ITEM NO: 78.00

TITLE Pharmaceutical Needs Assessment

FOR CONSIDERATION BY Health and Wellbeing Board on 12 February 2015

WARD None Specific

DIRECTOR Dr Lise Llewellyn, Director of Public Health

OUTCOME / BENEFITS TO THE COMMUNITY

This report sets out the outline of the Pharmaceutical Needs Assessment (PNA). It states what will be included in the PNA, the methodology that has been used and the timeline for delivery of the project. The Consultation period for the PNA in Wokingham ended 16th December and this report now includes the key issues identified form the consultation and the final amended PNA to be agreed and published.

RECOMMENDATION

That the Health and Wellbeing Board approve the final Pharmaceutical Needs Assessment document following consultation and revisions.

SUMMARY OF REPORT

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

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

Each Health and Well-being Board must in accordance with Department of Health regulations—

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

The PNA will provide information on the current pharmaceutical services in Berkshire and identify gaps in the current service provisions, taking into account any known future needs.

Purpose of the PNA

The PNA will be used by NHS to commission pharmaceutical services in Berkshire. It

will also be used by the public health team in Wokingham Unitary Authority to commission local services.

PNA Consultation in Wokingham

Each of the six unitary authorities across Berkshire has developed a PNA for its area and has gone out to consultation. The formal second consultation period in Wokingham commenced in September 2014 and ended 16th December.

It should be noted that the PNA included in its development a survey of users, which informed the draft recommendations of the PNA. In total there were 2048 user responses across Berkshire with 194 from Wokingham. The second stage of consultation was focussed on getting views on the document.

The local consultation in Wokingham consisted of three tiers; dedicated pharmacy events, online promotion and utilising existing channels and events. The dedicated pharmacy events were run in conjunction with the local Healthwatch as they have a huge audience and big database. There were two events, one during the day and the other in the evening to ensure access to all people within the borough irrespective of working status. These were promoted as an 'Ask Your Pharmacist' style event. We had Health checks available, a pharmacist on hand to answer any health queries and a presentation on the PNA as well as other health promotion materials. The events were advertised throughout the town, at GP surgeries, Pharmacies and other local buildings and businesses. There was also a PNA questionnaire available to complete online, this was promoted using the Healthwatch contact database and via social media. Finally we took the PNA out through existing channels such as the coproduction network, the Winter Carnival and the SHINE Christmas party. For this a PNA on a page was produced to give the crux of the assessment along with a printed questionnaire in a freepost envelop if people didn't have time to complete it on the day.

At the presentation of the draft PNA to the HWB board the issue of the impact of the significant housing developments was raised on access to pharmacy access. It was agreed that during the consultation process the PH team and the local LPC would visit the affected pharmacies to assess more fully the capacity of the services to cope with increasing demand during this period 2015 – 2018.

Visits were made to pharmacies in areas affected by the development. All pharmacies reported that their premises could cope with the additional demand and could accommodate the additional staffing. There was some interest in considering premises moves in Wokingham town to give a better geographical spread; and an additional license was suggested to provide a new pharmacy serving the Arborfield developments,

What to expect in the PNA

There is one PNA document for each UA in Berkshire

The document contains

- 1) Existing pharmaceutical services in Berkshire mapped against population
- 2) A review of the demography and Joint Strategic Needs Assessment (JSNA) used to identify health needs of the population
- 4) Users' views obtained through a questionnaire for the public using pharmacy services.

- 5) Professional views obtained through questionnaire for the pharmacists
- 6) Key stakeholders input through steering group

The Draft report was sent to the Health and Wellbeing Board for approval before sending it out for stakeholder consultations

The final report with recommendations is presented to the Health and Wellbeing Boards in Berkshire for approval before publication.

The following stakeholders were consulted:

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

Timelines:

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

Consultation responses

Whilst the number of written responses were very limited - only 16 - responses were received from the major stakeholders (e.g. Local Medical Committee, Local Pharmaceutical Committee, neighbouring Health and Wellbeing boards. The major areas highlighted in the responses were:

Need to identify and publish the individual opening hours of pharmacies in the area -

this has been included in the final document (see appendix 3)

Need to give further description on the population growth and specific housing developments - amendments to demographic profile undertaken

Need to clarify future needs and any gaps that may occur – addressed in recommendations

Need to clarify that the assessment covers community pharmacy, appliance contractors and dispensing doctors – page 3 amended

The visits to the pharmacies in the growth areas has been included - capacity assessed as sufficient

References:

 Department of Health: Pharmaceutical Needs Assessment Information Pack May 2013

https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack (last accessed on 5th November 2013)

2. UK Legislations: National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013

http://www.legislation.gov.uk/uksi/2013/349/regulation/8/made (last accessed on 5th November 2013)

Appendix 1

Detailed Consultation responses

Only 16 respondents -

<u>Is the purpose of the PNA explained sufficiently within the draft PNA document (section 1)?</u>

93 - ves - no response 7%

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

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

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

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

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

Does the information provide a reasonable description of the services which are

provided by pharmacies and dispensing appliance contractors in your local authority (section 8)?

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

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

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

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

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

<u>Do you think the pharmaceutical needs of the population have been accurately reflected</u> throughout the PNA

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

Do you agree with the recommendations?

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

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

FINANCIAL IMPLICATIONS OF THE RECOMMENDATION

The Council faces severe financial challenges over the coming years as a result of the austerity measures implemented by the Government and subsequent reductions to public sector funding. It is estimated that Wokingham Borough Council will be required to make budget reductions in excess of £20m over the next three years and all Executive decisions should be made in this context.

	How much will it Cost/ (Save)	Is there sufficient funding – if not quantify the Shortfall	Revenue or Capital?
Current Financial Year (Year 1)	N/A	N/A	N/A
Next Financial Year (Year 2)	N/A	N/A	N/A
Following Financial Year (Year 3)	N/A	N/A	N/A

Other financial information relevant to the Recommendation/Decision

N/A	
Cross-Council Implications	
N/A	
Reasons for considering the report in Part 2	
N/A	

List of Background Papers	
L	

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Date 03.02.15	Version No. 1	

FINAL

Pharmaceutical Needs Assessment Wokingham Borough Council

2015 - 18

Public Health Services for Berkshire

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

Pharmaceutical Needs Assessment

Wokingham Borough Council 2014

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Introduction

What is Pharmaceutical Needs Assessment (PNA)?

PNA is the statement for the needs of pharmaceutical services of the population in a specific area -this includes services provided by community pharmacies, dispensing doctors and appliance contractors It sets out a statement of the pharmaceutical services which are currently provided, together with when and where these are available to a given population.

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

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

Purpose of PNA:

The PNA has several purposes:

- To provide a clear picture of community pharmacy services currently provided.
- To provide a good understanding of population needs and where pharmacy services could assist in improving health and 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 making recommendations to address any identified gaps if appropriate and suggesting improvements to address future needs
- It will be used by NHS England when making decisions on applications to open new pharmacies and dispensing appliance contractor premises; or applications from current pharmaceutical providers to change their existing regulatory requirements.
- It will inform interested parties of the pharmaceutical needs in Berkshire and enable work to plan, develop and deliver pharmaceutical services for the population.
- It will influence commissioning decisions by local commissioning bodies including local authorities (public health services from community pharmacies), NHS England and Clinical Commissioning Groups (CCGs) in the potential role of pharmacy in service redesign.

Background: Statutory Requirements

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

The first PNAs were published by NHS Primary Care Trusts (PCTs) according to the requirements in the 2006 Act. NHS Berkshire West and East published their first PNA in 2010.

The Health and Social Care Act 2012 amended the NHS Act 2006. The 2012 Act established the Health and Wellbeing Boards (HWBs) and transferred to them the responsibility to publish and keep up to date a statement of the needs for pharmaceutical services of the population in its area, with effect from 1 April 2013.

The 2012 Act also amended the Local Government and Public Involvement in Health Act 2007 to introduce duties and powers for HWBs in relation to Joint Strategic Needs Assessments (JSNAs). The preparation and consultation on the PNA should take account of the JSNA and other relevant local strategies in order to prevent duplication of work and multiple consultations with health groups, patients and the public.

The development of PNAs is a separate duty to that of developing JSNAs. As a separate statutory requirement, PNAs cannot be subsumed as part of these other documents.

The PNA must be published by the HWB by April 2015, and will have a maximum lifetime of three years. The PNA will be used by NHS England when making decisions on applications to open new pharmacies and dispensing appliance contractor premises; or applications from current pharmaceutical providers to change their existing regulatory requirements. Such decisions are appealable to the NHS Litigation Authority's Family Health Services Appeal Unit (FHSAU) and decisions made on appeal can be challenged through the courts.

PNAs will also inform the commissioning of enhanced services from pharmacies by NHS England, and the commissioning of services from pharmacies by the Local Authority and other local commissioners for example CCGs.

The 2013 Regulations5 list those persons and organisations that the HWB must consult. This list includes:

- Any relevant local pharmaceutical committee (LPC) for the HWB area.
- Any local medical committee (LMC) for the HWB area.

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

<u>Definition of Pharmaceutical services</u>

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

Pharmaceutical services are provided through the National Pharmacy Contract which has three tiers:

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

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

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

All contractors must provide full range of essential services.

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

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

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

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

Whilst the National Pharmacy Contract is held and managed by the NHS England, local Thames Valley Area Team, and can only be used by NHS England, local commissioners such as Wokingham Borough Council and Wokingham CCG can commission local services using other contracts such as local government contracts and the standards NHS contracts to address additional needs.

Process for developing the PNA

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

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

A key part of the process for this PNA is to summarise the health needs of the local population using the joint strategic needs assessments of the findings of the HWB board.

The PNA has five main objectives:

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

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

Principles of Development

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

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

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

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

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

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

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

National Pharmacy commissioning

Commissioning Arrangements

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

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

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

There are four ways in which pharmaceutical services are commissioned:

NHS England

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

NHS England Area Team (AT)

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

Local Authority

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

CCGs

Locally commissioned in line with local needs and CCG strategy

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

Local Professional Networks

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

In general they:

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

The specific functions of the Pharmacy LPN include:

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

Contribution of Pharmacy

Pharmacists play a key role in providing quality healthcare. They are experts in medicines and will use their clinical expertise, together with their practical knowledge, to ensure the safe supply and use of medicines by the public. There are more than 1.6 million visits a day to pharmacies in Great Britain (General Pharmaceutical Council Annual Report 2012/13).

A pharmacist has to have undertaken a four year degree and have worked for at least a year under the supervision of an experienced and qualified pharmacist and registered with the General Pharmaceutical Council (GPhC). Pharmacists work in a variety of settings including in a hospital or community pharmacy such as a supermarket or high street pharmacy. See NHS Choices at http://www.nhs.uk/Pages/HomePage.aspx for your local ones.

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

The aim was to uncover how best to develop high quality, efficient services in a community pharmacy setting that can improve patient outcomes delivered by pharmacists and their teams. Pressures on primary care as a whole are increasing and the vision is for Community pharmacy to play a full role in the NHS Transformational Agenda by:

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

The Call to Action consultation has now finished and the response is awaited from the department of Health

National Outcomes Frameworks

Pharmacy has a key role in supporting the achievement of the NHS Outcomes Framework, which measures the success of the NHS in improving the health of the population.

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

This similarly contributes to the success against the Public Health Outcomes Framework:

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

Control of Market Entry

The regulations that govern the provision of pharmacy places an obligation on NHS England to put arrangements in place so that drugs, medicines and listed appliances ordered via NHS prescriptions can be supplied to persons.

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

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

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

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

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

meet an identified current or future need or needs;

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

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

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

Geography Covered by the Wokingham Borough PNA

Each PNA has to define its geographic scope. This year the Wokingham Borough PNA is following the boundaries of the Local Authority, as is each PNA for the Berkshire Local Authorities. The services are mapped for each Local Authority and a composite picture is given for Berkshire as a whole. The individual Authorities results are also compared to the whole of Berkshire. See Appendix 1 for a Map of the pharmacies in Berkshire (shading is only illustrative)

Henley-on thames

Wife

Reading

Reading

(Wooking resp.

Figure 1: Map of Wokingham showing ward boundaries

The wards in Wokingham are:

Arborfield

Bulmershe and Whitegates

Coronation Emmbrook Evendons

Finchampstead South

Hawkedon Hillside Hurst Loddon Maiden Erlegh

Norreys

Remenham, Wargrave and Ruscombe

Shinfield South

Sonning South Lake Swallowfield Twyford Wescott

Winnersh

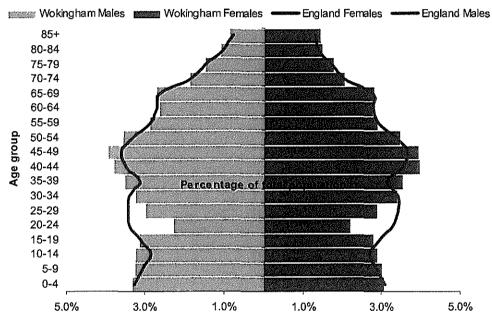
Wokingham Borough Demographics

Population Structure

The population of Wokingham Borough is now according to ONS estimates 157,866 (2014).

As a proportion of the total population, there are fewer adults aged 20 to 29 than the national average. However, there are a larger proportion of children aged 5 to 14 and adults aged 35 to 49.

Figure 2: Wokingham Borough population pyramid, compared to the national profile



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

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

Figure 3: Resident and registered population of Wokingham Borough and other Berkshire Local Authorities

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

Source: Office for National Statistics (2014)

Population growth

Wokingham Borough has significant housing developments underway, with 4 Strategic Development Locations (SDLs) within the Borough. These developments occur across a longer timescale than 2018.

Figure 4: Location of SDLs in Wokingham Borough and approximate housing/population increase

Area of development	Number of houses	Approximate population increase		
North Wokingham	1,500 houses	approx 3,770 people		
South Wokingham	2,500 houses	approx 6,300 people		
Arborfield Garrison	3,500 houses	approx 8,800 people		
South of M4	3,000 houses	approx 7,500 people		

Furthermore, there will be an additional 2,732 houses built which are in non-Strategic Development Locations. These will be for approximately 6,900 people.

In the timescale of the PNA the population growth is estimated to be approximately 15,000

Local authority	2015	2016	2017	2018
Bracknell				
Forest	120,000	124,000	127,900	131,900
West				
Berkshire	158,100	160,100	162,400	164,800
Reading				
.555	161,500	164,800	167,900	171,400
Slough				
	149,800	154,100	157,800	160,800
Royal				
Borough				
Windsor				
Maidenhead	151,200	154,200	156,500	158,600
Wokingham	162,700	166,500	171,000	177,100

Total population growth - Cumulative - ONS midyear estimates

Ethnicity

Figure 5: Ethnic breakdown of usual residents in Wokingham Borough and the other Berkshire local authorities (Census 2011)

	Wokingham	Bracknell Forest	Reading	Slough	West Berkshire	RBWM
White-British, White- Irish, Gypsy or Irish Traveller, White Other	88.4%	90.6%	74.8%	45.7%	94.8%	86.1%
Mixed/Multiple Ethnic Groups	2.0%	2.1%	3.9%	3.4%	1.6%	2.3%
Asian or Asian British	7.5%	5.1%	13.6%	39.7%	2.4%	5.5%
Black/African/ Caribbean or Black British	1.4%	2.0%	6.7%	8.6%	0.9%	6.6%
Other Ethnic Group	0.7%	0.5%	0.9%	2.6%	0.2%	0.8%

Source: Office for National Statistics (2011)

Life Expectancy

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

Figure 6: Life Expectancy for men and women in Wokingham Borough and other Berkshire Local Authorities (2010-12)

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

Source: Office for National Statistics (2014)

Children

Children in poverty

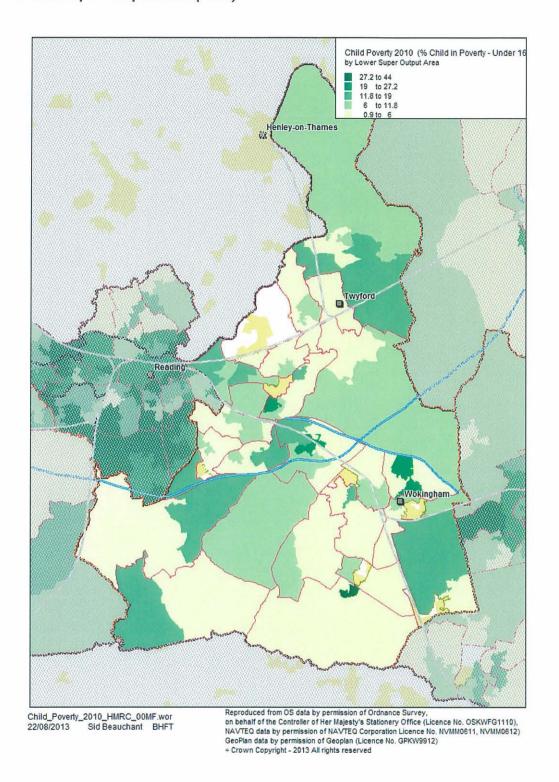
Child poverty and deprivation can be measured in a number of different ways. Figure 7 shows the percentage of children (dependent children under the age of 20), who live in households where income is less than 60% of average household income. This is termed as living in 'relative poverty'. Figure 7 also shows the Income of Deprivation Affecting Children Index score (IDACI score), which measures the proportion of under 16s living in low income households. A higher score indicates higher levels of child deprivation in an area.

Figure 7: Level of Child Poverty in Wokingham Borough and other Berkshire Local Authorities (2010-12)

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

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

Figure 8: Map to show level of Child Poverty in Wokingham Borough at a Lower Super Output Area (2010)



Source: Department for Communities and Local Government (2010)

Teenage pregnancies

Figure 9: Under 18 conceptions and conception rates in Wokingham Borough and other Berkshire Local Authorities (3 year aggregates: 2010-2012)

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

Source: Office for National Statistics (2014)

Educational Attainment

Figure 10: Percentage achieving 5+ A*-C GCSE grades, including English and mathematics

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

Source: Department for Education (2012/13)

Figure 11: Key Stage 2 results – Percentage achieving level 4 or above by Local Authority

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

Source: Department for Education (2012/13)

Physical disability and sensory impairment

Figures 12 and 13 below show the number of people registered as being blind, partially sighted, deaf or hard of hearing as a proportion of the total population. Fewer people in the Wokingham Borough are registered as having a sensory impairment than the national and South East Region averages. However, it is worth noting that registration is voluntary, so there may be people who are blind or partically sighted that have chosen not to be on the register or who are unaware of it.

Figure 12: Percentage of people registered as blind in Wokingham Borough (2010/11)

Source: Health and Social Care Information Centre (2011)

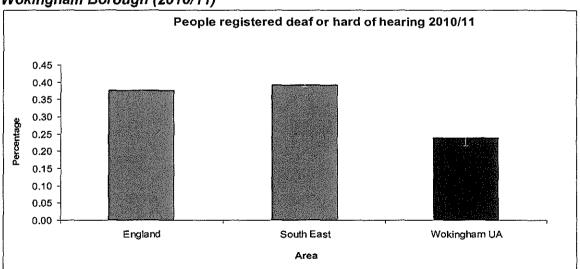


Figure 13: Percentage of people registered as deaf or hard of hearing in Wokingham Borough (2010/11)

Source: Health and Social Care Information Centre (2011)

Provision of unpaid care

9.0% of Wokingham Borough's population stated that they provided unpaid care to a family member, friend or neighbour in the 2011 Census. Figure 14 provides a breakdown to show the levels of unpaid care provided.

Figure 14: Percentage of people providing unpaid care in Wokingham Borough and other Berkshire Local Authorities (Census 2011)

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

Source: Office for National Statistics (2012)

Wokingham Borough Needs Assessment

Wokingham Borough has the lowest rate of early deaths (those occurring in people aged under 75 years) nationally. Like neighbouring Boroughs the commonest case of early deaths are cancer, heart disease and stroke, lung disease and liver disease.

Wokingham is one of the most affluent Boroughs in England and, as would be expected, when compared against the national benchmarked indicators of health Wokingham Borough does better or significantly better than the England average in most areas.

However some areas show Wokingham Borough at the England average and, given the level of affluence, highlight areas for improvement:

- in adults healthy eating (poorer levels of eating 5 fruit and veg a day) and lower levels of physical activity in adults, higher rates of malignant melanoma and high reported rates of anxiety and depression
- in older people rates of excess winter deaths, hip fractures and falls in over 65s
- in children infant mortality rates are average.

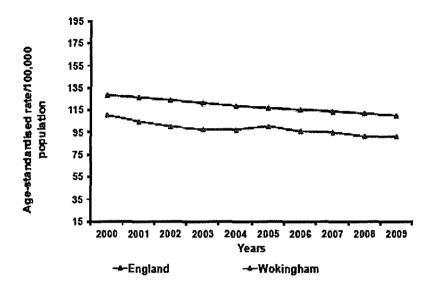
Wokingham Borough is worse than the England average on increasing and higher rates of drinking alcohol (APHO Local Health Profile 2012).

Cancer

Although deaths from cancer are reducing, cancer is the top cause of premature deaths in Wokingham. Bowel cancer and prostate cancer are increasing in numbers.

Mortality from all cancers aged under 75 (2009 to 2011) show that 100 males in 100,000 will die prematurely from cancer with 90 per 100,000 females. Out of these 50 per 100,000 are considered preventable. Screening is a key health intervention that will allow earlier detection of cancer or its precursors. In Wokingham whilst uptake of breast and cervical cancer screening is above the England average, Bowel cancer screening uptake needs improvement to reach the expected target (source: APHO Local Health Profile 2014).

Figure 14: Rate of deaths from cancer for people aged under 75 in Wokingham Borough (2000-2009)



Source: Association of Public Health Observatories, 2012 Local Health profile

Heart Disease and Stroke

Models have been produced by Public Health England to provide estimates of cardiovascular disease prevalence in different areas and are shown as a percentage of the population aged 16 and over. Modelled prevalence of cardiovascular disease in Wokingham Borough (2011):

Cardiovascular disease: 10% of populationCoronary Heart disease: 4% of population

Stroke: 2% of population

Hypertension: 27% of population

40 in every 100,000 people aged less than 75 years in the Wokingham Borough die from cardiovascular disease, of these 27 people in every 100,000 people aged less than 75 years die from cardiovascular disease where their death was preventable. This is a lower rate than the England average and also compared to similar Local Authorities.

The NHS Health Check programme assesses the vascular risk of those between the ages of 40 to 74 years to identify those with disease and provide advice to those at risk of developing cardiovascular disease in the future. In Wokingham Borough the number of Health Checks offered is significantly below the target expected

Preventable factors

Smoking

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

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

Whilst smoking prevalence in Wokingham is low - 12.8% - approximately 200 per 100,000 people aged over 35 years will die due to smoking related illnesses, this figure has increased slightly in recent years. In addition 800 people will be admitted to hospital with smoking related illnesses (*Local Tobacco Control Profile*, 2013).

Alcohol

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

Wokingham has higher than the England average for number of 16 years plus at increasing and higher rates of drinking.

Flu Vaccination

Flu immunisation is a public health programme that aims to reduce the mortality and morbidity form the influenza virus each year. Whilst targets are almost achieved in the older age groups, there are gaps in the programme aimed at children and those with long term conditions and at higher risk.

Figure 15: Seasonal flu immunisation coverage for Wokingham and Berkshire (2012/13)

	65+	Under 65 at risk	Pregnant	
	% coverage	% coverage	% coverage	
Wokingham	74.4%	55.4%	44.8%	
Berkshire Total	74.4%	56.9%	4.8%	

Source: NHS Thames Valley Local Area Team (2013)

Mental Health

The term 'mental health problem' can be used to describe the full range of mental health issues, from common experiences such as feeling depressed to more severe clinical symptoms such as clinical depression and enduring problems such as schizophrenia.

Adult

In the Wokingham Borough there is significantly more depression recorded than the England average, though the Community Mental Health Profile (2013) shows that less than 120 people in 100,000 people living in the Wokingham Borough were admitted to hospital due to mental ill health in 2011/12. This may be due to the increased range of community support, including psychological therapies.

Older people

Falls is a key cause of injury in older people and whilst the rate of injuries in the Wokingham Borough is considerably lower than the national average, Wokingham has near the England average for fractured hips – the most common reason being a fall.

There are a number of ways to reduce someone's chances of having a fall, including making simple changes to the home and doing exercise. However some older people can be reluctant to seek help and advice about preventing falls because they believe that their concerns will not be taken seriously. Detection of falls risk is increasingly important since the number with mobility problems are set to rise.

Figure 16: Projected numbers of older people with mobility problems in Wokingham Borough and England (2011 to 2030)

Area	2011	2015	2020	2025	2030	% Change
Wokingham	4,271	5,072	5,867	6,815	7,908	85.2%
South East	285,131	316,030	357,752	408,312	469,892	64.8%
England and Wales	1,632,515	1,792,163	2,010,476	2,277,121	2,596,051	59.0%

Source: Projecting Older People Population Information System

'Excess Winter Death' data show the number of deaths in winter (December to March) compared with non-winter months. Deaths in the Wokingham Borough increased by over 18% during the winter months in 2011 compared to the other seasons of the year. Even though Excess Winter Deaths in Wokingham have been lower than the national average over the last 15 years, it increased in the last two years to reach the national average in 2011.

Monitoring against the Public Health Outcomes Framework

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

- 1.02i School readiness % of children achieving a good level of development at the end of reception
- 1.02i School readiness % of children with FSM status achieving a good level of development at the end of reception
- 1.02ii School readiness % of Year 1 pupils achieving the expected level in the phonics screening check
- 1.02ii School readiness % of Year 1 pupils with FSM status achieving the expected level in the phonics screening check
- 2.21vii Access to Diabetic Eye Screening
- 2.22iii NHS Health Checks % of eligible population offered an NHS Health Check
- 2.22v NHS Health Checks % of eligible population who received and NHS Health Check
- 3.02ii Chlamydia diagnoses (15-24 year olds)

The PHOF uses Berkshire West figures for all of the immunisation indicators, so these cannot be directly attributed to Wokingham. Most of Berkshire West's childhood immunisation figures are significantly better than the England average and meet the national target.

Local Commissioning Strategies

Wokingham Health and Wellbeing Strategy

The vision of the Wokingham strategy is:

"Healthier lives for everyone in Wokingham"

The Wokingham Health and Wellbeing Board recognised that Health is determined by both our physical health and our emotional wellbeing and the Board put equal weight on these two elements.

The key themes of the Wokingham Strategy are:

- Promoting good health throughout life
- Building health and wellbeing into new communities
- Improving life chances
- · Emotional health and wellbeing
- · Older people and those with long term conditions

Promoting good health throughout life

Through healthier lifestyles the risk of many illnesses can be reduced, such as: leading an active lifestyle with regular exercise, eating a healthy balanced diet, having positive social interactions and managing stress, leading to balanced emotional wellbeing.

Key priorities are:

- Promoting and facilitating more opportunities for active lifestyles with a focus on those who have long term conditions or who are at risk of developing them.
- Preventing poor emotional health and wellbeing, focusing on reducing stress, anxiety and depression in children and adults.
- Prioritise development of workplace health initiatives reducing absenteeism, increasing economic productivity and increase the wellbeing of those living and working in the Borough.

Building health and wellbeing into new communities

The environment in which residents live and work influences lifestyle and behaviour choices which impacts on the health of individuals and communities. The creation of four large Strategic Development Locations (SDL's) within the Borough will see 10,500 new homes and associated infrastructure being built. Alongside this there are existing plans for further residential developments totalling 3,000 new homes

This provides a unique opportunity to design new natural and built environments for new communities. Development on this scale is a once in a generation opportunity to provide the right infrastructure to ensure healthy sustainable and resilient communities.

Priorities are:

- Ensuring health is integral to the development of the new communities through the Board being a consultee on all major (50 units +) housing developments and regeneration activities in the Borough.
- Influencing the design of the built environment to maximise wellbeing and sustainable communities.
- Ensuring the design allows people to make healthy choices the easy choices, for example to travel actively; have access to high quality useable green space; to socialise easily; and to feel safe and stay independent.
- Focus on community infrastructure which promotes healthy lifestyles; self-reliance and independence by ensuring it is integral to the new built environment plans.

Improving life chances

Although Wokingham has a generally affluent and healthy population, there are communities of interest who are at risk of poorer health. This can be due to where they live; their ethnicity; age; gender; employment status; educational background; income or socioeconomic position

Priorities are:

- New health improvement programmes in five areas of relative deprivation working to deliver neighbourhood initiatives in partnership with the community.
- Narrowing the gap between the performances of those children in danger of being left behind in comparison to their peers.
- Building on the existing healthy lifestyles programme for those from a Black and Minority Ethnic (BME) background.
- Increasing engagement with the Traveller and Gypsy communities in all areas of wellbeing to promote behaviour change whilst keeping cultural identity.
- Ensuring employment for all, including young people not in education, employment or training, people with long term conditions and/or mental health problems.

Emotional health and wellbeing

The Borough has a significantly larger proportion of its population registered with a diagnosis of clinical depression than both local and national averages. There is also a high usage of the Children and Adolescent Mental Health Service (CAMHS).

Priorities are:

- Improving appropriate access to, and the quality of, CAMHS
- Improving care of people with dementia with the aim to be the best in England
- Increasing awareness of and reducing the incidence of domestic abuse.
- Improving patient satisfaction in mental health services (from 25% to 50%).

Older people and those with long term conditions

Ensure older people and those with long term conditions are able to live independently and self manage their conditions through the joined up action of services and the community.

Priorities are:

- Enabling people to keep well and stay in their own homes through empowering them to self care and live independently.
- Supporting Carers, including Young Carers, who are looking after their friends and relatives.
- Ensuring health and social care services are easily accessible, client focused and through reducing duplication of individual care assessments, by improving the integration of services.
- Reducing social isolation in the elderly.
- To create a new modern community facility that supports people with physical disabilities and long term conditions.

This priority strongly links into the national initiative the "Better Care Fund" which aims to support the integration of health and social care services and a strengthening of preventative type services to maintain the health and independence of older people. Wokingham CCG's 'Plan on a Page' has been attached at Appendix 2 for information.

Current Pharmacy Provision

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

- Essential Services
- Advanced services
- Enhanced Services

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

However in addition community pharmacy can be commissioned by:

- CCG local commissioned services to support local needs and service transformation
- Local authorities locally commissioned services to support local needs

There are currently 23 community pharmacies in Wokingham and 162 across Berkshire. These provide the essential services and range of advanced and enhanced services. The types of businesses vary from multiple store organisations to independent contractors. There are four 100 hour pharmacies in Wokingham.

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

Essential Services

The following services form the core service provision required of all 23 Wokingham pharmacies as specified by the NHS Community Pharmacy Contract 2005.

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

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

Advanced Services

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

Local Services

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

Public Health within the council:

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

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

The CCGs within Berkshire:

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

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

NHS England:

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

Private Services:

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

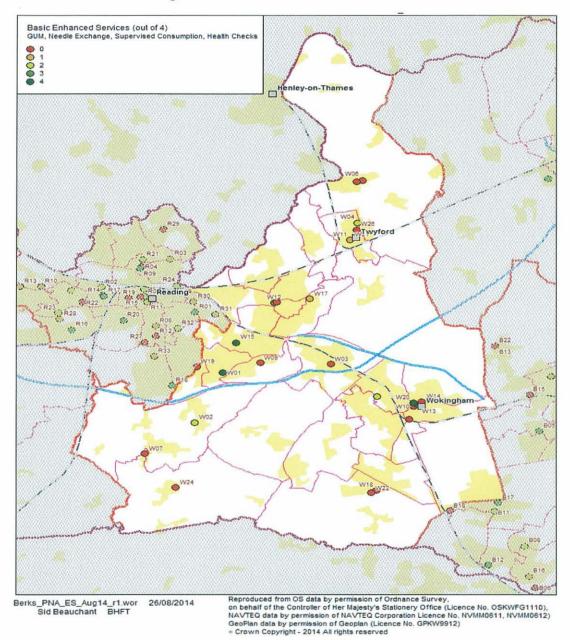
Pharmacy provision - current

Identified Health Needs	Current service provision Community pharmacy
Adults Self care	Signposting is part of core contract
	Medicine use reviews
	Health promotion campaign part of core contract
Smoking	Solutions for health sub contract
Alcohol	Pilot programme in pharmacies raising awareness of alcohol units
Cancer	Health promotion campaigns - bowel screening as part of core contract.
Cardiovascular disease	NHS health checks
Chronic Obstructive Pulmonary Disease (COPD)	Medicine use reviews
Older people Winter excess death Winter warmth Flu Immunisations Falls	Pilot of Flu immunisation to at risk groups
Dementia	Dementia friends
Sexual Health	Emergency hormonal contraception Access to condoms - C Card scheme Signposting to Chlamydia screening
Substance misuse	Needle exchange Supervised consumption

Current Pattern of Enhanced services

For more details see Appendix 3.

Figure 17: Map of Pharmacies in the Wokingham Borough who provide the NHS Health Check Programme



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Other Service Providers

Dispensing Contractors

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

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

Wokingham has 3 dispensing practices:

- Swallowfield Medical Practice
- The Wargrave Surgery
- Twyford Surgery

Local Pharmacy Service (ESPLPS) and Local Pharmaceutical Services (LPS) Contractors

LPS contracts were introduced as an alternative to the national contractual framework. LPS allows for provision of pharmaceutical and other services, including services not traditionally associated with pharmacy, within a single contract. There are no LPS providers in the Wokingham Borough.

Outside of area service providers

Wokingham Borough shares a border with the following upper tier Local Authorities:

West Berkshire

Reading

Bracknell Forest

Hampshire

Surrey

Oxfordshire

Buckinghamshire

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

Housing developments

At the start of the consultation process further work was commissioned by the Health and Wellbeing board to assess the current capacity of pharmacy in areas of known housing growth, and to estimate the impact on pharmacy access and capacity with regard the increasing population as a result of housebuilding across the Borough. The local Public Health Consultant visited those pharmacies in areas affected by housebuilding together with the Chief Executive of the Berkshire Local Pharmacy Committee (LPC).

Pharmacies in Wokingham Town and in the settlements surrounding Arborfield Garrison were identified as being in those areas facing the greatest numbers of new houses being built in the period up until 2026. These pharmacies were visited during a week in November 2014 and the manager /owner was asked about the capacity of their business to cope with the additional population.

Wokingham Town Pharmacies

It was assessed that the pharmacies serving the Wokingham town area had sufficient capacity to meet the need of the new population. The recent opening of a new 100 hour pharmacy in the town centre had freed up capacity in other pharmacies. All premises were seen as being of sufficient size and accessibility to meet the needs of the current and future population. The providers are a mixture of superstore-based pharmacies; multiple retailers; GP centre-based pharmacies with little retail offer and businesses which saw significant trade in offering delivery services across the town.

Pharmacies around Arborfield Garrison

It was assessed that the pharmacies in the villages surrounding the Garrison where up to 3,500 houses are planned over the next 12 years had sufficient capacity to meet the need of the associated population increase. The recent opening of a 100 hour pharmacy in Finchampstead to the south of the development site had led to a freeing of capacity in neighbouring pharmacies. The pharmacies include a range of multiple and private businesses and a GP practice-based pharmacy. A GP practice in a further neighbouring village is a dispensing practice meeting the need of its mainly rurally-resident patients.

Conclusion

The current view is that the range of pharmacies, in the areas most affected by significant housing development, have sufficient capacity to meet the current needs of the population.

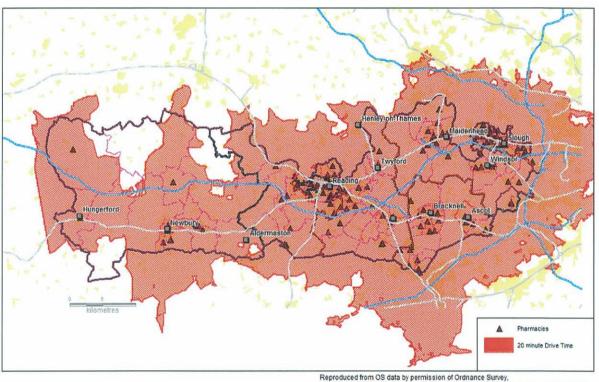
Due to the time frames of the developments there is no future gap in service provision within the lifetime of this PNA. However as the developments are established post 2018 subsequent PNAs will need to review the level of community pharmacy provision in Wokingham Town and the settlements surrounding Arborfield Garrison

Pharmacy Access

Wokingham has 23 pharmacies plus 3 dispensing practices –this equates to 17 pharmaceutical centres per 100,000 residents which is below the national average of 20 per 100,000 residents.

One measure of accessibility is the number of patients that can get to a pharmacy within 20 minutes driving time (see Figure 18 - drive time calculated by software Chronomap). For the Wokingham Borough it can be seen that all of the population can access a pharmacist within this time. Appendix 3 gives a more comprehensive description of the access currently experienced by Wokingham residents

Figure 18: Population of Berkshire that can get to a pharmacy within a 20minute drive time



Berks PNA Apr14 v1.wor 15/05/2014 Sid Beauchant BHFT

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Opening Hours

A survey was undertaken of all pharmacists in Wokingham. 18 providers out of 23 providers took part on this survey. The following information is taken from the survey. (A detailed opening times list is given in Appendix 3)

All respondents are open Monday to Friday between 9 am and 5 pm depending on the day of the week.

Only 3 providers are closed on a Saturday, however 12 are closed on Sundays. In addition, Wokingham Borough has four 100 hour pharmacists.

Consultation Facilities

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

In Wokingham 78% of providers have wheelchair accessible consultation facilities, an additional 17% have a consultation space however it is not wheelchair accessible.

Advanced services

Within Wokingham a significant number of pharmacies provide advanced services for medicines, though this is not the case for appliance care and customisation services.

Figure 19: Wokingham Borough Pharmacy response to question about the provision of advanced services

	Yes	Soon	No
Medicines Use Review service	28(90.3%	3 (9.7%)	0 (0%)
New Medicine Service	28 (90.3%)	3 (9.7%)	0 (0%)
Appliance Use Review service	4 (12.9%)	6 (19.4%)	21 (67.7%)
Stoma Appliance Customisation service	3 (9.7%)	5 (16.1%)	23 (74.2%)

Additional language availability

There are a wide range of additional languages spoken within the community pharmacy setting which in Wokingham.

Collection and Delivery Services

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

100% of pharmacists in Wokingham offer free prescription collection from the surgery services.

In addition 78% of community pharmacies offer free delivery to patients when requested usually to patients with limited mobility. An additional 6% of pharmacies will offer this service but will charge for the service.

IT connectivity

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

Moving forward service integration will require sharing of information and so it will become increasingly important for pharmacy to have IT connectivity if they are to play a role in transformed services. 94% of pharmacies in Wokingham have IT connectivity with 6% planning to address this issue in year

Analysis of User Survey

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

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

Respondents

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

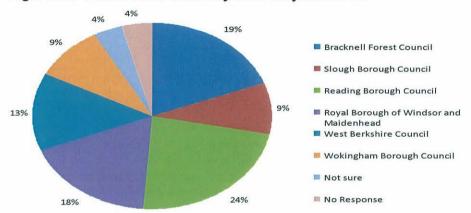


Figure 20: Which local authority area do you live in?

In Wokingham there were 194 responses making up 10% of the total replies. Of these 92% were from respondents that classed themselves as white British, and 4% as white other. The most common age groups that responded in Wokingham was 65-74 year (25%) with a further 21% being over 75 years.

Pattern of use

Residents were asked what services they used: 97% replied that they used community pharmacy, 3% a dispensing appliance supplier (someone who supplies appliances such as incontinence and stoma products) and none using internet pharmacy. These results show a significant difference in internet use - Berkshire comparison figure is 3%.

When residents were asked how often they used a community pharmacy they gave the following replies, which shows a similar pattern to that across Berkshire.

45.0% 40.0% 35.0% Wokingham Borough 30.0% Council 25.0% Rest of Berkshire 20.0% 15.0% 10.0% 5.0% 0.0% More than

Once a month

once a month

Figure 21: How often do you use a pharmacy?

Additionally residents were asked about the type of services they currently use at their local pharmacy: As could have been expected the most common reason is to get prescriptions dispensed (31%) and buying over the counter medicines (23%). The results show how the respondents value to (voluntary) collection of prescription service provided by pharmacists (15%).

3-11 times a

year

Less than 3

times a year

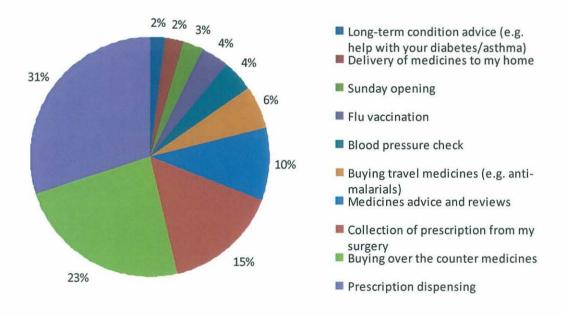
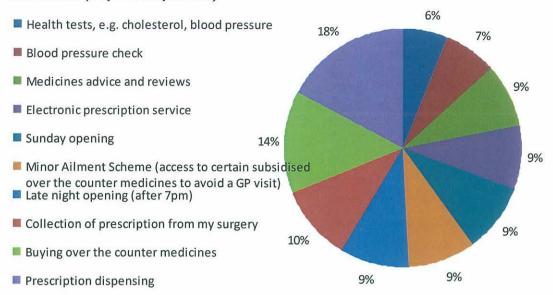


Figure 22: Which of the following service do you currently use at a pharmacy?

We also asked respondents' about the type of services they would like to see at a community pharmacy, whilst dispensing and medicines are still important and respondents again wish to see extended opening times, 9% would like to see late night opening and 9% Sunday opening.

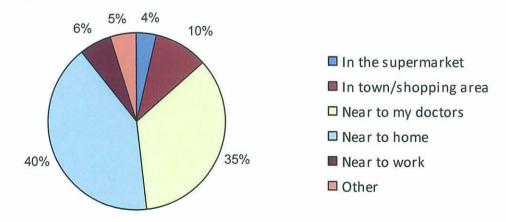
Figure 23: Which of the following services would you use at a pharmacy, if available? (Top 10 responses)



Access to pharmacy

Respondents state they have good access to services with 100% being able to access the pharmacy of their choice. The commonest reason for choice of pharmacy service was proximity to home (41%) with 35% stating that proximity to GP was the key factor.

Figure 24: Reason for choice of pharmacy



More respondents access pharmacy by car (46%) than by walking (44%). Wokingham is the only Berkshire Local Authority to show this pattern, as in the others the majority of respondents walk.

100.0% 90.0% 80.0% 70.0% ■ Wokingham Borough 60.0% Council 50.0% Rest of Berkshire 40.0% 30.0% 20.0% 10.0% 0.0% Less than 15 15-30 mins 30-60 mins Over an hour mins

Figure 25: How long does it take you to travel to your pharmacy?

92% of respondents can access services within 15 mins, with a further 7% within 15-30minutes.

We asked respondents to rate the importance of the various services that pharmacies offer. The availability of knowledgeable staff is important, staff having time to listen and give advice and location to Wokingham residents.

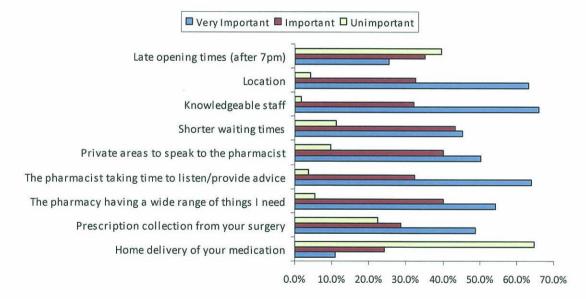


Figure 26: How important are the following pharmacy services?

The final section of the survey tested the respondent's satisfaction with services. As has been seen in Wokingham there is a generally high level of satisfaction across all areas, the lowest level of satisfaction was with the waiting times and private consultation space – for waiting time 4% expressed dissatisfaction and consultation space 6%.

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



Recommendations

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

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

Essential services

In order to assess the provision of essential services against the needs of our population we mapped and assessed the location of pharmacies, their opening hours and the provision of other dispensing services (see Appendix 1).

These are the factors that we consider to be key factors in determining the extent to which the current provision of essential services meets the needs of our current population.

Access

Wokingham is one of the most affluent Boroughs in England (see Appendix 7), this is coupled with high levels of car ownership. Analysis shows that the current pattern of services provides good physical access to patients, with no gaps in the 20 minute drive time test.

Future

Wokingham current service provision is 17 pharmaceutical providers per 100,000 residents which is below the England national average -however users report good experience of care.

However Wokingham is predicted as having the most significant population growth driven by significant housing developments in Berkshire. If the population growth as estimated occurs the number of pharmacy providers will fall per 100,000 residents to less than 15 per100,000

The review of pharmacy providers undertaken shows capacity to expand, with no immediate gaps in provision, during the period of the PNA, subsequent PNAs should again review the impact of the housing as by this time the communities will be established.

Opening Hours

Currently Wokingham pharmacies offer a good range of opening hours. In addition there are four 100 hour pharmacies available (see above) and three dispensing practices.

With the future extension of the working week for general practice then consideration may need to be given to supporting an extension to the number of pharmacists open at similar hours.

Patient views

93% of respondents used community pharmacy. The user survey shows that respondents are generally very satisfied with pharmacy services in the Borough. 100% are able to access the pharmacy of their choice, with 92% being able to access services within 15 minutes. The lowest levels of satisfaction were seen with private consultation space and waiting times though the levels of dissatisfaction are low (4 and 7%).

Dispensing

Wokingham residents can access a mixture of pharmacies in our urban areas and pharmacies and GP practices in rural areas (for identified patients) to get prescriptions dispensed. This service works well with an appropriate balance between the needs of our population and the infrastructure to meet those needs.

Conclusion - Essential services

Overall the findings show that the pharmacy services currently provided, whilst below the national average level of provision, are comprehensive and address the needs of Wokingham residents.

However significant housing growth is planned and already underway in Wokingham. The review seemed to show that the range of pharmacies, in the areas most affected by significant housing development, have sufficient capacity to meet the increase in population expected

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

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

Advanced services

The advanced services are:

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

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

An important feature in the provision of advanced services is the provision of consultation areas within pharmacies, this was explored in some depth in the pharmacy contractor questionnaire. 95% of pharmacists in Wokingham provide access to consultation areas. In addition there is good provision of MUR services (90%) proving support to the growing number of residents with long term conditions. Therefore the current pattern of service is sufficient.

However the growing number of residents with long term conditions predicted as part of the growing and ageing population may require the current cap on 400 MUR per pharmacy to be reviewed as this could lead to a gap in service provision

Conclusion - advanced services

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

Pharmacists through their role in dispensing and MUR services can identify key residents at risk of complications and support their care. Work should continue to work with our pharmacy contractors to develop extensions to MUR services to widen access and target provision with high priority patient groups, e.g. patients at risk of falls which is an identified need. Pharmacy contractors will be encouraged to undertaken MURs in these groups and to complete the maximum of 400 MURs. However if this approach is successful then this may require an extension of the current limit of the MUR service, perhaps through local commissioning, in future to ensure that pharmaceutical provision matches the growing needs of local residents.

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

Locally Commissioned Services

Whilst it seems that there are sufficient numbers of pharmacies within Wokingham the JSNA has identified a number of needs that in the future

pharmacists could potentially address. These areas are across all wards in Wokingham.

Figure 28: Summary of identified health needs and potential developments in Wokingham

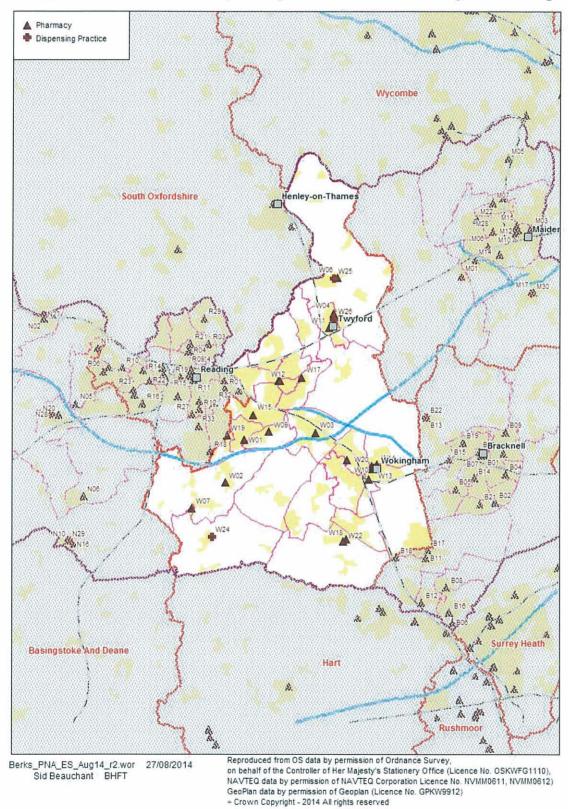
Identified Health Needs	Current service provision	Potential community
	Community pharmacy	pharmacy development
Adults Self care	Signposting is part of core contract	Strengthen use of community pharmacy as information hub for community contact - access to voluntary sector groups, exercise advice,
		"Making every contact Count" – building on the home delivery services offered freely through many pharmacies to identify frail patients at risks and support preventative integrated care
	Medicine utilisation reviews	To build on MUR and support wider information on the specific illness / motivational interviewing etc
	Health promotion campaign	Develop skills to increase capacity and capacity of pharmacies teams to provide information and support healthy lifestyle choice - Making every count
Smoking	Solutions for health sub contract	Widen participation of community pharmacy
Alcohol	Pilot programme in pharmacies raising awareness of alcohol units	Expansion of this programme into a full Alcohol Intervention and Brief Advice Service
Cancer	Health promotion campaigns - bowel screening as part of core contract.	Build on dispensing opportunities to identify worrying symptoms to sign post to care
Cardiovascular disease	NHS health checks	Expansion of provision within the communities focussing on the more deprived communities
Chronic Obstructive Pulmonary Disease (COPD)	Medicine utilisation reviews	Develop capacity and techniques to support inhaler technique
Anxiety and depression		Opportunistic identification of at risk groups to sign post to support services
High use of accident and emergency Minor Ailments	Previous minor ailment pilots	Potential of pharmacy to act as first port of call in a range of minor ailments to reduce use of GP and A&E to
Older people		Sign post vulnerable groups

Identified Health Needs	Current service provision Community pharmacy	Potential community pharmacy development
Winter excess death		to support
Winter warmth		
Flu Immunisations	Pilot of Flu immunisation to at risk groups	Widen availability of flu immunisation to all groups
Falls		Screen people on high risk medication to give targeted support and signposting
Dementia		Train pharmacy staff as dementia friends
Sexual Health	Emergency hormonal contraception Access to condoms - C Card scheme Signposting to Chlamydia screening	Potential to expand this service to address the need for additional information and access identified in the needs assessment
Substance misuse	Needle exchange Supervised consumption	PGD - naloxone therapy

Figure 28 shows identified health needs that could be addressed through an extension of pharmaceutical services, however of course these would be subject to business case and contractual negotiations.

Appendix 1: Map of Pharmacy Services in the Wokingham Borough

Figure 1: Map of Pharmacies and Dispensing Practices in the Wokingham Borough



ID	CODE	TRADING NAME	ADDRESS	TOWN	POSTCODE
M01	FA433	Woodlands Park Pharmacy	Waltham Road, Woodlands Park	Maidenhead	SL6 3NH
M02	FA538	Superdrug Pharmacy	131-132 Peascod Street	Windsor	SL4 1DW
M03	FAE57	Bridge Road Pharmacy	119 Bridge Road	Maidenhead	SL6 8NA
M04	FD549	Village Pharmacy	7 Eton Wick	Windsor	SL4 6LT
M05	FF097	Cookham Pharmacy	Lower Road, Cookham Rise	Maidenhead	SL6 9HF
M06	FFA41	Altwood Pharmacy	47 Wootton Way	Maidenhead	SL6 4QZ
M07	FFD76	H A McParland Ltd	Unit 1, Cliveden View, Switchback Road	Maidenhead	SL6 7QR
M08	FGX63	Wraysbury Village Pharmacy	58 High Street	Wraysbury	TW19 5DB
M09	FKD19	Boots the Chemists	17/18 Peascod Street	Windsor	SL4 1DX
M10	FL069	Superdrug Pharmacy	36-38 Brock Lane Mall, Nicholson Centre	Maidenhead	SL6 1LL
M11	FL677	Tesco Pharmacy	Dedworth Road	Windsor	SL4 4JT
M12	FLE32	Boots the Chemists	54-58 High Street	Maidenhead	SL6 1PY
M13	FMG33	Friary Pharmacy	67 Straight Road	Old Windsor	SL4 2SA
M14	FPT01	Wessex Pharmacy	114 Wessex Way, Cox Green	Maidenhead	SL6 3DL
M15	FQ620	Park Pharmacy	4 Cookham Road	Maidenhead	SL6 8AJ
M16	FQD61	Ascot Pharmacy	17 Brockenhurst Road	Ascot	SL5 9DJ
M17	FQJ14	Day Lewis Rankin Pharmacy	3 Stompits Road, Holyport	Maidenhead	SL6 2LA
M18	FT221	C J Reid (Eton)	30 High Street, Eton	Windsor	SL4 6AX
M19	FT768	Sainsbury's Pharmacy	Providence Place	Maidenhead	SL6 8AG
M20	FTF95	Hetpole Pharmacy	398 Dedworth Road	Windsor	SL4 4JT
M21	FV761	F G Saunders & Co	41 St. Leonards Road	Windsor	SL4 3BP
M22	FVJ57	Olive Pharmacy	18 Hampden Road	Maidenhead	SL6 5HQ
M23	FW236	Boots the Chemists	23 High Street	Ascot	SL5 7HG
M24	FWR11	Kays Chemist	24 Ross Road	Maidenhead	SL6 2SZ
M25	FX612	Lloyds Pharmacy	4 Broomhall Buildings, London Road	Sunningdale	SL5 0DH
M26	FXG99	Datchet Village Pharmacy	The Green	Datchet	SL3 9JH
M27	FXV90	Boots the Chemists	83 Dedworth Road	Windsor	SL4 5BB
M28	FY750	Keycircle Pharmacy	25 All Saints Avenue	Maidenhead	SL6 6EL
M29	FYX31	R F Blackburn	58 High Street	Sunninghill	SL5 9NF
Dispe	nsing Pra	ctice			
M30	K81020	Claremont and Holyport Surgery	Stroud Farm Road, Holyport	Maidenhead	SL6 2LP

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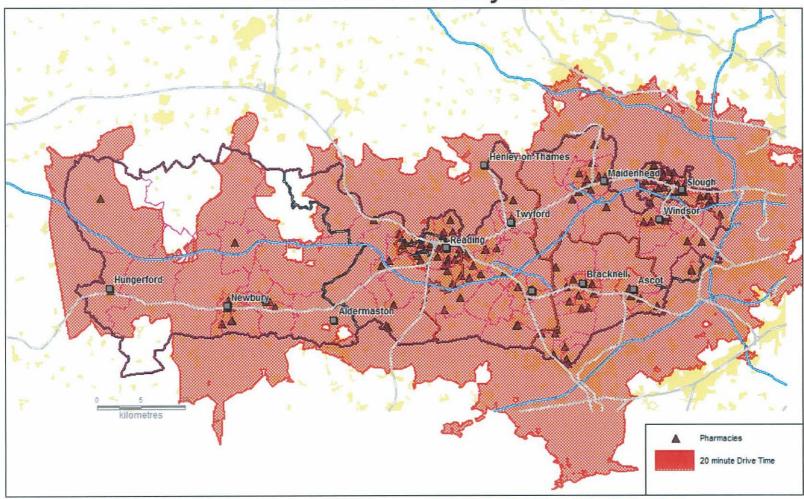
Key Objectives Interventions Increase the proportion of people entering GPs to undertake mental and physical talking therapy treatments from 14% to 17% assessments of mental health patients Wider Primary Care To reduce the mortality rates in adults with once a year at Scale serious mental illness from 1,435 to group Introduce an enhanced service for care Out of average of 1,200 homes Hospital To increase the number of carers receiving Introduce an enhanced service for cared annual health checks Sector health checks Increase the proportion of older people Establish neighbourhood clusters Redesign Model of remaining at home after discharge from INCREASING FINANCIAL SUSTAINABILITY Improvements in diagnosis of dementia Integrated Care 63% to 83% To increase the referrals to memory clinic by 10% IMPROVING QUALITY · Introduce the Hospital at Home To reduce emergency admissions for acute conditions that should not normally require service Access to the Urgent Introduce emergency care hospital admissions from 717 to 648 highest quality Carre practitioners and improved urgent and information sharing System emergency care To reduce incidence of healthcare related Reduce instances of healthcare infections from C. Difficile from 35.60 to related infections through regular Step change in the monitoring of antibiotics at GP England average of 27.88 • To reduce mortality rates from breast practice level productivity of Hospital cancer in under 75s from 11.4 to group Productivity of the breast cancer elective care pathway to improve breast cancer average of 9 Services · To improve the percentage of positive mortality recommendations for the friends and Working with acute sectors to Specialised family test for receiving acute inpatient improve patient care through quality Services in centres care to at least 75% and contracting of excellence

To commission a fully integrated

ophthalmology service

Appendix 3 - Wokingham

Berkshire - Pharmacy Access

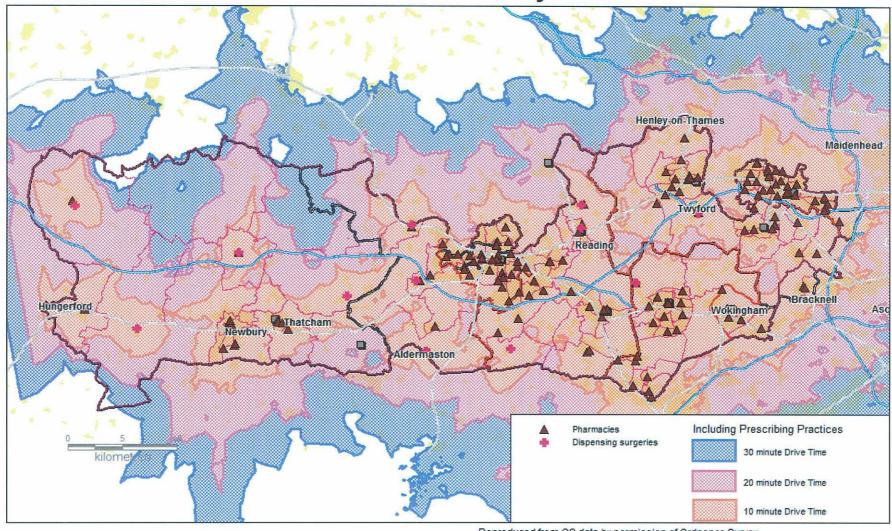


Berks_PNA_Apr14_v1.wor 15/05/2014 Sid Beauchant BHFT

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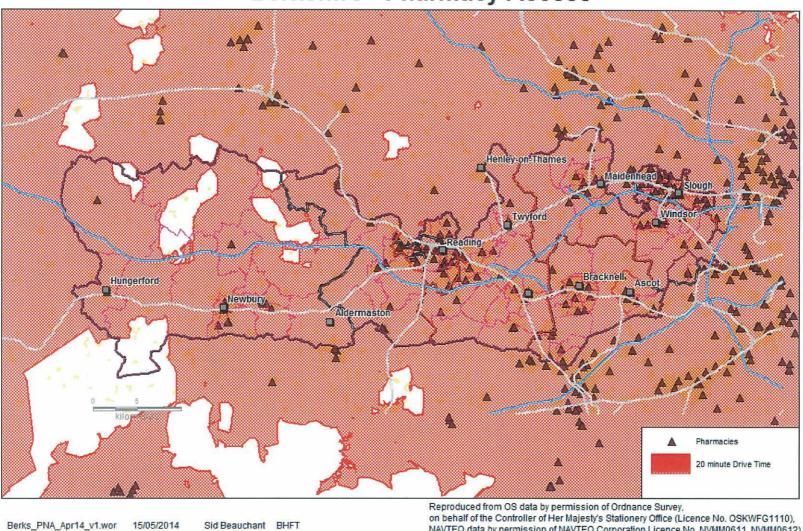


Berks_PNA_Aug14_DT_v2.wor 17/12/2014 Sid Beauchant BHFT

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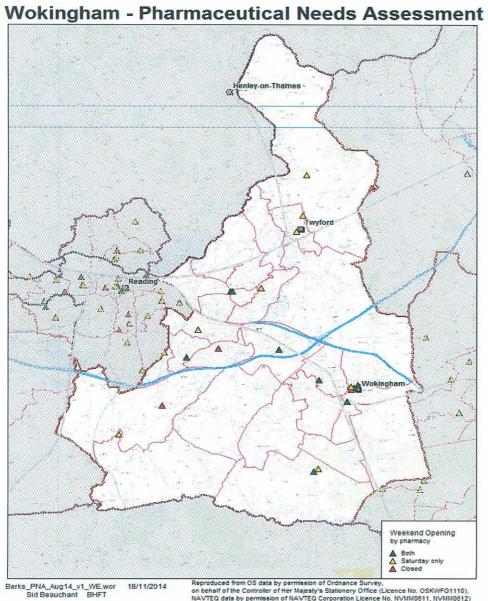
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Map showing pharmacies and dispensing doctors outside Wokingham which shows improved access

Pharmacy Opening hours - Wokingham

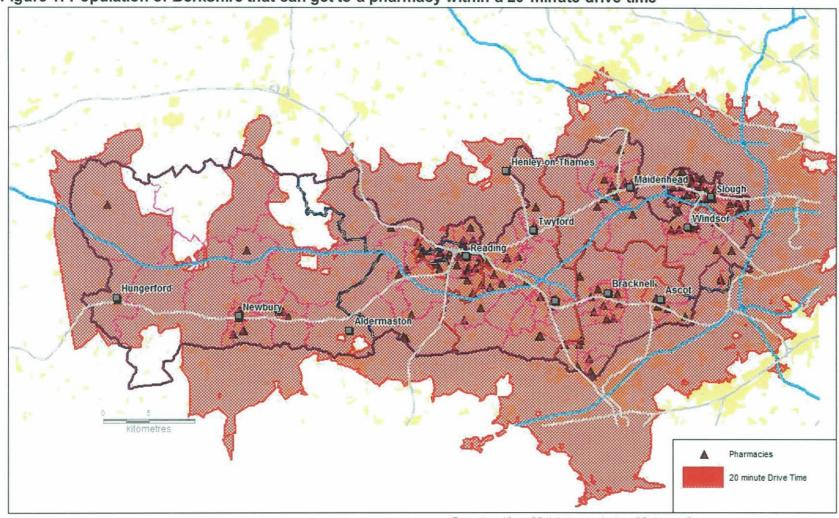
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FNC80 Wokingham Medical Centre RG40 1XS Wokingham Rose Street Pharmacy 8:00-21:00 9:00-	-18:30
FE713 Unit 2, Sainsburys Store RG41 5AR Wokingham Sainsburys Pharmacy 8:00-21:00 10:00	0-16:00
FF045 Tesco Instore Pharmacy RG40 2NS Wokingham Tesco Instore Pharmacy 6:30-22:00 10:00	0-16:00
FLD94 89-95 Crockhamwell Road RG5 3JP Woodley Boots the Chemists 8:30-17:30 10:00	0-16:00
FPA84 1-2 Loddon Vale RG5 4UX Woodley Rankin Chemist 9:00-13:00 Close	ed
FP393 1-2 Library Parade RG5 3LX Woodley Lloydspharmacy 9:00-17:30 10:00	0-16:00



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Appendix 4: Access Times

Figure 1: Population of Berkshire that can get to a pharmacy within a 20-minute drive time



Berks_PNA_Apr14_v1.wor 15/05/2014 Sid Beauchant BHFT

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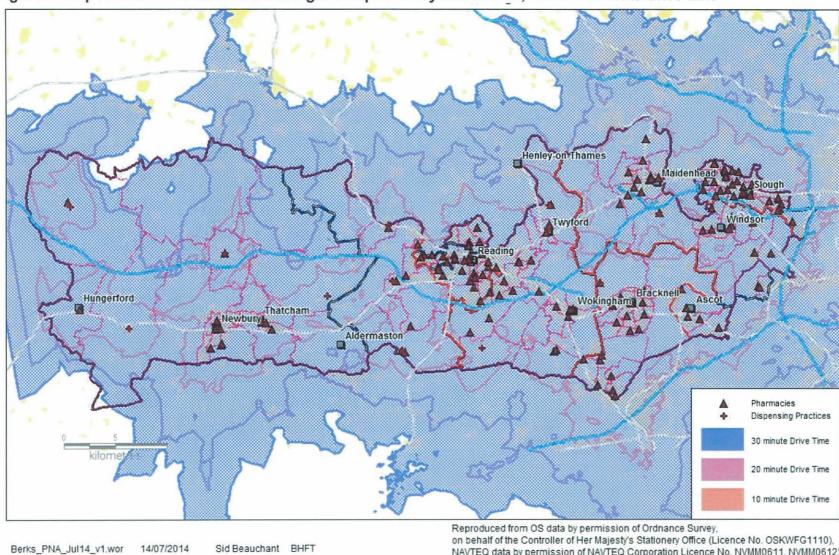


Figure 2: Population of Berkshire that can get to a pharmacy within a 10, 20 or 30 minute drive time

NAVTEQ data by permission of NAVTEQ Corporation Licence No. NVMM0611, NVMM0612) GeoPlan data by permission of Geoplan (Licence No. GPKW9912) © Crown Copyright - 2014 All rights reserved

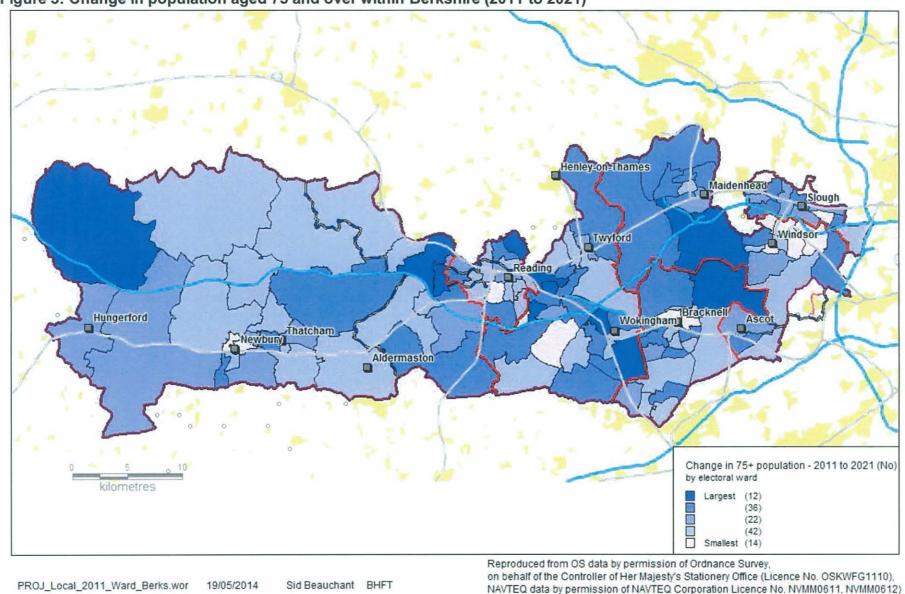


Figure 3: Change in population aged 75 and over within Berkshire (2011 to 2021)

GeoPlan data by permission of Geoplan (Licence No. GPKW9912)

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Services - PharmOutcomes

PharmOutcomes - Live System

Exit

Pharm Uicomes Delivering Evidence

Home Services Assessments Reports Claims Admin Gallery Help

Service Design PNA Questionnaire (Preview)

- Go to Service Design page
- Edit Service Accreditations

Provision Reports Preview

Basic Provision Record (Sample)

Service Support

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

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

Date of completion	01-Sep-2014
Trading Name	
Post Code	
ls this a Distance Selling	C Yes C No
Pharmacy?	(i.e. it cannot provide Essential Services to persons present at the pharmacy)
Pharmacy email address	If no email write no email
Pharmacy telephone	
Pharmacy fax	
Pharmacy website	The transfer of the state of th
address	If no website write no website
Can we store the above inform	nation and use this to contact you?
Consent to store	C Yes C No

ease complete your core hours of opening. nter closed if closed		
Monday Open	Monday Close	
	Monday Lunchtime (from - to)	
Tuesday Open	Tuesday Close	
	Tuesday Lunchtime (from - to)	
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Thursday Open	Thursday Close	- -
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Friday Open	Friday Close	
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(from - to)

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If Other please specify				
the state of the s	100	•		
	10/5	there is a consultation area	<u> </u>	

Is this enclosed? C Yes C No C N/A

N/A if no consultation room

Off-site arrangements	
C Off-sile consultation room approved by NHS	
C Willing to undertake consultations in patients home/ other suitable site	
C None apply	
C Other:	
if Other please specify	_
Hand washing and toilet facilities	
What facilities are available to patients during consultations?	
Facilities available	1
☐ Handwashing in consultation area	
Hand washing facilities close to consultation area	
Have access to toilet facilities	
□ None	
Tick all that apply	_
Information Technology	
☐ Is the pharmacy EPS* R2 enabled?	1
C Yes, EPS R2 enabled	
C Planning to become EPS R2 enabled in the next 12 months	
1	
C No current plans to provide EPS R2	
C No current plans to provide EPS R2 EPS R2: Electronic Prescription Service Release 2	
1	
Information is often distributed to pharmacies as email attachments or via websites. Please indicate whether you are able to use the following common file formats in your pharmacy:	
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Please give details of the A	ivanced	Sanices	Lbebiyora	ON MORIE	
pharmacy. Please tick the box that app					
Yes - Currently providing Soon - Intending to begin w No - Not intending to provide		next 12 m	ionths		
Medicines Use Review service		s ľSt	oon l'1	40	
New Medicine Service	P Ye	s IT So	oon Li	чo	
Appliance Use Review service		s FS	oon Li	4o	
Stoma Appliance Customisation service		s FSc	oon M	ło	
Commissioned Se	rvices	3			
Use this section to record with would like to deliver at your process, commissioned by a Services commissioned by a Please tick the box that appliance.	harmacy he NHS I Local Au	r. These England athority o	can be En Area Tean r CCG ser	hanced n, Public Health	
CP - Currently Providing NH: WA - Willing and able to prov WT - Willing to provide if com WF - Willing to provide if com PP - Currently providing priva If you are not willing or able to	vide if cor amissione amissione ate servic	mmission ed but wo ed but rec e	uld need i quire facilii	ies adjustment	
Anticoagulant Monitoring Service		□ WA	∟ r wt	□ WF	_
Anti-viral Distribution Service	_	ſ WA	_ F WT	™ WF	Local Authority Commissioned Services
Care Home Service	□ CP □ PP	□ WA	Γwτ	□ WF	List services aiready commissioned in your locality here
Chlamydia Treatment Service		Ľ WA	Γ wτ	□ WF	
Contraception Service		□ WA	⊏ wr	□ WF	
-	Γ PP (not an EH	C service)			
Disease Specific Medicines	Manage	ment Se	rvice:		
Allergies	Г СР Г РР	□ WA	Γwτ	□ WF	
Alzheimer's/dementia	□ CP □ PP	□ WA	⊏ wr	□ WF	
Asthma	□ CP □ PP	□ WA	Γ wτ	ſ WF	
CHD	Г СР Г РР	□ WA	Γ wτ	□ WF	
Depression		□ WA	rwr ⊓	□ WF	
Diabetes type I		□ WA	Гwт	□ WF	

Diabetes type i	I I CP		l⊤ WT	□ WF	
Epilepsy			Γ wτ	ſ WF	
Heart Fallure		□ WA	r wr	□ WF	
Hypertension	•	ΓWA	ſ⁻ wr	□ WF	Area Team Services List your Area Team commissioned
Parkinson's disease	F CP	□ WA	Γ wτ	□ WF	services here
Other (please state - including funding source)					
End of Disease specific Med	icines Ma	ınagemen	t Service	options.	
Emergency Hormonal Contraception Service		ΓWA	r wr	□ WF	
Gluten Free Food Supply Service	Г РР	□ WA		□ WF	
Home Delivery Service	Г СР Г РР (not applia		Γ wτ	ſ⁻ WF	
Independent Prescribing Service		□ WA	□ WT	□ WF	
Therapeutic areas covered (if providing)					
Language Access Service		┌ wa	l⊏ Wτ	□ WF	
1	Note: Thi	s is not the	e NMS or	MUR service.	
Medication Review Service		┌ WA	□ wī	□ WF	
Medicines Assessment and	Complia	nce Sup	port Serv	ice:	
Medicines Management Support Service:	□ PP		previously th	WF WInerable	
DomMAR Carer's Charts	□ CP	□ WA	Γ wτ	□ WF	
End of Medicines Assessmen	nt and Co	mpliance	Support o	ptions.	
Minor Ailments Scheme	Г СР Г РР	□ WA	Γ wτ	□ WF	
MUR Plus/Medicines Optimisation Service		ſ" WA	Γ WT	□ WF	
Therapeutic areas covered (if providing)					
Needle and Syringe Exchange Service		□ wa	⊏ wr	□ WF	

Obesity management (adults and children)			\ r⁻ wt	□ WF
On Demand Availability of	Speciali	st Drugs	Service:	
Directly Observed Therapy		Γ WA	. F WT	□ WF
If yes state which medicines		M	-	•
Out of hours services	C PP	∩ WA	. c wt	CWF
Palliative Care scheme	Г СР Г РР	□ WA	r wr	□ WF
End of On Demand Availabil	ity of Spe	ecialist Dr	ugs Servi	ce options
Patient group directions Many Local Services involve list those provided by the pha who commissions the service each service name with the k AT=Area Team LA=Local Authority CCG=Clinical Commissioning Pr=Offers a Private Service	rmacy in by tickir ey:	the text	box below	but indicate
Patient Group Direction Service			CCG ee separale	F Pr question)
Please list the names of the n services Medicines available	nedicines	availabl	e if providi	ng PGD
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Prescriber Support Service		□ WA	□ WT	□ WF
Schools Service	□ CP □ PP	□ WA	Γ wτ	□ WF
Screening Service:				
Alcohol	□ CP □ PP	ſ WA	L ML	□ WF
Chlamydia	□ CP □ PP	□ WA	□ wī	I [™] WF
Cholesterol	Г СР Г РР	□ WA	□ wr	□ WF
Diabetes	□ CP	l™ WA	Γ wτ	□ WF
Gonorrhoea	Г СР Г РР	ſ WA	□ wr	™ WF
H. pylori	Г СР Г РР	Г WA	ſ⁻ wr	□ WF
НьА1С	□ CP	□ WA	Γ wτ	□ WF

Hepatitis	s I CP I WA I WT I WF I PP
ни	V I CP I WA I WT I WF I PP
Other Screening (please state - including funding source	g
End of screening service opt	lions
Seasonal Influenza Vaccination Service	a F CP F WA F WT F WF € F PP
Other vaccinations	
Childhood vaccinations	FCP FWA FWT FWF FPP
HPV	TPP
Hepatitis B	F CP F WA F WF F WF
	(al risk workers or patients)
Travel vaccines	CP FWA FWT FWF
Other (please state - including funding source)	
End of Other vaccinations op	plions
Sharps Disposal Service	FCP FWA FWT FWF FPP
Stop Smoking Service:	
NRT Voucher Service	FCP FWA FWF FWF
Smoking Cessation Counselling Service	FCP FWA FWT FWF
End of Stop Smoking Service	e options
Supervised Administration	CP CWA CWT CWF PP Of methadone, buprenorphine etc
End of Supervised Administra	
Supplementary prescribing Which therapy area	CP TWA TWT TWF
Vascular Risk Assessment Service	CP FWA FWT FWF FPP NHS Heallhchecks

Healthy Living Ph	armacy
is this a Healthy Living	Pharmacy
C Yes	
C Currently working towar	ds HLP status
C No	
If Yes, how many Healthy Living Champions do you currently have?	
- Collection and De	livery services ———————
Does the pharmacy provide	any of the following?
Collection of prescriptions from surgeries	
Delivery of dispensed medicines - Free of charge on request	
Delivery of dispensed medicines - Selected patient groups	
	List criteria
Delivery of dispensed medicines - Selected areas	
	List areas
Delivery of dispensed medicines - chargeable	C Yes C No
- Languages	
language. To help the local a	ssing services at a pharmacy can be uthority better understand any access lease answer the following two questions:
What languages other than English are spoken in the pharmacy	
What languages other	· Anna Computer () (100 accommendate)
than English are spoken	
by the community your pharmacy serves	
Almost done	
If you have anything else you useful in the formulation of the	would like to tell us that you think would be PNA, please include it here:
	, e samuel e e anno e e e e e e e e e e e e e e e e e e
Otter	•
Please tell us who has comple	eled this form in case we need to contact
Contact name	· · · · · · · · · · · · · · · · · · ·
Contact telephone	For person completing the form, if different to pharmacy number given above

Thank you for completing this PNA questionnaire.

Test Values

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Pharmacy Users Survey **Public Health Berkshire**

The local Pharmaceutical needs assessment is a survey that Public Health within local government is undertaking to make sure that pharmacies across Berkshire are providing the right services, in the right locations, to support residents.

As part of this confidential survey we want to get your views on services, so your answers are important to us. The survey is confidential and will be used to plan our services.

Please complete this survey and place it into the collection box

Do you use?	'Flu vaccination
Community pharmacy	Diabetes screening - Private NHS
A dispensing appliance supplier?	Blood pressure check - Private NHS
(someone who supplies appliances such	Which of the following services would you
as incontinence and stoma products)	Which of the following services would you use at a pharmacy, if available?
An internet pharmacy? (a service	
where medicines are ordered on-line and delivered by post)	Sunday opening (offer 7pm)
and delivered by post)	Late night opening (after 7pm)
How often do you use a pharmacy?	Early morning opening (before 9am)
More than once a month	Prescription dispensing
Once a mont	Buying over the counter medicines
3-11 times a yea	Buying travel medicines (e.g. anti-malarials)
Less than 3 times a year	Minor Ailment Scheme (access to
Min.	certain subsidised over the counter
Which of the following services do you	medicines to avoid a GP visit)
currently use at a pharmacy?	Electronic prescription service
Sunday opening	Medicines advice and reviews
Late night opening (after 7pm)	Delivery of medicines to my home
Early morning opening (before 9am)	Collection of prescription from my surgery
Prescription dispensing	Long-term condition advice
Buying over the counter medicines	(e.g. help with your diabetes/asthma)
Buying travel medicines (e.g. anti-malarials)	Respiratory services
Medicines advice and reviews	Emergency hormonal contraception
Delivery of medicines to my home	(morning-after pill)
Collection of prescription from my surgery()	Cancer treatment support services
Long-term condition advice	Substance misuse service
(e.g. help with your diabetes/asthma)	Alcohol support services
Respiratory Services	Stop smoking service
Emergency hormonal contraception (morning-after pill)	Health tests, e.g. cholesterol,
Cancer treatment support services	blood pressure
Substance misuse Service	Healthy weight advice
Alcohol support services	'Flu vaccination
Stop smoking service	Diabetes screening
Health tests, e.g. cholesterol,	Blood pressure check
blood pressure	Other (please specify)
Healthy weight advice	
	I of 3
	continued















Pharmacy Users Survey Public Health Berkshire

(j	Are you able to get to a pharmacy of your choice? Yes	How important are the following pharmacy services?	Very Important	Important	Unimportant
Ø	Do you use one pharmacy regularly? Yes	Home delivery of your medication) ()		
0	Reason for using your regular pharmacy	Prescription collection from your surgery		0	C
	Location In the supermarket	The pharmacy having a wide range of things I need			
	In town/shopping area	The pharmacist taking time to listen/provide advice	()	O	C
	Near to home	Private areas to speak to the pharmacist	0	0	
	Other	Shorter waiting times	\bigcirc	\Box	
		Knowledgeable staff	\bigcirc	\bigcirc	
	Services	Location	\Box	O	U
	They offer a collection service	Late opening times (after 7pm)	O	Ω	
	The staff speak my first language				
	The staff are knowledgeable	and control.			
	The staff are friendly	How satisfied were you with			
	Other	the following services at	 -		jed
ur va		your regular pharmacy?	Satisfied	Satisfied	Unsatisfied
	How do you usually travel to your usual	, P	Sat	Sat	Ë
	pharmacy? Walk	The pharmacy having the			O
	Car (passenger)	The pharmacist taking time to talk to me	C)	O	0
	Taxi	Private consultation areas	O	\Box	\bigcirc
	Bus	Waiting times	0	()	()
	Bicycle	Staff attitude	()	()	\circ
	bicycle	Knowledgeable staff		\Box	
0	How long does it take you to travel to your pharmacy?	Location	C	O	Ü
	Less than 15 mins				
	15 – 30 mins				
	Over an hour				

2 of 3 continued...

(About You

6 /*	My age is:	
	Prefer not to say	
	65-74	C
	55-64	
	45-54	C
	70+	
	35-44	
	25-34	0
	18-24	С
#9% o.	I amount of the second for the second files and	
	I would describe my sexuality as:	_
	Prefer not to say	
	Heterosexual (Straight)	
	Lesbian	
	Gay	
	Bisexual	
	Other	C
6	Please tell us your faith or religion:	
	Prefer not to say	
	Christian	
	Muslim	
	Hindu	
	No faith or religion	
	Other	
É.	I would describe my ethnic origin as:	
	British White	
	White Other	
	Irish	
	Pakistani	C
	Asian	C
	Indian	C
	Bangladeshi	C
	Black Caribbean	
	Black African	
	Gypsy/Irish Traveller	C
	Other	C

	Do you consider yourself to be disabled	?
	YesC NoC	
	What is your marital status?	
	Single	ے
	Married	
	Life-partner	ک
	Civil Partnership	C
	Other	٦
	Prefer not to say	C
()	Which of the following best describes yo working situation?	u
Q)		
	working situation? I work as volunteer	
	working situation?	ے. ک
	working situation? I work as volunteer I am working part-time	ے. ک.
	working situation? I work as volunteer I am working part-time I am working full-time	 D D

Thank you!

3 of 3







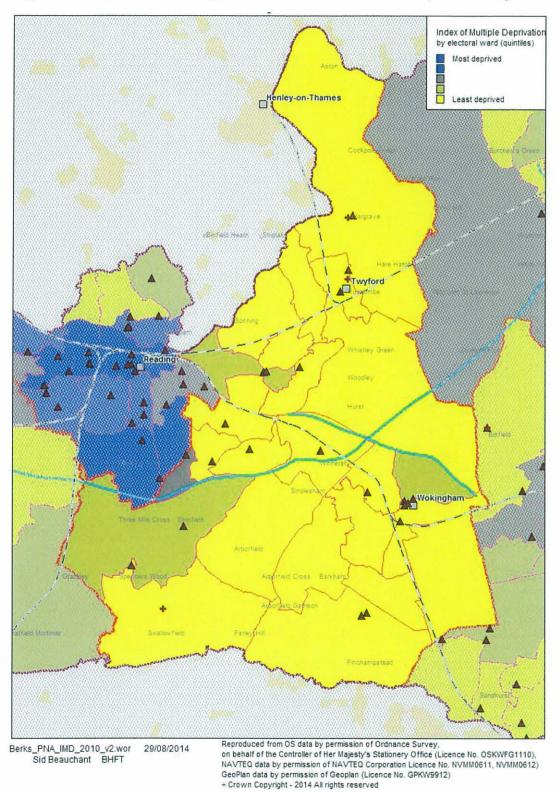






Appendix 7: Deprivation Map of the Wokingham Borough

Figure 1: Map of the Wokingham to show the levels of deprivation by ward



Source: Index of Multiple Deprivation, Department of Communities and Local Government (2010)

RBWM Pharmaceutical Needs Assessment