



Bolton Pharmaceutical Needs Assessment (PNA)

2025 DRAFT



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1 Summary

This document provides an assessment of the need for pharmaceutical services in Bolton, providing an update to the Pharmaceutical Needs Assessment (PNA) published in 2023. The purpose of the document is to inform future planning and commissioning decisions in respect of future pharmaceutical services in the borough.

The PNA presents and assesses the needs of the population according to both demographic and prevalence data. The PNA also includes evidence and data on the particular needs and issues experienced by groups with a protected characteristic as defined in the Equality Act 2010.

The PNA has identified the current pharmaceutical provision within Bolton borough along with services provided in neighbouring boroughs and by other providers and considered how these meet the current and future needs of the Bolton population. The outcome of the assessment has been summarised in the key statements below.

1.1 Current pharmaceutical provision – necessary services

Bolton Health and Wellbeing Board determines necessary services are those provided by pharmacy, location, or time and day of the week that services are provided. Necessary services, for the purposes of this PNA, are defined as follows: Essential services provided by pharmacies during standard 40 core hours in line with their terms of service as set out in the 2013 regulations, and Advanced services provided within a standard pharmacy providing 40 core hours have been considered necessary by the HWB in line with the population health need. There are 72 such pharmacies. The 2008 White Paper, Pharmacy in England: building on strengths – delivering the future, states that it is the strength of the current system that community pharmacies are easily accessible.

There is adequate provision of essential pharmacy services across Bolton through 72 community pharmacies. In addition, there are a number of pharmacies located in neighbouring boroughs that residents can reasonably access along with a significant number of internet pharmacies. These pharmacies increase choice for Bolton residents.

1.2 Gaps in pharmaceutical provision – necessary service

This PNA has not identified any gaps in the provision of necessary pharmaceutical services in the borough. It is anticipated that the current pharmaceutical service providers will be sufficient to meet local needs over the lifetime of this PNA.

1.3 Current pharmaceutical services – other relevant services

The PNA has considered the current provision of pharmaceutical services across the borough and outside of the health and wellbeing board area which secure improvements or better access to other pharmaceutical services, specifically in relation to the demography

and health needs of the population. It has identified that current provision of pharmaceutical services offered by both community pharmacies and other health care providers meet the needs of the population of Bolton Borough.

1.4 NHS services affecting pharmaceutical need

This PNA provides an overview of services commissioned locally and provided by other NHS services to improve population health and which have an impact on pharmaceutical need. This PNA has identified that there may be opportunities to further develop and extend the delivery of some of the existing services within pharmacies to secure health improvements or better access to services. Local commissioners will continue to explore options for improvements in service delivery and accessibility as part of their on-going service monitoring and review.

1.5 Assessment of needs

For purpose of the PNA, factors affecting the demographics and needs of the population have been considered across the Borough and an overview of pharmaceutical services, along with more detailed information on the provision of pharmaceutical services at service delivery footprint level has been provided. The PNA also includes evidence and data on the particular needs and issues, experienced by groups with a protected characteristic as defined in the Equality Act 2010.

2 Background

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

The production of a Pharmaceutical Needs Assessment (PNA) is a statutory responsibility of a Health and Wellbeing Board. A PNA must take account of the Joint Strategic Needs Assessment (JSNA) but is a separate statutory requirement. The Local Pharmaceutical Committee (LPC) represents the pharmacy contractors in the area, has important knowledge and plays a key role in engaging with pharmacy contractors.

NHS England uses the PNA to assess applications for pharmacies which wish to open or relocate to meet a need, improvement, or better access to pharmaceutical services as identified in the PNA:

- Where a new pharmacy wishes to open, NHS England assess the application against the recommendations of the PNA (the 'market entry test'); NHS England is not obliged to grant all applications dependent on the wishes of the Health and Wellbeing Board, because NHS England would be responsible for funding the pharmacy.

- Where a pharmacy wishes to close the premises, they are required to notify NHS England.
- Where a pharmacy wishes to relocate, they may apply to do so as a 'routine application' to meet a need, improvement, or better access identified within the PNA, and which would result in a significant change to pharmaceutical services provision in the relevant Health and Wellbeing Board area. Alternatively they may do so under an 'excepted application' in this case the relocation must meet the tests that demonstrate it does not result in a significant change to pharmaceutical services provision; relocations that do not cause significant change are not judged against the PNA.
- Where two pharmacies at two different sites wish to consolidate into one site, NHS England will approve the consolidation only if it does not create a gap in the provision of pharmaceutical services.

If there are changes in provision of services following the publication of the PNA, which would have an impact on a market entry determination (such as the closure of a single pharmacy which is determined not to have a significant impact on the provision of pharmaceutical services overall), then instead of revising the PNA, a supplementary statement may be published setting out the changes in provision. NHS England will decide whether the change makes a significant impact on pharmaceutical services overall.

In summary the regulations require a series of statements of:

- the pharmaceutical services that the health and wellbeing board has identified as services that are necessary to meet the need for pharmaceutical services;
- 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;
- 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;
- 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
- other NHS services that affect the need for pharmaceutical services or a specific pharmaceutical service.
- Other information that is to be included or taken into account is:
- 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;
- the provision of pharmaceutical services in neighbouring health and wellbeing board areas.

2.1 Key information

The required content of a PNA is set out in Schedule 1 to the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. The PNA must contain:

- A statement of the pharmaceutical services provided that are necessary to meet needs in the area;
- A statement of the pharmaceutical services that have been identified by the HWB that are needed in the area, and are not provided (gaps in provision);
- A statement of the other services which are provided, which are not needed, but which have secured improvements or better access to pharmaceutical services in the area;
- A statement of the services that the HWB has identified as not being provided, but which would, if they were to be provided, secure improvements or better access to pharmaceutical services in the area;
- A statement of other NHS services provided by a local authority, the NHS Commissioning Board (NHS England), a Integrated Care Board (ICB) or an NHS Trust, which affect the needs for pharmaceutical services;
- An explanation of how the assessment has been carried out (including how the consultation was carried out); and
- A map of providers of pharmaceutical services.
- As defined, pharmaceutical services in relation to PNAs include:
 - Essential services: Services that every community pharmacy must provide and is set out in their terms of service
 - Advanced services: Services provided subject to accreditation
 - Locally commissioned services: These services can be contracted via a number of different routes and by different commissioners, including local authorities, Clinical Commissioning Groups and NHS England's area teams.

The purpose of the PNA is to assess and set out how the provision of pharmaceutical services can meet the health needs of the Bolton population for a period of up to three years, linking closely to the JSNA. Whilst the JSNA focusses on the general health needs of the population of Bolton, the PNA looks at how those health needs can be met by

pharmaceutical services commissioned by NHS England, local authorities, Integrated Care systems, Local Care Organisations (LCO) and other local commissioners.

3 Localities

The regulations require the health and wellbeing board to divide its area up into localities. Once the basis for the localities has been decided the justification for this must be included in the pharmaceutical needs assessment as this is a requirement of the 2013 regulations.

Bolton Health and Wellbeing Board has determined that the neighbourhoods used for integrated care purposes will also be used as neighbourhoods in the PNA. Integrated care neighbourhoods are now established as the focal point for the delivery of all community-based health and social care services in Bolton. They will also be the focus for work that is designed to make positive changes to population health and wellbeing and developed with genuine co-production with the community.

Currently, there are 6 neighbourhoods in Bolton, each based around a group of Lower Super Output Areas and a similar collection of GP practices

Figure 1: Bolton's integrated Care neighbourhoods

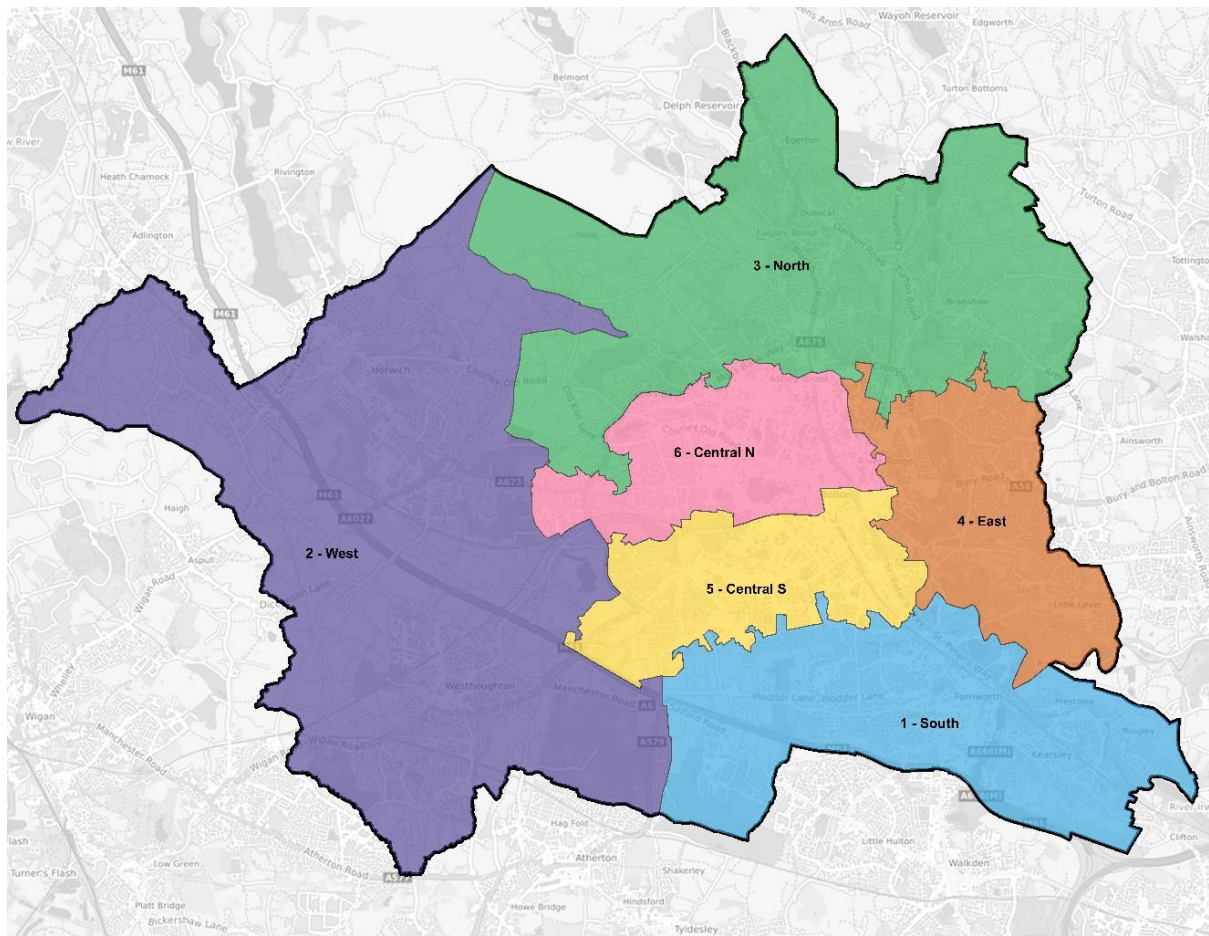
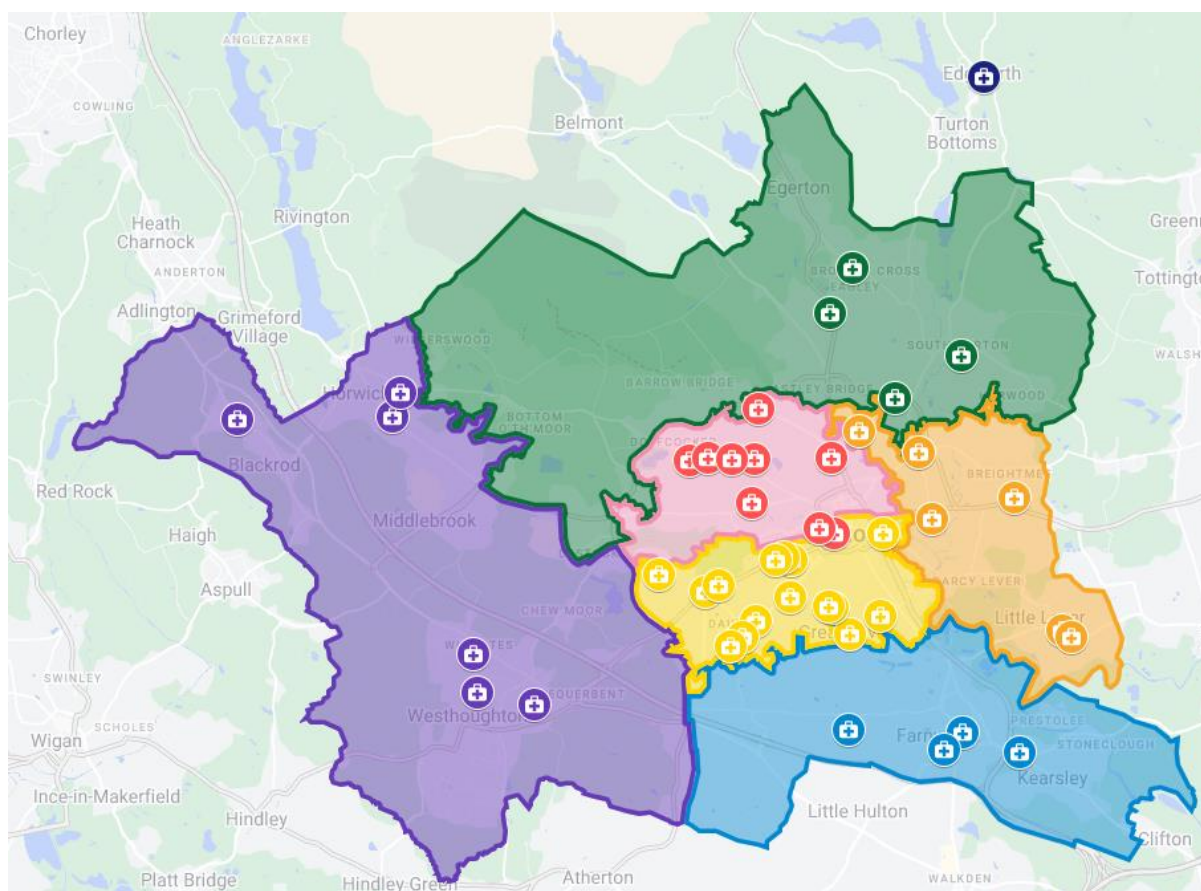


Table 1: Number of pharmacies per neighbourhood

Neighbourhood name	Number of pharmacies
1 – South	10
2 – West	14
3 – North	6
4 – East	10
5 – Central S	21
6 – Central N	12

Figure 2: Bolton's integrated Care neighbourhoods and locations of associated GP practices



4 Demographics of the population

4.1 Population change

Bolton's population is estimated to be 304,992 in 2025 (based on projections from mid-2022 estimates) and is expected to rise by around 3,200 people by 2030 (1.0%)¹. Over the next ten years Bolton's total population will increase by around 7100 more people (1.7%), with Bolton expected to have almost 312,000 residents by the year 2045. This is a notably slower increase than we see nationally with England predicted to increase by 4.3% in the next 10 years and the changes predicted for the Greater Manchester conurbation being 5.8%.

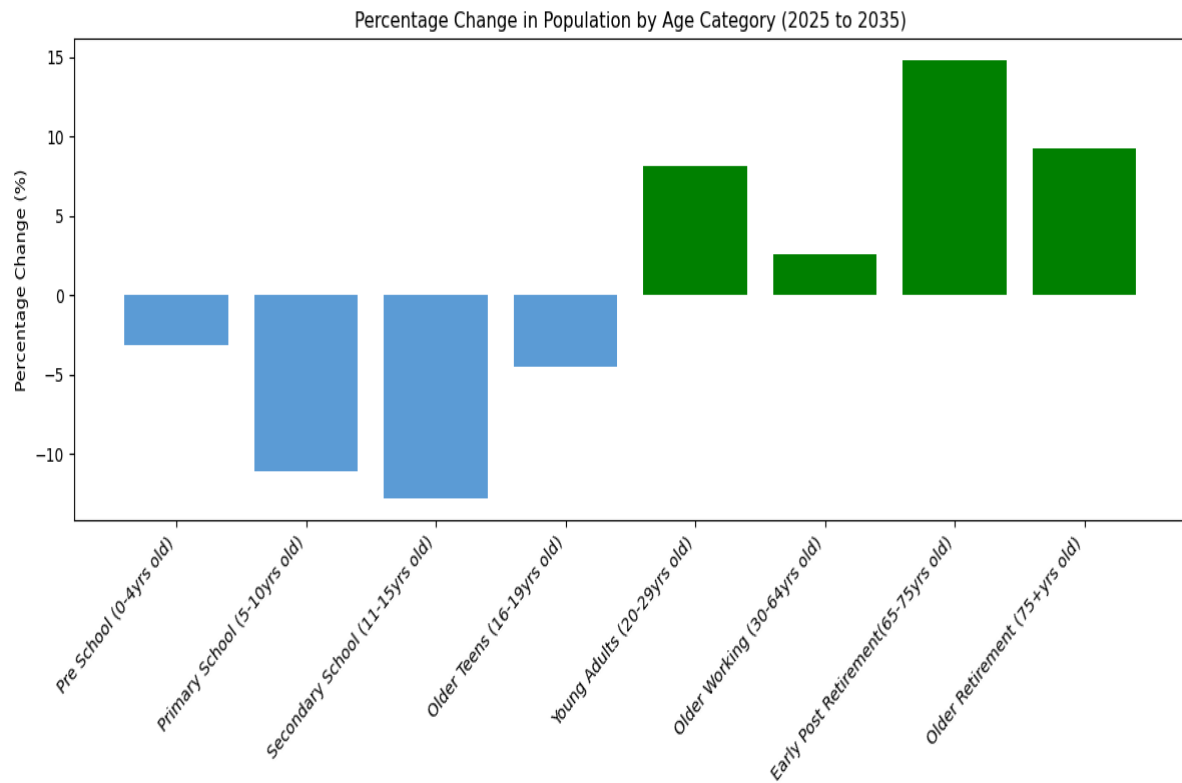
Population projections at local authority level are especially subject to any limitations of the source data, as well as annual local fluctuations in those sources. In addition, actual local population change will be strongly influenced by local economic development and housing policies.

Looking at the projections by age groups Bolton will see the biggest percentage increase in people aged 65+, specifically those in early post-retirement in the next 5 years. Bolton is

¹ Office for National Statistics, Subnational population projections for England, <http://bit.ly/4kfWayV>

also expected to see a decrease in its young people population particularly in school age children.

Figure 3: Bolton population change, 2025-2030



4.2 Age

Figure 4: Bolton age profile based (Census 2021)

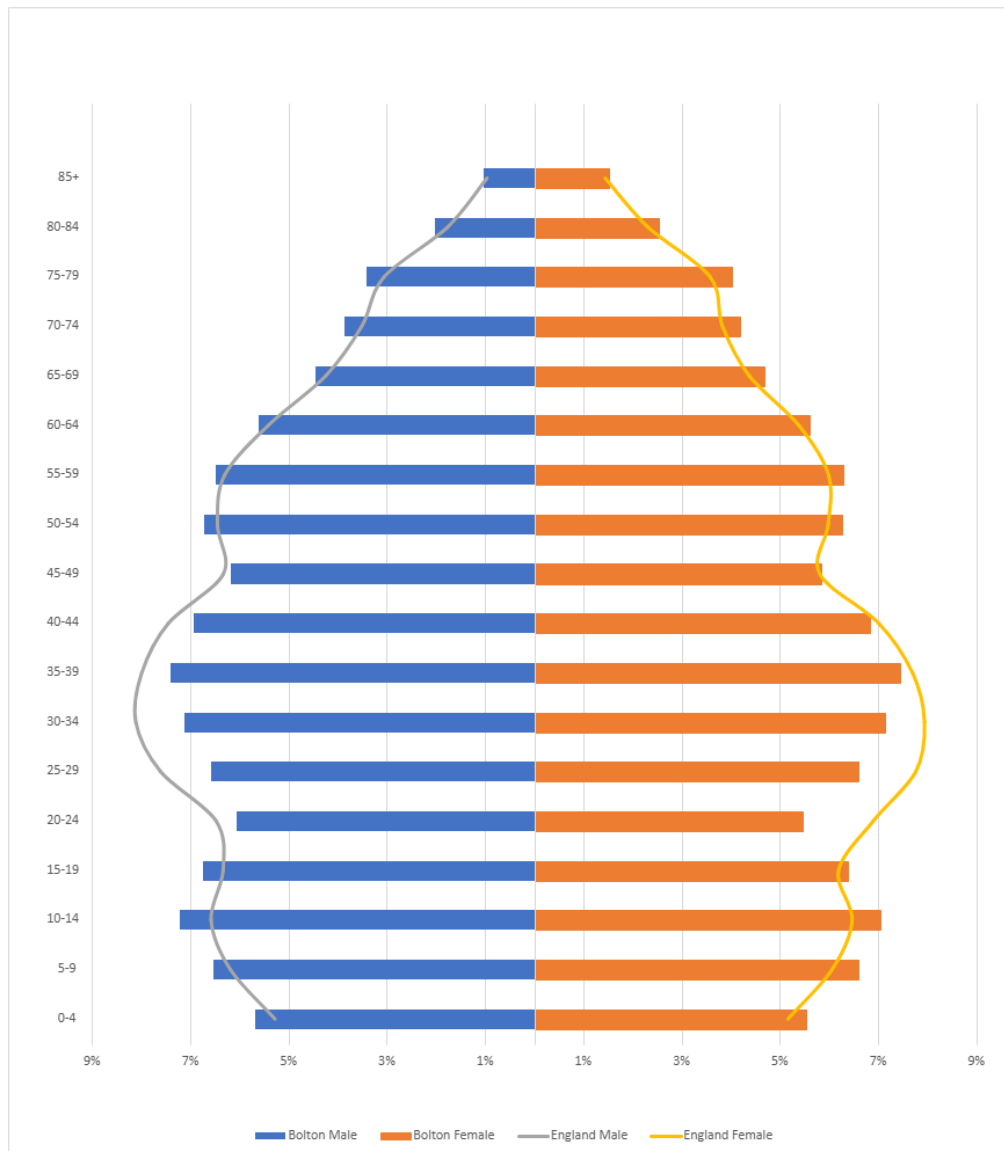


Table 2: Age makeup of the different neighbourhoods (Census 2021)

Neighbourhood	0-19	20-44	45-64	65+	Population Total
1 - South	28.9%	32.5%	24.1%	14.5%	51022
2 - West	21.5%	30.0%	28.1%	20.4%	56892
3 - North	22.7%	27.3%	27.7%	22.3%	51714
4 - East	25.9%	30.3%	25.1%	18.7%	42963
5 - Central S	32.2%	34.5%	21.4%	11.9%	49672
6 - Central N	27.9%	34.2%	23.6%	14.3%	43673
Bolton	26.4%	31.4%	25.1%	17.1%	295936

Table 2 shows the percentage of the population for each age band across the six neighbourhoods. North and West neighbourhoods have the highest proportion of residents aged 65 years and over. Central South, Central North and South neighbourhoods have the highest proportion of residents aged 0-19; with Central South having the youngest population overall.

4.3 Ethnicity

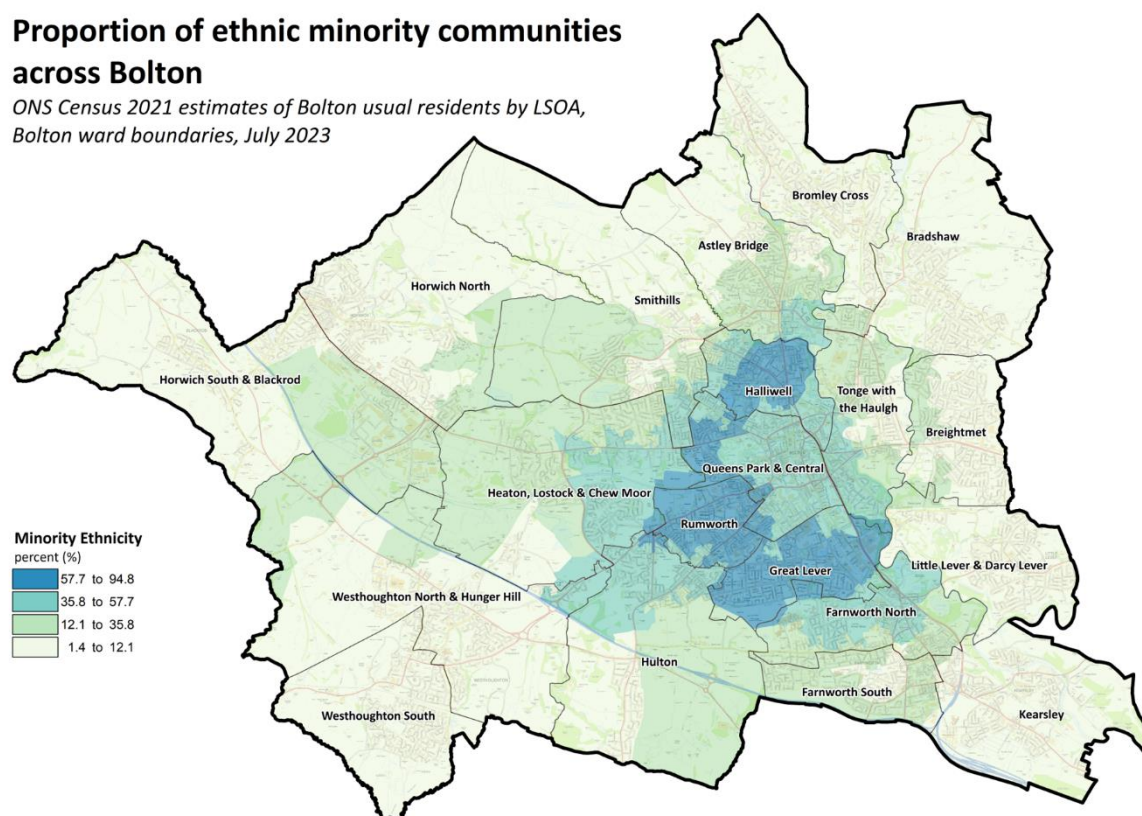
The ethnicity breakdown of an area, is recorded by local authorities to help identify any barriers to services which may be faced by ethnic minority groups. To best address these barriers, the council can target the areas of Bolton, which contain the highest numbers of ethnic minority population.

Bolton is richly diverse with almost 30% of the population from an ethnic minority background. In 2021, 71.9% of people in Bolton identified their ethnic group within the "White" category (compared with 81.9% in 2011), while 3.8% identified their ethnic group within the "Black, Black British, Black Welsh, Caribbean or African" category (compared with 1.7% the previous decade). 20.1% of Bolton residents identified their ethnic group within the "Asian, Asian British or Asian Welsh" category, up from 14.0% in 2011. The proportion of the population from an ethnic minority background significantly increased between 2011 and 2021.

Figure 5: Proportion of Bolton residents from a minority ethnic background

Proportion of ethnic minority communities across Bolton

ONS Census 2021 estimates of Bolton usual residents by LSOA, Bolton ward boundaries, July 2023



There are higher proportions of residents from minority ethnic backgrounds living in the more central areas around Bolton Town Centre. Areas such as Daubhill, Deane and Halliwell, have the highest number of Asian, Black and Ethnic minority residents, these areas are based within the wards of Rumworth, Great Lever, Halliwell and Queens Park & Central which are all within the ICB neighbourhoods of Central North and Central South.

The most commonly occurring non White-British groups in Bolton are of Pakistani (9.4%) and Indian (8.9%) background. Bolton has a much larger Asian population (20.1%) than is seen on average in Greater Manchester (13.6%). 8.9% of people are from an Indian background compared with 2.4% across Greater Manchester. The Black population makes up 3.8% of Bolton's total population, a lower proportion than the Greater Manchester average, 4.7%. With 2.2% of the population being of a mixed ethnicity.

4.4 Deprivation

Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial. Direct measures of poverty that look at deprivation and living standards have a very long history, particularly in Britain (Poverty and Social Exclusion, 2016). Peter Townsend notably states:

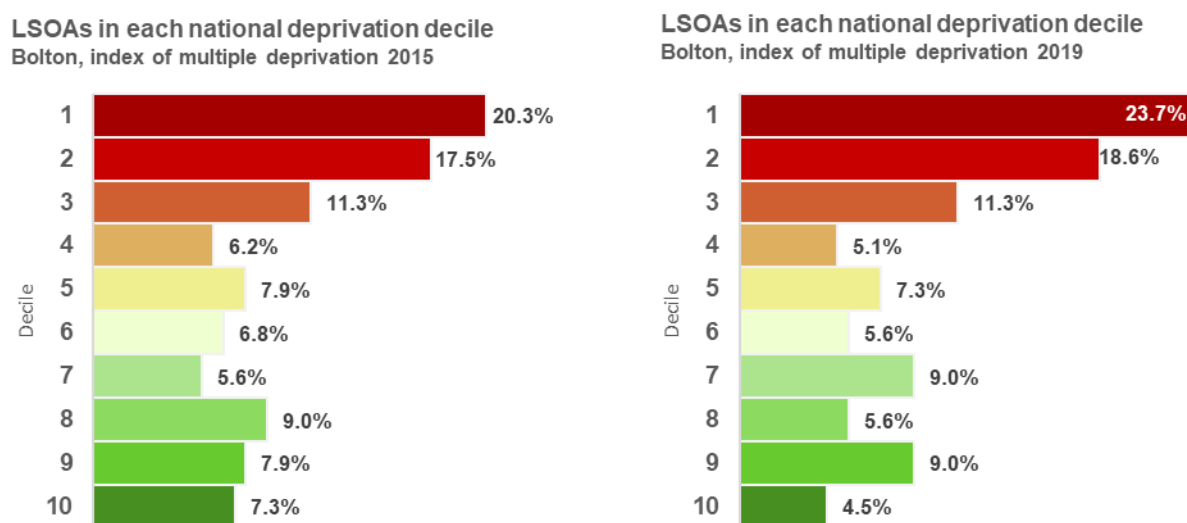
Individuals, families and groups in the population can be said to be in poverty when they lack the resources to obtain the types of diet, participate in the activities, and have the living conditions and amenities which are customary, or at least widely encouraged or approved, in the societies to which they belong. Their resources are so seriously below those commanded by the average individual or family that they are, in effect, excluded from ordinary patterns, customs and activities.
(Townsend, 1979)

The Index of Multiple Deprivation 2019 (IMD, 2019) is the official measure of relative deprivation for small areas (or neighbourhoods) in England. The IMD ranks every small area in England from 1 (most deprived area) to 32,844 (least deprived area). It is common to describe how relatively deprived a small area is by saying whether it falls among the most deprived 10 per cent, 20 per cent or 30 per cent of small areas in England (although there is no definitive cut-off at which an area is described as 'deprived'). (IMD, 2019)

Bolton is ranked the 34th most deprived local authority in the country (out of 317). There is more than one ranking which can be used to analyse the IMD data, this is based on the rank of average score, which is the preferred measure.

Bolton is made up of 177 LSOAs and of these 42 (23.7%) rank within the 10% deprived areas in the country. In 2015 Bolton had 36 (20.3%) out of 177 LSOAs ranked within the 10% most deprived areas in the country.

Figure 6: Comparison of Bolton deprivation makeup in 2015 and 2019



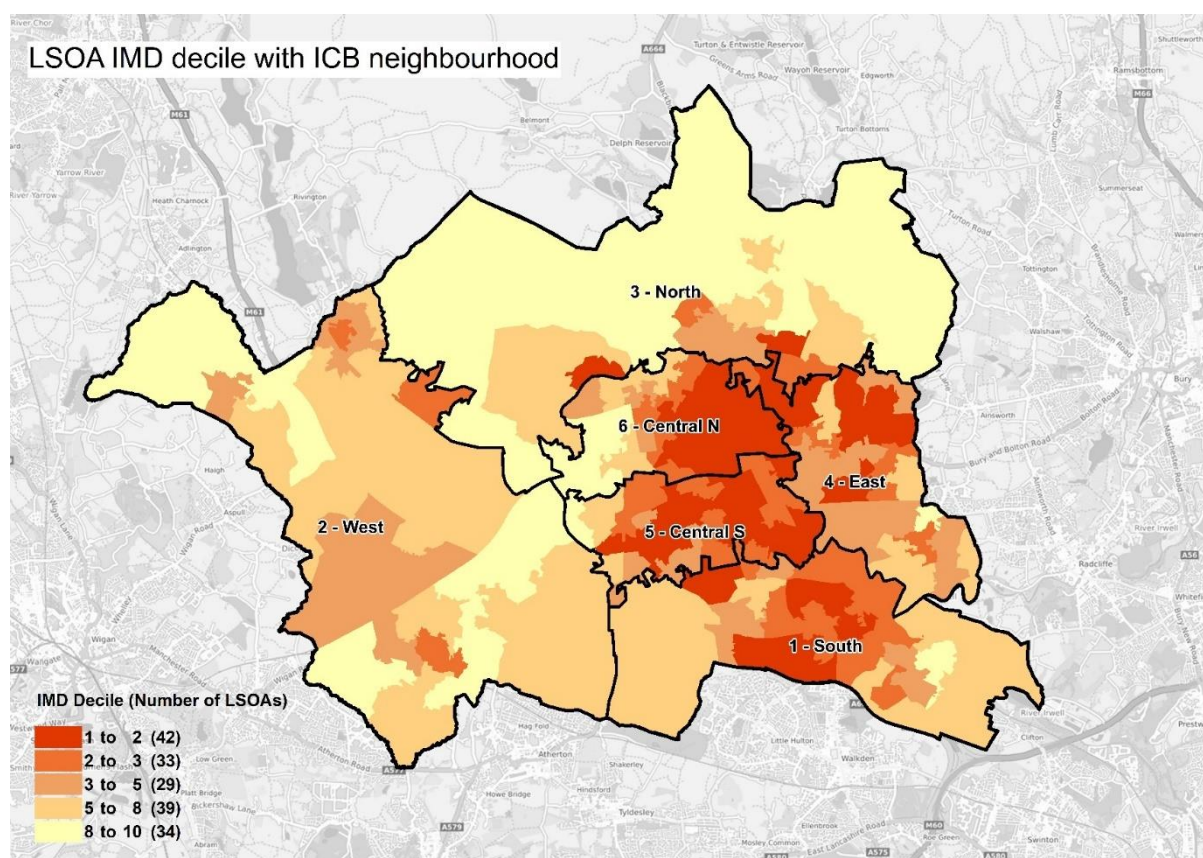
There have been few changes regarding our most deprived neighbourhoods and deprivation remains at its greatest in the Wards of Halliwell, Crompton, Brightmet, Great Lever, Rumworth, and Farnworth, with pockets outside the town centre identifying Johnson Fold and Washacre estates.

Table 3: Count of LSOA's in each IMD Decile by ICB Neighbourhood.

ICB Neighbourhood	IMD Decile									
	1	2	3	4	5	6	7	8	9	10
1 - South	9	10	5	0	2	2	1	1	0	0
2 - West	0	5	3	3	7	1	7	5	4	2
3 - North	2	2	2	1	2	1	3	2	9	5
4 - East	9	3	5	2	0	3	3	1	0	0
5 - Central S	12	7	4	1	1	1	1	1	0	0
6 - Central N	10	6	1	2	1	2	1	0	3	1
Total	42	33	20	9	13	10	16	10	16	8

Table 3 show the number of small areas within each neighbourhood that come under each IMD decile. 5-Central South, 1-South and 6-Central North have the highest proportion of areas in deciles 1 and 2 (highest deprivation) and no areas that are in the deciles 9 and 10 (lowest deprivation).

Figure 7: Deprivation (IMD, 2019) with Neighbourhood overaly



4.5 Life Expectancy

Life expectancy is an important indicator of a population's health.

Nationally, life expectancy figures are prepared by the Office for National Statistics and used to assess and set a number of important health related policies and initiatives that impact on everyday life. Projected life expectancies are used in the process for setting the State Pension Age whilst subnational life expectancies are used to assess inequality between different parts of country and different population groups.

Locally, we use life expectancy at birth as an indicator of the overall health of the population and to analyse inequalities in health.

Life expectancy at birth is the average number of years a baby born can be expected to live for if he or she experienced today's age-specific death rates for the rest of his or her life.

Table 4: Life expectancy by sex

LIFE EXPECTANCY IN BOLTON (2021-23)

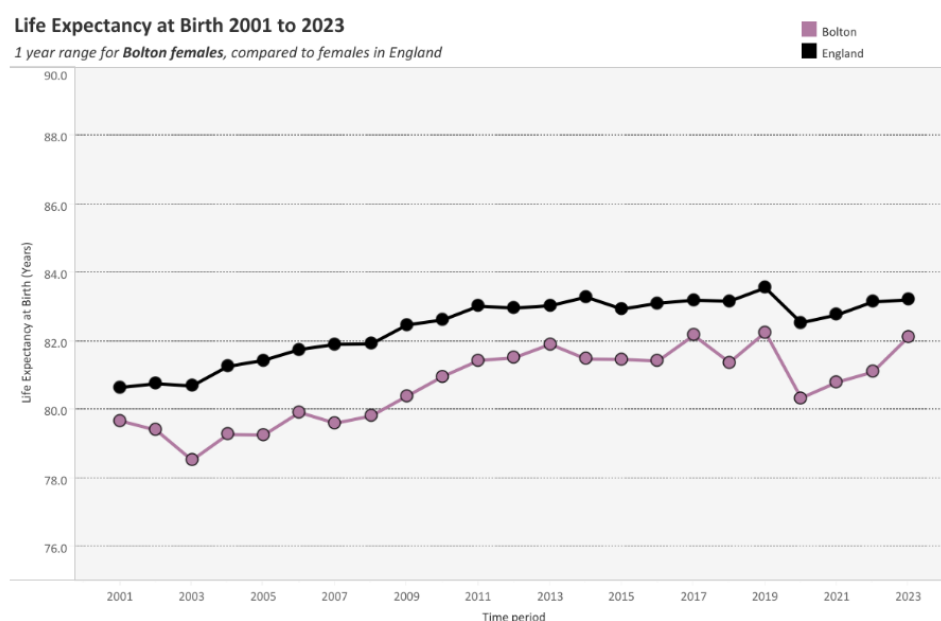
Male Life Expectancy (Years)		Female Life Expectancy (Years)	
Bolton	76.7	Bolton	81.3
North West Region	77.5	North West Region	81.6
England	79.1	England	83.1

A report by the King's Fund describes two "turning points" in trends in life expectancy in England in the past decade.

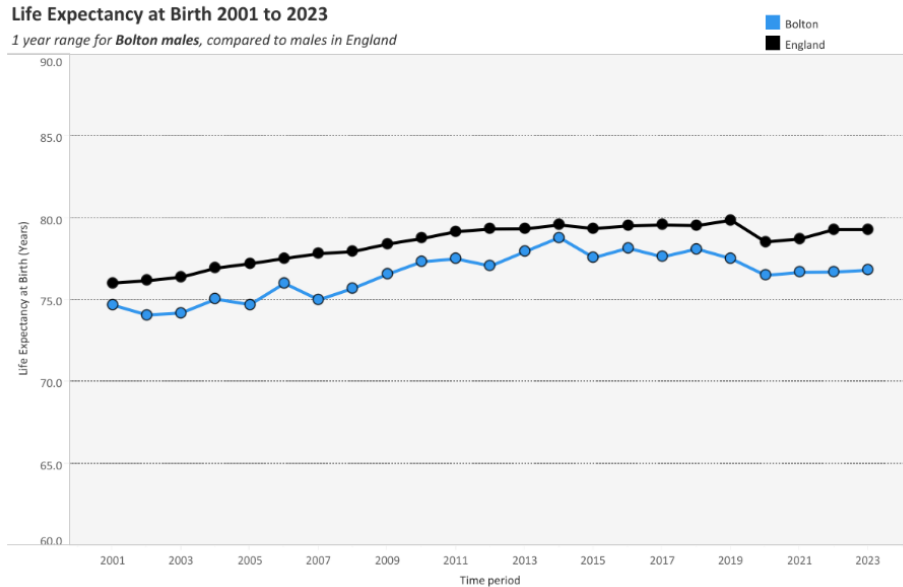
From 2011, increases in life expectancy slowed after decades of steady improvement, prompting much debate about the causes. Then in 2020, the Covid-19 pandemic was a more significant turning point, causing a sharp fall in life expectancy the magnitude of which has not been seen since World War II.²

For both males and females living in Bolton, life expectancy at birth has been consistently below the national average since 2001. This trend appeared to be improving over time, however recent years data suggests the gap in life expectancy between Bolton and England seems to be widening.

Figure 8: Bolton life expectancy at birth



² The KingsFund (2021). Health and Care in 2021. <https://bit.ly/3ywpSuT>



5 Future developments

Future employment, residential and transport developments may change the patterns of where people spend their time and how they travel and so influence where they want to access pharmaceutical services. Current pharmacy provision is likely to be sufficient to meet the needs of new residential and employment developments progressing within the PNA time period. However should any major developments, particularly those involving large numbers of residential units, come forward earlier than expected there may be a need for additional services.

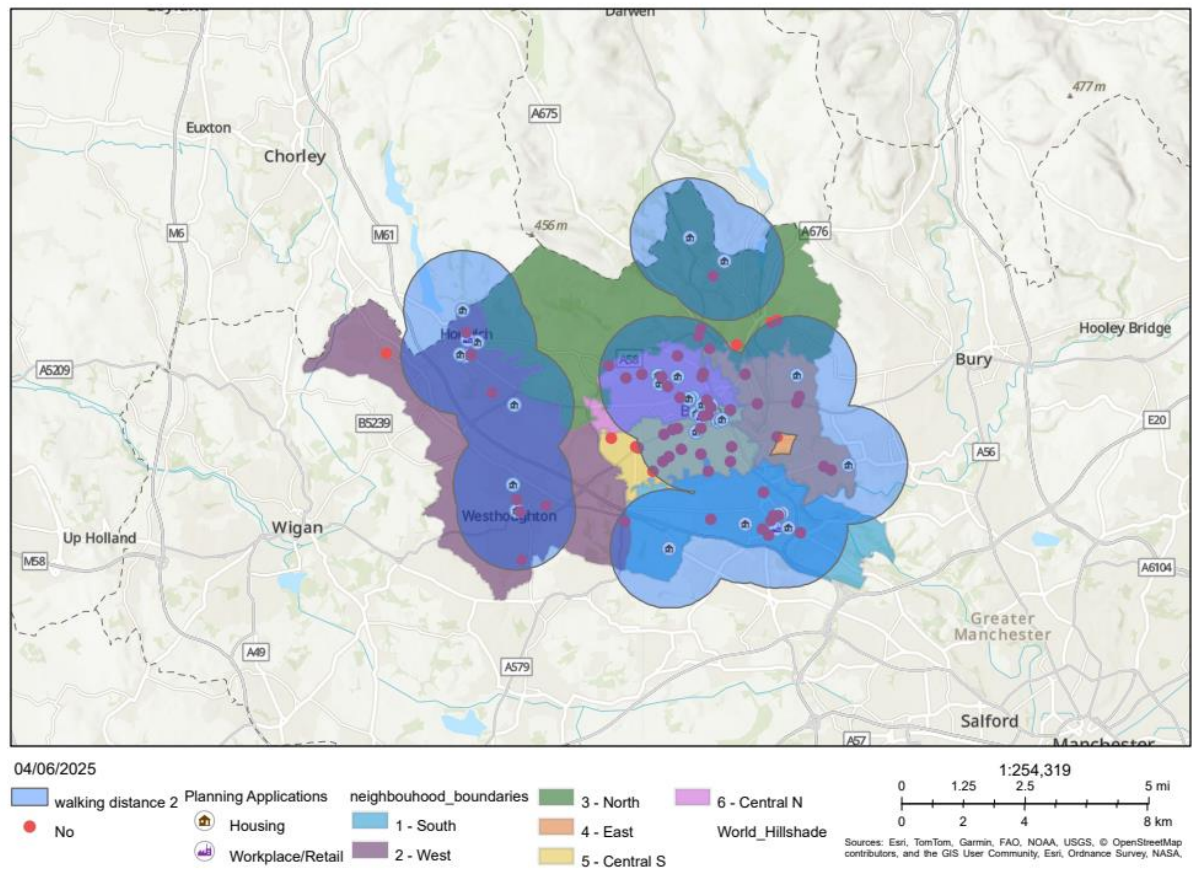
5.1 Significant residential and employment developments

Respondents to the public survey (also see section 13, p64) indicated that the pharmacy being close to home was most important to them, followed by being close to the doctor's surgery. Survey respondents were most likely to be prepared to travel under 15 minutes by their usual means of transport to access a pharmacy.

Figure 9 shows the location of significant residential or employment sites in Bolton with potential for delivery over the lifetime of the PNA. The majority of sites are located within Central North and Central South neighbourhoods which have the highest number of pharmacies. All proposed sites are within a 15 minute walk of existing pharmacies. From the contractor survey we know that all but two pharmacies in Bolton said that they would be able to cope with increased demand. The location and scale of these sites is such that existing pharmacy provision will be sufficient to meet the needs of these developments.

Figure 9: Map showing location of significant residential/ employment sites with potential for delivery over the lifetime of the PNA

Development sites with existing community pharmacies.



5.2 Places for everyone

Places for Everyone (PfE) is the Joint Development plan covering Bolton and neighbouring Greater Manchester local authority areas. This primarily covers the period 2022-2039, which extends beyond the period of this PNA and beyond. The scheduling of major developments may therefore take place beyond the period covered by this PNA.

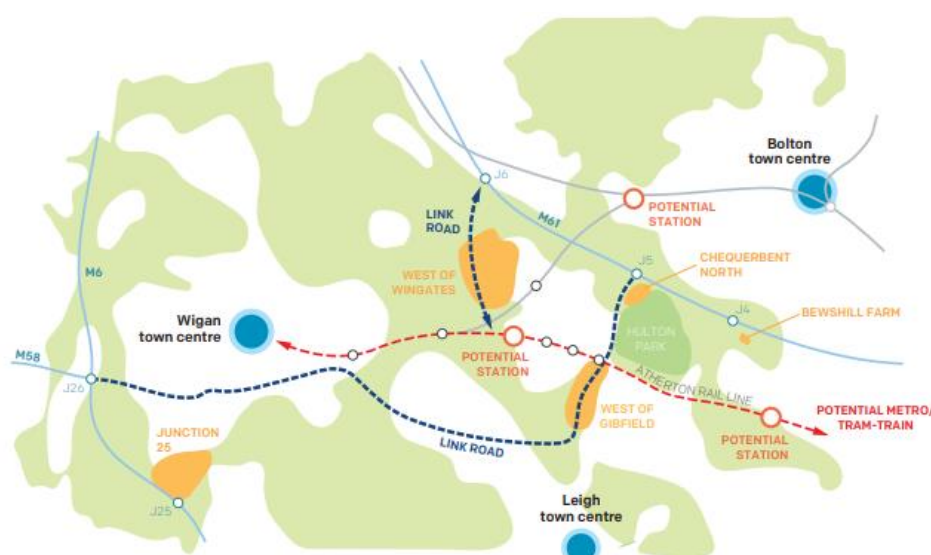
The Places for Everyone Plan took effect and became part of the statutory development plan for each of the nine PfE authorities on March 21, 2024 including Bolton. It sets out how the nine boroughs should develop up until 2039 and identifies the amount of new development that will come forward across the 9 districts, in terms of housing, offices, and industry and warehousing, and the main areas in which this will be focused. The plan sets out the minimum number of net additional dwellings each authority is expected to identify a sufficient supply of sites for through their local plans.

Table 5: Distribution and Phasing of the new dwellings 2022-2039, seen as the minimum housing need figure for the area³

Area	Total 2022-2039	Average per year 2022-29
Bolton	13,379	787

Figure 10 (p21) shows the Wigan-Bolton growth corridor, described in 'Places for Everyone'. This is located in both Bolton and just over the border in Wigan where major development is due to take place. This will consist of a number of schemes providing residential and employment sites with significant transport infrastructure. As this is a major development it is likely only the very earliest phases will be delivered during the life of this PNA, and so significant new need will not occur until beyond the time period covered by this PNA.

Figure 10: Wigan – Bolton growth corridor⁴



³ GMCA, Places for everyone Joint Development Plan document, Integrated Assessment Adoption Statement, Table 7.2- March 2024, <https://bit.ly/3Gfh2lr>

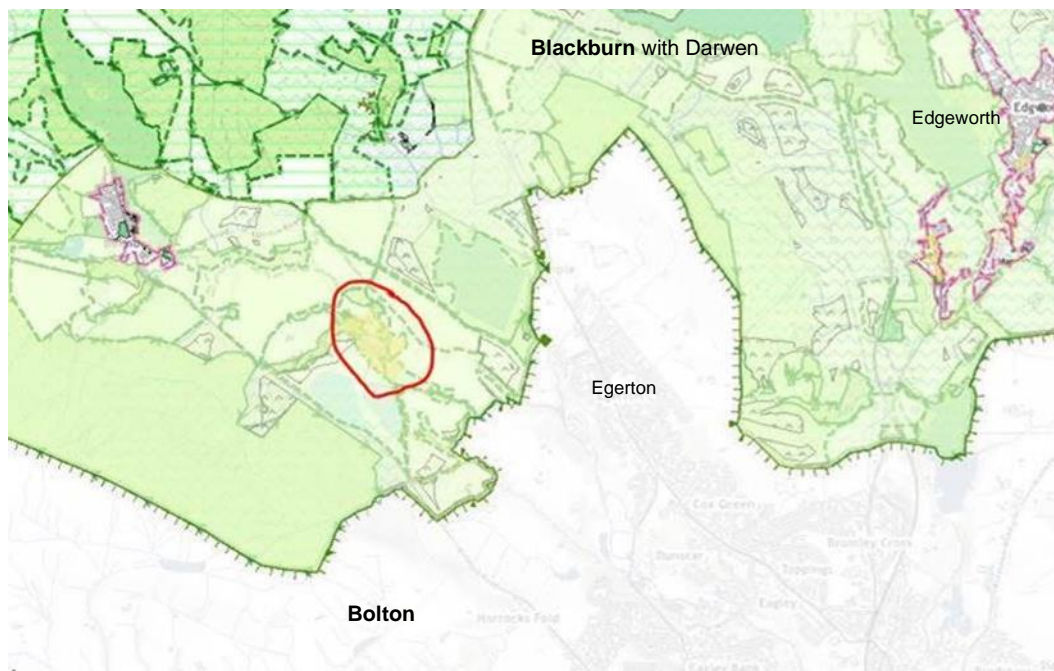
⁴ GMCA (2021). Places for Everyone. P64 <https://bit.ly/3Gfh2lr>

5.3 Neighbouring boroughs outside Greater Manchester

Local plans for Blackburn with Darwen and Chorley boroughs were examined for developments that could affect pharmacy usage in Bolton or among Bolton residents.

A brownfield site to the west of Edgworth (and west of Egerton) 'Springside Works' received a planning application for 116 dwellings, to be delivered in two phases: 2021-2026 25 dwellings; 2026-2031 91 dwellings⁵.

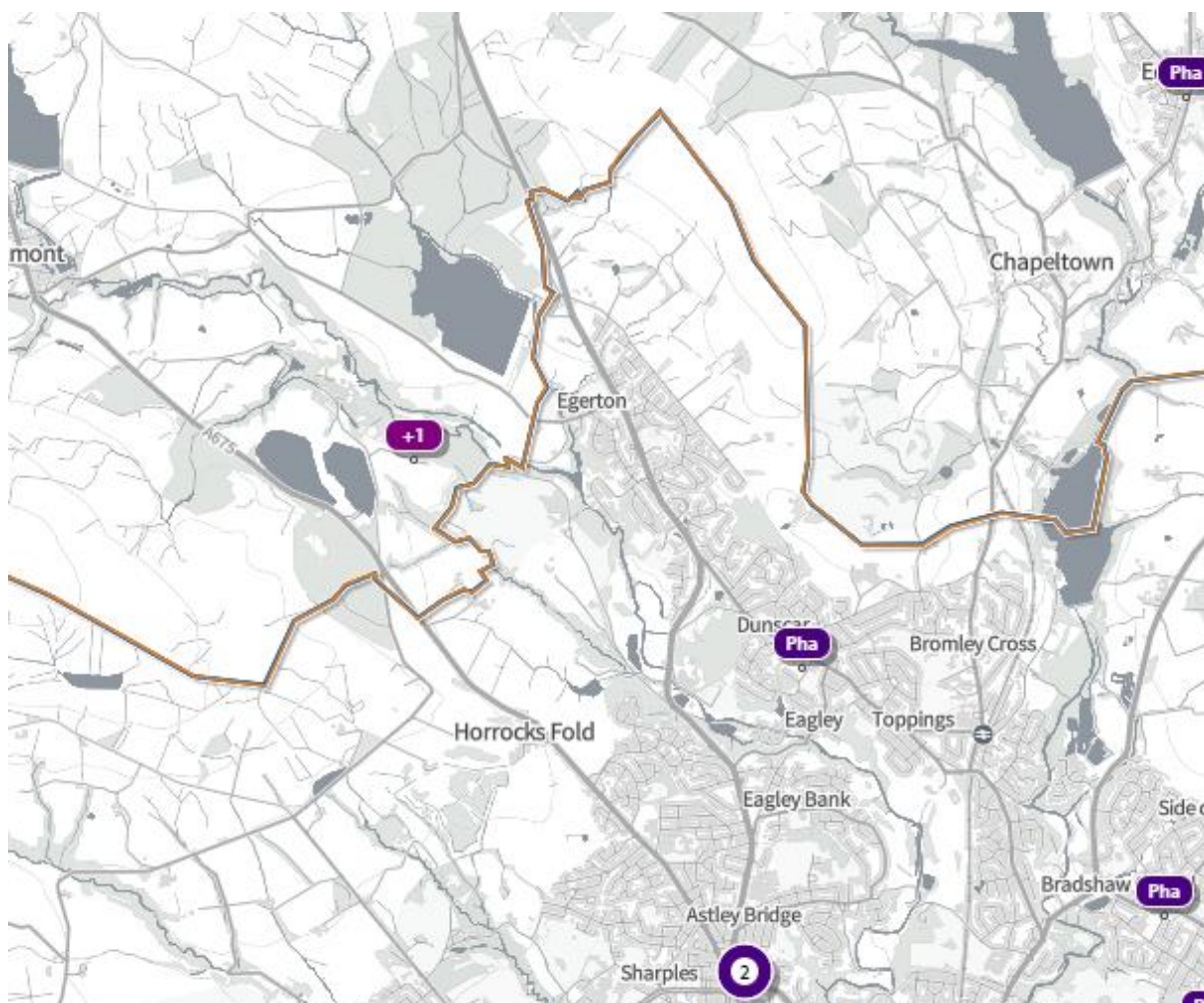
Figure 11: Location of 'Springside Works' west of Egerton & Edgworth



This application has not received a decision so there is currently no active planning permission for this site. If the development is to go ahead it is unlikely that it will be delivered within the lifetime of this document, but may need considering in the future as the nearest pharmacies to this site are located in Bolton.

⁵ Blackburn with Darwen Local Plan 2021 to 2037, p180 Springside Works, Belmont, <https://bit.ly/4677SZ6>

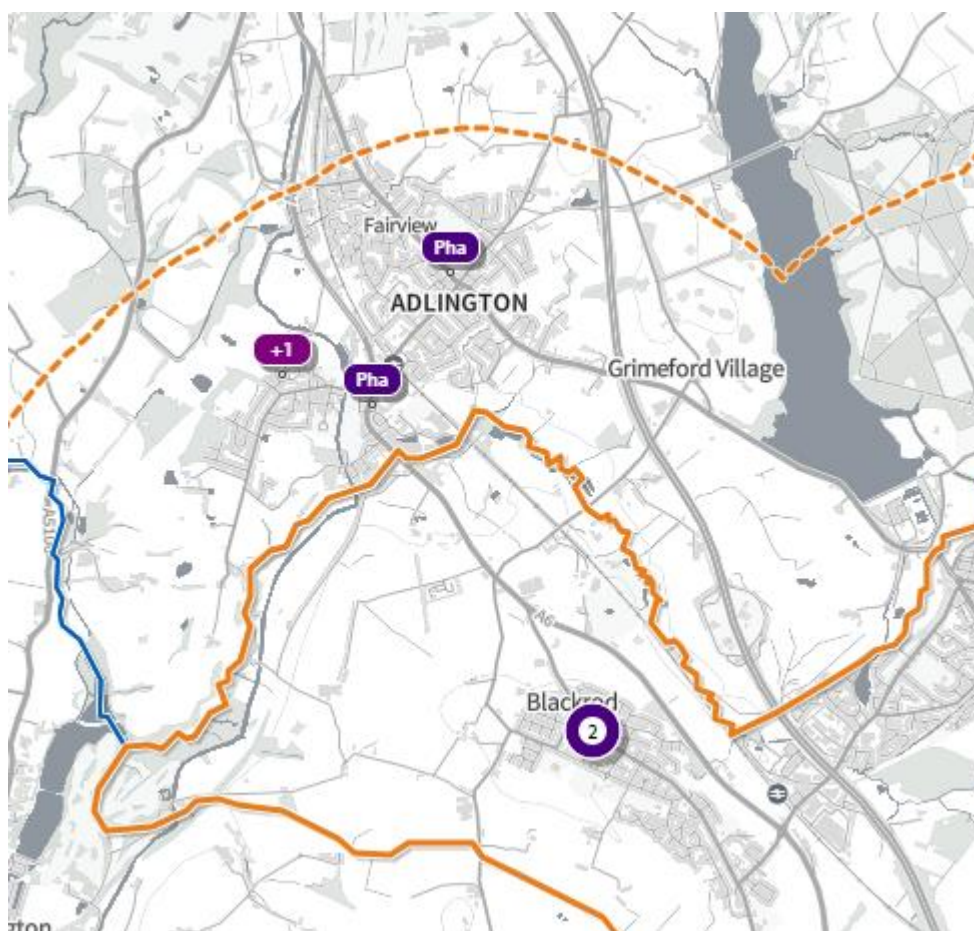
Figure 12: Location of Springside works with location of closest pharmacies.



For Chorley the Central Lancashire Local Plan (CLLP) (due to be submitted to the Planning Inspectorate at the end of this month for examination) covers the period 2023-2041⁶. Policy HS2 (p56) identifies the proposed allocations. Adlington is the closest settlement to the border with Bolton. There are only expected to be completions on site HS2.4 (Land at Carrington Rd) in the period 2025-28. The total completions on this site for the period is 24 dwellings. There are 2 pharmacies within Adlington that are closer to the development than the pharmacies located in Bolton.

⁶ Central Lancashire Local Plan 2023-2041, p56, Housing Allocations Chorley, <https://bit.ly/45YCYII>

Figure 13: Location of HS2.4 Land at Carrington Road with location of nearest pharmacies.



5.4 Growth in journeys by walking, cycling and public transport

The Greater Manchester Transport Strategy 2040⁷ notes 'By 2040 we want 50% of all journeys in Greater Manchester to be made by walking, cycling and public transport, supporting a reduction in car use to no more than 50% of daily trips... expected to lead to zero net growth in motor vehicle traffic in Greater Manchester between 2017 and 2040.' This may occur through replacement of longer car trips by shorter trips by other modes, for example by switching from city region wide trips to neighbourhood and regional centre⁸. This is likely to lead to an increase in pharmacy access via walking, cycling and public transport, and may increase demand for pharmacy services located in neighbourhoods and local town centres.

Respondents to the public survey (also see section 13, p64) indicated that they were most likely to travel to a pharmacy by car, followed by walking. They were most likely to be prepared to travel up to 15 minutes via their preferred mode of transport. They were most likely to favour a pharmacy that was located close to their home followed by close to the doctor's surgery.

⁷ TfGM (2021). *Greater Manchester Transport Strategy 2040*. <https://bit.ly/3s2kKu2>

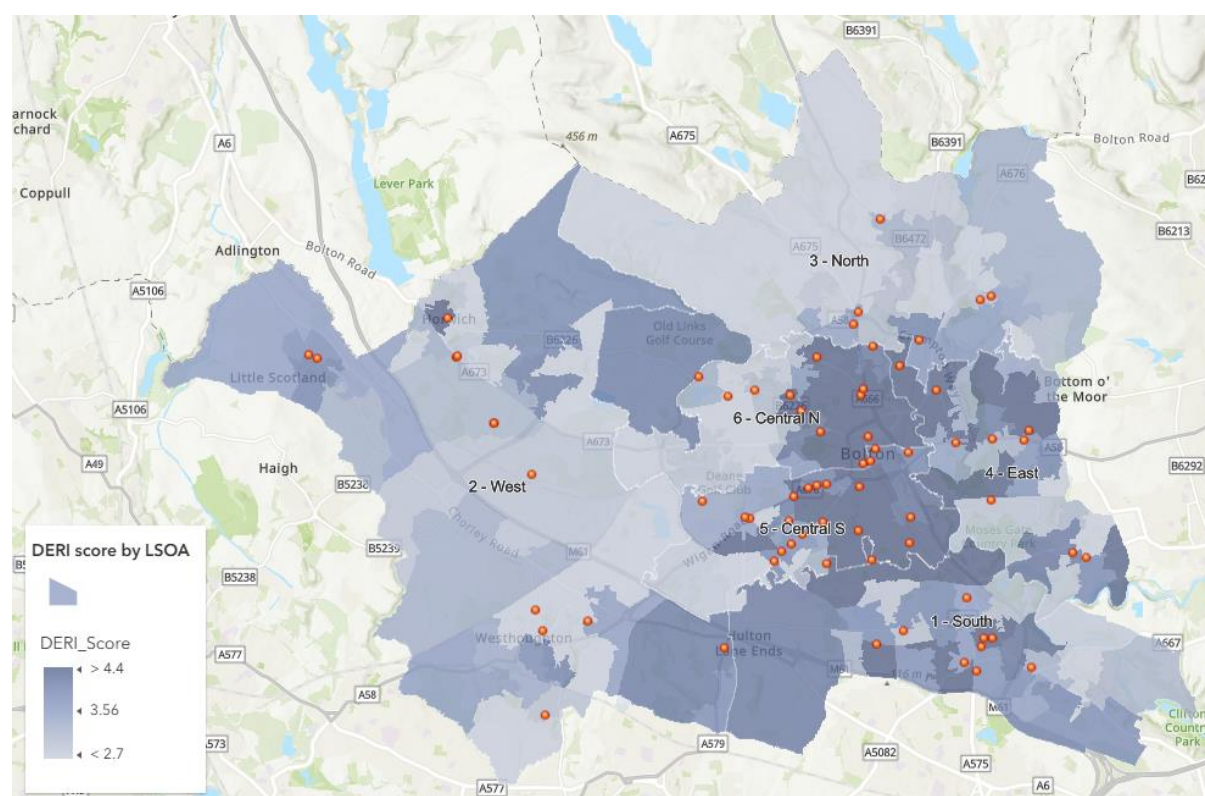
⁸ TfGM (2018). *Greater Manchester Transport Strategy 2040 Evidence base: 2018 update*. P29 <https://bit.ly/3seAsmU>

during the pandemic¹⁰. It visualises the risk, or likelihood, of digital exclusion in every LSOA in England and Wales by bringing together a broad set of indicators, which are weighted and summed, to create an overall DERI score. This overall DERI score is based on individual component scores and includes demography, deprivation and broadband.

Generally, areas of high risk are sparse in Greater Manchester. When looking at the broadband connectivity and access speed rural areas and areas on the outskirts of towns appear to be at higher risk. When looking at the demography and deprivation components we start to see pockets of areas with risk of digital exclusion.

Figure 15 below shows the areas of higher risk of digital exclusion, with the location of Bolton's pharmacies. The map shows that the areas with higher risk of digital exclusion do have good access to physical pharmacy locations.

Figure 15: Digital Exclusion Risk (DERI) Index mapped at LSOA with pharmacy locations.



6 General health needs of the population

6.1 Overview

Bolton has a higher proportion of older people (65 years plus) than Greater Manchester as a whole and around half of Bolton's residents are aged under 40. As with many local

¹⁰ Greater Manchester Combined Authority, Digital Exclusion Risk Index (DERI) <https://bit.ly/3HDDYSf>

authorities in the north of England, the health of people in Bolton is generally worse over a range of measures than the average for England¹¹.

24% (71,177) of Bolton residents reported having a long term physical or mental condition in the 2021 census with 18.1% describing their condition in line with the definition of disability under the disability act¹². Bolton patients had a higher prevalence of conditions recorded on the Quality and Outcomes Framework than seen nationally, across a range of conditions. (Figure 16). This was particularly marked in terms of obesity, depression non-diabetic hyperglycaemia diabetes and asthma. Good access to pharmaceutical services will play a role in supporting individuals in managing and living with long term conditions, and in supporting them to make healthy behaviour changes.

Bolton is one of the 20% most deprived districts/unitary authorities in England and around 42% (30,586) of children live in low-income families (households below 60% median income before housing costs)¹³. Life expectancy for both men and women is lower than the England average.¹⁴ There is also a considerable inequality gap within small areas in Bolton, with life expectancy at birth differing by 14.9 years for males (85.2-70.3); and 11.9 years for females (87.5-75.6)¹⁵. Good access to pharmaceutical services will play a role in addressing some of these inequalities.

Bolton has among the highest levels of inactivity in England, with 28.5% of Bolton adults classed as physically inactive, doing less than the equivalent of half an hour's brisk walk a week¹⁶. Levels of GCSE attainment (average attainment 8 score), breastfeeding and smoking in pregnancy are worse than the England average¹⁷.

¹¹ OHID. (2025). Local authority health profiles. <https://bit.ly/3YPQmEx>

¹² Disability, England and Wales: Census 2021. <https://bit.ly/3RSp1O4>

¹³ End child poverty. Child poverty in your area (2023). <https://bit.ly/4iUhtW9>

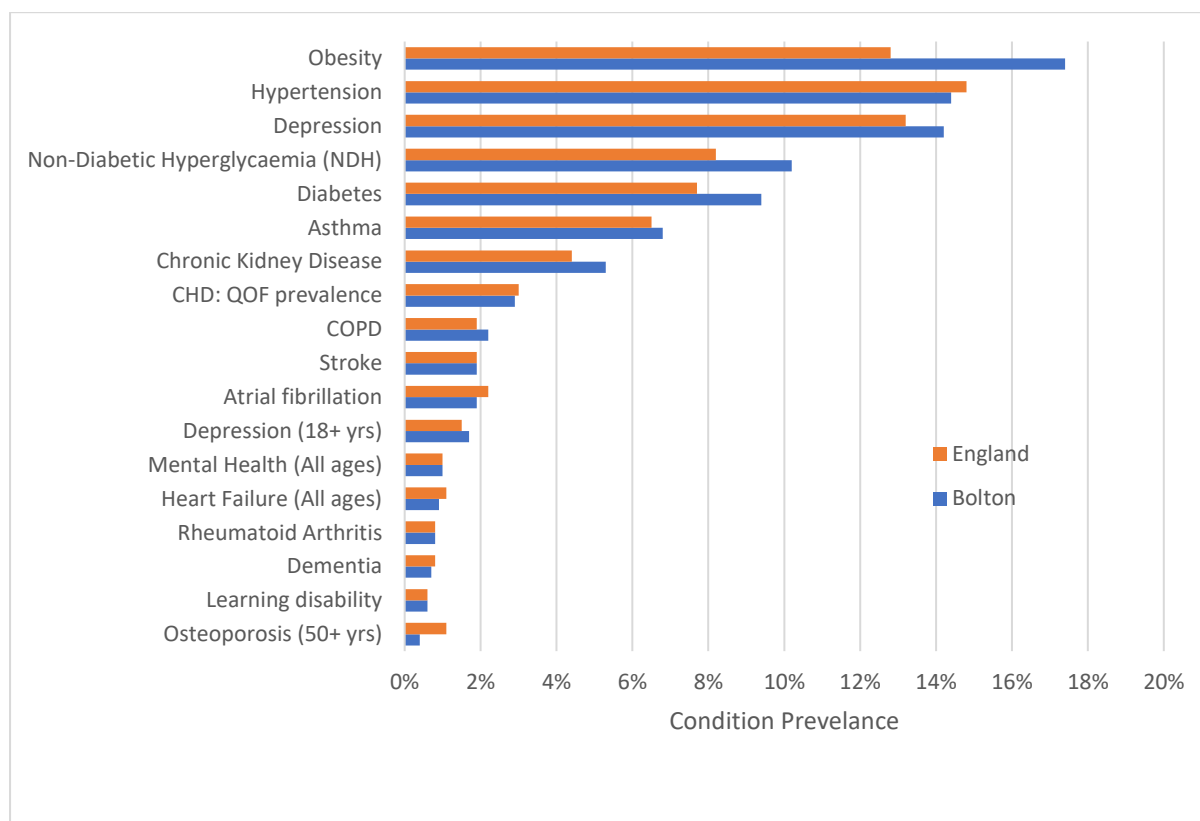
¹⁴ Public Health England (2019), *Local Authority Health Profiles*. <https://bit.ly/3mxF9op>

¹⁵ OHID (2021). *Local Health*. <https://bit.ly/3aS3rHg>

¹⁶ OHID (2023/24). *Physical Activity dashboard*. <https://bit.ly/3xleP63>

¹⁷ OHID (2022). *Child and Maternal Health fingertips profile*. <https://bit.ly/3xUSMmR>

Figure 16: Quality and Outcomes Framework (2023-24) condition prevalence for Bolton patients¹⁸



6.2 Mortality and disease

Mortality is the number of deaths, in general or specific to a cause, in a particular population. It is specifically used as a rate to measure the number of deaths on a large scale (in this case per 100,000), which is calculated to allow comparison between different population sizes and demographics.

In 2023, the most common cause of death in Bolton was cancer (684 registered deaths) followed by ischaemic heart diseases (340). Since 2013 ischaemic heart diseases have been the biggest cause of death for all ages in Bolton.

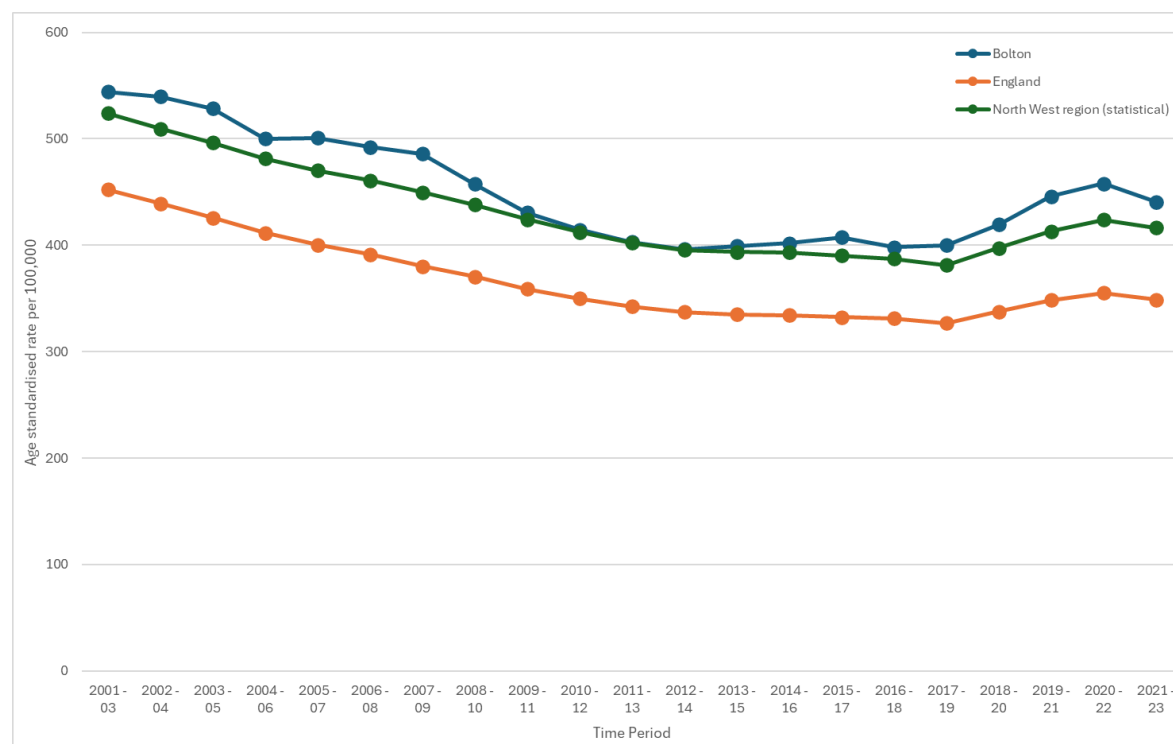
6.2.1 Premature mortality

Premature mortality is a high-level indicator of the overall health of a population, being correlated with many other measures of population health; there are significant differences between the premature death rates in different areas, reflecting a wide range of underlying differences between these populations.

The latest release of data is for 2021-23, which gives Bolton an overall under 75 mortality rate of 440.7 per 100,000; this rate is average for the Greater Manchester conurbation however is considered significantly higher than England. Bolton also sits slightly higher when compared to the whole of the North West.

¹⁸ Department of Health and Social Care, Fingertips, QOF. <https://bit.ly/438ON5W>

Figure 17: Under 75 mortality rate from all causes for Bolton, North West, and England (Persons, 3 year range)



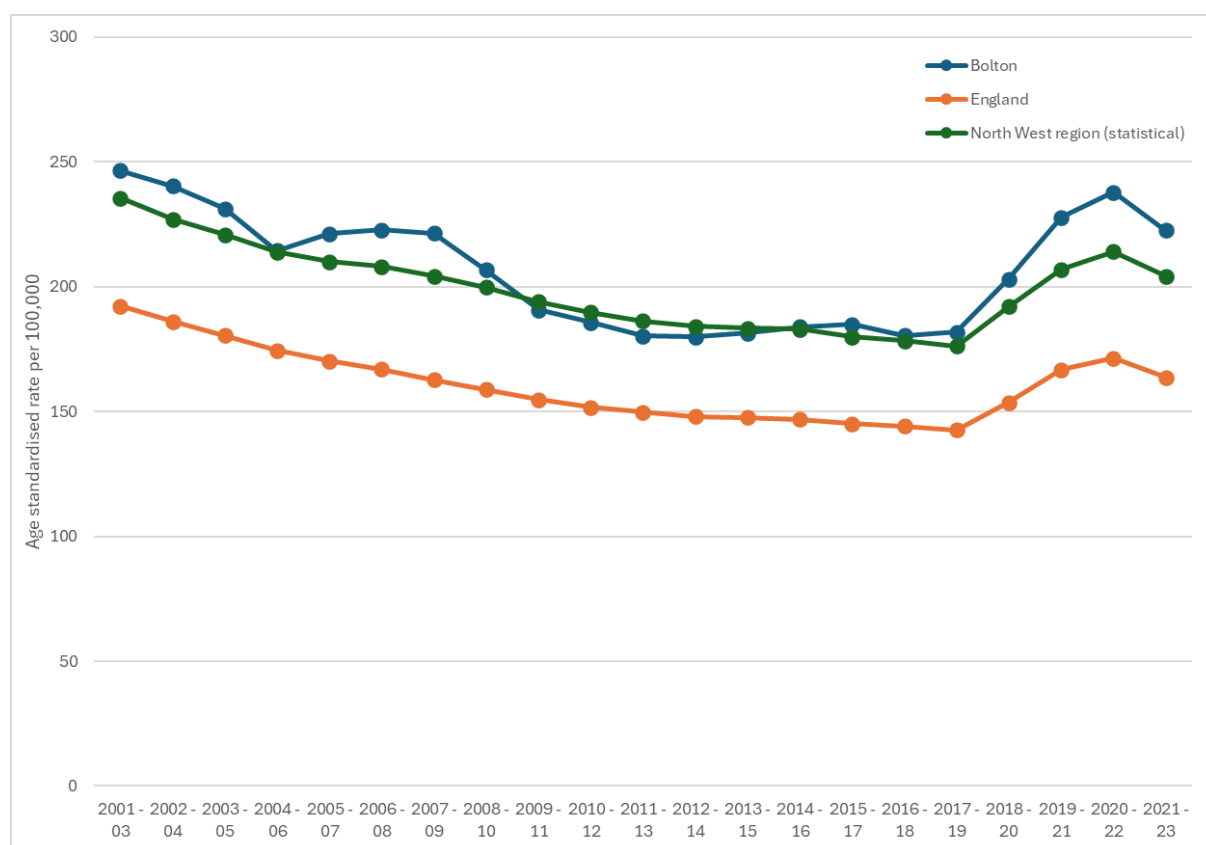
Over time, Bolton's under 75 mortality from all causes, had been on a downward trajectory, though started to rise from 2018-20 to 2020-22 is in line with the rise in rates seen across England and is most likely due to the COVID-19 pandemic. The rate appears to have started to decrease across all 3 comparators for 2021-23.

6.2.2 Preventable mortality

The basic concept of preventable mortality is that deaths are considered preventable if, in the light of the understanding of the determinants of health at the time of death, all or most deaths from the underlying cause (subject to age limits if appropriate) could mainly be avoided through effective public health and primary prevention interventions.

Similarly to premature mortality indicators, Bolton sits around mid-table, when comparing them to the rest of the North West or Greater Manchester for the majority of preventable

Figure 18: Under 75 mortality rate from causes considered preventable (Bolton, North West, England, 1 year age range)



mortality indicators, larger differences are only seen when broken down by gender.

For Bolton in 2021-23 the rate of Under 75 mortality from causes considered preventable was 222.6 per 100,000, a slightly lower rate than was seen in 2020-22 which was 237.8 per 100,000; however significantly higher than the average of the North West and England (175.2 and 140.5 per 100,000 respectively). The same trend

Preventable mortality overlaps with but is not the same as 'treatable' mortality, which includes causes of deaths which could potentially be avoided through effective healthcare interventions, including secondary prevention and treatment. Preventable mortality and treatable mortality are the two components of 'avoidable' mortality.

7 How the health needs of the population can be met by pharmaceutical services

Community pharmacies play an important role, not only in the supply and advice in the use of medicines, but also in providing an accessible point of advice on staying physically and mentally healthy, managing routine illnesses and signposting to further services as required. As society ages, health and social care services, including community pharmacies, face huge and growing challenges to meet demand. In this context, the location and distribution of pharmacies, and the services they provide to meet the needs of local communities is of crucial importance.

The key health needs which pharmacies can help meet in Bolton are those relating to:

- Effective self management of long term conditions
- Reduction of health inequalities, through health promotion activity, and provision of an accessible entry point to qualified advice on managing routine illnesses and signposting to further services as required.

8 The different needs of those who share a protected characteristic

8.1 Age

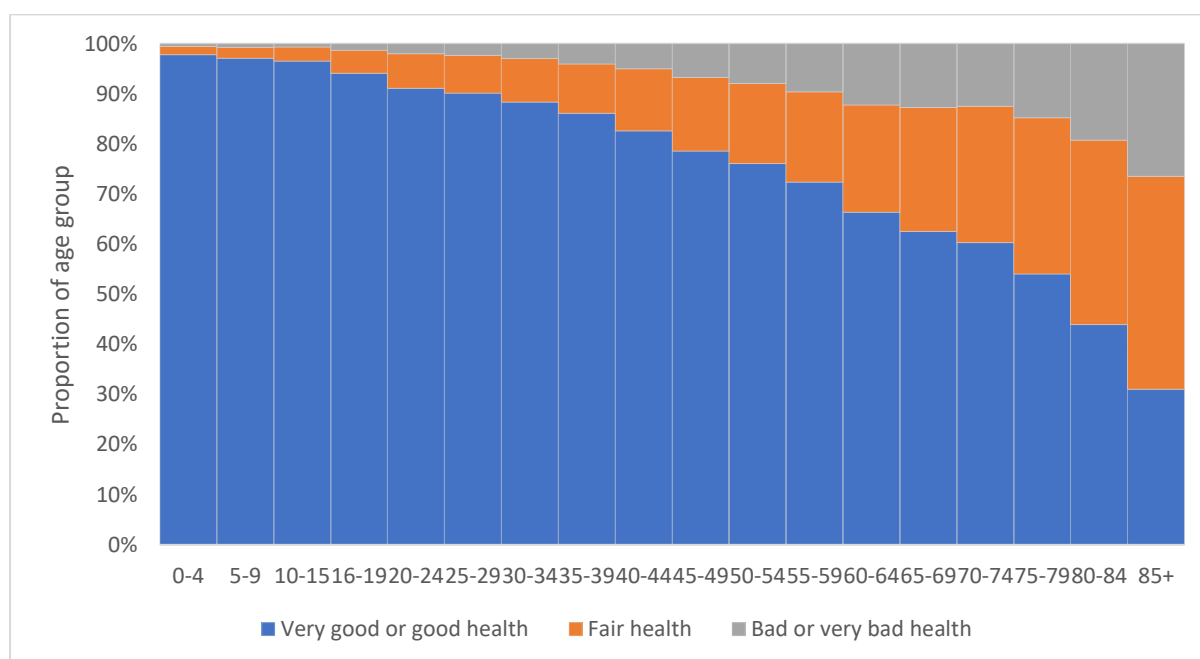
According to the mid-2023 population estimates, 24% of the Bolton population are aged under 18, while 17% are aged 65+. With increasing age, higher proportions of people rate their health as poor or very poor (Figure 19) which is likely to increase their need to access health services including those provided by pharmacies.

The consumer research carried out alongside the previous Government's Pharmacy in England – Building in strengths – delivering the future indicated that if gender and age are considered together, the highest frequency pharmacy users are females aged 35-74 and males aged over 55. Males aged 16-24 use pharmacies the least. Gender, age, speaking English as a main language and having a long-term condition or disability are all key drivers of pharmacy usage, in that order.¹⁹

As part of the contractor survey (also see section 14, p64), pharmacies were able to say if they were aware of any gaps in access or pharmaceutical need for any groups sharing a protected characteristic. No specific issues were identified in relation to age although one pharmacy mentioned that a funded delivery service for older people would help improve access.

¹⁹ Department of Health (2012). *Regulations under the Health Act 2009: market entry by means of pharmaceutical needs assessments and quality and performance: Equality Analysis*. <https://bit.ly/3ME5jW>

Figure 19: Age by self rated general health (Bolton, Census 2021)²⁰



8.2 Sex/ gender

According to the mid-2023 population estimates, 49.5% of the Bolton population is male, while 50.5% are female.

Consumer research carried out alongside ‘Pharmacy in England – Building in strengths – delivering the future’ indicated that women are among the most frequent users of pharmacies. It also indicated that if gender and age are considered together, the highest frequency pharmacy users are females aged 35-74 and males aged over 55. Males aged 16-24 use pharmacies the least. Gender, age, speaking English as a main language and having a long-term condition or disability are all key drivers of pharmacy usage, in that order.²¹ According to National Pharmacy Association research, men on average visit a pharmacy four times a year while average for women is 18 times per year. A third of men (31%) get their partner to collect their prescription medicines²². This may restrict the opportunity for pharmacies to provide opportunistic health advice to men.

As part of the contractor survey (also see section 14, p64), pharmacies were able to say if they were aware of any gaps in access or pharmaceutical need for any groups sharing a protected characteristic. No pharmacies highlighted any issues with access based on sex.

²⁰ ONS (2022). *Census 2021 – Custom data set General Health by Age*. <https://bit.ly/45aSPxa>

²¹ Department of Health (2012). *Regulations under the Health Act 2009: market entry by means of pharmaceutical needs assessments and quality and performance: Equality Analysis*. <https://bit.ly/3ME5jW>

²² Men’s Health Forum (nd). <https://bit.ly/3bvhcva>

8.3 Gender reassignment/ gender identity

A person whose deeply felt and individual experience of gender may not correspond to the sex assigned to them at birth, they may or may not propose to, start or complete a process to change their gender. A person does not need to be under medical supervision to be protected. Until the results of the 2021 census are released, there are no figures available about the numbers of Bolton residents who identify as other than male or female or do not identify with the gender they were assigned at birth. At Greater Manchester level, an estimated 25,000 or 1% of Greater Manchester's population does not identify with the gender they were assigned at birth

The General Pharmaceutical Council teamed up with the LGBT Foundation²³ to highlight how pharmacy professionals can demonstrate person-centred professionalism in a variety of situations relevant to LGBT people. This did not differentiate between different needs of people depending on their sexual orientation or gender identity, so the below points are repeated in section 8.8 (p37) as they are judged to be relevant to both sections. From the limited research identified by the LGBT Foundation, many LGBT people travel away from home to use a pharmacy if they wish to reveal aspects of their LGBT identity. Fifty per cent of all LGBT respondents had either experienced discrimination first hand or had formed an impression that a pharmacy near their home would not be welcoming to them. When people receiving care are welcomed in a non-judgmental and inclusive way, they are more likely to remain engaged in the care they are receiving. Through the LGBT Foundation's standards consultation work they found real and perceived barriers around confidentiality. Pharmacy professionals must respect and maintain a person's confidentiality and privacy. Maintaining confidentiality is a vital part of the relationship between a pharmacy professional and the person seeking care. People may be reluctant to ask for care if they believe their information may not be kept confidential and this may be one reason why LGBT people don't access the pharmacy services they need.

On the 16th April 2025, the Supreme Court gave its judgment in the appeal of *For Women Scotland v Scottish Ministers*. The Supreme Court ruled that in the Equality Act 2010 (the Act), 'sex' means biological sex. This ruling impacts workplaces and services that are open to the public. Interim guidance was issued on the 25th April 2025 by the Equality and Human Rights Commission (EHRC) with a full code of practice expected by the end of the summer. Pharmacy services tend to be based on biological sex so it is not clear how much this ruling will impact the provision of pharmacy services.

As part of the contractor survey (also see section 14, p64), pharmacies were able to say if they were aware of any gaps in access or pharmaceutical need for any groups sharing a protected characteristic. No specific issues were identified in relation to gender reassignment; however the survey was conducted before the supreme court ruling.

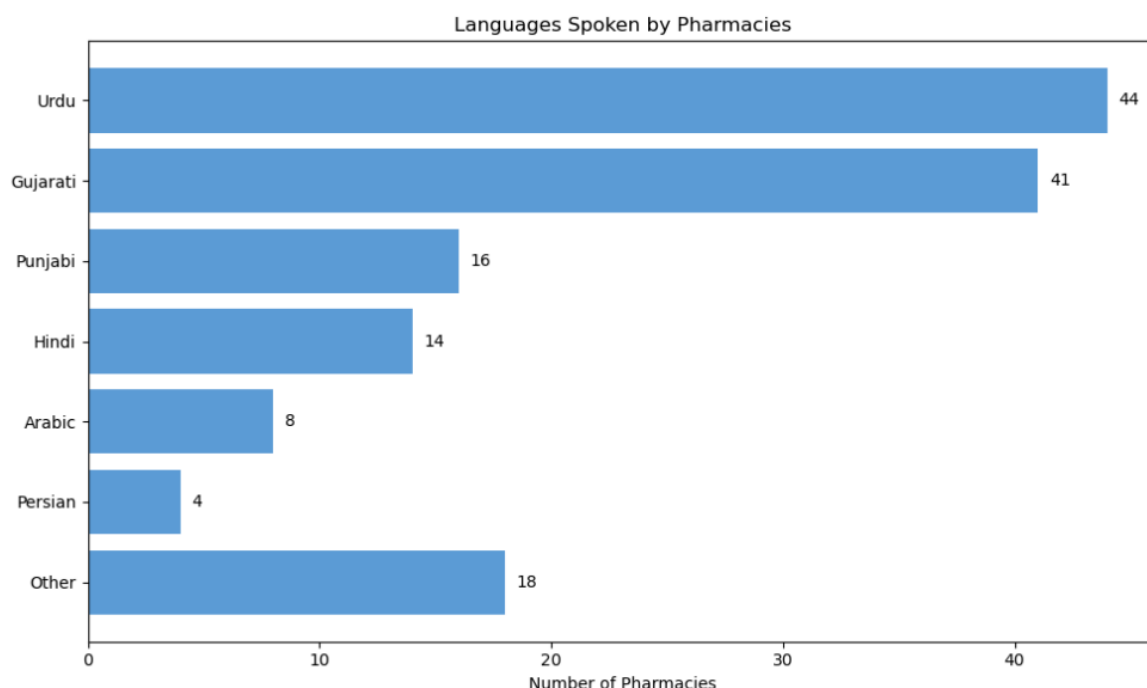
8.4 Race

This includes ethnic or national origins, colour or nationality, and caste, and includes refugees and migrants and gypsies and travellers. As previously mentioned, almost 30% of the population of Bolton come from an ethnic minority background. The most common groups are Pakistani (9.4%), Indian (8.9%) and Black African (3%). These figures are based on the 2021 Census.

²³ General Pharmaceutical Council. (2017). Focus on pride in practice. <https://bit.ly/3y5ns5a>

The contractor survey (see section 14, p64) asked about language support that pharmacies were able to offer, which may be required by some patients from non White British ethnic groups. Among all pharmacies, 65/71 were able to offer support to people whose first language is not English, 53 of these had staff who spoke languages other than English. Most common languages spoken were Urdu, Gujarati, Hindi and Punjabi but a range of other languages were spoken.

Figure 20: Language spoken in pharmacies



Languages included in 'Other': Afghani, Arabic, French, Bosnian, English, French, Italian, Lengala, Mandarin, Mirpuri, Polish, Swahili, Swedish, Welsh.

A recent review of ethnic inequalities in healthcare and within the NHS workforce²⁴ found ethnic inequalities in access to, experiences of, and outcomes of healthcare are longstanding problems in the NHS, and are rooted in experiences of structural, institutional and interpersonal racism. For too many years, the health of ethnic minority people has been negatively impacted by: lack of appropriate treatment for health problems by the NHS; poor quality or discriminatory treatment from healthcare staff; a lack of high quality ethnic monitoring data recorded in NHS systems; lack of appropriate interpreting services for people who do not speak English confidently and delays in, or avoidance of, seeking help for health problems due to fear of racist treatment from NHS healthcare professionals.

²⁴ NHS Race and Health Observatory (2022). Ethnic Inequalities in Healthcare: A Rapid Evidence Review. <https://bit.ly/3QHBv9k>

The pharmacy profession has a high representation of Black, Asian and Minority Ethnic colleagues, who comprise over 45% of the workforce nationally²⁵ so may be well placed to offer accessible community healthcare to our diverse populations.

There is no evidence that the proportion of people from ethnic minorities who make use of pharmaceutical services differs significantly compared to the population as a whole. However, it is likely that where ethnic minorities have a higher incidence of a particular health problem than the population as a whole they are more likely to have increased requirements for regular access to such services to help meet their health needs. The research referred to below identifies that there is very low use of other health related services offered by some pharmacies such as regular monitoring of current health conditions and health screening for conditions which may be of particular benefit to people from ethnic minorities where such incidence is higher. While the health complications of increasing obesity affect all ethnic groups in society, two have particular impact on specific groups. These are Type 2 diabetes for people of Indian, Pakistani, Bangladeshi or Black Caribbean origin, where NHS figures show prevalence is 2 - 4 times higher than in the general population. Local, easily accessible, culturally appropriate and targeted services in local high street community pharmacies will help reduce inequality and promote equality.²⁶

As part of the contractor survey (also see section 14, p64), pharmacies were able to say if they were aware of any gaps in access or pharmaceutical need for any groups sharing a protected characteristic. No specific issues were identified in relation to race.

8.5 Religion or belief

This includes any religion with a clear structure and belief system. Belief means any religious or philosophical belief. The Equalities Act also covers lack of religion or belief. The most commonly reported religion in Bolton is Christian (47%), followed by no religion (26%), and Muslim (20%). These figures are obtained from the 2021 census. The census does not attempt to collect detailed information about the nature of their belief or the extent to which people practice their religion; it only asks which group an individual identifies themselves as belonging to.

No specific evidence has been found concerning the availability of pharmaceutical services in relation to a person's religion or belief.²⁷

²⁵ Royal Pharmaceutical Society (2022). Response to NHS Race and Health observatory review. <https://bit.ly/3xUcj78>

²⁶ Department of Health (2012). *Regulations under the Health Act 2009: market entry by means of pharmaceutical needs assessments and quality and performance: Equality Analysis*. <https://bit.ly/3ME5jW>

²⁷ Department of Health (2012). *Regulations under the Health Act 2009: market entry by means of pharmaceutical needs assessments and quality and performance: Equality Analysis*. <https://bit.ly/3ME5jW>

As part of the contractor survey (also see section 14, p64), pharmacies were able to say if they were aware of any gaps in access or pharmaceutical need for any groups sharing a protected characteristic. No specific issues were identified in relation to religion or belief.

8.6 Disability

A person is disabled if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. The social model of disability separates out the impairment from the environmental, behavioural or attitudinal barriers that impact on individuals; this is why we need to ask both about the health condition or impairment as well as the impact. For example a person may have a long term health condition that is well controlled with medication so they do not feel it has a significant impact on how they live their life, or equipment or adjustments may mean a person with an impairment considers they are able to do all the things they would want to do so the impact on their day to day activities is minimal.

19% of the Bolton population have a long term health condition or disability which limits their day to day activities a little or a lot; so are considered to be disabled under the Equality Act. 9% of the Bolton population have a long term health condition or disability which limits their day to day activities a lot. These figures are obtained from the 2021 census.

People with learning disabilities make up about 2% of the population, only around a quarter are identified in GP learning disability registers and/or are known to specialist learning disability services. They are likely to be at risk from the determinants of health inequalities even if they have mild learning disabilities, yet they may not have access to support; are at increased risk, compared to the general population, of a variety of health problems; people often have several co-existing conditions and some people have behaviour that challenges (which may or may not be linked to an identifiable health problem); and are at increased risk of early avoidable mortality. They often have limited access to health information; access to health care can be compromised by communication difficulties, low expectations, lack of support, poor understanding of mental capacity and lack of reasonable adjustments by health services²⁸

Consumer research carried out alongside 'Pharmacy in England – Building in strengths – delivering the future' indicated that among the most frequent users of pharmacies include those with a long-term health condition or disability. Gender, age, speaking English as a main language and having a long-term condition or disability are all key drivers of pharmacy usage, in that order.²⁹

²⁸ Public Health England (2017). Pharmacy and people with learning disabilities: making reasonable adjustments to services. <https://bit.ly/3QP7qEL>

²⁹ Department of Health (2012). *Regulations under the Health Act 2009: market entry by means of pharmaceutical needs assessments and quality and performance: Equality Analysis*. <https://bit.ly/3ME5jW>

As part of the contractor survey (also see section 14, p64), pharmacies were asked a number of questions about physical accessibility of their premises. Among non distance selling pharmacies, 47/61 pharmacies had entrances suitable for unaided wheelchair access, all of these had all areas of the pharmacy floor accessible by wheelchair. 22 had automatic door assistance and 20 had a bell at the door that could be rung for assistance. Other measures reported to support accessibility included large print labels/ leaflets, hearing loop, and ramped access. Pharmacies were also able to say if they were aware of any gaps in access or pharmaceutical need for any groups sharing a protected characteristic, 2 pharmacies answered yes there was a gap, and they also had highlighted that they had no provisions for disabled customers. These both have pharmacies nearby that do have access for disabled customer's so this does not constitute a gap in access.

8.7 Marriage/ civil partnerships

In 2022, 669 marriages took place in Bolton, 651 to opposite sex couples, and 18 to same sex couples. 11 civil partnerships took place in Bolton in that year, 7 for opposite sex couples and 4 for same sex couples. From 2021 census data, 46% of people aged 16+ living in Bolton were married or in a civil partnership, 37% were never married or civil partnered, 9% were divorced or had a dissolved civil partnership, 2% were separated but still legally married or civil partnered³⁰.

As part of the contractor survey (also see section 14, p64), pharmacies were able to say if they were aware of any gaps in access or pharmaceutical need for any groups sharing a protected characteristic. No specific issues were identified in relation to marriage and civil partnership.

8.8 Sexual orientation

The question on sexual orientation was new for Census 2021. Previously estimates were based on the annual population survey but were considered to be 'unreliable for practical use.' The question was included so that the data would meet the needs for better quality information on the LGB+ population ("gay or lesbian", "bisexual" or "other sexual orientation") for monitoring and supporting anti-discrimination duties under the Equality Act 2010. The question was voluntary and was only asked of people aged 16 years and over.

From 2021 census data, 90.7% of people aged 16+ living in Bolton were heterosexual or straight, 1.2% were gay or lesbian, and 1.0% bisexual. 7% chose not to answer the question.

The General Pharmaceutical Council teamed up with the LGBT Foundation³¹ to highlight how pharmacy professionals can demonstrate person-centred professionalism in a variety of situations relevant to LGBT people. This did not differentiate between different needs of people depending on their sexual orientation or gender identity, so the below points are repeated in section 8.3 (p33) as they are judged to be relevant to both sections. From the limited research identified by the LGBT Foundation, many LGBT people travel away from home to use a pharmacy if they wish to reveal aspects of their LGBT identity. Fifty per cent of all LGBT respondents had either experienced discrimination first hand or had formed an impression that a pharmacy near their home would not be welcoming to them. When people

³⁰ Marriage and civil partnership status in England and Wales: Census 2021, <http://bit.ly/4k4VxYV>

³¹ General Pharmaceutical Council. (2017). Focus on pride in practice. <https://bit.ly/3y5ns5a>

receiving care are welcomed in a non-judgmental and inclusive way, they are more likely to remain engaged in the care they are receiving. Through the LGBT Foundation's standards consultation work they found real and perceived barriers around confidentiality. Pharmacy professionals must respect and maintain a person's confidentiality and privacy. Maintaining confidentiality is a vital part of the relationship between a pharmacy professional and the person seeking care. People may be reluctant to ask for care if they believe their information may not be kept confidential and this may be one reason why LGBT people don't access the pharmacy services they need.

As part of the contractor survey (also see section 14, p64), pharmacies were able to say if they were aware of any gaps in access or pharmaceutical need for any groups sharing a protected characteristic. No specific issues were identified in relation to sexual orientation.

8.9 Pregnancy and maternity

Using mid-2023 population estimates there were 3,518 individuals were under 1 year of age.

The provisions of extended opening hours of pharmacies (e.g. those opening at least 100 hours per week) is of benefit to all those who are unable to access pharmaceutical services during normal working hours or in an emergency such as those caring for sick children. The evidence from previous public surveys indicate that women generally are high frequency users of pharmacy.³²

As part of the contractor survey (also see section 14, p64), pharmacies were able to say if they were aware of any gaps in access or pharmaceutical need for any groups sharing a protected characteristic. No specific issues were identified in relation to pregnancy and maternity.

9 Provision of pharmaceutical services

There are 72 pharmacies included in the pharmaceutical list for Bolton. This is made up of 52 with a standard 40-hour contract, 11 with a 100-hour contract, however only 1 of those still delivers 100 hours following the Pharmaceutical and Local Pharmaceutical services (PLPS) Regulations 2013 coming into force in May 2023. This allowed 100 hour pharmacies to reduce their hours to no less than 72 hours. 5 of Bolton's 100 hours pharmacies reduced to the minimum 72 hours with the other 5 varying between 73 and 79 hours. Bolton also has 9 pharmacies listed as distance selling.

Maps showing pharmacy locations are given in section 16.1 (p68); opening hours are given in section 1.1 (p74).

³² Department of Health (2012). *Regulations under the Health Act 2009: market entry by means of pharmaceutical needs assessments and quality and performance: Equality Analysis*.
<https://bit.ly/3ME5jW>

10 Necessary services

Necessary services are defined within the 2013 regulations as those that are necessary to meet the need for pharmaceutical services and could be provided within or outside of the health and wellbeing board's area.

Bolton Health and Wellbeing Board determines necessary services are those provided by pharmacy, location, or time and day of the week that services are provided. Necessary services, for the purposes of this PNA, are defined as follows: Essential services provided by pharmacies during standard 40 core hours in line with their terms of service as set out in the 2013 regulations, and Advanced services provided within a standard pharmacy providing 40 core hours have been considered necessary by the HWB. There are 72 such pharmacies. The 2008 White Paper, Pharmacy in England: building on strengths – delivering the future, states that it is the strength of the current system that community pharmacies are easily accessible. The HWB believe that the population of Bolton, across all 9 neighbourhoods used in the PNA and the borough as a whole, currently support this position.

Further information on opening hours may be found in section 1.1, p74. Further information on travel time by a variety of means of travel may be found in section 16.3, p77. Further information on patients' preferred means of travel, preferred travel time, and factors affecting preferred location, obtained from the public survey, can be found in section 13, p64.

10.1 Essential services

Essential services are those that every community pharmacy providing NHS pharmaceutical services must provide and is set out in their terms of service³³:

10.1.1 Dispensing of medicines

Pharmacies are required to maintain a record of all medicines dispensed, and also keep records of any interventions made which they judge to be significant. The Electronic Prescription Service (EPS) is widely used in primary care with over 95% of prescriptions in England³⁴. EPS is not mandatory but is strongly recommended.

10.1.2 Dispensing appliances

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

³³ Pharmaceutical Services Negotiating Committee, (2022), Essential services. <https://bit.ly/3NLL9Wm>

³⁴ NHS England, Electronic Prescription Service, (2025), <https://bit.ly/4I7WNvi>

dispense arises only if the pharmacist supplies such products “in the normal course of business”.

All pharmacy contractors choosing to dispense appliances in the normal course of their business are required to comply with the following Essential services requirements:

- Minimising waste - There is an obligation when dispensing prescriptions or repeatable prescriptions for appliances, that the patient should be appropriately advised on the importance of only requesting items they actually need.
- Repeat dispensing - when asked to dispense a batch issue for an appliance, the pharmacist should establish whether the ‘manner of utilisation’ has changed, such that a review is appropriate.
- Identification of the pharmacy - when dispensing an appliance, the patient should be provided with a written note of the pharmacy name, address and telephone number.
- Signposting - If any prescription for an appliance is presented for dispensing and the pharmacist is unable to provide the appliance, then subject to the consent of the patient, the pharmacist can refer the prescription to another provider for dispensing. If the patient does not consent to the prescription being referred to another provider, the pharmacist must give the patient the contact details of two providers of appliances, if the pharmacist is aware of the contact details.
- Home delivery - If a pharmacy normally provides appliances in the course of its business, and is presented with a prescription for a ‘specified appliance’, the pharmacist must offer to deliver the specified appliance to the patient’s home
- Supplementary items - If a pharmacy normally provides appliances in the course of its business and is presented with a prescription for a ‘specified appliance’, the pharmacist must provide a reasonable supply of appropriate supplementary items (disposable wipes and disposal bags).
- Clinical advice about appliances - If a pharmacy normally provides appliances in the course of its business, and is presented with a prescription for a ‘specified appliance’, the pharmacist must ensure that the patient can consult a person to obtain expert clinical advice about the appliance or, where the pharmacist believes it appropriate to do so, to refer the patient to the prescriber or to offer the patient an Appliance Use Review (AUR). Where expert clinical advice is given, this must be provided by a person who is suitably trained and who has relevant experience in respect of the appliance.
- Emergency supplies - A prescriber may request an emergency supply of a medicine or an appliance, provided that he undertakes to furnish a prescription within 72 hours (or transmit an electronic prescription).

Using information obtained from the contractor survey, 53/72 pharmacies were willing to dispense appliances (

Table 6).

Table 6: Appliance dispensing

Appliance	Number of Pharmacies
Dressing	55
Stoma Appliances	40
Incontinence Appliances	43
None	15

10.1.3 Repeat dispensing

At least two thirds of all prescriptions generated in primary care are for patients needing repeat supplies of regular medicines, and since 2005 repeat dispensing has been an Essential Service within the Community Pharmacy Contractual Framework (CPCF).

Under the repeat dispensing service pharmacy teams will:

- dispense repeat dispensing prescriptions issued by a GP;
- ensure that each repeat supply is required; and
- seek to ascertain that there is no reason why the patient should be referred back to their GP.

Originally this service was mainly carried out using paper prescriptions, but as the Electronic Prescription Service (EPS) has developed, the majority of repeat dispensing is now carried out via EPS release 2 and is termed electronic Repeat Dispensing (eRD).

10.1.4 Clinical governance

The clinical governance requirements of the community pharmacy contractual framework (CPCF) cover a range of quality related issues, such as³⁵ patient and public involvement, clinical audit, risk management, clinical effectiveness, staffing and staff management, use of information, premises standards.

10.1.5 Discharge medicines service

The Discharge Medicines Service (DMS) became a new Essential service within the Community Pharmacy Contractual Framework (CPCF) on 15th February 2021. This service, which all pharmacy contractors have to provide, was originally trailed in the 5-year CPCF agreement, with a formal announcement regarding the service made by the Secretary of State for Health and Social Care in February 2020.

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

³⁵ PSNC & NHS Employers. (2012). *Clinical governance requirements for community pharmacy*. <https://bit.ly/3NNZp0M>

10.1.6 Public Health (promotion of healthy lifestyles)

Each financial year (1st April to 31st March), pharmacies are required to participate in up to six health campaigns at the request of NHS England. This generally involves the display and distribution of leaflets provided by NHS England. In addition, pharmacies are required to undertake prescription-linked interventions on major areas of public health concern, such as encouraging smoking cessation.

On 31st March 2025, the details of the contractual settlement for 2025/26 were announced, which included reference to health campaigns. As part of those negotiations, it was agreed that pharmacy owners would only be required to engage in a maximum of two national health campaigns and two Integrated Care Board selected campaigns in 2025/26.

10.1.7 Healthy living pharmacies

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

10.1.8 Signposting

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

10.1.9 Support for self care

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

10.1.10 Disposal of unwanted medicines

Pharmacies are obliged to accept back unwanted medicines from patients. The local NHS England and NHS Improvement team will make arrangements for a waste contractor to collect the medicines from pharmacies at regular intervals.

10.2 Advanced services

Advanced Services are those that community pharmacy contractors and dispensing appliance contractors can provide subject to accreditation as necessary. There is adequate provision of advanced services across the borough.

10.2.1 Appliance Use Review (AUR)

AURs can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home. Alternatively, where clinically appropriate and with the agreement of the patient, AURs can be provided by telephone or video consultation, in circumstances where

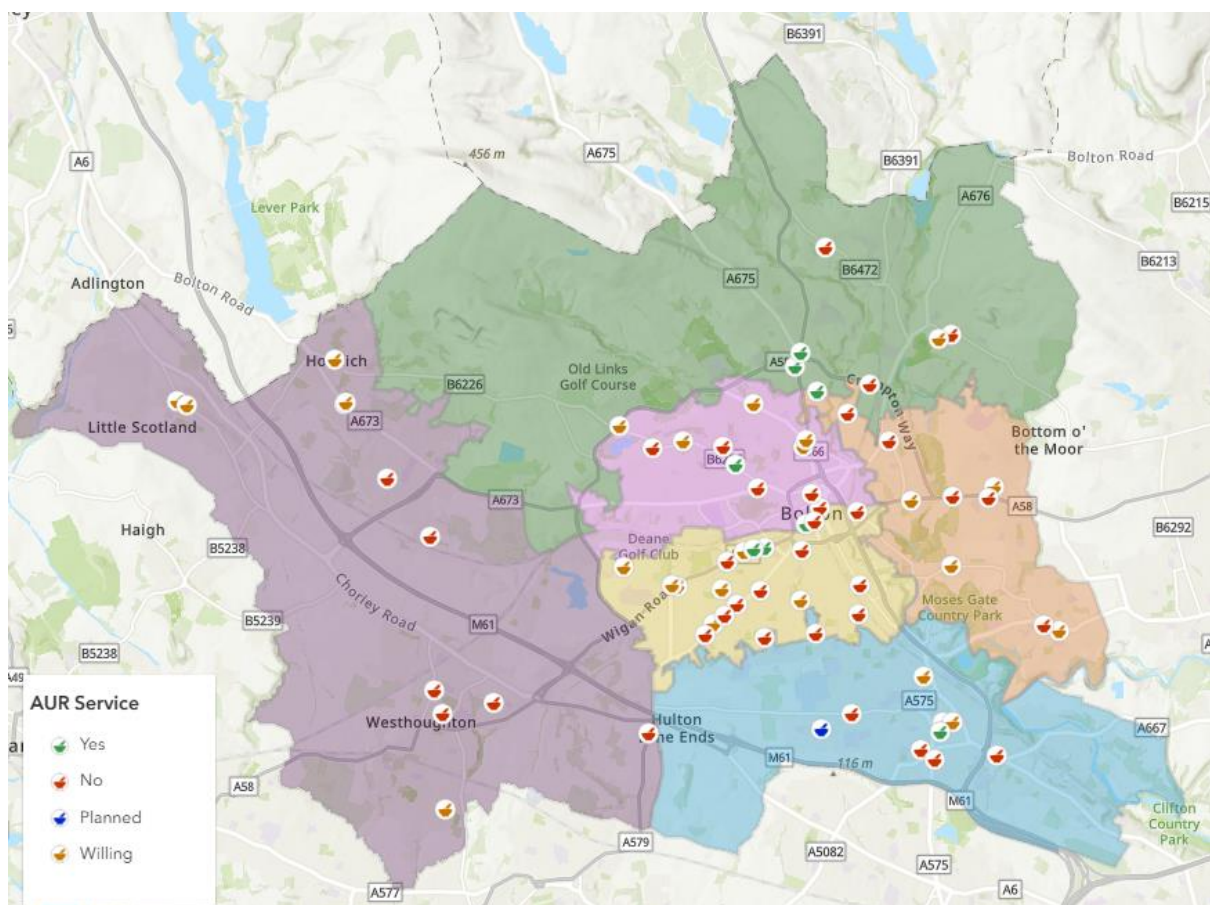
the conversation cannot be overheard by others (except by someone whom the patient wants to hear the conversation, for example a carer).

AURs should improve the patient's knowledge and use of any 'specified appliance' by:

- establishing the way the patient uses the appliance and the patient's experience of such use;
- identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient;
- advising the patient on the safe and appropriate storage of the appliance; and
- advising the patient on the safe and proper disposal of the appliances that are used or unwanted.

8 pharmacies in Bolton provide the Appliance Use Review service in Bolton located in five out of the 6 neighbourhoods. All of these are easily accessible by public transport.

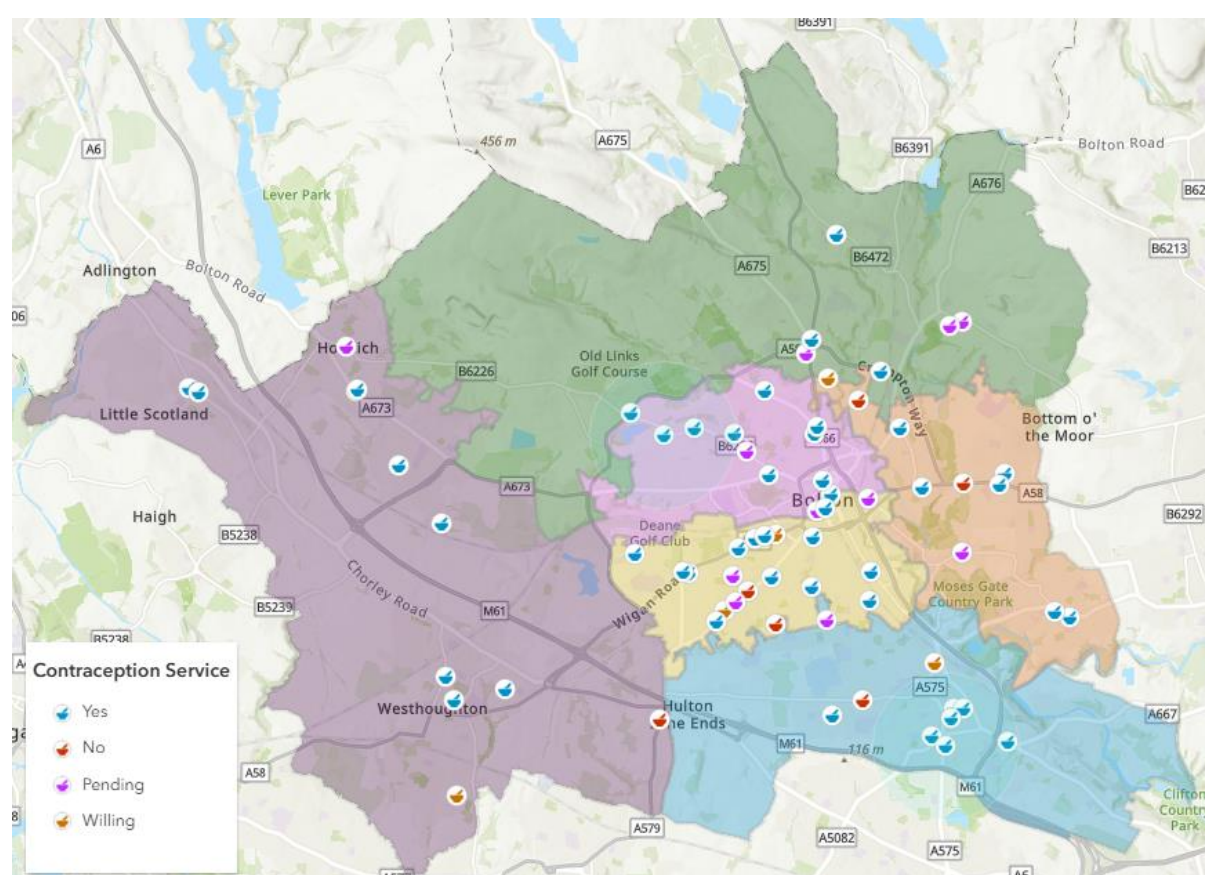
Figure 21: Location of Appliance Use Review service



inequalities by providing wider healthcare access in their communities and signposting service users to local sexual health services. It also aims to create additional capacity in primary care and sexual health clinics (or equivalent) to support meeting the demand for more complex assessments. From Spring 2023, pharmacies have had the option to register for the NHS Pharmacy Contraception advanced service for the ongoing supply of oral contraception. From 1 December 2023 the service expanded to give people the option of being able to have a confidential consultation with a community pharmacist to request a prescription of the contraceptive pill for the first time directly from their pharmacist, rather than from their GP or sexual health clinic. A person may self-refer or be referred by their general practice, sexual health clinic or equivalent, to a participating pharmacy.

47 Pharmacies in Bolton currently provide the contraception service, with a further 13 planning to offer the service soon. There is good coverage across the 6 neighbourhoods.

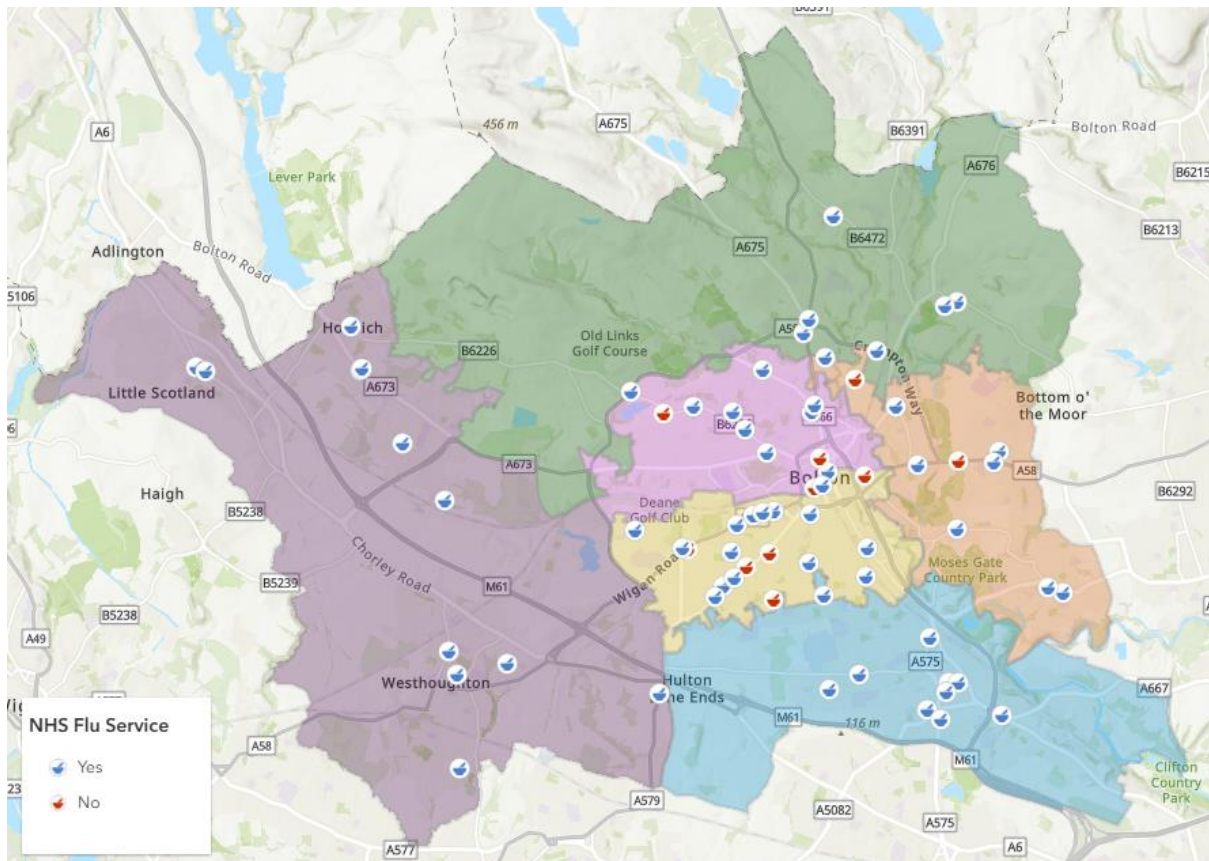
Figure 22: Location of Contraception Service



10.2.3 Flu Vaccination Service

Each year from October through to March the NHS runs a seasonal flu vaccination campaign aiming to vaccinate all patients who are at risk of developing more serious complications from the virus. The accessibility of pharmacies, their extended opening hours and the option to walk in without an appointment have proved popular with patients seeking vaccinations. There are currently 61 pharmacies in Bolton offering NHS Flu vaccination service. These pharmacies are well spread out across the borough.

Figure 23: Location of NHS flu vaccination provision



10.2.4 Hypertension Case-Finding Service

This was commissioned as an Advanced Service from 1st October 2021. In public-facing communications, the service is described as the NHS Blood Pressure Check Service. The service aims to:

- Identify people with high blood pressure aged 40 years or older (who have previously not had a confirmed diagnosis of hypertension), and to refer them to general practice to confirm diagnosis and for appropriate management;
- At the request of a general practice, undertake ad hoc clinic and ambulatory blood pressure measurements; and
- Provide another opportunity to promote healthy behaviours to patients.

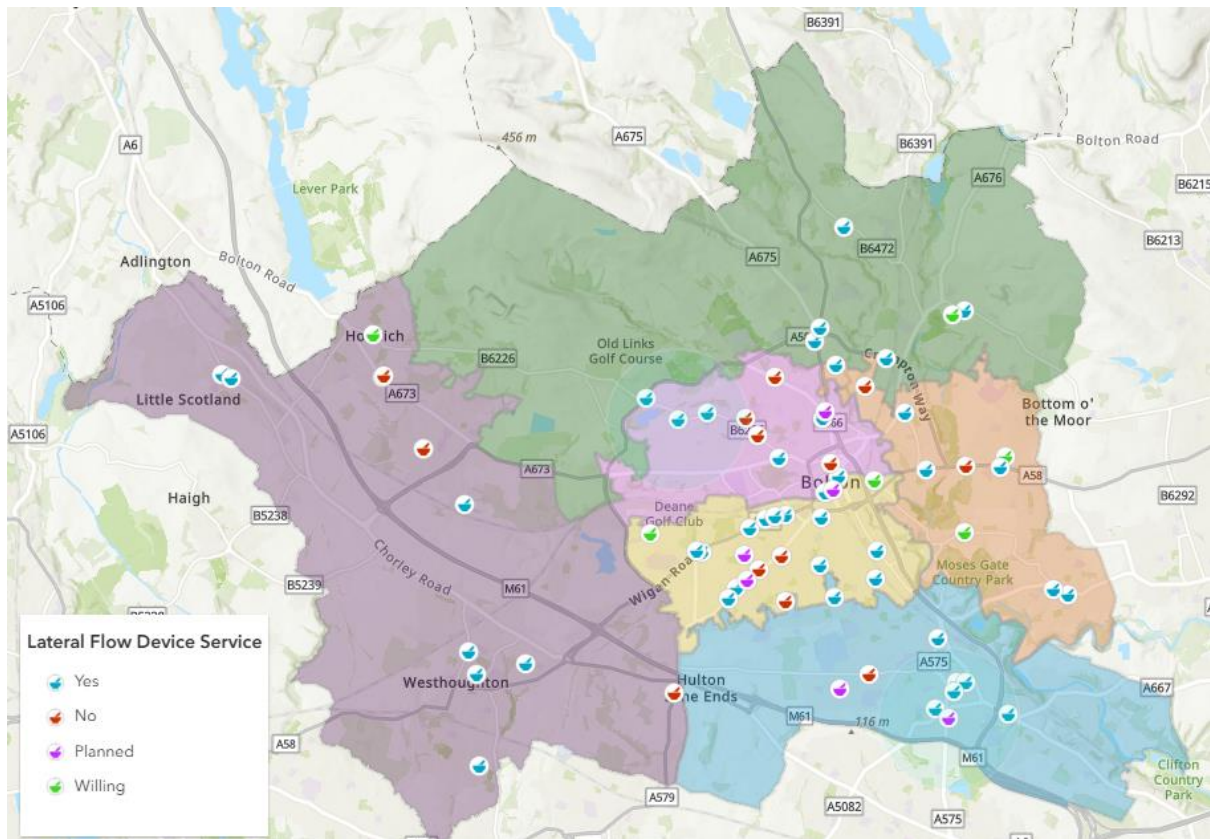
64 pharmacies in Bolton offer this service, and 2 plan to offer it soon. Those that do not offer a Hypertension Case-Finding service are distance selling pharmacies.

10.2.5 Lateral Flow Device (LFD) tests supply service

The NHS LFD tests supply service for patients potentially eligible for COVID-19 treatments started on 6 November 2023. It offers at-risk patients access to LFD tests to enable testing at home for COVID-19, if they develop symptoms of infection. A positive LFD test result will be used to inform a clinical assessment to determine whether the patient is suitable for and will benefit from NICE recommended COVID-19 treatments.

45 pharmacies in Bolton offer this service with good coverage across all neighbourhoods.

Figure 24: Location of Lateral Flow Device Service



10.2.6 New Medicine Service (NMS)

Through the New Medicine Service, community pharmacists provide support to patients and carers, helping them manage newly prescribed medicines for a long-term condition, and supporting patients to make shared decisions about their care. This service also provides an opportunity to promote lifestyle changes or other non-pharmacological interventions to enhance well-being in people with long term conditions. The service is available to all patients, prescribed eligible new medicines.

The conditions eligible for the service are

- asthma and COPD
- diabetes (Type 2)
- hypertension
- hypercholesterolaemia
- osteoporosis
- gout
- glaucoma
- epilepsy
- Parkinson's disease
- urinary incontinence/retention
- heart failure

- acute coronary syndromes
- atrial fibrillation
- long term risks of venous thromboembolism/embolism
- stroke/transient ischemic attack
- coronary heart disease

Pharmacists may refer patients for Ambulatory Blood Pressure Monitoring (ABPM) as part of the broader support offered through the NMS, especially when managing blood pressure medications.

All pharmacies in Bolton offer this service.

10.2.7 Pharmacy First Service

The Pharmacy First service builds on the NHS Community Pharmacist Consultation Service which has run since October 2019. The consultation service enables patients to be referred into community pharmacy for a minor illness or an urgent repeat medicine supply. The new Pharmacy First service, launched 31 January 2024, adds to the existing consultation service and enables community pharmacies to complete episodes of care for 7 common conditions following defined clinical pathways³⁶; Acute otitis media (non-distance selling pharmacies only), Impetigo, Infected insect bites, Shingles, Sinusitis, Sore throat, Uncomplicated urinary tract infections. Patients are able to access the 7 clinical pathways via referrals from GPs, urgent and emergency care settings and NHS 111 (both online and via telephone), patients can also access the service by attending or contacting the pharmacy directly without the need for referral.

All but two pharmacies surveyed provide this service in Bolton, with one saying the service is pending.

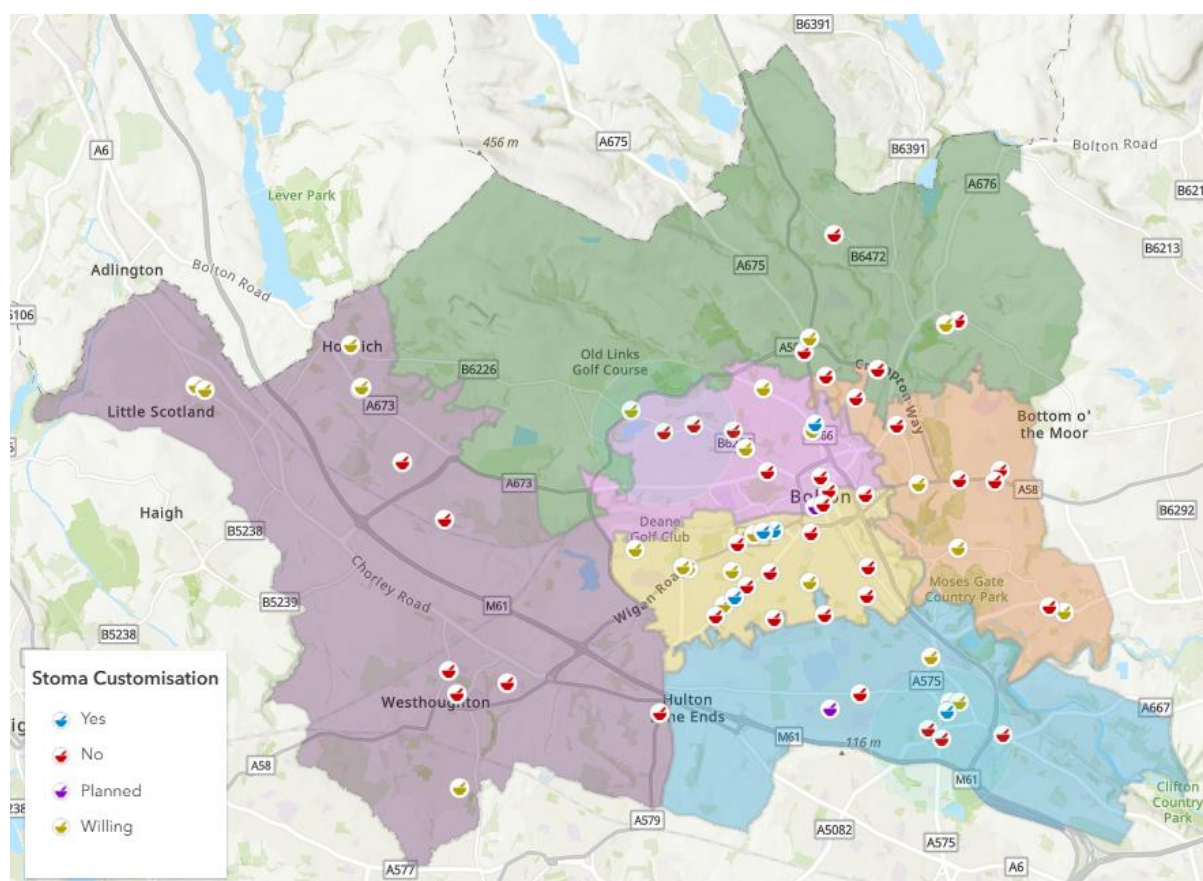
10.2.8 Stoma Appliance Customisation (SAC)

The service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.

5 pharmacies in Bolton offer this service. They are all centrally located with good public transport routes.

³⁶ NHS England, Pharmacy first, <http://bit.ly/4ejVPde>

Figure 25: Location of stoma appliance customisation provision



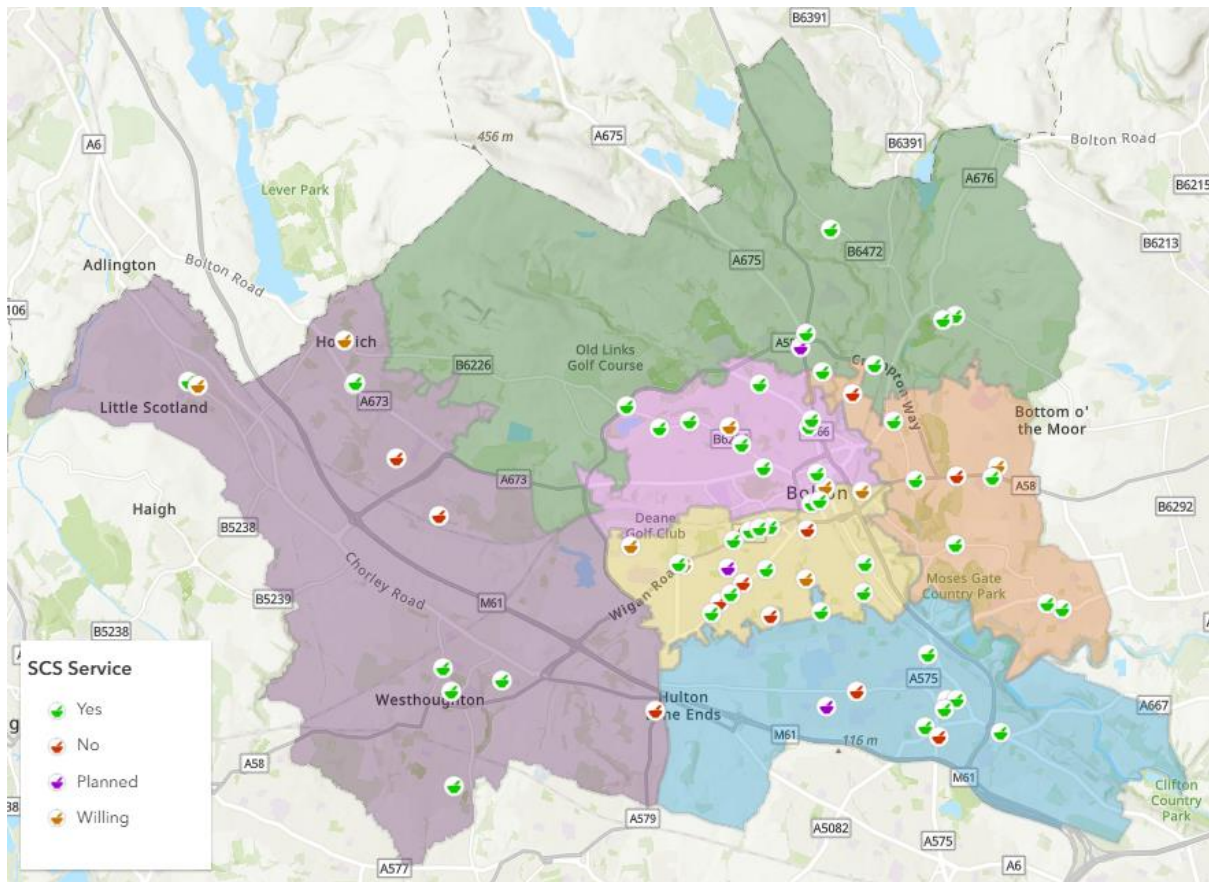
10.2.9 Smoking Cessation Service

This was commissioned as an Advanced Service from 10th March 2022. This service is a branch of the wider aim of supporting hospital patients to continue their stop smoking efforts after discharge, which is expected to increase one-year quit rates. NHS trusts will identify people who smoke, provide a pre-quit assessment and start treatment. Patients will be discharged from hospital with an initial supply of NRT. With consent, patients will be offered referral to a participating community pharmacy on discharge. The pharmacist will then conduct an initial face-to-face (or a remote consultation if agreed to be suitable by the patient and pharmacist). This and ongoing consultations will include:

- Undertaking a CO test;
- Provision of behavioural support; and
- Supply of NRT. The pharmacy will supply a maximum of two weeks NRT at a time. The course length should not exceed 12 weeks treatment from the defined quit date. This includes any treatment supplied to the patient while in hospital and at the point of discharge. The NRT will be supplied at no charge to the patient.

47 Pharmacies in Bolton offer this service spread throughout all 6 neighbourhoods.

Figure 26: Location of Smoking Cessation Service.



10.3 Other relevant services: Locally commissioned services

Locally commissioned services in community pharmacies are additional services that are commissioned by local NHS teams, Integrated Care Boards (ICBs), or Local Authorities to meet specific health needs in their area.

Public health:

- Smoking
- Emergency Hormonal Contraception

Greater Manchester Mental Health Trust, under contract to Bolton Council, commissions pharmacies to provide the following services

- Needle exchange
- Supervised consumption (observed administration of controlled drugs)

Greater Manchester Integrated Care Board:

- Medication Administration Records
- Palliative and Urgent medicines service

10.3.1 Stop smoking service

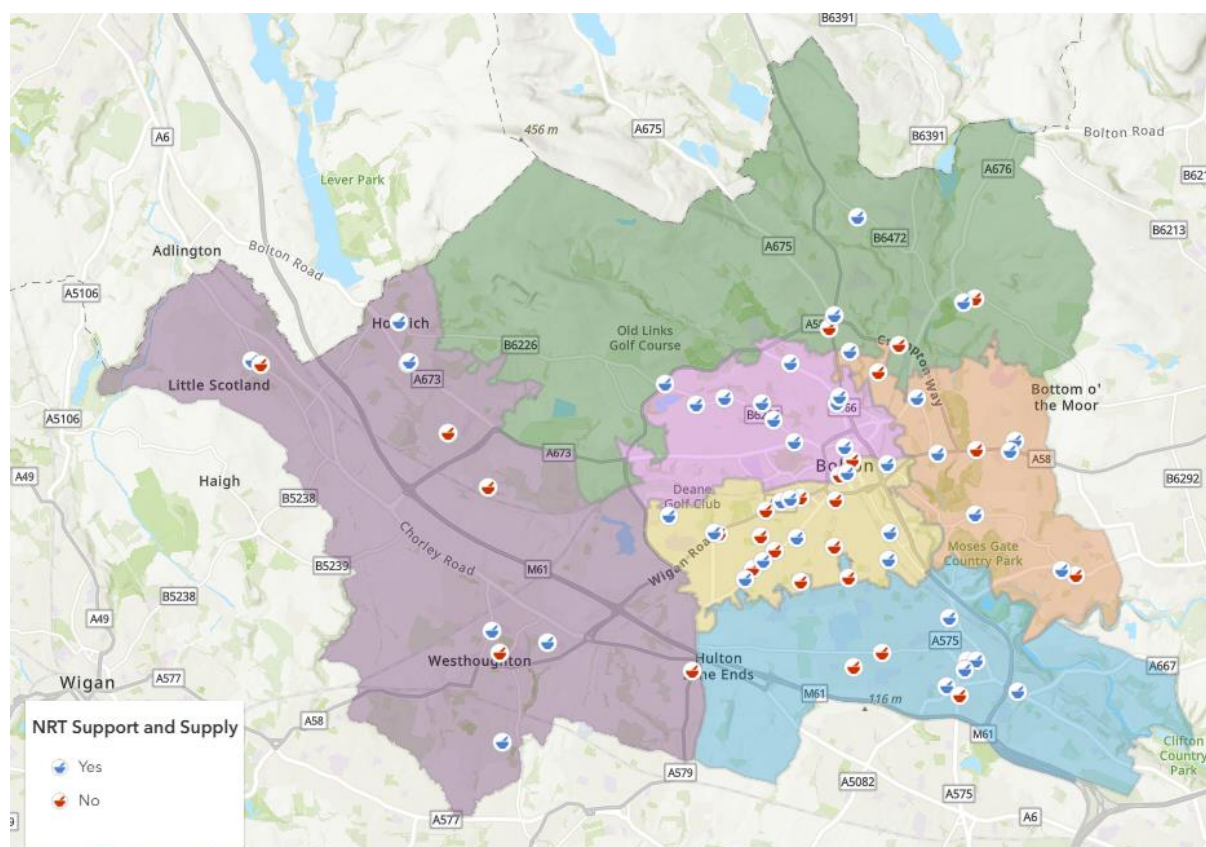
The stop smoking service comprises two components of activity, of which one is provided in pharmacies:

- **General Stop Smoking Service including motivational & behavioural support, supply of NRT, follow up contacts, monitoring and recording.**³⁷

Service Users should be supported with motivational & behavioural support alongside appropriate pharmacotherapy to: Set a quit date, to stop smoking and attempt to remain smoke-free in the longer term. Progress is measured (after the baseline measurement) at four-weeks and twelve-weeks through carbon monoxide (CO) verification. It is acceptable to test at ten-weeks if a final supply of medication is dispensed at this point. CO monitoring can be used at other times during a quit attempt as a motivational aid, especially if the Service User is keen to see their readings more often.

44 pharmacies offer this service in Bolton spread throughout all neighbourhoods.

Figure 27: Location of Stop Smoking service



³⁷ Bolton Council. 2022-23 Smoking service specification.

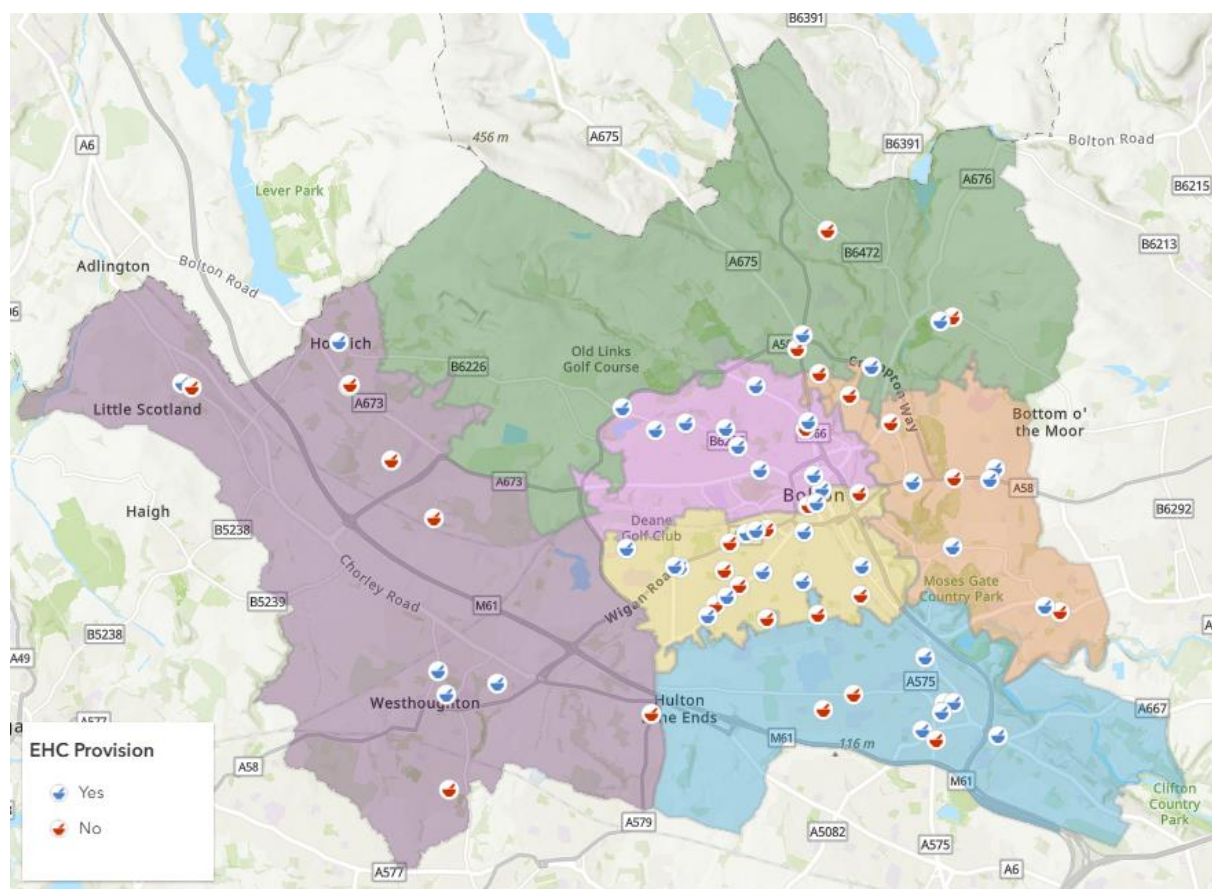
10.3.2 Emergency Hormonal Contraception

Pharmacies provide Emergency Hormonal Contraception (EHC), commonly known as the 'morning after pill', which can be effective up to 120 hours after unprotected sex. The pharmacist ensures the medication is suitable for the individual, provides brief advice on contraception and sexually transmitted infections and may offer a referral to a specialist service. This is all undertaken in a private consultation space within the pharmacy. The pharmacist will then dispense the medication for the individual. This service is free at the point of delivery, to women over the age of 13.

42 pharmacies in Bolton currently offer this service spread throughout all neighbourhoods.

This service is due to be incorporated into the national Pharmacy Contraception Service (PCS) and become part of the Community Pharmacy Contractual Framework from October 2025.

Figure 28: Location of Emergency Hormonal Contraception (EHC) provision



10.3.3 Supervised consumption

Supervised Self Administration of Methadone, Buprenorphine, Opiates and Suboxone® is provided by pharmacies as part of the Achieve Bolton, Salford and Trafford Substance Misuse Service.

The supervised consumption of opiate substitution treatments is used as a therapeutic tool at the beginning of opiate dependence treatment. It is important that once the patient is stabilised that they are trusted to accept a degree of responsibility, by extending treatment to the introduction of 'take home' doses. Supervising the self-administration of opiate

medication can also prevent sale on the 'black market' and reduce the risk of diversion and its associated harm.

- Provide an opportunity for the pharmacist to build a rapport with the patient, which is to the patient's benefit and may well result in more orderly behaviour within the pharmacy.
- Provide an opportunity for the pharmacist to make a daily assessment of compliance with the programme and of the general health and well-being of the patient and advise accordingly.

Figure 29: Location of supervised consumption service provision.

10.3.4 Needle exchange

Harm Reduction provision including needle exchange schemes exist to reduce the sharing of equipment amongst injecting drug users, in order to limit the spread of blood-borne viruses such as HIV and Hepatitis. This helps to protect not only the individual drug users, but also the communities they live in. To this end needle exchange schemes provide easy access to

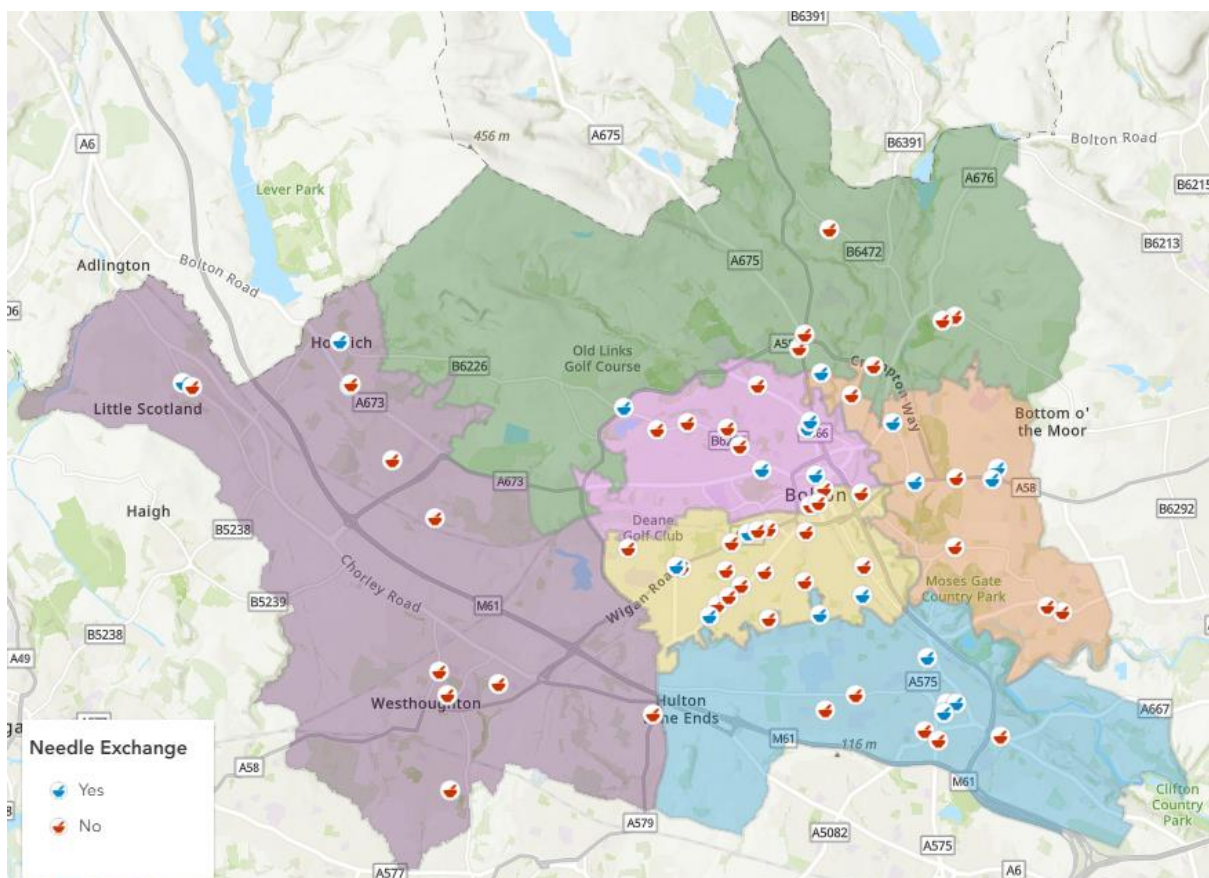
sterile injecting equipment for people over the age of 18 who inject illicit substances and non-prescribed anabolic steroids. The service aims to meet service user needs in a meaningful and holistic non-judgemental approach by providing information, advice, resources, support and signposting around not only substance misuse but other health related needs.

The service is pharmacist-led, meaning that the pharmacist will, where necessary or on request from a service user, (albeit not with every client):

- Assess the condition of service users and, where appropriate, provide 1 to 1 health advice or treatment
- Provide 1 to 1 advice to service users about safe injecting techniques
- Where appropriate, provide 1 to 1 advice on dealing with injecting or drug-related infections or illnesses
- The pharmacy contractor will offer a user-friendly, non-judgmental, client-centred, and confidential service.

There are 21 pharmacies in Bolton offering needle exchange in Bolton spread through out the 6 neighbourhoods. This service is also commissioned on the councils behalf by our substance use provider.

Figure 30: Location of needle exchange provision



10.3.5 Medication Administration Records

The pharmacy will help support independent living in groups of vulnerable people, or those with special needs, who do not fall within the Equality Act 2010 criteria and are receiving medication administration support from domiciliary care workers funded by the Local Authority or Greater Manchester ICB. The pharmacy will help support domiciliary care workers by preparing a medication administration record (MAR) sheet when a prescription is presented for a patient assessed as requiring the service.

10.3.6 Palliative and Urgent medicines service

The purpose of this service is for community pharmacies to stock and supply an agreed list of urgent medicines, including medicines for palliative care, during usual opening hours to allow for an increase in patient care in the community. Patients with a terminal illness or a condition that requires urgent treatment often experience new or worsening symptoms, and often need access to medication promptly. Delays in accessing medicines can cause distress to both patients and their carers. The pharmacies involved will stock a specific list of medicines (including palliative care medicines) to ensure prompt access and continuity of supply during their contracted opening hours, and also support service user(s), carer(s) and clinician(s) providing them with up to date information and advice, and signposting to other sources of support and advice where appropriate.

10.3.7 Potential services

The contractor survey asked about a range of services that pharmacies may currently or may in the future offer, whether as NHS or company led services. Considering services that were or could be commissioned by NHS Greater Manchester or the Local Authority.

There are a range of screening services that could be offered by pharmacies, including Alcohol, Diabetes, Cholesterol Arterial Fibrillation and Vascular Risk assessment that would support the population needs of Bolton. At least half of the pharmacies surveyed have indicated they would be willing, if commissioned, to offer these services.

Among public health services, smoking cessation support and supply was the most frequently provided service, closely followed by emergency hormonal contraception. Supervised administration (of medications like methadone and buprenorphine etc) was third most frequently provided.

Most pharmacies currently provide NHS seasonal influenza vaccination and about half provide NHS COVID vaccination for adults, with very few providing other vaccinations, for example childhood vaccinations, however many were willing to do so if commissioned.

More information about the contractor survey is available in section 14, p64.

11 Other NHS services

The 2013 regulations then require the pharmaceutical needs assessment to include a statement of the other NHS services that the health and wellbeing board considers affect the need for pharmaceutical services.

As required by schedule 1, paragraph 5 of the 2013 Regulations, Bolton's HWB has had regard in particular to section nine considering any other NHS services that may affect the determination in respect of pharmaceutical services in the area of the HWB. Based on the information available at the time of developing this PNA, no gaps in respect of securing improvements, or better access, to other NHS services either now or in specified future circumstances have been identified.

Bolton GPs have a zero dispensing patient list size, and a total of 318,673 prescribing patients as of January 2022. There are no prisons or walk in centres located in the health and wellbeing board area. Children's and adults' emergency departments are located at the Royal Bolton Hospital and GP out of hours is provided at Waters Meeting Health Centre and Winifred Kettle Centre (see Figure 51, p88 for both locations).

Dentists and other prescribing cost centre details are given in Table 7 (p57); Table 8 (p57); Figure 48 (p85); and Figure 50 (p87).

Table 7: Dentists (January 2025)

Code	Name	Address 1	Postcode
V05455	272 St Helens Road	272 St. Helens Road	BL3 3PZ
V05436	Bolton Dental Surgery	794 Bury Road	BL2 6PA
V43836	Brackley Street	Brackley House	BL4 9ES
V05744	Bromley Cross Dental Practice	227 Darwen Road	BL7 9BS
V05789	Church Street Dental Surgery	60 Church Street	BL5 3RS
V86302	Dental Facial Artisan Ltd	78 Chorley New Road	BL1 4BY
V83082	Dental Partners	350 Chorley New Road	BL1 5AD
V06048	Dental Surgery	208 Wigan Road	BL3 5QE
V05738	Dental Surgery	40 Chorley New Road	BL1 4AP
V05763	Dental Surgery	403-405 Halliwell Road	BL1 8DE
V05760	Dental Surgery	288 Derby Street	BL3 6LF
V05410	Dental Surgery	48 Higher Swan Lane	BL3 3AT
V09326	Dental Surgery	Lever Chambers	BL1 1SQ
V05742	Dental Surgery	757 Blackburn Road	BL1 7JJ
V09568	Dental Surgery	274 Blackburn Road	BL1 8DT
V05781	Dental Surgery	18 Silverwell Street	BL1 1PP
V05816	Dental Surgery	32 Bradford Street	BL2 1JJ
V05806	Dental Surgery	513 Tonge Moor Road	BL2 3BG
V07265	Dental Surgery	372 Bury Road	BL2 6DD
V05615	Dental Surgery	1 Bolton Road	BL4 8DB
V06036	Dental Surgery	25 Bolton Road	BL4 8DB
V80372	Denuvo Dental	143 Lea Gate	BL2 4BQ
V17019	Europa House	Stoneclough Rd	M26 1GG
V06062	Firth and Bowden Dental Surgery	530 Chorley Old Road	BL1 6AB
V43926	Highfield Dental Practice Ltd	Brackley Street	BL4 9ES
V06097	Horwich Dental Practice	19-21 Winter Hey Lane	BL6 7AD
V05745	Little Lever Dental Practice	100 High Street	BL3 1LR
V06387	Manchester Road (Dental Surgery)	464 Manchester Road	BL3 2NU
V83453	Portman Healthcare Ltd - Bolton	38 Higher Bridge Street	BL1 2HA
V17907	Ravat & Ray Dental Care	Head Office	BL3 4QW
V83532	Ravat & Ray Dental Care	Brackley House	BL4 9ES
V136884	Rumworth House	512 Wigan Road	BL3 4QW
V07216	Smile Centre	Unit 9	BL1 2JT
V05427	The Dental Care Centre	75 Market Street	BL3 1HH
V05820	The Westhoughton Dental Centre	53 Park Road	BL5 3BX
V83014	True Dentistry	Kendalmer	BL1 4QZ
V12257	Victoria Road (Dental Surgery)	37 Victoria Road	BL6 5ND
V11526	Wigan Road (Dental Surgery)	48 Wigan Road	BL3 5PZ

Table 8: Other prescribing cost centres (January 2025)

Organisation Code	Organisation Name	Postcode
Y06318	A & E Non Medical Prescribers	BL4 0JR
Y00504	Accident & Emergency Dept	BL4 0JR
Y03641	Achieve Bolton Recovery Service	BL2 1ES
Y04600	Bardoc GP OOH (Out of Hours)	BL1 8TT
Y06646	BMI Beaumont Hospital	BL6 4LA
A99978	Bolton BCSC	BL4 0JR

Organisation Code	Organisation Name	Postcode
P82654	Bolton Hospice	BL1 4QT
Y00934	Bolton OOH (Out of Hours)	BL1 8TU
Y01245	Bolton Family Planning Service	BL1 1SQ
Y05261	Bridgewater Bolton School Nurse Service	BL3 6RN
Y00448	Diabetes Centre	BL1 4AL
Y04894	GP Safehaven Scheme	BL1 8TU
Y00747	Intergrated Community Paediatric Service	BL2 6NT
P82661	Intermediate Care	BL1 3EJ
Y00552	Minor Treatment Clinic	BL1 1SQ
Y00409	Neuro-Rehab Service	BL4 0JR
Y02943	Neurology Long Term Conditions	BL2 6NT
Y04078	Non Medical Prescribing	BL4 0JR
Y00215	Orthopaedic & Rheumatology	BL1 1SQ
Y01791	St Luke's Drop-In Centre	BL1 3BE
Y00233	The Parallel	BL1 1HU
P82662	Tier 2-General Surgery	BL3 5HP
Y00208	Tier 2 Dermatology Service	BL1 1SQ
Y01740	Urgent Care Unit	BL4 0JR
Y05922	Walkden Ante-Natal Clinic	BL4 0JR
Y05353	Weekend Service OOH (Out of Hours)	BL3 5QE

12 Choice with regard to obtaining pharmaceutical services

The 2013 regulations require the health and wellbeing board to have regard to whether there is sufficient choice with regard to obtaining pharmaceutical services. The Health and Wellbeing Board is of the opinion that there is currently sufficient choice in access to pharmaceutical services available for Bolton residents.

Some of our population will access pharmaceutical services in neighbouring local authorities. These pharmacies will provide essential and advanced services to those Bolton residents as appropriate. Bolton residents will also be able to access certain enhanced services at these pharmacies unless they are restricted to residents of that particular local authority. The bordering Health and Wellbeing Boards to Bolton, and who must receive a copy of this PNA as part of the consultation, are:

- Salford Health and Wellbeing Board;
- Bury Health and Wellbeing Board;
- Blackburn with Darwen Health and Wellbeing Board;
- Chorley and South Ribble, part of Lancashire Health and Wellbeing Board;
- Wigan Health and Wellbeing Board.

12.1 Findings from the public survey

Respondents to the public survey (also see section 13, p64) indicated that the pharmacy being close to home was most important to them, followed by being close to the doctor's surgery. Survey respondents were most likely to be prepared to travel under 15 minutes by their usual means of transport to access a pharmacy. 89% found the journey using their preferred mode of transport fairly or very easy. The vast majority (93%) of respondents said they used a regular pharmacy.

From the public survey responses, the most favourable time for visiting a pharmacy are weekday afternoons followed by Saturday morning. When asked specifically about which out of hours' time had been used most recently 30% had used a Saturday in the last 3 months. Late night (after 7pm) had 18% that had recently used with a further 20% saying they may need this in the future. Interestingly weekday lunchtimes were only favoured by 13%. Early mornings were the least used time of day with almost 60% saying this was not relevant to them.

Respondents were asked if they had problems accessing a pharmacy due to opening times. 25% said that this was an issue with weekends being the main reason cited is that the pharmacy closest to them wasn't available at the weekend. Respondents who stated that a pharmacy had been closed when they had tried to access it were most likely to find another pharmacy or wait for their regular pharmacy to be open.

The services respondents had used the most were related to the collection of both over the counter and prescription medicines with up to 90% of respondents having used a pharmacy for this in the last year. Respondents to the survey had not used services related to sexual health or supervised consumption.

12.2 Findings from prescribing and dispensing patterns

The vast majority of items are both prescribed and dispensed within Bolton.

Of items prescribed in Bolton, the vast majority (86%) are dispensed by community pharmacies, followed by 9% dispensed by Distance Selling Pharmacies.

Of those prescriptions dispensed by pharmacies in Bolton in 2024, as shown in Figure 31, the largest proportion by a huge margin were also prescribed by clinicians in Bolton (95.6% of items dispensed; 5,699,801/6,007,209 items), followed by Wigan (1.5% of items dispensed; 87,358), Bury (1.2% of items dispensed; 70,371) and Salford (0.8% of items dispensed; 50,565). One third of items dispensed in Bolton that were prescribed outside of Bolton were dispensed by distance sellers.

Of those prescriptions prescribed by clinicians in Bolton in 2024, as shown in Figure 32, the largest proportion by a huge margin were also dispensed in Bolton (86% of items dispensed; 5,427,099/ 6,304,728 items), followed by Leeds (1.3% of items dispensed; 93,174 items); Blackburn with Darwen (0.7% of items dispensed, 52,982 items); Bury (0.6% of items dispensed, 45,708 items). If we remove distance selling pharmacies Blackburn with Darwin dispenses the most items prescribed in Bolton, however it is worth noting that there is a Bolton GP branch located in Edgworth across the road from the Village Pharmacy. This accounts for the vast majority of items dispensed in Blackburn and Darwin (75%, 39,726/ 52,969).

Figure 33 (p61) shows the number of items dispensed in and around Bolton. 46% of items dispensed outside of Bolton are dispensed from distance selling pharmacies. Other than in

Edgworth in Blackburn with Darwin, there does not appear to be much clustering around and individual pharmacy.

Figure 31: Prescriber Upper Tier Local Authority for items dispensed in Bolton

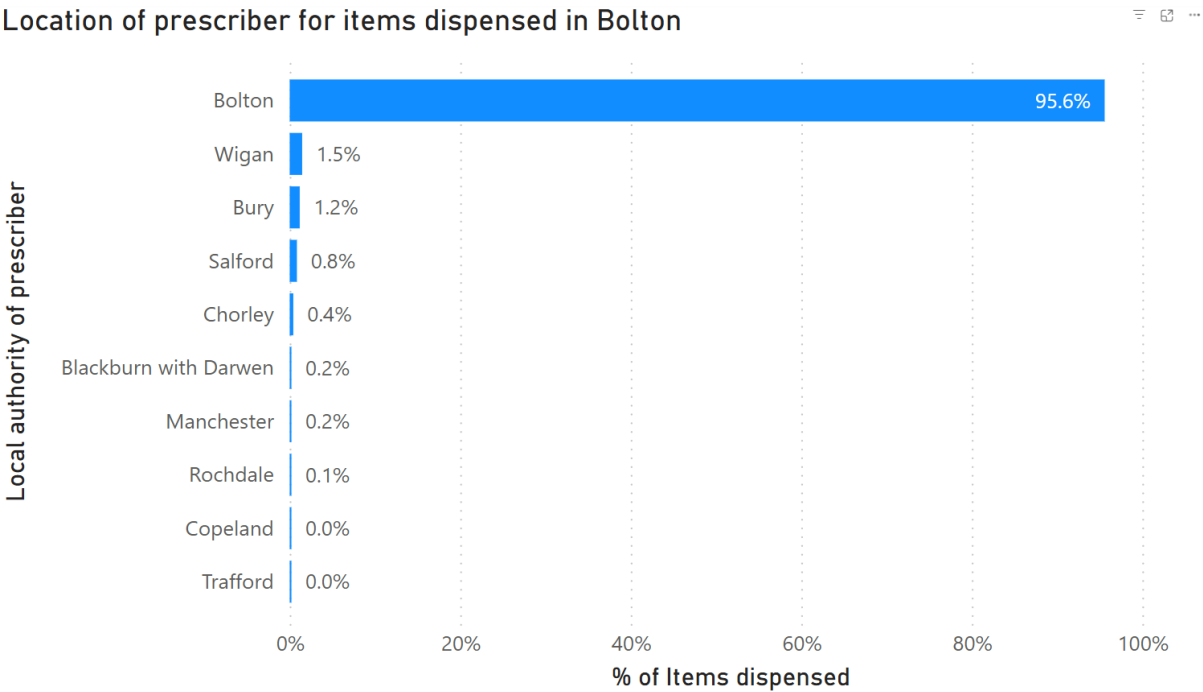


Figure 32: Dispenser Upper Tier Local Authority for items prescribed in Bolton

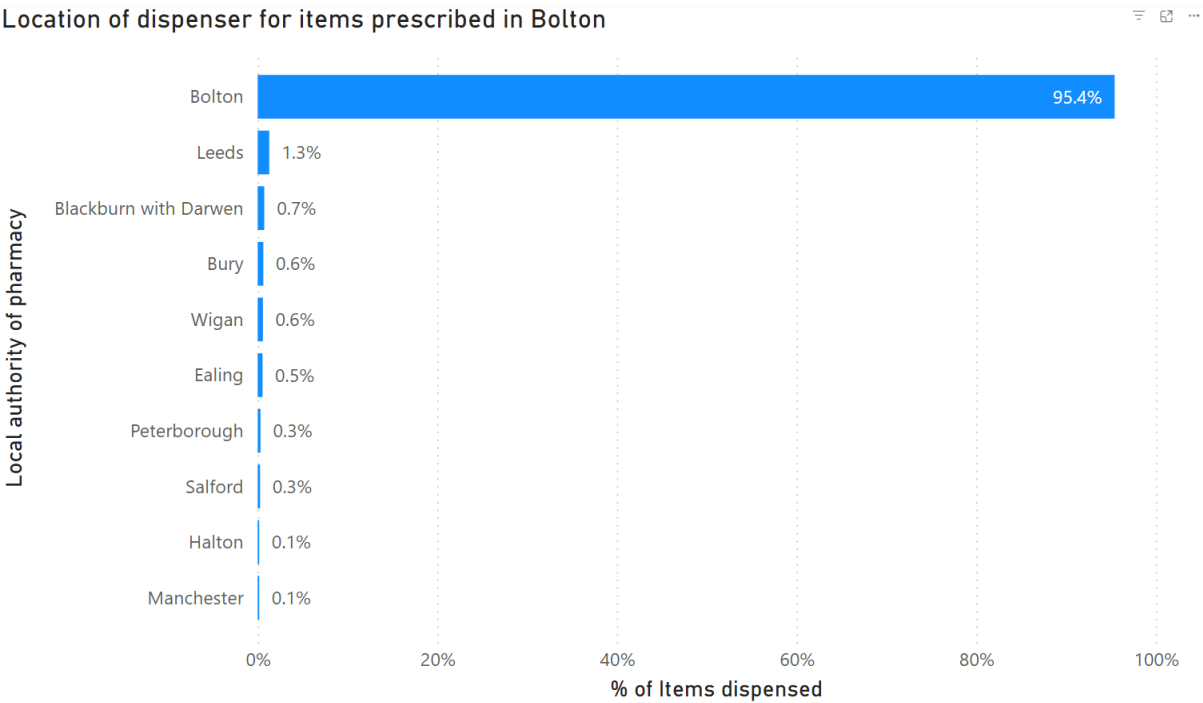


Figure 33: Map showing dispensing location of items number of items prescribed in Bolton, by number of items dispensed

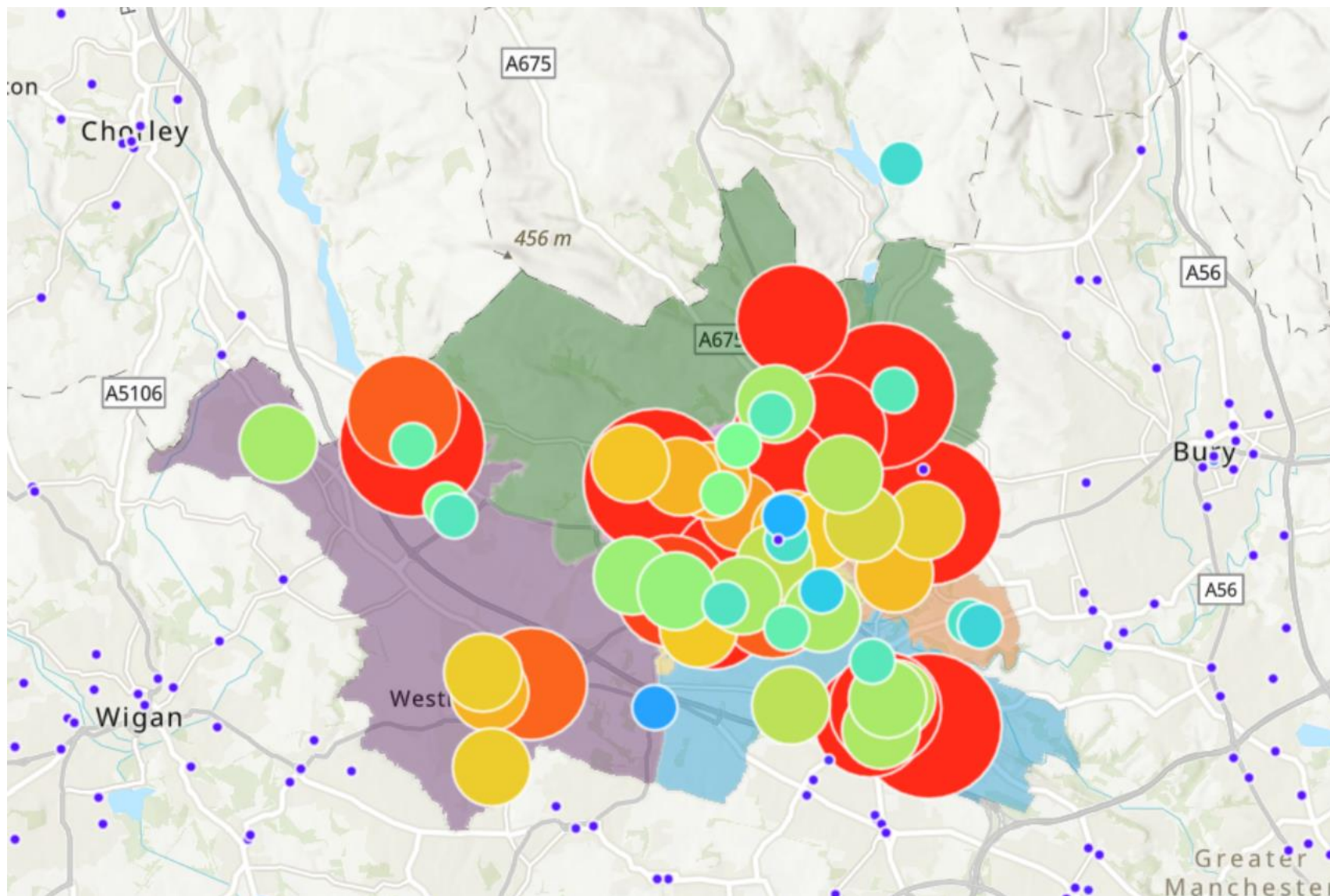


Table 9: Main dispensing locations of items prescribed in Bolton but dispensed outside the borough 2024

Dispenser ODS code	Dispenser Address	Dispenser postcode	Dispenser UTLA Name	Items dispensed	Notes
FLM49	Pharmacy2u Ltd	LS14 2LA	Leeds	28,337	Distance selling pharmacy
FE889	Geloo Brothers Ltd	BL7 0AZ	Blackburn with Darwen	19,057	Edgeworth pharmacy
FLV51	Charter Healthcare	PE7 3FU	Cambridgeshire	12,097	Appliance Contractor
FLV51	Charter Healthcare	PE7 3FU	Peterborough	12,097	Appliance Contractor
FN849	Metabolic Healthcare Ltd	W3 0RA	Ealing	12,059	Distance selling pharmacy provides Lloyds Direct
FGN59	KYK Healthcare Ltd	WN2 5XA	Wigan	11,378	
FTD28	OTC Direct Limited	WN7 3XJ	Wigan	10,401	NW Ostomy Supplies
FN849	Metabolic Healthcare Ltd	UB6 7JD	Ealing	9,941	Distance selling pharmacy provides Lloyds Direct
FK616	Kamm Trading Limited	BL8 1SW	Bury	5,732	
FA333	IQ Medical Services Limited	BL9 0QL	Bury	5,706	
FKX16	Prestford Limited	BB3 2LZ	Blackburn with Darwen	4,044	
FVW38	MDS Healthcare Limited	PR5 8AR	Lancashire	2,582	
FKD99	Famevalley Limited	PR1 6AS	Lancashire	2,441	
FAP20	Bestway National Chemists Limited	ST3 7UN	Stoke-on-Trent	2,333	Online pharmacy provides well.co.uk
FQQ45	Freshphase Ltd	BL8 4DS	Bury	1,830	
FLX18	APA Blackpool Ltd	FY3 7RW	Blackpool	1,791	
FQK16	Pharmta Ltd	BL9 9AX	Bury	1,789	
FHY81	Fittleworth Medical Limited	WA14 5EL	Trafford	1,743	
FQR71	Mr Mohammed Raheel Azam	M27 4BJ	Salford	1,632	
FRW79	Rainbow Healthcare Ltd	PR2 9PS	Lancashire	1,534	
FXV84	Bowness Pharmacy Ltd	M38 9RQ	Salford	1,411	
FWN00	H 2 H Pharmacy Limited	ME10 3SU	Kent	1,381	home enteral feed supplier
FVH41	Pill Time Limited	BS11 9YE	Bristol, City of	1,327	Distance selling pharmacy
FWL22	Charles S Bullen Stomacare Limited	SK3 0EX	Stockport	1,289	Appliance contractor Specialists in stoma, urology and wound care
FL303	Pct Healthcare Limited	M28 0BA	Salford	1,193	
FV470	Asda Stores Ltd	M26 3DA	Bury	1,170	
FKX65	Boots UK Limited	LE1 1DD	Leicester	1,108	Boots online

Dispenser ODS code	Dispenser Address	Dispenser postcode	Dispenser UTLA Name	Items dispensed	Notes
FPQ59	Innox Trading Limited	WN8 9SA	Lancashire	1,108	Distance selling pharmacy provides Chemist4u
FGF90	Numark Digital Limited	WA9 5AU	St. Helens	1,017	Rowlands pharmacy online

13 Public Survey

Between the 3rd February and 21st March 2025, Bolton Council alongside its Greater Manchester constituent councils ran a joint Public Survey for the PNA. The 10 local authorities worked with colleagues in Community Pharmacy Greater Manchester (CPGM), Greater Manchester Integrated Care Board (GM ICB) to produce one survey for Greater Manchester, to engage residents that use pharmacies and share their reflections on the access to pharmacies and the services they provide. The survey was hosted by the Greater Manchester Combined Authority and linked to on Bolton Council's webpage. The survey was promoted locally through the council's social media channels, through posters in pharmacies and through Health Watch and Bolton CVS sharing with organisations that work with the public. 117 responses were received from Bolton residents.

The majority of those engaged in the consultation were female (60%). Residents and stakeholders were predominantly of working age (66%) or were retirees (31%). 26% of those that took part in the review would consider themselves to be disabled and 42% provided help or support to a family member, friend or neighbour. Of those engaged in the review, 48% said they use a pharmacy once a month and 32% said they used a pharmacy more frequently than monthly. 20% said they used a pharmacy less frequently.

70% regularly access the same pharmacy, travelling by car (52%), to collect a prescription for themselves (93%) or someone else (40%). 81% of respondents collect regular medications or prescriptions.

People responding to the survey said that access to a pharmacy was most important on a weekday during the day (89%) followed by Saturday morning (80%). Respondents were less concerned about Sunday access in general, however early morning or late evening access on a Sunday was deemed least important. 29 people said that they had problems accessing pharmacies due to opening times, of them 18 stated that they only use the same pharmacy. The main times people were saying they had problems were weekends and evenings. When asked what they would do if they couldn't access their regular pharmacy the most popular responses were find another pharmacy or wait for them to be open.

The pharmacy being in a convenient location was important to respondents with 60% preferring a pharmacy that was close to their home or close to their doctor's surgery. People also thought it was important that the staff were friendly and that wait times were short. The area that people found least important was seeing the same pharmacist.

Collection of prescriptions, electronic repeat prescriptions and over the counter medicines were the most used services by respondents. 85% said that there were no additional services that they wanted pharmacies to offer.

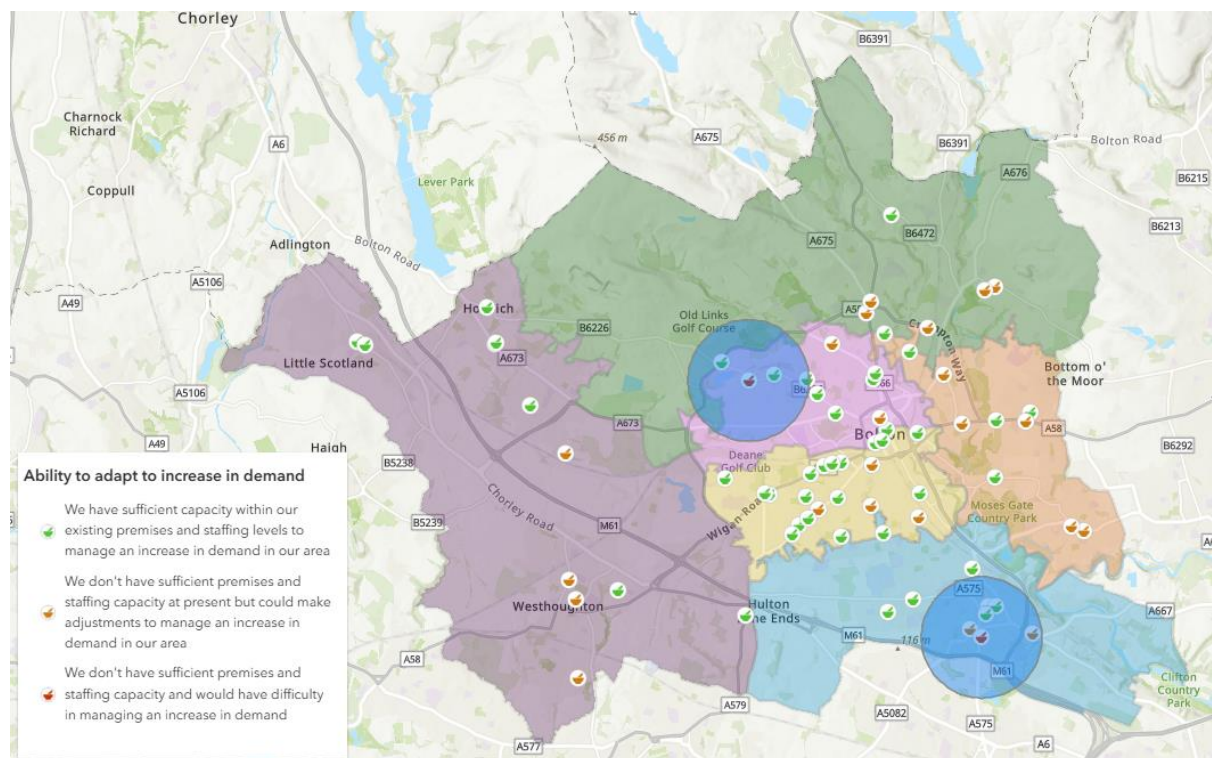
14 Contractor survey

The contractor survey was open to all Bolton pharmacies for six weeks from the start of January 2025 and ran via PharmOutcomes. Bolton Council joined with the other 9 Greater Manchester authorities to conduct one survey across Greater Manchester asking all

pharmacies the same questions. The results revealed a range of services spread around the borough. There were good levels of willingness for provision of wider services, should these be commissioned.

A good response rate was achieved, with all but one of Bolton's 72 pharmacies completed the survey; the pharmacy which did not complete the survey was a Distance Selling Pharmacy. A range of pharmacy opening hours were available spread around the borough, including early morning, lunchtimes, early and late evening and weekends. Pharmacies that would have difficulty in managing an increase in demand, are primarily located in areas with other pharmacies nearby. Although there is some scope for increase in capacity in Little Lever and Westhoughton, a large increase in demand may not be able to be accommodated.

Figure 34: Ability to adapt to increase in demand



53 out of 62 non distance selling pharmacies had an entrance that was wheelchair accessible. These are spread throughout the borough. Any pharmacies that do not have a wheelchair accessible entrance are located within close proximity of a pharmacy that does. These pharmacies either had an automatic door to facility access or a bell that could be rang so that the door can be opened for them. Fewer had disabled toilet facilities that were accessible by a wheelchair user (12) and only 15 had a hearing loop available. 69 had parking available within 50m of the pharmacy with 37 having dedicated disabled parking nearby. 63 were within 500m of a public transport stop and 57 had cycle storage within 50m.

Among all pharmacies, 65/71 were able to offer support to people whose first language is not English, 53 of these had staff who spoke languages other than English. Most common

languages spoken were Urdu, Gujarati, Hindi and Punjabi but a range of other languages were spoken

Of the non-distance selling pharmacies 45 offered free delivery, with a further 7 offering free delivery for elderly or housebound patients but a chargeable delivery service for other patients. 16 more pharmacies had a chargeable delivery service for all patients. In terms of free patient support 61 offered large print labels and 63 offered medication administration records. 44 also had large print leaflets available. There was also a range of paid for support items with the most widely available being tablet crushers, eye drop aids and Easyhaler devices.

All types of appliances were able to be dispensed in a range of pharmacies, dressings were the most commonly provided (55 pharmacies), with incontinence appliances (43) and stoma appliances (40) also having good coverage. All advanced services were provided in at least one pharmacy in Bolton, with nearly all providing New Medicine Service, Pharmacy First service and Hypertension case finding service. Appliance Use Review and Stoma Appliance Customisation had the least coverage with 8 and 5 pharmacies providing these services.

Minor ailments service and palliative care scheme were the most frequently offered urgent care services, more pharmacies were willing to offer a range of urgent care services if they were commissioned. Among public health services, supervised administration (of methadone, puphrenorphine etc) was most frequently, followed by emergency hormonal contraception, and smoking related services. Many pharmacies were willing and able to provide the range of screening services suggested, but few were currently provided. Pharmacies were most likely to currently provide seasonal influenza vaccination, with only small numbers providing other vaccinations, however many were willing to do so if commissioned

15 Stakeholder consultation

As part of the PNA process there is a statutory provision that requires consultation of at least 60 days to take place to establish if the pharmaceutical providers and services supporting the population in the Health and Wellbeing Board area are accurately reflected in the final PNA document. Bolton's consultation will run from 1st July 2022 until 31st August 2025.

The draft PNA was distributed to the following organisations:

- Pan Lancashire Health and Wellbeing Board
- Salford Health and Wellbeing Board
- Bury Health and Wellbeing Board
- Wigan Health and Wellbeing Board
- NHS Bolton Foundation Trust

- Greater Manchester Integrated Care
- NHS England
- Bolton Local Pharmaceutical Committee
- Bolton Local Medical Committee
- Bolton GP Federation
- Healthwatch Bolton
- NHS Greater Manchester Mental Health Trust

16 Maps

The pharmaceutical needs assessment must include a map that identifies the premises at which pharmaceutical services are provided within the area of the health and wellbeing board. This map must be kept up-to-date (without needing to republish the whole document or publish a supplementary statement).

16.1 Pharmacy locations

Figure 35: Location of pharmacies in Bolton and 1 mile surrounding open after 7pm³⁸

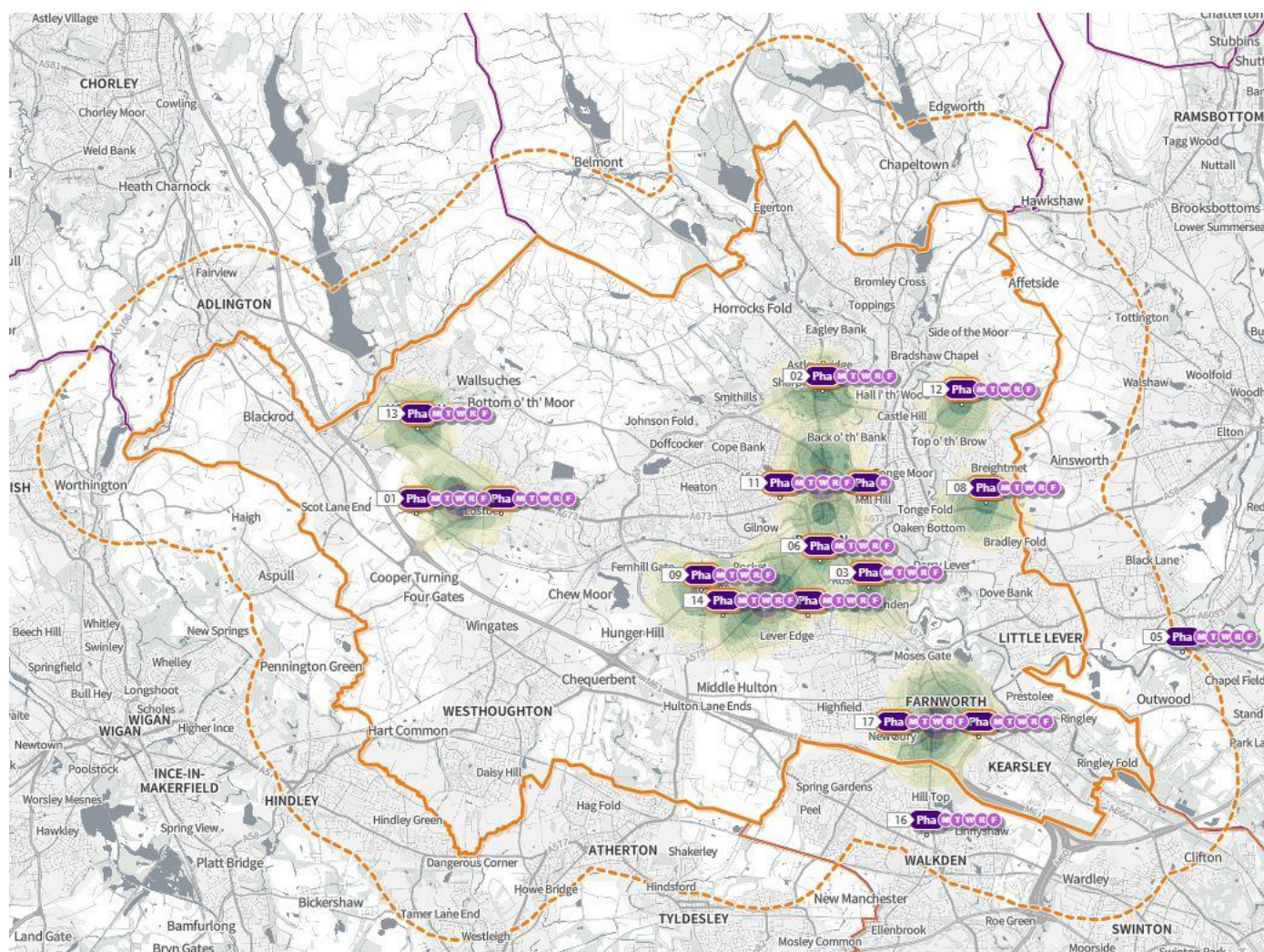


Table 10: Key to Figure 35

Map index	Code	Name	Address 1	Address 4	Postcode
1	FVW56	Asda Pharmacy	Asda S/Store, The Linkway	Bolton	BL6 6JA
2	FFW20	Asda Pharmacy	Moss Bank Way	Bolton	BL1 8QG
3	FFP01	Asda Pharmacy	Manchester Road	Bolton	BL3 2QS
4	FRX12	Asda Pharmacy	Asda Stores	Bolton	BL4 9DT
5	FV470	Asda Pharmacy	Asda Store	Manchester	M26 3DA
6	FWG32	Boots	Trinity Street Retail Park	Bolton	BL3 6DH
7	FNY43	Boots	Unit 8B Market Place	Bolton	BL1 2AL
8	FL760	Cohens Chemist	Brightmet Health Centre	Bolton	BL2 6NT
9	FPP91	Deane Pharmacy	Horsefield Street	Bolton	BL3 4LU
10	FA604	Derby Street Pharmacy	317-319 Derby Street	Bolton	BL3 6LH
11	FKG53	Halliwell Late Night Pharmacy	34a Halliwell Road	Bolton	BL1 3QS
12	FA849	Harwood Pharmacy	Harwood Medical Centre	Bolton	BL2 3HQ
13	FL814	Kildonan Pharmacy	Kildonan House	Bolton	BL6 5NW
14	FRC82	Shanti Pharmacy	160 St Helens Road	Bolton	BL3 3PH

³⁸ OHID (2022). Shape place Atlas. Accessed 24/5/22

15	FLV72	Tesco Instore Pharmacy	Mansell Way	Bolton	BL6 6JS
16	FA456	Tesco Instore Pharmacy	60 Ellesmere Centre	Walkden	M28 3BT
17	FL728	Tesco Instore Pharmacy	Long Causeway	Bolton	BL4 9LS

Figure 36: Location of pharmacies in Bolton and 1.6km (1 mile) surrounding open on a Saturday daytime³⁹

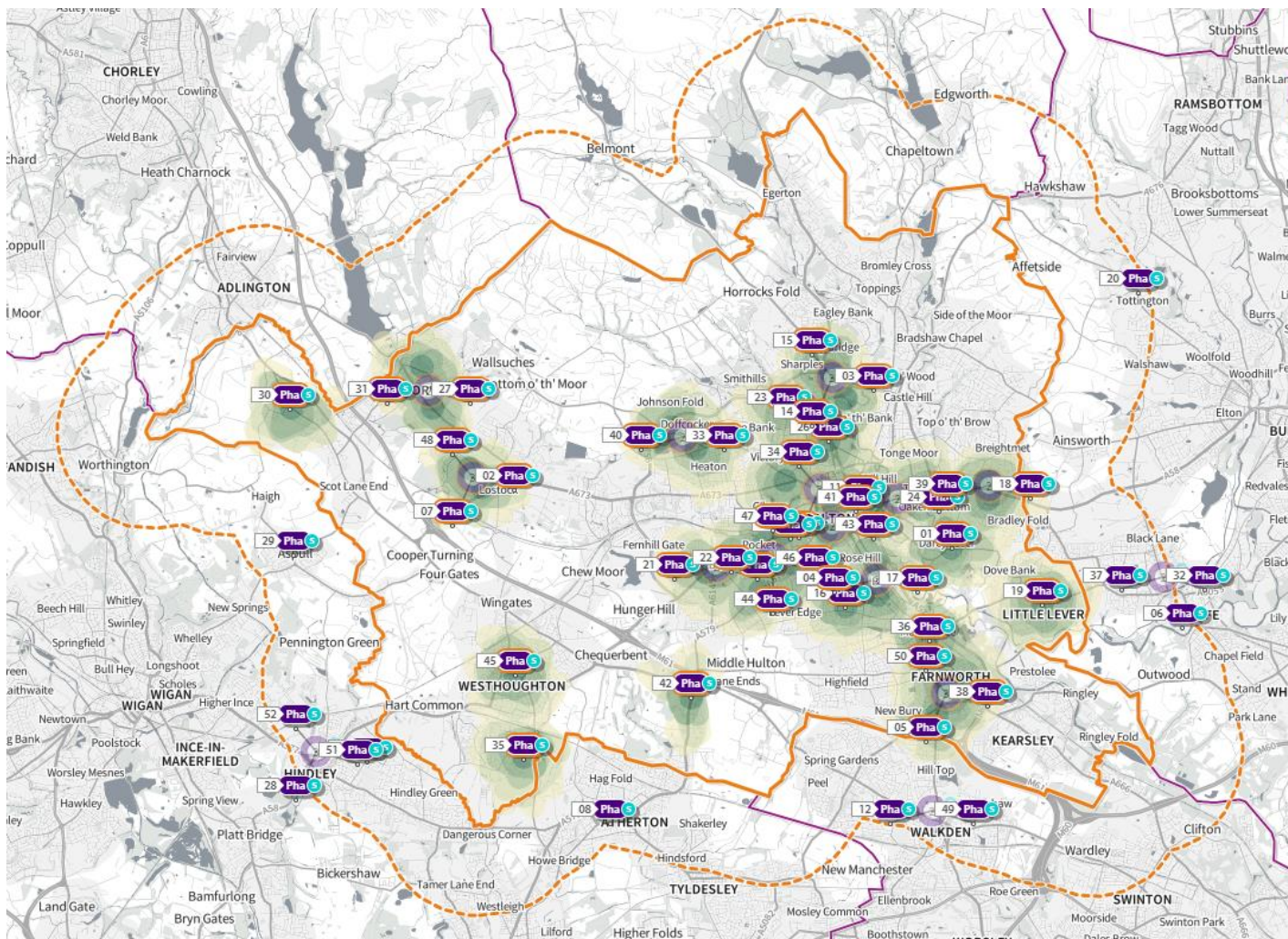


Table 11: Key to Figure 36

Map index	Code	Name	Address 1	Address 4	Postcode
1	FM664	A1 Pharmacy	491 Radcliffe Road	Bolton	BL3 1SX
2	FVW56	Asda Pharmacy	Asda S/Store, The Linkway	Bolton	BL6 6JA
3	FFW20	Asda Pharmacy	Moss Bank Way	Bolton	BL1 8QG
4	FFP01	Asda Pharmacy	Manchester Road	Bolton	BL3 2QS
5	FRX12	Asda Pharmacy	Asda Stores	Bolton	BL4 9DT
6	FV470	Asda Pharmacy	Asda Store	Manchester	M26 3DA
7	FWC39	Boots	Unit 2 The Linkway	Bolton	BL6 6JA
8	FMF32	Boots	82 Market Street	Manchester	M46 0DP
9	FWG32	Boots	Trinity Street Retail Park	Bolton	BL3 6DH
10	FN43	Boots	Unit 8B Market Place	Bolton	BL1 2AL
11	FJ737	Boots	The Shipgates Centre	Bolton	BL1 1DF
12	FTL84	Boots	Unit Ff2 Ellesmere Centre	Walkden	M28 3ZD
13	FDG06	Borsdane Avenue Pharmacy	Unit3	Wigan	WN2 3QN
14	FRF83	Cohens Chemist	576-578 Blackburn Road	Bolton	BL1 7AL

³⁹ OHID (2022). Shape place Atlas. Accessed 24/5/22

15	FGE12	Cohens Chemist	Waters Meeting Health Centre	Bolton	BL1 8SW
16	FV815	Cohens Chemist	281 Rishton Lane	Bolton	BL3 2EH
17	FGY44	Cohens Chemist	171 Crescent Road	Bolton	BL3 2JS
18	FL760	Cohens Chemist	Brightmet Health Centre	Bolton	BL2 6NT
19	FNE63	Cohens Chemist	118 High Street	Bolton	BL3 1LR
20	FEV43	Cohens Chemist	12-14 Market Street	Bury	BL8 4AD
21	FPP91	Deane Pharmacy	Horsefield Street	Bolton	BL3 4LU
22	FA604	Derby Street Pharmacy	317-319 Derby Street	Bolton	BL3 6LH
23	FP720	Everest Pharmacy - Halliwell Road	432 Halliwell Road	Bolton	BL1 8AN
24	FPX36	Everest Pharmacy - Tonge Moor	24 Tonge Old Road	Bolton	BL2 6BH
25	FTC26	Evergreen Pharmacy	311 Wigan Road	Bolton	BL3 5QU
26	FKG53	Halliwell Late Night Pharmacy	34a Halliwell Road	Bolton	BL1 3QS
27	FJ049	Heatons Pharmacy	228 Chorley New Road	Bolton	BL6 5NP
28	FXV58	Hindley Pharmacy	Hindley Health Centre	NR.Wigan	WN2 3HQ
29	FXM89	Hollowood Chemist	142 Haigh Road	Wigan	WN2 1XH
30	FAC02	Hollowood Chemists	28 Blackhorse Street	Bolton	BL6 5EW
31	FAL25	Hootons Pharmacy	119 Lee Lane	Bolton	BL6 7AR
32	FC610	JT Smith & Son	8-8A Ainsworth Road	Radcliffe	M26 4DJ
33	FX529	Kamson's Pharmacy	Heaton Medical Centre	Bolton	BL1 5PU
34	FPR09	Landmark Pharmacy	Landmark House	Bolton	BL1 4AP
35	FG837	Manor Pharmacy	9 Hindley Road	Bolton	BL5 2JU
36	FKL96	Manor Pharmacy	28-30 Egerton Street	Bolton	BL4 7LE
37	FJF90	Manor Pharmacy	157-159 Ainsworth Road	Manchester	M26 4FD
38	FE733	Market Pharmacy	45 Brackley Street	Bolton	BL4 9DS
39	FFN98	Maxwell's Chemist	830 Bury Road	Bolton	BL2 6PA
40	FKX49	Moss Bank Pharmacy	833 Moss Bank Way	Bolton	BL1 5SN
41	FLT86	Nash Pharmacy	63 Castle Street	Bolton	BL2 1AD
42	FW809	Newbrook Pharmacy	56 Newbrook Road	Bolton	BL5 1ER
43	FAK79	Newport Pharmacy	65 Newport Street	Bolton	BL1 1NE
44	FTR14	Pikes Lane Pharmacy	Pikes Lane Resource Ctr	Bolton	BL3 5HP
45	FA295	Rowlands Pharmacy	44 Market Street	Bolton	BL5 3AN
46	FFA91	S & S Dispensing Chemist	226 Deane Road	Bolton	BL3 5DP
47	FRC82	Shanti Pharmacy	160 St Helens Road	Bolton	BL3 3PH
48	FLV72	Tesco Instore Pharmacy	Mansell Way	Bolton	BL6 6JS
49	FA456	Tesco Instore Pharmacy	60 Ellesmere Centre	Walkden	M28 3BT
50	FL728	Tesco Instore Pharmacy	Long Causeway	Bolton	BL4 9LS
51	FKX71	Trayners Chemist	108 Market Street	Wigan	WN2 3AY
52	FY680	Well	Hindley Medical Centre	Wigan	WN2 2QG

Figure 37 Location of pharmacies in Bolton and 1.6km (1 mile) surrounding open on a Sunday daytime

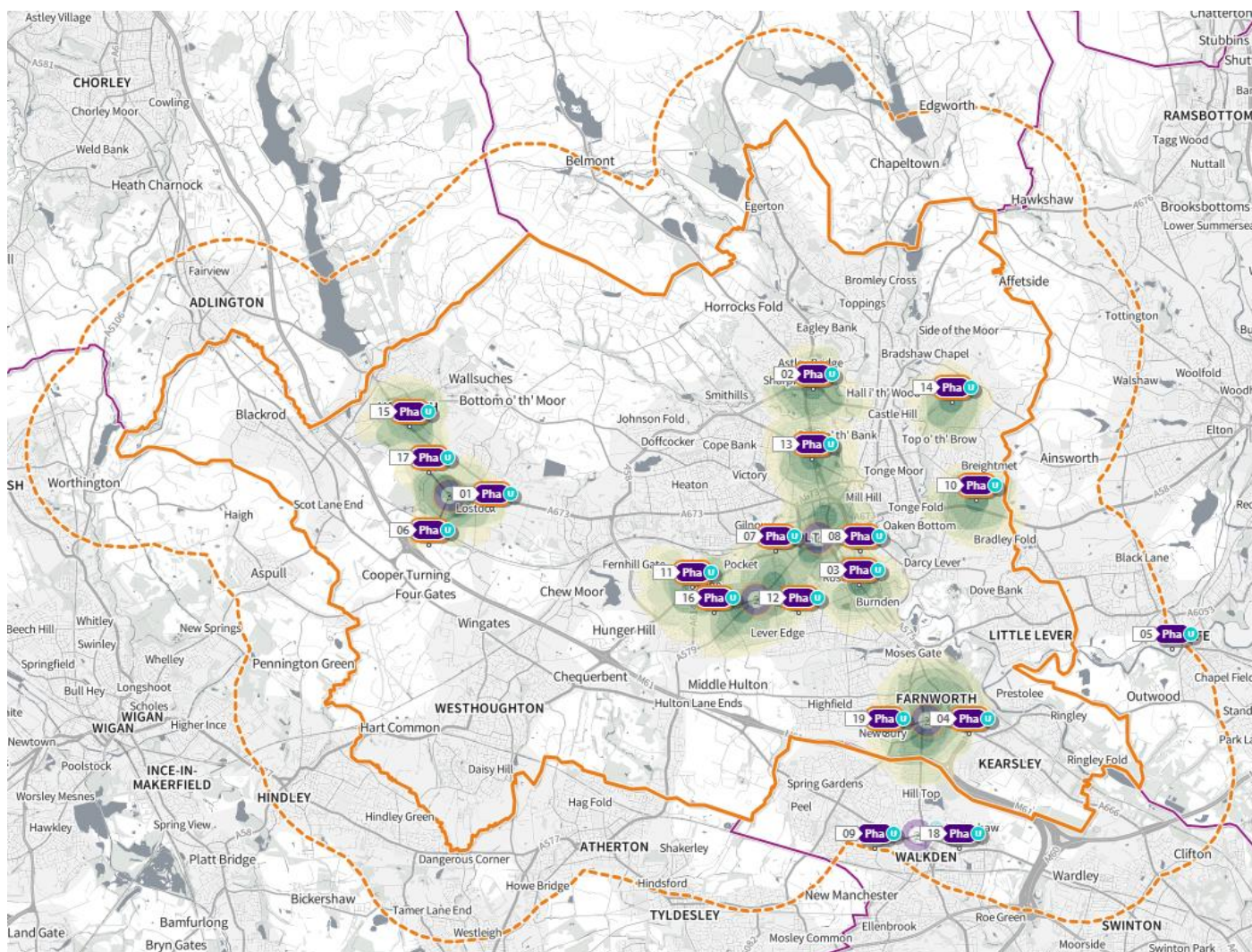


Table 12: Key to Figure 29

Map index	Code	Name	Address 1	Address 4	Postcode
1	FVW56	Asda Pharmacy	Asda S/Store, The Linkway	Bolton	BL6 6JA
2	FFW20	Asda Pharmacy	Moss Bank Way	Bolton	BL1 8QG
3	FFP01	Asda Pharmacy	Manchester Road	Bolton	BL3 2QS
4	FRX12	Asda Pharmacy	Asda Stores	Bolton	BL4 9DT
5	FV470	Asda Pharmacy	Asda Store	Manchester	M26 3DA
6	FWC39	Boots	Unit 2 The Linkway	Bolton	BL6 6JA
7	FWG32	Boots	Trinity Street Retail Park	Bolton	BL3 6DH
8	FJ737	Boots	The Shipgates Centre	Bolton	BL1 1DF
9	FTL84	Boots	Unit Ff2 Ellesmere Centre	Walkden	M28 3ZD
10	FL760	Cohens Chemist	Brightmet Health Centre	Bolton	BL2 6NT
11	FPP91	Deane Pharmacy	Horsefield Street	Bolton	BL3 4LU
12	FA604	Derby Street Pharmacy	317-319 Derby Street	Bolton	BL3 6LH
13	FKG53	Halliwell Late Night Pharmacy	34a Halliwell Road	Bolton	BL1 3QS
14	FA849	Harwood Pharmacy	Harwood Medical Centre	Bolton	BL2 3HQ
15	FL814	Kildonan Pharmacy	Kildonan House	Bolton	BL6 5NW
16	FRC82	Shanti Pharmacy	160 St Helens Road	Bolton	BL3 3PH
17	FLV72	Tesco Instore Pharmacy	Mansell Way	Bolton	BL6 6JS

18	FA456	Tesco Instore Pharmacy	60 Ellesmere Centre	Walkden	M28 3BT
19	FL728	Tesco Instore Pharmacy	Long Causeway	Bolton	BL4 9LS

Figure 38: Location of pharmacies in Bolton and 1.6km (1 mile) surrounding open on a Saturday Evening

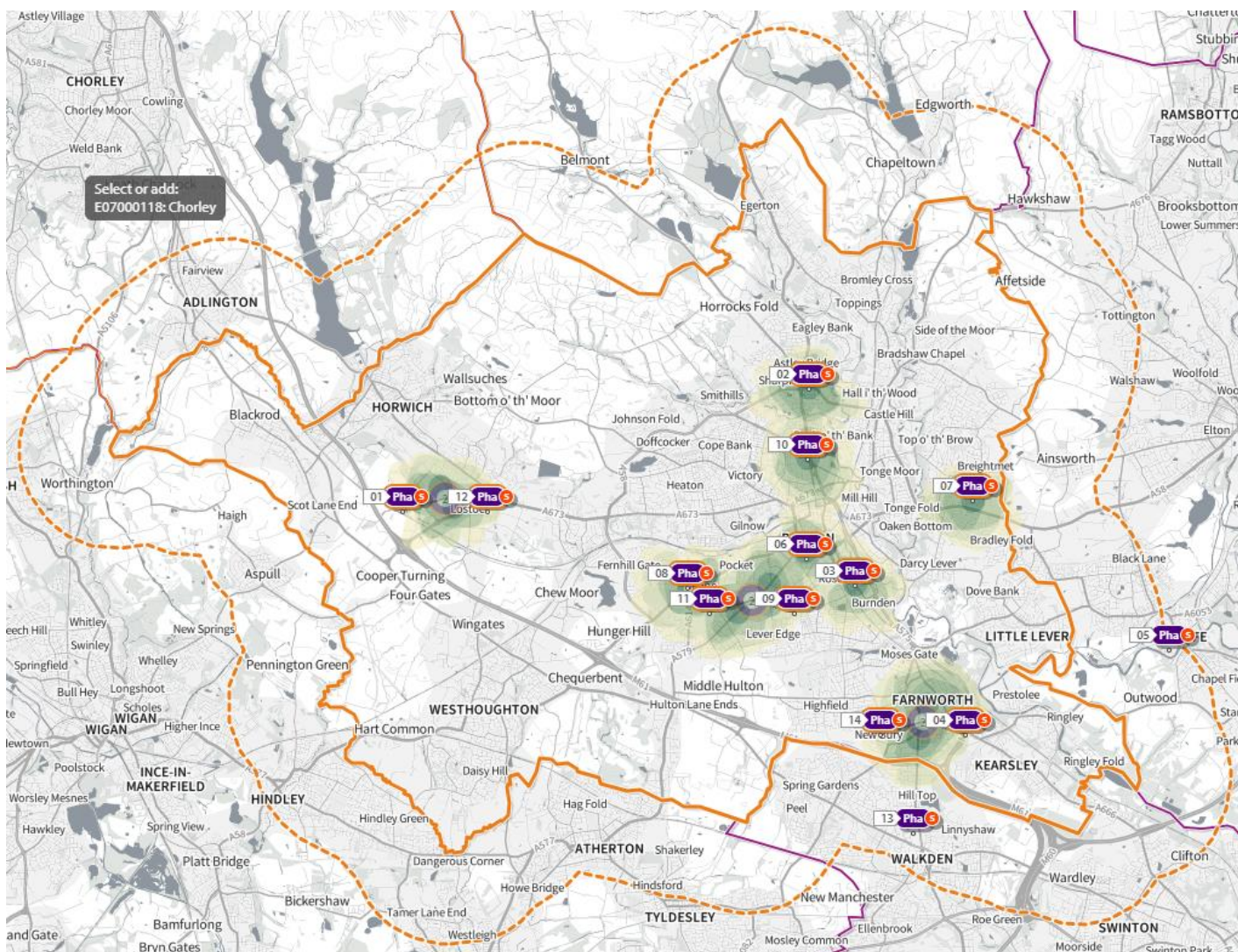


Table 13: Key for figure 30

Map index	Code	Name	Address 1	Address 4	Postcode
1	FVW56	Asda Pharmacy	Asda S/Store, The Linkway	Bolton	BL6 6JA
2	FFW20	Asda Pharmacy	Moss Bank Way	Bolton	BL1 8QG
3	FFP01	Asda Pharmacy	Manchester Road	Bolton	BL3 2QS
4	FRX12	Asda Pharmacy	Asda Stores	Bolton	BL4 9DT
5	FV470	Asda Pharmacy	Asda Store	Manchester	M26 3DA
6	FWG32	Boots	Trinity Street Retail Park	Bolton	BL3 6DH
7	FL760	Cohens Chemist	Brightmet Health Centre	Bolton	BL2 6NT
8	FPP91	Deane Pharmacy	Horsefield Street	Bolton	BL3 4LU
9	FA604	Derby Street Pharmacy	317-319 Derby Street	Bolton	BL3 6LH
10	FKG53	Halliwell Late Night Pharmacy	34a Halliwell Road	Bolton	BL1 3QS
11	FRC82	Shanti Pharmacy	160 St Helens Road	Bolton	BL3 3PH

12	FLV72	Tesco Instore Pharmacy	Mansell Way	Bolton	BL6 6JS
13	FA456	Tesco Instore Pharmacy	60 Ellesmere Centre	Walkden	M28 3BT
14	FL728	Tesco Instore Pharmacy	Long Causeway	Bolton	BL4 9LS

Figure 39: Location of pharmacies in Bolton and 1.6km (1 mile) surrounding open on a Sunday Evening

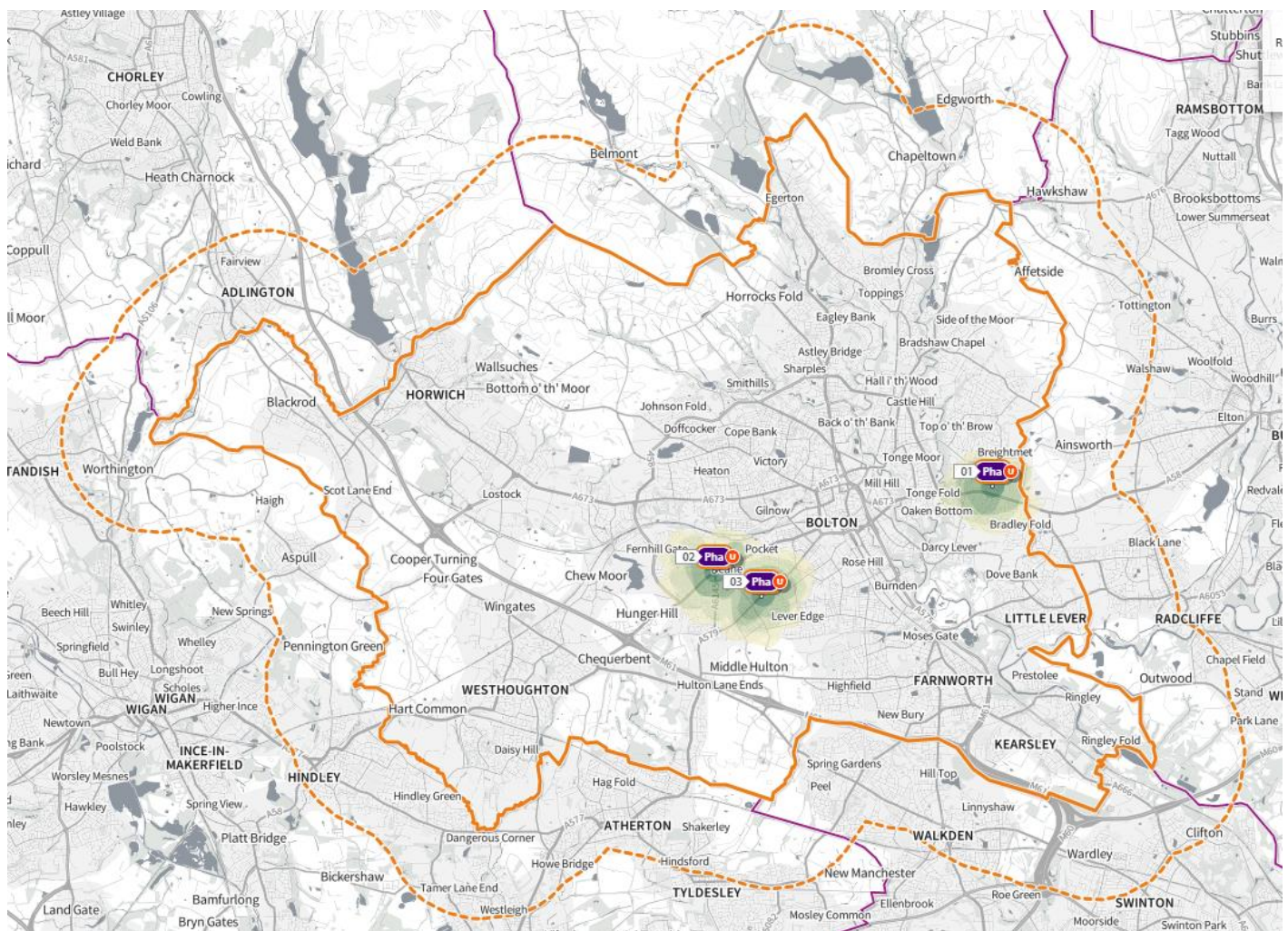


Table 14: Key for figure 31

Map index	Code	Name	Address 1	Address 4	Postcode
1	FL760	Cohens Chemist	Brightmet Health Centre	Bolton	BL2 6NT
2	FPP91	Deane Pharmacy	Horsefield Street	Bolton	BL3 4LU
3	FRC82	Shanti Pharmacy	160 St Helens Road	Bolton	BL3 3PH

16.2 Pharmacy opening hours

Table 15: Pharmacy contract type and opening hours

ODS Code	Trading Name	Postcode	Contract	Type of Pharmacy	Mon hours	Tues Hours	Wed Hours	Thurs Hours	Fri Hours	Sat Hours	Sun hours
FA849	Harwood Pharmacy	BL2 3HQ	100	Community Pharmacy	17:00	16:45	16:45	16:45	16:45	10:00	06:00
FL760	Cohens Chemist	BL2 6NT	79	Community Pharmacy	12:00	12:00	12:00	12:00	12:00	07:00	12:00
FL728	Tesco In-Store Pharmacy	BL4 9LS	78	Community Pharmacy	12:00	12:00	12:00	12:00	12:00	12:00	06:00
FWG32	Boots the Chemist	BL3 6DH	76	Community Pharmacy	11:30	11:30	11:30	11:30	12:00	13:00	06:00
FRC82	Shanti Pharmacy	BL3 3PH	74	Community Pharmacy	11:30	11:30	11:30	11:30	11:30	04:00	13:00
FFP01	Asda Pharmacy	BL3 2QS	72	Community Pharmacy	11:00	11:00	11:00	11:00	11:00	11:00	06:00
FFW20	Asda Pharmacy	BL1 8QG	72	Community Pharmacy	11:00	11:00	11:00	11:00	11:00	11:00	06:00
FL814	Kildonan Pharmacy	BL6 5NW	72	Community Pharmacy	13:15	13:15	13:15	13:15	13:00		06:00
FKG53	Halliwell Midnight Pharmacy	BL1 3QS	72	Community Pharmacy	12:00	12:00	12:00	12:00	12:00	05:00	07:00
FPP91	Deane Pharmacy	BL3 4LU	72	Community Pharmacy	11:30	11:00	11:00	11:00	11:30	04:00	12:00
FA604	Derby Street Pharmacy	BL3 6LH	73	Community Pharmacy	12:00	12:00	12:00	12:00	03:30	04:00	11:00
FA295	Rowlands Pharmacy	BL5 3AN	40	Community Pharmacy	08:10	08:10	04:00	08:10	08:10	04:00	
FWC39	Boots the Chemist	BL6 6JA	40	Community Pharmacy	07:00	07:00	07:00	07:00	07:00	05:00	
FJ737	Boots the Chemist	BL1 1DF	40	Community Pharmacy	07:00	07:00	07:00	07:00	07:00	05:00	
FD098	Sykes Chemist	BL3 3RP	40	Community Pharmacy	08:00	08:00	08:00	08:00	08:00		
FAY70	Cohens Chemist	BL2 2LS	40	Community Pharmacy	08:00	08:00	08:00	08:00	08:00		
FE023	Haslam's Pharmacy	BL1 8AN	40	Community Pharmacy	08:30	08:30	04:00	08:30	08:30	02:00	
FVX71	Rupert Street Pharmacy	BL3 6RN	40	Community Pharmacy	08:00	08:00	08:00	08:00	08:00		
FDH18	Ladybridge Pharmacy	BL3 4PZ	40	Community Pharmacy	08:00	08:00	08:00	08:00	08:00		
FFA91	S & S Dispensing Chemist	BL3 5DP	40	Community Pharmacy	08:00	08:00	08:00	08:00	08:00		
FNE63	Cohens Chemist	BL3 1LR	40	Community Pharmacy	08:00	08:00	08:00	08:00	08:00		
FTR14	Pikes Lane Pharmacy	BL3 5HP	40	Community Pharmacy	08:00	08:00	08:00	08:00	08:00		
FX529	Kamson`s Pharmacy	BL1 5PU	40	Community Pharmacy	08:00	08:00	08:00	08:00	08:00		
FW336	Rowlands Pharmacy	BL5 3UB	40	Community Pharmacy	08:45	09:00	04:15	09:00	09:00		

FGY44	Cohens Chemist	BL3 2JS	40	Community Pharmacy	08:30	08:30	03:30	08:30	08:30	02:30	
FLV72	Tesco Pharmacy	BL6 6JS	40	Community Pharmacy	06:40	06:40	06:40	06:40	06:40	06:40	
FAK79	Newport Pharmacy	BL1 1NE	40	Community Pharmacy	07:00	07:30	07:00	07:30	07:00	04:00	
FAL25	Hootons Pharmacy	BL6 7AR	40	Community Pharmacy	08:00	08:00	04:00	08:00	08:00	04:00	
FV815	Cohens Chemist	BL3 2EH	40	Community Pharmacy	08:00	08:00	04:00	08:00	08:00	04:00	
FE733	Market Pharmacy	BL4 9DS	40	Community Pharmacy	08:00	08:00	04:00	08:00	08:00	04:00	
FFN98	Maxwells Chemist	BL2 6PA	40	Community Pharmacy	09:00	09:00	04:00	09:00	09:00		
FFP76	Pharmavon Ltd	BL1 4JP	40	Community Pharmacy	09:00	09:00	04:00	09:00	09:00		
FHL70	Cohens Chemist	BL1 3RG	40	Community Pharmacy	09:00	09:00	04:00	09:00	09:00		
FKX49	Moss Bank Pharmacy	BL1 5SN	40	Community Pharmacy	07:30	07:30	07:00	07:30	07:30	03:00	
FPX36	Everest Pharmacy	BL2 6BH	40	Community Pharmacy	08:00	08:00	04:00	08:00	08:00	04:00	
FRJ11	Cohens Chemist	BL3 1HH	40	Community Pharmacy	09:00	09:00	04:00	09:00	09:00		
FTG52	Rigby & Higginson Pharmacy	BL5 3SF	40	Community Pharmacy	09:00	09:00	04:00	09:00	09:00		
FVW56	Asda Pharmacy	BL6 6JA	40	Community Pharmacy	07:00	07:00	07:00	07:00	07:00	05:00	
FJ049	Heatons Pharmacy	BL6 5NP	40	Community Pharmacy	07:30	07:30	07:30	07:30	07:30	02:30	
FKJ58	Everest Pharmacy	BL1 3BG	40	Community Pharmacy	08:00	08:30	07:30	08:00	08:00		
FNY43	Boots the Chemist	BL1 2AL	40	Community Pharmacy	08:00	08:00	08:00	08:00	08:00		
FRQ49	Jhoots Pharmacy	BL1 1SQ	40	Community Pharmacy	08:00	08:00	08:00	08:00	08:00		
FXD23	Cohens Chemist	BL2 3HP	40	Community Pharmacy	08:00	08:00	08:00	08:00	08:00		
FAC02	Hollowood Chemists	BL6 5EW	40	Community Pharmacy	08:00	08:00	08:00	08:00	08:00		
FFC66	Everest Pharmacy	BL3 6TL	40	Community Pharmacy	08:00	08:00	08:00	08:00	08:00		
FFK43	Cohens Chemist	BL4 9BX	40	Community Pharmacy	08:00	08:00	08:00	08:00	08:00		
FG837	Manor Pharmacy	BL5 2JU	40	Community Pharmacy	08:00	08:00	07:30	08:30	08:00		
FGE12	Cohens Chemist	BL1 8SW	40	Community Pharmacy	08:00	08:00	08:00	08:00	08:00		
FKL96	Manor Pharmacy	BL4 7LE	40	Community Pharmacy	08:00	08:00	05:00	08:00	08:00	03:00	
FLQ64	Cohens Chemist	BL7 9RG	40	Community Pharmacy	08:00	08:00	08:00	08:00	08:00		
FLT86	Nash Pharmacy	BL2 1AD	40	Community Pharmacy	08:00	08:00	08:00	08:00	08:00		
FPR09	Landmark Pharmacy	BL1 4AP	40	Community Pharmacy	08:00	08:00	08:00	08:00	08:00		
FQT04	Highfield Road Pharmacy	BL4 0NX	40	Community Pharmacy	08:00	08:00	08:00	08:00	08:00		

FR216	Cohens Chemist	BL1 8UP	40	Community Pharmacy	08:00	08:00	08:00	08:00	08:00		
FRX12	Asda Pharmacy	BL4 9DT	40	Community Pharmacy	08:00	08:00	08:00	08:00	08:00		
FTC26	Evergreen Pharmacy	BL3 5QU	40	Community Pharmacy	08:30	08:00	07:30	08:00	08:00		
FV072	Rowlands Pharmacy	BL4 9QZ	40	Community Pharmacy	08:00	08:00	08:00	08:00	08:00		
FVW83	Noble & Peacock	BL1 6AB	40	Community Pharmacy	08:00	08:00	08:00	08:00	08:00		
FW809	Newbrook Pharmacy	BL5 1ER	40	Community Pharmacy	07:15	07:15	07:15	07:15	07:15	03:45	
FM664	A1 Pharmacy	BL3 1SX	40	Community Pharmacy	08:00	08:00	08:00	08:00	08:00		
FQR15	Well	BL4 9AH	40	Community Pharmacy	08:00	08:00	08:00	08:00	08:00		
FRF83	Cohens Chemist	BL1 7AL	40	Community Pharmacy	08:00	07:00	07:00	07:00	07:00	04:00	
FXY77	Asif Iqbal Pharmacy Ltd	BL3 3NP	38	Community Pharmacy	08:30	08:30	04:00	08:30	08:30		
FG635	Manor Pharmacy	BL3 4EB	40	Distance	08:15	08:15	08:15	08:15	03:30		
FKF42	Medifix Pharmacy	BL2 6HZ	40	Distance	08:00	08:00	08:00	08:00	08:00		
FHV38	Cohens Direct (Head Office)	BL6 4SA	40	Distance	08:00	08:00	08:00	08:00	08:00		
FV449	Bolton Pharmacy	BL4 0BR	40	Distance	08:00	08:00	08:00	08:00	08:00		
FKH23	Pharmaease.com	BL3 4BU	40	Distance	08:00	08:00	08:00	08:00	08:00		
FPL58	Speaks Pharmacy	BL6 5EE	40	Distance	08:00	08:00	08:00	08:00	08:00		
FQR19	Ukpharmacylive	BL3 5DL	40	Distance	08:00	08:00	08:00	08:00	08:00		
FW367	Treated.com Pharmacy	BL2 2HH	40	Distance	08:00	08:00	08:00	08:00	08:00		
FXJ72	Care Connect Pharmacy	BL3 3AT	40	Distance	08:00	08:00	08:00	08:00	08:00		

16.3 Pharmacy travel times

Figure 40: Walk travel time from pharmacies

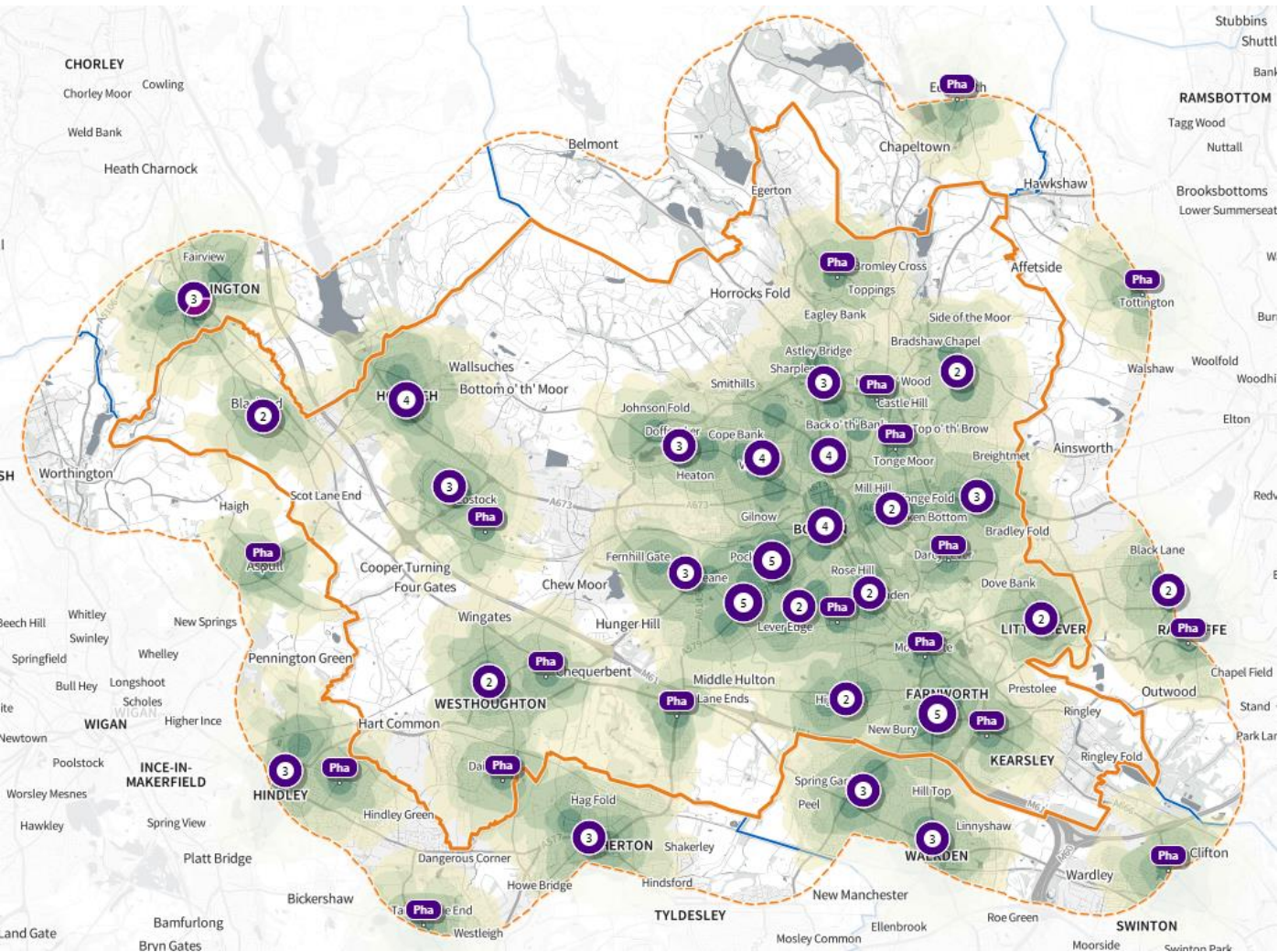


Figure 41: Cycle travel time from pharmacies

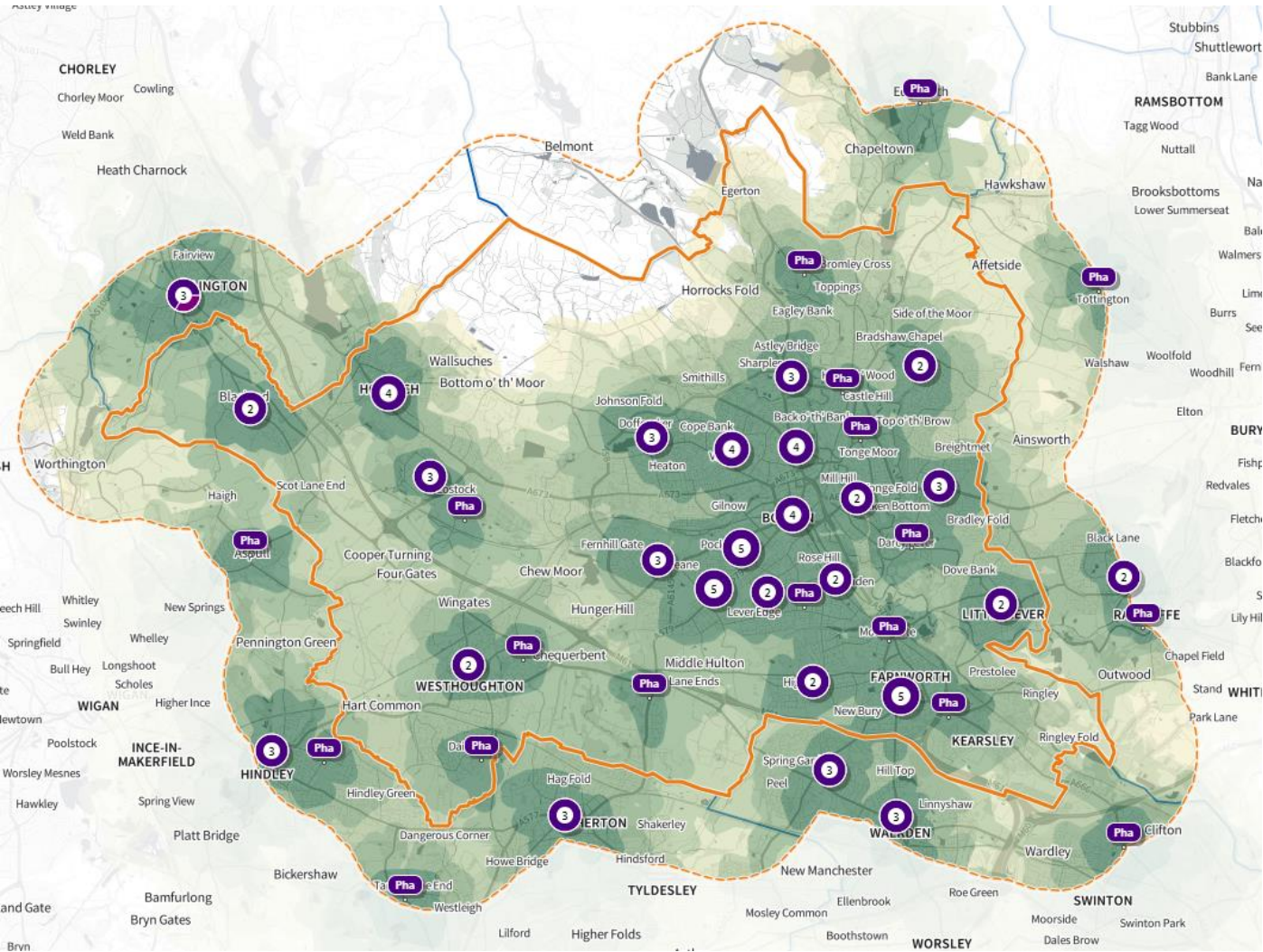


Figure 42: Public transport travel time to pharmacies (weekday morning)

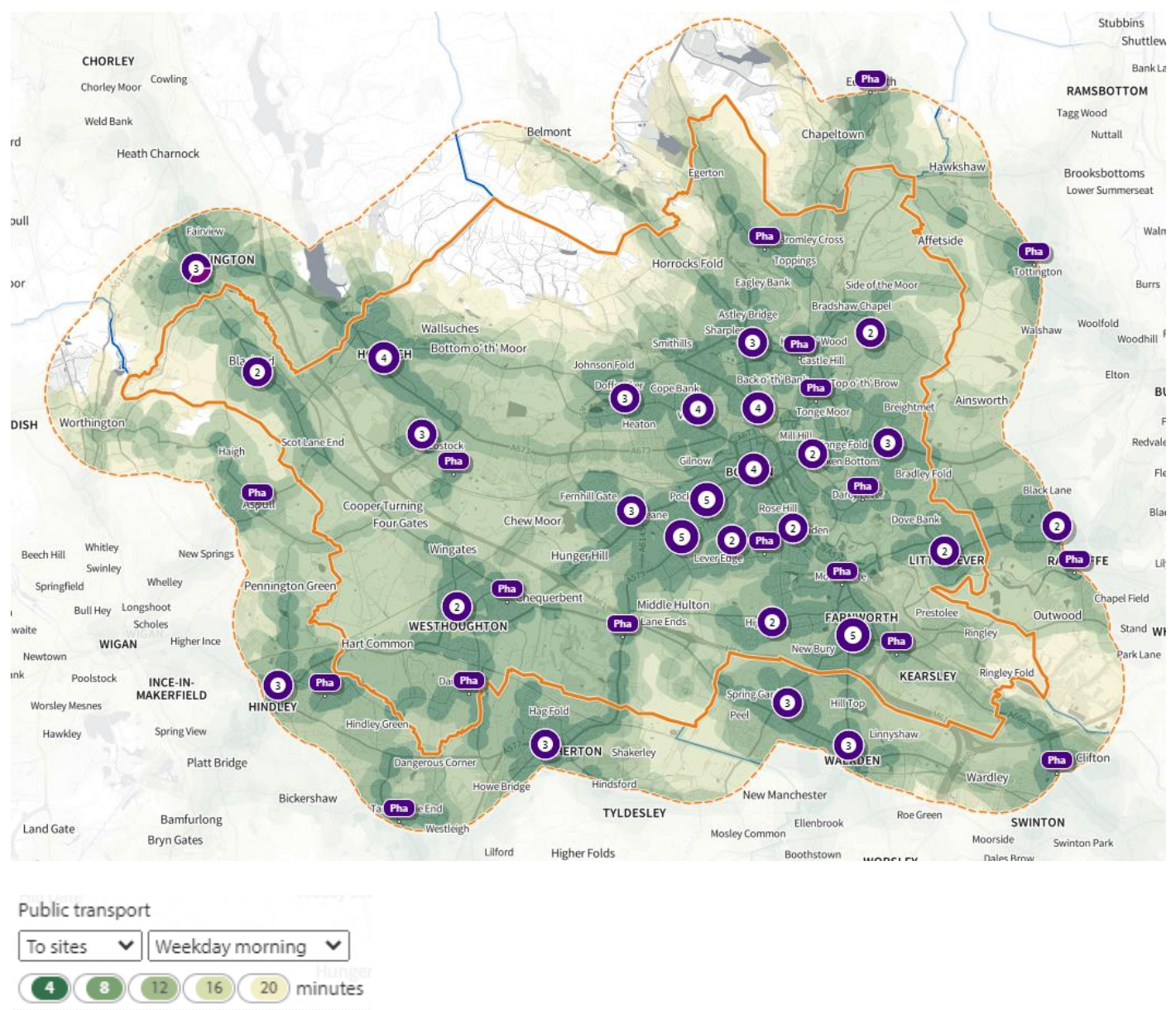


Figure 43: Public transport travel time to pharmacies (weekday evening)

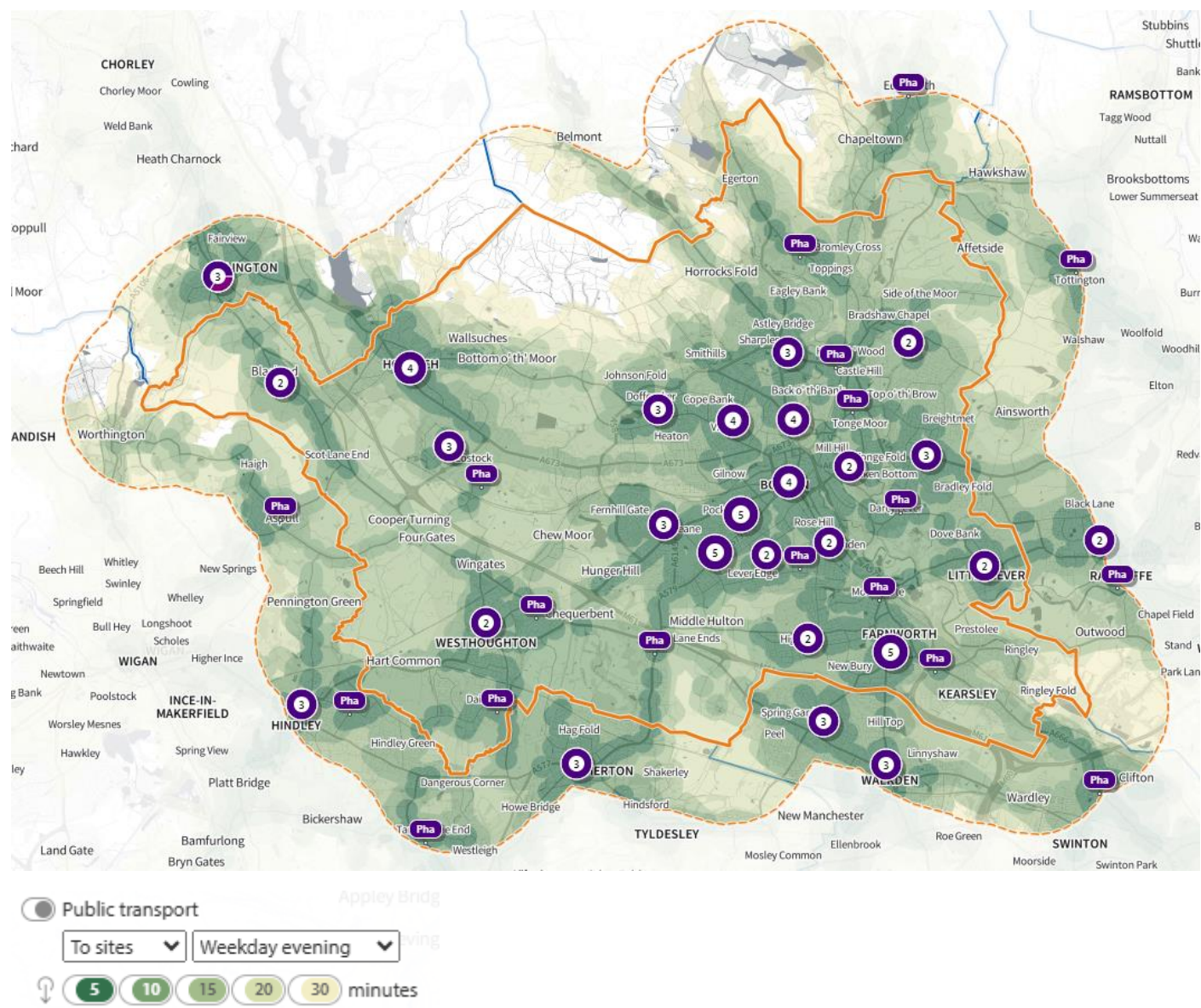


Figure 44: Car travel time from pharmacies (peak time)

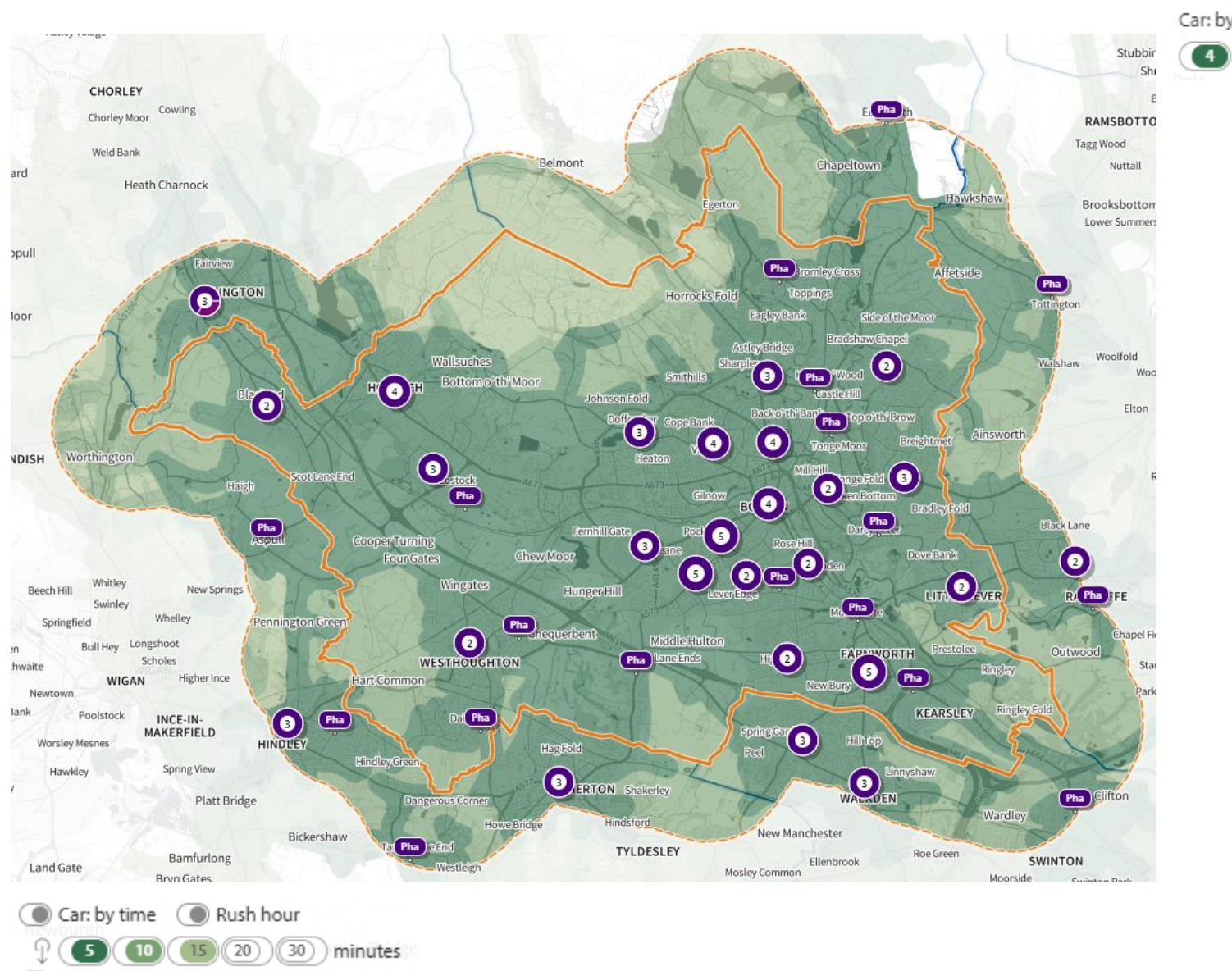


Figure 45: Population density around pharmacies with 1.6km buffer round pharmacies

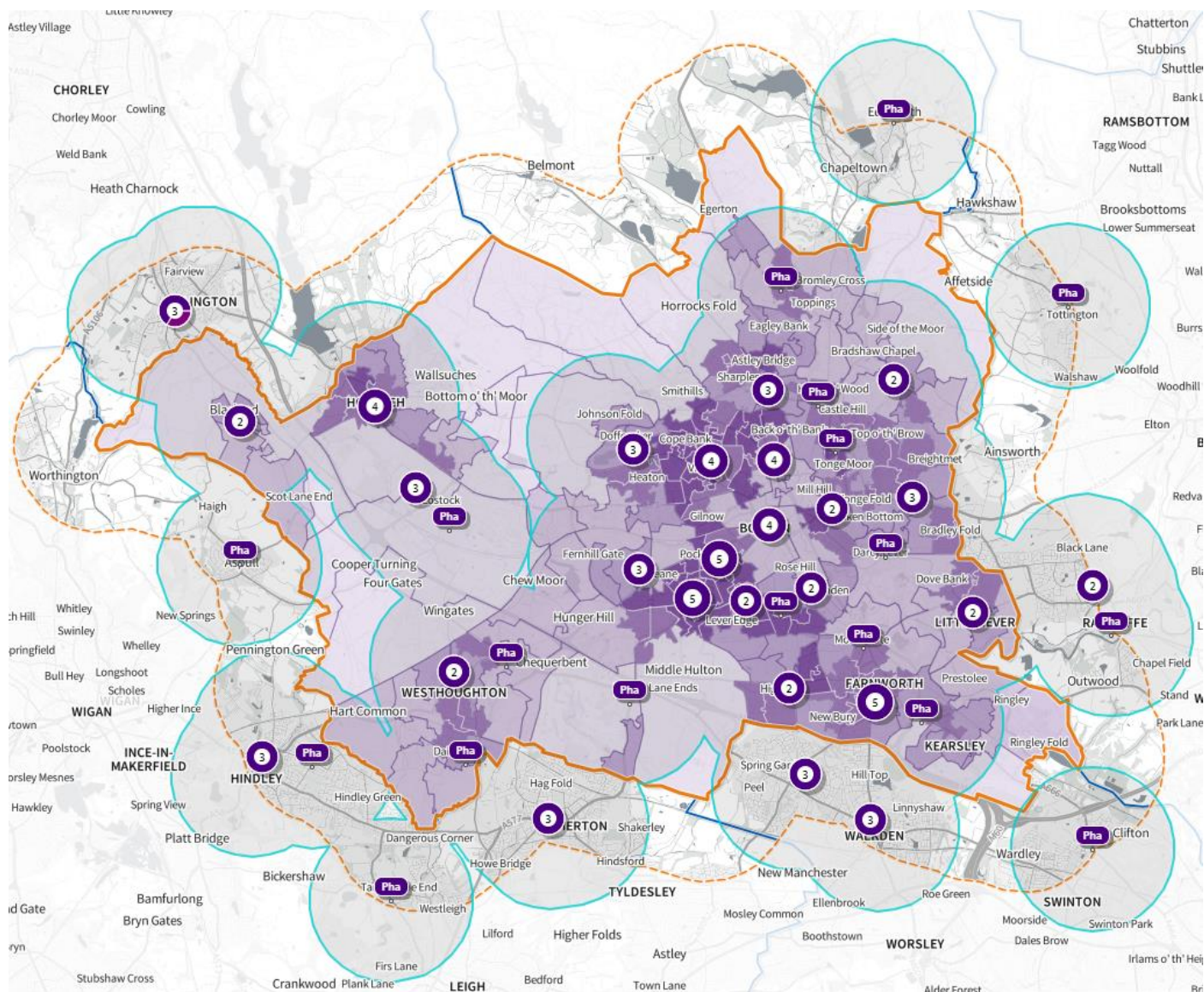
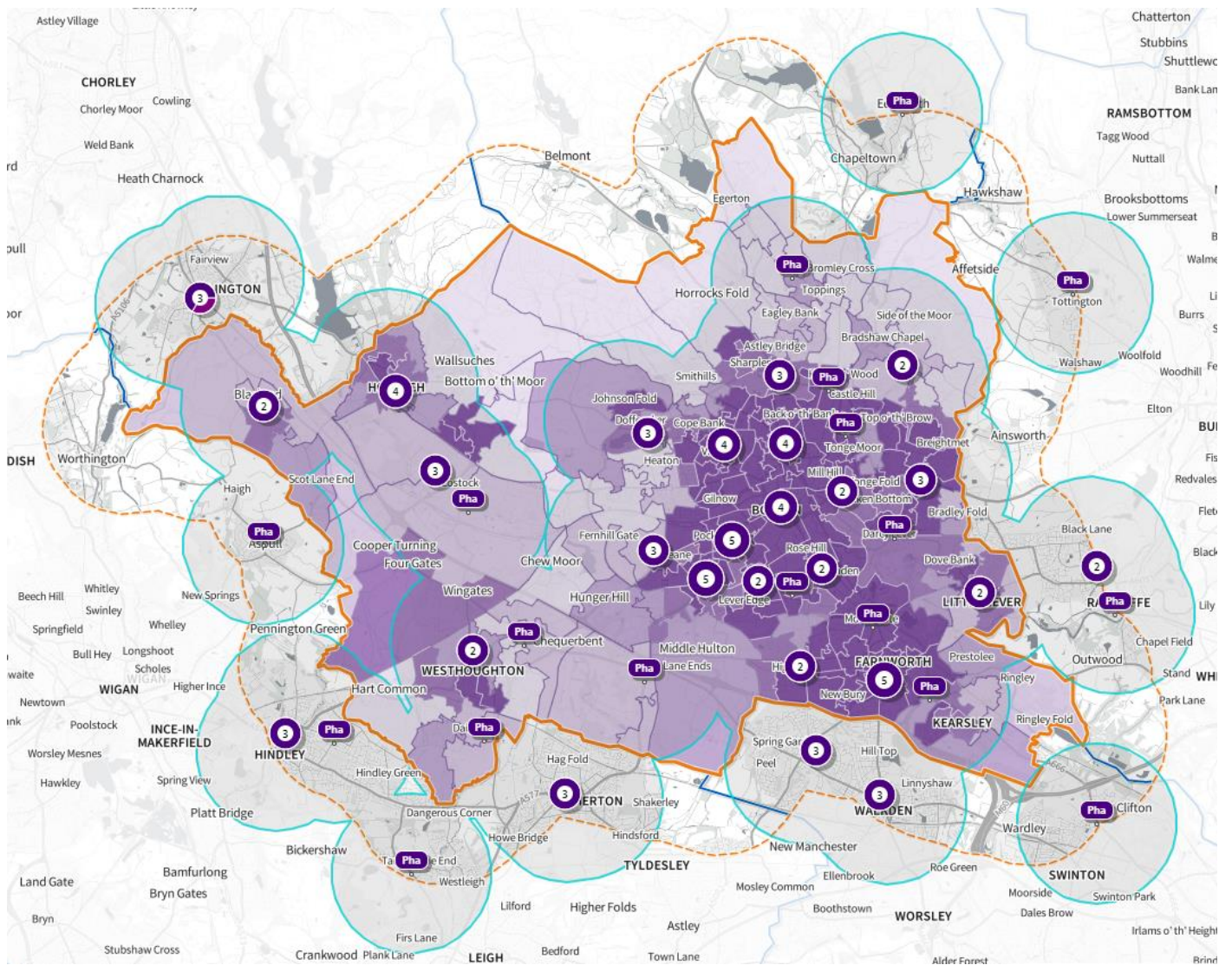


Figure 46: Deprivation around pharmacies (IMD 2019, health deprivation and disability domain)

With 1.6km buffer round pharmacies



16.4 Other relevant locations

Figure 47: Proximity of pharmacies to GP practices

Pharmacies in purple, GP practices in turquoise

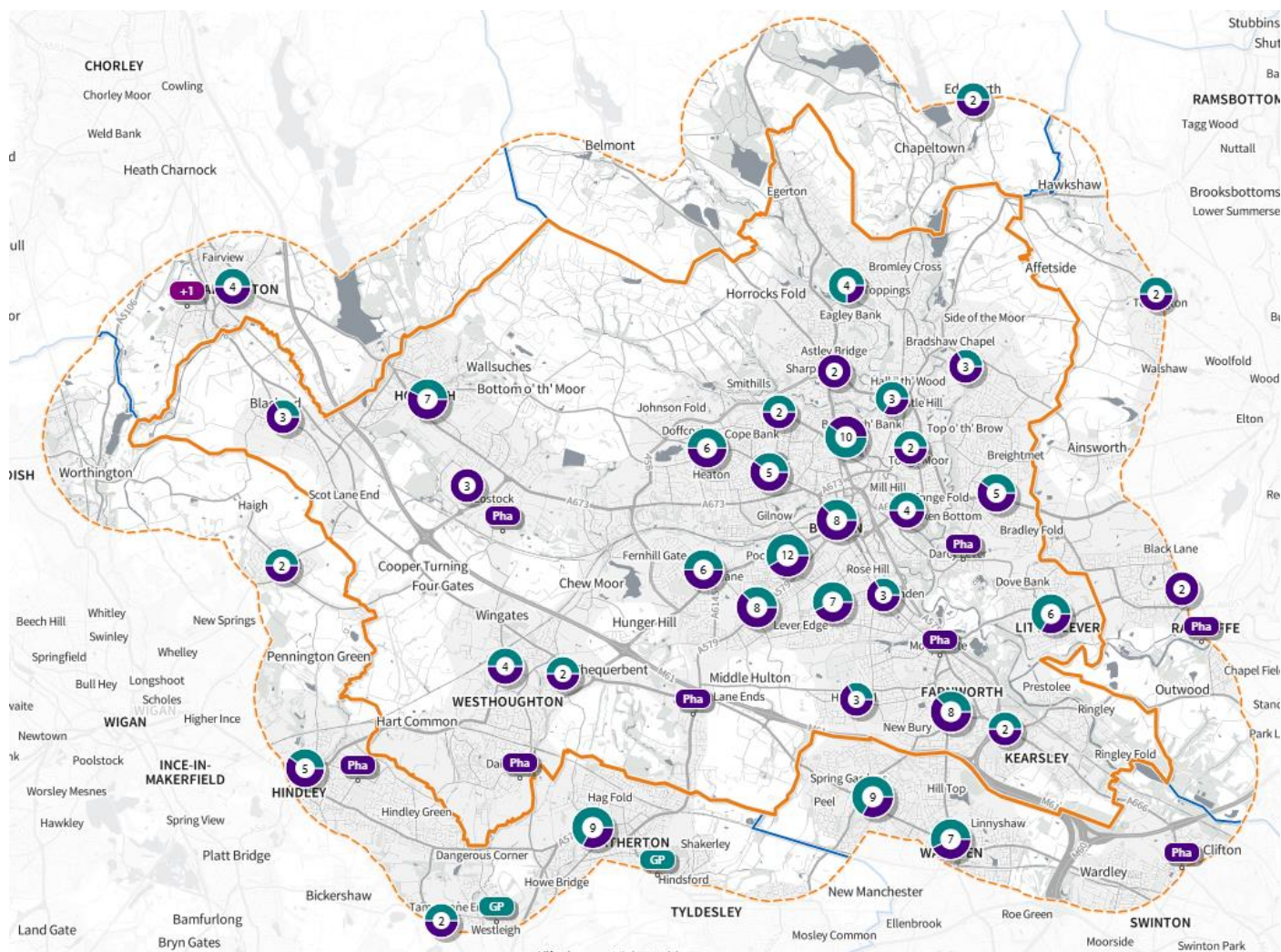


Figure 48: Location of dental practices

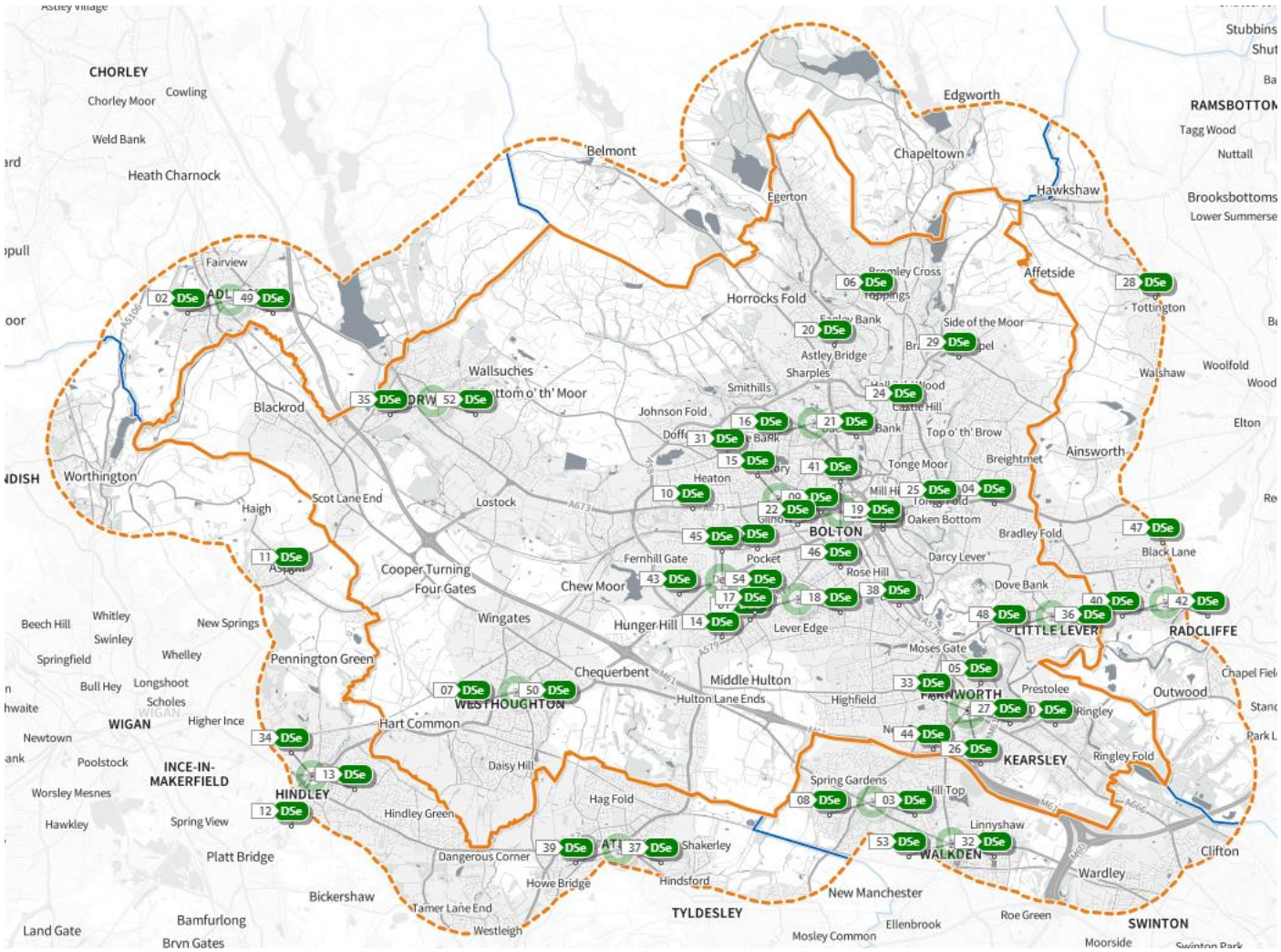


Figure 49 Key to Figure 48

Map index	Address	Address2	Postcode	Type
1	272 St. Helens Road	Bolton	BL3 3PZ	Dental service
2	7 Market Street	Chorley	PR7 4HE	Dental service
3	390 Manchester Road East	Manchester	M38 9WH	Dental service
4	794 Bury Road	Bolton	BL2 6PA	Dental service
5	Brackley House	Bolton	BL4 9ES	Dental service
6	227 Darwen Road	Bolton	BL7 9BS	Dental service
7	60 Church Street	Bolton	BL5 3RS	Dental service
8	34 Cleggs Lane	Manchester	M38 9WT	Dental service
9	78 Chorley New Road	Bolton	BL1 4BY	Dental service
10	350 Chorley New Road	Bolton	BL1 5AD	Dental service
11	6 Scot Lane	Wigan	WN2 1YX	Dental service
12	51 Atherton Road	Wigan	WN2 3EA	Dental service
13	2 Cross Street	Wigan	WN2 3AT	Dental service
14	208 Wigan Road	Bolton	BL3 5QE	Dental service
15	40 Chorley New Road	Bolton	BL1 4AP	Dental service
16	403-405 Halliwell Road	Bolton	BL1 8DE	Dental service
17	288 Derby Street	Bolton	BL3 6LF	Dental service
18	48 Higher Swan Lane	Bolton	BL3 3AT	Dental service
19	Lever Chambers	Bolton	BL1 1SQ	Dental service
20	757 Blackburn Road	Bolton	BL1 7JJ	Dental service
21	274 Blackburn Road	Bolton	BL1 8DT	Dental service
22	18 Silverwell Street	Bolton	BL1 1PP	Dental service
23	32 Bradford Street	Bolton	BL2 1JJ	Dental service
24	513 Tonge Moor Road	Bolton	BL2 3BG	Dental service
25	372 Bury Road	Bolton	BL2 6DD	Dental service
26	1 Bolton Road	Bolton	BL4 8DB	Dental service
27	25 Bolton Road	Bolton	BL4 8DB	Dental service
28	5 Back Chapel Street	Bury	BL8 4AH	Dental service
29	143 Lea Gate	Bolton	BL2 4BQ	Dental service
30	Stoneclough Rd	Manchester	M26 1GG	Dental service
31	530 Chorley Old Road	Bolton	BL1 6AB	Dental service
32	10 - 12 Memorial Road	Manchester	M28 3AQ	Dental service
33	Brackley Street	Bolton	BL4 9ES	Dental service
34	1-3 Ladies Lane	Wigan	WN2 2QA	Dental service
35	19-21 Winter Hey Lane	Bolton	BL6 7AD	Dental service
36	100 High Street	Bolton	BL3 1LR	Dental service
37	Dental Surgery	Manchester	M46 0AU	Dental service
38	464 Manchester Road	Bolton	BL3 2NU	Dental service
39	Dental Surgery	Manchester	M46 0BF	Dental service
40	Dental Surgery	Manchester	M26 3QP	Dental service
41	38 Higher Bridge Street	Bolton	BL1 2HA	Dental service
42	Dental Surgery	Manchester	M26 4FA	Dental service
43	Head Office	Bolton	BL3 4QW	Dental service
44	Brackley House	Bolton	BL4 9ES	Dental service
45	512 Wigan Road	Bolton	BL3 4QW	Dental service
46	Unit 9	Bolton	BL1 2JT	Dental service
47	375 Ainsworth Road	Manchester	M26 4HF	Dental service
48	75 Market Street	Bolton	BL3 1HH	Dental service
49	173 Chorley Road	Chorley	PR6 9LP	Dental service
50	53 Park Road	Bolton	BL5 3BX	Dental service
51	Kendalmer	Bolton	BL1 4QZ	Dental service
52	37 Victoria Road	Bolton	BL6 5ND	Dental service
53	2 Smith Street	Manchester	M28 3EZ	Dental service
54	48 Wigan Road	Bolton	BL3 5PZ	Dental service

Figure 50: Proximity of pharmacies to dental practices

Pharmacies in purple, dental practices in green

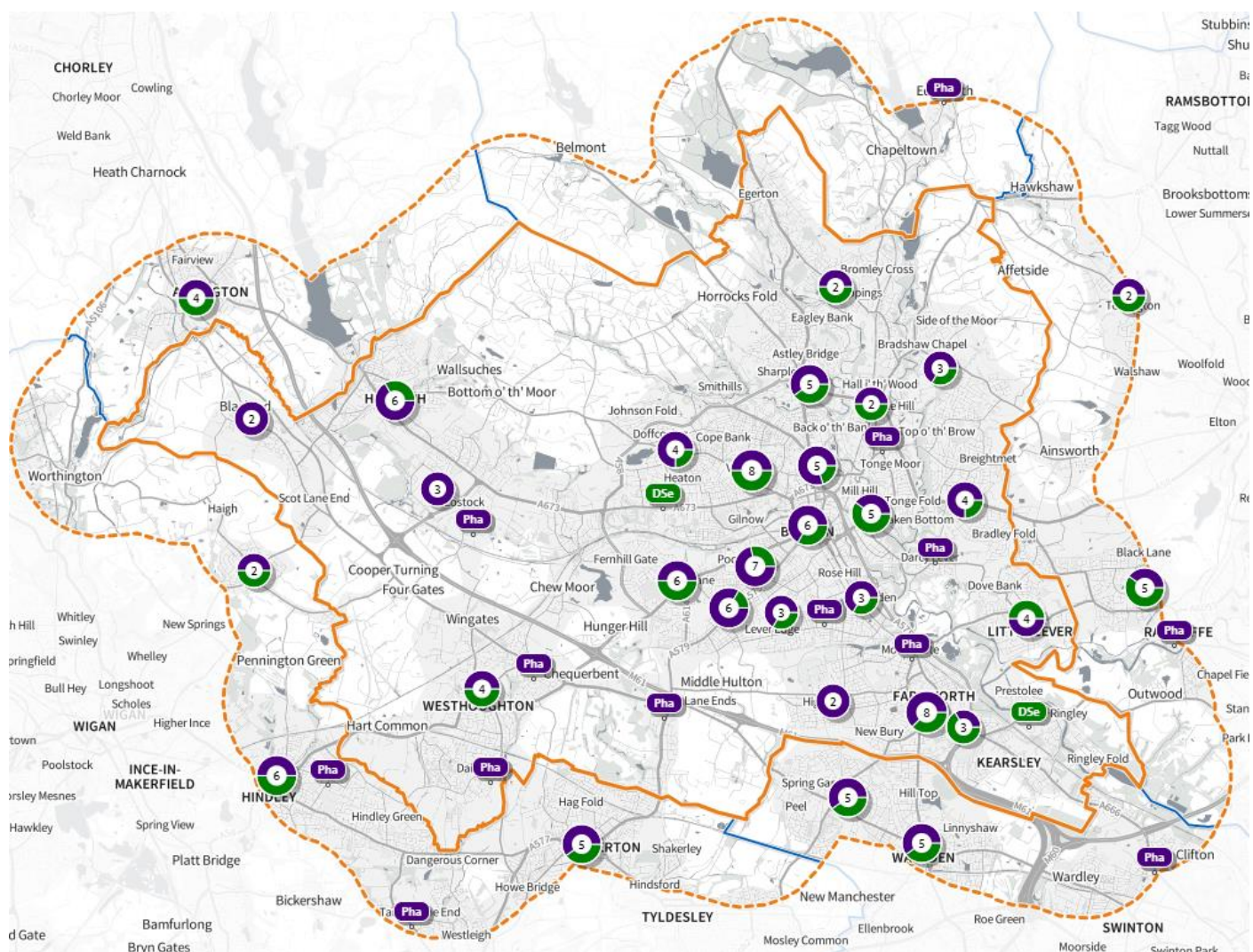


Figure 51: Locations of Royal Bolton Hospital & Waters Meeting Health Centre

Royal Bolton Hospital, Minerva Road, Farnworth, Bolton, BL18 2TU.

Waters Meeting Health Centre, Navigation Way, Bolton, BL1 8TU

