



Making the Most of Your Local Pharmacy

Wigan Borough Pharmaceutical Needs Assessment 2025 Consultation Report

Purpose of report

This report details the outcome of the consultation on the draft 2025 Wigan Borough Pharmaceutical Needs Assessment. It satisfies the duty placed on Health and Wellbeing Boards to publish what action they have taken in response to feedback from the consultation.

Consultation process

The consultation draft of the Pharmaceutical Needs Assessment (PNA) was published on the Wigan Council website between 26th June and 25th August 2025.

Consultees were notified of the consultation by email and directed to the link for the consultation on the Wigan Council website. The list of consultees is given in Appendix 1. A copy of the information provided on the consultation web page is given in Appendix 2. Contact details were also given in order that responders could ask questions and access help, if required.

What questions were asked?

1. The draft PNA aims to identify pharmacy need across Wigan. Does it achieve this? If not, please can you explain why?
2. Do you know of any relevant information that you think has not been included which could affect the conclusions and recommendations of this PNA. If yes, then please provide the additional information.
3. Does this draft 2022/25* PNA show that pharmaceutical provision in Wigan is satisfactory with few identified gaps? Do you agree? If not, what else should be considered?
4. Do you have any other relevant comments to add regarding the 2022/25* draft PNA?

*Please note during the production of this consultation report the working group have identified a misprint in the date ranges provided in question 3 and 4. This should have been 2025-2028 as all of questions relate to the draft PNA 2025. No impact on responses was noted.

Responses to the consultation

This report presents the responses to the consultation in Tables 1 and 2 below. All responses have been anonymised, Table 1 presents the answers to the questions from each respondent, where the answer was “Yes” or “No” with no additional feedback. Table 2 presents the consultation responses where additional feedback had been provided alongside a response from the working group, to the individualised

consultation responses. Following the analysis of the consultation comments, where amendments have been made to the PNA these have been noted.

Table 1 – Consultation responses (Y/N)

Consultation participant	Consultation Question	Answer	Additional comments
1	Q1	Yes	
	Q2	No	
	Q3	Yes	
	Q4	See Table 2	Full response in Table 2
2	Q1	See Table 2	Full response in Table 2
	Q2	Yes	Full response in Table 2
	Q3	No	Full response in Table 2
	Q4	See Table 2	Full response in Table 2
3	Q1	See Table 2	Full response in Table 2
	Q2	Yes	
	Q3	Yes	
	Q4	See Table 2	Full response in Table 2
4	Q1	See Table 2	Full response in Table 2
	Q2	Yes	Full response in Table 2
	Q3	Yes	
	Q4	See Table 2	Full response in Table 2
5	Q1	Yes	
	Q2	No	
	Q3	Yes	
	Q4	See Table 2	Full response in Table 2
6	Q1	See Table 2	Full response in Table 2
	Q2	Yes	Full response in Table 2
	Q3	No	Full response in Table 2
	Q4	No	
7	Q1	See Table 2	Full response in Table 2
	Q2	No	
	Q3	No	
	Q4	No	
8	Q1	See Table 2	Full response in Table 2
	Q2	Yes	Full response in Table 2
	Q3	No	Full response in Table 2
	Q4	See Table 2	Full response in Table 2

9	Q1	Yes	
	Q2	No	
	Q3	Yes	
	Q4	Yes	No further information has been provided
10	Q1	See Table 2	Full response in Table 2
	Q2	Yes	Full response in Table 2
	Q3	Yes	
	Q4	No	
11	Q1	See Table 2	Full response in Table 2
	Q2	No	
	Q3	No	Full response in Table 2
	Q4	See Table 2	Full response in Table 2
12	Q1	See Table 2	Full response in Table 2
	Q2	Yes	Full response in Table 2
	Q3	No	Full response in Table 2
	Q4	No	

Table 2 – Consultation feedback responses

Consultation participant	Consultation Question	Consultation Comment	Consultation Response
1	Q4	p12 point 15 ambiguous - Does the point identify an opportunity or gap in provision or does it mean for existing contractors to improve their current provision to fulfill that need	Paragraph 15 outlines how the PNA will be used in the event an application is received to enter the pharmaceutical list or to amend an existing entry on the pharmaceutical list, paragraph 15 does not identify an opportunity or a gap.
2	Q1	The draft PNA aims to identify pharmacy need across Wigan. XXXX formally challenges the conclusions in the draft Pharmaceutical Needs Assessment (PNA) that the closure of Hollowood Pharmacy in Hindley Green constitutes a gap in pharmaceutical provision, and that projected housing growth in Mosley Common creates a similar gap. We seek clarification on the following used to support these findings: <ul style="list-style-type: none"> specific criteria 	The specific criteria used to support the findings has been outlined in both the neighbourhood analysis for Ince, Hindley, Abram and Platt Bridge and Tyldesley and Atherton.
2	Q1	The draft PNA aims to identify pharmacy need across Wigan. XXXX formally challenges the conclusions in the draft Pharmaceutical Needs Assessment (PNA) that the closure of Hollowood Pharmacy in Hindley Green constitutes a gap in pharmaceutical provision, and that projected housing growth in Mosley Common creates a similar gap. We seek clarification on the following used to support these findings: <ul style="list-style-type: none"> data sources 	The data sources used to come to this conclusion are; Wigan Borough PNA 2022 - which concluded pharmacy provision to meet the current and future needs of the population, the pharmaceutical list that demonstrated the loss of a pharmacy in the Hindley Green area - this closure has been met with complaints from the residents of the area about the impact of losing this service provider, the population health profile is detailed in the Wigan Borough PNA 2025 that shows Hindley to be an area higher levels of deprivation (according to IMD) - increasing susceptibility to health inequalities. Information on the future housing developments in the Mosley Common area has been included. This is expected to require additional pharmacy

			provision, as described in the neighbourhood analysis for Tyldesley and Atherton. The working group have now included additional maps outlining walking distance travel time to pharmacies along with a public transport service coverage map to support this.
2	Q1	<p>The draft PNA aims to identify pharmacy need across Wigan. XXXX formally challenges the conclusions in the draft Pharmaceutical Needs Assessment (PNA) that the closure of Hollowood Pharmacy in Hindley Green constitutes a gap in pharmaceutical provision, and that projected housing growth in Mosley Common creates a similar gap.</p> <p>We seek clarification on the following used to support these findings:</p> <ul style="list-style-type: none"> • modelling tools (e.g. distance mapping, travel time analysis, service usage data) 	<p>The modelling tools used within this PNA have taken into consideration; the distance between pharmacies and GP practices within Wigan Borough, this has been demonstrated using a 1Km buffer zone, the future housing projections over the next 3 years and the population health profile of Wigan residents.</p> <p>In addition to this, feedback from residents has been received following the closure of the pharmacy situated in Hindley Green that indicates there is an unmet need for necessary service provision in this location.</p>
2	Q1	<p>Figure 31 in the PNA uses a 1km buffer zone to assess pharmacy access. However, most other PNAs across the country adopt a 1-mile (approximately 1.6km) buffer as a standard measure of reasonable access. We strongly recommend that this analysis be re-run using a 1-mile buffer, which would more accurately reflect accessibility norms and is likely to show that Hindley Green remains adequately served following the closure of Hollowood Pharmacy</p>	<p>There is no standardised measurement when measuring buffer zones to measure accessibility to pharmacies. Using a 1Km buffer to assess access aligns with the travel time for the majority of respondents to the public survey being 15 minutes, the working group have chosen a 1Km buffer, as on average this would take 10-12 minutes at a moderate pace whereas if a 1-mile buffer had been chosen, this would take over 15 minutes. This aligns with the methodology that underpinned the conclusions of the 2018 and 2022 PNA.</p>
2	Q1	<p>The findings of the public survey do not support the conclusion that there is a significant access issue in Hindley Green. In fact, the survey indicates a</p>	<p>The public survey gives an overview of service provision across the Borough but should not be used to discount the existing evidence of a gap in necessary service provision in</p>

		high level of satisfaction and accessibility across the borough:	the Hindley Green area. Although the public survey indicated high levels of satisfaction with pharmacy services, these results should be interpreted with caution due to the low response rate (0.06%) when compared to the population of the Borough. The survey also indicated that around 9% of respondents were unsatisfied or very unsatisfied. In addition to this, feedback from residents has been received following the closure of the pharmacy situated in Hindley Green that indicates there is an unmet need for necessary service provision in this location.
2	Q1	There is no specific evidence from the survey indicating that the closure of Hollowood Pharmacy in Hindley Green has resulted in access difficulties for the local population.	The public survey gives an overview of service provision across the Borough but should not be used to discount the existing evidence of a gap in necessary service provision in the Hindley Green area. Although the public survey indicated high levels of satisfaction with pharmacy services, these results should be interpreted with caution due to the low response rate (0.06%) when compared to the population of the Borough. The survey also indicated that around 9% of respondents were unsatisfied or very unsatisfied. In addition to this, feedback from residents has been received following the closure of the pharmacy situated in Hindley Green that indicates there is an unmet need for necessary service provision in this location.
2	Q1	GP services and access There is no GP practice located within Hindley Green itself; therefore, patients routinely travel outside this small area to access general medical services. Across the wider neighbourhood, every GP practice is situated within one kilometre of a community pharmacy. This ensures that patients can conveniently access pharmaceutical services	The 2018 and 2022 PNA concluded that pharmacy provision met the needs of the population across the Borough. When applying the same methodology under the same legislative guidance, following the closure of a pharmacy in a community experiencing higher levels of deprivation and health inequalities, and considering the feedback from residents following this closure, a gap in necessary service provision has been identified.

		<p>near their GP, supporting continuity of care and reducing unnecessary travel burdens.</p> <p>Furthermore, ten out of eleven pharmacies in the neighbourhood offer a home delivery service, providing essential support for patients who may have limited mobility or lack access to transport.</p> <p>The PNA notes that Advanced and Locally Commissioned services across the neighbourhood is good.</p> <p>These arrangements collectively help maintain equitable access to essential pharmaceutical services for Hindley Green residents, even in the absence of a local pharmacy.</p>	<p>The prescription delivery service is not an NHS pharmacy service and provision of this service relies on the good will of the provider and as a result may not continue throughout the lifetime of this PNA.</p>
2	Q1	<p>The draft PNA does not account for patients travelling to pharmacies by public transport, a significant omission. Hindley Green benefits from regular bus services connecting it with Hindley, Wigan, and other parts of the borough. These services provide vital access for those who cannot drive or walk long distances.</p> <p>We ask the Health and Wellbeing Board to include a public transport access assessment in the final version.</p>	<p>The guidance for the PNA advises that in order to identify gaps in the location of premises it is recommended that a travel time standard is chosen and then access mapped against it. Information gained from the public engagement questionnaire will help inform the travel time standard used, along with information on how the public travels to pharmacies. Although the public survey needs to be treated with caution, the public survey showed that 91% of the respondents who travelled to the pharmacy either travelled by car or walked. For 79% of respondents this journey had a travel time of up to 15 minutes. When considering routes other than driving, as walking was the most common alternative, public transport access has not been explicitly analysed, although information on accessibility by public transport has been included within each neighbourhood analysis. The working group have now included additional maps outlining walking distance travel time to pharmacies along with a public transport service coverage map to enhance decision making transparency.</p>

			<p>The working group has selected A 1Km travel standard and uses a 1Km buffer to assess access. This aligns with the travel time for the majority of respondents to the public survey being 15 minutes, the working group have chosen a 1Km buffer, as on average this would take 10-12 minutes at a moderate pace whereas if a 1-mile buffer had been chosen, this would take over 15 minutes.</p>
2	Q1	<p>Comparative data from the ONS area profile tool shows that Hindley Green has:</p> <ul style="list-style-type: none"> • Lower levels of unemployment than the borough average • Lower levels of residents without access to a car • A comparable proportion of residents in good or very good health <p>This suggests that the local population is likely to be less vulnerable to pharmacy access challenges than other areas. These characteristics do not support the case for an exceptional local need.</p>	<p>Hindley Green has lower level of unemployment, residents without access to a car and comparable proportion of residents in good or very good health. However, given the area's older demographic—18.2% of residents are aged 65 and over—access to a local pharmacy is particularly important, as older people are more likely to depend on nearby chemists for regular medication, health advice, and support with managing long-term conditions, with 8% of residents in bad or very bad health compared to the local average.</p> <p>Parts of Hindley Green are in the most deprived quintile and residents in these communities tend to experience poor health outcomes and are more likely to require regular access to health services such as a local pharmacy.</p>
2	Q1	<p>The closure of Hollowood Pharmacy is best understood in the context of business viability. Dispensing volumes at the site were very low and likely rendered the pharmacy commercially unsustainable.</p>	<p>The working group for this PNA do not know the reasons for the closure therefore cannot comment on the reasons for the closure of this pharmacy. The PNA considers the need for pharmaceutical services.</p>
2	Q1	<p>The PNA treats Hindley Green as separate from Hindley for the purposes of assessing provision. However, this distinction may not reflect realistic travel behaviours, as many residents of Hindley</p>	<p>The working group have now included an additional walking distance map. The pharmacies in the neighbouring area of Hindley fall outside of the travel standard that was developed based on the survey as recommended in the</p>

		Green are likely to use services in Hindley. This boundary issue should be revisited in the final assessment.	PNA guidance and therefore we have treated Hindley Green as a separate area.
2	Q1	<p>The draft PNA defines necessary services (Section: Pharmaceutical Services, page 51) as the essential services that all pharmacies must provide under the NHS community pharmacy contract. These services are being delivered consistently by pharmacies in the wider Ince, Hindley, Abram, and Platt Bridge neighbourhood.</p> <p>Given that Hindley Green residents also travel outside the area for GP services, and can access pharmacies located near those GP practices, it is not clear how Hindley Green lacks access to necessary services within reasonable distance. The presence of these services within accepted travel thresholds (e.g. 1 mile / 20-minute walk) suggests that the criteria for a gap in necessary services are not met.</p>	<p>As there is no GP Practice in this area, a pharmacy would ensure residents had improved access to health advice and support through self-care, signposting and the other essential services provided by pharmacy contractors. When considering other services which may also be provided, this would further support access to health advice within the area.</p> <p>The travel threshold based on the feedback from our survey (as recommended in the PNA guidance) has been set at 1Km giving a walking time of less than 15 minutes.</p>
2	Q1	The draft PNA concludes that there is a current need in Hindley Green for a pharmacy providing both all essential services and the Pharmacy First service. However, this conclusion is inconsistent with the PNAs own definition of necessary services, which only includes the essential services delivered under the NHS community pharmacy contract.	The working group have noted this comment and amended the PNA to remove any unintended inconsistencies. The gaps identified in this PNA relate to necessary service provision and this has been defined as the essential services delivered under the NHS community pharmacy contract.
2	Q1	Pharmacy First is an advanced service, not a necessary service. While it is a valuable enhancement that improves access to care and reduces pressure on general practice, it does not constitute part of the statutory baseline of services	The working group have noted this comment and amended the PNA to remove any unintended inconsistencies. The gaps identified in this PNA relate to necessary service provision and this has been defined as the essential

		required to meet pharmaceutical need. Its inclusion in the identified gap overextends the definition of service need beyond what the PNA framework supports. Since this service is already available at nearby pharmacies, its inclusion as justification for new provision is not supported by either evidence or the PNAs own stated criteria.	services delivered under the NHS community pharmacy contract.
2	Q1	In the case of Hindley Green, it is unclear how the need was determined beyond the fact of a pharmacy closure. Without clear modelling of access patterns, service coverage, and local population needs, the conclusion of a gap appears speculative.	<p>Hindley Green has lower level of unemployment, residents without access to a car and comparable proportion of residents in good or very good health. However, given the area's older demographic—18.2% of residents are aged 65 and over—access to a local pharmacy is particularly important, as older people are more likely to depend on nearby chemists for regular medication, health advice, and support with managing long-term conditions, with 8% of residents in bad or very bad health compared to the local average. Parts of Hindley Green are in the most deprived quintile and residents in these communities tend to experience poor health outcomes and are more likely to require regular access to health services such as a local pharmacy. Feedback from residents following the closure of the pharmacy in Hindley Green indicated an unmet need for service provision.</p> <p>The travel threshold based on the feedback from our survey (as recommended in the PNA guidance) has been set at 1Km giving a walking time of less than 15 minutes. The working group have now included additional maps outlining walking distance travel time to pharmacies along with a public transport service coverage map to enhance decision making transparency.</p>

2	Q1	We recommend that all assessments, particularly those following a closure, be underpinned by transparent, data-driven methodology to ensure consistency, fairness, and alignment with statutory definitions.	A data driven methodology has been used. The methodology has been included within the PNA to provide clarity.
2	Q1	We recommend that the final PNA includes: <ul style="list-style-type: none"> • Greater transparency about how need was assessed 	The specific criteria used to assess need is described in the neighbourhood analysis for each neighbourhood. The methodology has been included within the PNA to provide clarity.
2	Q1	We recommend that the final PNA includes: <ul style="list-style-type: none"> • A full integration of public transport data and nearby pharmacy access 	<p>The guidance for the PNA advises that in order to identify gaps in the location of premises it is recommended that a travel time standard is chosen and then access mapped against it. Information gained from the public engagement questionnaire will help inform the travel time standard used, along with information on how the public travels to pharmacies. Although the public survey needs to be treated with caution, the public survey showed that 91% of the respondents who travelled to the pharmacy either travelled by car or walked. For 79% of respondents this journey had a travel time of up to 15 minutes. When considering routes other than driving, as walking was the most common alternative, public transport access has not been explicitly analysed, although information on accessibility by public transport has been included within each neighbourhood analysis. The working group have now included additional maps outlining walking distance travel time to pharmacies along with a public transport service coverage map to enhance decision making transparency.</p> <p>The working group has selected A 1Km travel standard and uses a 1Km buffer to assess access. This aligns with the travel time for the majority of respondents to the public survey being 15 minutes, the working group have chosen a</p>

			1Km buffer, as on average this would take 10-12 minutes at a moderate pace whereas if a 1-mile buffer had been chosen, this would take over 15 minutes.
2	Q1	We recommend that the final PNA includes: <ul style="list-style-type: none"> • Consideration of actual resident health and mobility data 	The PNA presents and assesses the needs of the population according to demographic and health data.
2	Q1	We recommend that the final PNA includes: <ul style="list-style-type: none"> • A more nuanced interpretation of public feedback 	Given the low response rate when compared to the population estimates for the Borough (0.06%), it is not appropriate to break down the public survey responses in any way as this would reduce the sample size even further.
2	Q1	We recommend that the final PNA includes: <ul style="list-style-type: none"> • A reassessment of whether this represents a genuine need or an expected market adjustment 	The PNA has identified the current pharmaceutical provision across the Borough along with services outside of the Borough and by other providers and considered how these meet the current and future needs of the Wigan Borough population. Where need has been identified this has been described in line with the guidance.
2	Q1	The draft PNA identifies a potential gap in Mosley Common due to projected housing growth. However, it is our understanding that the development in question involves approximately 175 new homes. This is a relatively modest increase in population and does not, on its own, justify identifying a new pharmacy need.	Housing development in Mosley Common has been considered as part of our assessment during the previous PNA period and the current draft PNA. While the development within the lifetime of this PNA includes approximately 175 new homes, our analysis draws on the Strategic Housing Land Availability Assessment (SHLAA), which identifies a broader pattern of planned and potential housing growth in the area. When considered across this longer time span, the cumulative impact of housing development is expected to increase demand for pharmaceutical services. On this basis, we have identified a future need for pharmacy provision in Mosley Common.
2	Q1	Crucially, the draft PNA does not specify the size, phasing, or population impact of the development. Without this core information, it is not possible to	The PNA has considered developments that are likely to be achievable during the lifetime of the PNA, 2025-2028.

		<p>assess whether the housing growth would materially affect access to pharmaceutical services.</p>	<p>The majority of development within the Mosley Common area is expected to be completed in the 2027/28 financial year and it is for this reason, a future need for pharmaceutical services has been identified.</p> <p>The working group have been made aware of continued future developments however these extended beyond the lifetime of this PNA</p>
2	Q1	<p>The current Wigan PNA does not identify a gap in Mosley Common, and no supplementary statement has been issued to update this position. Past or completed housing development should not be retrospectively used to justify new service needs unless that development has triggered a formal reassessment. Identifying a gap based solely on general growth assumptions risks setting a precedent not grounded in evidence.</p>	<p>Housing development in Mosley Common has been considered as part of our assessment during the previous PNA period and the current draft PNA. While the current development includes approximately 175 new homes, our analysis draws on the Strategic Housing Land Availability Assessment (SHLAA), which identifies a broader pattern of planned and potential housing growth in the area. When considered across this longer time span, the cumulative impact of housing development is expected to increase demand for pharmaceutical services. On this basis, we have identified a future need for pharmacy provision in Mosley Common.</p>
2	Q1	<p>The PNA should take these surrounding areas into account when evaluating whether a genuine service gap exists. Furthermore, the PNA does not show or reference nearby pharmacies located in adjacent Health and Wellbeing Board (HWB) areas, which may also contribute to local access. Residents often travel across administrative boundaries to access services, so any needs assessment should reflect patient behaviour and service use in nearby Walkden and Boothstown. These existing pharmacies in the wider neighbourhood offer sufficient capacity and coverage to meet the pharmaceutical needs of</p>	<p>The working group have now included an additional map that highlights the travel time to the pharmacies across the local authority borders. The pharmacies described are in neighbouring areas and not in the location to which this PNA has identified as an area of future need, based on the analysis of future developments across the Borough.</p> <p>The provider survey feedback showed that some providers are open to increasing capacity. This is positive, but remains indicative at this time; additional work with providers is required before drawing conclusions around service expansion and capacity boosting.</p>

		Mosley Common residents. There is no indication that these services are oversubscribed or inaccessible, and they already serve overlapping catchment areas. The PNA should take these surrounding areas into account when evaluating whether a genuine service gap	
2	Q1	<p>The draft PNA does not include analysis of public transport access to pharmacy services from Mosley Common. However, bus and road connections to Walkden and Tyldesley are regular and reliable. Many residents in the area are likely to rely on these routes when accessing healthcare. The absence of transport modelling or travel-time analysis weakens the case for identifying an access gap</p>	<p>The guidance for the PNA advises that in order to identify gaps in the location of premises it is recommended that a travel time standard is chosen and then access mapped against it. Information gained from the public engagement questionnaire will help inform the travel time standard used, along with information on how the public travels to pharmacies. Although the public survey needs to be treated with caution, the public survey showed that 91% of the respondents who travelled to the pharmacy either travelled by car or walked. For 79% of respondents this journey had a travel time of up to 15 minutes. When considering routes other than driving, as walking was the most common alternative, public transport access has not been explicitly analysed, although information on accessibility by public transport has been included within each neighbourhood analysis. The working group have now included additional maps outlining walking distance travel time to pharmacies along with a public transport service coverage map to enhance decision making transparency.</p> <p>The working group has selected A 1Km travel standard and uses a 1Km buffer to assess access. This aligns with the travel time for the majority of respondents to the public survey being 15 minutes, the working group have chosen a 1Km buffer, as on average this would take 10-12 minutes at</p>

			a moderate pace whereas if a 1-mile buffer had been chosen, this would take over 15 minutes.
2	Q1	Housing developments typically occur in phases. It is more proportionate to monitor demand over time and assess whether service pressure builds, rather than assume that a development of 175 homes immediately creates a gap. A responsive approach based on population thresholds and service usage would be more consistent with the way pharmaceutical need is generally determined.	Housing development in Mosley Common has been considered as part of our assessment during the previous PNA period and the current draft PNA. While the current development includes approximately 175 new homes, our analysis draws on the Strategic Housing Land Availability Assessment (SHLAA), which identifies a broader pattern of planned and potential housing growth in the area. When considered across this longer time span, the cumulative impact of housing development is expected to increase demand for pharmaceutical services. On this basis, we have identified a future need for pharmacy provision in Mosley Common.
2	Q1	XXXX recommends that the draft PNA reconsider its conclusion regarding Mosley Common. We urge the Health and Wellbeing Board to: <ul style="list-style-type: none"> • Reassess whether a genuine shortfall in access to necessary services has been demonstrated 	The PNA has identified the current pharmaceutical provision across the Borough along with services outside of the Borough and by other providers and considered how these meet the current and future needs of the Wigan Borough population. Where need has been identified this has been described in line with the guidance.
2	Q1	XXXX recommends that the draft PNA reconsider its conclusion regarding Mosley Common. We urge the Health and Wellbeing Board to: <ul style="list-style-type: none"> • Avoid using modest housing development as the sole basis for identifying a new gap 	Housing development in Mosley Common has been considered as part of our assessment during the previous PNA period and the current draft PNA. While the current development includes approximately 175 new homes, our analysis draws on the Strategic Housing Land Availability Assessment (SHLAA), which identifies a broader pattern of planned and potential housing growth in the area. When considered across this longer time span, the cumulative impact of housing development is expected to increase demand for pharmaceutical services. On this basis, we have identified a future need for pharmacy provision in Mosley Common.

2	Q1	<p>XXX recommends that the draft PNA reconsider its conclusion regarding Mosley Common. We urge the Health and Wellbeing Board to:</p> <ul style="list-style-type: none"> • Ensure that public transport and pharmacy capacity are fully considered 	<p>The guidance for the PNA advises that in order to identify gaps in the location of premises it is recommended that a travel time standard is chosen and then access mapped against it. Information gained from the public engagement questionnaire will help inform the travel time standard used, along with information on how the public travels to pharmacies. Although the public survey needs to be treated with caution, the public survey showed that 91% of the respondents who travelled to the pharmacy either travelled by car or walked. For 79% of respondents this journey had a travel time of up to 15 minutes. When considering routes other than driving, as walking was the most common alternative, public transport access has not been explicitly analysed, although information on accessibility by public transport has been included within each neighbourhood analysis. The working group have now included additional maps outlining walking distance travel time to pharmacies along with a public transport service coverage map to enhance decision making transparency.</p> <p>The working group has selected A 1Km travel standard and uses a 1Km buffer to assess access. This aligns with the travel time for the majority of respondents to the public survey being 15 minutes, the working group have chosen a 1Km buffer, as on average this would take 10-12 minutes at a moderate pace whereas if a 1-mile buffer had been chosen, this would take over 15 minutes.</p> <p>The provider survey feedback showed that some providers are open to increasing capacity. This is positive, but remains indicative at this time; additional work with providers is required before drawing conclusions around service expansion and capacity boosting.</p>
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2	Q1	<p>XXXX recommends that the draft PNA reconsider its conclusion regarding Mosley Common. We urge the Health and Wellbeing Board to:</p> <ul style="list-style-type: none"> • Maintain consistency with the approach to other neighbourhoods 	The PNA has applied the same methodology to each neighbourhood within the borough.
2	Q1	<p>XXXX recommends that the draft PNA reconsider its conclusion regarding Mosley Common. We urge the Health and Wellbeing Board to:</p> <ul style="list-style-type: none"> • Monitor service demand as the development progresses, rather than pre-emptively declaring need 	The PNA legislation requires the working group to make a statement regarding future needs, improvements and securing better access. This statement describes the gap in necessary services in the Mosley Common area to be one of future need, based on the analysis of the future developments planned during the lifetime of this PNA.
2	Q1	<p>In light of the points above, XXXX requests that the Health and Wellbeing Board reconsider its conclusion that a gap in pharmaceutical services exists in Hindley Green and Mosley Common. We recommend that the final PNA includes:</p> <ul style="list-style-type: none"> • Greater transparency about how need was assessed 	The specific criteria used to assess need is described in the neighbourhood analysis for each neighbourhood.
2	Q1	<p>In light of the points above, XXXX requests that the Health and Wellbeing Board reconsider its conclusion that a gap in pharmaceutical services exists in Hindley Green and Mosley Common. We recommend that the final PNA includes:</p> <ul style="list-style-type: none"> • A full integration of public transport data and nearby pharmacy access 	The guidance for the PNA advises that in order to identify gaps in the location of premises it is recommended that a travel time standard is chosen and then access mapped against it. Information gained from the public engagement questionnaire will help inform the travel time standard used, along with information on how the public travels to pharmacies. Although the public survey needs to be treated with caution, the public survey showed that 91% of the respondents who travelled to the pharmacy either travelled by car or walked. For 79% of respondents this journey had a travel time of up to 15 minutes. When considering routes other than driving, as walking was the most common alternative, public transport access has not been explicitly analysed, although information on accessibility by public

			<p>transport has been included within each neighbourhood analysis. The working group have now included additional maps outlining walking distance travel time to pharmacies along with a public transport service coverage map to enhance decision making transparency.</p> <p>The working group has selected A 1Km travel standard and uses a 1Km buffer to assess access. This aligns with the travel time for the majority of respondents to the public survey being 15 minutes, the working group have chosen a 1Km buffer, as on average this would take 10-12 minutes at a moderate pace whereas if a 1-mile buffer had been chosen, this would take over 15 minutes.</p>
2	Q1	<p>In light of the points above, XXXX requests that the Health and Wellbeing Board reconsider its conclusion that a gap in pharmaceutical services exists in Hindley Green and Mosley Common. We recommend that the final PNA includes:</p> <ul style="list-style-type: none"> • Consideration of actual resident health and mobility data 	<p>The PNA presents and assesses the needs of the population according to demographic and health data.</p>
2	Q1	<p>In light of the points above, XXXX requests that the Health and Wellbeing Board reconsider its conclusion that a gap in pharmaceutical services exists in Hindley Green and Mosley Common. We recommend that the final PNA includes:</p> <ul style="list-style-type: none"> • A more nuanced interpretation of public feedback 	<p>Given the low response rate when compared to the population estimates for the Borough (0.06%), it is not appropriate to break down the public survey responses in any way as this would reduce the sample size even further.</p>
2	Q1	<p>In light of the points above, XXXX requests that the Health and Wellbeing Board reconsider its conclusion that a gap in pharmaceutical services exists in Hindley Green and Mosley Common. We recommend that the final PNA includes:</p>	<p>The PNA has identified the current pharmaceutical provision across the Borough along with services outside of the Borough and by other providers and considered how these meet the current and future needs of the Wigan Borough population. Where need has been identified this has been described in line with the guidance.</p>

		<ul style="list-style-type: none"> • A reassessment of whether this represents a genuine need or an expected market adjustment” 	
2	Q2	XXXX was not included in the PNA Steering or Working Group, contrary to national guidance recommending the involvement of the Local Pharmaceutical Committee in the development of the PNA	XXXX Chaired the Greater Manchester PNA Steering Group which supported the development of this PNA.
2	Q2	The PNA does not transparently explain how service gaps were identified (e.g. through travel time analysis, capacity modelling, or usage data)	<p>The specific criteria used to assess need is described in the neighbourhood analysis for each neighbourhood.</p> <p>The guidance for the PNA advises that in order to identify gaps in the location of premises it is recommended that a travel time standard is chosen and then access mapped against it. Information gained from the public engagement questionnaire will help inform the travel time standard used, along with information on how the public travels to pharmacies. Although the public survey needs to be treated with caution, the public survey showed that 91% of the respondents who travelled to the pharmacy either travelled by car or walked. For 79% of respondents this journey had a travel time of up to 15 minutes. When considering routes other than driving, as walking was the most common alternative, public transport access has not been explicitly analysed, although information on accessibility by public transport has been included within each neighbourhood analysis. The working group have now included additional maps outlining walking distance travel time to pharmacies along with a public transport service coverage map to enhance decision making transparency.</p> <p>The working group has selected A 1Km travel standard and uses a 1Km buffer to assess access. This aligns with the travel time for the majority of respondents to the public survey being 15 minutes, the working group have chosen a</p>

			1Km buffer, as on average this would take 10-12 minutes at a moderate pace whereas if a 1-mile buffer had been chosen, this would take over 15 minutes.
2	Q2	There is no standardised framework applied to assess whether service closures or population growth translate into unmet need	There is no standardised framework that exists when looking to assess whether service closures or population growth translate into an unmet need. The specific criteria used to assess need is described in the methodology and the neighbourhood analysis for each neighbourhood.
2		The PNA uses a 1km buffer to assess access. Most PNAs nationally use a 1-mile (1.6km) buffer, which better reflects real-world accessibility standards	There is no standardised measurement when measuring buffer zones to measure accessibility to pharmacies. Using a 1Km buffer to assess access aligns with the travel time for the majority of respondents to the public survey being 15 minutes, the working group have chosen a 1Km buffer, as on average this would take 10-12 minutes at a moderate pace whereas if a 1-mile buffer had been chosen, this would take over 15 minutes. This aligns with the methodology that underpinned the conclusions of the 2018 and 2022 PNA.
2	Q2	The analysis does not consider how residents access pharmacies via public transport Pharmacies located in neighbouring Health and Wellbeing Board (HWB) areas (e.g. Salford, Bolton) have not been considered, despite likely serving Wigan residents near the boundary	Additional information added in the neighbourhood analysis in those neighbourhoods where pharmacy services may be accessible within a 1Km buffer to residents of Wigan Borough. When considering routes other than driving, as walking was the most common alternative, public transport access has not been explicitly analysed, although information on accessibility by public transport has been included within each neighbourhood analysis. The working group have now included additional maps outlining walking distance travel time to pharmacies along with a public

			transport service coverage map to enhance decision making transparency.
2	Q2	The PNA does not fully integrate data such as car ownership, self-reported health, or unemployment rates, all of which influence access and vulnerability to service changes	The PNA presents and assesses the needs of the population according to demographic and health data within the population health profile.
2	Q2	In areas like Mosley Common, past or modest housing growth (e.g. 175 new homes) is used to justify a future need, despite no supplementary statement being issued during the current PNA	Housing development in Mosley Common has been considered as part of our assessment during the previous PNA period and the current draft PNA. While the current development includes approximately 175 new homes, our analysis draws on the Strategic Housing Land Availability Assessment (SHLAA), which identifies a broader pattern of planned and potential housing growth in the area. When considered across this longer time span, the cumulative impact of housing development is expected to increase demand for pharmaceutical services. On this basis, we have identified a future need for pharmacy provision in Mosley Common.
2	Q2	The separation of areas like Hindley Green from Hindley does not reflect actual patient movement and service use around a neighbourhood and the wider borough	The working group have now included an additional walking distance map. The pharmacies in the neighbouring area of Hindley fall outside of the travel standard that was developed based on the survey as recommended in the PNA guidance and therefore we have treated Hindley Green as a separate area.
2	Q2	The survey showed high satisfaction, good access, and short journey times, yet these findings are not strongly reflected in the conclusions, particularly in Hindley Green	The public survey gives an overview of service provision and accessibility across the Borough but should not be used to discount the existing evidence of a gap in necessary service provision in the Hindley Green area. These results should be interpreted with caution due to the low response rate (0.06%) when compared to the population of the Borough. In addition to this, feedback from residents has been received following the closure of the pharmacy situated in

			Hindley Green that indicates there is an unmet need for necessary service provision in this location.
2	Q2	The PNA includes Pharmacy First as part of the identified gap in Hindley Green. However, Pharmacy First is an advanced service, not a necessary service, and should not be used as a basis for identifying statutory service gaps.	The working group have noted this comment and clarified PNA to remove any unintended inconsistencies. The gaps identified in this PNA relate to necessary service provision and this has been defined as the essential services delivered under the NHS community pharmacy contract.
2	Q3	XXXX believes the draft PNA incorrectly identifies gaps in Hindley Green and Mosley Common based on insufficient evidence, untested assumptions, and inconsistent application of methodology. These findings undermine the conclusion that provision is satisfactory with few or no gaps	The PNA 2025 has consistently applied the same rigorous methodology used to produce the 2018 and 2022 PNA. During the neighbourhood analysis the evidence presented has identified a current gap and future gap at the locations described in the PNA. Please see above for clarification on methodology and evidence used in the production of this PNA.
2	Q4	Locally commissioned services, page 61, Supervised Consumption and Needle Exchange are commissioned by We Are With You, not the Local Authority, they also commission a separate sharps collection service	The working group have noted this comment and clarified to include We Are With You in the PNA, that commission these services on behalf of Wigan Council.
2	Q4	XXXX would like to note that it was not included in the working group responsible for producing this Pharmaceutical Needs Assessment (PNA). This is despite strong recommendations outlined in the Pharmaceutical Needs Assessment Information Pack for Local Authority Health and Wellbeing Boards (page 25), which advises the inclusion of the Local Pharmaceutical Committee in the development process	XXXX Chaired the Greater Manchester PNA Steering Group which supported the development of this PNA.
3	Q1	I have reviewed the draft Pharmaceutical Needs Assessment (PNA), and I note that it suggests a pharmaceutical need within the Hindley Green area. However, upon careful consideration, I am	The guidance for the PNA advises that in order to identify gaps in the location of premises it is recommended that a travel time standard is chosen and then access mapped against it. Information gained from the public engagement

		<p>struggling to identify any substantial evidence to support this conclusion.</p> <p>XXXX Pharmacy currently operates two branches within close proximity to Hindley Green:</p> <p>XXXX Pharmacy XXXX, located just 0.9 miles away (approximately a 20-minute walk).</p> <p>XXXX Pharmacy XXXX Road, located 1.5 miles away.</p> <p>Both sites are easily accessible from Hindley Green via public transport, with direct bus routes offering travel times between 11-15 minutes.</p>	<p>questionnaire will help inform the travel time standard used, along with information on how the public travels to pharmacies. Although the public survey needs to be treated with caution, the public survey showed that 91% of the respondents who travelled to the pharmacy either travelled by car or walked. For 79% of respondents this journey had a travel time of up to 15 minutes. When considering routes other than driving, as walking was the most common alternative, public transport access has not been explicitly analysed, although information on accessibility by public transport has been included within each neighbourhood analysis. The working group have now included additional maps outlining walking distance travel time to pharmacies along with a public transport service coverage map to enhance decision making transparency.</p> <p>The working group has selected A 1Km travel standard and uses a 1Km buffer to assess access. This aligns with the travel time for the majority of respondents to the public survey being 15 minutes, the working group have chosen a 1Km buffer, as on average this would take 10-12 minutes at a moderate pace whereas if a 1-mile buffer had been chosen, this would take over 15 minutes.</p>
3	Q1	<p>I would like to highlight that the draft PNA appears to lack sufficient detail regarding the availability and efficiency of local public transport, and I would urge this to be reviewed and considered more thoroughly.</p>	<p>The guidance for the PNA advises that in order to identify gaps in the location of premises it is recommended that a travel time standard is chosen and then access mapped against it. Information gained from the public engagement questionnaire will help inform the travel time standard used, along with information on how the public travels to pharmacies. Although the public survey needs to be treated with caution, the public survey showed that 91% of the respondents who travelled to the pharmacy either travelled by car or walked. For 79% of respondents this journey had</p>

			<p>a travel time of up to 15 minutes. When considering routes other than driving, as walking was the most common alternative, public transport access has not been explicitly analysed, although information on accessibility by public transport has been included within each neighbourhood analysis. The working group have now included additional maps outlining walking distance travel time to pharmacies along with a public transport service coverage map to enhance decision making transparency.</p> <p>The working group has selected A 1Km travel standard and uses a 1Km buffer to assess access. This aligns with the travel time for the majority of respondents to the public survey being 15 minutes, the working group have chosen a 1Km buffer, as on average this would take 10-12 minutes at a moderate pace whereas if a 1-mile buffer had been chosen, this would take over 15 minutes.</p>
3	Q1	I would like to add the over 95% of people that you surveyed for you draft PNA were happy with the locations of their local pharmacies.	<p>The public survey gives an overview of service provision across the Borough but should not be used to discount the existing evidence of a gap in necessary service provision in the Hindley Green area. Although the public survey indicated high levels of satisfaction with pharmacy location, the detail around which locations relate to which responses was not captured within the survey. Therefore, these results should be interpreted with caution due to the low response rate (0.06%), when compared to the population of the Borough. In addition to this, feedback from residents has been received following the closure of the pharmacy situated in Hindley Green that indicates there is an unmet need for necessary service provision in this location.</p>
3	Q1	Furthermore, both of our branches provide free prescription delivery for patients who are unable to attend in person, ensuring full accessibility to	<p>Free prescription delivery is a great way to increase accessibility to some pharmaceutical services, however as this is not an NHS commissioned service, it has not been</p>

		pharmaceutical services across the local population.	considered as a suitable replacement for necessary service provision, as this relies on the pharmacy contractors decision to provide a free prescription delivery service and this may or may not continue over the lifetime of this PNA.
3	Q1	It's important to note that the recent closure of a nearby pharmacy indicates that the area may not support an additional provider due to low dispensing volumes and service uptake. This suggests that the current provision is more than adequate and that there is no unmet pharmaceutical need in the area.	The working group for this PNA do not know the reasons for the closure therefore cannot comment on the reasons for the closure of this pharmacy. The PNA considers the need for pharmaceutical services.
3	Q1	I can confirm that both XXXX Pharmacy branches are more than willing and have the capacity to take on additional patients, whether for dispensing, the provision of NHS services or even if they just require health or wellbeing advice.	The working group welcome the reassurance that both XXXX Pharmacy branches are prepared to take on additional patients. Nonetheless, this alone does not address the gap in necessary service provision in the Hindley Green area. The provider survey feedback showed that some providers are open to increasing capacity. This is positive, but remains indicative at this time; additional work with providers is required before drawing conclusions around service expansion and capacity boosting.
3	Q1	With regard to opening hours, both sites operate Monday to Friday until 6:00 PM, with XXXX also open on Saturdays, aligning well with the operational hours of local GP surgeries. From your research over 87% of the people you asked were more than happy with the opening hours of their local pharmacy	Although the public survey indicated high levels of satisfaction with pharmacy opening hours, the detail around which locations relate to which responses was not captured within the survey. Therefore, these results should be interpreted with caution due to the low response rate (0.06%), when compared to the population of the Borough. In addition to this, feedback from residents has been received following the closure of the pharmacy situated in Hindley Green that indicates there is an unmet need for necessary service provision in this location. The core hours for General Practice are between 8am and 6:30pm, Monday

			to Friday, with many practices now offering extended access appointments during weekday evenings between 6:30pm – 8pm.
3	Q1	We believe our existing provision meets the needs of the local population effectively and comprehensively. Therefore, we respectfully request that the conclusions of the draft PNA for Hindley Green be reconsidered considering the above evidence	<p>The data sources used to come to this conclusion are; Wigan Borough PNA 2022 - which concluded pharmacy provision to meet the current and future needs of the population, the pharmaceutical list that demonstrated the loss of a pharmacy in the Hindley Green area - this closure has been met with complaints from the residents of the area about the impact of losing this service provider, the population health profile is detailed in the Wigan Borough PNA 2025 that shows Hindley to be an area higher levels of deprivation (according to IMD) - increasing susceptibility to health inequalities.</p> <p>The guidance for the PNA advises that in order to identify gaps in the location of premises it is recommended that a travel time standard is chosen and then access mapped against it. Information gained from the public engagement questionnaire will help inform the travel time standard used, along with information on how the public travels to pharmacies. Although the public survey needs to be treated with caution, the public survey showed that 91% of the respondents who travelled to the pharmacy either travelled by car or walked. For 79% of respondents this journey had a travel time of up to 15 minutes. When considering routes other than driving, as walking was the most common alternative, public transport access has not been explicitly analysed, although information on accessibility by public transport has been included within each neighbourhood analysis. The working group have now included additional maps outlining walking distance travel time to pharmacies</p>

			along with a public transport service coverage map to enhance decision making transparency.
3	Q2	<p>Additionally, the draft PNA does not adequately consider the availability and efficiency of local public transport links. Both of our pharmacy sites XXXX and XXXX XXXX Road are easily accessible from Hindley Green via direct and frequent bus services, with travel times ranging between 11 to 15 minutes. This makes both locations highly accessible to residents within the area, and any assessment of pharmaceutical need should take this into full account. The omission of public transport data presents an incomplete picture of local accessibility and should be addressed in the final version of the PNA</p>	<p>The guidance for the PNA advises that in order to identify gaps in the location of premises it is recommended that a travel time standard is chosen and then access mapped against it. Information gained from the public engagement questionnaire will help inform the travel time standard used, along with information on how the public travels to pharmacies. Although the public survey needs to be treated with caution, the public survey showed that 91% of the respondents who travelled to the pharmacy either travelled by car or walked. For 79% of respondents this journey had a travel time of up to 15 minutes. When considering routes other than driving, as walking was the most common alternative, public transport access has not been explicitly analysed, although information on accessibility by public transport has been included within each neighbourhood analysis. The working group have now included additional maps outlining walking distance travel time to pharmacies along with a public transport service coverage map to enhance decision making transparency.</p> <p>The working group has selected A 1Km travel standard and uses a 1Km buffer to assess access. This aligns with the travel time for the majority of respondents to the public survey being 15 minutes, the working group have chosen a 1Km buffer, as on average this would take 10-12 minutes at a moderate pace whereas if a 1-mile buffer had been chosen, this would take over 15 minutes.</p>

3	Q4	<p>We strongly believe that the evidence presented in the draft PNA clearly indicates that there is no unmet pharmaceutical need in the Hindley Green area. Your own findings demonstrate that the vast majority of patients are satisfied with the current pharmacy provision and services available. Nowhere in the draft PNA is there any clear evidence of a significant gap in service provision certainly not one substantial enough to justify the opening of an additional pharmacy</p>	<p>The data sources used to come to this conclusion are; Wigan Borough PNA 2022 - which concluded pharmacy provision to meet the current and future needs of the population, the pharmaceutical list that demonstrated the loss of a pharmacy in the Hindley Green area - this closure has been met with complaints from the residents of the area about the impact of losing this service provider, the population health profile is detailed in the Wigan Borough PNA 2025 that shows Hindley to be an area higher levels of deprivation (according to IMD) - increasing susceptibility to health inequalities. The working group have now included additional maps outlining walking distance travel time to pharmacies along with a public transport service coverage map.</p> <p>The public survey gives an overview of service provision across the Borough but should not be used to discount the existing evidence of a gap in necessary service provision in the Hindley Green area. Although the public survey indicated high levels of satisfaction with pharmacy services, these results should be interpreted with caution due to the low response rate (0.06%) when compared to the population of the Borough. The survey also indicated that around 9% of respondents were unsatisfied or very unsatisfied. The public survey had not been powered to determine the location of the respondents and as a result of this, the working group cannot determine which areas were satisfied. In addition to this, feedback from residents has been received following the closure of the pharmacy situated in Hindley Green that indicates there is an unmet need for necessary service provision in this location</p>
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4	Q1	<p>I have noticed a couple of errors on the form. It is most likely due to a member of staff completing the form in the pharmacies who is unaware of the services offered but :</p> <p>1)FDG06 - Borsdane are already contracted and supply SC so unsure why says interested</p> <p>2) FDP26 already offer NSP but says interested</p> <p>3) FY111 already offers Sc but says interested</p>	The working group have noted the comments and amendments made as advised.
4	Q2	<p>The other aspect we are interested in is 7 day a week pharmacies offering SC as there is a huge risk for our homeless and chaotic clients to be given take home medication. We struggle as a service in Wigan and Leigh to find enough locations. It would be good if this could be highlighted as we are seeing increasing pharmacies reducing opening hours. Mapping opening times to this service would be useful. Our clients are often on foot so need them to be nearby</p>	Supervised consumption is an important locally commissioned service, and the working group acknowledges the concerns you raise around 7 day provision of this service. Expansion of this locally commissioned service could be explored by commissioners, and a line has been added to the PNA to reflect the feedback.
4	Q4	<p>Please see above. Whilst the report suggests provision is adequate it doesn't show the issue with accessing 7 day a week Supervised Consumption for drug and alcohol service users. We wonder what else could be done to support the pharmacies in offering this. We are sure reduction in 6 and 7 day opening must also impact other patient groups who will experience reduced opening times limiting access to care. Those most marginalised may be experiencing the most impact on access to care. In other aspects however the report is really useful and provides great insight</p>	Supervised consumption is an important locally commissioned service, and the working group acknowledges the concerns you raise around 7 day provision of this service. Expansion of this locally commissioned service could be explored by commissioners, and a line has been added to the PNA to reflect the feedback.
5	Q4	<p>You may want to check paragraph 63, I think that there has been a small error - "The prevalence of</p>	The working group have noted the comments and amendments made as advised.

		breastfeeding at 6-8 weeks after birth in Wigan is 34.9% for 2023/24. This is significantly higher than the England average (52.7%).6 " I believe this should say lower not higher	
6	Q1	With regards to the smoking section, we need more pharmacies on board with supplying NRT and accepting NRT voucher codes from the Wigan Stop Smoking Service. I work as a SS advisor and we have a constant struggle trying to get NRT dispensed for our stop smoking clients. Tesco Wigan, Boots pharmacies, Boston House are a few that dont accept our voucher codes. Ideally all pharmacies need to come on board to support the supply of NRT to smokers in the Borough	Smoking cessation and nicotine replacement therapy are additional services that pharmacies may choose to provide, rather than a requirement for all. With approximately 78% of pharmacies providing the locally commissioned nicotine replacement therapy service across the borough, provision is considered to be good. However, commissioners may wish to consider expanding this service to meet the need you describe.
6	Q3	With regards to the smoking section, we need more pharmacies on board with supplying NRT and accepting NRT voucher codes from the Wigan Stop Smoking Service. I work as a SS advisor and we have a constant struggle trying to get NRT dispensed for our stop smoking clients. Tesco Wigan, Boots pharmacies, Boston House, Standish pharmacies are a few that dont accept our voucher codes, there are many others. Ideally all pharmacies need to come on board to support the supply of NRT via Pharmoutcomes / Outcomes4health voucher codes, to make it easier for smokers in the Borough to get NRT	Smoking cessation and nicotine replacement therapy are additional services that pharmacies may choose to provide, rather than a requirement for all. With approximately 78% of pharmacies providing the locally commissioned nicotine replacement therapy service across the borough, provision is considered to be good. However, commissioners may wish to consider expanding this service to meet the need you describe.
7	Q1	I am not sure if my opinion is relevant to your survey. I have no doubt that there are adequate pharmacy outlets who offer a wonderful service. My issues to raise are the problems that arise of someone who is supported by several consultants	Thank you for your comments. Although you raise important considerations, they fall outside the scope of this document. However, overprescribing is being considered through the national overprescribing review.

		under various authorities, as you will be aware each authority cannot see the notes and information regarding health or medications prescribed. I am now speaking from a personal perspective, this situation can leave the door wide open for potential addiction and over prescribing, This is something I am very passionate about and this situation almost cost me my life. I truly believe that this should be addressed in someway. I can expand on this if it is of interest	
8	Q1	In may parts of the PNA it talks as if certain things are as read without evidence. For example it states there is OOH provision which is deemed adequate but doesn't give any evidence as to how this conclusion is reached.	The provision of urgent medicines out of hours pharmacy service has been in operation for over 20 years and has been found to work very effectively. The service is reviewed regularly and there have been no complaints or issues with coverage.
8	Q1	In may parts of the PNA it talks as if certain things are as read without evidence.. It gives various demographic data but the policies are not clarified or evidenced.	The PNA presents and assesses the needs of the population according to demographic and health data, where applicable, references have been provided within the footnotes on each page.
8	Q1	In may parts of the PNA it talks as if certain things are as read without evidence. Its simply a no questions asked this is what you're getting with no clarification on quite what it is, how it compares to other boroughs, what it might be ie other options that have been considered to improve it and crucially it lacks measurable outcomes to assess and review success or failure	It is not possible to make direct comparisons with other areas, as the health needs of the population in Wigan Borough will be different to those in other areas. Consequently, necessary pharmacy service provision is tailored to meet the specific needs of the local population, and direct comparison with other localities would not provide an accurate reflection of necessary service provision.
8	Q2	Does not address dispensing methods eg blister pack provision or filling of automatic medication dispensers is often crucial for older adults to stay healthiest by staying in their own homes. This is especially true of those who are beginning to	There are a variety of interventions available to support medicines adherence, including non-child resistant closures, reminder charts/medicine administration record (MAR) charts, labelling medicines in large fonts and monitored dosage systems (sometimes called blister

		<p>experience cognitive decline. The plan does not look at the whole picture ie it takes no account of social care factors that could be positively impact saving costs to the whole health AND social care sector. The costs of these two dispensing methods being made available at say two pharmacies for the borough (one in Wigan and one in Leigh for equitable access) would be far less than the high cost and burden of placing people in care homes which can be around Â£1k plus per week. People do not thrive necessarily in care homes and often without blister packs elderly vulnerable adults can be left with no other choice but to go into a care home. As an experienced social worker I know what I am talking about. Please listen.</p>	<p>packs). Pharmacies are able to make reasonable adjustments for patients who require support with their medicines and meet the Equality Act. In Wigan Borough there is also a locally commissioned compliance support service and the PNA provides information on the Compliance Support service which aims to help pharmacies to support independent living in groups of vulnerable people, or those with special needs, who do not fall within the Equality Act 2010 criteria, thus reducing the demand for social care support.</p>
8	Q2	<p>Also not addressed is consistency of medication products. Because pharmacies bulk buy from warehouses they are dependent on those warehouses and have no flexibility in how they obtain medications. I know of several occasions when people had been on a certain medication from a specific brand for some time and then the brand though still available in other areas was no longer available in the borough. In these cases people had negative side effects from the new branded but ostensibly 'same' medication. Except this is not the case as different brands of the same medication can have different additives which can cause negative side effects. This needs addressing. The sourcing of medications in the borough is to inflexible and narrow. I know issues such as COVID and the war in Ukraine are given</p>	<p>The working group acknowledge the points raised regarding medicine brands; however, these considerations are outside the scope of the PNA, which is focused on identifying and analysing local pharmaceutical service needs. If an individual is experiencing side effects from their medication, they would be advised to discuss this with their healthcare professional.</p>

		as reasons but this is not the case. I have done my own research albeit anecdotal and have identified that some of these medications are available in other parts of GM and in the north east - these are the areas I visit regularly - obviously I can't visit all boroughs but this is enough to convince me of something not quite right about the Wigan borough pharmacies access to medications	
8	Q3	<p>The pathway of 'minor' ailments that you may be signposted to the pharmacy to have dealt with is far too generalised.</p> <p>For some of these ailments age can be crucial and for example to simply state that 'uncomplicated' UTIs can be dealt with at a pharmacy for all people 18 years plus is ludicrous. Who judges that it is 'uncomplicated'?</p> <p>Again anecdotally but in light of my profession I am aware of failures in health services when older adults, those with LD or other vulnerabilities have been seen via pharmacies rather than GPs and have delays in treatment that may have been crucial. Surely this pathway needs to be fine tuned for age and vulnerability - as it is its a blunt instrument to simply get people away from seeing GPs and cost cutting. Its simply not acceptable.</p>	Thank you for your comments. The intended scope of the PNA is to identify and analyse the local pharmaceutical service needs, rather than defining clinical service pathways. The term 'uncomplicated UTI' is used as a recognised clinical definition, with specific inclusion and exclusion criteria outlined within the relevant service specification or supporting materials, including national guidelines. The Pharmacy First service can offer treatment for urinary tract infections (UTIs) for women aged 16-64 years who meet the criteria set out in the service specification.
8	Q3	Changes to meeting the needs of long term illegal drug users might be better addressed with a more imaginative and proven successful service: eg access to naloxone	Naloxone provision is managed in Wigan by the drug and alcohol service provider We Are With You.
8	Q4	The PNA has a lot of words but has little evidence, offers no way to evidence to the public its success or otherwise, there is no clear assessment and	The specific criteria used to support the findings and conclusions have been outlined in the neighbourhood analysis for each neighbourhood in Wigan. The PNA is

		review system with measurable criteria/outcomes: it is far too blunt a document. It does not consider holistic working with health and social care and it does not address the needs of the most vulnerable in the borough	produced in line with legislation that outlines the information that must be included. Nationally there is no universal outcome measure for community pharmacy, however the services which support the needs of residents have been described.
10	Q1	<p>Hindley Green</p> <p>It appears the reason given that there is a current need is a recent closure of a Pharmacy. A closure does not automatically create a need. The fact that the business has had to close without successfully finding a buyer suggests it was unavailable due to lack of use. The monthly dispensing volume of the Pharmacy that closed was 2625 or less in 2023/24. The draft PNA presents no evidence that the needs of this small population aren't being met by remaining contractors within the neighbourhood Ince, Hindley, Abram and Platt Bridge or adjacent neighbourhoods.</p>	<p>The working group for this PNA do not know the reasons for the closure therefore cannot comment on the reasons for the closure of this pharmacy. The PNA considers the need for pharmaceutical services.</p> <p>The data sources used to come to this conclusion are; Wigan Borough PNA 2022 - which concluded pharmacy provision to meet the current and future needs of the population, the pharmaceutical list that demonstrated the loss of a pharmacy in the Hindley Green area - this closure has been met with complaints from the residents of the area about the impact of losing this service provider, the population health profile is detailed in the Wigan Borough PNA 2025 that shows Hindley to be an area higher levels of deprivation (according to IMD) - increasing susceptibility to health inequalities.</p> <p>The modelling tools used within this PNA have taken into consideration; the distance between pharmacies and GP practices within Wigan Borough, this has been demonstrated using a 1Km buffer zone, the future housing projections over the next 3 years and the population health profile of Wigan residents.</p>
10	Q1	There is a Pharmacy 0.8 miles away from the centre of Hindley Green, which has the A577 running through it with multiple bus stops and a short travel time to neighbouring Hindley, which has four Pharmacies.	The guidance for the PNA advises that in order to identify gaps in the location of premises it is recommended that a travel time standard is chosen and then access mapped against it. Information gained from the public engagement questionnaire will help inform the travel time standard used,

			<p>along with information on how the public travels to pharmacies. Although the public survey needs to be treated with caution, the public survey showed that 91% of the respondents who travelled to the pharmacy either travelled by car or walked. For 79% of respondents this journey had a travel time of up to 15 minutes. When considering routes other than driving, as walking was the most common alternative, public transport access has not been explicitly analysed, although information on accessibility by public transport has been included within each neighbourhood analysis. The working group have now included additional maps outlining walking distance travel time to pharmacies along with a public transport service coverage map to enhance decision making transparency.</p> <p>The working group has selected A 1Km travel standard and uses a 1Km buffer to assess access. This aligns with the travel time for the majority of respondents to the public survey being 15 minutes, the working group have chosen a 1Km buffer, as on average this would take 10-12 minutes at a moderate pace whereas if a 1-mile buffer had been chosen, this would take over 15 minutes.</p>
10	Q1	<p>There are 11 Pharmacies in total in the neighbourhood which is 16.2 per 100000 population, but given a significant amount of people in this neighbourhood are registered with a GP in Leigh and are therefore likely to access Pharmaceutical services in proximity to their registered GP this number is likely to be higher in terms of actual use. Using the GP registered population of this neighbourhood, it is 23 Pharmacies per 100,000 which is significantly</p>	<p>Although many people may access pharmaceutical services in proximity to their registered GP practice, with the development of the electronic prescribing systems, many people may not need to attend their GP surgery to obtain a physical prescription.</p> <p>The provider survey feedback showed that some providers are open to increasing capacity. This is positive, but remains indicative at this time; additional work with providers is required before drawing conclusions around service expansion and capacity boosting. In addition to this when</p>

		higher than the Wigan borough and England equivalent. In addition, 10 out of the 11 Pharmacies offer a delivery service and 9 of the 11 stated they had capacity to support an increase in demand.	looking at the travel time standard developed through the public survey, many of these pharmacies mentioned fall outside of that travel time standard in relation to Hindley Green.
10	Q1	<p>Mosley Common</p> <p>There are already two Pharmacies within 1 mile of the centre of Mosley Common (0.7 mile and 0.8 mile) which the draft PNA has failed to recognise as they are outside the Wigan borough boundary and are in Salford. Both these Pharmacies offer all essential and advanced services and the majority of local services and a willingness to offer those not currently offered. The GP surgery that serves the population of Mosley Common is right on the boundary of Wigan/ Salford boroughs and is 4 minutes from each of these Pharmacies. The surgery was located at 239 Mosley Common Rd, Greater, Worsley, Manchester M28 1BZ which is within the Salford boundary until recently and patients have continued to use the two pharmacies where a close working relationship with the GP surgery exists. They are open 9am - 6pm weekdays and one opens 9am - 1pm on a Saturday and offer a delivery service.</p>	Clarification of services outside of the locality border has been added to PNA through the addition of a travel time walking map inclusive of the pharmacies across the border described. The gap in Mosley Common area has been identified as one of future need, reliant on the projected development within the lifetime of this PNA
10	Q1	The future need is stated to be due to housing developments which are north and south of the Leigh-Salford-Manchester guided busway and therefore has excellent transport links. As part of this development there are additional bus stops and further development of public transport links planned. The closest Pharmacies all have capacity to support increase in demand. Looking at the	The guidance for the PNA advises that in order to identify gaps in the location of premises it is recommended that a travel time standard is chosen and then access mapped against it. Information gained from the public engagement questionnaire will help inform the travel time standard used, along with information on how the public travels to pharmacies. Although the public survey needs to be treated with caution, the public survey showed that 91% of the

		<p>Geography of the housing development there are Pharmacies within 0.6 miles of the westernmost, southernmost and easternmost points of it's footprint.</p>	<p>respondents who travelled to the pharmacy either travelled by car or walked. For 79% of respondents this journey had a travel time of up to 15 minutes. When considering routes other than driving, as walking was the most common alternative, public transport access has not been explicitly analysed, although information on accessibility by public transport has been included within each neighbourhood analysis. The working group have now included additional maps outlining walking distance travel time to pharmacies along with a public transport service coverage map to enhance decision making transparency.</p> <p>The working group has selected A 1Km travel standard and uses a 1Km buffer to assess access. This aligns with the travel time for the majority of respondents to the public survey being 15 minutes, the working group have chosen a 1Km buffer, as on average this would take 10-12 minutes at a moderate pace whereas if a 1-mile buffer had been chosen, this would take over 15 minutes.</p> <p>Housing development in Mosley Common has been considered as part of our assessment during the previous PNA period and the current draft PNA. While the current development includes approximately 175 new homes, our analysis draws on the Strategic Housing Land Availability Assessment (SHLAA), which identifies a broader pattern of planned and potential housing growth in the area. When considered across this longer time span, the cumulative impact of housing development is expected to increase demand for pharmaceutical services. On this basis, we have identified a future need for pharmacy provision in Mosley Common.</p> <p>The provider survey feedback showed that some providers are open to increasing capacity. This is positive, but remains</p>
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			indicative at this time; additional work with providers is required before drawing conclusions around service expansion and capacity boosting.
10	Q1	In addition to the above reasons for the needs identified in the neighbourhoods, the patient survey referenced in the PNA stated 89% of those that responded did not have difficulty accessing the Pharmacy of their choice and only 2 respondents said they had difficulty accessing a Pharmacy due to location. The PNA acknowledges delivery services and distance selling Pharmacies are an additional source of meeting the populations Pharmaceutical needs."	<p>The public survey gives an overview of service provision across the Borough but should not be used to discount the existing evidence of the future need for a pharmacy in Mosley Common based upon the projected development completion within the lifetime of this PNA. Although the public survey indicated high levels of satisfaction with pharmacy services, these results should be interpreted with caution due to the low response rate (0.06%) when compared to the population of the Borough. The survey also indicated that around 9% of respondents were unsatisfied or very unsatisfied.</p> <p>Many distance selling pharmacies offer free prescription delivery, which is a great way to increase accessibility to some pharmaceutical services, however as this is not an NHS commissioned service, it has not been considered as a suitable replacement for necessary service provision, as this relies on the pharmacy contractors decision to provide a free prescription delivery service and this may or may not continue over the lifetime of this PNA.</p>
11	Q1	I feel their needs to be more sroubd community pharmanxy as no one seems to take responsibility around people in the community who cant take their own medication, home assessments, more tecnology the answer can't be a commissioned package of social care	Unfortunately, the provision of medicines support through commissioned packages of social care falls outside of the scope of this document, however the PNA covers provision of the compliance support service which supports independent living in groups of vulnerable people, or those with special needs, who do not fall within the Equality Act 2010 criteria, thus reducing the demand for social care support.
12	Q1	No, the PNA does not achieve this completely. Mosley Common is now significantly underserved	Due to the question dates being listed as 2022-2025 instead of 2025-2028, the question maybe incorrectly framed. The

		when all facts are considered. In the previous PNA 2022-2025 the need was correctly labelled a "future need", however, that "future" is now upon us and it is apparent that the need is now current and its necessary.	PNA describes the gap in necessary services in the Mosley Common area to be one of future need, based on the analysis of the future developments planned during the lifetime of the 2025 PNA.
12	Q1	<p>Foot traffic and car traffic has dramatically increased in Mosley Common, this is noticable with a simple site visit. Local infrastrcutre is at its optimal capacity, however, this growth and level of activity has not been matched by proportional pharmacy choice when compared to neighbouring towns. All the surgeries in Tyldesley, Astley, Boothstown, and Ellenbrook are supported by their respective local pharmacies. In Astley and Ellenbrook, the pharmacies are either located within the same building as the surgeries or situated directly next door.</p> <ul style="list-style-type: none"> - Astley: has 2 pharmacies supporting 3 GP surgeries - Tyldesley: has 3 pharmacies supporting 3 GP surgeries - Boothstown: has 1 pharmacy supporting 1 GP surgery - Ellenbrook: has 1 pharmacy supporting 1 GP surgery 	The PNA describes the gap in necessary services in the Mosley Common area to be one of future need, based on the analysis of the future developments planned during the lifetime of the 2025 PNA and the cumulative impact of housing development that is expected to increase demand for pharmaceutical services.
12	Q1	Furthermore, all the nearby pharmacies in Astley, Boothstown, and Ellenbrook (except Tyldesley) are standalone establishments located in residential areas. They are not situated on a High Street, near a shopping parade, or close to a supermarket. As a result, residents of Mosley Common must make a	The guidance for the PNA advises that in order to identify gaps in the location of premises it is recommended that a travel time standard is chosen and then access mapped against it. Information gained from the public engagement questionnaire will help inform the travel time standard used, along with information on how the public travels to

		<p>dedicated roundtrip of several miles solely to visit a pharmacy. In contrast, many residents from Astley, Boothstown, and Ellenbrook regularly travel into Mosley Common to use its shopping centre.</p>	<p>pharmacies. Although the public survey needs to be treated with caution, the public survey showed that 91% of the respondents who travelled to the pharmacy either travelled by car or walked. For 79% of respondents this journey had a travel time of up to 15 minutes. When considering routes other than driving, as walking was the most common alternative, public transport access has not been explicitly analysed, although information on accessibility by public transport has been included within each neighbourhood analysis. The working group have now included additional maps outlining walking distance travel time to pharmacies along with a public transport service coverage map to enhance decision making transparency.</p> <p>The working group has selected A 1Km travel standard and uses a 1Km buffer to assess access. This aligns with the travel time for the majority of respondents to the public survey being 15 minutes, the working group have chosen a 1Km buffer, as on average this would take 10-12 minutes at a moderate pace whereas if a 1-mile buffer had been chosen, this would take over 15 minutes.</p>
12	Q1	<p>Despite this pattern, Mosley Common currently has no local pharmacy, leaving residents without convenient access to prescriptions, over-the-counter advice, and NHS pharmacy services.</p>	<p>Mosely Common has been identified as an area of future need, based upon the projected development as described within the PNA.</p>

12	Q1	<p>While a GP surgery is present, residents are forced to make long, often costly round trips for even the most basic pharmaceutical needs. This is not only inconvenient, but also places a particular strain on vulnerable groups, including the elderly, people with protected characteristics, and families without access to a private vehicle (or who share a single car).</p> <p>Public transport options are infrequent, indirect, expensive, and do not offer full coverage of the area. When these factors are considered together, it becomes evident that the need for a local pharmacy in Mosley Common is not a matter of future planning, I believe it is a pressing and immediate necessity</p>	<p>The working group have now included additional maps outlining walking distance travel time to pharmacies along with a public transport service coverage map to enhance decision making transparency.</p> <p>The working group has selected A 1Km travel standard and uses a 1Km buffer to assess access. This aligns with the travel time for the majority of respondents to the public survey being 15 minutes, the working group have chosen a 1Km buffer, as on average this would take 10-12 minutes at a moderate pace whereas if a 1-mile buffer had been chosen, this would take over 15 minutes.</p>
12	Q1	<p>Determining pharmaceutical need of an area using a simple mathematical model “essentially calculating the average number of residents per pharmacy across the entire borough” is inaccurate. It generalises all of Wigan rather than real-world geographic access or lived experience of neighbourhoods like Mosley Common. It fails to consider that while areas such as Tyldesley and Astley have several pharmacies clustered close together, Mosley Common has none at all. The unequal distribution of pharmacies is not factored into the PNA’s conclusions, leaving the residents of Mosley Common without even the most basic local pharmacy services and with no alternative but to rely on distant towns for essential healthcare access</p>	<p>Housing development in Mosley Common has been considered as part of our assessment during the previous PNA period and the current draft PNA. While the current development includes approximately 175 new homes, our analysis draws on the Strategic Housing Land Availability Assessment (SHLAA), which identifies a broader pattern of planned and potential housing growth in the area. When considered across this longer time span, the cumulative impact of housing development is expected to increase demand for pharmaceutical services. On this basis, we have identified a future need for pharmacy provision in Mosley Common.</p>

12	Q2	<p>I believe the vast majority of Mosley Common residents are unaware of what a PNA is, or that this consultation process is even taking place. Reaching conclusions without input from local residents, the GP surgery, ward councillors, or the local MP risks overlooking the voices that matter most. The lived, real-life experiences of those residents, patients, and constituents are crucial”particularly given that Mosley Common has undergone some of the most significant changes to its neighbourhood and infrastructure. Actively seeking their feedback should have been a key part of this process.”</p>	<p>The public survey and the consultation on the PNA 2025 draft have been advertised on the Wigan Council website for the timeframes and durations specified in the PNA as described within the PNA. Please see appendix 1 and 2 for clarification on the publication of the draft PNA 2025 consultation.</p>
12	Q3	<p>The strain on infrastructure is noticeable, and the most common theme of complaints from residents are;</p> <ul style="list-style-type: none"> - Distance to nearest pharmacy - Public transport cost and infrequency - Traffic congestion - Walking distance to nearby pharmacy is impossible for the elderly, mother pushing a pram or if you're unwell - Long waiting times in nearby pharmacies - Car parking difficulty at nearby pharmacies” 	<p>Housing development in Mosley Common has been considered as part of our assessment during the previous PNA period and the current draft PNA. While the current development includes approximately 175 new homes, our analysis draws on the Strategic Housing Land Availability Assessment (SHLAA), which identifies a broader pattern of planned and potential housing growth in the area. When considered across this longer time span, the cumulative impact of housing development is expected to increase demand for pharmaceutical services. On this basis, we have identified a future need for pharmacy provision in Mosley Common.</p>

Conclusion

Wigan Council on behalf of Wigan Borough Health and Wellbeing Board has coordinated the PNA consultation and production of the final version of the PNA for 2025. It has followed the correct procedure given in the legislation:

www.legislation.gov.uk/ukxi/2013/349/part/2/made

All consultation responses have been addressed. Amendments have been made to the PNA document, where appropriate, to reflect the consultation responses received.

The final version of the PNA is published on Wigan Council website:

<https://www.wigan.gov.uk/Council/Data-Statistics/Borough-Story/Pharmaceutical-Needs-Assessment.aspx>

The PNA will be used by NHS England, Wigan Council and local partners to further develop pharmacy services in Wigan Borough to ensure that they meet the needs of the local population.

Appendix 1 – List of consultees

Community Pharmacy and Appliance Contractors

- All Wigan Borough community pharmacies
- All Wigan Borough appliance contractors

Health and Wellbeing Boards

- Wigan Borough Health and Wellbeing Board
- Bolton Health and Wellbeing Board
- Salford Health and Wellbeing Board
- Warrington Health and Wellbeing Board
- St Helens Health and Wellbeing Board
- Lancashire Health and Wellbeing Board

Healthwatch

- Healthwatch Wigan
- Healthwatch Bolton
- Healthwatch Salford
- Healthwatch Warrington
- Healthwatch St Helens
- Healthwatch Lancashire

NHS Commissioner of pharmacy services

- Greater Manchester Area Team

Integrated Care Boards (Neighboring localities)

- Salford
- Warrington
- St Helens
- West Lancashire

NHS Trusts

- Wroughtington, Wigan and Leigh NHS Foundation Trust
- Greater Manchester Mental Health NHS Foundation Trust

Local Pharmaceutical Committees

- Greater Manchester Local Pharmaceutical Committee

Other local professional committees

- Wigan Borough Local Medical Committee
- Wigan Borough Local Dental Committee
- Wigan Borough Local Optical Committee

Other organisations

- Wigan and Leigh Hospice - info@wlh.org.uk
- With You (Drug and Alcohol services)
- Wigan Stop Smoking Service

Appendix 2 – Copy of information provided on the PNA consultation webpage

Pharmaceutical Needs Assessment

A Pharmaceutical Needs Assessment (PNA) is a health needs assessment specifically identifying how pharmacy services are helping to meet the health needs of the population and how they could help in the future.

The purpose of the document is to inform future planning, developing, and commissioning of pharmaceutical services in Wigan Borough. Health and Wellbeing Boards have a statutory duty to develop and publish a PNA under the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations (2013) ([external link](#)).

Health and Wellbeing Boards are mandated to produce an assessment of local pharmaceutical services in their area every three years. Wigan's next Pharmaceutical Needs Assessment must be published by 1st October 2025.

Pharmaceutical Needs Assessment Consultation 2025-2028

Wigan Borough's Pharmaceutical Needs Assessment 2025-2028 is now out for its public consultation, which lasts for a minimum of 60-days starting on 26th June 2025.

The draft PNA is available to view below. The PDF is available to download by clicking on the two arrows in the top right corner of the window and selecting the 'Save' option.

- [View the Draft Pharmaceutical Needs Assessment 2025-28.](#)

The PNA assesses both the current and future needs for pharmaceutical services in the area, ensuring these services remain accessible, effective, and responsive to the evolving needs of our local communities. The PNA is then used to guide decisions regarding market entry to the pharmaceutical list, including the approval of new pharmacies, the relocation of existing premises, and changes to pharmacy operating hours or the range of services provided.

The consultation has now ended (a link to the response form has now been removed).

Why your views matter

As part of the NHS Pharmaceutical Services Regulations 2013, the Wigan Health and Wellbeing Board is required to consult a specified range of relevant organisations on a draft of the PNA at least once during the process of developing the document. This consultation is also open to members of the public. Your

feedback will be used to inform further development of the PNA which will be published this year.

What happens next

Your comments will inform the final Pharmaceutical Needs Assessment which will be published in the Autumn of 2025.