



Oldham 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.

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

The PNA includes information on:

- Pharmacies in Oldham and the services they currently provide including dispensing, providing advice on health, medicines reviews and local public health services, such as smoking cessation, sexual health, and support for drug users.
- Other local pharmaceutical type services, including dispensing appliance contractors (DAC).
- Relevant maps relating to Oldham 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 Oldham's Health and Wellbeing Board (HWB) in accordance with the NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013, as amended. It replaces the Pharmaceutical Needs Assessment (PNA) previously published in 2022.

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, Oldham 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.

Oldham has a population of 246,130 and by 2033 the population is estimated to increase by 5.2% to 258,436, including a 14% increase in those aged 65-84 and a 27.8% increase in those aged over 85 (2023 ONS mid-year estimate), which will have implications for the commissioning of services.

In order to identify local health needs and assess current pharmaceutical services provision, Oldham is divided into five districts:

- North District
- East District
- Central District
- South District

¹ [JSNA Oldham](#)

- West District

Information regarding local provision of pharmaceutical services was made available by NHSCB, Oldham 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. Oldham 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, Oldham has 60 pharmacies (50 walk-in and 10 distance selling pharmacies) providing a range of essential services, advanced services, and locally commissioned services (including NHSCB enhanced services) on behalf of Oldham Council and NHSCB. All pharmacies in Oldham have NHSCB contracts, there are no Local Pharmaceutical Service (LPS) Contracts.

There are 7 Pharmacies with 100-hour contracts, opening hours may vary due to new regulations as described in section 3.6.4. There are no dispensing doctors or dispensing appliance contractors (DAC) in Oldham, but residents of Oldham can access dispensing and services associated with appliances from a regular pharmacy contractor or through DACs elsewhere within England.

Oldham has 2 additional pharmacy contractors since the last PNA, both are distance selling pharmacies.

Since the drafting of the PNA, there have been 2 consolidation activities, which have reduced the total number of contractors to 58. Oldham Pharmacy, 388-390 Ashton Road consolidated with Ashton Road pharmacy, 366 Ashton Road and Everest pharmacy, Block Lane consolidated with Everest pharmacy, 57 Manchester Road. The Greater Manchester Pharmaceutical Services Regulations Committee approved these consolidations on the basis that there was no impact on service provision as it would be transferred over to the closely located consolidating pharmacy. Therefore, these changes have no impact on the recommendations and conclusions of this PNA.

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

- Oldham has 24 pharmacies per 100,000 population, which is higher than the England and Greater Manchester averages.
- The majority of Oldham, including the highest populated areas, are within 1.0 miles of a pharmacy.
- Most areas of Oldham are within 20 minutes of a pharmacy, either by walking, public transport or driving.
- The location of pharmacies within each of the five districts and across the whole HWB area.
- The number and distribution of pharmacies within each of the five districts and across the whole HWB area.
- The choice of pharmacies covering each of the five districts and the whole HWB area.
- 80% of items dispensed in Oldham Pharmacies were for people registered with an Oldham GP practice.
- 78% of the public surveyed (14 responses) said they were either satisfied or very satisfied with the overall pharmacy service provided by their local pharmacy.
- 94% of the public surveyed stated they had no difficulties accessing the pharmacy of their choice
- 67% of the public surveyed had not had any problems accessing a pharmacy due to opening hours
- Oldham has a choice of pharmacies open across range of times including early mornings, evenings and the weekend.

- Oldham 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. Oldham Council's consultation ran from 21/08/2028 until 20/10/2025. 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 Oldham HWB area providing essential and advanced services during the standard core hours currently meet the needs of the population.

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

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

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

2 Introduction

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

In the current NHS there is a need for the local health partners, NHSCB, Oldham Council, Oldham 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 Oldham Council or NHSCB from Oldham pharmacies are promoted to Oldham's population to improve their uptake.

The current providers of pharmaceutical services in Oldham 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 Oldham, 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 NHSE&I 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 Oldham 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 Oldham PNA is to describe the underlying need for and current provision of pharmaceutical services in Oldham, 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 Oldham. 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 Oldham, these are not considered in the document.

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

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

Other providers may deliver services that meet a particular pharmaceutical service need although they are not considered pharmaceutical services under the relevant regulations. It is therefore important that these are considered as part of the assessment 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. Oldham'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 Oldham local authority public health team.
- Representatives from Oldham 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 Oldham. It considers current provision of pharmaceutical services across five districts of wards in the Oldham HWB area as described in the JSNA and are approved by the steering group for use in this PNA.

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

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

The five districts and the wards within them are:

North District

- Royton North
- Royton South
- Crompton
- Shaw

East District

- Saddleworth North
- Saddleworth South
- Saddleworth West and Lees
- St James'
- Waterhead

Central District

- Alexandra

South District

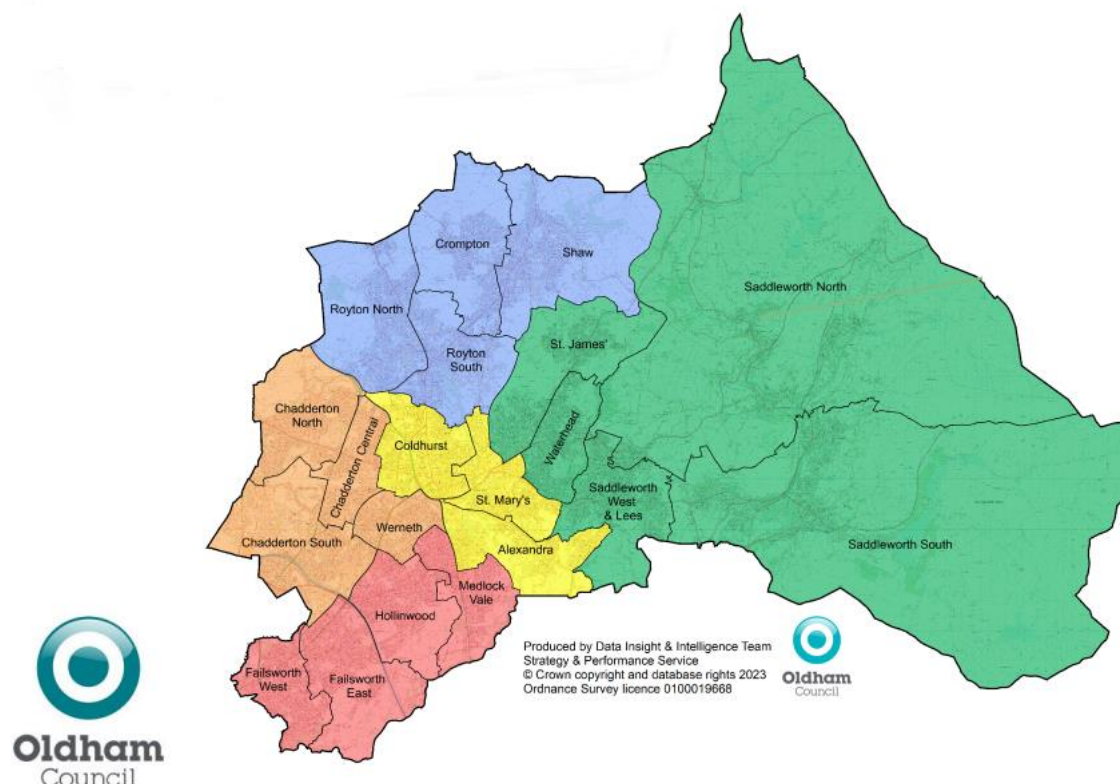
- Failsworth East
- Failsworth West
- Hollinwood
- Medlock Vale

West District

- Chadderton North
- Chadderton Central
- Chadderton South
- Werneth

- Coldhurst
- St Mary's

Map 1 - Oldham districts and wards



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 Oldham 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.

Oldham 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, districts and background information was approved by the steering group. In looking at the health needs of the local population, the Oldham JSNA², Oldham's Local Plan guiding development up to 2039³ and other health data were considered.

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

- The size and demography of the population across Oldham.
- Whether there is adequate access to pharmaceutical services across Oldham.

² [Joint strategic needs assessment Oldham](#) accessed 07/02/2025

³ https://www.oldham.gov.uk/info/201233/local_plan_review

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

3.1.5 Consultation

The statutory 60-day consultation commenced on 21/08/2025 and ran until 20/10/2025 and the results can be found in appendix 13.

The list of stakeholders consulted included the following groups:

- Community Pharmacy Greater Manchester (CPGM).
- West Pennine Local Medical Committee (LMC)
- Pharmacies and DAC's on the pharmaceutical list in Oldham.
- Healthwatch Oldham 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 (Derbyshire, Calderdale, Kirklees, Manchester, Rochdale and Tameside).

3.2 JSNA and Local Plans

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

3.2.1 Oldham JSNA

The Oldham Council's JSNA main sections are identified below, focussing on broad topics:

- Oldham Profile
- Starting Well
- Living and working well
- Ageing well
- Health Conditions
- People and Places
- 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 Oldham's local plan

Oldham's Local Plan will guide development in the borough up to 2039. The main purposes of the Plan are to:

- Set out the planning policies that the council will use to determine planning applications once the Plan is adopted;
- Identify designations for the protection of the borough's environmental and historical assets, our town centres, employment areas and existing infrastructure;
- Allocate land to meet our future housing and employments needs; and

- Support the development of infrastructure, such as transport, education and utilities.

3.2.3 Oldham's Health and wellbeing strategy 2022-2030

The Oldham ambition is 'People lead longer, healthier, and happier lives, and the gap in health outcomes between different groups and communities in Oldham, and between Oldham and England, is reduced. A demonstrable difference will be made to the average life expectancy and average healthy life expectancy of residents, and inequalities will be reduced.'⁴

The key priorities are as follows:

- Supporting our residents to gain the knowledge and skills to confidently make choices and participate in decisions about their own health.
- Giving children the best start in life.
- Improving mental wellbeing and mental health.
- Reducing smoking.
- Increasing physical activity.

3.3 Focus of the PNA

The key Health and Wellbeing Board priorities stem from the Health and Wellbeing strategy and are as follows:

- **Supporting our residents to gain the knowledge and skills to confidently make choices and participate in decisions about their own health** - empowering them to make positive choices including a common framework for engagement which can be used by all organisations and services.
- **Giving children the best start in life** - lay the foundations for a healthy life by improving health during pregnancy and throughout childhood and adolescence, with a focus on reducing infant mortality.
- **Improving mental wellbeing and mental health** – supporting networks, organisations and services to continue to offer the support and services our residents need.
- **Reducing smoking** – reduce the percentage of Oldham residents smoking, reduce smoking in pregnancy, increase the percentage of adults who have never smoked
- **Increased physical activity** – Oldham will have the same percentage of physically active adults as England as a whole.

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 18 responses to the Oldham public survey. This only represents 0.01% of Oldham's population (aged 16 years and over); we can only take this as a general picture of public opinion. Map 2 below shows the spread of responses to the public survey.

The lack of response to the public survey may indicate that residents in Oldham 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 18, 72% of the responders were female and there was a good mix of age ranges of respondents, with the most responses received from respondents in the age range 25-34 years of age.

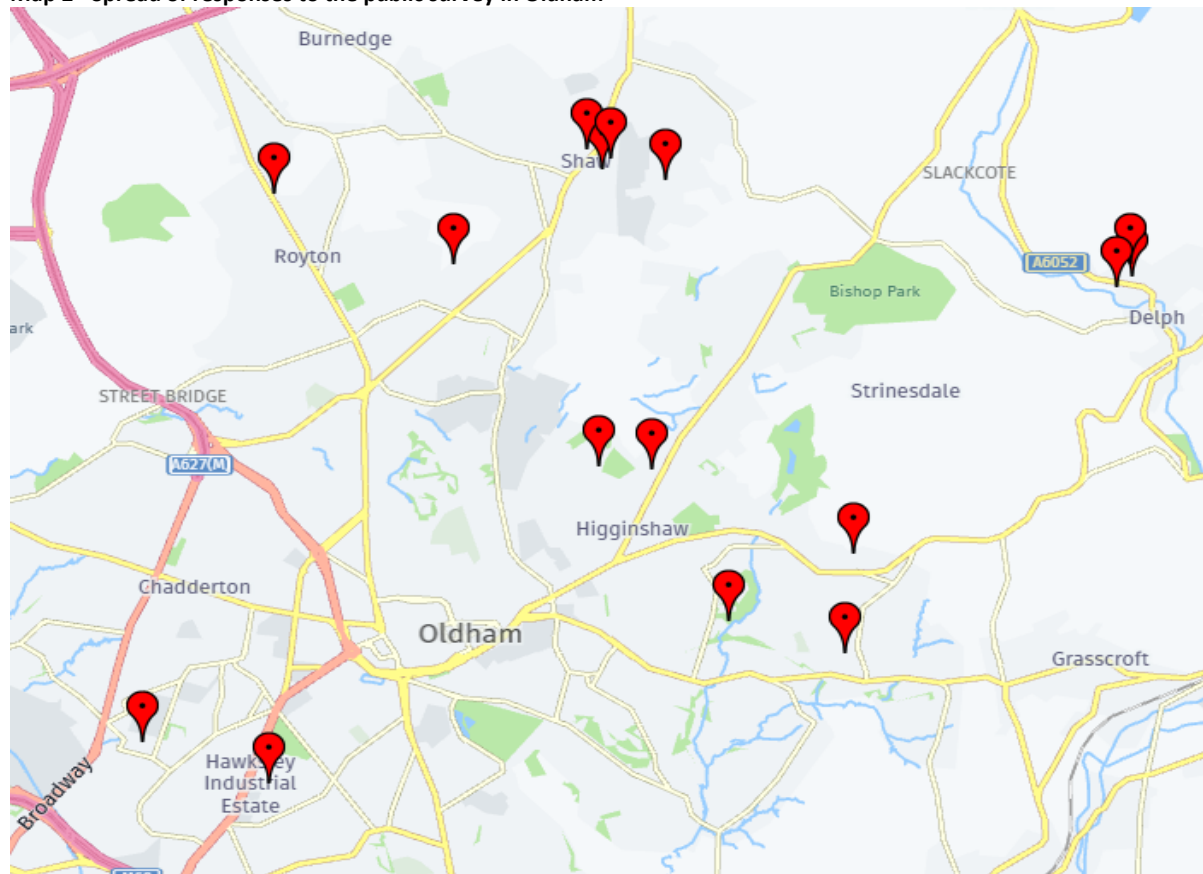
22% of respondents consider themselves to have a disability.

⁴ https://www.jsnaoldham.co.uk/cms-data/depot/profile-depot/HealthAndWellbeingStrategy_Approved210323.pdf

72% of people considered themselves to be 'White British'.

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

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



3.4.1 Choice of Pharmacy

94% of respondents stated they had no difficulties accessing the pharmacy of their choice and 72% used one pharmacy regularly.

From all the respondents two most selected reasons for using one pharmacy regularly was that the pharmacy was near to home or their doctors which 28% of these respondents accessed by walking and 72% 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 89% of the responders and the opening hours do not cause a problem for 67% of respondents. For the 6 respondents who had a problem with the opening times, 5 had an issue with their nominated pharmacy not opening late enough in the evening or 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.

94% of respondents had no difficulty in accessing a pharmacy of their choice and 50% of respondents were able to travel to their chosen pharmacy in 6 to 10 minutes.

3.4.3 Development of Pharmacy Services

89% 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. 67% 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.

78% (14) of respondents were either satisfied or very satisfied with the overall service they receive from their pharmacy/pharmacies overall, 2 being unsatisfied and 1 very unsatisfied.

Respondents were provided with an opportunity to comment on which other pharmacy services they would like their pharmacy to offer. 3 respondents provided an answer to this question, with 2 of these commenting on a desire for an automatic reissue of medications. This indicates a lack of knowledge regarding Repeat dispensing in the Oldham borough, which would potentially address this issue. The other comment received was to request a contraceptive service, which again is already a nationally commissioned service, and again demonstrates a lack of knowledge with respect to services available via pharmacies in the Oldham borough. To address this, a campaign advertising available services via community pharmacy may be appropriate as a next step.

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 57 pharmacies, a 95% response rate, which is a significant increase compared to the previous PNA. This helps to provide a complete picture of pharmaceutical service provision in Oldham and can be used alongside data provided by NHSCB to support decisions for the PNA.

3.5.1 Advanced services

See information contained in section 6.0.

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

Table 1 - Number of pharmacies in Oldham 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)	60	P	Commenced on 31st January 2024. Replaced 2 elements of CPCS.
Flu Vaccination Service	43	P	Annually from Autumn to March.

Pharmacy Contraception Service (PCS)	27	P	Commenced on 24th April 2023, from 1st December 2023, the service expanded to include both initiation and on-going supply of OC. From October 2025 to include supply of EHC.
Hypertension Case-Finding Service	41	P	From 1st October 2021.
New Medicine Service (NMS)	55	P	
Smoking Cessation Service (SCS)	2	P	From 10 th March 2022
Appliance Use Review (AUR)	0	C	Provided by DACs
Stoma Appliance Customisation (SAC)	0	C	Provided by DACs
Lateral Flow Device Service (LFD)	7	P	From 6th November 2023. For eligible patient groups. ⁵

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
Oldham Council	Emergency Hormonal Contraception**	5
Turning Point on behalf of Oldham Council	Supervised Methadone/Buprenorphine Consumption	35
Turning Point on behalf of Oldham Council	Needle Exchange	7
NHS GM ICB	Palliative Care Medicine Stockholding	7*
NHS GM ICB	Minor Ailment Service (MAS)	13
NHS GM ICB	IP Pathfinder – Minor Illness	2
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 NHS Mail)	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.

3.6 Pharmaceutical services- legislation

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:

⁵ <https://cpe.org.uk/national-pharmacy-services/advanced-services/lfd-service/>

- 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. It should be noted, however, for Oldham HWB there is no dispensing doctor list as there are no dispensing doctors within the HWB's area. Oldham does not have any DACs within the borough boundaries either.

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

3.6.1 Pharmaceutical services provided by pharmacy contractors

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

Negotiations on the 2024/25 CPCF, which includes negotiations on the Pharmacy Quality Scheme (PQS), were paused when the 2024 general election was announced and resumed in January 2025. The most recent version the Community Pharmacy Contractual Framework (CPCF) for 2024 to 2025 and 2025 to 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)
 - Flu vaccination Service
 - Lateral Flow device (LFD) service
 - Hypertension case finding service

⁶ <https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2024-to-2025-and-2025-to-2026/community-pharmacy-contractual-framework-2024-to-2025-and-2025-to-2026>

⁷ <https://cpe.org.uk/national-pharmacy-services/>

- 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 Oldham area are:

- COVID-19 vaccination service

The current list of Local enhanced services offered by NHSCB in the Oldham 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 and therefore should not be referred to as enhanced services. For the purposes of this document, they are referred to as locally commissioned services.

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

⁹ <https://cpe.org.uk/quality-and-regulations/clinical-governance/>

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

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

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

Guidance, examples, and templates of locally commissioned can be found on the CPE website.¹⁰

Services commissioned by Oldham Council are:

- Sexual Health Services:
 - Emergency contraception
 - Substance misuse services including:
 - Needle exchange (NX)
 - Supervised Consumption of prescribed medication for dependence (SC)
- Turning Point are commissioned to provide Oldham'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 Stock Scheme –Tier 1: 9 pharmacies; Tier 2: 6 pharmacies
- Antiviral Stock Scheme – 9 pharmacies
- Minor Ailment Service (MAS)
- 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. 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.

¹⁰ <https://cpe.org.uk/lpcs-and-local/locally-commissioned-services/>

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 Seven pharmacies in Oldham 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.

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.

¹¹ <https://cpe.org.uk/wp-content/uploads/2025/03/Briefing-010.25-Funding-Settlement-for-2024-25-and-2025-26.pdf> accessed 14/04/2025

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 Oldham HWB's area can be found on NHS.uk website under NHS Services.¹² From 9th November 2020, under the NHS Terms of Service, contractors must ensure that the profile for their pharmacy is comprehensive and accurate.¹³ Appendix Eight provides details as to the spread of opening times across each district and by ward.

Since the last PNA there has been the closure of 1 distance selling pharmacy, but 3 new distance selling pharmacies have also opened. Pharmaceutical services provision has increased since the last PNA.

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 Oldham area.

3.6.7 Distance selling pharmacies

Whilst the majority of pharmacies provide services on a face-to-face basis, e.g. people attend the pharmacy to ask for a prescription to be dispensed, 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 ten distance selling pharmacies in Oldham, although residents may choose to use such pharmacies that are within or outside of the borough. Although these ten pharmacies can provide a service nationally, dispensing data from ePACT2¹⁴ shows that 79.1% of their items are issued to clients who have an Oldham GP, and that the majority of the remainder are issued to clients who have GPs in the neighbouring ICB's. This indicates that the distance selling pharmacies in Oldham 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 Oldham boundary. This in turn may decrease the demand on the traditional walk-in pharmacies.

¹² <https://www.nhs.uk/nhs-services/>

¹³ CPE

¹⁴ <https://www.nhsbsa.nhs.uk/access-our-data-products/epact2>

Table 3 - Items (>0.1%) issued from Oldham Distance Selling Pharmacies, January 2024-December 2024

Organisation/Locality where the prescription was issued	Number of items	Percentage of total
NHS GREATER MANCHESTER ICB - Oldham	651,945	79.1%
NHS GREATER MANCHESTER ICB - HMR	91,403	11.1%
NHS GREATER MANCHESTER ICB - Manchester	32,441	3.9%
NHS GREATER MANCHESTER ICB - Tameside	13,886	1.7%
NHS GREATER MANCHESTER ICB - Stockport	12,804	1.6%
NHS LANCASHIRE AND SOUTH CUMBRIA ICB - East Lancashire	6,687	0.8%
NHS LANCASHIRE AND SOUTH CUMBRIA ICB - Blackburn with Darwen	3,550	0.4%
NHS CHESHIRE AND MERSEYSIDE ICB - Cheshire and Merseyside	3,171	0.4%
NHS GREATER MANCHESTER ICB - Bury	1,927	0.2%
TURNING POINT	927	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 are no DACs in Oldham therefore its population has appliances dispensed either from DACs outside the Oldham area or from Oldham community pharmacies.

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

- 42 Pharmacies can dispense stoma appliances
- 43 pharmacies can dispense incontinence appliances
- 55 pharmacies can dispense dressings
- 11 pharmacies can dispense other types of appliances

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

3.6.9 Pharmaceutical services provided by doctors

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

3.6.10 Hospital pharmacy

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

3.6.11 Other provision of pharmaceutical services

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

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

The PNA makes no assessment of these services.

3.6.12 Other sources of information

Information was gathered from NHSCB and Oldham Council regarding:

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

The JSNA and Oldham's Local Plan to 2039 provided background information on the health needs of the population.

3.7 Consultation

A statutory consultation exercise was carried out in accordance with the 2013 Regulations. The consultation took place from 21/08/2025 to 20/10/2025 for a period of at least 60 days, in line with regulations. This is based on Section 242 of the NHS Act 2006, which requires HWBs to involve users of services in:

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

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

The number of responses received totalled 4.

- 4 respondents agreed that the draft PNA identified pharmacy needs across Oldham.
- 4 respondents agreed that they did not know of any relevant information that had not been included, which could affect the conclusions and recommendations of the PNA.
- 4 respondents agreed that the draft PNA shows that pharmaceutical provision is satisfactory with no gaps identified.
- 3 respondents gave further comments, which are detailed with replies in appendix 13.

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

4 Context in Oldham

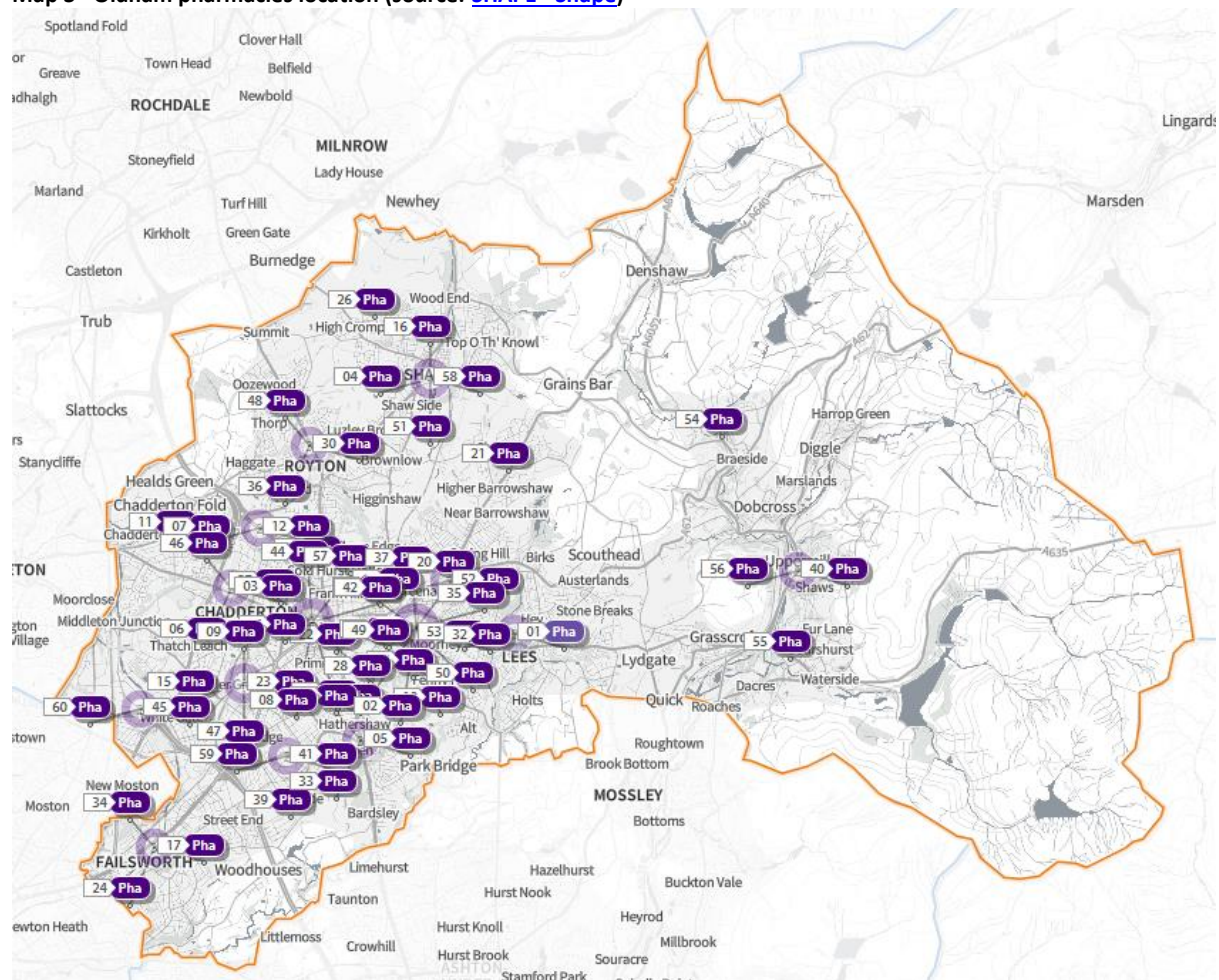
4.1 Overview

Oldham Council is one of ten councils in Greater Manchester, lying to the Northeast of the city of Manchester. The borough is named after its largest town, Oldham, but also includes the outlying towns of Chadderton, Failsworth, Royton and Shaw and Crompton, the village of Lees, and the parish of Saddleworth. It has a population of 246,130 (2023 mid-year estimate) and spans 55 square miles (142 km²).

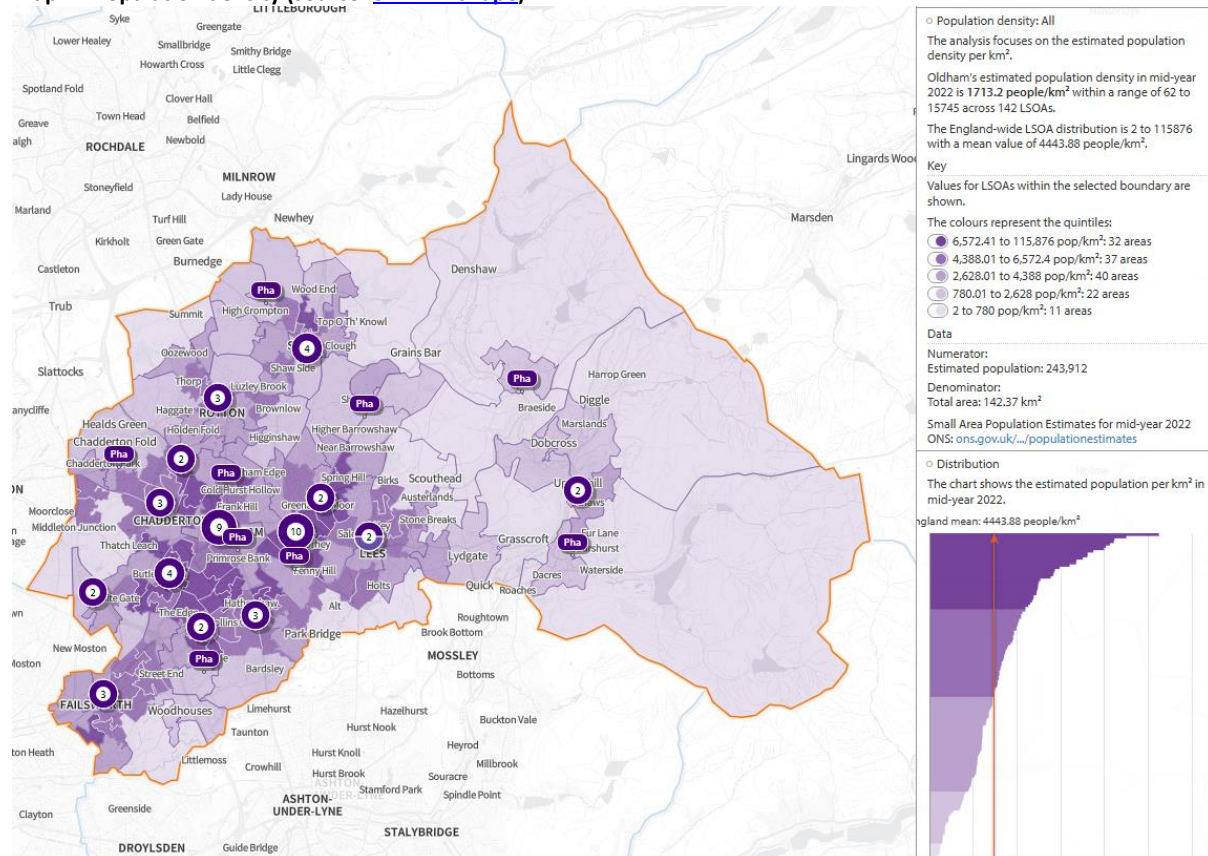
Although some parts are contiguous with the city of Manchester are highly industrialised and densely populated, about two-thirds of the borough is composed of rural open space. The eastern half stretches across the South Pennines.

Map 3 details all community pharmacy premises locations in Oldham 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 Oldham, where there is a clear correlation between pharmacy locations and more densely populated areas.

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



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



4.2 Current and Projected Population in Oldham

Between 2023 and 2033 Oldham will have (ONS 2023 mid-year estimates):

- A projected 5.2% increase in total population.
- A 3.2% increase in those aged under 64.
- A 14% increase in those aged 65-84.
- A 27.8% increase in those aged over 85.

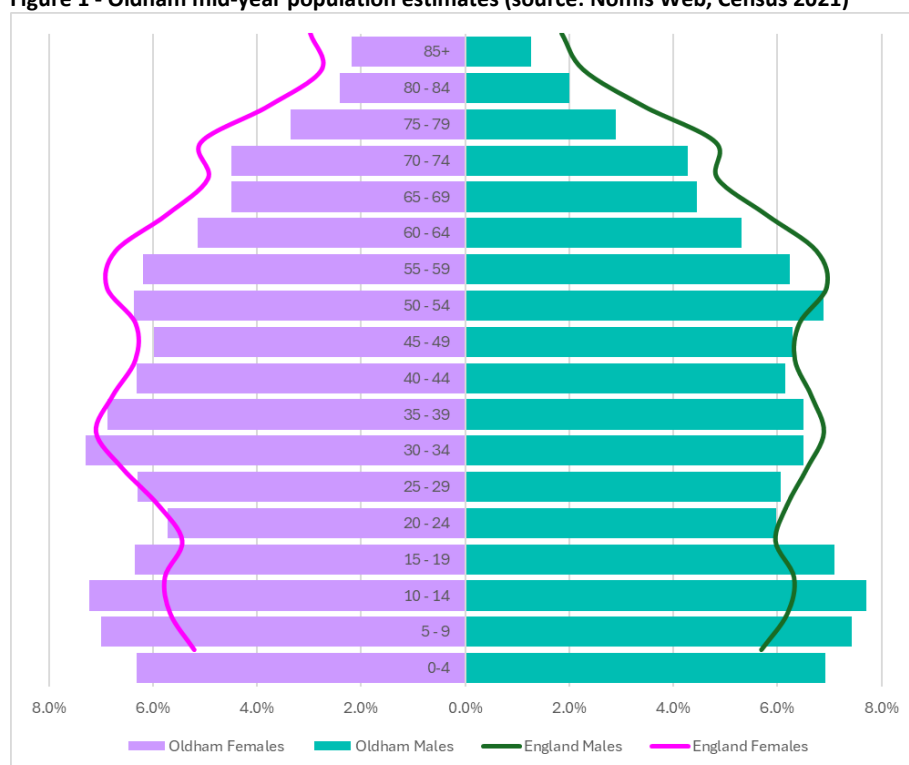
The large increase in those aged over 85 will create a demand for health and social care provision in Oldham.

4.2.1 Current Population in Oldham

Table 4 - Proportion of total population by age group by District (source: Nomis Web, Census 2021)

Age range	North District	East District	Central District	South District	West District	Oldham Total
0-15	17%	20%	30%	23%	24%	23%
16-24	9%	9%	14%	11%	12%	11%
25-64	51%	51%	48%	51%	50%	50%
65-84	21%	17%	7%	13%	13%	14%
85+	2%	2%	1%	2%	2%	2%
Total Population	41,339	57,185	45,319	48,809	49,432	242,084

Figure 1 - Oldham mid-year population estimates (source: Nomis Web, Census 2021)



Central District has a significant younger population with 30% of its population between 0-15 years, (compared to Oldham Borough total of 23%) and 14% of people aged 16- 24 (Oldham 11%), and only 8% of the residents 65 years or over (Oldham 16%).

North District has the largest proportion of adults at the older end of the age spectrum with those aged 65 and over significantly higher than the total borough average; 23% vs. 16%.

East, South and West Districts all have age ranges that are most comparable to the Oldham averages, where East district has a slightly higher population aged 65 or over at 19% compared to a 16% total for oldham.

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

4.2.2 Projected Population

Figure 2 - Population projections and estimates for Oldham (source: [Oldham-in-Profile-2024-JSNA.pdf](#))

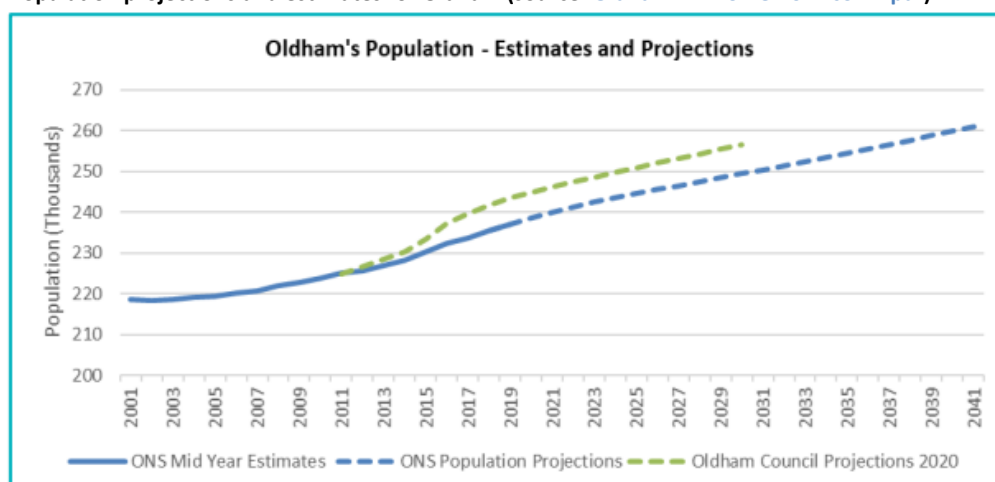


Table 5 - Projected total population by age group (source: [Oldham-in-Profile-2024-JSNA.pdf](#))

Age Band	2021	2026	2031	2036	2041	% Increase 2021 to 2041
0-14	50,320	49,398	48,316	48,770	50,333	0.02%
15-64	150,378	154,040	156,231	157,181	159,597	6%
65+	39,180	42,113	45,863	49,506	51,088	30%
Overall	239,878	245,551	250,410	255,456	261,018	9%

Oldham's total population is projected to increase by 9% from 2021 to 2041 but to understand what the impact of each group is for our commissioned services it is important to look at the underpinning figures.

The youngest age group of 0-14 years is expected to increase by just 0.02%, they will still account for approximately 19% of the total projected population by 2041.

By 2041, the 15-64 age group will increase by 6%, making up 61% of the projected population.

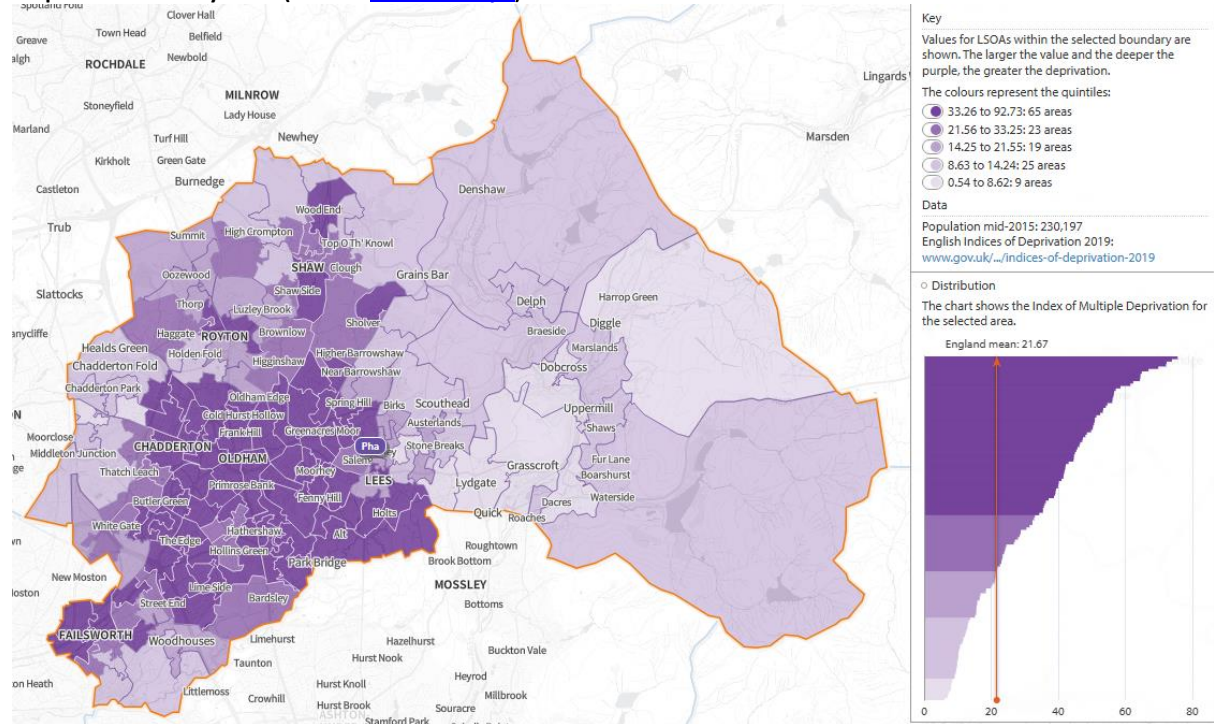
However, the most significant rise in population, both in terms of actual numbers and healthcare services they will require, is in the 65 years and over age group. There will be a projected increase of 30% by 2041, accounting for 19% of the total population of Oldham Borough. This may have a significant impact on the types of service which are required across Oldham Borough, as at this stage of the life, the need for health and social care begins to increase. This growth in older people, some of whom are likely to be living in isolation, will lead to greater levels of need for pharmaceutical services. This growth in the 65 and over age group should be borne in mind when new services are developed in the future.

4.3 Deprivation

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

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 higher deprivation are mostly distributed around the Oldham and Failsworth town centres. This follows the nationally seen pattern of the most deprived areas concentrated in large urban conurbations, areas that have historically had large heavy industry manufacturing and/or mining sectors.

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



Alexandra, Coldhurst, Hollinwood, Medlock Vale, St Mary's, Waterhead and Werneth are the most deprived wards in Oldham and fall within the most deprived 10% of English wards. Saddleworth South is the least deprived ward in Oldham. See table 6 for more details.

Table 6 – Oldham ward by deprivation (10=in the most deprived 10% of English wards)(source: [2019 IMD Ward Briefing](#))

Ward	Overall (IMD)
Alexandra	10
Coldhurst	10
Hollinwood	10
Medlock Vale	10
St Mary's	10
Waterhead	10
Werneth	10
Chadderton South	20
Failsworth West	20
St James'	20
Chadderton Central	30
Chadderton North	30
Failsworth East	30
Shaw	30
Crompton	40
Royton North	40
Royton South	40
Saddleworth West & Lees	50
Saddleworth North	80
Saddleworth South	90

4.4 Life expectancy

The most recent data shows that life expectancy at birth for females has remained the same between 2018-2020 and 2021-2023 at 80.5 years. While life expectancy at birth for males has decreased from 77.2 years in 2018-2020 to 76.6 years in 2021-2023. This has increased the gender gap from 3.3 years in 2018-2020 to 3.9 years in 2021-2023.

Life expectancy at birth varies by ward from the lowest in Alexandra Ward, Central District (71 years Male; 75 years Female) to the highest in Saddleworth South Ward, East District (83.7 years Male; 87.8 years Female) and this variation can be seen in Table 5 below.

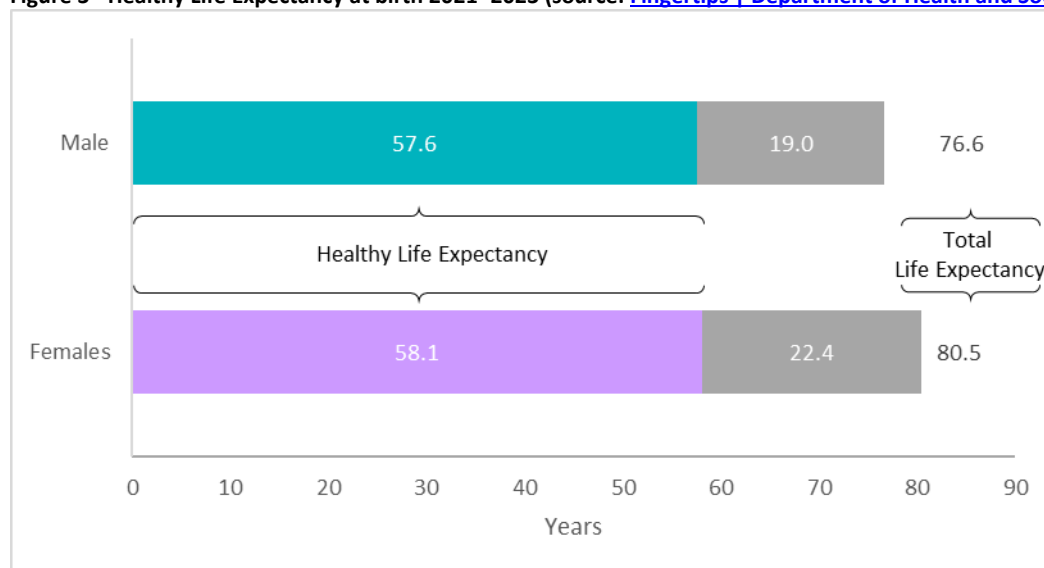
Table 7 - Life expectancy at birth by ward (2016 to 2020) (Source: [Fingertips | Department of Health and Social Care](#))

District	Ward	Male	Female
Central	Alexandra	71.0	75.0
Central	Coldhurst	74.1	77.3
Central	St Mary's	74.7	78.1
East	Saddleworth North	80.3	85.1
East	Saddleworth South	83.7	87.8
East	Saddleworth West and Lees	78.6	81.7
East	St James'	75.1	77.8
East	Waterhead	76.5	80.8
North	Crompton	78.5	83.0
North	Royton North	79.8	81.7
North	Royton South	79.4	80.6
North	Shaw	75.6	80.0
South	Failsworth East	78.4	81.6
South	Failsworth West	78.0	79.8
South	Hollinwood	75.8	81.1
South	Medlock Vale	76.0	79.1
West	Chadderton Central	77.1	78.6
West	Chadderton North	78.1	83.4
West	Chadderton South	78.5	81.9
West	Werneth	74.1	79.0

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](#))



Females and males in Oldham can expect to live 3.8 years and 3.9 years less, in good health respectively, compared to the England average for 2021-2023.

Males and females in Oldham can expect to live 19.0 years and 22.4 years of their expected life in relatively poor health. All the 65 or older age groups can expect to live in relatively poor health, highlighting another area for focussed service provision to support the health and wellbeing of this group.

4.5 Population characteristics health needs

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

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

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

4.5.1 Age

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

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

4.5.1.1 Children

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

The child population (0 to 14 years) of Oldham is predicted to increase by 0.02% from 2021 to 2041 (ONS Sub-National population projections). However, key themes in the Oldham Locality Plans focus on early years of life to intervene before ill health occurs.

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

Key goals for giving children the best start in life in the Oldham health and wellbeing strategy are:

- Implementing a targeted action plan to reduce infant mortality across the borough.
- Providing family-focused, coordinated support in our communities to all families, and additional targeted support for those who need it.
- Improving communication about what is needed to have a healthy pregnancy, from pre-conception until birth 8.
- Normalising breastfeeding, encouraging more women to start, and supporting women to continue.
- Increasing the proportion of children who start school ready to learn.
- Becoming a UNICEF UK Baby Friendly borough.
- Reducing teenage conception.

4.5.1.2 Older people

There are around 38,733 people aged 65 and over living in Oldham, equivalent to 16% of the population (ONS 2021) and this varies between the five districts in Oldham see Table 2 for further detail.

The greatest rate of increase in population numbers will be seen in those people aged 65 and over. In Oldham there is predicted to be a 30% increase by 2044.

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

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

Independence is or could be supported by offering:

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

4.5.2 Sex

In Oldham, the life expectancy from birth is lower than the England averages. For men it is 76.3 years compared to the England average of 78.9 and for women it is 80.1 compared to the England average of 82.8.¹⁵ The gap in life expectancy between females and males is 1.2 years for 2020 -2022. Gender inequality is reported to exist in many aspects of society and refers to lasting and embedded patterns of advantage and disadvantage. About health and health and social care, men and women can be subject to differences in:

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

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

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

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

4.5.3 Long term health problems and disability

Most people suffer periods of ill health at some time, but these are usually temporary problems that do not have a sustained effect on day-to-day activities, such as going to work or socialising with friends and family. However, some health problems and disabilities are more serious because they are long-lasting and reduce a person's ability to carry out these activities. People in some parts of Oldham are more likely to report that their day-to-day activities are limited due to a long-term health problem or disability than others. Table 8 details the breakdown by ward, where Alexandra reports the highest proportion people where day to day activities are affected (19.6%). Werneth reports the lowest number of people where day-to-day activities are affected (15%).

¹⁵ <https://www.jsnaoldham.co.uk/profile/#section4> accessed 27/03/2025

Table 8 -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
Alexandra	10.2%	9.4%	3.7%	76.7%
Chadderton Central	8.8%	9.9%	5.9%	75.4%
Chadderton North	7.3%	9.0%	5.7%	78.0%
Chadderton South	9.4%	10.4%	6.1%	74.1%
Coldhurst	8.6%	7.9%	3.4%	80.0%
Crompton	8.7%	11.2%	7.6%	72.4%
Failsworth East	9.2%	10.5%	6.4%	73.9%
Failsworth West	9.5%	10.1%	6.2%	74.2%
Hollinwood	10.8%	11.2%	5.3%	72.8%
Medlock Vale	8.5%	9.0%	4.1%	78.4%
Royton North	8.1%	11.0%	7.1%	73.8%
Royton South	8.6%	10.5%	7.0%	73.9%
Saddleworth North	6.4%	9.6%	8.3%	75.7%
Saddleworth South	5.9%	10.0%	8.8%	75.2%
Saddleworth West and Lees	7.6%	11.0%	7.7%	73.7%
Shaw	10.0%	12.0%	6.8%	71.2%
St James'	9.0%	10.0%	6.1%	74.9%
St Mary's	8.4%	7.6%	3.3%	80.8%
Waterhead	8.6%	9.1%	5.0%	77.2%
Werneth	7.6%	7.4%	2.9%	82.2%

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

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

4.5.4 Race, ethnicity, and language

The Key points identified from the Oldham ethnicity overview¹⁶:

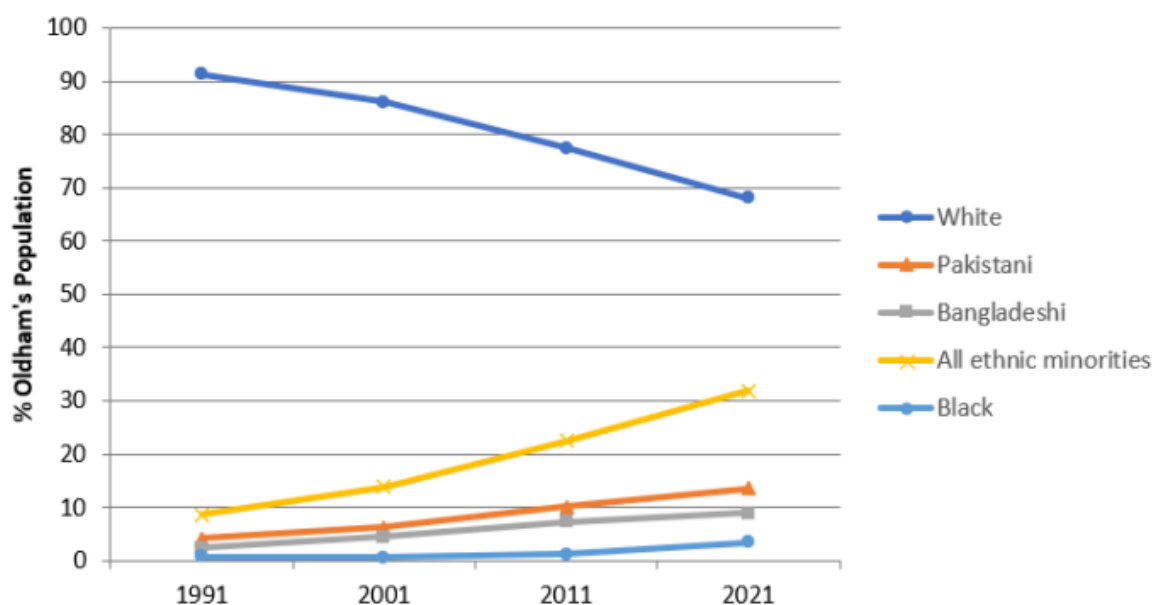
- Since 2011 Oldham's population has grown by 7.6% to 242,087 and has become more diverse.
- The increase in Oldham's population is a result of the growth in ethnic minority groups, primarily the Pakistani, Bangladeshi and black communities. This population has grown from 50,571 in 2011 to 77,190 in 2021, which represents a growth of 52.6%.
- The only ethnic group that has reduced in size is the White population. This has fallen from 174,326 to 164,897 which is a decrease of 5.4%. This decrease is a natural decline in the

¹⁶ https://www.jsnaoldham.co.uk/cms-data/depot/profile-depot/Census_2021_First_Ethnicity_Report_v101.pdf accessed 07/04/2025

population resulting from an older age profile for the White British population alongside a lower birth rate.

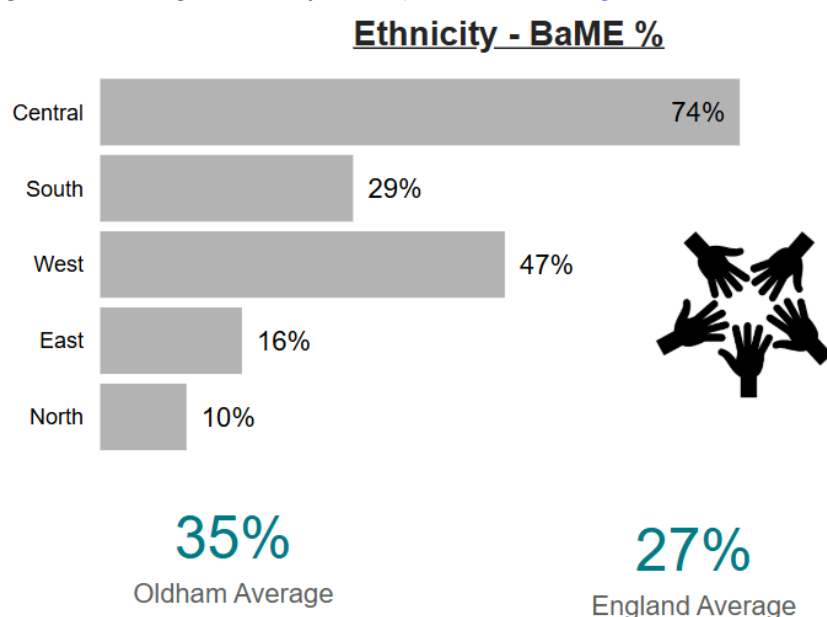
- Oldham's Pakistani and Bangladeshi populations now make up 22.5% of the total population up from 17.4% in 2011. The growth in these populations has been driven by a younger age profile, higher birth rates and migration.
- Oldham's black population now makes up 3.4% of the total population up from 1.2% in 2011. The growth in the size of the black population is primarily driven by migration from Africa, particularly from Nigeria.

Figure 4 - Oldham population by ethnic group (Source: [Census 2021: First Outputs Briefing](#))



The Central district has the largest percentage of BME population (74%) which is significantly greater than the Oldham (35%) and England (27%) averages. North district has the lowest proportion (10%) which is significantly lower than the Oldham and England averages. (See figure 5 for more details)

Figure 5 - Percentage of BaME by District (source: [Joint Strategic Needs Assessment | People and places](#))



BaME refers to Non White British residents.

The percentage of people that cannot speak English well or not at all in Oldham is 3.8%; higher than the national average (1.9%) according to ONS data from the census in 2021. Those residents will need support accessing services. Table 9 below shows the variation across Oldham wards, which are higher than the national average for those residents that cannot speak English well or at all.

Table 9 - Percentage of population who cannot speak English well or at all, by wards with a greater than England average (source: Nomis web, Census 2021)

District	Ward	% of population who cannot speak English well or at all
Central	Coldhurst	13.0%
Central	St Mary's	9.9%
West	Werneth	9.9%
Central	Alexandra	6.3%
South	Medlock Vale	5.9%
East	Waterhead	5.1%
West	Chadderton North	3.5%
West	Chadderton Central	2.1%
Oldham		3.8%
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.¹⁷ 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.¹⁸ Community pharmacies are well-placed to provide easy access to healthcare advice and services, often within the communities themselves.

4.5.5 Religion and belief

Oldham has long embraced the breadth and diversity of its population and celebrates the values that bring people of different backgrounds together. The religious beliefs, and non-belief, of Oldham's population continues to diversify. However, the borough has experienced an overall reduction in the proportion of its population that holds a religious belief.

The 2021 Census showed that Christianity is the majority religious belief group (44.9% - falling from 59.4% in 2011). Muslims were the second largest religious group with 24.4%, increased from 17.7% in 2011. In Oldham 25.0% of people stated they had no religion, compared with 36.7% of people in England.

¹⁷ <https://patient.info/doctor/diseases-and-different-ethnic-groups> accessed 27/03/2025

¹⁸ <https://patient.info/doctor/diseases-and-different-ethnic-groups> accessed 27/03/2025

Table 10 - Percentage of religious belief groups in Oldham and England, Census 2011 and Census 2021

Religion	2011		2021	
	Oldham	England	Oldham	England
Christian	59.7%	59.4%	44.9%	46.3%
Buddhist	0.2%	0.5%	0.2%	0.5%
Hindu	0.5%	1.5%	0.5%	1.8%
Jewish	0.0%	0.5%	0.1%	0.5%
Muslim	17.7%	5.0%	24.4%	6.7%
Sikh	0.0%	0.8%	0.1%	0.9%
Other religion	0.2%	0.4%	0.2%	0.6%
No religion	16.1%	24.7%	25.0%	36.7%
Religion not stated	5.6%	7.2%	4.7%	6.0%

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

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

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

4.5.6 Marriage and civil partnership

According to the 2021 Census in Oldham 44.7% of people are married or in a registered civil partnership, 37.9% of people are never married or registered a civil partnership, 2.6 % of people are separated, 8.4 % of people are divorced or civil partnership dissolved, 6.3% are widowed.

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

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

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

4.5.7 Pregnancy and maternity

The number of live births in Oldham dropped to 2,987 in 2023, the lowest over the 5 year reporting period as shown in table 11. The crude birth rate also dropped to 12.1 during this period. This is despite the number of females of childbearing age (15 -44 years) rising to 49,200.

Table 11 - Live births for Oldham 2019 to 2023 (source: Nomis web)

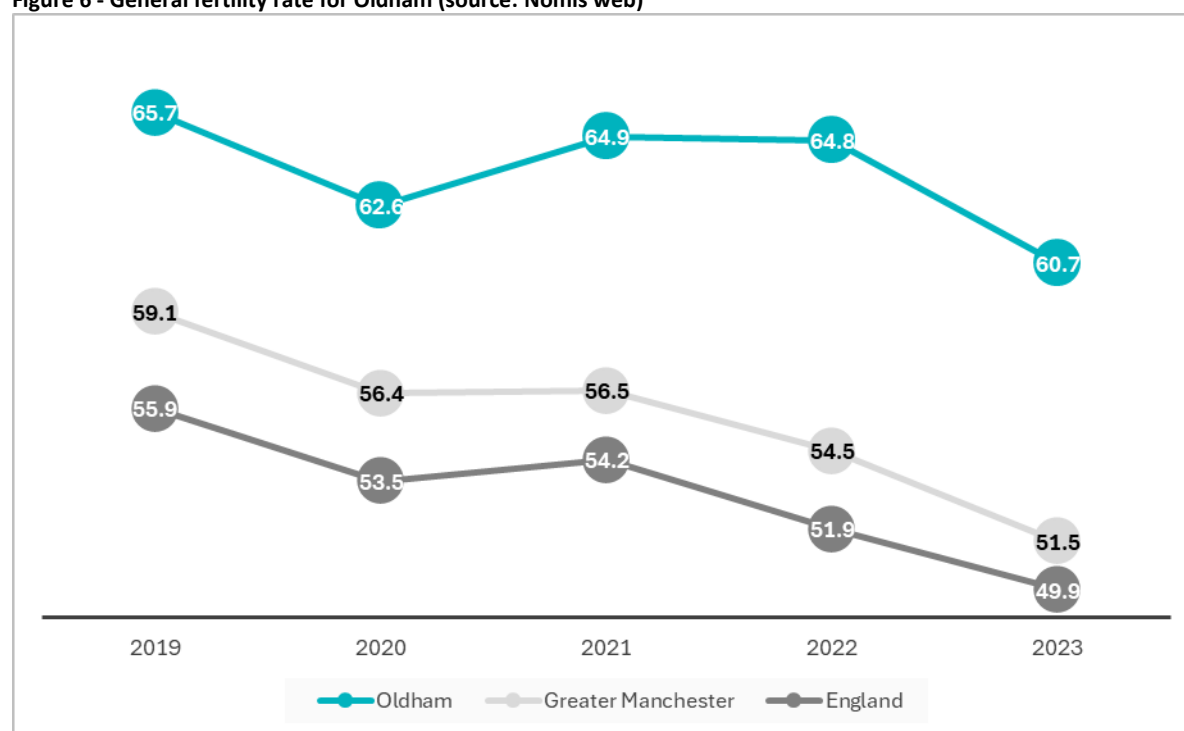
Year	Total population (thousands)	Female population (thousands)	Female population aged 15-44 years (thousands)	Total live births	Crude live birth rate	General Fertility Rate (GFR)
2019	242.1	123.8	47.8	3,138	13.0	65.7
2020	242.2	123.9	48.0	3,004	12.4	62.6
2021	242.0	123.8	48.2	3,127	12.9	64.9
2022	244.0	124.6	48.7	3,158	12.9	64.8
2023	246.1	125.5	49.2	2,987	12.1	60.7

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

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

The general fertility rate (GFR) in Oldham is higher than that for England and Greater Manchester but Oldham has a decreasing general fertility rate (GFR)¹⁹. This is consistent with that of England and Greater Manchester.

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



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

4.5.8 Sexual orientation

Results from the 2021 census found that 169,261 residents over 16 identified as straight or heterosexual, 2,153 people described themselves as gay or lesbian, 1,541 people identified as bisexual and all other sexual orientations accounted for 489 people.

¹⁹ 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.

The key findings of research by LGBTQ+ charity Stonewall.org.uk²⁰ 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.

4.5.9 Gender reassignment

The 2021 Census found that 93% of Oldham residents identify with the same sex registered at birth. From the remaining population 6% didn't answer the question, 736 people (0.3%) identified with a different sex from that registered at birth (but gave no specific identity), 233 identified as trans women (0.1%), 249 identified as trans men (0.1%) and 84 people identified as other gender identity (0.04%). A 2018 Stonewall report²¹ based on over 800 trans and non-binary people revealed the experiences of transgender individuals in the healthcare environment:

- When accessing general healthcare services in the last year, two in five trans people (41%) said healthcare staff lacked understanding of trans health needs.
- Three in five trans people (62 per cent) who have undergone, or are currently undergoing, medical intervention for their transition are unsatisfied with the time it took to get an appointment. Three in ten (28 per cent) are unsatisfied with the cost related to this intervention.
- More than one in ten trans people (11%) have gone abroad for medical treatment to alter their physical appearance, including buying hormones over the internet from other countries, with many citing the barriers they currently face in accessing medical treatment in the UK. A further 17 per cent of trans people are considering doing this.
- One in ten trans people (10 per cent) don't want any form of medical intervention – this includes 16 per cent of non-binary people who identify as trans, 10 per cent of trans men and

²⁰ [LGBT in Britain - Health \(2018\)](#)

²¹ https://files.stonewall.org.uk/production/files/lgbt_in_britain_-_trans_report_final.pdf?dm=1724230505
accessed 28/02/2025

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 Oldham

The key Health and Wellbeing Board priorities stem from the Health and Wellbeing strategy and are as follows:

- **Supporting our residents to gain the knowledge and skills to confidently make choices and participate in decisions about their own health** - empowering them to make positive choices including a common framework for engagement which can be used by all organisations and services.
- **Giving children the best start in life** - lay the foundations for a healthy life by improving health during pregnancy and throughout childhood and adolescence, with a focus on reducing infant mortality.
- **Improving mental wellbeing and mental health** – supporting networks, organisations and services to continue to offer the support and services our residents need.
- **Reducing smoking** – reduce the percentage of Oldham residents smoking, reduce smoking in pregnancy, increase the percentage of adults who have never smoked
- **Increased physical activity** – Oldham will have the same percentage of physically active adults as England as a whole.

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 Oldham's health priorities can be found on the CPE website.²² 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 Infant Mortality

Oldham's infant mortality rate has been above Greater Manchester, regional and national averages for more than 20 years. Latest data for 2019-21 reveals that Oldham has the second highest rate in England at 7.2 per 1,000 live births. Stoke-on-Trent is the only Local Authority with a higher rate at 7.5 per 1,000. Whilst improvements in rate have been seen across Greater Manchester (-16%), the Northwest (-23%) and England (-28%) over the period shown in figure 7, Oldham has not experienced this trend, with rates similar in 2001-03 to 2019-21.²³

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

²³ <https://www.jsnaoldham.co.uk/starting/infant-mortality/> accessed 03/04/2025

Figure 7 - Infant mortality trend (source: [Joint Strategic Needs Assessment | Starting well](#))

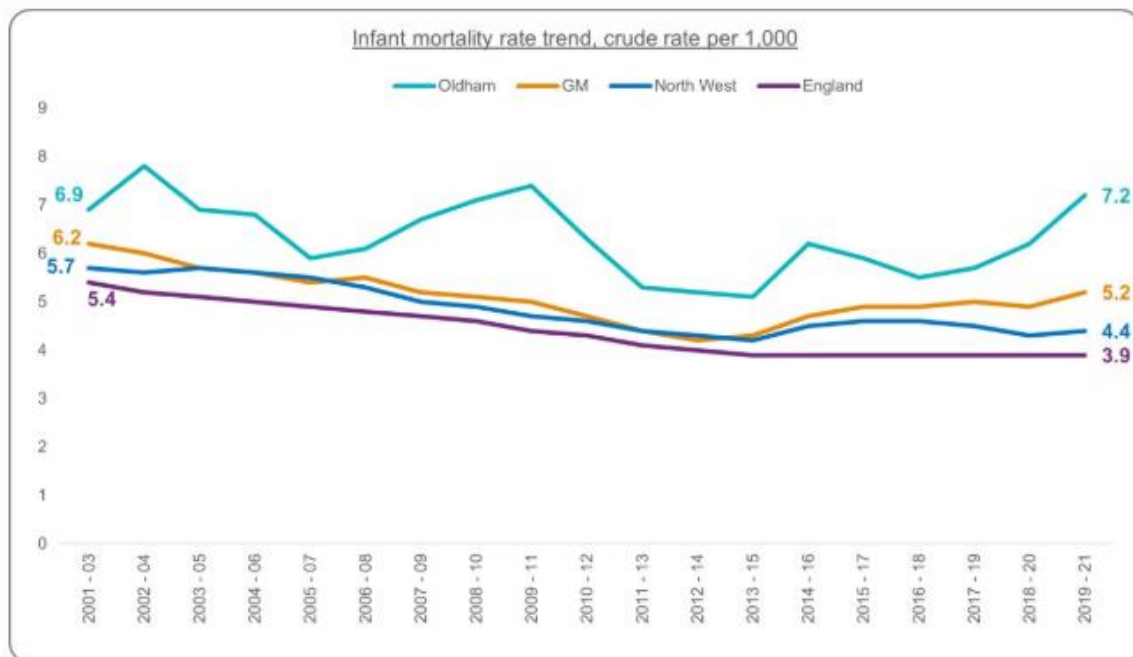
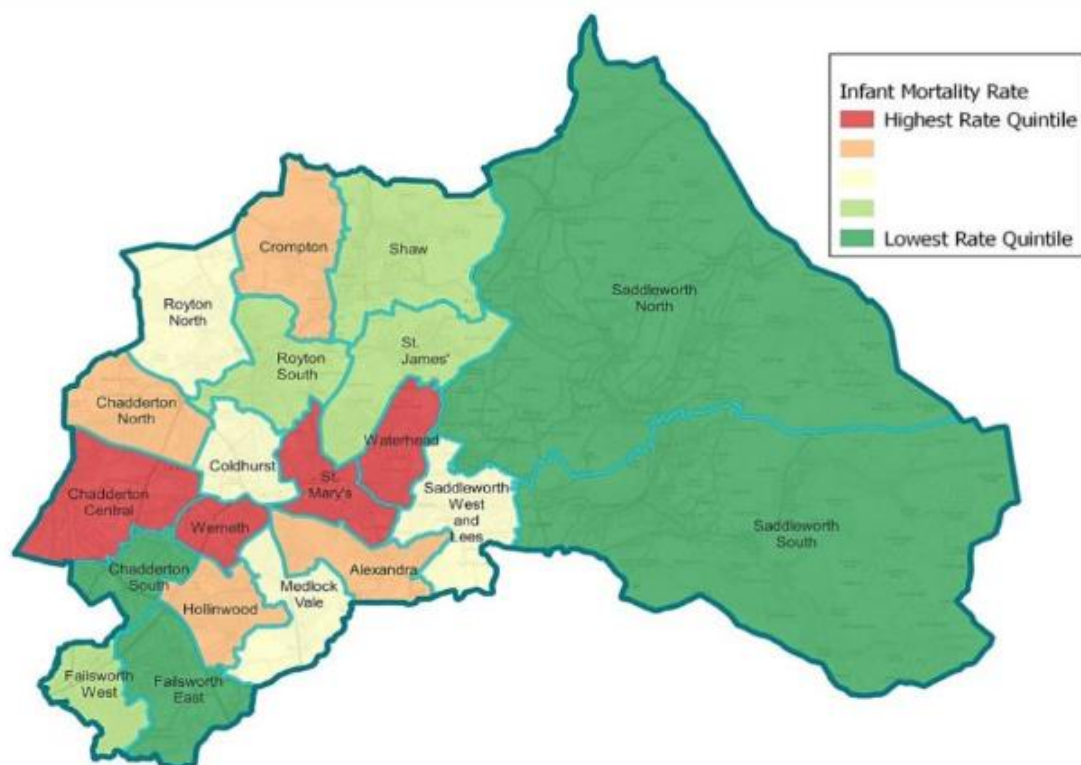


Figure 8 demonstrates the inequality within Oldham for infant mortality. The data is displayed over a ten year period and by quintile. Rates are highest in Waterhead (8.2 per 1,000 live births), Werneth (8.1), Chadderton Central (8.0) and St Mary's (7.7) indicating these are the areas of highest need. Oldham's overall average for this period is 5.8 (per 1,000 live births).²⁴

Figure 8 - Infant mortality by ward (source: [Joint Strategic Needs Assessment | Starting well](#))



²⁴ <https://www.jsnaoldham.co.uk/starting/infant-mortality/> accessed 03/04/2025

How can pharmacy contractors help?

Community pharmacies are well placed within local communities to promote and support healthy lifestyles, including early years development. 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 Oldham.
- Public health (promotion of healthy lifestyles) – Support the mandatory health campaigns that may include elements of early years development.
- Dispensing – staff can provide brief advice and interventions for healthy lifestyles when handing over medications to patients.

Pharmacy campaigns could be targeted in those areas with the greatest inequality.

5.2 Immunisations and vaccinations

Figure 9 - Childhood vaccinations and immunisations uptake in Oldham (source: [Joint Strategic Needs Assessment | Starting well](#))

Childhood Vaccinations & Immunisations

MMR Vaccinations

- **85.2%** of 2 year olds have had the one dose vaccination which is higher than the England average of **89.3%** (2022/23).

Source: Cover of Vaccination Evaluated Rapidly (COVER) data collected by UK Health Security Agency (UKHSA)

HPV Vaccinations

- **68.7%** of 12-13 year old females received the HPV vaccine (one dose) compared to **71.3%** for England in 2022/23. The impact of Covid-19 appears caused the HPV vaccine uptake to drop in 2021/22 however uptake has started to increase again in 2022/23.

Source: UK Health Security Agency

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 Oldham.
- 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.

43 Pharmacies in the Oldham Borough provided an Influenza (Flu) vaccinations advanced service this flu season, which includes vaccination for pregnant women aged 18 or over. Flu vaccinations help protect the most vulnerable from the flu virus, promoting a healthy pregnancy and start to life for women children during this period.

5.3 Healthy weight and physical activity

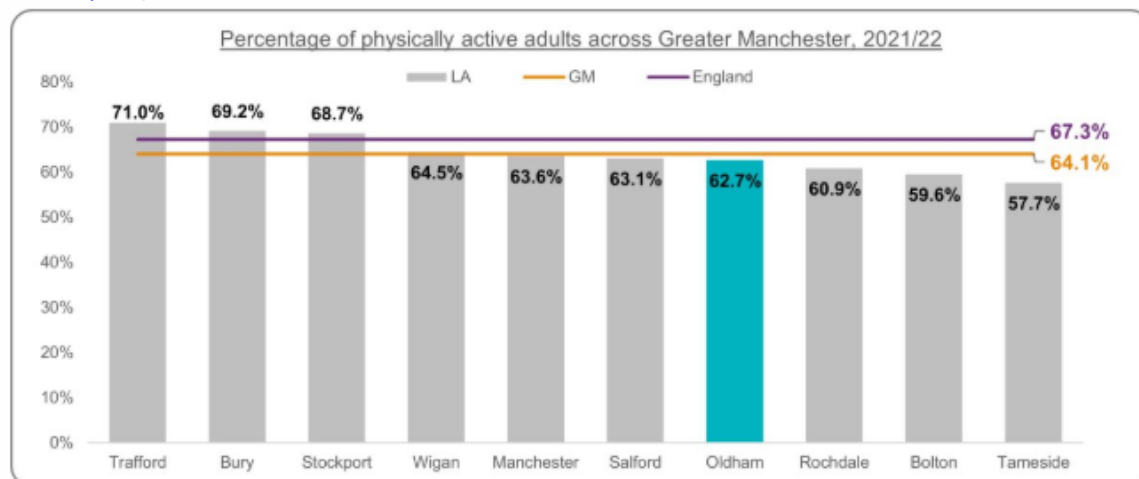
In Oldham, 31.9% of adults are classified as obese. This is higher than the Greater Manchester average (27.1%), the Northwest rate (27.5%), the England rate (25.9%). Oldham's rate of obesity is highest across Greater Manchester and average amongst its CIPFA neighbours.²⁵

Figure 10 - Percentage of adults (aged 18+) classified as obese across Greater Manchester (source: [Joint Strategic Needs Assessment | Data and reports](#))



Oldham's latest data reveals a lower percentage of physically active adults (62.7%) compared to the Northwest (65.2%) and England (67.3%). Oldham's rate has been below regional and national averages since 2015/16. In 2021/22, Oldham ranked averagely against comparators. Oldham had the 4th lowest rate across Greater Manchester and 7th highest amongst CIPFA neighbours.²⁶

Figure 11 - Percentage of physically active adults across Greater Manchester (source: [Joint Strategic Needs Assessment | Data and reports](#))



How can pharmacy contractors help?

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

- Being a healthy living pharmacy.

²⁵ <https://www.jsnaoldham.co.uk/living-working-well/living-obesity/> accessed 03/04/2025

²⁶ <https://www.jsnaoldham.co.uk/living-working-well/living-physical-activity/> accessed 03/04/2025

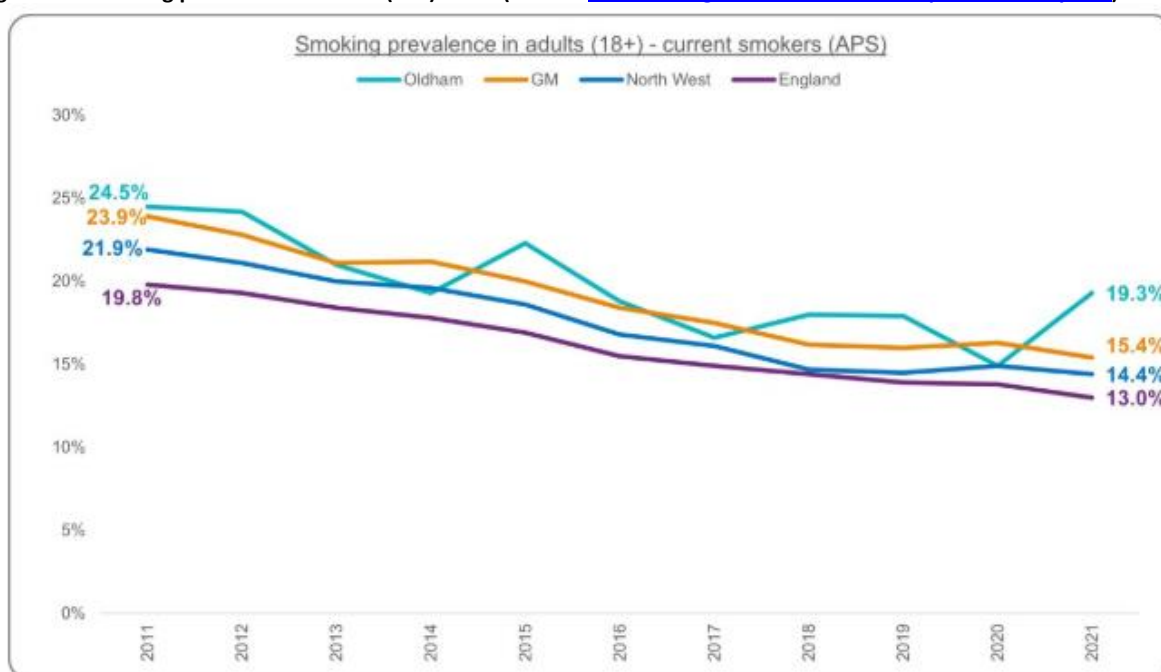
- Signposting – Staff can signpost patients to local initiatives or services in Oldham.
- Public health (promotion of healthy lifestyles) – Support the mandatory health campaigns that may include elements of weight management and physical activity.
- Dispensing – staff can provide brief advice and interventions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

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

5.4 Smoking

Oldham has the highest smoking prevalence across Greater Manchester and second highest across the Northwest. Nationally, the Local Authority with the highest percentage of smokers has a rate of 22% and the lowest rate is 6.6%, compared to Oldham's rate of 19.3%.

Figure 12 - Smoking prevalence in adults (18+) trend (source: [Joint Strategic Needs Assessment | Data and reports](#))



How can pharmacy contractors help?

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

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

There is also a nationally commissioned advanced service for smoking cessation, which is offered by 2 pharmacies in Oldham.

5.5 Mental health

Oldham's rate of 56.7 per 100,000 for hospital admissions for under 18s is lower than the regional average of 100.2 per 100,000 and the national average of 99.8 per 100,000. Oldham's rate was previously higher than the England rate and has experienced a decrease of 47.7% compared to 2015/16. During the same period the Northwest rate has decreased by only 9.7% and the England rate has seen an increase of 16.7%. Oldham's rate is second lowest across Greater Manchester.²⁷

Figure 13 - Hospital admissions for mental health conditions <18 years trend (source: [Joint Strategic Needs Assessment | Starting well](#))

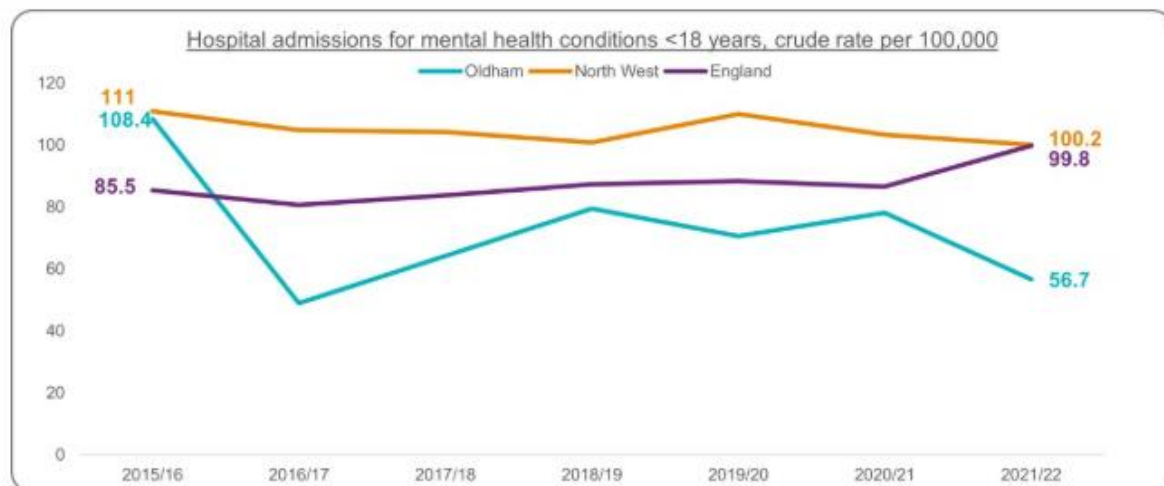


Figure 14 - Mental health overview for adults in Oldham (source: [Joint Strategic Needs Assessment | Data and reports](#))

Mental health

- In Oldham, **15.0%** of residents aged 18+ are recorded as having depression. This is higher than the England average of **13.2%** (2022/23).
- Oldham has a similar suicide rate compared to the national average. The latest data shows in Oldham the suicide rate was **8.3** per 100,000 compared to the national rate at **10.3** per 100,000 (2020-22).

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 Oldham.
- 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.

55 pharmacies in Oldham actively provide the New Medicine Service, which includes treatments for depression. Through identifying patients with this mental health condition and delivering this service

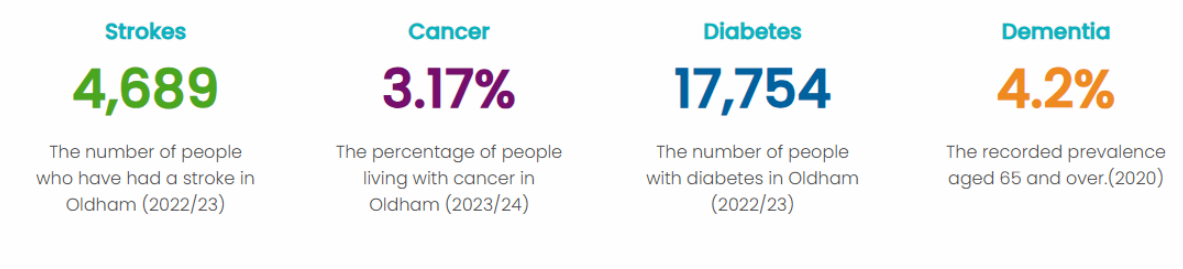
²⁷ <https://www.jsnaoldham.co.uk/starting/child-mental-health/> accessed 03/04/2025

pharmacists can help to improve adherence to treatments for these conditions, improving long term outcomes for patients with mental health conditions.

5.6 Long-Term Conditions (LTCs)

Figure 15 - Overview of health conditions in Oldham (source: [Joint Strategic Needs Assessment | Health conditions](#))

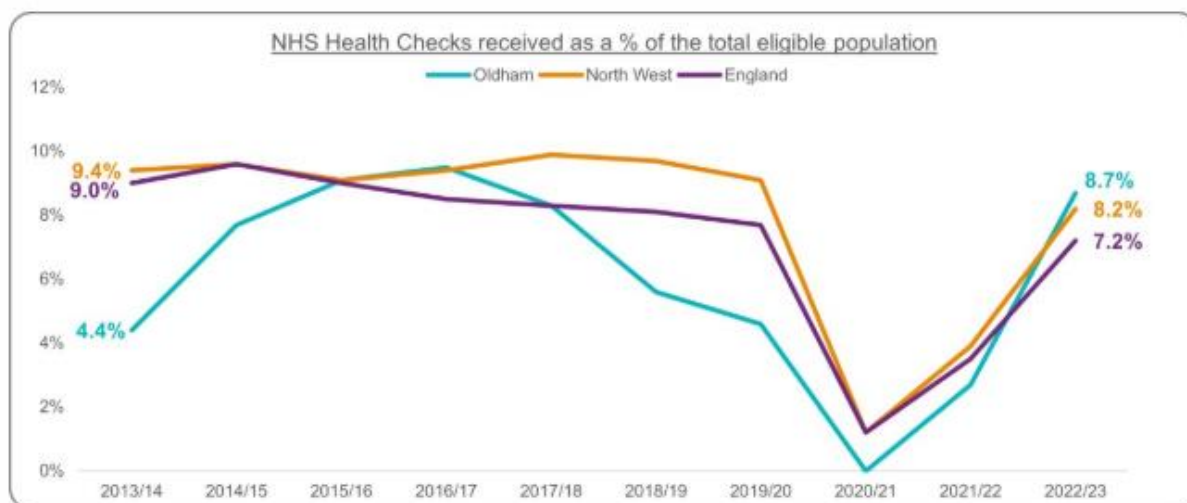
Health conditions



The NHS Health check²⁸ is a health check-up for adults in England aged 40 to 74. It's designed to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes or dementia. As we get older, we have a higher risk of developing one of these conditions. An NHS Health Check helps find ways to lower this risk.

In the most recent complete year (2022/23), Oldham GPs delivered 5,483 NHS Health Checks to eligible patients. This represents 8.7% of the eligible population, higher than the Northwest average of 8.2%, the Greater Manchester average of 8.5% and the national average of 7.2%. Oldham is 5th highest across Greater Manchester and 5th highest amongst CIPFA neighbours.²⁹

Figure 16 - NHS Health Check uptake in Oldham (source: [Joint Strategic Needs Assessment | Data and reports](#))



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 long-term conditions:

- Being a healthy living pharmacy.

²⁸ <https://www.nhs.uk/conditions/nhs-health-check/> accessed 03/04/2025

²⁹ <https://www.jsnaoldham.co.uk/living-working-well/living-health-checks/> accessed 03/04/2025

- Signposting – Staff can signpost patients to local initiatives or services in Oldham.
- Public health (promotion of healthy lifestyles) – Support the mandatory health campaigns that may include elements relating to long-term conditions.
- Dispensing – staff can provide brief advice and interventions for long-term conditions.

55 pharmacies in Oldham actively provide the New Medicine Service, which includes several long-term conditions. 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 these patients.

Pharmacy services also identify and manage risk factors for CVD, such as obesity and smoking, and help to support the prevention of long-term conditions.

6 Current Provision of Pharmaceutical Services in Oldham

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 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 Oldham 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.

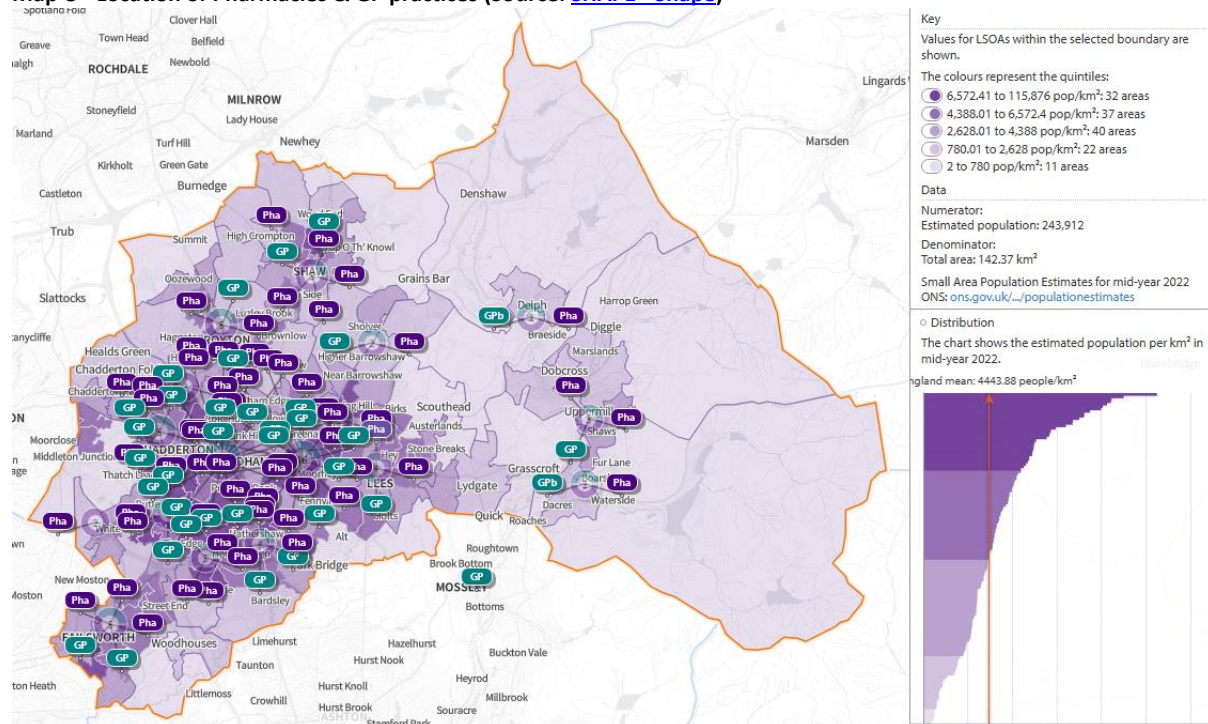
6.1 Necessary services - current provision with-in the HWB's area

There are 60 pharmacies included in the pharmaceutical list for the area of the HWB. This is made up of 43 with a standard 40-hour contract, seven with a 100-hour contract (opening hours may vary due to new regulations as described in section 3.6.4.) and ten listed as distance selling. There are no DACs, dispensing GP practices, and no LPS pharmacies in Oldham.

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

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

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



The number of pharmacies available per 100,000 population in 2024/25 is 24 and has remained constant since 2021/22 (table 12). Also, the number of pharmacies per 100,000 is higher than both GM and England averages (table 14). Based on historical pharmacy use this would indicate that the current number of pharmacies are sufficient for the current population.

Table 12 - Oldham 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	59	431	234	25
2021/22	58	443	238	24
2024/25	60	475	246	24

**This table includes distance selling pharmacies but excludes DACS. The number of distance selling pharmacies in 2024/25 is 10.*

From January 2024 until December 2024 approximately 20% of items dispensed by Oldham pharmacies were prescribed by providers who were not Oldham registered practices (see Table 13). Oldham pharmacies dispense items for patients that are registered with GM GPs across the Oldham border.

Table 13 - Items dispensed by Oldham pharmacies for each ICB locality in Greater Manchester between January 2024 to December 2024 (source: EPACT2)

Registered	Total items dispensed by Oldham pharmacies	Percentage of items dispensed by Oldham pharmacies
Bolton	443	0.01%
Bury	2,015	0.04%
HMR	112,270	2.00%
Manchester	122,117	2.17%
Oldham	4,512,157	80.30%
Salford	2,096	0.04%
Stockport	3,003	0.05%
Tameside	43,265	0.77%
Trafford	488	0.01%
Wigan	420	0.01%
Other GM	15,123	0.27%
Distance	805,686	14.34%
Total	5,619,083	100.00%

**This table includes distance selling pharmacies.*

In 2024/25, Oldham's average prescription items per month per pharmacy was 7,919. This is less than the Greater Manchester and England averages. Using Table 14 below we calculated the number of dispensed items per head of population for Oldham was 1.9 in line with the Greater Manchester average, but above the average in England of 1.6 items per head.

The average items per month in Oldham (7,919) are lower than both GM (8,840) and England (9,118) average. The ability of each premises to cope with prescription dispensing demand is dependent upon a range of factors e.g. staffing levels, available space, use of robotics. As the aging population grows demand is likely to increase and pharmacy will need to consider how it prepares for this. Also, with the average items per month dispensed in Oldham Pharmacies being lower than GM and England figures, this also indicates that the current number of pharmacies can cope with demand for prescription dispensing.

Table 14 - Number of pharmacies and items dispensed per month nationally and locally for 2024/25 (April 2024 – December 2025) (source: 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
Oldham	60	475	246	24	7,919

** This table includes distance selling pharmacies.*

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:

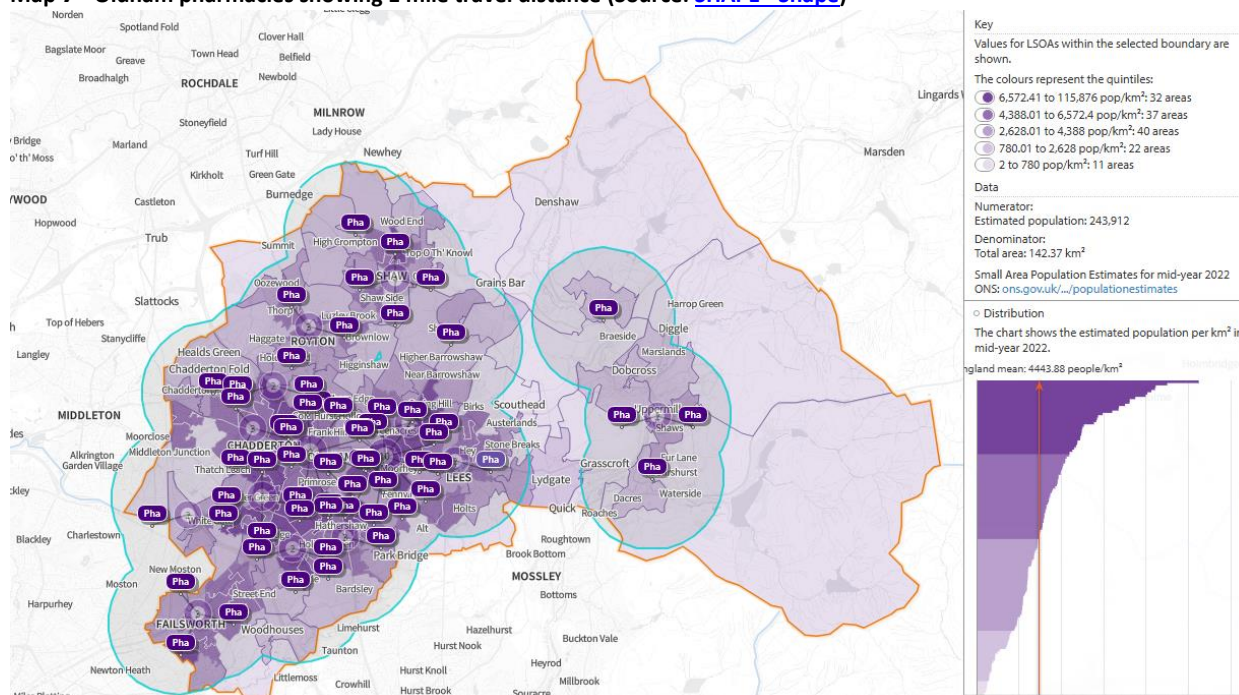
- 89% of the population in England has access to a community pharmacy within a 20-minute walk;
- Over 99% of those in areas of highest deprivation are within a 20-minute walk of a community pharmacy; and
- As the accessibility of community pharmacies is greatest in areas of higher deprivation, they may 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 criteria.³¹

Map 7 indicates there are parts of Oldham further than a mile away from their nearest pharmacy, however, there are pharmacies outside Oldham that offer some further access, see map 8 below and District maps in Section 7.0 for location of pharmacies in the neighbouring Boroughs which are close to Oldham borders. Other areas of Map 7 which are not within 1 mile of an Oldham pharmacy are mainly comprised of either rural or industrial land.

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

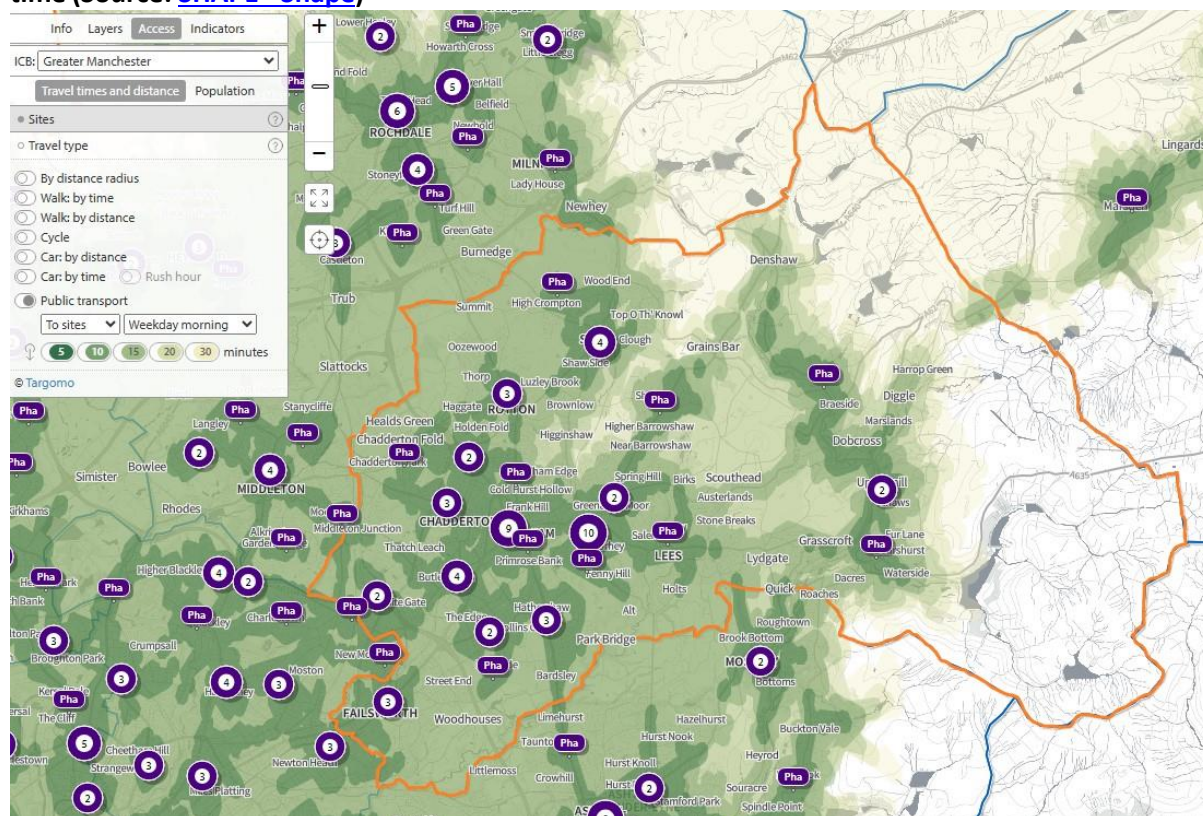


³⁰ <https://cpe.org.uk/learn-more-about-community-pharmacy/about-community-pharmacy/> accessed 11/03/2025

³¹ <https://cpe.org.uk/quality-and-regulations/the-pharmacy-contract/pharmacy-access-scheme-phas/> accessed 11/03/2025

Map8 showing 20- minute travel time by public transport indicates that more of the borough is accessible when using transport. The main areas affected are located in the more rural areas along the Eastern Border of the borough.

Map 8- Oldham and surrounding Borough Pharmacies showing 20-minute 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 18 in section 7.1 for Oldham 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 Oldham alone is not available.

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

6.1.2 Correlation with GP practices

There are 60 community pharmacies, more than the 33 GP practices. In addition, all Districts 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 Failsworth East ward has no community pharmacy but do have them near their border.

³² <https://www.gov.uk/government/statistical-data-sets/nts99-travel-by-region-and-area-type-of-residence> accessed 11/03/2025

6.1.3 Access due to opening hours

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

When questioned about early morning 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)	11%	39%	50%	28%	22%	50%	0%
Weekday: During the day	50%	28%	78%	11%	11%	22%	0%
Weekday: Lunchtime	28%	33%	61%	22%	17%	39%	0%
Weekday: Early evening between 6pm and 9pm	39%	50%	89%	11%	0%	11%	0%
Weekday: Late evening after 9pm	6%	61%	67%	17%	16%	33%	0%
Saturday: Early Morning (before 9am)	11%	28%	39%	28%	33%	61%	0%
Saturday: Morning	22%	61%	83%	17%	0%	17%	0%
Saturday: Afternoon	22%	61%	83%	11%	6%	17%	0%
Saturday: Evening after 6pm	11%	44%	55%	28%	17%	45%	0%
Sunday: Early Morning (before 9am)	11%	22%	33%	50%	17%	67%	0%
Sunday: Morning	22%	44%	66%	28%	6%	34%	0%
Sunday: Afternoon	22%	56%	78%	16%	6%	22%	0%
Sunday: Evening after 6pm	11%	33%	44%	45%	11%	56%	0%
Bank Holidays: Early Morning (before 9am)	11%	22%	33%	39%	28%	67%	0%
Bank Holidays: Morning	22%	33%	55%	28%	17%	45%	0%
Bank Holidays: Afternoon	17%	44%	61%	28%	11%	39%	0%

Bank Holidays: Evening after 6pm	11%	33%	44%	33%	17%	50%	6%
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Table 15, 16 and 17 along with appendix 8 detail the span of opening times for Oldham 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 Oldham can be found on NHS Services³⁴.

Monday to Saturday opening

Three walk-in community pharmacies open at 8:00 am or earlier Monday to Friday, the earliest opening is 7am (see Table 15). This is a drop from the previous PNA when there were 8 pharmacies open during these hours. During a period of significant financial pressure, pharmacies have reduced hours (and terminated contracts in worst cases) during those hours where trade has been minimal and not cost effective to remain open during these hours.

26 of the 50 walk-in community pharmacies open on a Saturday morning. 13 of the 26 pharmacies close by 1:00pm leaving 14 open on Saturday afternoon until 7:00pm or later, with an additional pharmacy opening at 5:00pm.

There is at least one pharmacy open in each district between 8.30am and 6pm on a weekday, plus 9am to 5pm on a Saturday.

There is reduced access in opening hours in South District where there is no pharmacy open before 8am or after 7pm on a weekday or a Saturday and no pharmacies open on a Sunday. All other districts have cover with at least 1 pharmacy remaining open during these times.

The public survey only had 1 response from someone whose postcode matched those in South District (M35 & OL8). They did not have a problem accessing a pharmacy due to opening times.

Table 15 - Oldham pharmacies open Monday to Saturday from 8:00 a.m. or earlier (source: NHSE&I)

District	Ward	Map Index	Trading Name	Postcode	Mon to Sat Opening Times	Comments
Central	Alexandra	13	Chemist Corner Internet Pharmacy	OL8 2BD	8:00am	Distance selling pharmacy/closed on Saturday
Central	St Mary's	35	Our Pharmacy	OL4 1JN	7:00am	
West	Chadderton Central	6	Boots	OL9 0LQ	8:00am	

Ten pharmacies provide access to pharmaceutical services until 7:00 pm or later Monday to Friday; with eight pharmacies also providing until 7:00 pm or later Saturday (see Table 16).

³³ Data valid as at 11th March 2025

³⁴ <https://www.nhs.uk/nhs-services/>

Table 16 - Oldham pharmacies open Monday to Saturday until 7:00 p.m. or later (source: NHSE&I)

District	Ward	Map Index	Trading Name	Postcode	Mon to Sat Closing Times	Comments
Central	Coldhurst	42	Tesco In-Store Pharmacy	OL9 6BW	9:00pm	
Central	St Mary's	38	Seemed Pharmacy	OL4 1EN	7:00pm	Closes at 12:00pm on Saturday
Central	St Mary's	35	Our Pharmacy	OL4 1JN	10:30pm	Closes at 8:30pm on Saturday
Central	St Mary's	32	Oldham Late Night Pharmacy	OL4 1JW	9:00pm	
East	St James'	43	Tesco In-Store Pharmacy	OL1 3LG	9:00pm	
North	Royton North	7	Boots	OL2 5HX	7:00pm	
North	Royton North	30	Market Square Pharmacy	OL2 5QD	9:00pm	
North	Royton South	48	Well	OL2 6QN	7:00pm	Closes at 1:00pm on Saturday
North	Shaw	4	ASDA Pharmacy	OL2 8QP	9:00pm	
West	Chadderton Central	3	ASDA Pharmacy	OL9 0JE	9:00pm	

Sunday opening

10 pharmacies open on Sunday and four of the five districts have at least one pharmacy open for some hours. Most of the respondents, 67%, to the public survey were satisfied or very satisfied with the opening hours provided.

Table 17 - Oldham pharmacies open on Sunday (source: NHSE&I)

District	Ward	Map Index	Trading Name	Postcode	Sunday Opening Times	Sunday Closing Times
Central	Coldhurst	28	Lloydspharmacy	OL1 1NL	10:00am	4:00pm
Central	Coldhurst	8	Boots	OL1 1XD	11:00am	4:00pm
Central	Coldhurst	42	Tesco In-Store Pharmacy	OL9 6BW	11:00am	5:00pm
Central	St Mary's	35	Our Pharmacy	OL4 1JN	8:00am	5:00pm
Central	St Mary's	32	Oldham Late Night Pharmacy	OL4 1JW	10:00am	8:00pm
East	St James'	43	Tesco In-Store Pharmacy	OL1 3LG	10:00am	4:00pm
North	Royton North	7	Boots	OL2 5HX	11:00am	4:00pm
North	Royton North	30	Market Square Pharmacy	OL2 5QD	8:00am	6:00pm
North	Shaw	4	ASDA Pharmacy	OL2 8QP	11:00am	5:00pm
West	Chadderton Central	3	ASDA Pharmacy	OL9 0JE	10:30am	4:30pm

Changes to pharmacy contractors

In Oldham since the last PNA there has been the closure of one distance selling pharmacy and the new opening of three distance selling pharmacies. The number of pharmacy contractors has increased by two. 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 Oldham 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.

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 2024¹, 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 60 Pharmacies in Oldham are registered to provide the Pharmacy First Service. In the 3 months up to December 2024, 3303 PFS Clinical Pathway Consultations, 1822 Urgent Supply Consultations and 2375 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, 400 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), 43 pharmacies in Oldham are delivering this service for 2024/25, 13,296 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) 40 pharmacies in Oldham are registered to provide this service. In the 3 months up to December 2024, there were 86 initiation consultations and 635 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) 12 pharmacies in Oldham are registered to provide this service. In the 3 months up to December 2024, there were 3342 Community Pharmacy Clinic Blood Pressure checks and 527 Community Pharmacy Ambulatory Blood Pressure Monitoring (ABPM) consultations.

6.1.5.7 Access to New Medicine Service (NMS)

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

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

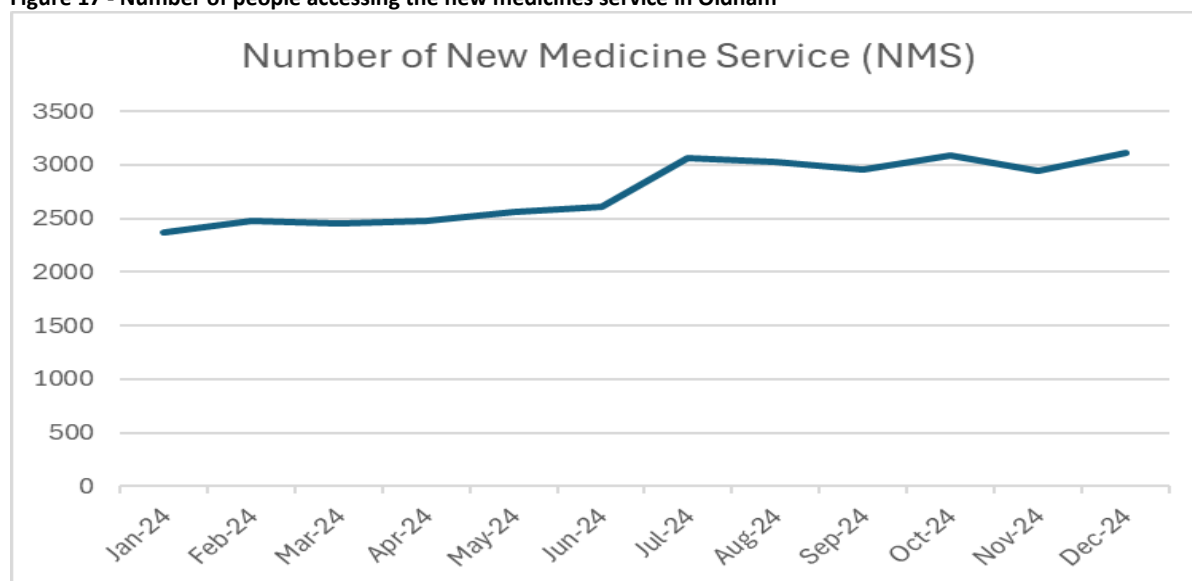
1. Asthma and COPD
2. Diabetes (Type 2)
3. Hypertension
4. Hypercholesterolaemia
5. Osteoporosis
6. Gout
7. Glaucoma
8. Epilepsy
9. Parkinson’s disease
10. Urinary incontinence/retention
11. Heart failure
12. Acute coronary syndromes
13. Atrial fibrillation
14. Long term risks of venous thromboembolism/embolism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

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

Currently (April 2025), all 60 Pharmacies in Oldham are registered to provide the Pharmacy New Medicines Service (NMS).

See Appendix Seven for those pharmacies that are providing NMS.

Figure 17 - Number of people accessing the new medicines service in Oldham



6.1.5.8 Access to stoma appliance customisation

Between January 2024 to December 2024, no pharmacies in the Oldham HWB area provided stoma customisations, however, a number will have been provided by dispensing appliance contractors outside the Oldham 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 will access this service from DACs outside GM.

6.1.5.9 Access to Smoking Cessation Service (SCS)

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

Currently (April 2025) 29 pharmacies in Oldham are registered to provide this service. In the 12 months from Jan 24 up to December 2024, 153 Smoking Cessation Service Consultations were provided.

6.1.6 Access to locally commissioned or enhanced services

6.1.6.1 Locally commissioned services by Oldham Council

In April 2025 Oldham Council commission 3 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.

Turning Point, a specialist care provider, have a devolved budget to commission addiction services. In Oldham these are:

- Needle Exchange
- Supervised Consumption Services

6.1.6.2 Locally commissioned services by NHS GM ICB

NHS GM ICB usually commission services related to a person's current disease state rather than for preventative care. In Oldham there is four such services.

- Palliative care service: which is split into two tiers.
 - Tier 1 is for pharmacies to hold stock of drugs which may be required by a palliative care patient at short notice
 - Tier 2 is for a fast-track palliative care delivery for access to the stock outside of the regular pharmacy hours
- Minor Ailment Service
- 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 NHS Mail)

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 Oldham 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 Oldham were dispensed by the pharmacies within Oldham. The Oldham Council has borders with three Greater Manchester boroughs (Manchester, Rochdale, and Tameside) and with Derbyshire, Calderdale and Kirklees.

30 pharmacies are located within 1 mile of the Oldham HWB border. However, there are none located in Calderdale or Kirklees but the Pennine moors stretch along their borders (see Appendix Twelve), some may offer extended hours.

Prescribing data from shows that although most items (80%, see Table 11) prescribed by Oldham prescribers are dispensed in Oldham pharmacies a number are dispensed across England.

It is not possible to identify the number of Oldham 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 Oldham.

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

Oldham 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 Oldham 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, Covid Medicines Delivery Unit, Minor Ailment service and Minor Eye Conditions Services are commissioned by NHS GM.

6.3.4 Choice regarding obtaining pharmaceutical services

80% of items prescribed by Oldham practices are dispensed within Oldham community Pharmacies. 20% of items that are dispensed by Oldham pharmacies are prescribed outside of the borough of Oldham. 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 prescribed in neighbouring HWB areas but not in significant numbers.

6.4 Future provision – necessary and other relevant services

6.4.1 Housing and development

The following information is provided to inform the Pharmaceutical Needs Assessment (PNA) in relation to pharmaceutical provision in Oldham. The statement provides information on expected future housing, transport and regeneration development, including that identified within the Places for Everyone (PfE) Plan, Creating a Better Place and our identified housing land supply up to 2028/29.

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 Plan sets out how the plan area will develop in terms of homes, jobs, green spaces and infrastructure up to 2039.

PfE was adopted 21 March 2024 and now forms part of Oldham's development plan, alongside Oldham's existing Local Plan ([the Joint Core Strategy and Development Management DPD, 2011](#)).

Policy JP-D1: Infrastructure Implementation sets out measures to ensure the plan is supported by appropriate infrastructure. Policy JP-P6: Health sets out measures related specifically to health provision and requires, where appropriate, the provision of new or improved health facilities as part of new developments proportionate to the additional demand that they would generate.

PfE sets out a housing requirement for Oldham of 680 homes a year from 2022-2039 phased using a stepped requirement as follows:

- 2022 to 2025 – 404 homes a year
- 2025 to 2030 – 680 homes a year
- 2030 to 2039 – 772 homes a year

Across the plan period the total housing required in Oldham is 11,560 homes. PfE identifies land to accommodate around 13,311 homes within Oldham.

PfE identifies Strategic Allocations in Oldham for housing development - around 2,500 homes up to 2039. Approximately 27 of these homes are expected to be delivered between 2024/25 – 2028/29, with the remainder being delivered after 2028.

Three of the strategic allocations (Beal Valley, Broadbent Moss and Cowlshaw) are proposed within the area covered by Crompton, Shaw, Royton South and St James wards. Given the scale of proposed development in these wards it is important that appropriate infrastructure provision is provided to support the proposed growth and ensure that no additional strain is placed on existing infrastructure, minimising the impact on the existing communities.

The allocation policy for Broadbent Moss has identified that given the scale of development, a local centre should be provided. The local centre could include education, community and healthcare facilities.

6.4.1.2 Oldham's 'Creating a Better Place' Framework

Creating a Better Place is an ambitious plan that will unlock investment worth £285 million and create around 2,000 new homes in Oldham town centre, new jobs and business and apprenticeship opportunities.

Please note this number may change slightly following further refinement and masterplanning work, however the scale of housing proposed for Oldham town centre is significant and will dramatically increase the number of homes within the town centre. The exact mix of housing is unknown, however it is envisioned that this will include a significant proportion of apartments, with the potential for some supported living and accommodation suitable for older persons, as well as affordable housing.

It is important that the additional homes are supported by appropriate healthcare provision and as such further discussions may be required.

6.4.1.3 Oldham's Housing Land Supply 2024-2028

Oldham's Housing Land Supply is set out within the council's [Strategic Housing Land Availability Assessment \(SHLAA\)](#). The most recent SHLAA was published in January 2025 and represents the housing land supply position looking forward from April 2024.

The SHLAA is a technical document identifying land that might have potential for housing at some stage in the future, as required by the National Planning Policy. Whilst the SHLAA is an important evidence source, it does not in itself determine whether a site should be allocated for development. Allocation will take place through the Local Plan and any Neighbourhood Plan. Instead, the purpose of the assessment is to provide an assessment of land that could be suitable for housing and to demonstrate how we can meet our housing needs going forward.

The Housing Land Supply position as presented in the SHLAA for the period of 2024/25 -2028/29 shows that around 3,500 homes are anticipated to be delivered over the period (2024/25 – 2028/

29)³⁵. Beyond this period, around 9,980 homes are anticipated to be delivered over the medium to long term³⁶.

The SHLAA contains a number of supporting appendices, including a breakdown of the housing land supply by [ward](#).

The wards which have the highest supply of identified housing land anticipated to be delivered between 2024 - 2029 are Shaw and Medlock Vale. This includes several large housing sites which are currently under construction, such as:

- Shaw Distribution Centre, off Linney Lane - which will deliver around 330 homes during this period (and a further 70 homes beyond this).
- Cowlshaw Abbatoir, Shaw (part of PfE Allocation) - which will deliver 177 homes during this period (124 homes have already been completed on this site prior to April 2024).
- Land at Rosary Road/ Hill Farm Close, Fitton Hill, Medlock Vale – which will deliver around 330 homes during this period (and a further 34 homes beyond this).

Wards of Coldhurst, Chadderton South, Failsworth West, St Mary's and Saddleworth North also include several housing sites which are expected to deliver over 200 homes (in total) in each ward in the short term (up to 2029).

Housing type/ tenure/ specialist needs

In terms of housing mix (types of houses, size etc) in some cases the mix of housing is known, where the site is already under construction or has planning permission. This information can be provided if required. However, for some sites the mix of housing is unknown at this stage.

In terms of affordable housing, of the 3,500 homes anticipated to be delivered up to 2028/29, around 652 affordable homes will be delivered³⁷, in addition to 540 'Truly Affordable', Social Homes³⁸. These figures represent sites where the tenure of homes to be delivered is known, i.e. through planning permissions or on council sites for example. More affordable housing may also come forward in this period on sites where the tenure is not yet known, such as those without planning permission.

An update of the Local Housing Needs Assessment (2024) has identified that there are currently around 3,275 units of specialist older persons' accommodation comprising 2,115 specialist older accommodation units (C3 planning use class), 227 Extra Care (C2 use class), and 933 bedspaces residential care (C2 use class). It is estimated there is a need for 3,139 additional C3 dwelling units over the period 2022 to 2041 or 165 each year, a need for 955 C2 Extra Care units or 50 each year, and 775 C2 residential care bedspaces or 41 each year. A key conclusion is that there needs to be a broader housing offer for older people across the borough and the LHNA has provided evidence of scale and range of dwellings needed.

³⁵ Including accounting for small scale clearance – it is anticipated around 25 homes will be lost and not replaced over the same period.

³⁶ Medium term = 2029 to 2034, Long term = 2034+

³⁷ In line with the definition of 'Affordable Housing' set out in National Planning Policy Framework Annex 2.

³⁸ 'Truly Affordable' is defined as properties with rents at Local Housing Allowances rate or lower (50-60% of market rents defined by Sections 68-71 of the Housing and Regeneration Act 2008).

6.4.1.4 *Transport Development*

The [Oldham Transport Strategy and Delivery Plan](#) sets the strategic direction for travel and mobility within Oldham. It captures existing commitments and priorities for all our communities and identifies the requirements for transport in the future both for growth and in response to changing travel technologies.

6.4.1.5 *Oldham Local Plan Review*

[A Local Plan Review](#) is currently underway to update the existing Local Plan (the Joint Core Strategy and Development Management DPD, 2011). The Local Plan Review will look to address issues including health and wellbeing where relevant to the Local Plan. As part of this there will be a need to understand the healthcare needs arising from the Local Plan as a whole.

A Draft Local Plan was consulted upon in January - February 2024. We are now working on the next stages of the Local Plan Review. If you wish to be kept informed of the preparation of the Local Plan please visit https://www.oldham.gov.uk/info/200585/local_plan/1825/consultation or contact the Strategic Planning Team at SPI.Consultations@oldham.gov.uk.

6.4.1.6 *Summary*

In summary, up to 2028/29 our Housing Land Supply identifies the expected delivery of around 3,500 homes. Over this period, the wards of Shaw and Medlock Vale have the highest anticipated level of development.

6.5 Other NHS services

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

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

6.5.1 Hospital pharmacies

Patients attending these, on either an inpatient or outpatient basis, may require prescriptions to be dispensed. There two hospital trusts in the HWB's area,

- Royal Oldham Hospital (part of NCA Foundation Trust), as with each of the NCA FT trust's hospital sites, offers outpatient dispensing of hospital prescriptions.
- Pennine Care NHS Foundation Trust, which provides adult mental health services at several sites in Oldham. Both trusts also provide a range of community-based services across Oldham.

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

6.5.2 Personal administration of items by GPs

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

For these items the practice will produce a prescription however the patient is not required to take it to a pharmacy, have it dispensed and then return to the practice for it to be administered.

6.5.3 GP out of hours service

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

Prescriptions from out of hours services can be dispensed by pharmacies with longer opening hours. These are Pharmacies open seven days a week or for longer hours six days per week are listed in section 6.1.3 (Table 15, 16 and 17). These pharmacies are geographically spread across the borough.

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 districts, as described in section 3.1.2. As each district 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 18 - Car ownership by district and ward

District	Ward	% with car or van availability	% no cars (Census 2021)	% no cars (Census 2011)
Central	Coldhurst	53%	47%	54%
Central	Alexandra	61%	39%	49%
Central	St Mary's	64%	36%	44%
South	Hollinwood	65%	35%	43%
East	Waterhead	66%	34%	39%
South	Medlock Vale	68%	32%	38%
West	Werneth	69%	31%	38%
South	Failsworth West	70%	30%	32%
West	Chadderton South	71%	29%	32%
East	St James'	71%	29%	32%
North	Shaw	73%	27%	27%
South	Failsworth East	74%	26%	27%
North	Royton South	76%	24%	26%
West	Chadderton Central	76%	24%	25%
West	Chadderton North	78%	22%	25%
North	Royton North	78%	22%	23%
North	Crompton	81%	19%	20%
East	Saddleworth West and Lees	81%	19%	19%
East	Saddleworth South	84%	16%	16%
East	Saddleworth North	89%	11%	11%

The percentage of Oldham residents (2021) with access to a car or van averages at 72%.

The Central District wards have the lowest average (59%) car ownership across the Borough. This is to be expected as they are closest to the town centre of Oldham, with the facilities and public transport access that this offers, so they may not require transport to travel for work, or shopping.

The East District wards have the highest average car ownership of 78%, with the highest level of 89% car ownership being in Saddleworth North Ward which is the most rural ward in Oldham and has the lowest population density (see Map 4). The East District has the greatest variation in car ownership as both Waterhead (66%) and St. James' (71%) wards are bordering with the Central District and have areas of higher deprivation.

7.2 West District profile

Oldham West District consists of four wards:

- Chadderton North Ward
- Chadderton Central Ward
- Chadderton South Ward
- Werneth Ward

West District summary as described in the JSNA³⁹:

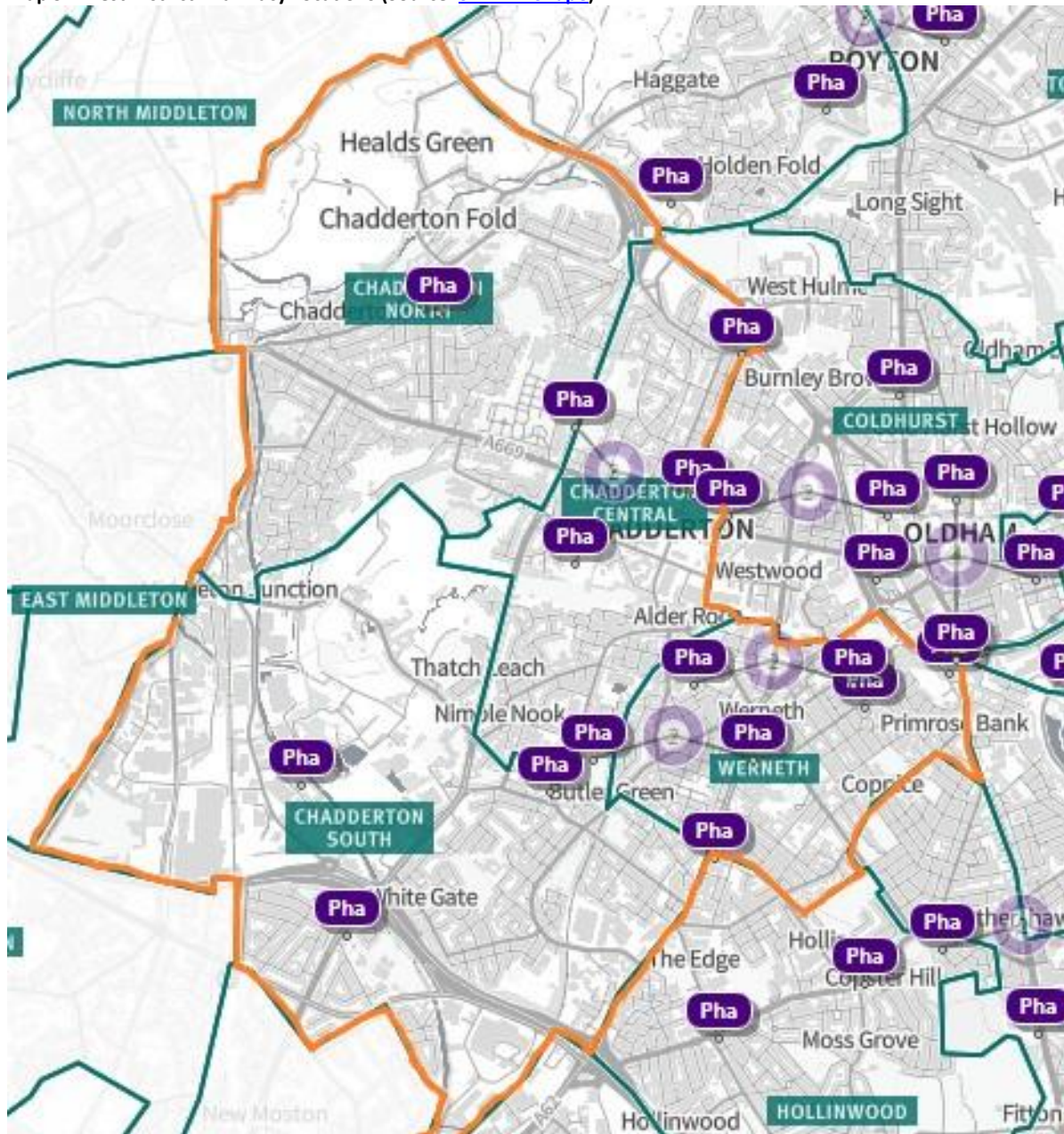
- West District has the second highest population in Oldham. The district population grew by 11% between 2011 and 2021. The ward of Werneth saw the greatest growth of any in the borough.
- Deprivation levels vary greatly within the district. Werneth is the most deprived area, followed by Chadderton Central. Although Chadderton South and Chadderton North show areas of high need, deprivation levels are lower overall.
- Chadderton North is the only area of West district where the median house price falls above the Oldham average. Large differences are seen within the district, with a £115,000 average price difference between a home in Chadderton North and Werneth.
- Unemployment rates are high in Chadderton Central and Werneth and fall below the Oldham average in Chadderton North and Chadderton South. West has the largest difference in rates between its wards of any district.
- Chadderton Central has the lowest median household income of any ward in Oldham.
- Pupils in West perform within the range of the Oldham averages for Key Stage 1 Phonics Screening and Key Stage 2 SATS, however the average Attainment 8 score at Key Stage 4 is above the Oldham average and the highest of any district.
- Rates of childhood obesity are high. Children in Year 6 have one of the highest rates of overweight or obesity in Oldham.
- West has the highest rate of smoking within Oldham and sees high rates of Diabetes, Depression and Obesity. Learning Disability rates are the highest across Oldham in West.
- West District has low levels of Child and Adolescent Mental Health referrals and contacts. This may be a reflection on access to and utilisation of services rather than a difference in prevalence of mental health conditions in the district. Adult Mental Health service use is in line with Oldham averages.
- West District has a low rate of both Children's Social Care activity and referrals. The district sees the lowest proportion of its referrals from Education and the highest proportion of its referrals from Police. Adult Social Care activity is relatively high, referrals are like the average for Oldham.
- There are more crimes per 1,000 residents in Chadderton South than any other ward in West District. Chadderton North has the lowest crime rate of the district, and one of the lowest of any Oldham ward.

7.2.1 Access to a pharmacy in West District

Map 9 shows that there are multiple pharmacies located within all the wards within the West District. During Monday to Friday and at weekends there is satisfactory provision of pharmaceutical services across this District.

³⁹ <https://www.jsnaoldham.co.uk/cms-data/depot/places-depot/West-District-Profile-2023.pdf> accessed 28/03/2025

Map 9 - West District Pharmacy Locations (Source: [SHAPE - Shape](#))



7.2.2 Future housing development in West District

There are no residential sites of more than 200 properties proposed for future development in West district and a just a smaller development in Chadderton South. This area is well served by existing pharmacies and would not require any extra pharmaceutical service facilities within this PNA cycle.

7.3 South District profile

Oldham South District consists of four wards:

- Failsworth East Ward
- Hollinwood Ward
- Medlock Vale Ward
- Failsworth West Ward

South district summary as described in the JSNA⁴⁰:

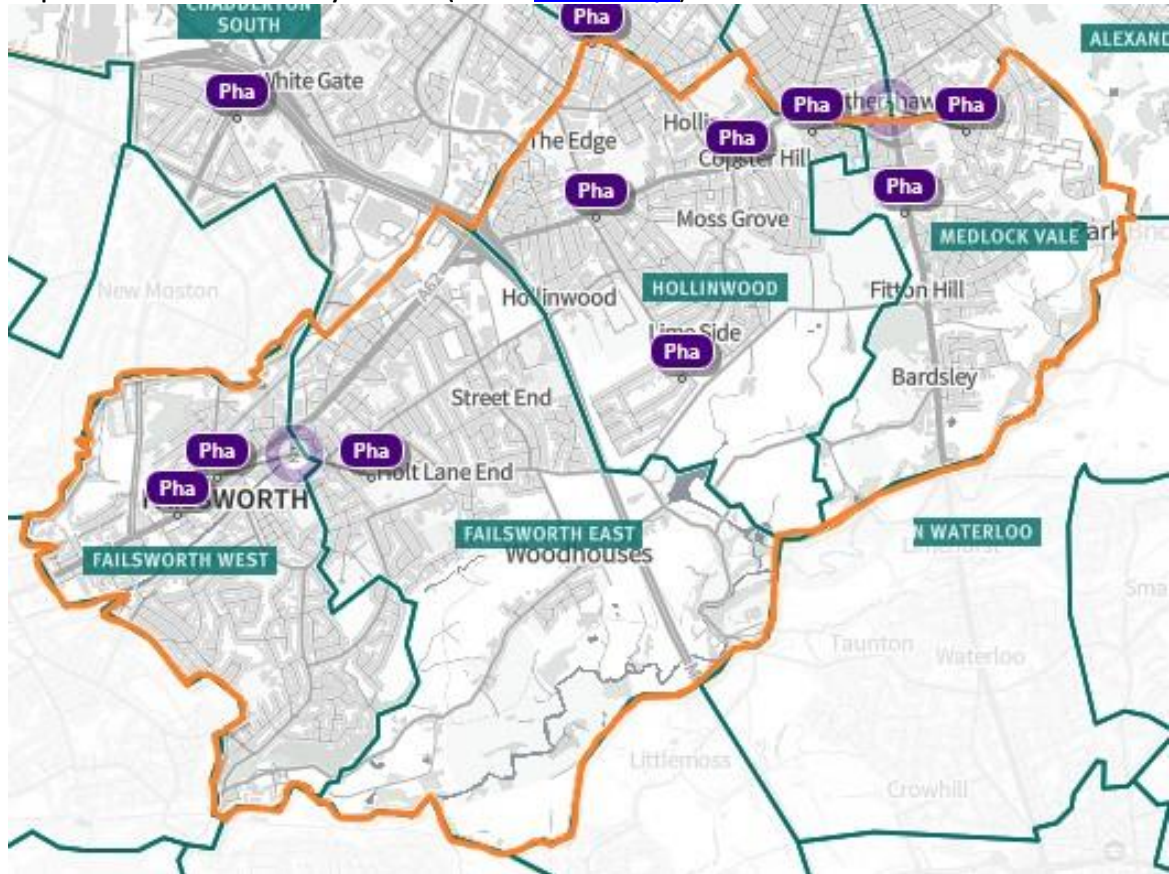
- South District's population increased by 10% between 2011 and 2021. It's population size, age structure and ethnic diversity most closely match the averages for Oldham of any district.
- Deprivation levels are relatively high across the district and vary between wards. Failsworth East and West's deprivation levels fall just below the Oldham average, whilst rates for Hollinwood and Medlock Vale are higher.
- Median house prices vary between areas of the district. A house in Failsworth East is most expensive, Failsworth West is similar to the Oldham average and Hollinwood and Medlock Vale are both lower.
- Fuel poverty is higher in Hollinwood and Medlock Vale than Oldham, GM and England averages. Rates in Failsworth are comparable to the Oldham average.
- Unemployment rates are similar to the Oldham average, however youth unemployment rates are highest across Oldham. Hollinwood and Medlock Vale have the two highest rates across Oldham.
- South District has the highest percentage of children in Reception classified as overweight or obese, however by Year 6 rates are similar to the Oldham average.
- Learning outcomes fall short of the Oldham averages at every Key Stage level. Pupils in Failsworth East and West perform better than those in Medlock Vale and Hollinwood. Rates of pupil absence are highest in South District. The rate of SEN Support need is highest in South.
- Rates Smoking, Adult Obesity, Depression, Diabetes and Learning Disability tend to be lower or similar to the borough averages in South District. However, rates still fall short of the England averages for all measures.
- Adult and Child Mental Health Referrals are second highest across Oldham. Mental Health Contacts for both groups rank third.
- South District has a high rate of both Children's Social Care activity and referrals. The district sees a higher than average proportion of its referrals from LA Services compared to other districts. Adult Social Care activity and referrals (age-standardised) are average for the borough.
- The crime rate in the district is second highest across Oldham. Hollinwood experiences the highest crime rate of all South District wards.

7.3.1 Access to a pharmacy in South District

Map 10 shows that there are pharmacies located in all wards except Failsworth East in South District. During Monday to Friday and at weekends there is satisfactory provision of pharmaceutical services across this District. Although there are no pharmacies located in Failsworth East Ward travelling distances to pharmacies located outside the ward boundary is within 20 minutes travel time, the population density is lower than elsewhere and the number of households with cars or vans is 74% (slightly higher than average).

⁴⁰ <https://www.jsnaoldham.co.uk/cms-data/depot/places-depot/South-District-Profile-2023.pdf> accessed 28/03/2025

Map 10 - South District Pharmacy Locations (Source: [SHAPE - Shape](#))



7.3.2 Future housing development in South District

South District has allocated areas for proposed residential development in Medlock Vale (330 properties) and Failsworth East (small scale). These areas fall within the 20-minute public transport time to existing pharmacies so would not require any extra pharmacy premises to open as they are already well served within the district.

7.4 Central District profile

Oldham Central district consists of three wards:

- [Alexandra Ward](#)
- [Coldhurst Ward](#)
- [St Mary's Ward](#)

Central district summary as described in the JSNA⁴¹:

- Central District has the second smallest population in Oldham and the lowest number of wards of any district. The district population had the largest population growth between 2011 and 2021. The population is the youngest across the borough, with the highest proportion of residents under 18 and the lowest proportion of residents aged 65+.
- Central has the highest proportion of residents from a non-White British ethnic background.
- Deprivation levels are high across the district. The three wards that make up the district have the highest deprivation levels across Oldham.
- The median house price is lowest across Oldham and a substantially larger than average number of residents are living in fuel poverty.
- Socially rented homes make up a significantly larger than average percentage of homes and the proportion of owner-occupied homes is well below average.
- Unemployment rates are very high across the district, with rates significantly higher than Oldham average and more than double that of East and North Districts. The wards in Central have the lowest median incomes across the borough.
- Pupils in Central have the worst learning outcomes for all measures, from Early Years to Year 11.
- Rates of childhood obesity are concerning. Children in reception have rates of obesity similar to the borough average, however by Year 6 rates are highest across Oldham.
- Central has high rates of Smoking, Diabetes, Depression and Obesity.
- Central District has the highest rates of A&E attendances, non-elective and elective hospital spells.
- Adult Mental Health Referrals and Contacts are highest across Oldham. However, the district has the lowest levels for Children's Mental Health service use. It's important to note this doesn't necessarily reflect the prevalence within the population.
- Central District has the highest rate of both Children's Social Care activity and referrals. The district sees the highest proportion of its referrals from Education and the lowest proportion from individuals. Adult Social Care activity is highest across Oldham, referrals are significantly higher than the average for Oldham.
- The crime rate in the district is significantly higher than the Oldham average. This is likely in part due to its town centre location.

7.4.1 Access to a pharmacy in Central District

Map 11 shows that there is a dense coverage of pharmacies located within all wards in Central District. During Monday to Friday and at weekends there is satisfactory provision of pharmaceutical services across this district.

⁴¹ <https://www.jsnaoldham.co.uk/cms-data/depot/places-depot/Central-District-Profile-2023.pdf> accessed 28/03/2025

Map 11 - Central District Pharmacy Locations (Source: [SHAPE - Shape](#))



7.4.2 Future housing development in Central District

There are residential plans for small-scale properties in Coldhurst and StMary's within this PNA cycle. Oldham's 'Creating a Better Place' Framework also identifies the need for approximately 2000 properties within the town centre which will include a mix of housing, including a proportion of accommodation suitable for older persons. As the town centre of Oldham has the highest proportion of pharmacies, including extended hours and weekend opening, across the borough it is not envisioned that these extra properties will give rise to a need for further pharmacy premises or opening hours. However, it may be once these properties are built and have residents that any pharmaceutical services commissioned from pharmacies in the central district may need a stronger focus on the health needs of an older population.

7.5 North District profile

Oldham North district consists of four wards:

- Royton North Ward
- Royton South Ward
- Crompton Ward
- Shaw Ward

North district summary as described in the JSNA⁴²:

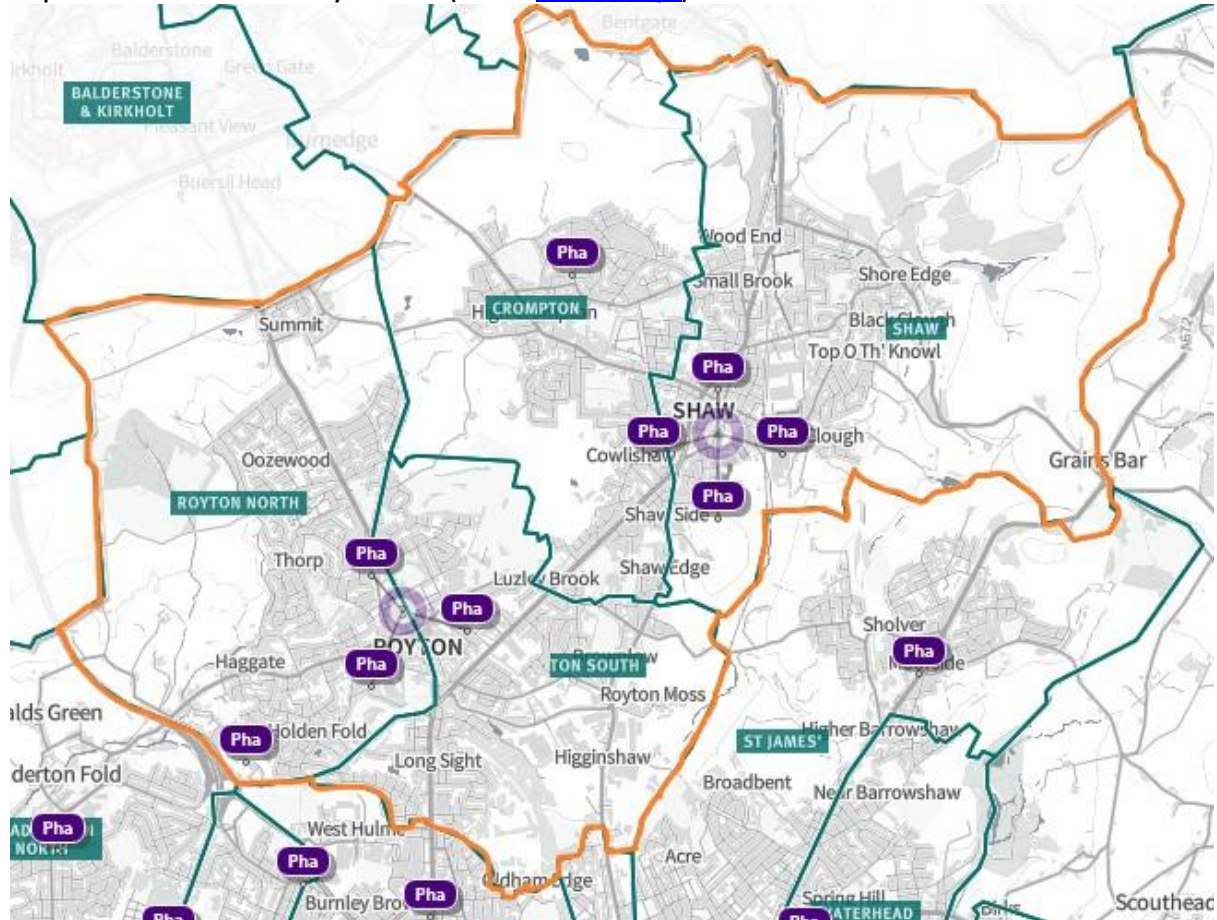
- North District has the smallest population across Oldham. It is the only district within Oldham to see a decline in the number of residents between 2011 and 2021. The population is the oldest across the borough, with the lowest proportion of residents under 18 and the highest proportion of residents aged 65+.
- North has the lowest proportion of residents from a non-White British ethnic background.
- Deprivation levels are low across the district. No wards have a deprivation score higher than the Oldham average.
- The median house price is similar to the Oldham average in Royton South and Shaw and exceeds the Oldham average in Crompton and Royton North.
- Socially rented homes represent a smaller percentage of homes compared with the Oldham average and the proportion of owner-occupied homes is above average.
- Unemployment and Youth Unemployment rates are lowest across Oldham. All wards in North have a median household income higher than the Oldham average.
- Pupils in North have good learning outcomes, with rates above the Oldham average at all Key Stages, although only exceeding national rates in Key Stage 1. North sees the lowest percentage of school absences.
- Life Expectancy is higher than the Oldham average for both males and females.
- North has high rates of Smoking, Diabetes, Depression and Obesity and particularly high rates of Learning Disability.
- Adult Mental Health Referrals and Contacts are lowest across Oldham. However, the district has the highest levels for Children's Mental Health service use. It's important to note this doesn't necessarily reflect the prevalence within the population.
- North has the highest rate of 999 ambulance calls and the lowest percentage of calls falling into the most urgent need category.
- North District has the lowest rate of both Children's Social Care activity and referrals. The district sees the highest proportion of its referrals from Health. Adult Social Care activity and referrals (age-standardised) are relatively low.
- The crime rate in the district is second lowest across Oldham. Shaw experiences a much higher rate than other North District wards.

7.5.1 Access to a pharmacy in North District

Map 12 show that there are pharmacies located within all wards in North District. During Monday to Friday and at weekends there is satisfactory provision of pharmaceutical services across this District.

⁴² <https://www.jsnaoldham.co.uk/cms-data/depot/places-depot/North-District-Profile-2023.pdf> accessed 28/03/2025

Map 12 - North District Pharmacy Locations (Source: [SHAPE - Shape](#))



7.5.2 Future housing development in North District

There is allocation of land for residential housing in Shaw delivering around 500 homes up to 2029, a proportion of these may fall outside of the PNA cycle. These proposed building locations are within a 20-minute travel time of an existing pharmacy and this area is well served by existing pharmacies and would not require any extra pharmaceutical service facilities within this PNA cycle.

7.6 East District profile

Oldham East District consists of five wards:

- Saddleworth North Ward
- Saddleworth South Ward
- Saddleworth West and Lees Ward
- St James' Ward
- Waterhead Ward

East district summary as described in the JSNA⁴³:

- East District has the largest population across Oldham and the highest number of wards of any district. The district experienced one of the smallest population growths between 2011 and 2021. The district has an older than average population.
- East has the second lowest proportion of residents from a non-White British ethnic background.
- Deprivation levels are mixed across the district. Saddleworth North, Saddleworth South and Saddleworth West & Lees have low levels of deprivation, whereas St. James' and Waterhead have higher levels than the Oldham average.
- The median house price is also a mixed picture, with houses in Saddleworth North and South costing well above the national average and the remaining three wards averaging below that amount.
- Socially rented homes represent a smaller percentage of homes compared with the Oldham average and the proportion of owner-occupied homes is above average.
- Unemployment and Youth Unemployment rates are second lowest across Oldham. The Saddleworth wards have the three highest median household incomes across Oldham, rates for St. James' and Waterhead just fall short of the Oldham average.
- Pupils in East have good learning outcomes, with the highest district rates across all Key Stages with the exception of Key Stage 4, where performance falls below Oldham, North West and England averages.
- Life Expectancy is higher than the Oldham average for both males and females.
- Rates of childhood obesity are lowest across Oldham.
- Adult Mental Health Referrals and Contacts are low compared to Oldham. The district has a relatively high level of Children's Mental Health service use. It's important to note this doesn't necessarily reflect the prevalence within the population.
- East has the lowest rate of 999 ambulance calls. Hospital activity levels are lower than average.
- East District has an average rate of both Children's Social Care activity and referrals. The district sees the highest proportion of its referrals from LA Services. Adult Social Care activity and referrals (age-standardised) are lowest across Oldham.
- The crime rate in the district is lowest across Oldham. St. James' and Waterhead experience a much higher rate than other North District wards.

7.6.1 Access to a pharmacy in East District

Map 13 shows that there are pharmacies located in each ward in East district, correlating to the more densely populated areas. During Monday to Friday and on Saturday there is satisfactory provision of pharmaceutical services across this District within the populated areas. The provision of pharmaceutical services is satisfactory for this District. Most of this population have access to transport (car or van ownership average 78%) and travel to access a range of services, not just pharmaceutical services.

⁴³ <https://www.jsnaoldham.co.uk/cms-data/depot/places-depot/East-District-Profile-2023.pdf> accessed 28/03/2025

7.6.2 Future housing development in East District

There is allocation of land for residential housing in St James' ward but will complete outside the cycle of this PNA. This area is well served by existing pharmacies and would not require any extra pharmaceutical service facilities within this PNA cycle.

8 How pharmaceutical services can help support a healthier population

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

8.1 Essential Services (ES)

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

- 1. Dispensing of medicines**

Pharmacies are required to maintain a record of all medicines dispensed, and also keep records of any interventions made which they judge to be significant.⁴⁴

- 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”.⁴⁵

- 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.⁴⁶

- 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.⁴⁷

- 5. Disposal of unwanted medicines**

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

- 6. Signposting**

NHS England will provide pharmacies with lists of sources of care and support in the area. Pharmacies will be expected to help people who ask for assistance by directing them to the most appropriate source of help.⁴⁸

- 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

⁴⁴ <https://cpe.org.uk/national-pharmacy-services/essential-services/dispensing-of-medicines/> accessed 17/03/2025

⁴⁵ <https://cpe.org.uk/national-pharmacy-services/essential-services/dispensing-of-appliances/> accessed 17/03/2025

⁴⁶ <https://cpe.org.uk/national-pharmacy-services/essential-services/repeat-dispensing/> accessed 17/03/2025

⁴⁷ <https://cpe.org.uk/national-pharmacy-services/essential-services/healthy-living-pharmacies/> accessed 17/03/2025

⁴⁸ <https://cpe.org.uk/national-pharmacy-services/essential-services/signposting/> accessed 17/03/2025

NHS 111. Records will be kept where the pharmacist considers it relevant to the care of the patient.⁴⁹

8. Public health (promotion of healthy lifestyles)

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

In addition, pharmacies are required to undertake prescription-linked interventions on major areas of public health concern, such as encouraging smoking cessation.⁵⁰

9. Discharge medicines Service (DMS).

From 15th February 2021, NHS Trusts were able to refer patients who would benefit from extra guidance around prescribed medicines for provision of the DMS at their community pharmacy. The service has been identified by NHS England's Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.⁵¹

Results from the GM standardised public survey for the Oldham population show that with respect to pharmacy essential services 44% of respondents had used repeat dispensing in the last 3 months and 72% 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.⁵²

2. Pharmacy First Service (PFS)

The Advanced service involves pharmacists providing advice and NHS-funded treatment, where clinically appropriate, for seven common conditions.⁵³

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.⁵⁴

⁴⁹ <https://cpe.org.uk/national-pharmacy-services/essential-services/support-for-self-care/> accessed 17/03/2025

⁵⁰ <https://cpe.org.uk/national-pharmacy-services/essential-services/public-health/> accessed 17/03/2025

⁵¹ <https://cpe.org.uk/national-pharmacy-services/essential-services/discharge-medicines-service/> accessed 17/03/2025

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

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

⁵⁴ <https://cpe.org.uk/national-pharmacy-services/advanced-services/flu-vaccination-service/> accessed 17/03/2025

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

4. Pharmacy Contraception Service (PCS)

The PCS commenced on 24th April 2023, allowing the on-going supply of oral contraception (OC) from community pharmacies. From 1st December 2023, the service expanded to include both initiation and on-going supply of OC.⁵⁵

5. Lateral Flow Device Service (LFD)

The LFD service was introduced to provide eligible patients with access to LFD tests.⁵⁶

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.⁵⁷

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.⁵⁸

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.⁵⁹

9. Smoking Cessation Service (SCS)

This service has been designed to enable NHS trusts to undertake a transfer of care on patient discharge, referring patients (where they consent) to a community pharmacy of their choice to continue their smoking cessation treatment, including providing medication and support as required. The ambition is for referral from NHS trusts to community pharmacy to create additional capacity in the smoking cessation pathway.⁶⁰

Results from the GM standardised public survey for the Oldham population show that with respect to Pharmacy Advanced Services, 56% of respondents had used the NHS urgent medicine supply within the last 12 months or were planning to use the service in the future, 33% 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, 28% of respondents had used the NHS New Medicines Service within the last 12 months or were planning to use the service in the future, 44% of respondents had used the NHS Flu vaccination Service within the last 12 months or were planning to

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

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

⁵⁷ <https://cpe.org.uk/national-pharmacy-services/advanced-services/hypertension-case-finding-service/> accessed 17/03/2025

⁵⁸ <https://cpe.org.uk/national-pharmacy-services/advanced-services/nms/> accessed 17/03/2025

⁵⁹ <https://cpe.org.uk/national-pharmacy-services/advanced-services/sac/> accessed 17/03/2025

⁶⁰ <https://cpe.org.uk/national-pharmacy-services/advanced-services/smoking-cessation-service/> accessed 17/03/2025

use the service in the future, 33% 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 6% of respondents had used the NHS Smoking Cessation/stop smoking Service within the last 12 months or were planning to use the service in the future.

8.3 Locally commissioned services (LCS)

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

8.3.1 NHS GM ICB services

Minor Ailment Service

Provides advice and support to people registered with an Oldham 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. This service is not provided by any pharmacy in the Oldham HWB area. However, it is available in Bury, Rochdale, Stockport and Tameside and it is possible Oldham residents may access this service via Pharmacies in these HWB areas.

Palliative Care and Anti-viral 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 fee.ⁱⁱ

8.3.2 Oldham Council locally commissioned services

Emergency Hormonal Contraception (EHC)

EHC is used in reducing unplanned or unwanted pregnancies. The drug levonorgestrel is used for EHC, which is 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.

Substance Misuse (commissioning budget delegated to Turning Point)

A needle exchange and supervised consumption of methadone/buprenorphine service are sub-contracted by the commissioned provider Turning Point.

- **Needle and syringe exchange services (NEX)** are 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** involves the client consuming methadone or buprenorphine under the direct supervision of a pharmacist in a community pharmacy. It is a medicines adherence service which aims to:
 - Reduce the risk of harm to the client by over or under usage of drug treatment.
 - Reduce the risk of harm to the local community by the inappropriate use of prescribed medicines via the illicit drug market.
 - Reduce the risk of harm to the community by accidental exposure to these prescribed medicines.

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

Results from the GM standardised public survey for the Oldham population show that with respect to Pharmacy Locally commissioned Services, 17% of respondents had used the Emergency Hormonal Contraception Service within the last 3 months or were planning to use the service in the future, 39% of respondents had used the Minor Ailments service within the last 12 months or were planning to use the service in the future and 17% of respondents had used the Palliative Care Service within the last 12 months or were planning to use the service in the future.

9 Gaps in current provision of pharmaceutical services

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

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

There are 60 such pharmacies providing pharmaceutical services in Oldham. 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 Oldham within a one-mile buffer zone, will be recorded and can qualify as providers of access, if Oldham providers do not suffice in certain areas.
- In rural areas (Oldham has 1 LSOA described as rural⁶¹) the population should be within 20 minutes' driving time or within a 5 miles radius of at least one of the above providers. If neither criterion is met, then this should be given further consideration as a possible gap.
- In all other wards in Oldham, which are classed as urban areas, the population should be within 20 minutes' walking time (estimated at 1 mile) or 20 minutes' public transport time of a provider. If neither criterion is met, then this should be given further consideration as a possible gap.
- All pharmacies should open their minimum core hours each week.
- Weekend coverage by standard pharmacies (commonly about four hours on a Saturday morning) will be noted, but assessment of access to pharmacies will not be made utilising this, as it is difficult for NHSCB to effect changes in existing contracts for weekend opening hours.
- Areas of low car ownership in villages (where 15% or more of households are without cars) should be identified and examined for acceptable public transport access on weekdays (within 20 minutes' travel time). Public transport access in rural areas (mainly bus) should be commented on, although it should not form a criterion.
- The prospective needs of new build areas should be identified and considered where growth of 200 or more dwellings is planned in the period of the PNA.
- The projection of gaps in general access for new build areas in each locality should, as far as possible, apply the criterion of 20 minutes' drivetime in rural areas and the criterion of 20 minutes' public transport time in urban areas in the attempt to project the emergence of gaps in pharmaceutical services.

9.2 Gap Analysis – Location and times of opening

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

- All five districts have pharmacies within their border (see appendix 10 for maps)

⁶¹ ONS https://geoportal.statistics.gov.uk/datasets/9dbf7613cbb147b8bb8627ddb3568cff_0/explore

- 80% of items dispensed in Oldham Pharmacies were for people registered with an Oldham GP practice (Table 13), 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 24 in Oldham (Table 14). This is higher than both GM (21) and England (18) averages. Based on historical pharmacy use this would indicate that the current number of pharmacies are sufficient for the current population.
- Also, with 7,919 average items per month dispensed in Oldham pharmacies (Table 14) being lower than GM and England figures, this also indicates that the current number of pharmacies can cope with demand for prescription dispensing.
- Map 4 showing the population density and the relative location of pharmacy premises shows more pharmacies are in the most highly populated wards.
- Map 5 (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.
- Maps 7 & 8 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.
- Considering the number, distribution and opening times of pharmacies within each of the five districts (section 7), there is sufficient pharmaceutical provision within each of the districts. Section 6.1.3 also describes the satisfactory spread and range of opening times available for pharmaceutical services in Oldham.

9.3 Gap Analysis - Current service provision

- 78% of respondents to the public survey (appendix 3) said they were either satisfied or very satisfied with the overall pharmacy service provided by their local pharmacy.
- 94% of respondents to the public survey had not had any difficulty in accessing a pharmacy of their choice
- 67% of responders said the opening hours of pharmacies in Oldham do not cause a problem
- 72% 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 Oldham 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 Oldham 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 districts and the whole Oldham 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 2028 will be reviewed during the next iteration of the Oldham 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 as described under the previous consideration of what is necessary. However, in each district, there are pharmacies open beyond what may be regarded as normal hours, in that they provide pharmaceutical services during supplementary hours in the evening, on Saturday and Sunday, except for South district which has no provision on a Sunday.

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

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

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

The HWB consider these to provide both an improvement and better access to such services for the residents of Oldham 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 enhanced 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 districts and the Oldham HWB area providing enhanced services or 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, Oldham HWB has had regard to the pharmaceutical services referred to in this PNA in seeking to identify those that are necessary, have secured improvements or better access, or have contributed towards meeting the need for pharmaceutical services in the area of the HWB.

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

11.2 Necessary services – gaps in provision

As described in section 9 and required by paragraph two of schedule 1 to the Regulations, Oldham 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.

Access to essential services during normal working hours

Oldham 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.

Access to essential services outside normal working hours

In Oldham there is good access to essential services outside normal working hours in all five districts and across the HWB area. This is due to the supplementary opening hours offered by most pharmacies. It is not expected that any of the current pharmacies will reduce the number of core opening hours and NHSCB foresees no reason to agree a reduction of core opening hours for any service provider except on an ad hoc basis to cover extenuating circumstances.

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

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

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

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

11.4 Improvements and better access – gaps in provision

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

Access to essential services – present and future circumstances

Oldham 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.

Oldham 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.

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.

Current and future access to enhanced services

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

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

11.5 Other NHS Services

As required by paragraph five of schedule 1 to the 2013 Regulations, Oldham 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 districts 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.

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

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ii <https://greatermanchester.communitypharmacy.org.uk/wp-content/uploads/sites/118/2024/09/C19-Oral-Therapeutics-Dispensing-Service-Specification-180724.pdf>