

NOTICE  
OF  
MEETING  
  
**HEALTH AND WELLBEING BOARD**

will meet on

**TUESDAY, 12TH JULY, 2022**

at

**3.00 pm**

by

**VIRTUAL MEETING - ONLINE ACCESS AND ON [RBWM](#)  
[YOUTUBE](#)**

TO: MEMBERS OF THE HEALTH AND WELLBEING BOARD

Karen Shepherd  
Head of Governance  
Issued: 4<sup>th</sup> July 2022

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](http://www.rbwm.gov.uk) or contact the Panel  
Administrator **Mark Beeley** 01628 796345 / [mark.beeley@rbwm.gov.uk](mailto:mark.beeley@rbwm.gov.uk)

**Recording of Meetings** – In line with the council's commitment to transparency the Part I (public) section of the virtual meeting will be streamed live and recorded via Zoom. By participating in the meeting by audio and/or video, you are giving consent to being recorded and acknowledge that the recording will be in the public domain.

If you have any questions regarding the council's policy, please speak to 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 any apologies for absence.	Chairman		-
2.	<u>DECLARATIONS OF INTEREST</u>  To receive any declarations of interest.	Chairman		7 - 8
3.	<u>MINUTES/MATTERS ARISING</u>  To confirm the minutes of the meeting held on 29 <sup>th</sup> March 2022 and to consider any matters arising from the meeting.	Chairman		9 - 16
4.	<u>PHARMACEUTICAL NEEDS ASSESSMENT</u>  To consider and sign off the Pharmaceutical Needs Assessment.	Rebecca Willans		17 - 166
5.	<u>OLDER PEOPLES WORKING GROUP</u>  To hear from the Vice Chairman of the Group.	Edward Piekut		167 - 180
6.	<u>HEALTH AND WELLBEING STRATEGY – PRIORITY FOCUS – INTEGRATED SERVICES</u>  To consider the main theme of the meeting, including: <ul style="list-style-type: none"> <li>Children's Partnership Conference</li> <li>Integrated Care including a film of patient journey – our Locality Access Point and cluster Multi-disciplinary Team arrangement</li> <li>Population Health Management in Windsor</li> </ul>	Caroline Farrar Ben Byrne Lin Ferguson Jenny Plummer Dr Edward Harrison Dr Sufian Jabbar		Verbal Report
7.	<u>COVID-19 UPDATE</u>  To receive an update from the Head of Communities.	David Scott		Verbal Report
8.	<u>HOUSING UPDATE</u>  To hear from the Head of Housing and Environmental Health.	Tracy Hendren		Verbal Report

9.	<p><u>FUTURE MEETING DATES</u></p> <ul style="list-style-type: none"><li>• Tuesday 18<sup>th</sup> October 2022 – 3pm – York House, Windsor and Zoom</li></ul> <p>Dates for 2023 will be confirmed shortly.</p>	Chairman		-
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## MEMBERS' GUIDE TO DECLARING INTERESTS AT 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 Disclosable Pecuniary Interest (DPI) or Other Registerable 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.

Any Member with concerns about the nature of their interest should consult the Monitoring Officer in advance of the meeting.

### Non-participation in case of Disclosable Pecuniary Interest (DPI)

Where a matter arises at a meeting which directly relates to one of your DPIs (summary below, further details set out in Table 1 of the Members' Code of Conduct) you must disclose the interest, **not participate in any discussion or vote on the matter and must not remain in the room** unless you have been granted a dispensation. If it is a 'sensitive interest' (as agreed in advance by the Monitoring Officer), you do not have to disclose the nature of the interest, just that you have an interest. Dispensation may be granted by the Monitoring Officer in limited circumstances, to enable you to participate and vote on a matter in which you have a DPI.

Where you have a DPI on a matter to be considered or is being considered by you as a Cabinet Member in exercise of your executive function, you must notify the Monitoring Officer of the interest and must not take any steps or further steps in the matter apart from arranging for someone else to deal with it.

*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 (other than from the council) made to the councillor during the previous 12-month period for expenses incurred by him/her in carrying out his/her duties as a councillor, or towards his/her 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 council.
- Any licence to occupy land in the area of the council for a month or longer.
- Any tenancy where the landlord is the council, and the tenant is a body in which the relevant person has a beneficial interest in the securities of.
- Any beneficial interest in securities of a body where:
  - a) that body has a place of business or land in the area of the council, 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.

### Disclosure of Other Registerable Interests

Where a matter arises at a meeting which **directly relates** to one of your Other Registerable Interests (summary below and as set out in Table 2 of the Members Code of Conduct), you must disclose the interest. **You may speak on the matter only if members of the public are also allowed to speak at the meeting** but otherwise **must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation**. If it is a 'sensitive interest' (as agreed in advance by the Monitoring Officer), you do not have to disclose the nature of the interest.

*Other Registerable Interests (relating to the Member or their partner):*

*You have an interest in any business of your authority where it relates to or is likely to affect:*

- a) any body of which you are in general control or management and to which you are nominated or appointed by your authority*
- b) any body*
  - (i) exercising functions of a public nature*
  - (ii) directed to charitable purposes or*

*one of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union)*

## **Disclosure of Non- Registerable Interests**

Where a matter arises at a meeting which **directly relates** to your financial interest or well-being (and is not a DPI) or a financial interest or well-being of a relative or close associate, you must disclose the interest. **You may speak on the matter only if members of the public are also allowed to speak at the meeting** but otherwise **must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation**. If it is a 'sensitive interest' (agreed in advance by the Monitoring Officer) you do not have to disclose the nature of the interest.

Where a matter arises at a meeting which **affects** –

- a. your own financial interest or well-being;
- b. a financial interest or well-being of a friend, relative, close associate; or
- c. a body included in those you need to disclose under DPIs as set out in Table 1 of the Members' code of Conduct

you must disclose the interest. In order to determine whether you can remain in the meeting after disclosing your interest the following test should be applied.

Where a matter **affects** your financial interest or well-being:

- a. to a greater extent than it affects the financial interests of the majority of inhabitants of the ward affected by the decision and;
- b. a reasonable member of the public knowing all the facts would believe that it would affect your view of the wider public interest

**You may speak on the matter only if members of the public are also allowed to speak at the meeting** but otherwise **must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation**. If it is a 'sensitive interest' (agreed in advance by the Monitoring Officer, you do not have to disclose the nature of the interest.

## **Other declarations**

Members may wish to declare at the beginning of the meeting any other information they feel should be in the public domain in relation to an item on the agenda; such Member statements will be included in the minutes for transparency.

**HEALTH AND WELLBEING BOARD**  
**VIRTUAL MEETING - ONLINE ACCESS AT 3.00 PM**

**29 March 2022**

**PRESENT:** Councillor Stuart Carroll (Chairman), Huw Thomas (Vice-Chairman), Councillor Donna Stimson, Hilary Hall, Kevin McDaniel, Caroline Farrar, Stuart Lines and Neil Bolton-Heaton

Also in attendance: Councillor Maureen Hunt, Councillor Simon Bond, Councillor Gurpreet Bhangra, Councillor Amy Tisi, Deborah Nicholls, Jayne Reynolds, Jon Adams, Joanne Cocksey and Danielle Lane

Officers: Mark Beeley, Claire Lowman, Charlotte Littlemore, Charlotte Fox, Georgia Careless, Holly Jenkins and Anna Richards

**PART I**

**292/15 APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Coppinger, Prince Obike and Tracy Hendren.

**293/15 DECLARATIONS OF INTEREST**

The Chairman declared a personal interest as he was an independent healthcare consultant, infectious disease specialist and vaccines expert and he had formerly worked for Sanofi Pasteur. He was currently working as an adviser for the Vaccines Taskforce and Antiviral and Therapeutics Taskforce. Councillor Carroll declared this in the interests of full transparency and to highlight that should for any reason during the meeting, or indeed during future meetings, the Health and Wellbeing Board discussed anything directly related to Sanofi Pasteur's business he would abstain from the discussion and leave the room as required.

**294/15 MINUTES/ACTIONS**

**RESOLVED UNANIMOUSLY: That the minutes of the meeting held on 18<sup>th</sup> January 2022 were agreed as a true and accurate record.**

**295/15 UPDATE IN GENERAL PRACTICE**

Huw Thomas, Clinical Chair NHS Frimley CCG, said that the pandemic was not over. GP practices were open but were still operating differently, with strict safety, infection prevention and control measures in place. However, there had still been a significant number of cases seen in practices. There had been an increase in demand for all appointments, with more patients considering their condition to be urgent. There was a backlog of routine chronic disease management including diabetes, respiratory and heart disease. An ongoing effort was to offer preventative services and GPs had continued to manage people on waiting lists to access community and secondary care services. Workforce morale and retention was difficult under current measures, with capacity stretched across a number of services including vaccinations. There had been a lot of sickness absence from staff, both Covid and

non-Covid related.

Caroline Farrar, Executive Place Managing Director CCG, explained what was happening to improve patient access. Capacity had been increased with £6 million being invested to provide around 59,000 additional appointments across Frimley from October 2021 to April 2022. There had been an increase in workforce capacity and the skills mix that staff offered, while additional premises capacity had also been released. Digital support was being utilised, ensuring that patients got the right care for their needs, while telephony systems had been upgraded to further increase capacity. Caroline Farrar said that it was important that GPs continued to engage and communicate with residents, primary care networks had been supported to improve this. Population health management had been used to ensure that those that needed additional support were targeted and reduced health inequalities. Primary care networks had been developed so that scale models of care were based on local population needs.

Caroline Farrar showed some data to the Board, outlining the increase in capacity of appointments over the past couple of years, along with the overall comparison of activity levels across Frimley.

Changes had been made to GP practices, appointments could be triaged which would allow GPs to determine if a patient needed to be seen in person or whether a virtual or phone consultation was more appropriate. Receptionists were being trained to allow them to direct patients in the right direction and free up time and resource for GPs. Additional staff had been brought into each practice to better support the practice, the best person would be connected to the patient and this would not always necessarily be the GP.

Caroline Farrar concluded by saying that more appointments were available in general practice than ever before, but more people wanted and needed appointments now than before the pandemic. Colleagues were working hard to improve capacity and appointments could therefore be triaged based on clinical needs and priorities. Additional appointments were available across RBWM, in Maidenhead, Windsor and Ascot.

Huw Thomas showed a piece of communication which had been advertised to patients to show them where they needed to go if they were feeling unwell.

The Chairman agreed that the pandemic was not over and he could appreciate the pressures that GPs were currently under as a result. It was important that people still came forward for their Covid vaccine if they had not done so. The Chairman said that he was aware of residents who had struggled to get a GP appointment, he asked what residents could do to get themselves an appointment.

Huw Thomas said that patients needed to consider if they needed to see a GP. There were various methods of accessing GPs, the e-consultation process could be used as a good method of self-care. It should not be used in emergencies but could be used in a number of situations.

The Chairman said that he had recently used the e-consultation tool and found it to be very easy and useful.

Councillor Hunt said that she had heard that Royal Berkshire Hospital in Reading had recently adopted a new strategy, patients were allowed only one visitor, they had to be signed in and also had to provide evidence of a negative LFT. She asked if this was also happening at Frimley.

**ACTION – Caroline Farrar to find out if this strategy was also used at Frimley and report back to Councillor Hunt.**

Huw Thomas said it was very sensible for visitors to hospitals to take a LFT in advance.



The Chairman was grateful for the work of GPs, particularly under the current pressures.

## 296/15 SMOKING CESSATION

Anna Richards, Consultant in Public Health, said that it had been agreed at the last Board meeting that there would be a focus on smoking.

Charlotte Fox, Public Health Programme Officer, explained that a Health Needs Assessment (HNA) had been undertaken on smoking in RBWM. There was a goal in the Corporate Plan to reduce the number of residents that smoked in the borough. There were three main aims of the HNA:

- How many residents smoke and did it vary across different groups?
- What services did residents have to support them to stop smoking?
- Was there anything that should be done differently to help people to stop smoking?

Considering the evidence of best practise, all frontline health professionals provided brief advice to anyone that they came into contact with, who had been identified as a smoker. Services had an aim to treat 5% of the estimated population who smoked each year. Of those who accessed services for smoking cessation support, 35% or more should achieve a successful quit within 4 weeks. It was also recommended that behavioural support and pharmacotherapy was made available to adults that smoked.

The NHS Long Term Plan suggested that by 2023/24:

- All people admitted to hospital that smoked would be offered NHS-funded tobacco treatment services.
- The model would also be adapted for expectant mothers, and their partners, with a new smoke-free pregnancy pathway which included focused sessions and treatments.
- A new universal smoking cessation offer would be made available as part of specialist mental health services for long term users of specialist mental health.

Charlotte Fox explained that different data sets had been used as part of the HNA, which could provide slightly different results depending on the data which was used. In RBWM, just under 10% of the population or 16,195 people, were currently smokers. This was 6,495 male and 9,700 female, with 77.7% being of white ethnicity. This data was caveated as it relied on clinical coding on GP records, which could be out of date if patients had not visited their GP for a duration of time. Therefore, the first recommendation of the HNA was to work collaboratively with Frimley ICS, Primary Care Networks and GPs to identify any current gaps to improve how smoking status data was recorded on patient records. After considering the data on who smoked and who needed the service, the second recommendation was to undertake targeted work with those residents and communities who had disproportionately high rates of smoking.

Considering the current service provision, a smoking cessation specialist practitioner provided behavioural support for adult residents. Pharmacotherapy was not currently provided and the service did not currently perform carbon monoxide validations for quits. The third recommendation of the HNA was to use evidence to start discussions and develop a costed appraisal to determine the health impact of providing pharmacotherapy with psychosocial support, balanced against the financial impact. In 2019/20, there were approximately 55 people in RBWM that set a quit date, with 73% achieving a successful 4 week quit. This led to the fourth recommendation, which was to continue to commission a psychosocial support service that delivered a combination of in person and virtual support for any adult in RBWM who wished to quit smoking. There was an NHS ambition for a smoke free society by 2030.

Considering other Berkshire authorities, RBWM was at the lower end of the scale in terms of the total number of smokers who had successfully quit within 4 weeks. The fifth recommendation from the HNA was that opportunities should be explored for joint commissioning with Frimley ICS to procure a joint smoking cessation contract in the future. Smoking cessation should also be considered as an integral part of an integrated healthy behaviours service. To improve smoking data, it was recommended that in depth quantitative and qualitative feedback was acquired from the local service and service users, this would allow an evidence base to drive future proposals.

Considering the next steps, the Public Health team had started to draft a paper on nicotine replacement therapy options. Work was being done with the Communications team on an engagement campaign, while an integrated healthy behaviours health needs assessment was also underway.

The Chairman asked what was being done in terms of prevention and younger people.

Kevin McDaniel, Executive Director of Children's Services, said that there were a number of activities in secondary school PSHE programmes which was around healthy behaviours, which included smoking. The work from the HNA would feed into the development of the curriculum.

The Chairman said that persistent smoking could be linked to mental health and this was a challenge that was important to consider.

Huw Thomas agreed that they often linked with mental health, it was important that there was easy access for nicotine replacement therapy. It was disappointing to see low figures for quit rates in RBWM. He asked when the findings of the HNA would be discussed.

Anna Richards said that the HNA had been completed and it would be published on the Joint Strategic Needs Assessment website as soon as this was up and running. Charlotte Fox was currently completing the options appraisal paper for the nicotine replacement therapy to see the options and enable the team to make a decision.

Huw Thomas asked when residents could see a different service, as a result of the HNA.

Anna Richards responded by saying that decisions would be made in weeks, so would be coming through in the imminent future. There was a wider piece of work on service delivery of smoking cessation and how to increase the numbers accessing the service. Those that were using the service had a high quit rate. There was an ambition for more integrated services, as people who needed support to quit smoking could also need support to lose weight, become more active and drink less, these behaviours did not happen in isolation. Work was being done in relation to this with colleagues from Bracknell Forest and Slough.

Stuart Lines, Director of Public Health for East Berkshire, said that one of the Frimley ICS ambitions specifically focused on smoking. A smoke free society could only be achieved by all partners working together, it was also important to stop new smokers from starting. Promoting environments that did not support smoking was also key, society had made big strides in developing this target.

The Chairman said that the context of the pandemic also needed to be considered with smoking.

**RESOLVED UNANIMOUSLY: That the Health and Wellbeing Board noted the Smoking Cessation Health Needs Assessment as set out in Appendix A.**

297/15 HEALTH AND WELLBEING STRATEGY PRIORITY FOCUS - CHAMPIONING MENTAL HEALTH AND REDUCING SOCIAL ISOLATION

**RESOLVED UNANIMOUSLY: That the order of agenda items was changed, so that the priority focus of the meeting was considered before the Terms of Reference for the Strategic Partnerships.**

Hilary Hall, Executive Director of Adults, Health and Housing, said that the priority was based around championing mental wellbeing and reducing social isolation.

Joanne Cocksey, Clinical Psychologist, gave a presentation on the Phoenix Unit. This was a day hospital and home treatment service for young people between 12-18 years of age with moderate to severe and complex mental health disorders whose needs could not be met within community settings. The day programme consisted of a structured programme of therapeutic activities on site. The unit was open every day of the year, between 8am – 8pm Monday to Friday and 9am – 5pm at weekends and bank holidays. There was capacity for 16 young people at any one time, it was anticipated that eight would be on the day programme and eight on home treatment but this was flexible. The intensity of the support depended on the individual needs, with the aim of stabilising the individual to allow them to transition back into community care as soon as possible. The aim for the average length of stay was 12 weeks.

The Phoenix Unit could offer a number of services, including multidisciplinary assessment, medication initiation, dietetic advice and education support. Joanne Cocksey gave an example of the daily routine for an individual at the unit. A number of different groups were also run, for example a motivational and resilience group, a parent support group and a nutrition group. Joanne Cocksey gave some examples of case studies for individuals who had been through the service, the support they had received and how their journey had progressed through the service, along with some positive feedback.

Councillor Stimson said that she was really impressed, when young people left home parents had a lot less control. She asked if there was any scope for any other capacity at the service, for example other activities which could be offered to individuals.

Joanne Cocksey said that the service balanced the approach of meeting the needs of individuals while allowing families to stay together.

Anna Richards asked if there was anything that could be done earlier in the community to support these young people.

Joanne Cocksey said that early intervention was needed, the earlier the service was able to intervene the better chance of preventing health issues from occurring. The mental health support teams were being developed in schools to work with young people at an earlier stage, it was important to listen to young people and understand how they were feeling.

Kevin McDaniel asked about the workforce and if there were any concerns over the capacity of the service from the workforce side of things.

Joanne Cocksey said that the service was well resourced currently, looking at broader CAMHS support there were difficulties with recruitment as there was a big demand for services.

Deborah Nicholls, Physical Health Clinical Lead Nurse, gave a presentation on physical health checks. Having a serious mental illness represented a significant health inequality. For example, people were twice as likely to die from heart disease and rates of breast and lung cancer were higher than the general population. Employment rates were also lower and there was a higher chance of alcohol consumption, risk of obesity and hypertension. In Berkshire,

the healthcare system was offering annual physical health checks to patients within a year of a serious mental health illness diagnosis. The health check considered:

- Body Mass Index
- Weight
- Smoking
- Alcohol consumption
- Blood glucose
- Blood lipids
- Blood pressure

The QRISK3 score was used, this was an algorithm that predicted cardiovascular risk based on age, sex and social deprivation. It estimated the risk of a person developing cardiovascular disease over the next 10 years and could be applied to patients between the ages of 25 to 84. Patients who received a score of 20% or more were considered a higher risk.

Deborah Nicholls outlined some examples of patients who had received a health check, along with the appropriate interventions which had been implemented as a result. A graph was shown with the completed percentage of physical health checks for each East Berkshire authority, there was an aim to achieve 95% by March 2023.

Hilary Hall explained that the item was designed to allow the Board to focus on the specific priority which was part of the health and wellbeing strategy. Social isolation was often confused with loneliness, but they were different concepts. Social isolation was defined around the number of contacts people had, where as loneliness was about the mismatch between the quantity and quality of social relationships someone had and those that they wanted. Causes could be linked to social networks, health, individual characteristics and community characteristics.

Impacts of social isolation and loneliness included:

- Link with early deaths.
- Greater risk of inactivity leading to more risk-taking behaviours.
- Sleep problems and increased stress response.
- Increased risk of depression and low self-esteem.
- Likelihood of increased visits to GP.
- Potential for cognitive decline.
- For working age adults, it could be associated with poor performance.

Jon Adams, CEO of Maidenhead United Football Club, gave a presentation on Magpies in the Community and its role. Maidenhead United was a large community sports club and ran a National League accredited academy programme in partnership with the Berkshire College of Agriculture. The Maidenhead United juniors section currently had 47 teams and nearly 600 members, with plans to expand this further. Magpies in the Community supported the health and wellbeing of the community and provided opportunities for local people of all ages and abilities to be active and socially engaged. There were a number of community partners and commercial organisations that worked in partnership with Magpies in the Community. After the first lockdown, Magpies community care was launched which was a support hub for vulnerable residents in the local community and also included a hotline which residents could use if they needed support. The Magpies 150 challenge project was based around fundraising for local charities who had struggled financially, with over £35,000 being raised so far. The wellbeing circles project was being delivered in partnership with Frimley, with the objective being to use volunteers to create circles with shared experiences and needs.

Jon Adams concluded the presentation by giving some examples of residents who had benefitted from the various projects which Magpies in the Community were involved with.

Councillor Stimson said that she was working with Jon Adams as part of the climate partnership. Sport brought the community together and Maidenhead United played a big role in the community.

Danielle Lane, Abri, said that through the Embedding Community Response Project, work had been done with providers to create the 'YES model'. This enabled the group to share ideas, resources, and support with quality assurance at the various meetings which were held. The 'Turn It Around' project supported the first delivery of the programme and supported aspirations, physical health and mental health. £10,000 had recently been received from Get Berkshire Active and £5,000 had been received from the RBWM Covid grant scheme. The project was now working with Maidenhead Mosque and Maidenhead Rowing Club, there was an aspiration to build this further in future.

Hilary Hall concluded by saying that it was good to see the depth of activity which was ongoing, she hoped the presentation had been useful for the Board.

The Chairman thanked all those that had presented the work that they were involved in. It was important that these activities were promoted widely across the borough so that residents were aware of them.

#### 298/15 TERMS OF REFERENCE FOR THE STRATEGIC PARTNERSHIPS

Hilary Hall explained that there was a proposal to set up two strategic partnerships, one for adults and one for children, this would give focus on the key strategies going forward. There were some specific strategies from an adult social care viewpoint which needed to be put in place for the new inspection and assurance process. The strategic partnership board was a forum where this could be developed. The Health and Wellbeing Board were asked to note the terms of reference, an update report would come back to the Board in six months time.

The Chairman said that the report was clear and detailed, he was happy with the proposal.

**RESOLVED UNANIMOUSLY: The Health and Wellbeing Board was asked to:**

- a) Note the terms for reference for the two Strategic Partnership Boards.**
- b) Note that a progress report from each Board would come to the Health and Wellbeing Board in six months' time.**

#### 299/15 LOCAL OUTBREAK ENGAGEMENT BOARD AND COVID-19 UPDATE

Hilary Hall gave an update on the Outbreak Engagement Board, which had been meeting monthly for the last 18 months. The Board ensured that there was good communication and engagement with residents, cases had continued to rise but without restrictions there was little that the Board could influence. The Outbreak Engagement Board was set up as a subgroup of the Health and Wellbeing Board, Hilary Hall asked if the Board should continue meeting, or if the frequency of meetings should be changed to reflect the situation.

The Chairman said that while the pandemic was not over, it was sensible to look at the frequency of meetings. If things changed drastically, more meetings could be scheduled but he did not want to stretch officer resources and time.

Hilary Hall said that she would look to amend the frequency of meetings, a more substantive update could be given at the Health and Wellbeing Board as a result.

**ACTION – Hilary Hall to investigate changing the frequency of meetings of the Outbreak Engagement Board.**

300/15 UPDATE ON THE HOUSING STRATEGY AND THE HOMELESSNESS & ROUGH SLEEPING STRATEGY

Hilary Hall said that the report had been circulated to Board Members.

The Chairman said it was pleasing to see the high performance of the Housing team in terms of output and also that the integration of services was delivering positive outcomes.

301/15 BETTER CARE FUND UPDATE

Hilary Hall updated the Board and said that the Better Care Fund (BCF) was a pooled budget between health and social care of around £13.8 million. The primary objectives were around:

- Protecting adult social care.
- Preventing hospital admissions.
- Supporting people to live independently at home.
- Reducing delayed discharges from hospital.

The BCF Plan was signed off at the end of 2021, RBWM had signed off the section 75 agreement. The planning guidance for 2022/23 had not yet been issued, even though the new financial year started at the end of the week. The indicators showed that the council was on track with the BCF. For example, on the indicator around reablement, the target was 87.5 and the council was currently at 86.5. On admissions to care homes, the council was on target. At the last meeting of the group, each target was discussed and the plan for next year was considered.

302/15 FORWARD PLAN

The Chairman said that if there were any items that Board Members would like to see added to the agenda, he was happy to consider them.

Councillor Stimson said an item on the climate partnership would be useful, particularly considering the link between health and wellbeing and climate change. She would forward on the information to Board Members so that they could consider if it was something that they would like to add to a future agenda.

The Chairman said that it sounded like a good suggestion.

303/15 FUTURE MEETING DATES

The next meeting of the Board was scheduled to take place on Tuesday 12<sup>th</sup> July 2022, starting at 3pm.

The meeting, which began at 3.00 pm, ended at 5.25 pm

CHAIRMAN.....

DATE.....

Report Title:	Royal Borough of Windsor and Maidenhead Pharmaceutical Needs Assessment 2022-2025
Contains Confidential or Exempt Information	No - Part I
Cabinet Member:	Councillor Carroll, Cabinet Member for Adult Social Care, Health, Mental Health and Children's Services
Meeting and Date:	12 <sup>th</sup> July 2022
Responsible Officer(s):	Duncan Sharkey, Executive Director of Adults, Health and Housing & Anna Richards, Head of Service Public Health
Wards affected:	All



## REPORT SUMMARY

The objectives of this report are to appraise the Health and Wellbeing Board (HWBB) of the conclusions of the Royal Borough of Windsor and Maidenhead (RBWM) Pharmaceutical Needs Assessment (PNA) 2022-2025 and gain HWBB approval to publish the PNA by the statutory deadline of the 1<sup>st</sup> October 2022.

The key benefit of the PNA to residents is that NHS and local authority commissioners have a more up to date understanding of local pharmaceutical services, to inform decisions about provision of such services. This PNA update has not identified unmet need for pharmaceutical services in RBWM. The PNA governance has included delivery by a third party provider and oversight by a Berkshire PNA steering group, which is considered a best practice approach to PNA production.

The proposals in the report support the vision "Creating a sustainable borough of opportunity and innovation" by influencing access to services that can help residents manage their health.

## DETAILS OF RECOMMENDATION(S)

**RECOMMENDATION:** That the Health and Wellbeing Board notes the report and:

- i) Approves the Royal Borough of Windsor and Maidenhead Pharmaceutical Needs Assessment 2022-2025 for publication.
- ii) Approves publication of the PNA to the RBWM website.
- iii) Notes that if significant changes occur during the lifespan of the PNA, the HWBB will be notified.

# 1. REASON(S) FOR RECOMMENDATION(S) AND OPTIONS CONSIDERED

## Options

**Table 1: Options arising from this report**

Option	Comments
Approve publication of the RBWM PNA 2022-2025 <b>This is the recommended option</b>	It is a statutory requirement that HWBBs produce an update to their PNA once every three years or sooner if deemed necessary due to changes that might impact the need for such services. Due to the impact of the COVID-19 pandemic, the statutory publication schedule for PNAs was deferred for 2021/22, with the new deadline for publication as 1 <sup>st</sup> October 2022.
Do nothing This is not a recommended option.	RBWM's current PNA has expired and a refresh must be published by 1 <sup>st</sup> October 2022. Production of the 2022-2025 PNA has been overseen by a Berkshire PNA steering group, a best practice governance structure for PNAs, with appropriate RBWM specific input.

- 1.1 As outlined in the Health and Social Care Act 2012 – as of the 1st April 2013 every HWBB has had statutory responsibility to publish, and keep up to date, a statement of the needs for pharmaceutical services in their area. This is referred to as the Pharmaceutical Needs Assessment (PNA). The first PNA had to be published on the 1st April 2015 and revised every three years after that, or sooner if a HWBB is made aware of a need to do so. Otherwise, supplementary statements may be published for small changes. This requirement was updated in statute in response to workforce capacity demands associated with the COVID-19 pandemic, allowing publication of the current revised PNAs by the 1st October 2022, rather than April 2022.
- 1.2 The PNA process is statutorily defined, including details such as when the PNA must be published, the PNA methodology and the requirement to undertake a 60-day consultation process. It is also strongly recommended that a PNA steering group is formed to support the HWBB in delivering the PNA.

## Management and delivery of RBWM's 2022-2025 PNA

- 1.3 Typically, Directors of Public Health (DPH) are delegated as the lead HWBB member responsible for overseeing the PNA. In Berkshire, the two DPHs for the six local authorities in the area agreed to commission the production of the six Berkshire PNAs to a third-party provider. This was to ensure timely delivery, to a good standard, mitigating against the COVID-19 pandemic



pressures on local public health teams. The provider was selected based on a three quotes process with a 60:40 quality:price ratio. Healthy Dialogues won the contract and have delivered the six Berkshire PNAs (including for RBWM HWBB). The service specification that Healthy Dialogues delivered to included responsibility for undertaking the statutory PNA processes and writing of the PNAs.

- 1.4 Management of the contract with Healthy Dialogues was delegated to the Berkshire East Public Health Hub. There is also a Berkshire West Public Health Hub that supports Reading, Wokingham and West Berkshire local authorities, however for the purpose of managing the PNA provider, one of the hubs was nominated.
- 1.5 It is considered best practice to establish a PNA steering group early in the PNA process to advise on and quality assure the PNA production process and comment on draft versions of the PNA report, particularly pre consultation. Healthy Dialogues were therefore supported by a single Berkshire PNA steering group.
- 1.6 Members of the Berkshire PNA steering group included Thames Valley Local Pharmaceutical Committee (LPC), a Consultant in Public Health from the Berkshire East Public Health Hub; a regional representative from NHS England; Healthwatch (all six Healthwatch teams were invited to attend); a representative from Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (ICS) and one from Frimley ICS, and a patient and public representative (a volunteer from one of the Healthwatch teams).
- 1.7 The Consultant in Public Health was the conduit between Healthy Dialogues and the local authority public health teams, responsible for updating the teams on the delivery and quality of the PNAs as they were developed. The Consultant also signposted Healthy Dialogues to staff in each local authority to ensure the public survey was appropriately targeted to the local community, especially local priority groups relevant to the PNA.
- 1.8 Healthy Dialogues produced a PNA delivery plan, which was signed off by the PNA steering group and the group met approximately once every six weeks to discuss the PNA assessment process at each stage. Key decisions of the steering group have included:
  - 1.8.1 A request for Healthy Dialogues to produce a public engagement survey relevant to each local authority's population.
  - 1.8.2 Approval for Healthy Dialogues to apply two commonly used measures to assess the adequacy of access to pharmacies within each local authority area, including a one mile walk and a 20-minute drive to a pharmacy. The former measure is typically used in urban areas and the latter is more often used in rural areas. There is no statutorily defined access measure, nor are any indicated in national guidance; the measures used need to balance the need at a population level for good access to pharmacy services, with the population size within a given radius to sustain a community pharmacy service.

- 1.8.3 Approval of the draft PNAs to be published for their 60 day consultation, following a period of feedback from the PNA steering group to enhance the quality and accuracy of the reports.
- 1.9 In addition to this governance mechanism, the Health Intelligence leads for each of the Berkshire public health hubs reviewed the draft PNAs relevant to their local authority areas for accuracy of the population demographic and health needs.
- 1.10 It is under the oversight of these governance mechanisms that the RBWM PNA was produced. The methodology applied by Healthy Dialogues followed the mandated stages, including gathering of health and demographic data, public and contractor engagement, gathering information about pharmaceutical services currently in place in the local authority area, analysis and drafting of the PNA report, review by the PNA steering group and sign off as draft for the 60 day consultation, delivery of the consultation and finally, refining of the PNA based on consultation feedback to finalise for the HWBB.

### **Conclusions of the RBWM PNA 2022-2025**

- 1.11 This process has led to the following conclusions in the RBWM PNA:
- 1.12 RBWM is well served in relation to the number and location of pharmacies. There are 29 community pharmacies within the borough and a further 28 community pharmacies located within a mile of RBWM's border.
- 1.13 There are no gaps in the provision of: essential, advanced (NHSE commissioned) and other pharmacy (locally commissioned) services in RBWM.

## **2. KEY IMPLICATIONS**

- 2.1 The implications of the RBWM PNA 2022-2025 are that NHS England will take the findings of the PNA into consideration in determining applications for inclusion on the pharmaceutical list within RBWM. This could impact on decisions affecting whether pharmacy contractors may be permitted to open new premises or move premises to deliver pharmaceutical services.
- 2.2 The PNA may also influence NHS and local authority commissioning decisions regarding the provision of appropriate services in pharmacy settings.

## **3. FINANCIAL DETAILS / VALUE FOR MONEY**

- 3.1 No financial implications.

## **4. LEGAL IMPLICATIONS**

- 4.1 The HWBB have a statutory responsibility to refresh the PNA and publish it by 1<sup>st</sup> October 2022.
- 4.2 The HWBB also have a statutory responsibility to refresh this PNA in three years, or sooner if the HWBB deem necessary; otherwise the HWBB may choose to publish supplementary statements -proportionate to the scale of change

impacting the need for pharmaceutical services in the lifetime of this PNA. These are requirements of the Health and Social Care Act 2012.

## 5. RISK MANAGEMENT

**Table 2: Impact of risk and mitigation**

<b>Risk</b>	<b>Level of uncontrolled risk</b>	<b>Controls</b>	<b>Level of controlled risk</b>
PNA not published within statutory timeframe	Medium	HWB sign off the PNA either through this HWB meeting or delegated to the HWB chair in time for 1 <sup>st</sup> October publication.	Low

## 6. POTENTIAL IMPACTS

- 6.1 Equalities. The EQIA screening form has been completed and identified that a full EQIA was not required.
- 6.2 Climate change/sustainability. There are no environmental or climate implications arising from the decision, because the needs assessment does not indicate any changes that would impact on environmental or climate hazards positively or negatively.
- 6.3 Data Protection/GDPR. There are no data protection / GDPR implications of this report.

## 7. CONSULTATION

- 7.1 The RBWM PNA was published for consultation on RBWM council's website for the statutory 60 day period. In addition, a public engagement survey was undertaken prior to that and used to inform the assessment of pharmaceutical needs. The public engagement survey was delivered based on an RBWM PNA public engagement strategy, which was developed by Healthy Dialogues with support from RBWM local authority colleagues and Healthwatch to identify protected characteristics groups and other groups who may be impacted more by pharmaceutical service provision.
- 7.2 A total of 472 people responded to the public engagement survey and contributed their views on specific pharmacy services and accessibility of those services. Their feedback showed that overall, participants were happy with the services their pharmacy provided and chose their pharmacy based on location and satisfaction with the service they received. Most stated they prefer to use their pharmacies during weekdays and during normal working hours.
- 7.3 A total of 10 members of the public and one pharmacy representative responded to the 60-day consultation in the period of 29th April to the 28th June 2022. They responded via the consultation survey and via email. Overall, respondents felt the purpose of the PNA was explained and agreed with the conclusions of the PNA. Additional comments discussed issues with individual pharmacy usage, updates to pharmacy opening times and one comment

discussed the methods of the exploration of Black, Asian and Minority Ethnic communities in the document.

## 8. TIMETABLE FOR IMPLEMENTATION

- 8.1 The RBWM PNA must be published by 1<sup>st</sup> October 2022 or sooner if complete and approved by RBWM's HWBB before then.
- 8.2 Once approved by the HWBB, it is proposed that Healthy Dialogues liaise with RBWMs public health and communications teams to ensure the refresh is published to RBWMs website.

## 9. APPENDICES

- 9.1 This report is supported by 2 appendices:

- Appendix A – RBWM PNA 2022-2025
- Appendix B – RBWM PNA public engagement plan
- Appendix C – RBWM PNA Equality Impact Assessment screening

- 9.2 This report is supported by no background documents:

## 10. CONSULTATION

Name of consultee	Post held	Date sent	Date returned
<i>Mandatory: Statutory Officers (or deputies)</i>			
Adele Taylor	Executive Director of Resources/S151 Officer	01.07.22	
Emma Duncan	Deputy Director of Law and Strategy / Monitoring Officer	01.07.22	<b>01.07.22</b>
<i>Deputies:</i>			
Andrew Vallance	Head of Finance (Deputy S151 Officer)		
Elaine Browne	Head of Law (Deputy Monitoring Officer)		
Karen Shepherd	Head of Governance (Deputy Monitoring Officer)		
<i>Mandatory: Procurement Manager (or deputy) - if report requests approval to award, vary or extend a contract</i>			
Lyn Hutchinson	Procurement Manager		
<i>Other consultees:</i>			
<i>Directors (where relevant)</i>			

Duncan Sharkey	Chief Executive and Executive Director of Adults, Health and Housing		
Andrew Durrant	Executive Director of Place		
Kevin McDaniel	Executive Director of Children's Services		
<i>Heads of Service (where relevant)</i>			
<i>Anna Richards</i>	Head of Service Public Health	<b>04.07.22</b>	<b>04.07.22</b>
	Head of .....		
	Head of .....		
<i>External (where relevant)</i>			
<i>N/A</i>			

Confirmation relevant Cabinet Member(s) consulted	Cabinet Member for.....	No
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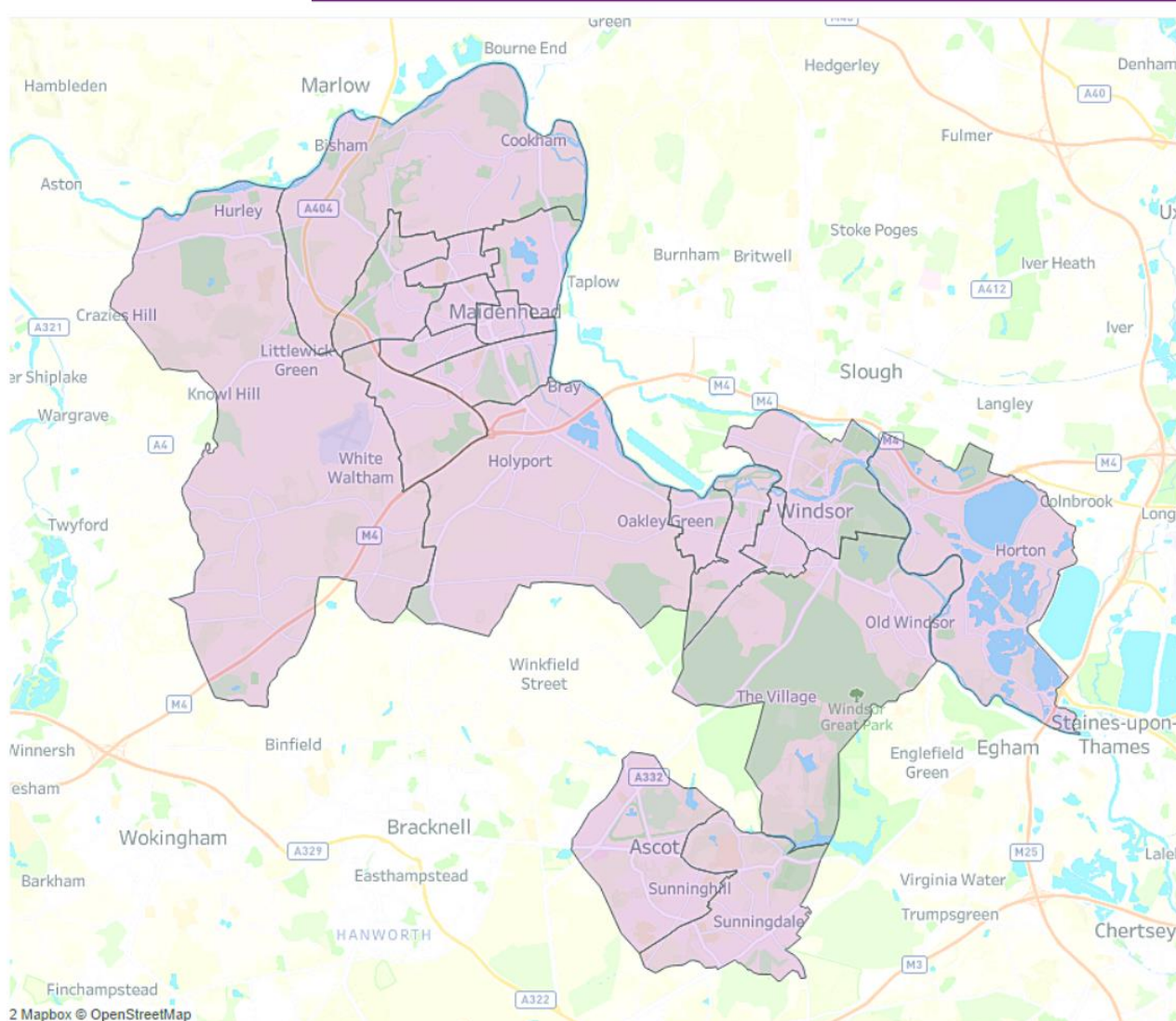
## REPORT HISTORY

Decision type:	Urgency item?	To follow item?
Health and Wellbeing Board decision	No	No

Report Author: Rebecca Willans, Consultant in Public Health,  
Tel: 07825 606890

# THE ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

## PHARMACEUTICAL NEEDS ASSESSMENT 2022-2025



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LTD

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# Executive Summary

## Introduction

Each Health and Wellbeing Board (HWBB) has a statutory responsibility to publish and keep up to date a statement of needs for pharmaceutical services for their population. This is called the Pharmaceutical Needs Assessment (PNA). The purpose of the PNA is to:

- inform local plans for the commissioning of specific and specialised pharmaceutical services
- to support the decision-making process for applications for new pharmacies or changes of pharmacy premises undertaken by NHS England

It assesses whether the current provision of pharmacies and the commissioned services they provide meet the needs of this population and whether there are any gaps, either now or within the lifetime of this document, 1st October 2022 to 30th September 2025. It assesses current and future provision with respect to:

- Necessary Services, i.e., current accessibility of pharmacies and their provision of Essential Services
- Other Relevant Service and Other Services including Advanced pharmacy services and other NHS services. These are services commissioned by NHS England, the Royal Borough of Windsor and Maidenhead (RBWM), or Frimley Clinical Commissioning Group (CCG).

## Methodology

It is a statutory responsibility of all Health and Wellbeing Boards to produce and maintain a PNA for their area.<sup>1</sup> The next PNA is required to be published by 1st October 2022.<sup>2</sup> Healthy Dialogues were commissioned by the Berkshire East Public Health Hub on behalf of the six local authorities in Berkshire to undertake this process.

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<sup>1</sup> NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

<sup>2</sup> Department of Health & Social Care (October 2021) Pharmaceutical needs assessments: information pack for local authority health and wellbeing boards.

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In December 2021, a steering group of stakeholders was established to oversee the development of the PNA with overall responsibility of ensuring it met the statutory regulations, as strongly advised in PNA guidance.

The PNA development process included:

- a review of the current and future demographics and health needs of the RBWM population
- a survey to RBWM patients and the public on their use and expectations of pharmacy services
- a survey to RBWM pharmacy contractors to determine their capacity to fulfil any identified current or future needs
- an assessment of the commissioned essential, advanced, and other NHS pharmacy services provided in RBWM
- a 60 day PNA consultation that ran from the 29<sup>th</sup> April to the 28<sup>th</sup> June 2022.

The final PNA is signed off by HWBs before publication; in this case the RBWM HWBB.

## Findings

### *Key demographics of Royal Borough of Windsor and Maidenhead*

RBWM is a densely populated and mainly urban unitary authority situated in Berkshire. There is an estimated 151,273 people living in the borough (ONS, mid-2020 population estimates). This figure is expected to increase by 4% in the lifetime of this PNA, likely due to the housing developments underway in the Oldfield ward and Sunningdale and Cheapside ward, where an anticipated 3,270 homes are to be built between 2021 and 2026 (RBWM, Authority Monitoring Report, 2021). RBWM receives a high number of tourists in comparison to its neighbouring boroughs. This can impact need for pharmacy provision in the borough.

### *Key health needs of the Royal Borough of Windsor and Maidenhead*

Overall, life expectancy and healthy life expectancy for both males and females in RBWM is higher than the average for South East England and England. The population of RBWM has lower levels of reported health-risk behaviours than regional and national comparators and the prevalence of chronic and common health conditions such as circulatory diseases, cancer and respiratory diseases is also lower than the regional and England averages.



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### ***Patient and public engagement***

A community survey was disseminated across Berkshire, including the Royal Borough of Windsor and Maidenhead. 472 people from RBWM responded to tell us how they use their pharmacy and to contribute their views on specific 'necessary' pharmacy services.

Overall, participants were happy with the services their pharmacy provided. The most stated reasons people used their chosen pharmacy were the accessibility of the location and satisfaction with the service they received at their pharmacy. Most stated they prefer to use their pharmacies during weekdays and during normal working hours.

### **PNA statements on service provision**

There are 29 community pharmacies located within RBWM and a further 28 located within a mile of RBWM's border.

The PNA steering group has assessed whether the current and future pharmacy provision meets the health and wellbeing needs of RBWM's population. It has also determined whether there are any gaps, or need for improvements or better access, in the provision of pharmaceutical service either now or within the lifetime of this document, 1st October 2022 to 30th September 2025.

The Royal Borough of Windsor and Maidenhead is well served in relation to the number and location of pharmacies. The PNA steering group has concluded that there is good access to essential, advanced, and other NHS pharmaceutical services for the residents of RBWM with no gaps in the current and future provision of these services identified. Additionally, no services were identified that would secure improvements or better access to pharmaceutical services if provided, either now or in the future.

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# Contents

<b>Executive Summary .....</b>	<b>1</b>
Introduction .....	1
Methodology.....	1
Findings.....	2
PNA statements on service provision .....	3
<b>Contents.....</b>	<b>4</b>
<b>Chapter 1 - Introduction.....</b>	<b>9</b>
What is a Pharmaceutical Needs Assessment?.....	9
Legislative background .....	10
Minimum requirements of the PNA.....	11
Circumstances under which the PNA is to be revised or updated.....	12
<b>Chapter 2 - Strategic Context.....</b>	<b>13</b>
National context .....	13
Integration and Innovation. Department of Health and Social Care's legislative proposals for a Health and Care Bill:.....	13
Public Health England (PHE) Strategy 2020-2025 .....	17
Community Pharmacy Contractual Framework (CPCF) 2019/20-2023/24.....	17
Pharmacy Integration Fund (PhIF).....	18
Frimley Health Integrated Care System .....	19
Frimley Health and Care 5 year strategy .....	19
Local Context .....	21
Annual Public Health Report 2020: Berkshire .....	21
RBWM Health and Wellbeing Strategy (2021-2025).....	22
<b>Chapter 3 - The development of the PNA.....</b>	<b>24</b>
Methodological considerations.....	25
Geographical coverage .....	25
Patient and public survey .....	26

Pharmacy contractor survey.....	26
<b>Governance and steering group .....</b>	<b>26</b>
<b>Regulatory consultation process and outcomes.....</b>	<b>27</b>
<b><i>Chapter 4 - Demographics and Health needs .....</i></b>	<b><i>28</i></b>
<b>RBWM local area profile .....</b>	<b>28</b>
About the area .....	28
<b>Demography .....</b>	<b>31</b>
Population size and density.....	31
Age .....	32
Ethnicity and diversity.....	34
Population projections .....	37
Future residential development and housing requirements in the borough.....	37
<b>Inequalities .....</b>	<b>38</b>
Deprivation .....	39
Homelessness .....	40
Access to services and facilities.....	41
Groups with specific needs .....	42
Summary of population demographics.....	43
<b><i>Chapter 5 - Health Needs.....</i></b>	<b><i>44</i></b>
<b>Life expectancy and healthy life expectancy .....</b>	<b>44</b>
<b>Our Health and Behaviours .....</b>	<b>46</b>
Smoking.....	46
Alcohol.....	47
Drug use .....	47
Obesity .....	47
Physical Activity.....	48
Sexual Health .....	49
HIV.....	50
Flu Vaccination .....	50

COVID-19 .....	50
Mental health and wellbeing .....	52
<b>Major Health Conditions .....</b>	<b>54</b>
Circulatory Diseases.....	55
Cancer .....	57
Respiratory diseases .....	58
Summary of health needs .....	59
<b>Chapter 6 – Patient and Public Engagement Survey .....</b>	<b>60</b>
<b>RBWM communications engagement strategy.....</b>	<b>60</b>
<b>Results of the public engagement survey .....</b>	<b>61</b>
<b>Equality impact assessment .....</b>	<b>67</b>
Age .....	67
Ethnicity .....	68
Pregnancy .....	69
Breastfeeding .....	70
Employment status .....	70
Disability or impairment .....	71
Sexual orientation.....	72
Relationship status .....	73
Summary of the patient and public engagement survey .....	75
<b>Chapter 7 - Provision of pharmaceutical services .....</b>	<b>76</b>
<b>Pharmaceutical Service Providers.....</b>	<b>76</b>
Community pharmacies.....	77
Dispensing appliance contractor .....	77
GP dispensing practices.....	78
Distance selling pharmacies.....	78
Local pharmaceutical services .....	78
<b>Accessibility .....</b>	<b>78</b>
Distribution and choice .....	78

<b>Essential services .....</b>	<b>94</b>
Dispensing.....	94
Summary of the accessibility of pharmacy services and of essential services .....	95
<b>Advanced pharmacy services .....</b>	<b>95</b>
New medicines services .....	96
Community pharmacy seasonal influenza vaccination .....	98
Community pharmacist consultation service .....	100
Hypertension case-finding service .....	101
Community pharmacy hepatitis C antibody testing service.....	101
Appliance Use Reviews.....	102
Stoma Appliance Customisation service .....	102
Summary of the Advanced Pharmacy Services .....	103
<b>Other NHS services.....</b>	<b>103</b>
Supervised consumption service.....	104
Needle exchange.....	105
Pharmacy emergency hormonal contraception service .....	106
Access to palliative care .....	108
On demand availability of drugs for childhood gastroenteritis in community pharmacies .....	109
Summary of other NHS services .....	111
<b>Additional considerations from contractor survey responses .....</b>	<b>111</b>
Languages spoken in pharmacies.....	111
<b>Chapter 8 - Conclusions .....</b>	<b>112</b>
<b>Current provision .....</b>	<b>112</b>
Current access to essential services.....	113
Current access to advanced services .....	114
Current access to other NHS services .....	115
<b>Future Provision.....</b>	<b>115</b>
Future access to essential services .....	116
Future access to advanced services .....	116

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Future access to other NHS services.....	117
<b>Improvements and better access.....</b>	<b>117</b>
Current and future access to essential services .....	117
Current and future access to advanced services .....	117
<b><i>Appendix A: Berkshire Pharmaceutical Needs Assessment Steering Group</i></b>	<b>119</b>
<b><i>Appendix B – Pharmacy Provision within RBWM and 1 mile of its border.....</i></b>	<b>123</b>
<b><i>Appendix C: Consultation report.....</i></b>	<b>126</b>
Consultation survey responses .....	126
Additional comments .....	127

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# Chapter 1 - Introduction

## What is a Pharmaceutical Needs Assessment?

- 1.1** A PNA is the statement for 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. This PNA describes the needs of the population of the Royal Borough of Windsor and Maidenhead (RBWM).
- 1.2** Local pharmacies play a pivotal role in providing quality healthcare in local communities for individuals, families, and carers. They not only provide prescriptions, but can also be patients' and the public's first point of contact and, for some, their only contact with a healthcare professional<sup>3</sup>.
- 1.3** The provision of NHS Pharmaceutical Services is a controlled market. Any pharmacist or dispensing appliance contractor who wishes to provide NHS Pharmaceutical Services, must apply to NHS England to be on the Pharmaceutical List.
- 1.4** The Pharmaceutical Needs Assessment identifies the local population needs for pharmacy services and how those needs are being fulfilled, or could be fulfilled, by pharmaceutical services in different parts of the borough. The purpose of the PNA is to:
- Support the 'market entry' decision making process (undertaken by NHS England) in relation to applications for new pharmacies or changes of pharmacy premises.
  - 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).
- 1.5** This document can also be used to:
- Assist the Health and Wellbeing Board (HWBB) to work with providers to target services to the areas where they are needed and limit duplication of services in areas where provision is adequate.

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<sup>3</sup> PHE (2017). Pharmacy: A Way Forward for Public Health. Opportunities for action through pharmacy for public health.

- 
- Inform interested parties of the pharmaceutical needs in the borough and enable work on planning, developing and delivery of pharmaceutical services for the population.

## **Legislative background**

- 1.6** From 2006, NHS Primary Care Trusts had a statutory responsibility to assess the pharmaceutical needs for their area and publish a statement of their first assessment and of any revised assessment.
- 1.7** With the abolition of Primary Care Trusts and the creation of Clinical Commissioning Groups (CCGs) in 2013, Public Health functions were transferred to local authorities. Health and Wellbeing Boards were introduced and hosted by local authorities to bring together Commissioners of Health Services (CCGs), Public Health, Adult Social Care, Children's services and Healthwatch.
- 1.8** The Health and Social Care Act of 2012 gave a responsibility to Health and Wellbeing Boards for developing and updating Joint Strategic Needs Assessments and Pharmaceutical Needs Assessments.
- 1.9** It is important that the PNA reflects changes that affect the need for pharmaceutical services in each area. For this reason, they are updated every three years. This PNA expires on the 1<sup>st</sup> October 2025.
- 1.10** This PNA covers the period between 1<sup>st</sup> October 2022 and 30<sup>th</sup> September 2025. It must be produced and published by 1st October 2022. The Health and Wellbeing Board are also required to revise the PNA publication if they deem there to be significant changes in pharmaceutical services before 30<sup>th</sup> September 2025.
- 1.11** The NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013<sup>1</sup> and the Department of Health Information Pack for Local Authorities and Health and Wellbeing Boards<sup>2</sup> provide guidance on the requirements that should be contained in the PNA publication and the process to be followed to develop the publication. The development and publication of this PNA has been carried out in accordance with these Regulations and associated guidance.



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## Minimum requirements of the PNA

**1.12** As outlined in the 2013 regulations, the PNA must include a map showing the premises where pharmaceutical services are provided and an explanation of how the assessment was made. This includes:

- How different needs of different localities have been considered
- How needs of those with protected characteristics have been considered
- Whether further provision of pharmaceutical services would secure improvements or better access to pharmaceutical services
- A report on the 60-day consultation of the draft PNA.

**1.13** The PNA must also include a statement of the following:

- **Necessary Services – Current Provision:** services currently being provided which are regarded to be “necessary to meet the need for pharmaceutical services in the area.” This includes services provided in the borough as well as those in neighbouring boroughs.
- **Necessary Services – Gaps in Provision:** services not currently being provided which are regarded by the HWBB to be necessary “in order to meet a current need for pharmaceutical services.”
- **Other Relevant Services – Current Provision:** services provided which are not necessary to meet the need for pharmaceutical services in the area, but which nonetheless have “secured improvements or better access to pharmaceutical services.”
- **Improvements and Better Access – Gaps in Provision:** services *not* currently provided, but which the HWBB considers would “secure improvements, or better access to pharmaceutical services” if provided.
- **Other Services:** any services provided or arranged by the local authority, NHS England, the CCG, an NHS trust, or an NHS foundation trust which affects the need for pharmaceutical services in its area or where future provision would secure improvement, or better access to pharmaceutical services specified type, in its area.
- **Future need:** the pharmaceutical services that have been identified as services that are not provided but which the health and wellbeing board is satisfied need to be provided in order to meet a current or future need for a range of pharmaceutical services or a specific pharmaceutical service.

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**1.14** A draft PNA must be put out for consultation for a minimum of 60 days prior to its publication. The 2013 Regulations list those persons and organisations that the HWBB must consult, which include:

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

### **Circumstances under which the PNA is to be revised or updated**

**1.15** It is important that the PNA reflects changes that affect the need for pharmaceutical services in RBWM. For this reason, the PNA will be updated every three years.

**1.16** If the HWBB becomes aware of a significant change to the local area and/or its demography, the PNA may be required to be updated sooner. The HWBB will decide to revise the PNA if required. Not all changes in a population or an area will result in a change to the need for pharmaceutical services. If the HWBB becomes aware of a minor change that means a review of pharmaceutical services is required, the HWBB will issue supplementary statements to update the PNA.

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# Chapter 2 - Strategic Context

- 2.1** This section summarises key policies, strategies and reports which contribute to our understanding of the strategic context for community pharmacy services at a national level and at a local level. Since PNAs were last updated in 2018, there have been significant changes to the wider health and social care landscape and to society. This includes but is not limited to the publication of the NHS Long Term Plan, the introduction of the Community Pharmacy Contractual Framework, a greater focus on integrated care, and the significant impact of the COVID-19 pandemic.

## National context

### **Integration and Innovation. Department of Health and Social Care's legislative proposals for a Health and Care Bill<sup>4</sup>:**

- 2.2** In recent years, the health and social care system has adapted and evolved to face a variety of challenges. With the population growing, people living longer, but also suffering from more long-term health conditions, and challenges from the COVID-19 pandemic, there is a greater need for the health and social care system to work together to provide high quality care. This paper sets out the legislative proposals for the Health and Care Bill which capture the learnings from the pandemic.

- **Working together to integrate care:** The NHS and local authorities will be given a duty to collaborate and work with each other. Measures will be brought forward to bring about Integrated Care Systems (ICSs) which will be composed of an ICS Health and Care partnership, and an ICS NHS Body. The ICS NHS Body will be responsible for the day to day running of the ICS, whilst the ICS Health and Care Partnership will bring together systems to support integration and development which plan to address the systems health, public health, and social care needs. A key responsibility for these

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<sup>4</sup> Department of Health & Social Care. Policy paper: Integration and innovation: working together to improve health and social care for all (updated February 2021). Available at: <https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-html-version#executive-summary>

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systems will be to support place-based working i.e. working amongst NHS, local government, community health, voluntary and charity services.

- **Reducing bureaucracy:** The legislation will aim to remove barriers that prevent people from working together, and put pragmatism at the heart of the system. The NHS should be free to make decisions without the involvement of the Competition and Markets Authority (CMA). With a more flexible approach, the NHS and local authorities will be able to meet the current future health and care challenges by avoiding bureaucracy.
- **Improving accountability and enhancing public confidence:** The public largely see the NHS as a single organisation, and the same should happen at a national level. By bringing NHS England and NHS Improvement, organisations will come together to provide unified leadership. These measures will support the Secretary of State to Mandate structured decisions and enable the NHS to be supported by the government. With any significant service changes, these measures will ensure a greater accountability with the power for ministers to determine service reconfigurations earlier in the process.

## 2.3 The NHS Long Term Plan (2019)<sup>5</sup>

As health needs change, society develops, and medicine advances, the NHS needs to ensure that it is continually moving forward to meet these demands. **The NHS Long Term Plan (2019)** (NHS LTP) introduces a new service model for the 21st century and includes action on preventative healthcare and reducing health inequalities, progress on care quality and outcomes, exploring workforce planning, developing digitally- enabled care, and driving value for money. It sets out 13 key areas for improving and enhancing our health service over the next 10 years. These areas include:

1. Ageing well
2. Cancer
3. Cardiovascular disease
4. Digital transformation
5. Learning disabilities and autism
6. Mental Health
7. Personalised care
8. Prevention

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<sup>5</sup> NHS. *The NHS Long Term Plan* (2019). <https://www.longtermplan.nhs.uk/>

- 
- 9. Primary care
  - 10. Respiratory disease
  - 11. Starting well
  - 12. Stroke
  - 13. Workforce

- 2.4** Pharmacies will play an essential role in delivering the NHS LTP. £4.5 billion of new investment will fund expanded community multidisciplinary teams aligned with the new primary care networks (PCNs). These teams will work together to provide the best care for patients and will include pharmacists, district nurses, allied health professionals, GPs, dementia workers, and community geriatricians. Furthermore, the NHS LTP stipulates that as part of the workforce implementation plan, and with the goal of improving efficiency within community health, along with an increase in the number of GPs, the range of other roles will also increase, including community and clinical pharmacists, and pharmacy technicians.
- 2.5** Research indicates that around 10% of elderly patients end up in hospital due to preventable medicine related issues and up to 50% of patients do not take their medication as intended. PCN funding will therefore be put towards expanding the number of clinical pharmacists working within general practices and care homes, and the NHS will work with the government to ensure greater use and acknowledgement of community pharmacists' skills and better utilisation of opportunities for patient engagement. As part of preventative healthcare and reducing health inequalities, community pharmacists will support patients to take their medicines as intended, reduce waste, and promote self-care.
- 2.6** Within PCNs, community pharmacists will play a crucial role in supporting people with high-risk conditions such as atrial fibrillation (AF) and cardiovascular disease (CVD). The NHS will support community pharmacists to case-find, e.g., hypertension case-finding. Pharmacists within PCNs will undertake a range of medicine reviews, including educating patients on the correct use of inhalers, and supporting patients to reduce the use of short acting bronchodilator inhalers and to switch to clinically appropriate, smart inhalers.
- 2.7** To provide the most efficient service, and as part of developing digitally-enabled care, more people will have access to digital options. The NHS app will enable patients to manage their own health needs and be directed to appropriate services, including being prescribed medication that can be collected from their nearest pharmacy.

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- 2.8** Health and Wellbeing Boards are required to produce Health and Wellbeing Strategies to set out how partners will meet local health needs, improve outcomes, and reduce health inequalities within the borough.
- 2.9** Since the 2010 Marmot review, there have been important developments about the evidence around social determinants of health and the implementation of interventions and policies to address them. **Health Equity in England: Marmot review 10 years on<sup>6</sup>**, summarises the developments in particular areas that have an increased importance for equity. These include:
- Giving every child the best start in life by increasing funding in earlier life and ensuring that adequate funding is available in areas with higher deprivation.
  - Improve the availability and quality of early years' services.
  - Enable children adults and young people to maximise their capabilities by investing in preventative services to reduce school exclusions.
  - Restore per-pupil funding for secondary schools and in particular in 6<sup>th</sup> form and further education.
  - Reduce in-work poverty by increasing national minimum wage.
  - Increase number of post-school apprenticeship's and support in-work training.
  - Put health equity and well-being at the heart of local, regional, and national economic planning.
  - Invest in the development of economic, social, and cultural resources in the most deprived communities
- 2.10** The objectives outlined in the Marmot review are intended to ensure that the healthy life expectancy gap between the least deprived and most deprived are reduced, and to ensure that all residents have accessibility to good health and educational services. More specific to health, community pharmacists are uniquely placed at the heart of communities to support patients to provide the public a range of public health interventions, weight management services, smoking cessation services and vaccination services. At present the role of community pharmacies provide a pivotal role in promoting healthier lifestyle information and disease prevention.

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<sup>6</sup> Health Equity in London: The Marmot Review 10 years on. Executive summary (2020): [https://www.health.org.uk/sites/default/files/2020-03/Health%20Equity%20in%20England\\_The%20Marmot%20Review%2010%20Years%20On\\_executive%20summary\\_web.pdf](https://www.health.org.uk/sites/default/files/2020-03/Health%20Equity%20in%20England_The%20Marmot%20Review%2010%20Years%20On_executive%20summary_web.pdf)

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## **Public Health England<sup>7</sup> (PHE) Strategy 2020-2025<sup>8</sup>**

- 2.11** The Office for Health Improvement and Disparities (OHID), formerly known as Public Health England (PHE), works to protect and improve the nation's health and reduce health inequalities by aiming to keep the public safe, work to prevent poor health, narrow down the health gap and support a strong economy. Guided by these aims, OHID have pledged to promote a healthier nation by taking action on working to reduce preventable risk factors for ill health and working to reduce tobacco consumptions, obesity and the harmful use of drugs and alcohol. There will also be a focus on improving the health within early childhood to provide the best foundations of good health and prevent ill health in later adulthood. By strengthening the health protection system, there will be reduced pressures on responding to major incidents or pandemics. Additionally, strengthening public health systems will mean utilising technology to inform/advise interventions, improve data, and strengthen the approach to disease surveillance. By working with partners locally, nationally, and globally the aim will be to help focus on reducing health inequalities.
- 2.12** Community pharmacies have an important role in driving and supporting these objectives as they provide the public with services around healthy weight and weight management, smoking cessation, and can provide information and advice around a healthy start for children and families.

## **Community Pharmacy Contractual Framework (CPCF) 2019/20-2023/24<sup>9</sup>**

- 2.13** This is an agreement between the Department of Health and Social Care (DHSC), NHSE&I and the Pharmaceutical Services Negotiating Committee (PSNC) and describes a vision for how community pharmacy will support delivery of the NHS Long Term Plan. The CPCF highlights and develops the role of pharmacies in urgent care, common illnesses, and prevention. It aims to “develop and implement the new range of services that we are seeking to deliver in community pharmacy,” making greater use of Community Pharmacists’ clinical skills and opportunities to engage patients. The deal:

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<sup>7</sup> NB: As of October 2021, PHE ceased to exist. Responsibilities formally undertaken by PHE are now the responsibility of OHID, UKHSA and NHS England.

<sup>8</sup> Public Health England Strategy 2020-2025 (2019).

<sup>9</sup> Community Pharmacy Contractual Framework (2019).

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/819601/cpcf-2019-to-2024.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/819601/cpcf-2019-to-2024.pdf)

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- Through its contractual framework, commits almost £13 billion to community pharmacy, with a commitment to spend £2.592 billion over 5 years.
  - Prioritises quality - The Pharmacy Quality Scheme (PQS) is designed to reward pharmacies for delivering quality criteria in: clinical effectiveness, patient safety and patient experience.
  - Confirms community pharmacy's future as an integral part of the NHS, delivering clinical services as a full partner in local primary care networks (PCNs).
  - Underlines the necessity of protecting access to local community pharmacies through a Pharmacy Access Scheme.
  - Includes new services such as the NHS Community Pharmacist Consultation Service (CPCS), which connects patients who have a minor illness with a community pharmacy, taking pressure off GP services and hospitals by ensuring patients turn to pharmacies first for low-acuity conditions and support with their general health.
  - Continues to promote medicines safety and optimisation, and the critical role of community pharmacy as an agent of improved public health and prevention, embedded in the local community.
  - Through the Healthy Living Pharmacy (HLP) framework, requires community pharmacies to have trained health champions in place to deliver interventions such as smoking cessation and weight management, provide wellbeing and self-care advice, and signpost people to other relevant services.

### **Pharmacy Integration Fund (PhIF)<sup>10</sup>**

**2.14** The PhIF and PCN Testbed programme will be used to test a range of additional prevention and detection services, which if found to be effective and best delivered by a community pharmacy, could (with appropriate training) be mainstreamed within the CPCF over the course of the settlement period. Workstreams supported by the PhIF Programme include:

- GP referral pathway to the NHS CPCS.
- Hypertension case-finding service - A model for detecting undiagnosed cardiovascular disease (CVD) in community pharmacy and referral to treatment within PCNs. Since October 2021 this has become an advanced pharmacy service.

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<sup>10</sup> NHS Pharmacy Integration Programme. <https://www.england.nhs.uk/primary-care/pharmacy/pharmacy-integration-fund/>



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- Smoking Cessation Transfer of Care– hospital inpatients (including antenatal patients) will be able to continue their stop smoking journey within community pharmacy upon discharge. Since March 2022 this has also become an advanced pharmacy service, now known as the Smoking Cessation Service.
  - Exploring the routine monitoring and supply of contraception (including some long-acting reversible contraceptives) in community pharmacy.
  - Palliative Care and end of life medicines supply service building on the experience of the COVID-19 pandemic.
  - Structured medication reviews in PCNs for people with a learning disability, autism, or both.
  - Workforce development for pharmacy professionals in collaboration with Health Education England (HEE), e.g., medicines optimisation in care homes; primary care pharmacy educational pathway; leadership; integrated urgent care; independent prescribing; enhanced clinical examination skills.

## **Frimley Health Integrated Care System**

- 2.15** Frimley CCG will evolve into Frimley Health and Care in the lifetime of this PNA. The Frimley Health Integrated Care System (Frimley ICS) consists of the following local authorities; Royal Borough of Windsor and Maidenhead, Slough Borough Council and Bracknell Forest Council. It also includes some local authority wards and Primary Care Networks within the geography of Hampshire County Council; Hart District Council; Rushmoor Borough Council; Waverley Borough Council, and Surrey Heath Borough Council.

### **Frimley Health and Care 5 year strategy<sup>11</sup>**

- 2.16** The Frimley Health and Care 5 year strategy brings together the local authorities and the NHS organisations with a shared ambition to work in partnership with local people, communities, and staff to improve the wellbeing of residents.
- 2.17** To produce this strategy, Frimley ICS worked in partnership with Healthwatch teams of all Frimley ICS local authorities, to conduct focus groups, events and disseminate a survey designed to engage with the public regarding accessibility of services, and health and

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<sup>11</sup> Frimley Health and Care 5 year strategy (2019).  
<https://www.frimleyhealthandcare.org.uk/media/1459/frimley-health-care-system-strategy-narrative-final.pdf>

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wellbeing needs. The themes that arose would support people to live healthier lives; these included affordable healthy food, access to activities and facilities, better access to professionals providing health and nutritional information, better home/work life balance.

**2.18** The ICS also worked with health professionals, partner organisations, primary care and community care clinicians, voluntary and community sector leads, mental health clinicians, and leads within educational organisations to capture their views around developing the key ambitions of this strategy.

**2.19** Six key strategic ambitions were developed to focus and deliver on over the next 5 years (2020-2025).

- 1. Starting well:** wanting all children to get the best possible start in life by engaging children and young people in different ways and targeting support for children and families with the highest needs. Also supporting women to be healthy before pregnancy and ensuring safer births.
- 2. Focus on wellbeing:** wanting all people to have the opportunity to live healthier lives no matter where they are placed within the system.
- 3. Community deals:** working with residents, families, volunteers, and carers to agree on how as a collective they can work together to create healthier communities, support healthier choices and designing and delivering new ways of working to improve the health and wellbeing needs of the population.
- 4. Our people:** wanting to be known as a great place to live and work, but giving people the opportunity to be physically and mentally active and adopting flexibility around how they work, and attracting local population around careers to become carers.
- 5. Leadership and cultures:** working together with local communities, and listening to what is important locally to encourage co-design and collaboration to meet the needs of the local population.
- 6. Outstanding use of resources:** offering the best possible care, treatment, and support where it is needed, in the most affordable way using the best available evidence.

**2.20** In 2025 when this strategy has been delivered, the healthy life expectancy at birth will have improved by two years, and the gap in healthy life expectancy between least and most deprived communities will have reduced by three years.

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## Local Context

### Annual Public Health Report 2020: Berkshire<sup>12</sup>

**2.21** This report summaries and sets out plans to address the issues faced by the COVID-19 pandemic and inequalities, both locally and nationally. The report highlights the inequalities that have been exacerbated by the pandemic. Across all age groups, disruption to services caused by lockdown is likely to have had immediate, medium-term, and long-term impacts. The report also highlighted areas of concern for the residents of Berkshire:

- **Employment:** Employment is a key determinant of health, but the pandemic resulted in many people losing their jobs or entering the furlough scheme. Around 137,900 people entered the furlough scheme across Berkshire, of which the highest numbers were in Slough, and the Royal Borough of Windsor and Maidenhead. This may have reflected the proportion of residents working within transport and hospitality, especially within the vicinity of London Heathrow Airport.
- **Children and Young People:** Emerging evidence suggests that children and young people were hardest affected by social distancing and lockdown measures. Young people were more likely to lose jobs and reported higher levels of loneliness. Nationwide, there was a reduction in the uptake of MMR vaccinations for babies, and limited access to early years settings. Around 30% of parents did not feel that their children continued to learn in home settings, and lockdown impacted children's wellbeing. Children's visits to health services significantly reduced which meant less opportunities for health or safeguarding interventions. There are large numbers of vulnerable children and young people across Berkshire. For example, 12,680 children were eligible for school meals; 11,400 were living in over-crowded housing; 34,000 children were living in households with a parent with substance use, mental health issues or domestic violence; and over 3,000 young people were not in education or employment.
- **Safeguarding:** The COVID-19 lockdown and restrictions created factors that made some forms of abuse difficult to see and safeguard against. Some individuals may be at a higher risk due to their vulnerabilities, and certain forms of abuse such as honour-based violence or Female Genital Mutilation are more common in particular communities. Nationally, within the first 3 weeks of lockdown, 14 women and 2 children

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<sup>12</sup> Annual public health report (2020):[https://www.berkshirepublichealth.co.uk/wp-content/uploads/2021/02/Public\\_Health\\_Annual\\_Report\\_2020\\_FINAL\\_Accessible\\_Version\\_2.pdf](https://www.berkshirepublichealth.co.uk/wp-content/uploads/2021/02/Public_Health_Annual_Report_2020_FINAL_Accessible_Version_2.pdf)

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were killed in suspected domestic abuse incidents. Within Berkshire, between 2018/2019, 35,000 children aged under 18 were exposed to mental health issues, and/or, domestic abuse within their households. There were 11 domestic homicides within the Thames Valley, and approximately 11,000 domestic abuse crimes reported to the Police within Berkshire, with an additional 6,000 reported for vulnerable adults.

- **Mental Health:** Prior to the COVID-19 pandemic, there were stark inequalities in mental health outcomes. We have seen these inequalities widen as a direct, and indirect result of the pandemic. Several groups are at an increased risk of mental health problems because of the pandemic, such as frontline workers, bereaved families, those who had COVID-19, those who lost their jobs or were furloughed, and people who had to self-isolate or shield.
- **Environmental Impact:** Transport disruptions during the pandemic resulted in a 17% fall in CO2 emissions, which provided evidence that pollution levels are responsive to policy. This is important to note because pollution levels are correlated with lower life expectancy and health conditions, and those on lower incomes are more likely to be living in condensed populations where noise and air pollution may be higher, with already existing health conditions. Data from 2016 shows that Reading and Slough have the poorest air quality. Certain strategies can be used to reduce CO2 levels and improve air quality such as public awareness around clean air, promoting public transport and improving infrastructure for cycling and walking.

## **RBWM Health and Wellbeing Strategy (2021-2025)<sup>13</sup>**

**2.22** The vision for the Royal Borough of Windsor and Maidenhead (RBWM) is that everyone in the borough lives a healthy, safe, and independent life, supported by thriving and connected communities.

**2.23** There are 4 key priorities set out by the RBWM health and wellbeing board:

- Coordinating integrated services around those residents who need it most.
- Championing mental wellbeing and reducing social isolation.
- Targeting prevention and early intervention to improve wellbeing.

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<sup>13</sup> Health and Wellbeing Strategy 2021- 2025  
<https://rbwm.moderngov.co.uk/documents/s35544/RBWM%20JHW-Place%20Strategy%20FINAL.pdf>

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- Investing in the borough as a place to live to reduce inequalities.

**2.24** The strategy highlights success will be shown when all children will have the best start to life, and will continue through to adolescence, adulthood, and older age. Children and adults will lead a healthy, active, and independent life for as long as possible. They will live in good quality homes, and in sustainable and supportive communities to experience a good quality of life for longer no matter where they live.

**2.25** Community pharmacies are well placed to support some of these local strategies, particularly when it comes to the health needs of the population. They provided frontline services during the COVID-19 pandemic, and continue to provide healthcare advice, and medication advice to the public. To meet the ambitions outlined by local strategies, community pharmacies can play an integral role in reducing health inequalities through targeting prevention early and helping to tackle obesity and high blood pressure.<sup>14</sup>

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<sup>14</sup> NICE guidance (2018) Community pharmacies: promoting health and wellbeing [NG102]

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# Chapter 3 - The development of the PNA

- 3.1** The Royal Borough of Windsor and Maidenhead HWBB commissioned delivery of its PNA to Healthy Dialogues through a competitive tender process. The governance of the production of this PNA was managed by the PNA steering group and the Berkshire East Public Health Hub. The choices decisions in the production of this PNA have been delegated by the Health and Wellbeing Board to the steering group.
- 3.2** This PNA has been developed using a range of information sources to describe and identify population needs and current service provision from the network of community pharmacies. This includes:
- Nationally published data
  - The RBWM Joint Strategic Needs Assessment<sup>15</sup>
  - Local policies and strategies such as the Joint Health and Wellbeing Strategy
  - A survey to RBWM pharmacy contractors
  - A survey to the patients and public of RBWM
  - Local Authority and Frimley CCG commissioners
- 3.3** These data have been combined to describe the RBWM population, current and future health needs and how pharmaceutical services can be used to support the Health and Wellbeing Board (HWBB) to improve the health and wellbeing of our population.
- 3.4** This PNA was published for public consultation on the 29<sup>th</sup> April to the 28<sup>th</sup> June 2022. All comments were considered and incorporated into the final PNA final report.

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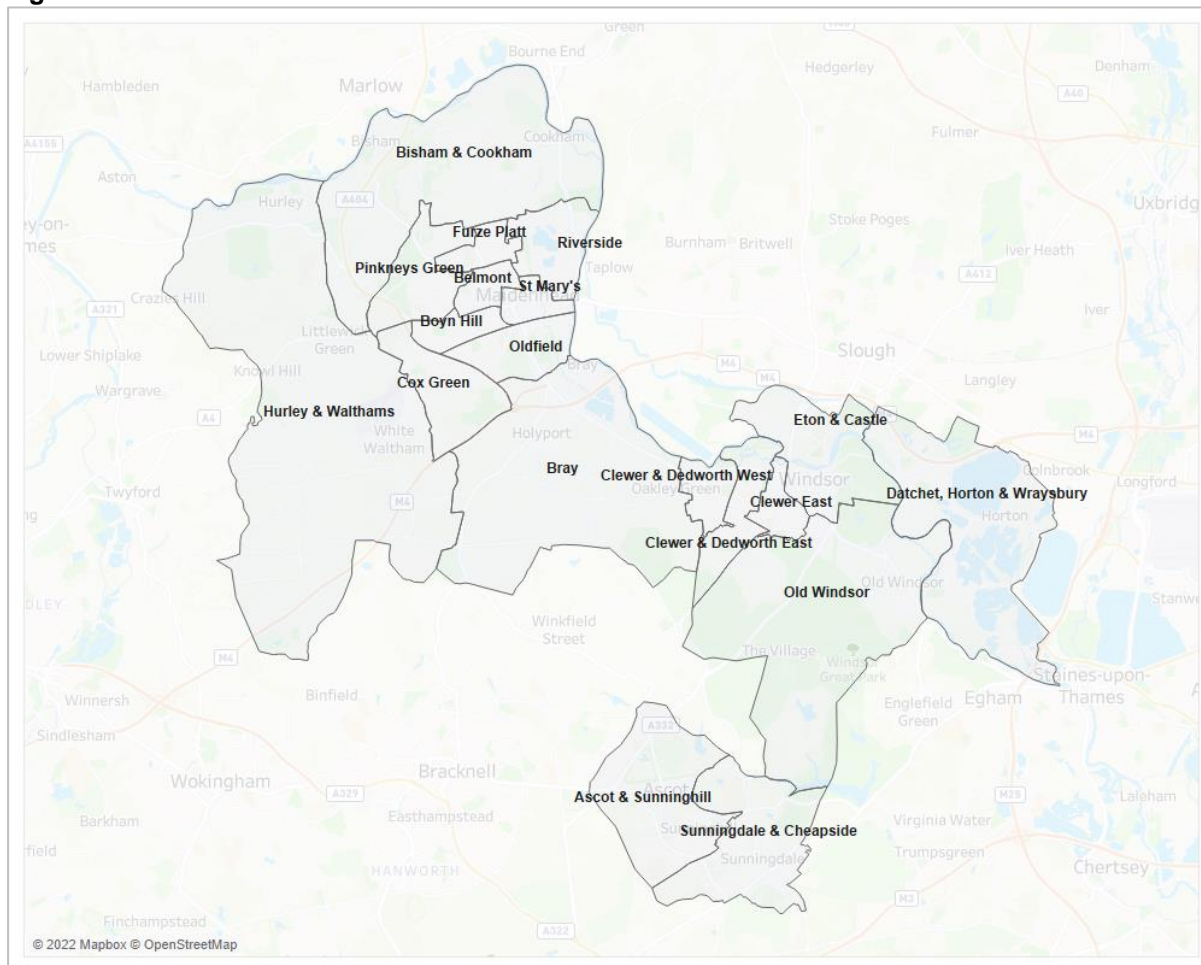
<sup>15</sup> RBWM (2019) Joint Strategic Needs Assessment.

## Methodological considerations

### Geographical coverage

- 3.5** PNA regulations require that the HWBB divides its area into localities as a basis for structuring the assessment. A ward-based structure was used as it is in-line with available data at ward level such as demography, health needs and service provision commissioned by both RBWM and NHS commissioners. There are 23 wards in RBWM, these are illustrated in figure 3.1.

**Figure 3.1 RBWM Electoral Wards**



- 3.6** In this PNA, geographic access to pharmacies has been determined using two commonly used measures in PNAs; a 1 mile radius from the centre of the postcode of each pharmacy (approximately a 20 minute walk) and a 20 minute drive time radius from the centre of the postcode of each pharmacy.
- 3.7** The 1 mile measure is often used to assess adequacy of access in urban areas while the 20 minute drive radius is more often used in more rural areas because there needs to be a sufficient population size to sustain a community pharmacy. The PNA steering group agreed



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that the combination of these measures for RBWM was appropriate given the mix of urban and rural areas on the local authority area.

- 3.8** The 1-mile and 20-minute travel time coverage was also explored in terms of deprivation and population density.
- 3.9** Where areas of no coverage are identified, other factors are taken into consideration to establish if there is a need. Factors include population density, whether the areas are populated (e.g., Green Belt areas), travel time, patient demand for services and dispensing outside normal working hours. These instances have all been stated in the relevant sections of the report.

### **Patient and public survey**

- 3.10** Patient and public engagement in the form of a survey was undertaken to understand how people use their pharmacies, what they use them for and their views of the pharmacy provision.
- 3.11** Working with Healthwatch, communications teams and Community Engagement Leads a public and patient engagement plan was developed, identifying key user groups (including seldom heard groups and/or protected characteristics groups) and how best to engage them for the survey.
- 3.12** There were 472 responses to the RBWM survey, the responses were explored, including detailed analysis of responses from Protected Characteristics populations. Responses from the survey were used to understand how current pharmaceutical services meets the needs of the RBWM population and whether there were any different needs for people who share a protected characteristic in RBWM. The findings from the survey are presented in Chapter 6 of this PNA.

### **Pharmacy contractor survey**

- 3.13** The contractor survey was sent to all 29 of the community pharmacies within RBWM and 28 pharmacies responded, representing 97% of the pharmacies in the borough. The results from this survey are referred to throughout this document.

### **Governance and steering group**

- 3.14** The development of the PNA was advised by a Steering group whose membership included representation from:
- Berkshire East Public Health Team



- 
- Frimley Health and Care, Medicines Optimisation
  - Buckinghamshire, Oxfordshire and Berkshire West (*BOB*), Integrated Care System (*ICS*), Medicines Optimisation
  - Pharmacy Thames Valley, the Local Pharmaceutical Committee
  - NHS England and NHS Improvement – South East Region
  - Healthwatch teams in Berkshire
  - A patient representative

**3.15** The membership and Terms of Reference of the Steering Group is described in Appendix A.

### **Regulatory consultation process and outcomes**

**3.16** The PNA for 2022-25 was published for statutory consultation on the 29<sup>th</sup> April 2022 for 60 days. It was also published on the council website for stakeholder comment. All comments were considered and incorporated into the final report to be published by 1<sup>st</sup> October 2022. They summarised in the consultation report on Appendix D.

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# Chapter 4 - Demographics and Health needs

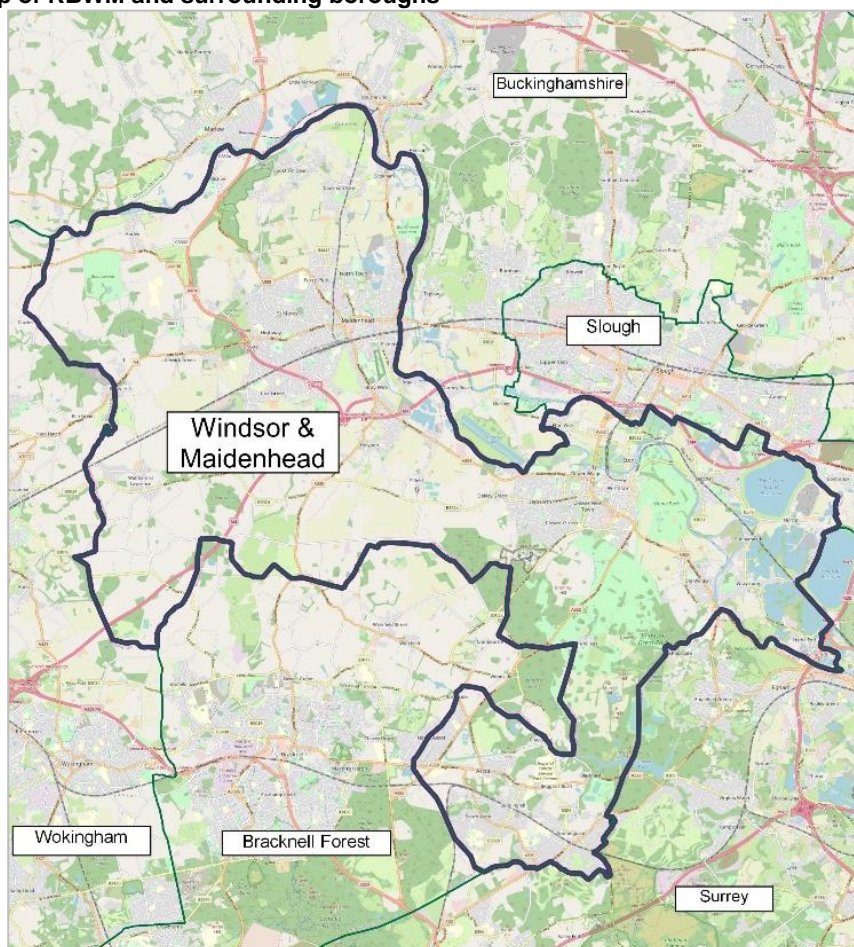
- 4.1** This chapter presents an overview of population demographics of the Royal Borough of Windsor and Maidenhead, particularly the areas likely to impact on needs for community pharmacy services. Using most recent available census data, it also identifies key factors that impact on inequalities.
- 4.2** The analysis of health needs and population changes are outlined in four sub-sections of this chapter. These are:
- Local area profile
  - Demography
  - Population projections
  - Inequalities

## **RBWM local area profile**

### **About the area**

- 4.3** RBWM is a unitary authority in Berkshire, South East England, at the heart of the Thames Valley. The borough is centred on the town of Windsor, with other major settlements in Maidenhead and Ascot. There are several smaller, often rural villages surrounding these main centres of population. The authority covers an area of some 198 square kilometres (19,855 hectares).
- 4.4** The River Thames runs through the borough along with the M4 motorway and A404 (M). In close proximity are the M25, M40, M3 and Heathrow Airport. Several rail lines pass through the borough including services to London Paddington and Waterloo. Branch lines also serve many of the borough's parishes and towns.
- 4.5** Neighbouring boroughs include Bracknell Forest and Wokingham to the south west, the new Buckinghamshire Unitary Authority to the north, Slough to the north east and Surrey to the south and east.
- 4.6** Figure 4.1 provides a context map showing the main settlements in the borough, main transport routes, and the location of the borough in relation to other local authorities.

**Figure 4.1: Map of RBWM and surrounding boroughs**

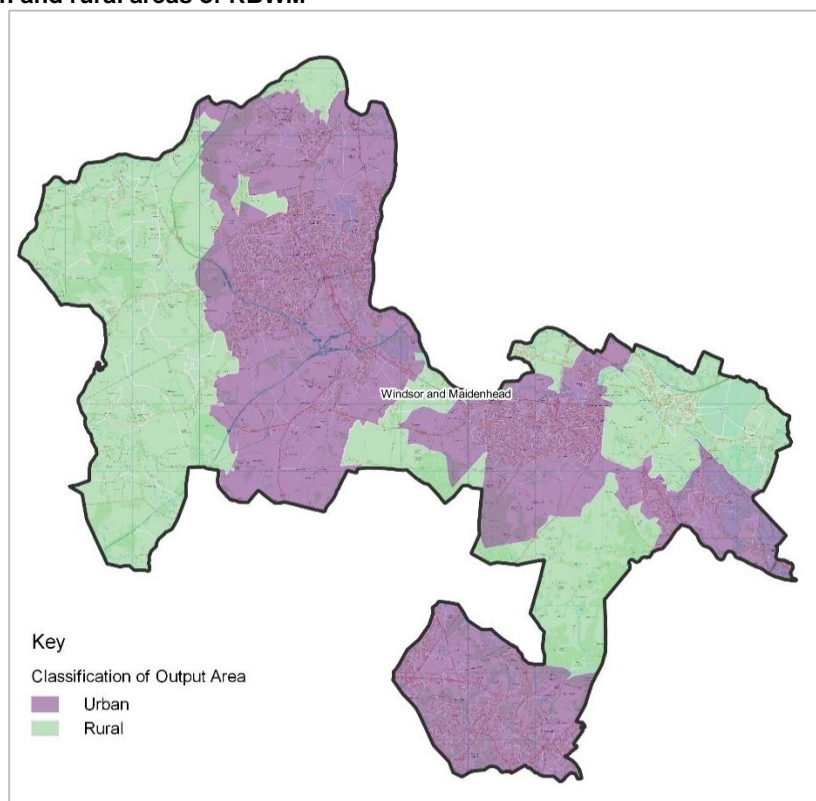


**4.7** RBWM is mainly an urban borough. According to the 2011 census Urban-Rural Classification<sup>16</sup>, 90% of the borough's population live in urban city and town areas, 5% live in rural fringe areas and 5% of the borough's population live in rural areas (villages, hamlets, and isolated dwellings) and rural fringe areas. Figure 4.2 shows the main urban and rural areas within the borough.

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<sup>16</sup> Department for Environment, Food and Rural Affairs (Defra), 2011 Urban Rural Classification (2013)

Figure 4.2: Urban and rural areas of RBWM



Source: ONS Census, 2011

### *Geodemographic classification*

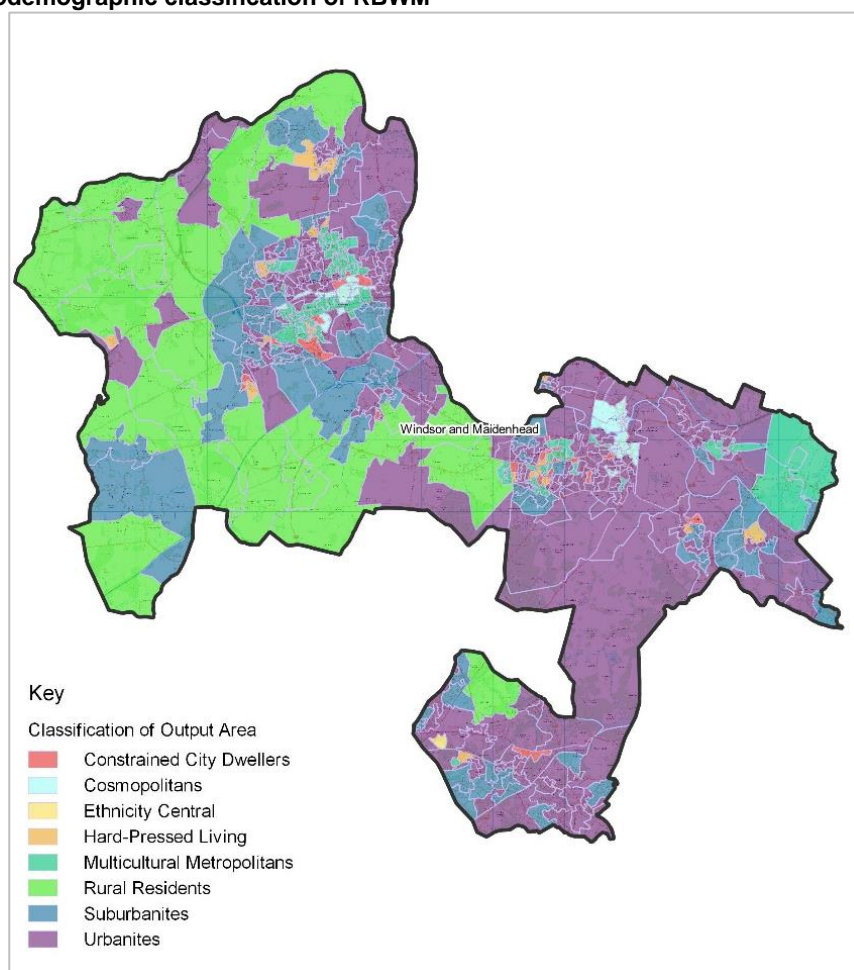
**4.8** The 2011 Output Area Classification<sup>17</sup> enables us to explore the rural-urban divide in more detail by providing a geodemographic classification for each of RBWM's Output Areas (an Output Area covers approximately 100 households). According to the geodemographic classification of RBWM:

- 47% of the population live in areas classified as 'urban'
- 20% of the population live in areas classified as 'suburban'
- 16% of the population live in areas classified as 'Multicultural Metropolitan'
- 9% of the population live in areas classified as 'Constrained City dwellers' and 'hard-pressed living'
- 5% of the population live in areas classified as 'Cosmopolitan'
- 4% of the population live in areas classified as 'rural'.

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<sup>17</sup> ONS, 2011 residential-based area classifications, 2011

**Figure 4.3: Geodemographic classification of RBWM**



Source: ONS Census, 2011

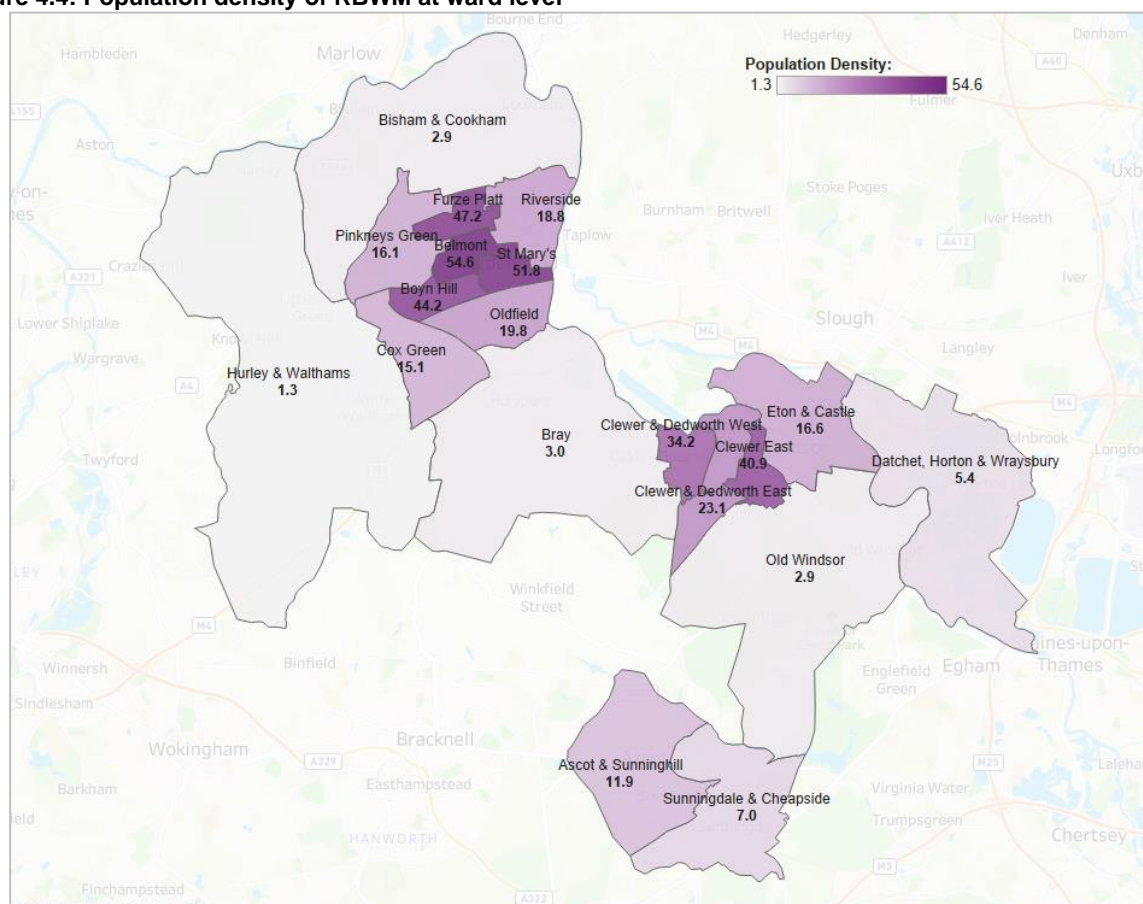
## Demography

### Population size and density

- 4.9** The ONS estimates that there are 151,273 residents in RBWM (ONS, Mid-Year Population Estimates, 2021). This equates to a population density of 7.6 persons per hectare, which is higher than the figure of 4.8 persons per hectare for the South East region, and 4.3 persons per hectare for England as a whole.
- 4.10** The wards with the highest population density are Belmont, St Mary's, and Furze Platt. The wards with lowest population density are in the rural areas of the borough, more specifically Hurley & Walthams, Bisham & Cookham, Bray and Old Windsor (Figure 4.4).



**Figure 4.4: Population density of RBWM at ward level**

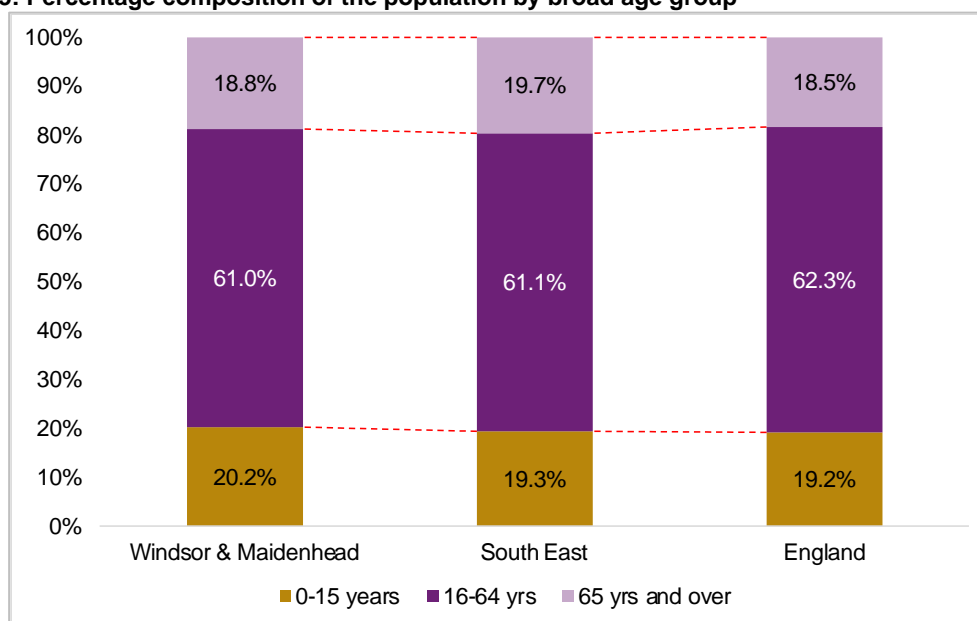


Source: ONS mid-2020 population estimates

## Age

- 4.11** The population has a median age of 42.6 years, which is older than the median age for England (40.2 years), but broadly comparable to 41.9 years for the South East region.
- 4.12** 20% of the borough's population are under 15 years of age, 61% are of working age (16-64 years) and 19% are aged over 65 (Figure 4.5).

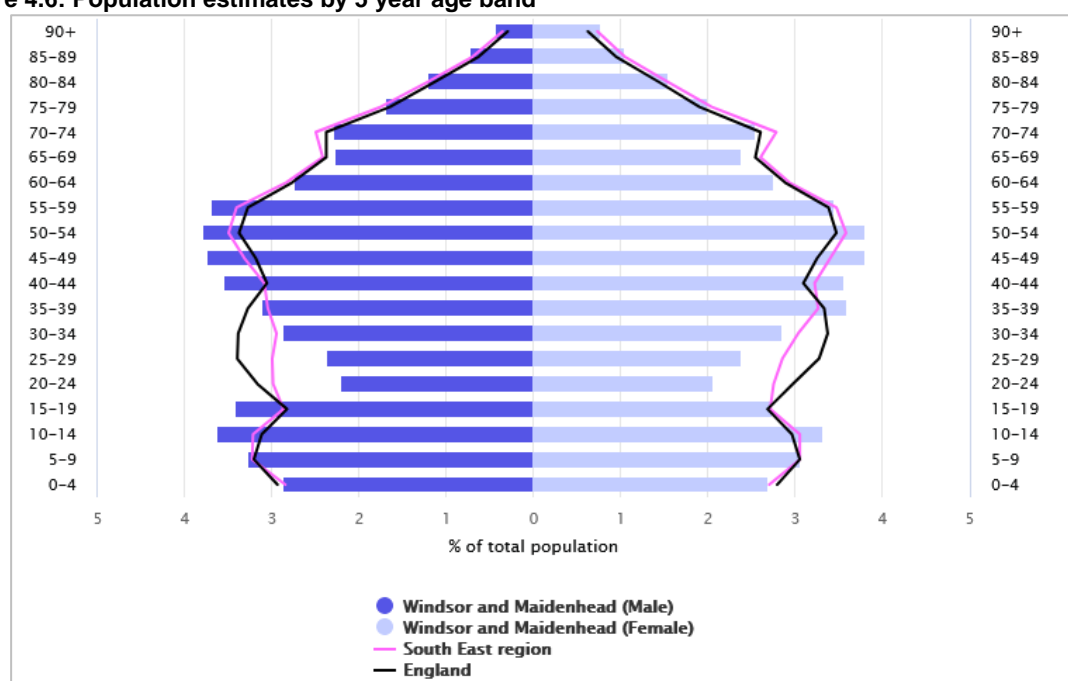
**Figure 4.5: Percentage composition of the population by broad age group**



Source: ONS mid-2020 population estimates

- 4.13** Even after breaking the age bands into smaller sizes, RBWM's age profile remains broadly like the national picture (Figure 4.6). A notable difference is the smaller proportion of people in their 20's in RBWM compared to the England as a whole. There is a larger proportion of people aged 70 and over within RBWM compared to England and South East England.

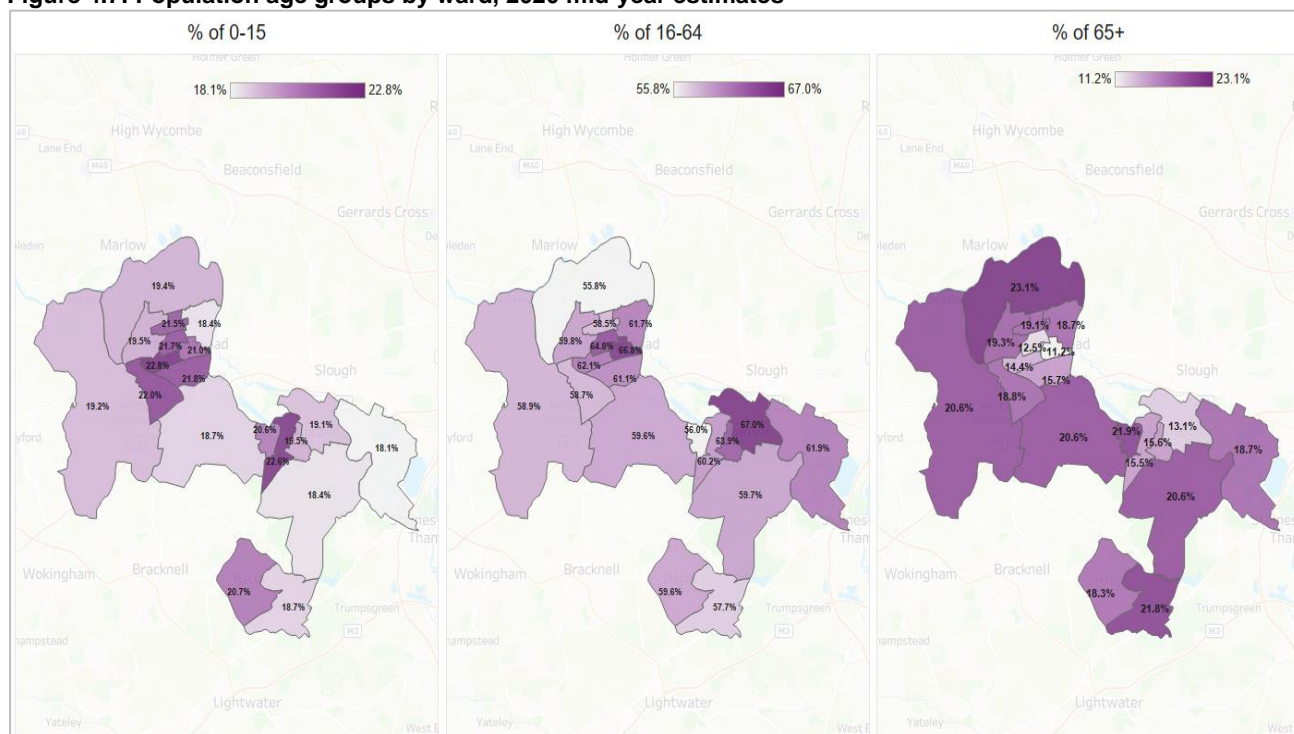
**Figure 4.6: Population estimates by 5 year age band**



Source: OHID Public Health Outcomes Framework, ONS Mid-Year Estimates, 2020

- 4.14** Boyn Hill and Clewer and Dedworth East have the highest representation of 0–15-year-olds. Bishop and Cookham has the highest proportion of older adults (Figure 4.7).

**Figure 4.7: Population age groups by ward, 2020 mid-year estimates**



Source: ONS Mid-Year population estimates, 2020

## Ethnicity and diversity

- 4.15** Cultural and language barriers can create inequalities in access to healthcare, which can negatively affect the quality of care a patient receives, reduce patient safety and patients' satisfaction with the care they receive<sup>18</sup>. However, pharmacy staff often reflect the social and ethnic backgrounds of the community they serve, making them approachable to those who may not choose to access other healthcare services.
- 4.16** NICE Guidance<sup>19</sup> recommends that community pharmacists take into consideration how a patient's personal factors may impact on the service they receive. Personal factors would include, but are not limited to, gender, identity, ethnicity, faith, culture, or any disability. It also recommends that community pharmacists make use of any language skills staff members may have.
- 4.17** In the 2011 census, 86.1% of the population was 'White', which includes 'White British' as well as White Irish and White British/Irish Gypsy or traveller, and White Other. The next main ethnic group was Asian/Asian British at 9.6%, higher than the regional and England averages (Table

<sup>18</sup> Al Shamsi, H., Almutairi, A. G., Al Mashrafi, S., and Al Kalbani, T. (2020). Implications of Language Barriers for Healthcare: A Systematic Review. Oman medical journal, 35(2), e122. <https://doi.org/10.5001/omj.2020.40>

<sup>19</sup> NICE Guidance (2018), Community Pharmacies, Promoting Health and Wellbeing (NG102)



4.1). Although, this data is based on 2011 census data, births and school census data indicate that the ethnic profile of RBWM has become more diverse since 2011.

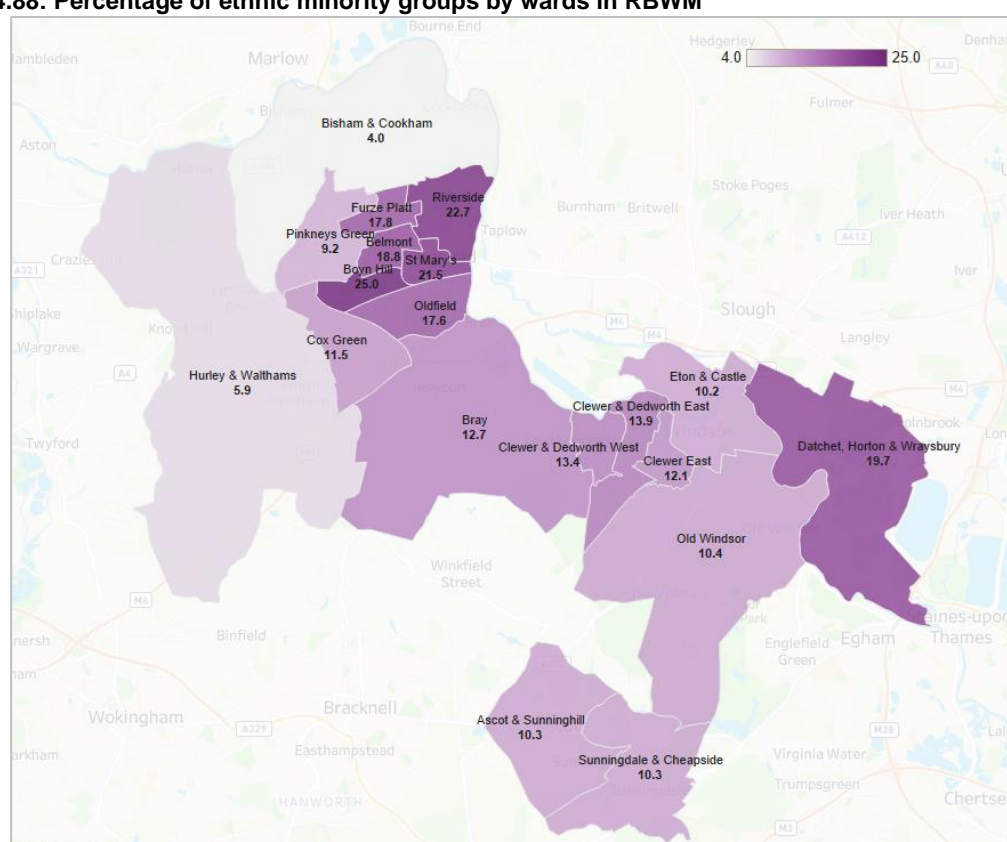
**Table 4.1: Ethnicity of the population**

White	Mixed/ multiple ethnic groups	Asian/Asian British	Black/African/ Caribbean/ Black British	Other ethnic group
124,505 (86.1%)	3,315 (2.3%)	13,848 (9.6%)	1,725 (1.2%)	1,167 (0.8%)
England average = 85.4%	England average = 2.3%	England average = 7.8%	England average = 3.5%	England average = 1.0%
South East average = 90.7%	South East average = 1.9%	South East average = 5.2%	South East average = 1.6%	South East average = 0.6%

Source: 2011 census

**4.18** Figure 4.8 presents the ethnicity breakdown of RBWM by ward, showing the proportion of the population from Black, Asian and minority ethnic groups. There are proportionally more people from Black, Asian and minority ethnic groups resident in Boyn Hill (25%) and Riverside (22.7%) than in other wards. Bisham and Cookham has the smallest proportion of ethnic minority groups with only 4% of residents being from minority groups.

**Figure 4.88: Percentage of ethnic minority groups by wards in RBWM**



Source: ONS, 2011 Census

## Culture and language

- 4.19** 90% of households speak English as a main language. Table 4.2 below shows the language breakdown of households, identifying the number of households in RBWM with one or more members who cannot speak English.

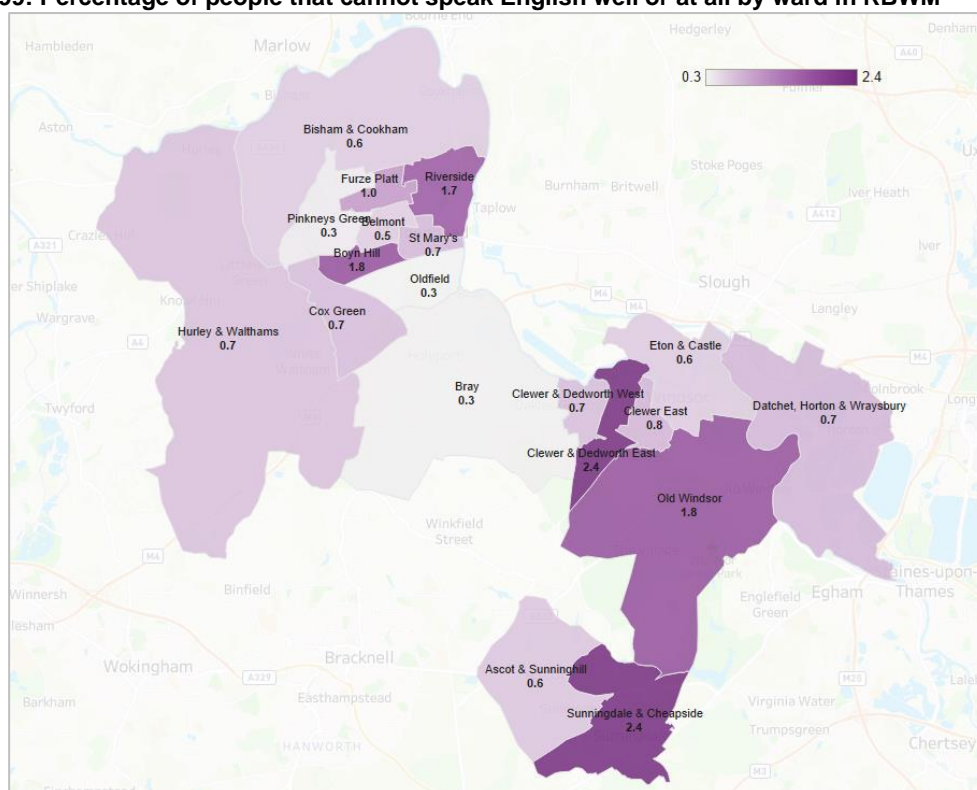
**Table 4.2: Language breakdown of households**

Households with all people aged 16 and over having English as a main language	At least one but not all people aged 16 and over in the household have English as a main language	No adults but some children have English as main language	No household members have English as main language
52,656 (90.2%)	3,125 (5.4%)	421 (0.7%)	2,147 (3.7%)
England average = 90.9%	England average = 3.9%	England average = 0.8%	England average = 4.4%
South East average = 93.2%	South East average = 3.2%	South East average = 0.5%	South East average = 3.1%

Source: 2011 census

- 4.20** Figure 4.9 presents the percentage of people that cannot speak English well or at all by ward. The wards with the highest proportion of people that cannot speak English well or at all are Sunningdale and Cheapside and Clewer and Dedworth East, although the numbers are small.

**Figure 4.99: Percentage of people that cannot speak English well or at all by ward in RBWM**



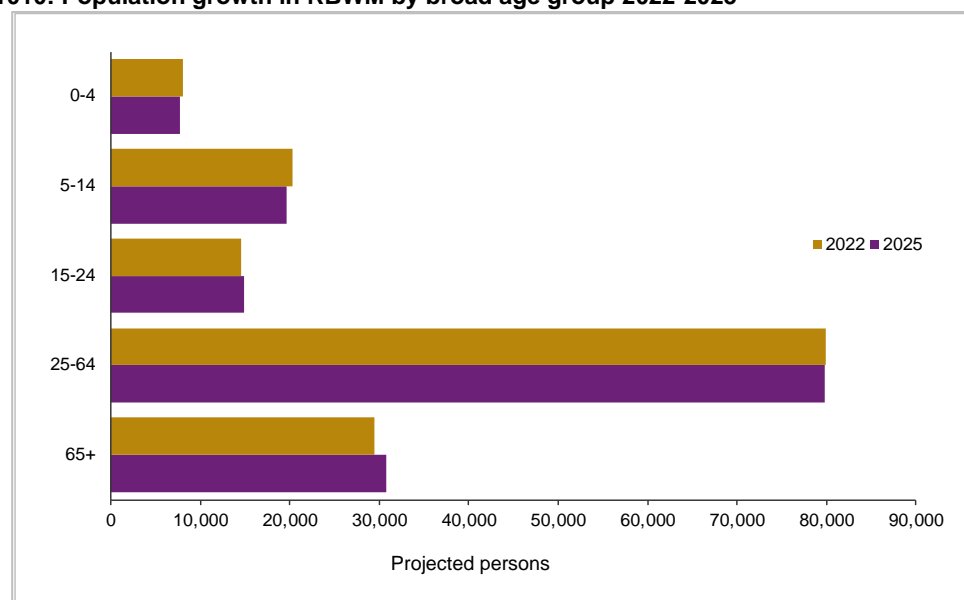
Source: ONS, 2011 Census

- 4.21** The most spoken languages in RBWM other than English are Polish, Punjabi, Urdu, French and Spanish (ONS, 2011 census).

### Population projections

- 4.22** Population projections show that between 2022 and 2025 the borough's population is expected to grow by an additional 633 persons to 152,903, this equates to a 4% increase. Figure 4.10 below shows the increases/decreases in population for RBWM for key age groups for the lifetime of this PNA (2022 to 2025). Most of the population increase is expected among the over 65s, which is estimated to increase by 4.8%. The figure for South East England is 5.5% and the figure for England is 5.6%. The population aged 15-24 years is expected to increase in RBWM from 2022 to 2025 by 3%, which is comparable to England for which a 3.3% increase is expected.

**Figure 4.1010: Population growth in RBWM by broad age group 2022-2025**



Source: ONS – Population Projections for Local Authorities, 2020

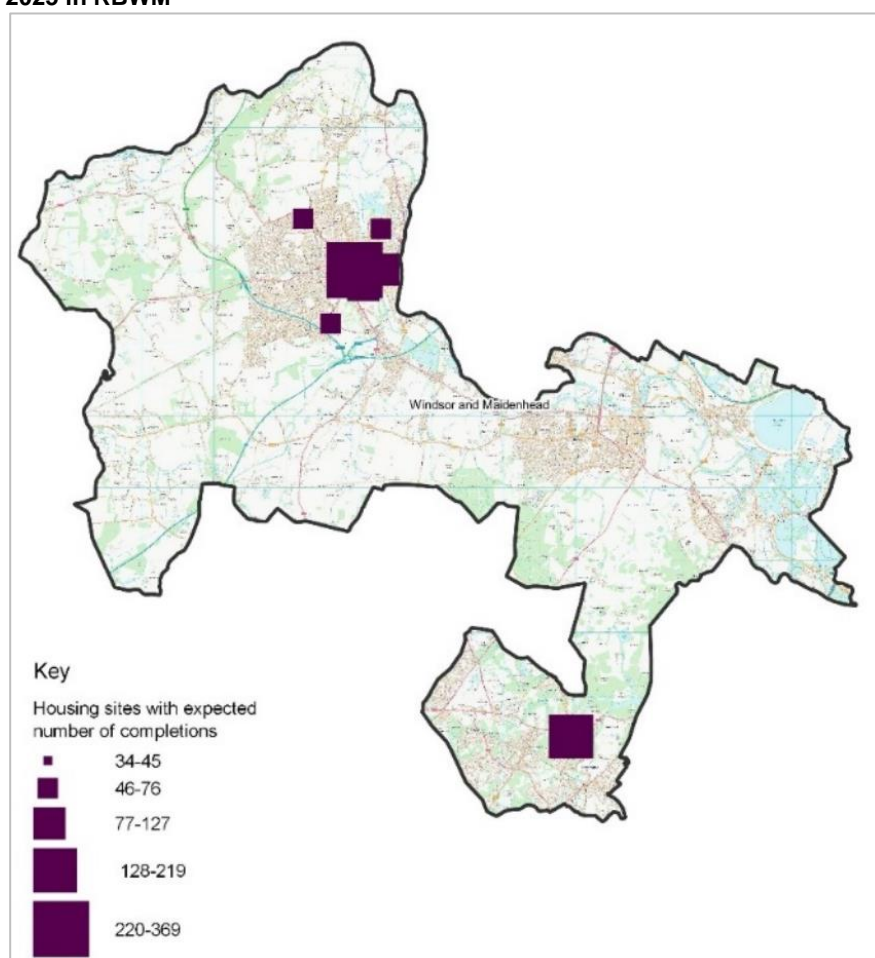
### Future residential development and housing requirements in the borough

- 4.23** Several major housing developments are underway in RBWM<sup>20</sup>. A potential additional 3,270 dwellings are expected to be completed over the period 2021-2026. The larger housing developments are The Landing in King Street/Queen Street, and York Road, both of which are within St. Mary's Ward. The map in Figure 4.11 shows the strategic development locations within the borough where greater than 20 dwellings are expected to be built over the period

<sup>20</sup> Royal Borough of Windsor and Maidenhead, Authority Monitoring Report, 1st April 2019-31st March 2020, April 2021

2021-2026. Table 4.3 presents the total number of new dwellings by ward. The wards with the highest number of new dwellings are in St. Mary's, and Oldfield.

**Figure 4.11: Location of major residential housing development sites expected to be completed over the period 2021 – 2025 in RBWM**



Source: RBWM, Authority Monitoring Report, 2021

**Table 4.3. Number of planned new dwellings by ward in RBWM, 2021-2026**

Ward	Number of new dwellings
Ascot & Sunninghill	221
Belmont	75
Boyn Hill	45
Bray	127
Eton & Castle	182
Furze Platt	61
Oldfield	479
Riverside	60
St. Mary's	936
Sunningdale & Cheapside	160
<b>Total</b>	<b>2346</b>

Source: RBWM, Authority Monitoring Report, 2021

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## Inequalities

### Deprivation

- 4.24** One of the priorities of the RBWM Health and Wellbeing Strategy<sup>21</sup> is to invest in the borough as a place to live and reduce inequalities. *Fair Society, Healthy Lives: (The Marmot Review)*<sup>22</sup> and later the *Marmot Review 10 Years On*<sup>23</sup> describe the range of social, economic, and environmental factors that impact on an individual's health behaviours, choices, goals, and health outcomes. They include factors such as deprivation, education, employment, and fuel poverty.
- 4.25** The Index of Multiple Deprivation (IMD)<sup>24</sup> is a well-established combined measure of deprivation based on a total of 37 separate indicators that encompass the wider determinants of health and reflect the different aspects of deprivation experienced by individuals living in an area. The 37 indicators fall under the following domains: Income Deprivation, Employment Deprivation, Health Deprivation and Disability, Education, Skills and Training Deprivation, Barriers to Housing and services, Living Environment Deprivation and Crime.
- 4.26** Access to community pharmacy services in communities where there is high deprivation is important in addressing health inequalities.<sup>25</sup> IMD deciles enable a comparison of deprivation in neighbourhoods across England. A decile of one, for instance, means, that the neighbourhood is among the most deprived 10% of neighbourhoods nationally (out of a total of 32,844 neighbourhoods in England).
- 4.27** RBWM has 89 neighbourhoods, otherwise known as Lower Super Output Areas (LSOAs). The borough's overall average IMD decile figure is 8.5 compared to the national figure of 5.5. This means there is considerably less deprivation in RBWM than in England as a whole. In fact, RBWM is the 12<sup>th</sup> least deprived local authority in England.
- 4.28** As seen in Figure 4.12, there are no neighbourhoods in RBWM that are among the 20% most deprived in the nation (deprivation decile of 1 or 2). However, there are several

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<sup>21</sup> Health and Wellbeing Strategy 2020- 2025

<https://rbwm.moderngov.co.uk/documents/s35544/RBWM%20JHW-Place%20Strategy%20FINAL.pdf>

<sup>22</sup> Fair Society Healthy Lives (The Marmot Review): <http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review>

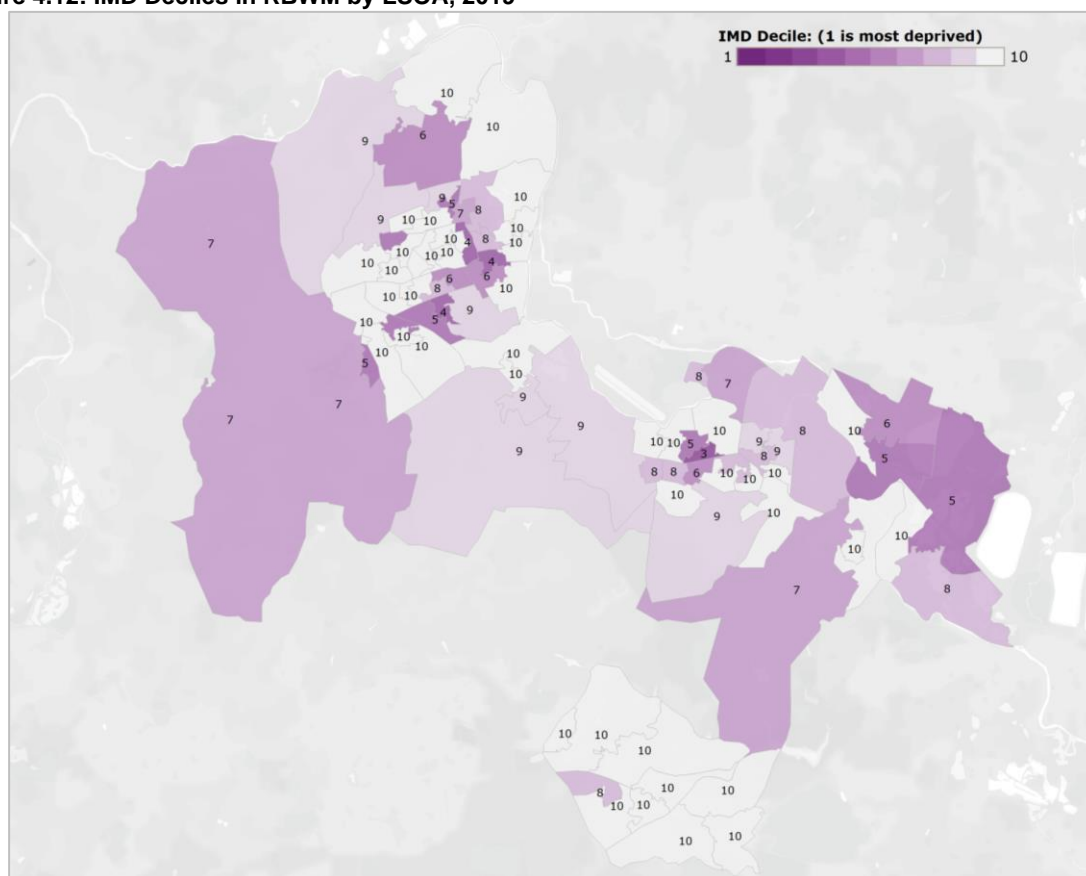
<sup>23</sup> Marmot Review 10 Years On (February 2020): <http://www.instituteofhealthequity.org/resources-reports/marmot-review-10-years-on>

<sup>24</sup> Ministry of Housing, Communities and Local Government, English Indices of Deprivation, 2019

<sup>25</sup> NICE guidance (2018) Community pharmacies: promoting health and wellbeing [NG102]

neighbourhoods situated within Windsor and Maidenhead town centres that are notably more deprived than the rest of the Borough (deprivation decile 3 and 4).

**Figure 4.12: IMD Deciles in RBWM by LSOA, 2019**



Source: Ministry of Housing, Communities and Local Government, 2019

## Homelessness

- 4.29** The levels of homelessness are generally lower than regional and national comparators. As at 30<sup>th</sup> September 2021, 121 households in RBWM were identified as statutory 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 0.97 per 1,000 households, which is lower than the England rate of 1.54 per 1,000 households and the South East rate of 1.18.
- 4.30** 170 households were living in temporary accommodation provided under homelessness legislation in RBWM in 2021. This was a rate of 2.75 per 1,000 households, and was significantly lower than the England figure of 4.06 per 1,000 households and similar to the rate for South East England (2.82 per 1,000 households) (Department for Levelling up, Housing and Communities, Statutory Homelessness, detailed Local Authority tables, 2022).



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- 4.31** Pharmacists can play a role in helping improve the health and wellbeing of people who are homeless. Pharmacies are an accessible service that are often located in areas of high deprivation and need. They can help people who are homeless with support in areas such as medicines management and can provide signposting to other health and wellbeing services. 'Underserved' communities, such as those who are homeless or sleeping rough, people who misuse drugs or alcohol may be more likely to go to a community pharmacy than a GP or another primary care service<sup>26</sup>.

### **Access to services and facilities**

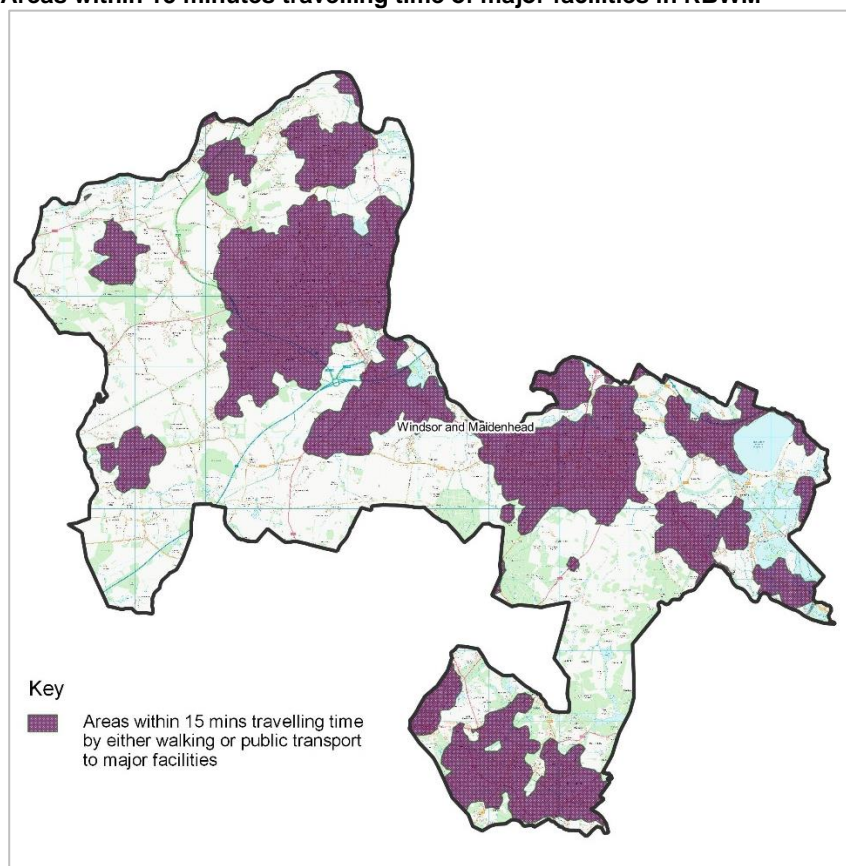
- 4.32** Data giving the location of areas within 15 mins travel time by public transport to main centres of population has been obtained from the Place-based carbon calculator website (<http://carbon>)<sup>27</sup>. 93% of the population in RBWM live within 15 mins travel time by public transport of major facilities. The travel time contours can be seen on the map presented in figure 4.13 below.

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<sup>26</sup> NICE guidance (2018) Community pharmacies: promoting health and wellbeing [NG102]

<sup>27</sup> CREDS, Place-based Carbon calculator, June 2021

Figure 4.1313: Areas within 15 minutes travelling time of major facilities in RBWM



Source: Centre for Research into Energy Demand Solutions (CREDS), July 2021

## Groups with specific needs

### *Students*

- 4.33** Royal Holloway College of the University of London is situated at a campus in Egham in Surrey, very close to the boundary of the borough with Surrey to the southeast of Windsor town. The college has some 11,500 students as at December 2021 (Royal Holloway College website, facts and figures, March 2022). Imperial College London also has a campus called Silwood Park campus, located in Sunninghill (Ascot).

### *Numbers of visitors (both home and overseas) to RBWM*

- 4.34** The Royal Borough of Windsor and Maidenhead Local Plan<sup>28</sup> notes that Windsor is one of the major tourist attractions in South East England, experiencing very high levels of tourism and day visitor activity which make an important contribution to the local economy. Windsor Castle is an international tourist destination. In addition, Legoland Windsor is one of Britain's most

<sup>28</sup> Royal Borough of Windsor and Maidenhead, Borough Local Plan Proposed Main Modifications Consultation, July 2021



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popular paid for tourist attractions, and there are many other events which take place in the borough every year, most notably the Royal Ascot Race meeting, with around 300,000 people travelling to the racecourse at Ascot over the five days of racing. The consultation notes that the effects of high visitor numbers on traffic congestion and pressures on local services and residents require careful management. A report commissioned by the borough on the economic impact of tourism in the area<sup>29</sup> estimated that around 0.56 million overnight tourism trips were made to RBWM in 2019 and of these trips domestic visitors made 62% of trips (352,400) and overseas visitors made 38% of trips (212,100). VisitEngland estimates that around 7.8 million tourism day trips were made to RBWM in 2019. This compares to around 4.9 million TDVs (Tourism Day Visits) for nearby Reading, and 0.94 million TDVs for nearby Slough (GBDVS, 2022)<sup>30</sup>.

### **Summary of population demographics**

RBWM is a densely populated and affluent urban unitary authority in Berkshire.

Nearly 14% of RBWM residents are from Black, Asian and minority ethnic communities. At a ward level, larger proportions of Black, Asian and minority ethnic populations reside in Boyn Hill and Riverside.

New housing developments in St. Mary's ward and Oldfield ward are underway and may bring additional residents to the area. In total, the population is expected to grow by 4% in the lifetime of this PNA.

The borough receives a high number of tourists and students from the UK and abroad.

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<sup>29</sup> Tourism South East Research Unit, Economic impact of Tourism on Windsor and Maidenhead Borough, 2019

<sup>30</sup> VisitEngland, VisitScotland, Visit Wales, The Great Britain Day Visitor Annual Report, 2021

# Chapter 5 - Health Needs

**5.1** This chapter presents an overview of health and wellbeing in RBWM, particularly the areas likely to impact on needs for community pharmacy services. It looks at life expectancy and healthy life expectancy in RBWM and includes an exploration of health and behaviours and major health conditions.

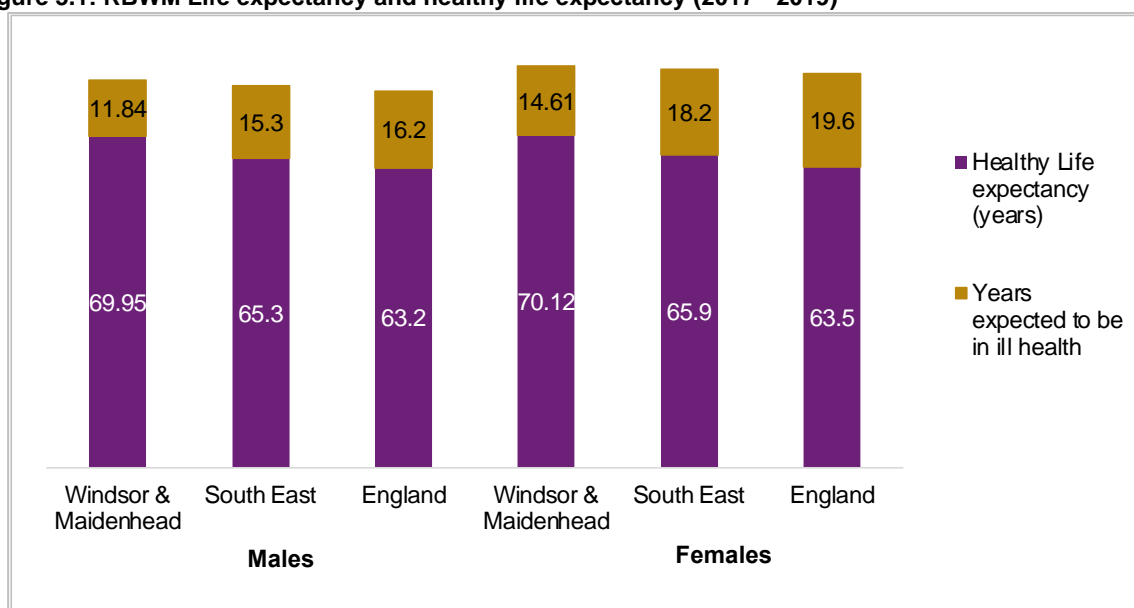
## Life expectancy and healthy life expectancy

**5.2** Life expectancy is a statistical measure of how long a person is expected to live. Healthy life expectancy at birth is the average number of years an individual should expect to live in good health considering age-specific mortality rates and prevalence for good health for their area.

**5.3** The residents in RBWM have higher levels of life expectancy and healthy life expectancy compared to South East England and England. RBWM 2018-20 life expectancy figures are 81.8 for males and 84.7 for females, significantly higher than national life expectancy figures.

**5.4** Figure 5.1 below shows levels of life expectancy and healthy life expectancy in numbers of years for both men and women, for RBWM, South East England and England as a whole (2017-2019 figures). The chart shows that the borough's residents enjoy higher levels of life expectancy compared to England and the South East (OHID, Public Health Outcomes Framework, 2022).

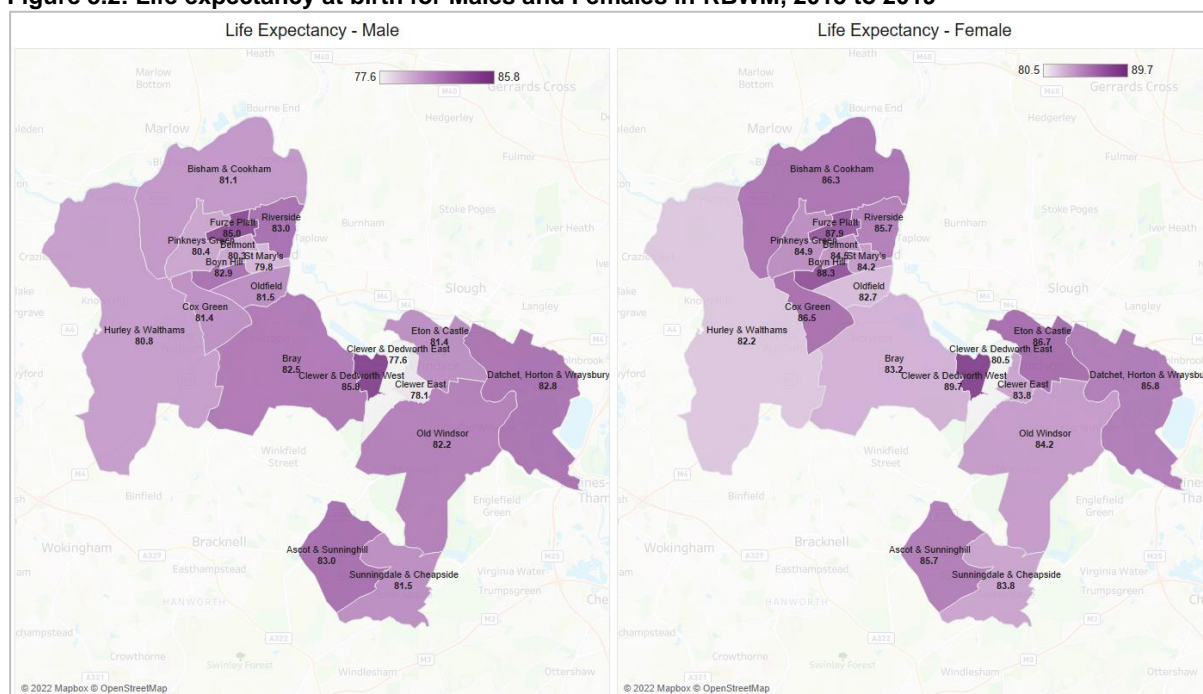
**Figure 5.1: RBWM Life expectancy and healthy life expectancy (2017 - 2019)**



Source: OHID, Public Health Outcomes Framework, 2022

- 5.5** There are also inequalities in life expectancy within the borough. Men living in the most deprived parts of the borough are expected to live 6.1 years less than those living in the least deprived areas. This compares to 7.9 years for South East England and 9.7 years for England as a whole. The gap for women is lower at 3.9 years, compared to 6.0 years for South East England and 7.9 years for England as a whole. These figures are derived from the 2018-2020 slope index of inequality for life expectancy in years (OHID, Public Health Outcomes Framework, 2022).
- 5.6** At ward level, latest figures (2015-2019 data) show that life expectancy is lowest in Clewer & Dedworth East for both males and females. Clewer & Dedworth West residents have the highest life expectancy for both males, at 85.8, and females, at 89.7 (figure 5.2).

**Figure 5.2: Life expectancy at birth for Males and Females in RBWM, 2015 to 2019**



Source: OHID, Local Authority Health Profiles, 2022

- 5.7** The Frimley Health and Care Strategy is working to improve healthy life expectancy in its area by two years, and the gap in life expectancy between least and most deprived communities by 3 years.
- 5.8** The life expectancy gap between RBWM's most and least deprived areas is attributable to different causes of death for men and women, and these issues are explored in the section below on major health conditions.

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## Our Health and Behaviours

- 5.9** The RBWM Health and Wellbeing Strategy includes targeted prevention and early intervention to improve wellbeing as one of its priorities.<sup>31</sup> Lifestyle and the personal choices that people make can significantly impact on their health and wellbeing. Behavioural patterns contribute to approximately 40% of premature deaths in England, which is a greater contributor than genetics (30%), social circumstances (15%) and healthcare (10%).<sup>32</sup> While there are many 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 misuse.
- 5.10** Community Pharmacy teams support the delivery of community health programmes promoting interventions by, for example, engaging local public health campaigns and rolling out locally commissioned initiatives and services. In addition, pharmacies are required to signpost people to other health and social care providers and provide brief advice where appropriate.
- 5.11** This section of the chapter explores different health behaviours and lifestyles for which pharmacies can offer support.

### Smoking

- 5.12** 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.<sup>32</sup> A wide range of diseases and conditions are caused by smoking such as cancers, respiratory diseases, and cardiovascular diseases.
- 5.13** Smoking prevalence is low in RBWM. 10% of RBWM's adult population aged 18+ smoke (2019 data), which is lower than the percentage for England (13.9%) and lower than the percentage for South East England of 12%. Smoking prevalence among those employed in

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<sup>31</sup> Health and Wellbeing Strategy 2020- 2025

<https://rbwm.moderngov.co.uk/documents/s35544/RBWM%20JHW-Place%20Strategy%20FINAL.pdf>

<sup>32</sup> Global Burden of Disease Collaborative Network. Global Burden of Disease Study 2015 (GBD 2015) Reference Life Table. Seattle, United States of America: Institute for Health Metrics and Evaluation (IHME), 2016.

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routine and manual occupations in RBWM is lower than in England. In 2019, 21% of routine and manual workers in RBWM smoked, which is similar to the figure for England of 23%, and the figure for South East England of 24% (OHID, Public Health Outcomes Framework, 2022).

- 5.14** Smoking prevalence rates are also monitored for pregnant women, due to the detrimental effects of smoking on the growth and development of the baby and health of the mother. The proportion of mothers who smoke in early pregnancy has continued to fall in RBWM and was at 6% in 2018/19, compared to 13% for England and 11% for the South East region (OHID, Public Health Outcomes Framework, 2022).

## **Alcohol**

- 5.15** 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. Alcohol can also play a role in accidents, acts of violence, criminal behaviour, and other social problems.
- 5.16** In RBWM in 2020, there were 49 deaths classified as 'Alcohol-related mortality'. This gave a rate of 32.1 per 100,000 population which is similar to the England rate of 37.8 and the rate for the South East region of 33.9.
- 5.17** In 2020/21, there were 540 admission episodes for alcohol-specific conditions in RBWM equating to 366 per 100,000 population, which is lower than the rate for England of 587 and lower than the rate for the South East region of 540 (OHID, Local Authority Public Health Profiles, 2022).

## **Drug use**

- 5.18** Substance misuse is linked to mental health issues such as depression, disruptive behaviour, and suicide. The latest figures show that RBWM had the lowest numbers of deaths by drug use in South East England with one death in 2018-2020. 5.9% of drug users aged 18 years and over had successful treatment for opiate drug use, which compares to a figure for England of 4.7% and for the South East region of 5.7% in 2020. 29% successfully completed their drug treatment, this is similar to England and the South East region figures of 33% (OHID, Local Authority Public Health Profiles, 2022).

## **Obesity**

- 5.19** Obesity is recognised as a major determinant of premature mortality and avoidable ill health. It increases the risk of a range of diseases including certain cancers, high blood pressure and

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type 2 diabetes<sup>33</sup> and increases the risk of death from COVID-19 by 40- 90%<sup>34</sup>. Obesity is indicated when an individual's Body Mass Index (BMI) is over 30.

- 5.20** 64% of adults living in the borough were classified as being obese or overweight in 2019/2020. These figures are similar to those for England (63%) (OHID, Public Health Outcomes Framework, 2022).
- 5.21** Childhood obesity is increasing and can have a significant impact on health outcomes. A child who is overweight or obese can have increased blood lipids, glucose intolerance, Type 2 diabetes, hypertension, increases in liver enzymes associated with fatty liver, exacerbation of conditions such as asthma and psychological problems such as social isolation and low self-esteem caused by teasing and bullying.
- 5.22** The COVID-19 pandemic is likely to have increased the number of children who are overweight or obese. The impact of the pandemic and lockdowns meant that routines of the children and their families were disrupted, thus hindering opportunities to maintain healthy lifestyle behaviours.
- 5.23** In 2019/20 16.% of children in Reception Class and 29% of Children in Year 6 in RBWM were overweight and obese. These figures compare favourably to those for England (23% for children in reception, 35% for children in year 6) (OHID, NCMP, 2022).
- 5.24** As part of the Pharmacy Quality Scheme (PQS) 2021/22<sup>35</sup> pharmacies are now expected to help identify people who would benefit from weight management advice and provide an onward referral to local weight management support or the NHS Digital Weight Management Programme.

## Physical Activity

- 5.25** People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who lead a sedentary lifestyle. Physical activity is also associated with improved mental health and wellbeing. The Global

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<sup>33</sup> Public Health England (2017). Guidance: Health matters: obesity and the food environment.

<sup>34</sup> Public Health England. Excess weight and COVID-19. Jul 2020. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/903770/PHE\\_insight\\_Excess\\_weight\\_and\\_COVID-19.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/903770/PHE_insight_Excess_weight_and_COVID-19.pdf).

<sup>35</sup> Pharmacy Quality Scheme (2021/22): <https://www.nhsbsa.nhs.uk/provider-assurance-pharmaceutical-services/pharmacy-quality-scheme-pqs>

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Burden of diseases (2015) showed that physical inactivity is directly accountable for 5% of deaths in England and is the fourth leading risk factor for global mortality.<sup>32</sup>

- 5.26** 69% of adults in RBWM were considered 'physically active' in 2019/20, this compares to the England figure of 66%. 21% of adults in the borough were considered 'physically inactive,' compared to England's overall figure of 23% (OHID, Public Health Outcomes Framework, 2022).

## **Sexual Health**

- 5.27** Sexual health covers the provision of advice and services around contraception, relationships, sexually transmitted infections (STIs) and abortion. Public Health England 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 easy to use as possible and ultimately to improve the public's health'.<sup>36</sup>
- 5.28** The rate of new STI diagnoses in RBWM is consistently lower than the national rate. In 2020, the all new STI diagnosis rate per 100,000 population (excluding chlamydia for those aged under 25) per 100,000 population for RBWM was 408, which is better than the rate for South East England (461) and for the rate for England (619) (OHID, Local Authority Public Health Profiles, 2022).
- 5.29** The STI testing rate (excluding Chlamydia for those aged under 25) in 2020 was similar to regional and national rates. 4,352 per 100,000 RBWM residents tested in 2020, whereas 4,549 per 100,000 population and 4,007 per 100,000 population were tested in England and South East England in 2020 respectively (OHID, Local Authority Public Health Profiles, 2022).
- 5.30** Chlamydia is the most commonly diagnosed STI in England, with rates substantially higher in young adults than any other age group. The Chlamydia diagnostic rate per 100,000 population aged 15-24 in RBWM in 2020 is 159. This is lower than England at 230 per 100,000 population and the South East region at 336 per 100,000 population. For the over 25s, the rate for RBWM (112 per 100,000 population) is also lower than that for England (171 per 100,000 population) and for the South East region (129 per 100,000 population) in 2020 (OHID, Local Authority Public Health Profiles, 2022).

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<sup>36</sup> PHE (2015) Making it work - A guide to whole system commissioning for sexual health, reproductive health and HIV



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- 5.31** Chlamydia screening in RBWM is lower than England and South East England. 12% aged 15-24 were screened in RBWM in 2020, whereas 14% of England and 13% of South East England 15–24-year-olds were screened (OHID, Local Authority Public Health Profiles, 2022).

## **HIV**

- 5.32** The rates of HIV in RBWM are lower than national rates. The latest figures show that there were 151 RBWM residents aged 15-59 years living with diagnosed HIV in 2020. This equates to 1.8 per 100,000 population. This is lower than the national rates at 2.3 per 1,000 population, and lower than the regional figure at 1.9 per 1,000 population. Looking at overall HIV testing coverage of those who attend specialist sexual health services in 2020, the figure for RBWM is 56%, which is better than the rate for England (46%) and South East England (47%).
- 5.33** 94% of those newly diagnosed in 2018-20 received prompt antiretroviral therapy (ART) initiation, higher than the figures for England (83%) and for the South East Region (84%) (OHID, Local Authority Public Health Profiles, 2022).

## **Flu Vaccination**

- 5.34** Flu vaccination is offered to people who are at greater risk of developing serious complications if they catch flu. 82% of over 65s in RBWM were vaccinated in 2020/21. This is better than the England percentage of 81% and the figure for South East England of 82%. It also reaches the national population vaccination coverage target of 75%. The local trend for this indicator is increasing and getting better.
- 5.35** The population vaccination coverage for flu for at risk individuals (aged 6 months-64 years), in RBWM is also doing well at 58% in 2020/21 (OHID, Local Authority Public Health profiles, 2022). This is higher than the percentage for England of 53%, and higher than the figure for South East England of 56%. It also meets the national population vaccination coverage target of 55%.

## **COVID-19**

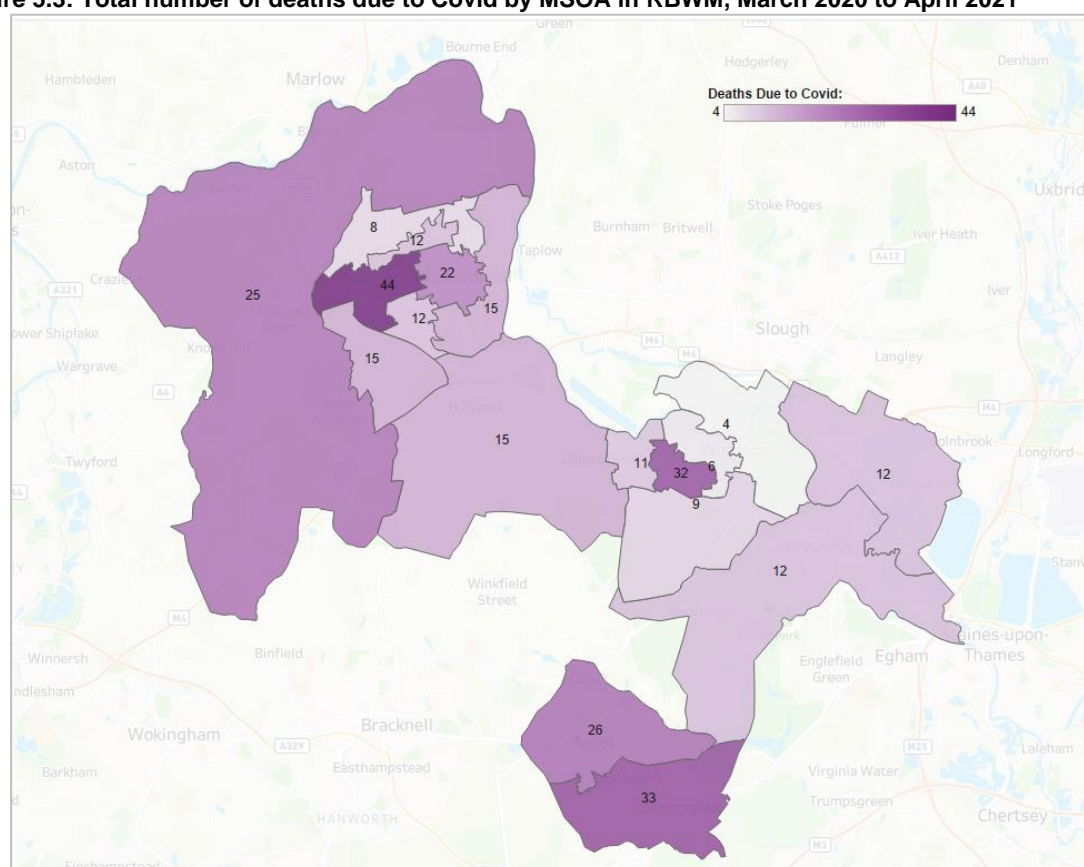
- 5.36** The COVID-19 pandemic has highlighted the impact of deprivation on health risks and health outcomes. COVID-19 morbidity and mortality has been more pronounced in more deprived areas and in those from ethnic minority groups who experience more social inequalities such as income, housing, education, employment, and conditions of work. Nationally, the people



who have suffered the worst outcomes from COVID-19 have been older, of Black or Asian heritage and have underlying health conditions such as obesity or diabetes<sup>37</sup>.

- 5.37** The rate of deaths due to COVID-19 in RBWM at 160.6 per 100,000 population is similar to South East England as a whole, but lower than England. Figure 5.3 presents the total number of deaths due to COVID-19 at MSOA (Middle Super Output Area) level for RBWM.

**Figure 5.3: Total number of deaths due to Covid by MSOA in RBWM, March 2020 to April 2021**



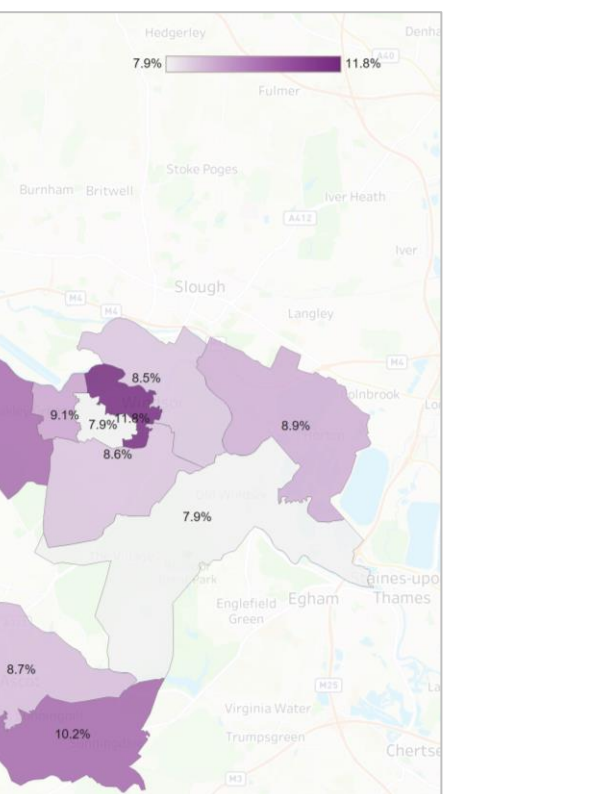
**Source: ONS, deaths due to Covid-19 by local area and deprivation, 2021**

- 5.38** The rate per 100,000 population for RBWM in this period was 161 deaths per 100,000 population, compared to the South East Region rate of 160.8 per 100,000 population and England rate of 182 per 100,000 population (ONS, Age-standardised deaths due to COVID-19 per thousand population for Local Authority areas, 2020).

<sup>37</sup> PHE (2020). Beyond the data: Understanding the impact of COVID-19 on BAME groups.

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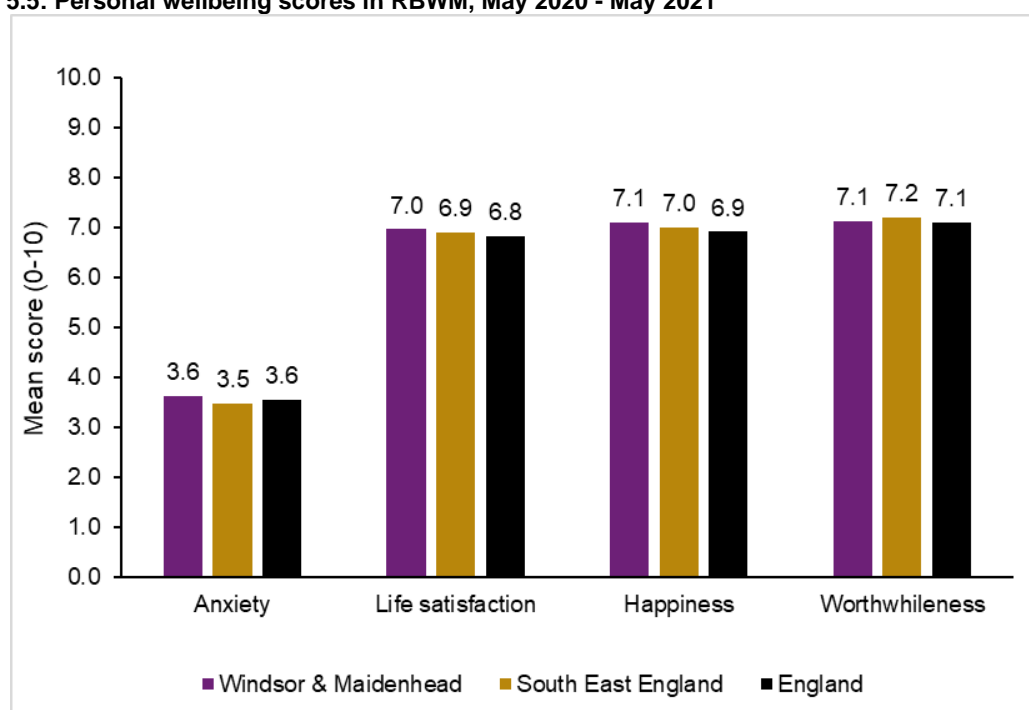
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Source: House of Commons Library, 2021

- 5.42** An estimated 0.8% of GP patients of all ages have dementia in both RBWM constituencies in 2021. This equates to an England average of 0.8% and a South East average of 0.8%.
- 5.43** An estimated 0.6% of GP registered patients in Windsor and 0.7% of patients in Maidenhead had Schizophrenia, bipolar disorder, and psychosis in 2021. These figures compare 0.9% for England and 0.8% for South East of England (House of Commons Library, constituency data: health conditions, April 2022).
- 5.44** One of Frimley Health and Care’s strategic priorities<sup>39</sup> is to focus on wellbeing, enabling people to have the opportunity to live healthier lives no matter where they are placed in the system. The ONS dataset ‘Personal well-being estimates by Local Authority’<sup>40</sup> uses four measures to access personal well-being: life satisfaction, feeling the things done in life are worthwhile, happiness, and anxiety. Figure 5.5 presents the results from the latest survey wave (2020-21), showing the mean score (0-10) for each of the variables. It shows that RBWM scores slightly above average for wellbeing than England and South East England for all measures (ONS, Personal Wellbeing in the UK, 2021).

**Figure 5.5: Personal wellbeing scores in RBWM, May 2020 - May 2021**



Source: ONS, Personal Wellbeing in the UK, 2020-2021, October 2021

<sup>39</sup> Frimley Health and Care 5 year strategy (2019).  
<https://www.frimleyhealthandcare.org.uk/media/1459/frimley-health-care-system-strategy-narrative-final.pdf>

<sup>40</sup> ONS, Personal Wellbeing in the UK, 2020-2021, October 2021

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- 5.45** Pharmacies have a role in supporting population mental health and wellbeing. They can help with early identification of new or worsening symptoms in individuals, they can signpost to existing offers of support, and they can work with patients to ensure their safe and effective use of medications.

### ***Social Isolation and Loneliness***

- 5.46** Social isolation and loneliness can impact people of all ages, but it is more prominent in older adults. It is linked to increased behavioural risk factors, poor mental health as well as morbidity and mortality from acute myocardial infarction and stroke<sup>41</sup>. 29% of RBWM over 65s live alone (ONS, 2011 Census). This is the fourth lowest in the region and lower than the England rate of 32%.
- 5.47** The adult social care survey explores isolation and loneliness in its analysis. Findings show that in RBWM, 35% of users who responded to a survey have as much social contact as they would like. This is substantially lower than national figures of 46%. It highlights that more than half of older adults in receipt of social care do not have as much social contact as they would like and are likely feeling isolated and lonely (Adult Social Care Survey, 2022).

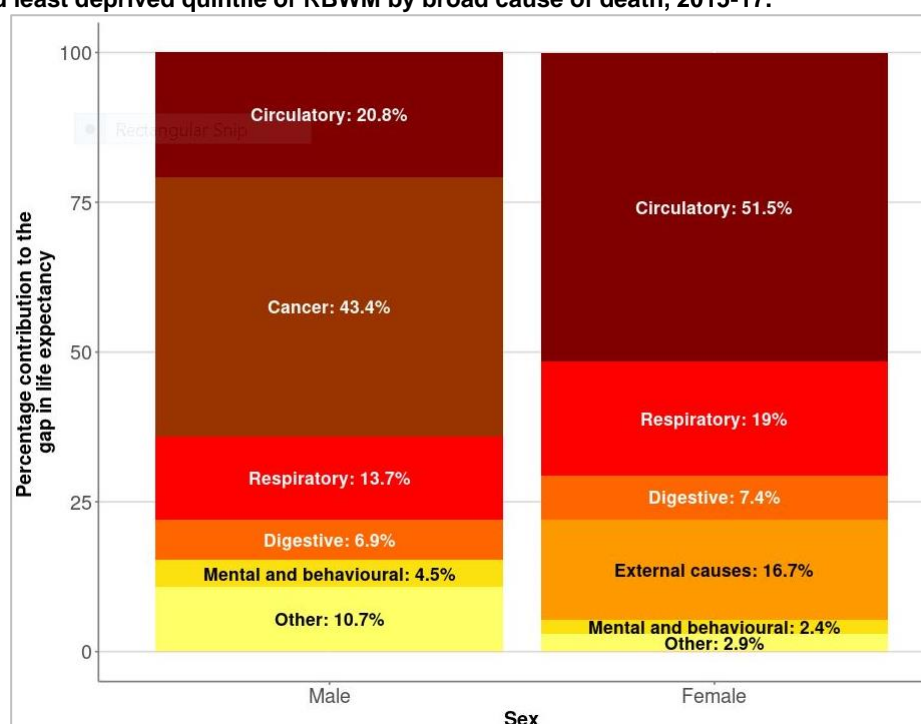
## **Major Health Conditions**

- 5.48** The cause of the life expectancy gap between the most deprived and least deprived populations within a borough provides a good indicator on what health conditions have a bigger impact on local populations and where a targeted approach is needed.
- 5.49** Figure 5.6 presents a breakdown of the causes of life expectancy gap (by broad cause of death) between the most deprived quintile and least deprived quintiles of RBWM. It highlights circulatory diseases as the biggest cause of the differences in life expectancy between deprivation quintiles for females and the second highest for males, accounting for 52% and 21% of the gap, respectively.

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<sup>41</sup> Hakulinen C, Pulkki-Råback L, Virtanen M, et al (2018). Social isolation and loneliness as risk factors for myocardial infarction, stroke and mortality: UK Biobank cohort study of 479 054 men and women. *Heart*; 104:1536-1542.

**Figure 5.6: Scarf chart showing the breakdown of the life expectancy gap between the most deprived quintile and least deprived quintile of RBWM by broad cause of death, 2015-17.**



Source: OHID, Breakdown of the Life Expectancy Gap Segment tool, January 2022

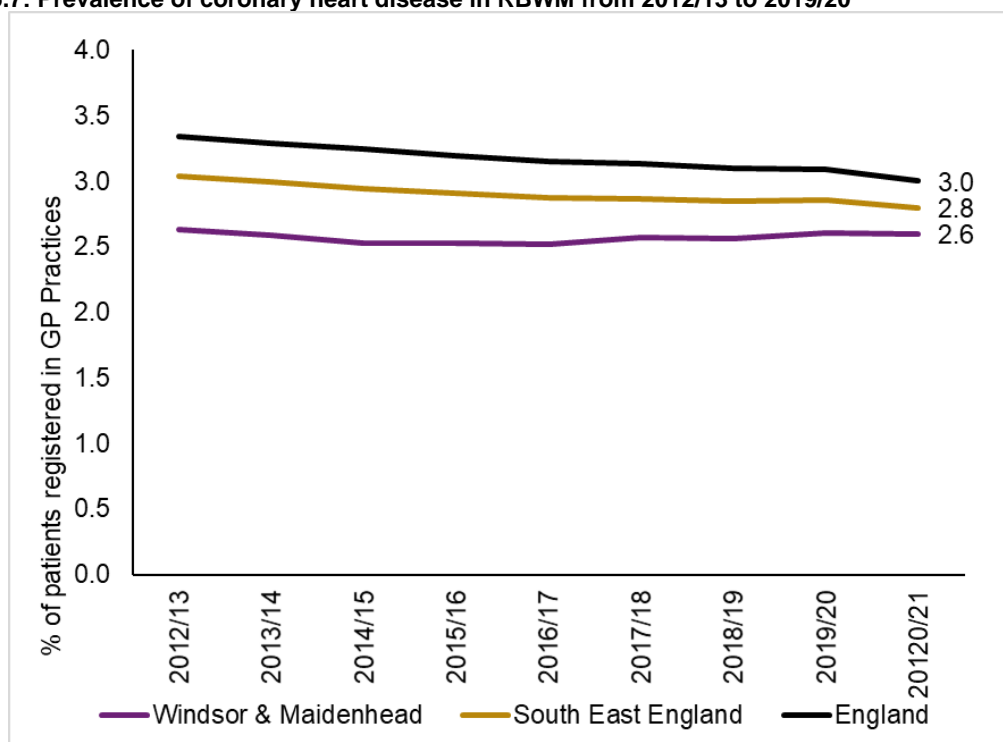
**5.50** Cancer is the biggest cause of life expectancy gap in males accounting for 43% of the gap in RBWM, although it does not account for any of the life expectancy gap for females in RBWM. The third major cause of life expectancy gap for males and the second major cause for females is respiratory diseases. Respiratory disease accounts for 14% of the life expectancy gap for males and 19% of the gap for females.

**5.51** We will take a closer look at circulatory diseases, cancer and respiratory diseases and their impact in RBWM.

### Circulatory Diseases

**5.52** Circulatory diseases include heart disease and stroke. 2.6% of RBWM GP registered patients had coronary heart disease in 2020/21. This is similar to the England percentage of 3.0% and the percentage for the South East of 2.8%. RBWM is in the 2nd lowest quintile in England for this indicator (OHID, Local Authority Public Health Profiles, 2022). Figure 5.7 shows a steady trend for this indicator from 2012/13 for RBWM, below that for England and the South East.

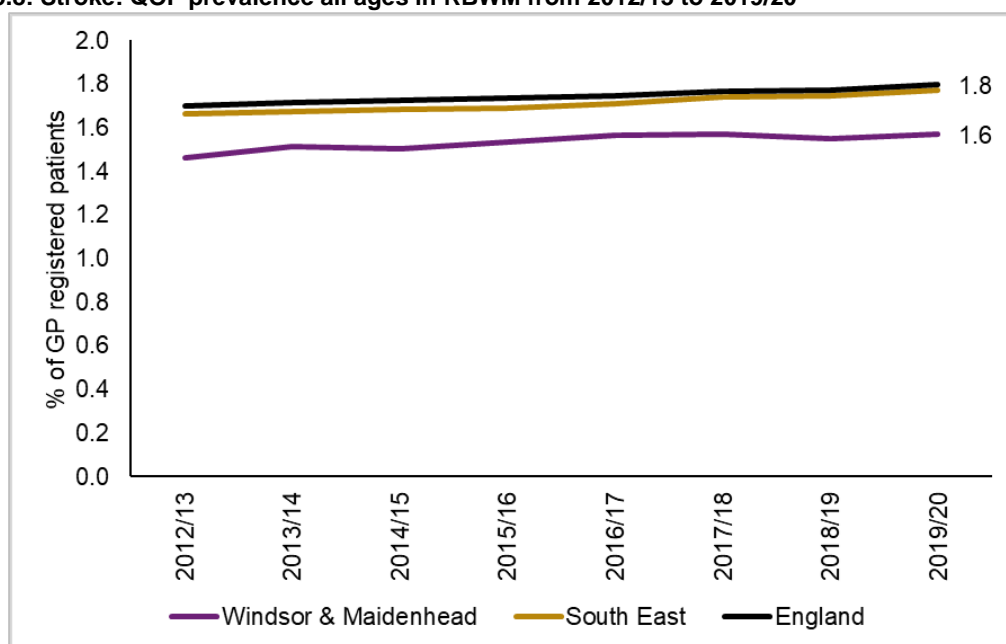
Figure 5.7: Prevalence of coronary heart disease in RBWM from 2012/13 to 2019/20



Source: OHID, Local Authority Public Health Profiles, 2022

**5.53** 1.6% of RBWMs GP population had a Stroke in RBWM in 2019/20. This is lower than the rate for England and South East of England of 1.8%. RBWM is in the second lowest quintile in England for this indicator (OHID: QOF, 2022). Figure 5.8 shows the trend for this indicator has been consistently lower than England and the South East since 2012/13.

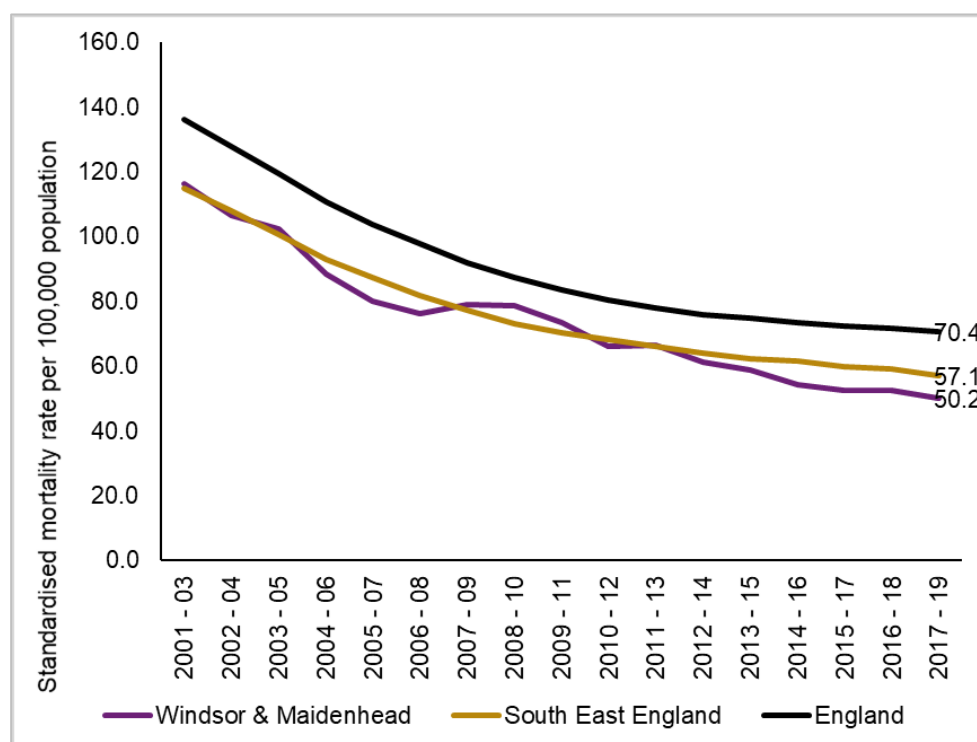
Figure 5.8: Stroke: QOF prevalence all ages in RBWM from 2012/13 to 2019/20



Source: OHID: QOF, 2021

- 5.54** The under 75 mortality rate for cardiovascular disease is 50.2 per 100,000 population, lower than England and South England figures (Figure 5.9).

**Figure 5.9: Trendline of under 75 mortality rate from all cardiovascular diseases for Slough, 2012/13 to 2018/19**



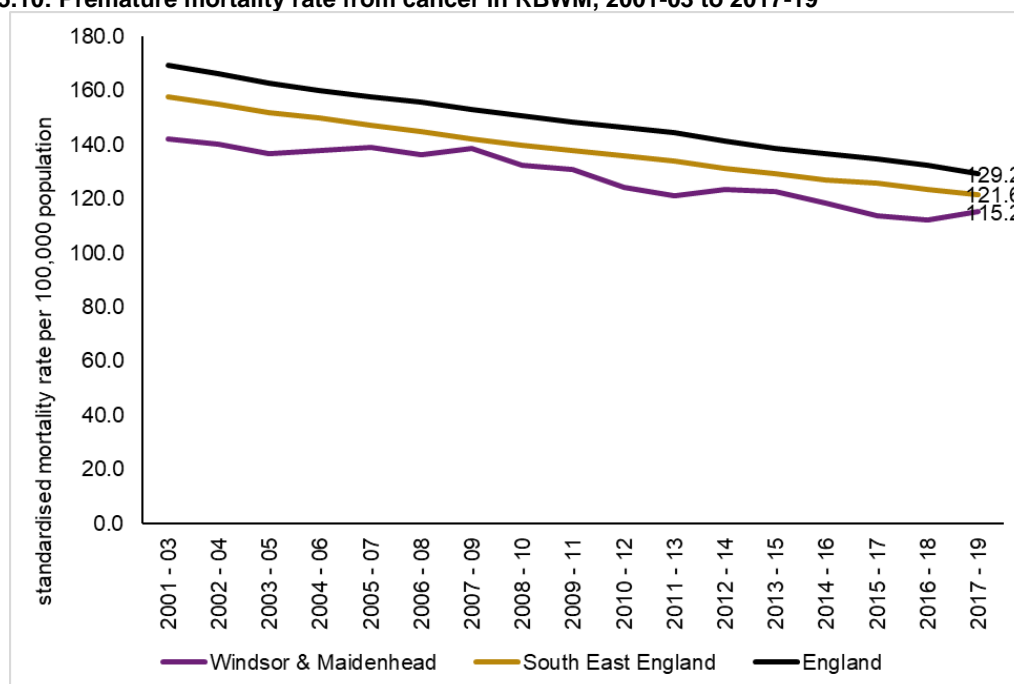
Source: OHID, Local Authority Public Health Profiles, 2022

## Cancer

- 5.55** Pharmacists can play an important role in the early detection and diagnosis of cancer. Raising awareness through public health campaigns and talking to patients about signs and symptoms of different cancers can result in earlier diagnosis and therefore better treatment options for patients.
- 5.56** The incidence of all cancers (standardised incidence ratio) for RBWM during the period 2014-2018 was 97.7, which is similar to an England standardised rate of 100. The incidence ratios of colorectal cancer, lung cancer and prostate cancer for RBWM are similar to those for England. However, the incidence ratio of breast cancer at 116.1 for RBWM is worse compared to the England rate of 100.
- 5.57** The premature mortality rate from cancer (i.e. under 75 years) in RBWM in 2017-2019 was 115 per 100,000 population, which is lower than the rate for England of 129, and similar to the rate of 122 for South East England (OHID, Local Authority Public Health Profiles, 2022). It has been on a downward trend over the last decade both locally and nationally (see Figure 5.10).



**Figure 5.10: Premature mortality rate from cancer in RBWM, 2001-03 to 2017-19**



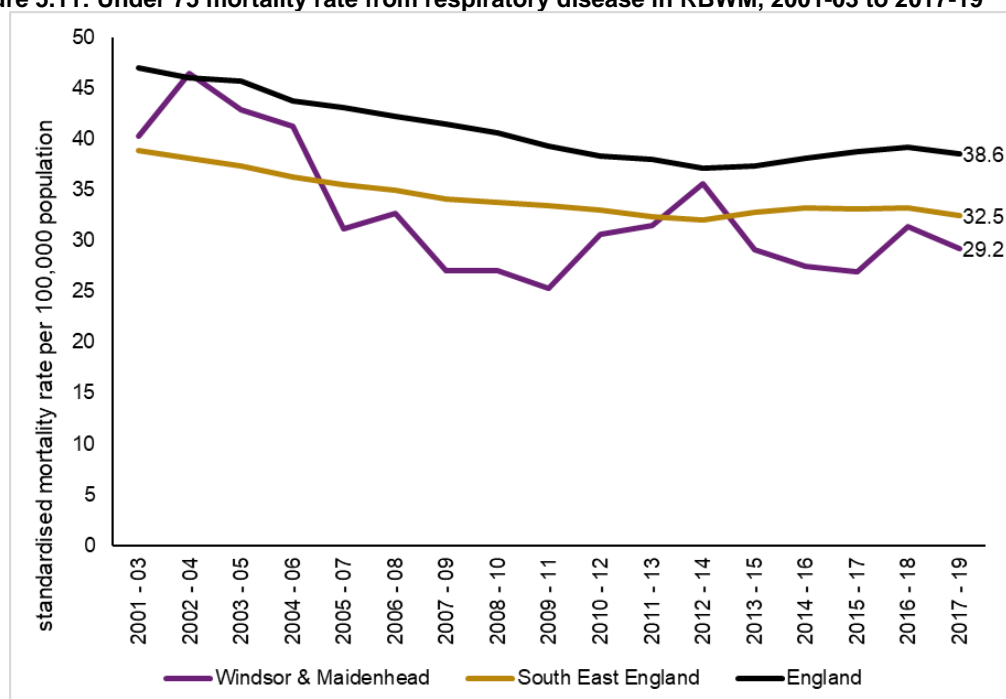
Source: OHID, Local Authority Public Health Profiles, 2022

## Respiratory diseases

- 5.58** Respiratory disease is one of the top causes of death in England in under 75s. Respiratory diseases encompass flu, pneumonia, and chronic lower respiratory disease such as chronic obstructive pulmonary disease (COPD).
- 5.59** The under-75 mortality rate from respiratory disease for RBWM was 29.2 per 100,000 population in 2017-2019 (Figure 5.11), which is lower than the rate for England of 38.6 and similar to the South East England rate of 32.5 (OHID, Local Authority Public Health Profiles, 2022). Figure 5.10 shows the trend for RBWM, where rates have fluctuated over the years yet remained below the England and South East England rates since 2004-06.



**Figure 5.11: Under 75 mortality rate from respiratory disease in RBWM, 2001-03 to 2017-19**



Source: OHID, Local Authority Public Health Profiles, 2022

**5.60** One of the major respiratory diseases is COPD. The rate for Emergency hospital admissions for COPD for persons over 35 years for RBWM in 2019/20 was 194, which is better than the rate for England of 415 and the rate for South East England of 295 (OHID, Local Authority Public Health Profiles, 2022). Helping people to stop smoking is key to reducing COPD and other respiratory diseases.

### Summary of health needs

Overall, the people of RBWM enjoy a good level of health comparative to England and Regional averages. Life expectancy and healthy life expectancy are higher than regional and national figures for males and females.

Cancer, circulatory diseases, and respiratory diseases are the main causes of the gap in life expectancy between the most and least deprived areas for men; circulatory diseases and respiratory diseases are the biggest causes for women. Premature mortality figures for cancer, cardiovascular disease and respiratory diseases are lower than national figures, as were the prevalence of coronary heart disease, stroke, cancers, and COPD.

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# Chapter 6 – Patient and Public Engagement Survey

- 6.1** This chapter discusses the results of the patient and public engagement survey that was carried out in Berkshire between the period of 13<sup>th</sup> January 2022 until 4<sup>th</sup> March 2022. It will also provide an overview of the results specifically from RBWM. We will examine the health needs specific to protected characteristics and vulnerable groups that we have engaged with during this process, and the implications this may have on the PNA.
- 6.2** A “protected characteristic” means a characteristic listed in section 149(7) of the Equality Act 2010. There are also certain vulnerable groups that experience a higher risk of poverty and social exclusion than the general population. These groups often face difficulties that can lead to further social exclusion, such as low levels of education and unemployment or underemployment.
- 6.3** A community questionnaire was used to engage with residents to understand their use and experience of local pharmacies. This questionnaire was approved for use with the local population by the PNA Steering Group and the communication teams of each of the Berkshire local authorities.
- 6.4** The community questionnaire was disseminated via online platforms, social media and in person. Over the period from 13<sup>th</sup> January 2022 until the 4<sup>th</sup> of March 2022, Healthy Dialogues engaged with 1,789 residents across Berkshire, including 472 residents across RBWM.

## **RBWM communications engagement strategy**

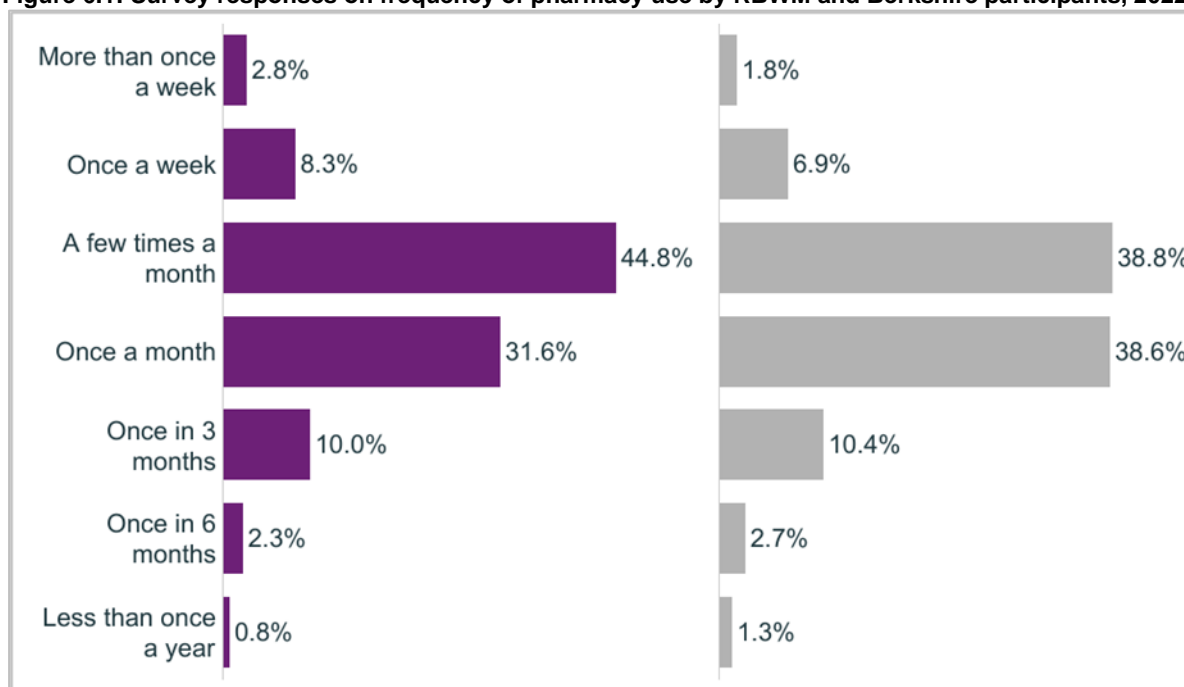
- 6.5** Working with the local authority communications teams, the survey was shared on social media platforms such as Facebook and Twitter, and on local resident e-newsletters. The survey was also published on the Berkshire Public Health webpage.

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- 6.6** The RBWM communications team also shared the survey widely on social media platforms such as Facebook, Twitter, and Next Door. The team also circulated the survey through resident e-newsletters, members newsletters, and staff newsletters.
- 6.7** Frimley Health and Care communications and engagement team published the survey on their website, shared the survey with patient participation groups and circulated through the GP-ebulletin.
- 6.8** The RBWM community champions shared the survey with their community contacts and the survey was shared with Windsor Forest College to disseminate to their staff and students.
- 6.9** The survey was also included on the Frimley Health and Care webpage under the engagement and survey sections.
- 6.10** We were provided contact details for leads working with older people's groups, a community lead for ethnic minority groups, care home leads, sheltered housing leads, and young people's groups. The survey was shared with the relevant leads.

## **Results of the public engagement survey**

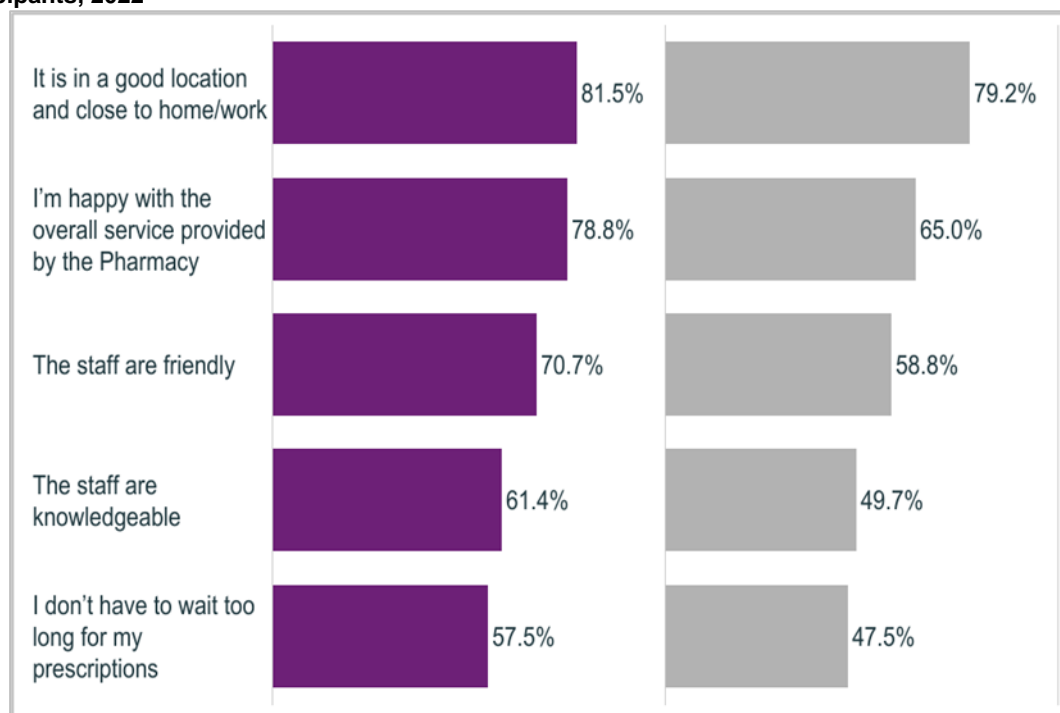
- 6.11** The survey results are shown below, comparing RBWM responses (shown in purple – number of responders =472) with Berkshire overall responses (shown in grey – number of responders = 1,789)
- 6.12** Across Berkshire, 38.8 % (691) respondents stated they use their pharmacy between a few times a month, and once a month 38.6% (687). Similarly, RBWM respondents used the pharmacy mostly a few times a month (44.8%), followed by once a month (31.6%).

**Figure 6.1: Survey responses on frequency of pharmacy use by RBWM and Berkshire participants, 2022**



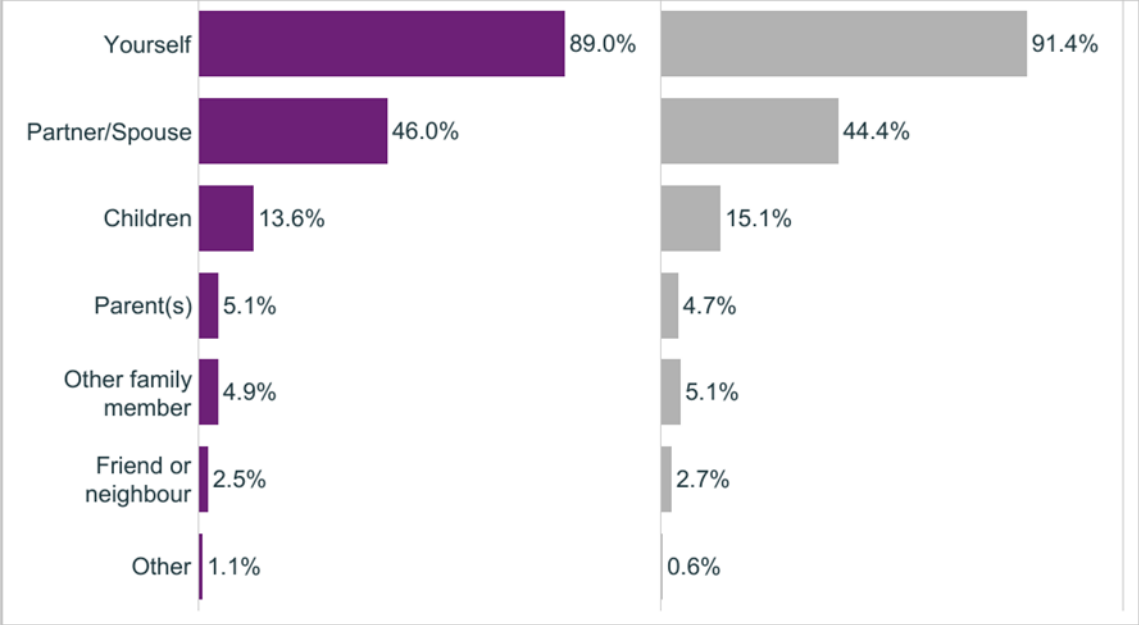
**6.13** Most respondents across Berkshire (79.2%), and RBWM (81.5%), both stated their main reason for their choice of pharmacy is location and its proximity to their work/home, followed by the fact they were happy with the overall service provided by their pharmacy (71.8%) (Figure 6.2).

**Figure 6.2: Survey responses on reasons for their pharmacy choice by RBWM and Berkshire participants, 2022**



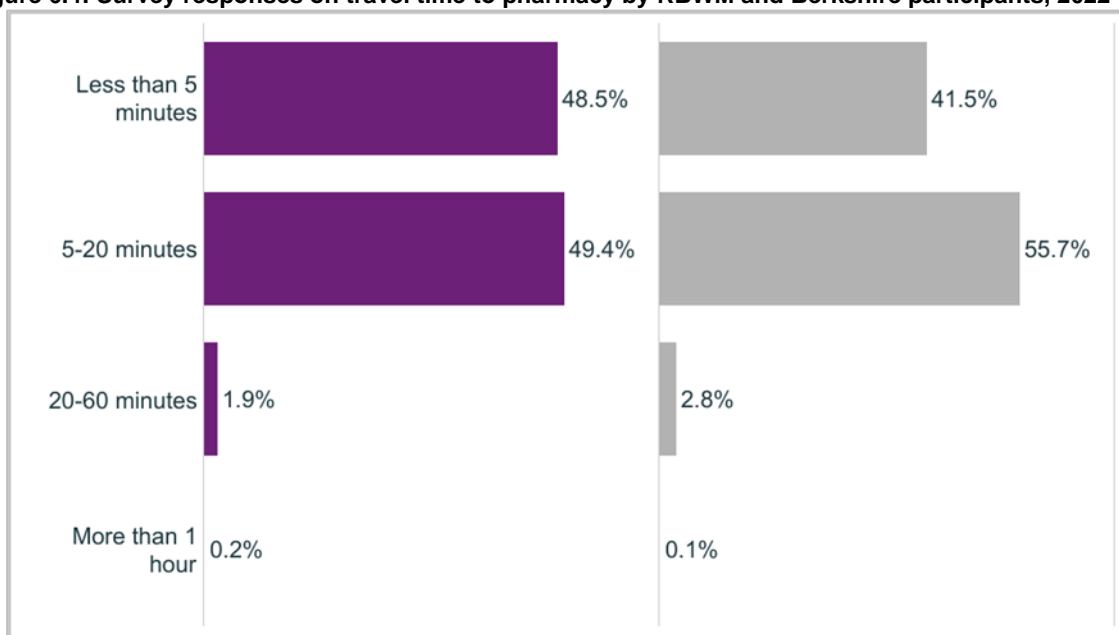
**6.14** When asked who they use the pharmacy for, 89% and 91.4% of respondents use the pharmacy for themselves, across RBWM and Berkshire, respectively. Those living in RBWM also used their pharmacy for their partner/spouse (46 %) (Figure 6.3).

**Figure 6.3: Survey responses on who they are using their pharmacy for by RBWM and Berkshire participants, 2022**



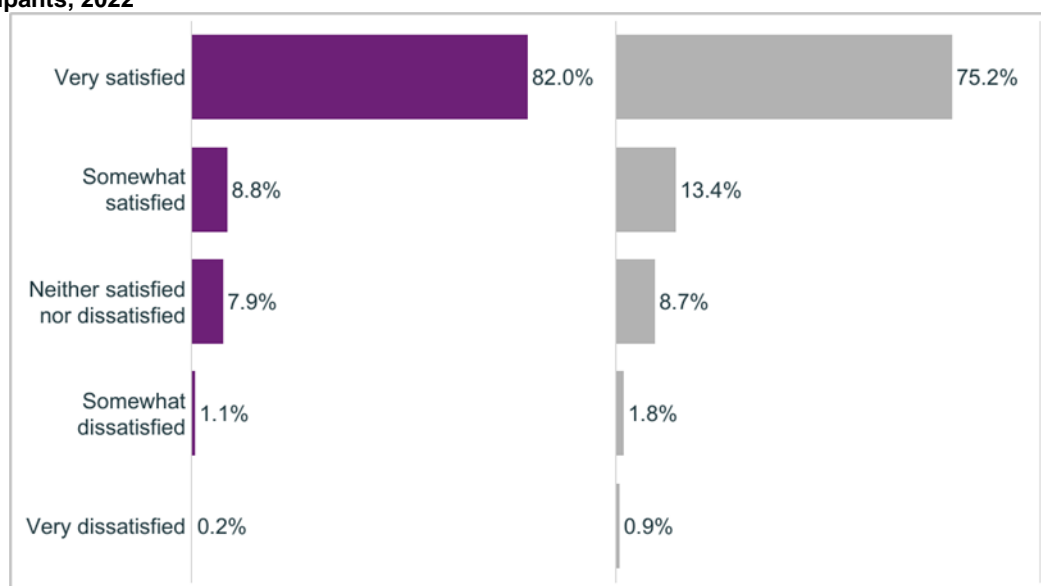
**6.15** 41.5 % of Berkshire respondents stated that it takes less than 5 minutes to travel to their pharmacy, and 55.7% stated it takes 5-20 minutes. Similarly, 48.5% (226) of respondents for RBWM stated less than 5 minutes, and 49.4% (230) of RBWM respondents answered that it takes 5 – 20 minutes to travel to their pharmacy.

**Figure 6.4: Survey responses on travel time to pharmacy by RBWM and Berkshire participants, 2022**



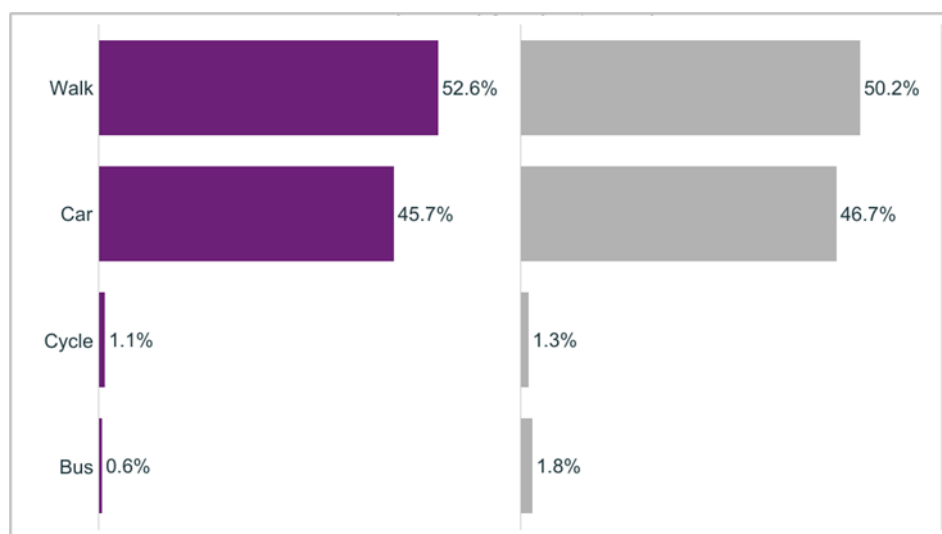
**6.16** Majority of respondents across Berkshire and RBWM were very satisfied with their journey to their pharmacy, 75.2% and 82% respectively (Figure 6.5).

**Figure 6.5: Survey responses on satisfaction of journey to pharmacy by RBWM and Berkshire participants, 2022**



**6.17** When asked how they usually travel to their pharmacy, 50.2% of Berkshire respondents walk to their pharmacy, and 46.7% of respondents used their car and to travel to their pharmacy. Similarly, 52.6% of RBWM respondents walk to their pharmacy and 45.7% use their car.

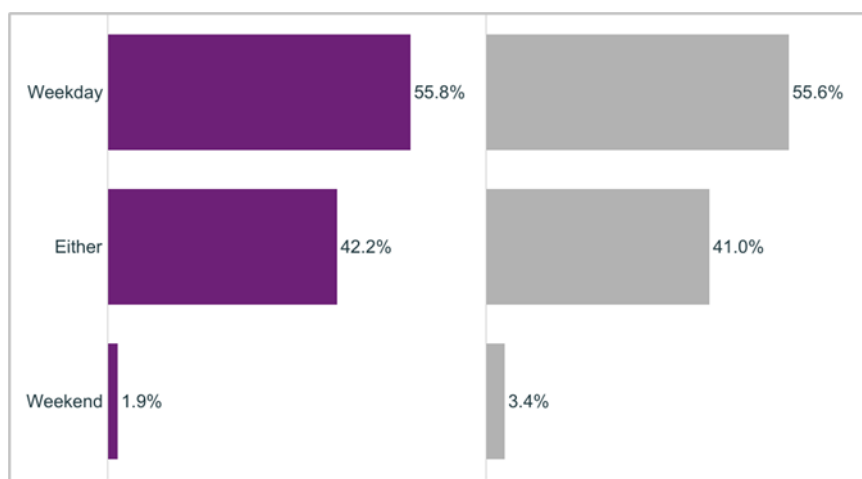
**Figure 6.6: Survey responses on how they travel to their pharmacy by RBWM and Berkshire participants, 2022**



**6.18** When asked when they preferred to go to their pharmacy, 55.6% (975) of Berkshire respondents and 55.5% (259) of RBWM respondents stated they used their pharmacy on weekdays.

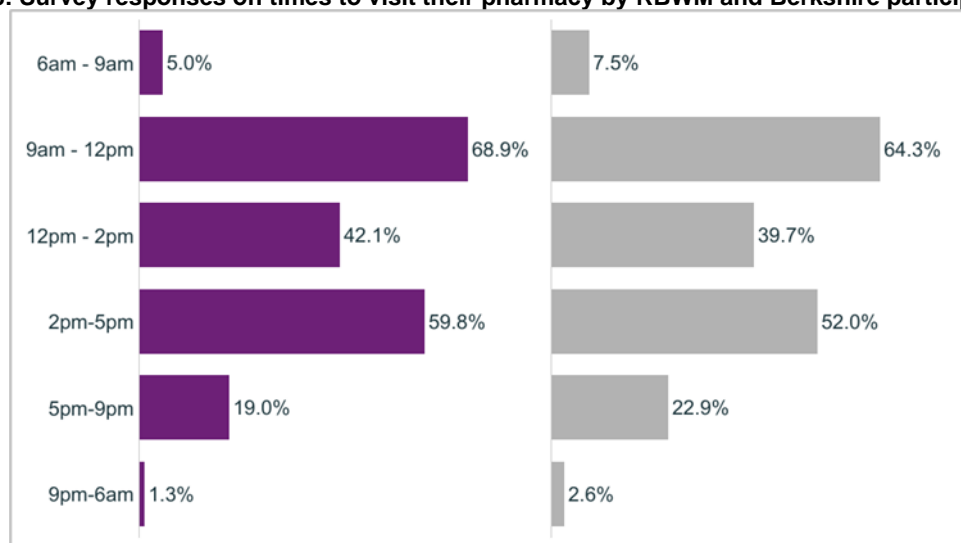
**Figure 6.7:**

**Figure 6.7: Survey responses on preferred day to visit pharmacy by RBWM and Berkshire participants, 2022**



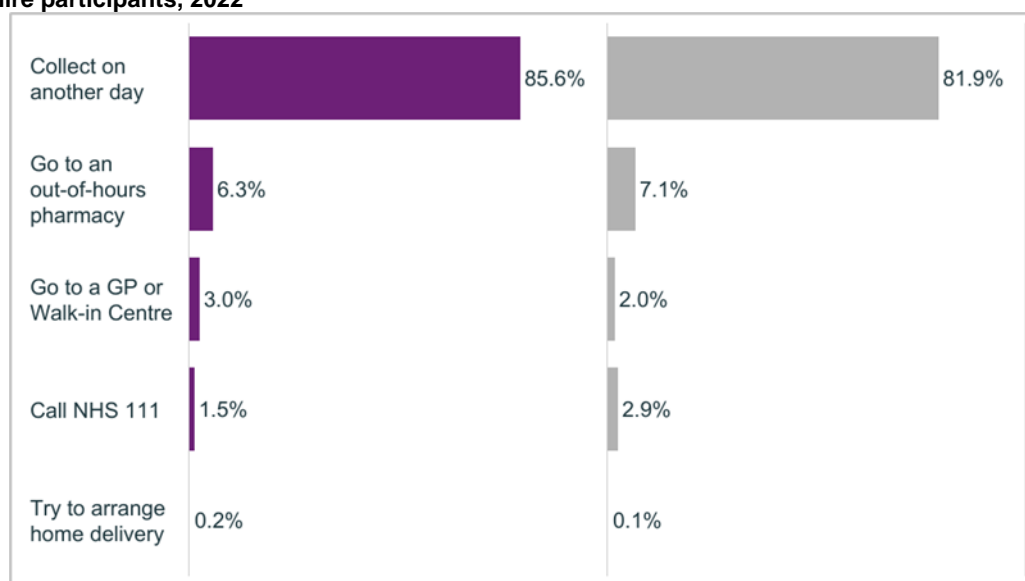
**6.19** In terms of times, Berkshire respondents preferred to visit their pharmacy during normal working hours, the most popular times being between 9am- 12pm, followed by 2pm- 5pm (see figure 6.8). Similarly, RBWM respondents preferred between 9am - 12pm and 2-pm - 5pm. Note: respondents could select multiple responses for this survey question (see figure 6.8).

**Figure 6.8: Survey responses on times to visit their pharmacy by RBWM and Berkshire participants, 2022**



**6.20** When asked what you do if you cannot access the pharmacy, 81.9% of Berkshire respondents answered that they collect on another day, followed by 7.1% stating they would go to an out-of-hours pharmacy. Alike, across RBWM, 85.6% respondents would collect another day and 6.3% go to an out-of-hours pharmacy.

**Figure 6.9: Survey responses on what they do if they cannot access the pharmacy by RBWM and Berkshire participants, 2022**



**6.21** Of the 472 RBWM respondents, 151 left a comment on what services they would like to see available in their pharmacy. The top three services the public would like to see within their pharmacy were:

- Blood checks, including blood tests, and pressure checks (92%)



- Vaccinations, including COVID-19 related vaccines, flu vaccines, travel vaccines, vitamin B12 vaccine (99%)
- Minor ailments / Prescribing service (47%)

## Equality impact assessment

- 6.22** This next section explores the RBWM survey responses by different groups representing protected characteristics, looking at where there are similarities and differences between groups.
- 6.23** We acknowledge that survey data generally is biased in terms of how representative it is at a whole population level as certain population groups and individuals are more likely to respond than others and therefore do not usually offer a representative view but are one of several indicators used to identify need. This applies to the PNA too and the engagement strategy was used to target protected characteristics groups that were considered a priority by local stakeholders in terms of their use of pharmaceutical services. The response rate for some of the protected characteristics groups is still low but has been included to summarise the responses received; conclusions cannot be drawn from this data as the findings may not represent the overall view of that segment of RBWM's population

## Age

- 6.24** Pharmacies provide essential services to all age groups such as dispensing, promotion of healthy lifestyles and signposting patients to other healthcare providers. They provide services to vulnerable adults and children and are required to be aware of the safeguarding guidance and local safeguarding arrangements.
- 6.25** To understand any differences between groups, we carried out analysis by grouping together age groups. We compared differences between those aged over 65 (n=272), and individuals aged 65 and under (n=198). Two respondents did not state their age.
- 6.26** No differences were found between the two groups and frequency of visiting the pharmacy usually a few times a month, or at least once a month.
- 6.27** Those aged over 65 were more likely to choose their pharmacy based on their overall satisfaction with the service (83%), compared to the 65 and under group (72.7%), whilst those

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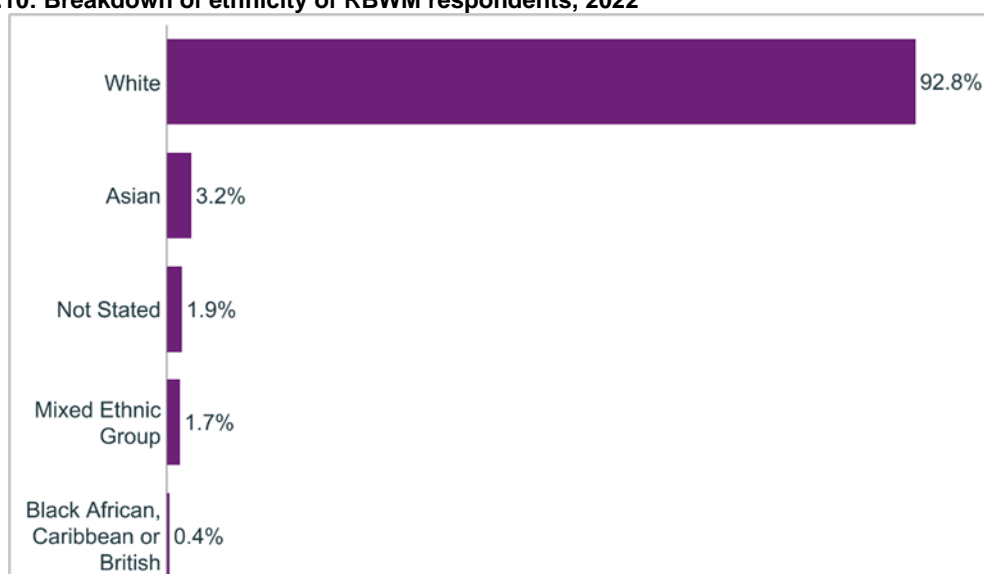
65 and under chose their pharmacy based on being within a convenient location (84.8%), compared to respondents over 65 (78.7%). No significant differences were found.

- 6.28** Respondents generally used the pharmacy for themselves or spouse, but those aged 65 and under were also more likely to use their pharmacy for their children (28.8%), compared to respondents over 65 (2.2%).
- 6.29** Most respondents travelled to their pharmacy by car or walking, and there were no differences in the mode of transport. For, those aged 65 and under, most stated that it took them less than 5 minutes to travel to their pharmacy (57.4%), compared to respondents aged over 65 taking them between 5-20 minutes (54.6%).
- 6.30** Though most respondents preferred to visit their pharmacy on either weekday or weekend, there was a slightly higher preference to visit the pharmacy on a weekday across both age groups.
- 6.31** Most respondents preferred to use their pharmacy during working hours of 9am-5pm with the most popular response across both sub-groups selecting 9am – 12pm. A small percentage of 65 and under (37.3%) also had a preference to use their pharmacy during 5pm-9pm.

## Ethnicity

- 6.32** When analysing for results around ethnicity on pharmacy usage, a small number of respondents were from an ethnic minority background.

**Figure 6.10: Breakdown of ethnicity of RBWM respondents, 2022**



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- 6.33** No differences were found between groups in terms of frequency of visiting the pharmacy or reasons for chosen pharmacy.
  - 6.34** For most respondents across all ethnic groups, travel time to a pharmacy was less than 5 minutes, or at least between a 5–20-minute walk or car journey away. Respondents were very satisfied with their journey, with a preference to go to a pharmacy on a weekday.
  - 6.35** No differences were found in terms of time of day to visit pharmacy with the most popular response being between the hours of 9am – 12pm, and 12pm – 2pm.
  - 6.36** Most respondents across the ethnic groups used the pharmacy for themselves or their spouse/ partner, however those from an Asian background were also more likely to use their pharmacy for their children (40%), compared to any other ethnic group.

### **Gender**

- 6.37** 315 (66.7%) respondents were female, 148 (31.4%) were male, and 9 (1.9%) did not state.
- 6.38** No differences were found across genders in terms of frequency of visits and reasons for choosing their pharmacy.
- 6.39** For most respondents travel time was less than 5 minutes, or between 5-20 minutes by walking or by car, with a preference to go on a weekday during working hours of 9am – 5pm, and more specifically between 9am – 12pm.
- 6.40** Generally, respondents used their pharmacy for themselves, or their spouse/ partner, but female respondents were also more likely to use their pharmacy for their children too (16.2%), compared to their male counterpart (7.4%).

### **Pregnancy**

- 6.41** Four (0.9%) respondents were pregnant at the time this survey was live.
- 6.42** No differences were found amongst those who were pregnant and not pregnant in terms of frequency and preferred time for visiting their pharmacy, reasons for their choice of pharmacy or mode of travel.
- 6.43** Most residents used the pharmacy for themselves or spouse/ partner, and those pregnant were also more likely to use the pharmacy for their children (50%).

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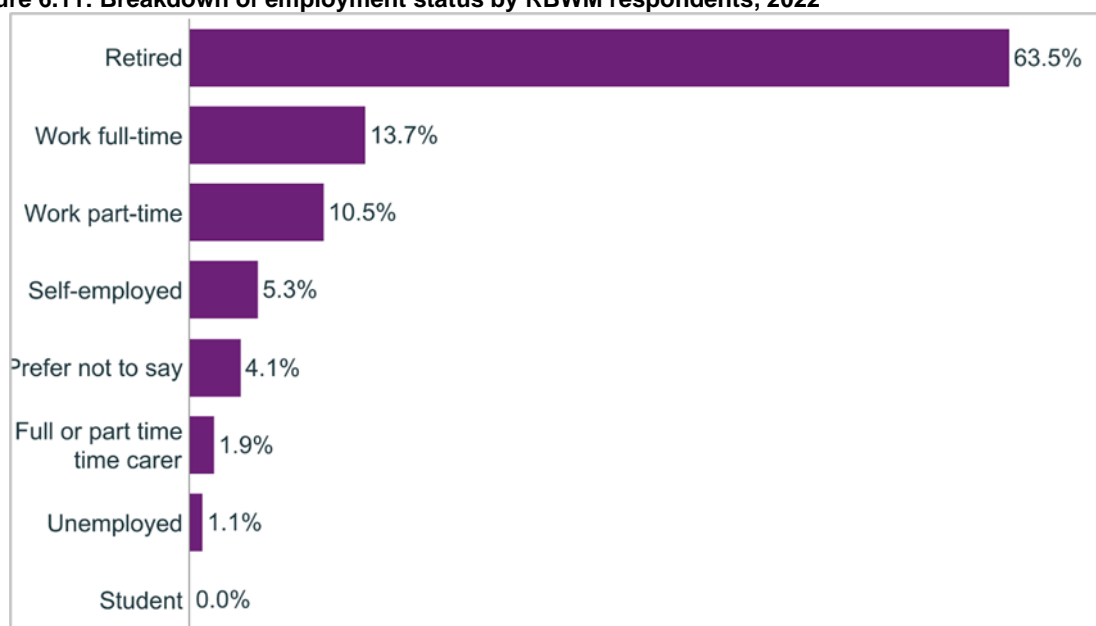
## Breastfeeding

- 6.44** Four (0.9%) respondents were breastfeeding at the time this survey was live.
- 6.45** No differences were found amongst those who were pregnant and not pregnant in terms of frequency of visiting pharmacy, reasons for using their chosen pharmacy, travel time, mode of travel and preferred time of use.
- 6.46** Though respondents who were breastfeeding only made a small % of the responses, those who were breastfeeding preferred to visit their pharmacy during later hours at 2pm – 5pm (100%), and 5pm – 9pm (100%), and those who were not breastfeeding preferred to visit their pharmacy during 9am-12pm (68%), and 2pm – 5pm (60%).
- 6.47** Those who were breastfeeding were also more likely to use the pharmacy for their children (50%, compared to those who were not (13.4%).

## Employment status

- 6.48** A breakdown of employment status showed that over half (63.5%) of the respondents were retired, 29.5% were in employment (this included, full-time, part-time, and self-employment), 1.9% respondents were carers, and 1.1% were unemployed. 4.1% preferred not to state (Figure 6.11).

**Figure 6.11: Breakdown of employment status by RBWM respondents, 2022**

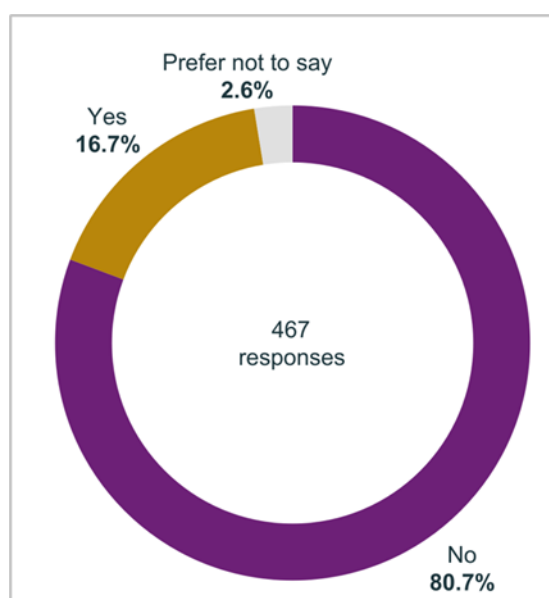


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- 6.49** When analysing frequency of visiting the pharmacy, those who were carers were more likely to visit their pharmacy a few times a week (44.4%). No other differences were found in terms of frequency of use with most respondents using their pharmacy a few times a week or at least once a month.
- 6.50** For most respondents across the employment groups there were no differences in reasons for chosen pharmacy basing this on being within a convenient location, and overall satisfaction with the service, with a travel time being less than 5-minutes walk or a car journey away.
- 6.51** Most respondents were happy to use their pharmacy on either the weekend or weekday, during hours between 9am – 9pm, with the most popular time being 9am-12pm.
- 6.52** Most respondents across the employment status groups used the pharmacy for themselves, and their spouse/ partner, but those who were carers were more likely than any other group to use the pharmacy for their children (66.7%), followed by spouse/ partner (55.6%).

## Disability or impairment

- 6.53** 467 respondents answered whether they had a disability or not, of which 78 (16.7%) said that they do, 377 stated that they did not (80.7%), and 12 (2.6%) preferred not to state.

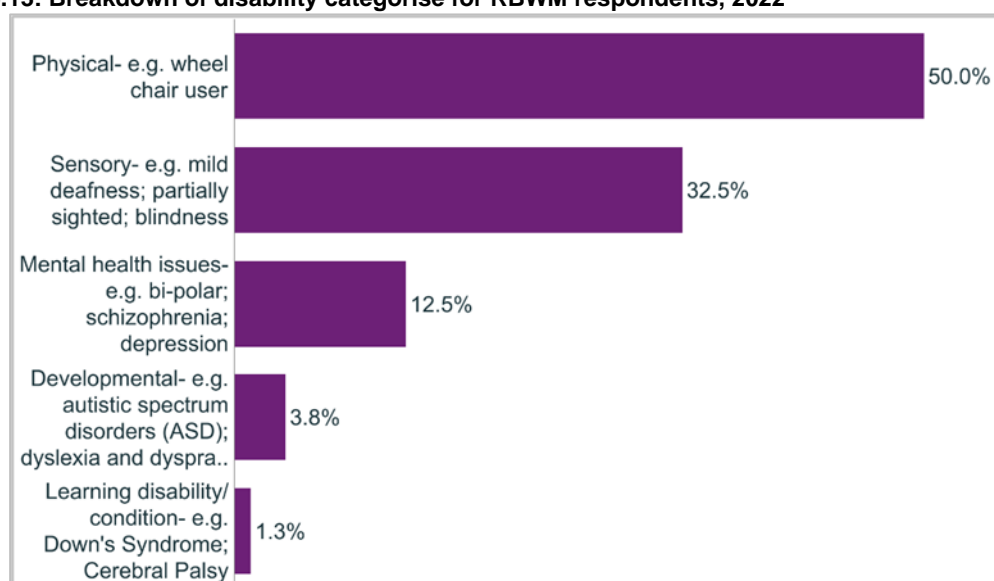
**Figure 6.12: Breakdown of disability by Windsor and Maidenhead respondents, 2022**



**6.54** The survey categorised disabilities into six main groups (Figure 6.13):

- Physical e.g., wheelchair user
- Mental health e.g., bipolar disorder, schizophrenia, depression
- Sensory e.g., mild deafness, partially sighted, blindness
- Learning disabilities e.g., Down Syndrome
- Developmental e.g., Autistic spectrum disorder, dyslexia, dyspraxia
- Other

**Figure 6.13: Breakdown of disability categorise for RBWM respondents, 2022**



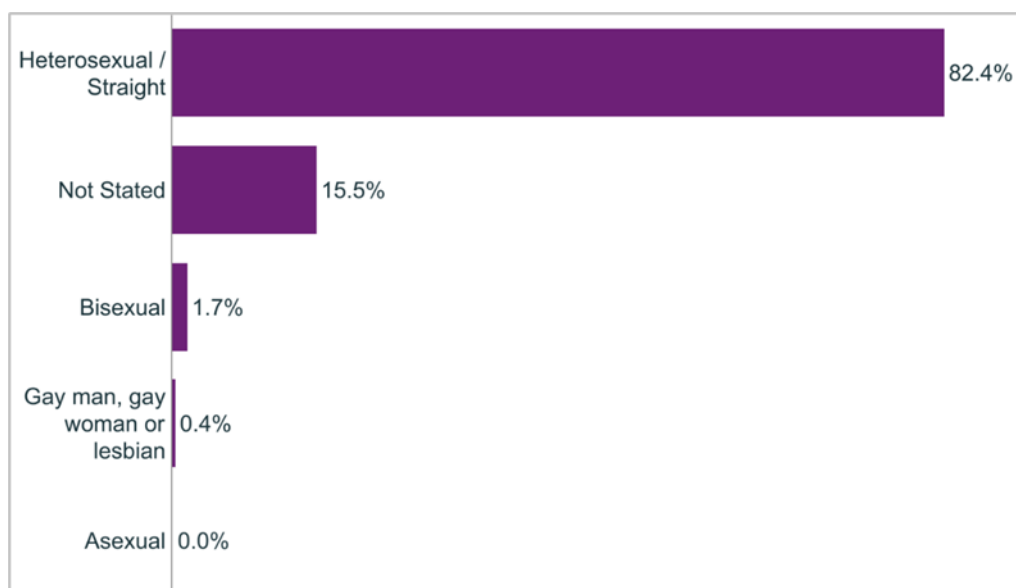
**6.55** No significant differences were found between groups of this protected characteristic in terms of frequency of pharmacy use, and the primary reason for chosen pharmacy.

**6.56** Respondents with a disability or impairment and respondents without, mainly used the pharmacy for themselves, with a preference for the weekday, and a preference for times between 9am – 12pm, and 2pm- 5pm.

## **Sexual orientation**

**6.57** 389 (82.4%) of respondents were heterosexual, 73 (15.5%) did not state, 8 (1.7%) were bisexual and 2 (0.4%) were gay man or gay/ lesbian woman (Figure 6.14).

**Figure 6.14: Breakdown of sexual orientation of Windsor and Maidenhead respondents, 2022**

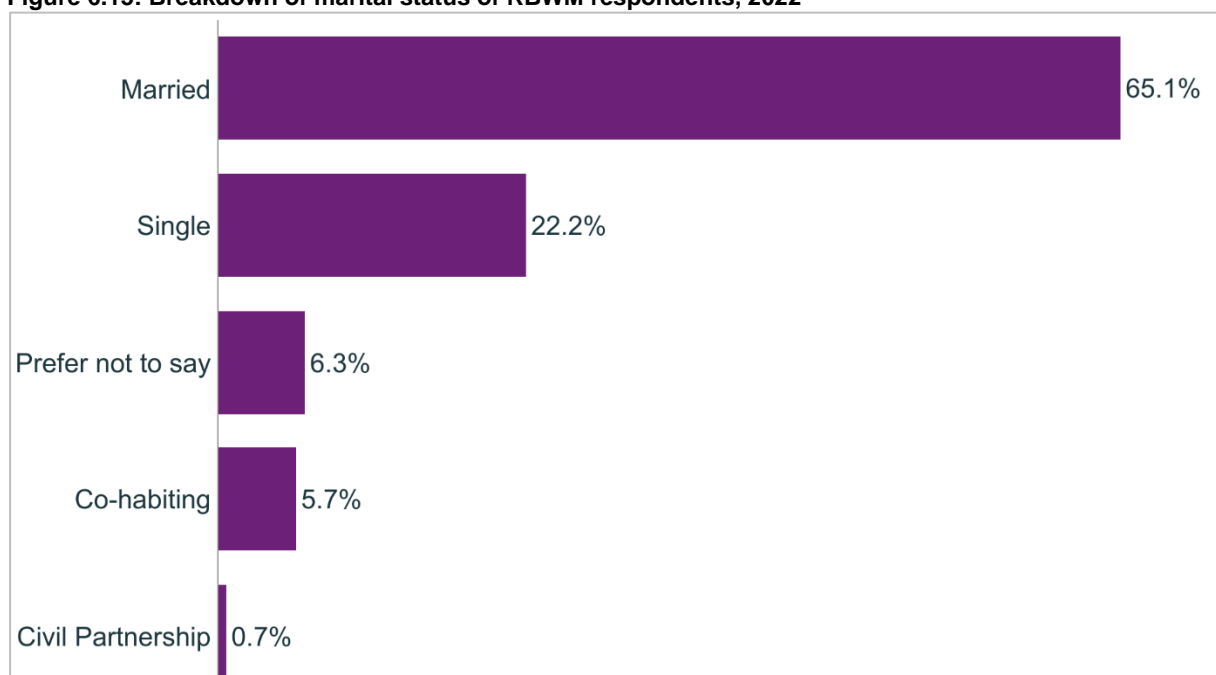


- 6.58** Across groups of sexual orientation, no differences were found in terms of frequency of visiting pharmacy, or reasons for chosen pharmacy which was largely based on location of pharmacy and overall satisfaction with service.
- 6.59** No significant differences were found for who it was used for which was for themselves or spouse/partner. Heterosexual respondents also used the pharmacy for their children (13%).
- 6.60** No differences were found with travel time to pharmacy being under less than 5 minutes away, and mode of travel to pharmacy primarily by walking or car. There were also no differences in terms of preference of day of visiting pharmacy, and preferences for time of day was usually between 9am – 12pm, and 2pm- 5pm.

### Relationship status

- 6.61** 299 (65.1%) of respondents were married, 102 (22.2%) were single, 29 (6.3%) preferred not to state, 26 (5.7%) were co-habiting, and 3 (0.7%) were in a civil partnership (Figure 6.15).

**Figure 6.15: Breakdown of marital status of RBWM respondents, 2022**



- 6.62** No significant differences were found between relationship status groups in terms of frequency of pharmacy use, with the most popular response being a few times a month, or at least once a month, and the primary reason for chosen pharmacy was as it was within a convenient location, and overall satisfaction with service.
- 6.63** Travel time for most respondents was less than 5 minutes to a pharmacy, and most were very satisfied with their journey.
- 6.64** Whilst all respondents used the pharmacy for themselves, across all groups the pharmacy was also used for their spouse/ partner.
- 6.65** Preference for day tended to be the weekday for most respondents across the groups, with the most popular time to visit pharmacy during the hours between 9am – 12pm, or 2pm – 5pm.
- 6.66** No differences were found between this protected characteristic and pharmacy usage.



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## Summary of the patient and public engagement survey

Patient and public engagement in the form of a survey was undertaken to understand how people use their pharmacies, what they use them for and their views of the pharmacy provision. It included an exploration of the health needs specific to protected characteristics and vulnerable groups.

472 residents and workers of RBWM responded to this survey and overall, participants were happy with the services their pharmacy provided.

The findings of RBWM were similar to that of the overall results of Berkshire. Within RBWM, most respondents visited their pharmacy a few times a month, or at least once a month, and chose their pharmacy based on being within a convenient location, and overall satisfaction with service. Journey time for most was less than a 5 minute, or within a 5 – 20-minute journey by walking or by car. Majority of the respondents used their pharmacy for themselves, or for their partner or spouse. Most respondents preferred to use their pharmacy on a weekday, but given the choice, they would use their pharmacy on either weekday or weekend. Though most respondents used their pharmacy during working hours of 9am – 5pm, the most popular times to visit the pharmacy was between the hours of 9am – 12pm, and 2pm – 5pm.

No different needs for people who share a protected characteristic in RBWM were found.

The main services respondents would like to see within their pharmacy were blood checks, including blood tests, and blood pressure checks, vaccinations, including COVID-19 related vaccines, flu vaccines, travel vaccines, vitamin B1, and minor ailments/ prescribing.

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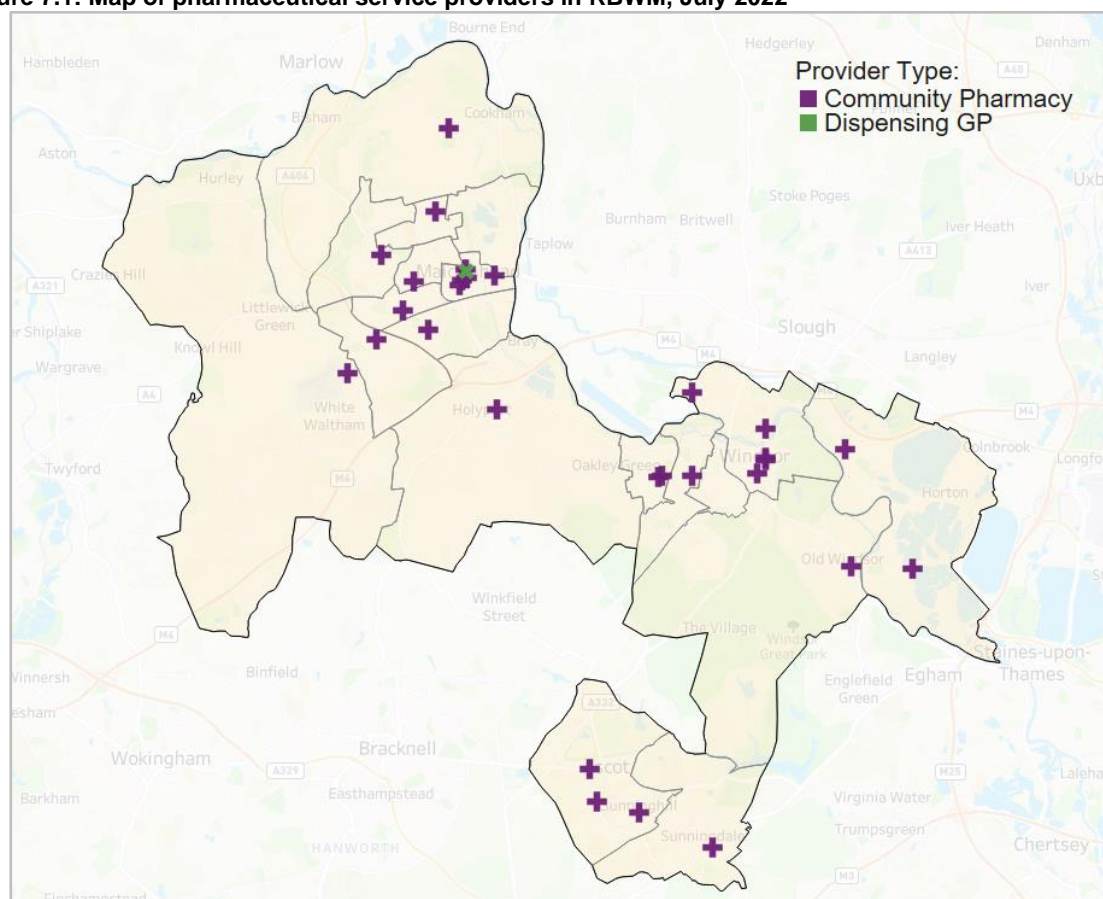
# Chapter 7 - Provision of pharmaceutical services

- 7.1** This chapter identifies and maps the current provision of pharmaceutical services to assess the adequacy of provision of such services. Information was collected up until July 2022.
- 7.2** It assesses the adequacy of the current provision of necessary services by considering:
- Different types of pharmaceutical service providers
  - Geographical distribution and choice of pharmacies, within and outside the borough
  - Opening hours
  - Dispensing
  - Pharmacies that provide essential, advanced, enhanced, and other NHS services
- 7.3** In addition, this chapter also summarises pharmaceutical contractors' capacity to fulfil identified current and future needs in the RBWM.

## Pharmaceutical Service Providers

- 7.4** As of July 2022, there are currently 29 pharmacies in RBWM that hold NHS contracts, all of which are community pharmacies. They are presented in the map in Figure 7.1 below. All the pharmacy providers in the borough as well as those within 1 mile of its border are also listed in Appendix A.

**Figure 7.1: Map of pharmaceutical service providers in RBWM, July 2022**



Source: Contractor Survey and NHS England, 2022

## Community pharmacies

- 7.5** The 29 community pharmacies in RBWM equates to 1.9 community pharmacies per 10,000 residents (based on a 2022 population estimate of 151,273). This ratio is just below the England average of 2.2 based on 2014 data (LGA, 2022<sup>42</sup>).

## Dispensing appliance contractor

- 7.6** A dispensing appliance contractor (DAC) is a contractor that specialises in dispensing prescriptions for appliances, including customisation. They cannot dispense prescriptions for drugs. There are no DACs on RBWM's pharmaceutical list.

<sup>42</sup> Local Government Association: LG Inform. Ratio of pharmacies per 10,000 population (Snapshot: 29 November 2014) [https://lginform.local.gov.uk/reports/lghostandard?mod-area=E92000001&mod-group=DEFRA2009\\_OtherUrbanList&mod-metric=3707&mod-type=namedComparisonGroup](https://lginform.local.gov.uk/reports/lghostandard?mod-area=E92000001&mod-group=DEFRA2009_OtherUrbanList&mod-metric=3707&mod-type=namedComparisonGroup) (Accessed in December 2022).

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## **GP dispensing practices**

- 7.7** Dispensing doctors provide services to patients where there are no community pharmacies or access is restricted, mainly in rural areas. One of the requirements for the service is that patients live in a controlled locality. Controlled localities are defined by HWBBs in line with regulations and after consideration of a wide range of factors, including being more than 1 mile from pharmacy premises. There is one dispensing GP practice in RBWM; Claremont Holyport Surgery, which has a dispensing list size of 11. Its location is shown in Figure 7.1 above.

## **Distance selling pharmacies**

- 7.8** There are no distance selling pharmacies in RBWM.

## **Local pharmaceutical services**

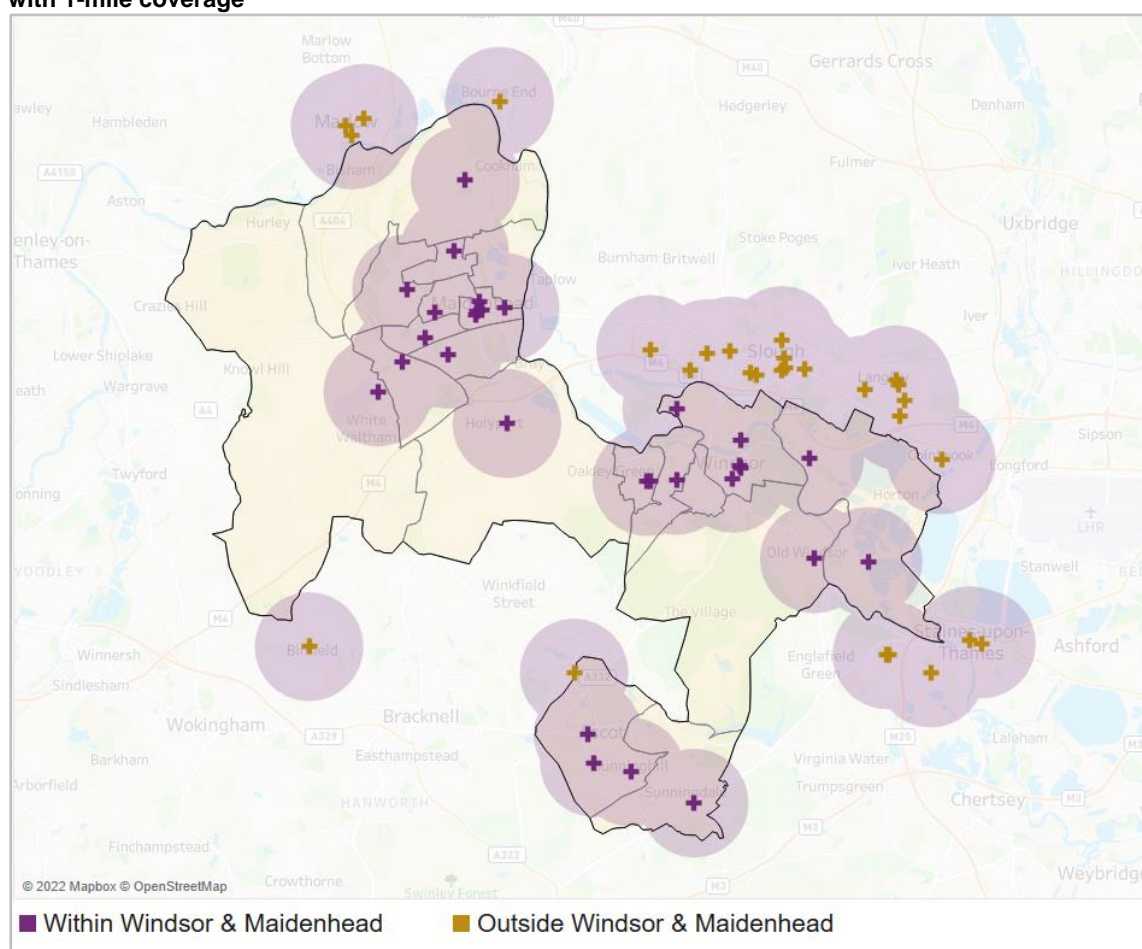
- 7.9** There are no Local Pharmaceutical Service (LPS) contracts within RBWM. A local pharmaceutical services contract allows NHS England and NHS Improvement to commission services that are tailored to meet specific local requirements.

## **Accessibility**

### **Distribution and choice**

- 7.10** Based on the public survey results presented in Chapter 6, the PNA Steering Group agreed that the maximum distance for residents in RBWM to access pharmaceutical services, should be no more than 1 mile. This distance equates to about a 20-minute walk. If residents live within a rural area, 20 minutes by car is considered accessible.
- 7.11** Figure 7.2 shows the 29 community pharmacies located in RBWM. In addition to the pharmacies within RBWM, there are another 28 pharmacies located within 1 mile of the borough's border that are considered to serve RBWM's residents. These have been included in the pharmacies shown in Figure 7.2 as well as in Appendix A.

**Figure 7.2: Distribution of community pharmacies in RBWM and within 1 mile of the borough boundaries, with 1-mile coverage**

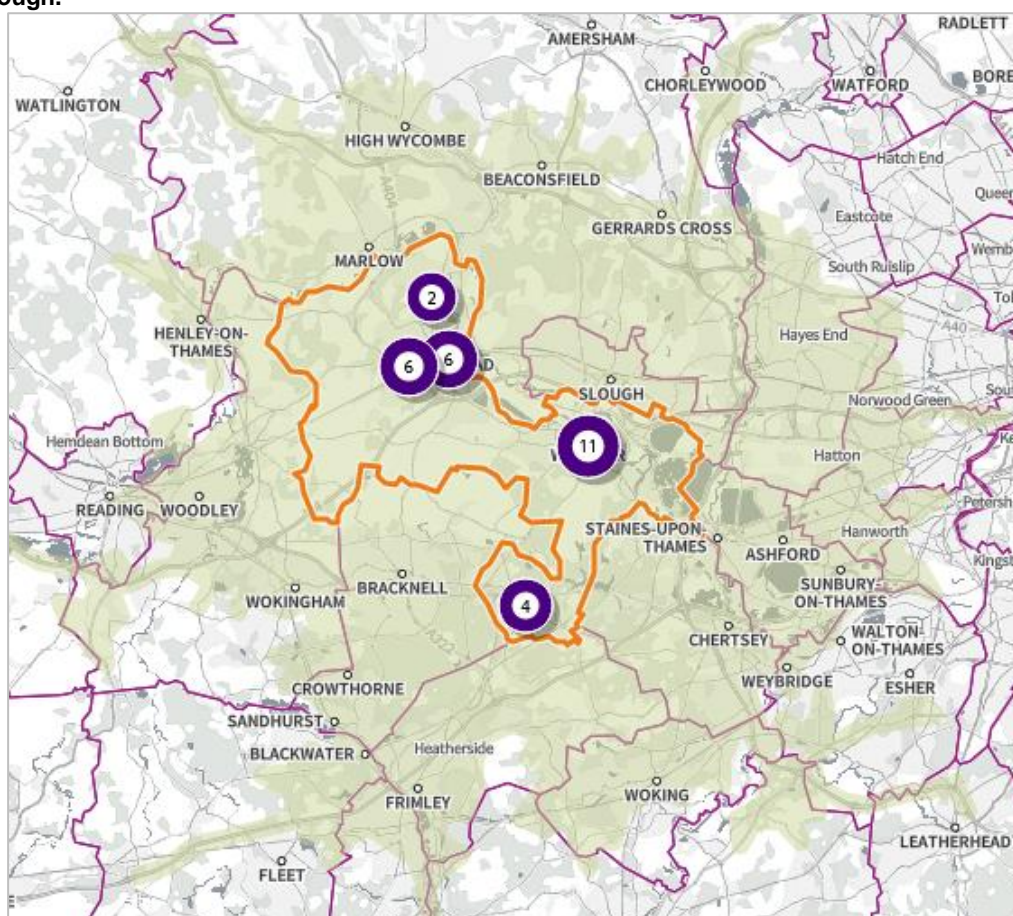


Source: Contractor Survey and NHS England, 2022

- 7.12** This shows that a large proportion of the borough is within 1 mile of a pharmacy. The most prominent exceptions are within the rural wards of Hurley & Walthams and Old Windsor where the population density is very low and housing development is limited. In total, 5,681 RBWM residents are not within one mile of a pharmacy (OHID, Strategic Health Asset Planning and Evaluation Atlas Tool, 2022).
- 7.13** Despite some residents not being within a mile of a pharmacy, all residents in RBWM can reach a pharmacy within 20 minutes if travelling by car. Figure 7.3 presents the coverage of the RBWM pharmacies in consideration of 20-minutes travel time by car. Coverage of the pharmacies is presented in green, RBWM is bordered in Orange. A total of 1,661,672 people in and outside the borough can reach a RBWM pharmacy within 20 minutes if travelling by car (OHID, SHAPE Atlas Tool, 2022).



**Figure 7.3: Areas covered by 20-minute travel time by car to a RBWM pharmacy from within and outside the borough.**



**Source:** OVID, Strategic Health Asset Planning and Evaluation Atlas Tool, 2022

**7.14** The geographical distribution of the pharmacies by electoral ward and the pharmacy to population ratio is shown in Figure 7.4 and Table 7.1. As seen, apart from Clewer East, all wards have at least one pharmacy within them.

**Table 7.1: Distribution of community pharmacies by ward**

Ward	Number of Community Pharmacies	Population Size	Community Pharmacies per 10,000
Eton & Castle	5	12,811	3.90
St Mary's	4	7,421	5.39
Ascot & Sunninghill	3	11,766	2.55
Datchet, Horton & Wraysbury	2	9,991	2.00
Clewer & Dedworth West	2	6,974	2.87
Sunningdale & Cheapside	1	6,624	1.51
Riverside	1	7,239	1.38
Pinkneys Green	1	7,515	1.33
Oldfield	1	7,087	1.41
Old Windsor	1	7,517	1.33
Hurley & Walthams	1	6,279	1.59
Furze Platt	1	7,638	1.31

Cox Green	1	7,568	1.32
Clewer & Dedworth East	1	8,346	1.20
Bray	1	7,649	1.31
Boyn Hill	1	7,473	1.34
Bisham & Cookham	1	6,706	1.49
Belmont	1	7,803	1.28
Clewer East	0	6,866	0.00
<b>Borough Total</b>	<b>29</b>	<b>151,273</b>	<b>1.92</b>

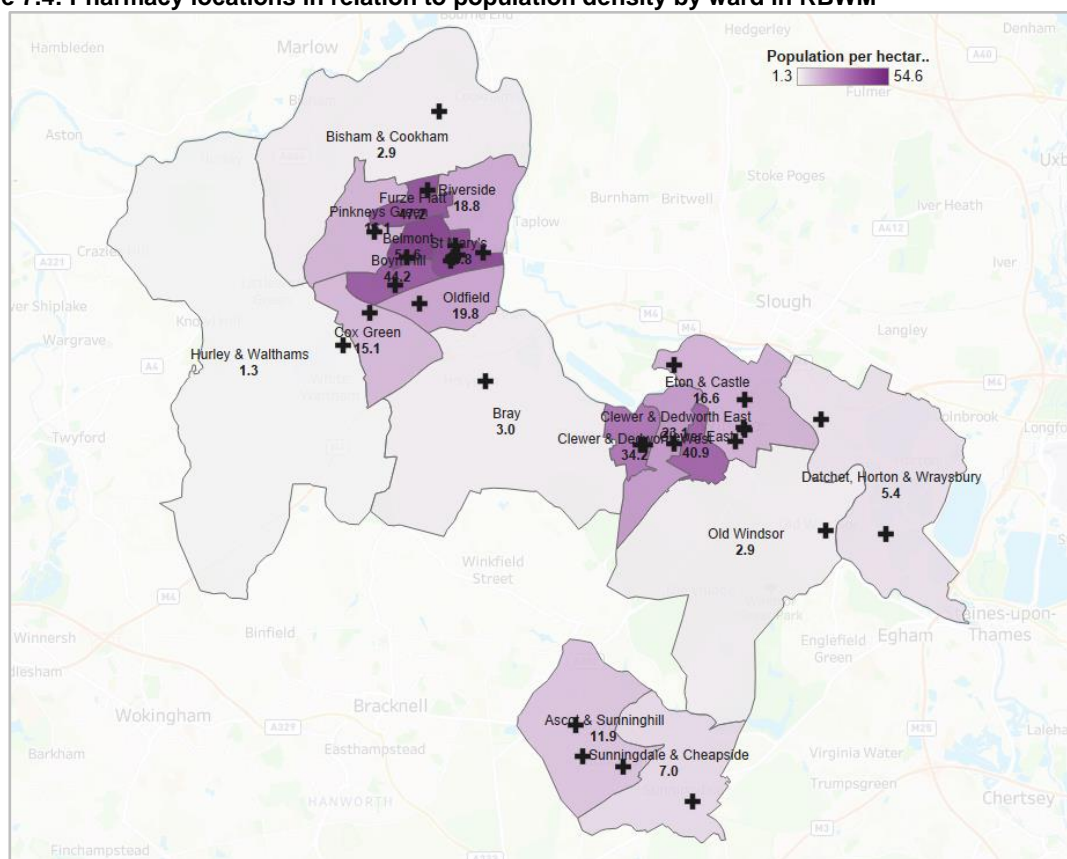
Sources: ONS (2020 mid-year estimates) and NHSE

- 7.15** Residents tend to fill their prescriptions at local pharmacies. NHSE data shows that in 2020-21, 84.8% (1,703,035) of items prescribed by GPs in RBWM were dispensed by community pharmacies in the borough. The next largest borough where prescriptions from RBWM were dispensed were Bracknell Forest and Slough (5.6% and 2.5% respectively).

#### *Pharmacy Distribution in relation to population density*

- 7.16** The population density map below indicates that the community pharmacy premises are in areas of highest population density and a small number of pharmacies were identified in areas with the lower population densities.
- 7.17** Proposed new dwelling developments to be completed in the lifetime of this PNA are mostly within St. Mary's, Oldfield, and Ascot & Sunninghill wards (the largest being The Landing in King Street/Queen Street, and York Road, within St. Mary's ward). These wards have good provision of pharmacies.

**Figure 7.4: Pharmacy locations in relation to population density by ward in RBWM**



Sources: ONS (2020 mid-year estimates) and NHSE

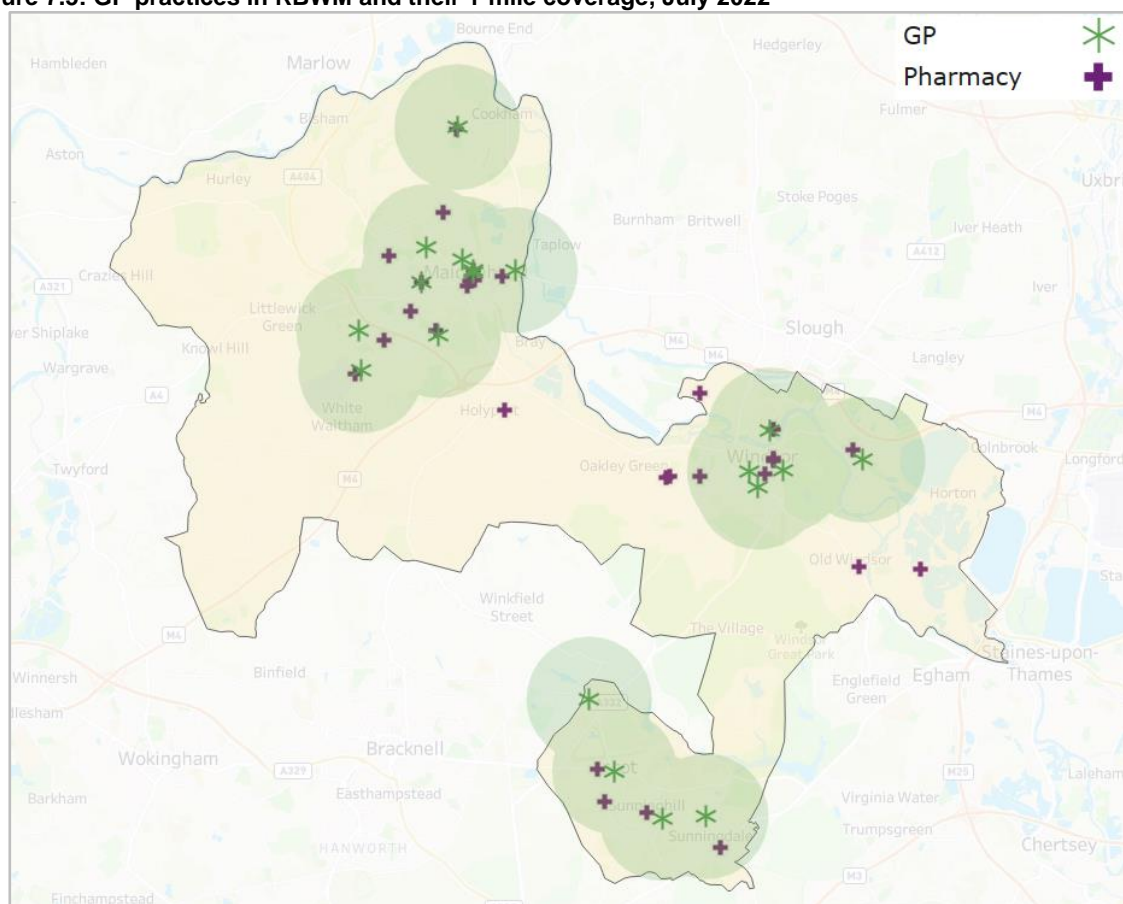
### **Pharmacy Distribution in relation to GP surgeries**

- 7.18** As part of the NHS Long Term Plan<sup>43</sup> all general practices were required to be in a primary care network (PCN) by June 2019. There are 19 GP member practices across three PCNs in RBWM. There is an additional GP practice within Maidenhead that is not currently a member of a PCN.
- 7.19** Each of these networks have expanded neighbourhood teams which will comprise of a range of healthcare professionals including GPs, district nurses, community geriatricians, Allied Health Professionals, and pharmacists. It is essential that community pharmacies can fully engage with the PCNs to maximise service provision for their patients and residents.
- 7.20** There is a pharmacy within accessible distance of all GP practices in RBWM. Figure 7.5 shows that there is a pharmacy within a mile of all GP practices in the borough.

<sup>43</sup> NHS England (2019). The *NHS long term plan*. London, England



**Figure 7.5: GP practices in RBWM and their 1-mile coverage, July 2022**



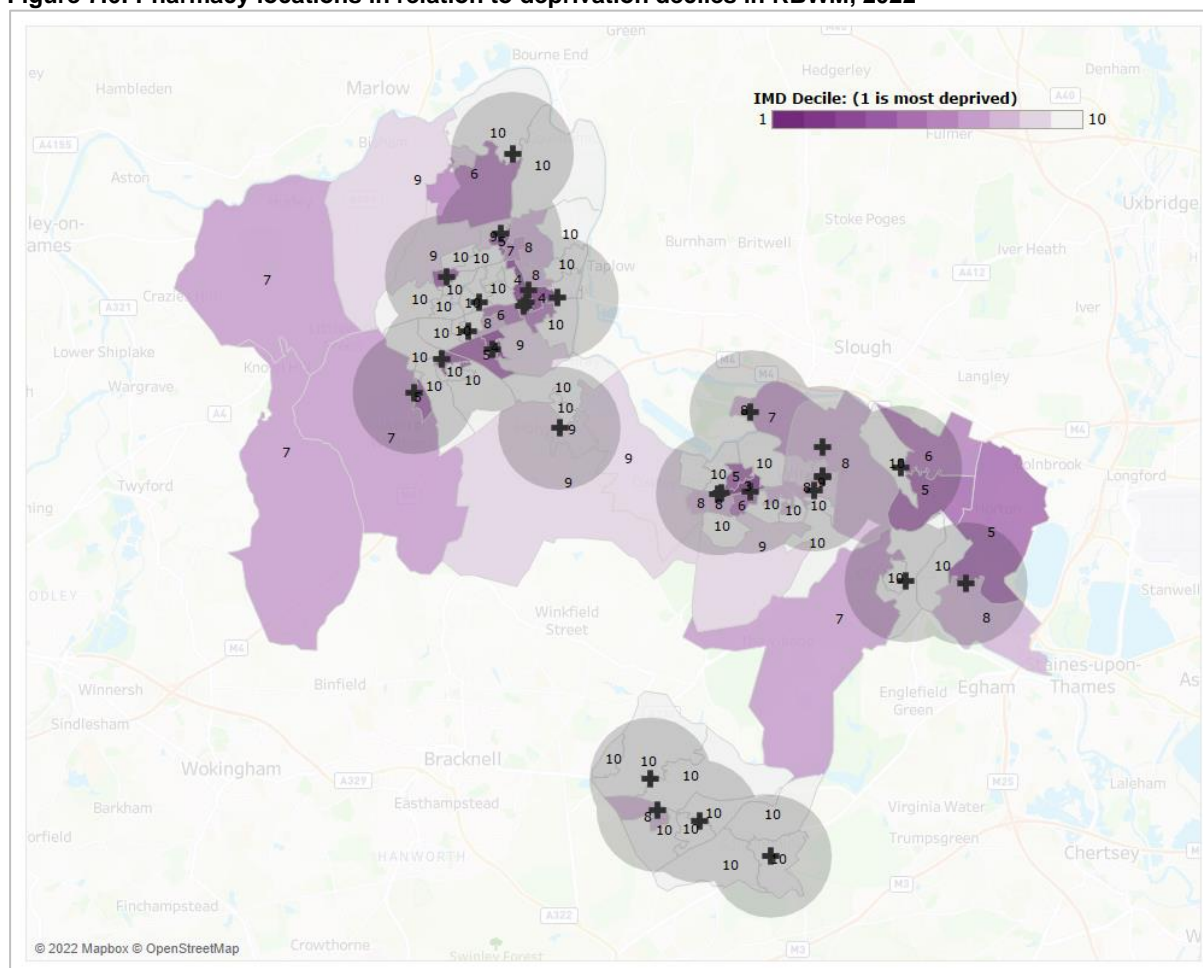
Source: NHS England, 2022

- 7.21** The PNA steering group is not aware of any firm plans for changes in the provision of Health and Social Care services within the lifetime of this PNA.

### ***Pharmacy Distribution in relation to Index of Multiple Deprivation***

- 7.22** RBWM is among the 10% least deprived local authority areas in England, however there are pockets of relative deprivation within the Royal Borough. Some neighbourhoods within Windsor Town Centre (Clewer North ward) and Maidenhead Town Centre (St Mary's, Oldfield, and Belmont wards) are in the 20% to 40% most deprived neighbourhoods nationally. These neighbourhoods are well served by community pharmacies. Figure 7.6 presents pharmacy locations in relation to deprivation deciles.

**Figure 7.6: Pharmacy locations in relation to deprivation deciles in RBWM, 2022**



Source: MHCLG & NHSE

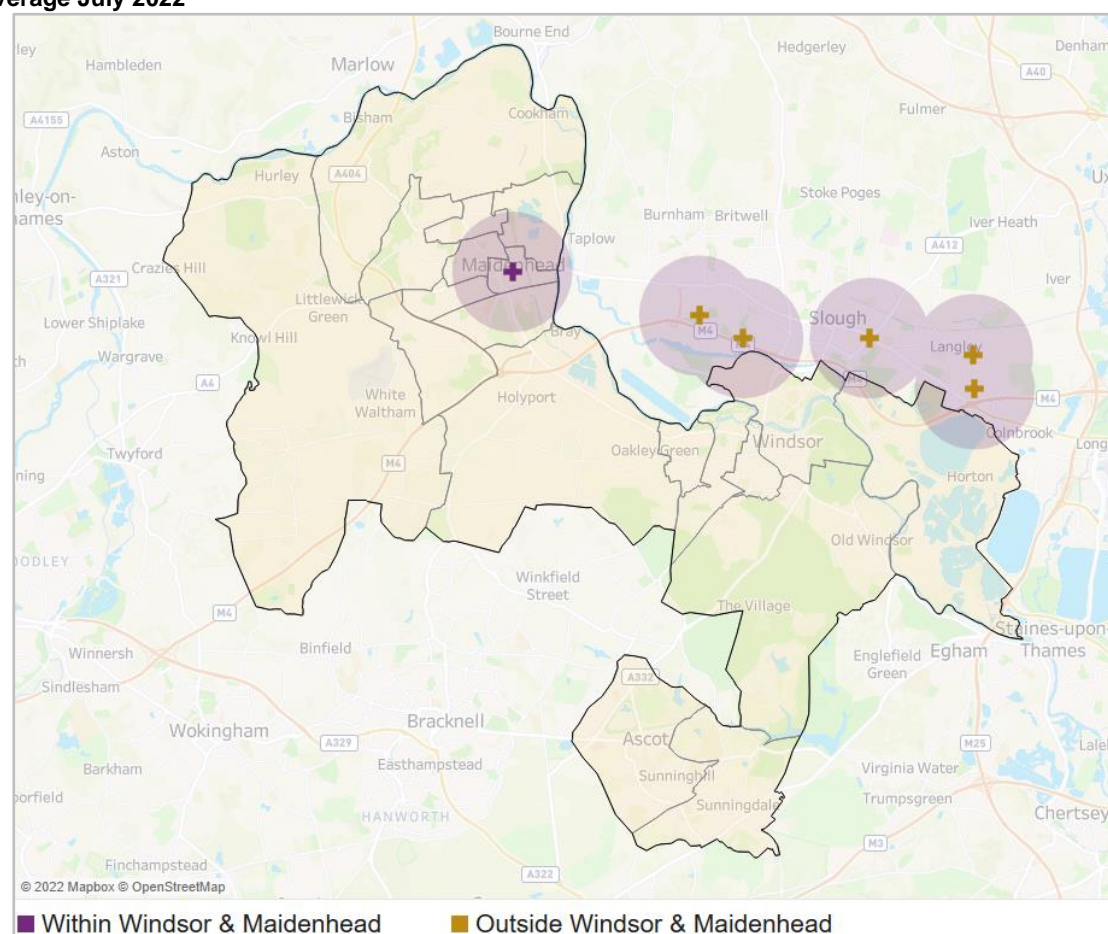
## Opening hours

- 7.23** Pharmacy contracts with NHS England stipulate the core hours during which each pharmacy must remain open. Historically these have been 40-hour contracts (and some recent 100-hour contracts). A pharmacy may stay open longer than the stipulated core opening hours, these are called supplementary hours.
- 7.24** The PNA will not assess access to necessary services on the basis of supplementary hours as these can be changed with three months' notice. Access has been considered on the basis of geographic distance and as part of that, core operating hours.
- 7.25** Opening times were initially obtained from NHS England in January 2022. They were updated in July following the 60-day consultation.

## 100-hour pharmacies

- 7.26** NHS England has one 100-hour pharmacy (core hours) on their list for RBWM (Lloyds Pharmacy on Providence Place). There are five other 100-hour pharmacies which are outside the borough but within 1 mile of its border (Figure 7.7).
- 7.27** Certain pharmacies opened under previous regulations undertaking to provide services for 100 hours a week. NHSE may not vary or remove the 100-hour conditions on premises that were granted their contract under the 100-hour application exemption.

**Figure 7.7: 100-hour community pharmacies in RBWM and surrounding boroughs and their 1-mile coverage July 2022**



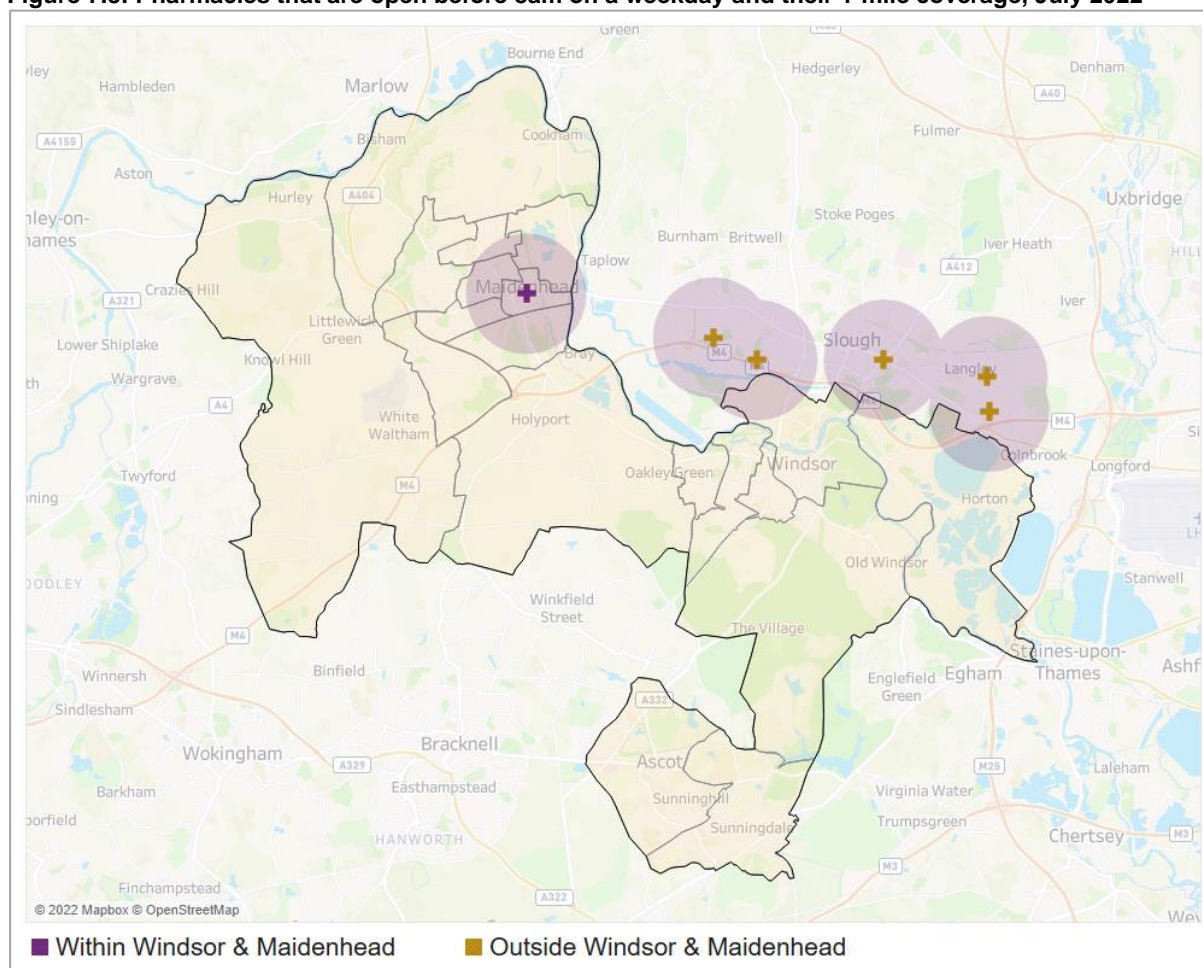
Source: Contractor Survey and NHS England, 2022

### *Early morning opening*

- 7.28** The PNA steering group considered 8am to 6pm as normal working hours, so any pharmacy open before 8am was deemed to have early morning opening.
- 7.29** One pharmacy is open before 8am on weekdays within the borough (Lloyds Pharmacy in Sainsbury on Providence Place), and another five that are within 1 mile of the borough's border. This is shown in Figure 7.8.



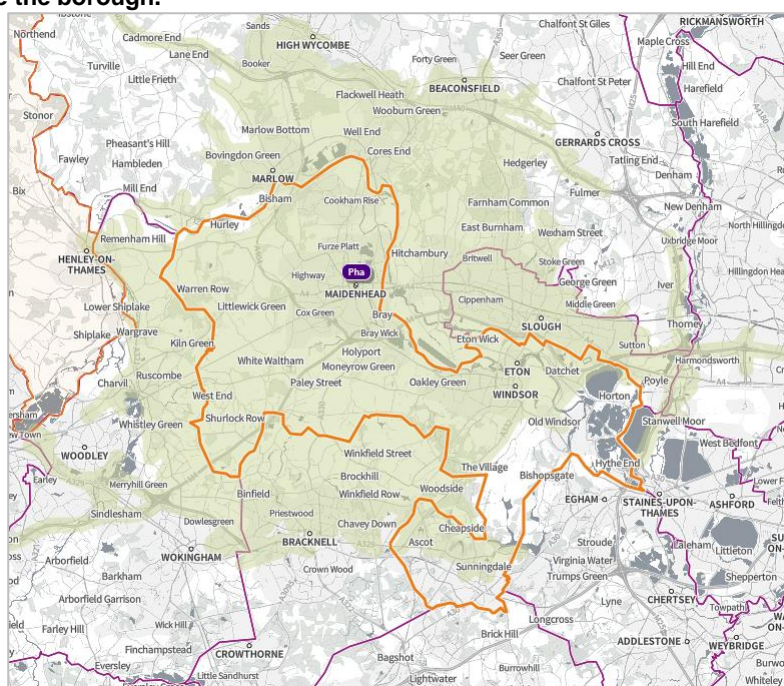
**Figure 7.8: Pharmacies that are open before 8am on a weekday and their 1-mile coverage, July 2022**



Source: Contractor Survey and NHS England, 2022

**7.30** While most of the borough can reach an early opening pharmacy in 20-minutes if travelling by car, 17,969 reside outside 20-minutes travel distance by car to a RBWM pharmacy. 20-minute travel coverage to an early opening RBWM pharmacy is shown in green in Figure 7.9.

**Figure 7.9: Areas covered by 20-minute travel time by car to an early opening RBWM pharmacy from within and outside the borough.**

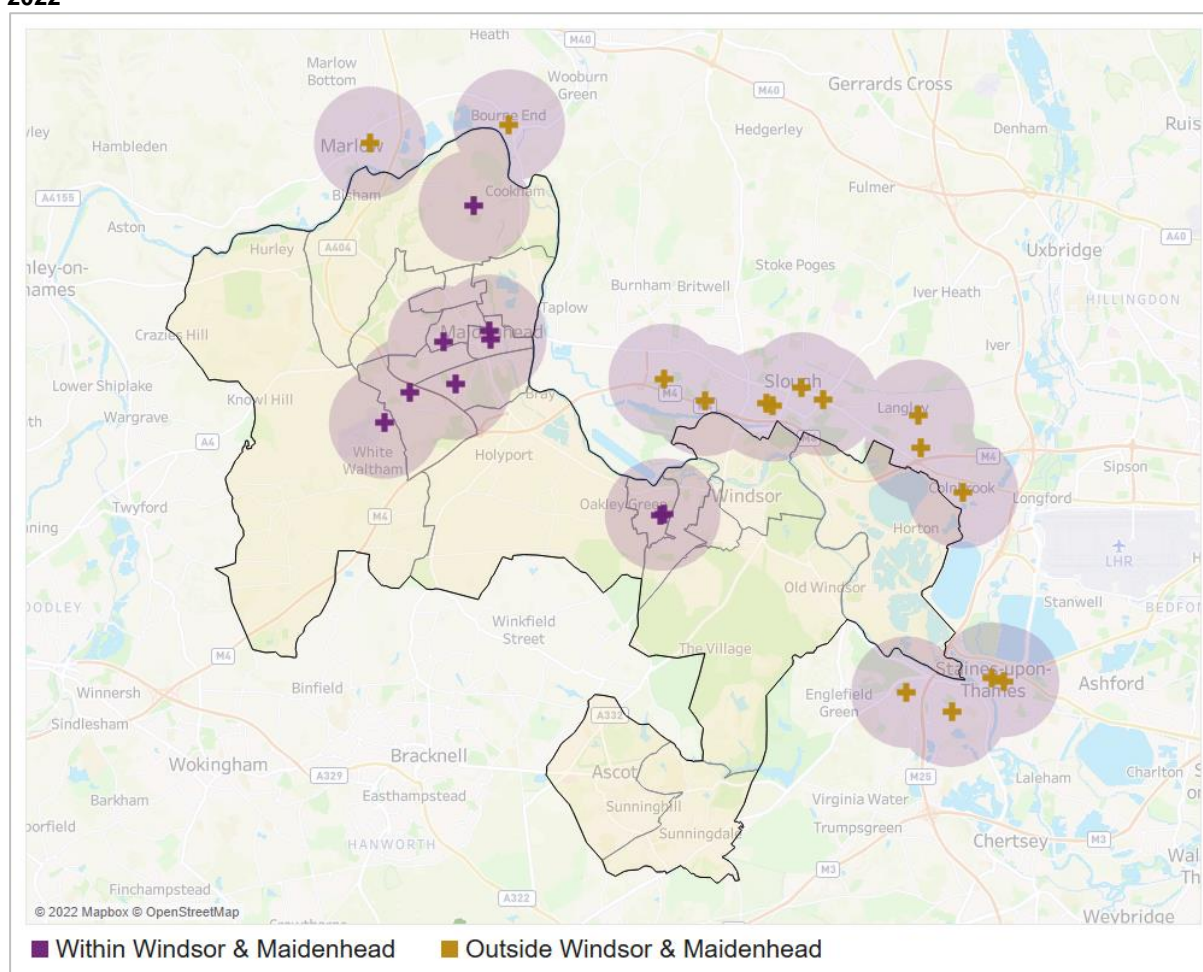


Source: OVID, Strategic Health Asset Planning and Evaluation Atlas Tool, 2022

### *Late-evening closure*

- 7.31** The PNA steering group deemed pharmacies open after 6pm to be late-evening opening.
- 7.32** There are nine pharmacies in the borough that still open after 6pm on weekdays, with 15 other pharmacies within 1 mile of RBWM (see Figure 7.10 and Table 7.2).

**Figure 7.10: Community Pharmacies that are open after 6pm on weekdays and their 1-mile coverage, July 2022**



Source: Contractor Survey and NHS England, 2022

**Table 7.2: Community Pharmacies open after 6pm on a weekday in RBWM by Ward, July 2022**

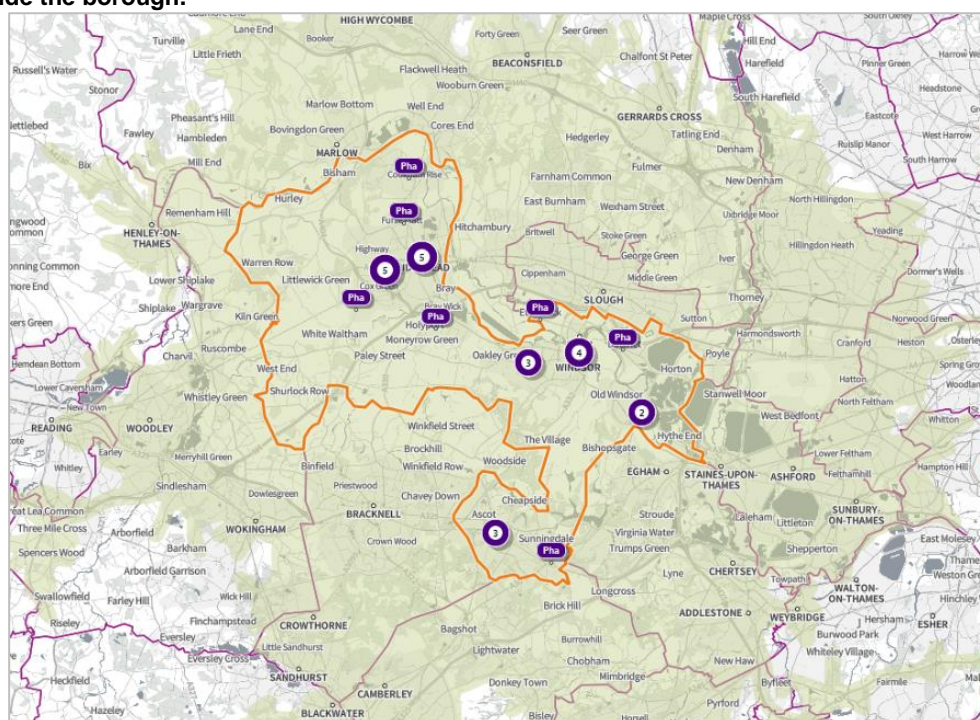
Pharmacy	Address	Ward
Woodland Park Pharmacy	Waltham Road, Woodland Park, Maidenhead, Berkshire	Hurley & Walthams
Cookham Pharmacy	Lower Road, Cookham Rise, Maidenhead, Berkshire	Bisham & Cookham
Tesco Pharmacy	Tesco Superstore, 290 Dedworth Road, Windsor, Berkshire	Clewer & Dedworth West
Wessex Pharmacy	114 Wessex Way, Cox Green, Maidenhead, Berkshire	Cox Green
Park Pharmacy	4 Cookham Road, Maidenhead, Berkshire	St Mary's
Lloydspharmacy (in Sainsbury)	Providence Place, Maidenhead, Berkshire	St Mary's
Hetpole Pharmacy	398 Dedworth Road, Windsor, Berkshire	Clewer & Dedworth West
Kays Chemist	24 Ross Road, Maidenhead, Berkshire	Oldfield
Keycircle Pharmacy	Symons Medical Centre, 25 All Saints Avenue, Maidenhead, Berkshire	Belmont

Source: Contractor Survey and NHS England, 2022

**7.33** All of borough can reach a late opening pharmacy in 20-minutes if travelling by car. 20-minute travel coverage to an early opening RBWM pharmacy is shown in green in Figure 7.11.



**Figure 7.11: Areas covered by 20-minute travel time by car to a late opening RBWM pharmacy from within and outside the borough.**

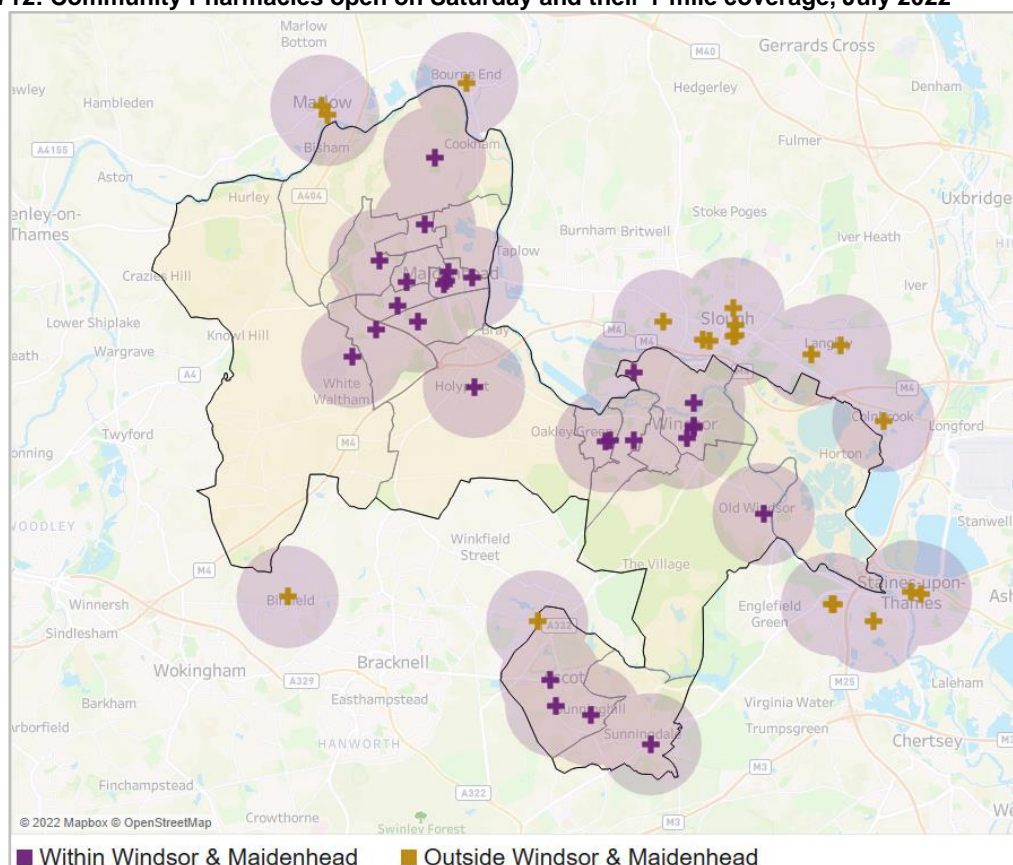


Source: OVID, Strategic Health Asset Planning and Evaluation Atlas Tool, 2022

### ***Saturday opening***

- 7.34** A vast majority of the pharmacies in RBWM (27/29) are open on Saturday. There are an additional 24 pharmacies near the borough's border that are also open on Saturday (Figure 7.12 and Table 7.3).

**Figure 712: Community Pharmacies open on Saturday and their 1-mile coverage, July 2022**



Source: Contractor Survey and NHS England, 2022

**Table 7.3: Number of Community Pharmacies open on Saturday in RBWM by Ward, July 2022**

Ward	Number of Pharmacies
Eton & Castle	5
St Mary's	4
Ascot & Sunninghill	3
Clewer & Dedworth West	2
Sunningdale & Cheapside	1
Riverside	1
Pinkneys Green	1
Oldfield	1
Old Windsor	1
Hurley & Walthams	1
Furze Platt	1
Cox Green	1
Clewer & Dedworth East	1
Bray	1
Boyn Hill	1
Bisham & Cookham	1
Belmont	1

Source: Contractor Survey and NHS England, 2022



- 7.35** All residents can reach a Saturday opening pharmacy in 20-minutes if travelling by car. The 20-minute travel time to reach an RBWM pharmacy is shown in green in Figure 7.13.

**Figure 7.13: Areas covered by 20-minute travel time by car to a Saturday opening RBWM pharmacy from within and outside the borough.**

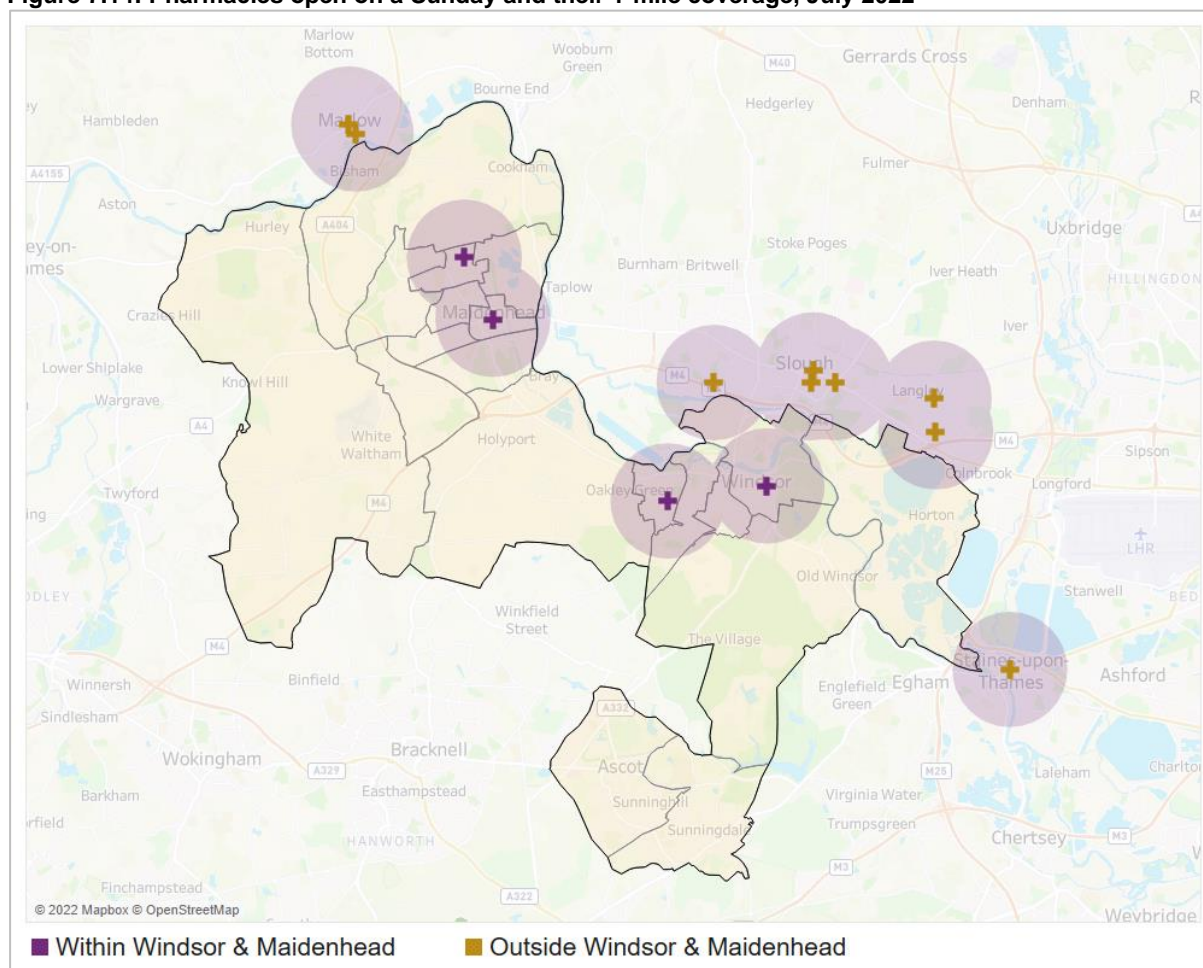


Source: OVID, Strategic Health Asset Planning and Evaluation Atlas Tool, 2022

### ***Sunday Opening***

- 7.36** Four pharmacies are open on a Sunday within the borough, with 10 open in boroughs around RBWM within 1 mile of its borders (Figure 7.14, Table 7.4).

**Figure 7.14: Pharmacies open on a Sunday and their 1-mile coverage, July 2022**



Source: Contractor Survey and NHS England, 2022

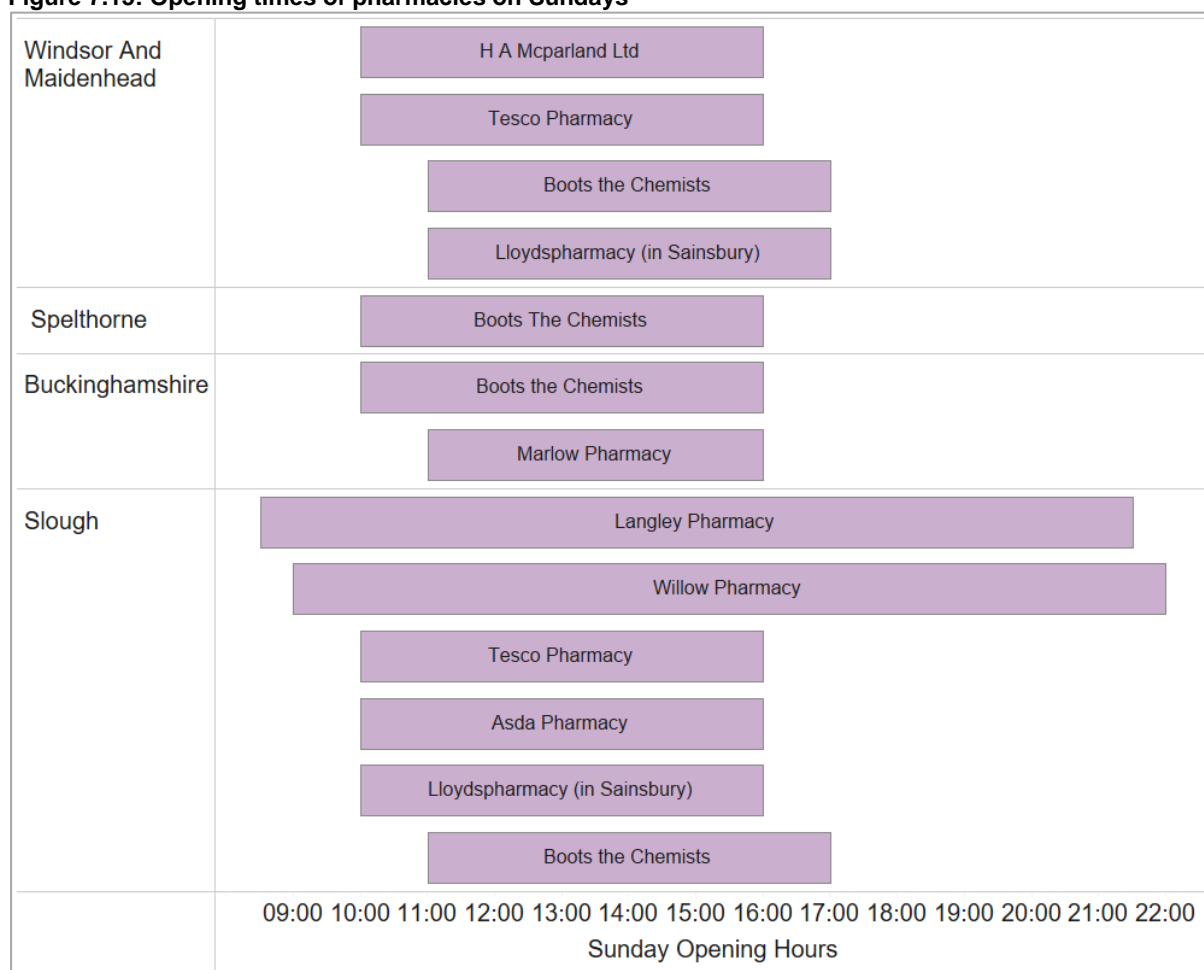
**Table 7.2: Community Pharmacies open on Sunday in RBWM, July 2022**

Pharmacy	Address	Ward
H A Mcparland Ltd	9 Shifford Crescent, Maidenhead, Berkshire	Furze Platt
Boots the Chemists	17-18 Peascod Street, Windsor, Berkshire	Eton & Castle
Tesco Pharmacy	Tesco Superstore, 290 Dedworth Road, Windsor, Berkshire	Clewer & Dedworth West
Lloydspharmacy (in Sainsbury)	Providence Place, Maidenhead, Berkshire	St Mary's

Source: Contractor Survey and NHS England, 2022

**7.37** Overall as shown in figure 7.15 and 7.15, residents in the RBWM have access to several pharmacies within a 20 minute drive on Sundays and a choice of locations.

**Figure 7.15: Opening times of pharmacies on Sundays**



Source: Contractor Survey and NHS England, 2022

**7.38** While not all of the borough is within 1 mile of a pharmacy, on Sundays, all residents can reach a Sunday opening RBWM pharmacy in 20 minutes if traveling by car. The 20-minute travel distance coverage by car is shown in green Figure 7.16.

**Figure 7.16: Areas covered by 20-minute travel time by car to a Sunday opening RBWM pharmacy from within and outside the borough.**



Source: OVID, Strategic Health Asset Planning and Evaluation Atlas Tool, 2022

## Essential services

**7.39** Essential services are offered by all pharmacy contractors as part of the NHS Community Pharmacy Contractual Framework. All pharmacy contractors are required to deliver and comply with the specifications for all essential services<sup>9</sup>. These are:

- Dispensing Medicines
- Dispensing Appliances
- Repeat Dispensing
- Clinical governance
- Discharge Medicines Service
- Promotion of Healthy Lifestyles
- Signposting
- Support for self-care
- Disposal of Unwanted Medicines

## Dispensing

**7.40** RBWM pharmacies dispense an average of 5,212 items per month (based on NHS Business Services Authority, 2020/21 financial year data). This is below the England average of 6,675

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per month, indicating there is good distribution and capacity amongst RBWM pharmacies to fulfil current and anticipated need for RBWM residents and visitors in the lifetime of this PNA.

### **Summary of the accessibility of pharmacy services and of essential services**

Overall, there is good pharmacy coverage to provide essential services across the borough during normal working hours. There is adequate coverage to provide essential services outside normal working hours.

## **Advanced pharmacy services**

**7.41** Advanced services are NHS England commissioned services that community pharmacy contractors and dispensing appliance contractors can provide subject to accreditation, as necessary.

**7.42** As of January 2022, the following services may be provided by pharmacies<sup>44</sup>:

- new medicine service
- community pharmacy seasonal influenza vaccination
- community pharmacist consultation service
- hypertension case-finding service
- community pharmacy hepatitis C antibody testing service (currently until 31 March 2022).

**7.43** In early 2022 a smoking cessation service in pharmacies was introduced for patients who started their stop-smoking journey in hospital.

**7.44** There are two appliance advanced services that pharmacies and dispensing appliance contractors may choose to provide:

1. appliance use reviews, and
2. stoma appliance customisation.

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<sup>44</sup> Information and data supplied by NHSEI in October 2021.

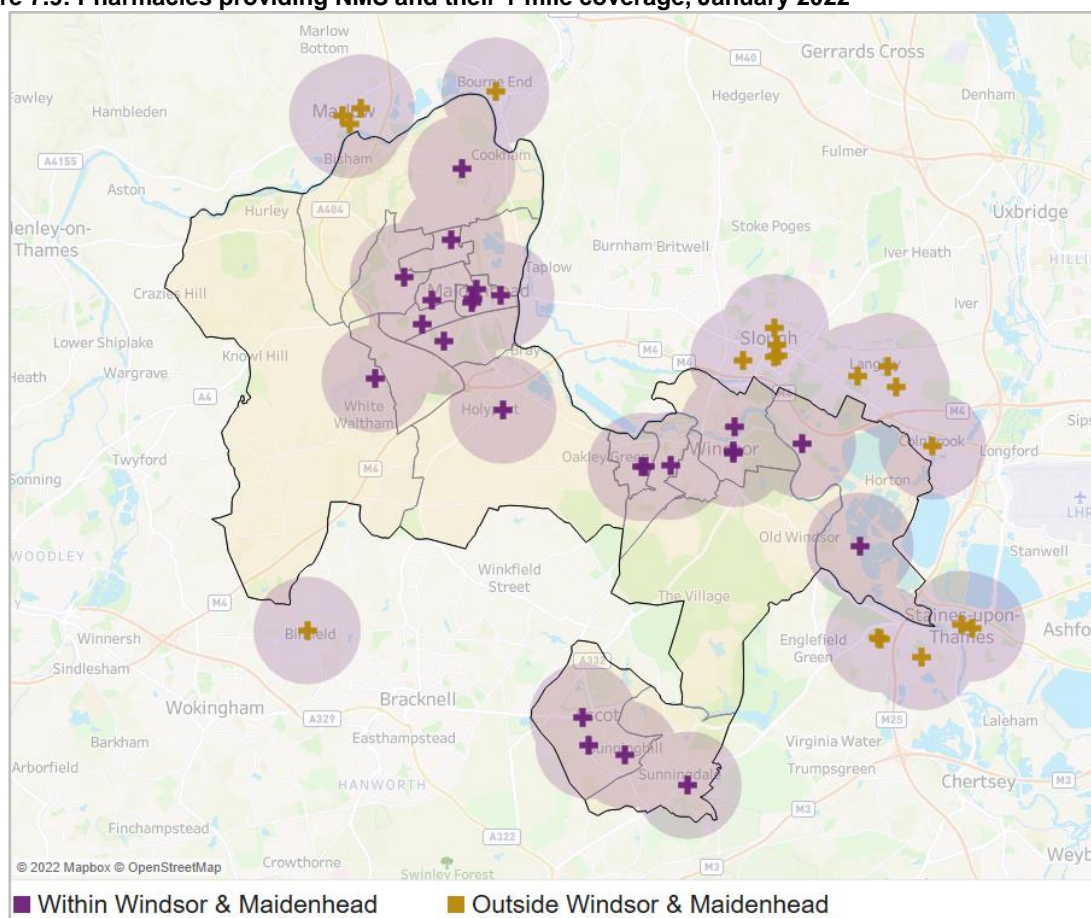


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## New medicines services

- 7.45** The new medicine service (NMS) is an advanced service that supports patients with long-term conditions who are taking a newly prescribed medicine, to help improve medicines adherence.
- 7.46** This service is designed to improve patients' understanding of a newly prescribed medicine for their long-term condition, and to help them get the most from the medicine. It aims to improve adherence to new medication, focusing on people with specific conditions, namely:
- Asthma and COPD
  - Type 2 diabetes
  - Antiplatelet or anticoagulation therapy
  - Hypertension
- 7.47** New Medicines Service can only be provided by pharmacies and is conducted in a private consultation area to ensure patient confidentiality.
- 7.48** Twenty-five pharmacies in RBWM provided NMS in 2020/21. There are an additional 22 pharmacies in bordering boroughs that provided NMS. All these pharmacies are shown in Figure 7.17.

**Figure 7.9: Pharmacies providing NMS and their 1-mile coverage, January 2022**



Source: NHS England, 2022

**7.49** Table 7.4 shows NMS provision by RBWM wards.

**Table 7.3: Number of NMS provided by RBWM pharmacies by ward, 2020/21**

Ward	Number of Pharmacies	Total Number of NMSs provided	Average NMS per Pharmacy
St Mary's	4	165	41
Eton & Castle	3	127	42
Ascot & Sunninghill	3	154	51
Datchet, Horton & Wrybury	2	28	14
Clewer & Dedworth West	2	118	59
Sunningdale & Cheapside	1	108	108
Riverside	1	37	37
Pinkneys Green	1	76	76
Oldfield	1	73	73
Hurley & Walthams	1	187	187
Furze Platt	1	107	107
Clewer & Dedworth East	1	47	47
Bray	1	163	163
Boyn Hill	1	141	141
Bisham & Cookham	1	86	86

Belmont	1	150	150
<b>Total</b>	<b>25</b>	<b>1,767</b>	<b>71</b>

Source: NHS England, 2021

- 7.50** NMS are supplied widely across the borough within areas of high density and need, therefore the PNA steering group conclude that there is sufficient NMS provision to meet the needs of this borough.

### **Community pharmacy seasonal influenza vaccination**

- 7.51** Flu vaccination by injection, commonly known as the "flu jab" is available every year on the NHS to protect certain groups who are at risk of developing potentially serious complications, such as:

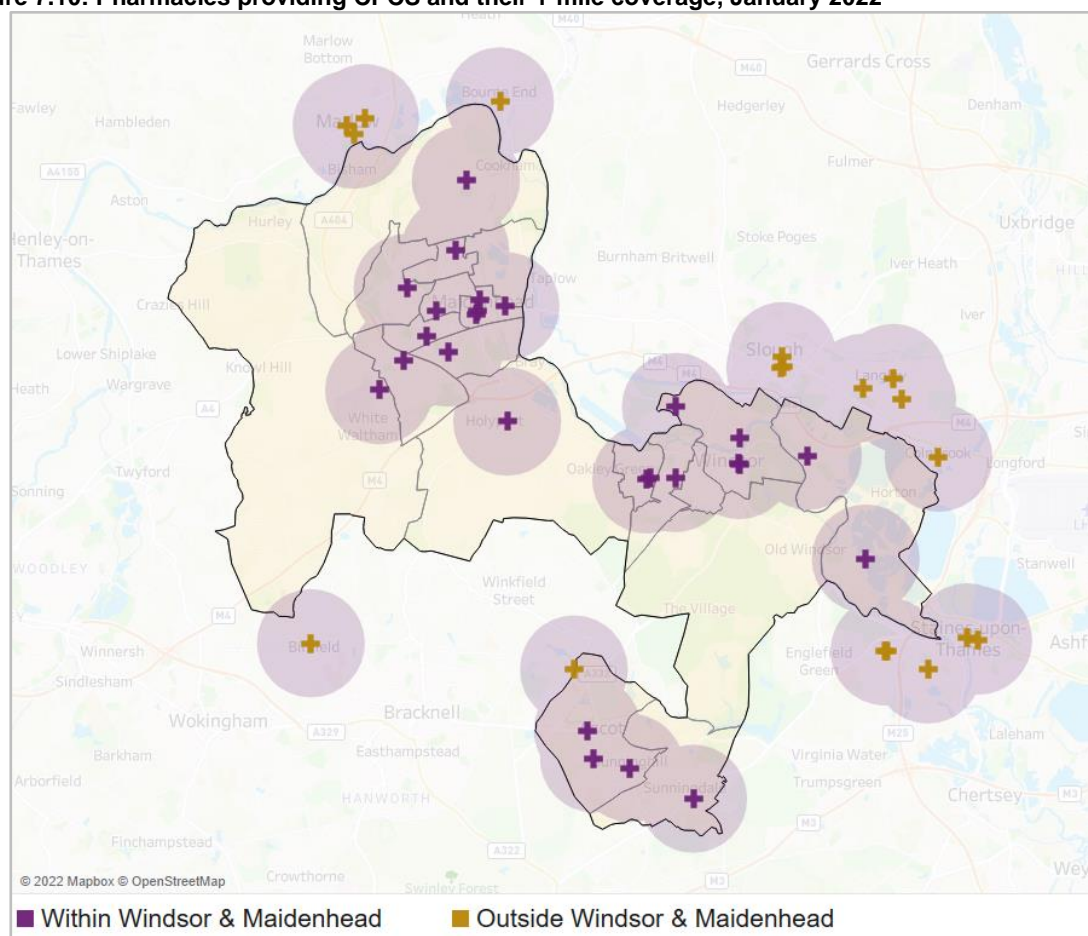
- anyone over the age of 65
- pregnant women
- children and adults with an underlying health condition (particularly long-term heart or respiratory disease)
- children and adults with weakened immune systems

- 7.52** The National Advanced Flu Service is an advanced service commissioned by NHS England to maximise the uptake of the flu vaccine by those who are 'at-risk' due to ill-health or long terms condition.

- 7.53** A large proportion of community pharmacies in the borough provided flu vaccines (27/29) in RBWM in 2020/21. Another 21 outside but bordering the borough provided the service. The distribution of these pharmacies is shown in Figure 7.18 and Table 7.5.



**Figure 7.10: Pharmacies providing CPCS and their 1-mile coverage, January 2022**



Source: NHS England, 2022

**Table 7.4: Pharmacies that provide Flu Vaccinations in RBWM by ward, January 2022**

Ward	Number of Pharmacies	Ward	Number of Pharmacies
St Mary's	4	Oldfield	1
Eton & Castle	4	Hurley & Walthams	1
Ascot & Sunninghill	3	Furze Platt	1
Datchet, Horton & Wraysbury	2	Cox Green	1
Clewer & Dedworth West	2	Clewer & Dedworth East	1
Sunningdale & Cheapside	1	Bray	1
Riverside	1	Boyn Hill	1
Pinkneys Green	1	Bisham & Cookham	1
Oldfield	1	Belmont	1

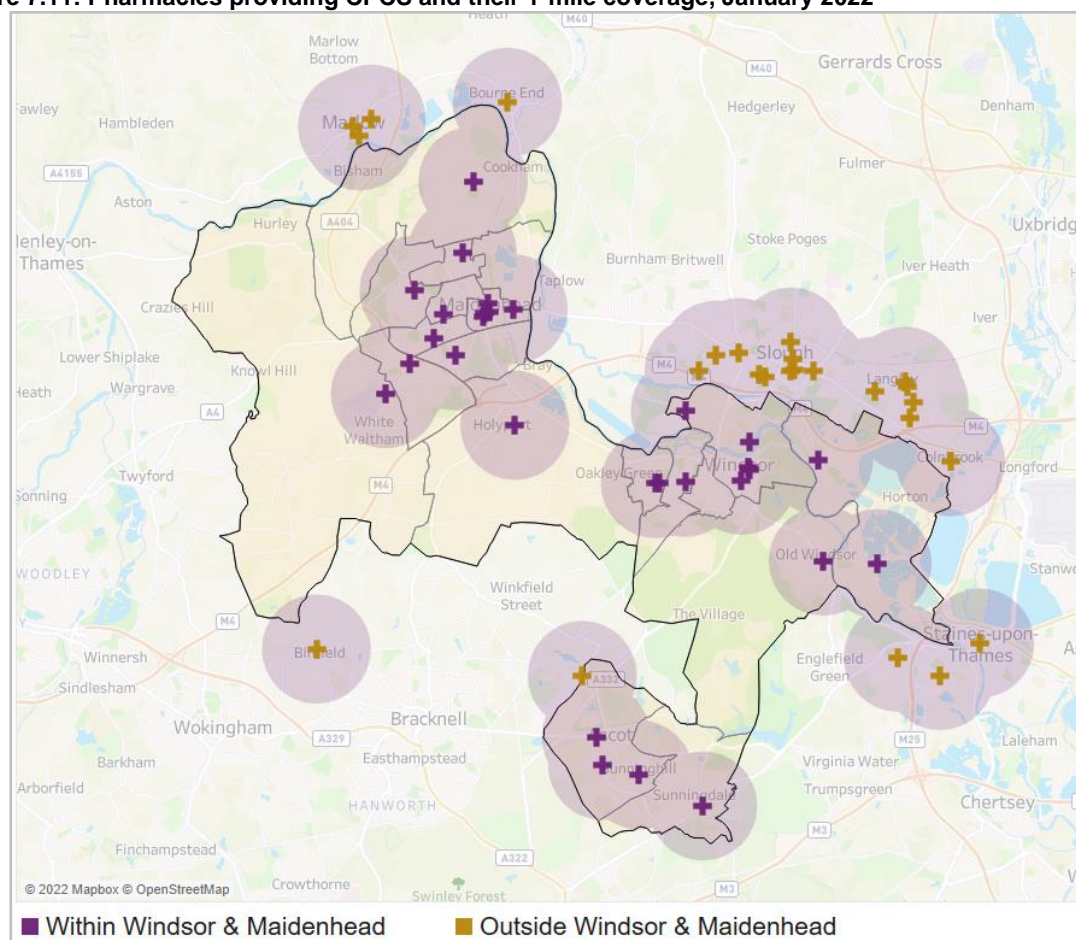
Source: NHS England, 2022

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- 7.54** Overall, there is strong coverage of this service across RBWM. As identified in Chapter 5, there is also strong flu vaccination uptake in the borough. Therefore, the PNA steering group conclude that there is sufficient provision of Advanced Flu Services to meet the needs of this borough.

### **Community pharmacist consultation service**

- 7.55** The community pharmacist consultation service (CPCS) is a new service provided by pharmacies, launched in October 2019. The aims of the service are to support the integration of community pharmacy into the urgent care system, and to divert patients with lower acuity conditions or who require urgent prescriptions from the urgent care system and to community pharmacies.
- 7.56** It also offers patients who contact NHS 111 the opportunity to access appropriate urgent care services in a convenient and easily accessible community pharmacy setting, on referral from an NHS 111 call advisor and via the NHS 111 Online service.
- 7.57** There is strong coverage of CPCS in RBWM with all 29 pharmacies in the borough provided CPCS in 2020/21. There are an additional 15 pharmacies in neighbouring boroughs that provide the service (Figure 7.19).
- 7.58** The PNA steering group conclude that there is sufficient CPCS provision to meet the needs of this borough.

**Figure 7.11: Pharmacies providing CPCS and their 1-mile coverage, January 2022**



Source: NHS England, 2022

## Hypertension case-finding service

- 7.59** Hypertension case-finding service is a relatively new service and at the time of publication NHSE does not report any pharmacy in RBWM offering this service.
- 7.60** Nineteen respondents to the contractor survey indicated being willing to provide the service if commissioned.

## Community pharmacy hepatitis C antibody testing service

- 7.61** NHSE data does not show any pharmacy offering Community pharmacy hepatitis C antibody testing service as of the time of publication.
- 7.62** Seventeen respondents to the contractor survey indicated being willing to provide the service if commissioned.

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## Appliance Use Reviews

- 7.63** Appliance Use Review (AUR) is another advanced service that community pharmacy and appliance contractors can choose to provide so long as they fulfil certain criteria.
- 7.64** AURs can be carried out by, a pharmacist, or a specialist nurse either at the contractor's premises (typically within a DAC) or at the patient's home. AURs help patients to better understand and use their prescribed appliances 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.
- 7.65** No pharmacies within or bordering the borough provided this service in 2020/21. AURs can also be provided by prescribing health and social care providers. Therefore, the PNA steering group conclude that there is sufficient provision of the AUR service to meet the current needs of this borough.

## Stoma Appliance Customisation service

- 7.66** The SAC 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.
- 7.67** While no pharmacy provided SACs in RBWM in 2020/21, one pharmacy provided SACs in Buckinghamshire, near RBWM. Lloyds Pharmacy, (The Parade, Bourne End) in Buckinghamshire provided the service during that period.
- 7.68** Residents can also access the SAC service either from non-pharmacy providers within the borough (e.g., community health services) or from dispensing appliance contractors outside of the borough. Therefore, the PNA steering group conclude that there is sufficient provision of the SAC service to meet the needs of this borough.

## Summary of the Advanced Pharmacy Services

It is concluded that there is currently sufficient provision for the following enhanced services to meet the needs of residents in RBWM:

- New medicine service
- Community pharmacy seasonal influenza vaccination
- Community pharmacist consultation service
- Hypertension case-finding service
- Community pharmacy hepatitis C antibody testing service (currently until 31 March 2022).
- Appliance use reviews
- Stoma appliance customisation service

At the time of data collection for this PNA, no data was available on the following newly commissioned service:

- Smoking cessation service in pharmacies for patients who started their stop-smoking journey in hospital

RBWM pharmacies have indicated their willingness to provide these services, therefore no gap is evident for future access to these advanced services.

## Other NHS services

**7.69** These are services commissioned by the RBWM and Frimley CCG to fulfil a local population health and wellbeing need. RBWM enhanced services are listed below:

- Local authority commissioned services:
  - Supervised consumption service
  - Needle exchange service
  - Pharmacy Emergency Hormonal Contraception Service
- Frimley CCG commissioned services:
  - Access to Palliative Care
  - On demand availability of drugs for Childhood Gastroenteritis in Community Pharmacies

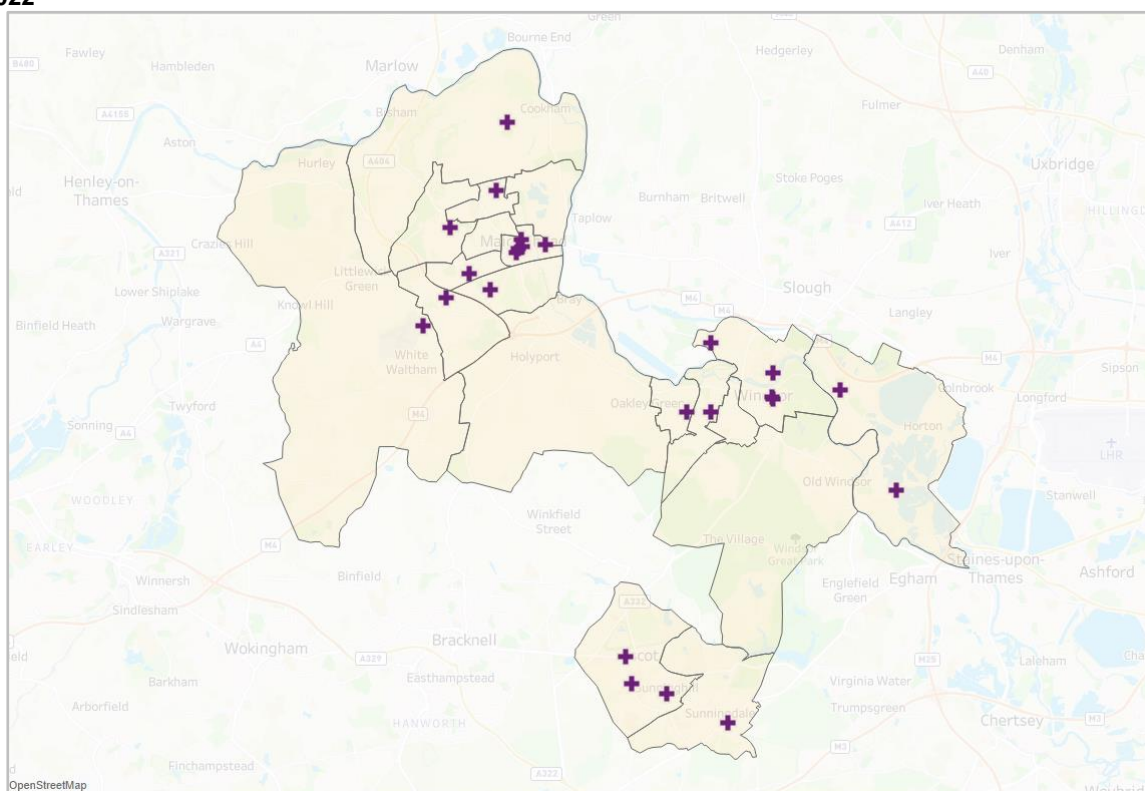
The provision of these services is explored below.



## Supervised consumption service

- 7.70** The RBWM commission community pharmacies to provide supervised consumption as part of treatment services for opioid dependency.
- 7.71** Supervised consumption of opioid substitution treatment forms a critical element of safe and effective treatment in the community. It reduces risk of overdose and non-compliance with treatment, minimises diversion and enables people being treated for opioid dependency to utilise the benefits of pharmacy intervention around health choices. It is typically used for people who are new to treatment and/or have complex needs.
- 7.72** There is good provision of this service in the borough. 24 pharmacies have been commissioned to provide supervised consumption services in RBWM. These are presented in Figure 7.20 and Table 7.6.

**Figure 7.20: Location of pharmacies that provide Supervised Consumption Services in RBWM, January 2022**



Source: RBWM, 2022

**Table 7.5: Pharmacies that provide Supervised Consumption services in RBWM by ward, January 2022**

Pharmacy	Address	Ward
Woodland Park Pharmacy	Waltham Road, Woodland Park, Maidenhead, Berkshire	Hurley & Walthams
Superdrug Pharmacy	131-132 Peascod Street, Windsor, Berkshire	Eton & Castle

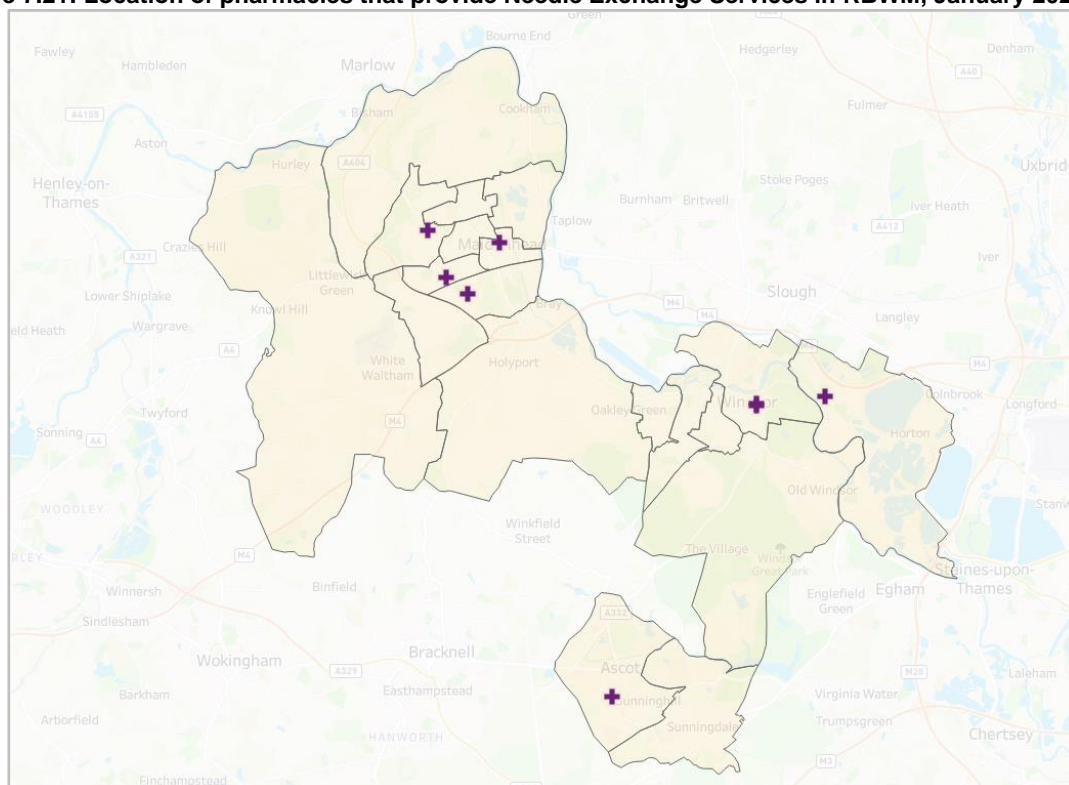
Bridge Pharmacy	119 Bridge Road, Maidenhead, Berkshire	Riverside
Village Pharmacy	7 Eton Wick Road, Eton Wick, Windsor, Berkshire	Eton & Castle
Cookham Pharmacy	Lower Road, Cookham Rise, Maidenhead, Berkshire	Bisham & Cookham
Altwood Pharmacy	47 Wootton Way, Maidenhead, Berkshire	Boyn Hill
H A Mcparland Ltd	9 Shifford Crescent, Maidenhead, Berkshire	Furze Platt
Wraysbury Village Pharmacy	58 High Street, Wraysbury, Berkshire	Datchet, Horton & Wraysbury
Boots the Chemists	17-18 Peascod Street, Windsor, Berkshire	Eton & Castle
Superdrug Pharmacy	36-38 Brock Lane Mall, Nicholsons Centre, Maidenhead, Berkshire	St Mary's
Boots the Chemists	54-58 High Street, Maidenhead, Berkshire	St Mary's
Sunningdale Pharmacy	4 Broomhall Buildings, Chobham Road, Sunningdale, Berkshire	Sunningdale & Cheapside
Wessex Pharmacy	114 Wessex Way, Cox Green, Maidenhead, Berkshire	Cox Green
Park Pharmacy	4 Cookham Road, Maidenhead, Berkshire	St Mary's
Ascot Pharmacy	17 Brockenhurst Road, South Ascot, Berkshire	Ascot & Sunninghill
Lloydspharmacy (in Sainsbury)	Providence Place, Maidenhead, Berkshire	St Mary's
Hetpole Pharmacy	398 Dedworth Road, Windsor, Berkshire	Clewer & Dedworth West
Olive Pharmacy	18 Hampden Road, Maidenhead, Berkshire	Pinkneys Green
Your Local Boots Pharmacy	23 High Street, Ascot, Berkshire	Ascot & Sunninghill
Eton Pharmacy	30 High Street, Eton, Windsor, Berkshire	Eton & Castle
Kays Chemist	24 Ross Road, Maidenhead, Berkshire	Oldfield
Datchet Village Pharmacy	The Green, Datchet, Slough, Berkshire	Datchet, Horton & Wraysbury
Your Local Boots Pharmacy	83 Dedworth Road, Windsor, Berkshire	Clewer & Dedworth East
Rf Blackburn	58 High Street, Sunninghill, Berkshire	Ascot & Sunninghill

Source: RBWM, 2022

## Needle exchange

- 7.73** The Needle exchange service supplies needles, syringes and other equipment used to prepare and take illicit drugs. The purpose of this services is to reduce the transmission of blood-borne viruses such as hepatitis B and C, and other infections caused by sharing injecting equipment.
- 7.74** The Needle exchange services also aim to reduce the harm caused by injecting drugs through providing information and advice and acting as a gateway to other services, including drug treatment centres.
- 7.75** Eight pharmacies offer the needle exchange service. Their locations are shown in Figure 7.21 and Table 7.7.

**Figure 7.21: Location of pharmacies that provide Needle Exchange Services in RBWM, January 2022**



Source: RBWM, 2022

**Table 7.6: Pharmacies that provide Needle Exchange services in RBWM by ward, January 2022**

Pharmacy	Address	Ward
Superdrug Pharmacy	131-132 Peascod Street, Windsor, Berkshire	Eton & Castle
Altwood Pharmacy	47 Wootton Way, Maidenhead, Berkshire	Boyn Hill
Boots the Chemists	17-18 Peascod Street, Windsor, Berkshire	Eton & Castle
Park Pharmacy	4 Cookham Road, Maidenhead, Berkshire	St Mary's
Ascot Pharmacy	17 Brockenhurst Road, South Ascot, Berkshire	Ascot & Sunninghill
Olive Pharmacy	18 Hampden Road, Maidenhead, Berkshire	Pinkneys Green
Kays Chemist	24 Ross Road, Maidenhead, Berkshire	Oldfield
Datchet Village Pharmacy	The Green, Datchet, Slough, Berkshire	Datchet, Horton & Wraysbury

Source: RBWM, 2022

## Pharmacy emergency hormonal contraception service

- 7.76** This is a Patient Group Direction that increases access to emergency hormonal contraception for young people. The service applies 'Making Every Contact Count' (MECC) principles to deliver a holistic sexual health intervention to young women seeking emergency hormonal contraception. The service also actively supports young women and men to access online



services for sexual health information and advice and for online STI testing where available by signposting to the SafeSexBerkshire<sup>45</sup> website.

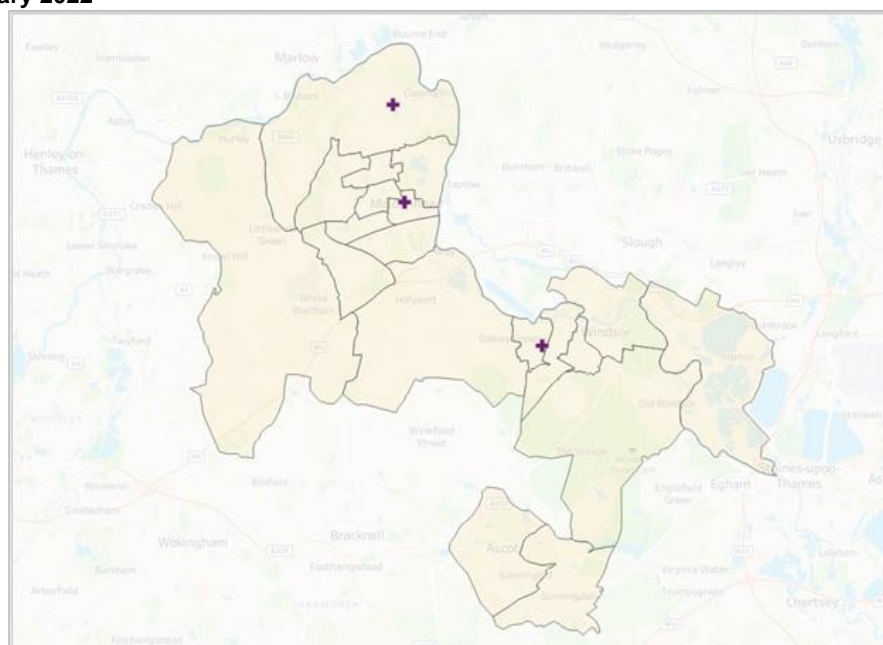
**7.77** The service aims to:

- prevent unplanned pregnancies in young people through the provision of free emergency hormonal contraception (Levonelle1500® or EllaOne® Emergency Hormonal Contraception)
- enable young people to access sexual health information and advice through local online and face to face services
- provide condoms to young women and their partners accessing EHC
- support young people to access free online STI testing where available.

**7.78** All pharmacists providing this service will have completed the Centre for Pharmacy Postgraduate Education (CPPE) Declaration of Competence for EHC and register this on PharmOutcomes.

**7.79** Three pharmacies offer this service in RBWM. Their locations are showing in Figure 7.22 and Table 7.8 below.

**Figure 7.22: Location of pharmacies that provide the Emergency Hormonal Contraception Service in RBWM, January 2022**



Source: RBWM, 2022

<sup>45</sup> <https://www.safesexberkshire.nhs.uk/>

**Table 7.7: Pharmacies that provide the Emergency Hormonal Contraception Service in January 2022**

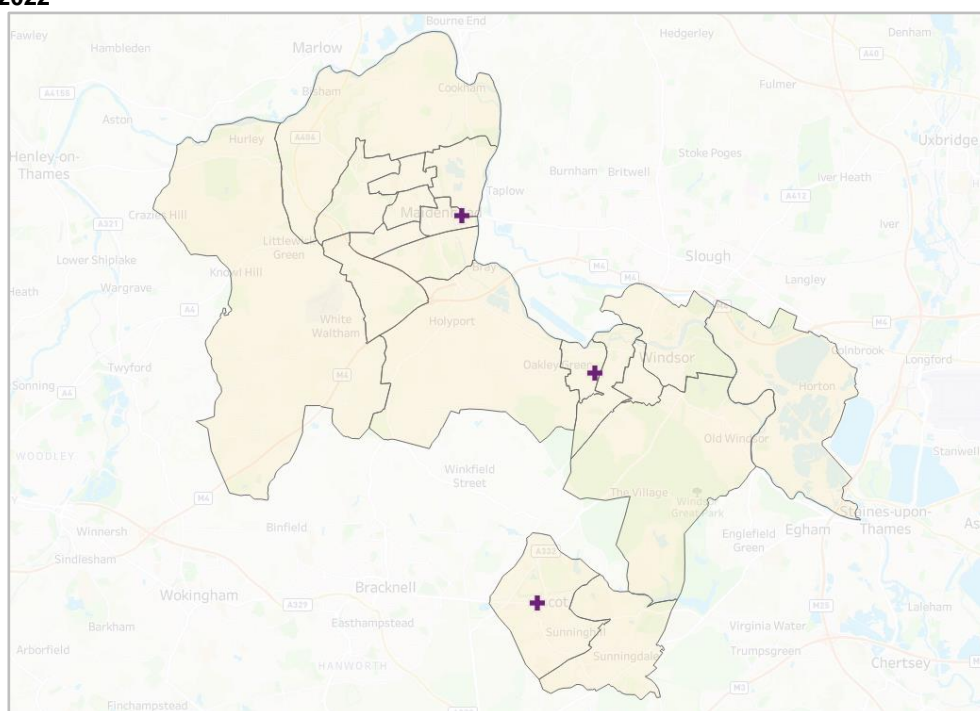
Pharmacy	Address	Ward
Cookham Pharmacy	Lower Road, Cookham Rise, Maidenhead, Berkshire	Bisham & Cookham
Park Pharmacy	4 Cookham Road, Maidenhead, Berkshire	St Mary's
Hetpole Pharmacy	398 Dedworth Road, Windsor, Berkshire	Clewer & Dedworth West

Source: RBWM, 2022

## Access to palliative care

- 7.80** This service is commissioned by Frimley CCG to ensure that their community teams have guaranteed provision of routine palliative care drugs. This is to prevent any difficulties they may experience in obtaining emergency drugs for their patients.
- 7.81** The aim of the service is to improve access for people to these specialist medicines when they are required by ensuring prompt access and continuity of supply.
- 7.82** Community teams will be able to access these drugs during the pharmacies' normal opening hours. (NB. This arrangement does not cover access to medicines outside of contracted hours.)
- 7.83** Pharmacies have duty to ensure that pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service.
- 7.84** Three pharmacies provide the Access to Palliative Care service in RBWM. They are shown in Figure 7.23 and Table 7.9.

**Figure 7.23: Location of pharmacies that provide the Access to Palliative Care Services in RBWM, January 2022**



Source: Frimley CCG, 2022

**Table 7.8: Number of Pharmacies that provide the Access to Palliative Care Service in RBWM by ward, January 2022**

Pharmacy	Address	Ward
Bridge Pharmacy	119 Bridge Road, Maidenhead, Berkshire	Riverside
Hetpole Pharmacy	398 Dedworth Road, Windsor, Berkshire	Clewer & Dedworth West
Your Local Boots Pharmacy	23 High Street, Ascot, Berkshire	Ascot & Sunninghill

Source: Frimley CCG, 2022

## On demand availability of drugs for childhood gastroenteritis in community pharmacies

- 7.85** This service has been commissioned by Frimley CCG to support clinicians to keep children with gastroenteritis out of hospital. This service is to support the timely supply of specialist medicines for childhood gastroenteritis, the demand for which is urgent and unpredictable, to prevent the need for hospitalisation in many cases.
- 7.86** It aims to provide a service available to all patients in all locations and to reduce the need for out of hours treatment and/ or hospitalisation, with the aim of providing the best level of care for the patient. The pharmacy will also provide information and advice to the parent or carer of the child.
- 7.87** The pharmacy holds the specified medicines required to deliver this service and will dispense, and re-order these in response to an NHS prescription being presented.

**7.88** Pharmacies must keep one full pack of each of the following in stock:

- Ondansetron 4mg/5ml solution x 50ml bottle
- Ondansetron 4mg lyophilisates (Zofran Melts) x 10 tablets (If Zofran Melts not available Ondansetron films may be used)

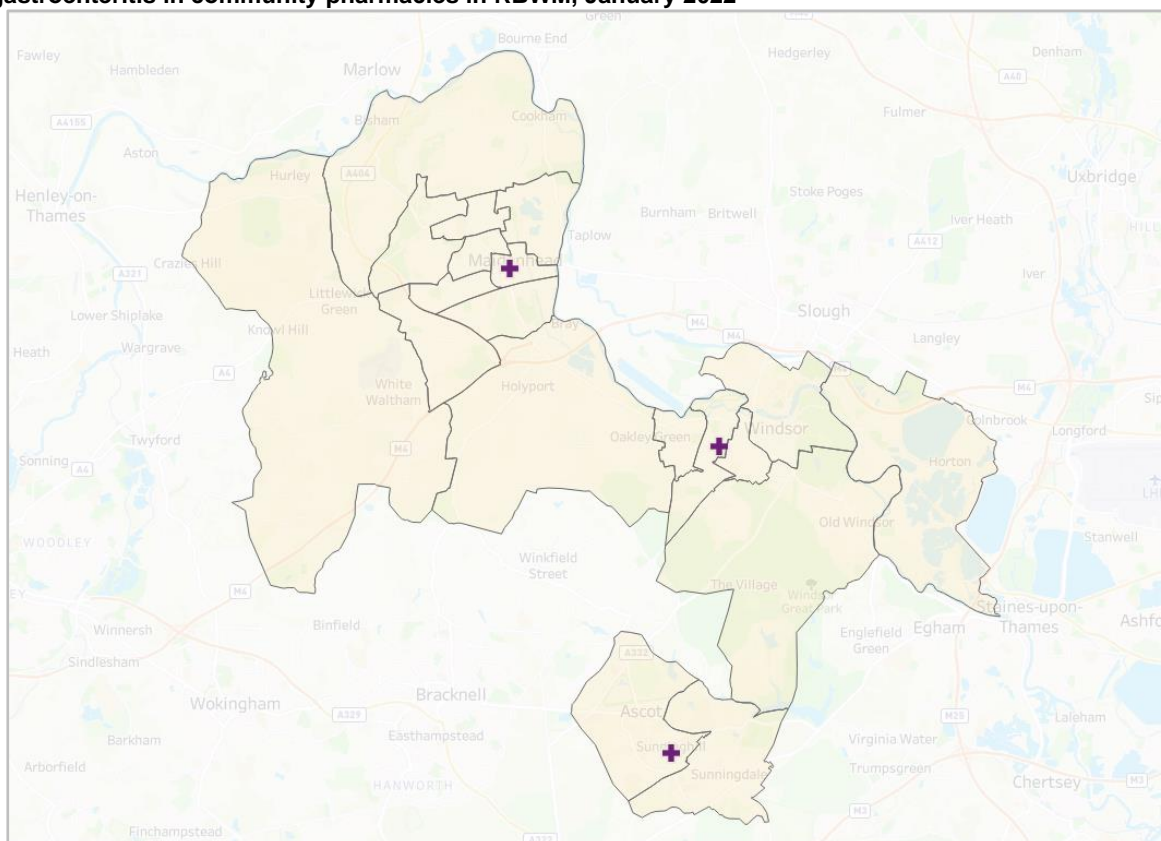
**7.89** Three pharmacies provide this service in RBWM (Figure 7.24 and Table 7.11).

**Table 7.11: Number of Pharmacies that provide on demand availability of drugs for childhood gastroenteritis in community pharmacies in RBWM by ward, January 2022**

Pharmacy	Address	Ward
Boots the Chemists	54-58 High Street, Maidenhead, Berkshire	St Mary's
Your Local Boots Pharmacy	83 Dedworth Road, Windsor, Berkshire	Clewer & Dedworth East
Rf Blackburn	58 High Street, Sunninghill, Berkshire	Ascot & Sunninghill

Source: Frimley CCG, 2022

**Figure 7.24: Location of pharmacies that provide on demand availability of drugs for childhood gastroenteritis in community pharmacies in RBWM, January 2022**



Source: Frimley CCG, 2022

### Summary of other NHS services

It is concluded that there is currently sufficient provision for the following enhanced services to meet the needs of residents in RBWM:

- Supervised consumption service
- Needle exchange service
- Pharmacy emergency hormonal contraception service
- Access to palliative care
- On demand availability of drugs for childhood gastroenteritis in community pharmacies

## Additional considerations from contractor survey responses

### Languages spoken in pharmacies

**7.90** According to the contractor survey responses there are a wide range of languages spoken in RBWM pharmacies. The most common languages besides English spoken by pharmacy staff are Hindi, Punjabi, and Urdu. The most common non-English languages spoken in RBWM are Polish, Punjabi, Urdu, French and Spanish. No pharmacies in RBWM reported having staff that speak Polish. Given the low number of non-English speakers in the borough, this is unlikely to adversely impact access of residents to pharmaceutical services. Table 7.12 lists the most common languages spoken by a member of staff in RBWM pharmacies.

**Table 7.9: Top 10 languages spoken by a member of staff at the pharmacies in RBWM**

Language	Number of Pharmacies
Hindi	12
Punjabi	10
Urdu	8
Gujarati	3
Spanish	2
Swahili	2
Italian	1
Arabic	1
French	1
Greek	1

Source: RBWM Contractor Survey, 2022

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# Chapter 8 - Conclusions

- 8.1** This PNA has considered the current provision of pharmaceutical services across RBWM alongside the health needs and demographics of its population. It has assessed whether current provision meets the needs of the population and whether there are any gaps in the provision of pharmaceutical services either now or within the lifetime of this document, 1st October 2022 to 30th September 2025.
- 8.2** RBWM is a densely populated and mostly urban borough in Berkshire. Overall, the population has a higher life expectancy and health life expectancy than its South East England and England overall comparators.
- 8.3** There are several factors that can affect pharmacy needs, including deprivation and protected characteristics. There are pockets of relative deprivation within Windsor Town Centre (Clewer North ward) and Maidenhead Town Centre (St Mary's, Oldfield, and Belmont wards), the pharmacy provision within these areas of high deprivation was explored.
- 8.4** The median age of the population is slightly older than England as a whole. 13.9% of the population are from Black, Asian and Minority Ethnic Populations and 3.7% of households have no members who speak English as a main language. To identify where there are different needs for people who share a protected characteristic a survey was disseminated across RBWM. 472 of patients and the public of RBWM responded to the survey on their use and views on 'necessary' pharmacy services. Overall, participants were happy with the services their pharmacy provided and no different needs for people who share a protected characteristic in RBWM were found.
- 8.5** This chapter will summarise the provision of pharmacy services in RBWM and its surrounding local authorities in consideration of population needs.

## Current provision

- 8.6** The RBWM PNA steering group has identified the following services as necessary to this PNA to meet the need for pharmaceutical services:
- Essential services provided at all premises included in the pharmaceutical lists.
- 8.7** Other Relevant Services are services provided which are not necessary to meet the need for pharmaceutical services in the area, but which nonetheless have secured improvements or better access to medicines. The RBWM PNA steering group has identified the following as Other Relevant Services:

- Adequate provision of advanced and enhanced services to meet the need of the local population.

## **Current access to essential services**

**8.8** In assessing the provision of essential services against the needs of the population, the PNA steering group considered access as the most important factor in determining the extent to which the current provision of essential services meets the needs of the population. Accessibility of essential services was determined by whether the RBWM population resided within 1-mile of a pharmacy, or within 20-minutes drive to a pharmacy.

**8.9** Other factors taken into consideration included:

- The ratio of community pharmacies per 10,000 population
- Proximity of pharmacies to areas of high deprivation
- Opening hours of pharmacies
- Proximity of pharmacies to GP practices
- Location of dispensing GPs

**8.10** There are 1.9 community pharmacies per 10,000 residents in RBWM. Though this ratio is lower than the national average of 2.2, as indicated by the contractor survey, the pharmacies have capacity to offer more services.

**8.11** Most of the borough's population is within 1 mile of a pharmacy. There are 5,681 residents who live within rural areas of RBWM that are not within a mile of a pharmacy, however all residents are within a 20-minute commute of a pharmacy if travelling by car. All GP practices are within 1 mile of a pharmacy.

**8.12** Considering all this, the residents of the borough are well served in terms of the number and location of pharmacies.

### ***Current access to essential services during normal working hours***

**8.13** All pharmacies are open for at least 40 hours each week. There are 29 community pharmacies in the borough and 28 within 1 mile of the border of RBWM, providing good access as determined in Chapter 7.

The results of the PNA conclude that there are no current gaps in the provision of essential services during normal working hours in the lifetime of this PNA.



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### ***Current access to essential services outside normal working hours***

- 8.14** On weekdays, one RBWM pharmacy is open before 8am and nine pharmacies are open after 6pm. These early morning pharmacies provide 1-mile coverage of areas of high population density. All the RBWM population can reach a pharmacy within 20-minutes if traveling by car in the early mornings or late evenings. These pharmacy locations are mapped out on Chapter 7.
- 8.15** Twenty-seven of the borough's community pharmacies are open on Saturday. Four pharmacies in the borough are open on Sunday. Considering these pharmacies and those in neighbouring local authorities, as shown in the maps in Chapter 7, there is good accessibility of pharmacies to residents on weekends.

The results of the PNA conclude that there are no current gaps in the provision of essential services outside normal working hours in the lifetime of this PNA.

### **Current access to advanced services**

- 8.16** The following advanced services are currently available for provision by community pharmacies: new medicine service, community pharmacy seasonal influenza vaccination, community pharmacist consultation service, hypertension case-finding service, community pharmacy hepatitis C antibody testing service, appliance use reviews and stoma appliance customisation.
- 8.17** NMS is widely available with 25 pharmacies in the borough providing it.
- 8.18** Flu vaccinations are also widely available, all 27 pharmacies in the borough provide this service.
- 8.19** All of the borough's 29 community pharmacies offer the Community Pharmacy Consultation Service.
- 8.20** The hypertension case-finding service and hepatitis C antibody testing service are relatively new services for which no data is available yet, however pharmacies have indicated their willingness to provide this service.



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- 8.21** No RBWM pharmacies provided AURS in the last recorded year, however, advice on the use of appliances may also be offered by the hospital or clinic prescribing appliances.
- 8.22** Stoma Appliance Customisation service is offered by one pharmacy in Buckinghamshire, near RBWM.
- 8.23** It is therefore concluded that there is sufficient provision of advanced services to meet the needs of the residents of RBWM.

The results of the PNA conclude that there are no current gaps in the provision of advanced services for the lifetime of this PNA.

### **Current access to other NHS services**

- 8.24** Other NHS services are services commissioned by RBWM Council and Frimley CCG. These services include:
- Supervised consumption and needle exchange services
  - Emergency hormonal contraception
  - Access to palliative care
  - On demand availability of drugs for Childhood Gastroenteritis
- 8.25** Twenty-four pharmacies provide the substance misuse service and eight provide needle exchange services, three provide emergency hormonal contraception, three provide access to palliative care and three provide on demand availability of drugs for childhood gastroenteritis
- 8.26** Overall, there is very good availability for enhanced services in the borough.

The results of the PNA conclude that there are no current gaps in the provision of other NHS services in the lifetime of this PNA.

### **Future Provision**

- 8.27** The PNA steering group has considered the following future developments:

- 
- Forecasted population growth
  - Housing Development information
  - Regeneration projects
  - Changes in the provision of health and social care services
  - Other changes to the demand for services

## **Future access to essential services**

### ***Future access to essential services during normal working hours***

**8.28** The PNA steering group is not aware of any firm plans for changes in the provision of Health and Social Care services in RBWM within the lifetime of this PNA.

**8.29** The PNA steering group is aware of and has considered the proposed new housing developments within RBWM particularly are The Landing in King Street/Queen Street, and York Road, both of which are within St. Mary's Ward and the large number of proposed housing in Oldfield Ward. The analysis has considered these developments, and other causes of population increases, and concluded that pharmacy provision is good within RBWM within the lifetime of this PNA.

The results of the PNA conclude that there are no gaps in the future provision of essential services during normal working hours in the lifetime of this PNA.

### ***Future access to essential services outside normal working hours***

**8.30** The steering group is not aware of any notifications to change the supplementary opening hours for pharmacies at the time of publication.

The results of the PNA conclude that there are no gaps in the future provision of essential services outside of normal working hours in the lifetime of this PNA.

## **Future access to advanced services**

**8.31** Through the contractor survey local pharmacies have indicated that they have capacity for future increases in demand for advanced services.

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The results of the PNA conclude that there are no gaps in the future provision of advanced services in the lifetime of this PNA.

### **Future access to other NHS services**

- 8.32** Through the contractor survey local pharmacies have indicated that they have capacity to manage future increases in demand for other NHS services.

The results of the PNA conclude that there are no gaps in the future provision of other NHS services in the lifetime of this PNA.

## **Improvements and better access**

### **Current and future access to essential services**

- 8.33** The PNA did not identify any services, that if provided either now or in future specified circumstances, would secure improvements or better access to essential services. Further, there is sufficient capacity to meet any increased future demand.

The results of the PNA conclude that there are no gaps in essential services that if provided, either now or in the future, would secure improvements or better access to essential services in the lifetime of this PNA.

### **Current and future access to advanced services**

- 8.34** NMS, CPCS and flu vaccination services are all widely available throughout RBWM.
- 8.35** Though there is no data available publicly for the relatively new services, namely Hypertension case-finding and hepatitis C antibody testing services, there is sufficient capacity for the pharmacies to provide them.
- 8.36** Both SAC and AUR advice is offered by hospital and other health providers, and additionally, pharmacies have indicated they are willing, and have capacity to provide these services.

- 
- 8.37** The PNA analysis has concluded that there is sufficient capacity to meet any increased demand for advanced services.

The results of the PNA conclude that there are no gaps in the provision of advanced services at present or in the future, that would secure improvements or better access to advanced services in the lifetime of this PNA.

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# Appendix A: Berkshire Pharmaceutical Needs Assessment Steering Group

## Terms of reference

### Background

The provision of NHS Pharmaceutical Services is a controlled market. Any pharmacist or dispensing appliance contractor who wishes to provide NHS Pharmaceutical services, must apply to be on the Pharmaceutical List.

The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (SI 2013 No. 349) and subsequent amendments set out the system for market entry. Under the Regulations, Health and Wellbeing Boards are responsible for publishing a Pharmaceutical Needs Assessment (PNA); and NHS England is responsible for considering applications.

A PNA is a document which records the assessment of the need for pharmaceutical services within a specific area. As such, 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 is used by NHS England to consider applications to open a new pharmacy, move an existing pharmacy or to provide additional services. In addition, it will provide an evidence base for future local commissioning intentions.

The Bracknell Forest, Reading, Slough, RBWM, West Berkshire and Wokingham Health and Wellbeing Boards have now initiated the process to refresh the PNAs by October 2022.

### Role

The primary role of the group is to advise and develop structures and processes to support the preparation of a comprehensive, well researched, well considered, and robust PNA, building on expertise from across the local healthcare community; and managed by Healthy Dialogues Ltd. In addition, the group is responsible for:

- Responding to formal PNA consultations from neighbouring HWBBs on behalf of the Health and Wellbeing boards.
- Establishing arrangements to ensure the appropriate maintenance of the PNA, following publication, in accordance with the Regulations.

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## Objectives

- Ensure the new PNA meets the requirements of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and its amendments.
- Develop the PNA so that it documents all locally commissioned services, including public health services commissioned; and services commissioned by the CCG/ICS and other NHS organisations as applicable; and provides the evidence base for future local commissioning.
- Agree a project plan and ensure representation of the full range of stakeholders.
- Ensure a stakeholder and communications plan is developed to inform pre-consultation engagement and to ensure that the formal consultation meets the requirements of the Regulations.
- Ensure that the PNA, although it is a separate document, integrates, and aligns with, both the joint strategic needs assessment and the health and wellbeing strategies of each of the boroughs as well as other key regional and national strategies.
- Ensure that the requirements for the development and content of PNAs are followed, and that the appropriate assessments are undertaken, in accordance with the Regulations. This includes documenting current and future needs for, or improvements and better access to, pharmaceutical services as will be required by the local populations.
- Approve the framework for the PNA document, including determining the maps which will be included
- Ensure that the PNA contains sufficient information to inform commissioning of enhanced services, by NHS England, and commissioning of locally commissioned services by the CCG and other local health and social care organisations.
- Ensure a robust, and timely consultation is undertaken in accordance with the Regulations, including formally considering and acting upon consultation responses and overseeing the development of the consultation report for inclusion in the final PNA.
- Consider and document the processes by which the HWBB will discharge its responsibilities for maintaining the PNA.
- Comment, on behalf of the Bracknell Forest, Reading, Slough, RBWM, West Berkshire and Wokingham Health and Wellbeing boards, on formal PNA consultations undertaken by neighbouring HWBBs

- Advise the HWBB, if required, when consulted by NHS England in relation to consolidated applications.
- Document and manage potential and actual conflicts of interest.

## Accountability and reporting

The Bracknell Forest, Reading, Slough, RBWM, West Berkshire and Wokingham Health and Wellbeing boards have delegated responsibility for the development and maintenance of the PNA; and for formally responding to consultations from neighbouring HWBBs to the PNA Steering Group

The PNA steering group will be accountable to the Bracknell Forest, Reading, Slough, RBWM, West Berkshire and Wokingham and Wellbeing boards

The pre-consultation draft and the final draft PNAs will be presented to the Health and Wellbeing Board for approval.

## Membership

**Chair:** Rebecca Willans, Berkshire East Public Health Hub, Bracknell Forest Council

Name	Organisation
Becky Campbell	Berkshire East Public Health Hub
David Dean	Local Pharmaceutical Committee Pharmacy Thames Valley
Sanjay Desai	Buckinghamshire, Oxfordshire, and Berkshire West (BOB), Integrated Care System
Dawn Best	Frimley Health and Care
Marian Basra	NHS England Pharmacy Team
Tessa Lush	Communications, Bracknell Forest (representing all Berkshire local authorities)
Helen Delaitre	Berkshire, Buckinghamshire, and Oxfordshire LMCs
Representative	Healthwatch Bracknell Forest
Representative	Healthwatch Slough
Joanna Dixon	Healthwatch Wokingham
Andrew Sharp	Healthwatch West Berkshire
Mandeep Kaur Sira	Healthwatch Reading
Representative	Healthwatch RBWM
Roger Kemp	Patient Representative

An agreed deputy may be used where the named member of the group is unable to attend.



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Other staff members / stakeholders may be invited to attend meetings for the purpose of providing advice and/or clarification to the group.

## **Quorum**

A meeting of the group shall be regarded as quorate where there is one representative from each of the following organisations / professions:

- Chair (or nominated deputy)
- Representative from Public Health for Berkshire
- Representative from Healthwatch
- LPC
- Healthy Dialogues

## **Declaration of Interests**

It is important that potential, and actual, conflicts of interest are managed:

- Declaration of interests will be a standing item on each PNA Steering Group agenda.
- A register of interests will be maintained and will be kept under review by the HWBB.
- Where a member has a potential or actual conflict of interest for any given agenda item, they will be entitled to participate in the discussion but will not be permitted to be involved in final decision making.

## **Frequency of meetings**

The group will meet as required for the lifetime of this project. Meetings will be held virtually on MS teams every six weeks.

Following publication of the final PNA, the Steering Group will be convened on an 'as required' basis to:

- Fulfil its role in timely maintenance of the PNA
- Advise the HWBB, when consulted by NHS England, in relation to consolidated applications

## Appendix B – Pharmacy Provision within RBWM and 1 mile of its border

HWBB	ODS Code	Pharmacy	Contract Type	Address	Post Code	Early Opening	Late Closing	Open on Saturday	Open on Sunday
RBWM	FFA41	Altwood Pharmacy	Community Pharmacy	47 Wootton Way, Maidenhead, Berkshire	SL6 4QZ	No	No	Yes	No
	FQD61	Ascot Pharmacy	Community Pharmacy	17 Brockenhurst Road, South Ascot, Berkshire	SL5 9DJ	No	No	Yes	No
	FKD19	Boots the Chemists	Community Pharmacy	119 Peascod Street, Windsor, Berkshire	SL4 1DW	No	No	Yes	Yes
	FLE32	Boots the Chemists	Community Pharmacy	54-58 High Street, Maidenhead, Berkshire	SL6 1PY	No	No	Yes	No
	FAE57	Bridge Pharmacy	Community Pharmacy	119 Bridge Road, Maidenhead, Berkshire	SL6 8NA	No	No	Yes	No
	FF097	Cookham Pharmacy	Community Pharmacy	Lower Road, Cookham Rise, Maidenhead, Berkshire	SL6 9HF	Yes	No	Yes	No
	FXG99	Datchet Village Pharmacy	Community Pharmacy	The Green, Datchet, Slough, Berkshire	SL3 9JH	No	No	No	No
	FQJ14	Day Lewis Pharmacy	Community Pharmacy	3 Stompits Road, Holyport, Maidenhead, Berkshire	SL6 2LA	No	No	Yes	No
	FW480	Eton Pharmacy	Community Pharmacy	30 High Street, Eton, Windsor, Berkshire	SL4 6AX	No	No	Yes	No
	FX836	Fg Saunders & Co	Community Pharmacy	41 St Leonards Road, Windsor, Berkshire	SL4 3BP	No	No	Yes	No
	FMG33	Friary Pharmacy	Community Pharmacy	67 Straight Road, Old Windsor, Berkshire	SL4 2SA	No	No	Yes	No
	FFD76	H A Mcparland Ltd	Community Pharmacy	9 Shifford Crescent, Maidenhead, Berkshire	SL6 7UA	No	No	Yes	Yes
	FTF95	Hetpole Pharmacy	Community Pharmacy	398 Dedworth Road, Windsor, Berkshire	SL4 4JR	No	No	Yes	No
	FWR11	Kays Chemist	Community Pharmacy	24 Ross Road, Maidenhead, Berkshire	SL6 2SZ	No	No	Yes	No
	FY750	Keycircle Pharmacy	Community Pharmacy	Symons Medical Centre, 25 All Saints Avenue, Maidenhead, Berkshire	SL6 6EL	No	No	Yes	No
	FT768	Lloydspharmacy (in Sainsbury)	100 Hours	Providence Place, Maidenhead, Berkshire	SL6 8AG	Yes	Yes	Yes	Yes
	FVJ57	Olive Pharmacy	Community Pharmacy	18 Hampden Road, Maidenhead, Berkshire	SL6 5HQ	No	No	Yes	No
	FQ620	Park Pharmacy	Community Pharmacy	4 Cookham Road, Maidenhead, Berkshire	SL6 8AJ	Yes	No	Yes	No
	FYX31	Rf Blackburn	Community Pharmacy	58 High Street, Sunninghill, Berkshire	SL5 9NF	No	No	Yes	No

HWBB	ODS Code	Pharmacy	Contract Type	Address	Post Code	Early Opening	Late Closing	Open on Saturday	Open on Sunday
	FN671	Sunningdale Pharmacy	Community Pharmacy	4 Broomhall Buildings, Chobham Road, Sunningdale, Berkshire	SL5 0DH	No	No	Yes	No
	FA538	Superdrug Pharmacy	Community Pharmacy	131-132 Peascod Street, Windsor, Berkshire	SL4 1DW	Yes	No	Yes	No
	FL069	Superdrug Pharmacy	Community Pharmacy	36-38 Brock Lane Mall, Nicholsons Centre, Maidenhead, Berkshire	SL6 1LL	Yes	No	Yes	No
	FL677	Tesco Pharmacy	Community Pharmacy	Tesco Superstore, 290 Dedworth Road, Windsor, Berkshire	SL4 4JT	No	No	Yes	Yes
	FD549	Village Pharmacy	Community Pharmacy	7 Eton Wick Road, Eton Wick, Windsor, Berkshire	SL4 6LT	No	No	Yes	No
	FPT01	Wessex Pharmacy	Community Pharmacy	114 Wessex Way, Cox Green, Maidenhead, Berkshire	SL6 3DL	No	No	Yes	No
	FA433	Woodland Park Pharmacy	Community Pharmacy	Waltham Road, Woodland Park, Maidenhead, Berkshire	SL6 3NH	No	No	Yes	No
	FH546	Wraysbury Village Pharmacy	Community Pharmacy	58 High Street, Wraysbury, Berkshire	TW19 5DB	No	No	No	No
	FW236	Your Local Boots Pharmacy	Community Pharmacy	23 High Street, Ascot, Berkshire	SL5 7HG	Yes	No	Yes	No
	FXV90	Your Local Boots Pharmacy	Community Pharmacy	83 Dedworth Road, Windsor, Berkshire	SL4 5BB	No	No	Yes	No
Runnymede	FLK571	Boots	Community Pharmacy	57 High Street, Egham, Surrey	TW20 9EX	Yes	No	Yes	
	FLT084	Egham Pharmacy	Community Pharmacy	31 The Precinct, Egham	TW20 9HN	No	No	Yes	
	FLR184	Jays Pharmacy	Community Pharmacy	229 Pooley Green Road, Egham	TW20 8AS	Yes	No	Yes	
Spelthorne	FJ242	Boots The Chemists	Community Pharmacy	Unit S3, Two Rivers Shopping Park, Staines	TW18 4WB	Yes	No	Yes	Yes
	FM734	Sunset Pharmacy	Community Pharmacy	165 High Street, Staines, Middlesex	TW18 4PA	No	No	Yes	
Bracknell	FK742	David Pharmacy	Community Pharmacy	24 New Road, Ascot, Berkshire	SL5 8QQ	No	No	Yes	No
	FMA31	Lloyds Pharmacy	Community Pharmacy	Terrace Road North, Binfield, Berkshire	RG42 5JG	No	No	Yes	No
Buckinghamshire	FP349	Boots the Chemists	Community Pharmacy	4-5 Market Square, Marlow, Buckinghamshire	SL7 3HH	No	No	Yes	Yes
	FVT83	Glade Pharmacy	Community Pharmacy	Victoria Road, Marlow, Buckinghamshire	SL7 1DS	Yes	No	No	No
	FNL91	Lloyds Pharmacy	Community Pharmacy	1 The Parade, Bourne End, Buckinghamshire	SL8 5SA	Yes	No	Yes	No
	FTX36	Marlow Pharmacy	Community Pharmacy	61 High Street, Marlow, Buckinghamshire	SL7 1AB	Yes	No	Yes	Yes
Slough	FF352	Aj Campbell	Community Pharmacy	133 Bath Road, Slough, Berkshire	SL1 3UR	No	No	No	No

HWBB	ODS Code	Pharmacy	Contract Type	Address	Post Code	Early Opening	Late Closing	Open on Saturday	Open on Sunday
	FR835	Asda Pharmacy	100 Hours	Asda Superstore, Telford Drive, Slough, Berkshire	SL1 9LA	Yes	Yes	Yes	Yes
	FAP49	B & P Pharmacy	Community Pharmacy	6 Stoneymeade, Cippenham, Slough, Berkshire	SL1 2YL	No	No	Yes	No
	FPH01	Boots the Chemists	Community Pharmacy	178-184 High Street, Slough, Berkshire	SL1 1PE	No	No	Yes	Yes
	FP278	Colnbrook Pharmacy	Community Pharmacy	36 High Street, Colnbrook, Slough, Berkshire	SL3 0LX	No	No	Yes	No
	FPL31	H A Mcparland Ltd	Community Pharmacy	306 Trelawney Avenue, Langley, Slough, Berkshire	SL3 7UB	No	No	Yes	No
	FRT64	H A Mcparland Ltd	Community Pharmacy	6 The Harrow Market, Langley, Slough, Berkshire	SL3 8HJ	Yes	Yes	Yes	Yes
	FLA43	J's Chemist	Community Pharmacy	16-18 Chalvey Road East, Slough, Berkshire	SL1 2LU	No	No	Yes	No
	FN196	Jhoots Pharmacy	Community Pharmacy	18 Parlant Road, Langley, Slough, Berkshire	SL3 8BB	No	No	No	No
	FEA96	John Ross Chemist	Community Pharmacy	112 Stoke Road, Slough, Berkshire	SL2 5AP	No	No	Yes	No
	FJ399	Kamal Enterprises Ltd	Community Pharmacy	16 Chalvey Road West, Slough, Berkshire	SL1 2PN	No	No	Yes	No
	FL637	Langley Pharmacy	100 Hours	Langley Health Centre, Common Road, Langley, Slough, Berkshire	SL3 8LE	Yes	Yes	Yes	Yes
	FW249	Lloydspharmacy (in Sainsbury)	100 Hours	Lloyds Pharmacy, Uxbridge Road, Slough, Berkshire	SL1 1SW	Yes	Yes	Yes	Yes
	FQE13	Superdrug Pharmacy	Community Pharmacy	186 High Street, Slough, Berkshire	SL1 1JS	No	No	Yes	No
	FD216	Tesco Pharmacy	Community Pharmacy	Brunel Way, Wellington Street, Slough, Berkshire	SL1 1XW	No	Yes	Yes	Yes
	FAD92	The Village Pharmacy	100 Hours	45 Mercian Way, Slough, Berkshire	SL1 5ND	Yes	Yes	Yes	No
	FFC15	Willow Pharmacy	100 Hours	Unit 2 Willow Parade, Meadfield Road, Langley, Slough, Berkshire	SL3 8HN	Yes	Yes	Yes	Yes

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# Appendix C: Consultation report

This consultant report presents the findings of the 60-day consultation for this RBWM PNA carried out between 29<sup>th</sup> April to the 28<sup>th</sup> June 2022.

For the consultation, the draft PNA was sent to a list of statutory consultees, participants who responded to the patient and public engagement and was promoted on the RBWM consultation website. In total 10 people responded to the consultation survey. Nine of whom were members of the public and one was representing Boots UK Limited. An additional two responses were received by email from members of the public.

The responses to the survey are presented in the table below. Additional comments received are presented in the table that follows.

## Consultation survey responses

Consultation survey Question	Yes	No	Unsure or not applicable
Has the purpose of the pharmaceutical needs assessment been explained?	10		
Does the pharmaceutical needs assessment reflect the current provision of pharmaceutical services within your area?	9		1
Are there any gaps in service provision i.e. when, where and which services are available that have not been identified in the pharmaceutical needs assessment?		9	1
Does the draft pharmaceutical needs assessment reflect the needs of your area's population?	8		
Has the pharmaceutical needs assessment provided information to inform market entry decisions i.e. decisions on applications for new pharmacies and dispensing appliance contractor premises?	6		2
Has the pharmaceutical needs assessment provided information to inform how pharmaceutical services may be commissioned in the future?	7		2
Has the pharmaceutical needs assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors?	6		3

Consultation survey Question	Yes	No	Unsure or not applicable
Are there any pharmaceutical services that could be provided in the community pharmacy setting in the future that have not been highlighted?		5	
Do you agree with the conclusions of the pharmaceutical needs assessment?	9	1	

## Additional comments

Additional comments	Response
<p><b>Comment from a member of the public:</b></p> <p><i>Consultation survey question: Are there any pharmaceutical services that could be provided in the community pharmacy setting in the future that have not been highlighted?</i></p> <p>Response: Longer hours in the main</p>	<p>While the PNA concludes that there is sufficient provision of opening hours both inside and outside normal working hours we have fed back this comment to NHS England and the local pharmaceutical committee for review.</p>
<p><b>Comment from a member of the public:</b></p> <p>Service to provide dossette packs for the carers of the elderly. No chemists in Ascot do it. This is leaving vulnerable people without medication.</p> <p>Desperately need help for the vulnerable. Negotiating the Dr and chemist interface is very difficult. Repeat prescriptions can disappear, then only online ordering is allowed. No internet access is a big issue.</p>	<p>We have shared this feedback with NHS England. Further feedback on these services can be fed back directly to NHS England using the contact details below.</p> <p>Telephone: 0300 311 22 33 Email: <a href="mailto:england.contactus@nhs.net">england.contactus@nhs.net</a> General Post (including complaints, but not legal proceedings): NHS England, PO Box 16738, Redditch, B97 9PT</p>
<p><b>Comment from a member of the public:</b></p> <p>Given the projected increase in residential units and current low provision, Oldfield Ward needs more pharmacies.</p>	<p>The steering group has considered the proposed housing developments in Oldfield ward, projected population increases and the provision of pharmacy services. The steering group have concluded that current and future pharmacy provision is good in this area.</p>

Additional comments	Response
<p><b>Comment from Boots UK Limited:</b></p> <p>Due to the timing of production of this draft, the recent changes in the opening hours of a number of Boots pharmacies have not been reflected in the draft PNA.</p> <p>There is a relocation application approved for the Boots store on Peascod street, Windsor.</p>	<p>The PNA has been updated to reflect all changes in pharmacy opening times, locations and provision.</p>
<p><b>Comment from a member of the public (a summary):</b></p> <p>A member of the public wrote a series of emails regarding the analysis of ethnic make up of the borough. Among the points she covered were the ethnic makeup of the constituencies of Windsor and Maidenhead and the health inequalities of Cordwallis Surgery.</p>	<p>These comments have been considered. The comments do not disagree with the numbers presented in the PNA, but rather split ethnicity in different ways such as by individual previous boroughs or by one particular GP surgery. It has been agreed by the steering group that wards are the most appropriate geographic division. The PNA looks at diversity initially at a unitary authority level, then at a ward level.</p>
<p><b>Comment from a member of the public:</b></p> <p>I have seen information about this consultation in the Royal borough newsletter. I was puzzled that it was concluded that there are no gaps in the service. I wanted to just let you know about my out of hours experience at the weekend in Maidenhead trying to get pain relief for my 102 year old mum who had been discharged from hospital without pain relief after a fall in January this year.</p> <p>I know that COVID didn't help, but on the Saturday I contacted 111 who eventually came back by the evening with a doctor who could issue a prescription. I was anxious about leaving mum with the carer too long as she needed 2 of us to lift her so I asked for the prescription to go to Maidenhead Sainsbury's pharmacy so I could pick it up straight away. Due to COVID the pharmacy was closed and they could not give me the prescription to take elsewhere. I had to go through 111 again and all the doctor could do, in view of the time in the evening by this time, was issue another prescription to be collected at St Mark's hospital on Sunday morning. I took it to Sainsbury's in Taplow, because I knew how to get there, but they didn't have the medication prescribed in stock. I drove on to Chippenham, to Boots, who don't open until 11.00 on Sundays. I waited 20 mins for them to open and finally, fortunately, got the medication. I found the whole experience very stressful, and my mum</p>	<p>This feedback is very important to help shape technology, regulation and how services work together. We have shared this feedback with NHS England. Further feedback on these issues can be shared with NHS England via their contact details below.</p> <p>Telephone: 0300 311 22 33  Email: <a href="mailto:england.contactus@nhs.net">england.contactus@nhs.net</a>  General Post (including complaints, but not legal proceedings): NHS England, PO Box 16738, Redditch, B97 9PT</p>



Additional comments	Response
<p>was both in pain and confused as to why I kept leaving her.</p> <p>I have 4 questions.</p> <p>Why are digital prescriptions not transferable between pharmacies?</p> <p>Why can't St Mark's hospital dispensary dispense medication; there must be pain killers available for their in-patients.</p> <p>Why can't 111 doctors see one another's notes and prescriptions - it would save time. Why can't doctors see if a pharmacy is closed before issuing a prescription to them.</p> <p>Most of all; Why would a 102 year old lady who had stitches in her head and a fractured elbow not need pain relief only 24hours after her fall?</p> <p>I am not criticising her discharge, just the lack of medication and understanding of how hard and slow it is to get it at the weekend and at night in the community.</p> <p>I hope this is useful to you.</p>	

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# RBWM PHARMACEUTICAL NEEDS ASSESSMENT SURVEY ENGAGEMENT PLAN

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As part of the Pharmaceutical Needs Assessment for RBWM, patient and public engagement in the form of a survey is underway. The survey helped us to understand how people use their pharmacies, what they use them for and their views of the pharmacy provision. The survey was approved for use with the local population by the Berkshire PNA Steering Group which included representation from Healthwatch, communications teams and a patient representative.

The survey was open from the 13th of January until the 4th of March.

The survey was published on the Berkshire Public Health webpage. A link can be found here: <https://www.berkshirepublichealth.co.uk/information-centre/pharmaceutical-needs-assessment/>

## Windsor and Maidenhead

### Whole population approach

- RBWM comms teams have shared the survey via social media platforms such as Facebook, Twitter & Nextdoor
- It has also been promoted in the Windsor and Maidenhead Residents' Newsletter, Member's Newsletter and Staff Newsletter.
- The survey was shared with Windsor and Maidenhead community champions who can share the survey with the community organisations they are in touch with including BAME groups, older people's groups, care home residents.
- Survey had been shared by Frimley Health & Care with patient participation group and promoted in the GP- ebulletin.
- The survey had also been included in the Frimley Health & Care webpage under engagement & survey section:  
<https://www.frimleyhealthandcare.org.uk/get-involved/engagement-events-and-surveys/>

### Targeted approach

- As a targeted approach, Healthy Dialogues explored leads within the council to disseminate the survey to older people's groups, care home residents, BAME community groups, and younger peoples groups.
- The survey was shared with Windsor Forest College, and shared with staff and students.

# ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

## EQUALITY IMPACT ASSESSMENT

EqlA : Title of EQIA

### Essential information

Items to be assessed: (please mark 'x')

Strategy		Policy		Plan		Project	x	Service/Procedure	
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Responsible officer	Anna Richards	Service area	Public Health	Directorate	Adults, Health and Housing
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Stage 1: EqlA Screening (mandatory)	Date created: 30/06/22	Stage 2 : Full assessment (if applicable)	Date created : xx/xx/xxxx
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Approved by Head of Service / Overseeing group/body / Project Sponsor:

*"I am satisfied that an equality impact has been undertaken adequately."*

Signed by (print): Anna Richards

Dated: 04.07.2022

# ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

## EQUALITY IMPACT ASSESSMENT

### EqlA : Title of EQIA

#### Guidance notes

##### What is an EqlA and why do we need to do it?

The Equality Act 2010 places a 'General Duty' on all public bodies to have 'due regard' to:

- Eliminating discrimination, harassment and victimisation and any other conduct prohibited under the Act.
- Advancing equality of opportunity between those with 'protected characteristics' and those without them.
- Fostering good relations between those with 'protected characteristics' and those without them.

EqlAs are a systematic way of taking equal opportunities into consideration when making a decision, and should be conducted when there is a new or reviewed strategy, policy, plan, project, service or procedure in order to determine whether there will likely be a detrimental and/or disproportionate impact on particular groups, including those within the workforce and customer/public groups. All completed EqlA Screenings are required to be publicly available on the council's website once they have been signed off by the relevant Head of Service or Strategic/Policy/Operational Group or Project Sponsor.

##### What are the "protected characteristics" under the law?

The following are protected characteristics under the Equality Act 2010: age; disability (including physical, learning and mental health conditions); gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; sexual orientation.

##### What's the process for conducting an EqlA?

The process for conducting an EqlA is set out at the end of this document. In brief, a Screening Assessment should be conducted for every new or reviewed strategy, policy, plan, project, service or procedure and the outcome of the Screening Assessment will indicate whether a Full Assessment should be undertaken.

##### Openness and transparency

RBWM has a 'Specific Duty' to publish information about people affected by our policies and practices. Your completed assessment should be sent to the Strategy & Performance Team for publication to the RBWM website once it has been signed off by the relevant manager, and/or Strategic, Policy, or Operational Group. If your proposals are being made to Cabinet or any other Committee, please append a copy of your completed Screening or Full Assessment to your report.

##### Enforcement

Judicial review of an authority can be taken by any person, including the Equality and Human Rights Commission (EHRC) or a group of people, with an interest, in respect of alleged failure to comply with the general equality duty. Only the EHRC can enforce the specific duties. A failure to comply with the specific duties may however be used as evidence of a failure to comply with the general duty.

# ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

## EQUALITY IMPACT ASSESSMENT

**EqlA : Title of EQIA**

### **Stage 1 : Screening (Mandatory)**

#### **1.1 What is the overall aim of your proposed strategy/policy/project etc and what are its key objectives?**

The Royal Borough of Windsor and Maidenhead (RBWM) Pharmaceutical Needs Assessment (PNA) is a statutory process and document that assesses the adequacy of pharmaceutical services in a Health and Wellbeing Board (HWBB) area for the local population need for such services in terms of location, opening hours and services offered. The objectives are to inform the decision-making process NHS England manage regarding applications for new pharmacies; the assessment is used in determining market entry applications by pharmacists for new, additional or relocated premises, operating hours or pharmaceutical services. PNAs can also inform commissioning of services that may be provided within pharmacies such as those funded by the NHS and local authority commissioners.

**1.2 What evidence is available to suggest that your proposal could have an impact on people (including staff and customers) with protected characteristics? Consider each of the protected characteristics in turn and identify whether your proposal is Relevant or Not Relevant to that characteristic. If Relevant, please assess the level of impact as either High / Medium / Low and whether the impact is Positive (i.e. contributes to promoting equality or improving relations within an equality group) or Negative (i.e. could disadvantage them). Please document your evidence for each assessment you make, including a justification of why you may have identified the proposal as “Not Relevant”.**

# ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

## EQUALITY IMPACT ASSESSMENT

### EqlA : Title of EQIA

Protected characteristics	Relevance	Level	Positive/negative
Age	Yes	Low	Positive
Disability	Yes	Low	Positive
Gender re-assignment	Yes	Low	Positive
Marriage/civil partnership	Yes	Low	Positive
Pregnancy and maternity	Yes	Low	Positive
Race	yes	Low	Positive
Religion and belief	yes	Low	Positive
Sex	yes	Low	Positive
Sexual orientation	yes	Low	Positive

characteristics groups more likely to use or be impacted by pharmaceutical services. The survey did not identify unmet need among these groups; the findings are limited by a low response rate but the delivery of the survey was proportionate to the resource available to deliver the PNA.

Furthermore the survey was supplemented by a statutory public consultation and this has not indicated unmet need among any protected characteristics groups.

*The PNA influences decisions regarding pharmaceutical service provision and therefore access to such services; this needs assessment has identified that current pharmaceutical services in RBWM are adequate for the needs of the population and did not identify access issues concerning any protected characteristics groups.*

*While the PNA is relevant to all protected characteristics groups, this PNA has not identified gaps and therefore its impact is relatively low. Overall the impact has been ranked as positive (rather than negative) as no issues pertinent to protected characteristics groups were identified; this may suggest that as for the general population, access to pharmacies in RBWM is good for these population groups too.*

*Part of what supported this assessment was a public engagement survey that was targeted through local communications channels to protected*

# ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

## EQUALITY IMPACT ASSESSMENT

**EqlA : Title of EQIA**

### Outcome, action and public reporting

Screening Assessment Outcome	Yes / No / Not at this stage	Further Action Required / Action to be taken	Responsible Officer and / or Lead Strategic Group	Timescale for Resolution of negative impact / Delivery of positive impact
Was a significant level of negative impact identified?	No	None	HWBB	
Does the strategy, policy, plan etc require amendment to have a positive impact?	No	None	HWBB	

If you answered **yes** to either / both of the questions above a Full Assessment is advisable and so please proceed to Stage 2. If you answered “No” or “Not at this Stage” to either / both of the questions above please consider any next steps that may be taken (e.g. monitor future impacts as part of implementation, re-screen the project at its next delivery milestone etc).



ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD  
EQUALITY IMPACT ASSESSMENT

EqlA : Title of EQIA

Stage 2 : Full assessment

2.1 : Scope and define

**2.1.1 Who are the main beneficiaries of the proposed strategy / policy / plan / project / service / procedure? List the groups who the work is targeting/aimed at.**

**2.1.2 Who has been involved in the creation of the proposed strategy / policy / plan / project / service / procedure? List those groups who the work is targeting/aimed at.**

ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD  
EQUALITY IMPACT ASSESSMENT

EqlA : Title of EQIA

2.2 : Information gathering/evidence

**2.2.1 What secondary data have you used in this assessment?** *Common sources of secondary data include: censuses, organisational records.*

**2.2.2 What primary data have you used to inform this assessment?** *Common sources of primary data include: consultation through interviews, focus groups, questionnaires.*

Eliminate discrimination, harassment, victimisation

# ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

## EQUALITY IMPACT ASSESSMENT

**EqlA : Title of EQIA**

Protected Characteristic	Advancing the Equality Duty : Does the proposal advance the Equality Duty Statement in relation to the protected characteristic (Yes/No)	If yes, to what level? (High / Medium / Low)	Negative impact : Does the proposal disadvantage them (Yes / No)	If yes, to what level? (High / Medium / Low)	Please provide explanatory detail relating to your assessment and outline any key actions to (a) advance the Equality Duty and (b) reduce negative impact on each protected characteristic.
Age					
Disability					
Gender reassignment					
Marriage and civil partnership					
Pregnancy and maternity					
Race					
Religion and belief					
Sex					
Sexual orientation					

**Advance equality of opportunity**

# ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

## EQUALITY IMPACT ASSESSMENT

EqlA : Title of EQIA

Protected Characteristic	Advancing the Equality Duty : Does the proposal advance the Equality Duty Statement in relation to the protected characteristic (Yes/No)	If yes, to what level? (High / Medium / Low)	Negative impact : Does the proposal disadvantage them (Yes / No)	If yes, to what level? (High / Medium / Low)	Please provide explanatory detail relating to your assessment and outline any key actions to (a) advance the Equality Duty and (b) reduce negative impact on each protected characteristic.
Age					
Disability					
Gender reassignment					
Marriage and civil partnership					
Pregnancy and maternity					
Race					
Religion and belief					
Sex					
Sexual orientation					

# ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

## EQUALITY IMPACT ASSESSMENT

EqlA : Title of EQIA

### Foster good relations

Protected Characteristic	Advancing the Equality Duty : Does the proposal advance the Equality Duty Statement in relation to the protected characteristic (Yes/No)	If yes, to what level? (High / Medium / Low)	Negative impact : Does the proposal disadvantage them (Yes / No)	If yes, to what level? (High / Medium / Low)	Please provide explanatory detail relating to your assessment and outline any key actions to (a) advance the Equality Duty and (b) reduce negative impact on each protected characteristic.
Age					
Disability					
Gender reassignment					
Marriage and civil partnership					
Pregnancy and maternity					
Race					
Religion and belief					
Sex					
Sexual orientation					

**2.4 Has your delivery plan been updated to incorporate the activities identified in this assessment to mitigate any identified negative impacts? If so please summarise any updates.**

*These could be service, equality, project or other delivery plans. If you did not have sufficient data to complete a thorough impact assessment, then an action should be incorporated to collect this information in the future.*

**ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD**  
**EQUALITY IMPACT ASSESSMENT**

**EqIA : Title of EQIA**

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## **Proposal and Report (Revision 01)**

### **RBC's Older Persons Working Group (OPWG)**

### **and its applicability in RBWM.**

#### Overview

This proposal is intended for consideration by the Councillors and Cabinet Members of RBWM who are concerned with services for older people. It is aimed at the older people in RBWM, and specifically at the members of OPAF.

It recommends that RBWM set up an Older Persons Working Group (OPWG) in a similar manner to that operated by Reading Borough Council (RBC).

#### Terms of Reference

The suggested TOR for an RBWM Older Persons Working Group is shown in Exhibit I of this report and has been drafted drawing directly from RBCs "Terms Of Reference".

It has been produced in response to the OPAF Steering Groups initiative to improve the effectiveness of the voice of the older person in RBWM. It is considered that RBC has successfully run an OPWG since 2011.

The OPAF steering group were made aware of the Reading Borough Councils (RBC) efforts to consult with older people by Age UK. Councillor Greg Jones and Eddie Piekut of OPAF undertook to research how the RBC group operates and its effectiveness. This revision of the OPWG ToR has been produced following a Zoom meeting of the OPAF Steering Committee on Monday 11<sup>th</sup> April.

The OPAF Steering Group re-affirmed that that RBWM be requested to set up a similar system to RBC's.

#### **How -**

- 1/- By considering this document, and any research by RBWM Councillors, if needed.
- 2/- By a Resolution of RBWM Cabinet Members and RBWM Council supporting a decision to run an OPWG.
- 3/ - Through an online portal supported by RBWM and OPAF as part of an "RBWM Together" initiative.
- 4/ - The OPWG, will be funded initially by OPAF, who have some funds previously allocated to them by RBWM. Thereafter other grants and funding will be sought.

Original ToR: 23/02/2022

This Revision date: 11/04/2022

Author: Eddie Piekut (Vice Chairman OPAF) with comments from OPAF meeting 11/04/2022

Running costs are not thought to be a significant factor when setting up and running a sustainable OPWG.

**What** - Initially Zoom meetings of an online group of Stakeholders.

**Who** - To be Co-chaired by an OPAF and a Councillor chairman. The initiative is intended to be a Community led partnership, a none-political activity, with cross-party representation from Borough councillors and if possible a Cabinet Member allocated to adult services. The presence of a duly appointed Council Officer would also enhance the OPWG's efficiency in obtaining advice, publicising meetings, and wider dissemination of any news. OPAF experience indicates that the presence of Councillors who are key points of contact is necessary to attract wider audience participation at meetings. This is further attested by the large number of people attending RBC's OPWG's. Full identification of all stakeholders will follow along the lines of those groups listed in Appendix D. Stakeholders may involve County or National organisations, as long as they provide relevant services to RBWM

**Where** - Meeting only by Zoom for the first 6 meetings. Thereafter the future meetings could be a mix of Zoom and Face to Face meetings.

**When** - First full meeting would be on a Friday in the fourth quarter of 2022 to allow time for RBWM to agree the TOR and assign people. Thereafter as per TOR timings.

**Why** - As per the Objectives in the TOR Exhibit 1, in an ever-ageing Borough the need to listen and consult democratically with all stakeholders concerned with the elderly may prompt RBWM and elderly groups to provide information and action ideas that will improve life in the Borough. Appendix A shows the wide ranging list of Agenda items covered by RBC's OPWG over 5 years.

## Exhibit 1 -RBWM Borough Council Older People's Working Group (OPWG) Suggested Terms of Reference

The RBWM Older People's Working Group ('the OPWG') is to be established by a resolution of the Royal Borough of Windsor and Maidenhead Council ('the Council') on xx<sup>th</sup> mmm 2022. Resolution and these Terms of Reference are still to be decided.

For the Municipal Year 2022-2023, Councillors xxx,yyy,zzz, (Number of – and names of councillors to be decided) were appointed to serve on the OPWG, and Councillor xxx was appointed as a Co-Chair.

### Objectives

1. To identify and promote awareness of issues facing older people in RBWM
2. To provide a channel for older people to influence the development of local services, particularly those provided or commissioned by RBWM
3. To improve older people's access to information on local services
4. To support older people taking an active role as citizens, either as individuals, through partner organisations, and membership of OPAF.
5. To identify gaps or improvements in services facing older people in RBWM and to work to resolve them

### Meetings

1. The OPWG will have an open membership. All older residents of Maidenhead and Windsor will be welcome to contribute their opinions at OPWG meetings. Representatives of relevant groups will be welcome, although such representatives might not be RBWM residents.
2. The OPWG will meet on a pre-planned basis. On selected Fridays during February, April, June, September and November. Avoiding meetings from June through Sept provides a break for the summer holidays. A celebratory December meeting could be held if agreed.
3. For the first year, 2022 through 2023 all meetings will be via Zoom, all meeting Agendas and Minutes to be held on an RBWM Together Website.

Original ToR: 23/02/2022

This Revision date: 11/04/2022

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4. Agendas for the OPWG meetings will be directed by the issues raised by older people. They will be coordinated by the Co-Chairmen. They will be made available on the RBWM Together website with links to OPAF's website at least 5 working days before the meeting.
5. Agenda's and other papers prepared or distributed at the OPWG will be where possible shared in advance of any meeting. Minutes, Agendas, and Presentations will be held on the RBWM Together website. Membership and invitations to the OPWG will be kept as a developing mailing list which will be used to invite those interested to attend meetings. It is noted that OPAF's membership includes 139 interested people and could be used to seed corn initial meetings.
6. "Welcome" "Immediate Concerns" and "no more than four or five Appropriate agenda items" and "Subjects for Future Meetings", are intended to be standing Agenda items. It is noticeable that the RBC attendance at meetings although good, can be variable. Some topics attract more attendees than others. This is why the "Subjects for Future Meetings" should be discussed with those present at the meetings and set the agendas for future meetings.
7. OPWG decisions will, wherever possible, be made by consensus of the attendees.
8. Taking records and circulation of minutes after the meeting will be arranged by appointed members of the OPWG or by Council Officers. Consideration will be given to using "Virtual Assistant" to cut down on the level of Administration.
9. Members may support additional planning meetings to organise events for older people.

#### Code of conduct for meetings

The OPWG will invite people initially via ZOOM to give honest views. Sometimes feelings can run high, but we want people to be able to participate fully and allow others to have a voice and not feel intimidated.

Attendees and participants at meetings and events are expected to:

- Treat others with respect

Original ToR: 23/02/2022

This Revision date: 11/04/2022

Author: Eddie Piekut (Vice Chairman OPAF) with comments from OPAF meeting 11/04/2022

- Respect equality and diversity by not discriminating against people on grounds of race, gender, disability, religion or belief, sexual orientation or age
- Not bully any person
- Not use abusive, vexatious or malicious language
- Not make unreasonable demands

## Review and findings of RBC's OPWG meetings.

### Introduction

To explore the most effective strategy for Maidenhead's OPAF group the authors Councillor Greg Jones and Eddie Piekut have looked at the Agendas/Minutes of Reading Borough Councils (RBC) OPWG meetings from 2015 to 2019. They have also attended the Friday 11th of February Zoom meeting of the Working group.

They also express thanks to Nina Crispin (Information & Engagement Officer - Public Health and Wellbeing Team -RBC) and Councillors Gul Khan, and John Ennis, of RBC

### Findings and Recommendations

- The OPWG meetings reviewed, covered the elements of OPAFs priorities (and of the UN Age-Friendly Cities initiative). Appendix A shows a list of Agenda items the OPWG covered over 5 years.
  - A well run OPWG is a good process to adopt, as it over the years can cover a wide range of initiatives and make findings and knowledge available to improve services.
- OPWG have six meetings a year. Spaced out throughout the year i.e. On selected Fridays during Feb, Apr, June, Sept, Nov and Dec. The 3-month gap from June to Sept avoids the summer holiday. The December meeting is informal.
  - So, given well-planned meetings. A whole year of dates can be set out in advance. Using Fridays seems to allow those in work to be able to spend some time on the meetings. Although other days may be settled on
- Meetings are scheduled for two hours – and have been held in Reading Council offices.
  - Two hours seems enough time to cover the agendas.
- Meetings are held around a small number of agenda items and are supported by well-written agendas and minutes. The meetings are all recorded. And comments followed through. Documents for years 2015 to 2020 are filed and accessible See Appendix B.
  - Controlling the agenda to 4 to 5 items seems to be essential to run efficient meetings.
- Meetings are attended by a consistent average of circa 50 attendees – (highest attendance of 61 low of 37 from the meetings looked at).

Original ToR: 23/02/2022

This Revision date: 11/04/2022

Author: Eddie Piekut (Vice Chairman OPAF) with comments from OPAF meeting 11/04/2022

- Might be a challenge to find somewhere in RBWM to hold meetings for so many people. This level of meeting attendance in the RBC shows the relevance of the subject. Efficient chairmanship of meetings is necessary and appears to have been readily achieved. Early adoption might be to use Zoom type meetings
- The same Councillors have chaired all the meetings. There is strong representation from Reading Councillors and Reading Council Staff. Appendix C shows the councillors involved and their contact details. Not all of these Councillors attended every meeting.
  - This level of interest in the OPWG issues by RBC councillors demonstrates a level of commitment and openness that is impressive.
- Meeting attendees cover a range of relevant Reading and/or Berkshire Based organisations. See Appendix D. The meetings are open to all.
  - RBWM would need to invite relevant people and organisations to any RBWM OPWG?
- The Terms of Reference for the OPWG were discussed at the Friday 11th February 2022 – 2-4 pm OPWG meeting – and seem to have held up well after 11 years of operation. For adoption by RBWM, it is essential that the **purpose** and **effectiveness** of a group meets RBWM’s need. The suggested Terms of Reference for the OPWG can be found above.
  - The Terms of Reference and the operation of such a group should be discussed and agreed by RBWM.

## APPENDIX A - LIST OF OPWG AGENDA ITEMS

The list below shows the Agenda Items covered by the OPWG. It is not in any order of importance. The Author has roughly assigned them to topic areas. Some Items could be categorised under multiple topics. This list shows the range of topics covered over the years. The First agenda item for OPWG is always “Welcome & Matters arising”. “Current Issues” are also always addressed.

On the OPGW Agenda/Minutes
<i>Advice and Education - A history of the Nepalese community and Nepalese war veterans in Reading Chandra Burathoki, The Forgotten British Gurkha Veterans</i>
<i>Advice and Education - Changing in TV Licensing for over 75 and Scams</i>
<i>Advice and Education - Decommissioning of 0845 numbers</i>
<i>Advice and Education - Energy Savings Campaign</i>

Original ToR: 23/02/2022

This Revision date: 11/04/2022

Author: Eddie Piekut (Vice Chairman OPAF) with comments from OPAF meeting 11/04/2022

<i>Advice and Education - Everyday First Aid Programme</i>
<i>Advice and Education - Powers of Attorney</i>
<i>Advice and Education - Reading Active Consultation</i>
<i>Advice and Education - Winter Warmth Discount</i>
<i>Advice and Education - Make Every Contact Count (MECC) Awareness Raising session</i>
<i>Advice and Education - The Reading Assistive Technology Strategy</i>
<i>Consultation - Council Tax Consultation</i>
<i>Consultation - Reading Joint Strategic Needs Assessment</i>
<i>Consultation - Update on Broad Street Cycling Consultation</i>
<i>Consultations - Budget Consultation</i>
<i>Consultations - Council's Budget</i>
<i>Cultural Commissioning Programme</i>
<i>Culture - BAME Community Project</i>
<i>Culture - Carers Rights Day is on Friday 20th November</i>
<i>Culture - Caribbean Serenaders</i>
<i>Culture - Firtree retirement Club - a free open day event</i>
<i>Culture - Nursery Children Choir – Seasonal songs (Christmas)</i>
<i>Culture - Oddfellows Singing Group</i>
<i>Culture - Reading adopt your street</i>
<i>Culture - Seasonal Quiz Michelle Berry, Wellbeing Team</i>
<i>Culture - Tea &amp; Jam Ukulele Music Band</i>
<i>Culture - The Afternoon Tea Party at St Laurence Church</i>
<i>Culture - West Indian Women's Circle (WIWC)</i>
<i>Current issues</i>
<i>Disease Control - Dementia Action Alliance</i>
<i>Disease Control - Diabetes – prevention and diagnosis</i>
<i>Disease Control - Legionnaire Disease Control - Prevention</i>
<i>Disease Control - MacMillan Cancer Education Project</i>
<i>Disease Control - Mental Health monitoring in older people living at home</i>
<i>Disease Control - Reading Recovery College - mental health</i>
<i>Facilities - Highways issues – road conditions / pavements</i>
<i>Facilities - Moving the Maples Resources Centre to Rivermead</i>
<i>facilities - New National Cycle Network Route</i>
<i>Facilities - Public Facilities access around the town centre</i>
<i>Facilities - Street Lighting</i>
<i>Facilities - The Maples Resource Centre at Rivermead</i>
<i>Health and Wellbeing - The Care Act in Reading</i>
<i>Health and Wellbeing - Adult Education - have your say on</i>

Original ToR: 23/02/2022

This Revision date: 11/04/2022

Author: Eddie Piekut (Vice Chairman OPAF) with comments from OPAF meeting 11/04/2022

<i>Health and Wellbeing - An update on the shape and quality of local GP Services</i>
<i>Health and Wellbeing - Better Care Fund Integration</i>
<i>Health and Wellbeing - Fitness - Beat the Street</i>
<i>Health and Wellbeing - Mindfulness and relaxation</i>
<i>Health and Wellbeing - NHS Long Term Plan – what it means for voluntary organisations and older people</i>
<i>Health and Wellbeing - Older People’s Day</i>
<i>Health and Wellbeing - Reading Cycling Campaign (RCC)</i>
<i>Health and Wellbeing - Reading Health and wellbeing Strategy 2017-2020</i>
<i>Health and Wellbeing - The Council’s approach to promoting wellbeing and making sure people can get the information and Advice and Education - they need</i>
<i>Health and Wellbeing - using 3B’s Café Bar</i>
<i>Health and Wellbeing - Whitley Men’s Shed</i>
<i>Health and Wellbeing Strategy Consultation</i>
<i>Health and Wellbeing Updates – Flu Vaccination and Winterwatch</i>
<i>Health and Wellbeing- Oddfellows – a befriending and support service</i>
<i>Love food hate waste campaign</i>
<i>Museum English Rural Life – making medicine of the past</i>
<i>Planning - Plans for South Side of Reading Station</i>
<i>Safety - Cycling Consultation in Broad Street</i>
<i>Safety - Fraud and Scams</i>
<i>Safety - Remain safe in your home with Telecare Adaptations and Equipment</i>
<i>Safety - Travelers</i>
<i>Services - Improving Services for Older People – consultation</i>
<i>Services - Living Well Services</i>
<i>Services - StreetCare and Green Bin Charges</i>
<i>Services - Bin collection Changes to bin collection</i>
<i>Services - Buses Feedback from Reading Buses</i>
<i>Services - Connected Care /Share Your Care</i>
<i>Services - Crematorium and Registration Services</i>
<i>Services - Fire Services Changes in service delivery – Fire Services</i>
<i>Services - Healthwatch was launched in Reading in April 2013.</i>
<i>Services - Improving Day Services for Older People</i>
<i>Services - Introducing Physician Associates</i>
<i>Services - Library Services</i>

Original ToR: 23/02/2022

This Revision date: 11/04/2022

Author: Eddie Piekut (Vice Chairman OPAF) with comments from OPAF meeting 11/04/2022



<i>Services - Pharmaceutical Needs Assessment (PNA)</i>
<i>Services - Police Community Support in the town centre</i>
<i>Services - Preventative Services funded by Reading Borough Council - a list like age friendly cities have</i>
<i>Services - Reading Buses – routes and schedules updates</i>
<i>Services - Recycling Bins</i>
<i>Services - Refuse Collection/Recycling</i>
<i>Services - REMAP Berkshire designs &amp; manufactures, or adapts, special equipment for people with disabilities, that are not available to buy</i>
<i>Services - Support for people with dementia</i>
<i>Services - Technology Enabled Care Services (TEC) - Nickey Hardey, RBC</i>
<i>Services - Winter Watch (Richard Pike/RBC)</i>
<i>Services - Neighbourhood Services Survey</i>
<i>Transport - Bus Routes</i>
<i>Transport - Traffic Disruption to the traffic in the town centre (Thames Tower)</i>
<i>Transport buses -Changes to the Concessionary Fares Scheme for Older Person Pass Holders (Transport Team, RBC)</i>
<i>Wellbeing - Pensions and changes to Pensions Regulations</i>

## APPENDIX B

It is a particular feature that the RBC Councillors involved are all contactable – with emails, addresses and telephone numbers all available.

### OPWG Committee details

Councillor	Street	Town	Post code	telephone	email
Gul Khan (Chair)	33 Lorne Street	Reading	RG1 7YW	07977 513295	<a href="mailto:gul.khan@reading.gov.uk">gul.khan@reading.gov.uk</a>
Micky Leng	Bridge Street c/o Civic Offices	Reading	RG1 2LU	07753 311110	<a href="mailto:micky.leng@reading.gov.uk">micky.leng@reading.gov.uk</a>
Helen Manghnani	6 Albert Illsley Close	Tilehurst Reading	RG31 5PJ	0118 941 6402	<a href="mailto:helen.manghnani@reading.gov.uk">helen.manghnani@reading.gov.uk</a>
Rose Williams	32 Alan Place Bath Road	Southcote Reading	RG30 3BW	0118 962 3384	<a href="mailto:rose.williams@reading.gov.uk">rose.williams@reading.gov.uk</a>
Councillor	5	Reading	RG30	0118 958	<a href="mailto:john.ennis@reading.gov.uk">john.ennis@reading.gov.uk</a>

Original ToR: 23/02/2022

This Revision date: 11/04/2022

Author: Eddie Piekut (Vice Chairman OPAF) with comments from OPAF meeting 11/04/2022

John Ennis	Hampstead Court Grovelands Road		2QQ	1893 07891 382672	
Karen Rowland	Civic Offices	Bridge Street Reading	RG1 2LU	0118 956 8926	<a href="mailto:karen.rowland@reading.gov.uk">karen.rowland@reading.gov.uk</a>

## APPENDIX C

The Meetings are all recorded with easy access. Documents for years 2015 to 2020 are filed and accessible.

- [6 Nov 2015](#) - Documents available
- [11 Sep 2015](#) - Documents available
- [26 Jun 2015](#) - Documents available
- [9 Apr 2015](#) - Documents available
- [6 Feb 2015](#) - Documents available
- [4 Nov 2016](#) - Documents available
- [9 Sep 2016](#) - Documents available
- [24 Jun 2016](#) - Documents available
- [8 Apr 2016](#) - Documents
- [5 Feb 2016](#) - Documents available
- [15 Dec 2017](#) - Documents available
- [3 Nov 2017](#) - Documents available
- [8 Sep 2017](#) - Documents available
- [23 Jun 2017](#) - Documents available
- [7 Apr 2017](#) - Documents available
- [3 Feb 2017](#) - Documents available
- [14 Dec 2018](#) - Documents available
- [2 Nov 2018](#) - Documents available
- [7 Sep 2018](#) - Documents available
- [22 Jun 2018](#) - Documents available
- [6 Apr 2018](#) - Documents available
- [2 Feb 2018](#) - Documents available
- [13 Dec 2019 2.00 pm](#) - Agenda
- [8 Nov 2019 2.00 pm](#) - Agenda
- [6 Sep 2019 2.00 pm](#) - Agenda
- [21 Jun 2019 2.00 pm](#) - Agenda
- [5 Apr 2019 2.00 pm](#) - Agenda

Original ToR: 23/02/2022

This Revision date: 11/04/2022

Author: Eddie Piekut (Vice Chairman OPAF) with comments from OPAF meeting 11/04/2022

- [15 Feb 2019 2.00 pm](#) - Agenda
- [14 Feb 2020 2.00 pm](#) - Agenda

## APPENDIX D

This list shows in Alphabetical order all the organisations who have joined in the OPWG meetings (they were not at every meeting).

<b>Organisations INVOLVED</b>
ACRE (Alliance for Cohesion and Racial Equality)
Action on Hearing Loss
Age UK Berkshire
Age UK Reading
Alzheimer's Society
Arthritis Care
Berkshire Cancer Centre
Berkshire HAD Support Group
Berkshire Healthcare Foundation Trust
Berkshire REMAP
Bowling Club
British Red Cross
C.S.R. F
Carers Hub
Civil Service Pensioners Alliance,
Civil Service Retirement Fellowship (CSRF)
Creative Support
Crossroads Care
CSRF
Cultural Development, RBC
Department of Work and Pensions
Depression Expression
E.R.F. A
Engage Befriending
Firtree
Forestcare
Get Berkshire Active

Original ToR: 23/02/2022

This Revision date: 11/04/2022

Author: Eddie Piekut (Vice Chairman OPAF) with comments from OPAF meeting 11/04/2022

Gnostic Fellowship
Grovelands Walking Group
Healthwatch
Intelligent Health
John Lewis Partnership
M.S. Society
Macmillan
NAG,
National Pensioners Convention
New Directions
NHS Retirement Fellowship
NHS Retirement Group
Interglossa Ltd
Oddfellows Society
Older People Neighbourhood Services
Park 60+ Dance and Music DWP
Pegasus Court
PPG Tilehurst
RBC
RBC Sheltered Housing,
RBC Housing Strategy
RBC Neighbourhood Services
RBC Transport
RBC Wellbeing Team,
RBH
ReadiBus
Readifolk/Readipop
Reading & West Berkshire Carers Hub
Reading & Wokingham MS Society
Reading Community Learning Centre
Reading Crossroads
Reading Deaf Centre
Reading Fibromyalgia
Reading Museum, RBC
REBS
Redlands NAGS Reading CAB
Remap Berkshire
Royal Berkshire Fire & Rescue Service

Original ToR: 23/02/2022

This Revision date: 11/04/2022

Author: Eddie Piekut (Vice Chairman OPAF) with comments from OPAF meeting 11/04/2022

S A Central Club for the Retired
South Reading Patient Voice
Southcote Forum
Southcote Group
Southcote Residents Association
SSEN
Stroke Association
Thames Valley National Pensioners Convention
Thames Valley Pensioners Convention
Thames Valley Police
The Stroke Association
U3A
Unison
Walking Group
Walks Programme Coordinator British Red Cross
Wellbeing Team,
West Indian Women Circle
Whitley Community Development Association

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