

Public Document Pack

NOTICE OF MEETING

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Royal Borough
of Windsor &
Maidenhead

HEALTH AND WELLBEING BOARD

will meet on

TUESDAY, 13TH MARCH, 2018

at

3.00 pm

in the

COUNCIL CHAMBER - TOWN HALL, MAIDENHEAD,

TO: MEMBERS OF THE HEALTH AND WELLBEING BOARD

COUNCILLOR DAVID COPPINGER (DEPUTY CHAIRMAN OF CABINET AND LEAD MEMBER FOR PLANNING AND HEALTH (INCLUDING SUSTAINABILITY)) (CHAIRMAN), DR ADRIAN HAYTER (WAM CCG CLINICAL CHAIR AND LEAD FOR WINDSOR) (CCG) (VICE-CHAIRMAN), COUNCILLOR NATASHA AIREY (CABINET MEMBER FOR CHILDREN'S SERVICES), COUNCILLOR STUART CARROLL (CABINET MEMBER FOR ADULT SERVICES, PUBLIC HEALTH AND COMMUNICATIONS), ALISON ALEXANDER (MANAGING DIRECTOR/ DIRECTOR ADULT SERVICES) (RBWM), DARRELL GALE (DIRECTOR OF PUBLIC HEALTH) (PUBLIC HEALTH), HILARY HALL (DEPUTY DIRECTOR STRATEGY AND COMMISSIONING) (STRATEGY AND COMMISSIONING (RBWM)), JOHN LISLE (ACCOUNTABLE OFFICER, CCG'S EAST BERKSHIRE) (ACCOUNTABLE OFFICER), KEVIN MCDANIEL (DIRECTOR OF CHILDREN'S SERVICES) (CHILDRENS SERVICES (RBWM)), ANGELA MORRIS (DEPUTY DIRECTOR - HEALTH AND ADULT SOCIAL CARE), JACKIE MCGLYNN (NHS BRACKNELL AND ASCOT CCG) (NHS BRACKNELL AND ASCOT CCG), MARK SANDERS (HEALTHWATCH BRACKNELL FOREST), TERESA SALAMI-ORU (SERVICE LEADER - COMMISSIONING / CONSULTANT IN PUBLIC HEALTH) (PUBLIC HEALTH (RBWM)), FIONA SLEVIN-BROWN (DIRECTOR OF STRATEGY AND OPERATIONS, CCG'S EAST BERKSHIRE) AND DR WILLIAM TONG (NHS)

Karen Shepherd
Service Lead for Democratic Services
Issued: 5th March 2018

Members of the Press and Public are welcome to attend Part I of this meeting.
The agenda is available on the Council's web site at www.rbwm.gov.uk or contact the Panel Administrator **Nabihah Hassan-Farooq** 01628 796345

Fire Alarm - In the event of the fire alarm sounding or other emergency, please leave the building quickly and calmly by the nearest exit, situated through the Mayor's Parlour (opposite the Chamber), and proceed down the back staircase. Do not stop to collect personal belongings and do not use the lifts. Congregate on the cobbled area, outside Hamptons Estate Agents and do not re-enter the building until told to do so by a member of staff.

Recording of Meetings – The Council allows the filming, recording and photography of public Council meetings. This may be undertaken by the Council itself, or any person attending the meeting. By entering the meeting room you are acknowledging that you may be audio or video recorded and that this recording will be available for public viewing on the RBWM website. If you have any questions regarding the council's policy, please speak to the Democratic Services or Legal representative at the meeting.

AGENDA

PART I

<u>ITEM</u>	<u>SUBJECT</u>	<u>PERSON</u>	<u>TIMING</u>	<u>PAGE NO</u>
1.	<u>APOLOGIES FOR ABSENCE</u> To receive apologies for absence.	-	-	-
2.	<u>DECLARATIONS OF INTEREST</u> To receive any Declarations of Interest.	-	-	7 - 8
3.	<u>MINUTES FROM THE MEETING HELD ON THE 12TH FEBRUARY 2018</u> To confirm the Part I minutes of the previous meeting.	-	-	9 - 14
4.	<u>UPDATE ON THE SUSTAINABILITY AND TRANSFORMATION PLAN (STP)</u> That the Board receive an update in relation to the Sustainability and Transformation Plan (STP).	John Lisle, Accountable Officer for East Berkshire CCG's	5mins	Verbal Report
5.	<u>UPDATE ON THE BETTER CARE FUND (BCF)</u> That the Board receive an update on the Better Care Fund (BCF).	Hilary Hall, Deputy Director Strategy & Commissioning	5mins	Verbal Report
6.	<u>HEALTH PARTNERSHIP BOARD REVIEW- FINAL REPORT</u> That the Board note and agree recommendations from the Partnership Board Review.	Hilary Hall, Deputy Director Strategy & Commissioning	5mins	15 - 24
7.	<u>JOINT HEALTH AND WELLBEING STRATEGY PRIORITY 7: SUPPORT ADULTS AND CHILDREN WITH MENTAL HEALTH NEEDS- OPPORTUNITY RECOVERY COLLEGES</u> That the Board receive a presentation from Susanna Yeoman, Locality Director for Slough Mental Health Services- East, in relation to Opportunity Recovery Colleges.	Susanne Yeoman, Locality Director for Slough and Mental Health- East	20 mins	Verbal Report
8.	<u>JOINT HEALTH AND WELLBEING STRATEGY PRIORITY 7: SUPPORT ADULTS AND CHILDREN WITH MENTAL HEALTH NEEDS- BUILDING RESILIENCE IN PRIMARY SCHOOL CHILDREN CONFERENCE, JAN</u>	Teresa Salami-Oru, Consultant in Public Health Strategy & Commissioning	10 mins	Verbal Report

	<u>17TH 2018</u>			
	That the Board receive a verbal update from Teresa Salami- Oru, Lead Consultant in Public Health, Strategy and Commissioning.			
9.	<u>JOINT HEALTH AND WELLBEING STRATEGY PRIORITY 6: SUPPORT PEOPLE TO HAVE AN EARLY DIAGNOSIS OF DEMENTIA- DEMENTIA UPDATE</u> That the Board receive a presentation regarding the Dementia Update.	Jesal Dhokia, Health Ageing Lead; Marianne Hiley, Better Care Fund programme Manager, Paula King and Nikki Wilcock Nest Homecare	20 mins	25 - 40
10.	<u>HEALTH AND WELLBEING PERFORMANCE</u> That the Board receive a verbal update regarding the Health and Wellbeing Performance by Teresa Salami- Oru, Lead Consultant in Public Health, Strategy and Commissioning.	Teresa Salami-Oru, Consultant in Public Health, Strategy & Commissioning	5 mins	Verbal Report
11.	<u>PHARMACEUTICAL NEEDS ASSESSMENT (PNA) UPDATE</u> That the Board note the update on Pharmaceutical Needs Assessment.	Darrell Gale, Acting Director of Public Health	5 mins	41 - 144
12.	<u>A.O.B</u>	-	-	-
13.	<u>QUESTIONS FROM THE PUBLIC</u> That the Board answer questions received by Members of the Public.	-	-	-
14.	<u>DATE OF THE NEXT MEETING</u> The date of the next meeting is TBC.	-	-	-

MEMBERS' GUIDE TO DECLARING INTERESTS IN MEETINGS

Disclosure at Meetings

If a Member has not disclosed an interest in their Register of Interests, they **must make** the declaration of interest at the beginning of the meeting, or as soon as they are aware that they have a DPI or Prejudicial Interest. If a Member has already disclosed the interest in their Register of Interests they are still required to disclose this in the meeting if it relates to the matter being discussed.

A member with a DPI or Prejudicial Interest **may make representations at the start of the item but must not take part in the discussion or vote at a meeting.** The speaking time allocated for Members to make representations is at the discretion of the Chairman of the meeting. In order to avoid any accusations of taking part in the discussion or vote, after speaking, Members should move away from the panel table to a public area or, if they wish, leave the room. If the interest declared has not been entered on to a Members' Register of Interests, they must notify the Monitoring Officer in writing within the next 28 days following the meeting.

Disclosable Pecuniary Interests (DPIs) (relating to the Member or their partner) include:

- Any employment, office, trade, profession or vocation carried on for profit or gain.
- Any payment or provision of any other financial benefit made in respect of any expenses occurred in carrying out member duties or election expenses.
- Any contract under which goods and services are to be provided/works to be executed which has not been fully discharged.
- Any beneficial interest in land within the area of the relevant authority.
- Any licence to occupy land in the area of the relevant authority for a month or longer.
- Any tenancy where the landlord is the relevant authority, and the tenant is a body in which the relevant person has a beneficial interest.
- Any beneficial interest in securities of a body where:
 - a) that body has a piece of business or land in the area of the relevant authority, and
 - b) either (i) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body **or** (ii) the total nominal value of the shares of any one class belonging to the relevant person exceeds one hundredth of the total issued share capital of that class.

Any Member who is unsure if their interest falls within any of the above legal definitions should seek advice from the Monitoring Officer in advance of the meeting.

A Member with a DPI should state in the meeting: ***'I declare a Disclosable Pecuniary Interest in item x because xxx. As soon as we come to that item, I will leave the room/ move to the public area for the entire duration of the discussion and not take part in the vote.'***

Or, if making representations on the item: ***'I declare a Disclosable Pecuniary Interest in item x because xxx. As soon as we come to that item, I will make representations, then I will leave the room/ move to the public area for the entire duration of the discussion and not take part in the vote.'***

Prejudicial Interests

Any interest which a reasonable, fair minded and informed member of the public would reasonably believe is so significant that it harms or impairs the Member's ability to judge the public interest in the item, i.e. a Member's decision making is influenced by their interest so that they are not able to impartially consider relevant issues.

A Member with a Prejudicial interest should state in the meeting: ***'I declare a Prejudicial Interest in item x because xxx. As soon as we come to that item, I will leave the room/ move to the public area for the entire duration of the discussion and not take part in the vote.'***

Or, if making representations in the item: ***'I declare a Prejudicial Interest in item x because xxx. As soon as we come to that item, I will make representations, then I will leave the room/ move to the public area for the entire duration of the discussion and not take part in the vote.'***

Personal interests

Any other connection or association which a member of the public may reasonably think may influence a Member when making a decision on council matters.

Members with a Personal Interest should state at the meeting: ***'I wish to declare a Personal Interest in item x because xxx'. As this is a Personal Interest only, I will take part in the discussion and vote on the matter.***

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HEALTH AND WELLBEING BOARD
COUNCIL CHAMBER - TOWN HALL, MAIDENHEAD AT 6.30 PM

12 February 2018

PRESENT: Councillors David Coppinger (Chairman), Natasha Airey, Alison Alexander, John Lisle, Kevin McDaniel and Morris

Officers: Alison Alexander, Kevin McDaniel, Angela Morris, Wendy Binmore and Nabihah Hassan-Farooq

Also in attendance: Nick Stevens, Headteacher of Riverside Primary School
Liz Kelsall, Chair of PaCIP
Darrell Gale, Acting Director of Public Health (sub for Teresa Salami-Oru)

PART I

123/15 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Stuart Caroll, Teresa Salami- Oru (Director of Public Health) and Hilary Hall (Deputy Director of Strategy and Commissioning).

124/15 DECLARATIONS OF INTEREST

No declarations of interest were received.

125/15 MINUTES

Resolved- That the minutes of the meeting held on the 7th November 2017 were agreed and signed as a true and accurate record.

126/15 CO-OPTION OF MR MATTHEW BARBER, DEPUTY POLICE & CRIME COMMISSIONER FOR THE THAMES VALLEY AREA

RESOLVED UNANIMOUSLY: That Mr Matthew Barber be co-opted to the Board.

127/15 PRESENTATION ON THE SEND INSPECTION UPDATE

The Director of Children's Services introduced the report that outlined the SEND (Special educational needs and disabilities) action plan. Nick Stevens, Head-teacher at Riverside school led the interactive session. The presentation was led in a workshop style and focused on the following:

- Why action on support for children and families with SEND was required?
- What the identified priorities were and what actions were planned to address these?
- To identify who would contribute to the collective responsibility to improve experiences and outcomes for children and families with SEND
- Discussions surrounded how all involved persons could contribute as schools and colleges.

The quiz section of the presentation focussed on Educational and Health Care Plans (EHCP), timescales and proportionality of those Children and Young Persons (CYP) who had been identified as receiving SEN support in schools. It was highlighted in the discussion that there

were currently 907 EHCPs and statements across the borough and that there had been a 20% increase since 2011. It was also noted that there were a further 2,666 children within the Borough who had been identified as receiving support in RBWM schools without an EHCP. There are 279 children (31%) with EHCPs or statements who did not attend schools within RBWM.

Mr Stevens reported that a range of head-teachers had been approached to discuss ways in which schools currently supported children and young people and families with SEND. There had been differing opinions and a wide range of views on how schools supported and met the needs of SEND in young people and families. Most schools felt that there had been examples of great work amongst staff in supporting the needs of children and that there had been many examples of success within schools where teams had gone over and above standard procedures to support children and families.

It was however noted that there was a gap in the availability of information for signposting support. It was also highlighted that school leads were unfamiliar with the RBWM SEND Action Plan.

The SEND Action Plan had been created to address the Joint Ofsted and CQC Inspection (July 2017) which had highlighted 8 key areas for improvement:

Work was underway and had been carried out to address the key areas of concern that included;

- To establish a SEND Steering Board and Local Leaders Working Grp.
- To complete the SEND Strategy consultation
- Development of an Inclusion Charter
- Development of CAHMS Transformational Strategy
- Strengthened work with PaCIP
- Increased capacity of Designated Clinical Officer
- Multi agency review and deep dive audit of EHCPs
- New Ageless Autism Service by September 2018
- Review of Feedback mechanisms for CYP
- Annual Inclusion Summit
- 50 more assessments for ASD

RBWM has secured £450,000 of funding from the Better Care Fund (BCF) over three years from April 2018. This would fund the creation of three additional posts to support the development of EHC plans for children and young people with the most complex needs and the recruitment of a SEND specialist to help schools develop their systems for inclusion.

Work had been undertaken to look at the use of personal budgets to make it easier for families to secure third sector services as part of their ECH plans. In addition Berkshire Health Foundation Trust (BHFT) will be providing a single point of access for Local Authority EHCP requests. East Berkshire SEND group would review audits and scrutinise quality through real-time case studies and experiences.

It was also noted that there had been significant funding contribution from schools through the Dedicated schools grant in 2018/19. This included £160,000 for Early Years SEND provision and £416,000 from the schools block allocation to transform inclusion services.

Putting this together with the BCF funding, there is a large amount of money which could be used to bring sustainable change to the way in which SEND was implemented in and across the borough.

At the end of the workshop, the Chair welcomed public participation and welcomed views and questions from the public in the gallery.

At the end of the workshop, the Chair welcomed public participation and welcomed views and

questions from the public in the gallery.

As part of the discussion, management and review of the SEND action plan. Nick Stevens and the Director of Children’s Services explained that there would be two streams which focussed on outcomes for the initial 9-12 months, followed by the longer term management and implementation of the SEND strategy. The first stream would drive change and would predominantly be managed through steering boards to ensure that the changes required by Ofsted are delivered. The second stream would be in line with the overarching three year plan to effectively deliver strategy and would be overseen by a group of Head teachers and LA officers. There would also be a PaCIP AGM, Head teacher Forum, Council scrutiny via the Childrens and Services Overview and Scrutiny panel to monitor the success of the embedded delivery.

RESOLVED UNANIMOUSLY That: The SEND Action Plan be circulated to the Youth Ambassadors for further scrutiny and comment.

128/15 FUTURE MEETING DATES

Tuesday 13th March, 2018.

The meeting, which began at 6.32 pm, ended at 7.36 pm

CHAIRMAN.....

DATE.....

128/15 FUTURE MEETING DATES

Tuesday 13th March, 2018.

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Subject:	Health Partnership Board Review: Final Report
Reason for briefing note:	To present findings from the partnership board review and recommendations for Health and Wellbeing Board approval.
Responsible officer(s):	Teresa Salami-Oru, Consultant Public Health.
Senior leader sponsor:	Hilary Hall, Deputy Director Strategy and Commissioning.
Date:	13 March 2018

www.rbwm.gov.uk



SUMMARY

Following the review of six existing Partnership Boards and presentation of a new delivery model for the Health and Wellbeing Board, the existing boards have accepted the changes and are supportive of the overall delivery model. This paper details the final structural changes agreed with all stakeholders to take effect from April 2018.

1. BACKGROUND

- 1.1. The Health and Wellbeing Board has been in operation since 2013.
- 1.2. It was agreed in 2016 to develop proposals for a new delivery model supporting the Board and implementation of the Joint Health and Wellbeing Strategy. The goal was to refocus resources around a new delivery model to ensure delivery of the priorities and a mechanism to pick up actions and measure agreed indicators, as well as enabling a clear golden thread to run from the Board through the structure.

2. KEY IMPLICATIONS

- 2.1 The new structure allows the adoption of best practice and embeds recommendations from national reviews. It adopts a life course approach which supports the wellbeing of all residents.
- 2.2 The new model provides a golden thread and open line of communication for all forums and groups in the local health and social care and voluntary system.
- 2.3 The new delivery model will ensure a more robust system to drive through the key strategic priorities identified in the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy, and enable an early response to emerging issues.

3. DETAILS

- 3 The new delivery model will see the Health and Wellbeing Board supported by three sub groups – Developing Well, Living Well and Ageing Well, see appendix 1. The main business of the Board will continue to be delivered through quarterly meetings in public, with the opportunity for a confidential session following the public meeting.

- 3.2 For the first twelve months of the new model, it is proposed that the Director of Children's Services (AfC), the Director of Operations (Optalis) and the Royal Borough Consultant in Public Health chair the three sub-groups. These officers are also members or attend the board and their responsibilities as chairs are detailed in the sub-group's terms of reference, see appendix 2. After the initial twelve months groups will select a chair of their choice. Each sub-group will have an action plan centred on the priorities of the Joint Health and Wellbeing Strategy.
- 3.4 It is proposed that, each year, the Board select a specific health and wellbeing theme and for 2018 as a legacy from the Year of Mental Health it is proposed that the theme is loneliness and isolation. Evidence suggests that anyone can experience social isolation and loneliness. While social isolation is more commonly considered in later life, it can occur at any stage of the life course. Particular individuals or groups may be more vulnerable than others, depending on factors such as physical and mental health, education, employment status, income, ethnicity, gender or age. The board is also asked to note that in January 2018 the Prime Minister recommended this as an area requiring focused action.

4. RISKS

- 4.1 The successful operation of the Board and its sub-groups relies on stakeholder ownership and engagement and therefore, ongoing communication will be vital.

5. NEXT STEPS

- 5.1 The next steps are to convene the new sub-groups, agree membership and terms of reference and develop their action plans based on the Joint Health and Wellbeing Strategy.
- 5.2 An update on progress will be provided to the next Health and Wellbeing Board meeting.

Health and Wellbeing Board Public meeting
Confidential session

To enable Royal Borough residents to be healthy, happy and enjoy the best life chances.

LONELINESS & ISOLATION
2018 Key Theme

Living Well

Chair: Teresa Salami-Oru

Key Priorities

- Prevention and Early Intervention
- Supporting a Healthy Population
- Maximise Capabilities and Life Chances Early Intervention.

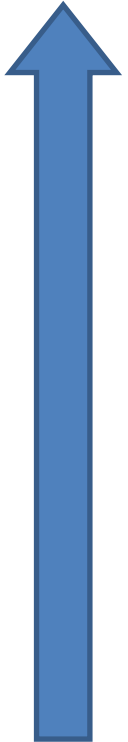
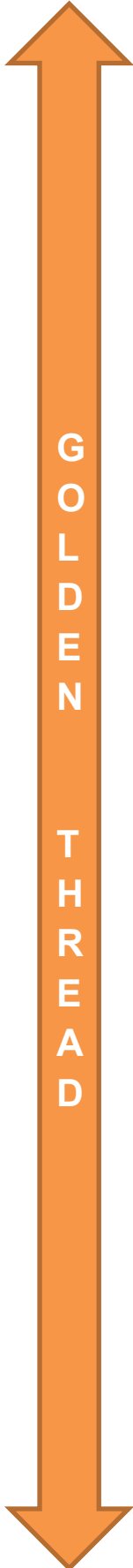
Developing Well

Chair: Kevin McDaniel

Ageing Well

Chair: Angela

All other Boards, Groups, Networks, Forums
Feedback loop to the 3 Boards



Appendix 2: Sub-groups' draft terms of reference

Developing Well Subgroup

Draft Terms of Reference

Geographical Scope

The area covered by the Royal Borough of Windsor and Maidenhead Council, Windsor & Maidenhead CCG, Ascot & Bracknell CCG.

Purpose

To provide assurance to the Royal Borough Health and Wellbeing Board that the plans and actions of the Joint Health and Wellbeing Strategy are being effectively delivered, in order to ensure that Royal Borough residents are healthy, happy and enjoy the best life chances available to them.

Membership

Derived from core membership and chair.

Suggested core membership

- Chair: Kevin McDaniel – Director of Children Services.
- Representative from Mental Health Partnership Board.
- Representative from the Carers Partnership Board.
- Representative from the Autism Persons Partnership Board.
- CCG Commissioning representative.
- Health Visitors

Advisory Membership:

- CCG / General Practitioner Lead for Young People.
- CAMHS Psychiatrist.
- Voluntary Sector Organisation representative.

Objectives

- Provide strategic leadership, through partnership working, on the delivery of the themed actions included in the Joint Health and Wellbeing Strategy. The Developing Well Board will deliver a minimum of two actions under each of the Strategy themes:
 - Prevention and early intervention
 - Supporting a healthy population
 - Enable residents to maximise their capabilities and life chances
- Drive forward relevant change and improvement shaped by the JSNA and partner intelligence, national strategy and guidance.
- Explore and advise on future needs, emerging issues and gaps in provision.
- Ensure we are informed by local forums, service user experiences and voice, and seek their views on our work.
- Take into account the wider context of Better Care Fund and Sustainability and Transformation Plan.
- Implement where needed time related task and finish groups to action specific requirements.

Decision making and reporting

The chair will be expected to give a ten minute update of the Developing Well Action Plan at the quarterly Health and Wellbeing Board. This will include progress, associated key issues, priorities, risks and new areas of need.

Frequency of meetings

The Developing Well Strategic Board will meet four meetings per year between Board meetings.

Living Well Subgroup

Draft Terms of Reference

Geographical Scope

The area covered by the Royal Borough of Windsor and Maidenhead Council, Windsor & Maidenhead CCG, Ascot & Bracknell CCG.

Purpose

To provide assurance to the Royal Borough Health and Wellbeing Board that the plans and actions of the Joint Health and Wellbeing Strategy are being effectively delivered, in order to ensure that Royal Borough residents are healthy, happy and enjoy the best life chances available to them.

Membership

Derived from core membership and chair.

Suggested core membership

- Chair: Consultant for Public Health.
- Representative from Mental Health Partnership Board.
- Representative from the Carers Partnership Board.
- Representative from the Autism Partnership Board.
- CCG Commissioning representative
- Healthwatch representative.
- Community Warden.
- Resilience representative.

Advisory Membership:

- CCG / General Practitioner Lead for Mental Health
- Consultant Psychologist
- Service Development Officer Housing
- Representative from Thames Valley Probation Service
- Safeguarding Lead Thames Valley Police
- Drug & Alcohol Team representative
- Voluntary Sector Organisation representative

Objectives

- Provide strategic leadership, through partnership working, on the delivery of the themed actions included in the Joint Health and Wellbeing Strategy. The Living Well Board will deliver a minimum of two actions under each of the Strategy themes:
 - Prevention and early intervention
 - Supporting a healthy population
 - Enable residents to maximise their capabilities and life chances
- Drive forward relevant change and improvement shaped by the JSNA and partner intelligence, national strategy and guidance.
- Explore and advise on future needs, emerging issues and gaps in provision.
- Ensure we are informed by local forums, service user experiences and voice, and seek their views on our work.
- Take into account the wider context of Better Care Fund and Sustainability and Transformation Plan.

- Implement where needed time related task and finish groups to action specific requirements.

Decision making and reporting

The chair will be expected to give a ten minute update of the Living Well Action Plan at the quarterly Health and Wellbeing Board. This will include progress, associated key issues, priorities, risks and new areas of need.

Frequency of meetings

The Living Well Strategic Board will meet four meetings per year between Board meetings.

Ageing Well Subgroup

Draft Terms of Reference

Geographical Scope

The area covered by the Royal Borough of Windsor and Maidenhead Council, Windsor & Maidenhead CCG, Ascot & Bracknell CCG.

Purpose

To provide assurance to the Royal Borough Health and Wellbeing Board that the plans and actions of the Joint Health and Wellbeing Strategy are being effectively delivered, in order to ensure that Royal Borough residents are healthy, happy and enjoy the best life chances available to them.

Membership

Derived from core membership and chair.

Suggested core membership

- Chair: Deputy Director Health & Adult Social Care.
- Representative from Dementia Partnership Board.
- Representative from the Carers Partnership Board.
- Representative from the Older Persons Partnership Board.
- Falls Group representative
- CCG Commissioning representative.
- Healthwatch representative.
- Community Warden.
- Resilience representative.

Advisory Membership:

- CCG / General Practitioner Lead for Mental Health.
- Consultant Psychologist.
- Service Development Officer Housing.
- Representative from Thames Valley Probation Service.
- Safeguarding Lead Thames Valley Police.
- Drug & Alcohol Team representative.
- Voluntary Sector Organisation representative.

Objectives

- Provide strategic leadership, through partnership working, on the delivery of the themed actions included in the Joint Health and Wellbeing Strategy. The Ageing Well Board will deliver a minimum of two actions under each of the Strategy themes:
 - Prevention and early intervention
 - Supporting a healthy population
 - Enable residents to maximise their capabilities and life chances
- Drive forward relevant change and improvement shaped by the JSNA and partner intelligence, national strategy and guidance.
- Explore and advise on future needs, emerging issues and gaps in provision.
- Ensure we are informed by local forums, service user experiences and voice, and seek their views on our work.
- Take into account the wider context of Better Care Fund and Sustainability and Transformation Plan.

- Implement where needed time related task and finish groups to action specific requirements.

Decision making and reporting

The chair will be expected to give a ten minute update of the Ageing Well Action Plan at the quarterly Health and Wellbeing Board. This will include progress, associated key issues, priorities, risks and new areas of need.

Frequency of meetings

The Ageing Well Strategic Board will meet four meetings per year between Board meetings.

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RBWM - Dementia Friendly Community -

**Presenter: Marianne Hiley, BCF.
Jesal Dhokia, Healthy Ageing Lead
Paula King and Nikki Wilcock,
NestHome Care**

Living with Dementia In the Royal Borough

People aged 65 and over predicted to have dementia, by age and gender, projected to 2030 in the Royal Borough

Year	2015	2020	2025	2030
People aged 65-69 predicted to have dementia	101	90	99	118
People aged 70-74 predicted to have dementia	169	205	186	205
People aged 75-79 predicted to have dementia	293	334	410	369
People aged 80-84 predicted to have dementia	466	526	597	741
People aged 85-89 predicted to have dementia	500	578	678	795
People aged 90 and over predicted to have dementia	477	594	801	1,066
Total population aged 65 and over predicted to have dementia	2,006	2,327	2,770	3,293

RBWM – Committed To Supporting Residents With Dementia Since 2012

“RBWM Action Plan divided into the four themes of the national dementia strategy under which the 17 key objectives sit and now include the objectives listed in the DH Outcomes doc. which focus on activities that are likely to have the greatest impact on improving quality outcomes for people with dementia and their carers.”

Theme 1 – Raising awareness and understanding

Theme 2 - Early diagnosis and support

Theme 3 – Living well with dementia/ Improved community personal support services.

Theme 4 – Strategy implementation



RBWM – Committed To Supporting The Dementia Across GP Practices

26 of practice 17	CCG Diagnosis rate %	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18
		66.68	66.80	69.62	70.20	71.78	71.80	71.12	71.60	72.65	73.00	73.51	73.12

Top practices:

South meadow – 132.70

Symons – 116.82

Runnymede 111.40

Lowest diagnosis rates in

Clarence – 37.52

Woodlands park 37.79

Sheet Street 45.42



Compared with benchmark

Lower Similar Higher Not compared

Windsor and Maidenhead and Its Neighbours

27

Indicator	Period	England	Windsor and Maidenhead	1 - Wokingham	2 - West Berkshire	3 - Bracknell Forest	4 - Central Bedfordshire	5 - Bath and North East Somerset	6 - Solihull	7 - Bedford	8 - Wiltshire	9 - Cheshire East	10 - Rutland	11 - North Somerset	12 - Cheshire West and Chester	13 - South Gloucestershire	14 - Trafford	15 - Herefordshire
Estimated dementia diagnosis rate (aged 65+)	2017	67.9	71.3	66.3	56.2	59.3	58.8	59.3	60.7	62.1	66.8	71.7	61.9	64.8	65.0	62.7	74.0	59.3

≥ 66.7% (significantly)
 similar to 66.7%
 < 66.7% (significantly)



Where we are now?

MANY INITIATIVES AND SUCCESSSES

Alignment
of clinical
services –
memory
clinics

CBT for
carers

EOLC

Care Homes quality

Falls prevention

Integrated
community teams
and hubs

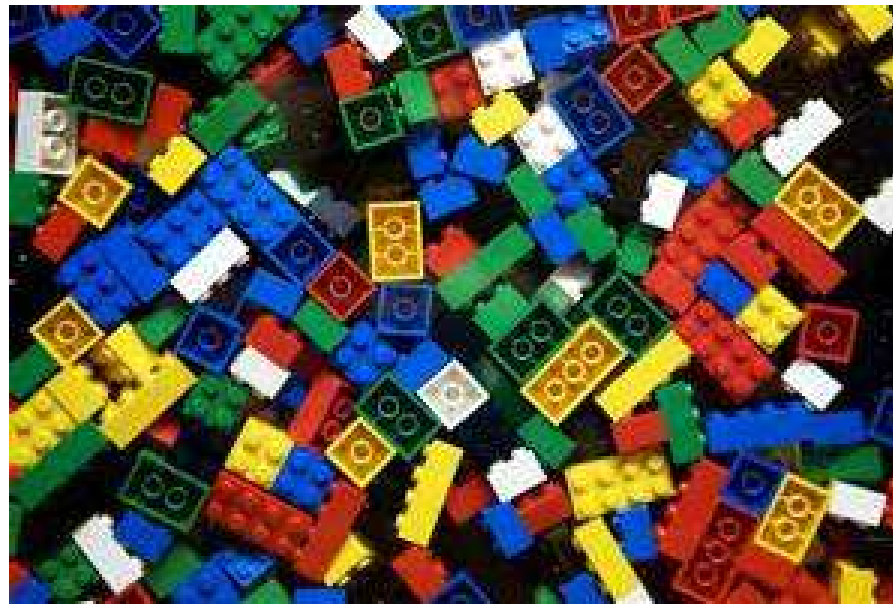
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Dementia
care
advisers

Social
prescribing

Assistive
technology
promotion
events

Carer
identification and
support services



Dementia
directory –
local activities

Boyn
Grove

Frailty and
anticipatory
care
programmes

GP practice engagement – data
analysis, diagnostic tools



Working to DELIVER a number of changes at a local level

1. Reducing variation in early diagnosis rates across practices
2. Ensuring residents who are diagnosed with dementia are provided with appropriate and timely advice and support to live well, avoid hospital admissions and maintain independence
3. To work towards Dementia Friendly Communities



WHERE DO WE WANT TO BE?

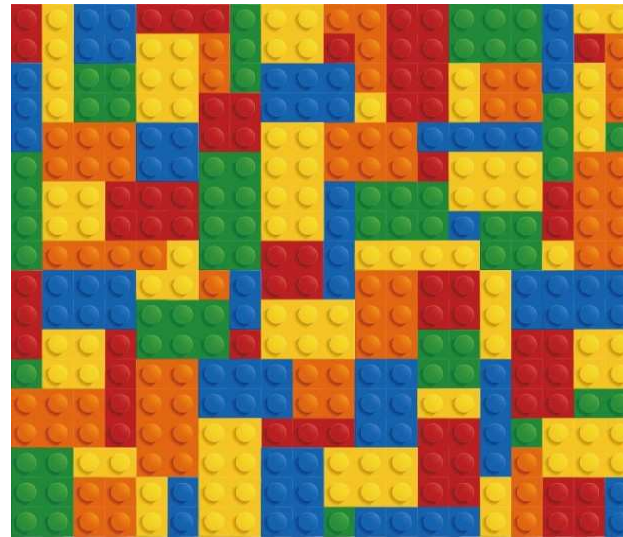
30

More aligned

Outcome focussed

Better Equality of access

Listening to resident/patient needs



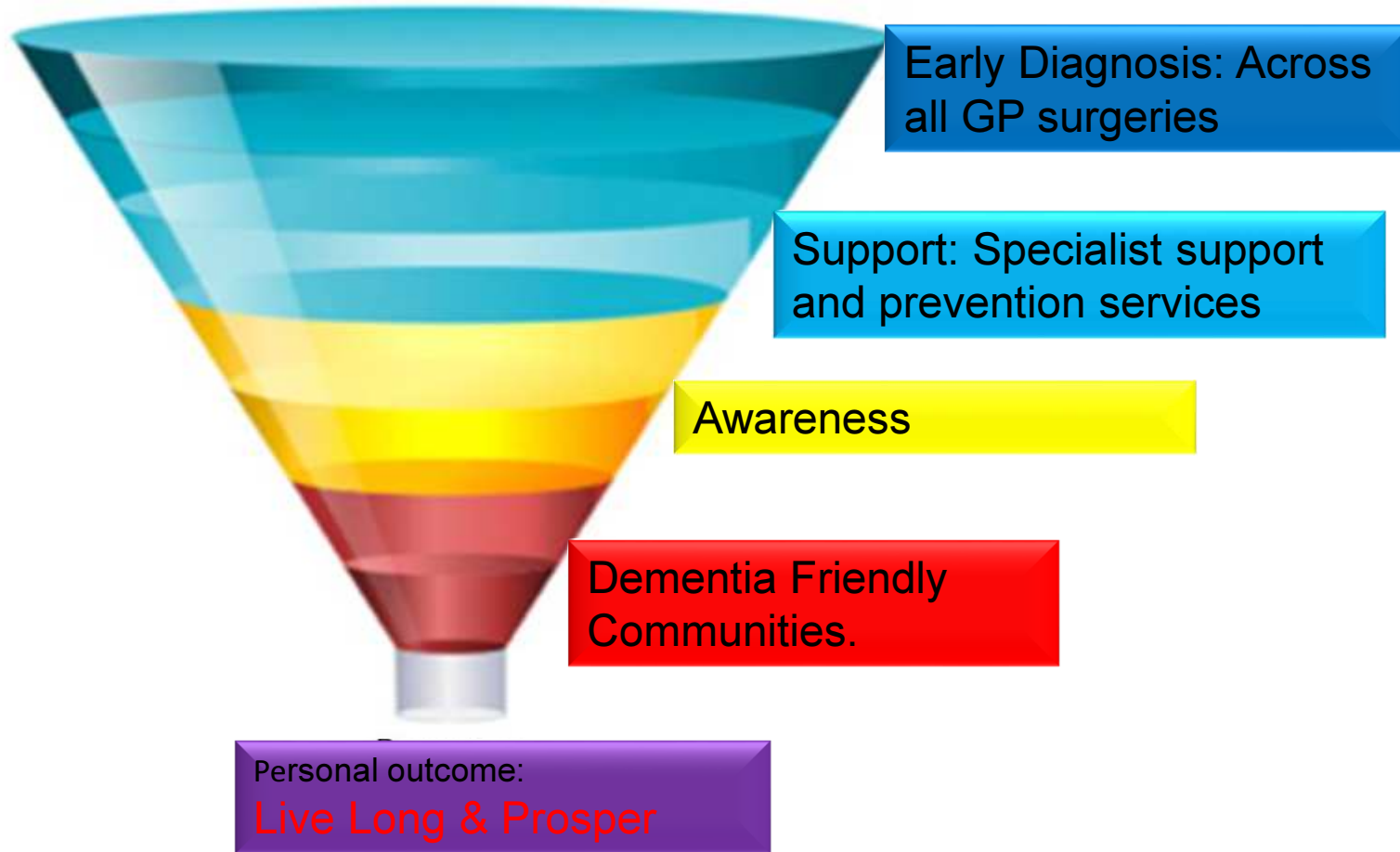
Research led

Learning from others

Cross boundary opportunities

Innovation





Dementia Friendly Communities by NestHome Care



What is a Dementia Action Alliance (DAA)?

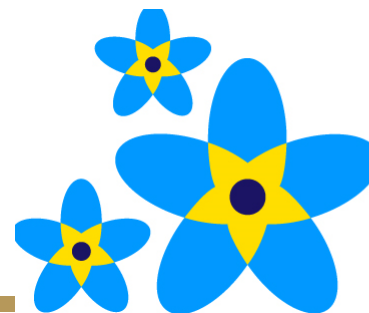
- Set-up by The Alzheimer's Society
- 150 DAAs within the UK who connect, share best practice and take action on dementia. Everything we do is in partnership, and informed by people living with dementia, and those that care for them.
- Formed in 2010 with the launch of the [National Dementia Declaration](#). This saw members commit to action that radically improve the lives of people living with dementia. Today, our members continue to make commitments, using their collective expertise to influence Government policy and societal attitudes towards dementia.
- A DAA is an easy and proven structure for creating a dementia friendly community (DFC)
- A Local Alliance can be established at any level, be it a village, city, county or even a region.



WHAT A DAA DO?

- Action
 - Dementia Action Alliance captures and promotes best practice, enabling it to benefit many more people.
- Learn
 - Members come together to share best practice and learn about the latest trends and innovations from across health and social care. We enable this through our events programme that includes roundtables, conferences and webinars.
- Campaign
 - Members come together to influence system-wide change and campaign on major issues within health and social care affecting people living with dementia.

- <https://www.dementiaaction.org.uk/>



Working to become
**Dementia
Friendly**
2017-2018

Aims of the new WAM DAA

- To ensure that the voices of people with dementia, their carers and families are heard and guide the work of the DAA.
- To seek membership from local businesses and organisations to identify current and future projects, share resources and work in partnership to raise awareness of dementia within the community.
- Identify & increase the number of 'Dementia Friends' Champions to carry out sessions to the public, businesses, services etc
- More 'Dementia Friends' information sessions.
- To establish and maintain information sharing.

35



Current WAM DAA Membership

- The Alzheimer's Society
- RBWM
 - Fire and Rescue
 - Libraries
 - Community wardens
- FHTF
- Care UK
- Windsor Castle
- Metro Bank
- FG Saunders Pharmacy
- Runnymede Surgery (Dr Charles Walker)
- Old Windsor Parish Council
- Maidenhead Chamber of Commerce
- People to Places
- Spencer Denney Centre
- Colostomy UK
- Signal4carers
- RBWM – Programme Lead, Healthy Ageing, Public Health



WAM DAA Nest steps

- First meeting “launch” on 5 March
- Discuss & Agree
 - Terms of reference
 - Evidence & Research
 - Actions
 - Action for DAW (w/c 22 May)
- Set up Twitter account

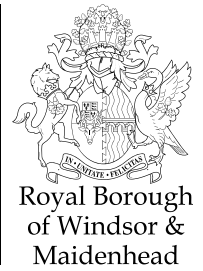
Upcoming Opportunities for the Health and Wellbeing Board

Build on good work and support the work of local partners to work towards early diagnosis by Primary Care
Support DAA to embed the concept of 'Dementia Friendly Communities'
To support a public awareness campaign, 2 per year



Subject:	Pharmaceutical Needs Assessment, 2018 to 2021
Reason for briefing note:	To present The Royal Borough of Windsor & Maidenhead, Pharmaceutical Needs Assessment, 2018 to 2021 for Board approval.
Responsible officer(s):	Teresa Salami-Oru, Public Health Consultant/Service Leader
Senior leader sponsor:	Hilary Hall, Deputy Director Strategy & Commissioning
Date:	13 th March 2018

www.rbwm.gov.uk



SUMMARY

The Royal Borough of Windsor & Maidenhead's Health & Wellbeing Board published the last Pharmaceutical Needs Assessment in March 2015 and is required to undertake a revised assessment by 31st March 2018. Public Health Services for Berkshire has led the development of the latest PNAs across the six Berkshire Local Authorities, as agreed with all the relevant Health & Wellbeing Boards. The Health & Wellbeing Board is asked to formally approve the Pharmaceutical Needs Assessment for 2018 to 2021 for publication on the Royal Borough's website.

1 BACKGROUND.

- 1.1 A Pharmaceutical Needs Assessment (PNA) is the statement of the needs for pharmaceutical services of the population in a specific area. It sets out a statement of the pharmaceutical services which are currently provided, together with when and where these are available to a given population. The PNA also considers whether there are any gaps in the delivery of pharmaceutical services and is used by NHS England to make decisions on which NHS-funded services should be provided by local community pharmacies. The PNA can also be used to inform commissioners, such as local authorities and Clinical Commissioning Groups (CCGs), who may wish to procure additional services from pharmacies to meet local health priorities.
- 1.2 The Royal Borough of Windsor & Maidenhead's Health & Wellbeing Board published the last PNA in March 2015 and is required to undertake a revised assessment by 31st March 2018.

2. DETAILS

- 2.1 The process for the development of the PNA was agreed with the Health & Wellbeing Board. A small task and finish group was set up to oversee the development of the PNA. The membership included the Strategic Director of Public Health for Berkshire, the Consultant in Public Health (Public Health Services for Berkshire), an NHS England pharmaceutical commissioner, a representative from the Local Pharmaceutical Committee (LPC) and the Public Health Intelligence Manager (Public Health Services for Berkshire).
- 2.2 The development of the PNA involved several key stages:
 - On-line survey of community pharmacies to map current service provision during June and July 2017.

- On-line survey of public to ascertain views on services from June to August 2017.
- Development of the draft PNA Report.
- Formal 60 day public consultation on the draft PNA Report during November and December 2017.
- Final PNA Report (see attached report and appendices)

Current provision – findings

- 2.3 Key findings from the PNA show that there is good provision of pharmaceutical services in the borough with 29 pharmacies and one distance selling pharmacy. There are no dispensing doctors within the borough. There are also 30 pharmacies outside the borough, but within 1.6km of borders, and these were also considered in the assessment.
- 2.4 Generally, community pharmacies in Royal Borough of Windsor and Maidenhead are well distributed, accessible and offer a convenient service to patients and members of the public. They are available on weekdays with adequate weekend and evening opening hours across the majority of the borough.
- 2.4 The public survey showed that across Berkshire, 95% of respondents were able to get to the pharmacy of their choice, 86% took less than 15 minutes to travel to their regular pharmacy and the remaining 14% stated that it took between 15 and 30 minutes. Overall, 91% were satisfied or very satisfied with the location of their pharmacy.
- 2.5 There is variable, but adequate, provision of advanced pharmaceutical services for residents, with a number of pharmacies also providing locally commissioned services (LCS) for emergency hormonal contraception, needle exchange and supervised consumption.
- 2.6 Based on the information within the PNA, no current gaps in essential services have been identified and there are no known future developments that are likely to significantly alter demand for pharmaceutical services within the life of this PNA.

Future opportunities

- 2.7 The findings of the PNA indicate that there is opportunity to improve the provision of essential services during evenings and on Sundays in the borough.
- 2.8 As part of the essential pharmacy offer, pharmacies are required to deliver up to six public health campaigns a year to promote healthy lifestyles. These are selected by NHS England. There is scope to gain more impact from national public health campaigns by ensuring that these are delivered in a coordinated way through community pharmacies.
- 2.9 The Public Health Team is committed to working with other local stakeholders and pharmacy providers to identify how Healthy Living Pharmacies can best support health and wellbeing priorities, within the lifespan of this PNA.

3 RISKS

- 3.1 No risks are currently identified, however if local pharmaceutical services change during the life span of the PNA, such as the opening hours, address of premises or needs of the local population, the Royal Borough will need to publish supplementary statements.

4 RECOMMENDATIONS

- 4.1 That the Health & Wellbeing Board approve the Pharmaceutical Needs Assessment for 2018 to 2021 for publication on the Royal Borough's website.

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Windsor & Maidenhead Pharmaceutical Needs Assessment 2018 to 2021

Executive Summary

This is an update of the Pharmaceutical Needs Assessment (PNA) for the Royal Borough of Windsor and Maidenhead Health and Wellbeing Board Area. Since April 2013, every Health and Wellbeing Board in England has a statutory responsibility to publish and keep up-to-date a statement of the needs for pharmaceutical services for the population in its area. The previous PNA ran from 2015 to 2018 and this update will run from April 2018 to March 2021.

The PNA describes the needs for the population of Royal Borough of Windsor and Maidenhead (RBWM) and considers current provision of pharmaceutical services to assess whether they meet the identified needs of the population. The PNA considers whether there are any gaps in the delivery of pharmaceutical services.

PNAs are used by NHS England to make decisions on which NHS-funded services need to be provided by local community pharmacies. These services are part of local health care, contribute to public health and affect NHS budgets. The PNA may also be used to inform commissioners such as Clinical Commissioning Groups (CCGs) and RBWM of the current provision of pharmaceutical services and where there are any gaps in relation to the local health priorities. Where such gaps are not met by NHS England, these gaps may then be considered by those organisations.

Public Health Services for Berkshire developed the draft PNA report for consultation, on behalf of the HWB for Windsor and Maidenhead, and were supported by other members of the task and finish group.

This PNA contains information on:

- The population of Royal Borough of Windsor and Maidenhead, describing age, gender, socio-economic status, health needs and health behaviours which may all impact on the need for pharmaceutical services
- Pharmacies in Royal Borough of Windsor and Maidenhead and the services they provide, including dispensing medications, providing advice on health and reviewing medicines
- Relevant maps of Royal Borough of Windsor and Maidenhead showing providers of pharmaceutical services in the area and access to these services
- Services in neighbouring Health and Wellbeing Board areas that might affect the need for services in Royal Borough of Windsor and Maidenhead.
- Information about other services that pharmacies in Royal Borough of Windsor and Maidenhead provide such as sexual health and needle exchange
- Potential gaps in provision and likely future needs.

The [2005 Contractual Framework for Community Pharmacy](#) identifies three levels of pharmaceutical service: **essential**, **advanced** and **enhanced**. This PNA considers pharmaceutical services using these categories. This framework requires every community pharmacy to be open for a minimum of 40 hours per week and provide a minimum level of essential services.

Essential services are defined as:

- Dispensing medicines and actions associated with dispensing
- Dispensing appliances

- Repeat dispensing
- Disposal of unwanted medicines
- Public Health (promotion of healthy lifestyles)
- Signposting
- Support for self-care
- Clinical governance

Advanced services include Medicines Use Review (MUR) and prescription intervention services, New Medicines Service (NMS), Stoma Appliance Customisation Service (SAC), Appliance Use Review Services (AUR) and Influenza vaccination service.

Enhanced services are developed by NHS England and commissioned to meet specific health needs.

In addition to the above, CCGs and local authorities may commission local pharmacies to provide services such as these services are known as **locally commissioned services**. These services are outside the scope of the PNA, but may contribute to improvements or increasing access.

The legislation requires that the PNA:

- Describes current necessary provision of pharmaceutical services both within and outside the HWB area.
- Identifies gaps in necessary provision
- Describes current additional provision (services although not necessary to meet the pharmaceutical need of the area, have secured improvements or better access)
- Identify opportunities for improvements and / or better access to pharmaceutical services
- Describes the impact of other NHS services which affect the need for pharmaceutical services or which affect whether further provision would secure improvements or better access to pharmaceutical services.
- Explains how the assessment was undertaken

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

Necessary services are pharmaceutical services which have been assessed as required to meet a pharmaceutical need. This includes current provision, both within the HWB area and the outside of the area, as well as any current or likely future gaps in provision.

Relevant services are those which have secured improvements or better access to pharmaceutical services. This includes current provision, both within the HWB area and the outside of the area, as well as any current or likely future gaps in provision.

When assessing provision of services the HWB considered key characteristics of the Royal Borough of Windsor and Maidenhead population, the number and location of pharmacies and the range of services provided. Access to services was considered by reviewing opening hours and travel times in working hours, evenings and weekends. A survey of the public's satisfaction with and current use of community pharmacies was also considered along with a survey of local pharmacy providers.

Key findings

There is good provision of pharmaceutical services in Royal Borough of Windsor and Maidenhead with 29 pharmacies and one distance selling pharmacy. There are no dispensing doctors within the Borough. There are also 30 pharmacies outside the borough, but within 1.6km of borders, and these were also considered when assessing provision and access to services.

Generally, community pharmacies in Royal Borough of Windsor and Maidenhead are well distributed, are accessible and offer a convenient service to patients and members of the public. They are available on weekdays with adequate weekend and evening opening hours across the majority of the borough. There is potential to improve access to essential services during evenings and on Sundays.

The public survey showed that across Berkshire, 95% of respondents were able to get to the pharmacy of their choice, 86% took less than 15 minutes to travel to their regular pharmacy and the remaining 14% stated that it took between 15 and 30 minutes. Overall, 91% were satisfied or very satisfied with the location of their pharmacy

There is variable but adequate provision of advanced pharmaceutical services for Royal Borough of Windsor and Maidenhead residents, with a number of pharmacies also providing locally commissioned services (LCS) for emergency hormonal contraception, needle exchange and supervised consumption.

Whilst not considered 'necessary', there is room to extend the range of LCS that are commissioned in Royal Borough of Windsor and Maidenhead and to increase the number of pharmacies providing these. A number of pharmacies have stated that they would be willing to provide these service if commissioned to do so.

Based on the information outlined above no current gaps in provision of essential services have been identified and there are no known future developments that are likely to significantly alter demand for pharmaceutical services within the life of this PNA.

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A: Introduction

1. What is a Pharmaceutical Needs Assessment (PNA)?

A PNA is the statement of the needs of pharmaceutical services of the population in a specific area. It sets out a statement of the pharmaceutical services which are currently provided, together with when and where these are available to a given population.

From the 1st April 2013 every Health and Wellbeing Board (HWB) in England has had a statutory responsibility to keep an up to date statement of the PNA.

This PNA describes the needs of the population of the Royal Borough of Windsor & Maidenhead (RBWM).

2. Purpose of the PNA

The PNA has several purposes:

- To provide a clear picture of community pharmacy services currently provided;
- To provide a good understanding of population needs and where pharmacy services could assist in improving health and wellbeing and reducing inequalities;
- To deliver a process of consultation with local stakeholders and the public to agree priorities;
- An assessment of existing pharmaceutical services and recommendations to address any identified gaps if appropriate and taking into account future needs;
- It will be used by NHS England when making decisions on applications to open new pharmacies and dispensing appliance contractor premises or applications from current pharmaceutical providers to change their existing regulatory requirements;
- It will inform interested parties of the pharmaceutical needs in RBWN and enable work to plan, develop and deliver pharmaceutical services for the population
- It will inform commissioning of enhanced services from pharmacies by NHS England, and the commissioning of services from pharmacies by the local authority and other local commissioners, for example Clinical Commissioning Groups (CCGs).

The first PNAs were published by NHS Primary Care Trusts (PCTs) according to the requirements in the 2006 Act. NHS Berkshire West and East published their first PNA in 2011. The first RBWM PNA was published in April 2015 and lasted for three years. This 2018 re-fresh provides an updated assessment of the pharmaceutical needs of residents and will last until 2021.

3. Background and Legislation

The provision and assessment of pharmaceutical services are included in legislation, which has developed over time.

NHS Act 2006

Section 126 of the NHS Act 2006 places an obligation on NHS England to put arrangements in place so that drugs, medicines and listed appliances ordered via NHS prescriptions can be supplied to persons. This section of the Act also describes the types of healthcare professionals who are authorised to order drugs, medicines and listed appliances on an NHS prescription.

The Health Act 2009

The Health Act 2009 made amendments to the National Health Service (NHS) Act 2006 stating each Primary Care Trust (PCT) must, in accordance with regulations:

- Assess needs for pharmaceutical services in its area
- Publish a statement of its first assessment and of any revised assessment

This is referred to as the Pharmaceutical Needs Assessment (PNA).

The Health and Social Care Act 2012

The Health and Social Care Act 2012 amended the NHS Act 2006. The 2012 Act established the Health and Wellbeing Boards (HWBs) and transferred to them the responsibility to publish and keep up to date a statement of the needs for pharmaceutical services of the population in its area through the PNA. This had to take effect from April 2013.

The 2012 Act also amended the Local Government and Public Involvement in Health Act 2007 to introduce duties and powers for HWBs in relation to Joint Strategic Needs Assessments (JSNAs). Preparation and consultation on the PNA takes account of the JSNA and other relevant local strategies in order to prevent duplication of work and multiple consultations with health groups, patients and the public; however development of PNAs is a separate duty to that of developing JSNAs. As a separate statutory requirement, PNAs cannot be subsumed as part of these other documents.

The Health and Social Care Act 2012 also transferred responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list from PCTs to NHS England.

Legislation sets out the requirements for inclusion within a PNA. In summary, a PNA must:

- Describe current necessary provision – a statement of the pharmaceutical services that are provided in the area of the HWB and are necessary to meet the need for pharmaceutical services and those which are outside the HWB area but contribute to meeting the need of the population of the HWB area.
- Identify gaps in necessary provision - a statement of the pharmaceutical services not currently provided within the HWB area but which the HWB are satisfied need to be provided or will need to be provided in specific future circumstances specified in the PNA.

- Describe current additional provision – a statement of any pharmaceutical services within or outside the HWB area which although not necessary to meet the pharmaceutical need of the area, have secured improvements or better access.
- Identify opportunities for improvements and / or better access to pharmaceutical services – a statement of services which would, if they were provided within or outside the HWB area, secure improvements, or better access to pharmaceutical services, or pharmaceutical services of a specific type, in its area.
- Describe the impact of other services - A statement of any NHS services provided or arranged by the HWB, NHS Commissioning Board, a CCG, an NHS trust or an NHS foundation trust to which the HWB has had regard in its assessment, which affect the need for pharmaceutical services or which affect whether further provision would secure improvements or better access to pharmaceutical services.
- Explain how the assessment was undertaken.

[NHS \(Pharmaceutical and Local Pharmaceutical Services\) Regulations 2013](#) list those persons and organisations that the HWB must consult, including:

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

The consultation is required to be open publically for a minimum of 60 days ([Department of Health 2013b](#)).

4. National and Local Priorities

Pharmacy has a key role in supporting the achievement of both the *NHS Outcomes Framework* and the *Public Health Outcomes Framework*, which measure success in improving the health of the population.

RBWM's local health priorities are published in the [RBWM Joint Health and Wellbeing Strategy 2016-2020](#). These are based around three themes:

- Theme 1: Supporting a healthy population
 - Priority 1: Enable more children and adults to be at a healthy weight
 - Priority 2: Lower risky levels of alcohol intake.
 - Priority 3: Get more people to be more active more often
 - Priority 4: Empower people to be educated to 'Self Care'

- Theme 2: Prevention and early intervention
 - Priority 5: Enable a reduction in levels of cardiovascular disease
 - Priority 6: Support people to have early diagnosis of dementia
 - Priority 7: Support adults and children with mental health needs
 - Priority 8: Assist and empower people with long term conditions
- Theme 3: Enable residents to maximise their capabilities and life chances
 - Priority 9: Facilitate participation in education, training, work, social and community activities
 - Priority 10: Support carers of all ages
 - Priority 11: Enable health and wellbeing through regeneration and sustainable planning, including housing
 - Priority 12: Promote and enable greater independence for people

5. Commissioning Context

Pharmaceutical services are commissioned by different national and local organisations.

NHS England

Since 2013, NHS England has commissioned the majority of primary care services and some nationally based functions through a single operating model that:

- Sets a legal framework for the system, including regulations for pharmacy
- Secures funding from HM Treasury
- Determines NHS reimbursement price for medicines & appliances

NHS England South (Thames Valley)

The local arm of NHS England has a strategic role across the Thames Valley region, working with partners to oversee the quality and safety of the NHS, as well as promoting patient and public engagement. The team also has specific roles in relation to the support and assurance of the ten CCGs across Buckinghamshire, Berkshire and Oxfordshire and directly commissions public health screening and immunisation programmes.

NHS England South (Thames Valley) has many roles, some of which play an important part in pharmaceutical services. These include:

- Assessing and assuring performance
- Undertaking direct commissioning of some primary care services (medical, dental, pharmacy and optometry)
- Managing and cultivating local partnerships and stakeholder relationships, including membership of local HWBs
- Emergency planning, resilience and response
- Ensuring quality and safety

Other commissioners

The National Pharmacy Contract is held and managed by the NHS England South (Thames Valley) Team and can only be used by NHS England. Local commissioners, such as RBWM, Windsor, Ascot & Maidenhead CCG and Bracknell & Ascot CCG, can commission local services to address additional needs. These services, and those provided privately, are relevant to the PNA but are not defined as 'pharmaceutical services' within it.

Sustainability and Transformation Partnerships

NHS and local councils have come together in 44 areas covering all of England to develop proposals to improve health and care. They have formed new partnerships – known as Sustainability and Transformation Partnerships (STPs) – to plan jointly for the next few years. These partnerships have developed from initial Sustainability and Transformation Plans, which local areas were required to submit in 2016 to support the vision set out in the NHS [Five Year Forward View](#).

STPs are supported by six national health and care bodies: NHS England, NHS Improvement, the Care Quality Commission (CQC), Health Education England (HEE), Public Health England (PHE) and the National Institute for Health and Care Excellence (NICE). RBWM is a key partner in the [Frimley Health and Care STP](#), which has the following priorities:

- Priority 1 - Making a substantial step change to improve wellbeing, increase prevention, self care and early detection.
- Priority 2 - Action to improve long term condition outcomes including greater self management and proactive management across all providers for people with single long term conditions.
- Priority 3 - Frailty Management: Proactive management of frail patients with multiple complex physical and mental health long term conditions, reducing crises and prolonged hospital stays
- Priority 4 - Redesigning urgent and emergency care, including integrated working and primary care models providing timely care in the most appropriate places
- Priority 5 - Reducing variation and health inequalities across pathways to improve outcomes and maximise value for citizens across the population, supported by evidence. Developing communities and social networks so that people have the skills, support and confidence to look after themselves.

Prevention forms a key part of the work of STPs and is an opportunity for the NHS to work closely with local government and other local partners including community pharmacy to build on existing local efforts and strengthen and implement preventative interventions that will close the local health and wellbeing gap and community pharmacy has a role to play in achieving these priorities.

6. Pharmacy

Pharmacists play a key role in providing quality healthcare. They are experts in medicines and will use their clinical expertise, together with their practical knowledge, to ensure the safe supply and use of medicines by the public. There are more than 1.6 million visits a day to pharmacies in Great Britain ([General Pharmaceutical Council 2013](#)).

Pharmacists are uniquely placed to contribute to the health and wellbeing of local residents in a number of ways:

- **Promoting healthy life styles** – many pharmacists and their teams have experience in promoting and supporting good sexual health, helping people to stop smoking and reducing substance misuse within communities
- **Supporting self-care and independent living** – by helping people to understand the safe use of medicines, pharmacy teams can help contribute to better health, through potential reduction in admissions to hospital and helping people remain independent for longer.
- **Making every contact count** – by using their position at the heart of communities, pharmacy teams can use every interaction as an opportunity for a health-promoting intervention. They are well placed as sign-posters, facilitators and providers of a wide range of public health and other health and wellbeing services.
- **Local business** – a community pharmacy is a core business that can help to sustain communities, provide investment, employment and training, and build social capital.

A pharmacist has to have undertaken a four year degree and have worked for at least a year under the supervision of an experienced and qualified pharmacist and be registered with the General Pharmaceutical Council (GPhC). During this time pharmacists are trained in the safe use of medicines and they are increasingly being trained to help people change to more healthy behaviours by equipping them with the appropriate behaviour change skills. Pharmacists work in a variety of settings including in a hospital or community pharmacy such as a supermarket or high street pharmacy. Latest information about local pharmacies can be found at [NHS Choices](#).

The [NHS Five Year Forward View](#) states that there is a need to make far greater use of pharmacists: in prevention of ill health, support for healthy living, support to self-care for minor ailments and long term conditions medication review in care homes and as part of more integrated local care models. Increasing the use of community pharmacy also forms part of the future vision for urgent care set out in NHS England (2013b) [Urgent and Emergency Care Review, End of Phase 1 report](#).

[The Community Pharmacy Forward View](#) (PSNC, Pharmacy Voice and the Royal Pharmaceutical Society, 2016) sets out an ambition for community pharmacies based on three key roles for community pharmacies – facilitator of personalised care for people with long term conditions, the first port of call for healthcare advice and as the neighbourhood health and wellbeing hub as well as calling for a strategic partnership approach between community pharmacy, government and the NHS.

Public Health England's (2017f) [Pharmacy: a way forward for public health](#) sets out a range of opportunities for pharmacy teams to play a role in protecting and improving health.

7. Pharmacy Contractual Framework

NHS England does not hold contracts with pharmacy contractors, unlike the arrangements for general practitioners (GPs), dentists and optometrists. Instead, they provide services under a contractual framework, which are detailed in schedule 4 of the 2013 regulations and also in the [Pharmaceutical Services \(Advanced and Enhanced Services\) \(England\) Directions 2013](#).

According to this framework pharmacy contractors provide three types of service that fall within the definition of pharmaceutical services. They are **essential**, **advanced** and **enhanced**.

Locally Commissioned Services (LCS) and Local Pharmaceutical Services (LPS) do not fall under the framework, but are within the definition of pharmaceutical services.

a) Essential Services

Essential services are those which each community pharmacy **must** provide. All community and distance selling/internet pharmacies with NHS contracts provide the full range of essential services. These are:

- Dispensing medicines and actions associated with dispensing
- Dispensing appliances
- Repeat dispensing
- Disposal of unwanted medicines
- Public Health (promotion of healthy lifestyles)
- Signposting
- Support for self-care
- Clinical governance

Opening hours: core and supplementary

Pharmacies are required to open for 40 hours per week. These are referred to as core opening hours, however many choose to open for longer and these additional hours are referred to as supplementary opening hours. Between April 2005 and August 2012, some contractors successfully applied to open new premises on the basis of being open for 100 core opening hours per week (referred to as 100 hour pharmacies), which means that they are required to be open for 100 hours per week, 52 weeks of the year (with the exception of weeks which contain a bank or public holiday, or Easter Sunday). These 100 hour pharmacies remain under an obligation to be open for 100 hours per week. In addition these pharmacies may open for longer hours.

The proposed opening hours for each pharmacy are set out in the initial application, and if the application is granted and the pharmacy subsequently opens then these form the pharmacy's contracted opening hours. The contractor can subsequently apply to change their core opening hours. NHS England will assess the application against the needs of the population of the HWB area as set out in the PNA to determine whether to agree to the change in core hours or not.

If a contractor wishes to change their supplementary opening hours they simply notify NHS England of the change, giving at least three months' notice.

[NHS Choices](#) advertises "opening hours" to the public. Community pharmacies also produce their own information leaflets detailing opening hours, which are available from individual pharmacies.

Public Health

Pharmacies are required to deliver up to six public health campaigns throughout the year to promote healthy lifestyles.

Signposting and Referral

This is the provision of information from other health and social care providers or support organisations to people visiting the pharmacy, who require further support, advice or treatment. It provides contact information and/or how to access further care and support appropriate to their needs, which cannot be provided by the pharmacy.

Clinical governance

Pharmacies have to have appropriate safeguarding procedures for service users. Contractors are responsible for ensuring relevant staff providing pharmaceutical services to children and vulnerable adults are aware of the safeguarding guidance and the local safeguarding arrangements. The governance element to essential services also includes public engagement.

b) Advanced Services

Pharmacies may choose whether to provide these services or not. If they choose to provide one or more of the advanced services they must meet certain requirements and must be fully compliant with the essential services and clinical governance requirements

Medicines Use Review and Prescription Intervention Service (MUR)

Accredited pharmacists undertake a structured review with patients on multiple medicines, particularly those receiving medicines for long term conditions (LTCs), such as diabetes, coronary heart disease (CHD), and chronic obstructive pulmonary disease (COPD). The MUR process attempts to establish a picture of the patient's use of their medicines, both prescribed and non-prescribed. The review helps a patient understand their therapy and can identify any problems they are experiencing along with possible solutions. A report of the review is provided to the patient and to the patient's GP where there is an issue for them to consider.

New Medicines Service (NMS)

The new medicines service (NMS) is a nationally developed service for community pharmacy. It is designed to provide early support to patients to maximise the benefits of the medication they have been prescribed. The underlying purpose of the NMS is to promote the health and wellbeing of patients who are prescribed new medicines for LTCs in order to:

- Help reduce the symptoms and long-term complications of the LTC
- Identify problems with the management of the condition and the need for further information or support

NMS also aims to help patients to make informed choices about their care, self-manage their LTC and adhere to the agreed treatment programme.

NHS Urgent Medicine Supply Advanced Service (NUMSAS)

NUMSAS is a national pilot running from 1st December 2016 to 31st March 2018, which has been extended until at least 30th September 2018.

The service aims to:

- appropriately manage NHS 111 requests for urgent medicine supply
- reduce demand on the urgent care system
- identify problems that lead to individual patients running out of regular medicines or appliances and recommend potential solutions to prevent this happening in the future
- increase patients awareness of the electronic repeat dispensing service

Pharmacies signed up to deliver the service must have a mechanism to enable referral from NHS 111 to community pharmacy to take place.

Appliance Use Review (AUR)

AURs can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home. AURs can improve the patient's knowledge and use of their appliance(s) by:

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

Stoma Appliance Customisation (SAC)

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

Influenza (flu) vaccination

In July 2015 NHS England agreed to allow community pharmacies in England to offer a seasonal influenza (flu) vaccination service for adult patients in at-risk groups, commissioned annually. The service aims to:

- sustain and maximise uptake of flu vaccine in at risk groups by building the capacity of community pharmacies as an alternative to general practice;
- provide more opportunities and improve convenience for eligible patients to access flu vaccinations
- reduce variation and provide consistent levels of population coverage of community pharmacy flu vaccination across England by providing a national framework

c) Enhanced Services

Enhanced services are those services directly commissioned by NHS England. There are not currently examples of this type of service in RBWM.

d) Local Pharmaceutical Services (LPS)

Local pharmaceutical services (LPS) contracts allow NHS England to commission services from a pharmacy that are tailored to specific local requirements. LPS complement the national contractual arrangements and are an important local commissioning tool in their own right. LPS contracts provide flexibility to include a broader or narrower range of services (including services not traditionally associated with pharmacy) than is possible under national contractual arrangements. For the purposes of the PNA the definition of pharmaceutical services includes LPS.

e) **Locally Commissioned Services (LCS)**

Pharmacy contractors may provide LCS commissioned by local authorities and CCGs. Such services can be commissioned to provide choice for residents and improve access to services. For example, local authorities may commission public health services including provision of emergency hormonal contraception, chlamydia testing and treatment, needle exchange and supervised methadone consumption.

8. **Healthy Living Pharmacies (HLP)**

The Healthy Living Pharmacy (HLP) framework is a tiered commissioning framework aimed at achieving consistent delivery of a broad range of high quality services through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities. HLPs aim to provide self-care advice and treatment for common ailments and healthy lifestyle interventions, in addition to providing the safe supply and use of prescribed medicines. HLPs have at least one member of staff who has qualified as a health champion.

There are three levels within the framework:

- Level 1: Promotion – Promoting health, wellbeing and self-care
- Level 2: Prevention – Providing services
- Level 3: Protection – Providing treatment

Level 1 is achieved via a provider-led self-assessment, while levels 2 and 3 are commissioner led. As of 2016, more than 2,100 pharmacies in England were accredited or on track to be accredited as HLPs ([Public Health England 2016b](#)).

9. **Electronic Prescription Service**

The Electronic Prescription Service (EPS) enables prescriptions to be sent electronically from the GP practice to the pharmacy and then on to the Pricing Authority for payment. This means patients do not have to collect a paper repeat prescription from their GP practice and can go straight to their nominated pharmacy or dispensing appliance contractor to pick up their medicines or medical appliances. In the future, EPS will become the default option for the prescribing, dispensing and reimbursement of prescriptions in primary care in England ([NHS Choices 2016](#)).

10. **Dispensing Doctors**

Dispensing doctors provide services to patients mainly in rural areas and often where there are no community pharmacies or where access is restricted. A patient may at any time request that a doctor provides them with pharmaceutical services, however the patient must meet particular criteria and they must be on the patient list of a doctor who is registered to provide pharmaceutical services. These include a number of factors, which include but are not limited to :

- The patient lives in a controlled locality (a rural area determined locally in line with the regulations and after consideration of a wide range of factors) and is more than 1mile /1.6km from a pharmacy premises.

- The patient can demonstrate they would have serious difficulty in obtaining any necessary drugs or appliances from a pharmacy because of distance or inadequacy of communication. This does not include lack of transport.

The Dispensing Review of Use of Medicines (DRUM) is also offered to patients receiving medications in this way, and involves a face-to-face review about their prescriptions ([British Medical Association](#) 2013).

11. Dispensing Appliance Contractors (DACs)

Dispensing appliance contractors (DACs) dispensing “specified appliances” such as stoma, catheter or incontinence appliances are required to provide:

- Home delivery services.
- Reasonable supplies of supplementary items such as disposable wipes.
- Access to expert clinical advice

DACs can dispense against repeatable prescriptions, and are required to participate in systems of clinical governance. They provide services nationally and serve large geographical areas, including those where they are based. They may choose whether to offer an appliance usage review (AUR) service.

12. Distance Selling Pharmacies

Online pharmacies, internet pharmacies, or mail order pharmacies operate over the internet and send orders to customers through the mail or shipping companies. The [NHS \(Pharmaceutical and Local Pharmaceutical Services\) Regulations 2013](#) detail a number of conditions for distance selling. Distance Selling Pharmacies must:

- provide the full range of essential services during opening hours to all persons in England presenting prescriptions
- have a responsible pharmacist in charge of the business at the premises throughout core and supplementary opening hours; and be registered with the General Pharmaceutical Council (GPhC)

Distance Selling Pharmacies **cannot** provide essential services face to face.

Patients have the right to access pharmaceutical services from any community pharmacy including those operating on-line.

B: PNA Process Summary

1. Summary of Overall Process

The process for the development of the PNA was agreed with the HWB Board. A small task and finish group was set up to oversee the development of the PNA and membership included:

- Strategic Director of Public Health for Berkshire
- Consultant in Public Health, Public Health Services for Berkshire
- NHS England pharmaceutical commissioner
- Representative from the Local Pharmaceutical Committee (LPC)
- Public Health Intelligence Manager, Public Health Services for Berkshire

Public Health Services for Berkshire developed the draft PNA report for consultation, on behalf of the HWB, and were supported by other members of the task and finish group.

The key stages involved in the development of this PNA were:

- Survey of community pharmacies to map current service provision - using an online survey accessed through PharmOutcomes
- Survey of public to ascertain views on services - using an online survey promoted through local authority, CCG and local Healthwatch
- Public Consultation on the initial findings and draft PNA – using local authority consultation mechanisms and supported by Healthwatch
- Agreement of final PNA by the RBWM Health and Wellbeing Board

Public Health Services for Berkshire were responsible for compiling demographic and other information from the RBWM JSNA and other sources, developing the surveys and analysing survey data and undertaking mapping of services and for compiling the draft report.

The LPC enabled the pharmacy survey to be accessed through PharmOutcomes and promoted the survey to all pharmacies in RBWM and provided insight into current opportunities and challenges within the sector.

RBWM's Public Health Team was responsible for disseminating the electronic survey link and promoting to local residents and was supported by Windsor, Ascot and Maidenhead CCG, Bracknell and Ascot CCG and Healthwatch Windsor and Maidenhead. RBWM also provided information on planned developments in the HWB area which would be realised within the three year life of the 2018 PNA.

NHS England South supplied information on pharmacy services outside the HWB boundaries and their use by RBWM residents, as well as guidance on the content of the PNA and recent guidance and policies regarding community pharmacy.

The analysed data was mapped against specific population statistics and overlaid with pharmaceutical service provision. Initially, essential pharmaceutical services provided via community pharmacies alone were considered against highest needs (including proximity and access times). Distance to access pharmaceutical services was estimated and mapped

for both driving and walking distance times. Proximity to public transport was also considered. Within this PNA, dispensing doctors are considered to be providers of pharmaceutical services

2. Stakeholder Engagement

All key stakeholders including local providers, the Local Pharmaceutical Committee (LPC), Local Medical Committee (LMC), NHS England and local CCGs integral to the development of the PNA will be key to the implementation of future pharmaceutical services. Furthermore, as part of the quality commissioning process NHS England South will also need to support the performance and quality improvement of any services provided.

During the consultation the following stakeholders were specifically invited to comment in addition to the public consultation:

- Neighbouring local authorities – Bracknell Forest Borough Council, Buckinghamshire County Council, Slough Borough Council, Surrey County Council, Wokingham Borough Council
- Three Berkshire East Clinical Commissioning Groups (CCG) – Bracknell & Ascot CCG, Slough CCG, Windsor, Ascot & Maidenhead CCG
- The Local Pharmaceutical Committee (LPC) – Pharmacy Thames Valley
- The Local Medical Committee (LMC) – Berkshire, Buckinghamshire & Oxfordshire LMC
- Local pharmacy contractors and dispensing doctors
- Healthwatch Windsor and Maidenhead
- Local NHS Foundation Trusts – Royal Berkshire NHS Foundation Trust, Berkshire Healthcare NHS Foundation Trust, Frimley Health NHS Foundation Trust

The formal consultation gave all stakeholders and members of the public further opportunity to contribute to the PNA. It lasted for a period of 60 days and commenced on 1st November 2017.

3. Pharmacy Contractor Survey

An 85 question survey was issued to all 30 pharmacies in RBWM through the PharmOutcomes online system. This ran from 30th June to 16th September 2017.

The survey collected information on core and opening hours, essential advance and enhanced services and locally commissioned services. In addition, providers were asked about their ability and willingness to provide a range of other services under various circumstances. A copy of the survey is included at Appendix A.

4. Public Survey

A 27 question survey was developed to collect information on residents' use of current pharmacy services and their satisfaction with these. Residents were also asked what services they would access in community pharmacy if they were available. The survey was based online, using the Bracknell Forest Objectives survey software, and was open from

22nd June to 15th September 2017. The survey web-link was disseminated as widely as possible, using communication channels within RBWM, Windsor, Ascot and Maidenhead CCG, Bracknell and Ascot CCG and Healthwatch Windsor and Maidenhead. A copy of the survey is included at Appendix B.

5. Equality Impact Screening

Public Health Services for Berkshire undertook an Equality Impact Assessment (EIA) screening to assess the process used to develop and publish the PNA for Windsor and Maidenhead, as well as the impact that the conclusions of the PNA may have on people with protected characteristics. The Bracknell Forest EIA framework was used to complete this and assesses the potential impacts (positive and negative) of the PNA process on local residents, with particular regard to the protected characteristics gender, race, disability, sexual orientation, gender reassignment, religion and belief, pregnancy and maternity, marriage and civil partnership and also considers rural communities and areas of deprivation. The completed EIA screening report is attached at Appendix D.

6. Assessment Criteria

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

Necessary services are pharmaceutical services which have been assessed as required to meet a pharmaceutical need. This includes current provision, both within the HWB area and the outside of the area, as well as any current or likely future gaps in provision.

Relevant services are those which have secured improvements or better access to pharmaceutical services. This includes current provision, both within the HWB area and the outside of the area, as well as any current or likely future gaps in provision.

For the purposes of this PNA, **necessary services** are defined as:

- Those services provided by pharmacies and DACs within the standard 40 core hours in line with their terms of service, as set out in the 2013 regulations
- advanced services

Relevant services are defined as:

- Essential services provided at times by pharmacies beyond the standard 40 core hours (known as supplementary hours) in line with their terms of service as set out in the 2013 regulations
- Enhanced services

Information considered when assessing current need, choice, gaps and opportunities to secure improvements or better access to pharmaceutical services for people within the HWB area for RBWM included:

- Demography of local population (Section C1)
- Prevalence of health conditions and health behaviours (Section C3 and C4)
- Number of pharmacies and their core opening hours (Section D)

- Range and distribution of pharmacies providing advanced services
- Location of pharmacies (Map 1)
- Areas of relative deprivation (Section C2, Map 2)
- Population density (Section C2, Map 3)
- Supplementary, evening and weekend opening hours (Appendix C, Maps 4 and 5)
- Travel time during weekdays, evenings and weekends (Map 6 and 7)
- Information on the extent and distribution of provision of advance services (section D)
- Resident feed-back from the PNA public survey (section E)

In order to assess the future need for pharmaceutical services, information on the number and location of future residential developments (section C2) was considered together with information outlined above.

When considering improvements and increasing access to pharmaceutical services, feedback from residents in relation to which services they would access if provided was considered (section E), as well as information from community pharmacies about services they would be willing to provide (section D).

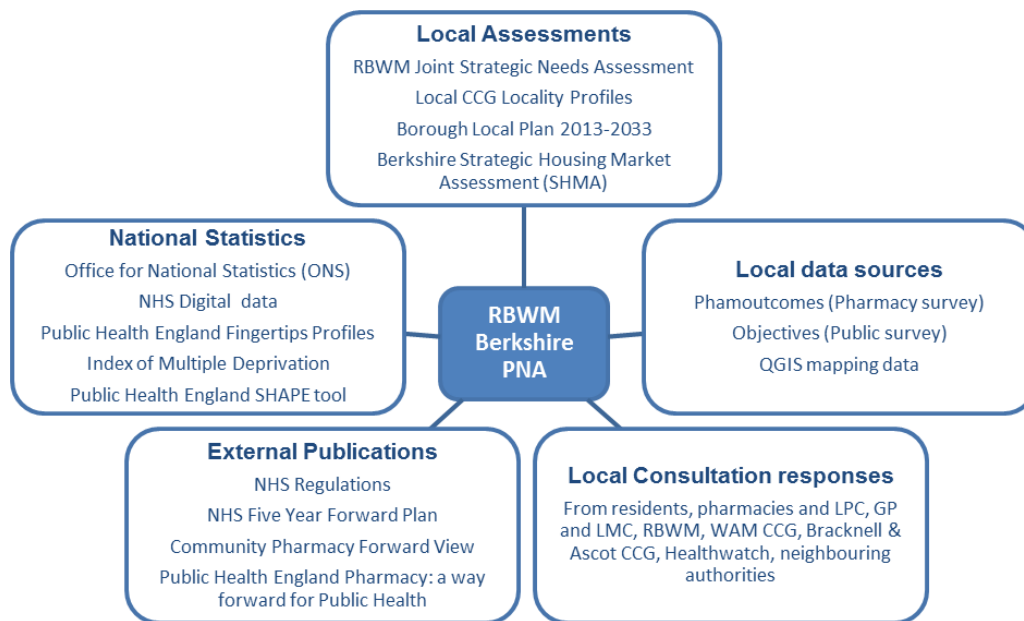
7. Data Sources Used

RBWM has conducted significant needs and health assessment work, including the JSNA and Wellbeing Strategy. The PNA draws on these and other complementary data sources, such as PHE's Health Profiles.

In addition, information was gathered from other RBWM departments, NHS England, Windsor, Ascot and Maidenhead CCG and Bracknell and Ascot CCG including:

- Services provided to residents of the HWB's area, whether provided from within or outside the HWB area
- Changes to current service provision
- Future commissioning intentions
- Known housing developments within the lifetime of the PNA
- Any other developments which may affect the need for pharmaceutical services (including but not limited to changes in transport systems, changes in the number of people employed in the HWB area, changes in demography of HWB population)

Figure 1: Main data sources used in developing the Windsor and Maidenhead PNA



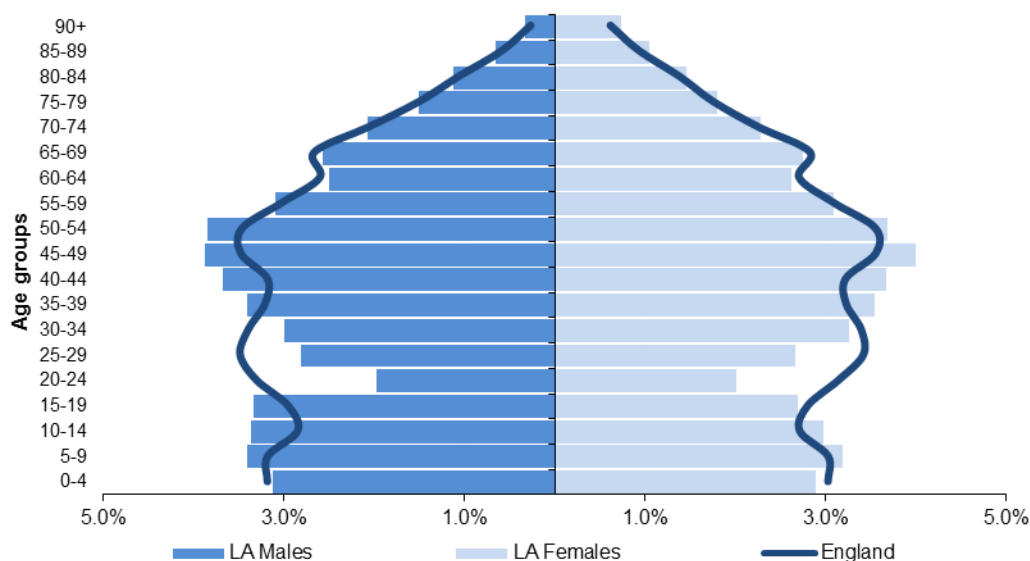
C: RBWM Population

The Royal Borough of Windsor & Maidenhead (RBWM) is the 2nd least deprived local authority in England. The Royal Borough's residents generally enjoy a good level of health and wellbeing, with a higher healthy life expectancy and lower mortality rates compared to the England average. However, this level of good health is not seen across the whole of the Royal Borough and there are certain communities that are more likely to have poorer health outcomes. This summary provides an overview of RBWM's health and also highlights inequalities for consideration in this PNA.

1. Population and demographics

The Royal Borough has an estimated population of 148,814 people (Office for National Statistics (ONS) 2017). The age profile for the local authority is similar to the national picture across many of the age groups. The largest difference is the smaller proportion of people in their 20s and early 30s in RBWM and the larger proportion of people aged 35 to 54. There are also a larger proportion of young people aged 5 to 14 within the Royal Borough.

Figure 2: RBWM's Population pyramid (mid-2016)



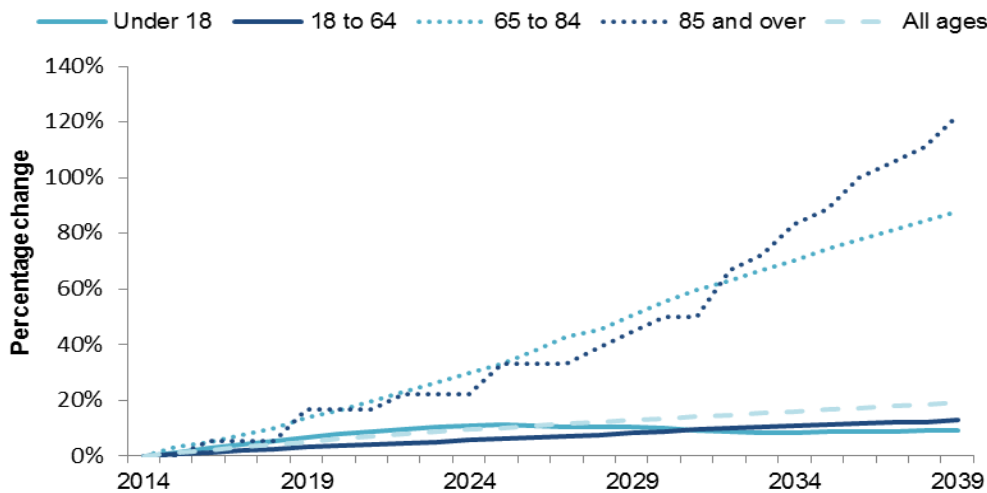
Source: Office for National Statistics (2017)

RBWM's population has increased by nearly 8% in the last 10 years and is expected to reach 169,300 by 2039. This is an increase of nearly 14% on 2016's estimated population figures (ONS 2016b). The main reason for population growth in RBWM has the increasing life expectancy of the existing population. International migration and internal migration from other areas of England have also led to population growth.

Age

RBWM's population is slightly older than the national average and has continued to age. In 2006, 15% of the population were aged 65 and over in RBWM. This increased to 18% of the population in 2016 and is expected to rise to nearly 25% by 2039. This will have an impact on service demand and the support required for this older age group. Figure 3 shows the estimated percentage change of different age groups in RBWM up to 2039, with significant increases in the 85+ age group.

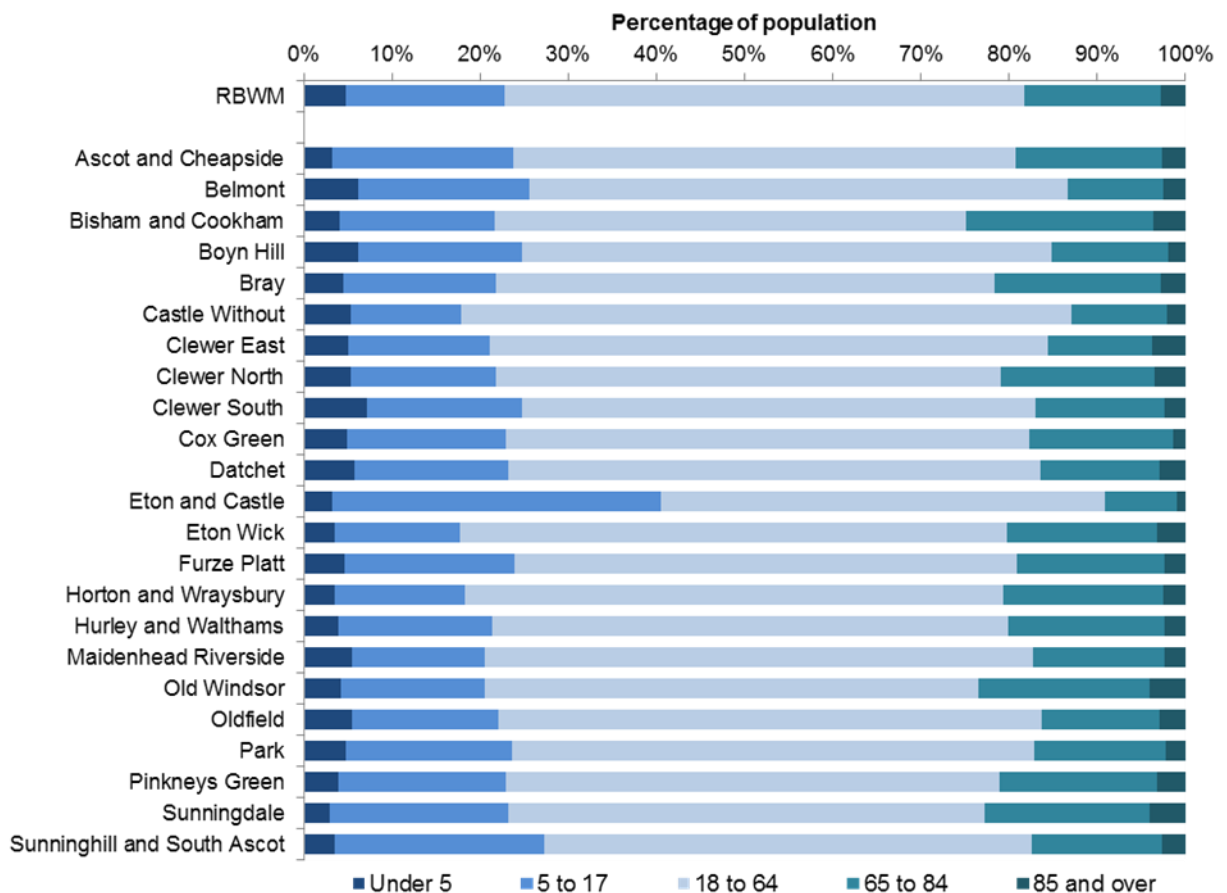
Figure 3: Percentage change in RBWM's population 2014 to 2039 by age group



Source: Office for National Statistics (2016b)

The age distribution within different RBWM wards vary considerably and this will impact on the service and access needs of people living in different areas of the Borough. Figure 3 shows the age profile of the wards, highlighting the youngest and oldest age groups. Almost 25% of people living in Bisham and Cookham are aged 65 and over, compared to 18% in the Royal Borough overall. In contrast, over 40% of people living in Eton and Castle are aged under 18, compared to 23% in RBWM.

Figure 4: Age profile of RBWM wards (mid-2015)



Source: Office for National Statistics (2016c)

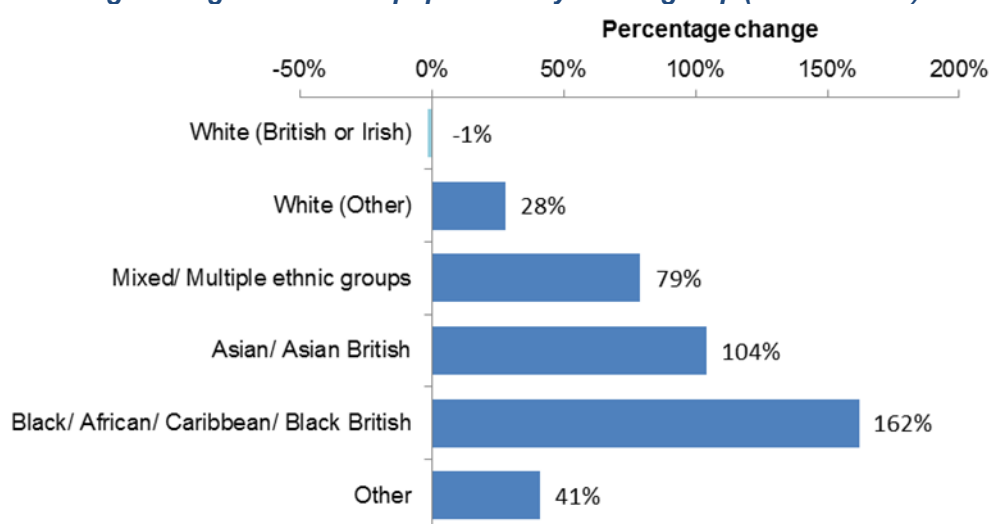
Ethnicity

13.9% of the Royal Borough's population was from a black or minority ethnic (BME) group in 2011. The largest BME group was people from an Asian/Asian British background at 9.6% of the total population. In addition, 7.2% of the population were from white backgrounds other than British or Irish (ONS 2013).

The ethnic profile of different areas across the Royal Borough varied significantly in 2011. In Boyn Hill ward, 34.2% of the population were from a BME or other minority ethnic group with 19.4% of people from an Asian/Asian British group and 9.6% from white backgrounds other than British or Irish. Maidenhead Riverside ward had 32.5% of the population from a BME or other minority ethnic group and again these were primarily made up of people from Asian/Asian British or other white backgrounds. Oldfield, Datchet, Belmont and Horton and Wraysbury all had over 25% of their population from a BME or other minority ethnic group.

The proportion of the Royal Borough's population from BME and minority ethnic groups has steadily increased from 2001 to 2011. While the number of people from a White British or Irish background has decreased by 1% over this time, all other ethnic groups have increased in number. The most notable is Black/ Black British which has increased by 162% over the 10-year period.

Figure 5: Percentage change in RBWM's population by ethnic group (2001 to 2011)



Source: Office for National Statistics (2013)

The proportion of school pupils from minority ethnic groups has steadily increased in RBWM from 26% in 2010 to 34% in 2017 (Department for Education 2017).

Religion

71% of RBWM's population stated that they had a religion in the 2011 Census. 62.3% were Christian, 3.9% were Muslim, 2.0% were Sikh and 1.8% were Hindu (ONS 2013).

People living with long-term health problems or disabilities

Over 18,000 people in RBWM reported that they were limited in their daily activities by a long term health problem or disability in the 2011 Census. This equates to 13% of the population. This was higher for people aged 65 and over at 42%, and higher still for those aged 85 and over at 80% (ONS 2013).

Carers

Over 13,200 RBWM residents identified themselves as a carer in the 2011 census, which was 9.2% of the population. This is an increase on the 2001 census figures of 8.8% and shows that unpaid care has increased at a faster pace than population growth over the last decade. This reflects the national picture.

The percentage of the population who are carers does vary between wards in RBWM from 5.5% in Eton and Castle to 10.8% in Bisham and Cookham. Unpaid carers in RBWM are more likely to suffer from poorer health with 80% describing their health as “good or very good”, compared to 88% of people who do not provide unpaid care. The likelihood of reporting poorer health rose with the number of hours of care provided. Carers providing 50 or more hours of unpaid care a week were three times more likely to describe their health as “bad or very bad” compared to people who did not provide unpaid care (ONS 2013).

Employment and benefits

In 2016/17, 80% of people aged 16 to 64 in RBWM were in employment, compared to 74% nationally. RBWM’s unemployment rate was also lower at 3.3%, compared to 4.7% nationally. Full-time workers in RBWM have higher average earnings than workers in both the South East and England, with an average weekly income of £704 per week compared to £541 nationally.

In November 2016, 5.3% of RBWM’s working-age population were claiming benefits, compared to 11.0% nationally. 71% of claimants in RBWM received an out of work benefit, such as Job Seekers, Employment Support Allowance/ Incapacity Benefit and Lone Parent Benefits.

In 2016, 3,300 households in RBWM were classified as ‘workless’. This means that at least one person of working age lives in the household, but no-one is economically active. This constitutes 7.7% of all working age households, compared to 11.6% in the South East and 15.1% nationally (NOMIS 2017).

Education and qualifications

The percentage of working-age people in RBWM with at least a bachelor's degree was 56% in 2016, compared to 38% nationally. This figure continues to rise in line with the national increase (NOMIS 2017).

The proportion of people in RBWM with A-levels or equivalent was 73% and GCSEs or equivalent was 85%. 4% of people had no qualifications in RBWM, compared to 8% nationally.

74% of 5 years olds in RBWM achieved a good level of development in 2015/16, which was significantly better than the national figures. 81% of Year 1 children achieved the expected level in the phonics screening check and this was similar to England. The local authority’s GCSE results were significantly better than the national figures in 2015/16, with 70% of RBWM’s pupils achieving 5 A* to C grade, including English and Maths (PHE 2017g).

2. Place

Deprivation

Deprivation is not just associated with income or poverty, but can also be a lack of access to adequate education, skills and training, healthcare, housing and essential services. It may also mean exposure to higher rates of crime and a poor environment. These aspects of deprivation all attribute to areas experiencing significantly poorer health outcomes.

The Royal Borough is the 2nd least deprived local authority in England, according to the 2015 index of multiple deprivation (IMD). However, 3 neighbourhoods (Lower Super Output Areas) in the Borough rank amongst the 40% most deprived areas in England. These include parts of Clewer North, Belmont and Furze Platt wards (Department for Communities and Local Government 2015). Map 2 shows the level of deprivation across RBWM at a ward level, based on the 2015 index of multiple deprivation (IMD).

Population density

In 2016, RBWM's population density was 755 people per square kilometre. This number has continued to increase since 2002, when there were just 678 people per square kilometre. RBWM's population density is higher than the national average of 424 (ONS 2017).

Levels of population density vary across the Royal Borough. A neighbourhood in Furze Platt has the highest density in RBWM at 7,771 people per square kilometre. Other areas with significantly higher density include neighbourhoods within Boyn Hill and Belmont wards. In contrast, several neighbourhoods in Hurley and Walthams have a population density of lower than 100 people per square kilometre. Map 3 shows population density at an RBWM ward level.

Housing and homelessness

The 2011 Census showed that there were 58,349 households in the Royal Borough. 68% of these houses were owned by the occupant, whether outright or with a mortgage or loan. 16% were privately rented and 12% were socially rented. The pattern of housing tenure across the Borough varied across wards, with 80% of households owned by their occupants in Bray and Cox Green, compared to 54% in Oldfield, Clewer South and Castle Without wards. Social renting was much higher in Oldfield at 25% and private renting was higher in Castle Without ward at 34%.

In 2011, nearly 28% of households in the Royal Borough were occupied by people living alone. This equated to 16,544 people (11.5% of the population). 42% of these households were people aged 65 and over living alone, which made up 29% of the total population aged 65 and over. While this does not equate to loneliness, older people living alone are significantly more likely to be socially isolated and unable to access support or services easily. Old Windsor and Eton Wick wards had the highest proportion of one-person households aged 65 and over.

Nearly 8% of households in RBWM were occupied by lone-parent families in 2011 and this also differed across areas of the Borough. Clewer South had the highest proportion of lone-parent family households at 12.5% (ONS 2013).

During 2015/16, 30 households in the Royal Borough were identified as statutorily homeless. This means that they are unintentionally homeless, in priority need and the local authority accepts responsibility for securing accommodation for them. This equates to a rate of 0.5 per 1,000 households, which is significantly lower than the national rate of 2.5 per 1,000

households. On 31st March 2016, 24 households were living in temporary accommodation provided under homelessness legislation in RBWM. This was a rate of 0.4 per 1,000 households and also significantly lower than the national figures (PHE 2017g).

Residential developments since the 2015 PNA

The number of households in the Royal Borough has increased since the last Pharmaceutical Needs Assessment. From April 2014 to March 2016, 1,116 new dwellings were completed in the Royal Borough, which was above the target of 840 stated in the Borough Local Plan.

Thames Valley Berkshire Local Enterprise Partnership and the six Berkshire local authorities commissioned a [Strategic Housing Market Assessment \(SHMA\)](#) at the beginning of 2015. The primary purpose of the SHMA was to provide an assessment of the future needs for housing in the area, together with the housing needs of different groups in the population. The conclusion of the SHMA was that between 2013 and 2036, 712 additional dwellings were needed per annum in the Royal Borough. The Borough Local Plan for 2013-2033 states that 14,230 new dwellings will be completed over the time period of this Plan, with 3,772 already delivered or committed to (RBWM 2017a).

The main focus of housing development in the Royal Borough is in existing urban areas, particularly Maidenhead. The proposed development in and adjacent to Maidenhead Town Centre is anticipated to provide a large number of new dwellings, including the redevelopment of existing sites for higher intensity housing. This will result in an increased number of residents, as well as enhancing the use of the town centre particularly into the evenings and weekends. Other identified sites for new housing include Ascot Centre, Windsor, Sunninghill and Sunningdale, as well as smaller sites around the Royal Borough.

Other developments which may affect the need for pharmaceutical services

The proposed development in and adjacent to Maidenhead Town Centre is expected to include retail and leisure facilities. This is expected to result in an increased footfall within the town centre, particularly at weekends and evenings. At the time of writing the PNA, no other developments were identified as having an effect on the need for pharmaceutical services in RBWM.

Developments to NHS services which may affect the need for pharmaceutical services

During the lifetime of the PNA the following changes to NHS services are planned and have potential to impact on the demand for pharmaceutical services in Windsor and Maidenhead. Generally, these changes are not expected to increase the overall need for pharmaceutical services in the area.

- Changes to GP practice services, which will include extended opening hours. This may mean that there would need to be pharmacies open at weekends or in the evening to allow patients to obtain their prescriptions. As stated in Section F - Assessment of Pharmaceutical Service Provision, all pharmacies in RBWM are open until at least 6pm on weekday evenings with one open until 11pm. All but two pharmacies in RBWM are open on Saturdays with one open until 10pm. Four pharmacies are open on Sunday however none of these are open on Sunday evenings. Extended GP practice opening hours is therefore not expected to result in a need for additional pharmaceutical services.
- Development of GP hubs or clusters and new ways of working - With the increasing numbers of GP pharmacists, there could be an increase in the number of

prescription items and reviews of medication. This is not expected to impact on the MUR and NMR services currently provided by community pharmacies.

- Following the national consultation on the prescribing of low value medicines and the drive for patients to self-care, an increased footfall into pharmacies is expected, however current service provision is expected to provide sufficient access to pharmaceutical services in Windsor and Maidenhead.

At the time of writing the PNA, no other developments were identified as having an effect on the need for pharmaceutical services in Windsor and Maidenhead.

3. Health behaviours and lifestyle

Lifestyle and the personal choices that people make significantly impact on their health. Behavioural patterns contribute to approximately 40% of premature deaths in England (Global Burden of Disease 2015), which is a greater contributor than genetics (30%), social circumstances (15%) and healthcare (10%). While there are a large number of causes of death and ill-health, many of the risk factors for these are the same. Just under half of all years of life lost to ill health, disability or premature death in England are attributable to smoking, diet, high blood pressure, being overweight, alcohol and drug use.

Community pharmacy teams have a key role in delivering healthy lifestyle advice and interventions and in signposting to other services as set out in [Pharmacy: a way forward for public health](#) and [The Community Pharmacy Forward View](#).

Smoking

Smoking is the single biggest cause of premature death and preventable morbidity in England, as well as the primary reason for the gap in healthy life expectancy between rich and poor. It is estimated that smoking is attributable for over 16% of all premature deaths in England and over 9% of years of life lost due to ill health, disability or premature death (Global Burden of Disease 2015). A wide range of diseases and conditions are caused by smoking, such as cancers, respiratory diseases and cardiovascular diseases.

12.2% of RBWM's adult residents smoke, which is significantly better than the national prevalence rate. The rates differ between men and women, with approximately 16% of men smoking in RBWM, compared to less than 9% of women. There are also noticeable differences in smoking prevalence rates between socio-economic groups both locally and nationally. While 9% of RBWM residents in a managerial and professional occupation are current smokers, 22% of people in a routine and manual occupation smoke.

Smoking prevalence rates are also monitored for pregnant woman, due to the detrimental effects for the growth and development of the baby and health of the mother. The proportion of mothers who smoke in RBWM is significantly better than the national picture. In 2015/16, 8.6% of RBWM mothers were smokers at the time of delivery, compared to 10.6% nationally.

A total of 546 deaths in RBWM were attributable to smoking in 2013-15, at a rate of 217 per 100,000 population aged 35 and over. This remains significantly better than the national rate of 284 per 100,000 (PHE 2017d).

Alcohol

Harmful drinking is a significant public health problem in the UK and is associated with a wide range of health problems, including brain damage, alcohol poisoning, chronic liver disease, breast cancer, skeletal muscle damage and poor mental health. The Global Burden of Disease (2015) showed that nearly 4% of all deaths and years of life lost to ill health, disability or premature death were attributable to alcohol in England. Alcohol can also play a role in accidents, acts of violence, criminal behaviour and other social problems.

Estimates from Alcohol Concern (2016) indicate that 21% of people in the Royal Borough drink at a level which increases the risk of damaging their health, which is over 20,800 people. Within this proportion there are over 6,600 people who drink at a very heavy level who have significantly increased the risk of damaging their health and may have already caused some harm to their health.

175 people in RBWM attended treatment for alcohol misuse in 2015. 45% of these people left treatment free of alcohol dependence and did not represent again within a 6 month period. This was similar to the national treatment success rate of 38%.

In 2015/16, there were 696 alcohol-related hospital admissions for RBWM residents, which equates to 490 admissions per 100,000 population. RBWM's rate has remained significantly lower than the national average since 2008/09, although it has slightly increased over this time. There are significant differences between the admission rate for men and women in RBWM, at 642 and 357 per 100,000 population respectively. This is in line with the national picture.

A total of 52 deaths in RBWM were alcohol-related in 2015, at a rate of 35.9 per 100,000 population. This was similar to the national rate of 46.1 per 100,000 (PHE 2017c).

Drug use

The Crime Survey for England (2015/16) indicated that 1 in 12 adults aged 16 to 59 had taken an illicit drug in the previous year, which would equate to nearly 7,000 people in RBWM. The prevalence of drug use in young people is higher; with approximately 1 in 5 people aged 16 to 24 having taken an illicit drug. This would equate to over 2,500 young people in RBWM (NHS Digital 2017).

Men are more than twice as likely to have used cannabis in the last year as women, and more than three times as likely to have taken powder cocaine and ecstasy.

229 people in the RBWM attended treatment for opiate drug use in 2015. 8.7% of these people left treatment free of drug dependence and did not represent again within a 6 month period. This was similar to the national treatment success rate of 6.7%. 127 people in RBWM attended treatment for non-opiate drug use in 2015. 44.1% of these people left treatment free of drug dependence and did not represent again within a 6 month period. This was also similar to the national treatment success rate of 37.3% (PHE 2017g).

Obesity

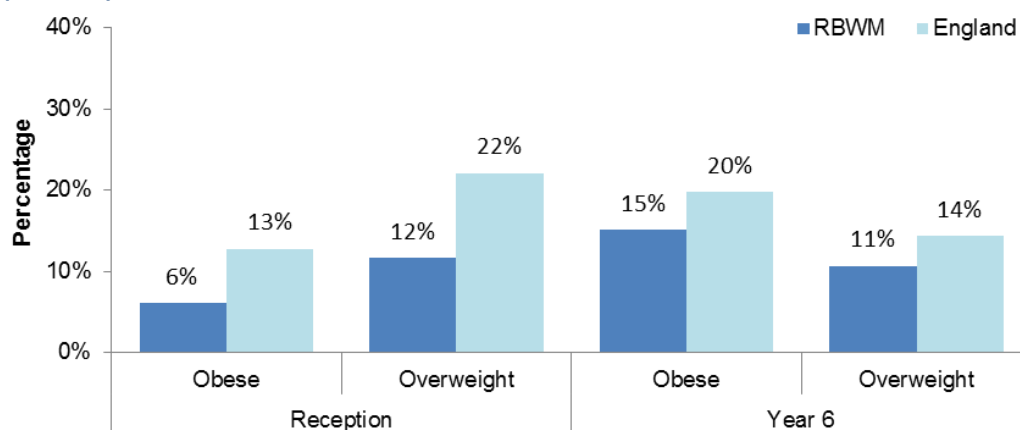
Obesity is indicated when an individual's Body Mass Index (BMI) is over 30. It increases the risk of heart disease, diabetes, stroke, depression, bone disease and joint problems and decreases life expectancy by up to nine years. High BMI is the second biggest cause for premature death and preventable morbidity in England, attributable for 9% of all years of life lost to ill health, disability and premature mortality.

Figures collected through the Active People Survey (2013-2015) estimate that 22% of adults living in the Royal Borough are obese and a further 40% are overweight. These figures are

better than the national picture, but continue to increase (PHE 2017g). GP Practices keep a register of patients who are obese and these indicate that 6.0% of Windsor, Ascot & Maidenhead CCG registered population aged 16 and over are obese, which is also lower than the national figure of 9.5% (NHS Digital 2016b). This is likely to be an underestimation, as not all people have their BMI recorded on their GP record.

The National Child Measurement Programme (NCMP) is delivered in schools and measures the height and weight of children in their first and last year of primary school (Reception Year and Year 6). This provides robust information about the level of childhood obesity locally and nationally. In 2015/16, 18% of Reception children in RBWM were overweight or obese and 26% of Year 6 children were overweight or obese. Figure 6 shows how this compares to the national picture.

Figure 6: Percentage of children in Reception and Year 6 who are obese or overweight (2015/16)



Source: Public Health England (2017g)

Analysis of local and national NCMP data from 2011/12 to 2015/16 shows that obesity prevalence among children in both reception and year 6 increases with deprivation.

Physical Activity

People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those with a sedentary lifestyle. Physical activity is also associated with improved mental health and wellbeing. In contrast, the Global Burden of Disease (2015) showed that physical inactivity is directly accountable for 5% of deaths in England and is the fourth leading risk factor for global mortality.

The Chief Medical Officer recommends that adults undertake 150 minutes of moderate activity each week. In 2015, 61% of adults in RBWM were estimated to have met these recommendations, which was significantly better than the national figure of 57%. However, over 22% of adults in RBWM were classified as 'inactive', achieving less than 30 minutes of moderate physical activity each week (PHE 2017g).

Sexual health

Sexual health covers the provision of advice and services around contraception, relationships, sexually transmitted infections (STIs) and abortion. While sexual relationships are essentially a private matter, good sexual health is important to individuals and to society as a whole. Public Health England (2015b) states that the success of sexual and reproductive health services "depends on the whole system working together to make these services as responsive, relevant and as easy to use as possible and ultimately to improve the public's health".

The rate of new STI diagnoses in RBWM is consistently lower than the national rate. In 2016, 552 RBWM residents were diagnosed with a new STI at a rate of 593 per 100,000 population (excluding chlamydia diagnoses for people aged under 25). Rates of gonorrhoea and syphilis diagnoses are also lower than England's, as well as the HIV diagnosed prevalence rate (PHE 2017h).

Chlamydia is the most commonly diagnosed STI in England, with rates substantially higher in young adults than any other age group. In 2016, 2,154 young people (aged 15 to 24) from RBWM were screened for chlamydia, which was 15% of the total population. 163 had a positive chlamydia diagnosis at 1,097 per 100,000 population. The proportion of young people screened and the detection rate in RBWM were significantly lower than the national or regional rate.

RBWM's teenage conception rates are consistently lower than the national rate and continue to decline. In 2015, 24 females aged 15 to 17 and 2 females aged 13 to 15 had a pregnancy that either led to a birth or legal abortion. 63% of under 18 conceptions led to an abortion (15 in total).

The Department of Health's (2013a) Framework for Sexual Health Improvement in England includes the ambition to reduce unwanted pregnancies by increasing knowledge, awareness and access to all methods of contraception. Long Acting Reversible Contraception (LARC) methods are highly effective, as they do not rely on individuals to remember to use them. Implants, intrauterine systems (IUS) and intrauterine devices (IUD) can remain in place for up to 10 years, depending on the type of product. In 2015, RBWM females aged 15 to 44 were prescribed 1,315 LARC (excluding injections) from a GP or Sexual and Reproductive Health Service. This was a rate of 49.1 per 1,000 females and was similar to the England rate (PHE 2017h).

4. Focus on specific health conditions

Health conditions prevalent within a population have an impact on the need for pharmaceutical services within an area. Community pharmacy teams are well placed to support people to manage their long term conditions and this is a key area set out in [The Community Pharmacy Forward View](#).

Cancer

Cancer incidence rates have increased by more than one-third since the mid 1970s, with approximately 910 people being diagnosed with cancer every day in the UK. Although more than 1 in 3 people will now develop some form of cancer in their lifetime, the mortality rate for cancer has actually decreased. Over half of people diagnosed with cancer in the UK will survive 10 or more years after diagnosis (Cancer Research UK 2017).

From 2010-2014, there were 3,840 new cases of cancer diagnoses in RBWM. 19% of all these cases were for breast cancer, 13% for prostate cancer, 13% for colorectal cancers and 10% of cases were for lung cancer (PHE Local Health 2017). While RBWM's cancer incidence rate was significantly better than England's, the breast cancer incidence rate was significantly worse over this time period. The route to a cancer diagnosis ultimately impacts on patient survival and the three national cancer screening programmes help to detect cancers at an earlier and more treatable stage. The Royal Borough's screening coverage levels for breast and cervical cancer are significantly better than England's. In March 2016,

the breast screening coverage for eligible women in RBWM was 79.0% and the cervical screening coverage was 73.9%. The bowel screening coverage level was slightly lower than England's at 57.4%. There is variation in screening coverage levels across RBWM with some GP Practices not meeting the minimum standard for coverage (PHE 2016a).

Circulatory disease

In March 2016, 2.5% of people registered with Windsor, Ascot & Maidenhead CCG GP Practices were diagnosed with Coronary Heart Disease and 1.6% were recorded as having had a stroke or TIA (transient ischaemic attack). These were both lower than the national prevalence rates (NHS Digital 2016b).

High blood pressure (hypertension) is one of the leading risk factors for premature death and disability, although it is often preventable. Once diagnosed, people with hypertension can receive advice and treatment from their GP to control and lower their blood pressure, reducing their future risk of cardiovascular diseases. In March 2016, 18,700 people in RBWM were diagnosed with hypertension, which was 11.3% of the population. However, it is estimated that the actual number of people with the condition was much higher at 22.5%. This means there were approximately 18,700 people in the Borough with undiagnosed hypertension, who had not received treatment to control their blood pressure (PHE 2016d).

The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions, is invited every five years to assess their risk of developing these conditions. They are given support and advice to help them reduce or manage that risk. From 2013/14 to 15/16, 12,879 RBWM residents had received an NHS Health Check, which was 29% of the eligible population. This was significantly lower than the national figure of 36% (PHE 2017g).

Diabetes

Diabetes is a lifelong condition that causes a person's blood sugar level to become too high. In the UK, diabetes affects 2.8 million people and there are estimated to be an additional 980,000 people with diabetes who are undiagnosed. The chances of developing diabetes depend on a mix of genetics, lifestyle and environmental factors. Certain groups are more likely to develop the condition than others, for example people from South Asian and Black communities are 2 to 4 times more likely to develop Type 2 diabetes than those from Caucasian backgrounds (Diabetes UK 2016). Higher levels of obesity, physical inactivity, unhealthy diet, smoking and poor blood pressure control are also inextricably linked to the risk of diabetes. Deprivation is strongly associated with all these factors, and data from the National Diabetes Audit suggests that people living in the 20% most deprived areas in England are 1.5 times more likely to have diabetes than those in the 20% least deprived areas (Diabetes UK 2016).

In March 2016, 6,850 RBWM residents (aged 17 and over) were diagnosed with diabetes, which was 5.1% of that age group. This was significantly lower than the national prevalence of 6.5% (PHE 2017b).

The prevalence of diabetes is expected to increase over the next 20 years, due to the aging population. By 2035, 9.1% of RBWM's population aged 16 and over are expected to have diabetes, which is 12,308 people (PHE 2015a).

Respiratory disease

Chronic Obstructive Pulmonary Disease (COPD) is the name for a collection of lung diseases, such as chronic bronchitis, emphysema and chronic obstructive airways disease. In March 2016, 1.0% of people registered with Windsor, Ascot & Maidenhead CCG GP Practices were diagnosed with Chronic Obstructive Pulmonary Disease (COPD), which was lower than the national rate of 1.9% (NHS Digital 2016b).

The prevalence of asthma in England is amongst the highest in the world. 6% of the population is diagnosed with asthma, although 9.1% are actually expected to have the condition. In March 2016, 8,066 people registered with Windsor, Ascot & Maidenhead CCG GP Practices were diagnosed with asthma at 5.3% of the total population. An additional 5,909 people in the CCG were expected to be undiagnosed and therefore not receiving necessary support or treatment from their GP (NHS Digital 2016b).

Mental Health problems

Mental illness is the single largest cause of disability in the UK. At least one in four people will experience a mental health problem at some point in their life and one in six adults have a mental health problem at any one time. Common mental health problems include anxiety, depression, phobias, obsessive compulsive disorders & panic disorders. In March 2016, there were just over 8,250 RBWM adult residents who had an unresolved diagnosis of depression registered with their GP. This was 6.2% of the adult population and significantly lower than the national prevalence rate of 8.3% (PHE 2017e).

Not everybody demonstrating signs of mild to moderate mental illness would describe their condition in this way and some are likely to be short term. The Annual Population Survey (2015/16) indicated that 19.9% of adults in RBWM had self-reported high anxiety, and 6.9% had a low happiness score. These figures were similar to the national response (PHE 2017g).

Approximately 1% of the UK population has a severe mental health problem and many will have begun to suffer from this in their teens or early twenties. In March 2016, 1,139 adults in RBWM were on the GP Mental Health Register, which meant that they had an unresolved record of a schizophrenic or bipolar disorder. This was 0.68% of the adult population and significantly lower than the national prevalence rate of 0.90% (PHE 2017e).

Mental health problems also affect 1 in 10 children and young people. This can include depression, anxiety, conduct and emotional disorders, which can often be a direct response to what is happening in their lives. ONS estimates that there are over 1,750 young people aged 5 to 16 in RBWM who have a mental health disorder. This is 7.7% of the population. In 2016, 487 school children in RBWM were recorded as having social, emotional and mental health needs through their school. This is 2.3% of all RBWM school children, in line with the 2.3% identified nationally (PHE 2017a).

Dementia

In March 2016, 1,342 people in RBWM were recorded as having dementia, which was 0.8% of the population. This was the same as the England prevalence rate (PHE 2017e). It is estimated that half of people with dementia are undiagnosed. In recent years, there has been a political commitment to increase the number of people living with dementia who have a formal diagnosis. A timely diagnosis enables people living with dementia, their carers and healthcare staff to plan accordingly and work together to improve their health and care outcomes.

One in three people over 65 will develop dementia in their lifetime. 1,883 people aged 65 and over in RBWM were estimated to have dementia in April 2017, although 29% of these were not diagnosed. As RBWM's population increases and ages, the number of people living with dementia will therefore also increase (POPPI 2016).

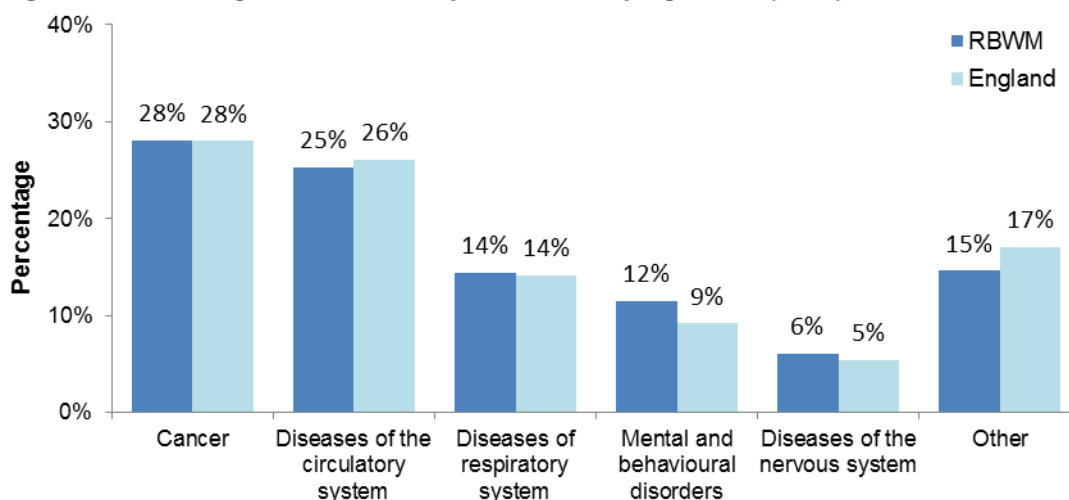
5. Life expectancy and mortality

RBWM's life expectancy is significantly higher than the England average. Boys born in 2013-2015 are expected to live to 81.1 years in RBWM, which is 1.7 years longer than the national average. Girls born in RBWM are expected to live to 84.8 years, which is also 1.7 years longer than the national average (PHE 2017g)..

However, despite RBWM being the 2nd least deprived local authority in England, there are still inequalities in life expectancy within the area. Men living in the most deprived neighbourhoods of RBWM are expected to live 5.8 years less than those living in least deprived areas. The gap for women is slightly lower at 4.8 years. The life expectancy gap between RBWM's most and least deprived areas is attributable to different causes of death for men and women. In 2012-14, 31% of the male life expectancy gap was down to circulatory disease, compared to only 15% for women. In contrast, a much higher proportion of the female life expectancy gap was attributable to cancer at 41%, compared to 17% for men (PHE 2016d).

The main causes of death in RBWM are cancer, circulatory disease and respiratory disease, as shown in Figure 7. This reflects the national picture.

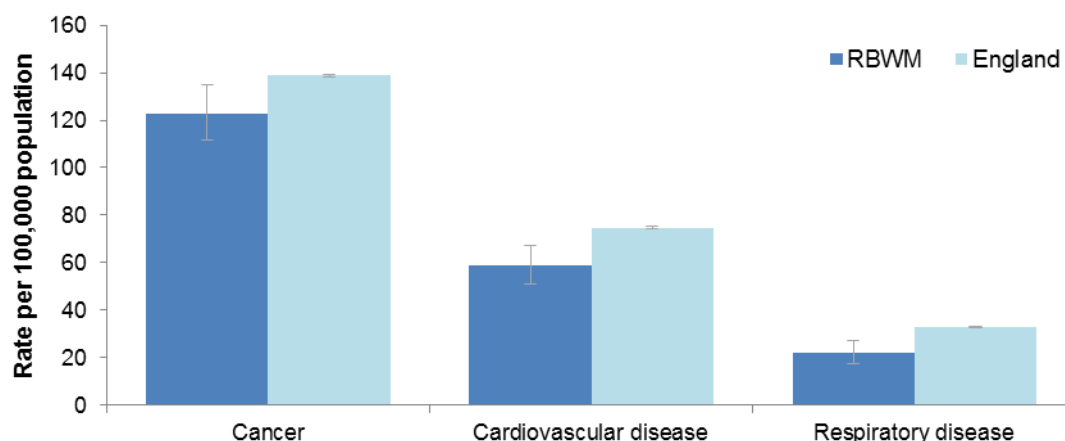
Figure 7: Percentage of all deaths by main underlying cause (2015)



Source: Office for National Statistics (2016c)

25% of all deaths in RBWM are among people aged under 75 and these are termed premature deaths. RBWM's premature mortality rates for cancer, cardiovascular disease and respiratory disease are all significantly lower than the England rates, as shown in Figure 7. However, men have significantly higher mortality rates than women for all of these causes at both a local and national level (PHE 2017g).

Figure 8: Under 75 mortality rate by underlying cause of death (2013-15)



Source: Public Health England (2017g)

Cancer is the biggest cause of premature mortality for both men and women in RBWM. In 2013-15, approximately 251 premature cancer deaths were considered to be preventable in RBWM, which is 56% of all premature cancer deaths. This means that the underlying cause could potentially have been avoided with public health interventions. The main risks attributed to cancer deaths and years of ill-health in England are smoking, occupational risks, diet, high body mass index and alcohol and drug use.

62% of premature deaths from cardiovascular diseases in RBWM were considered to be preventable, which was 132 deaths. The main risks attributed to cardiovascular disease deaths and years of ill-health in England are high blood pressure, poor diet, high cholesterol and high body-mass index.

Respiratory diseases are the third biggest cause of death for people aged under 75 in RBWM. In 2013-15, 46% of premature deaths from respiratory diseases in RBWM were considered to be preventable, which was 36 deaths. The main risks attributed to respiratory disease deaths and years of ill-health in England are smoking and air pollution (PHE 2017g).

D: Pharmacy Provision in RBWM

The recent PNA survey asked local pharmacies in RBWM to detail the services that they currently provide, as well as those that they would be willing to provide if they were commissioned to do so. 26 of RBWM's pharmacies responded to the survey and this information, along with information provided by NHS England, has been used to summarise the pharmacy provision across the Royal Borough in October 2017.

1. Type of Pharmacy services within RBWM

There are currently 29 community pharmacies in RBWM and 1 distance selling pharmacy. This is the same level of provision as the previous Pharmaceutical Needs Assessment. Community pharmacies vary from multiple store organisations to independent contractors. All pharmacies provide the mandatory essential services, as well as a range of other advanced and enhanced services. Map 1 shows the location of all pharmacies based in the Royal Borough. Appendix C gives a full list of these pharmacies, including addresses and opening times.

Advanced Services

Pharmacies can choose to provide advanced services, but must meet certain requirements to do so. Within RBWM, 24 (83%) of community pharmacies provide the Medicine Use Review (MUR) service and 17 (59%) provide the New Medicines Service (NMS).

Pharmacy and Location	Medicine Use Review	New Medicine Service
Boots Pharmacy, Ascot and Cheapside	Currently provide	Currently provide
Keycircle Pharmacy, Belmont	Do not provide	Currently provide
Cookham Pharmacy, Bisham and Cookham	Currently provide	Do not provide
Altwood Pharmacy, Boyn Hill	Currently provide	Do not provide
Day Lewis Pharmacy, Bray	Currently provide	Currently provide
Boots Pharmacy, Castle Without	Currently provide	Currently provide
F G Saunders & Co, Castle Without	Do not provide	Do not provide
Superdrug Pharmacy, Castle Without	Currently provide	Currently provide
Hetpole Pharmacy, Clewer South	Currently provide	Currently provide
Tesco Pharmacy, Clewer South	Currently provide	Do not provide
Boots Pharmacy, Clewer South	Currently provide	Currently provide
Wessex Pharmacy, Cox Green	Do not provide	Do not provide
Datchet Village Pharmacy, Datchet	Currently provide	Currently provide
C J Reid (Eton), Eton and Castle	Do not provide	Do not provide
Village Pharmacy, Eton Wick	Currently provide	Currently provide
H A McParland Ltd, Furze Platt	Currently provide	Do not provide
Wraysbury Village Pharmacy, Horton and Wraysbury	Currently provide	Currently provide
Woodlands Park Pharmacy, Hurley and Walthams	Currently provide	Do not provide
Bridge Road Pharmacy, Maidenhead Riverside	Currently provide	Currently provide
Friary Pharmacy, Old Windsor	Do not provide	Do not provide
Boots Pharmacy, Oldfield	Currently provide	Do not provide

Pharmacy and Location	Medicine Use Review	New Medicine Service
Kays Chemist, Oldfield	Currently provide	Do not provide
Lloyds Pharmacy, Oldfield	Currently provide	Currently provide
Park Pharmacy, Oldfield	Currently provide	Currently provide
Superdrug Pharmacy, Oldfield	Currently provide	Do not provide
Olive Pharmacy, Pinkneys Green	Currently provide	Currently provide
Lloyds Pharmacy, Sunningdale	Currently provide	Currently provide
Ascot Pharmacy, Sunninghill and South Ascot	Currently provide	Currently provide
R F Blackburn, Sunninghill and South Ascot	Currently provide	Currently provide

Source: NHS England (2017)

The survey of RBWM pharmacies provided additional information about the advanced services delivered in the local area. 26 pharmacies responded to this and indicated the following:

- Urgent Medicine Supply Services (NUMSAS) are being delivered by 3 pharmacies in the local area, including FG Saunders & Co (Castle Without), Superdrug Pharmacy (Castle Without) and Ascot Pharmacy (Sunninghill and South Ascot). 11 other pharmacies said.
- An Appliance User Review (AUR) service is available at Boots Pharmacy in Ascot & Cheapside ward. Friar Pharmacy (Old Windsor) and Ascot Pharmacy (Sunninghill and South Ascot) plan to provide this service soon.
- A Stoma Appliance Customisation service is provided by Boots Pharmacy in Ascot and Cheapside. Friar Pharmacy (Old Windsor) plan to provide this service soon.
- Seasonal Flu vaccinations are currently being provided by 19 pharmacies in the area. This service is also provided privately in 10 of these pharmacies. Berkshire East CCGs have expressed an aim to improve the co-ordination between community pharmacies and GP Practices for the delivery of flu vaccination.

Enhanced Services

NHS England does not currently commission any enhanced services from RBWM pharmacies.

Locally Commissioned Services

RBWM has offered a contract to all community pharmacies based in the Borough for the provision of emergency hormonal contraception, supervised consumption and needle exchange.

8 pharmacies have informed us that they provide emergency hormonal contraception services, 17 provide supervised consumption and 4 provide needle exchange services. The table below shows the level of provision for these locally commissioned services and pharmacies that have stated that they would be willing to provide these in the future.

Pharmacy	Emergency Hormonal Contraception	Supervised consumption	Needle Exchange
Boots Pharmacy, Ascot and Cheapside	Willing to provide	Currently provide	Do not provide
Keycircle Pharmacy, Belmont	<i>Data not provided</i>	<i>Data not provided</i>	<i>Data not provided</i>
Cookham Pharmacy, Bisham and Cookham	Provides private service	Currently provide	Willing to provide
Altwood Pharmacy, Boyn Hill	<i>Data not provided</i>	<i>Data not provided</i>	<i>Data not provided</i>
Day Lewis Pharmacy, Bray	Willing to provide	Willing to provide	Willing to provide
Boots Pharmacy, Castle Without	Currently provide	Do not provide	Currently provide
F G Saunders & Co, Castle Without	<i>Data not provided</i>	<i>Data not provided</i>	<i>Data not provided</i>
Superdrug Pharmacy, Castle Without	Do not provide	Do not provide	Currently provide
Hetpole Pharmacy, Clewer South	Currently provide	Do not provide	Do not provide
Tesco Pharmacy, Clewer South	Willing to provide, but would need training	Do not provide	Willing to provide, but would need training
Boots Pharmacy, Clewer South	Willing to provide, but would need training	Currently provide	Currently provide
Wessex Pharmacy, Cox Green	Provides private service	Currently provide	Do not provide
Datchet Village Pharmacy, Datchet	Provides private service	Currently provide	Currently provide
C J Reid (Eton), Eton and Castle	<i>Data not provided</i>	<i>Data not provided</i>	<i>Data not provided</i>
Village Pharmacy, Eton Wick	Willing to provide, but would need facilities adjustment	Currently provide	Willing to provide, but would need training
H A McParland Ltd, Furze Platt	Currently provide	Currently provide	Willing to provide
Wraysbury Village Pharmacy, Horton and Wraysbury	Provides private service	Currently provide	Currently provide
Woodlands Park Pharmacy, Hurley and Walthams	<i>Data not provided</i>	<i>Data not provided</i>	<i>Data not provided</i>

Pharmacy	Emergency Hormonal Contraception	Supervised consumption	Needle Exchange
Bridge Road Pharmacy, Maidenhead Riverside	Currently provide	Currently provide	Willing to provide
Friary Pharmacy, Old Windsor	Willing to provide	Do not provide	Willing to provide
Boots Pharmacy, Oldfield	Provides private service	Currently provide	Currently provide
Kays Chemist, Oldfield	Currently provide	Currently provide	Currently provide
Lloyds Pharmacy, Oldfield	Currently provide	Currently provide	Do not provide
Park Pharmacy, Oldfield	Willing to provide; Provides private service	Currently provide	Currently provide
Superdrug Pharmacy, Oldfield	Willing to provide	Willing to provide	Currently provide
Olive Pharmacy, Pinkneys Green	Willing to provide	Currently provide	Currently provide
Lloyds Pharmacy, Sunningdale	Willing to provide	Currently provide	Willing to provide
Ascot Pharmacy, Sunninghill and South Ascot	Currently provide	Currently provide	Currently provide
R F Blackburn, Sunninghill and South Ascot	Currently provide	Currently provide	Willing to provide

In addition to these services, East Berkshire CCGs have an arrangement with some pharmacies to hold palliative care emergency drugs to fill any urgent prescriptions. The CCGs then fund any used or expired stock. The arrangement is in place with the following community pharmacies:

- Hetpole Pharmacy, Clewer South
- Boots Pharmacy, Ascot and Cheapside
- Bridge Road Pharmacy, Maidenhead Riverside
- Wraysbury Village Pharmacy, Horton and Wraysbury

Healthy Living Pharmacy

3 pharmacies in the Royal Borough have confirmed that they are Healthy Living Pharmacies (Day Lewis Pharmacy in Bray; Wraysbury Village Pharmacy in Horton and Wraysbury; Superdrug Pharmacy in Castle Without). These pharmacies have a total of 3 qualified Healthy Living Champions (full time equivalents) between them. 20 other community pharmacies in RBWM are working towards the Healthy Living Pharmacy accreditation.

RBWM's Public Health Team are committed to working with other local stakeholders and pharmacy providers to identify how Healthy Living Pharmacies can best support health and wellbeing priorities within the lifespan of this PNA.

Berkshire East CCGs have also highlighted possible areas for future local commissioning and involvement with Healthy Living Pharmacies. These include more integrated working and planning between the CCGs, pharmacies, primary care and the Royal Borough's Public Health Team to improve signposting and services for patients with Long Term Conditions. The CCGs also echo a suggestion made in the public survey, that community pharmacies could be used to measure certain aspects of patient's physical health, such as blood pressure testing. These areas, and other local priorities, will also be discussed and explored during the lifetime of this PNA.

2. Access to pharmacy services within RBWM

Accessibility to pharmacy services is affected by the opening hours of different providers across the local area, as well as both the distance and time it takes people to reach their nearest pharmacy. This could be by car, walking or other methods of transport. We asked residents about how they accessed local pharmacy services and the results from this are found in Section E.

The Royal Borough has one 100 hour pharmacy, based in Oldfield ward, and one distance selling pharmacy. 27 out of 29 community pharmacies are open on a Saturday and 4 are also open on a Sunday, as shown in Map 4. Those open on a Sunday are based within Oldfield, Castle Without and Clewer South wards. Lloyds Pharmacy in Oldfield is the only RBWM community pharmacy open until 11pm on a weekday. All other pharmacies based in the Borough are closed by 7pm, as shown in Map 5.

Walking time measures are based on an average walking speed of 3 miles/ 4.8 km per hour, which is a recognised standard developed by the [Department for Transport](#). This walking time may differ for certain individuals, such as older people or those with disabilities, and is shown here as an estimation only. All residents of the Royal Borough are able to access a pharmacy within a 10 minute drive, if neighbouring authority pharmacy provision is also taken into account. This is illustrated in Map 6. In addition, 98% of the population can access a pharmacy inside the Borough within a 20 minute cycle. The level of accessibility by car to pharmacies in the Royal Borough reduces to 83% of the RBWM population on a Sunday and 49% of the population on a weekday evening (after 7pm). However, once opening hours are taken into account for pharmacies in Slough, Bracknell Forest and Wokingham, all RBWM residents are able to access a pharmacy by car within a 15 minute drive on weekends and evenings.

84% of RBWM residents are able to access a pharmacy within a 15 minute walk, as shown in Map 7. However, it is important to note that this level of accessibility does reduce significantly on Sundays to only 17% of the population and further still for weekday evenings (after 7pm) to only 7% of the population.

23 of the community pharmacies who responded to the survey stated that they provided a delivery service for dispensed medicines that was free of charge. Some pharmacies only provided this service for specific patient groups, such as house bound patients, people in care homes and the elderly or infirm, while others provided this for anyone who requested the service. All community pharmacies in RBWM are enabled to provide an Electronic

Prescription Service, apart from CJ Reid in Eton and Castle, which will be enabled in the next 12 months.

Dispensing doctors provide services to patients mainly in rural areas and often where there are no community pharmacies or access is restricted. One of the requirements for the service is that patients live in a controlled locality (a rural area determined locally in line with the regulations and after consideration of a wide range of factors) and are more than 1mile/ 1.6km from a pharmacy premises. Map 8 shows that a number of areas within the Royal Borough are not within a 1.6km distance of a pharmacy. These areas are not densely populated, but do include households that are not within a short distance to a pharmacy.

RBWM's residents can also access pharmacies in other areas. The Borough borders with Bracknell Forest, Slough, Wokingham, Wycombe, South Buckinghamshire, Spelthorne, Surrey Heath and Runneymede, so the nearest pharmacy for some residents may be located within these HWB areas. There are 30 pharmacies located in other boroughs that are within 1.6km of the RBWM border and some of these have extended opening hours. Residents of neighbouring areas may also use pharmaceutical services in the Royal Borough, but their needs are outside the remit of this PNA.

The current provision of pharmacies in RBWM means that there are 20 pharmacies per 100,000 population. In March 2016, there were 22 pharmacies per 100,000 population across England and 19 per 100,000 population in the South East (NHS Digital 2016a). Using population and housing projection figures, we can expect the pharmaceutical provision in RBWM to reduce to 18 per 100,000 population by March 2021.

E: Public Survey

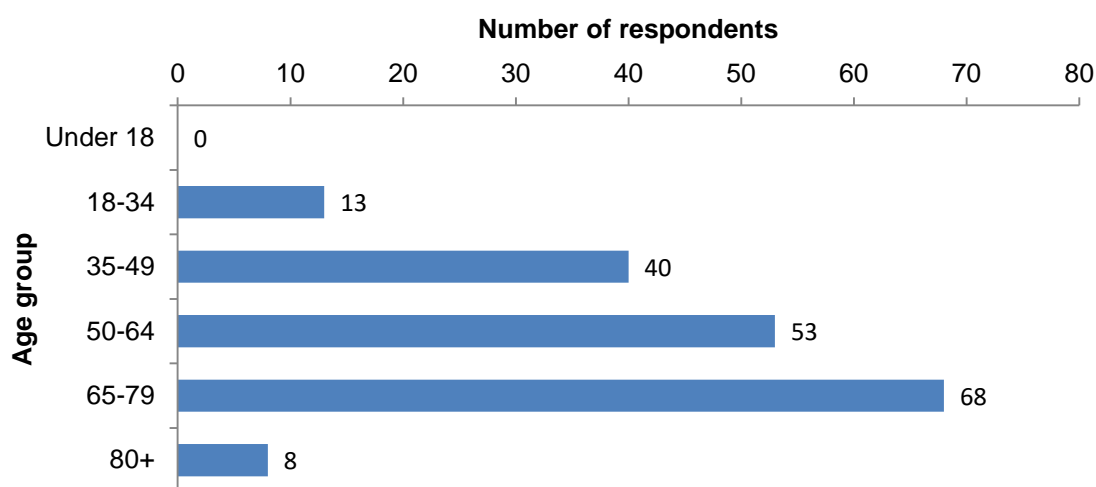
A key aspect of the pharmaceutical needs assessment is to obtain the views of residents who use our community pharmacy and dispensing doctor services. This section provides a summary of the responses that were received through the Berkshire PNA public survey, which was open from mid June to mid September 2017. A copy of the survey can be found at Appendix B.

184 people participated in the PNA survey. These responses included 14 RBWM residents and 170 residents from other Berkshire local authorities. The results from the survey have been analysed together, due to the relatively low response rate. All the figures included below therefore represent the views of all Berkshire respondents, and not just RBWM residents.

1. Demography of survey respondents

66% of survey respondents were female and nearly 90% classified themselves as White-British. The age of respondents spanned across all adult age groups, as shown in Figure 9, with over 70% of respondents aged over 50. 43% of respondents stated that they were retired.

Figure 9: Age of respondents to Berkshire PNA public survey (2017)



66% of respondents stated that they had a health problem or disability and 27% stated that their day to day activities were limited.

2. Use and access to local pharmacies

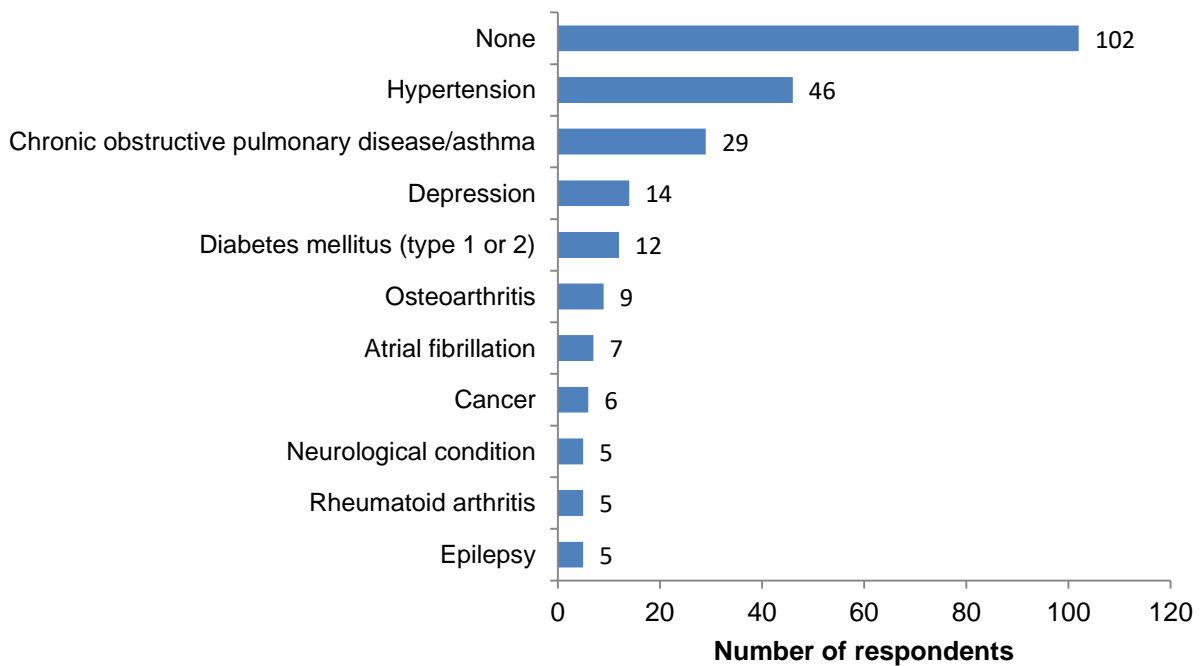
Respondents were asked about the pharmacies they used and how they accessed these. Key findings about pattern of use included:

- 93% reported using a community pharmacy. 5% used a dispensing appliance supplier and 5% used an internet pharmacy.

- 32% stated that they used a pharmacy more than once a month, with a total of 64% using a pharmacy at least once a month.
- 95% reported being able to get to the pharmacy of their choice
- Driving was the most common way that respondents accessed a pharmacy (55%) and walking was a close second (41%). 2% people stated that they cycled and 2% used public transport.
- 86% stated that it took less than 15 minutes to travel to their regular pharmacy and the remaining 14% stated that it took between 15 and 30 minutes.

Survey respondents were asked whether they visited their pharmacy for any particular chronic health conditions. 45% of respondents reported that they did, with the most common conditions reported as hypertension, chronic obstructive pulmonary disease/asthma and depression. Less than five participants reported visiting the pharmacy for each of the following conditions: heart failure, stroke/transient ischaemic attack, ischaemic heart disease, Parkinson’s disease, severe mental illness and chronic kidney disease. Figure 10 shows the full responses for this question.

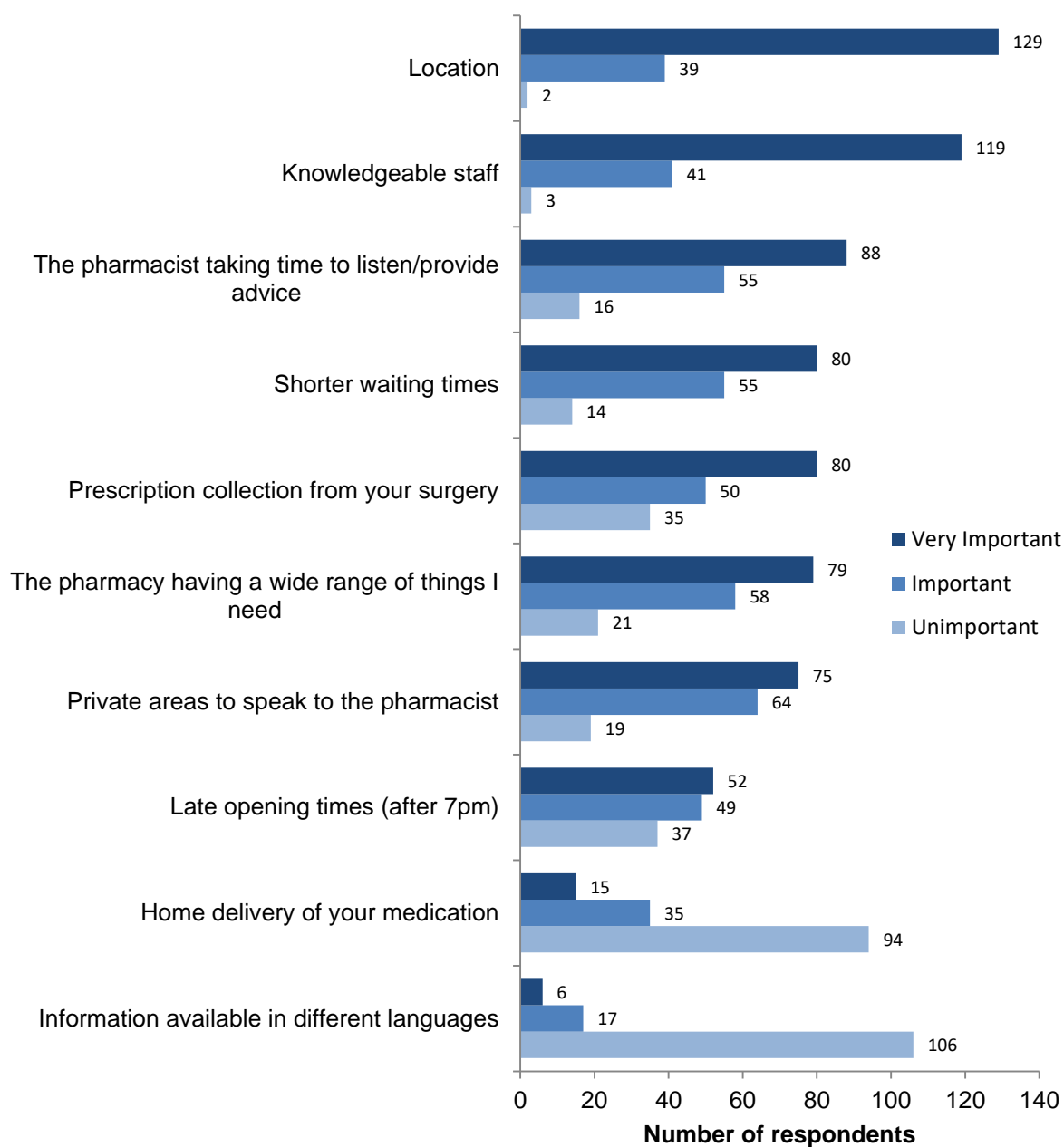
Figure 10: Summary of response to “Which of the following chronic health conditions do you visit your pharmacy for?”



3. Pharmacy characteristics and services

Respondents were asked to rank the importance of a number of specific pharmacy characteristics and services. The most important factor was considered to be location, followed by knowledgeable staff. When asked about location, 49% of respondents said that they chose to use a pharmacy near to home, 17% chose a pharmacy close to their GP Practice and 14% chose to use a pharmacy in a supermarket. The full list of responses about the importance of pharmacy services is shown at Figure 11.

Figure 11: Summary of response to “How important are the following pharmacy services?”

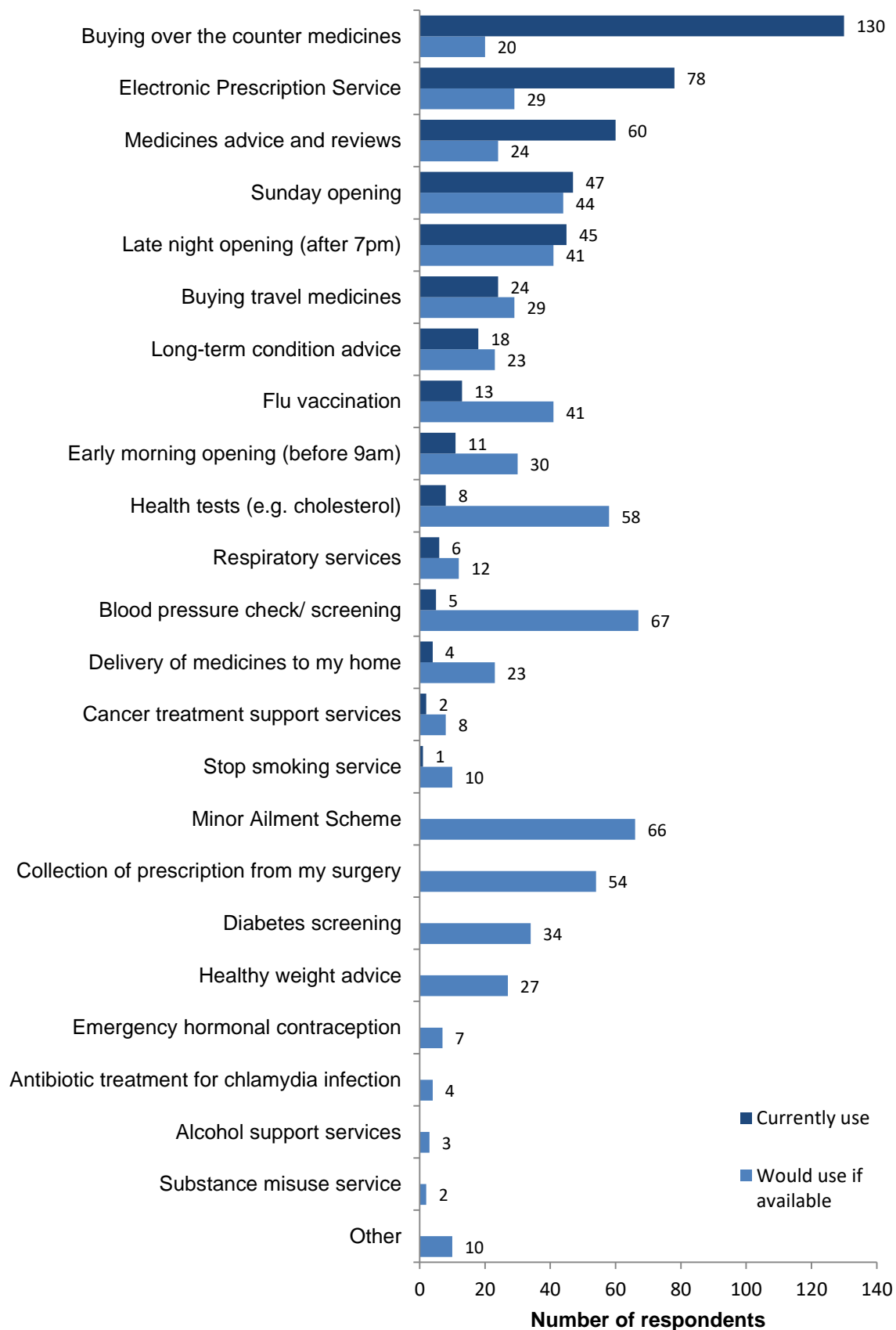


Respondents were asked about the pharmacy services they currently used, as well as services that they would use if they were available. The most commonly used services were buying over the counter medicines, the Electronic Prescription Service (EPS) and medicine advice and reviews. 36% of respondents stated that they would use a blood pressure check/screening service if it was available and 36% also stated that they would use the Minor Ailment Scheme. Other requested services included health tests, collection of prescription from surgery and flu vaccination.

24% of respondents stated that they would use Sunday opening times, if they were available, and 22% stated that they would use late nights opening (after 7pm).

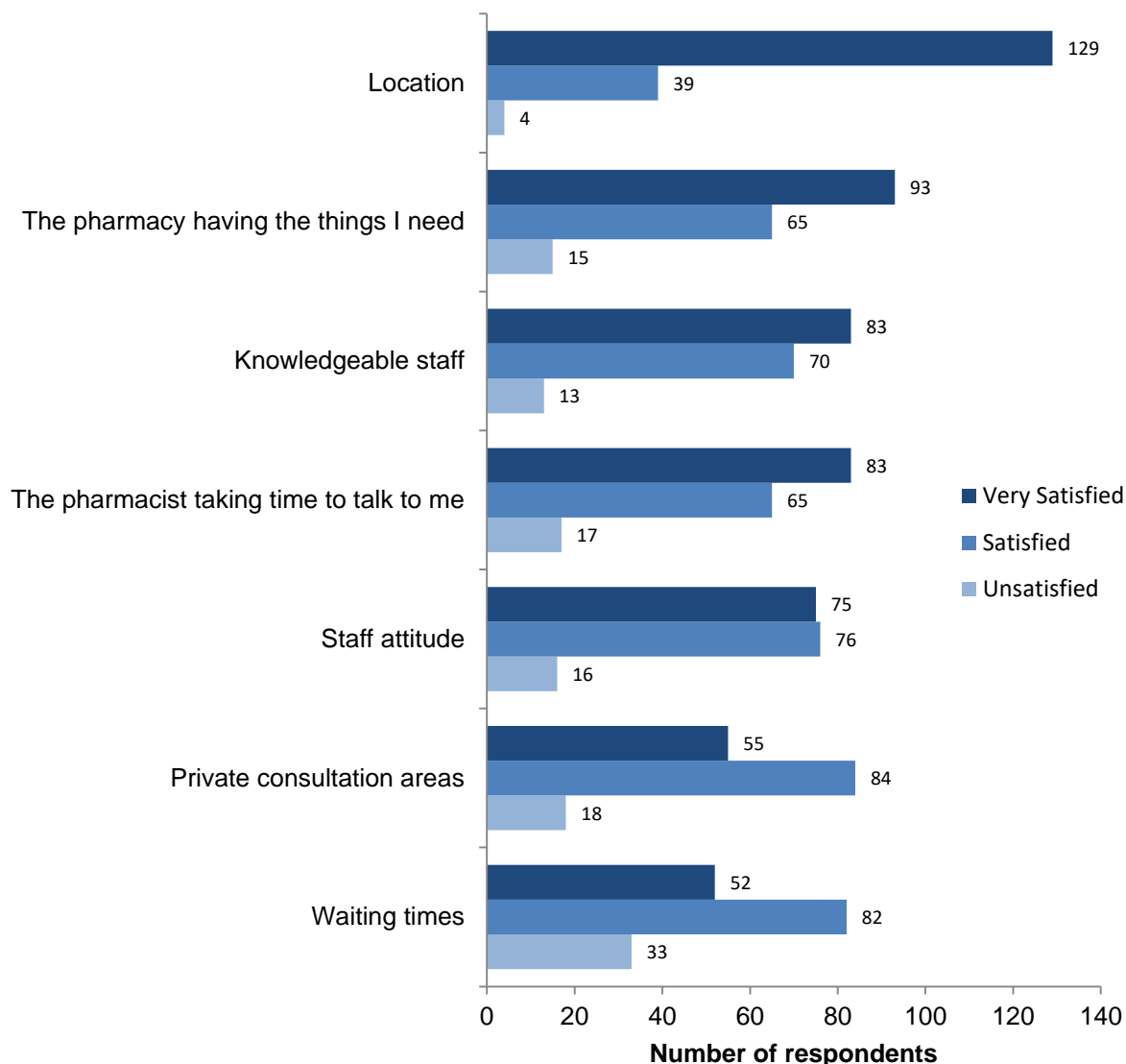
The full list of responses is shown at Figure 12.

Figure 12: Summary of response to “Which of the following services do you currently use at a pharmacy and which would you also use if they were available? (Multiple choices could be picked)



Finally, participants were asked to state how satisfied they were with a number of specific characteristics and services of their regular pharmacy. The majority of respondents stated that they were most satisfied with the location of their pharmacy. Waiting times has the least satisfaction with 20% of respondents stating that they were unsatisfied. However, the clear majority of respondents still stated that they were satisfied or very satisfied with this factor overall. The full level of responses is shown at Figure 13.

Figure 13: Summary of response to “How satisfied are you with the following services at your regular pharmacy?”



4. Feedback

The public survey gave respondents the opportunity to provide additional feedback on pharmaceutical services in their local area. 70 people left a free text comment and these have been summarised below:

- 9 comments related to the way the survey was worded.
- 15 comments related to satisfaction with current services and / or the importance in retaining access to local community pharmacy services

- The most common theme identified from other comments related to unfriendly or unhelpful staff attitudes or concern about staff being trained appropriately (11)
- Dissatisfaction with long waiting times, particularly in regards to collection of electronic prescriptions was also raised (7), as were comments relating to perceived lack of or reduction in access to pharmacies within close distance of home (8)
- Three respondents were concerned about the use of generic drugs over brand names and / or frequent changes in brands
- There were 8 comments relating to specific services, two of which related to problems using EPS, two expressed dissatisfaction with no longer being able to access sharps disposal (both Bracknell Forest residents), one suggested a delivery service (West Berkshire resident) and one suggested accessing blood pressure testing in pharmacy would be useful (Bracknell Forest resident).

F: Assessment of pharmaceutical service provision

As described in Section B6, the regulations governing the development of the PNA require the HWB to consider the needs for pharmaceutical services in terms of necessary and relevant services.

Services provided within the standard pharmacy contract of 40 core hours and advance services were regarded as necessary. The spread of opening times and core hours are included in Appendix C and supported by Maps 4 and 8.

Relevant services are those services which have secured improvements or better access to pharmaceutical services.

- There are currently 29 community pharmacies in RBWM and 1 distance selling pharmacy. There are no dispensing doctors.
- There are 20 pharmacies per 100,000 population in RBWM. This is expected to reduce to 18 per 100,000 population by 2021, based on population projections and growth from new housing developments.
- Pharmacies are well placed to serve heavily populated areas including Windsor and Maidenhead town centres, with sufficient provision in less populated wards.
- There is sufficient access to a range of pharmacies during core opening hours and all residents can access a community pharmacy within a 10 minute drive during normal working hours if neighbouring local authority provision is taken into account.
- All pharmacies in RBWM are open until at least 6pm on weekday evenings with one open until 11pm. All but two pharmacies in RBWM are open on Saturdays with one of open until 10pm. Four pharmacies are open on Sunday however none of these are open on Sunday evenings.
- A number of areas within the Royal Borough are not within a 1.6km distance of a pharmacy, however there are 30 pharmacies located within 1.6km of RBWM borders and a number of these offer extended opening hours.
- There is variable provision of advanced services across RBWM. Twenty four pharmacies (83%) provide MUR. 17 (59%) provide NMS and. Twenty six pharmacies responded to the survey; of these 16 reported providing flu vaccination. Three pharmacies reported providing NUMSAS with 11 more saying they are planning to provide this in the near future. One pharmacy reported providing SAC with one other intending to in the future. One reported provision of AUR, with a second planning to provide in the near future.
- NHS England encourages pharmacies and pharmacists to become eligible to deliver the NMS and flu vaccination service, so that more eligible patients are able to access and benefit from these services. Demand for the appliance advanced services (SAC and AUR) is lower than for the other advanced services, due to the much smaller proportion of the population who may require this type of service.
- In terms of improvements, there is room to extend the range of LCS that are commissioned in RBWM and to increase the number of pharmacies providing these. A number of pharmacies have stated that they would be willing to provide these service of commissioned to do so.

- The public survey showed that:
 - 95% of respondents were able to get to the pharmacy of their choice
 - 86% took less than 15 minutes to travel to their regular pharmacy and the remaining 14% stated that it took between 15 and 30 minutes.
 - 91% were satisfied or very satisfied with the location of their pharmacy

Locally commissioned services fall outside the definition of pharmaceutical services, as set out in legislation. These were therefore not considered when assessing provision or future need of necessary or relevant pharmaceutical services. However, in assessing opportunities for improvements, accessibility of locally commissioned services have been considered alongside the necessary and relevant service provision.

G: Conclusions

1. Current necessary provision

Pharmaceutical services that are provided in the area of the HWB and are necessary to meet the need for pharmaceutical services, as well as those services outside the HWB area that contribute to meeting the need of the population of the HWB area

Conclusion: Whilst not all the current provision described in Section D is necessary (as defined in the 2013 Act), it is concluded that the majority of the provision is likely to be necessary and that advance services provided outside the core hours provide improvement or better access.

There is a cluster of services at the boundaries of Maidenhead Riverside and Oldfield Wards.

2. Current gaps

Pharmaceutical services not currently provided within the HWB area, which the HWB are satisfied need to be provided now.

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

3. Future gaps

Pharmaceutical services not currently provided within the HWB area, which the HWB are satisfied need to be provided in specific future circumstances specified in the PNA.

Conclusion: Although there is likely to be an increase in the number of houses available, there are no known future developments that are likely to significantly alter demand for pharmaceutical services in normal working hours due to the coverage currently provided by pharmacies.

Additional need which may be created following the developments in Maidenhead town centre is likely to be met by the existing cluster of services at the boundaries of Maidenhead Riverside and Oldfield Wards.

4. Current additional provision

Pharmaceutical services within or outside Windsor and Maidenhead HWB area that have secured improvements or better access, although they are not necessary to meet the pharmaceutical need of the area.

Conclusion: NHS England does not commission any enhanced services within RBWM. Based on the information available at the time of developing this PNA, no current gaps in the provision of advanced and enhanced services have been identified.

5. Opportunities for improvements and/or better access to pharmaceutical services

A statement of services which would secure improvements or better access to pharmaceutical services, or services of a specific type, if they were provided within or outside the HWB area.

Conclusion: Based on the information available at the time of developing this PNA, there is opportunity to improve the provision of essential services during evenings and on Sundays for residents of RBWM.

As part of the essential pharmacy offer, pharmacies are required to deliver up to six public health campaigns a year to promote healthy lifestyles. These are selected by NHS England. There is scope to gain more impact from national public health campaigns by ensuring that these are delivered in a coordinated way through community pharmacies.

Locally commissioned services and Healthy Living Pharmacies are not included in the assessment of current or future need for pharmaceutical services. However, these both provide an opportunity to secure improvements and increase access to services, such as sexual health, healthy lifestyle advice and brief and very brief lifestyle interventions.

Delivery services are out of scope of the PNA and are not commissioned by NHS England. However, RBWM's community pharmacies can choose to provide this service privately.

6. Impact of other NHS services

A statement of any NHS services provided or arranged by the HWB, NHS Commissioning Board, a CCG, an NHS trust or an NHS foundation trust to which the HWB has had regard in its assessment, which affect the need for pharmaceutical services or which affect whether further provision would secure improvements or better access to pharmaceutical services.

Conclusion: Based on the information available at the time of developing this PNA, no NHS services have been identified which would affect the need for or impact on the need to secure improvements or better access to pharmaceutical services either now or in specified future circumstances.

H: Sources

The sources used in this Pharmaceutical Needs Assessment have been included below, as well as other key documents that support the information provided. Hyperlinks to sources are provided where possible and are correct at 13th October 2017.

Alcohol Concern (2016); [Alcohol Harm Map](#)

British Medical Association (2013); [Dispensary Services Quality Scheme](#)

Cancer Research UK (2017); [Understanding cancer statistics](#)

Berkshire Authorities and Thames Valley Berkshire Local Enterprise (2016); [Berkshire \(including South Bucks\) Strategic Housing Market Assessment](#)

Department of Health (2013a); [Framework for Sexual Health Improvement in England](#)

Department of Health (2013b); [Pharmaceutical needs assessments: Information Pack for local authority Health and Wellbeing Boards](#)

Department of Health (2013c); [Pharmaceutical Services \(Advanced and Enhanced Services\) \(England\) Directions 2013](#)

Department for Communities and Local Government (2015); [English indices of deprivation 2015](#)

Department for Education (2017); [Schools, pupils and their characteristics: January 2017](#)

Department for Transport (2017); [Journey Time Statistics: Notes and Definitions](#)

Diabetes UK (2016); [Facts and Stats](#)

General Pharmaceutical Council (2013); [General Pharmaceutical Council Annual Report 2012/13](#)

Global Burden of Disease (2015); [GBD Compare](#)

NHS Choices (2017); [Find pharmacy services near you](#)

NHS Choices (2016); [Electronic Prescription Service](#)

NHS Digital (2017); [Statistics on Drugs Misuse: England, 2017](#)

NHS Digital (2016a); [General Pharmaceutical Services in England: 2006/07 to 2015/16](#)

NHS Digital (2016b); [Quality and Outcomes Framework \(QOF\) 2015-16](#)

NHS England (2017); Provision of Advanced Services in Berkshire Pharmacies

NHS England (2014); [Five Year Forward View](#)

NHS England (2013a); [NHS \(Pharmaceutical and Local Pharmaceutical Services\) Regulations 2013](#)

NHS England (2013b); [Urgent and Emergency Care Review, End of Phase 1 report](#)

NOMIS (2017); [Labour Market Profile – Windsor and Maidenhead](#)

Office for National Statistics (2017); [Population Estimates for UK, England and Wales, Scotland and Northern Ireland Mid-2016](#)

Office for National Statistics (2016b); [Subnational Population Projections for Local Authorities in England: Table 2](#)

Office for National Statistics (2016c); [Ward Level Mid-Year Population Estimates \(Experimental Statistics\) Mid-2015](#)

Office for National Statistics (2016a); [Deaths registered in England and Wales: 2015](#)

Office for National Statistics (2013); [Census 2011 data tables](#)

Pharmaceutical Services Negotiating Committee, Pharmacy Voice and the Royal Pharmaceutical Society (2016); [The Community Pharmacy Forward View](#)

Public Health England (2017a); [Children and Young People's Mental Health and Wellbeing Profile](#)

Public Health England (2017b); [Disease and risk factor prevalence Profile](#)

Public Health England (2017c); [Local Alcohol Profiles for England](#)

Public Health England (2017d); [Local Tobacco Control Profile](#)

Public Health England (2017e); [Mental Health and Wellbeing JSNA Profile](#)

Public Health England (2017f); [Pharmacy: a way forward for public health](#)

Public Health England (2017g); [Public Health Outcomes Framework Fingertips tool](#)

Public Health England (2017h); [Sexual and Reproductive Health Profiles](#)

Public Health England (2016a); [Cancer Services](#)

Public Health England (2016b); [Healthy Living Pharmacy: Introductory slides](#)

Public Health England (2016c); [Segment Tool](#)

Public Health England (2016d); [Windsor and Maidenhead Hypertension Profile](#)

Public Health Education (2015a); [Diabetes prevalence model estimates for local authorities](#)

Public Health Education (2015b); [Making it work: A guide to whole system commissioning for sexual health, reproductive health and HIV](#)

Public Health England Local Health (2017); [Local Health](#)

Public Health England - Strategic Health Asset Planning and Evaluation (2017); SHAPE Atlas tool (restricted access)

Public Health Services for Berkshire (2017a); Bracknell and Ascot Clinical Commissioning Group Locality Profile

Public Health Services for Berkshire (2017b); Windsor, Ascot and Maidenhead Clinical Commissioning Group Locality Profile

Royal Borough of Windsor and Maidenhead (2017a); [Borough Local Plan 2013 – 2033](#)

Royal Borough of Windsor and Maidenhead (2017b); [RBWM Joint Strategic Needs Assessment](#)

Royal Borough of Windsor and Maidenhead (2016a); [RBWM Joint Health and Wellbeing Strategy 2016-2020](#)

I: Glossary of terms and acronyms

AUR	Appliance Use Review
BME	Black Minority Ethnic
BMI	Body Mass Index
CCG	Clinical Commissioning Group
CHD	Coronary Heart Disease
COPD	Chronic Obstructive Pulmonary Disease
CQC	Care Quality Commission
DAC	Dispensing Compliance Contractors
DCLG	Department of Communities and Local Government
DfE	Department for Education
DH	Department of Health
EIA	Equality Impact Assessment
ESP	Essential Small Pharmacy
EPS	Electronic Prescription Service
GBD	Global Burden of Disease
GP	General Practitioner
GPhC	General Pharmaceutical Council
HEE	Health Education England
HIV	Human Immunodeficiency Virus
HLP	Healthy Living Pharmacy
HWB	Health and Wellbeing Board
IMD	Index of Multiple Deprivation
IUD	Intrauterine Device
IUS	Intrauterine System
JSNA	Joint Strategic Needs Assessment
LA	Local Authority
LARC	Long Acting Reversible Contraception
LCS	Locally Commissioned Service
LMC	Local Medical Committee
LPC	Local Pharmaceutical Committee
LPS	Local Pharmaceutical Service
LSOA	Lower Super Output Area
LTC	Long Term Condition
MUR	Medicines Use Review
NCMP	National Child Measurement Programme
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
NMS	New Medicine Service
NUMSAS	NHS Urgent Medicine Supply Advanced Service
ONS	Office for National Statistics
PCT	Primary Care Trust
PHE	Public Health England
PNA	Pharmaceutical Needs Assessment
POPPI	Projecting Older People Population Information
PSNC	Pharmaceutical Services Negotiating Committee
QOF	Quality and Outcomes Framework
RBWM	Royal Borough of Windsor and Maidenhead
SAC	Stoma Appliance Customisation
SALP	Site Allocations Local Plan
SHAPE	Strategic Health Asset Planning and Evaluation
SHMA	Strategic Housing Market Assessment
STI	Sexually Transmitted Infection
STP	Sustainability and Transformation Partnership
TIA	Transient Ischaemic Attack

I: Appendices and Maps

Appendices

- A: Berkshire PNA Pharmacy Survey 2017
- B: Berkshire PNA Public Survey 2017
- C: Opening times for pharmacies in the Royal Borough of Windsor & Maidenhead
- D: Equalities Screening Record for Pharmaceutical Needs Assessment
- E: PNA Consultation process and feedback report
- F: Berkshire PNA Formal Consultation Survey 2017

Maps

- Map 1: Pharmaceutical Services in the Royal Borough of Windsor & Maidenhead
- Map 2: Royal Borough of Windsor & Maidenhead pharmacies and Index of Multiple Deprivation by LSOA (2015)
- Map 3: Royal Borough of Windsor & Maidenhead pharmacies and population density by ward (2017)
- Map 4: Royal Borough of Windsor & Maidenhead pharmacies and weekend opening times
- Map 5: Royal Borough of Windsor & Maidenhead pharmacies and evening opening times
- Map 6: Residents of the Royal Borough of Windsor & Maidenhead who can access a pharmacy within a 5 and 10 minute drive
- Map 7: Residents of the Royal Borough of Windsor & Maidenhead who can access a pharmacy within a 15 minute walk
- Map 8: Pharmacies inside and within 1.6km (1 mile) of Royal Borough of Windsor & Maidenhead border

Service Design PNA Questionnaire 2017 (Preview)

- Browse Service Library
- View service accreditations
- Edit Service Design
- Preview Claim for this service
- View/Edit Claim Amounts

Provision Reports Preview

Basic Provision Record (Sample)

Service Support

Pharmacy Questionnaire-PNA
Please complete this questionnaire ONCE only to report the facilities and services offered by your pharmacy.

In the event of any query arising regarding this questionnaire please contact [Insert name of local contact here](#) for advise on local arrangements regarding the PNA process

For technical support on the use of this data capture set please contact Pinnacle Support via the "Help" tab

Date of completion

Trading Name

Post Code

Is this a Distance Selling Pharmacy? Yes No
(i.e. It cannot provide Essential Services to persons present at the pharmacy)

Pharmacy email address
If no email write no email

Pharmacy telephone

Pharmacy fax

Pharmacy website address
If no website write no website

Can we store the above information and use this to contact you?
Consent to store Yes No

Is this pharmacy open

Core hours of opening

Please complete your core hours of opening. Enter closed if closed

Monday Open <input type="text"/>	Monday Close <input type="text"/>
	Monday Lunchtime (from - to) <input type="text"/>
Tuesday Open <input type="text"/>	Tuesday Close <input type="text"/>
	Tuesday Lunchtime (from - to) <input type="text"/>
Wednesday Open <input type="text"/>	Wednesday Close <input type="text"/>
	Wednesday Lunchtime (from - to) <input type="text"/>
Thursday Open <input type="text"/>	Thursday Close <input type="text"/>
	Thursday Lunchtime (from - to) <input type="text"/>
Friday Open <input type="text"/>	Friday Close <input type="text"/>
	Friday Lunchtime (from - to) <input type="text"/>
Saturday Open <input type="text"/>	Saturday Close <input type="text"/>

	Saturday <input type="text"/>
	Lunchtime (from - to)
Sunday Open <input type="text"/>	Sunday Close <input type="text"/>
	Sunday Lunchtime (from - to)

Total hours of opening (Core + Supplementary)

Please complete your total hours of opening

Monday Open <input type="text"/>	Monday Close <input type="text"/>
	Monday Lunchtime (from - to)
Tuesday Open <input type="text"/>	Tuesday Close <input type="text"/>
	Tuesday Lunchtime (from - to)
Wednesday Open <input type="text"/>	Wednesday Close <input type="text"/>
	Wednesday Lunchtime (from - to)
Thursday Open <input type="text"/>	Thursday Close <input type="text"/>
	Thursday Lunchtime (from - to)
Friday Open <input type="text"/>	Friday Close <input type="text"/>
	Friday Lunchtime (from - to)
Saturday Open <input type="text"/>	Saturday Close <input type="text"/>
	Saturday Lunchtime (from - to)
Sunday Open <input type="text"/>	Sunday Close <input type="text"/>
	Sunday Lunchtime (from - to)

Consultation Facilities

Consultation areas should meet the standard set out in the contractual framework to offer advanced services

Is there a consultation area?

- Available (including wheelchair access) on the premises
- Available (without wheelchair access) on premises
- Planned within next 12 months
- No consultation room available
- Other

If Other please specify

Where there is a consultation area

Is this enclosed? Yes No N/A
N/A if no consultation room

Off-site arrangements

- Off-site consultation room approved by NHS
 Willing to undertake consultations in patients home/ other suitable site
 None apply
 Other
If Other please specify

Hand washing and toilet facilities

What facilities are available to patients during consultations?

Facilities available

- Handwashing in consultation area
 Hand washing facilities close to consultation area
 Have access to toilet facilities
 None
Tick all that apply

Information Technology

Is the pharmacy EPS* R2 enabled?

- Yes, EPS R2 enabled
 Planning to become EPS R2 enabled in the next 12 months
 No current plans to provide EPS R2
EPS R2: Electronic Prescription Service Release 2

Information is often distributed to pharmacies as email attachments or via websites. Please indicate whether you are able to use the following common file formats in your pharmacy:

File format types

- Microsoft word
 Microsoft Excel
 Microsoft Access
 PDF
 Unable to open or view any file formats
Please tick all that apply

Essential Services (appliances)

In this section, please give details of the essential services your pharmacy provides.

Does the pharmacy dispense appliances?

- Yes - All types, or
 Yes, excluding stoma appliances, or
 Yes, excluding incontinence appliances, or
 Yes, excluding stoma and incontinence appliances, or
 Yes, just dressings, or
 None
 Other
If Other please specify

Advanced Services

Please give details of the Advanced Services provided by your pharmacy.

Please tick the box that applies for each service.

Yes - Currently providing

Soon - Intending to begin within the next 12 months

No - Not Intending to provide

Yes Soon No

Medicines Use Review service

New Medicine Service Yes Soon No

Urgent Medicines Supply (NUMSAS) Yes Soon No

Appliance Use Review service Yes Soon No

Stoma Appliance Customisation service Yes Soon No

Commissioned Services

Use this section to record which Local services you currently deliver or would like to deliver at your pharmacy. These can be Enhanced Services, commissioned by the NHS England Area Team, Public Health Services commissioned by a Local Authority or CCG services. Please tick the box that applies for each service.

CP - Currently Providing NHS funded service
WA - Willing and able to provide if commissioned
WT - Willing to provide if commissioned but would need training
WF - Willing to provide if commissioned but require facilities adjustment
PP - Currently providing private service
If you are not willing or able to provide please leave blank.

Anticoagulant Monitoring Service CP WA WT WF PP

Anti-viral Distribution Service CP WA WT WF PP

Care Home Service CP WA WT WF PP

Chlamydia Treatment Service CP WA WT WF PP

Contraception Service CP WA WT WF PP
(not an EHC service)

Local Authority Commissioned Services
List services already commissioned in your locality here

Disease Specific Medicines Management Service:

Allergies CP WA WT WF PP

Alzheimer's/dementia CP WA WT WF PP

Asthma CP WA WT WF PP

CHD CP WA WT WF PP

Depression CP WA WT WF PP

Diabetes type I CP WA WT WF PP

Diabetes type II CP WA WT WF PP

Epilepsy CP WA WT WF PP

Heart Failure CP WA WT WF PP

Hypertension CP WA WT WF PP

Parkinson's disease CP WA WT WF PP

Other (please state - including funding source)

Area Team Services
List your Area Team commissioned services here

End of Disease specific Medicines Management Service options.

CP WA WT WF PP

Emergency Hormonal
Contraception Service

Gluten Free Food Supply CP WA WT WF PP
Service (i.e. not supply on FP10)

Home Delivery Service CP WA WT WF PP
(not appliances)

Independent Prescribing CP WA WT WF PP
Service

Therapeutic areas covered
(if providing)

Language Access Service CP WA WT WF PP

Note: This is not the NMS or MUR service.

Medication Review Service CP WA WT WF PP

Medicines Assessment and Compliance Support Service:

Medicines Management CP WA WT WF PP
Support Service: i.e. the EL23 service (previously the Vulnerable
Elderly / Adults Service)

DomMAR Carer's Charts CP WA WT WF PP

End of Medicines Assessment and Compliance Support options.

Minor Ailments Scheme CP WA WT WF PP

MUR Plus/Medicines CP WA WT WF PP
Optimisation Service

Therapeutic areas covered
(if providing)

Needle and Syringe CP WA WT WF PP
Exchange Service

Obesity management CP WA WT WF PP
(adults and children)

On Demand Availability of Specialist Drugs Service:

Directly Observed Therapy CP WA WT WF PP

If yes state which
medicines

Out of hours services CP WA WT WF PP

Palliative Care scheme CP WA WT WF PP

End of On Demand Availability of Specialist Drugs Service options

Patient group directions

Many Local Services involve the supply of a POM using a PGD. please
list those provided by the pharmacy in the text box below but indicate
who commissions the service by ticking the boxes below and annotating
each service name with the key:

AT=Area Team

LA=Local Authority

CCG=Clinical Commissioning Group

Pr=Offers a Private Service

Patient Group Direction AT LA CCG Pr
Service Not including EHC (see separate question)

Please list the names of the medicines available if providing PGD
services

Medicines available

Phlebotomy Service CP WA WT WF PP

Prescriber Support Service CP WA WT WF PP

Schools Service CP WA WT WF PP

Screening Service:

Alcohol CP WA WT WF PP

Cholesterol CP WA WT WF PP

Diabetes CP WA WT WF PP

H. pylori CP WA WT WF PP

HbA1C CP WA WT WF PP

Hepatitis CP WA WT WF PP

HIV CP WA WT WF PP

Other Screening (please state - including funding source)

End of screening service options

Seasonal Influenza Vaccination Service CP WA WT WF PP

Other vaccinations

Childhood vaccinations CP WA WT WF PP

HPV CP WA WT WF PP

Hepatitis B CP WA WT WF PP
(at risk workers or patients)

Travel vaccines CP WA WT WF PP

Other (please state - including funding source)

End of Other vaccinations options

Sharps Disposal Service CP WA WT WF PP

Stop Smoking Service:

NRT Voucher Service CP WA WT WF PP

Smoking Cessation Counselling Service CP WA WT WF PP

End of Stop Smoking Service options

Supervised Administration CP WA WT WF PP
Of methadone, buprenorphine etc.

End of Supervised Administration Service options

Supplementary prescribing CP WA WT WF PP

Which therapy area

Vascular Risk Assessment Service CP WA WT WF PP
NHS Healthchecks

Healthy Living Pharmacy

Is this a Healthy Living Pharmacy

- Yes
 Currently working towards HLP status
 No

If Yes, how many Healthy Living Champions do you currently have? Full Time Equivalents

Collection and Delivery services

Does the pharmacy provide any of the following?

Collection of prescriptions from surgeries Yes No

Delivery of dispensed medicines - Free of charge on request Yes No

Delivery of dispensed medicines - Selected patient groups
List criteria

Delivery of dispensed medicines - Selected areas
List areas

Delivery of dispensed medicines - chargeable Yes No

Languages

One potential barrier to accessing services at a pharmacy can be language. To help the local authority better understand any access issues caused by language please answer the following two questions:

What languages other than English are spoken in the pharmacy

What languages other than English are spoken by the community your pharmacy serves

Almost done

If you have anything else you would like to tell us that you think would be useful in the formulation of the PNA, please include it here:

Other

Please tell us who has completed this form in case we need to contact you.

Contact name

Contact telephone

For person completing the form, if different to pharmacy number given above

Appendix B: Berkshire PNA Public Survey 2017

The PNA Public Survey was available online. This provides a summary of the questions included in the survey.

1. Which Local Authority area do you live in?

- Bracknell Forest.....
- Slough.....
- Reading.....
- Royal Borough of Windsor and Maidenhead.....
- West Berkshire.....
- Wokingham.....
- Not Sure.....

If you have said you are "Not Sure", which town do you live in?

2. Do you use?

- Community Pharmacy.....
- A Dispensing Appliance Supplier (someone who supplies appliances such as incontinence and stoma products).....
- An Internet Pharmacy (a service where medicines are ordered online and delivered by post).....

3. How often do you use a Pharmacy?

- More than once a month.....
- Once a month.....
- 3-11 times a year.....
- Less than 3 times a year.....

4. How do you usually travel to your usual Pharmacy?

- Walk.....
- Car (Passenger).....
- Car (Driver).....
- Taxi.....
- Bus.....
- Bicycle.....

5. How long does it take you to travel to your Pharmacy?

- Less than 15 mins.....
- 15-30 mins.....
- 30-60 mins.....
- Over an hour.....

6. Which of the following services do you currently use at a Pharmacy?

- Sunday Opening.....
- Late Night Opening (after 7pm).....
- Early Morning Opening (before 9am).....
- Prescription Dispensing.....
- Buying over the counter medicines.....
- Buying travel medicines (e.g. anti-malarials).....
- Medicines advice and reviews.....
- Delivery of medicines to my home.....
- Electronic Prescription Service (sends your prescriptions electronically to the pharmacy or dispenser of your choice).....
- Long-term condition advice (e.g. help with your diabetes or asthma).....
- Respiratory services.....
- Emergency Hormonal Contraception (Morning-after pill)..

Appendix B: Berkshire PNA Public Survey 2017

- Cancer treatment support services.....
- Substance misuse service.....
- Alcohol support services.....
- Stop smoking service.....
- Health tests (e.g. cholesterol, blood pressure).....
- Healthy weight advice.....
- Flu Vaccination.....
- Diabetes screening.....
- Blood Pressure check/screening.....

7. Which of the following chronic health conditions do you visit your pharmacy for?

- Hypertension.....
- Ischaemic heart disease (Coronary heart disease)
- Diabetes (Type 1 or 2)
- Chronic kidney disease.....
- Stroke/Transient ischaemic attack (TIA)
- Atrial Fibrillation.....
- Heart Failure.....
- Chronic Liver Disease
- Chronic Obstructive Pulmonary Disease (COPD/Asthma)
- Cancer.....
- Severe Mental Illness.....
- Depression.....
- Dementia.....
- Parkinson's Disease.....
- Osteoarthritis.....
- Epilepsy.....
- Rheumatoid Arthritis.....
- Neurological Disorders (e.g. Multiple Sclerosis)
- None.....

7b. [If chronic health condition is selected in Qu7] Which of the following services do you visit your pharmacy for because of your chronic health condition?

- Prescription medicine.....
- Over the counter medicines.....
- Advice about medicines for condition and interactions with other medicines.....
- Advice on managing symptoms of one or more chronic health conditions.....

8. Which of the following services would you use at a Pharmacy if available?

- Sunday Opening.....
- Late Night Opening (after 7pm).....
- Diabetes screening.....
- Flu Vaccination.....
- Healthy weight advice.....
- Health tests (e.g. cholesterol, blood pressure).....
- Stop smoking service.....
- Alcohol support services.....
- Substance misuse service.....
- Cancer treatment support services.....
- Emergency Hormonal Contraception (Morning-after pill)..
- Respiratory services.....
- Long-term condition advice (e.g. help with your diabetes or asthma).....
- Early Morning Opening (before 9am).....
- Prescription Dispensing.....
- Buying over the counter medicines.....
- Buying travel medicines (e.g. anti-malarials).....
- Minor Ailment Scheme (access to certain subsidised over the counter medicines to avoid a GP visit).....

Appendix B: Berkshire PNA Public Survey 2017

- Electronic Prescription Service (sends your prescriptions electronically to the pharmacy or dispenser of your choice).....
- Medicines advice and reviews.....
- Delivery of medicines to my home.....
- Collection of prescription from my surgery.....
- Blood Pressure check.....
- Antibiotic treatment for Chlamydia infection.....
- Other.....

9. Are you able to get to a Pharmacy of your choice?

- Yes
 No

10. Do you use one Pharmacy regularly?

- Yes
 No

11. What is the main location reason for using your regular Pharmacy? [choose one]

- In the supermarket.....
- In town/shopping area.....
- Near to my doctors.....
- Near to home.....
- Near to work.....
- Other.....

12. What are the reason for using your regular Pharmacy? [choose as many as apply]

- They offer a delivery service.....
- They offer a collection service.....
- The staff speak my first language.....
- The staff are knowledgeable.....
- The staff are friendly.....
- Other.....

13. How important are the following Pharmacy services?

Home delivery of your medication
 Very important Important Unimportant

Prescription collection from your surgery
 Very important Important Unimportant

The Pharmacy having a wide range of things I need
 Very important Important Unimportant

The Pharmacist taking time to listen/provide advice
 Very important Important Unimportant

Private areas to speak to the Pharmacist
 Very important Important Unimportant

Shorter waiting times
 Very important Important Unimportant

Knowledgeable staff
 Very important Important Unimportant

Appendix B: Berkshire PNA Public Survey 2017

Location

Very important Important Unimportant

Late opening times (after 7pm)

Very important Important Unimportant

Information available in different languages

Very important Important Unimportant

14. How satisfied were you with the following services at your regular Pharmacy?

The Pharmacy having the things I need

Very important Important Unimportant

The Pharmacist taking time to talk to me

Very important Important Unimportant

Private consultation areas

Very important Important Unimportant

Waiting times

Very important Important Unimportant

Staff attitude

Very important Important Unimportant

Knowledgeable staff

Very important Important Unimportant

Location

Very important Important Unimportant

Personal Details

We value all people in Berkshire and want to make sure that everyone can access our services, that they provide for people's needs and that we continue to improve what we provide. Please complete these questions which will also help us to see if there are any differences between the views of different groups and needs within our community. All the information you give will be kept completely confidential, no individual will be identifiable. It will be used to inform the planning and improve the delivery of the council's services. All details are kept in strict confidence at all times in compliance with the Data Protection Act 1998. Please note that to provide this information is optional either completely or in part.

Are you?

Male
 Female

Under 18
 18-34
 35-49
 50-64
 65-79
 80+

To which of these groups do you consider you belong?

White
 English/Welsh/Scottish/Northern Irish/British
 Irish
 Gypsy/Irish Traveller
 Show people/Circus
 Any other White background

111

Appendix B: Berkshire PNA Public Survey 2017

Mixed

- White & Black Caribbean
- White & Black African
- White & Asian
- Any other mixed background

Asian or Asian British

- Indian
- Pakistani
- Nepali
- Bangladeshi
- Chinese
- Filipino
- Any other Asian background

Black or Black British

- African
- Caribbean
- Any other Black background

Arab/Other Ethnic group

- Arab
- Other Ethnic group

Do you consider yourself to have a health problem or disability which has lasted, or is expected to last, at least 12 months?

- Yes
- No

Are your day-to-day activities limited because of your health problem or disability?

- Yes
- No

How would you describe your religion/belief?

- None
- Christian (all Christian denominations)
- Buddhist
- Jewish
- Hindu
- Muslim
- Sikh
- Other

What is your marital status?

- Single
- Married
- Life-partner
- Civil Partnership
- Other
- Prefer not to say

How would you describe your sexual orientation?

- Heterosexual/Straight
- Gay Man
- Lesbian/Gay Woman
- Bisexual
- Prefer not to say

Which of the following best describes your working situation?

- I work as a volunteer
- I am working part-time
- I am working full-time
- I am retired
- I am not working
- Prefer not to say

Appendix C: Opening times for pharmacies in RBWM

Pharmacies

Name, Ward	Address	Opening Hours	Core Hours
Boots Pharmacy Ascot and Cheapside	23 High Street Ascot Berkshire SL5 7HG	Monday 08:45-17:30 Tuesday 08:45-17:30 Wednesday 08:45-17:30 Thursday 08:45-17:30 Friday 08:45-17:30 Saturday 09:00-17:30 Sunday Closed	Monday 10:00-17:00 Tuesday 10:00-13:00; 14:00-17:00 Wednesday 10:00-17:00 Thursday 10:00-17:00 Friday 10:00-17:00 Saturday 10:00-13:00; 14:00-17:00 Sunday
Keycircle Pharmacy Belmont	Symons Medical Centre 25 All Saints Avenue Maidenhead Berkshire SL6 6EL	Monday 09:00-19:00 Tuesday 09:00-19:00 Wednesday 09:00-19:00 Thursday 09:00-19:00 Friday 09:00-19:00 Saturday 09:00-13:00 Sunday Closed	Monday 09:00-13:00; 14:00-18:00 Tuesday 09:00-13:00; 14:00-18:00 Wednesday 09:00-13:00; 14:00-18:00 Thursday 09:00-13:00; 14:00-18:00 Friday 09:00-13:00; 14:00-18:00 Saturday Sunday
Totally Pharmacy DISTANCE SELLING ONLY Belmont	2B Denmark Street Maidenhead Berkshire SL6 7BN	Monday 09:00-17:00 Tuesday 09:00-17:00 Wednesday 09:00-17:00 Thursday 09:00-17:00 Friday 09:00-17:00 Saturday Closed Sunday Closed	Monday 09:00-17:00 Tuesday 09:00-17:00 Wednesday 09:00-17:00 Thursday 09:00-17:00 Friday 09:00-17:00 Saturday Sunday
Cookham Pharmacy Bisham and Cookham	Lower Road Cookham Rise Maidenhead Berkshire SL6 9HF	Monday 08:45-18:15 Tuesday 08:45-18:15 Wednesday 08:45-18:15 Thursday 08:45-18:15 Friday 08:45-18:15 Saturday 09:00-13:00 Sunday Closed	Monday 09:00-13:00; 14:00-18:00 Tuesday 09:00-13:00; 14:00-18:00 Wednesday 09:00-13:00; 14:00-18:00 Thursday 09:00-13:00; 14:00-18:00 Friday 09:00-13:00; 14:00-18:00 Saturday Sunday
Altwood Pharmacy Boyn Hill	47 Wootton Way Maidenhead Berkshire SL6 4QZ	Monday 09:00-18:00 Tuesday 09:00-18:00 Wednesday 09:00-18:00 Thursday 09:00-18:00 Friday 09:00-18:00 Saturday 09:00-14:00 Sunday Closed	Monday 09:00-13:00; 14:00-17:00 Tuesday 09:00-13:00; 14:00-17:00 Wednesday 09:00-13:00; 14:00-17:00 Thursday 09:00-13:00; 14:00-17:00 Friday 09:00-13:00; 14:00-17:00 Saturday 09:00-14:00 Sunday
Day Lewis Pharmacy Bray	3 Stompits Road Holyport Maidenhead Berkshire SL6 2LA	Monday 09:00-13:00; 14:00-18:00 Tuesday 09:00-13:00; 14:00-18:00 Wednesday 09:00-13:00; 14:00-18:00 Thursday 09:00-13:00; 14:00-18:00 Friday 09:00-13:00; 14:00-18:00 Saturday 09:00-13:00 Sunday Closed	Monday 09:00-13:00; 14:00-17:00 Tuesday 09:00-13:00; 14:00-17:00 Wednesday 09:00-13:00; 14:00-17:00 Thursday 09:00-13:00; 14:00-17:00 Friday 09:00-13:00; 14:00-18:00 Saturday 09:00-13:00 Sunday
Boots Pharmacy Castle Without	17-18 Peascod Street Windsor Berkshire SL4 1DG	Monday 08:00-19:00 Tuesday 08:00-19:00 Wednesday 08:00-19:00 Thursday 08:00-19:00 Friday 08:00-19:00 Saturday 08:00-19:00 Sunday 11:00-17:00	Monday 09:30-11:15; 11:30-14:30; 15:30-17:30 Tuesday 09:30-11:15; 11:30-14:30; 15:30-17:30 Wednesday 09:30-11:15; 11:30-14:30; 15:30-17:30 Thursday 09:30-11:15; 11:30-14:30; 15:30-17:30 Friday 09:30-11:15; 11:30-14:30; 15:30-17:30 Saturday 09:30-11:15; 11:30-14:30; 15:30-17:30 Sunday
F G Saunders & Co Castle Without	41 St Leonards Road Windsor Berkshire SL4 3BP	Monday 09:00-18:00 Tuesday 09:00-18:00 Wednesday 09:00-18:00 Thursday 09:00-18:00 Friday 09:00-18:00 Saturday 09:00-13:00 Sunday Closed	Monday 09:00-13:00; 14:00-18:00 Tuesday 09:00-13:00; 14:00-18:00 Wednesday 09:00-13:00; 14:00-18:00 Thursday 09:00-13:00; 14:00-18:00 Friday 09:00-13:00; 14:00-18:00 Saturday Sunday
Superdrug Pharmacy Castle Without	131-132 Peascod Street Windsor Berkshire SL4 1DW	Monday 08:30-17:30 Tuesday 08:30-17:30 Wednesday 08:30-17:30 Thursday 08:30-17:30 Friday 08:30-17:30 Saturday 09:00-13:30; 14:00-17:30 Sunday Closed	Monday 09:00-13:00; 15:00-17:30 Tuesday 09:00-13:00; 15:00-17:30 Wednesday 09:00-13:00; 15:00-17:30 Thursday 09:00-13:00; 15:00-17:30 Friday 09:00-13:00; 15:00-17:30 Saturday 09:00-13:30; 14:30-17:30 Sunday
Hetpole Pharmacy Clewer North	398 Dedworth Road Windsor Berkshire SL4 4JR	Monday 09:00-18:30 Tuesday 09:00-18:30 Wednesday 09:00-18:30 Thursday 09:00-18:30 Friday 09:00-18:30 Saturday 09:00-13:00 Sunday Closed	Monday 09:00-17:00 Tuesday 09:00-17:00 Wednesday 09:00-17:00 Thursday 09:00-17:00 Friday 09:00-17:00 Saturday Sunday

Name, Ward	Address	Opening Hours	Core Hours
Boots Pharmacy Clewer South	83 Dedworth Road Windsor Berkshire SL4 5BB	Monday 09:00-13:00; 14:00-17:30 Tuesday 09:00-13:00; 14:00-17:30 Wednesday 09:00-13:00; 14:00-17:30 Thursday 09:00-13:00; 14:00-17:30 Friday 09:00-13:00; 14:00-17:30 Saturday 09:00-13:00; 14:00-17:30 Sunday Closed	Monday 09:00-13:00; 14:00-17:30 Tuesday 09:00-13:00; 14:00-17:30 Wednesday 09:00-13:00; 14:00-17:30 Thursday 09:00-13:00; 14:00-17:30 Friday 09:00-13:00; 14:00-17:30 Saturday 09:00-11:30 Sunday
Tesco Pharmacy Clewer South	Tesco Superstore 290 Dedworth Road Windsor Berkshire SL4 4JT	Monday 09:00-13:00; 14:00-19:00 Tuesday 09:00-13:00; 14:00-19:00 Wednesday 09:00-13:00; 14:00-19:00 Thursday 09:00-13:00; 14:00-19:00 Friday 09:00-13:00; 14:00-19:00 Saturday 09:00-13:00; 14:00-19:00 Sunday 10:00-13:00; 14:00-16:00	Monday 09:00-13:00; 14:00-17:00 Tuesday 09:00-13:00; 14:00-17:00 Wednesday 09:00-13:00; 14:00-17:00 Thursday 09:00-13:00; 14:00-17:00 Friday 09:00-13:00; 14:00-17:00 Saturday 09:00-13:00; 14:00-15:00 Sunday
Wessex Pharmacy Cox Green	114 Wessex Way Cox Green Maidenhead Berkshire SL6 3DL	Monday 09:00-18:30 Tuesday 09:00-18:30 Wednesday 09:00-18:30 Thursday 09:00-18:30 Friday 09:00-18:30 Saturday 09:00-14:00 Sunday Closed	Monday 09:00-17:00 Tuesday 09:00-17:00 Wednesday 09:00-17:00 Thursday 09:00-17:00 Friday 09:00-17:00 Saturday Sunday
Datchet Village Pharmacy Datchet	The Green Datchet Slough Berkshire SL3 9JH	Monday 09:00-13:00; 14:00-18:00 Tuesday 09:00-13:00; 14:00-18:00 Wednesday 09:00-13:00; 14:00-18:00 Thursday 09:00-13:00; 14:00-18:00 Friday 09:00-13:00; 14:00-18:00 Saturday Closed Sunday Closed	Monday 09:00-13:00; 14:00-18:00 Tuesday 09:00-13:00; 14:00-18:00 Wednesday 09:00-13:00; 14:00-18:00 Thursday 09:00-13:00; 14:00-18:00 Friday 09:00-13:00; 14:00-18:00 Saturday Sunday
C J Reid (Eton) Eton and Castle	30 High Street Eton Windsor Berkshire SL4 6AX	Monday 09:00-18:00 Tuesday 09:00-18:00 Wednesday 09:00-18:00 Thursday 09:00-18:00 Friday 09:00-18:00 Saturday 09:00-18:00 Sunday Closed	Monday 09:00-17:00 Tuesday 09:00-17:00 Wednesday 09:00-17:00 Thursday 09:00-17:00 Friday 09:00-17:00 Saturday Sunday
Village Pharmacy Eton Wick	7 Eton Wick Road Eton Wick Windsor Berkshire SL4 6LT	Monday 09:00-13:00; 14:00-18:00 Tuesday 09:00-13:00; 14:00-18:00 Wednesday 09:00-13:00; 14:00-18:00 Thursday 09:00-13:00; 14:00-18:00 Friday 09:00-13:00; 14:00-18:00 Saturday 09:00-13:00 Sunday Closed	Monday 09:00-13:00; 14:00-18:00 Tuesday 09:00-13:00; 14:00-18:00 Wednesday 09:00-13:00; 14:00-18:00 Thursday 09:00-13:00; 14:00-18:00 Friday 09:00-13:00; 14:00-18:00 Saturday Sunday
H A McParland Ltd Furze Platt	9 Shifford Crescent Maidenhead Berkshire SL6 7QR	Monday 09:00-18:00 Tuesday 09:00-18:00 Wednesday 09:00-18:00 Thursday 09:00-18:30 Friday 09:00-18:30 Saturday 09:00-17:30 Sunday Closed	Monday 09:00-17:00 Tuesday 09:00-17:00 Wednesday 09:00-17:00 Thursday 09:00-17:00 Friday 09:00-17:00 Saturday Sunday
Wraysbury Village Pharmacy Horton and Wraysbury	58 High Street Wraysbury Berkshire TW19 5DB	Monday 09:00-13:00; 14:00-18:00 Tuesday 09:00-13:00; 14:00-18:00 Wednesday 09:00-13:00; 14:00-18:00 Thursday 09:00-13:00; 14:00-18:00 Friday 09:00-13:00; 14:00-18:00 Saturday Closed Sunday Closed	Monday 09:00-13:00; 14:00-18:00 Tuesday 09:00-13:00; 14:00-18:00 Wednesday 09:00-13:00; 14:00-18:00 Thursday 09:00-13:00; 14:00-18:00 Friday 09:00-13:00; 14:00-18:00 Saturday Sunday
Woodlands Park Pharmacy Hurley And Walthams	Waltham Road Woodland Park Maidenhead Berkshire SL6 3NH	Monday 09:00-18:30 Tuesday 09:00-18:30 Wednesday 09:00-18:30 Thursday 09:00-18:30 Friday 09:00-18:30 Saturday 09:00-13:00 Sunday Closed	Monday 09:00-16:00 Tuesday 09:00-16:00 Wednesday 09:00-16:00 Thursday 09:00-16:00 Friday 09:00-17:00 Saturday 09:00-13:00 Sunday
Bridge Road Pharmacy Maidenhead Riverside	119 Bridge Road Maidenhead Berkshire SL6 8NA	Monday 09:00-18:00 Tuesday 09:00-18:00 Wednesday 09:00-18:00 Thursday 09:00-18:00 Friday 09:00-18:00 Saturday 09:00-17:30 Sunday Closed	Monday 09:00-16:00 Tuesday 09:00-16:00 Wednesday 09:00-16:00 Thursday 09:00-16:00 Friday 09:00-17:00 Saturday 09:00-13:00 Sunday

Name, Ward	Address	Opening Hours	Core Hours
Friary Pharmacy Old Windsor	67 Straight Road Old Windsor Berkshire SL4 2SA	Monday 09:00-13:00; 14:00-18:00 Tuesday 09:00-13:00; 14:00-18:00 Wednesday 09:00-13:00; 14:00-18:00 Thursday 09:00-13:00; 14:00-18:00 Friday 09:00-13:00; 14:00-18:00 Saturday 09:00-13:00; 14:00-17:00 Sunday Closed	Monday 09:00-13:00; 14:00-18:00 Tuesday 09:00-13:00; 14:00-18:00 Wednesday 09:00-13:00; 14:00-18:00 Thursday 09:00-13:00; 14:00-18:00 Friday 09:00-13:00; 14:00-18:00 Saturday 09:00-13:00; 14:00-18:00 Sunday
Boots Pharmacy Oldfield	54-58 High Street Maidenhead Berkshire SL6 1PY	Monday 08:30-18:30 Tuesday 08:30-18:30 Wednesday 09:00-18:30 Thursday 08:30-18:30 Friday 08:30-18:30 Saturday 08:30-18:30 Sunday 11:00-17:00	Monday 09:30-14:00; 15:00-17:00 Tuesday 09:30-14:00; 15:00-17:00 Wednesday 09:30-14:00; 15:00-17:00 Thursday 09:30-14:00; 15:00-17:00 Friday 09:30-14:00; 15:00-17:00 Saturday 09:30-14:00; 15:00-18:00 Sunday
Kays Chemist Oldfield	24 Ross Road Maidenhead Berkshire SL6 2SZ	Monday 09:00-13:00; 14:15-19:00 Tuesday 09:00-13:00; 14:15-18:30 Wednesday 09:00-13:00; 14:15-18:30 Thursday 09:00-13:00; 14:15-18:30 Friday 09:00-13:00; 14:15-19:00 Saturday 09:00-13:00 Sunday Closed	Monday 09:00-13:00; 14:15-18:15 Tuesday 09:00-13:00; 14:15-18:15 Wednesday 09:00-13:00; 14:15-18:15 Thursday 09:00-13:00; 14:15-18:15 Friday 09:00-13:00; 14:15-18:15 Saturday 09:00-13:00; 14:15-18:15 Sunday
Lloyds Pharmacy Oldfield	Providence Place Maidenhead Berkshire SL6 8AG	Monday 07:00-23:00 Tuesday 07:00-23:00 Wednesday 07:00-23:00 Thursday 07:00-23:00 Friday 07:00-23:00 Saturday 07:00-22:00 Sunday 11:00-17:00	Monday 07:00-23:00 Tuesday 07:00-23:00 Wednesday 07:00-23:00 Thursday 07:00-23:00 Friday 07:00-23:00 Saturday 07:00-22:00 Sunday 11:00-17:00
Park Pharmacy Oldfield	4 Cookham Road Maidenhead Berkshire SL6 8AJ	Monday 08:00-18:30 Tuesday 08:00-18:00 Wednesday 08:00-18:00 Thursday 08:00-18:00 Friday 08:00-18:00 Saturday 09:00-12:00 Sunday Closed	Monday 09:00-16:00 Tuesday 09:00-16:00 Wednesday 09:00-16:00 Thursday 09:00-17:00 Friday 09:00-17:00 Saturday 09:00-12:00 Sunday
Superdrug Pharmacy Oldfield	36-38 Brock Lane Mall Nicholsons Centre Maidenhead Berkshire SL6 1LL	Monday 08:30-13:30; 14:00-17:30 Tuesday 08:30-13:30; 14:00-17:30 Wednesday 08:30-13:30; 14:00-17:30 Thursday 08:30-13:30; 14:00-17:30 Friday 08:30-13:30; 14:00-17:30 Saturday 09:00-13:30; 14:00-17:30 Sunday Closed	Monday 09:00-13:00; 15:00-17:30 Tuesday 09:00-13:00; 15:00-17:30 Wednesday 09:00-13:00; 15:00-17:30 Thursday 09:00-13:00; 15:00-17:30 Friday 09:00-13:00; 15:00-17:30 Saturday 09:00-13:30; 14:30-17:30 Sunday
Olive Pharmacy Pinkneys Green	18 Hampden Road Maidenhead Berkshire SL6 5HQ	Monday 09:00-13:00; 14:00-18:00 Tuesday 09:00-13:00; 14:00-18:00 Wednesday 09:00-13:00; 14:00-18:00 Thursday 09:00-13:00; 14:00-18:00 Friday 09:00-13:00; 14:00-18:00 Saturday 09:00-13:00 Sunday Closed	Monday 09:00-13:00; 14:00-18:00 Tuesday 09:00-13:00; 14:00-18:00 Wednesday 09:00-13:00; 14:00-18:00 Thursday 09:00-13:00; 14:00-18:00 Friday 09:00-13:00; 14:00-18:00 Saturday 09:00-13:00; 14:00-18:00 Sunday
Lloyds Pharmacy Sunningdale	4 Broomhall Buildings London Road Sunningdale Berkshire SL5 0DH	Monday 09:00-18:00 Tuesday 09:00-18:00 Wednesday 09:00-18:00 Thursday 09:00-18:00 Friday 09:00-18:00 Saturday 09:00-17:00 Sunday Closed	Monday 09:00-13:00; 15:00-18:00 Tuesday 09:00-13:00; 15:00-18:00 Wednesday 09:00-13:00; 15:00-18:00 Thursday 09:00-13:00; 15:00-18:00 Friday 09:00-13:00; 15:00-18:00 Saturday 09:00-12:00; 15:00-17:00 Sunday
Ascot Pharmacy Sunninghill And South Ascot	17 Brockenhurst Road South Ascot Berkshire SL5 9DJ	Monday 09:00-13:00; 14:00-18:00 Tuesday 09:00-13:00; 14:00-18:00 Wednesday 09:00-13:00; 14:00-18:00 Thursday 09:00-13:00; 14:00-18:00 Friday 09:00-13:00; 14:00-18:00 Saturday 09:00-13:00 Sunday Closed	Monday 09:00-13:00; 14:00-18:00 Tuesday 09:00-13:00; 14:00-18:00 Wednesday 09:00-13:00; 14:00-18:00 Thursday 09:00-13:00; 14:00-18:00 Friday 09:00-13:00; 14:00-18:00 Saturday 09:00-13:00; 14:00-18:00 Sunday
R F Blackburn Sunninghill And South Ascot	58 High Street Sunninghill Berkshire SL5 9NF	Monday 09:00-18:00 Tuesday 09:00-18:00 Wednesday 09:00-18:00 Thursday 09:00-18:00 Friday 09:00-18:00 Saturday 09:00-17:00 Sunday Closed	Monday 09:00-13:00; 14:00-17:00 Tuesday 09:00-13:00; 14:00-17:00 Wednesday 09:00-13:00; 14:00-17:00 Thursday 09:00-13:00; 14:00-17:00 Friday 09:00-13:00; 14:00-17:00 Saturday 09:00-14:00 Sunday

Appendix D: Equalities Screening Record for Pharmaceutical Needs Assessment

Equalities Screening Record Form for Windsor & Maidenhead Pharmaceutical Needs Assessment

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<p>Date of Screening: December 2017</p>	<p>Directorate: Adult Social Care, Health and Housing</p>	<p>Section: Public Health Services for Berkshire</p>
<p>1. Activity to be assessed</p>	<p>The Pharmaceutical Needs Assessment (PNA) is an assessment of access to and need for pharmaceutical services. It is not a policy or service development, but aims to inform such.</p> <p>From the 1st April 2013 every Health and Wellbeing Board (HWB) in England has had a statutory responsibility to keep an up to date statement of the PNA. The first Windsor and Maidenhead PNA was published in April 2015 and lasted for three years. The 2018 refresh provides an updated assessment of the pharmaceutical needs of residents and will last until 2021.</p> <p>This Equalities Screening Record Form assesses the process used to develop and publish the latest PNA for Windsor and Maidenhead, as well as the impact that the conclusions of the PNA may have on people with protected characteristics.</p> <p>The PNA process involves data collection and analysis, including demographic data, data on service provision (including type of service, opening hours, and access) and surveys of the public and pharmacy staff. Following this analysis, a holistic assessment of the pharmaceutical needs of the population is undertaken by the PNA Steering Group and conclusions are stated in the draft PNA report. The draft report is then open for a formal consultation period of 60 days, to ensure that residents, health practitioners, health organisations and other key stakeholders have the opportunity to make comments about the report. After the consultation period, all the comments received are reviewed and the report is amended accordingly. Finally, the PNA report is formally agreed by the Health & Wellbeing Board.</p>	
<p>2. What is the activity?</p>	<p><input type="checkbox"/> Policy/strategy <input checked="" type="checkbox"/> Function/procedure <input type="checkbox"/> Project <input type="checkbox"/> Review <input type="checkbox"/> Service <input type="checkbox"/> Organisational change</p>	
<p>3. Is it a new or existing activity?</p>	<p><input checked="" type="checkbox"/> New <input type="checkbox"/> Existing</p>	
<p>4. Officer responsible for the screening</p>	<p>Jo Jefferies</p>	
<p>5. Who are the members of the screening team?</p>	<p>Jo Jefferies and Becky Taylor</p>	
<p>6. What is the purpose of the activity?</p>	<p>A PNA is the statement of the needs of pharmaceutical services of a population in a specific area. It sets out a statement of the pharmaceutical services which are currently provided, together with when and where these are available to a given population.</p> <p>This PNA describes the pharmaceutical needs of the population of Windsor and Maidenhead. It will be used by NHS England when making decisions on applications to open new pharmacies and dispensing appliance contractor premises or applications from current pharmaceutical providers to change their existing regulatory requirements. It will inform interested parties of the pharmaceutical needs in Windsor and Maidenhead and enable work to plan, develop and deliver pharmaceutical services for the population. It can also inform commissioning of additional services from pharmacies by NHS England, Clinical Commissioning Groups (CCGs) and the local authority.</p>	

Appendix D: Equalities Screening Record for Pharmaceutical Needs Assessment

7. Who is the activity designed to benefit/target?	All residents		
Protected Characteristics	Please tick yes or no	Is there an impact? What kind of equality impact may there be? Is the impact positive or adverse or is there a potential for both? If the impact is neutral please give a reason.	What evidence do you have to support this? E.g. equality monitoring data, consultation results, customer satisfaction information etc. Please add a narrative to justify your claims around impacts and describe the analysis and interpretation of evidence to support your conclusion as this will inform members decision making, include consultation results/satisfaction information/equality monitoring data
8. Disability Equality – this can include physical, mental health, learning or sensory disabilities and includes conditions such as dementia as well as hearing or sight impairment.	Y	There are both positive and negative impacts of the PNA process and for the conclusions in relation to disability.	<p>The PNA process included a public survey and a later consultation period, both of which were administered through an online portal. For residents with physical disabilities this may have impacted positively by increasing access. For residents with sight impairment, the portal used is compatible with software that enables the survey to be read aloud, which may also improve access for some of this group.</p> <p>For residents with Mental Health problems, Learning Disabilities or dementia this online method may have impacted negatively. However, other survey and consultation methods, such as paper-based or face to face group consultation would have had a similar impact.</p> <p>In the public survey, respondents were asked if they had any disabilities and, if so, what type. This information was considered when reviewing the survey feedback for inclusion in the PNA report. Amendments to the draft PNA report were made in response to comments regarding disability and access to pharmacy services.</p> <p>When making conclusions about the need for pharmaceutical services, the demographics of the population including prevalence of mental health problems and dementia was taken into account. However, robust data on the prevalence of other disability characteristics was not available at a local level. Similarly, when making assessment of average travel times, journeys by car and walking were based on recognised measures developed by the Department of Transport. These times may not reflect the experience of someone with one or more disabilities.</p>

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<p>9. Racial equality</p>	<p>N</p>	<p>Neither the process nor conclusions of the PNA are likely to have an impact on an individual because of their race.</p>	<p>No impact as a result of the PNA process.</p> <p>Race refers to a person's physical characteristics, while ethnicity refers to cultural factors, such as nationality, regional culture, ancestry and language. For this equality screening tool, we used information about a person's ethnicity as an indicator of race, as this information was more readily available to make an assessment of equality.</p> <p>Black and minority ethnic (BME) groups generally have worse health than the overall population, with some BME groups having far worse health outcomes than others. Evidence suggests that the poorer socioeconomic position of BME groups is the main factor driving ethnic health inequalities. Language can also be a barrier to delivering effective advice on medicines, health promotion and public health interventions. In addition, some ethnic groups have a higher prevalence of specific long term conditions (for example: people from South Asian and Black communities are 2-4 times more likely to develop Type 2 diabetes than those from Caucasian backgrounds (Diabetes UK 2016, Facts and Stats)).</p> <p>Survey respondents need to be interpreted with caution because the sample size is small. However, it should be noted that the vast majority of respondents (90%) identified as White-British, compared to 77.5% in the Royal Borough's population overall.</p> <p>The PNA included information on the ethnicity of residents using data from the Office for National Statistics 2011 Census. This information was taken into account when making the assessment of need.</p> <p>Respondents were asked to state their ethnicity in the public survey. This information was considered when reviewing the survey feedback for inclusion in the PNA report.</p> <p>Three pharmacies in Windsor and Maidenhead are Healthy Living Pharmacies (HLPs) and 20 others are working towards this accreditation. HLPs aim to enable community pharmacies to meet local need, improve the health and wellbeing of the local population and help to reduce health inequalities, including inequalities due to race and ethnicity. The number and location of HLPs were taken into account in the PNA.</p>
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Appendix D: Equalities Screening Record for Pharmaceutical Needs Assessment

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<p>10. Gender equality</p>	<p>N</p>	<p>Neither the process nor conclusions of the PNA are likely to have an impact on an individual because of their gender.</p>	<p>Internet use is high for both men and women, so the online survey and consultation methodology is unlikely to have had a discriminatory impact on either male or female gender. An Office for National Statistics report (Internet Users in the UK: 2017), shows that 90% of men have recently used the internet, compared to 88% for women in all age groups.</p> <p>Generally, use of health services is more common for women and this is also the case for pharmacies. The National Pharmacy Association published a report in 2012, which stated that men visit a pharmacy four times a year on average, compared with an average of 18 for women.</p> <p>Gender distribution has been included in the demographic section of the PNA, and this has been taken into account when making conclusions.</p> <p>Three pharmacies in Windsor and Maidenhead are Healthy Living Pharmacies (HLPs) and 20 others are working towards this accreditation. HLPs aim to enable community pharmacies to meet local need, improve the health and wellbeing of the local population and help to reduce health inequalities, including inequalities due to race and ethnicity. The number and location of HLPs were taken into account in the PNA.</p> <p>Transgender people who do not pursue medical treatment may still have significant health needs. According to charity Rethink Mental Illness, LGBT+ individuals are more likely to suffer from mental health issues and substance abuse, which can make them regular visitors to a community pharmacy.</p> <p>Transgender people who undergo gender reassignment will require lifelong treatment, meaning pharmacy staff must have an understanding of their specific health and medication needs, as well as the more general requirements shared by all patients</p> <p>It is difficult to make an assessment of the impact of the PNA on people who identify as a gender other than male or female. Currently, data is only available for male and female at a local level. In the public survey, residents were able to identify as 'male', 'female', 'other' or indicate that they preferred not to say. All survey respondents identified as either male or female.</p>
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<p>11. Sexual orientation equality</p>		<p>N Neither the process nor conclusions of the PNA are likely to have an impact on an individual because of their sexual orientation.</p>	<p>Whilst we recognise that this is an important characteristic and can be a source of discrimination, no robust data is available on the distribution of sexual orientation in the local population.</p> <p>Survey respondents were asked to state their sexual orientation in the public survey and consultation. It is important to interpret the responses with caution due to the sample size being small. Less than 5 respondents to the public survey identified as not being heterosexual.</p> <p>According to charity Rethink Mental Illness, LGBT+ individuals are more likely to suffer from mental health issues and substance abuse, which can make them regular visitors to a community pharmacy.</p> <p>Although data is not robust, it is important that community pharmacy services do not impact adversely on individuals because of sexual orientation. No survey responses or consultation comments specifically mentioned sexual orientation.</p>
<p>12. Gender re-assignment</p>		<p>N Neither the process nor conclusions of the PNA are likely to have an impact on an individual because of their gender re-assignment.</p>	<p>Whilst we recognise that this is an important characteristic and can be a source of discrimination, no robust data is available on gender re-assignment in the local population.</p> <p>Although survey respondents were not asked to state whether they were undergoing or had undergone gender reassignment in the public survey and consultation, no survey responses or consultation comments specifically mentioned this.</p> <p>People seeking gender reassignment may choose to undergo medical treatment, such as prescribed hormones in order to live as their chosen gender. Surgery may also be used as a way of expressing gender identity.</p> <p>It is difficult to make an assessment of the impact of the PNA on people who are undergoing or have undergone gender reassignment, however this group may have complex needs and pharmacy staff should be trained appropriately help them provide, sensitive high quality services to all residents, including those undergoing or have undergone gender reassignment.</p>

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<p>13. Age equality</p>	<p>Y</p>	<p>There are both positive and negative impacts of the PNA process and for the conclusions in relation to age.</p>	<p>The online method of the public survey may have impacted on age groups differently. An Office for National Statistics report (Internet Users in the UK: 2017) indicates that almost all adults aged 16 to 34 had accessed the internet recently. Therefore, the online nature of the survey and consultation is unlikely to have had a negative impact on younger adults, including parents of young children.</p> <p>The usage of the internet for older age groups is increasing. Recent internet use in the 65 to 74 age group was estimated to be 78% in 2017, but usage in adults aged 75 and over was lower at 41%. The online method of the survey may therefore have discriminated against some older people who did not have access to the internet. However, the online method of the survey may have impacted positively on those older people who lack access to transport for example. 41% of respondents to the online public survey in Berkshire were aged 65 and over, compared to 18% in the Royal Borough's population overall.</p> <p>The PNA included information on the age of residents using data from the ONS mid-year population estimates. This information was taken into account when assessing the availability of pharmacy services, with particular attention being given to wards within Windsor and Maidenhead that had higher proportions of young children or older adults. The need for pharmacy services can differ across age groups, with young children and older adults likely to have higher levels of need than the rest of the population. The provision of delivery services across the local area was also included in the assessment, as many pharmacies provide these to people who are house-bound, elderly or infirm.</p> <p>Similarly, when making assessment of average travel times, journeys by car and walking were based on recognised measures. These times may not reflect the experience of all older people. However, Age UK's (2015) report on The Future of Transport in Ageing Society indicated that 68% of people aged 70 and over had access to a car. This was the main mode of transport used to access pharmacies in Windsor and Maidenhead, according to the responses received through the public survey.</p>
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<p>14. Religion and belief equality</p>	<p>N</p>	<p>Neither the process nor conclusions of the PNA are likely to have an impact on an individual because of their religion or beliefs.</p>	<p>Survey respondents were asked to state their religion in the public survey. It is important to interpret the responses with caution due to the sample size being small. No survey responses or consultation comments specifically mentioned religion or belief.</p> <p>The General Pharmaceutical Council published new guidance in 2017 titled 'In Practice: Guidance on religion, personal values and beliefs', which help pharmaceutical professionals when their beliefs might impact on their willingness to provide certain services.</p>
<p>15. Pregnancy and maternity equality</p>	<p>N</p>	<p>Neither the process nor conclusions of the PNA are likely to have an impact on an individual because they are pregnant or a mother</p>	<p>National initiatives ensure services are responsive to meet the needs of pregnant women and mothers (and fathers). An example of this is the flu vaccine for pregnant women, which is included in the pharmacy contract.</p> <p>Although survey respondents were not asked to state whether they were pregnant or already had children in the public survey and consultation, no survey responses or consultation comments specifically mentioned pregnancy.</p> <p>The need for pharmacy services can differ across age groups, with young children and older adults likely to have higher levels of need than the rest of the population. When using the sum of information to make a holistic assessment of the pharmaceutical needs of Windsor and Maidenhead, the age and gender distribution of wards was taken into account including consideration of wards with a higher prevalence of women of child-bearing age.</p>
<p>16. Marriage and civil partnership equality</p>	<p>N</p>	<p>No</p>	<p>Survey respondents were asked to state their marital status in the public survey and consultation. It is important to interpret the responses with caution due to the sample size being small. No survey responses or consultation comments specifically mentioned marital status.</p>
<p>17. Please give details of any other potential impacts on any other group (e.g. those on lower incomes/carers/ex-offenders, armed forces communities) and on promoting good community relations.</p>	<p><i>Migrants and people who do not speak or understand English</i></p> <p>The public survey, consultation and report were all published and promoted in the English language. Migrants and others who may not have English as a first language may have been negatively impacted by this.</p> <p><i>Deprivation</i></p> <p>Deprivation may also mean less access to the internet and could therefore mean that residents in more deprived areas were negatively impacted by the online methodology of the PNA survey and consultation. Recent national or local data on internet access and socio-economic status is not available, however data from the 2014 Scottish</p>		

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	<p>Household Survey showed that 31% of households in the 20% most deprived areas did not have access to the internet, compared to only 16% in the rest of Scotland.</p> <p>Areas of deprivation were considered when making the assessment and conclusions for the PNA, with special consideration given to areas where pharmacy access was less available.</p> <p>Rurality</p> <p>10.5% of the Royal Borough’s population live in a rural area, according to the 2011 Census. This is lower than the national average of 18%. The online method of the public survey will not have affected involvement for people living in more rural settings, and may have increased the ability to be involved in the survey and consultation. Areas of rurality were considered when making the assessment and conclusions for the PNA, with special consideration being given to areas where pharmacy access was less available.</p> <p>Carers</p> <p>Survey respondents were not asked to state whether they were carers in public survey or consultation and robust data on the number and distribution of carers within Windsor and Maidenhead was not included in the PNA. It is recognised that those caring for others may have higher levels of need for Pharmaceutical Services than some other population groups and therefore may be negatively impacted by the PNA conclusions if their needs have not been appropriately considered. Future PNAs should attempt to elicit and use this information.</p> <p>Locally Commissioned Services and Healthy Living Pharmacy services are outside the scope of the formal PNA conclusions; however these both have potential to have a positive impact on residents who have any of the protected characteristics. This is clearly stated on pg. 53 of the final report. Public Health campaigns form an element of essential pharmaceutical services. The conclusions of the PNA state that campaigns have the potential to positively impact on groups with the protected characteristics if targeted appropriately.</p>
<p>18. If an adverse/negative impact has been identified can it be justified on grounds of promoting equality of opportunity for one group or for any other reason?</p>	<p>The potential for some negative impacts of the PNA process and the conclusions have been identified. However due to lack of robust estimates of numbers and distribution of gender re-assignment, sexual orientation and gender other than male or female, the impact of these cannot be quantified.</p>
<p>19. If there is any difference in the impact of the activity when considered for each of the equality groups listed in 8 – 14 above; how significant is the difference in terms of its nature and the number of people likely to be affected?</p>	<p>Disability – 1,139 adults in the Royal Borough were recorded as having serious mental health problems in 2016 and 1,342 were recorded as having dementia (Public Health England 2017). Any impact of the PNA process or conclusions due to mental health problems and dementia could therefore impact on this number of people. Robust data on the prevalence of other disability characteristics was not available at a local level meaning numbers of people likely to be affected cannot be calculated.</p> <p>Age - Any impact of the PNA process or conclusions on people based on older age (those aged 65 and over) could affect around 27,292 people in the Royal Borough. Although some aspects of the PNA could impact negatively on some members of this group, impacts would not solely be due to age but rather due to other confounding factors that are more common among older people such as lack of mobility, reduced access to transport, higher prevalence of health conditions and lower levels of internet access.</p>

Appendix D: Equalities Screening Record for Pharmaceutical Needs Assessment

20. Could the impact constitute unlawful discrimination in relation to any of the Equality Duties?		N	We do not believe the impacts identified would constitute unlawful discrimination.	
21. What further information or data is required to better understand the impact? Where and how can that information be obtained?	<p>More robust estimates on the number and distribution of residents undergoing or having completed gender reassignment and on sexual orientation together with more evidence on any specific needs that these residents may have in relation to pharmaceutical service would help to improve the impact of the PNA on these groups.</p> <p>Inclusion of ward level information on prevalence of new births would potentially improve understanding of the impact of the PNA conclusions on this group. Unfortunately 2016 data on new births was not available to the PNA authors at the time of writing and therefore was not considered in the holistic assessment. In future years it is expected that this data will be available and should therefore be considered when assessing the impact of the PNA on the basis of pregnancy and maternity.</p>			
22. On the basis of sections 7 – 17 above is a full impact assessment required? <i>Please explain your decision. If you are not proceeding to a full equality impact assessment make sure you have the evidence to justify this decision should you be challenged.</i>		N	<p>The PNA is an assessment of need and not a service. The conclusions within the PNA are made to inform NHS England and other public sector commissioners of pharmacy services. Any commissioning of pharmacy services should consider the impact of changes to service provision or access to services on the protected groups and adhere to the Equality Act 2010.</p>	
23. If a full impact assessment is not required; what actions will you take to reduce or remove any potential differential/adverse impact, to further promote equality of opportunity through this activity or to obtain further information or data?				
Action	Timescale	Person Responsible	Milestone/Success Criteria	
PNA Public Survey included questions on age, gender, race/ethnicity, religion, sexual orientation and disability.	22/06/2017 – 15/09/2017	PNA Steering Group		
The PNA includes information on protected characteristics where available. Some of this information is shown as a ward level, such as age, gender and ethnicity. Aggregated data is shown at a local authority level for ethnicity, religion and belief and mental health prevalence. This information was considered by the PNA Steering group when making an assessment of the need for and access to Pharmaceutical Services in Windsor and Maidenhead.	By 31/03/2018	PNA Steering Group		
24. Which service, business or work plan will these actions be included in?	Public Health Services for Berkshire			

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Appendix D: Equalities Screening Record for Pharmaceutical Needs Assessment

25. Please list the current actions undertaken to advance equality or examples of good practice identified as part of the screening?	Section C of the final Windsor and Maidenhead Pharmaceutical Needs Assessment (2018-2021) will be enhanced to ensure that the different prevalence and mortality rates for people with protected characteristics are clearly stated.
26. Chief Officers signature.	Signature: Jo Jefferies Date: Jan 2018

Please note: Section C of Windsor and Maidenhead's Pharmaceutical Needs Assessment (2018-2021) includes detailed information about the demographics of the local area and refers to groups with protected characteristics.

Consultation Report for the Windsor and Maidenhead Pharmaceutical Needs Assessment (2018 to 2021)

Introduction

This report outlines the formal consultation that took place, as part of the development of Windsor and Maidenhead's Pharmaceutical Needs Assessment (PNA) for 2018-2021. This process meets the statutory requirements set out in [NHS \(Pharmaceutical and Local Pharmaceutical Services\) Regulations 2013](#), which state that Health and Wellbeing Boards must formally consult specific organisations and local stakeholders about any draft PNAs for a minimum of 60 days.

This report:

- details how the consultation of Windsor and Maidenhead's draft PNA was undertaken
- summarises the responses received
- Identifies actions taken to amend the final PNA, as a result of the consultation responses.

Consultation Process

Windsor and Maidenhead's draft PNA report and supporting appendices were made publically available on the Royal Borough of Windsor and Maidenhead's website from 1st November 2017 to 31st December 2017. Details about how to request paper copies of the report were also included on the website page. People were encouraged to take part in the consultation by responding to a short online survey, which was hosted by Bracknell Forest Council's Objective software. In addition, respondents could also contact Public Health Services for Berkshire (Berkshire Shared Public Health Team) directly by email or phone to make any comments.

The online survey included 11 questions with the opportunity to provide further comments and suggestions. The full survey can be seen in Appendix F.

In line with the [NHS \(Pharmaceutical and Local Pharmaceutical Services\) Regulations 2013](#), the following local organisations and key stakeholders were also specifically invited to respond to the consultation for the Royal Borough of Windsor and Maidenhead:

- Neighbouring local authorities – Bracknell Forest Borough Council, Buckinghamshire County Council, Slough Borough Council, Surrey County Council, Wokingham Borough Council
- Three Berkshire East Clinical Commissioning Groups (CCG) – Windsor, Ascot and Maidenhead CCG; Slough CCG and Bracknell and Ascot CCG
- The Local Pharmaceutical Committee (LPC) – Pharmacy Thames Valley
- The Local Medical Committee (LMC) – Berkshire, Buckinghamshire & Oxfordshire LMC
- Local pharmacy contractors and dispensing doctors
- Healthwatch Windsor and Maidenhead
- Local NHS Trusts – Royal Berkshire NHS Foundation Trust, Berkshire Healthcare NHS Foundation Trust, Frimley Health NHS Foundation Trust

Responses to the consultation were collated and analysed by Public Health Services for Berkshire, on behalf of the Health and Wellbeing Board. All responses were considered,

Appendix E: PNA Consultation Process and Feedback Report

reviewed and the PNA was amended as appropriate. A summary of the consultation responses, specific comments and actions taken are included below.

Results

A total of 6 responses were received as part of the formal consultation for Windsor and Maidenhead's PNA. All of these were via the online survey. There were 2 responses from members of the public and 1 from a community pharmacy team member. Organisation responses were also received from NHS England, the Local Pharmaceutical Committee and Berkshire East Clinical Commissioning Groups. It is important to note that the consultation for Windsor and Maidenhead's PNA was undertaken at the same time as the other 5 PNAs across Berkshire, so some of the responses received from organisations referred to the provision of pharmaceutical services across more than one HWB area.

Online response summary

This section provides a summary of the responses received through the online survey. Participants in the survey were not required to complete every question, so these do not always equal the total number of respondents. The survey also provided the opportunity to write specific comments. These have been considered later on in the report, as the comments often referred to several questions or provided general feedback about the PNA report or pharmaceutical service provision within the Royal Borough of Windsor and Maidenhead, (see Table of Specific Comments on page 4).

Question	Responses		
	Yes	No	Not sure
Did you take part in the August 2017 survey?	1	5	0

One of the respondents to the formal consultation had taken part in the earlier public survey, which was used to gain patient feedback to inform the development of the PNA.

Question	Responses		
	Yes	No	Not sure
1 Is the purpose of the PNA explained sufficiently within the draft PNA document (Section A)?	5	0	1
2 Does the document clearly set out the scope of the PNA (Section B)?	5	1	0
3 Does the document clearly set out the local context and the implications for the PNA (Section C)?	5	1	0
4 Does the information provide a reasonable description of the services which are provided by pharmacies and dispensaries in the local authority (Section D)?	4	1	0
5 Are you aware of any pharmaceutical services currently provided which have not been included within the PNA?	3	2	1

Appendix E: PNA Consultation Process and Feedback Report

Most respondents stated that they thought the purpose of the PNA was explained sufficiently in the draft report and that the scope, local context and implications for the PNA were clearly set out.

Question		Responses		
		Yes	No	Not sure
6	Do you think the pharmaceutical needs of the population have been accurately reflected throughout the PNA?	5	1	0
7	Please indicate below if you agree with the conclusions for the services described (Section G):			
	Current necessary provision of pharmaceutical services	5	0	0
	Current gaps in pharmaceutical services	5	0	0
	Future gaps in pharmaceutical services	3	1	1
	Current additional provision of pharmaceutical services	5	1	0
	Opportunities for improvements and/ or better access to pharmaceutical services	4	0	1
	Impact of other services which affect the need for pharmaceutical service	4	0	1
8	Is there any additional information which you think should be included in the PNA?	1	4	0

The majority of respondents (5 of 6) thought that the pharmaceutical needs of the population had been accurately reflected throughout the PNA. Between 3 to 5 respondents also stated that they agreed with the conclusions for the different services described in Section G of the PNA Report. The remaining respondents that did not agree with all the conclusions provided for these reasons, such as the potential impact of changes to other NHS services on local pharmacy provision, pressure of future housing developments and queries around specific pharmacy services. These have all been addressed in the overall comments at the end of this report.

The LPC stated that they thought additional information should be included in the PNA around the types of services that the Health & Wellbeing Board would like to see commissioned from local pharmacies. These comments have also been addressed in the overall comments at the end of the report and incorporated into the final PNA.

Question		Responses		
		Yes	No	Not sure
9	Has the PNA provided adequate information to inform:			
	Market Entry Decisions (NHS England only)	0	1	(2)
	How you may commission services from pharmacies in the future (All commissioners)	1	(1)	(1)
10	Does the PNA give enough information to help your own future service provision and plans? (Pharmacies and dispensing appliance contractors only)	0	1	(1)

Appendix E: PNA Consultation Process and Feedback Report

Questions 9 and 10 in the online survey focussed on whether the PNA had provided adequate information to inform the commissioning of services from pharmacies, as well as if it gives pharmacies enough information to help them plan their future service provision. These questions were only relevant to certain organisations; however numbers in brackets in the table above show where questions were answered by other respondents.

NHS England stated that the draft PNAs across the 6 Berkshire HWB areas did not all provide adequate information to inform market entry decisions or how pharmacies may be commissioned in the future, however no specific concerns were received for Windsor and Maidenhead in response to Question 9.

Some amendments were suggested and those relevant to Windsor and Maidenhead's PNA have been addressed in the overall comments at the end of the report and incorporated into the final PNA, where appropriate.

Specific comments received

A total of 16 free text comments were completed from the 6 online respondents for Windsor and Maidenhead's PNA. These have been summarised and grouped below, with the response and actions taken. For clarity, some comments have been separated where there were multiple topics addressed within each comment.

Summary of Comments	Relevant survey questions	Response and actions taken
RBWM's smoking prevalence was wrongly stated in the draft PNA and should be 12.2%.	-	Agree that this was an error. Final PNA was amended to reflect the correct figure.
A member of the public asked what the PNA was.	Q1, Q2, Q3, Q4, Q6, Q7	The purpose of the pharmaceutical needs assessment is explained at the start of the document. A glossary of terms is available to clarify the meanings of acronyms used.
A comment from the CCGs highlighted the omission of the Palliative Care Emergency drug service that is a locally commissioned pharmaceutical service.	Q5	We were grateful to be informed of this additional service, which had not been included in the draft PNA. The palliative care emergency drugs service was added to the final report. In regard to locally commissioned services.
An error in the services offered by Wraysbury Pharmacy was noted.	Q7	Final PNA amended to correct this error.
The CCGs highlighted a number of developing NHS consultations and their potential impact on pharmaceutical services.	Q7	We were grateful to receive information about potential developments that may affect pharmaceutical services. However, these changes are continuing to develop in the lifetime of this PNA and their impact cannot be assessed at this time.
A comment noted that the NUMSAS pilot had been extended to Sep-18.	Q8	The final PNA was amended to include this extension.

Appendix E: PNA Consultation Process and Feedback Report

Summary of Comments	Relevant survey questions	Response and actions taken
Suggested revision to describe the Flu service commissioning more clearly.	Q8	Final PNA was revised to clarify that the Flu service is commissioned annually.
The CCGs suggested a number of areas for improvement. These include more integrated working between CCGs, pharmacies, primary care and Public Health to support people with Long Term Conditions; using pharmacies for blood pressure/ physical health testing and a more co-ordinated approach to Flu vaccination between GPs and pharmacies.	Q8, Q10	These suggestions were all gratefully received and have been included into the PNA as possible areas for local development.
The LPC commented that they would benefit from an indication of what services the Health & Wellbeing Board would like to commission from pharmacies to guide future developments.	Q8, Q10	RBWM's Public Health Team are committed to working with other local stakeholders and pharmacy providers to identify how Healthy Living Pharmacies can best support health and wellbeing priorities, within the lifespan of this PNA. This has been added into the final PNA report.
A community pharmacist expressed difficulties in maintaining pharmacy services with reduced NHS funding. Also explained the important role that pharmacies play in supporting the most vulnerable residents to remain at home through free deliveries, emotional support and Monitored Dosage Systems.	Q10	We agree that these services are crucial and that reduced funding will affect pharmacies ability to deliver these. However, these are specific services are not commissioned by NHS England and are out of scope for the PNA.

Following the Equality Impact Assessment Screening, the PNA Steering Group also decided to add some additional information into Section C of the final PNA, which highlighted the different health outcomes observed by certain groups of people. While this had been included in the draft report, it was felt that the different prevalence and mortality rates for people of different protected characteristics needed to be more explicit in the final report. The full Equality Impact Assessment Screening report is attached at Appendix D.

Conclusion

The consultation process was effective in receiving scrutiny for the PNA from the healthcare workforce. We were disappointed to not receive feedback from members of the public, but are confident that the stakeholders who replied represented concerns of local residents. All comments were gratefully received and were used to improve the accuracy and quality of the PNA.

Appendix F: Berkshire PNA Formal Consultation Survey 2017

The PNA Formal Consultation Survey was available online. This provides a summary of the questions included in the survey.

In what capacity are you responding to this consultation?

- Member of the public
- Member of a Health & Wellbeing Board.....
- Member of the health care workforce.....
- Other.....

If you have said "Other", please state your capacity

If you selected "Member of the healthcare workforce" please clarify from the list below

- Member of a community Pharmacy team.....
- NHS England.....
- Local Pharmaceutical Committee.....
- Local Medical Committee
- Local Optical Committee
- Local Dental Committee.....
- Health & Wellbeing Board.....
- CCG.....
- GP or other member of a General Practice team
- Other healthcare professional (please state).....

Which local authority area do you live in?

(If you are responding as a healthcare professional or organisation, please select the local authorities you are responding about)

- Bracknell Forest Council.....
- Reading Borough Council.....
- Slough Borough Council
- Royal Borough of Windsor and Maidenhead.....
- West Berkshire Council.....
- Wokingham Borough Council.....

Did you take part in the August 2017 PNA survey?

- Yes
- No

1. Is the purpose of the PNA explained sufficiently within the draft PNA document (Section A)?

- Yes
- No
- Not Sure

If you answered "No" or "Not sure" please explain why

2. Does the document clearly set out the scope of the PNA (Section B)?

- Yes
- No
- Not Sure

If you answered "No" or "Not sure" please explain why

3. Does the document clearly set out the local context and the implications for the PNA (Section C)?

- Yes
- No
- Not Sure

If you answered "No" or "Not sure" please explain why

Appendix F: Berkshire PNA Formal Consultation Survey 2017

4. Does the information provide a reasonable description of the services which are provided by pharmacies and dispensaries in the local authority (Section D)?

- Yes
 No
 Not Sure

If you answered "No" or "Not sure" please explain why

5. Are you aware of any pharmaceutical service currently provided which have not been included within the PNA?

- Yes
 No
 Not Sure

If you answered "Yes" or "Not sure" please explain why

6. Do you think the pharmaceutical needs of the population have been accurately reflected throughout the PNA?

- Yes
 No
 Not Sure

If you answered "No" or "Not sure" please explain why

7. Please indicate below if you agree with the conclusions for the services described (Section G)

	Yes	No	Not sure
Current necessary provision of pharmaceutical services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current gaps in pharmaceutical services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Future gaps in pharmaceutical services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current additional provision of pharmaceutical services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunities for improvements and/or better access to pharmaceutical services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact of other services which affect the need for pharmaceutical services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "No" or "Not sure" to one or more of the above questions, please explain why

8. Is there any additional information which you think should be included in the PNA?

- Yes
 No
 Not Sure

If you answered "Yes" or "Not sure" please explain why

Appendix F: Berkshire PNA Formal Consultation Survey 2017

For professional stakeholders only (Q9)

9. Has the PNA provided adequate information to inform:

	Yes	No	Not sure
Market entry decisions <i>(NHS England only)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How you may commission services from pharmacies in the future <i>(All commissioners)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "No" or "Not sure" please explain why

If you have any further comments, please enter them in the box below

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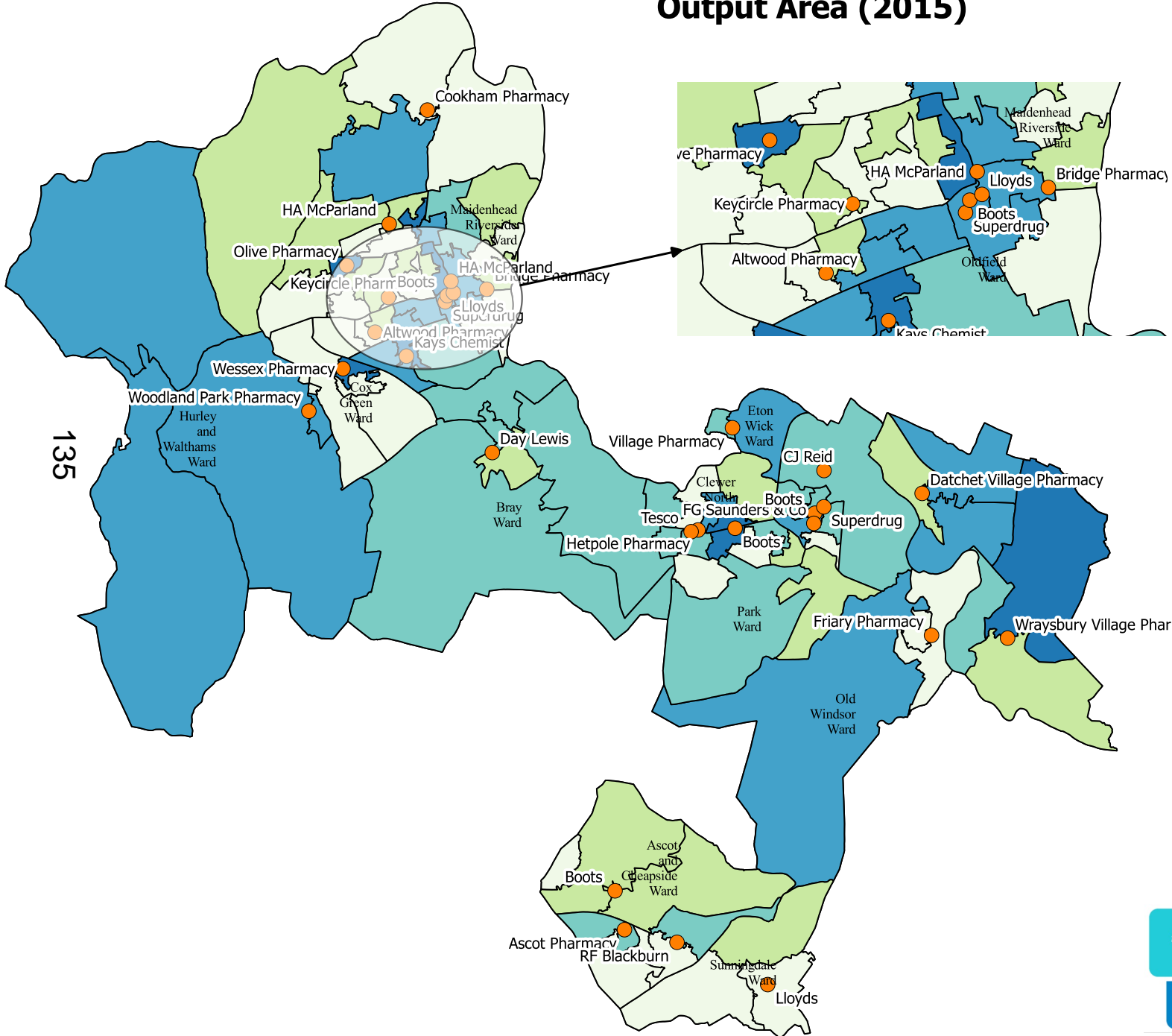
For pharmacies and dispensing appliance contractors only (Q10)

10. Does the PNA give enough information to help your own future service provision and plans?

- Yes
- No
- Not Sure

If you answered "No" or "Not sure" please explain why

Map 2: RBWM pharmacies and Index of Multiple Deprivation 2015 by Lower Super Output Area (2015)



Legend

Deprivation by LSOA

- Least Deprived
-
-
-
-
-
- Most Deprived

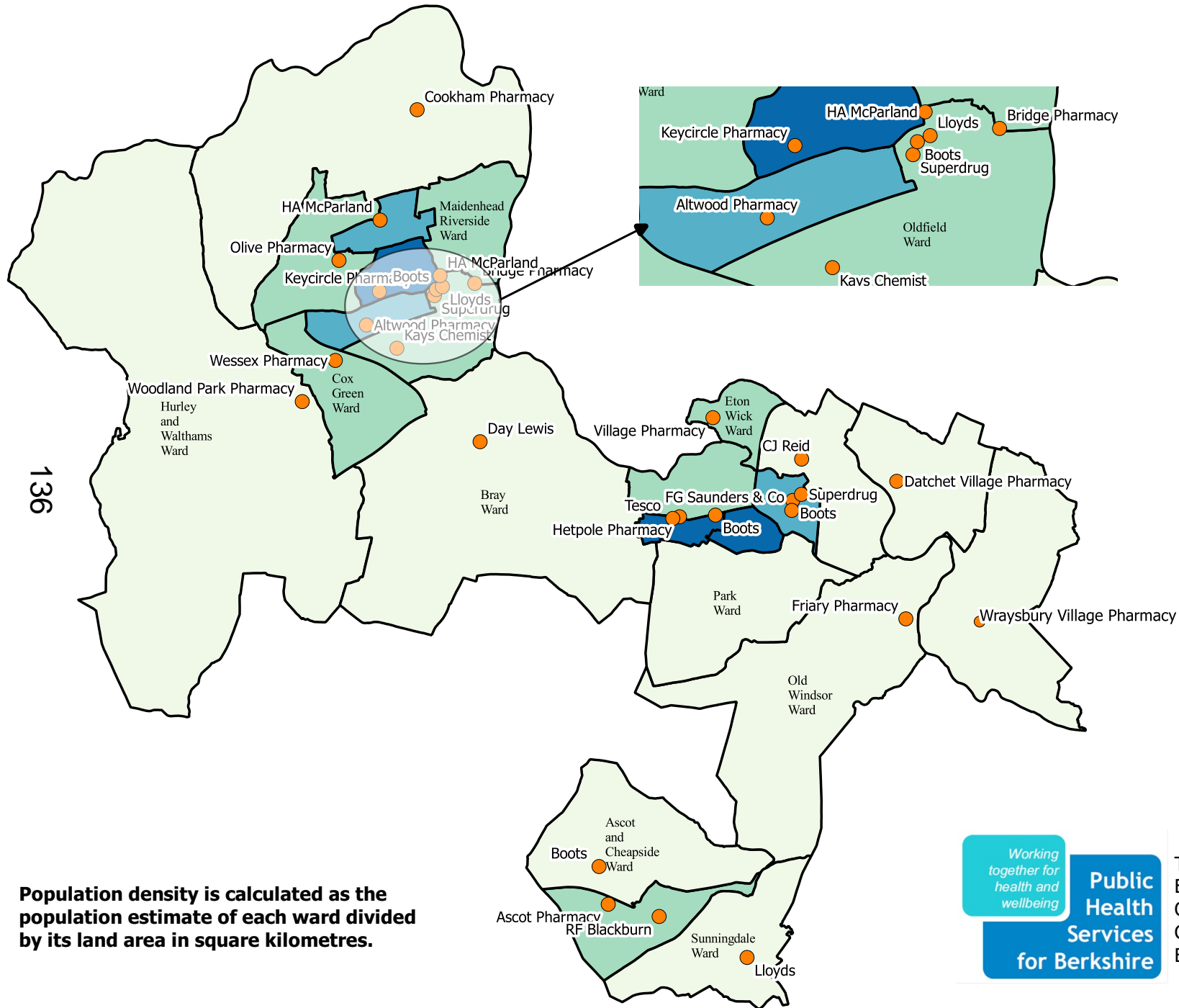
135

Working together for health and wellbeing

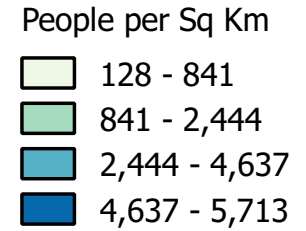
Public Health Services for Berkshire

This map has been produced using the ONS data, DCLG, NHS England data and Ordnance Survey OpenData (2018). Created: 23/10/2017.

Map 3: RBWM pharmacies and population density at a ward level (2017)



Legend



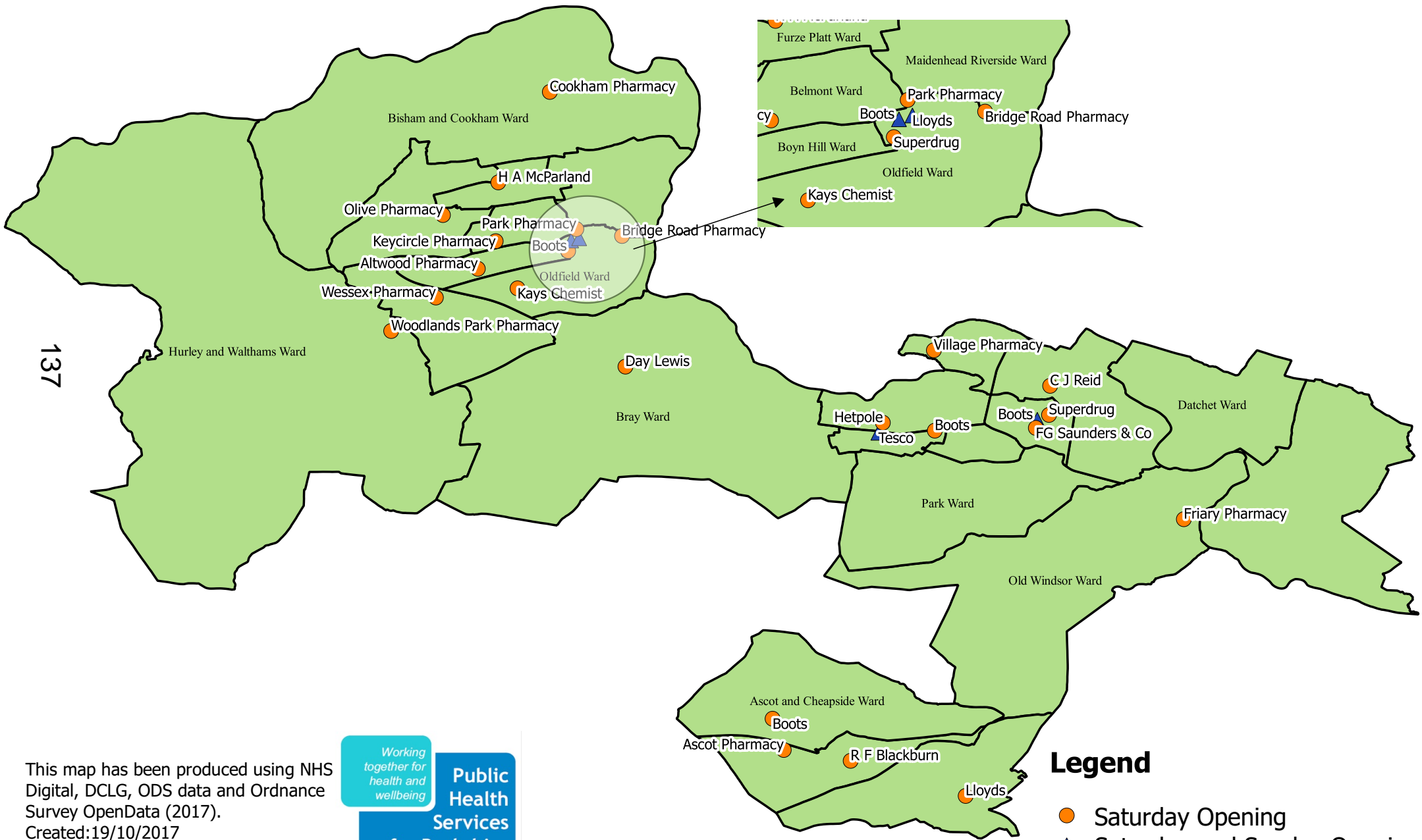
136

Population density is calculated as the population estimate of each ward divided by its land area in square kilometres.



This map has been produced using NHS England data, ONS DCLG data and Ordnance Survey OpenData (2017).
 Created:02/10/2017
 By:NW

Map 4: RBWM Pharmacies and weekend opening - (Oct 2017)



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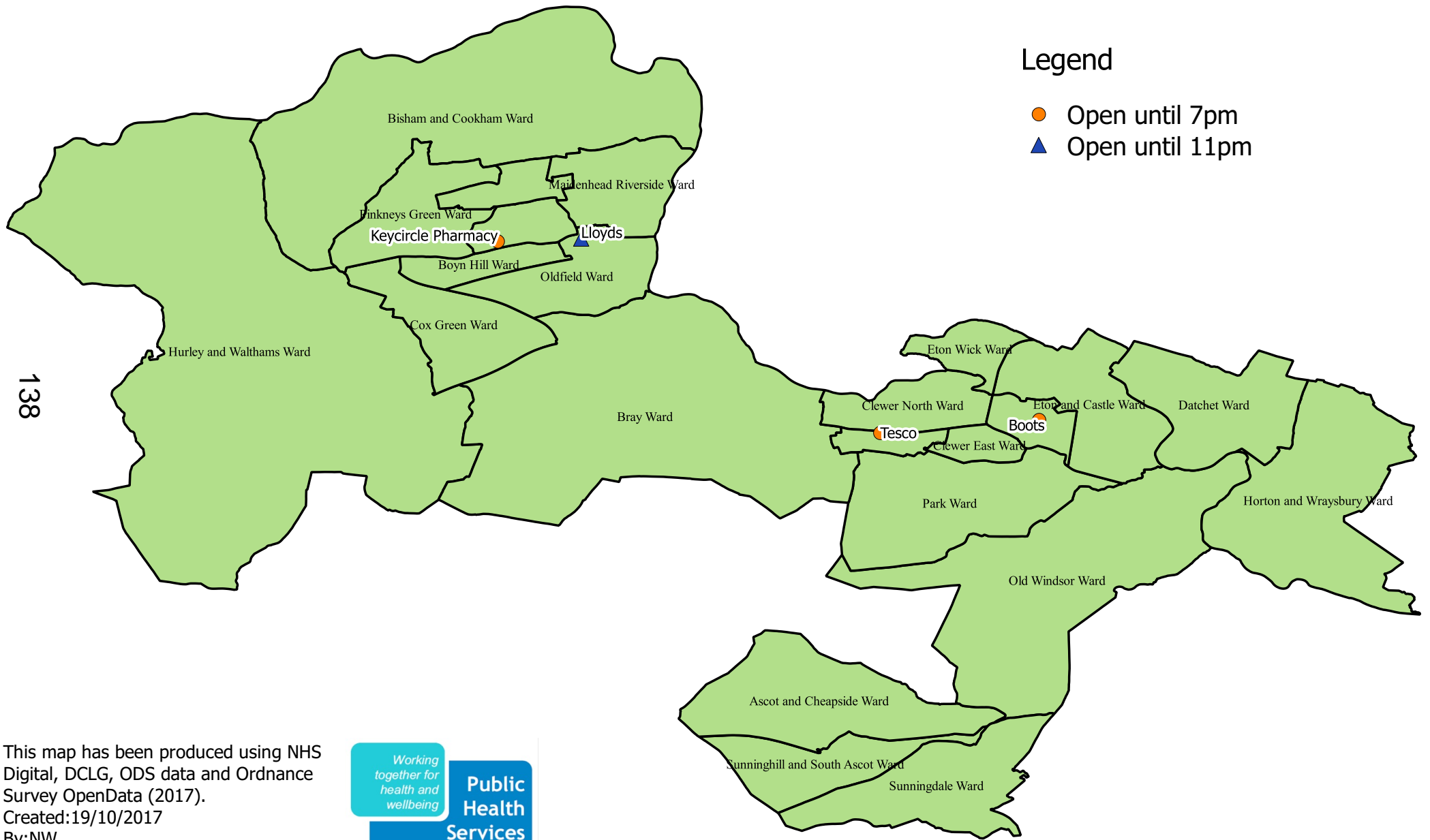
This map has been produced using NHS Digital, DCLG, ODS data and Ordnance Survey OpenData (2017).
 Created: 19/10/2017
 By: NW



Legend

- Saturday Opening
- ▲ Saturday and Sunday Opening

Map 5: RBWM Pharmacies and evening opening - (Oct 2017)



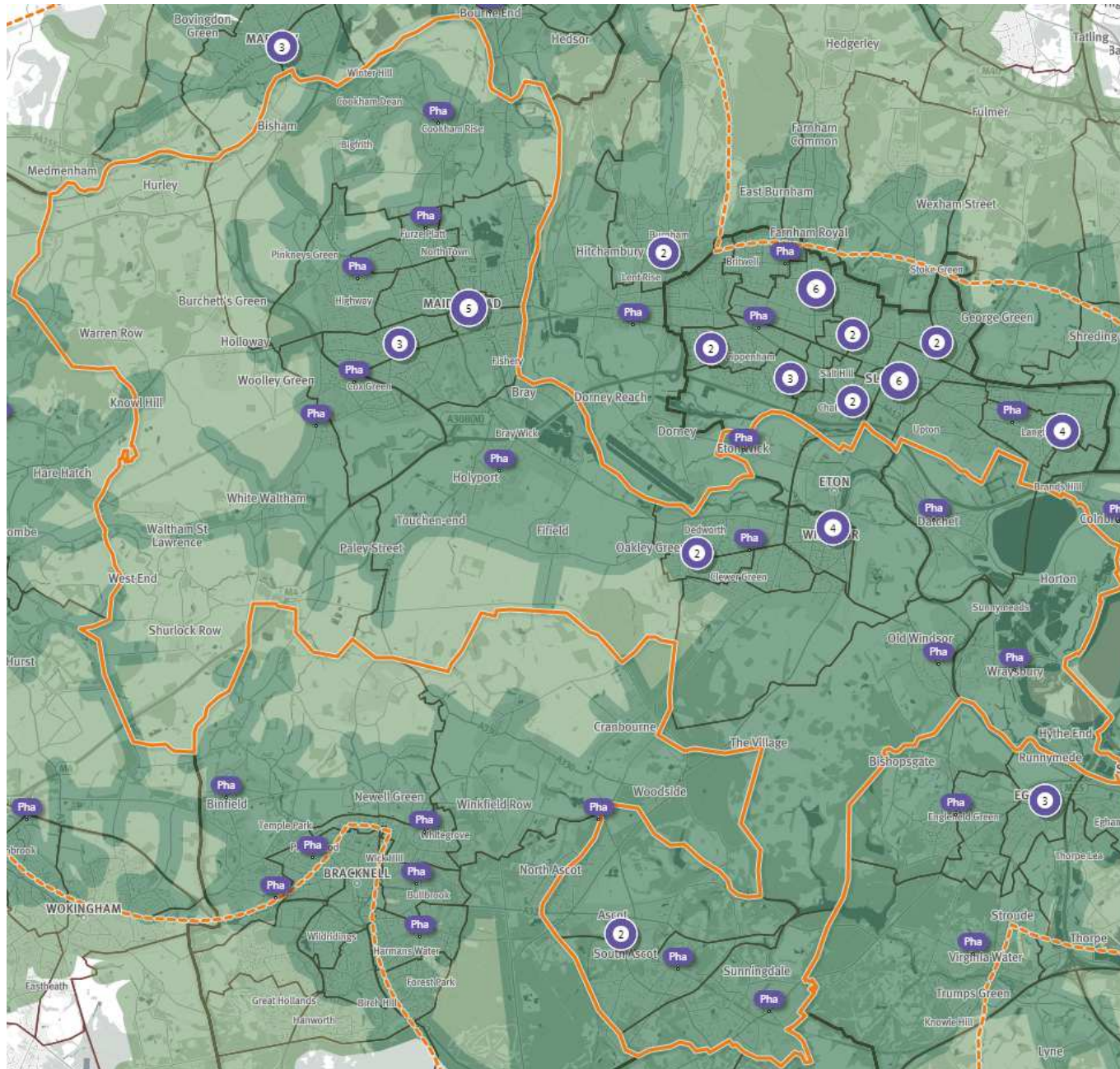
Legend

- Open until 7pm
- ▲ Open until 11pm

This map has been produced using NHS Digital, DCLG, ODS data and Ordnance Survey OpenData (2017).
Created:19/10/2017
By: NW



Map 6: Residents of RBWM who can access a pharmacy within a 5 and 10 minute drive



Legend:

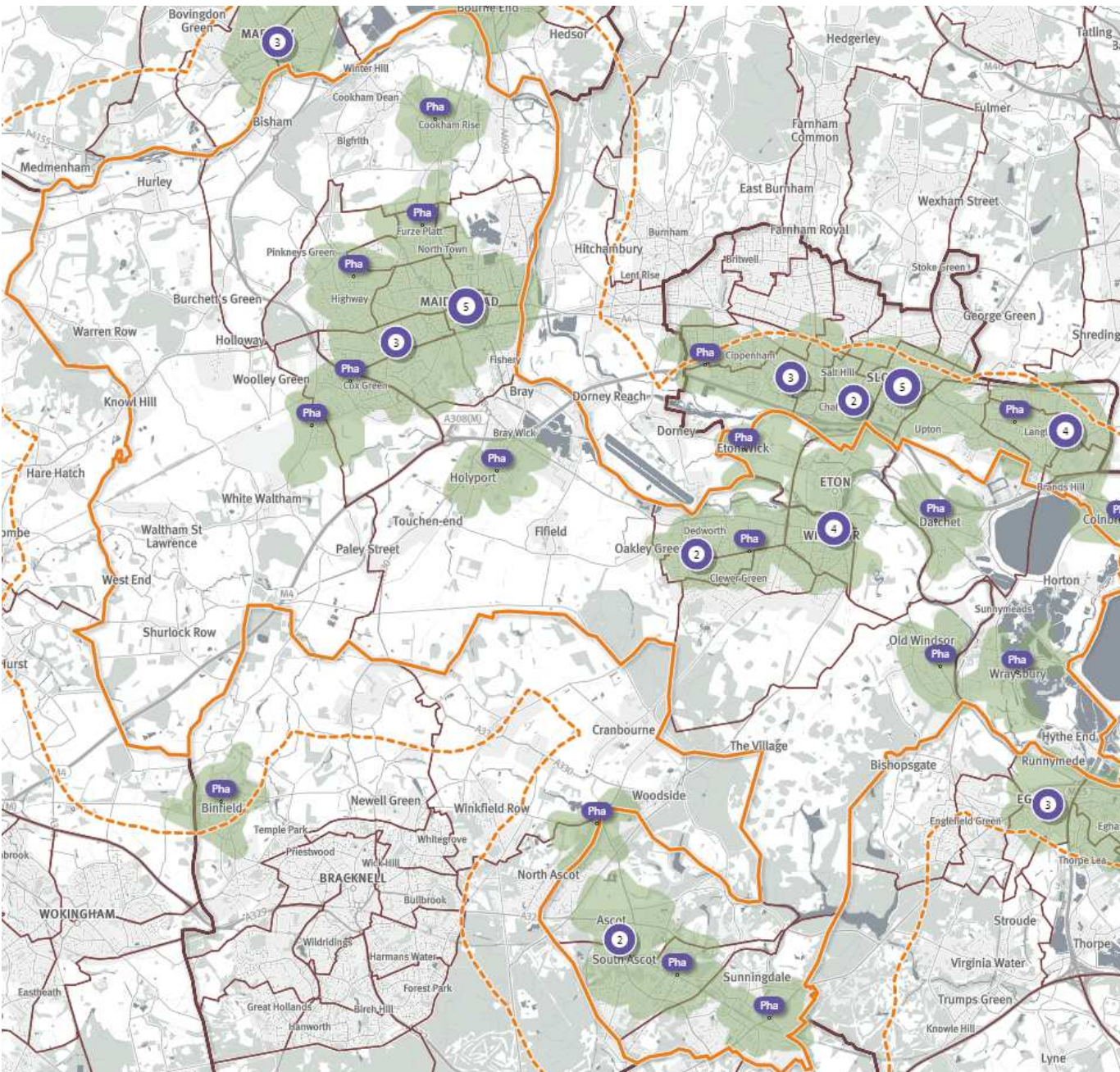
5 minutes

10 minutes

Drive times are calculated based on non-rush hour traffic and the assumption that pharmacies are open. Please see Appendix C for pharmacy opening times.

This map has been produced using The Strategic Health Asset Planning and Evaluation (SHAPE) application 2017
Created: 20/10/17

Map 7: Residents of RBWM who can access a pharmacy within a 15 minute walk



Legend:

15 minutes

140

Walking times are calculated based on the assumption that pharmacies are open. Please see Appendix C for pharmacy opening times.

This map has been produced using The Strategic Health Asset Planning and Evaluation (SHAPE) application 2017
Created: 20/10/17

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