



WOKINGHAM BOROUGH COUNCIL

A Meeting of the **HEALTH OVERVIEW AND SCRUTINY COMMITTEE** will be held in David Hicks 1 - Civic Offices, Shute End, Wokingham RG40 1BN on **WEDNESDAY 15 NOVEMBER 2017 AT 7.00 PM**

A handwritten signature in black ink, appearing to read 'Manjeet Gill'.

Manjeet Gill
Interim Chief Executive
Published on 7 November 2017

The role of Overview and Scrutiny is to provide independent “critical friend” challenge and to work with the Council’s Executive and other public service providers for the benefit of the public. The Committee considers submissions from a range of sources and reaches conclusions based on the weight of evidence – not on party political grounds.

This meeting may be filmed for inclusion on the Council’s website.

Please note that other people may film, record, tweet or blog from this meeting. The use of these images or recordings is not under the Council's control.

The Health Overview and Scrutiny Committee aims to focus on:

- The promotion of public health and patient care
- The needs and interests of Wokingham Borough
- The performance of local NHS Trusts

MEMBERSHIP OF THE HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Councillors

Ken Miall (Chairman)	Kate Haines (Vice-Chairman)	Parry Batth
Laura Blumenthal	John Jarvis	Clive Jones
John Kaiser	Malcolm Richards	Chris Smith
Bill Soane		

Substitutes

Abdul Loyes	Imogen Shepherd-DuBey	Rachelle Shepherd-DuBey
Alison Swaddle		

ITEM NO.	WARD	SUBJECT	PAGE NO.
21.		APOLOGIES To receive any apologies for absence	
22.		MINUTES OF PREVIOUS MEETING To confirm the Minutes of the Meeting held on 10 July 2017.	7 - 10
23.		DECLARATION OF INTEREST To receive any declarations of interest	
24.		PUBLIC QUESTION TIME To answer any public questions A period of 30 minutes will be allowed for members of the public to ask questions submitted under notice. The Council welcomes questions from members of the public about the work of this committee. Subject to meeting certain timescales, questions can relate to general issues concerned with the work of the Committee or an item which is on the Agenda for this meeting. For full details of the procedure for submitting questions please contact the Democratic Services Section on the numbers given below or go to www.wokingham.gov.uk/publicquestions	
25.		MEMBER QUESTION TIME To answer any member questions	
26.	None Specific	OPHTHALMOLOGY SERVICES WOKINGHAM BOROUGH To receive an update on Ophthalmology services provision. (20 mins)	To Follow
27.	None Specific	UPDATE ON OPTALIS To receive an update on Optalis. (20 mins)	11 - 26

28.	None Specific	LOCAL ACCOUNT: ANNUAL REPORT FOR ADULT SOCIAL CARE 2016/17 To receive the Local Account: Annual Report for Adult Social Care 2016/17. <i>(20 mins)</i>	27 - 42
29.	None Specific	UPDATE ON WOKINGHAM BOROUGH PHARMACEUTICAL NEEDS ASSESSMENT 2018-2021 To be updated on the Pharmaceutical Needs Assessment. <i>(20 mins)</i>	43 - 138
30.	None Specific	HEALTHWATCH UPDATE To receive an update on the work of Healthwatch Wokingham Borough. <i>(15 mins)</i>	139 - 140
31.	None Specific	FORWARD PROGRAMME 2017-18 To receive the forward programme for the remainder of the municipal year. <i>(5 mins)</i>	141 - 152

Any other items which the Chairman decides are urgent

A Supplementary Agenda will be issued by the Chief Executive if there are any other items to consider under this heading.

CONTACT OFFICER

Madeleine Shopland
Tel
Email
Postal Address

Democratic & Electoral Services Specialist
0118 974 6319
madeleine.shopland@wokingham.gov.uk
Civic Offices, Shute End, Wokingham, RG40 1BN

This page is intentionally left blank

MINUTES OF A MEETING OF THE HEALTH OVERVIEW AND SCRUTINY COMMITTEE HELD ON 10 JULY 2017 FROM 7.00 PM TO 8.25 PM

Committee Members Present

Councillors: Ken Miall (Chairman), Parry Bath, Laura Blumenthal, Clive Jones, Malcolm Richards, Chris Smith, Bill Soane and Abdul Loyes (substituting Kate Haines)

Others Present

Jim Stockley, Healthwatch Wokingham Borough
Julian McGhee-Sumner, Chairman of the Health and Wellbeing Board
Madeleine Shopland, Democratic Services and Electoral Services Specialist
Hugh O'Keeffe, Contract Manager – Dental, NHS England South (South Central)
Peter Absolon, Readibus
Professor Sofia Bowlby, Readibus

11. APOLOGIES

Apologies for absence were submitted from Councillors Kate Haines and John Jarvis.

12. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Committee held on 5 June 2017 were confirmed as a correct record and signed by the Chairman.

13. DECLARATION OF INTEREST

There were no declarations of interest.

14. PUBLIC QUESTION TIME

There were no public questions.

15. MEMBER QUESTION TIME

There were no Member questions.

16. NHS DENTAL SERVICES - WOKINGHAM BOROUGH

Members were updated on NHS dental services in Wokingham Borough by Hugh O'Keeffe, Contract Manager – Dental, NHS England South (South Central).

During the discussion of this item, the following points were made:

- NHS England commissioned all primary care services. In the case of dentistry, NHS England commissioned primary, community and secondary care services.
- The commissioning of GP services was carried out by the Clinical Commissioning Groups.
- NHS England was divided into 13 local offices. NHS South Central was further divided into South Central Thames Valley and South Central Bath, Gloucestershire, Somerset and Wiltshire.
- NHS England Thames Valley expenditure on dentistry was £90m per annum; £63m primary care; £9m Community Dental Services and £18m on hospital based treatment.
- Patient charges also applied. Treatment was banded into three bands. Children were exempt from charges for treatment as were some categories of adult.
- Young children in Wokingham, on average, had amongst the best oral health in Thames Valley with approximately 14% of 5 year olds with decay experience. The

oral health in Wokingham was considerably better than that of the England mean with about 25% of children experiencing decay by the age of 5. Slough had higher levels at 40%.

- Poor oral health in children was linked to deprivation so it was likely that the more deprived wards would on average contain children with the worst oral health.
- People were not registered with dentists in the same way as they were with a GP and could choose to attend any practice. Approximately half the Thames Valley population regularly attended a dentist. If people had an urgent need for dental care and did not have a regular dentist, they could contact NHS 111 who could direct these patients to practices that would see them on the day. There were approximately 40 practices in Thames Valley that would see patients on the day. These tended to be larger practices. Members asked how many of these were in Wokingham Borough. Hugh O’Keeffe agreed to feed back to the Committee.
- Patients could also be signposted to NHS Choices which provided information on the dental services and practices available.
- Access to dental services was discussed in detail. Improving access to NHS dental services had become a national priority after the implementation of the new dental contract in 2006. 2009 – 2012 ‘ringfenced’ monies were identified to improve dental access.
- It was noted that there were 14 NHS dental practices within the Borough with 10 delivering services to all groups of patients and 4 to children only.
- Approximately 45.5% of the Wokingham population had attended an NHS dental practice in the 2 years prior to May 2017, an increase of about 3,500 patients when compared to May 2015. This was slightly lower than the national average; however, it was likely that the use of private dental practices was higher in the Borough.
- Members considered information regarding access to NHS dentistry by ward. The majority of wards had good levels of access. In response to a Member question, Hugh O’Keeffe explained that with regards to ‘rank deprivation’ the lower the score, the greater the level of deprivation. He also clarified that UDA referred to unit of dental activity.
- Challenges for ensuring sufficient access included:
 - NHS resources were constrained;
 - The ‘ringfence’ for dental funding had been removed;
 - Improved primary care access had led to a greater number of referrals;
 - Competition for resources;
 - Across the Thames Valley there were a number of local authorities, including the Council, which planned to substantially increase their populations via housing developments.
- NHS England also commissioned community dental services. Berkshire Healthcare NHS Foundation Trust provided this service for Berkshire from a number of community based clinics. They also provided General Anaesthetic services at the Royal Berkshire and Wexham Park Hospitals for special care patients and children.
- If patients had more complex clinical needs, they could be referred to hospital for services including Maxillofacial Surgery, orthodontics, restorative work and complex extractions.
- Councillor Soane asked whether data was available for tooth decay levels for children up to the age of 18. Hugh O’Keeffe explained that local authorities ran surveys at different age cohorts: 3, 5 and 12 years old. Councillor Soane asked whether education on the importance of oral health was provided in schools and was informed that other more targeted initiatives were often more effective.

- Councillor Richards asked whether the number of NHS dental practices in an area could be limited and was informed that they could.
- Councillor Jones questioned whether a patient's records moved with them if they changed dental practices and was informed that generally they did not as the records were owned by the dentists.

RESOLVED: That Hugh O'Keeffe be thanked for his presentation and that the update on NHS dental services in Wokingham Borough be noted.

17. HEALTH AND WELLBEING BOARD

The Committee received an update on the work of the Health and Wellbeing Board from Councillor McGhee-Sumner, Chairman of the Health and Wellbeing Board.

During the discussion of this item, the following points were made:

- The new Health and Wellbeing Strategy was focused on four key priorities; Enabling and empowering resilient communities, Promoting and supporting good mental health; Reducing health inequalities in our Borough; and Delivering person-centred integrated services.
- Members were informed that the Step Up, Step Down project had started well but had become less successful over time. How this project could be improved would be looked at with the Clinical Commissioning Group and the Royal Berkshire Hospital NHS Foundation Trust. The Committee requested an update on the outcome of this work at a future meeting.
- In response to a question from Councillor Loyes regarding bed blocking, Councillor McGhee-Sumner emphasised that Wokingham was one of the best in the country for ensuring minimal delays to transfers of care.
- Members were informed that GP clustering was progressing.
- The Health and Wellbeing Board was looking to become more responsive to residents' needs rather than reactive.
- Councillor McGhee-Sumner informed the Committee of the work with Reading and West Berkshire Councils on continuing healthcare.
- Councillor Jones stated that he had been informed that recently there had been an increase in people presenting at A&E with mental health issues. Councillor McGhee-Sumner commented that he would ask the Clinical Commissioning Group to confirm if this was the case.
- Councillor Miall questioned whether care homes had sprinklers installed as standard and was informed that newer care homes did. The Fire and Rescue and Service carried out spot safety checks.
- Members were reminded that Healthwatch could undertake visits to care homes and often reported their findings to the Health and Wellbeing Board.

RESOLVED: That Councillor McGhee-Sumner be thanked for his presentation and that the update on the work of the Health and Wellbeing Board be noted.

18. HEALTHWATCH WOKINGHAM BOROUGH

The Committee discussed the work of Healthwatch Wokingham Borough.

During discussion of this item, the following points were made:

- At the last Health Overview and Scrutiny Committee meeting the Committee had received the Healthwatch Wokingham Borough report on Extra Care.

- Jim Stockley indicated that some inaccuracies in the report had been brought to Healthwatch's attention by Readibus. Peter Absolon and Professor Sofia Bowlby from Readibus outlined their concerns.
- Members were informed that changes would be made to the report, which would be agreed with Readibus. The Committee requested that Members be sent the amended report.
- It was noted that Readibus operated a full timetable of buses to Woodley.
- Jim Stockley apologised that on this occasion Readibus had not received a copy of the report prior to its publication. Members were assured that it was usual practice for reports to be sent to all relevant providers for comment prior to publication.
- Healthwatch often dealt with small samples of people.
- Members asked how the error had become known.
- Members were reminded that Healthwatch could undertake visits to care homes and could highlight issues that people raised with them.
- Councillor Miall asked if the Healthwatch phone line operatives were able to refer callers who may have a mental health issue to other organisations such as the Samaritans, and was informed that they could.

RESOVLED: That Jim Stockley be thanked for his presentation and that the update on the work of Healthwatch Wokingham Borough be noted.

19. HEALTH CONSULTATIONS

The Committee noted the current health consultation listed within the report.

The Care Quality Commission was seeking views on the next phase of regulation. Its proposals included to regulate primary medical services and adult social care services and to improve the structure of registration, and clarify its definition of registered providers.

RESOLVED: That the health consultation be noted.

20. FORWARD PROGRAMME 2017-18

The Committee considered the forward programme for the remainder of the 2017-18 municipal year.

During discussion of this item, the following points were made:

- The Committee would receive the amended Healthwatch Wokingham Borough report on Extra Care.
- Councillor Smith requested an update on the progress of the merger of Optalis Ltd with the Royal Borough of Windsor and Maidenhead, at a future meeting.
- Members were informed that a site visit to the Fosters Care Home was being arranged.
- Clarification was being sought on the Carr-Hill formula.

RESOVLED: That the forward programme be noted.



WELCOME TO OPTALIS

11

Angela Morris
Director of Operations



Agenda Item 27.

Our Background



- Optalis was launched as a Local Authority Trading Company by Wokingham Borough Council on 6 June 2011 with the aim of:
 - Excellence
 - Efficiency
 - Growth

- On 3 April 2017 The Royal Borough of Windsor & Maidenhead joined with Wokingham Borough Council to jointly own the company.

- This means Optalis is the primary provider for both councils.

12



Our Mission

*“To be a resilient, efficient and growing Social
Care Company capable of delivering high quality,
innovative services to more customers, delivered
by passionate and skilled staff”.*

Our Values

At all times, we will:

- Listen to our customers and offer genuine choice tailored to their individual needs. Our customers are at the heart of everything we do
- Respect equality, diversity, and the beliefs and dignity of all of our customers and staff
- Inspire confidence and trust by operating an open, accountable and transparent culture across all levels of the company
- Ensure two-way communication with our customers and staff; providing clear, accurate information.
- Embrace and drive forward positive change within the organisation.
- Place emphasis on staff satisfaction and create an environment which offers opportunity for personal and professional growth.

Our Core Values

Customer
Service

Respect

Transparency
and Integrity

Communication

Continuous
Development

Enjoyable and
Rewarding

About us



We employ around
700 people



We provide care and
support to around
5000 people

Our teams and our customers

People with learning disabilities and autism, people with physical disabilities and sensory impairments, older people particularly those with dementia and people with mental health issues.

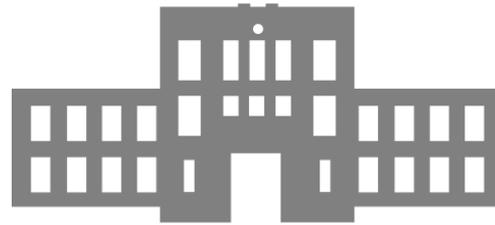
15



About us



Services in Wokingham, Windsor,
Maidenhead and Oxfordshire



Our Services

16

Residential Care, Extra Care,
Independent Living, Home
Care, Short Break Care,
Reablement Services, Day
Care, Supported Employment

Statutory adult social
care, including
integrated learning
disability and mental
health services.



17

Our Out and About Service provides 1:1 and group support so that customers can join in local events and social activities of their choice, at evenings and weekends.

Our Learning Disability Day Services support people to be real and full members of the community.

The services operate from 5 locations, including a horticultural project at Turgis Farm.



19

“Finding activities for our son was stressful, but Optalis are, without a doubt, the most efficient and professional company we have had dealings with.”





Our Multi-Disciplinary Social Care Teams comprise of Occupational Therapists, Social Workers, Assistive Technology specialists and Support Brokers.

**“You’re treated as the individual you are,
and not as though you’re ‘disabled’”**





22

Our staff have specialist expertise and years of experience. Regular training means skills are maintained and developed.



Our Supported Employment Service provide specialist training, coaching and support to help people find and retain a job.

“Thank you so much for all your help. You have made my father’s life so much better. The service was very prompt and the ramp is fantastic.”



21

Key achievements...



- Growing the business as one of the first Local Authority Trading Companies in the country with the delegated powers to provide statutory services. With a turnover of £44 million
- Customer led community initiatives such as Hug in a Mug (Wokingham Day Services) and the Ally Rangers (Oakbridge Day Service)
- 25 ➤ Asset strength social work model in the Royal Borough of Windsor and Maidenhead.



This page is intentionally left blank

Agenda Item 28.

TITLE	Local Account: Annual Report for Adult Social Care 2016/17
FOR CONSIDERATION BY	Health Overview and Scrutiny Committee on 15 November 2017
WARD	None specific
DIRECTOR	Judith Ramsden, Director of People's Services

RECOMMENDATION

That the Health Overview and Scrutiny Committee review the report.

SUMMARY OF REPORT

This report outlines the activity and performance of Adult Social Care for the period 2016/17.

Financial information relevant to the Recommendation/Decision

N/A

Cross-Council Implications

N/A

List of Background Papers

N/A

Contact Phillip Sharpe	Service People's Services
Telephone No X 6788	Email Phillip.sharpe@wokingham.gov.uk
Date 28.9.2017	Version No. 1

This page is intentionally left blank



WOKINGHAM BOROUGH COUNCIL

Local Account

Annual Report for
Adult
Social Care

2016/17

Local Account 2016-17

Our local account of services

Each year we produce a local account to tell people what their adult social care services are doing. The report explains:

- What we have been doing to make people's lives better
- How much we spend
- What our plans are for the future

To find out more about adult social care services see the WBC web page [Care and support for adults](#).

Contents

Our vision

2

Progress on last year's priorities

3

What we do for you

6

Outcomes for people

8

What do you think about our services

12

How we spend your money

13

Future priorities for 2017-18

14

Our vision for adult social care

- co-produced by staff and customers as well as voluntary and statutory partners

We want our customers to lead fulfilling and healthy lives and, should they require care and support, to access services directly and arrange and manage their own care if they are willing and able to do so.

We will support carers to stay well and healthy and we will assist them with carrying out their caring responsibilities.

We are integrating social care services with health to ensure that it is easier to access support, our customers and carers do not need to give the same information to different organisations and we are able to draw on a wide range of resources to offer responsive and flexible services.

To ensure sustainability, value for money and offer better services, we also work on developing flexible and personalised services in partnership with all our customers, carers, voluntary, private and statutory sector organisation.

We will not only focus on meeting our customers' care and support needs, but also help to fulfil their aspirations. We will do this by connecting our customers with local communities and facilitating access to a wide range of education, employment and leisure opportunities.

We will ensure that appropriate and well-balanced safety measures are in place to protect our customers from harm whilst maximising choice and control of care and support.

Our workforce will be well supported and trained to offer the highest quality advice and support.

Progress on last year's priorities

A. SERVICES PROVIDED UNDER THE BETTER CARE FUND

The Better Care Fund (BCF) is the pooling of resources and integration of health and social care services to deliver better outcomes to our communities. We are delivering our BCF plan in partnership with Royal Berkshire NHS Foundation Trust (RBFT), Berkshire Healthcare Foundation Trust (BHFT), South Central Ambulance Service (SCAS) and Optalis.

There were four main developments that took place under the Better Care Fund during 2016-17:

1. Integrated Front Door

The Health and Social Care Hub, managed by Berkshire Health Foundation Trust (BHFT), provides a single point of contact for all health and social care contacts and referrals. The staff offer advice and information to residents about how they might meet their needs in the community, providing small items of equipment, as well as carrying out assessments for rehabilitation and social care needs. The Hub dealt with 3,103 contacts during 2016/17.

2. Wokingham Integrated Social Care and Health (WISH) Team

WBC's and BHFT's health and social care teams have joined forces to create a more flexible service where people no longer have to repeat their details again and again. Service users are offered an assessment and then referred for short term support to increase their mobility and independence and/ or longer term support to support them in their own homes. This integrated service has reduced the number of people needing to be admitted to hospital or to residential or nursing care and has avoided more people being delayed in hospital when they are fit to return home. Its success has led Wokingham Borough Council to become one of the high performing local authorities for managing to reduce Delayed Transfers of Care (older people who are delayed in hospital once they are medically fit to leave) and to reduce emergency admissions into acute hospital by managing patients in their own home.

3. Community Health and Social Care (CHASC)

CHASC – Community Health and Social Care (Previously called Neighbourhood Clusters, Primary Prevention and Self-Care)

This is a partnership project between WBC, Wokingham CCG, BHFT and Wokingham GP Alliance. The overall aim is, to keep the residents of Wokingham fit,

well and living as independently as they can be in their own homes for as long as possible by working as a single health and social care system that supports people, promotes self-care and prevention and ultimately makes the most effective use of all resources in the system. CHASC will deliver the following:

- A single long-term Health & Social Care Team focused on early interventions and prevention
- Remove organisational boundaries
- Users only tell their story once
- A single key worker
- Development around 3 localities
- Target top 10% of health & social care users
- Work with the 3rd Sector – Community Navigators (social prescribing)

The aim is to go live testing the integrated service in one locality in November 2017. The main deliverables will be a reduction in A&E Attendances of 499, a reduction in NELs of 331, a reduction in GP appointments 99 per year, full year effect.

Community Navigators

A new service that has recently started as part of the above initiative is the Community Navigators Scheme. This service aims to provide up-to-date information about local community resources to service users and their families to help support them self-care and maximise their wellbeing. The service is live in five GP practices and will be fully rolled out by December 2017. In 2016-17 the service received 126 referrals with 90% reporting an improvement in health and wellbeing.

4. Connected Care

This is an integrated IT system, covering NHS and social care services in Berkshire, which was launched in February 2017. Currently information is supplied to the system by most GP surgeries and two local authorities, one being Wokingham. When fully implemented later this year it will allow GPs, ambulance staff, hospital staff, community health workers and social care teams to share some of the key items of information needed to deliver improved care to patients and service users. For more information about how your information is used in Connected Care, please see <https://www.shareyourcareberkshire.org/>

B. SUPPORT TO CARE HOMES – RAPID RESPONSE AND TREATMENT SERVICE (RRAT)

The Rapid Response and Treatment Service is a medically led multidisciplinary service whose aim is to assist people to remain in their care home with the right support to meet their needs, and avoid hospital admission.

The RRAT service has reduced Non-Elective Admissions from Wokingham Care Homes into acute hospitals by about 15% in 2016-17 with approximately 80 less admissions into hospital than expected.



C. THE STEP UP/STEP DOWN SCHEME

Step Up

This project, due to commence in December 2017, and provided in partnership with Wokingham Community Hospital will provide 6 hospital beds for intensive rehabilitation to those people at risk of an acute hospital admission or premature admission to long term care with the aim of prompting their recovery and maintaining their independence in the community.

Step Down

Three flats are available locally enabling families to stay in touch and visit. The flats have been used in a variety of ways for both single occupancy and couples, where one person is the main carer and there has been anxiety about returning directly home from hospital. The flexibility these flats provide enables timely hospital discharges where either, further intense reablement is required which cannot be undertaken at home, or where there are reasons which prevent an immediate return home and a short stay is required. This benefits the person, as all the time they are in hospital waiting to leave they are at risk of acquiring a hospital infection and

ensures that hospital as the beds are not being used inappropriately for people no longer requiring medical interventions.

CASE STUDY

Mr B was admitted to hospital with an infection. He was living in unsuitable accommodation with no sanitation or heating. On discharge he could not return to this accommodation and was admitted to the Step Up / Step Down accommodation at Alexandra Place (Extra Care Housing).

A package of care was organised to support Mr B and assess his abilities with regard to personal care and meal preparation. He was given help to apply for sheltered accommodation from Wokingham Housing Department, information on benefit entitlements and local services and a property was offered locally in a sheltered housing unit. Mr B moved into the property and he is now living independently.



What we do for you

We provide Adult Social Care services to thousands of people each year. Our statutory services support vulnerable adults with a wide variety of specific needs. In addition, there are a range of more general prevention services available to help improve the health and wellbeing of all adults in the Borough.

WHO CONTACTED US?

Our Adult Social Care teams were contacted by 4,988 people in 2016-17 (based on local unpublished figures).

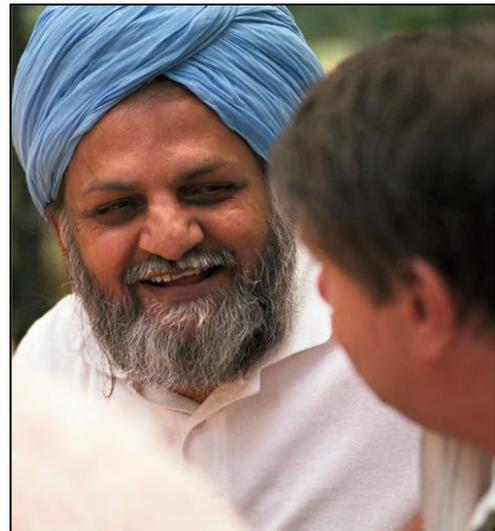
WHAT HAPPENED FOLLOWING REQUESTS FOR SUPPORT?

Short Term Support

In 2016-17 275 new clients went on to receive **Short Term Support to Maximise Independence** (down from 320 in 2015-16). 27 of these were aged 18-64 (10%) and 248 were aged 65+ (Of these 110 went on to receive a long term service, 56 ended early, 47 had no identified needs after the service ended, 31 went on to receive ongoing low-level support, 6 were signposted to other services, 24 still had identified needs after the service ceased but became self-funders, 1 declined further support.

Long Term Support

In total, 1,776 people accessed **Long Term Support** during 2016-17 (which is similar to the figure for 2015-16 of 1,785). Of these, 720 clients were aged 18-64 (41%) and 1,056 were aged 65+ (59%). As of 31st March 2017, 657 people aged 18-64 and 739 aged 65+ were still receiving services, making a total of 1,396.



Residential and Nursing Care

Of those clients receiving Long Term Support in 2016-17, 326 people accessed residential care of which 220 were 65+ and 106 were aged 18-64. 207 people accessed nursing care of which 194 were 65+ and 13 were aged 18-64.



Autism and Asperger's Syndrome

As of 31st March 2017, there were 73 clients with Autism (down from 75 the previous year) and 48 with Asperger's Syndrome (down from 50) in receipt of long term support.

CASE STUDY

Jordan is a young man with Autism and a learning disability who would at times become overwhelmed when faced with busy and noisy places. He found it hard to understand information people were giving him and could not communicate how he was feeling and what he wanted. When faced with these situations he would become very distressed.



Jordan attended an Optalis learning disability day service where the staff team worked hard to understand and support him with his anxiety. He was helped to

develop an understanding of how he expressed himself and learnt relaxation techniques to use when anxious. This helped him to feel in control of his environment and reduce his anxiety.

Carers

In 2016-17, the combined figure for carers requesting services or already receiving services was 620. Of these, 452 resulted in support provided directly to the carer (73%). Of the remainder, 110 requests resulted in respite or other forms of support being given to the person they care for (18%) and 58 resulted in no direct support (9%). The number of carers receiving help has decreased from 2015-16 when 625 had support provided directly to them and 195 were helped by respite or other forms of support being given to the person they care for.



CASE STUDY

Mrs B, aged 69, is the main carer for her husband who has Parkinson's and depression, and her father who is in the early stage of dementia. Her husband has very limited mobility, however, her father is fairly mobile. Mrs B receives domiciliary care for her husband but not for her father who requires supervision to maintain his independence. Although her husband has once a week day care, caring for two people has had a detrimental effect on her well-being, especially her emotional health. She feels stressed, isolated, depressed and trapped. Following a carers assessment Mrs B was referred to our **Carer's Flexible Sitting Service, provided by Crossroads**, which provides breaks twice a week to support the whole family, and with an overnight stay when required. Mrs B now has 2 breaks a week which she uses to meet up with friends to reduce her stress and isolation. She also uses the time to go for a walk which has improved her depression and physical health. Above all, she feels that she can have a 'normal' conversation with the regular care worker who understands her worry and frustration.

Outcomes for people

Care and support is something which affects us all. We all know someone, a family member or friend, who needs some extra support to lead a full and active life. The Adult Social Care Outcomes Framework (ASCOF) measures how well that support achieves the things we would expect for ourselves and for our friends and relatives. It measures the outcomes which matter the most to people who use social care services.

Anyone can use this information to see how well their council is performing, making local

authorities answerable to their communities for the quality of care. Councils themselves use the measures to help them drive up standards, and give people choice and control over the services they use. To see all of the ASCOF measures please see the following link:

www.gov.uk/government/uploads/system/uploads/attachment_data/file/263783/adult_social_care_framework.pdf

The following section sets out how well Wokingham has performed against these measures during 2016/17.

ENHANCING THE QUALITY OF LIFE FOR PEOPLE WITH CARE AND SUPPORT NEEDS



In 2016-17, Wokingham scored 19.3 out of a maximum possible score of 24 (up from 19.0 in 2015-16) for the overall measure for enhancing the quality of life.

CASE STUDY

Clive has autism and a learning disability. He needs a high level of care and support as his needs are complex. Clive's parents are preparing for a time when they will no longer be able to care for him in the family home. They want Clive to grow in confidence away from his home environment and develop his independence.

Clive was already attending the Optalis Learning Disability Day Service when he joined the Out and About service also run by Optalis. Initially he took part in day sessions and outings, which worked well. Building on this success, the Out and

About team started to prepare for Clive's first overnight stay. He thoroughly enjoyed his time away and then went on to enjoy two nights away.

His mother says Clive has blossomed in the last two years. She largely attributes the Out & About service for this positive change. She believes the exposure to new places has made him willing to accept different situations. She feels attending Out & About has also had a knock on effect in other areas of his life. He is able to communicate better and will more readily engage in activities. The service has enabled him to pursue new interests and try new things and he has a new found independence and sense of self-esteem.

Another outcome we measure looks at whether people using services feel in control of their daily life i.e. has their wellbeing and what is important to them and their family been taken into account? 79% of people using services in 2016-17 felt they had control over their daily life. This has reduced from 81% in 2016-17. This may have reduced in part due to the number of people in receipt of a personal budget or direct payment having reduced in 2016-17. However, the proportion of carers in receipt of a personal budget and receiving a direct payment remained at 100%.

During 2017-18 we aim to increase the number of people with a personal budget as well as the number receiving all or part of their personal budget through a direct payment to give people more flexibility, choice and control about the type of service and provider they want.

People with a learning disability

The number of people with a learning disability in paid employment has increased during 2016-17 to 14.4%, up from 11.8% in the previous year. This compares very favourably with the figure of 6.2% for South East England.

The proportion of adults with a learning disability who live in their own home or with their family has also increased from 74.7% in 2015-16 to 78% in 2016-17. Again this compares favourably with 70.2 % for South East England.



CASE STUDY

A young 19-year-old woman with a learning disability living in the community was referred for a Safeguarding Enquiry following concerns regarding sexual exploitation. The situation was complicated as she also had a history of non-engagement with services and professionals. A social worker met with the young woman and worked hard to gain her trust and to ensure that she was safe from exploitation. She is now fully engaged with services and is taking part in a life skills development programme, education and training as well as engaging with a support worker.

Mental Health

The proportion of adults in contact with secondary mental health services in paid employment has risen from 15.8% in 2015-16 to 26.7% in 2016-17. The proportion of adults in contact with secondary mental health services living independently, with or without support, has also increased from 84.4% in 2015-16 to 93.5% in 2016-17.

CASE STUDY

A 40-year-old man was diagnosed with treatment-resistant schizophrenia. This major mental health problem started when he was at university. He lives with his parents and they provide support.

During his recovery he received various psychiatric and psychological support and his family also received support as carers. During the final stages of his recovery a support worker helped him build his confidence and manage his voices to enable him to go out into the community.

He started voluntary work in a charity job at the beginning of this year and has now been discharged from Community Psychiatric Nurse support. He still hears voices and can get paranoid but, the support he has received has made a really positive change to his self-esteem.

DELAYING AND REDUCING THE NEED FOR CARE AND SUPPORT

The council has a range of reablement programmes provided in partnership with health colleagues to support people to relearn lost skills to promote their independence and enable them to continue with their life. One measure of the effectiveness of this support is to see how many people who have been given reablement services when they leave hospital are still at home 91 days later. For Wokingham, the figure for 2016-17 was 72.7%. This has reduced from 76.8% in 2015-16 and is lower than the South East England figure of 81.1%. We are exploring why this figure has reduced and believe it may be due to a recording issue.

However, the Council's policy of enabling people to stay living independently in their own homes has seen the number of older people admitted to residential and nursing care homes in Wokingham reduce to 444.48 per 100,000 people 65+ in 2016-17 from 646 the previous year.

Some people who contact the Council for help will only need short-term support to get them back on their feet. We can see how effective this is by measuring what percentage of the people required no further support (or only support of a lower level) after they received short-term support. For Wokingham this was 46.4% in 2016-17 (down from 82.7% in 2015-16). We are currently looking into why this figure has reduced so drastically.



CASE STUDY

John has a diagnosis of Ataxia, which effects his coordination, balance and speech. Following discharge from hospital after a fall, John spent three weeks recuperating at Alexandra Place step up/step down service and then returned home with support from the START service. In the first week of his 5 week rehabilitation the START reablement workers spent time with John to assess his abilities and agree achievable goals. They would regularly assess and record progress and plan their ongoing support. John's motivation to regain his independence was a strong contributing factor to his success; combined with the skills and experience of the reablement workers who understood when and how to give him the time, encouragement and space to do things for himself.

Since START's involvement John has greater control over his daily life as he is much less reliant on paid support services and his care has reduced from 4 calls to 1 call per day.

John said of START, "strangely I wasn't very well when I came out of hospital. I couldn't have coped without help from START. I found it very good. They helped me to help myself".

HOW SAFE DO OUR SERVICES MAKE YOU FEEL?

The proportion of people using services who say that those services make them feel safe and secure has increased from 78.8% in 2015-16 to 90% in 2016-17.

Safeguarding referrals

During 2016-17 we investigated 510 concerns about people to ensure that they were safe.

CASE STUDY

“I am writing on behalf of my wife and myself to express my appreciation and gratitude for your efforts in helping us to recognise and come to terms with the 'Adult Abuse' we have experienced in our daily lives as we grew older - I am 78 and my wife is 77. Your involvement was a bit like having someone shine a light in a dark corner where you know something is wrong but you don't know what it is or what to do about it. It was a life-changing moment for me and I am grateful to you and your organisation for that.”

What you think about our services

ADULT SOCIAL CARE SURVEY

Overall, 66% of users reported that they were extremely or very satisfied with the care and support services they received in 2016-17. This is down from 67.3% in 2015-16 but higher than the South East Region average of 65.7%.

CARERS SURVEY

Overall 37.5% of carers reported that they were extremely or very satisfied with the support services they received in 2016-17. This is down from 39.7% in 2015-16 and lower than the South East region average of 41.2%.

COMPLAINTS

In 2016-17 Adult Social Care teams received five formal complaints (the same as in 2015-16).

The reasons for the complaints were:

- Attitude/Conduct of Staff: 1
- Accuracy of File/Report: 1
- Contact with Relative/Carer: 1
- Financial Assessment: 2

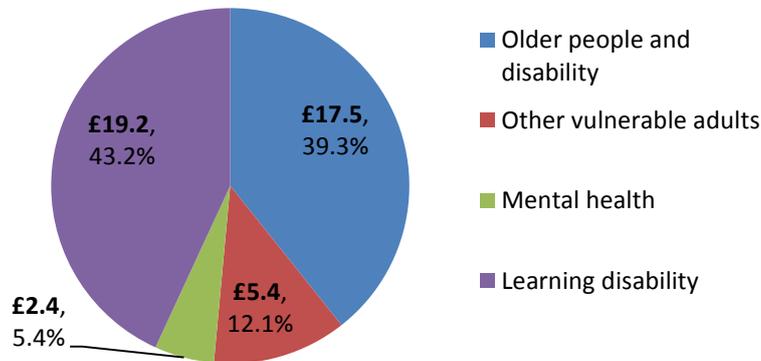
Of these five complaints, four were resolved at Stage 1 of the complaints process and the other at Stage 2.



How we spend your money

EXPENDITURE ON ADULTS OVER 18 2016-2017 IN £MILLIONS

Expenditure 2016-17 in millions



Priorities for 2017-18

Delivery of adult social care is one of the biggest challenges the country faces with the sector under severe pressure nationally. In the next 20 years the number of older people aged 65 years and over will increase, placing a greater demand on the health and social care system in the Borough as there is a higher likelihood of people living with Long Term Conditions, dementia or frailty. This highlights the importance of prevention, to ensure people age well and avoid dependency and self-manage their health effectively.

- WBC is working in partnership with health and the voluntary sector to ensure we have integrated services that provide responsive, cost effective and efficient services.
- We want to stimulate a diverse range of care and support services in Wokingham to ensure that people and their carers have choice over how their needs are met and that they are able to achieve the things that are important to them.
- We will be developing a 0-25 service which will ensure that the transition from Children's to Adult's services is efficient and seamless.
- We will be opening two new extra care units
- Our Carers' Strategy will be reviewed and brought up to date in line with government policy
- We want to ensure that we use assistive technology to support prevention and maintain the independence of older and vulnerable adults.

TITLE:	Update on Wokingham Borough Pharmaceutical Needs Assessment 2018-2021
FOR CONSIDERATION BY	Health Overview and Scrutiny Committee on 15 November 2017
WARD	None specific
DIRECTOR	Graham Ebers, Director Corporate Services

OUTCOME / BENEFITS TO THE COMMUNITY

All residents and visitors to the Borough will have easy access to community pharmacy services which offer a range of accessible opening hours, and a range of services which meet the basic needs for essential pharmacy services as well as advanced and enhanced services according to local need.

RECOMMENDATION

The Health Overview and Scrutiny Committee is asked to note the contents of the Draft Wokingham Borough Pharmaceutical Needs Assessment 2018 to 2021, which is out to public consultation from 1st November 2017 to 31st December 2017.

The Committee is invited to submit its formal feedback on this draft report.

SUMMARY OF REPORT

The Wokingham Borough Health and Wellbeing Board is required to publish a statement of the needs for pharmaceutical services in our area. This is referred to as the Pharmaceutical Needs Assessment (PNA). Wokingham Borough Health and Wellbeing Board published their first PNA in April 2015, for the period 2015-2018 and are required to publish a revised assessment by 31 March 2018.

A revised PNA report has now been produced, which looks at the health needs of the local population in the Wokingham Borough, the current pharmacy network and public feedback on current services. The full report and appendices are attached.

Background

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

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

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

The PNA Documents were prepared by *Public Health Services for Berkshire* (based within Bracknell Forest Council), on behalf of the Wokingham Borough HWB, and were supported by a task and finish group.

Analysis of Issues and Key findings

The Draft PNA Report found the following:

- There is good provision of pharmaceutical services in Wokingham, with 22 pharmacies and three dispensing doctors within the Borough. There are also 18 pharmacies outside the borough, but within 1.6km of borders, which were considered when assessing provision and access to services.
- Generally, community pharmacies in Wokingham are well distributed, are accessible and offer a convenient service to patients and members of the public. They are available on weekdays with adequate weekend and evening opening hours across the majority of the borough. There is potential to improve access to essential services on Sundays.
- Although all residents are currently within a 10 minute drive of a pharmacy (15 minutes on evenings and Sundays), there is potential to improve access for residents of Hurst, Arborfield and Barkham wards.
- There is good provision of essential and advanced services during core hours in the rural Remenham Wargrave and Ruscombe ward where around a quarter of the population are aged over 65; however this does not extend to evenings and weekends. This is likely to be mitigated to some extent by services in neighbouring Henley-on-Thames.
- Arborfield is a strategic development location (SDL) within Wokingham Borough and the site of a large planned development with 1,100 dwellings completed during the life of this PNA. This means that there is likely to be a gap in provision of essential pharmaceutical services for local residents within the lifetime of this PNA and that an increased number of residents in addition to those currently resident in this area, may have to travel further to access essential services in the evenings and on Sundays.
- The public survey showed that across Berkshire, 95% of respondents were able to get to the pharmacy of their choice, 86% took less than 15 minutes to travel to their regular pharmacy and the remaining 14% stated that it took between 15 and 30 minutes. Overall, 91% were satisfied or very satisfied with the location of their pharmacy.

- There is good provision of essential and advanced pharmaceutical services for Wokingham residents, with a number of pharmacies also providing locally commissioned services (LCS) for emergency hormonal contraception, needle exchange and supervised consumption.
- Whilst not considered 'necessary', there is room to extend the range of Locally Commissioned Services in Wokingham Borough and to increase the number of pharmacies providing these. A number of pharmacies have stated that they would be willing to provide these services if commissioned to do so.
- Based on the information outlined above no current gaps in provision of essential services have been identified but future developments in the Arborfield SDL are likely to significantly increase demand for pharmaceutical services within the life of this PNA.

Feedback Sought

The period 1st November – 31st December 2017 marks the final stage of consultation to elicit the views of all stakeholders including residents, healthcare providers and commissioners including Community Pharmacists themselves. Formal Committees such as HOSC and Council Members are invited to submit their final views as well.

There are a series of questions to which consultees are asked to reply as follows:

- Is the purpose of the PNA explained sufficiently within the draft PNA document?
- Does the document clearly set out the scope of the PNA?
- Does the document clearly set out the local context and the implications for the PNA?
- Does the information provide a reasonable description of the services which are provided by pharmacies and dispensaries in the local authority?
- Does the information provide a reasonable description of the services which are provided by pharmacies and dispensaries in the local authority?
- Do you think the pharmaceutical needs of the population have been accurately reflected throughout the PNA?
- Please indicate below if you agree with the conclusions for the services described:
 - Current necessary provision of pharmaceutical services,
 - Current gaps in pharmaceutical services,
 - Future gaps in pharmaceutical services,
 - Current additional provision of pharmaceutical services,
 - Opportunities for improvements and/ or better access to pharmaceutical services,
 - Impact of other services which affect the need for pharmaceutical services.
- Is there any additional information which you think should be included in the PNA?
- For professional stakeholders: Has the PNA provided adequate information to inform: Market entry decisions (NHS England only), and How you may commission services from pharmacies in the future (All commissioners).

There is then the option to add any further information consultees may wish. The HOSC may wish to prepare and submit a formal response to these questions and add further information it sees fit. The Draft PNA will also be submitted for discussion at the Sustainable Communities Implementation Working Group (SCIWG) in November 2017.

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) 17/18	Not applicable	Not applicable	Not applicable
Next Financial Year (Year 2) 18/19	Not applicable	Not applicable	Not applicable
Following Financial Year (Year 3) 19/20	Not applicable	Not applicable	Not applicable

Other financial information relevant to the Recommendation/Decision
<p>The Public Health Team can proscribe Locally Enhanced Services which it wishes local community pharmacies to provide and which are paid for from the Council's Public Health Budget. Wokingham Borough Council has offered a contract to all community pharmacies based in the Borough for the provision of emergency hormonal contraception, supervised consumption and needle exchange. There is relatively good coverage of the services we currently commission, and willingness to provide these in a number of cases. Additionally some community pharmacies offer the NHS Health Check which is once again funded from the Public Health Grant, and is a mandated public health service.</p> <p>There is no evidence to show that these enhanced services are currently unaffordable to the Council. If Community Pharmacies were not delivering these services it is likely that some other means of provision would be required which may cost more. Community Pharmacy is an acceptable and evidence-based delivery point for these services and their provision should be promoted.</p>

Cross-Council Implications
<p>There are implications for the planning delivery department. The department's aim to create fully sustainable communities and to meet their aspirations as set out in the Local Plan may be affected by the future distribution of community pharmacies to serve the new communities and growing population.</p> <p>There are implications for child and adult social care in that independence for vulnerable residents may be affected by access to the services of community pharmacies, who play an important role in primary healthcare.</p>

Reasons for considering the report in Part 2
None
List of Background Papers

- Wokingham Borough Pharmaceutical Needs Assessment, Draft for Consultation: Attached.
- Wokingham Borough JSNA; Available online at: <http://jsna.wokingham.gov.uk/>
- Joint Health and Wellbeing Strategy for Wokingham Borough 2017-20

Contact Darrell Gale	Service Public Health
Telephone No 0118 908 8293	Email Darrell.gale@wokingham.gov.uk
Date 03/11/17	Version No. 1

This page is intentionally left blank

Draft for Public Consultation

Wokingham Borough Pharmaceutical Needs Assessment 2018 to 2021

Do you agree with our findings and conclusions about the pharmaceutical services available to Wokingham Borough residents?

We would appreciate your feedback on this draft report, which is out for public consultation from 1st November to 31st December 2017. An online consultation response form can be found at http://consult.bracknell-forest.gov.uk/portal/public_health_berkshire/pna_2017_1/pna_2017_feedb_ack_consultation.

Your feedback will help to shape the final report, which will be presented to the Wokingham Borough Health and Wellbeing Board by 31st March 2018. All information you provide will be treated in strict confidence and will not be used to identify you personally.

The Wokingham Borough Pharmaceutical Needs Assessment (2018-2021) will then be used by the NHS to inform decisions on applications for new pharmacies and applications for changes at existing pharmacies. Local organisations, such as Wokingham Borough Council and Wokingham Clinical Commissioning Group and / or successor Clinical Commissioning Group organisations, will also use the PNA to inform the services they commission from local pharmacies in the future.

Executive Summary

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

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

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

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

This PNA contains information on:

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

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

Essential services are defined as:

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

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

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

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

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

The legislation requires that the PNA:

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

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

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

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

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

Key findings

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

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

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

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

Arborfield is a strategic development location (SDL) within Wokingham Borough and the site of a large planned development. Planned housing developments (1100 dwellings) in Arborfield within the life of this PNA mean that there is likely to be a gap in provision of essential pharmaceutical services for these residents within the lifetime of this PNA and that an increased number of residents in addition to those currently resident in this area, may have to travel further to access essential services in the evenings and on Sundays.

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

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

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

Based on the information outlined above no current gaps in provision of essential services have been identified but future developments in the Arborfield SDL are likely to significantly increase demand for pharmaceutical services within the life of this PNA.

Contents

A: Introduction	8
1. What is a Pharmaceutical Needs Assessment (PNA)?.....	8
2. Purpose of the PNA.....	8
3. Background and Legislation	9
NHS Act 2006.....	9
The Health Act 2009.....	9
The Health and Social Care Act 2012	9
4. National and Local Priorities.....	10
5. Commissioning Context	11
NHS England.....	11
NHS England South (Thames Valley)	11
Other commissioners.....	11
Sustainability and Transformation Partnerships	11
6. Pharmacy	12
7. Pharmacy Contractual Framework.....	13
a) Essential Services.....	14
Opening hours: core and supplementary.....	14
Public Health.....	14
Signposting and Referral	14
Clinical governance.....	15
b) Advanced Services	15
Medicines Use Review and Prescription Intervention Service (MUR).....	15
New Medicines Service (NMS)	15
NHS Urgent Medicine Supply Advanced Service (NUMSAS)	15
Appliance Use Review (AUR).....	16
Stoma Appliance Customisation (SAC)	16
Influenza (flu) vaccination	16
c) Enhanced Services	16
d) Local Pharmaceutical Services (LPS)	16
e) Locally Commissioned Services (LCS).....	17
8. Healthy Living Pharmacies (HLP)	17
9. Electronic Prescription Service.....	17
10. Dispensing Doctors	17
11. Dispensing Appliance Contractors (DACs).....	18
12. Distance Selling Pharmacies.....	18

B: PNA Process Summary	19
1. Summary of Overall Process.....	19
2. Stakeholder Engagement.....	20
3. Pharmacy Contractor Survey	20
4. Public Survey.....	20
5. Equality Impact Screening.....	21
6. Assessment Criteria	21
7. Data Sources Used	22
C: Wokingham Borough Population	23
1. Population and demographics.....	23
Age	23
Ethnicity	25
Religion.....	25
People living with long-term health problems or disabilities	25
Carers	26
Employment and benefits	26
Education and qualifications	26
2. Place.....	27
Deprivation.....	27
Population density	27
Housing and homelessness	27
Residential developments since the 2015 PNA.....	28
Other developments which may affect the need for pharmaceutical services	29
3. Health behaviours and lifestyle	29
Smoking.....	29
Alcohol	30
Drug use	30
Obesity.....	31
Physical Activity	31
Sexual health	32
4. Focus on specific health conditions.....	32
Cancer	33
Circulatory disease	33
Diabetes.....	33
Respiratory disease	34
Mental Health problems.....	34
Dementia	34
5. Life expectancy and mortality.....	35

D: Pharmacy Provision in Wokingham	37
1. Type of Pharmacy services within Wokingham.....	37
Advanced Services	37
Enhanced Services	38
Locally Commissioned Services	38
Healthy Living Pharmacy	39
2. Access to pharmacy services within Wokingham Borough.....	40
E: Public Survey	42
1. Demography of survey respondents	42
2. Use and access to local pharmacies.....	42
3. Pharmacy characteristics and services	43
4. Feedback.....	46
F: Assessment of pharmaceutical service provision	48
G: Conclusions	50
1. Current necessary provision.....	50
2. Current gaps.....	50
3. Future gaps	50
4. Current additional provision.....	51
5. Opportunities for improvements and/or better access to pharmaceutical services	51
6. Impact of other services	51
H: Sources	52
I: Glossary of terms and acronyms	54
J: Appendices and Maps	55
Appendix A: Berkshire PNA Pharmacy Survey 2017	
Appendix B: Berkshire PNA Public Survey 2017	
Appendix C: Opening hours for pharmacies and dispensaries in Wokingham Borough	
Map 1: Pharmaceutical Services in Wokingham Borough	
Map 2: Wokingham pharmacies and Index of Multiple Deprivation by LSOA (2015)	
Map 3: Wokingham pharmacies and population density by ward (2017)	
Map 4: Wokingham pharmacies and weekend opening	
Map 5: Wokingham pharmacies and evening opening	
Map 6: Residents of Wokingham Borough who can access a pharmacy within a 5 and 10 minute drive	
Map 7: Residents of Wokingham Borough who can access a pharmacy within a 15 minute walk	
Map 8: Pharmacies inside and within 1.6km (1 mile) of Wokingham Borough border	

A: Introduction

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

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

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

This PNA describes the needs of the population of Wokingham.

2. Purpose of the PNA

The PNA has several purposes:

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

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

3. Background and Legislation

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

NHS Act 2006

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

The Health Act 2009

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

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

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

The Health and Social Care Act 2012

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

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

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

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

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

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

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

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

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

4. National and Local Priorities

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

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

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

5. Commissioning Context

Pharmaceutical services are commissioned by different national and local organisations.

NHS England

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

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

NHS England South (Thames Valley)

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

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

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

Other commissioners

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

Sustainability and Transformation Partnerships

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

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

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

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

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

6. Pharmacy

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

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

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

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

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

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

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

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

7. Pharmacy Contractual Framework

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

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

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

a) Essential Services

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

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

Opening hours: core and supplementary

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

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

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

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

Public Health

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

Signposting and Referral

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

Clinical governance

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

b) Advanced Services

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

Medicines Use Review and Prescription Intervention Service (MUR)

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

New Medicines Service (NMS)

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

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

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

NHS Urgent Medicine Supply Advanced Service (NUMSAS)

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

The service aims to:

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

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

Appliance Use Review (AUR)

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

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

Stoma Appliance Customisation (SAC)

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

Influenza (flu) vaccination

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

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

c) Enhanced Services

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

d) Local Pharmaceutical Services (LPS)

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

e) Locally Commissioned Services (LCS)

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

8. Healthy Living Pharmacies (HLP)

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

There are three levels within the framework:

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

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

9. Electronic Prescription Service

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

10. Dispensing Doctors

Dispensing doctors provide services to patients mainly in rural areas and often where there are no community pharmacies or where access is restricted. A patient may at any time request that a doctor provides them with pharmaceutical services, however the patient must meet particular criteria and they must be on the patient list of a doctor who is registered to provide pharmaceutical services. These include one or more of the following:

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

11. Dispensing Appliance Contractors (DACs)

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

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

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

12. Distance Selling Pharmacies

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

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

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

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

B: PNA Process Summary

1. Summary of Overall Process

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

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

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

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

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

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

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

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

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

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

community pharmacies alone were considered against highest needs (including proximity and access times). Distance to access pharmaceutical services was estimated and mapped for both driving and walking distance times. Proximity to public transport was also considered.

2. Stakeholder Engagement

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

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

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

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

3. Pharmacy Contractor Survey

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

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

4. Public Survey

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

5. Equality Impact Screening

Public Health Services for Berkshire undertook an Equality Impact Assessment (EIA) of the PNA process and of implementing the recommendations. The Bracknell Forest EIA framework was used to complete this and assesses the potential impacts (positive and negative) of the PNA process on local residents, with particular regard to the protected characteristics of age, race, disability, sexual orientation, gender reassignment, religion and belief, pregnancy and maternity, marriage and civil partnership and also considers rural communities and areas of deprivation. *[The EIA will be attached to the final version of the PNA]*

6. Assessment Criteria

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

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

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

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

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

Relevant services are defined as:

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

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

- Demography of local population (Section C1)
- Prevalence of health conditions and health behaviours (Section C3 and C4)
- Number of pharmacies and their core opening hours (Section D)
- Range and distribution of pharmacies providing advanced services
- Location of pharmacies (Map 1)
- Areas of relative deprivation (Section C2, Map 2)
- Population density (Section C2, Map 3)
- Supplementary, evening and weekend opening hours (Appendix C, Maps 4 and 5)

- Travel time during weekdays, evenings and weekends (Map 6 and 7)
- Information on the extent and distribution of provision of advance services (section D)
- Resident feed-back from the PNA public survey (section E)

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

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

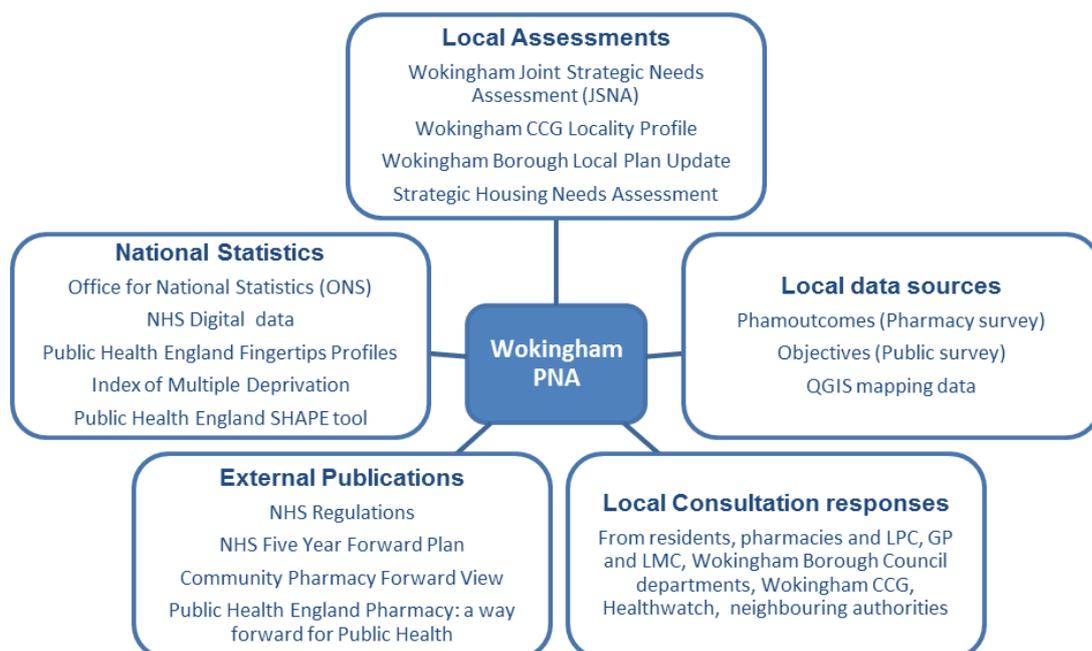
7. Data Sources Used

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

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

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

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



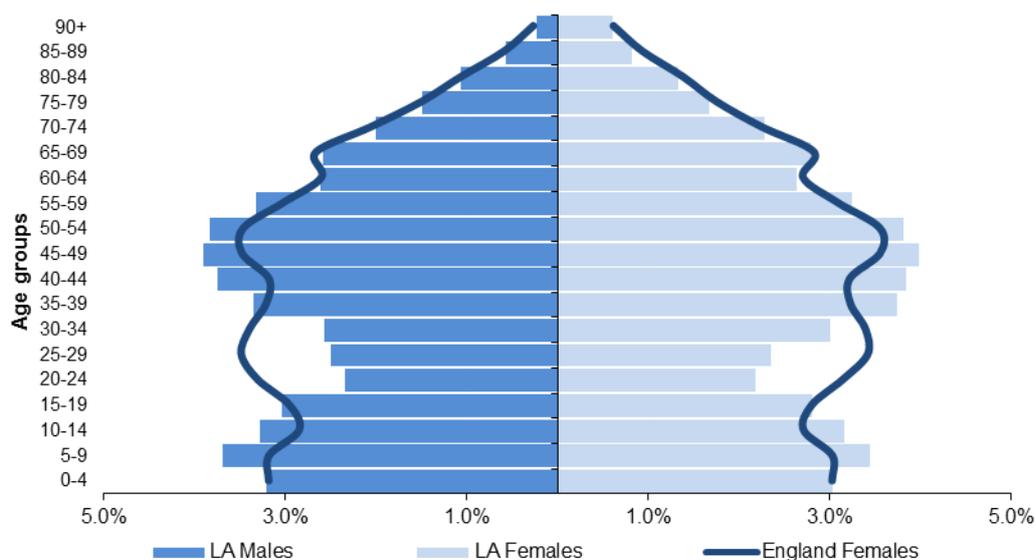
C: Wokingham Borough Population

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

1. Population and demographics

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

Figure 2: Wokingham Population pyramid (mid-2016)



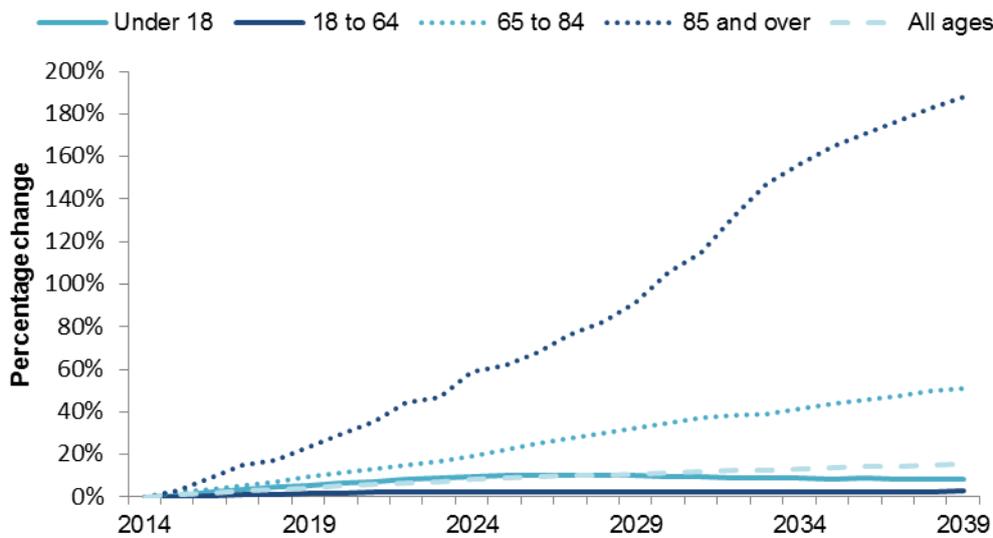
Source: Office for National Statistics (2017)

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

Age

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

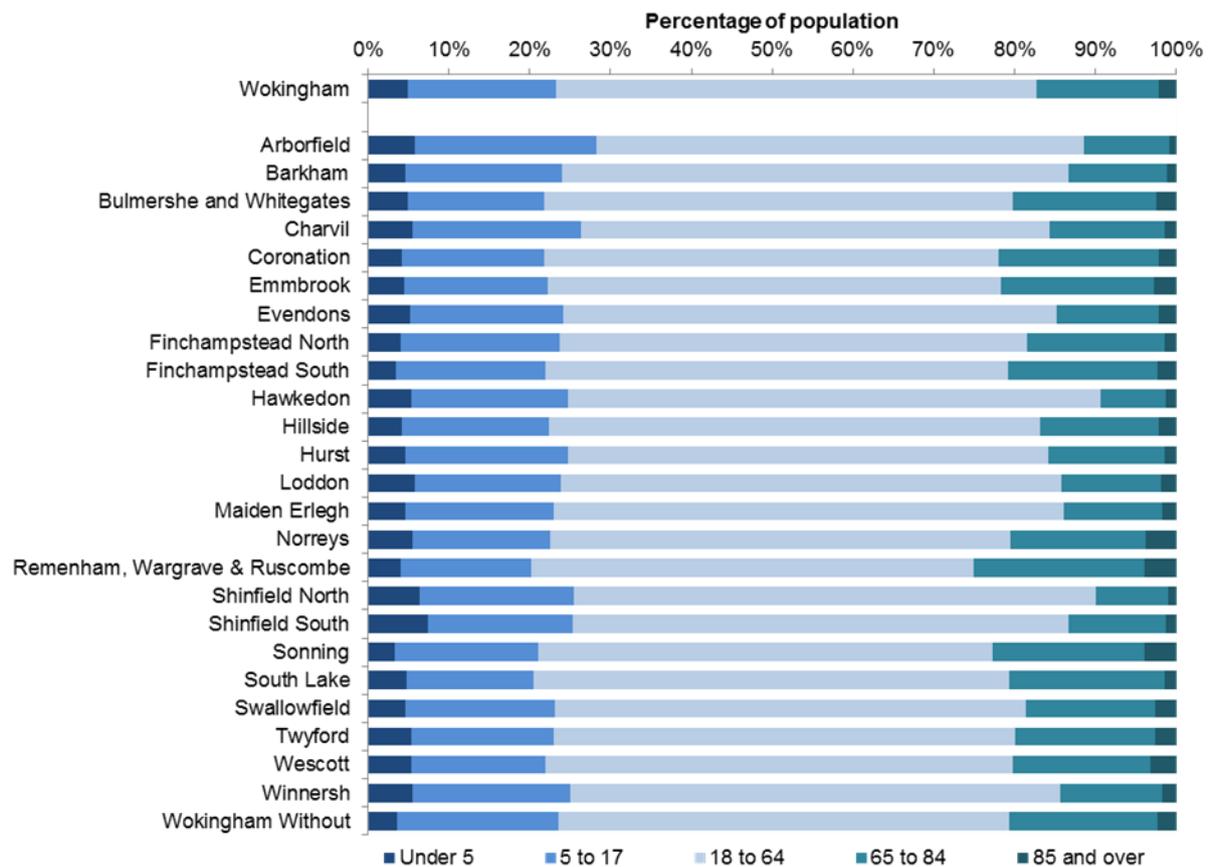
Figure 3: Percentage change in Wokingham Borough's population 2014 to 2039 by age group



Source: Office for National Statistics (2016b)

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

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



Source: Office for National Statistics (2016c)

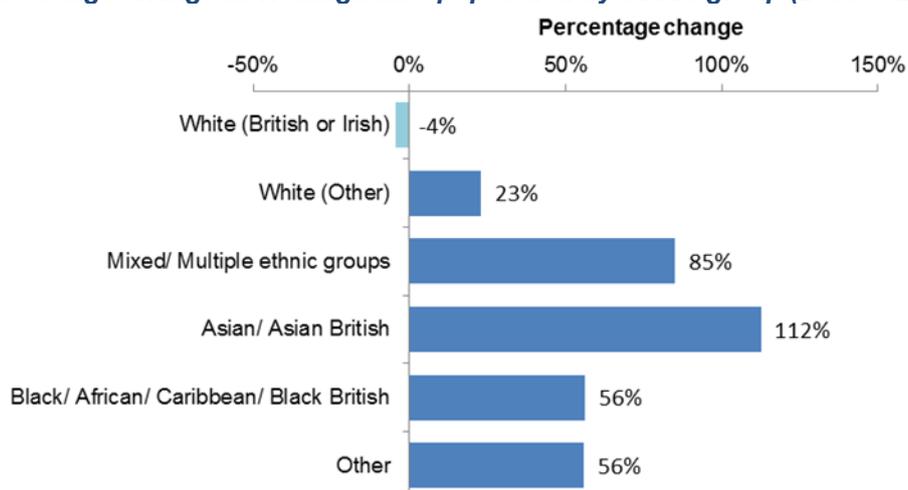
Ethnicity

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

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

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

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



Source: Office for National Statistics (2013)

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

Religion

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

People living with long-term health problems or disabilities

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

Carers

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

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

Employment and benefits

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

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

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

Education and qualifications

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

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

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

2. Place

Deprivation

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

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

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

Population density

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

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

Housing and homelessness

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

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

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

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

Residential developments since the 2015 PNA

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

- Arborfield SDL – The Arborfield Garrison development will see around 3,500 new dwellings being built in total. The site is split into two sections; North (2,000 homes) and South (1,500 homes). As of March 2017, 57 dwellings were completed; the remaining dwellings are expected to be completed by 2030.
- South of the M4 SDL – The South of the M4 development will see in excess of 2,500 dwellings being built in total. The site is split into a number of different sections, the early delivery of the Shinfield Eastern Relief Road will allow for development to continue coming forward as planned. As of March 2017, 471 dwellings were completed; the remaining dwellings are expected to be completed by 2031.
- North Wokingham SDL – The North Wokingham SDL will see in excess of 1,500 dwellings being built. The site is split into a number of different sections, the delivery of the North Wokingham Distributor Road will allow for development to continue coming forward as planned. As of March 2017, 423 dwellings were completed; the remaining dwellings are expected to be completed by 2025.
- South Wokingham SDL – The South Wokingham SDL will see around 2,500 new dwellings being built in total. The site is split into two sections; North of the Railway Line (approximately 650 dwellings) and South of the Railway Line (1,840 dwellings). As of March 2017, 365 dwellings were completed; the remaining dwellings are expected to be completed by 2034.

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

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

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

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

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

Other developments which may affect the need for pharmaceutical services

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

3. Health behaviours and lifestyle

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

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

Smoking

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

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

Smoking prevalence rates are also monitored for pregnant woman, due to the detrimental effects for the growth and development of the baby and health of the mother. The proportion of Wokingham mothers who smoke has continued to remain significantly below the national figures. In 2015/16, 4.8% of Wokingham mothers were smokers at the time of delivery, compared to 10.6% nationally.

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

Alcohol

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

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

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

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

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

Drug use

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

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

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

people left treatment free of drug dependence and did not represent again within a 6 month period. This was similar to the national treatment success rate of 37.3% (PHE 2017g).

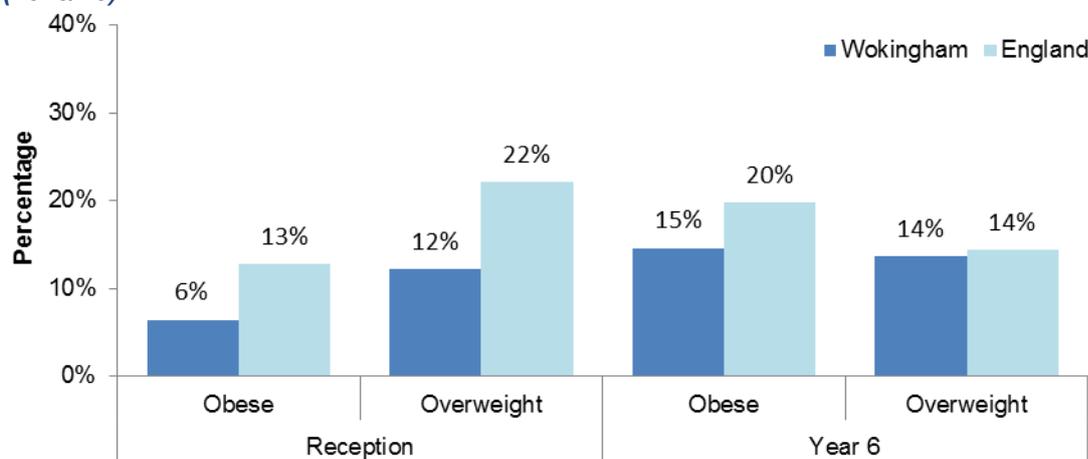
Obesity

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

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

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

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



Source: Public Health England (2017g)

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

Physical Activity

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

The Chief Medical Officer recommends that adults undertake 150 minutes of moderate activity each week. In 2015, 64% of adults in Wokingham were estimated to have met these recommendations, which was significantly better than the national figure of 57%. However, over 21% of adults in Wokingham were classified as 'inactive', achieving less than 30 minutes of moderate physical activity each week (PHE 2017g).

Sexual health

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

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

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

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

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

4. Focus on specific health conditions

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

Cancer

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

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

Circulatory disease

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

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

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

Diabetes

Diabetes is a lifelong condition that causes a person's blood sugar level to become too high. In the UK, diabetes affects 2.8 million people and there are estimated to be an additional 980,000 people with diabetes who are undiagnosed. In March 2016, 5,160 Wokingham residents (aged 17 and over) were diagnosed with diabetes, which was 4.7% of that age group. This was significantly lower than the national prevalence of 6.5% (PHE 2017b).

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

Respiratory disease

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

Mental Health problems

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

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

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

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

Dementia

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

One in three people over 65 will develop dementia in their lifetime. Just over 2,000 people aged 65 and over in Wokingham were estimated to have dementia in April 2017, although

37% of these were not diagnosed. As Wokingham's population increases and ages, the number of people living with dementia will therefore also increase (POPPI 2016).

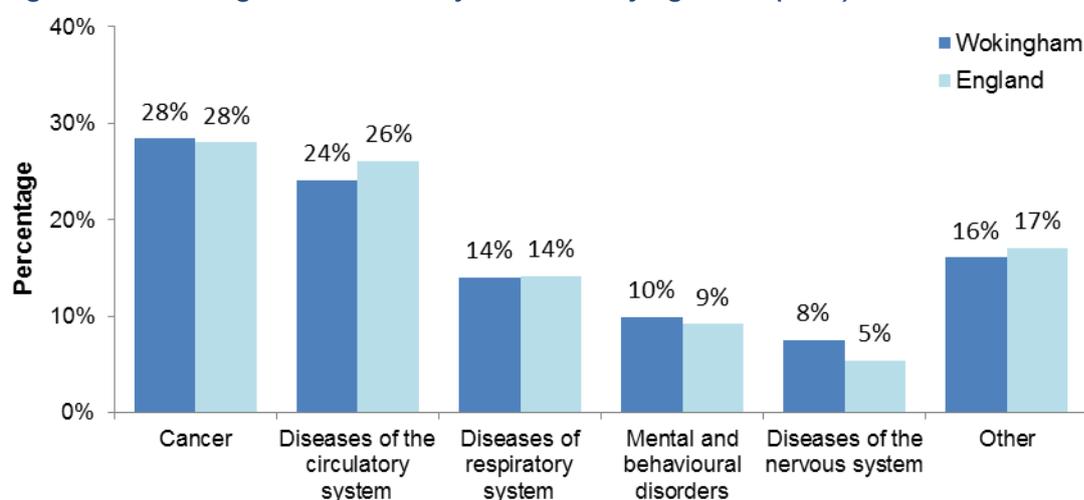
5. Life expectancy and mortality

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

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

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

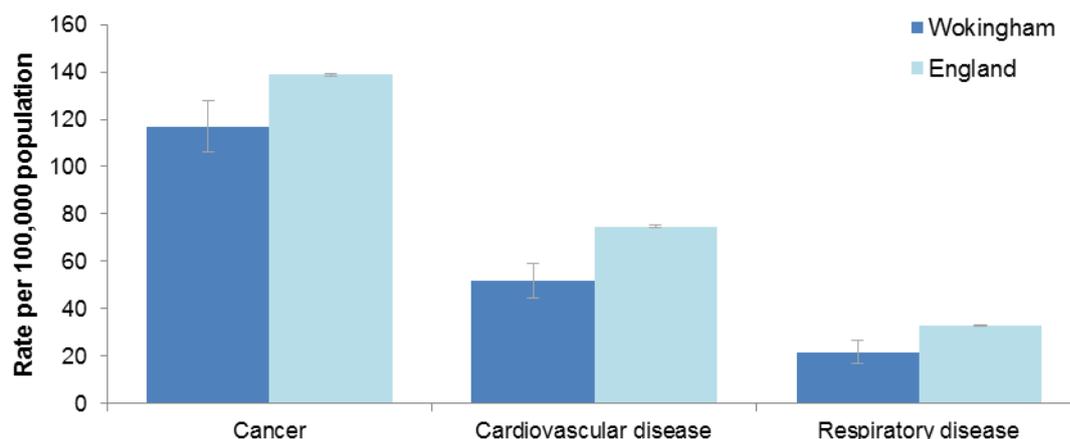
Figure 7: Percentage of all deaths by main underlying cause (2015)



Source: Office for National Statistics (2016c)

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

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



Source: Public Health England (2017g)

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

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

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

D: Pharmacy Provision in Wokingham

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

1. Type of Pharmacy services within Wokingham

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

Advanced Services

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

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

Source: NHS England (2017)

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

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

Enhanced Services

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

Locally Commissioned Services

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

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

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

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

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

Healthy Living Pharmacy

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

2. Access to pharmacy services within Wokingham Borough

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

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

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

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

66% of Wokingham Borough residents are able to access a community pharmacy or dispensing practice located in the Borough within a 15 minute walk. A further 3% can access a pharmacy within a neighbouring authority within this timescale. Map 7 illustrates the population that can access any pharmacy, inside or outside of Wokingham within this walking time. It is important to note that this level of accessibility does reduce to 29% on weekday evenings (after 7pm) and 35% on Sundays. Many of the residents that cannot access a Wokingham-based pharmacy in a 15 minute walk are located close to the Wokingham border and may therefore be able to walk to an open pharmacy in a neighbouring authority. However, residents in the central Arborfield and Barkham wards are not close to any community pharmacy within weekday evening and Sunday opening hours. As Arborfield is designated as a Strategic Development Location with 1,100 dwellings planned to be built and in use within the lifetime of this PNA, it is projected that need for pharmaceutical services in this area outstrips current provision.

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

Dispensing doctors provide services to patients mainly in rural areas and often where there are no community pharmacies or access is restricted. One of the requirements for the service is that patients live in a controlled locality (a rural area determined locally in line with the regulations and after consideration of a wide range of factors) and are more than 1mile/ 1.6km from a pharmacy premises. There are three dispensing doctors within Wokingham Borough. Map 8 shows that the majority of communities within Wokingham are within a

1.6km radius of a pharmacy, with the exception of some neighbourhoods in Arborfield, Barkham and Hurst.

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

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

E: Public Survey

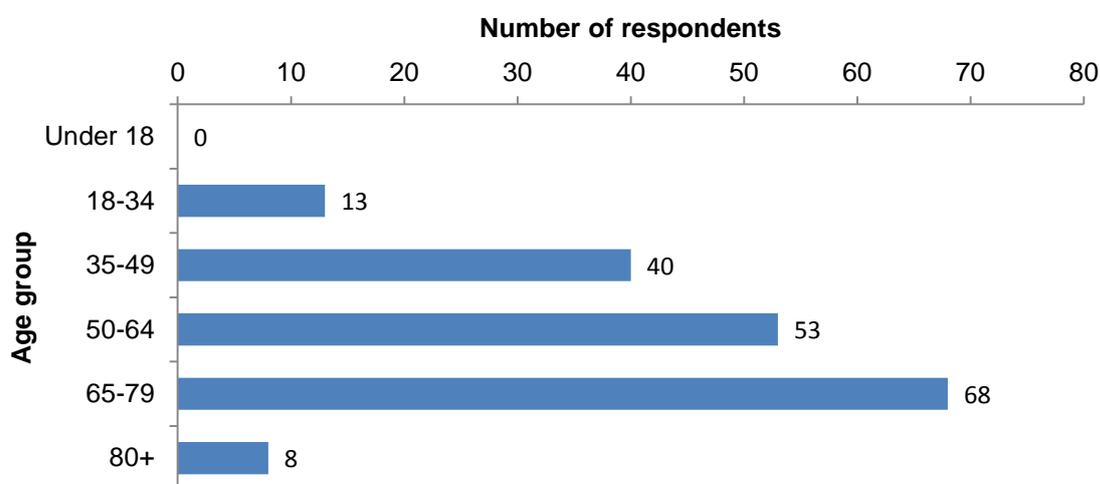
A key aspect of the pharmaceutical needs assessment is to obtain the views of residents who use our community pharmacy and dispensing doctor services. This section provides a summary of the responses that were received through the Berkshire PNA public survey, which was open from mid June to mid September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

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

1. Demography of survey respondents

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

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



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

2. Use and access to local pharmacies

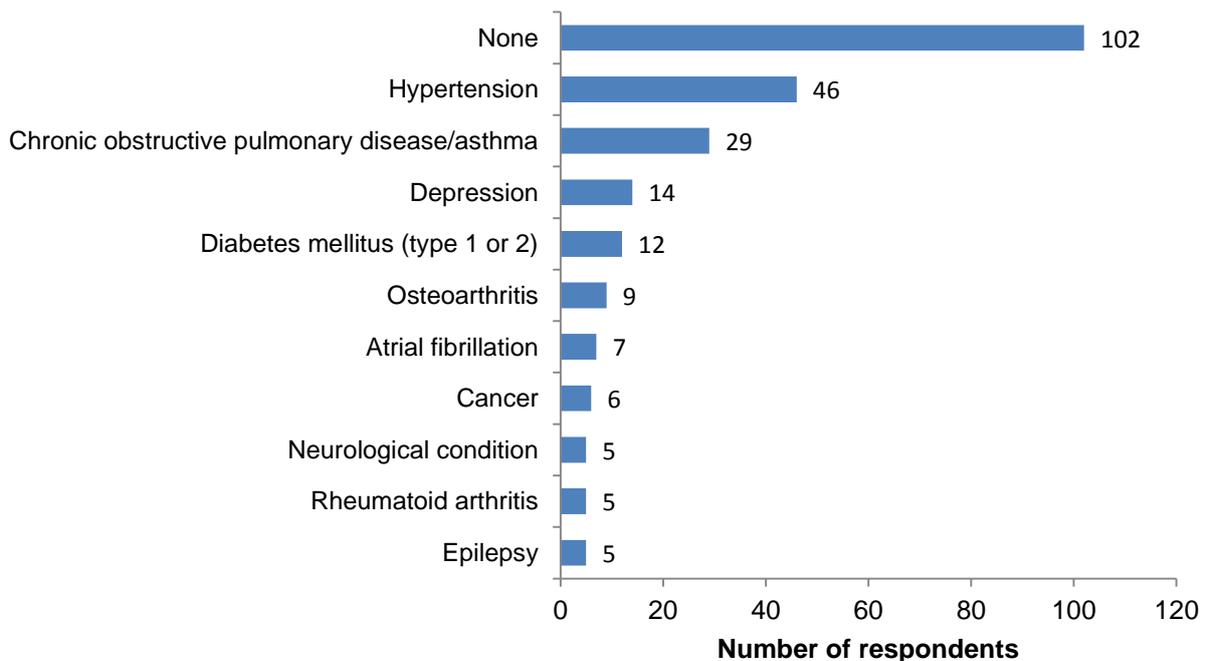
Respondents were asked about the pharmacies they used and how they accessed these. Key findings about pattern of use included:

- 93% reported using a community pharmacy. 9 used a dispensing appliance supplier and 8 used an internet pharmacy.

- 32% stated that they used a pharmacy more than once a month, with a total of 64% using a pharmacy at least once a month.
- 95% reported being able to get to the pharmacy of their choice
- Driving was the most common way that respondents accessed a pharmacy (55%) and walking was a close second (41%). 3 people stated that they cycled and 3 used public transport.
- 86% stated that it took less than 15 minutes to travel to their regular pharmacy and the remaining 14% stated that it took between 15 and 30 minutes.

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

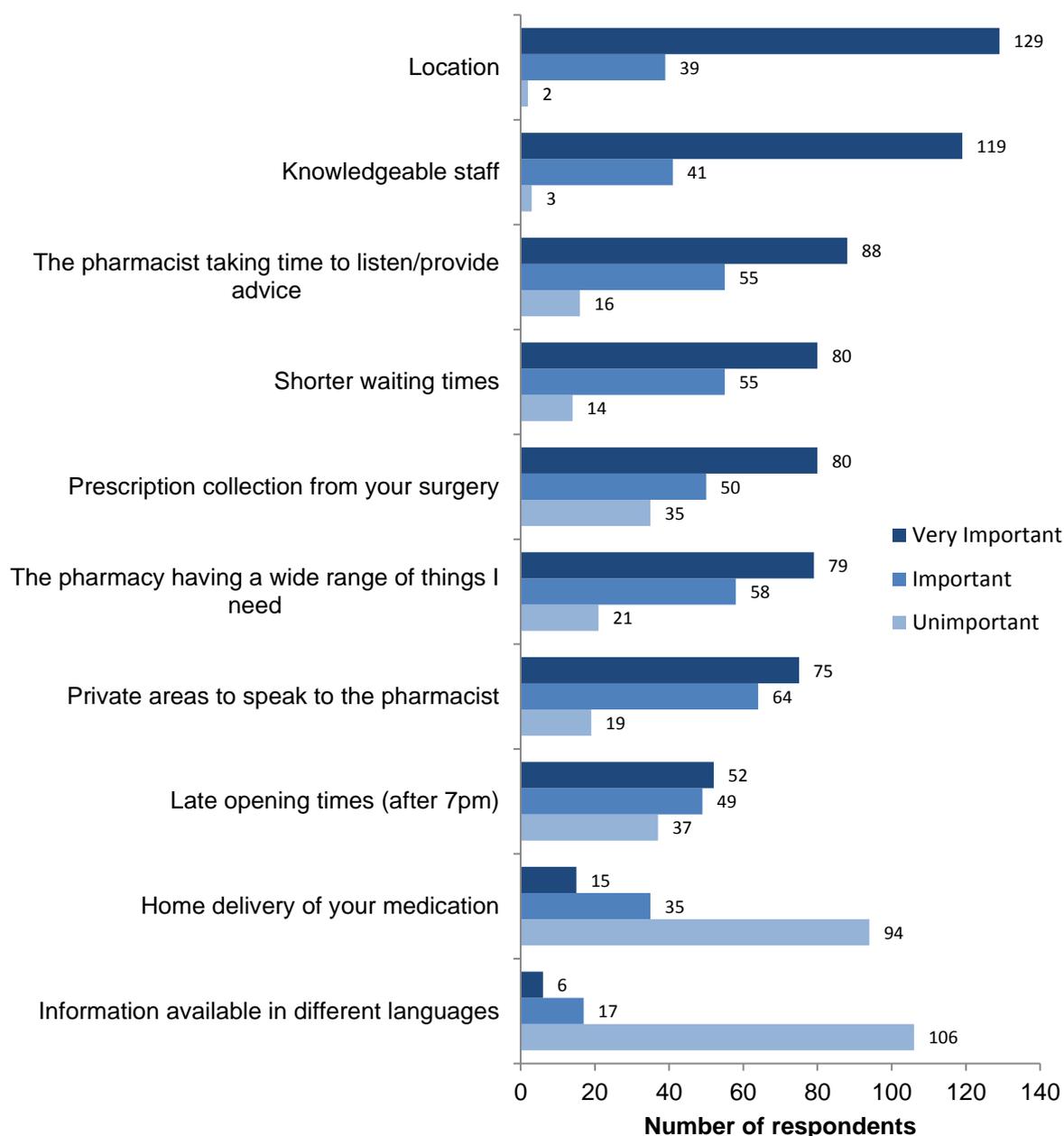
Figure 10: Summary of response to “Which of the following chronic health conditions do you visit your pharmacy for?”



3. Pharmacy characteristics and services

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

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

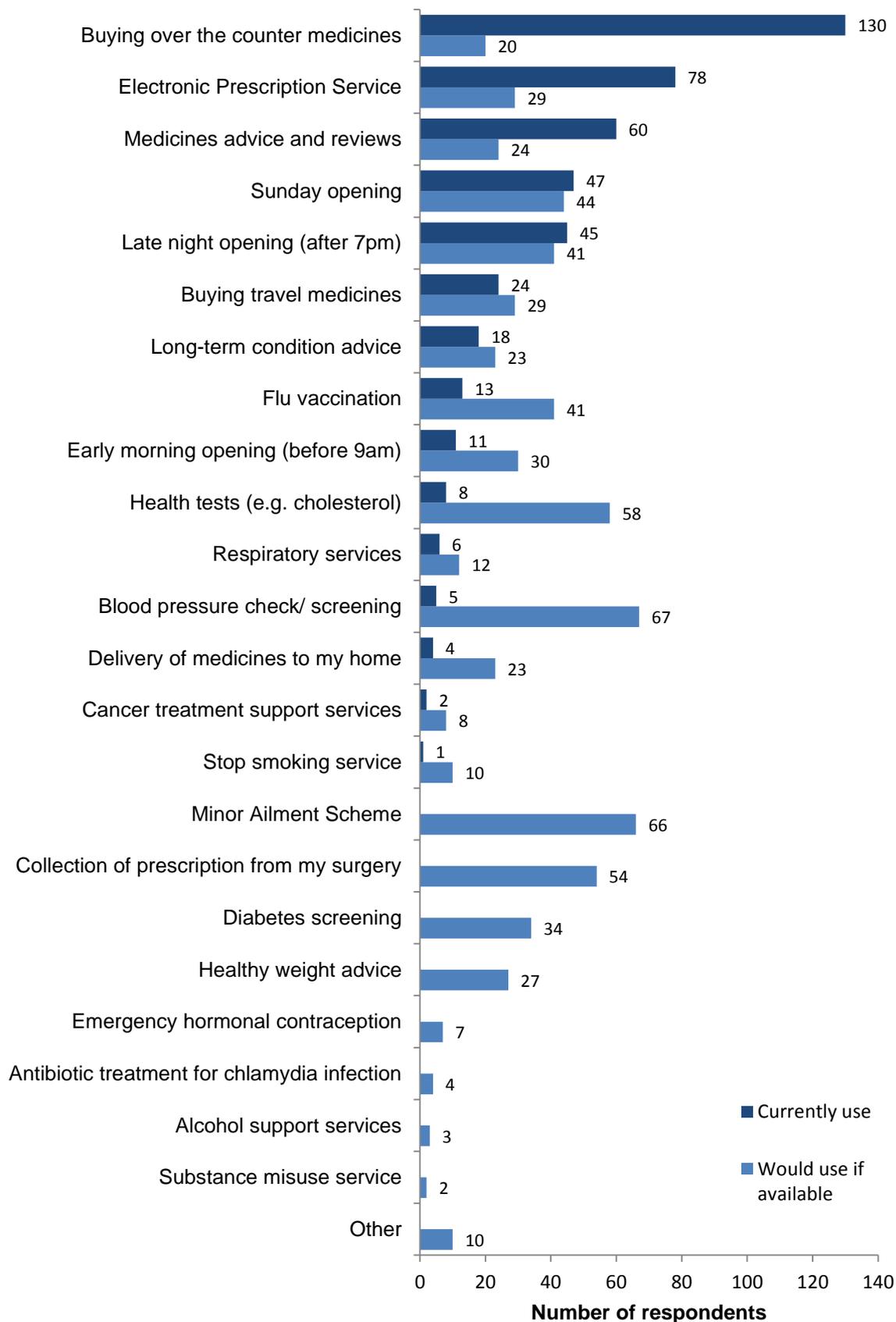


Respondents were asked about the pharmacy services they currently used, as well as services that they would use if they were available. The most commonly used services were buying over the counter medicines, the Electronic Prescription Service (EPS) and medicine advice and reviews. 36% of respondents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

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

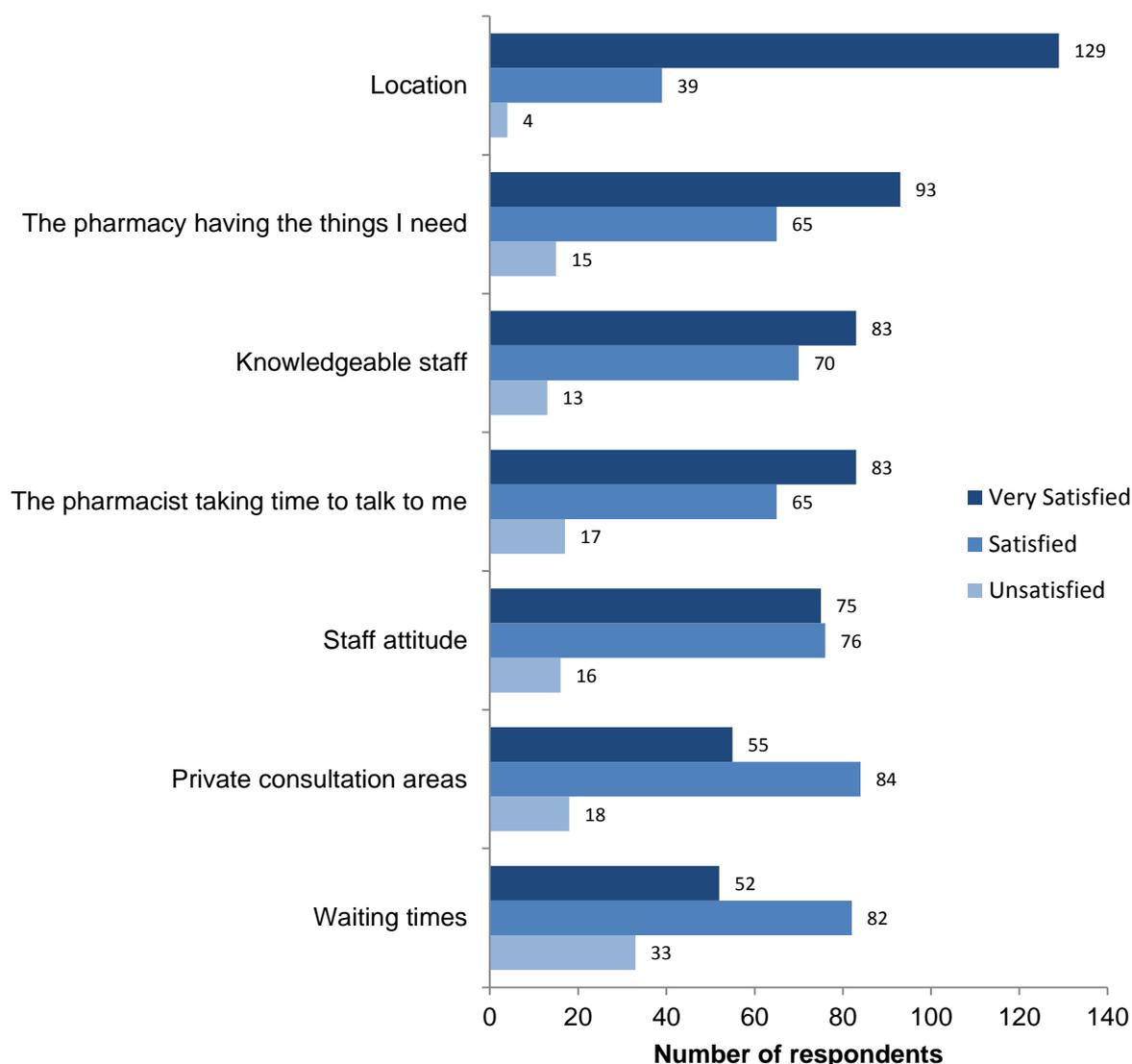
The full list of responses is shown at Figure 12.

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



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

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



4. Feedback

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

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

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

F: Assessment of pharmaceutical service provision

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

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

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

- There are 22 pharmacies and 3 dispensing doctors providing essential pharmaceutical services in Wokingham. There are no distance selling pharmacies.
- There are 15 pharmacies and dispensing practices per 100,000 population in Wokingham Borough. This is expected to reduce to 14 per 100,000 population by 2021, based on population projections and growth from new housing developments.
- Pharmacies are well placed to serve heavily populated areas, with sufficient provision in less populated wards.
- There is good access to a range of pharmacies during core opening hours and all residents can access a community pharmacy within a 10 minute drive during normal working hours and within a 15 minute drive at other times.
- Two thirds of residents can access a pharmacy within 15 minutes walk during normal working hours and this figure is likely to increase when pharmacies in neighbouring boroughs are considered, however residents in the central Arborfield and Barkham wards are not close to any community pharmacy within weekday evening and Sunday opening hours. Some residents in Hurst ward also have no pharmacy within walking distance.
- There is good provision of essential and advanced services during core hours in the rural Remenham Wargrave and Ruscombe ward where around a quarter of the population are aged over 65, however this does not extend to evenings and weekends. This is likely to be mitigated to some extent by services in neighbouring Henley (Oxfordshire).
- Planned housing developments in Arborfield within the life of this PNA mean that an increased number of residents may have to travel further to access essential services in the evenings and on Sundays
- Arborfield is a strategic development location (SDL) within Wokingham Borough and the site of a large planned development. Planned housing developments in Arborfield within the life of this PNA mean that there is likely to be a gap in provision of essential pharmaceutical services for these residents within the lifetime of this PNA
- There is good provision over evenings and on Saturdays; 20 pharmacies are open weekday evenings, three of which are open until at least 10pm with a further three open until at least 8pm. 20 pharmacies are open on Saturdays with six open after 7pm of which three open until at least 10pm. Nine pharmacies are open on Sunday however there is no provision after 6.30pm within the borough.
- There are 18 pharmacies located within 1.6km of Wokingham borders and a number of these offer extended opening hours.

- There is adequate but variable provision of advanced services across Wokingham; 20 pharmacies provide MUR with one planning to provide in the near future, 20 provide NMS. Seventeen pharmacies responded to the survey; of these 12 reported providing flu vaccination. Three pharmacies reported providing NUMSAS however eight more reported planning to provide this in the near future. One pharmacy reported providing SAC and also provides AUR.
- Currently there are only three healthy living pharmacies in Wokingham, however all pharmacies are working towards this. Provision of self-care advice and treatment for common ailments and healthy lifestyle interventions will become increasingly important to support the increasing numbers of older people in Wokingham to live long and healthy lives.
- NHS England encourages pharmacies and pharmacists to become eligible to deliver the NMS and flu vaccination service, so that more eligible patients are able to access and benefit from these services. Demand for the appliance advanced services (SAC and AUR) is lower than for the other advanced services, due to the much smaller proportion of the population who may require this type of service.
- In terms of improvements, there is room to extend the range of LCS that are commissioned in Wokingham and to increase the number of pharmacies providing these. A number of pharmacies have stated that they would be willing to provide these service of commissioned to do so.
- The public survey showed that:
 - 95% of respondents were able to get to the pharmacy of their choice
 - 86% took less than 15 minutes to travel to their regular pharmacy and the remaining 14% stated that it took between 15 and 30 minutes.
 - 91% were satisfied or very satisfied with the location of their pharmacy

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

G: Conclusions

1. Current necessary provision

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

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

2. Current gaps

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

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

3. Future gaps

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

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

Planned developments in Arborfield ward where there are currently no pharmacies or dispensing doctors mean that it is likely that existing services will not meet the need for essential pharmaceutical services during normal working hours within the lifetime of this PNA, and an increased number of residents will have to travel further to access essential services in the evenings and on Sundays.

4. Current additional provision

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

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

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

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

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

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

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

6. Impact of other services

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

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

H: Sources

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

I: Glossary of terms and acronyms

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

I: Appendices and Maps

Appendices

- A: Berkshire PNA Pharmacy Survey 2017
- B: Berkshire PNA Public Survey 2017
- C: Opening hours for pharmacies and dispensaries in Wokingham Borough

Maps

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

This page is intentionally left blank

Service Design PNA Questionnaire 2017 (Preview)

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

Provision Reports Preview

Basic Provision Record (Sample)

Service Support

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

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

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

Date of completion

Trading Name

Post Code

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

Pharmacy email address
If no email write no email

Pharmacy telephone

Pharmacy fax

Pharmacy website address
If no website write no website

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

Is this pharmacy open

Core hours of opening

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

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

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

Total hours of opening (Core + Supplementary)

Please complete your total hours of opening

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

Consultation Facilities

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

Is there a consultation area?

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

If Other please specify

Where there is a consultation area

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

Off-site arrangements

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

Hand washing and toilet facilities

What facilities are available to patients during consultations?

Facilities available

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

Information Technology

Is the pharmacy EPS* R2 enabled?

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

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

File format types

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

Essential Services (appliances)

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

Does the pharmacy dispense appliances?

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

Advanced Services

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

Please tick the box that applies for each service.

Yes - Currently providing

Soon - Intending to begin within the next 12 months

No - Not Intending to provide

Yes Soon No

Medicines Use Review service

New Medicine Service Yes Soon No

Urgent Medicines Supply (NUMSAS) Yes Soon No

Appliance Use Review service Yes Soon No

Stoma Appliance Customisation service Yes Soon No

Commissioned Services

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

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

Anticoagulant Monitoring Service CP WA WT WF PP

Anti-viral Distribution Service CP WA WT WF PP

Care Home Service CP WA WT WF PP

Chlamydia Treatment Service CP WA WT WF PP

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

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

Disease Specific Medicines Management Service:

Allergies CP WA WT WF PP

Alzheimer's/dementia CP WA WT WF PP

Asthma CP WA WT WF PP

CHD CP WA WT WF PP

Depression CP WA WT WF PP

Diabetes type I CP WA WT WF PP

Diabetes type II CP WA WT WF PP

Epilepsy CP WA WT WF PP

Heart Failure CP WA WT WF PP

Hypertension CP WA WT WF PP

Parkinson's disease CP WA WT WF PP

Other (please state - including funding source)

Area Team Services
List your Area Team commissioned services here

End of Disease specific Medicines Management Service options.

CP WA WT WF PP

Emergency Hormonal
Contraception Service

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

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

Independent Prescribing CP WA WT WF PP
Service

Therapeutic areas covered
(if providing)

Language Access Service CP WA WT WF PP

Note: This is not the NMS or MUR service.

Medication Review Service CP WA WT WF PP

Medicines Assessment and Compliance Support Service:

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

DomMAR Carer's Charts CP WA WT WF PP

End of Medicines Assessment and Compliance Support options.

Minor Ailments Scheme CP WA WT WF PP

MUR Plus/Medicines CP WA WT WF PP
Optimisation Service

Therapeutic areas covered
(if providing)

Needle and Syringe CP WA WT WF PP
Exchange Service

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

On Demand Availability of Specialist Drugs Service:

Directly Observed Therapy CP WA WT WF PP

If yes state which
medicines

Out of hours services CP WA WT WF PP

Palliative Care scheme CP WA WT WF PP

End of On Demand Availability of Specialist Drugs Service options

Patient group directions

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

AT=Area Team

LA=Local Authority

CCG=Clinical Commissioning Group

Pr=Offers a Private Service

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

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

Medicines available

Phlebotomy Service CP WA WT WF PP

Prescriber Support Service CP WA WT WF PP

Schools Service CP WA WT WF PP

Screening Service:

Alcohol CP WA WT WF PP

Cholesterol CP WA WT WF PP

Diabetes CP WA WT WF PP

H. pylori CP WA WT WF PP

HbA1C CP WA WT WF PP

Hepatitis CP WA WT WF PP

HIV CP WA WT WF PP

Other Screening (please state - including funding source)

End of screening service options

Seasonal Influenza Vaccination Service CP WA WT WF PP

Other vaccinations

Childhood vaccinations CP WA WT WF PP

HPV CP WA WT WF PP

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

Travel vaccines CP WA WT WF PP

Other (please state - including funding source)

End of Other vaccinations options

Sharps Disposal Service CP WA WT WF PP

Stop Smoking Service:

NRT Voucher Service CP WA WT WF PP

Smoking Cessation Counselling Service CP WA WT WF PP

End of Stop Smoking Service options

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

End of Supervised Administration Service options

Supplementary prescribing CP WA WT WF PP

Which therapy area

Vascular Risk Assessment Service CP WA WT WF PP
NHS Healthchecks

Healthy Living Pharmacy

Is this a Healthy Living Pharmacy

- Yes
 Currently working towards HLP status
 No

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

Collection and Delivery services

Does the pharmacy provide any of the following?

Collection of prescriptions from surgeries Yes No

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

Delivery of dispensed medicines - Selected patient groups

List criteria

Delivery of dispensed medicines - Selected areas

List areas

Delivery of dispensed medicines - chargeable Yes No

Languages

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

What languages other than English are spoken in the pharmacy

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

Almost done

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

Other

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

Contact name

Contact telephone

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

This page is intentionally left blank

Appendix B: Berkshire PNA Public Survey 2017

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

1. Which Local Authority area do you live in?

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

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

2. Do you use?

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

3. How often do you use a Pharmacy?

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

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

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

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

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

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

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

Appendix B: Berkshire PNA Public Survey 2017

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

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

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

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

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

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

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

Appendix B: Berkshire PNA Public Survey 2017

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

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

- Yes
- No

10. Do you use one Pharmacy regularly?

- Yes
- No

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

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

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

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

13. How important are the following Pharmacy services?

- Home delivery of your medication
- Very important Important Unimportant

- Prescription collection from your surgery
- Very important Important Unimportant

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

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

- Private areas to speak to the Pharmacist
- Very important Important Unimportant

- Shorter waiting times
- Very important Important Unimportant

- Knowledgeable staff
- Very important Important Unimportant

Appendix B: Berkshire PNA Public Survey 2017

Location

Very important Important Unimportant

Late opening times (after 7pm)

Very important Important Unimportant

Information available in different languages

Very important Important Unimportant

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

The Pharmacy having the things I need

Very important Important Unimportant

The Pharmacist taking time to talk to me

Very important Important Unimportant

Private consultation areas

Very important Important Unimportant

Waiting times

Very important Important Unimportant

Staff attitude

Very important Important Unimportant

Knowledgeable staff

Very important Important Unimportant

Location

Very important Important Unimportant

Personal Details

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

Are you?

Male
 Female

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

To which of these groups do you consider you belong?

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

Appendix B: Berkshire PNA Public Survey 2017

Mixed

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

Asian or Asian British

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

Black or Black British

- African
- Caribbean
- Any other Black background

Arab/Other Ethnic group

- Arab
- Other Ethnic group

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

- Yes
- No

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

- Yes
- No

How would you describe your religion/belief?

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

What is your marital status?

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

How would you describe your sexual orientation?

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

Which of the following best describes your working situation?

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

This page is intentionally left blank

Appendix C: Opening times for pharmacies and dispensaries in Wokingham

Pharmacies

Name, Ward	Address	Opening Hours	Core Hours
Boots Pharmacy Bulmershe And Whitegates	89-91 Crockhamwell Road Woodley Reading Berkshire RG5 3JP	Monday 08:30-18:30 Tuesday 08:30-18:30 Wednesday 08:30-18:30 Thursday 08:30-18:30 Friday 08:30-18:30 Saturday 08:30-17:30 Sunday 10:00-16:00	Monday 09:20-13:00; 14:00-17:30 Tuesday 09:20-13:00; 14:00-17:30 Wednesday 09:20-13:00; 14:00-17:30 Thursday 09:20-13:00; 14:00-17:30 Friday 09:20-13:00; 14:00-17:30 Saturday 09:20-13:00; 14:00-17:30 Sunday
Lloyds Pharmacy Bulmershe And Whitegates	1 & 2 Library Parade Woodley Reading Berkshire RG5 3LX	Monday 08:30-18:30 Tuesday 08:30-18:30 Wednesday 08:30-18:30 Thursday 08:30-18:30 Friday 08:30-18:30 Saturday 09:00-17:30 Sunday 10:00-16:00	Monday 08:30-11:30; 15:30-18:30 Tuesday 08:30-11:30; 15:30-18:30 Wednesday 08:30-11:30; 15:30-18:30 Thursday 08:30-11:30; 15:30-18:30 Friday 08:30-11:30; 15:30-17:30 Saturday 09:00-11:30; 15:00-17:30 Sunday 10:00-12:00; 13:00-16:00
Morrisons Pharmacy Emmbrook	Woosehill Court Wokingham Berkshire RG41 3SW	Monday 08:30-20:00 Tuesday 08:30-20:00 Wednesday 08:30-20:00 Thursday 08:30-20:00 Friday 08:30-21:00 Saturday 08:00-19:00 Sunday 10:00-16:00	Monday 09:00-13:00; 14:00-17:00 Tuesday 09:00-13:00; 14:00-17:00 Wednesday 09:00-13:00; 14:00-17:00 Thursday 09:00-13:00; 14:00-17:00 Friday 09:00-13:00; 14:00-17:00 Saturday 09:00-14:00 Sunday
Finchampstead Pharmacy Finchampstead South	Finchampstead Surgery 474-478 Finchampstead Rd Finchampstead Berkshire RG40 3RG	Monday 07:00-22:30 Tuesday 07:00-22:30 Wednesday 07:00-22:30 Thursday 07:00-22:30 Friday 07:00-22:30 Saturday 07:00-22:30 Sunday 10:00-17:00	Monday 07:00-22:30 Tuesday 07:00-22:30 Wednesday 07:00-22:30 Thursday 07:00-22:30 Friday 07:00-22:30 Saturday 07:00-22:30 Sunday 10:00-17:00
Jats Pharmacy Finchampstead South	422A Finchampstead Road Finchampstead Wokingham Berkshire RG40 3RB	Monday 09:00-18:30 Tuesday 09:00-18:00 Wednesday 09:00-18:00 Thursday 09:00-18:00 Friday 09:00-18:00 Saturday 09:00-13:00 Sunday Closed	Monday 09:00-13:00; 14:00-18:30 Tuesday 09:00-13:00; 14:00-17:30 Wednesday 09:00-13:00; 14:00-17:30 Thursday 09:00-13:00; 14:00-17:30 Friday 09:00-13:00; 14:00-17:30 Saturday 09:00-10:30 Sunday
Day Lewis Rankin Pharmacy Hawkedon	15 Maiden Lane Centre Lower Earley Reading Berkshire RG6 3HD	Monday 09:00-13:00; 14:00-18:00 Tuesday 09:00-13:00; 14:00-18:00 Wednesday 09:00-13:00; 14:00-18:00 Thursday 09:00-13:00; 14:00-18:00 Friday 09:00-13:00; 14:00-18:00 Saturday Closed Sunday Closed	Monday 09:00-13:00; 14:00-18:00 Tuesday 09:00-13:00; 14:00-18:00 Wednesday 09:00-13:00; 14:00-18:00 Thursday 09:00-13:00; 14:00-18:00 Friday 09:00-13:00; 14:00-18:00 Saturday Sunday
Asda Stores Ltd Hillside	Chalfont Way Lower Earley Reading Berkshire RG6 5TT	Monday 08:00-23:00 Tuesday 07:00-23:00 Wednesday 07:00-23:00 Thursday 07:00-23:00 Friday 07:00-23:00 Saturday 07:00-22:00 Sunday 10:00-16:00	Monday 08:00-23:00 Tuesday 07:00-23:00 Wednesday 07:00-23:00 Thursday 07:00-23:00 Friday 07:00-23:00 Saturday 07:00-22:00 Sunday 10:00-16:00
Boots Pharmacy Hillside	Unit 2, Asda Mall Lower Earley District Ctr Lower Earley Reading Berkshire RG6 5GA	Monday 09:00-13:00; 14:00-20:00 Tuesday 09:00-13:00; 14:00-20:00 Wednesday 09:00-13:00; 14:00-20:00 Thursday 09:00-13:00; 14:00-21:00 Friday 09:00-13:00; 14:00-21:00 Saturday 08:30-13:00; 14:00-20:00 Sunday 10:00-16:00	Monday 09:00-13:00; 14:00-18:00 Tuesday 09:00-13:00; 14:00-18:00 Wednesday 09:00-13:00 Thursday 09:00-13:00; 14:00-18:00 Friday 09:00-13:00; 14:00-18:00 Saturday 09:00-13:00 Sunday
Day Lewis Pharmacy Loddon	1-2 Loddon Vale Centre Hurricane Way Woodley Reading Berkshire RG5 4UX	Monday 08:45-13:00; 14:00-18:30 Tuesday 08:45-13:00; 14:00-18:30 Wednesday 08:45-13:00; 14:00-18:30 Thursday 08:45-13:00; 14:00-18:30 Friday 08:45-13:00; 14:00-18:30 Saturday 09:00-13:00 Sunday Closed	Monday 09:00-13:00; 14:00-18:00 Tuesday 09:00-13:00; 14:00-18:00 Wednesday 09:00-13:00; 14:00-18:00 Thursday 09:00-13:00; 14:00-18:00 Friday 09:00-13:00; 14:00-18:00 Saturday 09:00-13:00; 14:00-18:00 Sunday

Name, Ward	Address	Opening Hours	Core Hours
Boots Pharmacy Maiden Erlegh	5 The Parade Silverdale Road Earley Reading Berkshire RG6 7NZ	Monday 09:00-13:00; 14:00-18:00 Tuesday 09:00-13:00; 14:00-18:00 Wednesday 09:00-13:00; 14:00-17:30 Thursday 09:00-13:00; 14:00-18:00 Friday 09:00-13:00; 14:00-18:00 Saturday 09:00-13:00; 14:00-17:30 Sunday Closed	Monday 09:00-13:00; 14:00-18:00 Tuesday 09:00-13:00; 14:00-18:00 Wednesday 09:00-13:00 Thursday 09:00-13:00; 14:00-18:00 Friday 09:00-13:00; 14:00-18:00 Saturday 09:00-13:00 Sunday
Wokingham Pharmacy Norreys	33 Broad Street Wokingham Berkshire RG40 1AU	Monday 08:45-13:00; 13:45-18:00 Tuesday 08:45-13:00; 13:45-18:00 Wednesday 08:45-13:00; 13:45-18:00 Thursday 08:45-13:00; 13:45-18:00 Friday 08:45-13:00; 13:45-18:00 Saturday 08:45-13:00 Sunday Closed	Monday 09:00-13:00; 14:00-18:00 Tuesday 09:00-13:00; 14:00-18:00 Wednesday 09:00-13:00; 14:00-18:00 Thursday 09:00-13:00; 14:00-18:00 Friday 09:00-13:00; 14:00-18:00 Saturday 09:00-13:00; 14:00-18:00 Sunday
Lloyds Pharmacy Remenham, Wargrave and Ruscombe	48 Victoria Road Wargrave Reading Berkshire RG10 8AE	Monday 08:45-18:30 Tuesday 09:00-18:30 Wednesday 09:00-18:30 Thursday 09:00-18:30 Friday 09:00-18:30 Saturday 09:00-13:00 Sunday Closed	Monday 09:00-13:00; 14:15-17:30 Tuesday 09:00-13:00; 14:15-17:30 Wednesday 09:00-13:00; 14:00-17:30 Thursday 09:00-13:00; 14:00-17:30 Friday 09:00-13:00; 14:00-17:30 Saturday 09:00-12:00 Sunday
Vantage Chemist Shinfield North	231 Shinfield Road Reading Berkshire RG2 8HD	Monday 09:00-18:00 Tuesday 09:00-18:00 Wednesday 09:00-18:00 Thursday 09:00-18:00 Friday 09:00-18:00 Saturday 09:00-17:00 Sunday Closed	Monday 09:00-16:00 Tuesday 09:00-16:00 Wednesday 09:00-16:00 Thursday 09:00-16:00 Friday 09:00-16:00 Saturday 09:00-14:00 Sunday
Shinfield Pharmacy Shinfield South	Shinfield Prim. Care Ctr School Green Shinfield Berkshire RG2 9EH	Monday 09:00-13:00; 14:00-18:00 Tuesday 09:00-13:00; 14:00-18:00 Wednesday 09:00-13:00; 14:00-18:00 Thursday 09:00-13:00; 14:00-18:00 Friday 09:00-13:00; 14:00-18:00 Saturday Closed Sunday Closed	Monday 09:00-13:00; 14:00-18:00 Tuesday 09:00-13:00; 14:00-18:00 Wednesday 09:00-13:00; 14:00-18:00 Thursday 09:00-13:00; 14:00-18:00 Friday 09:00-13:00; 14:00-18:00 Saturday Sunday
Day Lewis Pharmacy Swallowfield	Welford House Basingstoke Road Spencers Wood Reading Berkshire RG7 1AA	Monday 09:00-13:00; 14:00-18:00 Tuesday 09:00-13:00; 14:00-18:00 Wednesday 09:00-13:00; 14:00-18:00 Thursday 09:00-13:00; 14:00-18:00 Friday 09:00-13:00; 14:00-18:00 Saturday 09:00-13:00 Sunday Closed	Monday 09:00-13:00; 14:00-18:00 Tuesday 09:00-13:00; 14:00-18:00 Wednesday 09:00-13:00; 14:00-18:00 Thursday 09:00-13:00; 14:00-18:00 Friday 09:00-13:00; 14:00-18:00 Saturday 09:00-13:00; 14:00-18:00 Sunday
Day Lewis Pharmacy Twyford	19 London Road Twyford Reading Berkshire RG10 9EH	Monday 09:00-12:30 Tuesday 09:00-12:30 Wednesday 09:00-12:30 Thursday 09:00-12:30 Friday 09:00-12:30 Saturday 09:00-13:00 Sunday Closed	Monday 09:00-12:30 Tuesday 09:00-12:30 Wednesday 09:00-12:30 Thursday 09:00-12:30 Friday 09:00-12:30 Saturday Sunday
Fields Pharmacy Twyford	1A Longfield Road Twyford Reading Berkshire RG10 9AN	Monday 09:00-13:00; 14:00-18:00 Tuesday 09:00-13:00; 14:00-18:00 Wednesday 09:00-13:00; 14:00-18:00 Thursday 09:00-13:00; 14:00-18:00 Friday 09:00-13:00; 14:00-18:00 Saturday 09:00-13:00 Sunday Closed	Monday 09:00-13:00; 14:00-18:00 Tuesday 09:00-13:00; 14:00-18:00 Wednesday 09:00-13:00; 14:00-18:00 Thursday 09:00-13:00; 14:00-18:00 Friday 09:00-13:00; 14:00-18:00 Saturday Sunday
Newdays Pharmacy Twyford	1 London Road Twyford Reading Berkshire RG10 9EH	Monday 09:00-18:00 Tuesday 09:00-18:00 Wednesday 09:00-18:00 Thursday 09:00-18:00 Friday 09:00-18:00 Saturday 09:00-16:00 Sunday Closed	Monday 09:00-12:00; 14:00-18:00 Tuesday 09:00-12:00; 14:00-18:00 Wednesday 09:00-12:00; 14:00-18:00 Thursday 09:00-12:00; 14:00-18:00 Friday 09:00-12:00; 14:00-18:00 Saturday 09:00-12:00; 14:00-16:00 Sunday
Boots Pharmacy Wescott	40 Market Place Wokingham Berkshire RG40 1AT	Monday 09:00-14:00; 15:00-17:30 Tuesday 09:00-14:00; 15:00-17:30 Wednesday 09:00-14:00; 15:00-17:30 Thursday 09:00-14:00; 15:00-17:30 Friday 09:00-14:00; 15:00-17:30 Saturday 09:00-14:00; 15:00-17:30 Sunday 10:00-16:00	Monday 09:30-14:00; 15:00-17:00 Tuesday 09:30-14:00; 15:00-17:00 Wednesday 09:30-14:00; 15:00-17:00 Thursday 09:30-14:00; 15:00-17:30 Friday 09:30-14:00; 15:00-17:30 Saturday 09:30-14:00; 15:00-17:00 Sunday

Name, Ward	Address	Opening Hours	Core Hours
Rose Street Pharmacy Wescott	Wokingham Medical Ctr 23 Rose Street Wokingham Berkshire RG40 1XS	Monday 07:00-22:30 Tuesday 07:00-22:30 Wednesday 07:00-22:30 Thursday 07:00-22:30 Friday 07:00-22:30 Saturday 08:00-21:00 Sunday 09:00-18:30	Monday 07:00-22:30 Tuesday 07:00-22:30 Wednesday 07:00-22:30 Thursday 07:00-22:30 Friday 07:00-22:30 Saturday 08:00-21:00 Sunday 09:00-18:30
Tesco Pharmacy Wescott	78 Finchampstead Road Wokingham Berkshire RG40 2NS	Monday 08:00-22:30 Tuesday 06:30-22:30 Wednesday 06:30-22:30 Thursday 06:30-22:30 Friday 06:30-22:30 Saturday 06:30-22:00 Sunday 10:00-16:00	Monday 08:00-22:30 Tuesday 06:30-22:30 Wednesday 06:30-22:30 Thursday 06:30-22:30 Friday 06:30-22:30 Saturday 06:30-22:00 Sunday 10:00-16:00
Lloyds Pharmacy Winnersh	J Sainsbury Store King Street Lane Winnersh Wokingham Berkshire RG41 5AR	Monday 08:00-21:00 Tuesday 08:00-21:00 Wednesday 08:00-21:00 Thursday 08:00-21:00 Friday 08:00-21:00 Saturday 08:00-21:00 Sunday 10:00-16:00	Monday 09:00-12:00; 13:00-17:00 Tuesday 09:00-12:00; 13:00-17:00 Wednesday 09:00-12:00; 13:00-17:00 Thursday 09:00-12:00; 13:00-17:00 Friday 09:00-12:00; 13:00-17:00 Saturday 09:00-12:00; 14:00-16:00 Sunday

Dispensaries

Name, Ward	Address	Opening Hours
Swallowfield Medical Practice Swallowfield	Swallowfield Surgery The Street Swallowfield Berkshire RG7 1QY	Monday 08:30-18:30 Tuesday 08:30-18:30 Wednesday 08:30-18:30 Thursday 08:30-18:30 Friday 08:30-18:30 Saturday Closed Sunday Closed
Wargrave Surgery Remenham, Wargrave and Ruscombe	Wargrave Surgery Victoria Road Wargrave Berkshire RG10 8BP	Monday 08:30-12:30; 14:00-18:00 Tuesday 08:30-12:30; 14:00-18:00 Wednesday 08:30-12:30; 14:00-18:00 Thursday 08:30-12:30; 14:00-18:00 Friday 08:30-12:30; 14:00-18:00 Saturday Closed Sunday Closed
Twyford Surgery Twyford	Twyford Surgery Lodden Hall Road Twyford Reading Berkshire RG10 9JA	Monday 09:00-12:30; 14:00-17:00 Tuesday 09:00-12:30; 14:00-17:00 Wednesday 09:00-12:30; 14:00-17:00 Thursday 09:00-12:30; 14:00-17:00 Friday 09:00-12:30; 14:00-17:00 Saturday Closed Sunday Closed

Correct at: 30th October 2017

This page is intentionally left blank

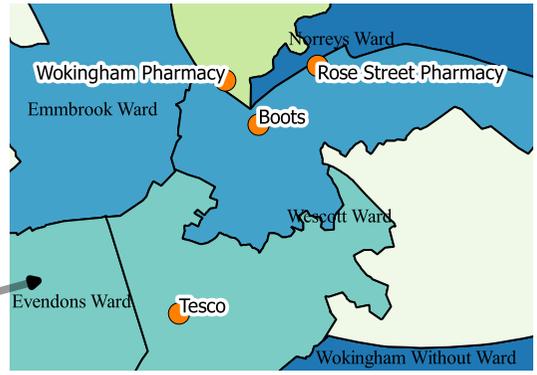
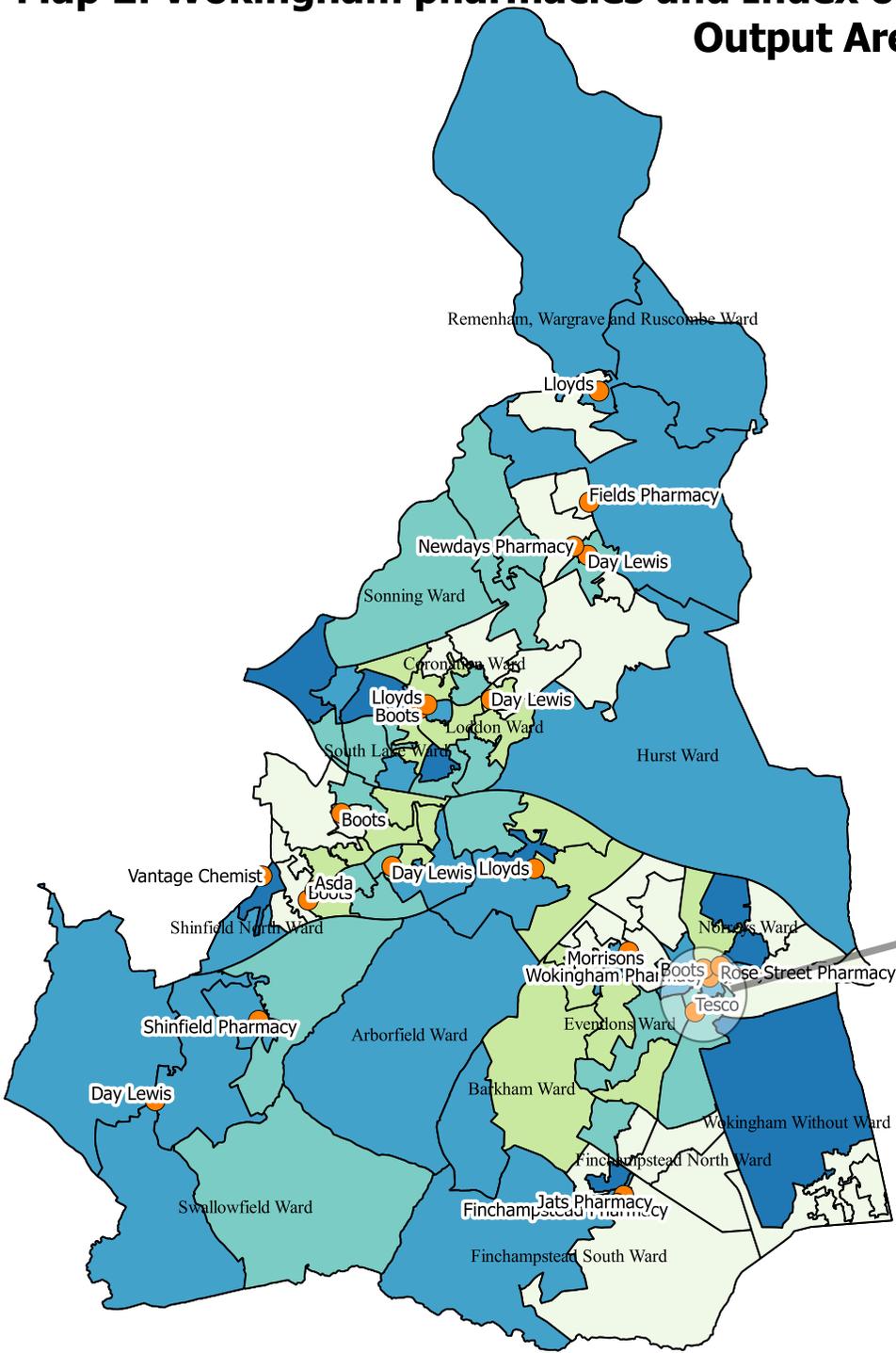
This page is intentionally left blank

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

125

Legend

- Least Deprived
-
-
-
-
-
- Most Deprived



This map has been produced using the ONS data, DCLG, NHS England data and Ordnance Survey OpenData (2017).
 Created: 19/10/2017.
 By: SC

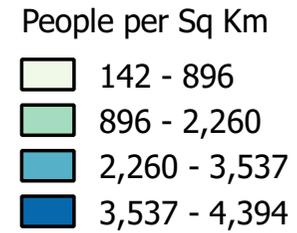
This page is intentionally left blank

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

127



Legend



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



This map has been produced using NHS England data, ONS DCLG data and Ordnance Survey OpenData (2017).
Created:04/10/2017
By: NW

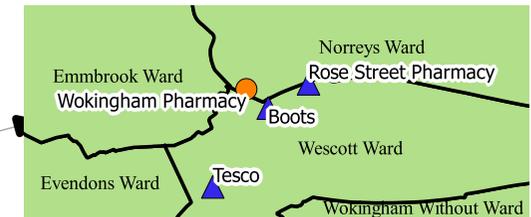
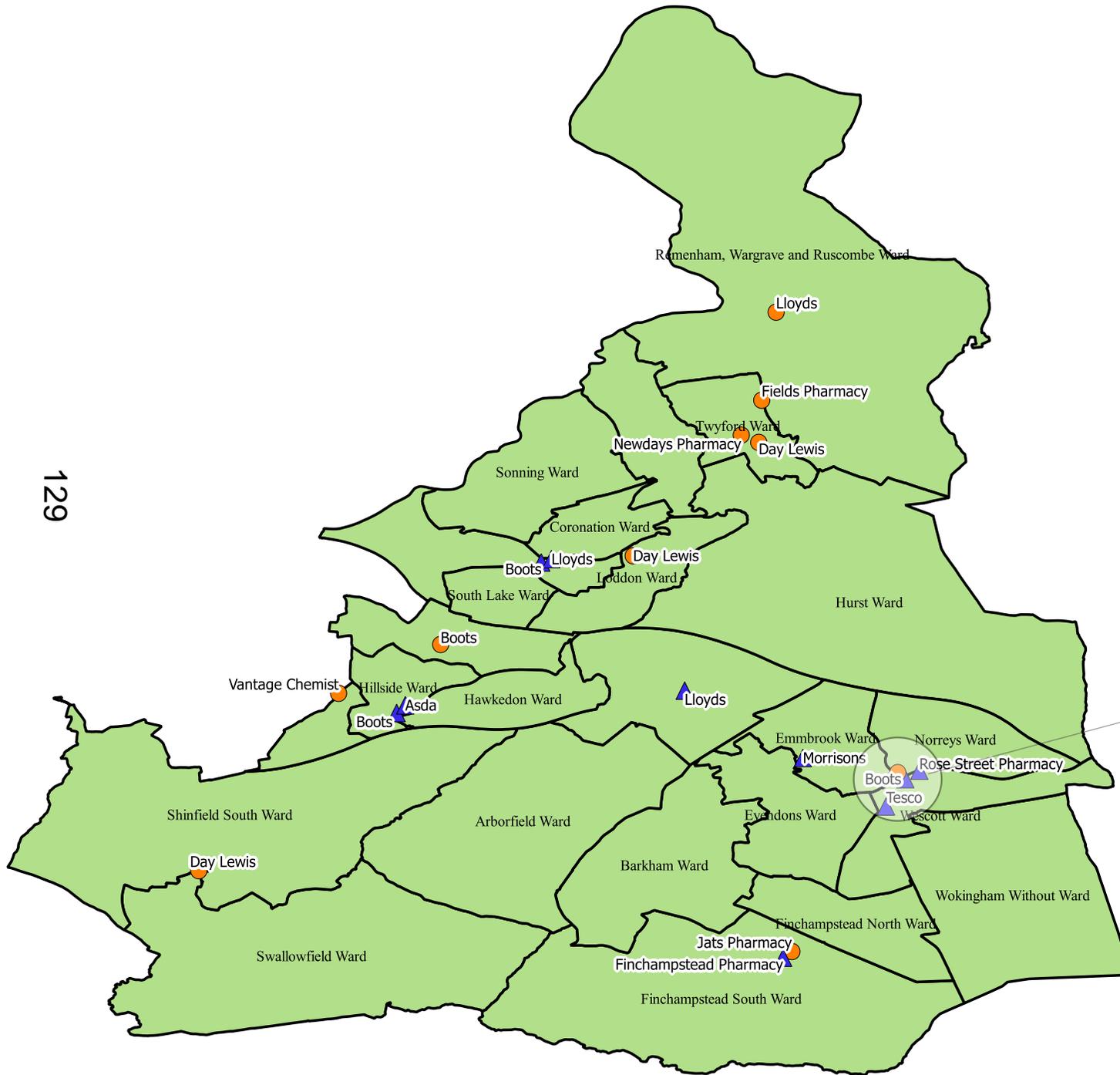
This page is intentionally left blank

Map 4: Wokingham Pharmacies and weekend openings - (Oct 2017)

129

Legend

- Saturday Opening
- ▲ Saturday and Sunday Opening



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

This page is intentionally left blank

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

Legend

- Open until 8pm
- ▲ Open until 9pm
- Open until 10:30pm
- ★ Open until 11pm



131

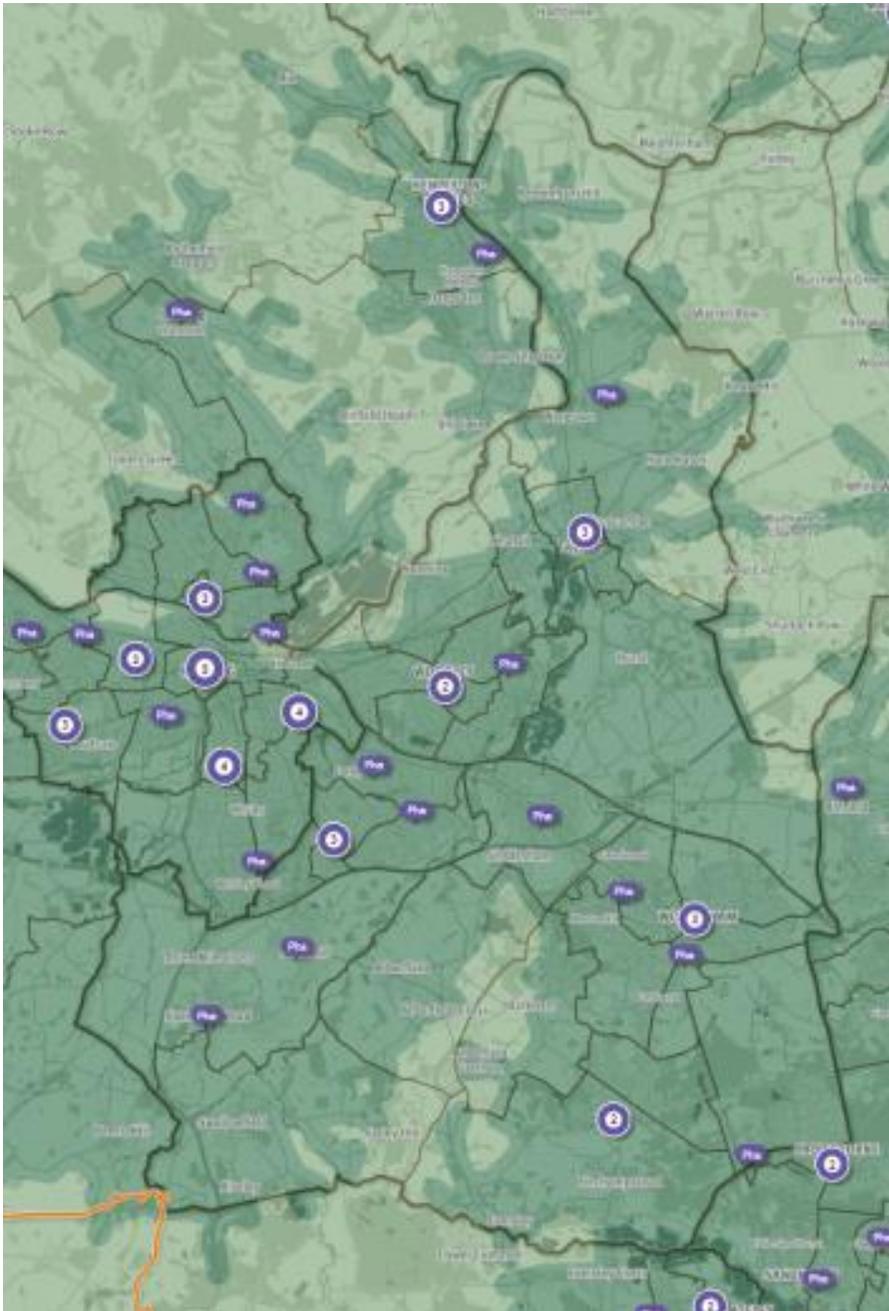
Working together for health and wellbeing

Public Health Services for Berkshire

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

This page is intentionally left blank

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



Legend:

■ 5 minutes

■ 10 minutes

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

This map has been produced using The Strategic Health Asset Planning and Evaluation (SHAPE) application 2017
Created: 30/10/17

This page is intentionally left blank

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

135



Legend:

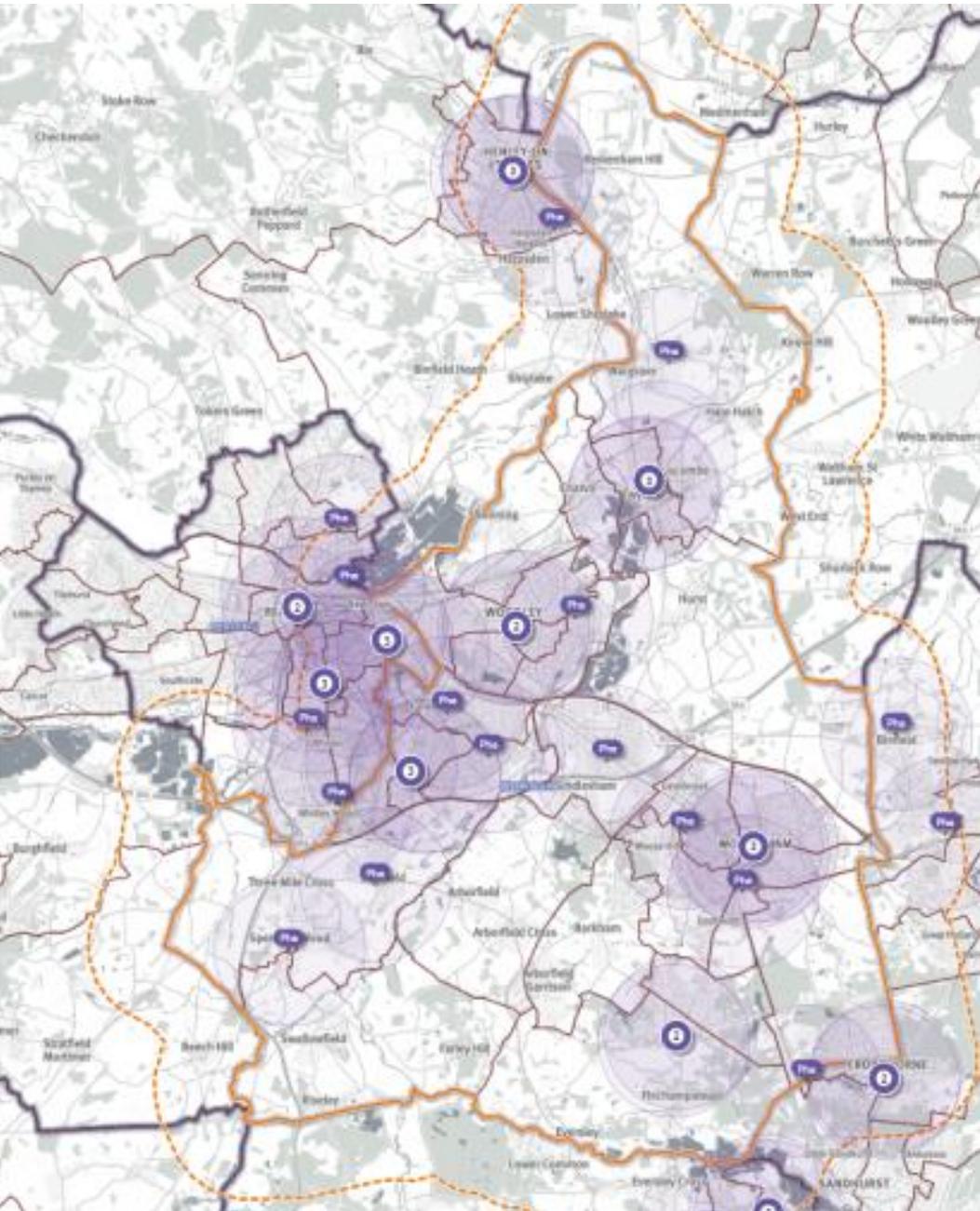
■ 15 minutes

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

This map has been produced using The Strategic Health Asset Planning and Evaluation (SHAPE) application 2017
Created: 30/10/17

This page is intentionally left blank

Map 8: Pharmacies inside and within 1.6km (1 mile) of Wokingham Borough border



Legend:
● 1.6km radius
of a pharmacy

This map has been produced using The Strategic Health Asset Planning and Evaluation (SHAPE) application 2017
Created: 30/10/17

This page is intentionally left blank

healthwatch Wokingham Borough

July-September 2017

Our activity in numbers



95 stories received

Most common topics:
Communication & Quality of Care

Engagement

5 summer fetes attended
including
Kenyan Community Fun Day

5 pop-ups in the in the community

covering **27** services



One resident's story

A resident's mother was referred by her GP to the memory clinic for a dementia diagnosis.

Unfortunately her experience was negative due to:

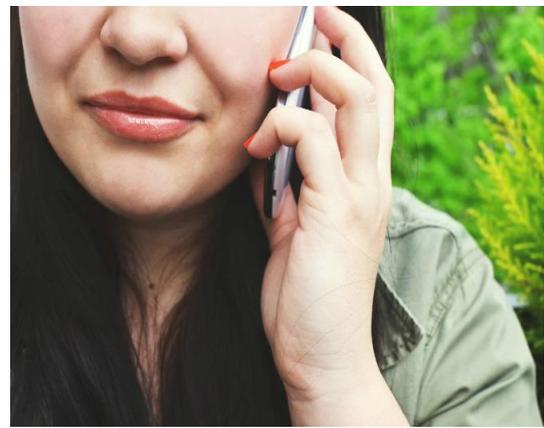
- lack of information given to her about the visit
- not feeling included in the process when the diagnosis team visited her home

Action we took to help the resident

We contacted the manager of the service and discussed the issues. They set out how the process should work. Arrangements are being made for the resident to meet with the manager so they can talk directly.

We gave information & signposting advice to

26 enquirers



We highlighted the local decision to stop prescribing



certain over the counter medications



gluten-free products



Our next focus:

Getting the views of patients at Prospect Park Hospital

in partnership with
the five other local Healthwatch organisations in Berkshire

9 Volunteers contributed

34 hours
to support us

Help Desk took

34 calls

from residents across the Borough

Average call time 30 mins

Approved 4 **Community Research Projects** including

- ✓ LINK Sunday Kitchen
- ✓ Brighter Berks event
- ✓ Deaf Positives accessible info

Stay in touch!

Help improve health & care services - tell us your experiences.



enquiries@healthwatchwokingham.co.uk



@HW Wokingham 140
Borough



0118 418 1 418



Healthwatch Wokingham Borough

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Work Programme 2017/18 from June 2017

Please note that the work programme is a 'live' document and subject to change at short notice.

The order in which items are listed at this stage may not reflect the order they subsequently appear on the agenda.

All Meetings start at 7pm in the Civic Offices, Shute End, Wokingham, unless otherwise stated.

DATE OF MEETING	ITEMS	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER
22 January 2018	Impact of 21st Century Council project on health and social care services	To be informed of the potential Impact of the 21st Century Council project on health and social care services	To be informed of the potential Impact of the 21st Century Council project on health and social care services	Director People Services
	Performance Outcomes Report	To monitor performance and identify any areas of concern	Challenge item	Democratic Services
	Update on GP alliance	Update on arrangements	Update	NHS Wokingham CCG
	Health Consultation Report	Challenge item	Challenge item	Democratic Services
	Healthwatch update	Challenge item	Challenge item	Healthwatch Wokingham Borough

DATE OF MEETING	ITEMS	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER
7 March 2018	Performance Outcomes Report	To monitor performance and identify any areas of concern	Challenge item	Democratic Services
	Health Consultation Report	Challenge item	Challenge item	Democratic Services
	Healthwatch update	Challenge item	Challenge item	Healthwatch Wokingham Borough

Currently unscheduled topics:

143

- Draft Quality Accounts (April 2018)
 - Berkshire Healthcare NHS Foundation Trust
 - Royal Berkshire Hospital NHS Foundation Trust
 - South Central Ambulance NHS Foundation Trust
- Update on work of Clinical Commissioning Group
- Weekend 'bed blocking'
- Progress of Community Health and Social Care implementation

This page is intentionally left blank

**HEALTH OVERVIEW AND SCRUTINY COMMITTEE
TRACKING NOTE 2017/18**

ITEM NO.	ITEM/SUBJECT	OFFICER RESPONSIBLE	DATE OF MEETING	DUE DATE	COMMENTS	WHAT EXPECT TO SEE
145	<p>1. Minute 10 - Forward Programme</p> <ul style="list-style-type: none"> Members requested an update on the GP alliance in 6 months' time. Councillor Soane asked if the Committee could visit the Fosters extra care facility prior to its opening to see the design and facilities available. It was suggested that an update on dentistry, optometry and pharmacy provision in the Borough be requested from NHS England. 	<p align="center">Clinical Commissioning Group</p> <p align="center">Madeleine Shopland</p> <p align="center">NHS England</p>	<p align="center">05.06.17</p>	<p align="center">22.01.18</p> <p align="center">20.09.17</p> <p align="center">10.07.17 (dentistry)</p>	<ul style="list-style-type: none"> Better understanding of GP arrangements To view extra care facility within the Borough. To gain an understanding of the level of provision within the Borough and to determine if there are any gaps. 	
2.	<p>Minute 20 – Forward Programme</p> <ul style="list-style-type: none"> Councillor Smith requested an update on the progress of the merger of Optalis Ltd with the Royal Borough of Windsor and Maidenhead, at a future meeting. 	Optalis	10.07.17	15.11.17	<ul style="list-style-type: none"> To be assured of progress made. 	

This page is intentionally left blank

Glossary:

- **Bariatrics** – branch of medicine that deals with the causes, prevention, and treatment of obesity.
- **BCF** – Better Care Fund
- **BHFT** – Berkshire Healthcare NHS Foundation Trust
- **C&B – (Choose and Book)** is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital or clinic.
- **CAM** - Confusion Assessment Method
- **CAMHS** – Child and Adolescent Mental Health Services
- **CCG** – Clinical Commissioning Group
- **CDU** – Clinical Decisions Unit
- **CHIS** - Child Health Information Systems - patient administration systems that provide a clinical record for individual children and support a variety of child health and related activities, including universal services for population health and support for statutory functions.
- **CHIMAT** – Child Health Profiles
- **CKD** – Chronic Kidney Disease
- **CNS** – Clinical Nurse Specialist
- **Community Enhanced Service** - a service provided in a community setting which goes above and beyond what is normally commissioned by NHS England, including primary care services that go beyond the scope of the GP contract.
- **Contract Query Notice** - A specific action taken by the commissioner against the Provider as per the contract. It is a notice served when a contractual target is not being met. As a result of such a notice, an action must be agreed that results in recovery of performance within a set timescale.
- **COF** - Commissioning Outcomes Framework
- **CoSRR** - Continuity of Services risk rating
- **CPA - Care Programme Approach** - is a system of delivering community mental health services to individuals diagnosed with a mental illness
- **CPN** - Community Psychiatric Nurse
- **CQC** – Care Quality Commission

- **CQUIN – Commissioning for Quality and Innovation** - Is an incentivised money reward scheme that has been developed to allocate payments to providers if they meet quality outcomes identified to improve local quality issues.
- **CST** - Cognitive Stimulation Therapy
- **CSU** - Commissioning Support Unit
- **Cytology** – the study of cells
- **DPH** – Director of Public Health
- **DNACPR** - Do Not Attempt Cardiopulmonary Resuscitation
- **DTOC** – Delayed Transfer of Care
- **EDT** – Electronic Document Transfer
- **ECIST** - Emergency Care Intensive Support Team
- **ECO** – Emergency Operations Centre
- **EOL** – end of life care
- **EPR – Electronic Patient Record** – means of viewing a patient’s medical record via a computerised interface.
- **ESD** – Early Supported Discharge service - pathways of care for people transferred from an inpatient environment to a primary care setting to continue a period of rehabilitation, reablement and recuperation at a similar level of intensity and delivered by staff with the same level of expertise as they would have received in the inpatient setting.
- **FFCE - First Finished Consultant Episode** - first completed episode of a patient's stay in hospital.
- **FPH** – Frimley Park Hospital
- **GMS** – General Medical Services
- **GOS** - General Ophthalmic services
- **GRACe** - General Referral Assessment Centre
- **GSCC** – General Social Care Council
- **HALO** - Hospital Ambulance Liaison Officer
- **HASU** - Hyper-Acute Stroke Unit

- **HWPFT** - Heatherwood and Wexham Park Hospitals NHS Foundation Trust
- **JSNA** – Joint Strategic Needs Assessment
- **LA** – local authority
- **LES** – Local Enhanced Service
- **LGBT** – Lesbian, Gay, Bisexual, Transgender
- **LOS** - Length of Stay
- **LTC** – long term conditions
- **MDT** – multi disciplinary team
- **MH** – Mental Health
- **MHP** - mental health practitioner
- **MIU** – Minor Injuries Unit
- **Monitor** - Oversees the performance of NHS Foundation Trusts
- **MSA** - Mixed sex accommodation
- **NARP** – National Ambulance Response Pilot
- **Never Events** - Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented
- **NHSCB** – National Health Service Commissioning Board (now NHS England)
- **NHS Safety Thermometer** –tool to measure 4 high volume patient safety issues – falls in care; pressure ulcers; urinary infections (in patients with a urinary catheter); and treatment for VTE
- **NICE** – National Institute of Health and Care Excellence
- **NEL** - Non elected admissions
- **OHPA** – Office of the Health Professions Regulator
- **ONS** – Office for National Statistics
- **OOH** – Out of Hours
- **Ophthalmology** – branch of medicine that deals with diseases of the eye
- **OPMHS** – Older Persons Mental Health Services

- **Orthopaedics** - branch of surgery concerned with conditions involving the musculoskeletal system
- **OT** – Occupational Therapy
- **Outlier** - a person or thing situated away or detached from the main body or system.
- **PALS** – Patient Advice and Liaison Service
- **PHE** – Public Health England
- **PHOF** – Public Health Outcomes Framework
- **PMS** – Primary Medical Services
- **PPCI** – Primary Percutaneous Coronary Intervention
- **PPIs** - Proton Pump Inhibitors
- **PROMs - Patient Reported Outcome measures** are questions asked of patients before and after a specific treatment, to measure improvements to quality of life from the patient's point of view.
- **QIPP - Quality, Innovation, Productivity and Prevention.** The purpose of the programme is to support commissioners and providers to develop service improvement and redesign initiatives that improve productivity, eliminate waste and drive up clinical quality.
- **RAT** – Rapid Access Treatment
- **RBFT/ RBH** - Royal Berkshire NHS Foundation Trust
- **RCA – Root Cause Analysis** - When incidents happen, Roots Cause Analysis Investigation is a means of ensuring that lessons are learned across the NHS to prevent the same incident occurring elsewhere.
- **RGN** - Registered General Nurses
- **RMN** - Registered Mental Health Nurses
- **RTT - referral to treatment time** – waiting time between being referred and beginning treatment.
- **SCAS** – South Central Ambulance Service
- **SCR – Summary Care Record** - electronic record which contains information about the medicines you take, allergies you suffer from and any bad reactions to medicines you have had in the past.

- **SEAP** – Support Empower Advocate Promote - confidential, independent advocacy service (health and mental health)
- **SHMI - Summary Hospital-level Mortality Indicator** - ratio between the actual number of patients who die following treatment at a trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. Covers all deaths reported of patients who were admitted to non-specialist acute trusts in England and either die while in hospital or within 30 days of discharge.
- **SIRI** – Serious incidents that require investigation
- **SLA** – Service Level Agreement
- **SPOC** – Single point of contact
- **SRG** – Systems Resilience Group
- **SSNAP** - Sentinel Stroke National Audit Programme
- **STAR-PU - Specific Therapeutic group Age-sex Related Prescribing Units** - a way of weighting patients to account for differences in demography when distributing resources or comparing prescribing.
- **SUSD** – Step Up Step Down
- **Talking Therapies** – free and confidential counselling service with a team of advisors and therapists.
- **Thrombolysis** – breakdown of blood clots by pharmacological means
- **TIA** - transient ischemic attack – mini stroke
- **TTO** – to take out
- **TVPCA** – Thames Valley Primary Care Agency
- **UCC** – Urgent Care Centre
- **VTE** - venous thrombosis -blood clot that forms within a vein
- **WBCH** – West Berkshire Community Hospital
- **WIC** – Walk in Centre
- **WISP** – Wokingham Integration Strategic Partnership
- **WTE** - whole-time equivalents (in context of staff)
- **YLL** – years of life lost

- **YPWD** - Younger People with Dementia
- **YTD** – Year to date