

Draft for Consideration by Health & Well-Being Board

# **Pharmaceutical Needs Assessment**

## **Bracknell Forest Borough Council**

**2015-18**

**Public Health Services for Berkshire**

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

# Pharmaceutical Needs Assessment

## Bracknell Forest Borough Council

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## **Introduction**

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

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

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

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

### **Purpose of PNA:**

The PNA has several purposes:

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

## **Background: Statutory Requirements**

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

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

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

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

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

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

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

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

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

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

### **Definition of Pharmaceutical services**

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

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

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

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

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

All contractors must provide full range of essential services.

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

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

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

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

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

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

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

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

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

The PNA has five main objectives:

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

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

### **Principles of Development**

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

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

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

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

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

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

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

# National Pharmacy Commissioning

## Commissioning Arrangements

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

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

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

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

There are four ways in which pharmaceutical services are commissioned:

NHS England:

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

NHS England Area Team (AT):

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

Local Authority:

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

CCGs:

- Locally commissioned in line with local needs and CCG strategy

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

## **Local Professional Networks**

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

In general they:

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

The specific functions of the Pharmacy LPN include:

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

## **Contribution of Pharmacy**

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

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

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

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

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

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

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

### **National Outcomes frameworks**

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

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

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

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

### **Control of Market Entry**

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

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

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

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

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

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

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

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

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

## Geography Covered by Bracknell Forest PNA

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

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



Bracknell Forest's wards are:

Ascot  
Binfield with Warfield  
Bullbrook  
Central Sandhurst  
College Town  
Crown Wood

Crowthorne  
Great Hollands North  
Great Hollands South  
Hanworth  
Harmans Water  
Little Sandhurst and  
Wellington

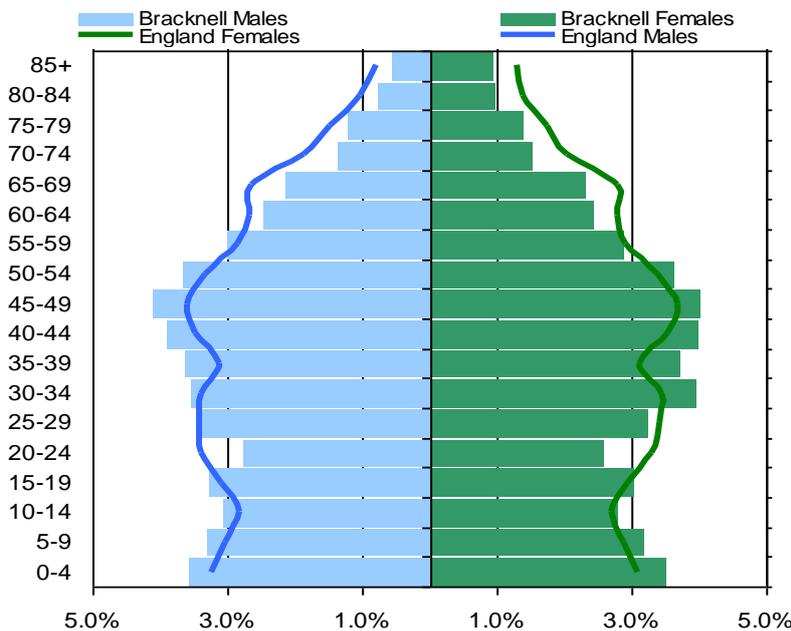
Old Bracknell  
Owlsmoor  
Priestwood and Garth  
Warfield Harvest Ride  
Wildridings and Central  
Winkfield and Cranbourne

## Bracknell Forest Demographics

### Population Structure

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

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



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

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

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

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

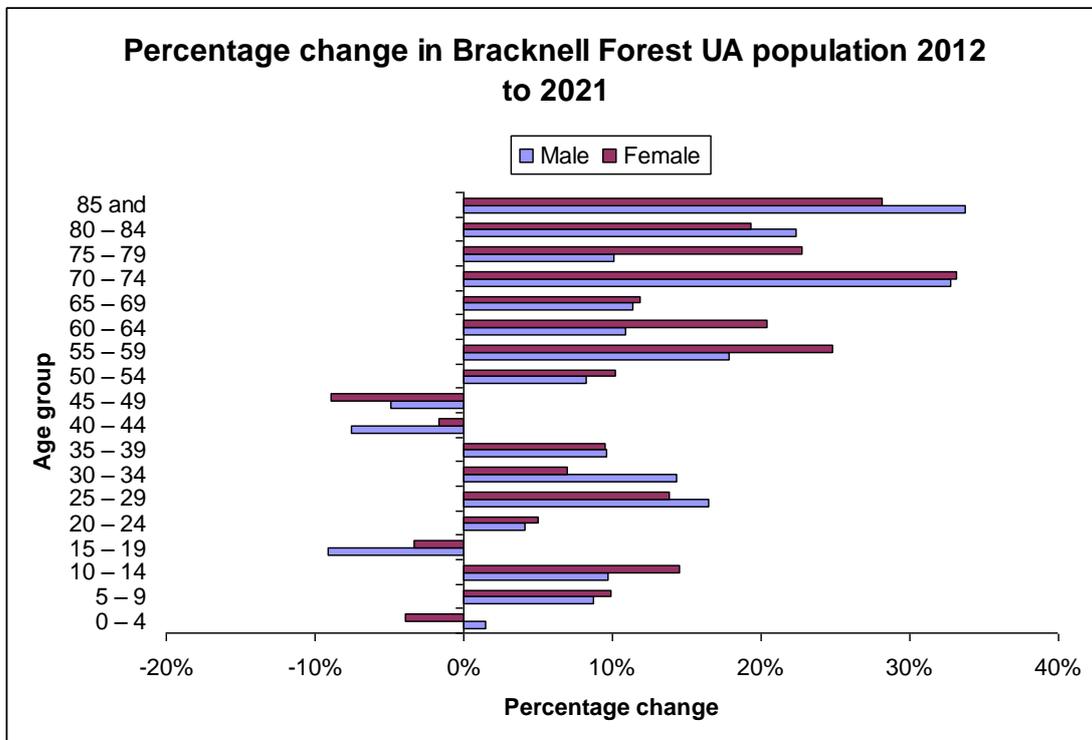
Source: Office for National Statistics (2014)

## Demographic Growth

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

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

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



Source: Office for National Statistics (2012)

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

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

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

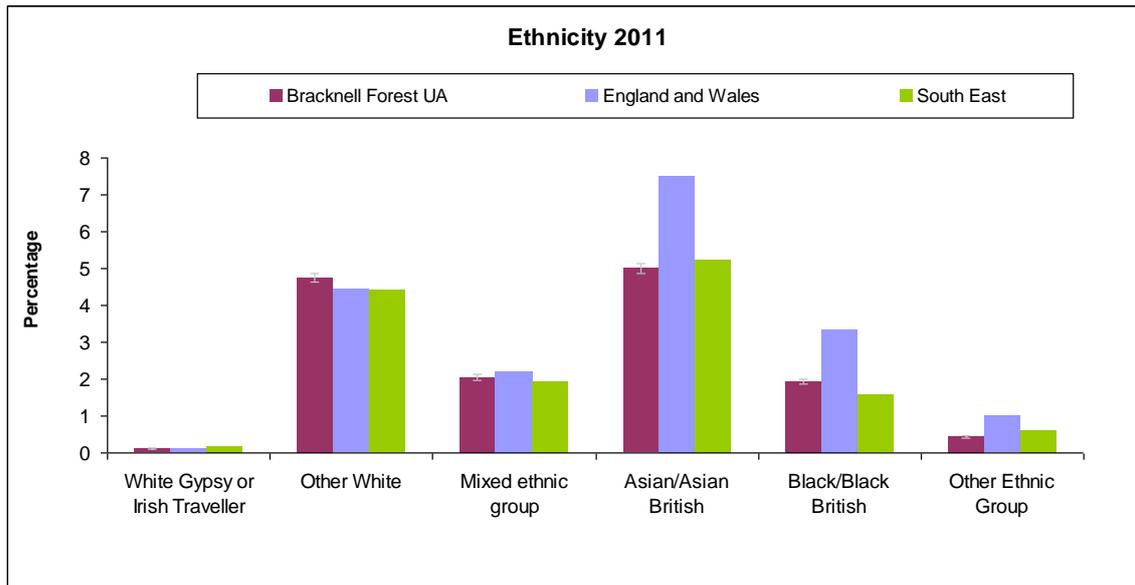
Local authority	Males	Females
<b>Bracknell Forest</b>	<b>80.8</b>	<b>84.0</b>
Reading	78.4	82.7
Slough	78.5	82.7
West Berkshire	80.8	84.6
Windsor and Maidenhead	81.1	84.6
Wokingham	81.6	84.5

Source: Office for National Statistics (2014)

### Ethnicity

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

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



Source: Office for National Statistics (2011)

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

## **Children**

### **Children in poverty**

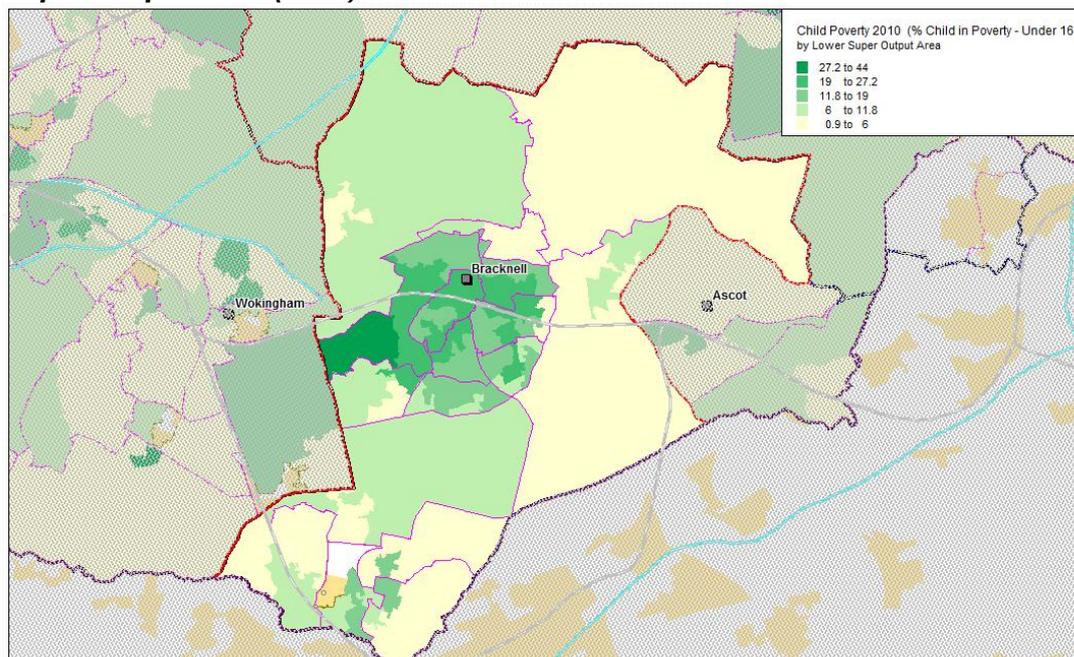
Child poverty and deprivation can be measured in a number of different ways. Figure 7 shows the percentage of children (dependent children under the age of 20), who live in households where income is less than 60% of average household income. This is termed as living in 'relative poverty'. Figure 7 also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

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

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

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

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



Child\_Poverty\_2010\_HMRC\_00MA.wor 22/08/2013 Sid Beauchant BHFT

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Source: Department for Communities and Local Government (2010)

## Teenage Pregnancies

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

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

Source: Office for National Statistics (2014)

## Educational Attainment

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

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

Source: Department for Education (2012/13)

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

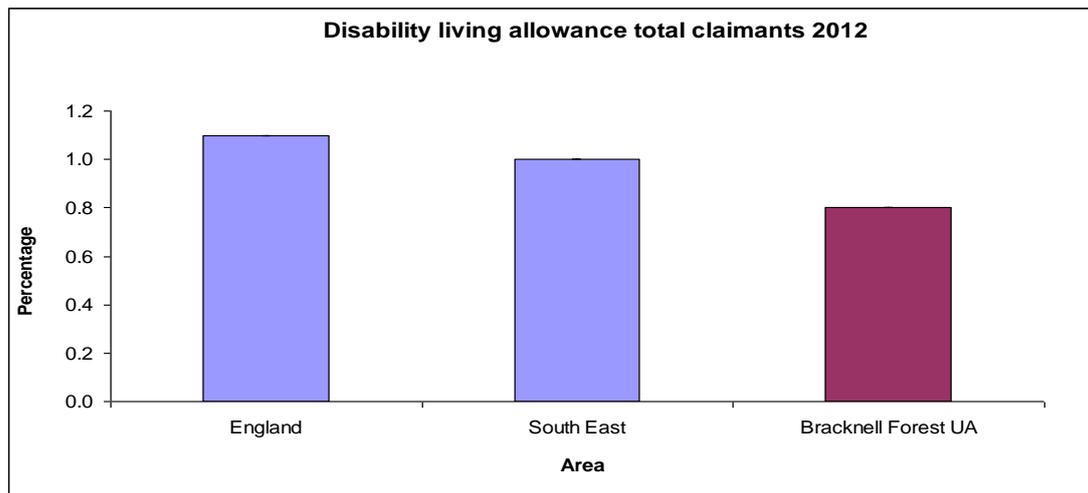
Area	%
<b>Bracknell Forest</b>	<b>78</b>
Reading	69
Slough	74
West Berkshire	77
Windsor and Maidenhead	79
Wokingham	81

Source: Department for Education (2013)

## **Physical disability and sensory impairment**

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

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

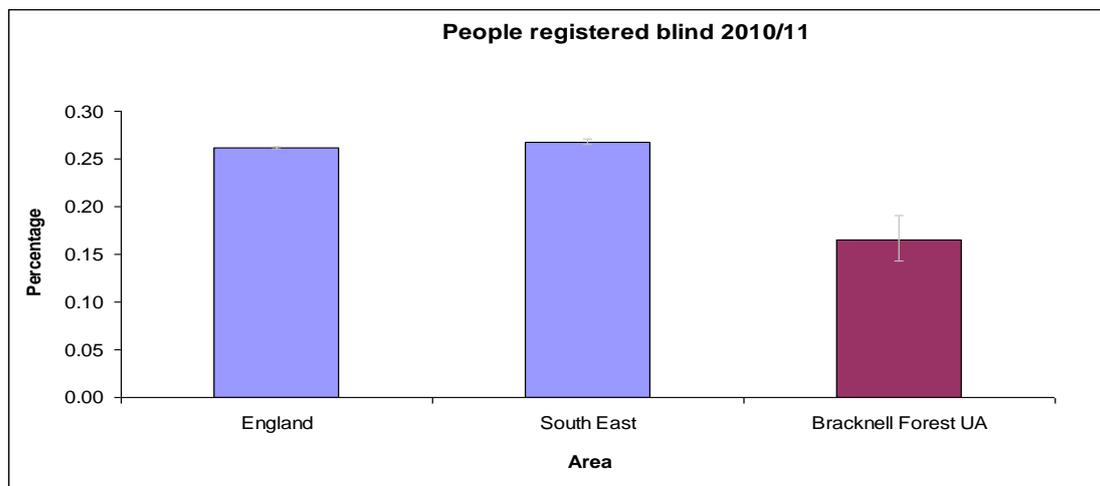


Source: Department for Work and Pensions (2012)

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

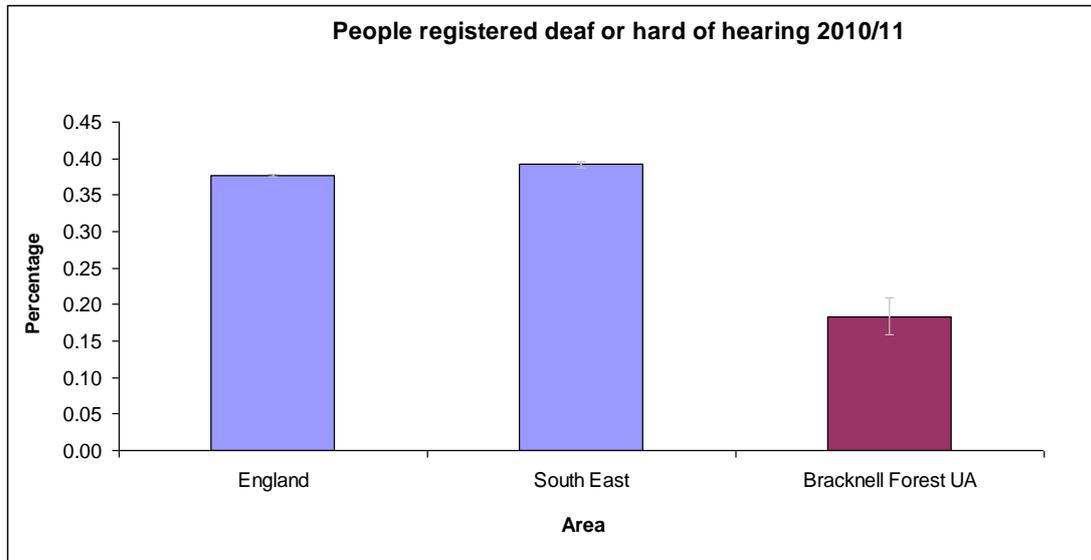
Fewer people in Bracknell Forest are registered as having a sensory impairment than the national and South East Region averages.

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



Source: Health and Social Care Information Centre (2011)

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



Source: Health and Social Care Information Centre (2011)

### **Provision of unpaid care**

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

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

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

Source: Office for National Statistics (2012)

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

### **Life Expectancy**

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

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

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

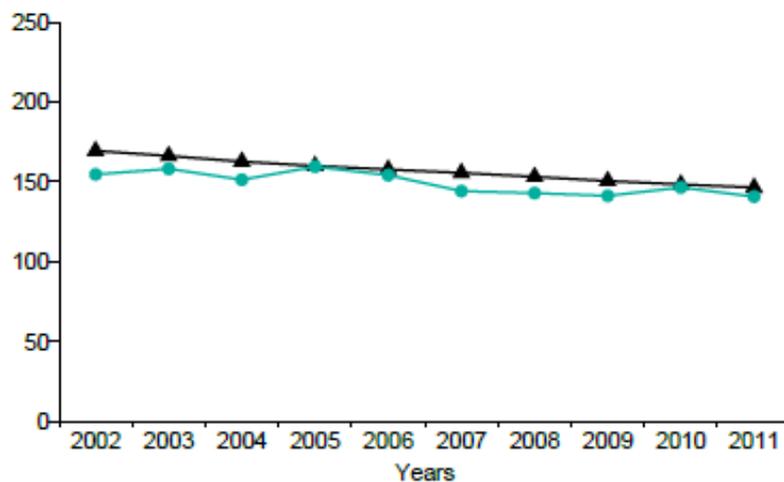
Life expectancy for both men and women is higher than the England average. Life expectancy is 7 years lower for men in the most deprived areas of Bracknell Forest than in the least deprived areas.

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

### **Cancer**

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

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



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

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

### **Heart Disease and Stroke**

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

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

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

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

### **Lifestyle**

#### **Smoking**

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

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

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

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

## Alcohol

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

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

## Flu Vaccination

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

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

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

Source: NHS Thames Valley Local Area Team (2013)

## **Over 65 Population:**

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

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

## **Falls**

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

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

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

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

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

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

## Local Commissioning Strategies

### Bracknell Health and Wellbeing Strategy

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

The aim of the Strategy is:

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

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

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

### Priorities

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

### Current key issues from the JSNA

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

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

### **CCG Strategy**

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

## Current Service Provision

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

- Essential Services
- Advanced services
- Enhanced Services

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

However in addition community pharmacy can be commissioned by

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

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

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

### Essential Services

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

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

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

### Advanced Services

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

### Local Services

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

Public Health within the council:

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

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

CCGs within Berkshire:

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

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

NHS England:

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

Private Services:

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

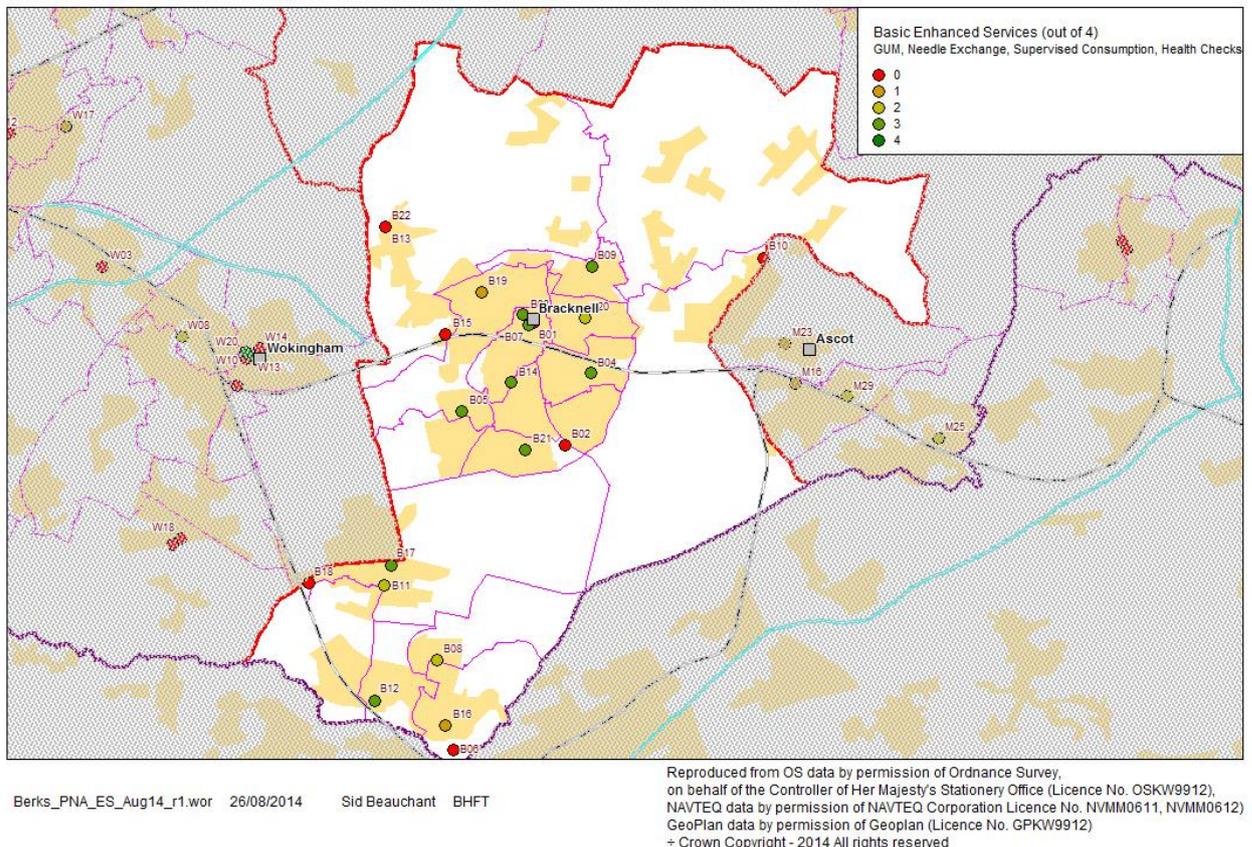
## **Pharmacy provision - current**

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

## Current Pattern of Enhanced services

For more details see Appendix 2.

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



## **Dispensing Doctors**

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

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

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

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

### **Out of Area**

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

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

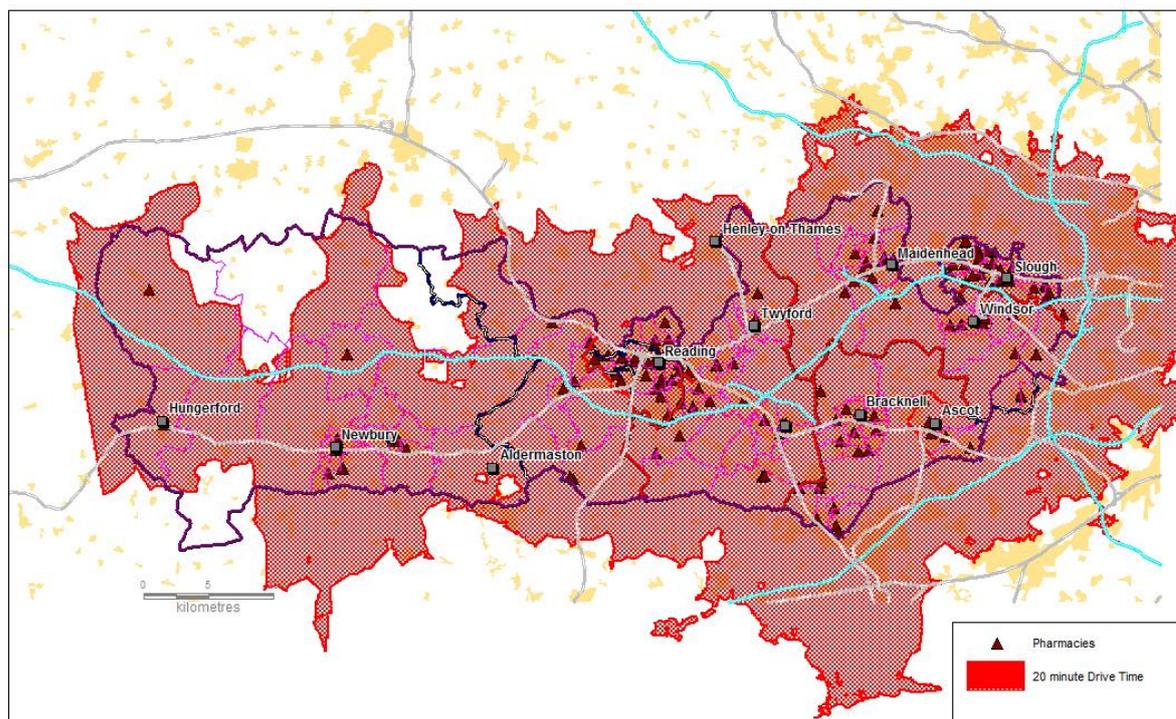
The map of provision shows the neighbouring pharmacies which are accessible to local residents. Information has been gathered on cross border services and is shown in Appendix 1.

## Pharmacy Access and Services

### Bracknell Forest

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

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



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

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### Opening Hours

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

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

### Consultation Facilities

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

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

### Advanced services

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

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

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

### Additional language availability

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

### Collection and Delivery Services

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

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

### IT connectivity

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

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

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

## Analysis of User Survey

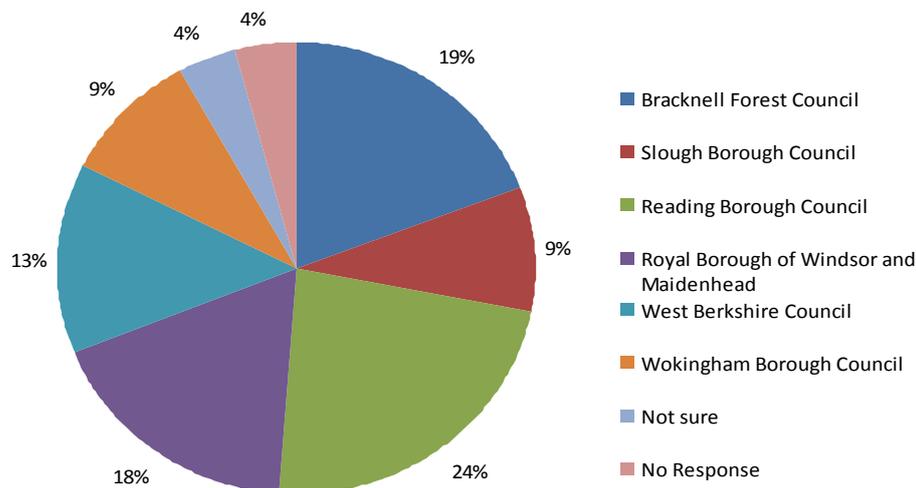
A key part of the PNA is to obtain the views of residents who use our community pharmacy and dispensing doctor services (see Appendix 5).

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

### Respondents

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

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



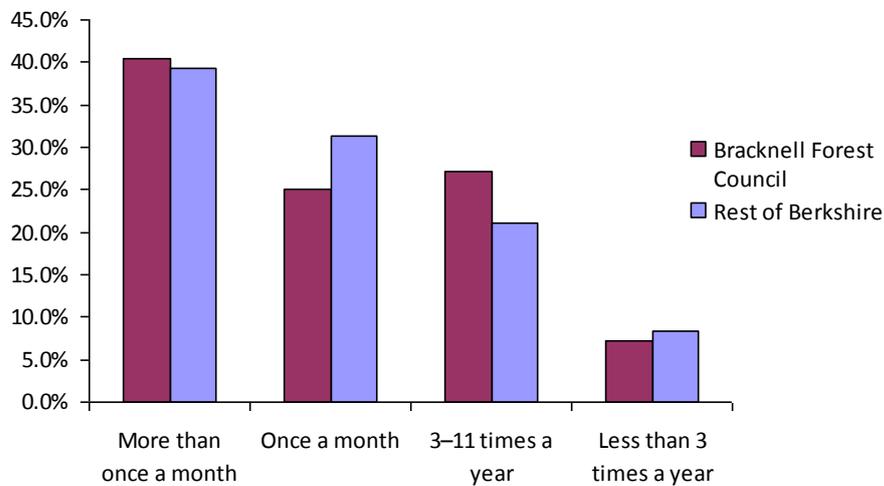
In Bracknell there were 390 responses making up 19% of the total. Of these 83% were from respondents that classed themselves as white British, the most common age groups that responded were aged 65 – 74 ( 20%) and 12% were over 75 years.

### Pattern of use

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

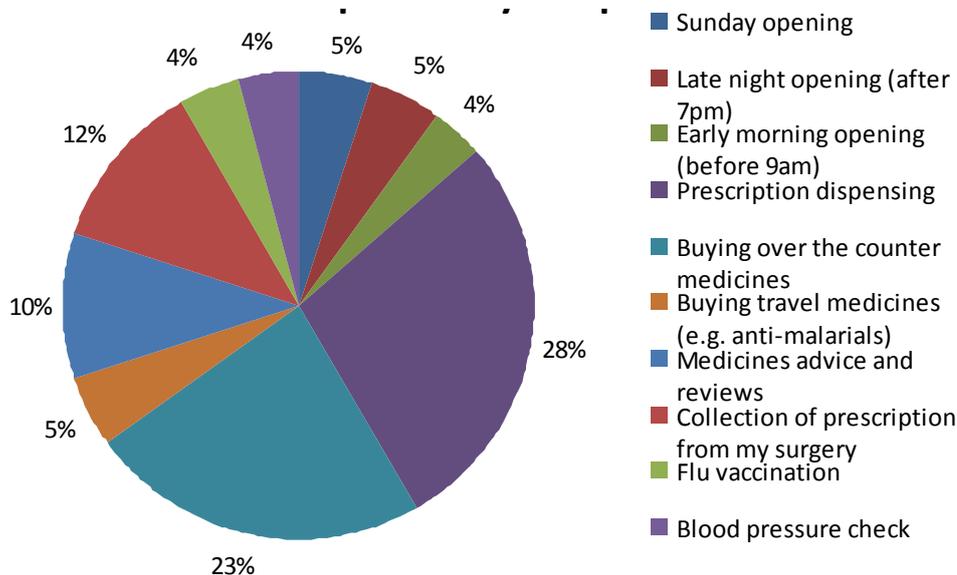
When residents were asked how often they used a community pharmacy they gave the following replies, which shows a slightly different usage to the rest of Berkshire but not significantly.

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



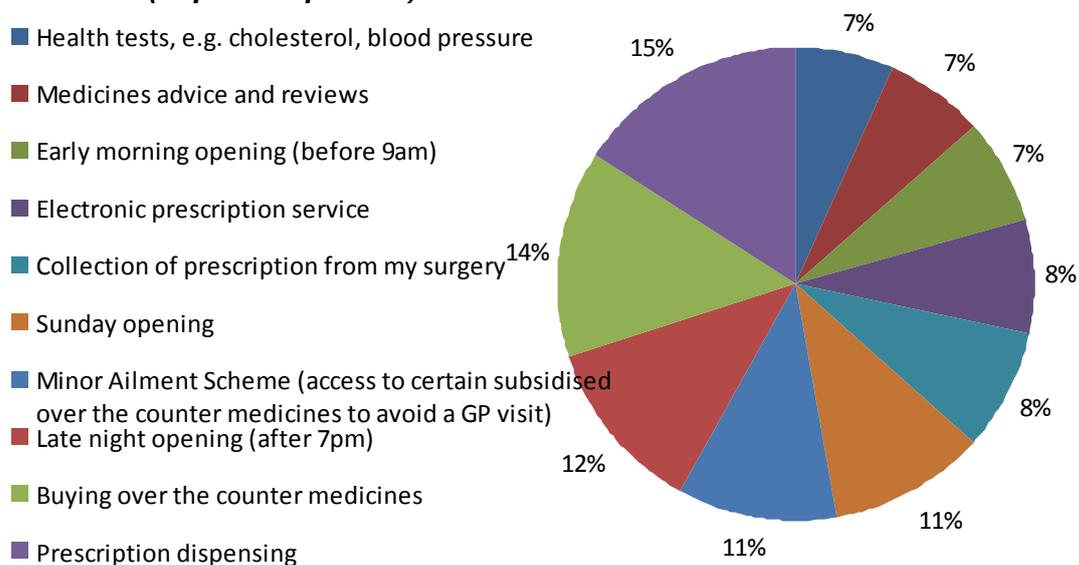
Additionally residents were asked about the type of services they currently use at their local pharmacy: as could have been expected the most common reason is to get prescriptions dispensed (28%) and buying over the counter medicines (23%). As we have seen many pharmacists offer prescription collection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

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



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

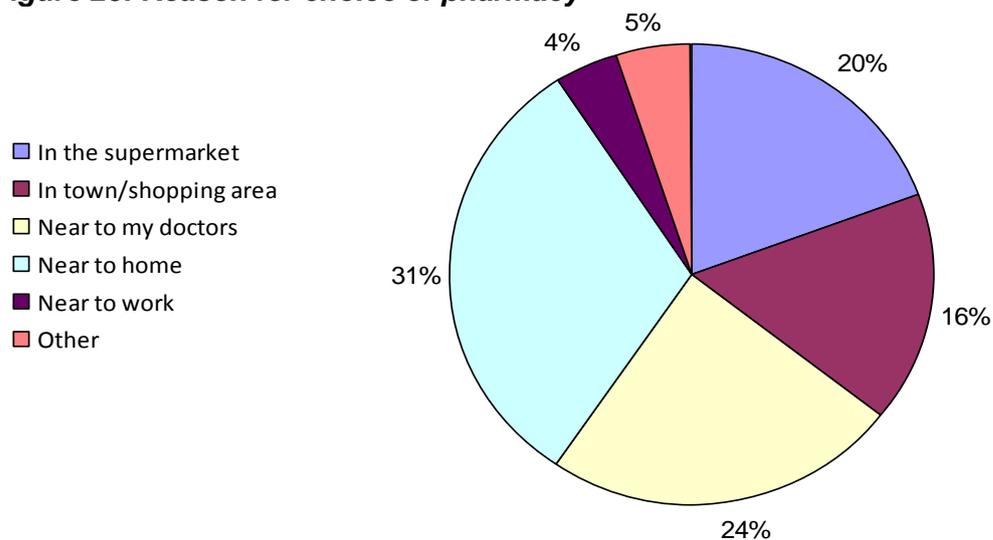
**Figure 24: Which of the following services would you use at a pharmacy, if available? (Top 10 responses)**



### Access to pharmacy

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

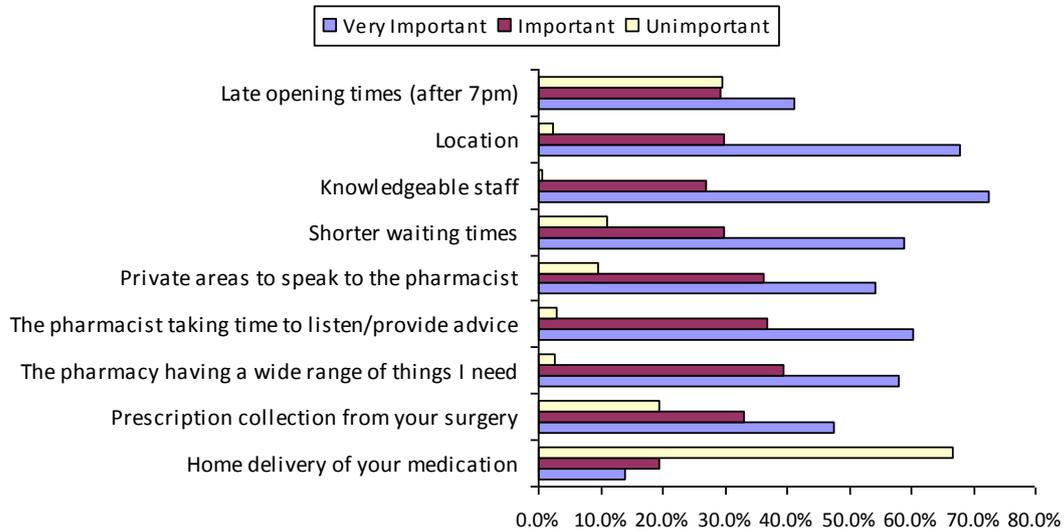
**Figure 25: Reason for choice of pharmacy**



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

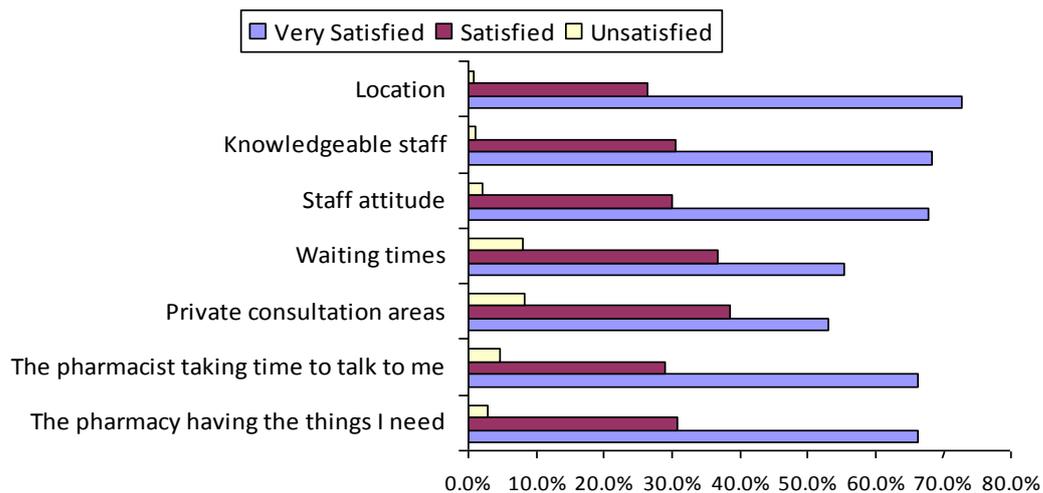
We asked respondents to rate the importance of the various services that pharmacies offer. The availability of knowledgeable staff is important closely followed by location.

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



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

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



## **Recommendations**

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

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

### **Essential services**

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

### **Access Maps**

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

### **Opening Hours**

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

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

### **Patient views**

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

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

### Conclusion - Essential services

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

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

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

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

### Advanced services

The advanced services are:

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

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

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

## Conclusion advanced services

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

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

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

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

## **Locally Commissioned Services**

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

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

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

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

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