

DRAFT

Pharmaceutical Needs Assessment

Slough Borough Council

2014

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

**Pharmaceutical Needs Assessment
Slough Borough Council
2014**

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Introduction

What is Pharmaceutical Needs Assessment (PNA)?

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

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

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

Purpose of PNA :

The PNA has several purposes:

- To provide a clear picture of community pharmacy services currently provided.
- To provide a good understanding of population needs and where pharmacy services could assist in improving health and well being and reducing inequalities.
- To deliver a process of consultation with local stakeholders and the public to agree priorities.
- An assessment of existing pharmaceutical services and 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 Berkshire and enable work to plan, develop and deliver pharmaceutical services for the population.
- It will influence commissioning decisions by local commissioning bodies including Local Authorities (Public Health services from community pharmacies), NHS England and Clinical Commissioning Groups (CCGs) in the potential role of pharmacy in service redesign.

Background: Statutory Requirements

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

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

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

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

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

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

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

The 2013 Regulations 5 list those persons and organisations that the HWB must consult. This list includes:

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

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

Definition of Pharmaceutical services

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

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

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

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

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

All contractors must provide full range of essential services.

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

- Medicines Use Review and Prescription Intervention (MURs)
- New medicine service (funded only in 2014/15 long term decision awaited)
- Appliance Use Reviews (AURs)
- Stoma Appliance Customisation Services (SACs)

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

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

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

Process for developing the PNA

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

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

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

The PNA has five main objectives:

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

The PNA summarises the National Vision for Community Pharmacy also summarises the key priorities in the Health and Wellbeing Strategy which details the local priorities for our community.

Principles of Development

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

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

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

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

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

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

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

National Pharmacy Commissioning

Commissioning Arrangements

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

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

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

Advanced services - set out in the Directions

Enhanced services - set out in the Directions

There are four ways in which pharmaceutical services are commissioned:

NHS England:

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

NHS England Area Team (AT):

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

Local Authority:

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

CCGs:

- Locally commissioned in line with local needs and CCG strategy

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

Local Professional Networks

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

In general they:

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

The specific functions of the Pharmacy LPN include:

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

Contribution of Pharmacy

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

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

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

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

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

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

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

National Outcomes Frameworks

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

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

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

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

Control of Market Entry

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

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

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

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

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

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

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

The change in the market entry test means that it is no longer necessary to have exemptions to the test for the large out of town retail developments, the one stop primary medical centres, or the pharmacies undertaking to provide pharmaceutical services for at least 100 hours per week. These exemptions therefore cannot be used by an applicant (although existing pharmacies and

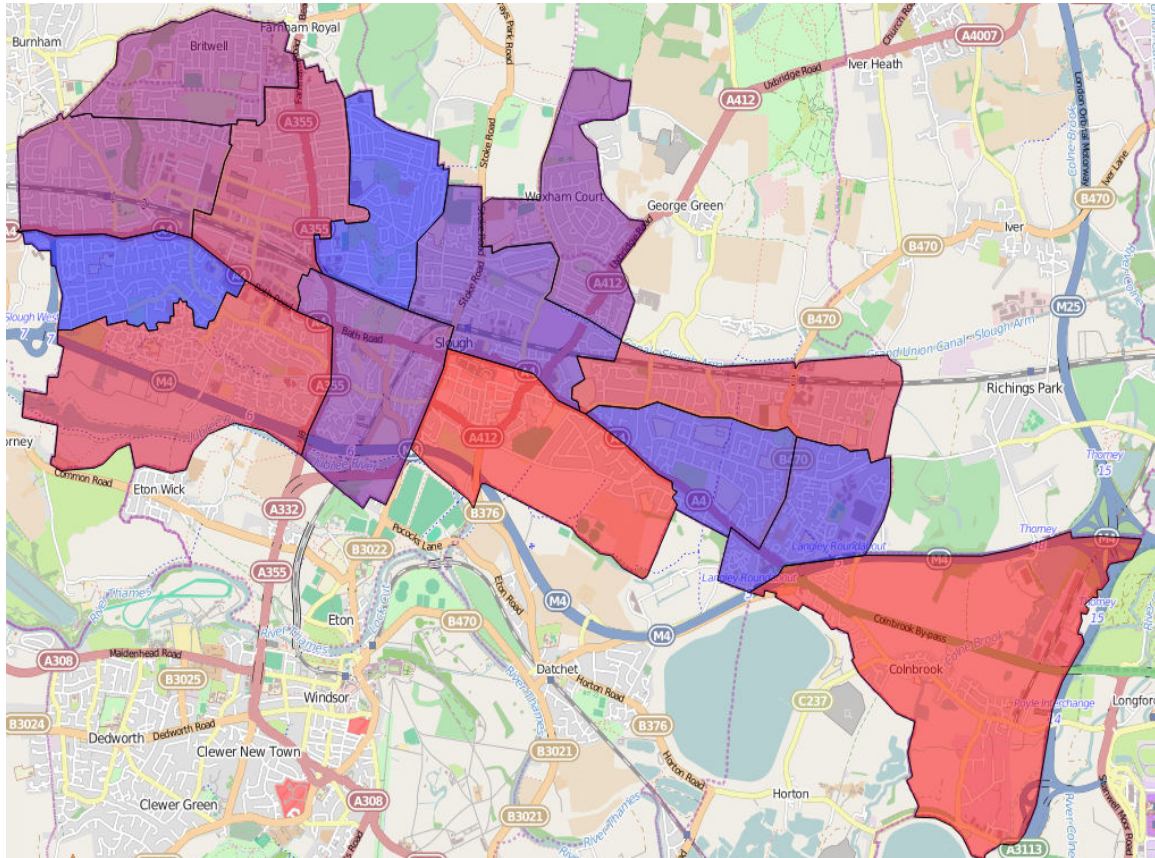
those granted under the exemption continue). The regulations make it clear that 100 hour pharmacies granted under old exemptions cannot apply to reduce their hours.

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

Geography Covered by Slough PNA

Each PNA has to define its geographic scope. This year the Slough PNA is following the boundaries of the Local Authority, as is each PNA for the Berkshire Local Authorities. The services are mapped for each Local Authority and a composite picture is given for Berkshire. Results are also compared for Local Authorities against the whole of Berkshire. Appendix 1 shows a map of the pharmacies in Slough PNA.

Figure 1: Map of Slough showing ward boundaries



The wards in Slough are:

Baylis and Stoke
Britwell
Central
Cippenham Green
Cippenham
Meadows

Colnbrook with Poyle
Farnham
Foxborough
Haymill

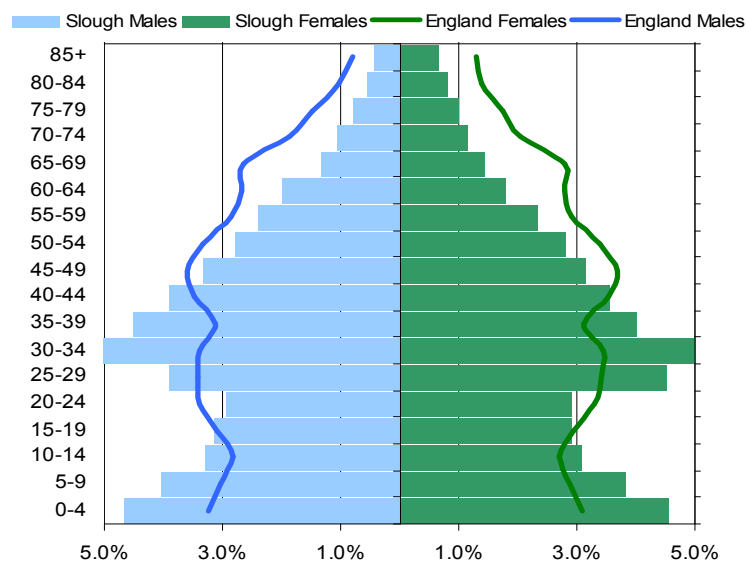
Kedermister
Langley St Mary's
Upton
Wexham Lea

Slough Demographics

The population of Slough is now 143,024.

As a proportion of the total population, there are a lot more young children aged 0 to 9 living in Slough than the national average. There is also a higher proportion of young adults (aged 25 to 44) living in the Borough. This suggests that there are a lot of young families living in Slough. There is a much smaller older population living in the Borough than the national average.

Figure 2: Slough Borough Council's Population pyramid, compared to the national profile



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

The registered population differs to resident as this is the number of people registered with GP practices based in Slough.

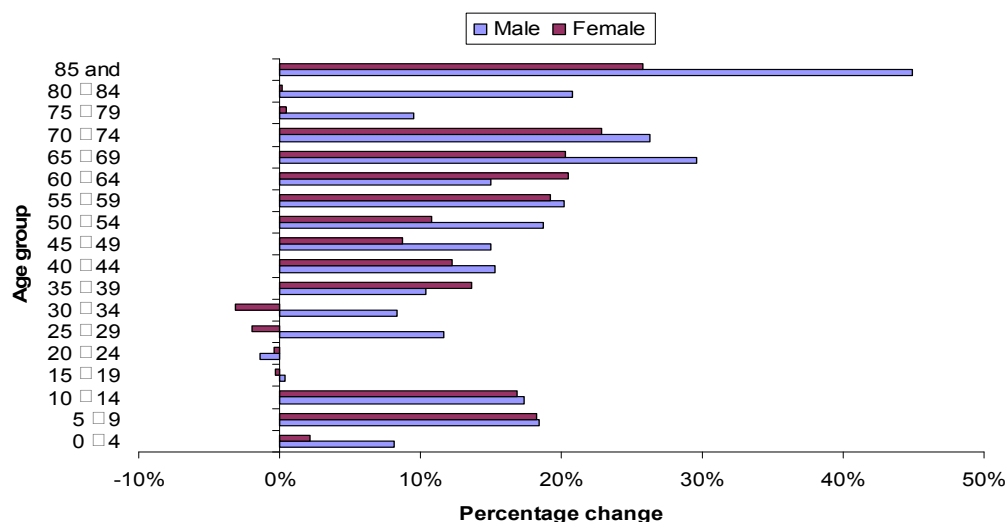
Figure 3: Resident and registered population of Slough Borough Council and other Berkshire Local Authorities

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

Source: Office for National Statistics (2014)

Slough Borough's population percentage change from 2012 to 2021 is presented in Figure 4. The majority of age groups are estimated to increase in size, with the older population increasing at the greatest rate. The over 65 population is the one most likely to access pharmaceutical services, due to increasing health requirements with age.

Figure 4: Estimated percentage change in Slough's population from 2012 to 2021



Source: Office for National Statistics (2012)

Ethnicity

Figures from the 2011 Census indicate that the majority of Slough's population of Asian or Asian British (39.7%), followed by White British (35.7%). The proportion of black and minority ethnic groups is higher amongst children and younger adult populations than in older people.

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

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

Source: Office for National Statistics (2011)

Life Expectancy

Life expectancy for men and women in Slough is lower than the national average.

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

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

Source: Office for National Statistics (2014)

Children

Children in poverty

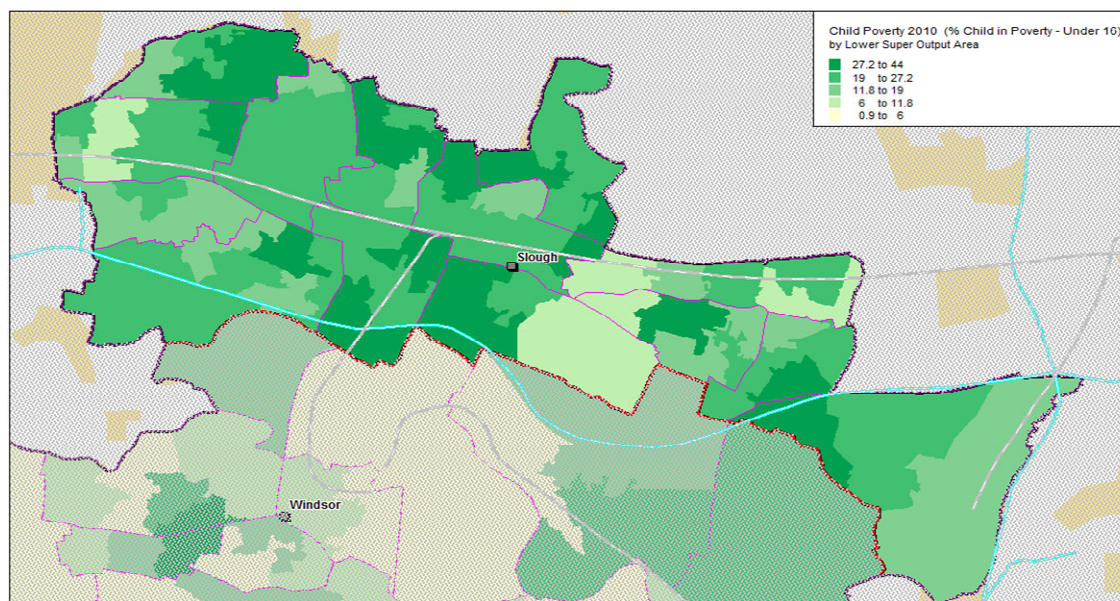
Child poverty and deprivation can be measured in a number of different ways. Figure 7 shows the percentage of children (dependent children under the age of 20), who live in households where income is less than 60% of average household income. This is termed as living in 'relative poverty'. Figure 7 also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

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

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

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

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



Child_Poverty_2010_HMRC_00MD.wor 22/08/2013 Sid Beauchant BHFT

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Source: Department for Communities and Local Government (2010)

Teenage pregnancies

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

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

Source: Office for National Statistics (2014)

Educational attainment

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

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

Source: Department for Education (2012/13)

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

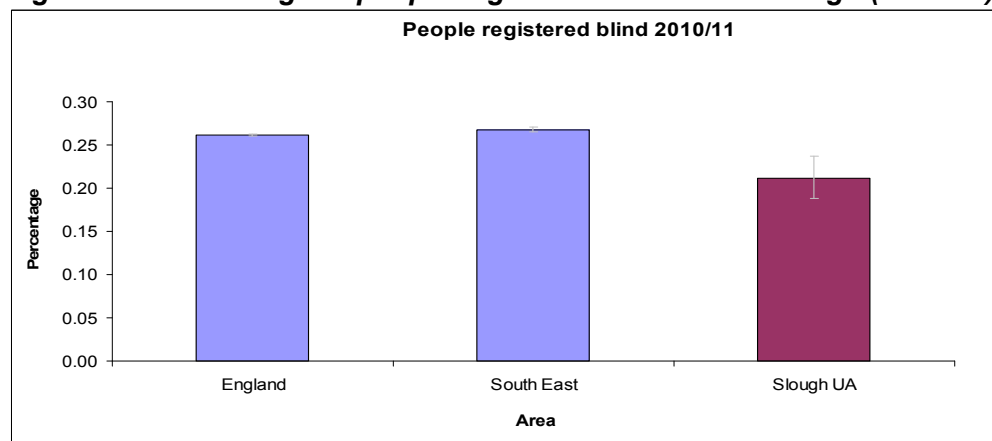
Area	%
Slough	74
Bracknell Forest	78
Reading	69
West Berkshire	77
Windsor and Maidenhead	79
Wokingham	81

Source: Department for Education (2012/13)

Physical disability and sensory impairment

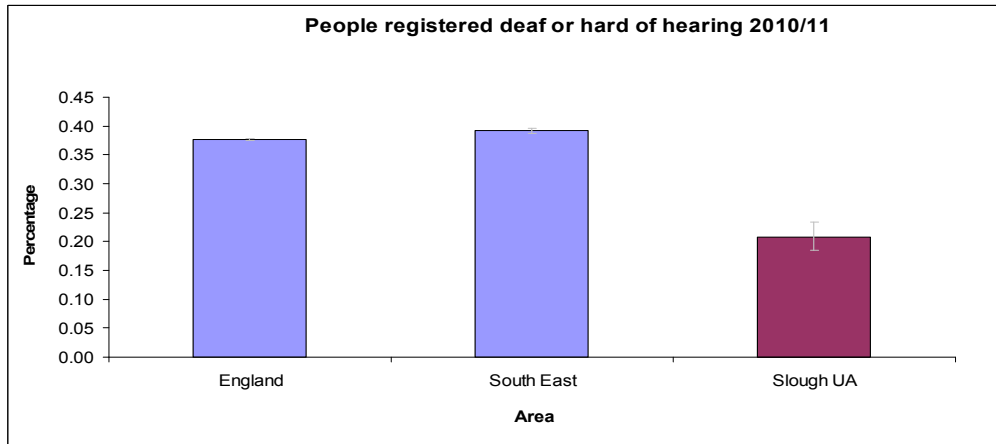
Figures 12 and 13 show the number of people registered as being blind, partially sighted, deaf or hard of hearing as a proportion of the total population. Fewer people in Slough are registered as having a sensory impairment than the national and South East Region averages. However, it is worth noting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

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



Source: Health and Social Care Information Centre (2011)

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



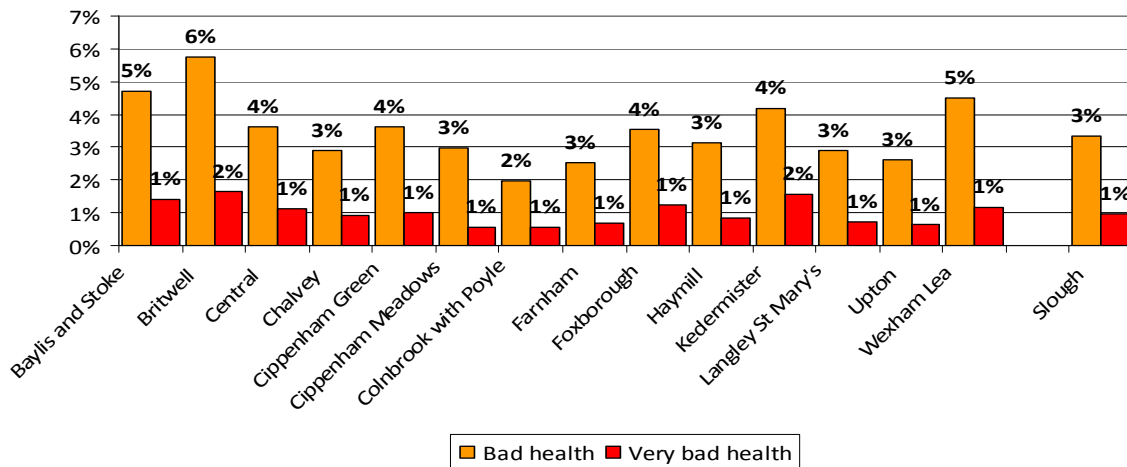
Source: Health and Social Care Information Centre (2011)

Around 2,800 adults in Slough are estimated to have moderate or severe hearing impairment in 2012 with 22 estimated to have a profound hearing impairment. These figures are predicted to rise to around 3,200 and 26 by 2020. 59 adults are estimated to have a serious visual impairment (Source: *Projecting Adult Needs and Services Information System, 2013*).

Around 6,400 people in Slough are estimated to have a moderate physical disability in 2012 with 1,750 estimated to have a serious physical disability. These figures are predicted to rise to around 7,000 and 1,950 by 2020. (Source: *Projecting Adult Needs and Services Information System, 2013*).

The Census 2011 also categorised adults of working age by their self-described general health. For Slough as a whole, 3% described their general health as 'bad' and 1% as 'very bad'. The incidence of self-evaluated poor health varies significantly between Slough's electoral wards as shown below:

Figure 14: Percentage of working age residents of Slough describing their general health as 'bad' or 'very bad' – by ward



Source: Office for National Statistics (2011)

At February 2013 there were 4,710 people claiming Employment Support Allowance and Incapacity Benefits in Slough – 5% of the locally resident population of 16-64 year olds. At the same time, 790 residents were specifically claiming Disabled benefits (0.8%) of the locally resident working age adults (*Source: NOMIS web*).

The Blue Badge scheme enables people who are registered blind or have certain disabilities (including severe walking difficulties) to park closer to the shops and services they need to access. The badge can be accessed whether the individual is the driver or a passenger in any vehicle. The council administer the scheme on behalf of the Department for Transport.

Carers

8.3% of Slough’s population stated that they provided unpaid care to a family member, friend or neighbour in the 2011 Census. Figure 15 provides a breakdown to show the levels of unpaid care provided.

Figure 15: Percentage of people providing unpaid care in Slough and other Berkshire Local Authorities (Census 2011)

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

Source: Office for National Statistics (2012)

Slough Needs Assessment

Slough at a glance

The health of people in Slough is varied compared with the England average. Deprivation is lower than average, however a significantly larger proportion of Slough children live in poverty – approximately 7,200.

Whilst over the last ten years, all cause mortality rates have fallen life expectancy for all is worse than the England average.

For Slough, like its neighbours, the causes of early death (death before 75 years) are cancer and heart disease and stroke. However, unlike its neighbours, the early death rates from cancer, heart disease and stroke are worse than the England average and for heart disease and stroke are significantly worse.

In Year 6, 21.3% of children are classified as obese. Levels of teenage pregnancy, GCSE attainment, alcohol-specific hospital stays among those under 18, breast feeding and smoking in pregnancy are better than the England average.

Estimated levels of adult smoking and physical activity are worse than the England average. The rate of hip fractures is worse than the England average. Rates of sexually transmitted infections and road injuries and deaths are better than the England average.

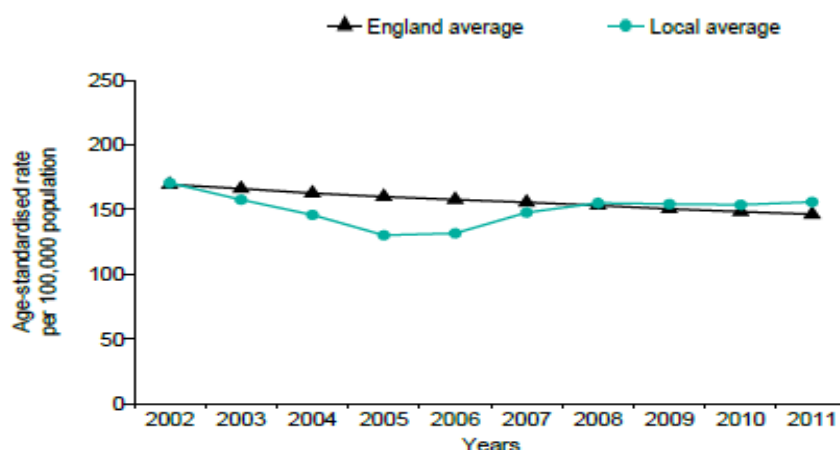
Life expectancy at birth is lower in Slough than the England average in both men and women. In men this difference is significant: 78.5 local verses 79.2 national.

The rate of premature deaths (i.e. those before 75 years) is also worse than the England average at 951 deaths per 100,000

Cancer

Cancer is responsible for the largest number of premature deaths - 156 per 100,000 populations, which is worse than the England average (146 per 100,000) (*APHO Local Health Profile, 2013*).

Figure 16: Rate of deaths from cancer for people aged under 75 in Slough (2002-2011)



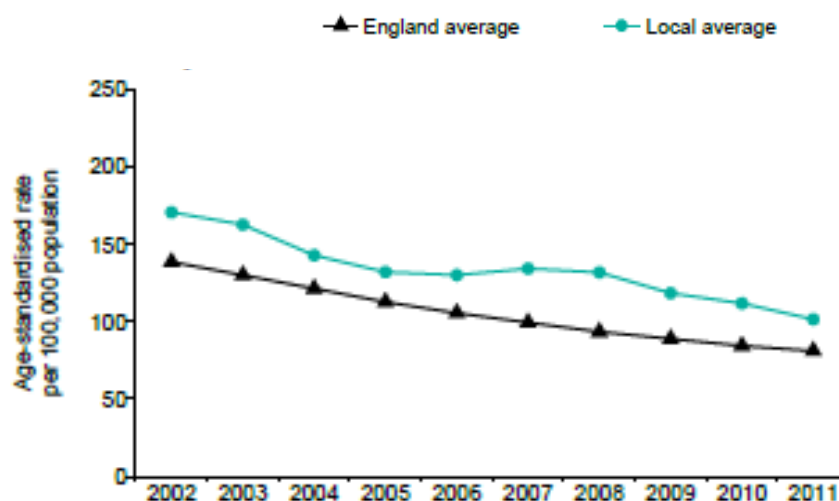
Source: Association of Public Health Observatories, 2014 Local Health profile

Screening is a key programme to reduce the impact of cancer. Within Slough the screening programmes have limited uptake, both in the established programmes - cervical and breast screening - and in the newer bowel cancer programme, with only 35% uptake against the national target of 60%.

Heart disease and stroke

In Slough heart disease and stroke cause significantly more premature deaths than the England average.

Figure 17: Rate of deaths from heart disease and stroke for people aged under 75 in Slough (2002-2011)



In comparison to other areas Slough has :

- 55th highest rate of cardiovascular disease (CVD) deaths of all ages.
- 5th highest rate of CVD premature mortality (aged under 75)

- 29th highest for emergency heart attack treatments (myocardial infarction).

Chalvey Central and Farnham wards have double the expected number of deaths from CVD.

Lifestyle interventions play a key role in reducing the individual and community risk of CVD. NHS Health Checks can also play a key role in this providing a risk assessment for the individual

Diabetes

Diabetes poses a particularly health problem in Slough. There are currently 7,765 patients in Slough with diagnosed diabetes (7.8% of the population, which is significantly higher than the national average of 6%).

With population growth for Slough, this will mean that the total population with diabetes by 2030 will be approximately 14,172 people (based on Office of National Statistics population projections).

Lifestyle

Smoking

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

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

Smoking prevalence in Slough is higher than the national average of 21.4% (34% in routine and manual workers). Approximately 300 per 100,000 people aged over 35 years will die due to smoking related illnesses and in addition 1,300 people will be admitted to hospital with smoking related illnesses (*Local Tobacco Control Profile, 2013*).

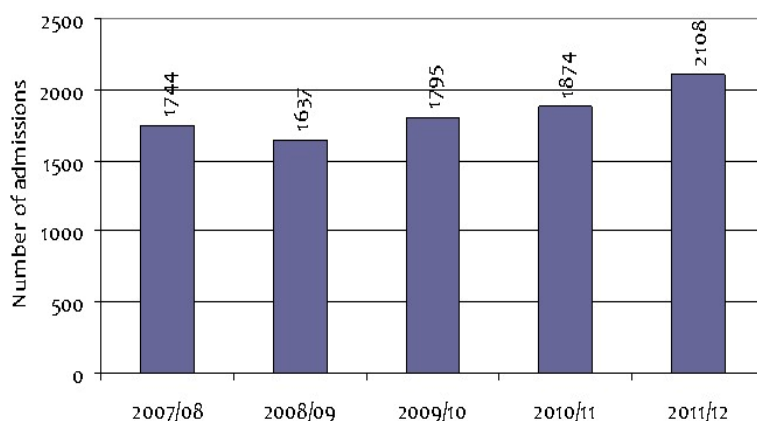
Alcohol

Alcohol consumption above these recommended levels is associated with numerous health and social problems. This includes several types of cancer, gastrointestinal, cardiovascular, psychiatric and neurological conditions.

The social effects of alcohol have been associated with road accidents, domestic violence, antisocial behaviour, crime, poor productivity and child neglect.

In Slough 30% of residents surveyed view alcohol related nuisance as a significant problem in the community. In 2011/12 there were 2,108 alcohol-related admissions to hospital per 100,000 adults in Slough. This rate is worse than the averages for both England and the South East. This rate is higher for both females and males.

Figure 18: Alcohol-harm related hospital admissions in Slough (2007/08 to 2011/12)



Source: Public Health England (2012)

Communicable Diseases

In Slough several communicable diseases pose higher threats to the local community.

- **Tuberculosis (TB):** In Slough, there were 82 cases of TB in 2012 with an incidence rate of 58.5 per 100,000 population. This is significantly higher than the national average (15 per 100,000).
- **Blood borne viruses - Hepatitis B and C:** Slough has the highest rate of infections in Thames Valley area.
- **HIV infection:** The current HIV prevalence rate is 3.38 per 1000 (aged 15-59 years) population. Slough is one of the Local Authorities with high levels of HIV prevalence (greater than two per 1,000 (15-59 years) population where it is recommended to implement routine HIV testing for all general medical admissions as well as new registrants in primary care.

Flu Immunisation

Seasonal flu immunisation uptake in Slough compared to the national uptake and target of 2012-2013 shows that none of the national targets were achieved.

Figure 19: Seasonal flu immunisation coverage for Slough (2012/13)

	Aged 65 and over % coverage	Aged under 65 in a clinical risk group % coverage	Pregnant % coverage
Slough	69.6%	53.7%	31.4%
Berkshire East	71.6%	52.8%	38.6%
England	73.4%	51.3%	40.3%

Source: NHS Thames Valley Local Area Team (2013)

Monitoring against the Public Health Outcomes Framework

The Public Health Outcomes Framework includes over 60 indicators, which measure key aspects of Public Health within a Local Authority area. In August 2014, Slough was seen to be “significantly worse” than the England figures on 25 of these measures:

0.1i	Healthy life expectancy at birth (Male, Female)
0.1ii	Life Expectancy at birth (Male)
0.1ii	Life Expectancy at 65 (Male)
0.2iv	Gap in life expectancy at birth between each LA and England (Male)
1.01i	Children in poverty (under 20)
1.01ii	Children in poverty (under 16s)
1.05	16-8 year olds not in education, employment or training (NEET)
1.16	Utilisation of outdoor space for exercise/health reasons
2.17	Recorded diabetes
2.20i	Breast cancer screening coverage
2.20ii	Cervical cancer screening coverage
2.21vii	Access to Diabetic Eye Screening
2.23iv	Self reported wellbeing – people with high anxiety score
3.02ii	Chlamydia diagnoses (15-24 year olds)
3.05ii	Incidence of TB
4.02	Tooth decay in children aged 5
4.03	Mortality rate from causes considered preventable (Persons, Female)
4.04i	Under 75 mortality rate from all CVD (Persons, Female)
4.04ii	Under 75 mortality rate from all CVD considered preventable (Persons, Female)
4.07i	Under 75 mortality rate from respiratory disease (Male)
4.08	Mortality from communicable disease (Persons, Female)
4.11	Emergency readmissions within 30 days of discharge from hospital (Persons, Male)
4.12i	Preventable sight loss – Age related macular degeneration
4.12iii	Preventable sight loss – glaucoma
4.12iv	Preventable sight loss – sight loss certifications

In addition, the percentage of people presenting with HIV at a late stage of infection is similar to the national outturn, but significantly worse than the national target.

Local Commissioning Strategies

Slough Health and Wellbeing Strategy

The vision of the Slough Wellbeing Board is to make Slough a place where:

“People are proud to live, where diversity is celebrated and where residents can enjoy fulfilling, prosperous and healthy lives”.

Priorities

- **Health** - By 2028, Slough will be healthier, with reduced inequalities, improved wellbeing and opportunities for our residents to live positive, active and independent lives.
- **Economy and Skills** - By 2028, Slough will be an accessible location, competitive on the world stage with a sustainable and varied business sector and strong knowledge economy, supported by a local workforce who has the skills to meet local businesses’ changing needs.
- **Housing** - By 2028 Slough will possess a strong, attractive and balanced housing market which recognises the importance of housing in supporting economic growth.
- **Regeneration and Environment** - By 2028, Slough will be distinctive from our competitors, harnessing the diversity and creativity of our people and our cultural and physical fabric to create an attractive local environment for our residents and businesses.
- **Safer Communities** - By 2028, Slough will have levels of crime and disorder that are not significantly higher than in any other town in the Thames Valley. Agencies will be working collaboratively to address the underlying causes of crime and communities will feel safe and able to play an active part in making Slough a better place to live, work and visit.

Figure 20: Slough’s Health Priorities

Priority		Compared to Berkshire
Major causes of death	Cancer	Highest than Berkshire
	Cardiovascular disease	Highest than Berkshire
	Stroke	Higher than Berkshire
Major illness	Diabetes - 8%	Higher than national and Berkshire
	TB	Highest in Berkshire
	HIV	Higher than Berkshire
Mental Health	Common mental illness - 13,000 people	

Priority		Compared to Berkshire
Childhood	Infant mortality and injury rates	Higher than Berkshire
	Childhood obesity Reception - 11% Year 6 -21%	Higher than Berkshire
Wider determinants	Deprivation	Higher than Berkshire
Lifestyle	Problem drug users	Highest in Berkshire
	Low levels of physical activity	Lowest in Berkshire
	Binge drinking at 12.6%	Higher than Berkshire

Our aims

- Enhancing positive health and wellbeing throughout life.
- Ensuring better community engagement to improve the wellbeing of our residents.
- Increase early diagnosis of all types of diabetes.
- Increase access to TB screening for earlier diagnosis.
- Increase residents' level of physical activity and encourage healthier eating.
- Improve emotional and physical health of children from 0 to 19 years.
- Improve the sexual health of adults and young people.
- Improve access to programmes for prevention of cardiovascular disease.
- Reduce drug and alcohol misuse and their impact on domestic abuse and violent crime.
- Increase access to self care for people with mental and physical health problems.

Our priority actions

- Ensure access to and provision of NHS dental care is consistently good.
- Enhance uptake of effective sexual health screening and family planning services.
- Implement the National Dementia Challenge.
- Promote positive behaviour change e.g. among those who are sedentary, who consume tobacco, who drink alcohol to excess or who are obese.
- Improve care programmes for those with long term conditions.
- Ensure good recovery outcomes from drugs and alcohol services.
- Implement action on cardiovascular disease risk factors.
- Ensure a smooth transition of responsibility for commissioning children's health services by 2015.

CCG Strategy

The local NHS commissioners in Slough CCG have recently produced an Operational Plan for 2014-16 that outlines the ambitions and goals to improve care and health. This can be found on Slough CCG's [website](#).

Current Service Provision

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

- Essential Services
- Advanced services
- Enhanced Services

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

However in addition community pharmacy can be commissioned by:

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

There are currently 34 community pharmacies in Slough and 162 across Berkshire. These provide the essential services and a range of advanced and enhanced services. The types of business vary from multiple store organisations to independent contractors. There are seven 100 hour pharmacies in Slough.

There are pharmacies at Wexham Park Hospital, Royal Berkshire Hospital and Frimley Park Hospital. These are open to 6pm on weekdays and limited hours at weekends. However, they only dispense hospital prescriptions and will not do Standard Operating Procedure FP10 Prescriptions. They do not sell any products and do not offer any additional services to the public.

Essential Services

The following services form the core service provision required of all 34 Slough pharmacies as specified by the NHS Community Pharmacy Contract 2013.

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

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

Advanced Services

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

Enhanced Services

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

Public Health within the council:

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

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

CCGs within Berkshire:

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

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

By NHS England:

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

Private Services:

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

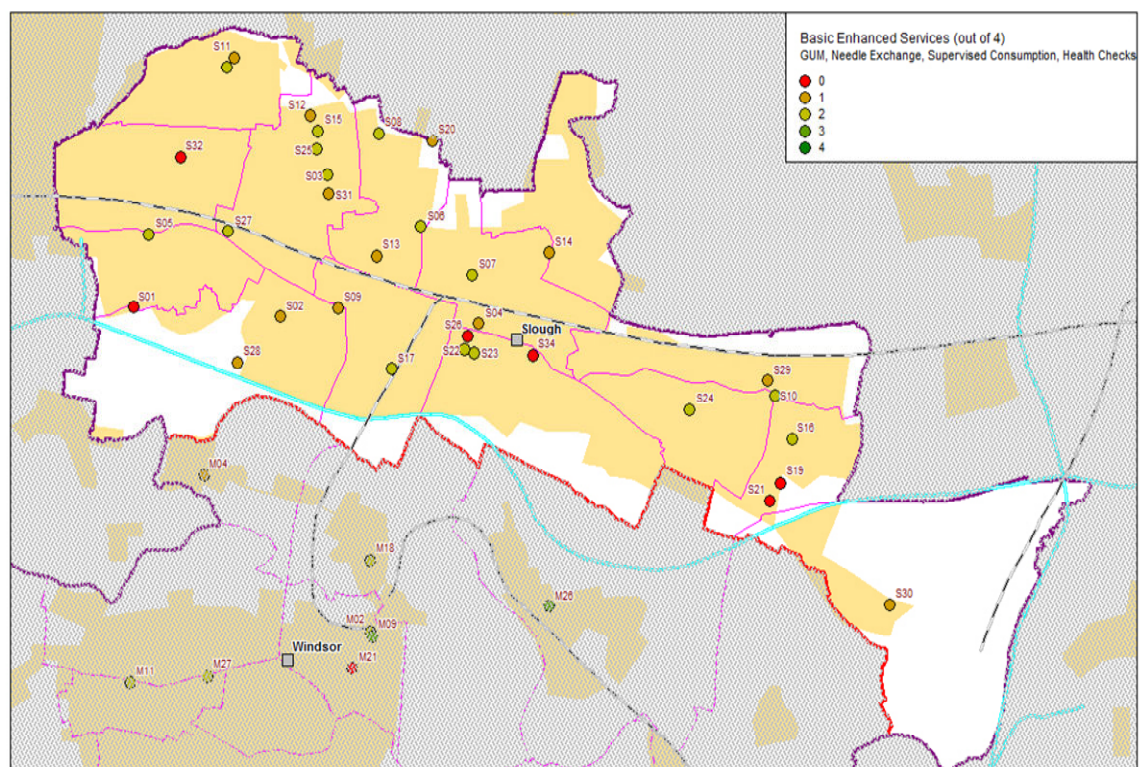
Pharmacy Provision - current

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

Current Pattern of Enhanced services

For more details see Appendix 2.

Figure 21: Map of Pharmacies in Slough to show how many of the Basic Enhanced Services are provided



Berks_PNA_ES_Aug14_r1.wor 26/08/2014 Sid Beauchant BHFT

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In addition to community pharmacies, to ensure access in defined rural areas (controlled localities), GPs may provide dispensing services to patient who live more than 1.6km from a pharmacy. Slough does not have any rural areas that meet the required definition and therefore have no dispensing doctors.

Out of Area service providers

Residents can of course access pharmacies in other areas and Slough borders with the following Local Authorities:

- Royal Borough Windsor Maidenhead
- Buckinghamshire
- Hillingdon
- Surrey

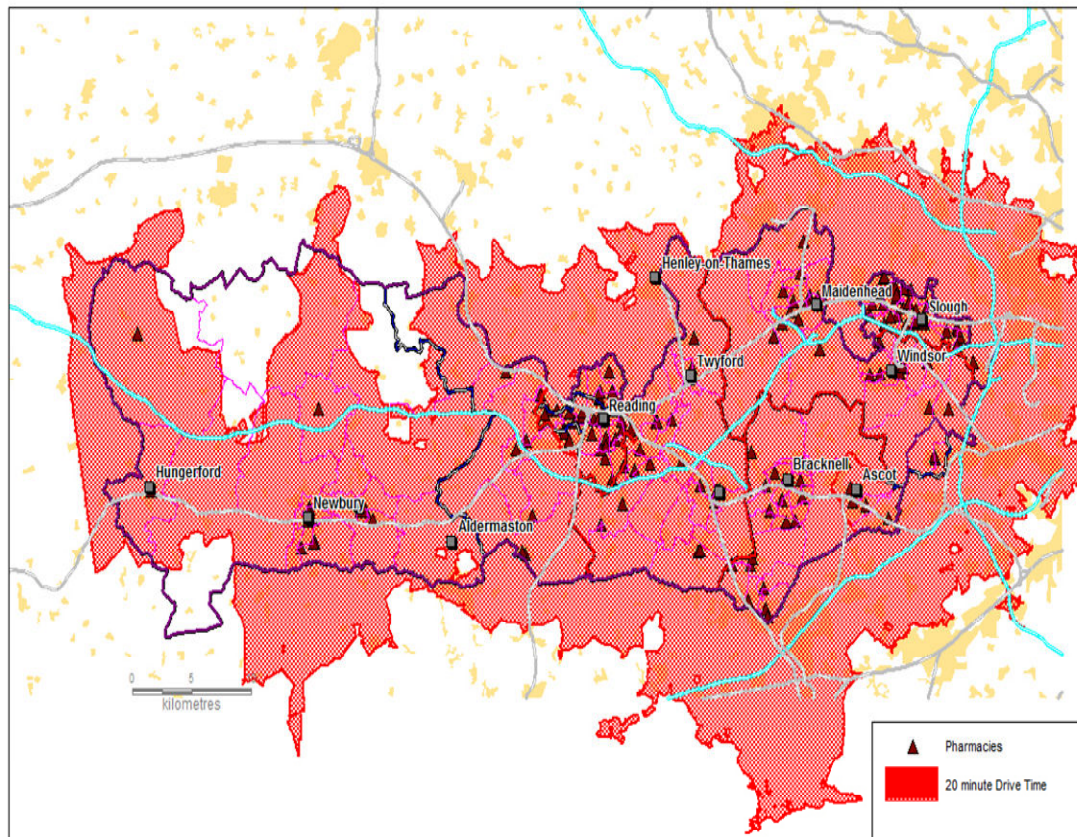
The map of provision shows the neighbouring pharmacies which are accessible to local residents. Information has been gathered on cross border services and is shown in Appendix 1.

Pharmacy Access and Services

Slough

One measure of accessibility is the number of patients that can get to a pharmacy within 20 minutes driving time (see Appendix 3). For Slough it can be seen that all of the population can access a pharmacist within this time.

Figure 22: Population of Berkshire that can get to a pharmacy within a 20-minute drive time

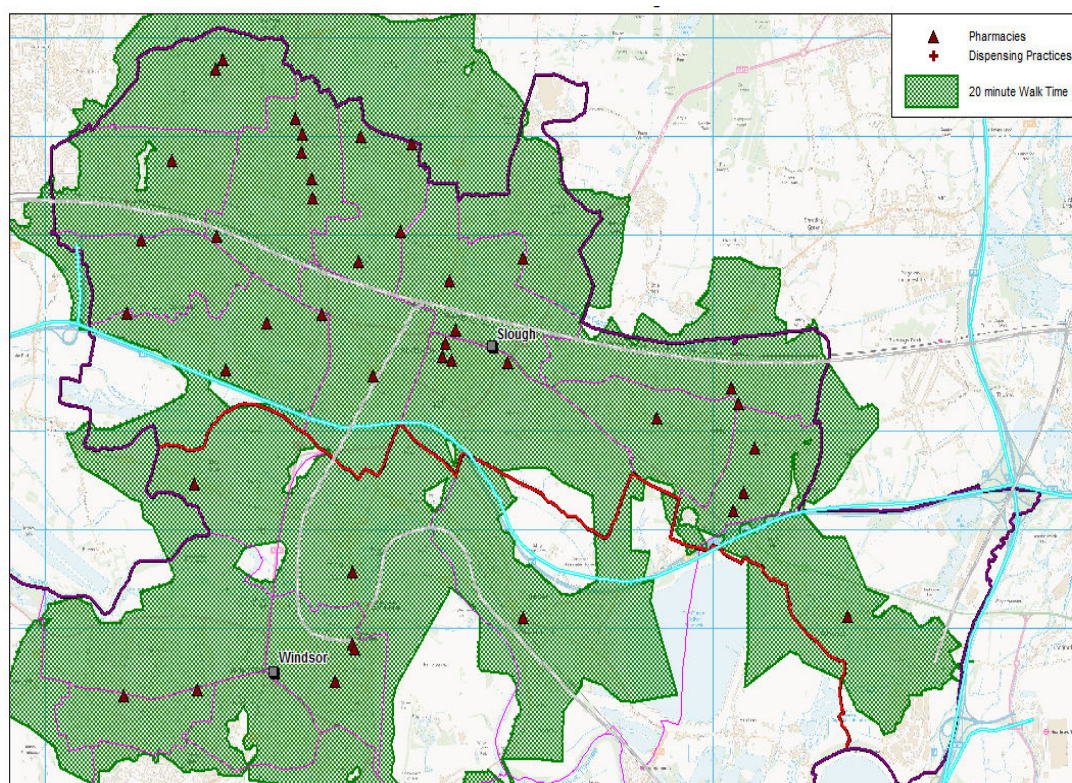


Berks_PNA_Apr14_v1.wor 15/05/2014 Sid Beauchant BHFT

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Within Slough we have also mapped the access within 20 minutes walking time. In this analysis it can be seen that there are a number of very small areas that have limited accessibility under this more stringent measure. It is estimated that only 1,800 people cannot access a pharmacy under this calculation.

Figure 23: Population of Slough that can get to a pharmacy within a 20-minute walk time



Berks_PNA_Jul14_v1.wor 14/07/2014 Sid Beauchant BHFT

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Opening Hours

A survey was undertaken of all pharmacists in Slough. 31 providers out of 34 providers took part on this survey. The following information is taken from the survey.

All respondents are open Monday to Friday between 6 am and 11 pm depending on the day of the week. 65% of providers are open on Saturdays, with 27% open on a Sunday. In addition Slough has seven '100 hour per week' pharmacists.

Consultation Facilities

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

In Slough 74% of providers have wheelchair accessible consultation facilities, an additional 12% have a consultation space that is not wheelchair accessible.

Advanced services

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

Figure 24: Slough Pharmacy response to question about the provision of advanced services

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

Additional language availability

There are a wide range of additional languages spoken within the community pharmacy setting, which is key in Slough given its large number of BME communities.

Collection and Delivery Services

Many patients with long term conditions have ongoing medication requirements. For them collection and delivery services may be crucial for accessing their prescriptions by having the prescription collected from the GP surgery and then delivered to their home. 94% of pharmacists in Slough offer free prescription collection from the surgery services.

In addition 90% of community pharmacies offer free delivery to patients when requested usually to patients with limited mobility. An additional 3% of pharmacists will offer this service but will charge for the service.

IT connectivity

Moving forward service integration will require sharing of information and so it will become increasingly important for pharmacy to have IT connectivity if they are to play a role in transformed services. 100% of pharmacies in Slough have IT connectivity.

Analysis of User Survey

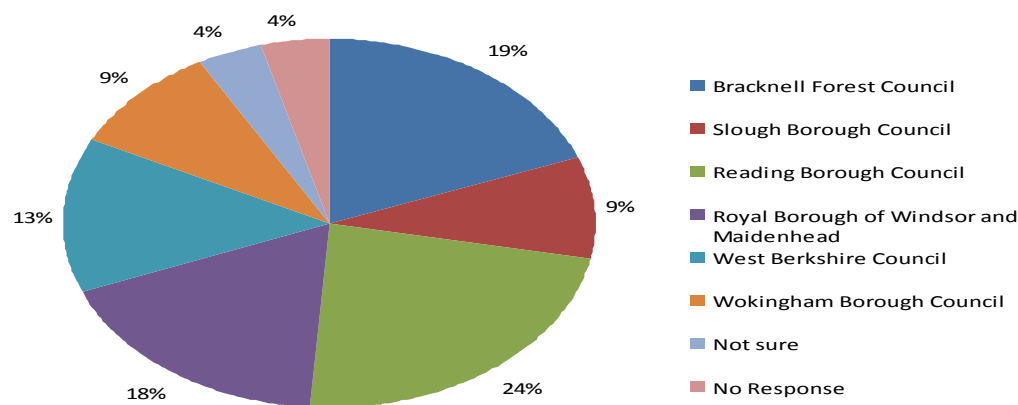
A key part of the PNA is to obtain the views of residents who use our community pharmacy and dispensing doctor services.

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

Respondents

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

Figure 25: Which local authority area do you live in?



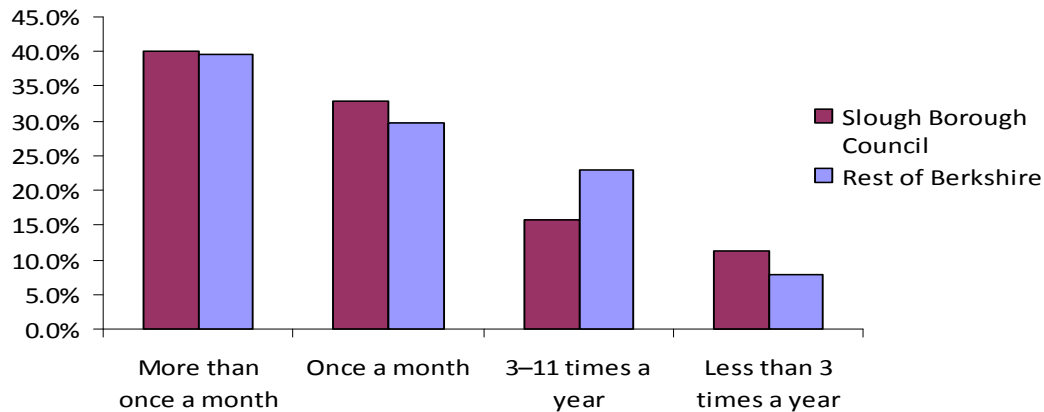
In Slough there were 190 responses making up 10% of the total replies. Of these 43% were from respondents that classed themselves as White British, 13% as Indian and 10% as Pakistani. The most common age groups that responded were aged 45-54 (20%) of respondents and 19% were 55-64 years.

Pattern of use

Residents were asked what services they used: 90% replied that they used community pharmacy, 4% a dispensing appliance supplier (someone who supplies appliances such as incontinence and stoma products) and 5% internet pharmacy. These results show slightly higher use of internet pharmacy than the rest of Berkshire.

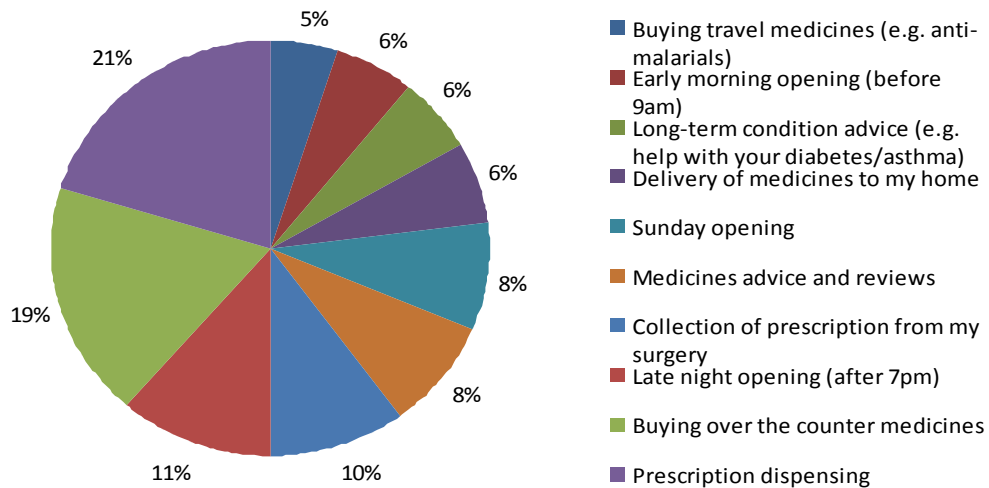
When residents were asked how often they used a community pharmacy they gave the following replies, which shows a slightly higher usage than the rest of Berkshire but not significantly.

Figure 26: How often do you use a pharmacy?



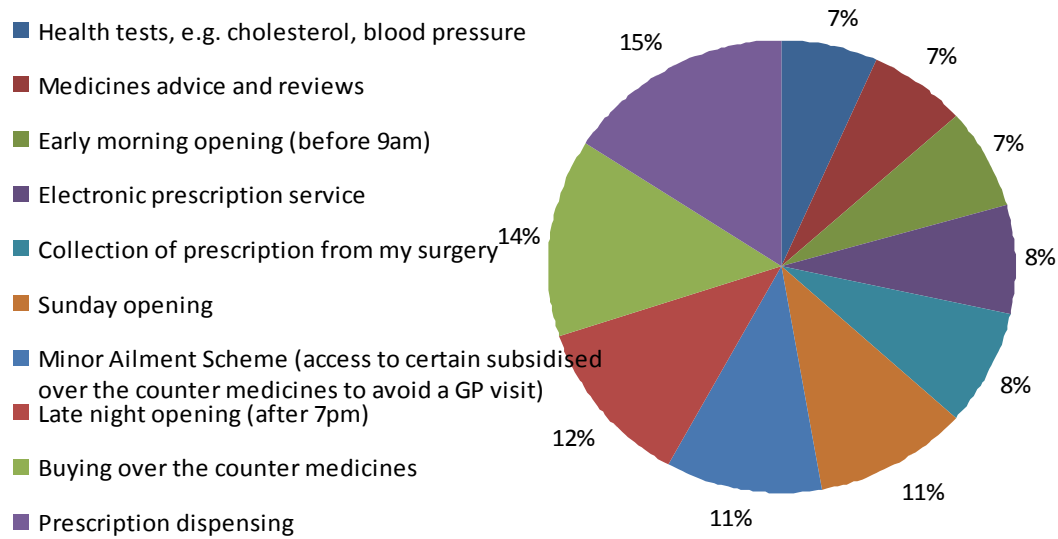
Additionally residents were asked about the type of services they currently use at their local pharmacy: as could have been expected the most common reason is to get prescriptions dispensed (21%) and buying over the counter medicines (19%). Access to late evening (11%) and early morning (6%) services are important to Slough respondents.

Figure 27: Which of the following service do you currently use at a pharmacy?



We also asked respondents' about the type of services they would like to see at a community pharmacy, whilst dispensing and medicines are still important and respondents again wish to see extended opening times, we also see respondents seeing a role for pharmacy with regard minor ailments.

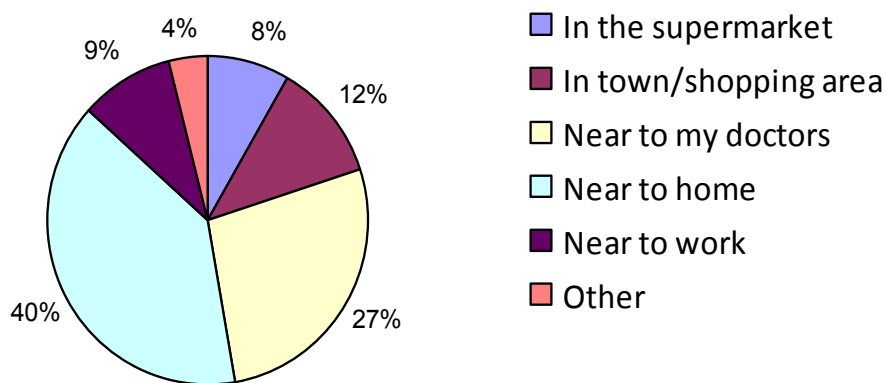
Figure 28: Which of the following services would you use at a pharmacy, if available? (Top 10 responses)



Access to pharmacy

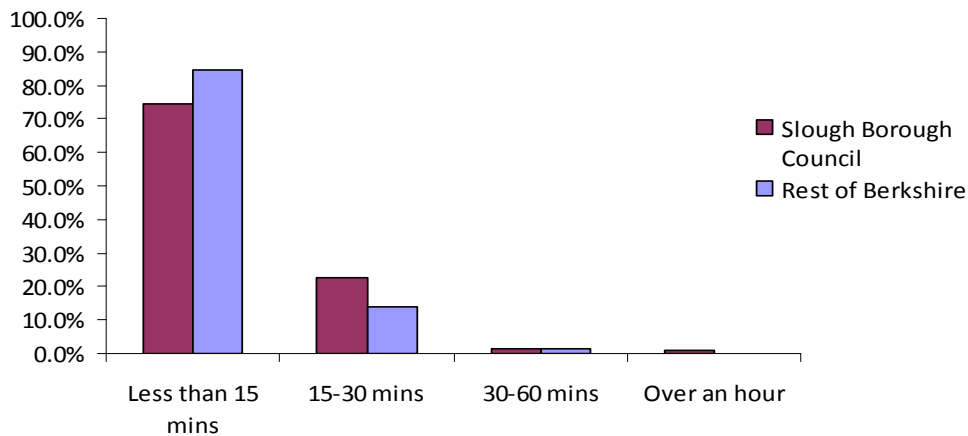
Respondents state they have good access to services with 95% being able to access the pharmacy of their choice, which though good is slightly lower than the rest of Berkshire response (98%). The commonest reason for choice of pharmacy service was proximity to home (40%) with 28% stating that proximity to GP was the key factor.

Figure 29: Reason for choice of pharmacy



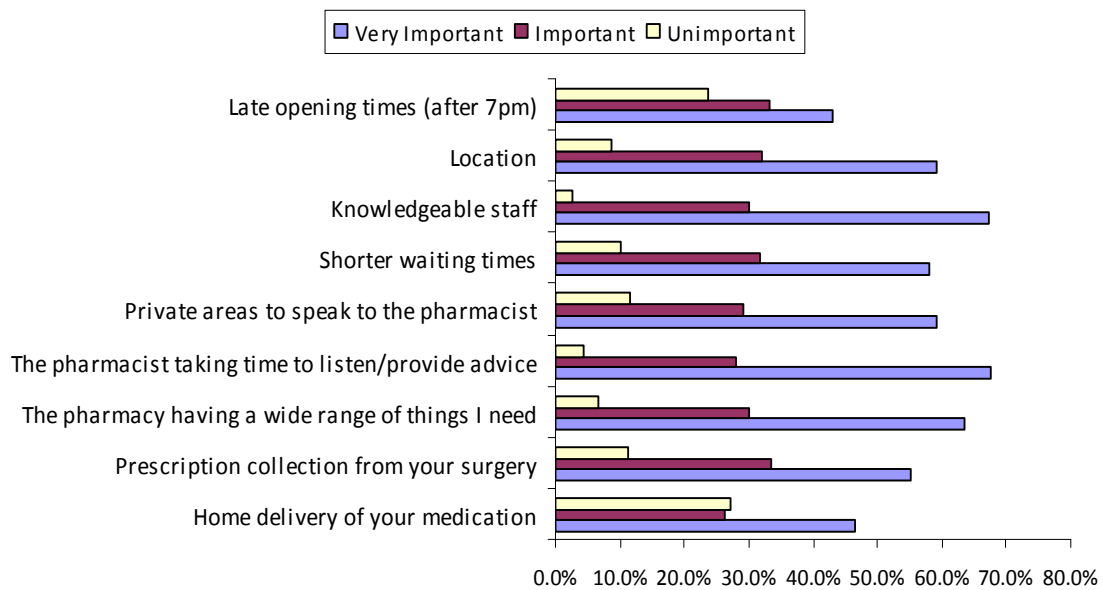
More respondents' access pharmacy on foot (49%) with 33% using the car. 75% of respondents can access services within 15 minutes, and a further 23% within 15-30 minutes.

Figure 30: How long does it take you to travel to your pharmacy?



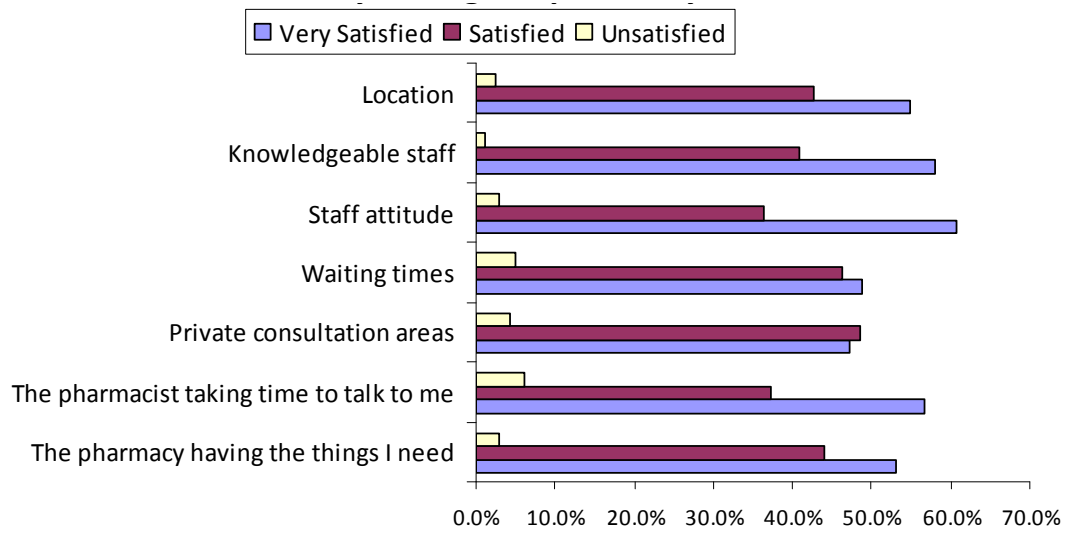
We asked respondents to rate the importance of the various services that pharmacies offer. The availability of pharmacy staff having time to listen is important and being able to give advice is linked closely with staff being knowledgeable.

Figure 31: How important are the following pharmacy services?



The final section of the survey tested the respondent's satisfaction with services. As has been seen there is a high level of satisfaction across all areas, the lowest level of satisfaction was with the waiting times and the pharmacist having time to listen and talk – for waiting time 5% expressed dissatisfaction and for time to listen 6%.

Figure 32: How satisfied were you with the following services at your regular pharmacy?



Recommendations

The regulations governing the development of Pharmaceutical Needs Assessments require an assessment of pharmaceutical services in terms of:

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

Essential services

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

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

Access

Current pattern of services provides good physical access to patients, with no gaps in the 20 minute drive time test (current pharmacy provision). Slough in comparison to Berkshire is not an affluent area (see Appendix 6), car ownership is therefore lower so we have also mapped the walking times. As has been shown, access to pharmaceutical services is still good with only a few residents being unable to access a pharmacy under this measure.

Opening Hours

All respondents are open Monday to Friday between 6 am and 11 pm depending on the day of the week. 65% of providers are open on Saturdays, with 27% open on a Sunday. In addition Slough has seven '100 hour per week' pharmacists.

Patient views

90% of respondents used community pharmacy. The user survey shows that respondents are generally very satisfied with pharmacy services in the Borough. 95% are able to access the pharmacy of their choice, with 75% being able to access services within 15 minutes. There were lowest levels of satisfaction were seen with time to listen and waiting times. 5% expressed dissatisfaction with waiting times and 6% with regards time to listen.

Conclusion - Essential services

Overall the findings show that the pharmacy services currently provided are comprehensive and address the needs of Slough residents.

In addition it is noted that in both the Health and Wellbeing Strategy and the CCG commissioning plans there is a focus on self care, health promotion and early intervention services. In essence making it easier for residents to access information to understand and manage their own condition with expert professional advice and intervention as needed.

Pharmacists have a key role to play in this and as this is a core essential service we would encourage all commissioners to work collaboratively with community pharmacy in this endeavour to focus on:

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

Advanced services

The advanced services are:

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

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

An important feature in the provision of advanced services is the provision of consultation areas within pharmacies; this was explored in some depth in the pharmacy contractor survey. 86% of pharmacies in Slough provide access to consultation areas. In addition there is good provision of MUR services, 90% of respondents provide these medicine services which are particularly relevant to resident with long term conditions.

Conclusion - Advanced services

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

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

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

Locally Commissioned Services

Whilst it seems that there are sufficient numbers of pharmacies within Slough the JSNA has identified a number of needs that in the future pharmacists could potentially address.

Figure 33: Summary of identified health needs and potential developments in Slough

Identified Health Needs	Current service provision Community pharmacy	Potential community pharmacy development
Adults Self care	Signposting is part of core contract	Strengthen use of community pharmacy as information hub for community contact - access to voluntary sector groups, exercise advice, "Making every contact Count" – building on the home delivery services offered freely through many pharmacies to identify frail patients at risks and support preventative integrated care
	Medicine utilisation reviews	To build on MUR and support wider information on the specific illness / motivational interviewing etc – e.g diabetes
	Health promotion campaign	Develop skills to increase capacity and capacity of pharmacies teams to provide information and support healthy lifestyle choice - Making every count
Smoking	Solutions for health sub contract	Widen participation of community pharmacy

Identified Health Needs	Current service provision Community pharmacy	Potential community pharmacy development
Alcohol	Pilot programme in pharmacies raising awareness of alcohol units	Expansion of this programme into a full Alcohol Intervention and Brief Advice Service
Cancer	Health promotion campaigns - bowel screening as part of core contract.	Build on dispensing opportunities to identify worrying symptoms to sign post to care
Cardiovascular disease	NHS health checks	Expansion of provision within the communities focussing on the more deprived communities
Chronic Obstructive Pulmonary Disease (COPD)	Medicine utilisation reviews	Develop capacity and techniques to support inhaler technique
Anxiety and depression		Opportunistic identification of at risk groups to sign post to support services
High use of accident and emergency Minor Ailments	Previous minor ailment pilots	Potential of pharmacy to act as first port of call in a range of minor ailments to reduce use of GP and A&E
Older people Flu Immunisations	Pilot of Flu immunisation to at risk groups	Widen availability of flu immunisation to all groups
Sexual Health	Emergency hormonal contraception Access to condoms - C Card scheme Signposting to Chlamydia screening	Chlamydia screening and treatment
Substance misuse	Needle exchange Supervised consumption	PGD - naloxone therapy Hep B and C testing and Treatment HIV Testing

Identified Health Needs	Current service provision Community pharmacy	Potential community pharmacy development
Infectious diseases TB Blood borne viruses HIV		Potential opportunity to increase and sign post new residents at risk of TB to screening services Supervision of TB medications Potential opportunity to increase and sign post new residents at risk of BBV to screening services Potential opportunity to increase and sign post new residents at risk of HIV to sexual health services

Figure 33 shows identified health needs that could be addressed through commissioning of pharmaceutical services subject to a robust business case and contractual negotiations.