wellbeing Board (HWB) has a statutory responsibility to publish and keep up to date the PNA for Rochdale. The PNA for Rochdale presents a picture of community pharmacy need and provision in Rochdale and links to Rochdale's Joint Strategic Needs Assessment¹ (JSNA).
- It will be used by NHS commissioning bodies to
 - inform which NHS funded services need to be provided by community pharmacies and dispensing appliance contractors
 - decide whether new pharmacies or services are needed and where
 - aid decision making about the relocation of existing pharmaceutical premises in response to applications by providers of pharmaceutical services
 - inform the commissioning of locally enhanced services delivered from pharmacies to address any gaps in health care provision
- Providers of pharmaceutical services will also use the PNA to inform their applications to provide pharmaceutical services by demonstrating that they are able to meet a pharmaceutical need as set out in the PNA.

The PNA includes information on:

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

This document has been prepared by NHS Greater Manchester (NHS GM) on behalf of Rochdale's Health and Wellbeing Board (HWB) in accordance with the NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013, as amended. It replaces the Pharmaceutical Needs Assessment (PNA) previously published in 2018.

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

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

Rochdale has a population of 224,078 and by 2030 the population is estimated to increase by 5.5% to 236,402 (ONS mid-year population estimate 2021). This includes an 18.2% increase in those aged over 65, which will have implications for the commissioning of services.

To identify local health needs and assess current pharmaceutical services provision, Rochdale is divided into five neighbourhood areas:

- Middleton
- Heywood
- Pennines
- Rochdale North
- Rochdale South

¹ [Joint Strategic Needs Assessment - Rochdale Council](#)

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

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

1.2 Results

At the time of writing, Rochdale has 46 pharmacies (42 walk-in and 4 distance selling pharmacies) providing a range of essential services, advanced services, and locally commissioned services (including NHSCB enhanced services) on behalf of Rochdale Council and NHSCB. All pharmacies in Rochdale have NHSCB contracts, there are no Local Pharmaceutical Service (LPS) Contracts. Since the time of writing, there are 2 additional distance selling pharmacies, which further support the conclusions of the PNA.

There are 3 Pharmacies with 100-hour contracts, opening hours may vary due to new regulations as described in section 3.6.4. There are no dispensing doctors and 1 dispensing appliance contractor (DAC) in Rochdale, but residents of Rochdale can access dispensing and services associated with appliances from a regular pharmacy contractor or through DACs elsewhere within England.

There are 5 fewer pharmacy contractors in Rochdale since the last PNA; four less walk-in and one less distance-selling, where service provision has been absorbed by existing providers.

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

- Rochdale has 20 pharmacies per 100,000 population, which is between the England (18) and Greater Manchester (21) averages.
- 93.2% of items dispensed in Rochdale Pharmacies were for people registered with a Rochdale GP practice.
- Most residents live within 1.0 miles of a pharmacy.
- Most residents can access a pharmacy within 20 minutes by walking, public transport or driving.
- The location of pharmacies within each of the five neighbourhoods and across the whole HWB area.
- The number and distribution of pharmacies within each of the five neighbourhoods and across the whole HWB area.
- The choice of pharmacies covering each of the five neighbourhoods and the whole HWB area.
- 100% (98) of respondents to the public survey (appendix 3) replied to the question 'What is your overall view of your local pharmacy service?'. Of these 86% said they were either satisfied or very satisfied.
- 96% of respondents to the public survey had not had any difficulty in accessing a pharmacy of their choice
- 71 % of responders said the opening hours of pharmacies in Rochdale do not cause a problem
- Rochdale has a choice of pharmacies open across range of times including early mornings, evenings and the weekend.
- 78% were satisfied or very satisfied with the opening hours of the pharmacy they used (Appendix 3).
- In most neighbourhoods in Rochdale there is a choice of pharmacies open across range of times including early mornings, evenings, and the weekend.

- Rochdale pharmacies offer a range of pharmaceutical services to meet the requirements of the population.

1.3 Stakeholder Consultation

As part of the PNA process there is a statutory provision that requires consultation of at least 60 days to take place to establish if the pharmaceutical providers and services supporting the population in the HWB area are accurately reflected in the final PNA document. Rochdale Council's consultation ran from 20/08/2025 until 18/10/2025. The responses received were used to inform the final conclusions which were collated and are now published as part of this PNA.

1.4 Conclusions

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

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

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

- No current gaps in the need for provision of essential services during normal working hours have been identified.
- No current gaps in the provision of essential services outside normal working hours have been identified.
- No current gaps in the provision of advanced and enhanced services have been identified.
- No gaps in the need for pharmaceutical services in specified future circumstances has 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. However, ensuring the public are made aware of which services are delivered through which pharmacies could be improved.
- No gaps in respect of securing improvements, or better access, to other NHS services either now or in specified future circumstances have been identified.

2. Introduction

This document has been prepared by Rochdale's Health and Wellbeing Board (HWB) in accordance with the NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013, as amended. It replaces the Pharmaceutical Needs Assessment (PNA) previously published in 2018.

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

There is also a need to ensure that those additional services commissioned by Rochdale Council or NHSCB from Rochdale pharmacies are promoted to Rochdale's population to improve their uptake. The current providers of pharmaceutical services in Rochdale are well placed to support the HWB in achieving the required outcomes identified as the health priorities outlined in its strategy.

Glossary and acronyms are provided in Appendix One.

2.1 Purpose of a PNA

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

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

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

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

2.2 HWB duties in respect of the PNA

In summary Rochdale HWB must:

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

2.3 Background and legislation

2.3.1 National Legislation

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

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

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

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

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

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

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

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

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

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

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

by the pharmacy contract. Once this detail is agreed upon and available, there will need to be further assessment to establish if any gaps are created within the PNA.

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

2.3.3 Mandatory 60-day stakeholder consultation

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

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

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

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

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

2.4 Scope of the PNA

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

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

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

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

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

For **appliance contractors** the scope of the service to be assessed in the PNA is the dispensing of appliances and the provision of appliance use review (AUR) and stoma appliance customisation (SAC). This means that, for the purposes of the PNA, it is concerned with whether patients have adequate access to dispensing services, including dispensing of appliances, AURs and SACs where these are undertaken by an appliance contractor but not concerned with other services appliance contractors may provide.

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

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

2.5 Minimum requirements for the PNA

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

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

3. How the assessment was undertaken

3.1 Development of the PNA

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

3.1.1 PNA steering group

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

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

The steering group included representation from the following groups:

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

3.1.2 PNA localities

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

The PNA uses the current system of Rochdale ward boundaries split across the five neighbourhoods.

This approach was taken because:

- The current JSNA and Rochdale Locality Plan describes population health needs using these terms and locations
- This grouping of wards into neighbourhoods reflect the localities which are already in use by Rochdale Council.
- Most available healthcare data is collected at ward level and wards are a well-understood definition within the general population as they are used during local parliamentary elections.
- The ward boundaries have changed since the last PNA cycle and pharmacies may now be located in different wards, making direct comparisons more difficult.

The five neighbourhoods and the wards within them are:

Heywood

- Hopwood Hall Ward (spans both Heywood and Middleton Neighbourhood)
- North Heywood
- West Heywood

Middleton

- East Middleton
- Hopwood Hall (spans both Heywood and Middleton Neighbourhood)
- North Middleton
- South Middleton
- West Middleton

Pennines

- Littleborough Lakeside
- Milnrow and Newhey
- Smallbridge and Firgrove
- Wardle, Shore and West Littleborough

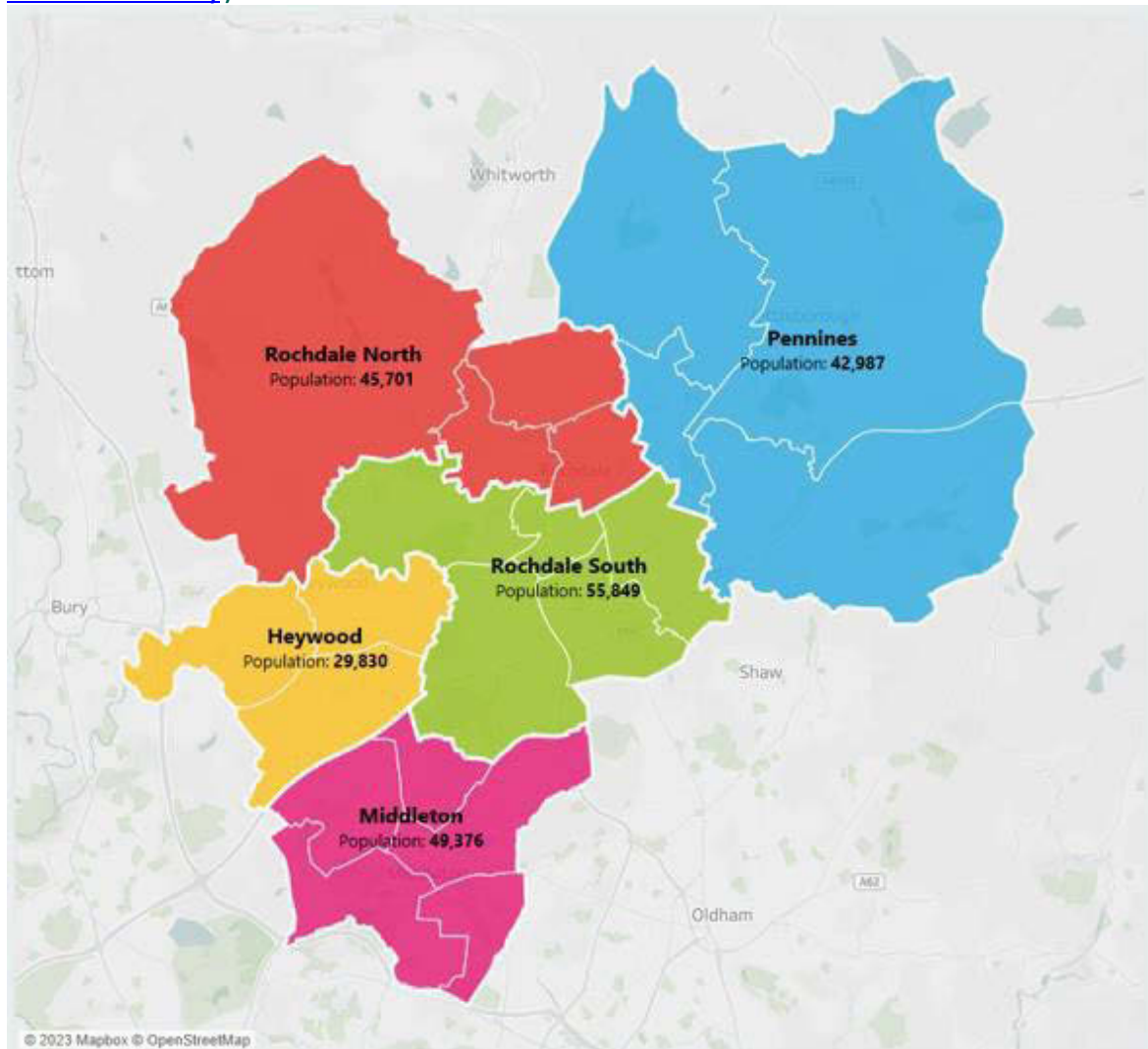
Rochdale North

- Central Rochdale
- Healey
- Norden
- Spotland and Falinge

Rochdale South

- Balderstone and Kirkholt
- Bamford
- Castleton
- Kingsway
- Milkstone and Deepdish

Map 1 - Rochdale neighbourhoods (source: <https://www.rochdale.gov.uk/downloads/file/963/joint-strategic-needs-assessment-summary>)



3.1.3 Contractor questionnaire and patient survey

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

Rochdale Council were involved in promoting the public survey to as wide an audience as possible through the existing channels available to them.

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

3.1.4 Other sources of information

The content of the PNA including demographics, neighbourhoods and background information was approved by the steering group. In looking at the health needs of the local population, the Rochdale JSNA², The People, Place and Planet Council plan 2023 - 2028³, Borough plan – with everyone, for everyone⁴ and other health data were considered.

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

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

3.1.5 Consultation

The statutory 60-day consultation ran from 20/08/2025 until 18/10/2025 and a report outlining areas of feedback from the consultation can be found in appendix 13.

The list of stakeholders consulted included the following groups:

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

3.2 JSNA and Locality Plan priorities

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

² [Joint Strategic Needs Assessment - Rochdale Council](#) accessed 07/02/2025

³ [People, Place and Planet: a plan for Rochdale Borough Council](#) accessed 07/02/2025

⁴ [Rochdale Borough plan – with everyone, for everyone](#) accessed 12/02/2025

3.2.1 Rochdale JSNA

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

1. JSNA summary
2. Borough profile
3. Early Years
4. Developing Well
5. Early Adulthood
6. Working Well
7. Adult Wellness
8. Ageing Well
9. Frailty in older age
10. Communities of interest
11. Mortality and illness
12. Health and Social Care Services
13. Wider Determinants of Health

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

3.2.2 The People, Place and Planet Council plan 2023 – 2028

The council ambition is to ‘Work cooperatively to reduce inequalities and deliver sustainable opportunities and services that will benefit our people, place and planet.’

There are a number of council priorities for people, place, planet and performance; including priorities related to health and wellbeing:

- Deliver integrated all age health services, disease and lifestyle management programmes
- Strengthen support for those with social care needs to live well and independently

3.2.3 With everyone, for everyone – borough plan

A 10 year plan for the borough of Rochdale with the following aims:

- Reducing poverty and inequality in all its forms by ensuring everyone has their basic needs met.
- Improving population health and wellbeing at all ages and ensuring everyone has access to better care.
- Growing local talent and skills by ensuring everyone can access quality education and lifelong learning opportunities.
- Creating a prosperous and productive economy through innovative business, technology and by creating fulfilling and rewarding employment for the local workforce.
- Developing vibrant places by ensuring quality housing and infrastructure, safe communities and a rich cultural scene in our towns.
- Taking action on climate change to conserve natural resources, enhance the environment and improve air quality.

3.3 Focus of the PNA

The Health and Wellbeing Board approve actions to take forward to address the needs of the population of Rochdale. The HWB have identified priorities that are aligned to the HMR ICP Locality Plan:

Strengthening our communities

- Using a neighbourhood approach to address inequalities and the drivers of poor health at neighbourhood level

Helping people stay well and detecting illness earlier - Preventing poor health and need with a focus on prevention and targeted early intervention and support for children. Target our top long-term conditions to ensure these are caught early and support people to live well, age and die well:

- Children have the best start in life
- Residents will live longer healthier lives with a focus on Diabetes, CVD, Respiratory, Cancer, Mental Health, Learning Disability, Neurodiversity, Age well and palliative care

Recovering core NHS and care services – When support is needed ensure this is provided in the most appropriate place and at the right time with a focus on promoting independence and optimising primary care access and community services:

- Improved access to primary care and community services

Address poverty and grow the wealth of our communities – Deprivation is one of the main drivers for the health inequalities and poor health outcomes. This will be addressed by tackling the root causes and impacts of poverty with a focus on growing community support, wealth and ownership:

- Fewer people living in poverty
- Work and health

Support our workforce and carers – Focus on enabling our workforce to operate differently to embed prevention and further integrate across our neighbourhoods, making every contact count. Enable our unpaid carers to support loved ones for as long as they are able and willing to do so:

- Workforce will be sustainable and have the capacity and skills they need
- Our carers will be better supported to care for their loved ones for as long as they are willing to do so

Achieve financial sustainability – Ensure we are in a stable financial position to support the development of primary, community and voluntary services to deliver our ambitions:

- Protect and increase investment in prevention, primary and community care and invest to deliver early interventions in our neighbourhoods
- Greater utilisation of technology to support our residents to self-care and manage their condition at home

3.4 Patient and public engagement

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

There were 98 responses to the Rochdale public survey. This only represents 0.04% of Rochdale's population (aged 15 years and over); we can only take this as a general picture of public opinion. Map 2 below shows the spread of responses to the public survey.

The lack of response to the public survey may indicate that residents in Rochdale may not see access to pharmacies as an issue and therefore not worth taking the time to complete the survey, but this assumption is not proven. Of the 98:

84% of the responders were female.

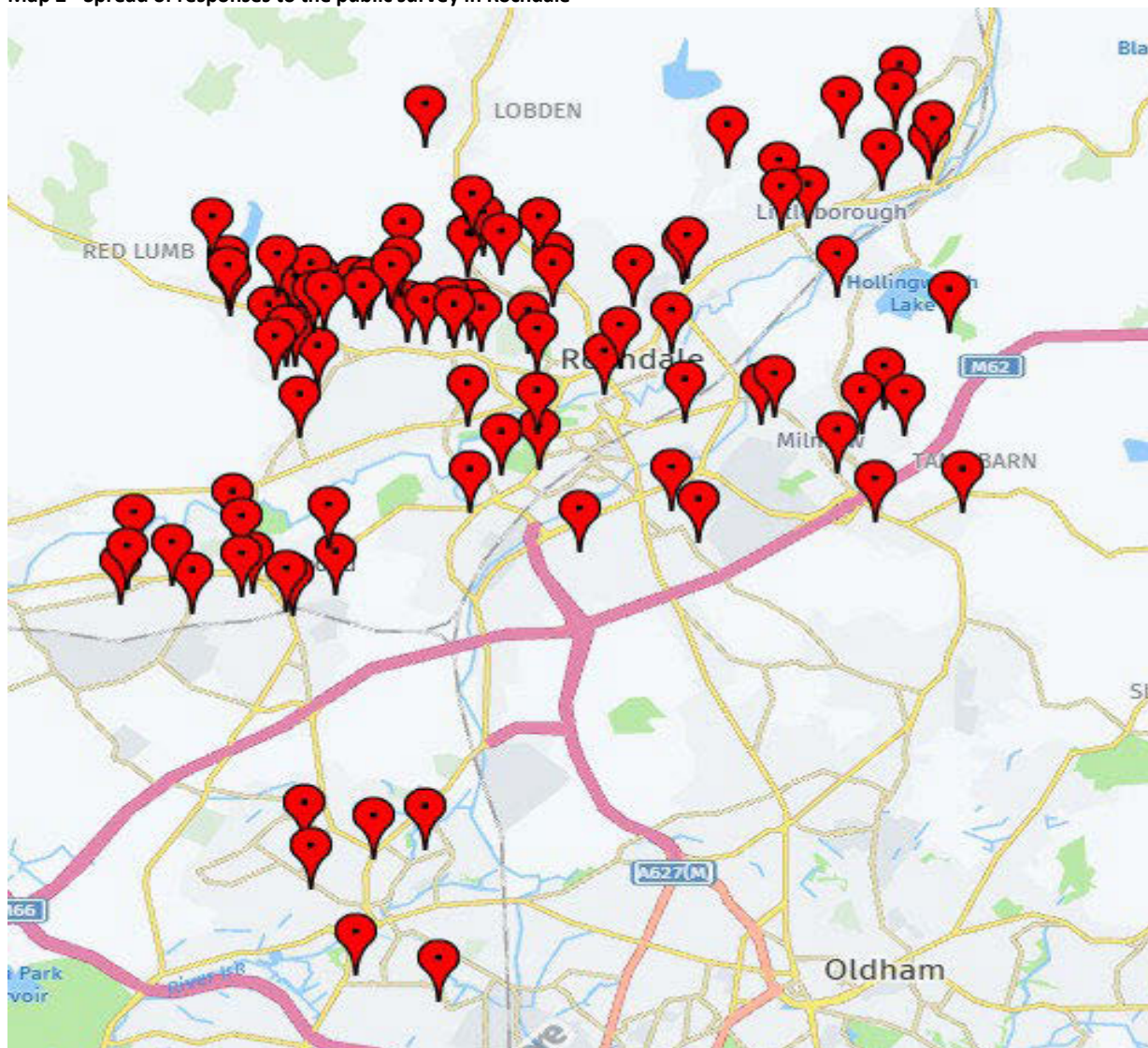
24% of respondents were over the general age of retirement of 65 years and over.

16% of respondents consider themselves to have a disability.

85% of people considered themselves to be 'White British'.

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

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



3.4.1 Choice of Pharmacy

96% of respondents stated they had no difficulties accessing the pharmacy of their choice and 66% used one pharmacy regularly.

From all the respondents, the most selected reasons for using one pharmacy regularly were that the pharmacy was near to home or their doctors. 32% of these respondents accessed their chosen pharmacy by walking and 64% by car either as a driver or passenger.

3.4.2 Access to Pharmaceutical Services

The location of pharmacies does not cause a problem for 71% of the responders and the opening hours do not cause a problem for 71% of respondents. For the 29 respondents who had a problem with the opening times, 13 had an issue with their nominated pharmacy not opening on the weekend. They were not aware that some pharmacies had extended opening times and where these pharmacies were located. Any campaign to increase use of pharmacies for self-care, should include providing information on the location and opening times of pharmacies that provide extended hours.

- 96% of respondents to the public survey had not had any difficulty in accessing a pharmacy of their choice and 37% of respondents were able to travel to their chosen pharmacy in 5 minutes or less.

3.4.3 Development of Pharmacy Services

93% of respondents felt that it was essential or fairly important that their pharmacist be able to provide clear advice on prescription and over the counter medicines and this guided their choice of pharmacy. 84% of respondents were also very satisfied or satisfied that the pharmacist offered advice when they needed it. Pharmacist and their staff should be primarily focussed on patient safety, of which delivering information to patients is a main feature. Regular conversations with clients around their medication and health status are taking place already but should be improved in pharmacies as this increases the understanding of medications and develops improved public confidence in the ability of pharmacy staff. Patients should also be encouraged to ask questions and understand that pharmacists are a good source of information about the medication they take.

87% (85) of respondents were either satisfied or very satisfied with the overall service they receive from their pharmacy/pharmacies overall, 6 being unsatisfied and 5 very unsatisfied.

Respondents were provided with an opportunity to comment on which other pharmacy services they would like their pharmacy to offer. 12 respondents provided an answer to this question, and most of the comments received indicated a desire for a prescribing service, not only for repeat medications, but for acute conditions particularly antibiotics to treat infections. Pharmacy First addresses some of this (see section 6 below) and as all pharmacy graduates will be qualified prescribers from 2026, there is the possibility of further prescribing based services being available via community pharmacies.

3.5 Contractor engagement

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

The survey was promoted by CPGM to all contractors and they also supported the uptake of the survey through individual phone calls to outstanding contractors. Responses were received from 46 pharmacies, a 100% response rate, which is a significant increase compared to the previous PNA. This helps to provide a complete picture of pharmaceutical service provision in Rochdale and can be used alongside data provided by NHSCB to support decisions for the PNA.

3.5.1 Advanced services

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

Advanced Service	Number of Pharmacies	Commissioned (C) or Provided (P)	Comments
Pharmacy First Service (PFS)	46	P	Commenced on 31st January 2024. Replaced 2 elements of CPCS.
Flu Vaccination Service	39	P	Annually from Autumn to March.
Pharmacy Contraception Service (PCS)	36	C	Commenced on 24th April 2023, from 1st December 2023, the service expanded to include both initiation and on-going supply of OC. From October 2025 to include supply of EHC.
Hypertension Case-Finding Service	45	P	From 1st October 2021.
New Medicine Service (NMS)	46	C	
Smoking Cessation Service (SCS)	28	C	From 10 th March 2022
Appliance Use Review (AUR)	0	P	Provided by DACs
Stoma Appliance Customisation (SAC)	0	P	Provided by DACs
Lateral Flow Device Service (LFD)	12	P	From 6th November 2023. For eligible patient groups.5

See information contained in section 6.0.

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

There is a DAC located within the Rochdale borough – Ainsworth Surgical Supplies. *In the 12-month period, December 23 to November 24 (latest data on 1st March 2025), they did not carry out any AURs.*

3.5.2 Enhanced and locally commissioned services

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

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

Commissioner	Service	Number of Pharmacies Providing Service FYTD 24/25
Rochdale Council	Emergency Hormonal Contraception**	22
Rochdale Council with The Big Life Group	Stop Smoking Services	24
Turning Point on behalf of Rochdale Council	Supervised Methadone/Buprenorphine Consumption	33
Turning Point on behalf of Rochdale Council	Needle Exchange	10
NHS GM ICB	Palliative Care Medicine Stockholding	1*
NHS GM ICB	IP Pathfinder – Minor Illness	1
NHS GM ICB	Minor Ailment Service (MAS)	20
NHS GM ICB	Minor Eye Conditions Service (MECS)	18
NHS GM ICB	COVID-19 antiviral medication supply for Non-Hospitalised Patients via Community Pharmacy and COVID-19 antiviral medication Delivery (Medicines supply following referral via NHSMail)	1

*Claim for outdated medicines.

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

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

3.5.3 Non-NHS services

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

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

⁵ [Community Pharmacy England - Lateral Flow Device Service](#)

3.6 Pharmaceutical services

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

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

NHSCB are responsible for preparing, maintaining, and publishing the pharmaceutical list. Rochdale has one DAC (Dispensing Appliance Contractor) within the borough boundary. However, for Rochdale HWB there are no dispensing doctors within the HWB's area.

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

3.6.1 Pharmaceutical services provided by pharmacy contractors

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

Negotiations on the 2024/25 CPCF, which includes negotiations on the Pharmacy Quality Scheme (PQS), were paused when the 2024 general election was announced and resumed in January 2025. The most recent version the Community Pharmacy Contractual Framework (CPCF) for 2024 to 2025 and 2025 to 2026⁶ was released in April 2025.

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

- **Essential services** – all pharmacies with NHS contracts (see Appendix Six for complete list) must provide these services. Further details can be found on the CPE website⁷:
 - Dispensing of medicines
 - Dispensing of appliances
 - Repeat dispensing and electronic repeat dispensing (eRD)
 - Disposal of unwanted medicines
 - Public health (Promotion of healthy lifestyles)
 - Signposting
 - Support for self-care
 - Discharge Medicines Service (DMS)
 - Healthy Living Pharmacies
- **Advanced services** – pharmacies may choose whether to provide these services or not (see Appendix Seven). If they choose to provide one or more of the advanced services, they must meet certain requirements and must be fully compliant with the essential services and clinical governance requirements:
 - New Medicine Service (NMS)
 - Appliance Use Review (AUR)
 - Stoma Appliance Customisation (SAC)

⁶ [Community Pharmacy Contractual Framework](#)

⁷ [Community Pharmacy England - National pharmacy services](#)

- Flu vaccination Service
 - Lateral Flow device (LFD) service
 - Hypertension case finding service
 - Smoking Cessation Service (SCS)
 - Pharmacy contraception service (PCS)
 - Pharmacy first service
- **National and Local Enhanced services** – In December 2021, provisions were made within the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 for a new type of Enhanced service, the National Enhanced Service (NES). Under this type of service, NHS England commissions an Enhanced service that is nationally specified. This requires NHS England to consult with Community Pharmacy England on matters relating to the service specification and remuneration for the service.

This differs from a Local Enhanced Service (LES) that should be locally developed and designed to meet local health needs and for which NHS England would consult with Local Pharmaceutical Committees. A NES allows the agreement of standard conditions nationally, while still allowing the flexibility for local decisions to commission the service to meet local population needs, as part of a nationally coordinated programme.⁸

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

- COVID-19 vaccination service

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

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

Underpinning the provision of all these services is the requirement on each pharmacy to participate in a system of clinical governance requirements as set out within the 2013 regulations and includes⁹:

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

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

3.6.2 Locally commissioned services

Locally commissioned community pharmacy services can be contracted via several different routes and by different commissioners. These services no longer fall within the definition of enhanced services or pharmaceutical services as set out in legislation. Rochdale Council and GM ICB may also commission services from pharmacies and dispensing appliance contractors (DACs).

⁸ [Community Pharmacy England - National Enhanced Services](#)

⁹ [Community Pharmacy England - Clinical governance](#)

In particular, the commissioning of several services that have been designated as public health services were transferred to local authorities. These services are included within this assessment where they affect the need for pharmaceutical services, or where the further provision of these services would secure improvements or better access to pharmaceutical services.

These services meet current identified needs for what would be pharmaceutical services if commissioned by NHS GM ICB and should be considered as relevant to the pharmaceutical needs of Rochdale.

Guidance, examples, and templates of locally commissioned can be found on the CPE website¹⁰.

Services commissioned by Rochdale Council are:

- Sexual Health Services:
 - Emergency contraception

Services sub-contracted and commissioned by The Big Life Group:

- Ill-Health Prevention:
 - Stop Smoking Service

Services sub-contracted and commissioned by Turning Point:

- Substance misuse services including:
 - Needle exchange (NX)
 - Supervised Consumption and dispensing of prescribed medication for opiate dependence (SC)

Turning Point are commissioned to provide Rochdale's Substance misuse services by the Local Authority who in turn commission pharmacies to provide the NX and SC services.

Services commissioned by NHS GM ICB:

- Palliative Care Medicine Stockholding
- Minor Ailments Service (MAS)
- Minor Eye Care Service (MECS)
- IP Pathfinder – Minor Illness
- COVID-19 antiviral medication supply for Non-Hospitalised Patients via Community Pharmacy and COVID-19 antiviral medication Delivery (Medicines supply following referral via NHSMail)

3.6.3 Non-commissioned added value services

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

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

3.6.4 Contracted Opening Hours

NHS England has overall responsibility for administering opening hours for pharmacies, however since 2023 this responsibility has been delegated to the Integrated Care Boards (ICBs). A pharmacy normally has 40 core contractual hours (or 100 for those that have opened under the former exemption from the control of entry test), which cannot be amended without the consent of the ICB. The supplementary hours, which are the additional opening hours, can be changed and notification of change must be given in advance to the ICB. The supplementary hours can be decreased by the pharmacy subject to giving five weeks' notice (or less if an ICB consents), or increased with no notice period.

¹⁰ [Community Pharmacy England - Locally commissioned services](#)

A pharmacy may also have more than 40 core hours where it has made an application based on that higher number, and NHS England (or the ICB) agreed to that application, in this case, the pharmacy cannot amend these hours without the consent of the ICB.

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

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

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

- Monday to Saturday between 5pm and 9pm (no rest breaks are permitted during this time);
 - Sunday between 11am and 4pm (rest breaks are permitted between 11am and 4pm on a Sunday), and
 - Sunday's total opening hours (i.e. the existing, total core opening hours on Sundays must remain).
- i.e. the reduction of total core opening hours per week to not less than 72 is conditional on maintaining the above core opening hours.

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

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

The new CPCF, which was confirmed in April 2025, outlines the amendment of regs' test for changing the days and times of core opening hours. The key points from the CPE briefing¹¹ are as follows:

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

¹¹ [Community Pharmacy England briefing on the Funding Settlement for 2024-25 and 2025-26](#) - accessed 14/04/2025

3.6.5 Closure of Pharmacy Premises

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

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

Pharmacy opening hours in Rochdale HWB's area can be found on NHS.uk website under NHS Services¹². From 9th November 2020, under the NHS Terms of Service, contractors must ensure that the profile for their pharmacy is comprehensive and accurate¹³. Appendix Eight provides details as to the spread of opening times across each cluster and by ward.

Since the last PNA there has been the closure of 4 walk-in pharmacies and 1 distance selling pharmacy. Pharmaceutical services provision has been absorbed by existing contractors.

3.6.6 Local pharmaceutical services

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

There are no LPS contractors within the Rochdale area.

3.6.7 Distance selling pharmacies

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

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

There are four distance selling pharmacies in Rochdale, although residents may choose to use such pharmacies that are within or outside of the borough. Although these four pharmacies can provide a service nationally, dispensing data from ePACT2 (table 3) shows that 85.8% of their items are issued to clients who have a Rochdale Borough GP, and that a further 3.4% are issued to clients who have GPs in four of the other GM ICB localities (Oldham, Manchester, Bury and Tameside). This indicates that the distance selling pharmacies in Rochdale can be classed as 'local' pharmacies.

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

¹² [NHS - Find a pharmacy search service](#)

¹³ [Community Pharmacy England Digital Services - The NHS Website](#)

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

Organisation/Locality where the prescription was issued	Number of items	% of total
NHS GREATER MANCHESTER ICB - HMR	174,993	85.8%
NHS DEVON ICB	6,426	3.2%
NHS BATH AND NORTH EAST SOMERSET, SWINDON AND WILTSHIRE ICB	4,363	2.1%
NHS GREATER MANCHESTER ICB - Manchester	2,911	1.4%
NHS GLOUCESTERSHIRE ICB	2,438	1.2%
NHS GREATER MANCHESTER ICB - Tameside	2,419	1.2%
NHS CORNWALL AND THE ISLES OF SCILLY ICB - Kernow	1,299	0.6%
NHS GREATER MANCHESTER ICB - Oldham	1,046	0.5%
NHS NORTH WEST LONDON ICB	648	0.3%
NHS GREATER MANCHESTER ICB - Bury	641	0.3%
TURNING POINT	583	0.3%
NHS CHESHIRE AND MERSEYSIDE ICB - Warrington	567	0.3%
NHS HAMPSHIRE AND ISLE OF WIGHT ICB	458	0.2%
NHS CHESHIRE AND MERSEYSIDE ICB - Cheshire	432	0.2%
NHS WEST YORKSHIRE ICB - Bradford District and Craven	414	0.2%
NHS NORTH EAST AND NORTH CUMBRIA ICB - Tees Valley	352	0.2%
NHS WEST YORKSHIRE ICB - Kirklees	302	0.1%
NHS LANCASHIRE AND SOUTH CUMBRIA ICB - Morecombe Bay	273	0.1%
PENNINE CARE NHS FOUNDATION TRUST	268	0.1%
NHS STAFFORDSHIRE AND STOKE-ON-TRENT ICB - Stoke-on-Trent	198	0.1%
NHS NORTH CENTRAL LONDON ICB	196	0.1%

3.6.8 Pharmaceutical services through dispensing appliance contracts (DAC)

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

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

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

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

- Stoma appliance customisation
- Appliances use review

DACs are required to open at least 30 hours per week, and these are referred to as core opening hours. They may choose to open for longer and these hours are referred to as supplementary opening hours. There is one DAC in Rochdale therefore its population can use this DAC within Rochdale area or from any other nationally.

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

- 20 Pharmacies can dispense stoma appliances
- 19 pharmacies can dispense incontinence appliances
- 29 pharmacies can dispense dressings
- 7 pharmacies can dispense other types of appliances

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

3.6.9 Pharmaceutical services provided by doctors

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

3.6.10 Hospital pharmacy

Hospital pharmacies affect the need for pharmaceutical services within its area. They may reduce the demand for the dispensing of essential service as prescriptions written in the hospital that are dispensed by the hospital pharmacy service. Rochdale Infirmary (part of NCA Foundation Trust), as with each of the NCA FT hospital sites, offers outpatient dispensing of hospital prescriptions. In some exceptional circumstances medications may be supplied through secondary care pharmacy services rather than community pharmacy. An example of this may be when there is a national shortage of a particular medication, where secondary care pharmacies hold stocks as a priority from wholesalers. The prescription numbers generated are unlikely to be significant due to the low volumes generated in outpatients and shortages, versus long-term prescribing by GPs.

3.6.11 Other provision of pharmaceutical services

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

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

The PNA makes no assessment of these services.

3.6.12 Other sources of information

Information was gathered from NHSCB and Rochdale Council regarding:

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

The JSNA, the people, place and planet council plan and the with everyone, for everyone plan provided background information on the health needs of the population.

3.7 Consultation

A statutory consultation was carried out in accordance with the 2013 Regulations. The consultation took place from 20/08/2025 until 18/10/2025, a period of at least 60 days, in line with regulations. This is based on Section 242 of the NHS Act 2006, which requires HWBs to involve users of services in:

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

The statutory consultees were written to and provided with a link to the council's website where the draft PNA was published and invited to respond to an online form. The draft PNA and appendices were issued to all compulsory stakeholders along with the link to the online survey. The documents were made available as paper copies on request to those unable to access online.

The number of responses received totalled four, with the following observations:

- 4 agreed that the PNA identified the pharmacy needs across Rochdale.
- 3 agreed there was not any relevant information that had not been included which could affect the conclusions and recommendations of this PNA.
- 1 thought there was relevant information that had not been included which could affect the conclusions and recommendations of this PNA (see appendix 13).
- 4 agreed that pharmaceutical provision is satisfactory with no gaps identified.
- 3 provided further comments and responses are detailed in appendix 13.

4. Context in Rochdale

4.1 Overview

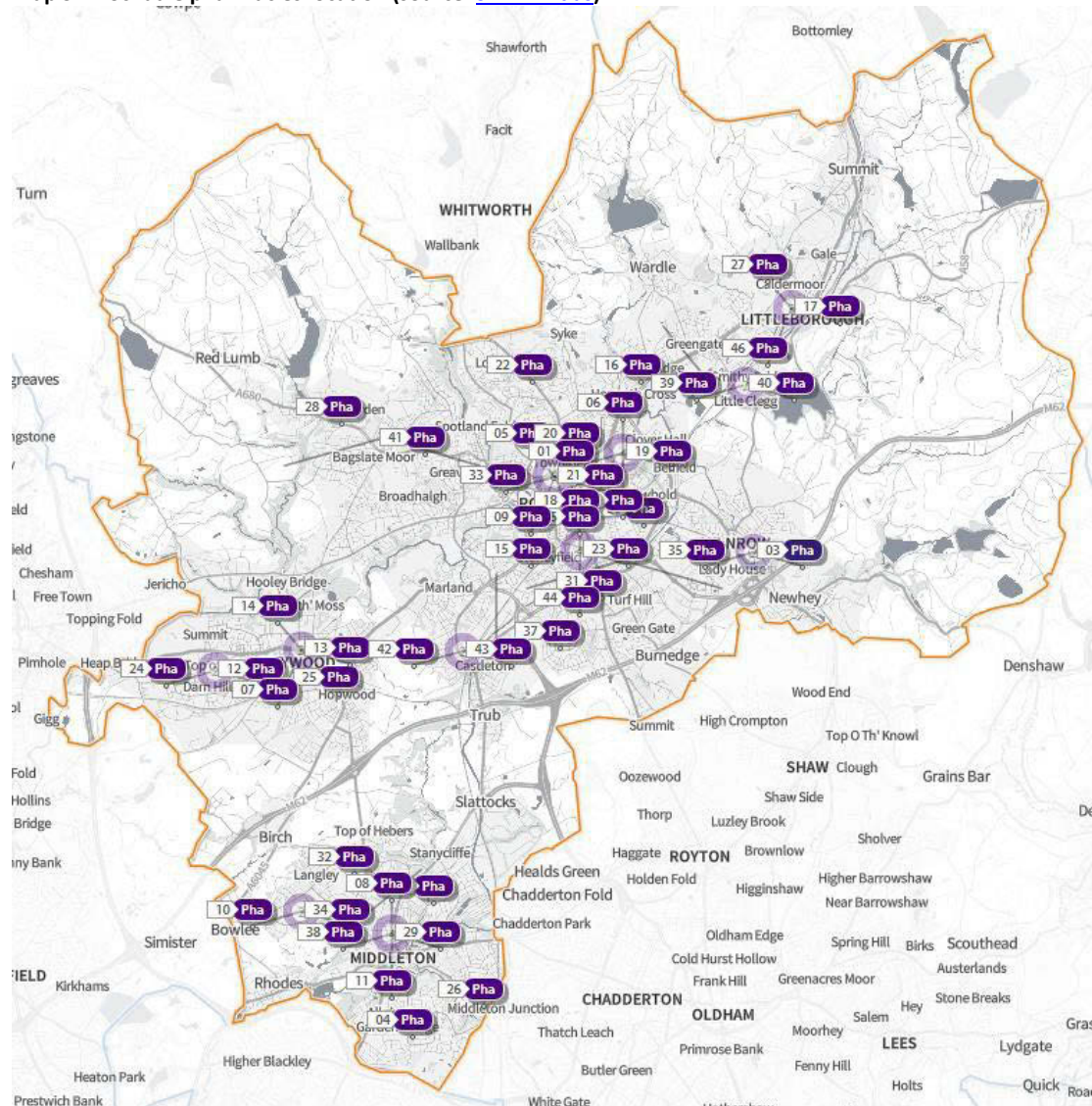
Rochdale Council is one of ten councils in Greater Manchester. It lies to the North of the city of Manchester. The borough is named after its largest town, Rochdale, but also includes the towns of Heywood, Middleton and Littleborough. It has a population of 224,087 (mid-2021 population estimate) and spans 61 square miles (159 km²).

Although some parts are contiguous with the city of Manchester, and are highly industrialised and densely populated, the North and West areas of the borough are covered by moorland and are sparsely populated.

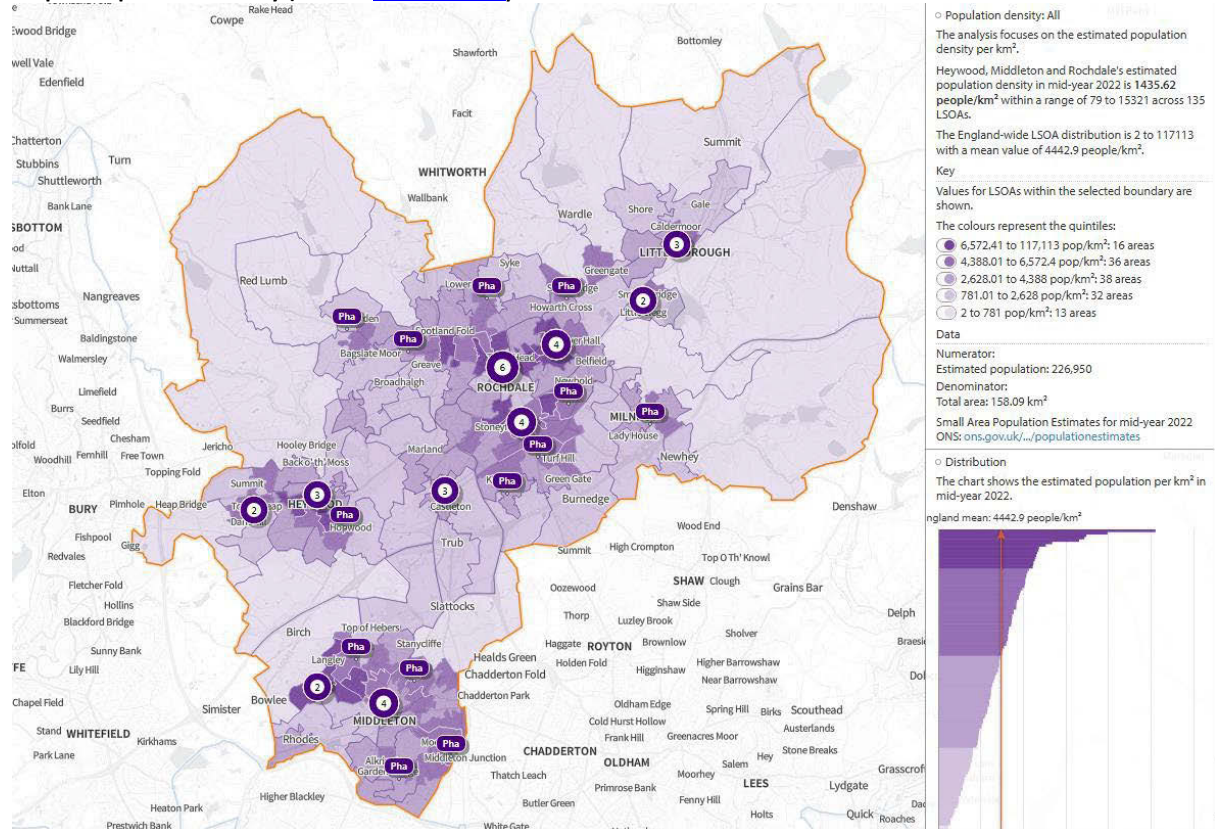
Rochdale Borough is bordered by Oldham and Manchester City to the South, and Bury to the West, all of which are part of the Greater Manchester conurbation. Lancashire and South Cumbria to the Northwest, Calderdale to the Northeast also border Rochdale Borough.

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

Map 3 – Rochdale pharmacies location (source: [SHAPE Atlas](#))



Map 4 - Population Density (source: [SHAPE Atlas](#))



4.2 Current and Projected Population in Rochdale

Between 2021 and 2030 Rochdale will have (ONS 2018):

- A projected 5.5% increase in total population.
- A projected 18.2% increase in those aged 65 and over.
- A projected increase of 7.6% in the 15 - 29 years age group.
- A projected increase of 6.8% in the 30 - 44 years age group.
- A projected increase of 2.1% in the 45 – 64 years age group.
- A projected decrease of 3.6% in the 0 – 14 years age group.

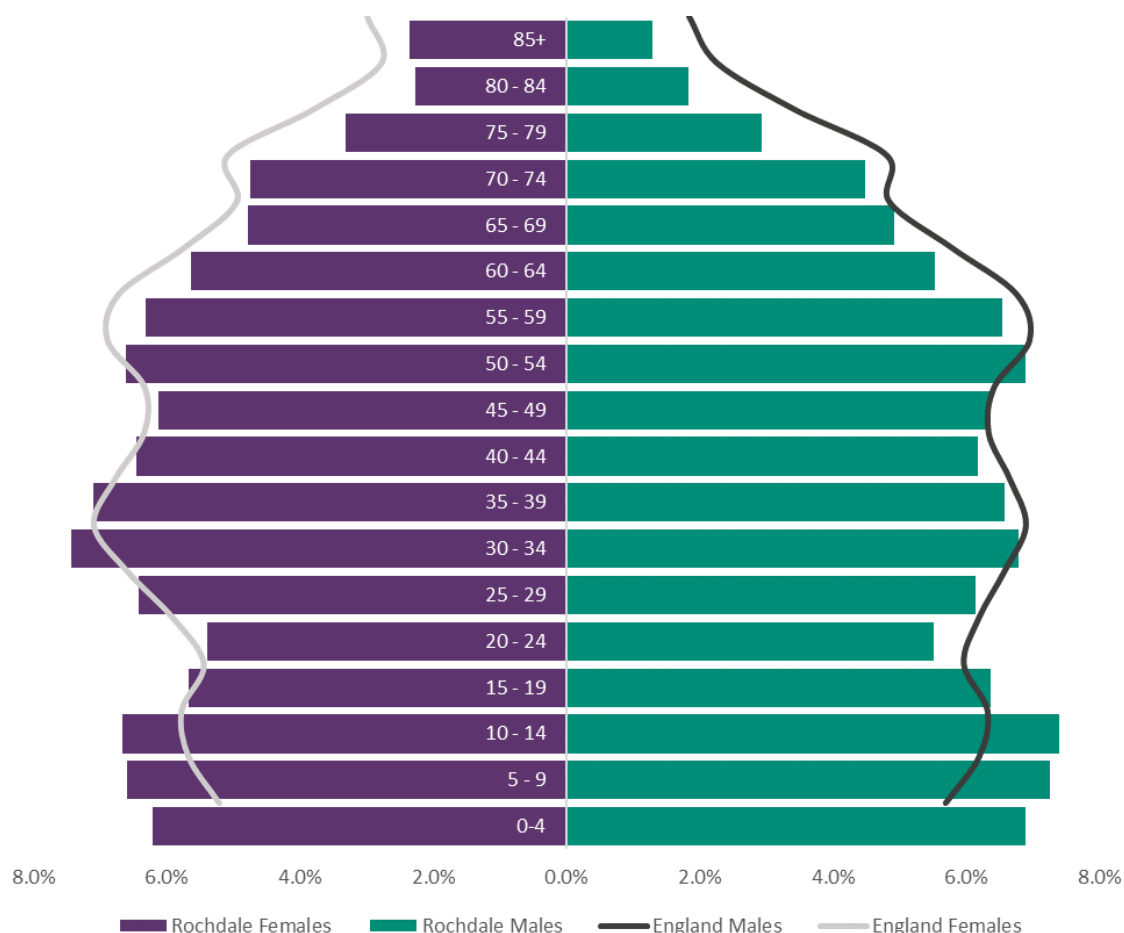
The largest increase in those aged 65 and over will create demand for health and social care provision in Rochdale.

4.2.1 Current Population in Rochdale

Table 4 - Proportion of total population by age group by Neighbourhood (source: ONS)

Age Range	Heywood	Middleton	Pennines	Rochdale North	Rochdale South	Rochdale average per age range
0-14	20.2%	20.2%	18.7%	20.0%	21.8%	20%
15-24	10.7%	10.5%	10.4%	12.2%	12.5%	11%
25-64	52.4%	52.6%	51.7%	51.6%	50.1%	52%
65-79	12.9%	12.7%	15.0%	12.5%	11.3%	13%
80+	3.5%	4.0%	4.0%	3.7%	4.0%	4%
Total Population	34,352	44,922	42,608	45,475	56,411	223,768

Figure 1 - Population pyramid presenting the percentage composition by 5-year age group and gender of resident population in Rochdale compared with England (Source: Nomis Web, Census 2021)



Rochdale South Neighbourhood has a younger population than the rest of Rochdale Borough, having 21.8% of its population between 0-14 years, 12.5% of people aged 15- 24, and only 15.3% of the residents 65 years of age or over.

Rochdale North Neighbourhood also has a younger population. It has 20% aged 0 -14 years, 12.2% aged 15 to 24 years and 16.2% aged 65 or over.

Heywood, Middleton, and Pennines Neighbourhoods have very similar age profiles, with Pennines having a slightly larger population aged 65 and over (19%) compared to Heywood (16.4%) and Middleton (16.7%).

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

4.2.2 Projected Population from 2021 to 2030

Using data from Nomis Web (Table 5) Rochdale's total population is projected to increase by 5% from 2021 to 2030. These numbers may differ slightly to those in figure 2 and section 4.2 as different data sources have been used to demonstrate a range of projections. To understand what the impact of each group is for our commissioned services it is important to look at the underpinning figures.

Whilst the youngest age group of 0-15 years is expected to decrease by 2%, they will still account for approximately 20 % of the total population.

61% of the population are expected to be in the working age ranges of 16- 64 years, accounting for a 5% increase in the population.

However, the most significant rise in population, 17%, both in terms of actual numbers and healthcare

services they will require, is in the 65 years and over age group, accounting for 19% of the total population of Rochdale Borough.

Figure 2 - Population projection for Rochdale (source: [Rochdale Borough Joint Strategic Needs Assessment \(JSNA\)](#))

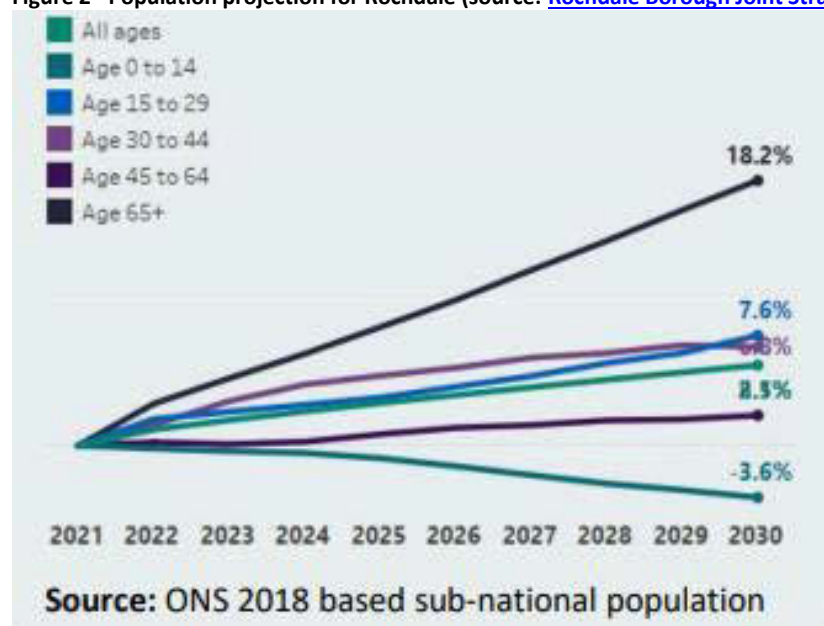


Table 5 - Projected Total Population by age group (source: Nomis Web)

	Population 2021	Projected population 2030	Projected % increase 2021 to 2030	% of expected total population
Younger people (0-15 years)	48,597	47,415	-2%	20%
Working age (16-64 years)	138,854	145,220	5%	61%
Older people (65+ years)	37,535	43,809	17%	19%
Total population	224,986	236,444	5%	100%

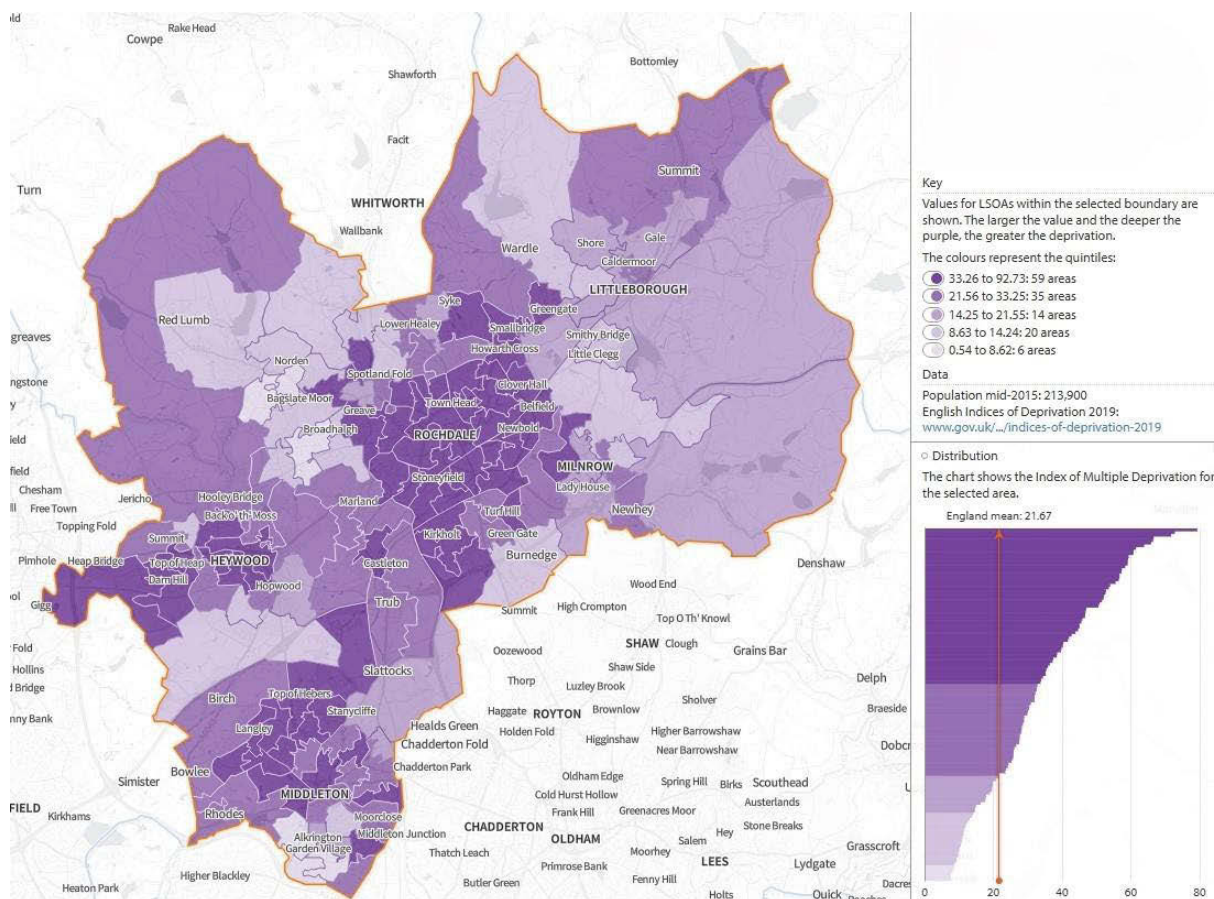
This may have a significant impact on the types of service which are required across Rochdale Borough, as at this stage of the life, the need for health and social care begins to increase. This growth in older people numbers, some of whom are likely to be living in isolation, will lead to greater levels of need for pharmaceutical services. This growth in the over 65-year group should be borne in mind when new services are developed in the future.

4.3 Deprivation

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

The areas of higher deprivation are shown on Map 5 in dark purple with the lighter shades showing areas that have less deprivation. The areas of highest deprivation are distributed around the town centres of Heywood, Middleton and Rochdale.

Map 5 - IMD 2019 by LSOA (source: [SHAPE - Shape](#))



4.4 Life expectancy

Females

The most recent data shows that life expectancy at birth for females has remained the same since the last PNA at 80.9 years (2021-2023). This is still lower than the Northwest average of 81.6 years, and further still below the England average of 83.1 years.

Males

Life expectancy at birth for males has decreased by 0.2 year from 76.7 years in 2018-2020 to 76.5 years in 2021-2023. In line with female life expectancy, the life expectancy for males is below the Northwest average (77.5 years) and the England average (79.1 years).

Gender Gap

The gender gap has continued to increase since the last PNA, from 4.2 years (2018-2020) to 4.4 (2021-2023). This life expectancy gap is slightly worse in Rochdale versus the difference on average across England where the gap is 4 years in favour of females. This could indicate that services could be better promoted to improve uptake with males to help them maintain a healthy lifestyle.

Gap across wards

Life expectancy at birth varies by ward from with lowest for males in West Middleton (73.7 years) and for females in Smallbridge and Firgrove (75.8 years). The highest is for males in Norden (80.8 years), and for females in Wardle, Shore and West Littleborough (84.1 years). This gives a variation within the Rochdale Borough boundary of 7.1 years for males and 8.3 years for females. This variation can be seen in Table 6 below.

Table 6 - Life expectancy at birth by ward (2016-20) (Source: [Fingertips](#) | [Department of Health and Social Care](#))

Neighbourhood	Ward	Male	Female
Heywood	North Heywood	75.6	77.7
Heywood	West Heywood	74.7	79.5
Heywood/Middleton	Hopwood Hall	79.0	81.9
Middleton	East Middleton	78.5	82.6
Middleton	North Middleton	77.6	79.9
Middleton	South Middleton	79.3	82.7
Middleton	West Middleton	73.7	79.2
Pennines	Littleborough Lakeside	78.0	83.1
Pennines	Milnrow and Newhey	78.0	81.5
Pennines	Smallbridge and Firgrove	74.0	75.8
Pennines	Wardle, Shore and West Littleborough	79.8	84.1
Rochdale North	Central Rochdale	74.6	79.0
Rochdale North	Healey	79.6	83.3
Rochdale North	Norden	80.8	82.1
Rochdale North	Spotland and Falinge	76.5	81.7
Rochdale South	Balderstone and Kirkholt	74.7	80.7
Rochdale South	Bamford	77.9	82.5
Rochdale South	Castleton	77.1	80.2
Rochdale South	Kingsway	74.8	82.0
Rochdale South	Milkstone and Deeplish	74.4	76.8

4.5 Healthy Life Expectancy

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

Figure 3 - Healthy Life Expectancy at birth 2021 -2023 (source: [Fingertips](#) | [Department of Health and Social Care](#))



Males and females in Rochdale can expect to live 22.2 years and 26.2 years of their expected life in relatively poor health. All the 65 or older age groups can expect to live in relatively poor health, highlighting another area for focussed service provision to support the health and wellbeing of this group.

4.6 Population characteristics - Health needs

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

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

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

4.6.1 Age

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

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

4.6.1.1 Children

Giving every child the best start is crucial to reducing health inequalities across the life course. What happens before and during pregnancy, in the early years and during childhood has lifelong effects on many aspects of health and wellbeing in adulthood from obesity, heart disease, mental health, educational achievement and economic status. The Rochdale JSNA has a focus on a good start in life and early years development. Although the child population (0 to 14 years) of Rochdale is predicted to fall by 3.6% by 2030 (ONS 2018 sub-national population projection), the priority for this age group aims to give a bedrock to establish long term health for everyone's full lifespan.

4.6.1.2 Older people

There are around 37,062 people aged 65 and over living in Rochdale (equivalent to 16.5% of the population). This varies between the five neighbourhoods in Rochdale and a higher proportion of older people reside in Bamford, Norden, Healey, South Middleton, Littleborough Lakeside and Milnrow & Newhey¹⁴.

In future there is an expectation that there will be a greater proportion of elderly local people compared to those of working age as people are living longer. The population aged 65 or over in Rochdale Borough is expected to increase by 18.7% by 2030, which will put pressure on both health and social care services in the future¹⁵.

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

¹⁴[Rochdale Borough Joint Strategic Needs Assessment Summary](#) accessed 27/03/2025

¹⁵[Rochdale Borough Joint Strategic Needs Assessment Summary](#) accessed 27/03/2025

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

Pharmacy teams are often one of the few teams that have regular contact with people living in isolation. Community pharmacies can support people to live independently by supporting optimisation of use of medicines, support with ordering, re-ordering medicines, home delivery to the housebound and appropriate provision of multi-compartment compliance aids and other interventions such as reminder charts to help people to take their medicines.

Independence is or could be supported by offering pharmaceutical services. E.g:

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

4.6.2 Sex

In Rochdale, the life expectancy from birth of men is 77.3 years and 81.3 years in women, both lower than the England averages for men (79.4) and women (83.1)¹⁶. The gap in life expectancy between females and males is 4 years in this period.

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

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

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

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

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

4.6.3 Long term health problems and disability

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

People in some parts of Rochdale are more likely to report that their day-to-day activities are limited due to a long-term illness or disability than others. Table 5 shows the variation by ward in the percentage of people stating that they have a limiting long-term illness or disability. West Middleton Ward has the highest proportion of people declaring that they have a limiting long-term illness or

¹⁶ [Rochdale Borough Joint Strategic Needs Assessment Summary](#) - accessed 27/03/2025

disability that limits day-to-day activity a lot at 10.9%, with Norden the lowest at 5.5% (See table 7 for full details of spread by ward).

Table 7 - Disability by ward (source: Nomis web, Census 2021)

Ward	Disabled under the Equality Act: Day-to-day activities limited a lot	Disabled under the Equality Act: Day-to-day activities limited a little	Not disabled under the Equality Act: Has long term physical or mental health condition but day-to-day activities are not limited	Not disabled under the Equality Act: No long term physical or mental health conditions
Balderstone & Kirkholt	9.4%	9.9%	5.1%	75.6%
Bamford	7.9%	10.1%	6.8%	75.2%
Castleton	9.8%	11.2%	5.9%	73.1%
Central Rochdale	8.4%	8.0%	3.2%	80.4%
East Middleton	9.8%	10.0%	6.3%	73.9%
Healey	8.4%	10.7%	6.4%	74.6%
Hopwood Hall	8.5%	10.1%	6.3%	75.1%
Kingsway	8.8%	9.2%	4.3%	77.7%
Littleborough Lakeside	8.6%	11.7%	8.1%	71.7%
Milkstone & Deeplish	9.4%	7.5%	3.0%	80.1%
Milnrow & Newhey	8.6%	11.7%	7.7%	72.0%
Norden	5.5%	8.4%	7.6%	78.5%
North Heywood	10.1%	10.9%	6.2%	72.8%
North Middleton	9.7%	10.8%	6.1%	73.4%
Smallbridge & Firgrove	10.1%	10.3%	5.0%	74.6%
South Middleton	8.3%	9.8%	6.4%	75.6%
Spotland & Falinge	9.9%	10.4%	5.2%	74.5%
Wardle, Shore & West Littleborough	6.5%	9.7%	7.7%	76.1%
West Heywood	9.9%	11.3%	6.1%	72.7%
West Middleton	10.9%	10.1%	5.2%	73.8%

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

When patients are managing their own medication but need some support, pharmacists and dispensing doctors must comply with the Equality Act 2010. Where the patient is assessed as having a long term physical or mental impairment that affects their ability to carry out everyday activities, such as managing their medication, the pharmacy contract includes funding for reasonable adjustments to the packaging or instructions that will support them in self-care. Pharmacists can review patients to ensure that the number of medications and doses are optimised and that the patient is getting the best outcomes from the treatment. If further support is needed, then reasonable adjustments can be recommended such as compliance aids, multi- compartment compliance aids, large print labels, easy to open containers or medication reminder alarms/charts. Each pharmacy should have a robust system for assessment and auxiliary aid supplies that adheres to clinical governance principles.

4.6.4 Race, ethnicity, and language

The make-up of minority ethnic groups in Rochdale is different to England, figure 4 shows the proportion of the population from all non-White British ethnic groups. Rochdale has a higher percentage of Asian/Asian British Pakistani (13.6%) and Bangladeshi (2.3%) residents compared to England. Although small in numbers the Kashmiri population is also much higher in Rochdale compared to England. In the graph it is split between Asian Kashmiri (1.0%) and Other Ethnic Group Kashmiri (0.5%) because of how people chose to identify themselves in the 2021 Census.¹⁷ Rochdale Borough is a very diverse place, with over 266 different ethnic groups being listed by residents in the 2021 Census. The majority of residents (70.0%) identified themselves as White British, with the second largest group in the borough (13.6%) being from an Asian/Asian British

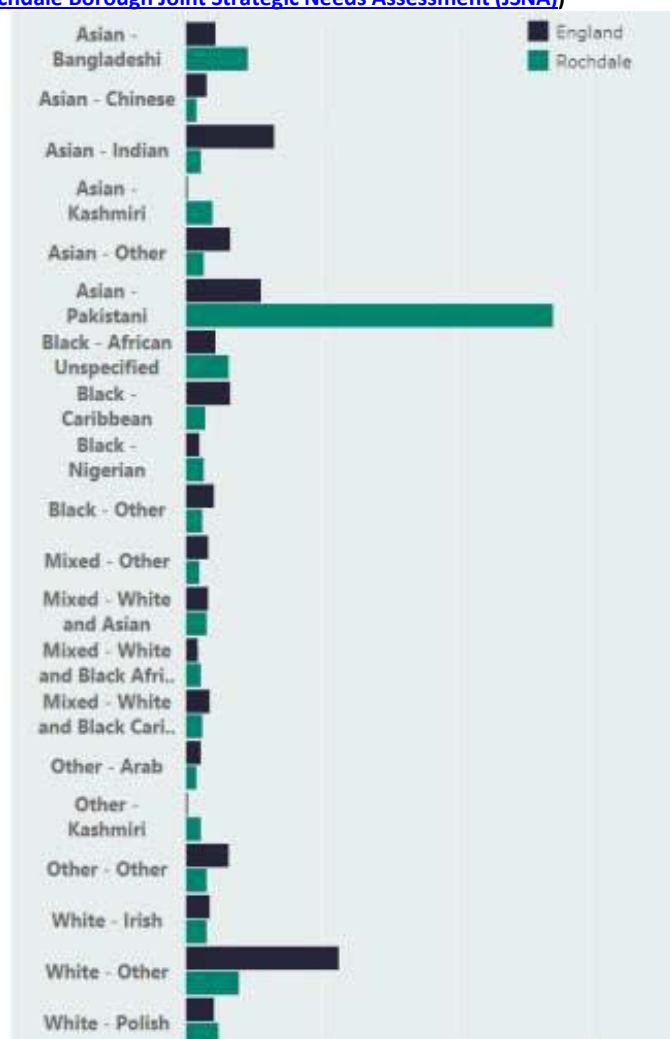
¹⁷ [Rochdale Borough Joint Strategic Needs Assessment Summary](#) - accessed 30/04/2025

Pakistani background, followed by the Asian/Asian British Bangladeshi background (2.3%). From the remaining groups it is important to note that we still have proportionally the second largest Kashmiri population in the country (fourth largest by number), accounting for 1.5% of borough residents.¹⁸

Figure 4 - Rochdale population by ethnic group (Source: [Rochdale Borough Joint Strategic Needs Assessment \(JSNA\)](#))

Ethnicity	Rochdale	England
Asian Bangladeshi	2.3%	1.1%
Asian Chinese	0.4%	0.8%
Asian Indian	0.5%	3.1%
Asian Kashmiri	1.0%	0.1%
Asian Other	0.7%	1.6%
Asian Pakistani	13.6%	2.8%
Black African	1.6%	1.1%
Unspecified		
Black Caribbean	0.7%	1.7%
Black Nigerian	0.7%	0.5%
Black Other	0.6%	1.0%
Mixed Other	0.5%	0.8%
Mixed White and Asian	0.8%	0.8%
Mixed White and Black African	0.5%	0.4%
Mixed White and Black Caribbean	0.6%	0.9%
Other Arab	0.4%	0.6%
Other Kashmiri	0.5%	0.0%
Other Other	0.8%	1.6%
White Irish	0.8%	0.9%
White Other	1.9%	5.7%
White Polish	1.2%	1.0%
White British	70.0%	73.5%

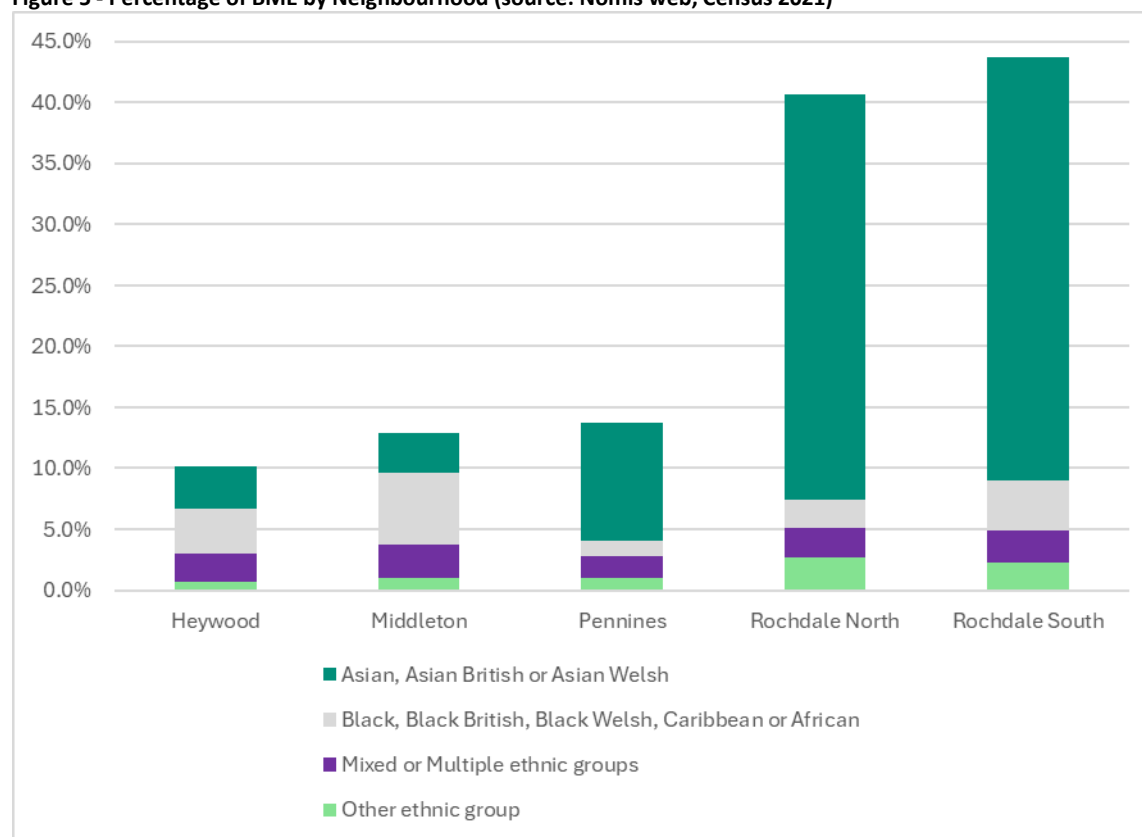
Source: ONS Census 2021



The largest proportion of Asian, Asian British or Asian Welsh community reside in the Rochdale North and Rochdale South Neighbourhoods, whilst the largest proportion of the black, black British, black Welsh, Caribbean or African community reside in Middleton Neighbourhood. In total Rochdale South has the largest non-white population (44%), followed by Rochdale North (40%). Minority ethnic group populations in Pennines (14%), Middleton (13%) and Heywood (9%) are much smaller (See Figure 5 for a full breakdown).

¹⁸ [Rochdale Borough Joint Strategic Needs Assessment Summary](#) - accessed 30/04/2025

Figure 5 - Percentage of BME by Neighbourhood (source: Nomis web, Census 2021)



The percentage of people that cannot speak English well or at all in Rochdale is 3.0%; higher than the national average (1.9%) according to ONS data from the census in 2021. Table 8 below shows all neighbourhoods have residents who cannot speak English well or at all, equal to or above the national average. These are mainly in the Milkstone and Deeplish ward and Central Rochdale ward where there is the highest population of ethnic minorities living as shown above. Those residents may need support accessing and understanding services if they that cannot speak English well or at all.

Table 8 - Percentage of population who cannot speak English well or at all, by wards with a greater than England average (source: Nomis web, Census 2021)

Neighbourhood	Ward	% of population who cannot speak English well or at all
Rochdale South	Milkstone & Deeplish	11.3%
Rochdale North	Central Rochdale	11.0%
Rochdale South	Kingsway	5.4%
Rochdale North	Spotland & Falinge	5.1%
Pennines	Smallbridge & Firgrove	4.3%
Rochdale South	Balderstone & Kirkholt	2.8%
Middleton	West Middleton	2.1%
Rochdale South	Bamford	1.9%
Rochdale		3.0%
England		1.9%

Population groups with differences determined by culture, religion or ethnicity also show differences in terms of illness behaviour and beliefs. More work is required to understand these reasons.¹⁹

¹⁹ [Patient Info webpage on Ethnicity and Health](#) accessed 27/03/2025

Population groups also differ genetically, so that some diseases are more prevalent in certain ethnic groups. This includes conditions such as sickle cell disease and Creutzfeldt-Jakob disease which are well described. It also includes altered prevalence and patterns, in different ethnic groups, of common conditions such as cardiovascular disease (CVD) and type II diabetes.²⁰

Community pharmacies are well-placed to provide easy access to healthcare services, often within the communities themselves.

4.6.5 Religion and belief

The religious beliefs, and non-belief, of Rochdale's population continues to diversify. In line with the rest of the country, the borough has experienced an overall reduction in the proportion of its population that identifies with any religious belief.

The 2021 Census showed that in Rochdale the religious belief group of Christians were in the majority at 46.9% of the population compared to 46.9% for the average in England. Those with no religion identified accounted for 18.8% (36.7% England), with Muslim religion populations accounting for 18.8% (6.7% England). See table 9 for a full breakdown.

Table 9 - Percentage of religious belief groups in Rochdale and England, Census 2011 and Census 2021

Religion	2011		2021	
	Rochdale	England	Rochdale	England
Christian	60.6%	59.4%	46.9%	46.3%
Buddhist	0.2%	0.5%	0.2%	0.5%
Hindu	0.3%	1.5%	0.3%	1.8%
Jewish	0.1%	0.5%	0.1%	0.5%
Muslim	13.9%	5.0%	18.8%	6.7%
Sikh	0.0%	0.8%	0.1%	0.9%
Other religion	0.2%	0.4%	0.3%	0.6%
No religion	18.9%	24.7%	28.8%	36.7%
Not answered	5.8%	7.2%	4.6%	6.0%

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

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

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

4.6.6 Marriage and civil partnership

According to the 2021 Census in Rochdale 43.2% of people are married or in a registered civil partnership, 38.5% of people are never married or registered a civil partnership, 2.8% of people are separated, 9.3% of people are divorced or civil partnership dissolved, 6.2% are widowed.

²⁰ [Patient Info Webpage on Ethnicity and Health](#) - accessed 27/03/2025

Limited evidence is available on the health and social care needs of people in terms of marriage and civil partnership.

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

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

4.6.7 Pregnancy and maternity

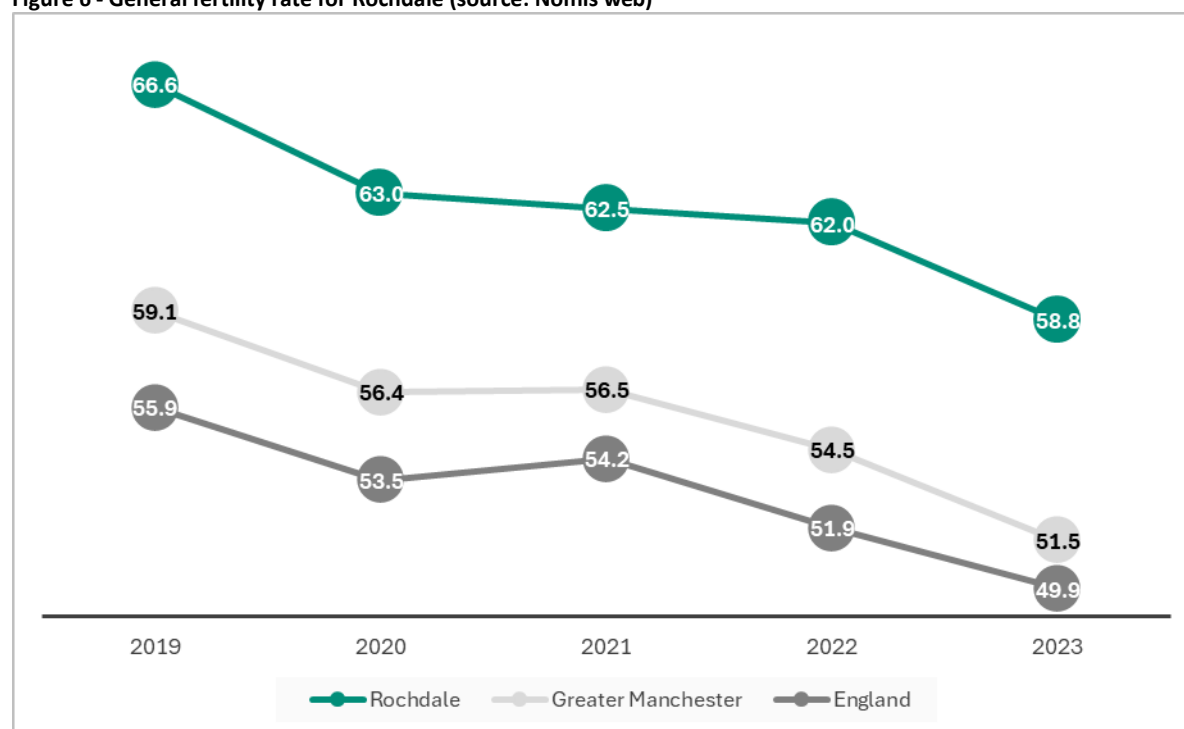
The number of live births in Rochdale has reduced from 2,881 in 2019 to 2,675 in 2023. Equivalent to the crude live birth rate dropping from 13.0 births per 1000 population to 11.6 in the same period. This is despite the absolute numbers of females of childbearing age (15 – 44 years) increasing over the same time frame from 43,300 to 45,500 persons.

Table 10 - Live births for Rochdale 2019 to 2023 (source: Nomis web)

Year	Total population (thousands)	Female population (thousands)	Female population aged 15-44 years (thousands)	Total live births	Crude live birth rate	General Fertility Rate (GFR)
2019	222.0	113.1	43.3	2,881	13.0	66.6
2020	223.0	113.6	43.4	2,737	12.3	63.0
2021	224.1	114.3	43.9	2,746	12.3	62.5
2022	227.0	115.6	44.6	2,769	12.2	62.0
2023	230.0	116.9	45.5	2,675	11.6	58.8

In 2023 the general fertility rate (GFR)²¹ in Rochdale (58.8) is higher than that for England (49.9) and Greater Manchester (51.1) and the trends are a generally decreasing GFR since 2019.

Figure 6 - General fertility rate for Rochdale (source: Nomis web)



²¹ The general fertility rate (GFR) is the total number of live births per 1,000 women of reproductive age (ages 15 to 49 years) in a population per year.

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

4.6.8 Sexual orientation

Results from the 2021 census found that 91% of residents over 16 identified as straight or heterosexual, 2,040 people described themselves as gay or lesbian, 1,515 people identified as bisexual and all other sexual orientations accounted for a combined 0.2% of the population.

The key findings of research by LGBTQ+ charity Stonewall.org.uk²² suggests that the LGBTQ+ population may be exposed to certain patterns of health risks, for instance:

- Half of LGBT people (52 per cent) said they've experienced depression in the last year.
- One in eight LGBT people aged 18-24 (13 per cent) said they've attempted to take their own life in the last year.
- Almost half of trans people (46 per cent) have thought about taking their own life in the last year, 31 per cent of LGB people who aren't trans said the same.
- Forty-one per cent of non-binary people said they harmed themselves in the last year compared to 20 per cent of LGBT women and 12 per cent of GBT men.
- One in six LGBT people (16 per cent) said they drank alcohol almost every day over the last year.
- One in eight LGBT people aged 18-24 (13 per cent) took drugs at least once a month.
- One in eight LGBT people (13 per cent) have experienced some form of unequal treatment from healthcare staff because they're LGBT.
- Almost one in four LGBT people (23 per cent) have witnessed discriminatory or negative remarks against LGBT people by healthcare staff. In the last year alone, six per cent of LGBT people – including 20 per cent of trans people – have witnessed these remarks.
- One in twenty LGBT people (five per cent) have been pressured to access services to question or change their sexual orientation when accessing healthcare services.
- One in five LGBT people (19 per cent) aren't out to any healthcare professional about their sexual orientation when seeking general medical care. This number rises to 40 per cent of bi men and 29 per cent of bi women.
- One in seven LGBT people (14 per cent) have avoided treatment for fear of discrimination because they're LGBT.

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

4.6.9 Gender reassignment

The 2021 Census found 94% of Rochdale residents responding that they identify with the same sex registered at birth. From the remaining population 5.5% didn't answer the question, 492 people (0.3%) identified with a different sex from that registered at birth (but gave no specific identity), 180 identified as trans women (0.1%), 196 identified as trans men (0.1%) and less than 50 people identified as non-binary (0.03%) or any other gender identity (0.03%).²³

A 2018 Stonewall report²⁴ based on over 800 trans and non-binary people revealed the experiences of transgender individuals in the healthcare environment:

²² [Stonewall LGBT in Britain - Health \(2018\)](#)

²³ [Rochdale Borough Joint Strategic Needs Assessment Summary](#) - accessed 28/03/2025

²⁴ [Stonewall LGBT in Britain - Trans Report \(2018\)](#) accessed 28/02/2025

- When accessing general healthcare services in the last year, two in five trans people (41%) said healthcare staff lacked understanding of trans health needs.
- Three in five trans people (62 per cent) who have undergone, or are currently undergoing, medical intervention for their transition are unsatisfied with the time it took to get an appointment. Three in ten (28 per cent) are unsatisfied with the cost related to this intervention.
- More than one in ten trans people (11%) have gone abroad for medical treatment to alter their physical appearance, including buying hormones over the internet from other countries, with many citing the barriers they currently face in accessing medical treatment in the UK. A further 17 per cent of trans people are considering doing this.
- One in ten trans people (10 per cent) don't want any form of medical intervention – this includes 16 per cent of non-binary people who identify as trans, 10 per cent of trans men and four per cent of trans women. One in eight trans people (13 per cent) are unsure if they want some form of medical intervention.
- Half of trans people (52 per cent) have undergone or are currently undergoing medical intervention. Almost one in four trans people (23 per cent) have not yet undergone any, but want some form of medical intervention.
- Almost half of trans people (47 per cent) who want to undergo some form of medical intervention, but have yet to have it, say that long waiting times prevent them from accessing medical treatment. Nearly half (45 per cent) say they don't have the financial means to afford it (e.g. costs for treatments they've been unable to access on the NHS or travel expenses). One in four (24 per cent) fear discrimination from a healthcare service provider and the same percentage of trans people, 24 per cent, don't know how to access the form of medical intervention they want.
- One in four trans people who have undergone or are currently undergoing medical intervention are unsatisfied with the support they have received from their GP (24 per cent) and their gender identity clinic (23 per cent).
- Seven in ten trans people (71 per cent) who are accessing medical support for their transition are satisfied with the care they have received at those facilities. However, one in seven trans people (14 per cent) don't share this experience and are not satisfied with the care they received at the medical facility.

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

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

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

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

5. Key health priorities for Rochdale

To identify how pharmaceutical service provision can help tackle the need of Rochdale's local population, we have used the latest HWB priorities described in section 3.3. The priorities identified in the locality plan address issues which will help drive the changes recommended for the population of Rochdale. The health-related priorities identified by the HWB in the locality plan are:

Helping people stay well and detecting illness earlier - Preventing poor health and need with a focus on prevention and targeted early intervention and support for children. Target our top long-term conditions to ensure these are caught early and support people to live well, age and die well:

- Children have the best start in life
- Residents will live longer healthier lives with a focus on Diabetes, CVD, Respiratory, Cancer, Mental Health, Learning Disability, Neurodiversity, Age well and palliative care

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

Further resources, including case studies, detailing types of pharmaceutical services which could be commissioned as potential solutions to Rochdale's health priorities can be found on the CPE website.²⁵ Guidance on the development of local services and resources are listed under the headings of:

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

5.1 Child and Maternal Health

Progress towards improving early health begins with a healthy pregnancy. Modifiable risk factors such as smoking or drinking in pregnancy can have health impacts on both mother and child. At booking appointment midwives will ask questions and perform tests to ascertain these risks and advise on recommended actions.²⁶

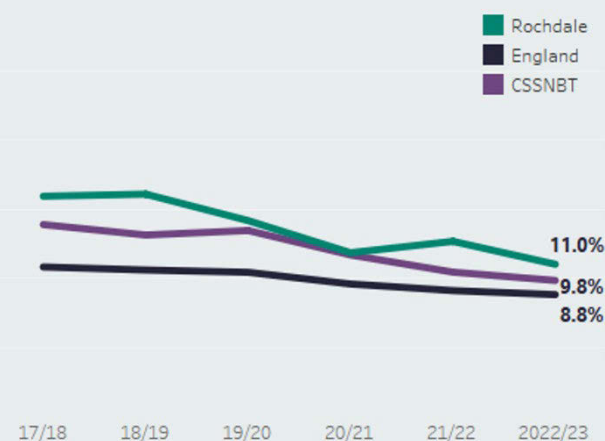
²⁵ [Community Pharmacy England - Locally Commissioned Services](#)

²⁶ [Rochdale Borough Joint Strategic Needs Assessment Summary](#)

Figure 7 - Smoking at the time of delivery, Rochdale and England (source: [Rochdale Borough Joint Strategic Needs Assessment \(JSNA\)](#))

More women smoke at the time of delivery in Rochdale compared to England

The graph below shows that the proportion of women who smoke at the time of delivery has decreased since 2017 but the Rochdale rate of 11% remains above the England (8.8%) and CSSNBT neighbour average (9.8%).



Year	Rochdale	CSSNBT	England
2017/18	15.9%	13.9%	10.8%
2018/19	16.1%	13.1%	10.6%
2019/20	14.2%	13.4%	10.4%
2020/21	11.8%	11.7%	9.6%
2021/22	12.7%	10.4%	9.1%
2022/23	11.0%	9.8%	8.8%

Source: NHS Digital. 2023

A young child can be protected from a large number of infectious diseases through having all their vaccinations. Rochdale Borough has historically performed well in terms of childhood immunisation and vaccination, achieving near to the 95% uptake target in some of the programmes. This means that the majority of local children have protection against infectious diseases²⁷.

Figure 8 – Update of childhood immunisations in Rochdale (source: [Rochdale Borough Joint Strategic Needs Assessment \(JSNA\)](#))



²⁷ [Rochdale Borough Joint Strategic Needs Assessment Summary](#)

How can pharmacy contractors help?

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

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

Pharmacists could help identify and refer soon-to-be parents and those with children who meet any agreed at-risk criteria. Many pharmacies already provide stop smoking services to which parents can be referred.

5.2 Mental Health

- Premature mortality in adults with Severe Mental Illness (SMI) is at a rate of 182.5 per 100,000, making Rochdale worse than the England average of 110.8.
- The overall suicide rate in Rochdale is now 13.8 per 100,000 above the national average of 10.7.
- Hospital admissions for those with mental health conditions is below the England average, with 53.2 Rochdale vs 80.2 per 100,000 for England.

Figure 9 - Mental health prevalence in Rochdale (Source: [Fingertips | Department of Health and Social Care](#))

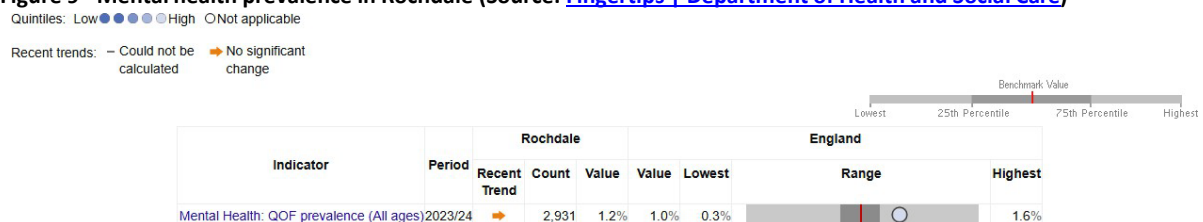
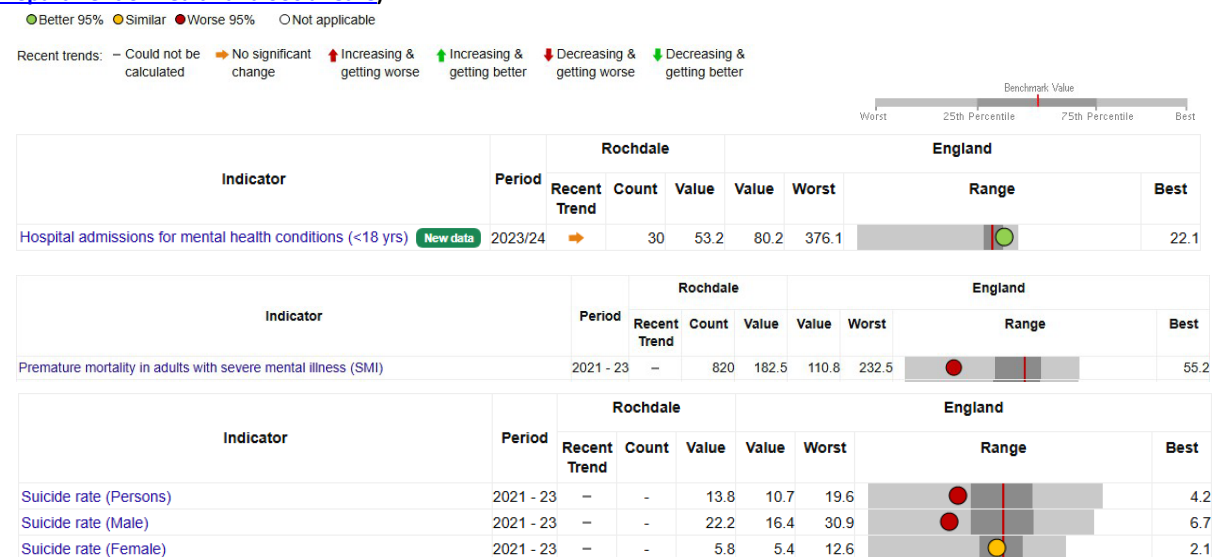


Figure 10 – Hospital admission and premature mortality in people with mental health conditions (Source: [Fingertips | Department of Health and Social Care](#))



How can pharmacy contractors help?

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

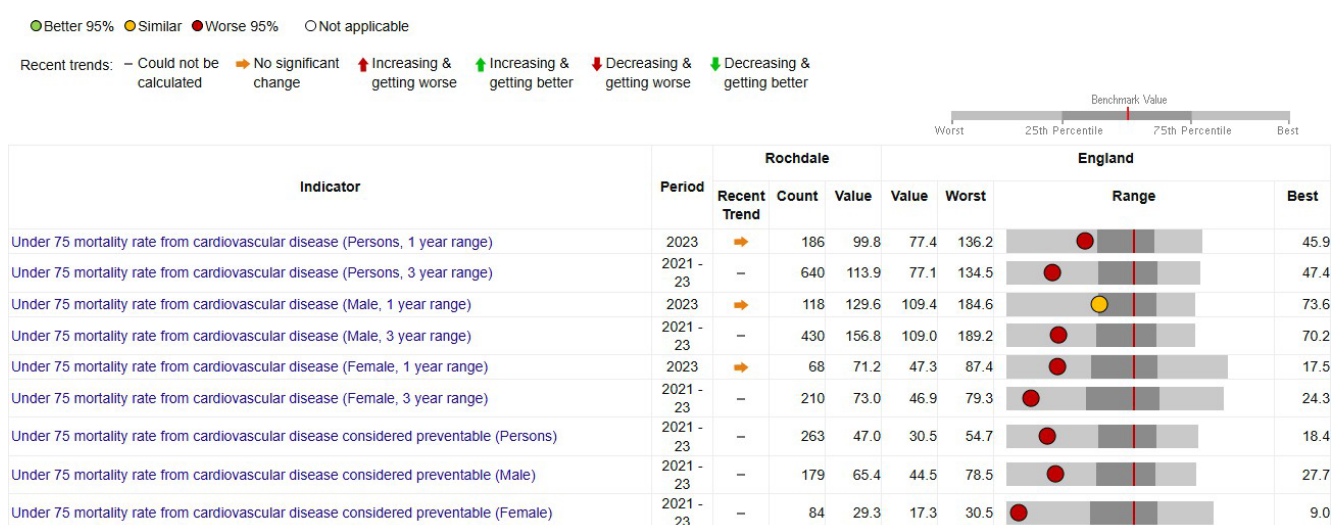
- Being a healthy living pharmacy.
- Signposting – Staff can signpost patients to local initiatives or services in Rochdale.
- Public health (promotion of healthy lifestyles) – Support the mandatory health campaigns that may include elements relating to mental health.
- Dispensing – staff can provide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

All 46 pharmacies in Rochdale actively provide the New Medicine Service, which includes treatments for depression. Through identifying patients with this mental health condition and delivering this service pharmacists can help to improve adherence to treatments for these conditions, improving long term outcomes for patients with mental health conditions.

5.3 Cardiovascular Disease

- Cardiovascular disease encompasses several diseases such as Chronic Kidney Disease, Stroke, Coronary Heart Disease and Diabetes.
- For under 75s where the cardiovascular risk is seen as preventable Rochdale performs poorly compared to the England average, Rochdale (47.0) compared to England (30.5).

Figure 11 - Mortality rate from cardiovascular disease in Rochdale (Source: [Fingertips | Department of Health and Social Care](#))



How can pharmacy contractors help?

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

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

All 46 pharmacies in Rochdale actively provide the New Medicine Service, which includes several long-term conditions in the cardiovascular category. Through identifying patients with these conditions and delivering this service pharmacists can help to improve adherence to treatments for these conditions,

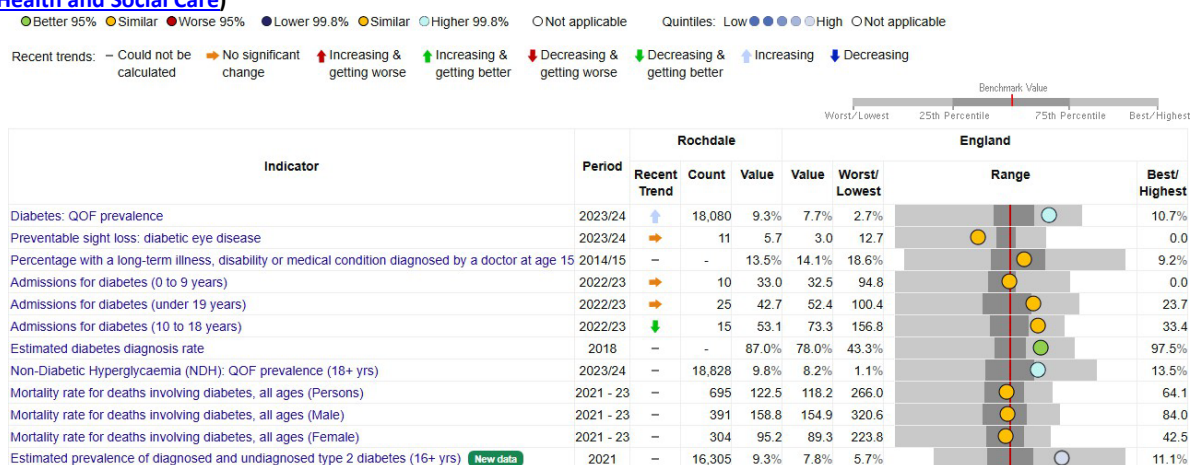
improving long term outcomes for patients with cardiovascular disease.

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

5.4 Diabetes

- The prevalence of diabetes on the QOF register is higher in Rochdale at 9.3% than England at 7.7%. Diabetes is more prevalent in Asian populations and Rochdale has a higher Asian population than the England average; hence the prevalence will be higher there.
- Rochdale performs well on most of the diabetes indicators, but prevention of sight loss for future generations, e.g. by addressing diabetic eye disease, should be a priority.

Figure 12 - Diabetes prevalence, hospital admissions and mortality rates in Rochdale (Source: [Fingertips | Department of Health and Social Care](#))



How can pharmacy contractors help?

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

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

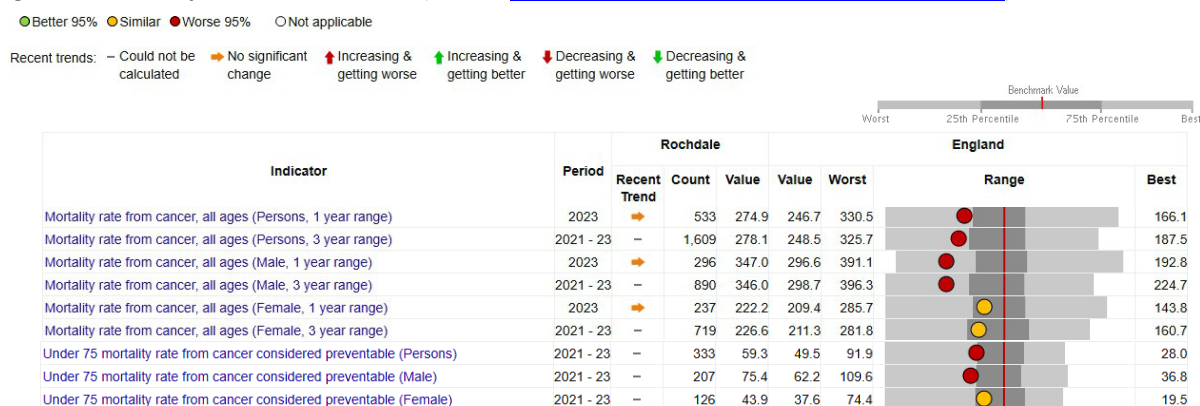
All 46 pharmacies in Rochdale actively provide the New Medicine Service, which includes certain medications for diabetes. Through identifying patients with these medications and delivering this service pharmacists can help to improve adherence to treatments for diabetes.

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

5.5 Cancer

- Mortality rate from cancer, all ages is poor compared to England averages.
- Mortality rates for cancer considered preventable in under 75 years olds is poor in Rochdale compared to the England average.

Figure 13 - Mortality rates from all cancers (Source: [Fingertips](#) | [Department of Health and Social Care](#))



How can pharmacy contractors help?

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

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

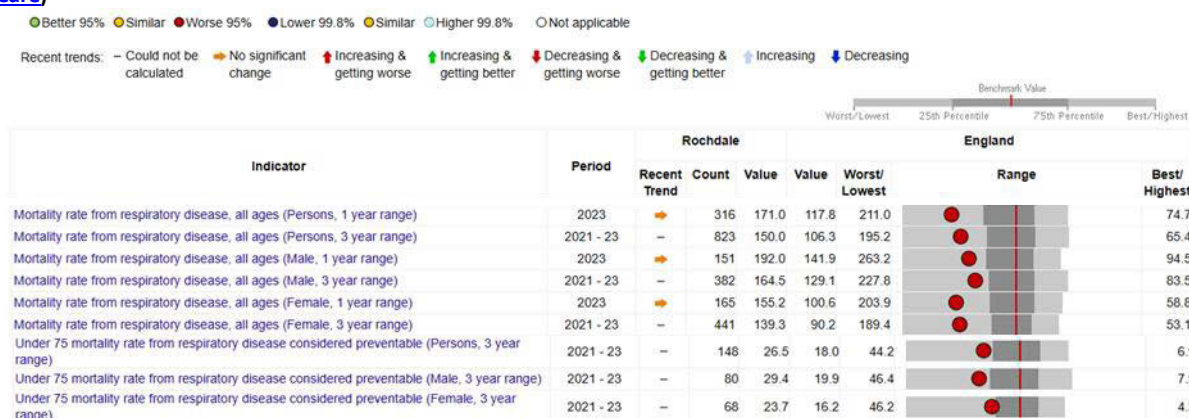
Pharmacy services also identify and manage risk factors for cancer such as smoking cessation and help to support the prevention of cancer.

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

5.6 Respiratory conditions

- Under 75s mortality is worse than the England average.
- Under 75s preventable mortality is below the England average.

Figure 14 – Mortality rate from respiratory disease in Rochdale (Source: [Fingertips](#) | [Department of Health and Social Care](#))



How can pharmacy contractors help?

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

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

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

All 46 pharmacies in Rochdale actively provide the New Medicine Service, which includes several long-term conditions in the respiratory category. Through identifying patients with these conditions and delivering this service pharmacists can help to improve adherence to treatments for these conditions, improving long term outcomes for patients with respiratory disease.

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

5.7 Learning disability and neurodivergence

- Rochdale has a LD prevalence of 0.7% which is lightly higher than the England average of 0.6%.
- The Rochdale borough neurodiversity mission is to;
Ensure the right support, at the right time, in the right place. Value our workforce and support learning and excellence in practice. Collaborate with creative and caring partners, helping empower our communities. Enable people of Rochdale borough to live independently, promoting health and wellbeing²⁸.

Figure 15 – Learning disability prevalence in Rochdale (Source: [Fingertips | Department of Health and Social Care](#))

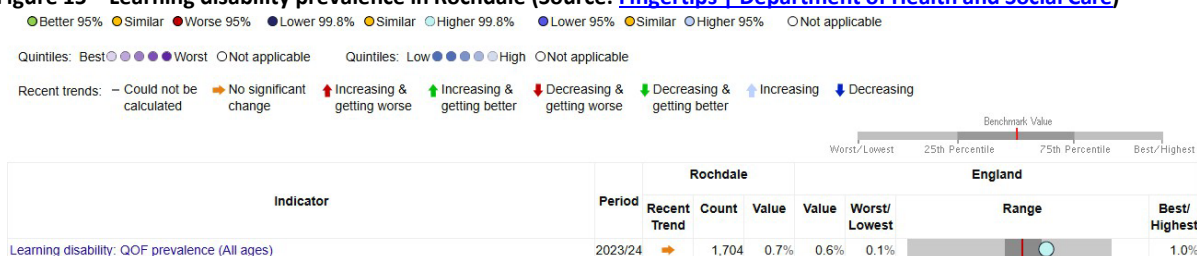


Figure 16 – Estimates of the current population of neurodivergent people, for Rochdale Borough (2024)(Source: Neurodiversity Market Position Statement 2025 – 2030 [Appendix 6.pdf](#))

ONS 2021 census general population 16+ (2024)	Neurodiversity	Prevalence	Estimated population
174,980	Autism Spectrum Condition (ASC)	2.5%	4,374
	Attention Deficit Hyperactivity Disorder (ADHD)	3.5%	6,124
	Dyslexia	10% (dyslexia), 4% (severe dyslexia)	17,498 (dyslexia), 6,999 (severe dyslexia)
	Dyscalculia	6%	10,499
	Dyspraxia	10%	17,498
	Tourette's Syndrome	0.44%	776

Source: ONS 2021 census. Autism Alliance (2024). BDJ In Practice (2024). Dyslexia UK (2024). Dyspraxia Foundation (2024). Neurodivergence Wales (2024).

How can pharmacy contractors help?

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

²⁸ [Rochdale Borough Council - Neurodiversity Market Position Statement](#) - accessed 06/05/2025

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

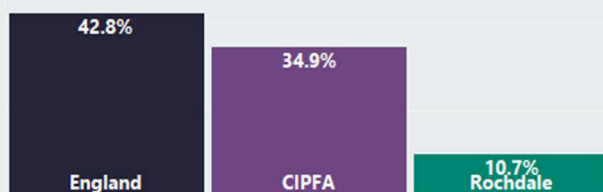
5.8 Ageing well

More people die in the winter compared to the summer months in England and Wales. High cold-related mortality is associated with low indoor temperatures and people not wearing appropriate clothing in cold weather. This is particularly pertinent at the current time when the cost of living has increased so more people might resist adequately heating their homes. Around a third of excess winter deaths are caused by respiratory diseases, with other causes such as cerebrovascular diseases, ischaemic heart disease, dementia and Alzheimer's disease also featuring as leading causes in the majority of winter deaths.²⁹

Figure 17 - Winter mortality in Rochdale (Source: [Rochdale Borough Joint Strategic Needs Assessment \(JSNA\)](#))

The winter mortality index in Rochdale in populations aged 85+ was significantly below the England average

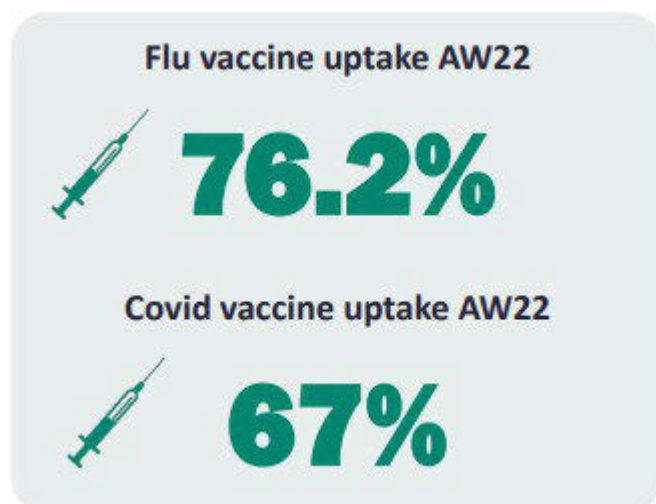
The chart below shows that the Rochdale winter mortality index of 10.7% was significantly below the England average of 42.8% and below the CIPFA average of 34.9%.



Source: ONS Annual Births and Mortality Extracts 2021

²⁹ [Rochdale Borough Joint Strategic Needs Assessment Summary](#) accessed 06/05/2025

Figure 18 – Flu and Covid vaccine uptake Autumn/Winter 2022 for those eligible over 65 years (Source: [Rochdale Borough Joint Strategic Needs Assessment \(JSNA\)](#))



How can pharmacy contractors help?

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

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

39 Pharmacies in the Rochdale Borough provided an Influenza (Flu) vaccinations advanced service this flu season. Flu vaccinations help protect the elderly and most vulnerable from the flu virus and therefore reduce hospital admissions, saving NHS time for clinicians to spend on other critically ill people and also saving money.

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

5.9 Palliative care

Figure 19 – Palliative care prevalence in Rochdale (Source: [Fingertips | Department of Health and Social Care](#))



How can pharmacy contractors help?

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

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

Select pharmacies can provide the NHS GM ICB locally commissioned service for palliative care medicine stockholding. Currently, 5 pharmacies in Rochdale are commissioned to provide this service.

6. Provision of pharmaceutical services

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

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

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

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

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

Relevant services are

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

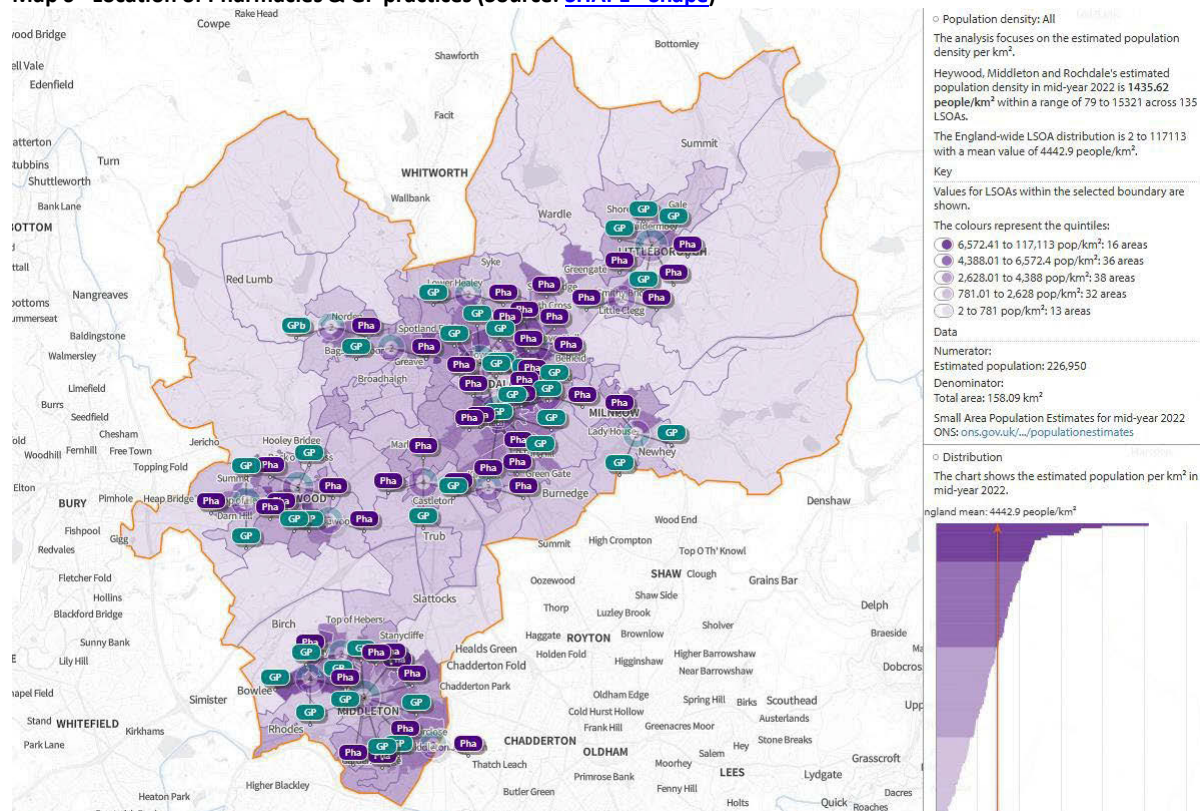
6.1 Necessary services - current provision with-in the HWB's area

There are 46 pharmacies included in the pharmaceutical list for the area of the HWB. This is made up of 39 with a standard 40-hour contract, three with a 100-hour contract (opening hours may vary due to new regulations as described in section 3.6.4.), four listed as distance selling and there is one DAC. There are no dispensing GP practices, and no LPS pharmacies in Rochdale.

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

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

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



The number of pharmacies available per 100,000 population in Rochdale in 2024/25 is 20 per 100,000 population, this has decreased from 23 in 2017/18 and pharmaceutical service provision has been absorbed by existing providers. The number of pharmacies per 100,000 in Rochdale is slightly less than the GM average (21), but higher than the England average (18). Based on historical pharmacy use this would indicate that the current number of pharmacies are sufficient for the current population.

Table 11 - Rochdale pharmacies 2017/18 to 2024/25 (source: EPACT2)

	Number of community pharmacies	Prescription items dispensed per month (000)s	Population (000)s Mid-Year	Pharmacies per 100,000 population
2017/18	51	360	218	23
2021/22	51	372	224	22
2024/25	46	386	230	20

From January to December 2024 93.2% of items dispensed by Rochdale pharmacies were prescribed by Rochdale registered practices (see Table 12). Rochdale pharmacies also dispense items for patients that are registered with GM GPs across the border.

Table 12 - Items dispensed by Rochdale pharmacies for each ICB locality in Greater Manchester between January 2024 to December 2024 (source: EPACT2)

Registered provider	Total items dispensed by Rochdale pharmacies	Percentage of items dispensed by Rochdale pharmacies
Bolton	678	0.01%
Bury	20,144	0.44%
HMR	4,222,907	93.20%
Manchester	70,705	1.56%
Oldham	12,294	0.27%
Salford	2,785	0.06%
Stockport	1,206	0.03%
Tameside	2,131	0.05%
Trafford	983	0.02%
Wigan	324	0.01%
Other GM	14,875	0.33%
Distance	182,071	4.02%
Total	4,531,103	100%

In 2024/25, Rochdale's average prescription items per month per pharmacy was 8,387. This is similar to the Greater Manchester average (8,840) but lower than the average for England (9,118). Using Table 13 below we calculated the number of dispensed items per head of population per month for Rochdale was 1.6 (2024/25), less than the Greater Manchester average (1.8) and in line with the average in England (1.6).

With the average items per month dispensed in Rochdale Pharmacies being lower than GM and like England figures, this also indicates that the current number of pharmacies can cope with demand for prescription dispensing.

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

Table 13 - Number of pharmacies and items dispensed per month nationally and locally for 2024/25 (April 2024 – December 2025) (source: NHS BSA and EPACT2)

	Number of community pharmacies	Prescription items dispensed per month (000)s	Population (000)s Mid-Year	Pharmacies per 100,000 population	Average items per pharmacy per month
England	10,451	95,287	57,690	18	9,118
GM	623	5,507	2,949	21	8,840
Rochdale	46	386	230	20	8,387

6.1.1 Access to premises

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

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

- 89% of the population in England has access to a community pharmacy within a 20-minute walk;

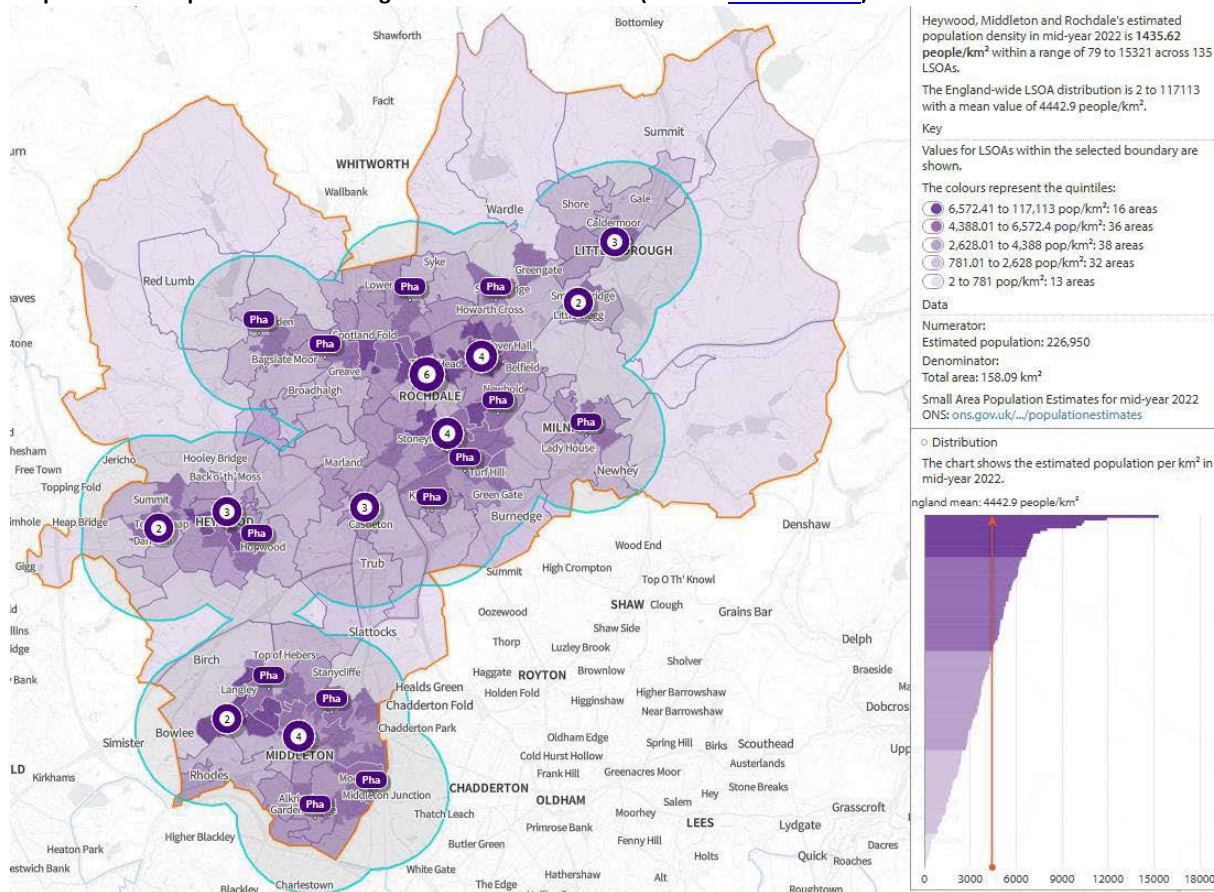
- Over 99% of those in areas of highest deprivation are within a 20-minute walk of a community pharmacy; and
- As the accessibility of community pharmacies is greatest in areas of higher deprivation, they may have an important role to play in reducing inequalities.

Community pharmacy is consequently a socially inclusive healthcare service providing a convenient and less formal environment for those who cannot easily access or do not choose to access other kinds of health service. Most pharmacies now have a private consultation area specifically for confidential or sensitive discussions.³⁰

An updated Pharmacy Access Scheme (revised PhAS) began in January 2022, to continue to support patient access to isolated, eligible pharmacies. It is funded to no more than £20 million from the Community Pharmacy Contractual Framework (CPCF). Eligibility for PhAS continues to be based on both the dispensing volume of the pharmacy, and distance from the next nearest pharmacy, although there are changes to the detailed eligibility criteria³¹.

Map 7 indicates there are parts of Rochdale farther than a mile away from their nearest pharmacy, although these are in the least populated areas. Also, there are pharmacies within 1 mile and a 20 minute travel time of Rochdale boundaries, but in other council areas, that offer extra access, see appendix 12 and map 7 for location of pharmacies in the neighbouring Boroughs.

Map 7 - Rochdale pharmacies showing one mile travel distance (Source: [SHAPE Atlas](#))

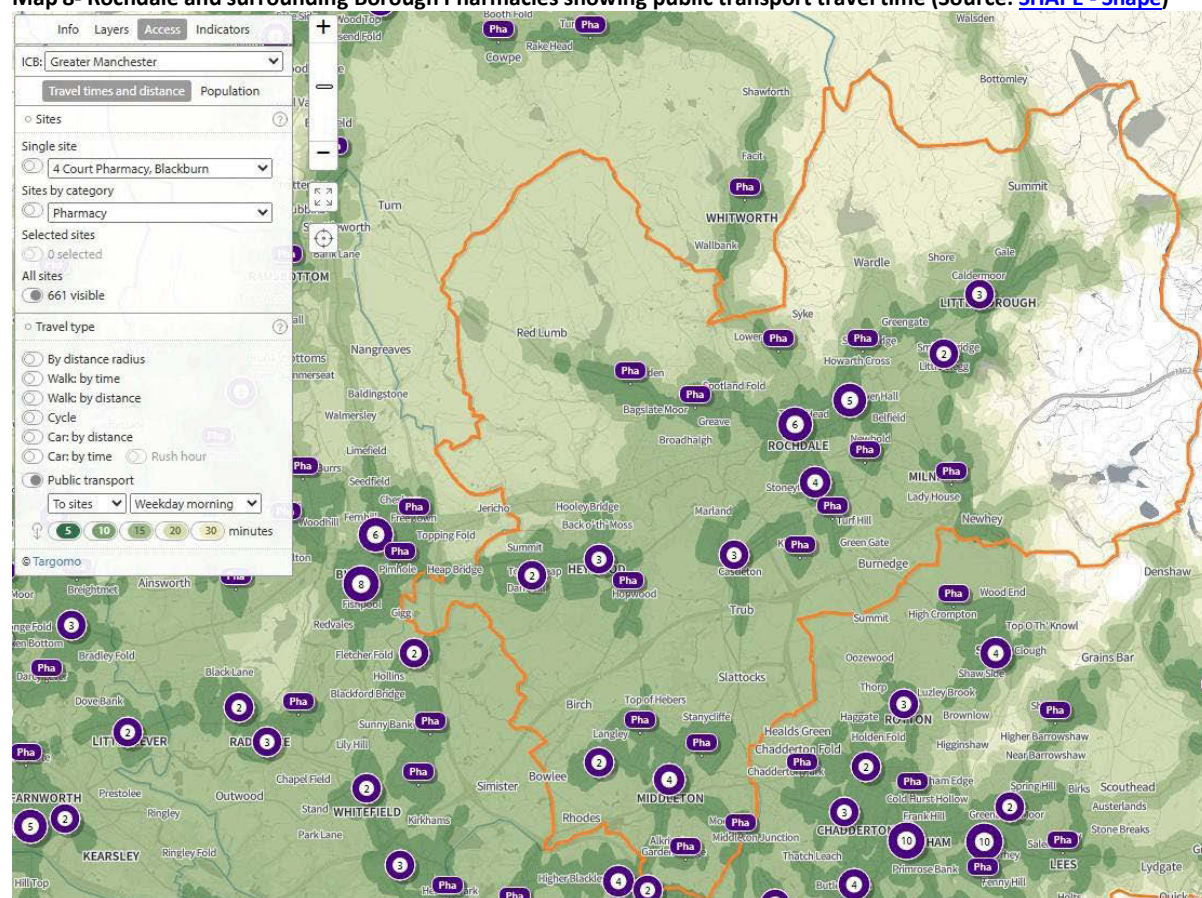


Map 8 (below) showing 20-minute travel time by public transport, indicates that more of the borough is accessible when using public transport. The areas which indicate public transport travel time is greater than 20 minutes are in the East of Rochdale Borough, this area is rural and has limited housing in the area.

³⁰ [Community Pharmacy England - About Community Pharmacy](#) - accessed 11/03/2025

³¹ [Community Pharmacy England - Pharmacy Access Scheme \(PhAS\)](#) - accessed 11/03/2025

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



According to government statistics the percentage of households in the Northwest without access to a vehicle has fallen from 27% in 2002/03 to 24% in 2023³² (see Table 17 in section 7.1 for Rochdale Census data). Although this is high compared to some national regions, it is in line with the national average (England 2023 average 22%, England-excluding-London 19%, London Only 42%). This is because the Northwest includes large city centres, such as Manchester and Liverpool where people are more likely to rely on public transport rather than have access to a vehicle, the value for Rochdale alone is not available.

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

6.1.2 Correlation with GP practices

There are 46 community pharmacies, more than the 36 GP practices. In addition, all neighbourhoods have multiple pharmacies and there are pharmacies close to each GP practice, although practice list sizes, number of GPs and opening times may differ significantly between practices. At ward level, only Bamford Ward has no community pharmacy and no GP practice but do have both in proximity to the border.

6.1.3 Access due to opening hours

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

³² [Department of Transport - Data on Travel by Mode of Transport](#) - accessed 11/03/2025

When questioned about early morning and early evening opening on weekdays, in general respondents felt it was important to have access to pharmacies before 9am and early evening between 6pm and 9pm.

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

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

The responses received are summarised in the table below:

	Essential	Fairly Important	Total of Essential and Fairly Important	Unimportant	Not necessary	Total of Unimportant and Not necessary	Not sure
Weekday: Early Morning (before 9am)	18%	33%	51%	21%	28%	49%	0%
Weekday: During the day	68%	23%	91%	7%	2%	9%	0%
Weekday: Lunchtime	49%	22%	71%	20%	9%	29%	0%
Weekday: Early evening between 6pm and 9pm	42%	29%	71%	16%	11%	27%	2%
Weekday: Late evening after 9pm	15%	26%	41%	24%	26%	50%	9%
Saturday: Early Morning (before 9am)	18%	16%	34%	35%	26%	61%	5%
Saturday: Morning	46%	40%	86%	7%	6%	13%	1%
Saturday: Afternoon	39%	32%	71%	15%	10%	25%	4%
Saturday: Evening after 6pm	18%	19%	37%	30%	28%	58%	5%
Sunday: Early Morning (before 9am)	13%	11%	24%	42%	28%	70%	6%
Sunday: Morning	26%	31%	57%	20%	17%	37%	6%
Sunday: Afternoon	20%	29%	49%	24%	20%	44%	7%
Sunday: Evening after 6pm	15%	12%	27%	38%	26%	64%	9%
Bank Holidays: Early Morning (before 9am)	18%	15%	33%	37%	24%	61%	6%
Bank Holidays: Morning	33%	30%	63%	18%	14%	32%	5%
Bank Holidays: Afternoon	30%	24%	54%	24%	16%	40%	6%
Bank Holidays: Evening after 6pm	20%	12%	32%	38%	24%	62%	6%

Table 14, 15 and 16 along with appendix 8 detail the span of opening times for Rochdale pharmacies based on their core and supplementary opening hours³³. They identify those that open 7 days a week, all day Saturday (open Monday to Friday), only half day Saturday (open Monday to Friday) and closed Saturday (open Monday to Friday) and those open before 8am and after 7pm (Monday to Friday). The opening times are correct at the time of drafting the PNA and are taken from the official pharmaceutical list for GM. Full details of the opening hours for community pharmacies in Rochdale can be found on NHS Services³⁴.

Monday to Saturday opening

One walk-in community pharmacy opens at 8:00 a.m. or earlier Monday to Saturday. The earliest opening is 8:00 a.m. (see Table 14). This is a reduction in access to pharmaceutical services during these hours since the last PNA.

20 of the 42 walk-in community pharmacies open on a Saturday morning, nine of these 20 pharmacies close by 1:00 p.m. 12 remain open until later during Saturday in Rochdale Borough, with an additional pharmacy opening at 5:00pm. The latest time of closing being 9:00pm for three of these pharmacies.

Four neighbourhoods have at least one pharmacy open before 9:00am on a weekday except for Pennines. Most have a pharmacy open during the week after 6:00pm. However, Heywood Neighbourhood has no pharmacies open on a weekday after 6:00pm.

On a Saturday all neighbourhoods have at least one pharmacy open with only Middleton Neighbourhood having a pharmacy open before 9:00am. Also, all neighbourhoods have one pharmacy open after 1:00pm on a Saturday, with three neighbourhoods (excluding Heywood and Pennines) having a pharmacy open into the evening, after 6:00pm on a Saturday.

The public survey had 14 responses from people whose postcode matched those in Heywood Neighbourhood (OL10). 7 of these 14 (50%) residents complained of poor access due to opening times at their local pharmacy.

Table 14 - Rochdale pharmacies open Monday to Saturday from 8:00 a.m. or earlier (source: NHSE&I)

Neighbourhood	Ward	Map Index	Trading Name	Postcode	Mon to Sat Opening Times
Middleton	South Middleton	13	Tesco Instore Pharmacy	M24 1UQ	8:00am

Six pharmacies provide access to pharmaceutical services until 7:00 p.m. or later Monday to Friday; with four pharmacies also providing services until 7:00 p.m. or later on a Saturday (see Table 15).

Table 15 - Rochdale pharmacies open Monday to Saturday until 7:00 p.m. or later (source: NHSE&I)

Neighbourhood	Ward	Map Index	Trading Name	Postcode	Mon to Sat Closing Times	Comments
Middleton	North Middleton	10	Stone Pharmacy	M24 2WQ	7:00pm	Closes at 1:00pm on Saturday
Middleton	South Middleton	13	Tesco Instore Pharmacy	M24 1UQ	8:00pm	
Rochdale North	Central Rochdale	29	Yorkshire Street Pharmacy	OL16 2DW	9:00pm	
Rochdale North	Spotland and Falinge	35	Asda Pharmacy	OL12 6XT	9:00pm	
Rochdale South	Balderstone and Kirkholt	39	Wellfield Pharmacy	OL11 1AD	9:00pm	
Rochdale South	Kingsway	43	Morrisons Pharmacy	OL16 4AT	8:00pm	Closes at 6:00pm on Saturday

Sunday opening

Six of the 42 walk-in pharmacies and one distance selling pharmacy (Online pharmacy) are open on Sunday (see table 16). Three of the five neighbourhoods have at least one pharmacy open for some hours. The Sunday opening hours across the borough range from 8:30am to 10:00pm.

Most of the respondents, 78%, to the public survey were satisfied or very satisfied with the opening hours provided.

³³ Data valid as at 11th March 2025

³⁴ [NHS Services Search Page](#)

Table 16 - Rochdale pharmacies open on Sunday (source: NHSE&I)

Neighbourhood	Ward	Map Index	Trading Name	Postcode	Sunday Opening Times	Sunday Closing Times
Middleton	South Middleton	13	Tesco Instore Pharmacy	M24 1UQ	10:00am	4:00pm
Middleton	West Middleton	15	Online Chemist	M24 5NQ	9:00am	6:00pm
Rochdale North	Central Rochdale	29	Yorkshire Street Pharmacy	OL16 2DW	11:30am	8:00pm
Rochdale North	Central Rochdale	31	Boots the Chemist	OL16 1BE	11:00am	5:00pm
Rochdale North	Spotland and Falinge	35	Asda Pharmacy	OL12 6XT	10:30am	4:30pm
Rochdale South	Balderstone and Kirkholt	39	Wellfield Pharmacy	OL11 1AD	8:30am	10:00pm
Rochdale South	Kingsway	43	Morrisons Pharmacy	OL16 4AT	10:00am	4:00pm

Changes to pharmacy contractors

In Rochdale since the last PNA there has been the closure of 4 walk-in and one distance selling pharmacy. Pharmaceutical provision has been absorbed locally by the existing contractors. There have also been some changes to ward boundaries, putting some pharmacies in a different ward, but the locations remain the same.

There are no further known changes anticipated at the time of writing the PNA.

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

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

6.1.5 Access to Advanced Services

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

6.1.5.1 Access to Appliance Use Review (AUR)

According to data from NHS England no pharmacies in Rochdale provided appliance use reviews. Data from the NHS Business Services Authority show that the main providers of appliance use reviews and stoma customisation services are DACs. In the 12-month period, December 2023 to November 2024 (latest data on 1st March 2025), 1461 AURs were provided to Greater Manchester residents with 500 of these delivered in the individual's home.

There is one DAC located within Rochdale Borough, but they are not a specific local service and can accept prescriptions from anywhere in England.

6.1.5.2 Access to Pharmacy First Service (PFS)

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

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

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

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

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

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

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

Currently (March 2025), all 46 Pharmacies in Rochdale are registered to provide the Pharmacy First Service. In the 3 months up to December 2024, 2873 PFS Clinical Pathway Consultations, 1518 Urgent Supply Consultations and 1621 Minor Illness consultations were provided.

6.1.5.3 Access to Lateral Flow Device (LFD) Service

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

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

The full list of eligible patients aged 12 years and over that are eligible to access LFD tests via the service (because they are at risk of getting seriously ill from COVID-19 and therefore are potentially eligible for COVID-19 treatments) can be found in the NICE guidance:

<https://www.nice.org.uk/guidance/ta878/chapter/5-Supporting-information-on-risk-factors-for-progression-to-severe-COVID19>

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

In the 3 months up to December 2024, 570 LFD supply consultations were carried out.

6.1.5.4 Access to Community Pharmacy Seasonal Influenza Vaccination Programme

According to data available at NHS Business Services Authority up to Dec 2024 (Latest available data 1st April 2025), 39 pharmacies in Rochdale are delivering this service for 2024/25, 25,041 vaccinations provided from October 2024 to December 24.

6.1.5.5 Pharmacy Contraception Service (PCS)

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

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

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

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

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

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

Currently (April 2025) 36 pharmacies in Rochdale are registered to provide this service. In the 3 months up to December 2024, there were 54 initiation consultations and 262 on-going supply consultations.

6.1.5.6 Hypertension Case Finding Service

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

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

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

Currently (April 2025) 45 pharmacies in Rochdale are registered to provide this service. In the 3 months up to December 2024, there were 3041 Community Pharmacy Clinic Blood Pressure checks and 174

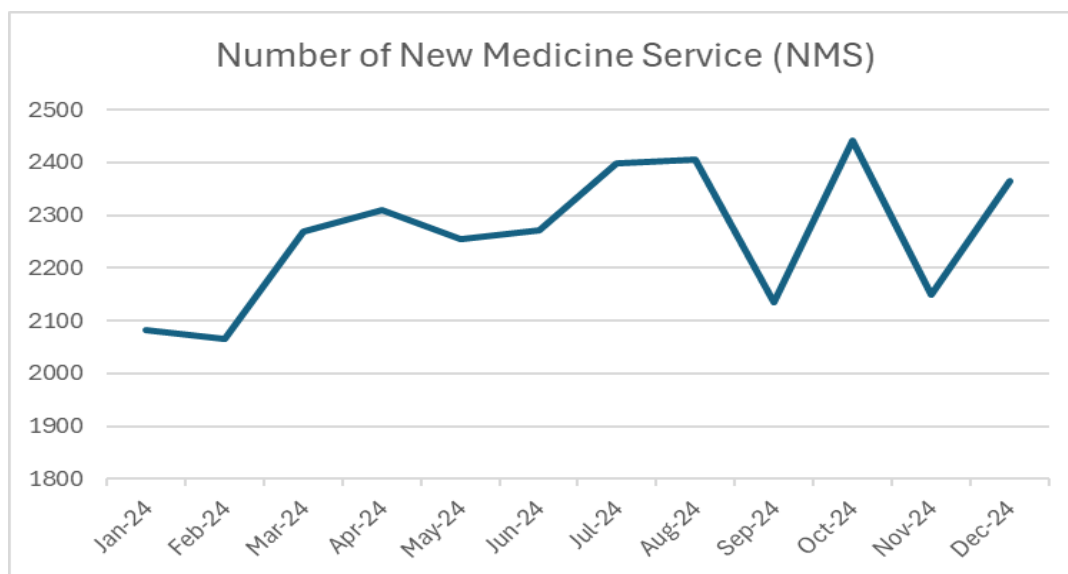
Community Pharmacy Ambulatory Blood Pressure Monitoring (ABPM) consultations.

6.1.5.7 Access to New Medicine Service (NMS)

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

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

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



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

Currently (April 2025), all 46 Pharmacies in Rochdale are registered to provide the Pharmacy New Medicines Service (NMS).

See Appendix Seven for those pharmacies that are providing NMS.

6.1.5.8 Access to stoma appliance customisation

Between January 2024 to December 2024, 2 pharmacies in the Rochdale HWB area provided a total of 8 stoma customisations. However, a number will have been provided by dispensing appliance contractors outside the Rochdale area. Information provided by NHS England shows that there are eight DACs in the Greater Manchester area in April 2025, they provide an average 9,667 stoma customisations per month to patients nationally and locally. Some patients may also access this service from DACs outside GM.

6.1.5.9 Access to Smoking Cessation Service (SCS)

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

Currently (April 2025) 28 pharmacies in Rochdale are registered to provide this service. In the 12 months from Jan 24 up to December 2024, 38 Smoking Cessation Service Consultations were provided.

6.1.6 Access to locally commissioned or enhanced services

6.1.6.1 Locally commissioned services by Rochdale Council

In April 2025 Rochdale Council commissioned four services from community pharmacies.

Local Authorities commission public health or preventative services.

One service is directly commissioned:

- Emergency Hormonal Contraception

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

Rochdale council commission a stop smoking service with The Big Life Groupⁱⁱ who currently provide the Living Well Service for Rochdale. The service delivers Pathway 1 (Tier 1, 2 and 3) of the GM Stop Smoking Tiers. Pharmacies will be commissioned on the basis that they are situated in high prevalence areas of the borough and that they have experience of delivering smoking cessation and have demonstrable effectiveness of delivering other health related services in the borough.

Turning Point, a specialist care provider, have a devolved budget to commission addiction services.

In Rochdale these are:

- Needle Exchange
- Supervised consumption *and* dispensing of drugs prescribed by the service for opiate dependence treatment.

6.1.6.2 Locally commissioned services by NHS GM ICB

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

- Palliative care service medicine stockholder
- Minor Ailment Service
- Minor Eye Conditions Service

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

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

33 pharmacies are located within one mile outside of Rochdale's boundary (See appendix 12). NHS prescribing data shows that most items (93.2%, see Table 10) dispensed by Rochdale pharmacies are prescribed by Rochdale registered prescribers.

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

The same applies to locally commissioned services.

6.3 Other relevant services - current provision

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

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

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

6.3.1 Other relevant services within the HWB's area

Rochdale Pharmacies also provide essential and advanced services where they have supplementary hours in place. The totality of these hours covers early morning, evenings, Saturday and Sunday. Opening hours are available on NHS Services. The range of opening times is discussed in section 6.1.3 and is shown in Appendix Eight and Maps 10 and 11. Locally commissioned services are also detailed in section 6.1.6.

6.3.2 Other relevant services provided outside the HWB's area

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

6.3.3 Other relevant services

The HWB consider locally commissioned services as providing an improvement or better access to pharmaceutical services, where palliative care stockholding, Minor Ailment service, Covid Medicines Delivery Unit and Minor Eye Conditions Services are commissioned by NHS GM.

6.3.4 Choice regarding obtaining pharmaceutical services

93.2% of items dispensed by Rochdale pharmacies were prescribed by Rochdale registered practices, with the remainder from registered practices outside of Rochdale or any distance selling pharmacy. This may be due to people using location near work for example, or through use of distance selling pharmacies in other areas of England.

As expected, a proportion of these were dispensed in neighbouring HWB areas but not in significant numbers.

6.4 Future provision – necessary and other relevant services

6.4.1 Housing and development

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

6.4.1.1 Places for Everyone

Places for Everyone (PfE) is a joint plan for the nine boroughs of Greater Manchester (Bury, Bolton, Oldham, Manchester, Rochdale, Salford, Tameside, Trafford and Wigan).

The PfE Plan was adopted on the 21st of March 2024 and now forms part of the borough's development plan. PfE sets strategic targets for housing and employment development across the nine boroughs and should be considered as a whole, given the likely effects of development in one borough impacting infrastructure needs in neighbouring boroughs. Policies within the plan set out measures to ensure the plan is supported by appropriate infrastructure. Including where it sets out measures related specifically to health provision.

PfE sets out a housing requirement for Rochdale of 616 homes a year from 2022-2039 phased using a stepped requirement as follows:

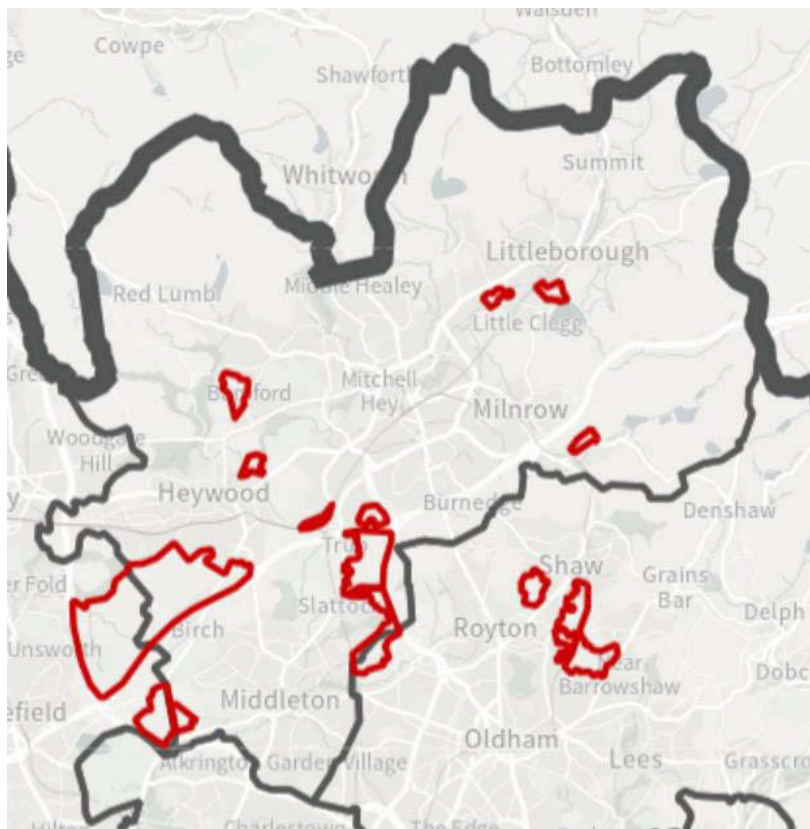
- 2022 to 2025 – 568 homes a year
- 2025 to 2030 – 616 homes a year
- 2030 to 2039 – 632 homes a year

Across the plan period the total housing required in Rochdale is 10,472 homes. Table 7.1, page 136, of the Plan identifies the housing land supply breakdown by district. For Rochdale, the housing land supply identifies 11,592 homes, with the proposed strategic allocations providing around 4,006 homes and the baseline housing land supply providing the remainder. The allocations that include residential development are shown in the table below.

Rochdale's Strategic Allocations (Places for Everyone 2024)

Allocation	Neighbourhood	Capacity	2020-25	2025-30	2030-37
JPA1.2 – Northern Gateway (Simister / Bowlee	Middleton	200	40	160	0
JPA2 - Stakehill	Rochdale	1,681	55	680	946
JPA19 – Bamford / Norden	Rochdale	450	12	336	102
JPA20 – Castleton Sidings	Rochdale	125	40	85	125
JPA21 – Crimble Mill	Heywood	250	40	200	10
JPA22 – Land North of Smithy Bridge	Pennines	300	50	250	0
JPA23 – Newhey Quarry	Pennines	250	50	200	0
JPA24 – Roch valley	Pennines	200	40	160	0
JPA25 – Trows Farm	Rochdale	550	60	300	190
		4,006			

Places for Everyone Proposed Strategic Allocations



The areas identified by a red outline show location of the PfE proposed locations with the black lines delineating the borough boundary.

6.4.1.2 Rochdale's Housing Land Supply 2024-2039

Rochdale's Housing Land Supply is set out within the Council's Strategic Housing Land Availability Assessment (SHLAA). The most up to date SHLAA is due to be published in spring 2025 and represents the housing land supply position as at April 2024.

The SHLAA is a technical document identifying land that is expected to deliver new homes over the next 15 years. **Since the 2024 follows the adoption of PfE, the allocations within PfE are now included within the Council's housing land supply and therefore will be included in the next published SHLAA.** It should be noted that the final capacities for the PfE allocations may change as a result of detailed planning approvals for the delivery of the sites. For example, the Castleton Sidings site now has permission for 191 dwellings which is higher than that set out in PfE whereas the applications received in respect of Trows Farm indicate a lower final capacity. The figures used in the 2024 supply are based on the information at that time.

The housing land supply position as at April 2024 is set out in the table below:

	1-5	6-10	11-15	Total
Sites under construction	1513	128	0	1641
Sites with Permission	987	510	190	1687
Other identified sites for housing	1910	5099	1368	8377
Total	4410	5737	1558	11705
Small site allowance per year	0	27	30	
Small site allowance for period	0	135	150	285

GRAND TOTAL	4410	5899	1708	11990
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This table gives a total gross supply of 11,990 new homes which, as noted above, now includes the PfE allocations. However, in terms of additional homes it is necessary to consider homes lost through demolition. It is anticipated that during this period around 750 homes could be demolished/cleared in the borough. This therefore gives a figure of 11,240 net additional homes in the overall supply. If these properties are not demolished/cleared then clearly the net additional homes figure would be higher.

In terms of the distribution of the gross supply of new homes identified in the supply (i.e. the 11,705 figure in the table above) this is shown by Neighbourhood and Ward in the table below:

Neighbourhood	Ward	0-5 years	6-10 years	11-15 years	Total
HEYWOOD	Hopwood Hall	334	450	190	974
	North Heywood	339	849	0	1188
	West Heywood	25	41	0	66
MIDDLETON	East Middleton	252	306	37	595
	Hopwood Hall	0	1	0	1
	North Middleton	267	394	16	677
	South Middleton	50	28	11	89
	West Middleton	407	141	0	548
PENNINES	Littleborough Lakeside	347	300	26	673
	Milnrow And Newhey	153	234	12	399
	Smallbridge And Firgrove	26	30	0	56
	Wardle And West Littleborough	234	105	162	501
ROCHDALE N	Central Rochdale	359	385	146	890
	Healey	6	18	21	45
	Norden	63	24	0	87
	Spotland And Falinge	61	0	0	61
ROCHDALE S	Balderstone And Kirkholt	190	230	0	420
	Bamford	139	270	160	569
	Castleton	719	1431	677	2827
	Healey	6	18	21	45
	Kingsway	26	60	0	86
	Milkstone And Deepdish	413	440	100	953
	TOTALS	4410	5737	1558	11705

6.5 Other NHS services

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

- Hospital pharmacies – reduce the demand for the dispensing essential service as prescriptions written in the hospital are dispensed by the hospital pharmacy service.
- Personal administration of items by GPs – as above this also reduces the demand for the dispensing essential service. Items are sourced and personally administered by GPs and/or

practice nurses thus saving patients having to take a prescription to a pharmacy, for example for a vaccination, then return with the vaccine to the practice so that it may be administered.

- GP out-of-hours service.
- Any other NHS services identified in the area

6.5.1 Hospital pharmacies

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

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

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

6.5.2 Personal administration of items by GP practices

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

Generally, when a patient requires a medicine or appliance their prescriber will electronically transfer or give them a prescription which they take to their preferred pharmacy. In some instances, the GP practice supplies the item against a prescription. This is referred to as personal administration because the item supplied is then directly administered to the patient by the GP or a clinical member of staff. This is different to the dispensing of prescriptions and only applies to certain specified items for example vaccines, anaesthetics, injections, intra-uterine contraceptive devices, and sutures.

For these items the practice will produce a prescription however the patient is not required to take it to a pharmacy to have it dispensed as the practice will have a supply available for administration.

6.5.3 GP out of hours service

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

Prescriptions from out of hours services can be dispensed by pharmacies with longer opening hours. These pharmacies which are open seven days a week or for longer hours six days per week are listed in section 6.1.3 (Table 19, 20 and 21). Neighbourhood level access to extended opening hours is described in more detail in section 7.

6.5.4 Independent prescribing

In 2023/24, NHS England commissioned a pathfinder programme to explore the use of Pharmacist Independent Prescribers in NHS-commissioned services delivered by community pharmacy. NHS Greater Manchester has a small number of community pharmacies participating in the pathfinder programme which commenced in Q4 of 2024/25. NHS GM is testing 3 clinical models – minor illness (prescribing for patients who have accessed Pharmacy First advanced service but needed a prescribing intervention), Respiratory (medicines optimisation for people with asthma and COPD) and

Hypertension (initiating treatment for patients identified as hypertensive through the Hypertension Case-Finding advanced service and medicines optimisation for people on hypertensive medication). NHS England has commissioned a formal evaluation of the pathfinder programme which will be published and shared with stakeholders in 2025/26.

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

7. Districts for the purpose of the PNA

7.1 Overview

This assessment has taken a ward level approach to support the integration of public health data with other sources of information. The 20 wards were then aggregated into five neighbourhoods, as described in section 3.1.2. As each neighbourhood has slightly differing health needs, they are considered separately for the purposes of the PNA. Current residential and future proposed residential areas have been assessed for access to a pharmacy. Access to a pharmacy is based on walking, public or private transport times from the nearest pharmacy and the most recent census data from 2021 showing the percentage of residents with no car or van availability in each ward.

Table 17 - Car ownership by neighbourhood and ward (Source: Nomis web)

Neighbourhood	Ward	% with car or van availability	% no cars (Census 2021)	% no cars (Census 2011)
Rochdale South	Milkstone & Deeplish	62%	38%	46%
Rochdale North	Central Rochdale	63%	37%	52%
Rochdale North	Spotland & Falinge	65%	35%	32%
Pennines	Smallbridge & Firgrove	65%	35%	42%
Middleton	West Middleton	66%	34%	48%
Heywood	North Heywood	67%	33%	38%
Rochdale South	Balderstone & Kirkholt	68%	32%	42%
Rochdale South	Kingsway	71%	29%	37%
Heywood	West Heywood	71%	29%	36%
Middleton	North Middleton	71%	29%	31%
Rochdale South	Castleton	74%	26%	30%
Middleton	East Middleton	74%	26%	30%
Heywood	Hopwood Hall	76%	24%	31%
Middleton	South Middleton	78%	22%	24%
Pennines	Littleborough Lakeside	81%	19%	20%
Pennines	Milnrow & Newhey	82%	18%	18%
Rochdale North	Healey	82%	18%	20%
Rochdale South	Bamford	83%	17%	19%
Pennines	Wardle, Shore & West Littleborough	86%	14%	16%
Rochdale North	Norden	92%	8%	9%

The percentage of Rochdale residents (2021) with access to a car or van averages at 74%.

The Heywood Neighbourhood wards have the lowest average (71%) car ownership across the Borough. It is also has some of the most deprived wards. However, there are good public transport links to access pharmacies within 20 minutes of transport time.

The Pennines Neighbourhood wards have the highest average car ownership of 79%, with the highest levels of car ownership being in 86% Wardle, Shore and West Littleborough ward. Pennines Neighbourhood has the most rural locations with much of the east border being in the Pennine Moors. It is generally less densely populated than the other neighbourhoods (see Map 3).

7.2 Heywood Neighbourhood Profile

Heywood Neighbourhood consists of the wards:

- Hopwood Hall Ward (spans both Heywood and Middleton Neighbourhood)
- North Heywood
- West Heywood

Heywood is the smallest neighbourhood (29,830) and comprises the wards of North and West Heywood as well as the part of Hopwood Hall that is north of the M62³⁵.

7.2.1 Access to a pharmacy in Heywood Neighbourhood

Map 9 shows that all Wards in the Heywood neighbourhood have access to pharmacy provision. These only open during core hours on a weekday. On a weekend there is limited cover as only one pharmacy opens on a Saturday and there are no pharmacies open on a Sunday. Heywood neighbourhood wards have the lowest average (71%) car ownership across the Borough, and it also has some the most deprived LSOA's. However, there are good transport links into Heywood, Rochdale, Middleton and Bury town centres.

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



7.2.2 Future housing development in Heywood Neighbourhood

240 properties are planned at the site JPA22- Crimble Mill in Heywood up to the year 2030, with 40 of these due to be built before 2025 and a further 200 by 2030. Depending on completion timescales, these may complete outside of the scope of this PNA cycle.

Under Rochdale's Housing Land Supply Strategy 2024-2039, 698 residential properties within Heywood Neighbourhood are due to be built up to 2029. Depending on completion timescales, these may complete outside of the scope of this PNA cycle.

³⁵ [Rochdale Borough Joint Strategic Needs Assessment Summary](#) - accessed 16/04/2025

Depending on the location within the neighbourhood may be further than 1 mile from the nearest pharmacy but areas have good transport links and fall within a 20-minute public transport ride of the nearest pharmacy.

This neighbourhood is well served by existing pharmacies with coverage in all wards and there would be no requirement for additional pharmaceutical services.

7.3 Middleton Neighbourhood Profile

Middleton neighbourhood consists of 5 wards:

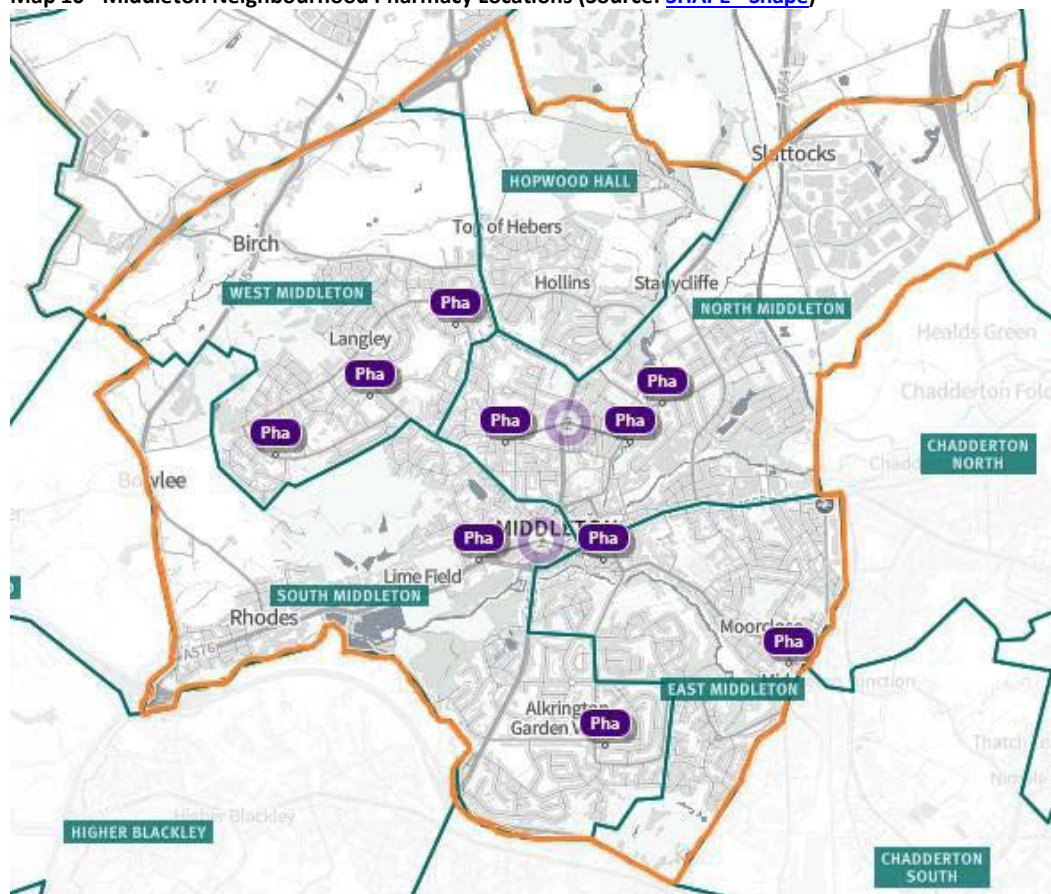
- East Middleton
- Hopwood Hall (spans both Heywood and Middleton Neighbourhood)
- North Middleton
- South Middleton
- West Middleton

Middleton is the second largest neighbourhood (49,376) comprising the wards of North, East, South and West Middleton; as well as part of Hopwood Hall that is south of the M62 motorway.³⁶

7.3.1 Access to a pharmacy in Middleton Neighbourhood

Map 10 shows that Middleton Neighbourhood has access to pharmacies in all wards except for Hopwood hall (there is a pharmacy located in this ward within the Heywood neighbourhood).

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



³⁶ [Rochdale Borough Joint Strategic Needs Assessment Summary](#) - accessed 16/04/2025

Monday to Friday there is satisfactory provision of pharmaceutical services across this neighbourhood with 2 contractors providing extended hours. 5 pharmacies open on a Saturday, one which is open with extended hours and also on a Sunday. Middleton neighbourhood has a relatively high population density compared to other areas of Rochdale. There is an average number of households with cars (range 66% to 78%) and there are also a number of pharmacies located within 1 mile of the Rochdale Borough border. All areas are within a 20-minute public transport network and so taking all this into consideration it is not thought necessary to increase the pharmaceutical provision in Middleton neighbourhood.

7.3.2 Future housing development in Middleton Neighbourhood

Middleton Neighbourhood has a proposed housing allocation under Places for Everyone of 200 properties at the JPA1.2 -Northern Gateway, 40 properties by 2025 and 160 by 2030. The housing proposed within this PNA cycle does not meet the criteria for consideration for the purpose of the PNA.

There is a proposal for 976 houses to be built in Middleton up to 2029 under Rochdale's Housing Land Supply. The most significant allocation (407 properties) is to be built in West Middleton ward. This ward has three pharmacies, one of which is a distance selling pharmacy. The proposals in East and North Middleton also have existing pharmacy access within each of the wards.

These pharmacies should provide adequate pharmacy services for the new development areas and depending on completion timescales, these may complete outside of the scope of this PNA cycle.

7.4 Rochdale North Neighbourhood

Rochdale North neighbourhood has 4 wards within its boundaries:

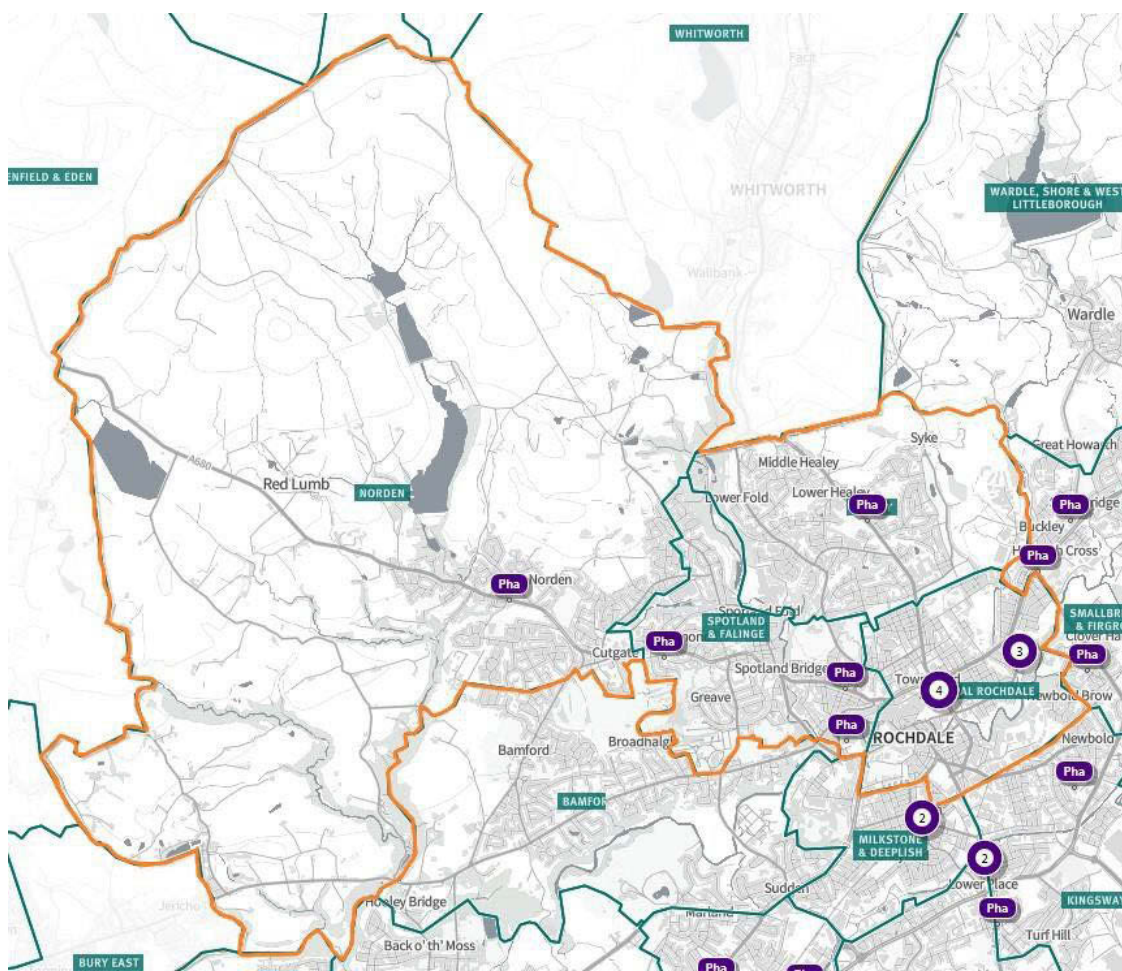
- Central Rochdale
- Healey
- Norden
- Spotland and Falinge

Rochdale North is the third largest neighbourhood (45,702) containing the wards of Norden, Healey, Spotland and Falinge and Central Rochdale.³⁷

7.4.1 Access to a pharmacy in Rochdale North Neighbourhood

Map 11 shows that there are pharmacies located within all wards in Rochdale North Neighbourhood. During Monday to Friday there is full coverage through core hours with 2 pharmacies opening until 7pm or later. On Saturdays there are 6 pharmacies open on a Saturday, with 2 of these opening until 7pm or later. On Sundays there are 3 pharmacies that open. The transport links into the town centre of Rochdale are also good and services can be reached within 20-minute public transport time. The North and West areas of Norden Ward are further than 1 mile from a pharmacy, however this area is more rural with a low population density and has the highest car ownership of 92%. This neighbourhood has the highest number of pharmacies and is therefore adequately provided for.

³⁷ [Rochdale Borough Joint Strategic Needs Assessment Summary](#) - accessed 16/04/2025



7.4.2 Future housing development in Rochdale North Neighbourhood

There is a housing allocation under PfE in Rochdale North Neighbourhood, JPA-19- Bamford/Norden, which proposes 336 properties up to the year 2030. Depending on completion timescales, these may complete outside of the scope of this PNA cycle and this site is within 1 mile of an existing pharmacy. Under The Rochdale's Housing Land Supply, there is a proposal for 359 houses to be built up to 2029 in Central Rochdale ward. Depending on completion timescales, these may complete outside of the scope of this PNA cycle and this ward has the best access to town centre facilities including pharmaceutical services. Therefore, it is determined that there is no need for further pharmaceutical during the lifespan of this PNA.

7.5 Rochdale South Neighbourhood

Rochdale South neighbourhood comprises of 5 wards:

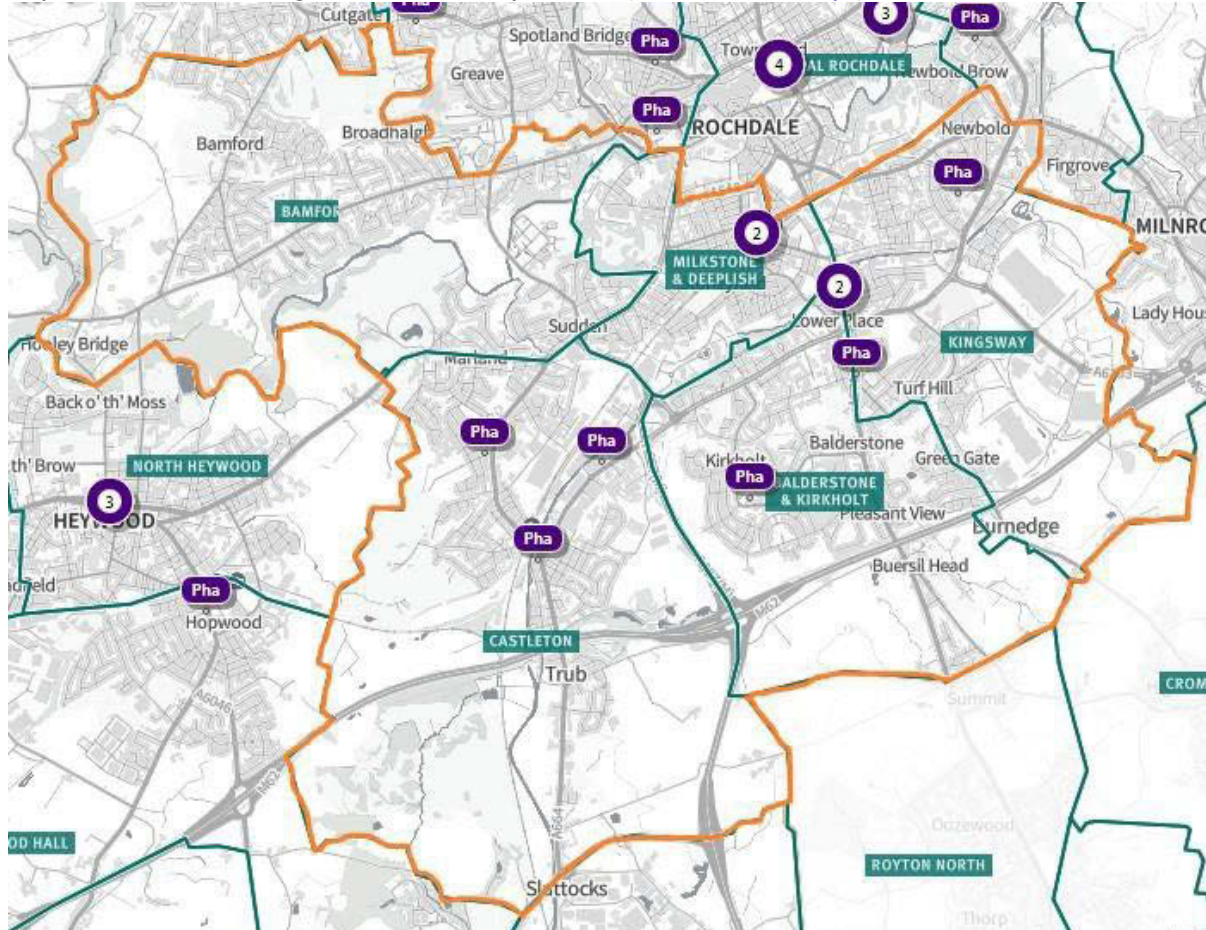
- Balderstone and Kirkholt
- Bamford
- Castleton
- Kingsway
- Milkstone and Deepdish

Rochdale South is the largest neighbourhood with a population of 55,850 including the wards of Bamford, Balderstone and Kirkholt, Castleton, Kingsway and Milkstone and Deepdish. Rochdale South also has the youngest population structure with 26.5% under the age of 18³⁸.

7.5.1 Access to a pharmacy in Rochdale South Neighbourhood

Map 12 shows that there are pharmacies located in all wards except for Bamford, although there are further pharmacies accessible in the surrounding wards. The population in Bamford has 83% car or van ownership and there are good transport links to Heywood, Rochdale and Bury Town centres. During Monday to Friday there are 2 pharmacies offering extended hours opening until 7pm or later. 4 pharmacies are open on a Saturday with 2 of those offering extended hours. 2 pharmacies also open on a Sunday.

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



7.5.2 Future housing development in Rochdale South Neighbourhood

There are 3 housing allocations at JPA20- Castleton Sidings (85 properties by 2030), JPA25- Trow's Farm Site (300 properties by 2030) and 1 JPA2- Stakehill (680 properties by 2030) under PfE in Rochdale South neighbourhood. Residential allocations have existing access to pharmacies within all wards except for Bamford. Depending on completion timescales, these may complete outside of the scope of this PNA cycle.

Under Rochdale's Housing Land Supply, there is a proposal for 1,493 houses to be built in South Rochdale Neighbourhood up to 2029. Two of the wards have more than 200 properties due to be built by 2029, these are Balderstone and Kirkholt ward (190) and Milkstone and Deeplish Ward (413). Depending on completion timescales, these may complete outside of the scope of this PNA cycle.

³⁸ [Rochdale Borough Joint Strategic Needs Assessment Summary](#) - accessed 16/04/2025

Access to facilities including pharmaceutical services will depend on where in the ward the allocations are, there are areas south of the M62 motorway in Balderstone and Kirkholt ward which are more than one mile from a pharmacy, but they do fall within a 20-minute public transport travel time. Residential allocations have existing access to pharmacies within all wards except for Bamford. Therefore, it is determined that there is no need for further pharmaceutical services in South Rochdale Neighbourhood during the lifespan of this PNA.

7.6 Pennines Neighbourhood

Pennines neighbourhood comprises of 4 wards:

- Littleborough Lakeside
- Milnrow and Newhey
- Smallbridge and Firgrove
- Wardle, Shore and West Littleborough

Pennines has the oldest population structure with a higher proportion of residents over the age of 65 (19% over the age of 65).³⁹

7.6.1 Access to a pharmacy in Pennines Neighbourhood

Map 13 shows that there are pharmacies located in all wards except for Wardle, Shore & West Littleborough. During Monday to Friday all these pharmacies open for core hours only with no extended opening times available.

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



³⁹ [Rochdale Borough Joint Strategic Needs Assessment Summary](#) - accessed 16/04/2025

On the weekend there are 3 pharmacies that open on a Saturday with none opening on a Sunday. This is a satisfactory provision of pharmaceutical services across this neighbourhood for necessary service provision, but any extended opening would help to secure improved access in these areas. Most residential areas are all within the 1-mile travel buffer and all are within the 20-minute public transport time frame. The population density is lower than the Rochdale average and this neighbourhood has the highest number of households with cars (range 65% to 86%). The areas to the north and east of this Neighbourhood where the population is more than 1 mile from a pharmacy and more than 20-minutes travel time on public transport are sparsely populated due to this area being in the Pennine hills and moorland.

7.6.2 Future housing development in Pennines Neighbourhood

There are three allocations under PfE which are within the Pennines neighbourhood, they are JPA22 Land North of Smithy Bridge (250 potential residences up to the year 2030), JPA23 Newhey Quarry (200), and JPA 24 Roch Valley (160). These are all located within 1-mile boundaries of existing pharmacy within Rochdale Borough and depending on completion timescales, these may complete outside of the scope of this PNA cycle.

Under Rochdale's Housing Land Supply there are 760 houses to be built in Pennines neighbourhood up to 2029. The two largest proposed allocations are in Littleborough Lakeside ward (347 houses), and Wardle and West Littleborough (234 houses). As mentioned above all these sites fall within a 1-mile boundary of an existing pharmacy and depending on completion timescales, these may complete outside of the scope of this PNA cycle.

8. How pharmaceutical services can help support a healthier population

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

8.1 Essential Services (ES)

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

1. Dispensing of medicines

Pharmacies are required to maintain a record of all medicines dispensed, and also keep records of any interventions made which they judge to be significant.⁴⁰

2. Dispensing of appliances

Pharmacists may regularly dispense appliances in the course of their business, or they may dispense such prescriptions infrequently, or they may have taken a decision not to dispense them at all. Whilst the Terms of Service requires a pharmacist to dispense any (non-Part XVIII A listed) medicine “with reasonable promptness”, for appliances the obligation to dispense arises only if the pharmacist supplies such products “in the normal course of business”⁴¹.

3. Repeat dispensing and eRD

Under the repeat dispensing service pharmacy teams will: dispense repeat dispensing prescriptions issued by a general practice, ensure that each repeat supply is required and seek to ascertain that there is no reason why the patient should be referred back to their general practice.⁴²

4. Healthy Living Pharmacies

The Healthy Living Pharmacy (HLP) framework is aimed at achieving consistent provision of a broad range of health promotion interventions through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities.⁴³

5. Disposal of unwanted medicines

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

6. Signposting

NHS England will provide pharmacies with lists of sources of care and support in the area. Pharmacies will be expected to help people who ask for assistance by directing them to the most appropriate source of help⁴⁴.

7. Support for self-care

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

⁴⁰ [Community Pharmacy England - Dispensing Medicines](#) accessed 17/03/2025

⁴¹ [Community Pharmacy England - Dispensing of Appliances](#) accessed 17/03/2025

⁴² [Community Pharmacy England - Repeat Dispensing and eRD](#) accessed 17/03/2025

⁴³ [Community Pharmacy England - Healthy Living Pharmacies](#) accessed 17/03/2025

⁴⁴ [Community Pharmacy England - Signposting](#) accessed 17/03/2025

NHS 111. Records will be kept where the pharmacist considers it relevant to the care of the patient.⁴⁵

8. Public health (promotion of healthy lifestyles)

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

In addition, pharmacies are required to undertake prescription-linked interventions on major areas of public health concern, such as encouraging smoking cessation⁴⁶.

9. Discharge medicines Service (DMS)

From 15th February 2021, NHS Trusts were able to refer patients who would benefit from extra guidance around prescribed medicines for provision of the DMS at their community pharmacy. The service has been identified by NHS England's Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital⁴⁷.

Results from the GM standardised public survey for the Rochdale population show that with respect to pharmacy essential services 61% of respondents had used repeat dispensing in the last 3 months and 82% of respondents had collected regular prescription medication in the last 3 months.

8.2 Advanced Services

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

Current advanced services:

1. Appliance Use Review (AUR)

AURs should improve the patient's knowledge and use of any 'specified appliance' by: establishing the way the patient uses the appliance and the patient's experience of such use, identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient, advising the patient on the safe and appropriate storage of the appliance and advising the patient on the safe and proper disposal of the appliances that are used or unwanted.⁴⁸

2. Pharmacy First Service (PFS)

The Advanced service involves pharmacists providing advice and NHS-funded treatment, where clinically appropriate, for seven common conditions⁴⁹.

3. Flu Vaccination Service

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

Each year from the autumn through to March, the NHS runs a seasonal flu vaccination campaign aiming to vaccinate all patients who are at risk of developing more serious complications from the virus.⁵⁰

⁴⁵ [Community Pharmacy England - Support for Self-care](#) accessed 17/03/2025

⁴⁶ [Community Pharmacy England - Public Health Campaigns](#) accessed 17/03/2025

⁴⁷ [Community Pharmacy England - Discharge Medicines Service](#) accessed 17/03/2025

⁴⁸ [Community Pharmacy England - Appliance Use Reviews \(AUR\)](#) accessed 17/03/2025

⁴⁹ [Community Pharmacy England - Pharmacy First Service](#) accessed 17/03/2025

⁵⁰ [Community Pharmacy England - Flu Vaccination Service](#) accessed 17/03/2025

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

4. Pharmacy Contraception Service (PCS)

The PCS commenced on 24th April 2023, allowing the on-going supply of oral contraception (OC) from community pharmacies. From 1st December 2023, the service expanded to include both initiation and on-going supply of OC.⁵¹

5. Lateral Flow Device Service (LFD)

The LFD service was introduced to provide eligible patients with access to LFD tests.⁵²

6. Hypertension Case Finding Service

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

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

Provide another opportunity to promote healthy behaviours to patients.⁵³

7. New Medicine Service (NMS)

The service provides support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence; it is focused on specific patient groups and conditions.⁵⁴

8. Stoma Appliance Customisation (SAC)

The service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste. The stoma appliances that can be customised are listed in Part IXC of the Drug Tariff.⁵⁵

9. Smoking Cessation Service (SCS)

This service has been designed to enable NHS trusts to undertake a transfer of care on patient discharge, referring patients (where they consent) to a community pharmacy of their choice to continue their smoking cessation treatment, including providing medication and support as required. The ambition is for referral from NHS trusts to community pharmacy to create additional capacity in the smoking cessation pathway⁵⁶.

Results from the GM standardised public survey for the Rochdale population show that with respect to Pharmacy Advanced Services, 55% of respondents had used the NHS urgent medicine supply within the last 12 months or were planning to use the service in the future, 22% of respondents had used the NHS Pharmacy First Service within the last 12 months or were planning to use the service in the future, 56% of respondents had used the NHS Hypertension Service within the last 12 months or were planning to use the service in the future, 35% of respondents had used the NHS New Medicines Service within the last 12 months or were planning to use the service in the future, 58% of respondents had used the NHS Flu vaccination Service within the last 12 months or were planning to use the service in the future, 8% of respondents had used the NHS Contraception service within the last 3 months or were planning to use the service in the future and finally 4% of respondents had

⁵¹ [Community Pharmacy England - Pharmacy Contraception Service](#) accessed 17/03/2025

⁵² [Community Pharmacy England - Lateral Flow Device Service](#) accessed 17/03/2025

⁵³ [Community Pharmacy England - Hypertension Case Finding Service](#) accessed 17/03/2025

⁵⁴ [Community Pharmacy England - New Medicine Services \(NMS\)](#) accessed 17/03/2025

⁵⁵ [Community Pharmacy England - Stoma Appliance Customisation \(SAC\)](#) accessed 17/03/2025

⁵⁶ [Community Pharmacy England - Smoking Cessation Service](#) accessed 17/03/2025

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

8.3 Locally commissioned services (LCS)

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

8.3.1 NHS GM ICB Services

NHS GM ICB services Minor Ailment Service

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

Minor Eye Conditions Service (MECS)

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

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

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

Palliative Care Stockholding Service

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

Independent Prescribing (IP) Pathfinder – Minor Illness

NHS England and integrated care boards (ICBs) have developed the Community Pharmacy Independent Prescribing Pathfinder Programme to enable a community pharmacist prescriber to support primary care clinical services. This presents a unique opportunity for community pharmacy to integrate with current pathways and play an increasing role in delivering clinical services in primary care.

GM ICB, working with Community Pharmacy Greater Manchester, and NHS bodies and local authorities in Greater Manchester, have decided that the scope of the IP pathfinder sites in Greater Manchester will be focussed on Minor illness.

COVID-19 antiviral medication supply for Non-Hospitalised Patients via Community Pharmacy and COVID-19 antiviral medication Delivery (Medicines supply following referral via NHS Mail)

The purpose of the service is to provide a Covid-19 therapeutics service focussed on oral antiviral medication (nirmatrelvir plus ritonavir (Paxlovid) and molnupiravir (Lagevrio)), for non-hospitalised adult patients as per GM CMDU pathway based on NICE guidance. In September 2022, NHS England wrote to Chief Medical Officers from all Integrated Care Boards to ask them to plan for sustainable

community access to COVID-19 treatments for individuals at highest risk of hospitalisation, to ensure ongoing local service provision and to support transition to more sustainable services over the longer term. As part of this service, if a patient is unable to send a representative to collect the medication, the pharmacist must arrange prompt delivery of the antiviral medication for which they will be paid a fee⁵⁷.

8.3.2 Rochdale Council locally commissioned services

Emergency Hormonal Contraception (EHC)

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

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

8.3.3 Subcontracted by The Big Life Group on behalf of Rochdale Council

Stop Smoking Service

This is a three tiered programme with advice, medication and ongoing counselling following a smoking quit which allows people to try to improve their long-term health outcomes by reducing tobacco consumption which is known to account for an increase in early mortality.

8.3.4 Subcontracted by Turning Point on behalf of Rochdale Council

Needle and syringe exchange services (NEX)

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

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

There is evidence to support the effectiveness of needle exchange services with long term health benefits to drug users and the whole population. Needle Exchange service may be an access point for reaching and delivering other services to people who are injecting drug users but are not in contact with any other health service (e.g. Hepatitis C testing service).

Supervised consumption

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

It is a medicines adherence service which aims to:

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

⁵⁷ [SERVICE SPECIFICATION TEMPLATE – GUIDANCE NOTES FOR COMPLETION](#)

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

Results from the GM standardised public survey for the Rochdale population show that with respect to Pharmacy Locally commissioned Services, 7% of respondents had used the Emergency Hormonal Contraception Service within the last 3 months or were planning to use the service in the future, 49% of respondents had used the Minor Ailments service within the last 12 months or were planning to use the service in the future and 20% of respondents had used the Palliative Care Service within the last 12 months or were planning to use the service in the future.

9. Gaps in current provision of pharmaceutical services

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

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

There are 46 such pharmacies providing pharmaceutical services in Rochdale. The spread of opening times including the core hours are provided in Appendix Six and Eight, which is supported by maps as detailed in appendix 10.

9.1 Gap Analysis Criteria

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

- All parts of the population should have general access to a physical community Pharmacy.
- Industrial and trading estates are not residential areas so will not form part of the gap analysis.
- Pharmacies located outside the borders of Rochdale yet within a one-mile buffer zone, will be recorded and can qualify as providers of access.
- In rural areas (Rochdale has 2 LSOA described as rural⁵⁸) the population should be within 20 minutes' driving time or within a 5 miles radius of at least one of the above providers. If neither criterion is met, then this should be given further consideration as a possible gap.
- In all other urban wards, the population should be within 20 minutes' walking time (estimated at 1 mile) or 20 minutes' public transport time of a provider. If neither criterion is met, then this should be given further consideration as a possible gap.
- All pharmacies should open their minimum core hours each week.
- Weekend coverage by standard pharmacies (commonly about four hours on a Saturday morning) will be noted, but assessment of access to pharmacies will not be made utilising this, as it is difficult for NHSCB to effect changes in existing contracts for weekend opening hours.
- Public transport access in rural areas (mainly bus) should be commented on, although it should not form a criterion.
- The prospective needs of new build areas should be identified and considered where growth of 200 or more dwellings is planned in the period of the PNA.
- The projection of gaps in general access for new build areas in each locality should, as far as possible, apply the criterion of 20 minutes' drive time in rural areas and the criterion of 20 minutes' public transport time in urban areas in the attempt to project the emergence of gaps in pharmaceutical services.

9.2 Gap Analysis – Location and times of opening

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

- All five neighbourhoods have pharmacies within their border (see appendix 10 for maps)
- 93.2% of items dispensed by Rochdale Pharmacies were for people registered with a Rochdale GP practice (Table 10), indicating that the population do not need to travel outside of the borough to access pharmacy dispensing services.
- The number of pharmacies available per 100,000 population is 20 in Rochdale (Table 9). This is lower than GM (21), but higher than England (18) averages. Based on historical pharmacy use this would indicate that the current number of pharmacies are sufficient for the current population.

⁵⁸ ONS <https://geoportal.statistics.gov.uk/documents/rural-urban-classification-2011-map-of-the-isoas-in-the-north-west-region/explore>

- With 8,387 average items per month dispensed in Rochdale pharmacies (Table 11) being lower than GM (8,840) and England (9,118) figures, this also indicates that the current number of pharmacies can cope with demand for prescription dispensing.
- Map 6 showing the population density and the relative location of pharmacy premises indicates more pharmacies are in the most densely populated areas.
- Map 4 (showing the Index of Multiple Deprivation) shows that the areas of high population density also have higher rates of deprivation, and therefore as with the previous statement, the pharmacies are in these areas.
- All wards within Rochdale Borough are classed as urban areas, Maps 6 & 7 illustrate that most of the residents of the HWB are within a 20-minute walk (approximately 1 mile) and/or a 20-minute public transport ride. In the small areas where this is not true there is a sparse population and car ownership is high (see Table 16).
- Only 7 out of 98 (7%) respondents to the public survey said they had problems accessing a pharmacy due to location.
- Considering the number and distribution of pharmacies within each of the five neighbourhoods and HWB area (section 7), it is determined that the number of current premises delivering pharmaceutical services is sufficient for the Borough.

9.3 Gap Analysis - Current service provision

87% said they were either satisfied or very satisfied when asked how they felt about the overall pharmacy service received.

92% of respondents to the public survey had not had any difficulty in accessing a pharmacy of their choice

71% of responders said the opening hours of pharmacies in Rochdale do not cause a problem

78% were satisfied or very satisfied with the opening hours of the pharmacy they used (Appendix 3).

Overall results of the patient survey (Appendix 3).

9.4 Gap Analysis - Future Provision

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

9.5 Gap analysis - Conclusion

Considering the information outlined in this PNA, the HWB considers the location, number, distribution, and choice of pharmacies covering each of the five neighbourhoods and the whole Rochdale HWB area providing essential and advanced services during the standard core hours to meet the needs of the current population.

Future provision of pharmaceutical services beyond 2025 will be reviewed during the next iteration of the Rochdale HWB PNA.

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

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

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

Location and Opening Hours

The location of premises and choice of provider is not as extensive beyond the standard 40 core hours across Rochdale borough. However, apart from Pennines Neighbourhood, there are pharmacies open beyond what may be regarded as standard hours, in that they provide pharmaceutical services during supplementary hours in the evening, on Saturday or Sunday. Consideration could be made to extending these hours if a request was submitted from a current pharmacy contracted.

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

The patient survey responses mentioned pharmacies not opening late enough in the evening or on the weekend, outside of regular 'office hours', yet some respondents were unaware of the location of pharmacies in Rochdale Borough which had extended opening hours. Public awareness campaigns of local services and opening times could help improve this. The HWB therefore concludes there is no significant information to indicate there is a gap in the current provision of pharmacy opening times.

Future Gaps for access to pharmaceutical services

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

Future provision of pharmaceutical services beyond 2025 will be reviewed during the next iteration of the Rochdale HWB PNA.

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

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

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

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

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

11.1 Current provision – necessary and other relevant services

As described in sections 6.1, 6.2 and 6.3 and required by paragraphs one and three of schedule 1 to the Regulations, Rochdale 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 HWB.

Rochdale HWB has determined that while not all provision was necessary to meet the need for pharmaceutical services, most of the current provision was likely to be necessary as described in section 9 with those 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, Rochdale HWB has had regard to the following in seeking to identify whether there are any gaps in necessary services in the area of the HWB.

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

11.2.1 Access to essential services during normal working hours

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

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

11.2.2 Access to essential services outside normal working hours

In Rochdale there is good access to essential services outside normal working hours in four of the five neighbourhoods and across the HWB area, with the exception being Pennines Neighbourhood. Public transport across the borough and into the neighbouring HWB areas allows access to other pharmacy locations during these times. It is not expected that any of the current pharmacies will reduce the number of core opening hours and NHSCB foresees no reason to agree a reduction of core opening hours for any service provider except on an ad hoc basis to cover extenuating circumstances, however any applications for extension of opening hours in this Neighbourhood would be welcome providing all services are also available during the proposed extended periods.

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

11.2.3 Access to advanced and enhanced services

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

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

11.3 Future provision of necessary services

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

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

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

11.4 Improvements and better access – gaps in provision

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

11.4.1 Access to essential services – present and future circumstances

Rochdale HWB considered the conclusion in respect of current provision as set out at 11.1 above and the information in respect of essential services as it had done at 11.2. While it was not possible to determine which current provision of essential service by location or standard hours provided improvement or better access, the HWB was satisfied that some current provision did so.

Rochdale HWB has not identified services that would, if provided either now or in future specified circumstances, secure improvements to or better access to essential services.

Based on the information available at the time of developing this PNA, no gaps have been identified in essential services that if provided either now or in the future would secure improvements, or better access, to essential services.

11.4.2 Current and future access to advanced services

Based on the information available at the time of developing this PNA, no gaps have been identified in the need for advanced services that if provided either now or in the future would secure improvements, or better access, to advanced services.

11.4.3 Current and future access to enhanced services

NHS England commission enhanced services from pharmacies. It also commissions services from other non-pharmacy providers, principally GP practices. NHSCB commissions two enhanced services (MAS and MECS) from pharmacies. It also commissions services from other non-pharmacy providers, principally GP practices.

Based on the information available at the time of developing this PNA, no gaps in respect of securing improvements, or better access, to enhanced services either now or in specified future circumstances have been identified.

11.5 Other NHS Services

As required by paragraph five of schedule 1 to the 2013 Regulations, Rochdale HWB has had regard to section nine considering any other NHS services that may affect the determination in respect of pharmaceutical services in the area of the HWB. This includes locally commissioned services, see section 3.5.2

Based on the information available at the time of developing this PNA, no gaps in respect of securing improvements, or better access, to other NHS services either now or in specified future circumstances have been identified.

11.6 How the assessment was carried out

As required by paragraph 6 of schedule 1 to the 2013 Regulations:

In respect of how the HWB considered whether to determine neighbourhoods in its area for the purpose of this PNA, see section 3 and section 7 and appendix 10.

In respect of how the HWB considered the different needs in its area, including those who share a protected characteristic, see sections 4.5.

In respect of the consultation undertaken by the HWB, see Appendix Thirteen.

11.7 Map of provision

As required by paragraph seven of schedule 1 to the 2013 Regulations, the HWB has published a map of premises providing pharmaceutical services in Map 3 (Section 4.1). Additional maps are also provided throughout and as listed in Appendix Ten.