

Slough Borough Pharmaceutical Needs Assessment 2025 – 2028

May 2025.

Contents

Executive Summary	8
Introduction	8
Methodology	8
Findings	9
Key demographics of Slough	9
Key health needs of Slough	10
Patient and public engagement	10
Health and Wellbeing Board statements on service provision	11
Chapter 1- Introduction	12
What is a Pharmaceutical Needs Assessment?	12
Purpose of the Pharmaceutical Needs Assessment	12
Legislative Background	13
Minimum requirements of the PNA	14
Consultation	15
Circumstances under which the PNA is to be revised or updated	16
Chapter 2 - Strategic context	17
National context	17
Pharmacy Integration Fund (PhIF)	17
The NHS Long Term Plan (2019)	19
Community Pharmacy Contractual Framework 2019/20-2023/24	22
.....	22
Health Equity in England: The Marmot Review Ten Years On	23
Office for Health Improvement and Disparities	25

Integration and Innovation. Health and Care Act 2022	26
Local context	27
Frimley Health Integrated Care System.....	27
Frimley Health and Care Strategy five-year strategy	28
Slough Wellbeing Strategy 2021-2026	30
Chapter 3 - The Development of the PNA	33
Methodological considerations.....	35
Geographical coverage.....	35
Patient and public survey	38
Pharmacy Contractor Survey.....	38
Regulatory Consultation Process and Outcomes	39
Chapter 4 - Demographics and Health Needs	40
Local area profile	40
About the area	40
Geodemographic classification.....	41
About the population	43
Population size and density.....	43
Age Structure.....	44
Ethnicity and Diversity	48
Culture and Language	50
Population Projections.....	53
Future Residential Development and Housing Requirements in the Borough.....	55
Visitors.....	55

Deprivation	56
Homelessness	59
Access to Services and Facilities	60
Groups with specific needs	62
Refugees	62
Chapter 5 - Health needs	63
Life expectancy and healthy life expectancy	63
Our Health and Behaviours	66
Smoking	66
Alcohol	67
Drug misuse	68
Obesity	68
Physical activity	70
Sexual Health	70
HIV	71
Flu Vaccination	71
COVID-19	72
Mental health and wellbeing	73
Social Isolation and Loneliness	74
Major health conditions	75
Circulatory diseases	77
Cancer	80
Respiratory diseases	82

COVID-19	84
Chapter 6 - Patient and Public engagement survey	87
Slough communications engagement strategy.....	87
Results of the patient and public engagement survey	88
Equalities impact assessment.....	96
Age	97
Gender.....	101
Ethnicity.....	102
Disability or long-term health condition (LTC)	104
Sexual orientation	105
Employment Status.....	106
Pregnancy and Breastfeeding	108
Chapter 7 - Provision of Pharmaceutical Services.....	109
Pharmaceutical service providers	109
Community pharmacies.....	110
Dispensing appliance contractor	110
GP dispensing practices	111
Distance Selling Pharmacies	111
Local Pharmaceutical Services.....	111
Accessibility	111
Distribution and choice	112
Pharmacy Distribution in relation to population density	114
Pharmacy Distribution in relation to population density.....	115

Pharmacy distribution in relation to GP surgeries.....	116
Pharmacy distribution in relation to the Index of Multiple Deprivation	118
Opening hours.....	118
100-hour pharmacies	119
ESSENTIAL SERVICES	132
Summary of the accessibility of pharmacy services and of essential services	133
DISPENSING.....	133
Summary of the Advanced Pharmacy Services	135
Other NHS services	156
Chapter 8 - Conclusions	164
 Current provision.....	164
 Current access to essential services	165
 Future access to essential services	169
 Improvements and better access	170
Appendix A: Berkshire Pharmaceutical Needs Assessment Steering Group	172
 Terms of Reference	172
 Background.....	172
 Role	172
 Objectives	173
 Accountability and reporting	174
 Membership	175
 Quorum	176
	176

Declaration of Interests	176
Frequency of meetings	177
Appendix B – Frimley ICB Pharmacy Provision within Slough and 1 mile of its border	178
Appendix C: Consultation report	183
References	184

Executive Summary

Introduction

Each Health and Wellbeing Board (HWB) has a statutory responsibility to publish and update a statement of needs for pharmaceutical services for its population. This is called the Pharmaceutical Needs Assessment (PNA). The purpose of the PNA is to:

- Inform local plans for the commissioning of specific and specialised pharmaceutical services
- to support the decision-making process for applications for new pharmacies or changes of pharmacy premises undertaken by NHS England.

It assesses whether the current provision of pharmacies and the commissioned services they provide meet the needs of the Slough residents and whether there are any gaps, either now or within the lifetime of this document, 1st October 2025 to 30th September 2028. It assesses current and future provision with respect to:

- Necessary Services, i.e., current accessibility of pharmacies and their provision of Essential Services
- Other Relevant Services and Other Services, including Advanced Pharmacy Services and other NHS services. These are services commissioned by NHS England, Slough Council, or Frimley ICB.

Methodology

It is a statutory responsibility of all HWBs to produce and maintain a PNA for their area.¹ The next PNA is required to be published by 1st October 2025.²

¹ The national health service (pharmaceutical and local pharmaceutical services) regulations 2013

² Department of Health and Social Care. Pharmaceutical needs assessments: Information pack. 2013 Available from: <https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack>

In December 2024, a steering group of stakeholders was established to oversee the development of the PNA with overall responsibility for ensuring it met the statutory regulations, as strongly advised in PNA guidance.

The process included:

- A review of the current and future demographics and health needs of the Slough population, determined on a locality basis
- A survey to Slough patients and the public on their use and expectations of pharmacy services
- A survey to Slough pharmacy contractors to determine their capacity to fulfil any identified current or future needs
- An assessment of the commissioned essential, advanced, and locally commissioned pharmacy services provided in Slough
- A 60-day PNA consultation that ran from the 31st of July to the 26th of September 2025.

The final PNA is signed off by Slough's HWB before publication.

Findings

Key demographics of Slough

Slough is a densely populated unitary authority in Berkshire. It has a young population that is one of the most diverse in the country. There are an estimated 159,182³ people living in the borough. This figure is expected to increase by 0.5% in the lifetime of this PNA⁴. Slough is one of the more deprived local authorities in the South East of England, with several neighbourhoods among the

³ [Office for National Statistics. 2022 Population Estimates](#)

⁴ [Office for National Statistics. Subnational population projections for England: 2018-based.](#)

top 20% most deprived in England (Ministry of Housing, Communities & Local Government, 2022). Slough has the highest rate of temporary accommodation use outside London, with a sharp increase in households and children in temporary housing reported between 2023 and 2024. (Department for Levelling Up, Housing & Communities, 2024).

Key health needs of Slough

Overall, Slough residents have a low life expectancy and a low healthy life expectancy in comparison to the rest of South East England and England overall. Several areas of population health and wellbeing needs were identified in this PNA. Health and behaviours such as smoking, harmful drinking, excess weight in Year 6 children, physical inactivity, and prevalence of STIs are worse than regional and national comparators. As are the estimated rates of mental health and wellbeing⁵.

In terms of major health conditions, premature mortality from respiratory disease is higher than regional and national figures, as are hospital admissions for chronic obstructive pulmonary disease and the prevalence of HIV. More positively, the premature mortality rates from cancer, prevalence of coronary heart disease, and stroke are lower than regional and national figures⁵.

Patient and public engagement

A community survey was disseminated across Slough. Thirty people responded to tell us how they use their pharmacy and to contribute their views on specific 'necessary' pharmacy services.

Overall, survey respondents were happy with the services their pharmacy provided. Respondents mostly used their pharmacy to collect prescriptions and medications. They chose their pharmacy based on good location and satisfaction with the service they received. Most stated that they prefer to use their pharmacies during weekdays or weekends between 9 am and 9 pm. For the majority of respondents, pharmacies were within a 5–20-minute walk or car journey away.

⁵ Office for Health Improvement and Disparities: Public Health Outcomes Framework – [Public health profiles - OHID \(phe.org.uk\)](https://www.phe.org.uk/ohid)

There were no substantial differences between protected characteristics groups in terms of their pharmacy use, reasons for their chosen pharmacy and expectations in their local pharmacy provision.

Health and Wellbeing Board statements on service provision

There are 28 community pharmacies and one distance selling pharmacy located within Slough, and a further seven located within a mile of Slough's border.

The HWB has assessed whether the current and future pharmacy provision meets the health and wellbeing needs of the Slough population. It has also determined whether there are any gaps, or need for improvements or better access, in the provision of pharmaceutical service either now or within the lifetime of this document, 1st October 2025 to 30th September 2028.

Slough is well served in relation to the number and location of pharmacies. The HWB has concluded there is good access to essential, advanced and other NHS pharmaceutical services for the residents of Slough, with no gaps in the current and future provision of these services identified. Additionally, no services were identified that would secure improvements or better access to pharmaceutical services if provided, either now or in the future.

Chapter 1- Introduction

What is a Pharmaceutical Needs Assessment?

A PNA is the statement of the needs for 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. This PNA describes the needs of the population of Slough Borough Council.

Local pharmacies are key in providing quality healthcare in local communities for individuals, families and carers. As one of the most frequented healthcare settings in England, they not only provide prescriptions but are often patients' and public's first point of contact and, for some, their only contact with a healthcare professional⁶.

Purpose of the Pharmaceutical Needs Assessment

The provision of NHS Pharmaceutical Services is a controlled market. All pharmacists and dispensing appliance contractor who wish to provide NHS Pharmaceutical Services, must apply to NHS England to be on the Pharmaceutical List of the Health and Wellbeing Board.

The Pharmaceutical Needs Assessment identifies the local population needs for pharmacy services and how those needs are being fulfilled, or could be fulfilled, by pharmaceutical services in different parts of the borough.

The purpose of the Pharmaceutical Needs Assessment (PNA) is to plan for the commissioning of pharmaceutical services and to support the decision-making process in relation to new applications or change of premises of pharmacies. This includes:

- Supporting the 'market entry' decision making process (undertaken by NHS England) in relation to applications for new pharmacies or changes of pharmacy premises.

⁶ Public Health England. Pharmacy: A way forward for public health. 2017 Sep; Available from: https://assets.publishing.service.gov.uk/media/5a81c115ed915d74e33ffe09/Pharmacy_a_way_forward_for_public_health.pdf

- 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.

This document can also be used to:

- Assist the Health and Wellbeing Board (HWB) to work with providers to target services to the areas where they are needed and limit duplication of services in areas where provision is adequate.
- Inform interested parties of the pharmaceutical needs in the borough and enable work on planning, developing and delivery of pharmaceutical services for the population.

Legislative Background

From 2006, NHS Primary Care Trusts had a statutory responsibility to assess the pharmaceutical needs for their area and publish a statement of their first assessment and of any revised assessment.

With the abolition of Primary Care Trusts and the creation of Clinical Commissioning Groups (CCGs) in 2013, Public Health functions were transferred to local authorities. Health and Wellbeing Boards were introduced and hosted by local authorities to bring together Commissioners of Health Services (CCGs), Public Health, Adult Social Care, Children's Services and Healthwatch.

The Health and Social Care Act of 2012 gave a responsibility to Health and Wellbeing Boards for developing and updating Joint Strategic Needs Assessments and Pharmaceutical Needs Assessments.

This PNA covers the period between 1st October 2025 and 30th September 2028. It must be produced and published by 1st October 2025. The Health and Wellbeing Board (HWB) are also required to revise the PNA publication if they deem there to be significant changes in pharmaceutical services before 30th September 2028.

It is important that the PNA reflects changes that affect the need for pharmaceutical services in each area. For this reason, they are updated every three years. This PNA expires on the 1st of October 2028.

The NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013 and the Department of Health Information Pack for Local Authorities and HWBs provide guidance on the requirements that should be contained in the PNA publication and the process to be followed to develop the publication. The development and publication of this PNA has been carried out in accordance with these Regulations and associated guidance.

Minimum requirements of the PNA

As outlined in the 2013 Regulations, the PNA must include a map showing the premises where pharmaceutical services are provided and an explanation of how the assessment was made.

This includes:

- How different needs of different localities have been considered
- How needs of those with protected characteristics have been taken into account
- Whether further provision of pharmaceutical services would secure improvements or better access to pharmaceutical services
- A report on the 60-day consultation of the draft PNA.

The PNA must also include a statement of the following:

- **Necessary Services – Current Provision:** services currently being provided which are regarded to be “necessary to meet the need for pharmaceutical services in the area”. This includes services provided in the borough as well as those in neighbouring boroughs.
- **Necessary Services – Gaps in Provision:** services not currently being provided which are regarded by the HWB to be necessary “in order to meet a current need for pharmaceutical services”.

- **Other Relevant Services – Current Provision:** services provided which are not necessary to meet the need for pharmaceutical services in the area, but which nonetheless have “secured improvements or better access to pharmaceutical services”.
- **Improvements and Better Access – Gaps in Provision:** services not currently provided, but which the HWB considers would “secure improvements, or better access to pharmaceutical services” if provided.
- **Other Services:** any services provided or arranged by the local authority, NHS England, the Integrated Care Board (ICB), an NHS trust, or an NHS foundation trust which affects the need for pharmaceutical services in its area or where future provision would secure improvement, or better access to pharmaceutical services specified type, in its area.
- **Future need:** The pharmaceutical services that have been identified as services that are not provided but which the health and wellbeing board is satisfied need to be provided to meet a current or future need for a range of pharmaceutical services or a specific pharmaceutical service.

Consultation

A draft PNA must be put out for consultation for a minimum of 60 days prior to its publication. The 2013 Regulations list those persons and organisations that the HWB must consult, which include:

- 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.

Circumstances under which the PNA is to be revised or updated

The PNA will be updated every three years so that it reflects the need for pharmacy services and any changes as they arise.

If the HWB becomes aware of a significant change to the local area and/or its demography, the PNA may be required to be updated sooner. The HWB will decide to revise the PNA if required.

Not all changes in a population or an area will result in a change to the need for pharmaceutical services. If the HWB becomes aware of a minor change that means a review of pharmaceutical services is required, the HWB will issue supplementary statements to update the PNA.

Chapter 2 - Strategic context

This section summarises key policies, strategies and reports which contribute to our understanding of the strategic context for community pharmacy services at a national level and at a local level. Since PNAs were last updated in 2022, there have been changes to the wider health and social care landscape and to society. This includes but is not limited to the publication of the Health and Care Act 2022, updates to the Community Pharmacy Contractual Framework, a continued focus on integrated care, and the lasting impact of the COVID-19 pandemic.

National context

Pharmacy Integration Fund (PhIF)

The Pharmacy Integration Fund (PhIF) was established in 2016 to speed up the integration of:⁷

- Pharmacy professionals across health and care systems to deliver medicines optimisation for patients as part of an integrated system.
- Clinical pharmacy services into primary care networks, building on the NHS Five Year Forward View and NHS Long Term Plan

The NHS Long Term Plan is the driver for determining the priorities for the Pharmacy Integration Programme. The ambition in the NHS Long Term Plan to move to a new service model for the NHS sets out five practical changes that needed to be achieved over the five-year period 2019 to 2024:⁷

- Boosting “out of hospital care” to dissolve the historic divide between primary and community health services.

⁷ NHS England. Pharmacy integration programme. Available from: <https://www.england.nhs.uk/primary-care/pharmacy/pharmacy-integration-fund/>

- Redesign and reduce pressure on emergency hospital services.
- Deliver more personalised care when it is needed to enable people to get more control over their own health.
- Digitally enable primary and outpatient care to go mainstream across the NHS.
- Local NHS organisations to focus on population health and local partnerships with local authority funded services and through ICSs everywhere.

The continued work of the pharmacy integration programme needs to build on what has already been delivered and support these priorities ensuring the continued development of the evidence base that informs future commissioning in line with these priorities for transformation.⁷

Workstreams supported by the PhIF Programme include:⁷

- Exploring the routine monitoring and supply of contraception (including some long-acting reversible contraceptives) in community pharmacy.
- The GP referral pathway to the NHS Community Pharmacist Service (CPCS).
- The NHS 111 referral pathway to the NHS CPCS.
- The Hypertension Case-Finding Pilot – members of the public over 40 years can have their blood pressure checked by the community pharmacy team. For those with high blood pressure, they will be offered ambulatory blood pressure monitoring (ABPM) and then, where appropriate, referred to their GP.
- The Smoking Cessation Transfer of Care Pilot – hospital inpatients (including antenatal inpatients) will be able to continue their stop smoking journey within community pharmacy upon discharge.
- Palliative Care and end of life medicines supply service building on the experience of the COVID-19 pandemic.

- Structured medication reviews in PCNs for people with a learning disability, autism or both, linking with the STOMP programme.
- Exploring the routine monitoring and supply of contraception (including some long-acting reversible contraceptives) in community pharmacy.
- Expanding the existing New Medicines Service.
- Developing and testing peer and professional support networks for all pharmacists and pharmacy technicians working in PCNs including general practice, community pharmacy and community services linking with secondary care consultant pharmacists and clinical pharmacy specialist roles.
- Exploring a national scheme for pharmacists and pharmacy technicians to gain access to essential medicines information resources, working with SPS Medicines Information Services.
- Workforce development for pharmacy professionals in collaboration with Health Education England (HEE), including these programmes:
 - Medicines optimisation in care homes.
 - Primary care pharmacy educational pathway.
 - Integrated urgent care.
 - Post-graduate clinical pharmacy.
 - Mary Seacole Leadership programme for community pharmacists and pharmacy technicians.
 - Integrated training scheme placements for pre-registration pharmacists and pharmacy technicians.
 - Independent prescribing.
 - Enhanced clinical examination skills.

The NHS Long Term Plan (2019)

As health needs change, society develops, and medicine advances, the NHS needs to ensure that it is continually moving forward to meet these demands. The NHS Long Term Plan (2019) (NHS LTP) introduces a new service model for the 21st century and includes action on preventative healthcare and reducing health inequalities, progress on care quality and outcomes, exploring workforce planning, developing digitally-enabled care, and driving value for money. It sets out 13 key areas for improving and enhancing our health service over the next 10 years. These areas include:⁸

1. Ageing well
2. Cancer
3. Cardiovascular disease
4. Digital transformation
5. Learning disabilities and autism
6. Mental Health
7. Personalised care
8. Prevention
9. Primary care
10. Respiratory disease
11. Starting well
12. Stroke
13. Workforce

⁸ NHS. The NHS long term plan. 2019 Jan; Available from: <https://www.england.nhs.uk/wp-content/uploads/2022/07/nhs-long-term-plan-version-1.2.pdf>

Pharmacies will play an essential role in delivering the NHS LTP. £4.5 billion of new investment will fund expanded community multidisciplinary teams aligned with the primary care networks (PCNs). These teams will work together to provide the best care for patients and will include pharmacists, district nurses, allied health professionals, GPs, dementia workers, and community geriatricians. Furthermore, the NHS LTP stipulates that as part of the workforce implementation plan, and with the goal of improving efficiency within community health, along with an increase in the number of GPs, the range of other roles will also increase, including community and clinical pharmacists, and pharmacy technicians.⁸

Research indicates that around 10% of elderly patients end up in hospital due to preventable medicine related issues and up to 50% of patients do not take their medication as intended. PCN funding will therefore be put towards expanding the number of clinical pharmacists working within general practices and care homes, and the NHS will work with the government to ensure greater use and acknowledgement of community pharmacists' skills and better utilisation of opportunities for patient engagement. As part of preventative healthcare and reducing health inequalities, community pharmacists will support patients to take their medicines as intended, reduce waste, and promote self-care.⁸

Within PCNs, community pharmacists will play a crucial role in supporting people with high-risk conditions such as atrial fibrillation (AF) and cardiovascular disease (CVD). The NHS will support community pharmacists to case-find, e.g., hypertension case-finding. Pharmacists within PCNs will undertake a range of medicine reviews, including educating patients on the correct use of inhalers, and supporting patients to reduce the use of short acting bronchodilator inhalers and to switch to clinically appropriate, smart inhalers.⁸

To provide the most efficient service, and as part of developing digitally enabled care, more people will have access to digital options. The NHS app will enable patients to manage their own

health needs and be directed to appropriate services, including being prescribed medication that can be collected from their nearest pharmacy.⁸

Health and Wellbeing Boards are required to produce Health and Wellbeing Strategies to set out how partners will meet local health needs, improve outcomes, and reduce health inequalities within the borough.⁸

Community Pharmacy Contractual Framework 2019/20-2023/24

The latest Community Pharmacy Contractual Framework (CPCF) available is the 2024/25-2025/26 version.⁹

The CPCF is an agreement between the Department of Health and Social Care (DHSC), NHSE&I and the Pharmaceutical Services Negotiating Committee (PSNC) and describes a vision for how community pharmacy will support delivery of the NHS Long Term Plan. The CPCF highlights and develops the role of pharmacies in urgent care, common illnesses, and prevention. It aims to “develop and implement the new range of services that we are seeking to deliver in community pharmacy,” making greater use of Community Pharmacists’ clinical skills and opportunities to engage patients. The 2024/25 – 2025/26 deal included:⁹

- A total of £3.073 billion in 2025/26 to support community pharmacy services, following a one-off cancellation of £193 million in historic medicine margin over-delivery and a 19.7% funding uplift.
- Prioritises quality and workforce development through the Pharmacy Quality Scheme (PQS), with £30 million allocated in 2025/26 to support training and delivery of new and existing services including contraception and mental health support.

⁹ Department of Health & Social Care. The community pharmacy contractual framework for 2024/25 to 2025/26: Supporting delivery for the NHS long term plan. 2025 Mar; Available from: [Community Pharmacy Contractual Framework: 2024 to 2025 and 2025 to 2026 - GOV.UK](https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2024-to-2025-and-2025-to-2026)

- Confirms the integral role of community pharmacy within the NHS, particularly in managing demand across general practice and urgent care, aligned with national ambitions to shift care into community settings.
- Reinforces access through the ongoing Pharmacy Access Scheme, helping to maintain essential pharmaceutical services in areas with fewer providers.
- Expands clinical services with enhancements to the Pharmacy First service, enabling referrals from urgent and emergency care for minor illnesses and urgent medicine supply, supporting a shift from GP and hospital care to community settings.
- Introduces new services, including free provision of emergency contraception under a national Patient Group Direction (PGD) and an expanded NHS Pharmacy Contraception Service, now covering ongoing management of oral contraception.
- Continues to improve public health outcomes through the Healthy Living Pharmacy framework, requiring trained health champions to deliver interventions such as smoking cessation, blood pressure checks, and lifestyle advice.
- Develops the New Medicine Service (NMS) to include antidepressants from October 2025, supporting patient adherence in mental health treatment with updated consultation fees and PQS-aligned training.
- Strengthens digital integration and claims efficiency through the development of Manage Your Service (MYS) APIs, supporting smoother administration and enhanced data capture for service delivery.

Health Equity in England: The Marmot Review Ten Years On

Since the 2010 Marmot review, there have been important developments about the evidence around social determinants of health and the implementation of interventions and policies to

address them. Health Equity in England: Marmot review 10 years on, summarises the developments in particular areas that have an increased importance for equity. These include:¹⁰

- Giving every child the best start in life by increasing funding in earlier life and ensuring that adequate funding is available in areas with higher deprivation.
- Improve the availability and quality of early years' services.
- Enable children, young people and adults to maximise their capabilities by investing in preventative services to reduce school exclusions.
- Restore per-pupil funding for secondary schools and particularly in 6th form and further education.
- Reduce in-work poverty by increasing national minimum wage.
- Increase number of post-school apprenticeships and support in-work training.
- Put health equity and well-being at the heart of local, regional, and national economic planning.
- Invest in the development of economic, social, and cultural resources in the most deprived communities.

The objectives outlined in the Marmot review are intended to ensure that the healthy life expectancy gap between the least deprived and most deprived are reduced, and to ensure that all residents have accessibility to good health and educational opportunities. More specific to health, community pharmacists are uniquely placed at the heart of communities to support patients to provide the public a range of public health interventions, weight management services, smoking cessation services and vaccination services. At present the role of community

¹⁰ Michael Marmot TB Jessica Allen. Health equity in England: The marmot review ten years on. <https://www.instituteofhealthequity.org/resources-reports/marmot-review-10-years-on>

pharmacies provide a pivotal role in promoting healthier lifestyle information and disease prevention.

Office for Health Improvement and Disparities

The Office for Health Improvement and Disparities (OHID), formerly known as Public Health England (PHE), works to prevent ill health, particularly in the places and communities where there are the most significant disparities. OHID's priorities include:¹¹

- identify and address health disparities, focusing on those groups and areas where health inequalities have greatest effect
- take action on the biggest preventable risk factors for ill health and premature death including tobacco, obesity and harmful use of alcohol and drugs
- work with the NHS and local government to improve access to the services which detect and act on health risks and conditions, as early as possible
- develop strong partnerships across government, communities, industry and employers, to act on the wider factors that contribute to people's health, such as work, housing and education
- drive innovation in health improvement, harnessing the best of technology, analytics, and innovations in policy and delivery, to help deliver change where it is needed most

OHID supports the delivery of national and regional priorities for prevention and health inequalities and ensuring a joined-up approach to public health, building strong interfaces with different teams and areas of public health across the regional system.¹¹

¹¹ Office for Health Improvement and Disparities. About us: <https://www.gov.uk/government/organisations/office-for-health-improvement-and-disparities/about>

Community pharmacies have an important role in driving and supporting these objectives as they provide the public with services around healthy weight and weight management, smoking cessation, and can provide information and advice around a healthy start for children and families.

Integration and Innovation. Health and Care Act 2022

In recent years, the health and social care system has undergone adaptations and changes to address various challenges. There is an increasing need for collaboration within the system to deliver high-quality care. The system is confronted with issues such as a growing population, longer life expectancy, and a rise in long-term health conditions, including the impacts of the COVID-19 pandemic. The Health and Care Act 2022 provides legislative proposals to make provision about health and care, which capture the learnings from the pandemic.¹²

- **Working together to integrate care:** The Act establishes Integrated Care Systems (ICS) as statutory bodies, composed of an Integrated Care Board (ICB) and an Integrated Care Partnership (ICP). The ICB is responsible for the commissioning and oversight of NHS services, while the ICP brings together a wider range of partners to address broader health, public health, and social care needs. The Act promotes the NHS, local authorities, and other partners to work together. This shift from competition to cooperation aims to improve service integration and address the wider determinants of health. ICSs are encouraged to focus on place-based working, meaning collaboration at local levels (e.g., neighbourhoods) to deliver integrated care and improve population health.¹³

¹² Health and care act 2022. 2022; Available from: <https://www.legislation.gov.uk/ukpga/2022/31/contents/enacted>

¹³ The Kings Fund. The health and care act: Six key questions. 2022 May; Available from: <https://www.kingsfund.org.uk/insight-and-analysis/long-reads/health-and-care-act-key-questions>

- **Reducing bureaucracy:** The legislation aims to remove barriers that prevent people from working together and put pragmatism at the heart of the system. The NHS should be free to make decisions without the involvement of the Competition and Markets Authority (CMA). With a more flexible approach, the NHS and local authorities will be able to meet current and future health and care challenges by avoiding bureaucracy.¹⁴
- **Improving accountability and enhancing public confidence:** The Act merges NHS England and NHS Improvement into a single legal organisation. This unification is intended to provide clearer and more cohesive national leadership, reducing bureaucratic barriers and enabling more strategic decision-making. The Act grants the Secretary of State for Health and Social Care greater powers to direct NHS England. This includes the ability to intervene in public health functions and make decisions on service reconfigurations earlier in the process. These measures are designed to ensure that the NHS is more accountable to the government and, by extension, to the public.¹⁵

Local context

Frimley Health Integrated Care System

The Frimley Health Integrated Care System (Frimley ICS) consists of the following local authorities, Slough Borough Council, Royal Borough of Windsor and Maidenhead, and Bracknell Forest Council. It also includes some local authority wards and Primary Care Networks within the geography of Hampshire County Council; Hart District Council; Rushmoor Borough Council; Waverley Borough Council, and Surrey Heath Borough Council.

¹⁴ Department of Health & Social Care. Integration and innovation: Working together to improve health and social care for all. 2021 Feb; Available from: <https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-html-version>

¹⁵ Department of Health & Social Care. Health and care bill: Improving accountability and ensuring public confidence – NHS accountability measures. 2022 Mar; Available from: <https://www.gov.uk/government/publications/health-and-care-bill-factsheets/health-and-care-bill-improving-accountability-and-ensuring-public-confidence-nhs-accountability-measures>

Frimley Health and Care Strategy five-year strategy

The Frimley ICS five-year strategy is currently undergoing a refresh. Priorities in health and care and for local people, have changed since it was first launched. The ICS are working to address the needs identified, with all partners and through public engagement, resulting in a document which reflects local needs, issues and priorities and is ambitious for our population and system. It will tackle the wider determinants of health and wellbeing for our population and will be rooted in evidence.¹⁶

Frimley ICS's current five-year strategy, produced in 2019 and updated in 2022, brought together the local authorities and the NHS organisations with a shared ambition to work in partnership with local people, communities, and staff to improve the wellbeing of residents.¹⁶

To produce the strategy, Frimley ICS worked in partnership with Healthwatch teams of all Frimley ICS local authorities, to conduct focus groups, events and disseminate a survey designed to engage with the public regarding accessibility of services, and health and wellbeing needs. The themes that arose would support people to live healthier lives; these included affordable healthy food, access to activities and facilities, better access to professionals providing health and nutritional information, better home/work life balance.¹⁶

The ICS also worked with health professionals, partner organisations, primary care and community care clinicians, voluntary and community sector leads, mental health clinicians, and

¹⁶ Frimley Health and Care. Our strategies and plans. Five-year strategy. <https://www.frimleyhealthandcare.org.uk/who-we-are/our-plans-and-strategies/our-strategies-and-plans/>

leads within educational organisations to capture their views around developing the key ambitions of this strategy.¹⁶

Six key strategic ambitions were developed to focus and deliver on from 2020 - 2025.¹⁶

1. **Starting well:** wanting all children to get the best possible start in life by engaging children and young people in different ways and targeting support for children and families with the highest needs. Also supporting women to be healthy before pregnancy and ensuring safer births.
2. **Focus on wellbeing:** wanting all people to have the opportunity to live healthier lives no matter where they are placed within the system.
3. **Community deals:** working with residents, families, volunteers, and carers to agree on how as a collective they can work together to create healthier communities, support healthier choices and designing and delivering new ways of working to improve the health and wellbeing needs of the population.
4. **Our people:** wanting to be known as a great place to live and work but giving people the opportunity to be physically and mentally active and adopting flexibility around how they work and attracting local population around careers to become carers.
5. **Leadership and cultures:** working together with local communities and listening to what is important locally to encourage co-design and collaboration to meet the needs of the local population.
6. **Outstanding use of resources:** offering the best possible care, treatment, and support where it is needed, in the most affordable way using the best available evidence.

The strategy lifetime will end in 2025, where the goal was to help residents live healthier for longer and reduce health inequalities across the ICS footprint.¹⁶

Slough Wellbeing Strategy 2021-2026¹⁷

The Slough Wellbeing Strategy 2021–2026 is the borough’s overarching plan to improve the health and wellbeing of its residents. It is developed by the Slough Wellbeing Board, a multi-agency partnership including public, private, and voluntary sector organisations. The strategy focuses on tackling health inequalities and addressing the wider determinants of health through four key priorities:

1. Starting Well:

Slough has a young population, with children and young people (0–17 years) making up 28% of residents. The borough faces persistent challenges, including low immunisation uptake, high levels of childhood obesity, poor oral health, and rising mental health concerns among young people. The strategy aims to:

- Reduce the early years attainment gap.
- Lower obesity levels in Reception and Year 6.
- Improve childhood immunisation coverage.
- Improve oral health among children.

This priority is led by the Children and Young People’s Partnership Board.

2. Integration:

Health and social care services must be coordinated to support people to live independently and reduce unnecessary hospital admissions. The Key goals include:

- Increasing healthy life expectancy
- Supporting independent living

¹⁷ Slough Wellbeing Strategy (2021-2026). Available from: [Slough Wellbeing Strategy 2021-2026](https://www.slough.gov.uk/our-council/our-strategies-and-plans/slough-wellbeing-strategy-2021-2026)

- Reducing hospital admissions and delayed discharges

This work is led by the Health and Social Care Partnership Board, with oversight from the Wellbeing Board.

3. Strong, Healthy, and Attractive Neighbourhoods (Building Community Asset Resilience):

Recognising the importance of place and community, this priority aims to improve the physical and social environments within Slough's neighbourhoods. It builds on the collaborative spirit seen during the COVID-19 response. Goals include:

- Improving resident satisfaction and happiness.
- Tackling health inequalities between wards.
- Increasing community engagement and resilience.

This priority is directly led by the Slough Wellbeing Board.

4. Workplace Health:

Good employment contributes to better health outcomes. Despite high employment levels in Slough, disparities in life expectancy, wage gaps, and workplace wellbeing persist. The strategy seeks to:

- Narrow employment gaps for people with long-term conditions, learning disabilities, and mental health needs.
- Reduce wage inequalities between local residents and in-commuters.
- Decrease sickness-related absences.
- Improve overall workplace wellbeing.

This priority is directly led by the Slough Wellbeing Board.

Community pharmacies are well placed to support some of these local strategies, particularly when it comes to the health needs of the population. They provided frontline services during the COVID-19 pandemic and continue to provide healthcare advice and medication advice to the public. To meet the ambitions outlined by local strategies, community pharmacies can play an integral role in reducing health inequalities through targeting prevention early and helping to tackle obesity and high blood pressure¹⁸.

During the lifetime of this PNA, a new Wellbeing Strategy for Slough will be developed to reflect emerging needs and priorities. This future strategy will guide continued efforts to improve health outcomes across the borough.

¹⁸ National Institute for Health and Care Excellence. Community pharmacies: Promoting health and wellbeing. NICE guideline [Internet]. 2018 Aug; Available from: <https://www.nice.org.uk/guidance/ng102>

Chapter 3 - The Development of the PNA

The Slough Council's Health and Wellbeing Board (HWB) commissioned delivery of its PNA to Healthy Dialogues through a competitive tender process. The governance of the production of this PNA was managed by the PNA steering group and the Berkshire East Public Health Hub. The decisions in the production of this PNA have been delegated by the HWB to the steering group.

This PNA has been developed using a range of information sources to describe and identify population needs and current service provision from the network of community pharmacies (see Table 3.1).

This includes:

- Nationally published data
- Slough Joint Strategic Needs Assessment (JSNA)¹⁹
- Local policies and strategies (such as the Joint Health and Wellbeing Strategy)
- A survey to Slough pharmacy contractors
- A survey to the patients and public of Slough
- Local Authority and Frimley ICB commissioners

Table 3.1: PNA 2025 – 2028 Data Sources

Health Needs and Priorities	<ul style="list-style-type: none">• National benchmarking ward and borough-level data from the Office for Health Improvement and Disparities (OHID)¹⁵
------------------------------------	--

¹⁹ Slough Borough Council (2025). Joint Strategic Needs Assessment (JSNA). Available at: [Joint Strategic Needs Assessment \(JSNA\) – Slough Borough Council](https://www.slough.gov.uk/our-council/our-strategic-work/joint-strategic-needs-assessment-jdna-slough-borough-council)

	<ul style="list-style-type: none"> • Slough Borough Council Joint Strategic Needs Assessment (JSNA)¹⁶ • A range of GLA demographic datasets. • Synthesis from a range of national datasets and statistics.
Current Pharmaceutical Services	<ul style="list-style-type: none"> • Commissioning data held by the NHS England • Commissioning data held by Slough Borough Council • Commissioning data held by Frimley ICB • Questionnaire distributed to the community pharmacy providers.
Patients and the Public	<ul style="list-style-type: none"> • Patients and public survey

These data have been collated to illustrate the Slough population, current and future health needs and how pharmaceutical services can be used to support the Health and Wellbeing Board to improve the health and wellbeing of our population.

This PNA was published for public consultation on the 26th of May to the 21st of June 2025. Findings of the consultations are presented in Appendix C. All comments were considered and incorporated into the final PNA final report.

Methodological considerations

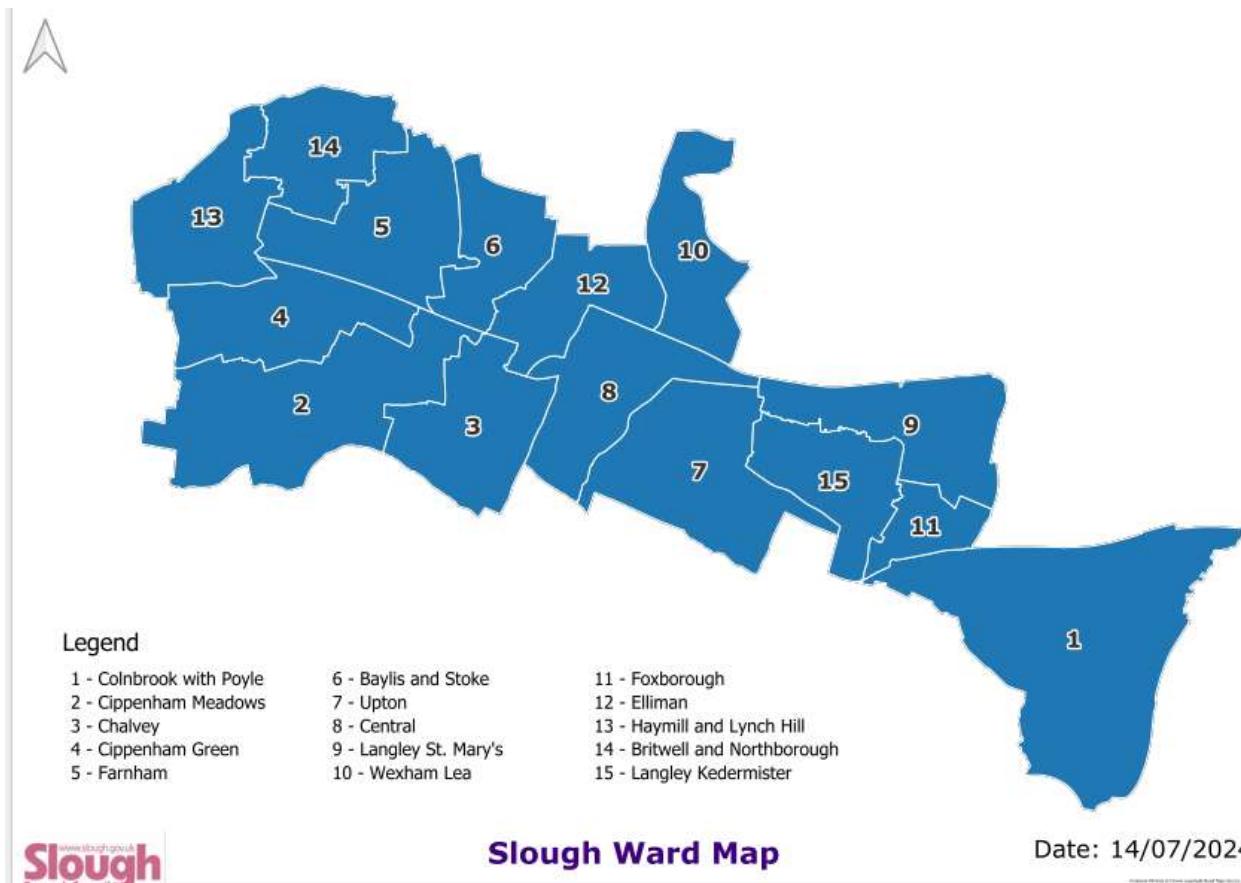
Geographical coverage

The PNA regulations require that the HWB divides its area into localities as a basis for structuring the assessment. A ward-based structure was used as it is in-line with available data at ward level such as demography, health needs and service provision commissioned by both Slough Borough Council and NHS commissioners.

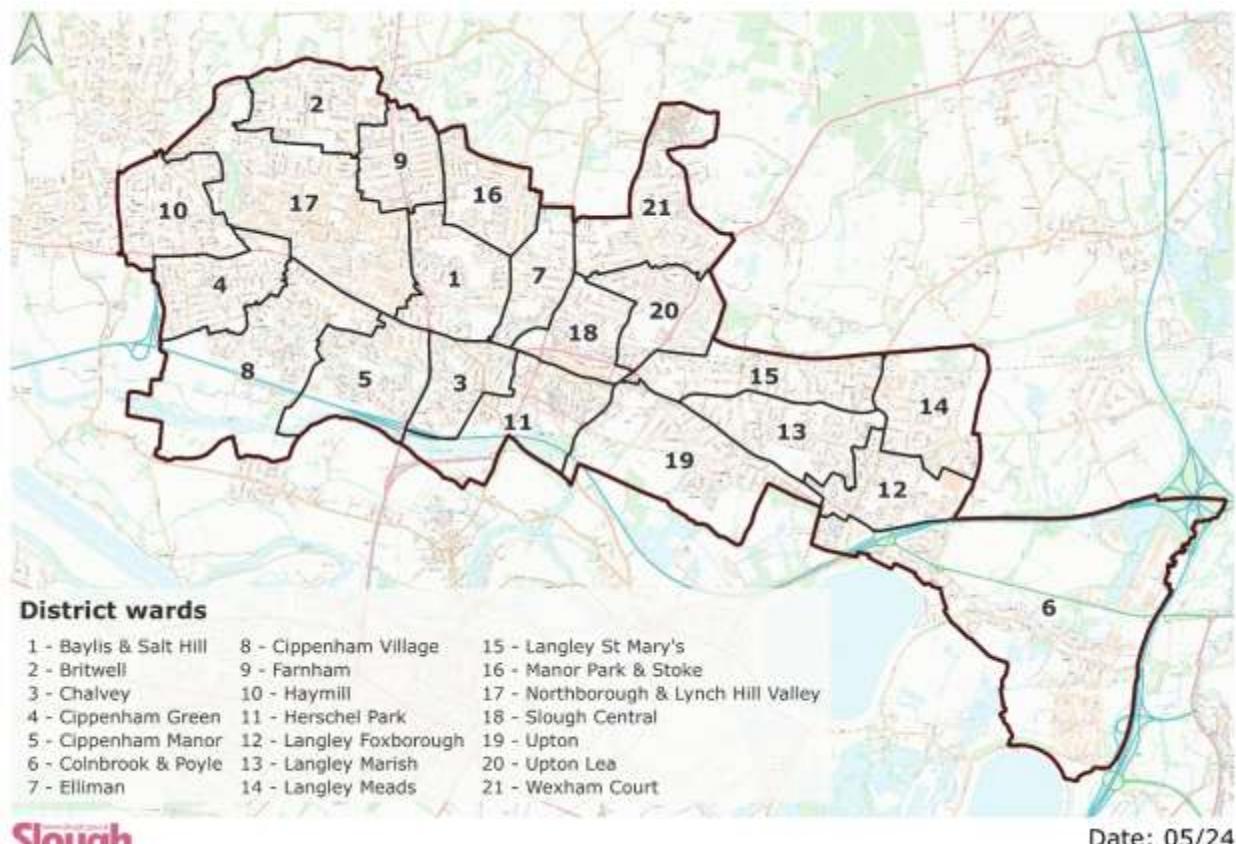
As of May 2023, new ward boundaries came into effect, resulting in some name and boundary changes, as well as an increase in the overall number of wards from 15 to 21. These new ward boundaries are presented on the council website: <https://www.lgbce.org.uk/all-reviews/south-east/berkshire/slough>. Both previous and current ward boundaries are shown in figure 3.1 below.

Figure 3.1: Slough Borough Council Electoral Wards, Previous and Current

A. Previous Slough Wards:



B. Current Slough Wards:



Source: Slough Borough Council, 2025.

Provision and choice of pharmacies is determined by using 1-mile radius from the centre of the postcode of each pharmacy. This is approximately a 20-minute walk from the outer perimeter of the buffer zone created. The 1-mile radius approach illustrates where there is pharmacy coverage and areas without coverage (for example, see Figure 7.1).

In addition, 20-minutes travel time by public transport is also considered as being a reasonable measure to identify variation and choice. Where the population are within 1-mile of a pharmacy or can reach a pharmacy within 20-minutes travel time by public transport then the pharmacy provision is considered 'good'.

The 1-mile measure is often used to assess adequacy of access in urban areas while the 20-minute drive radius is more often used in more rural areas because there needs to be a sufficient

population size to sustain a community pharmacy. The PNA steering group agreed that the combination of these measures for Slough was appropriate given the mix of urban and rural areas on the local authority area.

The 1-mile and 20-minute travel time coverage was also explored in terms of deprivation and population density.

Where areas of no coverage are identified, other factors are taken into consideration to establish if there is a need. Factors include population density, whether the areas are populated (e.g., Green Belt areas), travel time by car, and dispensing outside normal working hours. These instances have all been stated in the relevant sections of the report.

Patient and public survey

Patient and public engagement in the form of a survey was undertaken to understand how people use their pharmacies, what they use them for and their views of the pharmacy provision.

Working with Healthwatch, communications teams and Community Engagement Leads a public and patient engagement plan was developed, identifying key user groups (including seldom heard groups and/or protected characteristics) and how best to engage them for the survey.

There were 30 responses to the Slough survey, their views were explored, including detailed analysis of the Protected Characteristics. The findings from the survey are presented in Chapter 6 of this PNA.

Pharmacy Contractor Survey

The contractor survey was sent to all the community pharmacies within Slough to capture data on services provided and opportunities for future commissioning.

The contractor survey was sent to all 29 community pharmacies within Slough. The results from this survey are referred to throughout this document.

Governance and Steering Group

The development of the PNA was advised by a Steering group whose membership included representation from:

- Slough Public Health Team
- Frimley Health and Care, Medicines Optimisation
- Buckinghamshire, Oxfordshire and Berkshire West (BOB), Integrated Care System (ICS), Medicines Optimisation
- Pharmacy Thames Valley, the Local Pharmaceutical Committee
- NHS England and NHS Improvement – South East Region
- Healthwatch teams in Berkshire
- A patient representative

The membership and Terms of Reference of the Steering Group are presented in Appendix A.

Regulatory Consultation Process and Outcomes

The PNA for 2025-28 will be published for statutory consultation on the 31st of July 2025 for 60 days and will also be open on the Council website for stakeholder comment. All comments will be considered and incorporated into the final report to be published by 1st October 2025.

Chapter 4 - Demographics and Health Needs

This chapter presents an overview of the population characteristics of Slough, particularly the areas likely to impact on needs for community pharmacy services. It includes an overview of the area of Slough, its population demographics and projected population. Using the most recent available census data, it also identifies key factors that impact inequalities.

The analysis of health needs and population changes are outlined in four sub-sections of this chapter. These are:

- Local area profile
- About the population
- Population projections
- Inequalities

Local area profile

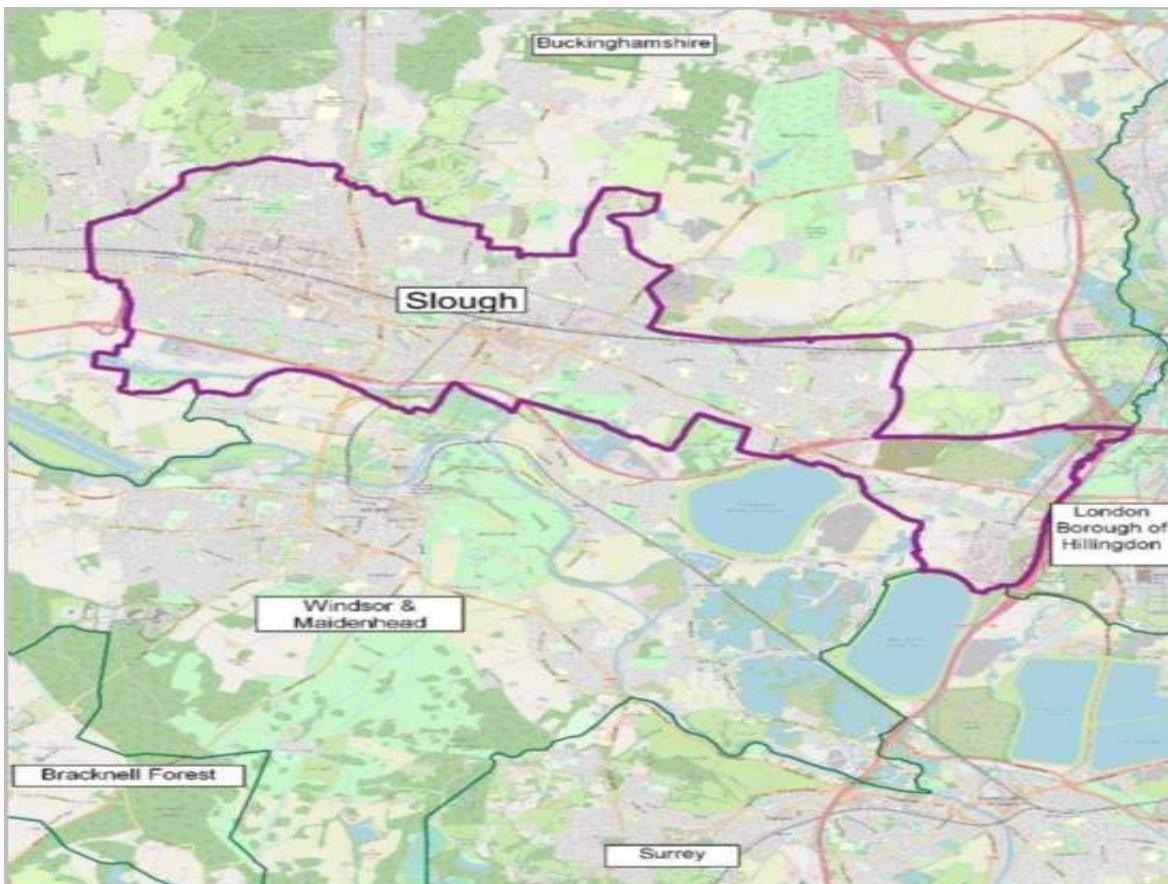
About the area

Slough is a large town in Berkshire and an important commercial centre in the Thames Valley. It is situated close to the M4 and M25 motorways and to Heathrow airport. Slough lies 22 miles to the west of London and is also served by the Great Western Main railway line linking London with Bristol.

The borough's neighbours include Surrey to the south, the Royal Borough of Windsor and Maidenhead to the west, Buckinghamshire to the north, and the London Borough of Hillingdon to the east.

Figure 4.1 provides a context map showing the main areas of the borough, main transport routes, and the location of the borough in relation to other local authorities.

Figure 4.1: Map of Slough and surrounding local authorities, 2025.



According to the 2021 Rural Urban Classification²⁰, 100% of Slough's population resides in areas designated as 'Urban'. This classification is determined by factors such as address density, physical settlement form, population size, and relative access to major towns and cities. Slough's high population density and continuous urban development contribute to its categorisation as entirely urban.

Geodemographic classification

²⁰ Department for Environment, Food & Rural Affairs (Defra), 2021 Urban Rural Classification, 2021

The 2021 Output Area Classification (OAC)²¹ provides a detailed geodemographic segmentation of Slough's population (an Output Area covers approximately 100 households). This classification divides areas into supergroups based on various socio-demographic factors. Supergroups are the highest level of classification used to group areas with similar characteristics. These classifications are based on socio-economic and demographic data from the census.

Slough has 417 output areas. The most common supergroup in Slough is Low-Skilled Migrant and Student Communities, with 331 out of 417 of the output areas. The least common supergroups are Semi- and Un-Skilled Workforce and Legal communities, with 0 out of 417 of output areas.

Table 4.1: Table showing the counts and percentages for Slough's output area by classification supergroups.

Supergroup classification	Count	Percentage
Low-Skilled Migrant and Student Communities	331	79.5%
Ethnically Diverse Suburban Professionals	55	13.1%
Multicultural and Educated Urbanites	21	5.1%
Baseline UK	5	1.3%
Suburbanites & Peri-Urbanites	3	0.7%
Retired Professionals	1	0.2%
Semi- & Un-Skilled Workforce	0	0%
Legacy Communities	0	0%
Total	417	100.0%

²¹ ONS, 2021 residential-based area classifications, 2021

The Slough Local Development Framework Annual Monitoring Report²² noted the following issues, which are peculiar to Slough and may impact the overall health of the borough:

- Slough has some of the highest levels of overcrowding, with each person having on average 27.2 m² of space in a home compared to an average of 36.5 m² in other towns and cities.
- Overcrowding and congestion. The high level of commuting into and out of the borough town, linked with greater prosperity and local car use, has brought with it increasing traffic congestion at peak hours and a lowering of environmental quality. Background sources such as Heathrow Airport also contribute to significant levels of air pollution. As a result of these factors, Slough has declared 5 Air Quality Management Areas due to breaches of the national standard.
- Environmental issues such as the lack of greenery, high levels of traffic congestion and noise, and pockets of fly tipping contribute to the poor image of the town as well as having an impact on the health and wellbeing of residents.
- Areas of deprivation (this will be explored later in this chapter).
- The need to plan for diversity (diversity is explored later in this chapter)

About the population

Population size and density

Slough is densely populated, with a population size of 160,713, as of mid-2023²³. The current population density of the borough is 48.7 people per hectare (ONS Mid-2023 Population

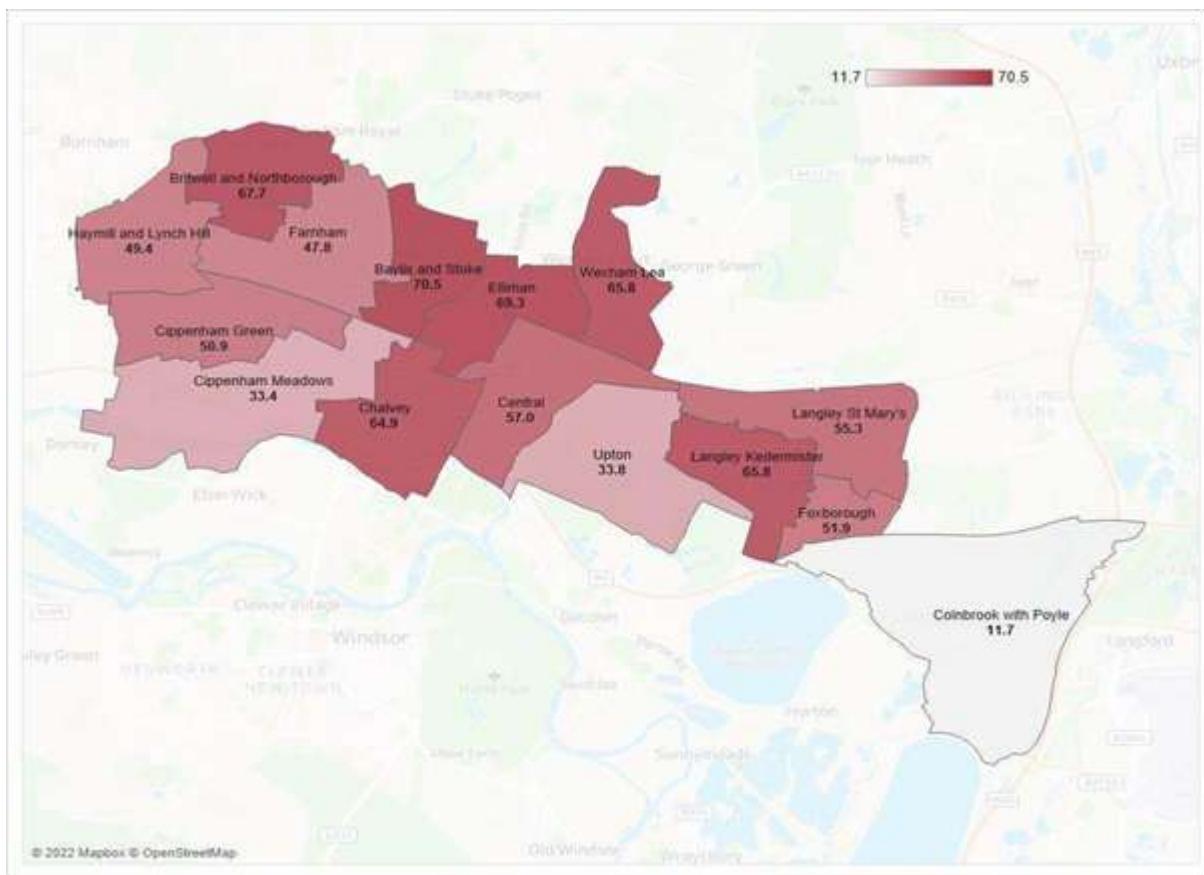
²² Slough Borough Council, Local Development Framework, Annual Monitoring Report 2023 -2024. Available at: [Annual Monitoring Report 2022/23](#)

²³ Office for National Statistics. Ward-level population estimates (official statistics in development). 2024; Available from:

Estimates). This compares to a figure of 5.0 people per hectare for the Southeast Region of England, and 4.4 people per hectare for England as a whole.

At the ward level, the wards with the highest population density are Farnham and Slough Central. Colnbrook with Poyle is the least densely populated ward.

Figure 4.2: Slough ward-level population density estimates



Source: ONS, Mid-2022 population estimates

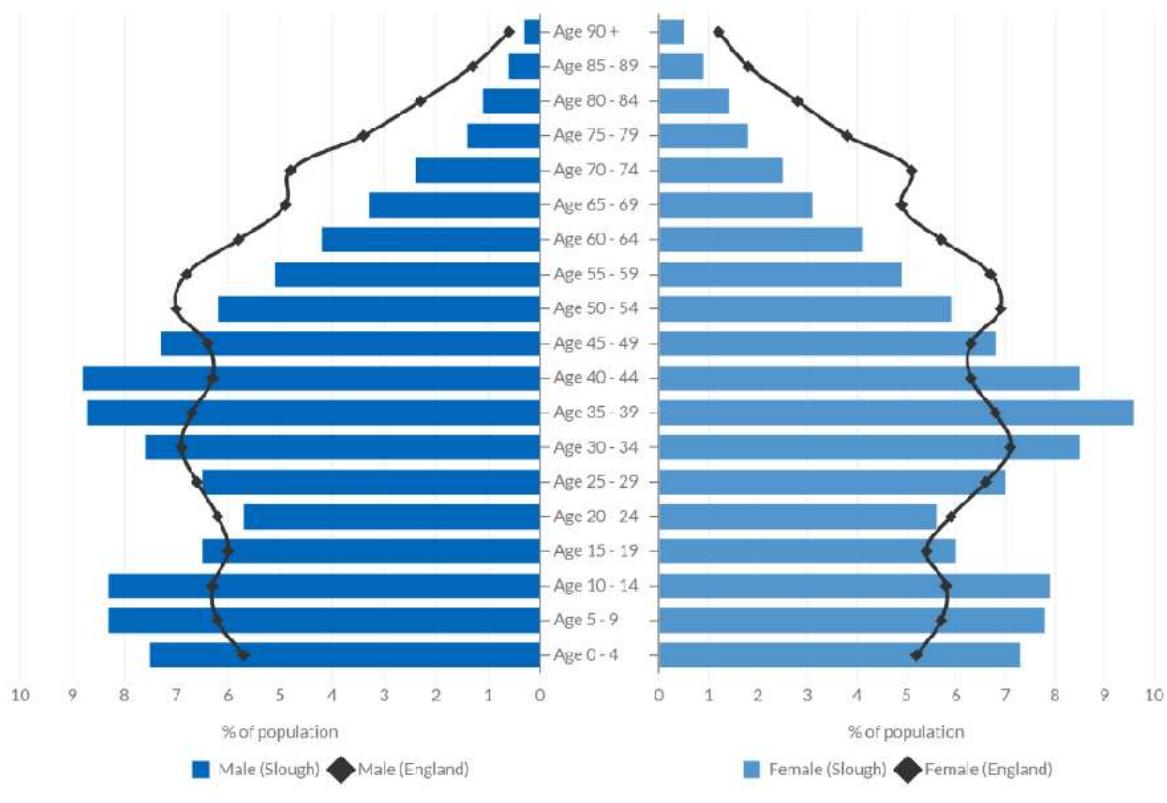
Age Structure

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/wardlevelmidyearpopulationestimatesexperimental>

Slough has a predominantly young population. The population has a median age of 35 years, which is younger than the median age for England (40 years) and 41 for the Southeast Region³.

The population pyramid figure 4.3 compares the proportion of males and females by five-year age bands, with the line over the bars giving the equivalent percentages for England. The age profile for the local authority is generally younger compared to England and the South East. There is a greater proportion of under-14s and 35-44-year-olds in Slough compared to England and the South East. There is a smaller proportion of people aged 65 and over within Slough compared to England and South East England.

Figure 4.3: Slough population pyramid.

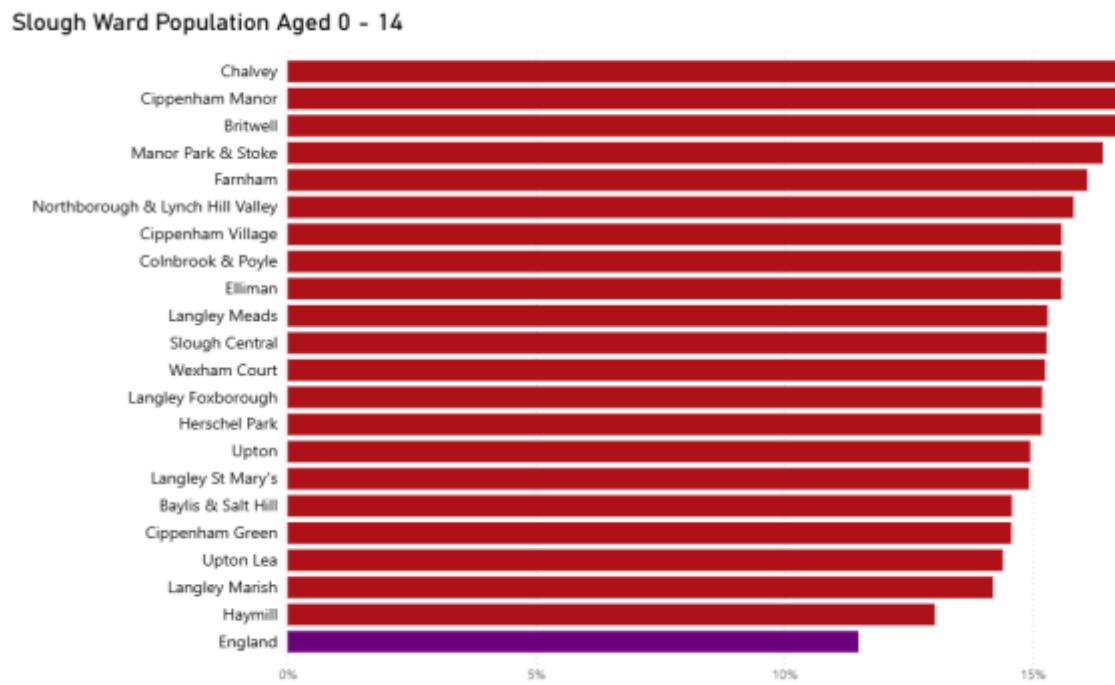


Source: ONS, Mid-2022 population estimates

Figure 4.4 shows the percentage of the population aged 0-14 years across different wards in Slough. Most Slough wards have significantly higher proportions of children than the England

average of 5.37%. Chalvey, Cippenham Manor and Britwell all have a high proportion of children aged under 15 years of their overall population. The data suggests Slough has a notably younger demographic profile compared to the national average, with all but two wards (Cippenham Green and Langley Marish) exceeding the England benchmark.

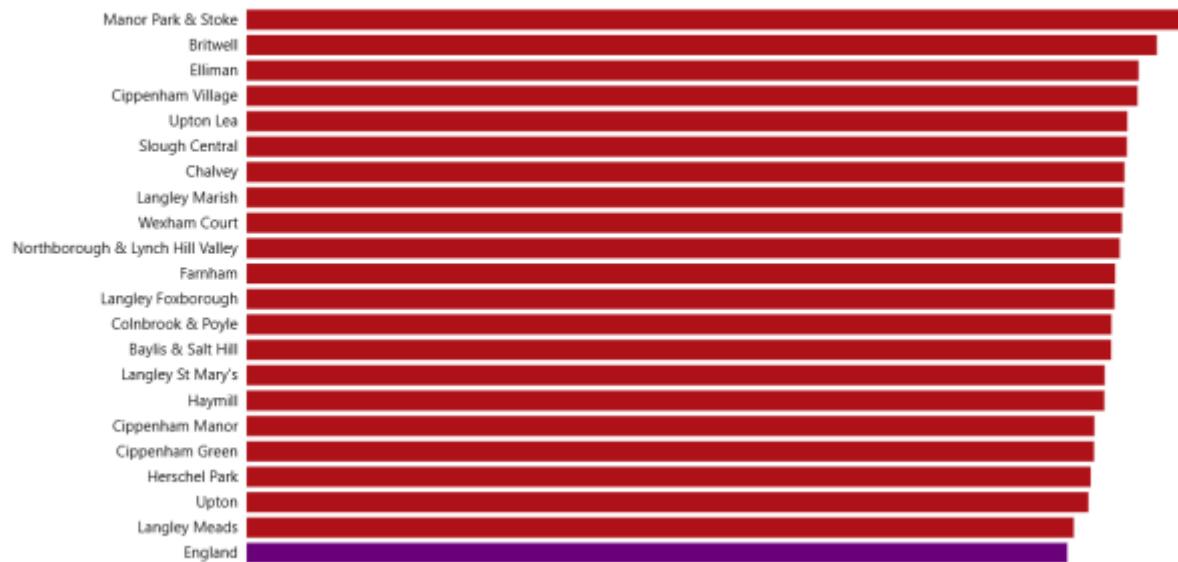
Figure 4.4: Slough Ward Population aged 0 -14 years



Source: ONS, Mid-2022 population estimates

Figure 4.5: Slough Ward Population aged 15 -64 years

Slough Ward Population Aged 15 - 64

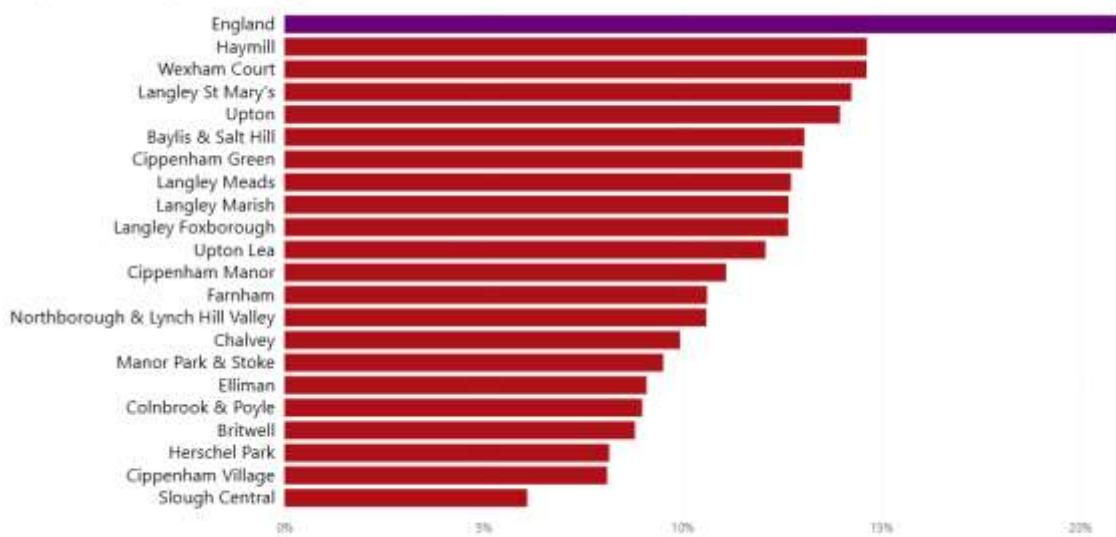


Source: ONS, Mid-2022 population estimates

Figure 4.5 shows us that Manor Park & Stoke, Britwell and Elliman have the highest proportion of residents aged 15-64 of their overall population compared to all the other Slough wards.

Figure 4.6: Slough Ward Population aged 65 and over

Slough Ward Population Aged 65 and Over



Source: ONS, Mid-2022 population estimates

Figure 4.6 shows the percentage of the population aged 65 and over across Slough's wards compared to the England average. England has a significantly higher average than all Slough wards. Haymill has the highest proportion of elderly residents among Slough wards, followed by Wexham Court and Langley St Mary's. Slough Central has the lowest elderly population at around 6%.

This data reveals that Slough has a considerably younger age profile than the national average, with all wards having substantially lower proportions of residents aged 65 and over compared to England as a whole.

Ethnicity and Diversity

Cultural and language barriers can lead to unequal access to healthcare, compromising the quality of care, patient safety, and overall satisfaction.²⁴ Pharmacy staff often reflect the social and ethnic diversity of the communities they serve, making them more approachable for individuals who may be hesitant to engage with other healthcare services.

NICE guidance²⁵ recommends that community pharmacists consider how personal factors such as gender, race, sex, faith, and disability may influence the care a patient receives. It also encourages the use of staff members' language skills to improve communication and service accessibility.

Slough is one of the most ethnically and culturally diverse areas in the country, with a significant proportion of its population coming from ethnic minority backgrounds and Eastern Europe.

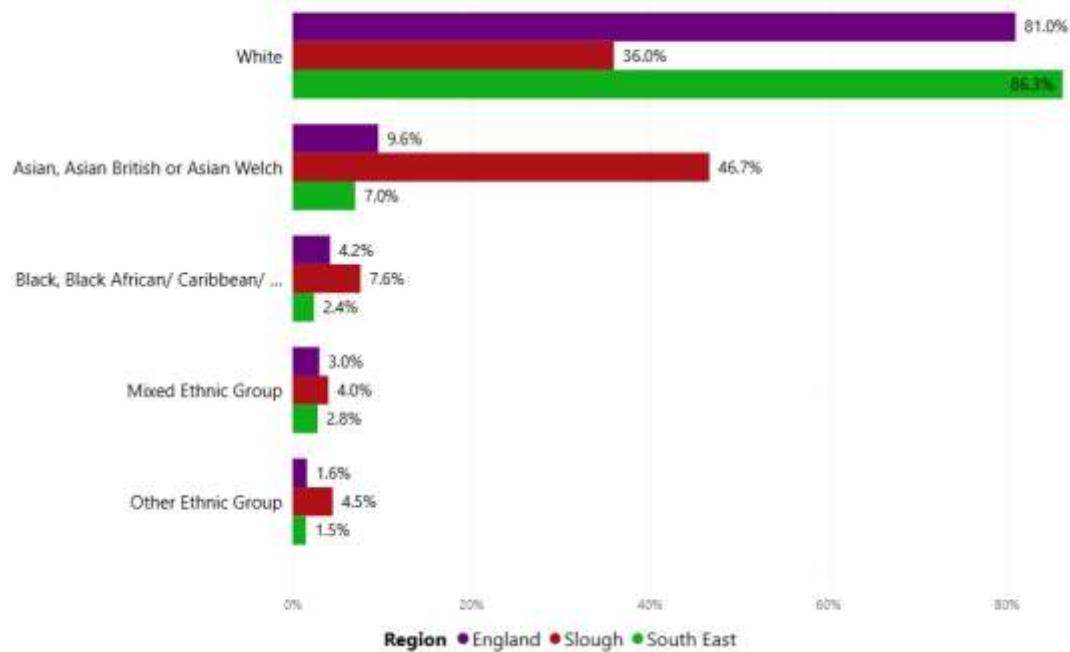
²⁴ Al Shamsi, H., Almutairi, A.G., Al Mashrafi, S. and Al Kalbani, T., 2020. Implications of language barriers for healthcare: a systematic review. *Oman Medical Journal*, 35(2), p.e122. <https://doi.org/10.5001/omj.2020.40>

²⁵ NICE Guidance (2018), Community Pharmacies, Promoting Health and Wellbeing (NG102). Available at: [Community pharmacies: promoting health and wellbeing](#)

According to the 2021 Census, 22% of Slough's residents are of Pakistani heritage, the second highest proportion in England and Wales. Additionally, 2% identify as Sikh, making Slough the local authority with the highest concentration of Sikhs in England. Reflecting this rich diversity, over 150 languages are spoken in Slough's schools²⁶.

Figure 4.7: Bar plot comparing ethnicity as a percentage of the population for each ethnic group for Slough, South East and England.

Ethnicity of Slough Population



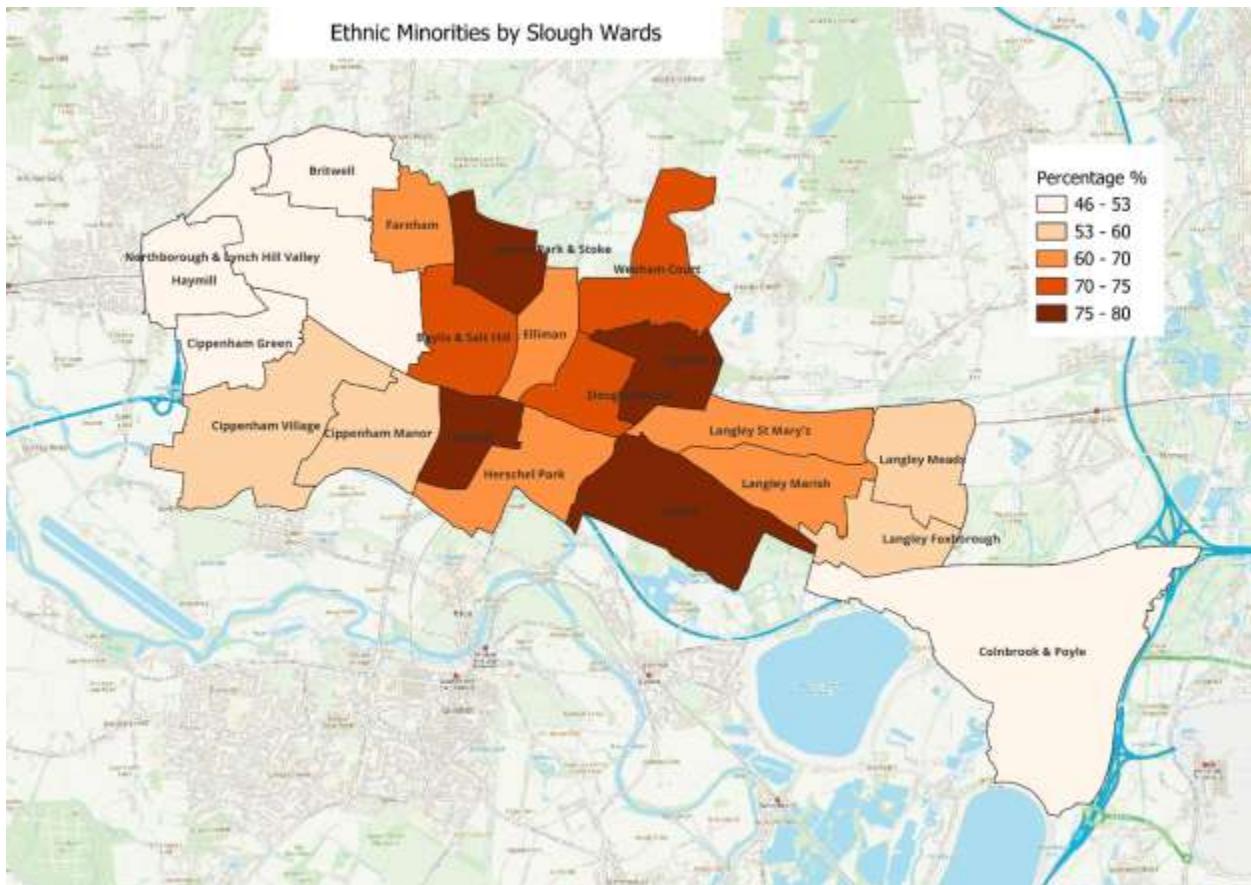
Source: 2021 Census.

As a percentage of the population, Slough has more Asian residents when compared to the South East and England, with 7.0% and 9.6% respectively. The next largest ethnic group in Slough is

²⁶ Slough Borough Council, Local Development Framework, Annual Monitoring Report 2018-2019

White with 36%. This is lower than both the South East region and England, with 81% and 86.3% respectively (ONS, 2021 Census)²⁷.

Figure 4.8: Percentage of ethnic minority groups by wards in Slough



At the ward level, Upton Lea (80%), Upton (79.7%), Manor Park & Stoke (76.6%), and Chalvey (76%) have the highest proportions of residents from Black, Asian, and minority ethnic backgrounds. (ONS, 2021 census).

Culture and Language

²⁷ Slough 2021 Census Statistics," Plumplot, accessed May 12, 2025, <https://www.plumplot.co.uk/Slough-census-2021.html>.

The Census 2021 estimates that 72.7% of Slough residents aged 3 years and over speak English as their main language. This is lower compared to England as a whole, which has 90.8%. The South East is higher than Slough with 92.8%. The next largest main language in Slough is Punjabi at 6.3% and Polish at 5.1%.

Table 2: Table showing the counts and percentage for Slough's output area by classification supergroups

Household language	Slough	South East	England
Total: All households	100.0%	100.0%	100.0%
All adults in the household have English as their main language	63.23%	91.4%	89.3%
At least one but not all adults in the household have English as a main language	15.54%	3.6%	4.3%
No adults in household, but at least one person aged 3 to 15 years, has English in England or English or Welsh in Wales as a main language	5.8%	1.2%	1.4%
No people in the household have English as a main language	15.43%	3.8%	5.0%

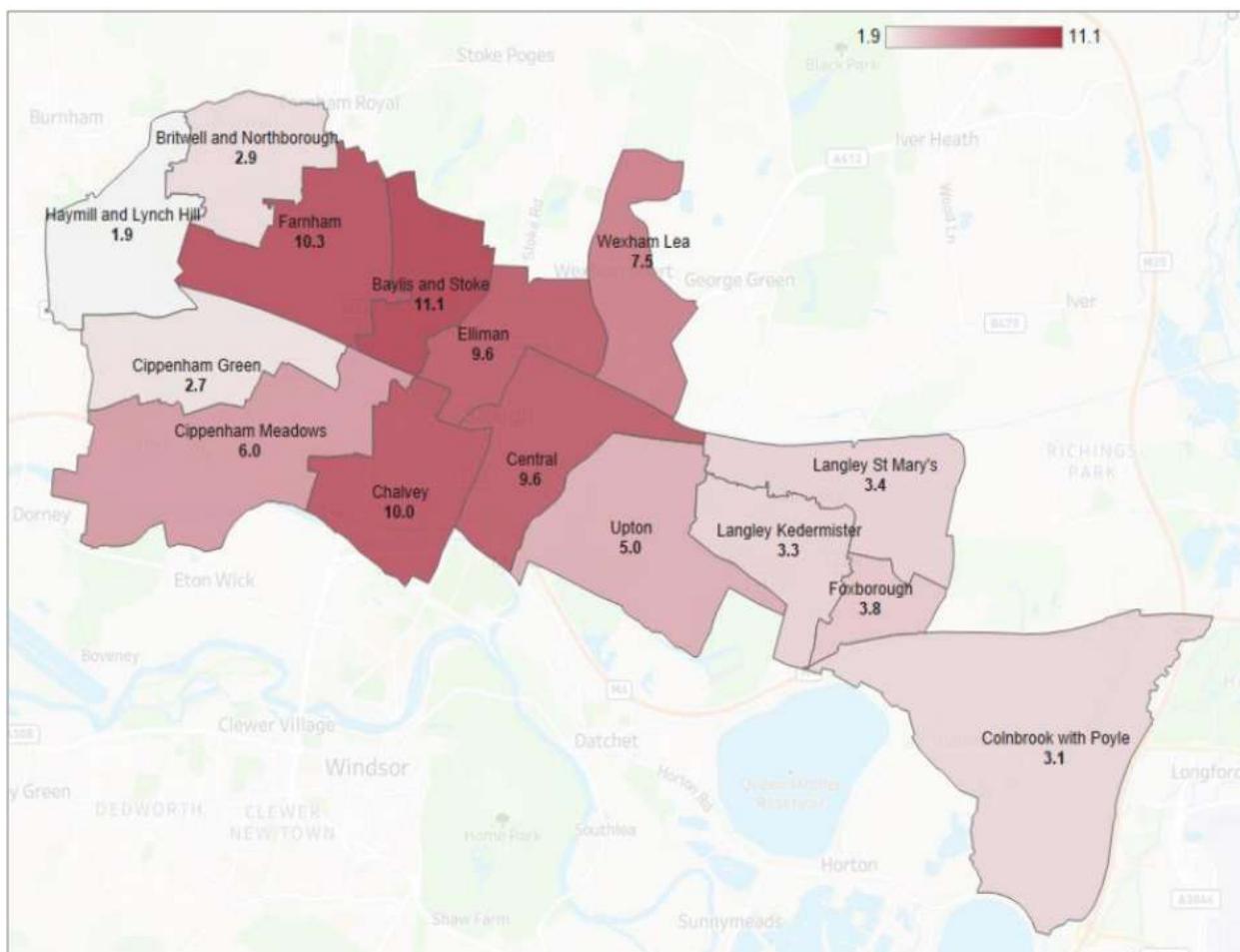
Source: 2021 Census

Table 2 shows Census 2021 estimates that classify households in England and Wales by the combination of adults and children within a household that have English (English or Welsh in Wales) as a main language. The table shows that Slough has a lower percentage of households where all adults in the household have English as a main language (63.23%), compared to 91.4% in the South East and 89.3% in England. The table also shows that Slough has a higher percentage of households where at least one but not all adults in the household have English as a main language (15.54%), when compared to the South East (3.6%) and England (4.3%).

The percentage of individuals by ward who report speaking English either not well or not at all. The data indicates notably high concentrations in Baylis and Stoke (11.1%), Farnham (10.3%), and Chalvey (10%).

Figure 4.9: Percentage of people who cannot speak English well or at all by ward in Slough,

2021



Source: 2021 Census.

The top five languages (other than English) spoken in Slough are Polish, Punjabi, Urdu, Somali, and Tamil (ONS, 2021 census).

Population Projections

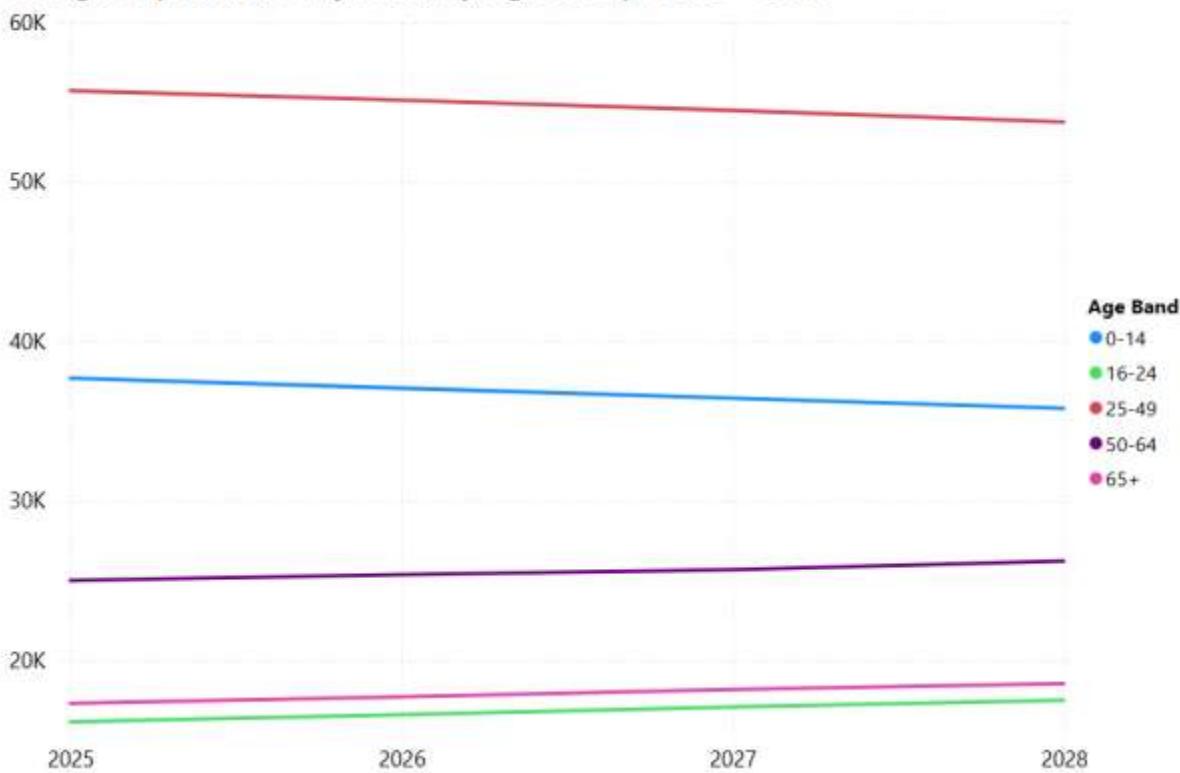
According to the Office for National Statistics (ONS) 2021 Census, Slough's population increased by 13.0% between 2011 and 2021, from approximately 140,200 to around 158,500 residents. This growth rate was higher than both the Southeast (7.5%) and England (6.6%).

ONS produce subnational population projections for England. These projections indicate the potential future population size of English local and health authorities. As of the time this document was produced, the population projections are 2018-based.

Regarding projected population changes across key age groups in Slough, the ONS has published data showing that between 2011 and 2021, the number of residents aged 65 and over increased by 19.3%, those aged 15 to 64 years rose by 10.7%, and children under 15 years increased by 17.3%. These trends suggest a growing and ageing population, with a significant proportion of young residents.

Figure 4.10: Trend plot showing population projections by age band.

Slough Population Projection by Age Group, 2025 - 2028



Source: ONS 2018 population projections

Figure 4.10 shows that most of the population increase is expected among the over 65s, which is estimated to increase by just over 7.2%. This is from 17,292 to 18,530. The projected increase for the population aged 65+ in South-East England is 6.4% and 6.3% for England²⁸.

This data highlights the significant ageing trend in Slough, which is projected to see a higher percentage increase in its older population compared to both the South East and England as a whole. This information is crucial for planning local services and infrastructure to accommodate the growing needs of the elderly population²⁸.

²⁸ Office for National Statistics (ONS), 2022. *Census 2021*. [online] Available at: <https://www.ons.gov.uk/census>

Future Residential Development and Housing Requirements in the Borough

According to the latest Annual Monitoring Report (AMR) for Slough Borough Council, over 9,000 new dwellings are expected to be completed by 2036. This ambitious housing target is part of the broader regeneration plans aimed at transforming Slough into a vibrant and sustainable urban area.

Key developments contributing to this growth include:

- 1) **Horlicks Factory Site (Elliman Ward):** A major regeneration project transforming the former Horlicks factory into a mixed-use development with residential, commercial, and leisure facilities.
- 2) **Canal Basin (Elliman Ward):** A waterfront development offering new homes alongside improved public spaces and amenities.
- 3) **Aspire 2 Site (Slough Central Ward):** A residential development providing modern housing options in the heart of Slough.
- 4) **Former Thames Valley University Site (Slough Central Ward):** A redevelopment project converting the former university site into residential units and community spaces.

These developments are part of Slough's broader strategy to address housing needs, enhance infrastructure, and promote sustainable growth. (Slough Borough Council Annual Monitoring Report (AMR) 2023/24)

Visitors

Slough is a bustling town located in Berkshire, South East England, just 20 miles west of Central London. Known for its diversity, thriving business scene, and proximity to major attractions like Windsor Castle and Eton College, Slough is a town on the rise. While it may be more famous for its industrial heritage and as a hub of commerce, Slough offers visitors a blend of history, culture, and easy access to some of England's most iconic landmarks. Whether you're visiting for

business or leisure, Slough's strategic location near the M4 and major rail links makes it a convenient base for exploring the surrounding areas.

Slough Borough Council has recently achieved accreditation as a Local Visitor Economy Partnership (LVEP) from Visit England. This recognition integrates Slough into the national tourism framework, potentially enhancing its visibility and attractiveness as a destination.

Historically, Slough has not been a primary tourist destination compared to neighbouring areas. Despite this, Slough offers several attractions that contribute to its local tourism appeal. These include cultural venues like The Curve, historical sites such as St Mary's Church, and proximity to major attractions like Windsor Castle and Legoland Windsor. The town's diverse community and events also add to its cultural richness.

With the new LVEP status, Slough aims to enhance its tourism profile by collaborating with local businesses and stakeholders to develop and promote its unique offerings. This initiative seeks to attract more visitors and stimulate economic growth within the borough²⁹.

Deprivation

One of the priorities of the Slough Health and Wellbeing Strategy is to invest in the borough as a place to live and reduce inequalities³⁰. Fair Society, Healthy Lives: (The Marmot Review) and later the Marmot Review 10 Years On describe the range of social, economic, and environmental factors that impact on an individual's health behaviours, choices, goals, and health outcomes. They include factors such as deprivation, education, employment, and fuel poverty³¹.

²⁹ [Slough Borough Council](#)

³⁰ Slough Integrated Health and Wellbeing Service 2025-2030.

³¹ Michael Marmot PG Jessica Allen. Fair society, healthy lives: The Marmot Review. 2010 Feb; Available from: <https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review>

The Index of Multiple Deprivation (IMD) is the official measure of relative deprivation in England and is part of a suite of outputs that form the Indices of Deprivation (IoD). It follows an established methodological framework in broadly defining deprivation to encompass a wide range of an individual's living conditions. People may be considered to be living in poverty if they lack the financial resources to meet their needs, whereas people can be regarded as deprived if they lack any kind of resources, not just income²³

The Indices of Deprivation 2019 provide a set of relative measures of deprivation for small geographical areas (Lower-layer Super Output Areas) across England, based on seven different domains of deprivation³²:

- Income Deprivation
- Employment Deprivation
- Education, Skills and Training Deprivation
- Health Deprivation and Disability
- Crime
- Barriers to Housing and Services
- Living Environment Deprivation

Each of these domains is based on a basket of indicators. As far as is possible, each indicator is based on data from the most recent time point available³³. The Index of Multiple Deprivation 2019 combines information from the seven domains to produce an overall relative measure of deprivation³².

³² Ministry of Housing, Communities & Local Government. The English indices of deprivation 2019, Available from: <https://www.gov.uk/government/publications/english-indices-of-deprivation-2019-technical-report>

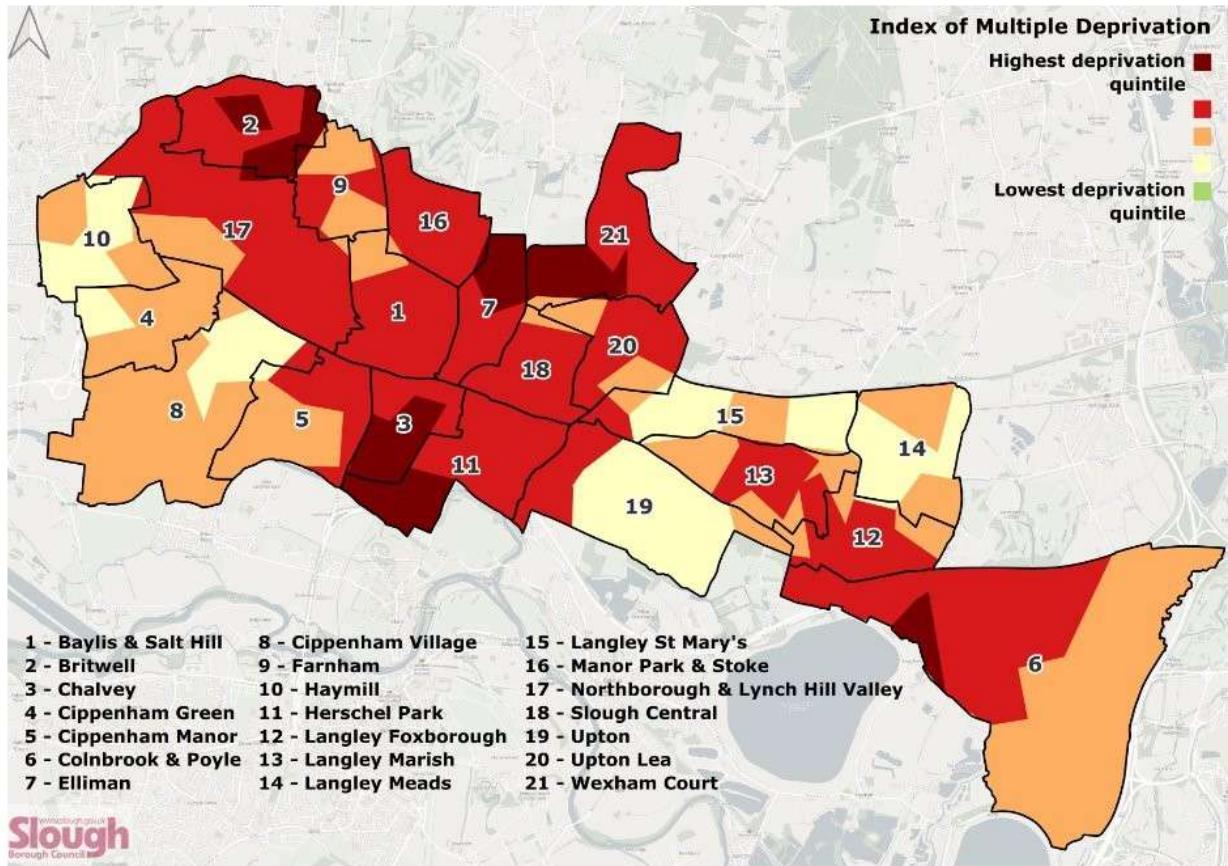
³³ [Office for Health Improvement and Disparities. Homelessness](#)

Access to community pharmacy services in communities where there is high deprivation is important in addressing health inequalities²². IMD deciles enable a comparison of deprivation in neighbourhoods across England. A decile of one, for instance, means that the neighbourhood is among the most deprived 10% of neighbourhoods nationally (out of a total of 32,844 neighbourhoods in England).

A summary for each Local Authority is compiled, providing the average score and rank for each Upper and Lower Tier Local Authority in England, with the most deprived authority ranked 1. Slough is ranked 103rd out of 317 Local Authorities, placing it in the top 31-40% of the most deprived lower-tier Local Authorities in England (decile 4).

Slough is made up of 80 neighbourhoods, also referred to as Lower Super Output Areas (LSOAs). The borough's average IMD decile score is 4.5, compared to the national average of 5.5, indicating that Slough experiences higher levels of deprivation than the national average.

Figure 4.11: Map showing IMD 2019 for all LSOAs in Slough.



Source: Ministry of Housing, Communities & Local Government, 2019

As shown in Figure 4.11, Slough contains several deprived neighbourhoods. 7 out of the 80 neighbourhoods in the borough fall within the 20% most deprived areas in the country (with a deprivation decile of 1 or 2).

Homelessness

The levels of homelessness are significantly higher than regional and national comparators. For the year 2023/24, 1,036 (18.5 per 1,000) households owed a duty under the Homelessness Reduction Act. This is the number of households owed a prevention or relief duty under the Homelessness Reduction Act during the financial year. Prevention duties include any activities aimed at preventing a household threatened with homelessness from becoming homeless within 56 days. Relief duties are owed to households that are already homeless and require help to secure settled accommodation. Although it is in principle possible, it is not likely that a household

will be included in the numerator more than once per financial year. Applications are made on a household, rather than individual, basis and the timescales and nature of the process are such that it is not likely that a household will make more than one application in a year.

Slough's rate of homelessness (households owed a duty under the Homelessness Reduction Act) is 18.5 per 1,000 estimated total number of households. This is statistically significantly higher than when compared to the England average of 13.4 per 1,000 and the South East, 11.3 per 1,000³³.

The rate of households in temporary accommodation in Slough is notably high. As of December 2024, Slough Borough Council had the highest rate of households living in temporary accommodation outside London, with 20.7 households per 1,000 households. This is significantly higher than the national rate of 4.9 and the South East rate of 3.7 per 1,000 households (Department for Levelling Up, Housing & Communities, 2025)³⁴.

Pharmacists can contribute significantly to improving the health and well-being of homeless individuals. Pharmacies are easily accessible services, often situated in areas with high levels of deprivation and need. They can support homeless individuals in areas such as medication management and offer referrals to other health and well-being services. 'Underserved' groups, including those who are homeless, rough sleepers, or individuals with substance misuse issues, may be more likely to visit a community pharmacy than a GP or other primary care provider.

Access to Services and Facilities

³⁴ [Ministry of Housing, Communities and Local Government. Statutory homelessness in England: October to December 2024. Homelessness statistics.](#)

The Centre for Research into Energy Demand Solutions produce the Place-Based Carbon Calculator. Within this calculator, data is available giving the location of areas within 15 minutes travel time by public transport or walking to the main centres of population³⁵.

Figure 4.12: Areas within 15 minutes travelling time by either walking or public transport of major destinations in Slough



Source: Place-based carbon calculator website, 2024

This data reveals that over 90% of Slough's population lives within a 15-minute public transport commute to key population hubs. The travel time contours are illustrated in Figure 4.12.

³⁵ The Centre for Research into Energy Demand Solutions. Place-based carbon calculator. 2021; Available from: <https://www.carbon.place/>

Groups with specific needs

Refugees

Slough is home to a small number of refugees. The most recent data from October to December 2024 indicates that 14 asylum seekers were supported under Section 4 of the Immigration and Asylum Act 1999 for dispersed accommodation, 124 individuals received support under Section 95 of the same Act for dispersed accommodation, and 28 people were provided support under Section 95 for subsistence only (Home Office Immigration Statistics, Asylum & Protection, February 2024).

Chapter 5 - Health needs

This chapter presents an overview of health and wellbeing in Slough, particularly the areas likely to impact on needs for community pharmacy services. It looks at life expectancy and healthy life expectancy in Slough and includes an exploration of health and behaviours and major health conditions.

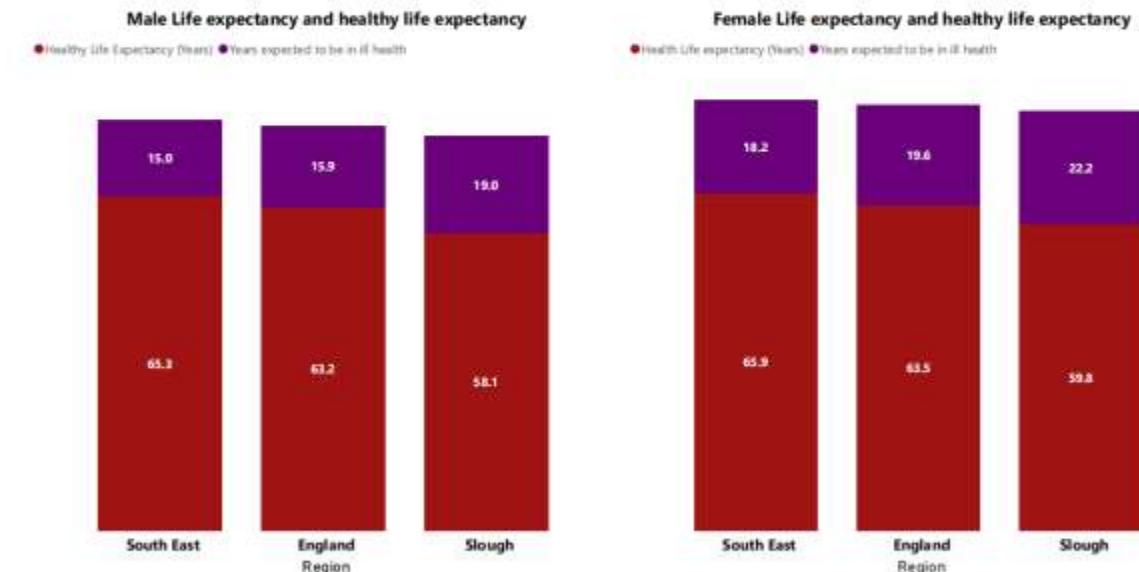
Life expectancy and healthy life expectancy

Life expectancy is a statistical measure of how long a person is expected to live. Healthy life expectancy at birth is the average number of years an individual should expect to live in good health considering age-specific mortality rates and prevalence for good health for their area.

In Slough, the life expectancy for males is 77.1 and females is 82.0 (2021/23 data). Both figures are lower than South East England and England figures. Slough's male life expectancy is significantly lower than England. Figure 5.1 shows levels of life expectancy and healthy life expectancy in numbers of years for both men and women for Slough, South East England and England as a whole for 2021-2023. It shows that Slough has lower levels of life expectancy and healthy life expectancy for both men and women, compared to the South East Region and England³⁶.

Figure 5.1: Slough Life expectancy and healthy life expectancy (2021-2023)

³⁶ Office for Health Improvement and Disparities (OHID), 2023. *Public Health Outcomes Framework*. [online] Available at: <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>

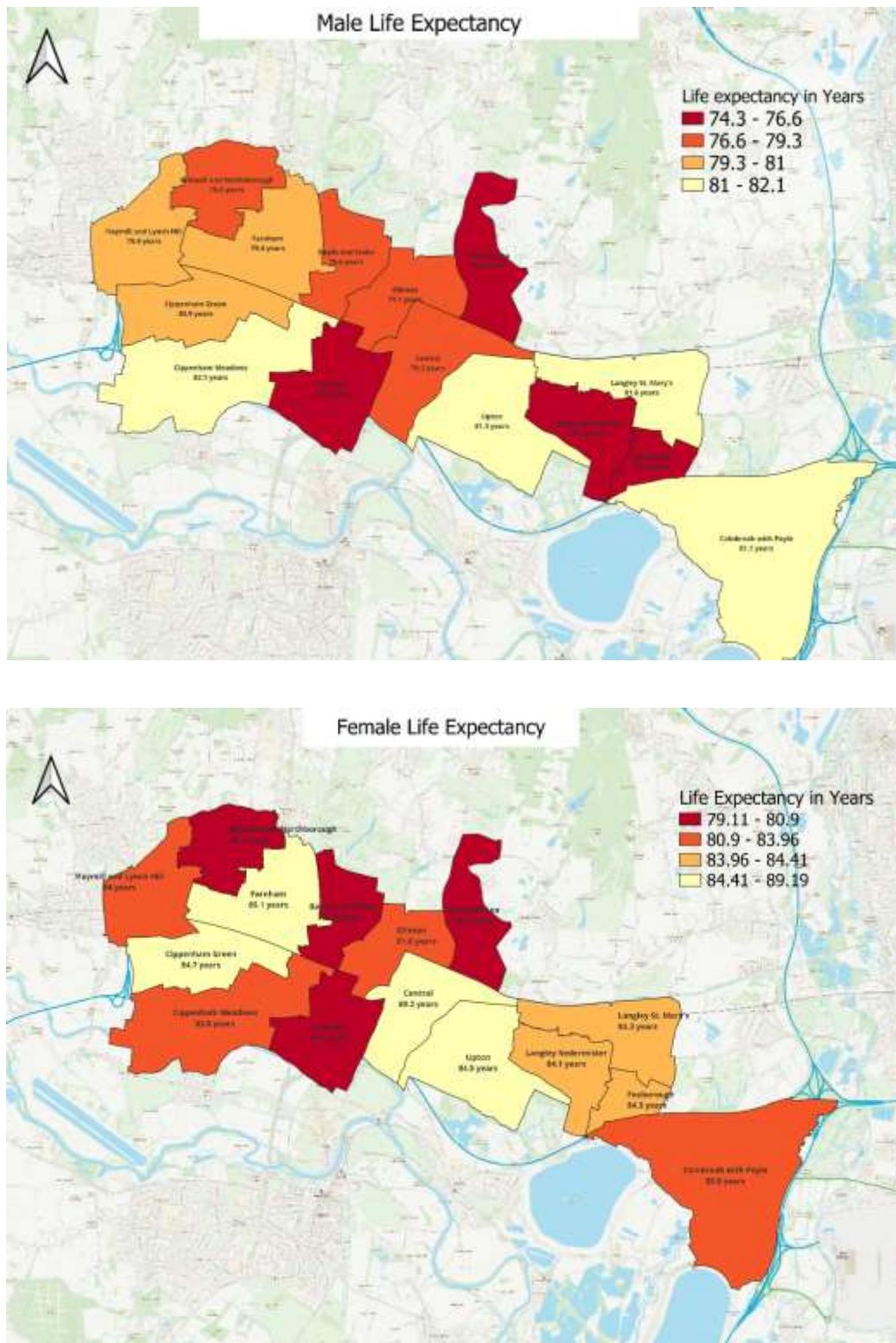


Source: OHID, Public Health Outcomes Framework, 2023.

However, Slough has a few deprived neighbourhoods, and there are still inequalities in life expectancy within the borough. Men living in the most deprived parts of the borough are expected to live 7.2 years less than those living in least deprived areas with a similar gap in healthy life expectancy at 7.4 years. This compares to 7.9 years for South East England and 9.7 years for England as a whole. The gap is even wider for girls, with a 7.6-year difference in life expectancy and an 8.6- year gap in healthy life expectancy between the least and most deprived areas of Slough, which is similar to that for England (7.9 years), but higher than that for South East England (6 years). These figures are derived from the 2021-2023 slope index of inequality for life expectancy in years³⁶.

At ward level, latest figures (2016-2020 data) show that life expectancy is still lowest in Chalvey for both males and females. Cippenham Meadows residents have the highest life expectancy for males at 82.1 with Central the equivalent for females at 89.2 (figure 5.2).

Figure 5.2: Life expectancy at birth for Males and Females in Slough, 2016 to 2020



Source: OHID, Local Authority Health Profiles, 2023.

The Frimley Health and Care Strategy is continuously working to improve healthy life expectancy in its area by two years, and the gap in healthy life expectancy between least and most deprived communities by 3 years.

The life expectancy gap between Slough's most and least deprived areas is attributable to different causes of death for men and women, and these issues are explored in the section below on long term health conditions.

Our Health and Behaviours

Lifestyle, and the personal choices that people make, can significantly impact on their health. Behavioural patterns contribute to approximately 40% of premature deaths in England, which is a greater contributor than genetics (30%), social circumstances (15%) and healthcare (10%)³⁷. While there are many 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, being overweight, alcohol and drug use.

Community Pharmacy teams support the delivery of community health programmes promoting interventions by, for example, engaging local public health campaigns and rolling out locally commissioned initiatives and services. In addition, pharmacies are required to signpost people to other health and social care providers and provide brief advice where appropriate.

This section of the chapter explores different health behaviours and lifestyles that pharmacies can offer support for, to improve the overall health of the population of Slough.

Smoking

Smoking is the leading cause of preventable illness and death in England, contributing to diseases such as lung cancer, chronic obstructive pulmonary disease (COPD), heart disease, and stroke³⁸.

³⁷ [Global Burden of Disease Collaborative Network. Global Burden of Disease Study 2019 \(GBD 2019\) Reference Life Table. Seattle, United States of America: Institute for Health Metrics and Evaluation \(IHME\), 2019](#)

³⁸ [NHS Smoke Free | Wirral University Hospital NHS Foundation Trust](#)

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 death³⁷.

In 2023, 8.3% of Slough's adult population aged 18+ and over smoke, a decrease from 16% in 2011 and lower when compared to England's average of 11.6% and South East 10.6%. About 12% of those employed in routine and manual occupations smoked in 2023, lower compared to the figures for England of 19.5% and South East of 18.4%. (OHID, Local Authority Health profiles, 2023).

Smoking during pregnancy presents significant health risks to both the mother and developing baby. The proportion of mothers who smoke in early pregnancy for Slough was at 7.3% in 2023/24, this is significantly better compared to England and the South East region with rates of 14% for and 12% respectively³⁶.

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. Alcohol can also play a role in accidents, acts of violence, criminal behaviour and other social problems.

In 2023, there were 52 deaths classified as 'Alcohol-related mortality' in Slough. This gave a rate of 47.6 per 100,000 population which is similar to the England rate of 40.7 and South East region rate of 35.6.

43.2% of residents aged 18+ attending treatment for alcohol misuse in Slough in 2023, successfully completed their alcohol treatment and left the treatment free of alcohol dependence and did not represent again within a 6-month period. This was significantly better than the England success rate of 34.2% and for the South East region success rate of 34.3%.

Alcohol misuse is either directly or indirectly linked to 200 health condition which leads to hospital admissions³⁹. In 2023/24, there were 777 admission episodes for alcohol-specific conditions in Slough. This gave a rate of 580 per 100,000 population, which is significantly worse compared to the South East region (521) and similar compared to England (612)⁴⁰.

Drug misuse

In 2021-2023, there were 18 deaths from drug misuse in Slough. 9.3% of drug users in Slough aged 18 years and over had successful treatment for opiate drug use in 2023, which is significantly better when compared to England (5.1%) and the South East region (6.5%). For successful completion of drug treatment for non-opiate users aged 18 years and over, the figure for Slough was about 49%, comparable to England and the South East region figures of 30% and 31%⁴⁰.

Obesity

Obesity is a major cause of premature mortality and avoidable ill health. Obesity is estimated to be responsible for over 30,000 deaths annually and reduces life expectancy by nine years⁴¹. It increases the risk of a range of diseases including certain cancers, hypertension and type 2 diabetes³⁸. Obesity is indicated when an individual's Body Mass Index (BMI) is over 30.

About 58.2% of adults living in the Slough were classified as being obese or overweight in 2022/23. These figures are significantly better than England's average of (64%)⁴⁰.

Nearly a third of children aged 2 to 15 are overweight or obese⁴². Childhood obesity is a public health issue constantly increasing and can have a significant impact on health outcomes⁴¹. A child who is overweight or obese can have increased blood lipids, glucose intolerance, Type 2 diabetes, hypertension, increases in liver enzymes associated with fatty liver, exacerbation of conditions

³⁹ Rehm, J. et al. (2012). Alcohol consumption, alcohol dependence, and attributable burden of disease in Europe: potential gains from effective interventions for alcohol dependence.

⁴⁰ Office for Health Improvement and Disparities (OHID), 2023. *Local Authority Public Health Profiles*. [online] Available at: [Local Authority Public Health Profiles - Data | Fingertips | Department of Health and Social Care](https://www.gov.uk/government/collections/local-authority-public-health-profiles)

⁴¹ [Health matters: obesity and the food environment - GOV.UK](https://www.gov.uk/government/publications/health-matters-obesity-and-the-food-environment)

⁴² [Childhood obesity: a plan for action - GOV.UK](https://www.gov.uk/government/publications/childhood-obesity-a-plan-for-action)

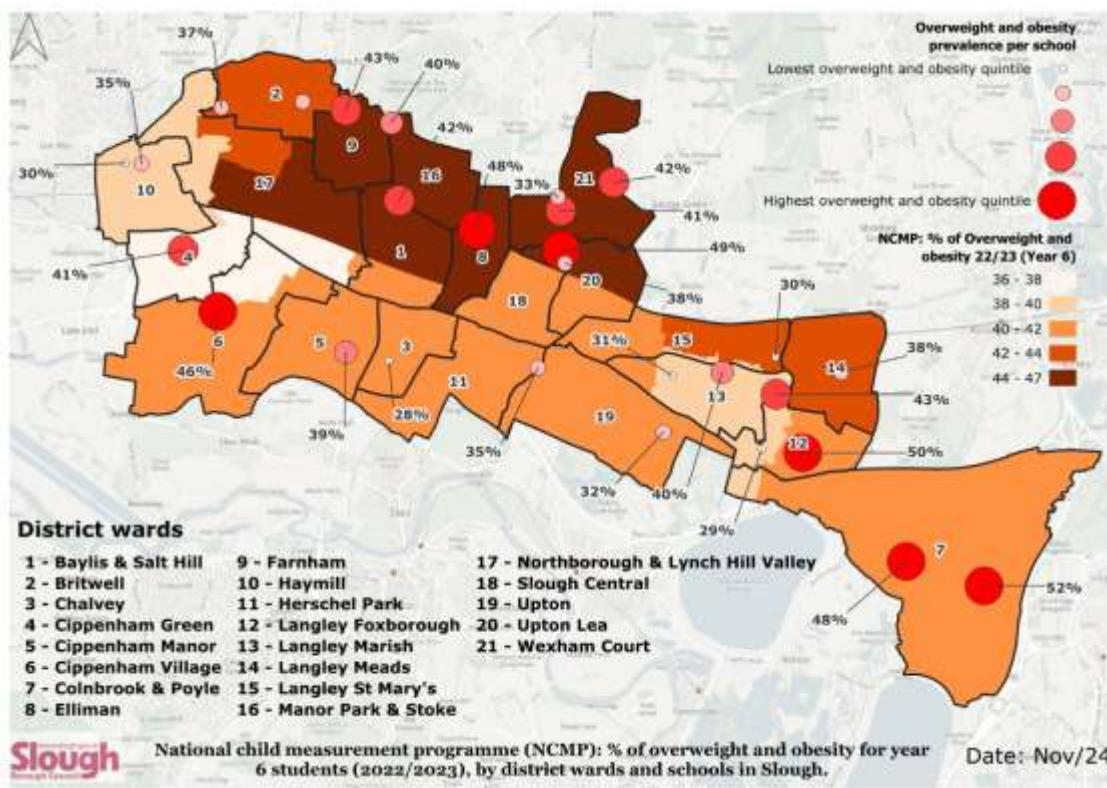
such as asthma and psychological problems such as social isolation, low self-esteem, teasing and bullying.

The National Child Measurement Programme measures the height and weight of children in their first and last year of primary school (Reception Year and Year 6). In 2023/24, 19% of children in Reception Class in Slough were overweight and obese, which is significantly better than the national figure of 22%. 40% of children in Year 6 in Slough were overweight or obese, which was significantly worse than the national average 36%.

Figure 5.3 highlights the prevalence of children in Year 6 who are overweight or obese at ward level. Elliman has the highest rate with 48.3% of year 6 children who are overweight or obese. Cippenham Green has the lowest prevalence of 37%.

Figure 5.3: Percentage of Year 6 children who are overweight / obese by ward in Slough in

2022/2023



Source: National Child Measurement Programme (NCMP), 2023.

The Pharmacy Quality Scheme (PQS) (2023/24) for pharmacies no longer help identify people who would benefit from weight management advice⁴³. However, the General Pharmaceutical Council has updated its guidance on providing weight management services, emphasising the importance of safe prescribing practices. Pharmacies are expected to ensure that staff have the appropriate skills and qualifications to provide weight management services.

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 who lead a sedentary lifestyle⁴⁴. Physical activity is also associated with improved mental health and wellbeing. The Global Burden of disease³² found that physical inactivity is directly accountable for 5% of deaths in England and is the fourth leading risk factor for global mortality⁴⁴ of children and young people were physically active in 2023/24, similar compared to England's average of 48%⁴⁰.

Sexual Health

Sexual health covers the provision of advice and services around contraception, relationships, sexually transmitted infections (STIs) and abortion. The UKHSA formerly public health England states that the success of sexual and reproductive health services depends on the whole system working together to make the services as responsive, relevant and easy to use as possible and ultimately to improve the public's health

STIs are a major public health concern and undiagnosed may cause complications and long-term health problems. The rate of new sexually transmitted infections (STIs) in Slough is lower than the nationally rate. In 2023, the number of STI diagnosis per 100,000 population (excluding chlamydia for those aged under 25) for Slough was 435, higher than the rate for South East England (369)

⁴³ NHS England. Pharmacy quality scheme. 2023: <https://www.england.nhs.uk/wp-content/uploads/2021/09/PRN00176-pharmacy-quality-scheme-guidance-23-24-v2.pdf>

⁴⁴ [Physical Activity | Fingertips | Department of Health and Social Care](#)

but lower than the rate for England (520). This rate is lower than the previous value for 2022 (504).

In 2023, the STI testing rate (excluding Chlamydia for those aged under 25) per 100,000 was 3391.1 per 100,000 population who accessed specialised sexual health services in Slough. This figure is lower than that for England (4,110.7 per 100,000) but similar to the South East regional of 3,136.6 per 100,000. The testing rates for Slough has decreased significantly compared to the value in 2020 which was 4,696 per 100,000 population.

Chlamydia is the most diagnosed bacterial STI in England, with rates substantially higher in young adults than any other age group. The chlamydia detection rate in 2023 per 100,000 population young people aged 15-24 for Slough was 984. This detection rate is worse than that of England (1,962 per 100,000) and the Southeast region (1,670 per 100,000) and below the 3,250 per 100,000 targets. The proportion of Females aged 15 to 25 years, screened for Chlamydia in Slough is 11.8 % lower than the rates for the Southeast region (18.2%) and England (20.4%)⁴⁰.

HIV

The rates of HIV in Slough are significantly higher than national rates. The latest figures show that there were 326 Slough residents aged 15-59 years in living with diagnosed HIV in 2023. This equates to 3.3 per 100,000 population. This significantly higher than the national rates of 2.4 per 100,000 and regional rate of 1.9 per 100,000 population. The rate of HIV testing among residents of Slough at specialist (level 3) and non-specialist (level 2) sexual health services including online services was 2,667 per 100,000, which is lower than England overall (2,771 per 100,000) and higher than the South East region (2,272 per 100,000)⁴⁰.

About 90% of those newly diagnosed in 2021-23 received prompt antiretroviral therapy (ART) initiation in Slough, higher than the figures for England (84%) and for the South East Region (87%)⁴⁰.

Flu Vaccination

Flu vaccination is an important public health intervention that helps reduce morbidity and mortality in those most at risk including the older population, pregnant women and those in clinical risk groups. The flu vaccine is offered to people who are at greater risk of developing serious complications if they catch flu. There's been a constant decrease in the proportion of Slough residents over 65 vaccinated. In 2023/24 (66%) Slough residents were vaccinated compared to 75% in 2021/22, this is significantly lower than the England average of 78% and South East region of 80%. Slough's figure is lower than the 75% population vaccination coverage target.

There's been a constant decline in the population coverage for flu for at risk individuals (aged 6 months – 64 years) in Slough. In 2023/24 about 34% of individuals at risk received flu vaccinations in Slough. Again, this figure is significantly lower than the England average of 41% and South East region of 42%⁴⁰, and lower than the 55% population vaccination coverage target.

COVID-19

The COVID-19 pandemic highlighted the impact of deprivation on health risks and outcomes. Although no longer a public health emergency, COVID-19 morbidity and mortality was more pronounced in more deprived areas and in ethnic minority groups that experienced more social inequalities such as income, housing, education, employment, and unfair work conditions.

The mortality rate for deaths due to COVID-19, all ages from 2021-2023 was 97.1 per 100,000. This is an age standardised rate and describes the rates for deaths due to COVID-19. The mortality rates for deaths due to COVID-19 all ages for Slough is significantly worse than that of England (57.5 per 100,000) and the South East region (54.6 per 100,000).

The mortality rates for deaths involving COVID-19, all ages between 2021 - 2023, provides rates of deaths where COVID-19 was mentioned on the death certificate, but the death was not directly due to COVID-19. For Slough this rate is 114.3 per 100,000 which is again significantly worse than that of England's (73.4) and the South East (69.7) average.

COVID-19 vaccines help prevent and reduce the severity of the infection. In 2023, NHS successfully vaccinated about 62% of people over 65 years and administered over 11 million COVID vaccines since the start of their vaccination campaign⁴⁵.

Mental health and wellbeing

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.

The House of Commons Library dataset modelled estimates at constituency level that in Slough, 10% of the GP registered population have depression in 2022/23. These are similar to the figures of 13.5% for England and 13.8% for the South East region. In Slough, Britwell (16.5%) has the highest rate of GP patients diagnosed with depression which is above average rate⁴⁶.

In 2023/24, about 2,003 people aged over 18 years were newly diagnosed with depression in Slough. The trend for Slough indicates an increase in people newly diagnosed with depression over the past five years (OHID Public health profiles, 2025).

At constituency level, an estimated 0.4% of GP patients of all ages have dementia in 2023. This compares to an England average of 0.7% and a South East average of 0.8%.

About 1% of GP registered patients in Slough have Schizophrenia, bipolar disorder, and psychosis in 2023/24. These figures compare 1% for England and 0.9% for South East of England⁴⁶.

Frimley Health and Care's strategic priorities⁴⁷ continues to focus on wellbeing, enabling people to have the opportunity to live healthier lives no matter where they are placed in the system. The ONS dataset 'Personal well-being estimates by Local Authority'⁴⁸ uses four measures to access personal well-being: life satisfaction, feeling the things done in life are worthwhile, happiness,

⁴⁵ [Statistics » Vaccinations: COVID-19](#)

⁴⁶ [House of Library, Constituency data: Health conditions: April 2023](#)

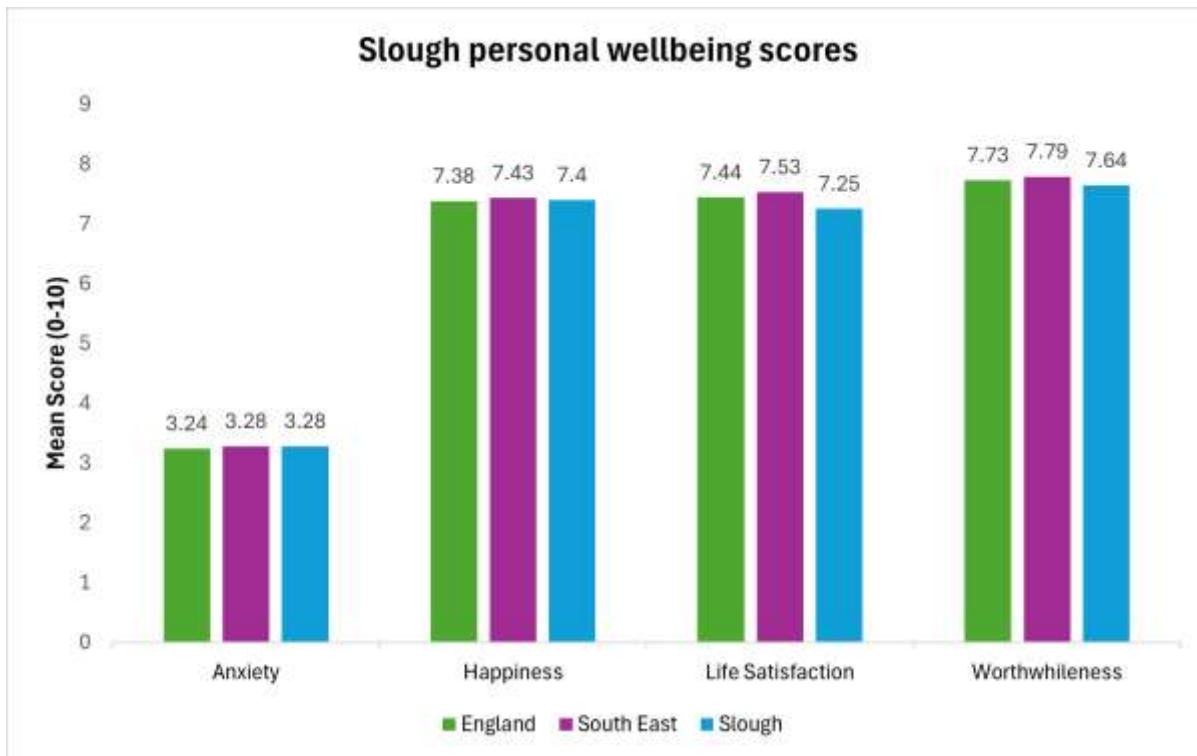
⁴⁷ Frimley Health and Care 5-year strategy (2021).

<https://www.frimleyhealthandcare.org.uk/media/1459/frimley-health-care-system-strategy-narrative-final.pdf>

⁴⁸ ONS, Personal Wellbeing in the UK, 2022-2023, November 2023

and anxiety. Figure 5.5 presents the results from the latest survey wave (2022-23), showing the mean score (0-10) for each of the variables. It shows that Slough scores slightly above average for wellbeing than England and South East England for all measures (ONS, Personal Wellbeing in the UK, 2023).

Figure 5.5: Personal wellbeing scores in Slough, April 2022 - March 2023



Source: ONS, Personal Wellbeing in the UK, 2022-2023, November 2023.

Social Isolation and Loneliness

Social isolation and loneliness can impact people of all ages, but it is more prominent in older adults. It is linked to increased behavioural risk factors, poor mental health as well as morbidity and mortality from acute myocardial infarction and stroke⁴⁹. Slough (-1.4) has a higher rate of loneliness than the South East (0.9) and England (0.1) averages. About 29% of Slough resident

⁴⁹ Hakulinen, C., Pulkki-Råback, L., Virtanen, M., et al. (2018) *Social isolation and loneliness as risk factors for myocardial infarction, stroke and mortality: UK Biobank cohort study of 479,054 men and women*. Heart, 104, pp.1536–1542.

over 65s live alone (ONS, 2021 Census). This is the fourth lowest in the region and lower than the England rate of 31%.

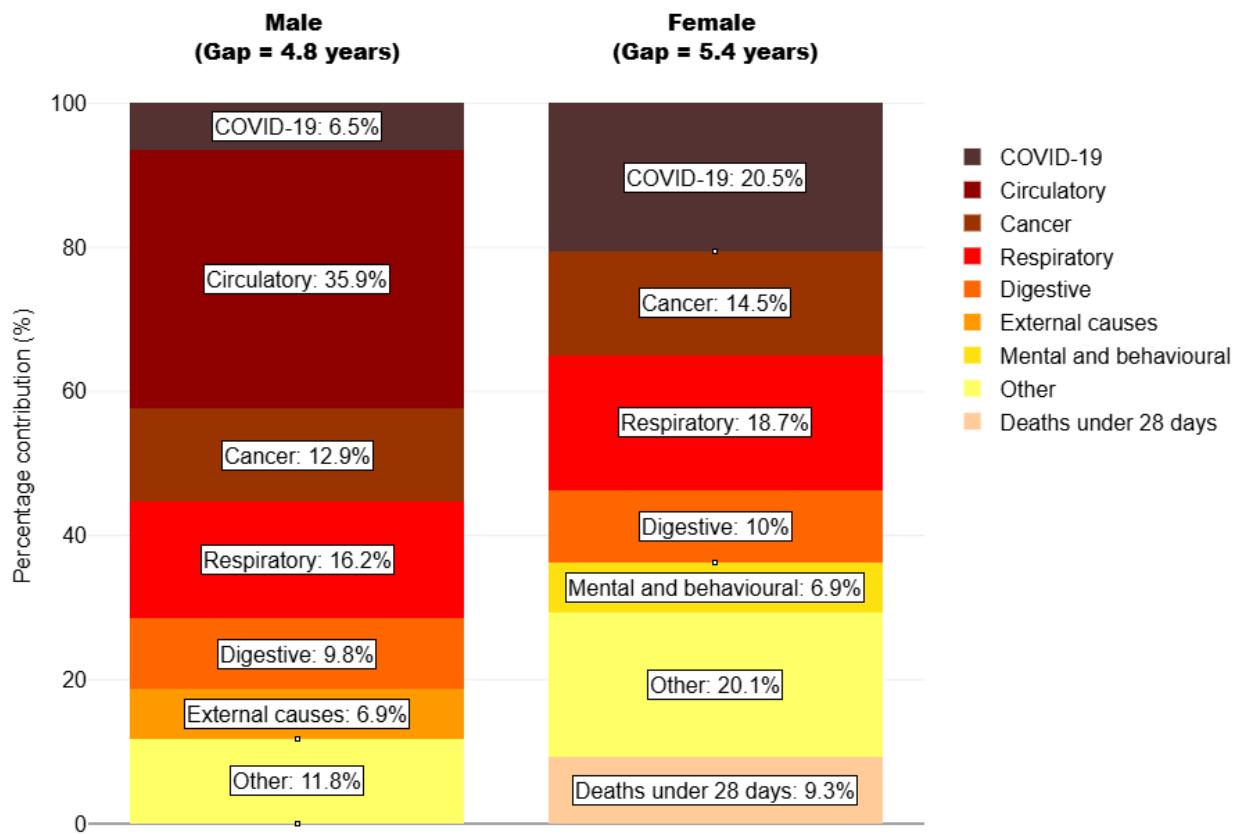
The adult social care survey explores isolation and loneliness in its analysis. Findings show that in Slough, 14.4% of service users reported that they often or always feel lonely, this is slightly higher than national figures of 11.1%. 35% users have as much social contact as they would like. This is substantially lower than national figures of 46% and a significant decrease from 43% in 2022-23. It highlights that more than half of older adults in receipt of social care do not have as much social contact as they would like and are likely feeling isolated and lonely (Adult Social Care Survey, 2023).

Pharmacies have a crucial role in supporting population mental health and wellbeing. They can help with early identification of new or worsening symptoms in individuals, they can signpost make a referral to existing offers of support, and they can work with patients to ensure their safe and effective use of medications.

Major health conditions

The causes of the life expectancy gap between the most deprived and least deprived populations within a borough provides a good indicator on what health conditions have a bigger impact on local populations and where a targeted approach is needed.

Figure 5.6: Scarf chart showing the breakdown of the life expectancy gap between the most deprived quintile and least deprived quintile of Slough, by broad cause of death, 2020 to 2021



Source: OHID, Breakdown of the Life Expectancy Gap Segment tool, 2023

Figure 5.6 showcase a breakdown of the causes of the life expectancy gap (by broad cause of death) between the most deprived quintile and least deprived quintiles of Slough. The life expectancy gap is 4.8 years for males and 5.4 years for females. For males, the top three leading contributors to the gap are Circulatory diseases (35.9%), respiratory diseases (16.2%), and Cancer (12.9%). For females, the main contributors are COVID-19 (20.5%), respiratory diseases (18.7%), and other causes (20.1%)

COVID-19 had a notably higher impact on the life expectancy gap in females (20.5%) compared to males (6.5%). Individuals with underlying health conditions are at increased risk of mortality from COVID-19. The severity of COVID-19 is often worsened by pre-existing conditions such as cardiovascular and respiratory diseases.

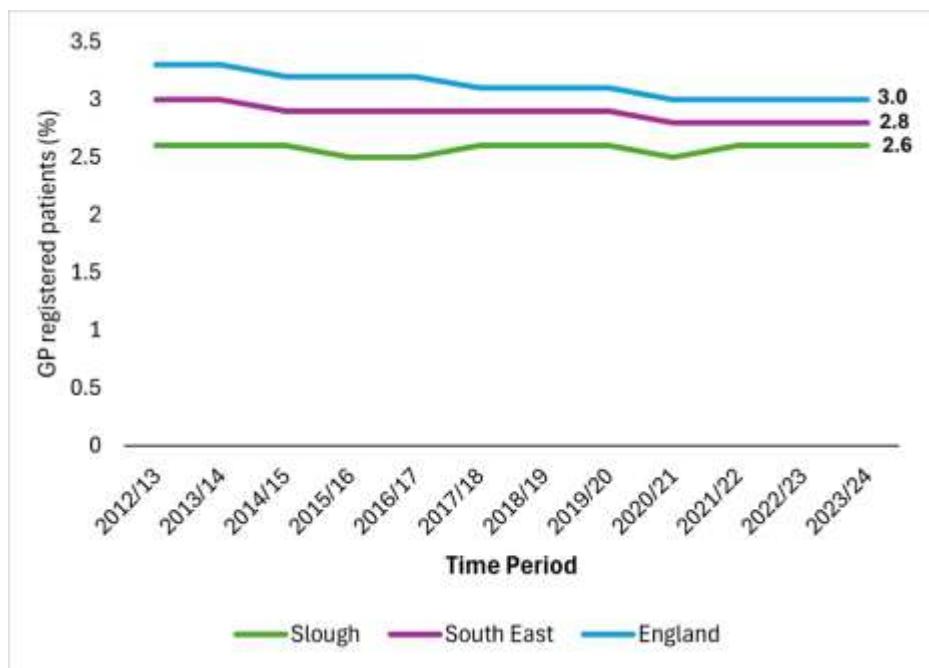
Additionally, mental and behavioural disorders and deaths under 28 days were unique contributors in females (6.9% and 9.3%, respectively), whereas external causes were more prominent in males (6.9%).

Circulatory diseases

Circulatory diseases include heart disease and stroke. Coronary heart disease prevalence is recorded by GP practices. Local authority-based values are calculated by assigning all patients of the GP to the local authority where the GP practice is located.

The percentage of patients registered with GP Practices in Slough with coronary heart disease for Slough in 2023/24 was 2.6%. This is better than the England percentage of 3.0% and the percentage for South East England of 2.8% (OHID, QOF, 2024). Figure 5.7 shows that the prevalence of coronary heart disease has remained fairly steady since 2012/13.

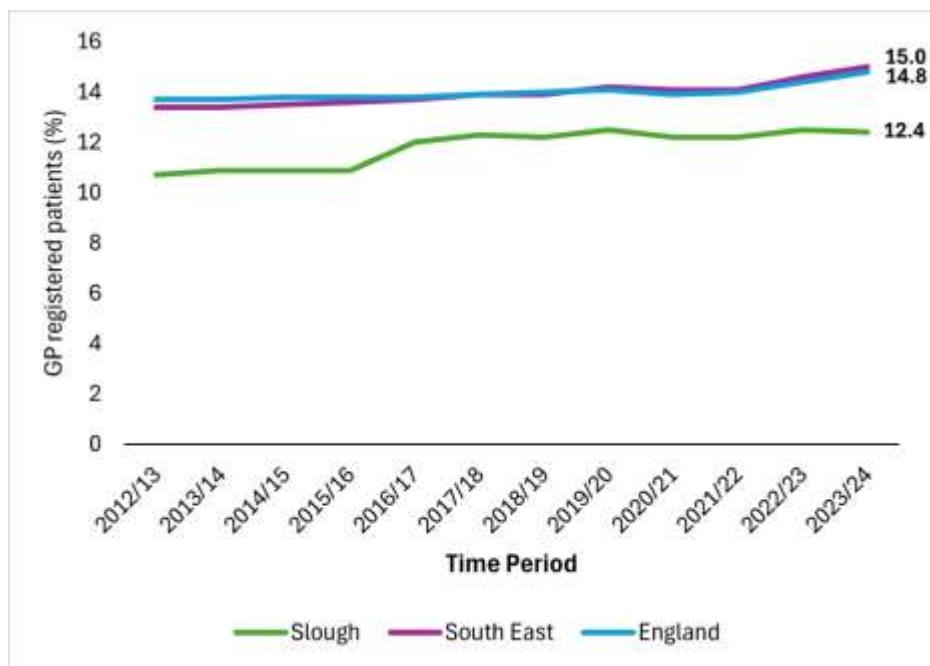
Figure 5.7: Prevalence of coronary heart disease in Slough GP registered patients from 2012/13 to 2023/24



Source: NHS England, Quality and Outcomes Framework, 2024.

In 2023/24, 12.4% of patients were registered with hypertension for Slough GP practices. This compares significantly below both the England average of 14.8% and South East region average of 15.0% (OHID QOF, 2024). Figure 5.8 shows the hypertension prevalence for patients registered at Slough practices compared to England and the South East region. Hypertension prevalence in Slough has been significantly lower than England and the South East region and shows a slight decrease between 2022/23 and 2023/24.

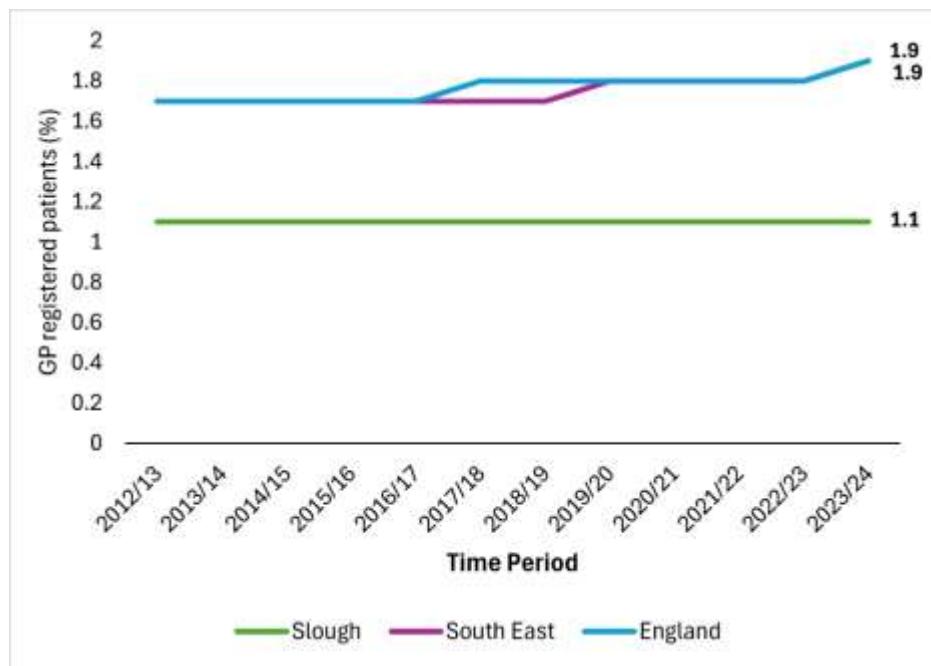
Figure 5.8: Prevalence of Hypertension in Slough GP registered patients from 2012/13 to 2023/24.



Source: NHS England, Quality and Outcomes Framework, 2024.

1.1% of Slough GP registered patients have had a stroke or transient ischaemic attack (2023/24 data). This is lower than the percentage for England of 1.9% and the South East region (OHID, Local Authority Public Health Profiles, 2024). Slough is in the second lowest quintile in England for this indicator (Figure 5.9).

Figure 5.9: Prevalence of stroke or transient ischaemic attack in Slough GP registered patients from 2012/13 to 2023/24.

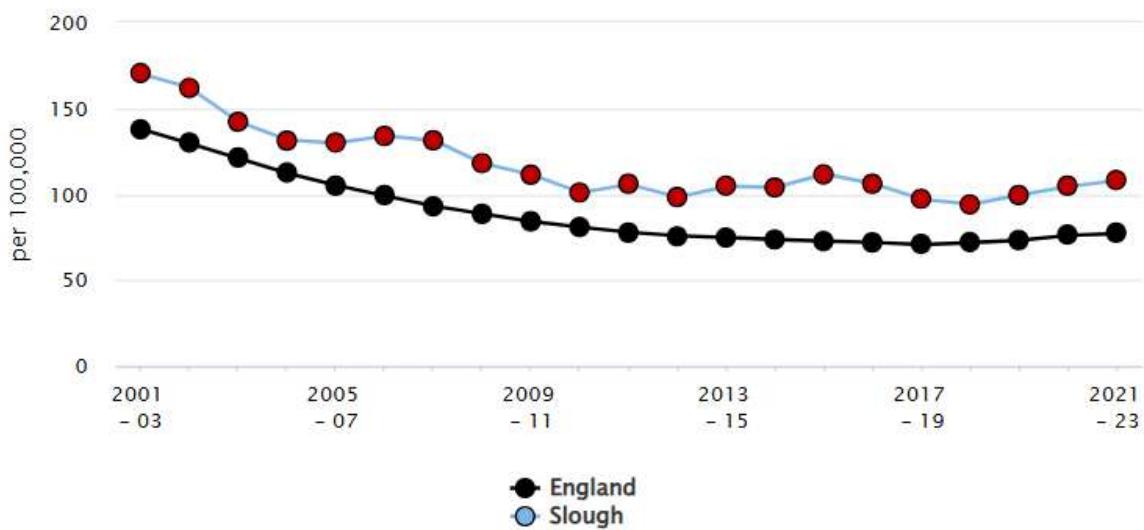


Source: NHS England, Quality and Outcomes Framework, 2024.

Figure 5.9 shows that the prevalence of stroke for patients registered at Slough GP practices has consistently been lower compared to England and the South East.

The under 75 mortality rates for cardiovascular disease (Persons, 3-year range) in Slough is 107.9 per 100,000 population between 2021 - 2023. This is significantly worse compared to England (77.1) and South East (62.8) average.

Figure 5.10: Trend plot showing under 75 mortality rates from all cardiovascular diseases in Slough compared to England, 2001/03 to 2021/23



Source: OHID, Fingertips 2024.

Cancer

Pharmacists can play an important role in the early detection and diagnosis of cancer. Raising awareness through public health campaigns and talking to patients about signs and symptoms of different cancers can result in earlier diagnosis and therefore better treatment options for patients.

The standardised incidence ratio (SIR) of all cancers for Slough during the period 2015- 2019 was 97.4, which is similar to an England standardised rate of 100, indicating a similar incidence rate⁵⁰. The SIR for breast cancer in Slough was 98.7% during the same period, similar to England average⁵¹. For colorectal cancer, the SIR was 95.5%, similar to the national average⁵². The SIR for

⁵⁰ [Office for Health Improvement and Disparities. Incidence of all cancers, standardised incidence ratio. Indicator ID: 93234. 2022](#)

⁵¹ [Office for Health Improvement and Disparities. Incidence of breast cancer, standardised incidence ratio. Indicator ID: 93235. 2022](#)

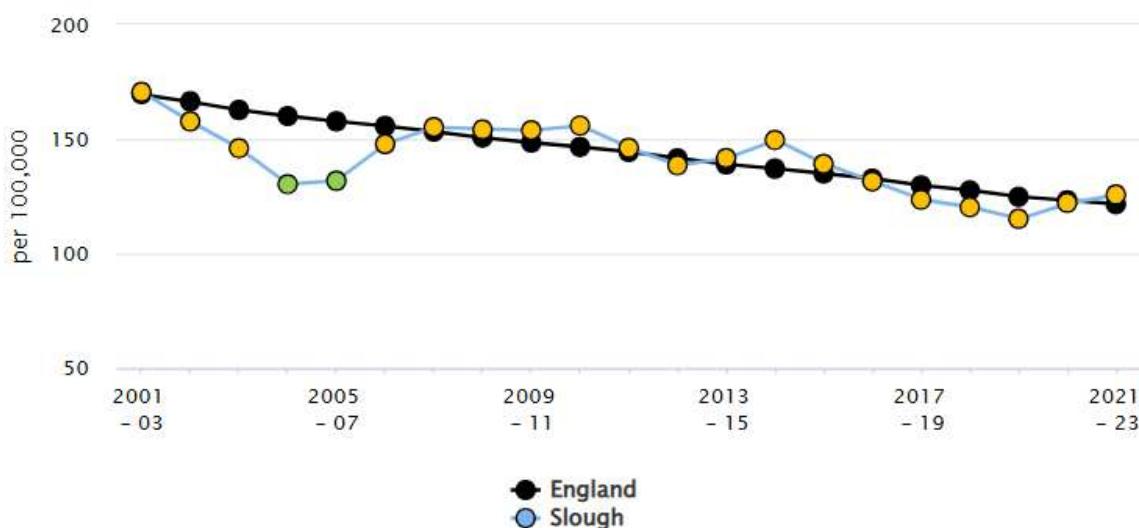
⁵² [Office for Health Improvement and Disparities. Incidence of colorectal cancer, standardised incidence ratio. Indicator ID: 93236. 2022](#)

lung cancer was 99.5%, also similar the England average⁵³. The SIR for prostate cancer was 102.0%, significantly higher than the national average⁵⁴.

The screening coverage percentages for Breast cancer (60.3), Bowel cancer (59.5) and Cervical cancer (60.8) for women (aged 25-64) for Slough are all significantly lower than the figures for England and the South East region⁵⁵.

The premature mortality rate from cancer (under 75 years) in Slough in 2021-2023 was 125.7 per 100,000, which is similar to the rate for England of 121.6 and a rate of 112.9 for South East England⁵⁶.

Figure 5.11: Trend plot showing under 75 mortality rates from all cancers in Slough compared to England, 2001-03 to 2021-23



Source: OHID, Fingertips 2024.

⁵³ [Office for Health Improvement and Disparities. Incidence of lung cancer, standardised incidence ratio. Indicator ID: 93237. 2022](#)

⁵⁴ [Office for Health Improvement and Disparities. Incidence of prostate cancer, standardised incidence ratio. Indicator ID: 93238.](#)

⁵⁵ [Office for Health Improvement and Disparities. Cancer screening.](#)

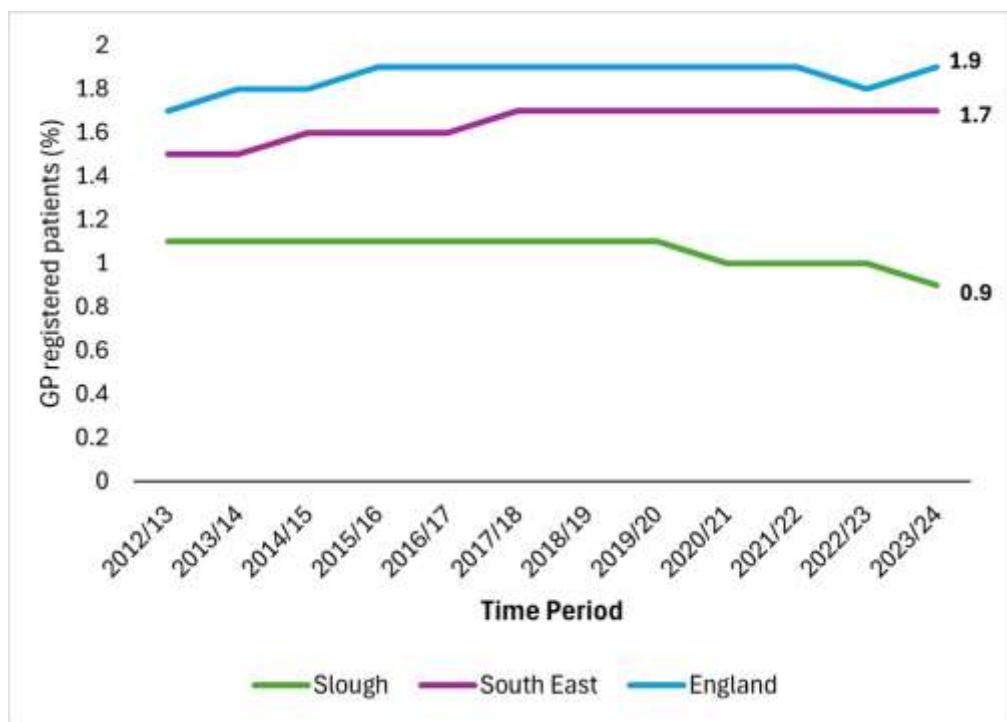
⁵⁶ [Office for Health Improvement and Disparities. COPD: QOF Prevalence.](#)

Respiratory diseases

Respiratory disease is one of the top causes of death in England in under-75s. respiratory diseases encompass flu, pneumonia and chronic obstructive pulmonary disease (COPD).

In 2023/24, 0.9% of patients registered at Slough GP practices had COPD, as recorded on the practice disease registers. This is significantly lower than the England average of 1.9% and the South East average of 1.7%.

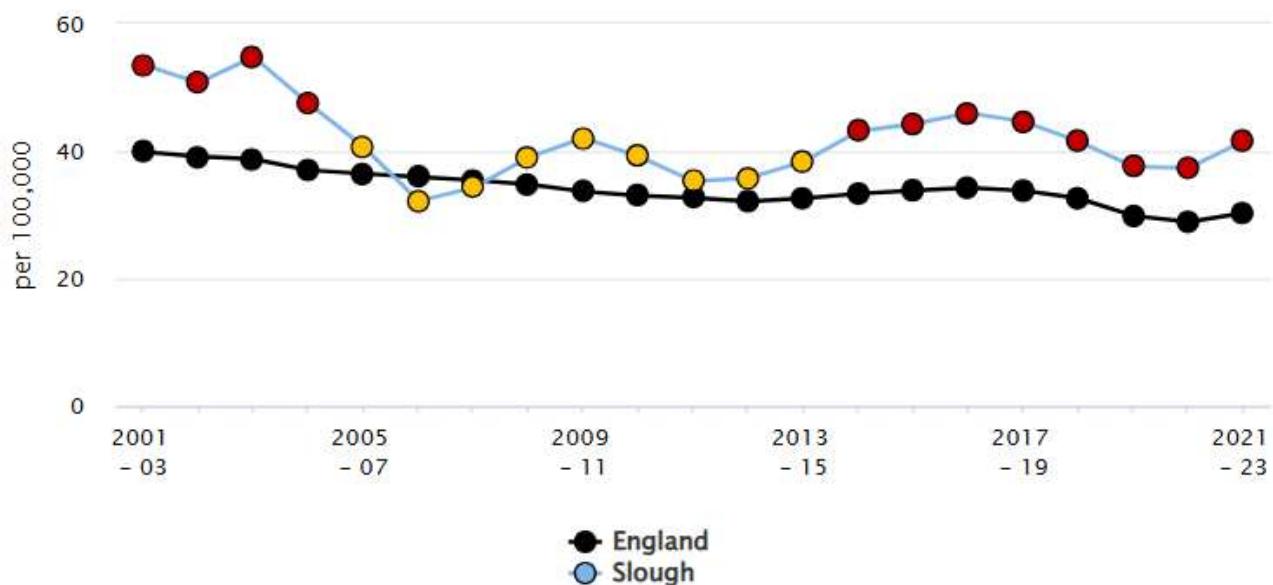
Figure 5.12: Prevalence of COPD in Slough GP registered patients from 2012/13 to 2023/24.



Source: NHS England, Quality and Outcomes Framework, 2024.

The under-75 mortality rate from respiratory disease for Slough was 41.6 per 100,000 population in 2021-2023, which is significantly worse than the rate for England of 30.3 and South East region rate of 24.8⁵⁷.

Figure 5.13: Trend plot showing under 75 mortality rates from all respiratory diseases in Slough compared to England, 2001-03 to 2021-23



Source: OHID, Fingertips 2024.

Slough's under-75 mortality rate from respiratory disease has shown considerable volatility over the past two decades, consistently remaining above the England average, and has increased to 41.6 per 100,000 between 2021-23 (37% higher than the national rate), reversing a previous declining trend and indicating a potentially concerning direction requiring targeted public health intervention.

One of the major respiratory diseases is chronic obstructive pulmonary disease (COPD). The rate for Emergency hospital admissions for COPD for persons over 35 years for Slough in 2023/24 was 237 per 100,000 admissions. This figure has declined over the years and is significantly better

⁵⁷ [Office for Health Improvement and Disparities. Respiratory Mortality Rate.](#)

than the rate for England of 357 and the rate for South East England of 260 (OHID, Local Authority Public Health Profiles, 2024). The recent trend for this indicator for Slough is decreasing and getting better.

COVID-19

England experienced high mortality during the COVID-19 pandemic. Between the period of March 2020 and December 2022, there were 177,180 deaths recorded within 28 days of a positive COVID-19 test. The mortality burden was greatest among older adults aged 60 and above which accounted for 92.3% of these deaths. Mortality also varied across different groups, with disparities linked to sex, ethnicity, and levels of deprivation⁵⁸.

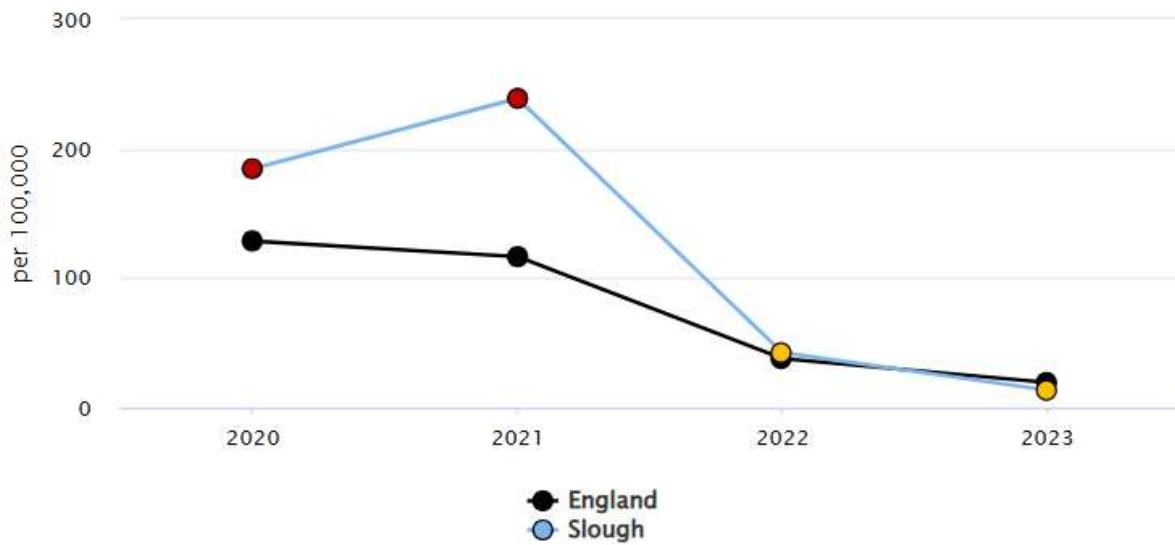
The current mortality rates from COVID-19 are significantly lower. In the recent mortality data, the week ending 28 March 2025, 13.5% of registered deaths were due to influenza or pneumonia (1,519 deaths), while 0.7% (83 deaths) involved coronavirus (COVID-19)⁵⁹.

In Slough there were 11 deaths due to COVID-19 in 2023, a directly standardised rate of 13.5 per 100,000. This is lower compared to the England rate of 19.5 per 100,000 and the South East rate of 17.9 per 100,000⁴⁰.

[Figure 5.14: Trend plot showing COVID-19 mortality rates in Slough compared to England, 2020 to 2023](#)

⁵⁸ UK Health Security Agency (2023) *COVID-19 confirmed deaths in England (to 31 December 2022): report*. [online] GOV.UK. Available at: <https://www.gov.uk/government/publications/covid-19-confirmed-deaths-in-england-to-31-december-2022-report>

⁵⁹ Office for National Statistics (2025) *Deaths registered weekly in England and Wales, provisional: Week ending 28 March 2025*. [online] Office for National Statistics. Available at: <https://www.ons.gov.uk/releases/deathsregisteredweeklyinenglandandwalesprovisionalweekending28march2025>



Source: OHID, Fingertips 2024.

Summary of Health Needs

Overall, the Slough population have lower life expectancy and healthy life expectancy than South East England and England. There are several areas where Slough is faring worse than regional and national comparators. These include:

- **Smoking**
- **Harmful drinking**
- **Excess weight in Year 6 children**
- **Physical activity and inactivity**
- **Prevalence of STIs**
- **Prevalence of HIV**
- **Proportion of people vaccinated for the flu**
- **Wellbeing**

Circulatory diseases, cancer and respiratory diseases are the biggest causes in the differences in the life expectancy gap in Slough. Premature mortality from respiratory disease is significantly higher than regional and national figures, as are hospital admissions for COPD. The premature mortality rate from cancer is lower than national figures. The premature mortality rate for cardiovascular disease is higher than regional and national figures, although the prevalence of coronary heart disease and stroke are lower than regional and national figures.

Chapter 6 - Patient and Public engagement survey

This chapter discusses the results of the patient and public engagement survey that was carried out in Berkshire between the period of 25th February 2025 until 30th April 2025. It will also provide an overview of the results specifically from Slough. We will examine the health needs specific to protected characteristics and vulnerable groups that we have engaged with during this process, and the implications this may have on the PNA.

A "protected characteristic" means a characteristic listed in section 149(7) of the Equality Act 2010. There are also certain vulnerable groups that experience a higher risk of poverty and social exclusion than the general population. These groups often face difficulties that can lead to further social exclusion, such as low levels of education and unemployment or underemployment.

A community questionnaire was used to engage with residents to understand their use and experience of local pharmacies. This questionnaire was approved for use with the local population by the PNA Steering Group and the communication teams of each of the Berkshire local authorities.

The community questionnaire was disseminated via online platforms, social media and in person for Berkshire. Over the period from 25th February until the 30th of April 2025, Slough engaged with 30 residents.

A whole population approach was taken to ensure that the public and patient engagement survey was shared widely across Slough. Working with the local authority communications teams, the survey was shared on social media platforms such as Facebook and Twitter, and on local resident e-newsletters. The survey was also published on the Slough Public Health webpage.

Slough communications engagement strategy

Slough communications team published the survey on the council website and scheduled various social media posts for Twitter and Facebook for the duration of the engagement phase.

Along with the Slough local authority communications team we also liaised with the communications lead for Frimley ICB, and the Slough charity and voluntary sector (CVS) communications lead.

The CVS communications team shared the survey via Facebook, Twitter and an e-newsletter to their members.

Frimley ICB communications lead included the survey within the Frimley Health and Care webpage under their engagement and survey sections, and was shared with their patient participation group, and on the GP e-bulletin.

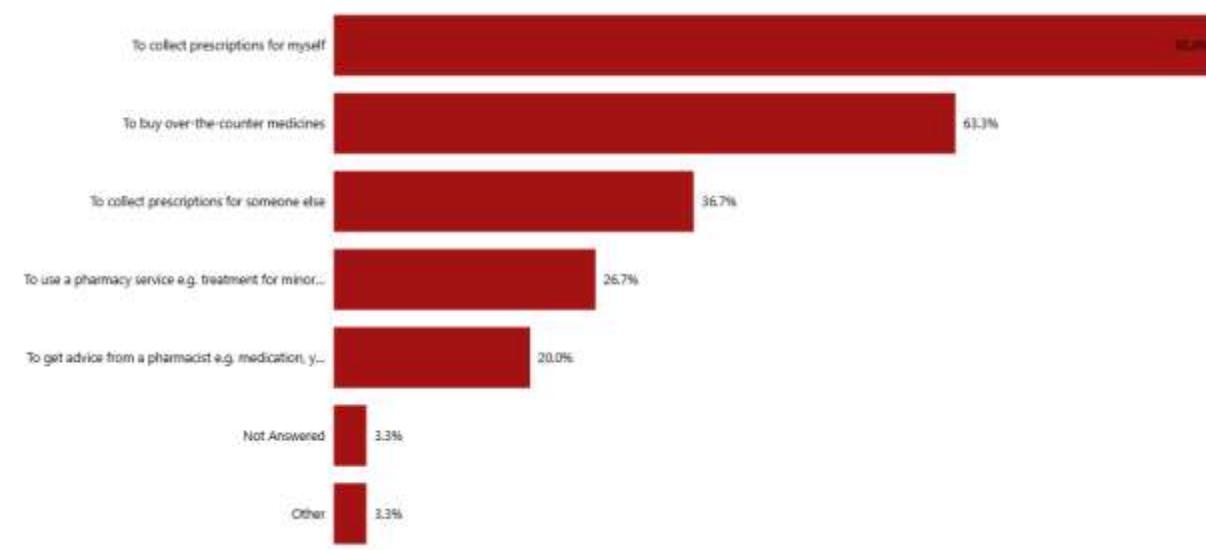
Healthwatch Slough were contacted regarding the survey, and included in corresponding emails around disseminating the survey, including steering group meeting invites.

Results of the patient and public engagement survey

Respondents were asked to indicate their reasons for visiting a pharmacy. Participants could select more than one option. Of the 30 respondents, 29 answered this question. Figure 6.1 shows a comparison between all possible responses.

Figure 6.1: Survey responses on reasons for pharmacy visit by Slough participants, 2025.

Pharmacy Visit Reason

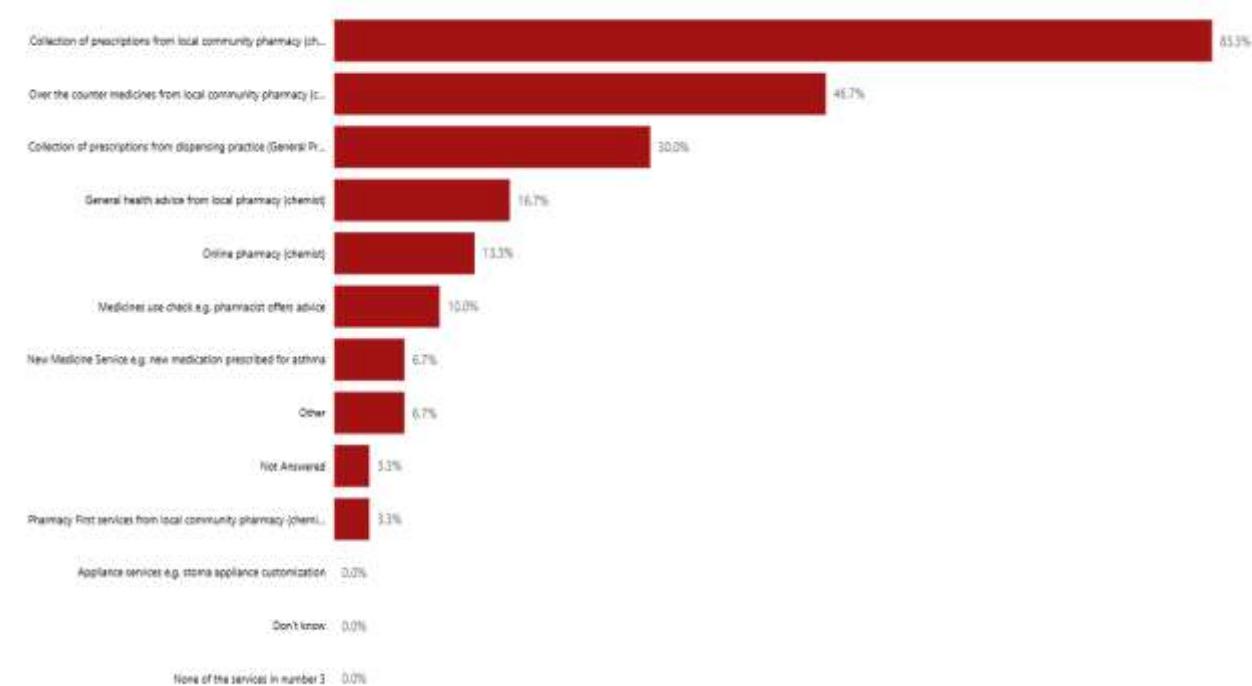


The most common reason for visiting a pharmacy was to collect prescriptions for oneself (90%), followed by purchasing over-the-counter medicines (63.3%). Over one-third of respondents reported collecting prescriptions on behalf of someone else. A smaller proportion used pharmacies for additional services or to seek advice from a pharmacist, suggesting opportunities to increase public awareness of the broader role community pharmacies can play.

Residents were asked which services they had accessed from a community pharmacy, the survey allowed multiple answers. Each bar represents the percentage of participants that selected the corresponding answer. A total number of 29 answered this question out of 30 that participated in the survey.

Figure 6.2: Survey responses on pharmacy services accessed by Slough participants, 2025.

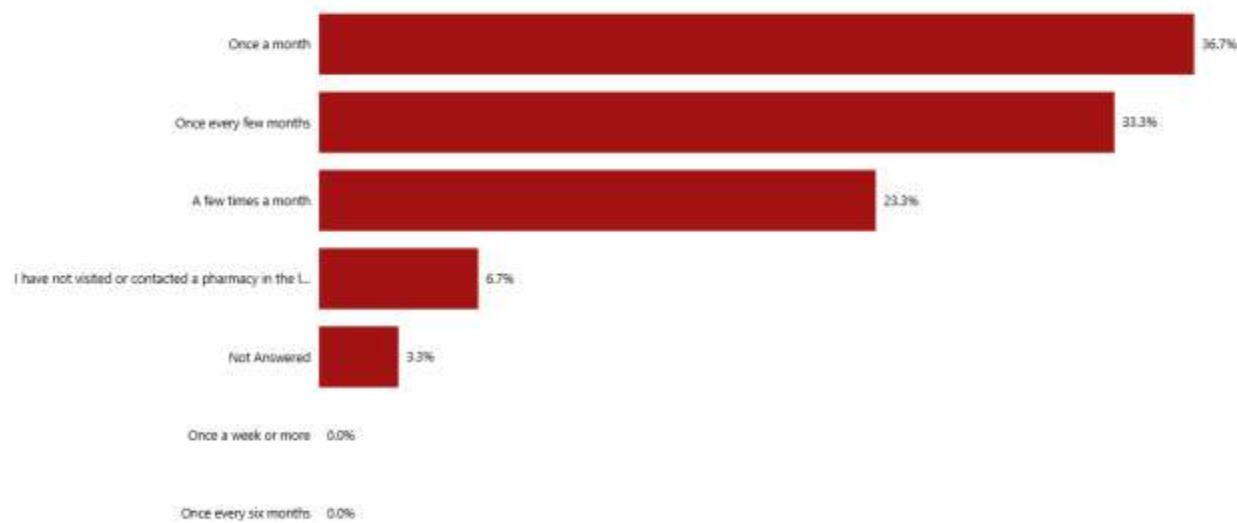
Pharmacy Services Accessed



The most frequently accessed service was collection of prescriptions from local community pharmacy (chemist) (83.3%), followed by over-the-counter medicines (46.7%) and prescription collection from hospital (30.0%). Services such as Pharmacy First and New Medicine Service had lower reported usage, possibly reflecting limited public awareness or availability at the time of the survey.

Figure 6.3: Survey responses on pharmacy visit frequency by Slough participants, 2025.

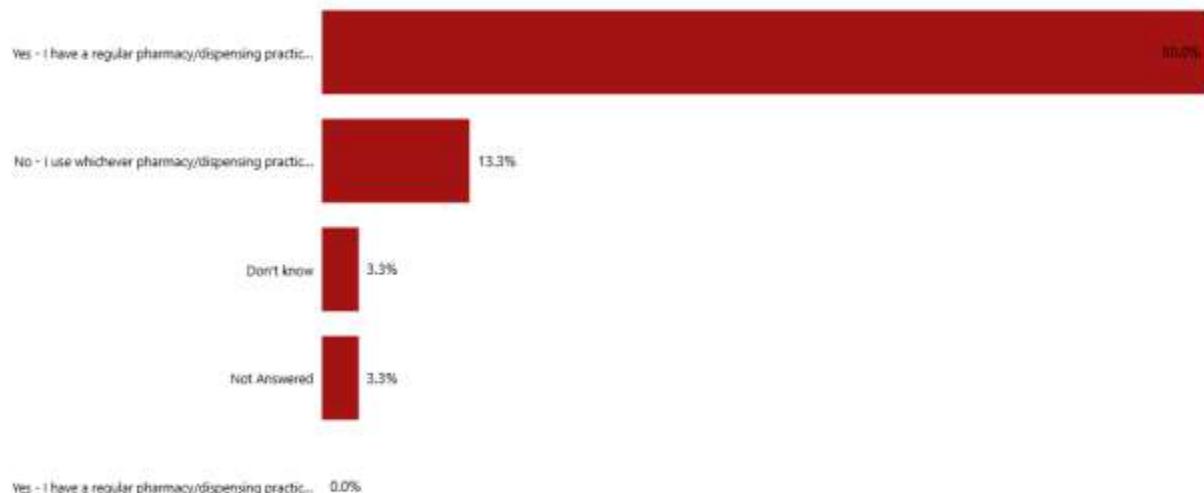
Pharmacy Visit Frequency



Many of the survey participants, 36.7% (11), visit or contact a pharmacy once a month on average. 33.3% (10) visit or contact a pharmacy once every few months and 23.3% (7) visit or contact a pharmacy few times a month. Of the 30 respondents, 29 answered this question. Figure 6.3 shows a comparison between all possible responses.

Figure 6.4: Survey responses on pharmacy visit variation by Slough participants, 2025.

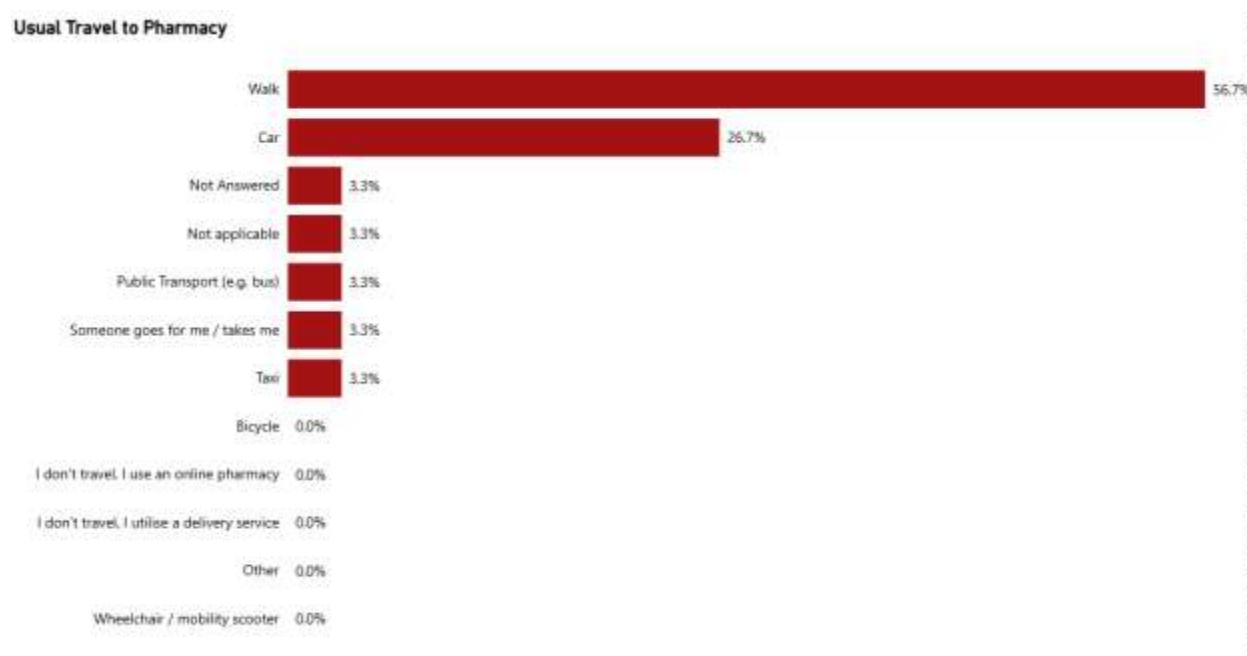
Pharmacy Visit Variation



Most of the survey participants (80%) always or almost always use the same pharmacy. Figure 6.4 shows the full comparison for this question. 29 answered this question out of 30 respondents.

The largest factor influencing pharmacy choice is the location of the pharmacy, with 83.3% of respondents selecting this factor. Respondents also felt that staff expertise/Knowledge (63.3%), customer service (60%), opening hours (50%), and services offered (40%) were important factors. Of the 30 respondents, 29 answered this question. This question was a multiple-choice question, allowing respondents to select multiple reasons.

Figure 6.5: Survey responses on usual travel to pharmacy by Slough participants, 2025.

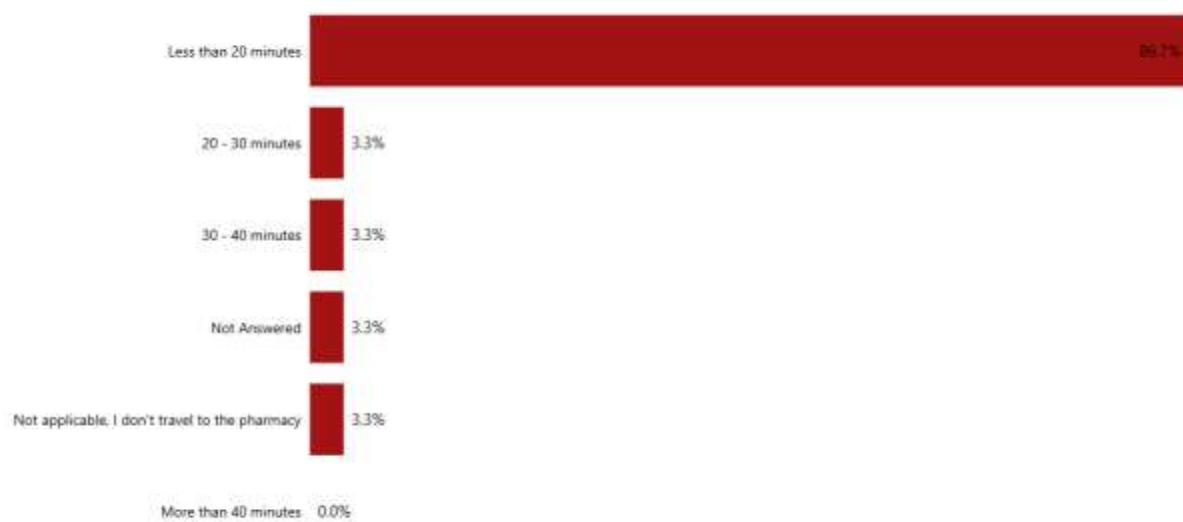


When asked how they usually travel to their pharmacy, 56.7% of respondents walk to their pharmacy, and 33.3% of respondents use a car or other motor vehicle.

Among the 29 participants who responded to the question about travel time to a pharmacy, 86.7% reported that their journey typically takes less than 20 minutes. The second most common response, at 3.3%, indicated that their travel time is between 20 - 40 minutes.

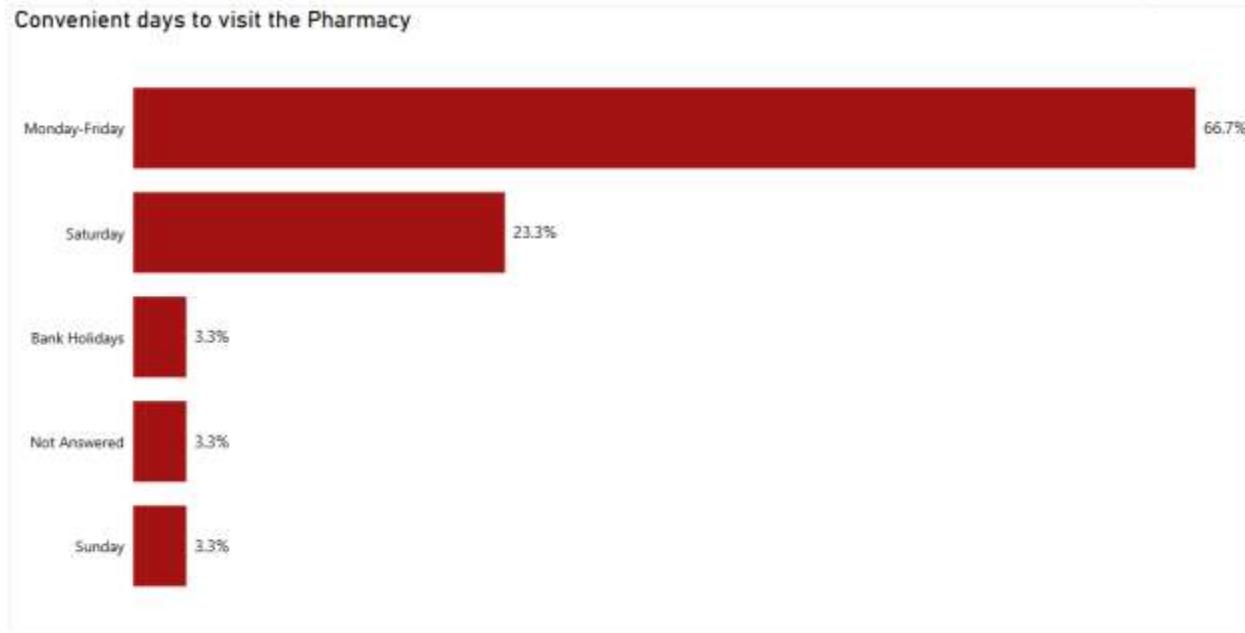
Figure 6.6: Survey responses on travel time to pharmacy by Slough participants, 2025.

Pharmacy Travel Time



The survey included a multiple-choice question asking participants which days of the week are most convenient for visiting a pharmacy. Most respondents (66.7%) prefer to visit their pharmacies during the weekdays Monday - Friday. Sunday was the least popular day to visit a pharmacy, with only 3.3% of respondents selecting it.

Figure 6.7: Survey responses on convenient days to visit the pharmacy by Slough participants, 2025

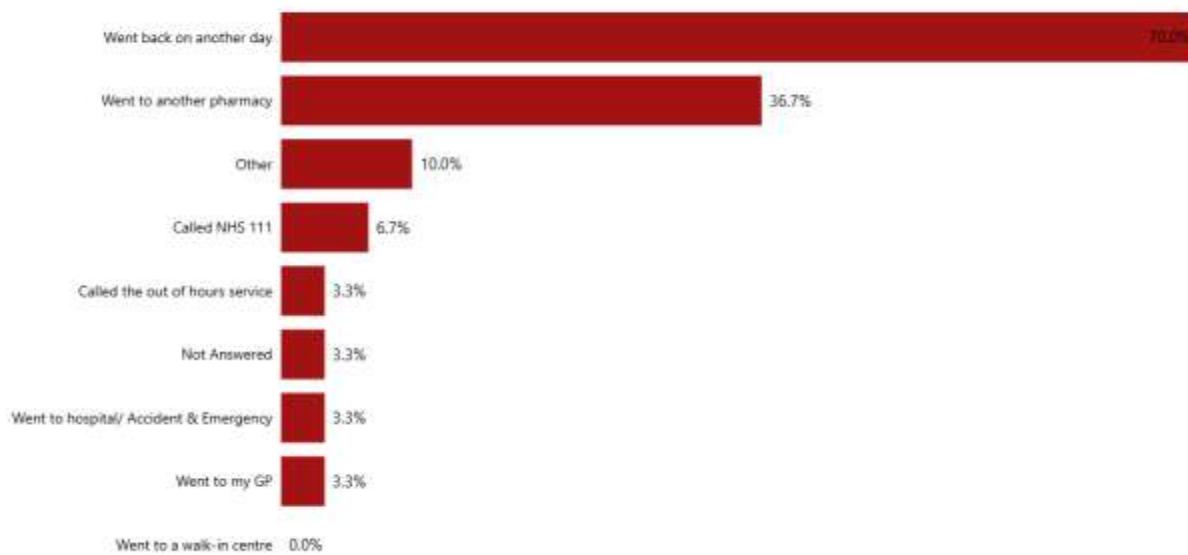


When asked what time is most convenient for survey participants to use a local pharmacy, participants mostly answered that the most convenient time varies. 56.7% respondents prefer to visit their pharmacy before 9am and between 5pm – 8pm on weekdays. The second most popular response was 9am - 12pm on Saturdays, which had 33.3% of the responses. In third place, 6.7% of participants selected Late night 8pm – 10pm as the most convenient time to visit a pharmacy.

A total number of 29 participants completed this question from 30 who participated in the survey.

Figure 6.9: Survey responses on actions when their usual pharmacy is closed outside of regular hours by Slough participants, 2025.

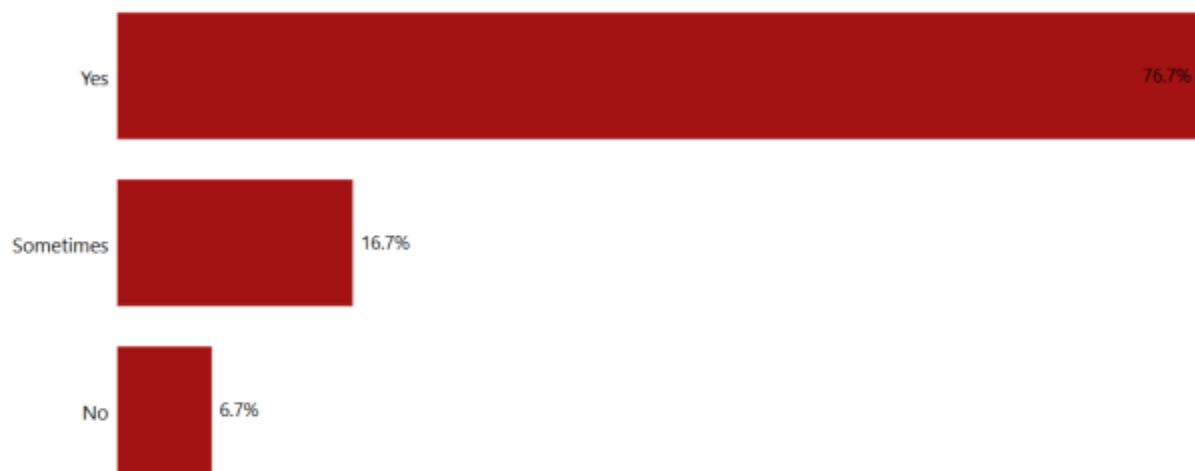
Need Medication Outside your Pharmacy Opening Hours



When asked if you needed medication outside of your pharmacy's usual opening hours, where would you go, 70% of respondents answered that they would collect on another day. This is followed by 36.7% stating they would go to an out-of-hours pharmacy. 6.7% of respondents said they would call NHS 111 and 3.3% said they would go to an urgent care centre.

Figure 6.10: Survey responses on needs met during pharmacy visit by Slough participants, 2025.

Needs Met on Pharmacy Visit



Most survey participants find that their needs are met when they visit a pharmacy, at 76.7%. A total number of 29 answered this question out of the total of 30 survey participants.

Public engagement responses highlighted overall satisfaction with local pharmacy services, particularly noting friendly staff, accessibility, and flexible opening hours. Specific praise was given to pharmacies such as Crystal Pharmacy on Farnham Road and the pharmacy adjacent to Farnham Road Surgery for their extended opening times and customer service. However, concerns were raised regarding service gaps and increased travel time caused by pharmacy closures (the closure on Uxbridge Road Sainsbury's), limitations in opening hours, and a lack of integration with other local health services such as smoking cessation support. Respondents also pointed out insufficient support for pharmacies, medication supply challenges, and GP-related prescription errors.

Equalities impact assessment

This next section explores the survey responses by different groups representing protected characteristics, looking at where there are similarities and differences between groups.

It is acknowledged that survey data is often biased in terms of how representative it is at a whole population level as certain population groups and individuals are more likely to respond than others and therefore do not usually offer a representative view but are one of several indicators used to identify need. This applies to the PNA too and the engagement strategy was used to target protected characteristics groups that were considered a priority by local stakeholders in terms of their use of pharmaceutical services. The response rate for some of the protected characteristics groups is still low but has been included to summarise the response received; conclusions cannot be drawn from this data as the findings may not represent the overall view of that segment of Slough's population.

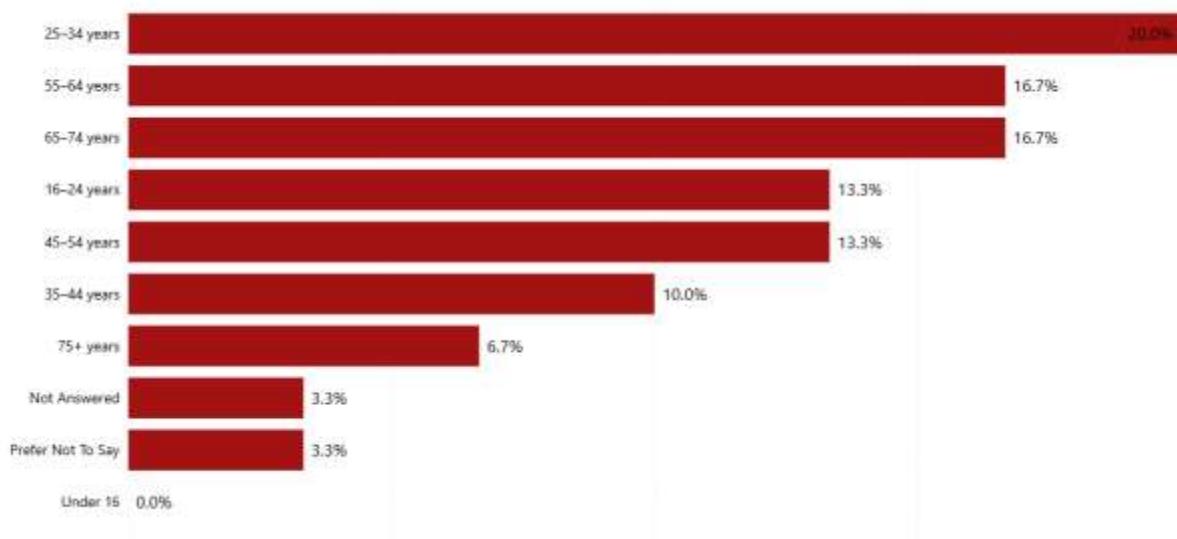
Age

The current age profile and projections of the borough are discussed in Chapter 4. Pharmacies provide essential services to all age groups such as dispensing, promotion of healthy lifestyles and signposting patients to other healthcare providers. Pharmacies providing services to vulnerable adults and children are required to be aware of the safeguarding guidance and local safeguarding arrangements.

Survey participants were asked to provide their age range from the ranges available as a response to the question. Figure 6.11 shows the full breakdown as a percentage of the age ranges from the total number of responses.

Figure 6.11: Survey Responses by Age.

Survey Responses by Age



To understand any differences, we carried out the analysis by grouping together age groups, over 65, and compared this with age groups of 65 and under.

Figure 6.12: Pharmacy contact and visit frequency by Age

Pharmacy contact and visit frequency by Age

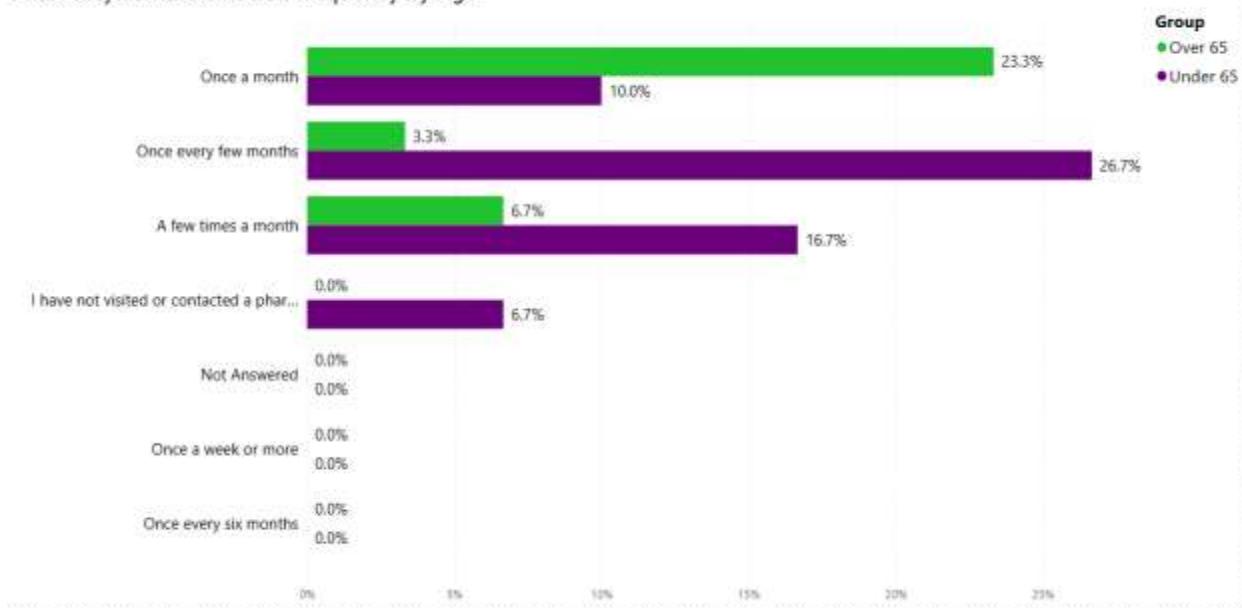
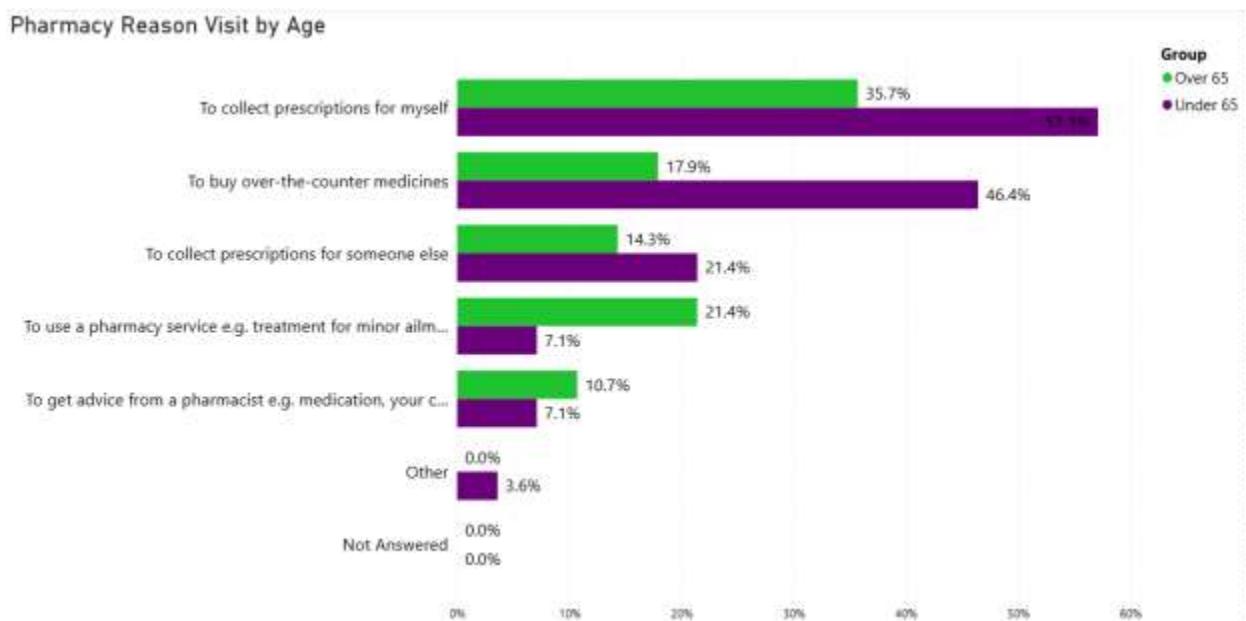


Figure 6.12 highlights the notable differences in pharmacy contact and visit frequency between age groups. The most striking difference is seen in the "Once a month" category, where 23.3% of those over 65 visit a pharmacy monthly compared to only 10% of those under 65. Contrarily, those under 65 are significantly more likely to visit a pharmacy "Once every few months" (26.7%) compared to those over 65 (3.3%).

Figure 6.13: Pharmacy reason visits by Age

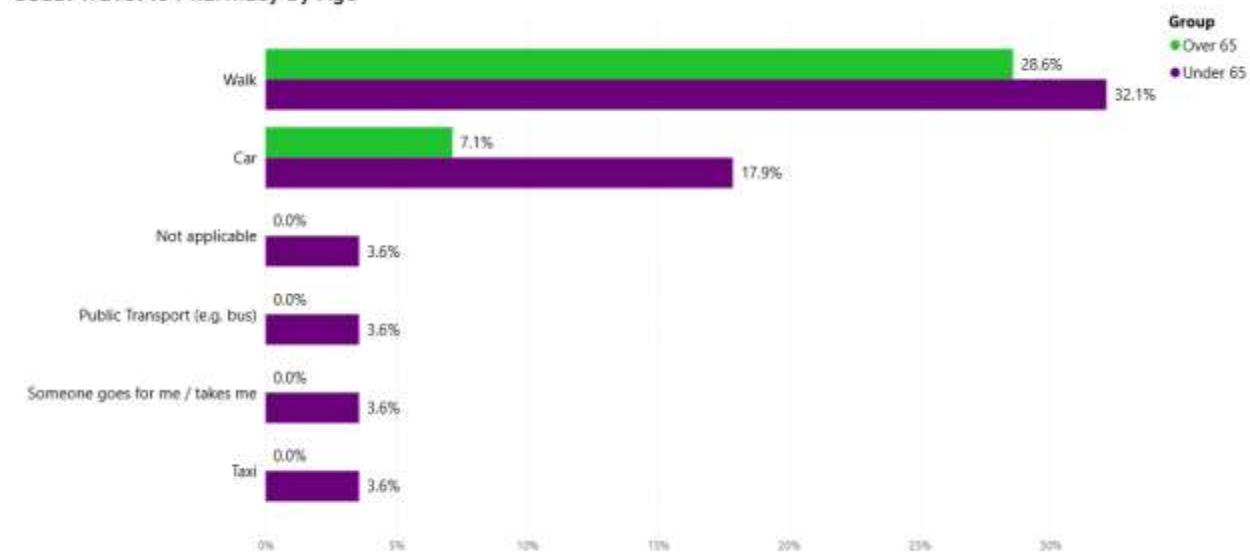


Participants under 65 are more likely to be collecting a prescription for themselves and on behalf of someone else when compared to participants aged 65 and over.

When analysing reasons for chosen pharmacy, both age groups chose their pharmacy based on it being within a good location, close to home and work (67.9%). Services provided was also important for respondents aged over 65 (35.7%) compared to respondents under 65.

Figure 6.14: Usual travel means by Age

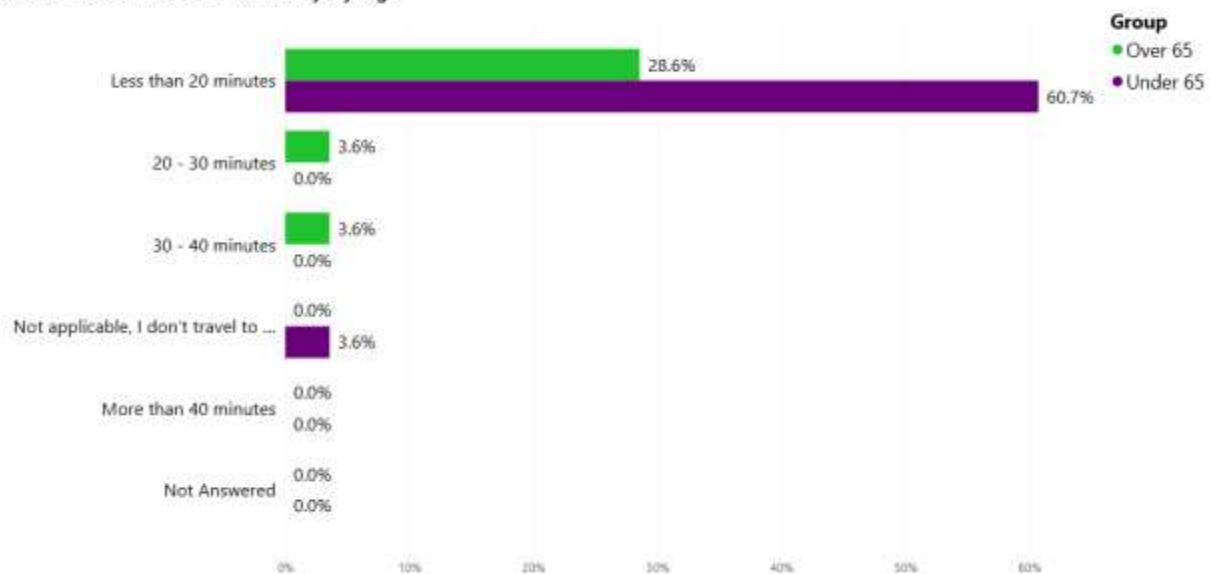
Usual Travel to Pharmacy by Age



There were also no significant differences in travel to their pharmacy, most people of both age categories take 5-20 minutes to travel, by car or walking, and both groups were very satisfied with their journey.

Figure 6.15: Usual travel time to pharmacy by Age

Usual Travel Time To Pharmacy by Age



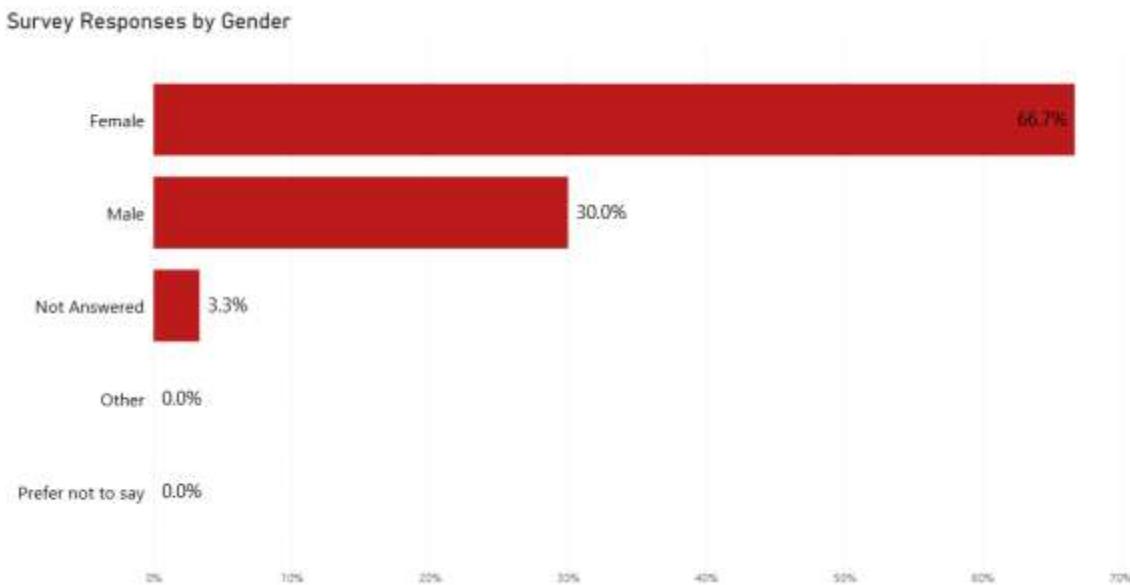
Those aged over 65 preferred to visit their pharmacy earlier during the day between 9am- 12pm, and 2pm-5pm, whereas those aged 65 and under tended to visit their pharmacy between the hours of 5pm-9pm.

There were also no significant differences in when people preferred to visit their pharmacy with the majority happy to go either on a weekday or weekend.

Gender

The survey results can also be explored by gender. This section explores any potential differences in the needs, preferences, and experiences of pharmacy users across genders. This exploration will breakdown how survey respondents use pharmacies.

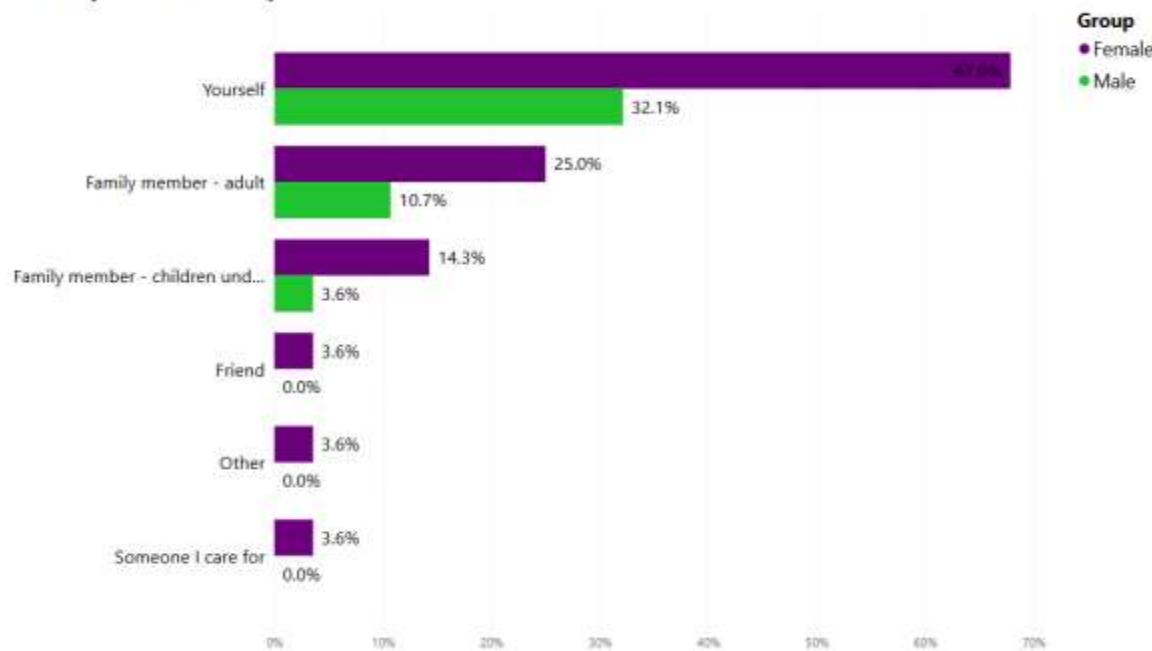
Figure 6.16: Survey Responses by Gender.



Of the survey respondents 20 (66.7%) identified as female, 9 (30%) as male.

Figure 6.17: Pharmacy reason visits by Gender.

Pharmacy Reason Visit by Gender



The majority of respondents used the pharmacy for themselves, however, female respondents also tended to use the pharmacy for their spouse (25%) and children (14.3%) compared to their counterparts.

There were no significant differences in terms of reasons for chosen pharmacy, method of travel, satisfaction with journey, preference of day, and time of day. Respondents of all genders felt their pharmacy was in a good location, accessible within 5-20 minutes by walking or car, and tended to visit their pharmacy on either weekday or weekend, between the hours of 9am-9pm.

Comments left by respondents showed that there were no significant differences between groups and would like pharmacies to have flexible opening and closing times.

Ethnicity

Survey participants were asked to best describe their ethnicity from a selection of possible answers.

Figure 6.18: Survey responses by Ethnicity.

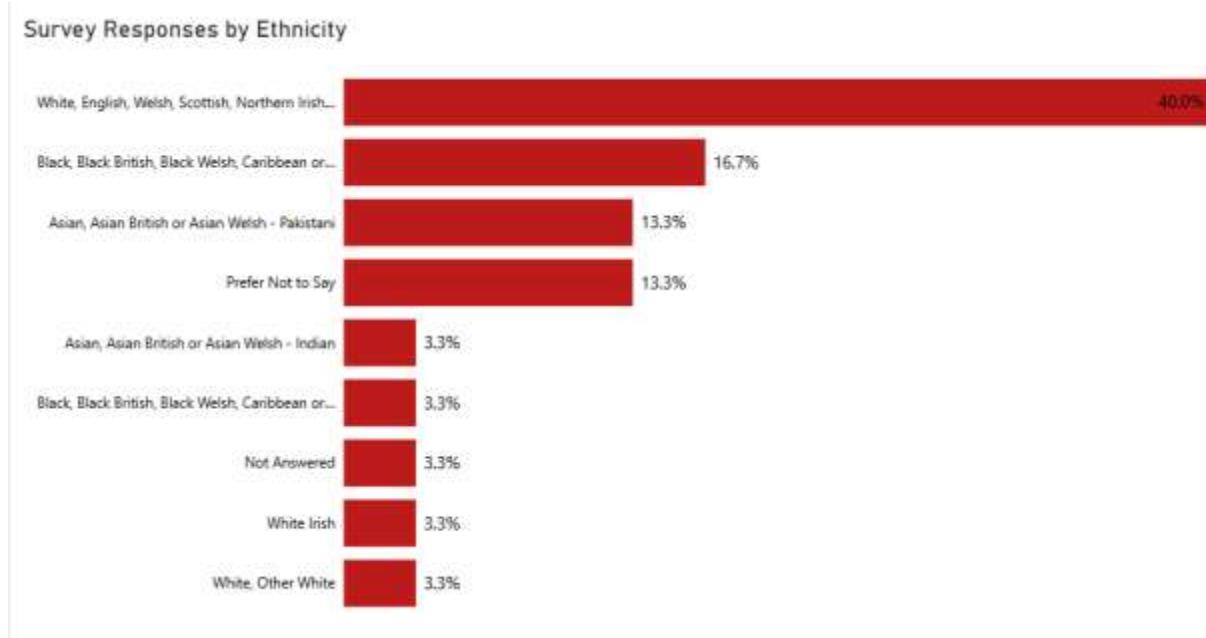


Figure 6.18 presents a breakdown of ethnicity of the 30 respondents. 11 (36.6%) respondents identified as being from a Black, Asian and ethnic minority background, and 14 (46.6%) identified as being White. About 13% (4) did not state their ethnic background.

For the purposes of studying differences in the use and experience of pharmacies, we compared ethnic minority groups with groups identifying as White (including British, Irish, and other White).

Respondents across all ethnic groups mainly used their pharmacy for themselves. In addition to this, those from a White background were more likely, compared to all other ethnic groups, to use their pharmacy for their family members too (50%).

In relation to pharmacy visit frequency, most respondents with a white background preferred visiting their pharmacies once a month, while the majority of respondents from other ethnic groups uses their pharmacy once every few months.

There were no significant differences in terms of reasons for chosen pharmacy, with most people from all ethnic groups using their pharmacy as it was in a good location, flexible opening times, staff expertise and it was accessible within 5-20 minutes, and across all ethnic groups, respondents were generally very satisfied with their journey.

There were no significant differences on what day respondents preferred to go to their pharmacy, with most respondents selecting either day, between the hours of 9am-12pm, 2pm- 5pm, and 5pm-9pm, via car or walking.

Disability or long-term health condition (LTC)

All pharmacies are obligated to make 'reasonable adjustments' under the Equality Act 2010. This ensures that a person with a disability is not put at a substantial disadvantage when compared to persons with no disabilities in accessing services that are provided by the pharmacy.

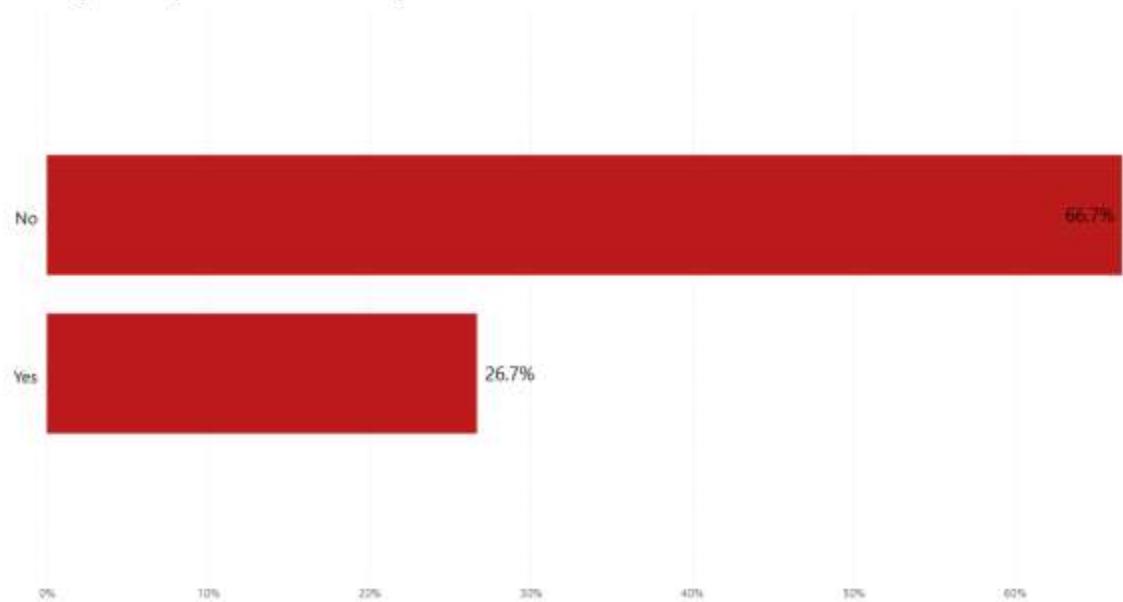
The survey categorised disabilities into six main groups:

- Physical e.g., wheelchair user
- Mental health e.g., bipolar disorder, schizophrenia, depression
- Sensory e.g., mild deafness, partially sighted, blindness
- Learning disabilities e.g., Down Syndrome, Cerebral Palsy
- Developmental e.g., Autistic spectrum disorder, dyslexia, dyspraxia
- Other.

In this section the survey results will be explored by whether the survey participants have a disability or LTC. Out of the 30 survey participants, 8 said they have a disability or LTC. 2 participants preferred not to say whether they have a disability or LTC and will be removed from the analysis in this section.

Figure 6.19: Survey Participant with Disability or LTC

Survey Participants with Disability or LTC



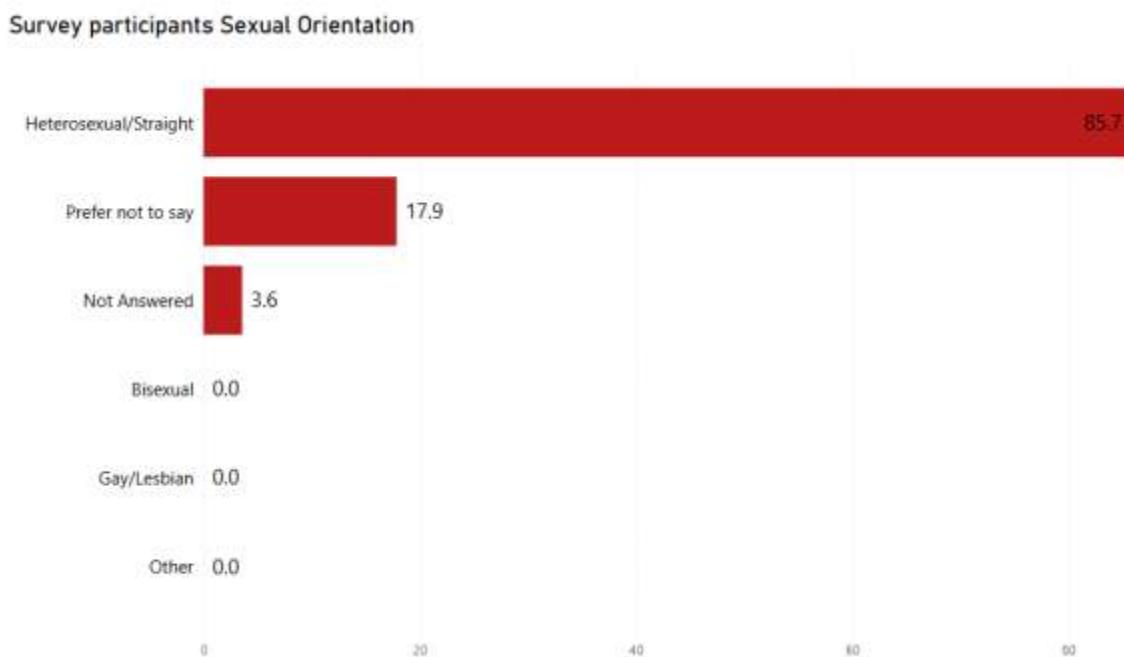
Those who said that they have a disability used their pharmacy more frequently at a few times a month (50.5%) than those who didn't (25%), and choice of pharmacy was based on being within a good location, close to home or work. Those with a disability mainly used the pharmacy for themselves (100%), whereas those who did not have a disability tended to use the pharmacy for both themselves (95.3%) and their children (15%).

There were no significant differences found between the two groups when it came to travel time to pharmacy, mode of travel to pharmacy, satisfaction with journey, and preferred time of visiting pharmacy. Respondents usually spend 5-20 minutes to travel to their pharmacy either by walking or by car during the times between 9am-9pm. Both groups preferred to use their pharmacy either on a weekday or weekend.

Sexual orientation

Survey participants were asked to best describe their sexual orientation from a selection of possible answers.

Figure 6.20: Survey Participant Sexual Orientation

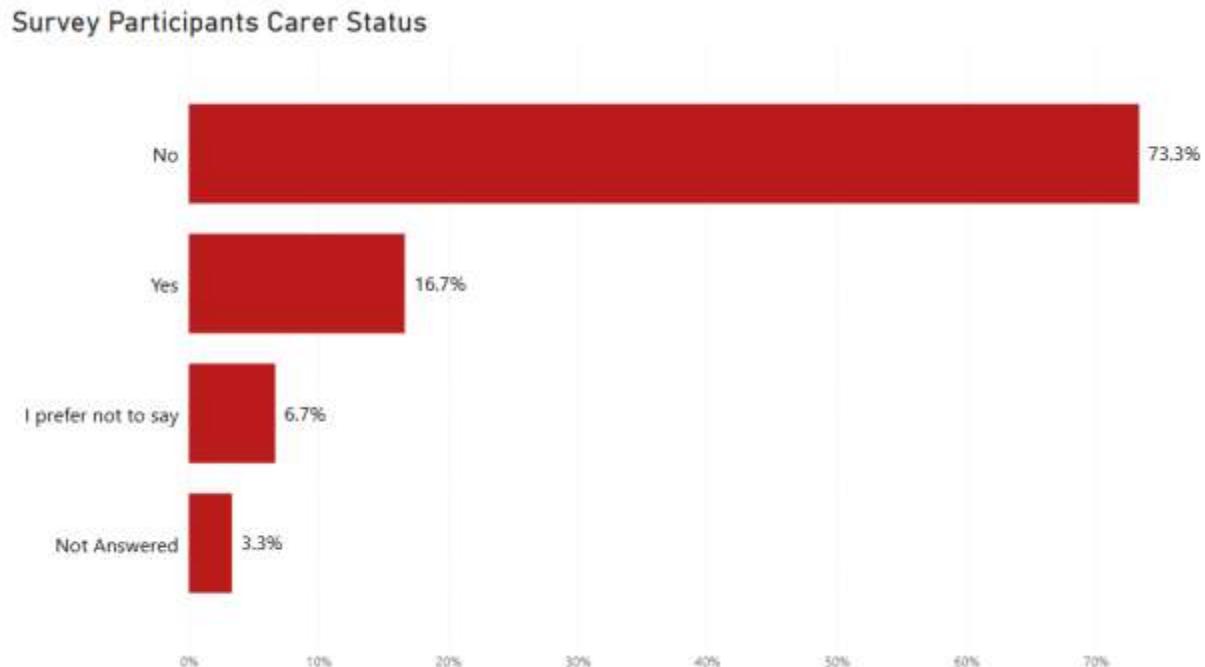


Most survey respondents (85.7%) described their sexual orientation as heterosexual. The next largest proportion is for those respondents that would prefer not to describe their sexual orientation, at 17.9%. The survey was not able to reach many residents with different sexual orientations. Therefore, it is not possible to breakdown the survey results by sexual orientation due to low representation of other groups.

Employment Status

The survey did not directly ask respondents for their employment status. However, respondents were asked whether they were a *carer*, defined as someone who provides unpaid care or help to a person with a long-term physical or mental health condition or illness, or an issue related to old age.

Figure 6.21: Survey Participant Carer Status



Among survey respondents, 16.7% (5) identified as carers, while 73.3% (22) said they were not, and 10% (3) preferred not to say or left the question unanswered.

Carers primarily reported using their pharmacy a few times a month or at least once a month.

Carers most reported using their pharmacy for themselves, but also for others — such as a spouse, children or parent, reflecting their caregiving roles. There were no significant differences between carers and non-carers in terms of reasons for choosing a pharmacy, travel time, transport method, or preferred days to visit.

Carers tended to use their pharmacy during standard hours (9am–5pm), but a notable proportion also used their pharmacy during evening hours (5pm–9pm), suggesting a need for more flexible opening times.

Some carers left additional comments requesting extended pharmacy opening hours, including availability on weekends, to better accommodate their responsibilities. Other respondents highlighted issues such as concerns about medicine supply and GP prescription errors, and the importance of financial support for pharmacies. These comments also pointed to the value of accessible, well-timed services, especially for those managing complex schedules or dependent care.

Pregnancy and Breastfeeding

None of the survey respondents identified themselves as being pregnant or breastfeeding at the time of completing the survey.

Summary of the patient and public engagement survey

Patient and public engagement in the form of a survey was undertaken to understand how people use their pharmacies, what they use them for and their views of the pharmacy provision. It included an exploration of the health needs specific to protected characteristics and vulnerable groups.

Overall, 30 Slough respondents and workers responded to the survey. The results showed that respondents chose their pharmacy based on it being in a good location, staff expertise, and overall satisfaction of the pharmacy. For most respondents, pharmacies were within a 5- 20-minute walk or car journey away. The people of Slough mainly used their pharmacies mainly for themselves and family members. Respondents used their pharmacies mainly to collect prescriptions and medication.

Overall, Slough respondents were happy with the services provided by their pharmacy. A small number of respondents provided suggestions for improvements which were mainly around extended pharmacy opening hours, concerns about medicine supply and GP prescription errors, and the importance of financial support for pharmacies. No different needs for people who share a protected characteristic in Slough were found.

Chapter 7 - Provision of Pharmaceutical Services

This chapter identifies and maps the current provision of pharmaceutical services to assess the adequacy of the provision of such services. Information was collected up until January 2022.

It assesses the adequacy of the current provision of necessary services by considering:

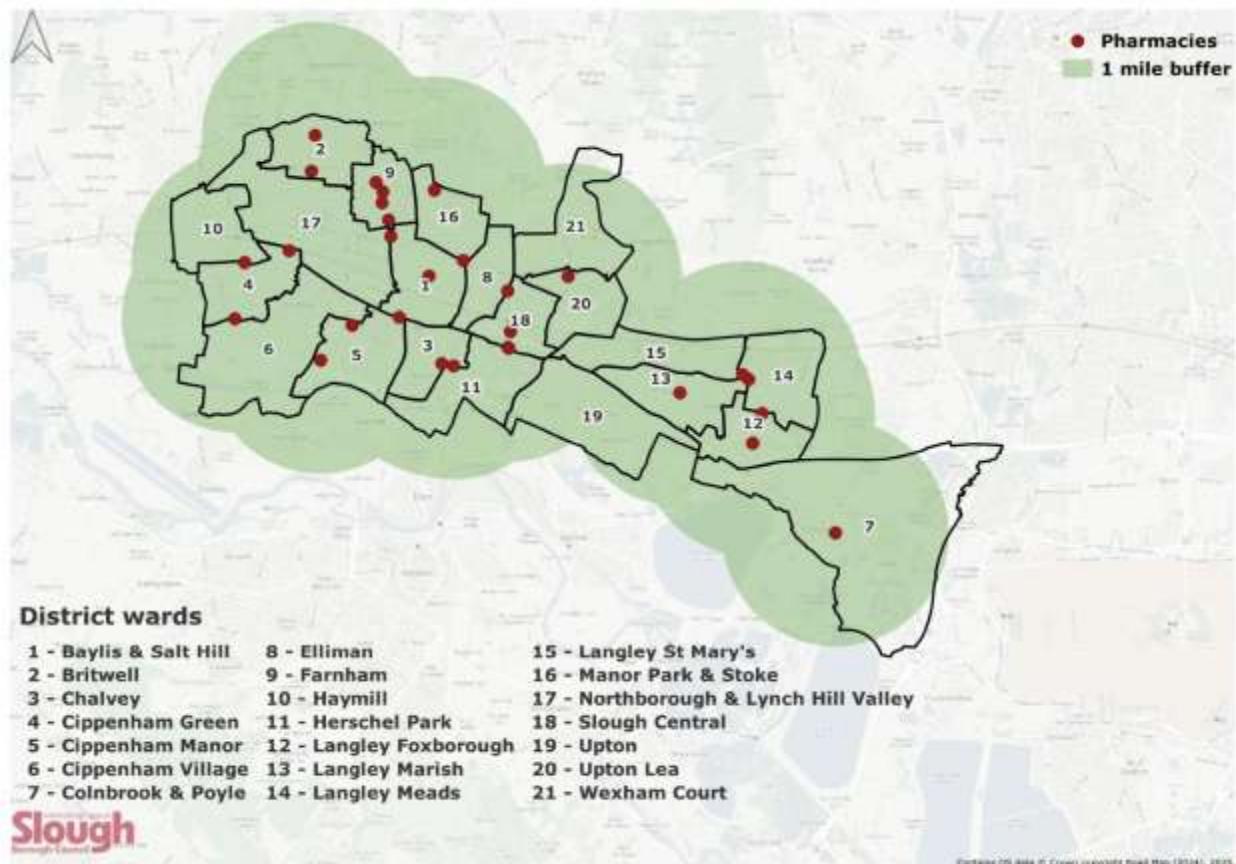
- Different types of pharmaceutical service providers
- Geographical distribution and choice of pharmacies, within and outside the borough
- Opening hours
- Dispensing
- Pharmacies that provide essential, advanced and enhanced services

In addition, this chapter also summarises pharmaceutical contractors' capacity to fulfil identified current and future needs in Slough.

Pharmaceutical service providers

As of February 2025, there are currently 29 pharmacies in Slough that hold NHS contracts, all of which are community pharmacies. They are presented in the map in Figure 7.1 below. All the pharmacy providers in the borough, as well as those within 1 mile of its border, are also listed in Appendix A.

Figure 7.1: Map of pharmaceutical service providers in Slough, December 2024.



Source: NHS England, 2025.

Community pharmacies

There were 12,009 active community pharmacies in England in 2023/24⁶⁰. With an estimated population of 57,690,323 in 2023⁶¹, approximately, England has 2.1 pharmacies per 10,000 of the population. Slough has 29 active pharmacies and a population of 160,713 in 2023⁶¹. This equates to 1.8 pharmacies per 10,000 of the population, which is less than the England rate.

Dispensing appliance contractor

⁶⁰ NHS Business Services Authority. General pharmaceutical services in England 2015-16 - 2023-24. 2024 Oct; Available from: <https://www.nhsbsa.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-2015-16-2023-24>

⁶¹ Office for National Statistics. Estimates of the population for the UK, England, Wales, Scotland, and Northern Ireland mid-2023. 2024; Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/assets/populationestimatesforukenglandandwalesscotlandandnorthernireland>

A dispensing appliance contractor (DAC) is a contractor that specialises in dispensing prescriptions for appliances, including customisation. They cannot dispense prescriptions for drugs. There are no DACs on Slough's pharmaceutical list.

GP dispensing practices

Dispensing doctors provide services to patients where there are no community pharmacies or access is restricted, mainly in rural areas. One of the requirements for the service is that patients live in a controlled locality. Controlled localities are defined by HWBs in line with regulations and after consideration of a wide range of factors, including being more than 1 mile from pharmacy premises.

There are no GP dispensing practices in Slough.

Distance Selling Pharmacies

A distance selling pharmacy works exclusively at a distance from patients. They include mail-order and internet pharmacies that remotely manage patients' medicine logistics and distribution. DSPs collect prescriptions and provide them to patients at their homes, care homes or nursing homes. They can also provide a 'click and collect' service.

There are no distance selling pharmacies in Slough.

Local Pharmaceutical Services

There are no Local Pharmaceutical Service (LPS) contracts within Slough. A local pharmaceutical services contract allows NHS England and NHS Improvement to commission services that are tailored to meet specific local requirements.

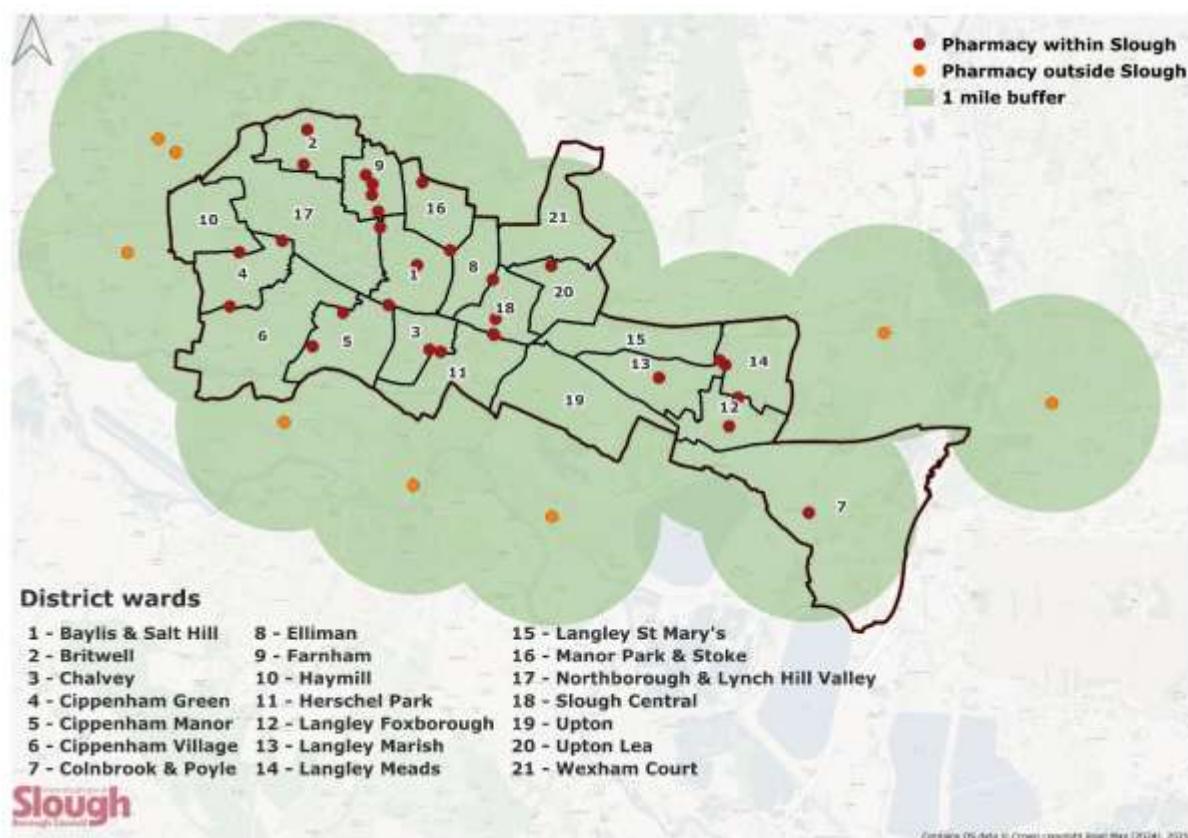
Accessibility

Distribution and choice

Based on the public survey results presented in Chapter 6, the PNA Steering Group agreed that the maximum distance for residents in Slough to access pharmaceutical services should be no more than 1 mile. This distance equates to about a 20-minute walk. If residents live within a rural area, 20 minutes by car is considered accessible.

Figure 7.2 shows the 29 community pharmacies located in Slough. In addition to the pharmacies within Slough, there are another seven pharmacies located within 1 mile of the borough's border that are considered to serve Slough's residents. These have been included in the pharmacies shown in Figure 7.2 as well as in Appendix A.

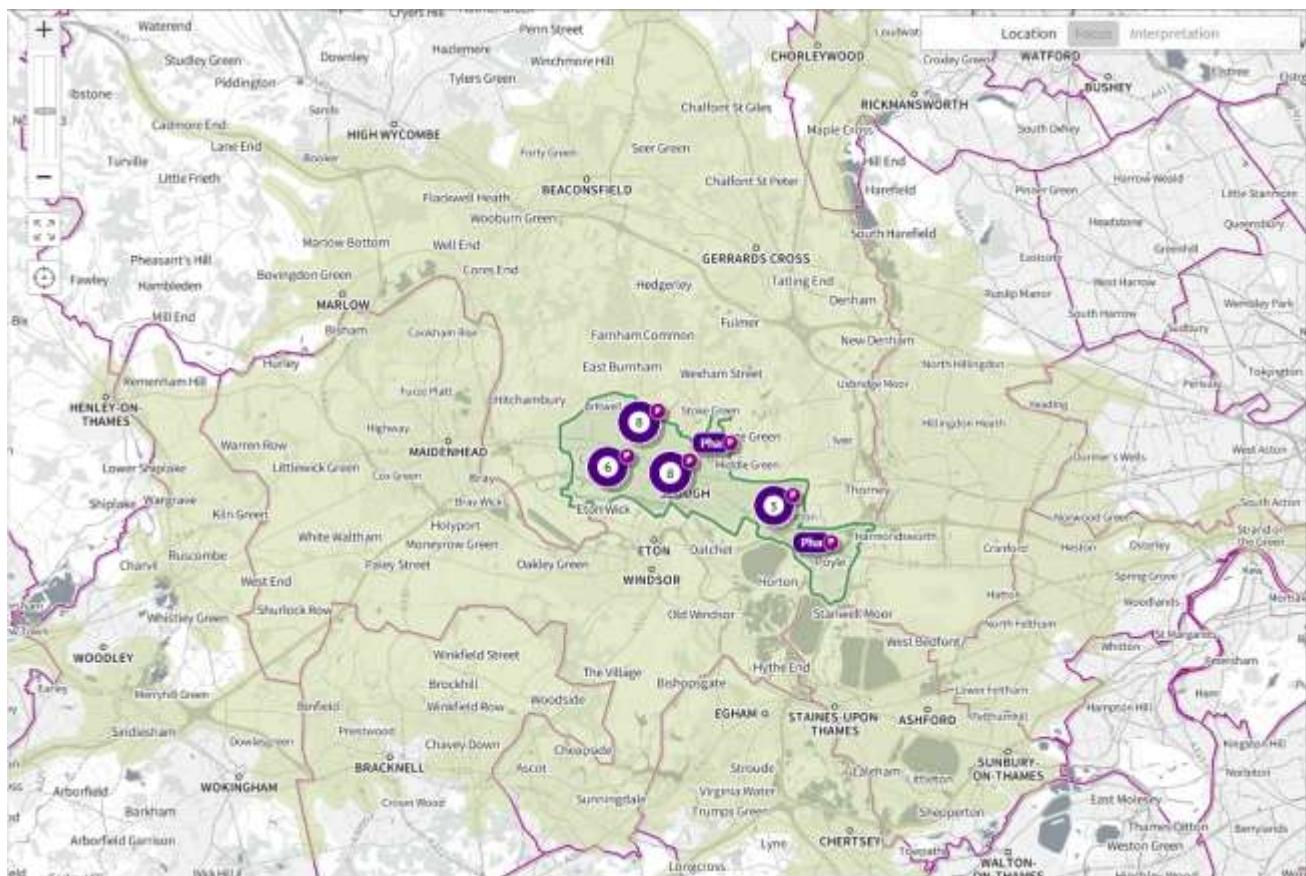
Figure 7.2: Distribution of community pharmacies in Slough and within 1 mile of the borough boundaries, with 1-mile coverage.



All of Slough's residents live within one mile of a pharmacy (OHID, SHAPE Atlas Tool, 2025), attesting to the accessibility of the pharmacy provision in the borough.

All residents in Slough can also reach a pharmacy within 20 minutes if using a car. Figure 7.3 presents the coverage of the Slough pharmacies and the 20-minute travel distance to them by car. Coverage of the pharmacies is presented in green; Slough is presented in an orange border. A total of 159,387 people in and outside the borough can reach a Slough pharmacy by car within 20 minutes (OHID, SHAPE Atlas Tool, 2025).

Figure 7.3: Areas covered by 20-minute travel time by car to a Slough pharmacy from within and outside the borough.



Source: OHID, Strategic Health Asset Planning and Evaluation Atlas Tool, 2025

Pharmacy Distribution in relation to population density

The geographical distribution of the pharmacies by electoral ward and the pharmacy to population ratio (per 10,000 of the ward population) is shown in Table 7.1. As seen, except for Haymill, Langley St Mary's, Northborough & Lynch Hill, Upton, and Wexham Court, all wards have at least one pharmacy within them.

Table 7.1: Distribution of community pharmacies by ward

Wards	Population Size ⁶²	Number of community pharmacies ⁶³	Community pharmacies per 10,000
Baylis & Salt Hill	7,614	2	2.6
Britwell	7,764	2	2.6
Chalvey	7,666	1	1.3
Cippenham Green	7,952	2	2.5
Cippenham Manor	8,602	3	3.5
Cippenham Village	7,769	1	1.3
Colnbrook & Poyle	7,634	1	1.3
Elliman	5,905	1	1.7
Farnham	8,504	4	4.7
Haymill	7,140	0	0.0
Herschel Park	8,116	1	1.2

⁶² [Ward-level population estimates \(official statistics in development\) - Office for National Statistics](#)

⁶³ Frimley ICB

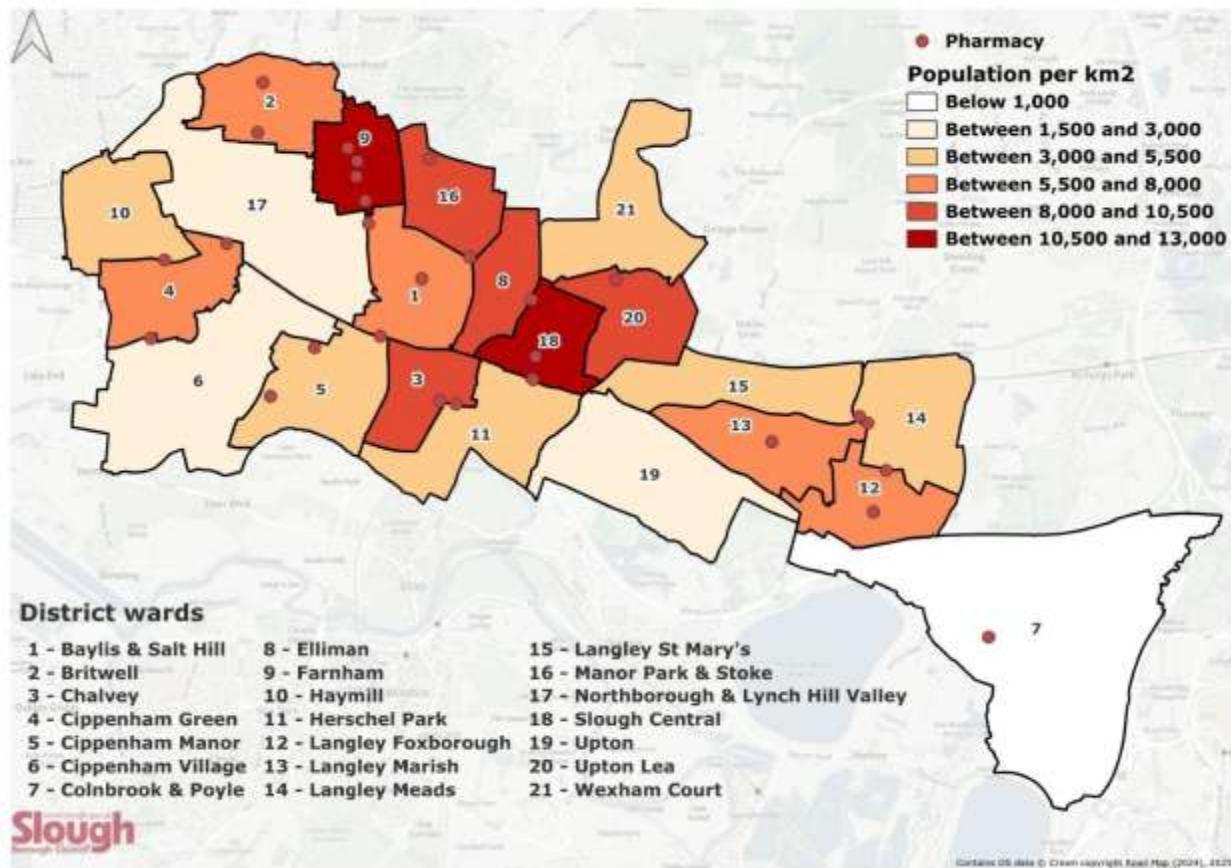
Langley Foxborough	6,839	2	2.9
Langley Marish	7,317	1	1.4
Langley Meads	6,820	2	2.9
Langley St Mary's	7,538	0	0.0
Manor Park & Stroke	8,714	2	2.3
Northborough & Lynch Hill Valley	7,159	0	0.0
Slough Central	6,075	3	4.9
Upton	7,292	0	0.0
Upton Lea	8,142	1	1.2
Wexham Court	8,620	0	0.0

Table 7.1 shows that wards Slough Central and Farnham have the highest number of pharmacies per 10,000 at 4.9 and 4.7, respectively. The wards without any community pharmacies are served by wards that surround them, as seen in Figure 7.2.

Pharmacy Distribution in relation to population density

The population density map, Figure 7.4, illustrates the distribution of community pharmacy premises across Slough's district wards alongside population density per square kilometre. Pharmacies are generally well distributed, with coverage in both high-density areas, such as Baylis & Salt Hill, Slough Central, and Upton Lea, and lower-density wards like Colnbrook & Poyle and Haymill.

Figure 7.4: Pharmacy locations in relation to population density by ward in Slough



Source: NHS England, 2025.

This distribution suggests an appropriate spread of community pharmacies in relation to Slough's population need, contributing to the accessibility of pharmaceutical services for residents throughout the borough. The highest number of proposed new dwelling developments to be completed in the lifetime of this PNA are within Central and Elliman wards, where there is good access to pharmacy provision.

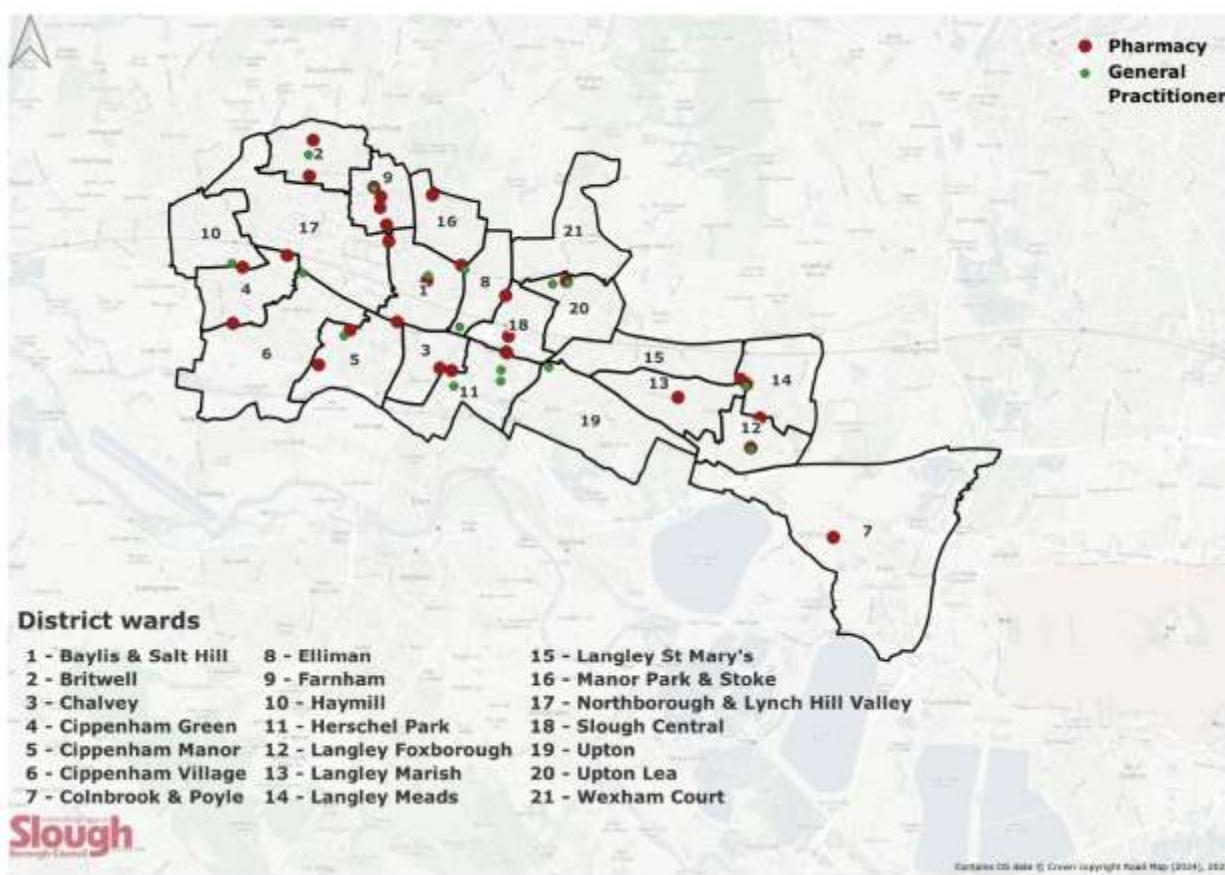
Pharmacy distribution in relation to GP surgeries

As part of the NHS Long Term Plan⁶⁴ all general practices were required to be in a primary care network (PCN) by June 2019. Since January 2019, Slough GPs organised themselves into four PCNs within Slough.

⁶⁴ NHS England (2019). The *NHS long term plan*. London, England

Each of these networks has expanded neighbourhood teams which will comprise a range of healthcare professionals, including GPs, district nurses, community geriatricians, Allied Health Professionals, and pharmacists. It is essential that community pharmacies can fully engage with the PCNs to maximise service provision for their patients and residents. Altogether, there are 16 GP member practices across these four PCNs.

Figure 7.5: GP practices in Slough and their 1-mile coverage, February 2025.



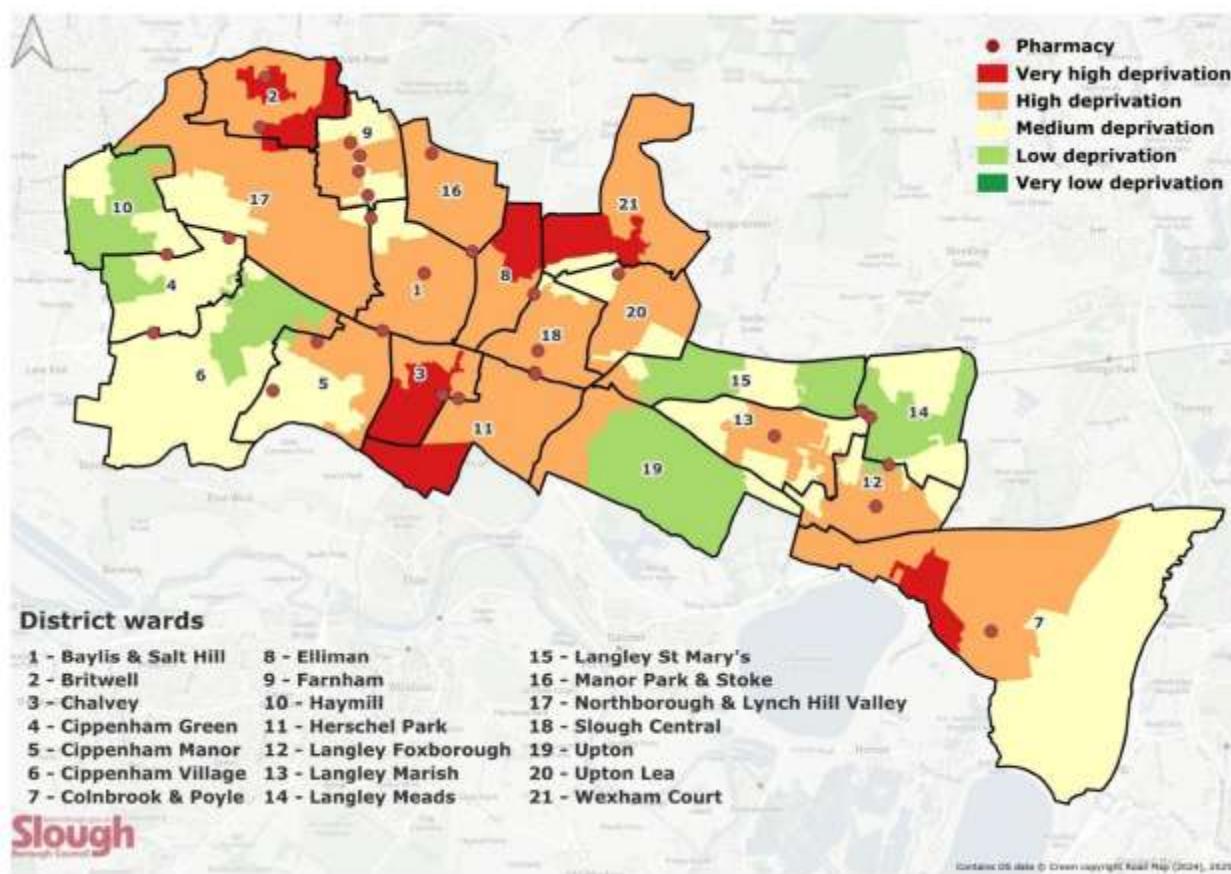
There is a pharmacy within accessible distance of all GP practices in Slough. Figure 7.5 shows that there is a pharmacy within a mile of all GP practices in the borough.

The PNA steering group is not aware of any firm plans for changes in the provision of Health and Social Care services within the lifetime of this PNA.

Pharmacy distribution in relation to the Index of Multiple Deprivation

Figure 7.6 presents pharmacy locations in relation to deprivation deciles. Neighbourhoods with the highest levels of deprivation in Slough are within Wexham Court, Colnbrook & Poyle, Britwell, Herschel Park, Chalvey and Elliman wards. These wards are well served by community pharmacies.

Figure 7.6: Pharmacy locations in relation to deprivation deciles in Slough, 2025



Source: MHCLG and NHS England, 2025.

Opening hours

Pharmacy contracts with NHS England stipulate the core hours during which each pharmacy must remain open. Historically, these have been 40-hour contracts (and some recent 100-hour

contracts). A pharmacy may stay open longer than the stipulated core opening hours; these are called supplementary hours.

The PNA will not assess access to necessary services based on supplementary hours, as these can be changed with three months' notice. Access has been considered based on geographic distance and, as part of that, core operating hours.

Data on opening times has been supplied by Frimley ICB, and the data is based as at March 2025.

100-hour pharmacies

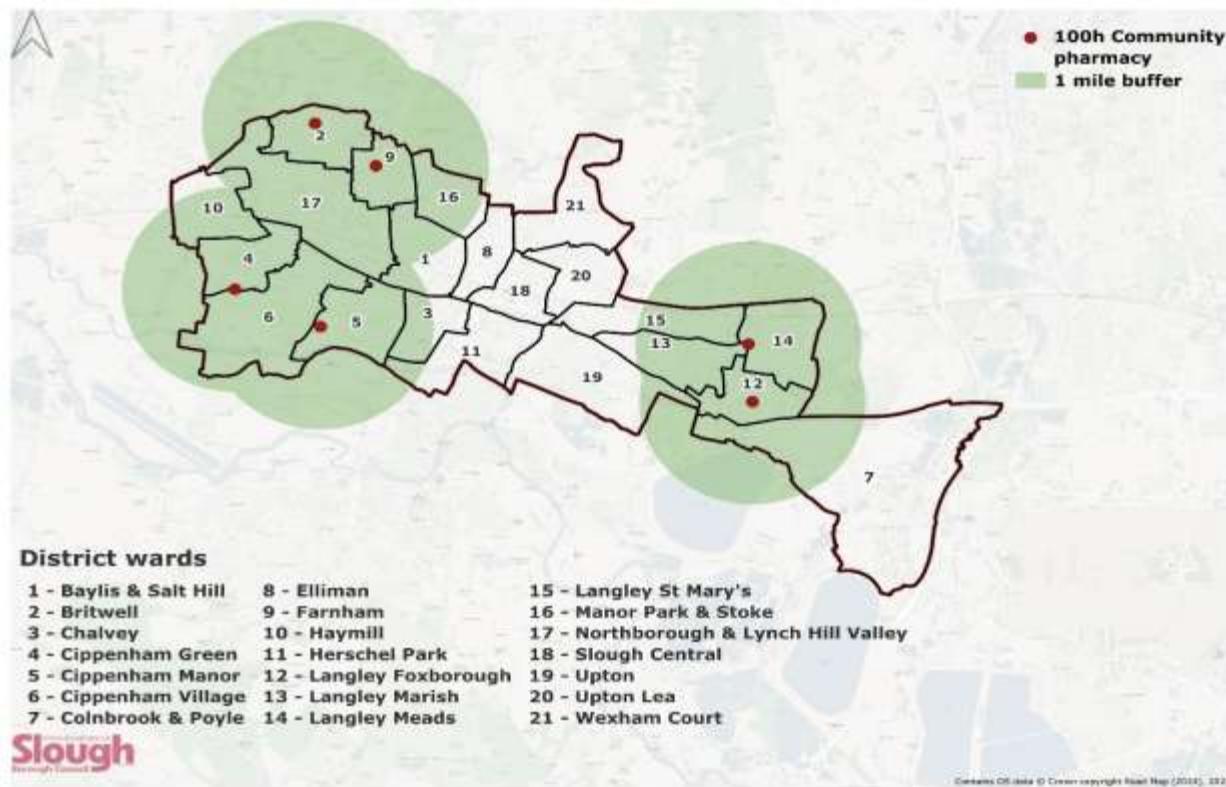
The ability to apply to open a new 100-hour pharmacy was removed from the regulations with effect from 1 September 2012; the requirement on these pharmacies to continue to be open for 100 hours per week was carried into the NHS (Pharmaceutical Services) Regulations 2012 and 2013.

With effect from 25 May 2023, the 2013 regulations were amended so that a pharmacy contractor can apply to the relevant ICB to reduce the total core opening hours of their 100-hour pharmacy, and The ICB may agree to remove the 100 hours condition in respect of those premises and replace it with a direction which specifies a lower number of total core opening hours. However, ICBs and contractors must note that the direction, and any subsequent direction that may be issued in respect of these pharmacy premises, must specify a total number of core opening hours of not less than 72 (regulation 65(3A))⁶⁵.

Frimley ICB has six 100-hour pharmacies (core hours) on their list for Slough. These are presented in Figure 7.7 and Table 7.2.

Figure 7.7: 100-hour community pharmacies and their 1-mile coverage, March 2025.

⁶⁵ NHS England. Guidance on the NHS (pharmaceutical and local pharmaceutical services) (amendment) regulations 2023. 2023 Sep; <https://www.england.nhs.uk/long-read/guidance-on-the-nhs-pharmaceutical-and-local-pharmaceutical-services-amendment-regulations-2023/#2-100-hour-pharmacies>



Source: Frimley ICB, 2025

Table 7.2: 100-hour pharmacies in Slough, March 2025.

Pharmacy	Address	Ward
The Village Pharmacy	45 Mercian Way, SL1 5ND, Slough, Berkshire	Cippenham Manor
Willow Pharmacy	Unit 2 Willow Parade, Meadfield Road, SL3 8HN, Langley, Slough, Berkshire	Langley Meads
Moonlight Pharmacy	Moonlight Dental Surgery, Wentworth Avenue, SL2 2DG, Slough, Berkshire	Britwell
Langley Pharmacy	Langley Health Centre, Common Road, SL3 8LE, Langley, Slough, Berkshire	Langley Foxborough

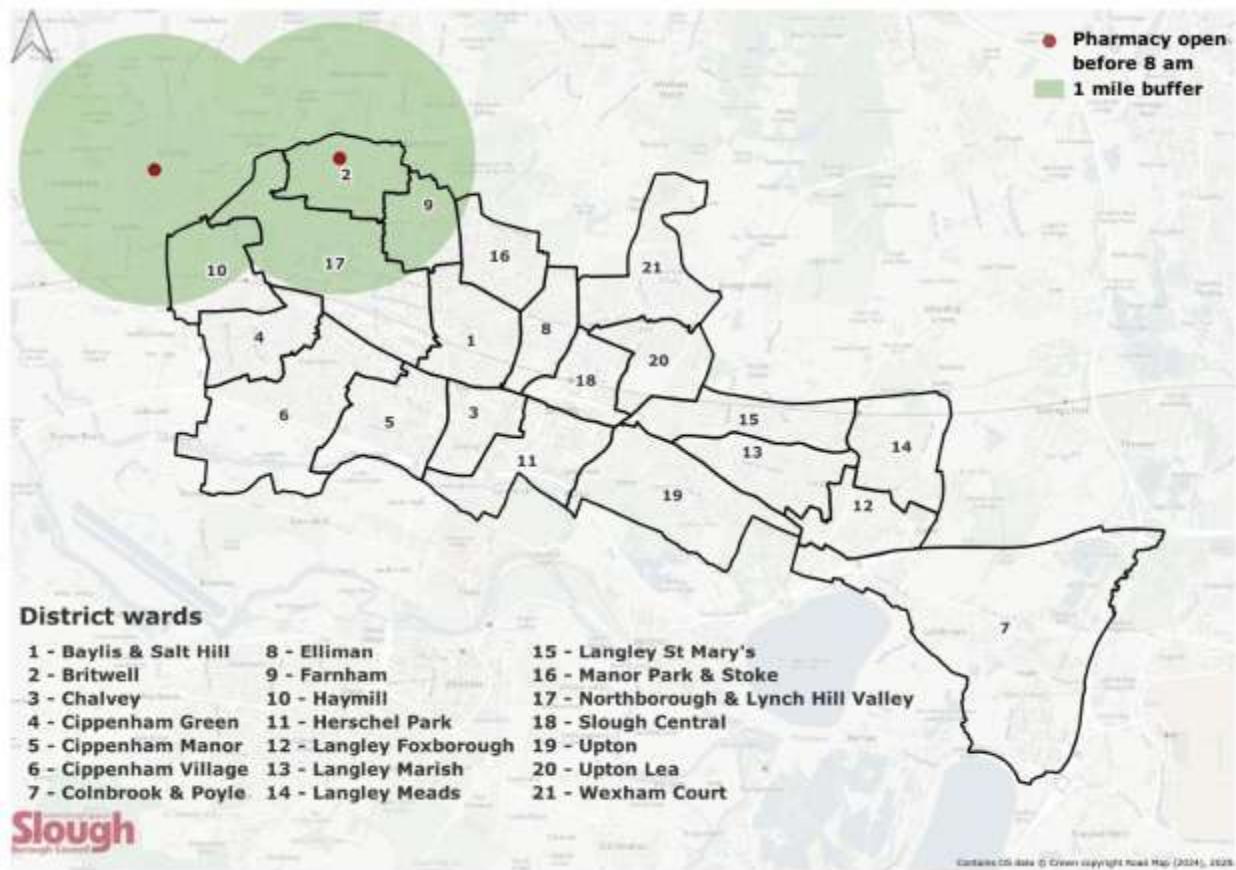
Asda Pharmacy	Asda Superstore, Telford Drive, SL1 9LA, Slough, Berkshire	Cippenham Green
Thames Pharmacy	301 Farnham Road, SL2 1HD, Slough, Berkshire	Farnham

Early morning opening

The PNA steering group considered 8 am to 6 pm as normal working hours, so any pharmacy open before 8 am was deemed to have an early morning opening.

Only one pharmacy opens before 8 am on weekdays within the borough. There is an additional pharmacy near the borough's border that is also open before 8 am. It is shown in Figure 7.8 and Table 7.3. Figure 7.9 also presents the areas within and outside Slough that can be reached by a pharmacy within 20 minutes if travelling by car (shown in green).

Figure 7.8: Pharmacies that are open before 8 am on a weekday and their 1-mile coverage, March 2025.

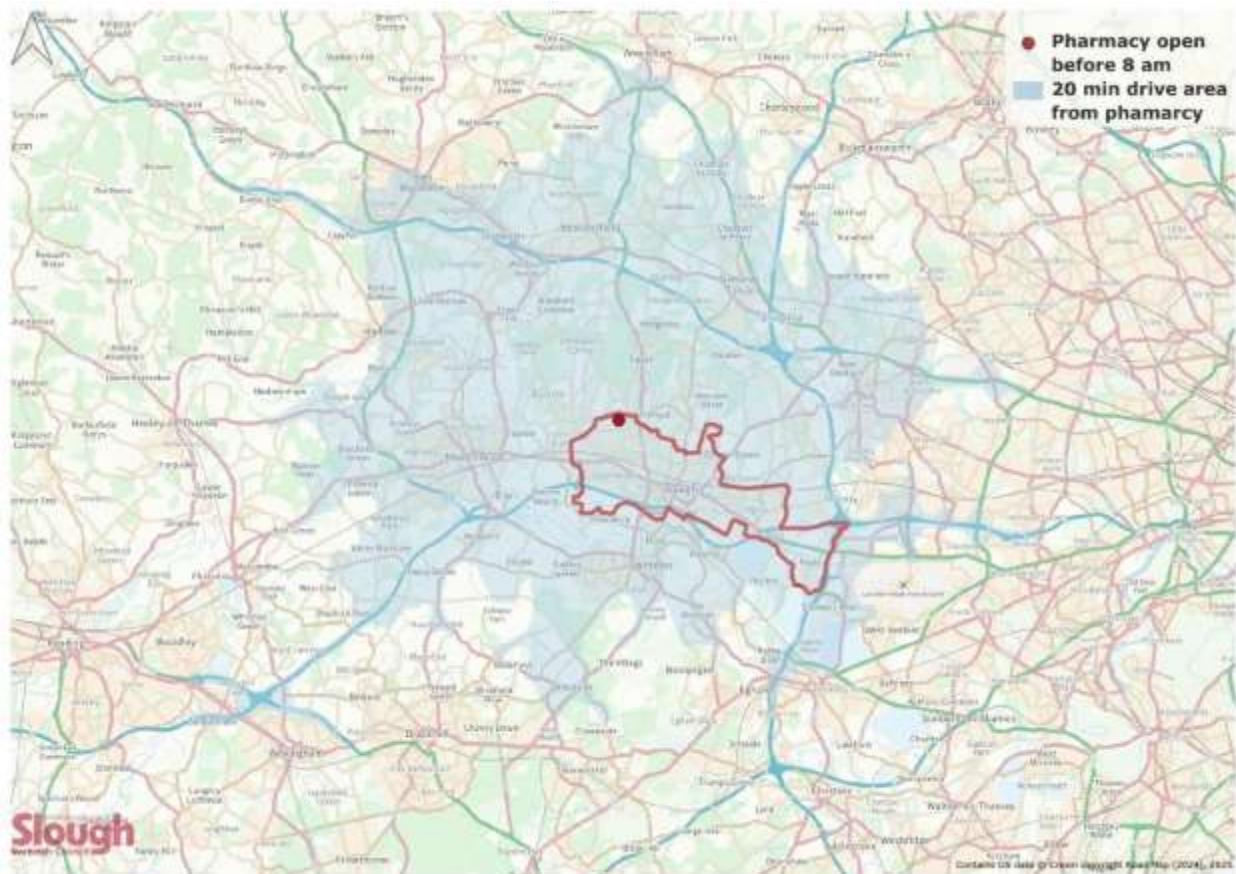


Source: Frimley ICB, 2025.

Table 7.3: Community Pharmacies open before 8 am on weekdays in Slough

Pharmacy	Address	Ward
Moonlight Pharmacy	Moonlight Dental Surgery, Wentworth Avenue, SL2 2DG, Slough, Berkshire	Britwell

Figure 7.9: Areas covered by a 20-minute travel time by car to an early opening Slough pharmacy from within and outside the borough



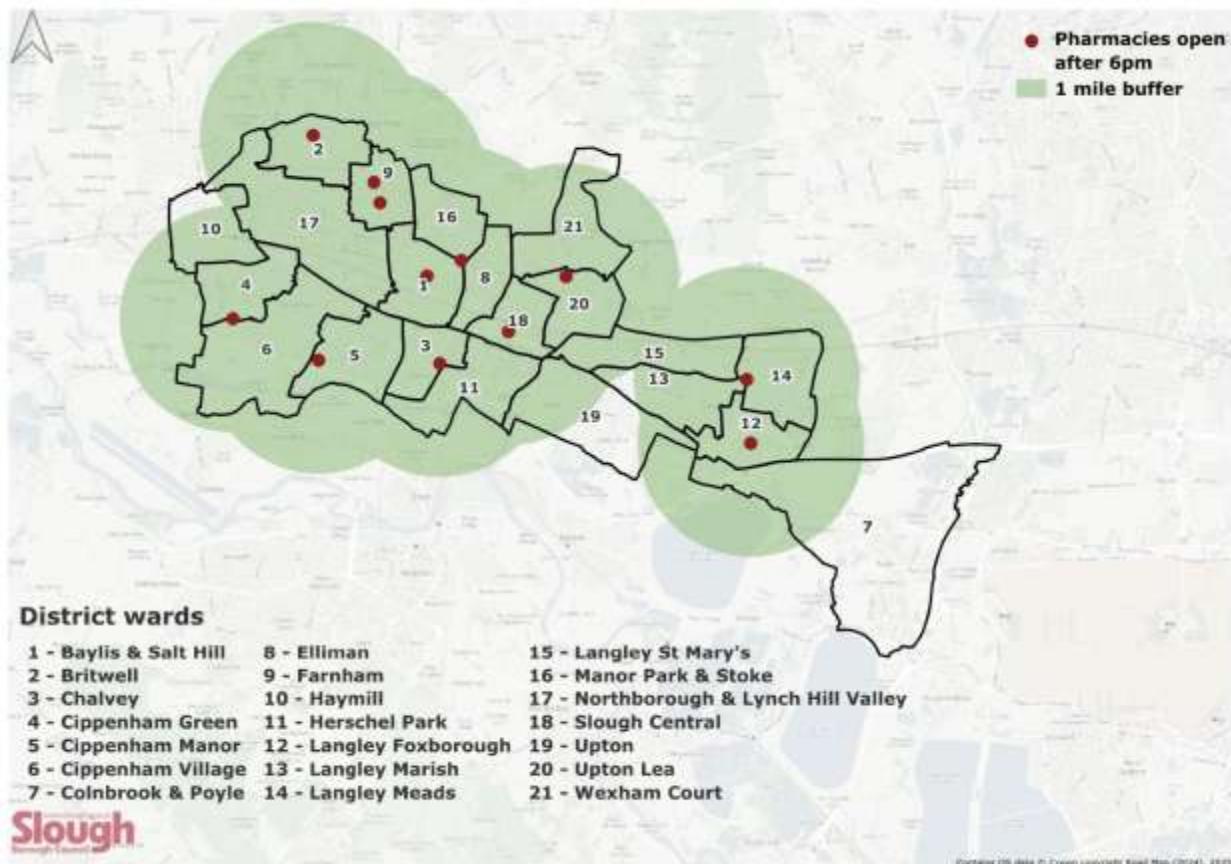
Source: Frimley ICB, 2025.

Late-evening opening

The PNA steering group deemed pharmacies open after 6 pm to be late-evening opening.

There are 12 pharmacies in the borough that are still open after 6 pm on weekdays, with one other pharmacy in an adjoining borough (see Figure 7.10 and Table 7.4).

Figure 7.10: Community Pharmacies that are open after 6 pm on weekdays and their 1-mile coverage, March 2025.



Source: Frimley ICB, 2025

Table 7.4: Community Pharmacies closing after 6 pm on weekdays in Slough

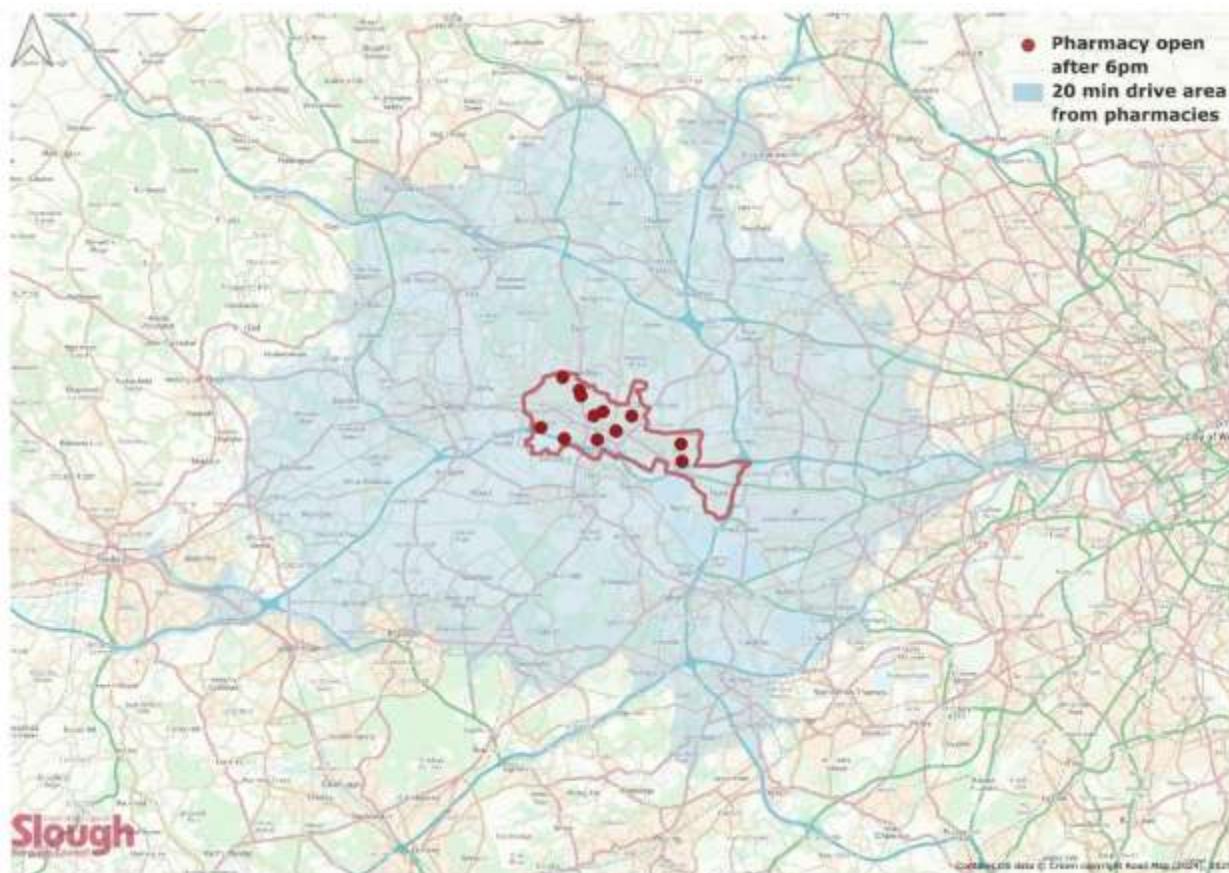
Pharmacy	Address	Ward
The Village Pharmacy	45 Mercian Way, SL1 5ND, Slough, Berkshire	Cippenham Manor
Willow Pharmacy	Unit 2 Willow Parade, Meadfield Road, SL3 8HN, Langley, Slough, Berkshire	Langley Meads
Moonlight Pharmacy	Moonlight Dental Surgery, Wentworth Avenue, SL2 2DG, Slough, Berkshire	Britwell

Langley Pharmacy	Langley Health Centre, Common Road, SL3 8LE, Langley, Slough, Berkshire	Langley Foxborough
Asda Pharmacy	Asda Superstore, Telford Drive, SL1 9LA, Slough, Berkshire	Cippenham Green
Thames Pharmacy	301 Farnham Road, SL2 1HD, Slough, Berkshire	Farnham
Tesco Pharmacy	Brunel Way, Wellington Street SL1 1XW, Slough, Berkshire.	Slough Central
The Martin Pharmacy	6 Baylis Parade, Oatlands Drive, SL1 3LF, Slough, Berkshire.	Upton Lea
Slough Pharmacy	10 Upton Lea Parade, Wexham Road, SL2 5JU, Slough, Berkshire.	Langley Meads
Kamal Enterprises Ltd	14 Woodland Avenue, SL1 3BU, Slough, Berkshire.	Elliman
Kamal Enterprises Ltd	16 Chalvey Road West, SL1 2PN, Slough, Berkshire.	Chalvay
Crystal Pharmacy	239 Farnham Road, SL2 1DE, Slough, Berkshire.	Farnham
J's Chemist	16-18 Chalvey Road East, SL1 2LU, Slough, Berkshire.	Cippenham Village

In terms of accessibility, about 3,461 residents live more than 1 mile from their nearest pharmacy with early morning or late evening opening hours. However, 100% of Slough residents live within

a 20-minute reach of an early opening and late closing pharmacy if travelling by car. This is shown in blue in Figure 7.11.

Figure 7.11: Areas covered by 20-minute travel time by car to a late-opening Slough pharmacy from within and outside the borough.

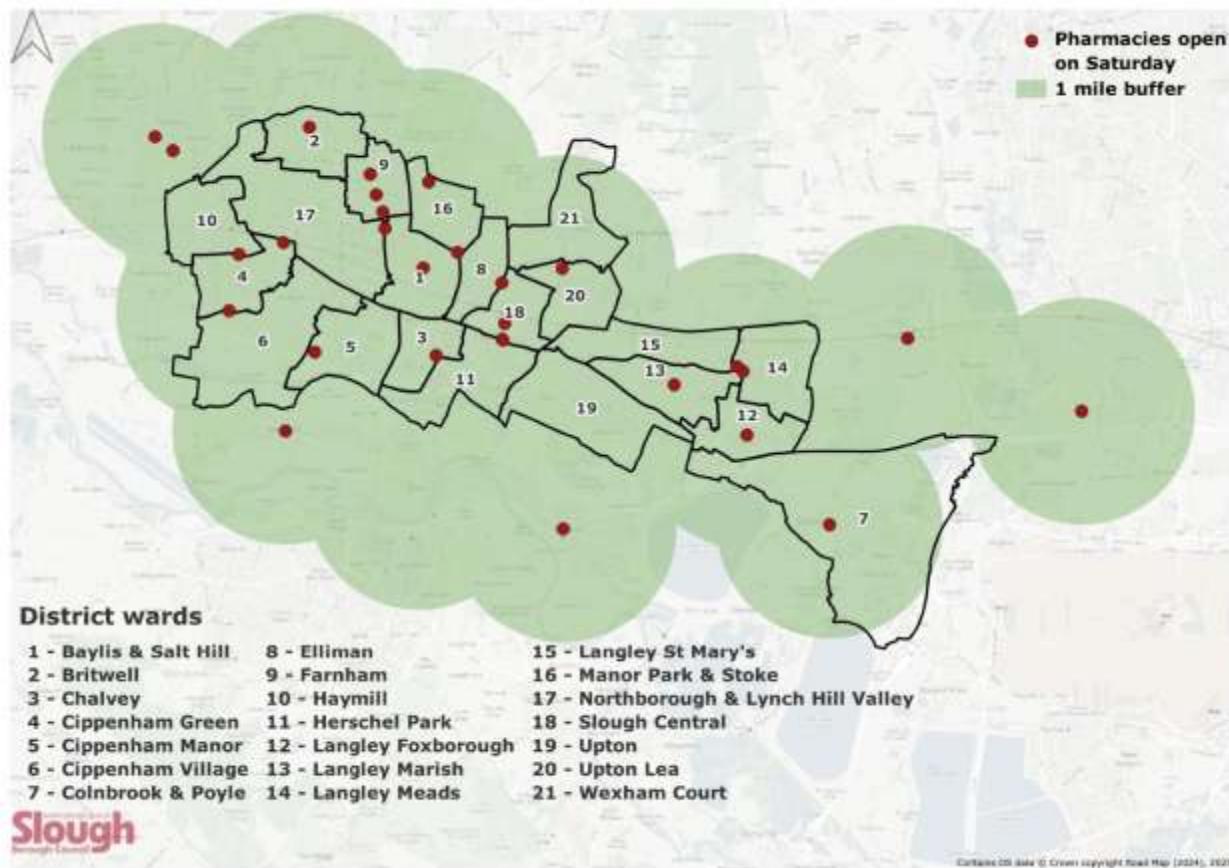


Source: Frimley ICB, 2025.

Saturday opening

A large majority of the pharmacies in Slough (23/29) are open on Saturday. There are an additional six pharmacies near the borough's border that are also open on Saturday (Table 7.5).

Figure 7.12: Community Pharmacies open on Saturday and their 1-mile coverage, March 2025.



Source: Frimley ICB, 2025.

Table 7.5: Number of Community Pharmacies open on Saturday in Slough by Ward, March 2025.

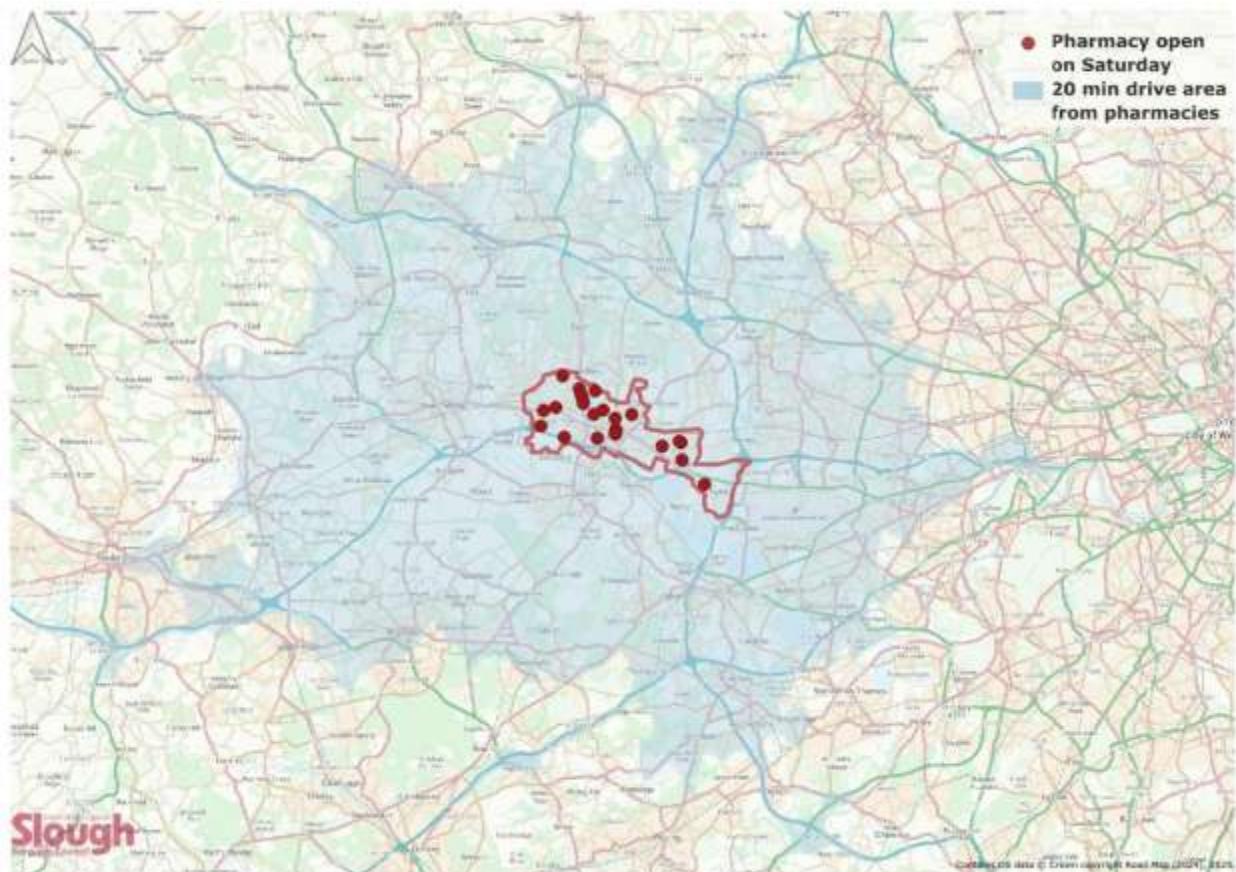
Ward	Number of Pharmacies
Farnham	4
Slough Central	3
Langley Meads	2
Baylis & Salt Hill	2
Cippenham Green	2

Manor Park & Stoke	2
Chalvey	1
Cippenham Manor	1
Colnbrook & Poyle	1
Langley Foxborough	1
Langley Marish	1
Upton Lea	1
Elliman	1
Britwell	1

Source: Frimley ICB, 2025.

All residents can reach the Saturday opening Slough pharmacy in 20 minutes if travelling by car. The 20-minute travel time to reach a Slough pharmacy is shown in green in Figure 7.13.

Figure 7.13: Areas covered by 20-minute travel time by car to a Saturday opening Slough pharmacy from within and outside the borough.

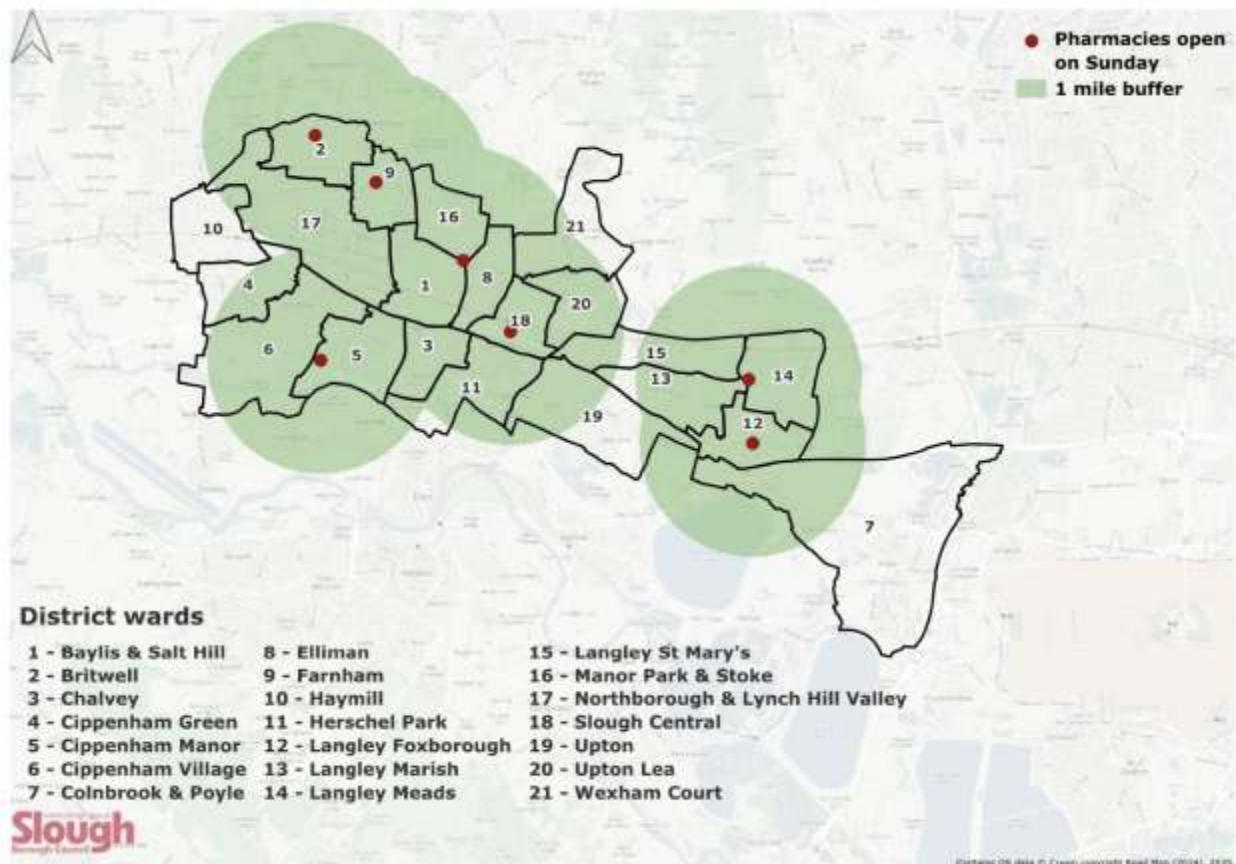


Source: Frimley ICB, 2025.

Sunday opening

Eight pharmacies are open on a Sunday within the borough, with one open in a neighbouring borough within 1 mile of Slough's border (Figure 7.14, Table 7.6).

Figure 7.14: Pharmacies open on a Sunday and their 1-mile coverage, March 2025.



Source: Frimley ICB, 2025

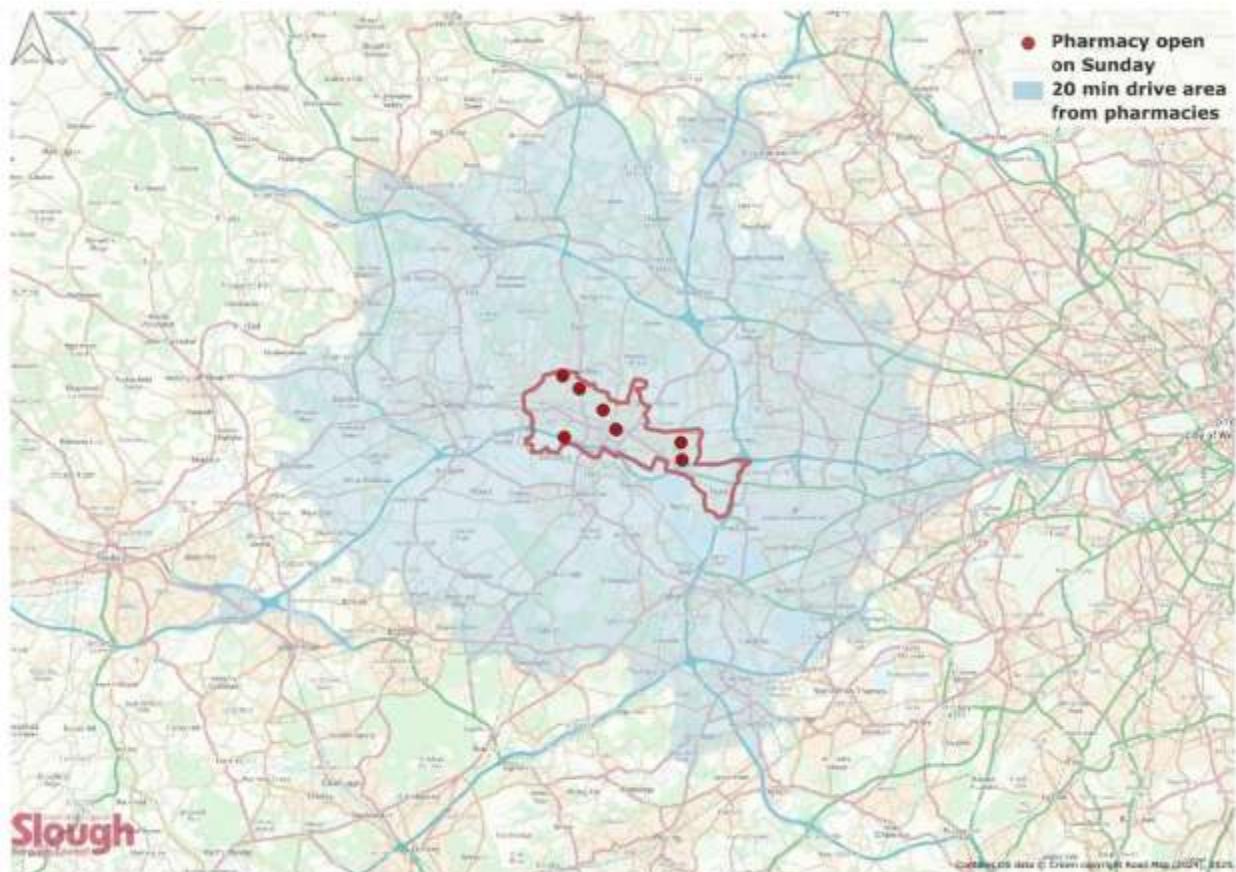
Table 7.6: Community Pharmacies open on Sunday in Slough, March 2025.

Pharmacy	Address	Ward
Willow Pharmacy	Unit 2 Willow Parade, Meadfield Road, SL3 8HN, Langley, Slough, Berkshire	Langley Meads
Moonlight Pharmacy	Moonlight Dental Surgery, Wentworth Avenue, SL2 2DG, Slough, Berkshire	Britwell
Langley Pharmacy	Langley Health Centre, Common Road, SL3 8LE, Langley, Slough, Berkshire	Langley Foxborough

Asda Pharmacy	Asda Superstore, Telford Drive, SL1 9LA, Slough, Berkshire	Cippenham Green
Thames Pharmacy	301 Farnham Road, SL2 1HD, Slough, Berkshire	Farnham
Tesco Pharmacy	Brunel Way, Wellington Street SL1 1XW, Slough, Berkshire.	Slough Central
The Martin Pharmacy	6 Baylis Parade, Oatlands Drive, SL1 3LF, Slough Berkshire.	Upton Lea
Boots the Chemists	178-184 High Street, SL1 1JR, Slough, Berkshire	Slough Central

Most of Slough's residents live within 1 mile of a pharmacy that opens on Sundays. All residents can reach a Saturday and Sunday pharmacy within 20 minutes if travelling by car. Figure 7.15 presents the 20-minute travel coverage to a Sunday opening Slough pharmacy in green. Overall, as shown in Figure 7.16, there is an adequate range of Sunday opening hours offered in Slough.

Figure 7.15: Areas covered by 20-minute travel time by car to a Sunday opening Slough pharmacy from within and outside the borough



Source: Frimley ICB, 2025.

ESSENTIAL SERVICES

Essential services are offered by all pharmacy contractors as part of the NHS Community Pharmacy Contractual Framework. All pharmacy contractors are required to deliver and comply with the specifications for all essential services⁶⁶. These are:

- Dispensing Medicines
- Dispensing Appliances
- Repeat Dispensing

⁶⁶ Department of Health & Social Care. The community pharmacy contractual framework for 2019/20 to 2023/24: Supporting delivery for the NHS long term plan. 2019 Jul; <https://assets.publishing.service.gov.uk/media/5d359f2e40f0b604de59fd82/cpcf-2019-to-2024.pdf>

- Clinical governance
- Discharge Medicines Service
- Promotion of Healthy Lifestyles
- Signposting
- Support for self-care
- Disposal of Unwanted Medicines

Summary of the accessibility of pharmacy services and of essential services

Overall, there is good pharmacy coverage to provide essential services across the borough during normal working hours. There are many pharmacies within walking distance (1 mile) for most of Slough's residents. All 29 pharmacies are within a 20-minute drive in Slough.

There is adequate coverage to provide essential services outside normal working hours. These pharmacies are situated in high-density areas, where most of the population lives. Those outside of the 1-mile walking distance are more reliant on motor vehicles for transportation, for a 20-minute travel time. Public transport with a 20-minute travel time is fairly limited outside of the high-density areas.

DISPENSING

The NHS Business Services Authority produce pharmacy and appliance contractor dispensing data for all NHS contractor pharmacies monthly. Slough pharmacies dispense an average of 6,227 items per month (based on NHS Business Services Authority, 2023/24 financial year data). This is slightly lower than the England average of 7,998 per month, indicating there is good distribution and capacity amongst Slough pharmacies to fulfil current and anticipated needs in the lifetime of this PNA⁶⁷.

⁶⁷ NHS Business Services Authority. Dispensing contractors' data. Available from: <https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data/dispensing-contractors-data>

Advanced Pharmacy Services

Advanced services are NHS England-commissioned services that community pharmacy contractors and dispensing appliance contractors can provide, subject to accreditation, as necessary⁶⁶

As of February 2025, the following services may be provided by pharmacies⁶⁶:

- Appliance Use Review
- Flu Vaccination Service
- Hypertension Case-Finding Service
- Lateral Flow Device Service
- New Medicine Service
- Pharmacy Contraceptive Service
- Pharmacy First Service
- Smoking Cessation Service
- Stoma Appliance Customisation

In March 2022, a smoking cessation service in pharmacies was introduced for patients who started their stop-smoking journey in the hospital. This is an Advanced service. Pharmacy owners are free to choose whether they will provide the service and when they will start providing it. Most NHS trusts should now be making referrals to the service, as NHS England expected most trusts to be making referrals within two years from the commencement date.⁶⁶

There are two advanced appliance services that pharmacies and dispensing appliance contractors may choose to provide:

- Appliance use reviews
- Stoma appliance customisation.

Summary of the Advanced Pharmacy Services

It is concluded that there is currently sufficient provision for the following enhanced services to meet the needs of residents in Slough:

- Appliance Use Review
- Flu Vaccination Service
- Hypertension Case-Finding Service
- Lateral Flow Device Service
- New Medicine Service
- Pharmacy Contraceptive Service
- Pharmacy First Service
- Smoking Cessation Service

Stoma Appliance Customisation is not available at any Slough pharmacy.

Appliance Use Review

Appliance Use Review (AUR) is an advanced service that community pharmacy and appliance contractors can choose to provide, so long as they fulfil certain criteria.

AURs can be carried out by a pharmacist or a specialist nurse, either at the contractor's premises (typically within a DAC) or at the patient's home. AURs help patients to better understand and use their prescribed appliances 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 are unwanted.

No pharmacies within or bordering the borough provided this service in 2023/24. AURs can also be provided by prescribing health and social care providers. Therefore, the PNA steering group conclude that there is sufficient provision of the AUR service to meet the current needs of this borough.

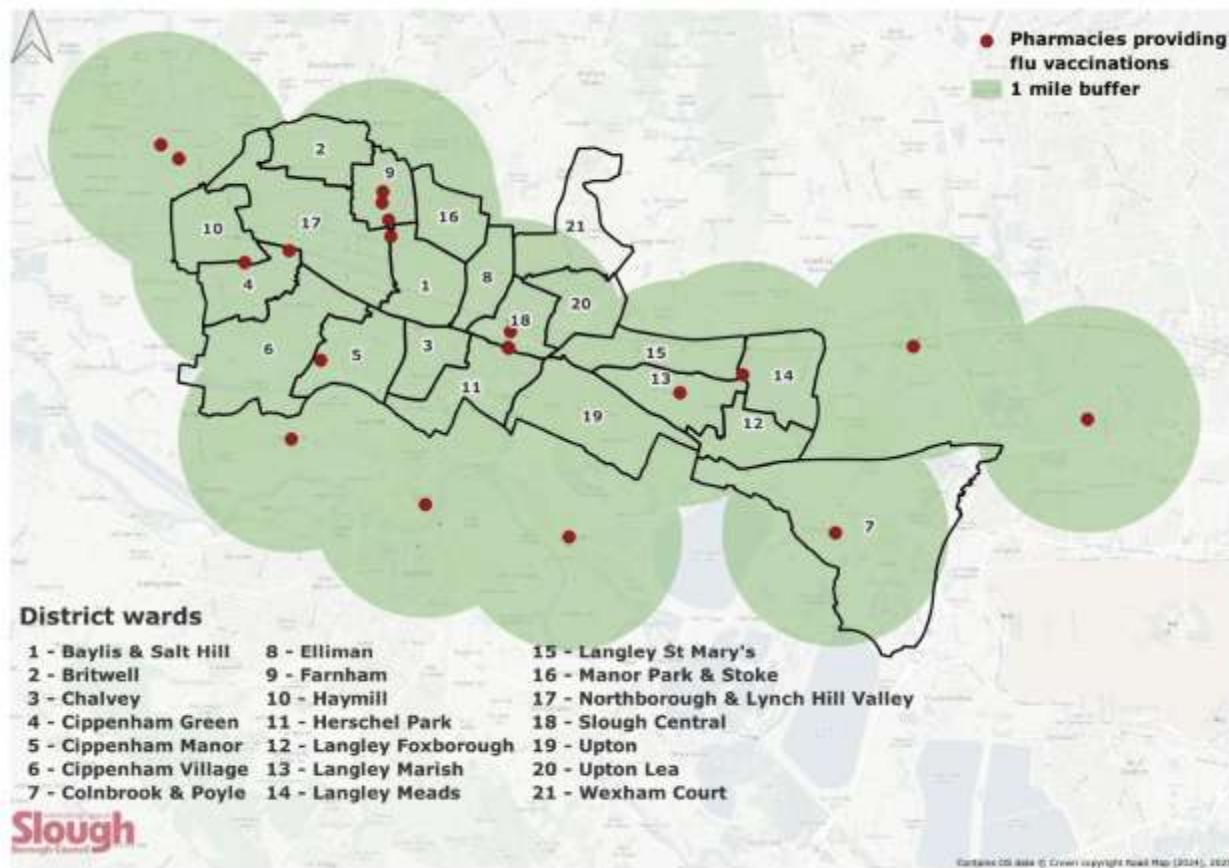
Community pharmacy seasonal influenza vaccination

Flu vaccination by injection, commonly known as the “flu jab”, is available every year on the NHS to protect certain groups who are at risk of developing potentially serious complications, such as:

- anyone over the age of 65
- children and adults with an underlying health condition (particularly long-term heart or respiratory disease)
- children and adults with weakened immune systems
- pregnant women

The National Advanced Flu Service is an advanced service commissioned by NHS England to maximise the uptake of the flu vaccine by those who are ‘at-risk’ due to ill-health or long-term conditions.

Figure 7.16: Pharmacies providing Flu vaccination and their 1-mile coverage, March 2025.



Source: Frimley ICB, 2025.

Thirteen community pharmacies in the borough provided flu vaccines in Slough in 2023/24. Another seven outside but bordering the borough provided the service. The distribution of these pharmacies is shown in Table 7.7 and Figure 7.16.

Table 7.7: Pharmacies that provide Flu Vaccinations in Slough by ward, March 2025

Wards	Number of Pharmacies
Farnham	4
Slough Central	3
Cippenham Green	2

Langley Meads	1
Langley Marish	1
Baylis & Salt Hill	1
Cippenham Manor	1
Chalvey	0
Colnbrook & Poyle	0
Langley Foxborough	0
Manor Park & Stoke	0
Upton Lea	0
Elliman	0
Britwell	0

Source: Frimley ICB,2025.

Overall, there is strong coverage of this service across Slough. However, as identified in Chapter 5, the flu vaccination uptake in the borough is low, and some respondents to the patient and public survey presented in Chapter 6 requested that their pharmacy provide flu vaccinations. In Slough, the population vaccination coverage for flu for at-risk individuals (6 months to 65 years and excluding pregnant women) was 34% in 2023/24, which is worse than the national population vaccination coverage target of 55%. While there is sufficient provision of Advanced Flu Service to meet the needs of this borough, there is an opportunity for commissioners to work with pharmacists to promote the flu vaccination service to improve uptake and engagement across the borough.

Hypertension Case-Finding Service

Cardiovascular disease (CVD) is one of the leading causes of premature death in England and accounts for 1.6 million disability adjusted life years⁶⁸.

Hypertension is the biggest risk factor for CVD and is one of the top five risk factors for all premature death and disability in England. An estimated 5.5 million people have undiagnosed hypertension across the country⁶⁸.

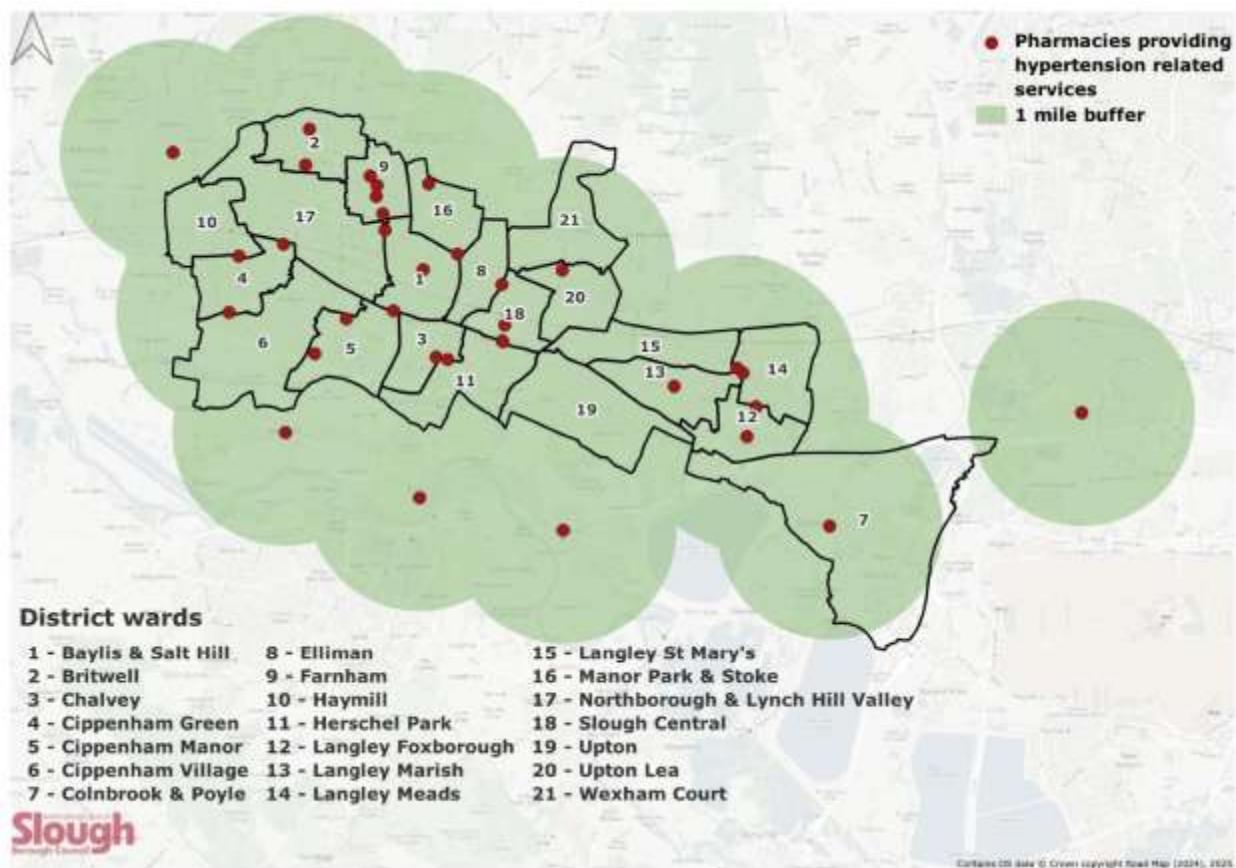
In February 2019, as part of the Cardiovascular Disease Prevention System Leadership Forum, NHS England published new national ambitions for the detection and management of high-risk conditions. The ambition for hypertension is that 80% of the expected number of people with high BP are detected by 2029, and that 80% of the population diagnosed with hypertension are treated to target. At the time of publication of the NHS Long Term Plan, NHS England and Public Health England estimated less than 60% of people with hypertension had been diagnosed⁶⁸.

The hypertension case-finding service aims to⁶⁸:

- Identify people aged 40 years or older, or at the discretion of pharmacy staff, people under the age of 40, with high blood pressure (who have previously not had a confirmed diagnosis of hypertension), and refer them to general practice to confirm diagnosis and for appropriate management.
- At the request of a general practice, undertake ad-hoc clinic and ambulatory blood pressure measurements. These requests can be in relation to people either with or without a diagnosis of hypertension; and
- Provide another opportunity to promote healthy behaviours to patients.

Figure 7.17: Pharmacies providing Hypertension Case-Finding Service and their 1-mile coverage, March 2025.

⁶⁸ Community Pharmacy England. Smoking cessation service (SCS). 2025 Feb; Available from: <https://cpe.org.uk/national-pharmacy-services/advanced-services/smoking-cessation-service/>



Source: Frimley ICB, 2025.

In Slough, all 29 pharmacies provide the Hypertension Case-Finding Service. There are an additional 5 pharmacies within 1 mile of the borough's border that provide the Hypertension Case-Finding Service. The location of these pharmacies is shown in Figure 7.17. Slough pharmacies provide good coverage for the Hypertension Case-Finding Service.

Table 10: Table showing the number of pharmacies providing the Hypertension Case-Finding Service by ward.

Wards	Number of Pharmacies
Farnham	4
Slough Central	3
Cippenham Green	3
Langley Meads	2
Langley Marish	1
Baylis & Salt Hill	2
Cippenham Manor	3
Chalvey	2
Colnbrook & Poyle	1
Langley Foxborough	2
Manor Park & Stoke	2
Upton Lea	1
Elliman	0
Britwell	2

Source: Frimley ICB,2025.

The Hypertension Case-Finding Service is widely available across the borough within areas of high density and need. The PNA steering group conclude that there is sufficient provision to meet the needs of this borough, which is constantly rising as shown by the hypertension indicator in Chapter 5 (Health needs).

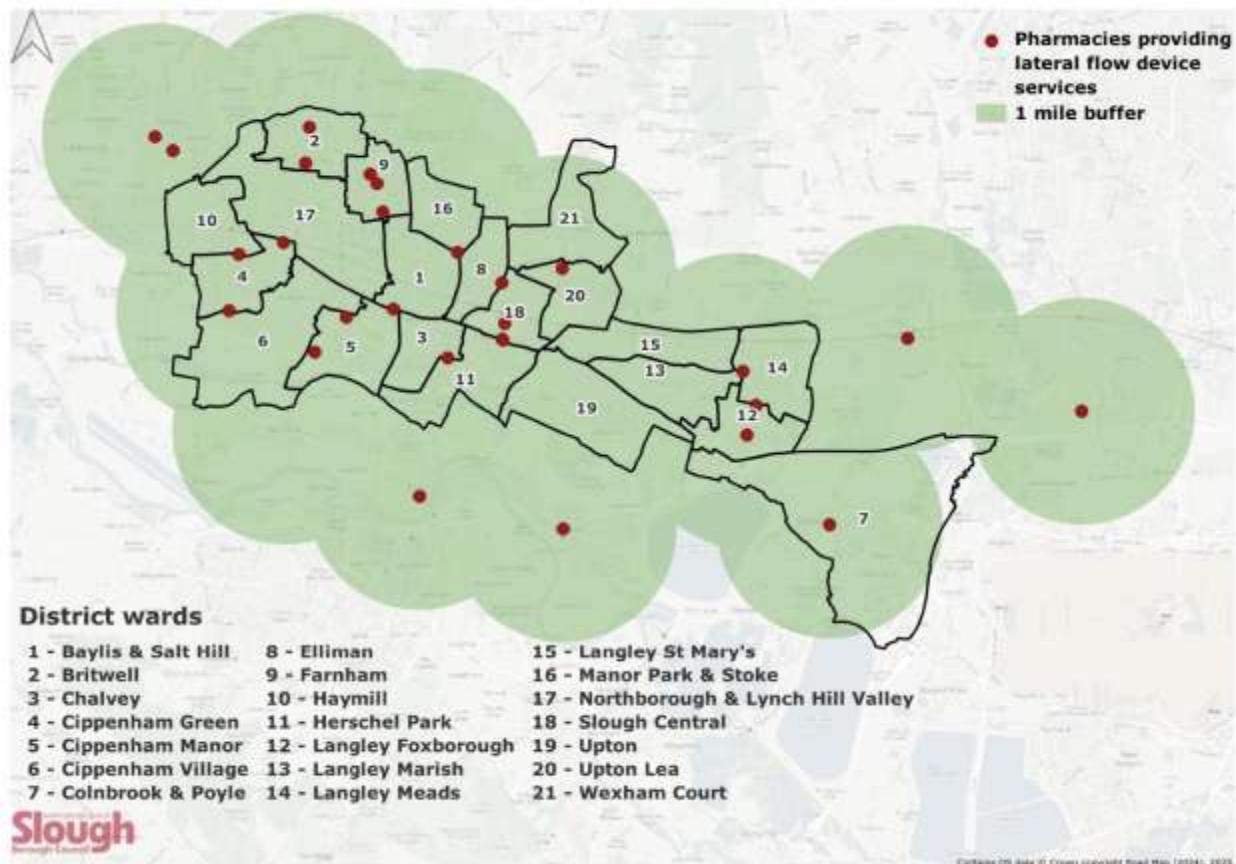
Lateral Flow Device Service

The NHS offers COVID-19 treatment to people with COVID-19 who are at risk of becoming seriously ill. To access treatment, eligible patients first need to be able to test themselves by using a lateral flow device (LFD) test if they develop symptoms suggestive of COVID-19⁶⁶.

The LFD service was introduced to provide eligible patients with access to LFD tests. If a patient tests positive, they are advised to call their general practice, NHS 111 or hospital specialist as soon as possible. The test result will be used to inform a clinical assessment to determine whether the patient is suitable for and will benefit from National Institute for Health and Care Excellence (NICE) recommended COVID-19 treatments⁶⁶.

Figure 7.18: Pharmacies providing Lateral Flow Device Service and their 1-mile coverage,

March 2025.



Source: Frimley ICB, 2025.

In Slough, 16 of the 29 pharmacies provide LFD service. There are an additional six pharmacies within 1 mile of the borough's border that provide the LFD service. The location of these pharmacies is shown in Figure 7.18. Slough pharmacies provide adequate coverage for LFD service.

Table 11: Table showing the number of pharmacies providing the Lateral Flow Device Service by ward.

Wards	Number of Pharmacies
Farnham	2

Slough Central	2
Cippenham Green	3
Langley Meads	2
Langley Marish	0
Baylis & Salt Hill	1
Cippenham Manor	2
Chalvey	1
Colnbrook & Poyle	1
Langley Foxborough	1
Manor Park & Stoke	1
Upton Lea	1
Elliman	0
Britwell	2

The LFD service is widely available across the borough within areas of high density and need. The PNA steering group conclude that there is adequate provision to meet the needs of this borough.

New medicines services (NMS)

The New Medicine Service (NMS) is an advanced service that supports patients with long term conditions who are taking a newly prescribed medicine, to help improve medicine adherence.

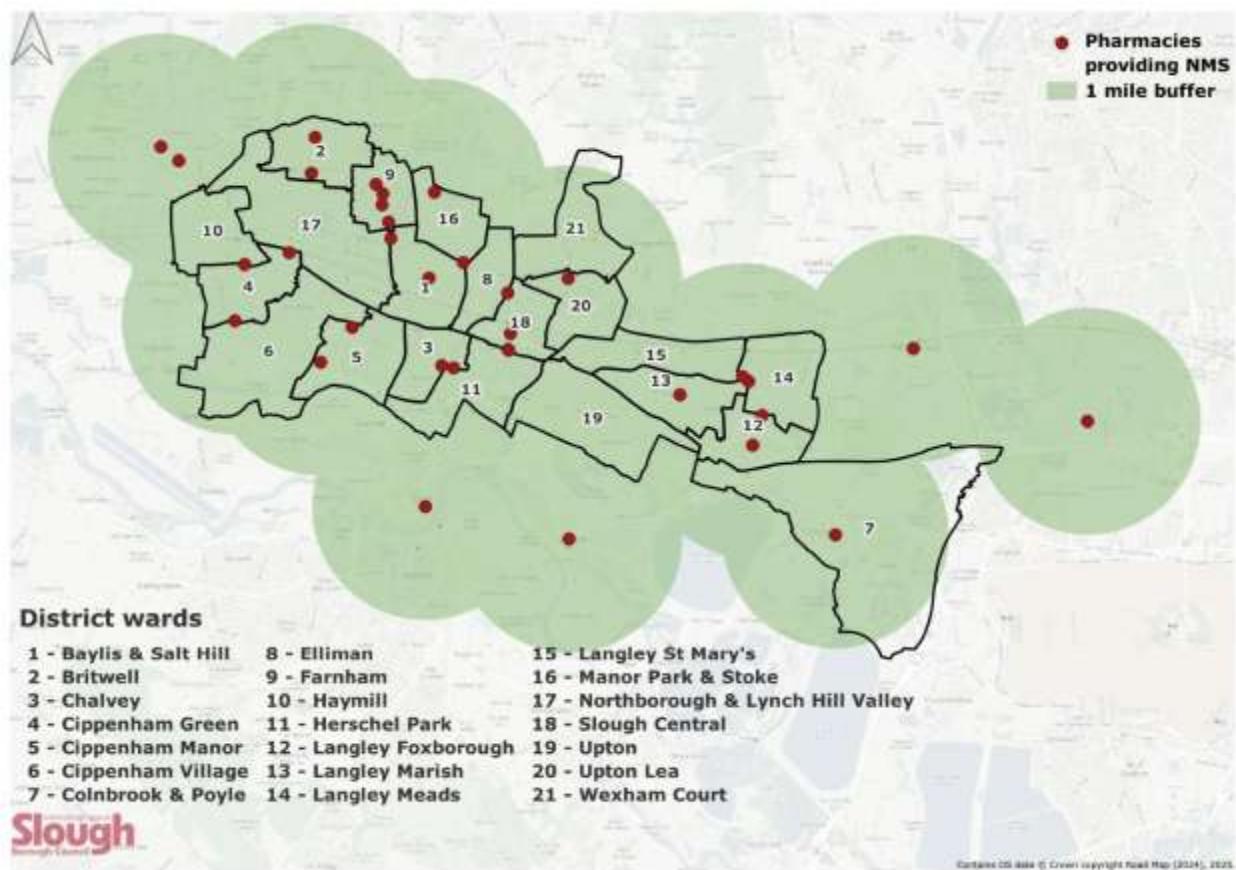
This service is designed to improve patients' understanding of a newly prescribed medicine for their long-term condition, and to help them get the most from the medicine. It aims to improve adherence to new medication, focusing on people with specific conditions, namely:

- Asthma and COPD
- Type 2 diabetes
- Antiplatelet or anticoagulation therapy
- Hypertension

New Medicines Service can only be provided by pharmacies and is conducted in a private consultation area to ensure patient confidentiality.

28 of 29 pharmacies in Slough provided NMS in 2023/24. There are an additional six pharmacies in bordering boroughs that provide NMS. All these pharmacies are shown in Figure 7.19.

Figure 7.19: Pharmacies providing NMS and their 1-mile coverage, March 2025.



Source: Frimley ICB, 2025.

Table 12: Table showing the number of NMSs declared aggregated by ward for 2023/24

Wards	Number of pharmacies	Total Number of NMSs declared	Average NMS per pharmacy
Baylis & Salt Hill	2	744	372
Britwell	2	2280	1,140
Chalvey	2	924	462
Cippenham Green	3	1812	604
Cippenham Manor	2	288	144

Cippenham Village	0	0	0
Colnbrook & Poyle	1	420	420
Elliman	0	0	0
Farnham	4	1008	252
Haymill	0	0	0
Herschel Park	0	0	0
Langley Foxborough	2	1920	960
Langley Marish	1	600	600
Langley Meads	2	2076	1038
Langley St Mary's	0	0	0
Manor Park & Stroke	2	888	444
Northborough & Lynch	0	0	0
Hill Valley			
Slough Central	3	960	320
Upton	0	0	0
Upton Lea	1	744	744
Wexham Court	0	0	0

NMS are supplied widely across the borough within areas of high density and need. Therefore, the PNA steering group conclude that there is sufficient NMS provision to meet the needs of this borough.

Pharmacy Contraceptive Service (PCS)

In 2021, NHS England commenced a pilot involving pharmacies offering repeat supplies of oral contraception to people who had previously had the product prescribed. In the Year 4 and Year 5 CPCF negotiations, the Department of Health and Social Care and NHS England proposed commissioning a Pharmacy Contraception Service as an Advanced service⁶⁶.

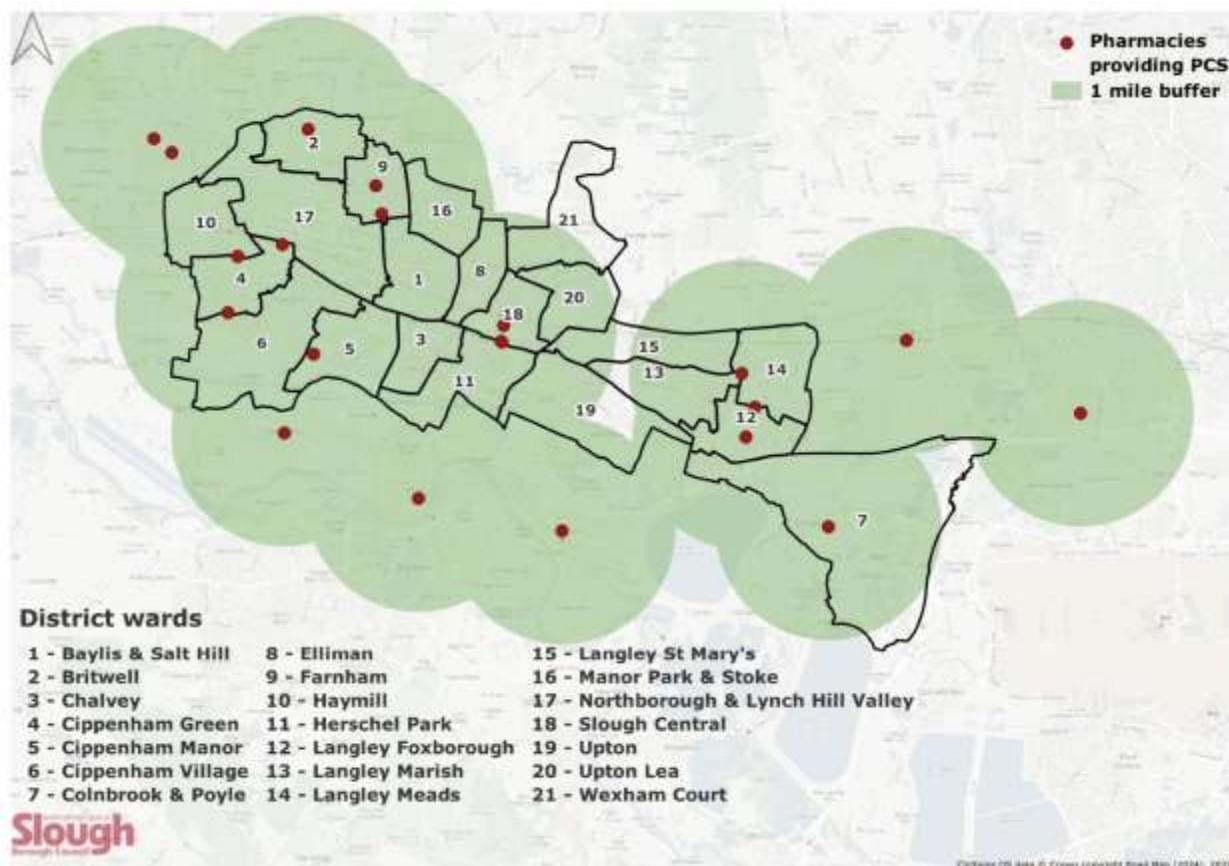
The objectives of the service are to⁶⁶:

- Provide a model for community pharmacy teams to initiate the provision of OC, and to continue the provision of OC supplies initiated in primary care (including general practice and pharmacies) or sexual health clinics and equivalent. Both initiation and ongoing supply are undertaken using PGDs to support the review and supply process; and
- Establish an integrated pathway between existing services and community pharmacies that provides people with greater choice and access when considering continuing their current form of OC.

The service aims to provide⁶⁶:

- People greater choice of where they can access contraception services; and
- Extra capacity in primary care and sexual health clinics (or equivalent) to support meeting the demand for more complex assessments.

Figure 7.20: Pharmacies providing PCS and their 1-mile coverage, March 2025.



Source: Frimley ICB, 2025.

In Slough, 14 of the 29 pharmacies provide PCS. There are an additional seven pharmacies within 1 mile of the borough's border that provide PCS. The pharmacy locations are shown in Figure 7.20.

Table 13: Pharmacies that provide PCS in Slough by ward, March 2025.

Wards	Number of Pharmacies
Farnham	2
Slough Central	2
Cippenham Green	3

Langley Meads	2
Langley Marish	1
Baylis & Salt Hill	0
Cippenham Manor	1
Chalvey	0
Colnbrook & Poyle	1
Langley Foxborough	1
Manor Park & Stoke	0
Upton Lea	0
Elliman	0
Britwell	1

Source: Frimley ICB, 2025.

PCS is widely available across the borough within areas of high density and need. The PNA steering group conclude that there is adequate provision to meet the needs of this borough.

From the 29th of October 2025, 26 of 28 pharmacies are registered to deliver the contraception service, which will now incorporate EHC provision.

Pharmacy First Service

Community Pharmacy England made a proposal to the Department of Health and Social Care and NHS England for a Pharmacy First service in March 2022. The Pharmacy First service, which commenced on 31 January 2024, is a crucial first step in recognising and properly funding the enormous amount of healthcare advice that community pharmacies provide to the public every

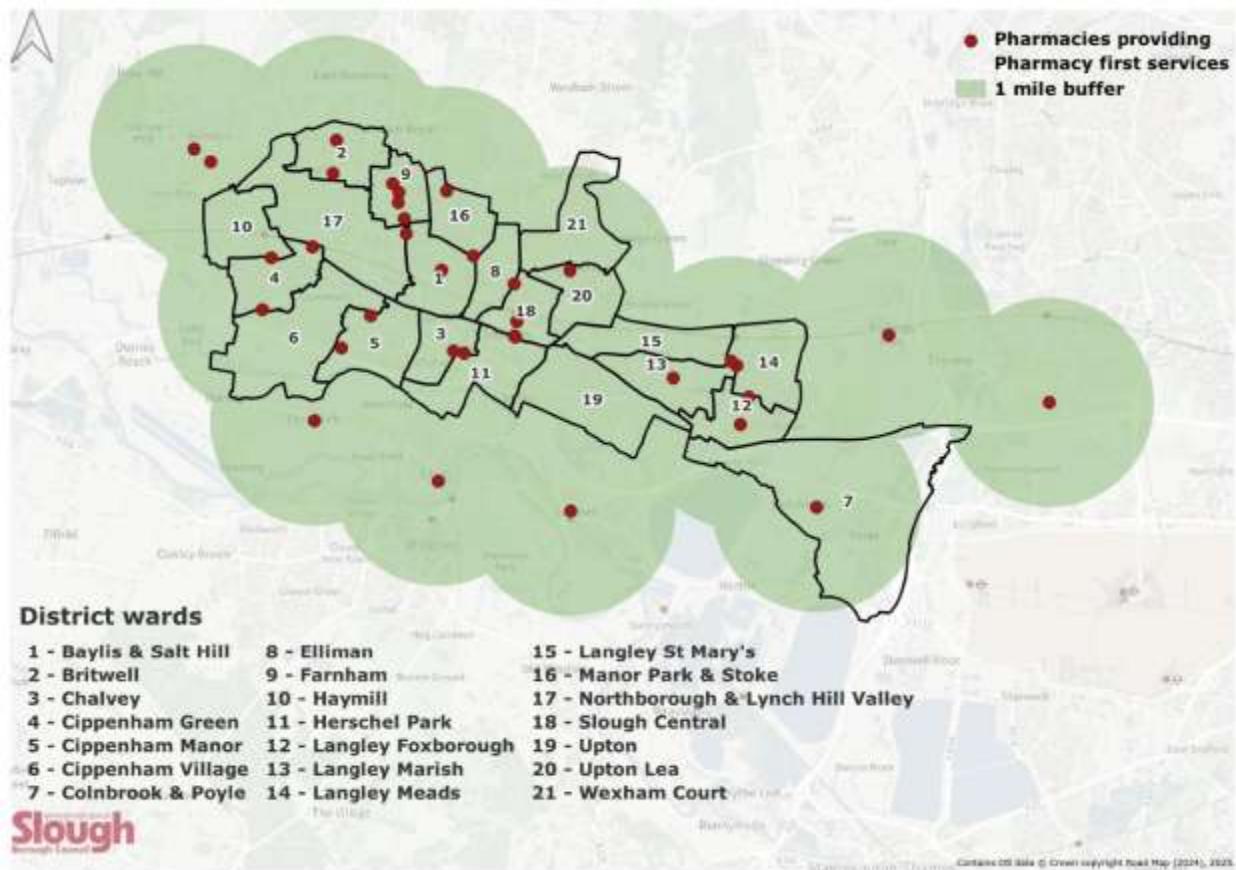
day and in establishing and funding community pharmacy as the first port of call for healthcare advice⁶⁶.

The Advanced service involves pharmacists providing advice and NHS-funded treatment, where clinically appropriate, for seven common conditions (age restrictions apply)⁶⁶:

- Sinusitis
- Sore throat
- Acute otitis media
- Infected insect bite
- Impetigo
- Shingles
- Uncomplicated UTI

Consultations for these seven clinical pathways can be provided to patients presenting to the pharmacy as well as those referred electronically by NHS 111, general practices and others⁶⁶.

Figure 7.21: Pharmacies providing Pharmacy First Service and their 1-mile coverage, March 2025



Source: Frimley ICB, 2025.

In Slough, all 29 pharmacies provide the Pharmacy First service. There are an additional seven pharmacies within 1 mile of the borough's border that provide Pharmacy First service. The pharmacy locations are shown in Figure 7.21.

Table 14: Pharmacies that provide Pharmacy First Service in Slough by ward, March 2025.

Wards	Number of Pharmacies
Farnham	4
Slough Central	3

Cippenham Green	3
Langley Meads	2
Langley Marish	1
Baylis & Salt Hill	2
Cippenham Manor	2
Chalvey	2
Colnbrook & Poyle	1
Langley Foxborough	2
Manor Park & Stoke	2
Upton Lea	1
Elliman	0
Britwell	2

Source: Frimley ICB, 2025.

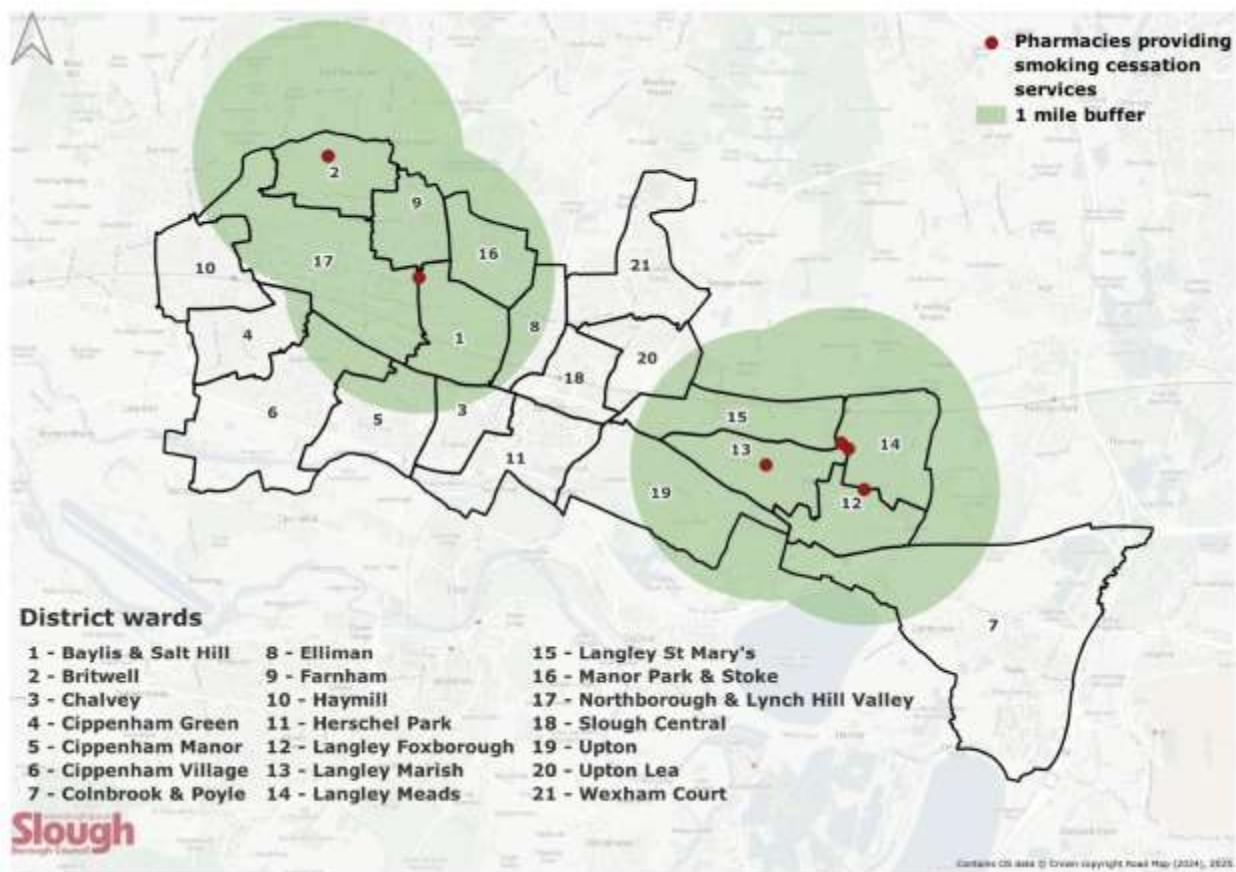
Pharmacy First is available at all Slough pharmacies across the borough. The PNA steering group conclude that the pharmacies in Slough and near its border (within 1-mile) provide a good provision of Pharmacy First.

Smoking Cessation Service

In January 2019, the NHS Long Term Plan (LTP) was published which said that the NHS would make a significant new contribution to making England a smoke-free society, by supporting people in contact with NHS services to quit. The Smoking Cessation Service (SCS) was added to the NHS CPCF as part of Year 3 (2021/22) of the five-year CPCF deal⁶⁶.

The aim of the SCS is to reduce morbidity and mortality from smoking, and to reduce health inequalities associated with higher rates of smoking with the objective of the service being to ensure that any patients referred by NHS trusts to community pharmacy for the SCS receive a consistent and effective offer⁶⁶.

Figure 7.22: Pharmacies providing Smoking Cessation Service and their 1-mile coverage, March 2025.



Source: Frimley ICB, 2025

In Slough, 7 of the 29 pharmacies provide SCS. The pharmacy locations are shown in Figure 7.22.

Table 15: Pharmacies that provide Smoking Cessation Service in Slough by ward, March 2025.

Wards	Number of Pharmacies
Farnham	0
Slough Central	0
Langley Foxborough	1
Langley Meads	2
Langley Marish	1
Baylis & Salt Hill	1
Cippenham Manor	0
Chalvey	0
Colnbrook & Poyle	0
Langley Foxborough	0
Manor Park & Stoke	0
Upton Lea	1
Elliman	0
Britwell	1

Source: Frimley ICB, 2025.

SCS is available at Slough pharmacies within areas of high population density. The PNA steering group conclude that there is adequate provision of SCS.

Stoma Appliance Customisation

The Stoma Appliance Customisation (SAC) 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.

No pharmacy provided SACs in Slough during the time of this PNA.

Residents can also access the SAC service either from non-pharmacy providers within the borough (e.g., community health services) or from dispensing appliance contractors outside of the borough. Therefore, the PNA steering group conclude that there is sufficient provision of the SAC service to meet the needs of this borough.

Other NHS services

These are locally commissioned services commissioned by the Slough Borough Council and Frimley ICB to fulfil a local population's health and wellbeing needs. Slough enhanced services are listed below:

Local authority commissioned services:

- Supervised consumption
- Needle exchange
- Pharmacy emergency hormonal contraception service

Frimley ICB commissioned services:

- Access to palliative care
- On-demand availability of drugs for childhood gastroenteritis in community pharmacies

The provision of these services is explored below.

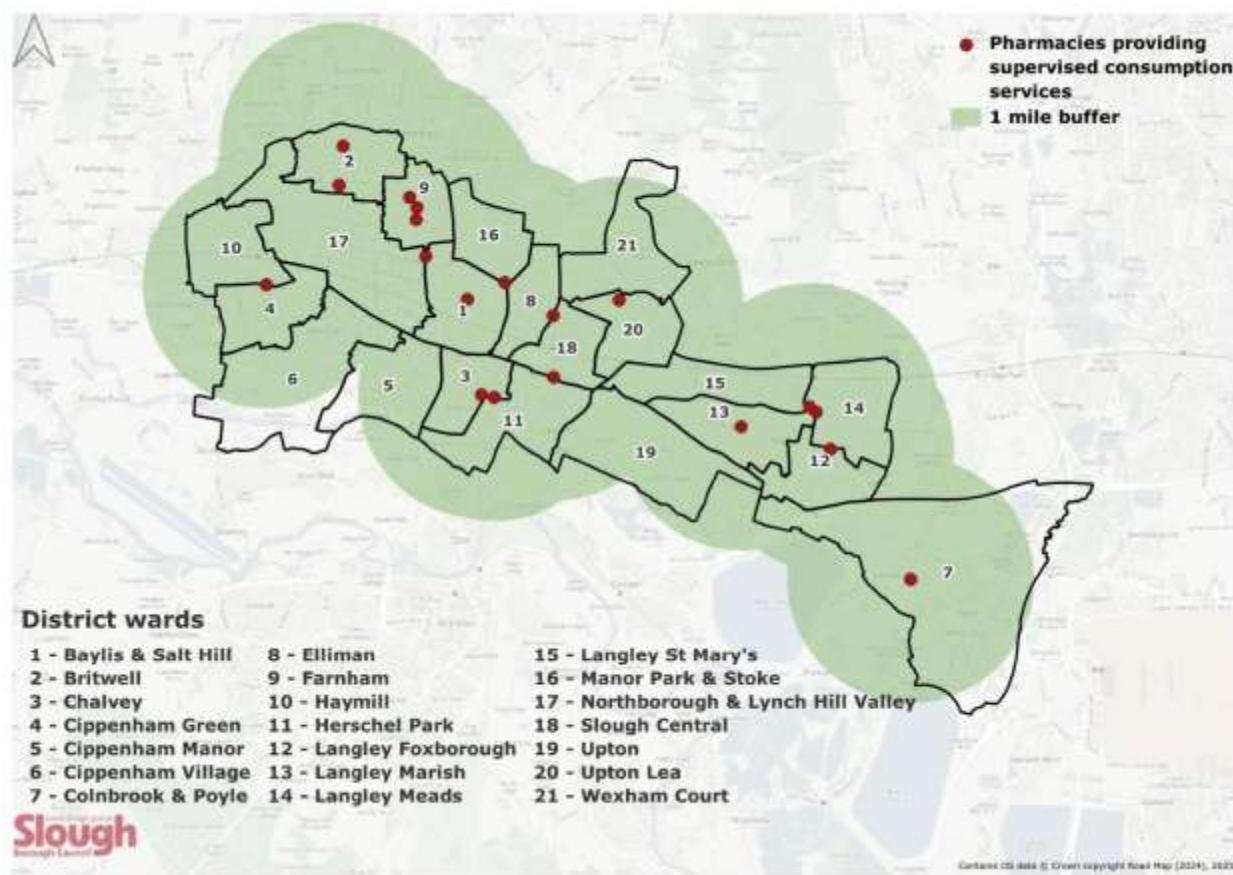
Supervised consumption

Slough Borough Council commissions community pharmacies to provide supervised consumption as part of treatment services for opioid dependency.

Supervised consumption of opioid substitution treatment forms a critical element of safe and effective treatment in the community. It reduces the risk of overdose and non-compliance with treatment, minimises diversion and enables people being treated for opioid dependency to utilise the benefits of pharmacy intervention around health choices. It is typically used for people who are new to treatment and/or have complex needs.

There is a good provision of this service in the borough. Nineteen pharmacies have been commissioned to provide supervised consumption services in Slough. These are presented in Figure 7.23 and Table 7.16.

Figure 7.22: Pharmacies providing Supervised Consumption Service and their 1-mile coverage, March 2025.



Source: Frimley ICB, 2025

Table 17: Pharmacies that provide Supervised Consumption Service in Slough by ward, March 2025.

Wards	Number of Pharmacies
Farnham	3
Slough Central	2
Cippenham Green	2
Langley Meads	2
Langley Marish	1
Baylis & Salt Hill	2
Cippenham Manor	1
Chalvey	2
Colnbrook & Poyle	1
Manor Park & Stoke	1
Upton Lea	1
Elliman	0
Britwell	2
Langley Foxborough	1

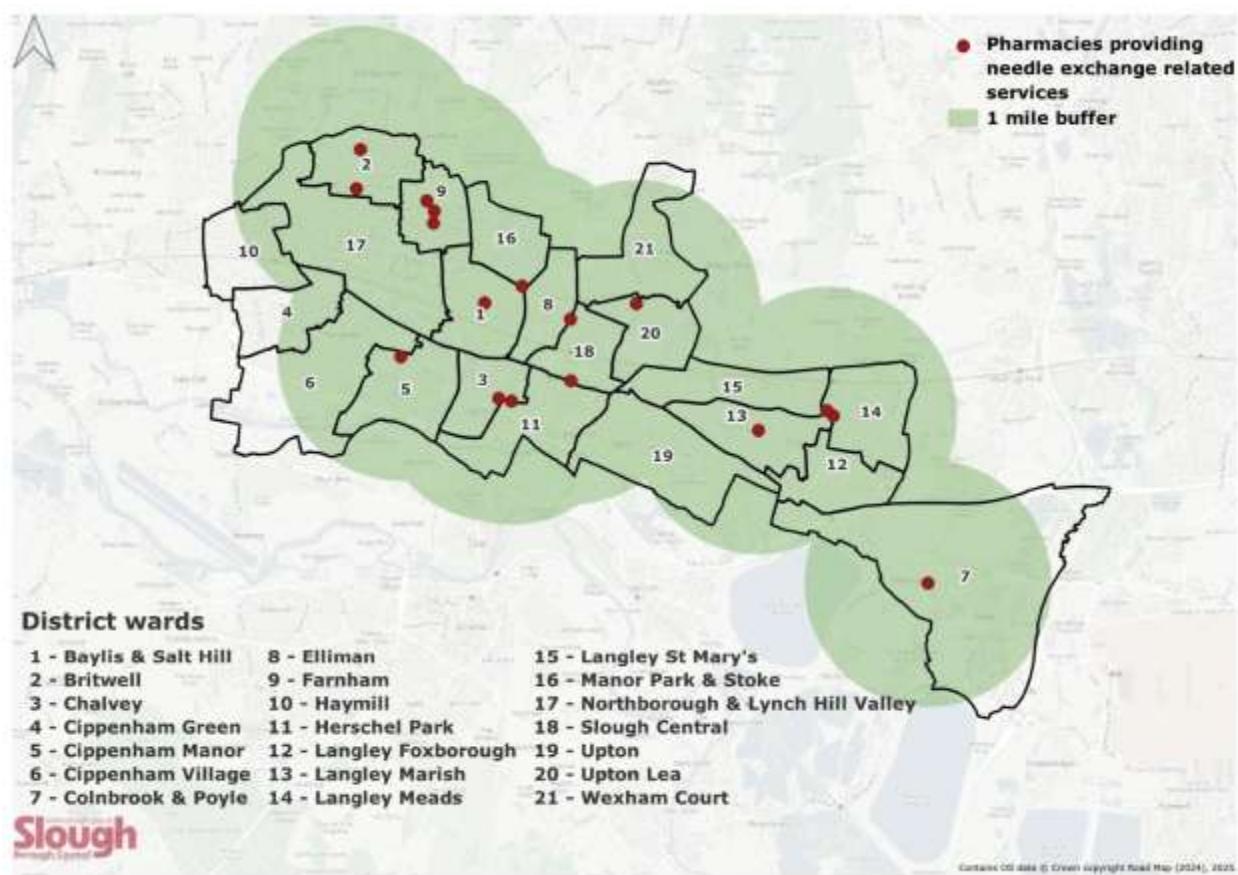
Needle exchange

The Needle exchange service supplies needles, syringes and other equipment used to prepare and take illicit drugs. The purpose of these services is to reduce the transmission of blood-borne viruses such as hepatitis B and C, and other infections caused by sharing injecting equipment.

The Needle exchange services also aim to reduce the harm caused by injecting drugs through providing information and advice and acting as a gateway to other services, including drug treatment centres.

Seventeen pharmacies offer the needle exchange service. Their locations are shown in Figure 7.23 and Table 18

Figure 7.23: Pharmacies providing Needle Exchange Service and their 1-mile coverage, March 2025.



Source: Frimley ICB, 2025

Table 18: Pharmacies that provide Needle Exchange Service in Slough by ward, March 2025.

Wards	Number of Pharmacies
Farnham	3
Slough Central	2
Cippenham Green	0
Langley Meads	2
Langley Marish	1
Baylis & Salt Hill	1
Cippenham Manor	1
Chalvey	2
Colnbrook & Poyle	1
Langley Foxborough	0
Manor Park & Stoke	1
Upton Lea	1
Elliman	0
Britwell	2

Pharmacy emergency hormonal contraception service

From the 29th of October 2025, 26 of 28 pharmacies are registered to deliver the contraception service, which will now incorporate EHC provision.

Currently, Slough has one pharmacy logged for EHC. The pharmacy is:

Pharmacy	Address
H A McParland Ltd	306 Trelawney Avenue, Langley, Slough Berkshire, SL3 7UB.

Access to palliative care

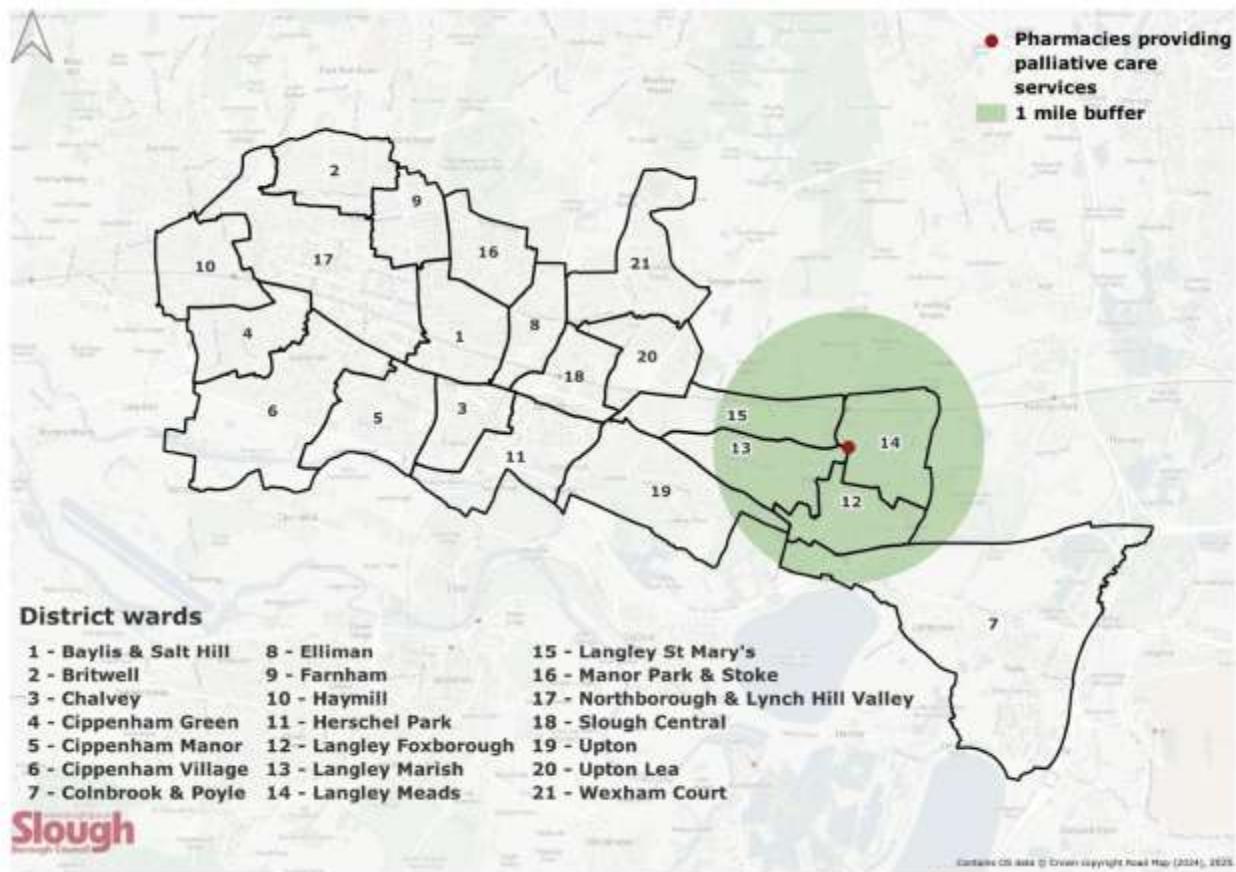
This service is commissioned by Frimley ICB to ensure that their community teams have guaranteed provision of routine palliative care drugs. This is to prevent any difficulties they may experience in obtaining emergency drugs for their patients.

The aim of the service is to improve access for people to these specialist medicines when they are required by ensuring prompt access and continuity of supply.

Community teams will be able to access these drugs during the pharmacies' normal opening hours. This arrangement does not cover access to medicines outside of contracted hours.

Pharmacies have a duty to ensure that pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service.

Figure 7.24: Pharmacies providing Palliative Care Service and their 1-mile coverage, March 2025.



Source: Frimley ICB, 2025.

In Slough, only one pharmacy provides palliative care. The pharmacy location is shown in Figure 7.24.

Table 19: Pharmacies that provide Palliative Care Service in Slough by ward, March 2025.

Wards	Number of Pharmacies
Farnham	0
Slough Central	0
Cippenham Green	0
Langley Meads	1

Langley Marish	0
Baylis & Salt Hill	0
Cippenham Manor	0
Chalvey	0
Colnbrook & Poyle	0
Langley Foxborough	0
Manor Park & Stoke	0
Upton Lea	0
Elliman	0
Britwell	0

Chapter 8 - Conclusions

This PNA has considered the existing pharmaceutical services in Slough in relation to the health needs and demographics of its residents. It has determined whether the current services meet the population's needs and identified any potential gaps in service provision, both presently and throughout the duration of this document, from 1 October 2025 to 30 September 2028.

Slough has a relatively young and diverse population. The median age of the population is 35.3 years, and 54.3% of the population are from Black, Asian and Minority Ethnic communities. To identify where there are different needs for people who share a protected characteristic, a survey was disseminated across Slough and the rest of Berkshire. The purpose was to engage the population, as well as those representing people who share protected characteristics and those who are seldom heard. 30 patients and the public responded to the survey on their use and views on 'necessary' pharmacy services in Slough. Overall, participants were happy with the services their pharmacy provided, and no different needs for people who share a protected characteristic in Slough were found.

Various factors affect pharmacy needs, including deprivation and protected characteristics. In Slough, there are seven neighbourhoods (within Central, Colnbrook with Poyle, Britwell and Northborough, Chalvey and Elliman wards) that are among the top 20% most deprived in England. There is also a constant rise in the number of households living in temporary accommodation.

This chapter will summarise the provision of these pharmacy services in Slough and its surrounding local authorities.

Current provision

The Slough PNA steering group has identified the following services as essential to meet the pharmaceutical needs outlined in this assessment:

- Essential services are provided at all premises included in the pharmaceutical directories.

Other Relevant Services are services provided which are not necessary to meet the need for pharmaceutical services in the area, but which nonetheless have secured improvements or better access to medicines. The PNA steering group has identified the following as Other Relevant Services:

- Adequate provision of advanced and enhanced services to meet the need of the local population.

Current access to essential services

In assessing the provision of essential services against the needs of the population, the PNA steering group considered access as the most important factor in determining the extent to which the current provision of essential services meets the needs of the population. Accessibility of essential services was determined by whether the Slough population resided within 1-mile of a pharmacy, or within 20-minutes' drive to a pharmacy.

Other factors taken into consideration included:

- The ratio of community pharmacies per 10,000 population
- Proximity of pharmacies to areas of high deprivation
- Opening hours of pharmacies
- Proximity of pharmacies to GP practices
- Location of dispensing GPs

England has 2.1 pharmacies per 10,000 of the population. Slough has 29 active pharmacies serving a population of 160,713 in 2023⁶¹. This equates to 1.8 pharmacies per 10,000 of the population, which is lower than the England rate.

All the borough's population is within 1 mile of a pharmacy, and most residents live within a 20-minute commute of a pharmacy if travelling by car. All GP practices are within 1 mile of a pharmacy.

Considering all these factors, the residents of the borough are well served in terms of the number and location of pharmacies.

Current access to essential services during normal working hours

The results of the PNA conclude that there are no current gaps in the provision of essential services during normal working hours in the lifetime of this PNA

All pharmacies are open for at least 40 hours each week. There are 29 community pharmacies in the borough, providing good access as determined in Chapter 7.

Current access to essential services outside normal working hours

On weekdays, one Slough pharmacy is open before 8 am, and 13 are open after 6 pm. These pharmacies are located within one mile of high deprivation and high population density. All of Slough's population can reach a pharmacy within 20 minutes if travelling by car. These pharmacy locations are mapped out in Chapter 7.

The results of the PNA conclude that there are no current gaps in the provision of essential services outside normal working hours in the lifetime of this PNA.

Twenty-three of the borough's community pharmacies are open on Saturday. Eight pharmacies in the borough are open on Sunday. Considering these pharmacies and those in neighbouring local authorities, as shown in the maps in Chapter 7, there is good accessibility of pharmacies to residents on weekends.

Current access to advanced services

The following advanced services are currently available for provision by community pharmacies: Appliance Use Review, flu vaccination service, hypertension case-finding service, Lateral Flow Device Service, New Medicine Service (NMS), Pharmacy Contraceptive Service (PCS), Pharmacy First Service, Smoking Cessation Service (SCS) and Stoma Appliance Customisation.

No pharmacies within or bordering the borough provided this service in 2023/24. AURs can also be provided by prescribing health and social care providers. Therefore, the PNA steering group conclude that there is sufficient provision of the AUR service to meet the current needs of this borough.

There is a good provision of flu vaccinations in the borough. Thirteen community pharmacies in the borough provided flu vaccines in Slough in 2023/24. Another seven outside but bordering the borough provided the service. However, uptake of flu vaccination is low in comparison to regional and national coverage. There is an opportunity for commissioners to work with pharmacists to promote the flu vaccination service to improve uptake across the borough.

In Slough, all 29 pharmacies provide the Hypertension Case-Finding Service. There are an additional 5 pharmacies within 1 mile of the borough's border that provide the Hypertension Case-Finding Service. The location of these pharmacies is shown in Chapter 7. Slough pharmacies provide good coverage for the Hypertension Case-Finding Service.

In Slough, 16 of the 29 pharmacies provide LFD service. There are an additional five pharmacies within 1 mile of the borough's border that provide the LFD service. The location of these pharmacies is shown in Figure 7.18. Slough pharmacies provide adequate coverage for LFD service.

28 pharmacies in Slough provide NMS. There are an additional 6 pharmacies within 1 mile of the borough's border that provide NMS.

Slough currently has 14 pharmacies providing PCS. There are an additional 7 pharmacies within 1 mile of the borough's border that provide PCS. From the 29th of October 2025, 26 pharmacies are registered to deliver the contraception service, which will now incorporate EHC provision.

28 pharmacies in Slough provide the Pharmacy First service. There are an additional 7 pharmacies within 1 mile of the borough's border that provide Pharmacy First service. These pharmacy locations are shown in Chapter 7.

In Slough, 7 of the 29 pharmacies provide SCS. There are an additional 5 pharmacies within 1 mile of the borough's border that provide SCS.

No pharmacy provided SACs in Slough during the time of this PNA.

Considering this, the PNA results conclude that there are no current gaps in the provision of advanced services throughout the duration of this assessment.

Pharmacy owners may opt to offer any of these advanced services, provided they comply with the requirements outlined in the Secretary of State Directions. These services are not classified as essential, and while they are relevant to the health and well-being of Slough patients and residents, pharmacies are not obligated to provide them.

Current access to other NHS services

Other NHS services are services commissioned by Slough Council and/or Frimley ICB. These services include:

- Supervised consumption and needle exchange services
- Emergency hormonal contraception
- Access to palliative care
- On-demand availability of drugs for Childhood Gastroenteritis

In Slough, nineteen pharmacies provide supervised consumption, and seventeen pharmacies provide needle exchange services, one currently provides emergency hormonal contraception, and one pharmacy provides palliative care. The pharmacy locations are shown in Chapter 7.

These services are locally commissioned, and when being commissioned, the need of the population is considered. This means that the distribution of the services will be in locations of most need, whilst being accessible for all residents.

The results of the PNA concludes that there are no current gaps in other NHS services. From the 29th of October 2025, 26 pharmacies will deliver PCS, which will now incorporate EHC provision.

Future Provision

The PNA steering group has considered the following future developments:

- Forecasted population growth and health needs
- Housing Development information
- Regeneration projects
- Changes in the provision of health and social care services
- Other changes to the demand for services

Future access to essential services

Future access to essential services during normal working hours

The PNA steering group is not aware of any plans for changes in the provision of Health and Social Care services in Slough within the lifetime of this PNA.

The results of the PNA conclude that there are no gaps in the future provision of essential services during normal working hours in the lifetime of this PNA.

The PNA steering group is aware of and has considered the proposed new housing developments within Slough. The analysis has considered these developments, and other causes of population increases, and concluded that pharmacy provision is good within Slough within the lifetime of this PNA.

Future access to essential services outside normal working hours

The steering group is not aware of any notifications to change the supplementary opening hours for pharmacies at the time of publication.

The results of the PNA conclude that there are no gaps in the future provision of essential services outside of normal working hours in the lifetime of this PNA.

Future access to advanced services

The results of the PNA conclude that there are no gaps in the future provision of advanced services in the lifetime of this PNA.

Future access to other NHS services

The results of the PNA conclude that there are no gaps in the future provision of other NHS services in the lifetime of this PNA.

Improvements and better access

Current and future access to essential services

The PNA did not identify any services that, if provided either now or in future specified circumstances, would secure improvements or better access to essential services. Further, there is sufficient capacity to meet any increased future demand.

The results of the PNA conclude that there are no gaps in essential services that, if provided, either now or in the future, would secure improvements or better access to essential services in the lifetime of this PNA.

Current and future access to advanced services

The Flu vaccination service, Hypertension Case-Finding Service, NMS, and Pharmacy First service are all widely available throughout Slough. Local partners should continue to work with pharmacies to embed a MECC-based approach within routine interactions, ensuring that every contact provides an opportunity to promote healthier behaviours, raise awareness of prevention services, and connect residents with appropriate local support.

Both SAC and AUR advice is offered by the hospital and other health providers.

The PNA analysis has concluded that there is sufficient capacity to meet any increased demand for advanced services.

The results of the PNA conclude that there are no gaps in the provision of advanced services at present or in the future, that would secure improvements or better access to advanced services in the lifetime of this PNA.

Current and future access to other NHS services

There is a good provision of services commissioned by the Slough Borough Council and Frimley ICB. The PNA did not find any evidence to conclude that these services should be expanded.

The results of the PNA conclude that there are no gaps, either now or in the future, that, if provided, would secure improvements or better access to other NHS services in the area in the lifetime of this PNA.

Appendix A: Berkshire Pharmaceutical Needs Assessment Steering Group

Terms of Reference

Background

The provision of NHS Pharmaceutical Services is a controlled market. Any pharmacist or dispensing appliance contractor who wishes to provide NHS Pharmaceutical services must apply to be on the Pharmaceutical List.

The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (SI 2013 No. 349) and subsequent amendments set out the system for market entry. Under the Regulations, Health and Wellbeing Boards are responsible for publishing a Pharmaceutical Needs Assessment (PNA), and NHS England is responsible for considering applications.

A PNA is a document which records the assessment of the need for pharmaceutical services within a specific area. As such, 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. The PNA is used by NHS England to consider applications to open a new pharmacy, move an existing pharmacy or to provide additional services. In addition, it will provide an evidence base for future local commissioning intentions.

The Royal Borough of Windsor & Maidenhead, Slough and Bracknell Forest and Health and Wellbeing Boards have initiated the process to refresh their respective PNAs by October 2025.

Role

The primary role of the group is to advise and develop structures and processes to support the preparation of a comprehensive, well-researched, well-considered, and robust PNA, building on expertise from across the local healthcare community. In addition, the group is responsible for:

- Responding to formal PNA consultations from neighbouring HWBBs on behalf of the Health and Wellbeing boards.
- Establishing arrangements to ensure the appropriate maintenance of the PNA, following publication, in accordance with the Regulations.

Objectives

- Ensure the new PNA meets the requirements of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and its amendments.
- Develop the PNA so that it documents all locally commissioned services, including public health services commissioned, and services commissioned by the ICS and other NHS organisations as applicable, and provides the evidence base for future local commissioning.
- Agree on a project plan and ensure representation of the full range of stakeholders.
- Ensure a stakeholder and communications plan is developed to inform pre-consultation engagement and to ensure that the formal consultation meets the requirements of the Regulations.
- Ensure that the PNA, although it is a separate document, integrates and aligns with both the joint strategic needs assessment and the health and wellbeing strategies of each of the boroughs, as well as other key regional and national strategies.
- Ensure that the requirements for the development and content of PNAs are followed, and that the appropriate assessments are undertaken, in accordance with the Regulations. This includes documenting current and future needs for, or improvements and better access to, pharmaceutical services as will be required by the local populations.
- Approve the framework for the PNA document, including determining the maps which will be included.

- Ensure that the PNA contains sufficient information to inform commissioning of enhanced services by NHS England and commissioning of locally commissioned services by the ICB and other local health and social care organisations.
- Ensure a robust and timely consultation is undertaken in accordance with the Regulations, including formally considering and acting upon consultation responses and overseeing the development of the consultation report for inclusion in the final PNA.
- Consider and document the processes by which the HWBB will discharge its responsibilities for maintaining the PNA.
- Comment, on behalf of the Royal Borough of Windsor & Maidenhead Health and Wellbeing board, on formal PNA consultations undertaken by neighbouring HWBBS.
- Advise the HWBB, if required, when consulted by NHS England in relation to consolidated applications.
- Document and manage potential and actual conflicts of interest.

Accountability and reporting

The Royal Borough of Windsor & Maidenhead, Slough and Bracknell Forest Health and Wellbeing boards have delegated responsibility for the development and maintenance of their respective PNAs and for formally responding to consultations from neighbouring HWBBS to the Berkshire East PNA Steering Group.

The PNA steering group will be accountable to the three Health & Wellbeing boards.

The pre-consultation draft and the final draft local PNAs will be presented to the Health and Wellbeing Boards for approval.

Membership

Table A: Table showing the PNA steering group membership.

Name	Organisation
Shamarke Esse	Bracknell Forest
Heema Shukla	Bracknell Forest
Yinka Kuye	Frimley ICB
Bekithemba Mhlanga	Frimley ICB
Joanna Dixon	Health Watch
Jaspreet Sangha	Health Watch
Nick Durman (correspondence only)	Health Watch
David Dean	LPC
Kevin Barnes	LPC
Sara Blackmore	RBWM
Rebecca Willans	RBWM
Antiopi Ntouva	RBWM
Lewis Ford	RBWM
Tessa Lindfield	Slough
Sarima Chinda	Slough
Kelly Evans	Slough
Nkemjika Ugwa	Slough

Janet Ige	Slough
-----------	--------

An agreed deputy may be used where the named member of the group is unable to attend.

Other staff members/stakeholders may be invited to attend meetings for the purpose of providing advice and/or clarification to the group.

Quorum

A meeting of the group shall be regarded as quorate where there is one representative from each of the following organisations/professions:

- Chair (or nominated deputy)
- Representative from a Public Health team
- Representative from Healthwatch
- LPC
- Representative from the ICB

Declaration of Interests

It is important that potential and actual conflicts of interest are managed:

- Declaration of interests will be a standing item on each PNA Steering Group agenda.
- A register of interests will be maintained and will be kept under review by the HWBB.
- Where a member has a potential or actual conflict of interest for any given agenda item, they will be entitled to participate in the discussion but will not be permitted to be involved in final decision-making.

Frequency of meetings

The group will meet as required for the lifetime of this project. Meetings will be held virtually on Microsoft Teams with a minimum of 3 meetings for the development of the PNA before October 1, 2025.

Following publication of the final PNA, the Steering Group will be convened on an 'as required' basis to:

- Fulfil its role in the timely maintenance of the PNA.
- Advise the HWBB, when consulted by NHS England, in relation to consolidated applications.

Appendix B – Frimley ICB Pharmacy Provision within Slough and 1 mile of its border

HWB	ODS Code	Pharmacy	Contract Type	Address	Post Code	Early Opening	Late Closing	Open Saturday	Open Sunday
	FF352	Aj Campbell	Community Pharmacy	133 Bath Road, Slough, Berkshire	SL1 3UR	No	No	No	No
	FR835	Asda Pharmacy	100 Hours	Asda Superstore, Telford Drive, Slough, Berkshire	SL1 9LA	No	Yes	Yes	Yes
	FAP49	B & P Pharmacy	Community Pharmacy	6 Stoneymeade, Cippenham, Slough, Berkshire	SL1 2YL	No	No	No	No
	FPH01	Boots the Chemists	Community Pharmacy	178-184 High Street, Slough, Berkshire	SL1 1PE	No	No	Yes	Yes
	FR324	Boots the Chemists	Community Pharmacy	Unit 731b, 298 Bath Road, Slough, Berkshire	SL1 4DX	No	No	Yes	No

Slough	FP278	Colnbrook Pharmacy	Community Pharmacy	36 High Street, Colnbrook, Slough, Berkshire	SL3 0LX	No	No	Yes	No
	FQ051	Crystal Pharmacy	Community Pharmacy	239 Farnham Road, Slough, Berkshire	SL2 1DE	No	No	Yes	No
	FPL31	H A McParland Ltd	Community Pharmacy	306 Trelawney Avenue, Langley, Slough, Berkshire	SL3 7UB	No	No	Yes	No
	FRT64	H A McParland Ltd	Community Pharmacy	6 The Harrow Market, Langley, Slough, Berkshire	SL3 8HJ	No	No	Yes	No
	FV471	H A McParland Ltd	Community Pharmacy	226 Farnham Road, Slough, Berkshire	SL1 4XE	No	No	Yes	No
	FVT01	Harrisons Pharmacy	Community Pharmacy	U7, Britwell Local Centre, Long Furlong Drive, Slough, Berkshire	SL2 2LX	No	No	No	No
	FLA43	J's Chemist	Community Pharmacy	16-18 Chalvey Road East, Slough, Berkshire	SL1 2LU	No	No	No	No
	FN196	Jhoots Pharmacy	Community Pharmacy	18 Parlaunt Road, Langley, Slough, Berkshire	SL3 8BB	No	No	Yes	No

	FEA96	John Ross Chemist	Community Pharmacy	112 Stoke Road, Slough, Berkshire	SL2 5AP	No	No	Yes	No
	FH274	K Pharmacy	Community Pharmacy	400 Farnham Road, Slough, Berkshire	SL2 1JD	No	No	No	No
	FG413	Kamal Enterprises Ltd	Community Pharmacy	14 Woodland Avenue, Slough, Berkshire	SL1 3BU	No	No	Yes	No
	FJ399	Kamal Enterprises Ltd	Community Pharmacy	16 Chalvey Road West, Slough, Berkshire	SL1 2PN	No	No	Yes	No
	FD141	Khatkar Dispensing Chemist	Community Pharmacy	9 Villiers Road, Slough, Berkshire	SL2 1NW	No	No	Yes	No
	FL637	Langley Pharmacy	100 Hours	Langley Health Centre, Common Road, Langley, Slough, Berkshire	SL3 8LE	No	Yes	Yes	Yes
	FFL07	Moonlight Pharmacy	100 Hours	Moonlight Dental Surgery, Wentworth Avenue, Slough, Berkshire	SL2 2DG	Yes	Yes	Yes	Yes
	FGG07	Slough Pharmacy	Community Pharmacy	10 Upton Lea Parade, Wexham Road, Slough, Berkshire	SL2 5JU	No	No	Yes	No

FC540	Superdrug Pharmacy	Community Pharmacy	292 Farnham Road, Slough, Berkshire	SL1 4XL	No	No	Yes	No
FQE13	Superdrug Pharmacy	Community Pharmacy	186 High Street, Slough, Berkshire	SL1 1JS	No	No	Yes	No
FD216	Tesco Pharmacy	Community Pharmacy	Brunel Way, Wellington Street, Slough, Berkshire	SL1 1XW	No	Yes	Yes	Yes
FN159	Thames Pharmacy	100 Hours	Farnham Road Surgery, 301 Farnham Road, Slough, Berkshire	SL2 1HD	No	Yes	Yes	Yes
FE369	The Martin Pharmacy	Community Pharmacy	6 Baylis Parade, Oatlands Drive, Slough, Berkshire	SL1 3LF	No	Yes	Yes	Yes
FDD17	Touchwood Pharmacy	Community Pharmacy	417-419 Bath Road, Cippenham, Slough, Berkshire	SL1 5QL	No	No	Yes	No
FAD92	The Village Pharmacy	100 Hours	45 Mercian Way, Slough, Berkshire	SL1 5ND	No	Yes	Yes	No
FFC15	Willow Pharmacy	100 Hours (Amended)	Unit 2 Willow Parade, Meadfield Road, Langley, Slough, Berkshire.	SL3 8HN	No	Yes	Yes	Yes

HWB	ODS CODE	PHARMACY	CONTRACT TYPE	ADDRESS	POSTCODE	EARLY OPENING	LATE CLOSING	OPEN SATURDAY	OPEN SUNDAY
Hillingdon	FA808	Orchard Pharmacy	Community Pharmacy	6 Laurel Lane, West Drayton, Middlesex	UB7 7TU	No	No	Yes	
Buckinghamshire	FF535	Burnham Health Pharmacy	Community Pharmacy	30 High Street, Burnham, Buckinghamshire	SL1 7JP	No	No	Yes	No
Buckinghamshire	FVV67	JHOOTS Pharmacy	Community Pharmacy	Burnham Health Centre, Minniecroft Road, Burnham, Buckinghamshire	SL1 7DE	Yes	No	Yes	No
Buckinghamshire	FRR22	Saleys Chemist	LPS	42 Bathurst Walk, Iver, Buckinghamshire	SL0 9BH	No	No	Yes	No
Windsor and Maidenhead	FXG99	Datchet Village Pharmacy	Community Pharmacy	The Green, Datchet, Slough, Berkshire	SL3 9JH	No	No	No	No
Windsor and Maidenhead	FW480	Eton Pharmacy	Community Pharmacy	30 High Street, Eton, Windsor, Berkshire	SL4 6AX	No	No	Yes	No
Windsor and Maidenhead	FD549	Village Pharmacy	Community Pharmacy	7 Eton Wick Road, Eton Wick, Windsor, Berkshire	SL4 6LT	No	No	Yes	No

Appendix C: Consultation report

No responses were received during the public consultation.

References

1. The national health service (pharmaceutical and local pharmaceutical services) regulations 2013. 2013; Available from:
<https://www.legislation.gov.uk/uksi/2023/479/contents/made>
2. Department of Health and Social Care. Pharmaceutical needs assessments: Information pack. 2013 May; Available from:
<https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack>
3. Office for National Statistics. Estimates of the population for the UK, England, Wales, Scotland, and Northern Ireland, mid-2023. 2024; Available from:
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandanddnorthernireland>
4. Office for National Statistics. Subnational population projections for England: 2018-based. 2020; Available from:
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/bulletins/subnationalpopulationprojectionsforengland/2018based>
5. Office for Health Improvement and Disparities (2024) Public Health Outcomes Framework – Public Health Profiles: Available from: [Public health profiles - OHID \(phe.org.uk\)](https://www.phe.org.uk) Accessed 27.12.24
6. Public Health England. Pharmacy: A way forward for public health. 2017 Sep; Available from:https://assets.publishing.service.gov.uk/media/5a81c115ed915d74e33ffe09/Pharmacy_a_way_forward_for_public_health.pdf
7. NHS England. Pharmacy integration programme. Available from:
<https://www.england.nhs.uk/primary-care/pharmacy/pharmacy-integration-fund/>
8. NHS. The NHS long term plan. 2019 Jan; Available from: <https://www.england.nhs.uk/wp-content/uploads/2022/07/nhs-long-term-plan-version-1.2.pdf>

9. Department of Health & Social Care. The community pharmacy contractual framework for 2024/25 to 2025/26: Supporting delivery for the NHS long term plan. 2025 Mar; Available from: [Community Pharmacy Contractual Framework: 2024 to 2025 and 2025 to 2026 - GOV.UK](https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2024-to-2025-and-2025-to-2026)
10. Michael Marmot TB Jessica Allen. Health equity in England: The marmot review ten years on. <https://www.instituteofhealthequity.org/resources-reports/marmot-review-10-years-on>
11. Office for Health Improvement and Disparities. About us: <https://www.gov.uk/government/organisations/office-for-health-improvement-and-disparities/about>
12. Health and care act 2022. 2022; Available from: <https://www.legislation.gov.uk/ukpga/2022/31/contents/enacted>
13. The Kings Fund. The health and care act: Six key questions. 2022 May; Available from: <https://www.kingsfund.org.uk/insight-and-analysis/long-reads/health-and-care-act-key-questions>
14. Department of Health & Social Care. Integration and innovation: Working together to improve health and social care for all. 2021 Feb; Available from: <https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-html-version>
15. Department of Health & Social Care. Health and care bill: Improving accountability and ensuring public confidence – NHS accountability measures. 2022 Mar; Available from: <https://www.gov.uk/government/publications/health-and-care-bill-factsheets/health-and-care-bill-improving-accountability-and-ensuring-public-confidence-nhs-accountability-measures>
16. Frimley Health and Care. Our strategies and plans. Five-year strategy. <https://www.frimleyhealthandcare.org.uk/who-we-are/our-plans-and-strategies/our-strategies-and-plans/>
17. Slough Wellbeing Strategy (2021-2026). Available from: [Slough Wellbeing Strategy 2021-2026](https://www.slough.gov.uk/our-council/our-strategies-and-plans/slough-wellbeing-strategy-2021-2026)

18. National Institute for Health and Care Excellence. Community pharmacies: Promoting health and wellbeing. NICE guideline [Internet]. 2018 Aug; Available from: <https://www.nice.org.uk/guidance/ng102>
19. Slough Borough Council (2025). Joint Strategic Needs Assessment (JSNA). Available at: [Joint Strategic Needs Assessment \(JSNA\) – Slough Borough Council](#)
20. Department for Environment, Food & Rural Affairs (Defra), 2021 Urban Rural Classification, 2021. Available at: [Rural Urban Classification \(2021\) of MSOAs in EW - data.gov.uk](#)
21. ONS, 2021 residential-based area classifications, 2021. Available at: [2021 Rural Urban Classification - Office for National Statistics](#)
22. Slough Borough Council, Local Development Framework, Annual Monitoring Report 2023 -2024. Available at: [Annual Monitoring Report 2022/23](#)
23. Office for National Statistics. Ward-level population estimates (official statistics in development). 2024; Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/wardlevelmidyearpopulationestimatesexperimental>
24. Al Shamsi, H., Almutairi, A.G., Al Mashrafi, S. and Al Kalbani, T., 2020. Implications of language barriers for healthcare: a systematic review. *Oman Medical Journal*, 35(2), p.e122. <https://doi.org/10.5001/omj.2020.40>
25. NICE Guidance (2018), Community Pharmacies, Promoting Health and Wellbeing (NG102). Available at: [Community pharmacies: promoting health and wellbeing](#)
26. Slough Borough Council, Local Development Framework, Annual Monitoring Report 2018-2019
27. Slough 2021 Census Statistics," Plumplot, Available at: <https://www.plumplot.co.uk/Slough-census-2021.html>.
28. Office for National Statistics (ONS), 2022. *Census 2021*. [online] Available at: <https://www.ons.gov.uk/census>
29. [Slough Borough Council](#)
30. Slough Integrated Health and Wellbeing Service 2025-2030.

31. Michael Marmot PG Jessica Allen. Fair society, healthy lives: The Marmot Review. 2010 Feb; Available from: <https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review>
32. Ministry of Housing, Communities & Local Government. The English indices of deprivation 2019, Available from: <https://www.gov.uk/government/publications/english-indices-of-deprivation-2019-technical-report>
33. [Office for Health Improvement and Disparities. Homelessness](#)
34. Ministry of Housing, Communities and Local Government. Statutory homelessness in England: October to December 2024. Homelessness statistics
35. The Centre for Research into Energy Demand Solutions. Place-based carbon calculator. 2021; Available from: <https://www.carbon.place/>
36. Office for Health Improvement and Disparities (OHID), 2023. *Public Health Outcomes Framework*. [online] Available at: <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>
37. Global Burden of Disease Collaborative Network, 2019. *Global Burden of Disease Study 2019 (GBD 2019) Reference Life Table*. Seattle, WA: Institute for Health Metrics and Evaluation (IHME). Available from: [Global Burden of Disease Collaborative Network. Global Burden of Disease Study 2019 \(GBD 2019\) Reference Life Table. Seattle, United States of America: Institute for Health Metrics and Evaluation \(IHME\), 2019](#)
38. [NHS Smoke Free | Wirral University Hospital NHS Foundation Trust](#)
39. Rehm, J. et al. (2013). Modelling the impact of alcohol dependence on mortality burden and the effect of available treatment interventions in the European Union. *European neuropsychopharmacology: the journal of the European College of Neuropsychopharmacology*, 23(2), 89–97. Available at: <https://doi.org/10.1016/j.euro.2012.08.001>
40. Office for Health Improvement and Disparities (OHID), 2023. Local Authority Public Health Profiles. [online] Available at: [Local Authority Health Profiles - Data | Fingertips | Department of Health and Social Care](#)
41. [Health matters: obesity and the food environment - GOV.UK](#)
42. [Childhood obesity: a plan for action - GOV.UK](#)

43. NHS England. Pharmacy quality scheme. 2023: <https://www.england.nhs.uk/wp-content/uploads/2021/09/PRN00176-pharmacy-quality-scheme-guidance-23-24-v2.pdf>

44. [Physical Activity | Fingertips | Department of Health and Social Care](#)

45. [Statistics » Vaccinations: COVID-19](#)

46. [House of Library, Constituency data: Health conditions: April 2023](#)

47. Frimley Health and Care 5-year strategy (2021). Available from: <https://www.frimleyhealthandcare.org.uk/media/1459/frimley-health-care-system-strategy-narrative-final.pdf>

48. ONS, Personal Wellbeing in the UK, 2022-2023, November 2023

49. Hakulinen, C., Pulkki-Råback, L., Virtanen, M., et al. (2018) Social isolation and loneliness as risk factors for myocardial infarction, stroke and mortality: UK Biobank cohort study of 479,054 men and women. *Heart*, 104, pp.1536–1542.

50. Office for Health Improvement and Disparities. Incidence of all cancers, standardised incidence ratio. Indicator ID: 93234. 2022

51. Office for Health Improvement and Disparities. Incidence of breast cancer, standardised incidence ratio. Indicator ID: 93235. 2022

52. Office for Health Improvement and Disparities. Incidence of colorectal cancer, standardised incidence ratio. Indicator ID: 93236. 2022

53. Office for Health Improvement and Disparities. Incidence of lung cancer, standardised incidence ratio. Indicator ID: 93237. 2022

54. Office for Health Improvement and Disparities. Incidence of prostate cancer, standardised incidence ratio. Indicator ID: 93238.

55. Office for Health Improvement and Disparities. Cancer screening.

56. Office for Health Improvement and Disparities. COPD: QOF Prevalence.

57. Office for Health Improvement and Disparities. Respiratory Mortality Rate.

58. UK Health Security Agency (2023) *COVID-19 confirmed deaths in England (to 31 December 2022): report.* [online] GOV.UK. Available at: <https://www.gov.uk/government/publications/covid-19-confirmed-deaths-in-england-to-31-december-2022-report>

59. Office for National Statistics (2025) *Deaths registered weekly in England and Wales, provisional: Week ending 28 March 2025*. [online] Office for National Statistics. Available at: <https://www.ons.gov.uk/releases/deathsregisteredweeklyinenglandandwalesprovisionalweekending28march2025>

60. NHS Business Services Authority. General pharmaceutical services in England 2015-16 - 2023-24. 2024 Oct; Available from: <https://www.nhsbsa.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-2015-16-2023-24>

61. Office for National Statistics. Estimates of the population for the UK, England, Wales, Scotland, and Northern Ireland mid-2023. 2024; Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland>

62. [Ward-level population estimates \(official statistics in development\) - Office for National Statistics](#)

63. Frimley ICB

64. NHS England (2019). The *NHS long term plan*. London, England

65. NHS England. Guidance on the NHS (pharmaceutical and local pharmaceutical services) (amendment) regulations 2023. 2023 Sep; <https://www.england.nhs.uk/long-read/guidance-on-the-nhs-pharmaceutical-and-local-pharmaceutical-services-amendment-regulations-2023/#2-100-hour-pharmacies>

66. Department of Health & Social Care. The community pharmacy contractual framework for 2019/20 to 2023/24: Supporting delivery for the NHS long term plan. 2019 Jul; Available at: <https://assets.publishing.service.gov.uk/media/5d359f2e40f0b604de59fd82/cpcf-2019-to-2024.pdf>

67. NHS Business Services Authority. Dispensing contractors' data. Available from: <https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data/dispensing-contractors-data>

68. Community Pharmacy England. Smoking cessation service (SCS). 2025 Feb; Available from: <https://cpe.org.uk/national-pharmacy-services/advanced-services/smoking-cessation-service/>