
Draft for Public Consultation

Slough Pharmaceutical Needs Assessment 2018 to 2021

Do you agree with our findings and conclusions about the pharmaceutical services available to Slough 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_feedback_consultation.

Your feedback will help to shape the final report, which will be presented to the Slough 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 Slough 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 Slough Borough Council and Slough Clinical Commissioning Group, 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 Slough 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 Slough 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 Slough 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 Slough Wellbeing Board, and were supported by other members of the task and finish group.

This PNA contains information on:

- The population of Slough, describing age, gender, socio-economic status, health needs and health behaviours which may all impact on the need for pharmaceutical services
- Pharmacies in Slough and the services they provide, including dispensing medications, providing advice on health and reviewing medicines
- Relevant maps of Slough 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 Slough.
- Information about other services that pharmacies in Slough 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 Slough 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 Slough, with 32 pharmacies, one dispensing doctor and one distance selling pharmacy within the Borough. There are also 14 pharmacies outside the borough, but within 1.6km of borders, and these were also considered when assessing provision and access to services.

Generally, community pharmacies in Slough are well distributed, are accessible and offer a convenient service to patients and members of the public. They are available on weekdays with good provision at weekends and in the evenings across the majority of the borough. There is potential to improve access to essential services on Sunday evenings for residents of Chalvey wards where there are areas of deprivation and a high proportion of residents aged less than 18.

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 Slough 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 are commissioned in Slough and to increase the number of pharmacies providing these. A number of pharmacies have stated that they would be willing to provide these service if commissioned to do so.

Based on the information outlined above no current gaps in provision of essential services have been identified and there are no known future developments that are likely to significantly alter demand for pharmaceutical services within the life of this PNA.

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A: Introduction

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

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

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

This PNA describes the needs of the population of Slough.

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 Slough 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 Slough Borough Council PNA was published in April 2015 and lasted for three years. This 2018 re-fresh provides an updated assessment of the pharmaceutical needs of residents and will last until 2021.

3. Background and Legislation

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

NHS Act 2006

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

The Health Act 2009

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

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

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

The Health and Social Care Act 2012

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

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

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

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

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

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

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

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

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

4. National and Local Priorities

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

Slough's local health priorities are published in the [Slough Wellbeing Strategy 2016-2020](#). These include a focus on:

- Protecting vulnerable children
- Increasing life expectancy by focusing on inequalities
- Improving mental health and wellbeing
- Housing

These priorities have been selected, as there is no single agency or group already addressing them, so everyone can make a difference.

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 Slough Borough Council and Slough Clinical Commissioning Group, 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). Slough Borough Council is a key partner in the [Frimley Health and Care STP](#), which has the following priorities:

- Priority 1 - Making a substantial step change to improve wellbeing, increase prevention, self care and early detection.
- Priority 2 - Action to improve long term condition outcomes including greater self management and proactive management across all providers for people with single long term conditions.
- Priority 3 - Frailty Management: Proactive management of frail patients with multiple complex physical and mental health long term conditions, reducing crises and prolonged hospital stays
- Priority 4 - Redesigning urgent and emergency care, including integrated working and primary care models providing timely care in the most appropriate places
- Priority 5 - Reducing variation and health inequalities across pathways to improve outcomes and maximise value for citizens across the population, supported by evidence. Developing communities and social networks so that people have the skills, support and confidence to look after themselves.

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 Slough.

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 Slough Wellbeing 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 Slough Wellbeing Board, 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 Slough Wellbeing Board

Public Health Services for Berkshire were responsible for compiling demographic and other information from the Slough JSNA and other sources, developing the surveys and analysing survey data and undertaking GIS 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 Slough and provided insight into current opportunities and challenges within the sector.

Slough Borough Council Public Health Team was responsible for disseminating the electronic survey link and promoting to local residents and was supported by Slough CCG and Healthwatch Slough. Slough Borough Council also provided information on planned developments in the 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 Slough 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 33 pharmacies in Slough 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 Slough Borough Council, Slough CCG and Healthwatch Slough. 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 Slough Wellbeing Board 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).

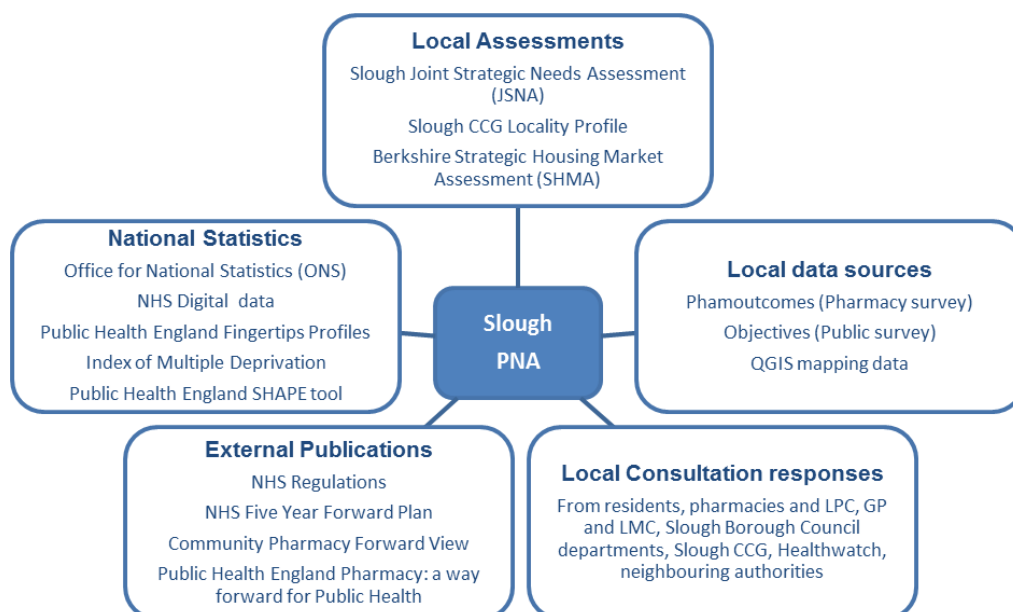
7. Data Sources Used

Slough 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 Slough Borough Council departments, NHS England and Slough 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 Slough PNA



C: Slough Population

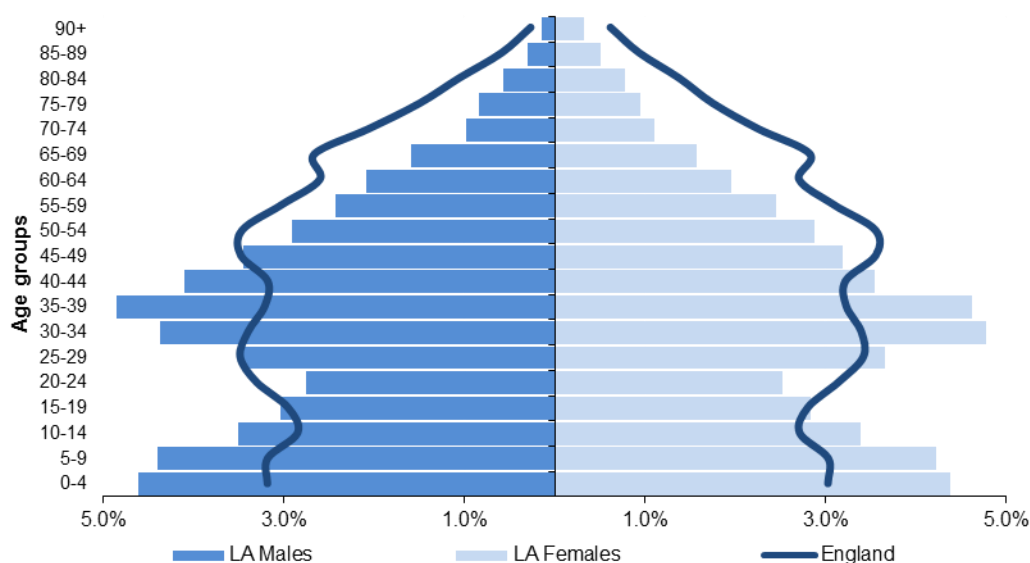
In 2015, Slough was ranked as the 78th most deprived local authority in England out of all 152 upper-tier local authorities. While the Borough has seen an improvement in deprivation levels and some health outcomes over the last 5 years, Slough residents continue to have lower healthy life expectancies compared to England. Premature mortality rates from some conditions are also significantly higher in the Borough, such as cardiovascular diseases.

The levels of good health and wellbeing differ across Slough, with certain communities and areas more likely to have poorer health outcomes. This summary provides an overview of Slough Borough's health and also highlights inequalities for consideration in this PNA.

1. Population and demographics

Slough has an estimated population of 147,181 people (Office for National Statistics (ONS) 2017). The age profile for the local authority is different to the national picture, with a much higher proportion of children aged 0 to 14 and aged 30 to 44 in Slough. In contrast, the proportion of people aged 50 and over in Slough is smaller than the national profile for each 5-year age band.

Figure 2: Slough Population pyramid (mid-2016)



Source: Office for National Statistics (2017)

Slough's population has increased by nearly 18% in the last 10 years and is expected to reach 172,400 by 2039. This is an increase of 17% on 2016's estimated population figures (ONS 2016b). The main reason for population growth in Slough has been international migration, increase in the number of births in the Borough and the increasing life expectancy of the existing population.

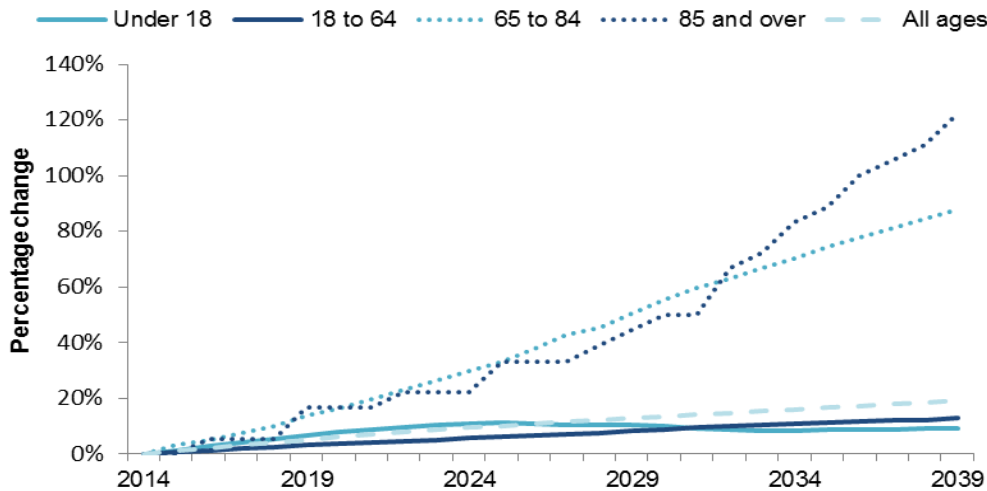
Age

Slough's population is significantly younger than England's. The average age of Slough residents was 34 years old in 2016, compared to the national average of 39.8 years old. Slough's population has not aged significantly over the last 10 years compared to the national picture and other neighbouring local authorities. In 2006, 10.5% of the population

were aged 65 and over in Slough, which decreased to 9.7% in 2016. However, this is expected to rise to 15.1% by 2039.

Figure 3 shows the estimated percentage change of different age groups in Slough up to 2039. This shows a significant increase in both the 65 to 84 and 85 and over age groups, which will have an impact on service demand and the support required for this older age group.

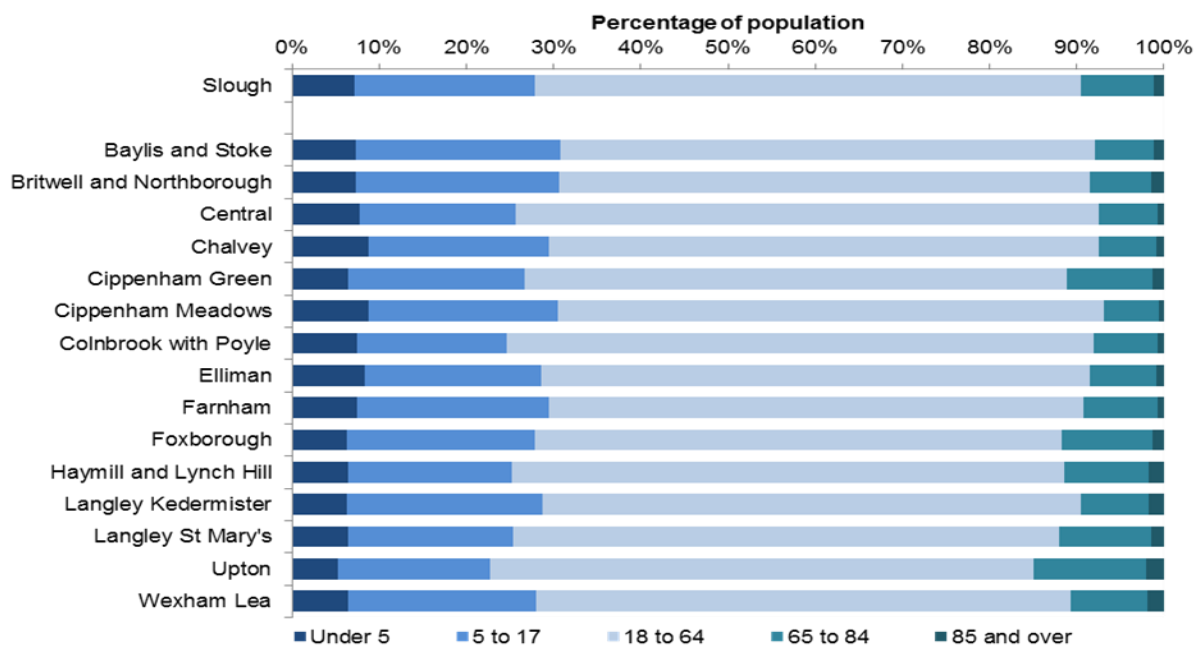
Figure 3: Percentage change in Slough’s population 2014 to 2039 by age group



Source: Office for National Statistics (2016b)

The age distribution within different Slough 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 15% of people living in Upton are aged 65 and over, compared to 10% in the Borough overall. The proportion of the population aged under 18 varies between 23% in Upton to nearly 31% in Baylis and Stoke, Britwell and Northborough and Cippenham Meadows wards.

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



Source: Office for National Statistics (2016c)

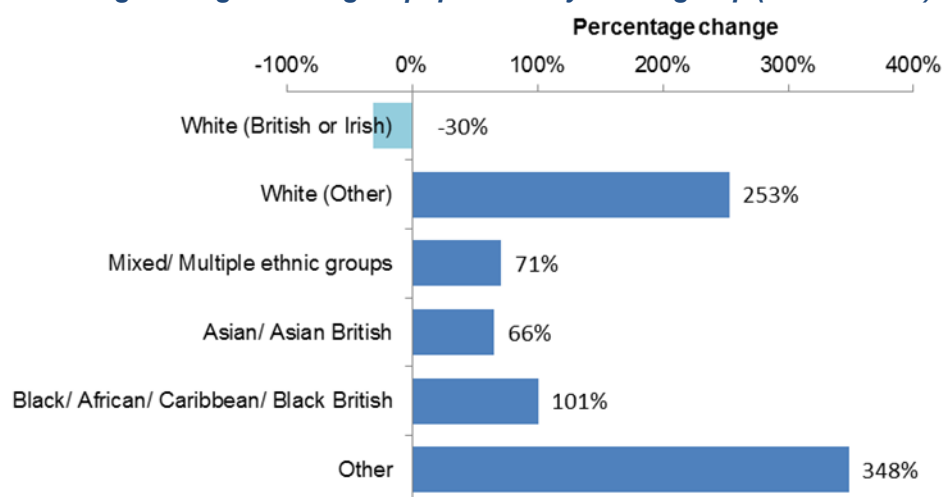
Ethnicity

54% of Slough's population were from a black or minority ethnic (BME) group in 2011, compared to 14% nationally. The largest BME group in Slough was people from an Asian/Asian British group at 40% of the total population, and these were primarily people from Pakistani or Indian backgrounds. In addition, 10.1% of the population were from white backgrounds other than British or Irish (ONS 2013).

The ethnic profile of different areas across Slough varied significantly in 2011. 5 wards had over 70% of people from a BME or other minority ethnic group, including Central, Baylis and Stoke, Chalvey, Farnham and Upton. The highest proportion of people from an Asian/Asian British background lived in Baylis and Stoke (62.2% of the population) and Central (58.1%). The highest proportion of people from a white background other than British or Irish lived in Chalvey (15.9%) and Farnham (14.8%). The highest proportion of people from a Black/Black British background lived in Chalvey (14.1%) and Britwell (11.3%).

The proportion of Slough's population from BME and minority ethnic groups continued to increase from 2001 to 2011. Figure 5 shows that while the number of people from a White British or Irish background decreased by 30% over this time, all other ethnic groups increased in number. The most notable are people from 'Other' ethnic backgrounds, which increased by over 300% over the 10-year period, and people from white backgrounds other than British or Irish that have increased by over 250%.

Figure 5: Percentage change in Slough'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 Slough from 74% in 2010 to 83% in 2017 (Department for Education 2017).

Religion

82% of Slough's population stated that they had a religion in the 2011 Census. 41.2% were Christian, 23.3% were Muslim, 10.6% were Sikh and 6.2% were Hindu (ONS 2013).

People living with long-term health problems or disabilities

Nearly 19,000 people in Slough reported that they were limited in their daily activities by a long term health problem or disability in the 2011 Census. This equates to 13% of the population. This was higher for people aged 65 and over at 56%, and higher still for those aged 85 and over at 82% (ONS 2013).

Carers

Over 11,600 Slough residents identified themselves as a carer in the 2011 census, which was 8.3% of the population. This is a slight decrease on the 2001 census figures of 8.6%, which is different to the national picture.

The percentage of the population who are carers does vary between wards in Slough from 6.8% in Chalvey to 9.4% in Langley St Mary's. Unpaid carers in Slough are more likely to suffer from poorer health with 74% describing their health as "good or very good", compared to 84% 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, 78% of people aged 16 to 64 in Slough were in employment, compared to 74% nationally. Slough's unemployment rate was 4.3%, compared to 4.7% nationally. Full-time workers in Slough have lower average earnings than workers in both the South East and England, with an average weekly income of £524 per week compared to £541 nationally.

In November 2016, 9.0% of Slough's working-age population were claiming benefits, compared to 11.0% nationally. 76% of claimants in Slough received an out of work benefit, such as Job Seekers, Employment Support Allowance/ Incapacity Benefit and Lone Parent Benefits.

In 2016, 4,300 households in Slough 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 9.6% 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 Slough with at least a bachelor's degree was 41% in 2016, compared to 38% nationally. This figure continues to rise in line with the national increase (NOMIS 2017).

The proportion of people in Slough with A-levels or equivalent was 55% and GCSEs or equivalent was 77%. 6.5% of people had no qualifications in Slough, compared to 8.0% nationally.

The proportion of school children in Slough who achieved school readiness was similar to England's in 2015/16, with 69% of 5 years olds reaching a good level of development and 81% of Year 1 children achieving the expected level in the phonics screening check. The local authority's GCSE results were similar to the national figures in 2015/16, with 59% of Slough's pupils achieving 5 A* to C grade, including English and Maths (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.

Slough has seen an improvement in deprivation levels over the last 5 years. In 2015, the index of multiple deprivation (IMD) ranked the Borough as the 78th most deprived local authority in England out of all 152 upper-tier local authorities. Slough is the 5th most deprived local authority in the South East and the most deprived authority within Berkshire (Department for Communities and Local Government 2015).

5 neighbourhoods (Lower Super Output Areas) in Slough rank amongst the 20% most deprived areas in England. These include parts of Britwell, Elliman, Chalvey and Colnbrook with Poyle wards. Approximately 6% of Slough's population live in these neighbourhoods. Map 2 shows the level of deprivation across Slough at a ward level, based on the 2015 index of multiple deprivation (IMD).

Population density

In 2016, Slough's population density was 4,460 people per square kilometre. This number has continued to increase since 2004, when there were just over 3,662 people per square kilometre. Slough's density is also significantly higher than the national average of 424 (ONS 2017).

Levels of population density vary across the Borough, although all Slough LSOAs have a higher density than the national average. A neighbourhood in Wexham Lea has the highest density in Slough at 12,107 people per square kilometre. Other areas with significantly higher density include neighbourhoods within Baylis and Stoke, Farnham and Britwell wards. Colnbrook with Poyle ward has areas with the lowest population density in Slough. Map 3 shows population density at a Slough ward level.

Housing and homelessness

The 2011 Census showed that there were 50,766 households in Slough. Nearly 53% of these houses were owned by the occupant, whether outright or with a mortgage or loan. 24% were privately rented and 21% were socially rented. The pattern of housing tenure across the Borough varied across wards, with 66% of household owned by their occupants in Cippenham Green and Langley St Mary's, compared to 37% in Chalvey. Social renting was much higher in Britwell at 41% and private renting was higher in Chalvey, Upton and Colnbrook with Poyle wards between 35-41%.

In 2011, nearly 29% of households in Slough were occupied by people living alone. This equated to 14,447 people (10% of the population). 28% of these households were people aged 65 and over living alone, which made up 31% 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. Britwell, Kedermister and Foxborough wards had the highest proportion of one-person households aged 65 and over.

Nearly 13% of households in Slough were occupied by lone-parent families in 2011 and this also differed across areas of the Borough. Britwell had the highest proportion of lone-parent family households at just fewer than 20% (ONS 2013).

During 2015/16, 241 households in Slough 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 4.4 per 1,000 households, which is significantly higher than the national rate of 2.5 per 1,000 households. On 31st March 2016, 225 households were living in temporary accommodation provided under homelessness legislation in Slough. This was a rate of 4.1 per 1,000 households and also significantly higher than the national figures. Both of these indicators have increased significantly in Slough since 2012/13 (PHE 2017g).

Residential developments since the 2015 PNA

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, 957 additional dwellings were needed per annum in Slough. The Council are seeking to meet this ambitious target, depending on availability of sufficient land and sites for development (Slough Borough Council 2017a).

The number of households in Slough has increased since the last Pharmaceutical Needs Assessment. In 2014/15, 512 additional dwellings were completed and a further 789 were completed in 2015/16. The majority of these were on large housing development sites. Over the next 5 years to 2020/21, the availability of known large sites means that the number of new dwellings completed per year is likely to average 700 and 750 homes per year. Many of the proposed sites are in Central, Chalvey and Upton ward (Slough Borough Council 2017a).

Other developments which may affect the need for pharmaceutical services

The SHMA stated that additional housing was needed in Slough for older people, including specialist housing units. The Assessment projected that 957 additional dwellings were required from 2013 to 2036, which is 42 per year (Slough Borough Council 2017a). The location of these developments may impact on the coverage and type of pharmaceutical services needed for residents.

Housing demand is set to increase further with the regeneration of Slough town centre and the potential expansion of transport links, such as Heathrow and Cross rail. Substantial numbers of new homes are already planned as part of Slough's regeneration, but demand for housing will also continue due to growth in employment opportunities and population in the Borough. These factors were not taken into account in the SHMA, so there may be an underestimation in housing need. These developments may impact on the pharmaceutical services required to meet the needs of the larger population, however these are not known at this stage.

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.

18% of Slough's adult residents smoke, which is significantly higher than the national prevalence rate of 15.5%. The rates differ between men and women, with approximately 20.5% of men smoking in Slough, compared to 15.7% of women. There are also noticeable differences in smoking prevalence rates between socio-economic groups both locally and nationally. While 15% of Slough residents in a managerial and professional occupation are current smokers, nearly 25% 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 Slough mothers who smoke has remained significantly lower than the national average and was at 8.3% in 2015/16, compared to 10.6% nationally.

A total of 450 deaths in Slough were attributable to smoking in 2013-15, at a rate of 323 per 100,000 population aged 35 and over. This was significantly worse 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 19% of people in Slough drink at a level which increases the risk of damaging their health, which is more than 15,200 people. Within this proportion there are over 4,900 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.

137 people in Slough attended treatment for alcohol misuse in 2015. 57% 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 727 alcohol-related hospital admissions for Slough residents, which equates to 618 admissions per 100,000 population. Slough's rate has remained similar or

significantly better than the national average since 2008/09, although it has increased over this time. There are significant differences between the admission rate for men and women in Slough, at 864 and 389 per 100,000 population respectively. This is in line with the national picture.

A total of 51 deaths in Slough were alcohol-related in 2015, at a rate of 54.4 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 Slough. 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 Slough (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.

449 people in Slough attended treatment for opiate drug use in 2015. 9.4% 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%. 98 people in Slough attended treatment for non-opiate drug use in 2015. 50.0% of these people left treatment free of drug dependence and did not represent again within a 6 month period. This was also significantly better than the national treatment success rate of 37.3% (PHE 2017g).

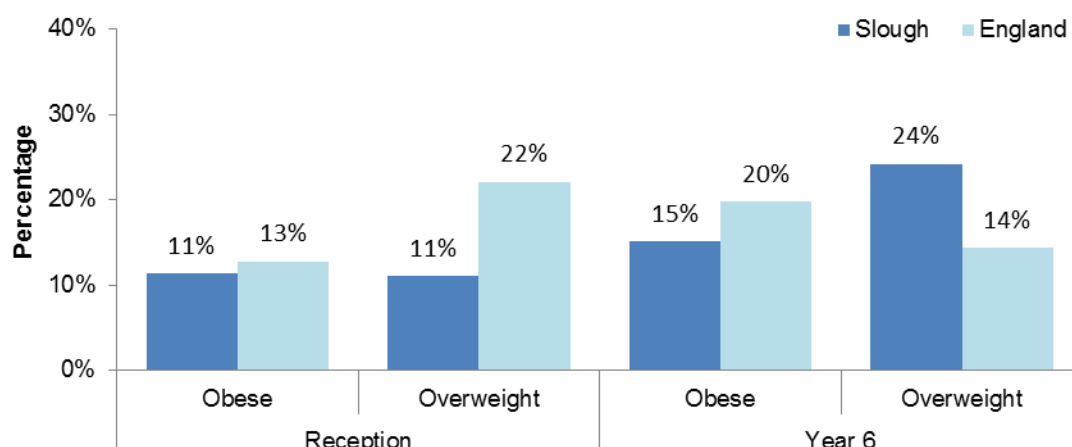
Obesity

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 24% of adults living in Slough are obese and a further 38% are overweight. These figures are similar to the national picture and continue to increase (PHE 2017g). GP Practices keep a register of patients who are obese and these indicate that 8.6% of Slough CCG registered population aged 16 and over are obese, which is similar to 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, 22% of Reception children in Slough were overweight or obese and 39% 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, 50% of adults in Slough were estimated to have met these recommendations, which was significantly worse than the national figure of 57%. Over 31% of adults in Slough 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 Slough is lower than the national rate. In 2016, 698 people were diagnosed with a new STI in Slough at a rate of 723 per 100,000 population (excluding chlamydia diagnoses for people aged under 25). Rates of gonorrhoea are also lower than the national rate, while syphilis diagnoses and the HIV diagnosed prevalence rates are similar to England’s (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, 2,484 young people (aged 15 to 24) from Slough were screened for chlamydia, which was 15% of the total population. 172 had a positive chlamydia diagnosis at 1,042 per 100,000 population. The proportion of young

people screened and the detection rate in Slough was significantly lower than the national or regional rate.

Slough's teenage conception rates are similar to England's. In 2015, 58 females aged 15 to 17 and 7 females aged 13 to 15 had a pregnancy that either led to a birth or legal abortion. 60% of under 18 conceptions led to an abortion (35 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, Slough females aged 15 to 44 were prescribed 1,247 LARC (excluding injections) from a GP or Sexual and Reproductive Health Service. This was a rate of 38.3 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 2,335 new cases of cancer diagnoses in Slough. 16% of all these cases were for breast cancer, 12% for lung cancer, and 11% for both prostate cancer and colorectal cancers (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. Slough's screening coverage levels are significantly worse than England's for all three screening programmes and do not meet the national targets. In March 2016, the breast screening coverage for eligible women in Slough was 70.4% and the cervical screening coverage was 66.9%. The bowel screening coverage level was 43.3%. There is variation in screening coverage levels across Slough with many GP Practices not meeting the minimum standard for coverage (PHE 2016a).

Circulatory disease

In March 2016, 2.5% of people registered with Slough CCG GP Practices were diagnosed with Coronary Heart Disease and 1.1% 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, 16,400 people in Slough were diagnosed with hypertension, which was 11% of the population. However, it is estimated that the actual number of people with the condition was much higher at 20%. This means that there were approximately 12,900 people in Slough 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, 11,117 Slough residents had received an NHS Health Check, which was 32% 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, over 9,945 Slough residents (aged 17 and over) were diagnosed with diabetes, which was 8.7% of that age group. This was significantly higher 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, 11.9% of Slough's population aged 16 and over are expected to have diabetes, which is 15,478 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, 1.1% of people registered with Slough CCG GP Practices were diagnosed with Chronic Obstructive Pulmonary Disease (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 are diagnosed with asthma, although 9.1% are actually expected to have the condition. In March 2016, 7,960 people registered with Slough CCG GP Practices were diagnosed with asthma at 5.2% of the total population. An additional 5,862 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 over 6,700 Slough adult residents who had an unresolved diagnosis of depression registered with their GP. This was 6.0% of the adult population and was 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 23.2% of adults in Slough had self-reported high anxiety, which was

significantly higher than the national response. 10.0% had a low happiness score, which was similar to 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, 1,426 adults in Slough were on the GP Mental Health Register, which meant that they had an unresolved record of a schizophrenic or bipolar disorder. This was 0.93% of the adult population and similar to 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 2,455 young people aged 5 to 16 in Slough, with a mental health disorder. This is 9.6% of the population. In 2016, 75 school children in Slough were recorded as having social, emotional and mental health needs through their school. This is 2.5% of all Slough school children, compared to 2.3% nationally (PHE 2017a).

Dementia

In March 2016, 564 people in Slough were recorded as having dementia, which was 0.4% of the population. This was significantly lower than 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. 877 people aged 65 and over in Slough were estimated to have dementia in April 2017, although 35% of these were not diagnosed. As Slough's population increases and ages, the number of people living with dementia will therefore also increase (POPPI 2016).

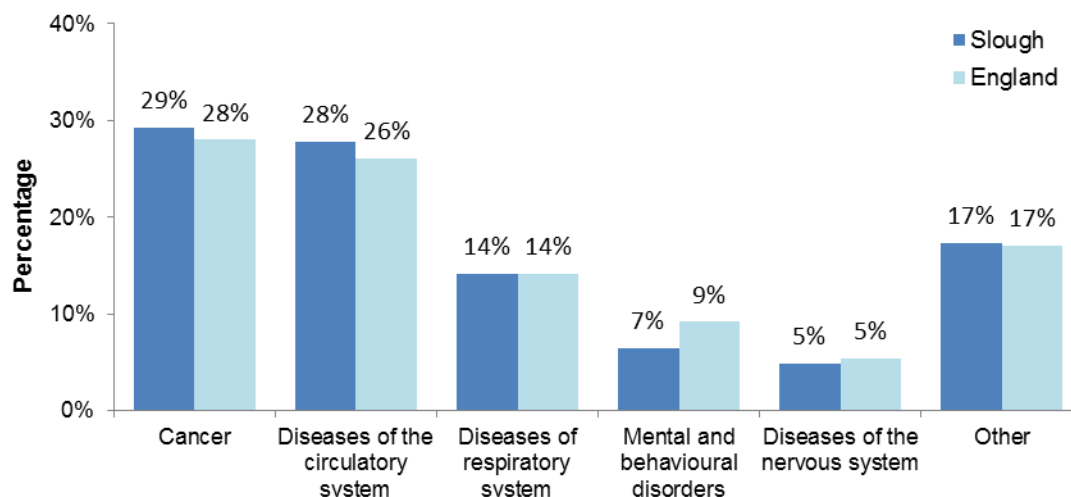
5. Life expectancy and mortality

Boys born in 2013-2015 are expected to live to 78.4 years in Slough, which is 1.1 years less than the national average. Girls born in Slough are expected to live to 82.8 years, which is 0.4 years less than the national average (PHE 2017g).

There are inequalities in life expectancy within the Borough. Men living in the most deprived areas of Slough are expected to live 1.1 years less than those living in least deprived areas. The gap for women is lower at 0.4 years. The life expectancy gap between Slough's most and least deprived areas is attributable to different causes of death for men and women. In 2012-14, the main cause of the male life expectancy gap was circulatory disease at 32%, followed by respiratory diseases at 31%. For women, the main cause of the life expectancy gap was also circulatory disease at over 6%, followed by cancer at 16% (PHE 2016d).

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

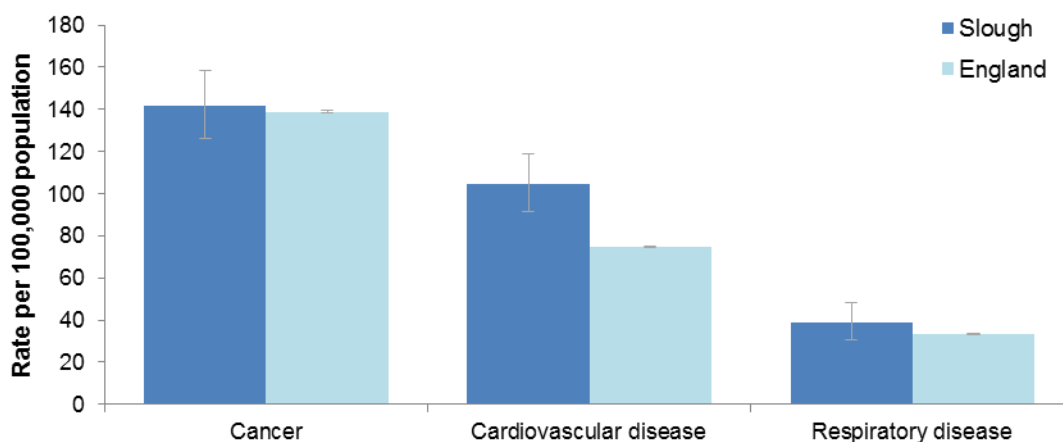
Figure 7: Percentage of all deaths by main underlying cause (2015)



Source: Office for National Statistics (2016c)

42% of all deaths in Slough are among people aged under 75 and these are termed premature deaths. Slough’s premature mortality rates for cancer and respiratory diseases are similar to England’s, while premature mortality from cardiovascular disease is significantly worse. This is shown in Figure 7. 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 Slough. In 2013-15, approximately 210 premature cancer deaths were considered to be preventable in Slough, which is 62% 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 Slough were considered to be preventable in 2013-15, which was 169 deaths. The rate of preventable deaths from cardiovascular diseases was significantly higher in Slough, compared to the national figure. 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 Slough. In 2013-15, 46% of premature deaths from respiratory diseases in Slough were considered to be preventable, which was 39 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 Slough

The recent PNA survey asked local pharmacies in Slough 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. 27 of Slough'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 Slough.

1. Type of Pharmacy services within Slough

There are currently 32 community pharmacies in Slough and 1 distance selling pharmacy. This is one less than the provision 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 Slough. Appendix C gives a full list of these pharmacies, including addresses and opening times.

Advanced Services

Pharmacies can choose to provide advanced services, but must meet certain requirements to do so. Within Slough, 28 (88%) of the community pharmacies provide the Medicine Use Review (MUR) service and 19 (59%) provide the New Medicines Service (NMS). AJ Campbell Pharmacy (Cippenham Meadows) also stated that they hoped to provide the New Medicine Service soon.

Pharmacy and Location	Medicine Use Review	New Medicine Service
Kamal Enterprises Ltd, Baylis and Stoke	Currently provide	Currently provide
Khatkar Dispensing Chemist, Baylis and Stoke	Currently provide	Currently provide
The Martin Pharmacy, Baylis and Stoke	Currently provide	Do not provide
Harrisons Chemist, Britwell and Northborough	Do not provide	Do not provide
Moonlight Pharmacy, Britwell and Northborough	Currently provide	Do not provide
Boots Pharmacy, Central	Currently provide	Currently provide
John Ross Pharmacy, Central	Currently provide	Do not provide
Lloyds Pharmacy, Central	Currently provide	Currently provide
Superdrug Pharmacy, Central	Currently provide	Currently provide
Tesco Pharmacy, Central	Currently provide	Currently provide
J's Chemists, Chalvey	Do not provide	Do not provide
Kamal Enterprises Ltd, Chalvey	Currently provide	Currently provide
Boots Pharmacy, Cippenham Green	Currently provide	Currently provide
Lloyds Pharmacy, Cippenham Green	Currently provide	Currently provide
A J Campbell, Cippenham Meadows	Do not provide	Will provide soon
Asda Pharmacy, Cippenham Meadows	Currently provide	Do not provide
B&P Pharmacy, Cippenham Meadows	Do not provide	Do not provide
The Village Pharmacy, Cippenham Meadows	Currently provide	Do not provide
Colnbrook Pharmacy, Colnbrook with Poyle	Currently provide	Currently provide

Pharmacy and Location	Medicine Use Review	New Medicine Service
Lloyds Pharmacy, Elliman	Currently provide	Currently provide
Wexham Road Pharmacy, Elliman	Currently provide	Do not provide
Alchem Pharmacy, Farnham	Do not provide	Do not provide
Crystal Pharmacy, Farnham	Currently provide	Do not provide
H A McParland, Farnham	Currently provide	Currently provide
K Pharmacy, Farnham	Currently provide	Currently provide
Superdrug Pharmacy, Farnham	Currently provide	Currently provide
Langley Pharmacy, Foxborough	Currently provide	Do not provide
Lloyds Pharmacy, Foxborough	Currently provide	Currently provide
H A McParland, Langley Kedermister	Currently provide	Currently provide
H A McParland, Langley St Mary's	Currently provide	Currently provide
Willow Pharmacy, Langley St Mary's	Currently provide	Currently provide
Lloyds Pharmacy (Sainsburys), Upton	Currently provide	Do not provide

Source: NHS England (2017)

The survey of Slough pharmacies provided additional information about the advanced services delivered in the local area. 27 pharmacies responded to this and indicated the following:

- Urgent Medicine Supply Services (NUMSAS) are being delivered by Langley Pharmacy (Foxborough). 17 other pharmacies stated that they hoped to provide this service soon.
- An Appliance User Review (AUR) service is available at HA McParland Pharmacy (Langley Kedermister). 4 other pharmacies stated that they hoped to provide this service soon.
- A Stoma Appliance Customisation service is provided by HA McParland Pharmacy (Langley Kedermister). 3 other pharmacies in Slough stated that they hoped to provide this service soon.
- Seasonal Flu vaccinations are currently being provided by 11 pharmacies in the area. This service is also provided privately in 7 of these pharmacies.

Enhanced Services

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

Locally Commissioned Services

Slough 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.

3 pharmacies have informed us that they provide emergency hormonal contraception services, 19 provide supervised consumption and 12 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.

Pharmacy	Emergency Hormonal Contraception	Supervised consumption	Needle Exchange
Kamal Enterprises Ltd, Baylis and Stoke	Willing and able to provide	Currently provide	Willing and able to provide
Khatkar Dispensing Chemist, Baylis and Stoke	Willing and able to provide	Currently provide	Currently provide
The Martin Pharmacy, Baylis and Stoke	Willing and able to provide	Currently provide	Willing and able to provide
Harrisons Chemist, Britwell and Northborough	Willing and able to provide	Do not provide	Willing and able to provide
Moonlight Pharmacy, Britwell and Northborough	Willing to provide, but would need training	Currently provide	Willing to provide, but would need training
Boots Pharmacy, Central	Willing to provide, but would need training	Willing to provide, but would need training	Currently provide
John Ross Pharmacy, Central	Willing to provide, but would need training	Currently provide	Currently provide
Lloyds Pharmacy, Central	Willing to provide, but would need training	Currently provide	Currently provide
Superdrug Pharmacy, Central	<i>No data provided</i>	<i>No data provided</i>	<i>No data provided</i>
Tesco Pharmacy, Central	<i>No data provided</i>	<i>No data provided</i>	<i>No data provided</i>
J's Chemists, Chalvey	Currently provide	Currently provide	Willing and able to provide
Kamal Enterprises Ltd, Chalvey	Provides private service	Currently provide	Currently provide
Boots Pharmacy, Cippenham Green	Do not provide	Currently provide	Currently provide
Lloyds Pharmacy, Cippenham Green	Willing and able to provide	Do not provide	Currently provide
A J Campbell, Cippenham Meadows	<i>No data provided</i>	<i>No data provided</i>	<i>No data provided</i>
Asda Pharmacy, Cippenham Meadows	<i>No data provided</i>	<i>No data provided</i>	<i>No data provided</i>
B&P Pharmacy, Cippenham Meadows	<i>No data provided</i>	<i>No data provided</i>	<i>No data provided</i>
The Village Pharmacy, Cippenham Meadows	Willing to provide, but would need training	Currently provide	Willing to provide, but would need training
Colnbrook Pharmacy, Colnbrook with Poyle	Willing and able to provide	Currently provide	Currently provide
Lloyds Pharmacy, Elliman	Willing to provide, but would need training	Currently provide	Currently provide

Pharmacy	Emergency Hormonal Contraception	Supervised consumption	Needle Exchange
Wexham Road Pharmacy, Elliman	Provides private service	Currently provide	Willing to provide, but would need training
Alchem Pharmacy, Farnham	<i>No data provided</i>	<i>No data provided</i>	<i>No data provided</i>
Crystal Pharmacy, Farnham	Currently provide	Currently provide	Currently provide
H A McParland, Farnham	Willing and able to provide; Provides private service	Currently provide	Willing and able to provide
K Pharmacy, Farnham	Do not provide	Currently provide	Currently provide
Superdrug Pharmacy, Farnham	Provides private service	Do not provide	Do not provide
Langley Pharmacy, Foxborough	Willing to provide, but would need training	Do not provide	Do not provide
Lloyds Pharmacy, Foxborough	Willing to provide, but would need training	Currently provide	Willing to provide, but would need training
H A McParland, Langley Kedermister	Currently provide	Currently provide	Willing to provide, but would need training
H A McParland, Langley St Mary's	Willing to provide, but would need training	Currently provide	Willing and able to provide
Willow Pharmacy, Langley St Mary's	Do not provide	Willing to provide, but would need training	Currently provide
Lloyds Pharmacy (Sainsburys), Upton	Willing to provide, but would need training	Do not provide	Do not provide

Healthy Living Pharmacy

6 Slough pharmacies have confirmed that they are Healthy Living Pharmacies. These pharmacies have a total of 7 qualified Healthy Living Champions (full time equivalents). 18 other community pharmacies in Slough are working towards the Healthy Living Pharmacy accreditation.

2. Access to pharmacy services within Slough

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.

Slough has eight 100 hour pharmacies, based across the Borough, and one distance selling pharmacy. The majority of Slough pharmacies open on a Saturday, with only 3 not opening at all on that day. 12 pharmacies also open on a Sunday, as shown in Map 4.

8 Slough community pharmacies are open until at least 10pm on a weekday, and a further 7 are open until at least 7pm. Map 5 shows all community pharmacies based in Slough that are open weekday evenings

All residents of Slough are able to access a pharmacy within a 10 minute drive, if neighbouring authority pharmacy provision is also taken into account. This is illustrated in Map 6. Similarly, 100% of the population can access a pharmacy within a 20 minute cycle.

98% of Slough's residents are able to access a pharmacy in the Borough within a 15 minute walk and a further 1% can access a pharmacy outside the Borough in this time, as shown in Map 7. Households that cannot reach a pharmacy in a short walk are located in parts of Haymill and Lynch Hill, Cippenham Meadow, Colnbrook with Poyle, Upton and Wexham Lea wards. These households are generally in less densely populated areas. It is important to note that this level of accessibility does reduce on weekday evenings (after 7pm), when 79% of the population can get to a pharmacy within a 15 minute walk. This reduces further on a Sunday to 70% of the Slough population.

All 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 Slough 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. Map 8 shows that the majority of communities within Slough are within a 1.6km radius of a pharmacy.

Slough residents can also access pharmacies in other areas. The Borough borders with the Royal Borough of Windsor and Maidenhead, Hillingdon, South Buckinghamshire and Spelthorne and the nearest pharmacy for some residents may be located within these HWB areas. There are 9 pharmacies located in other boroughs that are within 1.6km of the Slough border and some of these have extended opening hours.

The current provision of pharmacies in Slough means that there are 22 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 Slough to reduce to 20 per 100,000 population by March 2021.

E: Public Survey

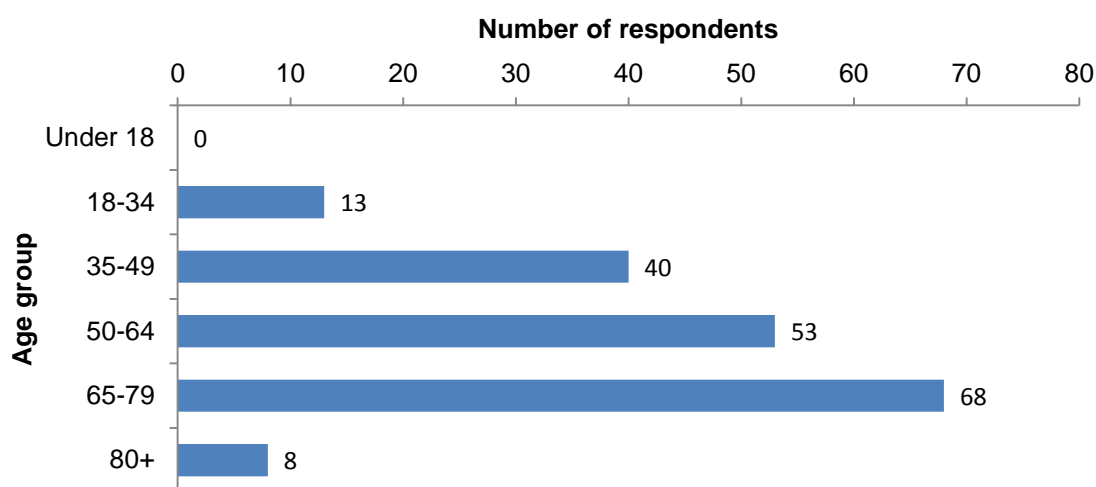
A key aspect of the pharmaceutical needs assessment is to obtain the views of residents who use our community pharmacy and dispensing doctor services. This section provides a summary of the responses that were received through the Berkshire PNA public survey, which was open from mid June to mid September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

184 people participated in the PNA survey. These responses included 16 Slough residents and 168 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 Slough 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

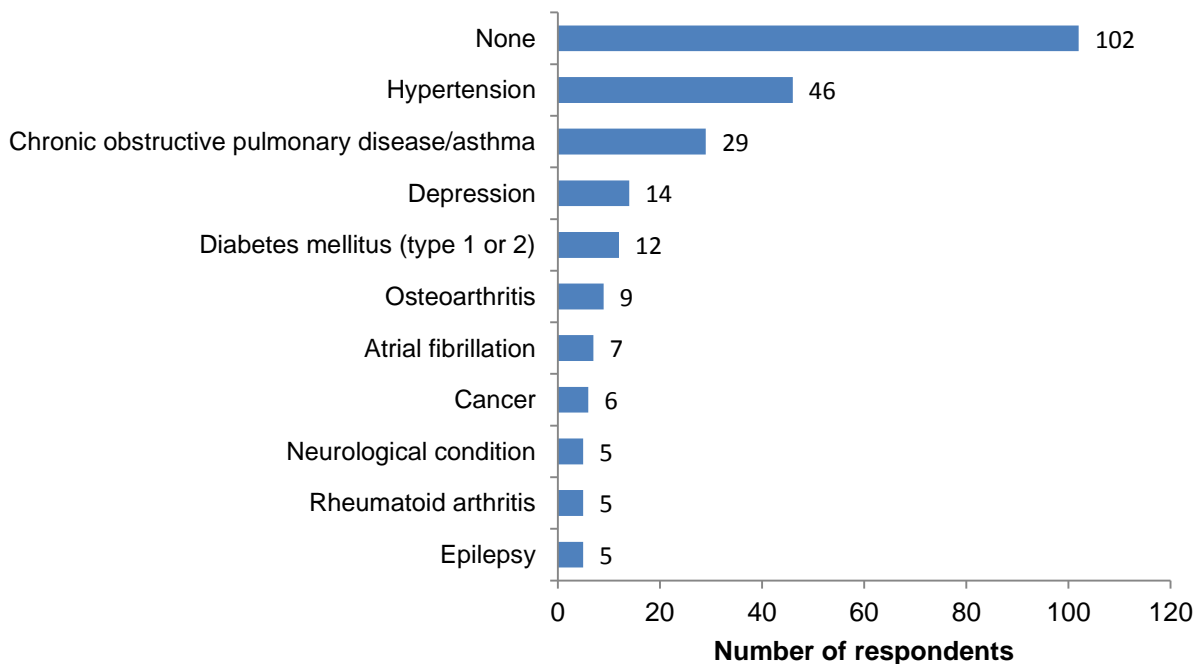
Respondents were asked about the pharmacies they used and how they accessed these. Key findings about pattern of use included:

- 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.

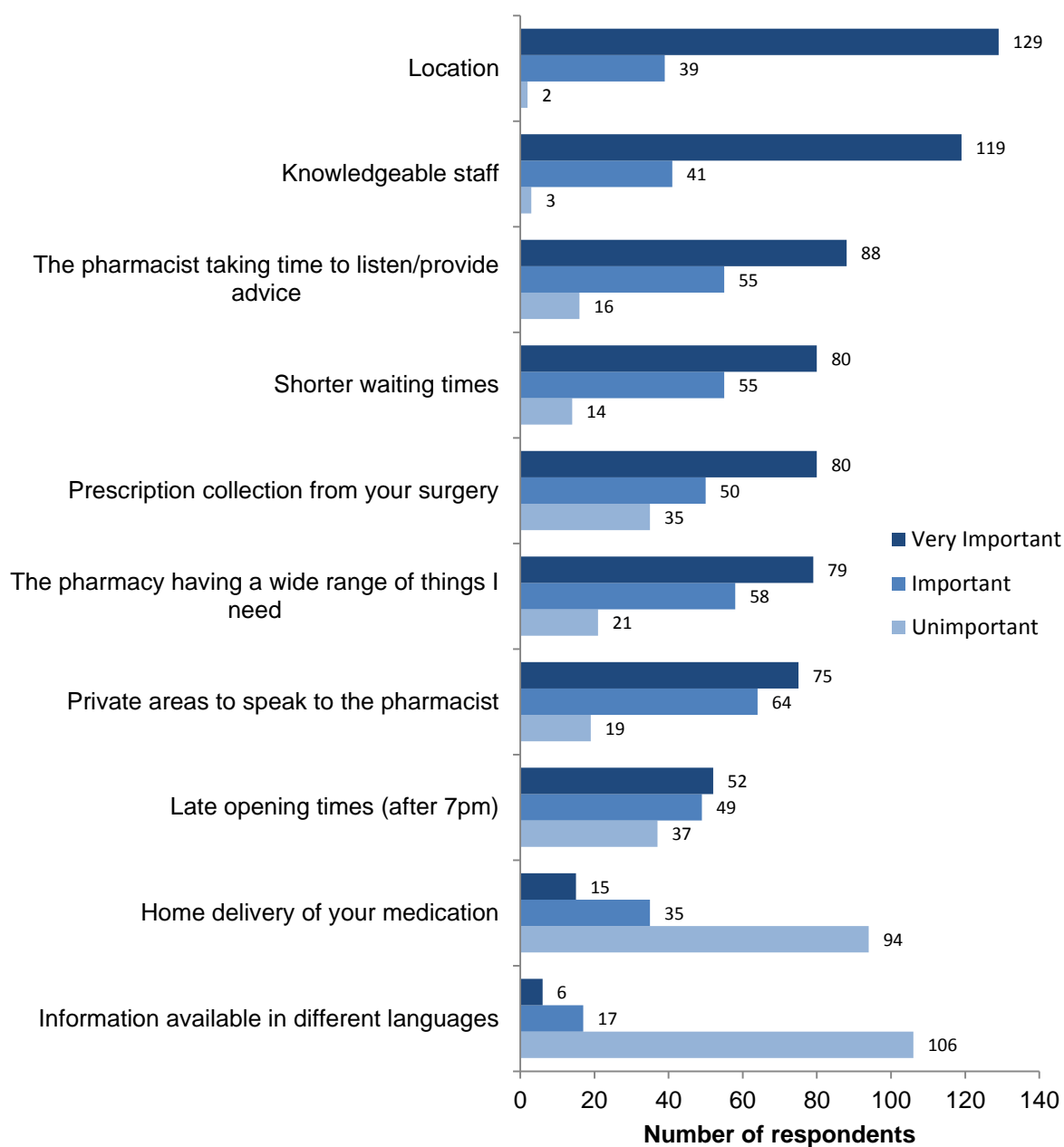
Figure 10: Summary of response to “Which of the following chronic health conditions do you visit your pharmacy for?”



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?”

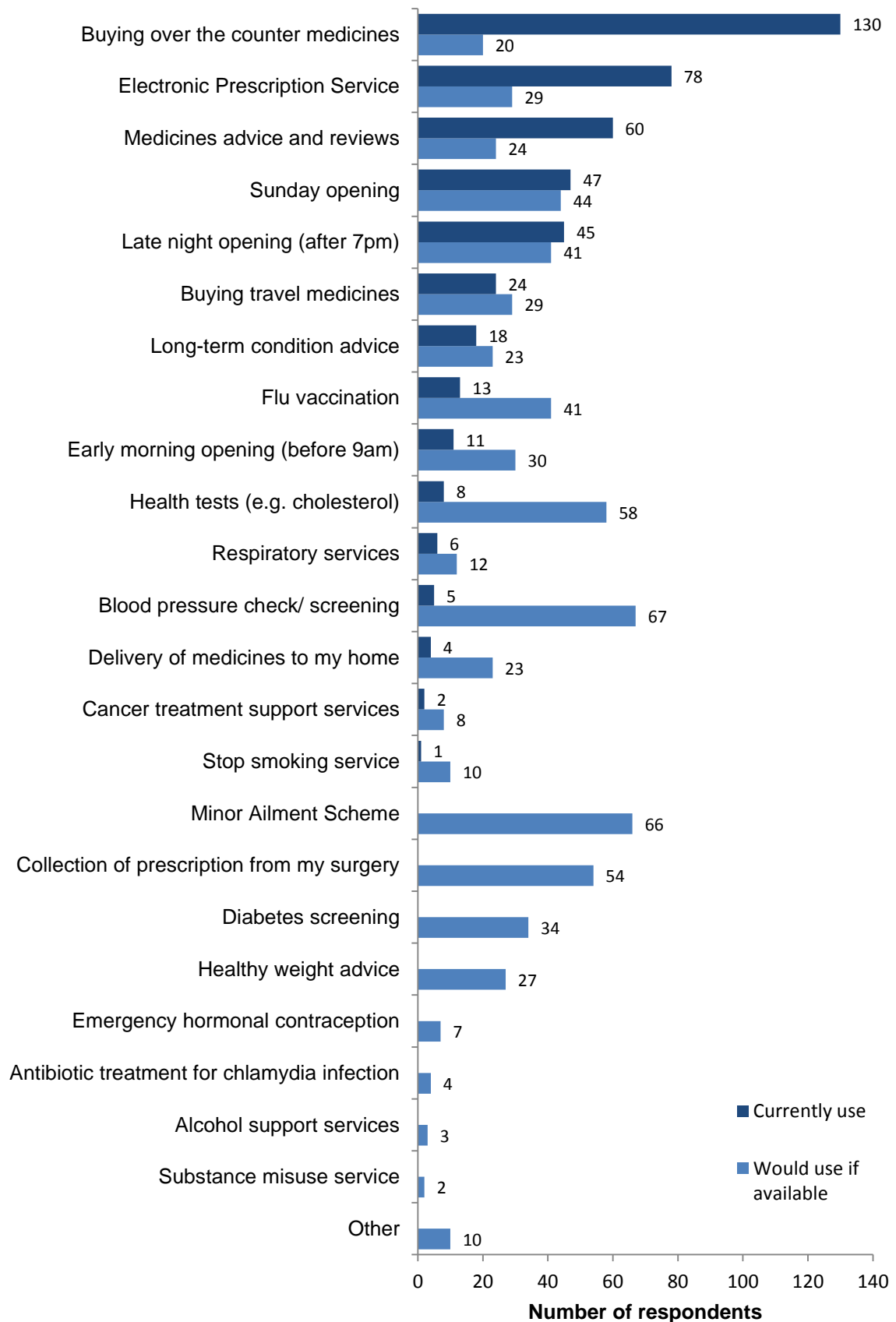


Respondents were asked about the pharmacy services they currently used, as well as services that they would use if they were available. The most commonly used services were buying over the counter medicines, the Electronic Prescription Service (EPS) and medicine advice and reviews. 36% of respondents 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).

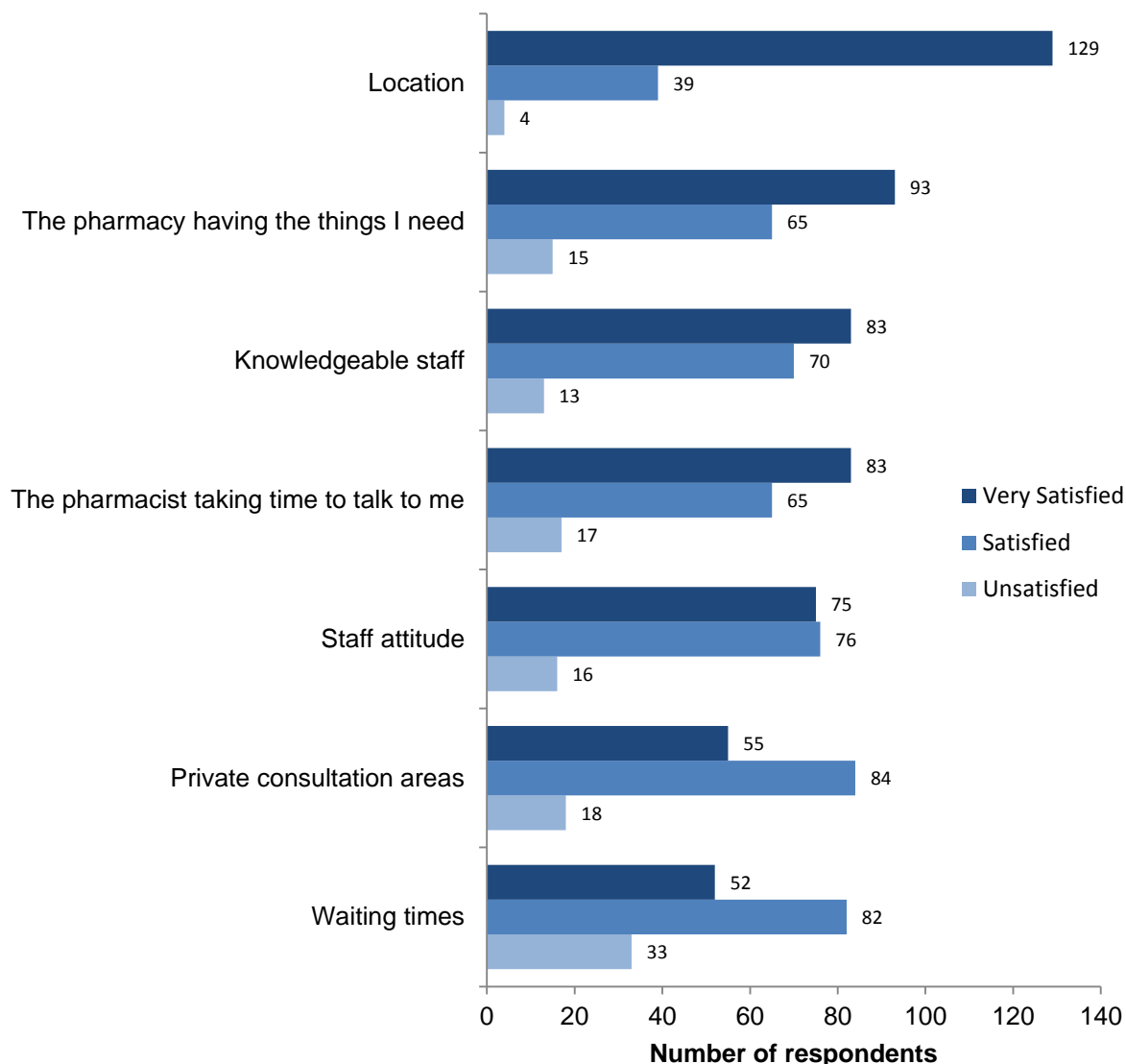
The full list of responses is shown at Figure 12.

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 32 pharmacies providing essential pharmaceutical services in Slough, which is one less than the previous PNA.
- There is also one distance selling pharmacy.
- There are 22 pharmacies per 100,000 population in Slough. This is expected to reduce to 20 per 100,000 population by 2021, based on population projections and growth from new housing developments.
- Pharmacies are well placed to serve the borough in which all LSOAs are more densely populated than the national average.
- There is good access to a range of pharmacies during core opening hours with all residents able to access a pharmacy within a 10 minute drive during normal working hours, if neighbouring authority pharmacy provision is also taken into account.
- Generally there is good provision of services during weekends and evenings; all community pharmacies in Slough are open until at least 6pm on weekday evenings, with eight open until at least 10pm. All but two pharmacies are open on Saturdays with five open until at least 10pm. Twelve pharmacies are open on Sunday with two open until at least 9.30pm.
- Areas of relative deprivation in Britwell & Northborough Ward, which has a high proportion of under 18 year olds are well served at weekends and evenings. Other areas with similar deprivation levels in parts of Chalvey ward are less able to access services during Sunday evenings.
- There are 9 pharmacies located within 1.6km of Slough borders and a number of these offer extended opening hours.
- There is variable provision of advanced services across Slough. 28 Slough pharmacies (88%) provide MUR, 19 provide NMS with a second planning to provide soon. Twenty seven pharmacies responded to the survey; only 11 (34%) of these reported providing flu vaccination. One pharmacy reported providing NUMSAS although 17 say they are planning to provide this in the near future. No pharmacy reported providing SAC and one reported provision of AUR, with a four others planning to provide in the near future.
- 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 Slough 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.

- 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, 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.

4. Current additional provision

Pharmaceutical services within or outside Slough Wellbeing Board 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 Slough. 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 provision of essential services during evenings and on Sundays for residents living in the north of Winkfield and Cranfield ward and in evenings for residents of Binfield with Warfield 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 – Slough](#)

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); [Slough 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 (2017); Slough Clinical Commissioning Group Locality Profile

Slough Borough Council (2017a); [Housing Strategy 2016 to 2021](#)

Slough Borough Council (2017b); [Slough Joint Strategic Needs Assessment](#)

Slough Wellbeing Board (2015); [Slough Wellbeing Strategy 2016-2020](#)

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 times for pharmacies in Slough

Maps

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