

Report for ACTION by the Health & Wellbeing Board

Item Number: 6

The Royal Borough

**Windsor & Maidenhead**

Contains Confidential or Exempt Information	NO – Part I
Title	Public Health updates – Pharmaceutical Needs Assessment
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Member reporting	Cllr David Coppinger – Lead Member Adult Services, Health and Sustainability
For Consideration By	Health and Wellbeing Board
Date to be Considered	12 Mar 2015
Implementation Date if Not Called In	Immediately
Affected Wards	All
Keywords/Index	Pharmaceutical Needs Assessment

Report Summary

1. The purpose of this paper is to update the Health and Wellbeing Board (HWB) on the Pharmacy Needs Assessment (PNA) for the Royal Borough of Windsor and Maidenhead. The draft PNA for RBWM was agreed by the HWB on the 11 Sept 2014 and a public consultation was completed in January 2014. The results of the consultation are presented along with the final PNA for HWB.
2. It recommends that the HWB approves the final PNA and approves of the public consultation process.
3. The recommendation is being made because HWBs have a statutory responsibility to keep an up to date statement of the PNA as per the Health and Social Care Act from April 2013. The HWB has been updated on this requirement in Sept 2014.
4. If adopted, the key financial implications for the Council are that the pharmaceutical needs of the Borough will continue to be met without any additional financial investment in the public health services by the Council.
5. An additional point to note is that a PNA must be agreed by April 2015.

If recommendations are adopted, how will residents benefit?	
Benefits to residents and reasons why they will benefit	Dates by which residents can expect to notice a difference
1. Residents will be better informed about local pharmaceutical services they can use.	May 2015 onwards
2. Residents will have knowledge of how health needs could be supported by pharmacies	May 2015 onwards

1. Details of Recommendations

RECOMMENDATION: That.....

The HWB approves the consultation process and the final PNA with the revisions document.

2. Reason for Recommendation(s) and Options Considered

A PNA for the RBWM was agreed by the HWB on the 11 Sept 2014 and a public consultation was completed in January 2014. The results of the consultation are being presented along with the final PNA to the HWB.

The Health and Social Care Act 2012 transferred responsibility for developing and updating the PNAs to HWBs. Responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list was transferred from PCTs (Primary Care Trusts) to NHS England from 1 April 2013. The first HWBs' PNA needs to be published by 1st April 2015. It needs to be kept up-to-date through supplementary updates and fully revised every three years. It should be noted that failure to produce a robust PNA could lead to legal challenges because of the PNA's relevance to decisions about community services and new pharmacy openings.

PNA's are useful for the NHS to help make decisions on which NHS funded services need to be provided by local community pharmacies. Their services are part of the local health care and public health and affect NHS budgets.

Each HWB must in accordance with Department of Health regulations—

- (a) assess needs for pharmaceutical services in its area, and
- (b) publish a statement of its first assessment and of any revised assessment

The PNA will provide information on the current pharmaceutical services in the RBWM and identify gaps in the current service provisions, taking into account any known future needs. It will also be used by the public health team in RBWM to commission local services.

2.1 PNA Consultation in RBWM

Each of the six unitary authorities across Berkshire has developed a PNA for its area and has gone out to consultation. The formal second consultation period in RBWM commenced In September 2014 and ended in January 2015.

It should be noted that the PNA included in its development a survey of users, which informed the draft recommendations of the PNA. In total there were 2048 user responses across Berkshire – with 368 from RBWM. The second stage of consultation was focussed on getting views on the document.

2.2 What to expect in the PNA

There is one PNA document for each unitary authority in Berkshire. The document contains:

- 1) Existing pharmaceutical services in Berkshire mapped against population
- 2) A review of the demography and Joint Strategic Needs Assessment (JSNA) - used to identify health needs of the population
- 4) Users’ views obtained through a questionnaire for the public using pharmacy services.
- 5) Professional views obtained through questionnaire for the pharmacists
- 6) Key stakeholders input through steering group

The draft report was presented to the HWB for approval in Sept 2014 before sending it out for stakeholder consultations.

The final report with recommendations is being presented to the HWB for approval before publication.

Option	Comments
1. HWB does not approve the consultation process and the final revised PNA.	Residents will not be informed of the pharmaceutical services which could support their health needs. PNA would not be included in supporting local health needs.
2. HWB approves the consultation process and the revisions in the final PNA.	Residents are informed of the local pharmaceuticals services to support their health needs. The assessment of local needs and how they are currently met is made transparent with areas of potential improvement. Key stakeholders are consulted to ensure the needs and gaps are reflected accurately.
This is the recommended option.	

3. Key Implications

Defined Outcomes	Unmet	Met	Exceeded	Significantly Exceeded	Date they should be delivered by
Pharmaceutical needs based on health of the Royal Borough of	Current commissioning and provision continues and	Residents and commissioners are better informed of the	Commissioning decisions based on the PNA enhance health	Commissioning decisions based on the PNA enhance health	From May 2015 onwards

Windsor and Maidenhead is identified and key stakeholders are consulted in the needs assessment by April 2015.	opportunities for further improvements in health are lost.	pharmaceutical needs of local people.	improvement among residents by 2%	improvement among residents by 3%	
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4. Financial Details

a) Financial impact on the budget (mandatory)

Responsibility for Public Health services transferred from the NHS to Local Authorities on 1st April 2013. A ring fenced public health grant was provided by the Department for Health to fund this. For RBWM this grant was £3,192m in 2013/14 and is £3.511m for 2014-15. The grant spend is conditional and the conditions are outlined in Department of Health - Local Authority Circular – LAC (Department of Health) (2013)3. The grant settlement and conditions for 2015/16 has remained the same as 2014-15 for 2015-16 at £3.511m. Existing pharmaceutical services support the health needs of the residents in RBWM and new developments in services will be considered with public health grant funded budget for 2016-17.

5. Legal Implications

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 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 2010.

The Health and Social Care Act 2012 amended the NHS Act 2006. The 2012 Act established the Health and Wellbeing Boards 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, with effect from 1 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). The preparation and consultation on the PNA should take 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.

The PNA must be published by the HWB by April 2015, and will have a maximum lifetime of three years. The PNA 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. Such decisions are appealable to the NHS Litigation Authority’s Family Health Services Appeal Unit (FHSAU) and decisions made on appeal can be challenged through the courts.

6. Value For Money

The PNA has been completed by the shared team and has been tailored specifically for the Borough using the JSNA for the Borough.

7. Sustainability Impact Appraisal

NA

8. Risk Management

Risks	Uncontrolled Risk	Controls	Controlled Risk
New emerging needs cannot be supported due to budget constraints.	Medium	Consider extent of new emerging needs and how they could be accommodated where necessary.	Low

9. Links to Strategic Objectives

Our Strategic Objectives are:

Residents First

- Encourage Healthy People and Lifestyles

Value for Money

- Invest in the future

Delivering Together

- Strengthen Partnerships

10. Equalities, Human Rights and Community Cohesion

Equalities impact assessment will be done when PNA is agreed by HWB.

11. Staffing/Workforce and Accommodation implications:

None

12. Property and Assets

None.

13. Any other implications:

None

14. Consultation

The following stakeholders were consulted:

1. Local Pharmaceutical Committee for Berkshire
2. Berkshire Local Medical Committee
3. Berkshire CCGs
4. Any persons on the pharmaceutical lists and any dispensing doctors list for Berkshire population
5. Any Local Pharmaceutical Services chemist with whom the NHS England has made arrangements for the provision of any local pharmaceutical services for Berkshire population
6. Local Health Watch organisations, and any other patient, consumer or community group in Berkshire, which has an interest in the provision of pharmaceutical services in Berkshire
7. NHS Trusts
8. Thames Valley NHS England Area Team
9. Neighbouring Health and Wellbeing Boards

Whilst the number of written responses were very limited (16), responses were received from the major stakeholders (e.g. Local Medical Committee, Local Pharmaceutical Committee, neighbouring Health and Wellbeing boards. The major areas highlighted in the responses to question 22-25, along with the amendments are outlined below:

22. Need to identify and publish the individual opening hours of pharmacies in the area and map against local GP opening hours – *this has been included in the final document (see appendix 3)*
23. Need to give further description on the population growth and specific housing developments - *amendments to demographic profile undertaken*
24. Need to clarify future needs and any gaps that may occur – *addressed in recommendations*
25. Need to clarify that the assessment covers community pharmacy, appliance contractors and dispensing doctors – *page 3 has been amended*

Lead member for Health and Wellbeing, WAM and BA CCG, Finance and Legal Partners have been consulted.

15. Timetable for Implementation

Milestones	Deadline
User and pharmacist surveys	Summer 2014
Writing first draft and outline paper to HWBB	September 2014
Consultation period	September - January 2015
Analysis of consultation results	January 2015

Final report	January 2015
Publication of PNA	March 2015

16. Appendices

See appendices.

17. Background Information

Department of Health: Pharmaceutical Needs Assessment Information Pack May 2013 <https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack> (last accessed on 5th November 2013)

UK Legislations: National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013
<http://www.legislation.gov.uk/ukxi/2013/349/regulation/8/made> (last accessed on 5th November 2013)

Terms of Service Pharmaceutical and Local Pharmaceutical Services Regulations 2013 and the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/255951/nhs_pharm_ser_vs_market_entry_exec_sum_chpts_1-4.pdf

PSNC Pharmacy Commissioning 2013

General Pharmaceutical Council Annual Report 2012/13

NHS England: strategic framework for commissioning community pharmacy
<http://www.england.nhs.uk/wp-content/uploads/2013/12/community-pharmacy-cta.pdf>

Regulations under the Health and Social Care Act 2012: Market entry by means of Pharmaceutical Needs Assessments - Medicines, Pharmacy and Industry – Pharmacy Team

Policy for determining applications received for new or additional premises under the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013

Action on Smoking and Health, 2013

Local Tobacco Control Profile 2013

18. Consultation (Mandatory)

Name of consultee	Post held and Department	Date sent	Date received	See comments in paragraph:
Internal				
Cllr Coppinger	Lead member Adults, Health and Sustainability	04/03/15	5/03/15	
Christabel	Interim Managing	04/03/15		

Shawcross	Director and Director of Adults and Communities			
Dr Lise Llewellyn	Director of Public Health	04/03/15		
Alan Abrahamson	Finance partner	04/03/15	04/03/15	
Maria Lucas	Legal partner	04/03/15		
External				
Dr Adrian Hayter	Chair of WAM CCG	04/03/15		
Dr Jackie Mc Glynn	BA CCG	04/03/15		
Viki Wadd	Head of Operations, WAM CCG	04/03/15		

Report History

Decision type:	Urgency item?
Key decision : Aug 2014	No

Full name of report author	Job title	Full contact no:
Rutuja Kulkarni	Head of Public Health	01628 683532

Appendix 1

Detailed Consultation responses

Only 16 respondents -

Is the purpose of the PNA explained sufficiently within the draft PNA document (section 1)?

93 - yes - no response 7%

One detailed response suggested that further clarity that dispensing doctors were also part of this survey was needed - the scope of the document is clarified by an amendment on page 3

Does the document clearly set out the scope of the PNA (section 4)? -

75% agreed - the comments were focussed on clarifying the range of services addressed in this document and the purpose - both of these issues have been addressed by minor amendments on page 3

Does the document clearly set out the local context and the implications for the PNA (section 5)?

74% agreed that the document did this - the comments suggested that the document should strengthen the potential for pharmacy to improve services and also identify the impact of future housing. Whilst housing growth is not a major issue in West Berkshire the document now included a revised section on population growth and an assessment of pharmacy provision against the national England average

Does the information provide a reasonable description of the services which are provided by pharmacies and dispensing appliance contractors in your local authority (section 8)?

Only 33% of respondents thought that the document gave an accurate reflection on the level of services - the major concern was that the document did not include a description of opening hours by pharmacy - this has now been included.

There was concern that the range of services provided by dispensing doctors was under described - again this has been strengthened.

One area of concern was raised regarding the provision of care home support by medicine management in the CCG rather than community pharmacy – this was not addressed in the final document as the document does not set out to evaluate different forms of services but does set out to describe potential impact of community pharmacy. It is the role of the commissioner to decide the most appropriate response to a community need.

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

50% of respondents identified that the New medicines review (NMS) service had not been included in the advanced service section - this has now been included.

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

In this section 10 respondents felt that the needs were not addressed as there was not an accurate reflection of population growth and that access times needed further description - this has now been included in the final document.

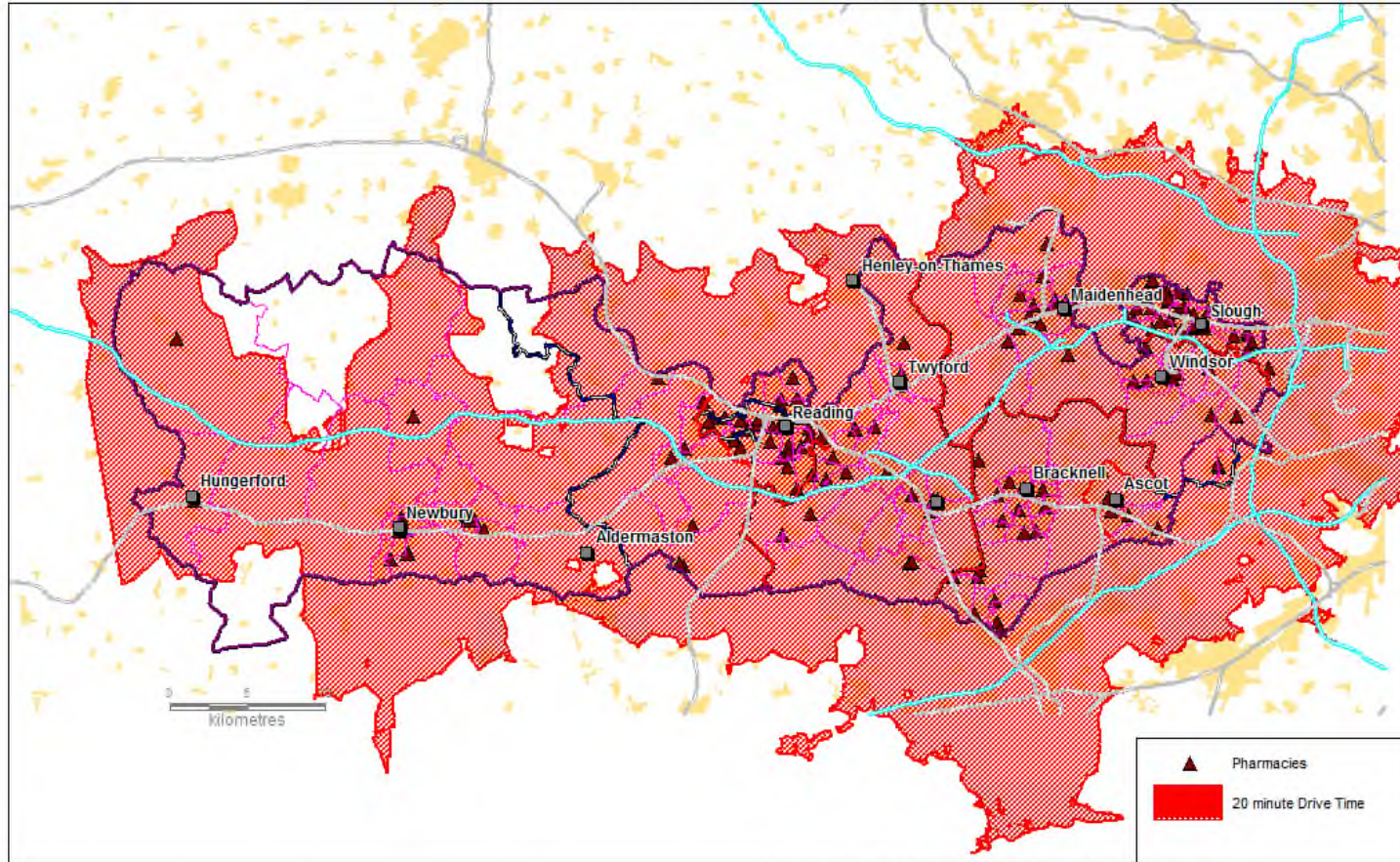
Do you agree with the recommendations?

Essential and advanced services - 40% agree - main issue is lack of information on opening hours does not allow any gap in service provision to be identified - final document includes this information.

Local service recommendations - 60% agree - main issue raised in lack of commitment to commissioning the services identified.

Appendix 3 RBWM

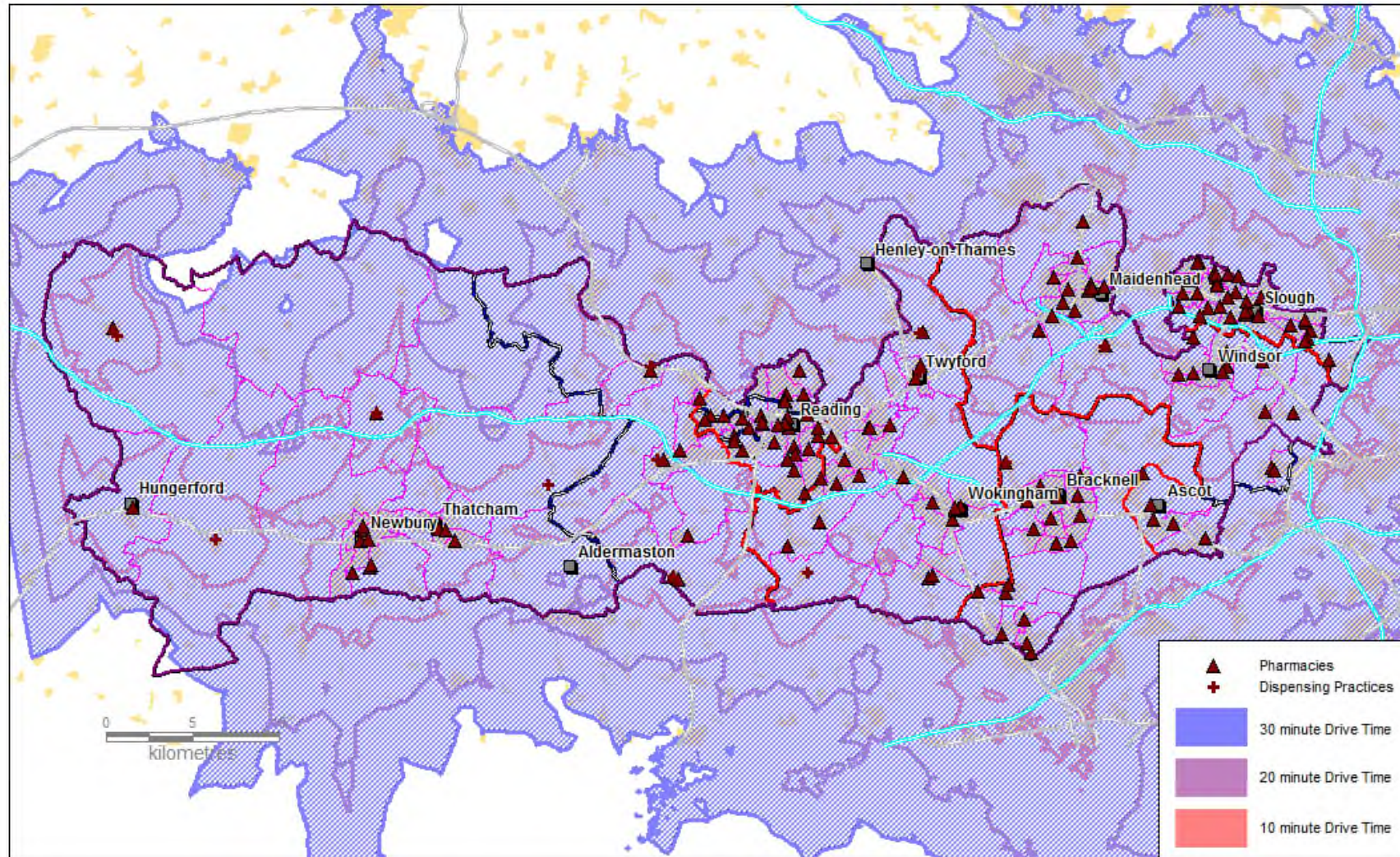
Berkshire - Pharmacy Access



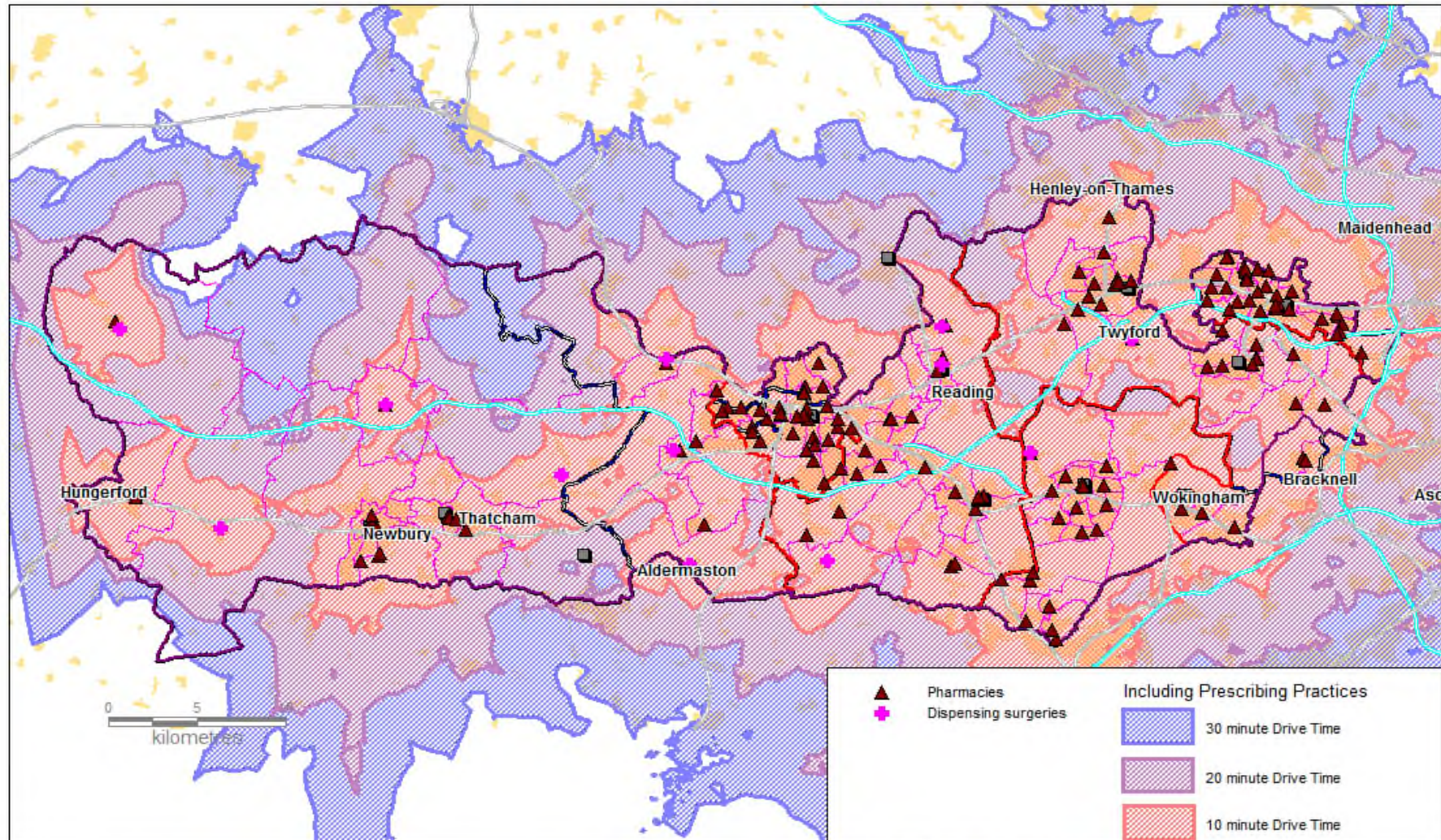
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Berkshire - Pharmacy Access



Berkshire - Pharmacy Access



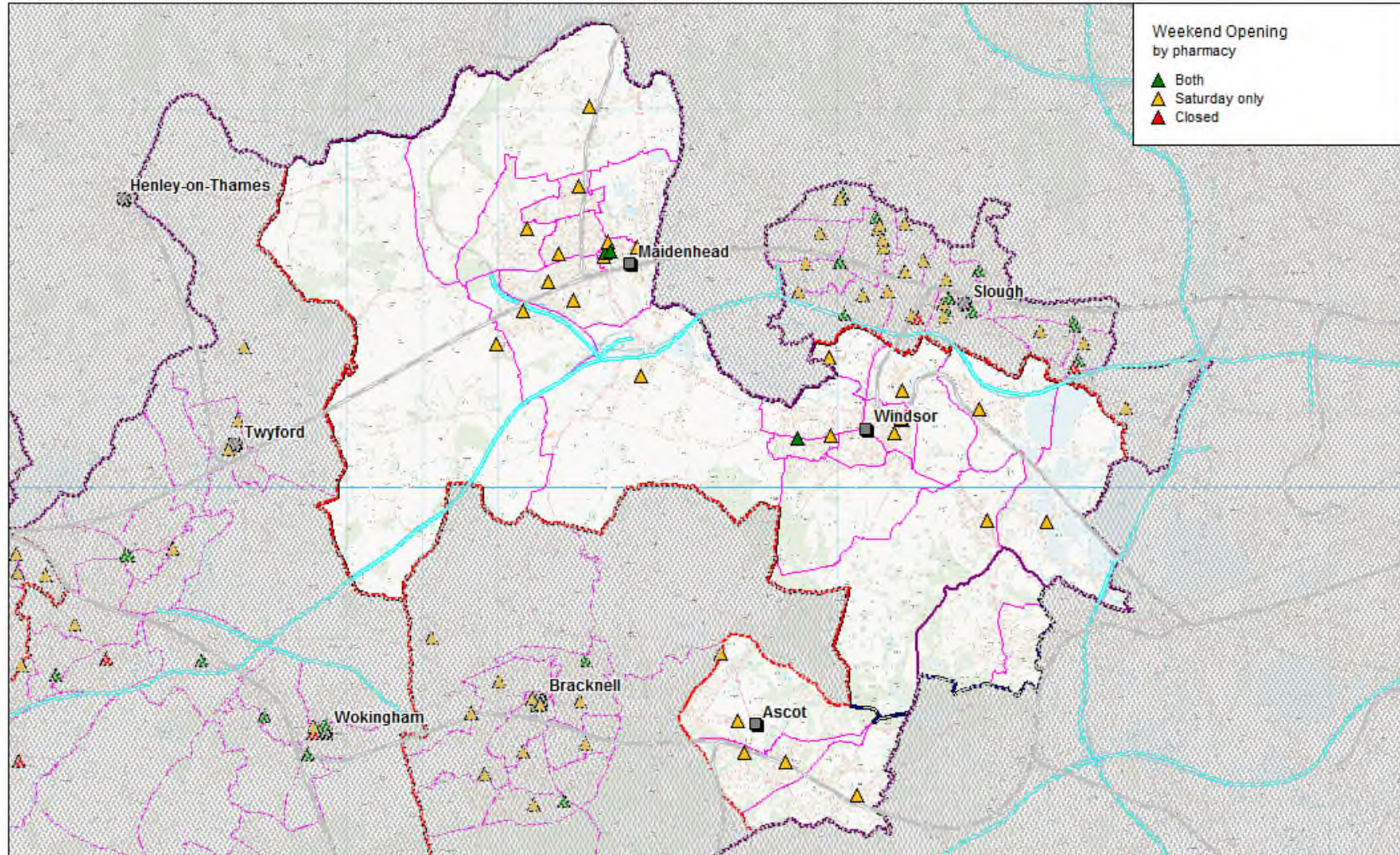
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Pharmacy Opening Times

ADDRESS	POSTCODE	TOWN	TRADING NAME	OPENING HOURS - Saturday	OPENING HOURS - Sunday
23 High Street	SL5 7HG	Ascot	your local Boots pharmacy	9:00-17:30	Closed
17 Brockenhurst Road	SL5 9DJ	Ascot	Ascot Pharmacy	9:00-13:00	Closed
The Green	SL3 9JH	Datchet	Datchet Village Pharmacy	9:00-13:00	Closed
30 High Street	SL4 6AX	Eton	C J Reid (Eton)	9:00-18:00	Closed
47 Wootton Way	SL6 4QZ	Maidenhead	Altwood Pharmacy	9:00-14:00	Closed
54 High Street	SL6 1PY	Maidenhead	Boots the Chemists	8:30-18:30	11:00-17:00
9 Shifford Crescent	SL6 7UA	Maidenhead	H A McParland Ltd	9:00-17:30	Closed
119 Bridge Road	SL6 8NA	Maidenhead	Bridge Road Pharmacy	9:00-17:30	Closed
4 Cookham Road	SL6 8AJ	Maidenhead	Park Pharmacy	9:00-12:00	Closed
3 Stompits Road	SL6 2LA	Maidenhead	Rankin Chemist	9:00-13:00	Closed
25 All Saints Avenue	SL6 6EL	Maidenhead	Keycircle Pharmacy	9:00-13:00	Closed
24 Ross Road	SL6 2SZ	Maidenhead	Kays Chemist	9:00-13:00	Closed
18 Hampden Road	SL6 5HQ	Maidenhead	Olive Pharmacy	9:00-13:00	Closed
Sainsbury's Pharmacy	SL6 8AG	Maidenhead	Sainsbury's Pharmacy	7:00-22:00	10:00-16:00
36-38 Brock Lane Mall	SL6 1LL	Maidenhead	Superdrug Pharmacy	9:00-13:30; 14:00-17:30	Closed
Waltham Road	SL6 3NH	Maidenhead	Woodlands Park Pharmacy	9:00-13:00	Closed
114 Wessex Way	SL6 3DL	Maidenhead	Wessex Pharmacy	9:00-14:00	Closed
Lower Road	SL6 9HF	Cookham	Cookham Pharmacy	9:00-13:00	Closed
4 Broomhall Buildings	SL5 0DH	Sunningdale	Lloydspharmacy	9:00-17:00	Closed
58 High Street	SL5 9NF	Sunninghill	R F Blackburn	9:00-17:00	Closed
17 - 18 Peascod Street	SL4 1DX	Windsor	Boots the Chemists	8:30-14:30; 15:30-18:00	10:30-16:30
83 Dedworth Road	SL4 5BB	Windsor	your local Boots pharmacy	9:00-13:00; 14:00-17:30	Closed
41 St Leonards Road	SL4 3BP	Windsor	F G Saunders & Co	9:00-13:00	Closed
398 Dedworth Road	SL4 4JT	Windsor	Hetpole Pharmacy	9:00-13:00	Closed

7 Eton Wick Road	SL4 6LT	Windsor	Village Pharmacy	9:00-13:00	Closed
131-132 Peascod Street	SL4 1DW	Windsor	Superdrug Pharmacy	9:00-13:30; 14:00-17:30	Closed
398 Dedworth Road	SL4 4JT	Windsor	Tesco Pharmacy	9:00-13:00; 14:00-19:00	10:00-13:00; 14:00-16:00
67 Straight Road	SL4 2SA	Windsor - Old	Friary Pharmacy	9:00-13:00; 14:00-17:00	Closed
Wraysbury Pharmacy	TW19 5DB	Wraysbury	Wraysbury Village Pharmacy	9:00-13:00	Closed

Windsor & Maidenhead - Pharmacy Access



Pharmaceutical Needs Assessment

Royal Borough of Windsor and Maidenhead

2015-18

Public Health Services for Berkshire

*Six Local Authorities working together for the
health and wellbeing of residents in Berkshire*

**Pharmaceutical Needs Assessment
RBWM Borough Council
2015-18**

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Introduction

What is Pharmaceutical Needs Assessment (PNA)?

PNA is the statement for the needs of pharmaceutical services of the population in a specific area - this includes services provided by community pharmacies, dispensing doctors and appliance contractors. 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 1 April 2013 every Health and Wellbeing Board (HWB) in England has a statutory responsibility to keep an up to date statement of the PNA.

This PNA describes the needs of the population of Royal Borough of Windsor and Maidenhead Council and is different from the previous PNA which was East Berkshire focussed, but it will also give a view across Berkshire as people move between Local Authorities for work and health care.

Purpose of 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 well being 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 making recommendations to address any identified gaps if appropriate and suggesting improvements to address 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 Berkshire and enable work to plan, develop and deliver pharmaceutical services for the population.
- It will influence commissioning decisions by local commissioning bodies including Local Authorities (Public Health services from community pharmacies), NHS England and Clinical Commissioning Groups (CCGs) in the potential role of pharmacy in service redesign.

Background: Statutory Requirements

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 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 2010.

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, with effect from 1 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). The preparation and consultation on the PNA should take 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.

The 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 PNA must be published by the HWB by April 2015, and will have a maximum lifetime of three years. The PNA 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. Such decisions are appealable to the NHS Litigation Authority's Family Health Services Appeal Unit (FHSAU), and decisions made on appeal can be challenged through the courts.

PNAs will also inform the commissioning of enhanced services from pharmacies by NHS England, and the commissioning of services from pharmacies by the local authority and other local commissioners eg CCGs.

The 2013 Regulations list those persons and organisations that the HWB must consult. This list includes:

- Any relevant local pharmaceutical committee (LPC) for the HWB area.
- Any local medical committee (LMC) for the HWB area.
- Any persons on the pharmaceutical lists and any dispensing GP practices in the HWB area.

- Any local Healthwatch organisation for the HWB area, and any other patient, consumer and community group which in the opinion of the HWB has an interest in the provision of pharmaceutical services in its area.
- Any NHS trust or NHS foundation trust in the HWB area.
- NHS England.
- Any neighbouring HWB.

Definition of Pharmaceutical services

The pharmaceutical services to be included in the pharmaceutical needs assessment are defined by the reference to the regulations governing pharmaceutical services provided by community pharmacies, dispensing doctors and appliance contractors.

Pharmaceutical services are provided through the national pharmacy contract which has three tiers:

- Essential Services
- Advanced services – currently Medicines Use Reviews and Appliance Use Reviews
- Locally commissioned services (Enhanced Services)

Essential Services- set out in 2013 NHS Pharmaceutical Services Regulations 2013 include:

- Dispensing
- Dispensing appliances
- Repeat dispensing
- Disposal of unwanted / waste drugs
- Public Health (Promotion of healthy lifestyles)
- Signposting
- Support for self care
- Clinical governance

All contractors must provide full range of essential services.

Advanced Services: set out in 2013 NHS Pharmaceutical Services Regulations 2013 include:

- Medicines Use Review and Prescription Intervention (MURs)
- New medicine service (NMS)
- Appliance Use Reviews (AURs)
- Stoma Appliance Customisation Services (SACs)

Enhanced Services- set out in Directions made subsequent to the NHS Pharmaceutical Services Regulations 2013 include:

- Anticoagulant monitoring service
- Care home service
- Disease specific medicines management service
- Gluten free food supply service
- Home delivery service
- Language access service
- Medication review service
- Medicines assessment and compliance support service
- Minor ailments service
- Needle syringe exchange service
- On demand availability of specialist drugs service
- Out of hours service
- Patient group directions service
- Prescriber support service
- Schools service
- Screening service
- Stop smoking service
- Supervised administration service
- Supplementary prescribing services

Whilst the national pharmacy contract is held and managed by the NHS England, local Thames Valley area team, and can only be used by NHS England, local commissioners such as RBWM Council and WAM CCG can commission local services using other contracts such as local government contracts and the standards NHS contracts to address additional needs.

Process for developing the PNA

The PNA is a key tool for identifying what is needed at a local level to support the commissioning intentions for pharmaceutical services and other services that could be delivered by community pharmacies.

The scope will include recommendations for action to meet the current needs of RBWM and across Berkshire highlighting any areas of current provision which could be improved and potential areas for development that could assist the HWB in its duty to improve the health of population and reduce inequalities.

A key part of the process for this PNA is to summarise the health needs of the local population using the Joint Strategic Needs Assessments of the findings of the HWB board.

The PNA has five main objectives:

1. Identifying local needs
2. Mapping current provision
3. Consultations with partners, patients and the public
4. Obtaining clinical input from clinical commissioning groups CCGs, the Local Pharmaceutical Committee
5. Identifying services that are not currently provided or need to be improved in the local area.

The PNA summarises the national vision for community pharmacy also summarises the key priorities in the Health and Wellbeing strategy which details the local priorities for our community.

Principles of Development

The PNA will be published on the RBWM Council website once agreed and is a public facing document communicating to both an NHS and a non-NHS audience.

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

- Survey of public to ascertain views on services - web and paper based surveys
- Survey of community pharmacies to map current service provision
- Public Consultation on the initial findings and draft PNA
- Agreement of final PNA by the RBWM Health and Wellbeing Board

The process for the development of the PNA was agreed with the HWB Board. A small task and finish group was set up to over see the development of the PNA Member included.

- Director of Public Health
- Medicines Management – CCG
- NHS England Pharmaceutical Commissioner
- Representative from the Local Pharmaceutical Committee
- Public Health Informatics Advisor

During the consultation the following stakeholders will be included in addition to the public consultation:

- The Local Authorities within Berkshire
- The Clinical Commissioning Groups in Berkshire
- The Local Pharmaceutical Committee (LPC)
- The Local Medical Committee (LMC)
- The persons on the pharmaceutical list (pharmacy contractors)and its dispensing doctors list
- Health watch
- NHS Foundation Trusts in Berkshire

National Pharmacy commissioning

Commissioning Arrangements

NHS England is the only organisation that can commission NHS Pharmaceutical Services through the national Pharmacy contract. They are therefore responsible for managing and performance monitoring the Community Pharmacy Contractual Framework. This is a regulatory framework based on the Terms of Service set out in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013.

Pharmaceutical Services are those services set out in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013:

Essential services - set out in Part 2, Schedule 4 of the Regulations

Advanced services - set out in the Directions

Enhanced services - set out in the Directions

There are four ways in which pharmaceutical services are commissioned:

NHS England:

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

NHS England area team (AT):

- securing continuously improving quality from the services commissioned, including community pharmacy enhanced services

Local authority:

- Provision of public health services in line with local health and well being strategy

CCGs:

- Locally commissioned in line with local needs and CCG strategy

This ensures that the public have access to comprehensive pharmaceutical services.

Local Professional Networks

In addition as part the National changes in the NHS in 2013 Local Professional Networks (LPNs) for pharmacy, optometry and dentistry were established within each AT. They are intended to provide clinical input into the operation of the AT and local commissioning decisions

In general they:

- support the implementation of national strategy and policy at a local level
- work with other key stakeholders on the development and delivery of local priorities, which may go beyond the scope of primary care commissioning providing local clinical leadership

The specific functions of the Pharmacy LPN include:

- supporting LAs with the development of the Pharmaceutical Needs Assessment (PNA)
- considering new programmes of work around self-care and long term conditions management in community pharmacy to achieve Outcome 2 of the NHS Outcomes Framework
- working with CCGs and others on medicines optimisation
- 'holding the ring' on services commissioned locally by LAs and CCGs, highlighting inappropriate gaps or overlaps (*PSNC Pharmacy Commissioning 2013*)

Contribution of 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 Annual Report 2012/13*).

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). Pharmacists work in a variety of settings including in a hospital or community pharmacy, such as a supermarket or high street pharmacy. See NHS Choices at <http://www.nhs.uk/Pages/HomePage.aspx> for local information.

In December 2013 NHS England held a Call to Action for community pharmacy that aimed through local debate, to shape local strategies for community pharmacy and to inform NHS England's strategic framework for commissioning community pharmacy (<http://www.england.nhs.uk/wp-content/uploads/2013/12/community-pharmacy-cta.pdf>).

The aim was to uncover how best to develop high quality, efficient services in a community pharmacy setting that can improve patient outcomes delivered by pharmacists and their teams.

Pressures on primary care as a whole are increasing and the vision is for Community pharmacy to play a full role in the NHS transformational agenda by:

- providing a range of clinical and public health services that will deliver improved health and consistently high quality;
- playing a stronger role in the management of long term conditions;
- playing a significant role in a new approach to urgent and emergency care and access to general practice;
- providing services that will contribute more to out of hospital care; and
- supporting the delivery of improved efficiencies across a range of services

The call to action consultation has now finished and the response is awaited from the department of Health

National Outcomes Frameworks

Pharmacy has a key role in supporting the achievement of the *NHS Outcomes Framework* - the framework which measures the success of the NHS in improving the health of the population:

Domain 1	Preventing people from dying prematurely
Domain 2	Enhancing quality of life for people with long-term conditions
Domain 3	Helping people to recover from episodes of ill health or following injury
Domain 4	Ensuring people have a positive experience of care
Domain 5	Treating and caring for people in a safe environment and protecting them from avoidable harm

And similarly contributes to the success against the Public Health Outcomes framework:

Domain 1	Life expectancy and healthy life expectancy
Domain 2	Tackling the wider determinants of Health
Domain 3	Health Improvement
Domain 4	Health Protection
Domain 5	Healthcare and preventing premature mortality

Control of Market Entry

The regulations that govern the provision of pharmacy 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.

It is not possible for a community pharmacy to be set up without agreement from NHS England. From 1 April 2013, pharmaceutical lists are maintained by NHS England and so applications for new, additional or relocated premises must be made to the local NHS England Area Team.

NHS England must ensure that they have arrangements in place for:

- the provision of proper and sufficient drugs, medicines and listed appliances which are ordered on NHS prescriptions by doctors;
- the provision of proper and sufficient drugs, medicines which are ordered on NHS prescriptions by dentists;
- the provision of proper and sufficient drugs, medicines and listed appliances which are ordered on NHS prescriptions by other specified descriptions of healthcare professionals; and
- such other services that may be prescribed.

In April 2013 there was a change in how pharmacy applications are controlled. Applications for inclusion in pharmaceutical lists are now considered by NHS England (through their Area Teams) and the 'market entry test' is now an assessment against the pharmaceutical needs assessment. The exemptions introduced in 2005 have been removed (other than the exception for distance selling pharmacies) (*Regulations under the Health and Social Care Act 2012: Market entry by means of Pharmaceutical Needs Assessments - Medicines, Pharmacy and Industry – Pharmacy Team*).

The market entry test now assesses whether an application offers to:

- meet an identified current or future need or needs;
- meet identified current or future improvements or better access to pharmaceutical services; or
- provide unforeseen benefits, i.e. applications that offer to meet a need that is not identified in a PNA but which NHS England is satisfied would lead to significant benefits to people living in the relevant HWB area (*Policy for determining applications received for new or additional premises under the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013*).

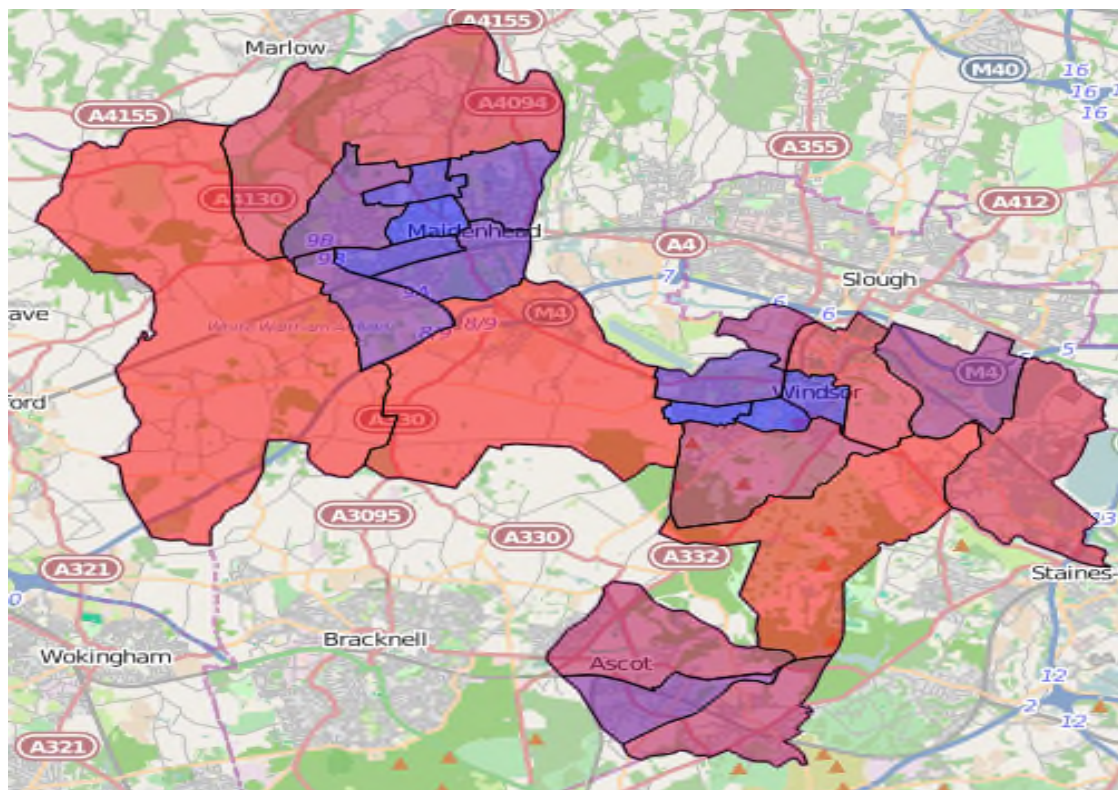
The change in the market entry test means that it is no longer necessary to have exemptions to the test for the large out of town retail developments, the one stop primary medical centres, or the pharmacies undertaking to provide pharmaceutical services for at least 100 hours per week. These exemptions therefore cannot be used by an applicant (although existing pharmacies and those granted under the exemption continue). The regulations make it clear that 100 hour pharmacies granted under old exemptions cannot apply to reduce their hours.

The only exemption that now exists is for distance selling pharmacies as it is argued they provide a national service and so their contribution cannot be measured adequately by a local pharmacy needs assessment.

Geography Covered by the Royal Borough of Windsor and Maidenhead PNA

Each PNA has to define its geographic scope. This year the Royal Borough of Windsor & Maidenhead PNA is following the boundaries of the Unitary Authority, as is each PNA for the Berkshire Local Authorities. The services are mapped for each Local Authority, although a composite picture is given for Berkshire. Results are also compared by Local Authority versus the whole of Berkshire. See Appendix 1 for a map of the Royal Borough of Windsor & Maidenhead's pharmacies.

Figure 1: Map of the Royal Borough of Windsor & Maidenhead showing ward boundaries



The wards in the Royal Borough of Windsor & Maidenhead are:

Ascot and Cheapside	Datchet	Oldfield
Bisham and Cookham	Furze Platt	Park
Boyn Hill	Horton and Wraysbury	Pinkneys Green
Bray	Hurley and Walthams	Sunningdale
Clewer North	Maidenhead Riverside	Sunninghill and South
Cox Green	Old Windsor	Ascot

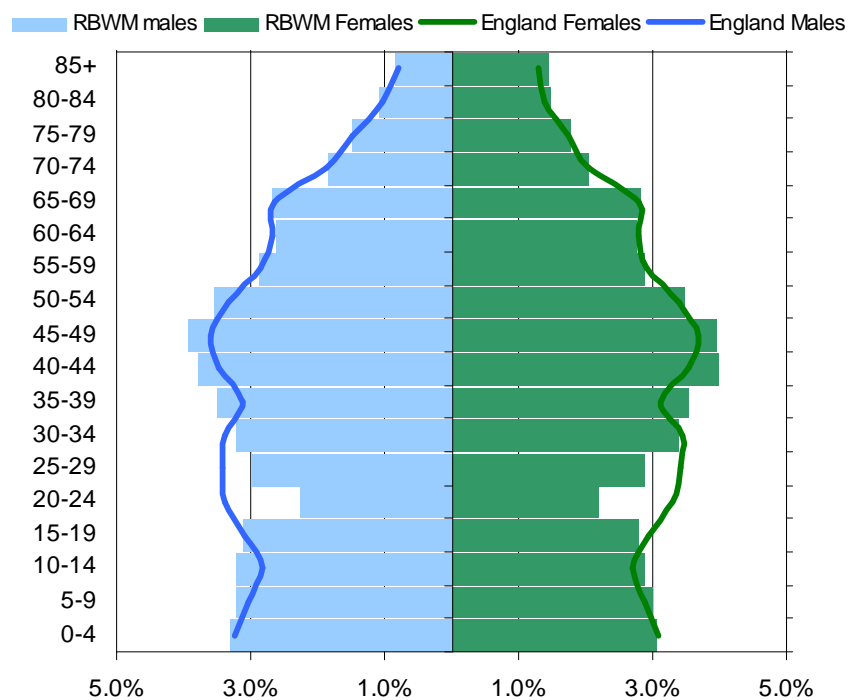
Royal Borough of Windsor & Maidenhead Demography

Population Structure

The population of Windsor and Maidenhead is now 146,335.

As a proportion of the total population, there are slightly more children aged 5 to 14 to living in the Royal Borough of Windsor & Maidenhead than the national average. There are also a higher proportion of people aged 35 to 49. In contrast, the 15 to 29 year old age group has a lower proportion than the national picture.

Figure 2: Royal Borough of Windsor & Maidenhead population pyramid, compared to the national profile



Source: Annual Mid-Year Population Estimates for the UK, Office for National Statistics 2014

The resident and registered population differ as the registered population counts those people who are registered with GPs based in RBWM.

Figure 3: Resident and registered population of the Royal Borough of Windsor & Maidenhead and other Berkshire Local Authorities

Local Authority	Resident population	Registered population
Windsor and Maidenhead	146,335	165,936
Bracknell Forest	116,567	110,216
Reading	159,247	205,209
Slough	143,024	145,848
West Berkshire	155,392	148,126
Wokingham	157,866	156,123

Source: Office for National Statistics (2014)

Life Expectancy

Life expectancy in the Royal Borough is greater than the England average.

Figure 4: Life Expectancy for men and women in the Royal Borough of Windsor & Maidenhead and other Berkshire Local Authorities (2010-12)

Local Authority	Males	Females
Windsor and Maidenhead	81.1	84.6
Bracknell Forest	80.8	84.0
Reading	78.4	82.7
Slough	78.5	82.7
West Berkshire	80.8	84.6
Wokingham	81.6	84.5

Source: Office for National Statistics (2014)

Population Growth

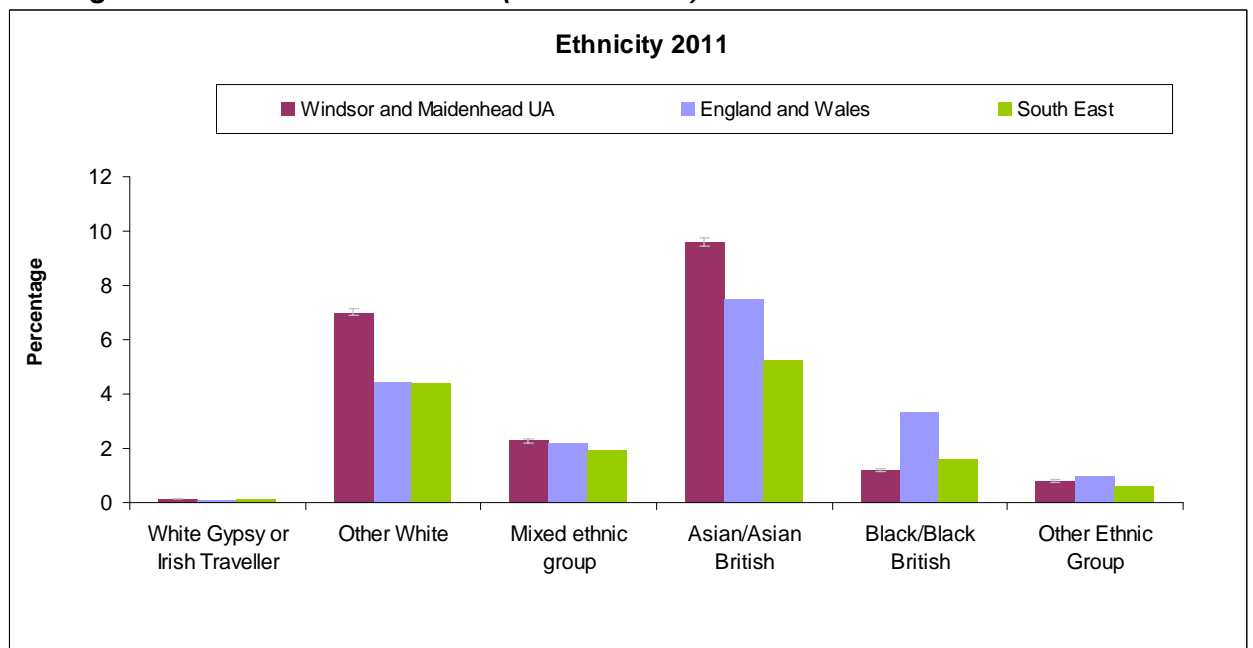
During the period of the PNA it can be seen that there is a predicted growth of 5% in the population, with plans showing a focus of housing development in the town centres.

Total growth - Cumulative				
UA_Name	2015	2016	2017	2018
Bracknell Forest	120,036	124,044	127,906	131,879
West Berkshire	158,105	160,136	162,434	164,836
Reading	161,515	164,824	167,923	171,364
Slough	149,811	154,078	157,768	160,764
Windsor and Maidenhead	151,166	154,216	156,460	158,568
Wokingham	162,695	166,547	171,417	177,112

Ethnicity

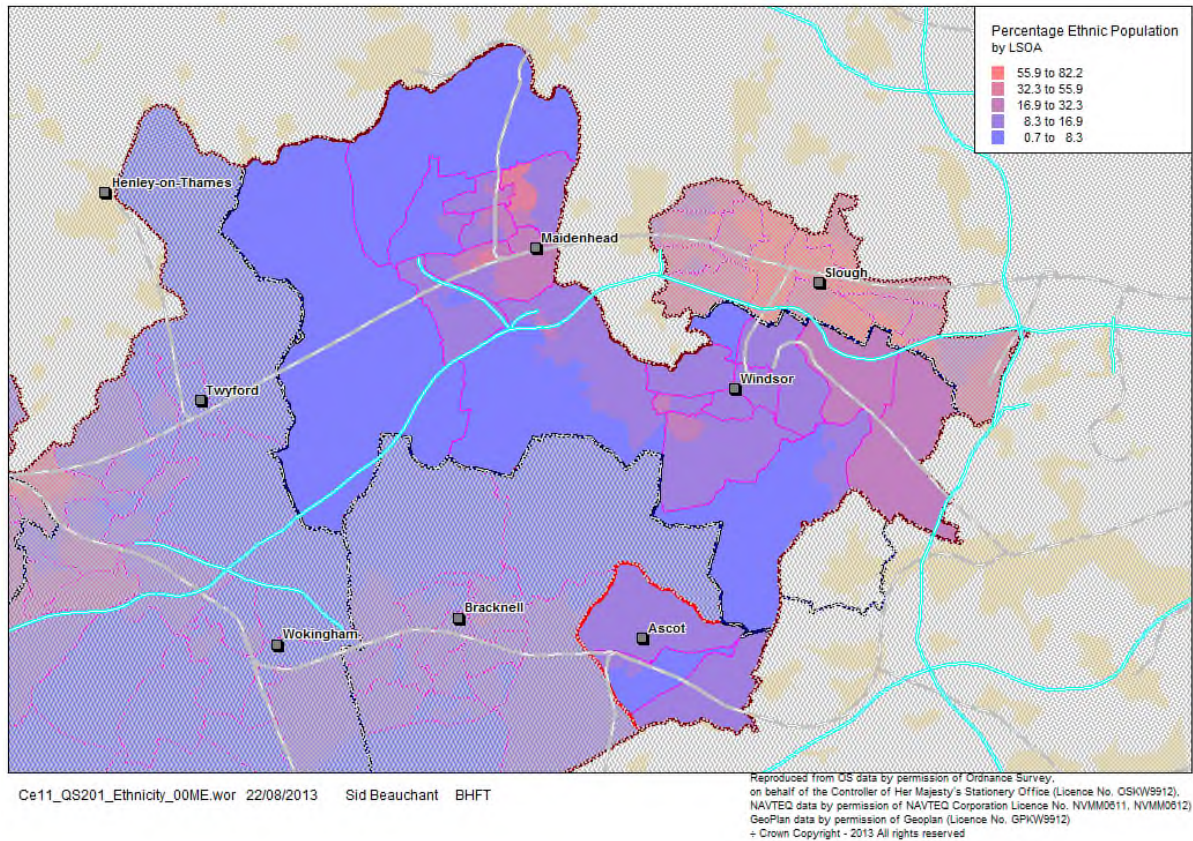
The national Census indicates that the majority of the population living in the Royal Borough of Windsor & Maidenhead are White British (79%). The next largest Ethnic group is Asian or Asian British. There are a higher proportion of people from most Ethnic minority groups living in the Royal Borough than there are nationally and in the South East Region. The exception to this is people from a Black or Black British background and 'Other' background.

Figure 5: Ethnic Origin of non-White British resident population in the Royal Borough of Windsor & Maidenhead (Census 2011)



Source: Office for National Statistics (2011)

Figure 6: Percentage of RBWM's population who are from an ethnic minority by LSOA (Census 2011)



Source: Office for National Statistics (2011)

Children

Children in poverty

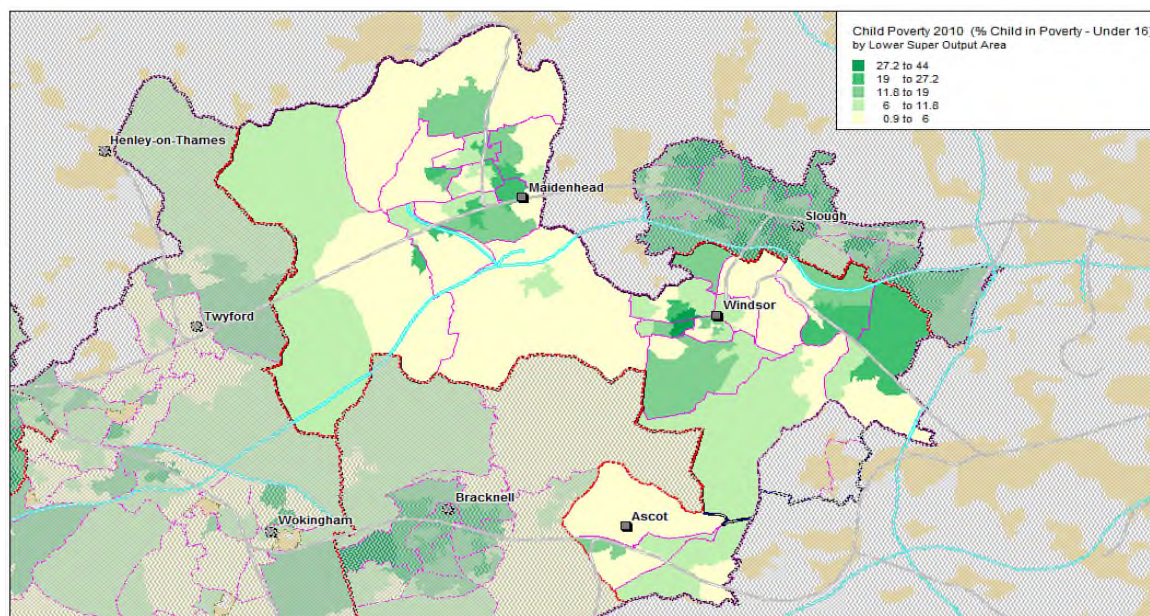
Child poverty and deprivation can be measured in a number of different ways. Figure 6 shows the percentage of children (dependent children under the age of 20), who live in households where income is less than 60% of average household income. This is termed as living in 'relative poverty'. Figure 6 also shows the Income of Deprivation Affecting Children Index score (IDACI score), which measures the proportion of under 16s living in low income households. A higher score indicates higher levels of child deprivation in an area.

Figure 7: Level of Child Poverty in the Royal Borough of Windsor & Maidenhead and other Berkshire Local Authorities (2010-12)

Local Authority	% of Children in "Poverty"	IDACI score
Windsor & Maidenhead	9.4%	0.09
Bracknell Forest	11.7%	0.11
Reading	20.7%	0.21
Slough	22.2%	0.26
West Berkshire	10.8%	0.10
Wokingham	6.9%	0.06

Source: HM Revenue and Customs (2011) and Department for Communities and Local Government (2010)

Figure 8: Map to show level of Child Poverty in the Royal Borough of Windsor & Maidenhead at a Lower Super Output Area (2010)



Child_Poverty_2010_HMRC_00ME.wor 22/08/2013 Sid Beauchant BHFT

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Source: Department for Communities and Local Government (2010)

Educational attainment

Figure 9: Percentage achieving 5+ A*-C GCSE grades, including English and mathematics

Area	%
Windsor and Maidenhead	68.3
Bracknell Forest	63.4
Reading	63.6
Slough	71.4
West Berkshire	61.3
Wokingham	70.6

Source: Department for Education (2012/13)

Figure 10: Key Stage 2 results – Percentage achieving level 4 or above by Local Authority

Area	%
Windsor and Maidenhead	79
Bracknell Forest	78
Reading	69
Slough	74
West Berkshire	77
Wokingham	81

Source: Department for Education (2013)

Teenage pregnancy

Figure 11: Under 18 conceptions and conception rates in the Royal Borough of Windsor & Maidenhead and other Berkshire Local Authorities (3 year aggregates: 2010-2012)

Area of usual residence	Number of Conceptions	Conception rate per 1,000 women in age group	Percentage of conceptions leading to abortion
Windsor and Maidenhead	117	14.5	70.9
Bracknell Forest	127	18.4	57.5
Reading	260	36.9	47.3
Slough	196	25.3	64.8
West Berkshire	217	23.0	48.8
Wokingham	122	13.8	46.7

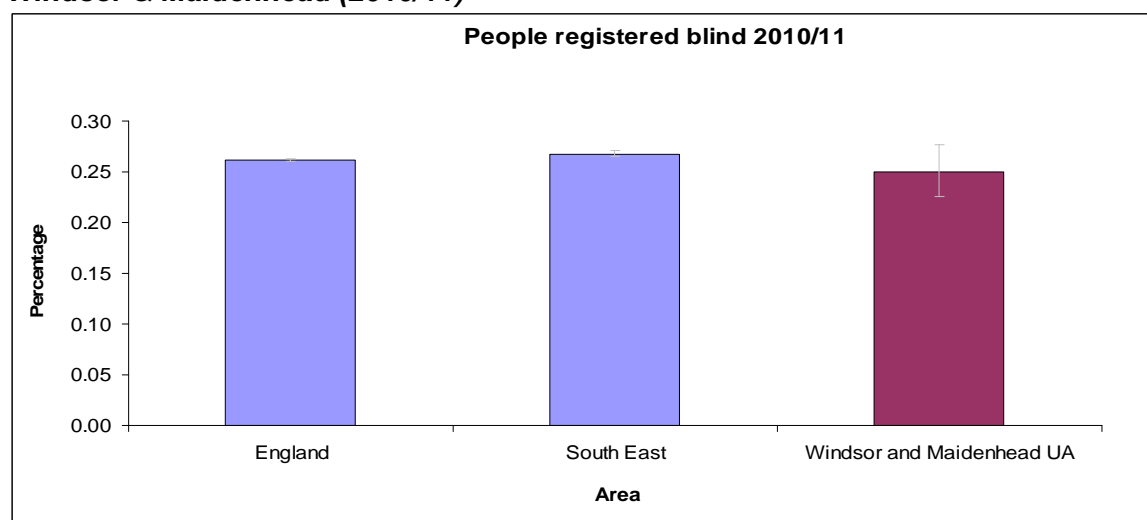
Source: Office for National Statistics (2014)

Physical disability and sensory impairment

Figures 12 and 13 show the number of people receiving certification as being blind, partially sighted, deaf or hard of hearing as a proportion of the total population.

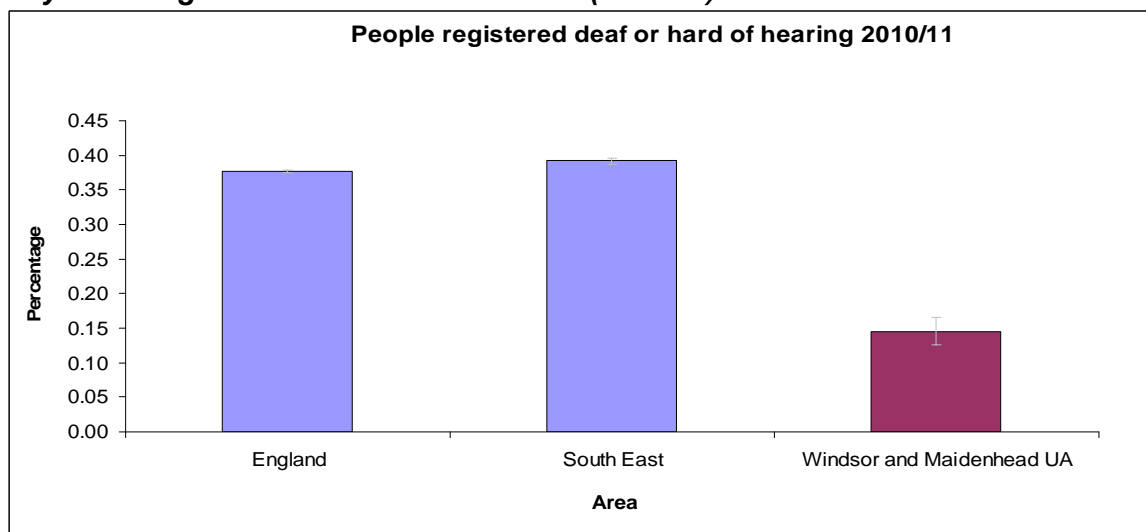
Fewer people in the Royal Borough of Windsor & Maidenhead are registered as having a sensory impairment than the national and South East Region averages.

Figure 12: Percentage of people registered as blind in the Royal Borough of Windsor & Maidenhead (2010/11)



Source: Health and Social Care Information Centre (2011)

Figure 13: Percentage of people registered as deaf or hard of hearing in the Royal Borough of Windsor & Maidenhead (2010/11)



Source: Health and Social Care Information Centre (2011)

Provision of unpaid care

9.2% of the Royal Borough of Windsor & Maidenhead's population stated that they provided unpaid care to a family member, friend or neighbour in the 2011 Census. Figure 14 provides a breakdown to show the levels of unpaid care provided.

Figure 14: Percentage of people providing unpaid care in the Royal Borough of Windsor & Maidenhead and other Berkshire Local Authorities (Census 2011)

Local Authority	All categories: Provision of unpaid care	Provides No unpaid care	Provides 1 to 19 hours unpaid care a week	Provides 20 to 49 hours unpaid care a week	Provides 50 or more hours unpaid care a week
Windsor and Maidenhead	144,560	131,325	9,604	1,432	2,199
Bracknell Forest	113,205	103,531	6,719	1,098	1,857
Reading	155,698	143,383	8,074	1,642	2,599
Slough	140,205	128,579	7,058	1,977	2,591
West Berkshire	153,822	139,534	10,313	1,466	2,509
Wokingham	154,380	140,478	10,190	1,397	2,315

Source: Office for National Statistics (2012)

Royal Borough of Windsor & Maidenhead's Needs Assessment

Overall the Royal Borough is considered to be an affluent place to live across all ages - the number of children living in poverty is 10.1%, less than half the national average.

It is also a healthy place to live - life expectancy is greater than the England average for both male and females. The leading cause of death for residents is cardio-vascular disease, strokes and heart disease and cancers.

There are more older people in RBWM than the national average, and this is forecast to increase, which results in a need to focus on dementia, long term conditions, weather related illnesses and falls reduction programmes

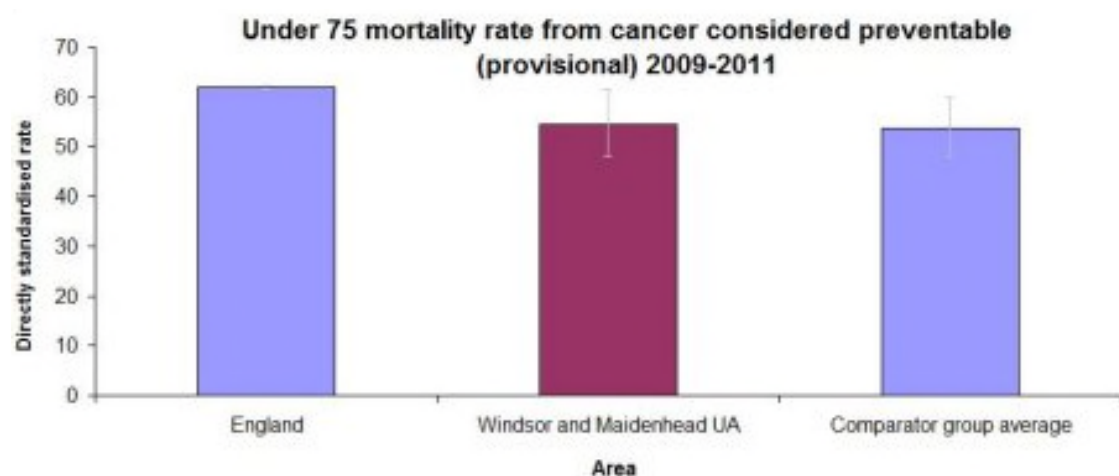
Residents have a better than average health status, with good life expectancy, rates of healthy eating, low amounts of sexually transmitted infections, high amounts of physical activity, with low amounts of obesity, diabetes and smokers. Our children have better than average rates of childhood obesity, being 7.1% for children aged 4-5 years and 14.3% of 10-11 year olds. However our immunisation rates needs to improve.

Cancer

Cancer rates, although decreasing, are still the largest cause of early death in RBWM. Around 375 in every 100,000 people in the Borough will be diagnosed with cancer every year.

There are now 2,258 people on cancer registers in local practices in the Royal Borough of Windsor & Maidenhead and nearly a third of deaths in 2008-10 were due to cancer.

Figure 15: Rate of deaths from cancer considered preventable for people aged under 75 in the Royal Borough of Windsor & Maidenhead (2009-2011)



Source: Public Health Outcomes Framework (2012)

55 in every 100,000 people aged less than 75 years in the Royal Borough of Windsor & Maidenhead dies from cancer where their death is considered preventable.

Whilst uptake of breast and cervical screening programmes within RBWM is similar or slightly better than the England average uptake of bowel screening is lower than needed.

Heart Disease and stroke

Mortality from heart disease and stroke in RBWM is better than the England average and has been decreasing in line with the England performance - with a 40% reduction in mortality rates in the past decade for people aged under 75, between 2001 and 2010. Despite these improvements, comparisons with other countries show that England could still do better in improving CVD mortality rates

In RBWM around 55 in every 100,000 people aged 75 or die from cardiovascular disease each year. Around 32 in every 100,000 people aged less than 75 years in the Borough die from cardiovascular disease whose deaths were preventable.

The NHS Health Check programme assesses the vascular risk of those between the ages of 40 to 74 years of developing heart to identify those with disease and provide advice to those at risk of developing heart disease in the future. In RBWM the number of health checks offered is significantly below the target expected and fewer people are responding to the offer of an NHS health check

Preventable factors

Smoking

Smoking has long been known to be a major risk factor in many diseases including cardiovascular disease, respiratory diseases, and many cancers.

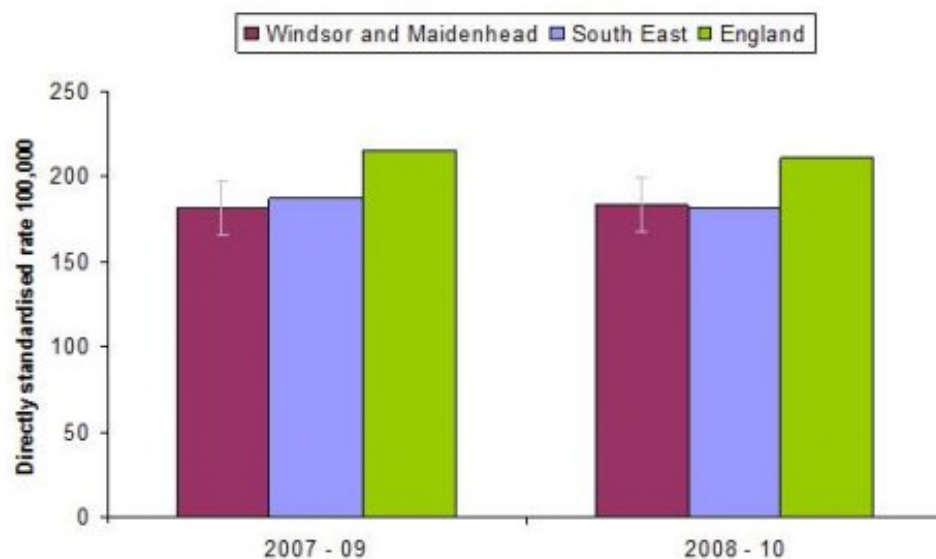
Tobacco use is the single most preventable cause of death in the England – killing over 80,000 people per year. This is greater than the combined total of preventable deaths caused by obesity, alcohol, traffic accidents, illegal drugs and HIV infections (*Action on Smoking and Health, 2013*)

Locally, deaths caused by smoking have been on the decline. However, rates in Windsor and Maidenhead have slowed and no change occurred between 2007-09 and 2008-10. Smoking related deaths in the Royal Borough are in line with the South East average and lower than the England average.

Whilst smoking prevalence in RBWM is low - 15%% - approximately 250 in 100,000 people aged over 35 years will die due to smoking related illnesses.

In addition approximately 800 people will be admitted to hospital with smoking related illnesses each year (*Local Tobacco Control Profile 2013*).

Figure 16: Smoking attributable mortality (2007-09 and 2008-10)



Source: Health and Social Care Information Centre (2011)

Alcohol

Alcohol consumption above these recommended levels is associated with numerous health and social problems. This includes several types of cancer, gastrointestinal and cardiovascular conditions and psychiatric and neurological conditions. The social effects of alcohol have been associated with road accidents, domestic violence, antisocial behaviour, crime, poor productivity and child neglect.

Whilst RBWM has fewer than average deaths due to liver disease - round 11 in every 100,000 people aged less than 75 and the number of residents claiming incapacity benefit due to alcoholism is less than the England average too, the impact on the health service is increasing. The Local Alcohol Profiles for England show that admissions to hospital that are estimated to be due to alcohol have risen slightly over the past five years for both men and women living in the Royal Borough of Windsor & Maidenhead. Overall, the numbers of adults accessing treatment has risen from 141 (2011/12) to 215 (2012/13).

Flu Vaccination

Flu immunisation is a public health programme that aims to reduce the mortality and morbidity from the influenza virus each year. The targets for immunisation have been missed in all groups in the Royal Borough of Windsor & Maidenhead - those aged over 65 years, children aged 2-3, adults with long term conditions (at risk) and pregnant women.

Childhood Immunisation

Immunisation protects people and communities from serious infectious diseases. As well as the individual being protected themselves, vaccinated people are also less likely to be a source of infection to others.

Childhood immunisations are a key programme to reduce the impact of infectious disease in childhood. In RBWM the uptake of key immunisations needs improvement. Figure 17 shows the coverage for the DTaP booster and MMR (Measles, Mumps and Rubella) 2nd dose for 5 years.

Figure 17: Childhood immunisations in Berkshire - DTaP booster and MMR coverage for 5 year olds

Local Authority	No. of eligible children	DTaP booster coverage	MMR coverage	Met 95% target for all three vaccines?
Bracknell Forest	1,469	89.0%	88.0%	No
Reading	2,707	92.4%	91.5%	No
Slough	2,440	81.3%	81.0%	No
West Berkshire	1,977	94.3%	92.6%	No
Royal Borough of Windsor and Maidenhead	2,036	88.0%	87.0%	No
Wokingham	2,037	94.3%	93.3%	No

Source: Thames Valley Primary Care Agency (2013)

Mental Health

Dementia

In the Royal Borough of Windsor and Maidenhead there are an estimated 37 people with early onset dementia rising to 46 by 2030. There are 1,678 people estimated to have dementia diagnosed at age 65 plus rising to 2,908 by 2030 (Source: PANSI). This equates to 12% of the population. However, just 0.5% of the population is recorded on GP registers as having dementia indicating that there are many people living with dementia who have not received a formal diagnosis.

16 people in every 100,000 living in the Royal Borough are admitted to hospital with Alzheimer's and other dementias each year. This figure is significantly below that of England and the South East.

Just fewer than 15% of deaths in people from the Royal Borough had a contributory cause of death as Alzheimer's, dementia, or senility in 2008-10. This is fewer than the proportions for England and the South East region as a whole

Children and Adolescent Mental Health

In 2012/13 the Windsor and Maidenhead Child and Adolescent Mental Health Service received 504 referrals for children with complex or severe mental health needs.

The total number of children and young people being treated by Berkshire Health Care Foundation Trust (across Berkshire) for a mental health disorder is presented below:

- In 2013/14 the number of 5 to 19 year olds in treatment with mental health disorder in Berkshire increased by 17.5% to 4,214
- In 2013/14 the total number of Deliberate Self Harm cases (DSH) increased by 52% to 76
- 26 young people admitted to the Berkshire Adolescent Unit with mental ill health, which is an increase on 16 in 2011/12

Older People

As has been shown the population of RBWM is older than the England average.

The projecting older people population information estimates that in 2013 8,710 people aged 65 and over living in the Royal Borough of Windsor and Maidenhead are unable to manage at least one self-care activity and this figure is expected to rise to over 10,100 by 2020. Thus a key priority to support our ageing population to stay healthy

Falls

Falls are a key priority within RBWM. Around 3 out of 10 people who are 65 years of age or over will have at least one fall a year and half of all people aged 80 or over will have at least one fall a year. Falls are the commonest cause of hip fractures in older people.

In RBWM whilst the rate of hip fractures has improved and is now slightly better than the national average, the rates of hospital admissions for falls is slightly higher than the national average.

The impact of the ageing population is that the numbers of falls and fractures will increase if further preventative measures are not taken to reduce each individual risk of falling. Estimates provided by POPPI suggest that 6,191 people aged 65+ had a fall in RBWM in 2012. The projected rise is to 9,604 by 2030.

Monitoring against the Public Health Outcomes Framework

The Public Health Outcomes Framework includes over 60 indicators, which measure key aspects of public health within a Local Authority area. In August 2014, the Royal Borough of Windsor & Maidenhead was seen to be “significantly worse” than the England figures on nine of these measures:

- 1.02ii School readiness - % of Year 1 pupils with FSM status achieving the expected level in the phonics screening check
- 1.18ii Social isolation - % of carers who say they have as much social contact as they want
- 2.15ii Successful completion of drug treatment – non opiate users
- 2.21vii Access to Diabetic Eye Screening
- 2.22iii NHS Health Checks - % of eligible population offered an NHS Health Check
- 2.22v NHS Health Checks - % of eligible population who received an NHS Health Check
- 3.02ii Chlamydia diagnoses (15-24 year olds)
- 4.08 Mortality from communicable diseases (Female)
- 4.09 Excess under 75 mortality rate in adults with serious mental illness

In addition to these measures, RBWM is also significantly worse than the national target for the percentage of people presenting with HIV at a late stage of infection. However, the Local Authority’s figures are similar to the national average.

Local Commissioning Strategies

The Royal Borough of Windsor and Maidenhead Health and Wellbeing Strategy

In developing the Health and Wellbeing Strategy for the RBWM the Health and Wellbeing Board, which brings together the key organisations that can help to improve health and wellbeing for residents and to ensure that these improvements are delivered, identified 3 key themes for work:

- **Theme 1** – Supporting a Healthy Population
- **Theme 2** – Prevention and Early Intervention
- **Theme 3** – Enable Residents to Maximise their Capabilities and Life Chances

□

Theme 1 Supporting a Healthy Population	Theme 2 Prevention and Early Intervention	Theme 3 Enable Residents to Maximise their Capabilities and Life Chances
<p>Helping people to stop smoking</p> <p>Encourage people to have medical NHS Health Checks</p> <p>Increase percentage of people having flu vaccinations</p> <p>Giving more people access to leisure services including SMILE for those who are over 50 years</p> <p>Setting up and promoting activities to help adults and children to improve their health in a range of settings including schools and childrens centres, to include information, mental health promotion, diet and obesity, alcohol / drugs and the impact of too hot or cold weather</p>	<p>Helping people to use technology to live more independently</p> <p>Reducing the number of people 65 years and over going into residential care homes</p> <p>Reduce the number of unplanned hospital admissions for residents</p> <p>Reducing the number of children in hospital with pneumonia / bronchitis</p> <p>Helping children who are in poverty or obese and improving child health</p> <p>Help people to live at home safely</p> <p>Reduce the number of people who fall over and who have injuries</p> <p>Safeguard vulnerable children and adults, protect them from harm</p>	<p>Help people who have a long term condition to manage their own health and wellbeing</p> <p>Helping people who need care at home to achieve what they want to</p> <p>Providing a range of housing options for residents who have different needs</p> <p>Supporting people who need help with employment, to volunteer or to get work experience</p> <p>Improving the resident experience of health and social care services</p> <p>Supporting Carers in their caring role</p>

Theme 1 Supporting a Healthy Population	Theme 2 Prevention and Early Intervention	Theme 3 Enable Residents to Maximise their Capabilities and Life Chances
	<p>With partners reduce the impact of crime and domestic abuse and the harm it causes to people & families</p> <p>Increasing the number of people using intermediate care and rehabilitation services</p>	<p>Support residents who are experiencing drug or alcohol dependency through treatment plans</p>

Windsor, Ascot & Maidenhead Clinical Commissioning Group's Operational Plan for 2014-2016 has been attached at Appendix 2 for further information.

Current Service Provision

The core Pharmaceutical Services, which is detailed in the section on “commissioning arrangements” and is currently provided through the National Pharmacy Contract three tiers:

- Essential Services
- Advanced services
- Enhanced Services

This contract is managed by NHS England (Thames Valley Area Team locally)

However in addition community pharmacy can be commissioned by

- CCGs - local commissioned services to support local needs and service transformation
- Local Authorities - locally commissioned services to support local needs

There are currently 29 community pharmacies in RBWM and 162 across Berkshire. These provide the essential services and a range of advanced and enhanced services. The types of business vary from multiple store organisations to independent contractors. There is one 100 hour pharmacies in RBWM.

Pharmacy of course is also available at our Hospital sites across Berkshire: there are pharmacies at Wexham Park Hospital, Royal Berkshire Hospital and Frimley Park Hospital. These are open to 6pm on weekdays and limited hours at weekends. However, they only dispense hospital prescriptions and will not do Standard Operating Procedure FP10 Prescriptions (prescriptions that can be taken to any community pharmacy to be dispensed) They do not sell any products and do not offer any additional services to the public.

Essential Services

The following services form the core service provision required of all 29 RBWM pharmacies as specified by the NHS Community Pharmacy Contract 2013:

- **Dispensing** - Supply of medicines and devices ordered through NHS prescriptions together with information and advice to enable safe and effective use by patients. This also includes the use of electronic RX (electronic prescriptions). Community pharmacies support people with disabilities who may be unable to cope with the day-to-day activity of taking their prescribed medicines.
- **Repeat dispensing** – Management of repeat medication in partnership with the patient and prescriber.

- **Disposal of unwanted medicines** – acceptance (by community pharmacies) of unwanted medicines which require safe disposal from households and individuals.
- **Signposting** - The provision of information to people visiting the pharmacy, who require further support, advice or treatment which cannot be provided by the pharmacy.
- **Public Health promotion** – Opportunistic one to one advice given on healthy lifestyle topics such as smoking cessation.
- **Support for self care** - Opportunistic advice and support to enable people to care for themselves or other family members.
- **Clinical governance** – Requirements include use of standard operating procedures, ensuring compliance with the Disability Discrimination Act and following quality frameworks to ensure safe delivery of services.

Advanced Services

Currently the only Advanced Services which are commissioned nationally are Medicine Use Review (MUR), Appliance Use Review (AUR) and Prescription Intervention Service. The MUR and AUR services provided by pharmacists are to help patients in the use of their medication and appliances. A MUR includes what each medicine is used for, side effects and if the patient has any problem taking them. The Prescription Intervention Service is in essence the same as the MUR service, but conducted on an ad hoc basis, when a significant problem with a patient's medication is highlighted during the dispensing process.

Local Services

The following local services are currently commissioned, as at August 2014 by:

Public Health within the council:

- **Supervised consumption** - This service requires the pharmacist to supervise the consumption of opiate substitute prescribed medicines at the point of dispensing in the pharmacy so ensuring that the dose has been administered to the patient.
- **Needle exchange** - The pharmacy provides access to sterile needles and syringes, and sharps containers for return of used equipment. The aim of the service is to reduce the risk of blood borne infections that are prevalent in people who inject drugs.
- **Chlamydia Screening** – Pharmacists supply Chlamydia Screening Postal Kits to any person aged between 15 and 24 upon request and will opportunistically offer Chlamydia Screening Postal Kits to young people attending the pharmacy who may be sexually active. This service aims to improve access to Chlamydia screening and so reduce the prevalence of Chlamydia.
- **Emergency Hormonal Contraception** - Pharmacists supply Emergency Hormonal Contraception (EHC) also known as the

'morning after pill', when appropriate to patients in line with the requirements of a locally agreed Patient Group Direction (PGD).

- **Smoking Cessation Services** – Working with the main provider of Smoking cessation services pharmacies provide a range of support including medication to people who want to give up smoking.
- **NHS Health Checks** - Pharmacies are commissioned to deliver NHS health checks to anyone aged 40 – 74, who does not have an existing cardiovascular condition. This provides the individual with an assessment of their risk on developing heart disease and allows signposting to GP follow up or health promotion services e.g. weight reduction / smoking cessation

By the CCGs within Berkshire:

- **Palliative Care Urgent Drugs Scheme** - making available locally a list of medication that may be required urgently for palliative care patients. A number of pharmacies ensure they keep the items in stock and can be accessed out of hours if required.

Advice to care homes is not available through community pharmacy but is provided by the medicines management teams in each CCG. This service provides support to staff within care homes, over and above the Dispensing Essential Service, to ensure the proper and effective ordering of drugs and appliances and their clinical and cost effective use, their safe storage, supply and administration and proper record keeping. This service is to improve patient safety within the care home and to ensure the safe storage, supply and administration of medicines.

By NHS England:

- Flu Immunisation - A pilot scheme was developed to increase flu vaccination availability in high risk groups through community pharmacy. In 2014 this scheme is being extended across Berkshire.

Private Services:

Some pharmacies offer private services, which are not commissioned, but are available to customers for additional payment e.g. diabetes screening.

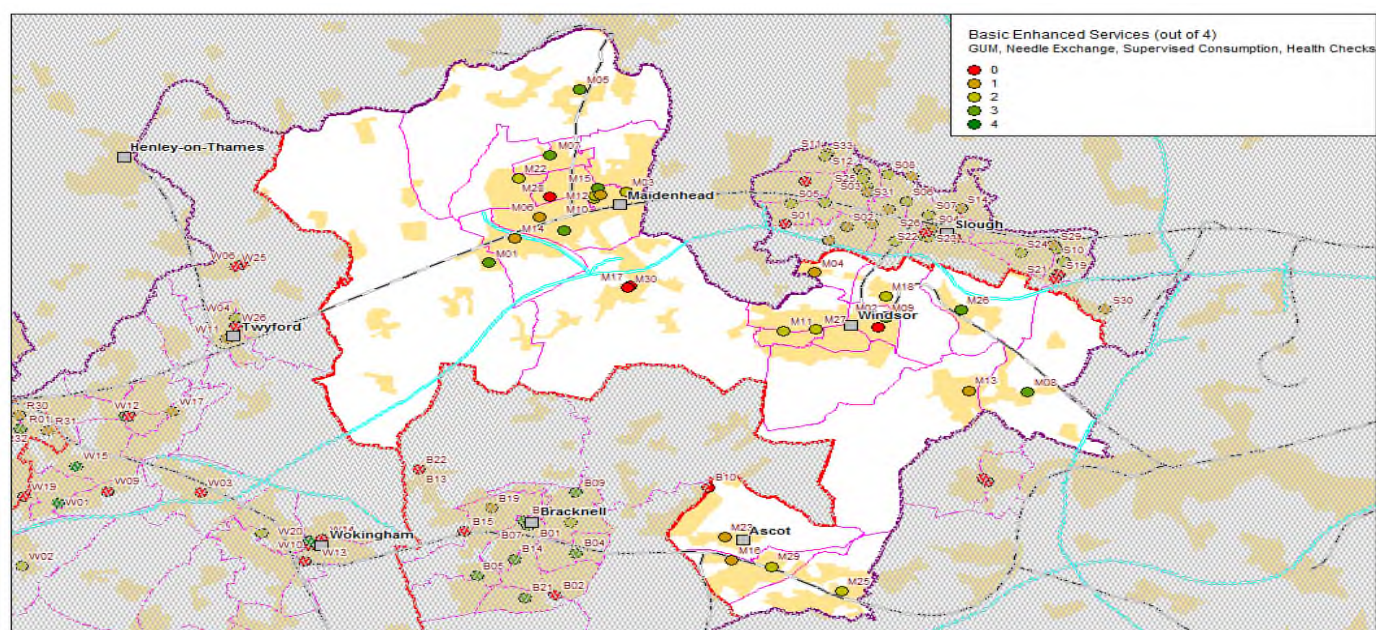
Pharmacy provision - current

Identified Health Needs	Current service provision Community pharmacy
Adults Self care	<ul style="list-style-type: none"> • Signposting is part of core contract • Medicine utilisation reviews • Health promotion campaign part of core contract
Smoking	<ul style="list-style-type: none"> • Solutions for health sub contract
Alcohol	<ul style="list-style-type: none"> • Pilot programme in pharmacies raising awareness of alcohol units
Cancer	<ul style="list-style-type: none"> • Health promotion campaigns - Bowel screening as part of core contract.
Cardiovascular disease	<ul style="list-style-type: none"> • NHS Health Checks
Chronic Obstructive Pulmonary Disease (COPD)	<ul style="list-style-type: none"> • Medicine utilisation reviews
Older people Winter excess death Winter warmth Flu Immunisations Falls	<ul style="list-style-type: none"> • Pilot of Flu immunisation to at risk groups
Dementia	<ul style="list-style-type: none"> • Friends trained
Sexual Health	<ul style="list-style-type: none"> • Emergency hormonal contraception • Access to condoms - C Card scheme • Signposting to Chlamydia screening
Substance misuse	<ul style="list-style-type: none"> • Needle exchange • Supervised consumption

Current Pattern of Enhanced services

For more details see Appendix 3.

Figure 18: Map of Pharmacies in the Royal Borough of Windsor & Maidenhead who provide the NHS Health Check Programme



Berks_PNA_ES_Aug14_r1.wor 26/08/2014 Sid Beauchant BHFT

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Dispensing Doctors

In addition to community pharmacies, to ensure access in defined rural areas (controlled localities) - GPs may provide dispensing services to patient who live more than 1.6km from a pharmacy. Across the UK nearly 3.8 million of these patients live remotely from a community pharmacy and at the patient's request dispensing doctors are allowed to dispense the medicines they prescribe for these patients. In total in the UK around 7% of all prescription items are dispensed by doctors.

Dispensary standards for doctors in England and Wales are set out in the Dispensary Services Quality Scheme (DSQS) which was agreed by the NHS, the General Practitioners' Committee and the Dispensing Doctors' Association, and introduced in 2006/07.

RBWM has 1 dispensing doctor at Holyport Surgery, Stroud Farm Road, Holyport.

Out of area service providers

Residents can of course access pharmacies in other areas, and RBWM borders with the following authorities:

- Slough
- Buckinghamshire
- Wokingham
- Bracknell Forest
- Surrey

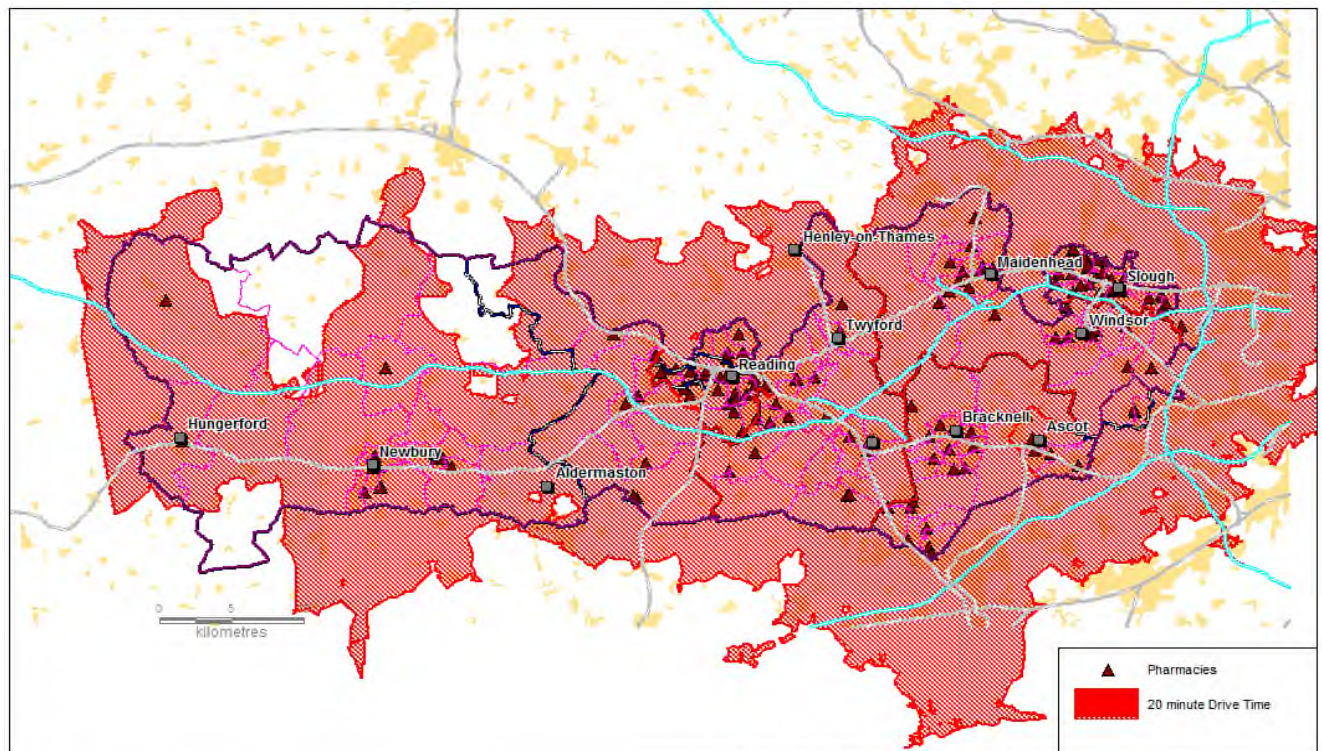
The map of provision shows the neighbouring pharmacies which are accessible to local residents. Information has been gathered on cross border services Appendix 1

Pharmacy Access and Services - survey

RBWM has 20 pharmacies per 100,000 residents which matches the England average rate.

One measure of accessibility is the number of patients that can get to a pharmacy within 20 minutes driving time (see Appendix 4 - drive time calculated by software Chronomap)). For RBWM it can be seen that all of the population can access a pharmacist within this time. More detailed views of access can be seen in appendix 4

Figure 19: Population of Berkshire that can get to a pharmacy within a 20-minute drive time



Berks_PNA_Apr14_v1.wor 15/05/2014 Sid Beauchant BHFT

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Opening Hours

A survey was undertaken of all pharmacists in RBWM. 27 providers out of 30 providers took part on this survey. The following information is taken from the survey.

All providers are open Monday to Friday between 6 am and 11 pm depending on the day of the week. All providers are open on Saturdays, with 4 open on a Sunday. In addition RBWM has one '100 hour per week' pharmacy.

Consultation Facilities

To deliver the advanced services e.g. medicines utilisation reviews and to potentially support patients with more knowledge on their illnesses and increase patient confidence in self care, pharmacist will need an area to provide this level of support in a confidential setting.

In RBWM 60% of providers have wheel chair accessible consultation facilities, an additional 40% have a consultation space however it is not wheel chair accessible. This is the highest level of non wheel chair accessible consultation facilities in Berkshire

Additional language availability

There are a wide range of additional languages spoken within the community pharmacy setting which is a key feature to increase access to support for some hard to reach communities.

Advanced services

Within RBWM all respondents provide advanced services for medicines, though this is not the case for appliance care and customisation services.

Figure 20: Royal Borough of Windsor & Maidenhead Pharmacy response to question about the provision of advanced services

	Yes	Soon	No
Medicines Use Review service	27 (100%)	0 (0%)	0 (0%)
New Medicine Service	27 (100%)	0 (0%)	0 (0%)
Appliance Use Review service	2 (7.4%)	2 (7.4%)	23 (85.2%)
Stoma Appliance Customisation service	1 (3.7%)	2 (7.4%)	24 (88.9%)

Collection and Delivery Services

Many patients with long term conditions have ongoing medication requirements. For them collection and delivery services may be crucial for accessing their prescriptions – having the prescription collected from the GP surgery and then delivered to their home. 100% of pharmacies in RBWM offer free prescription collection from the surgery services.

In addition 82% of community pharmacies offer free delivery to patients when requested usually to patients with limited mobility.

IT connectivity

IT connectivity refers to the ability of the pharmacy to link to the NHS information systems so allowing easier transfer of information e.g electronic prescriptions

Moving forward service integration will require sharing of information and so it will become increasingly important for pharmacy to have IT connectivity if they are to play a role in transformed services. 96% of pharmacies in RBWM have IT connectivity and 4% plan to address this in year.

Analysis of User Survey

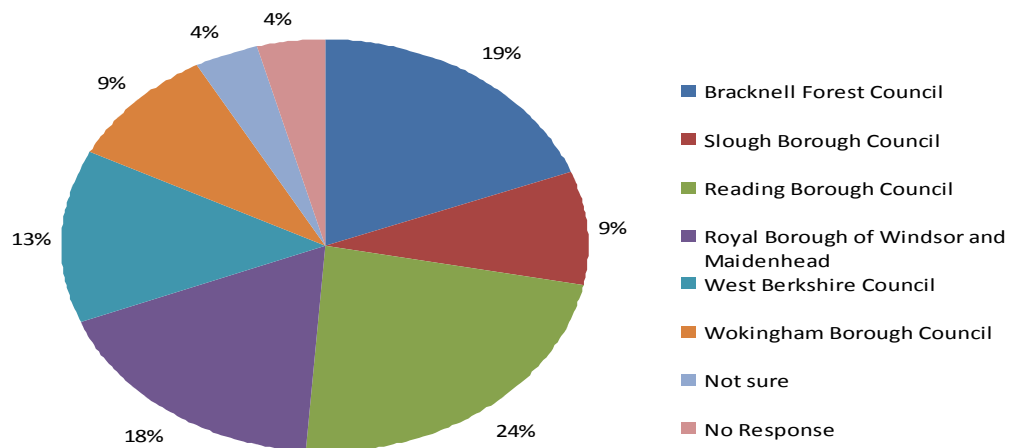
A key part of the PNA is to obtain the views of residents who use our community pharmacy and dispensing doctor services.

The survey was circulated in a number of ways. The survey was available at all of the local community pharmacists; the anonymous paper based surveys were then collected from these locations by courier. In addition the survey was available electronically on the Councils website. Posters in the pharmacies and press releases in the local papers tried to increase local awareness of the survey and to encourage participation.

Respondents

The survey was sent out across Berkshire, with 2,048 people responding. The responses by LA are shown below.

Figure 21: Which local authority area do you live in?



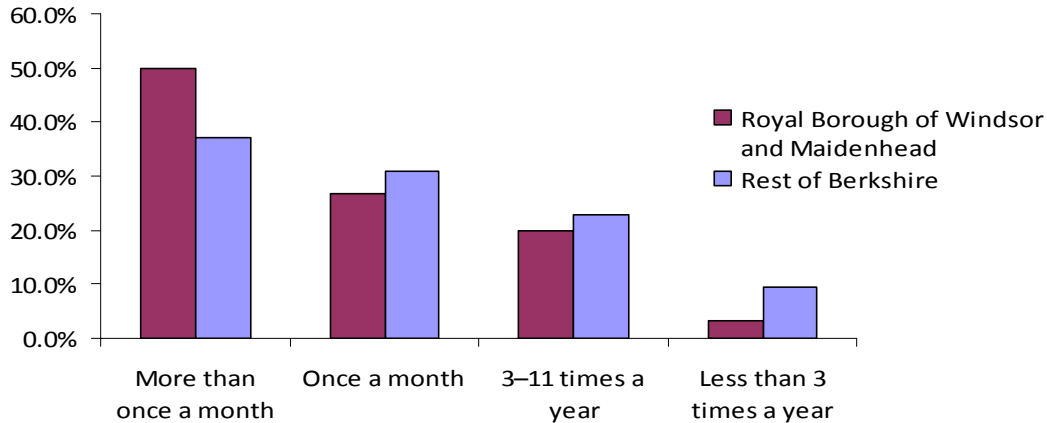
In RBWM there were 368 responses making up 18% of the total replies. Of these 83% were from respondents that classed themselves as white British and 6% as white other. The most common age groups that responded in RBWM were older than the rest of Berkshire with 55% being over 55 years and 18% of respondents being over 75 years.

Pattern of use

Residents were asked what services they used: 94% replied that they used community pharmacy, 4% a dispensing appliance supplier (someone who supplies appliances such as incontinence and stoma products) and 3% internet pharmacy. These results show a similar pattern of use to the rest of Berkshire.

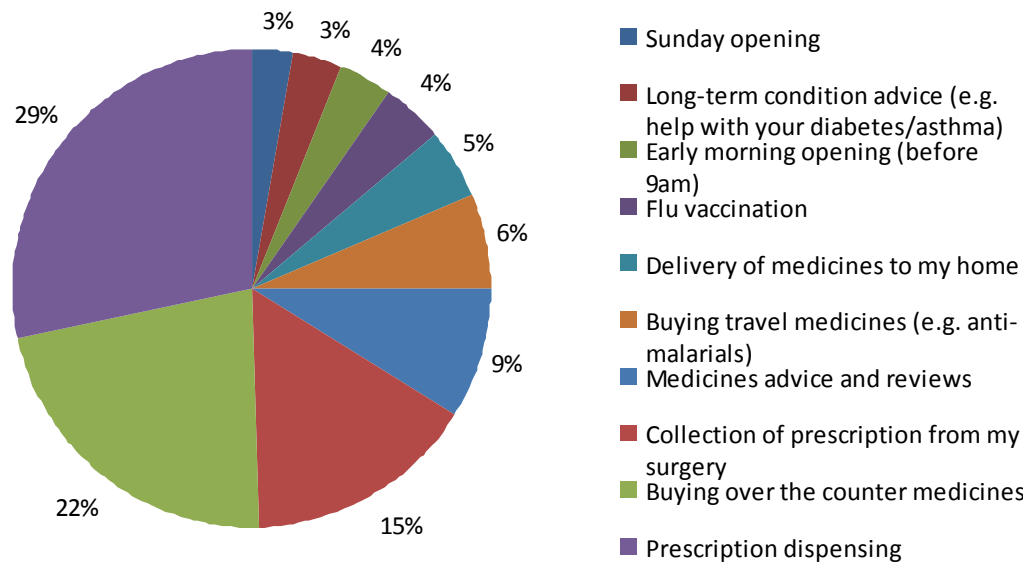
When residents were asked how often they used a community pharmacy they gave the following replies, which shows a higher usage in the “more than monthly” category than the rest of Berkshire.

Figure 22: How often do you use a pharmacy?



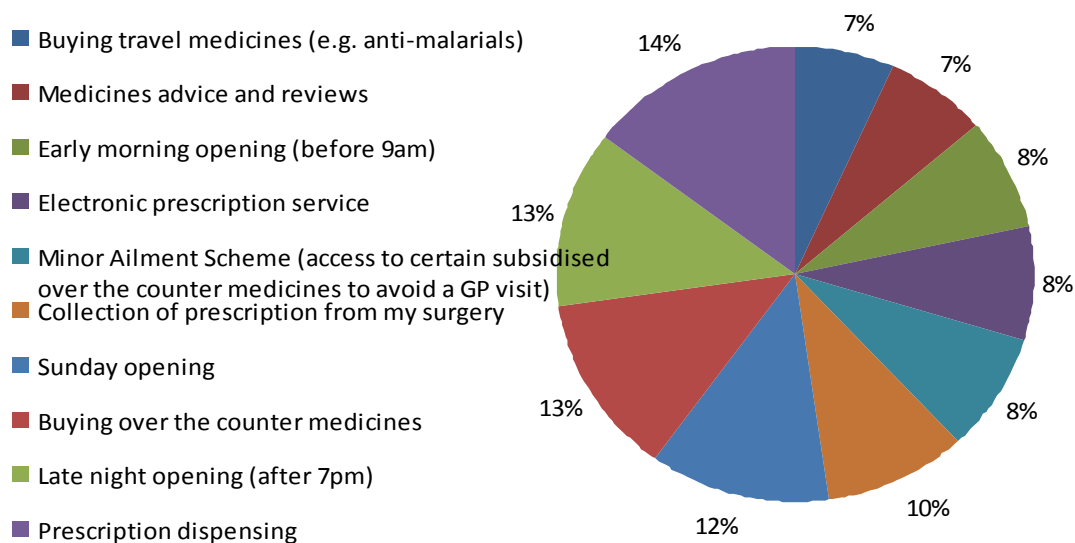
Additionally residents were asked about the type of services they currently use at their local pharmacy: As could have been expected the most common reason is to get prescriptions dispensed (29%) and buying over the counter medicines (22%). The results show how the respondents value to (voluntary) collection of prescription service provided by pharmacists (15%).

Figure 23: Which of the following service do you currently use at a pharmacy?



We also asked respondents' about the type of services they would like to see at a community pharmacy, whilst dispensing and medicines are still important and respondents again wish to see extended opening times, 13% would like to see late night opening, 8% early morning opening and 12% Sunday opening.

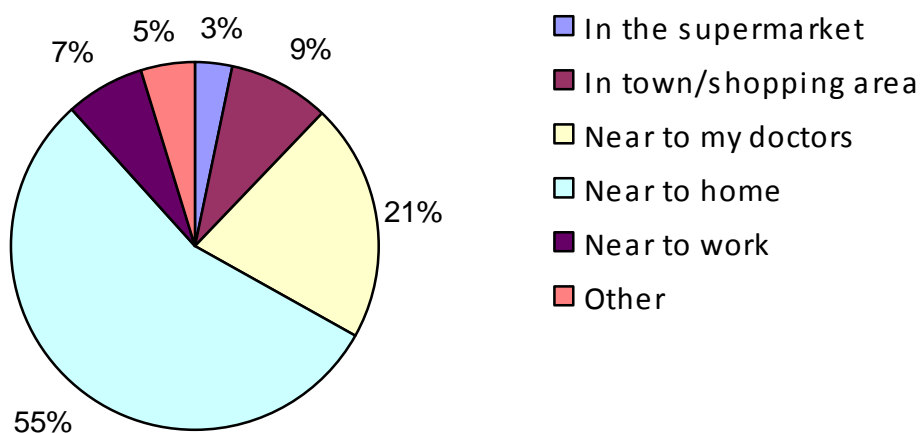
Figure 24: Which of the following services would you use at a pharmacy, if available? (Top 10 responses)



Access to pharmacy

Respondents state they have good access to services with 97% being able to access the pharmacy of their choice. The commonest reason for choice of pharmacy service was proximity to home (55%) with 21% stating that proximity to GP was the key factor

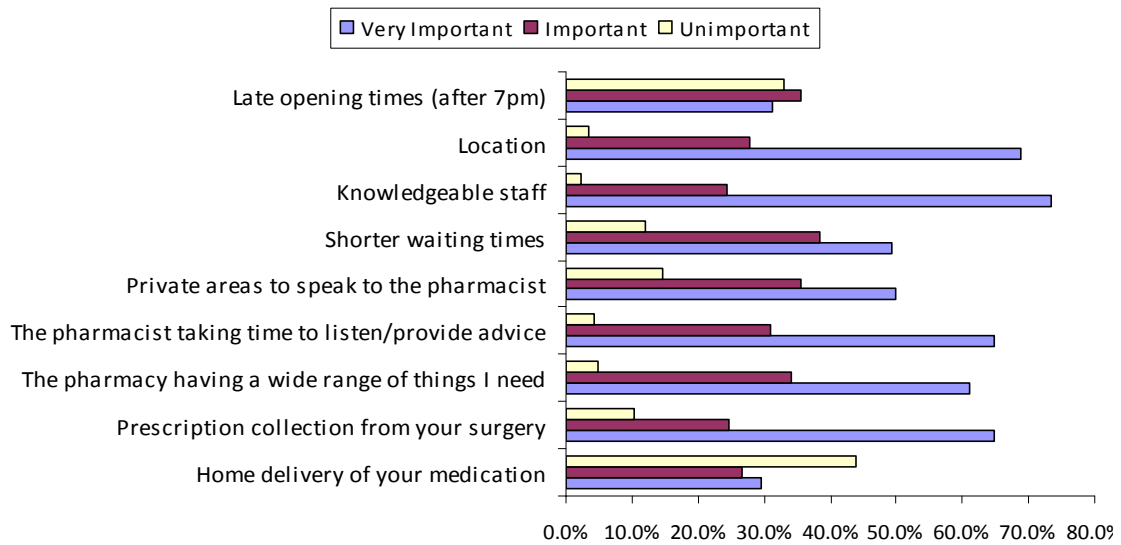
Figure 25: Reason for choice of pharmacy



More respondents' access pharmacy on foot (50%) with 35% using the car. 87% of respondents can access services within 15 minutes, and 12% within 15-30 minutes.

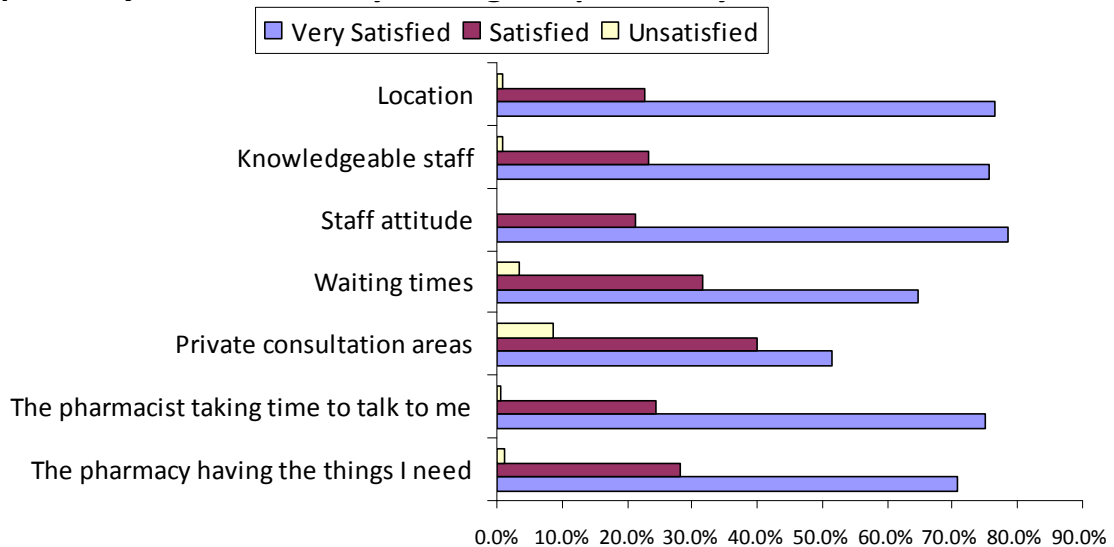
We asked respondents to rate the importance of the various services that pharmacies offer. The availability of knowledgeable staff is important closely followed by location.

Figure 26: How important are the following pharmacy services?



The final section of the survey tested the respondent’s satisfaction with services. As has been seen there is a high level of satisfaction across all areas, the lowest level of satisfaction was with the waiting times and private consultation space – for waiting time 4% expressed dissatisfaction and consultation space 8%.

Figure 27: How satisfied were you with the following services at your regular pharmacy?



Recommendations

The regulations governing the development of pharmaceutical needs assessments requires an assessment of pharmaceutical services in terms of:

- Services currently commissioned that are necessary to meet a current need
- Services not currently commissioned that may be necessary in specified future circumstance
- Services not currently commissioned that may be relevant in the future because they would secure improvements or better access to pharmaceutical services to address needs identified in the population.

Essential services

In order to assess the provision of essential services against the needs of our population we mapped and assessed the location of pharmacies, their opening hours and the provision of other dispensing services. See appendix 1 These are the factors that we consider to be key factors in determining the extent to which the current provision of essential services meets the needs of our current population.

Access Maps

RBWM is an affluent area (see appendix 6) and so there is high level of car ownership. Analysis shows that the current pattern of services provides good physical access to patients, with no gaps in the 20 minute drive time test. Current pharmacy provision matches the England average of 20 per 100,000 population.

However if the growth in population predicted occurs then the pharmacy provision falls to 19 per 100,000 below the national average. Therefore growth should be monitored to ensure that gaps in service provision do not occur in future.

Opening Hours

RBWM pharmacies offer a good range of opening hours. All providers are open Monday to Friday between 9am and 5 pm depending on the day of the week. All providers are open on Saturdays, with 4 open on a Sunday. In addition RBWM has one '100 hour per week' pharmacy.

In future with the extension of General practice working week then consideration may need to be given to extending the numbers of pharmacist open outside the normal working week to ensure access pharmacy support .

Patient views

94% of respondents used community pharmacy. The user survey shows that respondents are generally very satisfied with pharmacy services in the

borough. 97% are able to access the pharmacy of their choice, with 87% being able to access services within 15 minutes. There were lowest levels of satisfaction were seen with private consultation space 8% and waiting times 4% though the levels of dissatisfaction are low.

Conclusion - Essential Services

Overall the findings show that the pharmacy services currently provided are comprehensive and address the needs of RBWM residents. The level of provision matches the England average currently however if future population growth occurs as predicted then provision will fall below the national average and provision should be monitored to ensure no gaps in service occur.

In addition it is noted that in both the Health and Wellbeing strategy and the CCG commissioning plans there is a focus on self care, health promotion and early intervention services. In essence making it easier for residents to access information to understand and manage their own condition with expert professional advice and intervention as needed. Pharmacists have a key role to play in this and as this is a core essential service we would encourage all commissioners to work collaboratively with community pharmacy in this endeavour.

- Promotion of healthy lifestyles
- Prescription linked interventions
- Public health campaigns
- Signposting
- Support for self care

Advanced services

The advanced services are:

- Medicines Use Review and Prescription Intervention (MURs)
- New medicines management service (NMS)
- Appliance Use Reviews (AURs)
- Stoma Appliance Customisation Services (SACs)

These services aim to improve patients' understanding of their medicines; highlight problematic side effects & propose solutions where appropriate; improve adherence; and reduce medicines wastage, usually by encouraging the patient only to order the medicines they require and highlighting any appropriate changes to the patient's GP to change their prescription.

An important feature in the provision of advanced services is the provision of consultation areas within pharmacies; this was explored in some depth in the pharmacy contractor survey. 100% of pharmacies who responded in RBWM have access to consultation areas, though 40% do not have wheel chair access. In addition there is good provision of MUR services for medicines

with all respondents providing these services which are particularly supportive of residents with long term conditions. in those wards with high number of long term conditions

Conclusion - advanced services

Again the purpose of advanced services fits well with the local population and the increasing numbers of residents with ongoing conditions and fits with the Health and Wellbeing strategy and CCG strategic plans.

Pharmacists through their role in dispensing and MUR services can identify key residents at risk of complications and support their care. Work should continue to work with our pharmacy contractors to develop extensions to MUR services to widen access and target provision with high priority patient groups, e.g. patients at risk of falls which is an identified need.

In future with the population growth and the associated growth in long term conditions a growth in the current limit on the MUR services able to be supplied by pharmacists may be required - the current limit is 400 per pharmacy.

We will also work with pharmacy contractors, the LPC and LMC to improve understanding and awareness of MUR among patients and the public.

Locally Commissioned Services

Whilst it seems that there are sufficient numbers of pharmacies currently within RBWM the JSNA has identified a number of needs that in the future pharmacists could potentially address to improve resident experience.

Figure 28: Summary of identified health needs and potential developments in Royal Borough of Windsor & Maidenhead

Identified Needs	Health	Current service provision	Potential community pharmacy development
Adults Self care		Signposting is part of core contract	Strengthen use of community pharmacy as information hub for community contact - access to voluntary sector groups, exercise advice, "Making every contact Count" – building on the home delivery services offered freely through many pharmacies to identify frail patients at

Identified Needs	Health	Current service provision Community pharmacy	Potential community pharmacy development
			risks and support preventative integrated care
		Medicine utilisation reviews	To build on MUR and support wider information on the specific illness / motivational interviewing etc – e.g diabetes, asthma in children
		Health promotion campaign	Develop skills to increase capacity and capacity of pharmacies teams to provide information and support healthy lifestyle choice - Making every count
Smoking		Solutions for health sub contract	Widen participation of community pharmacy
Alcohol		Pilot programme in pharmacies raising awareness of alcohol units	Expansion of this programme into a full Alcohol Intervention and Brief Advice Service
Cancer		Health promotion campaigns - bowel screening as part of core contract.	Build on dispensing opportunities to identify worrying symptoms to sign post to care
Cardiovascular disease		NHS health checks	Expansion of provision within the communities focussing on the more deprived communities
Chronic Obstructive Pulmonary Disease (COPD)		Medicine utilisation reviews	Develop capacity and techniques to support inhaler technique
High use of accident and emergency admissions / children Minor Ailments		Previous minor ailment pilots	Potential of pharmacy to act as first port of call in a range of minor ailments to reduce use of GP and A&E
Older people		Pilot of Flu immunisation to at risk groups	Widen availability of flu immunisation to all groups

Identified Needs	Health	Current service provision	Community pharmacy development
Winter excess death Winter warmth Flu Immunisations Falls			Screen people on high risk medication to give targeted support and signposting
Sexual Health		Emergency hormonal contraception Access to condoms Chlamydia screening and treatment by PGD	LARC
Substance misuse		Needle exchange Supervised consumption	PGD - naloxone therapy BBV Testing and treatment HIV testing

The table shows identified health needs that could be addressed through commissioning of pharmaceutical services, subject to a robust business case and contractual negotiations.