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## **Wokingham Borough Pharmaceutical Needs Assessment 2018 to 2021**

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## Executive Summary

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

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

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

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

This PNA contains information on:

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

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

**Essential services** are defined as:

- Dispensing medicines and actions associated with dispensing
- Dispensing appliances
- Repeat dispensing

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

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

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

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

The legislation requires that the PNA:

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

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

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

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

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

## Key findings

There is good provision of pharmaceutical services in Wokingham, with 22 pharmacies and three dispensing doctors within the Borough. There are also 18 pharmacies outside the Borough, but within 1.6km of borders, which were considered when assessing provision and access to services.

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

Although all residents are currently within a 10 minute drive of a pharmacy (15 minutes on evenings and Sundays), there is potential to improve access for residents of Hurst, Arborfield and Barkham wards.

There is good provision of essential and advanced services during core hours in the rural Remenham Wargrave and Ruscombe ward where around a quarter of the population are aged over 65; however this does not extend to evenings and weekends. This is likely to be mitigated to some extent by services in neighbouring Henley (Oxfordshire).

Arborfield is a strategic development location (SDL) within Wokingham Borough and the site of a large planned development. Planned housing developments (1,100 dwellings) within the life of this PNA mean that there is likely to be a gap in provision of essential pharmaceutical services for residents in Arborfield. An increased number of residents may therefore have to travel further to access essential services in the evenings and on Sundays.

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

There is good provision of essential and advanced pharmaceutical services for Wokingham residents, with a number of pharmacies also providing locally commissioned services (LCS) for emergency hormonal contraception, needle exchange and supervised consumption.

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

Based on the information outlined above no current gaps in provision of essential services have been identified. However, future developments in the Arborfield SDL are likely to significantly increase demand for pharmaceutical services within the life of this PNA and additional pharmacy provision may be required. This should enable access for residents during working hours and also during evening and weekends, including Sundays. Future developments in the Shinfield Parish SDL will also see a significant increase in dwellings over the life of the PNA. The existing provision in the area is likely to be sufficient to meet the needs of the increased number of residents for essential and relevant pharmaceutical services. However, this would result in increased activity for these services which may be difficult to meet effectively. This PNA therefore concludes that there may be a need for extended opening hours for pharmaceutical services in Shinfield and Spencers Wood in the future.

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# **A: Introduction**

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

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

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

This PNA describes the needs of the population of Wokingham.

## **2. Purpose of the PNA**

The PNA has several purposes:

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

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



### 3. Background and Legislation

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

#### **NHS Act 2006**

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

#### **The Health Act 2009**

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

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

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

#### **The Health and Social Care Act 2012**

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

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

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

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

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

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

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

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

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

## 4. National and Local Priorities

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

Wokingham's local health priorities are published in the Wokingham Borough Health and Wellbeing Board Strategy 2017 to 2020. These include a focus on:

- Enabling and empowering resilient communities
- Promoting and supporting good mental health
- Reducing health inequalities in Wokingham Borough
- Delivering person-centred integrated services

## 5. Commissioning Context

Pharmaceutical services are commissioned by different national and local organisations.

### NHS England

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

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

### NHS England South (Thames Valley)

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

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

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

### Other commissioners

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

### Sustainability and Transformation Partnerships

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

STPs are supported by six national health and care bodies: NHS England, NHS Improvement, the Care Quality Commission (CQC), Health Education England (HEE), Public

Health England (PHE) and the National Institute for Health and Care Excellence (NICE). Wokingham Borough Council is a key partner in the Buckinghamshire, Oxfordshire and Berkshire West STP (BOB STP) which has the following priorities:

- Improving the wellbeing of local people by helping them to stay healthy, manage their own care and identify health problems earlier
- Organising urgent and emergency care so that people are directed to the right services for treatment, such as the local pharmacy or a hospital accident and emergency department for more serious and life threatening illnesses
- Improving hospital services, for example making sure that maternity services can cope with the expected rise in births
- Enhancing the range of specialised services, such as cancer, and supporting Oxford University Hospitals NHS Foundation Trust as a centre of excellence to provide more expert services in the region
- Developing mental health services, including low and medium secure services, more specialised services for children and teenagers, and improving care for military veterans and services for mums and babies
- Integrating health and care services by bringing together health and social care staff in neighbourhoods to organise treatment and care for patients
- Working with general practice to make sure it is central to delivering and developing new ways of providing services in local areas
- Ensuring that the amount of money spent on management and administration is kept to a minimum so that more money can be invested in health and care services for local communities
- Developing our workforce, improving recruitment and increasing staff retention by developing new roles for proposed service models
- Using new technology so patients and their carers can access their medical record online and are supported to take greater responsibility for their health

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

## 6. Pharmacy

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

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

- **Promoting healthy life styles** – many pharmacists and their teams have experience in promoting and supporting good sexual health, helping people to stop smoking and reducing substance misuse within communities

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

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

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

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

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

## 7. Pharmacy Contractual Framework

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

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

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

## a) Essential Services

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

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

### *Opening hours: core and supplementary*

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

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

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

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

### *Public Health*

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

### *Signposting and Referral*

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



### ***Clinical governance***

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

## **b) Advanced Services**

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

### ***Medicines Use Review and Prescription Intervention Service (MUR)***

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

### ***New Medicines Service (NMS)***

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

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

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

### ***NHS Urgent Medicine Supply Advanced Service (NUMSAS)***

NUMSAS is a national pilot running from 1st December 2016 to 31<sup>st</sup> March 2018.

The service aims to:

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

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

### ***Appliance Use Review (AUR)***

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

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

### ***Stoma Appliance Customisation (SAC)***

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

### ***Influenza (flu) vaccination***

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

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

## **c) Enhanced Services**

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

## **d) Local Pharmaceutical Services (LPS)**

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



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

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

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

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

There are three levels within the framework:

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

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

## **9. Electronic Prescription Service**

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

## **10. Dispensing Doctors**

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

- The patient lives in a controlled locality (a rural area determined locally in line with the regulations and after consideration of a wide range of factors) and is more than 1 mile /1.6km from a pharmacy premises.
- The patient can demonstrate they would have serious difficulty in obtaining any necessary drugs or appliances from a pharmacy because of distance or inadequacy of communication. This does not include lack of transport.

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

## 11. Dispensing Appliance Contractors (DACs)

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

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

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

## 12. Distance Selling Pharmacies

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

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

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

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

## **B: PNA Process Summary**

### **1. Summary of Overall Process**

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

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

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

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

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

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

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

Wokingham Borough Council Public Health Team was responsible for disseminating the electronic survey link and promoting to local residents and was supported by Wokingham CCG and Healthwatch Wokingham Borough. Wokingham Borough Council also provided information on planned developments in the HWB area which would be realised within the three year life of the 2018 PNA.

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

The analysed data was mapped against specific population statistics and overlaid with pharmaceutical service provision. Initially, essential pharmaceutical services provided via

community pharmacies alone were considered against highest needs (including proximity and access times). Distance to access pharmaceutical services was estimated and mapped for both driving and walking distance times. Proximity to public transport was also considered. Within this PNA, dispensing doctors are considered to be providers of pharmaceutical services

## **2. Stakeholder Engagement**

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

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

- Neighbouring local authorities – Bracknell Forest Borough Council, Buckinghamshire County Council, Hampshire County Council, Oxfordshire County Council, Reading Borough Council, Royal Borough of Windsor and Maidenhead, West Berkshire Council
- Four Berkshire West Clinical Commissioning Groups (CCG) – Newbury & District CCG, North & West Reading CCG, South Reading CCG and Wokingham CCG
- The Local Pharmaceutical Committee (LPC) – Pharmacy Thames Valley
- The Local Medical Committee (LMC) – Berkshire, Buckinghamshire & Oxfordshire LMC
- Local pharmacy contractors and dispensing doctors
- Healthwatch Wokingham Borough
- Local NHS Foundation Trusts – Royal Berkshire NHS Foundation Trust, Berkshire Healthcare NHS Foundation Trust, Frimley Health NHS Foundation Trust

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

## **3. Pharmacy Contractor Survey**

An 85 question survey was issued to all 22 pharmacies in Wokingham through the PharmOutcomes online system. This ran from 30<sup>th</sup> June to 16<sup>th</sup> September 2017.

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

## 4. Public Survey

A 27 question survey was developed to collect information on residents' use of current pharmacy services and their satisfaction with these. Residents were also asked what services they would access in community pharmacy if they were available. The survey was based online, using the Bracknell Forest Objectives survey software, and was open from 22<sup>nd</sup> June to 15<sup>th</sup> September 2017. The survey web-link was disseminated as widely as possible, using communication channels within Wokingham Borough Council, Wokingham CCG and Healthwatch Wokingham Borough. A copy of the survey is included at Appendix B.

## 5. Equality Impact Screening

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

## 6. Assessment Criteria

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

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

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

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

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

**Relevant services** are defined as:

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

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

- Demography of local population (Section C1)
- Prevalence of health conditions and health behaviours (Section C3 and C4)
- Number of pharmacies and their core opening hours (Section D)
- Range and distribution of pharmacies providing advanced services
- Location of pharmacies (Map 1)
- Areas of relative deprivation (Section C2, Map 2)
- Population density (Section C2, Map 3)
- Supplementary, evening and weekend opening hours (Appendix C, Maps 4 and 5)
- Travel time during weekdays, evenings and weekends (Map 6 and 7)
- Information on the extent and distribution of provision of advance services (section D)
- Resident feed-back from the PNA public survey (section E)

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

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

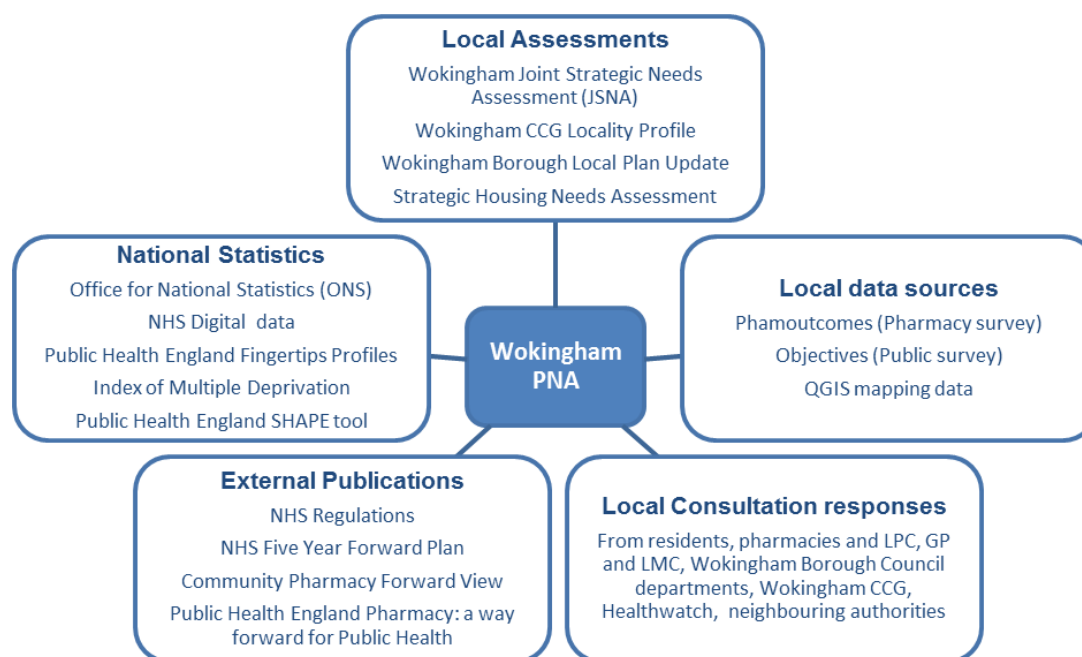
## **7. Data Sources Used**

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

In addition, information was gathered from other Wokingham Borough Council departments, NHS England and Wokingham CCG including:

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

**Figure 1: Main data sources used in developing the Wokingham Borough PNA**



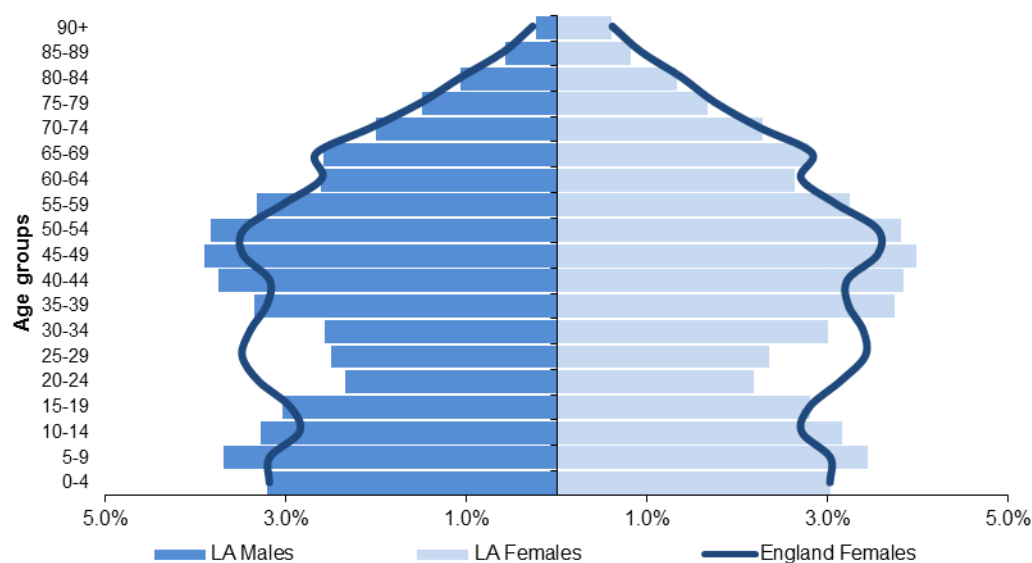
## C: Wokingham Borough Population

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

### 1. Population and demographics

Wokingham Borough has an estimated population of 161,878 people (Office for National Statistics (ONS) 2017). The age profile for the local authority is similar to the national picture across many of the age groups. The largest difference is the smaller proportion of people in their 20s and early 30s in Wokingham and larger proportion of people aged 35 to 59. There are also a larger proportion of people aged 5 to 14 within Wokingham.

**Figure 2: Wokingham Population pyramid (mid-2016)**



Source: Office for National Statistics (2017)

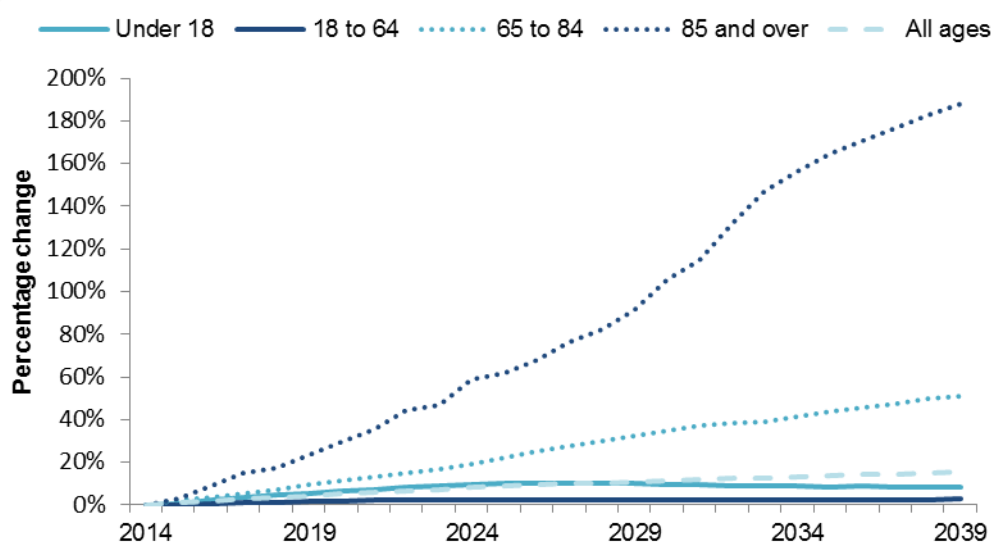
Wokingham Borough's population has increased by over 7% in the last 10 years and is expected to reach 183,600 by 2039. This is an increase of over 13% on 2016's estimated population figures (ONS 2016b). The main reason for population growth in Wokingham has been international migration, internal migration from other areas of England and the increasing life expectancy of the existing population.

#### Age

Wokingham Borough's population is slightly older than the national average and has continued to age. In 2006, 13% of the population were aged 65 and over in Wokingham. This increased to 17% of the population in 2016 and is expected to rise to nearly 25% by 2039. This will have an impact on service demand and the support required for this older age group. Figure 3 shows the estimated percentage change of different age groups in Wokingham Borough up to 2039, with significant changes in the 85+ age group.



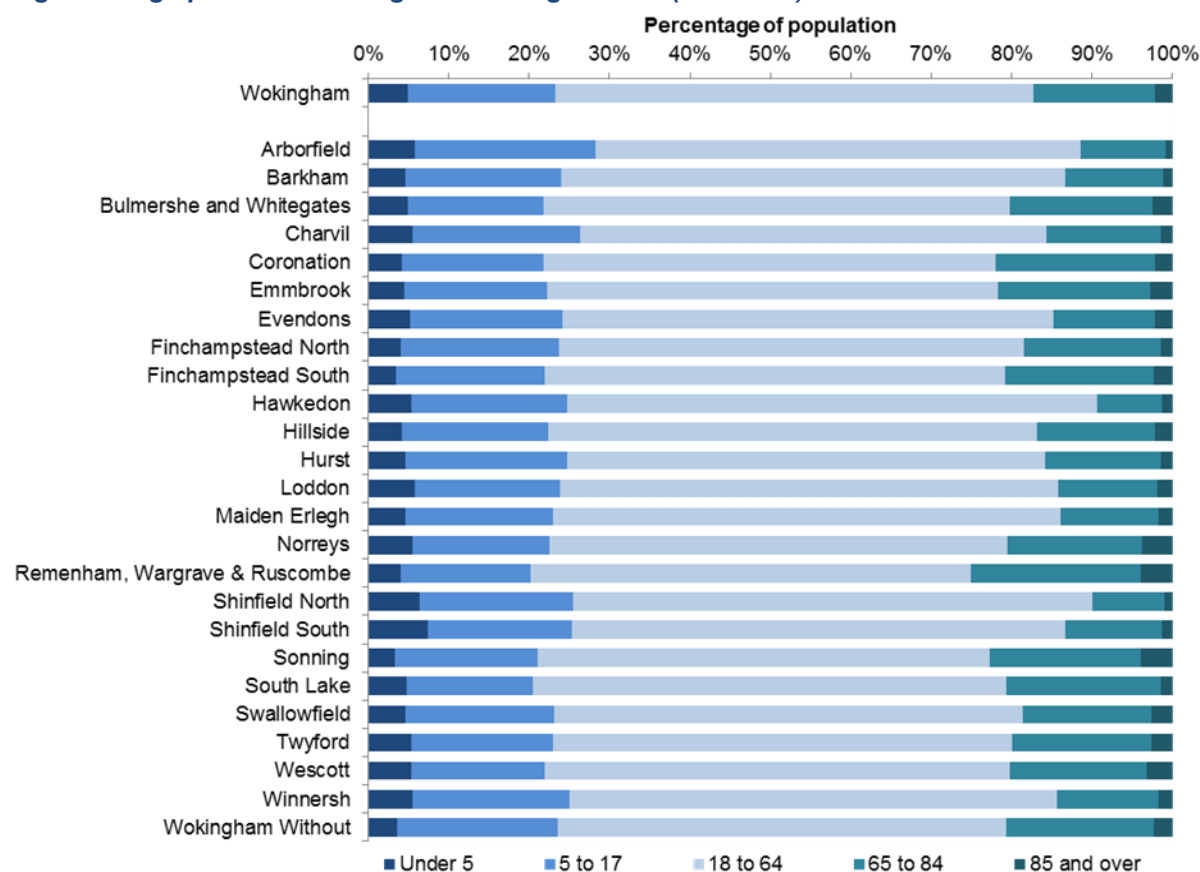
**Figure 3: Percentage change in Wokingham Borough's population 2014 to 2039 by age group**



Source: Office for National Statistics (2016b)

The age distribution within different Wokingham wards vary considerably and this will impact on the service and access needs of people living in different areas of the Borough. Figure 4 shows the age profile of the wards, highlighting the youngest and oldest age groups. Almost 25% of people living in Remenham, Wargrave and Ruscombe are aged 65 and over, compared to 17% in the Borough overall. In contrast, over 28% of people living in Arborfield are aged under 18, compared to 23% in the Borough.

**Figure 4: Age profile of Wokingham Borough wards (mid-2015)**



Source: Office for National Statistics (2016c)

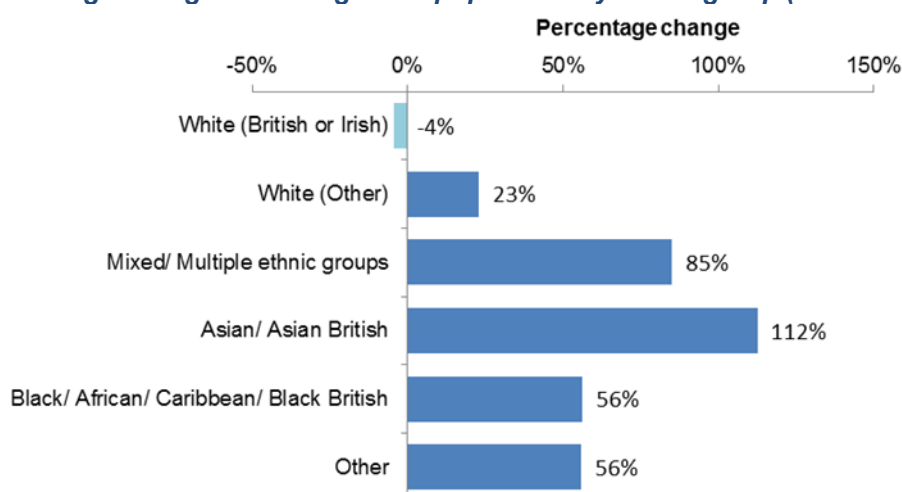
## Ethnicity

11.6% of Wokingham Borough's population were from a black or minority ethnic (BME) group in 2011. The largest BME group was people from an Asian/Asian British background at 7.4% of the total population. In addition, 3.9% of the population were from white backgrounds other than British or Irish (ONS 2013).

The ethnic profile of different areas across the Borough varied significantly in 2011. In Bulmershe and Whitegates ward, 31.6% of the population were from a BME or other minority ethnic group and 21.4% of people came from an Asian/Asian British background. Shinfield North had 30.7% of the population from a BME or other minority ethnic group, including 14.2% of people from an Asian/Asian British background. Shinfield North also had the highest proportion of people from a white background other than British and Irish (5.9%), as well as the highest proportion of people from a Black/Black British background (4.7%).

The proportion of Wokingham's population from minority ethnic groups has steadily increased from 2001 to 2011. While the number of people from a White British or Irish background has decreased by 4% over this time, all other ethnic groups have increased in number. The most notable is Asian/ Asian British which has increased by 112% over the 10-year period.

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



Source: Office for National Statistics (2013)

The proportion of school pupils from minority ethnic groups has steadily increased in Wokingham from 20% in 2010 to 30% in 2017 (Department for Education 2017).

## Religion

67% of Wokingham's population stated that they had a religion in the 2011 Census. 59.5% were Christian, 2.8% were Muslim and 2.1% were Hindu (ONS 2013).

## People living with long-term health problems or disabilities

Over 18,000 people in Wokingham reported that they were limited in their daily activities by a long term health problem or disability in the 2011 Census. This equates to 12% of the population. This was higher for people aged 65 and over at 40%, and higher still for those aged 85 and over at 82% (ONS 2013).

## Carers

Nearly 14,000 Wokingham residents identified themselves as a carer in the 2011 census, which was 9.0% of the population. This is an increase on the 2001 census figures of 8.3% and shows that unpaid care has increased at a faster pace than population growth over the last decade. This reflects the national picture.

The percentage of the population who are carers does vary between wards in Wokingham from 6.9% in Arborfield to 10.8% in Coronation. Unpaid carers in Wokingham are more likely to suffer from poorer health with 81% describing their health as “good or very good”, compared to 88% of people who do not provide unpaid care. The likelihood of reporting poorer health rose with the number of hours of care provided. Carers providing 50 or more hours of unpaid care a week were three times more likely to describe their health as “bad or very bad”, compared to people who did not provide unpaid care (ONS 2013).

## Employment and benefits

In 2016/17, 80% of people aged 16 to 64 in Wokingham were in employment, compared to 74% nationally. Wokingham’s unemployment rate was also lower at 2.8%, compared to 4.7% nationally. Full-time workers in Wokingham have higher average earnings than workers in both the South East and England, with an average weekly income of £741 per week compared to £541 nationally.

In November 2016, 4.7% of Wokingham’s working-age population were claiming benefits, compared to 11.0% nationally. 68% of claimants in Wokingham received an out of work benefit, such as Job Seekers, Employment Support Allowance/ Incapacity Benefit and Lone Parent Benefits.

In 2016, 4,900 households in Wokingham were classified as ‘workless’. This means that at least one person of working age lives in the household, but no-one is economically active. This constitutes 10% of all working age households, compared to 11.6% in the South East and 15.1% nationally (NOMIS 2017).

## Education and qualifications

The percentage of working-age people in the Wokingham Borough with at least a bachelor’s degree was 50% in 2016, compared to 38% nationally. This figure continues to rise in line with the national increase (NOMIS 2017).

The proportion of people in Wokingham with A-levels or equivalent was 70% and GCSEs or equivalent was 87%. 4% of people had no qualifications in Wokingham, compared to 8% nationally.

The proportion of school children in Wokingham who achieved school readiness was significantly better than England’s in 2015/16, with 75% of 5 years olds reaching a good level of development and 83% of Year 1 children achieving the expected level in the phonics screening check. The local authority’s GCSE results are also significantly better than the national figures, with 71% of Wokingham’s pupils achieving 5 A\* to C grade, including English and Maths, in 2015/16 (PHE 2017g).

## 2. Place

### Deprivation

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

Wokingham Borough is the least deprived upper tier local authority in England, according to the 2015 index of multiple deprivation (IMD). No neighbourhoods (Lower Super Output Areas) in the Borough rank in the 20% most deprived areas in England. 2 neighbourhoods rank in the 40% most deprived areas nationally and these are parts of Wokingham Without and Norreys wards. 82 of the 99 LSOAs in the Borough were in the 20% least deprived areas nationally (Department for Communities and Local Government 2015).

Map 2 shows the level of deprivation across Wokingham Borough at an LSOA level, based on the 2015 index of multiple deprivation (IMD).

### Population density

In 2016, Wokingham Borough's population density was 904 people per square kilometre. This number has continued to increase since 2004, when there were 832 people per square kilometre. Wokingham Borough's density is higher than the national average of 424 (ONS 2017).

Levels of population density vary across the Borough. A neighbourhood in Hawkedon ward has the highest density in Wokingham at 7,507 people per square kilometre. Other areas with significantly higher density include neighbourhoods within Loddon and Hillside wards. Remenham, Wargrave and Ruscombe ward has areas with the lowest population density in the Borough. Map 3 shows population density at a ward level.

### Housing and homelessness

The 2011 Census showed that there were 60,332 households in Wokingham. Nearly 80% of these houses were owned by the occupant, whether outright or with a mortgage or loan. 11% were privately rented and 7% were socially rented. The pattern of housing tenure across the Borough varied across wards, with over 90% of households owned by their occupants in Finchampstead North and South Lake ward, compared to 59% in Shinfield North. Social renting was much higher in Shinfield North and Norreys wards, at 18% and 16% respectively. Private renting was highest in Arborfield and Shinfield North wards at over 18%.

In 2011, nearly 23% of households in Wokingham were occupied by people living alone. This equated to 14,084 people (9% of the population). 44% of these households were people aged 65 and over living alone, which made up 26% of the total population aged 65 and over. While this does not equate to loneliness, older people living alone are significantly more likely to be socially isolated and unable to access support or services easily. Bulmershe and Whitegates and Twyford wards had the highest proportion of one-person households aged 65 and over.

Over 7% of households in Wokingham Borough were occupied by lone-parent families in 2011 and this also differed across areas of the Borough. Shinfield North had the highest proportion of lone-parent family households at just under 13% (ONS 2013).

During 2015/16, 97 households in Wokingham were identified as statutorily homeless. This means that they are unintentionally homeless, in priority need and the local authority accepts responsibility for securing accommodation for them. This equates to a rate of 1.5 per 1,000 households, which is significantly lower than the national rate of 2.5 per 1,000 households. On 31<sup>st</sup> March 2016, 55 households were living in temporary accommodation provided under homelessness legislation in Wokingham. This was a rate of 0.9 per 1,000 households and also significantly lower than the national figures. Both of these indicators have increased significantly in Wokingham since 2012/13 (PHE 2017g).

### *Residential developments since the 2015 PNA*

The number of households in the Wokingham Borough has increased since the last Pharmaceutical Needs Assessment. From April 2014 to March 2017, 2,025 new dwellings were completed, including significant development within the four Strategic Development Locations (SDLs). The plans for the SDL areas are detailed below.

#### *Arborfield SDL*

The military has moved out of the Arborfield Garrison site, providing an opportunity to plan a sustainable new village by redeveloping the site. The Arborfield Garrison site will see up to 3,500 new homes in total, with about 2,000 on the northern part of the site and 1,500 on the southern part, with potential extensions being considered in 2018 as part of the Local Plan update process.

The development will include a village centre and 2 neighbourhood centres, one to the north and one to the south. The village centre will likely include a shop, a community centre and healthcare services. The new Secondary School and Leisure Centre are already open and are on sites adjacent to the village centre. The development also proposes an extension of employment space locally.

The 2 neighbourhood centres will be designed to act as community hubs within the new residential neighbourhoods, providing local retail, community, recreation and education facilities for the residents to enable them to access local facilities without the need to travel. The development will include extra care facilities of around 80 self-contained homes for older people with varying levels of care and support available on site. Outline permission has been granted for the extra care facilities but the details are yet to be decided.

#### *Shinfield Parish/ South of the M4 SDL*

In Shinfield Parish, the villages of Shinfield, Spencers Wood and Three Mile Cross are being extended and together comprise one of the major development areas. The Shinfield Parish major development site will see about 3,000 new homes in total, spread over extensions to Shinfield village, Three Mile Cross and Spencers Wood.

There will be 2 primary schools in the Shinfield Parish development location - 1 in Spencers Wood and 1 west of Shinfield village, both will also have nurseries attached. The development will include an extension to the existing village centre in Shinfield to include a new community building as well as a supermarket, and other retail shops and office space nearby.

Included in the outline planning permission for the Three Mile Cross / Spencers Wood development is provision for upgrades to a listed barn to convert it to a community building.

The [Thames Valley Science and Innovation Park \(TVSP\)](#) will be a cluster of knowledge-based businesses, to assist growing companies. The proposed Thames Valley Science and

Innovation Park will comprise employment floor space and be linked to the University of Reading. The will offer opportunities for the Borough's highly skilled and knowledgeable workforce. The TVSP will help with the sustainability of the Shinfield Parish major development area. It will become a place where people can choose to live, work and shop in very close proximity, and can use alternatives to the car to

### *North Wokingham SDL*

The North Wokingham major development site is an urban extension of Wokingham town, on land adjoining the Kentwood and Matthewsgreen neighbourhoods and Keep Hatch Beech.

The North Wokingham area will see just under 1,900 new homes in total. Some of the homes will be affordable, which will include social rental homes and shared ownership homes. There will also be about 60 specialist homes for older people.

The development will include a neighbourhood centre with shops, offices, and other community uses. There will also be a community centre that will be attached to the planned new primary school at Matthewsgreen. It is also proposed that there will be a restaurant and/or pub as part of the Keep Hatch Beech site. It is likely there will also be a Park and Ride, with buses into Wokingham, Bracknell and Reading.

### *South Wokingham SDL*

The South Wokingham major development is an urban extension of Wokingham town, Montague Park and south of the railway between the boundary with Bracknell Forest and Finchampstead Road. The South Wokingham site will see around 2,500 new homes in total, with up to 655 north of the railway and 1,840 to the south.

There will be a neighbourhood centre in the Montague Park development (north of the railway) which will include a small community building and shops. To the south of the railway line there will be a second larger neighbourhood centre. While details will be set through the masterplanning process, it will include local retail and community facilities

There will be 2 new primary schools - 1 located in the Montague Park development to the north of the railway and 1 to the south. Floreat Montague Park Primary School opened in September 2016 and moved into the permanent building in early spring 2017. Details for the school south of the railway school will emerge through the masterplanning process.

Detailed information and progress maps for the SDLs and other major developments in the Wokingham Borough can be found on the Wokingham Borough Council website at <http://www.wokingham.gov.uk/major-developments/>



The Council estimates that 6,563 homes will be completed in the Borough between 2017/18 to 2021/22. These include a mixture of Strategic Development Locations, large sites and other identified developments in;

- Arborfield 1,100 dwellings over five sites
- Earley 20 dwellings over one site
- Ruscombe 16 dwellings over one site
- Shinfield 1,792 dwellings over 14 sites
- Swallowfield 79 dwellings over four sites
- Twyford 20 dwellings over two sites
- Winnersh 318 dwellings over two sites
- Wokingham 2,220 dwellings over 30 sites
- Wokingham Without 116 dwellings over one site
- Woodley 518 dwellings over six sites

The Thames Valley Berkshire Local Enterprise Partnership and the six Berkshire local authorities commissioned a Strategic Housing Market Assessment (SHMA) at the beginning of 2015. The primary purpose of the SHMA was to provide an assessment of the future needs for housing in the area, together with the housing needs of different groups in the population. The conclusion of the SHMA was that between 2013 and 2036, 856 additional dwellings were needed per annum in Wokingham.

Notwithstanding the conclusions of the SHMA, Inspectors through planning appeals have preferred a higher affordability adjustment than that used in the SHMA. The higher adjustment results in an Objectively Assessed Need, or housing need, of between 862 - 894 additional homes per annum for Wokingham Borough.

The council has had regard to the findings of Inspectors and considers that for the purposes of current applications and the appeals that the five year land supply position should be assessed against the figure of housing need of 894 additional homes per annum.

### *Other developments to NHS Services which may affect the need for pharmaceutical services*

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

- Changes to GP practice services including 7 day working. This means that there would need to be pharmacies open at weekends to allow patients to obtain their prescriptions. As stated in Section F - Assessment of Pharmaceutical Service Provision; twenty pharmacies are open for at least a half day on Saturdays and 9 are also open on a Sunday. 7 day working by GP practices is therefore not expected to result in a need for additional pharmaceutical services.
- Development of GP federations/alliances and new ways of working - With the increasing numbers of GP pharmacists, there could be an increase in the number of prescription items and reviews of medication. This is not expected to impact on the MUR and NMR services currently provided by community pharmacies.

- GP practices will be working closer together to provide services - This is not expected to result in a need for additional pharmaceutical services in Wokingham Borough.
- Following the national consultation on the prescribing of low value medicines and the drive for patients to self-care, an increased footfall into pharmacies is expected, however current service provision is expected to provide sufficient access to pharmaceutical services in the Wokingham Borough.
- NHS structural change - Berkshire West has been selected as a vanguard site for the Accountable Care System. This may result in new provisions of care, however the exact change and timeframe are not yet finalised making it difficult to assess their impact. These changes are not expected to result in the need for additional pharmaceutical services but could provide opportunities for different ways of providing services and / or changes to locally commissioned services.

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

### 3. Health behaviours and lifestyle

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

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

#### Smoking

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

8.8% of Wokingham's adult residents smoke, which is the lowest smoking prevalence rate in England. The rates differ between men and women, with approximately 9.7% of men smoking in Wokingham, compared to 7.8% of women. There are also noticeable differences in smoking prevalence rates between socio-economic groups both locally and nationally. While 7.6% of Wokingham residents in a managerial and professional occupation are current smokers, over 20% of people in a routine and manual occupation smoke.

Smoking prevalence rates are also monitored for pregnant woman, due to the detrimental effects for the growth and development of the baby and health of the mother. The proportion



of Wokingham mothers who smoke has continued to remain significantly below the national figures. In 2015/16, 4.8% of Wokingham mothers were smokers at the time of delivery, compared to 10.6% nationally.

A total of 488 deaths in Wokingham were attributable to smoking in 2013-15, at a rate of 197 per 100,000 population aged 35 and over. This remained significantly better than the national rate of 284 per 100,000 (PHE 2017d).

## Alcohol

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

Estimates from Alcohol Concern (2016) indicate that 21% of people in Wokingham drink at a level which increases the risk of damaging their health, which is more than 22,700 people. Within this proportion there are over 6,700 people who drink at a very heavy level who have significantly increased the risk of damaging their health and may have already caused some harm to their health.

148 people in Wokingham attended treatment for alcohol misuse in 2015. 47% of these people left treatment free of alcohol dependence and did not represent again within a 6 month period. This was significantly better than the national treatment success rate of 38%.

In 2015/16, there were 619 alcohol-related hospital admissions for Wokingham residents, which equates to 410 admissions per 100,000 population. Wokingham's rate has remained significantly lower than the national average since 2008/09, although it has slightly increased over this time. There are significant differences between the admission rate for men and women in Wokingham, at 509 and 327 per 100,000 population respectively. This is in line with the national picture.

A total of 58 deaths in Wokingham were alcohol-related in 2015, at a rate of 39.8 per 100,000 population. This was similar to the national rate of 46.1 per 100,000 (PHE 2017c).

## Drug use

The Crime Survey for England (2015/16) indicated that 1 in 12 adults aged 16 to 59 had taken an illicit drug in the previous year, which would equate to over 7,500 people in Wokingham. The prevalence of drug use in young people is higher; with approximately 1 in 5 people aged 16 to 24 having taken an illicit drug. This would equate to nearly 3,000 young people in Wokingham (NHS Digital 2017).

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

129 people in Wokingham attended treatment for opiate drug use in 2015. 17.8% of these people left treatment free of drug dependence and did not represent again within a 6 month period. This was significantly better than the national treatment success rate of 6.7%. 77 people in Wokingham attended treatment for non-opiate drug use in 2015. 32.5% of these people left treatment free of drug dependence and did not represent again within a 6 month period. This was similar to the national treatment success rate of 37.3% (PHE 2017g).

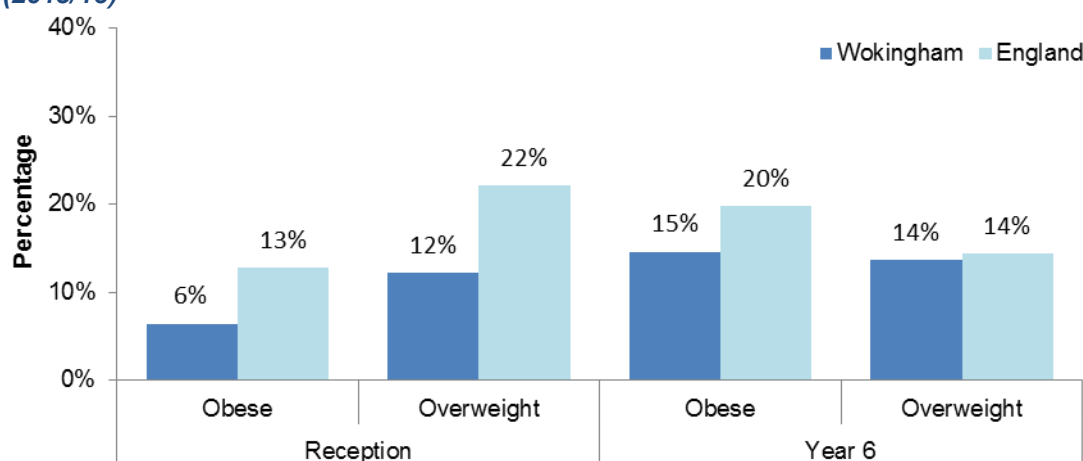
## Obesity

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

Figures collected through the Active People Survey (2013-2015) estimate that 20% of adults living in Wokingham are obese and a further 43% are overweight. These figures are better than the national picture, but continue to increase (PHE 2017g). GP Practices keep a register of patients who are obese and these indicate that 6.9% of Wokingham CCG registered population aged 16 and over are obese, which is also lower than the national figure of 9.5% (NHS Digital 2016b). This is likely to be an underestimation, as not all people have their BMI recorded on their GP record.

The National Child Measurement Programme (NCMP) is delivered in schools and measures the height and weight of children in their first and last year of primary school (Reception Year and Year 6). This provides robust information about the level of childhood obesity locally and nationally. In 2015/16, 18% of Reception children in Wokingham were overweight or obese and 28% of Year 6 children were overweight or obese. Figure 6 shows how this compares to the national picture.

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



Source: Public Health England (2017g)

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

## Physical Activity

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

The Chief Medical Officer recommends that adults undertake 150 minutes of moderate activity each week. In 2015, 64% of adults in Wokingham were estimated to have met these recommendations, which was significantly better than the national figure of 57%. However,

over 21% of adults in Wokingham were classified as 'inactive', achieving less than 30 minutes of moderate physical activity each week (PHE 2017g).

## Sexual health

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

The rate of new STI diagnoses in Wokingham is consistently lower than the national rate. In 2016, 497 people were diagnosed with a new STI in Wokingham at a rate of 490 per 100,000 population (excluding chlamydia diagnoses for people aged under 25). Rates of gonorrhoea and syphilis diagnoses are also lower than England’s, as well as the HIV diagnosed prevalence rate (PHE 2017h).

Chlamydia is the most commonly diagnosed STI in England, with rates substantially higher in young adults than any other age group. In 2016, 1,780 young people (aged 15 to 24) from Wokingham were screened for chlamydia, which was 13% of the total population. 147 had a positive chlamydia diagnosis at 1,082 per 100,000 population. The proportion of young people screened and the detection rate in Wokingham was significantly lower than the national or regional rate.

Wokingham’s teenage conception rates are consistently lower than the national rate and continue to decline. In 2015, 23 females aged 15 to 17 and 9 females aged 13 to 15 had a pregnancy that either led to a birth or legal abortion. 57% of under 18 conceptions led to an abortion (13 in total).

The Department of Health’s (2013a) Framework for Sexual Health Improvement in England includes the ambition to reduce unwanted pregnancies by increasing knowledge, awareness and access to all methods of contraception. Long Acting Reversible Contraception (LARC) methods are highly effective, as they do not rely on individuals to remember to use them. Implants, intrauterine systems (IUS) and intrauterine devices (IUD) can remain in place for up to 10 years, depending on the type of product. In 2015, Wokingham Borough females aged 15 to 44 were prescribed 1,065 LARC (excluding injections) from a GP or Sexual and Reproductive Health Service. This was a rate of 36.6 per 1,000 females and was significantly lower than the England rate (PHE 2017h).

## 4. Focus on specific health conditions

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

## Cancer

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

From 2010-2014, there were 3,922 new cases of cancer diagnoses in Wokingham. 18% of all these cases were for breast cancer, 16% for prostate cancer, 12% for colorectal cancer and 9% for lung cancer (PHE Local Health 2017). The route to a cancer diagnosis ultimately impacts on patient survival and the three national cancer screening programmes help to detect cancers at an earlier and more treatable stage. Wokingham's screening coverage levels were significantly better than England's for all three screening programmes. In March 2016, the breast screening coverage for eligible women in Wokingham was 81.7% and the cervical screening coverage was 76.6%. The bowel screening coverage level was 65.2%. There is variation in screening coverage levels across Wokingham with some GP Practices not meeting the national targets for coverage (PHE 2016a).

## Circulatory disease

In March 2016, 2.4% of people registered with Wokingham CCG GP Practices were diagnosed with Coronary Heart Disease and 1.4% were recorded as having had a stroke or TIA (transient ischaemic attack). These were both lower than the national prevalence rates (NHS Digital 2016b).

High blood pressure (hypertension) is one of the leading risk factors for premature death and disability, although it is often preventable. Once diagnosed, people with hypertension can receive advice and treatment from their GP to control and lower their blood pressure, reducing their future risk of cardiovascular diseases. In March 2016, 16,800 people in Wokingham were diagnosed with hypertension, which was 12% of the population. However, it is estimated that the actual number of people with the condition was much higher at 23%. This means that there were approximately 15,200 people in Wokingham with undiagnosed hypertension, who had not received treatment to control their blood pressure (PHE 2016d).

The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions, is invited every five years to assess their risk of developing these conditions. They are given support and advice to help them reduce or manage that risk. From 2013/14 to 15/16, 10,502 Wokingham residents had received an NHS Health Check, which was 21% of the eligible population. This was significantly lower than the national figure of 36% (PHE 2017g).

## Diabetes

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

England are 1.5 times more likely to have diabetes than those in the 20% least deprived areas (Diabetes UK 2016).

In March 2016, 5,160 Wokingham residents (aged 17 and over) were diagnosed with diabetes, which was 4.7% of that age group. This was significantly lower than the national prevalence of 6.5% (PHE 2017b).

The prevalence of diabetes is expected to increase over the next 20 years, due to the aging population. By 2035, 8.5% of Wokingham's population aged 16 and over are expected to have diabetes, which is 12,328 people (PHE 2015a).

## **Respiratory disease**

Chronic Obstructive Pulmonary Disease (COPD) is the name for a collection of lung diseases, such as chronic bronchitis, emphysema and chronic obstructive airways disease. In March 2016, 1.0% of people registered with Wokingham CCG GP Practices were diagnosed with COPD, which was lower than the national rate of 1.9% (NHS Digital 2016b). The prevalence of asthma in England is amongst the highest in the world. 6% of the population is diagnosed with asthma, although 9.1% are actually expected to have the condition. In March 2016, 10,171 people registered with Wokingham CCG GP Practices were diagnosed with asthma at 6.3% of the total population. An additional 4,432 people in the CCG were expected to be undiagnosed and therefore not receiving necessary support or treatment from their GP (NHS Digital 2016b).

## **Mental Health problems**

Mental illness is the single largest cause of disability in the UK. At least one in four people will experience a mental health problem at some point in their life and one in six adults have a mental health problem at any one time. Common mental health problems include anxiety, depression, phobias, obsessive compulsive disorders & panic disorders. In March 2016, there were 7,767 Wokingham adult residents who had an unresolved diagnosis of depression registered with their GP. This was 7.1% of the adult population and significantly lower than the national prevalence rate of 8.3% (PHE 2017e).

Not everybody demonstrating signs of mild to moderate mental illness would describe their condition in this way and some are likely to be short term. The Annual Population Survey (2015/16) indicated that 17.3% of adults in Wokingham had self-reported high anxiety, which was similar to the national response. 5.3% had a low happiness score, which was significantly lower than the national response (PHE 2017g).

Approximately 1% of the UK population has a severe mental health problem and many will have begun to suffer from this in their teens or early twenties. In March 2016, 723 adults in Wokingham were on the GP Mental Health Register, which meant that they had an unresolved record of a schizophrenic or bipolar disorder. This was 0.52% of the adult population and significantly lower than the national prevalence rate of 0.90% (PHE 2017e).

Mental health problems also affect 1 in 10 children and young people. This can include depression, anxiety, conduct and emotional disorders, which can often be a direct response to what is happening in their lives. The Office for National Statistics estimates that there are over 1,800 young people aged 5 to 16 in Wokingham who have a mental health disorder. This is 7.3% of the population. In 2016, 494 school children in Wokingham were recorded as having social, emotional and mental health needs through their school. This is 2.0% of all Wokingham school children, compared to 2.3% nationally (PHE 2017a).

## Dementia

In March 2016, 1,044 people in Wokingham were recorded as having dementia, which was 0.7% of the population. This was similar to the England prevalence of 0.8% (PHE 2017e). It is estimated that half of people with dementia are undiagnosed. In recent years, there has been a political commitment to increase the number of people living with dementia who have a formal diagnosis. A timely diagnosis enables people living with dementia, their carers and healthcare staff to plan accordingly and work together to improve their health and care outcomes.

One in three people over 65 will develop dementia in their lifetime. Just over 2,000 people aged 65 and over in Wokingham were estimated to have dementia in April 2017, although 37% of these were not diagnosed. As Wokingham's population increases and ages, the number of people living with dementia will therefore also increase (POPPI 2016).

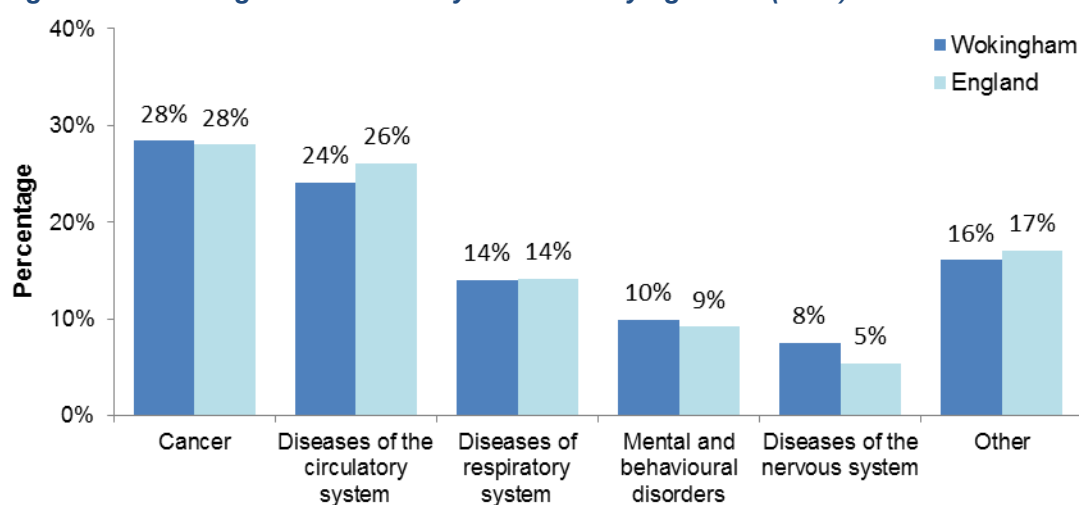
## 5. Life expectancy and mortality

Wokingham's life expectancy is significantly higher than the England average. Boys born in 2013-2015 are expected to live to 81.6 years in Wokingham, which is 2.1 years longer than the national average. Girls born in Wokingham are expected to live to 84.8 years, which is 1.7 years longer than the national average (PHE 2017g).

However, despite Wokingham being one of the least deprived local authorities in England, there are still inequalities in life expectancy within the Borough. Men living in the most deprived areas of Wokingham are expected to live 3.3 years less than those living in least deprived areas. The gap for women is higher at 5.5 years. The life expectancy gap between Wokingham's most and least deprived areas is attributable to different causes of death. In 2012-14, cancer was the main contributor at 41% for both men and women. The second main cause for the male life expectancy gap was circulatory disease at 26%, followed by digestive disease at 11%. For women, the second main cause for the gap was respiratory disease at 18%, followed by circulatory disease at 15% (PHE 2016d).

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

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

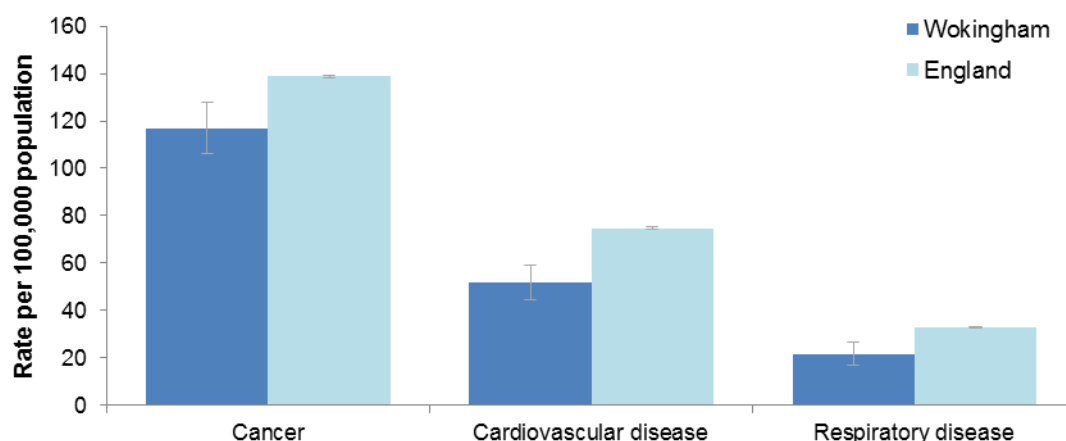


Source: Office for National Statistics (2016c)



30% of all deaths in Wokingham are among people aged under 75 and these are termed premature deaths. Wokingham's premature mortality rates for cancer, cardiovascular disease and respiratory disease are all significantly lower than the England rates, as shown in Figure 8. However, men have significantly higher mortality rates than women for all of these causes at both a local and national level (PHE 2017g).

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



Source: Public Health England (2017g)

Cancer is the biggest cause of premature mortality for both men and women in Wokingham. In 2013-15, approximately 255 premature cancer deaths were considered to be preventable in Wokingham, which is 55% of all premature cancer deaths. This means that the underlying cause could potentially have been avoided with public health interventions. The main risks attributed to cancer deaths and years of ill-health in England are smoking, occupational risks, diet, high body mass index and alcohol and drug use.

67% of premature deaths from cardiovascular diseases in Wokingham were considered to be preventable, which was 134 deaths. The main risks attributed to cardiovascular disease deaths and years of ill-health in England are high blood pressure, poor diet, high cholesterol and high body-mass index.

Respiratory diseases are the third biggest cause of death for people aged under 75 in Wokingham. In 2013-15, 44% of premature deaths from respiratory diseases in Wokingham were considered to be preventable, which was 37 deaths. The main risks attributed to respiratory disease deaths and years of ill-health in England are smoking and air pollution (PHE 2017g).



# D: Pharmacy Provision in Wokingham

The recent PNA survey asked local pharmacies in Wokingham Borough to detail the services that they currently provide, as well as those that they would be willing to provide if they were commissioned to do so. 20 of Wokingham's pharmacies responded to the survey and this information, along with information provided by NHS England, has been used to summarise the pharmacy provision across Wokingham.

## 1. Type of Pharmacy services within Wokingham

There are currently 22 community pharmacies in Wokingham and three dispensing practices. This is the same level of provision as identified in the previous Pharmaceutical Needs Assessment. Community pharmacies vary from multiple store organisations to independent contractors. All pharmacies provide the mandatory essential services, as well as a range of other advanced and enhanced services. Map 1 shows the location of all pharmacies based in the Borough. Appendix C gives a full list of these pharmacies and dispensaries, including addresses and opening times.

### Advanced Services

Pharmacies can choose to provide advanced services, but must meet certain requirements to do so. Within Wokingham Borough, 20 (91%) community pharmacies provide the Medicine Use Review (MUR) service and 19 (86%) provide the New Medicines Service (NMS).

| Pharmacy and Location                          | Medicine Use Review | New Medicine Service |
|--|---------------------|----------------------|
| Boots Pharmacy, Bulmershe and Whitegates       | Currently provide   | Currently provide    |
| Lloyds Pharmacy, Bulmershe and Whitegates      | Currently provide   | Currently provide    |
| Morrisons Pharmacy, Emmbrook                   | Currently provide   | Currently provide    |
| Finchampstead Pharmacy, Finchampstead South    | Currently provide   | Currently provide    |
| Jats Pharmacy, Finchampstead South             | Do not provide      | Currently provide    |
| Day Lewis Rankin Pharmacy, Hawkedon            | Currently provide   | Currently provide    |
| Asda Pharmacy, Hillside                        | Currently provide   | Currently provide    |
| Boots Pharmacy, Hillside                       | Currently provide   | Currently provide    |
| Day Lewis Pharmacy, Loddon                     | Currently provide   | Currently provide    |
| Boots Pharmacy, Maiden Erlegh                  | Currently provide   | Currently provide    |
| Wokingham Pharmacy, Norreys                    | Currently provide   | Currently provide    |
| Lloyds Pharmacy, Remenham, Wargrave & Ruscombe | Currently provide   | Currently provide    |
| Vantage Chemist, Shinfield North               | Currently provide   | Currently provide    |
| Shinfield Pharmacy, Shinfield South            | Currently provide   | Currently provide    |
| Day Lewis Pharmacy, Swallowfield               | Currently provide   | Currently provide    |
| Day Lewis Pharmacy, Twyford                    | Currently provide   | Currently provide    |
| Fields Pharmacy, Twyford                       | Currently provide   | Do not provide       |
| Newdays Pharmacy, Twyford                      | Currently provide   | Currently provide    |
| Boots Pharmacy, Wescott                        | Currently provide   | Currently provide    |
| Rose Street Pharmacy, Wescott                  | Do not provide      | Do not provide       |
| Tesco Pharmacy, Wescott                        | Currently provide   | Currently provide    |
| Lloyds Pharmacy, Winnersh                      | Currently provide   | Do not provide       |

Source: NHS England (2017)

The survey of Wokingham pharmacies provided additional information about the advanced services delivered in the local area. 20 pharmacies responded to this and indicated the following:

- Urgent Medicine Supply Services (NUMSAS) are currently being delivered by Day Lewis Rankin Pharmacy in Hawkedon, Rose Street Pharmacy in Wescott and Lloyds Pharmacy in Winnersh. 8 other pharmacies also stated that they hoped to provide this soon.
- Appliance User Review (AUR) services are currently being delivered by Jats Pharmacy, Finchampstead South.
- Stoma Appliance Customisation services are currently being delivered by Jats Pharmacy, Finchampstead South.
- Seasonal Flu vaccinations are currently being provided by 12 pharmacies in the area. This service is also provided privately in 5 of these pharmacies.

## Enhanced Services

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

## Locally Commissioned Services

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

10 pharmacies have informed us that they provide emergency hormonal contraception services, 10 provide supervised consumption and 5 provide needle exchange services. The table below shows the level of provision for these locally commissioned services and pharmacies that have stated that they would be willing to provide these in the future.

Additionally, Wokingham CCG commission Palliative Care Medicines On Demand from community pharmacies across Wokingham Borough.

| Pharmacy                                    | Emergency Hormonal Contraception                                     | Supervised consumption      | Needle Exchange                             |
|---|--|-----------------------------|---|
| Boots Pharmacy, Bulmershe and Whitegates    | Currently provide  | Willing and able to provide | <i>No data provided</i>                     |
| Lloyds Pharmacy, Bulmershe and Whitegates   | Currently provide  | Currently provide           | Willing and able to provide                 |
| Morrisons Pharmacy, Emmbrook                | Willing to provide, but would need training                          | Do not provide service      | Willing to provide, but would need training |
| Finchampstead Pharmacy, Finchampstead South | Do not provide service   | Currently provide           | Do not provide service                      |
| Jats Pharmacy, Finchampstead South          | Willing to provide, but would require facilities adjustment/training | Do not provide service      | Currently provide                           |

| <b>Pharmacy</b>                                  | <b>Emergency Hormonal Contraception</b>               | <b>Supervised consumption</b>                               | <b>Needle Exchange</b>                      |
|--|---|---|---|
| Day Lewis Rankin Pharmacy, Hawkedon              | Provides private service                              | Currently provide   | Do not provide service                      |
| Asda Pharmacy, Hillside                          | Willing and able to provide; provides private service | Currently provide   | Willing and able to provide                 |
| Boots Pharmacy, Hillside                         | Do not provide service                                | Currently provide   | Do not provide service                      |
| Day Lewis Pharmacy, Loddon                       | <i>No data provided</i>                               | <i>No data provided</i>                                     | <i>No data provided</i>                     |
| Boots Pharmacy, Maiden Erlegh                    | Currently provide                                     | Do not provide service                                      | Currently provide                           |
| Wokingham Pharmacy, Norreys                      | Willing and able to provide; provides private service | Do not provide service                                      | Currently provide                           |
| Lloyds Pharmacy, Remenham, Wargrave and Ruscombe | Do not provide service                                | Currently provide   | Do not provide service                      |
| Vantage Chemist, Shinfield North                 | Currently provide                                     | Willing to provide, but would require facilities adjustment | Currently provide                           |
| Shinfield Pharmacy, Shinfield South              | Willing to provide, but would need training           | Currently provide   | Willing to provide, but would need training |
| Day Lewis Pharmacy, Swallowfield                 | Do not provide service                                | Willing and able to provide                                 | Do not provide service                      |
| Day Lewis Pharmacy, Twyford                      | Provides private service                              | Willing and able to provide                                 | Provides private service                    |
| Fields Pharmacy, Twyford                         | Currently provide                                     | Currently provide   | Willing to provide, but would need training |
| Newdays Pharmacy, Twyford                        | Currently provide                                     | Currently provide   | Currently provide                           |
| Boots Pharmacy, Wescott                          | Currently provide                                     | Currently provide   | Willing and able to provide                 |
| Rose Street Pharmacy, Wescott                    | Willing to provide, but would need training           | Do not provide service                                      | Willing to provide, but would need training |
| Tesco Pharmacy, Wescott                          | Do not provide service                                | Willing to provide, but would need training                 | Do not provide service                      |
| Lloyds Pharmacy, Winnersh                        | <i>No data provided</i>                               | <i>No data provided</i>                                     | <i>No data provided</i>                     |

## Healthy Living Pharmacy

3 Wokingham Borough pharmacies have confirmed that they are Healthy Living Pharmacies (Day Lewis Rankin Pharmacy in Hawkedon, Day Lewis Pharmacy in Twyford and Lloyds Pharmacy in Winnersh). These pharmacies have a total of 4 qualified Healthy Living Champions (full time equivalents) between them. All other community pharmacies in Wokingham are working towards the Healthy Living Pharmacy accreditation.

## 2. Access to pharmacy services within Wokingham Borough

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

Wokingham Borough has four 100 hour pharmacies, based in Finchampstead South, Hillside and Wescott wards. 20 of the community pharmacies are open for at least part of Saturday and 9 pharmacies are also open on a Sunday. Map 4 shows weekend opening hours for Wokingham pharmacies and dispensaries.

4 Wokingham Borough community pharmacies are open until at least 10pm on a weekday, and these are based in Finchampstead South, Hillside and Wescott wards. A further 3 pharmacies are open until at least 7pm on weekdays and these are based in Emmbrook, Hillside and Winnersh wards. Map 5 shows all community pharmacies based in Wokingham that are open weekday evenings

All residents of Wokingham Borough are able to access a pharmacy within a 10 minute drive. This is illustrated in Map 6. This level of accessibility by car reduces slightly to 95% on weekday evenings (after 7pm) and 98% on Sundays, based on the current opening hours of the pharmacies in the Borough. However, all residents can access a pharmacy within a 15 minute drive in these time periods. 96% of the population can access a pharmacy within a 20 minute cycle.

Walking time measures are based on an average walking speed of 3 miles/ 4.8 km per hour, which is a recognised standard developed by the [Department for Transport](#). This walking time may differ for certain individuals, such as older people or those with disabilities, and is shown here as an estimation only. 63% of Wokingham Borough residents are able to access a community pharmacy or dispensing practice located in the Borough within a 15 minute walk. A further 5% can access a pharmacy within a neighbouring authority within this timescale. Map 7 illustrates the population that can access any pharmacy, inside or outside of Wokingham within this walking time. It is important to note that this level of accessibility does reduce to 29% on weekday evenings (after 7pm) and 35% on Sundays. Many of the residents that cannot access a Wokingham-based pharmacy in a 15 minute walk are located close to the Wokingham border and may therefore be able to walk to an open pharmacy in a neighbouring authority. However, residents in the central Arborfield and Barkham wards are not close to any community pharmacy within weekday evening and Sunday opening hours. As Arborfield is designated as a Strategic Development Location with 1,100 dwellings planned to be built and in use within the lifetime of this PNA, it is projected that need for pharmaceutical services in this area outstrips current provision.

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

Dispensing doctors provide services to patients mainly in rural areas and often where there are no community pharmacies or access is restricted. One of the requirements for the service is that patients live in a controlled locality (a rural area determined locally in line with the regulations and after consideration of a wide range of factors) and are more than 1mile/

1.6km from a pharmacy premises. There are three dispensing doctors within Wokingham Borough. Map 8 shows that the majority of communities within Wokingham are within a 1.6km radius of a pharmacy, with the exception of some neighbourhoods in Arborfield, Barkham and Hurst. There are three dispensing doctors within the Wokingham Borough and each of these has specific areas that they are approved to provide a dispensing service to. Although delivery services are outside the scope of the PNA, it is important note that dispensing doctors can choose to provide delivery services.

Wokingham Borough residents can also access pharmacies in other areas. The Borough borders with Reading, West Berkshire, Bracknell Forest, Royal Borough of Windsor and Maidenhead, Wycombe District (Buckinghamshire) South Oxfordshire, Hart and Basingstoke and Deane (both Hampshire), so the nearest pharmacy for some residents may be located within these HWB areas. There are 15 pharmacies located in other boroughs that are within 1.6km of the Wokingham Borough border and some of these have extended opening hours. Residents of neighbouring areas may also use pharmaceutical services in the Wokingham Borough, but their needs are outside the remit of this PNA.

The current provision of pharmacies in Wokingham Borough means that there are 15 pharmacies per 100,000 population. In March 2016, there were 22 pharmacies per 100,000 population across England and 19 per 100,000 population in the South East (NHS Digital 2016a). Using population and housing projection figures, we can expect the pharmaceutical provision in Wokingham Borough to reduce to 14 per 100,000 population (64% of the current England rate) by March 2021, meaning that there will be gaps in provision of essential services that are not able to be met by existing services, if not during the lifetime of this PNA then in the following three years.

## E: Public Survey

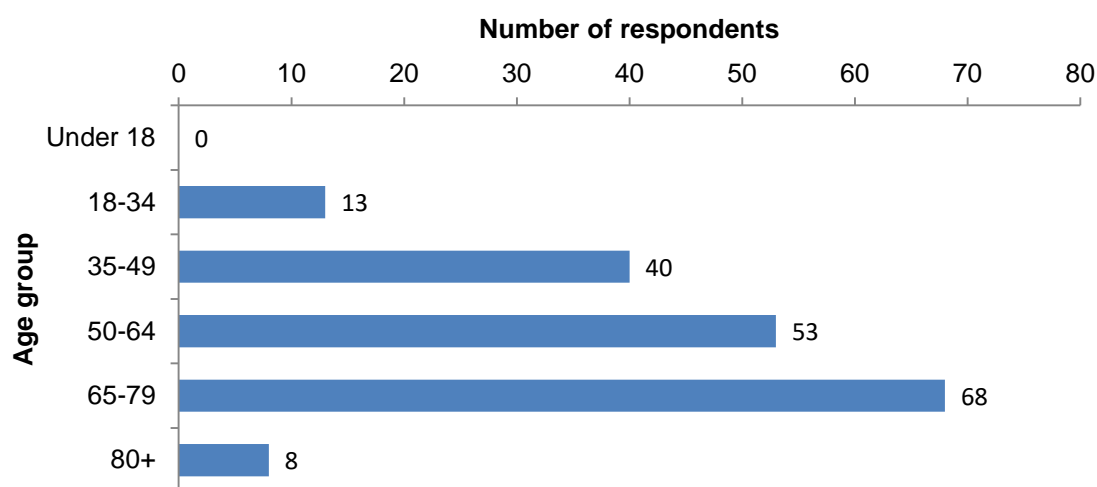
A key aspect of the pharmaceutical needs assessment is to obtain the views of residents who use our community pharmacy and dispensing doctor services. This section provides a summary of the responses that were received through the Berkshire PNA public survey, which was open from mid June to mid September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

184 people participated in the PNA survey. These responses included 40 Wokingham Borough residents and 144 residents from other Berkshire local authorities. The results from the survey have been analysed together, due to the relatively low response rate. All the figures included below therefore represent the views of all Berkshire respondents, and not just Wokingham residents.

### 1. Demography of survey respondents

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

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



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

### 2. Use and access to local pharmacies

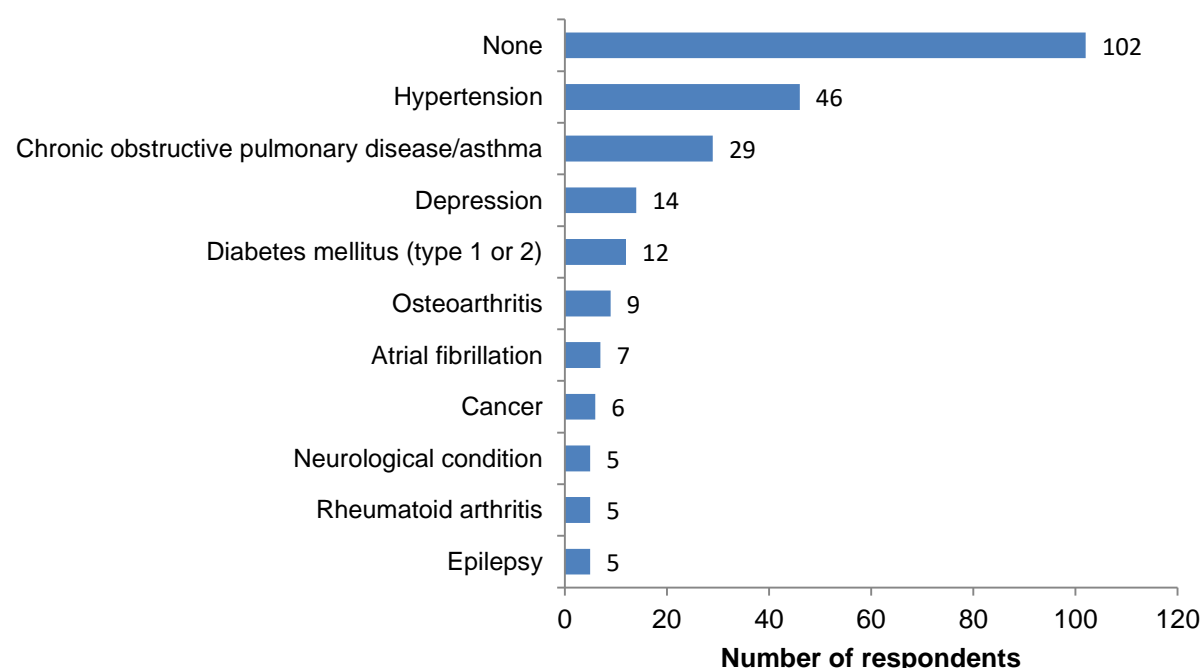
Respondents were asked about the pharmacies they used and how they accessed these. Key findings about pattern of use included:

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

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

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

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

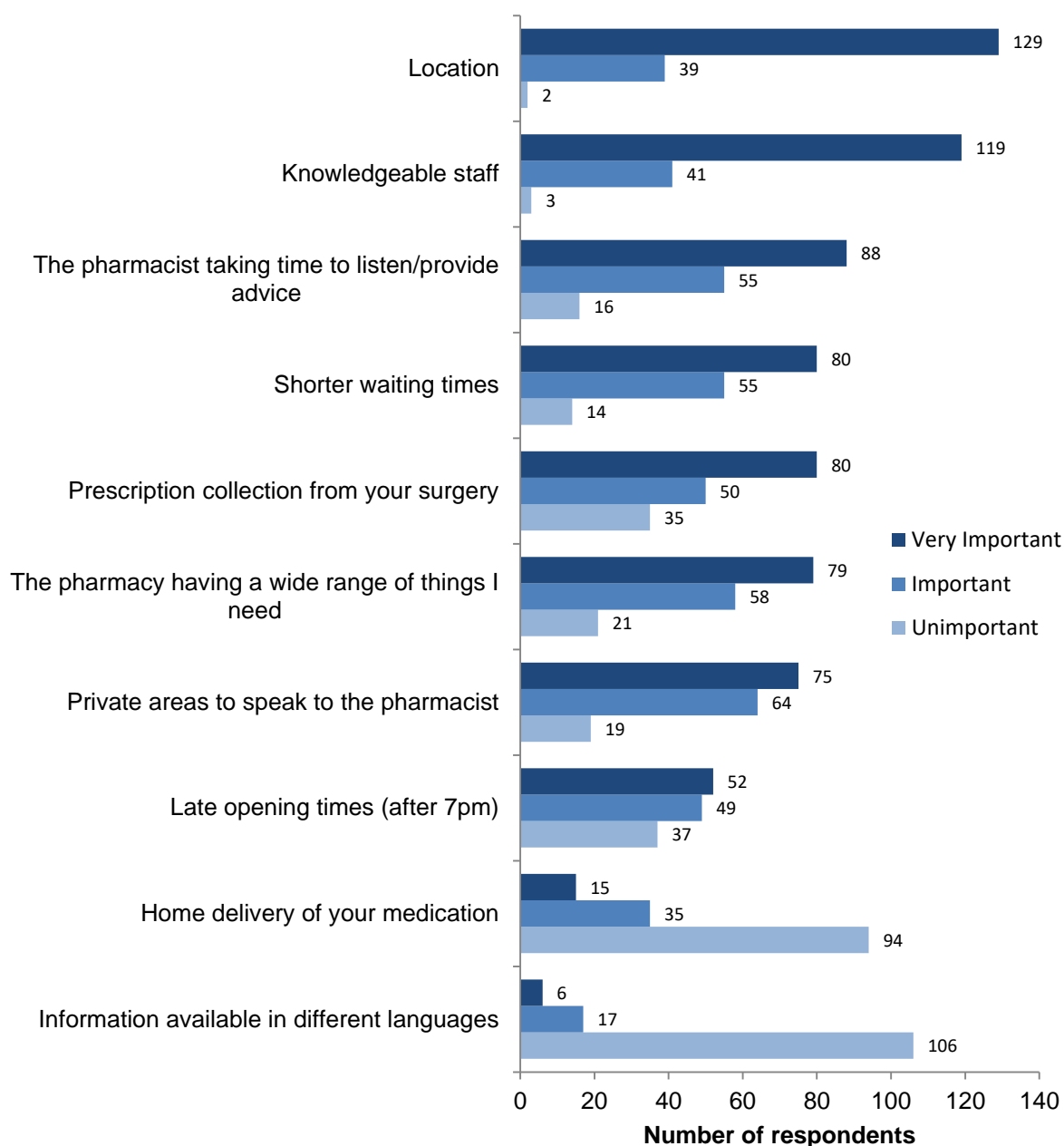


### 3. Pharmacy characteristics and services

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



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

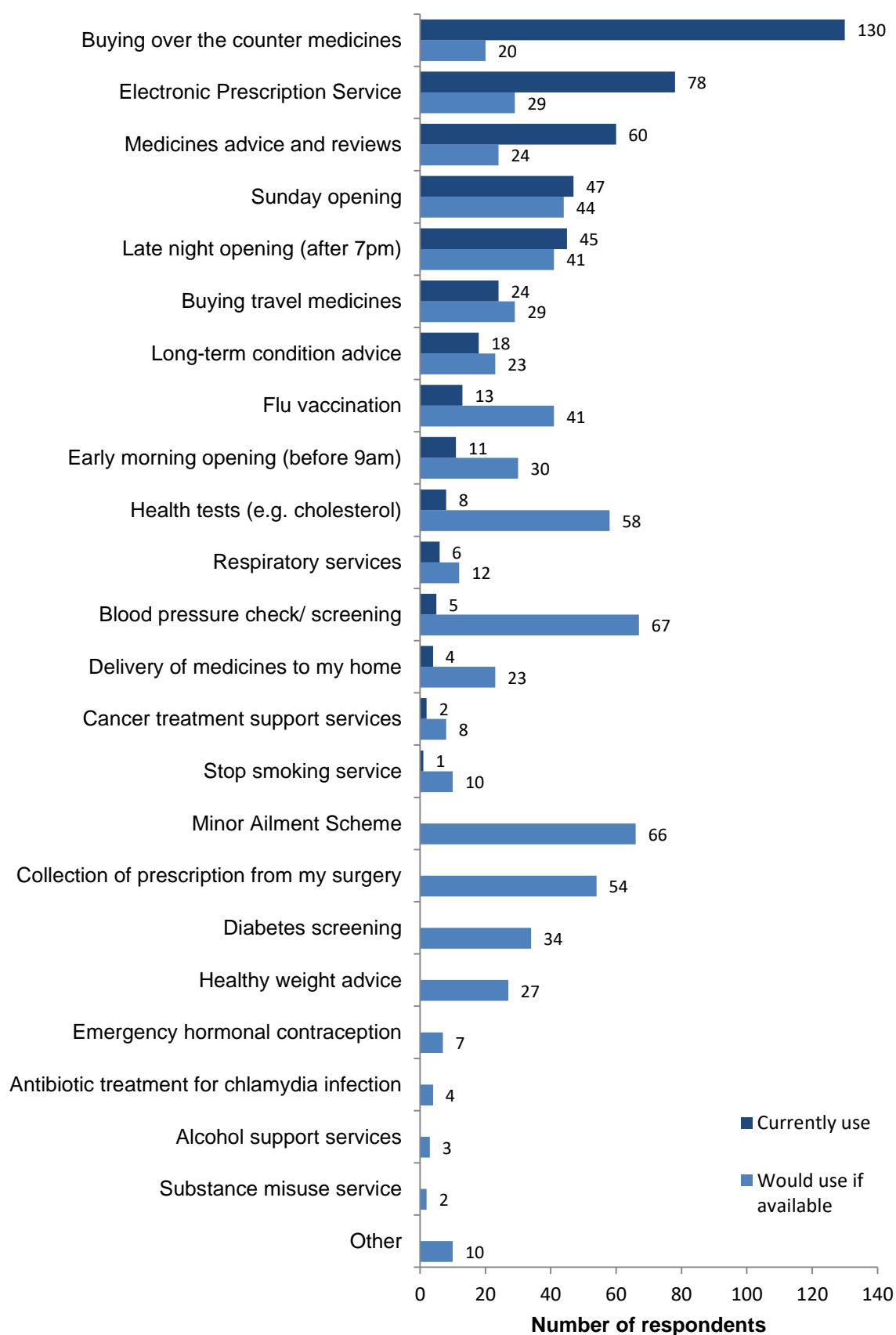


Respondents were asked about the pharmacy services they currently used, as well as services that they would use if they were available. The most commonly used services were buying over the counter medicines, the Electronic Prescription Service (EPS) and medicine advice and reviews. 36% of respondents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

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

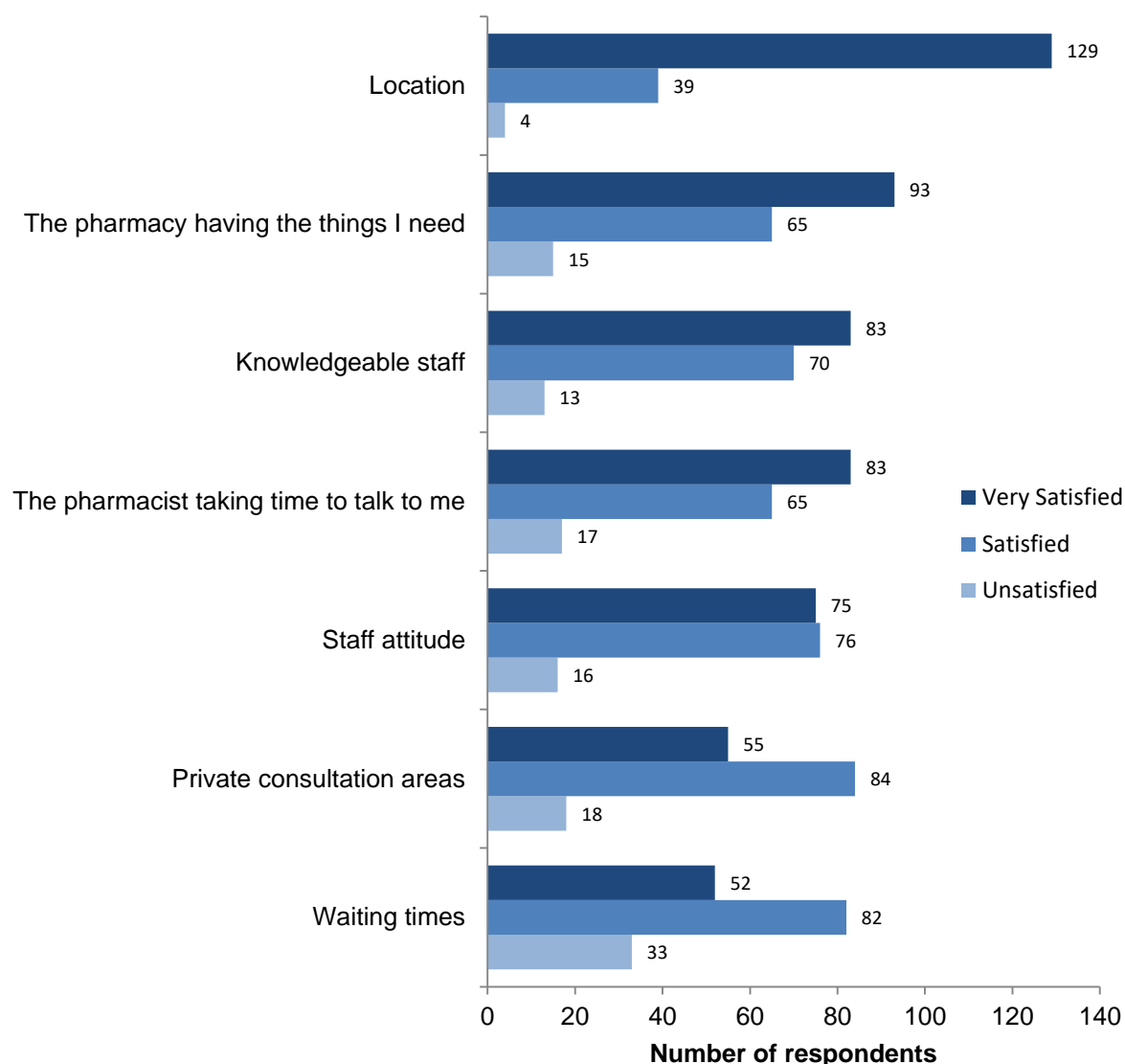
The full list of responses is shown at Figure 12.

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



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

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



## 4. Feedback

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

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

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

## **F: Assessment of pharmaceutical service provision**

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

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

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

- There are 22 pharmacies and 3 dispensing doctors providing essential pharmaceutical services in Wokingham. There are no distance selling pharmacies.
- There are 15 pharmacies and dispensing practices per 100,000 population in Wokingham Borough. This is expected to reduce to 14 per 100,000 population by 2021, based on population projections and growth from new housing developments.
- Pharmacies are well placed to serve heavily populated areas, with sufficient provision in less populated wards.
- There is good access to a range of pharmacies during core opening hours and all residents can access a community pharmacy within a 10 minute drive during normal working hours and within a 15 minute drive at other times.
- Two thirds of residents can access a pharmacy within 15 minutes walk during normal working hours and this figure is likely to increase when pharmacies in neighbouring boroughs are considered, however residents in the central Arborfield and Barkham wards are not close to any community pharmacy within weekday evening and Sunday opening hours. Some residents in Hurst ward also have no pharmacy within walking distance.
- There is good provision of essential and advanced services during core hours in the rural Remenham Wargrave and Ruscombe ward where around a quarter of the population are aged over 65, however this does not extend to evenings and weekends. This is likely to be mitigated to some extent by services in the neighbouring area of Henley (Oxfordshire). Residents in these wards may also choose to use the pharmaceutical services in other areas of Wokingham Borough, such as Twyford and Woodley.
- There is good provision over evenings and on Saturdays; 20 pharmacies are open weekday evenings, three of which are open until at least 10pm with a further three open until at least 8pm. 20 pharmacies are open on Saturdays with six open after 7pm of which three open until at least 10pm. Nine pharmacies are open on Sunday however there is no provision after 6.30pm within the borough.
- There are 18 pharmacies located within 1.6km of Wokingham borders and a number of these offer extended opening hours.
- There is adequate but variable provision of advanced services across Wokingham; 20 pharmacies provide MUR with one planning to provide in the near future, 20 provide NMS. Seventeen pharmacies responded to the survey; of these 12 reported providing flu vaccination. Three pharmacies reported providing NUMSAS however eight more reported planning to provide this in the near future. One pharmacy reported providing SAC and also provides AUR.

- Planned housing developments in specific areas within the Borough mean that the need for pharmaceutical services will increase or change over the lifespan of the PNA:
  - Arborfield is a strategic development location (SDL) within Wokingham Borough and the site of a large planned development. There are currently no community pharmacies in close proximity to this development and therefore there is a clear need to increase pharmaceutical provision in the lifetime of this PNA. Locating a community pharmacy in the village centre would enable residents to access services locally, in line with the sustainable design of this community.  
 Pharmaceutical provision will need to enable access for residents during working hours and also during evenings and weekends, including Sundays. The presence of other primary healthcare services may generate prescriptions and access to a nearby pharmacy during and following the time these service are open will meet the pharmaceutical needs of these patients. The inclusion of leisure outlets, such as restaurants and pubs, as well as the adjacent school and leisure centre means that there is likely to be a further need for evening and weekend opening in order to meet the needs of residents and employees.  
 The inclusion of self-contained homes for older people means that pharmacy services such as NMR and MUR, as well as flu vaccination, would be beneficial in this area.
  - The Shinfield Parish SDL is a major development that spreads over extensions to Shinfield village, Three Mile Cross and Spencers Wood. Existing pharmaceutical service provision nearby this SDL includes pharmacies in Shinfield Village, Spencers Wood and Lower Earley. The current level of provision is likely to be sufficient to meet the needs of the increased number of residents and employees for essential and pharmaceutical services. However, there may be a need for extended opening hours for services in Shinfield and Spencers Wood (evening and weekends). These opening hours are only currently provided by the Lower Earley Pharmacy, which may be difficult for vulnerable elderly residents, and young families with children to access. Increased evening opening hours would also employees and local residents working here or elsewhere to easily access pharmacy services after work.
  - As the North and South SDLs grow, the distribution of the current town centre pharmacies should be assessed in light of accessibility. This will then inform the next PNA.
- Currently there are only three healthy living pharmacies in Wokingham, however all pharmacies are working towards this. Provision of self-care advice and treatment for common ailments and healthy lifestyle interventions will become increasingly important to support the increasing numbers of older people in Wokingham to live long and healthy lives.
- NHS England encourages pharmacies and pharmacists to become eligible to deliver the NMS and flu vaccination service, so that more eligible patients are able to access and benefit from these services. Demand for the appliance advanced services (SAC and AUR) is lower than for the other advanced services, due to the much smaller proportion of the population who may require this type of service.
- In terms of improvements, there is room to extend the range of LCS that are commissioned in Wokingham and to increase the number of pharmacies providing these. A number of pharmacies have stated that they would be willing to provide these service of commissioned to do so.

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

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



## G: Conclusions

### 1. Current necessary provision

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

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

### 2. Current gaps

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

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

### 3. Future gaps

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

**Conclusion:** Although there is likely to be an increase in the number of houses available in the borough and particularly in the area around Wokingham town, there are no known future developments that are likely to significantly alter demand for pharmaceutical services in normal working hours due to the coverage currently provided by pharmacies currently serving this area.

The planned developments in Arborfield ward, where there are currently no pharmacies or dispensing doctors, mean that it is likely that existing services will not meet the need for essential pharmaceutical services during the lifetime of this PNA. It is therefore concluded that there is a need for a community pharmacy provision within the village centre, where other primary health services will also be located. This provision should enable access for residents during working hours and also during evening and weekends, including Sundays

The existing provision is likely to be sufficient to meet the needs of the increased number of residents in the Shinfield Parish SDL for essential and relevant pharmaceutical services. However this would result in increased activity for these services which may be difficult to meet effectively. By meeting needs in this way, residents would need to travel to Lower Earley to access services during evening and at weekends which may be difficult for vulnerable elderly residents and families with young children. There may therefore be a need for extended opening hours for services in Shinfield and Spencers Wood.

As the North and South SDLs grow, the distribution of the current town centre pharmacies should be assessed in light of accessibility. This will then inform the next PNA.

#### 4. Current additional provision

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

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

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

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

**Conclusion:** Based on the information available at the time of developing this PNA, there is opportunity to improve access to essential services during normal working hours and during evenings and on Sundays for residents living in the SDL area of Arborfield and in Barkham ward.

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

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

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

## 6. Impact of other NHS services

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

**Conclusion:** Based on the information available at the time of developing this PNA, the planned changes to NHS services described in this PNA are not expected to impact on the need to secure improvements or better access to pharmaceutical services either now or in specified future circumstances.

## H: Sources

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

NOMIS (2017); [Labour Market Profile – Wokingham](#)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Public Health England (2016d); [Wokingham Hypertension Profile](#)

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

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

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

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

Public Health Services for Berkshire (2017a); Wokingham Clinical Commissioning Group Locality Profile

Wokingham Borough Council (2017a); Five Year Housing Land Supply Statement at 31<sup>st</sup> March 2017 – Position Statement

Wokingham Borough Council (2017b); [Local Plan Update](#)

Wokingham Borough Council (2017c); Wokingham Borough Health and Wellbeing Strategy 2017 to 2020

Wokingham Borough Council (2017d); [Wokingham Borough Joint Strategic Needs Assessment](#)

# I: Glossary of terms and acronyms

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

# **I: Appendices and Maps**

## **Appendices**

- A: Berkshire PNA Pharmacy Survey 2017
- B: Berkshire PNA Public Survey 2017
- C: Opening hours for pharmacies and dispensaries in Wokingham Borough
- D: Equalities Screening Record for Pharmaceutical Needs Assessment
- E: PNA Consultation process and feedback report
- F: Berkshire PNA Formal Consultation Survey 2017

## **Maps**

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