

Cheshire East Health and Wellbeing Board Agenda

Date:	Tuesday, 16th September, 2025
Time:	2.00 pm
Venue:	Council Chamber, Municipal Buildings, Earle Street, Crewe CW1 2BJ

The agenda is divided into 2 parts. Part 1 is taken in the presence of the public and press. Part 2 items will be considered in the absence of the public and press for the reasons indicated on the agenda and at the foot of each report.

It should be noted that Part 1 items of Cheshire East Council decision making meetings are audio recorded and the recordings will be uploaded to the Council's website

PART 1 – MATTERS TO BE CONSIDERED WITH THE PUBLIC AND PRESS PRESENT

1. **Apologies for Absence**

2. **Declarations of Interest**

To provide an opportunity for Members and Officers to declare any disclosable pecuniary and non-pecuniary interests in any item on the agenda.

3. **Minutes of Previous meeting** (Pages 3 - 8)

To approve the minutes of the meeting held on 1 July 2025.

For requests for further information

Contact: Frances Handley

E-Mail: CheshireEastDemocraticServices@cheshireeast.gov.uk

4. **Public Speaking Time/Open Session**

In accordance with paragraph 2.24 of the Council's Committee Procedure Rules and Appendix on Public Speaking, set out in the [Constitution](#), a total period of 15 minutes is allocated for members of the public to put questions to the committee on any matter relating to this agenda. Each member of the public will be allowed up to two minutes each to speak, and the Chair will have discretion to vary this where they consider it appropriate.

Members of the public wishing to speak are required to provide notice of this at least three clear working days' in advance of the meeting.

5. **The Pharmaceutical Needs Assessment** (Pages 9 - 326)

To receive a final version of the Pharmaceutical Needs Assessment (PNA) 2022-2025 report for approval.

6. **Supporting our East Timorese community** (Pages 327 - 336)

To receive a report on supporting our East Timorese community

7. **Healthier Futures Update** (Pages 337 - 358)

To receive and update on progress with the Mid Cheshire Trust Healthier Futures Programme (the new Leighton Hospital).

8. **Neighbourhood Health Service Implementation Programme** (Pages 359 - 372)

To receive an update on the Neighbourhood Health Service Implementation Programme update

Membership: L Barry (Vice Chair), R Burgess, Dr P Bishop, A Blizard, D Bowman, Councillor L Crane, H Charlesworth May, Councillor S Corcoran (Chair), P Cresswell, D Godfrey, Councillor J Rhodes, I Wilson, K Little, Councillor S Gardiner, Professor Rod Thomson

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Cheshire East Health and Wellbeing Board**
held on Tuesday, 1st July, 2025 in the Council Chamber - Town Hall,
Macclesfield, SK10 1EA

PRESENT**BOARD MEMBERS**

Councillor Sam Corcoran (Chair), Cheshire East Council
Helen Charlesworth-May, Executive Director Adults, Health and
Integration
Councillor Stewart Gardiner, Cheshire East Council (via teams)
Dawn Godfrey, Executive Director Children and Families, Cheshire
East Council (via teams)
Phil Cresswell, Executive Director of Place, Cheshire East Council (via teams)
Councillor Jill Rhodes, Chair of Adults and Health Committee, Cheshire
East Council
Isla Wilson, Chair, Cheshire East Health and Care Place Partnership (via
teams)
Superintendent Andrew Blizzard, Cheshire Constabulary

OFFICERS IN ATTENDANCE

Guy Kilminster, Corporate Manager, Health Improvement
Professor Rod Thomson, Interim Public Health Consultant
Susie Roberts, Public Health Consultant (item 8 – via teams)
Richard Hibbert, Head of Strategic Transport & Parking (item 9)
Frances Handley, Democratic Services Officer

1 APPOINTMENT OF CHAIR

It was moved and seconded that Councillor Sam Corcoran be appointed
the Chair.

RESOLVED:

That Councillor Sam Corcoran be appointed as Chair.

2 APPOINTMENT OF VICE CHAIR

It was moved and seconded that Louise Barry be appointed as Vice Chair.

The board was advised that there was an announcement from the
department of Health and Social Care that Healthwatch as an organisation
is pending closure. However it was confirmed that there will be a
considerable amount of time before this comes into action. The board
were updated that Healthwatch are still present and will still be delivering
until advised otherwise.

RESOLVED:

That Louise Barry be appointed as Vice Chair.

3 APOLOGIES FOR ABSENCE

Dr Paul Bishop - NHS Cheshire and Merseyside Integrated Care Board,
Kate Little - CEO CVS Cheshire East

A minutes silence was held in honour of Councillor Chris Hilliard

4 DECLARATIONS OF INTEREST

There were no declarations of interest.

5 MINUTES OF PREVIOUS MEETING

An amendment to minute no. 51 Better Care Fund 2025-2026 was agreed by the board, to change the wording to ensure there was clarity as to what the Board had raised questions about: i) ensuring that people had lasting powers of attorney and clear instructions as to what they wanted in terms of treatment and end of life preferences and ii) to query what was being done to ensure that a person was not in hospital over the weekend. The change required was to replace ‘...**would be the only place available to be cared for**’ to ‘because hospital was the only place available to be cared for on a Friday afternoon’.

RESOLVED:

That the minutes of the meeting held on 18 March 2025 be approved subject to the amendment

6 PUBLIC SPEAKING TIME/OPEN SESSION

There were no public speakers.

7 REVIEW OF MEMBERSHIP

The Cheshire East Health and Wellbeing Board's Terms of Reference require the membership to be reviewed and agreed at the first meeting of the Municipal Year. The Board considered a report which reviewed the membership for 2025-26.

It was noted that the board is yet to confirm a representative from a housing provider and a Business representative.

RESOLVED:

That the statutory Cheshire East Health and Wellbeing Board members agree the following individuals as additional members for 2025-2026

Councillor Stewart Gardiner – Opposition Group representative

Philip Cresswell – the Executive Director of Place

Isla Wilson – representing the Place Health and Care Partnership Board

Superintendent Andrew Blizzard – representing the Police and Crime Commissioner

Denise Bowman - representing the Chief Fire Officer

Kate Little - representing the community, voluntary and social enterprise sector

Claire Williamson – an additional representative for Children and Families

A housing provider representative – to be nominated

A Business representative – to be nominated

8 SEND JOINT STRATEGIC NEEDS ASSESSMENT

The board received a presentation on the Special Educational Needs and Disability (SEND) JSNA.

The Board discussed the need for partnership working to ensure a collaborative approach to delivering services and raised the importance of the Families First partnership programme work that is being undertaken.

The Board requested that the language and approach taken is considered to ensure inclusivity and accessibility in communications that all understand.

It was noted that there is a lot of focus on the diagnosis however it was suggested that there should be more emphasis on early intervention to assist with the escalation in the need for Education Health and Care Plans which would look more at support in the early stages and throughout assessments and tracking outcomes.

The Board highlighted that the education system needs to be considered by the government to seek more inclusive learning rather than a standardised way of learning.

RESOLVED:

That the board note the findings and recommendations of the Special Educational Needs and Disabilities (SEND) Joint Strategic Needs Assessment (JSNA) review.

9 CHESHIRE EAST ACTIVE TRAVEL STRATEGY

The board received a report on the Draft Active Travel Strategy and Local Cycling & Walking Infrastructure Plans (LCWIPs) and discussed an

opportunity for the board to help shape the strategic direction for active travel and inform and influence the delivery plans.

Officers acknowledged the recent passing of Councillor Hilliard and again thanked them for their contributions and engagement with the officer team working on the documentation.

It was noted that there was a launch of a public consultation week commencing 7 July to run for 8 weeks and encouraged the board to engage.

The core funding for active travel is administered on behalf of the department of transport by an agency Active Travel England. There is growth in active travel grants both in capital and revenue.

In the production and finalisation of the strategy, it was noted that those authorities performing at a higher level would have greater access to funding so developing a new strategy and infrastructure plans was a key part of demonstrating the Councils ambition and commitment.

An observation from the last assessment was to develop relationships with partner organisations who have an interest in active travel, and there is an opportunity for the board to be involved.

The board expressed the need for an emphasis on safety and security to encourage the public to be involved in active travel.

The board suggested utilising social media to market the strategy as it was a powerful medium which would help get the message across quickly and would engage a wider audience.

The links to the Local Cycling Walking infrastructure Plans links can be found below;

[Active travel in Cheshire East](#)

[Cheshire East's Active Travel Consultation](#)

RESOLVED:

To respond to the consultation and share the materials with partners and professional networks to ensure that the views of the health sector are fully considered and incorporated wherever possible.

10 ALL TOGETHER FAIRER POVERTY REVIEW

An update was provided to the Board to advise of the proposed review of Poverty that will be undertaken by the All Together Fairer Commission.

It was noted that Living Well in Crewe (the Commission's last piece of work) was now included in the Cheshire East Plan.

It was proposed that poverty was focused on as the next piece of work under this commission. The cost of living review of 2022 and the poverty JSNA that was undertaken in 2023 would be used as a baseline along with other local and national work to research and establish the extent to which we have locally successfully implemented the recommendations and what interventions are in place, and to establish where there are areas to improve. It is suggested that an update report is brought back to the board in the future.

The Board raised the difficulties of being a deprived family in an affluent area and the opportunities available for children and the impact it has on their futures and therefore welcomed the proposal of the initial scoping work to provide the evidence required to improve this.

The Board discussed the need for a rural poverty strategy and suggested that this is pushed where possible to the government.

The Board suggested that initiating a Citizens Assembly as part of the work would be worthwhile and findings from that included in the review. Utilising a participatory budgeting approach was also mentioned if the funding is available.

The importance of having visual representations such as the tartan rug to show the health inequalities across Cheshire East were raised. Improvements such as the pocket parks in Crewe and the Crewe Youth Zone that have been implemented to address the health inequalities across the borough need to be considered as well and the opportunities that they provide.

RESOLVED:

To note and comment upon the proposed work.

The meeting commenced at 14.00 and concluded at 15.55

Councillor S Corcoran (Chair)

This page is intentionally left blank



CHESHIRE EAST HEALTH AND WELLBEING BOARD
Reports Cover Sheet

Title of Report:	Pharmaceutical Needs Assessment 2025 Update
Date of meeting:	16 September 2025
Written by:	Sara Deakin, Head of Health Intelligence and Dr Susan Roberts, Consultant in Public Health
Contact details:	susan.roberts@cheshireeast.gov.uk
Health & Wellbeing Board Lead:	Dr Rod Thomson, Interim DPH

Executive Summary

Is this report for:	Information ☐	Discussion ☐	Decision ☒ X
Why is the report being brought to the board?	The purpose of this paper is to provide the Health & Wellbeing Board (HWB) with a final version of the Pharmaceutical Needs Assessment (PNA) 2022-2025 for approval prior to publication by 1 October 2025		
Please detail which, if any, of the Health & Wellbeing Strategy priorities this report relates to?	Creating a place that supports health and wellbeing for everyone living in Cheshire East ☐ Improving the mental health and wellbeing of people living and working in Cheshire East ☐ Enable more people to live well for longer ☐ All of the above ☒ X		
Please detail which, if any, of the Health & Wellbeing Principles this report relates to?	Equality and Fairness ☐ Accessibility ☐ Integration ☐ Quality ☐ Sustainability ☐ Safeguarding ☐ All of the above ☒ X		
Key Actions for the Health & Wellbeing Board to address. Please state recommendations for action.	The Health and Wellbeing Board (HWB) is asked to approve the final version of the PNA for publication on the Cheshire East Council website by 1 October 2025.		
Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?	The report has been taken to the Cheshire East Council Adults, Health and Integration Directorate Management Leadership Team, prior to the submission to the HWB.		

Has public, service user, patient feedback/consultation informed the recommendations of this report?	Yes – The draft PNA underwent formal public consultation between 1st April 2025 and 10th June 2025. Following this, findings were considered and actioned to ensure further detailed explanation as to the rationale for the conclusions drawn within the PNA.
If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.	The PNA provides a comprehensive overview of current and future pharmaceutical need, and pharmaceutical provision across Cheshire East that can be referred to by a wide range of stakeholders, including the NHS. PNAs are used by the NHS to make decisions on which NHS funded services need to be provided by local community pharmacies. These services are part of local health care and public health and affect NHS budgets. PNAs are also relevant when deciding if new pharmacies are needed, in response to applications by businesses, including independent owners and large pharmacy companies.

1 Report Summary

- 1.1 The purpose of this paper is to provide the Health & Wellbeing Board (HWB) with a final version of the Pharmaceutical Needs Assessment (PNA) 2022-2025 for approval prior to publication by 1 October 2025.
- 1.2 The final version of the PNA includes findings from public consultation and a summary of responses and/or amendments made to the report following this.

2 Recommendations

- 2.1 The Health and Wellbeing Board approves the final version of the PNA for publication on the Cheshire East Council website for 2025-2028.

3 Reasons for Recommendations

- 3.1 From 1st April 2013, every Health and Wellbeing Board (HWB) in England has had a statutory responsibility (Section 128A of NHS Act 2006, as amended by Health Act 2009 and Health and Social Care Act 2012) to publish and keep up to date a statement of the needs for pharmaceutical services of the population in its area, referred to as a pharmaceutical needs assessment (PNA). Cheshire East Health and Wellbeing Board has a statutory responsibility to publish an up-to-date statement of pharmaceutical needs every 3 years.
- 3.2 PNAs are used by the NHS to make decisions on which NHS funded services need to be provided by local community pharmacies. These services are part of local health care and public health and affect NHS budgets.
- 3.3 Health and Wellbeing Boards need to publish revised PNAs for their area every three years. The last PNA was signed off by the Health and Wellbeing Board on the 27 September 2022. The latest PNA must be published by 1 October 2025.
- 3.4 The final version of the PNA (2025-2028) incorporates feedback from the consultation and amendments made after considering an analysis of the responses received

4 Impact on Health and Wellbeing Strategy Priorities

4.1 The production of the PNA supports all four outcomes from the Joint Local Health and Wellbeing Strategy for the population of Cheshire East 2023-2028: Community pharmacies have a vital role in achieve these outcomes. Outcome 1 - Cheshire East is a place that supports good health and wellbeing for everyone, Outcome 2 - Our children and young people experience good physical and emotional health and wellbeing, Outcome 3 - The mental health and wellbeing of people living and working in Cheshire East is improved and Outcome 4 - That more people live and age well, remaining independent; and that their lives end with peace and dignity in their chosen. It is a statutory requirement.

5 Background and Options

5.1 Cheshire East Health and Wellbeing Board has a statutory responsibility to publish an up-to-date statement of pharmaceutical needs. A revised PNA must be published by the 1 October 2025. The previous PNA was published in September 2022: Cheshire East Health and Wellbeing Board, Pharmaceutical Needs Assessment. http://www.cheshireeast.gov.uk/council_and_democracy/your_council/health_and_wellbeing_board/health_and_wellbeing_board.aspx

5.2 The Health and Wellbeing Board approved delegation of the day-to-day authority for the development of the revised PNA to the Director of Public Health on 2 July 2024 at minute number 10.

5.3 The PNA covers community pharmacy opening times, services delivered from community pharmacies, and accessibility.

5.4 The production of the PNA was overseen by the Cheshire East PNA Steering Group, which included representation from:

- Cheshire East Council Public Health
- Cheshire and Merseyside Integrated Care Board
- Healthwatch
- The Chair of the Local Pharmaceutical Committee and of the Local Pharmaceutical Network
- Local Medical Committee representatives

5.5 The production of the draft PNA involved:

- Analysis of data relating to pharmaceutical need and demand from wide and varied sources
- Regular consultation with members of the Cheshire East PNA Steering Group

- A public survey, and incorporation Healthwatch conversations regarding pharmacies
- A dispensing doctors survey
- A community pharmacy contractors survey.

5.6 Within the draft PNA, provisional findings indicated that current pharmaceutical provision across Cheshire East borough was assessed as adequate in terms of location, opening hours and pharmaceutical services offered to the population.

5.7 The draft PNA underwent public consultation from 1st April 2025 to 10th June 2025. This involved invitations for all key stakeholders to feedback. Key stakeholders were identified by the Cheshire East PNA Steering Group through examination of the national guidance and of the local Equality Impact Assessment. The consultation was publicised via: a media release through local and regional media channels; and on the Council's website, Facebook and Twitter channels.

5.8 A total of 18 completed responses were received. The number of responses was considerably lower than for the last PNA in 2022. There are several reasons for this: -

- Increased promotion of the public survey this time. This meant that issues from residents and users were raised and responded to earlier in the PNA process.
- In the 2022-2025 PNA consultation most responses were from residents of a particular area. This disproportionate representation from this area was skewing the analysis of both the closed questions and the concerns raised in the open questions (free text responses).
- The last PNA was undertaken in 2021-2022 during the Covid-19 pandemic. Community pharmacy services were a vital part of the healthcare system during Covid and the vaccination delivery programme. This did mean that waits for prescriptions were longer, and queues could appear long due to social distancing measures.

5.9 The consultation report is included as Appendix 1, and also at Appendix G within the final full PNA document (Appendix 2). In addition, the short Plain English Summary of the PNA has been updated to provide further clarity following consultation (Appendix 3).

5.10 The draft PNA 2025-2028 concluded that pharmaceutical provision within Cheshire East is currently satisfactory. 82% of respondents agreed with this statement (14 out of 17 respondents to this question, 6 of whom strongly agreed (question 10 in the Table A). Importantly, no respondents disagreed with this statement. Furthermore, no respondents strongly disagreed with any of the statements included within the consultation questionnaire.

5.11 A total of 11 respondents gave additional detail in the nine open questions: All open responses were analysed to identify themes:

- most respondents gave multiple comments spanning several themes across the open questions.
- There were 16 individual concerns raised by 9 of the respondents, across 5 identified themes.
- All respondents who gave a negative response in one or more of the closed questions gave some feedback in the open questions
 - 9 (60%) of these were from residents of Cheshire East
 - A further 4 concerns were from 2 people whose responses were on behalf of an organisation but also live within Cheshire East
 - A further 3 concerns were from 2 people living outside of Cheshire East

- 5.12 All concerns raised through the consultation have been summarised in Table B of the consultation report (Appendix 1). This table also summarises actions taken to address this feedback. All concerns raised have been duly considered and where necessary, appropriate actions taken and documented in a formal action log.
- 5.13 Updated population projections were released by the Office for National Statistics (ONS) on the 24th of June 2025, after the 2025-2028 PNA public consultation. This new data has been incorporated and considered in the final draft. This updated section has also been included as a separate appendix to this paper (Appendix 5).
- 5.14 The Steering Group have examined this revised population information, together with all the consultation responses received. After careful consideration and seeking appropriate advice if required, they have concluded that the original statement remains valid, that **there is adequate provision when location, number and distribution of pharmacies providing essential and advance services during standard core hours to meet the needs of the Cheshire East population over the time frame of this latest PNA.** Nevertheless, over the lifetime of this PNA, the public health intelligence team will actively consider pharmacy issues and need on behalf of the Health and Wellbeing Board. They will regularly consider the need for additional (supplementary) statements to update on any substantial changes that emerge.

6 Access to Information

- 6.1 The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013: <http://www.legislation.gov.uk/ukxi/2013/349/contents/made>
- 6.2 The 2023 amendments to the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013: [NHS England » Guidance on the NHS \(pharmaceutical and local pharmaceutical services\) \(amendment\) regulations 2023](#)

The background papers relating to this report can be inspected by contacting the report writer:

Name: Sara Deakin

Designation: Head of Health Intelligence, Cheshire East

Email: sara.deakin@cheshireeast.gov.uk

Appendix 1 PNA 2025-2028 Appendix G Final

Appendix 2 PNA 2025-2028 EIA, which will be published at the same time as the 2025-2028 PNA

Appendix 3 PNA 2025-2028 Exe Summary Final

Appendix 4 PNA 2025-2028 Plain English Summary Final

Appendix 5 PNA 2025-2028 Section 4.2.4 Resident Population Forecast

This page is intentionally left blank

Cheshire East Health and Wellbeing Board

Pharmaceutical Needs Assessment

2025-2028

Table of Contents

Executive Summary	7
1.1 Current provision	8
1.2 Future need.....	10
MAIN DOCUMENT	12
Part 1: Introduction, Regulatory Statements, Scope & Methodology ..	13
1. Introduction and purpose	14
2. Statements from pharmaceutical regulations (2013).....	16
2.1 Statement One: Necessary services: Current provision	16
2.2 Statement two: Necessary services: Gaps in provision.....	20
2.3 Statement three: Other relevant services: Current provision	24
2.4 Statement Four: Improvements and better access: Gaps in provision	25
2.5 Statement five: Other NHS services	26
2.6 Statement Six: How the assessment was carried out	27
Map of provision	28
3. Scope and Methodology	29
3.1. Scope of the PNA.....	29
3.2 Localities used for considering pharmaceutical services.....	29
3.3. Methodology and Data Analysis	30
3.4 Consultation regarding the draft PNA	33
Part 2: Health needs based on demography, localities and linked to Joint Strategic Needs Assessment (JSNA)	35
4. Population Profile of Cheshire East.....	36
4.1. Location.....	36
4.2. Population Structure and Projections.....	37
4.3. Future Planning: Housing Developments.....	46
4.4 Variation in potential pharmaceutical need by protected characteristics	52

CHESHIRE EAST PHARMACEUTICAL NEEDS ASSESSMENT 2025-2028

4.5 Sensitivity to changes in the population	77
4.6. Deprivation and socio-economic factors	77
5. Health Profile of Cheshire East	83
5.1 Summary of health issues	83
5.2. Health & Wellbeing Board Priorities	85
5.3. Sustainability	86
Part 3: Current service provision: access; prescribing; advanced and locally commissioned services	88
6. Current pharmaceutical services	89
6.1. Definition of Pharmaceutical Services.....	89
6.2. Essential Services	92
6.3. Pharmacy providers.....	94
6.4. Pharmacy locations and level of provision	96
6.5. Getting to the pharmacy	101
6.6 Community Pharmacy Opening Hours.....	108
7. Prescribing and dispensing	116
7.1. Dispensing volume	116
7.2 Medicines shortages.....	123
7.3. Prescription Collection and Delivery Services	125
7.4. Reasonable Adjustments.....	127
8. Advanced, enhanced and locally commissioned service provision.....	128
8.1. Pharmacy provision of advanced and enhanced commissioned services.	128
8.2 Locally Commissioned Services	135
8.3 Services Commissioned by NHS Cheshire and Merseyside Integrated Care Board (sub-ICB) Cheshire East Place	138
8.4 How essential, advanced and locally commissioned pharmacy services support local priority health needs.....	139
Appendix A The Public Survey.....	142

Appendix B Care Community Profiles.....	163
ALDERLEY EDGE, CHELFORD, HANDFORTH, WILMSLOW (CHAW)	164
BOLLINGTON, DISLEY, POYNTON (BDP).....	170
CONGLETON, HOLMES CHAPEL (CHOC).....	175
CREWE	181
KNUTSFORD	189
MACCLESFIELD	194
NANTWICH AND RURAL.....	201
Sandbach, Middlewich, Alsager, Scholar Green and Haslington (SMASH).....	206
Appendix C Glossary of terms and phrases defined in regulation 2 of the 2013 Regulations.....	213
Appendix D Map of Pharmacies in Care Communities	215
Appendix E Insights from Healthwatch	221
Appendix F Dispensing Doctors Survey	229
Appendix G Consultation Feedback.....	236
Appendix H How to complain about a local pharmacy	246

CHESHIRE EAST PHARMACEUTICAL NEEDS ASSESSMENT 2025-2028

Table of Tables

Table 1: How planned housing will affect the pharmacy per 100,000 population rates.	22
Table 2: Comparison of ONS 2022 population projections ¹⁹ and ONS 2022 mid-year population estimates ¹⁸	42
Table 3: Remodelled predicted prescribing need for Cheshire East, 2019 to 2029 ^{18,19}	43
Table 4: Predicted prescribing need for Cheshire East, 2022 to 2033 ¹⁹	43
Table 5: Remodelled population changes for Cheshire East care communities, 2019 to 2029 ^{18,19}	44
Table 6: Predicted prescribing need for Cheshire East care communities, 2022 to 2033 ¹⁹	45
Table 7: Estimates of proposed housing on main Strategic Sites in Cheshire East by March 2028 ²⁰ ..	47
Table 8: Disability by care community	56
Table 9: Accessibility aids provided by pharmacies in Cheshire East*	59
Table 10: Ethnicity by care community ⁵⁹	61
Table 11: Religion	63
Table 12: Sexual orientation	69
Table 13: Gender identity	71
Table 14: IMD 2019 decile of public pharmacy survey participants compared to Cheshire East population distribution	80
Table 15: Walk time to a community pharmacy up to 30 minutes: Population excluded by IMD quintile	82
Table 16: Public transport travel times to a community pharmacy on a weekday morning: Population excluded by IMD quintile	82
Table 17: Pharmacies granted Pharmacy Access Scheme Money within Cheshire East Council (January 2025)	91
Table 18: Community dispensing premises located within the Cheshire East boundary, December 2024	96
Table 19: Changes in numbers of community pharmacies since last PNA	97
Table 20: Community pharmacies per 100,000 population, Cheshire East	100
Table 21: Drive times to a community pharmacy during rush hour	104
Table 22: Population within a 30-minute walk time to a community pharmacy	104
Table 23: Public transport travel times to a community pharmacy on a weekday morning	106
Table 24: Population within a 30-minute cycle time to a community pharmacy	107
Table 25: Overview of opening hours by care community	112
Table 26: Average items per month dispensed by Cheshire East Care Communities during 2023/24	117
Table 27: Dispensing flows for items prescribed by Cheshire East Care Communities during 2023/24	119
Table 28: Prescription dispensing flows between Cheshire East Care Communities, 2023/24	120
Table 29: Ability of community pharmacies to adapt to demand*	121
Table 30: Prescription Collection and Delivery Services in Cheshire East*	126
Table 31: Reasonable adjustments by Care Communities*	127
Table 32: Summary of advanced and enhanced commissioned service provision	129
Table 33: Pharmacies providing Public Health Services by Care Community	137

Table of Figures

Figure 1: PNA development process	30
Figure 2: Cheshire East resident population compared to England, mid-2022 estimated age and gender structure	38
Figure 3: Comparison of ONS 2022 population projections ¹⁹ and ONS 2022 mid-year population estimates by 5 year age-bands ¹⁸	42
Figure 4 Fertility rates for Cheshire East over time	65
Figure 5: Cheshire East's population distribution by national deprivation decile, IMD 2019	78
Figure 6: Key health statistics for Cheshire East	84
Figure 7: Pharmacies per 100,000 population, Q2 2024-25	98
Figure 8: Pharmacies per 100,000 population in Care Communities, Q2 2024-25	99
Figure 9: Question 7 of public survey – importance of location to your choice of pharmacy	101
Figure 10: Method used to get to the pharmacy, Q5 of public survey of community pharmacy services 2024 (more than one option could be selected)	102
Figure 11: Ease of access to usual pharmacy, Q8 of public survey of community pharmacy services	108
Figure 12: Pharmacy Opening Hours by Care Community – Weekday	110

CHESHIRE EAST PHARMACEUTICAL NEEDS ASSESSMENT 2025-2028

Figure 13: Pharmacy Opening Hours by Care Community – Saturday	111
Figure 14: Pharmacy Opening Hours by Care Community – Sundays	113
Figure 15: How many times recently have you needed to use your usual pharmacy when it was closed? - Q17 public survey of community pharmacy services 2024	114
Figure 16: Average monthly items per pharmacy based on prescribing by Cheshire East practices and dispensed by Cheshire East pharmacies compared to national trend	118
Figure 17: Why did you visit the pharmacy? (Please tick all that apply)	122
Figure 18: When did you last use a pharmacy?	122

Table of Maps

Map 1: Location of Cheshire East	37
Map 2: Level of Deprivation in Cheshire East	79
Map 3: Community pharmacy locations overlayed with the Index of Multiple Deprivation	81
Map 4: Drive times to community pharmacies during the day	103
Map 5: Drive times to community pharmacies during rush hour	103
Map 6: Walking times to community pharmacies	105
Map 7: Travel time to community pharmacies by public transport on a weekday morning	105
Map 8- Cycling times to community pharmacies	107

Executive Summary

Pharmaceutical Needs Assessments (PNAs) are carried out to assess the current and future needs for pharmaceutical services in the local population. They ensure that community pharmacy services are provided in the right place and meet the needs of the communities they serve.

Every Health and Wellbeing Board (HWB) has a statutory responsibility to conduct a PNA at least every three years. This PNA follows the 2022 version of the PNA. NHS England (NHSE) is required to use the finalised PNA to consider applications to open a new pharmacy, move an existing pharmacy or to commission additional services from a pharmacy. This responsibility has been delegated to Cheshire and Merseyside Integrated Care Board (ICB) by NHSE.

There are hyperlinks throughout the text that link to the relevant section(s) within the main document, these are in [blue](#). Hover the cursor over the text and press Ctrl and click to follow the link.

The PNA covers opening times [[6.6 Community Pharmacy Opening Hours](#)], services delivered [[8.1. Pharmacy provision of advanced and enhanced commissioned services.](#)], [[8.2 Locally Commissioned Services](#)] and accessibility in relation to disability, language needs, ethnicity, sexuality [[4.4 Variation in potential pharmaceutical need by protected characteristics](#)], and rurality. The production of the PNA has involved:

- Analysis of data relating to pharmaceutical need and demand from wide and varied sources
- Consultation with members of the Cheshire East Pharmaceutical Needs Assessment Steering Group, which brought together representatives from key organisations across Cheshire East
- A public survey and incorporation of feedback regarding pharmacies as part of broader Healthwatch conversations [[Appendix A The Public Survey](#)] and [[Appendix E Insights from Healthwatch](#)]
- A dispensing doctors survey [[Appendix F Dispensing Doctors Survey](#)]
- A community pharmacy contractors survey. (Section 3.4.1 & [[Appendix B Care Community Profiles](#)])

Based on this PNA, current pharmaceutical provision in Cheshire East Borough is assessed as **adequate** in terms of location, opening hours, and pharmaceutical services offered to the population.

Through examination of the available information, the PNA has not identified current or anticipated future need for new NHS pharmaceutical service providers in Cheshire East

A public consultation took place from 31st March 2025 to 6th June 2025 to gather feedback regarding the draft PNA. All feedback has been reviewed and summarised in appendix G in the final version of the PNA. The final PNA 2025-2028 will be published by the 1st October 2025.

Updated population projections were released by the Office for National Statistics (ONS) on the 24th of June 2025, after the 2025-2028 PNA public consultation. This new data has been incorporated and considered in a revised section [4.2.4. Resident Population Forecasts](#) of the final version of the PNA.

The Steering Group have examined this revised population information, together with all the consultation responses received. After careful consideration and seeking appropriate advice if required, they have **concluded that the original statement remains valid, that there is adequate provision when location, number and distribution of pharmacies providing essential and advance services during standard core hours to meet the needs of the Cheshire East population.**

1.1 Current provision

- There is currently an adequate level of community pharmacy provision in every major town in the Borough.
- There are currently 68 community pharmacies within Cheshire East. In the rural areas where a pharmacy would not be a viable business, there are six dispensing doctors that are able to dispense to qualifying patients. There are also two Distance Selling Pharmacies (DSPs), both located within the SMASH (Sandbach, Middlewich, Alsager, Scholar Green and Haslington) Care Community, but under their contract, they provide essential pharmaceutical services to anyone within England. [\[2.1 Statement One: Necessary services: Current provision\]](#)
- The detailed maps by care communities in Appendix D show that community pharmacies are largely located in the town centres, or close to GP surgeries. The highest population density areas of the towns of Crewe, Macclesfield and Congleton have between eight and fifteen pharmacies. Most of the main towns in Cheshire East are served by at least two community pharmacies. Several towns and villages have a single community pharmacy, including Audlem, Bollington, Disley, Goostrey, Haslington, Holmes Chapel, Mobberley, Prestbury and Shavington. [\[Appendix D Map of Pharmacies in Care Communities\]](#)
- In Cheshire East, the number of community pharmacies at 16.7 per 100,000 population is similar to the national average [\[6.4. Pharmacy locations and level of provision\]](#)
- The current dispensing workload as demonstrated by the number of items dispensed per pharmacy is not significantly different to the England average i.e. within the normal range. [\[7.1. Dispensing volume\]](#)
- There are numerous pharmacies near to peripheral areas of Cheshire East in neighbouring local authorities. Residents living in these areas of the Borough use pharmacies in adjacent Health and Wellbeing Board areas to have prescriptions dispensed. [\[Appendix D Map of Pharmacies in Care Communities\]](#)
- Socioeconomic deprivation is strongly associated with morbidity and early mortality. Cheshire East is generally very affluent, but there are areas of deprivation across the authority, mainly clustering in central Crewe [\[4.6.](#)

[Deprivation and socio-economic factors](#)]. Travel time mapping showed access was better for residents in more deprived areas, with those living in the most deprived areas being within a 20-minute walk or a 15-minute journey via public transport to a community pharmacy. [\[6.5. Getting to the pharmacy\]](#)

- Results from the public survey indicate that most (87.4%) respondents are satisfied with the overall service offered by their regular pharmacy. 78.9% were satisfied regarding knowledgeable staff, 76.3% were satisfied with their pharmacy having the things they need, 68.3% of respondents were satisfied with the range of services offered, and 66.8% were satisfied with the range of products available. Despite the number of 100-hour pharmacies falling from nine to six and weekday pharmacy opening hours narrowing, there is still good coverage of pharmacy opening hours. There is weekday access to community pharmacies from 8am in the morning and throughout the day up to midnight. Out of the 68 community pharmacies in the Cheshire East local authority footprint, 36 (52.9%) are open between 40 hours and less than 50 hours, a further 20 (29.4%) community pharmacies are open between 50 hours and less than 60 hours, four (5.9%) are open between 60 and less than 70 hours and a further eight (11.8%) are open for 70 hours or more (5 of these are 100-hour pharmacies and cannot reduce their hours below 72 hours). Care community areas with no evening or weekend provision can access the 100-hour pharmacies in neighbouring care communities and community pharmacies outside of Cheshire East. [\[6.6 Community Pharmacy Opening Hours\]](#)
- The public survey asked multiple questions regarding people's experiences of pharmacy opening hours, from levels of satisfaction [question 16] to the circumstances of when they found it closed [questions 17 to 20]. Most respondents were satisfied with the opening hours, 81% (507 out of 625 either very or somewhat satisfied with the current opening hours), reporting the opening hours as adequate for their needs. [\[Appendix A The Public Survey\]](#)
- This PNA has considered the different needs of people in its area who share a protected characteristic. [\[4.4 Variation in potential pharmaceutical need by protected characteristics\]](#) Results from both the Pharmacy Contractors Survey and Public Survey indicate that most community pharmacies: -
 - Have a good level of accessibility for customers in wheelchairs or with mobility problems,
 - Provide privacy, with most consultations being conducted in what the customer felt was an appropriate setting
 - Can offer a same-sex consultation either in normal opening hours or by arrangement
 - Also, all pharmacies have access to remote and face-to-face interpreting, translation and localisation services via the NHS Contract with LanguageLine UK
- Community pharmacies continue to show themselves to be resilient and adaptable. Located in the heart of communities, some with high levels of

deprivation, pharmacies are considered essential and valuable to our residents.
[\[Appendix A The Public Survey\]](#)

1.2 Future need

- We have examined the impact of further closures. Six of the eight care communities have a pharmacy-to-population ratio lower than the England average; however, none are significantly lower. Nantwich and Rural has the lowest rate of pharmacies per 100,000 population but is also served by pharmacies in Winsford, Tarporley, Whitchurch and Market Drayton, which are located just outside the area. The care community would have to see a closure of three pharmacies before it would be significantly worse than the England rate. [\[2.2 Statement two: Necessary services: Gaps in provision\]](#)
- The prescribing of medicines was predicted to grow by 6.3% between 2024 and 2029. Unfortunately, these estimates are based on old population projections that have proved to be inaccurate. New population projections are due for release from the Office for National Statistics (ONS) in May 2025. Increases in demand are likely in all areas of the country. Existing pharmacies may have to increase their capacity and review their working practices to meet this need. [\[4.2. Population Structure and Projections\]](#)
- Most of the increase in prescribing need will occur among older people. This PNA has highlighted several issues relevant to older people, including poor physical access to some community pharmacies, and insufficient accessibility aids in some. [\[4.2. Population Structure and Projections\]](#)
- We have taken into consideration the main strategic sites of planned housing developments and the potential increase in residents by 2028 that they represent. We conclude that even considering these increases, Cheshire East should remain generally well provided for with current pharmacy provision. [\[4.3. Future Planning: Housing Developments\]](#)
- A HWB cannot stipulate pharmacy opening hours, they form part of the contract with NHS England (NHSE). This responsibility has now been delegated to Cheshire and Merseyside Integrated Care Board (ICB). If the ICB considers there is a need for pharmacy services in an area on a Sunday, they could direct a rota as they do for Christmas day. [\[6.6 Community Pharmacy Opening Hours\]](#)
- Most of the community pharmacies (96.8%) responding to the Pharmacy Contractors Survey stated that they either had sufficient capacity within their existing premises and staffing levels to manage an increase in demand or could adjust to do so. [\[7.1. Dispensing volume\]](#)
- Most pharmacies (81.3%) offer a prescription collection service from patients' GP surgeries. All responding pharmacies to the Contractor Survey who answered the questions regarding delivery of dispensed medicines, 82.8% stated that they offer this service free of charge. Of those currently offering free delivery, 90.6% are not considering withdrawing this provision. In terms of

coverage, free delivery services are available in all care community localities.
[\[7.3. Prescription Collection and Delivery Services\]](#)

1.3 Recommendations

- Patients who receive dispensing doctor services can be supplied with medicines, but they may not be able to benefit from the wider range of Essential and Advanced services that community pharmacies are able to provide, or the NHS Cheshire and Merseyside Integrated Care Board and public health commissioned services. Existing pharmacies may have to increase their capacity and review their working practices to meet this need.
- Most of the increase in prescribing need will occur among older people. Despite most pharmacies having good accessibility for people with mobility issues, some still have poor physical access, and/or insufficient accessibility aids. It is recommended that NHS England, Cheshire East Council and NHS Cheshire and Merseyside Integrated Care Board review accessibility of pharmacy sites, service quality and uptake, including consideration of cultural and equalities needs.
- Pharmacies have a continued important case-finding role in relation to high blood pressure.
- Pharmacies continue to have a role in supporting patients to recover quickly from minor ailments.
- It is important that residents are aware of the wide range of services that pharmacies offer and that they understand how to access them. For example, although some residents seem aware of prescription and delivery services offered by some pharmacies, the uptake seems low. We suggest further promotion by pharmacies particularly those with large workloads and long waiting times.
- Pharmacy provision will continue to be reviewed over the course of the PNA with the planned next full PNA due to be published in 2028.

Recently announced changes to NHS England.

We are conscious that the organisation of NHS is currently under review by central government. The work of the PNA was largely concluded prior to this announcement. Whilst awaiting further details regarding future arrangements, we will continue with our statutory responsibilities in relation to the PNA 2025 as currently outlined in existing legislation. If further details regarding future arrangements are made available after to the publication of the final PNA, which are relevant to this or future PNA, these will be duly raised with and duly considered by the Health and Wellbeing Board.

MAIN DOCUMENT

Pharmaceutical Needs Assessment

Part 1: Introduction, Regulatory Statements, Scope & Methodology

1. Introduction and purpose

The effective commissioning of accessible primary care services is central to improving quality and implementing the vision for health and healthcare. Community pharmacy is one of the most accessible primary care services for healthcare provision. Nationally, 99% of the population, including those living in the most deprived areas, can get to a pharmacy within 20 minutes by car. 96% of people living in the most deprived areas have access to a pharmacy either through walking or via public transport¹.

The PNA presents a picture of community pharmacies and other providers of pharmaceutical services. It reviews current service provision and how this could be utilised further. Community pharmacies can support the health and wellbeing of the population of Cheshire East in partnership with other community services and GP practices. Services can be directed towards addressing health inequalities and supporting self-care in areas of greatest need. Mapping of service provision and identifying gaps in demand are essential to provide commissioners with the market intelligence they need to take forward appropriate and cost-effective commissioning of services.

All national NHS pharmaceutical service providers must comply with the contractual framework that was introduced in April 2005. The national framework is set out below and can be found in greater detail on the Community Pharmacy England website: <https://cpe.org.uk/quality-and-regulations/the-pharmacy-contract/>

The pharmaceutical services contract consists of three different levels:

[Essential services](#)

[National enhanced services: Covid-19 vaccination](#)

[Advanced services](#)

There are hyperlinks throughout the text that link to the other relevant section(s) within the main document or appendices that contain more detail, these are in [blue](#). Hover the cursor over the text and press Ctrl and click to follow the link.

The purpose of the PNA

The Health Act 2009 instructed National Health Service (NHS) Primary Care Trusts (PCTs) to publish an assessment of needs for pharmaceutical services in its area. This assessment formed the basis for determining market entry onto a “Pharmaceutical List” i.e. reviewing pharmacy applications to ensure adequate pharmaceutical provision to meet needs within their area.

¹ Todd A et al (2014) The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England British Medical Journal 4:e005764. [doi:10.1136/bmjopen-2014-005764](https://doi.org/10.1136/bmjopen-2014-005764)

Following the abolition of Primary Care Trusts (PCTs), the Health and Social Care Act 2012 transferred the production of Pharmaceutical Needs Assessments (PNAs) to Health and Wellbeing Boards (HWBs) from the 1 April 2013. At the same time, the responsibility for using these PNAs as the basis to determine market entry transferred to NHS England under the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013².

The main purpose of the PNA is to enable applications from pharmacy contractors to open new premises to be assessed against any geographical gaps identified within the PNA. This function has been delegated to Cheshire and Merseyside Integrated Care Board (ICB) by NHS England (NHSE). The PNA should also identify whether there is a need for an additional service or services, or whether improvements or better access to existing services are required.

Although a PNA is primarily to enable the ICB to make application decisions on behalf of NHS England, a robust PNA used in conjunction with the Joint Strategic Needs Assessment (JSNA) should aid commissioners within the Local Authority and Integrated Care System to target services from pharmacies to areas of most need.

It is important that the PNA reflects both current need and considers any foreseeable changes that may impact on provision during the lifetime of the PNA. A complete PNA review must be undertaken every 3 years. If substantive changes occur, either in population need or service provision, the HWB may decide that a revised PNA is required. However, most changes may not require any action, or it may be decided that a supplementary statement assessing the change should be issued by the HWB that should sit alongside the existing published PNA. Examples of changes that might dictate a new or diminished pharmaceutical need are:

- New pharmacy contracts
- Pharmacy closures
- Changes to pharmacy locations
- Pharmacy opening hours
- Local intelligence and significant issues relating to pharmacy enhanced service provision
- Appliance provision changes
- Significant changes in health need, housing developments or primary care service developments that may impact either complimentary or adversely on pharmacy-based services
- Significant changes in workforce due to movement of local businesses/employers.

² The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (legislation.gov.uk)

Recently announced changes to NHS England.

We are conscious that the organisation of NHS is currently under review by central government. The work of the draft PNA was largely concluded prior to this announcement. Whilst awaiting further details regarding future arrangements, we will continue with our statutory responsibilities in relation to the PNA 2025 as currently outlined in existing legislation. If further details regarding future arrangements are made available prior to the publication of the final PNA, these will be incorporated into the final document where appropriate and feasible.

2. Statements from pharmaceutical regulations (2013)

The National Health Service (NHS) Pharmaceutical and local Pharmaceutical services Regulations (2013) set out the legislative basis for developing and updating PNAs and can be found at:

<http://www.dh.gov.uk/health/2013/02/pharmaceutical-services-regulations/>

Schedule 1 of these regulations sets out the minimum information to be contained in the PNA. Detailed below are the six statements included in schedule 1 and the necessity for a local PNA map of service providers.

2.1 Statement One: Necessary services: Current provision

Provide a statement of the pharmaceutical services that the Health and Wellbeing Board (HWB) has identified as services that are provided:

- a) in the area of the HWB and which are necessary to meet the need for pharmaceutical services in its area; and**
- b) outside the area of the HWB but which nevertheless contribute towards meeting the need for pharmaceutical services in its area (if the HWB has identified such services).**

There is currently an adequate level of community pharmacy provision in every major town in the Borough.

There are currently 68 community pharmacies within Cheshire East, an overall decrease of 8 (10.5%) from the previous PNA. In the rural areas where a pharmacy would not be a viable business, there are six dispensing doctors that are able to dispense to qualifying patients [6.3.1. [Dispensing Doctors](#)]. There are also two Distance Selling Pharmacies (DSPs), both located within the SMASH Care Community but under their contract they provide essential pharmaceutical services to anyone within England.

Location

The detailed maps by care communities in Appendix D show that pharmacies are largely located in the town centres, or close to GP surgeries. The highest population density areas of the towns of Crewe, Macclesfield, Congleton have between eight and fifteen pharmacies. Most of the main towns in Cheshire East are served by at

least two pharmacies. Several towns and villages have a single community pharmacy, including Audlem, Bollington, Disley, Goostrey, Haslington, Holmes Chapel, Mobberley, Prestbury and Shavington.

The importance of location was examined in the public survey [[Appendix A The Public Survey](#)]. Over two-thirds of respondents (68%, 425 out of 625) chose a pharmacy because it was near to their home, with 63% (396 out of 625) usually getting to the pharmacy by car. The next most frequent mode of transport was walking at 51% (317 out of 625). The survey also highlighted that 60% of respondents (377 out of 625) could reach a pharmacy within 10 minutes, and 33% of respondents (204 out of 625) could reach a pharmacy within 11-20 minutes. The travel time mapping [section 9.4 Getting to a pharmacy] confirms this, with most locations in Cheshire East no more than a 20-minute drive away from a Cheshire East Pharmacy. There are some small isolated rural areas on the borders with both Cheshire West and Chester (within the Nantwich and Rural Care Community) and with High Peak (within the Macclesfield Care Community) where the drive time may be over 20 minutes. However, further analysis using the SHAPE Place tool has shown that these locations are within a 20-minute drive of pharmacies in the neighbouring local authorities.

Provision

In 2024 Cheshire East's rate of 16.7 per 100,000 is below the England average, but not significantly lower. It is ranked 55 out of 153 HWB areas when ranked lowest to highest and falls within the 2nd lowest national quintile.

- The Chelford, Handforth, Alderley Edge, Wilmslow (23.4), and Congleton and Holmes Chapel (22.9), both have a higher rate of pharmacies per 100,000 population compared to England (18.3) and Cheshire East averages (16.7).
- Crewe (16.8) has a marginally higher rate of pharmacies compared to the Cheshire East average but is lower than England.
- Nantwich and Rural (12.0) has the lowest rate of pharmacies per 100,000 population but is also served by pharmacies in Winsford, Tarporley, Whitchurch and Market Drayton which are located just outside the area. There are also the dispensing GPs of Wrenbury Medical Practice and Bunbury Medical Practices for qualifying patients
- Bollington, Disley, Poynton (14.7), Knutsford (15.4), Macclesfield (15.7), and SMASH (16.3) are all lower than both England and the Cheshire East average.
- Bollington, Disley, Poynton are served by several pharmacies located just outside of the area in Cheadle Hulme and Hazel Grove (see maps in Chapter 20).
- SMASH has pharmacies in the boundary HWB areas of Staffordshire Moorlands and Stoke on Trent. Also, there is the dispensing practice in Scholar Green.
- Knutsford as well as a dispensing practice, also has pharmacies in the bordering Greater Manchester area.

CHESHIRE EAST PHARMACEUTICAL NEEDS ASSESSMENT 2025-2028

- Knutsford (20.0 previously vs 15.4 currently) and Macclesfield (19.5 previously vs 15.7 currently) Care Communities have seen the largest drop in the rate of pharmacies per 100,000 population since the last PNA published in 2022.

The number of pharmacies required within an area cannot be based purely on the size of the local population. The population served by a particular pharmacy can be hard to determine as people choose to use a specific pharmacy for various reasons.

Dispensing volume [7.1. Dispensing volume]

The average number of items dispensed per pharmacy in Cheshire East was 7,453 per month during 2023/24. This ranges from the highest in Macclesfield Care Community (9,866) to the care communities of Knutsford (4,147) and Alderley Edge, Chelford, Handforth, Wilmslow (5,671), which are both substantially lower than the Cheshire East average. The Cheshire East rate is higher than the England average of 7,109.

There is evidence that residents living in peripheral areas of the Borough use pharmacies in adjacent Health and Wellbeing Board areas to have prescriptions dispensed (4.8%). [

Table 27: Dispensing flows for items prescribed by Cheshire East Care Communities during 2023/24] & [Table 28: Prescription dispensing flows between Cheshire East Care Communities, 2023/24]. This is particularly evident in Bollington, Disley, Poynton Care Community, where 10.8% of items prescribed in that area are dispensed in neighbouring local authorities, and a further 4.2% are dispensed further afield.

Results from the public survey indicate that most (87.4%) respondents are satisfied with the overall service offered by their regular pharmacy, 68.3% were satisfied with the range of services offered, 66.8% were satisfied with the range of products available, 78.9% were satisfied regarding knowledgeable staff, and 76.3% were satisfied with their pharmacy having the things they need.[question 34 from the 2024 Public Survey, see Appendix A The Public Survey for more detailed analysis]

Opening hours [6.6 Community Pharmacy Opening Hours]

Out of the 68 community pharmacies in the Cheshire East local authority footprint, 36 (52.9%) are open between 40 hours and less than 50 hours. A further 20 (29.4%) community pharmacies are open between 50 hours and less than 60 hours. Four (5.9%) community pharmacies are open between 60 and less than 70 hours and a further eight (11.8%) are open for 70 hours or more (5 of these are 100-hour pharmacies and cannot reduce their hours below 72 hours).

The number of 100-hour pharmacies has fallen by three to six.

Weekday pharmacy opening times have narrowed since the 2022 PNA. However, there is still good coverage with opening hours from 8am in the morning and

throughout the day up to midnight. Knutsford has no provision after 6pm and Bollington, Disley, and Poynton has no provision after 6:30pm. However, residents from these areas can access the pharmacies in the neighbouring areas of Macclesfield and Alderley Edge, Chelford, Handforth, Wilmslow (CHAW) Care Communities which are open for extended hours i.e. open for 70 hours or more, plus one 100-hour pharmacy in Macclesfield which cannot reduce its hours below 72 hours (see [Appendix B Care Community Profiles for details). They can also access pharmacies outside of Cheshire East in Stockport. On Saturdays, there is at least one pharmacy open between 9am and 1pm in all Care Communities.

The public survey asked multiple questions regarding people's experiences of pharmacy opening hours, from levels of satisfaction [question 16] to the circumstances of when they found it closed [questions 17 to 20]. Most respondents were satisfied with the opening hours, 81% (507 out of 625 either very or somewhat satisfied with the current opening hours), reporting the opening hours as adequate for their needs. [6.6 Community Pharmacy Opening Hours] and [Appendix A The Public Survey]

Disadvantaged populations [4.6. Deprivation and socio-economic factors]

Socioeconomic deprivation is strongly associated with early death rates. Cheshire East is generally very affluent, but there are areas of deprivation across the authority, mainly clustering in central Crewe. Four LSOAs in Cheshire East are in the most deprived 10% of LSOAs nationally – three of these are in central Crewe and one in Macclesfield. This accounts for about 2% of the population of Cheshire East. Eighteen Cheshire East LSOAs are in the most deprived 20% nationally; thirteen of these are in Crewe, two in Macclesfield and one each in Congleton, Alsager and Handforth. This represents 8.6% of the population. People living in these areas will have higher levels of pharmaceutical need than in other areas.

Travel time mapping [6.5. Getting to the pharmacy] showed access was better for residents in more deprived areas, those living in the 20% most deprived areas were all within a 20-minute walk or a 15-minute journey via public transport to a community pharmacy.

This Pharmaceutical Needs Assessment has considered the different needs of people in its area who share a protected characteristic. [4.4 Variation in potential pharmaceutical need by protected characteristics] Results from the Pharmacy Contractors Survey and Public Survey indicate a good level of accessibility for customers in wheelchairs or with mobility problems at community pharmacies. Most community pharmacies (86%, 53 out of 62) have an entrance that enables wheelchair users to access the pharmacy independently. All these pharmacies also stated that all floor areas of the pharmacy were accessible by wheelchair users. Of the 127 respondents to the public survey who indicated that they had mobility issues that could affect accessibility, only six (less than 5%) stated they were unable to access their chosen pharmacy.

CHESHIRE EAST PHARMACEUTICAL NEEDS ASSESSMENT 2025-2028

Cheshire East community pharmacies provide a wide range of reasonable adjustments with the majority providing multiple different tools and aids to help patients take their medication safely. [7.4. Reasonable Adjustments]

No specific issues were raised concerning ethnicity or religion within the public survey. The religious profile of the sample is similar to Cheshire East as a whole (as determined by the 2021 Census), but the small numbers make it difficult to be clear if there are any issues.

Within Cheshire East, 16 (25%) of the pharmacies responding to the Pharmacy Contractor Survey stated they were able to offer advice and support to customers wishing to speak with a person of the same sex within the normal opening times; a further 45 (70.3%) would be able to make arrangements for a same sex consultation.

Prescription Collection and Delivery Services [7.3. Prescription Collection and Delivery Services]

Most pharmacies (81.3%) offer a prescription collection service from patients' GP surgeries. Of all responding pharmacies to the Contractor Survey who answered the questions regarding delivery of dispensed medicines, 82.8% stated that they offer this service free of charge. Of those currently offering free delivery, 90.6% are not considering withdrawing this provision. In terms of coverage, free delivery services are available in all care community localities

See [Appendix A The Public Survey](#) for more detailed analysis.

2.2 Statement two: Necessary services: Gaps in provision

Provide a statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied:

- a) need to be provided (whether or not they are located in the area of the HWB) in order to meet a current need for pharmaceutical services, or pharmaceutical services of a specified type, in its area.
- b) will, in specified future circumstances, need to be provided (whether or not they are located in the area of the HWB) in order to meet a future need for pharmaceutical services, or pharmaceutical services of a specified type, in its area.

Current provision across Cheshire East is adequate. No gaps in the provision of essential pharmaceutical services have been identified in this PNA. However on-going housing developments planned over the lifetime of this PNA may increase pressure on existing pharmacies and further closures or reduction in hours will have to be monitored closely.

Provision

Six of the eight care communities have a pharmacy-to-population ratio lower than the England average, however none are significantly lower. Nantwich and Rural (12.0) has the lowest rate of pharmacies per 100,000 population but is also served by pharmacies in Winsford, Tarporley, Whitchurch and Market Drayton, which are located just outside Cheshire East. This care community would have to see a closure of three pharmacies before it would be significantly worse than the England rate. Similarly, Bollington, Disley, and Poynton (14.7) are served by several pharmacies located just outside of the area in Cheadle Hulme and Hazel Grove (see maps in Appendix D Map of Pharmacies in Care Communities).

The Joint Strategic Needs Assessment and the Tartan Rug demonstrate, the town of Crewe has the greatest level of deprivation in the Borough, and it also has the highest levels of premature mortality. Here, the pharmacy-to-population ratio is at 16.8 per 100,000, only marginally higher than the Cheshire East ratio but lower than England. Crewe is likely to see the second largest increase in population due to housing developments, a potential increase from 83,500 to 90,000, nearly 8%. However, this will only reduce the rate to 15.7 pharmacies per 100,000 population.

Knutsford (20.0 previously vs 15.4 currently) and Macclesfield (19.5 previously vs 15.7 currently) Care Communities have seen the largest drop in the rate of pharmacies per 100,000 population since the last PNA published in 2022. Both areas are set to see population increases over the lifetime of this PNA due to housing developments, Macclesfield by 5.1% (67,000) and Knutsford by 4.5%. However, when we considered the increased populations predicted for each care community, it did not significantly decrease the rates of pharmacies per 100,000 population.

Dispensing volume [7.1. Dispensing volume]

The pharmacy to population ratio does not consider the need of the population for pharmacy services, for this we need to look at the current dispensing workload. The number of items dispensed per pharmacy is not significantly different to the England average i.e. within the normal range.

Macclesfield currently has the highest dispensing workload and the highest percentage (91%) of prescriptions dispensed internally within the care community. The dispensing workload is also higher than the England average in SMASH, Crewe and Bollington, Disley, Poynton Care Communities.

The [Table 1: How planned housing will affect the pharmacy per 100,000 population rates](#), highlights the care communities where the rate of community pharmacies per 100,000 population is worse than the England average (shown in red) and where the average monthly items per pharmacy is higher than the England average. We can see that for the care communities of Macclesfield, Crewe, SMASH and Bollington, Disley, Poynton, both are true. None of the care communities have a rate per 100,000 population significantly different to England and it would take the closure of a minimum of 3 pharmacies in an area to make the rate significantly lower. However, this does not consider dispensing volumes and even that, does not tell the whole story as there is no consideration of opening hours or staffing.

Table 1: How planned housing will affect the pharmacy per 100,000 population rates.

Care Community	Community Pharmacies	Community Pharmacies per 100,000		Average Monthly Items per Pharmacy*
		Using Mid-2022 Population	Using projected populations from planned housing developments	
Alderley Edge, Chelford, Handforth, Wilmslow	11	23.4	23.1	5671
Macclesfield	10	15.7	14.9	9866
Bollington, Disley, Poynton	4	14.7	14.4	8038
Knutsford	4	15.4	14.7	4147
Congleton, Holmes Chapel	10	22.9	21.3	6716
Nantwich and Rural	5	12.0	11.8	6966
Crewe	14	16.8	15.7	8053
SMASH (excluding DSP)	10	13.6	13.2	8836
Cheshire East	68	16.7	16.0	7453
England	10,437	18.3		7109

The prescribing of medicines was predicted to increase by 6.3% from 2024 to 2029 in the last PNA. Unfortunately, this was based on the existing population projections which have proved to be inaccurate and over-stated the growth in our older population (65 and over). Most of the increase in prescribing need will occur among older people. It is worth noting that this is the age group that experienced the greatest losses during the Covid-19 pandemic. We may need to review the dispensing burden on pharmacies after ONS have released new population projections.

The Pharmaceutical Needs Assessment has highlighted the existence of cross-border dispensing flows across Cheshire East. It has also considered housing developments within both HWB areas which may impact on these flows in the future. There is a housing development to the east of Handforth, the North Cheshire Growth Village; this is a Strategic Site that will provide up to 1,724 houses once fully completed. Despite expectations that houses would be under construction by 2021, the first completions – about 300 – are not now expected until 2024/5, with the majority of the site being built over the following five years. The site is close to the Handforth Dean Retail Park, which includes a pharmacy within a superstore with extended opening hours. Also, at the northern boundary of Cheshire East, between Handforth and Poynton within Stockport Metropolitan Borough, is the Woodford Garden Village. The site had planning permission for over 900 homes and is now nearing completion. The developers are now consulting on a possible extension, taking the site to over 1,000 properties. There have been no changes in pharmacy provision in the area during the build and previous Stockport PNAs identified that this development once fully occupied may lead to a gap in Essential service provision as the nearest pharmacy is more than 2km away. Stockport Health and Wellbeing Board are currently reviewing their PNA with plans to consult during the summer and publish in the October 2025. Woodford itself is around 1.5 miles south of Bramhall, a

suburb of Stockport, where there is already several community pharmacies and GP surgeries. There are also good links to local facilities in Cheshire East including a number of community pharmacies, with Handforth to the west and Poynton to the north-east, both within a 3-mile radius.

Any identified changes in the situation may be addressed by ICB commissioning or directing existing pharmacies to open for additional hours. This could include extending existing opening hours as a locally commissioned Enhanced Service. Community Pharmacy England notes that:

“if the needs of people in the area are not met, and no pharmacies are able or willing to participate in an out of hours Enhanced service, an ICB has the power to issue a direction requiring the pharmacy to open, but must if doing so ensure the pharmacy receives reasonable remuneration. The process of issuing such a direction begins with discussions with the Local Pharmaceutical Committee (LPC) and the affected pharmacies must be contacted by the ICB and the proposals outlined so that the pharmacy owner can make representations. There are rights of appeal against ICBs decisions to issue such directions, and the direction would be valid only if the statutory procedure is followed”.

Opening hours

Extended opening hours are a beneficial feature of pharmacy provision locally. In many areas, there is weekday access to community pharmacies from 8am in the morning and throughout the day up to midnight. Knutsford has no provision after 6pm and Bollington, Disley, and Poynton has no provision after 6:30pm. However, residents from these areas can access the pharmacies in the neighbouring areas of Macclesfield and Alderley Edge, Chelford, Handforth, Wilmslow (CHAW) Care Communities which are open for extended hours i.e. open for 70 hours or more, plus one 100-hour pharmacy in Macclesfield which cannot reduce its hours below 72 hours (see Appendix B Care Community Profiles for details). They can also access pharmacies outside of Cheshire East in Stockport. On Saturdays, there is at least one pharmacy open between 9am and 1pm in all care communities.

The bank holiday rota looks at services across boundaries to ensure geographical coverage of essential services.

Most respondents to the public survey were satisfied with the opening hours. 81%, reporting the opening hours as adequate for their needs and an understanding that they can't be open 24/7. However, working individuals sometimes found it difficult to access a pharmacy outside their working hours and/or during their lunchbreak which often coincided with the pharmacy lunchtime. The highest levels of dissatisfaction were in the 41-50 and 51-60 age bands.

The HWB cannot stipulate pharmacy opening hours, they form part of the contract with NHS England (NHSE). This responsibility has been delegated to Cheshire and Merseyside Integrated Care Board (ICB). If the ICB considers there is a need for pharmacy services in an area on a Sunday, they could direct a rota as they do for Christmas day.

CHESHIRE EAST PHARMACEUTICAL NEEDS ASSESSMENT 2025-2028

The rural nature of Cheshire East does make it difficult for some residents to access services. However, there are six practice premises in Cheshire East at which dispensing doctor services are available to eligible patients. Also, the public survey indicates that some residents are using prescription collection and delivery services to negate this problem. Patients who receive dispensing doctor services or delivery services can be supplied with medicines, but they may not be able to benefit from the wider range of Essential and Advanced services that community pharmacies are able to provide, or the Locally commissioned services.

Whilst many people who responded to the public survey expressed overall satisfaction (87%) with their pharmacy, several negative themes did emerge:

- Lack of essential medications and/or having to wait a long time for regular, repeat medications resulting in people running out of medicines
- The wait time from a prescription being issued by a GP to it being available for pick up has increased
- General stock issues and occasionally errors with the filling of prescriptions
- Long queues at the pharmacy
- Respondents recognised the impact that pharmacy closures and/or reduced opening hours have had on waiting times and workload of pharmacy staff

Despite public concern about increasing waiting times, closures and stock issues, most (nearly 97%) of the community pharmacies responding to the Pharmacy Contractors Survey stated that they either had sufficient capacity within their existing premises and staffing levels to manage an increase in demand or could adjust do so. Only 2 pharmacies (3.2%) stated that they would have difficulties in managing an increase in demand, one in Crewe Care Community and one in Bollington, Disley and Poynton Care Community.

2.3 Statement three: Other relevant services: Current provision

Provide a statement of the pharmaceutical services that the HWB has identified (if it has) as services that are provided:

- a) in the area of the HWB and which, although they are not necessary to meet the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access to pharmaceutical services in its area.
- b) outside the area of the HWB and which, although they do not contribute towards meeting the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in its area.
- c) in or outside the area of the HWB and, whilst not being services of the types described in sub-paragraph (A) or (B), or paragraph one, of the 2013 regulations, they nevertheless affect the assessment by the HWB of the need for pharmaceutical services in its area.

In addition to essential services, there is adequate access to the full range of advanced and enhanced services and locally commissioned public health and sub-integrated care board services to meet local need

The provision of public health services in Cheshire East includes emergency hormonal contraception, quick start contraception, chlamydia screening, smoking cessation services, supervised consumption, and needle exchange. Overall, there is adequate provision of public health services across care communities in Cheshire East. [Table 33] Where there is no public health service provision within a care community, e.g. Bollington, Disley, Poynton, there is provision in neighbouring care communities.

Currently, smoking cessation support is available as a universal service through the One You offer.

2.4 Statement Four: Improvements and better access: Gaps in provision

Provide a statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied:

- a) would, if they were provided (whether or not they were located in the area of the HWB), secure improvements, or better access to pharmaceutical services, or pharmaceutical services of a specific type, in its area.**
- b) would, if in specified future circumstances they were provided (whether or not they were located in the area of the HWB), secure future improvements, or better access, to pharmaceutical services, or pharmaceutical services or a specified type, in its area.**

The skills and expertise of community pharmacists could be further utilised in the provision of locally commissioned services aimed at improving population health. Assessment of future housing development within Cheshire East has highlighted potential growth across the care communities and specific housing developments [4.3. Future Planning: Housing Developments]

]

It is envisaged that capacity within existing services will be able to absorb the increased demand anticipated over the lifespan of this PNA. As stated above, any identified change in the situation may be addressed by the ICB commissioning or directing existing pharmacies to open for additional hours under an Enhanced Service without the need for a new community pharmacy.

Most of the community pharmacies responding to the Pharmacy Contractors Survey stated that they either had sufficient capacity within their existing premises and staffing levels to manage an increase in demand or could adjust to do so (nearly 97%). Only two pharmacies (3.2%) stated that they would have difficulties in managing an

CHESHIRE EAST PHARMACEUTICAL NEEDS ASSESSMENT 2025-2028

increase in demand, one in Crewe Care Community and one in Bollington, Disley and Poynton Care Community.

Both Appliance Use Review (AUR) and Stoma Appliance Customisation (SAC) are very specialist services, and you would not expect every Health and Wellbeing Board area to have a contractor supplying these services.

There appears to be no provision of either sexual health or substance misuse pharmaceutical services in the Bollington, Disley and Poynton Care Community. However, both the service providers, Change Grow Live (CGL) for substance misuse services and Axess (Liverpool University Hospital Foundation Trust) for sexual health services, have issued service level agreements to all pharmacies within Cheshire East. This enables the provision within the area if needed. The data presented within this PNA is activity based and therefore reflects need. This is supported by previous needs assessment work, see Cheshire East JSNA Drugs and Alcohol available at [Drugs and alcohol](#) .

2.5 Statement five: Other NHS services

Provide a statement of any NHS services provided or arranged by the Cheshire East HWB, NHS England, Cheshire & Merseyside Integrated Care Board (ICB), any NHS trusts or any NHS foundation trust to which the HWB has had regard in its assessment, which affect:

- a) the need for pharmaceutical services, or pharmaceutical services of a specified type, in its area or**
- b) whether further provision of pharmaceutical services in its area would secure improvements, or better access to pharmaceutical services, or pharmaceutical services of a specific type in its area.**

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.

NHS ICB Cheshire East Place commissions the Urgent Palliative Care Medicines Service. This is a specialist service available from 24 pharmacies in Cheshire East to facilitate access to a defined list of medicines if needed urgently at the end of life. The service does not ensure the medicines will always be available (if several people need to access over the weekend). The service is currently available from 15 community pharmacies that are open after 5:30pm on weekdays and at least one day of the weekend. There is currently no provision in Bollington, Disley, Poynton (BDP) Care Community but The Village Pharmacy, Prestbury, in neighbouring CHAW Care Community and Tytherington Pharmacy in Macclesfield Care Community both do [See [Appendix B Care Community Profiles](#) for details of specific pharmacies].

The locally commissioned Pharmacy First Minor Ailments Service referred to in the previous PNA has now been subsumed by the nationally commissioned Pharmacy First Service. This service enables general practices and NHS111 to refer patients to

a community pharmacy for a minor illness consultation. It aims to relieve pressure on the wider NHS and supports self-care. It is available at all Cheshire East pharmacies.

2.6 Statement Six: How the assessment was carried out

Provide an explanation of how the assessment has been carried out, in particular:

- a) how it has determined what are the localities in its area**
- b) how it has taken into account (where applicable)**
 - **the different needs of different localities in its area, and**
 - **the different needs of people in its area who share a protected characteristic and**
- c) a report on the consultation that it has undertaken.**

Most of the analyses of the different needs of localities in the area have been based on the geography of Cheshire East's eight care communities, as illustrated in the [Map of provision]. Care communities bring together health and social care teams to deliver services that not only treat illness but promote wellness, self-care and behavioural change. Care communities include GPs, community nurse teams, mental health teams, social services, Connecting Communities, and others. By looking at the registered populations of Cheshire East GP practices, we have been able to allocate standard geographies such as Middle Layer Super Output Areas (MSOAs) to these care communities, encompassing both town and rural communities in each cluster. This enables us to profile standard data sets such as Census data for them. An advantage of using this geography is that it better fits GP and community pharmacy patient flows. Another advantage is that care communities are starting to be used as standard geographies within Cheshire East's JSNA.

The Cheshire East JSNA and PNA also contain some town-level analyses, constructed from Middle Layer Super Output Areas (MSOAs). Town-level analyses illustrate local variations between communities, which may be hidden by the larger care communities and offer a geography which is more recognisable to the residents.

There are two GPs within the Borough that are aligned to neighbouring HWB areas. Bunbury Medical Practice links to Rural Alliance Primary Care Network (PCN), within Cheshire West and Chester HWB but physically lies within Cheshire East. In Handforth, there is a branch surgery of Hulme Hall Medical Group, which links to Bramhall and Cheadle Hulme PCN, within Stockport HWB, but physically lies within Cheshire East. As such, these GPs have been considered in this PNA as their patient population may be residents of Cheshire East and therefore use pharmaceutical services within the Cheshire East boundary.

Part 1, section 2 of the PNA goes into specific detail on how the public and pharmacy consultation processes were undertaken. Appendices provide details of the contractor survey, public survey and 60-day statutory consultation. Responses from the public survey have been used throughout the report to supplement our understanding of needs and views. Any issues raised by the 60-day statutory

CHESHIRE EAST PHARMACEUTICAL NEEDS ASSESSMENT 2025-2028

consultation will be included in the final document, as well as our responses to this feedback Appendix G Consultation Feedback.

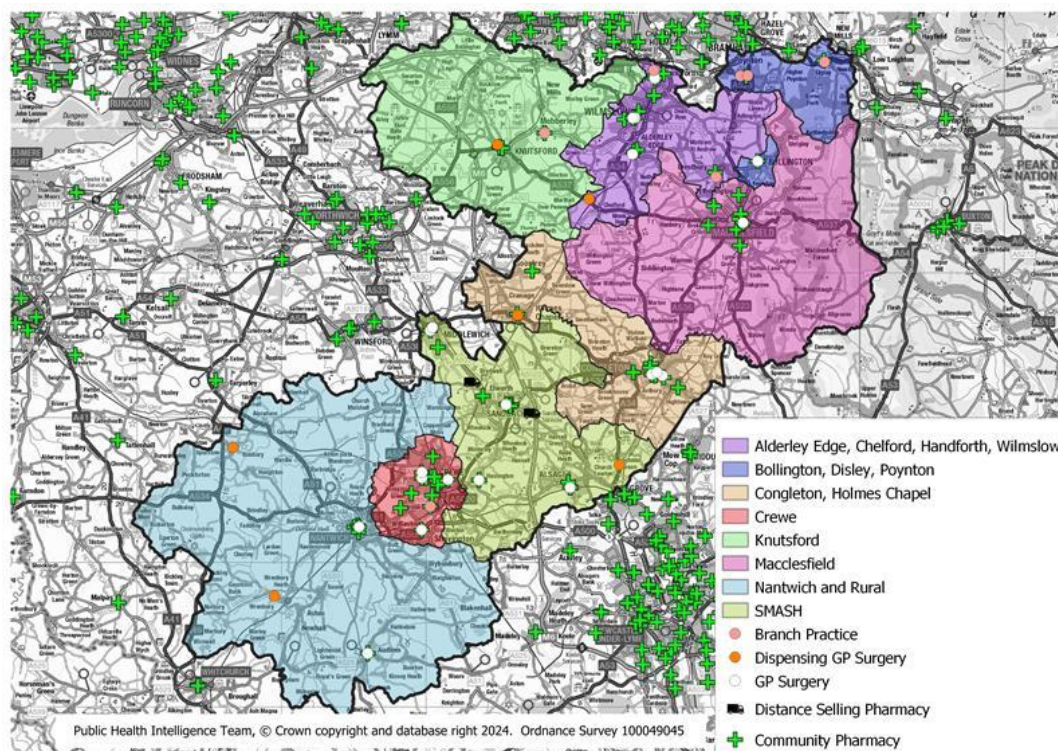
Contractor Survey- We received 64 completed questionnaires from pharmacy contractors in Cheshire East, a 91.4% response rate. Of these, 2 defined themselves as distance selling pharmacies. An overview of additional findings is also included in the [Appendix B Care Community Profiles](#).

Public Survey - A total of 625 responses were received. Specific findings on different aspects of pharmacy services from the 2024 public survey are included in the relevant section of the PNA. An overview of additional findings is also included in the Appendix A The Public Survey.

Healthwatch Cheshire East has been gathering insights regarding local pharmacies from residents during 2023 and 2024. We have also considered the findings from national deep dive review “Pharmacy: what people want”.

This PNA has considered the different needs of people in its area who share a protected characteristic. A description of these groups and the response of community pharmacies to these needs are described in section 4.4 Variation in potential pharmaceutical need by protected characteristics. Additionally, an equality impact assessment for the purpose of the PNA consultation has been completed alongside the development of this PNA.

Map of provision



3. Scope and Methodology

3.1. Scope of the PNA

The scope of the assessment of need must address the following principles:

- The safe and efficient supply of medicines.
- Pharmaceutical care that provides quality healthcare and public health information and advice to all members of the population.
- High quality pharmacy premises that increase capacity and improve access to primary care services and medicines.
- Local enhanced services which increase access, choice and support self-care.
- Locally commissioned enhanced pharmaceutical services that have the potential to reduce avoidable hospital admissions and reduce bed-days.
- High quality pharmaceutical support to prescribers for clinical and cost-effective use of resources.

The PNA should be utilised as a service development tool in conjunction with the JSNA and the strategic plans from local commissioners. Mapping out current services and gaining a sense of future service needs will pinpoint the areas where the development of local pharmaceutical services may be necessary.

The PNA can be used by residents and/or patients, current service providers, future service providers and commissioners alike in the following ways:

- **Residents and/or patients** - can see clearly where they can access a particular service by reviewing the maps and tables detailing specific services included
- **Current service providers** - will be better able to understand the unmet needs of patients in their area and take steps to address this need
- **Future service providers** - will be able to tailor their applications to be added to the pharmaceutical list to make sure that they provide the services most needed by the local community
- **Commissioners** - will be able to move away from the “one-size fits all approach” to make sure that pharmaceutical services are delivered in a targeted way
- **NHS England** - will be in a better position to judge new applications to join the pharmaceutical list to make sure that patients receive quality services and adequate access without plurality of supply.

3.2 Localities used for considering pharmaceutical services

The localities used within the PNA match the standard geographies used within the Joint Strategic Needs Assessment (JSNA). Data are presented by Care Communities and Cheshire East Local Authority. The eight Care Communities are based on groups of GP practices who are working within a network contract agreement with other health and care professionals to deliver services locally.

Physical boundaries for these localities were developed by looking at the proportions of the registered populations of these GP groups. Standard geographies such as Middle Layer Super Output Areas (MSOAs) and wards were then allocated to these Care Communities, accordingly, encompassing both town and rural communities in each cluster. This enables us to profile standard data sets such as Census data to these new geographies. An advantage of using these localities is that they better fit general practice (GP) and community pharmacy patient flows. Additionally, community pharmacies also have a contractual element around joint working with Primary Care Networks (PCNs) within a Network Contract Agreement. The Care Community footprints are aligned to the PCN footprints, except for Crewe Care Community, which encompasses two separate PCNs. Another advantage is that a large amount of mapping of service provision against health need had already been undertaken with reference to these localities within the body of the JSNA.

The Cheshire East JSNA and PNA also contain some town-level or ward level analyses, this may be constructed from smaller geographies such as Middle Layer Super Output Areas (MSOAs). This granulated analysis is used to illustrate local variations between communities, which may be hidden by considering the larger Care Community footprint.

3.3. Methodology and Data Analysis

Key principles of the PNA are:

- It is an iterative process involving patients, the public and key stakeholders
- It is a developing, live document to be refreshed every 3 years
- It continues to focus on identifying health needs which can be supported by pharmaceutical services and makes recommendations for the commissioning of those services
- It is developed through a multidisciplinary PNA Steering Group.

Figure 1: PNA development process



Cheshire East Health and Wellbeing Board has a statutory responsibility to publish an up-to-date statement of pharmaceutical needs. A revised pharmaceutical needs assessment is required to be published by 1 October 2025. Responsibility for the development and approval of the pre-consultation draft was delegated to the Director of Public Health.

The development of the PNA was overseen by a multi-professional steering group which included representatives from the following:

- Cheshire East Council Public Health
 - Member of the Public Health Senior Management Team
 - Head of Intelligence
- NHS England
- NHS Cheshire and Merseyside Integrated Care Board
- Community Pharmacy Cheshire and Wirral Local Pharmaceutical Committee
- Cheshire East Local Medical Committee
- Healthwatch

If members were unable to attend meetings, their views and contributions were gathered via telephone or email.

The following information sources have been used for the purposes of this PNA:

- Joint Strategic Needs Assessment
- Joint Health & Wellbeing Strategy
- Office for Health Improvement and Disparities' (formerly PHE)³ Fingertips tool for additional data on health and wellbeing
- Public Health England's SHAPE tool for travel time maps
- Data on socio-economic circumstances of the local area
- 2021 Census data tables available from NOMIS
- Community pharmacy providers questionnaire
- NHS Business Services Authority
- Public pharmacy services questionnaire
- Local Plan and Authority Monitoring Report (AMR).

3.3.1 Community pharmacy contractors survey

A short contractors survey was conducted during June-August 2024 to gather data from contractors for information not available from routine sources including NHSBSA and local commissioners. This included a range of questions on external and internal accessibility of premises and reasonable adjustments available. Sixty-two community pharmacies and two distance selling pharmacies within Cheshire East returned questionnaires resulting in an overall response rate of 91.4%.

³ Note PHE as an organisation split into UK Health Security Agency (UKHSA) and Office for Health Improvement & Disparities (OHID) on 1 October 2021. OHID is an office of the Department of Health & Social Care. The Fingertips and other data tools are now part of OHID

3.3.2 Patient and Public Involvement

Healthwatch Cheshire East have been gathering insights regarding local pharmacies from residents within the Borough during 2023 and 2024 as part of their engagement work. These insights have been shared with the PNA steering group to inform the PNA. In addition, this PNA has incorporated comments from a national Healthwatch report, entitled “Pharmacy: what people want”⁴.

A public survey was carried out by Cheshire & Merseyside’s Pharmaceutical Needs Assessment Development Group on behalf of the Cheshire East PNA steering group. It sought views on what people thought was important in terms of location, pharmaceutical services offered and customer service, as well as their experiences of pharmacies and their staff within Cheshire East. The survey was open from the 8 November to the 31 December 2024. The survey was available on the Council's website consultation page, and the survey link was also shared specifically with the Citizen Panel.

The survey was promoted by the NHS Cheshire and Merseyside Integrated Care Board (ICB), Community Pharmacy Cheshire and Wirral Local Pharmaceutical Committee (LPC), Cheshire East Local Medical Committee (LMC), Local Dental Committee (LDC), libraries and through Healthwatch. It was advertised in the internal Cheshire East staff newsletter, and to the public via the council’s social media accounts. The survey link was also shared specifically with GP Practice managers, family hubs, lifestyle centres, Town and Community Partnerships, community development officers and Cheshire East Council elected members. Voluntary, community, faith and social enterprise sector organisations were also specifically contacted where they advocated for population groups identified through equality impact assessments and where there was low uptake in the 2022 PNA Public Survey. Paper copies were held in libraries across the Borough and a customer service phone line was set up for people unable to access the survey online. A total of 625 responses were received. Findings were collated into a report and where required supplementary analysis was undertaken to obtain more details or clarity. The results have been incorporated into the relevant sections within this PNA. An overview of additional findings, plus a discussion on the representativeness of the participants compared to Cheshire East population, are included in Appendix A The Public Survey.

3.3.2 How data and other information has been used to derive conclusions

Pharmaceutical need is a broad term which is hard to define precisely. There is not a fixed formula to determine need and whether it has been met or not as there are so many variables that come into play that need factoring in, and people live their lives differently in different places. Some factors that a HWB should consider are:

- When prescriptions are generated compared to pharmacy opening hours. However, the timing of demand will of course vary between acute prescribing and chronic prescribing.

⁴ Healthwatch (2024) Pharmacy:what people want. Available from: <https://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/Pharmacy%20what%20people%20want.pdf> (Accessed 23 January 2025).

CHESHIRE EAST PHARMACEUTICAL NEEDS ASSESSMENT 2025-2028

- The distance between pharmacies, access, parking arrangements and walking distance / public transport links for members of the public. This will naturally be contextually different as you move between urban and rural areas and dispensing doctor practices will also contribute to meeting the provision against need in the truly rural areas. The importance of distance has also changed over time with more and more GP work now performed remotely by video or telephone. Many areas are seeing high utilisation of the Electronic Prescription Service and delivery is available to all patients via the provisions within the regulations around Distance Selling Pharmacies.
- Capacity of current pharmacies to meet demand. This is important as the number of premises is not the only context to consider. An efficiently run pharmacy with the right premises, workforce access and equipment can deal with a high volume of items and patients. This is one reason why, within the Cheshire & Merseyside Contractors Survey, we asked the question "if your business need expanded, how could you cope?" and this will continue to change as contractors bring modern solutions such as use of robotics, more efficient pharmacy computer systems, more efficient ordering routines and off-site assembly. How this could vary and how broad a variation this could be is described in the bullets below.
 - Looking at 3 pharmacies at different scales - in 1 month, Pharmacy A (a big Distance Selling Pharmacy) dispensed 1.5 million items, Pharmacy B (city centre destination) did 65k, Pharmacy C (a Health centre) did 11k.
 - Pharmacy D (A high street pharmacy with closures nearby) has roughly doubled their capacity in a decade from 11.8k in April 2014 to 21k in December 2023.
- Variation between areas within a place can be helpful to appraise but must take into account the capacity to deliver described above.

3.4 Consultation regarding the draft PNA

Regulation 8 requires the HWB to consult a specified range of organisations on a draft of the pharmaceutical needs assessment at least once during the process of drafting the document. This must be for a minimum period of 60 days.

The draft PNA underwent public consultation from 1st April 2025 and 10th June 2025. This involved invitations for all key stakeholders to feedback. Key stakeholders were identified by the Cheshire East PNA Steering Group through examination of the national guidance and of the local Equality Impact Assessment. The consultation was also publicised via media release through local and regional media channels, and on the Council's website and social media channels.

A total of 18 completed responses were received. The number of responses is considerably lower than for the last PNA in 2022. There are several reasons for this: -

CHESHIRE EAST PHARMACEUTICAL NEEDS ASSESSMENT 2025-2028

- Increased promotion of the public survey this time. This meant that issues from residents and users were raised and responded to earlier in the PNA process.
- In the 2022-2025 PNA consultation most responses were from residents of a particular area. This disproportionate representation from this area was skewing the analysis of both the closed questions and the concerns raised in the open questions (free text responses).
- The last PNA was undertaken in 2021-2022 during the Covid-19 pandemic. Community Pharmacy services were a vital part of the healthcare system during Covid and the vaccination delivery programme. This did mean that waits for prescriptions were longer, and queues could appear long due to social distancing measures.

The consultation report is included as Appendix G within this final full PNA document

Pharmaceutical Needs Assessment

**Part 2: Health needs based on
demography, localities and linked to
Joint Strategic Needs Assessment
(JSNA)**

4. Population Profile of Cheshire East

4.1. Location^{5,6}

Cheshire East is a unitary authority which covers the eastern part of the historic county of Cheshire and is made up of the former districts of Congleton, Crewe and Nantwich, and Macclesfield. The borough is bounded by Cheshire West and Chester to the west, Warrington and Greater Manchester conurbation to the north, Shropshire and the north Staffordshire conurbation of Stoke-on-Trent and Newcastle-under-Lyme to the south, and the Peak District National Park to the east.

Cheshire East is a large borough (1,166km²). As well as the two principal towns of Crewe and Macclesfield, there are many towns, villages, and over 100 town and parish councils. The towns and villages vary greatly in character and each face differing issues and needs for the future. The borough has a strong industrial heritage: the railway industry in Crewe, the silk industry in Macclesfield and Congleton, and the salt industry of Middlewich and Nantwich.

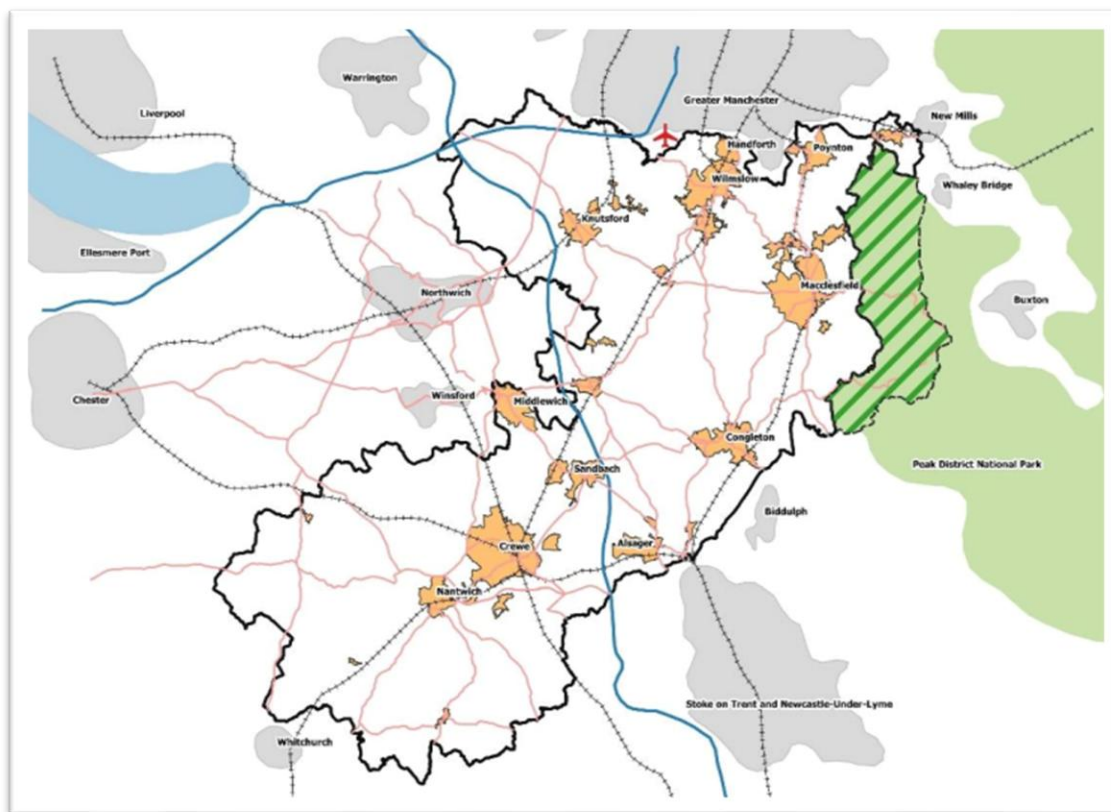
The borough is a generally affluent area, especially in the north and is a sought-after place to live and do business. There are however some pockets of deprivation, particularly in Crewe see [4.6. Deprivation and socio-economic factors](#).

The economy of Cheshire East is diverse and generally vibrant. The rural nature of the borough is reflected in the relatively high number of people employed in agriculture which is above the England average. Tourism is an important contributor to the Cheshire East economy with about 10,000 jobs associated with the industry.

The extensive road network in Cheshire East includes the M6 motorway, which runs north to south through the centre of the borough, and the M56 running east to west at the northern end. The rail network is accessible from 22 railway stations across the borough. Crewe and Macclesfield are on separate branches of the West Coast Main Line giving access to Greater Manchester and London Euston.

⁵ Cheshire East council. Cheshire East Local Plan Strategy 2010-2030
[cheshireeast.gov.uk/pdf/planning/local-plan/local-plan-strategy-web-version-1.pdf](https://www.cheshireeast.gov.uk/pdf/planning/local-plan/local-plan-strategy-web-version-1.pdf)

⁶ Cheshire East Council. Cheshire East Local Plan Authority Monitoring Report 2022/23. Available from: <https://www.cheshireeast.gov.uk/pdf/planning/spatial-planning/authority-monitoring-report/2022-23-authority-monitoring-report.pdf> (Accessed 23 January 2025).

Map 1: Location of Cheshire East⁷

4.2. Population Structure and Projections

4.2.1. Resident population

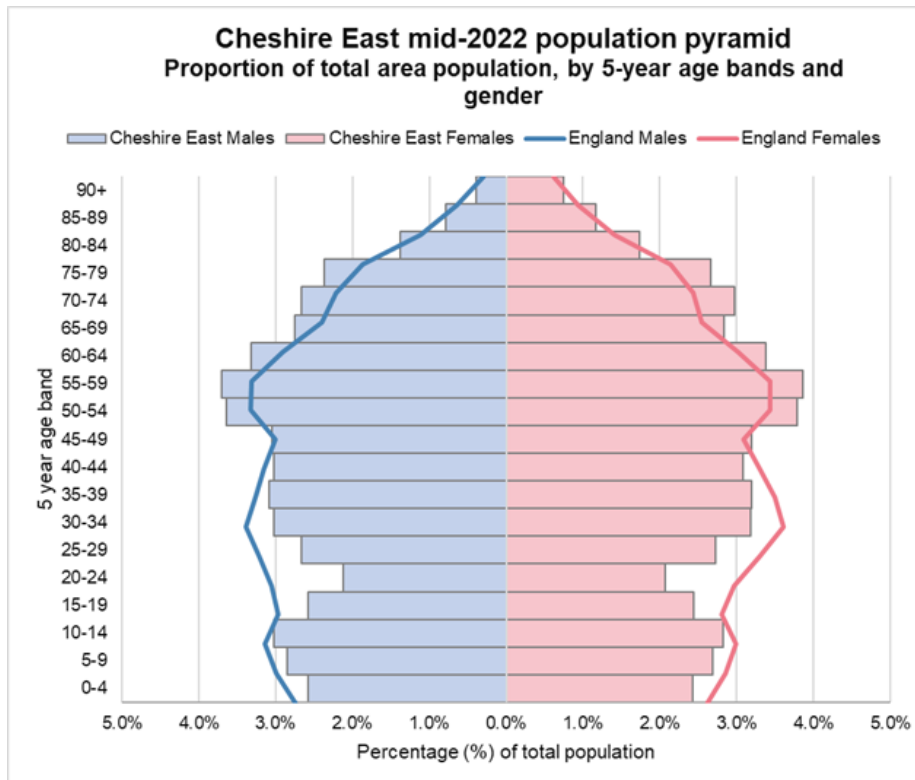
Resident population estimates are produced annually by the Office for National Statistics (ONS) for various administrative and electoral geographies. The estimates are based on previous years' births, deaths and net migration data. The estimated resident population of an area includes all people who usually live there, whatever their nationality. Members of UK and non-UK armed forces stationed in the UK are included whilst UK forces stationed outside the UK are excluded. Students are taken to be resident at their term time address.

The latest population estimates available from ONS for sub-Local Authority geographies e.g. Middle Super Output Areas (MSOAs) are for mid-2022. Based on these, there are 406,527 people living in Cheshire East. 49% of these are male and 51% female (199,222 and 207,305 respectively).

The population age structure is detailed in *Figure 2: Cheshire East resident population compared to England, mid-2022 estimated age and gender structure*

⁷ Cheshire East Council. Cheshire East Local Plan Authority Monitoring Report 2022/23. Available from: <https://www.cheshireeast.gov.uk/pdf/planning/spatial-planning/authority-monitoring-report/2022-23-authority-monitoring-report.pdf> (Accessed 23 January 2025).

Figure 2: Cheshire East resident population compared to England, mid-2022 estimated age and gender structure⁸



The population pyramid shows that compared to the England average the resident population of Cheshire East is older.

There are smaller proportions than the England average of:

- Children and young People (Ages 0-18 year olds)
- People of working age (Age bands covering 19-59 year olds)

There are larger proportions than the England average of:

- Older adults: age bands covering 60-84 year olds, and age bands covering 85+ year olds.

If we compare the latest Census age data with the previous Census: -

There has been an increase of 25.0% in people aged 65 years and over, an increase of 3.0% in people aged 15 to 64 years, and an increase of 6% in children aged under 15 years^{9,10}.

⁸ Office for National Statistics (2024) Estimates of the population for England and Wales. ONS Mid 2022 Population Estimates by single year of age. Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/estimatesofthepopulationforenglandandwales> (Accessed 19 April 2023).

⁹ Office for National Statistics (2021) NOMIS Census 2021 table TS007 – Age by single year. Available from: <https://www.nomisweb.co.uk/datasets/c2021ts038> [Accessed on 11 October 2024].

¹⁰ Office for National Statistics (2011) NOMIS Census 2011 table KS102EW – Age structure. Available from: [KS102EW \(Age structure\) - Nomis - Official Census and Labour Market Statistics](https://www.nomisweb.co.uk/datasets/ks102ew) [Accessed on 28 January 2025].

4.2.2. GP Registered Population¹¹

Most people who reside in Cheshire East are registered with a Cheshire East GP for their primary health care. However, there is not a 100% match. Some people residing in neighbouring boroughs are registered with Cheshire East GPs and some Cheshire East residents will be on a GP register outside the borough. There are more people registered with a Cheshire East GP than there are residents. The National Overview Tool shows that the Cheshire East GP registered population was 3.8% higher than the recorded resident population at the census, 414,020 registered (as April 2021) compared to 398,800 residents (ONS Census 2021). Despite this, Cheshire East is not considered an outlier, with the registered population considered similar to the census population.

Differences between the two data sets can be because of list size inflation (over-coverage or "ghost patients") and/or list deflation. This can be due to: -

- Patients moving away and not de-registering with their old GP
- Patients moving away, de-registering with their old GP but delaying or failing to register at new practice
- Children that are under shared custody with split residence not being flagged in the medical record and therefore being double counted
- Duplicate records existing due to use of different names
- Patients in nursing or residential care being registered for that address as well as their original place of residence
- Patients having died but their patient record not having been updated
- Babies being included in the census who may not have been registered with a GP yet.

4.2.3. Ethnicity

Census data, published by the ONS, is the gold standard for ethnicity recording in England and Wales. This latest census undertaken in 2021 showed that Cheshire East was mainly white, but that ethnic diversity had increased since the Census 2011. According to the 2021 Census, the ethnicity distribution across Cheshire East was recorded to be:

- | | |
|----------------------------|---------------------------------|
| • White British 89.6% | • Black/Black British 0.6% |
| • Other White groups 4.8% | • Mixed/multiple ethnicity 1.8% |
| • Asian/Asian British 2.4% | • Other ethnic 0.8% |

For a more detailed description see: [\[4.4.3 Ethnicity\]](#)

¹¹ NHS Digital (2022), Patients Registered at a GP Practice, August 2022 - Chapter Comparing the number of patients registered with a GP Practice in England to the ONS Census 2021, Published 11th August 2022. Available from: <https://digital.nhs.uk/data-and-information/publications/statistical/patients-registered-at-a-gp-practice/august-2022/spotlight-report-august-2022> [accessed 07/01/2025]

CHESHIRE EAST PHARMACEUTICAL NEEDS ASSESSMENT 2025-2028

In the public survey, residents were asked when considering the location of their usual pharmacy, what was important [question 7]. Respondents were able to select multiple answers from a list plus the opportunity to give a different answer via a free text “other” option. The results from the public survey showed that the highest number, 68% (425 out of 625), chose a pharmacy because it was near to their home, and 48% (297 out of 625) used a pharmacy because it was near to their supermarket or other shops they used. Less than 4% chose a pharmacy because it was close to their place of work.

In areas of the borough where car ownership is low, and/or public transport links are poor, a pharmacy within walking distance of home or workplace is vital. It is important that we consider future population growth, particularly in the older age bands and health trends within the borough when considering adequate pharmacy provision.

In Cheshire East, the population size increased by 7.7% between the last two censuses, from around 370,100 in 2011 to 398,800 in 2021. This is higher than the overall increase for England at 6.6% and the increase for the North West (5.2%)^{12 13}. Much of this increase is due to internal migration into Cheshire East from other parts of the UK. Population changes are driven by the number of births and deaths within Cheshire East, net internal migration (people moving into and out of Cheshire East from other areas of the UK) and international migration (people moving into and out of Cheshire East from outside the UK). Internal migration figures, published by the Office for National Statistics gave the net increase in population as 4,760 for Cheshire East (20,685 inflow and 15,925 outflow) in 2022, accounting for 78% of the net population change. International migration (people moving into and out of Cheshire East from outside the UK) yielded an increase of 1,952¹⁴. Despite this, growth from migration is less concerning in terms of impact on our health infrastructure than the potential effects of our ageing population.

The Office for National Statistics (ONS) has released updated populations for 2018 to 2020 since the production of the previous 2022 PNA. These new figures show that populations were higher for Macclesfield, CHOC, Knutsford and SMASH than those previously published in the 2022-2025 PNA¹⁵.

¹² Office for National Statistics (2021) NOMIS Census 2021 table TS007 – Age by single year. Available from: <https://www.nomisweb.co.uk/datasets/c2021ts038> [Accessed on 11 October 2024].

¹³ Office for National Statistics (2011) NOMIS Census 2011 table KS102EW – Age structure. Available from: [KS102EW \(Age structure\) - Nomis - Official Census and Labour Market Statistics](#) [Accessed on 28 January 2025].

¹⁴ Office for National Statistics (ONS.) Population estimates and components of population change. Detailed time series 2011 to 2023. England and Wales, local authorities, sex and age. Published 15 July 2024. <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/estimatesofthepopulationforenglandandwales> [accessed 07/01/25]

¹⁵ Office for National Statistics (ONS), Middle layer Super Output Area population estimates (Accredited official statistics), released 25 November 2024. [Middle layer Super Output Area population estimates \(Accredited official statistics\) - Office for National Statistics](#) [accessed 12/12/24]

4.2.4. Resident Population Forecasts

People's need for prescribed medicines increases with age. As well as growing in terms of the overall number of people in the population, the population is living longer and there will be a proportionately higher growth in the number of people in age groups over 60.

Prescribing need can be assessed using a measure called the item ASTRO-PU 2013, which is a national weighting formula that weights different age groups based on their current usage of medicines. Using ASTRO-PU 2013 weighted populations and population projections we can predict future need.

Population projections are produced by the Office for National Statistics (ONS). In simple terms they consider the following factors: the number of births minus the numbers of deaths; the numbers of people moving into Cheshire East from other areas of the country minus Cheshire East residents moving out to other parts of the country (internal migration) and people moving into Cheshire East from abroad minus Cheshire East residents moving to other parts of the world (international migration) to predict future growth or contraction of the population by age.

The census provides the most accurate snapshot of the population at a specific point in time, so once the results are available, the Office for National Statistics (ONS) adjusts (rebased) previous population estimates to align with the new, more accurate data. This helps correct any discrepancies that may have built up over the years due to estimation errors, migration, births, and deaths

Calculations in the 2022-2025 PNA¹⁶ were based on the previous population projection release from ONS. This showed most of the increase in population size to occur in the age groups 60 and above. The number of people aged between 60 and 84 was predicted to increase by 21.2%, and the number of very elderly people aged 85 and over increased by 33%. The 16- to 18-year-old age group would also see an increase of 22% between 2019 and 2029. There were only small changes predicted in the size of other age groups in the population. However, these population projections were based on ONS 2018 population estimates¹⁷. ONS Census 2021 data and the consequent population estimates have proved these to be inaccurate and understating the growth seen within Cheshire East.

¹⁶ Cheshire East Public Health Intelligence Team. Cheshire East PNA 2022-2025, published September 2022 [Cheshire East PNA 2022-2025](#)

¹⁷ Office for National Statistics – Subnational Population Projections for England (2018 Based). <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/bulletins/subnationalpopulationprojectionsforengland/2018based>

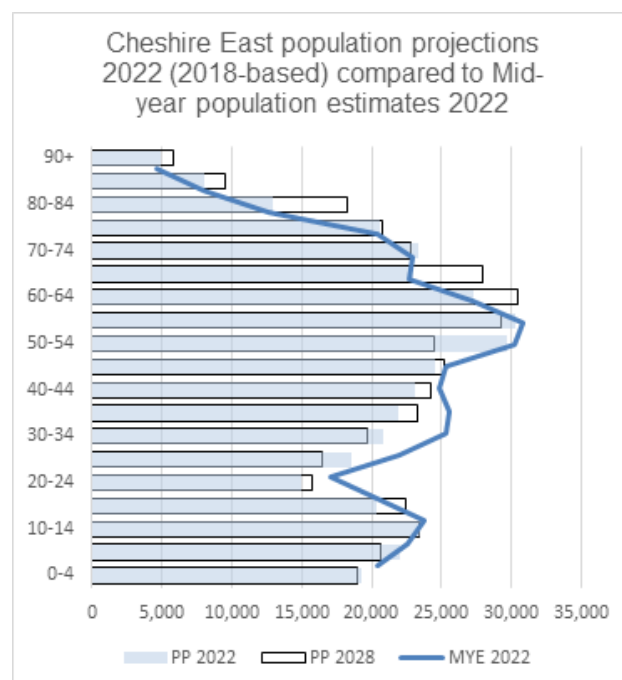
CHESHIRE EAST PHARMACEUTICAL NEEDS ASSESSMENT 2025-2028

The table and graph clearly show the differences between the current Mid-year estimate, based on Census 2021 data (MYE-2022)¹⁸ and the previously published population projections for the same year (PP 2022)¹⁹. The older age bands, 65 and over had been expected to increase by more, and the younger and working age bands had been predicted to be lower.

Table 2: Comparison of ONS 2022 population projections¹⁹ and ONS 2022 mid-year population estimates¹⁸

Age Range	PP 2022		MYE 2022		Difference MYE & PP
	Number	%	Number	%	
0-4	19,259	4.95%	20,383	5.01%	-1,124
5-19	65,884	16.93%	66,662	16.40%	-778
20-59	183,872	47.26%	200,926	49.42%	-17,054
60-74	73,532	18.90%	72,889	17.93%	643
75+	46,502	11.95%	45,727	11.25%	775
All	389,049	100.00%	406,587	100.00%	-17,538

Figure 3: Comparison of ONS 2022 population projections¹⁹ and ONS 2022 mid-year population estimates by 5 year age-bands¹⁸



¹⁸ Office for National Statistics (ONS), Middle layer Super Output Area population estimates (Accredited official statistics), released 25 November 2024. [Middle layer Super Output Area population estimates \(Accredited official statistics\) - Office for National Statistics](https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/bulletins/middlelayerpopulationestimatesforengland/2024) [accessed 12/12/24]

¹⁹ Office for National Statistics – Subnational Population Projections for England (2022 based). <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/bulletins/subnationalpopulationprojectionsforengland/2022based>

CHESHIRE EAST PHARMACEUTICAL NEEDS ASSESSMENT 2025-2028

Updated population projections were released by ONS on the 24th of June 2025.¹⁹ This was after the 2025-2028 PNA public consultation. However, we are now able to use these to review our previous predictions regarding population growth that we presented in the pre-consultation draft. These new population estimates and projections show that the potential adult working age group of 19 to 59 year olds was previously underestimated and form a larger proportion of the population. The new estimates for 2019 put this age group as 50.8% of the overall population whereas previously it was 49.6%. This may seem small, but it represents nearly an additional 8,000 people. The over 60s are now a smaller proportion of the total population, the new proportion for 2019 is 28.5% compared with 29.3% previously predicted. This represents a thousand less people. Please remember that the overall population of Cheshire East is growing year on year, but different age groups are growing or contracting at different rates which changes the proportion of the overall population that they represent.

The remodelling shows that the largest percentage increases still occur in the age groups 60 and above. The largest percentage increase occurs in the 85 and over age band, followed by the 60 to 64 age band. However, if we look further into the future the 64-84 age band becomes the second highest. The number of very elderly people aged 85 and over, those that will have potentially biggest need will increase by 35%.

Table 3: Remodelled predicted prescribing need for Cheshire East, 2019 to 2029^{18,19}

Age Band	Year			Percentage change 2019 to 2024	Percentage change 2024 to 2029	Percentage change 2019 to 2029	Eligibility for free prescriptions
	2019	2024	2029				
0 to 4	20012	20194	19939	0.91%	-1.26%	-0.36%	Under 16
5 to 15	48509	51752	51286	6.68%	-0.90%	5.72%	
16 to 18	12281	13739	15092	11.87%	9.85%	22.89%	
19 to 59	198277	207167	212929	4.48%	2.78%	7.39%	Aged 16 - 18 and in full-time education
60 to 64	23995	29390	31417	22.48%	6.90%	30.93%	Aged 60 and over
65 to 84	75696	81529	90775	7.71%	11.34%	19.92%	
85+	11786	13287	15854	12.73%	19.32%	34.51%	
Total	390556	417058	437292	6.79%	4.85%	11.97%	

Table 4: Predicted prescribing need for Cheshire East, 2022 to 2033¹⁹

Age Band	Year			Percentage change 2022 to 2028	Percentage change 2028 to 2033	Percentage change 2022 to 2033	Eligibility for free prescriptions
	2022	2028	2033				
0 to 4	20383	19815	20289	-2.79%	2.39%	-0.46%	Under 16
5 to 15	50737	51584	50505	1.67%	-2.09%	-0.46%	
16 to 18	13257	14917	14960	12.52%	0.29%	12.85%	
19 to 59	203594	211607	220402	3.94%	4.16%	8.26%	Aged 16 - 18 and in full-time education
60 to 64	27243	31161	30362	14.38%	-2.57%	11.45%	Aged 60 and over
65 to 84	78764	89219	96210	13.27%	7.84%	22.15%	
85+	12609	14980	19976	18.80%	33.35%	58.43%	
Total	406587	433282	452704	6.57%	4.48%	11.34%	

Using Item ASTRO-PU 2013 weighted populations, there will be a 10.5% growth in medicines use by 2028, considerably higher than previously predicted. There will be a

CHESHIRE EAST PHARMACEUTICAL NEEDS ASSESSMENT 2025-2028

further 6.9% increase by 2033, giving a total increase in medicines use of 18.1% over the ten year period.

Changes in prescribing behaviour and trends, alongside demographics, over time, necessitated that the 2013 weighting needed to be refreshed to ensure that it remains accurate. New 2024 weightings have been developed. Unfortunately, we are unable to apply these accurately as they break down the elderly populations i.e. over 75s into 5-year age bands up to age 110+. Our populations are not broken down beyond 90+ but rough calculations show the new growth to be approximately 10.8% between 2022 and 2028.

Previous population projections presented in the last PNA showed the majority of the growth between the base year 2019 and 2029 taking place in the Bollington, Disley, Poynton Care Community (5.6%) and the Knutsford Care Community (5.4%). There was relatively little population growth in the Crewe area (2.8%).

Remodelling the population change between 2019 and 2029 using the new 2022 based population projections produces larger percentage changes between all time periods for all care communities. The care communities of Congleton, Holmes Chapel and SMASH show the highest growth, which tallies with the housing development predictions. Crewe Care Community, despite seeing lower growth, will remain the largest population area in the borough.

Table 5: Remodelled population changes for Cheshire East care communities, 2019 to 2029^{18,19}

Care Community	Year			Percentage change 2019 to 2024	Percentage change 2024 to 2029	Percentage change 2019 to 2029
	2019	2024	2029			
Alderley Edge, Chelford, Handforth, Wilmslow	45125	48237	50727	6.90%	5.16%	12.41%
Macclesfield	62914	65505	68646	4.12%	4.80%	9.11%
Bollington, Disley, Poynton	26761	27966	29440	4.50%	5.27%	10.01%
Knutsford	25602	26675	28143	4.19%	5.50%	9.92%
Congleton, Holmes Chapel	41230	44906	47143	8.92%	4.98%	14.34%
Nantwich and Rural	39516	42707	44851	8.08%	5.02%	13.50%
Crewe	80012	85698	89425	7.11%	4.35%	11.76%
SMASH	69396	75363	78917	8.60%	4.72%	13.72%
Cheshire East	390556	417058	437292	6.79%	4.85%	11.97%

The new population projections show that Bollington, Disley, Poynton Care Community (7%) and the Knutsford Care Community (7.1%) have the largest percentage increases over the lifetime of this PNA. All the care communities except Crewe and CHOC have population projections higher than the predicted population using planned housing development calculations presented within this PNA. (see section 4.3).

CHESHIRE EAST PHARMACEUTICAL NEEDS ASSESSMENT 2025-2028

Table 6: Predicted prescribing need for Cheshire East care communities, 2022 to 2033¹⁹

Care Community	Year			Percentage change 2022 to 2028	Percentage change 2028 to 2033	Percentage change 2022 to 2033
	2022	2028	2033			
Alderley Edge, Chelford, Handforth, Wilmslow	47014	50204	52664	6.79%	4.90%	12.02%
Macclesfield	63824	68043	70968	6.61%	4.30%	11.19%
Bollington, Disley, Poynton	27237	29148	30596	7.01%	4.97%	12.33%
Knutsford	26006	27861	29205	7.14%	4.82%	12.30%
Congleton, Holmes Chapel	43770	46686	48903	6.66%	4.75%	11.73%
Nantwich and Rural	41672	44425	46482	6.60%	4.63%	11.54%
Crewe	83599	88716	92279	6.12%	4.02%	10.38%
SMASH	73464	78199	81606	6.44%	4.36%	11.08%
Cheshire East	406587	433282	452704	6.57%	4.48%	11.34%

In summary

People's need for prescribed medicines increases with age. As well as growing in terms of the overall number of people in the population, the population is living longer and there will be a proportionately higher growth in the number of people in age groups over 60.

- The overall Cheshire East population is growing more rapidly than previously predicted.
- Cheshire East is experiencing above-average population growth compared to both regional and national levels.
- Different age groups have grown or contracted at different rates than previously predicted which has changed the proportion of the overall population that they represent. The working age group 19 to 59 is larger than previously predicted (nearly 8,000 higher representing 51% of the overall population), and the over 60s is smaller (just over 1,000 less and representing 29% of the overall population).
- Furthermore, different age groups will grow or contract at different rates changing the proportion of the overall population that they represent over the lifetime of this PNA.
- The age group with the highest pharmaceutical need i.e. 60 and over will increase over the lifetime of this PNA, predicted growth of 14% between 2022 and 2028.
- Using Item ASTRO-PU 2013 weighted populations, we have calculated a 10.5% growth in medicines use by 2028, considerably higher than previously predicted.
- Modelling at a care community level between 2022 and 2028 shows that most areas have population projections that are higher than the calculated predicted populations based on housing development (see section 4.3). The exceptions are Crewe and CHOC. These two areas will need to be monitored using population estimates and GP registrations to see if the pharmaceutical provision remains adequate.

4.3. Future Planning: Housing Developments

Proposed housing developments in Cheshire East are contained in Cheshire East's Local Plan Strategy 2010-2030²⁰ which was adopted on 27 July 2017. The overall growth proposition in Cheshire East was to deliver at least 36,000 new homes by 2030, an average of 1,800 net additional dwellings per year across the Borough. The plan identified 50 strategic sites²¹ and three strategic locations that will accommodate most of the new development needed and form the basis for determining planning applications. In fact, the delivery of new homes has exceeded the plan requirement for the past 6 years. A total of 2,345 new homes were built in Cheshire East between April 2022 and March 2023. This is a reduction of 434 dwellings from the net number of dwellings in the previous year but 545 more than the council's annual requirement of 1,800 homes set out in the local plan. However, this balances out the shortfall in housing delivery between 2010 and 2017. By March 2023 there was a very modest shortfall of 217 homes compared to the number that should have been completed by that date i.e. between 2010 and 2023.²²

Over the five years from March 2023 to March 2028, building at strategic locations is forecast to result in an additional 7,534 homes. In addition to this, forecasts of other large developments outside strategic locations suggest that a further 726 homes will be built. These 8,260 homes make up most of the planned building, but other sites will gain planning permission over the period and there will be additional smaller developments²³. The total housing forecast is approximately 11,500 homes across the borough²⁴.

The current Local Plan Strategy Document covers development until 31 March 2030, beyond the time scales for this PNA, which considers pharmaceutical need within the population over the next 3 years (2025-2028). However, strategic sites are divided into 5-year phases; this has enabled us to give a crude estimate of potential housing numbers within these larger developments by 2028.

²⁰ Cheshire East Council. Cheshire East Local Plan. Local Plan Strategy: 2010-2030. Adopted 27 July 2017. Available from: [Local Plan Strategy](#) [accessed 22nd November 2024]

²¹ Strategic sites are those with a final total capacity of 150 dwellings or more.

²² Cheshire East Council, Cheshire East Local Plan Authority Monitoring Report (AMR) 2022/23 [2022/23 Authority Monitoring Report](#)

²³ Cheshire East Council. Cheshire East Housing Monitoring Update Appendix 4: Forecast. Available from <https://www.cheshireeast.gov.uk/pdf/planning/research-evidence/housing-monitoring-report/2022-2023/appendix-4-forecast-2022-23.pdf> [accessed 22nd November 2024].

²⁴ Email from Principal Planning Officer 2023 Housing Completions Summary, 22/11/24

CHESHIRE EAST PHARMACEUTICAL NEEDS ASSESSMENT 2025-2028

Table 7: Estimates of proposed housing on main Strategic Sites in Cheshire East by March 2028²³

Care Communities	Location of Strategic Sites	Current population estimates Mid-year 2022	Estimated New Homes		Number of current pharmacies
			Average each year	Total by March 2028	
Nantwich and Rural	Nantwich	41667	71	354	4
	Rural		0	0	1
Crewe	Crewe	83582	502	2508	14
SMASH (Sandbach, Middlewich, Alsager, Scholar Green, Haslington)	Sandbach	73453	3	17	4
	Middlewich		110	552	2
	Alsager		68	338	3
	Scholar Green		0	0	0
	Haslington		0	0	1
Congleton and Holmes Chapel	Congleton	43763	276	1379	9
	Holmes Chapel		0	0	1
Macclesfield	Macclesfield	63815	283	1414	10
Bollington, Poynton, Disley	Bollington	27235	0	0	1
	Disley		0	0	1
	Poynton		45	226	2
Chelford, Alderley Edge, Wilmslow, Handforth	Chelford	47009	0	0	0
	Alderley Edge		0	0	3
	Wilmslow		27	134	5
	Handforth		21	103	3
Knutsford	Knutsford	26003	102	509	4

Table 7: Estimates of proposed housing on main Strategic Sites in Cheshire East by March 2028²³ below gives an estimate of the additional housing due to be built across strategic sites by the end of March 2028 based on information provided by Cheshire East Spatial Planning Department.

There is a complex relationship between house building and population growth, but the increased availability of new homes will almost certainly impact populations at a local level, and this in turn may affect pharmacy provision. One way of estimating the population increase from new homes is to apply the Office for National Statistics occupancy rate, which is 2.29 for the North West.²⁵ Applying this occupancy rate to the proposed housing yield of the strategic developments for the next five years would mean

²⁵ Office for National Statistics (2022) Households by size, regions of England and UK constituent countries, 2015 to 2020, March 2021. Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/families/datasets/householdsbyhouseholdsizeandregionofenglandandukconstituentcountries> [accessed 04/12/24]

CHESHIRE EAST PHARMACEUTICAL NEEDS ASSESSMENT 2025-2028

- Over a five-year period, the population of Congleton and Holmes Chapel Care Community could potentially increase by 7.2% to nearly 47,000, purely due to housing development.
- The next largest increase is 6.9% in Crewe, causing a potential increase from 83,500 to 89,300. The addition of other large sites could increase Crewe's population by a further 1% to over 90,000.
- Strategic developments could cause the population of Macclesfield to grow by 5.1% to 67,000.
- Knutsford is another area set to see population increases of 4.5% from strategic site developments.

Despite this, these areas have the greatest number of pharmacies putting them as best placed across Cheshire East to be able to cater for this additional population.

We have taken consideration of the main strategic sites in relation to current pharmaceutical provision, and Cheshire East is generally well provided for.

4.3.1 Specific areas to be considered in detail^{23 26,}

- **Crewe** - The principal town of Crewe was identified as Cheshire East's biggest spatial priority and the response strategy "All Change for Crewe: High Growth City"²⁷ proposed that Crewe becomes a nationally significant economic centre, a hub for investment, connectivity, enterprise and business, a sought-after place in South Cheshire; where talented and able people want to live, work and play. Currently according to the JSNA and Tartan Rug²⁸, the town of Crewe has the greatest level of deprivation in the Borough, and it also has the highest levels of premature mortality, but the ambition is to see these previously deprived areas of the town completely revitalised and re-energised.
- **Basford** - This was an area of concern highlighted in the previous 2022 PNA. The South Cheshire Growth Village has outlined planning permission for 650 houses. There are also three further sites at Basford East, with outline planning for up to 850 dwellings: one site is already under construction (Site Ref 5255), one has full planning permission (Site Ref 5477), and a further smaller site is awaiting allocation. However, the Borough Council Forecast²⁹ predicts that only two-thirds of these houses will be built by 2027/28, with the South Cheshire Growth Village only one-sixth

²⁶ Cheshire East Council. Cheshire East Local Plan. Local Plan Strategy: 2010-2030. Adopted 27 July 2017. Available from: [Local Plan Strategy](#) [accessed 22nd November 2024]

²⁷ Cheshire East Council. All Change for Crewe – High Growth City, September 2013. [All Change for Crewe - High Growth City - Appendix.pdf](#)

²⁸ Cheshire East Council (2022) Cheshire East Tartan Rug. Available from: <https://www.cheshireeast.gov.uk/pdf/jsna/ward-profile-tartan-rug/tartan-rug-2022.pdf> (Accessed 23 January 2025).

²⁹ Cheshire East Council. Cheshire East Housing Monitoring Update Appendix 4: Forecast. Available from <https://www.cheshireeast.gov.uk/pdf/planning/research-evidence/housing-monitoring-report/2022-2023/appendix-4-forecast-2022-23.pdf> [accessed 22 November 2024].

complete and the smaller site not delivering any completions. Consideration of the proposed site suggests that the health needs of the potential increased population will be adequately met by Rope Green Medical Centre and the associated Well Pharmacy, as well as pharmacies in central Crewe. The progress of this development will need to be monitored but it is unlikely to have a significant impact on services at the current time. The full impact of this development will not be realised until the next PNA.

- **Leighton** - To the north-west of Crewe, near Leighton Hospital is an area of considerable house building in recent years. This area is planned to have a further 400 homes by April 2028 and has been considered in earlier PNAs. A previous mapping exercise demonstrated that residents of these estates were within 1.6km of a pharmacy. They also have the option of using pharmacy services in central Crewe and most of these pharmacies use the Electronic Prescription Service and provide delivery services.
- **Macclesfield** – Macclesfield is the second Principal Town within Cheshire East. Over the lifetime of this PNA, several sites across Macclesfield will start construction. The South Macclesfield Development Area, Gaw End Lane and Land at Congleton Road in the south are predicted to yield over 750 new homes. Fence Avenue Site in Hurdsfield in the east will yield 250 of the 300 planned units, and the two sites in Broken Cross straddling the Chelford Road will provide 340 new homes. Macclesfield town is well provided for in terms of pharmacies.
- **Nantwich** - There is further development planned on the Kingsley Fields site, north west of Nantwich (Site Ref 2926). The site is already two-thirds complete, with a further 320 units to be built by March 2028. This site is close to Nantwich town centre which is currently served by four pharmacies.
- **Congleton** – Congleton was identified as one of the key service centres for Cheshire East with the completion of the Congleton Link Road at the heart. The mixed-use Congleton Link Road Corridor development will see considerable building within the lifetime of this PNA, including 550 units at Congleton Business Park, a further 380 units at Back Lane/Radnor Park and Giantswood Lane/Manchester Road to deliver half of the 500 planned new homes by April 2028. Congleton town is well provided for in terms of pharmacies.
- **Handforth** - North Cheshire Growth Village, situated to the east of Handforth, just off the A34 bypass has been identified as a strategic site that will provide up to 1,500 houses once fully completed. Despite expectations that houses would be under construction by 2021, the first completions, about 300, are now not expected within the timescale of this PNA.
- Also, at the northern boundary of Cheshire East, between Handforth and Poynton within Stockport Metropolitan Borough, is the Woodford Garden Village. The site had planning permission for over 900 homes and is now

nearing completion. The developers are now consulting on a possible extension, taking the site to over 1,000 properties. There has been no change in pharmacy provision in the area during the build and previous Stockport PNAs identified that this development once fully occupied may lead to a gap in Essential service provision as the nearest pharmacy is more than 2km away. Stockport Health and Wellbeing Board are currently reviewing their PNA with plans to consult during the summer and publish in the October 2025. This PNA will include a review of provision in this area, with consideration of their strategic ambition for 90% of Stockport residents' homes to be within 1km of a community pharmacy. Woodford itself is around 1.5 miles south of Bramhall, a suburb of Stockport, where there is already several community pharmacies and GP surgeries. There are also good links to local facilities in Cheshire East, including community pharmacies, with Handforth to the west and Poynton to the north-east, both within a 3-mile radius³⁰. It is estimated that the current build has created around 270 additional GP registrations at Middlewood Partnership, however this increased demand should be adequately absorbed by the existing pharmaceutical provision in Poynton.

All the projections and planned developments presented here are based on the existing Local Plan 2010-2030, and a low housing need calculation of only 977 new homes per year.

In December 2024 the Prime Minister's speech on the government's Plan for Change, outlined the Government's objective of significantly boosting the supply of homes by building 1.5 million new homes in England over five years³¹. In December 2024, the National Planning Policy Framework (NPPF) which provides a framework for sustainable local development and is a material consideration in local planning decisions was revised³². This revision included a new approach to calculating housing need. This new approach increased the Local Housing Need (LHN) for Cheshire East to 2,461 new homes a year. To put this into context, between 2021/22 and 2023/24, within Cheshire East, an average of 2,357 new homes were added, 104 short of the new targets. In addition, in year ending March 2023, a total of 2,345 new homes were added, 545 more homes than the current target but still short of the new target^{33 34 35}.

³⁰ Email from Public Health Intelligence and Early Intervention & Prevention Lead, Stockport Council. Update on Woodford Garden Village received 18 December 2024

³¹ [PM speech on Plan for Change: 5 December 2024 - GOV.UK](#) [accessed 23 January 2025].

³² Ministry of Housing, Communities and Local Government, Ministry of Housing, Communities & Local Government (2018 to 2021) and Department for Levelling Up, Housing and Communities (2024) National Planning Policy Framework. Policy paper. Available from: <https://www.gov.uk/government/publications/national-planning-policy-framework--2> (Accessed 23 January 2025).

³³ Cheshire East. Housing completions 2022/23 [Strategic planning update](#)

³⁴ Ministry of Housing, communities and Local Government. Indicative local housing need (December 2024 – new standard method). [lhn-outcome-of-the-new-method.ods](#)

³⁵ BBC (2024) New homes: Scale of building challenge revealed by BBC housing tracker published 9 January 2025. [New homes: Scale of building challenge revealed by BBC housing tracker - BBC News](#) [accessed 23 January 2025]

4.3.2 Business, retail and leisure developments and economic growth

Potential business, retail and leisure developments across Cheshire East have also been considered in terms of potential impact on where people may wish to access community pharmacy services.

Economic growth is dependent on infrastructure development and improvement across the Borough. The completion of the Congleton Link Road has enabled the delivery of several large employment and commercial use sites to the north of Congleton. We have already looked at Congleton in relation to housing development and the town is well provided for in terms of pharmacies.

It was hoped that the development of High-Speed Two (HS2) north of Birmingham, Phase two of the Government's proposed new high-speed rail line, whose proposed route passed through Cheshire East linking Birmingham to Crewe, and Crewe to Manchester, would deliver long-term economic benefits to the borough and to Crewe in particular. The cancellation of this phase in October 2023 was a major setback to Cheshire East Council. Parliament have now agreed to secure the powers to construct a section of the proposed Northern Powerhouse Rail between Manchester Piccadilly and Millington, north of Knutsford in Cheshire East. However, the section between Crewe and Millington and associated infrastructure, will no longer be delivered.

Pharmacies are commercial businesses and a thriving high-street or retail park increases potential customers. The public survey showed that many residents combine using the pharmacy while going to other shops (48%). Although less than 4% chose a pharmacy because it was close to their place of work, any employees of the surrounding businesses are potential customers. The Authority Monitoring Report (AMR)³⁶, which is published each year and forms part of the Local Plan, as well as determining the extent to which the objectives, targets and programmes within the Local Plan are being met, identifies the effects of planning policies on social, environment and economic outputs. In the 2022/23 AMR the economic prosperity summary shows that within Cheshire East over the last 12 months: -

- Net take-up of employment land has increased (MF7)
- Net jobs growth rate has decreased, down 6,000 jobs (MF8)
- Town centre use floorspace completions has decreased (MF20)
- Number of vacant retail units in town centres 309 units. This a new indicator, therefore no comparator is available. (MF21)
- Retailing in town centres and high streets are facing significant challenges. Changing shopping trends and behaviours in recent decades, driven by a range of economic, demographic, social and technological factors, are affecting the prosperity and vibrancy of high streets. Crewe, Macclesfield, Congleton, Knutsford and Sandbach have all seen increases in the number of

³⁶ Cheshire East Council, Cheshire East Local Plan Authority Monitoring Report (AMR) 2022/23 [2022/23 Authority Monitoring Report](#)

business, leisure and retail units over the last year however, many units remain vacant (MF25).

4.4 Variation in potential pharmaceutical need by protected characteristics

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

Under the Equality Act 2010 there are 9 'Protected Characteristic' groups. The numbers and main health issues facing each are detailed in this section. Whilst some of these groups are referred to in other parts of the PNA, this section focusses on their health issues.

All community pharmacies must assess both physical access to the premises and amendments to basic delivery of Essential services for patients with regard to their culture, ethnicity, or disability. For example:

- Provision of an automatic door or bell to alert staff to the needs of wheelchair users
- Provision of a hearing loop
- Provision of plain lids for those who have difficulty opening child resistant containers
- Provision of large print medication labels
- MARS (medicines administration record sheets) or monitored dosage systems to support medicines adherence
- Ability to source and supply non-gelatine-based products.

A review of current provision was undertaken via the Pharmacy Contractor Survey during June - September 2024. The questionnaire distributed to all pharmacies asked various questions regarding accessibility and provision of aids for people with poor hearing or eyesight. Questions regarding the provision, accessibility, and facilities available within a consultation room or area were also included. Sixty-four pharmacies (91.4%) within Cheshire East returned completed questionnaires. The public survey asked various questions on accessibility. There were 625 participants to the public survey. The following sections consider the findings from those who responded in conjunction with a variety of other relevant data sources.

4.4.1 Age

The age distribution of the Cheshire East population is outlined below. See section [4.2.1. Resident population] for a detailed breakdown and population pyramid:

- Under age 5: 20,346 (5.0% of total population)
- 5-18: 64,021 (15.7% of total population)
- 19-59: 203,543 (50.1% of total population)
- 60-84: 106,008 (26.1% of total population)
- 85+: 12,609 (3.1% of total population)
- Total population 406,527 (ONS 2022 mid-year population estimate)

Variation of health outcomes and challenges by age

Health issues tend to be greater amongst the very young and the very old. People's need for healthcare and prescribed medicines increases with age.

For children³⁷:

- Negative health behaviours developed in childhood can lead to long-term health problems in adulthood, including obesity, alcohol and drug abuse. They can also impact upon a young person's educational performance and on their friendships.
- Breastfeeding is well evidenced to provide health benefits for both mother and baby and to promote attachment. Mothers in the most deprived areas have consistently lower rates of initiating and continuing breastfeeding compared to those in the least deprived.
- Three quarters of life-long mental health problems in the UK start before the age of 25.
- Most adult smokers have had their first cigarette or were already addicted to nicotine by the age of 18 and 90% of lifetime smoking is initiated between the ages of 10 and 20 years. Early initiation is linked to increased levels of smoking and dependence, a lower chance of quitting, and higher mortality.
- Obesity increases the risk of developing a range of health conditions in childhood and later life, including heart disease; stroke; high blood pressure; diabetes and some cancers. Obese children are much more likely to be obese adults.
- Young people between the ages of 15 and 17 years are more likely to binge drink. Those who drink alcohol regularly from an early age are more likely to develop later alcohol misuse or abuse.
- Frequent cannabis use in young people can be associated with negative mental health experiences such as depression, anxiety and even psychosis
- Tooth decay has been the commonest reason for hospital admission among children aged five to nine.

³⁷ Royal College of Paediatrics and Child Health (2020) *State of Child Health*. London: RCPCH. [Available at: stateofchildhealth.rcpch.ac.uk]

For older people (65 and over)³⁸:

- A growing ageing population with increasingly complex needs puts pressure on the health and social care system.
- A high proportion of people aged 65 and over live alone, and this percentage increases with age.
- People ageing in the least advantaged circumstances are more likely to experience age-related disability and poor health at a younger chronological age, live with poorer health throughout their later years and die earlier than people with greater advantage.
- The proportion of the population with long-term conditions increases with age, 86% of people aged 85 and over in England live with at least one long-term health condition.
- One in five (20%) of unpaid carers are aged 65 and over.

The Cheshire East Falls Joint Strategic Needs Assessment (JSNA) review into falls highlights the significantly higher rates of falls admissions in older people across Cheshire East compared to the England average. Furthermore, it highlights the complex contribution of risk factors, including lifestyles, polypharmacy, long term conditions and sensory impairments, that can result in falls or injuries from falls, in older people.³⁹

The needs of older people are being further examined within the in-depth Ageing Well, and Loneliness and Social Isolation JSNA reviews currently in progress.

4.4.2 Disability

In the Census 2021 67,819 (17.0%) of people in Cheshire East reported being classed as disabled under the Equality Act, of these 27,450 or nearly 7% of residents indicated that they have an illness or disability that limits their day-to-day activities a lot. The remaining 40,369 (10.1%) reported that they are disabled but their condition only affects their day-to-day activities a little. There were a further 31,165 (7.8%) who self-reported having a long term physical or mental health condition not covered under the Equality Act which did not limit their day-to-day activities. This means that nearly a quarter of the population of Cheshire East have a long-term physical or mental condition. The table below shows that the distribution is not even across the borough, with Congleton, Holmes Chapel Care Community and Macclesfield Care Community having significantly higher proportions of their residents classed as Disabled under the Equality Act. If the self-reported long-term conditions are also considered, SMASH is

³⁸ Age UK (2023) Age UK, The State of Health and Care of Older People, 2023. Available from: [age_uk_briefing_state_of_health_and_care_of_older_people_july2023.pdf](https://www.age-uk.org.uk/media/1024/age-uk-briefing-state-of-health-and-care-of-older-people-july2023.pdf) (Accessed 21 July 2025). [age-uk-briefing-state-of-health-and-care-july-2023-abridged-version.pdf](https://www.age-uk.org.uk/media/1024/age-uk-briefing-state-of-health-and-care-july-2023-abridged-version.pdf)

³⁹ Cheshire East Council (2023) Falls. Cheshire East JSNA. Available from: https://www.cheshireeast.gov.uk/council_and_democracy/council_information/jsna/ageing-well/falls.aspx. (Accessed 23 January 2025).

also higher than the Cheshire east average. Interestingly, although the prevalence of disability is not significantly higher in Crewe, the percentage of those whose day-to-day activities are limited a lot by their condition is the highest in the borough.

CHESHIRE EAST PHARMACEUTICAL NEEDS ASSESSMENT 2025-2028

Table 8: Disability by care community⁴⁰

Care Community Name	Total (a)	Disabled under the Equality Act (%) (b)	Disabled under the Equality Act: Day-to-day activities limited a lot (%) (c)	Disabled under the Equality Act: Day-to-day activities limited a little (%) (d)	Not disabled under the Equality Act: Has long term physical or mental health condition but day-to-day activities are not limited (%) (e)	Disabled or self-reported long-term condition (%) (b + e)
Alderley Edge, Chelford, Handforth, Wilmslow	48249	14.46	5.91	8.55	7.55	22.00
Bollington, Disley, Poynton	29509	16.46	6.29	10.17	8.79	25.25
Congleton, Holmes Chapel	38859	17.87	7.17	10.70	8.23	26.10
Crewe	88042	17.18	7.25	9.93	6.75	23.93
Knutsford	22913	16.60	7.17	9.44	7.62	24.23
Macclesfield	61665	18.28	7.21	11.07	8.40	26.68
Nantwich and Rural	35242	17.26	6.98	10.28	7.81	25.07
SMASH	74298	17.17	6.76	10.41	8.23	25.40
Cheshire East (sum)	398777	17.01	6.88	10.12	7.82	24.82
Cheshire East (download)	398772	17.01	6.88	10.12	7.82	24.82
North West	7417397	19.42	8.94	10.49	6.74	26.17
England	56490048	17.30	7.33	9.97	6.83	24.13

Note: Light blue = Significantly lower, dark blue = significantly higher. Care communities compared to Cheshire East. Cheshire East compared to England.

There are various estimates relating to disability available via Projecting Older People Population Information System (POPPI) and Projecting Adult Needs and Service Information (PANSI) or from the GP Quality Outcomes Framework (QOF) registers, but some people will have multiple disabilities and therefore may be counted in more than one estimate.

The 2023/24 GP Quality Outcomes Framework (QOF) register shows there were 1,813 people in Cheshire East with learning disability (LD) known to their general practice. This is a prevalence rate of 0.4%, compared to 0.6% for England⁴¹.

According to the latest data available, an estimated 1,067,600 adults in England were likely to have learning disabilities⁴². National estimates of prevalence retrieved from

⁴⁰ Office for National Statistics (2021) NOMIS Census 2021 table TS038 – Disability. Available from: <https://www.nomisweb.co.uk/datasets/c2021ts038> [Accessed on 22 August 2024]. Care communities derived from Wards 2022.

⁴¹ Office for Health Improvement & Disparities. Public Health Profiles Learning disability: QOF prevalence (all ages). [Accessed on 30 October 2024] <https://fingertips.phe.org.uk> © Crown copyright [2024].

⁴² [People with learning disabilities in England 2015: Main report \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/91111/people-with-learning-disabilities-in-england-2015-main-report.pdf)

POPPI and PANSI applied to local projections for learning disability suggest that there are likely to be 1,455 adult residents in Cheshire East with a moderate or severe learning disability^{43 44}. Individuals with a learning disability may need longer consultations or support when visiting a pharmacist and may have an impaired ability to understand instructions.

The latest estimates available from POPPI and PANSI stated that 8,590 people in Cheshire East aged 65 and over are likely to have a moderate or severe visual impairment, with more than half those aged 75 and over having a registrable eye condition⁴⁵. The Royal National Institute of Blind People (RNIB) estimate that in 2022, 4.1% of the total population, 15,800 people in Cheshire East are living with some degree of sight loss, 13,060 aged 65 and over⁴⁶. This indicates that there is a large difference in the number of people living with sight loss and those registered as blind or sight impaired. According to the Royal National Institute of Blind People (RNIB), by 2032, it is expected there will be 19,600 people (4.8%) in Cheshire East living with sight loss, with the number of people living with severe sight loss expected to rise to 2,730 from 2,160⁴⁷. Around 21% (83,686) of the adult population have some form of hearing loss^{48,49}.

According to the Family Resources Survey 2022-2023, it is estimated that 23% of working-age adults in the UK have a disability, with 41% reporting a mobility impairment, the second highest impairment type⁵⁰. According to the POPPI projection tool, in Cheshire East, it is estimated that 17,731 residents over the age of 65 have mobility problems that affect them with day-to-day activities, such as going out of doors and walking down the road; getting up and down stairs; getting around the house on the level; getting to the toilet; getting in and out of bed. Based on data from POPPI, an estimated 27,317 residents over 65 require assistance with self-care activities including help to bathe, shower or wash all over, dress and undress, wash their face and hands, feed, cut their toenails, take medicines⁵¹.

⁴³ Oxford Brookes University & Institute of public care. POPPI. version 14.2. LD – moderate or severe. Available from: <https://www.poppi.org.uk/> (Accessed 29 October 2024).

⁴⁴ Oxford Brookes University & Institute of public care. PANSI. version 14.2. LD – moderate or severe. Available from: <https://www.pansi.org.uk/> (Accessed 29 October 2024).

⁴⁵ Oxford Brookes University & Institute of public care. POPPI. version 14.2. serious visual impairment Available from: <https://www.poppi.org.uk/> [Accessed 29 October 2024].

⁴⁶ [Registered Blind and Partially Sighted People, England 2022-23 - NHS England Digital](#)

⁴⁷ RNIB. Sight Loss Data Tool. Available from: [Sight Loss Data Tool - RNIB - See differently SLDT v5.3](#) [Accessed 29 October 2024].

⁴⁸ Oxford Brookes University & Institute of public care. POPPI. version 14.2. Hearing Loss. Available from: <https://www.poppi.org.uk/> [Accessed 29 October 2024].

⁴⁹ Oxford Brookes University & Institute of public care. PANSI. version 14.2. Hearing Loss. Available from: <https://www.pansi.org.uk/> [Accessed 29 October 2024].

⁵⁰ Department for Work and Pensions (2021) Family Resources Survey: financial year 2022 to 2023 Available from: [Family Resources Survey: financial year 2022 to 2023 - GOV.UK](#) [Accessed 23 January 2025].

⁵¹ Oxford Brookes University & Institute of public care. POPPI. version 14.2. Mobility & self-care sections. Available from: <https://www.poppi.org.uk/> [Accessed 29 October 2024].

Health issues experienced by people with long term conditions or disabilities

- There is a strong relationship between physical and mental ill health. Nearly one in three people with a long-term physical health condition also has a mental health problem, most often depression or anxiety⁵².
- People identified with a learning disability were more likely to die prematurely than people in the general population with the same broad characteristics⁵³.
- People with learning disabilities are generally living longer. However, this brings challenges for those adults with learning disabilities and the services that support them^{54,55}.
- In England, people with severe mental illness (SMI) were around 5 times more likely to die prematurely than those who do not have SMI⁵⁶. Excess premature mortality in adults with SMI is significantly higher in Cheshire East than England⁵⁷. There is a positive association (when one is higher so is the other) between premature mortality in adults with SMI and deprivation⁵⁶, so it is likely some deprived areas of Cheshire East are even worse.
- People with a learning disability are more likely to have health problems than the rest of the community⁵⁸.
- On average, they experience a poorer quality life than their non-disabled peers and tend to die younger⁵⁹.
- Most community pharmacies (i.e. excluding distance selling pharmacies) responding to the Pharmacy Contractors Survey, 85.5% (53 out of 62), have an entrance that enables wheelchair users to access the pharmacy independently.

⁵² Mental Health Foundation (2022) Physical and mental health. Available from: <https://www.mentalhealth.org.uk/explore-mental-health/a-z-topics/physical-health-and-mental-health> [Accessed 25/02/2025].

⁵³ NHS Digital (2019) Health and Care of People with Learning Disabilities Standardised Mortality Ratio Indicator. Available from: <https://digital.nhs.uk/data-and-information/publications/statistical/health-and-care-of-people-with-learning-disabilities/standardised-mortality-ratio-indicator> [Accessed 25/02/2025].

⁵⁴ GMCVO (2022) New research report: Growing Older with Learning Disabilities. Available from: <https://www.gmcvo.org.uk/news/new-research-report-growing-older-learning-disabilities> [Accessed 25/02/2025].

⁵⁵ NICE (2018) Care and support of people growing older with learning disabilities. [NG96]. Available from: <https://www.nice.org.uk/guidance/ng96/resources/care-and-support-of-people-growing-older-with-learning-disabilities-pdf-1837758519493> [Accessed 25/02/2025].

⁵⁶ Office for Health Improvement and Disparities (2023) Premature mortality in adults with severe mental illness (SMI) Available from: <https://www.gov.uk/government/publications/premature-mortality-in-adults-with-severe-mental-illness/premature-mortality-in-adults-with-severe-mental-illness-smi>

⁵⁷ Office for Health Improvement and Disparities. Severe Mental Illness. Fingertips. Available from: <https://fingertips.phe.org.uk/profile-group/mental-health/profile/severe-mental-illness>

⁵⁸ Disability Rights Commission Equal Treatment: Closing the Gap A formal investigation into physical health inequalities experienced by people with learning disabilities and/or mental health problems Sept 2007 [Microsoft Word - closing_the_gap_fi.doc](#)

⁵⁹ Public Health England (2017) Improving the Health and Wellbeing of People with Learning Disabilities Guidance for social care providers and commissioners (to support implementation of the health charter). Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/656700/Health_charter_2017_guidance.pdf (Accessed 23 January 2025).

CHESHIRE EAST PHARMACEUTICAL NEEDS ASSESSMENT 2025-2028

All these pharmacies also stated that all floor areas of the pharmacy were accessible by wheelchair users. 25 community pharmacies (40.3%) indicated that they had either an automatic door and/or a bell at the front door, a decrease from 59.2% reported in the 2021 survey. 82.3% stated that they have designated disabled parking which is an increase from 63.2% reported for the 2021 PNA.

Table 9: Accessibility aids provided by pharmacies in Cheshire East*

Accessibility aids provided	Percentage of pharmacies providing	
	Community pharmacies	Distance selling pharmacies
Designated disabled parking	82.3%	N/A
Entrance suitable for unaided wheelchair access	85.5%	N/A
All areas of floor accessible by wheelchair	96.8%	N/A
Automatic door	37.1%	N/A
Bell at front door	12.9%	N/A
Hearing Loop	64.5%	N/A
Large print labels	93.6%	100%
Large print shelf-edge labels	14.5%	N/A
Large print leaflets	21.0%	N/A
MAR (Medication Administration Records) charts	82.3%	100%
Consultation area facilities		
Consultation room	100.0%	N/A
Handwashing facilities in consultation area	87.1%	N/A
Handwashing facilities close to consultation area	17.7%	N/A
Access to toilet during consultations	19.4%	N/A
Wheelchair accessible toilet	16.1%	N/A

Data source: Pharmacy Contractors Survey 2024

* Note: This above information does not include the six pharmacies who did not respond to the Pharmacy Contractor Survey.

The results indicate a good level of accessibility for customers in wheelchairs or with mobility problems at community pharmacies, although the proportion reporting that they have an automatic door has decreased by 14% since the 2022 PNA.

Pharmacies do not always consider all the needs of people with other physical disabilities such as hearing or visual impairments. Although 64.5% have a hearing loop to support customers wearing hearing aids and 93.6% provide large print labels for prescriptions (an increase from 81.6% reported in the 2021 PNA), only 21.0%

provide large print leaflets and only 14.5% provide large print shelf-edge labels to support people with poor eyesight. Only 12 provided both large print labels and leaflets, 3 provided neither.

Several questions in the public survey covered issues of access for those with a disability and/or mobility problem or other access needs: -

- The public survey asked residents if they have a disability, or health condition and/or other access needs that could affect how easily you access your chosen pharmacy. Of the 127 who indicated that they had mobility issues that could affect accessibility, only six (less than 5%) stated they were unable to access their chosen pharmacy.
- In the PNA public survey, participants were also asked “If you have mobility issues, are you able to park your vehicle close enough to your pharmacy?”. 63% (80 out of 127 with identified mobility issues) of participants reported they were able to park close enough, 13% (17 out of 127) reported not being able to park close enough to the pharmacy of their choice, and the rest answered they did not know or that the question was not applicable.

AccessAble, a national leading source of data on accessibility, has independently assessed 4 of Cheshire East’s 68 community pharmacies. Information is gathered by a surveyor visiting each location with subsequent annual reviews to identify any changes. A wide range of criteria are used, which have been designed in consultation with disabled people and represent important information that disabled people want to know. The four pharmacies assessed in Cheshire East (all four were within Tesco Stores but located in different Care Communities) were found to have a high level of accessibility⁶⁰.

Dispensing Doctors⁶¹ are also good at accommodating for protected characteristics, with all practices having wheelchair ramp access (where required), disabled parking, toilet facilities accessible to wheelchair users and hearing loops. Most have large print labels, large print leaflets, automatic door assistance, bell at the door and an ability to support patients whose first language is not English. Additionally, most practices can provide advice and support if a customer wishes to speak to a person of the same sex.

4.4.3 Ethnicity

Ethnicity relates to the population group a person belongs to, identifies with or is identified by, considering cultural factors including language, diet, religion, ancestry and physical features.

According to the Census 2021, there is less ethnic diversity in Cheshire East compared to the England, with 94.4% of the population giving their ethnicity as white

⁶⁰ AccessAble. Search for accessible places to go. Available from: <https://www.accessable.co.uk/> [accessed on 2 December 2024]

⁶¹ 2025 PNA Dispensing Doctors Survey

CHESHIRE EAST PHARMACEUTICAL NEEDS ASSESSMENT 2025-2028

compared to a national average of 81.1%⁶². However, ethnic diversity has increased since the Census 2011, when 96.7% of the population declared their ethnicity to be white. CHAW Care Community is the most diverse, but Crewe Care Community has the largest ethnic minority population, with nearly a third (32%) of Cheshire East's ethnic minority community living there. Over a ten-year period, the proportion of people from ethnic minority backgrounds has increased by over 80% from 12,200 to 22,230 and all Black, Asian and Minority Ethnic Communities have increased in number. However, it is important to consider different ethnicities in greater detail rather than considering Black, Asian and Minority Ethnic Communities as a whole⁶³. Of note is the increase in those giving their ethnicity as "White Other", which rose from 9,400 to 16,600 between 2011 and 2021. Most of the increase between the 2 censuses is due to an increase in Asian/Asian British and Other White communities in Crewe.

Table 10: Ethnicity by care community ⁶²

Care Community Name	Total	Asian, Asian British or Asian Welsh (%)	Black, Black British, Black Welsh, Caribbean or African (%)	Mixed or Multiple ethnic groups (%)	Other ethnic group (%)	White (%)	people from ethnic minority backgrounds (%)
Alderley Edge, Chelford, Handforth, Wilmslow	48259	5.0	0.7	2.8	1.6	89.8	10.2
Bollington, Disley, Poynton	29508	1.2	0.3	1.3	0.4	96.8	3.2
Congleton, Holmes Chapel	38861	1.3	0.3	1.3	0.4	96.7	3.3
Crewe	88036	3.5	1.0	2.1	1.4	91.9	8.1
Knutsford	22913	2.6	0.5	1.8	0.6	94.6	5.4
Macclesfield	61663	2.4	0.8	1.7	0.7	94.5	5.5
Nantwich and Rural	35238	1.0	0.3	1.5	0.4	96.8	3.2
SMASH	74295	1.0	0.3	1.3	0.3	97.0	3.0
Cheshire East (sum)	398773	2.4	0.6	1.8	0.8	94.4	5.6
Cheshire East (download)	398772	2.4	0.6	1.8	0.8	94.4	5.6
North West	7417398	8.4	2.3	2.2	1.5	85.6	14.4
England	56490048	9.6	4.2	3.0	2.2	81.0	19.0

Note: Light blue = Significantly lower, dark blue = significantly higher. Care communities compared to Cheshire East. Cheshire East compared to England.

⁶² Office for National Statistics (2021) NOMIS Census 2021 table TS021 – Ethnicity [Accessed on 25 July 2024]. Care communities derived from Wards 2022

⁶³ Equality Hub (2022) Why we no longer use the term 'BAME' in government
Available from: <https://equalities.blog.gov.uk/2022/04/07/why-we-no-longer-use-the-term-bame-in-government/> (Accessed 23 January 2025).

Variation of health outcomes and challenges by ethnicity

- Health inequalities exist between ethnic minority and white groups, and between different ethnic minority groups. The picture is complex, with deprivation, environment, health-related behaviours and access to health care contributing. Most ethnic minority groups are disproportionately affected by socio-economic deprivation⁶⁴.
- Some ethnic minority groups are more likely than White British people to report having a long-term condition and poor health, particularly diabetes, maternal mortality, stillbirths and infant mortality, childhood obesity, cardiovascular disease⁶⁵
- Before the Covid-19 pandemic, life expectancy at birth was higher among ethnic minority groups than the white and Mixed groups. However, this masks some significant differences between ethnic groups. The Covid-19 pandemic has had a disproportionate impact on most ethnic minority communities.⁶⁴
- An increasing number of older people from ethnic minority groups will require culturally sensitive social care and palliative care. Low self-confidence in older adults to managing their own health was higher in all minority ethnic groups.⁶⁶
- Racism and discrimination can also have a negative impact on the physical and mental health of people from ethnic minority groups.⁶⁴

Traveller and gypsy communities

In the Census 2021 763 people within Cheshire East, 0.2% of the population, identified as Gypsy, Roma or Irish Traveller. However, due to the mobile lifestyle of some within these white minority groups, this may not be accurate. Cheshire East Council has established a multi-agency partnership, which works in collaboration with the Gypsy Roma Traveller Communities to improve access to health and equalities.

The nomadic lifestyle and mistrust in services contribute to their poor health outcomes. Gypsy, Roma and Traveller communities face some of the highest levels of health deprivation: with significantly lower life expectancy; higher infant mortality and higher maternal mortality; mental health issues including suicide prevalence; substance

⁶⁴ Raleigh V (2023) The health of people from ethnic minority groups in England. The King's Fund. Available from: <https://www.kingsfund.org.uk/insight-and-analysis/long-reads/health-people-ethnic-minority-groups-england> [accessed 04/03/25]

⁶⁵ Commission on Race and Ethnic Disparities (2021) Ethnic disparities in the major causes of mortality and their risk factors – a rapid review. Available from: <https://www.gov.uk/government/publications/the-report-of-the-commission-on-race-and-ethnic-disparities-supporting-research/ethnic-disparities-in-the-major-causes-of-mortality-and-their-risk-factors-by-dr-raghib-ali-et-al>

⁶⁶ Watkinson RE, Sutton M & Turner AJ (2021) Ethnic inequalities in health-related quality of life among older adults in England: secondary analysis of a national cross-sectional survey. The Lancet Public Health. Volume 6, Issue 3. Available from: [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(20\)30287-5/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(20)30287-5/fulltext)

CHESHIRE EAST PHARMACEUTICAL NEEDS ASSESSMENT 2025-2028

misuse and diabetes^{67 68}. Gypsy and Traveller communities experience significant digital exclusion⁶⁹.

4.4.4. Religion and belief

At the time of the Census 2021, 54.3% of Cheshire East residents were Christian (87% of those who stated they had a religion). This represents a reduction of 15% since 2021. There was a concomitant increase in the proportion with no religion or who did not state their religion, which rose from 29.3% in 2011 to 43.2% in 2021. Despite the increase in the number of people describing their religion as Buddhist, Hindu, Jewish, Muslim, Sikh and Other, the proportions for each of these religions individually are 1% or less. However, small these minorities, pharmacy staff still need to be mindful of customers' religious and cultural background to ensure that they are sensitive to any specific requirements.

Table 11: Religion⁷⁰

Care Community	Total	Christian (%)	Buddhist (%)	Hindu (%)	Jewish (%)	Muslim (%)	Sikh (%)	Other religion (%)	Not answered (%)	Concomitant (%)
Alderley Edge, Chelford, Handforth, Wilmslow	48250	52.7	0.4	1.2	0.5	2.8	0.2	0.5	5.8	41.7
Bollington, Disley, Poynton	29506	54.2	0.3	0.2	0.1	0.5	0.1	0.4	5.3	44.2
Congleton, Holmes Chapel	38854	55.0	0.3	0.3	0.1	0.5	0.1	0.4	5.2	43.5
Crewe	88040	53.4	0.3	0.6	0.1	1.5	0.1	0.4	5.6	43.7
Knutsford	22913	58.2	0.3	0.8	0.3	1.0	0.2	0.3	5.7	38.9
Macclesfield	61663	51.2	0.5	0.6	0.1	0.8	0.1	0.5	5.3	46.2
Nantwich and Rural	35236	57.7	0.3	0.2	0.1	0.4	0.0	0.4	5.5	40.8
SMASH	74298	55.9	0.3	0.2	0.1	0.4	0.1	0.3	5.4	42.8
Cheshire East (sum)	398760	54.3	0.3	0.5	0.2	1.0	0.1	0.4	5.5	43.2
Cheshire East (download)	398770	54.3	0.3	0.5	0.2	1.0	0.1	0.4	5.5	43.2
North West	7417397	52.5	0.3	0.7	0.4	7.6	0.2	0.4	5.3	37.9
England	56490048	46.3	0.5	1.8	0.5	6.7	0.9	0.6	6.0	42.7

Note: Light blue = Significantly lower, dark blue = significantly higher. Care communities compared to Cheshire East. Cheshire East compared to England.

⁶⁷ Friends, Families & Travellers (2022) Briefing: Health inequalities experienced by Gypsy, Roma and Traveller communities. October 2022. Available from: https://www.gypsy-traveller.org/wp-content/uploads/2022/11/Briefing_Health-inequalities-experienced-by-Gypsies-and-Travellers-in-England.pdf

⁶⁸ Department for Communities and Local Government (2012). Progress report by the ministerial working group on tackling inequalities experienced by Gypsies and Travellers. [Accessed 31 January 2025] Available from: [Progress report by the ministerial working group on tackling inequalities experienced by Gypsies and Travellers](https://www.gypsy-traveller.org/wp-content/uploads/2012/01/Progress-report-by-the-ministerial-working-group-on-tackling-inequalities-experienced-by-Gypsies-and-Travellers.pdf)

⁶⁹ Friends Families and Travellers & VCSE health and wellbeing alliance (2018) Digital Exclusion in Gypsy and Traveller communities in the United Kingdom. September 2018. Available from: <https://www.gypsy-traveller.org/wp-content/uploads/2018/09/Digital-Inclusion-in-Gypsy-and-Traveller-communities-FINAL-1.pdf>

⁷⁰ Office for National Statistics (2021) NOMIS Census 2021 TS030 – religion [Accessed on 18 October 2024]. Care communities derived from Wards 2022.

Variation of health outcomes and challenges by religion and beliefs

Cultural, spiritual and religious beliefs and practices can impact on health behaviours and practices, health outcomes, use of and access to healthcare, and decision-making regarding medical treatment. Some health-related topics may be extremely sensitive for individuals of certain cultural and religious groups to discuss, such as disabilities, and sexual and reproductive health matters⁷¹

- Possible link with 'honour based violence', a term used to describe a combination of practices used to control and punish the behaviour of a member of a family or social group, to protect perceived cultural and religious beliefs⁷².
- Female genital mutilation is related to cultural, religious and social factors within families and communities although there is no direct link to any religion or faith. It is a practice that raises serious health related concerns⁷³.
- Attitudes towards smoking of shisha⁷⁴.
- There is a possibility of hate crime related to religion and belief⁷⁵.

Within the public survey no specific issues were raised concerning ethnicity or religion. The non-white ethnic mix within the survey was slightly under-representative of Cheshire East population but the numbers are very small, and the survey had a larger proportion not responding or preferring not to say, which makes any conclusions difficult.

Nearly 96% of residents in the Census 2021 stated that English was their main language, 80.5% of the remainder stated that although English was not their main language, they spoke it well or very well. This means that less than 1% (3,204) of the population cannot speak English or feel they do not speak it well. We are unable to determine which languages are spoken by these non-English speakers as these detailed census tables were not available the time of writing. Most of those not proficient in English are of working age. The results from the main language question on the census gives Polish as the area's second language at 1.3%^{76 77}.

⁷¹ Office for Health Improvement and Disparities (2021) Culture, spirituality and religion: migrant health guide. Available from: <https://www.gov.uk/guidance/culture-spirituality-and-religion>

⁷² NHS. Types of abuse, Honour based abuse and forced marriage [Honour based abuse and forced marriage - NHS Safeguarding](#) [accessed 26/02/25]

⁷³ Office for Health Improvement and Disparities (2014), Female genital mutilation (FGM): migrant health guide, last updated 13 September 2021 [Female genital mutilation \(FGM\): migrant health guide - GOV.UK](#) [accessed 26/02/25]

⁷⁴ Mustard (2020) Trading Standards North West Survey 2020, 27 April 2020

⁷⁵ Office for National statistics (ONS). Religion and crime in England and Wales: February 2020 [Religion and crime in England and Wales - Office for National Statistics](#) [accessed 26/02/25]

⁷⁶ Office for National Statistics (2021) NOMIS Census 2021 table TS029 - Proficiency in English. NOMIS Available from: <https://www.nomisweb.co.uk/datasets/c2021ts008> [Accessed 25 July 2024].

⁷⁷ Office for National Statistics (2021) NOMIS Census 2021 table NOMIS TS024 - Main language (detailed) NOMIS Available from: <https://www.nomisweb.co.uk/datasets/c2021ts008> [Accessed 25 July 2024].

CHESHIRE EAST PHARMACEUTICAL NEEDS ASSESSMENT 2025-2028

Within Cheshire East, 18 of the pharmacies (28.1%) responding to the Pharmacy Contractor Survey answered “Yes” to the question “Can staff at pharmacy speak languages other than English?”. There was a wide variety of different languages reported to be spoken; Armenian, Chinese, Farsi, French, Hindi, Polish, Punjabi, Romanian, Spanish and Urdu were all spoken at more than one pharmacy. In addition, the following response was provided by 21 other pharmacies (all operated by the same company): “Staff are contracted to Well, not a particular branch, so whilst the staff member may speak other languages, it might differ day to day, depending on which branch they are working in”.

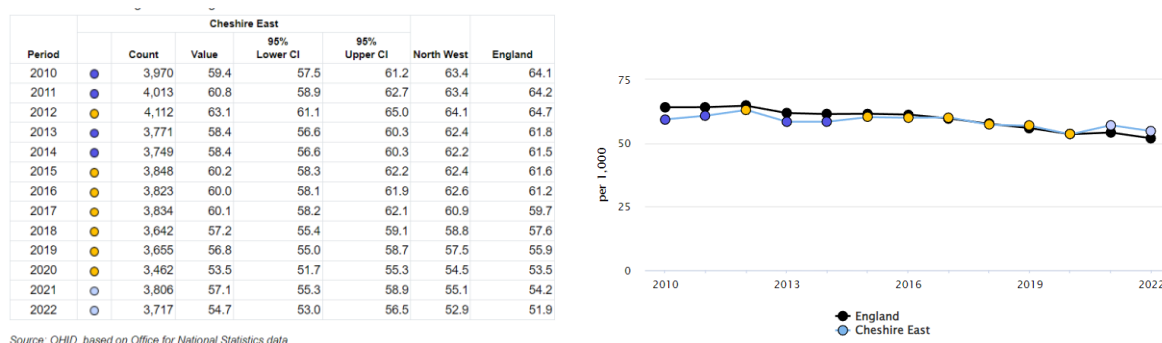
All pharmacies have access to remote and face-to-face interpreting, translation and localisation services via the NHS Contract with LanguageLine UK.

4.4.5. Pregnancy and maternity

Population

Fertility rates can be an excellent indicator of future population growth or decline in an area. Fertility rates have remained stable over the last 10 years with approximately 3,700 live births per year. The current rate at 54.7 per 1,000 is higher than the average for England (51.9 per 1,000).

Figure 4 Fertility rates for Cheshire East over time⁷⁸



⁷⁸ Office for Health Improvement and Disparities. Public Health Profiles.2024 <https://fingertips.phe.org.uk/> © Crown copyright 2024. [accessed 12th December 2024]

Health issues during pregnancy

There are many common health problems that are associated with pregnancy. Some of the more common ones are⁷⁹:

- Backache
- Constipation
- Cramp
- Deep vein thrombosis
- Fainting
- Headaches
- High blood pressure and pre-eclampsia
- Incontinence
- Indigestion and heartburn
- Itching
- Leaking nipples
- Morning sickness and nausea
- Nosebleeds
- Urinating a lot
- Pelvic pain
- Piles (haemorrhoids)
- Skin and hair changes
- Sleeplessness
- Stretch marks
- Swollen ankles, feet, fingers
- Swollen and sore gums, which may bleed
- Tiredness
- Vaginal discharge or bleeding
- Varicose veins

4.4.6 Gender (Sex)

See 4.2.1. [Resident population](#) for detailed breakdown

In the Census 2021, there were^{80,81}:

- 203,195 women (51.0%)
- 195,577 men (49.0%)

Gender identity refers to a person's sense of their own gender, whether male, female or another category such as non-binary. This may or may not be the same as their sex registered at birth.

- 95% of the population identify as the same sex as registered at birth, higher than the England proportion, while only 0.2% identified as a different sex. 4.6% did not answer.
- Less than 1% identified as either Trans women, Trans man or other.

⁷⁹ NHS UK (2024) Common symptoms in pregnancy. Available from: <https://www.nhs.uk/pregnancy/related-conditions/common-symptoms/> [Accessed 4 November 2024].

⁸⁰ Office for National Statistics (2021) NOMIS Census 2021 table TS008-Sex. NOMIS Available from: <https://www.nomisweb.co.uk/datasets/c2021ts008> [Accessed 21 November 2024]. Care communities derived from MSA2021.

⁸¹ Office for National Statistics (2021) NOMIS Census 2021 table TS078 - Gender identity Available from: <https://www.nomisweb.co.uk/datasets/c2021ts078> [Accessed 22 August 2024]. Care communities derived from MSA2021.

- Crewe is the most diverse care community in terms of gender identity.

In the Public Survey 94% (587 out of 625) responded that they identified as the gender they were born with, while less than 1% stated that they did not (the remainder preferred not to say or did not respond). According to Stonewall UK, it is estimated that around 1% of the population might identify as Trans, including people who identify as non-binary⁸².

Variation of health outcomes and challenges by gender

- Male life expectancy (LE), and life expectancy at 65 in Cheshire East are lower than for females⁸³. Internal variation, i.e. by electoral ward level, is higher for men than for women⁸⁴.
- In Cheshire East, mortality for cardiovascular disease is significantly higher in men and men are more likely to die from cardiovascular disease prematurely⁸⁵.
- Men are also more likely to die during a sudden cardiac event. Women's risk of cardiovascular disease in general increases later in life (on average 10 years later than men⁸⁶) and women are more likely to die from stroke⁸⁷.
- The proportion of men and women who are obese is roughly the same although men are markedly more likely to be overweight than women. Women are more likely than men to become morbidly obese⁸⁸.
- Women are more likely to report, consult for and be diagnosed with depression and anxiety. It is possible that depression and anxiety are under-diagnosed in men as more men die by suicide, go missing, be rough sleepers, more likely to become alcohol dependent, report frequent drug-use, report lower levels of life satisfaction, while men are less likely to access NHS talking therapies⁸⁹.
- Hospital admissions and mortality relating to alcohol are significantly higher in men than women in Cheshire East. The exception is hospital admissions for alcohol-specific conditions in the under 18s where the female rate is similar to the male rate⁹⁰.
- Men tend to use health services less than women and present later with diseases than women do. Consumer research into the use of pharmacies showed men aged

⁸² [The truth about trans \(stonewall.org.uk\)](https://www.stonewall.org.uk)

⁸³ Office for Health Improvement & Disparities. Public Health Profiles. Available from: <https://fingertips.phe.org.uk> © Crown copyright (2025). [Accessed 21/11/2024]

⁸⁴ Cheshire East Council. Tartan Rug 2022. [Tartan Rug 2022](#)

⁸⁵ Office for Health Improvement & Disparities. Public Health Profiles. Available from: <https://fingertips.phe.org.uk> © Crown copyright (2025). [Accessed 21/11/2024]

⁸⁶ Nursing and Health Science, Worral-Carter et al, Systematic review of cardiovascular disease in women: assessing the risk, Dec 2011. 2011 Dec;13(4):529-35.

⁸⁷ Office for National Statistics. 2020. Leading Causes of Death 2001 to 2018. [Leading causes of death, UK - Office for National Statistics](#)

⁸⁸ Health Survey for England 2019 Overweight and obesity in adults and children. [Health Survey for England, 2019: Data tables - NHS England Digital](#)

⁸⁹ [Men and women: statistics | Mental Health Foundation](#)

⁹⁰ OHID Alcohol Profile [accessed 16/01/2025]. [Alcohol Profile | Fingertips | Department of Health and Social Care](#)

CHESHIRE EAST PHARMACEUTICAL NEEDS ASSESSMENT 2025-2028

16 to 55 to be 'avoiders' i.e. they actively avoid going to pharmacies, feel uncomfortable in the pharmacy environment as it currently stands due to perceptions of the environment as feminised/for older people/lacking privacy and of customer service being indiscreet⁹¹.

- Despite the above bullet points research has found a gender health gap in the UK where many women receive poorer healthcare, leading to poorer outcomes⁹².

The latest population estimates for those aged 16 and over give the gender breakdown in Cheshire East as 52% female and 48% male. Of the 625 participants who answered the gender question in the public survey, 58% (362 out of 625) defined themselves as female and 39% (243 out of 625) as male. 3% answered they were: non-binary; preferred not to say; or did not respond. Therefore, it is important to note that there may be bias towards female experience in the public survey.

Responses to the survey indicate that when asked about their overall satisfaction relating to the services and products offered by their regular pharmacy, participants who stated that they were male were slightly more likely to be satisfied (91.8%) compared to those who stated they were female (84.4%).

In the public survey 94% (587 out of 625) responded that they identified as the gender they were born with, while less than 1% stated that they did not (the remainder preferred not to say or did not respond. Transgender was not specifically asked about and would likely be included in the 'Prefer not to say' category, which is higher than the Census 2021 results. According to Stonewall UK, it is estimated that around 1% of the population might identify as Trans, including people who identify as non-binary⁹³.

Within Cheshire East, 16 (25%) of the pharmacies responding to the Pharmacy Contractor Survey stated they were able to offer advice and support to customers wishing to speak with a person of the same sex within the normal opening times; a further 45 (70.3%) were able to arrange a same sex consultation. This leaves 4.7% (3 pharmacies) unable to offer this. Overall, this indicates a slight improvement from the last PNA when 7.7% could not offer this service.

No issues concerning same sex consultations were voiced in the public survey.

The public survey highlighted that where applicable, 39% (92 out of 235) of participants stated that consultations were held over the counter, 43% (101 out of 235) stated that they had a consultation in a separate room and 13% (31 out of 235) stated they had their consultation in the dispensary or another quiet part of the shop. Also, 4% (9 out of 235) stated that they had their consultation over the telephone. One respondent stated that they had their consultation "*At the GP surgery*".

⁹¹ Pharmacy consumer research: pharmacy usage and communications mapping-executive summary, June 2009 [Deposited paper DEP2009-1737 - Deposited papers - UK Parliament](#)

⁹² [Women's health outcomes: Is there a gender gap? - House of Lords Library](#)

⁹³ [The truth about trans \(stonewall.org.uk\)](https://www.stonewall.org.uk)

CHESHIRE EAST PHARMACEUTICAL NEEDS ASSESSMENT 2025-2028

However, when we looked at the question “How do you rate the level of privacy you have in the consultation with the pharmacist?”, only 7% (16 out of 235) who answered felt that it was “poor” or “very poor”. Fifteen of these had said that the consultation took place at the counter. This implies that 77 people felt that it was appropriate to have the consultation over the counter. Pharmacy staff need to be mindful of the patient’s privacy and always offer the option of a consultation area.

4.4.7. Sexual orientation

Population

In the Census 2021 only 2.5% of the population identified as LGBT+⁹⁴. This is considerably lower than estimates provided by the Department of Trade and Industry, which put the LGB population at 5% to 7% of the adult population⁹⁵.

Table 12: Sexual orientation⁹⁶

Care Community Name	Total: All usual residents aged 16 and over	Straight or Heterosexual (%)	Gay or Lesbian (%)	Bisexual (%)	All other sexual orientations (%)	Not answered (%)	LGBT+ (%)
Alderley Edge, Chelford, Handforth, Wilmslow	38017	92.30	1.24	0.66	0.16	5.65	2.05
Bollington, Disley, Poynton	22382	92.47	0.88	0.71	0.17	5.78	1.75
Congleton, Holmes Chapel	35346	92.03	1.08	0.74	0.15	6.00	1.97
Crewe	66071	89.86	1.50	1.22	0.54	6.88	3.26
Knutsford	21276	91.56	1.28	0.66	0.17	6.33	2.11
Macclesfield	52731	91.33	1.30	1.06	0.27	6.05	2.62
Nantwich and Rural	34381	91.17	1.45	1.07	0.26	6.06	2.77
SMASH	59273	92.32	1.27	0.74	0.19	5.49	2.19
Cheshire East (sum)	329477	91.48	1.29	0.91	0.27	6.06	2.46
Cheshire East (download)	329474	91.48	1.29	0.91	0.27	6.06	2.46
North West	6025635	90.12	1.69	1.22	0.30	6.68	3.20
England	46006957	89.37	1.54	1.29	0.34	7.46	3.17

Note: Light blue = Significantly lower, dark blue = significantly higher. Care communities compared to Cheshire East. Cheshire East compared to England.

⁹⁴ Office for National Statistics (2021) NOMIS Census 2021 table TS077 – Sexual orientation [Accessed on 22 August 2024]. Care Communities derived from MSOA 2021 data. [Nomis - Query Tool - TS077 - Sexual orientation](#)

⁹⁵ Public Health England. (2017). [Producing modelled estimates of the size of the LGB population of England](#) – Original Source: Department of Trade and Industry: Final Regulatory Impact Assessment: Civil Partnership Act 2004 (DTI, 2004).

⁹⁶ NOMIS Census 2021 table TS077 – Sexual orientation [Accessed on 22 August 2024]. Care Communities derived from MSOA 2021 data.

The GP Patient Survey for England⁹⁷ includes a question relating to sexual orientation. The 2024 survey suggests around 90% of patients registered with a Cheshire East GP define themselves as being heterosexual / straight, with 2% stating their sexual orientation as being either Gay/Lesbian (Primary Care Network (PCN) range 0-4%), 2% Bisexual (PCN range 0-7%) and 2% as Other (PCN range 0-4%). Only 4% preferred not to disclose their sexual orientation lower than the Census 2021.

84% of residents responding to the public survey (524 out of 625) who answered the sexual orientation question responded that they were heterosexual, 1% (6 out of 625) identified as homosexual and 1.4% (9 out of 625) identified as bisexual or pansexual, lower than the national estimated proportion of 3.8% identifying as lesbian, gay or bisexual in 2023 (Office for National Statistics, Sexual Orientation report)⁹⁸. 14% (86 of 625) preferred not to say or did not respond.

Variation of health outcomes and challenges by sexual orientation

People in the LGBT+ community have disproportionately worse health outcomes and healthcare experiences⁹⁹. Attitudes toward the community may have an impact on some of their key health concerns around sexual and particularly mental health. A Stonewall survey¹⁰⁰ found:

- Half of LGBT people (52%) said they've experienced depression in the last year.
- One in eight LGBT people aged 18-24 (13%) said they've attempted to take their own life in the last year. Almost half of trans people (46%) have thought about taking their own life in the last year, 31% of LGB people who are not trans said the same. Furthermore, 41% of non-binary people said they harmed themselves in the last year compared to 20% of LGBT women and 12% of GBT men.
- One in six LGBT people (16%) said they drank alcohol almost every day over the last year and one in eight LGBT people aged 18-24 (13%) took drugs at least once a month.
- One in eight LGBT people (13%) have experienced some form of unequal treatment from healthcare staff because they are LGBT.
- Almost one in four LGBT people (23%) 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% of trans people – have witnessed these remarks.
- One in twenty LGBT people (5%) have been pressured to access services to question or change their sexual orientation when accessing healthcare services.
- One in five LGBT people (19%) are not out to any healthcare professional about their sexual orientation when seeking general medical care. This number rises to 40% of bi men and 29% of bi women.
- One in seven LGBT people (14%) have avoided treatment for fear of discrimination because they're LGBT.

⁹⁷ GP Patient Survey 2024 [Survey and Reports](#)

⁹⁸ [Sexual orientation, UK - Office for National Statistics \(ons.gov.uk\)](#)

⁹⁹ 2017 National LGBT survey [National LGBT Survey: Research report - GOV.UK](#)

¹⁰⁰ Stonewall, LGBT in Britain – Health (2018) [LGBT in Britain - Health \(2018\) | Stonewall](#)

4.4.8. Gender re-assignment

In the Census 2021,

- 95% of the population identify as the same sex as registered at birth, higher than the England proportion, while only 0.2% identified as a different sex. 4.6% did not answer.
- Less than 1% identified as either Trans women, Trans man or other.
- Crewe is the most diverse care community within Cheshire East.

Sexual orientation and transgender are not inter-related.

Table 13: Gender identity ¹⁰¹

Care Community Name	Gender identity different from sex registered at birth %	Gender identity different from sex registered at birth but no specific identity given %	Trans woman %	Trans man %	All other gender identities %
Alderley Edge, Chelford, Handforth, Wilmslow	0.30	0.12	0.06	0.06	0.06
Bollington, Disley, Poynton	0.21	0.05	0.07	0.04	0.05
Congleton, Holmes Chapel	0.28	0.09	0.07	0.07	0.06
Crewe	0.96	0.62	0.14	0.11	0.08
Knutsford	0.21	0.07	0.05	0.05	0.05
Macclesfield	0.36	0.12	0.08	0.05	0.11
Nantwich and Rural	0.28	0.10	0.06	0.07	0.06
SMASH	0.26	0.10	0.07	0.04	0.05
Cheshire East (sum)	0.42	0.20	0.08	0.06	0.07
Cheshire East (download)	0.42	0.20	0.08	0.06	0.07
North West	0.50	0.23	0.09	0.09	0.09
England	0.55	0.25	0.10	0.10	0.10

Note: Light blue = Significantly lower, dark blue = significantly higher. Care communities compared to Cheshire East. Cheshire East compared to England.

Studies suggest that self-reported transgender identity in children, adolescents and adults is markedly higher than prevalence rates based on clinic-referred samples of adults and ranges from 0.5 to 1.3%¹⁰². GIREs (the Gender Identity Research and

¹⁰¹ Office for National Statistics (2021) NOMIS Census 2021 table TS078 - Gender identity [Accessed on 22 August 2024]. Care communities derived from MSOA2021

¹⁰² Zucker, K. J. (2017). Epidemiology of gender dysphoria and transgender identity. Sexual Health 14 (5): 404-411. [CSIRO PUBLISHING | Sexual Health](#)

Education Society) estimate that 0.6-1% of the population may experience gender dysphoria, this is the distress a person experiences due to a mismatch between their own sense of gender and that assigned to them at birth¹⁰³.

In the 2024 GP Patient Survey an average of 1% of the registered population surveyed did not have the same gender identity as recorded when they were registered at birth (Primary Care Network (PCN) range 0-3%)¹⁰⁴.

Health outcomes and challenges experienced by people who have undergone gender-reassignment

- Social stigma, whether perceived or real may lead transgender and gender-diverse people to not seek preventive health care and health screenings.
- Transgender and gender-diverse people have a higher risk of:
 - Emotional and psychological abuse.
 - Physical and sexual violence.
 - Sexually transmitted infections.
 - Substance misuse.
 - Mental health problems, such as depression, anxiety and thoughts of suicide
- Gender dysphoria
- Many transgender people struggle with body image and as a result can be reluctant to engage in physical activity.

Hormone therapy can affect how the body deals with alcohol, drugs and tobacco and increases the risk of some chronic diseases e.g. liver, cardiovascular, osteoporosis¹⁰⁵.

4.4.9. Marital status

Data from the Census 2021 for the Cheshire East population showed that¹⁰⁶:

- 49.7% were married or in a registered civil partnership
- 31.6% were single (never married or never registered a same-sex civil partnership)
- 9.8% were divorced or formerly in a same-sex civil partnership which is now legally dissolved
- 6.9% were widowed or a surviving partner from a same-sex civil partnership.
- 2.0% were separated (but still legally married or still legally in a same-sex civil partnership).

¹⁰³ [Gender Identity Research & Education Society – Improving the Lives of Trans People, Monitoring Gender Nonconformity October 2015](#)

¹⁰⁴ GP Patient Survey 2024 Survey and Reports

¹⁰⁵ *den Heijer et al*, Long term hormonal treatment for transgender people, (Published 30 November 2017) *BMJ* 2017;359:j5027 <https://doi.org/10.1136/bmj.j5027>

¹⁰⁶ Office for National Statistics (2021). NOMIS Census 2021 table TS002 – Legal partnership status [Accessed on 7 August 2024]

Variation of health outcomes and challenges by marital status

- Literature on health and mortality by marital status has consistently identified that unmarried individuals generally report poorer health and have a higher mortality risk than their married counterparts, with men being particularly affected in this respect¹⁰⁷.
- A large body of research suggests that the formalisation of opposite-sex relationships is associated with favourable mental health outcomes, particularly among males. Recent analysis of wave 8 (2016-18) of Understanding Society: the UK Household Longitudinal Study suggests this is also the case for females in same-sex civil partnership¹⁰⁸.

4.4.10. Other vulnerable and inclusion health groups

Inclusion health describes people who are socially excluded, who typically experience multiple overlapping risk factors for poor health, such as poverty, violence and complex trauma. This includes people who experience homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in contact with the justice system and victims of modern slavery. They tend to have worse health outcomes than the general population and a lower average age of death.

[NHS England » Inclusion health groups](#)

4.4.10.1 Veterans

In the Census 2021 nearly 3% (9,584) of the population in Cheshire East reported that they had previously served in UK regular armed forces, a further 2,670 (0.8%) had served in the reserve armed forces and a further 572 (0.2%) had served in both. SMASH Care Community has a significantly higher population of veterans compared to the Cheshire East average, which is higher than the national rate¹⁰⁹. Nationally, of those 65 and over, 34% are likely to have health problems that limits their activity a lot, higher than the general population (28%).¹¹⁰.

¹⁰⁷ Robards J., Evandrou M., Falkingham J., Vlachantoni A. (2012) Marital status, health and mortality *Maturitas*. 2012 Dec; 73(4): 295–299

¹⁰⁸ Hagen D., Goldmann E. (2020) Association between marital status and mental health among cohabitating same-sex couples in the UK *European Journal of Public Health*, Volume 30, Issue Supplement_5, September 2020, ckaa165.961, <https://doi.org/10.1093/eurpub/ckaa165.961>

¹⁰⁹ Office for National Statistics (2021) TS071 - Previously served in the UK armed forces. Available from: <https://www.nomisweb.co.uk/datasets/c2021ts071> [Accessed 24 October 2024]. Care communities derived from Wards 2022.

¹¹⁰ Ministry of Defence (2019) Annual Population Survey: UK Armed Forces Veterans Residing in Great Britain 2017. Available from: <https://www.gov.uk/government/collections/annual-population-survey-uk-armed-forces-veterans-residing-in-great-britain#contents> [Accessed 23 January 2025].

4.4.10.2 Refugees and asylum seekers

Asylum seekers are one of the most vulnerable groups within society often with complex health and social care needs. Within this group are individuals more vulnerable still, including pregnant women, unaccompanied children and people with significant mental ill health. Whilst many asylum seekers arrive in relatively good physical health, some asylum seekers can have increased health needs relative to other migrants due to the situation they have left behind them, their journey to the UK and the impact of arriving in a new country without a support network.

Irregular or undocumented migrants such as those who have failed to leave the UK once their asylum claim has been refused, or those who have been illegally trafficked, also have significant health needs and are largely hidden from health services. Some asylum seekers will have been subjected to torture as well as witnessing the consequences of societal breakdown of their home country – with consequences for their mental health. Culturally, mental illness may not be expressed or may manifest as physical complaints. Stigma may also be attached to mental ill health. Furthermore, Western psychological concepts are not universally applicable to asylum seekers. Mental health problems such as depression and anxiety are common, but post-traumatic stress disorder is greatly underestimated and underdiagnosed and may be contested by healthcare professionals. Children are particularly neglected in this area.

As 31 March 2024, across Cheshire East there were¹¹¹:

- Afghan Refugees - 41 arriving through ARAP or ACRS, 0.1 per 10,000 resident population
- Ukraine Refugees - 778 in the borough through the homes for Ukraine Scheme, 1.9 per 10,000 resident population
- Asylum Seekers - 358, 0.88 per 10,000 resident population
- Resettled Refugees - 42, 0.1 per 10,000 resident population

Common health challenges of refugees and asylum seekers include:

- Poorly controlled chronic conditions such as hypertension, diabetes, and epilepsy - this is often the result of experiencing long periods of time without access to regular care, either in their home countries or during journeys to the UK¹¹².
- Untreated communicable diseases including tuberculosis, HIV and sexually transmitted infections – refugees and asylum seekers are also less likely to be protected through vaccination¹¹³.
- An increased risk of having mental health problems including depression, anxiety and post-traumatic stress disorder - particularly if they have

¹¹¹ Migration Observatory analysis of Home Office Immigration Statistics, Resettlement by Local Authority (Table Res_D01), Year ending March 2024

[Asylum and refugee resettlement in the UK - Migration Observatory - The Migration Observatory](#)

¹¹² BMA. Refugee and asylum seeker patient health toolkit 28 June 2024 [Unique health challenges for refugees and asylum seekers - Refugee and asylum seeker patient health toolkit - BMA](#) [accessed 26 February 25]

experienced violence and trauma, including exploitation, torture or sexual and gender-based violence¹¹³.

- Maternity care – with late presentation to the healthcare system being more likely, increased risk of complications caused by FGM (female genital mutilation), and malnutrition being more common due to competing demands for limited funds¹¹³.
- Refugees and asylum seekers can often have difficulty accessing healthcare services, with them often having difficulties registering with a GP^{113 114}

4.4.10.3 Offenders

The current inmate population of HMP Styal is around 480¹¹⁵ female prisoners (all over 18) with accommodation being a mix of dormitories and individual cells. There is no Young Offenders' provision currently. Inmates are served by a GP within the prison health centre; the prison has a pharmacy and a Mother and Baby Unit for prisoners with babies up to 18 months.¹¹⁶

Health outcomes and challenges experienced by people who are incarcerated

Literature¹¹⁷ indicates that those in prison are more likely to suffer from poor health:

- Prisoners have an increased risk of having a mental health condition (including depression, post-traumatic stress disorder and psychotic disorders).
- They are more likely to have an alcohol or drug use disorder (on entry to prison)
- Prevalence of infectious diseases (including hepatitis B, hepatitis C, HIV and tuberculosis) tends to be higher in the prison population than in the community
- Those in prison have an increased risk from non-communicable diseases (including cancer and cardiovascular disease).

¹¹³ [Overcoming barriers - Refugee and asylum seeker patient health toolkit - BMA](#)

¹¹⁴ [Healthcare for refugees: Where are the gaps and how do we help? - Refugee Council](#)

¹¹⁵ Figure obtained from [Styal Prison and Young Offender Institution - GOV.UK](#) (last updated February 24)

¹¹⁶ [Styal Prison and Young Offender Institution - GOV.UK](#) (accessed 18 December 2024)

¹¹⁷ [Mental and physical health morbidity among people in prisons: an umbrella review, Favril, Louis et al. \(2024\). The Lancet Public Health, Volume 9, Issue 4, e250 - e260](#)

4.4.10.4 Homelessness and rough sleeping

In Cheshire East, 55^{*1} households whose prevention duty ended were recorded as homeless (including intentionally homeless) in 2023-24¹¹⁸.

^{*1} The figure of 55 relates to the number of households whose prevention duty ended with the reason recorded as “Homeless (including intentionally homeless)”

Furthermore, local statistics show that over the course of the 12 months between October 2023 and October 2024, there were a total of 361 rough sleepers across Cheshire East (30 on average each month). A snapshot of rough sleepers on a single night showed an average of 13 rough sleepers.¹¹⁹

Health outcome and challenges in people experiencing homelessness

People who are homeless, including those who are sleeping rough, are more likely to experience poor health:

- Homeless people are more likely to suffer from mental health problems, self-harm, and have an alcohol or drugs use disorder¹²⁰.
- They are at higher risk of sexually transmitted infections (STIs) and unwanted pregnancies¹²⁰.
- The prevalence of infectious diseases, including tuberculosis, HIV and hepatitis C, is significantly higher in the homeless population¹²⁰.
- Homeless people are more likely to experience poor oral health¹²⁰.
- Premature mortality - the average age of death for the homeless population is around 30 years lower than for the general population, with the causes of most deaths being alcohol-specific, drug-related poisonings and suicides¹²¹.
- Homeless people tend to use more acute hospital services and emergency care with length of hospital stay likely to be much longer because of multiple unmet needs¹²¹.

¹¹⁸ [Statutory homelessness in England: financial year 2023-24 - GOV.UK](#)

¹¹⁹ Housing Policy, Cheshire East Council (internal correspondence).

¹²⁰ [The Impact of Homelessness on Health – A Guide for Local Authorities](#) (2017), Local Government Association.

¹²¹ <https://www.nice.org.uk/guidance/ng214/chapter/Context>

4.5 Sensitivity to changes in the population

Although the Cheshire East population is predominantly white, it has become more diverse, and this is likely to continue in the future. This may lead to a higher population where English is not their main language, a wider range of languages spoken and increased numbers speaking these languages. This will increase demand for interpreter and Language Line services within community health settings including pharmacies. This diversity will need greater awareness and sensitivity to different cultural requirements from pharmacy staff. It is important for pharmacists to have an awareness of the health needs of lesbian, gay, bisexual, trans, queer, and intersex (LGBTQI+) people to support inclusivity and ensure access to the right healthcare at the right time¹²².

Whilst it is difficult to predict the level of international migration into the area, one certainty is the increasing elderly population, potentially increasing numbers of customers with mobility problems, visual and hearing impairments. Pharmacists need to ensure accessibility of their premises and to materials such as leaflets and prescription labels.

An Equality Impact Assessment has also been completed alongside the production of the PNA to account for and mitigate against any negative consequences on different groups protected from discrimination by the Equality Act 2010 and ensure that opportunities for promoting equality are maximised.

Anyone can access advice or minor ailments services offered at a pharmacy regardless of having a fixed address or even residency in the area. This means that pharmacies are open to people experiencing homelessness and rough sleepers, Gypsy, Roma and Travelling communities, refugees and asylum seekers, and visitors to the area for business, holiday, sporting events or visiting friends and relatives.

4.6. Deprivation and socio-economic factors

The English Indices of Deprivation provide data on relative deprivation for small areas in Cheshire East and nationally.

The Indices of Deprivation 2019 (ID 2019) are the latest primary measure of deprivation for small areas or Lower layer Super Output Areas (LSOAs) in England. The indices were published by the Ministry of Housing, Communities & Local Government (MHCLG) in September 2019 and replace the 2015 indices.

Deprivation data is not currently published using the new geographies.

Each LSOA in England is ranked in order of deprivation and then grouped into ten percentage groups known as deciles. LSOAs in decile 1 are in the 10% most deprived in the country, and LSOAs in decile 10 are in the 10% least deprived in the country.

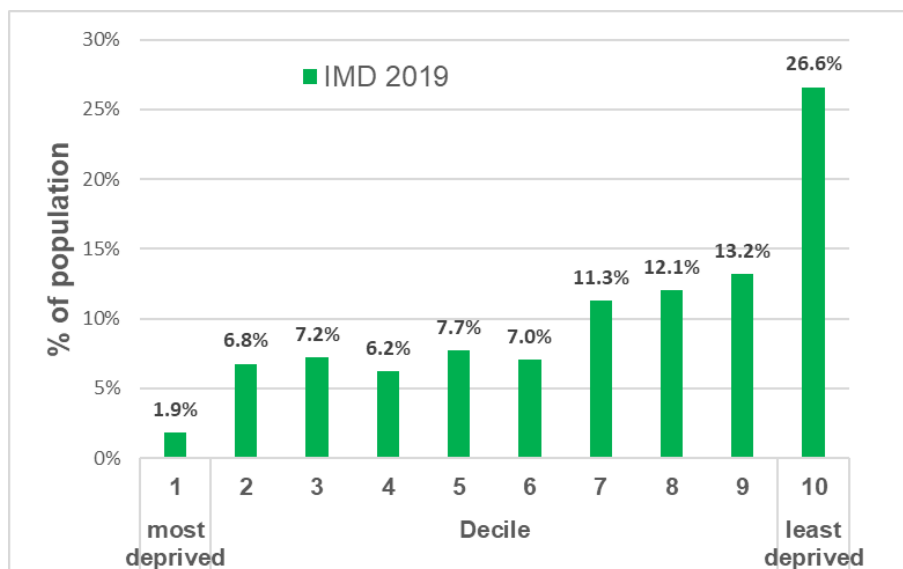
¹²² [NHS England » LGBT health](#)

CHESHIRE EAST PHARMACEUTICAL NEEDS ASSESSMENT 2025-2028

The main output of the Indices of Deprivation is the Index of Multiple Deprivation (IMD). This combines measures across seven distinct aspects of deprivation: income, employment, education, health, crime, barriers to housing and services, and living environment. The IMD is the most widely used output of the indices, but each domain provides insight into a particular area of deprivation.

The chart below shows the distribution of Cheshire East's population by national deprivation decile in 2019.

Figure 5: Cheshire East's population distribution by national deprivation decile, IMD 2019

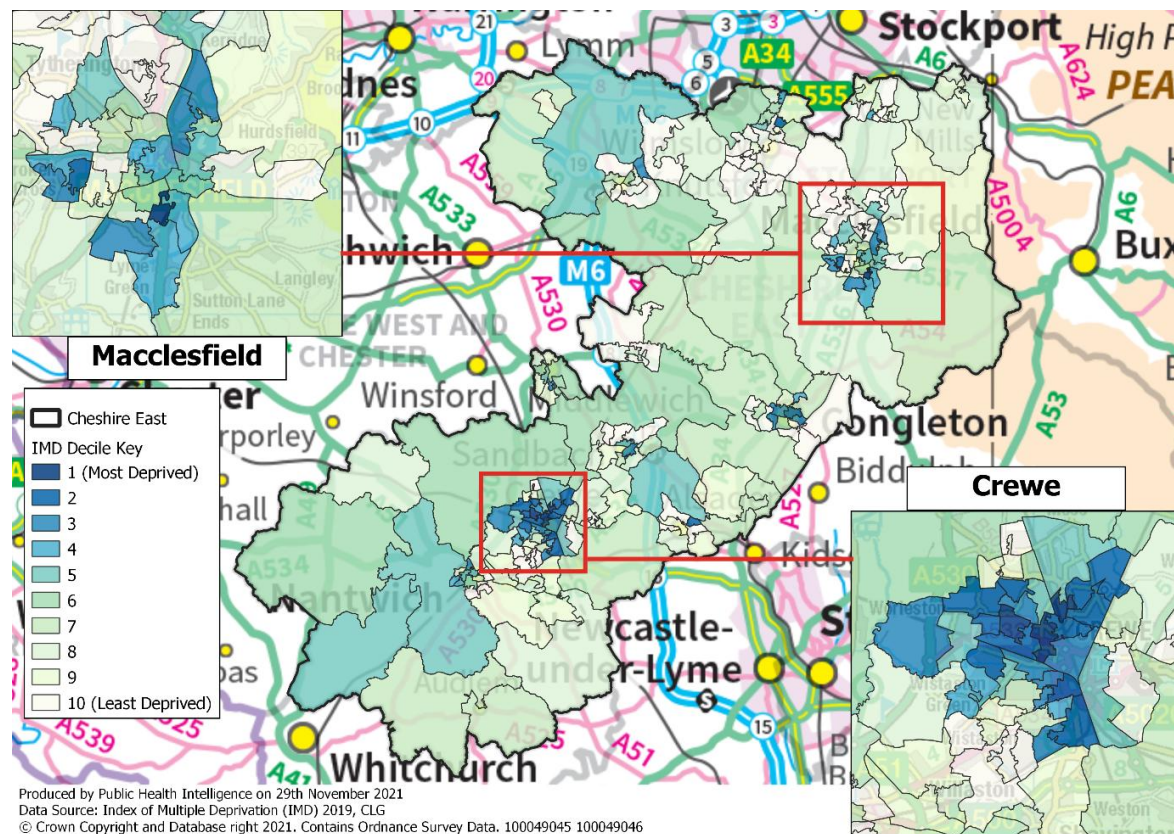


Data source: Ministry of Housing, Communities & Local Government (MHCLG) The Indices of Multiple Deprivation 2019 (IMD 2019)

Cheshire East is generally very affluent, but the map below shows that small areas of deprivation can be found across the authority, mainly clustering in central Crewe.

The areas shaded in dark blue are among the 10% most deprived in England, with a slightly lighter shade of blue showing the second most deprived 10%. The areas shaded in cream are among the least deprived 10% nationally.

CHESHIRE EAST PHARMACEUTICAL NEEDS ASSESSMENT 2025-2028

Map 2: Level of Deprivation in Cheshire East

Four LSOAs in Cheshire East are in the most deprived 10% of LSOAs nationally – three of these are in central Crewe and one in Macclesfield. This accounts for about 2% of the population of Cheshire East. Eighteen Cheshire East LSOAs are in the most deprived 20% nationally; thirteen of these are in Crewe, two in Macclesfield and one each in Congleton, Alsager and Handforth. This represents 8.6% of the population.

Socioeconomic deprivation is strongly associated with early death rates. Within Cheshire East, analysis has shown that these areas experience higher rates of premature mortality from:

- Cancer
- Heart disease
- Stroke
- Lung disease
- Liver disease.

People living in these areas will have higher levels of pharmaceutical need than in other areas.

From a total of 625 participants in the public survey, 509 gave a full postcode that could be matched to a Cheshire East geography. This allowed us to analyse the national Index of Multiple Deprivation (IMD) decile of these participants.

Table 14: IMD 2019 decile of public pharmacy survey participants compared to Cheshire East population distribution

IMD Decile	Participants	CE population *	Representation in public survey **
1	0.6%	1.9%	Under-represented
2	2.6%	6.8%	Under-represented
3	4.5%	7.2%	Under-represented
4	3.9%	6.2%	Under-represented
5	6.1%	7.7%	Under-represented
6	9.0%	7.0%	Over-represented
7	11.4%	11.3%	Representative
8	12.0%	12.1%	Representative
9	12.2%	13.2%	Representative
10	37.7%	26.6%	Over-represented

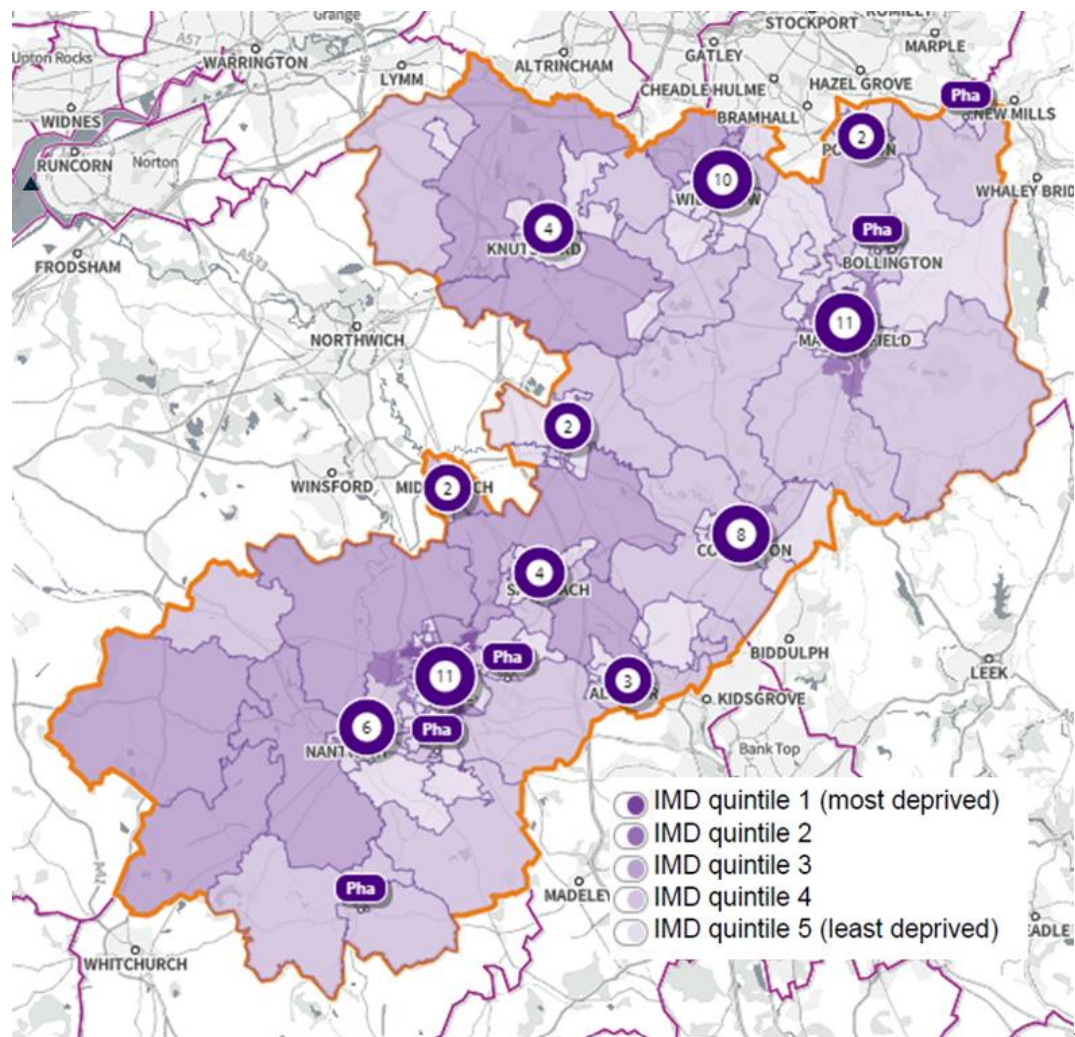
* Based on the Indices of Multiple Deprivation 2019 (IMD 2019)

** Considered over or under-represented if more than 1% difference, otherwise considered representative

Of those who responded and gave a full postcode, 3.1% (16) lived in the most deprived 20% of areas nationally (deciles 1 & 2). This compares with 8.7% of the population of Cheshire East. In general, the survey showed an under-representation of those in the most deprived 20% and an over-representation of those in the least deprived 20% (deciles 9 & 10 combined) – 254 (49.9%) of the respondents were from those in the least deprived 20%, compared with 39.8% of the population of Cheshire East. There was also an under-representation of those in deciles 3 & 4, with 43 (8.4%) in these deciles compared to 13.4% of the Cheshire East population. Responses from those in deciles 5 – 8 combined were more representative of the population distribution of Cheshire East, with 196 (38.5%) in those deciles compared with 38.1% of the Cheshire East population. The small number of participants means that it is not possible to look at the impact of deprivation on responses to other questions.

The map below displays the location of Community Pharmacies in Cheshire East overlaid with the Index of Multiple Deprivation 2019. The depth of purple colour represents quintiles, with the darkest corresponding to areas in the 20% most deprived nationally and the lightest to areas in the 20% least deprived.

CHESHIRE EAST PHARMACEUTICAL NEEDS ASSESSMENT 2025-2028

Map 3: Community pharmacy locations overlayed with the Index of Multiple Deprivation

Cheshire East residents who live within the 20% most deprived areas, are all within a 20-minute walk or a 15-minute journey via public transport to a community pharmacy (see Table 15 and Table 16 below).

CHESHIRE EAST PHARMACEUTICAL NEEDS ASSESSMENT 2025-2028

Table 15: Walk time to a community pharmacy up to 30 minutes: Population excluded by IMD quintile

Residents who cannot walk to a community pharmacy in...					
	5 minutes	10 minutes	15 minutes	20 minutes	30 minutes
Excluded population	300,744	192,992	121,223	81,537	54,573
% in IMD quintile 1 (most deprived)	5.45%	3.67%	1.87%	0.00%	0.00%
% in IMD quintile 2	8.07%	3.62%	4.84%	5.54%	0.00%
% in IMD quintile 3	15.15%	17.25%	22.98%	25.66%	32.20%
% in IMD quintile 4	27.09%	32.80%	38.98%	42.26%	47.74%
% in IMD quintile 5 (least deprived)	44.24%	42.66%	31.33%	26.54%	20.06%

Source: Department of Health & Social Care - SHAPE Place tool (accessed 17 December 24)

Table 16: Public transport travel times to a community pharmacy on a weekday morning: Population excluded by IMD quintile

Residents who cannot travel to a community pharmacy by public transport in...					
	5 minutes	10 minutes	15 minutes	20 minutes	30 minutes
Excluded population	257,946	108,973	58,768	34,848	20,438
% in IMD quintile 1 (most deprived)	5.61%	1.49%	0.00%	0.00%	0.00%
% in IMD quintile 2	4.52%	2.29%	0.00%	0.00%	0.00%
% in IMD quintile 3	15.64%	25.74%	37.16%	38.99%	39.23%
% in IMD quintile 4	29.15%	36.04%	45.05%	51.01%	55.24%
% in IMD quintile 5 (least deprived)	45.08%	34.44%	17.79%	10.00%	5.53%

Source: Department of Health & Social Care - SHAPE Place tool (accessed 17 December 24)

5. Health Profile of Cheshire East

5.1 Summary of health issues

The Office for Health Improvement and Disparities (OHID) Local authority Profile shows, that overall, Cheshire East is similar to, or better than the national average for many of the indicators. However, the Tartan Rug¹²³ demonstrates that there are marked inequalities in health and wellbeing experience across the Borough.

Furthermore, Cheshire East has significantly higher rates of emergency hospital admissions due to falls in older people and it is important to consider causes of falls. Medication reviews are an important part of falls risk assessment and falls prevention¹²⁴.

Some highlights include:

- Average life expectancy for both men and women has improved over time, although women's life expectancy has stalled after reaching a peak at 84.0 in 2017-19.
- Smoking prevalence amongst adults continues to fall and is lower than the England average. Inequalities continue e.g. between those in routine & manual occupations and amongst those with mental illness compared to the overall prevalence.
- Levels of GCSE attainment are slightly better in Cheshire East than the England average
- The percentage of people in employment has risen back up to pre-Covid19 levels

However, some areas remain challenging:

- Internal differences in life expectancy remain substantial. There is now a 9.5-year gap between life expectancy at birth amongst men living in the most deprived 10% of Cheshire East compared to the least deprived. For females the gap is 7.2 years.
- Despite being lower than the England average, the proportion of children living in poverty has increased.
- The under 18 conception rate is statistically lower than the England average, although the decline locally is not as dramatic as that seen nationally.
- Despite remaining statistically significantly better than the England average, levels of childhood obesity across Cheshire East have increased.
- Smoking at time of delivery has improved but smoking rates in pregnant women are the same as that in the general population.
- Hospital admissions amongst young people due to self-harm and due to alcohol are both significantly worse than the England averages.
- The rate of self-harm hospital stays is 200 per 100,000 worse than the average for England. This represents 760 stays per year.

¹²³ https://www.cheshireeast.gov.uk/council_and_democracy/council_information/jsna/jsna.aspx

¹²⁴ NICE. Falls in older people: assessing risk and prevention. Clinical guideline [CG161] Published: 12 June 2013. <https://www.nice.org.uk/guidance/cg161/chapter/1-Recommendations#preventing-falls-in-older-people-2>

CHESHIRE EAST PHARMACEUTICAL NEEDS ASSESSMENT 2025-2028

- With an increasing number of older people and an ageing population in Cheshire East, certain rates remain a concern going forward: -
 - Emergency admissions to hospital for injuries from falls in older people, the rates for those aged 65 and over and those aged 80 and over are both currently higher than the England average despite decreasing over recent years.
 - Despite being a similar rate to England rate, there are still 46 admissions a month for hip fractures in people aged 65 and over
 - Dementia

Figure 6: Key health statistics for Cheshire East

Indicator	Period	Chesh East			North West		England		England		Best
		Recent Trend	Count	Value	Value	Value	Worst	Range			
Life expectancy and causes of death											
Life expectancy at birth (Male, 3 year range)	2020 - 22	—	-	80.2	77.3	78.9	73.4		82.5		
Life expectancy at birth (Male, 1 year range)	2022	—	-	80.1	77.7	79.3	73.8		82.7		
Life expectancy at birth (Female, 3 year range)	2020 - 22	—	-	83.6	81.3	82.8	79.0		86.3		
Life expectancy at birth (Female, 1 year range)	2022	—	-	83.8	81.7	83.2	79.2		87.0		
Under 75 mortality rate from all causes New data	2023	→	1,254	321.1	408.1	341.6	622.1		220.9		
Under 75 mortality rate from cardiovascular disease New data	2023	→	303	76.9	93.8	77.4	136.2		45.9		
Under 75 mortality rate from cancer New data	2023	→	423	106.3	134.5	120.8	182.1		81.9		
Suicide rate (Persons, 10+ yrs)	2021 - 23	—	133	12.5	13.3	10.7	19.6		4.2		
Injuries and ill health											
Killed and seriously injured (KSI) casualties on England's roads New data	2023	→	169	57.2*	89.7*	91.9*	588.8		21.9		
Emergency Hospital Admissions for Intentional Self-Harm	2022/23	→	765	200.3	139.3	126.3	382.6		40.9		
Hip fractures in people aged 65 and over	2022/23	→	555	580	620	558	744		370		
Percentage of cancers diagnosed at stages 1 and 2	2021	→	1,070	56.3%	53.5%	54.4%	46.5%		61.2%		
Estimated diabetes diagnosis rate	2018	—	-	75.4%	81.1%	78.0%	54.3%		97.5%		
Estimated dementia diagnosis rate (aged 65 and older)	2024	→	4,238	67.3	68.9	64.8	51.3		90.5		
Behavioural risk factors											
Admission episodes for alcohol-specific conditions - Under 18s	2020/21 - 22/23	—	85	36.0	31.2	26.0	75.5		3.8		
Admission episodes for alcohol-related conditions (Narrow)	2022/23	→	1,860	443	475	475	856		247		
Smoking Prevalence in adults (aged 18 and over) - current smokers (APS) New data	2023	—	-	6.8%	11.8%	11.6%	22.3%		4.6%		
Percentage of physically active adults (19+ yrs)	2022/23	—	-	70.5%	65.7%	67.1%	51.4%		80.5%		
Overweight (including obesity) prevalence in adults (18+ yrs)	2022/23	—	-	61.0%	66.5%	64.0%	77.7%		45.8%		
Child health											
Under 18s conception rate / 1,000	2021	↓	54	8.2	16.4	13.1	31.5		1.1		
Smoking status at time of delivery New data	2023/24	↓	231	7.2%*	8.4%	7.4%	17.5%		2.8%		
Baby's first feed breastmilk (previous method)	2018/19	—	2,160	65.1%	62.4%	67.4%	43.6%		98.7%		
Infant mortality rate	2020 - 22	—	33	3.0	4.4	3.9	7.6		1.4		
Year 6 prevalence of obesity (including severe obesity) (10-11 yrs) New data	2023/24	↑	765	19.4%	23.3%	22.1%	31.0%		13.3%		
Inequalities											
Deprivation score (IMD 2019)	2019	—	-	14.5	28.1	21.7	45.0		5.8		
Smoking prevalence in adults in routine and manual occupations (aged 18 to 64) - current smokers (APS) New data	2023	—	-	20.0%	22.3%	19.5%	50.8%		5.0%		
Inequality in life expectancy at birth (Male)	2018 - 20	—	-	9.5	11.6	9.7	17.0		2.6		
Inequality in life expectancy at birth (Female)	2018 - 20	—	-	7.2	10.0	7.9	13.9		1.2		
Wider determinants of health											
Children in relative low income families (under 16s)	2022/23	↑	10,476	14.7%	26.7%	19.8%	42.2%		5.2%		
Children in absolute low income families (under 16s)	2022/23	→	7,808	11.0%	20.5%	15.6%	35.7%		4.2%		
Average Attainment 8 score	2022/23	—	-	47.1	44.5	46.2	36.1		58.4		
Percentage of people in employment	2023/24	→	183,400	81.6%	73.2%	75.7%	61.6%		87.6%		
Homelessness: households owed a duty under the Homelessness Reduction Act	2022/23	—	1,596	9.2	14.0	12.4	32.7		5.3		
Violent crime - hospital admissions for violence (including sexual violence)	2020/21 - 22/23	—	370	33.8	46.8	34.3	122.3		12.5		

Source: OHID Fingertips tool, Local Authority Health Profiles (accessed 27 November 2024)

5.2. Health & Wellbeing Board Priorities

The current *Joint Health and Wellbeing Strategy* for the population of Cheshire East runs from 2023-28 and also serves as the *Cheshire East Partnership Five Place Plan*. This expresses a re-commitment to the priorities of the previous Joint Health and Wellbeing Strategy, which remain key, and have in some cases exacerbated by the Covid-19 pandemic. It also expresses a new commitment to addressing challenges emergent since the Covid-19 pandemic and a shift to different, more effective and sustainable ways of working across Cheshire East for the long-term. It commits to: focusing on tackling inequalities, the wider causes of ill-health and need for social care support through integrated approaches to address the wider determinants of health; prevention and early intervention, health improvement and creating healthy environments that support and enable good physical and mental health and wellbeing; ensuring actions are centred around the individual, their goals and the communities where they live, working with, not doing to; and developing and delivering a sustainable integrated health and care system that supports residents as close to home as possible¹²⁵.

The *Joint Health and Wellbeing Strategy* for Cheshire East for 2023-28 details a number of priorities focused on supporting everyone in Cheshire East, from childhood through to older age. The Health and Wellbeing Board's priorities for 2023-28 are:

- Cheshire East is a place that supports good health and wellbeing for everyone
- Our children and young people experience good physical and emotional health and wellbeing
- The mental health and wellbeing of people living and working in Cheshire East is improved
- That more people live and age well, remaining independent; and that their lives end with peace and dignity in their chosen place¹²⁶.

Ways in which community pharmacies support these priorities is outlined in part 3, 8.4 How essential, advanced and locally commissioned pharmacy services support local priority health needs.

The Cheshire East '*Blueprint 2030*' provides a high-level outline of the components of the health and care system that the health and care system wants to see exist in 2030. This is with a view to achieving the ambition of empowering individuals, families and communities to focus on and manage their own health and wellbeing, and to provide health and/or care services in the community setting wherever possible (reducing

¹²⁵ Cheshire East Council. The Joint Local Health and Wellbeing Strategy for the population of Cheshire East 2023-2028. The Cheshire East Partnership Five Year Plan. Available from: <https://www.cheshireeast.gov.uk/pdf/council-and-democracy/health-and-wellbeing-board/joint-health-wellbeing.pdf> [Accessed 23 January 2025].

¹²⁶ Cheshire East Council. The Joint Local Health and Wellbeing Strategy for the population of Cheshire East 2023-2028. The Cheshire East Partnership Five Year Plan. Available from: <https://www.cheshireeast.gov.uk/pdf/council-and-democracy/health-and-wellbeing-board/joint-health-wellbeing.pdf> [Accessed 23 January 2025].

need for acute care). It has been prepared to help convey ambitions and aspirations for the future to a wide range of stakeholders, including residents and the workforce, for example. The 'Blueprint' has been developed to be viewed through the lens of the future, namely 2030, to help the health and care system to question what steps need to be taken to achieve the vision¹²⁷.

The Cheshire and Merseyside (C&M) All Together Fairer: Our Health and Care Partnership Plan 2024-2029 outlines the Integrated Care System approach for the region. This covers 9 sub-Integrated Care Board Places, 9 local authorities and many healthcare providers including community pharmacy. The plan is guided by three principles.

1. Shifting investment to Prevention and Equity
2. Anti-Poverty Work
3. Social Justice, Health and Equity in All We Do.

The Health and Care Partnership Plan identifies the following 'All Together Fairer Themes' are:

- 1. Give every child the best start in life.
- 2. Enable all children, young people and adults to maximise their capabilities and have control over their lives.
- 3. Create fair employment and good work for all.
- 4. Ensure a healthy standard of living for all.
- 5. Create and develop healthy and sustainable places and communities.
- 6. Strengthen the role and impact of ill health prevention.
- 7. Tackle racism, discrimination and their outcomes.
- 8. Pursue environmental sustainability and health equity together

It is essential that local pharmacists engage with the C&M Health & Care Strategy and are considered within transformation plans.

5.3. Sustainability

NHS Cheshire and Merseyside Integrated Care Board, Cheshire East Local Authority and the Health and Wellbeing Board have committed to take action to improve sustainability, in line with the national ambition to deliver the world's first net zero health service and respond to climate change, improving health now and for future generations.

¹²⁷ Cheshire East Partnership (2024) Cheshire East Health and Care System 'Blueprint 2030'. Available from: <https://moderngov.cheshireeast.gov.uk/ecminutes/documents/s120079/Appendix%201%20for%20The%20Cheshire%20East%20Health%20and%20Care%20Blueprint%202030%20and%20Care%20Communities%20Operating%20Mod.pdf> [Accessed 23 January 2025].

Climate change and health and wellbeing are inextricably linked. Carbon emissions and particulates in the atmosphere increase the risk of poor health from asthma, heart disease and cancer, while extreme weather events linked with climate change represent a risk to health and life as well as damaging property, homes, and businesses. Medicines and the associated supply chain contribute around 25% of the overall NHS carbon footprint, and community pharmacies are in a unique position to support patients to take their medicines as intended while avoiding over-ordering and stockpiling. They are also able to promote healthy lifestyles and other interventions that may reduce the need for medicines and their associated carbon footprint, for example by including healthy lifestyle messages when delivering the New Medicines Service.

Pharmaceutical Needs Assessment

**Part 3: Current service provision:
access; prescribing; advanced and
locally commissioned services**

6. Current pharmaceutical services

6.1. Definition of Pharmaceutical Services

The NHS Act 2006 sets out the definition for pharmaceutical services. Pharmaceutical services are generally provided by virtue of Part 7 of the Act. Under section 126(1) – (3), NHS England is required to secure, on the basis of regulations made by the Secretary of State, the provision of services to people in their area of medicines and listed appliances and "such other services as may be prescribed" (section 126(3)(e)). Prescribed services must be set out in Regulations. Therefore, these prescribed services, and the dispensing services referred to in section 126(3)(a) to (d), constitute the core "Essential" NHS pharmaceutical services. Section 127 also provides for "additional pharmaceutical services" to be set out in Directions to NHS England. Directed services include Advanced and Enhanced services for pharmacy contractors and Advanced services for dispensing appliance contractors.

The Community Pharmacy Contractual Framework was introduced in 2005. Under the framework, there are three types of service which can be provided by community pharmacy and/or appliance contractors. In the PNA, the pharmaceutical services that are to be considered are:

'Essential services' which every community pharmacy providing NHS pharmaceutical services must provide. These are the dispensing of medicines, promotion of healthy lifestyles, and support for self-care including appropriate signposting.

'Advanced services', which are nationally commissioned, and a pharmacy contractor can choose which ones they provide. There are currently nine different "Advanced services". These are listed below but full detail of each is given in section 8.1.

Pharmacy provision of advanced and enhanced commissioned services.

- Appliance Use Review
- Seasonal Flu Vaccination Service
- Hypertension Case Finding Service
- Lateral Flow device (LFD) Service
- New medicines service (NMS)
- Pharmacy Contraception Services
- Pharmacy First Service
- Smoking Cessation service
- Stoma Appliance Customisation

'Locally commissioned services' can be contracted via a number of different routes and by different commissioners, including local authorities, Integrated Care Boards (ICB) and local NHS England teams. NHS England commission a service from three pharmacies to hold stocks of medicines required in an emergency e.g. antivirals. None of these pharmacies are within Cheshire East.

Since April 2013, the definition of pharmaceutical services in relation to the PNA does not include any services commissioned from pharmaceutical contractors by local authorities and NHS Integrated Care Board (ICB). However, for additional context, the PNA does include a description of locally commissioned services” that are commissioned either by NHS England and Improvement or by Cheshire East Council Public Health.

6.1.1 Funding of Community Pharmacies

Funding of community pharmacy comes from several sources:

- NHS Community Pharmacy contractors are paid for services they provide under the community pharmacy contractual framework according to a set of fees and allowances agreed between the Department of Health and Pharmaceutical Services Negotiating Committee. These are published in the Drug Tariff each month. The whole framework is being reviewed nationally. The community pharmacy contractual framework is the mechanism the NHS uses to contract pharmaceutical service from community pharmacy contractors.
- Local Commissioners: Additional income comes from providing services commissioned locally either by the ICB, the Public Health Department within the local authorities or health providers who are commissioned by Public Health to provide a specific service such as sexual health and substance misuse services.
- Sale of goods and medicines over the counter and other privately paid for services.

For most pharmacies, over 80% of their funding comes from their NHS contract, contracted under the Community Pharmacy Contractual Framework (CPCF). The Department of Health has announced cuts to the funding of pharmacies and there is concern that this could impact on the viability of some pharmacies. At this time the full impact of how many pharmacies might close is not known. In order to mitigate the risk of pharmacy closures, the Pharmacy Access Scheme (PhAS) has been introduced. Subject to fulfilling certain criteria, a pharmacy could qualify for payments to bridge the funding reduction. Table 17 provides a list of pharmacies across Cheshire East that have been granted Pharmacy Access Scheme money.

CHESHIRE EAST PHARMACEUTICAL NEEDS ASSESSMENT 2025-2028

Table 17: Pharmacies granted Pharmacy Access Scheme Money within Cheshire East Council (January 2025)

Care Community	Area	Pharmacy	Address	Postcode
Nantwich & Rural	Audlem	Boots	1 CHESHIRE STREET, AUDLEM, CREWE	CW3 0AH
SMASH	Sandbach – Elworth	Wise Pharmacy	11 LONDON ROAD, ELWORTH, SANDBACH	CW11 3BD
	Middlewich	Cledford Pharmacy	70 WARMINGHAM LANE, MIDDLEWICH	CW10 0DJ
Crewe	Crewe – Coppenhall	Rydale Pharmacy	18 NORTH STREET, COPPENHALL, CREWE	CW1 4NL
Congleton, Holmes Chapel	Goostrey	Goostrey Pharmacy	3 CHESHIRE HOUSE, 164 MAIN ROAD, GOOSTREY, CREWE	CW4 8JP
Macclesfield	Macclesfield	Andrews Pharmacy	71 KENNEDY AVENUE, MACCLESFIELD	SK10 3DE
Bollington, Disley, Poynton	Bollington	Rowlands Pharmacy	BOLLINGTON MEDICAL CENTRE, THE WATERHOUSE, WELLINGTON ROAD, BOLLINGTON	SK10 5JH
	Disley	Well	11 FOUNTAIN SQUARE, DISLEY	SK12 2AB
Alderley Edge, Handforth, Chelford, Wilmslow	Handforth	Tesco In Store Pharmacy	KILN CROFT LANE, HANDFORTH, WILMSLOW	SK9 3PA
	Prestbury	Prestbury Pharmacy	UNICORN HOUSE, PRESTBURY, MACCLESFIELD	SK10 4DG
	Wilmslow	Lloyds Pharmacy	UNIT 2, SUMMERFIELD VILLAGE CTR, DEAN ROW ROAD, WILMSLOW	SK9 2TA

6.1.2 Quality Payment (PQS)

Negotiations on the 2024/25 Community Pharmacy Contractual Framework (CPCF) – which includes PQS – were paused for the general election. Negotiations resumed January 2025

6.2. Essential Services

6.2.1 Dispensing Medicines or Appliances.

Pharmacies are required to maintain a record of all medicines dispensed, and to keep records of any interventions made which they judge to be significant. Whilst the terms of service require a pharmacist to dispense any (non- blacklisted) medicine “with reasonable promptness”, for appliances the obligation to dispense arises only if the pharmacist supplies such products “in the normal course of his business”.

The Electronic Prescription Service (EPS) has been implemented as part of the dispensing service. Prescription-linked interventions can be identified during the dispensing process and pharmacists can identify patients with specified health needs which should be addressed. The health needs that the HWB wish to be targeted could be agreed with the NHS England and the Local Pharmaceutical Committee (LPC).

6.2.2 Repeat Dispensing.

Pharmacies will dispense repeat prescriptions and store the documentation if required by the patient. They will ensure that each repeat supply is required and check that there is no reason why the patient should be referred to their General Practitioner (GP). This service is aimed at patients with long term conditions who have a stable medication routine and hence may have less opportunity to discuss any health issues with their GP or nurse.

Pharmacists are required to check if a patient is using their medication. This gives them an opportunity to identify if a patient is not using their medication as intended and hence may not be getting the desired health outcomes for which the medications were prescribed. This process was introduced as a paper-based process with low uptake by GPs. Now that EPS has been embedded, NHS Digital are supporting practices to use electronic repeat dispensing and targets have been added to the GMS contract. Rates of repeat dispensing remain lower than the national average and targets.

6.2.3 Disposal of Unwanted Medicines.

Pharmacies are obliged to accept back unwanted medicines from patients. The pharmacy will, if required by NHS England or the waste contractor, sort them into solids (including ampoules and vials), liquids and aerosols. NHS England arranges for a waste contractor to collect the medicines from pharmacies at regular intervals. Additional segregation is also required under the Hazardous Waste Regulations.

Pharmacy staff can identify patients who have not taken the medicines they were prescribed. This can initiate a discussion to identify problems, such as side effects or dosage regimes, which could be addressed to help improve the patients’ health outcomes. A significant amount of wasted NHS resource is attributed to medications being used incorrectly or not at all. Locally, other sharps can be taken into the

pharmacy for safe disposal. This service is commissioned by the local authority. Within the public survey 6.6% of respondents stated that the reason they had last visited a pharmacy was 'To return unused/expired medications.'

6.2.4 Public Health Campaigns and Promotion of Healthy Lifestyles.

Each year, pharmacies are required to participate in up to six public health campaigns at the request of NHS England. These campaigns involve the display and distribution of leaflets provided by NHS England. However, there haven't been any in recent years. In addition, pharmacies are required to be "healthy living pharmacies" which requires accreditation and then participation in a wide range of health promotion activities to support their local populations. This was a gateway criterion originally and is now an "Essential service".

6.2.5 Signposting.

Pharmacies will be expected to help people who ask for assistance by directing them to the most appropriate source of help if they are unable to resolve the person's issue. All community pharmacies are required to have completed training and accreditation to be "healthy living" pharmacies.

6.2.6 Support for Self Care.

Pharmacies will help to manage minor ailments and common conditions, by the provision of advice and where appropriate, the sale of medicines, including dealing with referrals from NHS Direct/NHS 111. Records will be kept where the pharmacist considers it relevant to the care of the patient.

6.2.7 Clinical Governance.

The clinical governance requirements of the community pharmacy contractual framework cover a range of quality related issues. Clinical governance is a system through which healthcare providers are accountable for continuously improving the quality of their services and safeguarding high standards of care, by creating an environment in which excellence in clinical care will flourish¹²⁸.

¹²⁸ PSNC & NHS Employers (2012) Clinical governance requirements for community pharmacy. Available from: [Clinical Governance guidance updated final.pdf \(psnc.org.uk\)](https://www.psn.org.uk/clinical-governance-guidance-updated-final.pdf) (Accessed 27 January 2025).

6.3. Pharmacy providers

6.3.1. Dispensing Doctors

Pharmacies may not always be viable in more rural areas. This is where the services of dispensing doctors can play an important role in ensuring that patients receive their medicines promptly, efficiently, conveniently and to high standards. To have medicines dispensed by their GP practice, a patient must meet certain requirements in the regulations, which are:

- They must live in a controlled locality (which is an area that has been determined by NHS England or a predecessor organisation to be “rural in character”)
- They must live more than 1.6km (measured in a straight line) from a pharmacy
- The practice must have approval for the premises at which they will dispense to them
- The practice must have the appropriate consent for the area the patient lives in.

In the Cheshire East Health and Wellbeing Board area, as of 26 November 2024, there are six practice premises at which dispensing doctor services are available to eligible patients. These are:

- Bunbury Medical Practice, Bunbury (N81006) (whilst this dispensing doctor is affiliated with the Rural Alliance Primary Care Network (PCN), Cheshire West and Chester, it physically lies within Cheshire East boundary and serves mostly Cheshire East residents, therefore it has been included within this PNA)
- Chelford Surgery, Chelford (N81069)
- Greenmoss Medical Centre, Scholar Green (N81071)
- Holmes Chapel Health Centre, Holmes Chapel (N81077)
- Knutsford Medical Partnership, Knutsford (N81049)
- Wrenbury Medical Practice, Wrenbury (N81614).

Having analysed the data from the dispensing doctors survey, it is concluded that there is no significant gap in provision of Essential pharmaceutical services for the population served by dispensing doctors. See Appendix F Dispensing Doctors Survey for the dispensing doctors survey results.

Dispensing Doctors are good at accommodating for protected characteristics, with all practices having wheelchair ramp access (where required), disabled parking, toilet facilities accessible to wheelchair users and hearing loops. Most have large print labels (83%), large print leaflets (83%), automatic door assistance (83%), bell at the door (83%) and an ability to support patients whose first language is not English (83%). Additionally, most practices (83%) can provide advice and support if a customer wishes to speak to a person of the same sex (either all of the time or by arrangement). All practices report that they have no gaps in access or pharmaceutical need relating to any of the defined protected characteristics.

The six dispensing practices in Cheshire East dispensed 535,215 items during 2023/24, accounting for 8% of all items prescribed within Cheshire and Merseyside ICB and dispensed within the Borough. This is the equivalent of an average of 7,434 items per month per dispensary.

6.3.2. Dispensing Appliance Contractors (DAC)

DACs are unable to supply medicines. Most specialise in dispensing stoma appliances, such as colostomy, urostomy and ileostomy bags and associated products, providing a specialist service to a specific cohort of patients. DACs cover a wider geographical area than a community pharmacy, often spanning more than one health locality or providing services nationwide. Every DAC must provide mandatory Essential services relating to these products and can choose to provide two Advanced services: Appliance Use Reviews (AURs) and Stoma Appliance Customisation (SAC).

Cheshire East has no DACs within its boundaries. Cheshire East patients requiring appliances are therefore served by appliance contractors from other areas of the country operating within a network of local distribution centres on a national basis. There have been no reported issues from patients or prescribers to indicate that patients in Cheshire East have difficulty in obtaining the products that they require.

Pharmacy contractors can choose to accept prescriptions for appliances and dispense them under their pharmaceutical contract to obtain the service from a DAC or wholesaler located at a national distribution site. It is often a joint decision between the specialist from secondary care and the patient as to where the prescription for an appliance is sent and thus how the dispensing appliance service is provided.

6.3.3. Local Pharmaceutical Services (LPS)

This is an option that allows commissioners to contract locally for the provision of pharmaceutical and other services, including services not traditionally associated with pharmacy, within a single contract. Given different local priorities, LPS provides commissioners with the flexibility to commission services that address specific local needs which may include services not covered by the community pharmacy contractual framework. There are currently no LPS contracts in Cheshire East.

6.3.4. Acute Hospital Pharmacy Services

There are 2 main Acute Hospital Trusts within Cheshire East catchment area: Mid Cheshire Hospital NHS Trust in Crewe and Cheshire East NHS Trust in Macclesfield. Some residents may also access services at the Countess of Chester Hospital NHS Foundation Trust and other hospitals. Hospital Trusts have pharmacy departments whose main responsibility is to dispense medications for use on the hospital wards for in-patients and during the out-patient clinics.

6.4. Pharmacy locations and level of provision

At the beginning of October 2024 there were 68 community pharmacies, 2 additional distance selling pharmacies (for a combined total of 70 pharmacies) and 6 dispensing practices on the pharmaceutical list in Cheshire East. There were no dispensing appliance contractors.

Table 18: Community dispensing premises located within the Cheshire East boundary, December 2024

CC Name	Community Pharmacies (excl. DSP)	DSP	DAC	GP Practices	Branch Practice	Total GP Practices (incl. branch)	Of which Dispensing Practices
Alderley Edge, Chelford, Handforth, Wilmslow* ¹	11	0	0	5	2	7	1
Bollington, Disley, Poynton	4	0	0	1	3	4	0
Congleton, Holmes Chapel	10	0	0	4	0	4	1
Crewe	14	0	0	5	1	6	0
Knutsford	4	0	0	1	1	2	1
Macclesfield	10	0	0	6	0	6	0
Nantwich and Rural* ²	5	0	0	6	0	6	2
SMASH	10	2	0	7	0	8	1
Cheshire East	68	2	0	35	7	42	6

DSP = Distance Selling Pharmacy, DAC = Dispensing Appliance Contractors

Notes:

¹Includes Wilmslow Road Medical Practice which is a branch of Cheadle Hulme Health Centre (P88025), Stockport Health and Wellbeing Board.

²Includes Bunbury Medical Practice (N81006) which is located with Cheshire East boundary but is affiliated with Rural Alliance PCN, Chester and Cheshire West Health and Wellbeing Board.

SMASH = Sandbach, Middlewich, Alsager, Scholar Green, Haslington.

GP Practices and Pharmacies allocated to care communities according to their physical location.

Data Source: NHS Business Service Authority, Consolidated Pharmacy List 2024-25 Q2, downloaded 22 November 2024. NHSE Epraccur and Ebranches for GP Practices, 29 November 2024 extract.

Cheshire East's last PNA published in September 2022 identified 76 community pharmacies and a further two distance selling pharmacies giving a total of 78 pharmacies within the Cheshire East Local Authority boundary. The number of community pharmacies is now 68, an overall decrease of 8 (10.5%). The two distance selling pharmacies are both located within the SMASH Care Community but under their contract, they provide essential pharmaceutical services to anyone within England. Table 19 below shows the change across the various care communities.

This table excludes the two distance selling pharmacies. The number of 100-hour pharmacies has fallen by three and it is worth noting that from 25 May 2023, contractors may apply to reduce the total weekly core opening hours of 100-hour pharmacies to not less than 72, so the remaining six 100-hours pharmacies may have reduced their opening hours. A full breakdown of all pharmacies located within the Cheshire East Local Authority boundary can be found in Appendix B Care Community Profiles. In addition to pharmacies within the Cheshire East footprint, residents can access pharmacies in other areas, for example, in bordering local authorities (see the maps in Appendix D Map of Pharmacies in Care Communities).

Table 19: Changes in numbers of community pharmacies since last PNA

	PNA 2022		Current		Movement since 2022	
Care Community	Community Pharmacies	100 hr	Community Pharmacies	100 hr	Community Pharmacies	100 hr
Alderley Edge, Chelford, Handforth, Wilmslow	11	0	11	0	0	0
Bollington, Disley, Poynton	4	0	4	0	0	0
Congleton, Holmes Chapel	12	2	10	2	-2	0
Crewe	15	3	14	3	-1	0
Knutsford	5	0	4	0	-1	0
Macclesfield	12	3	10	1	-2	-2
Nantwich and Rural	6	1	5	0	-1	-1
SMASH	11	0	10	0	-1	0
Cheshire East (excl. DSP)	76	9	68	6	-8	-3

Data Source: NHS Business Service Authority, Consolidated Pharmacy List 2024-25 Q2, downloaded 22nd November 2024.

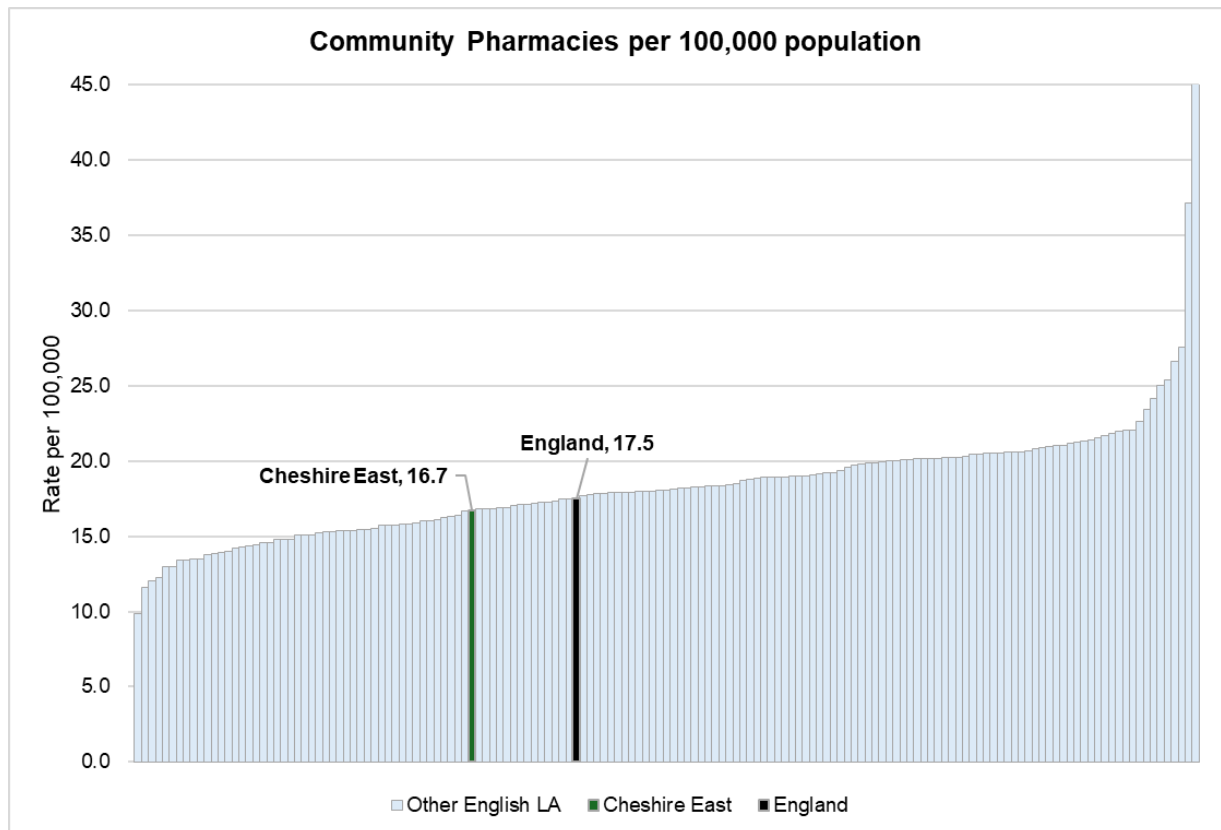
DSP = Distance Selling Pharmacies.

There is a very strong correlation between population size and the number of local community pharmacies. The highest population density areas of the towns of Crewe, Macclesfield, Congleton have between eight and fifteen pharmacies. Most of the main towns in Cheshire East are served by at least two pharmacies. Several towns and villages have a single community pharmacy, including Audlem, Bollington, Disley, Goostrey, Haslington, Holmes Chapel, Mobberley, Prestbury and Shavington.

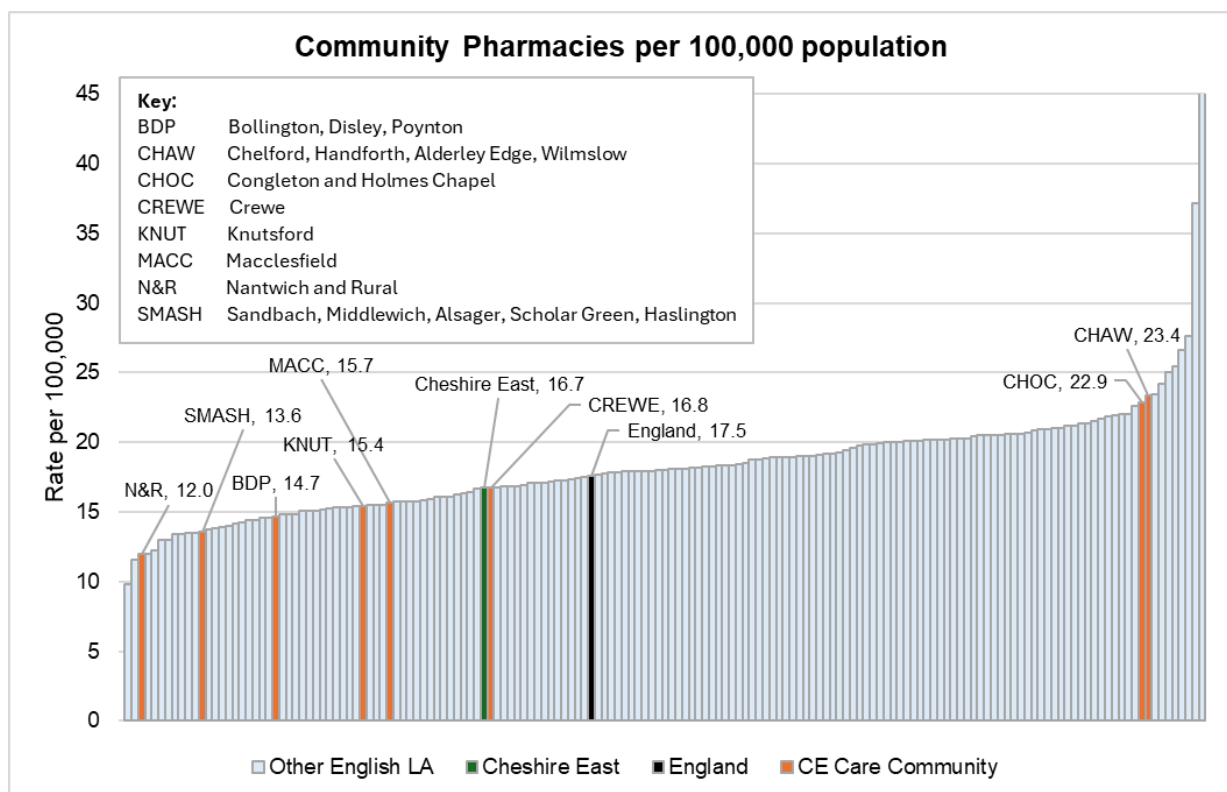
Figure 7 illustrates the national distribution by local authority of the number of community pharmacies per 100,000 population compared with the average within Cheshire East and England. **Figure 8** illustrates the national distribution of pharmacies compared with the average per care community in Cheshire East.

In 2024 there were 17.5 pharmacies per 100,000 in England, excluding Distance Selling Pharmacies (DSPs) and 18.3 per 100,000 if DSPs are included. According to the National Pharmacy tables, City of London Borough had the most pharmacies with 78.6 per 100,000 and West Berkshire the least pharmacies with 9.2 per 100,000. Cheshire East's rate of 16.7 per 100,000 is below the England average but not significantly different. Cheshire East's rate increases to 17.2 per 100,000 if you include the two Distance Selling Pharmacies (DSPs).

Figure 7: Pharmacies per 100,000 population, Q2 2024-25



Data Source: NHS Business Service Authority, Contractor details December 2024 [Contractor Details - CONTRACTOR_DETAILS_202412 - Open Data Portal](#). ONS Population estimates: Persons by single year of age and sex for local authorities in the UK, mid-2022.

Figure 8: Pharmacies per 100,000 population in Care Communities, Q2 2024-25

Data Source: NHS Business Service Authority, Contractor details December 2024 [Contractor Details - CONTRACTOR DETAILS 202412 - Open Data Portal](#). ONS Population estimates: Persons by single year of age and sex for local authorities in the UK, mid-2022.

Table 20 shows the number of community pharmacies per 100,000 population for the eight care communities in Cheshire East. The Chelford, Handforth, Alderley Edge, Wilmslow (23.4), and Congleton and Holmes Chapel (22.9), both have a higher rate of pharmacies per 100,000 population compared to England (18.3) and Cheshire East (16.7). Crewe (16.8) has a marginally higher rate of pharmacies compared to Cheshire East but is lower than England. Nantwich and Rural (12.0), Bollington, Disley, Poynton (14.7), Knutsford (15.4), Macclesfield (15.7), and SMASH (16.3) are all lower than both England and the Cheshire East average. Nantwich and Rural (12.0) has the lowest rate of pharmacies per 100,000 population but is also served by pharmacies in Winsford, Tarporley, Whitchurch and Market Drayton, which are located just outside the area. Similarly, Bollington, Disley, Poynton (14.7) are served by several pharmacies located just outside of the area in Cheadle Hulme and Hazel Grove (see maps in Chapter 20). Knutsford (20.0 previously vs 15.4 currently) and Macclesfield (19.5 previously vs 15.7 currently) Care Communities have seen the largest drop in the rate of pharmacies per 100,000 population since the last PNA published in 2022.

Table 20: Community pharmacies per 100,000 population, Cheshire East

	Care Community	Community Pharmacies	Mid-2022 Population	Community Pharmacies per 100,000 population
Excluding DSP	Alderley Edge, Chelford, Handforth, Wilmslow	11	47,009	23.4
	Macclesfield	10	63,815	15.7
	Bollington, Disley, Poynton	4	27,235	14.7
	Knutsford	4	26,003	15.4
	Congleton, Holmes Chapel	10	43,763	22.9
	Nantwich and Rural	5	41,667	12.0
	Crewe	14	83,582	16.8
	SMASH	10	73,453	13.6
	Cheshire East	68	406,527	16.7
	England	10,023	57,112,542	17.5
Including DSP				
	Cheshire East	70	406,527	17.2
	England	10,437	57,112,542	18.3

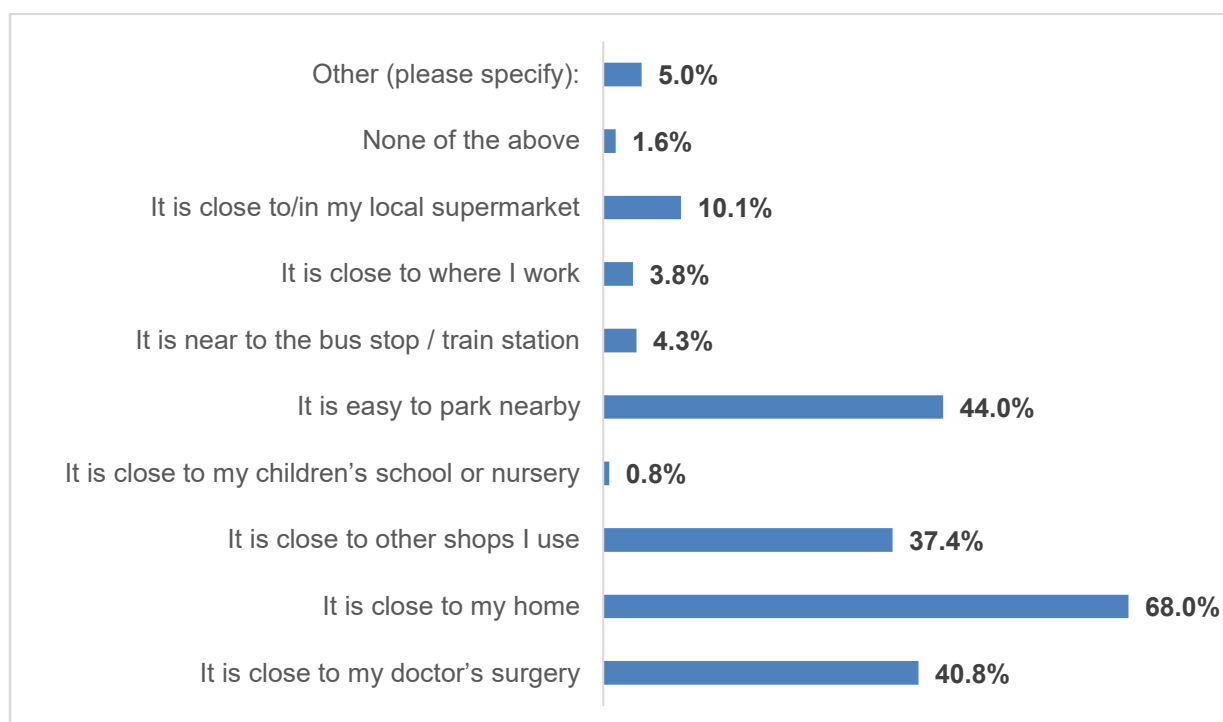
Data Source: NHS Business Service Authority, Contractor details December 2024 [Contractor Details - CONTRACTOR_DETAILS_202412 - Open Data Portal](#). ONS Population estimates: Persons by single year of age and sex for local authorities in the UK, mid-2022.

DSP = Distance Selling Pharmacy.

The number of pharmacies required within an area cannot be based purely on the size of the local population. The population served by a particular pharmacy can be hard to determine as people choose to use a specific pharmacy for various reasons.

Figure 9: Question 7 of public survey – importance of location to your choice of pharmacy shows the results from question 7 of the public survey which looks at the importance of location. Over two-thirds (68%, 425 out of 625) chose a pharmacy because it was near to their home, 41% (255 out of 625) chose a pharmacy because it was near to their doctors' surgery, 44% (275 out of 625) used a pharmacy because it is easy to park nearby, and 37% (234 out of 625) used a pharmacy because it was near to other shops they used. In the free-text responses a further three had stated simply that it was convenient but gave no further details, three stated it was on route to somewhere else and one person chose their pharmacy as it was easy to park their bike. Others had used this opportunity to talk about the importance of opening times, services available, reliability, knowledgeable and friendly staff in their choice

Figure 9: Question 7 of public survey – importance of location to your choice of pharmacy



Although many residents chose a pharmacy by other criteria than located near their home, elderly residents and those with mobility issues may not have this luxury, and for these residents, disabled parking, accessibility are essential criteria.

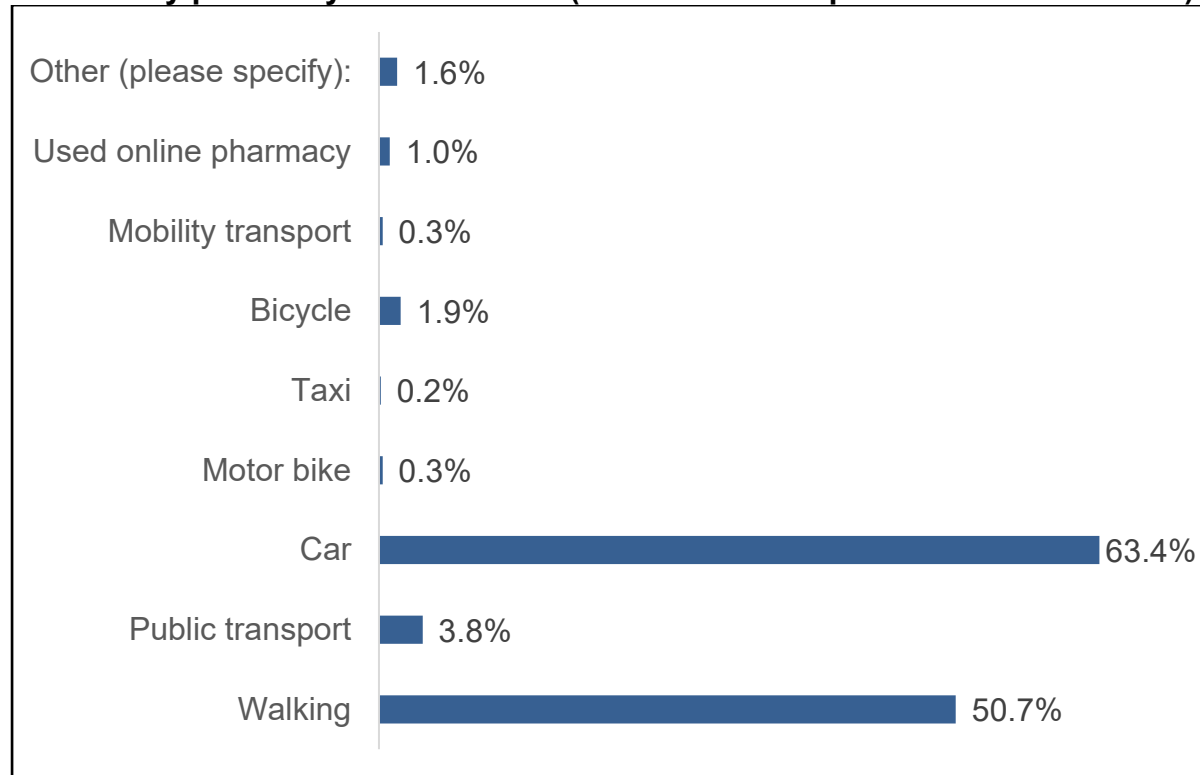
6.5. Getting to the pharmacy

To demonstrate accessibility, it is helpful to produce some local maps using pharmacy locations for drive and walk times which demonstrate travel accessibility for the local population. Although the drive maps are based upon SHAPE Atlas content, the methodology we have applied has considered information produced [by Office of Fair Trading \(OFT\) in their report 'Evaluating Office of Fair Trading Work' \(2010\)](#). Here they sought to understand how customers accessed their pharmacies, by data on the impact of the 'control of entry' regulations, plus a wide range of other information sources including published statistics, specially constructed datasets, bespoke surveys, and interviews with stakeholders. The OFT report cites other work which shows that the most frequent mode of transport to pharmacies when collecting prescriptions was on foot (41%) and by car (50%).

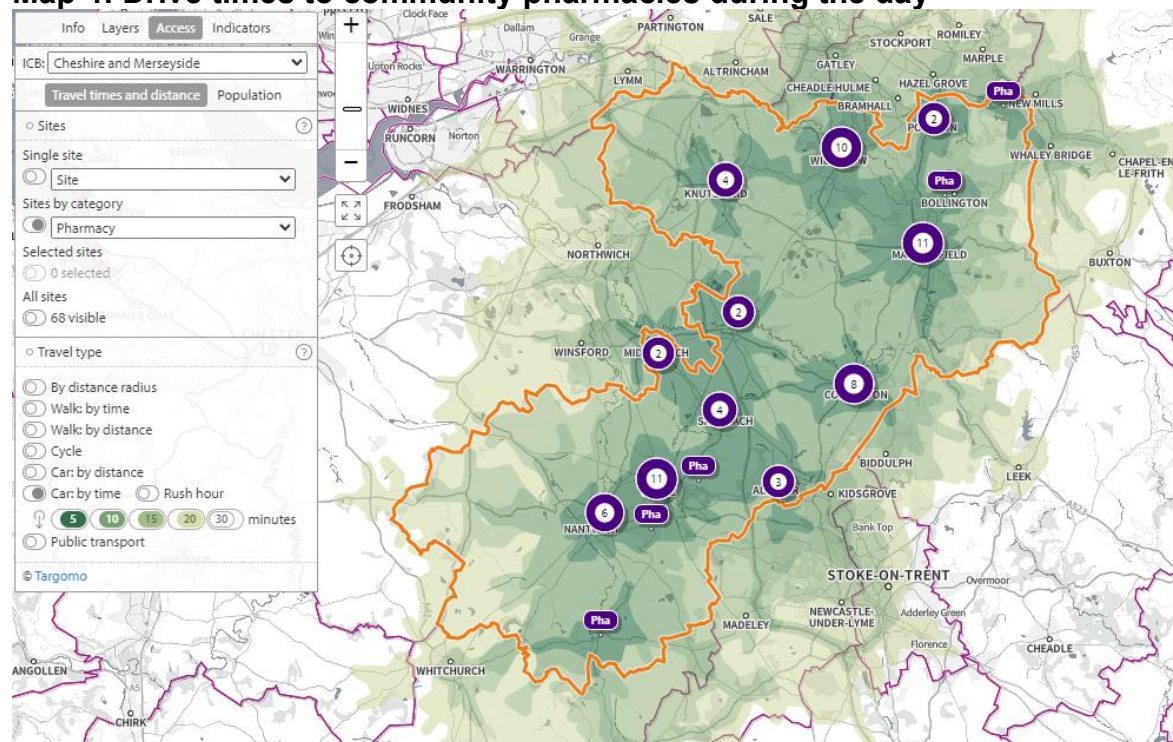
The public survey showed a higher percentage in Cheshire East are accessing their usual pharmacy by car, with 63% (396 out of 625) usually getting to the pharmacy this way. The next most frequent mode of transport was walking at 51% (317 out of 625). It is worth noting that respondents could tick more than one mode of transport, and we cannot distinguish between those using multiple modes to get to a pharmacy and those that use different modes on different journeys. The survey also highlighted that 60% of respondents (377 out of 625) could reach a pharmacy within 10 minutes, and 33% of respondents (204 out of 625) could reach a pharmacy within 11-20 minutes.

5% of respondents (32 out of 625) were over 20 minutes away from their pharmacy, with 2% (12 out of 625) responding that the question was not applicable.

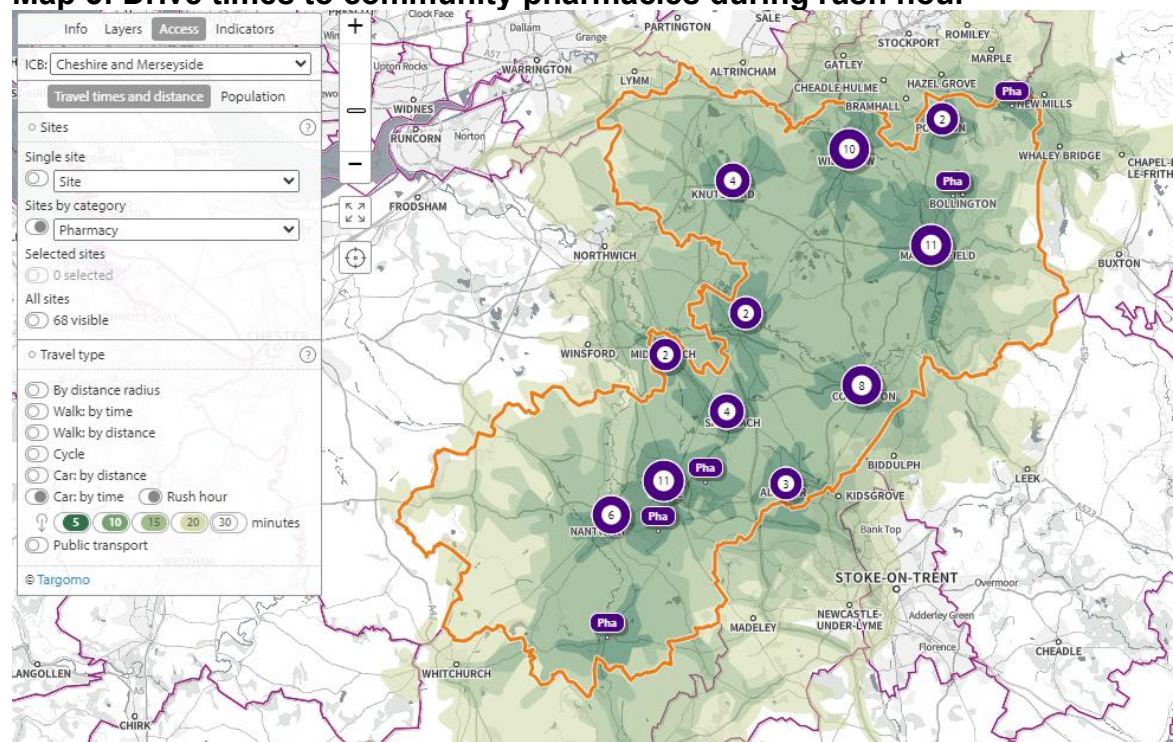
Figure 10: Method used to get to the pharmacy, Q5 of public survey of community pharmacy services 2024 (more than one option could be selected)



Mapping drive times during the day and during rush hour shows that most locations in Cheshire East are no more than a 20-minute drive away from a Cheshire East Pharmacy.

Map 4: Drive times to community pharmacies during the day

Source: Department of Health & Social Care - SHAPE Place tool (accessed 17 December 24)

Map 5: Drive times to community pharmacies during rush hour

Source: Department of Health & Social Care - SHAPE Place tool (accessed 17 December 24)

The above maps show that there are some small isolated rural areas on the borders with both Cheshire West and Chester (within the Nantwich and Rural Care Community) and with High Peak (within the Macclesfield Care Community) where the drive time may be over 20 minutes. However, analysis using the SHAPE Place tool

has shown that these locations are within a 20-minute drive of pharmacies in the neighbouring local authorities.

Additionally, population level data (see Table 21 below) indicates that no residents are more than a 20-minute drive from a community pharmacy in Cheshire East (perhaps indicating that the locations referred to above are sparsely populated) and that 97.4% can drive or be driven to one within 10 minutes.

Table 21: Drive times to a community pharmacy during rush hour

Minutes drive	Included population	% of population included	Excluded population	% of population excluded
5	348,994	85.8%	57,533	14.2%
10	395,980	97.4%	10,547	2.6%
15	404,196	99.4%	2,331	0.6%
20	406,527	100.0%	nil	0.0%

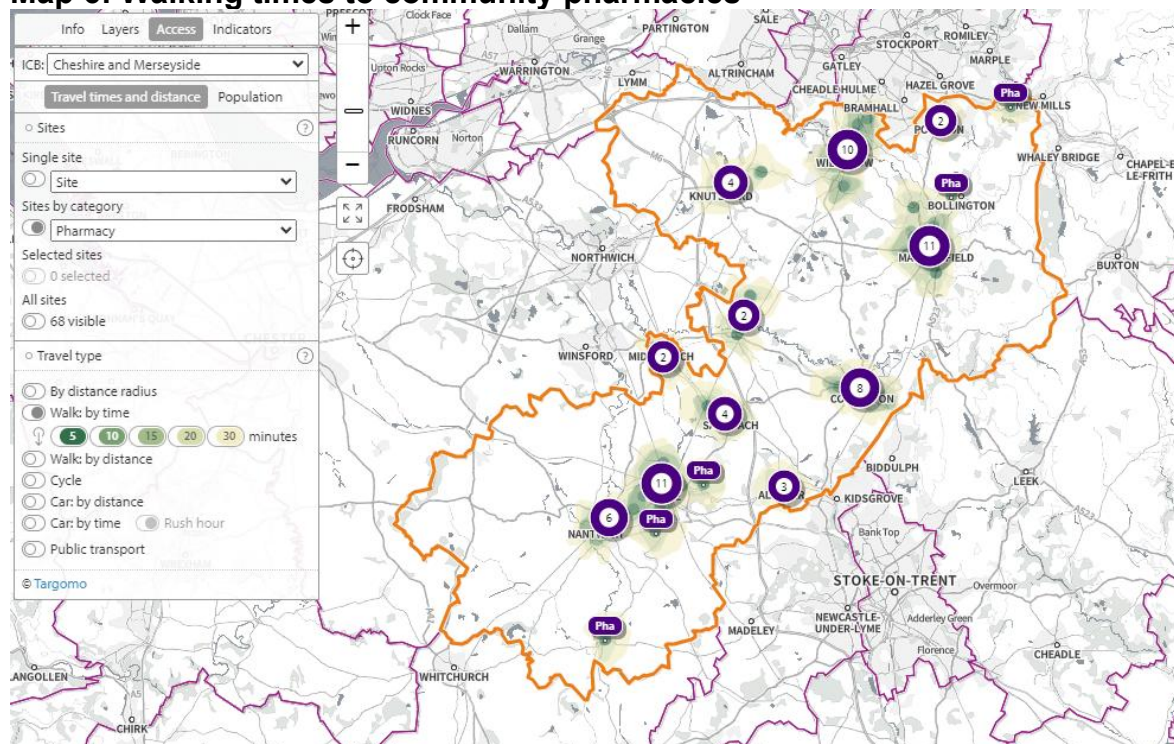
Source: Department of Health & Social Care - SHAPE Place tool (accessed 17 December 24)

For those who need or choose to walk (about 51% of respondents to the public survey indicated they use this mode of transport), accessibility is more limited. SHAPE Place data (see Table 22) indicates that 80% of residents live within a 20-minute walk of a community pharmacy (around 325,000 people). Of those who are not within a 20-minute walk, 66% (around 53,500 people) live in rural areas and 28% (around 22,500 people) live in urban areas. However, most pharmacies (90.6% of all pharmacies responding to the Pharmacy Contractor Survey) do offer delivery for those who are unable to walk, cycle or drive or get public transport. Map 6 shows walking time to Cheshire East community pharmacies. Furthermore, dispensing doctors also support residents with pharmaceutical services in more rural areas. These are described in section 6.3.1. [Dispensing Doctors](#).

Table 22: Population within a 30-minute walk time to a community pharmacy

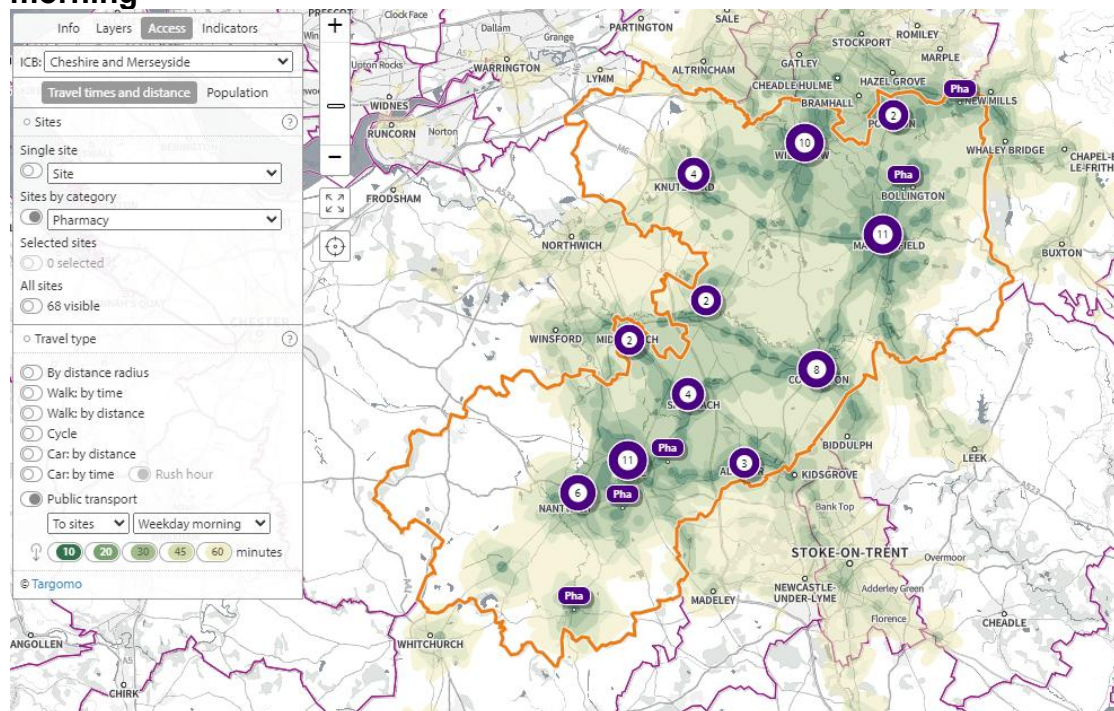
Minutes walk	Included population	% of population included	Excluded population	% of population excluded
5	105,783	26.0%	300,744	74.0%
10	213,535	52.5%	192,992	47.5%
15	285,304	70.2%	121,223	29.8%
20	324,990	79.9%	81,537	20.1%
30	351,954	86.6%	54,573	13.4%

Source: Department of Health & Social Care - SHAPE Place tool (accessed 17 December 24)

Map 6: Walking times to community pharmacies

Source: Department of Health & Social Care - SHAPE Place tool (accessed 17 December 24)

The majority of Cheshire East is within 60 minutes travel time via public transport to a community pharmacy on an average weekday morning (see Map 7). However, it is evident that travel times would be longer than this from some rural areas.

Map 7: Travel time to community pharmacies by public transport on a weekday morning

Source: Department of Health & Social Care - SHAPE Place tool (accessed 17 December 24)

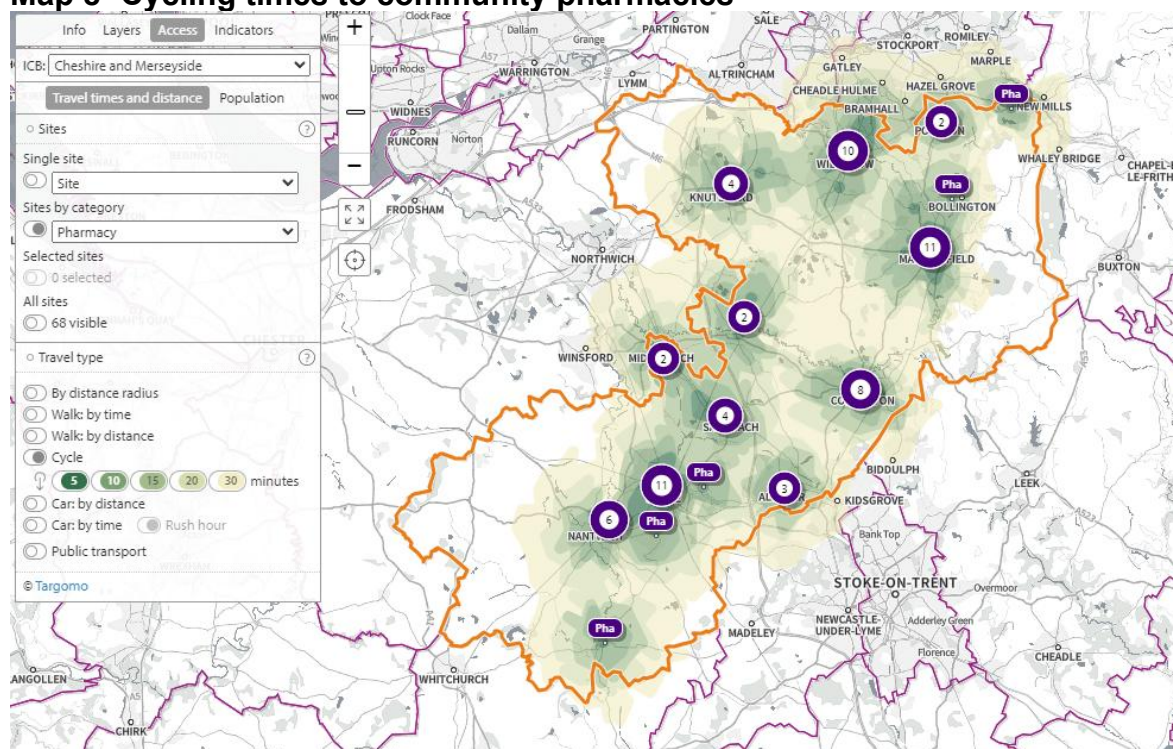
Additionally, population level data (see Table 23 below) indicates that 97% of residents can access a community pharmacy in Cheshire East within 45 minutes via public transport. Residents who are not within a 45-minute journey using public transport (around 12,000) all live in rural areas.

Table 23: Public transport travel times to a community pharmacy on a weekday morning

Minutes travel	Included population	% of population included	Excluded population	% of population excluded
5	148,581	36.5%	257,946	63.5%
10	297,554	73.2%	108,973	26.8%
15	347,759	85.5%	58,768	14.5%
20	371,679	91.4%	34,848	8.6%
30	386,089	95.0%	20,438	5.0%
45	394,571	97.1%	11,956	2.9%
60	394,571	97.1%	11,956	2.9%
90	402,173	98.9%	4,354	1.1%
120	402,173	98.9%	4,354	1.1%

Source: Department of Health & Social Care - SHAPE Place tool (accessed 17 December 24)

Also, most residents (95%) live within a 20-minute cycle ride to a community pharmacy in Cheshire East (see Table 24). Of those who are not within a 20-minute cycle ride, 80% (around 17,400 people) live in rural areas. Map 8 shows cycling times to Cheshire East community pharmacies from all locations.

Map 8- Cycling times to community pharmacies

Source: Department of Health & Social Care - SHAPE Place tool (accessed 17 December 24)

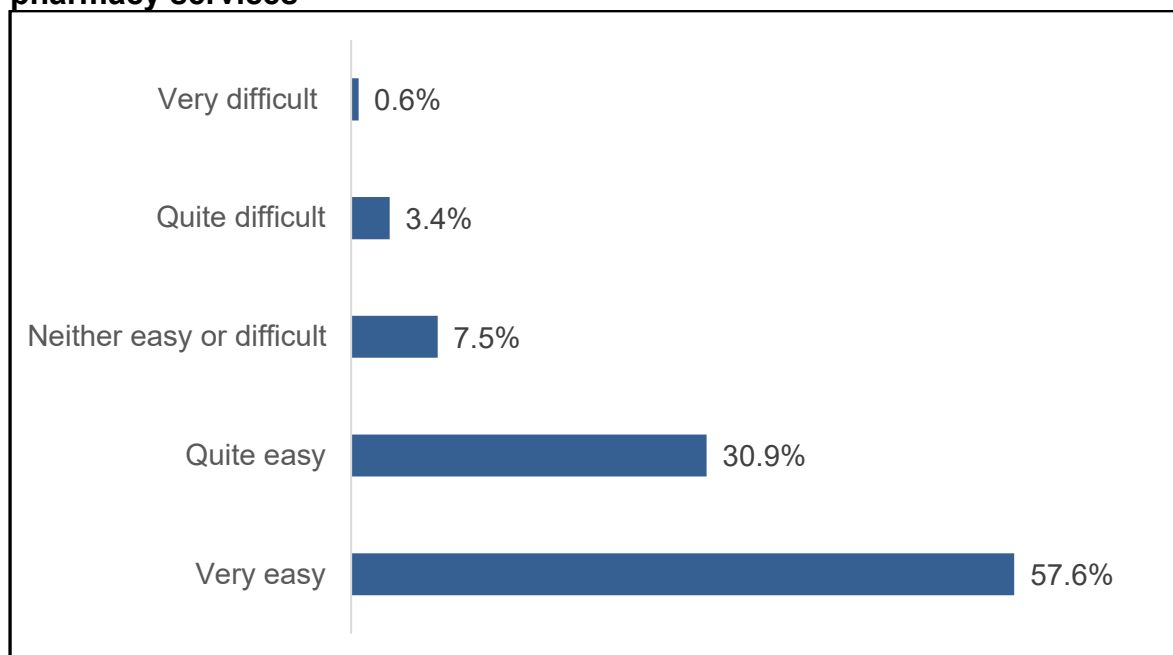
Table 24: Population within a 30-minute cycle time to a community pharmacy

Minutes travel	Included population	% of population included	Excluded population	% of population excluded
5	263,295	64.8%	143,232	35.2%
10	353,993	87.1%	52,534	12.9%
15	373,582	91.9%	32,945	8.1%
20	384,664	94.6%	21,863	5.4%
30	397,607	97.8%	8,920	2.2%

Source: Department of Health & Social Care - SHAPE Place tool (accessed 17 December 24)

It is not surprising therefore that most of the respondents to the public survey stated that it was either very easy (58%, 360 out of 625) or quite easy (31%, 193 out of 625) to get to the pharmacy. 4% of respondents (25 out of 625) found it quite difficult or very difficult to get to the pharmacy [question 8]. Of those that answered, “quite difficult” or “very difficult” and chose to give further information as to why, a fifth stated parking, while mobility issues were the second highest reason. Other reasons given were, public transport, distance to the pharmacy or requiring additional support such as a driver or escort. Two people stated that they could currently manage but couldn’t see how they would for much longer considering their age.

Figure 11: Ease of access to usual pharmacy, Q8 of public survey of community pharmacy services



6.6 Community Pharmacy Opening Hours

Under their contracts, community pharmacies must be open for a minimum of 40 hours each week, the “core” hours. Many choose to provide more than 40 hours; these extra hours are known as “supplementary hours”.

100 hour and internet-based/mail order pharmacy provision

From 25 May 2023, 100-hour pharmacy contractors may apply to reduce their total weekly core opening hours but not to less than 72 hours. The number of 100-hour pharmacies has declined over the last couple of PNAs: two closed between 2018 PNA and 2022 PNA, a further three closed between the 2022 PNA and this PNA. Further details of opening hours and locations of 100 hour and distance selling pharmacies can be found in the care community profiles in Appendix B

In addition to the 68 community pharmacies, there are 2 distance selling, ‘internet only’ pharmacies. These are not open to the public for essential services. The two distance selling pharmacies are both located in industrial parks in Sandbach; identified by a black lorry marker on the maps in Appendix D Map of Pharmacies in Care Communities

Out of the 68 community pharmacies in the Cheshire East local authority footprint, 36 (52.9%) are open between 40 hours and less than 50 hours. A further 20 (29.4%) community pharmacies are open between 50 hours and less than 60 hours. Four (5.9%) community pharmacies are open between 60 and less than 70 hours and a further eight (11.8%) are open for 70 hours or more (5 of these are 100-hour pharmacies and cannot reduce their hours below 72 hours).

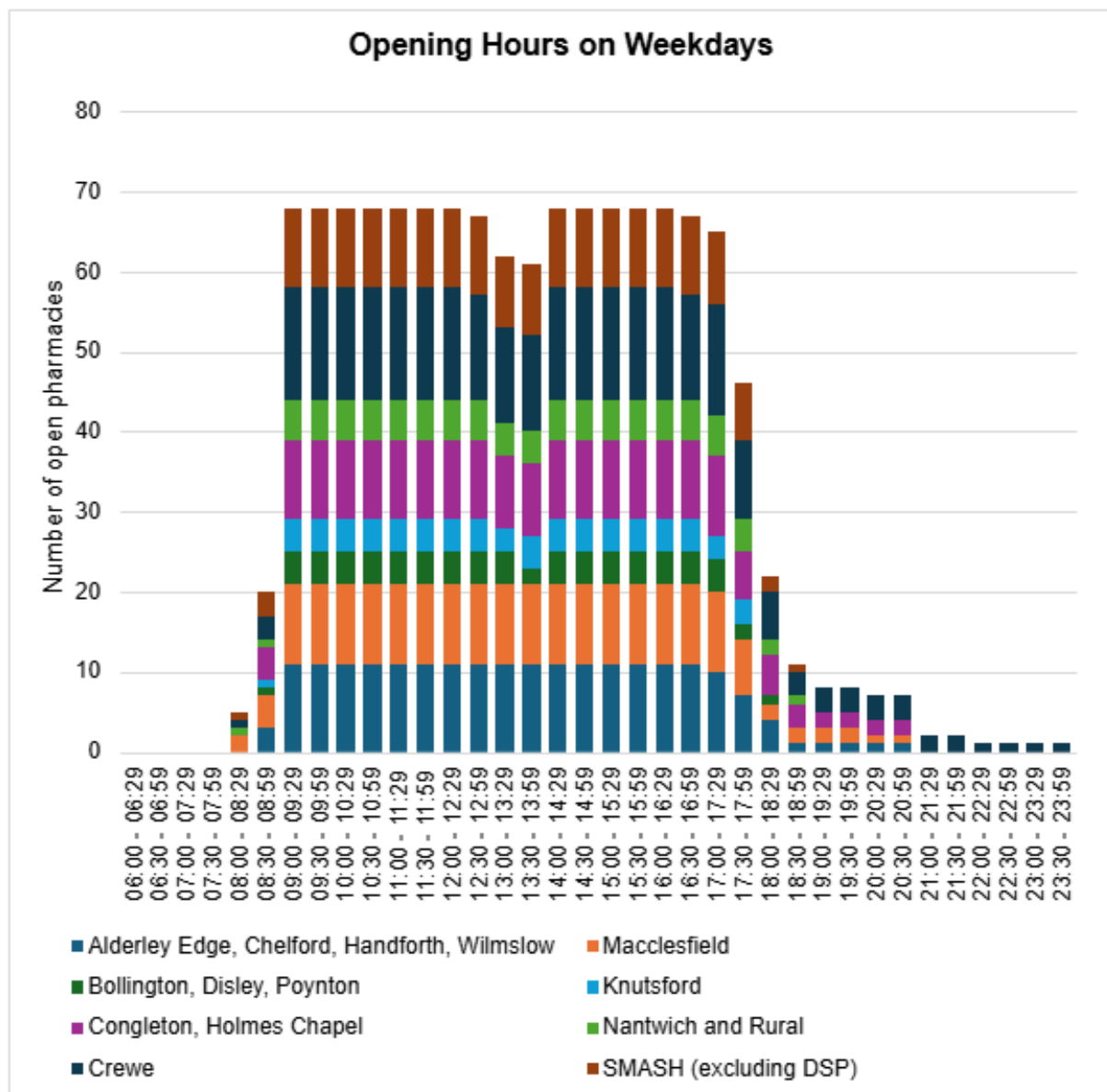
The graphs over the next pages illustrate the distribution of opening hours combined across the care communities. Full details of each pharmacy opening can be found in Appendix B Care Community Profiles.

They highlight the following:

Reviewing the current provision on weekdays, there is good coverage with opening hours from 8am in the morning and throughout the day up to midnight. However, Knutsford has no provision after 6pm and Bollington, Disley, and Poynton has no provision after 6:30pm. However, residents from these areas can access the pharmacies in the neighbouring areas of Macclesfield and Alderley Edge, Chelford, Handforth, Wilmslow (CHAW) Care Communities which are open for extended hours i.e. open for 70 hours or more, plus one 100-hour pharmacy in Macclesfield which cannot reduce its hours below 72 hours (see Appendix B Care Community Profiles for details). They can also access pharmacies outside of Cheshire East in Stockport.

Weekday pharmacy opening times have narrowed since the 2022 PNA. There is now no provision before 8am, compared to six pharmacies open before 8am in the 2022 PNA. In addition, only five pharmacies in Cheshire East are open at 8am compared to 14 previously. Weekday closing times have also reduced with the number of pharmacies that are open until 6.30pm reducing from 27 in the 2022 PNA down to 22 currently.

The responsible Integrated Care Board (ICB) will ensure that the population within the Health & Wellbeing Board area is able to access pharmaceutical services on every day of the year. Under the terms of their contract, pharmacies and dispensing appliance contractors are not required to open on bank holidays or Easter Sunday. Contractors must confirm to the ICB their opening hour intentions for each of the days. Where a gap in provision is identified, the ICB will then direct a contractor to open part, or all of the day to ensure adequate provision.

Figure 12: Pharmacy Opening Hours by Care Community – Weekday

Data Source: NHS England, 2024

Notes: This graph is for illustration purposes only, for precise opening and closing times refer to Appendix B for full details for each pharmacy.

(1) Please note that some pharmacies may open 15 minutes earlier. Pharmacies have been coded as being open on the first full 30-minute grouping that they are open. For example, a pharmacy that opens at 8.45 would NOT be classed as being open in the 8.30am to 8.59am grouping and would first be classed as being open in the 9.00am to 9.29am grouping.

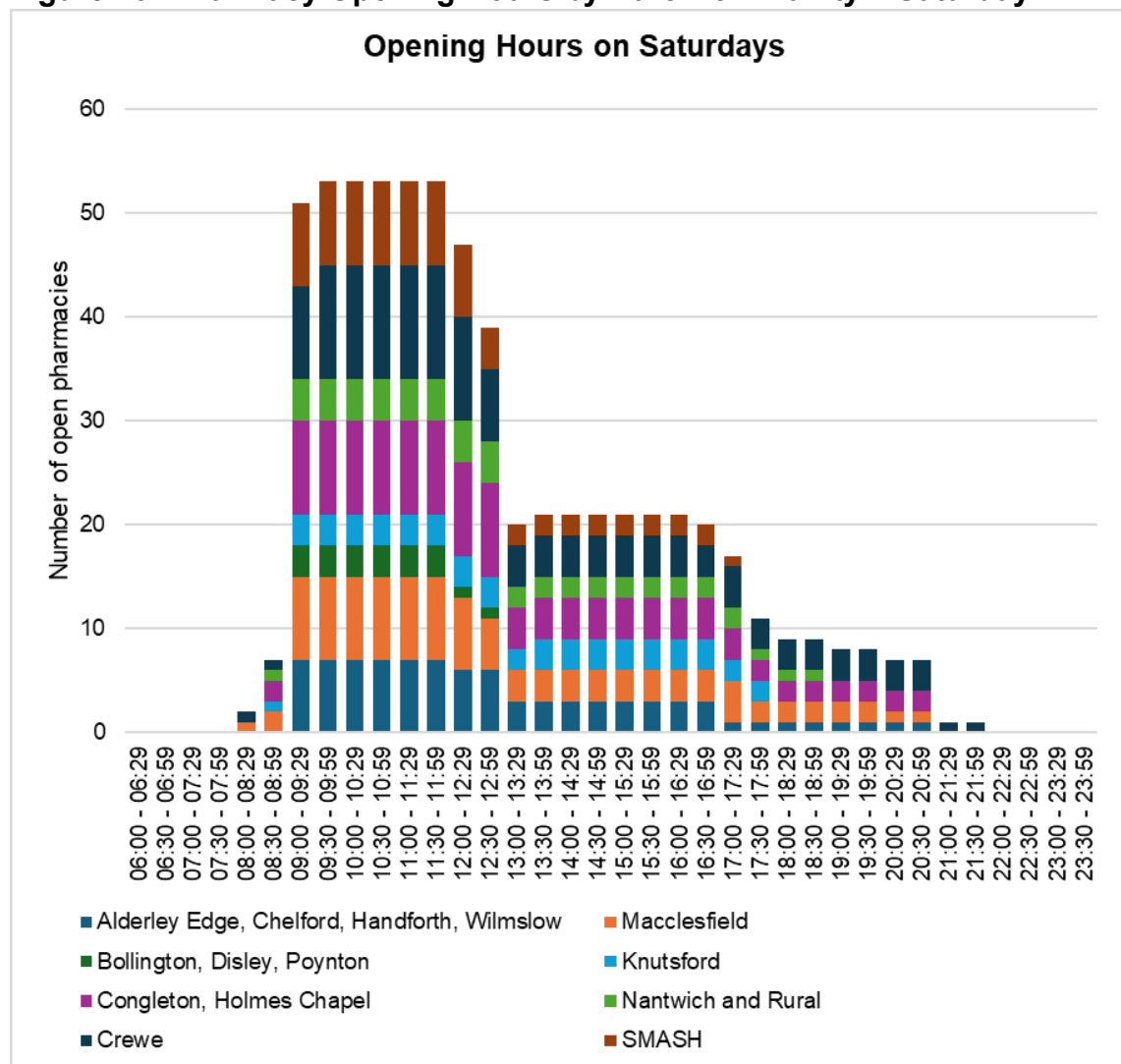
(2) Pharmacies that have different weekday opening/closing times have been coded as the worst case. i.e. the day(s) with the shortest opening hours.

(3) Pharmacies with a break spanning across two time periods have been coded as being closed for the latter half. For example, a pharmacy that closes for lunch at 13:20 would be classed as being open until 13:30 and would first be classed as being closed in the 13:30 to 13:59 grouping.

(4) Please note that the two distance selling pharmacies located in the SMASH Care Community have been excluded from the opening hours graphs/data. Their opening times are available as a separate table within the Appendix B.

On Saturdays, there is at least one pharmacy open between 9am and 1pm in all care communities. After 1pm, there is no pharmacy open in Bollington Disley and Poynton. After 5.30pm, there is no provision in the SMASH Care Community. After 6pm, there is no provision in Knutsford. The number of pharmacies open on a Saturday has reduced by 4 since the last PNA published in 2022 (53 currently vs 57 previously).

Figure 13: Pharmacy Opening Hours by Care Community – Saturday



Data Source: NHS England, 2024

Notes: This graph is for illustration purposes only, for precise opening and closing times refer to Appendix B for full details for each pharmacy.

(1) Please note that some pharmacies may open 15 minutes earlier. Pharmacies have been coded as being open on the first full 30-minute grouping that they are open. For example, a pharmacy that opens at 8.45 would NOT be classed as being open in the 8.30am to 8.59am grouping and would first be classed as being open in the 9.00am to 9.29am grouping.

(2) Pharmacies that have different weekday opening/closing times have been coded as the worst case. i.e. the day(s) with the shortest opening hours.

(3) Pharmacies with a break spanning across two time periods have been coded as being closed for the latter half. For example, a pharmacy that closes for lunch at 13:20 would be classed as being open until 13:30 and would first be classed as being closed in the 13:30 to 13.29 grouping.

(4) Please note that the two distance selling pharmacies located in the SMASH Care Community have been excluded from the opening hours graphs/data. Their opening times are available as a separate table within the Appendix B.

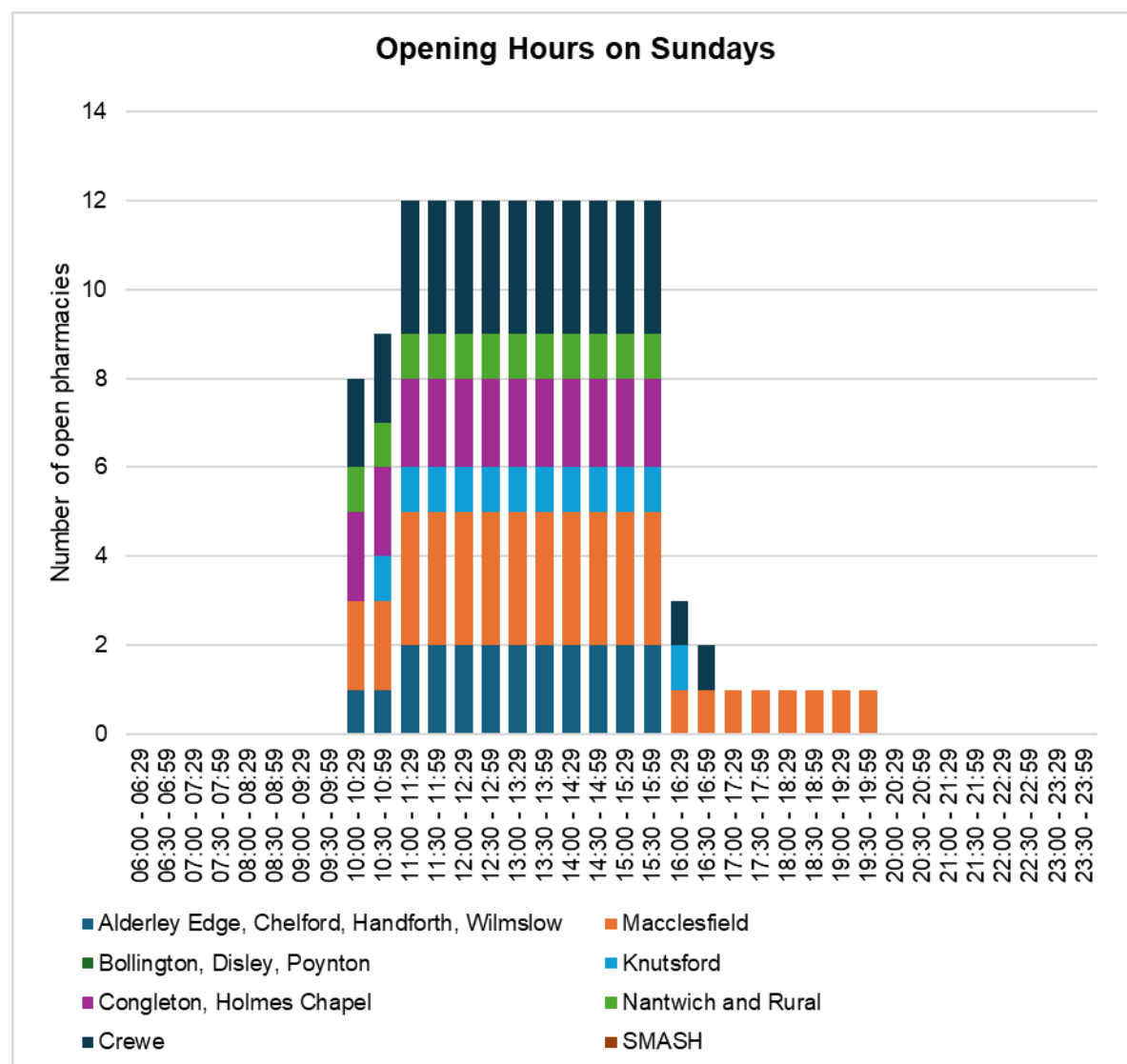
On Sundays, six of the eight Care Communities have at least one pharmacy open between 10:30 am and 4:00pm. The exceptions are BDP, and SMASH, which have no coverage on Sundays. Macclesfield is the only care community to have a pharmacy open after 5pm. The number of pharmacies open on a Sunday has reduced by 3 since the last PNA published in 2022 (12 currently vs 15 previously).

Nevertheless, people living in these areas can use the nearby 100-hour pharmacies in Macclesfield, Crewe, and Congleton within Cheshire East or other 100-hours pharmacies in neighbouring areas: Winsford (in Chester and Cheshire West HWB area), Corbridge (in Stoke on Trent HWB area) and Heald Green (in the Stockport HWB area). The HWB cannot stipulate pharmacy opening hours, they form part of the contract with NHS England (NHSE). If NHSE consider there is a need for pharmacy services in an area on a Sunday, they could direct a rota as they do for Christmas day.

Table 25: Overview of opening hours by care community.

Care Community	Number of pharmacies	Weekday opening at 8am	Weekday open after 6pm	Open on Saturday	Open on Sunday
Alderley Edge, Chelford, Handforth, Wilmslow	11	0	4 (three 6.30pm, one 9pm)	7 (three all day)	2
Macclesfield	10	2	2 (8pm and 9pm)	8 (three all day, one split*)	3
Bollington, Disley, Poynton	4	0	1 (6.30pm)	3 (0 all day)	0
Knutsford	4	0	0	3 (three all day)	1
Congleton, Holmes Chapel	10	0	5 (two 6.30pm, one 7pm, two 9pm)	9 (four all day)	2
Nantwich and Rural	5	1	2 (6.30pm and 7pm)	4 (two all day)	1
Crewe	14	1	6 (three 6.30pm, one 9pm, one 10pm, one 11.59pm)	11 (four all day)	3
SMASH (excluding DSP)	10	1	2 (6.30pm and 7pm)	8 (2 all day)	0

*Cohens Chemist, Sunderland Street is open Saturdays 9am to noon, and 5pm to 9pm

Figure 14: Pharmacy Opening Hours by Care Community – Sundays

Data Source: NHS England, 2024

Notes: This graph is for illustration purposes only, for precise opening and closing times refer to Appendix B for full details for each pharmacy.

(1) Please note that some pharmacies may open 15 minutes earlier.

Pharmacies have been coded as being open on the first full 30-minute grouping that they are open. For example, a pharmacy that opens at 8.45 would NOT be classed as being open in the 8.30am to 8.59am grouping and would first be classed as being open in the 9.00am to 9.29am grouping.

(2) Pharmacies that have different weekday opening/closing times have been coded as the worst case. i.e. the day(s) with the shortest opening hours.

(3) Pharmacies with a break spanning across two time periods have been coded as being closed for the latter half. For example, a pharmacy that closes for lunch at 13:20 would be classed as being open until 13:30 and would first be classed as being closed in the 13:30 to 13.29 grouping.

(4) Please note that the two distance selling pharmacies located in the SMASH Care Community have been excluded from the opening hours graphs/data. Their opening times are available as a separate table within the Appendix B.

The public survey asked multiple questions regarding people's experiences of pharmacy opening hours, from levels of satisfaction [question 16] to the circumstances of when they found it closed [questions 17 to 20]. Most respondents were satisfied with the opening hours, 81% (507 out of 625 either very or somewhat satisfied with the current opening hours), reporting the opening hours as adequate for their needs and an understanding that they can't be open 24 hours a day and 7 days a week. However, working individuals sometimes found it difficult to access a pharmacy outside their working hours and/or during their lunchbreak, which often coincided with the pharmacy lunchtime. The highest levels of dissatisfaction were in the 41-50 and 51-60 age bands.

Of the 7% who (46 out of 625) expressed dissatisfaction, some felt that the local pharmacies should have longer opening hours, or open at alternative times, such as weekends, evenings or earlier in the morning for them to collect their prescriptions.

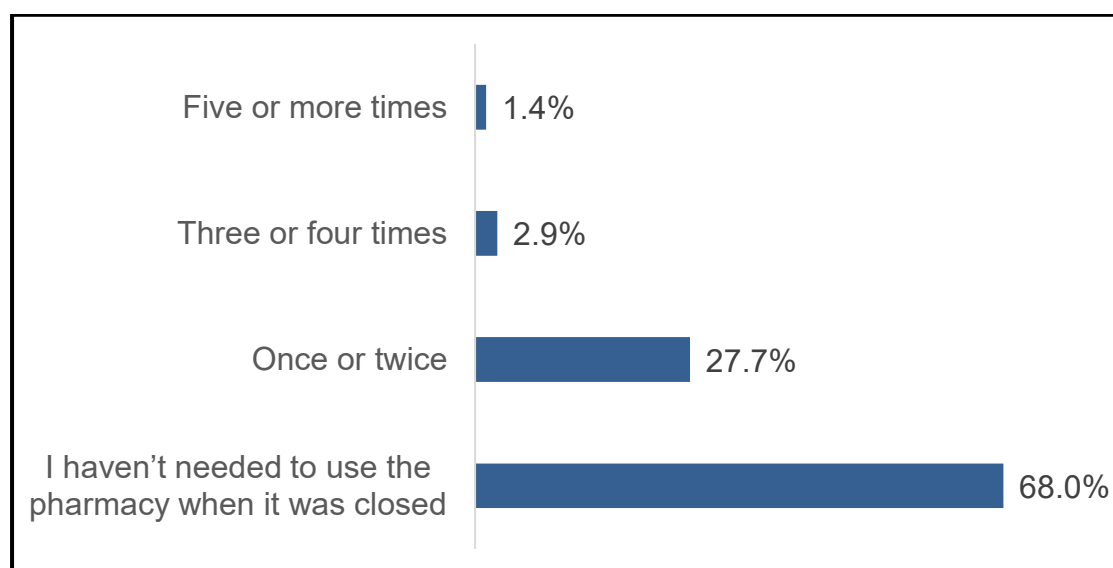
“There used to be a couple of Pharmacies in the area open late or on Sundays and bank holidays but this isn't the case anymore. It is very difficult when you work full time and have a family to fit in time to visit a pharmacy 9-5pm”

Of the residents who had supplied a postcode, the highest levels of dissatisfaction were in Nantwich and Rural and Alderley Edge, Chelford, Handforth, Wilmslow Care Communities.

Another frustration was that opening times were not co-ordinated with those of the GP Practice with which the pharmacy shared a site.

Where respondents were asked to rate products and services in terms of importance for their choice of pharmacy [question 32], 83% rated opening times as important. The free-text questions at the end of the questionnaire [questions 33 -35] indicated that opening hours were a consideration for many.

Figure 15: How many times recently have you needed to use your usual pharmacy when it was closed? - Q17 public survey of community pharmacy services 2024



The public survey highlighted that nearly a third (200 out of 625) of respondents had needed to use the pharmacy when it was closed. For the majority, this had happened only once or twice but nine people reported that this had happened ‘*five or more times*’. This mainly affected people from Macclesfield and Nantwich and Rural Care Communities.

Of those that had experienced finding their pharmacy closed, 22% (44 out of the 200) had found their usual pharmacy closed on a weekday i.e. between Monday and Friday. However, most were where the pharmacy was closed outside of this, with 49% (98 out of the 200) on a Saturday or 14% (28 out of the 200) on a Sunday, or on a bank holiday (3 out of the 200) with the remaining not being able to remember (14%, 27 out of the 200). Nearly a third (63 out of the 200) responded that they needed to use the pharmacy when it was closed during the morning, a further 23% (45 out of the 200) needed to use the pharmacy when it was closed during the afternoon, 11% (22 out of the 200) required the pharmacy at lunchtime (12-2pm) while 22% (44 out of the 200) needed to use the pharmacy when it was closed after 5pm. Over half (114 out of the 200) of people experiencing a closed pharmacy waited until that pharmacy was open, with 39% (78 out of the 200) going to another pharmacy and 1% (3 out of the 200) reported using another NHS service (hospital or GP). Worryingly, a couple of people reported going without their medication for a few days.

A few also commented that their pharmacy sometimes was not open at the advertised times or that the pharmacy was open but there was not always a pharmacist to dispense prescriptions.

“sometimes it closes due to lack of staff”level

“Often not open on time eg I’ve been there at 9am and the pharmacist hasn’t arrived”

Healthwatch Cheshire East have been gathering insights regarding local pharmacies from residents during 2023 and 2024¹²⁹. While availability of open pharmacies and the length of opening hours was not specifically mentioned within this local engagement report, there was a recognition that as a consequence of the closure of some supermarket pharmacies, the remaining pharmacies in the area had become busier and there was increased pressure on those pharmacies’ staff. Some of the respondents also spoke about their experience of not being able to access a service due to attending the pharmacy when it was due to close.

More detail is available [Appendix A](#) The Public Survey and [Appendix E](#) Insights from Healthwatch.

¹²⁹ Pharmacy comments from Cheshire East residents shared by Healthwatch received by email from Insights, Intelligence and Communications Officer at Healthwatch Cheshire (04.02.25)

7. Prescribing and dispensing

7.1. Dispensing volume

Table 26: Average items per month dispensed by Cheshire East Care

Communities during 2023/24 shows the average number of items that are dispensed by community pharmacies within Cheshire East. The data shows figures for each care community, for Cheshire East and England. In addition, there is a Cheshire East figure that includes distance selling pharmacies. The average number of items dispensed per pharmacy in Cheshire East was 7,453 per month during 2023/24. This is higher than the England average of 7,109. The care community with the lowest rate is Knutsford (4,147) followed by Alderley Edge, Chelford, Handforth, Wilmslow (5,671) both of which are substantially lower than the Cheshire East and England average. Macclesfield (9,866) is the Care Community with the highest rate.

Table 26: Average items per month dispensed by Cheshire East Care Communities during 2023/24

Care Community	Dispensed in 2023-24	No. of Pharmacies	Average Items per Month	Average Monthly Items per Pharmacy*
Alderley Edge, Chelford, Handforth, Wilmslow	819,219	11	68,268	5,671
Macclesfield	1,544,247	10	128,687	9,866
Bollington, Disley, Poynton	459,095	4	38,258	8,038
Knutsford	444,681	4	37,057	4,147
Congleton, Holmes Chapel	1,001,895	10	83,491	6,716
Nantwich and Rural	521,910	5	43,493	6,966
Crewe	1,525,933	14	127,161	8,053
SMASH	1,215,986	10	101,332	8,836
Cheshire East (excluding DSP)	7,532,966	68	627,747	7,453
England	1,112,920,890	12,009	92,743,408	7,109
Cheshire East (including DSP)	7,605,802	70	633,817	7,302

Notes

* Average Monthly Items per Pharmacy: This is calculated for each pharmacy by dividing the total items dispensed by the number of months the pharmacy was active in the year. The median of these figures is then calculated to give the final measure. A median is calculated by arranging all available values into an ordered list and selecting the value that is in the middle. If there are 2 middle values, the median is halfway between them. We use the median because the distribution of number of items dispensed is skewed, with a small number of contractors responsible for large volumes of dispensing monthly. When using the mean to calculate the average of a skewed distribution, it is highly influenced by those values at the upper end of the distribution and thus may not be truly representative. By taking the middle value of the data after sorting in ascending order the median avoids this issue.

* Items prescribed and dispensed in Cheshire East. Includes Distance Selling Pharmacies located in Cheshire East, excludes items dispensed by GP practices.

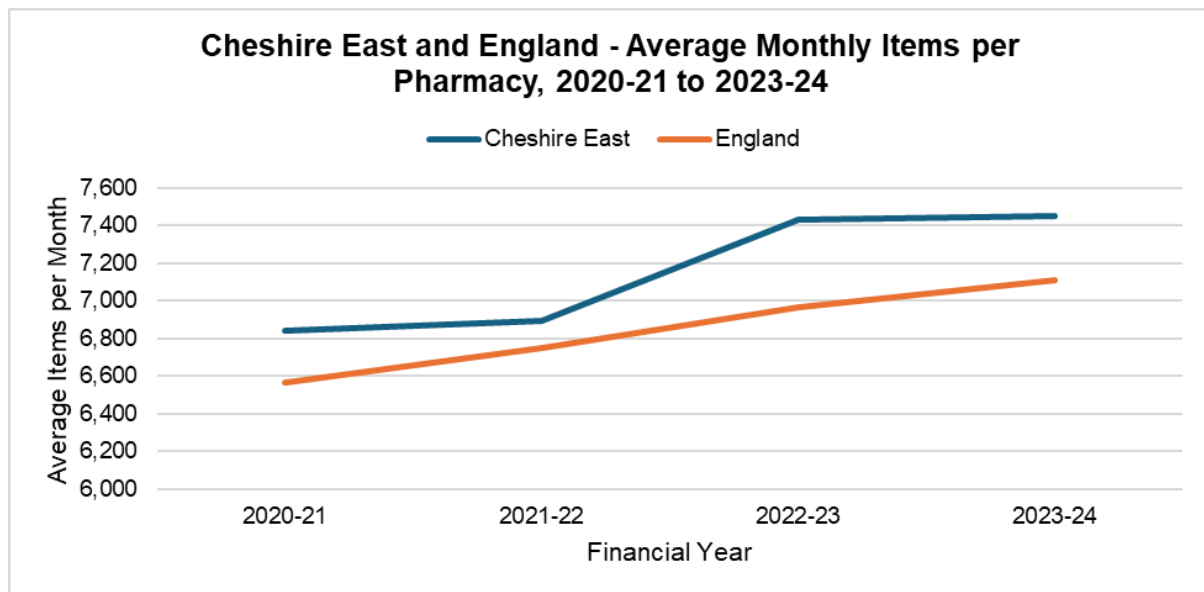
* Number of Community Pharmacies for England is different number given in General Pharmaceutical Services in England 2015/16-2023/24 Supporting Summary Tables^[1]. This is most likely due to exclusion of pharmacies only open for part of the year. The measure of active community pharmacies uses the pharmacy organisation code to determine active pharmacies. In 2023/24 an increased number of pharmacy contracts changed providers compared to previous years. This may inflate the number of active pharmacies in the year compared to the number of pharmacy premises

*Excludes Dispensing GP Practices.

Data Source: NHSBSA General Pharmaceutical Services - England 2015/16-2023/24, Summary Tables.

Cheshire East data taken from NHSBSA Monthly Pharmacy and Appliance Contractors for April 2023 to March 2024. This information is licenced under the terms of the Open Government Licence.

Figure 16: Average monthly items per pharmacy based on prescribing by Cheshire East practices and dispensed by Cheshire East pharmacies compared to national trend



Notes: This is calculated for each pharmacy by dividing the total items dispensed by the number of months the pharmacy was active in the year. The median of these figures is then calculated to give the final measure. See notes above in table for more details.

Data Source: NHSBSA General Pharmaceutical Services - England 2015/16-2023/24, Summary Tables.

Cheshire East data taken from NHSBSA Monthly Pharmacy and Appliance Contractors for April 2023 to March 2024. This information is licenced under the terms of the Open Government Licence.

In 2023/2024, 90.1% of prescriptions issued by Cheshire East GPs were dispensed inside Cheshire East.

Table 27: Dispensing flows for items prescribed by Cheshire East Care Communities during 2023/24

Location of Prescriber	Dispensed in Cheshire East	Dispensed in Neighbouring Authority	Dispensed Out of Area	Dispensed not in Cheshire East	Total Items
CHAW	88.9%	7.3%	3.8%	11.1%	915,309
Macclesfield	94.9%	0.7%	4.5%	5.1%	1,457,384
BDP	85.0%	10.8%	4.2%	15.0%	653,090
Knutsford	89.6%	7.4%	3.0%	10.4%	522,643
CHOC	91.6%	3.6%	4.8%	8.4%	1,144,710
Nantwich and Rural	86.6%	6.6%	6.8%	13.4%	838,205
Crewe	89.4%	3.1%	7.5%	10.6%	1,646,124
SMASH	90.1%	5.4%	4.5%	9.9%	1,460,254
Cheshire East (excl. other prescribers)	90.1%	4.8%	5.1%	9.9%	8,637,719
Other*	45.6%	18.6%	35.8%	54.4%	175,693

*Contains other prescribers that are not GP practices in Cheshire East such as Out of Hours, CGL (Substance Misuse Provider), and Snaps Stoma.

Neighbouring LA = Cheshire West and Chester, High Peak, Manchester, Newcastle-under-Lyme, Shropshire, Stockport, Staffordshire Moorlands, Stoke on Trent, Trafford, Warrington.
Out of Area = Refers to any other non-bordering local authority.
Not in Cheshire East = Neighbouring and out of area combined.

Data Source: NHSBSA Practice Prescribing Dispensing Data, downloaded monthly data from April 2023 to March 2024. This information is licenced under the terms of the Open Government Licence.

Another 4.8% were dispensed in local authorities adjacent to Cheshire East and 5.1% were dispensed in the rest of the country. The care community of Bollington, Disley and Poynton had the highest percentage dispensed in neighbouring local authorities (10.8%) followed by Knutsford (7.4%) and Chelford, Handforth, Alderley Edge, Wilmslow (7.3%). These areas all border Greater Manchester, and the high figures may reflect commuters and shoppers travelling into Manchester.

The majority of prescriptions issued by GPs in each care community are dispensed by community pharmacies in that area. Only 64.2% of prescriptions in Bollington, Disley and Poynton were dispensed in Bollington, Disley and Poynton. 17.3% were dispensed in Macclesfield, 3.5% in Chelford, Handforth, Alderley Edge, Wilmslow and 15.0% were dispensed outside of Cheshire East. All other care communities dispensed at least 81% of all prescriptions by GPs in their area. Bollington, Disley and Poynton is an outlier perhaps because of its proximity to Macclesfield and Greater Manchester and the non-contiguous nature of its boundaries. As such, the high

volume of dispensing may be attributed by cross-border activity - there are pharmacies in neighbouring authorities available for residents to access pharmaceutical services from. It also has the second lowest number of pharmacies per 100k (14.7, see Table 20). Nantwich and Rural has the lowest number of pharmacies per 100k (12.0) and 4.9% of all prescriptions in Nantwich & Rural were dispensed in Crewe.

Table 28: Prescription dispensing flows between Cheshire East Care Communities, 2023/24¹³⁰

Prescribing Care Community	Dispensing Care Community								Not in CE	Total Items
	CHAW	Macc	BDP	Knuts	CHOC	N&R	Crewe	SMASH		
CHAW	83.5%	3.4%	0.1%	0.9%	0.9%	0.0%	0.0%	0.0%	11.1%	915,309
Macc	1.9%	91.3%	0.3%	0.0%	1.3%	0.0%	0.0%	0.0%	5.1%	1,457,384
BDP	3.5%	17.3%	64.2%	0.0%	0.1%	0.0%	0.0%	0.0%	15.0%	653,090
Knuts	0.3%	2.4%	0.0%	86.4%	0.3%	0.0%	0.0%	0.1%	10.4%	522,643
CHOC	0.1%	1.0%	0.0%	0.2%	88.3%	0.0%	0.1%	2.0%	8.4%	1,144,710
N&R	0.0%	0.0%	0.0%	0.0%	0.0%	81.3%	4.9%	0.3%	13.4%	838,205
Crewe	0.0%	0.0%	0.0%	0.0%	0.1%	2.2%	86.2%	1.0%	10.6%	1,646,124
SMASH	0.0%	0.0%	0.0%	0.1%	1.1%	0.1%	1.5%	87.3%	9.9%	1,460,254
Cheshire East	9.5%	17.3%	4.9%	5.4%	12.2%	8.3%	17.2%	15.2%	9.9%	8,637,719
Other*	4.0%	14.5%	1.6%	3.2%	6.5%	2.8%	8.3%	4.7%	54.4%	175,693

*Contains other prescribers that are not GP practices in Cheshire East such as Out of Hours, CGL (Substance Misuse Provider), and Snaps Stoma.

Most of the community pharmacies responding to the Pharmacy Contractors Survey stated that they either had sufficient capacity within their existing premises and staffing levels to manage an increase in demand or could adjust do so (97%). Only 2 pharmacies (3%) stated that they would have difficulties in managing an increase in demand. See Table 29 for more details.

¹³⁰ NHSBSA Practice Prescribing Dispensing Data, downloaded monthly data from April 2023 to March 2024. This information is licenced under the terms of the Open Government Licence.

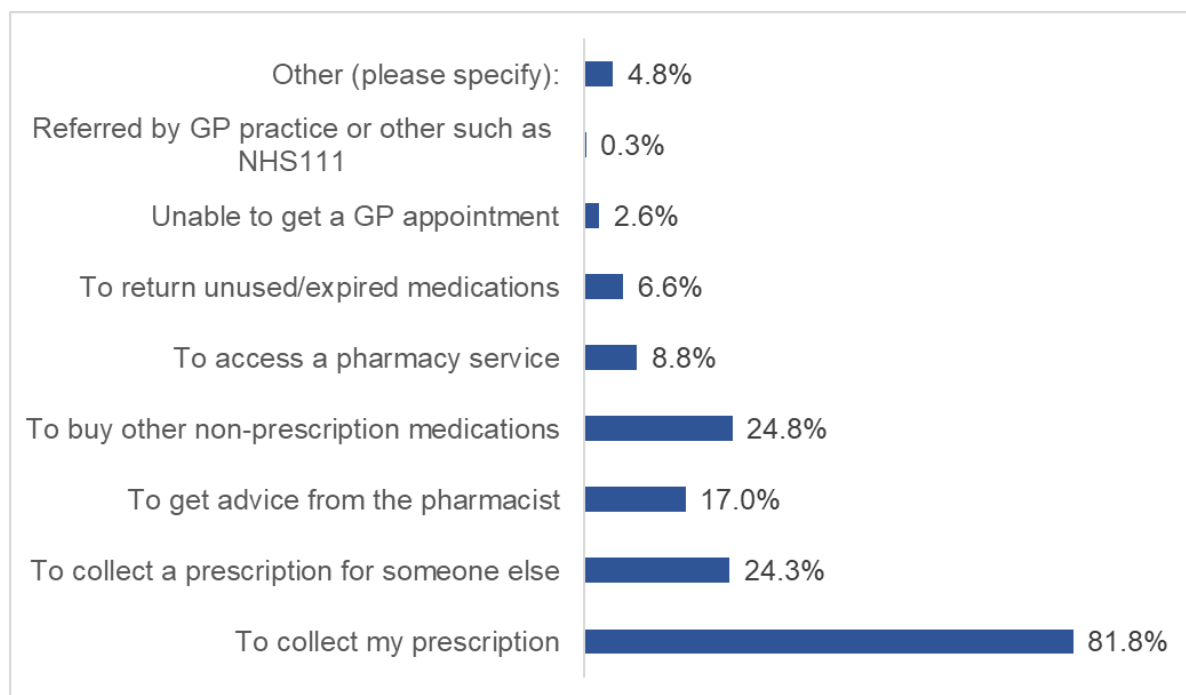
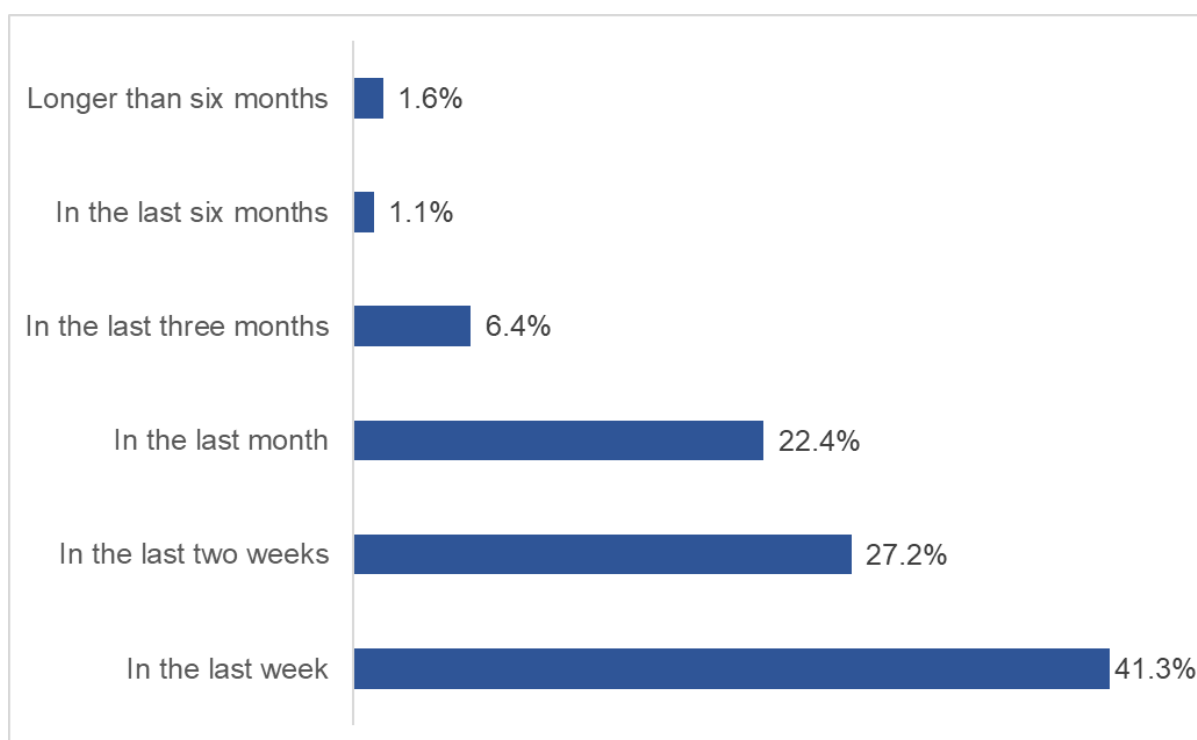
Table 29: Ability of community pharmacies to adapt to demand*

Care Community	We have sufficient capacity within our existing premises and staffing levels to manage an increase in demand in our area	We don't have sufficient premises and staffing capacity at present but could make adjustments to manage an increase in demand in our area	We don't have sufficient premises and staffing capacity and would have difficulty in managing an increase in demand	Grand Total
Alderley Edge, Chelford, Handforth, Wilmslow	10 (100.0%)	0 (0.0%)	0 (0.0%)	10 (100.0%)
Bollington, Disley, Poynton	3 (75.0%)	0 (0.0%)	1 (25.0%)	4 (100.0%)
Congleton, Holmes Chapel	7 (77.8%)	2 (22.2%)	0 (0.0%)	9 (100.0%)
Crewe	10 (76.9%)	2 (15.4%)	1 (7.7%)	13 (100.0%)
Knutsford	3 (75.0%)	1 (25.0%)	0 (0.0%)	4 (100.0%)
Macclesfield	6 (75.0%)	2 (25.0%)	0 (0.0%)	8 (100.0%)
Nantwich and Rural	3 (60.0%)	2 (40.0%)	0 (0.0%)	5 (100.0%)
SMASH	5 (55.6%)	4 (44.4%)	0 (0.0%)	9 (100.0%)
Grand Total	47 (75.8%)	13 (21.0%)	2 (3.2%)	62 (100.0%)

Data Source: Pharmacy Contractors Survey 2024

*Six community pharmacies did not submit a response to the survey.

Collecting a prescription is the main reason for visiting a pharmacy (see [Figure 17: Why did you visit the pharmacy? \(Please tick all that apply\)](#)) 64% collecting for themselves, 6.7% collecting for another person and a further 17.6% doing both. Of the 568 respondents who had visited a pharmacy within the month prior to completing the survey, nearly 89% had visited either collect their prescription or to collect one for someone else

Figure 17: Why did you visit the pharmacy? (Please tick all that apply)**Figure 18: When did you last use a pharmacy?**

7.2 Medicines shortages

Since 2021, there have been reports of increasing supply problems affecting medicines. Recent media coverage has highlighted shortages of medicines used to treat diabetes, attention deficit hyperactivity disorder (ADHD) and epilepsy, as well as hormone replacement therapy (HRT) and others.

A House of Commons Library research briefing¹³¹ provides information on the causes and consequences of medicines shortages in the UK and internationally, and the UK Government's approach to address supply problems.

Causes and consequences of medicines shortages

Supply chains for medicines are long and complex and [shortages can be caused by multiple factors](#). These include manufacturing or distribution problems and increased demand for medicines. Commentators have also drawn attention to [the effects of wider geopolitical factors](#), including the conflict in Ukraine, the Covid-19 pandemic and Brexit. This is not just a UK issue, with what is happening in the UK needing to be seen in the context of global problems with supply chains and the availability of key ingredients. A report by the Nuffield Trust¹³² found that the past two years have seen constantly elevated medicines shortages, in a "new normal" of frequent disruption to crucial products.

Pharmacists and patient organisations have drawn attention to [the impact of medicines shortages on patients](#), who may struggle to access medicines and sometimes have to switch to alternative drugs. Community Pharmacy England, which represents community pharmacies, has also reported that [medicines supply and pricing issues are "severe" financial pressures](#) on pharmacy staff and businesses.

Government response to medicines shortages

The government has described medicines shortages as "[an ongoing issue that the Department \[of Health and Social Care\] has been managing for many years](#)". The Department of Health and Social Care and NHS England have published [guidance on the management of medicines supply and shortages](#), which outlines the processes followed, and options available to the government to address supply disruption. These include:

- Issuing [serious shortage protocols](#), which enable pharmacists to provide specific alternatives to scarce medicines
- taking regulatory action to [approve new medicines or, in exceptional circumstances, extend medicine expiry dates](#)
- [restricting medicines exports](#)
- offering pharmacies [price concessions](#), to help pharmacies to cover the cost of NHS prescriptions.

¹³¹ <https://researchbriefings.files.parliament.uk/documents/CBP-9997/CBP-9997.pdf>

¹³² <https://dmscdn.vuelio.co.uk/publicitem/8b197cbb-7e42-465e-afda-253725975cd0>

Potential reforms to manage medicines shortages

Organisations representing pharmacists have called for reforms to the systems used to manage medicines shortages. Community Pharmacy England has called for [“a strategic Government review of medicine supply and pricing”](#) that focuses on supply chain functioning.

Appeals for reform centre on calls for pharmacists to be able to [amend prescriptions to provide alternatives](#) to patients when medicines are out of stock, and on [changes to current medicines pricing systems](#). This has led the Cheshire & Merseyside ICB to issue its own Medicines Shortage Statement: Guidance during periods of sustained medicines shortages in April 2024 in which they stated:

Medicines supply shortages can have significant negative impacts on patients, community pharmacies, general practice, and the wider NHS. It is imperative that all stakeholders work together in the best interest of the patient. Where a local shortage of a formulary medicine has been identified, prescribers may need to consider alternatives for the duration of the shortage taking into consideration safety and cost effectiveness. For national shortages, see national guidance where applicable. Formulary alternatives should be considered first, however there may be circumstances where prescribing of non-formulary medicines is the most appropriate option following the key principles outlined below. It is recommended that healthcare professionals register for free with the Specialist Pharmacy Service (SPS) Medicines Supply Tool and subscribe to SPS email notifications to obtain details of medicines supply shortages, further information on alternatives and when shortages have resolved

<https://www.sps.nhs.uk/home/tools/medicines-supply-tool/>

Key principles

- Effective communication between healthcare professionals in all sectors is paramount. – Specialists should communicate the rationale for any non-formulary recommendations and state whether the formulary choice medication can be reinstated once the supply issue has resolved.
- Primary care clinicians should seek specialist advice where appropriate.
- Prescribers in all sectors should seek guidance from their local Medicines Optimisation/Medicines Management teams as required.
- Patient safety is paramount, and patients must be kept informed of any changes to their medication and the potential differences with an alternative medication.
- When choosing an alternative medicine, prescribers should always consider the cost-effectiveness of any non-formulary choice.
- Any prescribing of alternative medicines due to a shortage should only be for the duration of the shortage and it is the prescriber's responsibility to ensure that patients are prescribed the most appropriate and cost-effective medicine once the supply issue has resolved

Public satisfaction with dispensing of prescriptions

Of those respondents who had a prescription dispensed at their last pharmacy visit, 79% (424 out of 536) reported that they were able to get all the medicines they needed on that occasion without waiting. Of the 21% who had to wait, 46% (51 out of 112) were told how long they would have to wait for their prescription to be prepared, whilst 38% stated that they were not told but would have liked to have been and 10% were not told but did not mind this [questions 21 to question 23]. Most (55%, 61 out of 112) of those who had to wait did not consider the length of wait as reasonable.

When people had not received all the items prescribed on that initial visit, 11% (12 out of 112) got them later the same day, 20% received them the next day, and 53% received them within 2-7 days. However, 12% (13 out of 112) waited more than a week and 5% reported that they never received the items [question 24].

The main reason for not getting all medicines on their initial visit was because of stock levels, with 71% (79 out of 112) stating “the pharmacy did not have the medicine in stock to dispense to me”. The next most common response was ‘other’, with 21% (24 out of 112) selecting this option. These respondents were then given the opportunity to provide a free text response – with the most common themes identified being ‘prescription was not ready’, ‘ready after a wait on the same visit’, ‘GP not sent prescription to pharmacy’ and ‘pharmacy could not obtain the items’. Of the remainder, 7% (8 out of 112) stated that their prescription had not arrived at the pharmacy and 1% that their GP had not prescribed something they wanted.

When asked about waiting times in general, 73% of public survey respondents (456 out of 621) stated that they were satisfied, with 13% (82 out of 621) reporting that they were dissatisfied and 12% (72 out of 621) being neither satisfied nor dissatisfied. Finally, 2% (11 out of 621) stated ‘Don’t know/Not applicable’.

The public engagement by Healthwatch echoes this, with comments suggesting general satisfaction with the service but concerns regarding medication availability and the length of time it takes for their medications to be dispensed. People commented that they “spend a lot of time and effort trying to obtain the medication” and having to make more than one trip to the pharmacy. One case indicated that delays had led to a patient deteriorating.

Unfortunately, from the information available, there is no way to determine the impact of these longer waiting periods on patients, or whether this was measured at the pharmacy and alternative arrangements discussed.

7.3. Prescription Collection and Delivery Services

The Electronic Prescription Service (EPS) allows a patient to choose or “nominate” a pharmacy to get their medicines or appliances from. The patient’s GP sends the prescription electronically to the nominated pharmacy, giving more choice and saving time. Whilst all pharmacies should be signed up to the EPS, dispensing doctors do not send prescriptions electronically.

Most pharmacies (81.3%) offer a prescription collection service from patients' GP surgeries, with 81.9% of public survey respondents (excluding those stating 'Don't know/not applicable') reporting that they were satisfied with this service. From the Healthwatch and public survey answers, we can see that some residents are shifting to using prescription collection and delivery because they have mobility issues, no longer drive or to avoid having to wait for prescriptions or make potential multiple visits. A few residents did express surprise at being charged for this service. However, in the Pharmacy Contractors Survey, all responding pharmacies answered the questions regarding delivery of dispensed medicines and 82.8% stated that they offer this service free of charge. Of those currently offering free delivery, 90.6% are not considering withdrawing this provision. In terms of coverage, free delivery services are available in all care community localities. Six pharmacies (9.4%) do not offer delivery services.

Table 30: Prescription Collection and Delivery Services in Cheshire East*

Non-NHS funded services	Current provision	
	Number of pharmacies	Percentage
Collection of prescriptions from surgeries	52	81.3%
Free delivery of dispensed medicines	53	82.8%
Chargeable delivery of dispensed medicines	10	15.6%
No delivery services	6	9.4%

Data Source: Pharmacy Contractors Survey 2024

* Note: This above information does not include the six pharmacies who did not respond to the Pharmacy Contractor Survey.

The public survey highlighted that 26% (162 out of 625) reported being aware that their local pharmacy has a prescription delivery service and 24% (149 out of 625) reported being aware that their local pharmacy had a free prescription delivery service [Question 13].

Of the 162 who were aware that their pharmacy has a delivery service, 38% (62 out of 162) rated this as important to them when choosing a pharmacy in terms of products and services. Additionally, 43% (59 out of 162) stated that they were satisfied with the delivery of medicines to their home and only 1% (2 out of 162) stated that they were dissatisfied, with 9% (15 out of 162) stating that they were neither satisfied nor dissatisfied.

The remaining 47% (76 out of 162) either stated 'Don't know/not applicable' or did not respond. From this, it may be presumed that these participants were aware that their pharmacy delivers, but do not use this service. Therefore, excluding these participants, the proportion reporting being satisfied rises to 80% (69 out of 86), with 2% dissatisfied (2 out of 86) and 17% (15 out of 86) neither satisfied nor dissatisfied.

7.4. Reasonable Adjustments

Community pharmacies are required to support patients in taking dispensed medications, by making reasonable adjustments for patients with identified needs as per the Equality Act 2010. The requirement of the community pharmacy is to ensure that an appropriate assessment is undertaken to establish the patient's needs and ascertain what type of reasonable adjustment would be required. There is no exhaustive list of what a reasonable adjustment could be, and community pharmacies are not required to simply provide a multi-compartment compliance aid (MCCA). Community pharmacies are encouraged to work collaboratively with prescribers, other health professionals and social care to support patient needs. However, community pharmacies are not required to dispense medications into MCCAs because it has been directed by another health professional or social care. Health professionals and social care should highlight patients who may require support with medicines to enable the community pharmacy to carry out an assessment to determine appropriate medicines support.

Cheshire East community pharmacies provide a wide range of reasonable adjustments with the majority providing multiple different tools and aids to help patients take their medication safely.

Table 31: Reasonable adjustments by Care Communities*

	CHAW	BDP	CHOC	Crewe	Knuts	Macc	N&R	SMASH	Total
Large print labels	9	4	7	13	4	8	5	8	58
Non click-lock caps	9	2	4	10	4	5	5	6	45
Reminder charts	8	2	3	8	4	7	5	6	43
MAR charts	8	3	6	11	4	7	4	8	51
Multicompartment compliance aids (blister packs)	9	3	5	10	4	6	4	10	51
Blister popping device	7	2	3	7	2	5	2	4	32
Tablet cutter/crusher	8	4	7	11	4	6	3	8	51
Easyhaler device	7	2	3	8	4	5	3	8	40
Eye drop aid	7	2	2	9	3	3	3	7	36
Lid gripping device	6	2	3	6	2	2	3	5	29
Magnifying glass	2		2		2	1	1	1	9
Audio labels	1		1						2

Data Source: Pharmacy Contractors Survey 2024

Abbreviations:

CHAW = Alderley Edge, Chelford, Handford, Wilmslow, BDP = Bolington, Disley, Poynton,

CHOC = Congleton and Holmes chapel, Knuts = Knutsford, Macc = Macclesfield

N&R = Nantwich and Rural, SMASH = Sandbach, Middlewich, Alsager, Scholar Green, Haslington.

8. Advanced, enhanced and locally commissioned service provision

[Community Pharmacy England](#) provides a full description of all elements of the NHS commissioned pharmacy services. In addition to these essential, advanced and national enhanced services, locally commissioned community pharmacy services can be contracted via a number of different routes and by both local authority or Integrated Care Board teams.

8.1. Pharmacy provision of advanced and enhanced commissioned services.

In addition to the Essential services all pharmacies must provide, they have the option to provide a range of other commissioned services. Some are more specialist than others. As such, provision varies, service by service, from 100% of community pharmacies providing them, to just a handful required to meet need.

Full details of which service each pharmacy provides are outlined in Appendix B Care Community Profiles.

Table 32: Summary of advanced and enhanced commissioned service provision

Type of Service	Service Name	Number of pharmacies providing each service (out of 68 community pharmacies plus 2 DSPs)									
		CHAW	BDP	CHOC	Crewe	Knuts	Macc	N&R	SMASH	DSP	Total
Advanced	Appliance Use Reviews (AUR)										0
	Hypertension Case Finding Service	11	4	10	14	4	10	5	11	1	70
	Lateral Flow Device Service	11	4	9	13	4	10	5	9	1	66
	New Medicines Service	9	4	8	12	4	8	4	9	2	60
	NHS Influenza Vaccination Programme	10	4	10	14	4	10	5	9	1	67
	Pharmacy Contraception Services	10	4	9	13	4	8	5	11	1	65
	Pharmacy First service	11	4	10	14	4	10	5	12	2	72
	Smoking Cessation Service	7	4	4	9	2	3	0	7	1	37
	Stoma appliance customisation service		1		1				2		4
National Enhanced	Covid-19 vaccination service	9	4	9	12 *	1	8	5	10		46

Data sources: Cheshire & Merseyside ICB, Community Pharmacy England – Cheshire & Wirral

Abbreviations:

CHAW = Alderley Edge, Chelford, Handford, Wilmslow, BDP = Bolington, Disley, Poynton, CHOC = Congleton and Holmes Chapel, Knuts = Knutsford
Macc = Macclesfield, N&R = Nantwich and Rural, SMASH = Sandbach, Middlewich, Alsager, Scholar Green, Haslington. DSP = Distance Selling Pharmacy

Notes: -

1. Advanced services data correct as at November 2024 except for 2 and 3 below
2. Flu data correct as October 2024 via Community Pharmacy – Cheshire & Wirral
3. AUR and SAC correct as at August 2024, based on activity data from NHSBSA
4. Enhanced Covid-19 vaccination data correct as at October 2024 via Community Pharmacy – Cheshire & Wirral, based on activity. Covid-19 vaccinations are available from most pharmacies

8.1.2 Advanced Services

8.1.2.1 Hypertension Case Finding Service (publicised as NHS Blood Pressure Check Service)

[Hypertension Case-Finding Service - Community Pharmacy England](#)

This service aims to support the NHS Long Term Plan for prevention of cardiovascular disease by:

- Identifying people aged 40 years or older with high blood pressure who have previously not had a confirmed diagnosis of hypertension. At the discretion of the pharmacist, people under 40 may also be included in the service
- At the request of a GP, undertaking ad-hoc normal and ambulatory blood pressure measurements
- Providing an opportunity to promote healthy behaviours to patients.

The service has two stages:

- Stage 1 - identifying people at risk of hypertension and offering them an opportunity to have their blood pressure measured.
- Stage 2 - offering 24-hour ambulatory blood pressure monitoring (ABPM) if a person's blood pressure reading is high at Stage 1 or they are referred to the pharmacy by their GP.

Patients identified with high blood pressure will be referred to their GP.

8.1.2.2 Flu Vaccination.

[Flu Vaccination Service - Community Pharmacy England](#)

Community pharmacists have been commissioned to provide the seasonal flu vaccination service since 2015 to anyone over 18 who is eligible for an NHS flu vaccination that winter season.

Immunisation is one of the most successful and cost-effective health protection interventions and is a cornerstone of public health. High immunisation rates are key to protecting the population's health by preventing the spread of infectious disease, complications and possible early death among individuals. For most healthy people, influenza is an unpleasant but usually self-limiting disease. However, those with underlying disease are at particular risk of severe illness, hospital admission, or death from influenza. The aim of the seasonal influenza vaccination programme is to protect adults and children who are most at risk should they develop influenza by offering protection against the most prevalent strains of influenza virus.

8.1.3 Lateral Flow Device (LFD) Service.

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

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

The Lateral Flow Device tests supply service for patients potentially eligible for COVID-19 treatments (LFD service) was commissioned as an Advanced service from 6 November 2023. This has been commissioned for 2024/25, with additional patient groups becoming eligible to access the service.

8.1.4 Appliance Use Review (AUR).

[Appliance Use Review \(AUR\) - Community Pharmacy England](#)

An AUR is a planned face to face consultation carried out by a pharmacist or a specialist nurse, either at the contractor's premises or at the patient's home to help increase the patient's knowledge and understanding of their appliance, while allowing them to discuss any queries or concerns they have. Where clinically appropriate and with the agreement of the patient, AURs can be provided by telephone or video consultation.

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
- advising the patient on the safe and proper disposal of the appliances that are used or unwanted.

Appliance Use Review (AUR) was introduced into the NHS community pharmacy contract on 1 April 2010. A fee is payable to all community pharmacy and appliance contractors for each AUR they have carried out. There is a different fee depending on whether the AUR was carried out in the patient's home or on the contractor's premises. The maximum number of AURs for which a contractor is eligible to be paid for under this service is not more than 1/35th of the aggregate number of specified appliances dispensed by the contractor during the financial year.

8.1.5 Stoma Appliance Customisation (SAC) [Stoma Appliance Customisation \(SAC\) - Community Pharmacy England](#)

Stoma Appliance Customisation (SAC) was also introduced on 1 April 2010. 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. This service can be provided by either pharmacy or appliance contractors. In August 2024, there were seven pharmacies with Stoma Customisation activity across Cheshire and Merseyside, 3 of which were within Cheshire East¹³³.

Both AUR and SAC are very specialist services, and you would not expect every Health and Wellbeing Board area to have a contractor supplying these services.

8.1.6 New Medicines Service (NMS).

[New Medicine Service \(NMS\) - Community Pharmacy England](#)

The New Medicines Service (NMS) was the fourth Advanced service to be introduced in the NHS community pharmacy contract and was introduced on 1 October 2011. This service can be provided by pharmacies only. The NMS was originally implemented as a time-limited service but is now an ongoing service within the Community Pharmacy Contract.

The New Medicines Service aims to:

- Help patients and carers manage newly prescribed medicines for a long-term condition (LTC) and make shared decisions about their LTC
- Recognise the important and expanding role of pharmacists in optimising the use of medicines
- Increase patient adherence to treatment and consequently reduce medicines wastage and contribute to the NHS Quality, Innovation, Productivity and Prevention agenda
- Supplement and reinforce information provided by the GP and practice staff to help patients make informed choices about their care
- Promote multidisciplinary working with the patient's GP practice
- Link the use of newly-prescribed medicines to lifestyle changes or other non-drug interventions to promote well-being and promote health in people with LTCs
- Promote and support self-management of LTCs, and increase access to advice to improve medicines adherence and knowledge of potential side effects
- Support integration with LTC services from other healthcare providers and provide appropriate signposting and referral to these services
- Improve pharmacovigilance*
 - through increased adherence to treatment, reduce medicines-related hospital admissions and improve quality of life for patients.

¹³³ NHSBSA Stoma Customisation activity – August 2024 supplied by ICB on 19/11/24. There is a 3-month delay in the monthly data

*Pharmacovigilance is the science and activities relating to the detection, assessment, understanding and prevention of adverse effects or any other medicine/vaccine related problem

The NMS is focused on the following patient groups and conditions. For each, a list of medicines has been agreed. If a patient is newly prescribed one of these medicines for these conditions, they will be eligible to receive the service:

- Acute coronary syndromes
- Asthma and COPD
- Atrial Fibrillation
- Coronary Heart Disease
- Diabetes (type 2)
- Epilepsy
- Glaucoma
- Gout
- Heart Failure
- Hypercholesterolaemia
- Hypertension
- Long term risks of venous thromboembolism/embolism
- Osteoporosis
- Parkinson's disease
- Stroke or transient ischemic attack
- Urinary incontinence or retention.

There is no routine information available about the use of NMSs for each condition, so it is not currently possible to estimate the proportion of new patients in Cheshire East who receive this service. However, the current overall volume of service is likely to be sufficient to meet need, providing the use of this service is appropriately targeted.

8.1.7 Smoking Cessation service

[Smoking Cessation Service \(SCS\) - Community Pharmacy England](#)

This service enables NHS trusts to refer patients discharged from hospital to a community pharmacy of their choice to continue their smoking cessation care pathway, including providing medication and behavioural support, as required, in line with the NHS Long Term Plan care model for tobacco addiction. This commenced in Spring 2022.

8.1.8 Pharmacy Contraception Services

[Pharmacy Contraception Service - Community Pharmacy England](#)

The PCS started on 24 April 2023, allowing the on-going supply of oral contraception (OC) from community pharmacies.

8.1.9 Pharmacy First Services

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

PFS involves pharmacists providing advice and NHS-funded treatment, where clinically appropriate, for seven common conditions (age restrictions apply):

- Sinusitis (aged 12 and over)
- Sore throat (aged 5 and over)
- Acute otitis media (aged 1 to 17)
- Infected insect bite (aged 1 year and over)
- Impetigo (aged 1 year and over)
- Shingles (aged 18 year and over)
- Uncomplicated UTI (Women aged 16 to 64)

Consultations for these 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), following a referral by NHS 111 or from a GP surgery or other authorised healthcare providers (i.e. patients are not able to present to the pharmacy without an electronic referral). The pharmacist will have a consultation with the patient, determine the help that is needed, and if they cannot resolve the issue themselves, signpost the patient to an appropriate clinician who can help them.

In the public survey, 101 out of 625 participants (18%) said they received advice about a minor illness or health problem during their consultation with the pharmacist. Though this may not be in relation to the commissioned service, it demonstrates that there is a need for the commissioned service within community pharmacies.

8.2 Locally Commissioned Services

8.2.1 Services Commissioned by Cheshire East Council

Under the Health and Social Care Act 2012, responsibility for commissioning certain public health services sits in local authorities. It is now mandatory for Cheshire East Council to commission community based sexual health services, NHS Health Checks and the National Child Measurement Programme. Local authorities can also commission other public health services according to local needs. Other public health services are commissioned by NHS England for example, screening and immunisation programmes.

Several public health services may be provided by, and within, community pharmacies. This is evident in current local arrangements. When commissioning these services, efforts are taken to ensure that the provision reflects local needs. The table 33 below illustrates the number and proportion of community pharmacies that provide public health services currently commissioned by Cheshire East Council. Pharmacy level tables can be found in Appendix B.

8.2.2 Sexual Health Services

Axess (Liverpool University Hospital Foundation Trust), Cheshire East's commissioned sexual health services provider subcontracts with local pharmacies to provide Emergency Hormonal Contraception, Pregnancy tests and Chlamydia screening. All pharmacies across Cheshire East have been contacted by Axess. Currently 58 of the 68 community pharmacies have returned a Service Level Agreement and 48 have made claims for activity during the first two quarters of 2024/25 financial year.

- **Emergency Hormonal Contraception (EHC).** This service facilitates the provision of Levonorgestrel and Ulipristal Acetate for Emergency Hormonal Contraception (EHC) by pharmacists in Cheshire East. The service constitutes a particularly important component of the total contraceptive and sexual health service provision. The service helps to support the reduction of teenage pregnancy.
- **Quick Start Contraception.** Quick Start Contraception is used as a bridging method for women accessing EHC with a view to service users obtaining further supplies via (in most cases) their local GP or local sexual health clinic.
- **Chlamydia screening service for people aged 15-24.** The National Chlamydia Screening Programme (NCSP) aims to prevent and control chlamydia through early detection, treatment of infection and reduction in onward transmissions in young people between the ages of 15 to 24. Chlamydia is the most commonly diagnosed sexually transmitted infection (STI) in England. If left untreated it can have serious long-term consequences including infertility and pelvic inflammatory disease in women and epididymitis in men. It often has no symptoms but is very easy to diagnose and treat. The

aims of the service are: to increase access to STI screening (including chlamydia) by providing additional locations where people can access testing and treatment; to increase access for young people to treatment, sexual health advice and referral on to specialist services where required; to increase knowledge of the risks associated with STIs; and to strengthen the network of contraceptive and sexual health services to help provide easy and swift access and advice. Commissioned pharmacies can distribute postal chlamydia testing kits and/or can provide a chlamydia treatment service for patients referred by Axess Sexual Health services who will carry out partner notification and contact tracing.

8.2.3 Stop smoking services

Previously the Council's commissioned integrated lifestyle service, One You Cheshire East, used to subcontract with local pharmacies for the provision of stop smoking support. This included both smoking cessation support pharmacies, as well as provision of Nicotine Replacement Therapy (NRT) via a voucher scheme. From 1st November 2024 the integrated lifestyle contract was awarded to a new provider who will be delivering all smoking cessation support in-house.

8.2.4 Supervised consumption and needle exchange

Supervised consumption relates to supervising consumption of prescribed opiate maintenance treatment (Methadone or Buprenorphine) at the point of dispensing in the pharmacy, ensuring that the dose has been consumed by the patient. In addition, needle exchange schemes aim to reduce the rate of blood-borne infections and drug related deaths and support the safe disposal of used injecting equipment.

Supervised consumption and needle exchange services are subcontracted by the current Substance Misuse Service provider, Change Grow Live (CGL). In total, 16 pharmacies are currently providing supervised consumption and/or needle exchange services across Cheshire East. Ten pharmacies provide one of these services and six provide both services. The provision of these services is highest in the Macclesfield and Crewe care communities. These are the areas experiencing the poorest health and wellbeing outcomes according to the Tartan Rug and, as such, there is potentially the greatest need. The data is for claims submitted by pharmacies and may not reflect the total provision. This data indicates that there have been no drug support service claims from pharmacies in the care communities of Bollington, Disley, Poynton or Knutsford.

Table 33: Pharmacies providing Public Health Services by Care Community

Public Health Commissioned Services		Number of pharmacies providing each service (out of 68 community pharmacies plus 2 DSPs)									
		CHAW	BDP	CHOC	Crewe	Knuts	Macc	N&R	SMASH	DSP	Total
Substance Misuse Services	Needle Syringe Programme – Supply	0	0	1	1	0	4	0	1		7
	Supervised Consumption – Supervision	1	0	1	4	0	6	1	2		15
Sexual Health Services	Levonorgestrel (Emergency)	2	0	7	12	4	6	5	9		45
	Ulipristal Acetate (Emergency)	1	0	7	12	4	7	5	8		44
	Pregnancy Test	0	0	2	0	0	0	0	1		3
	POM (Other)	1	0	0	0	0	0	0	0		1
	CT Kit	0	0	0	1	0	0	0	0		1

This is activity based and does not reflect all pharmacies that offer the services.

Data Source:

Substance Misuse Service, Change Grow live (CGL) Cheshire East Activity Oct-Dec 2025

Sexual Health Service, Axxess Activity 2024/25 Q1 & Q2

Abbreviations:

CHAW = Alderley Edge, Chelford, Handford, Wilmslow

BDP = Bolington, Disley, Poynton

CHOC = Congleton and Holmes chapel

Knuts = Knutsford

Macc = Macclesfield

N&R = Nantwich and Rural

SMASH = Sandbach, Middlewich, Alsager, Scholar Green, Haslington

DSP= Distance Selling Pharmacy.

8.3 Services Commissioned by NHS Cheshire and Merseyside Integrated Care Board (sub-ICB) Cheshire East Place

8.3.1 Urgent Palliative Care Medicines Service.

NHS Cheshire and Merseyside Integrated Care Board (ICB) is responsible for planning NHS Services for the population, including community pharmacy services. NHS England has delegated the responsibility for commissioning Essential and Advanced Services to the ICB. The ICB also discharges some functions through sub-ICB Place-based Partnerships to design and deliver services according to local need. There are 29 pharmacies contracted across Cheshire to ensure that residents have access to a defined list of medicines if needed urgently at the end of life, 20 in East and 9 in West. Each pharmacy providing the service provides a quarterly assurance report, stating that they have the palliative care formulary list of medicines in stock in anticipation of receiving prescriptions to dispense at short notice. This stock holding is retained in addition to the stock held at appropriate levels for the usual dispensing service of the pharmacy. The service is currently available from 20 pharmacies across cheshire east, many of whom are open beyond 5:30pm on weekdays and at least one day of the weekend.

There is work ongoing to review the local commissioning arrangements for community pharmacy to provide a greater consistency of service delivery across the whole ICB geography for services such as urgent access to medicines

8.4 How essential, advanced and locally commissioned pharmacy services support local priority health needs

1. Cheshire East is a place that supports good health and wellbeing for everyone

Community pharmacies across Cheshire East promote health and wellbeing for everyone by providing early access to advice and treatment to whoever walks into the pharmacy premises.

You do not have to have a permanent address or be registered with a GP Practice to access a pharmacy. This means that homeless or rough sleepers, recent migrants or visitors to the area can access advice on over-the-counter medicines, blood-pressure checks or advice on minor health conditions

In addition, pharmacies can be accessed across the Cheshire East footprint. They provide information and advice regarding promoting wellbeing and managing both acute and chronic health conditions in a way that aligns with other local health and wellbeing services. Furthermore, pharmacies are required to participate in up to six public health campaigns each calendar year by promoting public health messages. Community pharmacy can sell or supply medicines for minor health conditions and in some cases are able to provide the medicines free-of-charge for patients who meet the criteria for exemption from prescription charges.

Overall satisfaction with pharmacies is high with many seeing their pharmacy as an essential part of their community, according to the public survey 50% are satisfied and a further 38% are satisfied [question 34].

The public survey suggests that for most (68%) their choice of pharmacy is influenced by its location in relation to their home, [question 7] and 93% of respondents could reach a pharmacy within 20 minutes. Most stated that it was easy (89%) to get to the pharmacy. 4% of respondents (25 out of 625) found it quite difficult or very difficult to get to the pharmacy [question 8]. Of those that answered, “quite difficult” or “very difficult” and chose to give further information as to why, a fifth stated parking, while mobility issues were the second highest reason. Of the respondents who had identified themselves as having mobility issues, 63% stated they were able to park close enough to their pharmacy. [question 11] and 73% stated they could access their chosen pharmacy.

2. Our children and young people experience good physical and emotional health and wellbeing

Pharmacies support children and young people by promoting wellbeing and early information and advice regarding management of both acute and chronic health conditions in collaboration with local general practices. They are an additional port of call, particularly out of hours to provide medications, and in the case of Pharmacy First conditions, assessment (for: acute otitis media, aged 1-17; impetigo, aged 1 year and

over; infected insect bites, aged 1 year and over, sinusitis, aged 12 and over, sore throat, aged 5 and over; and uncomplicated urinary tract infections in women, aged 16-64)⁶².

Pharmacies also provide contraception advice and support and healthy living advice, which can help to promote health and wellbeing in children and young people and their wider families⁶³.

3. The mental health and wellbeing of people living and working in Cheshire East is improved

Pharmacies can help to promote good mental wellbeing through the Public Health campaigns they participate in, and also the health and wellbeing advice they provide. In addition to this, pharmacies have an important role in providing medication for mental health conditions. Furthermore, optimisation of physical conditions is also an important part of good mental wellbeing and pharmacies have a vital role in this.

4. That more people live and age well, remaining independent; and that their lives end with peace and dignity in their chosen place.

Pharmacies have a core role in providing medication for both acute and chronic conditions, which are important in terms of ageing well and also in terms of support at the end of life. Pharmacies have a key role in promoting good health and wellbeing and healthy ageing through participation in public health campaigns and provision of healthy lifestyle advice. In addition to this, pharmacies support in identifying hypertension early, enabling earlier treatment and reduced risk of cardiovascular disease. Furthermore, pharmacies support initiation of medication for long term conditions through the New Medicines Service and smooth transition to the community through the NHS Discharge Medicines Service, both of which, are important in optimisation of long-term conditions or in the recovery from acute conditions⁶⁴. Pharmacies provide a wide range of preventative services, which again promote ageing well, including vaccination, smoking cessation, sexual health services, and support for those with substance misuse problems. Pharmacies are also an important source of social contact. Some pharmacies provide urgent access to selected medicines used at the end of life.

Pharmaceutical Needs Assessment

Part 4: Appendices

Appendix A The Public Survey

A public survey was carried out by Cheshire & Merseyside's Pharmaceutical Needs Assessment Development Group on behalf of the Cheshire East PNA steering group. It sought views on what people thought was important in terms of location, pharmaceutical services offered, and customer service as well as their experiences of pharmacies and their staff within Cheshire East. The survey was open from the 8 November to the 31 December 2024. The survey was available on the Council's website consultation page, and the survey link was also shared specifically with the Citizen Panel. The survey was promoted by the NHS Cheshire and Merseyside Integrated Care Board (ICB), Community Pharmacy Cheshire and Wirral Local Pharmaceutical Committee (LPC), Cheshire East Local Medical Committee (LMC), Local Dental Committee (LDC), libraries and through Healthwatch. It was advertised in the internal Cheshire East staff newsletter, and to the public via the council's social media accounts. The survey link was also shared specifically with GP Practice managers, family hubs, lifestyle centres, Town and Community Partnerships, community development officers and Cheshire East Council elected members. Voluntary, community, faith and social enterprise sector organisations were also specifically contacted where they advocated for population groups identified through equality impact assessments and where there was low uptake in the 2022 PNA Public Survey. Paper copies were held in libraries across the Borough and a customer service phone line was set up for people unable to access the survey online.

A total of 625 responses were received. Findings were collated into a report and where required, supplementary analysis was undertaken to obtain more details or clarity. As well as being presented here, the results have been incorporated into the relevant sections within this PNA.

An Equality Impact Assessment (EIA), which included stakeholder mapping was undertaken as part of the PNA project. The EIA reviews any findings from last PNA regarding protected characteristics, plus incorporates any new findings from the information gathering for the new PNA for example, patient and contractor surveys. The EIA is constantly reviewed throughout the development of the PNA to ensure it captures any new promotional routes that would give a voice to residents with protective characteristics who may use pharmacies but not engage via traditional routes.

Q1: Question one asked which local authority a respondent lived in; we were only provided with the data for those who stated Cheshire East.

Q2. What is your full postcode?

620 respondents provided a response to this question, with 509 (81.4%) providing a full Cheshire East postcode. This enabled us to allocate these records to a care

community geography and do some geographical analysis. The postcode was then deleted from the data.

Q3. Why did you visit the pharmacy? (Please tick all that apply) *

Answer Choices	Responses	
To collect my prescription	511	81.8%
To collect a prescription for someone else	152	24.3%
To get advice from the pharmacist	106	17.0%
To buy other non-prescription medications	155	24.8%
To access a pharmacy service	55	8.8%
To return unused/expired medications	41	6.6%
Unable to get a GP appointment	16	2.6%
Referred by GP practice or other such as NHS111	2	0.3%
Other (please specify):	30	4.8%
Total respondents	625	

* Respondents could select multiple options for this question

Themed - Other responses	Responses	
Prescription collected by another person	1	0.2%
Failed prescription delivery/incorrect items delivered	2	0.3%
Other services	1	0.2%
To buy other non-medical products	4	0.6%
Flu/COVID vaccination	17	2.7%
Member of staff	1	0.2%
Home delivery	3	0.5%
Not applicable	1	0.2%
Total respondents	30	4.8%

*Not applicable usually means that the free text provided did not answer the question asked

Q4. When did you last use a pharmacy? (Please tick one answer only)

Answer Choices	Responses	
In the last week	258	41.3%
In the last two weeks	170	27.2%
In the last month	140	22.4%
In the last three months	40	6.4%
In the last six months	7	1.1%
Longer than six months	10	1.6%
Total respondents	625	

Q5. How do you usually get to the pharmacy? (Please tick all that can apply) *

Answer Choices	Responses	
Walking	317	50.7%
Public Transport	24	3.8%
Car	396	63.4%
Motor Bike	2	0.3%
Taxi	1	0.2%
Bicycle	12	1.9%
Mobility Transport	2	0.3%
Used online pharmacy	6	1.0%
Other (please specify):	10	1.6%
Total respondents	625	

* Respondents could select multiple options for this question. 79% (492 out of 625 respondents) selected only one mode of transport.

Themed Other responses	Responses	
Prescription collected by another person	1	0.2%
Home delivery	7	1.1%
Telephone contact only	1	0.2%
Not applicable	1	0.2%
Total respondents	10	1.6%

*Not applicable usually means that the free text provided did not answer the question asked

Q6. How long does the journey to your pharmacy usually take?

Answer Choices	Responses	
5 minutes or less	135	21.6%
6-10 minutes	242	38.7%
11-15 minutes	142	22.7%
16-20 minutes	62	9.9%
21-25 minutes	20	3.2%
26-30 minutes	8	1.3%
31 minutes or longer	4	0.6%
Not applicable (please choose this option if you usually have your dispensed prescription via delivery or online pharmacy)	12	1.9%
Total respondents	625	

Q7. Thinking about the location of the pharmacy, which of the following is most important to you? (Please tick all that apply) *

Answer Choices	Original Responses		Adjusted Responses	
It is close to my doctor's surgery	254	40.6%	255	40.8%
It is close to my home	424	67.8%	425	68.0%
It is close to other shops I use	234	37.4%	234	37.4%
It is close to my children's school or nursery	5	0.8%	5	0.8%
It is easy to park nearby	274	43.8%	275	44.0%
It is near to the bus stop / train station	27	4.3%	27	4.3%
It is close to where I work	24	3.8%	24	3.8%
It is close to/in my local supermarket	63	10.1%	63	10.1%
None of the above	10	1.6%	10	1.6%
Other (please specify):	34	5.4%	31	5.0%
Total respondents	625		625	

Notes:

Respondents could select multiple options for this question

Adjusted responses are where 'other responses' could be allocated to one of the original answer choices

Only 38% chose a single reason: nearly half gave the reason was "it is close to home"

Themed Other responses	Responses	
Convenient	3	0.5%
On route to somewhere else	3	0.5%
Closure of nearest pharmacy	1	0.2%
Opening times	5	0.8%
Services offered	1	0.2%
Reliable	7	1.1%
Knowledgeable & friendly staff	4	0.6%
Home delivery	3	0.5%
Bike parking available	1	0.2%
Not applicable	3	0.5%
Total respondents	31	

*Not applicable usually means that the free text provided did not answer the question asked

Q8. How easy is it to get to your usual pharmacy? Please tick one answer only

Answer Choices	Responses	
Very easy	360	57.6%
Quite easy	193	30.9%
Neither easy or difficult	47	7.5%
Quite difficult	21	3.4%
Very difficult	4	0.6%
Total respondents	625	

If you answered quite difficult or very difficult, why?

Themed Other responses	Responses	
Distance to the pharmacy	3	12.0%
Traffic problems	1	4.0%
Parking	5	20.0%
Public transport	2	8.0%
Mobility	4	16.0%
Needs additional support e.g. escort or driver	2	8.0%
Home delivery	1	4.0%
Future concerns	2	8.0%
Not applicable/blank	5	20.0%
Total respondents	25	

*Not applicable usually means that the free text provided did not answer the question asked

Q9. Do you have a disability, a health condition and/or other access needs that could affect how easily you access your chosen pharmacy?

Answer Choices	Responses	
Yes	127	20.3%
No	488	78.1%
Don't know	10	1.6%
Total respondents	625	

Q10. If you have a disability, a health condition and/or other access needs, can you access your chosen pharmacy? *

Answer Choices	Responses	
Yes	127	92.7%
No	6	4.4%
Don't know	4	2.9%
Total respondents	137	

* Question only applicable to those who answered 'Yes' or 'Don't know' to Q9

Of those that answered “No” to question 10, two respondents chose not to comment further, while one person was virtually housebound, one couldn’t drive and had multiple long-term conditions, another person couldn’t walk or drive, while another chose to travel to another pharmacy that would provide the medication blister packs they needed.

Q11. If you have mobility issues, are you able to park your vehicle close enough to your pharmacy? *

Answer Choices	Responses	
Yes	83	60.6%
No	19	13.9%
Don't know	1	0.7%
Not applicable	34	24.8%
Total respondents	137	

* Question only applicable to those who answered 'Yes' or 'Don't know' to Q9

Q12. If you have mobility issues, are you able to access your chosen pharmacy? *

Answer Choices	Responses	
Yes	101	73.7%
No	3	2.2%
Don't know	3	2.2%
Not applicable	30	21.9%
Total respondents	137	

* Question only applicable to those who answered 'Yes' or 'Don't know' to Q9

Q13. Does your pharmacy deliver medication to your home if you are unable to collect it yourself?

Answer Choices	Responses	
Yes – Free of charge	149	23.8%
Yes – with a delivery charge	13	2.1%
No - they don't deliver	54	8.6%
Don't know / I have never used this service	409	65.4%
Total respondents	625	

Q14. Can you remember a recent time when you had any problems finding a pharmacy that was open to get a medicine dispensed, to get advice or to buy medicines over the counter?

Answer Choices	Responses	
Yes	120	19.2%
No	485	77.6%
Not sure	20	3.2%
Total respondents	625	

Q15. If yes, what did you need to do? (Please tick one answer only)

Answer Choices	Original Responses		Adjusted responses	
To get medicine(s) on a prescription	72	60.0%	78	65.0%
To buy medicine(s) from the pharmacy	21	17.5%	21	17.5%
To get advice at the pharmacy	14	11.7%	14	11.7%
Other (please specify)	13	10.8%	7	5.8%
Total respondents	120		120	

Adjusted responses are where 'other responses' could be allocated to one of the original answer choices

* Question only applicable to those who answered 'Yes' to Q14

Q16. How satisfied are you with the opening hours of your pharmacy?

Answer Choices	Responses	
Very satisfied	308	49.3%
Somewhat satisfied	199	31.8%
Neither satisfied nor dissatisfied	72	11.5%
Dissatisfied	42	6.7%
Very dissatisfied	4	0.6%
Total respondents	625	

Thematic analysis of the reasons given for those who answered either “Dissatisfied or Very dissatisfied or Neither satisfied nor dissatisfied” to Q16.
How satisfied are you with the opening hours of your pharmacy?

Themed Other responses	Dissatisfied/ Very dissatisfied		Neither satisfied nor dissatisfied	
Weekends	17	37.0%	10	13.9%
Saturday/Bank holidays	1	2.2%	2	2.8%
Open later - outside normal work hours	7	15.2%		0.0%
Open later - outside normal work hours/Weekends	6	13.0%		0.0%
Co-ordinate with GP opening times	3	6.5%		0.0%
Open later - outside normal work hours/Co-ordinate with GP opening times	1	2.2%		0.0%
Co-ordinate with GP opening times/Saturday		0.0%	1	1.4%
Open earlier/Open later - outside normal work hours/Weekends	1	2.2%	1	1.4%
Limited opening	3	6.5%	4	5.6%
Earlier opening		0.0%	1	1.4%
Erratic closing	2	4.3%		0.0%
Home Delivery/Online	1	2.2%	1	1.4%
Positive		0.0%	1	1.4%
Not applicable/blank	4	8.7%	51	70.8%
Total respondents	46	100%	72	100%

Notes

*Not applicable usually means that the free text provided did not answer the question asked

Q17. How many times recently have you needed to use your usual pharmacy when it was closed?

Answer Choices	Responses	
I haven't needed to use the pharmacy when it was closed	425	68.0%
Once or twice	173	27.7%
Three or four times	18	2.9%
Five or more times	9	1.4%
Total respondents	625	

Q18. What day of the week was it? *

Answer Choices	Responses	
Monday to Friday	44	22.0%
Saturday	98	49.0%
Sunday	28	14.0%
Bank Holiday	3	1.5%
Can't remember	27	13.5%
Total respondents	200	

*Question only applicable to those who selected an answer other than the 1st option in Q17

Q19. What time of the day was it? *

Answer Choices	Responses	
Morning	63	31.5%
Lunchtime (between 12pm and 2pm)	22	11.0%
Afternoon	45	22.5%
Evening (after 5pm)	44	22.0%
Can't remember	26	13.0%
Total respondents	200	

*Question only applicable to those who selected an answer other than the 1st option in Q17

Q20. What did you do when your pharmacy was closed?*

Answer Choices	Original Responses		Adjusted Responses	
Went to another pharmacy	74	37.0%	78	39.0%
Waited until the pharmacy was open	107	53.5%	114	57.0%
Went to a hospital	2	1.0%	2	1.0%
Went to a Walk in Centre	0	0.0%	0	0.0%
Called NHS 111	0	0.0%	0	0.0%
Other (please specify):	17	8.5%	6	3.0%
Total respondents	200		200	

Adjusted responses are where 'other responses' could be allocated to one of the original answer choices

*Question only applicable to those who selected an answer other than the 1st option in Q17

Themed Other responses	Responses	
Asked a friend to go to another pharmacy	1	0.2%
Used the robot prescription service	1	0.2%
Went to the GP	1	0.2%
Unable to get medication	2	0.3%
Not applicable/Difficult to interpret	1	0.2%
Total respondents	200	3.0%

Q21. Did you get a prescription dispensed the last time you used a pharmacy?

Answer Choices	Responses	
Yes	536	85.8%
No	83	13.3%
Can't remember	6	1.0%
Total respondents	625	

Q22. Did you get all the medicines that you needed on that occasion without waiting? *

Answer Choices	Responses	
Yes	424	79.1%
No	111	20.7%
Can't remember	1	0.2%
Total respondents	536	

* Question only applicable to those who answered 'Yes' to Q21.

Q23. If you had to wait when picking up your prescribed medication, did the staff at the pharmacy tell you how long you would have to wait for your prescription to be prepared? *

Answer Choices	Responses	
Yes	51	45.5%
No, but I would have liked to have been told	43	38.4%
No, but I did not mind	11	9.8%
Can't remember	7	6.3%
Total respondents	112	

* Question only applicable to those who answered 'No' or 'Can't remember' to Q22

Q24. If not all your medicines were available on that visit, how long did you have to wait to get the rest of your medicines? *

Answer Choices	Responses	
Later the same day	12	10.7%
The next day	22	19.6%
Two or more days	59	52.7%
More than a week	13	11.6%
Never got it	6	5.4%
Total respondents	112	

* Question only applicable to those who answered 'No' or 'Can't remember' to Q22

Q25. Was this a reasonable period of time for you? *

Answer Choices	Responses	
Yes	46	41.1%
No	61	54.5%
Not applicable	5	4.5%
Total respondents	112	

* Question only applicable to those who answered 'No' or 'Can't remember' to Q22

Q26. What was the main reason for not getting all your medicines on this occasion? *

Answer Choices	Responses	
My GP had not prescribed something I wanted	1	0.9%
My prescription had not arrived at the pharmacy	8	7.1%
The pharmacy did not have the medicine in stock to dispense to me	79	70.5%
Other (please specify)	24	21.4%
Total respondents	112	

* Question only applicable to those who answered 'No' or 'Can't remember' to Q22

Q27. Have you had a consultation with the pharmacist or asked their advice recently?

Answer Choices	Responses	
Yes	235	37.6%
No	385	61.6%
Can't remember	5	0.8%
Total respondents	625	

Q28. What advice were you given? (ONE answer only) *

Answer Choices	Original Responses		Adjusted Responses	
Lifestyle advice (e.g. stop smoking, diet and nutrition, physical activity etc.)	2	0.9%	2	0.9%
Advice about a minor illness or health problem	101	43.0%	105	44.7%
Medicine advice	52	22.1%	59	25.1%
Contraception services	1	0.4%	1	0.4%
Emergency contraception advice	2	0.9%	2	0.9%
Blood pressure monitoring	30	12.8%	30	12.8%
Referred to other service	6	2.6%	14	6.0%
Other (please specify)	41	17.4%	22	9.4%
Total respondents	235		235	

Adjusted responses are where 'other responses' could be allocated to one of the original answer choices

* Question only applicable to those who answered 'Yes' to Q27

Of the remaining 'other responses' 19 (8.1% where flu/covid vaccination related and 3 (1.3%) where Not applicable/Difficult to interpret.

Q29. Where did you have your consultation with the pharmacist? *

Answer Choices	Original Responses		Adjusted Responses	
At the pharmacy counter	92	39.1%	92	39.1%
In the dispensary or a quiet part of the shop	31	13.2%	31	13.2%
In a separate room	101	43.0%	101	43.0%
Over the telephone	8	3.4%	9	3.8%
Other (please specify)	3	1.3%	2	0.9%
Total respondents	235		235	

* Question only applicable to those who answered 'Yes' to Q27

Q30. How do you rate the level of privacy you had when speaking with the pharmacist? *

Answer Choices	Responses	
Excellent	102	43.4%
Very good	44	18.7%
Good	37	15.7%
Fair	36	15.3%
Poor	11	4.7%
Very poor	5	2.1%
Total respondents	235	

* Question only applicable to those who answered 'Yes' to Q27

**Q31. How do you feel about the range of services available at the pharmacy?
(tick one)**

Answer Choices	Responses	
I wish pharmacies could provide more services for me	116	18.6%
I am satisfied with the range of services pharmacies provide	458	73.3%
Don't know	51	8.2%
Total respondents	625	

Q32. Can you please tell us, what is important to you when choosing a pharmacy in terms of products and services?

	Important		Neither important nor unimportant		Unimportant		Don't know/Not applicable		Total
Delivery of medicines to my home	111	17.8%	199	31.8%	160	25.6%	155	24.8%	625
Cost of products at pharmacy	262	41.9%	210	33.6%	76	12.2%	77	12.3%	625
Privacy when speaking to the pharmacist	462	73.9%	112	17.9%	21	3.4%	30	4.8%	625
Collection of prescriptions from my doctors	449	71.8%	58	9.3%	34	5.4%	84	13.4%	625
Range of services offered	432	69.1%	151	24.2%	16	2.6%	26	4.2%	625
Range of products available	417	66.7%	160	25.6%	28	4.5%	20	3.2%	625
Friendly staff	559	89.4%	60	9.6%	5	0.8%	1	0.2%	625
Waiting times	471	75.4%	135	21.6%	10	1.6%	9	1.4%	625
Opening times	521	83.4%	91	14.6%	8	1.3%	5	0.8%	625
Knowledgeable staff	592	94.7%	30	4.8%	1	0.2%	2	0.3%	625
Having the things I need	575	92.0%	47	7.5%	0	0.0%	3	0.5%	625

**Q33. Please tell anything else that has influenced your choice of pharmacy.
(categorised themes taken from free text comments provided)**

A total of 296 respondents (47.4%) provided further details, many fitted into the categories already identified in Q32. However, some new themes emerged including parking facilities, medicines in stock, links with GP, reliability, and accessibility of premises. Some referred to the fact that their local pharmacy had closed, that they had no other choice or that they had swapped to on-line pharmacies or used prescription/delivery service so no longer went into a pharmacy. It was also evident from some responses that some pharmacy staff are seen as unprofessional: -

“Staff can be very rude and the whole experience is awful when collecting prescriptions in person so I changed to an online pharmacy which is a lot better.”

Some respondents want to support local shops and independent pharmacies, they see them as part of the community: -

“Our local Pharmacy has been there to support our family ever since the children were little. They are now mid 30s. Our pharmacist still asks after them. It’s part of our community.”

“We wanted to keep our local independent pharmacy in business rather than using a chain.”

There were also some extremely positive reviews: -

“I could not fault [pharmacy] in Crewe at all. They are all brilliant.”

“Stepped up when nearby one let me down”

Q34. Can you please tell us, how satisfied you are with the services and products offered by your regular pharmacy? *

	Satisfied		Neither satisfied nor dissatisfied		Dissatisfied		Don't know/Not applicable		Total
Overall satisfaction	543	86.9%	39	6.2%	32	5.1%	11	1.8%	625
Delivery of medicines to my home	77	12.3%	52	8.3%	14	2.2%	482	77.1%	625
Cost of products at pharmacy	283	45.3%	179	28.6%	56	9.0%	107	17.1%	625
Privacy when speaking to the pharmacist	364	58.2%	96	15.4%	57	9.1%	108	17.3%	625
Collection of prescriptions from my doctors	389	62.2%	47	7.5%	39	6.2%	150	24.0%	625
Range of services offered	420	67.2%	111	17.8%	24	3.8%	70	11.2%	625
Range of products available	410	65.6%	121	19.4%	43	6.9%	51	8.2%	625
Friendly staff	515	82.4%	60	9.6%	35	5.6%	15	2.4%	625
Waiting times	456	73.0%	72	11.5%	82	13.1%	15	2.4%	625
Opening times	457	73.1%	76	12.2%	75	12.0%	17	2.7%	625
Knowledgeable staff	489	78.2%	84	13.4%	16	2.6%	36	5.8%	625
Having the things I need	467	74.7%	66	10.6%	65	10.4%	27	4.3%	625

*Those respondents who did not respond have been included in the Don't know/Not applicable category

Q35. Please tell us anything else that has influenced your overall satisfaction. (categorised themes taken from free text comments provided)

A total of 183 respondents (29.3%) provided further details, again many fitted into the categories already identified. However, some new themes did emerge, again medication availability was a key theme, also delays caused by the Electronic Prescription System (EPS).

“Pre-ordered prescription never ready, now leave a gap of a number of weeks simply to allow the pharmacy to bag up my order so I can collect it. Not good service at all.”

“Quite often my prescription isn't ready, but that seems to be a problem between my doctor/NHS requesting the medicine and then it going through the pharmacy 'system'. It can take 5days sometimes”.

Q36. How would you describe your experience of your local pharmacy and their services over the last 12 months? Please explain in the box below (categorised themes taken from free text comments provided)

465 respondents (74.4%) provided a response. Difficult to theme as many responses covered a variety of issues so looked whether the views were generally positive or negative: -

- *Positive* – these encompassed views ranging from those where no problems were identified with adjectives used such as “mediocre”, “mostly harmless”, “fine”, “no complaints”, “satisfactory”, through to “good”, “helpful”, “reliable”, to very complimentary views using statements like “great service”, “excellent”, “first class”, “professional”
- *Positive but* – these were where comments included positive views but had an additional negative comment such as opening times of the pharmacy, waits, medication shortages and the delays when using the EPS ordering. Again, there was a recognition that some of these things were not in the control of the pharmacy.
- *Variable* – this is where a person had opposing experiences at the same pharmacy due to the staff on duty or the service they were using, there was a recognition that staff were under pressure and sometimes this affected the service they provided. Others spoke of opposing experiences at different pharmacies, some had changed due to issues with previous pharmacy and others had had a change forced on them due to closures or medicine shortages leading to their normal pharmacy not being able to fulfil their prescription.
- *Negative* – this grouping included negative comments regarding a specific service; delays; waiting times; insufficient supplies or about unfriendly or unprofessional staff; inadequate staffing; empty shelves etc.

Categorised response	Responses	
positive	272	58.5%
positive but..	65	14.0%
variable	25	5.4%
negative	91	19.6%
Not applicable	12	2.6%
Total respondents	465	

When cross-referenced against the Overall satisfaction question Q34, we found that the majority of those who had given a ‘positive but’, ‘variable’ or even ‘negative’ view in the free-text field had previously answered that they were satisfied overall with their usual pharmacy: -

- Positive but – 82% overall very/fairly satisfied
- Variable – 84% overall very/fairly satisfied
- Negative – 55% overall very/fairly satisfied

Public Survey respondent demographics

Demographics of Participants

When specific groups are over or underrepresented, this causes selection bias and any inferences of the results in terms of the general population need to be drawn with caution. However, the qualitative insights the survey provides are still important.

Age

Table 1 below shows the age profile of those who completed the public survey compared to the current estimated population of Cheshire East. This shows that the younger age bands, 16-20, 21-30, 21-40 and 41-50 are underrepresented within the survey. For the age band 51-60 the proportion is representative. The older age bands 61-69*¹ and 70 and over are both over-represented. This might be due to the relationship between age and pharmacy need.

*1 – the age bands given in the survey overlapped 51-60 year and the 61-69, we cannot be certain which grouping 60-year-olds respondents completed.

Table 1: Q38 Age Profile of survey participants and Cheshire East Estimated Population 2020

Care Community	Participants		Cheshire East Population aged 16 and over *	
16-20 years	0		18456	5.50%
21-30 years	13	2.1%	41210	12.29%
31-40 years	21	3.4%	50997	15.21%
41-50 years	59	9.4%	50914	15.18%
51-60 years	97	15.5%	61161	18.24%
60-69 years	148	23.7%	43984	13.11%
70 years or over	263	42.1%	68674	20.48%
Prefer not to say	24	3.8%		
Total	625		335,467	

* Data Source: ONS Population Mid-2022 Cheshire East LA SYOA

Gender

Table 2 below shows that males are under-represented in the public survey compared to the Cheshire East breakdown.

Table 2: Gender profile of survey participants and Cheshire East estimated population 2022

Gender	Participants		Cheshire East Population aged 16 and over *	
Male	243	38.9%	162,612	48.5%
Female	362	57.9%	172,855	51.5%
Non-Binary	1	0.2%		
Prefer not to say / did not respond	19	3.0%		
Total	625		335,467	

* Data Source: ONS Population Mid-2022 MSOA SYOA

Responses by care community

Table 3 below shows that the care communities of Crewe, SMASH and Macclesfield are under-represented in the public survey compared to the Cheshire East breakdown.

Table 3: Responses by care community compared to Cheshire East Estimated Population 2022

Care Community	Participants		Cheshire East Population aged 16 and over *	
Alderley Edge, Chelford, Handforth, Wilmslow	81	13.0%	38,691	11.5%
Macclesfield	77	12.3%	53,062	15.8%
Bollington, Disley, Poynton	37	5.9%	22,580	6.7%
Knutsford	48	7.7%	21,321	6.4%
Congleton, Holmes Chapel	62	9.9%	36,185	10.8%
Nantwich and Rural	56	9.0%	35,006	10.4%
Crewe	69	11.0%	67,771	20.2%
SMASH	79	12.6%	60,851	18.1%
Unknown	116	18.6%		
Total	625		335,467	

* Data Source: ONS Population Mid-2022 MSOA SYOA

Carer	Respondents	Compared to Census 2021
Yes	12.2%	10.3%
No	87.0%	89.7%
Did not respond	0.8%	

The proportion of respondents who stated they were a 'carer' was higher (although not significantly) than that recorded at the last census for Cheshire East. This is understandable considering that they are likely to be collecting prescriptions on behalf of the person they are caring for.

Q40. Do you have any of the following (Please tick all that apply) *

Type of disability	Responses
Physical impairment	15.0%
Visual impairment	5.4%
Hearing impairment/ Deaf	12.3%
Mental health impairment/ mental distress	6.2%
Learning difficulty	<1%
Long term illness that affects your daily activity	18.2%
Other (please specify):	6.9%
Prefer not to say / did not respond	58%

* Respondents could select multiple options for this question

Regards self as disabled (as defined by Equality Act)	Respondents	Compared to Census 2021
Yes	19.0%	17.0%
No	52.8%	83.0%
Don't know	2.6%	
Prefer not to say	25.6	

The proportion of respondents who stated they were disabled was higher (although not significantly) than that recorded for Cheshire East at the last census. This is understandable considering that people who use pharmacies regularly are likely to have health issues that may affect their mobility or restrict their day-to-day activities

Ethnicity	Respondents	Compared to Census 2021
Asian or Asian British, Black or Black British, Mixed or Multiple ethnic groups	1.9%	4.8%
White	92.5%	94.4%
Other ethnic group	0%	0.8%
Prefer not to say / did not respond	5.9%	

Note: due to small numbers the categories have been combined into three broad groups to prevent disclosure

There was a statistically lower proportion of people who stated their ethnicity as 'White' compared to that recorded in the Census 2021.

Religion	Respondents	Compared to Census 2021
Buddhist	<1%	0.3%
Christian	47.0%	54.3%
Hindu	<1%	0.5%
Jewish	<1%	0.2%
Muslim	<1%	1.0%
Sikh	0.0%	0.1%
Other (please specify)	2.4%	0.4%
None	39.0%	37.7%
Prefer not to say / did not respond	10.4%	5.5%

There was a statistically higher proportion of people who stated their religion as 'Christian', 'Other' or 'Prefer not to say' than in the Census 2021.

Sexual Orientation	Respondents	Compared to Census 2021
Heterosexual	83.8%	91.5%
Homosexual	1.0%	1.3%
Bisexual person	1.0%	0.9%
Pansexual	0.5%	0.1%
Prefer not to say / did not respond	13.8%	6.1%

Gender identity	Respondents	Compared to Census 2021
Lives with the gender given at birth	93.9%	95.0%
Does not live with the gender given at birth	0.3%	0.4%
Prefer not to say / did not respond	5.8%	4.6%

Appendix B Care Community Profiles

All opening hours listed in these tables were correct at time of publication of the draft PNA and matched the recognised national core data set from the NHS Business Support Agency (BSA). The extraction date is given in the data source at the bottom of the table

As the PNA is a snapshot of pharmacy services at a specific time, we suggest that the PNA is not used as a directory of current pharmacy opening hours or services available. Also, pharmacies can change their supplementary hours without a change to their contract. We therefore advise that people check the current opening times of a specific pharmacy online before setting out at [Find a pharmacy - NHS](#)

ALDERLEY EDGE, CHELFORD, HANDFORTH, WILMSLOW (CHAW)

Pharmacy Opening Hours across CHAW:

Name and address	Mon	Tue	Wed	Thur	Fri	Sat	Sun	100 hrs
Boots, 24-26 Grove Street, Wilmslow, SK9 1DY	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	11:00-16:00	No
Cedrics Chemist, 20 London Road, Alderley Edge, Cheshire, SK9 7JS	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00, 14:00-17:00	Closed	No
Cedrics Chemist, Festival Hall, Talbot Road, Alderley Edge, SK9 7HR	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-14:00	Closed	No
Tesco Instore Pharmacy, Kiln Croft Lane, Handforth, Wilmslow, SK9 3PA	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	10:00-16:00	No
The Village Pharmacy, Unicorn House, Prestbury, Macclesfield, SK10 4DG	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	Closed	No
Well, 1 Lindow Parade, Chapel Lane, Wilmslow, SK9 5JL	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed	No
Well, 110 Wilmslow Road, Handforth, Wilmslow, SK9 3ES	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-13:00	Closed	No
Well, Kenmore Medical Centre, 60-62 Alderley Road, Wilmslow, SK9 1PA	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	Closed	Closed	No
Well, Well Pharmacy, Wilmslow Road, Handforth, SK9 3HL	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	Closed	Closed	No
Well, Wilmslow Health Centre, Chapel Lane, Wilmslow, SK9 5HX	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	09:00-12:00	Closed	No
Wilmslow Pharmacy, Unit 2, Summerfield Village Ctr, Wilmslow, SK9 2TA	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed	No

Data Source: NHS Business Service Authority, Consolidated Pharmacy List 2024-25 Q2, downloaded 22nd November 2024.

Commissioned Services across CHAW, 2024

Pharmacy details	Advanced									Enhanced	Locally Commissioned Public Health				Locally Commissioned ICB Cheshire East Place
Name and address	AUR	HCF	LFD	NMS	PCS	PFS	SAC	Flu	SCS	Covid-19	SC	NSP	EHC	CT Kit	PALL
Boots, 24-26 Grove Street, Wilmslow, SK9 1DY		Yes	Yes		Yes	Yes		Yes		Yes			Yes		
Cedrics Chemist, 20 London Road, Alderley Edge, Cheshire, SK9 7JS		Yes	Yes		Yes	Yes				Yes					
Cedrics Chemist, Festival Hall, Talbot Road, Alderley Edge, SK9 7HR		Yes	Yes		Yes	Yes		Yes		Yes					
Tesco Instore Pharmacy, Kiln Croft Lane, Handforth, Wilmslow, SK9 3PA		Yes	Yes			Yes		Yes		Yes					
The Village Pharmacy, Unicorn House, Prestbury, Macclesfield, SK10 4DG		Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes			Yes		Yes
Well, 1 Lindow Parade, Chapel Lane, Wilmslow, SK9 5JL		Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes					
Well, 110 Wilmslow Road, Handforth, Wilmslow, SK9 3ES		Yes	Yes	Yes	Yes	Yes		Yes	Yes		Yes				
Well, Kenmore Medical Centre, 60-62 Alderley Road, Wilmslow, SK9 1PA		Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes					
Well, Well Pharmacy, Wilmslow Road, Handforth, SK9 3HL		Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes					
Well, Wilmslow Health Centre, Chapel Lane, Wilmslow, SK9 5HX		Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes					
Wilmslow Pharmacy, Unit 2, Summerfield Village Ctr, Wilmslow, SK9 2TA		Yes	Yes	Yes	Yes	Yes		Yes	Yes						

Key

Advanced	AUR	Appliance Use Review*
	HCF	Hypertension Case Finding
	LFD	Lateral Flow Device Service
	NMS	New Medicines Service
	PCS	Pharmacy Contraception Service
	PFS	Pharmacy First Service
	SAC	Stoma Appliance Customisation Service*
	Flu	NHS Influenza Vaccination
	SCS	Smoking Cessation service
Enhanced	Covid-19	Covid-19 Vaccination
Locally Commissioned Public Health	SC	Supervised consumption (of methadone or buprenorphine)
	NSP	Needle Syringe exchange
	EHC	Emergency Hormonal Contraception (Levonorgestrel or Ulipristal Acetate)
	CT Kit	Chlamydia Testing Kits
Locally Commissioned ICB Cheshire East Place	PALL	Urgent Palliative Care Medicines Service

Notes: -

1. Advanced services data correct as at November 2024 except for 2 and 3 below
2. Flu data correct as October 2024 via Community Pharmacy – Cheshire & Wirral
3. AUR and SAC correct as at August 2024, based on activity data from NHSBSA
4. Enhanced Covid-19 vaccination data correct as at October 2024 via Community Pharmacy – Cheshire & Wirral, based on activity. Covid-19 vaccinations are available from most pharmacies
5. Locally Commissioned public health services data, CGL activity Oct-Dec 24, Axxess activity Q2 2024/25
6. Locally Commissioned ICB Cheshire East place data correct as at Feb 2025 via Cheshire East place Medicines management Team

Accessibility of pharmacies across CHAW (from pharmacy survey with addresses) as of September 2024

Pharmacy*	DP	WA	WA All	AD/B	HL	LPSEL	LPLE	CR	T	TWA
Boots Pharmacy, 24-26 Grove Street, Wilmslow, SK9 1DY		Yes	Yes	Yes	Yes			Yes		
Cedrics Chemist, 20 London Road, Alderley Edge, SK9 7JS	Yes			Yes		Yes	Yes	Yes		
Cedrics Chemist, Festival Hall, Talbot Road, Alderley Edge, SK9 7HR	Yes	Yes	Yes					Yes		
The Village Pharmacy, Unicorn House, Prestbury, Macclesfield, SK10 4DG	Yes	Yes	Yes			Yes	Yes	Yes	Yes	Yes
Wilmslow Pharmacy, Unit 2, Summerfield Village Centre, Dean Row Road, Wilmslow, SK9 2TA	Yes	Yes	Yes	Yes	Yes			Yes		
Well Pharmacy, 110 Wilmslow Road, Handforth, Wilmslow, SK9 3ES	Yes	Yes	Yes		Yes			Yes		
Well Pharmacy, 1 Lindow Parade, Chapel Lane, Wilmslow, SK9 5JL	Yes			Yes	Yes			Yes		
Well Pharmacy, Kenmore Medical Centre, 60-62 Alderley Road, Wilmslow, SK9 1PA	Yes	Yes	Yes		Yes			Yes		
Well Pharmacy, Wilmslow Health Centre, Chapel Lane, Wilmslow, SK9 5HX	Yes	Yes	Yes		Yes			Yes		
Well Pharmacy, Handforth Health Centre, Wilmslow Road, Handforth, SK9 3HL	Yes	Yes	Yes		Yes			Yes		
DP = designated disabled parking; WA = entrance suitable for unaided wheelchair; WA all = all areas accessible by wheelchair; AD/B = automatic door or bell at front door; HL = hearing loop; LPSEL = large print shelf-edge labels; LPLE = large print leaflets; CR = consultation room(s); T = access to toilet during consultation; TWA = toilet facilities accessible by wheelchair users										

Data Source: Pharmacy Contractors Survey 2024

* One pharmacy in this Care Community did not submit a response to the survey

Reasonable adjustments made by pharmacies across CHAW)from pharmacy survey with addresses) as of September 2024

Pharmacy*	LPLA	NCLC	RC	MAR	BPD	TC	ED	EDA	LGD	MG	AL	MCA
Boots Pharmacy, 24-26 Grove Street, Wilmslow, SK9 1DY	Yes	Yes	Yes									
Cedrics Chemist, 20 London Road, Alderley Edge, SK9 7JS	Yes	Yes	Yes	Yes		Yes	Yes	Yes		Yes	Yes	Yes
Cedrics Chemist, Festival Hall, Talbot Road, Alderley Edge, SK9 7HR					Yes	Yes						Yes
The Village Pharmacy, Unicorn House, Prestbury, Macclesfield, SK10 4DG	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes
Wilmslow Pharmacy, Unit 2, Summerfield Village Centre, Dean Row Road, Wilmslow, SK9 2TA	Yes	Yes		Yes								Yes
Well Pharmacy, 110 Wilmslow Road, Handforth, Wilmslow, SK9 3ES	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes			Yes
Well Pharmacy, 1 Lindow Parade, Chapel Lane, Wilmslow, SK9 5JL	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes			Yes
Well Pharmacy, Kenmore Medical Centre, 60-62 Alderley Road, Wilmslow, SK9 1PA	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes			Yes
Well Pharmacy, Wilmslow Health Centre, Chapel Lane, Wilmslow, SK9 5HX	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes			Yes
Well Pharmacy, Handforth Health Centre, Wilmslow Road, Handforth, SK9 3HL	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes			Yes

LPLA = large print labels; NCLC = non click-lock caps; RC = reminder charts; MAR = MAR charts; BPD = Blister popping device; TC = tablet crusher; ED = easyhaler device; EDA = eye drop aid; LGD = lid gripping device; MG = magnifying glass; AL = audio labels; MCA = multicompartment compliance aids (blister packs)

Data Source: Pharmacy Contractors Survey 2024

* One pharmacy in this Care Community did not submit a response to the survey

General Practices in CHAW, as of November 2024

GP Practice Code	GP Name and Postcode	Dispensing Practice
N81002	Kenmore Medical Centre, 60-62 Alderley Road, Wilmslow, SK9 1PA	No
N81033	Alderley Edge Medical Centre, Talbot Road, Alderley Edge, SK9 7EP	No
N81069	Chelford Surgery, Elmstead Road, Chelford, SK11 9BS	Yes
N81070	Handforth Health Centre, Wilmslow Road, Handforth, SK9 3HL	No
N81086	Wilmslow Health Centre, Chapel Lane, Wilmslow, SK9 5HX	No
N81033001	Alderley Edge Medical Centre: Prestbury Surgery, SK10 4BW	No
P88025001	Hulme Hall Medical Group, 166 Wilmslow Road, Handforth, SK9 3LF* ¹	No

Data Source: NHSEI. GP Practices taken from Epracur, 29 November 2024 extract. Branch Surgeries from Ebranches, 29 November 2024 extract. [GP and GP practice related data - NHS England Digital](#). Dispensing GP Practices taken from NHSBSA Open Data Portal, November 2024 extract. [Dispensing Practice Name and Address - Datasets - Open Data Portal](#)

*¹ Handforth Surgery which is a branch of Hulme Hall Medical Group (P88025), Stockport Health and Wellbeing Board

BOLLINGTON, DISLEY, POYNTON (BDP)**Pharmacy Opening Hours across BDP:**

Name and address	Mon	Tue	Wed	Thur	Fri	Sat	Sun	100 hrs
Rowlands Pharmacy, 67 Park Lane, Poynton, SK12 1RD	09:00-13:00, 13:20-17:30	09:00-13:00, 13:20-17:30	09:00-13:00, 13:20-17:30	09:00-13:00, 13:20-17:30	09:00-13:00, 13:20-17:30	09:00-12:00	Closed	No
Rowlands Pharmacy, The Waterhouse, Wellington Road, Bollington, SK10 5JH	09:00-13:20, 13:40-17:30	09:00-13:20, 13:40-17:30	09:00-13:20, 13:40-17:30	09:00-13:20, 13:40-17:30	09:00-13:20, 13:40-17:30	09:00-12:00	Closed	No
Well, 11 Fountain Square, Disley, Stockport, SK12 2AB	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed	No
Well, 4 Park Lane, Poynton, Stockport, SK12 1RE	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	09:00-13:00	Closed	No

Data Source: NHS Business Service Authority, Consolidated Pharmacy List 2024-25 Q2, downloaded 22nd November 2024.

Commissioned Services across BDP, 2024

Pharmacy details	Advanced									Enhanced	Locally Commissioned Public Health				Locally Commissioned ICB Cheshire East Place
Name and address	AUR	HCF	LFD	NMS	PCS	PFS	SAC	Flu	SCS	Covid-19	SC	NSP	EHC	CT Kit	PALL
Rowlands Pharmacy, 67 Park Lane, Poynton, SK12 1RD		Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes					
Rowlands Pharmacy, The Waterhouse, Wellington Road, Bollington, SK10 5JH		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes					
Well, 11 Fountain Square, Disley, Stockport, SK12 2AB		Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes					
Well, 4 Park Lane, Poynton, Stockport, SK12 1RE		Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes					

Key

Advanced	AUR	Appliance Use Review*
	HCF	Hypertension Case Finding
	LFD	Lateral Flow Device Service
	NMS	New Medicines Service
	PCS	Pharmacy Contraception Service
	PFS	Pharmacy First Service
	SAC	Stoma Appliance Customisation Service*
	Flu	NHS Influenza Vaccination
	SCS	Smoking Cessation service
Enhanced	Covid-19	Covid-19 Vaccination
Locally Commissioned Public Health	SC	Supervised consumption (of methadone or buprenorphine)
	NSP	Needle Syringe exchange
	EHC	Emergency Hormonal Contraception (Levonorgestrel or Ulipristal Acetate)
	CT Kit	Chlamydia Testing Kits

Locally Commissioned ICB Cheshire East Place	PALL	Urgent Palliative Care Medicines Service
---	-------------	--

Notes: -

1. Advanced services data correct as at November 2024 except for 2 and 3 below
2. Flu data correct as October 2024 via Community Pharmacy – Cheshire & Wirral
3. AUR and SAC correct as at August 2024, based on activity data from NHSBSA
4. Enhanced Covid-19 vaccination data correct as at October 2024 via Community Pharmacy – Cheshire & Wirral, based on activity. Covid-19 vaccinations are available from most pharmacies
5. Locally Commissioned public health services data, CGL activity Oct-Dec 24, Axxess activity Q2 2024/25
6. Locally Commissioned ICB Cheshire East place data correct as at Feb 2025 via Cheshire East place Medicines management Team

Accessibility of pharmacies across BDP (from pharmacy survey) with addresses as of September 2024

Pharmacy	DP	WA	WA All	AD/B	HL	LPSEL	LPLE	CR	T	TWA
Rowlands Pharmacy, 67 Park Lane, Poynton, SK12 1RD	Yes	Yes	Yes		Yes			Yes		
Rowlands Pharmacy, The Waterhouse, Wellington Road, Bollington, SK10 5JH	Yes	Yes	Yes	Yes	Yes			Yes	Yes	
Well Pharmacy, 11 Fountain Square, Disley, Stockport, SK12 2AB	Yes	Yes	Yes	Yes	Yes			Yes		
Well Pharmacy, 4 Park Lane, Poynton, Stockport, SK12 1RE	Yes	Yes	Yes		Yes			Yes		
DP = designated disabled parking; WA = entrance suitable for unaided wheelchair; WA all = all areas accessible by wheelchair; AD/B = automatic door or bell at front door; HL = hearing loop; LPSEL = large print shelf-edge labels; LPLE = large print leaflets; CR = consultation room(s); T = access to toilet during consultation; TWA = toilet facilities accessible by wheelchair users										

Data Source: Pharmacy Contractors Survey 2024

Reasonable adjustments made by pharmacies across BDP (from pharmacy survey with addresses) as of September 2024

Pharmacy	LPLA	NCLC	RC	MAR	BPD	TC	ED	EDA	LGD	MG	AL	MCA
Rowlands Pharmacy, 67 Park Lane, Poynton, SK12 1RD	Yes			Yes		Yes						
Rowlands Pharmacy, The Waterhouse, Wellington Road, Bollington, SK10 5JH	Yes					Yes						Yes
Well Pharmacy, 11 Fountain Square, Disley, Stockport, SK12 2AB	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes			Yes
Well Pharmacy, 4 Park Lane, Poynton, Stockport, SK12 1RE	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes			Yes
LPLA = large print labels; NCLC = non click-lock caps; RC = reminder charts; MAR = MAR charts; BPD = Blister popping device; TC = tablet crusher; ED = easyhaler device; EDA = eye drop aid; LGD = lid gripping device; MG = magnifying glass; AL = audio labels; MCA = multicompartiment compliance aids (blister packs)												

Data Source: Pharmacy Contractors Survey 2024

General Practices in BDP as of November 2024

GP Practice Code	GP Name and Postcode	Dispensing Practice
N81022	Middlewood Partnership, Waterhouse Surgery, Wellington Road, Bollington, SK10 5JH	No
N81022001	Middlewood Partnership: McIlvride Medical Practice, 5 Chester Rd, Poynton, SK12 1EU	No
N81022002	Middlewood Partnership: Priorslegh Medical Practice, Park Lane, Poynton, SK12 1GP	No
N81022003	Middlewood Partnership: Schoolhouse Surgery, 2 Buxton Old Road, Disley, SK12 2BB	No

Data Source: NHSEI. GP Practices taken from Epracur, 29 November 2024 extract. Branch Surgeries from Ebranches, 29 November 2024 extract. [GP and GP practice related data - NHS England Digital](#). Dispensing GP Practices taken from NHSBSA Open Data Portal, November 2024 extract. [Dispensing Practice Name and Address - Datasets - Open Data Portal](#)

CONGLETON, HOLMES CHAPEL (CHOC)

Pharmacy Opening Hours across CHOC:

Name and address	Mon	Tue	Wed	Thur	Fri	Sat	Sun	100 hrs
Boots, Unit E Retail Park, Barn Road, Congleton, CW12 1LJ	08:30-21:00	08:30-21:00	08:30-21:00	08:30-21:00	08:30-21:00	08:30-21:00	10:00-16:00	Yes
Day Lewis Pharmacy, 29-31 West Street, Congleton, CW12 1JP	08:30-18:30	08:00-18:30	08:00-18:30	08:30-18:30	08:30-18:30	09:00-13:00	Closed	No
Goostrey Pharmacy, 3 Cheshire House, 164 Main Road, Goostrey, Crewe, CW4 8JP	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	Closed	Closed	No
Holmes Chapel Pharmacy, 39-41 London Road, Holmes Chapel, Crewe, CW4 7AP	08:30-19:00	08:30-19:00	08:30-19:00	08:30-19:00	08:30-19:00	08:30-17:00	Closed	No
Mossley Pharmacy, 18 Biddulph Road, Mossley, Congleton, CW12 3LG	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00	Closed	No
Superdrug Pharmacy, 39-41 High Street, Congleton, CW12 1AU	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	Closed	No
Tesco Instore Pharmacy, Barn Road, Congleton, CW12 1LR	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	10:00-16:00	Yes
Well, 1 Park Lane, Congleton, Cheshire, CW12 3DN	08:45-18:30	08:45-18:30	08:45-18:30	08:45-18:30	08:45-18:30	09:00-13:00	Closed	No
West Heath Pharmacy, Unit 3, West Heath Shopping Pct., Congleton, CW12 4NB	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	Closed	No
West Street Pharmacy, 41A West Street, Congleton, CW12 1JN	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	09:00-13:00	Closed	No

Data Source: NHS Business Service Authority, Consolidated Pharmacy List 2024-25 Q2, downloaded 22nd November 2024.

Commissioned Services across Congleton, Holmes Chapel (CHOC), 2024

Pharmacy details	Advanced									Enhanced	Locally Commissioned Public Health				Locally Commissioned ICB Cheshire East Place
Name and address	AUR	HCF	LFD	NMS	PCS	PFS	SAC	Flu	SCS	Covid-19	SC	NSP	EHC	CT Kit	PALL
Boots, Unit E Retail Park, Barn Road, Congleton, CW12 1LJ		Yes	Yes		Yes	Yes		Yes					Yes		Yes
Day Lewis Pharmacy, 29-31 West Street, Congleton, CW12 1JP		Yes	Yes		Yes	Yes		Yes		Yes			Yes		
Goostrey Pharmacy, 3 Cheshire House, 164 Main Road, Goostrey, Crewe, CW4 8JP		Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes					
Holmes Chapel Pharmacy, 39-41 London Road, Holmes Chapel, Crewe, CW4 7AP		Yes				Yes		Yes		Yes					
Mossley Pharmacy, 18 Biddulph Road, Mossley, Congleton, CW12 3LG		Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes				
Superdrug Pharmacy, 39-41 High Street, Congleton, CW12 1AU		Yes	Yes		Yes	Yes		Yes		Yes			Yes		
Tesco Instore Pharmacy, Barn Road, Congleton, CW12 1LR		Yes	Yes		Yes	Yes		Yes		Yes			Yes		
Well, 1 Park Lane, Congleton, Cheshire, CW12 3DN		Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes			Yes		Yes
West Heath Pharmacy, Unit 3, West Heath Shopping Pct., Congleton, CW12 4NB		Yes	Yes		Yes	Yes		Yes		Yes			Yes		
West Street Pharmacy, 41A West Street, Congleton, CW12 1JN		Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes		Yes	Yes		

Key

Advanced	AUR	Appliance Use Review*
	HCF	Hypertension Case Finding
	LFD	Lateral Flow Device Service
	NMS	New Medicines Service
	PCS	Pharmacy Contraception Service
	PFS	Pharmacy First Service
	SAC	Stoma Appliance Customisation Service*
	Flu	NHS Influenza Vaccination
	SCS	Smoking Cessation service
Enhanced	Covid-19	Covid-19 Vaccination
Locally Commissioned Public Health	SC	Supervised consumption (of methadone or buprenorphine)
	NSP	Needle Syringe exchange
	EHC	Emergency Hormonal Contraception (Levonorgestrel or Ulipristal Acetate)
	CT Kit	Chlamydia Testing Kits
Locally Commissioned ICB Cheshire East Place	PALL	Urgent Palliative Care Medicines Service

Notes: -

1. Advanced services data correct as at November 2024 except for 2 and 3 below
2. Flu data correct as October 2024 via Community Pharmacy – Cheshire & Wirral
3. AUR and SAC correct as at August 2024, based on activity data from NHSBSA
4. Enhanced Covid-19 vaccination data correct as at October 2024 via Community Pharmacy – Cheshire & Wirral, based on activity. Covid-19 vaccinations are available from most pharmacies
5. Locally Commissioned public health services data, CGL activity Oct-Dec 24, Axxess activity Q2 2024/25
6. Locally Commissioned ICB Cheshire East place data correct as at Feb 2025 via Cheshire East place Medicines management Team

Accessibility of pharmacies across CHOC (from pharmacy survey) with addresses as of September 2024

Pharmacy*	DP	WA	WA All	AD/B	HL	LPSEL	LPLE	CR	T	TWA
Boots Pharmacy, Unit E Retail Park, Barn Road, Congleton, CW12 1LJ	Yes	Yes	Yes					Yes		
Day Lewis Pharmacy, 29-31 West Street, Congleton, CW12 1JP	Yes	Yes	Yes					Yes	Yes	Yes
West Heath Pharmacy, Unit 3, West Heath Shopping Pct., Holmes Chapel Road, Congleton, CW12 4NB	Yes	Yes	Yes				Yes	Yes		
Holmes Chapel Pharmacy, Holmes Chapel Health Centre, 39-41 London Road, Holmes Chapel, CW4 7AP	Yes	Yes	Yes	Yes				Yes		
Mossley Pharmacy, 18 Biddulph Road, Mossley, Congleton, CW12 3LG	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Superdrug Pharmacy, 41 High Street, Congleton, CW12 1AU		Yes	Yes				Yes	Yes		
Tesco Instore Pharmacy, Barn Road, Congleton, CW12 1LR	Yes	Yes	Yes	Yes	Yes			Yes	**	Yes
West Street Pharmacy, 41a West Street, Congleton, CW12 1JN								Yes		
Well Pharmacy, 1 Park Lane, Congleton, CW12 3DN	Yes			Yes	Yes			Yes		
DP = designated disabled parking; WA = entrance suitable for unaided wheelchair; WA all = all areas accessible by wheelchair; AD/B = automatic door or bell at front door; HL = hearing loop; LPSEL = large print shelf-edge labels; LPLE = large print leaflets; CR = consultation room(s); T = access to toilet during consultation; TWA = toilet facilities accessible by wheelchair users										

Data Source: Pharmacy Contractors Survey 2024

*One pharmacy in this Care Community did not submit a response to the survey

** Although this pharmacy did not respond that they have 'access to toilet during consultation' on the survey, it has been confirmed that they do have toilet facilities.

Reasonable adjustments in pharmacies across CHOC (from pharmacy survey) with addresses as of September 2024

Pharmacy*	LPLA	NCLC	RC	MAR	BPD	TC	ED	EDA	LGD	MG	AL	MCA
Boots Pharmacy, Unit E Congleton Retail Park, Barn Road, Congleton, CW12 1LJ	Yes											
Day Lewis Pharmacy, 29-31 West Street, Congleton, CW12 1JP	Yes			Yes		Yes						Yes
West Heath Pharmacy, Unit 3, West Heath Shopping Pct., Holmes Chapel Road, Congleton, CW12 4NB	Yes		Yes	Yes		Yes						
Holmes Chapel Pharmacy, Holmes Chapel Health Centre, 39-41 London Road, Holmes Chapel, CW4 7AP	Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes
Mossley Pharmacy, 18 Biddulph Road, Mossley, Congleton, CW12 3LG	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	
Superdrug Pharmacy, 41 High Street, Congleton, CW12 1AU				Yes								Yes
Tesco Instore Pharmacy, Barn Road, Congleton, CW12 1LR	Yes	Yes				Yes						
West Street Pharmacy, 41a West Street, Congleton, CW12 1JN						Yes						Yes
Well Pharmacy, 1 Park Lane, Congleton, CW12 3DN	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes			Yes
LPLA = large print labels; NCLC = non click-lock caps; RC = reminder charts; MAR = MAR charts; BPD = Blister popping device; TC = tablet crusher; ED = easyhaler device; EDA = eye drop aid; LGD = lid gripping device; MG = magnifying glass; AL = audio labels; MCA = multicompartment compliance aids (blister packs)												

Data Source: Pharmacy Contractors Survey 2024

*One pharmacy in this Care Community did not submit a response to the survey

General Practices in CHOC as of November 2024

GP Practice Code	GP Name and Postcode	Dispensing Practice
N81027	Readesmoor Medical Group Practice, 29-31 West Street, Congleton, CW12 1JP	No
N81052	Lawton House Surgery, Bromley Road, Congleton, CW12 1QG	No
N81077	The Health Centre (Holmes Chapel), London Road, CW4 7BB	Yes
N81118	Meadowside Medical Centre, Mountbatten Way, Congleton, CW12 1DY	No

Data Source: NHSEI. GP Practices taken from Epracur, 29 November 2024 extract. Branch Surgeries from Ebranches, 29 November 2024 extract. [GP and GP practice related data - NHS England Digital](#). Dispensing GP Practices taken from NHSBSA Open Data Portal, November 2024 extract. [Dispensing Practice Name and Address - Datasets - Open Data Portal](#)

CREWE**Pharmacy Opening Hours across Crewe:**

Name and address	Mon	Tue	Wed	Thur	Fri	Sat	Sun	100 hrs
Allied Pharmacy Rushtons, 66 Richard Moon Street, Crewe, CW1 3AX	09:00-13:00, 13:20-17:30	09:00-13:00, 13:20-17:30	09:00-13:00, 13:20-17:30	09:00-13:00, 13:20-17:30	09:00-13:00, 13:20-17:30	09:00-12:00	Closed	No
Asda Pharmacy, Victoria Centre, Crewe, CW1 2PT	09:00-12:30, 13:00-16:30, 17:00-21:00	09:00-12:30, 13:00-16:30, 17:00-21:00	09:00-12:30, 13:00-16:30, 17:00-21:00	09:00-12:30, 13:00-16:30, 17:00-21:00	09:00-12:30, 13:00-16:30, 17:00-21:00	09:00-12:30, 13:00-16:30, 17:00-21:00	10:00-16:00	Yes
Boots, Unit 12, Grand Junction Retail Pk, Crewe, CW1 2RP	08:00-23:59	08:00-23:59	08:00-23:59	08:00-23:59	08:00-23:59	08:00-22:00	11:00-17:00	Yes
Clear Pharmacy, 31-32 The Market Centre, Victoria Street, Crewe, CW1 2NG	08:45-17:30	08:45-17:30	08:45-17:30	08:45-17:30	08:45-17:30	08:45-17:30	Closed	No
Rowlands Pharmacy, 7 Kings Drive, Wistaston, Crewe, CW2 8HY	09:00-13:00, 13:20-18:00	09:00-13:00, 13:20-18:00	09:00-13:00, 13:20-18:00	09:00-13:00, 13:20-18:00	09:00-13:00, 13:20-18:00	09:00-12:00	Closed	No
Rydale Pharmacy, 18 North Street, Coppenhall, Crewe, CW1 4NL	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:00	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:30-12:30	Closed	No
Tesco Instore Pharmacy, Vernon Way, Crewe, CW1 2DD	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	10:00-16:00	Yes
Well, 139-141 Nantwich Road, Crewe, CW2 6DF	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	Closed	No
Well, 1A Brookhouse Drive, Crewe, CW2 6NA	08:45-18:00	08:45-18:00	08:45-18:00	08:45-18:00	08:45-18:00	Closed	Closed	No
Well, 3 The Precinct, Readesdale Avenue, Wistaston, CW2 8UR	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	Closed	Closed	No
Well, Eagle Bridge Health Ctr, Dunwoody Way, Crewe, CW1 3AW	08:30-20:00	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	09:00-13:00	Closed	No
Well, Hungerford Medical Centre, School Crescent, Crewe, CW1 5HA	09:00-19:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	Closed	Closed	No

Name and address	Mon	Tue	Wed	Thur	Fri	Sat	Sun	100 hrs
Well, Rope Lane Medical Centre, Rope Lane, Shavington, Crewe, CW2 5DA	08:15-18:30	08:00-18:30	08:00-18:30	08:15-18:30	08:15-18:30	09:00-13:00	Closed	No
West Street Pharmacy, 143 West Street, Crewe, CW1 3HH	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	Closed	No

Data Source: NHS Business Service Authority, Consolidated Pharmacy List 2024-25 Q2, downloaded 22nd November 2024.

Commissioned Services across Crewe, 2024

Pharmacy details	Advanced									Enhanced	Locally Commissioned Public Health				Locally Commissioned ICB Cheshire East Place
Name and address	AUR	HCF	LFD	NMS	PCS	PFS	SAC	Flu	SCS	Covid-19	SC	NSP	EHC	CT Kit	PALL
Allied Pharmacy Rushtons, 66 Richard Moon Street, Crewe, CW1 3AX		Yes			Yes	Yes		Yes		PAUSED 16/09/24			Yes		Yes
Asda Pharmacy, Victoria Centre, Crewe, CW1 2PT		Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes
Boots, Unit 12, Grand Junction Retail Pk, Crewe, CW1 2RP		Yes	Yes		Yes	Yes		Yes		Yes			Yes		Yes
Clear Pharmacy, 31-32 The Market Centre, Victoria Street, Crewe, CW1 2NG		Yes	Yes			Yes		Yes		Yes	Yes	Yes			Yes
Rowlands Pharmacy, 7 Kings Drive, Wistaston, Crewe, CW2 8HY		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes			Yes		
Rydale Pharmacy, 18 North Street, Coppenhall, Crewe, CW1 4NL		Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes					
Tesco Instore Pharmacy, Vernon Way, Crewe, CW1 2DD		Yes	Yes		Yes	Yes		Yes		Yes			Yes		
Well, 139-141 Nantwich Road, Crewe, CW2 6DF		Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes			Yes		
Well, 1A Brookhouse Drive, Crewe, CW2 6NA		Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes		Yes		
Well, 3 The Precinct, Readesdale Avenue, Wistaston, CW2 8UR		Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes		Yes		
Well, Eagle Bridge Health Ctr, Dunwoody Way, Crewe, CW1 3AW		Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes			Yes		Yes
Well, Hungerford Medical Centre, School Crescent, Crewe, CW1 5HA		Yes	Yes	Yes	Yes	Yes		Yes	Yes				Yes		

Pharmacy details	Advanced									Enhanced	Locally Commissioned Public Health				Locally Commissioned ICB Cheshire East Place
Name and address	AUR	HCF	LFD	NMS	PCS	PFS	SAC	Flu	SCS	Covid-19	SC	NSP	EHC	CT Kit	PALL
Well, Rope Lane Medical Centre, Rope Lane, Shavington, Crewe, CW2 5DA		Yes	Yes		Yes	Yes		Yes		PAUSED 29/09/24			Yes		Yes
West Street Pharmacy, 143 West Street, Crewe, CW1 3HH		Yes	Yes	Yes	Yes	Yes		Yes	Yes				Yes		

Key

Advanced	AUR	Appliance Use Review*
	HCF	Hypertension Case Finding
	LFD	Lateral Flow Device Service
	NMS	New Medicines Service
	PCS	Pharmacy Contraception Service
	PFS	Pharmacy First Service
	SAC	Stoma Appliance Customisation Service*
	Flu	NHS Influenza Vaccination
	SCS	Smoking Cessation service
Enhanced	Covid-19	Covid-19 Vaccination
Locally Commissioned Public Health	SC	Supervised consumption (of methadone or buprenorphine)
	NSP	Needle Syringe exchange
	EHC	Emergency Hormonal Contraception (Levonorgestrel or Ulipristal Acetate)
	CT Kit	Chlamydia Testing Kits
Locally Commissioned ICB Cheshire East Place	PALL	Urgent Palliative Care Medicines Service

Notes: -

1. Advanced services data correct as at November 2024 except for 2 and 3 below
2. Flu data correct as October 2024 via Community Pharmacy – Cheshire & Wirral
3. AUR and SAC correct as at August 2024, based on activity data from NHSBSA
4. Enhanced Covid-19 vaccination data correct as at October 2024 via Community Pharmacy – Cheshire & Wirral, based on activity. Covid-19 vaccinations are available from most pharmacies
5. Locally Commissioned public health services data, CGL activity Oct-Dec 24, Axess activity Q2 2024/25
6. Locally Commissioned ICB Cheshire East place data correct as at Feb 2025 via Cheshire East place Medicines management Team

Accessibility of pharmacies across Crewe (from pharmacy survey) with addresses as of September 2024

Pharmacy*	DP	WA	WA All	AD/B	HL	LPSEL	LPLE	CR	T	TWA
Allied Pharmacy Rushtons, 66 Richard Moon Street, Crewe, CW1 3AX	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	
Asda Pharmacy, Victoria Centre, Crewe, CW1 2PT	Yes	Yes	Yes		Yes			Yes	Yes	Yes
Boots Pharmacy, Unit 12, Grand Junction Retail Park, Crewe, CW1 2RP	Yes	Yes	Yes		Yes			Yes		
Clear Pharmacy, 31-32 The Market Centre, Victoria Street, Crewe, CW1 2NG	Yes	Yes	Yes				Yes	Yes	Yes	Yes
Rydale Pharmacy, 18 North Street, Copenhall, Crewe, CW1 4NL	Yes	Yes	Yes			Yes		Yes		
Rowlands Pharmacy, 7 Kings Drive, Wistaston, Crewe, CW2 8HY	Yes	Yes	Yes		Yes			Yes		
Tesco Instore Pharmacy, Vernon Way, Crewe, CW1 2DD	Yes	Yes	Yes	Yes	Yes			Yes	Yes	Yes
Well Pharmacy, Hungerford Medical Centre, School Crescent, Crewe, CW1 5HA	Yes	Yes	Yes		Yes			Yes		
Well Pharmacy, Rope Green Medical Centre, Rope Lane, Shavington, Crewe, CW2 5DA	Yes	Yes	Yes		Yes			Yes		
Well Pharmacy, 1A Brookhouse Drive, Crewe, CW2 6NA	Yes	Yes	Yes		Yes			Yes		
Well Pharmacy, 3 The Precinct, Wistaston Green Crewe, CW2 8UR	Yes	Yes	Yes		Yes			Yes		
Well Pharmacy, Eagle Bridge Health Centre, Dunwoody Way, Crewe, CW1 3AW	Yes	Yes	Yes		Yes			Yes		
Well Pharmacy, 139-141 Nantwich Road, Crewe, CW2 6DF	Yes	Yes	Yes		Yes			Yes		
DP = designated disabled parking; WA = entrance suitable for unaided wheelchair; WA all = all areas accessible by wheelchair; AD/B = automatic door or bell at front door; HL = hearing loop; LPSEL = large print shelf-edge labels; LPLE = large print leaflets; CR = consultation room(s); T = access to toilet during consultation; TWA = toilet facilities accessible by wheelchair users										

Data Source: Pharmacy Contractors Survey 2024

*One pharmacy in this Care Community did not submit a response to the survey

Reasonable adjustments in pharmacies in Crewe (from pharmacy survey) with addresses as of September 2024

Pharmacy*	LPLA	NCLC	RC	MAR	BPD	TC	ED	EDA	LGD	MG	AL	MCA
Allied Pharmacy Rushtons, 66 Richard Moon Street, Crewe, CW1 3AX	Yes			Yes	Yes	Yes						
Asda Pharmacy, Victoria Centre, Crewe, CW1 2PT	Yes	Yes				Yes		Yes				
Boots Pharmacy, Unit 12, Grand Junction Retail Park, Crewe, CW1 2RP	Yes	Yes	Yes									Yes
Clear Pharmacy, 31-32 The Market Centre, Victoria Street, Crewe, CW1 2NG	Yes	Yes		Yes		Yes	Yes	Yes				Yes
Rydale Pharmacy, 18 North Street, Copenhall, Crewe, CW1 4NL	Yes	Yes		Yes		Yes	Yes	Yes				Yes
Rowlands Pharmacy, 7 Kings Drive, Wistaston, Crewe, CW2 8HY	Yes			Yes		Yes						Yes
Tesco Instore Pharmacy, Vernon Way, Crewe, CW1 2DD	Yes		Yes	Yes								
Well Pharmacy, Hungerford Medical Centre, School Crescent, Crewe, CW1 5HA	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes			Yes
Well Pharmacy, Rope Green Medical Centre, Rope Lane, Shavington, Crewe, CW2 5DA	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes			Yes
Well Pharmacy, 1A Brookhouse Drive, Crewe, CW2 6NA	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes			Yes
Well Pharmacy, 3 The Precinct, Wistaston Green Crewe, CW2 8UR	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes			Yes
Well Pharmacy, Eagle Bridge Health Centre, Dunwoody Way, Crewe, CW1 3AW	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes			Yes
Well Pharmacy, 139-141 Nantwich Road, Crewe, CW2 6DF	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes			Yes

LPLA = large print labels; NCLC = non click-lock caps; RC = reminder charts; MAR = MAR charts; BPD = Blister popping device; TC = tablet crusher; ED = easyhaler device; EDA = eye drop aid; LGD = lid gripping device; MG = magnifying glass; AL = audio labels; MCA = multicompartment compliance aids (blister packs)

Data Source: Pharmacy Contractors Survey 2024

*One pharmacy in this Care Community did not submit a response to the survey

General Practices in Crewe as of November 2024

GP Practice Code	GP Name and Postcode	Dispensing Practice
N81016	Millcroft Medical Centre, Eagle Bridge H & W Centre, Dunwoody Way, Crewe, CW1 3AW	No
N81044	Hungerford Medical Centre, School Crescent, Crewe, CW1 5HA	No
N81053	Earnswood Medical Centre, Eagle Bridge H & W Centre, Dunwoody Way, Crewe, CW1 3AW	No
N81068	Grosvenor Medical Centre, Grosvenor Street, Crewe, CW1 3HB	No
N81084	Rope Green Medical Centre, Rope Lane, Shavington, CW2 5DA	No
N81068001	Grosvenor Medical Centre: Gresty Brook Medical Centre, CW2 6NA	No

Data Source: NHSEI. GP Practices taken from Epracur, 29 November 2024 extract. Branch Surgeries from Ebranches, 29 November 2024 extract. [GP and GP practice related data - NHS England Digital](#). Dispensing GP Practices taken from NHSBSA Open Data Portal, November 2024 extract. [Dispensing Practice Name and Address - Datasets - Open Data Portal](#)

KNUTSFORD

Pharmacy Opening Hours across Knutsford:

Name and address	Mon	Tue	Wed	Thur	Fri	Sat	Sun	100 hrs
Boots, 64 King Street, Knutsford, Cheshire, WA16 6DT	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	10:30-16:30	No
Cohens Chemist, 38 Princess Street, Knutsford, WA16 6BN	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	No
The Prescription Service, 16 Princess Street, Knutsford, WA16 6BU	09:00-13:00, 13:20-18:00	09:00-13:00, 13:20-18:00	09:00-13:00, 13:20-18:00	09:00-13:00, 13:20-18:00	09:00-13:00, 13:20-18:00	09:00-13:00, 13:20-18:00	Closed	No
Town Lane Pharmacy, 93 Town Lane, Mobberley, Knutsford, WA16 7HH	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed	No

Data Source: NHS Business Service Authority, Consolidated Pharmacy List 2024-25 Q2, downloaded 22nd November 2024.

Commissioned Services across Knutsford, 2024

Pharmacy details	Advanced									Enhanced	Locally Commissioned Public Health				Locally Commissioned ICB Cheshire East Place
Name and address	AUR	HCF	LFD	NMS	PCS	PFS	SAC	Flu	SCS	Covid-19	SC	NSP	EHC	CT Kit	PALL
Boots, 64 King Street, Knutsford, Cheshire, WA16 6DT		Yes	Yes		Yes	Yes		Yes		Yes			Yes		Yes
Cohens Chemist, 38 Princess Street, Knutsford, WA16 6BN		Yes	Yes	Yes	Yes	Yes		Yes	Yes				Yes		Yes
The Prescription Service, 16 Princess Street, Knutsford, WA16 6BU		Yes	Yes		Yes	Yes		Yes					Yes		Yes
Town Lane Pharmacy, 93 Town Lane, Mobberley, Knutsford, WA16 7HH		Yes	Yes	Yes	Yes	Yes		Yes	Yes				Yes		

Key

Advanced	AUR	Appliance Use Review*
	HCF	Hypertension Case Finding
	LFD	Lateral Flow Device Service
	NMS	New Medicines Service
	PCS	Pharmacy Contraception Service
	PFS	Pharmacy First Service
	SAC	Stoma Appliance Customisation Service*
	Flu	NHS Influenza Vaccination
	SCS	Smoking Cessation service
Enhanced	Covid-19	Covid-19 Vaccination
Locally Commissioned Public Health	SC	Supervised consumption (of methadone or buprenorphine)
	NSP	Needle Syringe exchange
	EHC	Emergency Hormonal Contraception (Levonorgestrel or Ulipristal Acetate)
	CT Kit	Chlamydia Testing Kits
Locally Commissioned ICB Cheshire East Place	PALL	Urgent Palliative Care Medicines Service

Notes: -

1. Advanced services data correct as at November 2024 except for 2 and 3 below
2. Flu data correct as October 2024 via Community Pharmacy – Cheshire & Wirral
3. AUR and SAC correct as at August 2024, based on activity data from NHSBSA
4. Enhanced Covid-19 vaccination data correct as at October 2024 via Community Pharmacy – Cheshire & Wirral, based on activity. Covid-19 vaccinations are available from most pharmacies
5. Locally Commissioned public health services data, CGL activity Oct-Dec 24, Axess activity Q2 2024/25
6. Locally Commissioned ICB Cheshire East place data correct as at Feb 2025 via Cheshire East place Medicines management Team

Accessibility in pharmacies across Knutsford (from pharmacy survey) with addresses as of September 2024

Pharmacy	DP	WA	WA All	AD/B	HL	LPSEL	LPLE	CR	T	TWA
Boots Pharmacy, 64 King Street, Knutsford, WA16 6DT		Yes	Yes	Yes	Yes			Yes		
Cohens Chemist, 38 Princess Street, Knutsford, WA16 6BN							Yes	Yes		
The Prescription Service Knutsford, 16 Princess Street, Knutsford, WA16 6BU	Yes	Yes	Yes	Yes		Yes	Yes	Yes		
Town Lane Pharmacy, 93 Town Lane, Mobberley, Knutsford, WA16 7HH	Yes	Yes	Yes	Yes		Yes	Yes	Yes		
DP = designated disabled parking; WA = entrance suitable for unaided wheelchair; WA all = all areas accessible by wheelchair; AD/B = automatic door or bell at front door; HL = hearing loop; LPSEL = large print shelf-edge labels; LPLE = large print leaflets; CR = consultation room(s); T = access to toilet during consultation; TWA = toilet facilities accessible by wheelchair users										

Data Source: Pharmacy Contractors Survey 2024

Reasonable adjustments in pharmacies across Knutsford (from pharmacy survey) with addresses as of September 2024

Pharmacy*	LPLA	NCLC	RC	MAR	BPD	TC	ED	EDA	LGD	MG	AL	MCA
Boots Pharmacy, 64 King Street, Knutsford, WA16 6DT	Yes	Yes	Yes	Yes		Yes	Yes					Yes
Cohens Chemist, 38 Princess Street, Knutsford, WA16 6BN	Yes	Yes	Yes	Yes		Yes	Yes	Yes				Yes
The Prescription Service Knutsford, 16 Princess Street, Knutsford, WA16 6BU	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes
Town Lane Pharmacy, 93 Town Lane, Mobberley, Knutsford, WA16 7HH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes
LPLA = large print labels; NCLC = non click-lock caps; RC = reminder charts; MAR = MAR charts; BPD = Blister popping device; TC = tablet crusher; ED = easyhaler device; EDA = eye drop aid; LGD = lid gripping device; MG = magnifying glass; AL = audio labels; MCA = multicompartment compliance aids (blister packs)												

Data Source: Pharmacy Contractors Survey 2024

General Practices in Knutsford as of November 2024

GP Practice Code	GP Name and Postcode	Dispensing Practice
N81049	Knutsford Medical Partnership, 27-29 Manchester Road, Knutsford, WA16 0LY	Yes
N81049002	Knutsford Medical Partnership: Town Lane Site, WA16 7HH	No

Data Source: NHSEI. GP Practices taken from Epracur, 29 November 2024 extract. Branch Surgeries from Ebranches, 29 November 2024 extract. [GP and GP practice related data - NHS England Digital](#). Dispensing GP Practices taken from NHSBSA Open Data Portal, November 2024 extract. [Dispensing Practice Name and Address - Datasets - Open Data Portal](#)

MACCLESFIELD

Pharmacy Opening Hours across Macclesfield:

Name and address	Mon	Tue	Wed	Thur	Fri	Sat	Sun	100 hrs
Andrews Pharmacy, 71 Kennedy Avenue, Macclesfield, SK10 3DE	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-12:30	Closed	No
Boots, 12 Mill Street Mall, The Grosvenor Centre, Macclesfield, SK11 6AJ	08:00-17:30	08:00-17:30	08:00-17:30	08:00-17:30	08:00-17:30	08:30-17:30	11:00-16:00	No
Cohens Chemist, 76-80 Sunderland Street, Macclesfield, SK11 6HN *1	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	Closed	No
Cohens Chemist, Bollin House, Sunderland Street, Macclesfield, SK11 6JL	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	Closed	Closed	No
Cohens Chemist, Waters Green Medical Ctr, Sunderland Street, Macclesfield, SK11 6JL	08:30-21:00	08:30-21:00	08:30-21:00	08:30-21:00	08:30-21:00	09:00-12:00, 17:00-21:00	10:00-20:00	Yes
London Road Pharmacy, Unit 1, 157 London Road, Macclesfield, SK11 7SP	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-12:30	Closed	No
Peak Pharmacy, 5-6 Weston Square, Earlsway, Macclesfield, SK11 8SS	09:00-18:00	09:00-18:00	09:00-17:30	09:00-18:00	09:00-18:00	09:00-17:30	Closed	No
Tesco Instore Pharmacy, Tesco Superstore, Hibel Road, Macclesfield, SK10 2AB	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	10:00-16:00	No
Tytherington Pharmacy, 2-3 The Precinct, Tytherington, Macclesfield, SK10 2HB	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	Closed	No
Well, 209 Park Lane, Macclesfield, SK11 6UD	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed	No

Data Source: NHS Business Service Authority, Consolidated Pharmacy List 2024-25 Q2, downloaded 22nd November 2024.

*1 Since the production of these tables, we have received a notification that from 17 March 2025 Cohen’s pharmacy 76 - 80 Sunderland Street, Macclesfield, SK11 6HN (FHL25) will be closed on Saturdays

Commissioned Services across Macclesfield, 2024

Pharmacy details	Advanced									Enhanced	Locally Commissioned Public Health				Locally Commissioned ICB Cheshire East Place
Name and address	AUR	HCF	LFD	NMS	PCS	PFS	SAC	Flu	SCS	Covid-19	SC	NSP	EHC	CT Kit	PALL
Andrews Pharmacy, 71 Kennedy Avenue, Macclesfield, SK10 3DE		Yes	Yes		Yes	Yes		Yes		Yes	Yes	Yes	Yes		Yes
Boots, 12 Mill Street Mall, The Grosvenor Centre, Macclesfield, SK11 6AJ		Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes			Yes		
Cohens Chemist, 76-80 Sunderland Street, Macclesfield, SK11 6HN		Yes	Yes			Yes		Yes		Yes	Yes				
Cohens Chemist, Bollin House, Sunderland Street, Macclesfield, SK11 6JL		Yes	Yes			Yes		Yes		Yes			Yes		
Cohens Chemist, Waters Green Medical Ctr, Sunderland Street, Macclesfield, SK11 6JL		Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes			Yes
London Road Pharmacy, Unit 1, 157 London Road, Macclesfield, SK11 7SP		Yes	Yes		Yes	Yes		Yes			Yes	Yes	Yes		Yes
Peak Pharmacy, 5-6 Weston Square, Earlsway, Macclesfield, SK11 8SS		Yes	Yes		Yes	Yes		Yes			Yes		Yes		Yes
Tesco Instore Pharmacy, Tesco Superstore, Hibel Road, Macclesfield, SK10 2AB		Yes	Yes		Yes	Yes		Yes		Yes			Yes		Yes
Tytherington Pharmacy, 2-3 The Precinct, Tytherington, Macclesfield, SK10 2HB		Yes	Yes		Yes	Yes		Yes		Yes			Yes		Yes
Well, 209 Park Lane, Macclesfield, SK11 6UD		Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes			

Key

Advanced	AUR	Appliance Use Review*
	HCF	Hypertension Case Finding
	LFD	Lateral Flow Device Service
	NMS	New Medicines Service
	PCS	Pharmacy Contraception Service
	PFS	Pharmacy First Service
	SAC	Stoma Appliance Customisation Service*
	Flu	NHS Influenza Vaccination
	SCS	Smoking Cessation service
Enhanced	Covid-19	Covid-19 Vaccination
Locally Commissioned Public Health	SC	Supervised consumption (of methadone or buprenorphine)
	NSP	Needle Syringe exchange
	EHC	Emergency Hormonal Contraception (Levonorgestrel or Ulipristal Acetate)
	CT Kit	Chlamydia Testing Kits
Locally Commissioned ICB Cheshire East Place	PALL	Urgent Palliative Care Medicines Service

Notes: -

1. Advanced services data correct as at November 2024 except for 2 and 3 below
2. Flu data correct as October 2024 via Community Pharmacy – Cheshire & Wirral
3. AUR and SAC correct as at August 2024, based on activity data from NHSBSA
4. Enhanced Covid-19 vaccination data correct as at October 2024 via Community Pharmacy – Cheshire & Wirral, based on activity. Covid-19 vaccinations are available from most pharmacies
5. Locally Commissioned public health services data, CGL activity Oct-Dec 24, Axxess activity Q2 2024/25
6. Locally Commissioned ICB Cheshire East place data correct as at Feb 2025 via Cheshire East place Medicines management Team

Accessibility in pharmacies across Macclesfield (from pharmacy survey with addresses) as of September 2024

Pharmacy*	DP	WA	WA All	AD/B	HL	LPSEL	LPLE	CR	T	TWA
London Road Pharmacy, Unit 1, 157 London Road, Macclesfield, SK11 7SP		Yes	Yes	Yes				Yes		
Tytherington Pharmacy, 2-3 Tytherington Shopping Centre, Brocklehurst Way, Tytherington, Macclesfield, SK10 2HB				Yes	Yes			Yes		
Andrews Pharmacy, 71 Kennedy Avenue, Macclesfield, SK10 3DE	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Cohens Chemist, Bollin House, Sunderland Street, Macclesfield, SK11 6JL	Yes	Yes	Yes	Yes				Yes		
Cohens Chemist, 76-80 Sunderland Street, Macclesfield, SK11 6HN	Yes	Yes	Yes	Yes	Yes			Yes		
Peak Pharmacy, 5-6 Weston Square, Earlsway, Macclesfield, SK11 8SS								Yes		
Tesco Instore Pharmacy, Hibel Road, Macclesfield, SK10 2AB	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes
Well Pharmacy, 209 Park Lane, Macclesfield, SK11 6UD	Yes	Yes	Yes		Yes			Yes		
DP = designated disabled parking; WA = entrance suitable for unaided wheelchair; WA all = all areas accessible by wheelchair; AD/B = automatic door or bell at front door; HL = hearing loop; LPSEL = large print shelf-edge labels; LPLE = large print leaflets; CR = consultation room(s); T = access to toilet during consultation; TWA = toilet facilities accessible by wheelchair users										

Data Source: Pharmacy Contractors Survey 2024

* Two pharmacies in this Care Community did not submit a response to the survey.

Reasonable adjustments in pharmacies across Macclesfield (from pharmacy survey with addresses) as of September 2024

Pharmacy*	LPLA	NCLC	RC	MAR	BPD	TC	ED	EDA	LGD	MG	AL	MCA
London Road Pharmacy, Unit 1, 157 London Road, Macclesfield, SK11 7SP	Yes	Yes	Yes	Yes		Yes						Yes
Tytherington Pharmacy, 2-3 Tytherington Shopping Centre, Brocklehurst Way, Tytherington, Macclesfield, SK10 2HB	Yes											Yes
Andrews Pharmacy, 71 Kennedy Avenue, Macclesfield, SK10 3DE	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes				Yes
Cohens Chemist, Bollin House, Sunderland Street, Macclesfield, SK11 6JL	Yes		Yes	Yes	Yes	Yes	Yes					Yes
Cohens Chemist, 76-80 Sunderland Street, Macclesfield, SK11 6HN	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		
Peak Pharmacy, 5-6 Weston Square, Earlsway, Macclesfield, SK11 8SS	Yes		Yes	Yes	Yes	Yes						Yes
Tesco Instore Pharmacy, Hibel Road, Macclesfield, SK10 2AB	Yes	Yes	Yes	Yes			Yes					
Well Pharmacy, 209 Park Lane, Macclesfield, SK11 6UD	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes			Yes
LPLA = large print labels; NCLC = non click-lock caps; RC = reminder charts; MAR = MAR charts; BPD = Blister popping device; TC = tablet crusher; ED = easyhaler device; EDA = eye drop aid; LGD = lid gripping device; MG = magnifying glass; AL = audio labels; MCA = multicompartiment compliance aids (blister packs)												

Data Source: Pharmacy Contractors Survey 2024

* Two pharmacies in this Care Community did not submit a response to the survey.

General Practices in Macclesfield, as of November 2024

GP Practice Code	GP Name and Postcode	Dispensing Practice
N81013	High Street Surgery, Waters Green Medical Ctr, Sunderland Street, Macclesfield, SK11 6JL	No
N81029	South Park Surgery, Waters Green Medical Ctr, Sunderland Street, MACCLESFIELD, SK11 6JL	No
N81062	Cumberland House Surgery, Waters Green Medical Ctr, Sunderland Street, Macclesfield, SK11 6JL	No
N81085	Park Lane Surgery, Waters Green Medical Ctr, Sunderland Street, Macclesfield, SK11 6JL	No
N81088	Park Green Surgery, Waters Green Medical Ctr, Sunderland Street, Macclesfield, SK11 6JL	No
N81632	Broken Cross Surgery, Waters Green Medical Ctr, Sunderland Street, Macclesfield, SK11 6JL	No

Data Source: NHSEI. GP Practices taken from Epracur, 29 November 2024 extract. Branch Surgeries from Ebranches, 29 November 2024 extract. [GP and GP practice related data - NHS England Digital](#). Dispensing GP Practices taken from NHSBSA Open Data Portal, November 2024 extract. [Dispensing Practice Name and Address - Datasets - Open Data Portal](#)

NANTWICH AND RURAL

Pharmacy Opening Hours across Nantwich and Rural:

Name and address	Mon	Tue	Wed	Thur	Fri	Sat	Sun	100 hrs
Boots, 1 Cheshire Street, Audlem, Crewe, CW3 0AH	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00	Closed	No
Boots, 14 Swinemarket, Nantwich, Cheshire, CW5 5LN	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	Closed	No
Morrisons Pharmacy, Station Road, Nantwich, CW5 5SP	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-20:00	09:00-19:00	10:00-16:00	No
Well, 57 Beam Street, Nantwich, CW5 5NF	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed	No
Well, Church View Care Centre, Beam Street, Nantwich, CW5 5NX	08:00-18:30	08:00-18:30	08:00-18:30	08:00-18:30	08:00-18:30	08:30-13:00	Closed	No

Data Source: NHS Business Service Authority, Consolidated Pharmacy List 2024-25 Q2, downloaded 22 November 2024.

Commissioned Services across Nantwich and Rural, 2024

Pharmacy details	Advanced									Enhanced	Locally Commissioned Public Health				Locally Commissioned ICB Cheshire East Place
Name and address	AUR	HCF	LFD	NMS	PCS	PFS	SAC	Flu	SCS	Covid-19	SC	NSP	EHC	CT Kit	PALL
Boots, 1 Cheshire Street, Audlem, Crewe, CW3 0AH		Yes	Yes		Yes	Yes		Yes		Yes			Yes		
Boots, 14 Swinemarket, Nantwich, Cheshire, CW5 5LN		Yes	Yes		Yes	Yes		Yes		Yes	Yes		Yes		
Morrisons Pharmacy, Station Road, Nantwich, CW5 5SP		Yes	Yes		Yes	Yes		Yes		Yes			Yes		
Well, 57 Beam Street, Nantwich, CW5 5NF		Yes	Yes		Yes	Yes		Yes		Yes			Yes		
Well, Church View Care Centre, Beam Street, Nantwich, CW5 5NX		Yes	Yes		Yes	Yes		Yes		Yes			Yes		Yes

Key

Advanced	AUR	Appliance Use Review*
	HCF	Hypertension Case Finding
	LFD	Lateral Flow Device Service
	NMS	New Medicines Service
	PCS	Pharmacy Contraception Service
	PFS	Pharmacy First Service
	SAC	Stoma Appliance Customisation Service*
	Flu	NHS Influenza Vaccination
	SCS	Smoking Cessation service
Enhanced	Covid-19	Covid-19 Vaccination
Locally Commissioned Public Health	SC	Supervised consumption (of methadone or buprenorphine)
	NSP	Needle Syringe exchange

	EHC	Emergency Hormonal Contraception (Levonorgestrel or Ulipristal Acetate)
	CT Kit	Chlamydia Testing Kits
Locally Commissioned ICB Cheshire East Place	PALL	Urgent Palliative Care Medicines Service

Notes: -

1. Advanced services data correct as at November 2024 except for 2 and 3 below
2. Flu data correct as October 2024 via Community Pharmacy – Cheshire & Wirral
3. AUR and SAC correct as at August 2024, based on activity data from NHSBSA
4. Enhanced Covid-19 vaccination data correct as at October 2024 via Community Pharmacy – Cheshire & Wirral, based on activity. Covid-19 vaccinations are available from most pharmacies
5. Locally Commissioned public health services data, CGL activity Oct-Dec 24, Axess activity Q2 2024/25
6. Locally Commissioned ICB Cheshire East place data correct as at Feb 2025 via Cheshire East place Medicines management Team

Accessibility of pharmacies across Nantwich and Rural (from pharmacy survey) with addresses as of September 2024

Pharmacy	DP	WA	WA All	AD/B	HL	LPSEL	LPLE	CR	T	TWA
Boots Pharmacy, 1 Cheshire Street, Audlem, Crewe, CW3 0AH				Yes	Yes			Yes		
Boots Pharmacy, 14 Swine Market, Nantwich, CW5 5LN	Yes	Yes	Yes	Yes	Yes			Yes		
Morrisons Pharmacy, Station Road, Nantwich, CW5 5SP	Yes	Yes	Yes		Yes		Yes	Yes	Yes	Yes
Well Pharmacy, 57 Beam Street, Nantwich, CW5 5NF	Yes				Yes			Yes		
Well Pharmacy, Church View Care Centre, Off Beam Street, Nantwich, CW5 5NX	Yes	Yes	Yes		Yes			Yes		
DP = designated disabled parking; WA = entrance suitable for unaided wheelchair; WA all = all areas accessible by wheelchair; AD/B = automatic door or bell at front door; HL = hearing loop; LPSEL = large print shelf-edge labels; LPLE = large print leaflets; CR = consultation room(s); T = access to toilet during consultation; TWA = toilet facilities accessible by wheelchair users										

Data Source: Pharmacy Contractors Survey 2024

Accessibility of pharmacies across Nantwich and Rural (from pharmacy survey) with addresses as of September 2024

Pharmacy*	LPLA	NCLC	RC	MAR	BPD	TC	ED	EDA	LGD	MG	AL	MCA
Boots Pharmacy, 1 Cheshire Street, Audlem, Crewe, CW3 0AH	Yes	Yes	Yes	Yes								Yes
Boots Pharmacy, 14 Swine Market, Nantwich, CW5 5LN	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes		Yes
Morrisons Pharmacy, Station Road, Nantwich, CW5 5SP	Yes	Yes	Yes									
Well Pharmacy, 57 Beam Street, Nantwich, CW5 5NF	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes			Yes
Well Pharmacy, Church View Care Centre, Off Beam Street, Nantwich, CW5 5NX	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes			Yes
LPLA = large print labels; NCLC = non click-lock caps; RC = reminder charts; MAR = MAR charts; BPD = Blister popping device; TC = tablet crusher; ED = easyhaler device; EDA = eye drop aid; LGD = lid gripping device; MG = magnifying glass; AL = audio labels; MCA = multicompartment compliance aids (blister packs)												

Data Source: Pharmacy Contractors Survey 2024

General Practices in Nantwich and Rural, as of November 2024

GP Practice Code	GP Name and Postcode	Dispensing Practice
N81001	Audlem Medical Practice, 16 Cheshire St, Audlem, CW3 0AH	No
N81006	Bunbury Medical Practice, Vicarage Lane, Bunbury, CW6 9PE ^{*1}	Yes
N81010	Nantwich Health Centre, Church View Primary Care Centre, Beam Street, CW5 5NX	No
N81047	The Kiltearn Medical Ctr., Church View Primary Care Centre, Beam Street, CW5 5NX	No
N81090	Tudor Surgery, Church View Primary Care Centre, Beam Street, CW5 5NX	No
N81614	The Surgery, Nantwich Road, Wrenbury, CW5 8EW	Yes

Data Source: NHSEI. GP Practices taken from Epracur, 29 November 2024 extract. Branch Surgeries from Ebranches, 29 November 2024 extract. [GP and GP practice related data - NHS England Digital](#). Dispensing GP Practices taken from NHSBSA Open Data Portal, November 2024 extract. [Dispensing Practice Name and Address - Datasets - Open Data Portal](#)

^{*1} Bunbury Medical Practice (N81006) which is located with Cheshire East boundary but is affiliated with Rural Alliance Primary Care Network (PCN), Chester and Cheshire West Health and Wellbeing Board

Sandbach, Middlewich, Alsager, Scholar Green and Haslington (SMASH)

Pharmacy Opening Hours across SMASH:

Name and address	Mon	Tue	Wed	Thur	Fri	Sat	Sun	100 hrs
Alsager Pharmacy, 25 Lawton Road, Alsager, ST7 2AA	08:15-18:30	08:15-18:30	08:15-18:30	08:15-18:30	08:15-18:30	09:00-17:00	Closed	No
Boots, 5-7 High Street, Sandbach, CW11 1AH	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	Closed	No
Cledford Pharmacy, 70 Warmingham Lane, Middlewich, CW10 0DJ	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-12:30	Closed	No
Rowlands Pharmacy, Haslington Surgery, Crewe Road, Haslington, Crewe, CW1 5QY	09:00-13:00, 13:20-17:30	09:00-13:00, 13:20-17:30	09:00-13:00, 13:20-17:30	09:00-13:00, 13:20-17:30	09:00-13:00, 13:20-17:30	09:00-12:00	Closed	No
Rowlands Pharmacy, St Anne'S Walk, Middlewich, CW10 9BE	09:00-13:20, 13:40-18:00	09:00-13:20, 13:40-18:00	09:00-13:20, 13:40-18:00	09:00-13:20, 13:40-18:00	09:00-13:20, 13:40-18:00	09:00-12:00	Closed	No
Well, Ashfields P/Care Centre, Middlewich Road, Sandbach, CW11 1DH	08:00-19:00	08:00-19:00	08:00-19:00	08:00-19:00	08:00-19:00	Closed	Closed	No
Well, Cedars Medical Centre, 12 Sandbach Road South, Alsager, ST7 2LU	08:30-18:30	08:30-18:30	08:30-17:00	08:30-18:30	08:30-18:30	Closed	Closed	No
Well, Lawton Road, Alsager, Cheshire, ST7 2AA* ¹	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	Closed	No
Well, Unit 3, The Commons, Sandbach, CW11 1EG	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	Closed	No
Wise Pharmacy, 11 London Road, Elworth, Sandbach, CW11 3BD* ¹	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-12:30	Closed	No

Data Source: NHS Business Service Authority, Consolidated Pharmacy List 2024-25 Q2, downloaded 22nd November 2024.

*¹ Since production of these tables the Well Pharmacy at 25 Lawton Road, Alsager ST7 2AA has moved to 12 Lawton Road ST7 2AF and the Wise Pharmacy at 11 London Road, Elworth, CW11 3BD has moved to 22 London Road, CW11 3BD. There are no significant changes to opening hours or services provided.

Distance Selling Pharmacies in SMASH

Name and address	Mon	Tue	Wed	Thur	Fri	Sat	Sun	100 hrs
Chemist Counter Direct, Unit 1,Drumber Farm Blds, Betchton Heath, Sandbach, CW11 4TA	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	Closed	Closed	
Moston Pharmacy Services, G4 Dragons Wharf, Dragons Lane Moston, Sandbach, CW11 3PA	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	Closed	Closed	

Data Source: NHS Business Service Authority, Consolidated Pharmacy List 2024-25 Q2, downloaded 22 November 2024.

Commissioned Services across SMASH, 2024

Pharmacy details	Advanced									Enhanced	Locally Commissioned Public Health				Locally Commissioned ICB Cheshire East Place
Name and address	AUR	HCF	LFD	NMS	PCS	PFS	SAC	Flu	SCS	Covid-19	SC	NSP	EHC	CT Kit	PALL
Alsager Pharmacy, 25 Lawton Road, Alsager, ST7 2AA		Yes	Yes	Yes	Yes	Yes		Yes	Yes		Yes	Yes	Yes		Yes
Boots, 5-7 High Street, Sandbach, CW11 1AH		Yes	Yes		Yes	Yes		Yes		Yes			Yes		
Cledford Pharmacy, 70 Warmingham Lane, Middlewich, CW10 0DJ		Yes			Yes	Yes		Yes		Yes			Yes		
Rowlands Pharmacy, Haslington Surgery, Crewe Road, Haslington, Crewe, CW1 5QY		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes					
Rowlands Pharmacy, St Anne'S Walk, Middlewich, CW10 9BE		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes			Yes		Yes
Well, Ashfields P/Care Centre, Middlewich Road, Sandbach, CW11 1DH		Yes	Yes		Yes	Yes		Yes		Yes			Yes		Yes
Well, Cedars Medical Centre, 12 Sandbach Road South, Alsager, ST7 2LU		Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes			Yes		Yes
Well, Lawton Road, Alsager, Cheshire, ST7 2AA		Yes	Yes	Yes	Yes	Yes			Yes	Yes			Yes		
Well, Unit 3, The Commons, Sandbach, CW11 1EG		Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes		Yes		
Wise Pharmacy, 11 London Road, Elworth, Sandbach, CW11 3BD		Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes			Yes		

Key

Advanced	AUR	Appliance Use Review*
	HCF	Hypertension Case Finding
	LFD	Lateral Flow Device Service
	NMS	New Medicines Service
	PCS	Pharmacy Contraception Service
	PFS	Pharmacy First Service
	SAC	Stoma Appliance Customisation Service*
	Flu	NHS Influenza Vaccination
	SCS	Smoking Cessation service
Enhanced	Covid-19	Covid-19 Vaccination
Locally Commissioned Public Health	SC	Supervised consumption (of methadone or buprenorphine)
	NSP	Needle Syringe exchange
	EHC	Emergency Hormonal Contraception (Levonorgestrel or Ulipristal Acetate)
	CT Kit	Chlamydia Testing Kits
Locally Commissioned ICB Cheshire East Place	PALL	Urgent Palliative Care Medicines Service

Notes: -

1. Advanced services data correct as at November 2024 except for 2 and 3 below
2. Flu data correct as October 2024 via Community Pharmacy – Cheshire & Wirral
3. AUR and SAC correct as at August 2024, based on activity data from NHSBSA
4. Enhanced Covid-19 vaccination data correct as at October 2024 via Community Pharmacy – Cheshire & Wirral, based on activity. Covid-19 vaccinations are available from most pharmacies
5. Locally Commissioned public health services data, CGL activity Oct-Dec 24, Axess activity Q2 2024/25
6. Locally Commissioned ICB Cheshire East place data correct as at Feb 2025 via Cheshire East place Medicines management Team

Accessibility in pharmacies across SMASH (from pharmacy survey with addresses) as of September 2024

Pharmacy*	DP	WA	WA All	AD/B	HL	LPSEL	LPLE	CR	T	TWA
Alsager Pharmacy, 25 Lawton Road, Alsager, ST7 2AA		Yes	Yes					Yes		
Boots Pharmacy, 5-7 High Street, Sandbach, CW11 1AH	Yes	Yes	Yes	Yes	Yes			Yes		
Chemist Counter Direct Limited, Unit 1 Drummer Farm Buildings, Dubthorn Lane, Sandbach, CW11 4TA (distance selling pharmacy)	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
Moston Pharmacy Services, G4 Dragons Wharf, Dragons Lane, Sandbach, CW11 3PA (distance selling pharmacy)	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
Rowlands Pharmacy, Haslington Surgery, Crewe Road, Haslington, Crewe, CW1 5QY	Yes	Yes	Yes	Yes				Yes		
Rowlands Pharmacy, St Anne's Walk, Middlewich, CW10 9BE	Yes	Yes	Yes		Yes			Yes		
Wise Pharmacy, 11 London Road, Elworth, Sandbach, CW11 3BD		Yes	Yes					Yes	Yes	
Well Pharmacy, Cedars Medical Centre, 12 Sandbach Road South, Alsager, ST7 2LU	Yes	Yes	Yes		Yes			Yes		
Well Pharmacy, Unit 3, The Commons, Sandbach, CW11 1EG	Yes	Yes	Yes	Yes	Yes			Yes		
Well Pharmacy, Ashfields Primary Care Centre, Middlewich Road, Sandbach, CW11 1DH	Yes	Yes	Yes		Yes			Yes		
Well Pharmacy, Unit 1, Lawton Road, Alsager, ST7 2AA	Yes	Yes	Yes		Yes			Yes		
DP = designated disabled parking; WA = entrance suitable for unaided wheelchair; WA all = all areas accessible by wheelchair; AD/B = automatic door or bell at front door; HL = hearing loop; LPSEL = large print shelf-edge labels; LPLE = large print leaflets; CR = consultation room(s); T = access to toilet during consultation; TWA = toilet facilities accessible by wheelchair users										

Data Source: Pharmacy Contractors Survey 2024

* One pharmacy in this Care Community did not submit a response to the survey.

Reasonable adjustments in pharmacies across SMASH (from pharmacy survey with addresses) as of September 2024

Pharmacy*	LPLA	NCLC	RC	MAR	BPD	TC	ED	EDA	LGD	MG	AL	MCA
Alsager Pharmacy, 25 Lawton Road, Alsager, ST7 2AA									Yes			Yes
Boots Pharmacy, 5-7 High Street, Sandbach, CW11 1AH	Yes	Yes	Yes	Yes		Yes	Yes	Yes				Yes
Chemist Counter Direct Limited, Unit 1 Drummer Farm Buildings, Dubthorn Lane, Sandbach, CW11 4TA (distance selling pharmacy)	Yes			Yes		Yes	Yes					
Moston Pharmacy Services, G4 Dragons Wharf, Dragons Lane, Sandbach, CW11 3PA (distance selling pharmacy)	Yes	Yes	Yes	Yes		Yes	Yes	Yes		Yes		Yes
Rowlands Pharmacy, Haslington Surgery, Crewe Road, Haslington, Crewe, CW1 5QY	Yes			Yes			Yes					Yes
Rowlands Pharmacy, St Anne's Walk, Middlewich, CW10 9BE	Yes			Yes		Yes						Yes
Wise Pharmacy, 11 London Road, Elworth, Sandbach, CW11 3BD	Yes			Yes				Yes				Yes
Well Pharmacy, Cedars Medical Centre, 12 Sandbach Road South, Alsager, ST7 2LU	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes			Yes
Well Pharmacy, Unit 3, The Commons, Sandbach, CW11 1EG	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes			Yes
Well Pharmacy, Ashfields Primary Care Centre, Middlewich Road, Sandbach, CW11 1DH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes			Yes
Well Pharmacy, Unit 1, Lawton Road, Alsager, ST7 2AA	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes			Yes
LPLA = large print labels; NCLC = non click-lock caps; RC = reminder charts; MAR = MAR charts; BPD = Blister popping device; TC = tablet crusher; ED = easyhaler device; EDA = eye drop aid; LGD = lid gripping device; MG = magnifying glass; AL = audio labels; MCA = multicompartment compliance aids (blister packs)												

Data Source: Pharmacy Contractors Survey 2024

* One pharmacy in this Care Community did not submit a response to the survey.

General Practices in SMASH, as of November 2024

GP Practice Code	GP Name and Postcode	Dispensing Practice
N81008	The Cedars Medical Centre, Sandbach Rd South, Alsager, ST7 2LU	No
N81032	Ashfields Primary Care Centre, Middlewich Road, Sandbach, CW11 1EQ	No
N81039	Oaklands, St. Ann's Walk, Middlewich, CW10 9BE	No
N81043	Haslington Surgery, Crewe Road, Haslington, CW1 5QY	No
N81071	Greenmoss Medical Centre, Portland Drive, Scholar Green, ST7 3BT	Yes
N81111	Merepark Medical Centre, 12 Sandbach Road South, Alsager, ST7 2LU	No
N81642	Waters Edge Medical Centre, 10-12 Leadsmithy Street, Middlewich, CW10 9BH	No

Data Source: NHSEI. GP Practices taken from Epracur, 29 November 2024 extract. Branch Surgeries from Ebranches, 29 November 2024 extract. [GP and GP practice related data - NHS England Digital](#). Dispensing GP Practices taken from NHSBSA Open Data Portal, November 2024 extract. [Dispensing Practice Name and Address - Datasets - Open Data Portal](#)

Appendix C Glossary of terms and phrases defined in regulation 2 of the 2013 Regulations

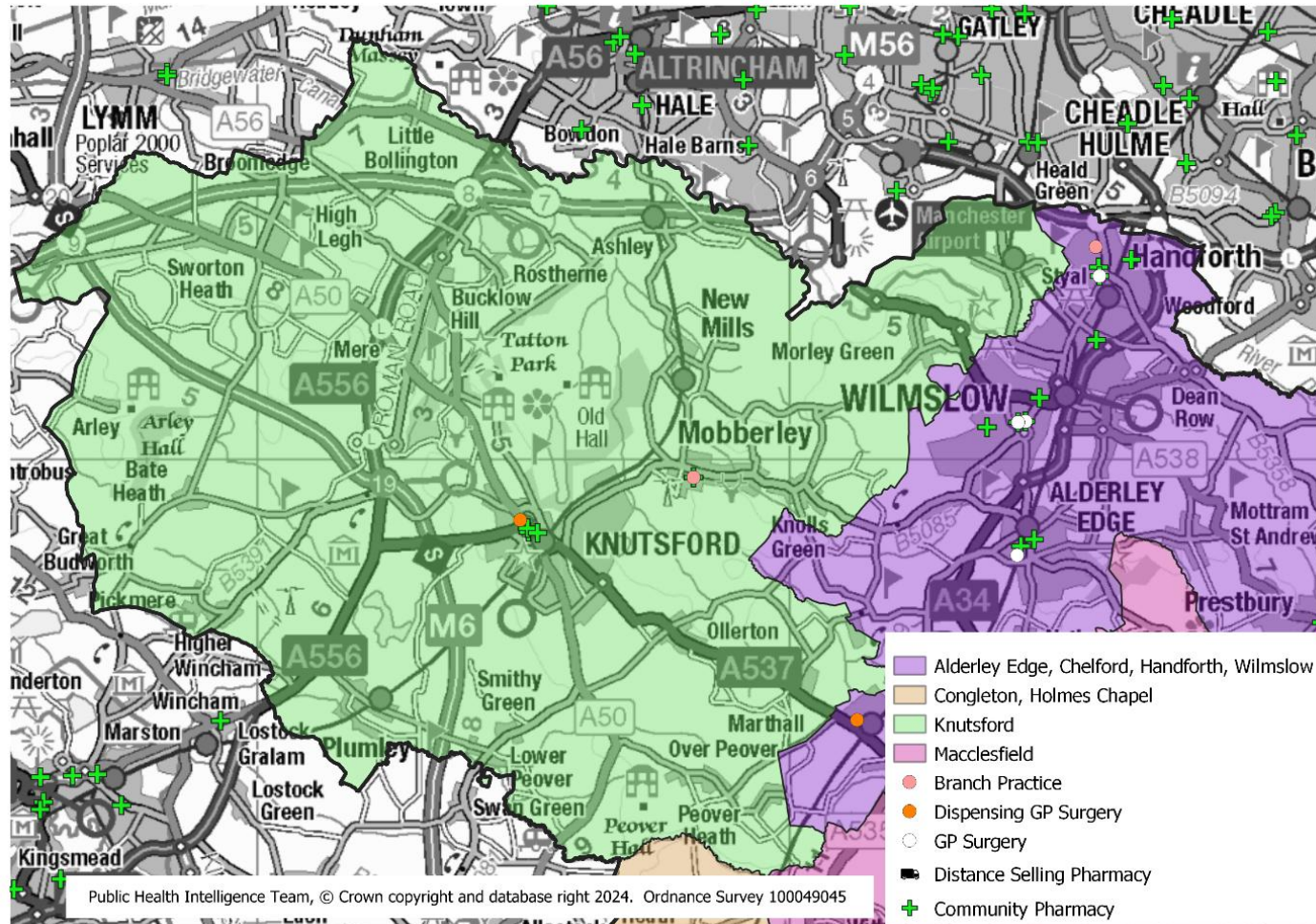
Term or phrase	Explanation
Advanced services	These are one class of directed services which can be provided by every community pharmacy providing NHS pharmaceutical services. The pharmacy must have a consultation room which complies with specifications in the regulations where these services are conducted with the patient. Distance- selling pharmacy contractors can provide these services at their premises, face to face with patients.
Community Pharmacist Consultation Service	The objectives of the service are to manage appropriately NHS 111 requests for urgent medicine supply or treatment for a minor illness, reduce demand on the rest of the urgent care system, resolve problems leading to patients running out of their medicines and increase patients' awareness of electronic repeat dispensing. It allows community pharmacists to provide patients with an emergency supply of their medicines or to signpost them to another clinician who can manage their minor illness.
Controlled localities/controlled locality	A controlled locality is an area which has been determined, either by NHS England, a primary care trust a predecessor organisation or on appeal by the NHS Litigation Authority (whose appeal unit handles appeals for pharmaceutical market entry and performance sanctions matters), to be "rural in character". It should be noted that areas that have not been formally determined as rural in character and therefore controlled localities, are not controlled localities unless and until NHS England determines them to be. Such areas may be considered as rural because they consist of open fields with few houses, but they are not a controlled locality until they have been subject to a formal determination.
Directed services	Means additional pharmaceutical services provided in accordance with directions under section 127 of the 2006 Act. These are Essential, Advanced and Enhanced services as set out in Directions.
Dispensing doctor(s)	These are providers of primary medical services who provide pharmaceutical services from medical practice premises in the area of NHS England; and general practitioners who are not providers of primary medical services but who provide pharmaceutical services from medical practice premises in the area of the HWB.

Distance selling premises	These premises could have been approved under the 2005 Regulations in which case they could be pharmacies or DACs. Under the 2012 and 2013 Regulations only pharmacy contractors may apply to provide services from distance selling premises. Distance-selling contractors are in the main internet and some mail-order, but they all cannot provide “Essential services” to persons face to face at their premises and must provide a service across England to anyone who requests it.
Electronic Prescription Service (EPS)	This service allows prescriptions to be sent electronically to community pharmacy directly from the prescriber e.g. the GP. It removes the need for the doctor to supply a written paper prescription.
Essential services	These are services which every community pharmacy providing NHS pharmaceutical services must provide and is set out in their terms of service – these include the dispensing of medicines, promotion of healthy lifestyles and support for self-care. Distance-selling pharmacy contractors cannot provide Essential services face to face at their premises.
Hypertension case finding service	This service aims to support the NHS Long Term Plan for prevention of cardiovascular disease by identifying people aged 40 years or older with high blood pressure who have previously not had a confirmed diagnosis of hypertension. Also, to monitor a patient’s blood pressure at the request of GP. Based on results the patient could be offered 24 ambulatory blood pressure monitoring.
Neighbouring HWB	Used when, for example, an HWB is consulting on their draft PNA and needs to inform the HWBs which border their HWB area.
New Medicines Service (NMS)	One the Advanced services. The service provides support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence; it is initially focused on particular patient groups and conditions.
NHS chemist	Means an NHS appliance contractor or an NHS pharmacist.
Seasonal Flu Vaccination	One of the Advanced services. The service allows community pharmacists to vaccinate patients, in various at risk groups, against influenza.

Appendix D Map of Pharmacies in Care Communities

Knutsford Care Community

Knutsford: Since the last PNA, 1 pharmacy has closed. There are numerous nearby pharmacies in neighbouring LAs and many in Alderley Edge, Chelford, Handforth and Wilmslow.

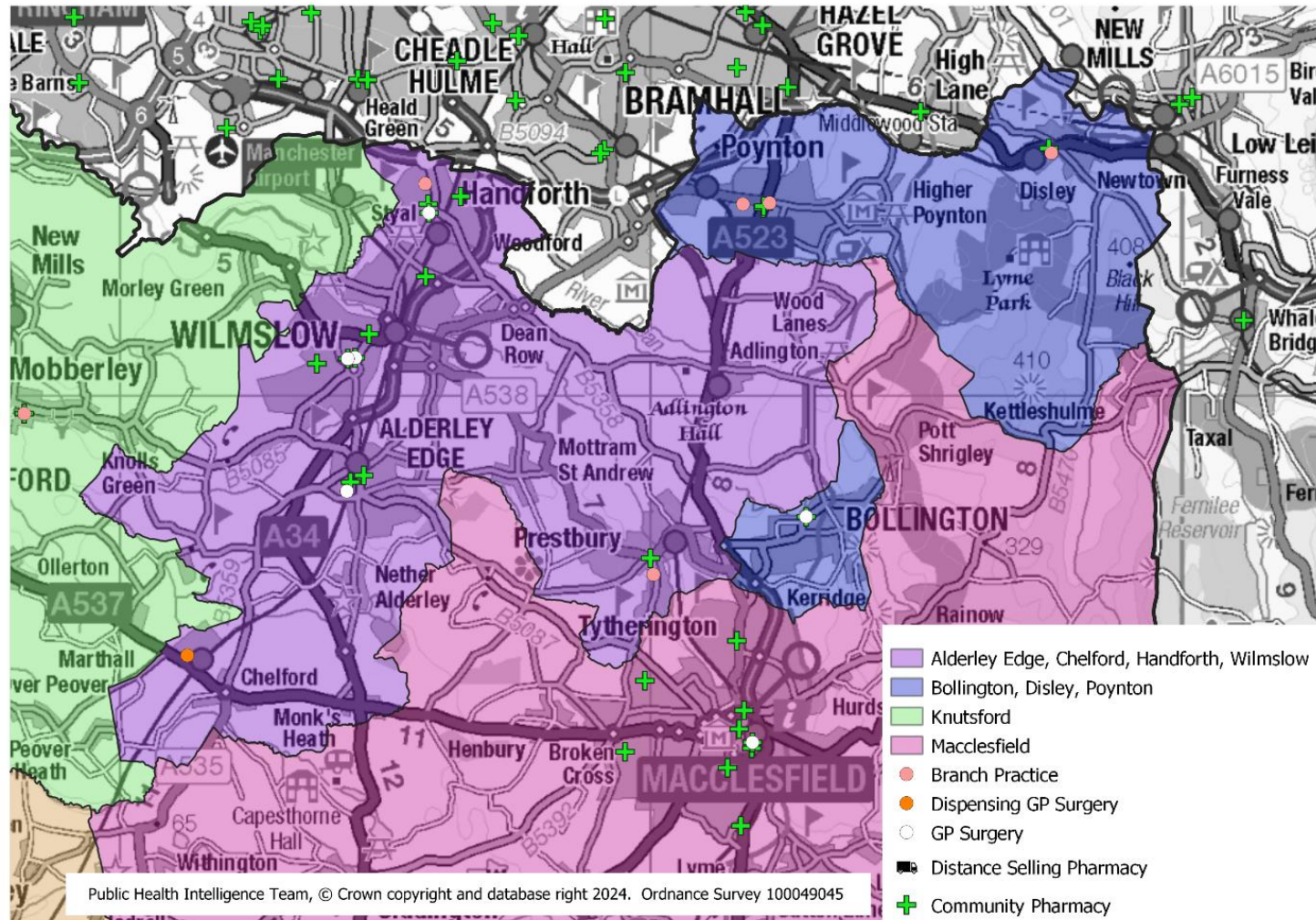


Alderley Edge, Chelford, Handforth and Wilmslow (CHAW)

There are many pharmacies outside of Cheshire East that also serve this care community.

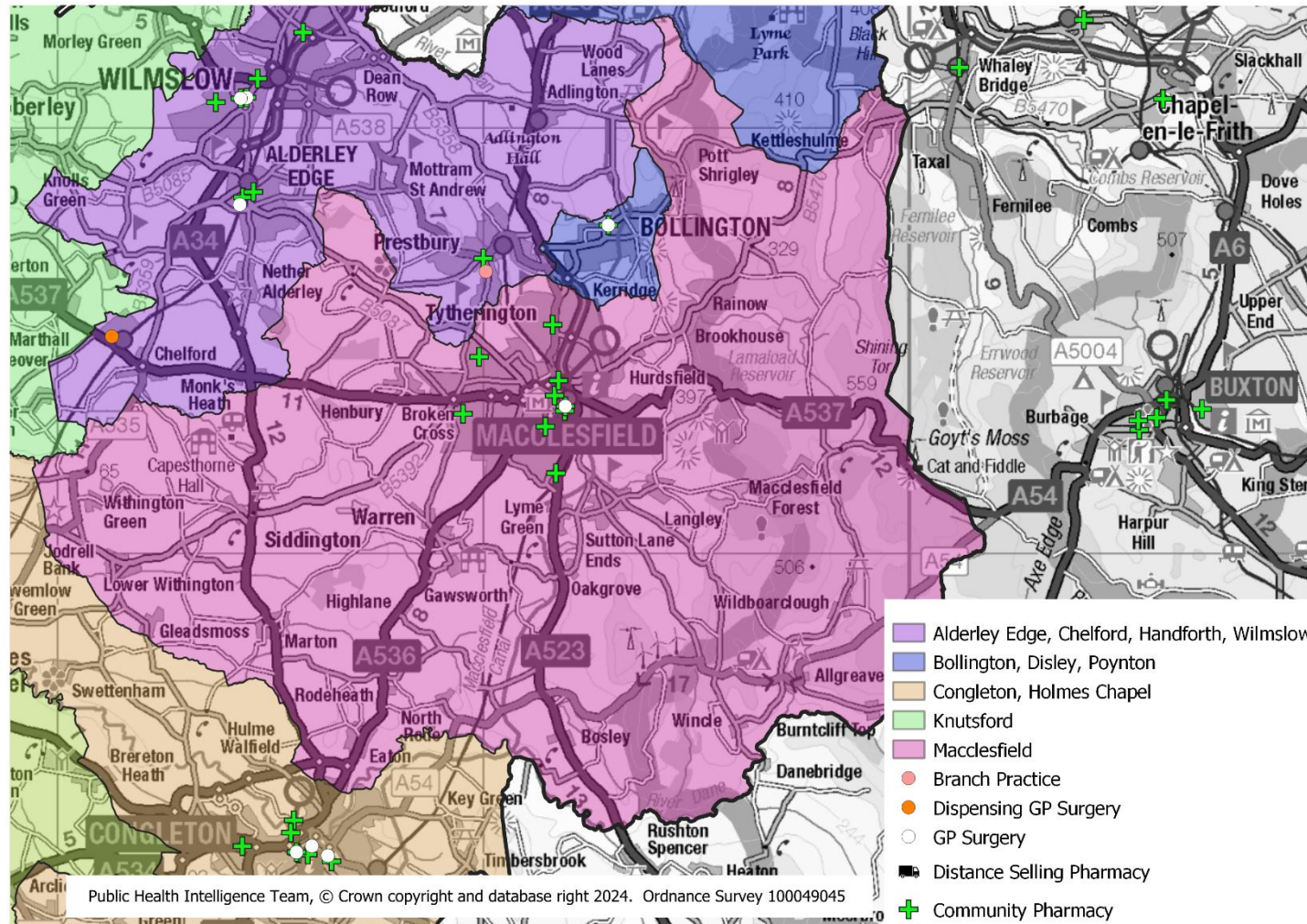
Bollington, Disley and Poynton

This non-contiguous care community is served by many pharmacies outside of Cheshire East as well as in nearby Macclesfield.



Macclesfield

Macclesfield pharmacies are clustered around the town centre. Residents also have access to nearby pharmacies in Congleton and Holmes Chapel, and Chelford, Alderley Edge, Handforth and Wilmslow. Since the last PNA, two 100hr pharmacies have closed.

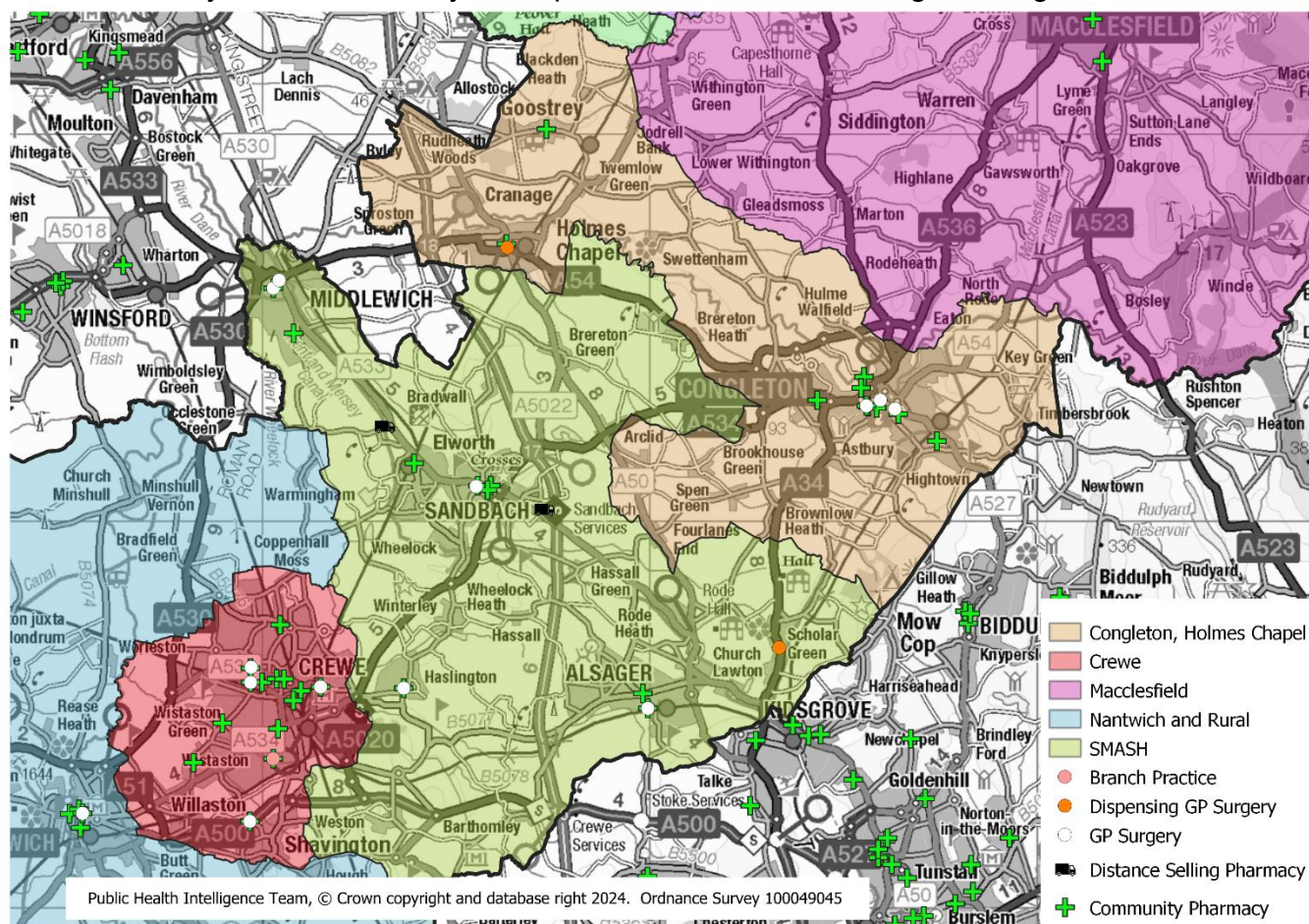


Congleton and Holmes Chapel (CHOC)

Two pharmacies have closed since the last PNA in Congleton. Outside of Congleton there is one pharmacy in Goostrey and one in Holmes Chapel.

Sandbach, Middlewich, Alsager, Scholar Green and Haslington (SMASH)

This care community has both of Cheshire East's distance selling pharmacies. Since the last PNA, one pharmacy has closed. This care community is also served by other pharmacies located in neighbouring authorities.

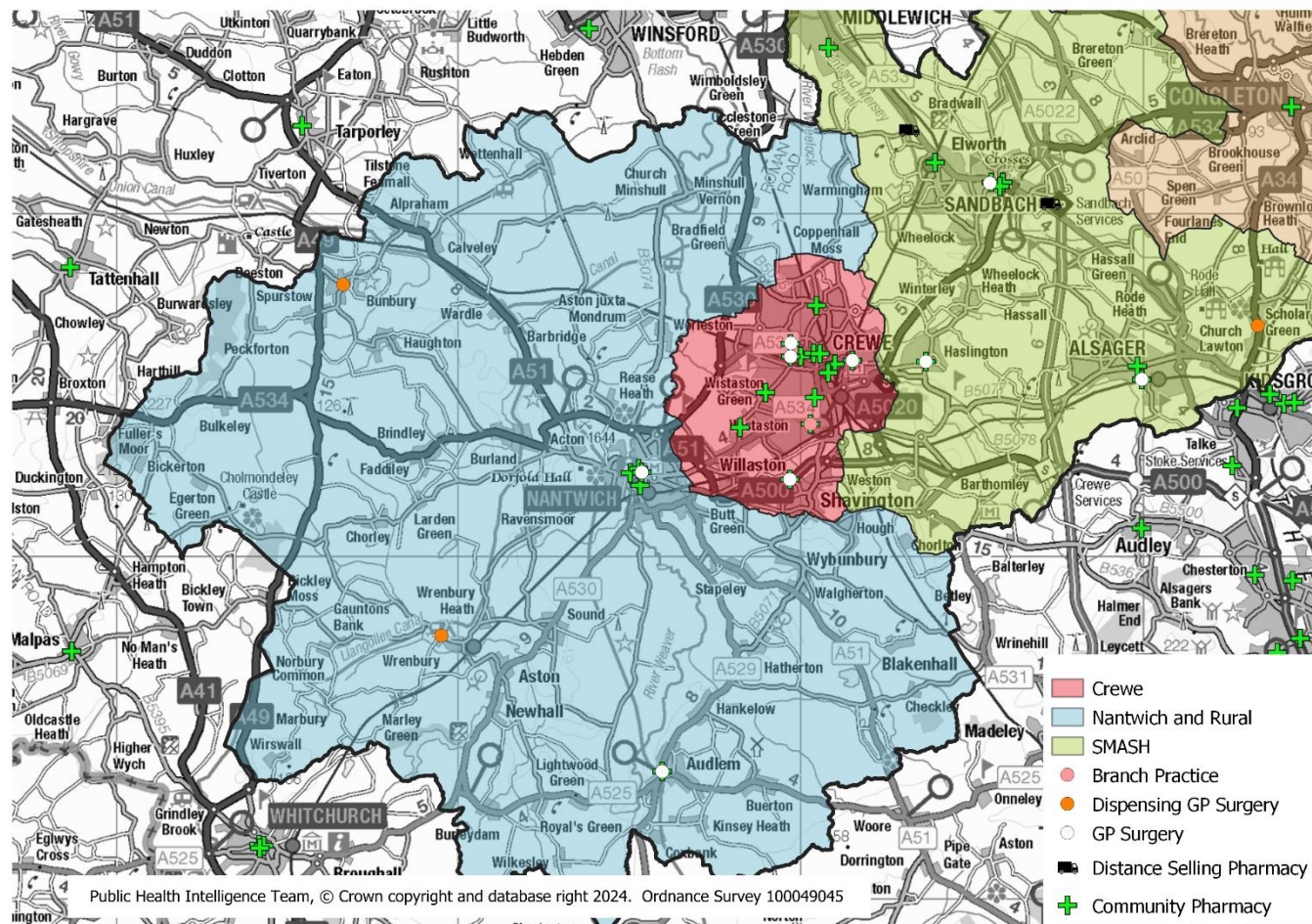


Crewe

There are many pharmacies in this densely populated care community. Since the last PNA, 1 pharmacy has closed in Crewe.

Nantwich and Rural

The pharmacies are located in Nantwich and one in Audlem. There are also two Dispensing GP surgeries in the area. Since the last PNA, one 100hr pharmacy has closed.



Appendix E Insights from Healthwatch

Healthwatch Cheshire East have been gathering insights regarding local pharmacies from residents within the Borough during 2023 and 2024 as part of their engagement work. These insights have been shared with the PNA steering group to inform the PNA. In addition, this PNA has incorporated comments from a national Healthwatch report, entitled “Pharmacy: what people want” [1].

The table below shows the number of responses Healthwatch received, where the pharmacy had been identified we have allocated these to a care community

Care community	Number of responses
Bollington, Disley & Poynton (BDP)	3
Macclesfield	3
Chelford, Handforth, Alderley and Wilmslow (CHAW)	3
Sandbach, Middlewich, Alsager, Scholar Green and Haslington (SMASH)	6
Congleton and Holmes Chapel (CHOC)	7
Nantwich and Rural	14
Crewe	30
Unknown	15
General comments	7

Despite Healthwatch not targeting any geographical area the majority of responses relate to pharmacies within the Crewe Care Community.

Local insights from Cheshire East residents shared by Healthwatch¹³⁴

Themes within the Healthwatch feedback included:

1. Medication availability and wait times for medication
2. Experiences of using the pharmacy services

Medication availability and wait times for medication:

This theme captures the experiences of using the pharmacy prescription services. For most the main concern was around medication availability and the length of time it takes for the pharmacy to dispense their medication. However, for some of the respondents their medication is always on time.

This can be seen in the comments

“A woman told Healthwatch that she has her medication sent to X pharmacy in Crewe and that it is always on time and often available sooner than they

¹³⁴ Pharmacy comments from Cheshire East residents shared by Healthwatch received by email from Insights, Intelligence and Communications Officer at Healthwatch Cheshire (04.02.25)

say and often within 24 hours. She added that the pharmacy are efficient and staff provide a good service”.

“A woman told Healthwatch that the pharmacy is really good. She commented that prescriptions are on time, you can have blood pressure checks as well there and they also do vaccinations. Staff are always helpful and friendly too and it's a good place to pop in for advice about a health concern”.

Nevertheless, this was not the case for many of the respondents. For instance, some of the respondents explained that whilst the service within the pharmacy is good, their medication is often out of stock.

This is highlighted in the comments

“A man told Healthwatch that he uses his local pharmacy for general health advice and finds this helpful but does often find that his prescribed medication is out of stock or unavailable. He said it is inconvenient and worrying not having the tablets you are meant to take and having to keep calling in until it's available”.

“A woman told Healthwatch that she is aware that you can go to your local pharmacy for general health advice and concerns and does use this facility. She said that her Pharmacy is generally good but the biggest problem that she has is that her prescribed medication is often out of stock or unavailable and that she has to keep going back to collect it.”

“A man told Healthwatch that he has tried a few pharmacies in Nantwich and in Crewe and feels like he is 'spending half his life chasing his medication' and finds this stressful. He commented that it is often out of stock, not available or not ready yet for collection when he goes to collect it and because when you get older you are often on various regular medications it can mean that you spend a lot of time and effort trying to obtain the medication you have been prescribed”.

These comments suggest that people feel that pharmacies are good for seeking general health advice, but prescribed medication is often out of stock meaning that people are having to wait for their medication that they have been prescribed which results in them having to make more than one trip to the pharmacy or they “spend a lot of time and effort trying to obtain the medication” which suggests a sense of frustration.

One respondent also highlighted how medication not being ready, resulted in a family member not having any of their medication causing them to deteriorate.

“Every single month meds aren't ready. My father in law ran out so had no medication for 4 days. This makes him deteriorate rapidly - it's happening every time”.

This extract shows that not having medication dispensed on time can have a negative impact on people's health. It also suggests that medication availability is an ongoing issue demonstrated by the respondent saying, "it's happening every time". Whilst not within the scope of our local PNA, some of the respondents also explained about their worries of national stock shortages of attention deficit hyperactivity disorder (ADHD) medication.

As well as people having to wait for their medication to be in stock, some of the comments highlight that there can also be long wait times for repeat prescriptions especially in places where there have been pharmacy closures.

Seen in the comments

"A person told me that this pharmacy has an approximate wait of 3 weeks for repeat prescriptions to be ready, this had resulted in her not taking some of her medicines for 2 weeks".

"A lady commented that they get their repeat prescriptions from X and they usually take around a week. Since the recent closures of 3 other pharmacies in the Nantwich area X has become oversubscribed and repeat prescriptions were now taking around three weeks".

Related to this some of the respondents also explained that there can be long wait times when going to collect the prescription in store. This is highlighted in the comment

"A woman told Healthwatch that she uses X Pharmacy in Nantwich for her ongoing prescriptions. She said that there can be long waits and sometimes the medication is not ready. She said she has a health condition that makes it difficult for her to stand for any length of time and that there are only 2 chairs for people to sit on. She also said that you daren't sit down and feel like you have to stand in the queue or loose your place and wait even longer. She commented that after standing for a long time at her last visit that she was in a lot of pain for the rest of the day".

This comment again indicates that people can have long wait times when attending the pharmacy to collect their prescription. However, this comment also puts into perspective the extent long wait times can have on those people who have health conditions and are unable to stand in a queue for long periods of time.

However, a respondent did comment positively on the delivery service.

"A X year old lady told Healthwatch that she has regular prescriptions delivered to her door by X Pharmacy at the X in Crewe. She commented that it was a good service but that she is charged for the service which she is surprised about at her age".

Overall, this theme presents the view that pharmacies do not have adequate stock to fulfil prescriptions as many respondents are told that their prescription is out of stock resulting in people having to make multiple trips to the pharmacies and with one

respondent going several days without their medication. It also showcases how long people have to wait for both their repeat prescriptions and for their prescription when they go into store to collect it.

Experiences of using the pharmacy services:

This theme focuses on the experiences of visiting the pharmacy and using the pharmacy services such as for blood pressure checks, flu clinics and getting advice from the pharmacist. It also focuses on the experiences of customers engaging with staff members who provide the services.

Some of the respondents explained that the pharmacy services are “excellent” and “exceptional” seen in the comments

“A woman told Healthwatch that the pharmacy is excellent. She said they are great, you can have your blood pressure checked, have vaccinations, as well as prescriptions and staff are really helpful and friendly”.

“I had tonsillitis and put a request on PATCHES to see my GP for antibiotics. I was contacted by the pharmacist from this chemist. He asked questions and was very thorough and gave me an appointment time to go to the chemist to see him. He prescribed antibiotics and followed up the next day with a phone call to check that I was OK. This was exceptional service”.

“My daughter fainted and hit her head, I was concerned that she may have a concussion because of her symptoms. I contacted my GP via PATCHES, and was then contacted by the pharmacist from X, the pharmacist asked lots of questions and advised me to take my daughter straight to X Hospital A&E dept”.

“At X pharmacy this morning for our Covid jabs. The person doing the jabs was very quick, friendly, and professional; very pleased with our visit”.

All these comments suggest that people are happy with the services provided as well as the range of services that a pharmacy can provide. Both the second and third comments showcase positive experiences of using PATCHES. It also illustrates how a pharmacist can be used to get medication and advice for certain medical concerns without needing to see a GP.

However, one respondent did talk about a family members negative experience of attending a pharmacy flu clinic. This is explained in the comment

“My mother made an appointment for her flu jab for X on X. She walked to the pharmacy which is about 2 miles. On arrival I met up with her and went to the pharmacy. There was a long queue. When we got to the front of the said queue which took 20/25 minutes she was told that she would have to wait at least another 20 minutes because they were busy due to only having one

pharmacist that day. As the queue was even longer at this point it would have been a longer than 20 wait. Surely when an appointment time is given the pharmacy should have stuck to it, after all it takes only a few minutes to give the flu jab. We left in disgust and went to a different pharmacy where she had her flu jab in less than 10 minutes. Absolutely disgusted with this service”.

This comment suggests that this respondent was frustrated about their family member having to wait beyond their allocated flu vaccination appointment. The wait times and their frustration resulted in them attending a different pharmacy where the wait was a lot shorter. This comment also brings to light the impact being short staffed can have on a person’s experience of the pharmacy services.

Furthermore, one respondent also explained how they had received incorrect medication guidance which resulted in them becoming poorly.

This is highlighted in the comment

“Unfortunately, I needed help to come off tramadol and was prescribed espranor tabs. However, I was not told first day these were sublingual and I took them with water - so 1st dose (2mg) probably not absorbed. Next day pharmacist gave me water to take with a slightly higher dose at chemist - again this dose probably not absorbed. Next day told that tablet had to be taken sublingual as not absorbed if taken orally. I vomited all day- severe pain, the same for 4 days running until I gave up”.

Similarly, another respondent reported that they had received the wrong diagnosis at the pharmacy.

“A man told Healthwatch that he uses X pharmacy in Nantwich for prescriptions and advice and was wrongly diagnosed with Shingles by a Pharmacist there. Eventually after continuing to be unwell and having a faint at home he was admitted to SDEC at X hospital and was properly diagnosed”.

Both comments highlight how incorrect information can have an impact on the individual’s health which indicates the importance of the pharmacy giving correct advice.

Throughout the feedback that has been received, respondents have commented on their experiences of engaging with the staff members that work, and provide the services within, the pharmacies. Generally, throughout the comments staff are described as “friendly”, “very good”, “pleasant”, and “empathetic”, this can be seen in the below comments

“Extremely kind empathetic staff. Went out of their way to help me.”

“Excellent service, very understanding staff, and helpful”.

On the other hand, some people shared some less positive experiences of the service they received from staff members. For example, one respondent said

“Disgusting customer service! Ordered my medication and a week later I go in to collect it. Only to be told it’s there but in a queue so it might be 2 days before ready. When I enquire why (and only I am at the counter) I get told “because we serve 6000 customers” ... well I was there and only I, not 5999 and me. When I asked for the complaints procedure I was asked why and I said I think the customer service is terrible. Only to be met with pure scorn! The lady actually screwed up her face and said “what you on about” Will be changing my pharmacy”.

Whilst another respondent explained that

“A member of staff at the X Pharmacy in Crewe (name) was very brisk and short with her when she went along to collect her prescriptions. She commented that on one occasion one of her medications was missing and when she asked about this there was no apology and that the staff member was rather snappy with her and not very pleasant or approachable”

Some of the respondents also spoke about their experience of not being able to access a service due to attending the pharmacy when it was due to close.

For example, one respondent explained that they

“Called for emergency contraception, the woman told me they were closing in 15 minutes. I said I could be there in about seven and she said no it would be too late, but I should have planned ahead? Even though I was sat in a health clinic waiting for a walk-in slot because I had work at 6 pm. The lady at the access clinic told me to go to the pharmacy and they said they wouldn’t do it even though I would be there on time”.

Overall, the comments outlined within this theme would suggest that many people are happy with the service and the range of services that are provided within the pharmacies as well as the people providing them. Nevertheless, there are some comments that highlight that other people are not happy with the customer service they have received when attending the pharmacy with some people also bringing to light how receiving the wrong advice can have consequences on health.

Findings from national deep dive review¹³⁵

Healthwatch undertook a deep dive review into the state of pharmacies across England, the results of which were published in a report entitled “Pharmacy: what people want” in April 2024.

This review combined poll results from 1650 people with the insights from semi-structured interviews conducted by 12 local Healthwatch teams (Brighton and Hove,

¹³⁵ Healthwatch (2024) Pharmacy: what people want. Available from: <https://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/Pharmacy%20what%20people%20want.pdf> (Accessed 23 January 2025).

Bury, Cornwall, County Durham, Doncaster, Greenwich, Hackney, Haringey, Sheffield, Suffolk, Surrey and York). Each team interviewed two pharmacy users and one pharmacy member of staff.

Research took place in November 2023, ahead of the launch of the Pharmacy Contraception Service on 1 December 2023, and of Pharmacy First on 31 January 2024. However, key findings from this work included that:

- Community pharmacies are very widely used. 72% of people responded that they had used one in the past three months, with older people responding more frequently that they had used pharmacies than younger people.
- Online pharmacies were less frequently reported to be used, with 18% using one in the past three months. 54% of people who reported having used an online pharmacy at some point said they would be likely to do so again. The report also highlighted that residents had varied interpretations of what online pharmacies were, with some understanding online services to be online services from their local pharmacies rather than Distance Selling Pharmacies.
- People valued the accessibility of community pharmacies, both in terms of the ease of getting to one and the speed of being seen once there.
- Almost one in four respondents, 24%, had experienced shortages when trying to get medicine, and 42% have experienced problems getting medicine. Older people more frequently reported having experienced problems.
- There were positive signs for the success of Pharmacy First. People were already open to the idea of going to a pharmacy rather than a GP for the seven conditions before the service was launched and are open to the idea of seeing a pharmacist rather than a GP more generally.
- Pharmacy First faces some challenges. A small proportion of the population is less open to going to a pharmacy rather than a GP. This is due to their personal preference, while in some cases, due to a lack of awareness of the services pharmacies offer. For five of the seven conditions treated through the scheme, more people were more likely to go to a pharmacy than unlikely. The exceptions are shingles and urinary tract infections in women (the scheme does not assess or treat urinary tract infections in men). The research also highlighted the need to make people aware that private consultation areas were available.
- Although 90% of prescriptions in England are dispensed free of charge, the cost-of-living crisis impacts pharmacy usage, with five per cent of people saying they have avoided taking up one or more NHS prescriptions because of the price. Younger respondents reported being affected by this issue more frequently. Those over sixty are entitled to free prescriptions, explaining the lower figures for older people.
- Whilst there had been significant numbers of pharmacy closures across the country, only one per cent of respondents had had problems getting medicine from the pharmacy in the past 12 months due to a permanent

closure. Temporary closures arose as more of a significant theme in the research as being frustrating or problematic.

In addition, the research highlighted that pharmacies were experiencing challenges with funding, capacity, and integration with other services.

Appendix F Dispensing Doctors Survey

Introduction

A survey was sent to and completed by all dispensing doctors within the Cheshire East Health and Wellbeing Board area. The survey was amended to reflect any changes and to align with shared questions within the Pharmacy Contractor Survey. Questions which have been added include ability to adapt to demand, handwashing & toilet facilities, and provision of a same sex consultation. Some questions have been removed as the information can be easily obtained from alternative sources. All dispensing practices completed the survey between October and November 2024.

Opening hours of your dispensary

Practice Name	Weekday	Weekend
Bunbury Medical Practice	08:30 - 13:00 and 15:00 - 18:30	Closed
Chelford Surgery	08:00 - 17:00 (not closed for lunch)	Closed
Greenmoss Medical Centre	08:30 - 13:00 and 16:00 - 18:15	Closed
Holmes Chapel Health Centre	08:00 - 18:30 (not closed for lunch)	Closed
Knutsford Medical Partnership	08:00 - 13:00 and 13:30 - 18:30	Closed
Wrenbury Medical Practice	08:00 - 18:30 (not closed for lunch)	Closed

Does your dispensary close during the rolling half day education events?

Practice Name	Response
Bunbury Medical Practice	Yes
Chelford Surgery	Yes
Greenmoss Medical Centre	Yes
Holmes Chapel Health Centre	Yes
Knutsford Medical Partnership	Yes
Wrenbury Medical Practice	No

Ability to adapt to demand

If there was increased demand for pharmaceutical services (e.g. dispensing, advanced or locally commissioned services) in your local area; through new housing developments, nearby pharmacies closing etc, demand in your dispensing practice may increase subject to a patient meeting the criteria. With this in mind please select the option that best reflects your situation at the moment:

Practice Name	Response
Bunbury Medical Practice	We have sufficient capacity within our existing premises and staffing levels to manage an increase in demand.
Chelford Surgery	We don't have sufficient capacity within our existing premises and staffing levels at present but could make adjustments to manage an increase in demand.
Greenmoss Medical Centre	We have sufficient capacity within our existing premises and staffing levels to manage an increase in demand.
Holmes Chapel Health Centre	We don't have sufficient capacity within our existing premises and staffing levels at present but could make adjustments to manage an increase in demand.
Knutsford Medical Partnership	We don't have sufficient capacity within our existing premises and staffing levels at present but could make adjustments to manage an increase in demand.
Wrenbury Medical Practice	We have sufficient capacity within our existing premises and staffing levels to manage an increase in demand.

Consultation Facilities

How many consultation rooms do you have?

Practice Name	Response
Bunbury Medical Practice	4 or more
Chelford Surgery	0
Greenmoss Medical Centre	1
Holmes Chapel Health Centre	0
Knutsford Medical Partnership	4 or more
Wrenbury Medical Practice	4 or more

If none, please specify any alternative arrangements

Practice Name	Response
Bunbury Medical Practice	

Chelford Surgery	We don't have a pharmacist so no need for a consultation room specifically for the dispensary. However, if a patient wants to talk to one of the dispensers in private then we would use one of the surgery rooms.
Greenmoss Medical Centre	
Holmes Chapel Health Centre	Part of GP practice, there is always a consultation room available if needed.
Knutsford Medical Partnership	No dispensary specific consulting rooms, surgery clinical rooms, or offices are used if private consultations/conversations are needed with the team
Wrenbury Medical Practice	

If none, do you have any plans to provide one in the next twelve months?

Practice Name	Response
Bunbury Medical Practice	
Chelford Surgery	No
Greenmoss Medical Centre	
Holmes Chapel Health Centre	No
Knutsford Medical Partnership	
Wrenbury Medical Practice	No

Hand washing and toilet facilities

What facilities are available to patients during consultation?

Practice Name	Hand washing in consultation area	Hand washing close to consultation area	Have access to toilet facilities	None
Bunbury Medical Practice	Yes	Yes	Yes	No response
Chelford Surgery	No response	No response	No response	No response
Greenmoss Medical Centre	No	Yes	Yes	No response
Holmes Chapel Health Centre	Yes	Yes	Yes	No response
Knutsford Medical Partnership	Yes	Yes	Yes	No response
Wrenbury Medical Practice	Yes	Yes	Yes	No response

Appliances

Does the dispensary dispense appliances?

Practice Name	Stoma appliances	Incontinence appliances	Dressings	Other
Bunbury Medical Practice	No	No	Yes	
Chelford Surgery	Yes	Yes	Yes	
Greenmoss Medical Centre	Yes	Yes	Yes	<i>We use a DAC but can also dispense in house.</i>
Holmes Chapel Health Centre	Yes	Yes	Yes	
Knutsford Medical Partnership	No	No	Yes	<i>Appliances are outsourced through a dispensary scheme.</i>
Wrenbury Medical Practice	Yes	No	Yes	<i>Incontinence supplies are supplied by the NHS Community Continence Team in this area</i>

Access to the Dispensary for Patients

Can patients legally park within 50m of the dispensary?

All 6 practices responded "Yes".

How far is the nearest bus stop or train station to the dispensary?

Practice Name	Response
Bunbury Medical Practice	No bus stop or train station
Chelford Surgery	Between 100m-500m
Greenmoss Medical Centre	Between 100m-500m
Holmes Chapel Health Centre	Between 100m-500m
Knutsford Medical Partnership	Between 100m-500m
Wrenbury Medical Practice	Between 500m-1000m

Do patients have access to designated disabled parking?

All 6 practices responded “Yes”.

Is the entrance to the dispensary suitable for wheelchair access?

Practice Name	Response
Bunbury Medical Practice	Yes
Chelford Surgery	Yes
Greenmoss Medical Centre	Yes
Holmes Chapel Health Centre	Yes
Knutsford Medical Partnership	No
Wrenbury Medical Practice	Yes

Are all areas of the dispensary floor accessible by wheelchair?

All 6 practices responded “Yes”.

Do you have any other facilities in the dispensary aimed at supporting disabled people to access your dispensary service?

Practice Name	Automatic door assistance	Bell at door	Toilet Facilities accessible to wheelchair users	Hearing loop
Bunbury Medical Practice	Yes	Yes	Yes	Yes
Chelford Surgery	Yes	No	Yes	Yes
Greenmoss Medical Centre	Yes	Yes	Yes	Yes
Holmes Chapel Health Centre	Yes	Yes	Yes	Yes
Knutsford Medical Partnership	No	Yes	Yes	Yes
Wrenbury Medical Practice	Yes	Yes	Yes	Yes

Practice Name	Sign language	Large Print labels	Large Print leaflets	Wheelchair ramp access
Bunbury Medical Practice	Yes	Yes	Yes	Yes
Chelford Surgery	No	No	Yes	Yes
Greenmoss Medical Centre	No	Yes	Yes	No
Holmes Chapel Health Centre	No	Yes	No	No
Knutsford Medical Partnership	No	Yes	Yes	Yes
Wrenbury Medical Practice	No	Yes	Yes	Yes

Other responses provided

Practice Name	Response
Bunbury Medical Practice	
Chelford Surgery	
Greenmoss Medical Centre	<i>Ramp access not needed as all on one level</i>
Holmes Chapel Health Centre	<i>We don't need this</i>
Knutsford Medical Partnership	<i>Sign language and interpreter services available via GP surgery</i>
Wrenbury Medical Practice	<i>Have accessible access to practice with wheelchairs</i>

Are you able to support patients whose first language is not English?

Practice Name	Response
Bunbury Medical Practice	No
Chelford Surgery	Yes
Greenmoss Medical Centre	Yes
Holmes Chapel Health Centre	Yes
Knutsford Medical Partnership	Yes
Wrenbury Medical Practice	Yes

Are you able to provide advice and support if a customer wishes to speak to a person of the same sex?

Practice Name	Response
Bunbury Medical Practice	By arrangement
Chelford Surgery	By arrangement
Greenmoss Medical Centre	By arrangement
Holmes Chapel Health Centre	All of the time
Knutsford Medical Partnership	No
Wrenbury Medical Practice	All of the time

Are you aware of any gaps in access or pharmaceutical need for any of the following groups relating to their....

Group	Response
Age?	All 6 practices responded "no" in relation to all these groups
Disability?	
Gender?	
People with/about to have gender reassignment?	
Marriage and civil partnerships?	
Pregnancy and maternity?	
Race?	
Religion or belief?	
Sexual orientation?	

Appendix G Consultation Feedback

As required by legislation, a consultation exercise with stakeholders was carried out between 1st April 2025 and 10th June 2025.

A total of 18 responses were received: 14 of these were from Cheshire East residents; one was from a member of our Health and Wellbeing Board, one from a member of a Cheshire East's parish council and one from a major national Community pharmacy provider who manages several community pharmacies within Cheshire East. We also received a response from a representative of one of our neighbouring HWBs

The number of responses is considerably lower than for the last PNA in 2022. There are several reasons for this: -

- Increased promotion of the public survey this time. This meant that issues from residents and users were raised and responded to earlier in the PNA process.
- In the 2022-2025 PNA consultation most responses were from residents of a particular area. This disproportionate representation from this area was skewing the analysis of both the closed questions and the concerns raised in the open questions (free text responses).
- The last PNA was undertaken in 2021-2022 during the Covid-19 pandemic. Community Pharmacy services were a vital part of the healthcare system during Covid and the vaccination delivery programme. This did mean that waits for prescriptions were longer, and queues could appear long due to social distancing measures.

The draft PNA 2025-2028 concluded **that pharmaceutical provision within Cheshire East is currently satisfactory. 82% of respondents** agreed with this statement (14 out of 17 respondents to this question, 6 of whom strongly agreed (question 10 in the Table A). Importantly, no respondents disagreed with this statement. Furthermore, no respondents strongly disagreed with any of the statements included within the consultation questionnaire.

A summary of the consultation responses to each question within the consultation questionnaire is provided in Table A on the following page.

Table A - Responses to closed questions

Closed questions	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Total responses
Q3. How strongly do you agree or disagree that the report clearly explains the purpose of the PNA?	50%	39%	6%	6%	0%	18
Q4. How strongly do you agree or disagree that the report clearly sets out the scope of the PNA?	50%	39%	11%	0%	0%	18
Q5. How strongly do you agree or disagree that the report clearly sets out the local context and implications for the PNA?	33%	56%	11%	0%	0%	18
Q6. How strongly do you agree or disagree that the report provides a reasonable description of community pharmaceutical services within Cheshire East?	33%	50%	17%	0%	0%	18
Q8. How strongly do you agree or disagree that the report accurately reflects the pharmaceutical needs of Cheshire East's residents?	35%	47%	12%	6%	0%	17
Q9. How strongly do you agree or disagree that the report provides enough information to inform future pharmaceutical services provision?	29%	47%	12%	12%	0%	17
Q10. How strongly do you agree or disagree with the key findings and the conclusion of the PNA?	28%	50%	22%	0%	0%	18
	Yes	No	Unsure / don't know			
Q7. Are you aware of any gaps in pharmaceutical services that have not been identified in the report?	11%	56%	33%			18

**Please note - some of the response denominators are different as some respondents skipped questions. We cannot assume how a person would have responded so they are excluded from the calculation.*

There were however, three questions where a small number of respondents “tended to disagree”. One respondent tended to disagree that the report explains the purpose of the PNA (Question 3). In addition, one respondent tended to disagree that the report accurately reflected the pharmaceutical needs of Cheshire East's residents (Question 8). Two respondents tended to disagree (but did not strongly disagree) with the statement “the PNA provided enough information to inform future pharmaceutical service provision” (Question 9). Of these, one chose not to give any further explanation, and the other comment suggested that low prescription rates in rural areas was due to no access to health care provision.

A further two respondents stated they were aware of gaps not identified in the PNA (Question 7).

Table B - Responses to closed questions

Closed questions	Tend to disagree	Free text response
Q3. How strongly do you agree or disagree that the report clearly explains the purpose of the PNA?	1	Too long and complex
Q8. How strongly do you agree or disagree that the report accurately reflects the pharmaceutical needs of Cheshire East's residents?	1	It dismisses the need for post 6:30pm and Saturday opening in Disley for example as residents can access Macclesfield or Wilmslow a 10+ mile round journey by car with no public transport. Many sick and elderly could not make this journey.
Q9. How strongly do you agree or disagree that the report provides enough information to inform future pharmaceutical services provision?	2	- Rural residents have no access to health care provision, hence why the prescription rate is lower. Simply struggle on untreated as can't access health care.
	Yes	
Q7. Are you aware of any gaps in pharmaceutical services that have not been identified in the report?	2	Middlewich has a projected number of new houses by 2028 of 552 and has only 2 pharmacies. Knutsford has only 509 new houses projected yet has 4 pharmacies. The difference is that Middlewich does not have a thriving high street to support commercially run pharmacies. Middlewich (in SMASH) has higher than CEC average for disability but only 2 pharmacies. What plans are in place to deal with inequalities that result from speculative developers getting planning permission with no requirement to pay for infrastructure? Can S106 money support pharmacies? Can NHS funding support pharmacies in towns with failing high streets but increasing populations? Nantwich rural does not have enough Pharmacies and practically no public transport for the majority of the area.

A total of 11 respondents gave additional detail in the nine open questions:

All open responses were analysed to identify themes:

- most respondents gave multiple comments spanning several themes across the open questions.
- There were **16 individual concerns** raised by **9 of the respondents**, across **5 identified themes**.
- **All respondents who gave a negative response in one or more of the closed questions gave some feedback in the open questions**
 - 9 (60%) of these were from residents of Cheshire East
 - A further 4 concerns were from 2 people whose responses were on behalf of an organisation but also live within Cheshire East
 - A further 3 concerns were from 2 people living outside of Cheshire East

Of the 16 responses: -

- Performance issues (1): Prescription delivery (1)
- Issues with PNA document (5): size of document (1), complex structure (1), errors within the document (3)
- Equity issues (7): rural accessibility in terms of public transport (3), rural accessibility to healthcare (1) specific recommendations (2), specific question (1),
- Public survey not representative (1)
- Positive feedback (2), one regarding the PNA document and the other an appreciation of community pharmacies within Macclesfield.

•

All responses have been carefully considered and are outlined in more detail in Table B below, along with the actions taken following their receipt.

Only 11 respondents provided a full postcode, 2 of whom were responding on behalf of an organisation but the postcode they provided indicates that they are also Cheshire East residents. A further three people responding as Cheshire East residents provided a partial postcode. The small number of responses with complete postcodes means that it was not possible to do any geographical analysis.

Due to the small number of responses and the fact that four people didn't complete the final section about themselves and another ticked 'Prefer not to say', it was not feasible to do any analysis by protected characteristics i.e. by sex, age, ethnicity etc. For the respondents who did provide details, we can see that

- all classed themselves as White English/Welsh/Scottish/Northern Irish/British,
- 70% (9 out of 13) were female,
- Half were aged over 60
- 54% identified as Christian, 39% identified with no religion and one person classed themselves as Spiritualist
- Only one person stated that their day-to-day activities were limited a lot because of a health problem or disability which has lasted, or is expected to last, at least 12 months.

Further to the responses received via the consultation questionnaire, we received separate advice regarding specific sections from other Departments within Cheshire

East Council. Also, targeted advice from other Local Authority areas' Public Health Departments who are currently producing their own PNAs, where housing developments and Pharmacy provision in their area impacts on the information and conclusions of Cheshire East's PNA.

All concerns raised have been duly considered and where necessary appropriate actions taken and documented in a formal action log. This may have involved additional wording within the body of the PNA, The Six Statements required by Legislation and Executive Summary to clarify any conclusions drawn.

An outline of these is given in the table on the next page: -

Table B- A summary of all specific comments and issues raised through the consultation process and actions taken to address these. The number of responses with this concern are given in the brackets.

Performance issues	
Theme: EPS and delivery of prescriptions (1)	Action taken
Concern raised regarding experience with delivery of prescriptions (1)	All GP Practices should offer Electronic Prescription Service (EPS). You can nominate any pharmacy to process and deliver your prescriptions, not just the one in your neighbourhood. Using the NHS App together with a Pharmacy App can make the process of repeat prescriptions extremely easy once they have been set up. Any performance issues with Community Pharmacies need to be addressed by the Cheshire and Merseyside Integrated Care Board (ICB) who manage the contracts with the Pharmacies on behalf of NHS England, this includes core opening hours, Essential and Advanced services (please see section 6.1 for a definition of these). Cheshire and Merseyside ICB now have delegated responsibility for considering applications for new pharmacies (please see section 1 on purpose of the PNA). An appendix showing the steps residents can take to complain was developed previously, this has been updated and included within this PNA, 'How to complain' (Appendix H). A link will also be provided on the webpage where the PNA will be held once published.
Theme: Equity Considerations (7)	Action taken
Rural issues - lack of public transport (3) Rural issues - access to health care (1)	A comprehensive Equity Impact Assessment (EIA) was undertaken as part of the PNA process. This led to us targeting specific organisations that support people with protected characteristics, to encourage their engagement in the public survey and consultation process of this PNA. A copy of the EIA will be available on the webpage when the PNA is published. Section 4 within the PNA looks at protected characteristics and how pharmacies have adapted their premises and services to accommodate some of these. It collated information from both the contractor and public survey. Information, where available, regarding the

	additional patient groups identified in the DHSC guidance has been included in section 4.4 Variation in potential pharmaceutical need by protected characteristics. Concerns were raised that centralisation of pharmacies to urban areas, impacts disproportionately on elderly residents, and those with disabilities and mobility issues. Accessibility can be an issue for many residents. Drive time analysis was undertaken to demonstrate accessibility. The maps produced did show that there are some small isolated rural areas on the borders with both Cheshire West and Chester (within the Nantwich and Rural Care Community) and with High Peak (within the Macclesfield Care Community) where the drive time may be over 20 minutes. However, analysis using the SHAPE Place tool has shown that these locations are within a 20-minute drive of pharmacies in the neighbouring local authorities. Analysis of travel time by public transport indicates that 97% of Cheshire East residents can access a community pharmacy within 45 minutes via public transport. However, we do recognise that those in rural areas (around 12,000) will have longer journeys. Residents who are finding it difficult to access their local pharmacy and/or have mobility or transport issues, may be able to request that their prescription is delivered by the pharmacy or posted to them. Many local pharmacies offer delivery services for residents who meet certain criteria, although there may be a charge for this. Distance Selling Pharmacies (also known as internet pharmacies) provide services without face-to-face contact and will deliver by post / courier services. You can nominate any pharmacy to process your prescriptions, not just the one in your neighbourhood. Using the NHS App together with a Pharmacy App can make the process of repeat prescriptions extremely easy once they have been set up. Dispensing GPs support provision in rural areas section 6.3.1. Rural poverty was explored in the Cheshire East Poverty JSNA [Poverty] and remains on the agenda of the All Together Fairer Commission, Cheshire East's collaborative approach to improving health equity and the social determinants of health
--	--

Specific question (1) pressure of housing developments on pharmacies	All housing development numbers presented in the PNA are taken from the Local Plan and constrained to the lifetime of the PNA. Any prior phases of housing developments will have been considered in the previous PNA. The Local Plan was used to estimate the number of houses to be built in each of the Care Communities and estimated increases in populations were calculated using standard ONS methodology. (Section 4.3. Future Planning: Housing Developments). Additional analysis was done to confirm findings after concerns were expressed in the public survey to ensure that areas with low pharmacy numbers could cope with future housing increases and potential pharmacy closures. The steering group consider that the original findings are still true, and that planned development and population growth within Cheshire East could be managed within the capacity of existing provision. The PNA has been review by Cheshire East Strategic Planning Department. The public health intelligence team will review housing developments throughout the lifetime of the PNA and will regularly consider the need for supplementary statements.
Specific recommendations (2) - subsidy is required to support pharmacies in towns with failing high streets - Funding sought to add another pharmacy in the town centre as well as one within a residential-led development (one with a neighbourhood centre)	This PNA has concluded that there is currently adequate provision to meet the needs of the Cheshire East population. However, these suggests are valid and will be brought to the attention of ICB and HWB should consequent closures/changes mean that this is no longer the case.
A concern was raised regarding the number of responses to the Public Survey (1)	The narrative in the Appendix A – The Public Survey. describes the distribution process used for the patient survey and demonstrates how we endeavoured to capture the views of as many residents and pharmacy users as possible. The promotion was increased this time in terms of the number and the type of organisations we approached. We sent invites to many organisations that represent our minority communities, vulnerable groups and hard to reach

	residents, especially those that represent resident groups that we failed to engage with the last time. Unfortunately, we cannot control who completes the survey. We can only promote and make it as widely available as possible. Any learning is always fed back through to the Equity Impact Assessment (EIA) to inform the consultation process and the process for any subsequent PNAs.
Issues with PNA document (5)	Action taken
Size of the document (1) Structure of the document (1)	The PNA is a technical document produced to enable the Cheshire and Merseyside ICB to consider applications for new pharmacies (please see section 1 on purpose of the PNA). We produce an Executive Summary and Plain English version to help the public to understand the findings and key messages. The six statements together with the Executive summary give an overview of Community Pharmacy provision and any insights. Each Statement contains links to the relevant sections in the main report where a reader can find the supporting analysis and insights that lead to the statements.
Errors in the links to tables and maps provided within the document (1)	These have been addressed by internal quality assurance processes which continued while the draft was out to consultation. If readers find other errors, please report them to the Public Health Intelligence Team mailbox phit@cheshireeast.gov.uk
Error in opening hours for a couple of Boots Pharmacy branches (2) Boots - Grand Junction Retail Park opening hours are wrong. Boots Audlem is wrong no lunch closure.	All opening hours were correct at time of publication of the draft PNA and matched the recognised national core data set from the NHS Business Support Agency (BSA). Current NHSBSA data still has the opening hours for these branches as the same recorded in the draft PNA. Cheshire and Merseyside ICB who monitor the pharmacy contract on behalf of NHS England have been notified of this discrepancy. As the PNA is a snapshot of pharmacy services at a specific time, we suggest that the PNA is not used as a directory of current pharmacy opening hours or services available. Also, pharmacies can change their supplementary hours without a change to their contract. We therefore advise that people check the current opening times of a specific pharmacy online before setting out at Find a pharmacy - NHS A note to this effect has been added to the front of Appendix B

Conclusion following the public consultation

The Steering Group have examined all the consultation responses received, any additional information collated as part of the response exercise and the reworked sections of the revised PNA. After careful consideration and seeking appropriate advice if required, they have **concluded that the original statement remains valid, that there is adequate provision when location, number and distribution of pharmacies providing essential and advance services during standard core hours to meet the needs of the Cheshire East population.**

Concerns raised regarding specific pharmacies via this consultation process have been raised with NHSE who manage the Pharmacy contracts. The performance and quality of Community Pharmaceutical providers are outside of the scope of the PNA. However, it is important for residents to raise these concerns, particularly if they affect patient safety. Residents can complain regarding issues relating to a specific pharmacy via the information provided.

Over the lifetime of this PNA, the public health intelligence team will remain alert to developments in pharmaceutical provision and need and regularly consider the need for supplementary statements.

Appendix H How to complain about a local pharmacy

The pharmaceutical needs assessment considers the number of pharmacies in an area and their opening hours. However, it cannot improve the quality of any specific pharmacy. NHS England is responsible for this. If you have any concerns regarding the service you have received in a particular community pharmacy and would like to feed this back, please take the steps below.

How to complain about a local pharmacy

This process does not cover complaints about a hospital pharmacy. You need to contact the Trust that runs the hospital.

Step 1 – Talk to a member of staff

If you feel comfortable doing so, it is always best to mention your concern to the member of staff you are dealing with or their manager. They may be able to sort things out for you.

Step 2 – contact the pharmacy complaints manager

Each pharmacy must have a complaints manager, who makes sure complaints are dealt with properly. You can complain by letter, email or by talking to someone at the pharmacy.

Step 3 – contact NHS England

NHS England handle concerns or complaints relating to directly commissioned services or services provided by NHS England. This includes primary care (GPs, dentists, pharmacists, and optometrists).

A complaint can be made:

By email: england.contactus@nhs.net

Please email 'for the attention of the complaints team'

By post:

NHS England,
PO Box 16738,
Redditch, B97 9PT

By telephone: 0300 311 22 33

Website:

www.england.nhs.uk/contact-us/complaint/complaining-to-nhse/

Cheshire East Healthwatch offers an NHS Independent Complaints Advocacy Service (ICAS). They can help you to use the NHS complaints process to have your voice heard.

[Help Making a Complaint - Healthwatch Cheshire East](http://healthwatchcheshireeast.org.uk/what-we-do/help-making-a-complaint/)

[https://healthwatchcheshireeast.org.uk/what-we-do/help-making-a-complaint/](http://healthwatchcheshireeast.org.uk/what-we-do/help-making-a-complaint/)

Step 4 - write to the parliamentary and health service ombudsman

The parliamentary and health service ombudsman makes final decisions on complaints that have not been resolved by the NHS in England and other public organisations.

Telephone: 0345 015 4033

Website:

www.ombudsman.org.uk/making-complaint/complain-us-getting-started/complaint-forms

Postal address:

Citygate
Mosley Street
Manchester
M2 3HQ

Additional support

The General Pharmaceutical Council (GPhC) is there to protect, promote and maintain the health, safety and wellbeing of members of the public by upholding standards and public trust in pharmacy.

The GPhC can give guidance on the following:

- What to expect from your pharmacy
- Buying medicines safely online
- Raising concerns or a complaint about a pharmacy professional.

Telephone: 020 3713 8000

Email: info@pharmacyregulation.org

Website:

[I am a member of the public | General Pharmaceutical Council \(pharmacyregulation.org\) https://www.pharmacyregulation.org/i-am-patient-or-member-public](http://www.pharmacyregulation.org/i-am-patient-or-member-public)

This page is intentionally left blank

Equality Impact Assessment (EIA) and our equality duty

The Equality Duty helps public bodies to deliver their overall objectives for public services, and as such should be approached as a positive opportunity to support good decision-making.

It encourages public bodies to understand how different people will be affected by their activities so that policies and services are appropriate and accessible to all and meet different people's needs. By understanding the effect of their activities on different people, and how inclusive public services can support and open up people's opportunities, public bodies are better placed to deliver policies and services that are efficient and effective.

Complying with the Equality Duty may involve treating some people better than others, as far as this is allowed by discrimination law. For example, it may involve providing a service in a way which is appropriate for people who share a protected characteristic, such as providing computer training to all people to help them access information and services.

Whilst [the Gunning Principles](#) set out the rules for consulting with 'everyone', additional requirements are in place to avoid discrimination and inequality.

Cheshire East Council is required to comply with the Equality Act 2010 and the Public Sector Equality Duty. The Equality Act 2010 simplified previous anti-discrimination laws with a single piece of legislation. Within the Act, the Public Sector Equality Duty (Section 149) has three aims. It requires public bodies to have due regard to the need to:

- eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act, by consciously thinking about equality when making decisions (such as in developing policy, delivering services and commissioning from others)
- advance equality of opportunity between people who share a protected characteristic and people who do not share it, by removing disadvantages, meeting their specific needs, and encouraging their participation in public life
- foster good relations between people who share a protected characteristic and people who do not

The Equality Act identifies nine 'protected characteristics' and makes it a legal requirement to make sure that people with these characteristics are protected from discrimination:

- | | |
|-----------------------------------|----------------------|
| • Age | • Race |
| • Disability | • Religion or belief |
| • Gender reassignment | • Sex |
| • Marriage and civil partnerships | • Sexual orientation |
| • Pregnancy and maternity | |

Applying the equality duty to engagement

If you are developing a new policy, strategy or programme you may need to carry out an Equality Impact Assessment. You may be able to ascertain the impact of your proposal on different characteristics through desk-based research and learning from similar programmes, but you also need to carry out some primary research and engagement.

People with protected characteristics are often described as 'hard to reach' but you will find everyone can be reached – you just need to tailor your approach, so it is accessible for them.

Please feel free to contact the [Equality and Diversity mailbox](#) who will try to help you to assess the impacts of your proposals and will ensure that you help the Council to comply with the Equality Act 2010 and the Public Sector Equality Duty.

Section 1 – Details of the service, service change, decommissioning of a service, strategy, function or procedure

(Please delete the guidance in italics once you complete a section)

Proposal Title	Cheshire East Council Pharmaceutical Needs Assessment EIA
Date of Assessment	February 2025
Assessment Lead Officer Name and other officers involved	Georgia Carsberg Sara Deakin Dr Susan Roberts
Directorate/ Service	Public Health
Details of the service, service change, decommissioning of the service, strategy, function or procedure.	From 1st April 2013, every Health and Wellbeing Board (HWB) in England has had a statutory responsibility (Section 128A of NHS Act 2006, as amended by Health Act 2009 and Health and Social Care Act 2012) to publish and keep up to date a statement of the needs for pharmaceutical services of the population in its area, referred to as a pharmaceutical needs assessment (PNA). Cheshire East Health and Wellbeing Board has a statutory responsibility to publish an up-to-date statement of pharmaceutical needs every 3 years. This is the fifth PNA for Cheshire East (previously published in 2011, 2015, 2018 and 2022). The PNA looks at the current provision of pharmaceutical services across Cheshire East and how well needs for

	pharmaceutical services are being met. Once the PNA has been finalised, the Integrated Care Board (ICB) acting on behalf of NHS England is required to use it to consider applications to open a new pharmacy, move an existing pharmacy or to commission additional services from a pharmacy¹. Local Authorities and the ICB may also use the PNA when commissioning services to meet local health needs and priorities. In accordance with the legislation, the PNA must include a series of six statements, these include²: 1. "The pharmaceutical services that the health and wellbeing board has identified as services that are necessary to meet the need for pharmaceutical services"; 2. "The pharmaceutical services that have been identified as services that are not provided but which the health and wellbeing board is satisfied need to be provided in order to meet a current or future need for a range of pharmaceutical services or a specific pharmaceutical service"; 3. "The pharmaceutical services that the health and wellbeing board has identified as not being necessary to meet the need for pharmaceutical services but have secured improvements or better access" 4. "The pharmaceutical services that have been identified as services that would secure improvements or better access to a range of pharmaceutical services or a specific pharmaceutical service, either now or in the future and"; 5. "Other NHS services that affect the need for pharmaceutical services or a specific pharmaceutical service" 6. How the assessment was carried out The PNA also must include or consider the following information²:
--	---

¹ Cheshire East Health and Wellbeing Board available from [Health and Wellbeing Board](#) accessed 26.02.25

² Pharmaceutical Needs Assessment information pack for local authority health and wellbeing boards published October 2021 available from [Pharmaceutical needs assessments: Information pack for local authority health and](#) (accessed 26.02.25)

	• “How the health and wellbeing board has determined the localities in its area”. • “How it has taken into account the different needs of the different localities, and the different needs of those who share a protected characteristic”. • “A report on the consultation”. • “A map that identifies the premises at which pharmaceutical services are provided”. • “Information on the demography of the area”. • “Whether there is sufficient choice with regard to obtaining pharmaceutical services”. • “Any different needs of the different localities; and” • “The provision of pharmaceutical services in neighbouring health and wellbeing board areas” In line with statutory guidance the draft PNA underwent public consultation from 1st April 2025 to 10th June 2025.
Who is impacted?	The PNA ultimately aims to look at the current provision of pharmaceutical services across Cheshire East and how well needs for pharmaceutical services are being met. The PNA intends to benefit those Cheshire East residents who use pharmacy services. People’s need for prescribed medicines increases with age. As well as growing in terms of the overall number of people in the population, the population is living longer and there will be a proportionately higher growth in the number of people in age groups over 60. • The overall Cheshire East population is growing more rapidly than previously predicted. • Cheshire East is experiencing above-average population growth compared to both regional and national levels. • Different age groups have grown or contracted at different rates than previously predicted which has changed the proportion of the overall population that they represent. The working age group 19 to 59 is larger than previously predicted (nearly 8,000 higher representing 51% of the overall population), and the over 60s is smaller (just over

	1,000 less and representing 29% of the overall population). • Furthermore, different age groups will grow or contract at different rates changing the proportion of the overall population that they represent over the lifetime of this PNA. • The age group with the highest pharmaceutical need i.e. 60 and over will increase over the lifetime of this PNA, predicted growth of 14% between 2022 and 2028 • Using Item ASTRO-PU 2013 weighted populations, we have calculated a 10.5% growth in medicines use by 2028, considerably higher than previously predicted. However, the PNA will impact those working within the NHS England team and it may also impact those working within and delivering the pharmacy services across Cheshire East. In addition, it may also benefit Local Authorities and the ICB who may also use the PNA when commissioning services to meet local health needs and priorities.
Links and impact on other services, strategies, functions or procedures.	The Pharmaceutical Needs Assessment is a statutory requirement. Under current regulations Health and Wellbeing Boards are required to produce a PNA at least every three years. The findings and recommendations that are outlined within this PNA should be used by NHS England when considering applications to open a new pharmacy, move an existing pharmacy or to commission additional services from a pharmacy. Therefore, this PNA could impact current or future pharmacy services, but it will not impact other Cheshire East strategies, functions and procedures. The production of the PNA supports all four outcomes from the Joint Local Health and Wellbeing Strategy for the population of Cheshire East 2023-2028: Community pharmacies have a vital role in achieve these outcomes. Outcome 1 - Cheshire East is a place that supports good health and wellbeing for everyone, Outcome 2 - Our children and young people experience good physical and emotional health and wellbeing, Outcome 3 - The mental health and wellbeing of people living and working in Cheshire East is improved and Outcome 4 - That more people live and age well, remaining independent; and that their lives end with peace and dignity in their chosen.

How does the service, service change, strategy, function or procedure help the Council meet the requirements of the Public Sector Equality Duty?	The PNA aims to look at the current and future needs for pharmaceutical services in the local population in Cheshire East. It also ensures that community pharmacy services are provided in the right place and that they meet the needs of the communities they serve. The PNA considers the different needs of people in Cheshire East who share protected characteristics through research, understanding the size of each of the populations affected and tries to engage with under-represented groups through the Public Survey & Public Consultation The findings are outlined in the PNA. We have carried out resident engagement through the Public Survey and we have also included insights from the public regarding their experiences of using pharmacy services which were provided by Healthwatch Cheshire. Carrying out public engagement ensures that we include information and feedback from a range of different sources to build a complete picture, which fosters good relations between those who share a protected characteristic, and people who do not.

Section 2 - Information – What do you know?

What do you know? <i>What information (qualitative and quantitative) and/or research have you used to arrive at the decision to commission/ change/ decommission the service, strategy, function, or procedure?</i>	The Health and Wellbeing Boards have a statutory duty to produce the PNA. They are carried out to assess the current and future needs for pharmaceutical services in the local population. We do not commission services/ change/ decommission the services, strategy function or procedure, but we are including information and making recommendations within the PNA which will inform decisions. We have a multi-agency PNA Steering group, and we take data, public engagement and current guidance into consideration.
Information you used to arrive at the decision	We have included information from the following resources: Age

- Office for National Statistics (2024) Estimates of the population for England and Wales. ONS Mid 2022 Population Estimates by single year of age. Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/estimatesofthepopulationforenglandandwales> (Accessed 19 April 2023).
- Royal College of Paediatrics and Child Health (2020) *State of Child Health*. London: RCPCH. [Available at: stateofchildhealth.rcpch.ac.uk]
- Age UK (2023) Age UK, The State of Health and Care of Older People, 2023. Available from: https://www.ageuk.org.uk/siteassets/documents/reports-and-publications/reports-and-briefings/health-being/age_uk_briefing_state_of_health_and_care_of_older_people_july2023.pdf (Accessed 23 January 2025).
- Cheshire East Council (2023) Falls. Cheshire East JSNA. Available from: https://www.cheshireeast.gov.uk/council_and_democracy/council_information/jsna/ageing-well/falls.aspx. (Accessed 23 January 2025).

Disability

- Office for National Statistics (2021) NOMIS Census 2021 table TS038 – Disability. Available from: <https://www.nomisweb.co.uk/datasets/c2021ts038> [Accessed on 22 August 2024]. Care communities derived from Wards 2022.
- Mental Health Foundation (2022) Physical and mental health. Available from: <https://www.mentalhealth.org.uk/explore-mental-health/a-z-topics/physical-health-and-mental-health> [Accessed 25/02/2025].
- NHS Digital (2019) Health and Care of People with Learning Disabilities Standardised Mortality Ratio Indicator. Available from: <https://digital.nhs.uk/data-and-information/publications/statistical/health-and-care-of-people-with-learning-disabilities/standardised-mortality-ratio-indicator> [Accessed 25/02/2025].

- GMCVO (2022) New research report: Growing Older with Learning Disabilities. Available from: <https://www.gmcvo.org.uk/news/new-research-report-growing-older-learning-disabilities> [Accessed 25/02/2025].
- NICE (2018) Care and support of people growing older with learning disabilities. [NG96]. Available from: <https://www.nice.org.uk/guidance/ng96/resources/care-and-support-of-people-growing-older-with-learning-disabilities-pdf-1837758519493> [Accessed 25/02/2025].
- Office for Health Improvement and Disparities (2023) Premature mortality in adults with severe mental illness (SMI) Available from: <https://www.gov.uk/government/publications/premature-mortality-in-adults-with-severe-mental-illness/premature-mortality-in-adults-with-severe-mental-illness-smi>
- Office for Health Improvement and Disparities. Severe Mental Illness. Fingertips. Available from: <https://fingertips.phe.org.uk/profile-group/mental-health/profile/severe-mental-illness>
- Office for Health Improvement and Disparities (2023) Premature mortality in adults with severe mental illness (SMI) Available from: <https://www.gov.uk/government/publications/premature-mortality-in-adults-with-severe-mental-illness/premature-mortality-in-adults-with-severe-mental-illness-smi>
- Disability Rights Commission Equal Treatment: Closing the Gap A formal investigation into physical health inequalities experienced by people with learning disabilities and/or mental health problems Sept 2007 [Microsoft Word - closing the gap fi.doc](#)
- Public Health England (2017) Improving the Health and Wellbeing of People with Learning Disabilities Guidance for social care providers and commissioners (to support implementation of the health charter). Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/656700/Health_charter_2017_guidance.pdf (Accessed 23 January 2025).

- AccessAble. Search for accessible places to go. Available from: <https://www.accessable.co.uk/> [accessed on 2 December 2024]

- 2025 PNA Dispensing Doctors Survey

Gender reassignment

- Office for National Statistics (2021) NOMIS Census 2021 table TS078 - Gender identity [Accessed on 22 August 2024]. Care communities derived from MSOA2021
- GP Patient Survey 2024 Survey and Reports
- *den Heijer et al*, Long term hormonal treatment for transgender people, (Published 30 November 2017) *BMJ* 2017;359:j5027
<https://doi.org/10.1136/bmj.j5027>

Pregnancy and maternity

- Data Source: Office for Health Improvement and Disparities. Public Health Profiles. 2025 <https://fingertips.phe.org.uk/> © Crown copyright 2025.
- NHS UK (2024) Common symptoms in pregnancy. Available from: <https://www.nhs.uk/pregnancy/related-conditions/common-symptoms/> (Accessed 4 November 2024).

Race/ethnicity

- Office for National Statistics (2021) NOMIS Census 2021 table TS021 – Ethnicity [Accessed on 25 July 2024]. Care communities derived from Wards 2022
- Equality Hub (2022) Why we no longer use the term 'BAME' in government
- Available from: <https://equalities.blog.gov.uk/2022/04/07/why-we-no-longer-use-the-term-bame-in-government/> (Accessed 23 January 2025).
- Raleigh V (2023) The health of people from ethnic minority groups in England. The King's Fund. Available from: <https://www.kingsfund.org.uk/insight-and->

[analysis/long-reads/health-people-ethnic-minority-groups-england](#)

- Commission on Race and Ethnic Disparities (2021) Ethnic disparities in the major causes of mortality and their risk factors – a rapid review. Available from:
<https://www.gov.uk/government/publications/the-report-of-the-commission-on-race-and-ethnic-disparities-supporting-research/ethnic-disparities-in-the-major-causes-of-mortality-and-their-risk-factors-by-dr-raghib-ali-et-al>
- Watkinson RE, Sutton M & Turner AJ (2021) Ethnic inequalities in health-related quality of life among older adults in England: secondary analysis of a national cross-sectional survey. The Lancet Public Health. Volume 6, Issue 3. Available from:
[https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(20\)30287-5/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(20)30287-5/fulltext)

Religion and belief

- Office for National Statistics (2021) NOMIS Census 2021 TS030 – religion [Accessed on 18 October 2024]. Care communities derived from Wards 2022.
- Office for Health Improvement and Disparities (2021) Culture, spirituality and religion: migrant health guide. Available from:
<https://www.gov.uk/guidance/culture-spirituality-and-religion>
- Mustard (2020) Trading Standards North West Survey 2020, 27 April 2020

Sex

- Office for National Statistics (2021) NOMIS Census 2021 table TS008-Sex. NOMIS Available from:
<https://www.nomisweb.co.uk/datasets/c2021ts008> [Accessed 21 November 2024]. Care communities derived from MSOA2021.
- Office for National Statistics (2021) NOMIS Census 2021 table TS078 - Gender identity Available from:
<https://www.nomisweb.co.uk/datasets/c2021ts078> [Accessed 22 August 2024]. Care communities derived from MSOA2021.
- Office for Health Improvement & Disparities. Public Health Profiles. Available from:

	https://fingertips.phe.org.uk © Crown copyright (2025).’ [Accessed 21/11/2024] - Cheshire East Council. Tartan Rug 2022. Tartan Rug 2022 - Office for Health Improvement & Disparities. Public Health Profiles. Available from: https://fingertips.phe.org.uk © Crown copyright (2025).’ [Accessed 21/11/2024] - Nursing and Health Science, Worrall-Carter et al, Systematic review of cardiovascular disease in women: assessing the risk, Dec 2011. 2011 Dec;13(4):529-35. - Office for National Statistics. 2020. Leading Causes of Death 2001 to 2018. Leading causes of death, UK - Office for National Statistics - Health Survey for England 2019 Overweight and obesity in adults and children. Health Survey for England, 2019: Data tables - NHS England Digital Men and women: statistics Mental Health Foundation - OHID Alcohol Profile [accessed 16/01/2025]. Alcohol Profile Fingertips Department of Health and Social Care - Pharmacy consumer research: pharmacy usage and communications mapping-executive summary, June 2009 Deposited paper DEP2009-1737 - Deposited papers - UK Parliament Women’s health outcomes: Is there a gender gap? - House of Lords Library Sexual orientation, UK - Office for National Statistics (ons.gov.uk) - Pharmacy consumer research: pharmacy usage and communications mapping-executive summary, June 2009 Deposited paper DEP2009-1737 - Deposited papers - UK Parliament Women’s health outcomes: Is there a gender gap? - House of Lords Library Sexual Orientation - Office for National Statistics (2021) NOMIS Census 2021 table TS077 – Sexual orientation [Accessed on 22 August 2024]. Care Communities derived from MSOA 2021 data. Nomis - Query Tool - TS077 - Sexual orientation
--	---

	- Public Health England. (2017). Producing modelled estimates of the size of the LGB population of England – Original Source: Department of Trade and Industry: Final Regulatory Impact Assessment: Civil Partnership Act 2004 (DTI, 2004). 2017 National LGBT survey National LGBT Survey: Research report - GOV.UK - Stonewall, LGBT in Britain – Health (2018) LGBT in Britain - Health (2018) Stonewall Marriage and civil partnership - Office for National Statistics (2021). NOMIS Census 2021 table TS002 – Legal partnership status [Accessed on 7 August 2024] - Robards J., Evandrou M., Falkingham J., Vlachantoni A. (2012) Marital status, health and mortality <i>Maturitas</i>. 2012 Dec; 73(4): 295–299 - Hagen D., Goldmann E. (2020) Association between marital status and mental health among cohabitating same-sex couples in the UK <i>European Journal of Public Health</i>, Volume 30, Issue Supplement_5, September 2020, ckaa165.961, https://doi.org/10.1093/eurpub/ckaa165.961
Gaps in your Information	There are no gaps within our information as we have been able to use the current Census 2021 data.

Section 3 - Information - What did people tell you?

What did people tell you about your proposals?	<i>This is covered in the below box</i>
Details and dates of the consultation/s and/or engagement activities	A review of current provision was undertaken via the Pharmacy Contractor Survey during June - September 2024. The questionnaire distributed to all pharmacies asked various questions regarding accessibility and provision of aids for people with poor hearing or eyesight. Questions regarding the provision, accessibility, and facilities available within a consultation room or area were also included. Sixty-four pharmacies (91.4%) within Cheshire East returned completed questionnaires. Healthwatch Cheshire East have been gathering insights regarding local pharmacies from residents within the Borough during 2023 and 2024 as part of

their engagement work. These insights have been shared with the PNA steering group to inform the PNA. In addition, this PNA has incorporated comments from a national Healthwatch report, entitled “Pharmacy: what people want”. Cheshire East residents shared their experiences of using pharmacy services with Healthwatch. Some of the responses included:

“A woman told Healthwatch that she has her medication sent to X pharmacy in Crewe and that it is always on time and often available sooner than they say and often within 24 hours. She added that the pharmacy are efficient and staff provide a good service”.

“A man told Healthwatch that he uses his local pharmacy for general health advice and finds this helpful but does often find that his prescribed medication is out of stock or unavailable. He said it is inconvenient and worrying not having the tablets you are meant to take and having to keep calling in until it's available”.

“Every single month meds aren't ready. My father in law ran out so had no medication for 4 days. This makes him deteriorate rapidly - it's happening every time”.

A public survey was carried out by Cheshire & Merseyside's Pharmaceutical Needs Assessment Development Group on behalf of the Cheshire East steering group. It sought views on what people thought was important in terms of location, pharmaceutical services offered and customer service, as well as their experiences of pharmacies and their staff within Cheshire East. The survey was open from the 8 November to the 31 December 2024. The survey was available on the Council's website consultation page, and the survey link was also shared specifically with the Citizen Panel. The survey was promoted by the NHS Cheshire and Merseyside Integrated Care Board (ICB), Community Pharmacy Cheshire and Wirral Local Pharmaceutical Committee (LPC), Cheshire East Local Medical Committee (LMC), Local Dental Committee (LDC), libraries and through Healthwatch. It was advertised in the internal Cheshire East staff newsletter, and to the public via the council's social media accounts. The survey link was also shared specifically with GP Practice managers, family hubs, schools via the schools' bulletin, lifestyle centres, Town and Community

	Partnerships, community development officers and Cheshire East Council elected members. Voluntary, community, faith and social enterprise sector organisations were also specifically contacted where they advocated for population groups identified through equality impact assessments and where there was low uptake in the 2022 PNA Public Survey. This included but was not limited to men specific groups such as Crewe men in sheds, Andy's Man Club, Gypsy Roma travellers e.g. fft and community cohesion, rural communities via the Agricultural Chaplaincy and CAB. Paper copies were held in libraries across the Borough and a customer service phone line was set up for people unable to access the survey online. A total of 625 responses were received. Findings were collated into a report and where required, supplementary analysis was undertaken to obtain more details or clarity. The results have been incorporated into the relevant sections within this PNA. Some of the free text responses included: "Disappointing at times. They are forever out of stock of medicines I get prescribed every 4 weeks and often don't have sufficient staff. their shelves are quite bare and have stopped stocking goods we relied on." "Friendly, knowledgeable staff who understand the need for privacy". "It is very busy and often the queue is out of the door. Average time for repeat prescription to be ready is one week" The results from the public survey are included as Appendix A The Public Survey as well as included in the relevant sections throughout the main document. The 2025_2028 PNA will go live on the Health and Wellbeing Board webpage on the 1st of October 2025. The draft PNA underwent public consultation from 1st April 2025 to 10th June 2025. This involved invitations for all key stakeholders to feedback. Key stakeholders were identified by the Cheshire East PNA Steering Group through examination of the national guidance and of the local Equality Impact Assessment. The consultation was publicised via:a media release through local and regional media channels; and on the Council's website, Facebook and Twitter channels.
--	--

	A total of 18 completed responses were received. The number of responses was considerably lower than for the last PNA in 2022. There are several reasons for this: - • Increased promotion of the public survey this time. This meant that issues from residents and users were raised and responded to earlier in the PNA process. • In the 2022-2025 PNA consultation most responses were from residents of a particular area. This disproportionate representation from this area was skewing the analysis of both the closed questions and the concerns raised in the open questions (free text responses). • The last PNA was undertaken in 2021-2022 during the Covid-19 pandemic. Community pharmacy services were a vital part of the healthcare system during Covid and the vaccination delivery programme. This did mean that waits for prescriptions were longer, and queues could appear long due to social distancing measures. • The consultation report is included as Appendix G within the final full PNA document The draft PNA 2025-2028 concluded that pharmaceutical provision within Cheshire East is currently satisfactory. 82% of respondents agreed with this statement (14 out of 17 respondents to this question, 6 of whom strongly agreed (question 10 in the consultation). Importantly, no respondents disagreed with this statement.
Are there any gaps in consultation and engagement feedback?	There were no gaps in the consultation and engagement feedback. However, despite our best efforts the findings from the Public Survey were skewed towards women, and the older population. The age profile of those who completed the public survey compared to the current estimated population of Cheshire East indicates that the younger age bands, 16-20, 21-30, 21-40 and 41-50 are underrepresented within the survey. For the age band 51-60 the proportion is representative. The older age bands 61-69 and 70 and over are both over-represented. This might be due

	to the relationship between age and pharmacy need. 58% of respondents were female, compare to the 52% in the general population The proportion of respondents who stated they were a 'carer' was higher (although not significantly) than that recorded at the last census for Cheshire East. This is understandable considering that they are likely to be collecting prescriptions on behalf of the person they are caring for. The proportion of respondents who stated they were disabled was higher (although not significantly) than that recorded for Cheshire East at the last census. This is understandable considering that people who use pharmacies regularly are likely to have health issues that may affect their mobility or restrict their day-to-day activities There was a statistically lower proportion of people who stated their ethnicity as 'White' compared to that recorded in the Census 2021. Also, certain ethnic groups were not represented. Full details are included in Appendix A of the 2025-2028 PNA which will be published <i>on the Health and Wellbeing Board webpage on the 1st of October 2025</i>. No personal details were disclosed as part of the Healthwatch engagement work. Therefore, we do not have any feedback from this work that relates to specific protected characteristics. Due to the small number of responses to the public consultation and the fact that four people didn't complete the final section about themselves and another ticked 'Prefer not to say', it was not feasible to do any analysis by protected characteristics i.e. by sex, age, ethnicity etc. For the respondents who did provide details, we can see that: - • all classed themselves as White • English/Welsh/Scottish/Northern Irish/British, • 70% (9 out of 13) were female, • Half were aged over 60 • 54% identified as Christian, 39% identified with no religion and one person classed themselves as Spiritualist • Only one person stated that their day-to-day activities were limited a lot because of a health problem or
--	--

	disability which has lasted, or is expected to last, at least 12 months.
--	--

Section 4 - Review of information, consultation feedback and equality analysis

Protected characteristics groups from the Equality Act 2010	What do you know? <i>Summary of information used to inform the proposal</i> <u>Refer to Section 2</u>	What did people tell you? <i>Summary of customer and/or staff feedback</i> <u>Refer to section 3</u>	What does this mean? <i>Impacts identified from the information and feedback (actual and potential).</i> <i>These can be either positive, negative or have no impact.</i>
Age	The age distribution of the Cheshire East population is outlined below³. • Under age 5: 20,346 (5% of total population) • 5-18: 64,021 (15.7% of total population) • 19-59: 205,543 (50.1% of total population) • 60-84: 106,008 (26.1% of total population)	625 Cheshire East residents responded to the Public Survey. Despite a concerted effort to promote the survey in Family and Community hubs the age profile of those who completed the public survey remains skewed to the older age groups. The two older age bands 61-69 age-band and 70 and over age-band responded in the highest proportions at 23.7% and 42.1% respectively. These age bands were over-represented compared to the mid-year population estimates for 2022. The younger	These findings are outlined within the PNA. The information highlighted within the PNA should be used to inform future decisions and therefore, this should have positive impact on people of all ages using the pharmacy services.

³ Office for National Statistics (2024) Estimates of the population for England and Wales. ONS Mid 2022 Population Estimates by single year of age. Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/estimatesofthepopulationforenglandandwales> (Accessed 19 April 2023).

	• 85+: 12,609 (3.1% of total population) • Total population 406,527 (ONS 2022 mid-year population estimate) Variation of health outcomes and challenges by age Health issues tend to be greater amongst the very young and the very old. People's need for healthcare and prescribed medicines increases with age. For children⁴: • Negative health behaviours developed in childhood can lead to long-term health problems in adulthood, including obesity, alcohol and drug abuse. They can also impact upon a young person's educational performance and on their friendships. • Breastfeeding is well evidenced to provide health benefits for both mother and baby and to promote	age bands, 16-20, 21-30, 21-40 and 41-50 were underrepresented within the survey. This might be due to the relationship between age and pharmacy need. Satisfaction with opening hours was examined by age; the highest levels of dissatisfaction were in the 41-50 and 51-60 age bands. Free-text comments were concerning lunchtime closing and lack of extended hours before and after normal working hours.	
--	--	--	--

⁴ Royal College of Paediatrics and Child Health (2020) *State of Child Health*. London: RCPCH. [Available at: stateofchildhealth.rcpch.ac.uk]

	attachment. Mothers in the most deprived areas have consistently lower rates of initiating and continuing breastfeeding compared to those in the least deprived. • Three quarters of life-long mental health problems in the UK start before the age of 25. • Most adult smokers have had their first cigarette or were already addicted to nicotine by the age of 18 and 90% of lifetime smoking is initiated between the ages of 10 and 20 years. Early initiation is linked to increased levels of smoking and dependence, a lower chance of quitting, and higher mortality. • Obesity increases the risk of developing a range of health conditions in childhood and later life, including heart disease; stroke; high blood pressure; diabetes and some cancers. Obese children are much more likely to be obese adults. • Young people between the ages of 15 and 17 years are more likely to binge drink. Those who drink alcohol		
--	--	--	--

	regularly from an early age are more likely to develop alcohol misuse or abuse later. • Frequent cannabis use in young people can be associated with negative mental health experiences such as depression, anxiety and even psychosis. • Tooth decay has been the commonest reason for hospital admission among children aged five to nine. For older people (65+)⁵: • A growing ageing population with increasingly complex needs puts pressure on the health and social care system. • A high proportion of people aged 65+ live alone and this percentage increases with age. • People ageing in the least advantaged circumstances are more		
--	---	--	--

⁵ Age UK (2023) Age UK, The State of Health and Care of Older People, 2023. Available from: https://www.ageuk.org.uk/siteassets/documents/reports-and-publications/reports-and-briefings/health-ellbeing/age_uk_briefing_state_of_health_and_care_of_older_people_july2023.pdf (Accessed 23 January 2025).

	likely to experience age-related disability and poor health at a younger chronological age, live with poorer health throughout their later years and die earlier than people with greater advantage. • The proportion of the population with long-term conditions increases with age, 86% of people over 85 in England live with at least one long-term health condition. • One in five (20%) of unpaid carers are aged 65 plus. The Cheshire East Falls Joint Strategic Needs Assessment (JSNA) review into falls highlights the significantly higher rates of falls admissions in older people across Cheshire East compared to the England average. Furthermore, it highlights the complex contribution of risk factors, including lifestyles, polypharmacy, long term conditions and sensory impairments, that		
--	---	--	--

	can result in falls or injuries from falls, in older people.⁶ The needs of older people are being further examined within the in-depth Ageing Well, and Loneliness and Social Isolation JSNA reviews currently in progress.		
Disability	In the 2021 Census 67,819 (17.0%) of people in Cheshire East reported being classed as disabled under the Equality Act. Of these, 27,450 or nearly 7% of residents indicated that they have an illness or disability that limits their day-to-day activities a lot. The remaining 40,369 (10.1%) reported that they are disabled but their condition only affects their day-to-day activities a little. There were a further 31,165 (7.8%) who self-reported having a long term physical or mental health condition not covered under the Equality Act which did not limit their day-to-day activities.	Most community pharmacies (i.e. excluding distance selling pharmacies) responding to the Pharmacy Contractors Survey, 85.5% (53 out of 62), have an entrance that enables wheelchair users to access the pharmacy independently. All these pharmacies also stated that all floor areas of the pharmacy were accessible by wheelchair users. Twenty-five community pharmacies (40.3%) indicated that they had either an automatic door and/or a bell at the front door. 82.3% of responding community pharmacies stated that	These findings are outlined within the PNA. The information highlighted within the PNA should be used to inform future decisions and therefore, this should have positive impact on people of all ages using the pharmacy services.

⁶ Cheshire East Council (2023) Falls. Cheshire East JSNA. Available from: https://www.cheshireeast.gov.uk/council_and_democracy/council_information/jsna/ageing-well/falls.aspx. (Accessed 23 January 2025).

	This means that nearly a quarter of the population of Cheshire East have a long-term physical or mental condition. The table below shows that the distribution is not even across the borough, with Congleton, Holmes Chapel care community and Macclesfield care community having significantly higher proportions of their residents classed as Disabled under the Equality Act. If the self-reported long-term conditions are also considered, SMASH is also higher than the Cheshire East average. Interestingly, although the disablement rate is not significantly higher in Crewe, the percentage of those whose day-to-day activities are limited a lot by their condition is the highest in the borough⁷. Health issues experienced by people with long term conditions or disabilities There is a strong relationship between physical and mental ill	they have designated disabled parking The results indicate a good level of accessibility for customers in wheelchairs or with mobility problems at community pharmacies. However, pharmacies do not always consider all the needs of people with other physical disabilities such as hearing or visual impairments. Although 64.5% have a hearing loop to support customers wearing hearing aids and 93.6% provide large print labels for prescriptions, only 21.0% provide large print leaflets and only 14.5% provide large print shelf-edge labels to support people with poor eyesight. Only 12 provided both large print labels and leaflets, 3 provided neither. Several questions in the public survey covered issues of access for those with a disability and/or mobility problem or other access needs: -	
--	---	---	--

⁷ Office for National Statistics (2021) NOMIS Census 2021 table TS038 – Disability. Available from: <https://www.nomisweb.co.uk/datasets/c2021ts038> [Accessed on 22 August 2024]. Care communities derived from Wards 2022.

	health. Nearly one in three people with a long-term physical health condition also has a mental health problem, most often depression or anxiety⁸. • People identified with a learning disability were more likely to die prematurely than people in the general population with the same broad characteristics⁹. • People with learning disabilities are generally living longer, however this brings challenges for those adults with learning disabilities and the services that support them^{10,11}. • In England, people with severe mental illness (SMI) were around 5 times more likely to die prematurely	• The public survey asked residents if they have a disability, or health condition and/or other access needs that could affect how easily you access your chosen pharmacy. Of the 127 who indicated that they had mobility issues that could affect accessibility, only six (less than 5%) stated they were unable to access their chosen pharmacy. • In the PNA public survey, participants were also asked “If you have mobility issues, are you able to park your vehicle close enough to your pharmacy?”. 63% (80 out of 127 with identified mobility issues) participants reported they were able to park close enough, 13% (17 out of 127) reported not being able to park close enough to the pharmacy of	
--	---	---	--

⁸ Mental Health Foundation (2022) Physical and mental health. Available from: <https://www.mentalhealth.org.uk/explore-mental-health/a-z-topics/physical-health-and-mental-health> [Accessed 25/02/2025].

⁹ NHS Digital (2019) Health and Care of People with Learning Disabilities Standardised Mortality Ratio Indicator. Available from: <https://digital.nhs.uk/data-and-information/publications/statistical/health-and-care-of-people-with-learning-disabilities/standardised-mortality-ratio-indicator> [Accessed 25/02/2025].

¹⁰ GMCVO (2022) New research report: Growing Older with Learning Disabilities. Available from: <https://www.gmcvo.org.uk/news/new-research-report-growing-older-learning-disabilities> [Accessed 25/02/2025].

¹¹ NICE (2018) Care and support of people growing older with learning disabilities. [NG96]. Available from: <https://www.nice.org.uk/guidance/ng96/resources/care-and-support-of-people-growing-older-with-learning-disabilities-pdf-1837758519493> [Accessed 25/02/2025].

	than those who do not have SMI¹². Excess premature mortality in adults with SMI is significantly higher in Cheshire East than England¹³. There is a positive association (when one is higher so is the other) between premature mortality in adults with SMI and deprivation¹⁴, so it is likely some deprived areas of Cheshire East are even worse. • People with a learning disability are more likely to have health problems than the rest of the community¹⁵. • People with learning disabilities have poorer health than the general population. On average, they experience a poorer quality life than	their choice, and the rest answered they did not know or not applicable. Dispensing Doctors¹⁸ are also good at accommodating for protected characteristics, with all practices having wheelchair ramp access (where required), disabled parking, toilet facilities accessible to wheelchair users and hearing loops. Most have large print labels, large print leaflets, automatic door assistance, bell at the door and an ability to support patients whose first language is not English. Additionally, most practices can provide advice and support if a customer wishes to speak to a person of the same sex.	
--	---	--	--

¹² Office for Health Improvement and Disparities (2023) Premature mortality in adults with severe mental illness (SMI) Available from: <https://www.gov.uk/government/publications/premature-mortality-in-adults-with-severe-mental-illness/premature-mortality-in-adults-with-severe-mental-illness-smi>

¹³ Office for Health Improvement and Disparities. Severe Mental Illness. Fingertips. Available from: <https://fingertips.phe.org.uk/profile-group/mental-health/profile/severe-mental-illness>

¹⁴ Office for Health Improvement and Disparities (2023) Premature mortality in adults with severe mental illness (SMI) Available from: <https://www.gov.uk/government/publications/premature-mortality-in-adults-with-severe-mental-illness/premature-mortality-in-adults-with-severe-mental-illness-smi>

¹⁵ Disability Rights Commission Equal Treatment: Closing the Gap A formal investigation into physical health inequalities experienced by people with learning disabilities and/or mental health problems Sept 2007 [Microsoft Word - closing the gap fi.doc](#)

¹⁸ 2025 PNA Dispensing Doctors Survey

	their non-disabled peer and tend to die younger¹⁶. • AccessAble, a national leading source of data on accessibility, has independently assessed 4 of Cheshire East's 68 community pharmacies. Information is gathered by a surveyor visiting each location with subsequent annual reviews to identify any changes. A wide range of criteria are used which have been designed in consultation with disabled people and represent important information that disabled people want to know. All 4 of the pharmacies assessed in Cheshire East (all located in different Care Communities) were found to have a high level of accessibility¹⁷.		
--	--	--	--

¹⁶ Public Health England (2017) Improving the Health and Wellbeing of People with Learning Disabilities Guidance for social care providers and commissioners (to support implementation of the health charter). Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/656700/Health_charter_2017_guidance.pdf (Accessed 23 January 2025).

¹⁷ AccessAble. Search for accessible places to go. Available from: <https://www.accessable.co.uk/> [accessed on 2 December 2024]

Gender reassignment	In the 2021 Census¹⁹, 95% of the population identify as the same sex as registered at birth, higher than the England proportion, while only 0.2% identified as a different sex. 4.6% did not answer. - Less than 1% identified as either Trans women, Trans man or other. - Crewe is the most diverse care community within Cheshire East. In the 2024 GP Patient Survey an average of 1% of the registered population surveyed did not have the same gender identity as recorded when they were registered at birth (PCN range 0-3%)²⁰. Health outcomes and challenges experienced by people who have undergone gender-reassignment - Social stigma, whether perceived or real may lead transgender and gender-diverse people to not seek	There was a total of 625 responses to the Public Survey. 93.9% of respondents live in the gender they were given at birth, 0.3% did not live in the gender they were given at birth and 5.8% preferred not to say or did not respond. Transgender was not specifically asked about and would likely be included in the 'Prefer not to say' category, which is higher than the Census 2021 results. According to Stonewall UK, it is estimated that around 1% of the population might identify as Trans, including people who identify as non-binary²². No further analysis was carried out to determine whether the experience of using a pharmacy differed between those who live as the gender they were given at birth and those that do not.	These findings are outlined within the PNA. The information highlighted within the PNA should be used to inform future decisions and therefore, this should have positive impact on people with disabilities using the pharmacy services.
-----------------------------------	--	---	--

¹⁹ Office for National Statistics (2021) NOMIS Census 2021 table TS078 - Gender identity [Accessed on 22 August 2024]. Care communities derived from MSOA2021

²⁰ GP Patient Survey 2024 Survey and Reports

²² [The truth about trans \(stonewall.org.uk\)](https://www.stonewall.org.uk)

	preventive health care and health screenings. • Transgender and gender-diverse people have a higher risk of: ○ Emotional and psychological abuse. ○ Physical and sexual violence. ○ Sexually transmitted infections. ○ Substance misuse. ○ Mental health problems, such as depression, anxiety and thoughts of suicide • Gender dysphoria • Many transgender people struggle with body image and as a result can be reluctant to engage in physical activity. Hormone therapy can affect how the body deals with alcohol, drugs and tobacco and increases the risk of some chronic diseases e.g. liver, cardiovascular, osteoporosis²¹.		
--	---	--	--

²¹ *den Heijer et al*, Long term hormonal treatment for transgender people, (Published 30 November 2017) *BMJ* 2017;359:j5027 <https://doi.org/10.1136/bmj.j5027>

Pregnancy and maternity	Fertility rates can be an excellent indicator of future population growth or decline in an area. Fertility rates have remained stable over the last 10 years with approximately 3,700 live births per year. The current rate at 54.7 per 1,000 is higher than the average for England (51.9 per 1,000)²³. Health issues during pregnancy There are many common health problems that are associated with pregnancy. Some of the more common ones are²⁴: - Backache - Constipation - Cramp - Deep vein thrombosis - Fainting - Headaches - High blood pressure and preeclampsia - Incontinence - Indigestion and heartburn - Itching - Leaking nipples	This was not captured within the Public Survey or the Healthwatch engagement work.	These findings are outlined within the PNA. The information highlighted within the PNA should be used to inform future decisions and therefore, this should have positive impact on people of all ages using the pharmacy services.
---------------------------------------	--	---	--

²³ Data Source: Office for Health Improvement and Disparities. Public Health Profiles. 2025 <https://fingertips.phe.org.uk/> © Crown copyright 2025.

²⁴ NHS UK (2024) Common symptoms in pregnancy. Available from: <https://www.nhs.uk/pregnancy/related-conditions/common-symptoms/> (Accessed 4 November 2024).

	Morning sickness and nausea Nosebleeds Urinating a lot Pelvic pain Piles (haemorrhoids) Skin and hair changes Sleeplessness Stretch marks Swollen ankles, feet, fingers Swollen and sore gums, which may bleed Tiredness Vaginal discharge or bleeding Varicose veins		
Race/ethnicity	Ethnicity relates to the population group a person belongs to, identifies with or is identified by, considering cultural factors including language, diet, religion, ancestry and physical features. According to the 2021 Census, there is less ethnic diversity in Cheshire East compared to the England average, with 94.4% of the population giving their ethnicity as white	Within the public survey no specific issues were raised concerning ethnicity or religion. The non-white ethnic mix within the survey was under-representative of the underlying population; again, numbers are very small, which make any conclusions very difficult. Within Cheshire East, 18 of the pharmacies (28.1%) responding to the Pharmacy Contractor Survey answered "Yes" to the question <i>"Can staff at pharmacy speak</i>	These findings are outlined within the PNA. The information highlighted within the PNA should be used to inform future decisions and therefore, this should have positive impact on people of all races/ethnicities using the pharmacy services.

	compared to a national average of 81.1%²⁵. However, ethnic diversity has increased since the 2011 Census, when 96.7% of the population declared their ethnicity to be white. CHAW Care Community is the most diverse, but Crewe Care Community has the largest ethnic minority population with where nearly a third (32%) of Cheshire East's ethnic minority community living there. Over a ten-year period, the proportion of people from ethnic minority backgrounds has increased by over 80% from 12,200 to 22,230 and all Black, Asian and Minority Ethnic Communities have increased in number. However, it is important to consider different ethnicities in greater detail rather than considering Black, Asian and Minority Ethnic Communities as a whole²⁶. Of note is the increase in those giving their ethnicity as "White Other", which rose from 9,400 to 16,600 between 2011 and 2021. Most of the increase between the 2 censuses is due to an increase in Asian/Asian British and Other White communities in Crewe.	<i>languages other than English?"</i>. There was a wide variety of different languages reported to be spoken; Armenian, Chinese, Farsi, French, Hindi, Polish, Punjabi, Romanian, Spanish and Urdu were all spoken at more than one pharmacy. In addition, the following response was provided by 21 other pharmacies (all operated by the same company): <i>Staff are contracted to XXX, not a particular branch, so whilst the staff member may speak other languages, it might differ day to day, depending on which branch they are working in.</i> All pharmacies have access to remote and face-to-face interpreting, translation and localisation services via the NHS Contract with LanguageLine UK	
--	--	---	--

²⁵ Office for National Statistics (2021) NOMIS Census 2021 table TS021 – Ethnicity [Accessed on 25 July 2024]. Care communities derived from Wards 2022

²⁶ Equality Hub (2022) Why we no longer use the term 'BAME' in government

Available from: <https://equalities.blog.gov.uk/2022/04/07/why-we-no-longer-use-the-term-bame-in-government/> (Accessed 23 January 2025).

	Variation of health outcomes and challenges by ethnicity • Health inequalities exist between ethnic minority and white groups, and between different ethnic minority group. The picture is complex, with deprivation, environment, health-related behaviours and access to health care contributing. Most ethnic minority groups are disproportionately affected by socio-economic deprivation²⁷. • Some ethnic minority groups are more likely than White British people to report having a long-term condition and poor health, particularly diabetes, maternal mortality, stillbirths and infant mortality, childhood obesity, cardiovascular disease^{26,28} • Before the Covid-19 pandemic, life expectancy at birth was higher		
--	---	--	--

²⁷ Raleigh V (2023) The health of people from ethnic minority groups in England. The King's Fund. Available from: <https://www.kingsfund.org.uk/insight-and-analysis/long-reads/health-people-ethnic-minority-groups-england>

²⁸ Commission on Race and Ethnic Disparities (2021) Ethnic disparities in the major causes of mortality and their risk factors – a rapid review. Available from: <https://www.gov.uk/government/publications/the-report-of-the-commission-on-race-and-ethnic-disparities-supporting-research/ethnic-disparities-in-the-major-causes-of-mortality-and-their-risk-factors-by-dr-raghib-ali-et-al>

	among ethnic minority groups than the white and Mixed groups, however this masks some significant differences between ethnic groups. The Covid-19 pandemic has had a disproportionate impact on most ethnic minority communities.²⁶ • An increasing number of older people from ethnic minority groups will require culturally sensitive social care and palliative care. Low self-confidence in older adults to managing their own health was higher in all minority ethnic groups.²⁹ • Racism and discrimination can also have a negative impact on the physical and mental health of people from ethnic minority groups.²⁶ 95.8% of residents in the 2021 census stated that English was their main language, 80.5% of the remainder stated that although English was not their main		
--	---	--	--

²⁹ Watkinson RE, Sutton M & Turner AJ (2021) Ethnic inequalities in health-related quality of life among older adults in England: secondary analysis of a national cross-sectional survey. The Lancet Public Health. Volume 6, Issue 3. Available from: [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(20\)30287-5/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(20)30287-5/fulltext)

	language, they spoke it well or very well. This means that less than 1% (3,204) of the population cannot speak English or feel they do not speak it well. We are unable to determine which languages are spoken by these non-English speakers as these detailed census tables were not available the time of writing. Most of those not proficient in English are of working age. The results from the main language question on the Census gives Polish as the area's second language at 1.3%.		
Religion or belief	At the time of the 2021 Census, 54.3% of Cheshire East residents were Christian (87% of those who stated they had a religion). This represents a reduction of 15% since 2021. There was a concomitant increase in the proportion with no religion or who did not state their religion, which rose from 29.3% in 2011 to 43.2% in 2021. Despite the increase in the number of people describing their religion as Buddhist, Hindu, Jewish, Muslim, Sikh and Other, the proportions for each of these religions individually are 1% or less. However small these minorities, service staff still need to be	Within the public survey no specific issues were raised concerning ethnicity or religion. The religious profile of the respondents is similar to Cheshire East as a whole (as determined by the 2021 Census), but the small numbers make it difficult to be clear if there are any issues.	These findings are outlined within the PNA. The information highlighted within the PNA should be used to inform future decisions and therefore, this should have positive impact on people of all religions/beliefs using the pharmacy services.

	mindful of customers' religious and cultural background to ensure that they are sensitive to any specific requirements³⁰. Cultural, spiritual and religious beliefs and practices can impact on health behaviours and practices, health outcomes, use of and access to healthcare, and decision-making regarding medical treatment. Some health-related topics may be extremely sensitive for individuals of certain cultural and religious groups to discuss, such as disabilities, and sexual and reproductive health matters³¹ • Possible link with 'honour based violence', a term used to describe a combination of practices used to control and punish the behaviour of a member of a family or social group, to protect perceived cultural and religious beliefs. • Female genital mutilation is related to cultural, religious and social		
--	---	--	--

³⁰ Office for National Statistics (2021) NOMIS Census 2021 TS030 – religion [Accessed on 18 October 2024]. Care communities derived from Wards 2022.

³¹ Office for Health Improvement and Disparities (2021) Culture, spirituality and religion: migrant health guide. Available from: <https://www.gov.uk/guidance/culture-spirituality-and-religion>

	factors within families and communities although there is no direct link to any religion or faith. It is a practice that raises serious health related concerns. • Attitudes towards smoking of shisha³². • There is a possibility of hate crime related to religion and belief.		
Sex	In the 2021 Census, there were^{33,34}: • 203,195 women (51.0%) • 195,577 men (49.0%) Variation of health outcomes and challenges by gender • Male life expectancy (LE), and life expectancy at 65 in Cheshire East are	The latest population estimates for those aged 16 and over give the gender breakdown in Cheshire East as 52% female and 48% male. Of the 625 participants who answered the gender question in the public survey, 58% (362 out of 625) defined themselves as female and 39% (243 out of 625) as male. 3% answered they were: non-binary; preferred not to say; or did not respond. Therefore, it is important to note that there may be bias towards female experience in the public survey. This bias	These findings are outlined within the PNA. The information highlighted within the PNA should be used to inform future decisions and therefore, this should have positive impact on people of all sexes using the pharmacy services.

³² Mustard (2020) Trading Standards North West Survey 2020, 27 April 2020

³³ Office for National Statistics (2021) NOMIS Census 2021 table TS008-Sex. NOMIS Available from: <https://www.nomisweb.co.uk/datasets/c2021ts008> [Accessed 21 November 2024]. Care communities derived from MSOA2021.

³⁴ Office for National Statistics (2021) NOMIS Census 2021 table TS078 - Gender identity Available from: <https://www.nomisweb.co.uk/datasets/c2021ts078> [Accessed 22 August 2024]. Care communities derived from MSOA2021.

	lower than for females³⁵. Internal variation, i.e. by electoral ward level, is higher for men than for women³⁶. In Cheshire East, mortality for cardiovascular disease is significantly higher in men and men are more likely to die from cardiovascular disease prematurely³⁷. • Men are also more likely to die during a sudden cardiac event. Women's risk of cardiovascular disease in general increases later in life (on average 10 years later than men³⁸) and women are more likely to die from stroke³⁹. • The proportion of men and women who are obese is roughly the same although men are markedly more likely to be overweight than women. Women are	has remained despite efforts to actively promote the survey within male only support groups such as Crewe Men in Sheds and Andy's Man club. Responses to the survey indicate that when asked about their overall satisfaction relating to the services and products offered by their regular pharmacy, participants who stated that they were male were slightly more likely to be satisfied (91.8%) compared to those who stated they were female (84.4%). Within Cheshire East, 16 (25%) of the pharmacies responding to the Pharmacy Contractor Survey stated they were able to offer advice and support to customers wishing to speak with a person of the same sex within the normal opening times; a further 45 (70.3%) were able to arrange a	
--	--	---	--

³⁵ Office for Health Improvement & Disparities. Public Health Profiles. Available from: <https://fingertips.phe.org.uk> © Crown copyright (2025).' [Accessed 21/11/2024]

³⁶ Cheshire East Council. Tartan Rug 2022. [Tartan Rug 2022](#)

³⁷ Office for Health Improvement & Disparities. Public Health Profiles. Available from: <https://fingertips.phe.org.uk> © Crown copyright (2025).' [Accessed 21/11/2024]

³⁸ Nursing and Health Science, Worrall-Carter et al, Systematic review of cardiovascular disease in women: assessing the risk, Dec 2011. 2011 Dec;13(4):529-35.

³⁹ Office for National Statistics. 2020. Leading Causes of Death 2001 to 2018. [Leading causes of death, UK - Office for National Statistics](#)

	more likely than men to become morbidly obese⁴⁰. • Women are more likely to report, consult for and be diagnosed with depression and anxiety. It is possible that depression and anxiety are under-diagnosed in men as more men die by suicide, go missing, be rough sleepers, more likely to become alcohol dependent, report frequent drug-use, report lower levels of life satisfaction, while men are less likely to access NHS talking therapies⁴¹. Hospital admissions and mortality relating to alcohol are significantly higher in men than women in Cheshire East. The exception is hospital admissions for alcohol-specific conditions in the under 18s where the female rate is similar to the male rate⁴². • Men tend to use health services less than women and present later with diseases than women do. Consumer research into the use of pharmacies showed men aged	same sex consultation. This leaves 4.7% (3 pharmacies) unable to offer this. No issues concerning same sex consultations were voiced in the public survey.	
--	---	--	--

⁴⁰ Health Survey for England 2019 Overweight and obesity in adults and children. [Health Survey for England, 2019: Data tables - NHS England Digital](#)

⁴¹ [Men and women: statistics | Mental Health Foundation](#)

⁴² OHID Alcohol Profile [accessed 16/01/2025]. [Alcohol Profile | Fingertips | Department of Health and Social Care](#)

	16 to 55 to be 'avoiders' i.e. they actively avoid going to pharmacies, feel uncomfortable in the pharmacy environment as it currently stands due to perceptions of the environment as feminised/for older people/lacking privacy and of customer service being indiscreet⁴³. Despite the above bullet points studies have shown that women experience poorer outcomes in many areas of health care⁴⁴.		
Sexual orientation	In the 2021 census only 2.5% of the population identified as LGBT+⁴⁵. This is considerably lower than estimates provided by the Department of Trade and Industry, which put the LGB population at 5% to 7% of the adult population⁴⁶.	84% of residents responding to the public survey (524 out of 625) who answered the sexual orientation question responded that they were heterosexual, 1% (6 out of 625) identified as homosexual and 1.4% (9 out of 625) identified as bisexual or pansexual, 14% (86 of 625) preferred not to say or did	These findings are outlined within the PNA. The information highlighted within the PNA should be used to inform future decisions and therefore, this

⁴³ Pharmacy consumer research: pharmacy usage and communications mapping-executive summary, June 2009 [Deposited paper DEP2009-1737 - Deposited papers - UK Parliament](#)

⁴⁴ [Women's health outcomes: Is there a gender gap? - House of Lords Library](#)

⁴⁵ Office for National Statistics (2021) NOMIS Census 2021 table TS077 – Sexual orientation [Accessed on 22 August 2024]. Care Communities derived from MSOA 2021 data. [Nomis - Query Tool - TS077 - Sexual orientation](#)

⁴⁶ Public Health England. (2017). [Producing modelled estimates of the size of the LGB population of England](#) – Original Source: Department of Trade and Industry: Final Regulatory Impact Assessment: Civil Partnership Act 2004 (DTI, 2004).

	Variation of health outcomes and challenges by sexual orientation People in the LGBT+ community have disproportionately worse health outcomes and healthcare experiences⁴⁷. Attitudes toward the community may have an impact on some of their key health concerns around sexual and particularly mental health. A Stonewall survey⁴⁸ found: • Half of LGBT people (52%) said they've experienced depression in the last year. One in eight LGBT people aged 18-24 (13%) said they've attempted to take their own life in the last year. Almost half of trans people (46%) have thought about taking their own life in the last year, 31% of LGB people who aren't trans said the same. Furthermore, 41% of non-binary people said they harmed themselves in the last year compared to 20% of LGBT women and 12% of GBT men. One in six LGBT people (16%) said they drank alcohol almost every day over the last year and one in eight LGBT people	not respond. However, no further analysis was carried out to determine whether experiences of using the pharmacy differed by sexual orientation.	should have positive impact on people of all sexual orientations using the pharmacy services.
--	---	---	--

⁴⁷ 2017 National LGBT survey [National LGBT Survey: Research report - GOV.UK](#)

⁴⁸ Stonewall, LGBT in Britain – Health (2018) [LGBT in Britain - Health \(2018\) | Stonewall](#)

	aged 18-24 (13%) took drugs at least once a month. • One in eight LGBT people (13%) have experienced some form of unequal treatment from healthcare staff because they're LGBT. • Almost one in four LGBT people (23%) 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% of trans people – have witnessed these remarks. • One in twenty LGBT people (5%) have been pressured to access services to question or change their sexual orientation when accessing healthcare services. • One in five LGBT people (19%) aren't out to any healthcare professional about their sexual orientation when seeking general medical care. This number rises to 40% of bi men and 29% of bi women. One in seven LGBT people (14%) have avoided treatment for fear of discrimination because they're LGBT.		
--	--	--	--

Marriage and civil partnership	Data from the 2021 Census for the Cheshire East population showed that⁴⁹: 49.7% were married or in a registered civil partnership 31.6% were single (never married or never registered a same-sex civil partnership) 9.8% were divorced or formerly in a same-sex civil partnership which is now legally dissolved 6.9% were widowed or a surviving partner from a same-sex civil partnership. 2.0% were separated (but still legally married or still legally in a same-sex civil partnership). Variation of health outcomes and challenges by marital status - Literature on health and mortality by marital status has consistently identified that unmarried individuals generally report poorer health and have a higher mortality risk than their	This was not captured as part of the Public Survey or the Healthwatch Engagement.	These findings are outlined within the PNA. The information highlighted within the PNA should be used to inform future decisions and therefore, this should have positive impact on people of all ages using the pharmacy services.
--	---	--	--

⁴⁹ Office for National Statistics (2021). NOMIS Census 2021 table TS002 – Legal partnership status [Accessed on 7 August 2024]

	married counterparts, with men being particularly affected in this respect⁵⁰. A large body of research suggests that the formalisation of opposite-sex relationships is associated with favourable mental health outcomes, particularly among males. Recent analysis of wave 8 (2016-18) of Understanding Society: the UK Household Longitudinal Study suggests this is also the case for females in same-sex civil partnership⁵¹.		
--	--	--	--

⁵⁰ Robards J., Evandrou M., Falkingham J., Vlachantoni A. (2012) Marital status, health and mortality *Maturitas*. 2012 Dec; 73(4): 295–299

⁵¹ Hagen D., Goldmann E. (2020) Association between marital status and mental health among cohabitating same-sex couples in the UK *European Journal of Public Health*, Volume 30, Issue Supplement_5, September 2020, ckaa165.961, <https://doi.org/10.1093/eurpub/ckaa165.961>

Section 5 - Review of information, consultation feedback and equality analysis

Mitigation	What can you do to mitigate any negative impacts or further enhance positive impacts?
<i>Please summarise the impacts listed in section 4 and what will be done to mitigate these impacts</i> <i>Provide justification for the proposal if negative impacts have been identified?</i> <i>Are there any actions that could be undertaken to mitigate, reduce or remove negative impacts?</i> <i>Have all available options been explored? Please include details of alternative options and why they couldn't be considered?</i> <i>Please include details of how positive impacts could be further enhanced, if possible?</i>	The PNA includes an extensive overview of the current and future needs for pharmaceutical services in the local population across Cheshire East. Recommendations that can be met by NHS England are outlined within the document. We inform but cannot enforce the recommendations. However, implementation of the recommendations for improvement should further enhance positive impacts. In line with the current regulations the PNA will be reviewed and updated in 3 years time (2028).

Section 6 – Monitoring and review

Details of monitoring activities <i>Please include details of how the impact of the proposal will be monitored e.g. performance monitoring, analysis of complaints, equality monitoring data etc.</i> <i>Monitoring should include information on whether actions to mitigate negative impacts have achieved their desired outcome</i>	The purpose of the PNA is to set out the current and future needs in relation to pharmacy provision. These findings and recommendations should be used by NHS England to consider applications to open a new pharmacy, move an existing pharmacy or to commission additional services from a pharmacy. We inform but cannot enforce the recommendations. Any equity issues will only be identified if there are substantial pharmacy closures, and the Health and Wellbeing Board consider there to be a requirement for a full review of the PNA. Otherwise, this will be monitored when the PNA is next reviewed in 2028.
Date and responsible officer for the review of the EIA <i>Please include the date of review, responsible officer role and service.</i> <i>It is recommended that the EIA be reviewed approximately 6 months after it has been signed off.</i>	The Public Health Intelligence Team To be reviewed every three years in line with current regulations (2028).

Section 7 – Sign off

When you have completed your draft EIA, it should be sent to the [Equality, Diversity and Inclusion Mailbox](#) for review.

If your EIA is approved, it must then be signed off by a senior manager within your Department (Head of Service or above).

Name	Dr Susan Roberts
Date	
Signature	

Once the EIA has been signed off, please forward a copy to the [Equality, Diversity and Inclusion mailbox](#) for it to be published on the website.

For Transparency, we are committed to publishing all Equality Impact Assessments relating to public engagement.

Help and support - For support and advice please contact the [Equality, Diversity and Inclusion mailbox](#)

This page is intentionally left blank

Executive Summary

Pharmaceutical Needs Assessments (PNAs) are carried out to assess the current and future needs for pharmaceutical services in the local population. They ensure that community pharmacy services are provided in the right place and meet the needs of the communities they serve.

Every Health and Wellbeing Board (HWB) has a statutory responsibility to conduct a PNA at least every three years. This PNA follows the 2022 version of the PNA. NHS England (NHSE) is required to use the finalised PNA to consider applications to open a new pharmacy, move an existing pharmacy or to commission additional services from a pharmacy. This responsibility has been delegated to Cheshire and Merseyside Integrated Care Board (ICB) by NHSE.

There are hyperlinks throughout the text that link to the relevant section(s) within the main document, these are in [blue](#). Hover the cursor over the text and press Ctrl and click to follow the link.

The PNA covers opening times [\[Error! Reference source not found.\]](#), services delivered [\[Error! Reference source not found.\]](#), [\[Error! Reference source not found.\]](#) and accessibility in relation to disability, language needs, ethnicity, sexuality [\[Error! Reference source not found.\]](#), and rurality. The production of the PNA has involved:

- Analysis of data relating to pharmaceutical need and demand from wide and varied sources
- Consultation with members of the Cheshire East Pharmaceutical Needs Assessment Steering Group, which brought together representatives from key organisations across Cheshire East
- A public survey and incorporation of feedback regarding pharmacies as part of broader Healthwatch conversations [\[Error! Reference source not found.\]](#) and [\[Error! Reference source not found.\]](#)
- A dispensing doctors survey [\[Error! Reference source not found.\]](#)
- A community pharmacy contractors survey. (Section 3.4.1 & [\[Error! Reference source not found.\]](#))

Based on this PNA, current pharmaceutical provision in Cheshire East Borough is assessed as **adequate** in terms of location, opening hours, and pharmaceutical services offered to the population.

Through examination of the available information, the PNA has not identified current or anticipated future need for new NHS pharmaceutical service providers in Cheshire East

A public consultation took place from 31st March 2025 to 6th June 2025 to gather feedback regarding the draft PNA. All feedback has been reviewed and summarised

in appendix G in the final version of the PNA The final PNA 2025-2028 will be published by the 1st October 2025.

Updated population projections were released by the Office for National Statistics (ONS) on the 24th of June 2025, after the 2025-2028 PNA public consultation. This new data has been incorporated and considered in a revised section **Error! Reference source not found.** of the final version of the PNA.

The Steering Group have examined this revised population information, together with all the consultation responses received. After careful consideration and seeking appropriate advice if required, they have **concluded that the original statement remains valid, that there is adequate provision when location, number and distribution of pharmacies providing essential and advance services during standard core hours to meet the needs of the Cheshire East population.**

1.1 Current provision

- There is currently an adequate level of community pharmacy provision in every major town in the Borough.
- There are currently 68 community pharmacies within Cheshire East. In the rural areas where a pharmacy would not be a viable business, there are six dispensing doctors that are able to dispense to qualifying patients. There are also two Distance Selling Pharmacies (DSPs), both located within the SMASH (Sandbach, Middlewich, Alsager, Scholar Green and Haslington) Care Community, but under their contract, they provide essential pharmaceutical services to anyone within England. **Error! Reference source not found.]**
- The detailed maps by care communities in Appendix D show that community pharmacies are largely located in the town centres, or close to GP surgeries. The highest population density areas of the towns of Crewe, Macclesfield and Congleton have between eight and fifteen pharmacies. Most of the main towns in Cheshire East are served by at least two community pharmacies. Several towns and villages have a single community pharmacy, including Audlem, Bollington, Disley, Goostrey, Haslington, Holmes Chapel, Mobberley, Prestbury and Shavington. **Error! Reference source not found.]**
- In Cheshire East, the number of community pharmacies at 16.7 per 100,000 population is similar to the national average **Error! Reference source not found.]**
- The current dispensing workload as demonstrated by the number of items dispensed per pharmacy is not significantly different to the England average i.e. within the normal range. [\[7.1. Dispensing volume\]](#)
- There are numerous pharmacies near to peripheral areas of Cheshire East in neighbouring local authorities. Residents living in these areas of the Borough use pharmacies in adjacent Health and Wellbeing Board areas to have prescriptions dispensed. **Error! Reference source not found.]**

- Socioeconomic deprivation is strongly associated with morbidity and early mortality. Cheshire East is generally very affluent, but there are areas of deprivation across the authority, mainly clustering in central Crewe **[Error! Reference source not found.]**. Travel time mapping showed access was better for residents in more deprived areas, with those living in the most deprived areas being within a 20-minute walk or a 15-minute journey via public transport to a community pharmacy. **[Error! Reference source not found.]**
- Results from the public survey indicate that most (87.4%) respondents are satisfied with the overall service offered by their regular pharmacy. 78.9% were satisfied regarding knowledgeable staff, 76.3% were satisfied with their pharmacy having the things they need, 68.3% of respondents were satisfied with the range of services offered, and 66.8% were satisfied with the range of products available. Despite the number of 100-hour pharmacies falling from nine to six and weekday pharmacy opening hours narrowing, there is still good coverage of pharmacy opening hours. There is weekday access to community pharmacies from 8am in the morning and throughout the day up to midnight. Out of the 68 community pharmacies in the Cheshire East local authority footprint, 36 (52.9%) are open between 40 hours and less than 50 hours, a further 20 (29.4%) community pharmacies are open between 50 hours and less than 60 hours, four (5.9%) are open between 60 and less than 70 hours and a further eight (11.8%) are open for 70 hours or more (5 of these are 100-hour pharmacies and cannot reduce their hours below 72 hours). Care community areas with no evening or weekend provision can access the 100-hour pharmacies in neighbouring care communities and community pharmacies outside of Cheshire East. **[Error! Reference source not found.]**
- The public survey asked multiple questions regarding people's experiences of pharmacy opening hours, from levels of satisfaction [question 16] to the circumstances of when they found it closed [questions 17 to 20]. Most respondents were satisfied with the opening hours, 81% (507 out of 625 either very or somewhat satisfied with the current opening hours), reporting the opening hours as adequate for their needs. **[Error! Reference source not found.]**
- This PNA has considered the different needs of people in its area who share a protected characteristic. **[Error! Reference source not found.]** Results from both the Pharmacy Contractors Survey and Public Survey indicate that most community pharmacies: -
 - Have a good level of accessibility for customers in wheelchairs or with mobility problems,
 - Provide privacy, with most consultations being conducted in what the customer felt was an appropriate setting
 - Can offer a same-sex consultation either in normal opening hours or by arrangement

- Also, all pharmacies have access to remote and face-to-face interpreting, translation and localisation services via the NHS Contract with LanguageLine UK
- Community pharmacies continue to show themselves to be resilient and adaptable. Located in the heart of communities, some with high levels of deprivation, pharmacies are considered essential and valuable to our residents. [\[Error! Reference source not found.\]](#)

1.2 Future need

- We have examined the impact of further closures. Six of the eight care communities have a pharmacy-to-population ratio lower than the England average; however, none are significantly lower. Nantwich and Rural has the lowest rate of pharmacies per 100,000 population but is also served by pharmacies in Winsford, Tarporley, Whitchurch and Market Drayton, which are located just outside the area. The care community would have to see a closure of three pharmacies before it would be significantly worse than the England rate. [\[Error! Reference source not found.\]](#)
- The prescribing of medicines was predicted to grow by 6.3% between 2024 and 2029. Unfortunately, these estimates are based on old population projections that have proved to be inaccurate. New population projections are due for release from the Office for National Statistics (ONS) in May 2025. Increases in demand are likely in all areas of the country. Existing pharmacies may have to increase their capacity and review their working practices to meet this need. [\[Error! Reference source not found.\]](#)
- Most of the increase in prescribing need will occur among older people. This PNA has highlighted several issues relevant to older people, including poor physical access to some community pharmacies, and insufficient accessibility aids in some. [\[Error! Reference source not found.\]](#)
- We have taken into consideration the main strategic sites of planned housing developments and the potential increase in residents by 2028 that they represent. We conclude that even considering these increases, Cheshire East should remain generally well provided for with current pharmacy provision. [\[Error! Reference source not found.\]](#)
- A HWB cannot stipulate pharmacy opening hours, they form part of the contract with NHS England (NHSE). This responsibility has now been delegated to Cheshire and Merseyside Integrated Care Board (ICB). If the ICB considers there is a need for pharmacy services in an area on a Sunday, they could direct a rota as they do for Christmas day. [\[Error! Reference source not found.\]](#)
- Most of the community pharmacies (96.8%) responding to the Pharmacy Contractors Survey stated that they either had sufficient capacity within their existing premises and staffing levels to manage an increase in demand or could adjust to do so. [\[7.1. Dispensing volume\]](#)

- Most pharmacies (81.3%) offer a prescription collection service from patients' GP surgeries. All responding pharmacies to the Contractor Survey who answered the questions regarding delivery of dispensed medicines, 82.8% stated that they offer this service free of charge. Of those currently offering free delivery, 90.6% are not considering withdrawing this provision. In terms of coverage, free delivery services are available in all care community localities. [\[Error! Reference source not found.\]](#)

1.3 Recommendations

- Patients who receive dispensing doctor services can be supplied with medicines, but they may not be able to benefit from the wider range of Essential and Advanced services that community pharmacies are able to provide, or the NHS Cheshire and Merseyside Integrated Care Board and public health commissioned services. Existing pharmacies may have to increase their capacity and review their working practices to meet this need.
- Most of the increase in prescribing need will occur among older people. Despite most pharmacies having good accessibility for people with mobility issues, some still have poor physical access, and/or insufficient accessibility aids. It is recommended that NHS England, Cheshire East Council and NHS Cheshire and Merseyside Integrated Care Board review accessibility of pharmacy sites, service quality and uptake, including consideration of cultural and equalities needs.
- Pharmacies have a continued important case-finding role in relation to high blood pressure.
- Pharmacies continue to have a role in supporting patients to recover quickly from minor ailments.
- It is important that residents are aware of the wide range of services that pharmacies offer and that they understand how to access them. For example, although some residents seem aware of prescription and delivery services offered by some pharmacies, the uptake seems low. We suggest further promotion by pharmacies particularly those with large workloads and long waiting times.
- Pharmacy provision will continue to be reviewed over the course of the PNA with the planned next full PNA due to be published in 2028.

Recently announced changes to NHS England.

We are conscious that the organisation of NHS is currently under review by central government. The work of the PNA was largely concluded prior to this announcement. Whilst awaiting further details regarding future arrangements, we will continue with our statutory responsibilities in relation to the PNA 2025 as currently outlined in existing legislation. If further details regarding future arrangements are made available after to the publication of the final PNA, which are relevant to this or future PNA, these will be duly raised with and duly considered by the Health and Wellbeing Board.

This page is intentionally left blank

Cheshire East Pharmaceutical Needs Assessment: 2025-2028

Plain English summary

A Pharmaceutical Needs Assessment (PNA) is a way to make sure that the right pharmacy services are in place for the residents of Cheshire East. The PNA is used by the NHS to consider whether more pharmacies are needed in any area within Cheshire East or for different opening times.

Cheshire East and all other areas across the country must complete one every three years. The last Cheshire East PNA was published in September 2022. A new PNA has been undertaken to cover the period from September 2025 to 2028.

The assessment showed that pharmaceutical provision in Cheshire East is adequate.

This means that there are enough pharmacies across the Cheshire East local area and that their opening hours and the services they provide are appropriate. In some areas, people can seek support from pharmacies in other local authorities.

How has this assessment been undertaken?

Each PNA involves people from health and public health organisations working together to look at a wide range of pharmacy related information (for example, numbers of prescriptions and numbers of pharmacies) and asking for the views of residents and pharmacies using surveys. We have worked hard to gather views of as many residents as possible, through advertising and promotion of our public survey through GP Practices, Dental Practices, Family and Community hubs, libraries, via social media and through links to a variety of organisations that work with Cheshire East residents, particularly those who work with some of our more vulnerable residents. These views are presented throughout the PNA document, and the tables of the results are included in Appendix A of the full draft of the PNA.

Pharmacies are important not only in providing medicines, but also in

- supporting healthy living
- finding people with high blood pressure so they can be treated
- supporting residents with advice about minor illnesses.

Over the next ten years there are going to be **more older people**. Given that older people often need more medicines, it is likely that all pharmacies across the country will need to plan to make sure they can continue to support residents well. This should include thinking about making sure they can support people with certain needs, such as people with disabilities. This issue will be followed up again in the next PNA in three years' time.

This PNA covers from 2025 to 2028. Whilst the next PNA will not be due until 2028, the PNA team will actively consider pharmacy issues and need over the next three

years and regularly consider the need for additional (supplementary) statements to update on any substantial changes that emerge.

We asked people to comment on the draft of the PNA through a public consultation (from 1st April 2025 to 10th June 2025). After looking at the feedback, we have added more detail to the finalised document, to explain the purpose of the PNA and how we reached our conclusions. Appendix G of the PNA document describes the feedback and the changes made in response

How to complain about a local pharmacy

The pharmaceutical needs assessment considers the amount of pharmacies in an area and their opening hours. However, it cannot improve the quality of any specific pharmacy. NHS England is responsible for this. If you have any concerns regarding the service you have received in a particular community pharmacy and would like to feed this back, please take the steps below.

This process does not cover complaints about a hospital pharmacy. You need to contact the Trust that runs the hospital.

Step 1 - Talk to a member of Staff

If you feel comfortable doing so, it is always best to mention your concern to the member of staff you are dealing with or their manager. They may be able to sort things out for you.

Step 2 - contact the pharmacy Complaints Manager

Each pharmacy must have a complaints manager, who makes sure complaints are dealt with properly. You can complain by letter, email or by talking to someone at the pharmacy.

Step 3 - contact NHS England

NHS England handle concerns or complaints relating to directly commissioned services or services provided by NHS England. This includes primary care (GPs, dentists, pharmacists, and optometrists).

A complaint can be made:

By email to england.contactus@nhs.net

Please email “for the attention of the complaints team”

By post:

NHS England,
PO Box 16738,
Redditch, B97 9PT

By telephone 0300 311 22 33

Website

www.england.nhs.uk/contact-us/complaint/complaining-to-nhse/

Cheshire East Healthwatch offers an NHS Independent Complaints Advocacy Service (ICAS). They can help you to use the NHS complaints process to have your voice heard.

Help Making a Complaint - Healthwatch Cheshire East

<https://healthwatchcheshireeast.org.uk/what-we-do/help-making-a-complaint/>

Step 4 - write to the Parliamentary and Health Service Ombudsman

The Parliamentary and Health Service Ombudsman makes final decisions on complaints that have not been resolved by the NHS in England and other public organisations.

Telephone 0345 015 403

Website

www.ombudsman.org.uk/making-complaint/complain-us-getting-started/complaint-forms

Postal address:

Parliamentary and Health Service Ombudsman,
Citygate,
Moseley Street
Manchester,
M2 3HQ

Additional support

The General Pharmaceutical Council (GPhC) is there to protect, promote and maintain the health, safety and wellbeing of members of the public by upholding standards and public trust in pharmacy.

The GPhC can give guidance on the following:

- What to expect from your pharmacy
- Buying medicines safely online
- Raising concerns or a complaint about a pharmacy professional

Telephone: 020 3713 8000

Email address: **info@pharmacyregulation.org**

Website:

[I am a member of the public | General Pharmaceutical Council \(pharmacyregulation.org\) https://www.pharmacyregulation.org/i-am-patient-or-member-public](http://www.pharmacyregulation.org/i-am-patient-or-member-public)

4.2.4. Resident Population Forecasts

People's need for prescribed medicines increases with age. As well as growing in terms of the overall number of people in the population, the population is living longer and there will be a proportionately higher growth in the number of people in age groups over 60.

Prescribing need can be assessed using a measure called the item ASTRO-PU 2013, which is a national weighting formula that weights different age groups based on their current usage of medicines. Using ASTRO-PU 2013 weighted populations and population projections we can predict future need.

Population projections are produced by the Office for National Statistics (ONS). In simple terms they consider the following factors: the number of births minus the numbers of deaths; the numbers of people moving into Cheshire East from other areas of the country minus Cheshire East residents moving out to other parts of the country (internal migration) and people moving into Cheshire East from abroad minus Cheshire East residents moving to other parts of the world (international migration) to predict future growth or contraction of the population by age.

The census provides the most accurate snapshot of the population at a specific point in time, so once the results are available, the Office for National Statistics (ONS) adjusts (rebased) previous population estimates to align with the new, more accurate data. This helps correct any discrepancies that may have built up over the years due to estimation errors, migration, births, and deaths

Calculations in the 2022-2025 PNA¹ were based on the previous population projection release from ONS. This showed most of the increase in population size to occur in the age groups 60 and above. The number of people aged between 60 and 84 was predicted to increase by 21.2%, and the number of very elderly people aged 85 and over increased by 33%. The 16- to 18-year-old age group would also see an increase of 22% between 2019 and 2029. There were only small changes predicted in the size of other age groups in the population. However, these population projections were based on ONS 2018 population estimates². ONS Census 2021 data and the consequent population estimates have proved these to be inaccurate and understating the growth seen within Cheshire East.

¹ Cheshire East Public Health Intelligence Team. Cheshire East PNA 2022-2025, published September 2022 [Cheshire East PNA 2022-2025](#)

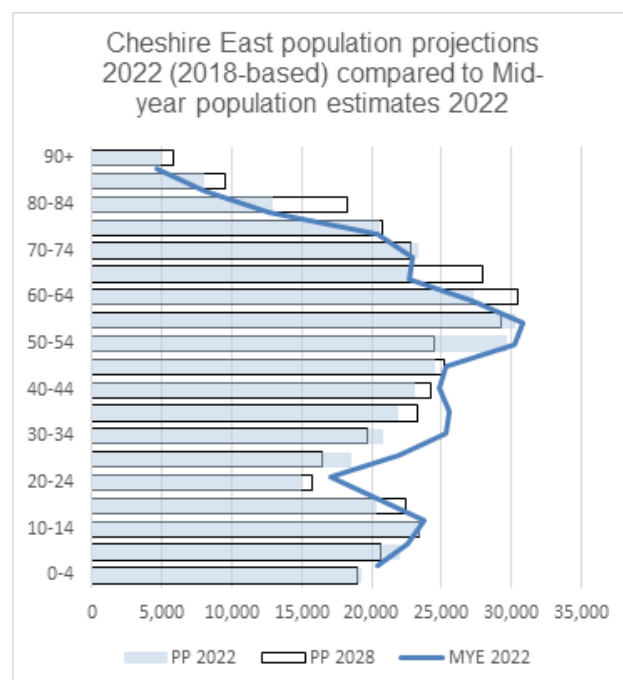
² Office for National Statistics – Subnational Population Projections for England (2018 Based). <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/bulletins/subnationalpopulationprojectionsforengland/2018based>

The table and graph clearly show the differences between the current Mid-year estimate, based on Census 2021 data (MYE-2022)³ and the previously published population projections for the same year (PP 2022)⁴. The older age bands, 65 and over had been expected to increase by more, and the younger and working age bands had been predicted to be lower.

Table 1: Comparison of ONS 2022 population projections⁴ and ONS 2022 mid-year population estimates³

Age Range	PP 2022		MYE 2022		Difference MYE & PP
	Number	%	Number	%	
0-4	19,259	4.95%	20,383	5.01%	-1,124
5-19	65,884	16.93%	66,662	16.40%	-778
20-59	183,872	47.26%	200,926	49.42%	-17,054
60-74	73,532	18.90%	72,889	17.93%	643
75+	46,502	11.95%	45,727	11.25%	775
All	389,049	100.00%	406,587	100.00%	-17,538

Figure 1: Comparison of ONS 2022 population projections⁴ and ONS 2022 mid-year population estimates by 5 year age-bands³



³ Office for National Statistics (ONS), Middle layer Super Output Area population estimates (Accredited official statistics), released 25 November 2024. [Middle layer Super Output Area population estimates \(Accredited official statistics\) - Office for National Statistics](#) [accessed 12/12/24]

⁴ Office for National Statistics – Subnational Population Projections for England (2022 based). <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/bulletins/subnationalpopulationprojectionsforengland/2022based>

Updated population projections were released by ONS on the 24th of June 2025.⁴ This was after the 2025-2028 PNA public consultation. However, we are now able to use these to review our previous predictions regarding population growth that we presented in the pre-consultation draft. These new population estimates and projections show that the potential adult working age group of 19 to 59 year olds was previously underestimated and form a larger proportion of the population. The new estimates for 2019 put this age group as 50.8% of the overall population whereas previously it was 49.6%. This may seem small, but it represents nearly an additional 8,000 people. The over 60s are now a smaller proportion of the total population, the new proportion for 2019 is 28.5% compared with 29.3% previously predicted. This represents a thousand less people. Please remember that the overall population of Cheshire East is growing year on year, but different age groups are growing or contracting at different rates which changes the proportion of the overall population that they represent.

The remodelling shows that the largest percentage increases still occur in the age groups 60 and above. The largest percentage increase occurs in the 85 and over age band, followed by the 60 to 64 age band. However, if we look further into the future the 64-84 age band becomes the second highest. The number of very elderly people aged 85 and over, those that will have potentially biggest need will increase by 35%.

Table 2: Remodelled predicted prescribing need for Cheshire East, 2019 to 2029^{3,4}

Age Band	Year			Percentage change 2019 to 2024	Percentage change 2024 to 2029	Percentage change 2019 to 2029	Eligibility for free prescriptions
	2019	2024	2029				
0 to 4	20012	20194	19939	0.91%	-1.26%	-0.36%	Under 16
5 to 15	48509	51752	51286	6.68%	-0.90%	5.72%	
16 to 18	12281	13739	15092	11.87%	9.85%	22.89%	Aged 16 - 18 and in full-time education
19 to 59	198277	207167	212929	4.48%	2.78%	7.39%	
60 to 64	23995	29390	31417	22.48%	6.90%	30.93%	Aged 60 and over
65 to 84	75696	81529	90775	7.71%	11.34%	19.92%	
85+	11786	13287	15854	12.73%	19.32%	34.51%	
Total	390556	417058	437292	6.79%	4.85%	11.97%	

Table 3: Predicted prescribing need for Cheshire East, 2022 to 2033⁴

Age Band	Year			Percentage change 2022 to 2028	Percentage change 2028 to 2033	Percentage change 2022 to 2033	Eligibility for free prescriptions
	2022	2028	2033				
0 to 4	20383	19815	20289	-2.79%	2.39%	-0.46%	Under 16
5 to 15	50737	51584	50505	1.67%	-2.09%	-0.46%	
16 to 18	13257	14917	14960	12.52%	0.29%	12.85%	Aged 16 - 18 and in full-time education
19 to 59	203594	211607	220402	3.94%	4.16%	8.26%	
60 to 64	27243	31161	30362	14.38%	-2.57%	11.45%	Aged 60 and over
65 to 84	78764	89219	96210	13.27%	7.84%	22.15%	
85+	12609	14980	19976	18.80%	33.35%	58.43%	
Total	406587	433282	452704	6.57%	4.48%	11.34%	

Using Item ASTRO-PU 2013 weighted populations, there will be a 10.5% growth in medicines use by 2028, considerably higher than previously predicted. There will be

a further 6.9% increase by 2033, giving a total increase in medicines use of 18.1% over the ten year period.

Changes in prescribing behaviour and trends, alongside demographics, over time, necessitated that the 2013 weighting needed to be refreshed to ensure that it remains accurate. New 2024 weightings have been developed. Unfortunately, we are unable to apply these accurately as they break down the elderly populations i.e. over 75s into 5-year age bands up to age 110+. Our populations are not broken down beyond 90+ but rough calculations show the new growth to be approximately 10.8% between 2022 and 2028.

Previous population projections presented in the last PNA showed the majority of the growth between the base year 2019 and 2029 taking place in the Bollington, Disley, Poynton Care Community (5.6%) and the Knutsford Care Community (5.4%). There was relatively little population growth in the Crewe area (2.8%).

Remodelling the population change between 2019 and 2029 using the new 2022 based population projections produces larger percentage changes between all time periods for all care communities. The care communities of Congleton, Holmes Chapel and SMASH show the highest growth, which tallies with the housing development predictions. Crewe Care Community, despite seeing lower growth, will remain the largest population area in the borough.

Table 4: Remodelled population changes for Cheshire East care communities, 2019 to 2029^{3,4}

Care Community	Year			Percentage change 2019 to 2024	Percentage change 2024 to 2029	Percentage change 2019 to 2029
	2019	2024	2029			
Alderley Edge, Chelford, Handforth, Wilmslow	45125	48237	50727	6.90%	5.16%	12.41%
Macclesfield	62914	65505	68646	4.12%	4.80%	9.11%
Bollington, Disley, Poynton	26761	27966	29440	4.50%	5.27%	10.01%
Knutsford	25602	26675	28143	4.19%	5.50%	9.92%
Congleton, Holmes Chapel	41230	44906	47143	8.92%	4.98%	14.34%
Nantwich and Rural	39516	42707	44851	8.08%	5.02%	13.50%
Crewe	80012	85698	89425	7.11%	4.35%	11.76%
SMASH	69396	75363	78917	8.60%	4.72%	13.72%
Cheshire East	390556	417058	437292	6.79%	4.85%	11.97%

The new population projections show that Bollington, Disley, Poynton Care Community (7%) and the Knutsford Care Community (7.1%) have the largest percentage increases over the lifetime of this PNA. All the care communities except Crewe and CHOC have population projections higher than the predicted population using planned housing development calculations presented within this PNA. (see section 4.3).

Table 5: Predicted prescribing need for Cheshire East care communities, 2022 to 2033⁴

Care Community	Year			Percentage change 2022 to 2028	Percentage change 2028 to 2033	Percentage change 2022 to 2033
	2022	2028	2033			
Alderley Edge, Chelford, Handforth, Wilmslow	47014	50204	52664	6.79%	4.90%	12.02%
Macclesfield	63824	68043	70968	6.61%	4.30%	11.19%
Bollington, Disley, Poynton	27237	29148	30596	7.01%	4.97%	12.33%
Knutsford	26006	27861	29205	7.14%	4.82%	12.30%
Congleton, Holmes Chapel	43770	46686	48903	6.66%	4.75%	11.73%
Nantwich and Rural	41672	44425	46482	6.60%	4.63%	11.54%
Crewe	83599	88716	92279	6.12%	4.02%	10.38%
SMASH	73464	78199	81606	6.44%	4.36%	11.08%
Cheshire East	406587	433282	452704	6.57%	4.48%	11.34%

In summary

People's need for prescribed medicines increases with age. As well as growing in terms of the overall number of people in the population, the population is living longer and there will be a proportionately higher growth in the number of people in age groups over 60.

- The overall Cheshire East population is growing more rapidly than previously predicted.
- Cheshire East is experiencing above-average population growth compared to both regional and national levels.
- Different age groups have grown or contracted at different rates than previously predicted which has changed the proportion of the overall population that they represent. The working age group 19 to 59 is larger than previously predicted (nearly 8,000 higher representing 51% of the overall population), and the over 60s is smaller (just over 1,000 less and representing 29% of the overall population).
- Furthermore, different age groups will grow or contract at different rates changing the proportion of the overall population that they represent over the lifetime of this PNA.
- The age group with the highest pharmaceutical need i.e. 60 and over will increase over the lifetime of this PNA, predicted growth of 14% between 2022 and 2028.
- Using Item ASTRO-PU 2013 weighted populations, we have calculated a 10.5% growth in medicines use by 2028, considerably higher than previously predicted.
- Modelling at a care community level between 2022 and 2028 shows that most areas have population projections that are higher than the calculated predicted populations based on housing development (see section 4.3). The exceptions are Crewe and CHOC. These two areas will need to be monitored using population estimates and GP registrations to see if the pharmaceutical provision remains adequate.

This page is intentionally left blank

Supporting our East Timorese community to live safe, healthy and happy lives

Health and Wellbeing Board
Hayley Antipas

16th September 2025

Commissioned by:



Four actions for Cheshire East

Aim: To improve access to health and care for East Timorese people by responding to the barriers raised by the community

1.

Look at ways to make the GP (General Practice) surgery more accessible by building trust among the community members

2.

Increase understanding of the barriers the community face with services and support locally

3.

Raise awareness and remove stigma about TB prevalence among the East Timorese community leading to increased testing

4.

Increase integration with the wider community in Crewe including social determinants of health overall

Activities and outcomes supported by the steering group up to July 2025

1. Pre-pandemic activity and engagement (building on)
2. Health Needs Assessment with recommendations (Cheshire East Public Health) 2023
3. Community lunch – March 2024
4. East Timor Independence Day celebrations – May 2024
5. Partnership Workshop – October 2024
6. Community meeting – January 2025
7. Community events – May & June 2025
8. Relationship building with the community (general activity making connections)



Health and wellbeing are important, but actually getting the East Timorese community feeling part of rather than separate to the rest of Crewe is really important.

Some of the learning

The East Timorese population is not a single cohesive community - there are several community leaders

Many have managed to register at the GP surgery. But some are not sure when to access GP or other services and when to go to A&E.

The stigma of TB is that it is a condition associated with poverty

Translation at events and in clinical settings has been a barrier

The community are facing challenges with employment rights, benefits and hate crime

Independence Day celebrations were male-oriented, children and families helped to break the ice

What we have heard about challenges in the community

Understanding how a GP surgery works

Employment, bereavement leave, childcare and housing

Transport infrastructure in Crewe

Banking and budgeting support

Starting a business

Bullying in schools

Successful engagement happened when...

- A trusted council officer (community development team) instigated the gathering in partnership with East Timor community leaders
- Taking place over a weekend
- Where translation was possible
- Meeting the community at church
- Being a part of Independence Day celebrations

Many small gains

- Steering group members and wider partners have a greater understanding of the East Timorese community in Cheshire East and their needs and challenges.
- A couple has been referred to DLA languages to support with translation and interpretation for the East Timorese community – the first time in 3 years.
- The midwifery team have shifted to a ‘continuity of care’ programme which will include the East Timorese community. Fiona McCarron will share learning from this partnership with the group of 8 midwives to help educate around the health needs of the community.
- The steering group have learnt that building relationships and trust takes time and effort – long-term relationships are needed.

Next steps

- Continue meeting as a group (every 6 months) with task and finish groups for specific projects
- Engage with the East Timorese community through football events
- Connect with local schools
- Explore providing free ESOL language courses
- Improving data collection – ‘Asian – other’ isn’t good enough
- Support other organizations and services to be aware of the East Timorese community and how best to support them



If we can design services to work for the East Timorese community then they will work for everybody – an accessibility test



Healthier
Futures

Cheshire East Health and Wellbeing Board

Leighton Hospital redevelopment - Update

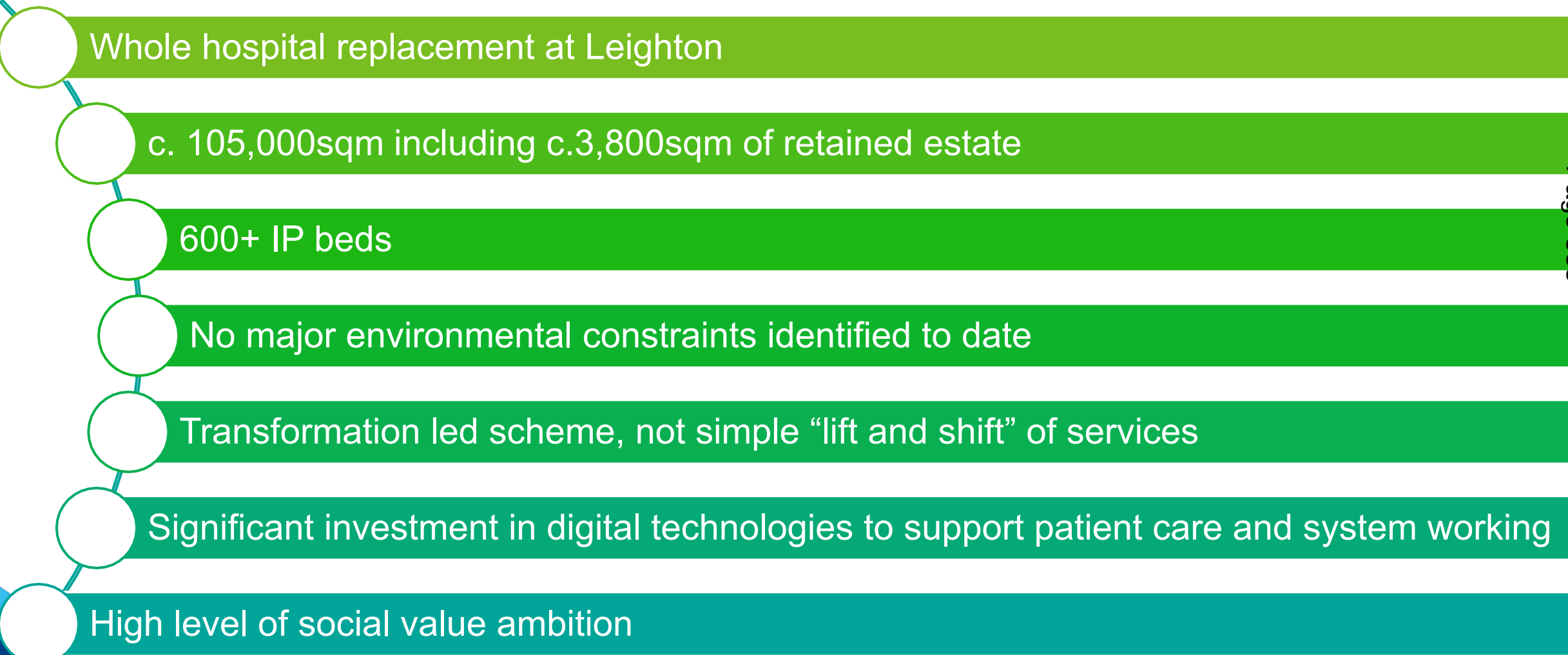
Russ Favager, Senior Responsible Officer

Chris Knights, Programme Director

16 September 2025

healthierfutures.mcht.nhs.uk

Scheme overview



Whole hospital replacement at Leighton

c. 105,000sqm including c.3,800sqm of retained estate

600+ IP beds

No major environmental constraints identified to date

Transformation led scheme, not simple “lift and shift” of services

Significant investment in digital technologies to support patient care and system working

High level of social value ambition

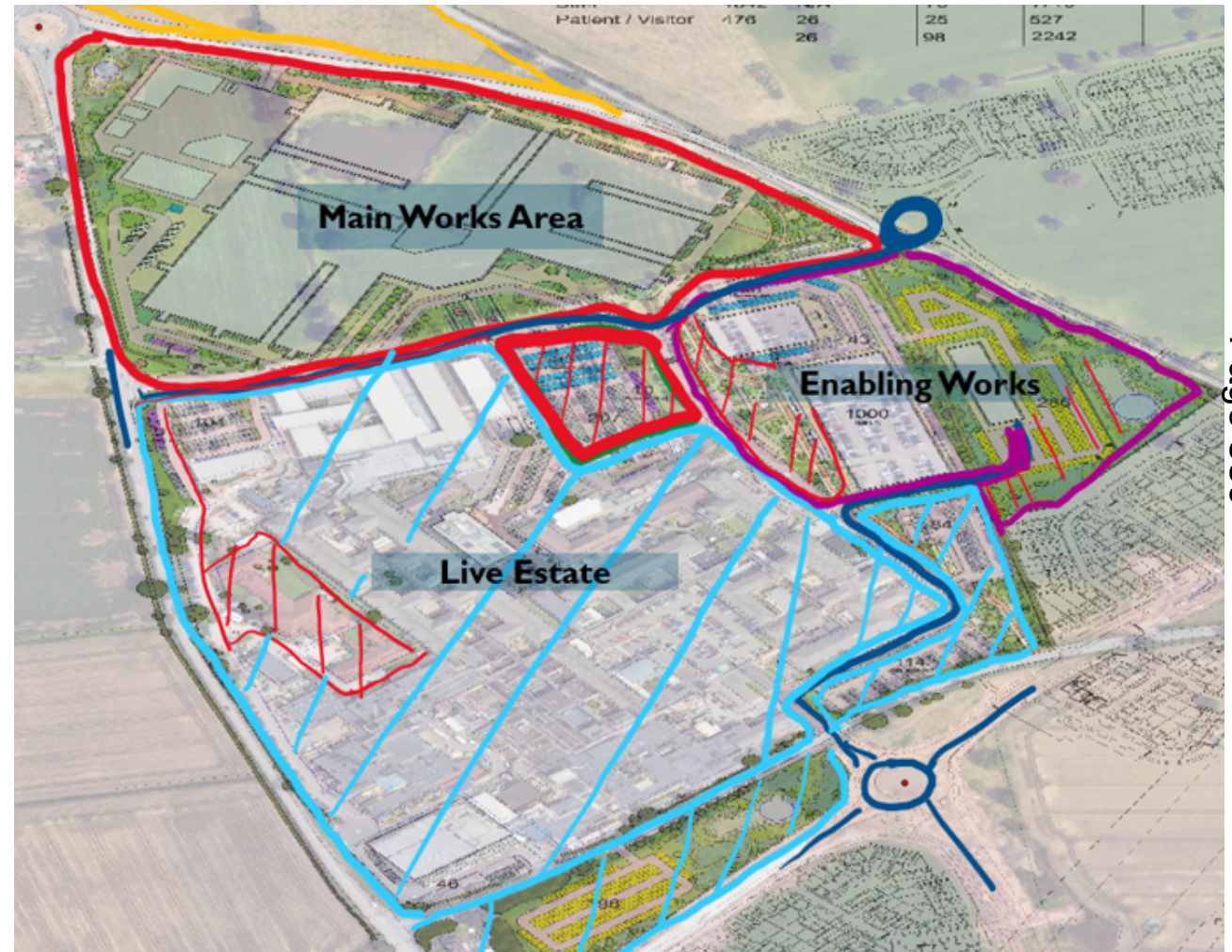
Existing and New Hospital Site

Where feasible, the strategy aims to establish clear physical separation between the existing hospital and construction areas, structured into three indicative zones:

Existing
Hospital
Estate

Enabling
Works Zone

Main
Constructio
n Zone



Patient / Visitor	176	26	25	527
	26	98	2242	



Healthier
Futures

The Design

RIBA 1 – The Concept

- 6 Storey plus plant main build
- 2no retained estate buildings
 - Rehab Wards
 - Existing ED converted to Training & Education Building
- Space for a Multi Storey Car Park
- Ambulatory Cancer Centre
- Separate Service & Facilities yard
- New Energy Centre



Current project status and key progress items

Strategic Outline Case (SOC) approved by Trust Board in June and NHP investment Cttee July

Maximum allowable area (105,000 sq m) and budget (£1.3bn) agreed with NHP

Scheme master plan agreed by Trust Board

Demand & Capacity and Schedule of Accommodation agreed

Scheme prospectus completed for Tier 1 contractor engagement as part of H2.0 Alliance Framework

Inclusive Design Strategy approved for the new building

Big conversations with public and stakeholders conclusion

Electrical capacity upgrade works agreed

Digital Pathfinder Site

Adopter → Pathfinder : Redefining Roles



- **Mid Cheshire's role in the NHP**

The initial expectation was that Mid Cheshire would be an early adopter of pre-defined Hospital 2.0 guidance, however, over the last 12 months it has become apparent that Mid Cheshire is playing a more active role as a pathfinder.

- **Working Collaboratively**

To support in this role the Trust is actively engaging with the NHP to ensure that H2.0 compliance is achieved wherever possible

- **Pilots underway**

An example being NHP innovation fund supported falls reduction pilot study using digital technology

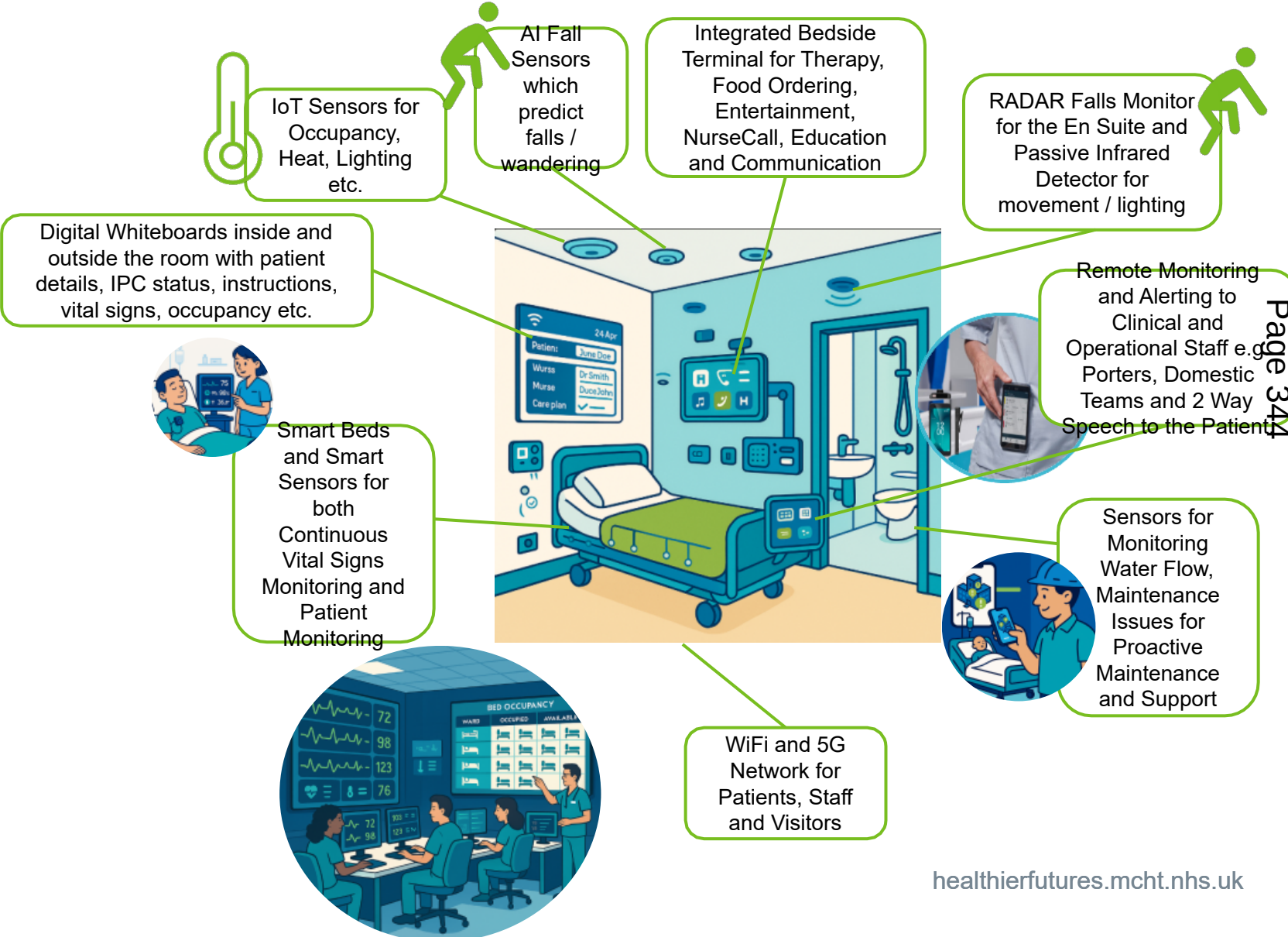
- **NHP prospectus**

Mid Cheshire being used as an exemplar

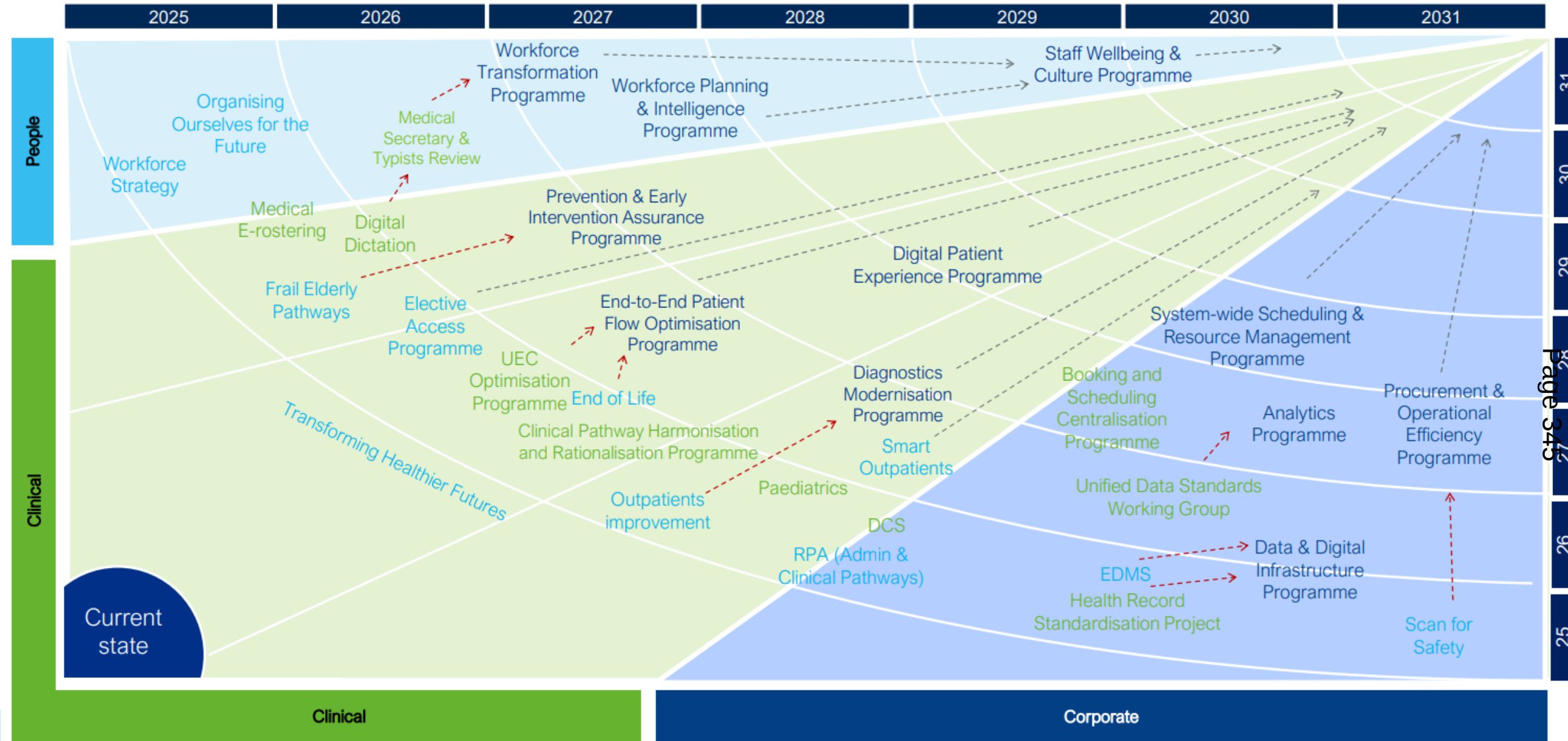
Definition of the New Technologies Required in the Hospital

We have worked as a multidisciplinary team across technical, digital, equipping, estates, clinical and operational teams in conjunction with industry experts to define the technology required in our repeatable rooms. This was based on transformation aims, clinical, estates and operational ambition and NHP guidance to support costing exercises and cost benefits models for the New Hospital.

This level of detail has not yet been undertaken by any Wave 1 NHP scheme or by the NHP themselves to date. It is vital to inform the room data sheets which in turn themselves drive RIBA 3 activities and equipping / cost planning.



Healthier Futures 5-Year Transformation Road Map – Now to 2031



Activities in the next 6 months

1:200 Design
(RIBA 2)
Dec 2025

Digital
Roadshow
March 2026

Contractor
Engagement
Feb 2026

Benefits
Workshops
Sept 2025

Planning
Application
Dec 2025

Agreement on
cancer unit
Nov 2025

RIBA 1 – Future Masterplan (post demolition)



- Health & Care Neighbourhood approach
- Sympathetic to local environment
- Enhanced green travel links
- Central to the local residential development plans
- Additional routes to Middlewich Road & Flowers Lane
- Enhanced Biodiversity opportunities

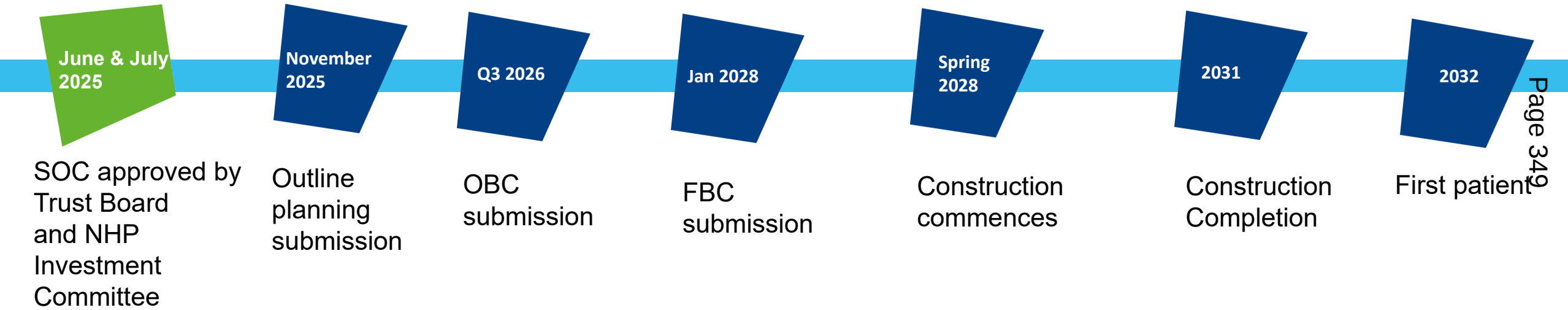


Healthier
Futures

Updated Timetable

Page 348

Timeline





Healthier
Futures

Social Value

Page 350

Our approach to social value

Focus our efforts
on four themes
developed in
collaboration with
local partners

10% of our
procurement
weighting

Priority local
communities of
Crewe, Alsager,
Winsford and
Northwich

What are we targeting?

- 20,000 young people engaged
- 2,000 young people inspired to follow a career in science, technology (Inc. digital), engineering and maths
- 300 new employment opportunities (45 from our priority communities)
- 350 hours of training hours to support MSMEs and VCSEs within the supply chain
- Spend directed to local businesses, including MSMEs and VCSEs... And much more!



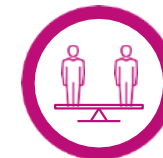
Improving health, wellbeing, and sense of community



Protecting and improving our natural environment



Making sustainable and resilient supply chains



Strengthening skills, employment and inclusion

Our Dream Big Programme

Develop and pilot a flagship programme to engage and inspire primary students in STEM subjects.

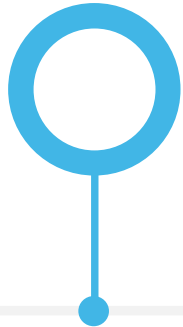


Mid Cheshire Hospitals
NHS Foundation Trust



Dream Big rollout

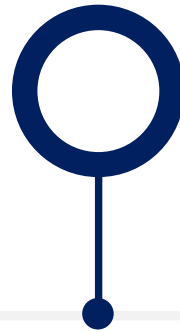
2025



Evaluate, refine, fund

- Finalise the Dream Big programme, package it and move to a model of co-delivery.
- Partners (Bentley, MITIE, BAM, Robertson, Urencio) are engaged and evaluating onward support offer.
- The Pledge has provided an indicative fee to support the administration of the programme.
- The funding to administer Y1 could come through Capsticks and Ryder, with supporting funding from other corporate partners and/or grant funding.

2026/2027



Roll out to Crewe primary schools

- 13 schools exist in Crewe; to reach them all, factoring in school holidays, would be approximately one every other month
- Trust and HF resources will be required to support the health room for each school. Where necessary, this resource can be supplemented by the voluntary time of HF professional advisors.

2028



Roll out to primary schools in Winsford

- The intention would be to secure the funds for administration using a professional service commitment match by a Cheshire West business.
- The programme would work to reach all ten primary schools in Winsford.

2029



Roll out to primary schools Northwich

- There are 26 primary schools in Northwich, so the programme would target the most deprived ten.

Active Travel

1

CREATE A COLLABORATIVE WORKING GROUP & BASELINE

Establish a working groups of local active travel specialists, including the local authority partners, Active Cheshire and Active Travel England.

2

RESEARCH WHITE PAPER

This research will benchmark best practices against standard hospital design to identify differences in scale, interventions, and budget.

3

STRATEGIC ROUNDTABLE

In the autumn, we would host a strategic roundtable to discuss the white paper's findings and explore ways to address the identified gaps

4

FOLLOW UP MEETINGS TO AGREE NEXT STEPS

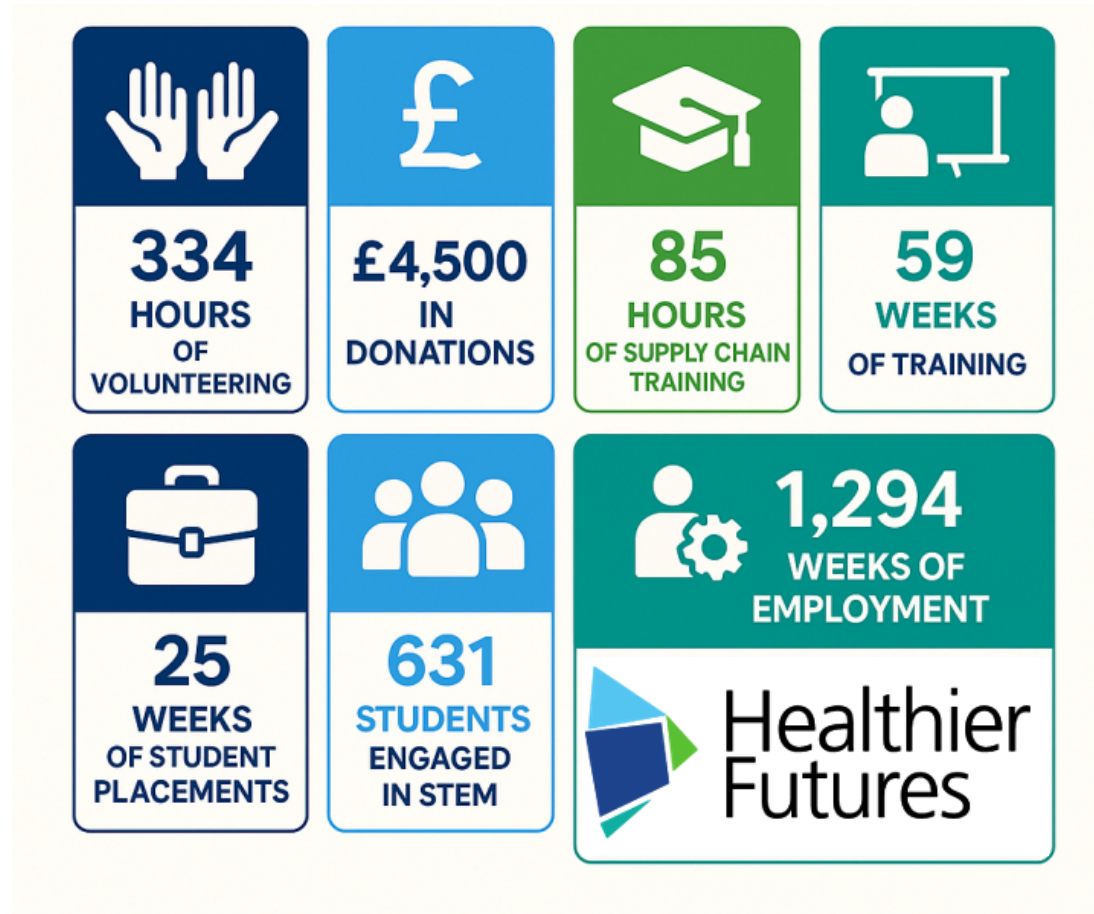
There will be a gap between ambition and viability, with some of the interventions sitting outside the Trust's direct scope. These meetings will help to assess what can achieved in partnership.

TOWARDS A WORLD-LEADING ACTIVE TRAVEL HOSPITAL

Hannah Smith and Cathy Russell

Page 354

What have we delivered to date

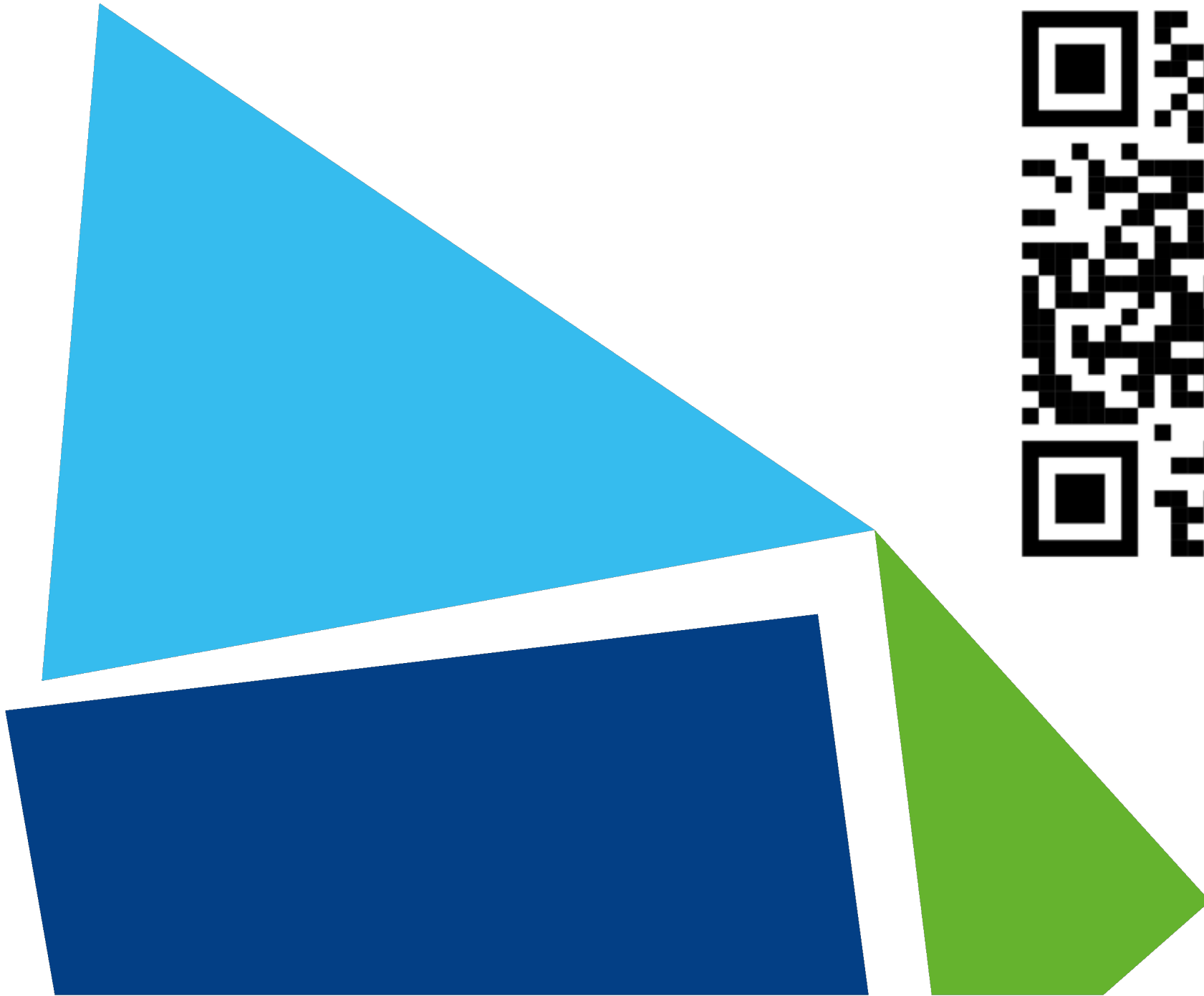




Thank you

Sign off / any questions?

Because you ♥atter



This page is intentionally left blank

Neighbourhood Health in Cheshire and Merseyside

Cheshire East Health and Wellbeing Board

Rich Burgess

Cheshire and Merseyside ICB

16th September 2025

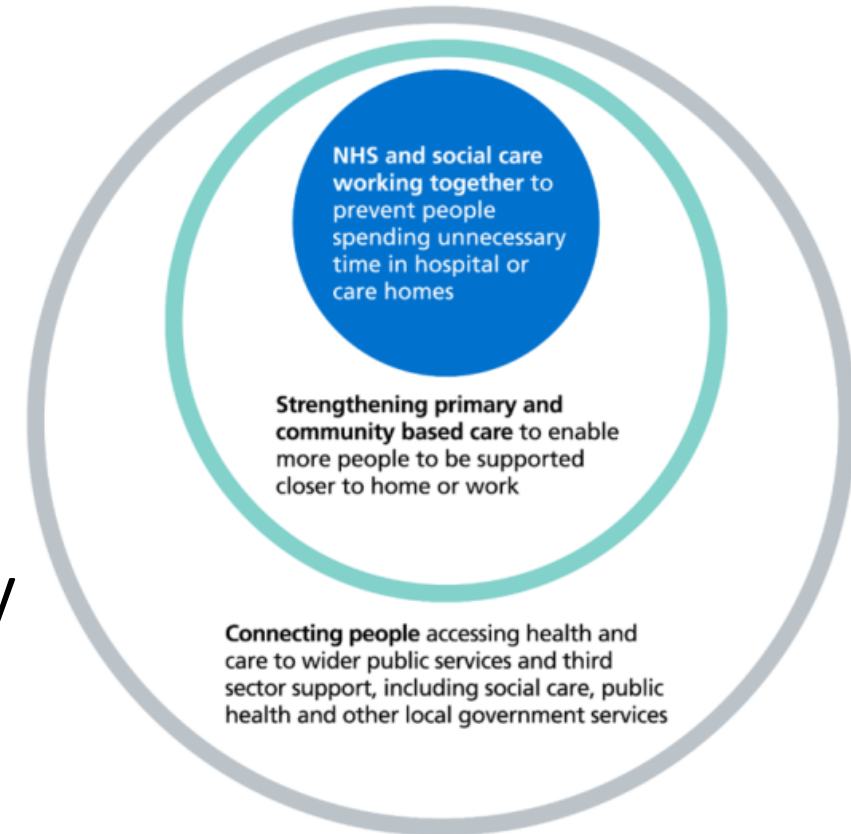
Background

- National priority to move care closer to home to improve access, experience and outcomes.
- Increasing complexity of need requires an integrated response from the health and social care system.
- Delivery of the three key shifts:

 Hospital →  Community
 Treatment →  Prevention
 Analogue →  Digital

National Ambition

Create healthier communities, helping people of all ages live healthy, active and independent lives for as long as possible while improving their experience of health and social care, and increasing their agency to manage their own care.



Six Core Components of an effective neighbourhood service

1. Population Health Management

2. Modern General Practice

3. Standardising Community Health Services

4. Neighbourhood Multi-Disciplinary Teams

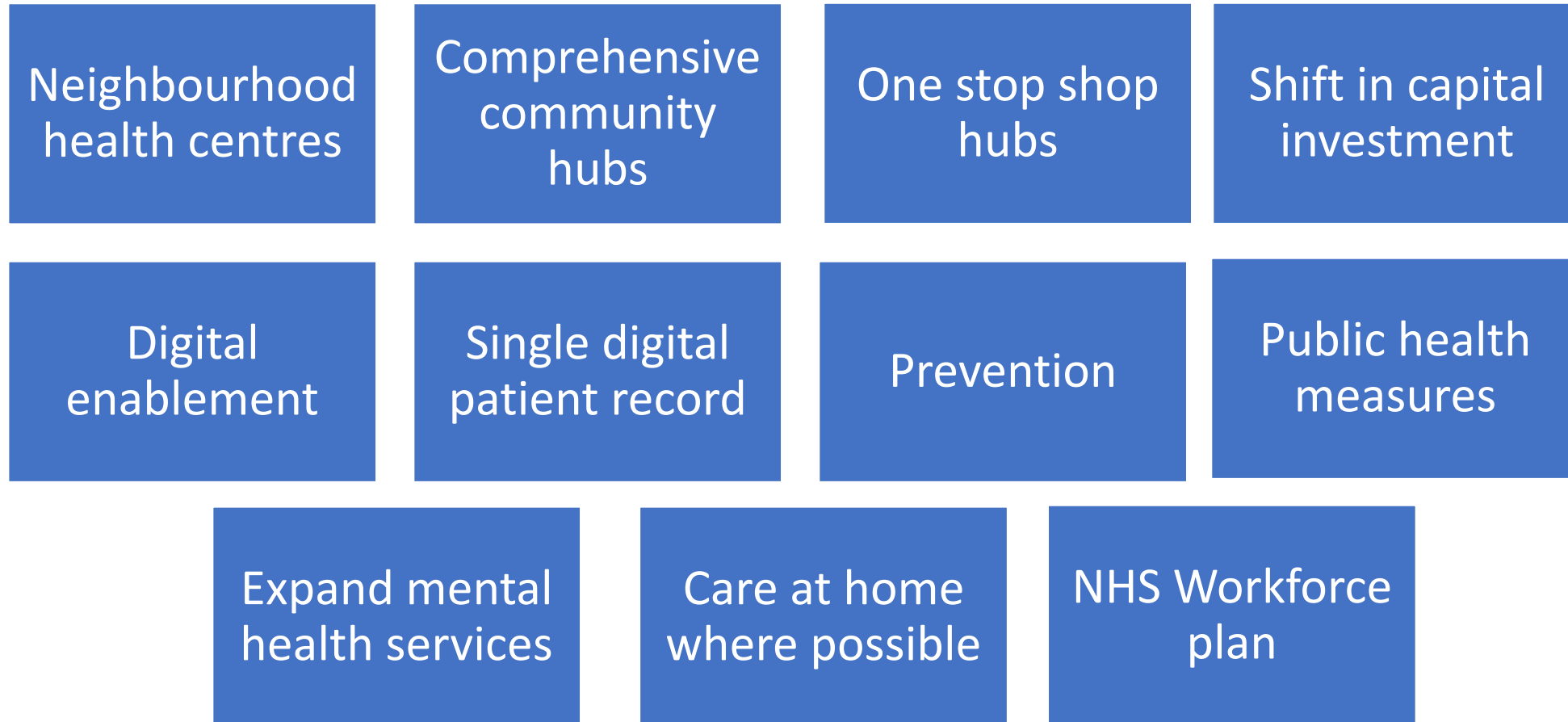
5. Integrated intermediate care with a 'Home First' approach

6. Urgent neighbourhood services

Priority for 2025/26 for these components is:

- Standardising the six core components
- Bringing together different components into an integrated offer
- Scaling up
- Rigorously evaluating the impact of these actions

The 10-year plan and neighbourhood health



Vision: Neighbourhood Health in Cheshire and Merseyside



Make healthcare better by bringing it closer to where people live



Health and care providers working together to help people before they get really sick and make it easier for everyone to get care



Integrated neighbourhood health teams will work with local people and other organisations so everyone can be healthier and have the same chance to stay well

What we mean by neighbourhood working



Neighbourhoods -A specific geographical area or community that resonates with residents, that local services, organisations and communities can coalesce around to address needs and improve outcomes. This is broader than integrated neighbourhood teams and includes ongoing partnerships with community groups, residents, and local stakeholders to address a wide range of community issues, including community development and systemic improvements.



Integrated Neighbourhood Teams - Developing Integrated Neighbourhood Teams will be part of how we deliver care at a neighbourhood level more broadly to both children and young people and adults. INTs go beyond multi-disciplinary working by fully integrating representatives from health (primary, community, acute and specialist) social care, and the voluntary sector into a single, place-based team to deliver seamless, coordinated care within a defined area. Working within geographical footprints of 30-50k population, services will include physical and mental health.



Multi-disciplinary working - Representatives from different disciplines coming together to share expertise, coordinate care, and contribute their specific skills to address the needs of an individual/family or group. Collaboration tends to occur at key points, such as MDT meetings, reviews, or case discussions and individuals typically maintain separate roles, responsibilities and different back-office functions.

The Model Neighbourhood – Driver Diagram

Principles

Neighbourhood delivered place-led, Cheshire Mersey enabled

Builds on strengths of people and communities

Acts on the social determinants of health and gets to the root cause of problems

Names, not numbers (residents/patients and colleagues)

Scope

All-age services:

Start with 25/26:

All NHS primary and community services – including community mental health

Aim for:

All public health services

Adult Social Care

Community Services

VCFSE Services

Social Prescribing

Full delivery:

Public Services – Housing; DWP Employment Support; Police, Fire, Probation Services; Schools

Key Features

Start with:

30-50k population

Integrated leadership and accountability in Place and neighbourhood

Aim for:

Services aligned to neighbourhood geographies

Co-located integrated neighbourhood teams

Pooled public service budgets and shared outcomes frameworks

Budgets reprofiled to prevention and proactive care

Enablers

Local Leadership through Place-based partnership boards and identified lead provider organisation

Digital – NHS app as well as local and national innovation

Population Health Management system (CIPHA)

One workforce approach

One Public Sector Estate and better use of NHS Estates

Shared leadership development

Impact

Examples:

Start with 25/26

Reduced utilisation of acute, residential and crisis-based services:

- A&E Attendances
- Non-Elective Hospital Admissions
- Admissions to Residential Care
- Out of Area Placements

From 2026 onwards-Aim for reduction in:

- Pupil Referral Units
- Police Call Outs
- Households in Temporary Accommodation
- Improvements in key public service measures:
- School readiness;
- Self-reported well-being

Neighbourhoods in Cheshire and Merseyside

Proposed neighbourhood health areas

Place	Number of Neighbourhood Areas	PCNs	Number of LA Localities
Cheshire East	8	9	8
Cheshire West and Chester	9	9	4
Halton	2	2	4
Knowsley	4	3	4
Liverpool	13	9	13
Sefton	8	2	3
St Helens	4	4	7
Warrington	5	5	4
Wirral	6	6	9
Total	59	49	56

Integrated Neighbourhood Teams – key features

Use data/intelligence such as CIPHA to help with early identification and prevention

Each team will serve a local area with about 30,000 to 50,000 residents

They will include essential services like GPs, Mental Health, Community Nursing and Therapies, Children's Services (including pre- and post-natal care), Health Visiting, Social Prescribing, Community Pharmacy

They will also have a dedicated lead organisation at Place level e.g. GP practices, community providers, or local council

Staff will follow a “no wrong front door” policy—people can access support digitally, by phone, or in person, and will be directed to the right service

Wherever possible, services will be based in shared locations (or hubs) with a single reception

There will be transparency of resources within each INT, coordinated by the Place-based Partnership. Places will work with the provider collaborative as they develop the core community service offer

INTs will connect flexibly to services that work at a borough or regional level

They will also be able to access specialist services through hospitals and other specialist providers as needed

Clear use of digital tools to engage patients, connect community assets and drive efficiency for staff

Need for broader integration of all providers: pharmacy, dentistry and optometry and inclusion of secondary care (hospital providers)

Recognition of differences in how people access and interact with different care providers

Impact measures

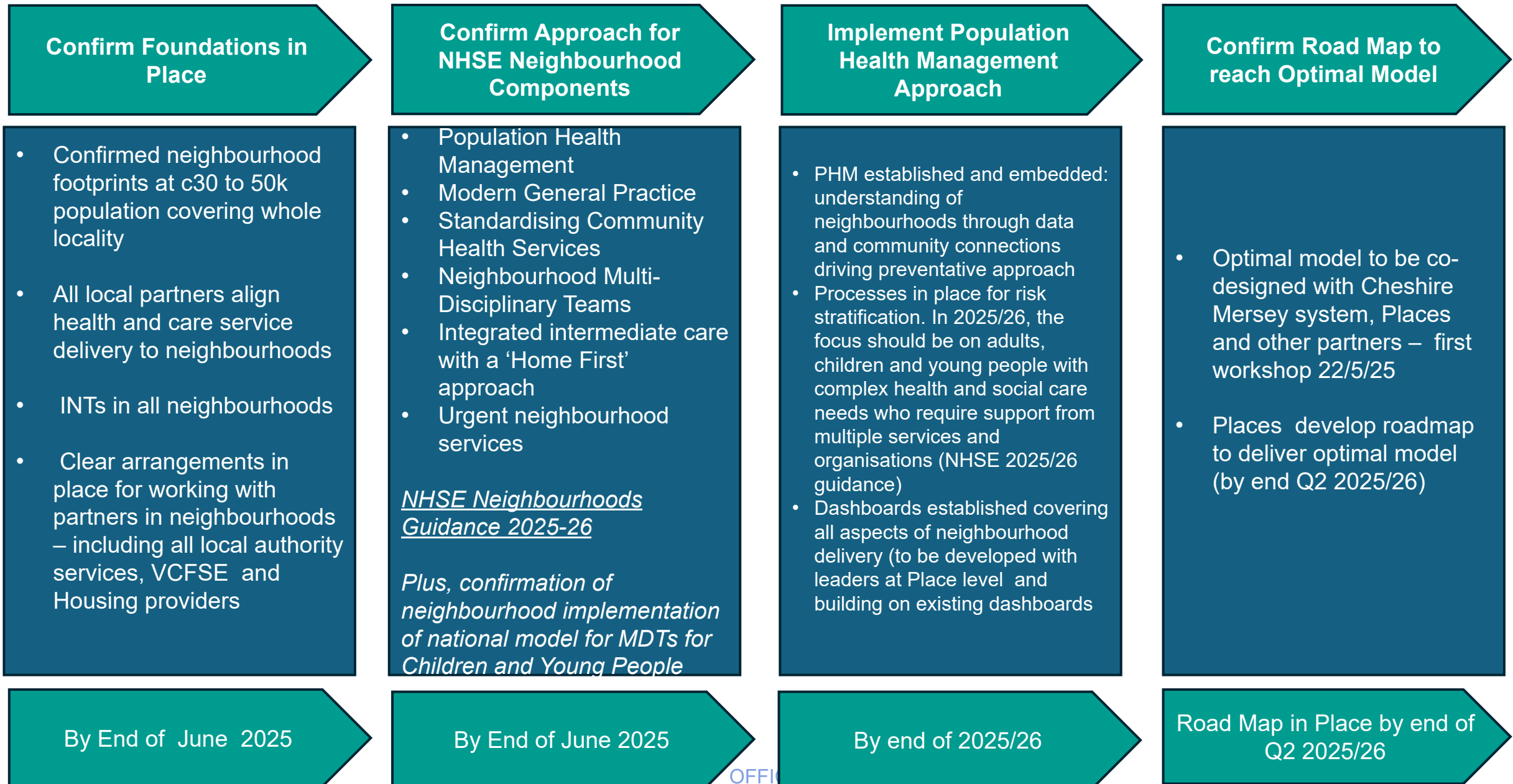
NHSE has set out some key metrics to measure the impact of neighbourhood health. As a Cheshire and Merseyside system, we will need to consider how we evolve and translate these national metric into outcome focused neighbourhood dashboards

- Avoiding or slowing health deterioration, preventing complications and the onset of additional conditions, and maximising recovery whenever possible to increase healthy years of life
- Streamlining access to the right care at the right time, including continued focus on access to general practice and more responsive and accessible follow-up care enabled through remote monitoring and digital support for patient-initiated follow-up
- Maximising the use of community services so that better care is provided close to or in people's own homes reducing emergency department attendances and hospital admissions, and where a hospital stay is needed, reducing the amount of time spent away from home and the likelihood of being readmitted to hospital
- Reducing avoidable long-term admissions to residential or nursing care homes
- Reducing health inequalities, supporting equity of access and consistency of service provision
- Improving people's experience of care, including through increased agency to manage and improve their own health and wellbeing
- Improving staff experience
- Connecting communities and making optimal use of wider public services including those provided by the VCFSE sector
- Desire for **community-relevant outcome metrics**, not just clinical indicators.
- Need for **storytelling and qualitative insights** alongside quantitative data.

Logic Model - DRAFT

Input	Activities	Outputs	Short Term Outcomes	Medium Term Outcomes	Long term Outcomes
Data to identify need Population Health Management Tools and identified patient cohorts Coproduction with communities Integrated workforce Integrated digital record Understanding of the evidence base for interventions Focus on social determinants of health Shared public sector estate	Population Health Management approach Identification of priority cohorts Conversations with communities, community leaders and wider system partners Multidisciplinary integrated teams Person-centred care plans Evidence based preventative interventions Social prescribing interventions Evidence based medical interventions	Primordial prevention Number of people receiving housing support Number of homes receiving retrofitting for energy efficiency Amount of energy vouchers secured and distributed Number of people accessing employment support Number of families accessing benefits related entitlements Primary prevention Number of people accessing smoking cessation services Number of people accessing weight management services Number of people participating in physical activity programmes Number of people receiving routine vaccinations Increase in the number of people being proactively identified for targeted support Secondary prevention Number of people being proactively identified for targeted support Number of eligible people participating in the national screening programmes Number of high intensity user care plans Number of drug and alcohol service referrals Number of mental health service referrals Tertiary Prevention Number of frailty care plans Number of falls assessments and referrals for patients with a medium and high frailty score Number of medication reviews Number of people accessing disease rehab programmes	Primordial prevention Reduced risk of eviction or homelessness Reduced energy bills Sustained employment for 6-12 months Increased benefits related income Primary Prevention Reduced smoking prevalence Reduced obesity prevalence Increased physical activity levels Increased vaccination rates Reduced risk of communicable disease Secondary prevention Increased screening programme rates Reduce ambulance usage Improving access to GPs appointments Reduced A&E attendances Reduced disease specific emergency hospital admissions Increased uptake of drug and alcohol services Increased uptake of mental health services Tertiary prevention Reduced frailty scores Improved medication adherence Reduced disease specific emergency hospital admissions	Primordial prevention Improved school attendance Secure housing for 6-12 months Increased household income Increased rates of secure employment Primary prevention Reduced prevalence of CVD Reduced prevalence of respiratory disease Reduced prevalence of preventable cancers Reduced prevalence of diabetes Reduced prevalence of vaccine preventable diseases Increase in the percentage of cancers diagnosed at stage 1 and 2 Secondary prevention Increase in the percentage of patients who describe their experience of their GP as good Reduced waiting times for diagnostic procedures Reduced readmission rates Reduction in drug and alcohol use Sustained abstinence from drugs and alcohol Tertiary prevention Reduced disease complications Increased Quality of Life Scores Increased wellbeing scores Reduced falls related emergency admissions Reduced polypharmacy Reduced social care admissions	Primordial prevention Improved educational attainment Reduction in homelessness Reduced fuel poverty rates Improved energy efficiency of C&M Housing Stock Reduction in unemployment rate Reduced poverty rates Increased life expectancy Reduced gap in life expectancy Primary Prevention Increased healthy life expectancy Reduced gap in healthy life expectancy Herd Immunity for vaccine preventable diseases Increased 5-year cancer survival rates Secondary prevention Reduction in ED waiting times Reduction in ambulance response times Reduction in number of bed days Reduction in mental health bed days Tertiary prevention Reduction in medication costs Reduced disease specific mortality

Road map for 2025-26: Place Led; Cheshire & Mersey enabled



Next steps

Establishing the governance for neighbourhood health

Building a shared understanding of what neighbourhood health is

Outcome of the national implementation bids – 42 Places will be selected

Delivering the initial focus - Supporting adults, children and young people with complex health and social care needs who require support from multiple services and organisations (high intensity users and complex households)

Building on the current position recognising some areas are more developed than others

