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**Reading**  
**Pharmaceutical Needs Assessment**  
**2018 to 2021**

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## Executive Summary

This is an update of the Pharmaceutical Needs Assessment (PNA) for the Reading Health and Wellbeing Board (HWB) 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 Reading 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 Reading Borough Council (RBC) 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 Reading HWB, and were supported by other members of the task and finish group.

This PNA contains information on:

- The population of Reading, describing age, gender, socio-economic status, health needs and health behaviours which may all impact on the need for pharmaceutical services
- Pharmacies in Reading and the services they provide, including dispensing medications, providing advice on health and reviewing medicines
- Relevant maps of Reading 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 Reading.
- Information about other services that pharmacies in Reading provide such as sexual health and needle exchange
- Potential gaps in provision and likely future needs.

The 2005 national framework for community pharmaceutical services 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 Reading 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 Reading during normal working hours, with 30 pharmacies and one distance<sup>1</sup> selling pharmacy within the Borough. There are also seven pharmacies outside the borough, but within 1.6km of borders which were considered when assessing provision and access to services.

All pharmacies are open on weekdays and there is relatively good provision on weekday and Saturday evenings for the majority of residents.

All residents are within a 10 minute drive of a pharmacy when services in neighbouring boroughs are taken into account; however there are no pharmacies in Mapledurham or Thames ward and no services open on evenings or Sundays in Whitley or Church wards.

Although 95% of residents are within a 15 minute walk of a pharmacy during normal working hours, residents in parts of Whitley, Mapledurham, and Thames wards and a small area of Peppard ward are not within walking distance of a pharmacy during normal working hours. However, it is important to note that all residents are within a 20 minute drive, which meets a key NHS standard for accessibility.

In addition to this, future planned developments in Whitley where there are a number of areas of relative deprivation and a higher proportion of young families may also increase need for services in this particular area of Reading.

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 adequate but variable provision of advanced pharmaceutical services for Reading 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 an opportunity to extend the range of LCS that are commissioned in Reading 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 available at the time of developing this PNA, there may be gaps in provision of essential and advanced pharmaceutical services within walking distance for some residents in Whitley, Mapledurham and Thames wards, there may also be increased need for services in Whitley in the lifetime of this PNA if future residential development goes ahead as planned.

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# **A: Introduction**

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

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

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

This PNA describes the needs of the population of Reading.

## **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 Reading 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 Reading Borough Council (RBC) 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.

Reading's local health priorities are published in [Reading's Health and Wellbeing Strategy 2017 to 2020](#). These include a focus on:

- Supporting people to make healthy lifestyle choices (improving dental care, reducing obesity, increasing physical activity, reducing smoking)
- Reducing loneliness and social isolation
- Promoting positive mental health and wellbeing in children and young people
- Reducing deaths by suicide
- Reducing the amount of alcohol people drink to safe levels

- Making Reading a place where people can live well with dementia
- Increasing uptake of breast and bowel screening and prevention services
- Reducing the number of people with tuberculosis

## 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 Reading Borough Council, North and West Reading CCG and South Reading CCG, 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). Reading Borough Council is a partner in the Buckinghamshire, Oxfordshire and Berkshire West STP which has the following priorities:

- Improving the wellbeing of local people by helping them to stay healthy, manage their own care and identify health problems earlier
- Organising urgent and emergency care so that people are directed to the right services for treatment, such as the local pharmacy or a hospital accident and emergency department for more serious and life threatening illnesses
- Improving hospital services, for example making sure that maternity services can cope with the expected rise in births
- Enhancing the range of specialised services, such as cancer, and supporting Oxford University Hospitals NHS Foundation Trust as a centre of excellence to provide more expert services in the region
- Developing mental health services, including low and medium secure services, more specialised services for children and teenagers, and improving care for military veterans and services for mums and babies
- Integrating health and care services by bringing together health and social care staff in neighbourhoods to organise treatment and care for patients
- Working with general practice to make sure it is central to delivering and developing new ways of providing services in local areas
- Ensuring that the amount of money spent on management and administration is kept to a minimum so that more money can be invested in health and care services for local communities
- Developing our workforce, improving recruitment and increasing staff retention by developing new roles for proposed service models
- Using new technology so patients and their carers can access their medical record online and are supported to take greater responsibility for their health

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 Reading.



#### **d) Local Pharmaceutical Services (LPS)**

Local pharmaceutical services (LPS) contracts allow NHS England to commission services from a pharmacy which 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.

#### **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 2016b](#)).

### **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 Reading 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 Reading Health and Wellbeing Board

Public Health Services for Berkshire were responsible for compiling demographic and other information from the Reading 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 Reading and provided insight into current opportunities and challenges within the sector.

Reading Borough Council Public Health Team was responsible for disseminating the electronic survey link and promoting to local residents and was supported in doing this by North and West Reading CCG, South Reading CCG and Healthwatch Reading. Reading Borough 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 Reading 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 – Oxfordshire County Council, West Berkshire Council, Wokingham Borough Council
- Four Berkshire West Clinical Commissioning Groups (CCG) – Newbury & District CCG, North & West Reading CCG, South Reading CCG and Wokingham 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 Reading
- 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 30 community pharmacies in Reading 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 web-link was disseminated as widely as possible, using communication channels within Reading Borough Council, North and West Reading CCG, South Reading CCG and Healthwatch Reading. 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 Reading, 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 considered 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 Reading 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).

During the lifetime of the PNA, the HWB is required to assess the impact of additional development not already set out in the published report as well as any changes in pharmacy provision or other local services that could impact on the need for pharmaceutical services.

HWBs are required to publish a revised assessment as soon as is reasonably practical after identifying significant changes to the availability of pharmaceutical services since the publication of its PNA unless it is satisfied that making a revised assessment would be a disproportionate response to those changes.

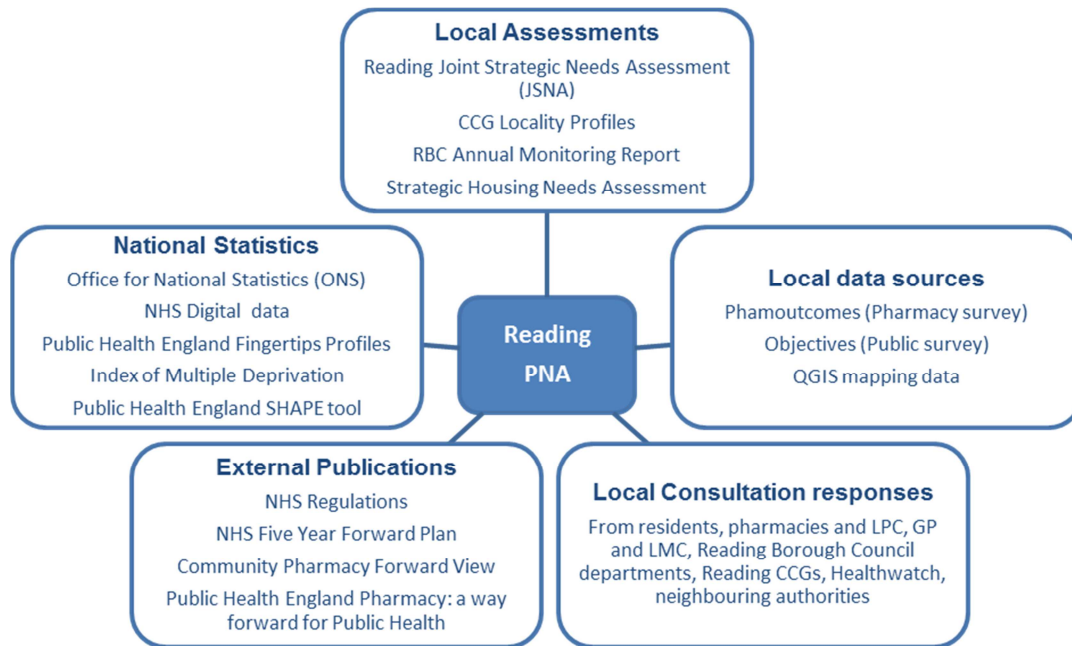
## 7. Data Sources Used

Reading Borough Council has conducted significant needs and health assessment work, including the JSNA 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 Reading Borough Council departments, NHS England, North & West Reading CCG and South Reading 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 Reading PNA**



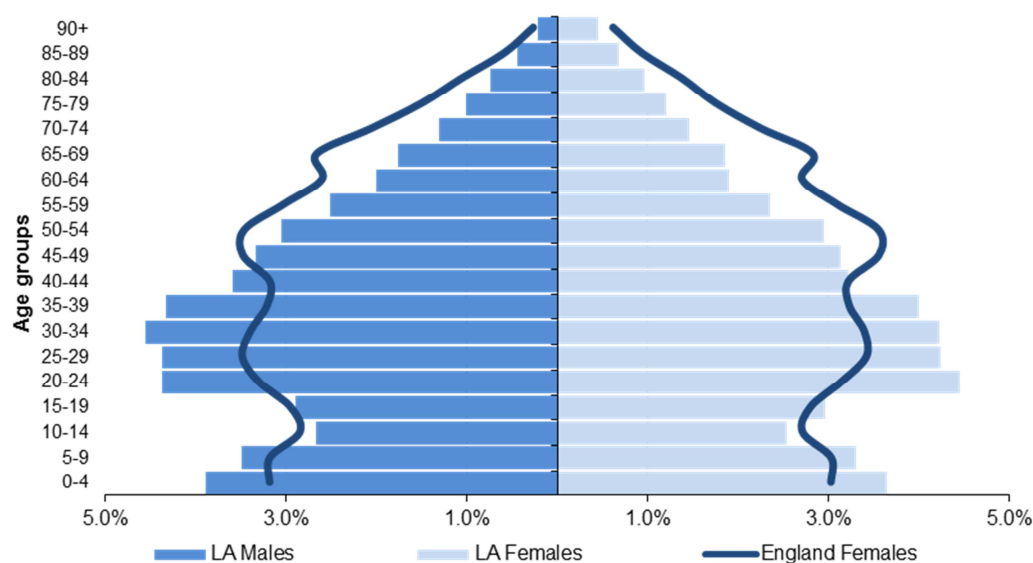
## C: Reading Population

Reading Borough's residents enjoy similar levels of health and wellbeing to the rest of England, with comparable healthy life expectancies and premature mortality rates. However, it is clear that certain communities and areas of the Borough are more likely to have poorer health outcomes than others. There are some marked extremes at a neighbourhood level within Reading, which make the Borough very different from most other local authorities in the South East. While Reading was ranked as the 60<sup>th</sup> least deprived local authority in England out of all 152 upper-tier authorities, the Borough includes some neighbourhoods that are in the 20% most deprived areas in the country. This summary provides an overview of Reading Borough's health and also highlights inequalities for consideration in this PNA.

### 1. Population and demographics

Reading has an estimated population of 162,666 people (Office for National Statistics (ONS) 2017). The age profile for the local authority is different to the national picture, with a much higher proportion of people in their 20s and early 30s in Reading. In contrast, the proportion of people aged 45 and over in Reading is smaller than the national profile for each 5-year age band. Reading also has a higher proportion of young children aged 0 to 9.

**Figure 2: Reading Population pyramid (mid-2016)**



Source: Office for National Statistics (2017)

Reading's population has increased by nearly 10% in the last 10 years and is expected to reach 181,900 by 2039. This is an increase of 12% on 2016's estimated population figures (ONS 2016b). The main reason for population growth in Reading has been international migration, increase in the number of births in the Borough and the increasing life expectancy of the existing population.

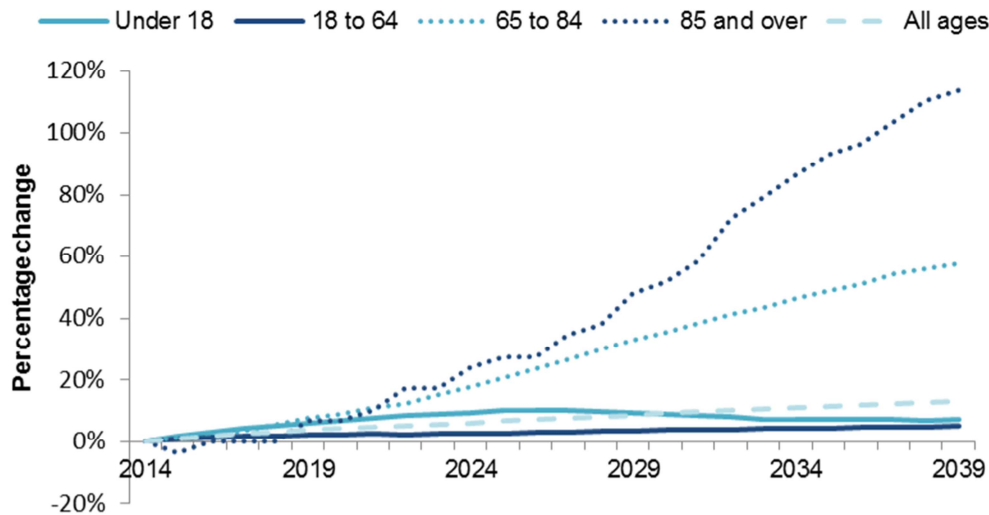
#### Age

Reading's population is significantly younger than England's. The average age of Reading residents was 34.1 years old in 2016, compared to the national average of 39.8 years old. Reading's population has not aged significantly over the last 10 years compared to the national picture and other neighbouring local authorities. In 2006, 11.8% of the population



were aged 65 and over in Reading and this only marginally increased to 12.1% in 2016. However, this is expected to rise to 17.6% by 2039. Figure 3 shows the estimated percentage change of different age groups in Reading up to 2039. This shows a significant increase the 85+ age group, which will have an impact on service demand and the support required for this older age group.

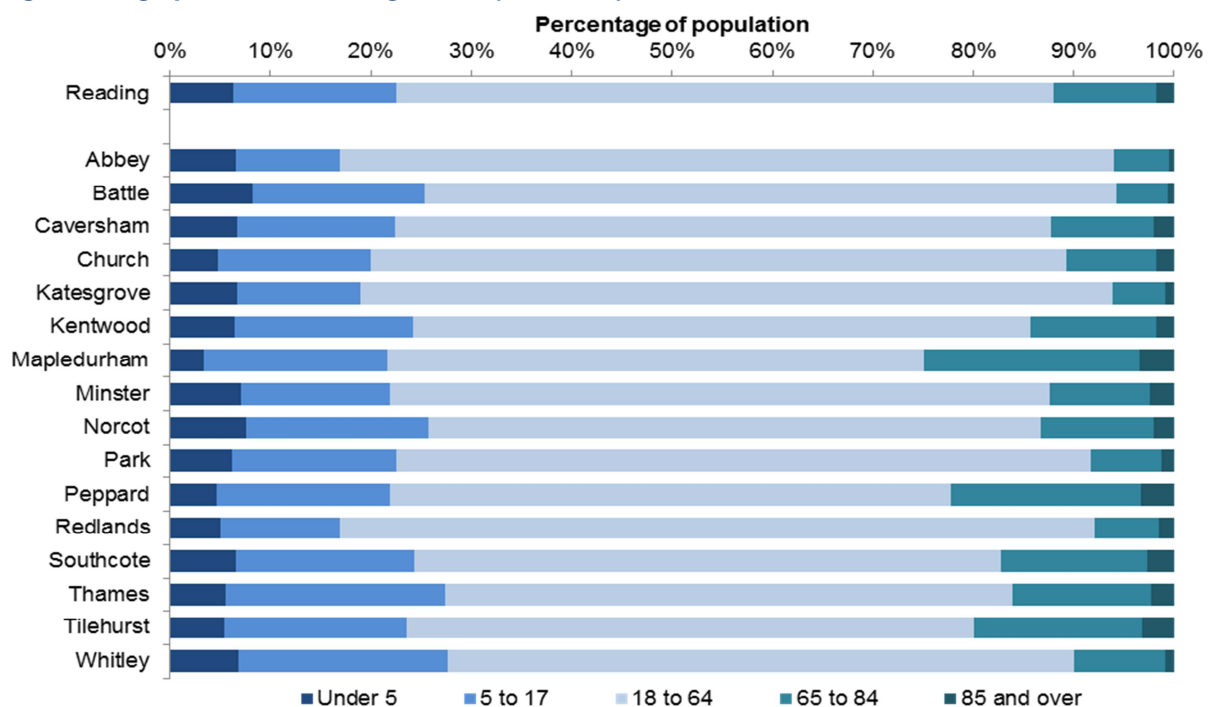
**Figure 3: Percentage change in Reading’s population 2014 to 2039 by age group**



Source: Office for National Statistics (2016b)

The age distribution within different Reading wards varies considerably and this will impact on the service and access needs of people living in different areas of the Borough. Figure 3 shows the age profile of the wards, highlighting the youngest and oldest age groups. Almost 25% of people living in Mapledurham ward are aged 65 and over, compared to 12% in the Borough overall. In contrast, over 27% of people living in Whitley and Thames wards are aged under 18, compared to 22.5% in the Borough overall.

**Figure 4: Age profile of Reading wards (mid-2015)**



Source: Office for National Statistics (2016c)

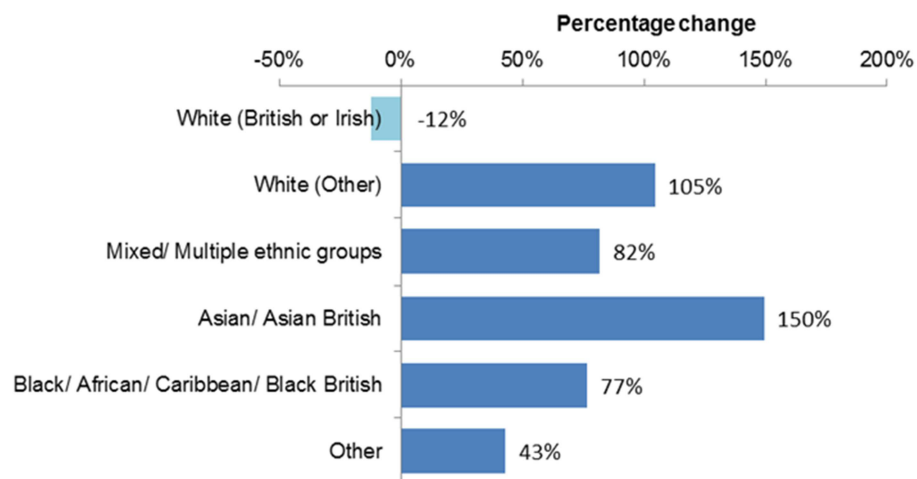
## Ethnicity

25% of Reading'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 13.6% of the total population. In addition, 8.0% of the population were from white backgrounds other than British or Irish (ONS 2013).

The ethnic profile of different areas across Reading varied significantly in 2011. 4 wards had over 45% of people from a BME or other minority ethnic group, including Abbey, Battle, Park and Katesgrove. The highest proportion of people from an Asian/Asian British background lived in Park (29.1% of the population) and Abbey (24.9%). The highest proportion of people from a white background other than British or Irish lived in Battle (15.3%) and Abbey (13.9%). The highest proportion of people from a Black/Black British background lived in Battle (12.2%) and Minster (10.1%). In contrast, Mapledurham and Thames wards had much smaller proportions of people from a BME or other minority ethnic group, at 9.8% and 13.9% respectively.

The proportion of Reading'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 12% over this time, all other ethnic groups have increased in number. The most notable is Asian/ Asian British which has increased by 150% over the 10-year period.

**Figure 5: Percentage change in Reading'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 Reading from 41% in 2010 to 54% in 2017 (Department for Education 2017).

## Religion

63% of Reading's population stated that they had a religion in the 2011 Census. 50% were Christian, 7.1% were Muslim and 3.6% were Hindu (ONS 2013).

## People living with long-term health problems or disabilities

Over 20,000 people in Reading reported that they were limited in their daily activities by a long term health problem or disability in the 2011 Census. This equates to 13% of the population. This was higher for people aged 65 and over at 48%, and higher still for those aged 85 and over at 79% (ONS 2013).

## Carers

Over 12,300 Reading residents identified themselves as a carer in the 2011 census, which was 7.9% 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 Reading from 4.4% in Abbey to 12.4% in Mapledurham. Unpaid carers in Reading are more likely to suffer from poorer health with 75% describing their health as “good or very good”, compared to 87% of people who do not provide unpaid care. The likelihood of reporting poorer health rose with the number of hours of care provided. Carers providing 50 or more hours of unpaid care a week were nearly 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, 76% of people aged 16 to 64 in Reading were in employment, compared to 74% nationally. Reading’s unemployment rate was also lower at 4.0%, compared to 4.7% nationally. Full-time workers in Reading have higher average earnings than workers in England, with an average weekly income of £557 per week compared to £541 nationally. However, this is lower than the average weekly income of £582 in the South East region.

In November 2016, 8.7% of Reading’s working-age population were claiming benefits, compared to 11.0% nationally. 78% of claimants in Reading received an out of work benefit, such as Job Seekers, Employment Support Allowance/ Incapacity Benefit and Lone Parent Benefits.

In 2016, 7,300 households in Reading 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 13.2% 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 Reading with at least a bachelor's degree was 50% in 2016, compared to 38% nationally. This figure continues to rise in line with the national increase (NOMIS 2017).

The proportion of people in Reading with A-levels or equivalent was 66% and GCSEs or equivalent was 80%. 7% of people had no qualifications in Reading, compared to 8% nationally.

The proportion of school children in Reading who achieved school readiness was similar to England’s in 2015/16, with 71% of 5 years olds reaching a good level of development and 79% of Year 1 children achieving the expected level in the phonics screening check. The local authority’s GCSE results are significantly worse than the national figures, with 52% of Reading’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.

The 2015 index of multiple deprivation (IMD) ranked Reading Borough as the 60<sup>th</sup> least deprived local authority in England out of all 152 upper-tier authorities (Department for Communities and Local Government 2015). The levels of deprivation across the Borough varied significantly. The Borough is made up of 97 neighbourhoods (Lower Super Output Areas). 10 of these were in the 20% most deprived areas nationally, including parts of Whitley, Church, Norcot, Southcote, Redlands and Caversham wards. In contrast, 19 neighbourhoods were in the 20% least deprived areas nationally, including parts of Mapledurham, Thames, Peppard, Caversham, Kentwood, Southcote, Tilehurst and Redlands wards. Map 2 shows the level of deprivation across Reading at an LSOA level, based on 2015 IMD.

### Population density

In 2016, Reading's population density was 4,067 people per square kilometre. This number has continued to increase since 2001, when there were 3,617 people per square kilometre. Reading's density is also significantly higher than the national average of 424 (ONS 2017). Levels of population density vary across the Borough, although all Reading LSOAs have a higher density than the national average. A neighbourhood in Redlands has the highest density in Reading at 20,823 people per square kilometre. Other areas with significantly higher density include neighbourhoods within Battle, Park, Katesgrove and Redlands wards. Map 3 shows population density at a Reading ward level.

### Housing and homelessness

The 2011 Census showed that there were 62,869 households in Reading. Nearly 55% of these houses were owned by the occupant, whether outright or with a mortgage or loan. 26% were privately rented and 16% were socially rented. The pattern of housing tenure across the Borough varied across wards, with over 80% of household owned by their occupants in Mapledurham, Thames and Peppard wards. In contrast, less than 30% were owned by occupants in Abbey. Social renting was much higher in Whitley and Church wards at over 30%. Private renting was highest in Abbey, Redlands and Katesgrove wards at over 45%.

In 2011, nearly 31% of households in Reading were occupied by people living alone. This equated to 19,237 (12% of the population). 31% of these households were people aged 65 and over living alone, which made up 33% 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. Abbey, Katesgrove and Caversham wards had the highest proportion of one-person households aged 65 and over.

Nearly 11% of households in Reading were occupied by lone-parent families in 2011 and this also differed across areas of the Borough. Whitley had the highest proportion of lone-parent family households at 17% (ONS 2013).

During 2015/16, 316 households in Reading 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 4.9 per 1,000 households, which is significantly higher than the national rate of 2.5 per 1,000 households. On 31<sup>st</sup> March 2016, 307 households were living in temporary accommodation provided under homelessness legislation in Reading. This was a rate of 4.8 per 1,000 households and significantly higher than the national figures. Both of these indicators have increased significantly in Reading since 2012/13 (PHE 2017g).

### ***Residential developments since the 2015 PNA***

The number of households in Reading has increased since the last Pharmaceutical Needs Assessment. From April 2014 to March 2016, 1,386 new dwellings were completed, including significant developments in Kenavon Drive, Abbey (54 dwellings), Dee Park, Tilehurst (61 dwellings) and Kennet Island, Whitley (184 dwellings) (Reading Borough Council 2016).

Thames Valley Berkshire Local Enterprise Partnership and the six Berkshire local authorities commissioned a Strategic Housing Market Assessment (SHMA) at the beginning of 2015. The primary purpose of the SHMA was to provide an assessment of the future needs for housing in the area, together with the housing needs of different groups in the population. The conclusion of the SHMA was that between 2013 and 2036, 699 additional dwellings were needed per annum in Reading.

Reading Borough Council (2016) project that 4,356 new dwellings will be completed from 2017/18 to 2021/22, which is on top of the 809 dwellings projected for 2016/17. The location for these new homes includes large developments at:

- Green Park Village, Whitley (457 units)
- The Former Sorting Office at Caversham Road, Abbey (434 units)
- Station Hill, Abbey (400 units)
- Continued building at Kennet Island, Whitley (further 272 units)
- Forbury Retail Park (203 units)
- Hosier Street, Abbey (198 units)
- Napier Road Corner, Abbey (177 units)
- Worton Grange, Whitley (175 units)
- Elvian School, Southcote (118 units)
- Kings Road, Abbey (117 units)
- Berkeley Avenue, Minster (112 units)

### ***Other 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 Reading. Generally, these changes are not expected to increase the overall need for pharmaceutical services in the Borough.

- Changes to GP practice services including 7 day working. This means that there would need to be pharmacies open at weekends to allow patients to obtain their prescriptions. As stated in Section F - Assessment of Pharmaceutical Service Provision, six pharmacies are open weekday evenings and three of these are open until at least 10pm. 27 pharmacies are open at least part of the day on Saturdays and

three of these are open until at least 10pm. Six pharmacies are also open on Sundays. There is no evening or Sunday provision in Whitley or Church wards, both of which have areas of relative deprivation. However, residents from both of these areas are able to access a pharmacy within a 20 minute drivetime, which is a key NHS standard for access. Changes to 7 day working by GP practices is therefore not expected to result in a need for additional pharmaceutical services.

- Development of GP federations/alliances 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.
- GP practices will be working closer together to provide services - This is not expected to result in a need for additional pharmaceutical services in Reading.
- GP streaming/Urgent and Emergency treatment centres - there would need to be adequate provision to late night pharmacies near the Royal Berkshire Hospital.
- 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 Reading.
- NHS structural change - Berkshire West has been selected as a vanguard site for the Accountable Care System. This may result in new provisions of care, however the exact change and timeframe are not yet finalised making it difficult to assess their impact. These changes are not expected to result in the need for additional pharmaceutical services but could provide opportunities for different ways of providing services and / or changes to locally commissioned services.
- Use of the Electronic Prescribing Service is expected to increase nationally and locally within the life of this PNA. While this is not likely to impact directly on the need for community pharmaceutical services in Reading a recent [Healthwatch Reading Survey](#) has demonstrated a need to ensure local residents are more informed about the EPS and how it can be accessed. In response to this need, a multi-stakeholder group is working to develop and deliver a communications plan to raise patient awareness of the benefits of the service and how they can sign up.

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

### **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 Reading's adult residents smoke, which is similar to the national prevalence rate. The rates differ between men and women, with approximately 19% of men smoking in Reading, compared to 12% of women. There are also noticeable differences in smoking prevalence rates between socio-economic groups both locally and nationally. While 12% of Reading residents in a managerial and professional occupation are current smokers, over 30% 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 Reading mothers who smoke has remained significantly lower than the national average. In 2015/16, 8% of Reading mothers were smokers at the point of delivery, compared to 10.6% nationally.

A total of 525 deaths in Reading were attributable to smoking in 2013-15, at a rate of 281 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 Reading drink at a level which increases the risk of damaging their health, which is more than 21,000 people. Within this proportion there are over 7,800 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.

141 people in Reading attended treatment for alcohol misuse in 2015. 38% of these people left treatment free of alcohol dependence and did not represent again within a 6 month period. This was the same as the national treatment success rate.

In 2015/16, there were 831 alcohol-related hospital admissions for Reading residents, which equates to 599 admissions per 100,000 population. Reading's rate has remained significantly lower than the national average since 2008/09, although it has increased over this time. There are significant differences between the admission rate for men and women

in Reading, at 803 and 409 per 100,000 population respectively. This is in line with the national picture.

A total of 58 deaths in Reading were alcohol-related in 2015, at a rate of 47.7 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 8,600 people in Reading. 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 4,500 young people in Reading (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.

613 people in Reading attended treatment for opiate drug use in 2015. 5.7% 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 6.7%. 117 people in Reading attended treatment for non-opiate drug use in 2015. 31.6% of these people left treatment free of drug dependence and did not represent again within a 6 month period. This is also similar to the national treatment success rate of 37.3% (PHE 2017g).

## Obesity

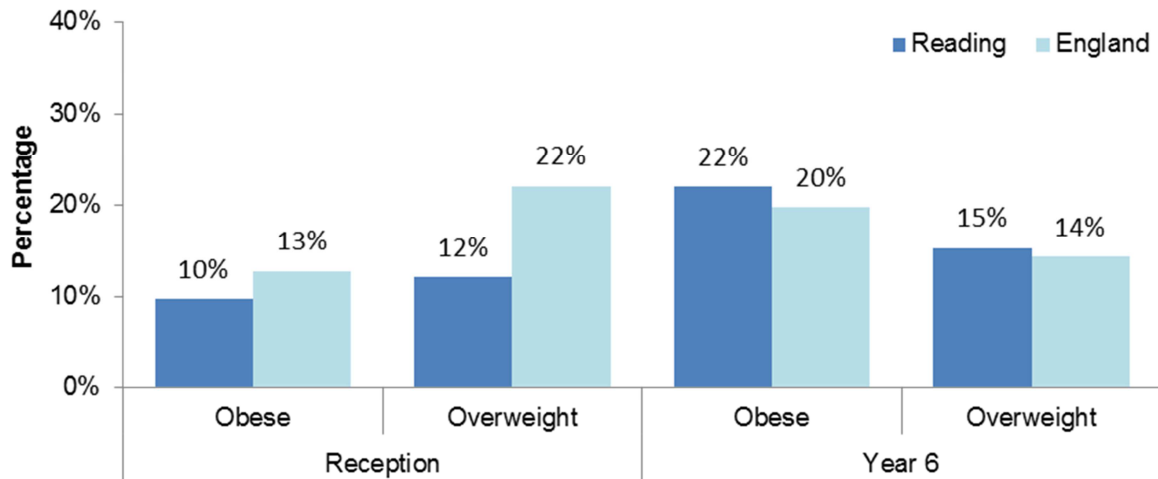
Obesity is indicated when an individual's Body Mass Index (BMI) is over 30. It increases the risk of heart disease, diabetes, stroke, depression, bone disease and joint problems and decreases life expectancy by up to nine years. High BMI is the second biggest cause for premature death and preventable 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 21% of adults living in Reading are obese and a further 43% 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 7.7% of North & West Reading CCG and 7.2% of South Reading CCG's registered populations aged 16 and over are obese. These are both lower than the national figure of 9.5% (NHS Digital 2016b). These are 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, 22% of Reception children in Reading were overweight or obese and 37% 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, 59% of adults in Reading were estimated to have met these recommendations, which was similar to the national figure of 57%. However, nearly 30% of adults in Reading 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. Public Health England (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 Reading is consistently higher than the national rate. In 2016, 1,051 people were diagnosed with a new STI in Reading at a rate of 949 per 100,000 population (excluding chlamydia diagnoses for people aged under 25). Rates of gonorrhoea and syphilis diagnoses are similar 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, 4,702 young people (aged 15 to 24) from Reading were screened for chlamydia, which was 20% of the total population. 393 had a

positive chlamydia diagnosis at 1,646 per 100,000 population. The proportion of young people screened and the detection rate in Reading was significantly lower than the national figures.

Reading's teenage conception rates have reduced considerably over the last 10 years and are now similar to the national rate. In 2015, 55 females aged 15 to 17 and 8 females aged 13 to 15 had a pregnancy that either led to a birth or legal abortion. 56% of under 18 conceptions led to an abortion (31 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, Reading females aged 15 to 44 were prescribed 2,094 LARC (excluding injections) from a GP or Sexual and Reproductive Health Service. This was a rate of 55.4 per 1,000 females and was significantly higher than 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 3,133 new cases of cancer diagnoses in Reading. 18% of all these cases were for breast cancer, 12% for prostate cancer, 12% for colorectal cancer and 10% for lung cancer (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. Reading's screening coverage levels are significantly worse than England's for all three screening programmes and do not meet the national targets. In March 2016, the breast screening coverage for eligible women in Reading was 73.4% and the cervical screening coverage was 67.6%. The bowel screening coverage level was 55.8%. There is variation in screening coverage levels across Reading with many GP Practices not meeting the minimum standard for coverage (PHE 2016a).

### Circulatory disease

In March 2016, 3.2% of people registered with a GP Practice in England were recorded as having Coronary Heart Disease. Both North & West Reading CCG and South Reading CCG had lower prevalence levels at 2.4% and 1.6% respectively. The proportion of people recorded as having had a stroke or TIA (transient ischaemic attack) was also lower in both

Reading CCGs compared to England, with 1.4% in North & West Reading CCG and 0.9% in South Reading CCG (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, 25,200 people in Reading 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 21%. This means that there were approximately 22,200 people in Reading with undiagnosed hypertension, who had not received treatment to control their blood pressure (PHE 2016c).

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, 11,926 Reading residents had received an NHS Health Check, which was 31% of the eligible population. This was a significantly lower proportion than the England figure of 36% (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, 9,034 Reading residents (aged 17 and over) were diagnosed with diabetes, which was 4.9% of that age group. This was significantly lower than the national prevalence of 6.5% (PHE 2017b). 7.3% of adults in Reading are estimated to have diabetes, which means that there are approximately 4,425 people living with the condition who are unaware of it (PHE 2017b).

The prevalence of diabetes is expected to increase over the next 20 years, due to the aging population. By 2035, 8.4% of Reading's population aged 16 and over are expected to have diabetes, which is 12,174 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, 1.9% of people registered with a GP Practice in England were diagnosed with Chronic Obstructive Pulmonary Disease (COPD). Both North & West Reading CCG and South Reading CCG had lower prevalence levels at 1.4% and 1.0% respectively (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, 7,183 people registered with North & West Reading CCG GP Practices were diagnosed with asthma at 6.6% of the total population. An additional 2,798 people in the CCG were expected to be undiagnosed and therefore not receiving necessary support or treatment from their GP. 6,669 people registered with South Reading CCG GP Practices were diagnosed with asthma at 4.8% of the total population. An additional 5,954 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 over 13,000 Reading adult residents who had an unresolved diagnosis of depression registered with their GP. This was 7.2% of the adult population and was significantly lower 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 17.2% of adults in Reading had self-reported high anxiety and 7.7% had a low happiness score. These were both similar to the national responses (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, 1,893 adults in Reading were on the GP Mental Health Register, which meant that they had an unresolved record of a schizophrenic or bipolar disorder. This was 0.83% 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. ONS estimates that over 2,000 young people aged 5 to 16 in Reading have a mental health disorder. This is 9.0% of the population. In 2016, 599 school children in Reading were recorded as having social, emotional and mental health needs through their school. This is 2.9% of all Reading's school children, compared to 2.3% nationally (PHE 2017a).

## **Dementia**

In March 2016, 1,217 people in Reading 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. 1,782 people aged 65 and over in Reading were estimated to have dementia in April 2017, although 31% of these were not diagnosed. As Reading's population increases and ages, the number of people living with dementia will therefore also increase (POPPI 2016).

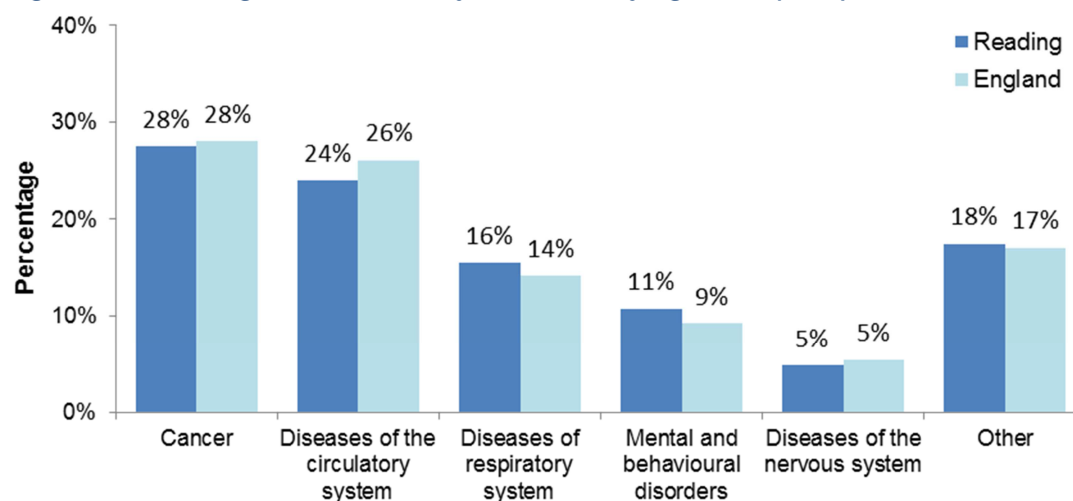
## 5. Life expectancy and mortality

Boys born in 2013-2015 are expected to live to 80.5 years in Reading, which is 0.7 years less than the national average. Girls born in Reading are expected to live to 84.0 years, which is 0.1 years longer than the national average (PHE 2017g).

There are significant inequalities in life expectancy within the Borough. Men living in the most deprived areas of Reading are expected to live 7.8 years less than those living in least deprived areas. The gap for women is slightly lower at 6.5 years. The life expectancy gap between Reading's most and least deprived areas is attributable to different causes of death for men and women. In 2012-14, the main cause of the male life expectancy gap was respiratory disease at 26%, followed by digestive diseases at 22% and 'other' at 16%. For women, the main cause of the life expectancy gap was mental and behavioural conditions (including dementia) at 49%, followed by circulatory diseases at 22% and respiratory diseases as 12% (PHE 2016d).

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

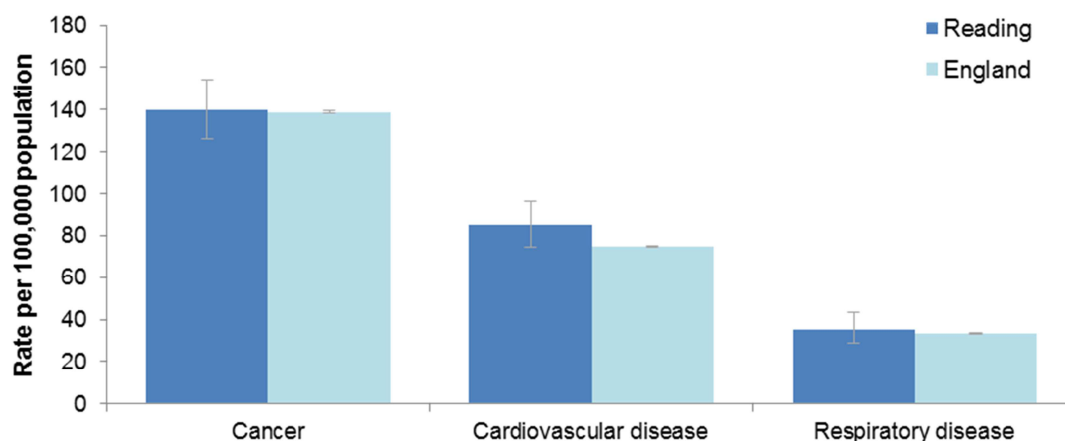
**Figure 7: Percentage of all deaths by main underlying cause (2015)**



Source: Office for National Statistics (2016c)

34% of all deaths in Reading are among people aged under 75 and these are termed premature deaths. Reading's premature mortality rates for cancer, cardiovascular disease and respiratory disease are all similar to 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 Reading. In 2013-15, approximately 221 premature cancer deaths were considered to be preventable in Reading, which is 55% 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.

67% of premature deaths from cardiovascular diseases in Reading were considered to be preventable in 2013-15, and included 164 deaths. The rate of preventable deaths from cardiovascular diseases was significantly higher in Reading, compared to the national figure. 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 Reading. In 2013-15, 61% of premature deaths from respiratory diseases in Reading were considered to be preventable, which was 59 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 Reading

The recent PNA survey asked local pharmacies in Reading 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. 27 of Reading'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 Reading.

### 1. Type of Pharmacy services within Reading

There are currently 30 community pharmacies in Reading and 1 distance selling pharmacy. This is one pharmacy less than the provision identified in 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 Reading. Appendix C gives a full list of these pharmacies and dispensaries, including addresses and opening times.

#### Advanced Services

Pharmacies can choose to provide advanced services, but must meet certain requirements to do so. Within Reading, 28 (93%) community pharmacies provide the Medicine Use Review (MUR) service and 24 (80%) provide the New Medicines Service (NMS).

| Pharmacy and Location                   | Medicine Use Review | New Medicine Service |
|---|---------------------|----------------------|
| Boots Pharmacy (Reading Station), Abbey | Do not provide      | Do not provide       |
| Boots Pharmacy (Broad Street), Abbey    | Currently provide   | Currently provide    |
| Boots Pharmacy (The Oracle), Abbey      | Currently provide   | Currently provide    |
| Saood Pharmacy, Abbey                   | Currently provide   | Do not provide       |
| Superdrug Pharmacy, Abbey               | Currently provide   | Currently provide    |
| Tesco Instore Pharmacy, Abbey           | Currently provide   | Currently provide    |
| Lloyds Pharmacy, Battle                 | Currently provide   | Currently provide    |
| Oxford Road Pharmacy, Battle            | Currently provide   | Do not provide       |
| Tesco Instore Pharmacy, Battle          | Currently provide   | Currently provide    |
| Boots Pharmacy, Caversham               | Currently provide   | Currently provide    |
| Day Lewis Rankin Pharmacy, Caversham    | Currently provide   | Currently provide    |
| Rowlands Pharmacy, Caversham            | Currently provide   | Currently provide    |
| Lloyds Pharmacy, Church                 | Currently provide   | Currently provide    |
| Basingstoke Road Pharmacy, Kategrove    | Currently provide   | Do not provide       |
| Lloyds Pharmacy, Katesgrove             | Currently provide   | Currently provide    |
| Lloyds Pharmacy, Kentwood               | Currently provide   | Currently provide    |
| Newdays Pharmacy, Minster               | Currently provide   | Currently provide    |
| Boots Pharmacy, Norcot                  | Currently provide   | Currently provide    |
| Grovelands Pharmacy, Norcot             | Currently provide   | Currently provide    |
| Lloyds Pharmacy (London Road), Park     | Currently provide   | Currently provide    |
| Lloyds Pharmacy (Wokingham Road), Park  | Currently provide   | Currently provide    |
| Lloyds Pharmacy, Peppard                | Currently provide   | Currently provide    |

| Pharmacy and Location           | Medicine Use Review | New Medicine Service |
|---------------------------------|---------------------|----------------------|
| Erleigh Road Pharmacy, Redlands | Currently provide   | Currently provide    |
| Asda Stores, Southcote          | Currently provide   | Do not provide       |
| Southcote Pharmacy, Southcote   | Currently provide   | Currently provide    |
| Markand Pharmacy, Thames        | Do not provide      | Do not provide       |
| Tilehurst Pharmacy, Tilehurst   | Currently provide   | Currently provide    |
| Triangle Pharmacy, Tilehurst    | Currently provide   | Currently provide    |
| Lloyds Pharmacy, Whitley        | Currently provide   | Currently provide    |
| Whitley Wood Pharmacy, Whitley  | Currently provide   | Currently provide    |

Source: NHS England (2017)

The survey of Reading's pharmacies provided additional information about the advanced services delivered in the local area. 28 pharmacies responded to this and indicated the following:

- Urgent Medicine Supply Services (NUMSAS) are currently being delivered by Day Lewis Rankin Pharmacy in Caversham, Southcote Pharmacy in Southcote and Lloyds Pharmacy in Whitley. 10 other pharmacies also stated that they hoped to provide this soon.
- Appliance User Review (AUR) services are currently being delivered by Southcote Pharmacy, Southcote. Markand Pharmacy in Thames stated that they hoped to provide this service soon.
- Stoma Appliance Customisation services are not currently being delivered by pharmacies in Reading and none stated that they intended to provide this service soon.
- Seasonal Flu vaccinations are currently being provided by 20 pharmacies in the area. This service is also provided privately in 6 of these pharmacies. Boots Pharmacy in Reading Station stated that they would be willing to provide this service if they had a facilities adjustment and Basingstoke Road Pharmacy in Katesgrove also stated that they would be willing to provide this service, but would need training to do so.

## Enhanced Services

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

## Locally Commissioned Services

Reading Borough 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.

9 pharmacies have informed us that they provide emergency hormonal contraception services, 16 provide supervised consumption and 6 provide needle exchange services. The following table 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.



Additionally North & West Reading CCG and South Reading CCG also commission Palliative Care Medicines on Demand from community pharmacies across Reading.

| <b>Pharmacy</b>                         | <b>Emergency Hormonal Contraception</b>                                  | <b>Supervised consumption</b>                               | <b>Needle Exchange</b>   |
|---|--|---|--|
| Boots Pharmacy (Reading Station), Abbey | Currently provide  | Currently provide   | Currently provide  |
| Boots Pharmacy (Broad Street), Abbey    | Willing to provide, but would require facilities adjustment              | Currently provide   | Willing to provide, but would require facilities adjustment              |
| Boots Pharmacy (The Oracle), Abbey      | Do not provide   | Currently provide   | Do not provide   |
| Saood Pharmacy, Abbey                   | <i>Data not provided</i>   | <i>Data not provided</i>                                    | <i>Data not provided</i>   |
| Superdrug Pharmacy, Abbey               | Willing to provide, but would require facilities adjustment and training | Willing to provide, but would require facilities adjustment | Willing to provide, but would require facilities adjustment and training |
| Tesco Instore Pharmacy, Abbey           | <i>Data not provided</i>   | <i>Data not provided</i>                                    | <i>Data not provided</i>   |
| Lloyds Pharmacy, Battle                 | Currently provide  | Do not provide  | Currently provide  |
| Oxford Road Pharmacy, Battle            | Currently provide  | Do not provide  | Currently provide  |
| Tesco Instore Pharmacy, Battle          | <i>Data not provided</i>   | <i>Data not provided</i>                                    | <i>Data not provided</i>   |
| Boots Pharmacy, Caversham               | <i>Data not provided</i>   | <i>Data not provided</i>                                    | <i>Data not provided</i>   |
| Day Lewis Rankin Pharmacy, Caversham    | Willing to provide, but would need training                              | Currently provide   | Willing to provide, but would need training                              |
| Rowlands Pharmacy, Caversham            | Currently provide  | Do not provide  | Currently provide  |
| Lloyds Pharmacy, Church                 | Do not provide   | Currently provide   | Do not provide   |
| Basingstoke Road Pharmacy, Katesgrove   | Willing and able to provide  | Willing and able to provide                                 | Willing and able to provide  |
| Lloyds Pharmacy, Katesgrove             | <i>Data not provided</i>   | <i>Data not provided</i>                                    | <i>Data not provided</i>   |
| Lloyds Pharmacy, Kentwood               | Do not provide   | Currently provide   | Do not provide   |
| Newdays Pharmacy, Minster               | Currently provide  | Currently provide   | Currently provide  |
| Boots Pharmacy, Norcot                  | Willing and able to provide  | Currently provide   | Willing and able to provide  |
| Grovelands Pharmacy, Norcot             | Willing and able to provide  | Currently provide   | Willing and able to provide  |

| Pharmacy                               | Emergency Hormonal Contraception   | Supervised consumption   | Needle Exchange  |
|--|--|--|--|
| Lloyds Pharmacy (London Road), Park    | Currently provide  | Currently provide  | Currently provide  |
| Lloyds Pharmacy (Wokingham Road), Park | Do not provide   | Currently provide  | Do not provide   |
| Lloyds Pharmacy, Peppard               | Do not provide   | Currently provide  | Do not provide   |
| Erleigh Road Pharmacy, Redlands        | Currently provide  | Currently provide  | Currently provide  |
| Asda Stores, Southcote                 | Willing to provide, but would require facilities adjustment and training | Willing to provide, but would require facilities adjustment and training | Willing to provide, but would require facilities adjustment and training |
| Southcote Pharmacy, Southcote          | Currently provide  | Currently provide  | Currently provide  |
| Markand Pharmacy, Thames               | <i>Data not provided</i>   | <i>Data not provided</i>   | <i>Data not provided</i>   |
| Tilehurst Pharmacy, Tilehurst          | Willing and able to provide  | Willing and able to provide  | Willing and able to provide  |
| Triangle Pharmacy, Tilehurst           | Willing and able to provide  | Currently provide  | Willing and able to provide  |
| Lloyds Pharmacy, Whitley               | <i>Data not provided</i>   | <i>Data not provided</i>   | <i>Data not provided</i>   |
| Whitley Wood Pharmacy, Whitley         | Currently provide  | Currently provide  | Currently provide  |

## Healthy Living Pharmacy

5 Reading pharmacies have confirmed that they are Healthy Living Pharmacies. These include Superdrug Pharmacy in Abbey, Day Lewis Rankin Pharmacy in Caversham, Rowlands Pharmacy in Caversham, Lloyds Pharmacy (London Road) in Park and Lloyds Pharmacy (Wokingham Road) in Park. These pharmacies have a total of 6 qualified Healthy Living Champions (full time equivalents) between them. 21 other community pharmacies in Reading are working towards the Healthy Living Pharmacy accreditation.

## 2. Access to pharmacy services within Reading

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. We asked residents about how they accessed local pharmacy services and the results from this are found in Section E.

Reading has three 100 hour pharmacies, based in Abbey, Battle and Southcote wards, and one distance selling pharmacy. 27 of the community pharmacies are open for at least part of

Saturday. 6 pharmacies are also open on a Sunday and are based in Abbey, Battle and Southcote wards. Map 4 shows weekend opening hours for Reading pharmacies.

3 Reading community pharmacies are open until at least 10pm on a weekday, and these are based in Abbey, Battle and Southcote wards. A further 3 pharmacies are open after 7pm on weekdays and these are based in Abbey and Battle wards. Map 5 shows all community pharmacies based in Reading 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 the information included in the PNA is therefore a guide only. All residents of Reading are able to access a pharmacy or dispensing practice within a 10 minute drive, if neighbouring authorities' pharmacy provision is taken into account. This is illustrated in Map 6. This level of accessibility by car reduces slightly on weekday evenings (after 7pm) and on Sundays, however all residents can reach a pharmacy within a 15 minute drive at these times. 81% of the population can access a pharmacy within a 20 minute cycle.

95% of Reading residents are able to access a Reading-based pharmacy within a 15 minute walk and a further 1% can access a pharmacy outside of the borough within this time. Map 7 illustrates the population that can access any pharmacy, inside or outside of Reading, within a 15 minute walking time. It is important to note that this level of accessibility does reduce to 28% on weekday evenings (after 7pm) and to 31% on Sundays. This does not take into account opening hours of pharmacies in neighbouring authorities, which Reading Borough residents would also be able to access. Residents in parts of Whitley, Mapledurham, and Thames wards and a small area of Peppard ward are not within walking distance of a pharmacy, either within or outside the borough, in normal working hours. However, all residents are within a 20 minute drive to a pharmacy, which meets a key NHS standard for accessibility.

All 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 Reading 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. Map 8 shows that the majority of communities within Reading are within a 1.6km radius of a pharmacy.

Reading residents can also access pharmacies in other areas. The Borough borders with Wokingham, West Berkshire and South Oxfordshire, so the nearest pharmacy for some residents may be located within these HWB areas. There are 7 pharmacies located in other boroughs that are within 1.6km of the Reading border and some of these have extended opening hours.

The current provision of pharmacies in Reading 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 Reading to reduce to 17 per 100,000 population by March 2021.

## E: Public Survey

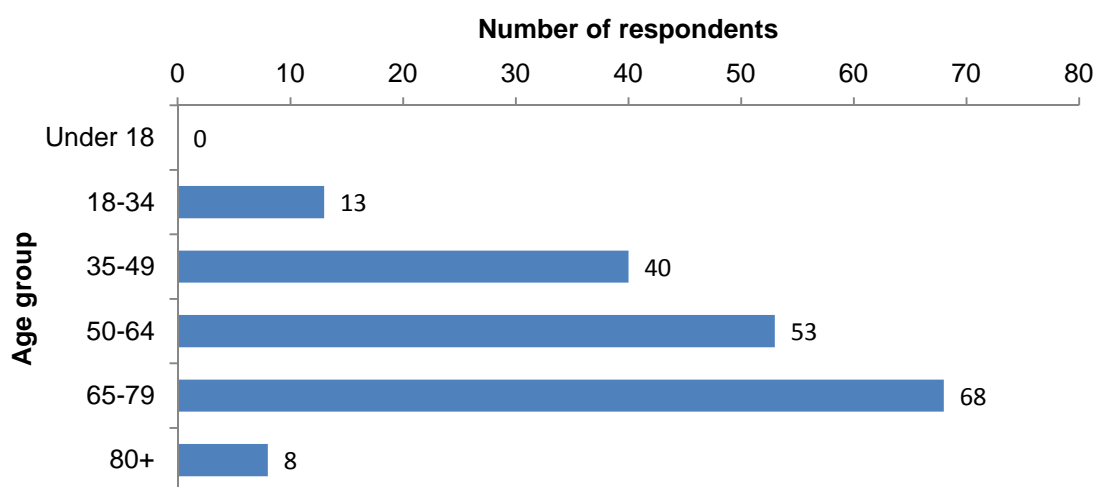
A key aspect of the pharmaceutical needs assessment is to obtain the views of residents who use our community pharmacy and dispensing doctor services. This section provides a summary of the responses that were received through the Berkshire PNA public survey, which was open from mid-June to mid-September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

184 people participated in the PNA survey. These responses included 44 Reading residents and 140 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 Reading.

### 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

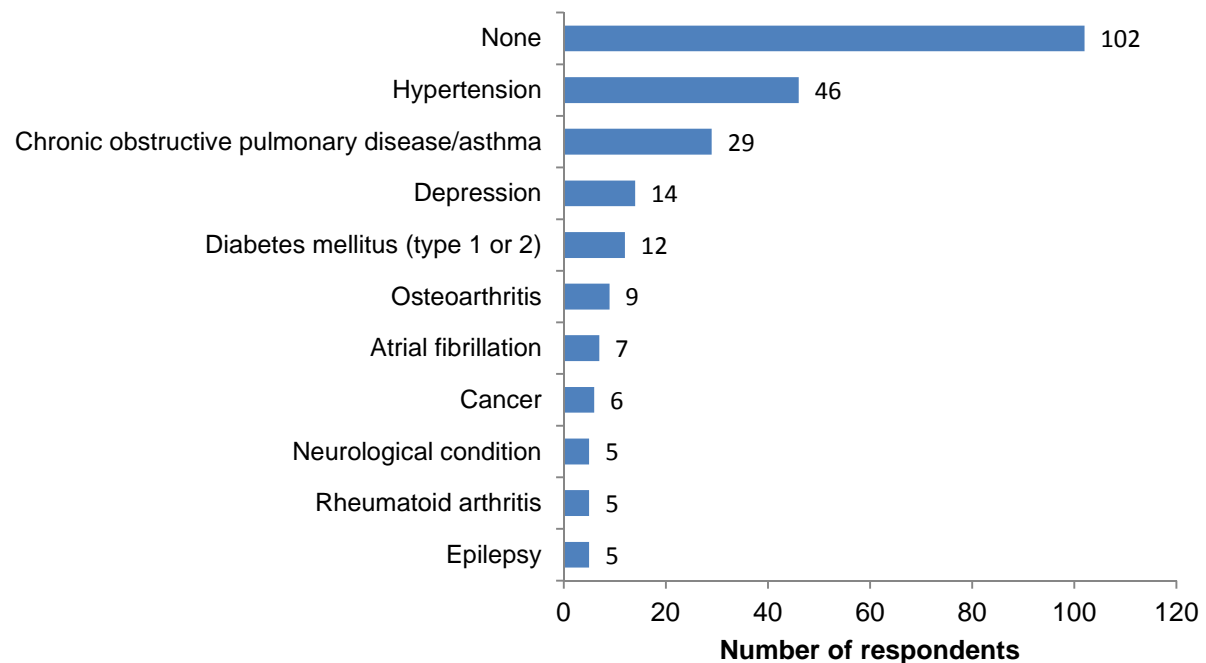
Respondents were asked about the pharmacies they used and how they accessed these. Key findings about pattern of use included:

- 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.

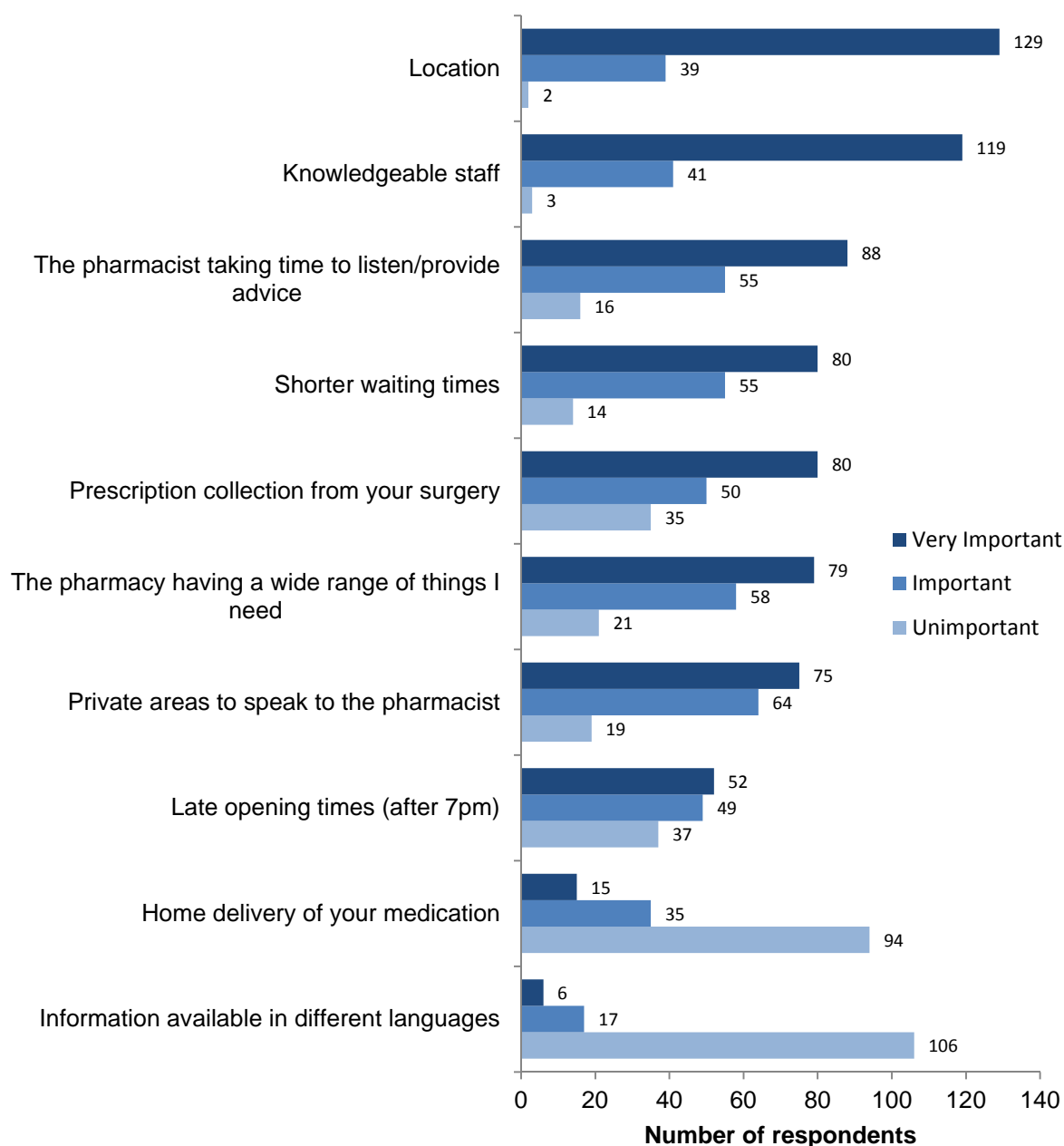
**Figure 10: Summary of response to “Which of the following chronic health conditions do you visit your pharmacy for?”**



### 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?”**

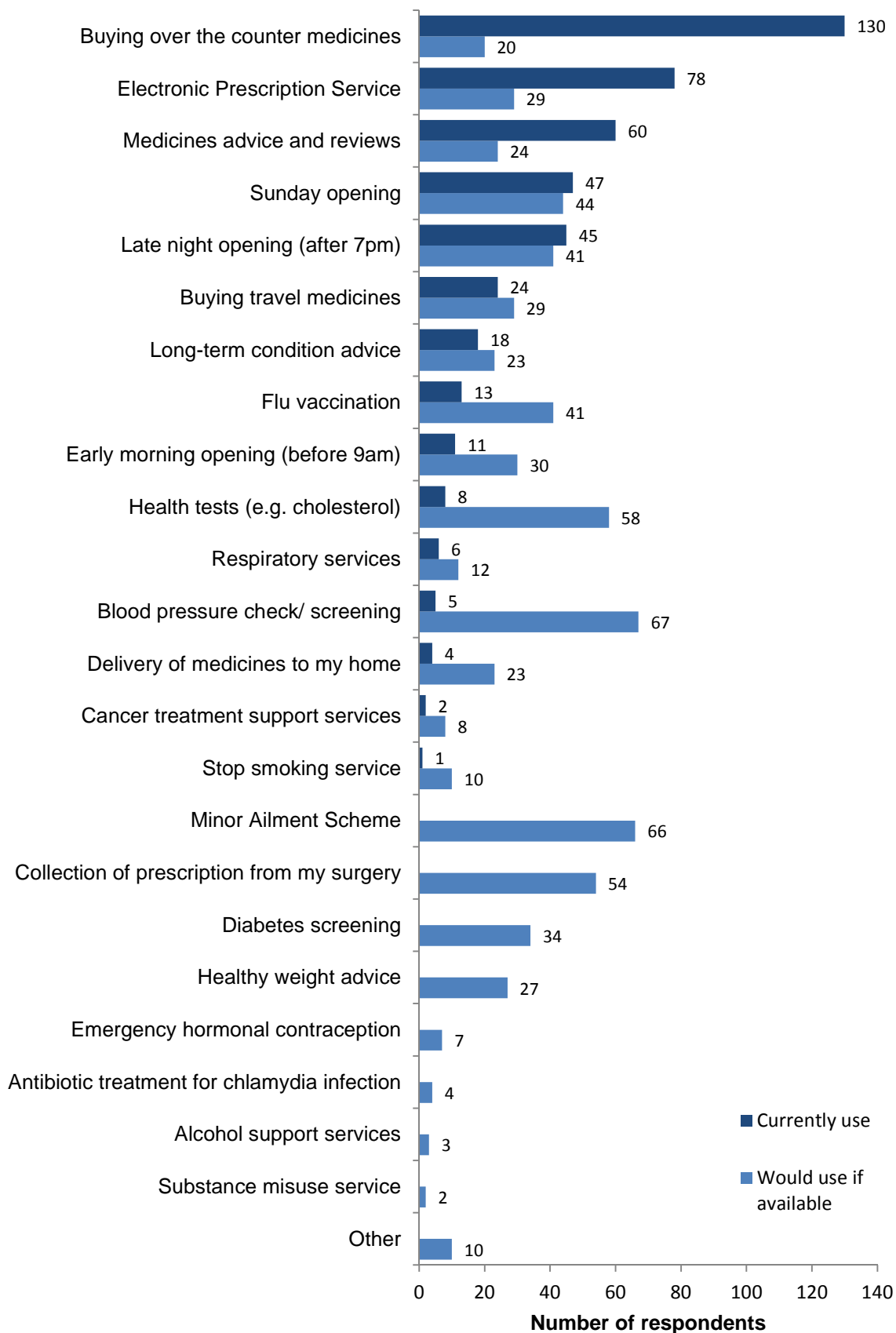


Respondents were asked about the pharmacy services they currently used, as well as services that they would use if they were available. The most commonly used services were buying over the counter medicines, the Electronic Prescription Service (EPS) and medicine advice and reviews. 36% of respondents 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).

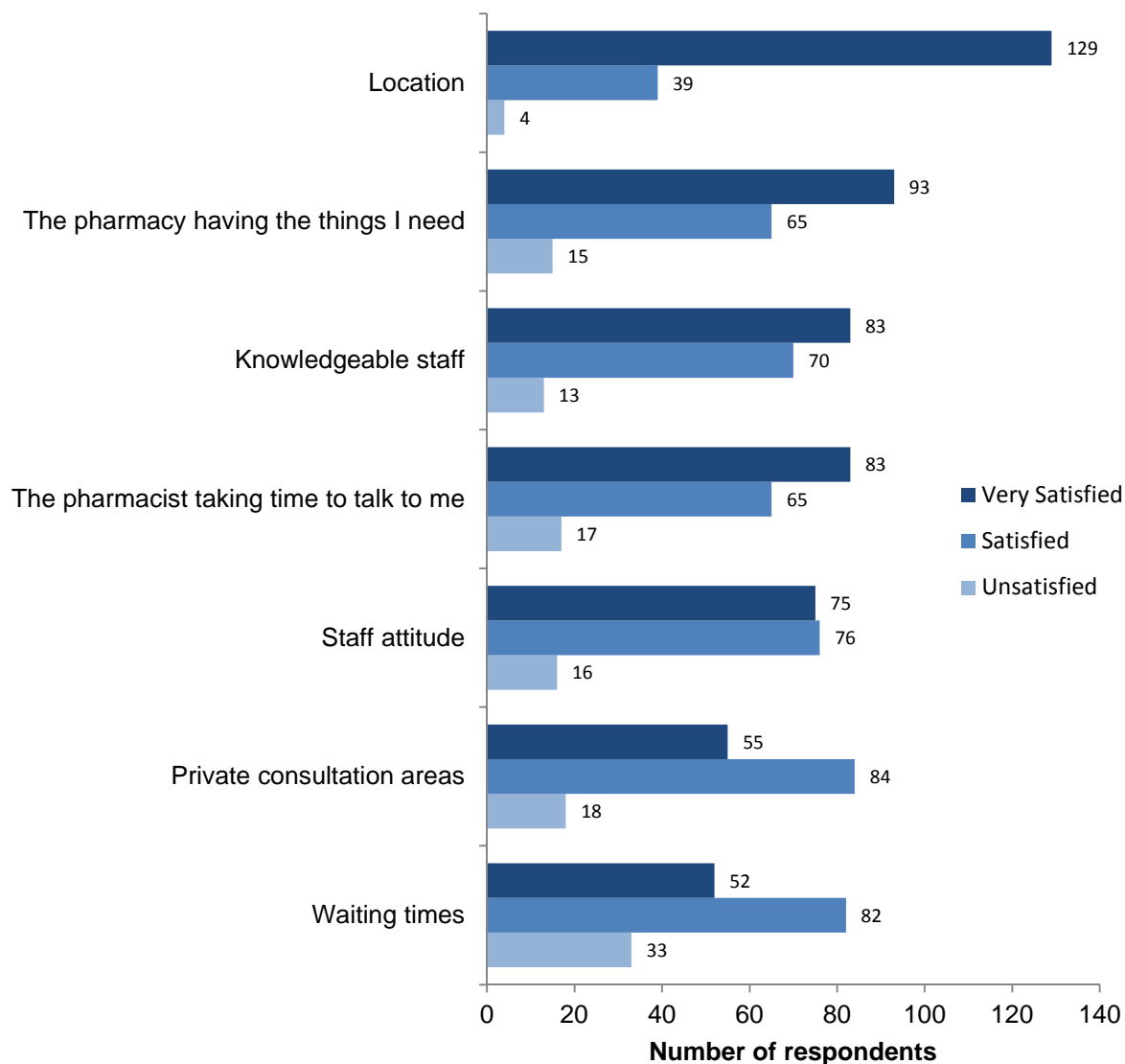
The full list of responses is shown at Figure 12.

**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 30 pharmacies providing essential pharmaceutical services in Reading, including one distance selling pharmacy. There are no dispensing doctors.
- There are 18 pharmacies per 100,000 population in Reading. This is expected to reduce to 17 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; however there are no services in Mapledurham ward which has a higher proportion of older residents than the Reading average or in Thames Ward which has a higher proportion of under 18s.
- There is sufficient access to a range of pharmacies during core opening hours and all residents can access a community pharmacy within a 10 minute drive during normal working hours, if neighbouring authorities' pharmacy provision is taken into account.
- Six pharmacies are open weekday evenings (after 7pm) and three of these are open until at least 10pm. 27 pharmacies are open at least part of the day on Saturdays and three of these are open until at least 10pm. Six pharmacies are open on Sunday however the latest opening is 8pm. There is no evening or Sunday provision in Whitley or Church wards, both of which have areas of relative deprivation.
- There are seven pharmacies located within 1.6km of Reading borders and a number of these offer extended opening hours.
- 96% of Reading residents are within a 15 minute walk of a pharmacy in normal working hours. Some residents in parts of Whitley, Mapledurham, and Thames wards and a small area of Peppard ward are not within a 15-walking distance of a pharmacy either within or outside the borough.
- There is adequate but variable provision of advanced services across Reading. 28 pharmacies (93%) provide MUR and 14 (80%) provide NMS. 27 pharmacies responded to the survey; of these 20 reported providing flu vaccination with two others reporting they would be willing to provide pending either facilities adjustment or staff training. Only three pharmacies reported providing NUMSAS however 10 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 Reading 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, there may be gaps in provision of essential and advanced pharmaceutical services within walking distance for some residents in Whitley, Mapledurham and Thames wards. However, these residents are able to access pharmaceutical services within a 20 minute drive time, which meets one of the key NHS standards for accessibility.

### 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 Whitley ward mean that an increased number of residents may have to travel further to access essential services in the evenings and at weekends.

## 4. Current additional provision

*Pharmaceutical services within or outside Reading 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 Reading. 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 to essential services for residents living in Mapledurham, Thames, Whitley and Peppard wards. However, these residents are able to access pharmaceutical services within a 20 minute drivetime, which meets one of the key NHS standards 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. Local campaigns could also be delivered through pharmacies. These could be agreed and coordinated locally, in line with Reading's HWB priorities.

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, Reading's community pharmacies can choose to provide this service privately.

## 6. 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.*

**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: Conclusions

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](#)
- 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 – Reading](#)
- 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); [Cancer Services](#)

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

Public Health England (2016c); [Reading Hypertension Profile](#)

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 (2017a); Newbury and District Clinical Commissioning Group Locality Profile

Public Health Services for Berkshire (2017a); North and West Reading Clinical Commissioning Group Locality Profile

Public Health Services for Berkshire (2017a); South Reading Clinical Commissioning Group Locality Profile

Reading Borough Council (2017a); [Reading's Health and Wellbeing Strategy 2017 to 2020](#)

Reading Borough Council (2017b); [Reading Joint Strategic Needs Assessment](#)

Reading Borough Council (2016); [Annual Monitoring Report 2015-16](#)



## 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                        |
| ESP    | Essential Small Pharmacy                          |
| EPS    | Electronic Prescription Service                   |
| 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    |
| SHMA   | Strategic Housing Market Assessment               |
| 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 time for pharmacies in Reading
- 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 Reading
- Map 2: Reading pharmacies and Index of Multiple Deprivation by LSOA (2015)
- Map 3: Reading pharmacies and population density by ward (2017)
- Map 4: Reading pharmacies and weekend opening
- Map 5: Reading pharmacies and evening opening
- Map 6: Residents of Reading who can access a pharmacy within a 5 and 10 minute drive time
- Map 7: Residents of Reading who can access a pharmacy within a 15 minute walk
- Map 8: Pharmacies inside and within 1.6km (1 mile) of Reading border