

---

# **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 as these services are known as **locally commissioned services**. These services are outside the scope of the PNA, but may contribute to improvements or increasing access.

The legislation requires that the PNA:

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

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

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

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

When assessing provision of services the HWB considered key characteristics of the 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.

# Contents

<b>A: Introduction</b> .....	8
1. What is a Pharmaceutical Needs Assessment (PNA)? .....	8
2. Purpose of the PNA .....	8
3. Background and Legislation .....	9
NHS Act 2006 .....	9
The Health Act 2009 .....	9
The Health and Social Care Act 2012.....	9
4. National and Local Priorities .....	10
5. Commissioning Context.....	11
NHS England .....	11
NHS England South (Thames Valley) .....	11
Other commissioners .....	11
Sustainability and Transformation Partnerships .....	11
6. Pharmacy.....	12
7. Pharmacy Contractual Framework.....	13
a) Essential Services .....	13
Opening hours: core and supplementary .....	14
Public Health .....	14
Signposting and Referral.....	14
Clinical governance .....	14
b) Advanced Services.....	15
Medicines Use Review and Prescription Intervention Service (MUR) .....	15
New Medicines Service (NMS) .....	15
NHS Urgent Medicine Supply Advanced Service (NUMSAS) .....	15
Appliance Use Review (AUR) .....	15
Stoma Appliance Customisation (SAC) .....	16
Influenza (flu) vaccination.....	16
c) Enhanced Services .....	16
d) Local Pharmaceutical Services (LPS).....	16
e) Locally Commissioned Services (LCS) .....	16
8. Healthy Living Pharmacies (HLP).....	17
9. Electronic Prescription Service.....	17
10. Dispensing Doctors.....	17
11. Dispensing Appliance Contractors (DACs).....	18
12. Distance Selling Pharmacies .....	18

<b>B: PNA Process Summary</b> .....	19
1. Summary of Overall Process.....	19
2. Stakeholder Engagement.....	20
3. Pharmacy Contractor Survey.....	20
4. Public Survey.....	20
5. Equality Impact Screening.....	21
6. Assessment Criteria.....	21
7. Data Sources Used.....	22
<b>C: Bracknell Forest Population</b> .....	24
1. Population and demographics.....	24
Age.....	24
Ethnicity.....	26
Religion.....	26
People living with long-term health problems or disabilities.....	26
Carers.....	26
Employment and benefits.....	27
Education and qualifications.....	27
2. Place.....	28
Deprivation.....	28
Population density.....	28
Housing and homelessness.....	28
Residential developments since the 2015 PNA.....	29
Other developments which may affect the need for pharmaceutical services.....	29
Developments to NHS services which may affect the need for pharmaceutical services.....	
3. Health behaviours and lifestyle.....	30
Smoking.....	30
Alcohol.....	31
Drug use.....	31
Obesity.....	31
Physical Activity.....	32
Sexual health.....	32
4. Focus on specific health conditions.....	33
Cancer.....	33
Circulatory disease.....	34
Diabetes.....	34
Respiratory disease.....	35
Mental health problems.....	35
Dementia.....	35
5. Life expectancy and mortality.....	36

<b>D: Pharmacy Provision in Bracknell Forest</b> .....	38
1. Type of Pharmacy services within Bracknell Forest.....	38
Advanced Services .....	38
Enhanced Services .....	39
Locally Commissioned Services .....	39
Healthy Living Pharmacy .....	40
2. Access to pharmacy services within Bracknell Forest.....	41
<b>E: Public Survey</b> .....	43
1. Demography of survey respondents.....	43
2. Use and access to local pharmacies .....	43
3. Pharmacy characteristics and services .....	44
4. Feedback.....	45
<b>F: Assessment of pharmaceutical service provision</b> .....	49
<b>G: Conclusions</b> .....	51
1. Current necessary provision .....	51
2. Current gaps .....	51
3. Future gaps.....	51
4. Current additional provision .....	51
5. Opportunities for improvements and/or better access to pharmaceutical services.....	52
6. Impact of other NHS services .....	52
<b>H: Sources</b> .....	53
<b>I: Glossary of terms and acronyms</b> .....	55
<b>J: Appendices and Maps</b> .....	56
Appendix A: Berkshire PNA Pharmacy Survey 2017	
Appendix B: Berkshire PNA Public Survey 2017	
Appendix C: Opening times for pharmacies and dispensaries in Bracknell Forest	
Appendix D: Equalities Screening Record for Pharmaceutical Needs Assessment	
Appendix E: PNA Consultation process and feedback report	
Appendix F: Berkshire PNA Formal Consultation Survey 2017	
Map 1: Pharmaceutical Services in Bracknell Forest	
Map 2: Bracknell Forest pharmacies and Index of Multiple Deprivation by LSOA	
Map 3: Bracknell Forest pharmacies and population density by ward	
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 15 minute walk	
Map 8: Pharmacies inside and within 1.6km (1 mile) of Bracknell Forest border	

# **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 31<sup>st</sup> March 2018, which has been extended until at least 30<sup>th</sup> 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 1<sup>st</sup> 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 30<sup>th</sup> June to 16<sup>th</sup> 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 22<sup>nd</sup> June to 15<sup>th</sup> 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).

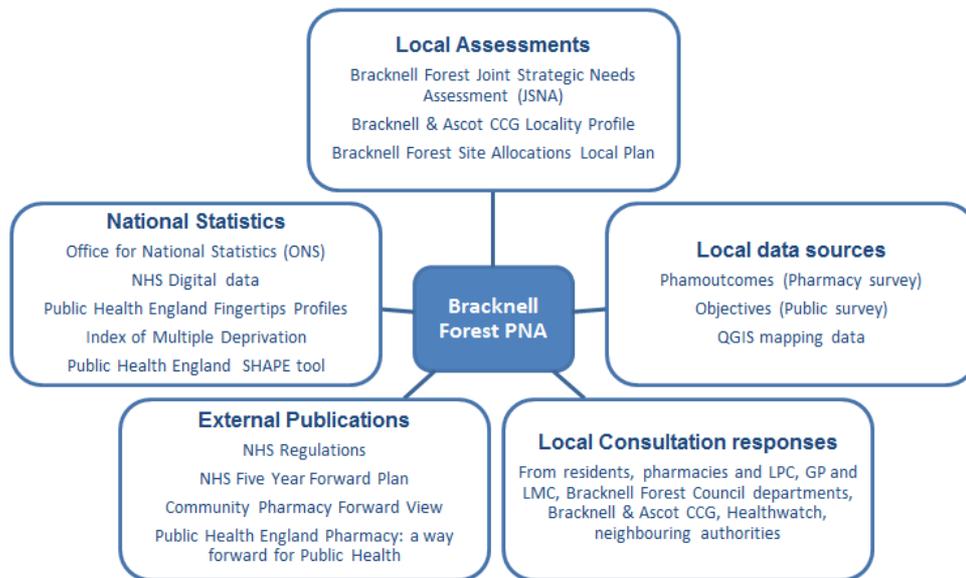
## 7. Data Sources Used

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**



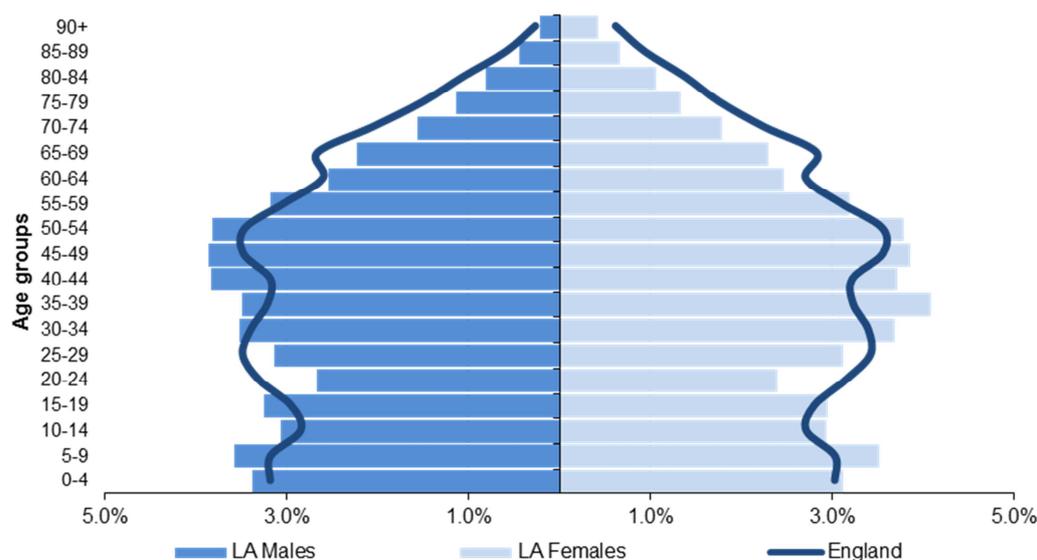
## C: Bracknell Forest Population

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)**



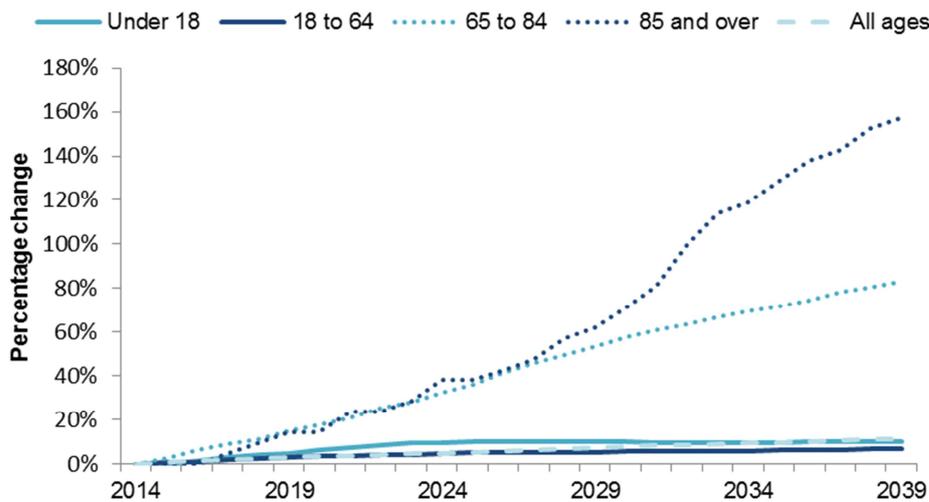
Source: Office for National Statistics (2017)

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.

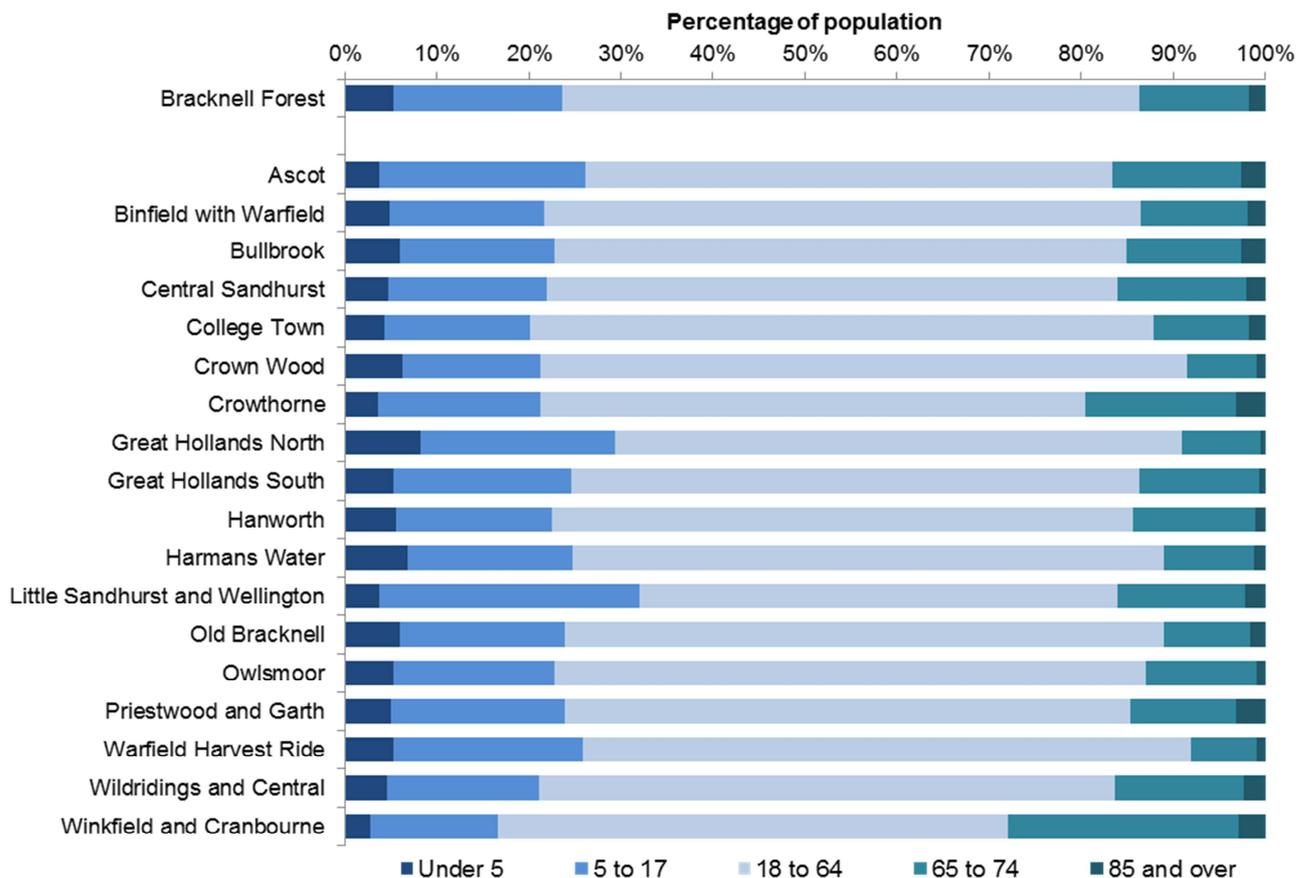
**Figure 3: Percentage change in Bracknell Forest's population 2014 to 2039 by age group**



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)**



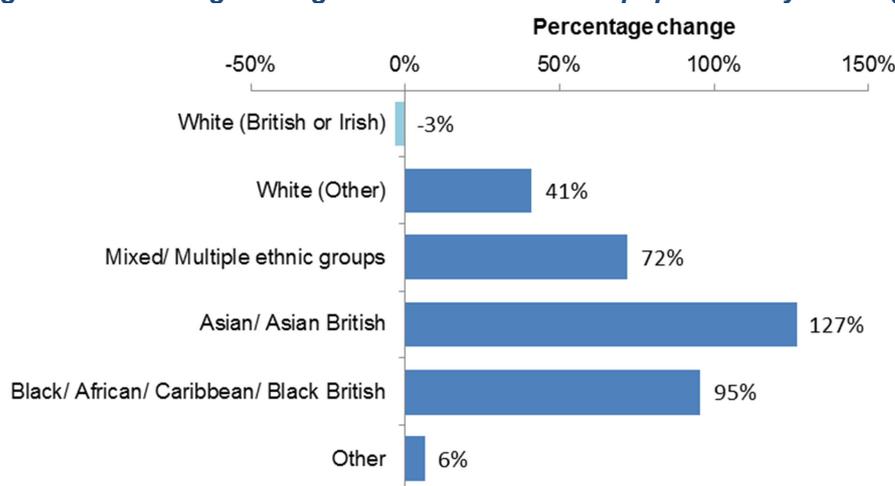
Source: Office for National Statistics (2016c)

## 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 31<sup>st</sup> 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).

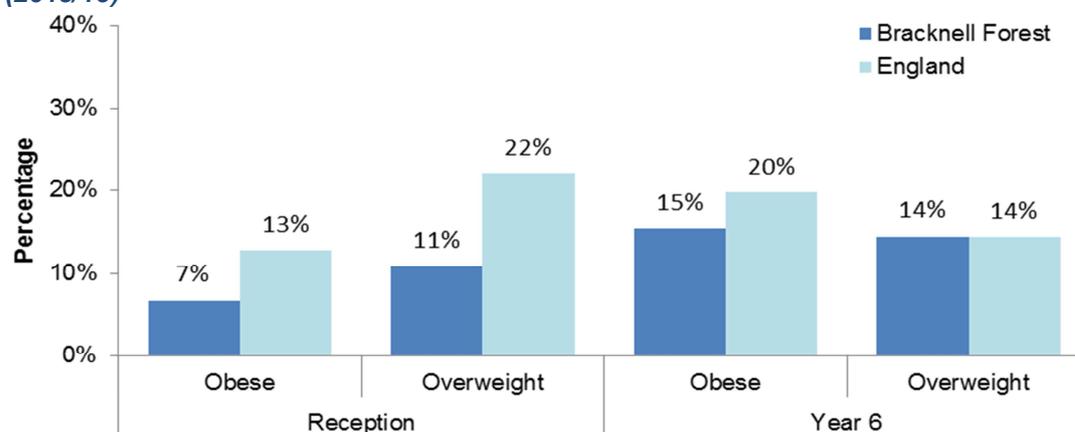
## Obesity

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).

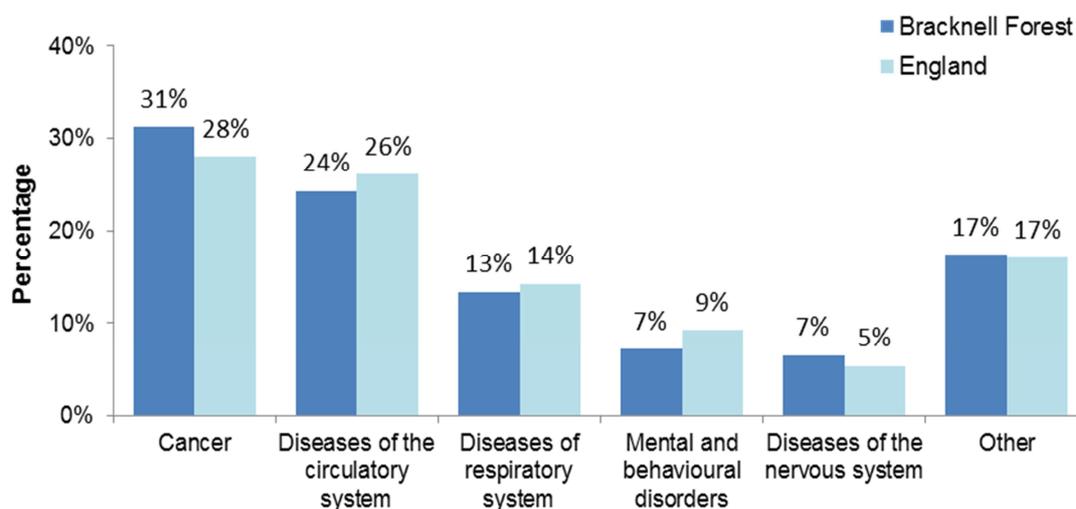
## 5. Life expectancy and mortality

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.

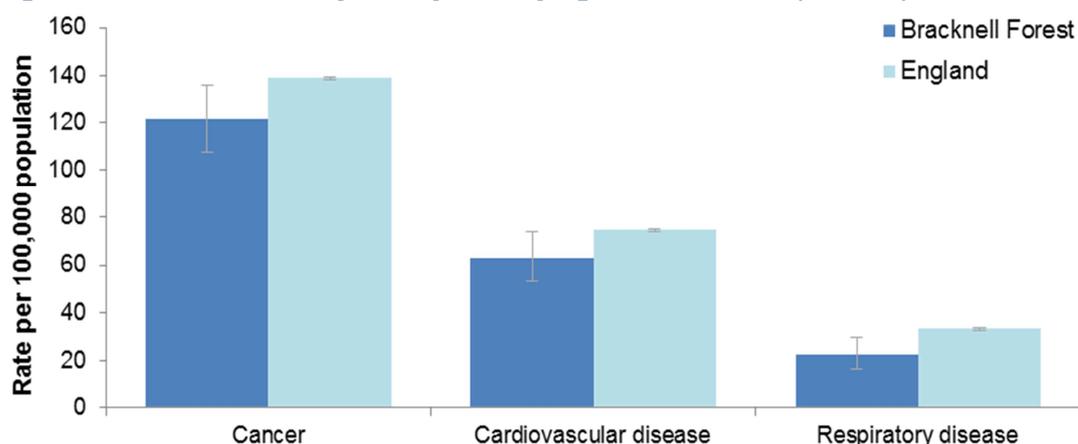
**Figure 7: Percentage of all deaths by main underlying cause (2015)**



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>

<b>Pharmacy</b>	<b>Emergency Hormonal Contraception</b>	<b>Supervised consumption</b>	<b>Needle Exchange</b>
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

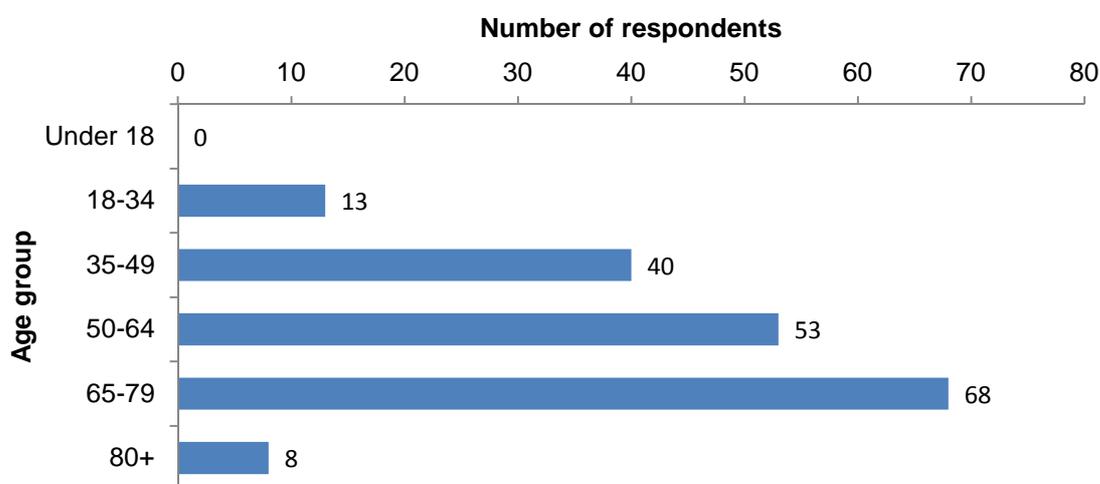
A key aspect of the pharmaceutical needs assessment is to obtain the views of residents who use our community pharmacy and dispensing doctor services. This section provides a summary of the responses that were received through the Berkshire PNA public survey, which was open from mid June to mid September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

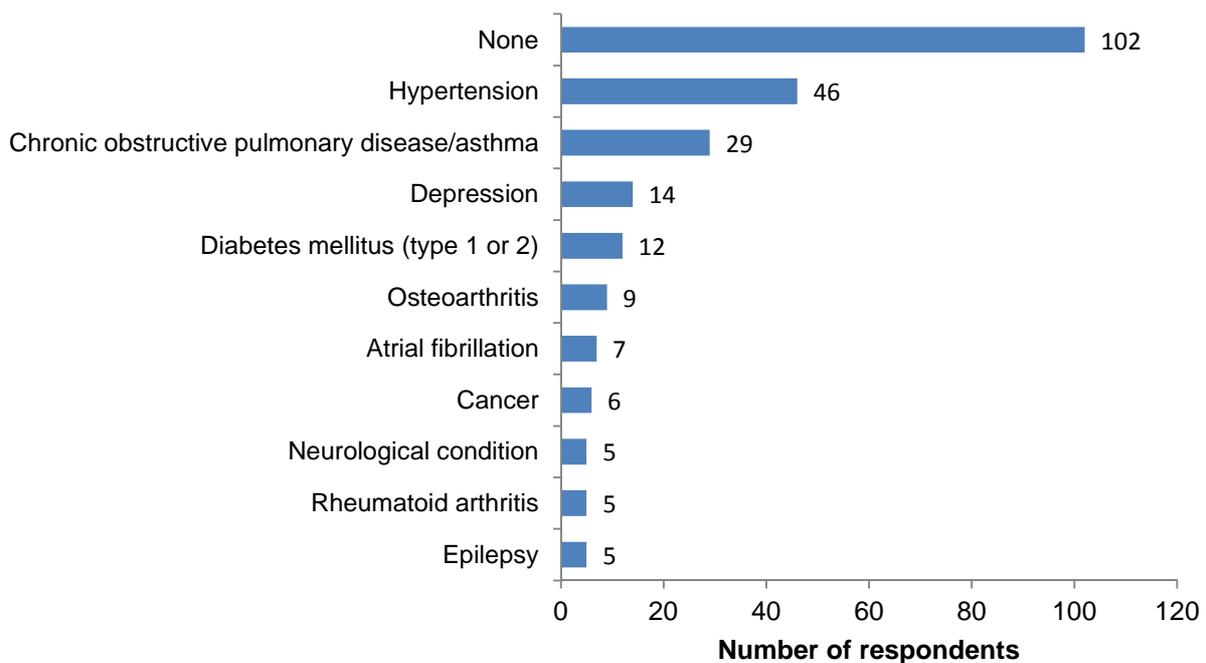
Respondents were asked about the pharmacies they used and how they accessed these. Key findings about pattern of use included:

- 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.

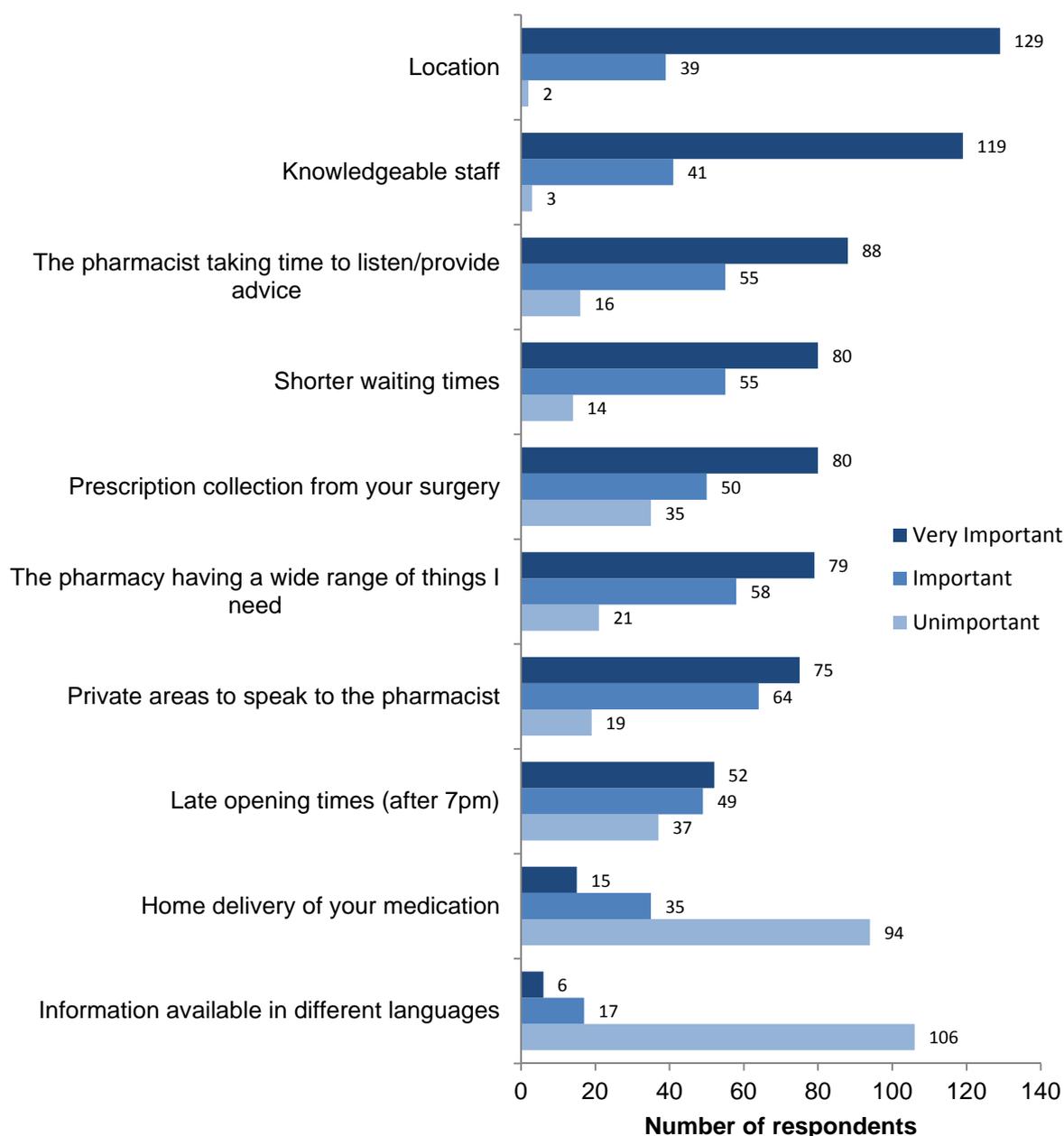
**Figure 10: Summary of response to “Which of the following chronic health conditions do you visit your pharmacy for?”**



### 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.

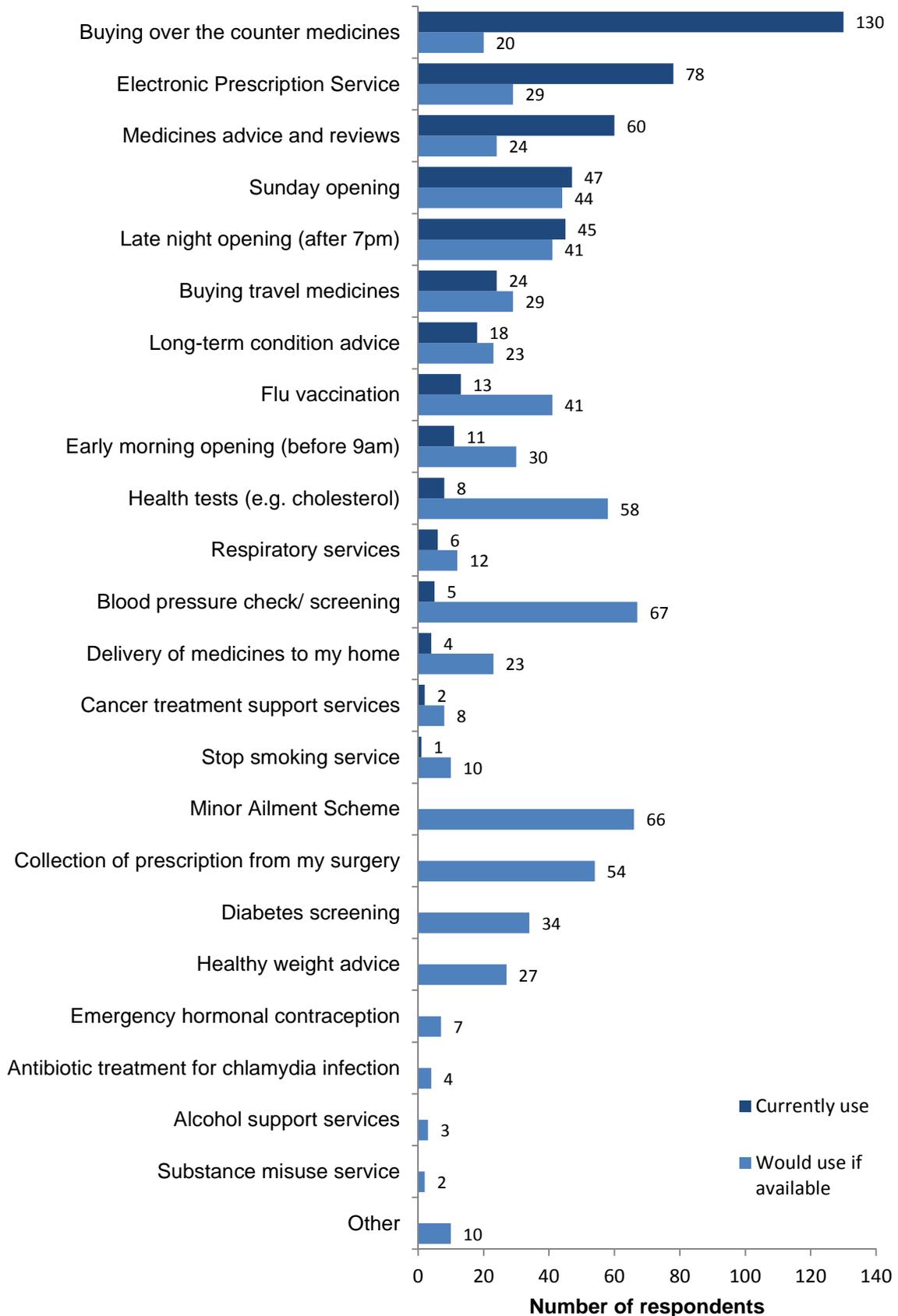
**Figure 11: Summary of response to “How important are the following pharmacy services?”**



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.

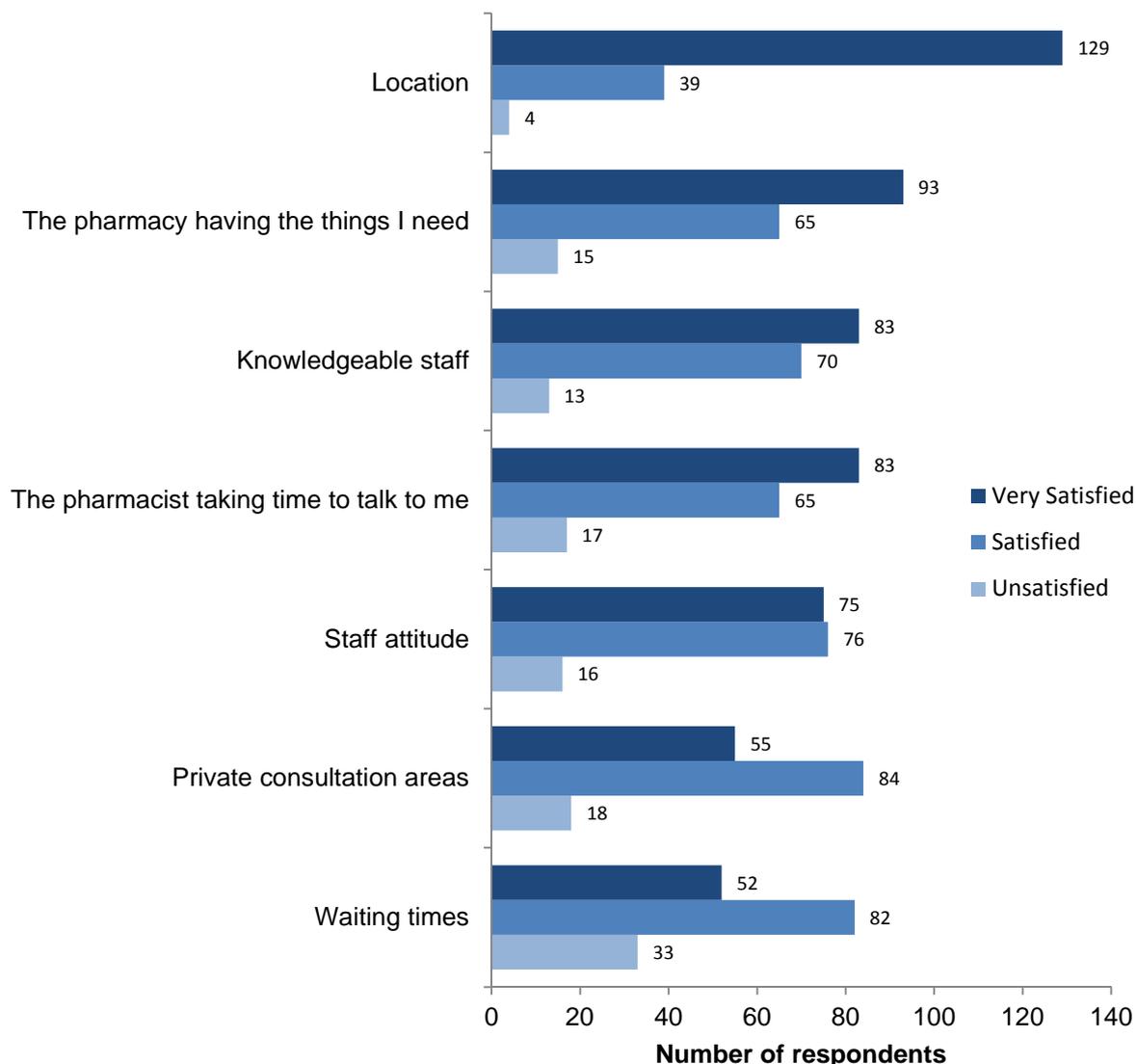
24% of respondents stated that they would use Sunday opening times, if they were available, and 22% stated that they would use late nights opening (after 7pm). The full list of responses is shown at Figure 12.

**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 13<sup>th</sup> 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