



NOTICE OF MEETING

Health and Wellbeing Board

Tuesday 6 March 2018, 2.00 pm

**Board Room, Second Floor, Easthampstead House, Town Square,
Bracknell. - Easthampstead House, Town Square, Bracknell, RG12
1AQ**

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

Philip Cook, Involve

Nikki Edwards, Bracknell Forest Council

Alex Gild, Berkshire Healthcare NHS Foundation Trust

Jane Hogg, Frimley Health NHS Foundation Trust

David Radbourne, South Central Sub Region NHS

Mark Sanders, Healthwatch

Fidelma Tinneny, Berkshire Care Association

Hilary Turner, NHS England South Central Region

Gill Vickers, Bracknell Forest Council

Alex Walters, Local Safeguarding Children Board

Linda Wells, Bracknell Forest Homes

Timothy Wheadon, Chief Executive, Bracknell Forest Council

ALISON SANDERS

Director of Resources

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If you require further information, please contact: Lizzie Rich

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Published: 21 February 2018



**Health and Wellbeing Board
Tuesday 6 March 2018, 2.00 pm
Board Room, Second Floor, Easthampstead House, Town
Square, Bracknell. - Easthampstead House, Town Square,
Bracknell, RG12 1AQ**

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

Members are asked to declare any disclosable pecuniary or affected interests in respect of any matter to be considered at this meeting.

Any Member with a Disclosable Pecuniary 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 Disclosable Pecuniary Interest is not entered on the register of Members interests the Monitoring Officer must be notified of the interest within 28 days.

Any Member with an affected Interest in a matter must disclose the interest to the meeting. There is no requirement to withdraw from the meeting when the interest is only an affected interest, but the Monitoring Officer should be notified of the interest, if not previously notified of it, within 28 days of the meeting.

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

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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 at committee@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. **Agency Updates**

To note any agency updates.

9. **Pharmaceutical Needs Assessment**

To approve the Bracknell Forest Pharmaceutical Needs Assessment.

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10. **Management Arrangements for Public Health**

To note the change in relationship between Bracknell Forest Council and the Berkshire Shared Public Health Team, including the establishment of a dedicated Director of Public Health post for Bracknell Forest.

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**HEALTH AND WELLBEING BOARD
7 DECEMBER 2017
2.00 - 2.50 PM
Boardroom, Fitzwilliam House, Skimped Hill
Lane, Bracknell**



Present:

Councillor Dale Birch, Executive Member for Adult Services, Health & Housing (Chairman)
Dr William Tong, Bracknell & Ascot Clinical Commissioning Group
Councillor Dr Gareth Barnard, Executive Member for Children & Young People
Philip Cook, Involve
Jane Hogg, Frimley Health NHS Foundation Trust
Mark Sanders, Healthwatch
Linda Wells, Bracknell Forest Homes
Timothy Wheadon, Chief Executive, Bracknell Forest Council
Lisa McNally, Public Health

Also Present:

Fiona Slevin-Brown, Director of Strategy and Operations, East Berks CCG
Jill Barker, Regional Director East, BHFT

Apologies for absence were received from:

Fidelma Tinneny
Nikki Edwards
Gill Vickers
Alex Walters
Mira Haynes

12. Declarations of Interest

There were no declarations of interest.

13. Urgent Items of Business

There were no urgent items of business.

14. Minutes from Previous Meeting

The minutes of the meeting held on 14 December 2017 were approved as a correct record, subject to the following amendment:

Minutes 10: ‘...although due to cross-boundary working with *RBWM* the impact had not yet been significant’.

15. Matters Arising

Arising from the minutes, the following points were noted:

- The Better Care Fund Programme Board minutes would be circulated to the Health and Wellbeing Board members going forward.
- The Safeguarding Adult Partnership Board would be circulated to the Health and Wellbeing Board. **(Action: Mira Haynes)**

16. **Public Participation**

There were no questions or petitions submitted for public participation.

17. **Actions taken between meetings**

Dr William Tong reported that the East Berkshire CCGs merger had been approved, with a beginning date on 1 April 2018.

Fiona Slevin-Brown reported that John Lyle, Accountable Officer had stepped down from the CCG, and a replacement was sought.

Jane Hogg reported that two bids had been made for capital funding, for Integrated Hubs and GP Transformation, and the Heathlands development (joint Local Authority and Health). It was hoped that both bids would be successful.

Phil Cook requested that an additional standing item be added to the agenda for Agency Updates, to ensure that Actions Taken would keep to the Health and Wellbeing strategy.

18. **CCG Refresh of Operating Plan 2017-19**

Fiona Slevin-Brown presented the Bracknell and Ascot CCG Operating Plan 2017-19 Refresh report.

Arising from the minutes, the following points were noted:

- Local engagement was needed to incorporate the plan to the STP planning process. It was hoped that the Health and Wellbeing Alliance group would help with engagement.
- The plan was high level, and could be drilled down.
- The plan would be locally focussed across Berkshire.
- Social prescribing would be maintained across the 5 areas in the STP, through the voluntary and community sector.

19. **Pharmaceutical Needs Assessment Update**

Lisa McNally presented the Pharmaceutical Needs Assessment update.

Aside from issues with pharmacy access, there were no major issues arising from the consultation in Bracknell Forest. Lisa agreed to recirculate the consultation link to Board members. **(Action: Lisa McNally)**

Arising from discussion, the following points were made:

- Pharmacists' contracts were with NHS England, and the Health and Wellbeing Board was mandated to report to NHS England on performance.
- It was noted that local, community pharmacies were often more easily accessible than pharmacies in supermarkets.
- There was not a lot to be done to change the practice of chain pharmacies, and it was agreed that commissioners needed to hold their providers to account.
- The withdrawal of certain medicines would also be be consulted on, and it was noted that this required careful management.

The Pharmaceutical Needs Assessment would be returned to the Board once the consultation period had concluded, where the Board would be asked to comment on the recommendations.

20. **LSCB Annual Report 2016-17**

The Health and Wellbeing Board noted the LSCB Annual Report, and agreed that the report demonstrated good practice.

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**TO: HEALTH AND WELL BEING BOARD
06 MARCH 2018**

**PHARMACEUTICAL NEEDS ASSESSMENT (PNA)
Interim Director of Public Health**

1 PURPOSE OF REPORT

- 1.1 This report presents the Bracknell Forest Council Pharmaceutical Needs Assessment (PNA) for 2018.

2 RECOMMENDATIONS

That the Health and Well Being Board:

- 2.1 AGREES that the Bracknell Forest Council Pharmaceutical Needs Assessment (PNA) for 2018 be published on the Council website.

3 REASONS FOR RECOMMENDATIONS

- 3.1 The Health and Social Care Act 2012 transferred responsibility to develop and update PNAs from Primary Care Trusts to Health and Well Being Boards. Simultaneously NHS England became responsible for using PNAs as the basis for determining market entry to a pharmaceutical list.
- 3.2 Each Health and Well-being Board must, in accordance with Department of Health regulations:
- (a) assess needs for pharmaceutical services in its area, and
 - (b) publish a statement of its first assessment and of any revised assessment

4 ALTERNATIVE OPTIONS CONSIDERED

- 4.1 None

5 SUPPORTING INFORMATION

- 5.1 If a person (a pharmacist, a dispenser of appliances or in some circumstances and normally in rural areas, GPs) wants to provide NHS pharmaceutical services, they are required to apply to the NHS to be included on a pharmaceutical list. Pharmaceutical lists are compiled and held by the NHS England. This is commonly known as the NHS “market entry” system.
- 5.2 Under the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations (“the 2013 Regulations”), a person who wishes to provide NHS

pharmaceutical services must generally apply to NHS England to be included on a relevant list by proving they are able to meet a pharmaceutical need as set out in the relevant PNA. (There are exceptions to this, such as applications for needs not foreseen in the PNA or to provide pharmaceutical services on a distance-selling (internet or mail order only) basis).

- 5.3 The preparation and consultation on the PNA should take account of the JSNA and other relevant strategies, such as children and young people's plan, the local housing plan and the crime and disorder strategy.
- 5.4 The development of PNAs is a separate duty to that of developing JSNAs as PNAs will inform commissioning decisions by local authorities (public health services from community pharmacies) and by NHS England and clinical commissioning groups (CCGs).
- 5.5 The PNA will provide information on the current pharmaceutical services in Bracknell Forest and Berkshire, and identify gaps in the current service provision, taking into account any known future needs.
- 5.6 The Bracknell Forest PNA was conducted and written by the Berkshire Public Health Shared Team as part of its services to the Council.

6 ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS

Borough Solicitor

- 6.1 The legal context for the recommendations in the report are set out in the introduction section of the PNA document

Borough Treasurer

- 6.2 There are no financial implications from this report

Equalities Impact Assessment

- 6.3 Assessing and addressing health inequality is a key issue within the Pharmaceutical Needs Assessment.

Strategic Risk Management Issues

- 6.4 None

7 CONSULTATION

Principal Groups Consulted

- 7.1 Members of the public. Professional groups.

Method of Consultation

- 7.2 Online Consultation. Presentations and meetings.

Representations Received

- 7.3 None

Contact for further information

Dr Lisa McNally, Interim Director of Public Health
Adult Social Care, Health and Housing - 01344 355218
Lisa.mcnally@bracknell-forest.gov.uk

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Bracknell Forest Pharmaceutical Needs Assessment 2018 to 2021

Executive Summary

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

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

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

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

This PNA contains information on:

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

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

Essential services are defined as:

- Dispensing medicines and actions associated with dispensing
- Dispensing appliances

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

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

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

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

The legislation requires that the PNA:

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

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

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

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

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

Key findings

There is good provision of pharmaceutical services in Bracknell Forest, with 21 pharmacies, one dispensing doctor and one distance selling pharmacy within the borough. There are also 14 pharmacies outside the borough, but within 1.6km of borders, and these were also considered when assessing provision and access to services.

Generally, community pharmacies in Bracknell Forest are well distributed, are accessible and offer a convenient service to patients and members of the public. They are available on weekdays with adequate weekend and evening opening hours across the majority of the borough. There is potential to improve access to essential services during evenings for residents of Binfield with Warfield Ward. However, this area is within a 20 minute drive of two 100 hour pharmacies, which meets a key NHS standard for accessibility.

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

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

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

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

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A: Introduction

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

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

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

This PNA describes the needs of the population of Bracknell Forest.

2. Purpose of the PNA

The PNA has several purposes:

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

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

3. Background and Legislation

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

NHS Act 2006

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

The Health Act 2009

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

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

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

The Health and Social Care Act 2012

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

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

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

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

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

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

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

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

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

4. National and Local Priorities

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

Bracknell Forest's local health priorities are published in [Seamless Health: Bracknell Forest's Joint Health and Wellbeing Strategy for 2016 to 2020](#). These include a focus on:

- Promoting active and healthy lifestyles
- Mental Health support and services for children and young people
- Preventing people becoming socially isolated and lonely
- Workforce -having enough people with the right skills, and suitable premises from which to deliver services

5. Commissioning Context

Pharmaceutical services are commissioned by different national and local organisations.

NHS England

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

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

NHS England South (Thames Valley)

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

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

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

Other commissioners

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

Sustainability and Transformation Partnerships

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

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

Health England (PHE) and the National Institute for Health and Care Excellence (NICE). Bracknell Forest Council is a key partner in the [Frimley Health and Care STP](#), which has the following priorities:

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

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

6. Pharmacy

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

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

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

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

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

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

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

7. Pharmacy Contractual Framework

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

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

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

a) Essential Services

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

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

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

Opening hours: core and supplementary

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

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

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

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

Public Health

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

Signposting and Referral

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

Clinical governance

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

b) Advanced Services

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

Medicines Use Review and Prescription Intervention Service (MUR)

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

New Medicines Service (NMS)

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

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

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

NHS Urgent Medicine Supply Advanced Service (NUMSAS)

NUMSAS is a national pilot running from 1st December 2016 to 31st March 2018, which has been extended until at least 30th September 2018.

The service aims to:

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

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

Appliance Use Review (AUR)

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

- Establishing the way the patient uses the appliance and the patient's experience of such use

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

Stoma Appliance Customisation (SAC)

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

Influenza (flu) vaccination

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

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

c) Enhanced Services

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

d) Local Pharmaceutical Services (LPS)

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

e) Locally Commissioned Services (LCS)

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

8. Healthy Living Pharmacies (HLP)

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

There are three levels within the framework:

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

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

9. Electronic Prescription Service

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

10. Dispensing Doctors

Dispensing doctors provide services to patients mainly in rural areas and often where there are no community pharmacies or where access is restricted. A patient may at any time request that a doctor provides them with pharmaceutical services, however the patient must meet particular criteria and they must be on the patient list of a doctor who is registered to provide pharmaceutical services. These include a number of factors, which include but are not limited to :

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

The Dispensing Review of Use of Medicines (DRUM) is also offered to patients receiving medications in this way, and involves a face-to-face review about their prescriptions ([British Medical Association 2013](#)).

11. Dispensing Appliance Contractors (DACs)

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

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

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

12. Distance Selling Pharmacies

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

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

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

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

B: PNA Process Summary

1. Summary of Overall Process

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

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

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

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

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

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

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

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

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

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

community pharmacies alone were considered against highest needs (including proximity and access times). Distance to access pharmaceutical services was estimated and mapped for both driving and walking distance times. Proximity to public transport was also considered. Within this PNA, dispensing doctors are considered to be providers of pharmaceutical services.

2. Stakeholder Engagement

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

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

- Neighbouring local authorities – Hampshire County Council, Royal Borough of Windsor & Maidenhead, Surrey County Council, Wokingham Borough Council
- Three Berkshire East Clinical Commissioning Groups (CCG) – Bracknell & Ascot CCG, Slough CCG, Windsor, Ascot & Maidenhead CCG
- The Local Pharmaceutical Committee (LPC) – Pharmacy Thames Valley
- The Local Medical Committee (LMC) – Berkshire, Buckinghamshire & Oxfordshire LMC
- Local pharmacy contractors and dispensing doctors
- Healthwatch Bracknell Forest
- Local NHS Foundation Trusts – Royal Berkshire NHS Foundation Trust, Berkshire Healthcare NHS Foundation Trust, Frimley Health NHS Foundation Trust

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

3. Pharmacy Contractor Survey

An 85 question survey was issued to all 21 pharmacies in Bracknell Forest through the PharmOutcomes online system. This ran from 30th June to 16th September 2017.

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

4. Public Survey

A 27 question survey was developed to collect information on residents' use of current pharmacy services and their satisfaction with these. Residents were also asked what services they would access in community pharmacy if they were available. The survey was

based online, using the Bracknell Forest Objectives survey software, and was open from 22nd June to 15th September 2017. The survey weblink was disseminated as widely as possible, using communication channels within Bracknell Forest Council, Bracknell & Ascot CCG and Healthwatch Bracknell Forest. A copy of the survey is included at Appendix B.

5. Equality Impact Screening

Public Health Services for Berkshire undertook an Equality Impact Assessment (EIA) screening to assess the process used to develop and publish the PNA for Bracknell Forest, as well as the impact that the conclusions of the PNA may have on people with protected characteristics. The Bracknell Forest EIA framework was used to complete this and assesses the potential impacts (positive and negative) of the PNA process on local residents, with particular regard to the protected characteristics of gender, age, race, disability, sexual orientation, gender reassignment, religion and belief, pregnancy and maternity, marriage and civil partnership and also considers rural communities and areas of deprivation. The completed EIA screening report is attached at Appendix D.

6. Assessment Criteria

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

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

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

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

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

Relevant services are defined as:

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

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

- Demography of local population (Section C1)
- Prevalence of health conditions and health behaviours (Section C3 and C4)
- Number of pharmacies and their core opening hours (Section D)

- Range and distribution of pharmacies providing advanced services
- Location of pharmacies (Map 1)
- Areas of relative deprivation (Section C2, Map 2)
- Population density (Section C2, Map 3)
- Supplementary, evening and weekend opening hours (Appendix C, Maps 4 and 5)
- Travel time during weekdays, evenings and weekends (Map 6 and 7)
- Information on the extent and distribution of provision of advance services (section D)
- Resident feed-back from the PNA public survey (section E)

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

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

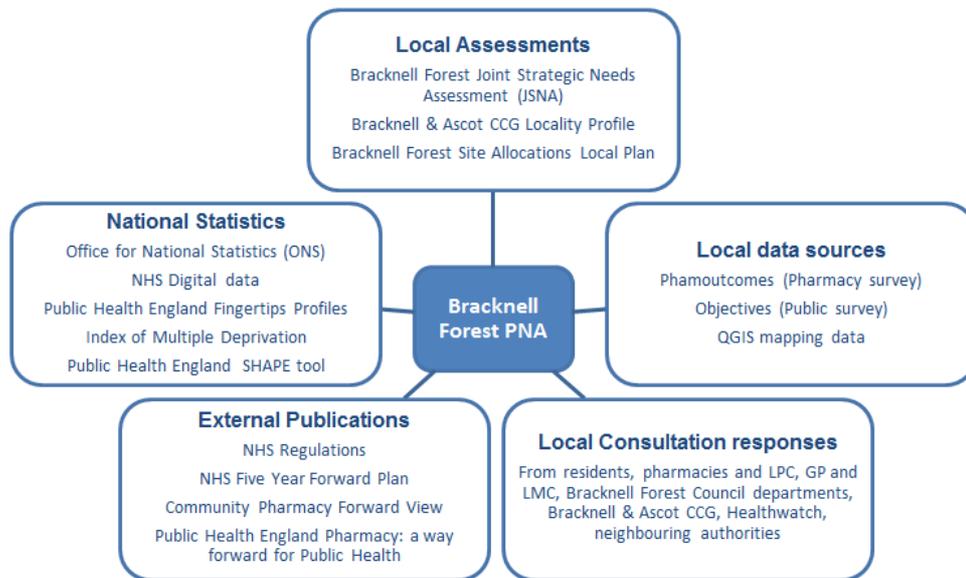
7. Data Sources Used

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

In addition, information was gathered from other Bracknell Forest Council departments, NHS England and Bracknell and Ascot CCG including:

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

Figure 1: Main data sources used in developing the Bracknell Forest PNA



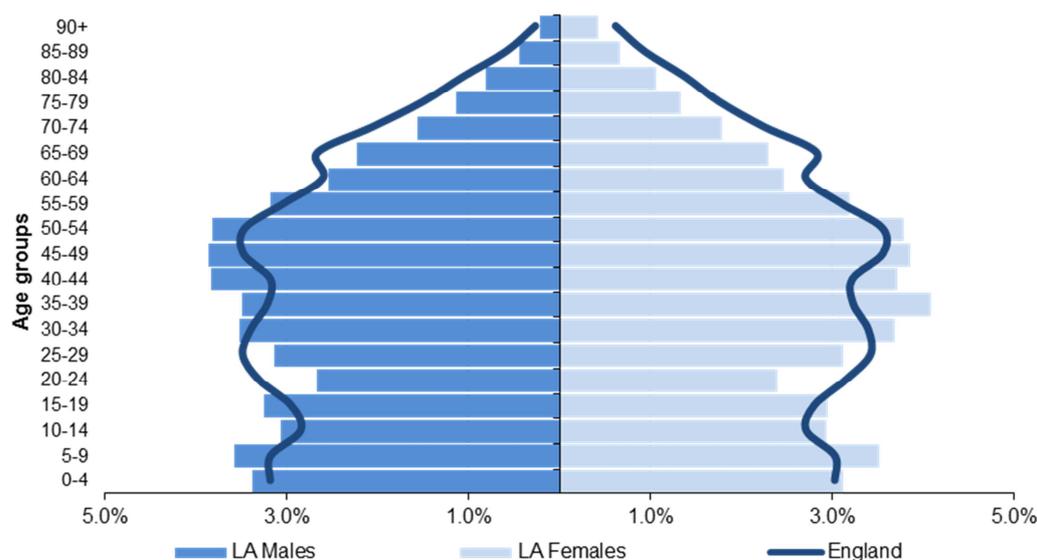
C: Bracknell Forest Population

Bracknell Forest is one of the 10% least deprived local authority areas in England. The Borough's residents generally enjoy a good level of health and wellbeing, with a higher healthy life expectancy and lower mortality rates compared to the England average. However, this level of good health is not seen across the whole of Bracknell Forest and there are certain communities within the Borough that are more likely to have poorer health outcomes. This summary provides an overview of Bracknell Forest's health and also highlights inequalities for consideration in this PNA.

1. Population and demographics

Bracknell Forest has an estimated population of 119,447 people (Office for National Statistics (ONS) 2017). The age profile for the local authority is similar to the national picture across many of the age groups. The largest difference is the smaller proportion of people in their 20s in Bracknell Forest and larger proportion of people aged 30 to 54. There are also a smaller proportion of people aged 60 and over within Bracknell Forest.

Figure 2: Bracknell Forest Population pyramid (mid-2016)



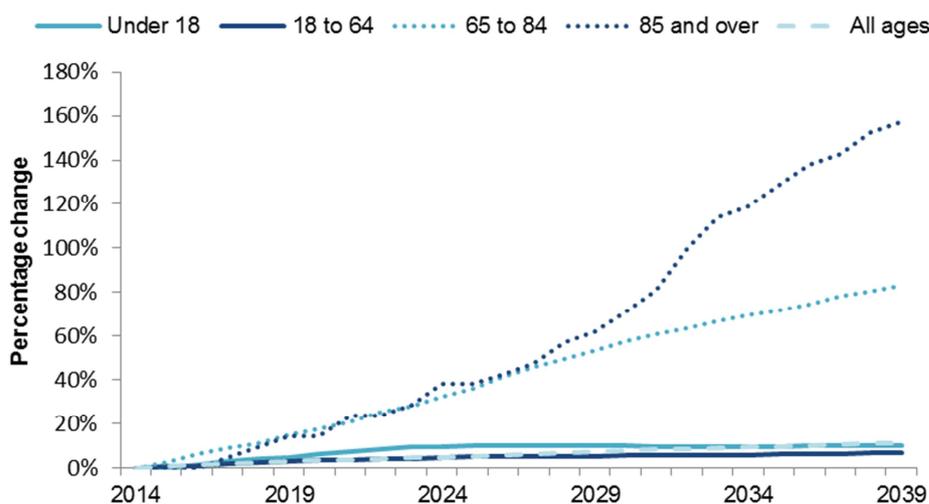
Source: Office for National Statistics (2017)

Bracknell Forest's population has increased by nearly 9% in the last 10 years and is expected to reach 141,000 by 2039. This is an increase of over 18% on 2016's estimated population figures (ONS 2016b). The main reason for population growth in Bracknell Forest has been international migration, an increase in births in the Borough and the increasing life expectancy of the existing population.

Age

Although Bracknell Forest's population is slightly younger than the national average, it has continued to age. In 2006, 12% of the population were aged 65 and over in Bracknell Forest. This increased to 14% of the population in 2016 and is expected to rise to nearly 22% by 2039. This will have an impact on service demand and the support required for this older age group. Figure 3 shows the estimated percentage change of different age groups in Bracknell Forest up to 2039, with significant changes in the 65 to 84 and 85+ age groups.

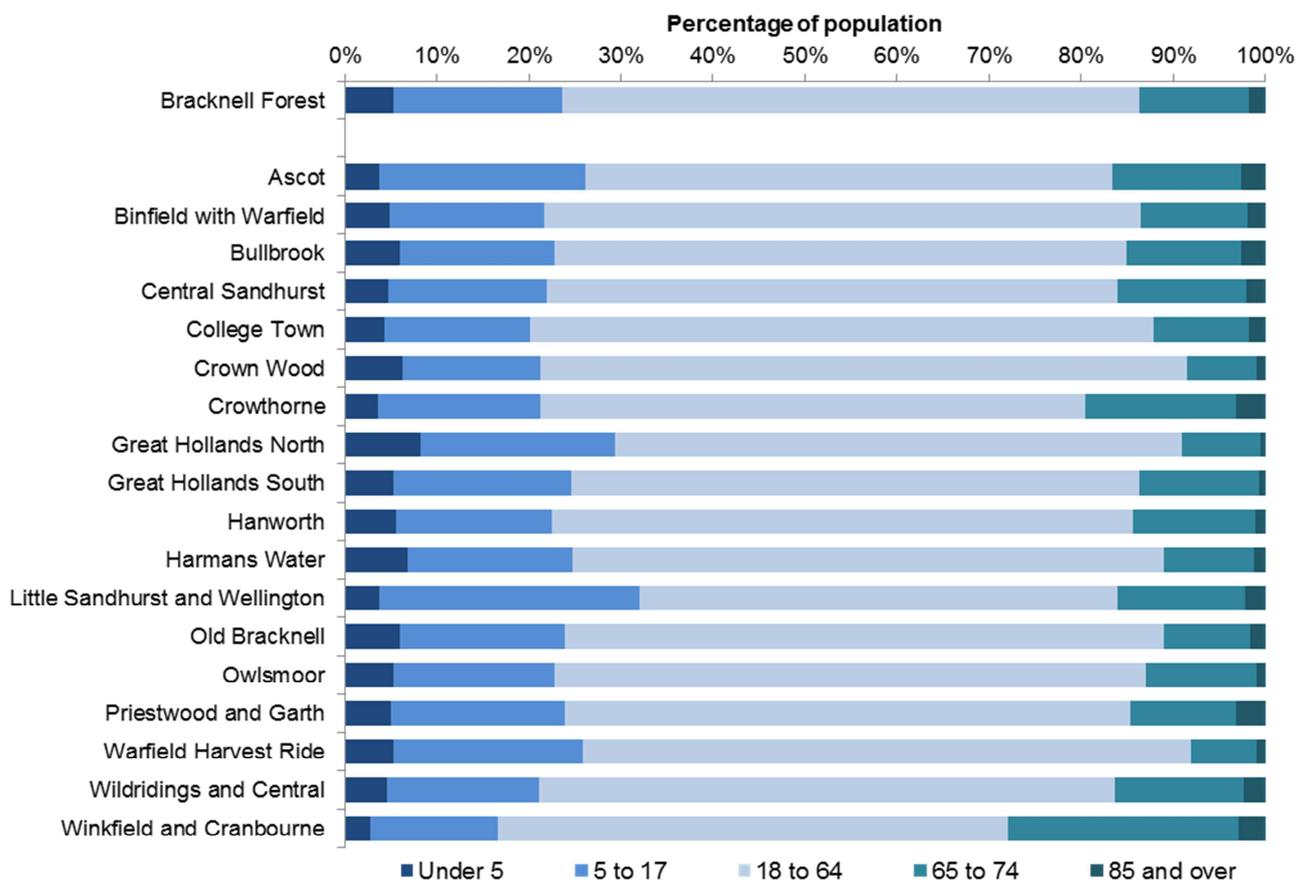
Figure 3: Percentage change in Bracknell Forest's population 2014 to 2039 by age group



Source: Office for National Statistics (2016b)

The age distribution within different Bracknell Forest wards vary considerably and this will impact on the service and access needs of people living in different areas of the Borough. Figure 4 shows the age profile of the wards, highlighting the youngest and oldest age groups. Almost 30% of people living in Winkfield and Cranbourne ward are aged 65 and over, compared to 14% in the Borough overall. In contrast, over 30% of people living in Little Sandhurst and Wellington wards are aged under 18, compared to 18% in Bracknell Forest.

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



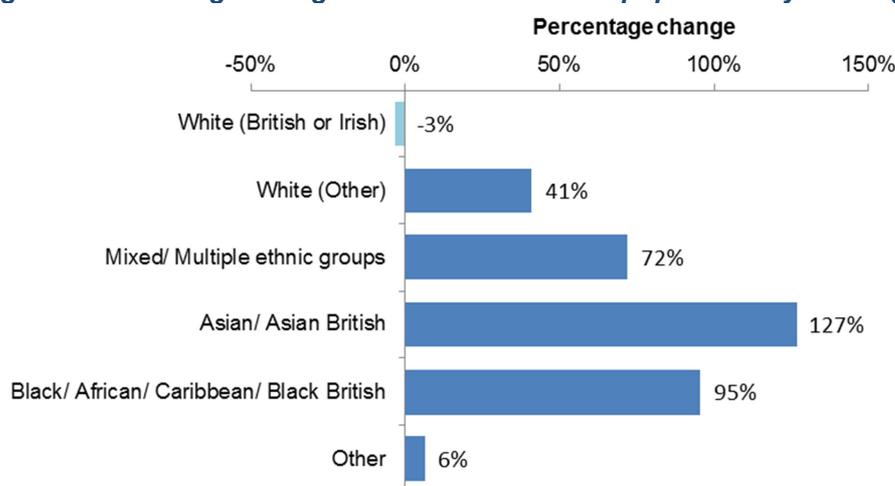
Source: Office for National Statistics (2016c)

Ethnicity

9.4% of Bracknell Forest's population were from a black or minority ethnic (BME) group in 2011. The largest BME group was people from an Asian/Asian British background at 5.0% of the total population. In addition, 4.8% of the population were from white backgrounds other than British or Irish. People from minority ethnic groups mainly live around the more urbanised areas of Bracknell Town and College Town, with smaller proportions living in the more rural areas of the authority (ONS 2013).

The proportion of Bracknell Forest's population from minority ethnic groups has steadily increased from 2001 to 2011. While the number of people from a White British or Irish background has decreased by 3% over this time, all other ethnic groups have increased in number. The most notable is Asian/ Asian British which has increased by 127% over the 10-year period.

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



Source: Office for National Statistics (2013)

The proportion of school pupils from minority ethnic groups has steadily increased in Bracknell Forest from 6% in 2001 to 23% in 2017 (Department for Education 2017).

Religion

65% of Bracknell Forest's population stated that they had a religion in the 2011 Census. 60.5% were Christian, 1.6% were Hindu and 1.1% were Muslim (Office for National Statistics 2013).

People living with long-term health problems or disabilities

Just fewer than 14,000 people in Bracknell Forest reported that they were limited in their daily activities by a long term health problem or disability in the 2011 Census. This equates to 12% of the population. This was higher for people aged 65 and over at 46%, and higher still for those aged 85 and over at 82% (ONS 2013).

Carers

Over 9,600 Bracknell Forest residents identified themselves as a carer in the 2011 census, which was 8.5% of the population. This is an increase on the 2001 census figures of 7.7% and shows that unpaid care has increased at a faster pace than population growth over the last decade. This reflects the national picture.

The percentage of the population who are carers does vary between wards in Bracknell Forest from 6.2% in Warfield Harvest Ride to 10.7% in Winkfield and Cranbourne.

Unpaid carers in Bracknell Forest are more likely to suffer from poorer health with 78% describing their health as “good or very good”, compared to 88% of people who do not provide unpaid care. The likelihood of reporting poorer health rose with the number of hours of care provided with carers providing 50 or more hours of unpaid care a week three times more likely to describe their health as “bad or very bad” compared to people who did not provide unpaid care (ONS 2013).

Employment and benefits

In 2016/17, 82% of people aged 16 to 64 in Bracknell Forest were in employment, compared to 74% nationally. Bracknell Forest’s unemployment rate was also lower at 3%, compared to 4.7% nationally. Full-time workers in Bracknell Forest have higher average earnings than workers in both the South East and England, with an average weekly income of £608 per week compared to £541 nationally.

In November 2016, 6.2% of Bracknell Forest’s working-age population were claiming benefits, compared to 11.0% nationally. 72% of claimants in Bracknell Forest received an out of work benefit, such as Job Seekers, Employment Support Allowance/ Incapacity Benefit and Lone Parent Benefits.

In 2016, 3,200 households in Bracknell Forest were classified as ‘workless’. This means that at least one person of working age lives in the household, but no-one is economically active. This constitutes 8% of all working age households, compared to 11.6% in the South East and 15.1% nationally (NOMIS 2017).

Education and qualifications

The percentage of working-age people in Bracknell Forest with at least a bachelor's degree was 39% in 2016, compared to 38% nationally. This figure continues to rise in line with the national increase (NOMIS 2017).

The proportion of people in Bracknell Forest with A-levels or equivalent was 59% and GCSEs or equivalent was 78%. 4% of people had no qualifications in Bracknell Forest, compared to 8% nationally.

The proportion of school children in Bracknell Forest who achieved school readiness was significantly better than England’s in 2015/16, with 74% of 5 years olds reaching a good level of development and 84% of Year 1 children achieving the expected level in the phonics screening check. The local authority’s GCSE results are similar to the national figures, with 56% of Bracknell Forest’s pupils achieving 5 A* to C grade, including English and Maths, in 2015/16 (PHE 2017g).

2. Place

Deprivation

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

Bracknell Forest is one of the 10% least deprived local authority areas in England, according to the 2015 index of multiple deprivation (IMD). However, 4 neighbourhoods (Lower Super Output Areas) in Bracknell Forest rank amongst the 40% most deprived areas in England. These include parts of Wildridings and Central, Great Hollands and areas of Crowthorne around Broadmoor hospital (Department for Communities and Local Government 2015). Map 2 shows IMD for Bracknell Forest at an LSOA level.

Population density

In 2016, Bracknell Forest's population density was 1,096 people per square kilometre. This number has continued to increase since 2005, when there were just over 1,004 people per square kilometre. Bracknell Forest's density is also considerably higher than the national average of 424 (ONS 2017).

Levels of population density vary across the Borough, with a neighbourhood in Great Hollands housing 9,167 people per square kilometre. Other areas of high density include neighbourhoods within Crown Wood and Bullbrook. In contrast, an area of Warfield Harvest Ride has a density of only 97 people per square kilometre. Map 3 shows population density at a Bracknell Forest ward level.

Housing and homelessness

The 2011 Census showed that there were 45,878 households in Bracknell Forest. Nearly 69% of these houses were owned by the occupant, whether outright or with a mortgage or loan. 17% were socially rented and 13% were privately rented. The pattern of housing tenure across the Borough varied across wards, with over 80% of household owned by their occupants in Winkfield and Cranbourne, Owlsmoor, Warfield Harvest Ride and Little Sandhust and Wellington wards. Social renting was much higher in Priestwood and Garth, Wildridings and Central, Old Bracknell and Bullbrook wards between 29-34%.

In 2011, nearly 28% of households in Bracknell Forest were occupied by people living alone. This equated to 27,700 people (11% of the population). 35% of these households were people aged 65 and over living alone, which made up 31% of the total population aged 65 and over. While this does not equate to loneliness, older people living alone are significantly more likely to be socially isolated and unable to access support or services easily. Winkfield and Cranbourne and Wildridings and Central wards had the highest proportion of one-person households aged 65 and over.

Nearly 10% of households in Bracknell Forest were occupied by lone-parent families in 2011 and this also differed across areas of the Borough. Great Hollands North ward had the highest proportion of lone-parent family households at 15% (ONS 2013).

During 2015/16, 140 households in Bracknell Forest were identified as statutorily homeless. This means that they are unintentionally homeless, in priority need and the local authority accepts responsibility for securing accommodation for them. This equates to a rate of 2.9 per 1,000 households, which is similar to the national rate of 2.5 per 1,000 households. On 31st March 2016, 111 households were living in temporary accommodation provided under

homelessness legislation in Bracknell Forest. This was a rate of 2.3 per 1,000 households and was significantly lower than the national figure, although it had increased in recent years (PHE 2017g).

The number of households in Bracknell Forest has increased significantly since the 2011 Census. Bracknell Forest Council's Core Strategy stated that 11,139 additional dwellings were needed in the Borough from 2006 to 2026. The [Site Allocations Local Plan](#) (SALP) was published in July 2013 and identified specific sites that would be used to meet the Borough's housing needs up to 2026. This included areas within or on the boundaries of existing housing settlements, as well as new sites for larger housing developments.

Residential developments since the 2015 PNA

There have been 1,149 housing completions over the last three financial years in Bracknell Forest (2014/15: 376 completions; 2015/16: 336 completions; 2016/17: 437 completions). These have included large developments, such as Jennets Park in Great Hollands North, The Parks in Bullbrook and various sites within Bracknell town centre, as well as other medium and smaller sites across Bracknell Forest.

The Council has planned for a further 1,152 housing completions in 2017/18, 1,136 in 2018/19 and 758 in 2019/20. This is a total of 3,046 dwellings over the time period. These include developments on sites within Bracknell town centre, as part of the regeneration, as well as large developments. There will be significant growth in the Binfield with Warfield ward, with large mixed use developments in the Warfield, Amen Corner and Blue Mountain areas resulting in 200-595 completions per year during the lifetime of this PNA. These developments are adjacent to existing transport infrastructure and will include schools and neighbourhood centres. The exact nature of these centres is yet to be realised.

Other developments which may affect the need for pharmaceutical services

Since the 2015 PNA there has been a large scale regeneration of Bracknell Town Centre, which is largely made up of retail and leisure facilities (The Lexicon). This is expected to result in an increased footfall within the town centre, particularly at weekends and evenings.

Developments to NHS services which may affect the need for pharmaceutical services

During the lifetime of the PNA the following changes to NHS services are planned and have potential to impact on the demand for pharmaceutical services in Bracknell Forest. Generally, these changes are not expected to increase the overall need for pharmaceutical services in the area.

- Changes to GP practice services, which will include extended opening hours. This may mean that there would need to be pharmacies open at weekends or in the evening to allow patients to obtain their prescriptions. As stated in Section F - Assessment of Pharmaceutical Service Provision, five pharmacies are open weekday evenings and two of these are open until at least 10pm. Five pharmacies are open on Saturdays and two of these are open until at least 10pm. Two pharmacies are open on Sunday, and one of these is open until 10pm. Extended GP practice opening hours is therefore not expected to result in a need for additional pharmaceutical services.
- Development of GP hubs or clusters and new ways of working - With the increasing numbers of GP pharmacists, there could be an increase in the number of

prescription items and reviews of medication. This is not expected to impact on the MUR and NMR services currently provided by community pharmacies.

- Following the national consultation on the prescribing of low value medicines and the drive for patients to self-care, an increased footfall into pharmacies is expected, however current service provision is expected to provide sufficient access to pharmaceutical services in Bracknell Forest.

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

3. Health behaviours and lifestyle

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

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

Smoking

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

16% of Bracknell Forest's adult residents smoke, which is similar to the national prevalence rate. The rates differ between men and women, with approximately 18% of men smoking in Bracknell Forest, compared to 14% of women. There are also noticeable differences in smoking prevalence rates between socio-economic groups both locally and nationally. While 11.5% of Bracknell Forest residents in a managerial and professional occupation are current smokers, over 28% of people in a routine and manual occupation smoke.

Smoking prevalence rates are also monitored for pregnant woman, due to the detrimental effects for the growth and development of the baby and health of the mother. The proportion of mothers who smoke has continued to fall in Bracknell Forest and was at 6.3% in 2015/16, compared to 10.6% nationally.

A total of 409 deaths in Bracknell Forest were attributable to smoking in 2013-15, at a rate of 272 per 100,000 population aged 35 and over. This was similar to the national rate of 284 per 100,000 (PHE 2017d).

Alcohol

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

Estimates from Alcohol Concern (2016) indicate that 20% of people in Bracknell Forest drink at a level which increases the risk of damaging their health, which is over 16,000 people. Within this proportion there are over 5,000 people who drink at a very heavy level who have significantly increased the risk of damaging their health and may have already caused some harm to their health.

161 people in Bracknell Forest attended treatment for alcohol misuse in 2015. 45% of these people left treatment free of alcohol dependence and did not represent again within a 6 month period. This was similar to the national treatment success rate of 38%.

In 2015/16, there were 509 alcohol-related hospital admissions for Bracknell Forest residents, which equates to 474 admissions per 100,000 population. Bracknell Forest's rate has remained significantly lower than the national average since 2008/09, although it has slightly increased over this time. There are significant differences between the admission rate for men and women in Bracknell Forest, at 616 and 342 per 100,000 population respectively. This is in line with the national picture.

A total of 35 deaths in Bracknell Forest were alcohol-related in 2015, at a rate of 37.7 per 100,000 population. This was similar to the national rate of 46.1 per 100,000 (PHE 2017c).

Drug use

The Crime Survey for England (2015/16) indicated that 1 in 12 adults aged 16 to 59 had taken an illicit drug in the previous year, which would equate to over 6,000 people in Bracknell Forest. The prevalence of drug use in young people is higher; with approximately 1 in 5 people aged 16 to 24 having taken an illicit drug. This would equate to over 2,300 young people in Bracknell Forest (NHS Digital 2017).

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

121 people in Bracknell Forest attended treatment for opiate drug use in 2015. 16.5% of these people left treatment free of drug dependence and did not represent again within a 6 month period. This is significantly better than the national treatment success rate of 6.7%. 108 people in Bracknell Forest attended treatment for non-opiate drug use in 2015. 42.6% of these people left treatment free of drug dependence and did not represent again within a 6 month period. This is similar to the national treatment success rate of 37.3% (PHE 2017g).

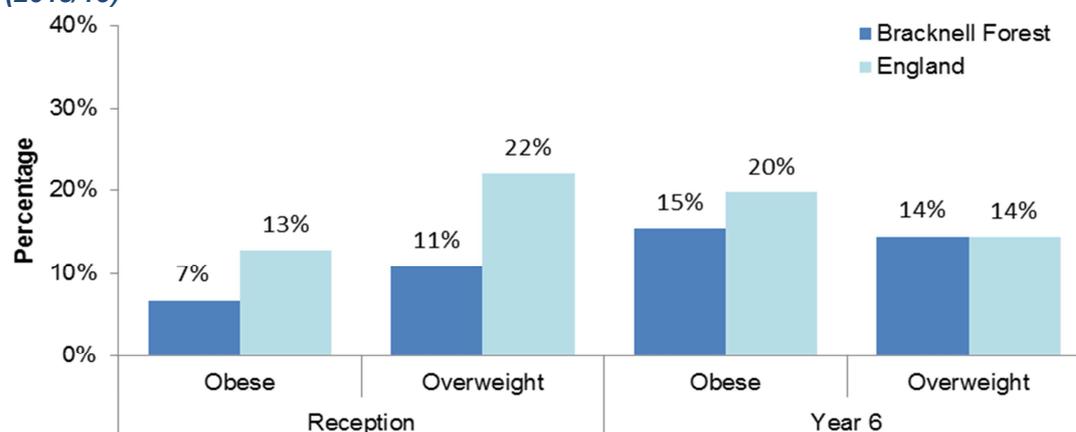
Obesity

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

Figures collected through the Active People Survey (2013-2015) estimate that 23% of adults living in Bracknell Forest are obese and a further 40% are overweight. These figures are better than the national picture, but continue to increase (PHE 2017g). GP Practices keep a register of patients who are obese and these indicate that 7.1% of Bracknell & Ascot CCG registered population aged 16 and over are obese, which is also lower than the national figure of 9.5% (NHS Digital 2016). This is likely to be an underestimation, as not all people have their BMI recorded on their GP record.

The National Child Measurement Programme (NCMP) is delivered in schools and measures the height and weight of children in their first and last year of primary school (Reception Year and Year 6). This provides robust information about the level of childhood obesity locally and nationally. In 2015/16, 18% of Reception children in Bracknell Forest were overweight or obese and 30% of Year 6 children were overweight or obese. Figure 6 shows how this compares to the national picture.

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



Source: Public Health England (2017g)

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

Physical Activity

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

The Chief Medical Officer recommends that adults undertake 150 minutes of moderate activity each week. In 2015, 64% of adults in Bracknell Forest were estimated to have met these recommendations, which was significantly better than the national figure of 57%. However, over 20% of adults in Bracknell Forest were classified as 'inactive', achieving less than 30 minutes of moderate physical activity each week (PHE 2017g).

Sexual health

Sexual health covers the provision of advice and services around contraception, relationships, sexually transmitted infections (STIs) and abortion. While sexual relationships are essentially a private matter, good sexual health is important to individuals and to society as a whole. PHE (2015b) states that the success of sexual and reproductive health services

“depends on the whole system working together to make these services as responsive, relevant and as easy to use as possible and ultimately to improve the public’s health”.

The rate of new STI diagnoses in Bracknell Forest is consistently lower than the national rate. In 2016, 419 people were diagnosed with a new STI in Bracknell Forest at a rate of 527 per 100,000 population (excluding chlamydia diagnoses for people aged under 25). Rates of gonorrhoea and syphilis diagnoses are also lower than England’s, as well as the HIV diagnosed prevalence rate (PHE 2017h).

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

Bracknell Forest’s teenage conception rates are consistently lower than the national rate and continue to decline. In 2015, 17 females aged 15 to 17 and 4 females aged 13 to 15 had a pregnancy that either led to a birth or legal abortion. 79% of under 18 conceptions led to an abortion (23 in total).

The Department of Health’s (2013a) Framework for Sexual Health Improvement in England includes the ambition to reduce unwanted pregnancies by increasing knowledge, awareness and access to all methods of contraception. Long Acting Reversible Contraception (LARC) methods are highly effective, as they do not rely on individuals to remember to use them. Implants, intrauterine systems (IUS) and intrauterine devices (IUD) can remain in place for up to 10 years, depending on the type of product. In 2015, Bracknell Forest females aged 15 to 44 were prescribed 1,187 LARC (excluding injections) from a GP or Sexual and Reproductive Health Service. This was a rate of 49.3 per 1,000 females and similar to the England rate (PHE 2017h).

4. Focus on specific health conditions

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

Cancer

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

From 2010-2014, there were 2,455 new cases of cancer diagnoses in Bracknell Forest. 17% of all these cases were for breast cancer, with prostate, colorectal and lung cancers accounting for another 12% of cases each (PHE Local Health 2017). The route to a cancer diagnosis ultimately impacts on patient survival and the three national cancer screening programmes help to detect cancers at an earlier and more treatable stage. Bracknell Forest’s screening coverage levels for breast and cervical cancer are significantly better than

England's. In March 2016, the breast screening coverage for eligible women in Bracknell Forest was 80.5% and the cervical screening coverage was 76.6%. The Bowel Screening coverage level was slightly lower than England's at 57.6%. There is variation in screening coverage levels across Bracknell with some GP Practices not meeting the minimum standard for coverage (PHE 2016b).

Circulatory disease

In March 2016, 2.4% of people registered with Bracknell & Ascot CCG GP Practices were diagnosed with Coronary Heart Disease and 1.3% were recorded as having had a stroke or TIA (transient ischaemic attack). These were both lower than the national prevalence rates (NHS Digital 2016b).

High blood pressure (hypertension) is one of the leading risk factors for premature death and disability, although it is often preventable. Once diagnosed, people with hypertension can receive advice and treatment from their GP to control and lower their blood pressure, reducing their future risk of cardiovascular diseases. In March 2016, 13,300 people in Bracknell Forest were diagnosed with hypertension, which was 11% of the population. However, it is estimated that the actual number of people with the condition was much higher at 22%. This means that there were approximately 12,600 people in Bracknell Forest with undiagnosed hypertension, who had not received treatment to control their blood pressure (PHE 2016a).

The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions, is invited every five years to assess their risk of developing these conditions. They are given support and advice to help them reduce or manage that risk. From 2013/14 to 15/16, 13,890 Bracknell Forest residents had received an NHS Health Check, which was 40% of the eligible population (PHE 2017g).

Diabetes

Diabetes is a lifelong condition that causes a person's blood sugar level to become too high. In the UK, diabetes affects 2.8 million people and there are estimated to be an additional 980,000 people with diabetes who are undiagnosed. The chances of developing diabetes depend on a mix of genetics, lifestyle and environmental factors. Certain groups are more likely to develop the condition than others, for example people from South Asian and Black communities are 2 to 4 times more likely to develop Type 2 diabetes than those from Caucasian backgrounds (Diabetes UK 2016). Higher levels of obesity, physical inactivity, unhealthy diet, smoking and poor blood pressure control are also inextricably linked to the risk of diabetes. Deprivation is strongly associated with all these factors, and data from the National Diabetes Audit suggests that people living in the 20% most deprived areas in England are 1.5 times more likely to have diabetes than those in the 20% least deprived areas (Diabetes UK 2016).

In March 2016, over 5,100 Bracknell Forest residents (aged 17 and over) were diagnosed with diabetes, which was 5.4% of that age group. This was significantly lower than the national prevalence of 6.5% (PHE 2017b).

The prevalence of diabetes is expected to increase over the next 20 years, due to the aging population. By 2035, 8.0% of Bracknell Forest's population aged 16 and over are expected to have diabetes, which is 8,906 people (PHE 2015a).

Respiratory disease

Chronic Obstructive Pulmonary Disease (COPD) is the name for a collection of lung diseases, such as chronic bronchitis, emphysema and chronic obstructive airways disease. In March 2016, 1.1% of people registered with Bracknell & Ascot CCG GP Practices were diagnosed with Chronic Obstructive Pulmonary Disease (COPD), which was lower than the national rate of 1.9% (NHS Digital 2016b).

The prevalence of asthma in England is amongst the highest in the world. 6% of the population is diagnosed with asthma, although 9.1% are actually expected to have the condition. In March 2016, 7,600 people registered with Bracknell & Ascot CCG GP Practices were diagnosed with asthma at 5.4% of the total population. An additional 5,100 people in the CCG were expected to be undiagnosed and therefore not receiving necessary support or treatment from their GP (NHS Digital 2016b).

Mental health problems

Mental illness is the single largest cause of disability in the UK. At least one in four people will experience a mental health problem at some point in their life and one in six adults have a mental health problem at any one time. Common mental health problems include anxiety, depression, phobias, obsessive compulsive disorders & panic disorders. In March 2016, there were just under 10,000 Bracknell Forest adult residents who had an unresolved diagnosis of depression registered with their GP. This was 10.6% of the adult population and significantly higher than the national prevalence rate of 8.3% (PHE 2017e).

Not everybody demonstrating signs of mild to moderate mental illness would describe their condition in this way and some are likely to be short term. The Annual Population Survey (2015/16) indicated that 22.6% of adults in Bracknell Forest had self-reported high anxiety, and 7.9% had a low happiness score. These figures were similar to the national response (PHE 2017g).

Approximately 1% of the UK population has a severe mental health problem and many will have begun to suffer from this in their teens or early twenties. In March 2016, 771 adults in Bracknell Forest were on the GP Mental Health Register, which meant that they had an unresolved record of a schizophrenic or bipolar disorder. This was 0.63% of the adult population and significantly lower than the national prevalence rate of 0.90% (PHE 2017e).

Mental health problems also affect 1 in 10 children and young people. This can include depression, anxiety, conduct and emotional disorders, which can often be a direct response to what is happening in their lives. The Office for National Statistics estimates that there are over 1,500 young people aged 5 to 16 in Bracknell Forest, with a mental health disorder. This is 8.3% of the population. In 2016, 330 school children in Bracknell Forest were recorded as having social, emotional and mental health needs through their school. This is 1.9% of all Bracknell Forest school children, compared to 2.3% nationally (PHE 2017a).

Dementia

In March 2016, 649 people in Bracknell Forest were recorded as having dementia, which was 0.5% of the population. This was significantly lower than the England prevalence of 0.8% (PHE 2017e). It is estimated that half of people with dementia are undiagnosed. In recent years, there has been a political commitment to increase the number of people living with dementia who have a formal diagnosis. A timely diagnosis enables people living with dementia, their carers and healthcare staff to plan accordingly and work together to improve their health and care outcomes.

One in three people over 65 will develop dementia in their lifetime. Just over 1,000 people aged 65 and over in Bracknell Forest were estimated to have dementia in April 2017, although 41% of these were not diagnosed. As Bracknell Forest's population increases and ages, the number of people living with dementia will therefore also increase (POPPI 2016).

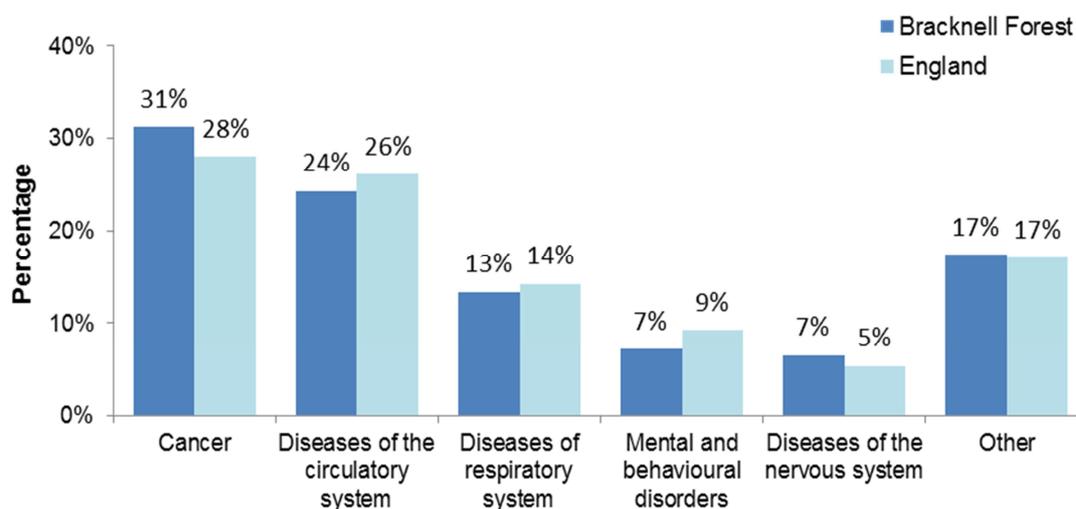
5. Life expectancy and mortality

Bracknell Forest's life expectancy is significantly higher than the England average. Boys born in 2013-2015 are expected to live to 81.3 years in Bracknell Forest, which is 1.9 years longer than the national average. Girls born in Bracknell Forest are expected to live to 85.1 years, which is 2 years longer than the national average (PHE 2017g).

However, despite Bracknell Forest being one of the least deprived local authorities in England, there are still inequalities in life expectancy within the Borough. Men living in the most deprived areas of Bracknell Forest are expected to live 5.2 years less than those living in least deprived areas. The gap for women is slightly lower at 3.5 years (PHE 2017g). The life expectancy gap between Bracknell Forest's most and least deprived areas is attributable to different causes of death for men and women. In 2012-14, 43% of the male life expectancy gap was down to circulatory disease, compared to only 5% for women. In contrast, a much higher proportion of the female life expectancy gap was attributable to cancer at 47%, compared to 21% for men (PHE 2016d).

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

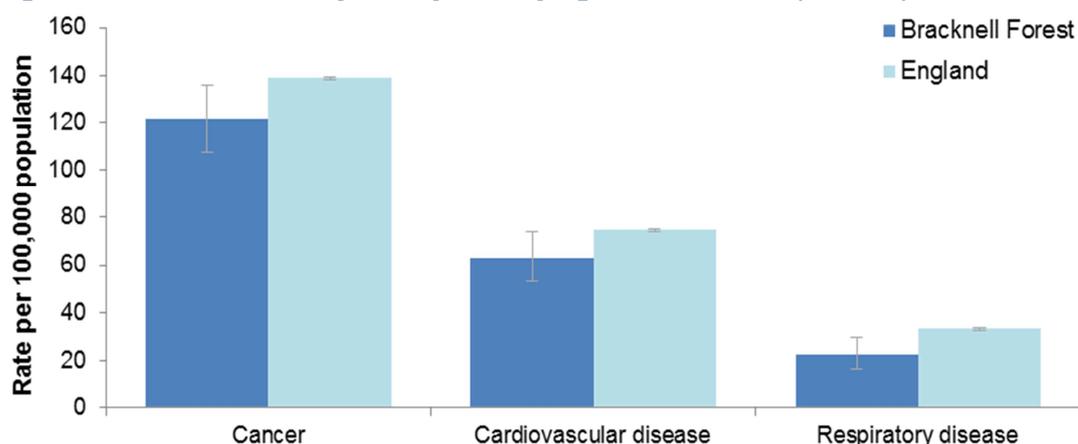
Figure 7: Percentage of all deaths by main underlying cause (2015)



Source: Office for National Statistics (2016a)

35% of all deaths in Bracknell Forest are for people aged under 75 and these are termed premature deaths. Bracknell Forest's premature mortality rates for cancer, cardiovascular disease and respiratory disease are all significantly lower than the England rates, as shown in Figure 8. However, men have significantly higher mortality rates than women for all of these causes at both a local and national level (PHE 2017g).

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



Source: Public Health England (2017g)

Cancer is the biggest cause of premature mortality for both men and women in Bracknell Forest. In 2013-15, approximately 153 premature cancer deaths were considered to be preventable in Bracknell Forest, which is 58% of all premature cancer deaths. This means that the underlying cause could potentially have been avoided with public health interventions. The main risks attributed to cancer deaths and years of ill-health in England are smoking, occupational risks, diet, high body mass index and alcohol and drug use.

63% of premature deaths from cardiovascular diseases in Bracknell Forest were considered to be preventable, which was 157 deaths. The main risks attributed to cardiovascular disease deaths and years of ill-health in England are high blood pressure, poor diet, high cholesterol and high body-mass index.

Respiratory diseases are the third biggest cause of death for people aged under 75 in Bracknell Forest. In 2013-15, 58% of premature deaths from respiratory diseases in Bracknell Forest were considered to be preventable, which was 31 deaths. The main risks attributed to respiratory disease deaths and years of ill-health in England are smoking and air pollution (PHE 2017g).

D: Pharmacy Provision in Bracknell Forest

The recent PNA survey asked local pharmacies in Bracknell Forest to detail the services that they currently provide, as well as those that they would be willing to provide if they were commissioned to do so. 19 of Bracknell Forest's pharmacies responded to the survey and this information, along with information provided by NHS England, has been used to summarise the pharmacy provision across Bracknell Forest in October 2017.

1. Type of Pharmacy services within Bracknell Forest

There are currently 20 community pharmacies, 1 distance selling pharmacy and 1 dispensing practice in Bracknell Forest. This is the same level of provision as the previous Pharmaceutical Needs Assessment. Community pharmacies vary from multiple store organisations to independent contractors. All pharmacies provide the mandatory essential services, as well as a range of other advanced and enhanced services. Map 1 shows the location of all pharmacies based in Bracknell Forest. Appendix C gives a full list of these pharmacies, including addresses and opening times.

Advanced Services

Pharmacies can choose to provide advanced services, but must meet certain requirements to do so. Within Bracknell Forest, all community pharmacies provide the Medicine Use Review (MUR) service and 70% provide the New Medicines Service (NMS). Dukes Pharmacy (Crowthorne) stated that they hoped to provide a New Medicine Service soon.

Pharmacy and Location	Medicine Use Review	New Medicine Service
David Pharmacy, Ascot	Currently provide	Currently provide
Lloyds Pharmacy, Binfield with Warfield	Currently provide	Do not provide
Bullbrook Pharmacy, Bullbrook	Currently provide	Currently provide
Boots Pharmacy, Central Sandhurst	Currently provide	Currently provide
Lloyds Pharmacy, College Town	Currently provide	Do not provide
Tesco Pharmacy, College Town	Currently provide	Currently provide
Dukes Pharmacy, Crowthorne	Currently provide	Will provide soon
H A McParland Ltd, Crowthorne	Currently provide	Currently provide
Lloyds Pharmacy, Crowthorne	Currently provide	Currently provide
Lloyds Pharmacy, Great Hollands North	Currently provide	Currently provide
Birch Hill Pharmacy, Hanworth	Currently provide	Do not provide
Lloyds Pharmacy, Hanworth	Currently provide	Currently provide
Boots Pharmacy, Harmans Water	Currently provide	Do not provide
Lloyds Pharmacy, Old Bracknell	Currently provide	Currently provide
H A McParland Ltd, Owlsmoor	Currently provide	Currently provide
Priestwood Pharmacy, Priestwood & Garth	Currently provide	Do not provide
Tesco Pharmacy, Warfield Harvest Ride	Currently provide	Currently provide
Boots Pharmacy, Wildridings & Central	Currently provide	Currently provide
Lloyds Pharmacy, Wildridings & Central	Currently provide	Currently provide
Superdrug Pharmacy, Wildridings & Central	Currently provide	Currently provide

Source: NHS England (2017)

The survey of Bracknell Forest pharmacies provided additional information about the advanced services delivered in the local area. 19 pharmacies responded to this and indicated the following:

- Urgent Medicine Supply Services (NUMSAS) are not currently being delivered by pharmacies in the local area; however 39% stated that they hoped to provide this soon.
- An Appliance User Review (AUR) service is available at Lloyds Pharmacy in Old Bracknell. HA McParlands in Crowthorne hope to provide this service soon.
- Stoma Appliance Customisation services are not provided by pharmacies in Bracknell Forest and none intend to provide this soon.
- Seasonal Flu vaccinations are currently being provided by 16 pharmacies in the area. This service is also provided privately in 6 of these pharmacies. Berkshire East CCGs have expressed an aim to improve the co-ordination between community pharmacies and GP Practices for the delivery of flu vaccination.

Enhanced Services

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

Locally Commissioned Services

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

4 pharmacies have informed us that they provide emergency hormonal contraception services, 11 provide supervised consumption and 4 provide needle exchange services. The table below shows the level of provision for these locally commissioned services and pharmacies that have stated that they would be willing to provide these in the future.

Pharmacy	Emergency Hormonal Contraception	Supervised consumption	Needle Exchange
David Pharmacy, Ascot	Willing to provide, but would need training; provides private service	Currently provide	Willing and able to provide
Lloyds Pharmacy, Binfield with Warfield	Willing and able to provide	Willing and able to provide	Willing and able to provide
Bullbrook Pharmacy, Bullbrook	Willing and able to provide	Currently provide	Currently provide
Boots Pharmacy, Central Sandhurst	Do not provide	Currently provide	Do not provide
Lloyds Pharmacy, College Town	Currently provide	Do not provide	Do not provide
Tesco Pharmacy, College Town	<i>No data provided</i>	<i>No data provided</i>	<i>No data provided</i>

Pharmacy	Emergency Hormonal Contraception	Supervised consumption	Needle Exchange
Dukes Pharmacy, Crowthorne	Willing to provide, but would need training	Currently provide	Do not provide
H A McParland Ltd, Crowthorne	Willing to provide, but would need training; provides private service	Currently provide	Willing and able to provide
Lloyds Pharmacy, Crowthorne	Currently provide	Currently provide	Currently provide
Lloyds Pharmacy, Great Hollands North	<i>No data provided</i>	<i>No data provided</i>	<i>No data provided</i>
Birch Hill Pharmacy, Hanworth	Provides private service	Do not provide	Do not provide
Lloyds Pharmacy, Hanworth	Do not provide	Willing and able to provide	Do not provide
Boots Pharmacy, Harmans Water	Willing to provide, but would need training	Currently provide	Currently provide
Lloyds Pharmacy, Old Bracknell	<i>No data provided</i>	Willing to provide, but would require facilities adjustment	Provide private service
H A McParland Ltd, Owlsmoor	Willing to provide, but would need training	Currently provide	Willing and able to provide
Priestwood Pharmacy, Priestwood & Garth	<i>No data provided</i>	<i>No data provided</i>	<i>No data provided</i>
Tesco Pharmacy, Warfield Harvest Ride	Willing to provide, but would need training	Currently provide	Willing to provide, but would need training
Boots Pharmacy, Wildridings & Central	Currently provide	Currently provide	Currently provide
Lloyds Pharmacy, Wildridings & Central	<i>No data provided</i>	<i>No data provided</i>	<i>No data provided</i>
Superdrug Pharmacy, Wildridings & Central	Currently provide	Currently provide	Willing and able to provide

In addition to these services, East Berkshire CCGs have an arrangement with some pharmacies to hold palliative care emergency drugs to fill any urgent prescriptions. The CCGs then fund any used or expired stock. The arrangement is in place with the following community pharmacies:

- Boots Pharmacy, Wildridings & Central
- Tesco Pharmacy, College Town

Healthy Living Pharmacy

Three Bracknell Forest pharmacies have confirmed that they are Healthy Living Pharmacies (Lloyds Pharmacy in College Town, Lloyds Pharmacy in Old Bracknell and Superdrug Pharmacy in Wildridings and Central). These pharmacies have a total of 8 qualified Healthy

Living Champions (full time equivalents). All other community pharmacies in Bracknell Forest are working towards the Healthy Living Pharmacy accreditation.

Berkshire East CCGs have also highlighted possible areas for future local commissioning and involvement with Healthy Living Pharmacies. These include more integrated working and planning between pharmacies, primary care and Bracknell Forest Public Health to improve the signposting and services for patients with Long Term Conditions. The CCGs also echo a suggestion made in the public survey, that community pharmacies could be used to measure certain aspects of patient's physical health, such as blood pressure testing. These areas, and other local priorities, will be explored during the lifetime of this PNA.

2. Access to pharmacy services within Bracknell Forest

Accessibility to pharmacy services is affected by the opening hours of different providers across the local area, as well as both the distance and time it takes people to reach their nearest pharmacy. This could be by car, walking or other methods of transport.

Bracknell Forest has one 100 hour pharmacy, based in College Town, and one distance selling pharmacy. All Bracknell Forest pharmacies are open on a Saturday and 5 are also open on a Sunday, as shown in Map 4. Those open on a Sunday are based within central Bracknell (Hanworth, Wildridings and Central wards), College Town and Warfield Harvest Ride ward.

Two Bracknell Forest community pharmacies are open until at least 10pm on a weekday, including the 100 hour Tesco Pharmacy based in College Town and Lloyds Pharmacy in Birch Hill. A further 3 pharmacies are open until at least 7pm on weekdays and these are based in Wildridings and Central, Warfield Harvest Ride and College Town wards. Map 5 shows all community pharmacies based in Bracknell Forest that are open weekday evenings

Walking time measures are based on an average walking speed of 3 miles/ 4.8 km per hour, which is a recognised standard developed by the [Department for Transport](#). This walking time may differ for certain individuals, such as older people or those with disabilities, and is shown here as an estimation only. All residents of Bracknell Forest are able to access a pharmacy within a 10 minute drivetime, during normal weekday opening hours, as shown in Map 6. This level of accessibility by car is also available on weekday evenings (after 7pm) and at the weekends, based on the current opening hours of the pharmacies. In addition, 100% of the population can access a pharmacy within a 20 minute cycle.

83% of Bracknell Forest residents are able to access a pharmacy within a 15 minute walk, during normal weekday opening hours, as shown in Map 7. It is important to note that this level of accessibility does reduce on weekday evenings (after 7pm) and on Sundays, when only 32% of the population can get to a pharmacy within a 15 minute walk.

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

Dispensing doctors provide services to patients mainly in rural areas and often where there are no community pharmacies or access is restricted. One of the requirements for the

service is that patients live in a controlled locality (a rural area determined locally in line with the regulations and after consideration of a wide range of factors) and are more than 1mile/ 1.6km from a pharmacy premises. There is one dispensing doctor within Bracknell Forest, at Binfield Surgery within Binfield with Warfield ward. Map 8 shows that the majority of communities within Bracknell Forest are within a 1.6km radius of a pharmacy. Areas that are not served by a local pharmacy include some neighbourhoods within Binfield with Warfield ward and Winkfield and Cranbourne ward. These areas are sparsely populated, but may include some households that have a further distance to a pharmacy. However, it is important to note that all of these residents are still able to access a pharmacy within a 20 minute drivetime, which meets one of the NHS key standards for accessibility. A proportion of these residents will also be within the specific area that Binfield Surgery provide a dispensing service to.

Bracknell Forest residents can also access pharmacies in other areas. The Borough borders with Wokingham, the Royal Borough of Windsor & Maidenhead, Hart and Surrey Heath and the nearest pharmacy for some residents may be located within these HWB areas. There are 14 pharmacies located in other boroughs that are within 1.6km of the Bracknell Forest border and some of these have extended opening hours. Residents of neighbouring areas may also use pharmaceutical services in Bracknell Forest, but their needs are outside the remit of this PNA.

The current provision of pharmacies in Bracknell Forest means that there are 18 pharmacies per 100,000 population. In March 2016, there were 22 pharmacies per 100,000 population across England and 19 per 100,000 population in the South East (NHS Digital 2016a). Using population and housing projection figures, we can expect the pharmaceutical provision in Bracknell Forest to reduce to 16 per 100,000 population by March 2021.

E: Public Survey

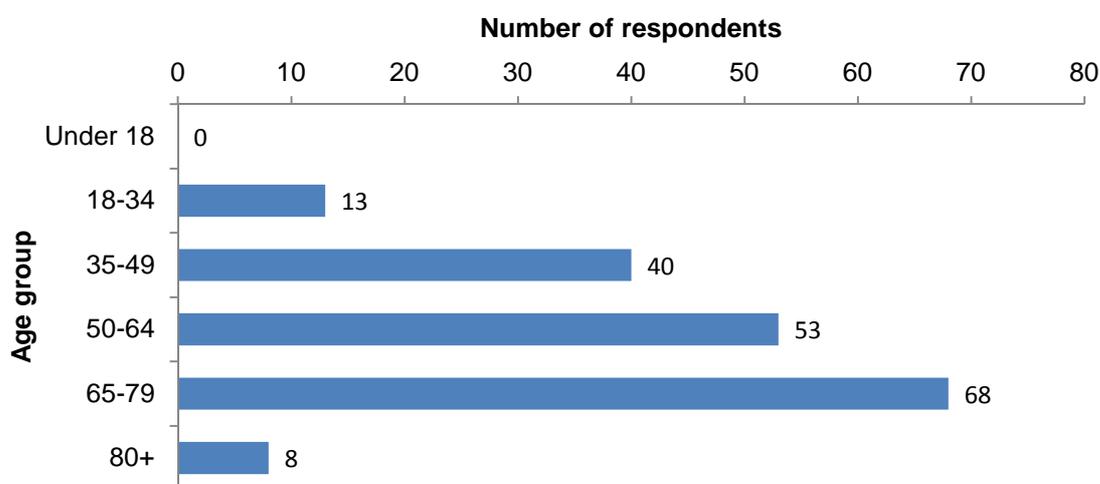
A key aspect of the pharmaceutical needs assessment is to obtain the views of residents who use our community pharmacy and dispensing doctor services. This section provides a summary of the responses that were received through the Berkshire PNA public survey, which was open from mid June to mid September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

184 people participated in the PNA survey. These responses included 59 Bracknell Forest residents and 125 residents from other Berkshire local authorities. The results from the survey have been analysed together, due to the relatively low response rate. All the figures included below therefore represent the views of all Berkshire respondents, and not just Bracknell Forest residents.

1. Demography of survey respondents

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

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



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

2. Use and access to local pharmacies

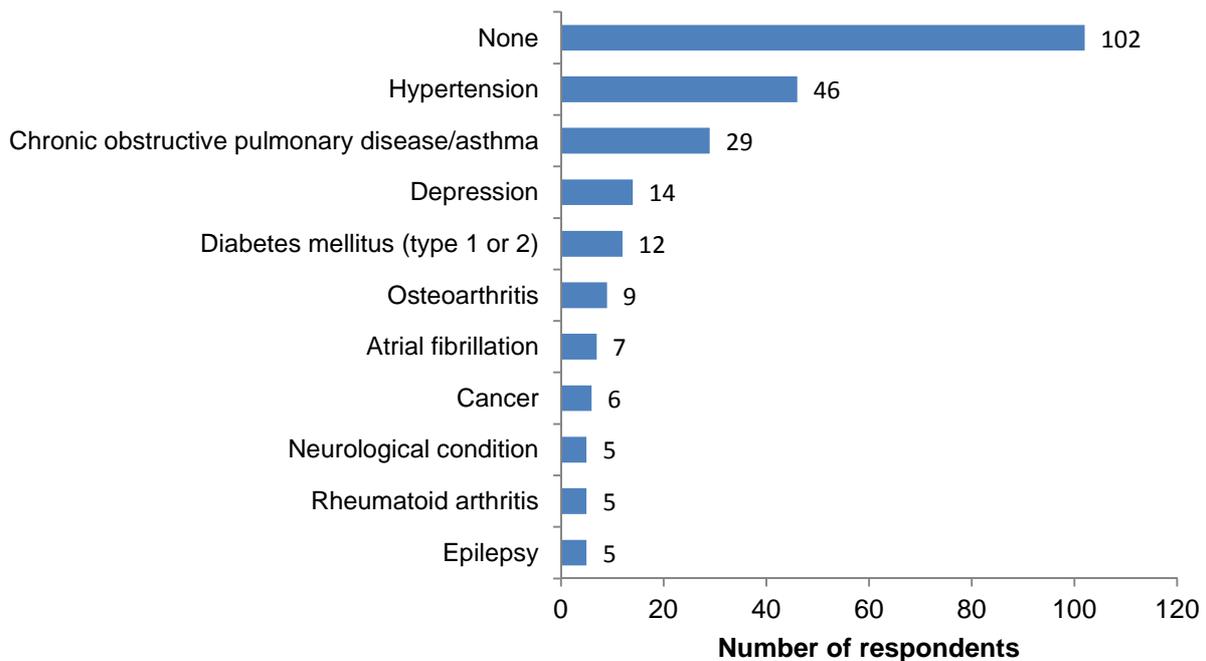
Respondents were asked about the pharmacies they used and how they accessed these. Key findings about pattern of use included:

- 93% reported using a community pharmacy. 5% used a dispensing appliance supplier and 5% used an internet pharmacy.

- 32% stated that they used a pharmacy more than once a month, with a total of 64% using a pharmacy at least once a month.
- 95% reported being able to get to the pharmacy of their choice
- Driving was the most common way that respondents accessed a pharmacy (55%) and walking was a close second (41%). 2% people stated that they cycled and 2% used public transport.
- 86% stated that it took less than 15 minutes to travel to their regular pharmacy and the remaining 14% stated that it took between 15 and 30 minutes.

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

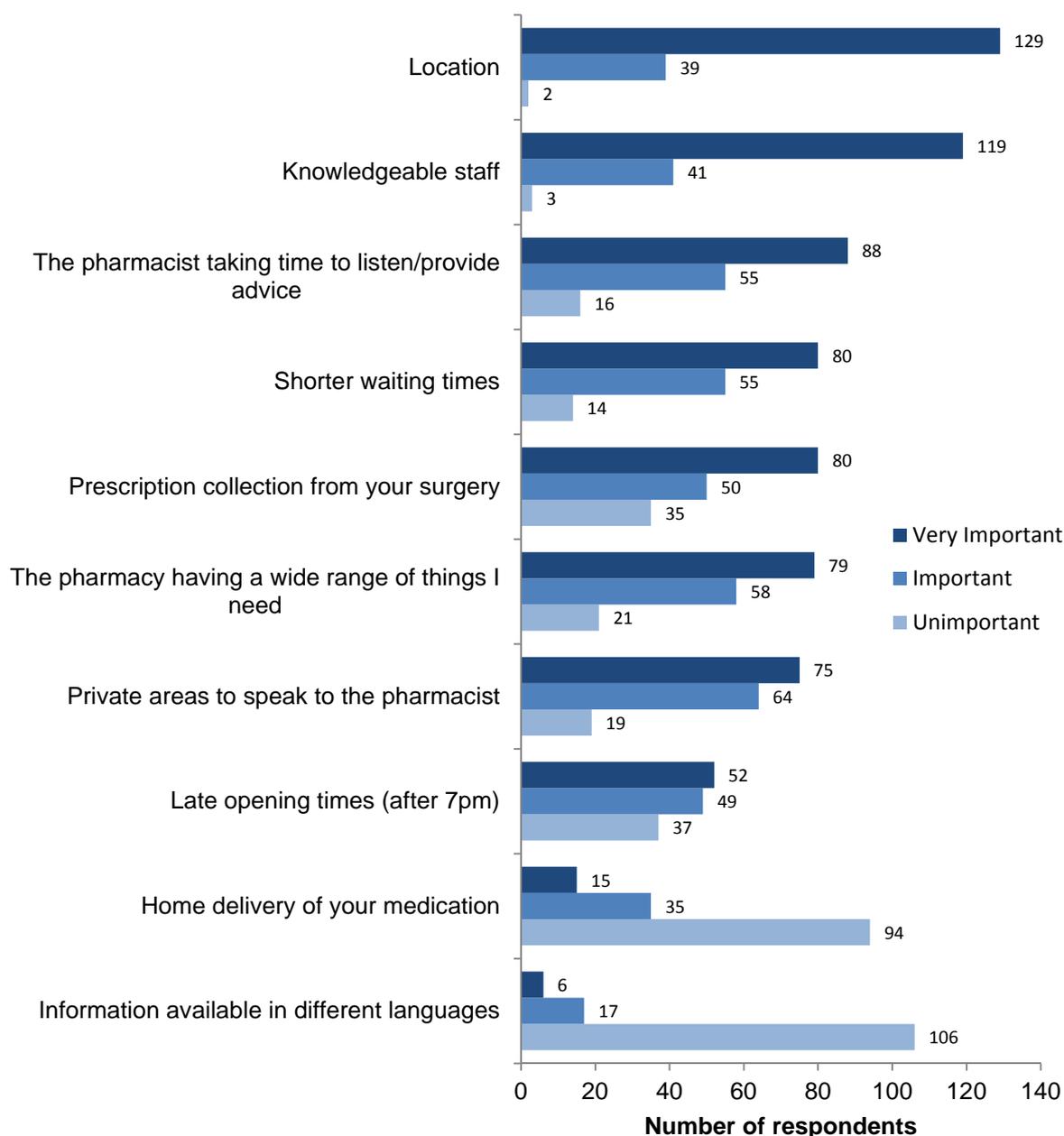
Figure 10: Summary of response to “Which of the following chronic health conditions do you visit your pharmacy for?”



3. Pharmacy characteristics and services

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

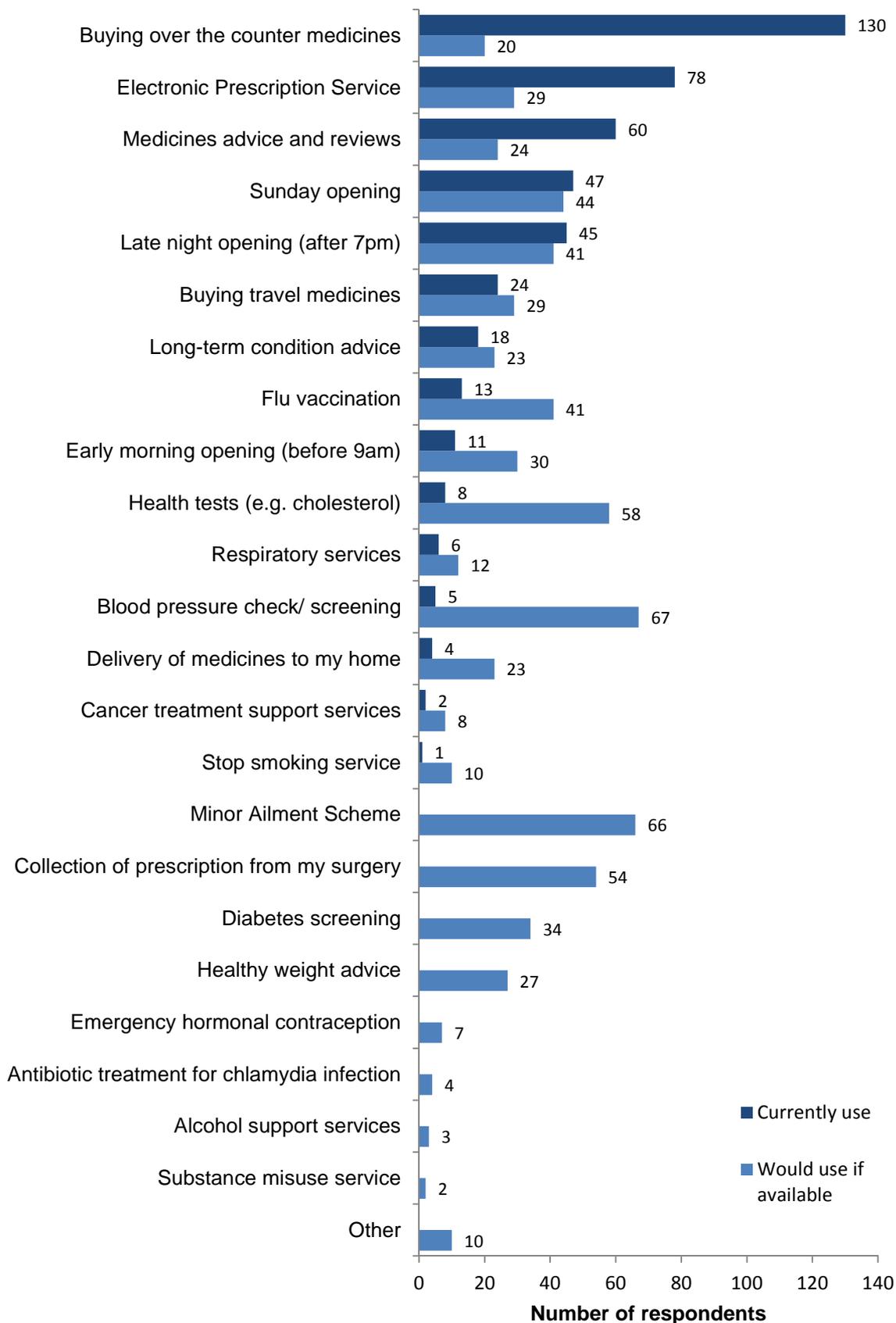
Figure 11: Summary of response to “How important are the following pharmacy services?”



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

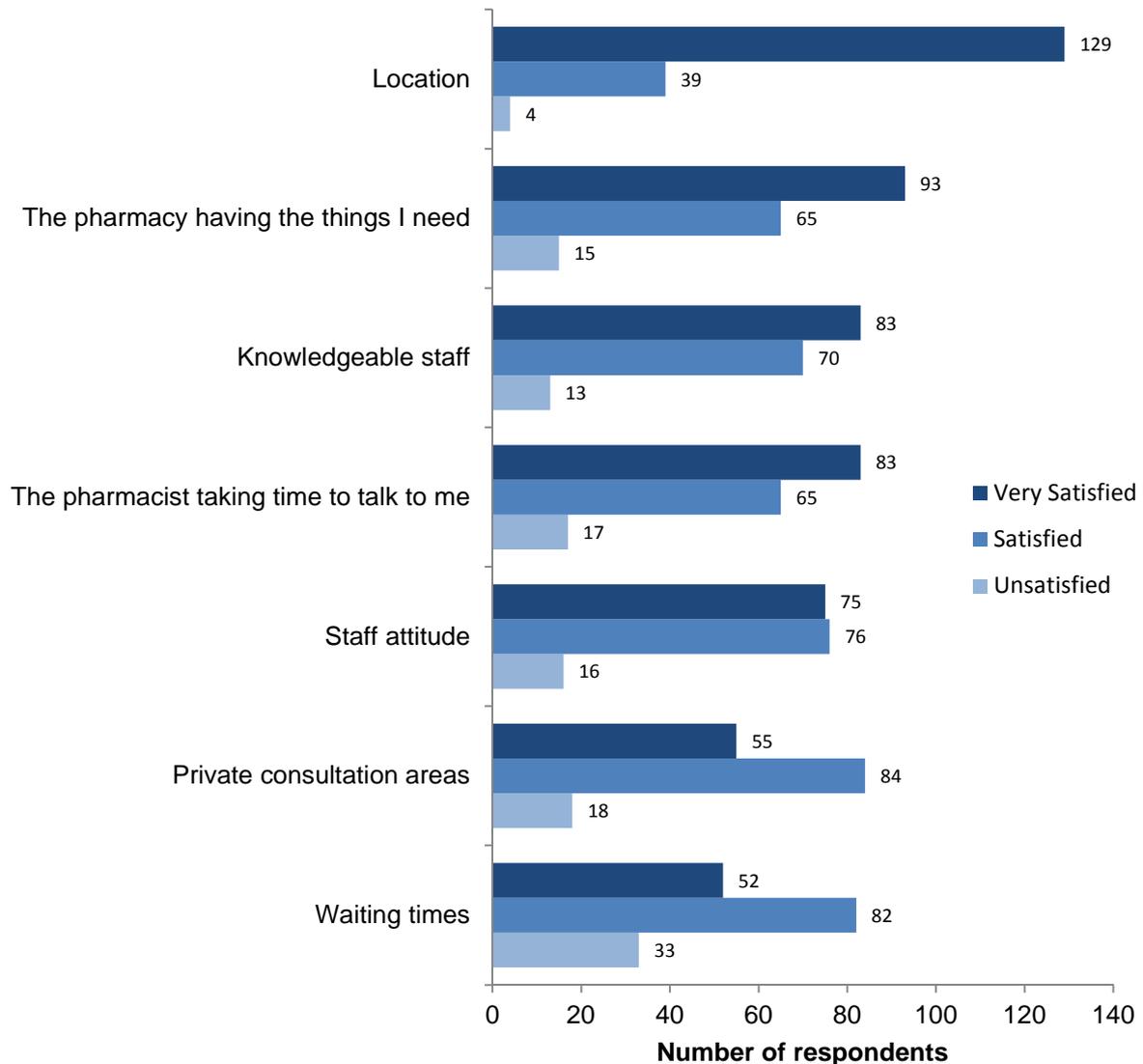
24% of respondents stated that they would use Sunday opening times, if they were available, and 22% stated that they would use late nights opening (after 7pm). The full list of responses is shown at Figure 12.

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



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

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



4. Feedback

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

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

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

F: Assessment of pharmaceutical service provision

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

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

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

- There are 21 pharmacies providing essential pharmaceutical services in Bracknell Forest, including one distance selling pharmacy. There is also one dispensing doctor.
- There are 18 pharmacies and dispensing practices per 100,000 population in Bracknell Forest. This is expected to reduce to 16 per 100,000 population by 2021, based on population projections and growth from new housing developments.
- Pharmacies are well placed to serve heavily populated areas, with sufficient provision in less populated wards.
- There is sufficient access to a range of pharmacies during core opening hours and all residents can access a community pharmacy within a 15 minute drive during normal working hours.
- Five pharmacies are open weekday evenings and two of these are open until at least 10pm. Five pharmacies are open on Saturdays and two of these are open until at least 10pm. Two pharmacies are open on Sunday, and one of these is open until 10pm.
- There are 14 pharmacies located within 1.6km of Bracknell Forest borders and a number of these offer extended opening hours.
- There is adequate but variable provision of advanced services across Bracknell Forest. All 20 pharmacies provide MUR and 14 provide NMS. Nineteen pharmacies responded to the survey; of these 16 reported providing flu vaccination. No pharmacies reported providing NUMSAS however 11 reported planning to provide this in the near future. No pharmacies reported providing SAC. One reported provision of AUR, with a second planning to provide in the near future.
- NHS England encourages pharmacies and pharmacists to become eligible to deliver the NMS and flu vaccination service, so that more eligible patients are able to access and benefit from these services. Demand for the appliance advanced services (SAC and AUR) is lower than for the other advanced services, due to the much smaller proportion of the population who may require this type of service.
- In terms of improvements, there is room to extend the range of LCS that are commissioned in Bracknell Forest and to increase the number of pharmacies providing these. A number of pharmacies have stated that they would be willing to provide these service of commissioned to do so.
- The public survey showed that:
 - 95% of respondents were able to get to the pharmacy of their choice
 - 86% took less than 15 minutes to travel to their regular pharmacy and the remaining 14% stated that it took between 15 and 30 minutes.
 - 91% were satisfied or very satisfied with the location of their pharmacy

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

G: Conclusions

1. Current necessary provision

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

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

2. Current gaps

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

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

3. Future gaps

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

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

Developments in Binfield with Warfield ward mean that an increased number of residents may have to travel further to access essential services in the evenings and at weekends, however there are currently two 100 hour pharmacies within a 20 minute drive.

4. Current additional provision

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

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

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

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

Conclusion: Based on the information available at the time of developing this PNA, there is opportunity to improve access essential services during evenings for residents of Binfield with Warfield Ward. However, this area is within a 20 minute drive of two 100 hour pharmacies, which does meet a key NHS standard for accessibility.

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

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

Delivery services are out of scope of the PNA and are not commissioned by NHS England. However, Bracknell Forest community pharmacies can choose to provide this service privately.

6. Impact of other NHS services

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

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

H: Sources

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

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

Bracknell Forest Council (2017); [Bracknell Forest Joint Strategic Needs Assessment](#)

Bracknell Forest Council (2013); [Site Allocations Local Plan](#)

Bracknell Forest Health and Wellbeing Board (2015); [Seamless Health: Bracknell Forest's Joint Health and Wellbeing Strategy for 2016 to 2020](#)

British Medical Association (2013); [Dispensary Services Quality Scheme](#)

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

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

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

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

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

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

Department for Transport (2017); [Journey Time Statistics: Notes and Definitions](#)

Diabetes UK (2016); [Facts and Stats](#)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Public Health England (2016a); [Bracknell Forest Hypertension Profile](#)

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

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

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

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

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

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

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

Public Health Services for Berkshire (2017); Bracknell & Ascot Clinical Commissioning Group Locality Profile

I: Glossary of terms and acronyms

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

I: Appendices and Maps

Appendices

- A: Berkshire PNA Pharmacy Survey 2017
- B: Berkshire PNA Public Survey 2017
- C: Opening times for pharmacies and dispensaries in Bracknell Forest
- D: Equalities Screening Record for Pharmaceutical Needs Assessment
- E: PNA Consultation process and feedback report
- F: Berkshire PNA Formal Consultation Survey 2017

Maps

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

Service Design PNA Questionnaire 2017 (Preview)

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

Provision Reports Preview

Basic Provision Record (Sample)

Service Support

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

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

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

Date of completion

Trading Name

Post Code

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

Pharmacy email address
If no email write no email

Pharmacy telephone

Pharmacy fax

Pharmacy website address
If no website write no website

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

Is this pharmacy open

Core hours of opening

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

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

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

Total hours of opening (Core + Supplementary)

Please complete your total hours of opening

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

Consultation Facilities

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

Is there a consultation area?

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

if Other please specify

Where there is a consultation area

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

Off-site arrangements

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

Hand washing and toilet facilities

What facilities are available to patients during consultations?

Facilities available

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

Tick all that apply

Information Technology

Is the pharmacy EPS* R2 enabled?

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

EPS R2: Electronic Prescription Service Release 2

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

File format types

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

Please tick all that apply

Essential Services (appliances)

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

Does the pharmacy dispense appliances?

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

If Other please specify

Advanced Services

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

Please tick the box that applies for each service.

Yes - Currently providing

Soon - Intending to begin within the next 12 months

No - Not Intending to provide

Yes Soon No

Medicines Use Review service

New Medicine Service Yes Soon No

Urgent Medicines Supply (NUMSAS) Yes Soon No

Appliance Use Review service Yes Soon No

Stoma Appliance Customisation service Yes Soon No

Commissioned Services

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

CP - Currently Providing NHS funded service

WA - Willing and able to provide if commissioned

WT - Willing to provide if commissioned but would need training

WF - Willing to provide if commissioned but require facilities adjustment

PP - Currently providing private service

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

Anticoagulant Monitoring Service CP WA WT WF PP

Anti-viral Distribution Service CP WA WT WF PP

Care Home Service CP WA WT WF PP

Chlamydia Treatment Service CP WA WT WF PP

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

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

Disease Specific Medicines Management Service:

Allergies CP WA WT WF PP

Alzheimer's/dementia CP WA WT WF PP

Asthma CP WA WT WF PP

CHD CP WA WT WF PP

Depression CP WA WT WF PP

Diabetes type I CP WA WT WF PP

Diabetes type II CP WA WT WF PP

Epilepsy CP WA WT WF PP

Heart Failure CP WA WT WF PP

Hypertension CP WA WT WF PP

Parkinson's disease CP WA WT WF PP

Other (please state - including funding source)

Area Team Services
List your Area Team commissioned services here

End of Disease specific Medicines Management Service options.

CP WA WT WF PP

Emergency Hormonal
Contraception Service

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

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

Independent Prescribing CP WA WT WF PP
Service

Therapeutic areas covered
(if providing)

Language Access Service CP WA WT WF PP

Note: This is not the NMS or MUR service.

Medication Review Service CP WA WT WF PP

Medicines Assessment and Compliance Support Service:

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

DomMAR Carer's Charts CP WA WT WF PP

End of Medicines Assessment and Compliance Support options.

Minor Ailments Scheme CP WA WT WF PP

MUR Plus/Medicines CP WA WT WF PP
Optimisation Service

Therapeutic areas covered
(if providing)

Needle and Syringe CP WA WT WF PP
Exchange Service

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

On Demand Availability of Specialist Drugs Service:

Directly Observed Therapy CP WA WT WF PP

If yes state which
medicines

Out of hours services CP WA WT WF PP

Palliative Care scheme CP WA WT WF PP

End of On Demand Availability of Specialist Drugs Service options

Patient group directions

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

AT=Area Team

LA=Local Authority

CCG=Clinical Commissioning Group

Pr=Offers a Private Service

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

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

Medicines available

Phlebotomy Service CP WA WT WF PP

Prescriber Support Service CP WA WT WF PP

Schools Service CP WA WT WF PP

Screening Service:

Alcohol CP WA WT WF PP

Cholesterol CP WA WT WF PP

Diabetes CP WA WT WF PP

H. pylori CP WA WT WF PP

HbA1C CP WA WT WF PP

Hepatitis CP WA WT WF PP

HIV CP WA WT WF PP

Other Screening (please state - including funding source)

End of screening service options

Seasonal Influenza Vaccination Service CP WA WT WF PP

Other vaccinations

Childhood vaccinations CP WA WT WF PP

HPV CP WA WT WF PP

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

Travel vaccines CP WA WT WF PP

Other (please state - including funding source)

End of Other vaccinations options

Sharps Disposal Service CP WA WT WF PP

Stop Smoking Service:

NRT Voucher Service CP WA WT WF PP

Smoking Cessation Counselling Service CP WA WT WF PP

End of Stop Smoking Service options

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

End of Supervised Administration Service options

Supplementary prescribing CP WA WT WF PP

Which therapy area

Vascular Risk Assessment Service CP WA WT WF PP
NHS Healthchecks

Healthy Living Pharmacy

Is this a Healthy Living Pharmacy

- Yes
 Currently working towards HLP status
 No

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

Collection and Delivery services

Does the pharmacy provide any of the following?

Collection of prescriptions from surgeries Yes No

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

Delivery of dispensed medicines - Selected patient groups
List criteria

Delivery of dispensed medicines - Selected areas
List areas

Delivery of dispensed medicines - chargeable Yes No

Languages

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

What languages other than English are spoken in the pharmacy

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

Almost done

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

Other

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

Contact name

Contact telephone

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

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Appendix B: Berkshire PNA Public Survey 2017

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

1. Which Local Authority area do you live in?

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

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

2. Do you use?

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

3. How often do you use a Pharmacy?

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

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

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

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

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

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

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

Appendix B: Berkshire PNA Public Survey 2017

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

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

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

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

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

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

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

Appendix B: Berkshire PNA Public Survey 2017

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

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

- Yes
- No

10. Do you use one Pharmacy regularly?

- Yes
- No

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

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

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

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

13. How important are the following Pharmacy services?

- Home delivery of your medication
- Very important Important Unimportant

- Prescription collection from your surgery
- Very important Important Unimportant

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

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

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

- Shorter waiting times
- Very important Important Unimportant

- Knowledgeable staff
- Very important Important Unimportant

Appendix B: Berkshire PNA Public Survey 2017

Location

Very important Important Unimportant

Late opening times (after 7pm)

Very important Important Unimportant

Information available in different languages

Very important Important Unimportant

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

The Pharmacy having the things I need

Very important Important Unimportant

The Pharmacist taking time to talk to me

Very important Important Unimportant

Private consultation areas

Very important Important Unimportant

Waiting times

Very important Important Unimportant

Staff attitude

Very important Important Unimportant

Knowledgeable staff

Very important Important Unimportant

Location

Very important Important Unimportant

Personal Details

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

Are you?

Male
 Female

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

To which of these groups do you consider you belong?

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

Appendix B: Berkshire PNA Public Survey 2017

Mixed

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

Asian or Asian British

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

Black or Black British

- African
- Caribbean
- Any other Black background

Arab/Other Ethnic group

- Arab
- Other Ethnic group

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

- Yes
- No

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

- Yes
- No

How would you describe your religion/belief?

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

What is your marital status?

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

How would you describe your sexual orientation?

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

Which of the following best describes your working situation?

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

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Appendix C: Opening times for pharmacies and dispensaries in Bracknell Forest

Pharmacies

Name, Ward	Address	Opening Hours	Core Hours
David Pharmacy Ascot	24 New Road Ascot Berkshire SL5 8QQ	Monday 09:00-13:45; 14:00-18:00 Tuesday 09:00-13:45; 14:00-18:00 Wednesday 09:00-13:45; 14:00-18:00 Thursday 09:00-13:45; 14:00-18:00 Friday 09:00-13:45; 14:00-18:00 Saturday 09:00-13:00 Sunday Closed	Monday 09:00-13:45; 14:00-16:45 Tuesday 09:00-13:45; 14:00-16:45 Wednesday 09:00-13:45; 14:00-16:45 Thursday 09:00-13:45; 14:00-16:45 Friday 09:00-13:45; 14:00-16:45 Saturday 09:00-11:30 Sunday
Evercaring Pharmacy DISTANCE SELLING ONLY Binfield with Warfield	Unit 4, Acorn House Longshot Lane Bracknell Berkshire RG12 1RL	Monday 09:00-17:00 Tuesday 09:00-17:00 Wednesday 09:00-17:00 Thursday 09:00-17:00 Friday 09:00-17:00 Saturday 09:00-12:00 Sunday Closed	Monday 09:00-17:00 Tuesday 09:00-17:00 Wednesday 09:00-17:00 Thursday 09:00-17:00 Friday 09:00-17:00 Saturday 09:00-17:00 Sunday
Lloyds Pharmacy Binfield with Warfield	Terrace Road North Binfield Berkshire RG42 5JG	Monday 09:00-18:00 Tuesday 09:00-18:00 Wednesday 09:00-18:00 Thursday 09:00-18:00 Friday 09:00-18:00 Saturday 09:00-13:00 Sunday Closed	Monday 09:00-13:00; 14:30-18:00 Tuesday 09:00-13:00; 14:30-18:00 Wednesday 09:00-13:00; 14:30-18:00 Thursday 09:00-13:00; 14:30-18:00 Friday 09:00-13:00; 14:30-18:00 Saturday 09:00-10:30; 12:00-13:00 Sunday
Bullbrook Pharmacy Bullbrook	3 Bullbrook Row Bracknell Berkshire RG12 2NL	Monday 09:00-18:00 Tuesday 09:00-18:00 Wednesday 09:00-18:00 Thursday 09:00-18:00 Friday 09:00-18:00 Saturday 09:00-13:00 Sunday Closed	Monday 09:00-13:00; 14:30-18:00 Tuesday 09:00-13:00; 14:30-18:00 Wednesday 09:00-13:00; 14:30-18:00 Thursday 09:00-13:00; 14:30-18:00 Friday 09:00-13:00; 14:30-18:00 Saturday 09:00-10:30; 12:00-13:00 Sunday
Boots Pharmacy Central Sandhurst	70 Yorktown Road Sandhurst Berkshire GU47 9BT	Monday 08:30-13:00; 14:00-18:30 Tuesday 08:30-13:00; 14:00-18:30 Wednesday 08:30-13:00; 14:00-18:30 Thursday 08:30-13:00; 14:00-18:30 Friday 08:30-13:00; 14:00-18:30 Saturday 09:00-15:00 Sunday Closed	Monday 09:00-13:00; 14:00-17:00 Tuesday 09:00-13:00; 14:00-17:00 Wednesday 09:00-13:00; 14:00-17:00 Thursday 09:00-13:00; 14:00-17:00 Friday 09:00-13:00; 14:00-17:00 Saturday 09:00-13:00; 14:00-15:00 Sunday
Lloyds Pharmacy College Town	390-400 Yorktown Road Sandhurst Berkshire GU47 0HL	Monday 09:00-19:00 Tuesday 09:00-19:00 Wednesday 09:00-19:00 Thursday 09:00-19:00 Friday 09:00-19:00 Saturday 09:00-17:00 Sunday 10:00-16:00	Monday 10:00-16:00 Tuesday 10:00-16:00 Wednesday 10:00-16:00 Thursday 10:00-16:00 Friday 10:00-16:00 Saturday 10:00-15:00 Sunday 10:00-15:00
Tesco Pharmacy College Town	Tesco Extra, The Meadows Marshall Road Sandhurst Berkshire GU47 0FD	Monday 08:00-22:30 Tuesday 06:30-22:30 Wednesday 06:30-22:30 Thursday 06:30-22:30 Friday 06:30-22:30 Saturday 06:30-22:00 Sunday 10:00-16:00	Monday 08:00-22:30 Tuesday 06:30-22:30 Wednesday 06:30-22:30 Thursday 06:30-22:30 Friday 06:30-22:30 Saturday 06:30-22:00 Sunday 10:00-22:00
Dukes Pharmacy Crowthorne	196 Dukes Ride Crowthorne Berkshire RG45 6DS	Monday 09:00-18:00 Tuesday 09:00-18:00 Wednesday 09:00-18:00 Thursday 09:00-18:00 Friday 09:00-18:00 Saturday 09:00-14:00 Sunday Closed	Monday 09:00-16:00 Tuesday 09:00-16:00 Wednesday 09:00-16:00 Thursday 09:00-16:00 Friday 09:00-16:00 Saturday 09:00-14:00 Sunday
H A McParland Ltd Crowthorne	182 High Street Crowthorne Berkshire RG45 7AP	Monday 09:00-18:00 Tuesday 09:00-18:00 Wednesday 09:00-18:00 Thursday 09:00-18:00 Friday 09:00-18:00 Saturday 09:00-17:00 Sunday Closed	Monday 09:00-16:00 Tuesday 09:00-16:00 Wednesday 09:00-16:00 Thursday 09:00-16:00 Friday 09:00-17:00 Saturday 09:00-13:00 Sunday

Name, Ward	Address	Opening Hours	Core Hours
Lloyds Pharmacy Crowthorne	Manhattan House 140 High Street Crowthorne Berkshire RG45 7AY	Monday 09:00-18:30 Tuesday 09:00-18:30 Wednesday 09:00-18:30 Thursday 09:00-18:30 Friday 09:00-18:30 Saturday 09:00-17:30 Sunday Closed	Monday 09:00-12:00; 14:30-18:30 Tuesday 09:00-12:00; 14:30-18:30 Wednesday 09:00-12:00; 14:30-18:30 Thursday 09:00-12:00; 14:30-18:30 Friday 09:00-12:00; 14:30-18:30 Saturday 09:00-11:30; 15:00-17:30 Sunday
Lloyds Pharmacy Great Hollands North	6 Great Hollands Square Great Hollands Bracknell Berkshire RG12 8UX	Monday 09:00-18:30 Tuesday 09:00-18:30 Wednesday 09:00-18:00 Thursday 09:00-18:30 Friday 09:00-18:00 Saturday 09:00-17:00 Sunday Closed	Monday 09:00-12:00; 14:30-18:30 Tuesday 09:00-12:00; 14:30-18:30 Wednesday 09:00-12:00; 14:30-18:30 Thursday 09:00-12:00; 14:30-18:30 Friday 09:00-12:00; 14:30-18:30 Saturday 09:00-12:00; 15:30-17:30 Sunday
Birch Hill Pharmacy Hanworth	97 Liscombe Birch Hill Bracknell Berkshire RG12 7DE	Monday 09:00-13:00; 14:00-18:00 Tuesday 09:00-13:00; 14:00-18:00 Wednesday 09:00-13:00; 14:00-18:00 Thursday 09:00-13:00; 14:00-18:00 Friday 09:00-13:00; 14:00-18:30 Saturday 09:00-17:00 Sunday Closed	Monday 09:00-13:00; 14:00-18:00 Tuesday 09:00-13:00; 14:00-18:00 Wednesday 09:00-13:00; 14:00-18:00 Thursday 09:00-13:00; 14:00-18:00 Friday 09:00-13:00; 14:00-18:00 Saturday 09:00-13:00; 14:00-18:00 Sunday
Lloyds Pharmacy Hanworth	Ringmead Bagshot Road Bracknell Berkshire RG12 7SS	Monday 08:00-22:00 Tuesday 08:00-22:00 Wednesday 08:00-22:00 Thursday 08:00-22:00 Friday 08:00-22:00 Saturday 08:00-22:00 Sunday 10:00-16:00	Monday 09:00-12:00; 13:00-17:00 Tuesday 09:00-12:00; 13:00-17:00 Wednesday 09:00-12:00; 13:00-17:00 Thursday 09:00-12:00; 13:00-17:00 Friday 09:00-12:00; 13:00-17:00 Saturday 09:00-12:00; 14:00-16:00 Sunday
Boots Pharmacy Harmans Water	5 The Square Harmanswater Bracknell Berkshire RG12 9LP	Monday 08:30-13:00; 14:00-18:00 Tuesday 08:30-13:00; 14:00-18:00 Wednesday 08:30-13:00; 14:00-18:00 Thursday 08:30-13:00; 14:00-18:00 Friday 08:30-13:00; 14:00-18:00 Saturday 09:00-13:00; 14:00-17:00 Sunday Closed	Monday 09:00-13:00; 14:00-18:00 Tuesday 09:00-13:00; 14:00-18:00 Wednesday 09:00-13:00 Thursday 09:00-13:00; 14:00-18:00 Friday 09:00-13:00; 14:00-18:00 Saturday 09:00-13:00 Sunday
Lloyds Pharmacy Old Bracknell	8 Rectory Row Easthampstead Bracknell Berkshire RG12 7BN	Monday 09:00-18:00 Tuesday 09:00-18:00 Wednesday 09:00-18:00 Thursday 09:00-18:00 Friday 09:00-18:00 Saturday 09:00-13:00 Sunday Closed	Monday 09:00-13:00; 14:00-18:00 Tuesday 09:00-13:00; 14:00-18:00 Wednesday 09:00-13:00; 14:00-18:00 Thursday 09:00-12:00; 14:00-18:00 Friday 09:00-12:00; 14:00-18:00 Saturday 09:00-10:00; 12:00-13:00 Sunday
H A McParland Ltd Owlsmoor	27 Yeovil Road Owlsmoor Sandhurst Surrey GU47 0TF	Monday 09:00-18:30 Tuesday 09:00-18:30 Wednesday 09:00-18:30 Thursday 09:00-18:30 Friday 09:00-18:30 Saturday 09:00-17:00 Sunday Closed	Monday 09:00-13:00; 14:15-18:15 Tuesday 09:00-13:00; 14:15-17:15 Wednesday 09:00-13:00; 14:15-17:15 Thursday 09:00-13:00; 14:15-17:15 Friday 09:00-13:00; 14:15-17:15 Saturday 09:00-13:00 Sunday
Priestwood Pharmacy Priestwood and Garth	7 Priestwood Square Windlesham Road Bracknell Berkshire RG42 1UD	Monday 09:00-12:30; 13:30-18:00 Tuesday 09:00-12:30; 13:30-18:00 Wednesday 09:00-12:30; 13:30-18:00 Thursday 09:00-12:30; 13:30-18:00 Friday 09:00-12:30; 13:30-18:00 Saturday 09:00-13:00 Sunday Closed	Monday 09:00-12:30; 13:30-18:00 Tuesday 09:00-12:30; 13:30-18:00 Wednesday 09:00-12:30; 13:30-18:00 Thursday 09:00-12:30; 13:30-18:00 Friday 09:00-12:30; 13:30-18:00 Saturday 09:00-12:30; 13:30-18:00 Sunday
Tesco Pharmacy Warfield Harvest Ride	Jigs Lane Warfield Berkshire RG42 3JP	Monday 08:00-20:00 Tuesday 08:00-20:00 Wednesday 08:00-20:00 Thursday 08:00-20:00 Friday 08:00-20:00 Saturday 08:00-20:00 Sunday 10:00-16:00	Monday 09:00-13:00; 14:00-17:00 Tuesday 09:00-13:00; 14:00-17:00 Wednesday 09:00-13:00; 14:00-17:00 Thursday 09:00-13:00; 14:00-17:00 Friday 09:00-13:00; 14:00-17:00 Saturday 09:00-12:00; 13:00-15:00 Sunday
Boots Pharmacy Wildridings and Central	Lexicon Shopping Centre, 19-23 Braccan Walk, Bracknell Berkshire RG2 1BE	Monday 09:00-20:00 Tuesday 09:00-20:00 Wednesday 09:00-20:00 Thursday 09:00-20:00 Friday 09:00-20:00 Saturday 09:00-19:00 Sunday 11:00-17:00 Closed	Monday 10:00-14:00; 15:00-17:00 Tuesday 10:00-14:00; 15:00-17:00 Wednesday 10:00-14:00; 15:00-17:00 Thursday 10:00-14:00; 15:00-17:00 Friday 10:00-14:00; 15:00-17:00 Saturday 10:00-14:00; 15:00-17:00 Sunday 12:00-16:00

Name, Ward	Address	Opening Hours	Core Hours
Lloyds Pharmacy Wildridings and Central	Skimped Hill Health Ctre Skimped Hill Lane Bracknell Berkshire RG12 1LH	Monday 09:00-18:00	Monday 09:00-13:00; 14:30-18:00
		Tuesday 09:00-18:00	Tuesday 09:00-13:00; 14:30-18:00
		Wednesday 09:00-18:00	Wednesday 09:00-13:00; 14:30-18:00
		Thursday 09:00-18:00	Thursday 09:00-13:00; 14:30-18:00
		Friday 09:00-18:00	Friday 09:00-13:00; 14:30-18:00
		Saturday 09:00-13:00	Saturday 09:00-10:30; 12:00-13:00
		Sunday Closed	Sunday
Superdrug Pharmacy Wildridings and Central	Unit D 13 Charles Square Bracknell Berkshire RG12 1DF	Monday 08:30-14:00; 14:30-17:30	Monday 09:00-13:00; 15:00-17:30
		Tuesday 08:30-14:00; 14:30-17:30	Tuesday 09:00-13:00; 15:00-17:30
		Wednesday 08:30-14:00; 14:30-17:30	Wednesday 09:00-13:00; 15:00-17:30
		Thursday 08:30-14:00; 14:30-17:30	Thursday 09:00-13:00; 15:00-17:30
		Friday 08:30-14:00; 14:30-17:30	Friday 09:00-13:00; 15:00-17:30
		Saturday 09:00-13:30; 14:00-17:30	Saturday 09:00-13:30; 14:30-17:30
		Sunday Closed	Sunday

Dispensaries

Access to dispensaries is restricted to people who live in specific areas (controlled localities) of Bracknell Forest and who are registered with the Surgery.

Name, Ward	Address	Opening Hours
Binfield Surgery DISPENSARY Binfield with Warfield	Terrace Road North Binfield Bracknell Berkshire RG42 5JG	Monday 08:30-18:30
		Tuesday 08:30-18:30
		Wednesday 08:30-18:30
		Thursday 08:30-18:30
		Friday 08:30-18:30
		Saturday Closed
		Sunday Closed

Correct at: 23rd October 2017

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Equalities Screening Record Form for Bracknell Forest Pharmaceutical Needs Assessment

Date of Screening: December 2017	Directorate: Adult Social Care, Health and Housing	Section: Public Health Services for Berkshire
1. Activity to be assessed	<p>The Pharmaceutical Needs Assessment (PNA) is an assessment of access to and need for pharmaceutical services. It is not a policy or service development, but aims to inform such.</p> <p>From the 1st April 2013 every Health and Wellbeing Board (HWB) in England has had a statutory responsibility to keep an up to date statement of the PNA. The first Bracknell Forest PNA was published in April 2015 and lasted for three years. The 2018 refresh provides an updated assessment of the pharmaceutical needs of residents and will last until 2021.</p> <p>This Equalities Screening Record Form assesses the process used to develop and publish the latest PNA for Bracknell Forest, as well as the impact that the conclusions of the PNA may have on people with protected characteristics.</p> <p>The PNA process involves data collection and analysis, including demographic data, data on service provision (including type of service, opening hours, and access) and surveys of the public and pharmacy staff. Following this analysis, a holistic assessment of the pharmaceutical needs of the population is undertaken by the PNA Steering Group and conclusions are stated in the draft PNA report. The draft report is then open for a formal consultation period of 60 days, to ensure that residents, health practitioners, health organisations and other key stakeholders have the opportunity to make comments about the report. After the consultation period, all the comments received are reviewed and the report is amended accordingly. Finally, the PNA report is formally agreed by the Health & Wellbeing Board.</p>	
2. What is the activity?	<input type="checkbox"/> Policy/strategy <input checked="" type="checkbox"/> Function/procedure <input type="checkbox"/> Project <input type="checkbox"/> Review <input type="checkbox"/> Service <input type="checkbox"/> Organisational change	
3. Is it a new or existing activity?	<input checked="" type="checkbox"/> New <input type="checkbox"/> Existing	
4. Officer responsible for the screening	Jo Jefferies	
5. Who are the members of the screening team?	Jo Jefferies and Becky Taylor	
6. What is the purpose of the activity?	<p>A PNA is the statement of the needs of pharmaceutical services of a 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.</p> <p>This PNA describes the pharmaceutical needs of the population of Bracknell Forest. 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 Bracknell Forest and enable work to plan, develop and deliver pharmaceutical services for the population. It can also inform commissioning of additional services from pharmacies by NHS England, Clinical Commissioning Groups (CCGs) and the local authority.</p>	

Appendix D: Equalities Screening Record for Pharmaceutical Needs Assessment

7. Who is the activity designed to benefit/target?	All residents		
Protected Characteristics	Please tick yes or no	Is there an impact? What kind of equality impact may there be? Is the impact positive or adverse or is there a potential for both? If the impact is neutral please give a reason.	What evidence do you have to support this? E.g. equality monitoring data, consultation results, customer satisfaction information etc. Please add a narrative to justify your claims around impacts and describe the analysis and interpretation of evidence to support your conclusion as this will inform members decision making, include consultation results/satisfaction information/equality monitoring data
8. Disability Equality – this can include physical, mental health, learning or sensory disabilities and includes conditions such as dementia as well as hearing or sight impairment.	Y	There are both positive and negative impacts of the PNA process and for the conclusions in relation to disability.	<p>The PNA process included a public survey and a later consultation period, both of which were administered through an online portal. For residents with physical disabilities this may have impacted positively by increasing access. For residents with sight impairment, the portal used is compatible with software that enables the survey to be read aloud, which may also improve access for some of this group.</p> <p>For residents with Mental Health problems, Learning Disabilities or dementia this online method may have impacted negatively. However, other survey and consultation methods, such as paper-based or face to face group consultation would have had a similar impact.</p> <p>In the public survey, respondents were asked if they had any disabilities and, if so, what type. This information was considered when reviewing the survey feedback for inclusion in the PNA report. Amendments to the draft PNA report were made in response to comments regarding disability and access to pharmacy services.</p> <p>When making conclusions about the need for pharmaceutical services, the demographics of the population including prevalence of mental health problems and dementia was taken into account. However, robust data on the prevalence of other disability characteristics was not available at a local level. Similarly, when making assessment of average travel times, journeys by car and walking were based on recognised measures developed by the Department of Transport. These times may not reflect the experience of someone with one or more disabilities.</p>

Appendix D: Equalities Screening Record for Pharmaceutical Needs Assessment

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<p>9. Racial equality</p>		<p>N Neither the process nor conclusions of the PNA are likely to have an impact on an individual because of their race.</p>	<p>No impact as a result of the PNA process.</p> <p>Race refers to a person's physical characteristics, while ethnicity refers to cultural factors, such as nationality, regional culture, ancestry and language. For this equality screening tool, we used information about a person's ethnicity as an indicator of race, as this information was more readily available to make an assessment of equality.</p> <p>Black and minority ethnic (BME) groups generally have worse health than the overall population, with some BME groups having far worse health outcomes than others. Evidence suggests that the poorer socioeconomic position of BME groups is the main factor driving ethnic health inequalities. Language can also be a barrier to delivering effective advice on medicines, health promotion and public health interventions. In addition, some ethnic groups have a higher prevalence of specific long term conditions (for example: people from South Asian and Black communities are 2-4 times more likely to develop Type 2 diabetes than those from Caucasian backgrounds (Diabetes UK 2016, Facts and Stats)).</p> <p>Survey respondents need to be interpreted with caution because the sample size is small. However, it should be noted that the vast majority of respondents (90%) identified as White-British, compared to 84.9% in Bracknell Forest's population overall.</p> <p>The PNA included information on the ethnicity of residents using data from the Office for National Statistics 2011 Census. This information was taken into account when making the assessment of need.</p> <p>Respondents were asked to state their ethnicity in the public survey. This information was considered when reviewing the survey feedback for inclusion in the PNA report.</p> <p>Three pharmacies in Bracknell Forest are Healthy Living Pharmacies (HLPs) and all others are working towards this accreditation. HLPs aim to enable community pharmacies to meet local need, improve the health and wellbeing of the local population and help to reduce health inequalities, including inequalities due to race and ethnicity. The number and location of HLPs were taken into account in the PNA.</p>
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<p>10. Gender equality</p>		<p>N Neither the process nor conclusions of the PNA are likely to have an impact on an individual because of their gender.</p>	<p>Internet use is high for both men and women, so the online survey and consultation methodology is unlikely to have had a discriminatory impact on either male or female gender. An Office for National Statistics report (Internet Users in the UK: 2017), shows that 90% of men have recently used the internet, compared to 88% for women in all age groups.</p> <p>Generally, use of health services is more common for women and this is also the case for pharmacies. The National Pharmacy Association published a report in 2012, which stated that men visit a pharmacy four times a year on average, compared with an average of 18 for women.</p> <p>Gender distribution has been included in the demographic section of the PNA, and this has been taken into account when making conclusions.</p> <p>Three pharmacies in Bracknell Forest are Healthy Living Pharmacies (HLPs) and all others are working towards this accreditation. HLPs aim to enable community pharmacies to meet local need, improve the health and wellbeing of the local population and help to reduce health inequalities, including inequalities due to race and ethnicity. The number and location of HLPs were taken into account in the PNA.</p> <p>Transgender people who do not pursue medical treatment may still have significant health needs. According to charity Rethink Mental Illness, LGBT+ individuals are more likely to suffer from mental health issues and substance abuse, which can make them regular visitors to a community pharmacy.</p> <p>Transgender people who undergo gender reassignment will require lifelong treatment, meaning pharmacy staff must have an understanding of their specific health and medication needs, as well as the more general requirements shared by all patients</p> <p>It is difficult to make an assessment of the impact of the PNA on people who identify as a gender other than male or female. Currently, data is only available for male and female at a local level. In the public survey, residents were able to identify as 'male', 'female', 'other' or indicate that they preferred not to say. All survey respondents identified as either male or female.</p>
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<p>11. Sexual orientation equality</p>		<p>N Neither the process nor conclusions of the PNA are likely to have an impact on an individual because of their sexual orientation.</p>	<p>Whilst we recognise that this is an important characteristic and can be a source of discrimination, no robust data is available on the distribution of sexual orientation in the local population.</p> <p>Survey respondents were asked to state their sexual orientation in the public survey and consultation. It is important to interpret the responses with caution due to the sample size being small. Less than 5 respondents to the public survey identified as not being heterosexual.</p> <p>According to charity Rethink Mental Illness, LGBT+ individuals are more likely to suffer from mental health issues and substance abuse, which can make them regular visitors to a community pharmacy.</p> <p>Although data is not robust, it is important that community pharmacy services do not impact adversely on individuals because of sexual orientation. No survey responses or consultation comments specifically mentioned sexual orientation.</p>
<p>12. Gender re-assignment</p>		<p>N Neither the process nor conclusions of the PNA are likely to have an impact on an individual because of their gender re-assignment.</p>	<p>Whilst we recognise that this is an important characteristic and can be a source of discrimination, no robust data is available on gender re-assignment in the local population.</p> <p>Although survey respondents were not asked to state whether they were undergoing or had undergone gender reassignment in the public survey and consultation, no survey responses or consultation comments specifically mentioned this.</p> <p>People seeking gender reassignment may choose to undergo medical treatment, such as prescribed hormones in order to live as their chosen gender. Surgery may also be used as a way of expressing gender identity.</p> <p>It is difficult to make an assessment of the impact of the PNA on people who are undergoing or have undergone gender reassignment, however this group may have complex needs and pharmacy staff should be trained appropriately help them provide, sensitive high quality services to all residents, including those undergoing or have undergone gender reassignment.</p>

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<p>13. Age equality</p>	<p>Y</p>	<p>There are both positive and negative impacts of the PNA process and for the conclusions in relation to age.</p>	<p>The online method of the public survey may have impacted on age groups differently. An Office for National Statistics report (Internet Users in the UK: 2017) indicates that almost all adults aged 16 to 34 had accessed the internet recently. Therefore, the online nature of the survey and consultation is unlikely to have had a negative impact on younger adults, including parents of young children.</p> <p>The usage of the internet for older age groups is increasing. Recent internet use in the 65 to 74 age group was estimated to be 78% in 2017, but usage in adults aged 75 and over was lower at 41%. The online method of the survey may therefore have discriminated against some older people who did not have access to the internet. However, the online method of the survey may have impacted positively on those older people who lack access to transport for example. 41% of respondents to the online public survey in Berkshire were aged 65 and over, compared to 14% in Bracknell Forest's population overall.</p> <p>The PNA included information on the age of residents using data from the ONS mid-year population estimates. This information was taken into account when assessing the availability of pharmacy services, with particular attention being given to wards within Bracknell Forest that had higher proportions of young children or older adults. The need for pharmacy services can differ across age groups, with young children and older adults likely to have higher levels of need than the rest of the population. The provision of delivery services across the local area was also included in the assessment, as many pharmacies provide these to people who are house-bound, elderly or infirm.</p> <p>Similarly, when making assessment of average travel times, journeys by car and walking were based on recognised measures. These times may not reflect the experience of all older people. However, Age UK's (2015) report on The Future of Transport in Ageing Society indicated that 68% of people aged 70 and over had access to a car. This was the main mode of transport used to access pharmacies in Bracknell Forest, according to the responses received through the public survey.</p>
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<p>14. Religion and belief equality</p>		<p>N</p>	<p>Neither the process nor conclusions of the PNA are likely to have an impact on an individual because of their religion or beliefs.</p>	<p>Survey respondents were asked to state their religion in the public survey. It is important to interpret the responses with caution due to the sample size being small. No survey responses or consultation comments specifically mentioned religion or belief.</p> <p>The General Pharmaceutical Council published new guidance in 2017 titled 'In Practice: Guidance on religion, personal values and beliefs', which help pharmaceutical professionals when their beliefs might impact on their willingness to provide certain services.</p>
<p>15. Pregnancy and maternity equality</p>		<p>N</p>	<p>Neither the process nor conclusions of the PNA are likely to have an impact on an individual because they are pregnant or a mother</p>	<p>National initiatives ensure services are responsive to meet the needs of pregnant women and mothers (and fathers). An example of this is the flu vaccine for pregnant women, which is included in the pharmacy contract.</p> <p>Although survey respondents were not asked to state whether they were pregnant or already had children in the public survey and consultation, no survey responses or consultation comments specifically mentioned pregnancy.</p> <p>The need for pharmacy services can differ across age groups, with young children and older adults likely to have higher levels of need than the rest of the population. When using the sum of information to make a holistic assessment of the pharmaceutical needs of Bracknell Forest, the age and gender distribution of wards was taken into account including consideration of wards with a higher prevalence of women of child-bearing age.</p>
<p>16. Marriage and civil partnership equality</p>		<p>N</p>	<p>No</p>	<p>Survey respondents were asked to state their marital status in the public survey and consultation. It is important to interpret the responses with caution due to the sample size being small. No survey responses or consultation comments specifically mentioned marital status.</p>
<p>17. Please give details of any other potential impacts on any other group (e.g. those on lower incomes/carers/ex-offenders, armed forces communities) and on promoting good community relations.</p>	<p><i>Migrants and people who do not speak or understand English</i> The public survey, consultation and report were all published and promoted in the English language. Migrants and others who may not have English as a first language may have been negatively impacted by this.</p> <p><i>Deprivation</i> Deprivation may also mean less access to the internet and could therefore mean that residents in more deprived areas were negatively impacted by the online methodology of the PNA survey and consultation. Recent national or local data on internet access and socio-economic status is not available, however data from the 2014 Scottish</p>			

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	<p>Household Survey showed that 31% of households in the 20% most deprived areas did not have access to the internet, compared to only 16% in the rest of Scotland.</p> <p>Areas of deprivation were considered when making the assessment and conclusions for the PNA, with special consideration given to areas where pharmacy access was less available.</p> <p>Rurality</p> <p>Only 2% of Bracknell Forest's population live in a rural area, according to the 2011 Census. This is much lower than the national average of 18%. The online method of the public survey will not have affected involvement for people living in more rural settings, and may have increased the ability to be involved in the survey and consultation. Areas of rurality were considered when making the assessment and conclusions for the PNA, with special consideration being given to areas where pharmacy access was less available.</p> <p>Carers</p> <p>Survey respondents were not asked to state whether they were carers in public survey or consultation and robust data on the number and distribution of carers within Bracknell Forest was not included in the PNA. It is recognised that those caring for others may have higher levels of need for Pharmaceutical Services than some other population groups and therefore may be negatively impacted by the PNA conclusions if their needs have not been appropriately considered. Future PNAs should attempt to elicit and use this information.</p> <p>Locally Commissioned Services and Healthy Living Pharmacy services are outside the scope of the formal PNA conclusions; however these both have potential to have a positive impact on residents who have any of the protected characteristics. This is clearly stated on pg. 52 of the final report. Public Health campaigns form an element of essential pharmaceutical services. The conclusions of the PNA state that campaigns have the potential to positively impact on groups with the protected characteristics if targeted appropriately.</p>
<p>18. If an adverse/negative impact has been identified can it be justified on grounds of promoting equality of opportunity for one group or for any other reason?</p>	<p>The potential for some negative impacts of the PNA process and the conclusions have been identified. However due to lack of robust estimates of numbers and distribution of gender re-assignment, sexual orientation and gender other than male or female, the impact of these cannot be quantified.</p>
<p>19. If there is any difference in the impact of the activity when considered for each of the equality groups listed in 8 – 14 above; how significant is the difference in terms of its nature and the number of people likely to be affected?</p>	<p>Disability – 771 adults in Bracknell Forest were recorded as having serious mental health problems in 2016 and 649 were recorded as having dementia (Public Health England 2017). Any impact of the PNA process or conclusions due to mental health problems and dementia could therefore impact on this number of people. Robust data on the prevalence of other disability characteristics was not available at a local level meaning numbers of people likely to be affected cannot be calculated.</p> <p>Age - Any impact of the PNA process or conclusions on people based on older age (those aged 65 and over) could affect around 16,669 people in Bracknell Forest. Although some aspects of the PNA could impact negatively on some members of this group, impacts would not solely be due to age but rather due to other confounding factors that are more common among older people such as lack of mobility, reduced access to transport, higher prevalence of health conditions and lower levels of internet access.</p>

Appendix D: Equalities Screening Record for Pharmaceutical Needs Assessment

20. Could the impact constitute unlawful discrimination in relation to any of the Equality Duties?		N	We do not believe the impacts identified would constitute unlawful discrimination.
21. What further information or data is required to better understand the impact? Where and how can that information be obtained?	<p>More robust estimates on the number and distribution of residents undergoing or having completed gender reassignment and on sexual orientation together with more evidence on any specific needs that these residents may have in relation to pharmaceutical service would help to improve the impact of the PNA on these groups.</p> <p>Inclusion of ward level information on prevalence of new births would potentially improve understanding of the impact of the PNA conclusions on this group. Unfortunately 2016 data on new births was not available to the PNA authors at the time of writing and therefore was not considered in the holistic assessment. In future years it is expected that this data will be available and should therefore be considered when assessing the impact of the PNA on the basis of pregnancy and maternity.</p>		
22. On the basis of sections 7 – 17 above is a full impact assessment required? <i>Please explain your decision. If you are not proceeding to a full equality impact assessment make sure you have the evidence to justify this decision should you be challenged.</i>		N	<p>The PNA is an assessment of need and not a service. The conclusions within the PNA are made to inform NHS England and other public sector commissioners of pharmacy services. Any commissioning of pharmacy services should consider the impact of changes to service provision or access to services on the protected groups and adhere to the Equality Act 2010.</p>
23. If a full impact assessment is not required; what actions will you take to reduce or remove any potential differential/adverse impact, to further promote equality of opportunity through this activity or to obtain further information or data?			
<p style="text-align: center;">Action</p>	<p style="text-align: center;">Timescale</p>	<p style="text-align: center;">Person Responsible</p>	<p style="text-align: center;">Milestone/Success Criteria</p>
PNA Public Survey included questions on age, gender, race/ethnicity, religion, sexual orientation and disability.	22/06/2017 – 15/09/2017	PNA Steering Group	
The PNA includes information on protected characteristics where available. Some of this information is shown as a ward level, such as age, gender and ethnicity. Aggregated data is shown at a local authority level for ethnicity, religion and belief and mental health prevalence. This information was considered by the PNA Steering group when making an assessment of the need for and access to Pharmaceutical Services in Bracknell Forest.	By 31/03/2018	PNA Steering Group	
24. Which service, business or work plan will these actions be included in?	Public Health Services for Berkshire		

Appendix D: Equalities Screening Record for Pharmaceutical Needs Assessment

<p>25. Please list the current actions undertaken to advance equality or examples of good practice identified as part of the screening?</p>	<p>Section C of the final Bracknell Forest Pharmaceutical Needs Assessment (2018-2021) will be enhanced to ensure that the different prevalence and mortality rates for people with protected characteristics are clearly stated.</p>
<p>26. Chief Officers signature.</p>	<p>Signature: Jo Jefferies Date: Jan 2018</p>

Please note: Section C of Bracknell Forest’s Pharmaceutical Needs Assessment (2018-2021) includes detailed information about the demographics of the local area and refers to groups with protected characteristics.

Consultation Report for Bracknell Forest Pharmaceutical Needs Assessment (2018 to 2021)

Introduction

This report outlines the formal consultation that took place, as part of the development of Bracknell Forest's Pharmaceutical Needs Assessment (PNA) for 2018-2021. This process meets the statutory requirements set out in [NHS \(Pharmaceutical and Local Pharmaceutical Services\) Regulations 2013](#), which state that Health and Wellbeing Boards must formally consult specific organisations and local stakeholders about any draft PNAs for a minimum of 60 days.

This report:

- details how the consultation of Bracknell Forest's draft PNA was undertaken
- summarises the responses received
- Identifies actions taken to amend the final PNA, as a result of the consultation responses.

Consultation Process

Bracknell Forest's draft PNA report and supporting appendices were made publically available on Bracknell Forest Council's website from 1st November 2017 to 31st December 2017. Details about how to request paper copies of the report were also included on the website page. People were encouraged to take part in the consultation by responding to a short online survey, which was hosted by Bracknell Forest Council's Objective software. In addition, respondents could also contact Public Health Services for Berkshire (Berkshire Shared Public Health Team) directly by email or phone to make any comments.

The online survey included 11 questions with the opportunity to provide further comments and suggestions. The full survey can be seen in Appendix F.

In line with the [NHS \(Pharmaceutical and Local Pharmaceutical Services\) Regulations 2013](#), the following local organisations and key stakeholders were also specifically invited to respond to the consultation for Bracknell Forest:

- Neighbouring local authorities - Hampshire County Council, Royal Borough of Windsor and Maidenhead, Surrey County Council, Wokingham Borough Council
- Three Berkshire East Clinical Commissioning Groups (CCG) – Windsor, Ascot and Maidenhead CCG; Slough CCG and Bracknell and Ascot CCG
- The Local Pharmaceutical Committee (LPC) – Pharmacy Thames Valley
- The Local Medical Committee (LMC) – Berkshire, Buckinghamshire & Oxfordshire LMC
- Local pharmacy contractors and dispensing doctors
- Healthwatch Bracknell Forest
- Local NHS Trusts – Royal Berkshire NHS Foundation Trust, Berkshire Healthcare NHS Foundation Trust, Frimley Health NHS Foundation Trust

Appendix E: PNA Consultation Process and Feedback Report

Responses to the consultation were collated and analysed by Public Health Services for Berkshire, on behalf of the Health and Wellbeing Board. All responses were considered, reviewed and the PNA was amended as appropriate. A summary of the consultation responses, specific comments and actions taken are included below.

Results

A total of 5 responses were received as part of the formal consultation for Bracknell Forest's PNA, all via the online survey. There was 1 response from a Health and Wellbeing Board member and 1 from a member of the public. Organisation responses were also received from NHS England, the Local Pharmaceutical Committee and Berkshire East Clinical Commissioning Groups. It is important to note that the consultation for Bracknell Forest's PNA was undertaken at the same time as the other 5 PNAs across Berkshire, so some of the responses received from organisations referred to the provision of pharmaceutical services across more than one HWB area.

Online response summary

This section provides a summary of the responses received through the online survey. Participants in the survey were not required to complete every question, so these do not always equal the total number of respondents. The survey also provided the opportunity to write specific comments. These have been considered later on in the report, as the comments often referred to several questions or provided general feedback about the PNA report or pharmaceutical service provision within Bracknell Forest, (see Table of Specific Comments on page 4).

Question	Responses		
	Yes	No	Not sure
Did you take part in the August 2017 survey?	0	5	0

None of the respondents to the formal consultation had taken part in the earlier public survey, which was used to gain patient feedback to inform the development of the PNA.

Question	Responses		
	Yes	No	Not sure
1 Is the purpose of the PNA explained sufficiently within the draft PNA document (Section A)?	5	0	0
2 Does the document clearly set out the scope of the PNA (Section B)?	5	0	0
3 Does the document clearly set out the local context and the implications for the PNA (Section C)?	5	0	0
4 Does the information provide a reasonable description of the services which are provided by pharmacies and dispensaries in the local authority (Section D)?	4	0	0
5 Are you aware of any pharmaceutical services currently provided which have not been included within the PNA?	1	2	2

Appendix E: PNA Consultation Process and Feedback Report

All respondents stated that they thought the purpose of the PNA was explained sufficiently in the draft report and that the scope, local context and implications for the PNA were clearly set out. Question 5 was used by a responder to highlight a pharmaceutical service not included in the PNA draft, which is referred to in the comments section later.

Question		Responses		
		Yes	No	Not sure
6	Do you think the pharmaceutical needs of the population have been accurately reflected throughout the PNA?	4	0	1
7	Please indicate below if you agree with the conclusions for the services described (Section G):			
	Current necessary provision of pharmaceutical services	4	0	1
	Current gaps in pharmaceutical services	4	0	1
	Future gaps in pharmaceutical services	2	1	2
	Current additional provision of pharmaceutical services	4	0	1
	Opportunities for improvements and/ or better access to pharmaceutical services	3	0	2
	Impact of other services which affect the need for pharmaceutical service	3	0	2
8	Is there any additional information which you think should be included in the PNA?	1	1	1

The majority of respondents (4 of 5) thought that the pharmaceutical needs of the population had been accurately reflected throughout the PNA. Between 2 to 4 respondents stated that they agreed with the conclusions for the different services described in Section G of the PNA Report. Those that did not agree provided comments for these reasons, such as the potential impact of changes to other NHS services on local pharmacy provision, pressure of future housing developments and queries around specific pharmacy services. These have all been addressed in the overall comments at the end of this report and some changes made to the final PNA, as required.

The LPC stated that they thought additional information should be included in the PNA around the types of services that the Health & Wellbeing Board would like to see commissioned from local pharmacies. These comments have also been addressed in the overall comments at the end of the report and incorporated into the final PNA.

Question		Responses		
		Yes	No	Not sure
9	Has the PNA provided adequate information to inform:			
	Market Entry Decisions (NHS England only)	0	1	(2)
	How you may commission services from pharmacies in the future (All commissioners)	1	(1)	(2)
10	Does the PNA give enough information to help your own future service provision and plans? (Pharmacies and dispensing appliance contractors only)	0	1	(1)

Appendix E: PNA Consultation Process and Feedback Report

Questions 9 and 10 in the online survey focussed on whether the PNA had provided adequate information to inform the commissioning of services from pharmacies, as well as if it gives pharmacies enough information to help them plan their future service provision. These questions were only relevant to certain organisations; however numbers in brackets in the table above show where questions were answered by other respondents.

NHS England stated that the draft PNAs across the 6 Berkshire HWB areas did not all provide adequate information to inform market entry decisions or how pharmacies may be commissioned in the future, however no specific concerns were received for Bracknell Forest in response to Question 9.

Some amendments were suggested and those relevant to Bracknell Forest's PNA have been addressed in the overall comments at the end of the report and incorporated into the final PNA, where appropriate.

Specific comments received

A total of 9 free text comments were completed from the 5 online respondents for Bracknell Forest's PNA. These have been summarised and grouped below, with the response and actions taken. For clarity, some comments have been separated where there were multiple topics addressed within each comment.

Summary of Comments	Relevant survey questions	Response and actions taken
A comment from the CCGs highlighted the omission of the Palliative Care Emergency drug service that is a locally commissioned pharmaceutical service.	Q5	We were grateful to be informed of this additional service, which had not been included in the draft PNA. The palliative care emergency drugs service was added to the final report. In regard to locally commissioned services.
The PNA should acknowledge that Hampshire residents may use pharmaceutical services in areas bordering the county to better assess provision.	Q6, Q8	The scope of the PNA focuses on residents living within Bracknell Forest and the pharmaceutical services that they have access to. However, an additional comment has been added into the PNA to clarify that people living outside of the area may also use these services.
Respondent asked for the conclusions around gaps in pharmaceutical services in Winkfield and Cranbourne to be reviewed. This specific area is sparsely populated and any additional services would not be viable.	Q7	The PNA has been reviewed. Residents in this area are able to access pharmaceutical services within a 20 minute drive time, which meets the key NHS standard. Reference to this area of the Borough has therefore been removed as a possible gap.
The LPC commented that the needs of future housing developments are at present likely to be accommodated by current provision in this area.	Q7	We were grateful to receive a comment in support of the PNA's conclusions.

Appendix E: PNA Consultation Process and Feedback Report

Summary of Comments	Relevant survey questions	Response and actions taken
The CCGs highlighted a number of developing NHS consultations and their potential impact on pharmaceutical services.	Q7	We were grateful to receive information about potential developments that may affect pharmaceutical services. However, these changes are continuing to develop in the lifetime of this PNA and their impact cannot be assessed at this time.
Suggested revision to describe the Flu service commissioning more clearly.	Q8	Final PNA was revised to clarify that the Flu service is commissioned annually.
A comment requested clarity on the potential need to increase access to essential services at evenings and weekends for residents of the future developments in Binfield with Warfield ward.	Q8	Agreed that this was not clear in the draft PNA. The future developments in Bracknell Forest have been reassessed to identify possible gaps in access. This found that the current provision was sufficient and that new residents would be able to access pharmacies with extended opening hours within a 20 minute drivetime. The Final PNA was amended to clarify the future housing developments.
A comment noted that the NUMSAS pilot had been extended to Sep-18.	Q8	The final PNA was amended to include this extension.
A comment was received questioning the accuracy of the number of Health Champions in community pharmacies in Bracknell Forest.	Q8	We were grateful to receive this feedback concerning the accuracy of the data presented. The draft PNA used data that had been reported by community pharmacies as part of the survey of their services. The submitted data was reviewed and an anomaly noted, which was followed up with the pharmacy. The correct number of Health Champions has been amended in the final PNA.
The CCGs suggested a number of areas for improvement and more integrated working with pharmacies, primary care and Public Health. These included services for patients with Long Term Conditions, blood pressure/ physical health testing and a more co-ordinated approach to Flu vaccination.	Q8, Q10	These suggestions were all gratefully received and have been included into the PNA as possible areas for local development.
The LPC commented that they would benefit from an indication of what Health & Wellbeing Board Member Organisations would like to commission from pharmacies to guide future developments.	Q8, Q10	Suggestions identified by the CCGs (above) have been incorporated into the PNA for possible local development.

Appendix E: PNA Consultation Process and Feedback Report

Summary of Comments	Relevant survey questions	Response and actions taken
The LPC noted that Bracknell Forest has a lower number of pharmacies per population than the national average, but that these served the population well and were likely to be able to cope with demands from population growth.	Q11	Support for the PNA's conclusions was welcomed.

Following the Equality Impact Assessment Screening, the PNA Steering Group also decided to add some additional information into Section C of the final PNA, which highlighted the different health outcomes observed by certain groups of people. While this had been included in the draft report, it was felt that the different prevalence and mortality rates for people of different protected characteristics needed to be more explicit in the final report. The full Equality Impact Assessment Screening report is attached at Appendix D.

Conclusion

The consultation process was effective in receiving scrutiny for the PNA from the healthcare workforce. We were disappointed to receive feedback from only 1 member of the public, but are confident that the stakeholders who replied represented concerns of local residents. All comments were gratefully received and were used to improve the accuracy and quality of the PNA.

Appendix F: Berkshire PNA Formal Consultation Survey 2017

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

In what capacity are you responding to this consultation?

- Member of the public
- Member of a Health & Wellbeing Board.....
- Member of the health care workforce.....
- Other.....

If you have said "Other", please state your capacity

If you selected "Member of the healthcare workforce" please clarify from the list below

- Member of a community Pharmacy team.....
- NHS England.....
- Local Pharmaceutical Committee.....
- Local Medical Committee
- Local Optical Committee
- Local Dental Committee.....
- Health & Wellbeing Board.....
- CCG.....
- GP or other member of a General Practice team
- Other healthcare professional (please state).....

Which local authority area do you live in?

(If you are responding as a healthcare professional or organisation, please select the local authorities you are responding about)

- Bracknell Forest Council.....
- Reading Borough Council.....
- Slough Borough Council
- Royal Borough of Windsor and Maidenhead.....
- West Berkshire Council.....
- Wokingham Borough Council.....

Did you take part in the August 2017 PNA survey?

- Yes
- No

1. Is the purpose of the PNA explained sufficiently within the draft PNA document (Section A)?

- Yes
- No
- Not Sure

If you answered "No" or "Not sure" please explain why

2. Does the document clearly set out the scope of the PNA (Section B)?

- Yes
- No
- Not Sure

If you answered "No" or "Not sure" please explain why

3. Does the document clearly set out the local context and the implications for the PNA (Section C)?

- Yes
- No
- Not Sure

If you answered "No" or "Not sure" please explain why

Appendix F: Berkshire PNA Formal Consultation Survey 2017

4. Does the information provide a reasonable description of the services which are provided by pharmacies and dispensaries in the local authority (Section D)?

- Yes
 No
 Not Sure

If you answered "No" or "Not sure" please explain why

5. Are you aware of any pharmaceutical service currently provided which have not been included within the PNA?

- Yes
 No
 Not Sure

If you answered "Yes" or "Not sure" please explain why

6. Do you think the pharmaceutical needs of the population have been accurately reflected throughout the PNA?

- Yes
 No
 Not Sure

If you answered "No" or "Not sure" please explain why

7. Please indicate below if you agree with the conclusions for the services described (Section G)

	Yes	No	Not sure
Current necessary provision of pharmaceutical services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current gaps in pharmaceutical services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Future gaps in pharmaceutical services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current additional provision of pharmaceutical services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunities for improvements and/or better access to pharmaceutical services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact of other services which affect the need for pharmaceutical services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "No" or "Not sure" to one or more of the above questions, please explain why

8. Is there any additional information which you think should be included in the PNA?

- Yes
 No
 Not Sure

If you answered "Yes" or "Not sure" please explain why

Appendix F: Berkshire PNA Formal Consultation Survey 2017

For professional stakeholders only (Q9)

9. Has the PNA provided adequate information to inform:

	Yes	No	Not sure
Market entry decisions <i>(NHS England only)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How you may commission services from pharmacies in the future <i>(All commissioners)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "No" or "Not sure" please explain why

If you have any further comments, please enter them in the box below

105

For pharmacies and dispensing appliance contractors only (Q10)

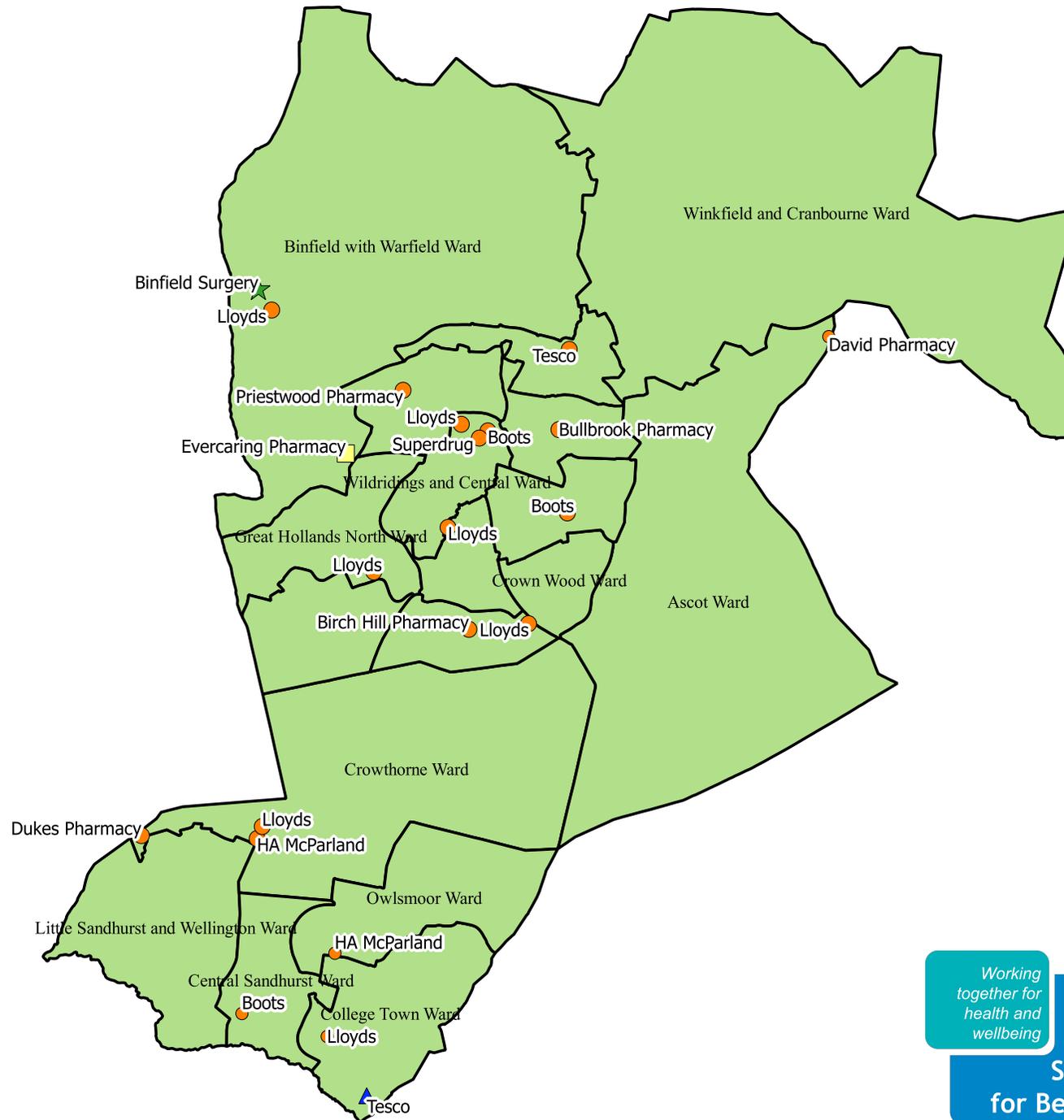
10. Does the PNA give enough information to help your own future service provision and plans?

- Yes
- No
- Not Sure

If you answered "No" or "Not sure" please explain why

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Map 1: Pharmaceutical Services in Bracknell Forest - (Oct 2017)



Legend

- Pharmacy
- ▲ 100 Hour Pharmacy
- Distance Selling Pharmacy
- ★ Dispensary

107

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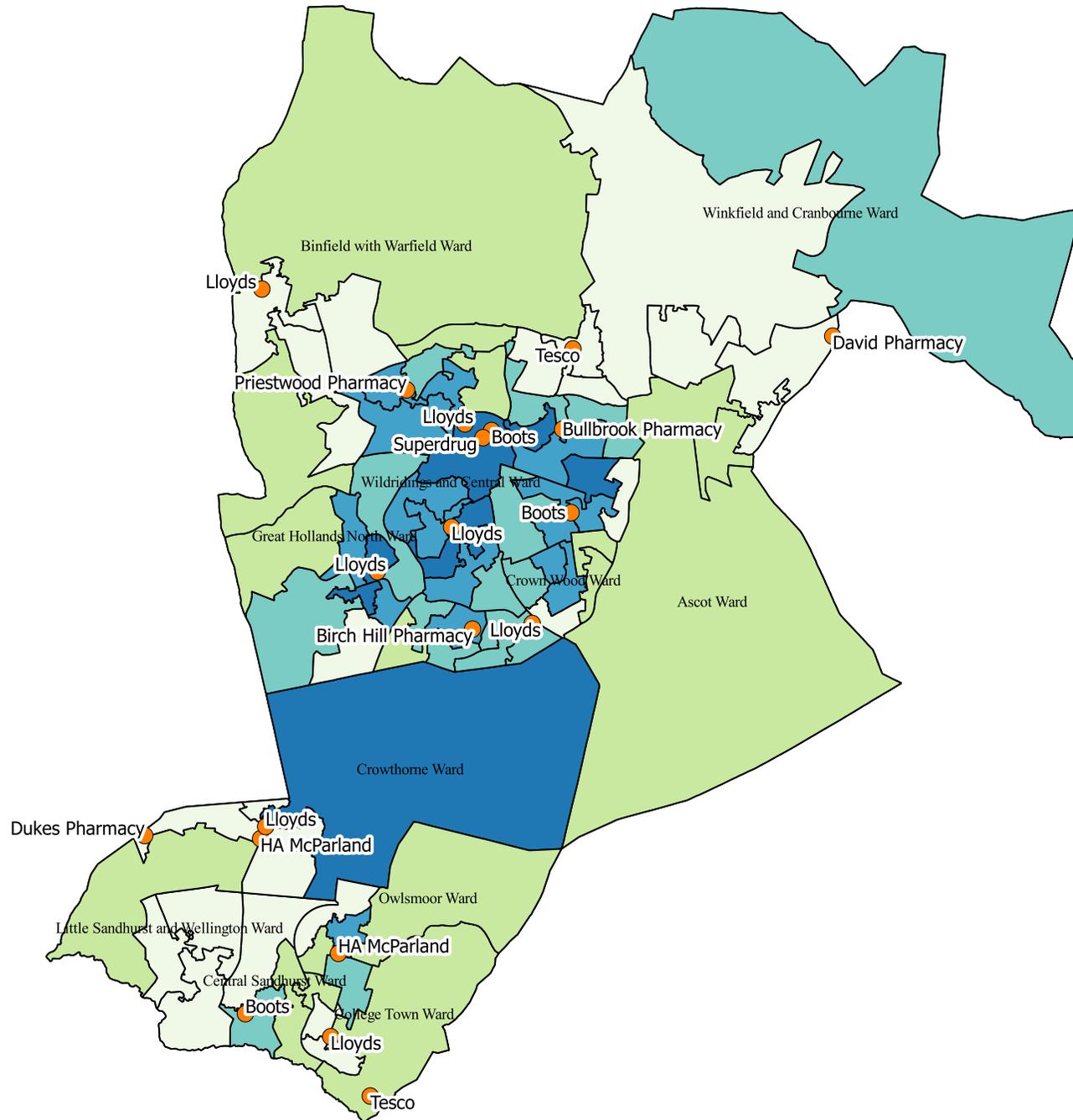
Public Health Services for Berkshire

This map has been produced using NHS Digital ODS data, DCLG, NHS England data and Ordnance Survey OpenData (2017).
 Created: 14/10/2017
 By: NW

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

109



Legend

Deprivation by LSOA

- Least Deprived
-
-
-
-
-
-
- Most Deprived

Working together for health and wellbeing

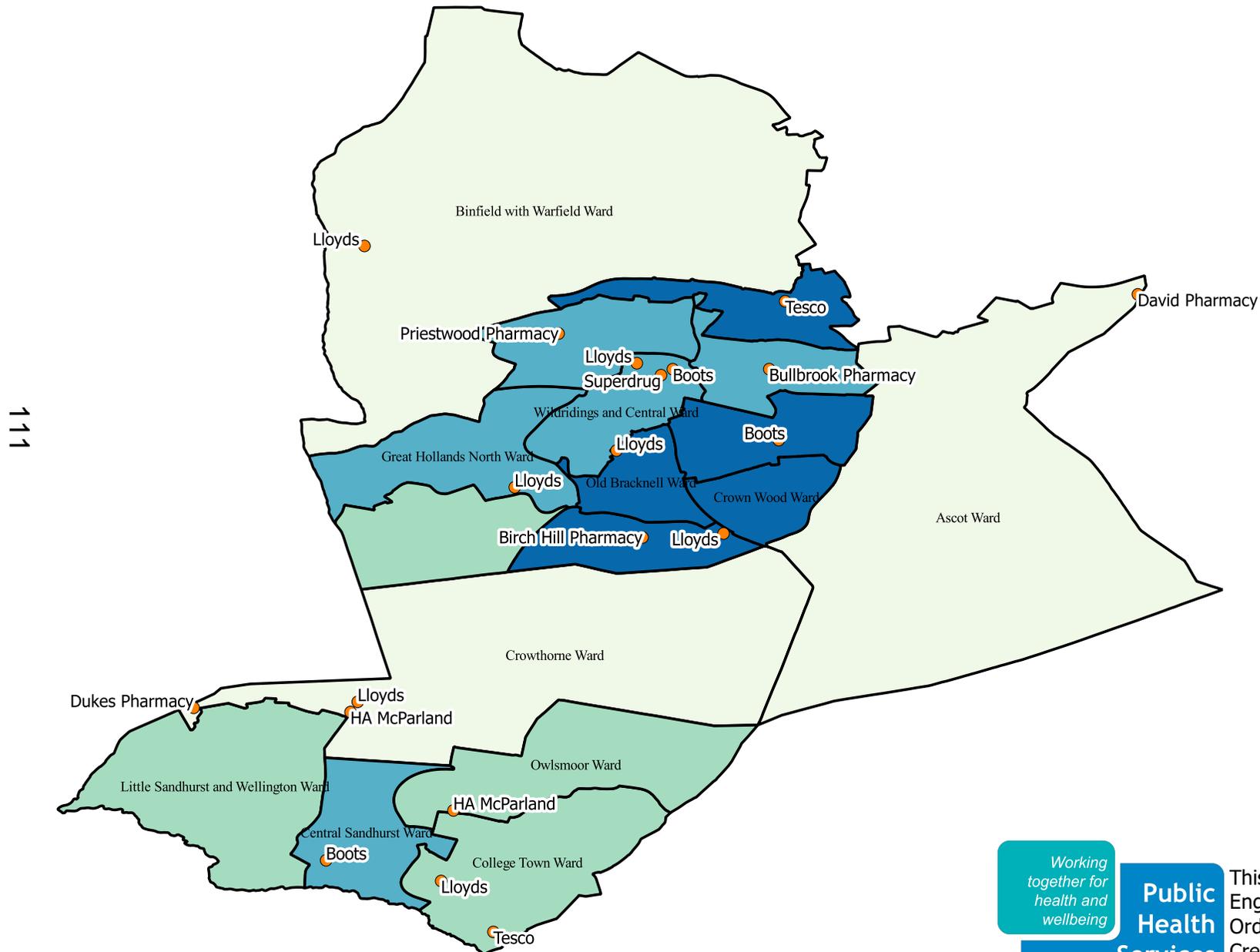
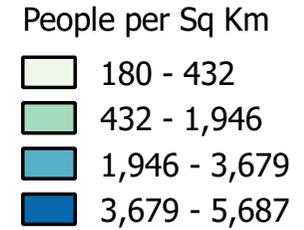
Public Health Services for Berkshire

This map has been produced using the ONS data, DCLG, NHS England data and Ordnance Survey OpenData (2018).
Created: 13/10/2017.
By: NW

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

Legend



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

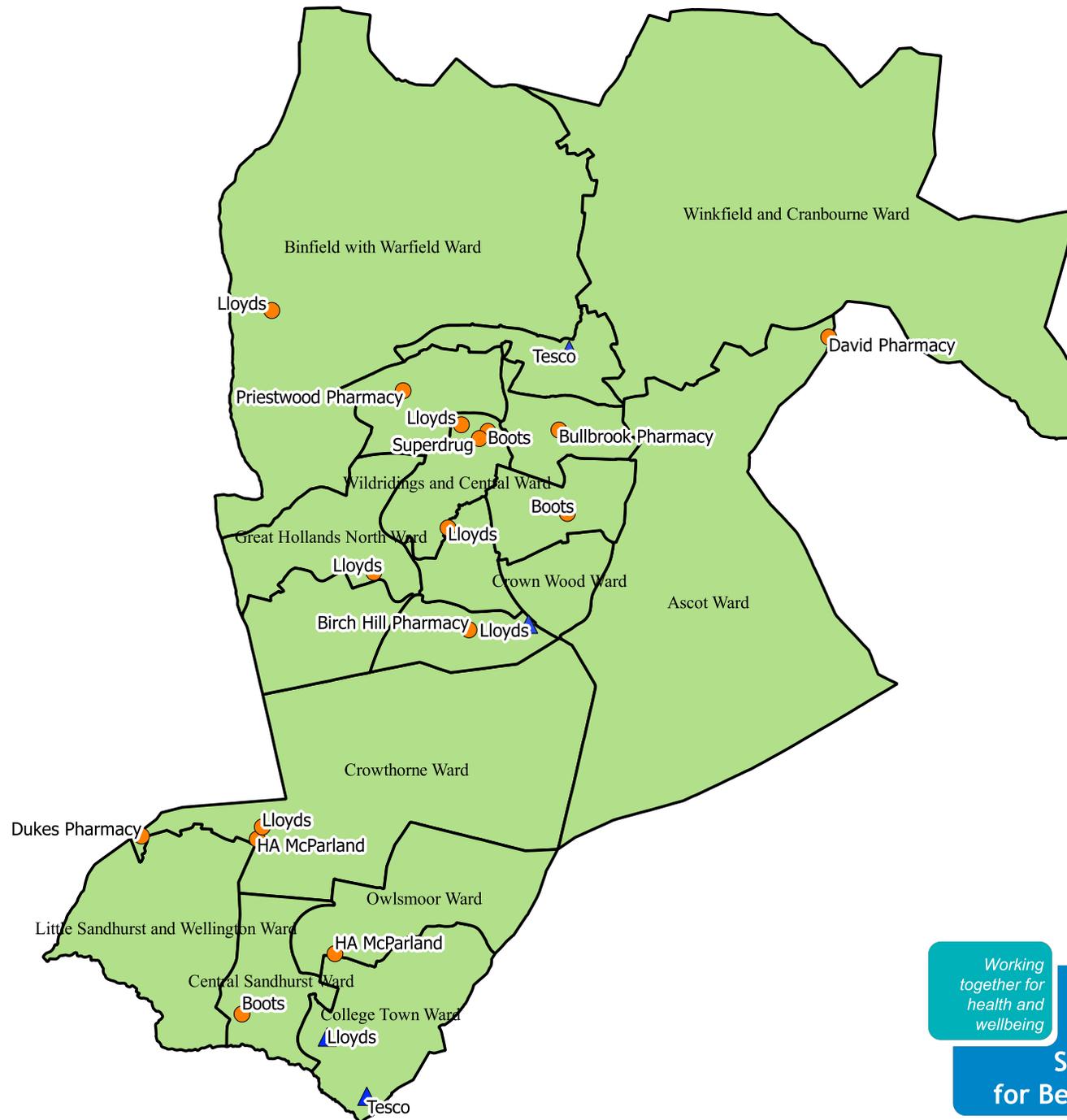


This map has been produced using NHS England data, ONS DCLG data and Ordnance Survey OpenData (2017).
 Created: 02/10/2017
 By: NW

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Map 4: Bracknell Forest Pharmacies and weekend opening - (Oct 2017)

113



Legend

- Saturday Opening
- ▲ Saturday and Sunday Opening

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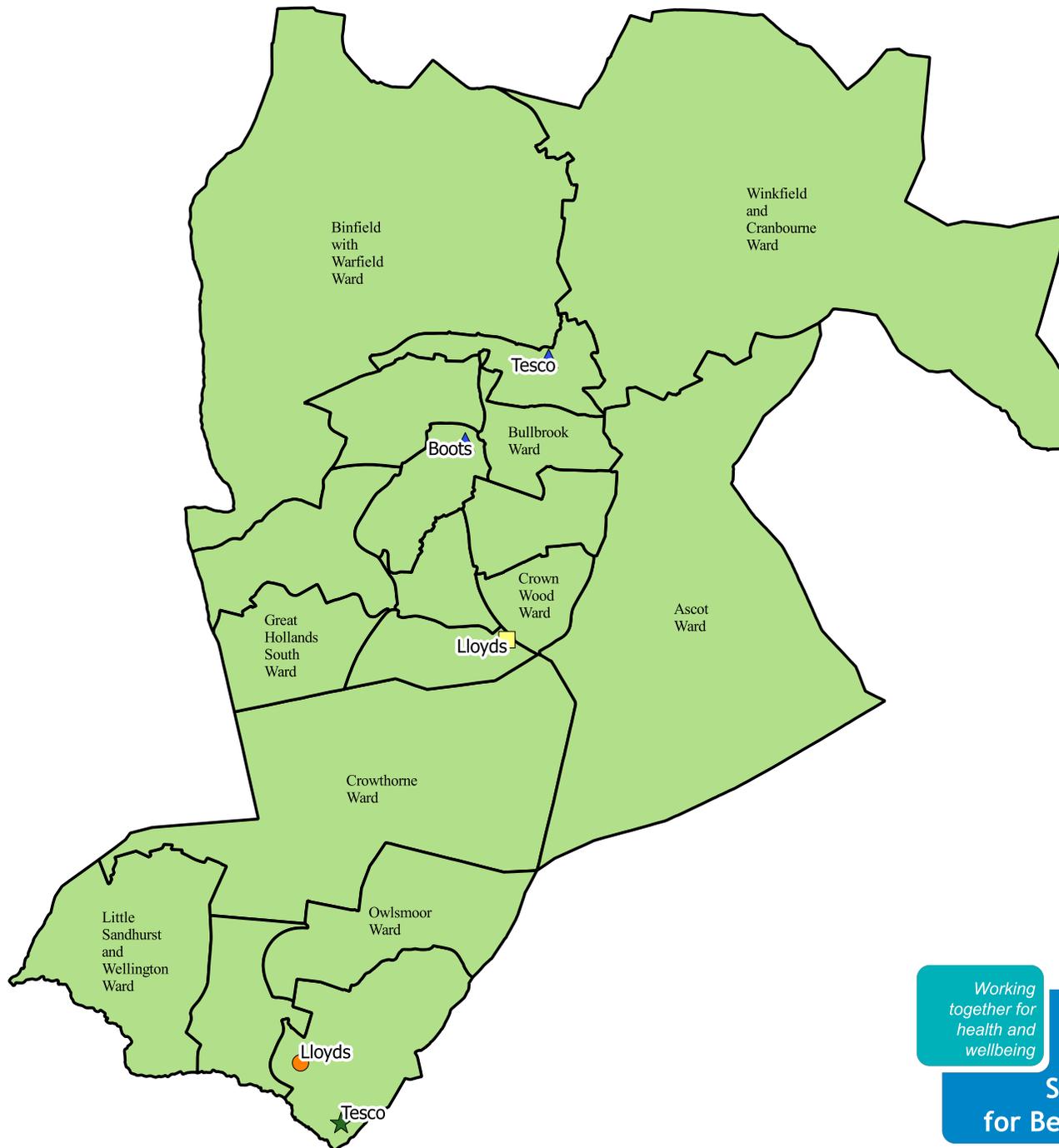
Public Health Services for Berkshire

This map has been produced using NHS Digital ODS data, DCLG, NHS England data and Ordnance Survey OpenData (2017).
 Created: 14/10/2017
 By: NW

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

115



Legend

- Open until 7pm
- ▲ Open until 8pm
- Open until 10pm
- ★ Open until 10:30pm

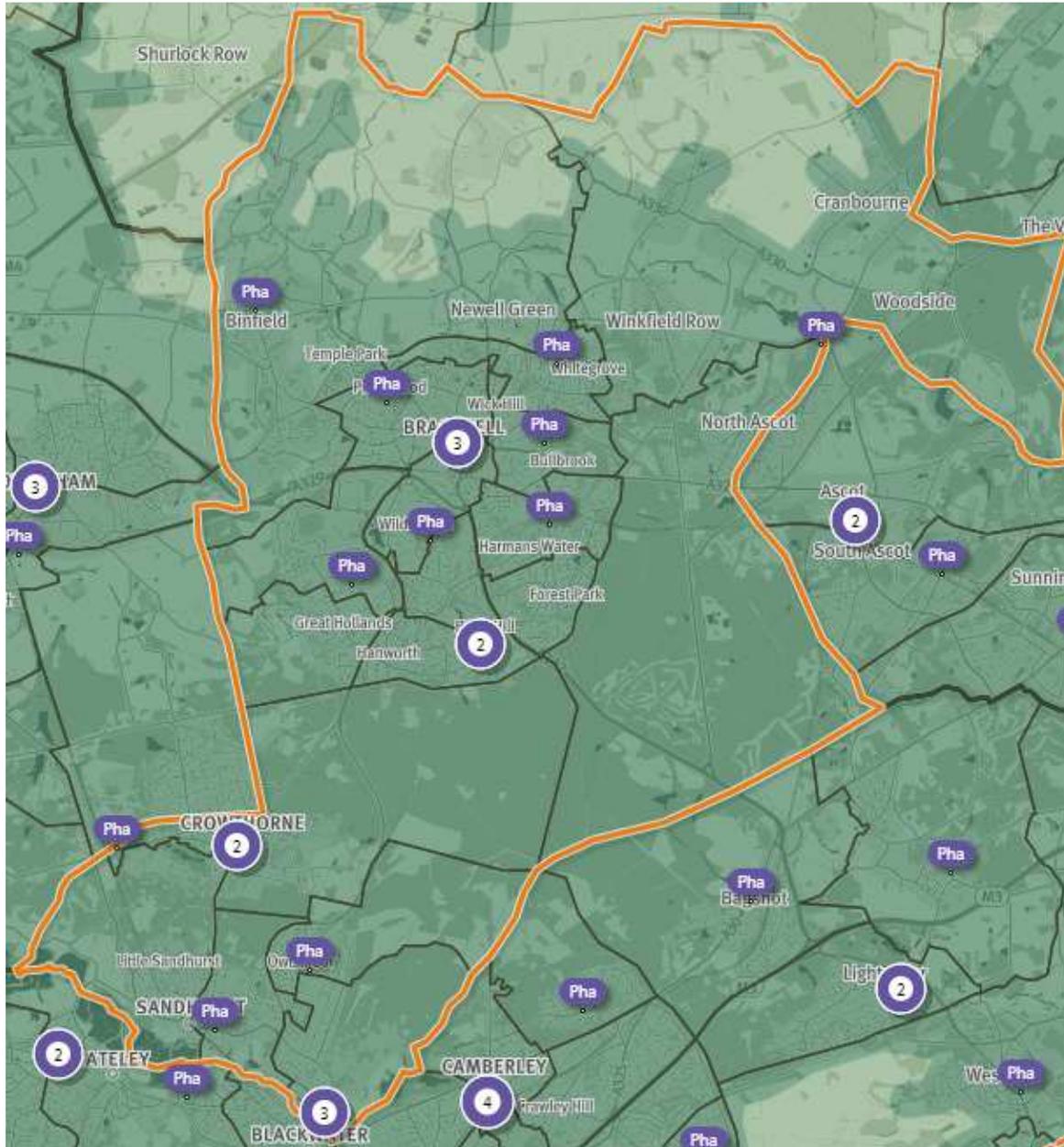
Working together for health and wellbeing

Public Health Services for Berkshire

This map has been produced using NHS Digital ODS data, DCLG, NHS England data and Ordnance Survey OpenData (2017).
Created: 14/10/2017
By: NW

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Map 6: Residents of Bracknell Forest who can access a pharmacy with a 5 and 10 minute drive



Legend:

5 Minutes

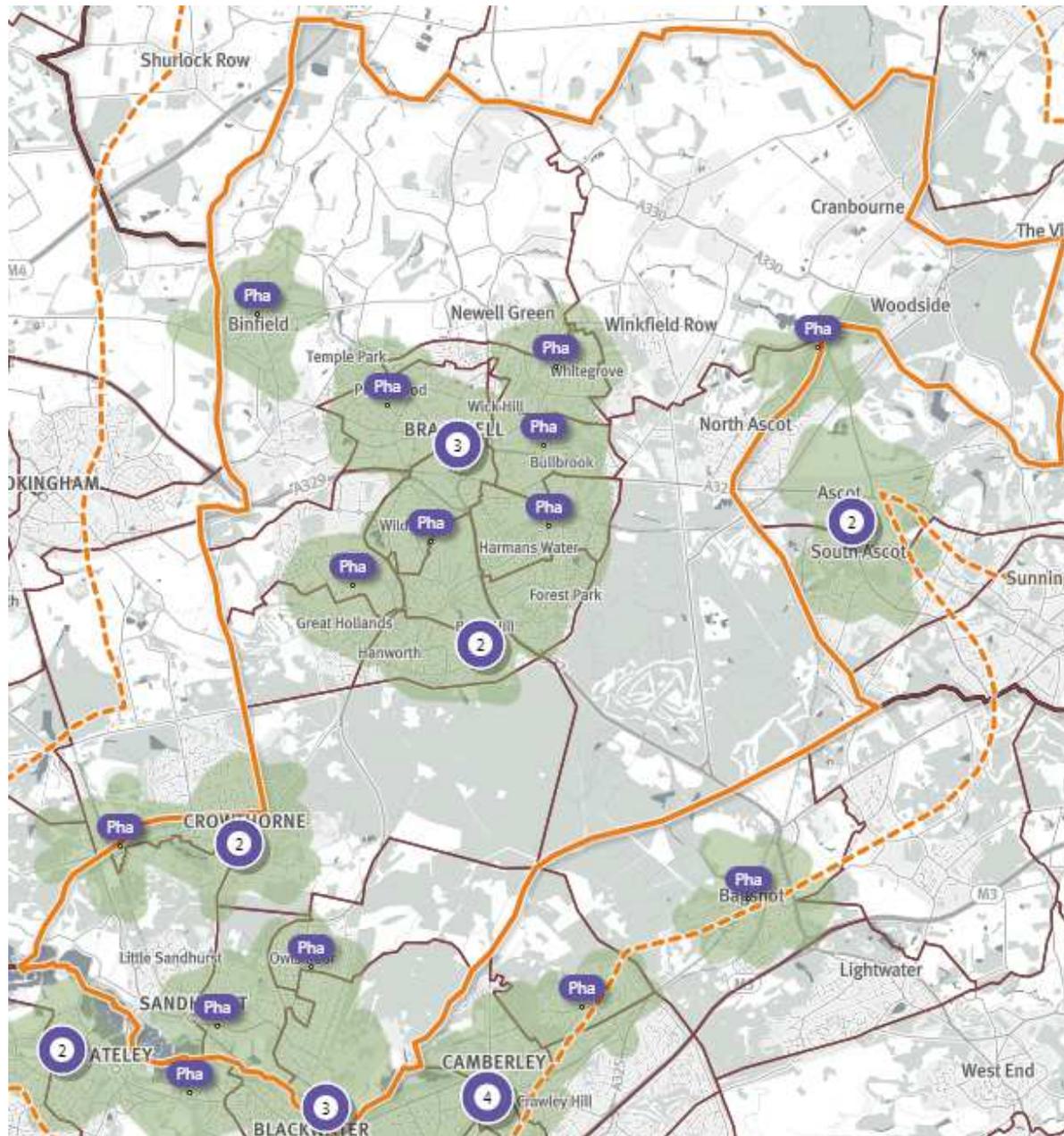
10 Minutes

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

This map has been produced using The Strategic Health Asset Planning and Evaluation (SHAPE) application 2017
Created: 16/10/17

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



Legend:

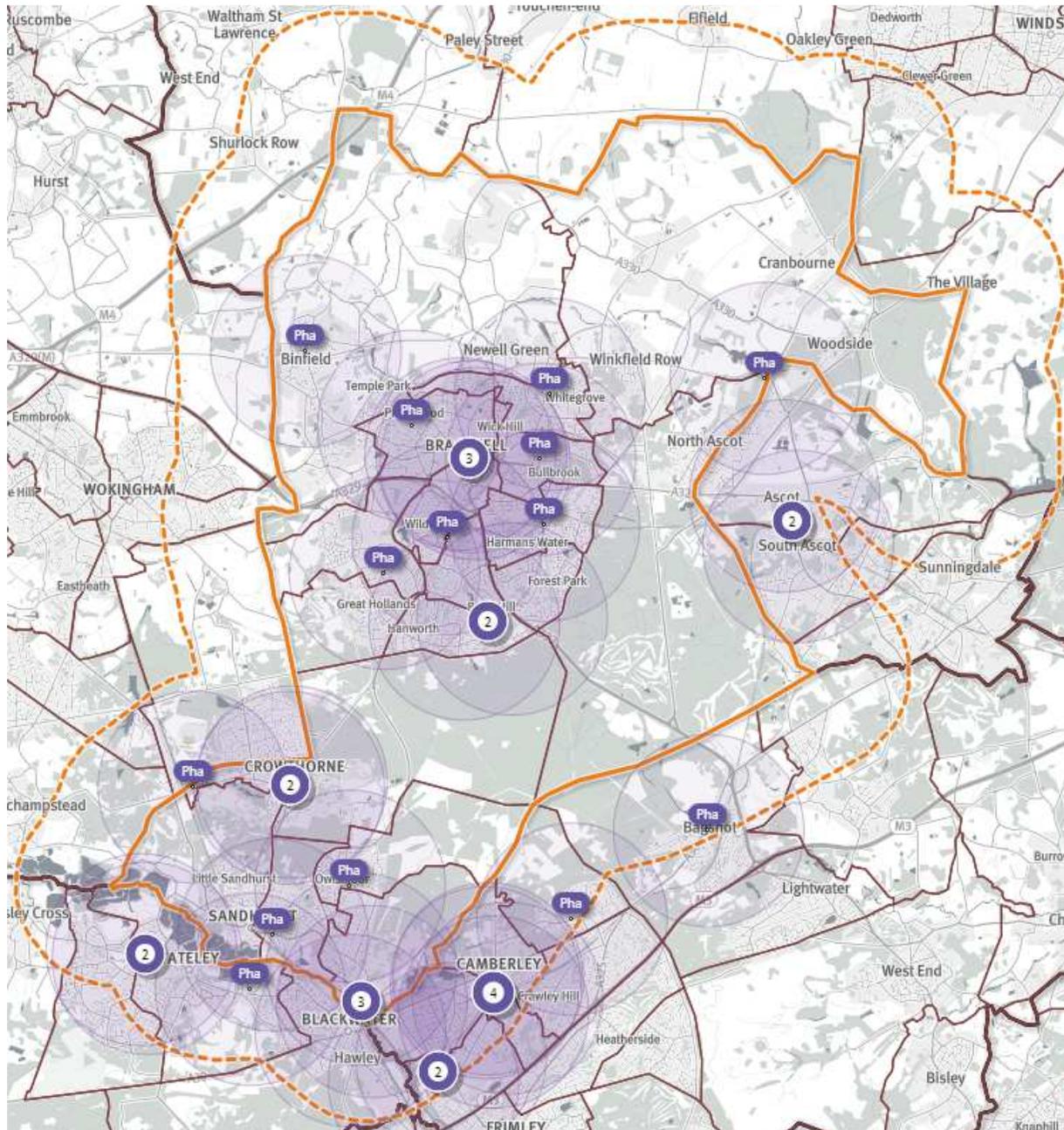
 15 Minutes

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

This map has been produced using The Strategic Health Asset Planning and Evaluation (SHAPE) application 2017
Created: 16/10/17

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Map 8: Pharmacies inside and within 1.6km (1 mile) of Bracknell Forest border



Legend:

-  1.6km radius of a pharmacy

This map has been produced using The Strategic Health Asset Planning and Evaluation (SHAPE) application 2017
Created: 13/10/17

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TO: EXECUTIVE
DATE: 23 JANUARY 2018

MANAGEMENT ARRANGEMENTS FOR PUBLIC HEALTH

Chief Executive

1 PURPOSE OF REPORT

- 1.1 To propose changes to the relationship between the Council and the Berkshire Shared Public Health Team and to establish a dedicated Director of Public Health post for Bracknell Forest.

2 RECOMMENDATIONS

That the Executive agrees to:

- 2.1 **Create a new post of Director of Public Health reporting to the Director, Adult Social Care, Health & Housing.**
- 2.2 **Continue to participate in key elements of the Berkshire Shared Public Health Team on a reduced basis to reflect the appointment of a local Director of Public Health.**
- 2.3 **Continue to act as host for the Berkshire Shared Public Health Team, reimbursed by the other five Berkshire Councils.**

3 REASONS FOR RECOMMENDATIONS

- 3.1 The Berkshire Shared Public Health Agreement created a Strategic Director of Public Health covering all six unitary authorities supported by a shared core team in order to ensure a 'safe landing' for each of the Council's new Public Health responsibilities when they were transferred to local government in 2013.

The pan Berkshire Director of Public Health and shared team have been hosted by Bracknell Forest since 2013. The original plan was to also establish a local team within each Council, led by a Consultant in Public Health who would report to a local Director and to the Strategic Director of Public Health as appropriate. In the case of Bracknell Forest the local direct reporting for the Consultant has been to the Director, Adult Social Care, Health & Housing

- 3.2 The original arrangements worked well initially and delivered a safe and smooth transition when public health became a local authority responsibility. However, increasingly, individual local authorities have pulled back from the areas of shared responsibility as budgets have come under pressure. This has highlighted a risk and challenge inherent in hosting the statutory function and being the employer of the shared Director of Public Health when we have no influence on other authorities' priorities, strategies and actions.

- 3.3 On this basis, a number of changes are proposed to the Council's Public Health arrangements to reflect local need.

4 ALTERNATIVE OPTIONS CONSIDERED

- 4.1 Continuing to invest in the full range of services offered by the Berkshire Shared Team: This would incur recurrent costs to the Council that could otherwise be reinvested into Public Health services to residents.
- 4.2 Complete withdrawal from the Berkshire Shared Public Health Agreement: This would present a risk in relation to the ability of the Council to meet its statutory Public Health responsibilities, particularly in relation to health protection.

5 SUPPORTING INFORMATION

Background to the Berkshire Shared Public Health Agreement

- 5.1 The Berkshire Shared Public Health Agreement was established in 2013 to coincide with the transfer of public health responsibilities to local authorities.
- 5.2 The purpose of the Shared Agreement was to provide a 'safe landing' for the public health functions previously delivered by Berkshire West and Berkshire East Primary Care Trusts.
- 5.3 This agreement included the creation of six Public Health Teams (one in each unitary authority) as well as a 'Shared Public Health Team'. The purpose of the latter was to provide support in relation to a) data analytics and informatics, b) shared commissioning and contracting, c) health protection and sexual health coordination and d) strategic leadership from a Director of Public Health for Berkshire.
- 5.4 This Shared Team is currently hosted by Bracknell Forest Council underpinned by local teams with consultants who were intended to be working on pan Berkshire issues. The Council's Chief Executive takes the role of Berkshire lead with the DPH reporting to him, although the DPH's relationships with the other Chief Executives are important.
- 5.5 The Public Health Shared Agreement ensured that all public health functions across Berkshire continued without interruption to service, although a local focus has been challenging under a Berkshire wide arrangement.

Bracknell Forest Public Health

- 5.6 The local Bracknell Forest Council Public Health Team has enjoyed significant success in delivering its Public Health responsibilities. It has won three national awards for its work and has received several other nominations. Work on public health communications and self care initiatives have been cited by the LGA as national examples of good practice.
- 5.7 Public Health work, while led by a local Public Health team located in the Adult Social Care, Health & Housing Department, is very much seen as a corporate responsibility and is increasingly embedded across the council, with all departments contributing fundamentally to its success. Joint arrangements for public health work are also in place with the local CCG and more recently with the Frimley Health & Care STP.

The Public Health Consultant is active in the development of the STP, including being a member of the Programme Delivery Board, leading on a new Social Prescribing programme across five council areas and representing local authorities in the STP Analytics work stream.

- 5.8 The local Public Health team now commissions only one contract jointly with other Berkshire Unitary Authorities (sexual health is jointly commissioned with Slough and RBWM). The current contracts for smoking cessation, weight management, health visitors, school nursing, drug and alcohol services, physical activity and children's mental health support have all been commissioned independently by the local team with advice from the corporate procurement team. The Council's Business Intelligence functions across all Departments are also being bought together under the Consultant in Public Health to provide a more comprehensive but flexible approach to Business Intelligence across the Council.
- 5.9 The Bracknell Forest team do still collaborate closely with other Berkshire UAs (along with the rest of the region) on Health Protection and Emergency Planning matters. The Bracknell Forest Consultant participates in the Health Protection 'on call' rota and members of the local team work closely with the Shared Team's Consultant leading on Health Protection (who also currently leads on sexual health).

Overview of Proposed Changes

- 5.10 Bracknell Forest Council currently contributes, along with the other five Councils, towards the cost of the Berkshire Shared Team Services. However, less of the original service has been used by all six, prompting a review of future arrangements. Whilst there is recognition that some areas of collaboration provide economies and that all Councils are looking to use the Shared Team for some elements of their public health work. However, local arrangements are being made in most authorities for some elements of the activity.

There is also a specific weakness in the current system regarding the role of the Pan Berkshire DPH. Although the Director needs a relationship with each Council, he/she is employed by Bracknell Forest Council. That raises an issue about this Council's role if the DPH believes that one of the partners is not meeting its statutory duties.

Clearly, the Council has little ability to influence and no ability to direct a Council that the DPH feels may be failing. Nor would it wish to seek such influence or control. That does make the current arrangement potentially very difficult for the host and is another key driver for change.

It is therefore proposed that Bracknell Forest Council withdraws from some of the Berkshire Shared Public Health Agreement functions from April 2018 and reinvests the funding to strengthen and expand local Public Health services to residents.

- 5.11 Specifically, it is proposed that the Bracknell Forest Public Health Team cease investment in the Shared Team in relation to the Strategic Director function, the data analytical / informatics functions, and the contracting support function (with the exception of collaboration on sexual health commissioning). In the case of contracts, it is suggested that the Council maintains its support until April 2019 to allow for an orderly transition for all six authorities.
- 5.12 It is proposed that Bracknell Forest continue to 'buy into' the work of the Shared Team Consultant on Health Protection, Emergency Planning and Sexual Health,

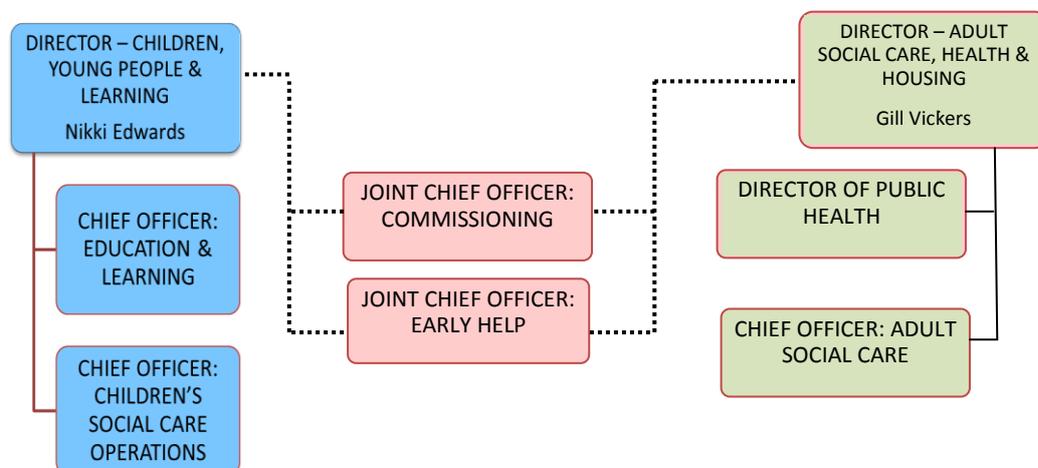
paying an appropriate proportion of the costs of that post (plus on costs) and participating in shared work and protocols (including the Consultant on-call rota).

- 5.13 Detailed proposals for how Bracknell Forest can operate its Public Health function outside of the Berkshire Shared Agreement are set out in the following sections.

Strategic Direction and Senior Staff

- 5.14 It is proposed that a Director of Public Health (DPH) for Bracknell Forest post be created to lead the local Public Health function. This post would take lead responsibility for Public Health as well as the corporate business intelligence function. They would report to the Director, Adult Social Care, Health & Housing (DASCHH). There is a precedent for this line management arrangement. Indeed the pan Berkshire Strategic Director of Public Health reported to the previous DASCHH from 2013 to 2015.
- 5.15 The new Director of Public Health would be recruited in accordance with guidance published by Public Health England (2013)¹. The role would include all of the statutory functions of the Directors of Public Health as defined in the NHS Act 2006 and the Health and Social Care Act 2012 - and related regulations².
- 5.16 The new Director of Public Health role will be supported by a part-time, local Public Health Consultant for Bracknell Forest. This role will have specific responsibility for supporting the DPH in collaborative work with local and regional healthcare partners, including NHS Commissioners & Providers and Public Health England. They will work closely with both the Bracknell Forest Director of Public Health and the Berkshire Shared Public Health Consultant leading on Health Protection.

**Proposed Aligned Structure
Children, Young People & Learning and
Adult Social Care, Health & Housing**



¹ PHE (2013) Guidance on appointing directors of public health. http://www.fph.org.uk/uploads/DsPH_in_LG_guidance_on_appointments.pdf

² Dept of Health (2013) Directors of Public Health in Local Government http://www.fph.org.uk/uploads/DPH_Guidance_Final_v6.pdf

Proposal for the Delivery of Data Analytics and Informatics

- 5.17 The Bracknell Forest Public Health Team already manages its data analytics and health intelligence work independently of the Shared Team.
- 5.18 Bracknell Forest Public Health staff all have post graduate training in data analytics and are experienced at delivering advanced data analyses in support of their own work and that of others (eg: CCG, other Council Departments).
- 5.19 Going forward, the Public Health team will work closely with the new council wide Business Intelligence Function (which will be led by new Director of Public Health).
- 5.20 Informatics resources in relation to NHS datasets and Primary Care data are available via the established links with the Commissioning Support Unit and the STP Analytics Programme (for which the local Public Health Consultant is the East Berkshire local authority lead). The latter, while still being established, already provides access to a range of healthcare datasets. In addition, the local Public Health team has access to a range of non-healthcare data sources including LG Inform Plus and GIS mapping systems.
- 5.21 The local Public Health team, together with the newly reorganised Business Intelligence Function, therefore have the resources and capacity to fulfil all requirements in relation to needs assessments. This includes the Joint Strategic Needs Assessment, Pharmaceutical Needs Assessment and ad hoc needs assessments.
- 5.22 The resources are also in place to deliver a comprehensive and robust Director of Public Health Annual Report – a statutory responsibility of the DPH.
- 5.23 Capacity within the local Public Health team also includes the ability to carry out effective consultation exercises and asset based assessment with residents, including access to consultation software and a range of resident ‘panels’ including local patient participation groups and online communities.
- 5.24 A new ‘core offer’ of commissioning support to CCGs, which is a statutory duty of local authorities, will be negotiated and delivered by the local Public Health Team supported by the Business Intelligence Function. Care will be taken to coordinate and compliment the commissioning support offer made by the Berkshire Shared team.

Proposal for the Delivery of Public Health Commissioning

- 5.25 As with data analytics, the Bracknell Forest Public Health Team already manages its commissioning work largely independently of the Berkshire Shared Team.
- 5.26 The local team are fully trained and experienced in commissioning work. Indeed it won a national award for its commissioning of Stop Smoking Services. Recent work includes the successful procurement of a new, integrated Public Health Nursing programme and joint commissioning with the CCG of online counselling for young people.
- 5.27 The only commissioning work currently undertaken by the Shared Team for Bracknell Forest concerns Health Checks and Sexual Health: Health Checks commissioning was initially managed by the local team and this arrangement can be reinstated

without any disruption or requirement for extra resources. On sexual health, commissioning is delivered in partnership with the Shared Team Consultant.

- 5.28 In the medium term, the separation from the Berkshire Shared Public Health Agreement on commissioning will not increase the dependence of the local Public Health Team on the Council's corporate procurement team. These teams already work regularly together with only 'light touch' support and advice coming for the corporate team. The local Public Health team already deliver the vast majority of commissioning work required, including needs assessment, service specification design, consultation, procurement, taking proposals through democratic processes and contract management. They also have close links with the Chief Officer for Commissioning who will also provide expertise and support which will be strengthened further under the recently agreed proposals to create an enhanced Commissioning Chief Officer role supporting both Adult Social Care, Health & Housing and Children, Young People & Learning Directorates. However, as outlined above, to ensure a smooth transition for Bracknell Forest and the other five Councils, it is planned to support the contracting element of the shared team until April 2019.

Proposal for the Delivery of Health Protection Duties

- 5.29 The health protection duties of local authorities are defined with the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013. Guidance on these duties has been published by PHE³.
- 5.30 In Berkshire, the Director of Public Health and Shared Team Consultant currently lead on the delivery of these duties, in collaboration with local authority Public Health Consultants and their teams.
- 5.31 The local authority Public Health Consultants currently participate in the Public Health England Health Protection on-call rota, in a 'third-on-call' role. With their teams, they also work with other Unitary Authorities, Public Health England and the Council's Emergency Planning Officers on key work streams, including cold weather / heatwave preparedness and influenza vaccination programmes. The local Public Health Consultant also provides advice when needed to schools, care settings and other partners was and when local health protection matters arise.
- 5.32 It is proposed that Bracknell Forest Council continue to participate in all of these arrangements. As part of this, it is proposed to continue to part fund the Berkshire Shared Team work on Health Protection leadership and support which includes support to commission and clinically manage sexual and reproductive health service contracts.
- 5.33 In addition, the new Bracknell Forest Director of Public Health post holder will fulfil their statutory responsibilities in relation to health protection as set out in the relevant legislation (mainly the NHS Act 2006 and the Health and Social Care Act 2012 - and related regulations). These include:
- 5.33.1 Any of the Secretary of State's public health protection or health improvement functions that s/he delegates to local authorities, either by arrangement or under regulations – these include services mandated by regulations made under section 6C of the 2006 Act, inserted by section 18 of the 2012 Act;

³ Public Health England (2013). Protecting the health of the local population: the new health protection duty of local authorities. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/199773/Health_Protection_in_Local_Authorities_Final.pdf

5.33.2 Exercising their local authority's functions in planning for, and responding to, emergencies that present a risk to the public's health.

Proposal for the Delivery of Other Functions

- 5.34 The Bracknell Forest Director of Public Health will be supported by a new part-time local Bracknell Forest Public Health Consultant in fulfilling these duties. They will also work closely with Public Health England, as well as the Shared Team Consultant and the Director Public Health for the other Berkshire Councils on health protection matters, participating in all joint committees, exercises or events relevant to Health Protection and Emergency Planning.
- 5.35 The Bracknell Forest Director of Public Health will, as per statutory duty prepare an annual Public Health Report. Care will be taken to ensure this report compliments the Berkshire DPH report.
- 5.36 With the Director Adult Social Care, Health & Housing the Bracknell Forest Director of Public Health will provide system leadership role across the local health and care system. This will include a significant contribution to the development of the Frimley Health & Care STP and future arrangements for an Accountable Care System.
- 5.37 The Bracknell Forest Director of Public Health and Public Health team will fully participate in any arrangements related to the Child Death Overview Panel, the LSCB and local children's safeguarding work.
- 5.38 The Bracknell Forest Director of Public Health will be a Member of the Bracknell Forest Health & Well-Being Board as well as attend Health Overview & Scrutiny Panel meetings and other Council Committees as appropriate.

Proposal for Ongoing Collaboration with Public Health England

- 5.39 The Bracknell Forest Public Health Team currently collaborates regularly with Public Health England at both Regional and National Levels. This began with support from PHE to develop the first ever Patient Group Direction (PGD) within a local authority (for varenicline - a smoking cessation medication). More recent examples have included work with PHE South East on Community Asset Based work and on the improvement of Health Check offer coverage in our local area. The Consultant in Public Health also participates in the PHE health protection on-call rota and has contributed to PHE work streams on smoking cessation and alcohol harm reduction.
- 5.40 The changes proposed above should strengthen this collaboration and allow the Bracknell Forest Public Health Team to forge new closer working relationships beyond Berkshire and more directly with PHE colleagues. The proposals have been discussed with Public Health England who are supportive of the plans.
- 5.41 Each staff member within the local Public Health team has specialist areas of interest and will be asked to pursue these as part of PHE working groups and initiatives. In addition, the funding released from disinvestment in Shared Team Services will allow options to be explored with PHE on innovative ways of delivering health improvement services. Examples include the delivery of Health Checks, web-based initiatives and community asset development (including social prescribing). In relation to the latter, the local team have already approached PHE in regards to the further development of a community asset programme within the local Sustainability and Transformation Plan (STP).

Funding

- 5.42 The proposals contained within this paper will be deliver recurrent savings. These savings can be estimated by comparing the costs of the new proposals with the costs of retaining all Shared Team services.
- 5.43 A draft MOU distributed by the Interim Strategic Director of Public Health shows that the combined costs of all Shared Team Services in 2018/19 (DPH, Informatics, Analytics, Contracting and Health Protection Coordination) would be £772,623 across six UAs (£128,771 per UA).
- 5.44 The proposals contained in this paper are estimated to present an annual cost of £78,396. This includes one sixth of the Health Protection Consultant and her PA support (£19,521), a part-time, local Public Health Consultant for Bracknell Forest (circa £50,000 including on-costs) plus one year of contracting support (£8,875).
- 5.45 Therefore, an annual saving £50,375 is estimated from April 2018, rising to £59,250 from April 2019.

Process for Change

- 5.46 There has been significant discussion amongst the six Council's on the potential transfer of the Shared Team function to a new host authority. However, the general feeling is that the Shared Team works well and is effectively supported in Bracknell Forest. Significant cost would be incurred in moving the team, not least on integrating ICT with a new host. Furthermore, as Bracknell Forest will still be using the Shared Team there is no obvious reason to move it. On that basis it is recommended that the team remain in Times Square recharged to the other Councils with the standard 6% on cost included in all pan Berkshire joint arrangements.

6 ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS

Borough Solicitor

- 6.1 tbc

Borough Treasurer

- 6.2 tbc

Equalities Impact Assessment

- 6.3 tbc

Privacy Impact Assessment

- 6.4 tbc

Strategic Risk Management Issues

- 6.5 tbc

7 CONSULTATION

Principal Groups Consulted

7.1 tbc

Method of Consultation

7.2 Group meetings, face to face interviews.

Representations Received

7.3 None

Contact for further information

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Timothy.wheadon@bracknell-forest.gov.uk

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lisa.mcnally@bracknell-forest.gov.uk

Gill Vickers, Director, Adult Social Care, Health & Housing – 01344 351458
gill.vickers@bracknell-forest.gov.uk

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