



## **NOTICE OF MEETING**

**Health and Wellbeing Board**

**Thursday 5 March 2015, 2.00 pm**

**Council Chamber, Fourth Floor, Easthampstead House, Bracknell**

**To: The Health and Wellbeing Board**

Councillor Dale Birch, Executive Member for Adult Services, Health & Housing (Chairman)

Dr Tong, Bracknell & Ascot Clinical Commissioning Group (Vice-Chairman)

Councillor Dr Gareth Barnard, Executive Member for Children & Young People

Glyn Jones, Director of Adult Social Care, Health & Housing, Bracknell Forest Council

Dr Janette Karklins, Director of Children, Young People & Learning, Bracknell Forest Council

Timothy Wheaton, Chief Executive, Bracknell Forest Council

Rachel Pearce, South Central Sub Region NHS England

Mary Purnell, Bracknell & Ascot Clinical Commissioning Group

Lise Llewellyn, Director of Public Health

Mark Sanders, Healthwatch

**ALISON SANDERS**

Director of Corporate Services

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If you require further information, please contact: Katharine Simpson

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Published: 25 February 2015



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**Thursday 5 March 2015, 2.00 pm**  
**Council Chamber, Fourth Floor, Easthampstead House,**  
**Bracknell**

Sound recording, photographing, filming and use of social media at meetings which are held in public are permitted. Those wishing to record proceedings at a meeting are however advised to contact the Democratic Services Officer named as the contact for further information on the front of this agenda as early as possible before the start of the meeting so that any special arrangements can be made.

## **AGENDA**

Page No

**1. Apologies**

To receive apologies for absence and to note the attendance of any substitute members.

**2. Declarations of Interest**

Any Member with a Disclosable Pecuniary Interest or an Affected Interest in a matter should withdraw from the meeting when the matter is under consideration and should notify the Democratic Services Officer in attendance that they are withdrawing as they have such an interest. If the Interest is not entered on the register of Members interests the Monitoring Officer must be notified of the interest within 28 days.

**3. Urgent Items of Business**

Any other items which the chairman decides are urgent.

**4. Minutes from Previous Meeting**

To approve as a correct record the minutes of the meeting of the Board held on 17 September 2015

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**5. Matters Arising**

**6. Public Participation**

**QUESTIONS:** If you would like to ask a question you must arrive 15 minutes before the start of the meeting to provide the clerk with your name, address and the question you would like to ask. Alternatively, you can provide this information by email to the clerk Katharine Simpson: [katharine.simpson@bracknell-forest.gov.uk](mailto:katharine.simpson@bracknell-forest.gov.uk) at least two hours ahead of a meeting. The subject matter of questions must relate to an item on the Board's agenda for that particular meeting. The clerk can provide advice on this where requested.

**PETITIONS:** A petition must be submitted a minimum of seven working days before a Board meeting and must be given to the clerk by this deadline. There must be a minimum of ten signatures for a petition to

be submitted to the Board. The subject matter of a petition must be about something that is within the Board's responsibilities. This includes matters of interest to the Board as a key stakeholder in improving the health and wellbeing of communities.

**7. Actions taken between meetings**

Board members are asked to report any action taken between meetings of interest to the Board.

**8. Child and Adolescent Mental Health Services (CAMHS)  
Commissioning Update**

To receive an update on the progress made with the CAMHS reviews and re-commissioning arrangements from April 2015 for CAMHS across each tier of support.

7 - 26

**9. Review of the Health and Wellbeing Board**

To consider a report setting out proposals for the membership, meeting cycle, priority setting and performance monitoring of the Board.

27 - 30

**10. Pharmaceutical Needs Assessment**

To consider a report seeking the approval of the Pharmaceutical Needs Assessment report for Bracknell Forest.

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**11. Development of Community Based Services in Bracknell Forest**

Ginny Hope and Nicky Wadely, NHS England, will join the meeting to review and discuss the commissioning and development of primary care services in the borough.

**12. Forward Plan**

Board members are asked to make any additions or amendments to the Board's Forward Plan as necessary.

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## HEALTH AND WELLBEING BOARD 17 SEPTEMBER 2014 2.00 - 3.35 PM

### **Present:**

Councillor Dale Birch, Executive Member for Adult Services, Health & Housing

Dr William Tong, Bracknell Forest & Ascot Clinical Commissioning Group

Glyn Jones, Director of Adult Social Care, Health & Housing

Dr Janette Karklins, Director of Children, Young People & Learning

Timothy Wheaton, Chief Executive, Bracknell Forest Council

Mary Purnell, Bracknell Forest & Ascot Clinical Commissioning Group

Mark Sanders, Healthwatch

### **In Attendance:**

Zoë Johnstone, Bracknell Forest Council

Lisa McNally, Public Health

### **Apologies for absence were received from:**

Councillor Dr Gareth Barnard, Executive Member for Children Young People and Learning

Lise Llewellyn, Director of Public Health

Matthew Tait, NHS England, Local Area Team

#### **111. Declarations of Interest**

There were no declarations of interest.

#### **112. Urgent Items of Business**

There were no urgent items of business.

#### **113. Minutes from Previous Meeting**

**RESOLVED** that the minutes of the meeting of the Health and Wellbeing Board held on 5 June 2014 be approved as a correct record and signed by the Chairman.

#### **114. Matters Arising**

There were no matters arising.

#### **115. Public Participation**

In response to the following question, submitted by Mr Ed Glasson on behalf of People's Healthwatch.

*The Public Health activity and performance report the Board will receive today excludes any data from Public Health England's 2011/14 peer local authority mortality study. The 2012/13 study was on the agenda for the Board's 4 July 2013 meeting but so much time was then spent on attempting to undermine its credibility that there was no time for any serious discussion either of Bracknell Forest's bottom placing in*

*its peer group on premature mortality and cancer deaths, or whether this might be connected to ~25% cuts vs. UK averages over the preceding three years in outpatient appointments, emergency admissions and operations in East Berkshire.*

*Why have the latest PHE study results been omitted & when will they be discussed by the Board?*

Lisa McNally, Consultant in Public Health, responded that over the last twelve months Bracknell Forest had seen the largest fall in the number of emergency admissions when compared against its comparator group of local authority areas and this decrease should be seen as a good news story.

Reducing the number of premature deaths was not an activity that Public Health had sole control over. It would therefore be inappropriate to include premature death figures in a performance report that dealt only with Public Health activity. Furthermore it was stressed that the East Berkshire data drew its information from a particularly heterogeneous area and this did not always give the most appropriate data for comparison purposes.

#### **116. Update on Child & Adolescent Mental Health Services (CAMHS) Tiers 1-4**

The Director of Children, Young People and Learning presented a report providing an update on the work taking place to review each tier of the Child and Adolescent Mental Health Services (CAHMS) and the work that was underway to prepare for the recommissioning of Tier 3 and 4 services from April 2015.

The report set out the national perspective with regard to CAMHS, summarised the findings of each review process and the implications for Bracknell Forest, provided an overview of the work taking place to recommission services and set out the work that was taking place to improve services in the Borough in the interim.

The reviews found that whilst CAHMS can and does provide timely help for some children and young people it does not provide efficient, timely or effective help for a significant number of children and their families. It was acknowledged that providing appropriate support to children and young people at an early stage helped prevent poor mental wellbeing from becoming poor mental health and that work in this area was crucial. Additionally ensuring that the pathways and options available were well signposted would help practitioners make more appropriate referrals and improve the level of support provided.

It was noted that services at Tiers 1 and 2 were not being recommissioned and all current activities would continue however these would be realigned to match the seven identified care pathways ensuring consistency across all tiers.

It was acknowledged that reducing waiting times for accessing services was a key indicator for the Clinical Commissioning Group and these would be monitored by the Board.

It was agreed that a briefing on the recommissioning of CAHMS would be added to the Board's forward plan.

**RESOLVED** that:

- i. the outcome reports and findings from the national and local reviews of CAMHS be noted

- ii. the proposed improvements to Bracknell Forest's emotional health and well being support for children and young people at each tier be endorsed
- iii. the arrangements in place for planning re-commissioning of services for children with emotional and mental health issues be noted
- iv. the determination for early intervention and prevention of escalation where possible to higher tiers of service be endorsed
- v. a review of the workforce training and support needs for improved transition between CAMHS and Adult Mental Health Services be carried out
- vi. A review of the workforce training and development needs for better identification of post natal mental health issues, to receive swift and early help, and to better understand the reasons why women do not take up the provision of Adult Mental Health Services for pregnant women and for the first year after birth be carried out
- vii. the preparation of a joint CAMHS action plan from April 2015 which links all four tiers of support be endorsed

**117. Better Care Fund**

The Board received an update on recent changes to the Better Care Fund. The report set out the revised requirements that needed to be met before funding was accessed and the implications and risks that these changes had for both the Council and the Clinical Commissioning Group. An update was also provided on the status of Bracknell Forest's submission to the Fund.

It was reported that following the initial submission to the Better Care Fund, NHS England had issued revised requirements which placed an increased emphasis on achieving reductions in emergency admissions to hospital. It was also expected that plans would be operational over a five year period rather than the two year period originally envisaged.

In addition a proportion of the funding had been set aside to cover an element of performance in relation to the reduction of non-elective hospital admissions. If a reduction target of 3.5% was not achieved in this area then the performance element of the Better Care Fund would be available to pay for 'over performance' by hospital trusts. The Board noted the potential financial implications if the target was not met and it was stressed that care should be taken to ensure that there was sufficient flexibility to enable services to be managed and delivered without having to rely on receiving the performance element of the budget.

It was reported that public perception of the Better Care Fund was generally positive and that residents were looking forward to the changes that the Fund would bring.

The Board expressed disappointment that the focus had moved away from the development of innovative practices towards a more performance based focus however it was felt that the strong commissioning and service provision base in Bracknell Forest placed the area in a good position going forward.

The Board thanked all those who had been involved in the development of the submission.

**RESOLVED** that:

- i. The changes to the Better Care Fund requirements, and the potential implications for all organisations in the Health and Social care economy be noted

- ii. The submission, contained within the Director of Adult Social Care, Health and Housing's report, be agreed in accordance with the requirements with final sign off being delegated to the Chairman of the Better Care Fund Board
- iii. All schemes in the Plan should be in place by 1 April 2015 and a review submitted to the Health and Wellbeing Board identifying impact at six months.

#### 118. **Public Health - Review of First Year in Bracknell Forest Council**

The Consultant in Public Health gave a presentation in respect of the work that the Public Health function had undertaken during the 2013/14 financial year in Bracknell Forest.

Following the transfer of the Public Health function into local authority control in April 2013 there had been two focuses to public health work: integration of public health work across the organisation, harnessing existing work and enhancing the contribution of the whole council to improved health and wellbeing outcomes and improving the performance of key health improvement services including the Stop Smoking Service, the Health Check Programme, Weigh Management Support and Sexual Health Services.

Over the course of the year significant progress had been made across all areas with key indicators of note including:

- There had been a 74% uptake rate amongst those offered Health Check. Not only was the highest uptake rate in Berkshire but it was also one of the highest in the Country
- The Stop Smoking programme experienced one of the highest successful quit rates in the Country at 70% and the number of people successfully stopping smoking reached 763
- The referral system for weight management programmes had been expanded and the number of new starters each month had risen from 5 to 20
- Independent evaluation of a new and innovative alcohol harm reduction campaign run in partnership with the charity Drinkaware and local pharmacies had found the programme had had a positive effect on people's attitudes and behaviour. The campaign had subsequently been held up as an example of good practice by the UK Faculty of Public Health
- A comprehensive review of sexual health services had taken place and the outcomes had been used to inform the recommissioning and expansion of the service
- The Joint Strategic Needs Assessment (JSNA) had been comprehensively redesigned to make it much more user friendly and easier to understand. Bracknell Forest's JSNA was the first in the UK to combine an interactive web and mobile based format, a monthly blog highlighting key issues and a guide to self care of long term conditions. It has also been held up as an example of best practice by Public Health England

It was acknowledged that the development of a profile for Public Health at GP practice level had been pivotal to the success of many of these areas of work.

Notwithstanding the progress made to establish good performance standards across the Borough the Public Health Team were committed to ensuring that performance levels remained high and that services continued to improve.

The Board acknowledge the positive progress made by the Public Health Team over the course of the year and congratulated all those involved in the development and delivery of the service.

**RESOLVED** that:

- i. The report and presentation on Public Health performance in 2013/14 be noted
- ii. the top level plans for Public Health in 2014/15 be approved

**119. Actions taken between meetings**

The following actions were noted as having taken place since the Board's last meeting:

- A presentation from NICE had been circulated for information. Any questions should be directed to the presentation's author
- All those who had participated in the recent Health and Wellbeing Board Workshop session would be sent a write up of the agreed actions and thanked for their input. It was noted that consideration would need to be given to the development of a communications strategy
- The Protocol for Joint Working had been circulated by email. It was agreed that the Board would participate in the protocol and that it would be signed by the Chairman
- The Children, Young People and Learning Department was expecting an OFSTED inspection of its children's safeguarding services in the near future. The Department had been invited and had agreed to participate in a new multi-agency inspection approach. The Board would be kept informed of any developments
- It was agreed that the Board would select the winner of the Self Care Prize Draw before its next meeting

**120. Forward Plan**

There were no additions or amendments made to the Forward Plan.

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# Agenda Item 8

Unrestricted

**TO: HEALTH AND WELLBEING BOARD  
5 MARCH 2015**

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## **UPDATE ON CHILD AND ADOLESCENT MENTAL HEALTH (CAMHS) SERVICES**

### **TIERS 1-4**

**Joint report of the**

**Director of Children, Young People & Learning, Bracknell Forest Council**

**Director of Adult Social Care Health & Housing, Bracknell Forest Council**

**Bracknell & Ascot Clinical Commissioning Group**

**Berkshire Healthcare Foundation Trust and**

**NHS England**

### **1 PURPOSE OF REPORT**

- 1.1 The purpose of this report is to update the HWBB on the progress made with the CAMHS reviews and re-commissioning arrangements from April 2015 for CAMHS across each tier of support.
- 1.2 The successful delivery of CAMHS requires a partnership approach between providers at each service tier, and between commissioners and providers. This is a joint report across health and Council services.

### **2 RECOMMENDATIONS**

That the Health and Wellbeing Board (HWBB):

- 2.1 Notes the latest national guidance and response to the local review of CAMHS.
- 2.2 Notes the commissioning plans and arrangements for children and young people at each tier.
- 2.3 Endorse the renewed emphasis on early intervention and prevention especially at Tier 2 and the expected impact of this work on higher levels of support.
- 2.4 Notes the changes that are being made to improve provision at Tier 4 in Berkshire.
- 2.5 Endorse the planned review of the workforce training and support needs for improved transition between CAMHS and Adult Mental Health Services.
- 2.6 Endorse the work to review the workforce training and development needs for better identification of post natal mental health issues, to receive swift and early help, and to better understand the reasons why women do not take up the provision of Adult Mental Health Services for pregnant women and for the first year after birth.
- 2.7 Endorse the preparation of a joint CAMHS action plan from Summer 2015 for all tiers of support.

### **3 REASONS FOR RECOMMENDATIONS**

- 3.1 The HWBB is concerned that children and young people are able to access the emotional and mental health services that they require in a timely manner, and where possible at the lowest level possible to prevent escalation to higher tiers of support.

### **4 ALTERNATIVE OPTIONS CONSIDERED**

- 4.1 None.

## 5 SUPPORTING INFORMATION

### What does a good child and adolescent mental health service good look like?

- 5.1 This is the text that was included in the April and September HWBB report and it is reproduced here as it is a key focus for the work that we all do. The Joint Commissioning Panel for Mental Health (JCP-MH) ([www.jcpmh.info](http://www.jcpmh.info)) guide published in October 2013 on child and adolescent mental health services focused on good practice and the information in that guide has formed the basis for the planning of future CAMHS provision. We also set out our ambition to be identified as a local area of good practice in relation to CAMHS support by 2016.
- 5.2 This means that in order to be a good service we will provide timely support without the need for long waits for interventions. The support will be effective and meet the needs of children and young people, and be efficient in terms of delivery at the earliest point of intervention. Access will be via clear care pathways which are well signposted and understood. These taken collectively will provide quality outcomes.

### National perspective

- 5.3 CAMHS continues to be an area where there is an increasing national focus. Since the last HWBB report in September there has been further national concern about the provision of mental health services for children and young people. The parliamentary health select committee on CAMHS has met for a third time <http://www.publications.parliament.uk/pa/cm201415/cmselect/cmhealth/342/34202.htm>. The 2015/16 NHS Planning Guidance has an emphasis on achieving parity for mental health including reference to CAMHS provision.  
<http://www.england.nhs.uk/wp-content/uploads/2014/12/forward-view-plning.pdf>
- 5.4 Across the country there has been an increase in the number of young people seeking support such that the 2015/16 Planning Guidance from the Department for Health expects each CCG's spending on mental health services across all ages to increase in real terms, and to grow by at least as much as each CCG's percentage increase in allocation. In December Deputy Prime Minister, Nick Clegg announced additional financial allocations for CAMHS services treating eating disorders and self-harm.
- 5.5 There is a clear national policy drive to improve emotional health and well-being and CAMHS support for children and young people. The intention is to put mental health on a par with physical health (parity of esteem), and to close the health gap between people with mental health problems and the population as a whole. Good mental health and resilience is fundamental to physical health, relationships, education, work and to individuals achieving their potential. Mental health has a significant impact on a range of outcomes. For children and young people this includes poor educational achievement, greater risk of suicide and substance abuse, antisocial behaviour, offending and early pregnancy and is generally associated with a broad range of poorer health outcomes. Therefore strategies and approaches to better address emotional health and well-being should have benefits for all aspects of young people's lives and have positive impact into adulthood.

An update on each of the four tiers is provided.

#### **TIER 4**

- 5.6 Tier 4 provision is the highest level of service which is commissioned by NHS England. In the September HWBB report the headlines from the national findings from NHS England on Tier 4 provision were reported which illustrated the key issues nationally and those relevant to Berkshire. These were:
- Every area should have adequate capacity of Tier 4 CAMHs beds.
  - Agree national standards for referral, assessment, admission, trial leave and discharge.
  - Improve deployment of case managers
  - Collaborative commissioning models should be explored which acknowledge that accountability rests with different statutory bodies whilst minimising perverse incentives. This should include care delivered at Tiers 3 and 4. Consideration needs to be given to how best local authority services can be involved in the model.
  - Further work should be done to develop models of care across the whole care pathway for children and young people with eating disorders/learning difficulties with services providing alternatives to hospital admission.
  - A wider discussion is required nationally regarding developing an adequate CAMHs workforce.
  - The report mapped the location of current provision and in error indicated that the Berkshire Adolescent Unit in Wokingham is a Tier 4 unit.

#### **Progress update on Tier 4**

- 5.7 As you know from the last report Berkshire does not currently have dedicated Tier 4 CAMHS beds. The nearest provision is in Oxfordshire and that every area should have adequate capacity at Tier 4 is a requirement from the review. Since September longer term plans have been agreed in principle with the CCGs and NHS England to change the Berkshire Adolescent Unit, in Wokingham from a Tier 3 unit (with some Tier 4) into a Tier 4 provision so that it can be open for 7 days, 52 weeks per year. It will eventually be expanded (7 beds currently) to form a larger in-patient residential unit (12-15 beds) as well as catering for day patients. This unit could also provide some crisis intervention beds. There is no timescale set yet for these changes. Under this new proposal a proportion of the funding for running the provision will transfer to NHS England. The remaining Tier 3 resources for the community based Eating Disorders service and Early Intervention in Psychosis will be included within the Tier 3 CAMHs service specification.

#### **Nationally the standards for Tier 4 provision are being reviewed.**

- 5.8 Commissioning responsibility for the Berkshire Adolescent Unit Tier 4 services will transfer to NHS England with effect from 1 April 2015.
- 5.9 Each area is to have a case manager and the South East manager is already in post.
- 5.10 The inter-related nature of each tier is recognised and in relation to Tier 4 provision that was formerly delivered at Tier 3, the intention is that it will be improved to meet the requirements for Tier 4 provision.

**TIER 3****Tier 3 CCG commissioned provision from Berkshire Healthcare Foundation Trust**

- 5.11 In the September report to the HWBB there were a number of issues raised around CAMHS Tier 3 provision. First, the 'Summary Report of Child and Adolescent Mental Health Services (CAMHS) for Thames Valley' by the Thames Valley Children and Maternity Strategic Clinical Network which reported in July 2014. The second is the results of the North Ascot and Bracknell CCG engagement survey of CAMHS which also reported in July 2014. This was a significant and important engagement exercise with CAMHS users and parents, CAMHS staff and others with an interest in the services of CAMHS. The main issues identified by these two reports were around timeliness, efficiency and the effectiveness of treatment. In December 2014 the CCG published on their website a report on the improvements they have made to CAMHS. This is set out as a 'You said .... We did' report and is included in full at Appendix 1 for information. A young person friendly version has also been published following engagement with service users. There were ten recommendations from the review and each has been progressed with much further work that is ongoing.
- 5.12 Since then the CCGs applied and were successful in accessing over £400K of additional funding through the winter operational resilience funding from NHS England for 2014-15. The extra funding for the Berkshire East area is being used to:
1. Reduce waiting times, starting with those young people who are assessed as being at most risk. The CCG aim is to reduce the number of young people who reach crisis point. This will impact positively on waiting lists but the CCG advise will not clear the backlog, the majority of which have been identified as not at immediate high risk.
  2. Extend the availability of CAMHs services into evenings and weekends.
  3. Enhance the existing Early Intervention in Psychosis Service for young people.
  4. Reduce admissions to Wexham Park Hospital of young people with mental health issues.
- 5.13 The referral rate into the Common Point of Entry continues to rise but the rate of increase over the past 12 months has slowed. The referral rate into urgent care has continued to increase. It is anticipated that this rate will slow as the winter operational resilience projects embed. All referrals are triaged visually on arrival at the common point of entry. Those identified as 'urgent' or 'soon' are triaged within 24 hours/two weeks.
- 5.14 At the end of Quarter 2, 100% of urgent referrals were seen within 24 hours. 70% of referrals classed as needing to be seen "soon" were seen within 4 weeks. 38% of routine referrals were seen within 7 weeks.
- 5.15 As an interim solution BHFT have provided additional resources to the CAMHS service to address the risk posed by deterioration of the mental health of children and young people waiting to receive treatment. All CAMHS teams and pathways RAG rate referrals according to level and immediacy of clinical risk. RED cases are allocated for immediate risk management.

- 5.16 The criteria are:
- Presence of suicide this could be a suicide attempt, persistent suicidal ideation or evidence of a plan or actual intent.
  - Severe or rapid weight loss associated with eating disorder, or Height to Weight percentile < 2<sup>nd</sup> centile.
  - Increased risk of harm to others.
  - Presence of untreated psychotic features or bipolar affective disorder.
  - Severe depression, severe anxiety/obsessive compulsive disorder/post-traumatic stress disorder when cases have been waiting for 6 months or longer with clear indication of a deterioration in their presentation.
  - Presence of more than two of the following: self-harm (e.g. cutting), fleeting suicidal ideation, eating disorders with associated weight loss or physical sequelae, significant biological features of depression or other risk.
  - Mental health issues with severe safeguarding concerns.
  - One or more presentation to Accident and Emergency.
- 5.17 The waiting times for those rated as Amber or Green are variable dependant on the profile of risk. The longest waits are for those young people are on the Autism diagnostic pathway which accounts for more than 50% of current waiting list. Autistic Spectrum Disorder (ASD) is a diagnostic only pathway (at this point). The majority of the cases waiting are not at high clinical risk and are RAG rated as Amber/Green unless there are co-morbidities. This means that the waits in this pathway have not been significantly impacted on as the increased resource is being targeted on red and amber rated cases. This is in no way to underestimate the impact of ASD on family life. There is much that schools, the voluntary sector and Local Authorities offer to support children pre and post diagnosis. The challenge is to do this in an even more coordinated way.
- 5.18 The CCGs are committed to increasing resources into tier 3 CAMHS and are in discussion with the provider around value. Berkshire CCGs are working with the police, ambulance service, Local Authorities, Public Health, hospitals, Drug and Alcohol Teams and Berkshire Healthcare Foundation Trust to develop an action plan as part of the Crisis Care Concordat.
- 5.19 A multiagency Berkshire group led by Public Health has been set up to better understand factors that influence suicide risk & self harm across all age groups with an aim of reducing rates.
- 5.20 A number of pilot projects are underway across Berkshire and learning from these will influence commissioning across Tiers. These pilots include:
- School based management of attention deficit hyperactivity disorder (ADHD).
  - On-line counselling.
  - Identifying and supporting women with perinatal and postnatal mental health issues earlier. Postnatal depression can impact upon the mother's ability to securely bond with her child, which in turn can lead to developmental difficulties in the infant.
  - Use of assessments and training to identify emotional health and wellbeing issues in Looked After Children.

**TIER 2****These are targeted services usually provided once a referral is made**

- 5.21 Some targeted services are commissioned by the Council on behalf of schools. As identified in the DfE Guidance *Mental health and behaviour in schools* (June 2014), continued disruptive behaviour may be the consequence of unidentified or un-met mental health needs. As a result there is a high level of investment in behaviour support services which will work with schools to develop a more emotional health promoting context through work on for example behaviour policy as well as targeted support for individual pupils. Another facet of this work is the targeted support to reduce bullying and promote positive relationships in schools. Family and parenting support, educational psychological services and Family Focus provide a range of tier 2 services. Other examples include primary mental health workers, psychologists and counsellors working in GP practices, paediatric clinics, schools and youth services. Youth counselling services provided by the voluntary sector and some more specialist health practitioners such as Looked After Children's nurses, Family Nurse Partnership practitioners and Youth Offending teams also provide Tier 2 support.

**Early Intervention discussion with partners Common Assessment Framework (CAF)**

- 5.22 What has become clearer since discussing the concerns with CAMHS provision at Tier 3 is that there is currently no common understanding of where services can discuss a case at an early point. The CAMHS common point of entry has the facility for consultation and discussion and the contact details will be re-publicised. However the increase in Tier 3 referral numbers coupled with the complexity of referrals, and more agency staff and staff on short term contracts has made building those partnership linkages more problematic. The CCG are aware of these difficulties and are discussing this as part of the new commissioning arrangements.
- 5.23 The referral pathways work which was developed by Slough Public Health includes a meeting with relevant partners to discuss and agree the support when a case is unlikely to meet the threshold for Tier 3. There are already mechanisms in place in Bracknell Forest for the discussion of cases at an early stage which operate within CYPL with representation from key partners including CAMHS. There is therefore a mechanism for health (CCG/CAMHS) to complete a CAF and request relevant cases to be discussed at this multi-agency forum as this is a possible point of entry to Tier 2 support. In addition CAMHS ideally should have a representative on the multi-agency forum.

**Online Counselling provision (Tier 1 and 2)**

- 5.24 Following the demise of MindFull and the Beat Bullying Group, Public Health has been exploring other options with a range of providers. Local consensus is clear that commissioning online support is the preferred route. Public Health submitted a business case to the CCG to co-commission an online counselling service, which will provide young people with:
- Information and advice (online self-help tools; peer support Boards; moderated peer discussion groups).
  - Brief counselling interventions (message a counsellor/drop-in chats).
  - Structured counselling sessions.
  - Referrals into local, face-to-face services.
- 5.25 This has been approved by the CCG, the service will provide approximately 220 hours per month of counselling, taking targeted referrals from schools, GP practices

and in some cases acting as a “step down” level of intervention for those completing CAMHS treatment. We will require the service to deliver measurable improvements in the emotional and mental health of young people who access the service, by use of validated tools. We would also expect to see reduced waiting lists and times for more specialist mental health services (CAMHS). There is therefore an additional £120,000 being allocated (£60K from the Council through Public Health and £60K from the CCG) to online counselling services for young people.

### **Named contacts in schools**

- 5.26 The local GPs have asked to have named contacts in each school who they can email or contact to discuss a particular case. This is in the process of being arranged.

### **Publicising the threshold for CAMHS Tier 3**

- 5.27 Most services share and publish the threshold for accessing higher level support. In the case of CAMHS the thresholds, although published on the CAMHS website and Berkshire Healthcare Foundation Trust website, are not currently well known or widely understood. Therefore services earlier in the support process are unable to advise parents that a case will not meet the CAMHS threshold because they do not understand and know what the threshold is for access. The current Common Entry Point used by CAMHS takes a wait period to access and then parents could be advised that their child’s case does not meet the threshold and refer them back to schools, GPs etc. Slough Public Health as the lead borough across Berkshire for mental health have developed detailed care pathways, which will assist in defining thresholds for referral to specialist CAMHS services. Also a new CAMHS website is being developed with service users and will contain more self-help information and contain more detail on the referral criteria.

### **Better Tier 2 screening with CAMHS Tier 3 support**

- 5.28 The proposed plan (which will need to be agreed by the CCG and form part of the new BHFT contract) is to establish a better liaison and screening system at Tier 2, which can be used by Tier 2 providers. The aim being to establish better liaison with CAMHS to discuss Tier 2 cases prior to referral probably being escalated to Tier 3. The current fast track system 24 -48 hours for urgent cases eg overdose/self harm will continue. The new referral discussion will require further training for staff making referrals and a new approach by CAMHS (as is used in Adult Services) where time is allocated to promote and deliver discussion/liaison. This would only be for a small number of cases at Tier 2 which are likely to escalate to Tier 3, with referrers either by secure email or telephone discussing prior to them making a referral. This system will improve service provision and set clearer expectations for parents/carers and young people as to the services available. It is hoped that this will be included in the CCG commissioning specification from April 2015.

### **CAMHS special pathways**

- 5.29 In recognition of the increasing need and in support of early intervention and prevention specialist pathway support is prioritised and provided for Looked After Children by CAMHS Tier 3, both for assessment and also for treatment where there is a complex mental health disorder. For example, for Looked After Children

## TIER 1 AND 2

### Additional funding for emotional health and well-being

- 5.30 The Council has identified £40K of additional resources and match funding of £40K is being sought from the CCG. This gives a potential total of £80k. In early March the emotional health and well-being sub group of the Children and Young People's Partnership will meet to discuss and identify across the partners the proposed commissions for this funding which will be put forward for funding consideration by the CCG. These have not yet been firmed up but suggestions have included CAMHS pathway mapping, a CAMHS Nurse to provide staff training and to be a common point of contact.
- 5.31 Slough Public Health has mapped each of the care pathways and shared these with the Berkshire LA. Stakeholders in Bracknell Forest, via the Emotional Health & Wellbeing Sub-group, will be discussing and planning the piloting of the pathways. This will help ensure that the new pathways work well for Bracknell Forest and that there is the widest possible ownership from key stakeholder groups.
- 5.32 The pathways for common conditions that have been mapped so far are
1. Self harm
  2. Eating Disorders
  3. Anxiety
  4. Depression
  5. Attention Deficit Hyperactivity Disorder (under 5 years)
  6. Attention Deficit Hyperactivity Disorder ( 5 years and over)
  7. Autistic Spectrum Disorders
  8. Obsessions and Compulsions
- 5.33 Discussions have been held with East Berkshire Directors of Children's Services and there is support for the development of the care pathways and mapping the support at each tier against the pathways. The development of clear care pathways will better inform the children and young people's workforce of what resources are available and how to access them. Bracknell Forest has further refined their pathway maps against provision.

### Greater emphasis on self help

- 5.34 In the autumn 2014 meetings were held with the Youth Council who asked to pilot relevant apps and to provide a further impetus and promotion for the work in schools and amongst young people which is being promoted.
- 5.35 BHFT CAMHS are working with service users on the development of their website which it is hoped will go-live in the Spring. Work is also underway to expand the BHFT Children and Young People IT toolkit to encompass emotional wellbeing and mental health resources.
- 5.36 Related to this work is the proposed development of a **CAMHs App** to help people understand where they are in terms of mental wellness. This work is being led by Public Health Slough, and was being financed via a grant from Public Health England. However, work has now stalled and alternative sources of funding are being sought. It was intended that the app would sort users behind the scenes and then recommend ways that they can make positive changes through self-care, online

interventions or service support. Public Health in Bracknell Forest will monitor any future developments and if appropriate this work could be progressed in Bracknell Forest.

- 5.37 Public Health is also commissioning other projects aimed at promoting well-being such as those promoting physical activity and a joint proposal with the CCG to commission an online counselling service for Bracknell Forest

**Tier 1**  
**Awareness raising**

- 5.38 A central strand of the developing work is raising awareness with schools and relevant CYPL services of the importance of emotional health and well-being, and better equipping schools and services to deal with lower level issues. These are the main priorities for the new provision. This includes training and professional development for staff on dealing with issues around emotional health and well-being and most importantly raising awareness amongst young people of how to keep emotionally healthy, and where to go for help and support. A wide range of work has been promoted and started from September 2014 across all Bracknell Forest schools which include relevant assemblies every 4-6 weeks, personal, social and health education lessons and workforce development. The work is underpinned by Department for Education guidance, and other national developments. In June 2014 the Department for Education launched new guidance, 'Mental Health and Behaviour in Schools', to help teachers to better identify underlying mental health problems in young people.
- 5.39 In response to the greater need for understanding, identification and help for young people MindEd was launched nationally in April 2014. It is an online educational resource built by a consortium of organisations with money from the Department of Health. The material is written and edited by leading experts from the UK and around the world. MindEd provides free, completely open access, online education to help adults to support wellbeing and identify, understand and support children and young people with mental health issues. In addition MindEd also provides a state of the art evidence based review of e-therapies. It is aimed at anyone and everyone working regularly with children and young people, 0-19 years of age. There are a range of materials extending from the general level to more specialised levels.
- 5.40 We have raised awareness of the tiers of support for emotional health and wellbeing and continue promoting the free training material and online support both within our schools, with governors and also across our workforce. From next term, all primary schools will have access to a box of specially selected story books with guidance and training on how to use the texts to explore concerns and promote emotional health and well-being. A refreshed local Healthy School programme will be launched with accreditation criteria which are designed to help schools embed good practice in promoting emotional health and well-being. This will help to increase the confidence of frontline staff in dealing with early problems and help to prevent escalation. This work started in the summer 2014.
- 5.41 BHFT CAMHS will also be starting to roll out PPEPCare (Psychological Perspectives in Primary Care) training as part of a project funded by the Oxford Allied Health Sciences Network over the next 12 months. This training is aimed at raising awareness, enabling earlier identification and management strategies for anxiety and mood disorders for colleagues working in schools and primary care

### **What next for Bracknell Forest?**

- 5.42 All the service providers are planning for re-commissioning from April 2015. In the meantime pilot programmes and improvements have been made to existing service provision.

### **Action Plan**

- 5.43 Agencies at each tier are working on the national and local findings and it was proposed that a joint action plan is developed to meet the main recommendations at a national and local level and to reflect the changes identified and proposed in this report. This would enable the HWBB to monitor progress and actions over time. However, in late December 2014 the Department for Health published new national guidelines for CAMHS. Therefore the CCG plan to roll over the current contract for the first quarter whilst the new guidance is considered, and as this guidance is for all tiers of services it seems important to fully consider the new guidance in the context of the proposals. At the same time a joint plan would be a positive development so the proposal is to delay the finalisation of a joint plan until the summer 2015, whilst continuing to progress the developments identified in this report. In the meantime, the Emotional Health and Well-Being sub group of the Children and Young People's Partnership will oversee the Action Plan in relation to Tiers 1 and 2.

### **Other areas of concern**

- 5.44 There are two areas where further work is needed. These have both been discussed with Adult Social Care and the CCG.
- 5.45 The first is transition between CAMHS and Adult Mental Health Services and it is recommended that the various services involved review the arrangements to explore any opportunities for improvement. This is not necessarily about additional funding but more about the focus and preparation that our workforce gives through our contact with families and young people to prepare and ease the transition. The services for adults are very different to those for children and thresholds and liaison meetings can help to prepare young people for the transition and the reality that the services available will change when they are 18. A transition CQIN (contractual lever) is in development for the 2015/16 BHFT contract.
- 5.46 A second area identified is support for post natal mental health, particularly for young pregnant women. There are 53 BF young women who are identified by experienced health visitors and health care professionals as needing post natal support. However currently of these very few (8) then went on to receive services. This data was in the April 2014 performance dataset for Bracknell Forest. It is therefore recommended that a review of the workforce training and development needs is carried out for better identification of post natal mental health issues, to receive swift and early help, and to better understand the reasons why women do not take up the provision of Adult Mental Health Services for pregnant women and for the first year after birth. A project along these lines is due to start in Reading which can provide learning across Berkshire. Also there is an additional focus on perinatal mental health coming from NHS England's strategic clinical network this year. Clearly there is a need to link these strands of work together across adult mental health services.

### **Conclusion**

- 5.47 This report outlines the progress made at each tier. There has been and continues to be a massive amount of work on this area at a national and local level since April 2014 which has informed the commissioning work and the establishment of next

steps. There can be no doubt that the HWBB has raised the profile of emotional health and wellbeing and mental health and helped to spur the sector on to improve existing provision and to develop provision.

## **6 ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS**

### Borough Treasurer

- 6.1 The financial impact of any recommissioned services will need to be established and implications agreed with the responsible funding body prior to effecting any changes.

### Attached Papers

Appendix 1 - 'You said..... we did' - Report on improvements being made to Children's and Adolescent Mental Health Services - December 2014

### Contact for further information

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# **'You said..... we did'**

Report on improvements being made to Children's and Adolescent Mental Health Services

December 2014

*Bracknell and Ascot Clinical Commissioning Group  
Newbury and Community Clinical Commissioning Group  
North and West Reading Clinical Commissioning Group  
Slough Clinical Commissioning Group  
South Reading Clinical Commissioning Group  
Windsor, Ascot and Maidenhead Clinical Commissioning Group  
Wokingham Clinical Commissioning Group*

## Introduction

A comprehensive engagement exercise about Berkshire Children's and Adolescent Mental Health Services (CAMHs) service took place during the early part of 2014. Views were gathered from children and young people, parents and foster carers, staff who work in the service, GPs and others who refer into the service and others with an interest in the service.

The results of this, including the findings and recommendations are available on the Berkshire Clinical Commissioning Groups<sup>1</sup> (CCGs) websites.

As a result, a number of recommendations were made for improving CAMHs in Berkshire.

This report sets out the progress to date in responding to these recommendations and the improvements achieved so far.

## Recommendations:

1. Reduce waiting times for help and Increase resources to meet the increased demand.
2. Increase Tier 2<sup>2</sup> provision, to ensure timely 'early intervention', reducing escalation of mental health problems and reducing the need for specialist Tier 3/4 services.
3. Free CAMHS staff to work more collaboratively with partner agencies.
4. Improve support in schools.
5. Provide more detailed information about services and how to access them.
6. Deliver improved communications and administration
7. Improve the environment where children and young people (CYP) are seen or are waiting including providing more privacy for confidential conversations and improving the availability of toys.
8. Better post-diagnostic support, particularly for children with Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD).
9. Provide better access to services in a crisis and out of hours.

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<sup>1</sup> Clinical Commissioning Groups in Berkshire:

West Berkshire: Newbury and Community CCG, Wokingham CCG, South Reading, North and West Reading CCG  
East Berkshire: Bracknell and Ascot CCG, Slough CCG, Windsor, Ascot and Maidenhead CCG

<sup>2</sup> Mental health services for children and adolescents are organised into 4 tiers:

Tier 1: Primary level of care provided in schools, GP practices and voluntary organisations.

Tier 2: Provided by professionals working with primary care including community nurses, psychologists and psychiatrists.

Tier 3: Services for children with more severe, complex or persistent disorders provided by psychiatrists, psychologists and therapists.

Tier 4: Specialist services for children who are very unwell and need intensive support often involving in-patient care in hospital.

10. Provide a local 24/7 inpatient service for those CYP with the most complex needs.

## What we did to address these recommendations

### **Recommendation 1: Reduce waiting times for help and Increase resources to meet the increased demand**

Berkshire East & Berkshire West CCGs have secured additional winter resilience funding from NHS England for 2014/15 to provide enhanced CAMHs help that reduces the number of young people whose needs escalate to crisis point.

Berkshire CCGs are working with partners<sup>3</sup> to redesign the CAMHs care pathway so that more help and advice is available at an earlier stage. This will reduce the number of children and young people whose difficulties escalate so that they need a CAMHs clinical response. This includes training the children's workforce including school and early year's centre staff, GPs and youth workers.

### **Recommendation 2: Increase Tier 2 provision, to ensure timely 'early intervention', reducing escalation of mental health problems and reducing the need for specialist Tier 3 and 4 services**

There is compelling national evidence that early intervention and prevention should be the focus of investment in CAMHs. This means providing timely support to children and young people before mental health problems become entrenched and increase in severity. This requires strong relationships between the various statutory and voluntary agencies who provide health and social care services.

Commissioners and providers of emotional health and wellbeing services, including CAMHs in Berkshire, are working together to develop effective, easy to access help for children, young people and new mothers who have emerging mental health issues. A number of pilot and research studies are underway to evaluate online, telephone and face to face support for anxiety, depression, self-harm and eating disorders. A CAMHs app is currently being trialled.

A pilot aiming to identify and support women with perinatal and postnatal mental health issues earlier is also underway. Postnatal depression can impact upon the mother's ability to securely bond with her child, which in turn can lead to developmental difficulties in the infant.

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<sup>3</sup> Partners have included Berkshire local authorities, public health, education, charities and voluntary organisations

### **Recommendation 3: Free CAMHS staff to work more collaboratively with partner agencies**

Commissioners would like to provide more CAMHs support to services for children who are particularly vulnerable to mental health problems such as children in care, young people who have been excluded from school, young offenders and children who are subject to child protection plans.

Commissioners are looking at how to increase the capacity and availability of CAMHs for these vulnerable groups in partnership with local authorities (LAs).

### **Recommendation 4: Improve support in schools**

The CCGs, Public Health and CAMHs have been working with schools to better understand their needs and provide additional support.

A pilot project on school based management of ADHD will start in January 2015 (Reading).

Some areas (Reading and Royal Borough of Windsor and Maidenhead) provide Emotional Literacy Support Assistants (ELSAs) commissioned by the LAs.

A training programme for schools is being trialled (in Slough and Bracknell Forest) based on existing training being used elsewhere such as PEPPCare<sup>4</sup>, Mental Health First Aid, MindFull and MindEd. This is a substantial change to existing working practices and will take time to be adapted to each local area. This links to the new care pathways that have been developed and are being implemented.

### **Recommendation 5: Provide more detailed information about services and how to access them**

Berkshire Healthcare Foundation Trust (BHFT) has been working with CAMHs service users to improve communication. As a result of their 'Big conversation' with service users, they are currently producing information sheets about CAMHs and the additional support available both online and through other local agencies. This resource will be circulated to GP surgeries and discussed with GPs to enable young people and families to be informed of the range of support available to them in a timely manner.

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<sup>4</sup> The PPEPCare training programme offers evidence-based training and development opportunities in advanced communication skills and CBT techniques to all staff working with children and young people in Education and Primary Care. The training is aimed at all teaching staff (including class room assistants and support staff) and GPs and their colleagues. Funding has been made available to start rolling this training out across schools and GP Practices in Berkshire next year.

BHFT have launched a new CAMHs website<sup>5</sup> which will include a ‘Supporting You’ section. This section will contain information and links to other agencies offering local support to families, as well as links to online resources and top tips.

As part of their summer building inspections, CAMHs service users said that they would like to see information relating to other local services and agencies based together within the waiting areas. BHFT CAMHs services are currently reviewing the literature and publicity within the waiting areas to provide up to date information within a special area of the waiting room at each CAMHS locality.

Young people have been consulted in the development of a CAMHs app. This is being trialled in a number of schools and colleges in the Slough area.

Local authorities have compiled lists of services that are available at Tier 2 and this is improving signposting within CAMHs. This directory of services supports teachers, GPs and others working with CYP, detailing where services are available and how to access them easily.

#### **Recommendation 6: Deliver improved communications and administration**

BHFT CAMHs service users and their families have helped to develop a service diagram for CAMHs which is accompanied by explanatory notes to guide young people and parents through the referral process, assessment and the various treatment pathways within CAMHs. The service diagram is also contained in their new leaflet about CAMHS. The new leaflet will provide information about services and what to expect when you come to CAMHs.

New processes have been introduced within BHFT CAMHs to ensure better communication with children, young people and their families while waiting for treatment. Service letters have been reviewed to provide clearer information on current waiting times. A text reminder system is being implemented and processes put in place to manage repeat prescription requests.

The new BHFT CAMHs website will contain a section named ‘Our Service’ which will include detailed information on what will happen at assessment, what to expect post assessment within CAMHs pathways, treatment options and up to date information on the latest waiting times within each pathway. Service users have informed us that this will help them to make the most of our CAMHs service and enable them to form reliable expectations.

An ‘Our Service’ area is being introduced into the waiting rooms within each BHFT CAMHs locality. This area will contain a photo board of the staff members operating from that locality, the new service diagram and information on what to expect within CAMHs.

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<sup>5</sup> <http://www.berkshirehealthcare.nhs.uk/camhs/>

BHFT CAMHS are also signed up to trial CAMHS Web in 2015. CAMHS Web is a new online, interactive portal designed to support collaborative goal setting and shared decision making with children, young people and families

**Recommendation 7: Improve the environment where CYP are seen or are waiting including more privacy for confidential conversations and availability of toys**

BHFT have been working with CAMHs service users to review clinical and waiting areas to assess suitability and to draw up with a list of possible requirements. During the summer, service users were invited to conduct an inspection of the CAMHs waiting rooms and clinical spaces. Service user suggestions:

- Artwork, produced by service users, to be displayed throughout CAMHs buildings.
- Positive and inspiring messages within CAMHs buildings.
- Uplifting posters.
- Access to helpful, and reliable information on the issues they are experiencing within the waiting areas.
- Fidget toys and stress balls as distraction aids.
- A selection of up-to-date magazines.
- Annuals and other books to ‘dip into’ whilst they are waiting for their appointment.
- Less “gloomy” information and publicity on issues that are not directly related to young people’s mental health.

Half term Participation Art workshops led to the production of numerous canvases, bunting and other features that creatively capture many of the positive and inspiring messages that the service users would like to see.

BHFT are working to implement these suggestions within CAMHs localities and the service user ideas are also being fed into the planning process for the new CAMHs location in Wokingham. The layout of the new area within Wokingham Community Hospital has been planned to maximise privacy when service users are registering their attendance and clustered seating areas allow service users to feel less exposed while they await their appointment.

BHFT have reviewed training for reception staff, particularly around building resilience recognising the challenges and importance of this role within the service.

**Recommendation 8: Better post-diagnostic support, particularly for children with Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD)**

Berkshire commissioners are using the care pathways initiative to work with schools, local authorities and the voluntary sector to improve pre and post diagnostic support for children and young people.

CCGs commission the diagnosis part of the ASD pathway. There is much that schools, the voluntary sector and LAs offer to support children pre and post diagnosis. The challenge is to do this in a more coordinated way.

A pilot project on school-based management of ADHD will start in January 2015 (Reading). Learning from this project will help commissioners decide how to provide care for CYP with ADHD in the future.

#### **Recommendation 9: Provide better access to services in a crisis and out of hours**

Additional resources have been secured to extend the availability of CAMHs help in a crisis into the evening and over weekends and Bank Holidays.

Further resources will be used to provide more timely help for those young people who present with high risk with the aim of reducing the number of young people who reach crisis point.

Additional resources are being used to enhance the Early Intervention in Psychosis service for young people.

A new Psychological Medicines Service for teenagers aged 16+ has opened at Royal Berkshire Hospital (RBH), providing rapid response mental health assessments for people who are being treated for physical conditions.

This service works across the hospital, including in A&E, so that children and young people who are in hospital for physical health problems can be assessed for any mental health issues without a further referral. This enables more rapid access to mental health services when required.

CCG Commissioners in the East of Berkshire plan to pilot a similar scheme in Wexham Park Hospital this winter, which will mean young people will be seen more quickly in a crisis by CAMHs professionals

CCGs are working with the police, ambulance service, Local Authorities, Public Health, hospitals, Drug and Alcohol Teams and BHFT to develop an action plan as part of the Crisis Care Concordat.

CCG Commissioners in the West of Berkshire have commissioned the development of SHaRON young. This service will provide clinical and peer support (electronically) to young people and parents in the West of Berkshire before, during and after they access CAMHs including out of hours support. The service, which will begin in 2015, is likely to initially support parents before moving on to supporting young people by the end of 2015.

The new BHFT CAMHs website will prioritise the highlighting of information on how to access crisis and out of hours support making this information more readily available.

**Recommendation 10: Provide a local 24/7 inpatient service for those CYP with the most complex needs**

Berkshire CCGs are working with NHS England to seek additional funding in order to develop the Berkshire Adolescent Unit into a 24/7 service and to increase the number of beds that are available.

**Next steps**

There is still work to be done in addressing the recommendations above. Some initiatives are being piloted and will be evaluated to ensure they are effective before being rolled out further. Others are complex to implement and will take time to fully embed. There is, however, commitment from across all individuals and organisations involved, including those commissioning services, those referring to services and those providing services, to ensure the improvements are made and that the children and young people in Berkshire have the services they need for the future.

**TO: HEALTH AND WELLBEING BOARD  
5 MARCH 2015**

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## **REVIEW OF THE HEALTH AND WELLBEING BOARD Director of Adult Social Care, Health and Housing**

### **1. PURPOSE OF REPORT**

- 1.1 The purpose of this report is to document the process of the review of the Board to date and to set out proposals for the membership, meeting cycle, priority setting and performance monitoring of the Board.

### **2. RECOMMENDATION**

**The Health and Wellbeing Board is asked to:-**

- 2.1 **Discuss and agree the proposed membership, meeting cycle, priority setting and performance monitoring of the Board.**

### **3. REASONS FOR RECOMMENDATION**

- 3.1 The reasons for setting out and agreeing the roles and responsibilities of the Health and Wellbeing Board, Healthwatch and Scrutiny Committees are to ensure:
- Appropriate membership of the Board and associated groups
  - Defined and agreed accountabilities
  - Arrangements for priority setting and performance monitoring

### **4. ALTERNATIVE OPTIONS CONSIDERED**

- 4.1 Members of the Board may suggest and discuss alternative proposals.

### **5. SUPPORTING INFORMATION**

- 5.1 The Health and Wellbeing Board is a committee of the council. The current membership of the Board includes local councillors, officers of the council, representatives from the NHS and local Healthwatch. The board takes the lead on improving health and wellbeing outcomes and reducing health inequalities for the local community. Although there is a prescribed minimum membership, boards operate differently responding to local circumstances. Health and Wellbeing Boards are an executive function of the council and are responsible for identifying current and future health and social care needs and assets through the Joint Strategic Needs Assessment and developing Joint Health and Wellbeing Strategies to set health and social care priorities.
- 5.2 The role of the Health and Wellbeing Board is to:

- Set priorities and to drive the development of health and social care within the

Borough

- Bring together individual and organisational knowledge, expertise and experience and to act as a system leader
- Develop a strategic, area-wide view of health and social care needs and resources through the Joint Strategic Needs Assessment
- Agree an area-wide alignment of services to deliver improved health and wellbeing through the Joint Health and Wellbeing Strategy
- Facilitate shared understanding of information to improve outcomes from decision making
- Develop arrangements to involve key providers in improved health and social care

5.3 In 2014, members of the Health and Wellbeing Board and other stakeholders participated in a workshop to review of the Board's terms of reference with a focus on:

- membership and in particular how the Board engages and communicates with stakeholders
- setting priorities and developing a robust work plan across the health and wellbeing system
- governance arrangements
- identifying any gaps and considering where the Board could add value

Participants were keen to ensure that the terms of reference of the Board were fit for purpose and moreover to consider how the lives of residents been impacted if at all, as a result of the Board's work over the past year.

5.4 Board Members made the following points:

- The discussion and prioritisation of CAMHS would not have happened without the Board and this was an important example of identifying a specific local problem as a result of the Board's work.
- In terms of priorities, it is key to prioritise across the whole health and social care system, taking a whole family approach, where input from the Board will add value.
- It would be of benefit to learn from the best practice developed by other Boards around the Country. If the Peer Challenge Model had been successful for others, it may be worth pursuing.
- A great synergy had been developed as a result of the Board, it gave each Board Member a broader perspective of services being delivered across the health and social care system. It also allowed Board Members to gain an appreciation of local commissioning arrangements. This was particularly important in respect of the Local Area Team.
- Some of the information reports submitted to the Board were useful as they gave rise to debate amongst Board Members and allowed the potential implications of actions in one part of the health system on other players to be seen and discussed.
- A wider membership of the Board was needed to address the priorities for Bracknell Forest.
- The Board's impact was often in terms of soft outcomes which were difficult to place a value on.
- One of the biggest conflicts often existed between what commissioners were asked to do and what providers were providing; this could be an area that the Board could potentially explore.
- Health & Wellbeing Boards were often criticised for not projecting out to the

public and the public found it difficult to understand the papers submitted at Board meetings. It was key to engage with the public at the correct level and it may not be necessary or appropriate for this to be at Board level.

5.5 As a result of the feedback, the following principles are proposed:

- Until informed otherwise, the Health and Wellbeing Board is not a sovereign body, decision making lies with the member organisations unless responsibility is delegated. This increases the importance of the Board role in coordination, discussion and common prioritisation of issues and activities.
- A wider membership of the Board is needed, to include: key providers representing health, social care and housing, Environment, Culture and Communities and a voluntary sector representative. Strategic Housing is represented by the Director of Adult Social Care, Health and Housing. It is proposed to extend invitations to become members of the HWB to the following organisations:
  - Frimley Health NHS Foundation Trust
  - Berkshire Healthcare NHS Foundation Trust
  - Bracknell Forest Homes
  - Berkshire Care Association
  - Involve
- A wider stakeholder group to be established to meet as a workshop between Board meetings to debate issues and propose solutions.
- An agenda setting group to be established to meet between Board meetings to manage the Board's work plan and establish the agendas for the Stakeholder Workshop and the Board.
- Task and Finish groups to be established to work on priorities established by the Board.
- The Board to produce a quarterly newsletter, focussed on both health and wellbeing.
- A mapping exercise to be undertaken to establish priorities for the Board focussing on four to five key areas for 2015/16.

5.6 It is proposed that the Health and Wellbeing Board continues to meet four times a year, with meetings of an agenda setting group and a wider stakeholder workshop in between to manage the Board's work plan and to debate and discuss issues leading to solutions.

5.7 Proposed next steps are as follows:

- Extend the membership of the Health and Wellbeing Board
- Invite Board Members and other stakeholders to a priority setting workshop
- Develop a dashboard of performance indicators based on the agreed priorities

## 6 ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS

### Borough Solicitor

6.1 The Health and Social Care Act 2012 provides for the establishment of Health and Well Being Boards. The Board must include the following:

- at least one member nominated by the Leader
- the Directors of Adult Social Care, Childrens Services and Public Health
- a representative of Local Healthwatch
- a representative of the CCG
- such other persons or their representatives as the Council thinks appropriate

The Board may appoint such additional persons to be members of the Board as it thinks appropriate.

Borough Treasurer

- 6.2 There are no direct financial implications for the Council within this report.

Equalities Impact Assessment

- 6.3 Any proposals for redesign will consider the impact on people in the community.

Strategic Risk Management Issues

- 6.4 If roles and responsibilities of the partners are not clear there is a risk of duplication of effort and insufficient capacity to deliver on the priority areas.

**7. CONSULTATION**

Principal Groups Consulted

- 7.1 Members of the Health and Wellbeing Board, NHS providers and other statutory agencies.

Method of Consultation

- 7.2 Workshop held in September 2014.

Representations Received

- 7.3 Representations have been incorporated into this report.

Contact for further information

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**TO: HEALTH & WELL-BEING BOARD**  
**5 MARCH 2015**

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**BRACKNELL FOREST PHARMACEUTICAL NEEDS ASSESSMENT**  
**Strategic Director of Public Health for Berkshire**

**1 PURPOSE OF REPORT**

- 1.1 To present the Pharmaceutical Needs Assessment report for Bracknell Forest.

**2 RECOMMENDATION**

- 2.1 **That the Health & Well-Being Board consider and APPROVE the attached version of the Pharmaceutical Needs Assessment and its recommendations (subject to any revisions suggested by the board).**

**3 REASONS FOR RECOMMENDATION(S)**

- 3.1 The Health and Social Care Act 2012 transferred responsibility for developing and updating the Pharmaceutical Needs Assessments (PNAs) to health and wellbeing boards (HWBs).
- 3.2 PNAs provide information on pharmaceutical services in an area and identifies gaps in current provision, taking into account any known future needs.
- 3.3 Each of the six unitary authorities across Berkshire has developed a PNA for its area and subjected them to consultation. The formal consultation period in Bracknell Forest commenced In September 2014 and ended 16<sup>th</sup> December.
- 3.4 The final, approved version will serve as a basis for future commissioning decisions by NHS England, the local Clinical Commissioning Group and Bracknell Forest Council (for example in relation to Public Health services delivered in pharmacies).

**4 ALTERNATIVE OPTIONS CONSIDERED**

- 4.1 None

**5 SUPPORTING INFORMATION**

- 5.1 From 1 April 2013 every Health and Wellbeing Board in England has a statutory responsibility to maintain and up to date Pharmaceutical Needs Assessment. A new version of the PNA must be agreed by April 2015.
- 5.2 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.

- 5.3 The PNA is designed as a basis for NHS commissioning decisions as the main commissioner of pharmacy services. The regulations that govern the provision of pharmacy places an obligation on NHS England to put arrangements in place so that drugs, medicines and listed appliances ordered via NHS prescriptions can be supplied to persons.
- 5.4 The needs assessment should also be of interest to Clinical Commissioning Groups (CCG) and Local Authorities. In relation to the latter, the PNA should be a key driver of decisions to commission 'enhanced' Public Health services.
- 5.5 An initial draft of the PNA was subject to extensive consultation with both professionals (including pharmacists) and residents.
- 5.6 The consultation work included a survey which was sent out across Berkshire, with 2,048 people responding. Proactive promotion of the survey by the Public Health resulted in a total of 390 responses in Bracknell Forest – which represents a higher response rate (per population size) than achieved in any other area.
- 5.7 The consultation work also included a public meeting, hosted by the Public Health team, and attended by residents, community group representatives, pharmacists and other professionals.
- 5.8 The current version of the PNA was produced on the basis of this consultation and is presented in the appendix.
- 5.9 The survey suggested that respondents are generally very satisfied with pharmacy services in the Borough. The majority (98%) are able to access the pharmacy of their choice, with 85% being able to access services within 15 minutes.
- 5.10 Key recommendations from the current PNA include:
  - 5.10.1 Continuation of work with our pharmacy contractors to further develop the Medicines Utilisation Review (MUR) services to widen access and target provision with high priority patient groups (eg: older people).
  - 5.10.2 Widen availability of flu immunisation through pharmacies to all priority groups including older adults.
  - 5.10.3 Develop a system for the dispensing of naloxone therapy through pharmacies. Naloxone is an opioid antagonist medication that can be used to counter the dangerous effects of a drug overdose and in many cases save lives.
  - 5.10.4 Include pharmacists in the new falls prevention pathway, both in relation to identification of those at risk of falling and in work to reduce that risk through advice on adverse medication interactions.
  - 5.10.5 Strengthen use of community pharmacy as information hub for community contact and access to voluntary sector groups.

## **6 ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS**

### Borough Solicitor

- 6.1 The contents of this report are noted.

### Borough Treasurer

- 6.2 There are no direct financial implications within this report for the Council

### Equalities Impact Assessment

- 6.3 The PNA includes a number of recommendations that directly address health inequality among various groups (eg: older people).

### Strategic Risk Management Issues

- 6.4 None

### Other Officers

- 6.5 None

## **7 CONSULTATION**

### Principal Groups Consulted

- 7.1 Residents, health professionals, community groups.

### Method of Consultation

- 7.2 Survey (paper and electronic) plus public meetings.

### Representations Received

- 7.3 None

### Background Papers

Pharmaceutical Needs Assessment (including six appendices).

### Contact for further information

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Draft for Consideration by Health & Well-Being Board

# Pharmaceutical Needs Assessment

**Bracknell Forest Borough Council**

**2015-18**

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

## **Pharmaceutical Needs Assessment**

### **Bracknell Forest Borough Council**

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## **Introduction**

### **What is Pharmaceutical Needs Assessment (PNA)?**

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

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

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

### **Purpose of PNA:**

The PNA has several purposes:

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

## **Background: Statutory Requirements**

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

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

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

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

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

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

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

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

- Any relevant local pharmaceutical committee (LPC) for the HWB area.
- Any local medical committee (LMC) for the HWB area.
- Any persons on the pharmaceutical lists and any dispensing GP practices in the HWB area.

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

### **Definition of Pharmaceutical services**

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

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

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

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

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

All contractors must provide full range of essential services.

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

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

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

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

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

### **Process for developing the PNA**

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

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

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

The PNA has five main objectives:

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

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

### **Principles of Development**

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

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

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

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

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

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

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

## National Pharmacy Commissioning

### Commissioning Arrangements

NHS England is the only organisation that can commission NHS Pharmaceutical Services through the National Pharmacy Contract.

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

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

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

There are four ways in which pharmaceutical services are commissioned:

NHS England:

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

NHS England Area Team (AT):

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

Local Authority:

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

CCGs:

- Locally commissioned in line with local needs and CCG strategy

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

## **Local Professional Networks**

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

In general they:

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

The specific functions of the Pharmacy LPN include:

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

## **Contribution of Pharmacy**

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

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

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

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

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

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

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

### **National Outcomes frameworks**

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

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

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

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

### **Control of Market Entry**

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

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

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

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

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

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

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

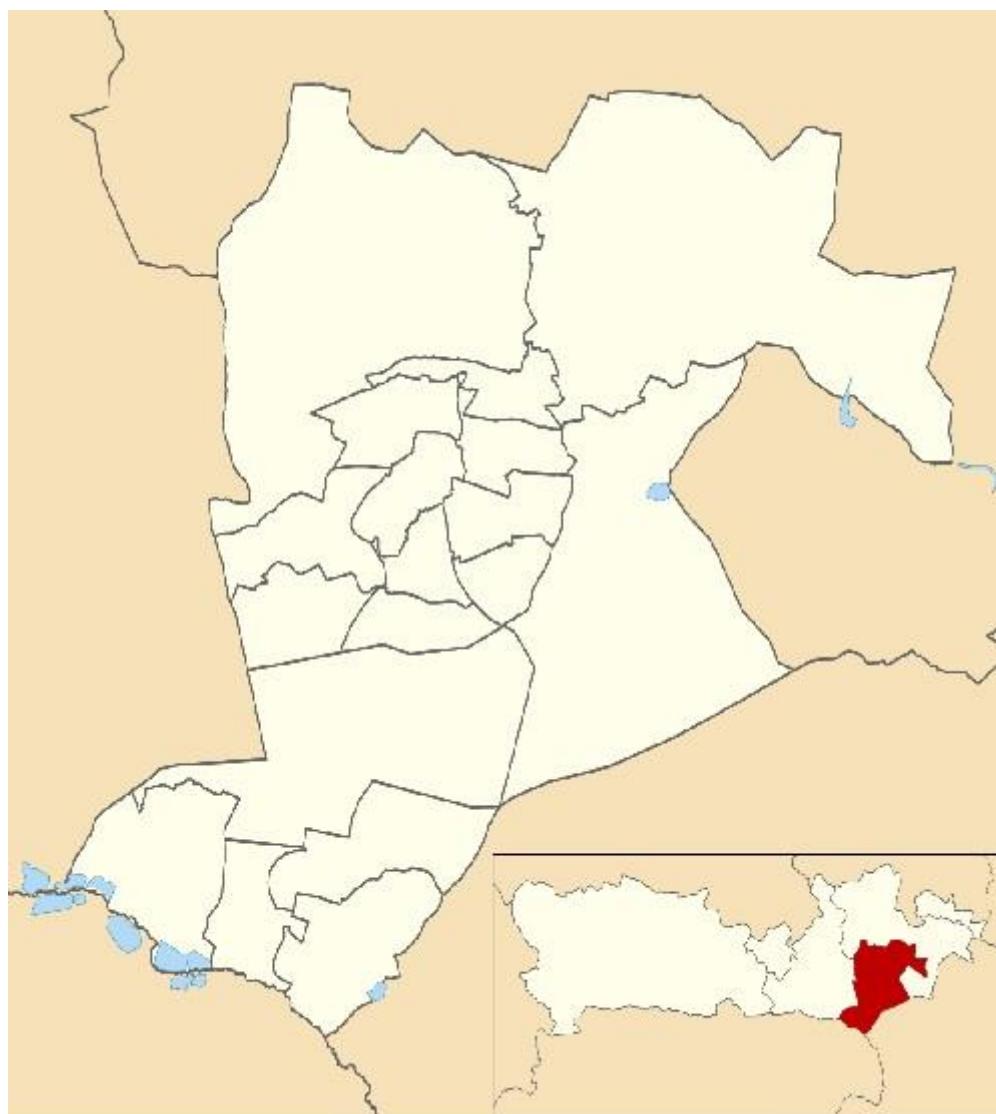
The change in the market entry test means that it is no longer necessary to have exemptions to the test for the large out of town retail developments, the one stop primary medical centres, or the pharmacies undertaking to provide pharmaceutical services for at least 100 hours per week. These exemptions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

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

## Geography Covered by Bracknell Forest PNA

Each PNA has to define its geographic scope. This year the Bracknell Forest PNA is following the boundaries of the Unitary Authority, as is each PNA for the Berkshire Unitary Authorities. The services are mapped for each Unitary Authority however a composite picture is given for Berkshire and results are also compared unitary versus the whole of Berkshire. See appendix 1 (map of pharmacies)

**Figure 1: Map of Bracknell Forest showing ward boundaries**



Bracknell Forest's wards are:

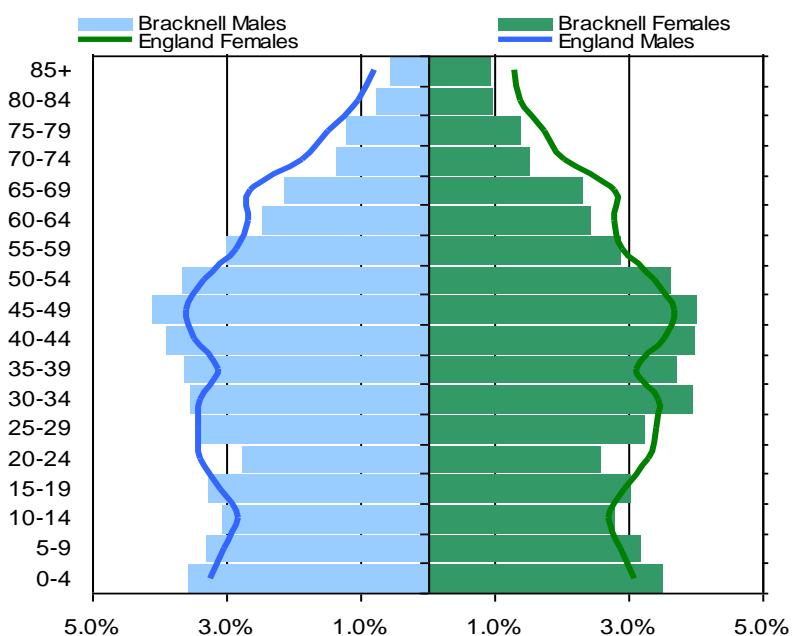
Ascot	Crowthorne	Old Bracknell
Binfield with Warfield	Great Hollands North	Owlsmoor
Bullbrook	Great Hollands South	Priestwood and Garth
Central Sandhurst	Hanworth	Warfield Harvest Ride
College Town	Harmans Water	Wildridings and Central
Crown Wood	Little Sandhurst and Wellington	Winkfield and Cranbourne

# Bracknell Forest Demographics

## Population Structure

As a share of the total population, there are slightly more young children aged 0 to 4 living in Bracknell Forest than the national average. A lower share of people in the 20-24 age category live in Bracknell compared to the national average. There is also a higher share of people of working age and a lower share of older people aged 65 and over.

**Figure 2: Bracknell Forest Borough Council's Population pyramid, compared to the national profile**



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

The registered and resident population differ, as the registered population relates to the number of people registered with GP practices in Bracknell Forest

**Figure 3: Resident and registered population of Bracknell Forest Borough Council and other Berkshire Local Authorities**

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

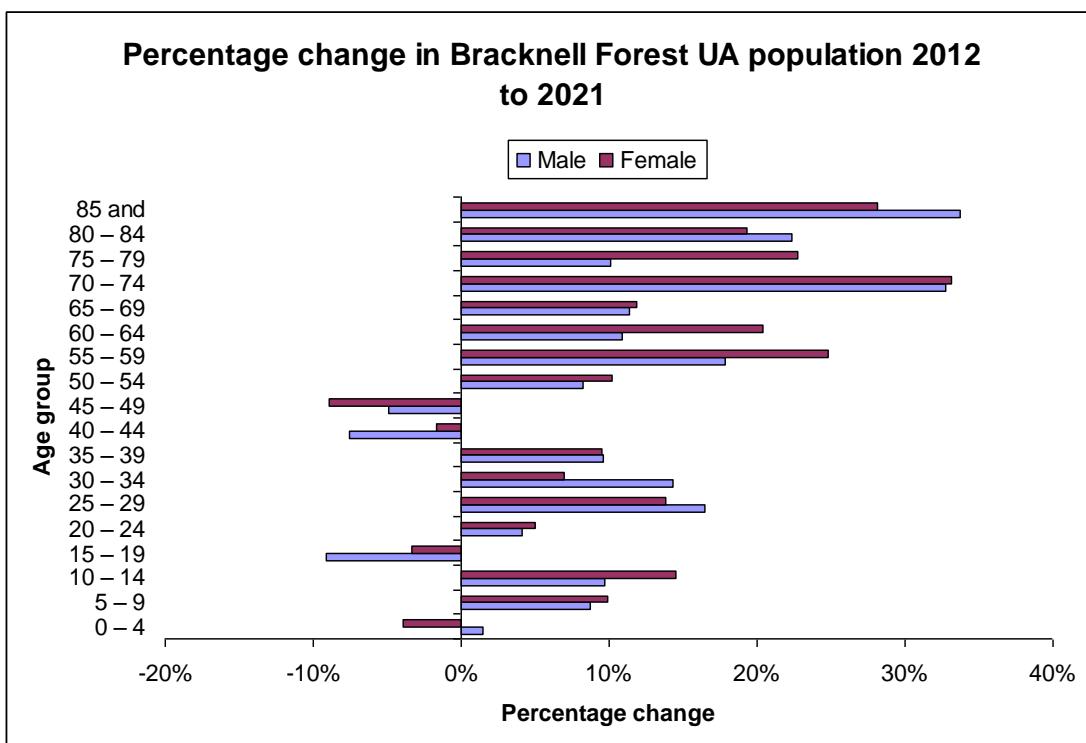
Source: Office for National Statistics (2014)

## Demographic Growth

By 2021 the population in Bracknell Forest is estimated to increase by almost 11,000 people, with 4000 increase in the next 3 years.

Figure 4 shows the percentage change in population for each age group and gender. The lines to the left of the vertical line show population groups which are estimated to decrease in size and these are mainly the 40 to 54 year old population and teenage children. All other age groups are estimated to have an increase in size as is shown by the bars to the right of the vertical line on the chart. The older population is expected to increase at the greatest rate followed by the younger adult population and the child population aged 5 to 14.

**Figure 4: Estimated percentage change in Bracknell Forest's population from 2012 to 2021**



Source: Office for National Statistics (2012)

This table below shows the population growth in the timescale of this PNA – housing development account for significant part of the estimated population projections within the borough.

<b>Total growth - Cumulative</b>				
UA_Name	2015	2016	2017	2018
<b>Bracknell Forest</b>	<b>120,036</b>	<b>124,044</b>	<b>127,906</b>	<b>131,879</b>
West Berkshire	158,105	160,136	162,434	164,836
Reading	161,515	164,824	167,923	171,364
Slough	149,811	154,078	157,768	160,764
Windsor & Maidenhead	151,166	154,216	156,460	158,568
Wokingham	162,695	166,547	171,417	177,112

**Figure 5: Life Expectancy for men and women in Bracknell Forest Borough Council and other Berkshire Local Authorities (2010-12)**

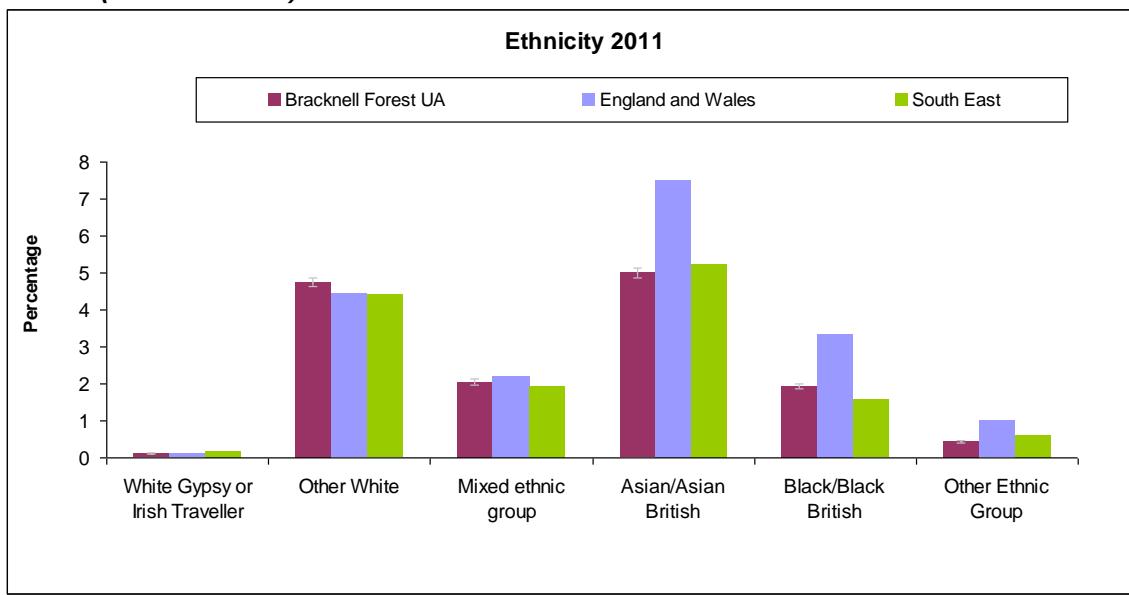
Local authority	Males	Females
<b>Bracknell Forest</b>	<b>80.8</b>	<b>84.0</b>
Reading	78.4	82.7
Slough	78.5	82.7
West Berkshire	80.8	84.6
Windsor and Maidenhead	81.1	84.6
Wokingham	81.6	84.5

Source: Office for National Statistics (2014)

### Ethnicity

The national Census indicates that the majority of the population living in Bracknell Forest are White British (85.7%). The next largest Ethnic group is Asian or Asian British. There are a lower proportion of people from most Ethnic minority groups living in Bracknell Forest than there are nationally and in the South East Region. The exception to this is people who classify themselves as 'Other White'. There are proportionally more people from this Ethnic Background living in Bracknell Forest than there are nationally and within the South East Region as a whole.

**Figure 6: Ethnic Origin of non-White British resident population in Bracknell Forest (Census 2011)**



Source: Office for National Statistics (2011)

Figures from the School Census tally with that of the National Census with 85% of Primary School children and 89% of Secondary School children coming from a White Ethnic Background. Again, the second largest Ethnic Group is Asian or Asian British. As in the National Census, there are proportionally fewer children from Minority Ethnic background than there are nationally or in the South East region as a whole.

## Children

### Children in poverty

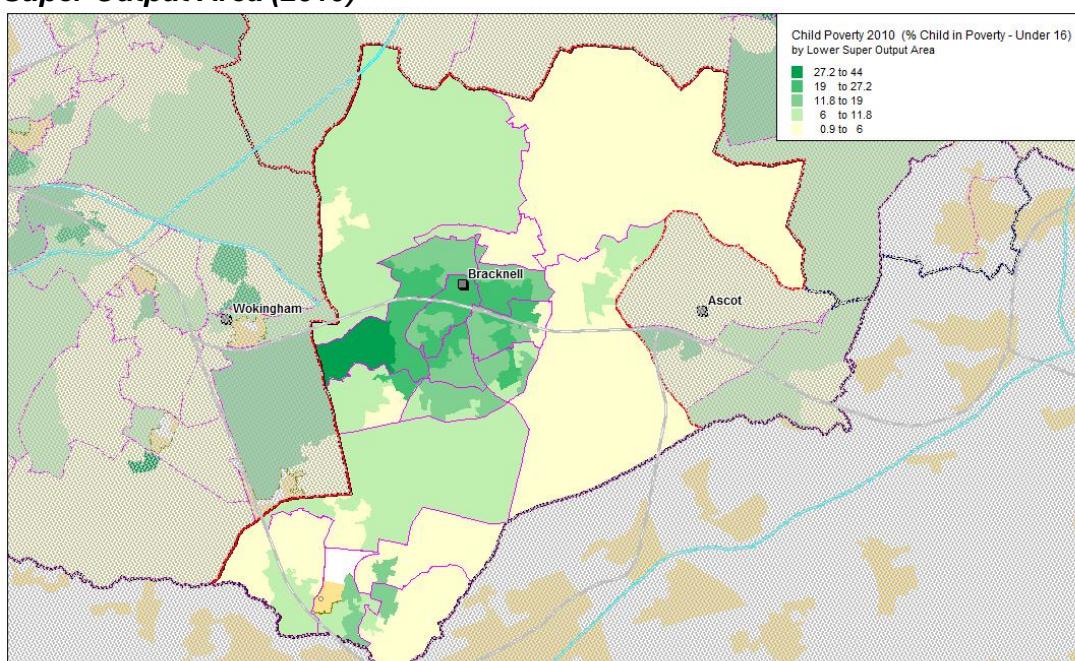
Child poverty and deprivation can be measured in a number of different ways. Figure 7 shows the percentage of children (dependent children under the age of 20), who live in households where income is less than 60% of average household income. This is termed as living in 'relative poverty'. Figure 7 also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

**Figure 7: Level of Child Poverty in the Bracknell Forest and other Berkshire Local Authorities (2010-12)**

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

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

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



Source: Department for Communities and Local Government (2010)

## Teenage Pregnancies

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

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

Source: Office for National Statistics (2014)

## Educational Attainment

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

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

Source: Department for Education (2012/13)

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

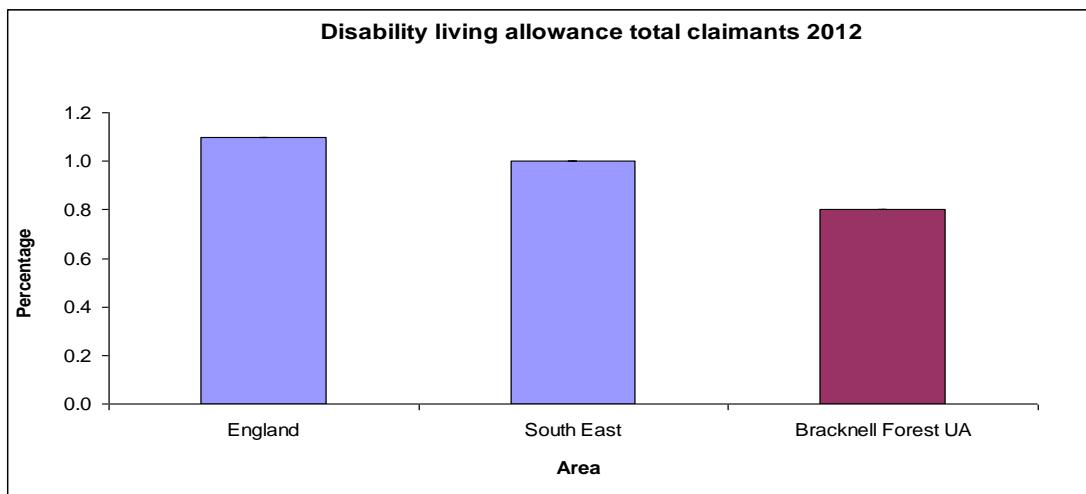
Area	%
<b>Bracknell Forest</b>	<b>78</b>
Reading	69
Slough	74
West Berkshire	77
Windsor and Maidenhead	79
Wokingham	81

Source: Department for Education (2013)

## **Physical disability and sensory impairment**

Disability Living Allowance (DLA) is provided to people of all ages and is the main benefit for people who are disabled. Bracknell Forest has fewer DLA Claimants overall than the South East and England as a whole. However, the numbers of those aged 5 to 16 are higher than average.

***Figure 12: Percentage of residents receiving disability living allowance (2012)***

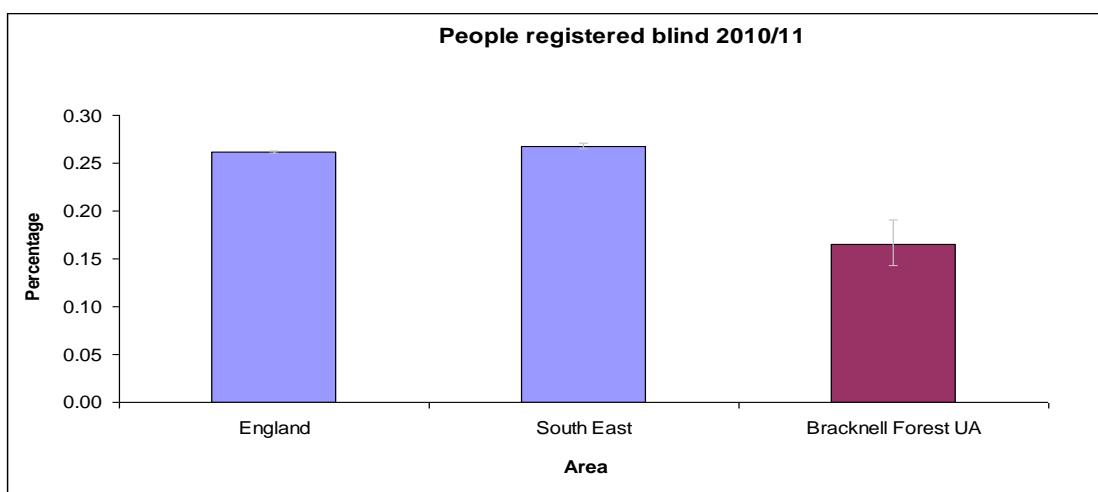


Source: Department for Work and Pensions (2012)

Figures 13 and 14 show the number of people receiving certification as being blind, partially sighted, deaf or hard of hearing as a proportion of the total population.

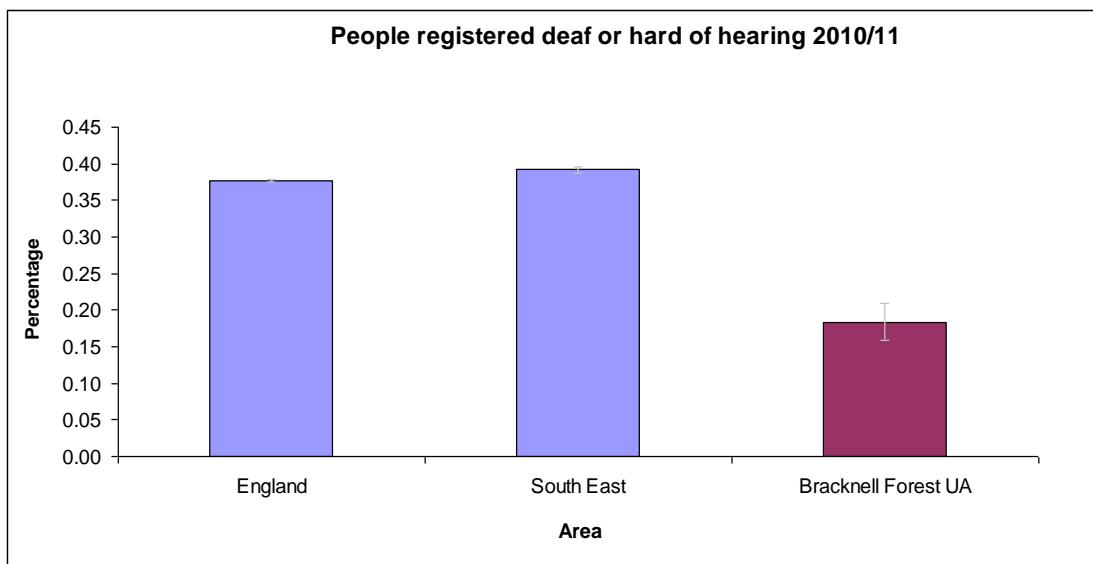
Fewer people in Bracknell Forest are registered as having a sensory impairment than the national and South East Region averages.

***Figure 13: Percentage of people registered as blind in Bracknell Forest (2010/11)***



Source: Health and Social Care Information Centre (2011)

**Figure 14: Percentage of people registered as deaf or hard of hearing in the Bracknell Forest (2010/11)**



Source: Health and Social Care Information Centre (2011)

### **Provision of unpaid care**

8.5% of Bracknell Forest's population stated that they provided unpaid care to a family member, friend or neighbour in the 2011 Census. Figure 15 provides a breakdown to show the levels of unpaid care provided.

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

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

Source: Office for National Statistics (2012)

## **Bracknell Forest's Needs Assessment**

### **Life Expectancy**

The health of people in Bracknell Forest is generally better than the England average. Deprivation is lower than average, however about 2,700 children live in poverty.

In Year 6, 15.7% of children are classified as obese, better than the average for England. Levels of teenage pregnancy, alcohol-specific hospital stays among those under 18, breast feeding and smoking in pregnancy are better than the England average.

An estimated 19.4% of adults smoke and 23.2% are obese. Rates of sexually transmitted infections, road injuries and deaths, smoking related deaths and hospital stays for alcohol related harm are better than the England average.

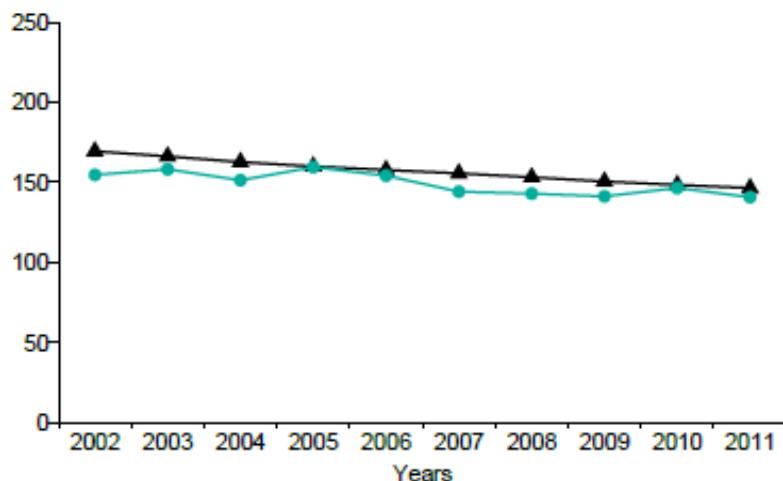
Life expectancy for both men and women is higher than the England average. Life expectancy is 7 years lower for men in the most deprived areas of Bracknell Forest than in the least deprived areas.

Over the last 10 years, all cause mortality rates have fallen. Like neighbouring Boroughs the commonest case of early deaths are cancer, heart disease and stroke, lung disease and liver disease.

### **Cancer**

The numbers of deaths under 75 years due to cancer are decreasing in line with national average with 151 premature deaths per 100,000 population (male) and 132 per 100,000 population (females) being due to cancer. It is the biggest cause of premature death (death before the age of 75 years). Out of these deaths 70 per 100,000 are deemed to have been preventable.

***Figure 16: Rate of deaths from cancer for people aged under 75 in Bracknell Forest (2000-2009)***



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

Whilst screening for breast cancer and cervical cancer is well developed in Bracknell Forest with programmes hitting the national target, bowel screening is not achieving the national target of 60% uptake in the eligible population.

### **Heart Disease and Stroke**

The early death rate from heart disease and stroke has fallen and is better than the England average.

Models have been produced by Public Health England to provide estimates of cardiovascular disease prevalence in different areas, in Bracknell Forest population the estimate is:

- Cardiovascular disease: 10% of population
- Coronary Heart disease: 4% of population
- Stroke: 2% of population
- Hypertension: 25% of population

However cardiovascular disease continues to have a major impact on the use of hospital services, with Bracknell and Ascot CCG having a higher than average rate of admissions for heart disease compared to the Berkshire average.

### **Lifestyle**

#### **Smoking**

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

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

Whilst smoking prevalence in Bracknell Forest is 16% - below the England average, approximately 250 in 100,000 people aged over 35 years will die to smoking related illnesses, this figure has increased slightly in recent years. In addition 900 people will be admitted to hospital with smoking related illnesses (*Local Tobacco Health Profile 2014*).

Around 90% of cases of lung cancer are caused by smoking. Our area has a lung cancer death rate that is significantly worse than the south east region average - in 2010-12 it was 61.2 per 100,000 population.

## Alcohol

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

The rates of heavy, increased risk and higher risk drinking in Bracknell mirror the national average, and like the national picture the rates of Sexual crime attributable to alcohol also rose from 110 in 2008 to 140 between 2010 and 2011. In 2012 rates decreased to 130.

## Flu Vaccination

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

***Figure 17: Seasonal flu immunisation uptake (2012/13)***

	Aged 65 years and over		Aged 6 months to 64 years in clinical risk groups		Pregnant women	
Target uptake	75% (2012/13)	Distance from 2013/14 target of 75%	70% (2012/13)	Distance from 2013/14 target of 75%	70% (2012/13)	Distance from 2013/14 target of 75%
Bracknell Forest	73.9%	-1.1%	54.5%	-20.5%	44.1%	-30.9%
Berkshire East	71.6%	-3.4%	52.8%	-22.2%	38.6%	-36.4%
England	73.4%	-1.6%	51.3%	-23.7%	40.3%	-34.7%

Source: NHS Thames Valley Local Area Team (2013)

### **Over 65 Population:**

People over the age of 65 years are more likely to develop health problems requiring more frequent and regular pharmacy access. Although the percentage of over 70 year olds is relatively low in Bracknell, their needs for Social Care and Health can be high due to poor health and increasing frailty.

Information from Projecting Older People Population Information show that around 6,000 people aged 65 and over living in Bracknell Forest are estimated to be unable to manage at least one domestic task on their own, with this figure estimated to increase to just fewer than 7,000 by 2020.

### **Falls**

Falls are a major cause of disability and are the leading cause of mortality (as a result of injury) in people aged 75 and over in the UK. The Department of Health states that 35% of people aged 65 and over experience one or more falls on an annual basis. This percentage increases with age. About 45% of those aged 80 and over and living in the community will fall each year. 10% to 25% of people suffering a fall will sustain a serious injury. Hip fractures are the most frequent fragility fractures caused by falls and are the most common cause of accident-related death

Public Health England data shows that hip fractures in over 65s in Bracknell Forest are increasing against the England average.

The directly age-sex standardised rate for emergency admissions for fractured neck of femur in 65 years and over was 417.3 per 100,000 in 2010: by 2013 this standardised rate increased by over 100 from population to 526 per 100,000 population.

### **Monitoring against the Public Health Outcomes Framework**

The Public Health Outcomes Framework includes over 60 indicators, which measure key aspects of Public Health within a Local Authority area. In February 2015, Bracknell Forest was seen to be "significantly worse" than the England figures on 12 of these measures, which is the lowest number of 'significantly worse' ratings in the Thames Valley. These indicators include:

- 1.09i Sickness absence - % of employees who had at least one day off in the previous week
- 1.18i Social isolation - % of adult social care users who say they have as much social contact as they want
- 2.21vii Access to Diabetic Eye Screening
- 2.22iii NHS Health Checks - % of eligible population offered an NHS Health Check
- 4.08 Mortality from communicable diseases

## Local Commissioning Strategies

### Bracknell Health and Wellbeing Strategy

The Bracknell Health and Wellbeing Board published its first Health and Wellbeing Strategy in 2013.

The aim of the Strategy is:

To make sure that every resident of Bracknell Forest lives in a healthy, safe and caring place, and gets good services and support when they need them.

A number of key principles underpin the strategy and the following approaches taken:

- People should be supported to take responsibility for their own health and wellbeing as much as possible
- Everybody should have equal access to treatment or services
- Organisations should work together to make the best use of all the resources they have

### Priorities

- **Children** - need to have the best possible life chances, including good housing, good education and healthy lifestyles
- **Mental Health** - particularly Depression and Dementia
- **Long Term Conditions** - particularly respiratory illness, diabetes and cardiovascular disease,
- **Cancer**
- **Sexual Health**
- **Vulnerable groups** – paying particular attention to people who are more likely to become ill, or who may need particular services.

### Current key issues from the JSNA

- **Non-elective hospital admissions** - The rate per 100,000 population in Bracknell area increased by 8% from 2011/12 to 2012/13 (the second highest increase in Berkshire). This rise is projected to continue in 2013/14. Work to support self care and appropriate use of hospital emergency services is therefore a priority, including opportunities to integrate health and social care with a view to reduce non-elective admissions (*Source: Secondary Uses Services*).
- **Falls prevention** - Emergency admission rates for falls injuries in persons aged 80+ are significantly higher than the national average and the second highest in Thames Valley region. Emergency admissions for hip fractures have increased, with the rate moving from being better than the England average to worse than average over the last few years (*Source: Hospital Episodes Statistics*).

- **Smoking** - Around 90% of cases of lung cancer are caused by smoking. Our area has a lung cancer death rate that is significantly worse than the South East regional average and our rate of lung cancer registrations is the highest in the Thames Valley region (Sources: *Local Tobacco Control Profiles* and *NHS Stop Smoking Service Statistics*).
- **Mental health in the community** - Among older people, the ratio of recorded to expected prevalence of dementia in our area is significantly poorer than the national average, suggesting a need for improved awareness and diagnosis. For younger people, Child and Adolescent Mental Health Services (CAMHS) referrals were up 31% on last year along with case loads rising by 21%. (Sources: *Community Mental Health Profiles 2013*, *Local CAMHS Report 2013*).
- **Immunisation and screening** - Several vaccination rates among children are significantly poorer than the national average, including Measles, Mumps and Rubella (MMR). (Sources: *Source: Cover of Vaccination Evaluated Rapidly (COVER)* and *Integrated Performance Measures Return*)
- **Self-care** - Recent data suggests that the proportion of people feeling supported to manage their condition in Bracknell is relatively low compared to other areas (Source: *GP Patient Survey / NHS England Benchmarking 2013*)

### **CCG Strategy**

The local NHS commissioners in Bracknell Forest and Ascot CCG have recently produced a 5 year strategic plan that outlines their ambitions and goals to improve care and health. The Executive Summary can be found at <http://www.bracknellandascotccg.nhs.uk/wp-content/uploads/2014/03/Executive-Summary-Bracknell-Ascot.pdf>

## **Current Service Provision**

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

- Essential Services
- Advanced services
- Enhanced Services

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

However in addition community pharmacy can be commissioned by

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

There are currently 21 community pharmacies in Bracknell Forest and 162 across Berkshire. These provide the essential services and arrange of advanced and enhanced services. The types of business vary from multiple store organisations to independent contractors. There is one 100 hour pharmacies in Bracknell Forest.

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

### **Essential Services**

The following services form the core service provision required of all 21 Bracknell Forest pharmacies as specified by the NHS Community Pharmacy Contract 2005.

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

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

### Advanced Services

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

### Local Services

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

Public Health within the council:

- **Supervised consumption** - This service requires the pharmacist to supervise the consumption of opiate substitute prescribed medicines at the point of dispensing in the pharmacy so ensuring that the dose has been administered to the patient.
- **Needle exchange** - The pharmacy provides access to sterile needles and syringes, and sharps containers for return of used equipment. The aim of the service is to reduce the risk of blood borne infections that are prevalent in people who inject drugs.
- **Chlamydia Screening** – Pharmacists supply Chlamydia Screening Postal Kits to any person aged between 15 and 24 upon request and will opportunistically offer Chlamydia Screening Postal Kits to young people attending the pharmacy who may be sexually active. This service aims to improve access to Chlamydia screening and so reduce the prevalence of Chlamydia.

- **Emergency Hormonal Contraception** - Pharmacists supply Emergency Hormonal Contraception (EHC) also known as the 'morning after pill', when appropriate to patients in line with the requirements of a locally agreed Patient Group Direction (PGD).
- **Smoking Cessation Services** – Working with the main provider of Smoking cessation services pharmacies provide a range of support including medication to people who want to give up smoking.
- **NHS Health Checks** - Pharmacies are commissioned to deliver NHS health checks to anyone aged 40 – 74, who does not have an existing cardiovascular condition. This provides the individual with an assessment of their risk on developing heart disease and allows signposting to GP follow up or health promotion services e.g. weight reduction / smoking cessation

CCGs within Berkshire:

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

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

NHS England:

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

Private Services:

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

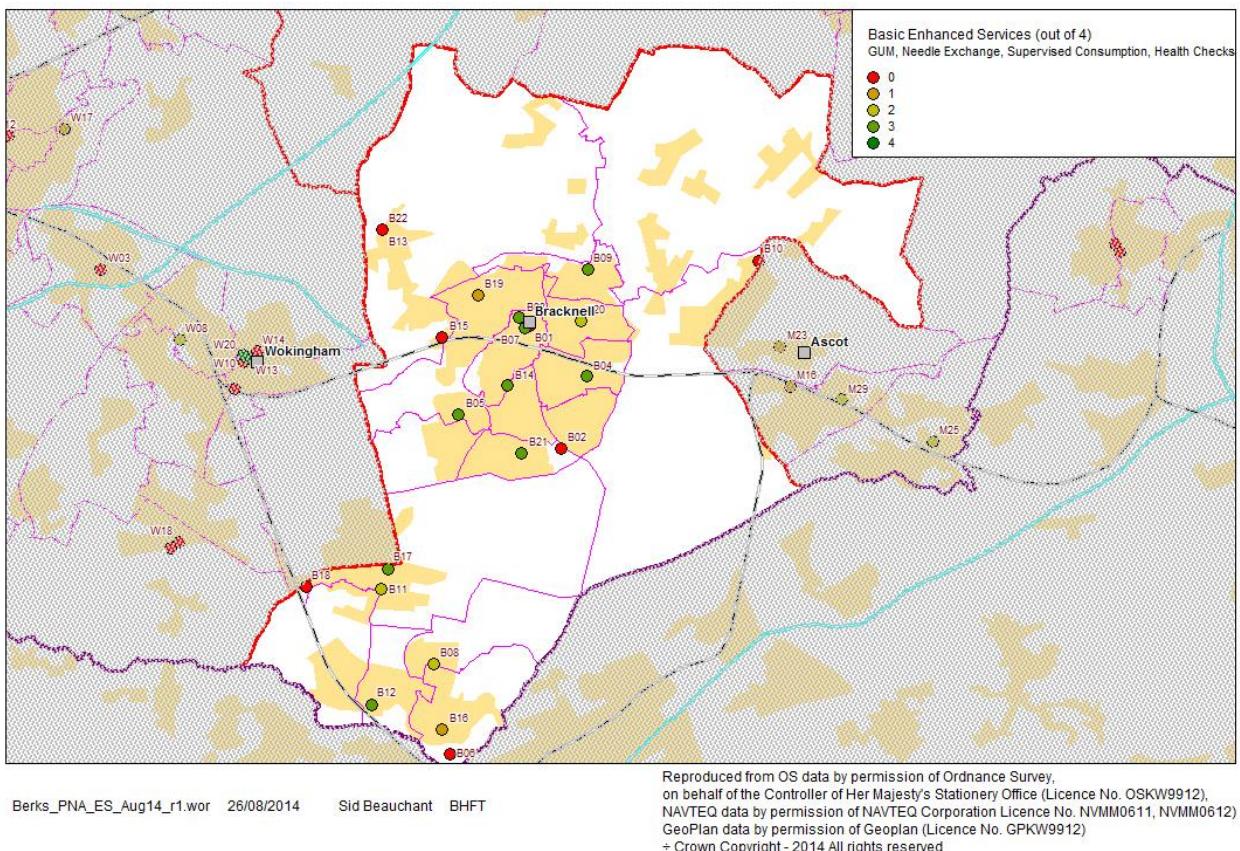
## **Pharmacy provision - current**

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

## Current Pattern of Enhanced services

For more details see Appendix 2.

**Figure 18: Map of Pharmacies in Bracknell Forest to show how many of the Basic Enhanced Services are provided**



## Dispensing Doctors

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

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

In addition to community pharmacies, to ensure access in defined rural areas (controlled localities) - GPs may provide dispensing services to patient who

live more than 1.6km from a pharmacy. Bracknell Forest has 1 dispensing doctor - Binfield surgery, Binfield

### **Out of Area**

Residents can of course access pharmacies in other areas, and Bracknell Forest borders with the following authorities:

- Hampshire
- Surrey
- Wokingham
- Royal Borough of Windsor & Maidenhead

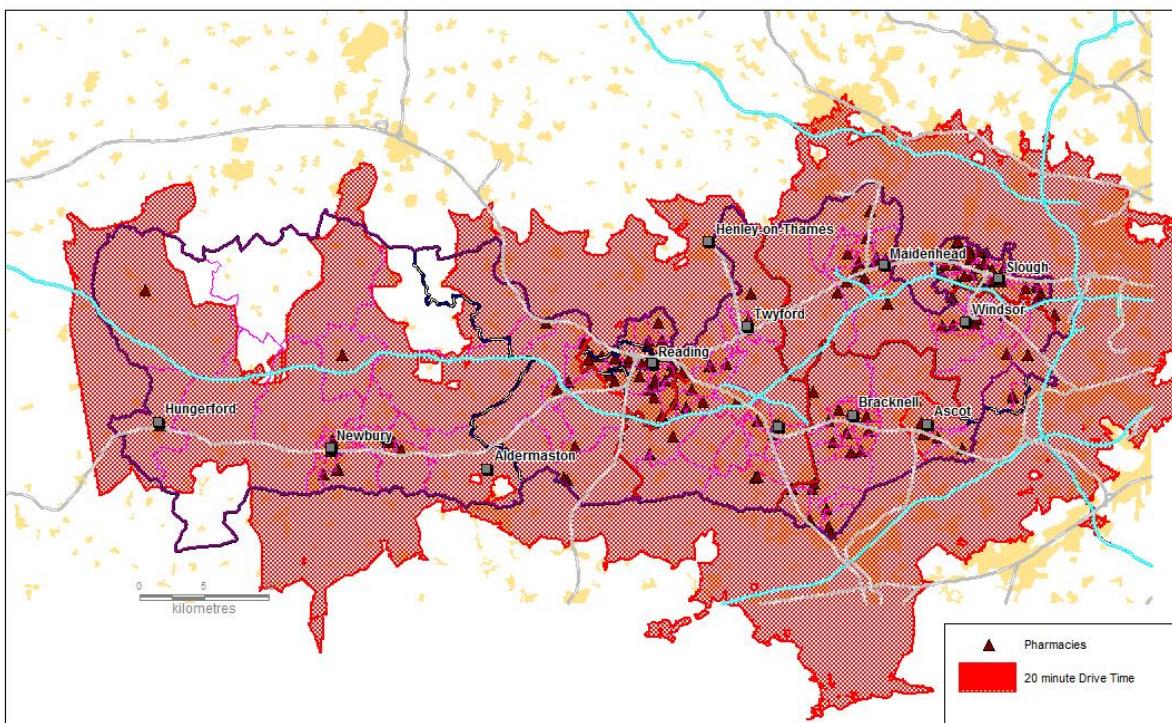
The map of provision shows the neighbouring pharmacies which are accessible to local residents. Information has been gathered on cross border services and is shown in Appendix 1.

## Pharmacy Access and Services

### Bracknell Forest

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

**Figure 19: Population of Berkshire that can get to a pharmacy / dispensing doctor within a 20-minute drive time**



Berks\_PNA\_Apr14\_v1.wor 15/05/2014 Sid Beauchant BHFT

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### Opening Hours

A survey was undertaken of all pharmacists in Bracknell Forest. 18 providers out of 21 providers took part on this survey. The following information is taken from the survey (see Appendix 4).

All providers are open Monday to Friday between 6 am and 11 pm depending on the day of the week. All providers are open at least part of Saturday with 5 pharmacies open on Sunday . In addition Bracknell Forest has one '100 hour per week' pharmacy.

### Consultation Facilities

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

In Bracknell Forest 66% of providers have wheel chair accessible consultation facilities, an additional 14% have a consultation space however it is not wheel chair accessible.

### Advanced services

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

***Figure 20: Bracknell Forest Pharmacy response to question about the provision of advanced services***

	<b>Yes</b>	<b>Soon</b>	<b>No</b>
Medicines Use Review service	17 (80.9%)	1 (4.7%)	0 (0%)
New Medicine Service	16 (76.1%)	1 (4.7%)	1 (4.7%)
Appliance Use Review service	3 (14.2%)	0 (0%)	16 (76.1%)
Stoma Appliance Customisation service	1 (4.7%)	0 (0%)	17 (80.9%)

### Additional language availability

There are a wide range of additional languages spoken within the community pharmacy setting which is a key feature to increase access to support for some hard to reach communities.

### Collection and Delivery Services

Many patients with long term conditions have ongoing medication requirements. For them collection and delivery services may be crucial for accessing their prescriptions – having the prescription collected from the GP surgery and then delivered to their home. 90% of pharmacists in Bracknell Forest offer free collection from the surgery services.

In addition 83% of community pharmacies offer free delivery to patients when requested usually to patients with limited mobility. An additional 17% of pharmacists will offer this service but will charge for the service.

### IT connectivity

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

Moving forward service integration will require sharing of information and so it will become increasingly important for pharmacy to have IT connectivity if they

are to play a role in transformed services. 90% of pharmacies in Bracknell Forest have IT connectivity.

## Analysis of User Survey

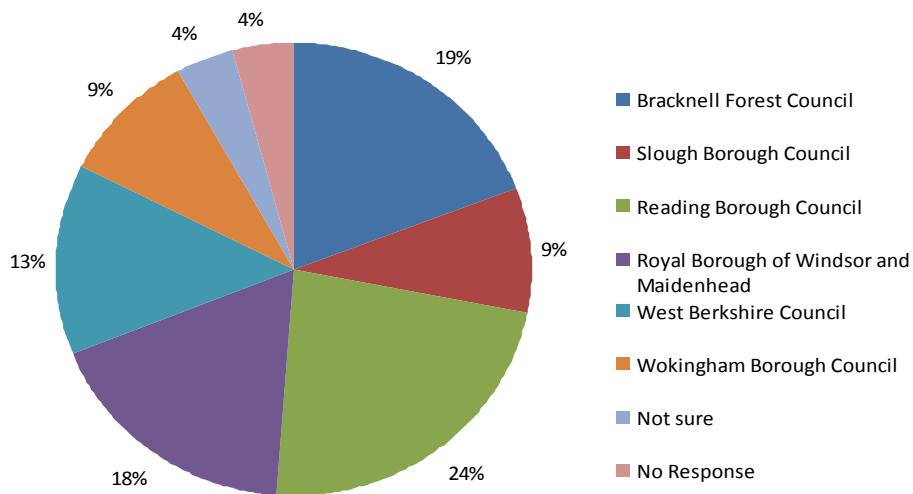
A key part of the PNA is to obtain the views of residents who use our community pharmacy and dispensing doctor services (see Appendix 5).

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

### Respondents

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

**Figure 21: Which local authority area do you live in?**



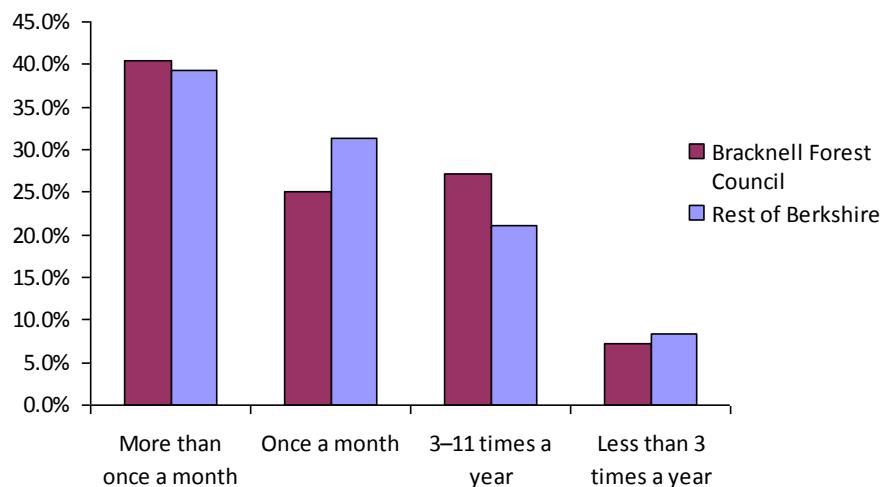
In Bracknell there were 390 responses making up 19% of the total. Of these 83% were from respondents that classed themselves as white British, the most common age groups that responded were aged 65 – 74 ( 20%) and 12% were over 75 years.

### Pattern of use

Residents were asked what services they used, 93% replied that they used community pharmacy, 4% a dispensing appliance supplier (someone who supplies appliances such as incontinence and stoma products) and 3% internet pharmacy. These results mirror the Berkshire pattern of use.

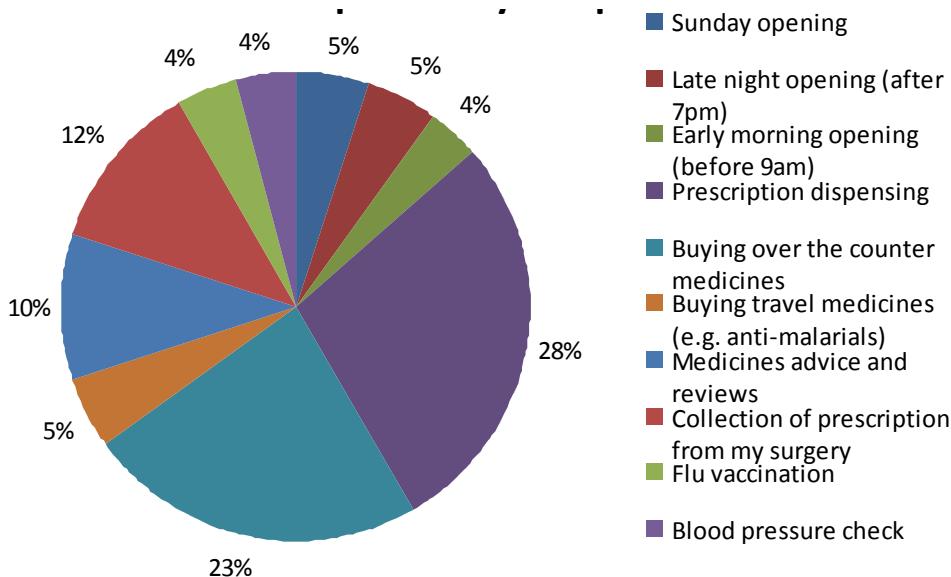
When residents were asked how often they used a community pharmacy they gave the following replies, which shows a slightly different usage to the rest of Berkshire but not significantly.

**Figure 22: How often do you use a pharmacy?**



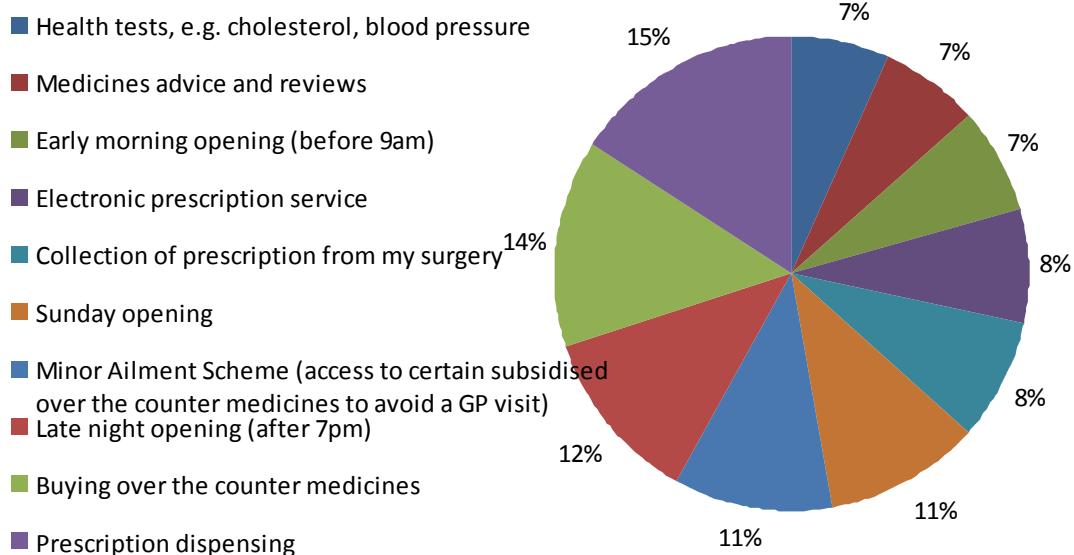
Additionally residents were asked about the type of services they currently use at their local pharmacy: as could have been expected the most common reason is to get prescriptions dispensed (28%) and buying over the counter medicines (23%). As we have seen many pharmacists offer prescription collection and this is shown in these results were an eight of patients use this service presumably to ease access to medicines.

**Figure 23: Which of the following service do you currently use at a pharmacy?**



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

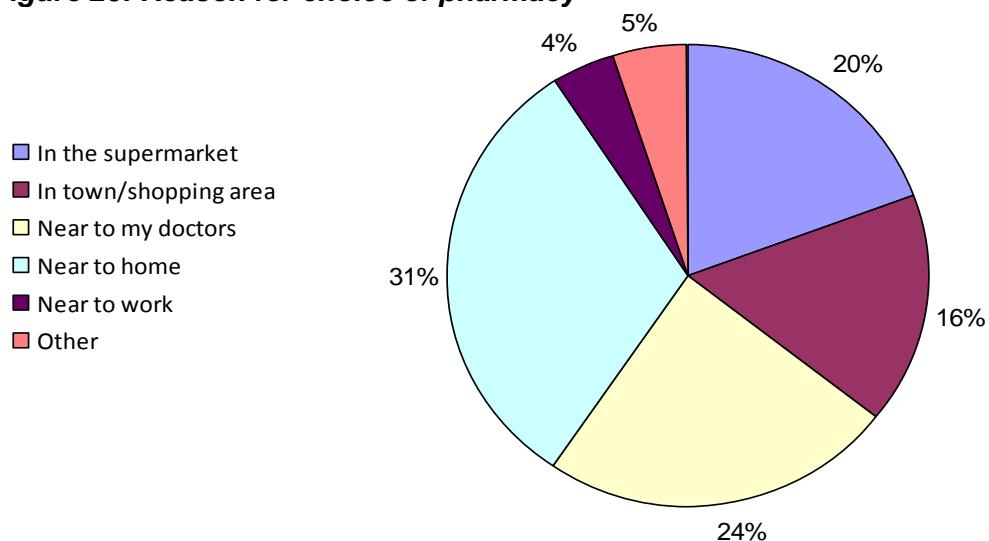
**Figure 24: Which of the following services would you use at a pharmacy, if available? (Top 10 responses)**



### Access to pharmacy

Respondents state they have good access to services with 98% being able to access the pharmacy of their choice. The commonest reason for choice of pharmacy service was proximity to home (32%) with 24% stating that proximity to GP was the key factor. Bracknell showed the highest percentage across Berkshire for being in a supermarket 20%.

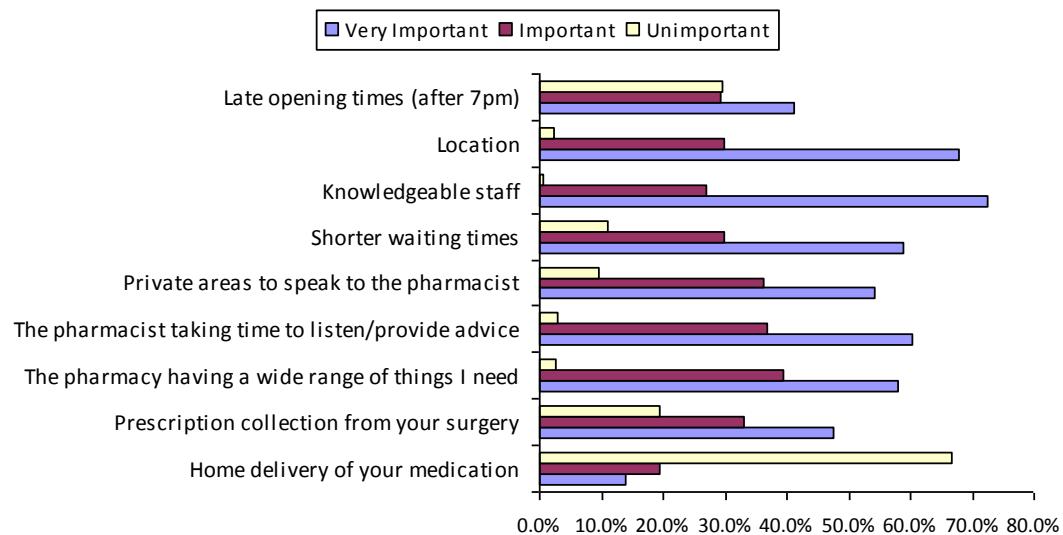
**Figure 25: Reason for choice of pharmacy**



Almost equal numbers of respondents access the pharmacy by car (44.5%) and by walking (44%), with 85% of respondents accessing services in less than 15 minutes, and a further 15% within 15-30minutes.

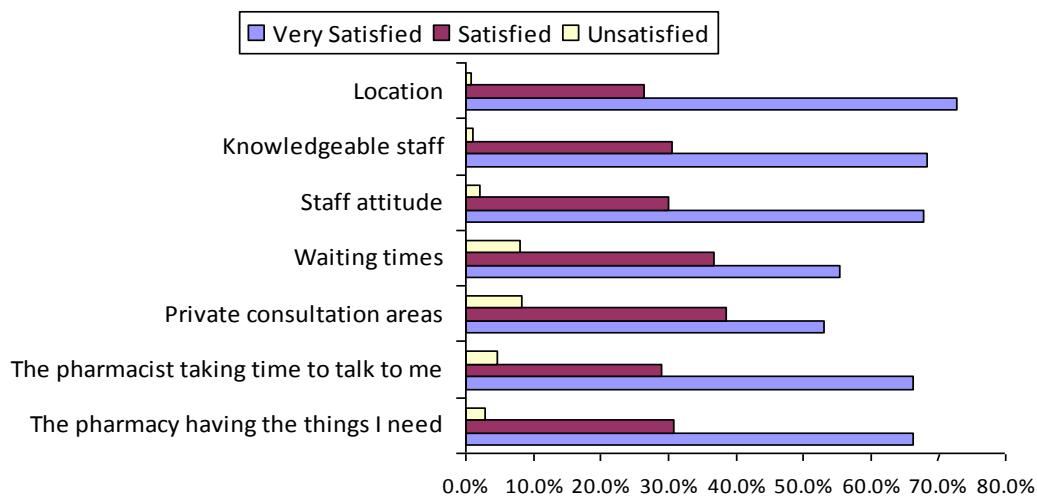
We asked respondents to rate the importance of the various services that pharmacies offer. The availability of knowledgeable staff is important closely followed by location.

**Figure 26: How important are the following pharmacy services?**



The final section of the survey tested the respondent's satisfaction with services. As has been seen, there is a high level of satisfaction across all areas, the lowest level of satisfaction was with the provision of private consultation space and waiting times – though even here the level of dissatisfaction is only 8% in each category.

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



## **Recommendations**

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

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

### **Essential services**

In order to assess the provision of essential services against the needs of our population we mapped and assessed the location of pharmacies, their opening hours and the provision of other dispensing services (see Appendix 1). These are the factors that we consider to be key factors in determining the extent to which the current provision of essential services meets the needs of our current population.

### **Access Maps**

Bracknell Forest is a relatively affluent Borough, it sits in the national top decile of affluence (see Appendix 6 deprivation map). Analysis shows that the current pattern of services provides good physical access to patients, with no gaps in the 20 minute drive time test. The number of community pharmacies 19 pharmacies per 100,000 (including dispensing doctors) - is just below the England average 20 per 100,000. Even with the growth in population it is not anticipated that gaps in service will occur in the PNA timescale.

### **Opening Hours**

Bracknell Forest pharmacies offer a good range of opening hours. Whilst all pharmacies are open Saturday, not all are open all day and only 5 are open Sunday.

As General practice extends its working week then an extension of pharmacy opening hours could be considered In addition there is one 100 hour pharmacy available.

### **Patient views**

93% of respondents used community pharmacy. The user survey shows that respondents are generally very satisfied with pharmacy services in the Borough. 98% are able to access the pharmacy of their choice, with 85% being able to access services within 15 minutes. There were lowest levels of

satisfaction were seen with private consultation space and waiting times though the levels of dissatisfaction are low - 8% in each category.

### Conclusion - Essential services

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

New communities are being developed and a community pharmacy does provide a valuable resource to that emerging area however it is not anticipated that new pharmacies are required.

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

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

### Advanced services

The advanced services are:

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

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

An important feature in the provision of advanced services is the provision of consultation areas within pharmacies; this was explored in some depth in the pharmacy contractor survey. 88% of pharmacies in Bracknell Forest have access to consultation areas. In addition there is good provision of MUR services with approximately 80% of pharmacies providing these services fro medicines.

## Conclusion advanced services

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

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

In future with the population growth and the associated growth in long term conditions a growth in the current limit on the MUR services able to be supplied by pharmacists may be required - the current limit is 400 per pharmacy.

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

## **Locally Commissioned Services**

Whilst it seems that there are sufficient numbers of pharmacies within Bracknell Forest, that in the future pharmacists could potentially address to improve resident experience

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

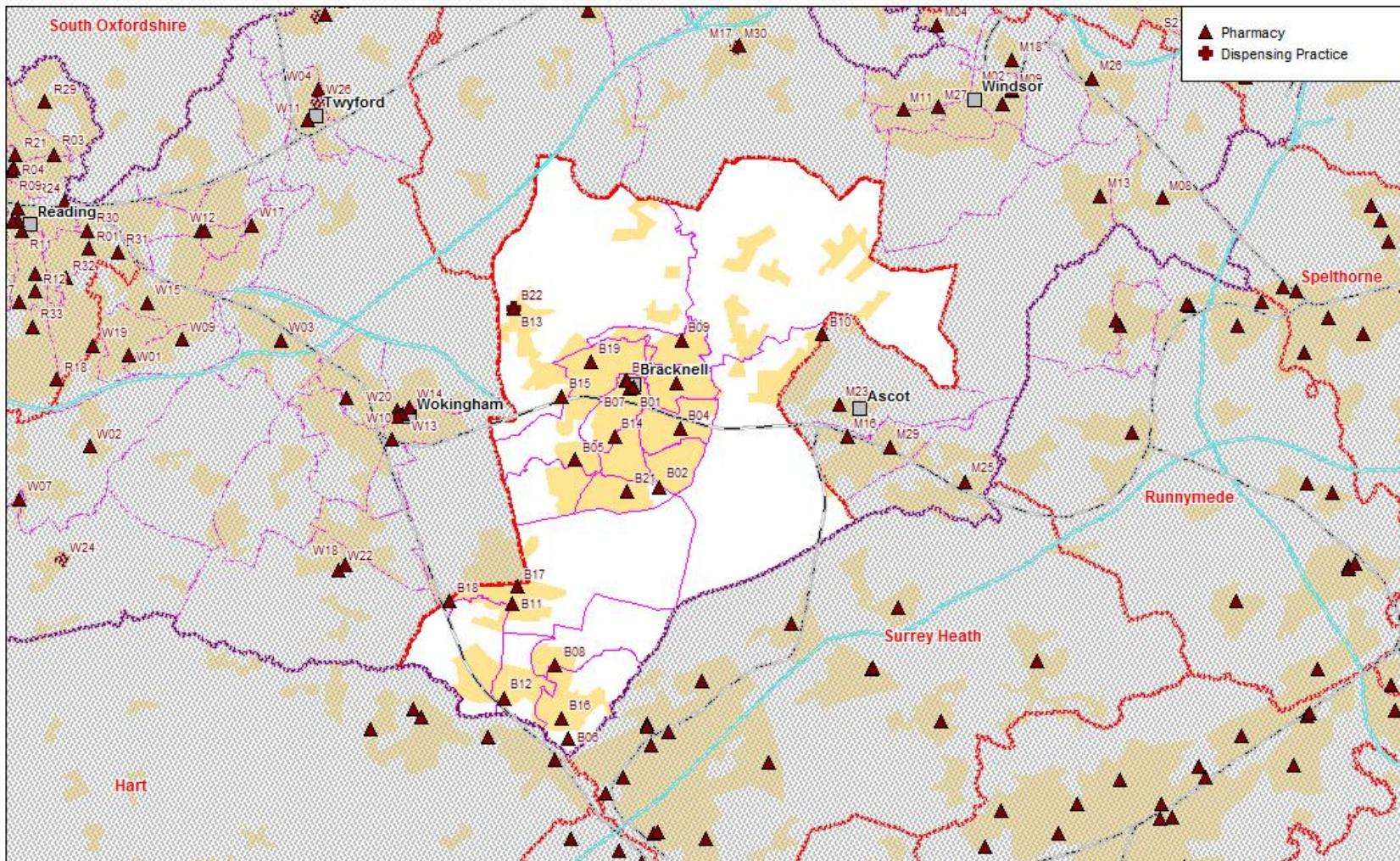
***Figure 28: Summary of identified health needs and potential developments in Bracknell Forest***

Identified Health Needs	Current service provision Community pharmacy	Potential community pharmacy development
Adults Self care	Signposting is part of core contract	Strengthen use of community pharmacy as information hub for community contact - access to voluntary sector groups, exercise advice,  “Making every contact Count” – building on the home delivery services offered freely through many pharmacies to identify frail patients at risks and support preventative integrated care
	Medicine utilisation reviews	To build on MUR and support wider information on the specific illness / motivational

Identified Health Needs	Current service provision Community pharmacy	Potential community pharmacy development
		interviewing etc – e.g diabetes
	Health promotion campaign	Develop skills to increase capacity and capacity of pharmacies teams to provide information and support healthy lifestyle choice - Making every count
Smoking	Solutions for health sub contract	Widen participation of community pharmacy
Alcohol	Pilot programme in pharmacies raising awareness of alcohol units	Expansion of this programme into a full Alcohol Intervention and Brief Advice Service
Cancer	Health promotion campaigns - bowel screening as part of core contract.	Build on dispensing opportunities to identify worrying symptoms to sign post to care
Cardiovascular disease	NHS health checks	Expansion of provision within the communities focussing on the more deprived communities
Chronic Obstructive Pulmonary Disease (COPD)	Medicine utilisation reviews	Develop capacity and techniques to support inhaler technique
Older people Flu Immunisations	Pilot of Flu immunisation to at risk groups	Widen availability of flu immunisation to all groups
Falls		Screen people on high risk medication to give targeted support and signposting
Sexual Health	Emergency hormonal contraception Access to condoms - C Card scheme Signposting to Chlamydia screening	
Substance misuse	Needle exchange Supervised consumption	PGD - naloxone therapy

## Appendix 1: Map of Pharmacy Services in Bracknell Forest

Figure 1: Map of Pharmacies and Dispensing Practices in Bracknell Forest

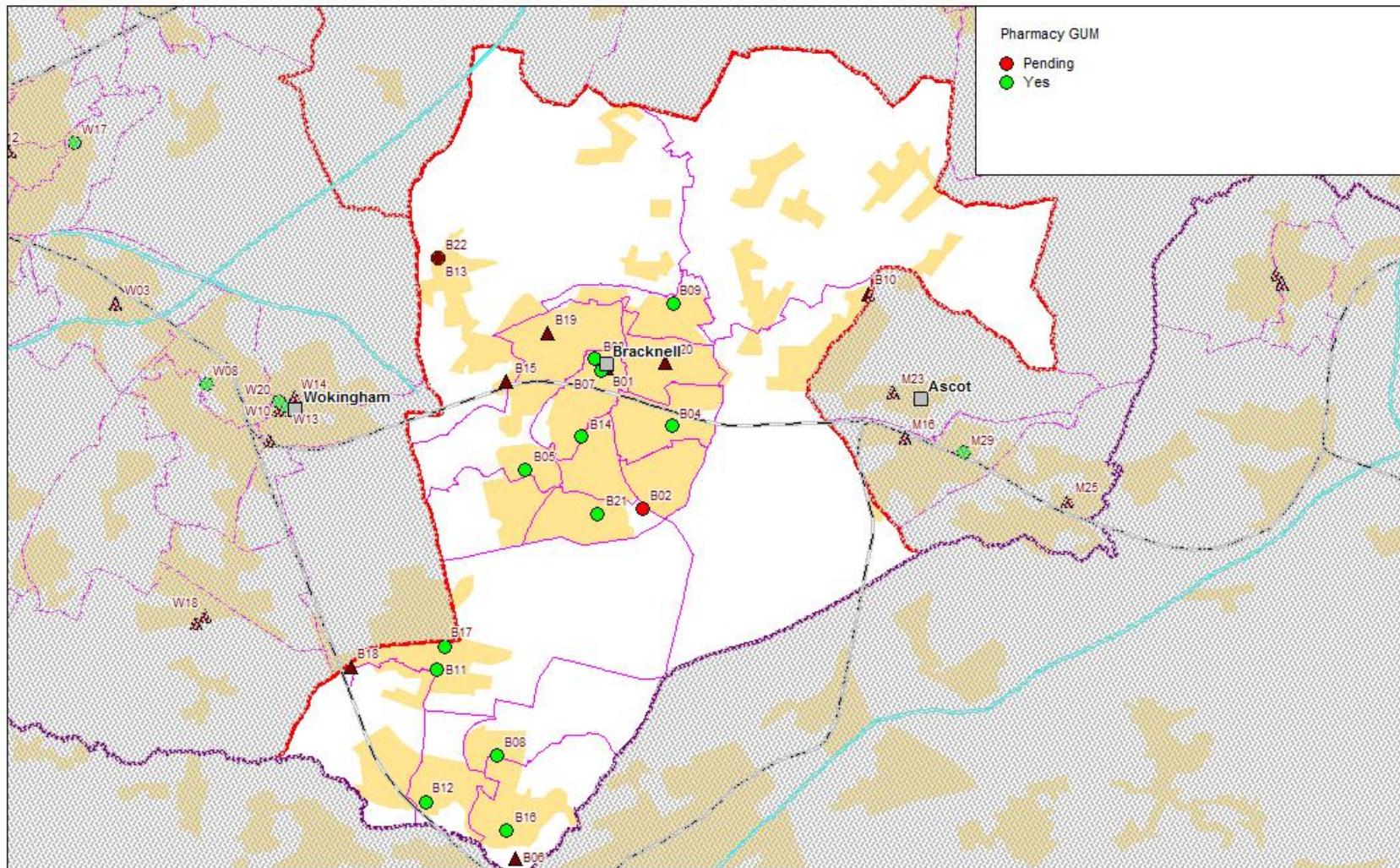


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ID	CODE	TRADING NAME	ADDRESS	TOWN	POSTCODE
B01	FA677	Superdrug Pharmacy	Unit D, 13 Charles Square	Bracknell	RG12 1DF
B02	FAA26	Sainsbury's Pharmacy	Ringmead, Bagshot Road	Bracknell	RG12 7SS
B03	FDE35	Lloyds Pharmacy	3 Market Place	Bracknell	RG12 1DT
B04	FDL72	Boots the Chemists	5 The Square, Harmanswater	Bracknell	RG12 9LP
B05	FDN98	Lloyds Pharmacy	Great Hollands Square	Bracknell	RG12 8UX
B06	FE003	Tesco Pharmacy	The Meadows, Marshall Road	Sandhurst	GU47 0FD
B07	FEK22	Boots the Chemists	13 Princess Square, Station Road	Bracknell	RG12 1LS
B08	FG167	H A McParland Ltd	27 Yeovil Road, Owlsmoor	Sandhurst	GU47 0TF
B09	FJ783	Tesco Pharmacy	Jigs Lane, Warfield	Bracknell	RG42 3JP
B10	FK742	David Pharmacy	24 New Road	Ascot	SL5 8QQ
B11	FKY97	H A McParland Ltd	182 High Street	Crowthorne	RG45 7AP
B12	FM294	Boots the Chemists	70 Yorktown Road	Sandhurst	GU47 9BT
B13	FMA31	Lloyds Pharmacy	Terrace Road North	Binfield	RG42 5JG
B14	FNJ55	Lloyds Pharmacy	8 Rectory Row, Easthampstead	Bracknell	RG12 7BN
B15	FPE85	Evercaring Pharmacy	Unit 4, Acorn House		RG12 1RL
B16	FPP97	Lloyds Pharmacy	300-400 Yorktown Road. College Town	Sandhurst	GU47 0HL
B17	FV988	Lloyds Pharmacy	12 Dukes Ride	Crowthorne	RG45 6LT
B18	FWC78	Dukes Pharmacy	196 Dukes Ride	Crowthorne	RG45 6DS
B19	FWH00	Priestwood Pharmacy	7 Priestwood Square, Priestwood	Bracknell	RG42 1UD
B20	FWJ29	Bullbrook Pharmacy	3 Bullbrook Row	Bracknell	RG12 2NL
B21	FX207	Lloyds Pharmacy	97 Liscombe, Birch Hill	Bracknell	RG12 7DE
Dispensing Practice					
B22	K81060	Binfield	Terrace Road North	Bracknell	RG42 5JG

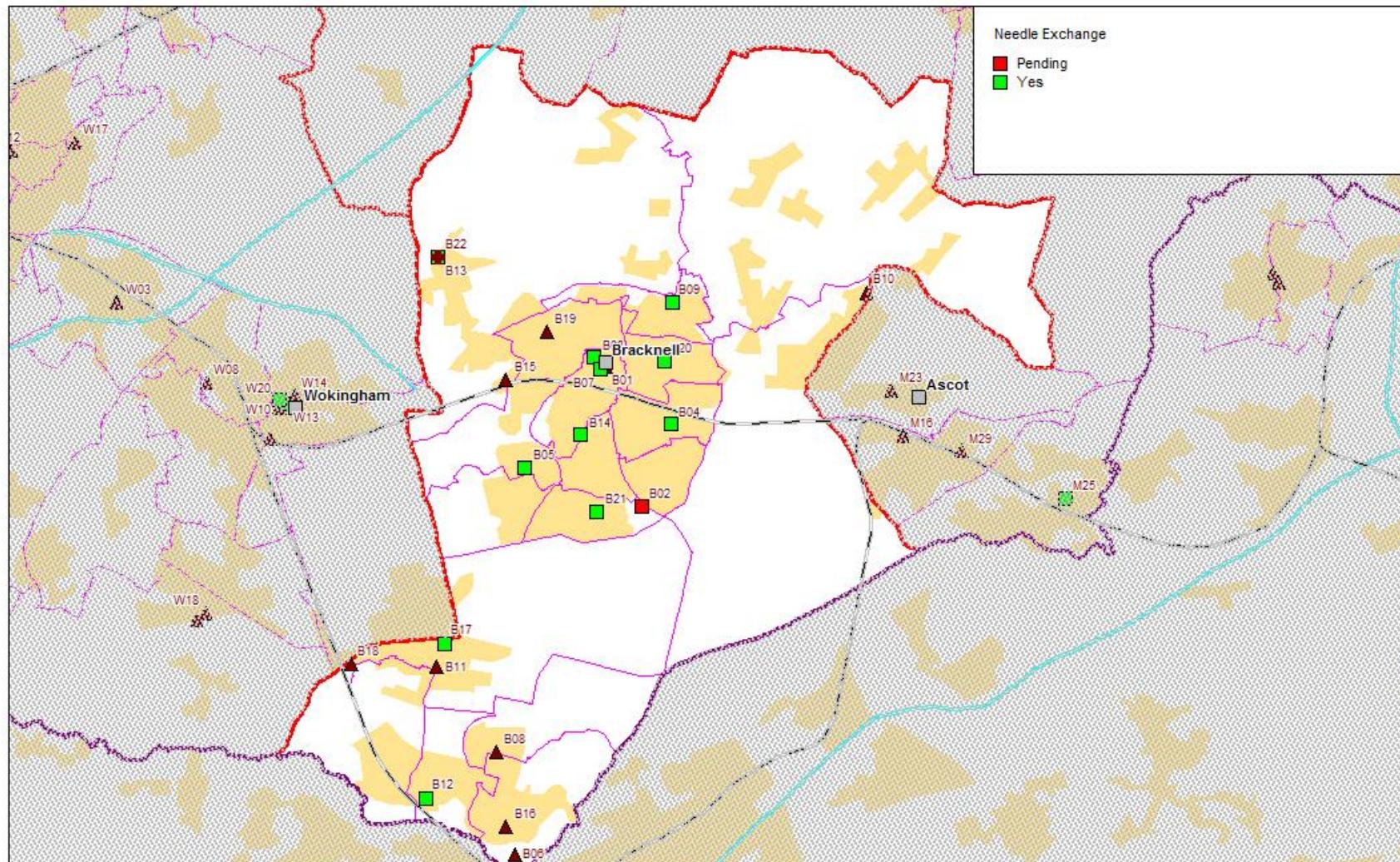
## Appendix 2: Enhanced Services in Bracknell Forest

Figure 1: Map of Pharmacies in Bracknell Forest who provide GUM Services



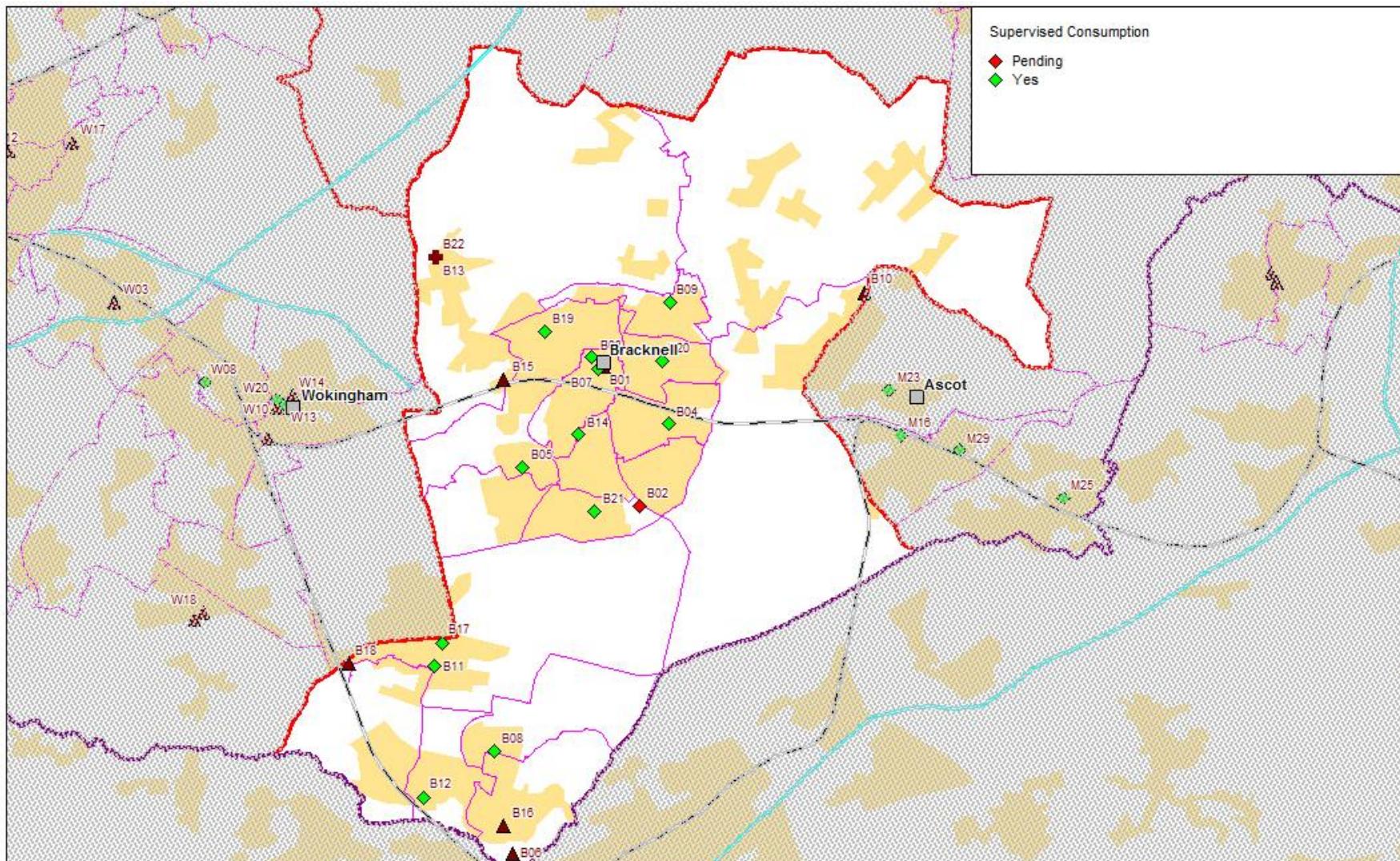
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**Figure 2: Map of Pharmacies in Bracknell Forest who provide Needle Exchange Services**



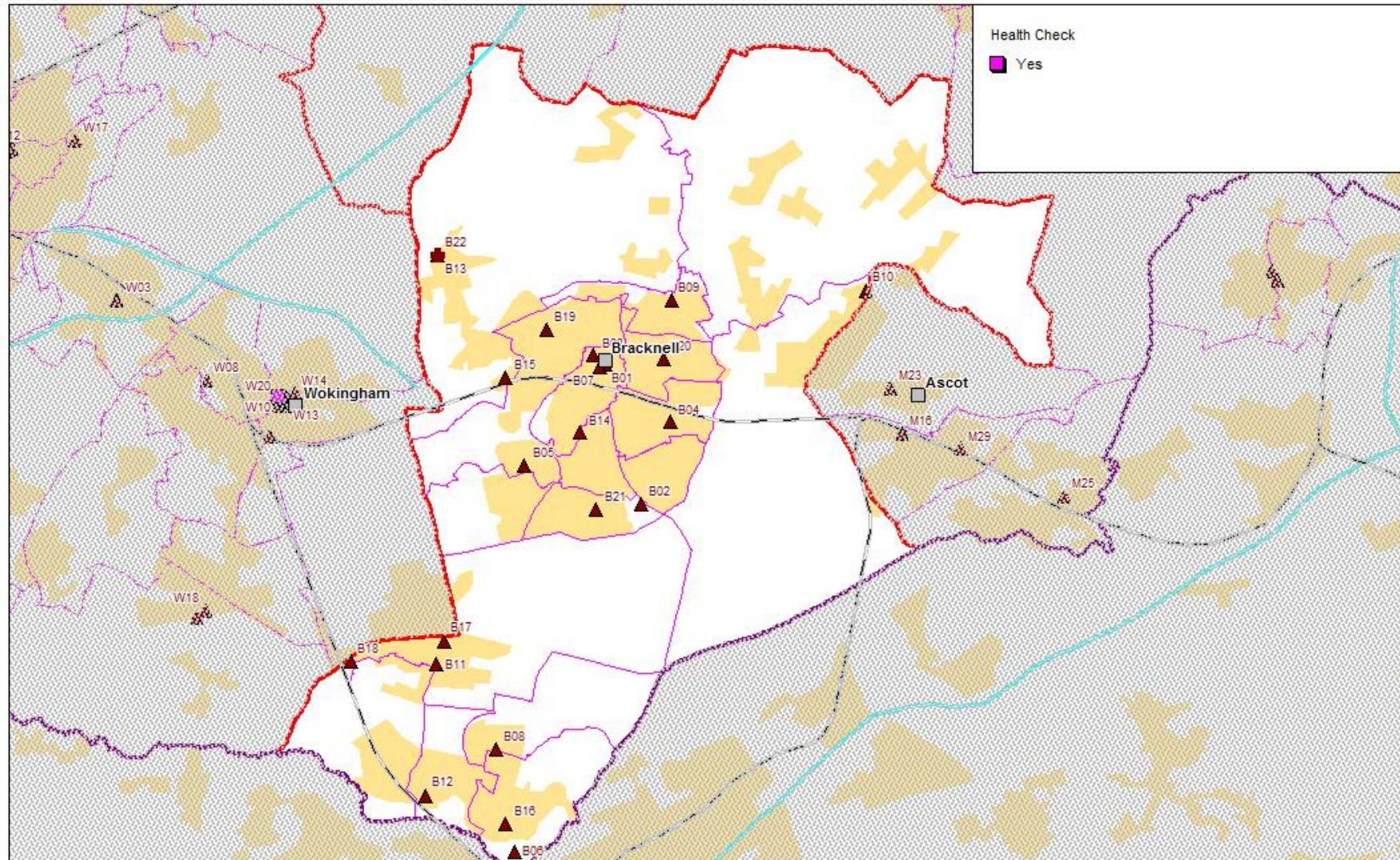
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**Figure 3: Map of Pharmacies in Bracknell Forest who provide Supervised Consumption Services**



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**Figure 4: Map of Pharmacies in Bracknell Forest who provide the NHS Health Check Programme**

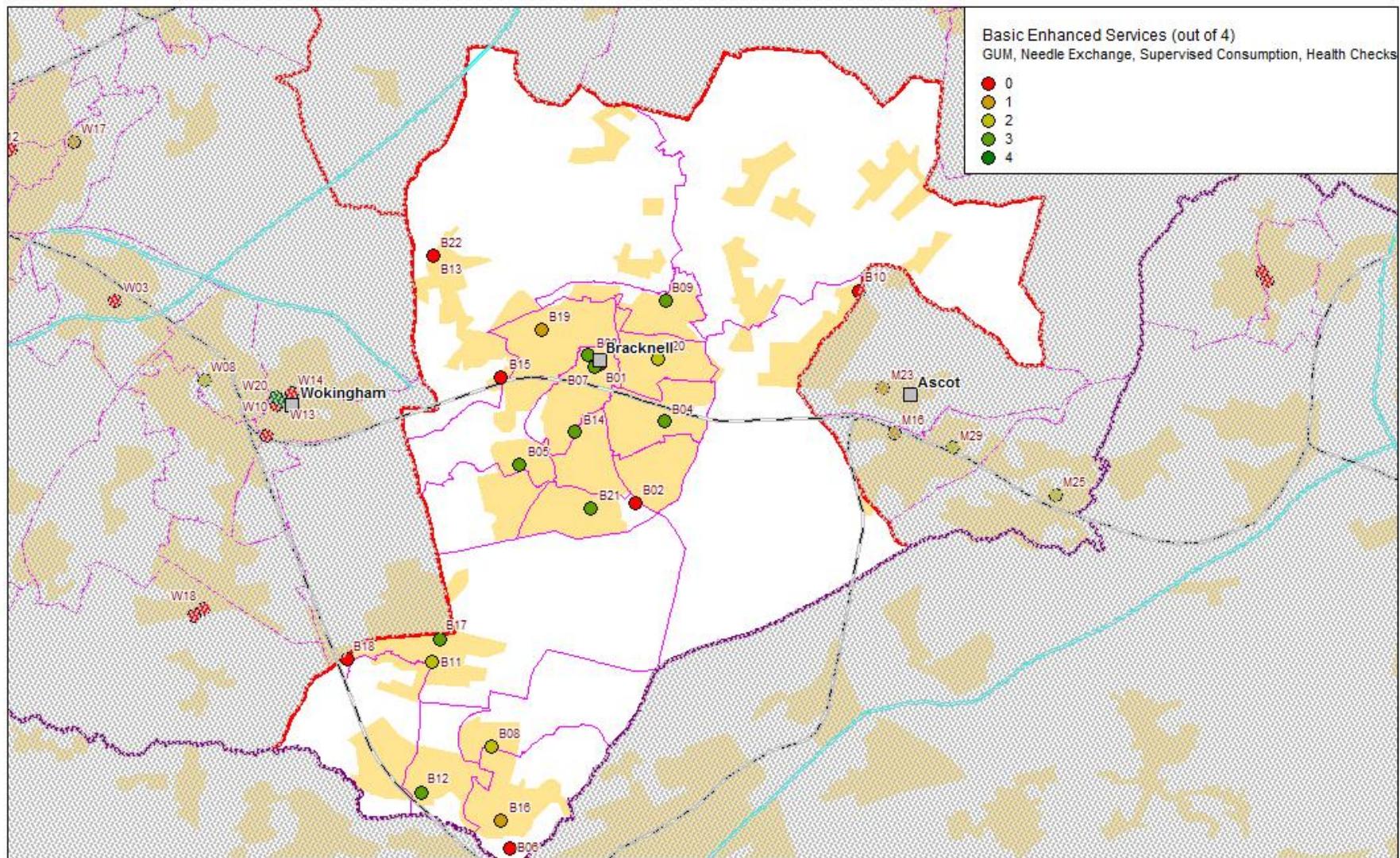


Berks\_PNA\_ES\_Aug14\_r1.wor 26/08/2014

Sid Beauchant BHFT

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**Figure 5: Map of Pharmacies in Bracknell Forest to show how many of the Basic Enhanced Services are provided**

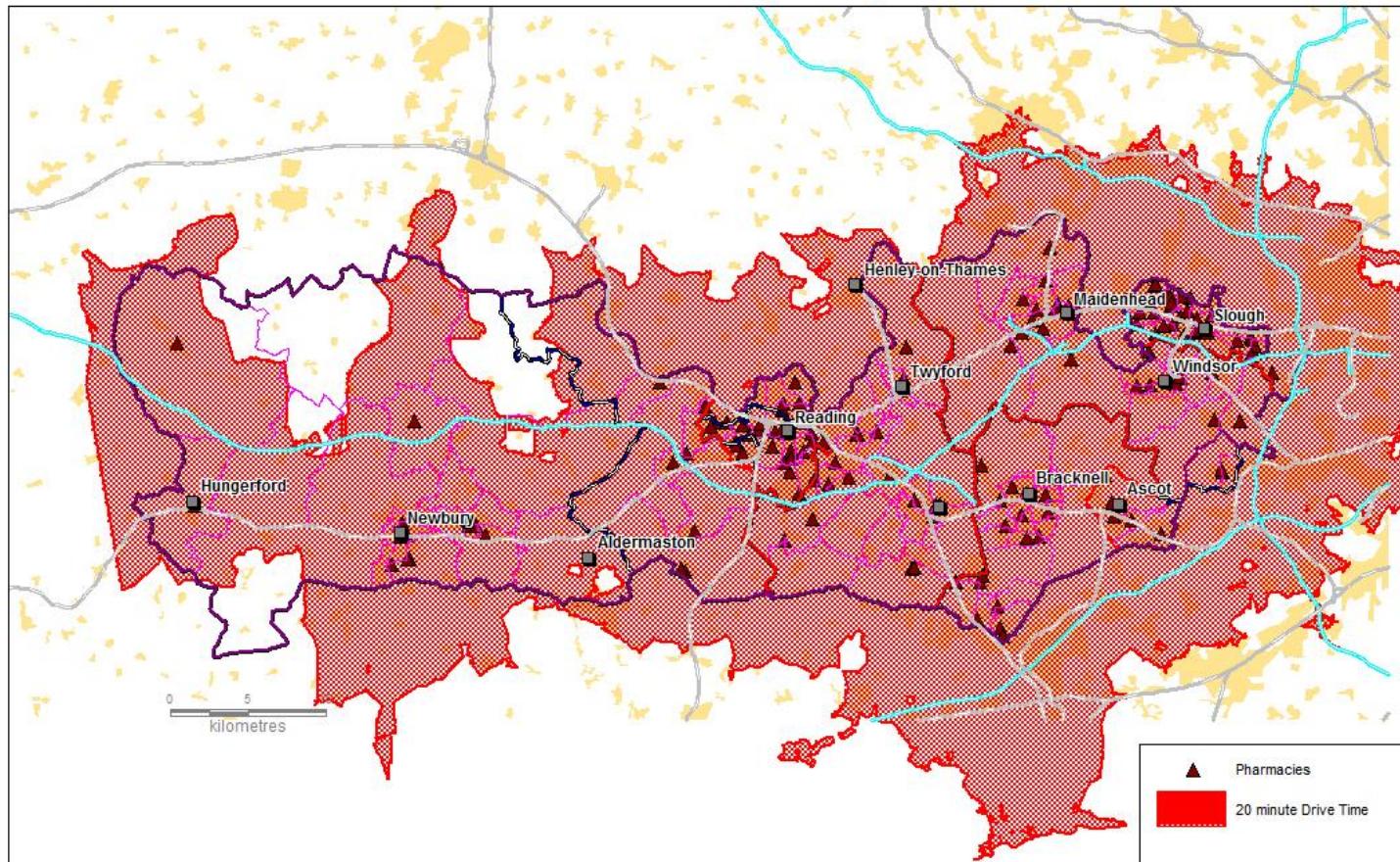


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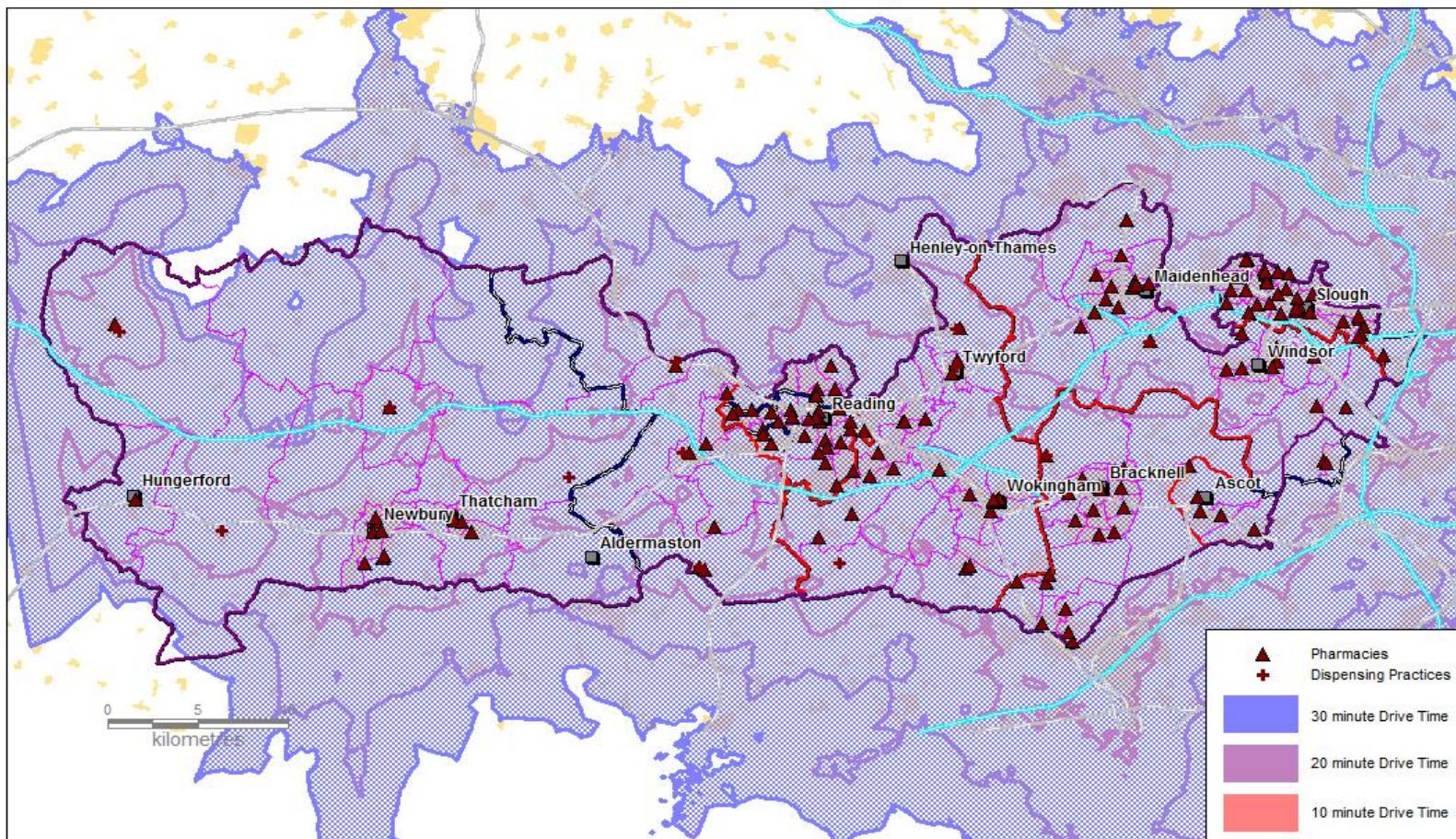
Appendix 3

## Berkshire - Pharmacy Access



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## Berkshire - Pharmacy Access

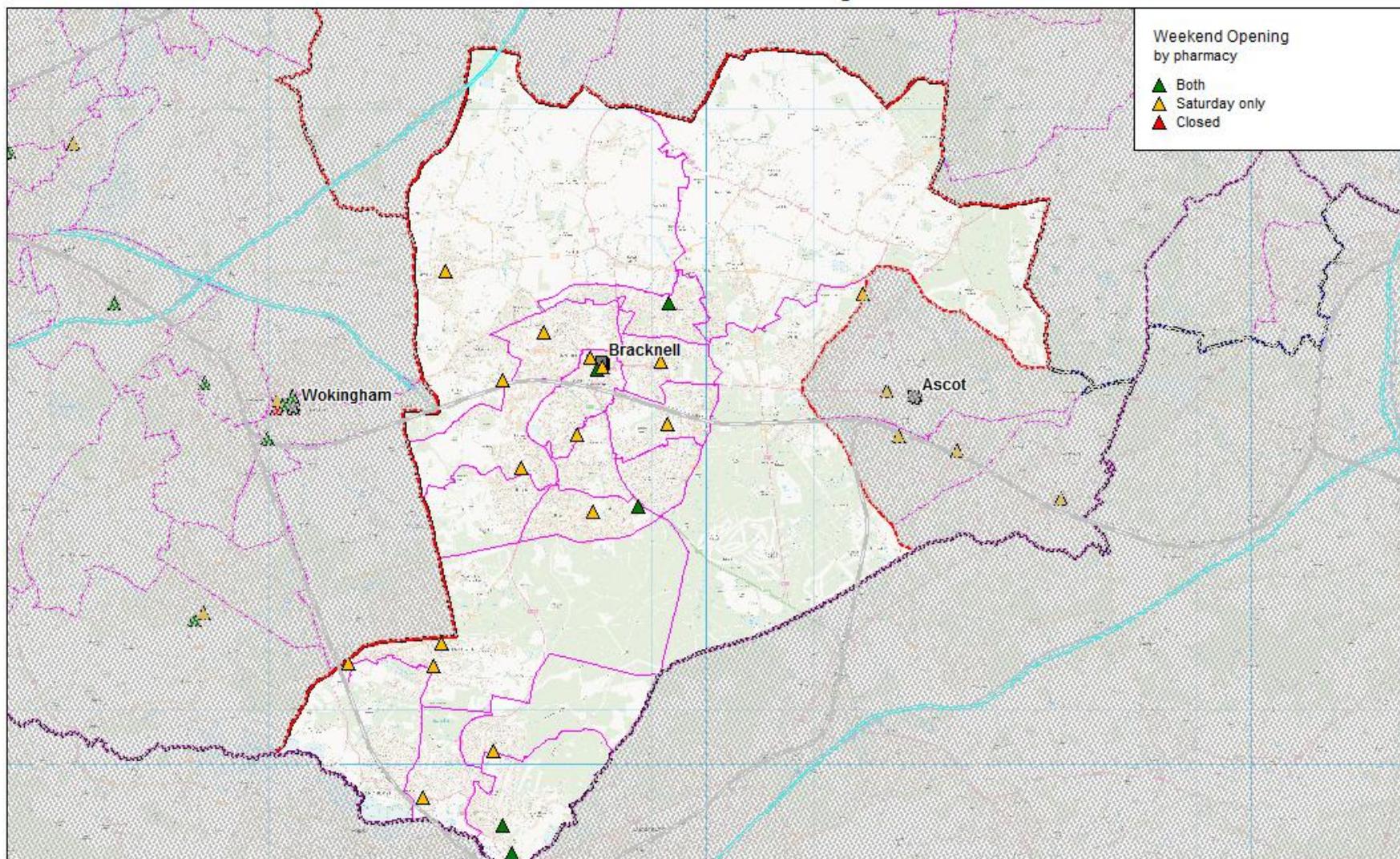


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## Bracknell - Pharmacy Access

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CODE	ADDRESS	POSTCODE	TOWN	TRADING NAME	OPENING HOURS - Saturday	OPENING HOURS - Sunday
FK742	24 New Road	SL5 8QQ	Ascot	David Pharmacy	9:00-13:00	Closed
FDL72	5 The Square	RG12 9LP	Bracknell	your local Boots pharmacy	9:00-13:00; 14:00-17:00	Closed
FEK22	13 Princess Square	RG12 1LS	Bracknell	Boots the Chemists	8:30-17:30	11:00-17:00
FPE85	UNIT 4	RG12 1RL	Bracknell	Evercaring Pharmacy	9:00-12:00	Closed
FDE35	3 Market Place	RG12 1DT	Bracknell	Lloydspharmacy	9:00-13:00	Closed
FDN98	6 Great Hollands Square	RG12 8UX	Bracknell	Lloydspharmacy	09:00-13:00; 14:00-17:00	Closed
FNJ55	8 Rectory Row	RG12 7BN	Bracknell	Lloydspharmacy	9:00-13:00	Closed
FX207	97 Liscombe	RG12 7DE	Bracknell	Lloydspharmacy	9:00-13:00	Closed
FWJ29	3 Bullbrook Row	RG12 2NL	Bracknell	Bullbrook Pharmacy	9:00-13:00	Closed
FWH00	7 Priestwood Square	RG42 1UD	Bracknell	Priestwood Pharmacy	9:00-13:00	Closed
FAA26	Ringmead	RG12 7SS	Bracknell	Sainsburys Pharmacy	8:00-22:00	10:00-16:00
FA677	Unit D, 13 Charles Square	RG12 1DF	Bracknell	Superdrug Pharmacy	9:00-13:30; 14:00-17:30	Closed
FJ783	Jiggs Lane	RG42 3JP	Bracknell	Tesco Pharmacy	8:30-20:00	10:00-13:00; 13:30-16:00
FMA31	Terrace Road North	RG42 5HR	Binfield	Lloydspharmacy	9:00-13:00	Closed
FWC78	196 Dukes Ride	RG45 6DS	Crowthorne	Dukes Pharmacy	9:00-14:00	Closed
FKY97	182 High Street	RG45 7AP	Crowthorne	H A McParland Ltd	9:00-17:00	Closed
FV988	12 Dukes Ride	RG45 6LT	Crowthorne	Lloydspharmacy	8:30-17:30	Closed
FM294	70 Yorktown Road	GU47 9BT	Sandhurst	your local Boots pharmacy	9:00-15:00	Closed
FG167	27 Yeovil Road	GU47 0TF	Sandhurst	H A McParland Ltd	9:00-17:00	Closed
FPP97	Waitrose Store	GU47 0HL	Sandhurst	Lloydspharmacy	9:00-17:00	10:00-16:00
FE003	Tesco Extra	GU47 0FD	Sandhurst	Tesco Pharmacy	6:30-10:00	10:00-16:00

PharmOutcomes - Live System

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# PharmOutcomes® Delivering Evidence

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## Service Design

## PNA Questionnaire (Preview)

- [Go to Service Design page](#)

- [Edit Service Accreditations](#)

## Provision Reports Preview

[Basic Provision Record \(Sample\)](#)

## Service Support

### Pharmacy Questionnaire-PNA

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

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

Date of completion

Trading Name

Post Code

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

Pharmacy email address

If no email write no email

Pharmacy telephone

Pharmacy fax

Pharmacy website address   
If no website write no website

Can we store the above information and use this to contact you?

Consent to store  Yes  No

### Core hours of opening

Please complete your core hours of opening.

Enter closed if closed

Monday Open

Monday Close

Monday Lunchtime (from  - to )

Tuesday Open

Tuesday Close

Tuesday Lunchtime (from  - to )

Wednesday Open

Wednesday Close

Wednesday Lunchtime (from  - to )

Thursday Open

Thursday Close

Thursday Lunchtime (from  - to )

Friday Open

Friday Close

Friday Lunchtime (from  - to )

Saturday Open

Saturday Close

Saturday Lunchtime (from  - to )

Sunday Open \_\_\_\_\_ Sunday Close \_\_\_\_\_

Sunday Lunchtime (from \_\_\_\_\_  
- to) \_\_\_\_\_

### Total hours of opening (Core + Supplementary)

Please complete your total hours of opening

Monday Open \_\_\_\_\_

Monday Close \_\_\_\_\_

Monday Lunchtime (from \_\_\_\_\_  
- to) \_\_\_\_\_

Tuesday Open \_\_\_\_\_

Tuesday Close \_\_\_\_\_

Tuesday Lunchtime \_\_\_\_\_  
(from - to)

Wednesday Open \_\_\_\_\_

Wednesday Close \_\_\_\_\_

Wednesday Lunchtime \_\_\_\_\_  
(from - to)

Thursday Open \_\_\_\_\_

Thursday Close \_\_\_\_\_

Thursday Lunchtime \_\_\_\_\_  
(from - to)

Friday Open \_\_\_\_\_

Friday Close \_\_\_\_\_

Friday Lunchtime (from -  
to) \_\_\_\_\_

Saturday Open \_\_\_\_\_

Saturday Close \_\_\_\_\_

Saturday Lunchtime \_\_\_\_\_  
(from - to)

Sunday Open \_\_\_\_\_

Sunday Close \_\_\_\_\_

Sunday Lunchtime (from \_\_\_\_\_  
- to) \_\_\_\_\_

### Consultation Facilities

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

#### Is there a consultation area?

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

If Other please specify

Where there is a consultation area

Is this enclosed?  Yes  No  N/A

N/A if no consultation room

**Off-site arrangements**

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

If Other please specify

**— Hand washing and toilet facilities —**

What facilities are available to patients during consultations?

**Facilities available**

- Handwashing in consultation area  
 Hand washing facilities close to consultation area  
 Have access to toilet facilities  
 None

Tick all that apply

**— Information Technology —****Is the pharmacy EPS\* R2 enabled?**

- Yes, EPS R2 enabled  
 Planning to become EPS R2 enabled in the next 12 months  
 No current plans to provide EPS R2

EPS R2: Electronic Prescription Service Release 2

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

**File format types**

- Microsoft word  
 Microsoft Excel  
 Microsoft Access  
 PDF  
 Unable to open or view any file formats

Please tick all that apply

**Essential Services (appliances)**

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

**Does the pharmacy dispense appliances?**

- Yes - All types, or  
 Yes, excluding stoma appliances, or  
 Yes, excluding incontinence appliances, or  
 Yes, excluding stoma and incontinence appliances, or  
 Yes, just dressings, or  
 None  
 Other \_\_\_\_\_

If Other please specify

**— Advanced Services —**

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

Please tick the box that applies for each service.

**Yes** - Currently providing

**Soon** - Intending to begin within the next 12 months

**No** - Not intending to provide

**Medicines Use Review**  Yes  Soon  No  
service

**New Medicine Service**  Yes  Soon  No

**Appliance Use Review**  Yes  Soon  No  
service

**Stoma Appliance**  Yes  Soon  No  
Customisation service

### Commissioned Services

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

Please tick the box that applies for each service.

**CP** - Currently Providing NHS funded service

**WA** - Willing and able to provide if commissioned

**WT** - Willing to provide if commissioned but would need training

**WF** - Willing to provide if commissioned but require facilities adjustment

**PP** - Currently providing private service

If you are not willing or able to provide please leave blank.

**Anticoagulant Monitoring Service**  CP  WA  WT  WF  
 PP

**Anti-viral Distribution Service**  CP  WA  WT  WF  
 PP

**Care Home Service**  CP  WA  WT  WF  
 PP

**Chlamydia Treatment Service**  CP  WA  WT  WF  
 PP

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

#### Local Authority Commissioned Services

List services already commissioned in your locality here

#### Disease Specific Medicines Management Service:

**Allergies**  CP  WA  WT  WF  
 PP

**Alzheimer's/dementia**  CP  WA  WT  WF  
 PP

**Asthma**  CP  WA  WT  WF  
 PP

**CHD**  CP  WA  WT  WF  
 PP

**Depression**  CP  WA  WT  WF  
 PP

**Diabetes type I**  CP  WA  WT  WF  
 PP

Diabetes type II  CP  WA  WT  WF  
 PP

Epilepsy  CP  WA  WT  WF  
 PP

Heart Failure  CP  WA  WT  WF  
 PP

Hypertension  CP  WA  WT  WF  
 PP

Parkinson's disease  CP  WA  WT  WF  
 PP

Other (please state -  
including funding  
source)

**Area Team Services**  
List your Area Team commissioned services here

End of Disease specific Medicines Management Service options.

Emergency Hormonal  CP  WA  WT  WF  
 Contraception Service  PP

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

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

Independent Prescribing  CP  WA  WT  WF  
 Service  PP

Therapeutic areas  
covered (if providing)

Language Access  CP  WA  WT  WF  
 Service  PP

Note: This is not the NMS or MUR service.

Medication Review  CP  WA  WT  WF  
 Service  PP

#### Medicines Assessment and Compliance Support Service:

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

DomMAR Carer's Charts  CP  WA  WT  WF  
 PP

End of Medicines Assessment and Compliance Support options.

Minor Ailments Scheme  CP  WA  WT  WF  
 PP

MUR Plus/Medicines  CP  WA  WT  WF  
 Optimisation Service  PP

Therapeutic areas  
covered (if providing)

Needle and Syringe  CP  WA  WT  WF  
 Exchange Service  PP

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

**On Demand Availability of Specialist Drugs Service:**

**Directly Observed**  CP  WA  WT  WF  
**Therapy**  PP

If yes state which   
 medicines

**Out of hours services**  CP  WA  WT  WF  
 PP

**Palliative Care scheme**  CP  WA  WT  WF  
 PP

End of On Demand Availability of Specialist Drugs Service options

**Patient group directions**

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

AT=Area Team

LA=Local Authority

CCG=Clinical Commissioning Group

Pr=Offers a Private Service

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

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

Medicines available

**Phlebotomy Service**  CP  WA  WT  WF  
 PP

**Prescriber Support Service**  CP  WA  WT  WF  
 PP

**Schools Service**  CP  WA  WT  WF  
 PP

**Screening Service:**

**Alcohol**  CP  WA  WT  WF  
 PP

**Chlamydia**  CP  WA  WT  WF  
 PP

**Cholesterol**  CP  WA  WT  WF  
 PP

**Diabetes**  CP  WA  WT  WF  
 PP

**Gonorrhoea**  CP  WA  WT  WF  
 PP

**H. pylori**  CP  WA  WT  WF  
 PP

**HbA1C**  CP  WA  WT  WF  
 PP

Hepatitis  CP  WA  WT  WF

PP

HIV  CP  WA  WT  WF

PP

Other Screening (please state - including funding source)

End of screening service options

Seasonal Influenza  CP  WA  WT  WF  
Vaccination Service  PP

#### Other vaccinations

Childhood vaccinations  CP  WA  WT  WF  
 PP

HPV  CP  WA  WT  WF  
 PP

Hepatitis B  CP  WA  WT  WF  
 PP

(at risk workers or patients)

Travel vaccines  CP  WA  WT  WF  
 PP

Other (please state - including funding source)

End of Other vaccinations options

Sharps Disposal Service  CP  WA  WT  WF  
 PP

#### Stop Smoking Service:

NRT Voucher Service  CP  WA  WT  WF  
 PP

Smoking Cessation Counselling Service  CP  WA  WT  WF  
 PP

End of Stop Smoking Service options

Supervised Administration  CP  WA  WT  WF  
 PP

Of methadone,buprenorphine etc.

End of Supervised Administration Service options

Supplementary prescribing  CP  WA  WT  WF  
 PP

Which therapy area

Vascular Risk Assessment Service  CP  WA  WT  WF  
 PP

NHS Healthchecks

### Healthy Living Pharmacy

**Is this a Healthy Living Pharmacy**

- Yes  
 Currently working towards HLP status  
 No

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

### — Collection and Delivery services —

Does the pharmacy provide any of the following?

Collection of prescriptions from surgeries

Delivery of dispensed medicines - Free of charge on request

Delivery of dispensed medicines - Selected patient groups

List criteria

Delivery of dispensed medicines - Selected areas

List areas

Delivery of dispensed medicines - chargeable

### — Languages —

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

What languages other than English are spoken in the pharmacy

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

### Almost done

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

Other

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

Contact name

Contact telephone

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

---

Thank you for completing this PNA questionnaire.

---

Test Values

---

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# Pharmacy Users Survey

Public Health Berkshire

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

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

Please complete this survey and place it into the collection box

## 1 Do you use?

- Community pharmacy .....
- A dispensing appliance supplier?  
(someone who supplies appliances such as incontinence and stoma products) .....
- An internet pharmacy? (a service where medicines are ordered on-line and delivered by post) .....

## 2 How often do you use a pharmacy?

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

## 3 Which of the following services do you currently use at a pharmacy?

- Sunday opening .....
- Late night opening (after 7pm) .....
- Early morning opening (before 9am) .....
- Prescription dispensing .....
- Buying over the counter medicines .....
- Buying travel medicines (e.g. anti-malarials) .....
- Medicines advice and reviews .....
- Delivery of medicines to my home .....
- Collection of prescription from my surgery .....
- Long-term condition advice  
(e.g. help with your diabetes/asthma) .....
- Respiratory Services .....
- Emergency hormonal contraception  
(morning-after pill) .....
- Cancer treatment support services .....
- Substance misuse Service .....
- Alcohol support services .....
- Stop smoking service .....
- Health tests, e.g. cholesterol, blood pressure .....
- Healthy weight advice .....

'Flu vaccination .....

Diabetes screening - Private...  NHS...

Blood pressure check - Private...  NHS...

## 4 Which of the following services would you use at a pharmacy, if available?

- Sunday opening .....
- Late night opening (after 7pm ) .....
- Early morning opening (before 9am ) .....
- Prescription dispensing .....
- Buying over the counter medicines .....
- Buying travel medicines  
(e.g. anti-malarials) .....
- Minor Ailment Scheme (access to certain subsidised over the counter medicines to avoid a GP visit) .....
- Electronic prescription service .....
- Medicines advice and reviews .....
- Delivery of medicines to my home .....
- Collection of prescription from my surgery .....
- Long-term condition advice  
(e.g. help with your diabetes/asthma) .....
- Respiratory services .....
- Emergency hormonal contraception  
(morning-after pill) .....
- Cancer treatment support services .....
- Substance misuse service .....
- Alcohol support services .....
- Stop smoking service .....
- Health tests, e.g. cholesterol, blood pressure .....
- Healthy weight advice .....
- 'Flu vaccination .....
- Diabetes screening .....
- Blood pressure check .....
- Other (please specify) .....

1 of 3

continued...

**5 Are you able to get to a pharmacy of your choice?**

Yes.... No....

**6 Do you use one pharmacy regularly?**

Yes.... No....

**7 Reason for using your regular pharmacy**

**Location**

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

**Services**

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

**8 How do you usually travel to your usual pharmacy?**

- Walk .....
- Car (passenger) .....
- Car (driver) .....
- Taxi .....
- Bus .....
- Bicycle .....

**9 How long does it take you to travel to your pharmacy?**

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

**10 How important are the following pharmacy services?**

- Home delivery of your medication .....
- Prescription collection from your surgery .....
- The pharmacy having a wide range of things I need .....
- The pharmacist taking time to listen/provide advice .....
- Private areas to speak to the pharmacist .....
- Shorter waiting times .....
- Knowledgeable staff .....
- Location .....
- Late opening times (after 7pm) .....

Very Important	Important	Unimportant
----------------	-----------	-------------

**11 How satisfied were you with the following services at your regular pharmacy?**

- The pharmacy having the things I need .....
- The pharmacist taking time to talk to me .....
- Private consultation areas .....
- Waiting times .....
- Staff attitude .....
- Knowledgeable staff .....
- Location .....

Very Satisfied	Satisfied	Unsatisfied
----------------	-----------	-------------

## 12 About You

### My age is:

- Prefer not to say .....
- 65-74 .....
- 55-64 .....
- 45-54 .....
- 70+ .....
- 35-44 .....
- 25-34 .....
- 18-24 .....

### I would describe my sexuality as:

- Prefer not to say .....
- Heterosexual (Straight) .....
- Lesbian .....
- Gay .....
- Bisexual .....
- Other .....

### Please tell us your faith or religion:

- Prefer not to say .....
- Christian .....
- Muslim .....
- Hindu .....
- No faith or religion .....
- Other .....

### I would describe my ethnic origin as:

- British White .....
- White Other .....
- Irish .....
- Pakistani .....
- Asian .....
- Indian .....
- Bangladeshi .....
- Black Caribbean .....
- Black African .....
- Gypsy/Irish Traveller .....
- Other .....

### Do you consider yourself to be disabled?

Yes.... No....

### What is your marital status?

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

### Which of the following best describes your working situation?

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

*Thank you!*

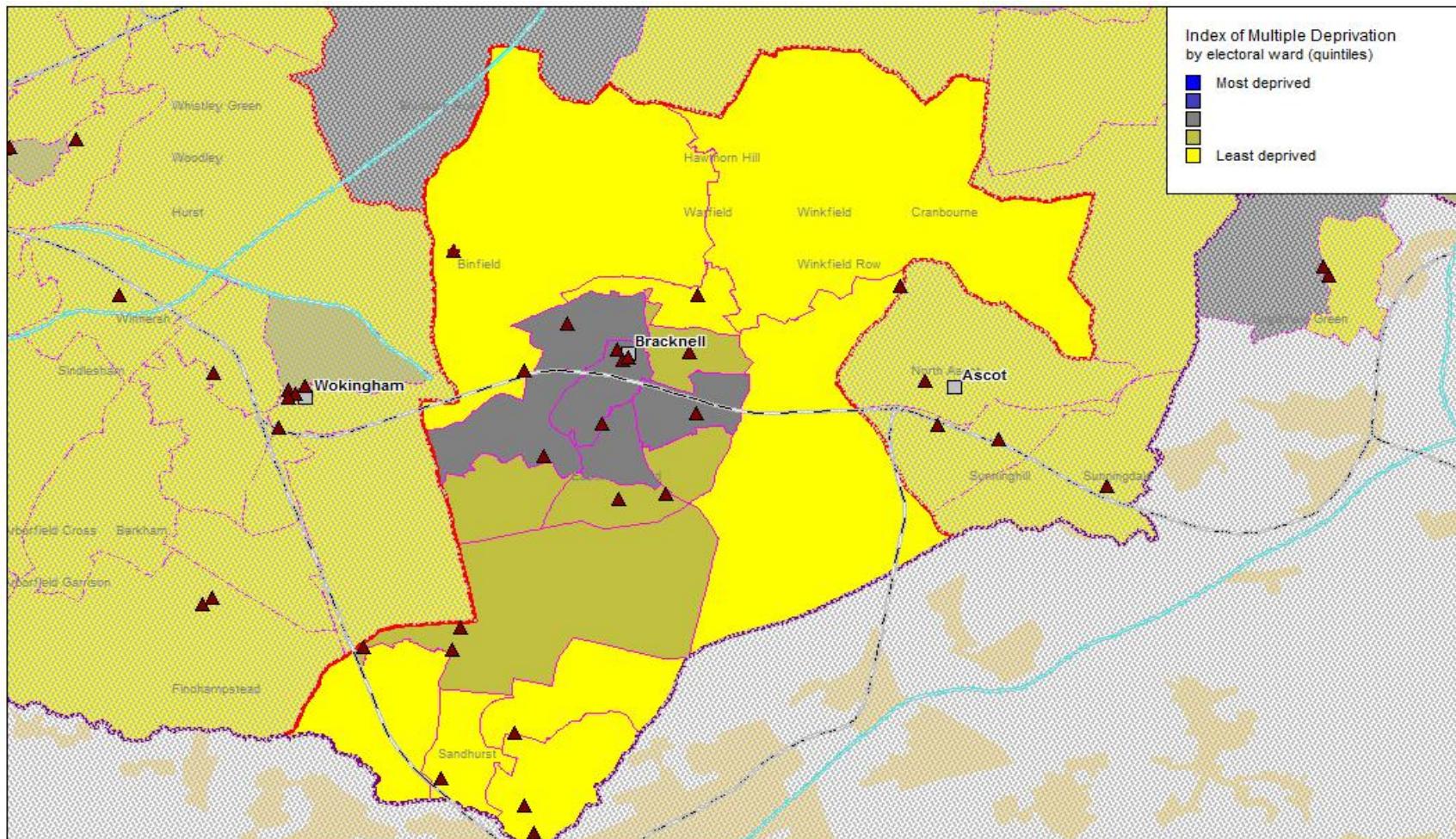
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## Appendix 6: Deprivation Map of Bracknell Forest

Figure 1: Map of Bracknell Forest to show levels of deprivation by ward

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

Bracknell Forest Pharmaceutical Needs Assessment

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# Agenda Item 12

## HEALTH & WELLBEING BOARD: FORWARD PLAN 2014/15

(Scheduling of agenda items are subject to change)

Last meeting of the Board: 17 September 2014

Item	Decision	Responsibility	Submitted to Board:
Update on Child & Adolescent Mental Health Service Tiers 1-4	For comment	Janette Karklins, CCG & NHS England	Submitted
Public Health – Review of First Year in Bracknell Forest Council	To approve	Lisa McNally	Submitted
Better Care Fund Update	For comment	Glyn Jones	Submitted

5 March 2014

Item	Decision	Responsibility	Submitted to Board:
Pharmaceutical Needs Assessment	For comment	Lisa McNally	Submitted
Development of Primary Care provision in Bracknell Forest	For comment	NHS England Local Area Team	Submitted
CAHMS Commissioning Update	For comment	Janette Karklins	Submitted

Next Meeting of the Board: 4 June 2015 (Annual Meeting)

Item	Decision	Responsibility	Submitted to Board:
CCG Operational Plan	For comment	Mary Purnell/ William Tong	
Co-commissioning of Primary care and the implications for the HWBB	For comment	Mary Purnell/ William Tong	

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