



READING BOROUGH

PHARMACEUTICAL NEEDS ASSESSMENT 2022-2025



Reading
Borough Council
Working better with you



Healthy Dialogues
LTD

Executive Summary

Introduction

Each Health and Wellbeing Board (HWBB) has a statutory responsibility to publish and keep an up-to-date a statement of needs for pharmaceutical services for their population. This is called the Pharmaceutical Needs Assessment (PNA). The purpose of the PNA is to:

- inform local plans for the commissioning of specific and specialised pharmaceutical services
- to support the decision-making process for applications for new pharmacies or changes of pharmacy premises undertaken by NHS England

It assesses whether the current provision of pharmacies and the commissioned services they provide meet the needs of the Reading residents and whether there are any gaps, either now or within the lifetime of this document, 1st October 2022 to 30th September 2025. It assesses current and future provision with respect to:

- Necessary Services, i.e., current accessibility of pharmacies and their provision of Essential Services
- Other Relevant Service and Other Services including Advanced Pharmacy Services and other NHS services. These are services commissioned by NHS England, Reading Borough Council, or Berkshire West CCG.

Methodology

It is a statutory responsibility of all Health and Wellbeing Boards to produce and maintain a PNA for their area.¹ The next PNA is required to be published by 1st October 2022.² Healthy Dialogues were commissioned by the Berkshire East Public Health Hub on behalf of the six local authorities in Berkshire to undertake this process.

In December 2021, a steering group of stakeholders was established to oversee the development of the PNA with overall responsibility of ensuring it met the statutory regulations, as strongly advised in PNA guidance.

¹ NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

² Department of Health & Social Care (October 2021) Pharmaceutical needs assessments: information pack for local authority health and wellbeing boards.

The process included:

- a review of the current and future demographics and health needs of Reading population determined on a locality basis
- a survey of Reading patients and the public on their use and expectations of pharmacy services
- a survey of Reading pharmacy contractors to determine their capacity to fulfil any identified current or future needs
- a 60-day PNA consultation that ran from the 29th of April to the 28th of June 2022.

The final PNA is signed off by HWBs before publication; in this case the Reading HWB.

Findings

Key demographics of Reading

Reading is a densely populated unitary authority with an estimated 160,337 people living in the borough³. Overall, it has a relatively young population although the over 65 age group is expected to increase by 5.6% in the lifetime of this PNA. This is higher than the 0.5% increase expected across the total all-age population⁴.

Reading's population is ethnically diverse. Based on estimates from the 2011 Census, 25% of the population are from Black, Asian, and Minority Ethnic backgrounds. The wards with the highest diversity are Park, Abbey, Battle, and Katesgrove wards.

There is less deprivation in Reading than England as whole, however there are pockets of deprivation in the south and west of the borough⁵. There are also high rates of homelessness in comparison to regional and national figures⁶.

Key health needs of Reading

³ Office for National Statistics mid-2020 population estimates

⁴ Office for National Statistics mid-2018 based population projections

⁵ Ministry of Housing, Communities & Local Government, 2019

⁶ Department for Levelling Up, Housing & Communities, Statutory Homelessness detailed Local Authority tables, January 2022

Life expectancy in Reading is low in comparison to regional and national figures, particularly for females living in Reading. There are also significant inequalities in life expectancy for those living in the more deprived areas of the borough. There are several areas for improvement in Reading in terms of health and wellbeing. These include:

- Drug misuse
- STIs and testing for STIs, in particular a late HIV diagnosis
- Prevalence of HIV

Additionally, premature mortality from cancer and respiratory diseases are higher than regional figures, as are hospital admissions for COPD. However, Reading residents are faring well in terms of prevalence of stroke, and coronary heart disease. This will be, at least in part, reflecting the younger age structure of the population.

Patient and public engagement

A patient and public survey was disseminated across Berkshire with a targeted approach in Reading. 353 people in Reading responded to tell us how they use their pharmacy and to contribute their views on specific 'necessary' pharmacy services.

Overall, participants were happy with the services their pharmacy provided. The most stated reasons people used their chosen pharmacy were good location and happiness with the overall service they received. Most stated they prefer to use their pharmacies during weekdays or weekends and during normal working hours.

There were no substantial differences between groups in terms of their use, reasons for their chosen pharmacy and expectations in their local pharmacy provision.

Health and Wellbeing Board statements on service provision

There are 29 community pharmacies, one dispensing appliance contractor and one distance selling pharmacy located within Reading. There are a further seven community pharmacies located within a mile of Reading's border.

The Health and Wellbeing Board has assessed whether the current and future pharmacy provision meets the health and wellbeing needs of the Reading population. It has also determined whether there are any gaps, or need for improvements or better access, in the provision of pharmaceutical service either now or within the lifetime of this document, 1st October 2022 to 30th September 2025.

Reading is well served in relation to the number and location of pharmacies. The Health and Wellbeing Board has concluded that there is good access to essential, advanced and other NHS pharmaceutical services for the residents of Reading with no gaps in the current and future provision of these services identified. Additionally, no services were identified that would secure improvements or better access to pharmaceutical services if provided, either now or in the future.

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Chapter 1 - Introduction

What is a Pharmaceutical Needs Assessment?

A PNA is the statement for 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. This PNA describes the needs of the population of Reading.

Local pharmacies play a pivotal role in providing quality healthcare in local communities for individuals, families and carers. They do not only provide prescriptions but can also be patients' and the public's first point of contact and, for some, their only contact with a healthcare professional.⁷

The provision of NHS Pharmaceutical Services is a controlled market. Any pharmacist, or dispensing appliance contractor or dispensing doctor who wishes to provide NHS Pharmaceutical Services, must apply to NHS England to be on the Pharmaceutical List.

The Pharmaceutical Needs Assessment identifies the local population needs for pharmacy services and how those needs are being fulfilled, or could be fulfilled, by pharmaceutical services in different parts of the borough. The purpose of the PNA is to:

- Support the 'market entry' decision making process (undertaken by NHS England) in relation to applications for new pharmacies or changes of pharmacy premises.
- 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).

This document can also be used to:

- Assist the Health and Wellbeing Board (HWBB) to work with providers to target services to the areas where they are needed and limit duplication of services in areas where provision is adequate.

⁷ PHE (2017). Pharmacy: A Way Forward for Public Health. Opportunities for action through pharmacy for public health.

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- Inform interested parties of the pharmaceutical needs in the borough and enable work on planning, developing and delivery of pharmaceutical services for the population. s

Legislative background

From 2006, NHS Primary Care Trusts had a statutory responsibility to assess the pharmaceutical needs for their area and publish a statement of their first assessment and of any revised assessment.

With the abolition of Primary Care Trusts and the creation of Clinical Commissioning Groups (CCGs) in 2013, Public Health functions were transferred to local authorities. Health and Wellbeing Boards were introduced and hosted by local authorities to bring together Commissioners of Health Services (CCGs), Public Health, Adult Social Care, Children's services and Healthwatch.

The Health and Social Care Act of 2012 gave a responsibility to Health and Wellbeing Boards for developing and updating Joint Strategic Needs Assessments and Pharmaceutical Needs Assessments.

It is important that the PNA reflects changes that affect the need for pharmaceutical services in each area. For this reason, they are updated every three years. This PNA expires on the 1st of October 2025.

This PNA covers the period between 1st October 2022 and 30th September 2025. It must be produced and published by 1st October 2022. The Health and Wellbeing Board are also required to revise the PNA publication if they deem there to be significant changes in pharmaceutical services before 30th September 2025.

The NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013¹ and the Department of Health Information Pack for Local Authorities and Health and Wellbeing Boards² provide guidance on the requirements that should be contained in the PNA publication and the process to be followed to develop the publication. The development and publication of this PNA has been carried out in accordance with these Regulations and associated guidance.

Minimum requirements of the PNA

As outlined in the 2013 Regulations, the PNA must include a map showing the premises where pharmaceutical services are provided and an explanation of how the assessment was made.

This includes:

- How different needs of different localities have been considered.
- How needs of those with protected characteristics have been taken into account.
- Whether further provision of pharmaceutical services would secure improvements or better access to pharmaceutical services.

A report on the 60-day consultation of the draft PNA.

The PNA must also include a statement of the following:

- **Necessary Services – Current Provision:** services currently being provided which are regarded to be “necessary to meet the need for pharmaceutical services in the area”. This includes services provided in the borough as well as those in neighbouring boroughs.
- **Necessary Services – Gaps in Provision:** services not currently being provided which are regarded by the HWBB to be necessary “in order to meet a current need for pharmaceutical services”.
- **Other Relevant Services – Current Provision:** services provided which are not necessary to meet the need for pharmaceutical services in the area, but which nonetheless have “secured improvements or better access to pharmaceutical services”.
- **Improvements and Better Access – Gaps in Provision:** services *not* currently provided, but which the HWBB considers would “secure improvements, or better access to pharmaceutical services” if provided.
- **Other Services:** any services provided or arranged by the local authority, NHS England, the CCG, an NHS trust or an NHS foundation trust which affects the need for pharmaceutical services in its area or where future provision would secure improvement, or better access to pharmaceutical services specified type, in its area.
- **Future need:** the pharmaceutical services that have been identified as services that are not provided but which the health and wellbeing board is satisfied need to be

provided to meet a current or future need for a range of pharmaceutical services or a specific pharmaceutical service.

A draft PNA must be put out for consultation for a minimum of 60 days prior to its publication. The 2013 Regulations list those persons and organisations that the HWBB must consult, which include:

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

Circumstances under which the PNA is to be revised or updated

It is important that the PNA reflects changes that affect the need for pharmaceutical services in Reading. For this reason, the PNA will be updated every three years.

If the HWBB becomes aware of a significant change to the local area and/or its demography, the PNA may be required to be updated sooner. The HWBB will decide to revise the PNA if required. Not all changes in a population or an area will result in a change to the need for pharmaceutical services. If the HWBB becomes aware of a minor change that means a review of pharmaceutical services is required, the HWBB will issue supplementary statements to update the PNA.

Chapter 2 - Strategic Context

- 2.1 This section summarises key policies, strategies and reports which contribute to our understanding of the strategic context for England's community pharmacy services at a national level and at a local level. Since PNAs were last updated in 2018, there have been significant changes to the wider health and social care landscape and to society. This includes, but is not limited to, the publication of the NHS Long Term Plan, the introduction of the Community Pharmacy Contractual Framework, a greater focus on integrated care, and the significant impact of the COVID-19 pandemic.

National context

Integration and Innovation. Department of Health and Social Care's legislative proposals for a Health and Care Bill⁸:

- 2.2 In recent years, the health and social care system has adapted and evolved to face a variety of challenges. With the population growing in size, people living longer, but also suffering from more long-term health conditions, and challenges from the COVID-19 pandemic, there is a greater need for the health and social care system to work together to provide high quality care. This paper sets out the legislative proposals for the Health and Care Bill which capture the learnings from the pandemic.
- **Working together to integrate care:** The NHS and local authorities will be given a duty to collaborate and work with each other. Measures will be brought forward to bring about Integrated Care Systems (ICSs), which will be comprised of an ICS Health and Care partnership, and an ICS NHS Body. The ICS NHS Body will be responsible for the day to day running of the ICS, whilst the ICS Health and Care Partnership will bring together systems to support integration and development which plan to address the systems health, public health and social care needs. A key responsibility for these systems will be to support place-based working i.e., working amongst NHS, local government, community health, voluntary and charity services.

⁸ Department of Health & Social Care. Policy paper: Integration and innovation: working together to improve health and social care for all (updated February 2021). Available at: <https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-html-version#executive-summary>

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- **Reducing bureaucracy:** The legislation will aim to remove barriers that prevent people from working together and put pragmatism at the heart of the system. The NHS should be free to make decisions without the involvement of the Competition and Markets Authority (CMA). With a more flexible approach, the NHS and local authorities will be able to meet the current future health and care challenges by avoiding bureaucracy.
 - **Improving accountability and enhancing public confidence:** The public largely see the NHS as a single organisation, and the same should happen at a national level. By bringing together NHS England and NHS Improvement, organisations will assemble to provide unified leadership. These measures will support the Secretary of State to Mandate structured decisions and enable the NHS to be supported by the government. With any significant service changes, these measures will ensure a greater accountability with the power for ministers to determine service reconfigurations earlier in the process.

The NHS Long Term Plan (2019)⁹

2.3 As health needs change, society develops, and medicine advances, the NHS needs to ensure that it is continually moving forward to meet these demands. The NHS Long Term Plan (NHS LTP, 2019) introduces a new service model for the 21st century and includes action on preventative healthcare and reducing health inequalities, progress on care quality and outcomes, exploring workforce planning, developing digitally- enabled care, and driving value for money. It sets out 13 key areas for improving and enhancing our health service over the next 10 years. These areas include:

1. Ageing well
2. Cancer
3. Cardiovascular disease
4. Digital transformation
5. Learning disabilities & autism
6. Mental Health
7. Personalised care
8. Prevention
9. Primary care

⁹ NHS. *The NHS Long Term Plan* (2019). <https://www.longtermplan.nhs.uk/>

10. Respiratory disease

11. Starting well

12. Stroke

13. Workforce

- 2.4** Pharmacies will play an essential role in delivering the NHS LTP. £4.5 billion of new investment will fund expanded community multidisciplinary teams aligned with the new primary care networks (PCNs). These teams will work together to provide the best care for patients and will include pharmacists, district nurses, allied health professionals, GPs, dementia workers, and community geriatricians. Furthermore, the NHS LTP stipulates that as part of the workforce implementation plan, and with the goal of improving efficiency within community health, along with an increase in the number of GPs, the range of other roles will also increase, including community and clinical pharmacists, and pharmacy technicians.
- 2.5** Research indicates that around 10% of elderly patients end up in hospital due to preventable medicine related issues and up to 50% of patients do not take their medication as intended. PCN funding will therefore be put towards expanding the number of clinical pharmacists working within general practices and care homes, and the NHS will work with the government to ensure greater use and acknowledgement of community pharmacists' skills and better utilisation of opportunities for patient engagement. As part of preventative healthcare and reducing health inequalities, community pharmacists will support patients to take their medicines as intended, reduce waste, and promote self-care.
- 2.6** Within PCNs, community pharmacists will play a crucial role in supporting people with high-risk conditions such as atrial fibrillation and cardiovascular disease. The NHS will support community pharmacists to case-find, e.g., hypertension case-finding. Pharmacists within PCNs will undertake a range of medicine reviews, including educating patients on the correct use of inhalers, and supporting patients to reduce the use of short acting bronchodilator inhalers and to switch to clinically appropriate inhalers.
- 2.7** In order to provide the most efficient service, and as part of developing digitally enabled care, more people will have access to digital options. The NHS app will enable patients to manage their own health needs and be directed to appropriate services, including being prescribed medication that can be collected from their nearest pharmacy.
- 2.8** Health and Wellbeing Boards are required to produce Health and Wellbeing Strategies to set out how partners will meet local health needs, improve outcomes and reduce health inequalities within the borough.

2.9 Since the 2010 Marmot review, there have been important developments about the evidence around social determinants of health and the implementation of interventions and policies to address them. Health Equity in England: Marmot review 10 years on¹⁰, summarises the developments in particular areas that have an increased importance for equity. These include:

- Giving every child the best start in life by increasing funding in earlier life and ensuring that adequate funding is available in more deprived areas.
- Improve the availability and quality of early years' services.
- Enable children, adults and young people to maximise their capabilities by investing in preventative services to reduce school exclusions.
- Restore per-pupil funding for secondary schools and in particular 6th form and further education.
- Reduce in-work poverty by increasing national minimum wage.
- Increase number of post-school apprenticeships and support in-work training.
- Put health equity and well-being at the heart of local, regional and national economic planning.
- Invest in the development of economic, social and cultural resources in the most deprived communities

2.10 The objectives outlined in the Marmot review are intended to ensure that the healthy life expectancy gap between the least deprived and most deprived are reduced, and to ensure that all residents have accessibility to good health and educational services. More specific to health, community pharmacists are uniquely placed at the heart of communities to support patients to provide the public a range of public health interventions, weight management services, smoking cessation services and vaccination services. At present the role of community pharmacies provide a pivotal role in promoting healthier lifestyle information and disease prevention.

¹⁰ Health Equity in London: The Marmot Review 10 years on. Executive summary (2020): https://www.health.org.uk/sites/default/files/2020-03/Health%20Equity%20in%20England_The%20Marmot%20Review%2010%20Years%20On_executive%20summary_web.pdf

Public Health England (PHE) ¹¹ Strategy 2020-2025¹²

- 2.11** The Office for Health Improvement and Disparities (OHID), formerly known as Public Health England (PHE), works to protect and improve the nation's health and reduce health inequalities by aiming to keep the public safe, work to prevent poor health, narrow down the health gap and support a strong economy. Guided by these aims, OHID have pledged to promote a healthier nation by taking action on working to reduce preventable risk factors for ill health and working to reduce tobacco consumptions, obesity and the harmful use of drugs and alcohol. There will also be a focus on improving the health within early childhood to provide the best foundations of good health and prevent ill health in later adulthood. By strengthening the health protection system, there will be reduced pressures on responding to major incidents or pandemics. Additionally, strengthening public health systems will mean utilising technology to advise interventions, improve data, and strengthen the approach to disease surveillance. By working with partners locally, nationally, and globally the aim will be to help focus on reducing health inequalities.
- 2.12** Community pharmacies have an important role in driving and supporting these objectives as they provide the public with services around healthy weight and weight management, smoking cessation, and can provide information and advice around healthy starts for children and families.

Community Pharmacy Contractual Framework (CPCF) 2019/20-2023/24¹³

- 2.13** This is an agreement between the Department of Health and Social Care (DHSC), NHSE&I and the Pharmaceutical Services Negotiating Committee (PSNC) and describes a vision for how community pharmacy will support delivery of the NHS Long Term Plan. The CPCF highlights and develops the role of pharmacies in urgent care, common illnesses, and prevention. It aims to “develop and implement the new range of services that we are seeking to deliver in community pharmacy”, making greater use of Community Pharmacists’ clinical skills and opportunities to engage patients. The deal:
- Through its contractual framework, commits almost £13 billion to community pharmacy, with a commitment to spend £2.592 billion over 5 years.

¹¹ NB: As of October 2021, PHE ceased to exist. Responsibilities formally undertaken by PHE are now the responsibility of OHID, UKHSA and NHS England.

¹² Public Health England Strategy 2020-2025 (2019).

¹³ Community Pharmacy Contractual Framework (2019).

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/819601/cpcf-2019-to-2024.pdf

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- Prioritises quality - The Pharmacy Quality Scheme (PQS) is designed to reward pharmacies for delivering quality criteria in clinical effectiveness, patient safety and patient experience.
 - Confirms community pharmacy's future as an integral part of the NHS, delivering clinical services as a full partner in local primary care networks (PCNs).
 - Underlines the necessity of protecting access to local community pharmacies through a Pharmacy Access Scheme.
 - Includes new services such as the NHS Community Pharmacist Consultation Service (CPCS), which connects patients who have a minor illness with a community pharmacy, taking pressure off GP services and hospitals by ensuring patients turn to pharmacies first for low-acuity conditions and support with their general health.
 - Continues to promote medicines safety and optimisation, and the critical role of community pharmacy as an agent of improved public health and prevention, embedded in the local community.
 - Through the Healthy Living Pharmacy (HLP) framework, requires community pharmacies to have trained health champions in place to deliver interventions such as smoking cessation and weight management, provide wellbeing and self-care advice, and signpost people to other relevant services.

Pharmacy Integration Fund (PhIF)¹⁴

2.14 The PhIF and PCN Testbed programme will be used to test a range of additional prevention and detection services which, if found to be effective and best delivered by a community pharmacy, could (with appropriate training) be mainstreamed within the CPCS over the course of the settlement period. Workstreams supported by the PhIF Programme include:

- Hypertension case-finding service - A model for detecting undiagnosed cardiovascular disease (CVD) in community pharmacy and referral to treatment within PCNs. Since October 2021 this has become an advanced pharmacy service.
- Smoking Cessation Transfer of Care– hospital inpatients (including antenatal patients) will be able to continue their stop smoking journey within community pharmacy upon discharge. Since March 2022 this has also become an advanced pharmacy service, now known as the Smoking Cessation Service.
- GP referral pathway to the NHS CPCS.

¹⁴ NHS Pharmacy Integration Programme. <https://www.england.nhs.uk/primary-care/pharmacy/pharmacy-integration-fund/>

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- Exploring the routine monitoring and supply of contraception (including some long-acting reversible contraceptives) in community pharmacy.
 - Palliative Care and end of life medicines supply service building on the experience of the COVID-19 pandemic.
 - Structured medication reviews in PCNs for people with a learning disability, autism, or both, linked with the Stopping Over Medication of People with a Learning Disability, Autism or Both (STOMP) programme.
 - Workforce development for pharmacy professionals in collaboration with Health Education England (HEE), e.g., medicines optimisation in care homes; primary care pharmacy educational pathway; leadership; integrated urgent care; independent prescribing; enhanced clinical examination skills.

Local context

Annual Public Health Report 2020: Berkshire¹⁵

2.15 This report summarises and sets out plans to address the issues faced by the COVID-19 pandemic and inequalities, both locally and nationally. The report highlights the inequalities that have been exacerbated by the pandemic. Across all age groups, disruption to services caused by lockdown is likely to have had immediate, medium-term, and long-term impacts. The report also highlighted areas of concern for the residents of Berkshire:

- **Employment:** Employment is a key determinant of health, but the pandemic resulted in many losing jobs, or entering the furlough scheme. Around 137,900 people entered the furlough scheme across Berkshire, of which the highest areas were Slough, and the Royal Borough of Windsor & Maidenhead. This may have reflected the proportion of residents working within transport and hospitality, especially within the vicinity of London Heathrow.
- **Children and Young People:** Emerging evidence suggests that children and young people were hardest affected by social distancing and lockdown measures. Young people were more likely to lose jobs and reported higher levels of loneliness. Nationwide, there was a reduction in the uptake of MMR vaccinations for babies, and limited access to early years settings. Around 30% of parents did not feel that their

¹⁵ Annual public health report (2020):https://www.berkshirepublichealth.co.uk/wp-content/uploads/2021/02/Public_Health_Annual_Report_2020_FINAL_Accessible_Version_2.pdf

children continued to learn in home settings, and lockdown impacted children's wellbeing. Children's visits to health services significantly reduced which meant less opportunities for health or safeguarding interventions. There are large numbers of vulnerable children and young people across Berkshire. For example, 12,680 children were eligible for school meals; 11,400 were living in over-crowded housing; 34,000 children were living in households with a parent with substance use, mental health issues or domestic violence; and over 3,000 young people were not in education or employment.

- **Safeguarding:** The COVID-19 lockdown and restrictions created factors that made some forms of abuse difficult to see and safeguard against. Some individuals may be at a higher risk due to their vulnerabilities, and certain forms of abuse such as honour-based violence or Female Genital Mutilation are more common in particular communities. Nationally, within the first 3 weeks of lockdown, 14 women and 2 children were killed in suspected domestic abuse incidents. Within Berkshire, between 2018/2019, 35,000 children aged under 18 were exposed to mental health issues, and/or, domestic abuse within their households. There were 11 domestic homicides within the Thames Valley, and approximately 11,000 domestic abuse crimes reported to the Police within Berkshire, with an additional 6,000 reported for vulnerable adults.
- **Mental Health:** Prior to the COVID-19 pandemic, there were stark inequalities in mental health outcomes. We have seen these inequalities widen as a direct, and indirect result of the pandemic. Several groups are at an increased risk of mental health problems as a consequence of the pandemic, such as frontline workers, bereaved families, those who had COVID-19, those who lost their jobs or were furloughed, and people who had to self-isolate or shield.
- **Environmental Impact:** Transport disruptions during the pandemic resulted in a 17% fall in CO2 emissions, which provided evidence that pollution levels are responsive to policy. This is important to note because pollution levels are correlated with lower life expectancy and health conditions, and those on lower incomes are more likely to be living in condensed populations where noise and air pollution may be higher, with already existing health conditions. Data from 2016 shows that Reading and Slough have the poorest air quality. Certain strategies can be used to reduce CO2 levels and improve air quality such as public awareness around clean air, promoting public transport and improving infrastructure for cycling and walking.

Berkshire West Integrated Care System (ICS)¹⁶

2.16 In June 2017, Berkshire West had been recognised by NHS England (NHSE) as an ICS exemplar area covering 528,000 residents of Reading, Wokingham and West Berkshire. This forms as one of the 10 ICS across England.

The Berkshire ICS partnership consists of:

- Berkshire West Clinical Commissioning Group (CCG)
- Royal Berkshire Hospital Foundation Trust
- Berkshire Healthcare Foundation Trust – a community mental health foundation trust
- GP services within Berkshire West which will group together to form 4 neighbourhood alliances.

2.17 The Berkshire West ICS also works closely with the South Central Ambulance Trust, West Berkshire, Wokingham, and Reading local authorities to achieve integrations between health and social care departments. There are four key objectives of the Berkshire West ICS:

1. To improve the outcomes in population health
2. Tackle inequalities in health outcomes, experience and patient access
3. To enhance the productivity and value for money.
4. To help the NHS support broader social and economic development

Berkshire West Health and Wellbeing Strategy 2021-2030¹⁷

2.18 HWBBs are required to produce Health and Wellbeing Strategies to set out how partners will meet local health needs, improve outcomes, and reduce health inequalities within the boroughs. Reading, West Berkshire and Wokingham HWBBs bring together local leaders from health and social care along with the voluntary and community sector to improve the health and wellbeing needs of their local residents.

2.19 Whilst closing the health inequalities and recovery from COVID-19, the Berkshire West Health and Wellbeing Strategy 2021-2030 establishes five key priorities to enable all residents living

¹⁶Berkshire West Integrated Care System. <https://www.berkshirewestccg.nhs.uk/about-us/how-we-work-with-others/bob-integrated-care-system-ics/>

¹⁷ Berkshire West Health & Wellbeing Strategy (2021-2030). <https://www.westberks.gov.uk/media/51940/Berkshire-West-Health-and-Wellbeing-Strategy-2021-2030-Dec->

in Reading, West Berkshire and Wokingham to live happier, healthier lives.

- **Reduce the differences in health between different groups of people:** Many people within the area experience health inequalities, including economically disadvantaged, isolated young people, refugees, asylum seekers people with disabilities, or those who may find it harder to communicate. Those who experience health inequalities may often be those who are at higher risk of poorer health outcomes. This priority aims to bridge that gap by encouraging closer working relationships between statutory bodies and the voluntary community sector, including working closely with ethnically diverse community leaders and the voluntary sector, unpaid carers, and self-help groups. The report highlights areas to ensure fairer access and support for those with most need by targeted health education, promoting digital inclusion in a way that empowers communities to take ownership of their own health.
- **Support individuals at high risk of bad health outcomes to live healthy lives:** Supporting people to live healthier lives is a priority across Reading, West Berkshire and Wokingham. Specific groups of people face a higher risk of bad health outcomes such as those with dementia, rough sleepers, unpaid carers, people who have experienced domestic abuse, people with learning disabilities. This priority will aim to raise awareness around dementia, support unpaid carers and allow them for a break from caring responsibilities, reduce the number of rough sleepers, promote awareness around domestic abuse and support victims, support people with learning disabilities, and increase the visibility and signpost people at risk of poorer health outcomes to access appropriate services.
- **Help children and families in early years:** The first 1,001 days (pregnancy until the child is 2) are critical ages for development. This priority will aim to explore more integrated approaches to improve wellbeing through children centres, midwifery, health visiting, nursing, and will ensure that early years staff will be training in trauma informed practice and care. Clear guidelines will also be published on how to access financial help and tackle stigma where it occurs.
- **Promote good mental health and wellbeing for all children and young people:** Mental health problems are the leading cause of disability in children and young people and can have long lasting effects. The priority will aim to adopt universal approaches for interventions and prevent the risk of poor mental health. The board will support a Whole School Approach to Mental Health which will embed wellbeing as a priority across the school environment and will aim for early identification of those at risk of developing a mental health condition, so that children and young people can build on self-confidence and change behaviours.

-
- **Promote good mental health and wellbeing for all adults:** Adult mental health can have a ripple effect on their family and can affect their functioning in the role as parents or employees. The board will work with local communities and voluntary sector to re-build mental resilience, and tackle stigma. The board will aim to improve the access to support for mental health crises and develop alternative models which offer sustainable solutions such as peer-mentoring. By working with relevant professionals, there will also be plans to increase social prescribing to signpost and connect people to local services and organisations.

Berkshire West Integrated Care Partnership: Cancer Framework 2019-2024¹⁸

2.20 A Berkshire West Framework was developed in November 2016 to deliver the strategic priorities outlined in “Achieving World-Class Cancer Outcomes: A strategy for England”. The NHS Long Term plan also sets out ambitions and commitments to improve cancer outcomes and services over the next 10 years.

2.21 The framework has been jointly produced by Berkshire West Integrated Care Partnership (ICP) Cancer Steering Group, to improve outcomes for people affected by cancer within the region. The framework outlines local strategic objectives considering the local needs of Berkshire West patients:

- Promote healthy lifestyle choices to reduce cases of preventable cancers.
- Deliver all nine cancer waiting time standards and ensure a faster access to treatment and shorter patient journey.
- Increase the number of cancers diagnosed at stages 1 and 2 and improve 1 year survival rate by improving access to diagnostics.
- Increase the uptake of Bowel, Breast and Cervical cancer screening, especially targeting screening inequalities and seldom health communities.
- Implement Vague Symptoms Pathway and Rapid Diagnostic Centre (RDC) at RBFT.
- Ensure all newly diagnosed cancer patients have access to appropriate personalised support as part of the recovery package.
- Ensure that RBFT have protocols in place for follow up of Breast, Prostate and Colorectal patients for systems for remote monitoring.
- Increase the number of patients supported to die in their place of choice.

¹⁸ Berkshire West Integrated Care Partnership: Cancer Framework (2019-2024).
<https://www.berkshirewestccg.nhs.uk/media/4493/berkshire-west-icp-cancer-framework-2019-2024-v16.pdf>



2.22 Community pharmacies are well placed to support some of these regional, and local strategies, particularly when it comes to the health needs of the population. They provided frontline services during the COVID-19 pandemic, and continue to provide healthcare advice, and medication advice to the public. To meet the ambitions outlined by local strategies, community pharmacies can play an integral role in reducing health inequalities through targeting prevention early and helping to tackle obesity and high blood pressure.

Chapter 3 - The development of the PNA

3.1 The Reading Borough Council HWBB commissioned delivery of its PNA to Healthy Dialogues through a competitive tender process. The governance of the production of this PNA was managed by the PNA steering group and the Berkshire East Public Health Hub. The choices decisions in the production of this PNA have been delegated by the HWBB to the steering group.

3.2 This PNA has been developed using a range of information sources to describe and identify population needs and current service provision from the network of community pharmacies (see Table 3.1). This includes:

- Nationally published data
- The Reading Borough Joint Strategic Needs Assessment
- Local policies and strategies such as the Joint Health and Wellbeing Strategy
- A survey to Reading Borough pharmacy contractors
- A survey to the patients and public of Reading
- Local Authority and Buckinghamshire, Oxfordshire and Berkshire West (BOB) CCG commissioners

Table 3.1 PNA 2022-25 data sources

Health need and priorities	<ul style="list-style-type: none"> • National benchmarking ward and borough-level data from Office for Health Improvement and Disparities¹⁹ • Reading Borough Joint Strategic Needs Assessment²⁰ • A range of GLA demographic data sets • Synthesis from a range of national datasets and statistics
Current Pharmaceutical Services	<ul style="list-style-type: none"> • Commissioning data held by the NHS England • Commissioning data held by Reading Borough Council • Commissioning data held by BOB CCG • Questionnaire to community pharmacy providers
Patients and the Public	<ul style="list-style-type: none"> • Patient and public survey

¹⁹Office for Health Improvement and Disparities (2022) Public Health Profiles: <https://fingertips.phe.org.uk/>

²⁰ Reading Borough Council Joint Strategic Needs Assessment. <https://www.reading.gov.uk/about-reading/joint-strategic-needs-assessment-jsna/>



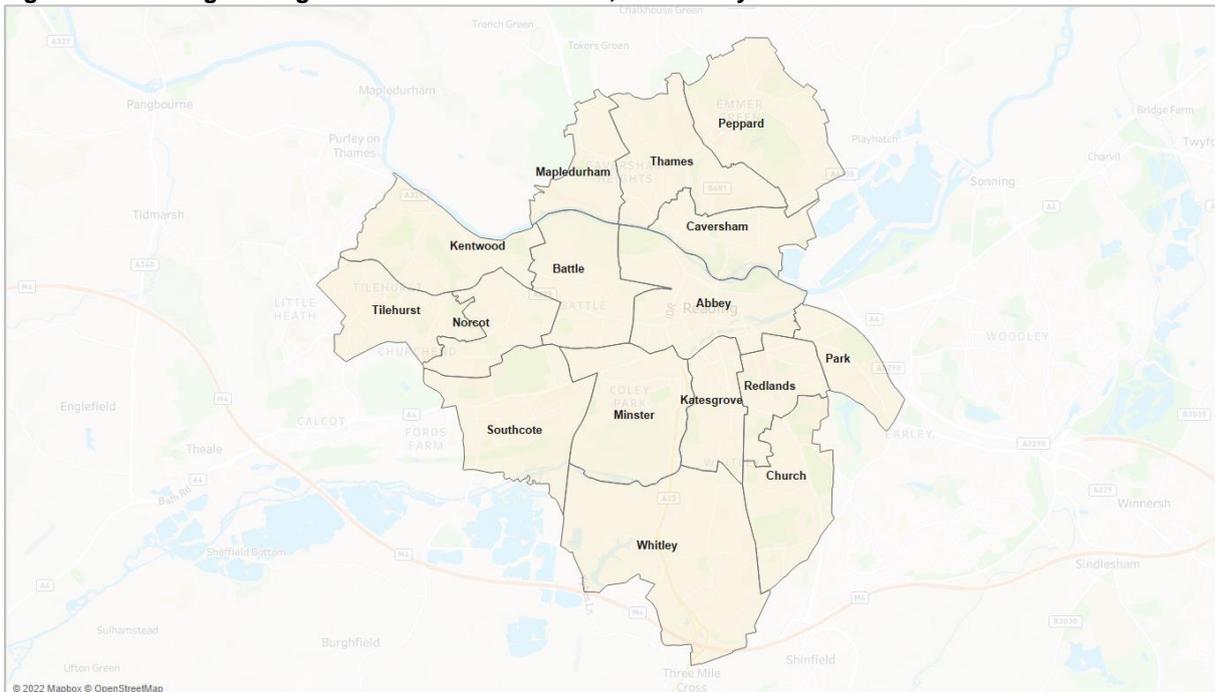
- 3.3 These data have been combined to describe the Reading Borough population, current and future health needs and how pharmaceutical services can be used to support the HWBB to improve the health and wellbeing of our population.
- 3.4 This PNA will be published for public consultation between the 3rd of May to the 1st of July 2022. All comments will be considered and incorporated into the final PNA report.

Methodological considerations

Geographical Coverage

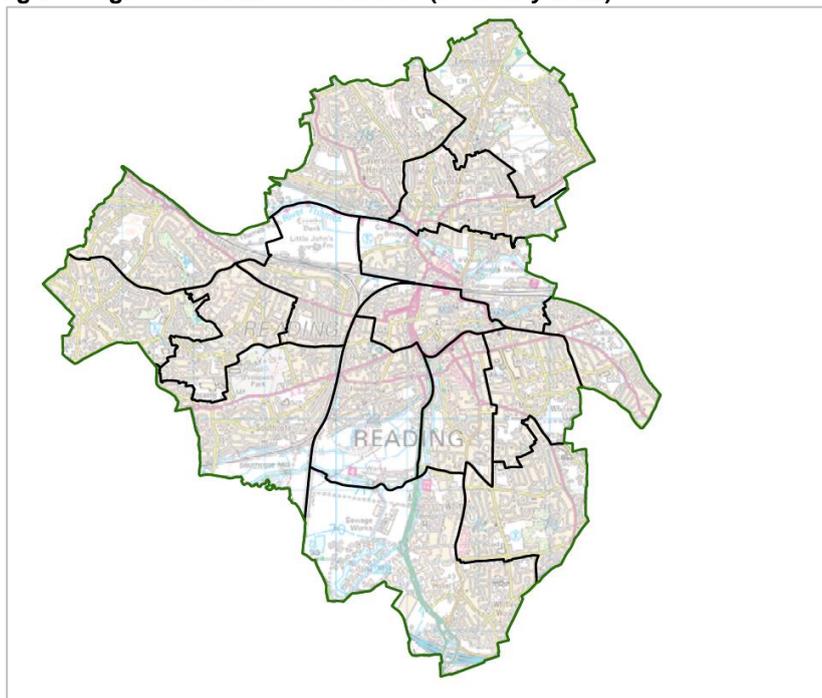
- 3.5 PNA regulations require that the HWBB divides its area into localities as a basis for structuring the assessment. A ward-based structure was used as it is in-line with available population health needs data and enables us to identify differences at ward level with respect to demography, health needs or service provision commissioned by both Reading Borough Council and NHS commissioners. There are 16 wards in Reading, these are illustrated in figure 3.1.

Figure 3.1 Reading Borough Council Electoral Wards, before May 2022



- 3.6 Please note, that in the lifetime of this PNA new Reading ward boundaries will come into place. In May 2022, the boundaries of all wards in Reading, except Park will change. The new ward boundaries are shown in Figure 3.2.

Figure 3.2 Reading Borough Council Electoral Wards (from May 2022)



- 3.7** In this PNA, geographic access to pharmacies has been determined using two commonly used measures in PNAs; a 1 mile radius from the centre of the postcode of each pharmacy (approximately a 20 minute walk) and a 20 minute drive time radius from the centre of the postcode of each pharmacy.
- 3.8** The 1 mile measure is often used to assess adequacy of access in urban areas while the 20 minute drive radius is more often used in more rural areas because there needs to be a sufficient population size to sustain a community pharmacy. The PNA steering group agreed that the combination of these measures for Reading was appropriate given the mix of urban and rural areas on the local authority area.
- 3.9** The 1-mile and 20-minute travel time coverage was also explored in terms of deprivation and population density.
- 3.10** Where areas of no coverage are identified, other factors are taken into consideration to establish if there is a need. Factors include population density, whether the areas are populated (e.g., Green Belt areas), travel time by car, and dispensing outside normal working hours. These instances have all been stated in the relevant sections of the report.

Patient and public survey

- 3.11** Patient and public engagement in the form of a survey was undertaken to understand how people use their pharmacies, what they use them for and their views of the pharmacy provision.
- 3.12** Working with Healthwatch, communications teams and Community Engagement Leads a public and patient engagement plan was developed, identifying key user groups (including seldom heard groups and/or protected characteristics groups) and how best to engage them for the survey.
- 3.1** There were 353 responses to the Reading survey, their views were explored, including detailed analysis of responses from Protected Characteristics populations. Responses from the survey were used to understand how current pharmaceutical services meets the needs of the Reading population and whether there were any different needs for people who share a protected characteristic in Reading. The findings from the survey are presented in Chapter 6 of this PNA.

Pharmacy Contractor Survey

- 3.13** The contractor survey was sent all 31 community pharmacies within Reading borough and 16 (52%) pharmacies responded. The results from this survey are referred to throughout this document.

Governance and Steering Group

- 3.14** The development of the PNA was advised by a Steering group whose membership included representation from:
- Berkshire East Public Health Team
 - Frimley Health and Care, Medicines Optimisation
 - Buckinghamshire, Oxfordshire, and Berkshire West (BOB), Integrated Care System (ICS), Medicines Optimisation
 - Pharmacy Thames Valley, the Local Pharmaceutical Committee
 - NHS England and NHS Improvement – South East Region
 - Healthwatch teams in Berkshire
 - A patient representative
- 3.15** The membership and Terms of Reference of the Steering Group is described in Appendix A.

Regulatory consultation process and outcomes

- 3.16** The PNA for 2022-25 was published for statutory consultation on the 29th of April 2022 for 60 days. All comments were considered and incorporated into the final report to be published by 1st October 2022.

Chapter 4 : Population demographics

4.1 This chapter presents an overview of population demographics of Reading, particularly the areas likely to impact on needs for community pharmacy services. It includes an overview of the area of Reading, its population demographics and projected population. Using most recent available census data, it also identifies key factors that impact on inequalities.

4.2 The analysis of health needs and population changes are outlined in four sub-sections of this chapter. These are:

- About the area
- The Reading population
- Population projections
- Inequalities

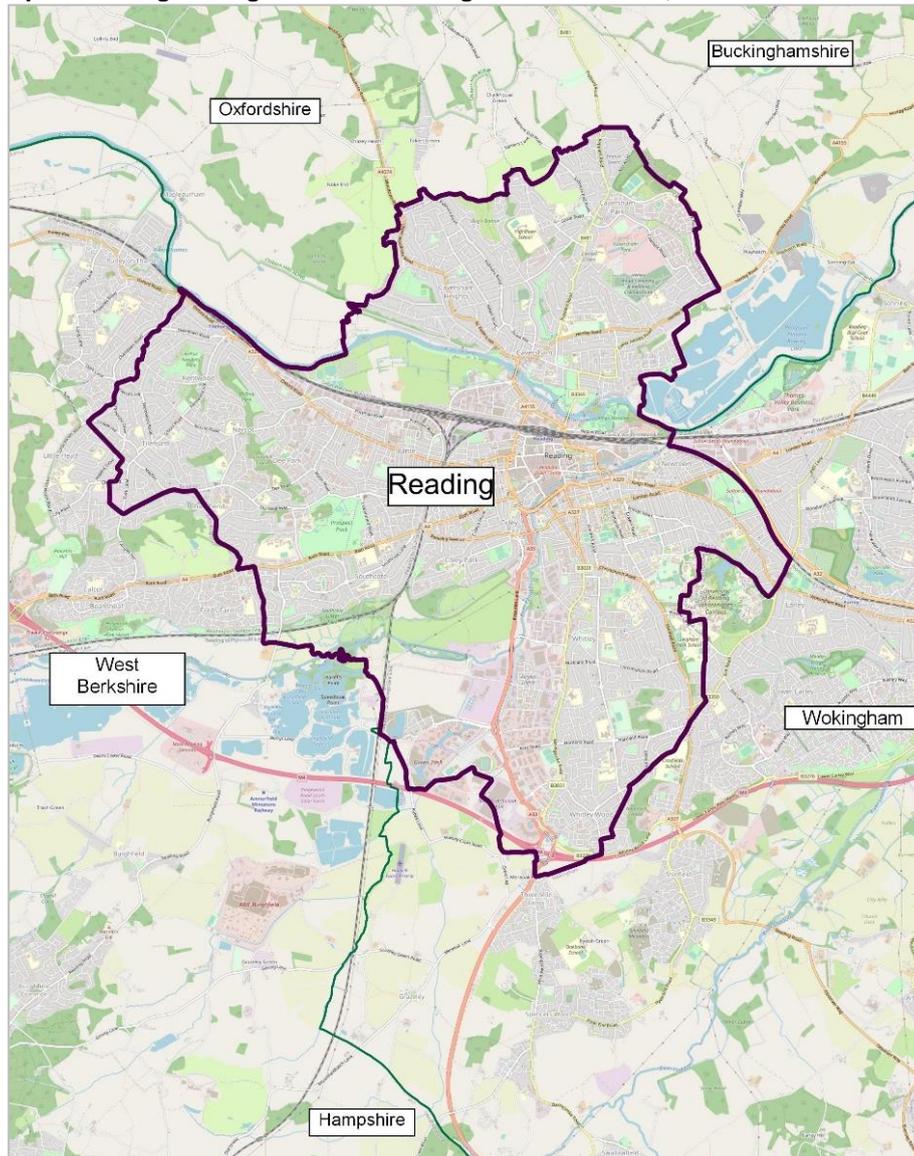
About the area

4.3 Reading is a major commercial centre in the Thames Valley in Berkshire. The authority covers an area of 40.43 square kilometres (4,043 hectares) and is centred on the large town of Reading. It is also a regional centre serving a large area of the Thames Valley, and home to the University of Reading which has approximately 23,000 students. Reading lies 40 miles west of London and has good road and rail links to London and to the west, including the M4 motorway and the M3/M25 motorways which are nearby. Reading town is an important station on the Great Western Main Line railway from London to Bristol. Heathrow airport is about a 40-minute drive away.

4.4 The borough's neighbours include West Berkshire to the west, Oxfordshire and Buckinghamshire to the north, and Wokingham to the east.

4.5 Figure 4.1 provides a context map showing the main areas of the borough, main transport routes, and the location of the borough in relation to other local authorities.

Figure 4.1: Map of Reading borough and surrounding local authorities, 2022



Geodemographic classification

- 4.6** According to the 2011 census Urban-Rural Classification²¹ 100% of the borough's population live in areas classed as 'urban city and town'.
- 4.7** The 2011 Output Area Classification²² enables us to explore the rural-urban divide in more detail by providing a geodemographic classification for each of Reading's Output Areas (an Output Area covers approximately 100 households). According to the classification:

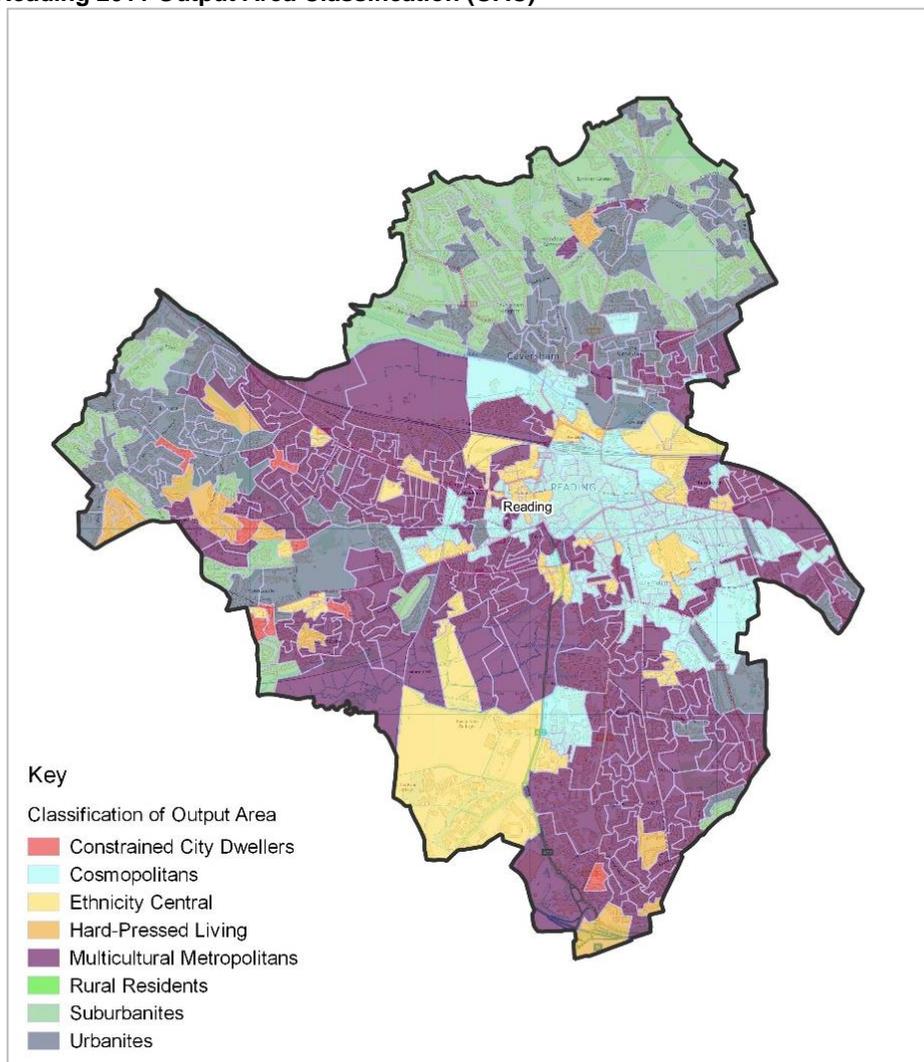
²¹ Department for Environment, Food and Rural Affairs (Defra), 2011 Urban Rural Classification (2013)

²² ONS, 2011 residential-based area classifications, 2011

- 43% of the population of the borough live in areas which can be classified as 'Multicultural Metropolitans'
- 19% of the population of the borough live in areas which can be classed as 'Cosmopolitans'
- 16% of the population live in areas which can be classed as 'Urbanites'
- 8% of the population live in areas which can be classified as 'Ethnicity Central'
- 3% of the population live in areas which can be classified as 'Constrained City dwellers' or 'Hard-pressed living'.

These areas are presented for Reading in figure 4.2.

Figure 4.2: Reading 2011 Output Area Classification (OAC)



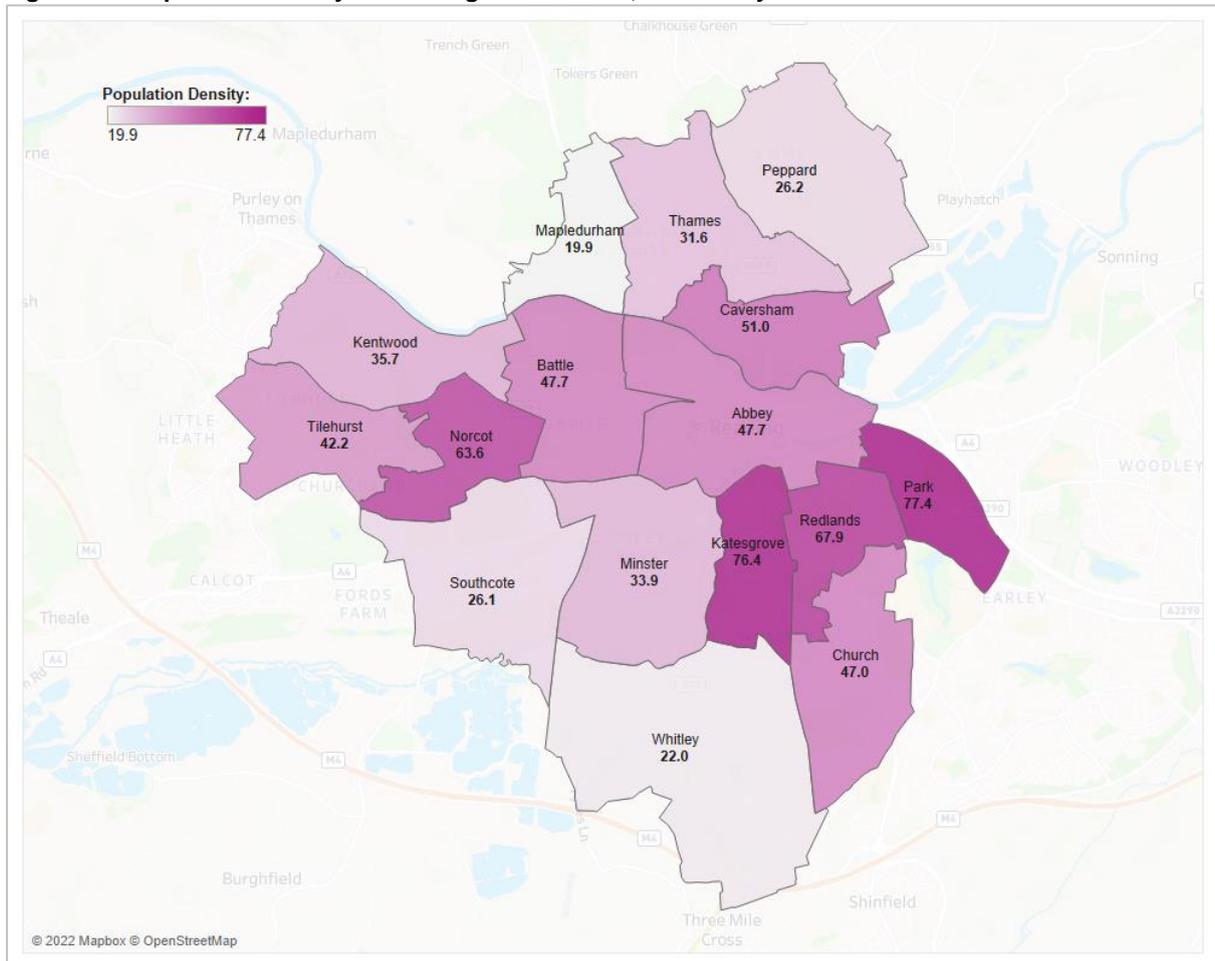
Source: 2011 census OAC, ONS

The Reading population

Population size and density

- 4.8** The population density of Reading is higher than national figures. 160,337 people reside in Reading which is 39.7 persons per hectare (ONS, 2020 Mid-Year Population Estimates). This is higher than the figure of 4.83 persons per hectare for the South East region, and 4.3 persons per hectare for England as a whole.
- 4.9** Figure 4.3 shows population density at ward level. The wards with the highest population densities are Park, Katesgrove and Redlands wards. The wards with lowest population density are Mapledurham, Whitley and Southcote ward.

Figure 4.3: Population density of Reading at ward level, 2020 mid-year estimates



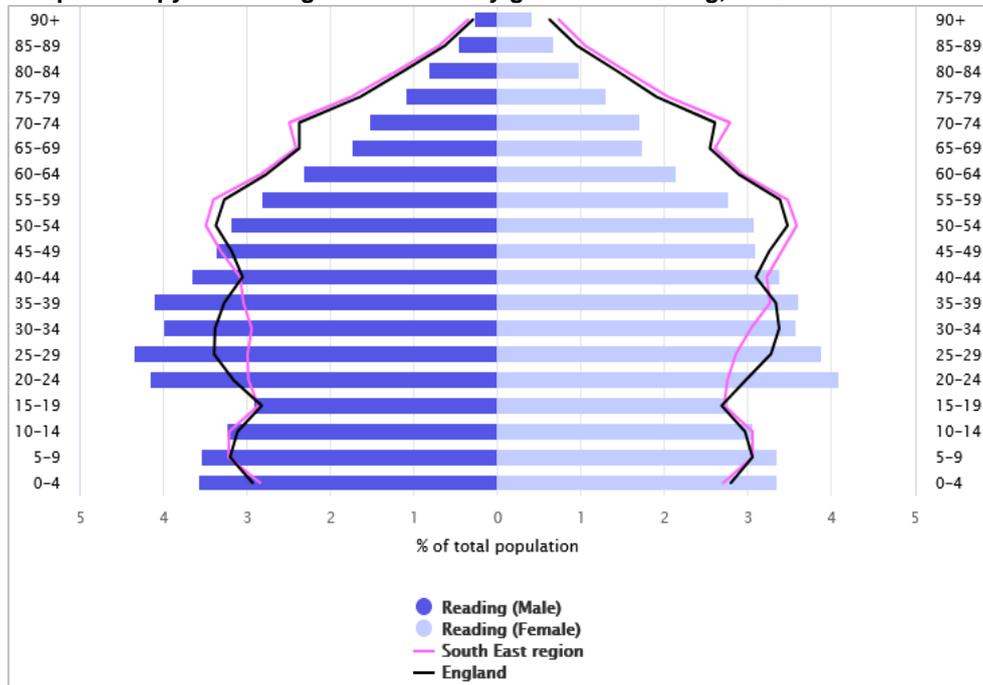
Source: ONS (2020 mid-year population estimates)

Age structure

- 4.10** Reading has a relatively young population, with a median age of 35.1 years, which is younger than the median age for England (40.2 years), and 41.9 years for the South East region.

4.11 Over one-fifth (21%) of the borough's population are aged 0-15 years, 66% are of working age aged 16-64 years and 13% are aged over 65. Figure 4.4 shows a population pyramid which compares the proportion of males and females by five-year age bands with the line over the bars giving the equivalent percentages for England.

Figure 4.4: Population pyramid of age distribution by gender in Reading, 2020



Source: OHID, Public Health Outcomes Framework - ONS Mid-Year Estimates, 2020

4.12 The age profile for the local authority is similar to the national picture across many of the age groups. The largest difference is in people in their 20s and 30s where the proportion of population is greater in Reading than nationally. There are also a smaller proportion of people aged 65 and over within Reading compared to England and South East England.

4.13 Norcot and Whitley wards have the highest representation of those aged 0-15. The proportion of the population aged over 65 is greatest in Mapledurham and Peppard Wards (Figure 4.5).

ethnicity breakdown of Reading by ward, showing the proportion of the population from Black, Asian and Minority Ethnic groups.

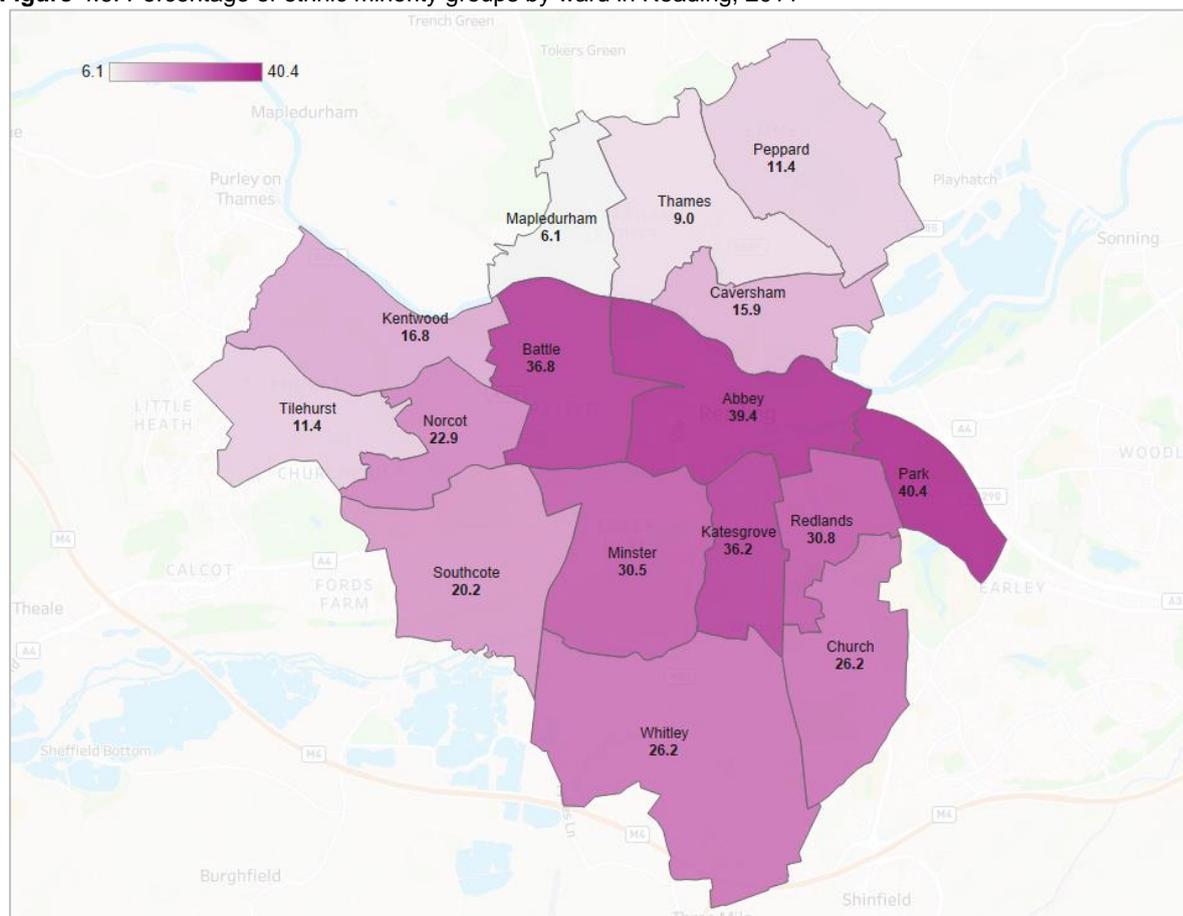
Table 4.1: Ethnicity of the population

White	Mixed/multiple ethnic groups	Asian/Asian British	Black/African/Caribbean/Black British	Other ethnic group
116,387 (74.8%)	6,180 (4%)	21,161 (13.6%)	10,470 (6.7%)	1,500 (1%)
England: 85.4% South East: 90.7%	England: 2.3% South East: 1.9%	England: 7.8% South East: 5.2%	England: 3.5% South East: 1.6%	England: 1.0% South East: 0.6%

Source: 2011 Census

4.17 At a ward level, there are proportionally more people from Black, Asian, and Minority Ethnic backgrounds resident in Park ward, Abbey ward, Battle ward and Katesgrove ward (Figure 4.6).

Figure 4.6: Percentage of ethnic minority groups by ward in Reading, 2011



Source: ONS, 2011 Census

Culture and language

4.18 A high proportion of the Reading households have a non-English language as their main language. Table 4.2 below shows the language breakdown of households, identifying the number of households in Reading with one or more members who cannot speak English.

Table 4.2: Language breakdown of households in Reading

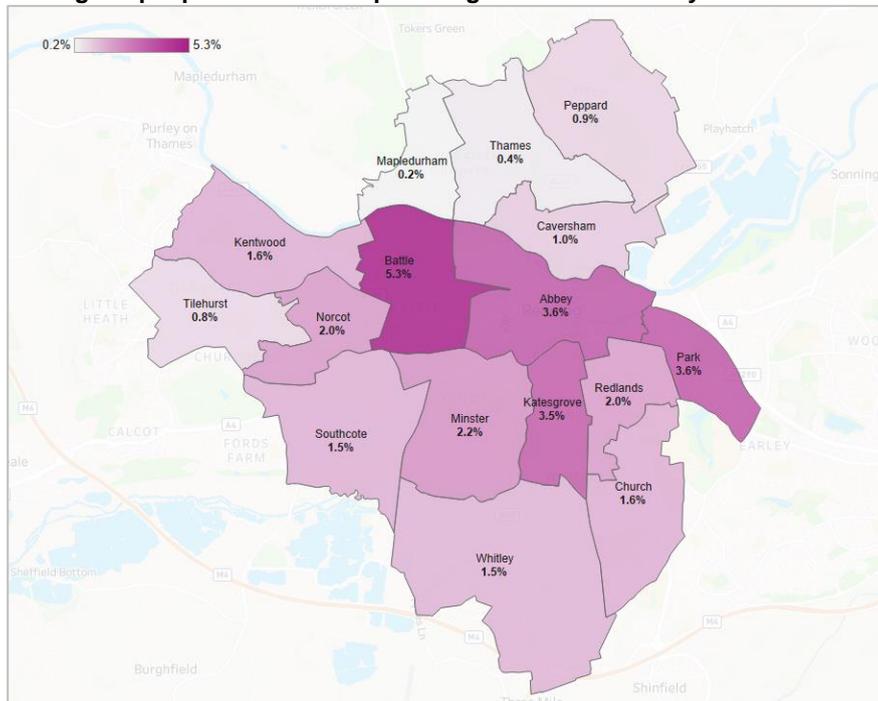
Households with all people aged 16 and over having English as a main language	At least one but not all people aged 16 and over in the household have English as a main language	No adults but some children have English as main language	No household members have English as main language
52,774 (83.9%)	3,700 (5.9%)	870 (1.4%)	5,525 (8.8%)
England: 90.9% South East: 93.2%	5.9% England: 3.9% South East: 3.2%	1.4% England: 0.8% South East: 0.5%	England: 4.4% South East: 3.1%

Source: 2011 census

4.19 Figure 4.7 shows the percentage of people that cannot speak English well or at all by ward in Reading. The wards with the highest concentrations of such households are in Battle, Abbey,

Park and Katesgrove wards. These are the same wards with the highest concentration of black, Asian and minority ethnic residents.

Figure 4.7: Percentage of people that cannot speak English well or at all by ward in Reading



Source: ONS, 2011 Census

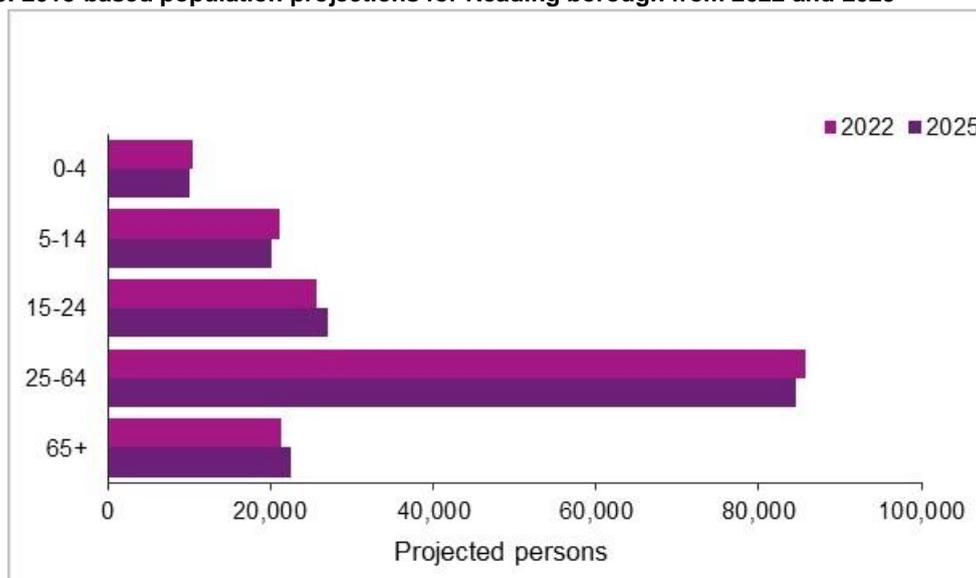
4.20 The top five main languages (other than English) spoken in Reading are Polish, Nepalese, Urdu, Punjabi and Portuguese.

Population projections

4.21 The population of Reading is expected to increase by 96 persons to 164,371, a 0.5% increase between 2022 and 2025. Figure 4.8 presents the projected population increases/decreases for Reading’s key age groups in the years 2022-2025 (the lifetime of this PNA). It shows that the majority of the population increase expected, is in the 15-24 and over 65 age groups. The Reading 15-24 age group is expected to increase by 5.3% between 2022 and 2025, higher than figures for South East England and England of 3.7% and 3.3% respectively. The Reading over 65 age group is expected to increase by 5.6% which is comparable to the South East England increase of 5.5% and the England increase of 5.6% (ONS 2018 subnational population projections, 2020).²⁵

²⁵ ONS 2018 Population Projections - Local Authorities - SNPPZ1, published March 2020

Figure 4.8: 2018-based population projections for Reading borough from 2022 and 2025



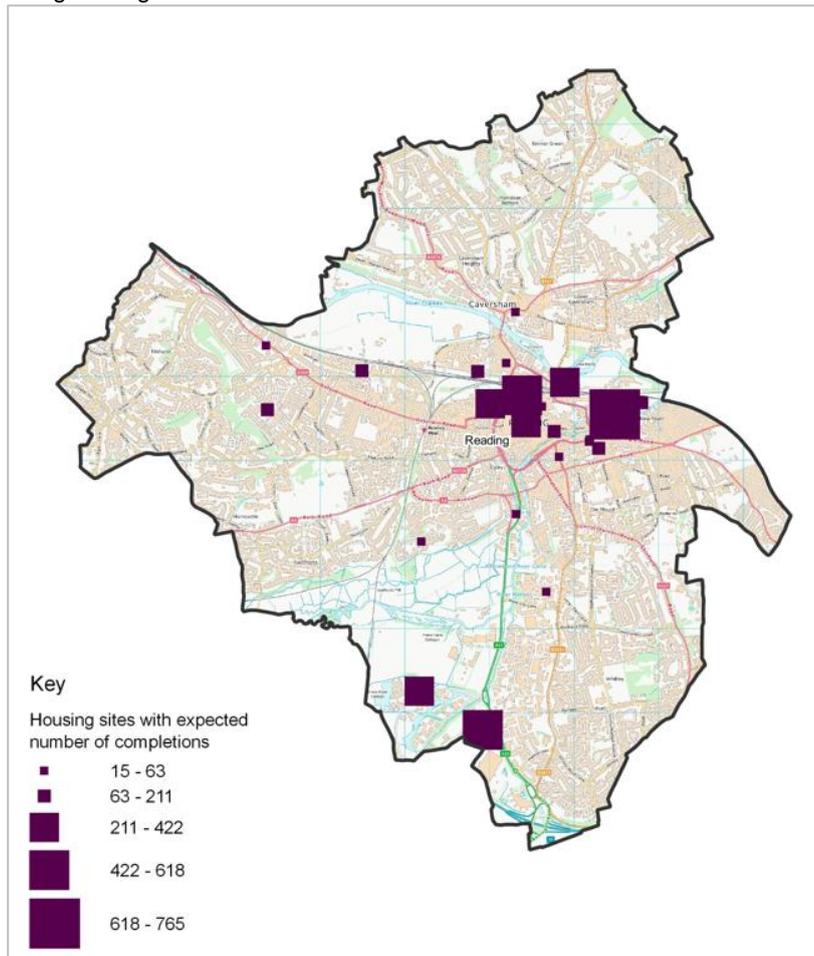
Source: ONS – Population Projections for Local Authorities, 2020

Future residential development and housing requirements in the borough

- 4.22** Several major housing developments are underway in Reading. The latest Annual Monitoring Report (AMR) for the Authority²⁶ anticipates that an additional 5,104 dwellings will be completed over the period 2021-2026. The map in figure 4.9 shows the strategic development locations within the borough where greater than 20 dwellings are expected to be built over the period 2021-2026.
- 4.23** Table 4.3 presents the number of proposed new dwellings by ward in Reading between 2021 and 2025. Most housing developments will be within Abbey (16 sites) and Whitley ward (2 sites). The biggest are at Kenavon Drive, Station Hill in, between Weldale Street and Chatham Street and Broad Street Mall in Abbey ward and Madjeski Stadium and Green Park Village in Whitley ward.

²⁶ Reading Borough Council, Annual Monitoring Report 2020-2021, December 2021

Figure 4.9: Location of major residential housing development sites expected to be completed over the period 2021 – 2025 in Reading Borough



Source: Reading Borough Council, Annual Monitoring Report 2020-2021, December 2021

Table 4.3. Number of planned new dwellings by ward in Reading, 2021-2026

Ward	Number of new dwellings
Abbey Ward	3209
Battle Ward	211
Binfield with Warfield Ward	394
Caversham Ward	40
Katesgrove Ward	57
Kentwood Ward	58
Minster Ward	70
Norcot Ward	108
Whitley Ward	957
Total	5104

Source: Reading Borough Council, Authority Monitoring Report, 2021

Inequalities

- 4.24** Reducing the differences in health between different groups of people is a priority area for the Berkshire West Health and Wellbeing Strategy.²⁷
- 4.25** *Fair Society, Healthy Lives: (The Marmot Review)*²⁸ and later the *Marmot Review 10 Years On*²⁹ describe the range of social, economic and environmental factors that impact on an individual's health behaviours, choices, goals and, ultimately, health outcomes. They include factors such as deprivation, education, employment and fuel poverty.
- 4.26** The Index of Multiple Deprivation (IMD)³⁰ is a well-established combined measure of deprivation based on a total of 37 separate indicators that encompass the wider determinants of health and reflect the different aspects of deprivation experienced by individuals living in an area. The 37 indicators fall under the following domains: Income Deprivation, Employment Deprivation, Health Deprivation and Disability, Education, Skills and Training Deprivation, Barriers to Housing and services, Living Environment Deprivation and Crime.
- 4.27** Access to community pharmacy services in communities where there is high deprivation is important in addressing health inequalities. IMD deciles enable a comparison of deprivation in neighbourhoods across England. A decile of one, for instance, means, that the neighbourhood is among the most deprived 10% of neighbourhoods nationally (out of a total of 32,844 neighbourhoods in England).
- 4.28** Reading has 97 neighbourhoods, otherwise known as Lower Super Output Areas (LSOAs). The borough's overall average IMD decile figure is 8.5 compared to the national figure of 5.5. This means there is considerably less deprivation in Reading than in England as a whole.
- 4.29** As seen in Figure 4.10, there is great variability in the levels of deprivation in Reading. Five of the 97 neighbourhoods in Reading are among the 10% most deprived in the nation (deprivation decile of 1), these are Whitley, Church, Norcot and Southcote wards.

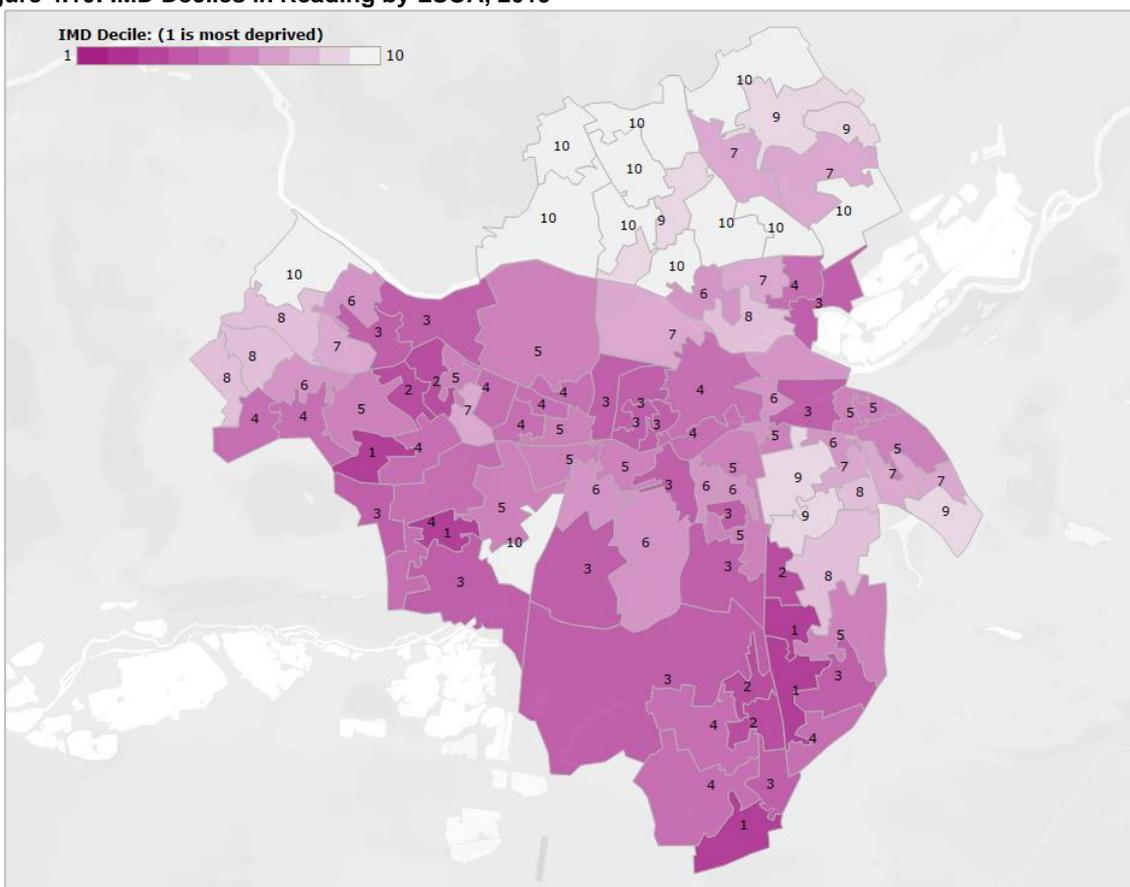
²⁷ Berkshire West Health & Wellbeing Strategy (2021-2030). <https://www.bobstp.org.uk/berkshire-west/berkshire-west-integrated-care-system-ics/>

²⁸ Fair Society Healthy Lives (The Marmot Review): <http://www.instituteoftheequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review>

²⁹ Marmot Review 10 Years On (February 2020): <http://www.instituteoftheequity.org/resources-reports/marmot-review-10-years-on>

³⁰ Ministry of Housing, Communities and Local Government, English Indices of Deprivation, 2019

4.30 Figure 4.10: IMD Deciles in Reading by LSOA, 2019



Source: Ministry of Housing, Communities & Local Government, 2019

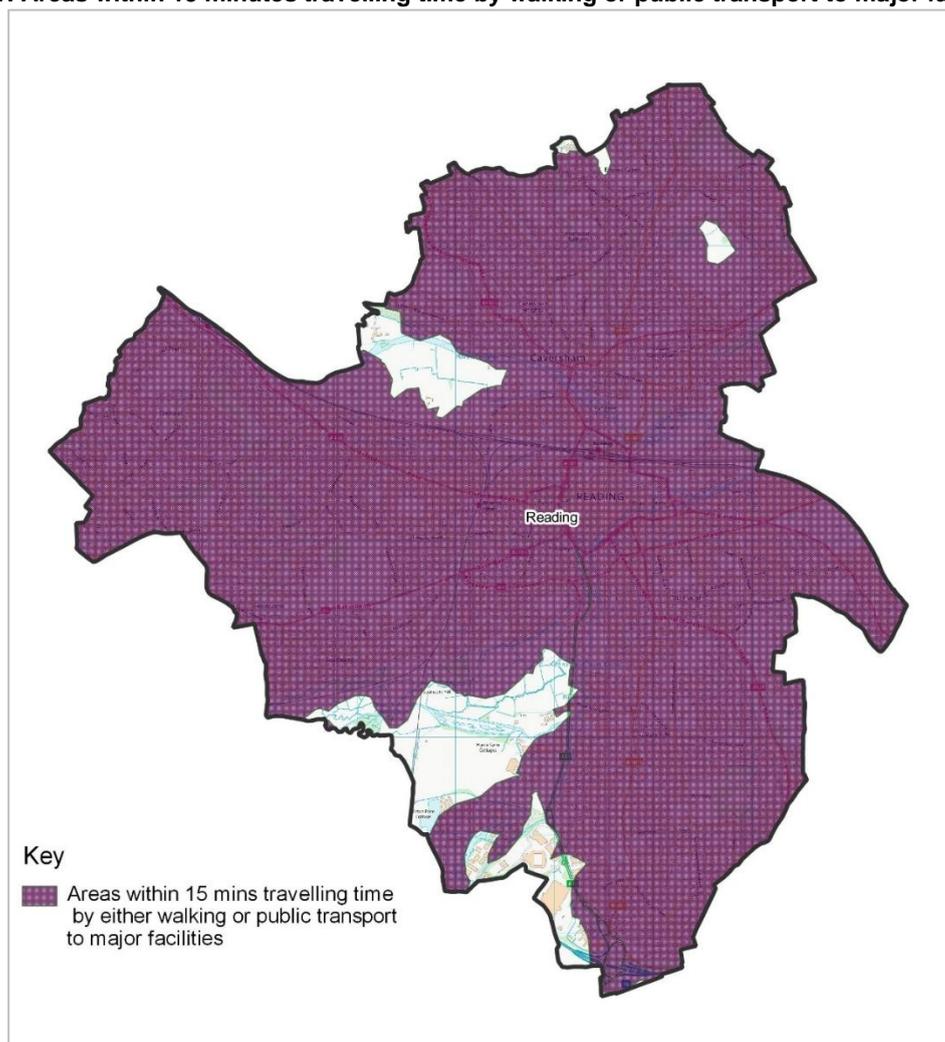
4.31 A Local Authority Summary of each index is compiled, which gives an average score and average rank for each Upper and Lower Tier Local Authority in England. Reading is ranked as 141 out of 317 Local Authorities, thus being in the middle decile of deprivation.

Access to services and facilities

4.32 Data giving the location of areas within 15 mins travel time by public transport to main centres of population has been obtained from the Place-based carbon calculator website (<http://carbon>)³¹. Over 90% of the Reading population live within 15 mins travel time by public transport of major facilities, and the travel time contours can be seen on the map presented in figure 4.11 below.

³¹ CREDS, Place-based Carbon calculator, June 2021

Figure 4.11: Areas within 15 minutes travelling time by walking or public transport to major facilities.



Source: CREDS, Place-based Carbon calculator, June 2021

Patient groups with specific needs

Homeless

- 4.33** There are high rates of homelessness in Reading in comparison to regional and national figures. Between 1st July and 30th September 2021, 166 households in Reading were identified as statutory homeless with a further 61 threatened with homelessness within 56 days. This means that they are unintentionally homeless, or threatened with homelessness, and in priority need, with the local authority accepting a duty to prevent their homelessness (prevention duty) or help them secure alternative accommodation (relief duty). This equates to a total rate of 2.54 per 1,000 households owed and relief or prevention duty in Reading between 1st July and 30th September 2021, which is greater than the England rate of 1.54 per 1,000 households, and the South East rate of 1.18.

4.34 As of 30th September 2021, 154 households were living in temporary accommodation provided under homelessness legislation in Reading. This was a rate of 2.35 per 1,000 households and was significantly lower than the England figure of 4.06 per 1,000 households, but slightly lower than the rate for South East England (2.82 per 1,000 households) (Department for Levelling Up, Housing & Communities, Statutory Homelessness detailed Local Authority tables, January 2022).

4.35 Pharmacists can play a role in helping improve the health and wellbeing of people who are homeless. Pharmacies are an accessible service that are often located in areas of high deprivation and need. They can help people who are homeless with support in areas such as medicines management and can provide signposting to other health and wellbeing services. 'Underserved' communities, such as those who are homeless or sleeping rough, people who misuse drugs or alcohol may be more likely to go to a community pharmacy than a GP or another primary care service³².

Visitors (both home and overseas) to the borough

4.36 Reading receives a high number of visitors. According to the 2018 Great Britain Day Visits Survey³³ there are an annual average of 4.87 million Tourism Day Visits (TDVs) to Reading from people residing outside the borough (based on 3 years of data 2016-2018). This compares to around 3.95 million TDVs for nearby Windsor & Maidenhead, and 0.94 million TDVs for nearby Slough.

Students

4.37 The main campus of Reading University is within the Reading urban area, located in the southeast of the town (just within Wokingham). The university is home to 22,480 students from 175 countries around the world and brings a younger population to the borough. 36% of students are from black, Asian and minority ethnic backgrounds, and 12% have declared a disability.³⁴ In addition, the University of West London has a campus in Reading, The Berkshire Institute of Health, located in Reading town centre.

³² NICE guideline (2018) Community pharmacies: promoting health and wellbeing [NG102]

³³ Visit England, VisitScotland, Visit Wales, The Great Britain Day Visitor Annual Report, 2018

³⁴ University of Reading, At a Glance brochure, 2020

Refugees

- 4.38** There are a small number of refugees in Reading. As of 31st March 2021, there were 45 people in Reading supported under section 4 of the Immigration Act 1999 for dispersed accommodation, 87 people supported under section 95 of the Immigration Act 1999 for dispersed accommodation and 22 people supported under section 95 of the Immigration Act 1999 for subsistence only (Home Office Immigration Statistics, Asylum & Protection, February 2022).

Summary of population demographics

Reading is a densely populated urban unitary authority in Berkshire. It is at the centre of Thames Valley and home to Reading University.

It has a relatively young population with a median age of 31.5 years. It is also one of the more ethnically diverse local authorities in the country. Park, Abbey, Battle, and Katesgrove wards have the largest Black, Asian and minority ethnic populations within Reading. A high proportion of the borough speak no English or have English as their second language.

The population is expected to increase by 0.5% in the lifetime of this PNA, this is likely due to the substantial housing developments within Abbey and Whitley wards. Most increases will be seen in the 15-24 and over 65 age groups.

There are pockets of deprivation in Reading, particularly in the southern and west parts of the borough. There are also high rates of homelessness in comparison to regional and national figures.

Chapter 5 - Health needs

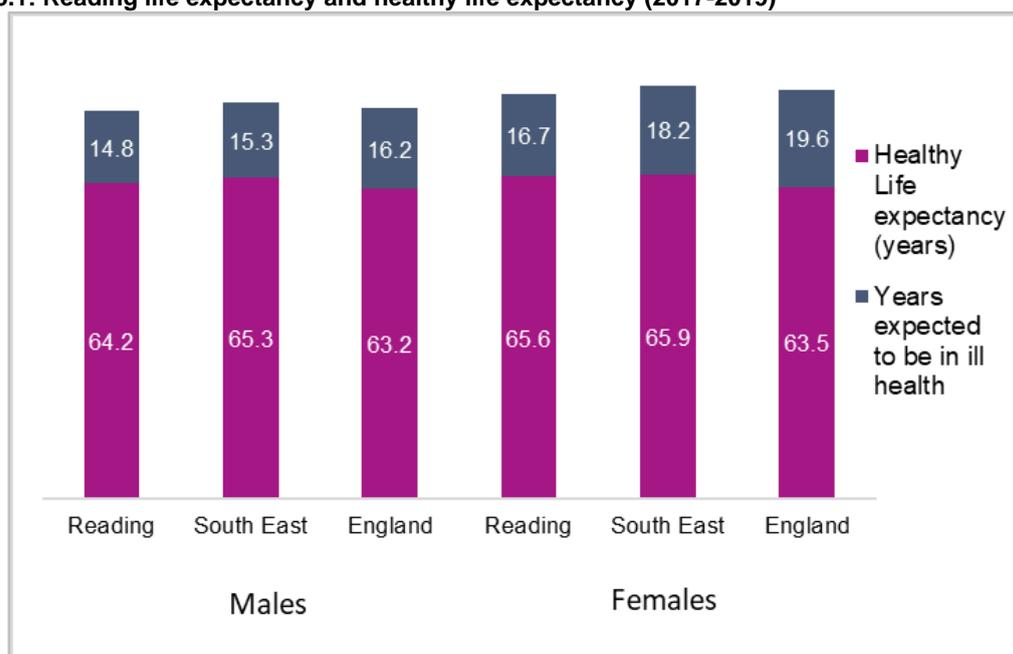
This chapter presents an overview of health and wellbeing in Reading, particularly the areas likely to impact on needs for community pharmacy services. It looks at life expectancy and healthy life expectancy in Reading and includes an exploration of health and behaviours and major health conditions.

Life expectancy and healthy life expectancy

Life expectancy is a statistical measure of how long a person is expected to live. Healthy life expectancy at birth is the average number of years an individual should expect to live in good health considering age-specific mortality rates and prevalence for good health for their area.

Figure 5.1 presents the levels of life expectancy and the latest healthy life expectancy in numbers of years for both men and women, for Reading, South East England, and England as a whole (2017-2019). The 2018-20 levels of life expectancy in Reading for men is 80.6 years and for women is 83.1 years. Females living in Reading live significantly fewer years than the average for the South East and England; males living in Reading live significantly fewer years than the average for the South East. (OHID, Public Health Outcomes Framework, 2022). Healthy life expectancy figures for both males and females from Reading are similar to the South East and England averages. However, this data covers a slightly different time period to the overall life expectancy data (2017-19 and 2018-20 respectively).

Figure 5.1: Reading life expectancy and healthy life expectancy (2017-2019)



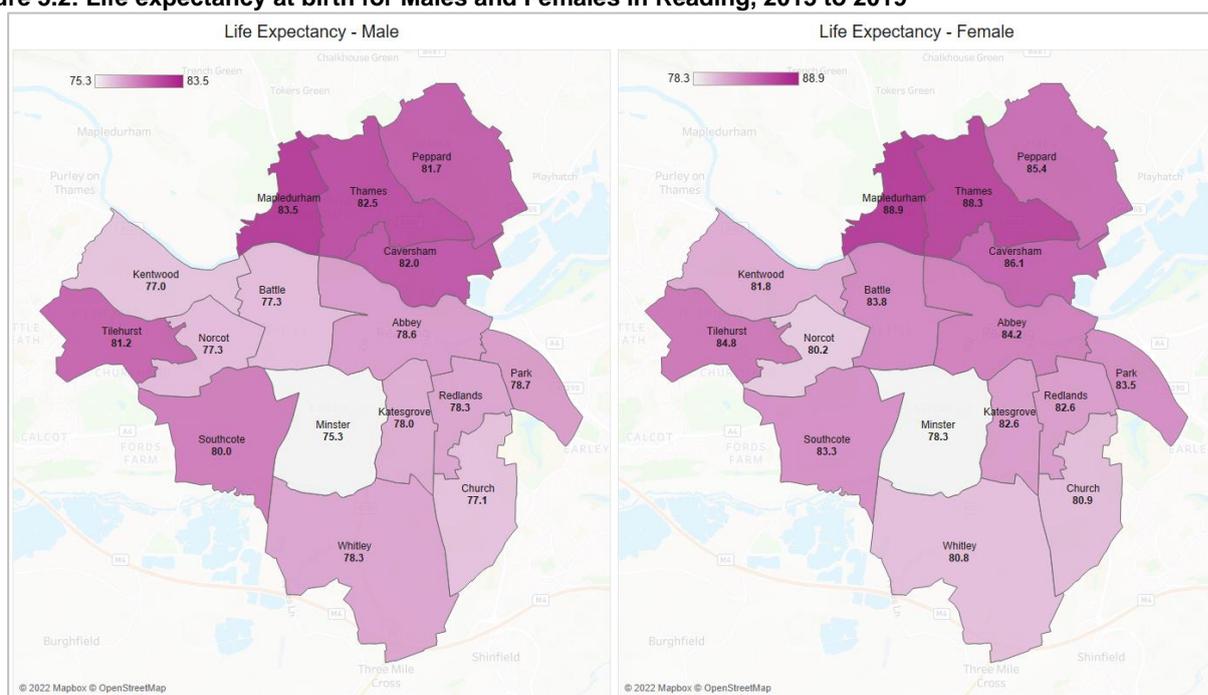
Source: OHID, Public Health Outcomes Framework, 2022

In addition to lower-than-average total life expectancy, there are inequalities in life expectancy within the borough between those living in the most and least deprived areas. Men living in the most deprived parts of the borough are expected to live 5.5 years less than those living in least deprived areas. This compares to 4.3 years for South East England and 5.2 years for England as a whole.

The gap for women is higher at 6.4 years, which is higher than that for England (4.8 years), and for South East England (3.6 years). These figures are derived from the 2018-2020 slope index of inequality for life expectancy in years (OHID, Public Health Outcomes Framework, 2022).

At ward level, life expectancy is lowest in Minster for both males and females. Mapledurham residents have the highest life expectancy for both males, at 83.5 and females at 88.9 (figure 5.2)³⁵.

Figure 5.2: Life expectancy at birth for Males and Females in Reading, 2015 to 2019



Source: OHID, Local Authority Health Profiles, 2022

³⁵ NB: at a ward level the latest available data is for the period 2015 to 2019 (the borough level data is more recent).

The life expectancy gap between Reading's most and least deprived areas is attributable to different causes of death for men and women, and these issues are explored in the section below on major health conditions.

Our health and behaviours

Lifestyle and the personal choices that people make can significantly impact on their health. Behavioural patterns contribute to approximately 40% of premature deaths in England, which is a greater contributor than genetics (30%), social circumstances (15%) and healthcare (10%)³⁶. 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 misuse.

Community Pharmacy teams support the delivery of community health programmes promoting interventions by, for example, engaging local public health campaigns and rolling out locally commissioned initiatives such as campaigns to encourage people to stop smoking, sexual health services and dementia friends. In addition, pharmacies are required to signpost people to other health and social care providers and provide brief advice where appropriate.

This section of the chapter explores different health behaviours and lifestyles that pharmacies can offer to support, to improve the overall health of the population of Reading borough.

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 premature³⁶. A wide range of diseases and conditions are caused by smoking such as cancers, respiratory diseases, and cardiovascular diseases.

Smoking prevalence in Reading is similar to the England prevalence. 13.9% of Reading's adult population aged 18+ smoke (2019 data), which is similar to the percentage for England (13.9%) and the percentage for South East England of 12.2%. Smoking among those employed in routine and manual occupations, however, is higher. In 2019, 29.3% of routine

³⁶ Global Burden of Disease Collaborative Network. Global Burden of Disease Study 2015 (GBD 2015) Reference Life Table. Seattle, United States of America: Institute for Health Metrics and Evaluation (IHME), 2016.

and manual workers in Reading smoked, similar to the figure for England of 23.2%, and the figure for South East England of 23.7% (OHID, Public Health Outcomes Framework, 2022).

Smoking prevalence rates are also monitored for pregnant women, due to the detrimental effects of smoking on the growth and development of the baby and health of the mother. The proportion of Reading mothers who smoke in early pregnancy was at 9.4% in 2018/19, significantly better than the rate of 12.8% for England and 11.3% for the South East region (OHID, Public Health Outcomes Framework, 2022).

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. Alcohol can also play a role in accidents, acts of violence, criminal behaviour, and other social problems.

Harmful drinking in Reading is of concern. In 2020, there were 54 deaths classified as 'Alcohol-related mortality'. This equates to 44.3 per 100,000 population, similar to the England rate of 37.8 and the rate for the South East region of 33.9.

In 2020/21, there were 755 admission episodes for alcohol-specific conditions (540 per 100,000 population) in Reading. This is lower than the rate for England of 587 and similar to the rate for the South East region of 540 per 100,000 population.

Of people aged 18+ attending treatment for alcohol misuse in Reading in 2020, 19.3% of these people left treatment free of alcohol dependence and did not represent again within a 6-month period (OHID, Local Authority Public Health Profiles, 2022). This was lower to the England success rate of 35.3% and for the South East region success rate of 35.6%.

Drug misuse

Drug misuse is also an area of concern in Reading. Latest figures showed that there were 34 deaths from drug misuse in Reading over the period 2018-2020, the 7th highest figure in the region. This equates to a rate of 7.0 per 100,000 population, which is higher than the rates for South East England and England of 4.0 and 5.0 per 100,000 population respectively.

In Reading in 2020, only 2.6% of drug users aged 18 years and over had successful treatment for opiate drug use, which compares to a figure for England of 4.7% and for the South East region of 5.7% (OHID, Local Authority Public Health Profiles, 2022).

Obesity

Obesity is recognised as a major determinant of premature mortality and avoidable ill health. It increases the risk of a range of diseases including certain cancers, high blood pressure and type 2 diabetes³⁷ and increases the risk of death from COVID-19 by 40- 90%³⁸. Obesity is indicated when an individual's Body Mass Index (BMI) is over 30.

62% of adults living in the borough were classified as being obese or overweight in 2019/2020. These figures are similar to those for England (63%) (OHID, Public Health Outcomes Framework, 2022).

Childhood obesity is on the rise and can have significant impact on health outcomes. A child who is overweight or obese can have increased blood lipids, glucose intolerance, Type 2 diabetes, hypertension, increases in liver enzymes associated with fatty liver, exacerbation of conditions such as asthma and psychological problems including social isolation, low self-esteem, teasing and bullying.

The COVID-19 pandemic is likely to have increased the number of children who are overweight or obese. The impact of the pandemic and lockdowns meant that routines of the children and their families were disrupted, thus hindering opportunities to maintain healthy lifestyle behaviours.

The National Child Measurement Programme measures the height and weight of children in their first and last year of primary school (Reception Year and Year 6). It found that 22% of children in Reception Class in Reading in 2019/20 were overweight and obese, and 36% of Children in Year 6 were overweight or obese. These figures are similar to those for England (23% for children in reception, 35% for children in year 6) (OHID, Public Health Outcomes Framework, 2022).

As part of the Pharmacy Quality Scheme (PQS) 2021/22³⁹ pharmacies are now expected to help identify people who would benefit from weight management advice and provide an onward referral to local weight management support or the NHS Digital Weight Management Programme.

³⁷ Public Health England (2017). Guidance: Health matters: obesity and the food environment.

³⁸ Public Health England. Excess weight and covid-19. Jul 2020. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/903770/PHE_insight_Excess_weight_and_COVID-19.pdf.

³⁹ Pharmacy Quality Scheme (2021/22): <https://www.nhsbsa.nhs.uk/provider-assurance-pharmaceutical-services/pharmacy-quality-scheme-pqs>

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 who lead a sedentary lifestyle. Physical activity is also associated with improved mental health and wellbeing. The Global Burden of diseases showed that physical inactivity is directly accountable for 5% of deaths in England and is the fourth leading risk factor for global mortality³⁶.

In 2019/20, 66% of adults in Reading were considered 'physically active', similar to the national figure of 66%. 21% of adults in the borough were considered 'physically inactive', and this compares to the England figure of 23% (OHID, Public Health Outcomes Framework, 2022).

Sexual Health

Sexual health services cover the provision of advice and services around contraception, relationships, sexually transmitted infections (STIs) and abortion. Public Health England 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 easy to use as possible and ultimately to improve the public's health'.⁴⁰

The rate of new STI diagnoses in Reading is higher than the national rate. In 2020, the all new STI diagnosis rate (excluding chlamydia for those aged under 25) per 100,000 population for Reading was 767, which is significantly higher than the rate for South East England (461) and for the rate for England (619).

The STI testing rate (excluding Chlamydia for those aged under 25) in 2020 was 5,487 per 100,000 population in Reading. This figure is better than that for England (4,549 per 100,000 population) and for the South East (4,007 per 100,000 population).

Chlamydia is the most commonly diagnosed STI in England, with rates substantially higher in young adults than any other age group. 12.7% of young people aged 15-24 who accessed specialised sexual health services were screened for Chlamydia in 2020, this is lower than the figure for England of 14.3% but similar to the South East England (12.5%) (OHID, Local Authority Public Health Profiles, 2022).

The Chlamydia diagnostic rate per 100,000 population in Reading in 2020 was 336, which is higher than the rate for England of 286 and that for the South East region of 230. Looking at

⁴⁰ PHE (2015) Making it work - A guide to whole system commissioning for sexual health, reproductive health and HIV

the Chlamydia diagnostic rate for population aged over 25 in 2020, the rate for Reading (191 per 100,000) is similar to that for England (171 per 100,000) but higher compared to the South East region (128.5 per 100,000) (OHID, Local Authority Public Health Profiles, 2022).

HIV

The rates of people living with HIV are higher in Reading than the national figures. The latest figures show that there were 297 residents aged 15-59 years in Reading in 2020 diagnosed with HIV. This equates to 3.0 per 100,000 population, higher than the national rates of 2.3 per 1,000 population, and the regional figure of 1.9 per 1,000 population.

Looking at overall HIV testing coverage in 2020, the figure for Reading is 65%, which is better than the coverage for England overall (46%) and South East England (47%). However, 60% of those who are newly diagnosed were diagnosed late, compared to the England rate of 42%. Late diagnosis can increase the risk of death by HIV.

Positively, 89% of those newly diagnosed in 2018-20 received prompt antiretroviral therapy initiation, similar to the figures for England (83%) and for the South East Region (84%) (OHID, Local Authority Public Health Profiles, 2022).

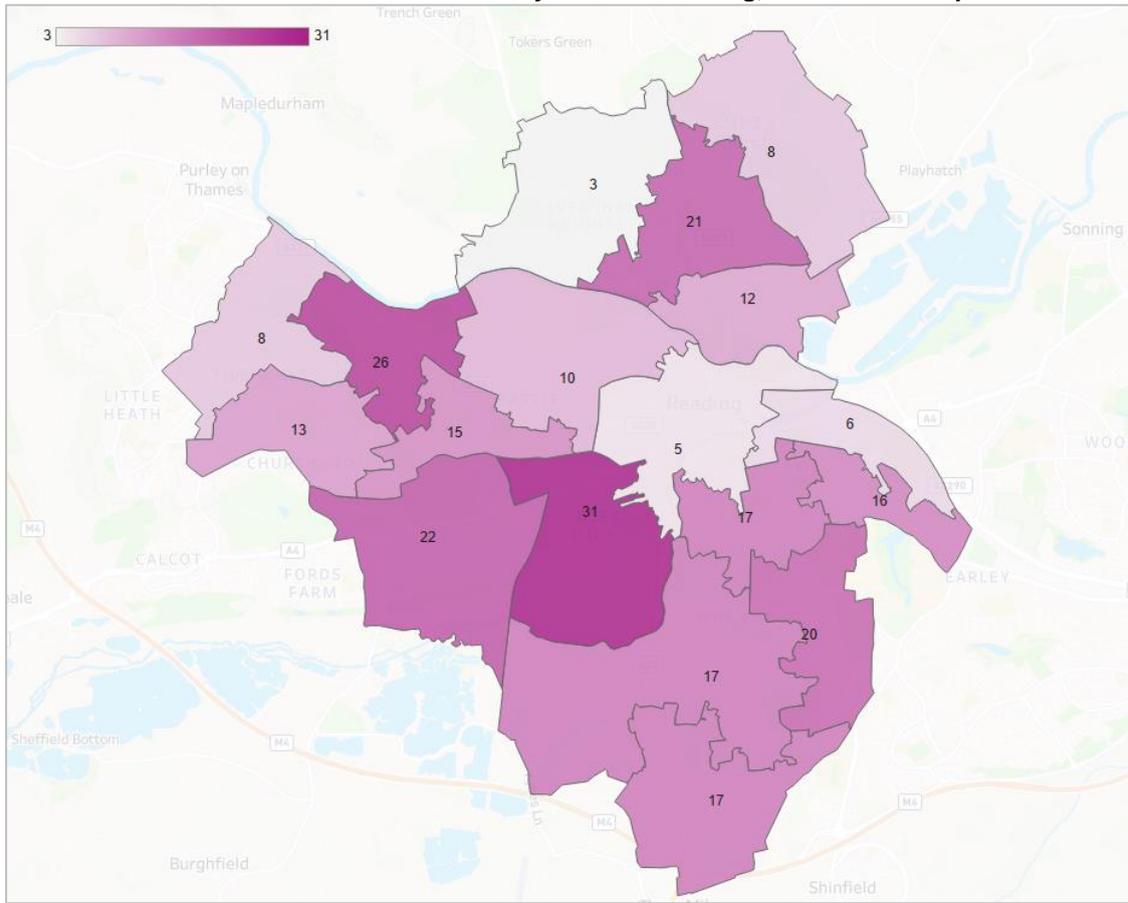
COVID-19

The COVID-19 pandemic has highlighted the impact of deprivation on health risks and health outcomes. COVID-19 morbidity and mortality has been more pronounced in more deprived areas and in those from ethnic minority groups who experience more social inequalities such as income, housing, education, employment, and conditions of work. Nationally, the people who have suffered the worst outcomes from COVID-19 have been older, of black or Asian heritage and have underlying health conditions such as obesity or diabetes⁴¹.

The rate of deaths by COVID-19 in Reading was 201 per 100,000 population from March 2020 to April 2021. This is significantly higher than South East England but similar to England as a whole. Figure 5.3 below presents the total number of deaths due to COVID-19 at MSOA level for Reading.

⁴¹ PHE (2020). Beyond the data: Understanding the impact of COVID-19 on BAME groups.

Figure 5.3: Total number of deaths due to Covid by MSOA in Reading, March 2020 to April 2021



Source: ONS, deaths due to Covid-10 by local area and deprivation, 2021

Flu vaccination

Flu vaccination is offered to people who are at greater risk of developing serious complications if they catch flu. 80% of the over 65 population in Reading received their flu vaccination in 2020/21, which compares to the England percentage of 81% and the rate for South East England of 82% and is above the 75% population vaccination coverage target.

Just over half (55%) of the at ‘risk’ population of Reading were vaccinated against the flu in 2020/21. This is similar to regional and national rates of 56% and 53% respectively and just below the 55% population vaccination coverage target (OHID, Local Authority Public Health profiles, 2022).

Mental health and wellbeing

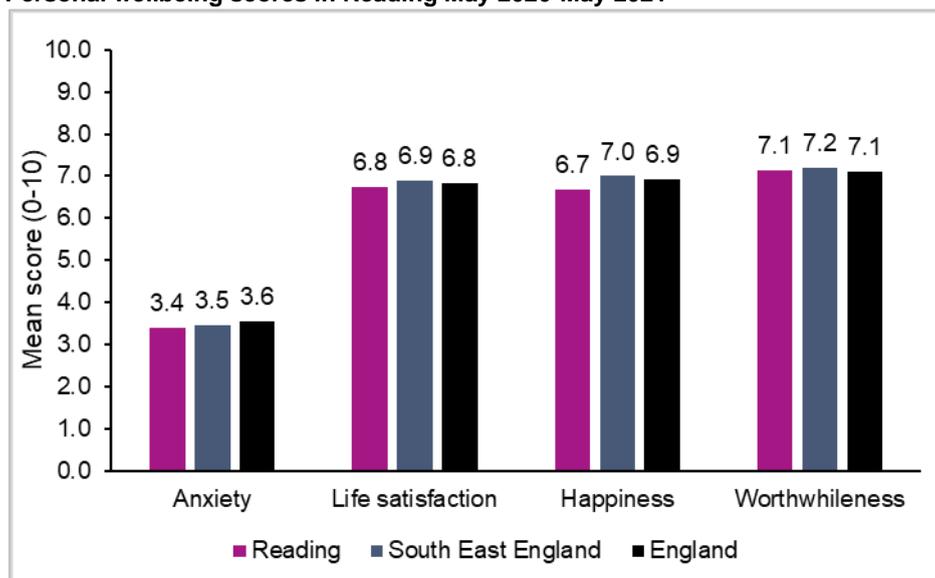
Mental health and wellbeing is a priority for the Berkshire West Health and Wellbeing Strategy.⁴² Mental illness is the single largest cause of disability in the UK. At least one in four people will experience a mental health problem at some point in their life and one in six adults have a mental health problem at any one time.

Modelled estimates from the House of Commons Library dataset indicate that 12% of GP patients aged over 18 in Reading West constituency and 9% in Reading East constituency have depression in 2019/20. This compares to the regional and national figures of 12% and 12% respectively (House of Commons Library, Constituency data: health conditions, April 2021).

Constituency areas in Reading with above average estimated rates for depression are Tilehurst South (14%), Norcot North (14%), and Tilehurst North (13%) (Figure 5.4).

⁴² Berkshire West Health & Wellbeing Strategy (2021-2030). <https://www.bobstp.org.uk/berkshire-west/berkshire-west-integrated-care-system-ics/>

Figure 5.5: Personal wellbeing scores in Reading May 2020-May 2021



Source: ONS, Personal wellbeing in the UK, 2022

Pharmacies have a role in supporting population mental health and wellbeing. They can help with early identification of new or worsening symptoms in their patients; they can signpost or make a referral to existing offers of support, and they can work with patients to ensure their safe and effective use of medications.

Social Isolation and Loneliness

Social isolation and loneliness can impact people of all ages but is more prominent in older adults. It is linked to increased behavioural risk factors, poor mental health as well as morbidity and mortality from acute myocardial infarction and stroke⁴³. 33% of Reading over 65s live alone (ONS 2011 Census). This is the fourth highest proportion in the region and is higher than the England rate of 32%.

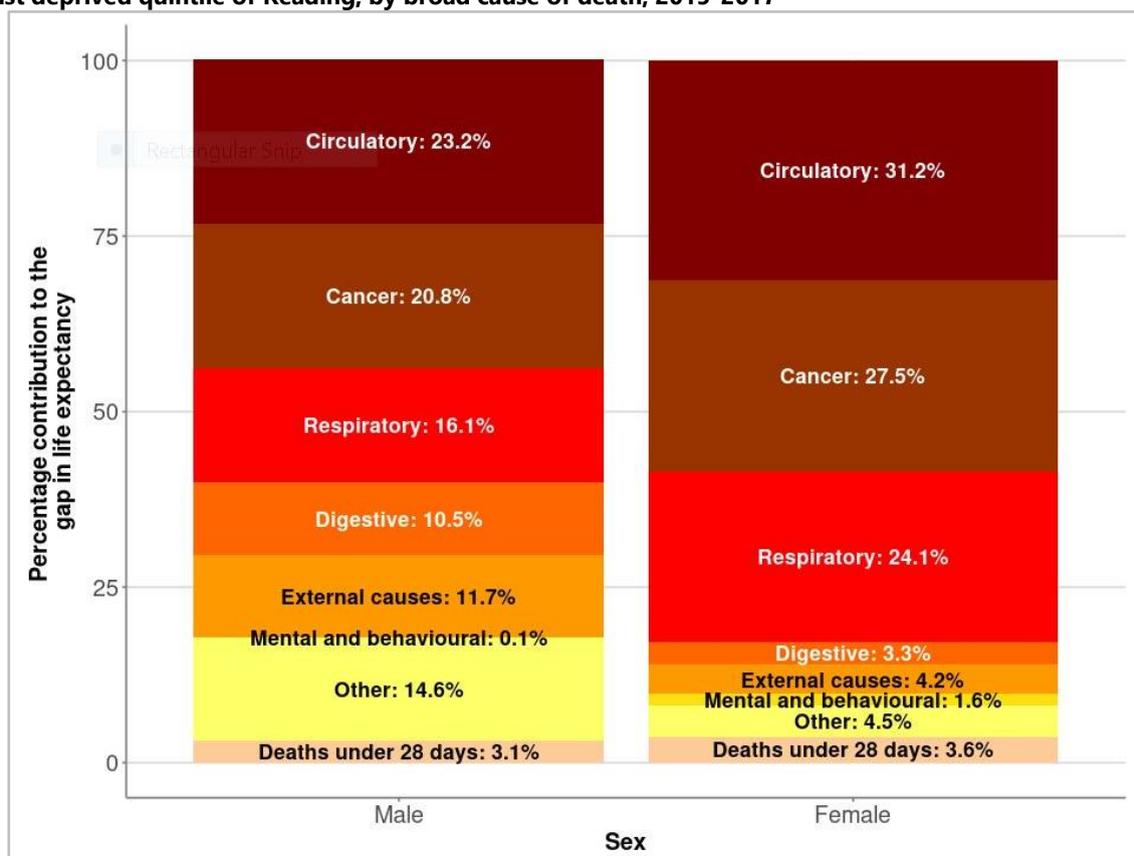
The Adult Social Care Survey explores isolation and loneliness in its analysis. Findings show that in Reading, 49% of users who responded to a survey have as much social contact as they would like. This is slightly higher than national figures of 46%. It highlights that more than half of older adults in receipt of social care do not have as much social contact as they would like and are likely feeling isolated and lonely (Adult Social Care Survey, 2021).

⁴³ Hakulinen C, Pulkki-Råback L, Virtanen M, et al (2018). Social isolation and loneliness as risk factors for myocardial infarction, stroke and mortality: UK Biobank cohort study of 479 054 men and women. *Heart*; 104:1536-1542.

Major health conditions

Figure 5.6 presents a breakdown of the causes of the life expectancy gap (by broad cause of death) between the most deprived quintile and least deprived quintiles of Reading. It highlights that circulatory diseases are the biggest cause of the differences in life expectancy between deprivation quintiles for males and females, accounting for 23% and 31% of the gap, respectively.

Figure 5.6: Scarf chart showing the breakdown of the life expectancy gap between the most deprived and least deprived quintile of Reading, by broad cause of death, 2015-2017



Source: OHID, Breakdown of the Life Expectancy Gap Segment tool, 2022

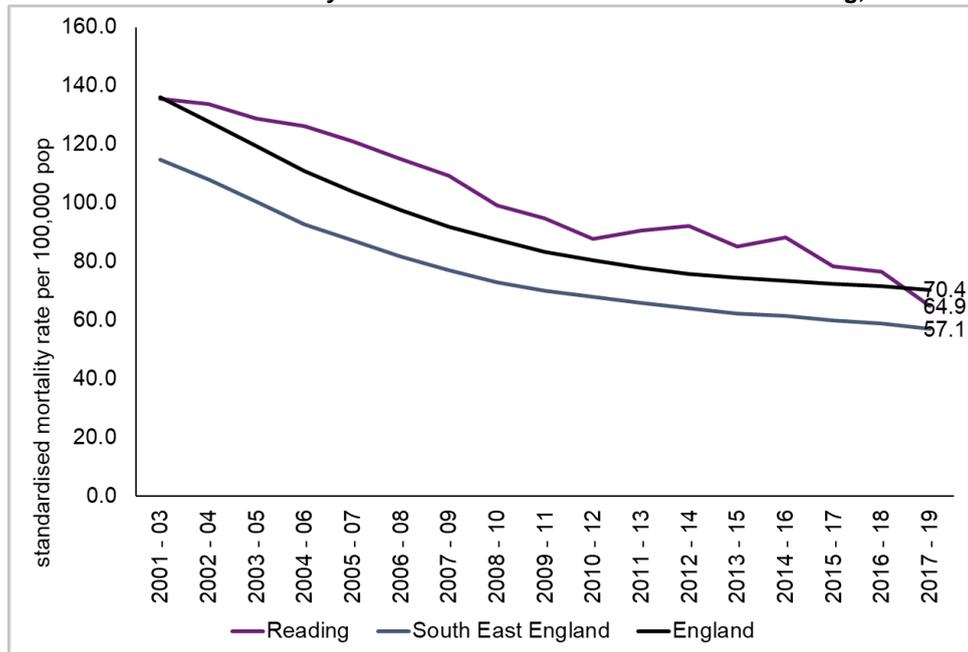
Cancer is the next biggest cause of life expectancy gap accounting for 21% in males and 28% of the gap in females in Reading. The third major cause of life expectancy gap is respiratory diseases which accounts for 16% and 24% of the gap for males and females respectively. We will take a closer look at circulatory diseases, cancer and respiratory diseases and their impact in Reading.

Circulatory Diseases

Circulatory diseases are the biggest cause of the differences in life expectancy in Reading for both males and females. Circulatory diseases include heart disease and stroke.

The under 75 mortality rates for cardiovascular disease is 64.9 per 100,000 population, similar to England and South England figures (Figure 5.7)

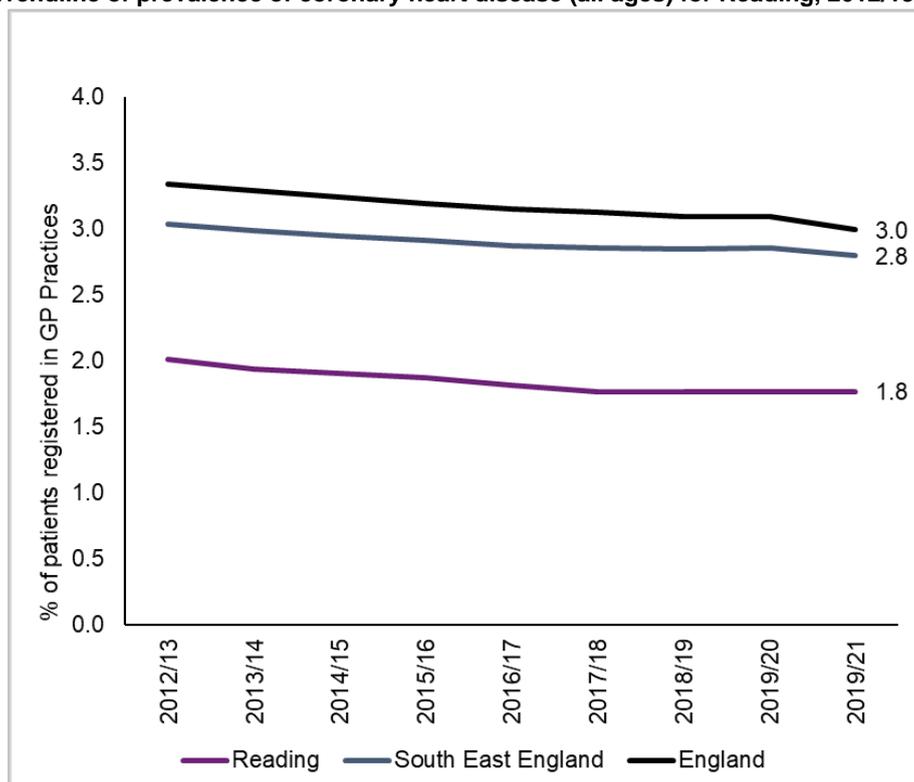
Figure 5.7: Trendline under-75 mortality rate with cardiovascular disease for Reading, 2001/03 to 2017/19



Source: OHID, Local Authority Public Health Profiles, 2022

The percentage of patients registered with GP practices in Reading with coronary heart disease in 2019/20 was 1.8%. This is lower than the England percentage of 3.1% and the percentage for the South East of 2.8%. Reading is in lowest quintile in England for this indicator. The trend in Figure 5.8 shows that the Reading percentage for coronary heart disease has remained below regional and national figures since 2012/13 (OHID, Local Authority Public Health Profiles, 2022).

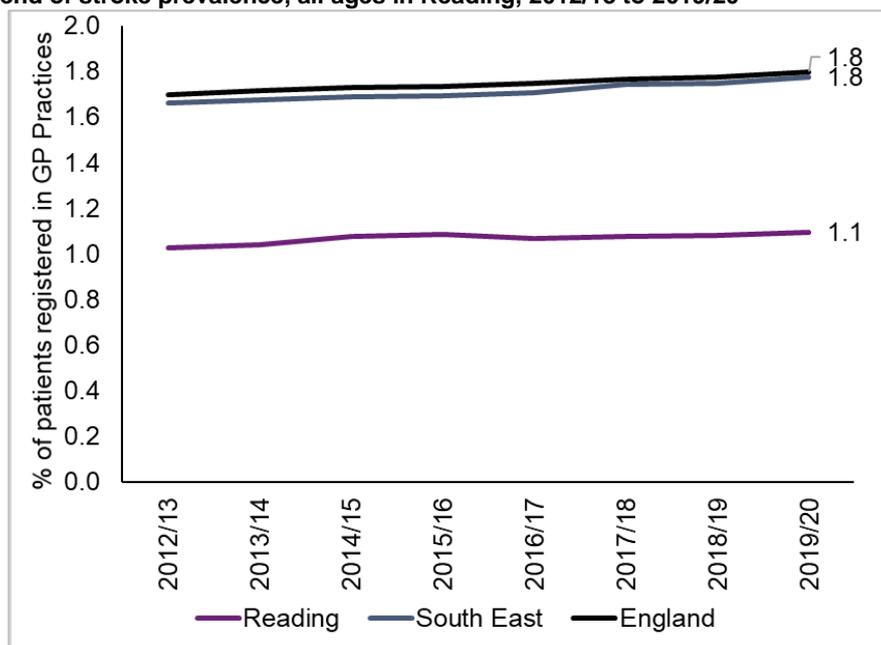
Figure 5.8: Trendline of prevalence of coronary heart disease (all ages) for Reading, 2012/13 to 2019/20



Source: OHID, Local Authority Public Health Profiles, 2022

Stroke prevalence is also low in Reading. 1.1% of Reading GP registered patients had a stroke or transient ischaemic attack (TIA) in 2019/20 (Figure 5.9). This is lower than the percentage for England (1.8%), and South East England (1.8%). Reading is in the lowest quintile in England for this indicator (OHID, Local Authority Public Health Profiles, 2022).

Figure 5.9: Trend of stroke prevalence, all ages in Reading, 2012/13 to 2019/20



Source: OHID, Local Authority Public Health Profiles, 2022

Cancer

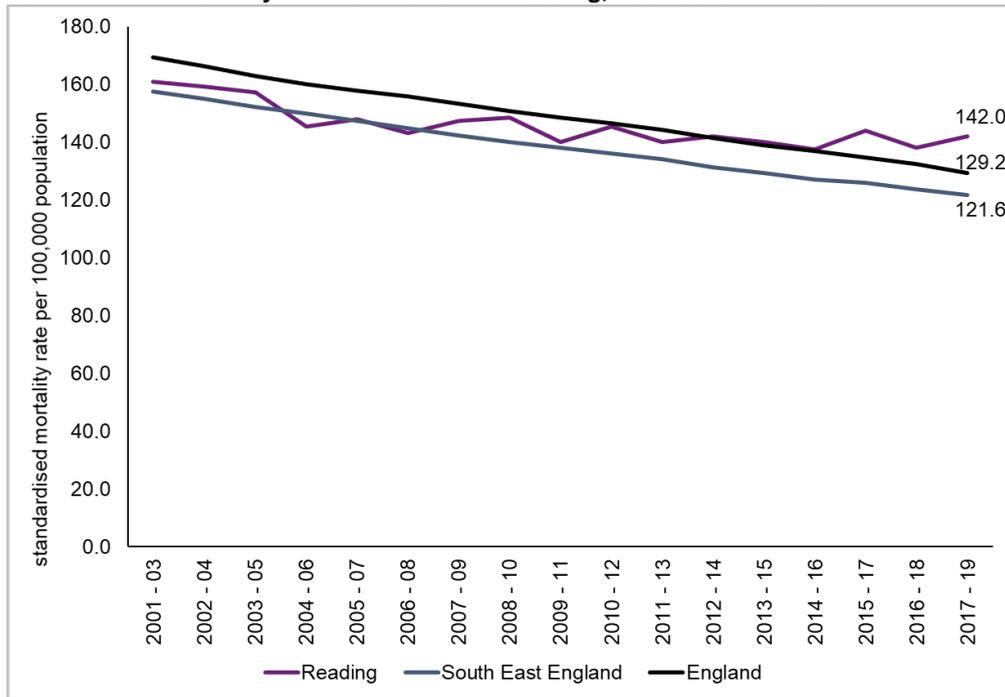
Pharmacists can play an important role in the early detection and diagnosis of cancer. Raising awareness through public health campaigns and talking to patients about signs and symptoms of different cancers can result in earlier diagnosis and therefore better treatment options for patients.

The incidence of all cancers (standardised incidence ratio) for Reading during the period 2014-2018 was 100.4. A ratio that is significantly higher than 100 would indicate a higher incidence than the comparator area (England) whereas a ratio significantly below 100 would indicate a lower incidence. Reading's incidence of all cancers is, therefore, similar to England. The incidence ratios of Breast cancer, Colorectal cancer and Lung cancer for Reading are similar to those for England. However, the incidence ratio for Prostate cancer is significantly higher than that for England during this period.

Screening coverage for both bowel cancer and cervical cancer (for females aged 25-64, 2017-2019 figures) is worse in Reading compared to England. The recent trend for bowel cancer screening is increasing and getting better for Reading, showing the gains from the introduction of the faecal immunochemical test (FIT) kit which was introduced in 2019. For cervical cancer screening, the recent trend is decreasing and getting worse.

The premature mortality rate from cancer (i.e., under 75 years) in Reading in 2017-2019 was 142 per 100,000 population. This is similar to England (129) and significantly higher than South East England (122) (OHID, Local Authority Public Health Profiles, 2022). Figure 5.10 below shows the Reading rates of premature mortality from cancer remained fairly static in recent years, over which time they have fallen regionally and nationally with Reading rates diverging above these averages from 2014-16.

Figure 5.10: Premature mortality rate from cancer in Reading, 2001-03 to 2017-19



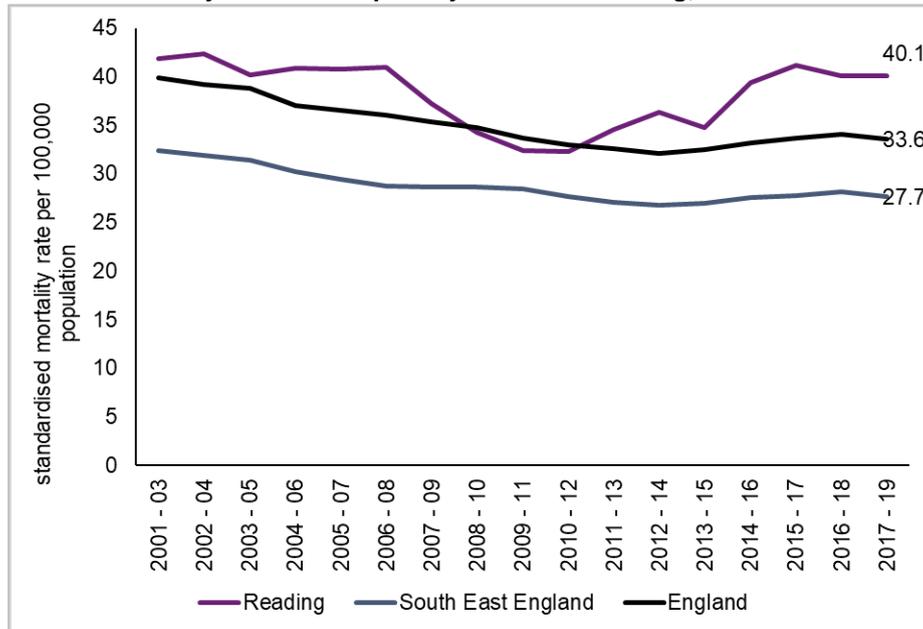
Source: OHID, Local Authority Public Health Profiles, 2022

Respiratory diseases

Respiratory disease is one of the top causes of death in England in under 75s. Respiratory diseases encompass flu, pneumonia and chronic lower respiratory disease.

The under-75 mortality rate from respiratory disease considered preventable for Reading was 20.9 per 100,000 population, which is similar to the rate for England of 20.2, and South East England of 16.6. Figure 5.11 shows that the under-75 mortality rate from respiratory disease has been fluctuating in recent years but has been higher than regional and national figures since 2011-13 (OHID, Local Authority Public Health Profiles, 2022).

Figure 5.11: Under 75 mortality rate from respiratory disease in Reading, 2001/03 to 2017/19



Source: OHID, Local Authority Public Health Profiles, 2017-2019

One of the major respiratory diseases is chronic obstructive pulmonary disease (COPD). The rate for emergency hospital admissions for COPD for persons over 35 years for Reading in 2019/20 is 432 per 100,000 population, which is similar to the rate for England of 415 and significantly higher than the rate for South East England of 295 (OHID, Local Authority Public Health Profiles, 2022). Helping people to stop smoking is key to reducing COPD and other respiratory diseases.

Summary of health needs

Overall, the people of Reading have a healthy life expectancy that is similar to the South East and to England, however overall life expectancy is significantly lower than the regional and national averages for females living in Reading; and significantly lower than the regional average for males living in Reading. People living in the most deprived areas of Reading will live shorter lives than those living in the less deprived areas. The gap in life expectancy figures for both males and females living in the most deprived areas of Reading is larger than the national and regional averages, this difference being most marked for females.

There are a number of areas where Reading is faring worse than regional and national comparators. These include:

- Drug misuse
- STIs and testing for STIs, in particular late HIV diagnosis
- Prevalence of HIV

While wellbeing is better than national and regional comparators, the estimated levels of depression in Reading are higher within Tilehurst South, Norcot North, and Tilehurst North.

Circulatory diseases, cancer and respiratory diseases are the biggest causes in the differences in the life expectancy gap in Reading. Premature mortality from cancer and respiratory diseases are higher than regional figures, as are hospital admissions for COPD. The prevalence of coronary heart disease and stroke are lower than regional and national figures. This will be reflecting the lower age structure of the Reading population.

Chapter 6 – Patient and public engagement survey

- 6.1** This chapter discusses the results of the patient and public engagement survey that was carried out in Berkshire between the period of 13th January 2022 until 4th March 2022. It will also provide an overview of the results specifically from Reading. We will examine the health needs specific to protected characteristics and vulnerable groups that we have engaged with during this process, and the implications this may have on the PNA.
- 6.2** A “protected characteristic” means a characteristic listed in section 149(7) of the Equality Act 2010. There are also certain vulnerable groups that experience a higher risk of poverty and social exclusion than the general population. These groups often face difficulties that can lead to further social exclusion, such as low levels of education and unemployment or underemployment.
- 6.3** A community questionnaire was used to engage with residents to understand their use and experience of local pharmacies. This questionnaire was approved for use with the local population by the PNA Steering Group and the communication teams of each of the Berkshire local authorities.
- 6.4** The community questionnaire was disseminated via online platforms, social media and in person for Berkshire. Healthy Dialogues engaged with 1,789 residents across Berkshire, including 398 from Reading.
- 6.5** A whole population approach was taken to ensure that the public and patient engagement survey was shared widely across each of the six local authorities, and a targeted approach for Reading.

Reading communications engagement strategy

Whole population approach

- 6.6** Working with the local authority communications teams, the survey was shared on social media platforms such as Facebook and Twitter, and on local resident e-newsletters. The survey was also published on the Berkshire Public Health webpage.
- 6.7** Reading communications team also sent the survey to 45,000 local residents via an e-newsletter.

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- 6.8** Healthwatch Reading also published the survey on their website.
- 6.9** We contacted Reading Voluntary Action to request a meeting to discuss the public engagement survey for sharing the survey through their channels.

Targeted approach

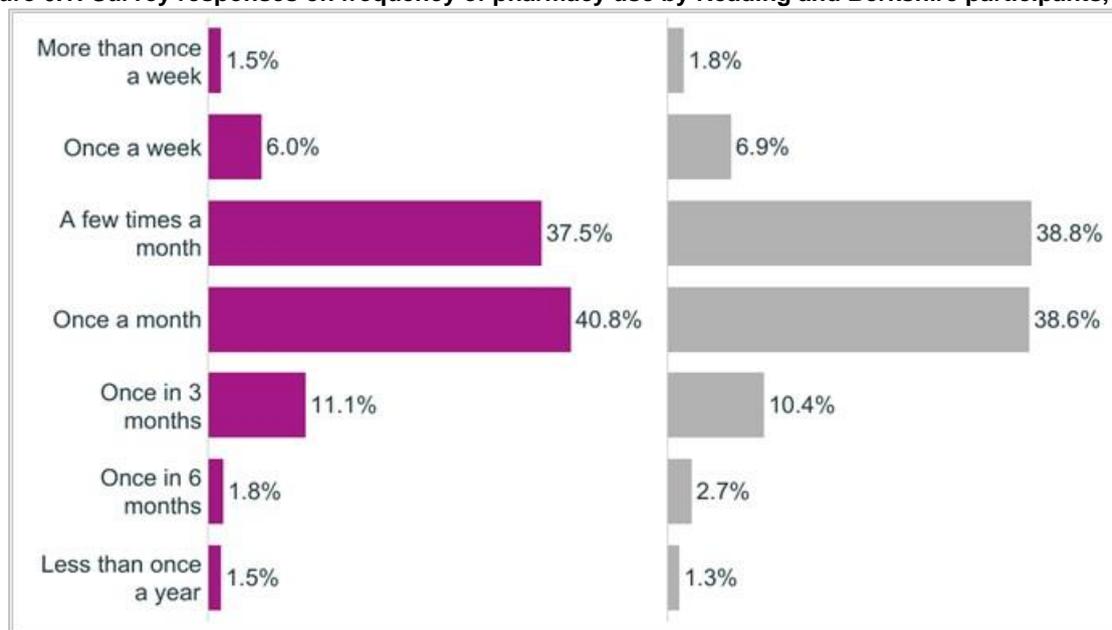
- 6.10** We also took a more targeted approach for Reading to reach people who share protected characteristics and seldom heard communities. This included working closely with digitally excluded communities, care home residents, ESOL groups, young people's groups, and parents with children with SEND.
- 6.11** Community development officers supported us in connecting with community leads for care home residents, older people's groups, housing and tenants' groups.
- 6.12** We were invited to speak at the Older People's Working group virtually, where we presented and shared the survey with the group. Comments left by the group can be found in the survey results section of this chapter.
- 6.13** Similarly, we were invited to speak at the Reading Carer's Network, in which we discussed and shared the survey as requested.
- 6.14** We also connected with leads from SEND community groups, and the survey was shared on the Reading Families Forum & Special United via email to families and contacts.
- 6.15** For those communities that were digitally excluded, we provided paper copies. We provided paper copies or printable copies to the Tenant Participation Team leads, and the Sheltered Housing team, as requested.
- 6.16** For younger people's groups, the survey was shared with the University of Reading pharmacy lead, for the survey to be circulated with their students, and following this, we requested the survey to be shared with non-pharmacy students through colleagues of the university.
- 6.17** Through the support of the community development leads of Reading, the survey was also shared with faith groups, and adult learning and social care forums via email.

Results of the public engagement survey

6.18 The survey results are shown below, comparing Reading responses (398 shown in purple, number of responses: 398) with Berkshire overall responses (shown in grey – number of responders = 1,789).

6.19 Across Berkshire, 38.8 % (691) of respondents used the pharmacy between a few times a month, and a further 38.6% (687) used the pharmacy once a month. Similarly Reading respondents used the pharmacy mostly once a month (40.8%), followed by a few times a month (37.5%) as shown below in figure 6.1.

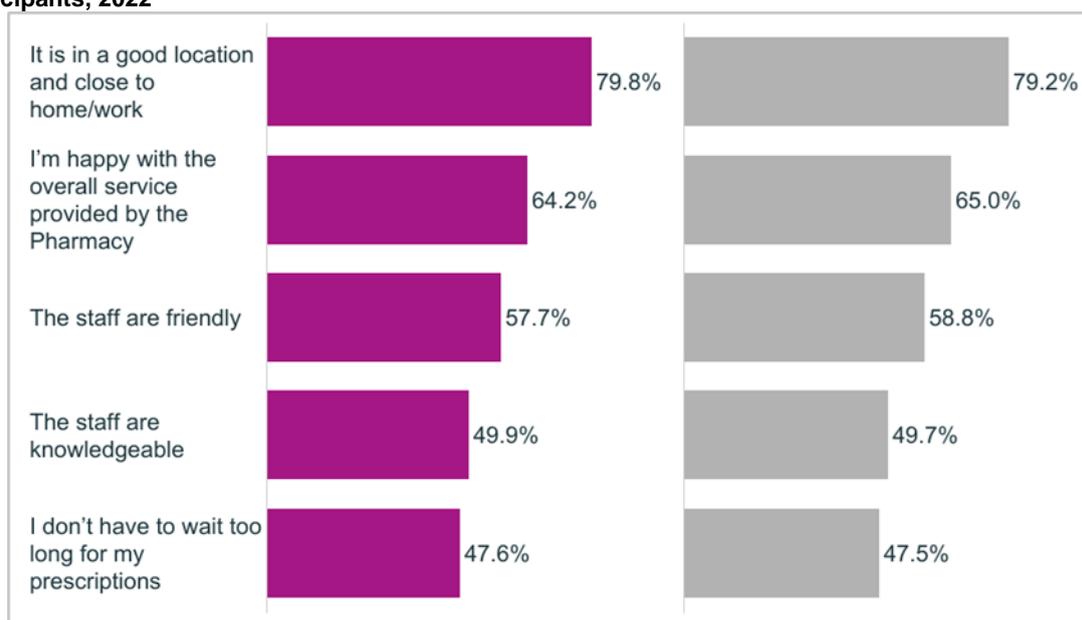
Figure 6.1: Survey responses on frequency of pharmacy use by Reading and Berkshire participants, 2022



6.20 When asked what you use the pharmacy for, across Berkshire, 12% of the respondents stated for prescriptions, alike, 11.4% of Reading respondents also answered the same.

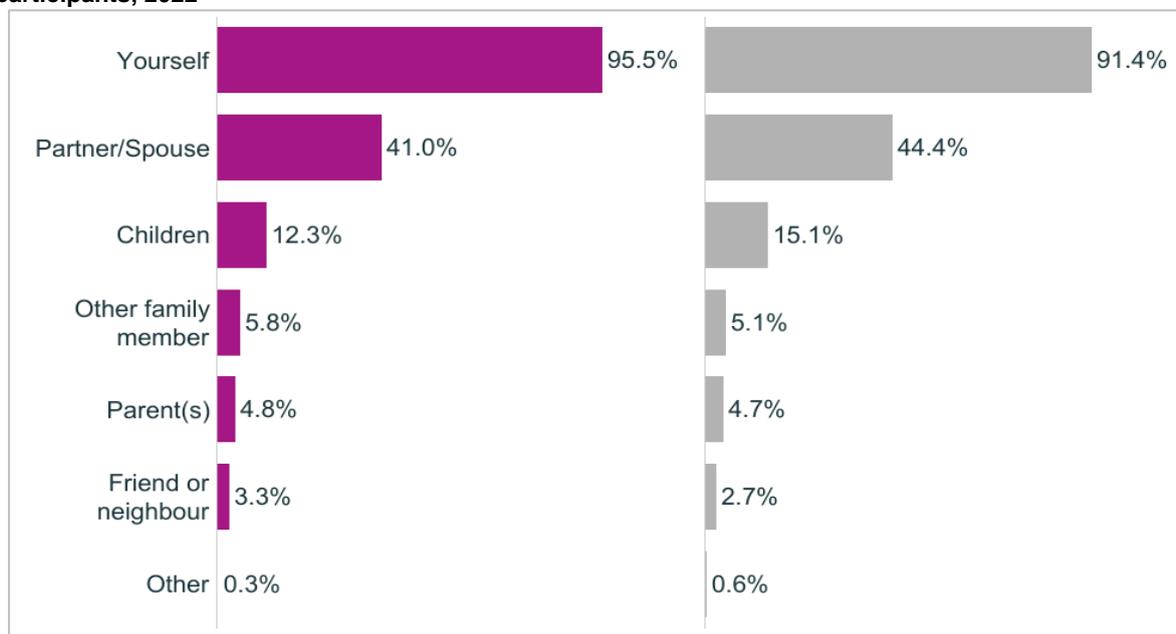
6.21 The majority of respondents across Berkshire (79.2%), and Reading (79.8%), both stated their main reason for their choice of pharmacy is due to the good location and its proximity to their work/home, followed by the fact they were happy with the overall service provided by their pharmacy (64.2%) (see figure 6.2).

Figure 6.2: Survey responses on reasons for choosing the pharmacy by Reading and Berkshire participants, 2022



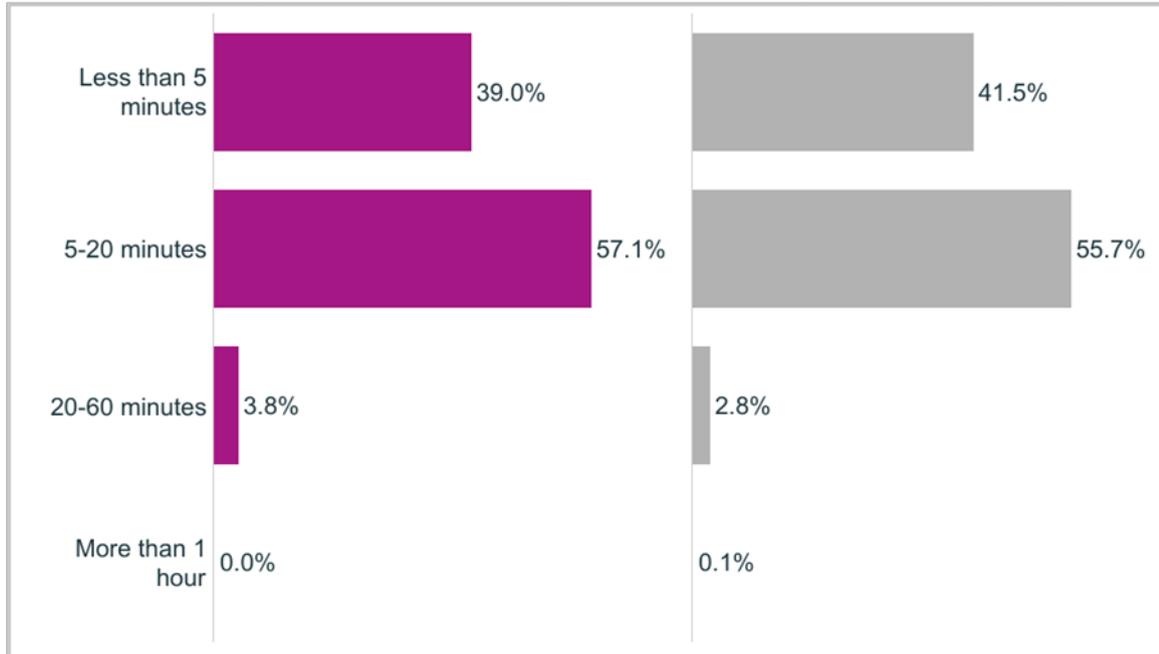
6.22 When asked who are were using the pharmacy for, 95.5 % and 91.4% of respondents use the pharmacy for themselves, across Reading and Berkshire respectively. Those living in Reading also used their pharmacy for their partner/spouse (41.0%) (see figure 6.3).

Figure 6.3: Survey responses on who they are using their pharmacy for by Reading and Berkshire participants, 2022



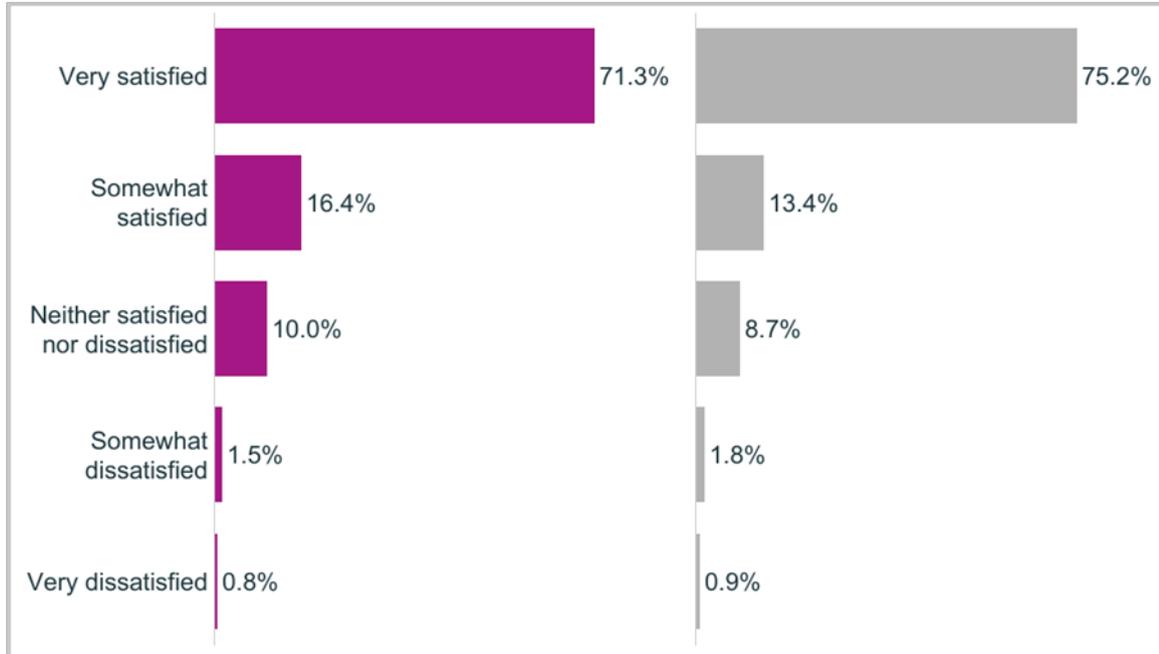
6.23 Across Berkshire, 41.5% of respondents stated that it takes them less than 5 minutes to travel to their pharmacy, and 55.7% stated it takes 5-20 minutes. Similarly, 39% (153) respondents of Reading stated less than 5 minutes, and 57.1% (224) of Reading respondents answered that it takes 5–20 minutes to travel to their pharmacy (figure 6.4).

Figure 6.4: Survey responses on travel time to a pharmacy by Reading and Berkshire participants, 2022



6.24 The majority of respondents across Berkshire and Reading were very satisfied with their journey to their pharmacy, 75.2% and 71.3%, respectively (see figure 6.5).

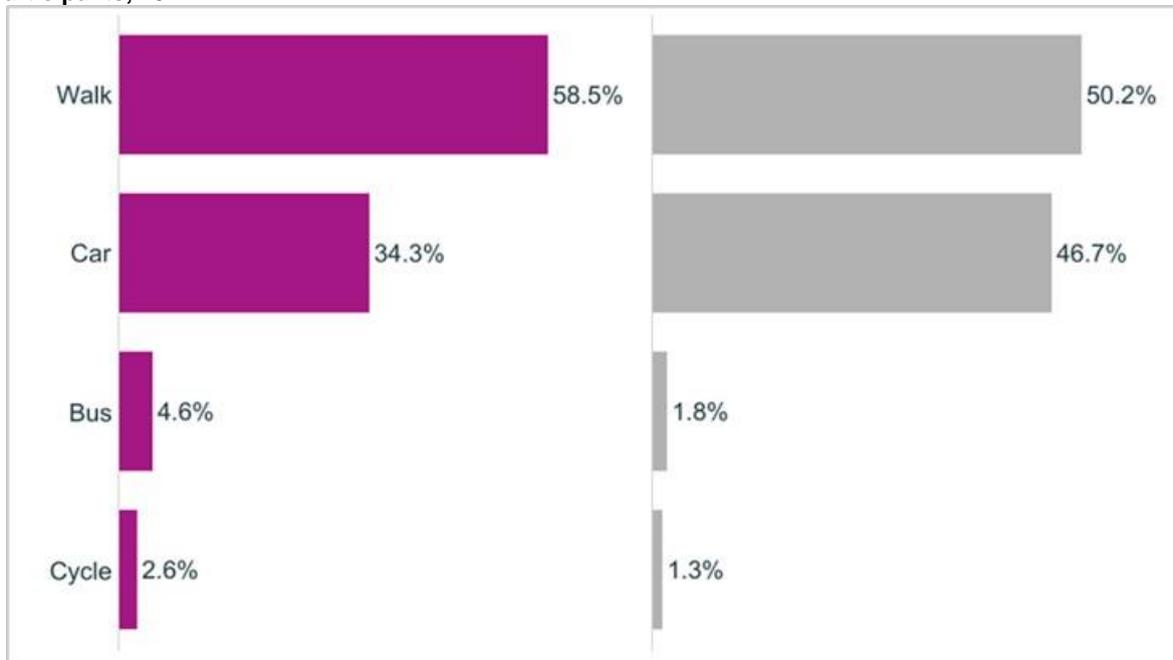
Figure 6.5: Survey responses on the satisfaction of the journey to a pharmacy by Reading and Berkshire participants, 2022



6.25 When asked around how they usually travel to their pharmacy, across Berkshire 50.2% walk to their pharmacy, and 46.7% of respondents used their car and to travel to their pharmacy. Reading respondents are more likely to walk than use their car than the rest of Berkshire.

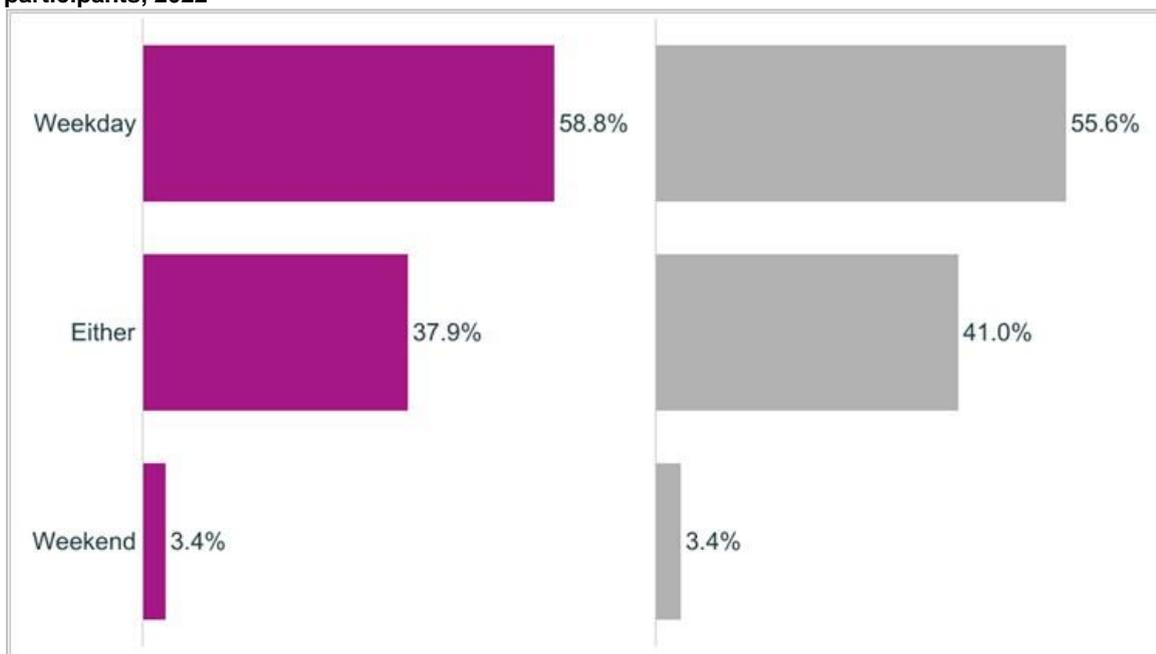
58.5% of Reading respondents walk to their pharmacy and 34.4% use their car (see figure 6.6).

Figure 6.6: Survey responses on how they travel to their pharmacy by Reading and Berkshire participants, 2022



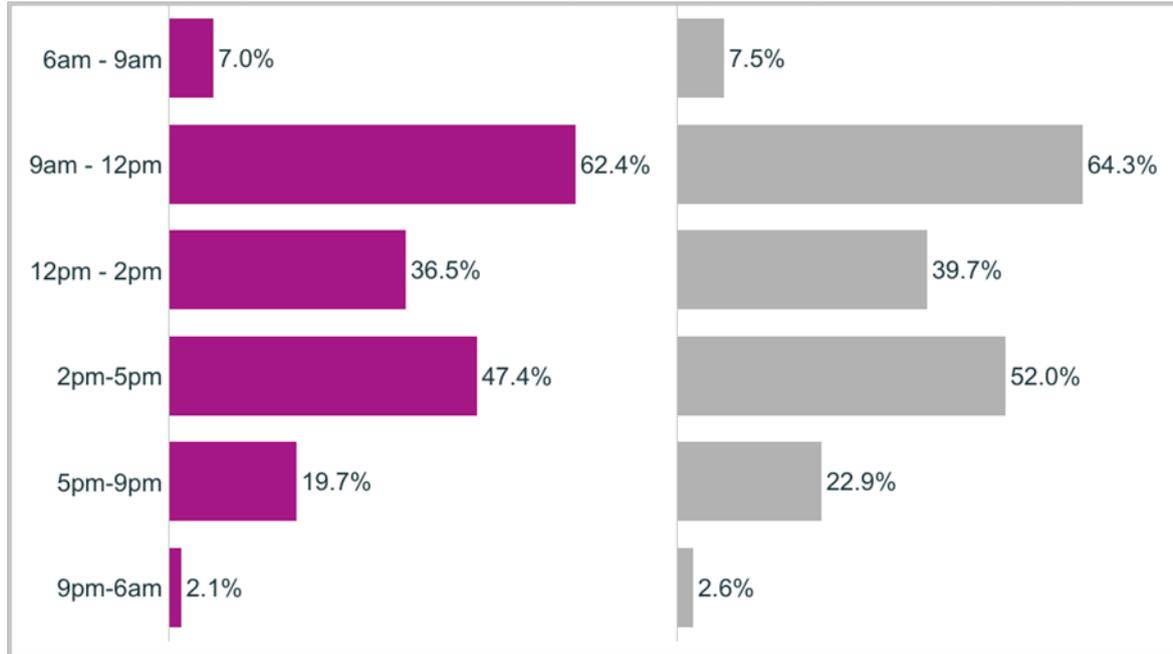
6.26 When asked when they preferred to go to the pharmacy, 55.6% (975) of Berkshire respondents and 58.5% (228) of Reading respondents stated they used their pharmacy on weekdays (see figure 6.7).

Figure 6.7: Survey responses on the preferred day to visit a pharmacy by Reading and Berkshire participants, 2022



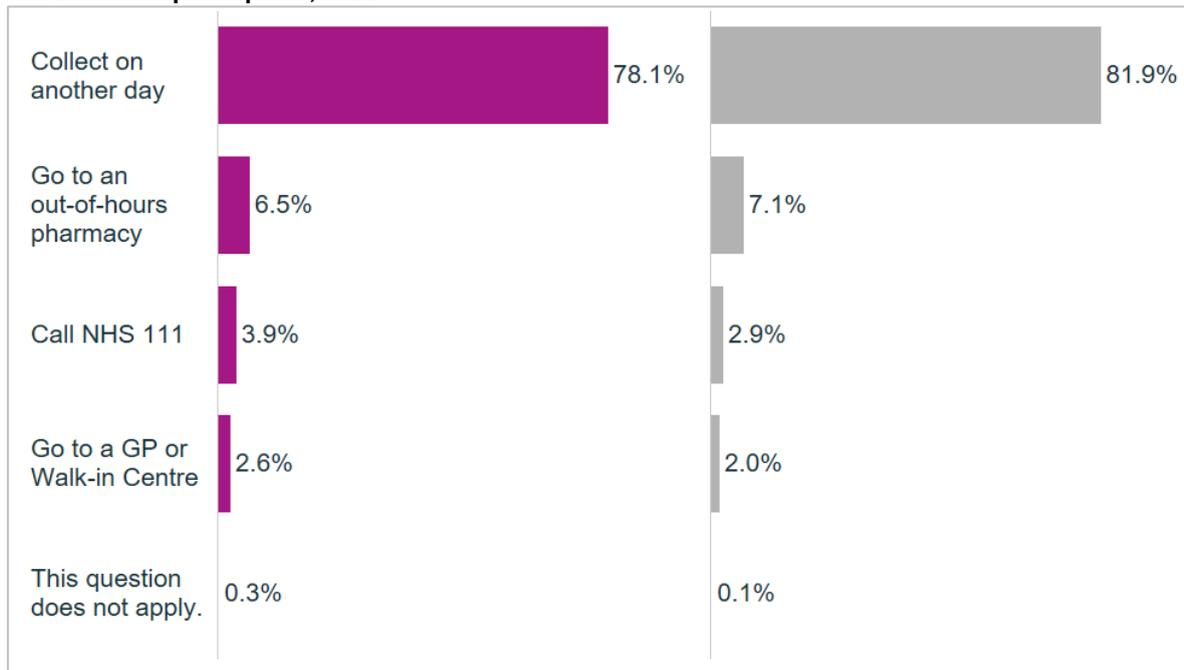
6.27 In terms of times, Berkshire and Reading respondents preferred normal working hours, the most popular times being between 9am-12pm, followed by 2pm-5pm (see figure 6.8). It should be noted that respondents could select multiple responses for this survey question.

Figure 6.8: Survey responses on time to visit their pharmacy by Reading and Berkshire participants, 2022



6.28 When asked what you do if you can't access the pharmacy, 81.9% of Berkshire respondents answered that they collect on another day, followed by 7.1% stating they would go to an out-of-hours pharmacy. Alike, across Reading, 78.1% respondents would collect another day and 6.5% go to an out-of-hours pharmacy (Figure 6.9).

Figure 6.9: Survey responses to show what they do if they cannot access the pharmacy by Reading and Berkshire participants, 2022



6.29 Of the 398 respondents in Reading, 95 left a comment on what services they would like to see available in their pharmacy. The top three services the public would like to see within their pharmacy were:

- Blood checks, including blood tests, and pressure checks (17%)
- Vaccinations, including COVID-19 vaccines, flu vaccines, travel vaccines, vitamin B12 supplements (17%)
- Delivery service (12%)

6.30 Additional comments received from attendees Reading Older People’s Working group highlighted the groups appreciation of their local pharmacy services:

“Pharmacists in particular have a lot of knowledge around their community and the public that use them”

“Pharmacies are excellent. My local pharmacy has been excellent”

“Pharmacies offer so much, but people don’t always know about the pharmacy services available. Once after an accident, I couldn’t get hold of 111, so I contacted my pharmacist and she advised me on what to do next.”

Equality impact assessment

- 6.30** This next section explores the Reading survey responses by different groups representing protected characteristics, looking at where there are similarities and differences between groups.
- 6.31** It is acknowledged that survey data is often biased in terms of how representative it is at a whole population level as certain population groups and individuals are more likely to respond than others and therefore do not usually offer a representative view but are one of several indicators used to identify need. This applies to the PNA too and the engagement strategy was used to target protected characteristics groups that were considered a priority by local stakeholders in terms of their use of pharmaceutical services. The response rate for some of the protected characteristics groups is still low but has been included to summarise the response received; conclusions cannot be drawn from this data as the findings may not represent the overall view of that segment of Reading's population.

Age

- 6.32** Pharmacies provide essential services to all age groups such as dispensing, promotion of healthy lifestyles and signposting patients to other healthcare providers. Pharmacies providing services to vulnerable adults and children are required to be aware of the safeguarding guidance and local safeguarding arrangements.
- 6.33** To understand any differences between groups, we carried out analysis by grouping together age groups. We compared differences between those aged over 65 (n=195), and individuals aged 65 and under (n=199).
- 6.34** No significant differences were found between the two age groups in terms of frequency of visiting their pharmacy. When analysing reasons for chosen pharmacy, respondents aged over 65 chose their pharmacy based on being within a good location (76.4%), they were happy with the overall service (72.3%), and because staff were friendly (65%). Those aged 65 and under chose their pharmacy due to good location and proximity to home or work (82.4%).
- 6.35** Generally, respondents of Reading used their pharmacy mostly for themselves (over 65; 98%, 65 and under 93%). Those aged 65 and under also used their pharmacy for their children (23.1%), compared to respondents over 65 (1.5%).

- 6.36 There were no significant differences in terms of time to travel to the pharmacy with both age groups selecting between 5-20 minutes by walking or by car, and both groups were very satisfied with their journey.
- 6.37 Though both groups were happy to visit their pharmacy on either weekday or weekend, respondents aged over 65 had a higher preference of visiting their pharmacy during the weekday (68.8%).
- 6.38 Most respondents from both age groups preferred to visit their pharmacy during working hours, 9am-5pm, but those aged 65 and under also had a higher preference to visit their pharmacy during 5pm-9pm (31.6%), compared to the over 65 age group (7%).

Ethnicity

- 6.39 When analysing for results around ethnicity on pharmacy usage, a small number of respondents were from an ethnic minority background (Figure 6.10).

Figure 6.10: Ethnicity breakdown in Reading



- 6.40 We found that there were no significant differences amongst ethnic groups around frequency of visiting their pharmacy, and time and usage of pharmacy.
- 6.41 Most of the respondents across all ethnic groups used their pharmacy for themselves, and for their spouse or partners. However, those from Asian backgrounds also were more likely to

use their pharmacy for their children (38.5%) compared to all other ethnic groups (White, 12%, Black African & Caribbean, 0%, Mixed ethnic group, 0%).

- 6.42** There were no significant differences in terms of travel time to pharmacy and overall, most people were satisfied with their journeys to their pharmacy, although a small percentage were only somewhat satisfied (Black African & Caribbean; 33%, Asian 23%, White 16.4%).

Gender

- 6.43** A total of 267 respondents were female, 126 were male, and one person was non-binary.
- 6.44** No significant differences were found between genders for frequency and times of visiting their pharmacy and reasons for their chose pharmacy.
- 6.45** Though most respondents across the groups used their pharmacy for themselves and a partner or spouse, female respondents were also more likely to use their pharmacy for their children (15.4%) compared their male counterparts (6.3%).

Pregnancy

- 6.46** Only three (0.8%) respondents were pregnant at the time this survey was live.
- 6.47** No significant differences were found between those who were pregnant and those who were not in terms of frequency of visiting their pharmacy, the travel time to their pharmacy, method of travel, overall satisfaction of service, and preference of day of visiting their pharmacy.

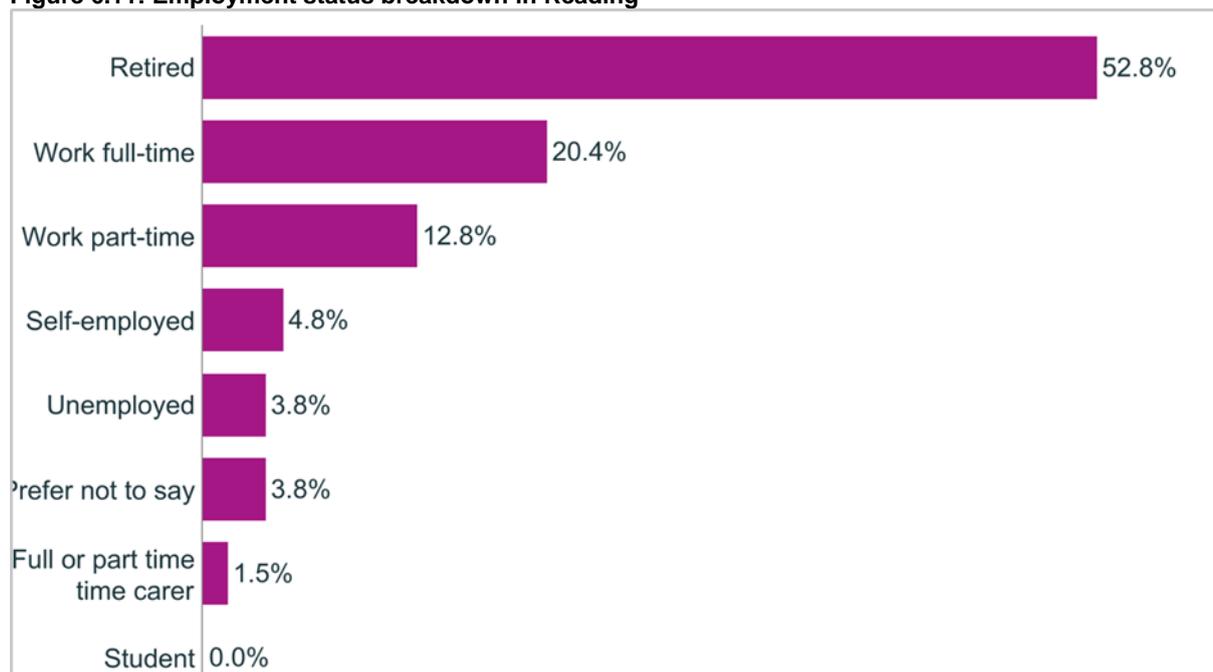
Breastfeeding

- 6.48** Ten (2.6%) of the 398 respondents were breastfeeding at the time of this survey being live.
- 6.49** There were no significant differences between those breastfeeding and not, although those respondents who were breastfeeding were more likely to use the pharmacy for both themselves (100%) and their children (70%), compared to respondents who weren't pregnant, and primarily used the pharmacy for themselves (95%).

Employment status

- 6.50** Over half of the respondents that responded to this survey were retired (52%), 38% were employed (full-time, part-time, self-employed), 3.8% were unemployed, 3.8% preferred not to say, and 1.5% were full or part time carers. No students responded to this survey. This is shown in Figure 6.11.

Figure 6.11: Employment status breakdown in Reading

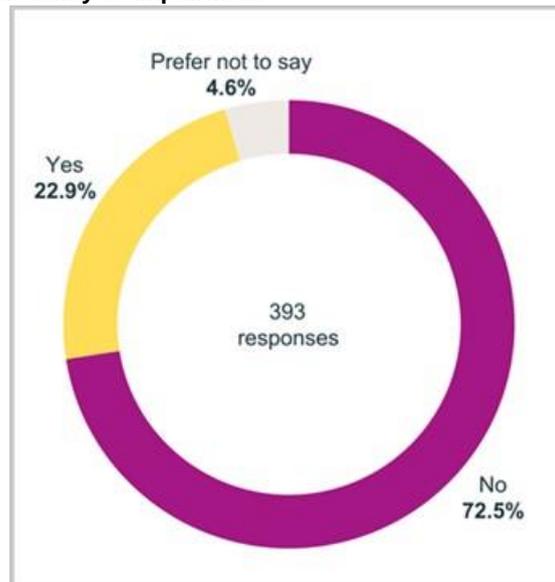


- 6.51** No significant differences were found between employment status groups in terms of frequency of visiting a pharmacy, with the most popular response being a few times a month, to at least once a month.
- 6.52** Across all employment status groups, the main reasons for visiting their pharmacy were because it was in a good location, close to home or work. Those who were unemployed, retired, or carers, also were more likely to choose their pharmacy based on their overall satisfaction with the service, friendly and knowledgeable staff, and because they do not have to wait too long for their prescriptions.
- 6.53** Most respondents across all employment status groups used the pharmacy for themselves, but carers were less likely compared to any other employment status group to use their pharmacy for themselves (83.3%), but more likely for their partner/spouse (66.7%), and children (66.7%).
- 6.54** No differences were found in travel time to pharmacy and preferred times to use their pharmacy.

Disability impairment

6.55 Respondents were asked whether they had a disability. Of this 393 responded, of which 90 (22.9%) respondents responded yes to having a disability, 285 said no (72.5%), and 18 (4.6%), preferred not to say (see figure 6.12).

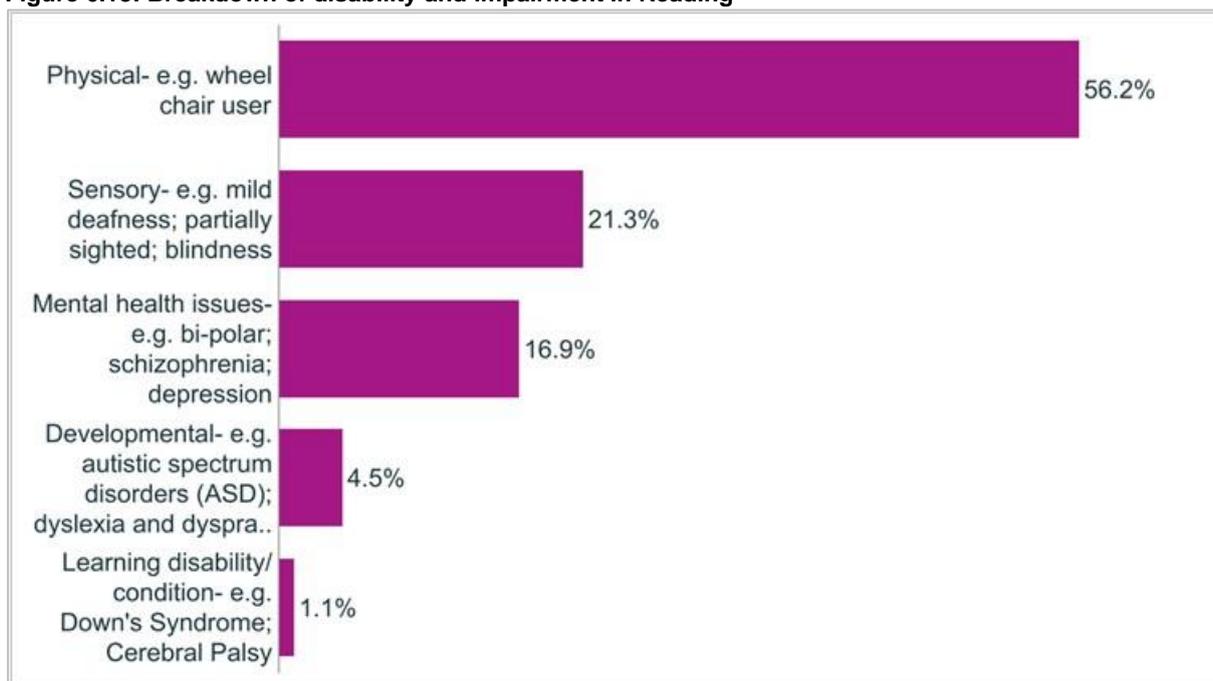
Figure 6.12: Responses to disability or impairment



6.56 The survey categorised disabilities into five main groups:

1. Physical e.g., wheelchair user
2. Mental health issues e.g., bipolar disorder, schizophrenia, depression
3. Sensory e.g., mild deafness, partially sighted, blindness
4. Learning disabilities e.g., Down Syndrome
5. Developmental e.g., Autistic spectrum disorder, dyslexia, dyspraxia

Figure 6.13: Breakdown of disability and impairment in Reading



6.57 No significant differences were found between groups of this protected characteristic in terms of pharmacy use.

6.58 Most respondents travelled by walking, or by car, but those who had a disability or impairment, were also more likely to use the bus (15.3%) compared to those without a disability or impairment (1.8%).

Sexual orientation

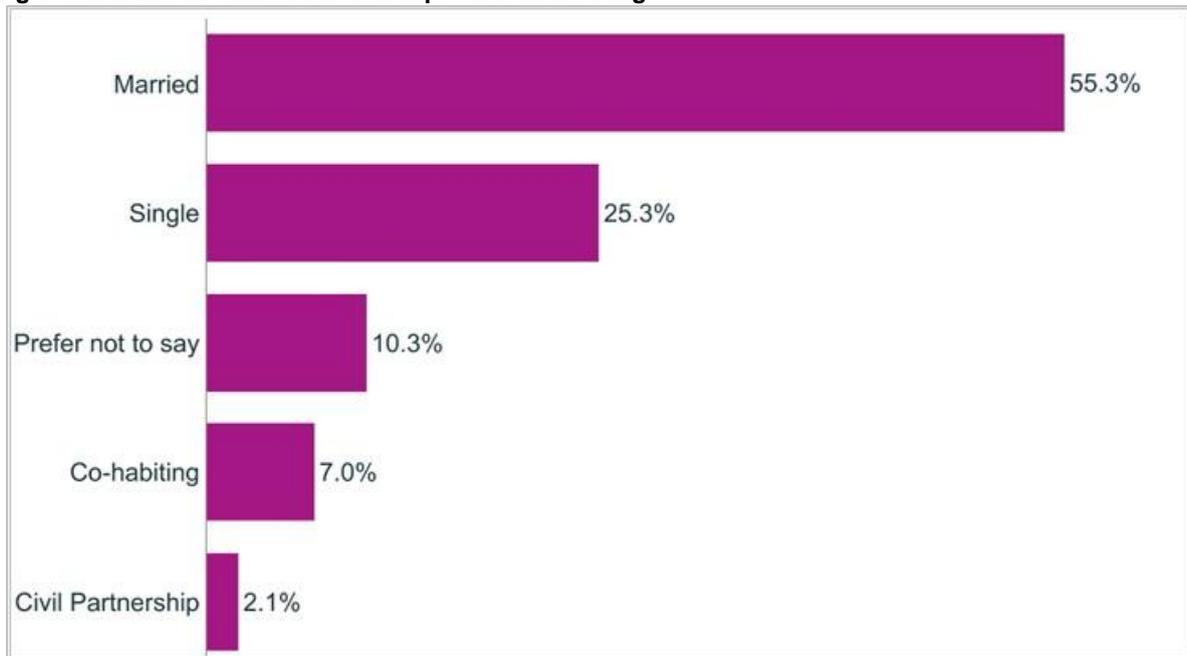
6.59 309 (77.6%) of the respondents were heterosexual, 72 (18.1%) did not state, 13 (3.3%) were bisexual, and four respondents (1%) were gay men, or lesbian women.

6.60 No significant differences were found between this protected characteristic and pharmacy usage.

Relationship status

6.61 214 (55.3%) respondents to this survey were married, 98 (25.3%) were single, 40 (10.3%) preferred not to say, 27 (7%) were co-habiting, and 8 (2.1%) were in a civil partnership (see figure 6.14).

Figure 6.14: Breakdown of relationship status in Reading



- 6.62** No significant differences were found between relationship status groups and pharmacy use.
- 6.63** Whilst all respondents used the pharmacy for themselves, across all groups (aside from those within the single category), also used the pharmacy for their spouse/partner.

Summary of the patient and public engagement survey

Patient and public engagement in the form of a survey was undertaken to understand how people use their pharmacies, what they use them for and their views of the pharmacy provision. It included an exploration of the health needs specific to protected characteristics and vulnerable groups.

398 residents and workers of Reading responded to this survey and overall, participants were happy with the services their pharmacy provided.

The findings from Reading were similar to that of the overall results of Berkshire. Within Reading, most respondents visited their pharmacy a few times a month, or at least once a month, and chose their pharmacy based on being within a good location, within a 5-20 minute walk or by car. Majority of the respondents used their pharmacy for themselves, or for their partner or spouse. Most respondents preferred to use their pharmacy on a weekday, but given the choice, either weekday or weekend was opted for. Though most respondents used their pharmacy during working hours of 9am–5pm, the most popular times to visit the pharmacy was between the hours of 9am–12pm.

The most stated reasons people used their chosen pharmacy were their good location and happiness with the overall service they received.

Carers were less likely to use their pharmacy for themselves compared to any other employment status group, but more likely for their spouse. Other than this, no significant differences were found amongst the protected characteristic groups and their usage of pharmacies. Additionally, no specific identified needs for people who share a protected characteristic were found.

The main services respondents would like to see within their pharmacy were blood checks, including blood tests and pressure checks, a home delivery service, and vaccinations, including COVID-19 related vaccines, flu vaccines, travel vaccines and vitamin B12.

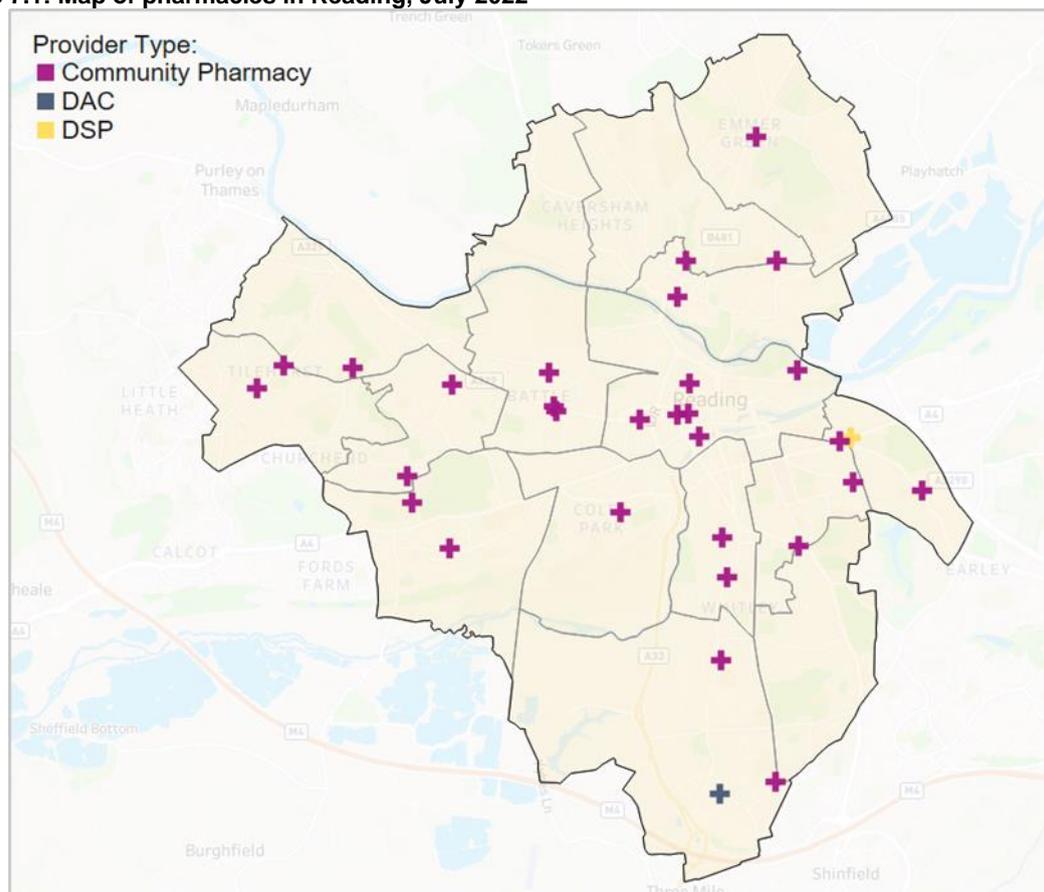
Chapter 7 – Provision of pharmaceutical services

- 7.1** This chapter identifies and maps the current provision of pharmaceutical services in order to assess the adequacy of provision of such services. Information was collected up until July 2022.
- 7.2** It assesses the adequacy of the current provision of necessary services by considering:
- Different types of pharmaceutical service providers
 - Geographical distribution and choice of pharmacies, within and outside the borough
 - Opening hours
 - Dispensing
 - Pharmacies that provide essential, advanced, enhanced and other NHS services
- 7.3** In addition, this chapter also summarises pharmaceutical contractors' capacity to fulfil identified current and future needs in Reading.

Pharmaceutical service providers

- 7.4** As of July 2022, there are currently 31 pharmacies in Reading that hold NHS contracts, 29 of which are community pharmacies. They are presented in the map in Figure 7.1 below. All the pharmacy providers in the borough as well as those within 1 mile of its border are also listed in Appendix A.

Figure 7.1: Map of pharmacies in Reading, July 2022



Source: NHS England, 2022

Community pharmacies

- 7.5 The 29 community pharmacies in Reading equates to 1.8 community pharmacies per 10,000 residents (based on a 2022 population estimate of 160,337). This ratio is just below the England averages of 2.2 based on 2014 data (LGA, 202244).

Dispensing appliance contractor

- 7.6 There is one dispensing appliance contractor (DAC) on Reading's pharmaceutical list (Fittleworth Medical Limited). A DAC is a contractor that specialises in dispensing prescriptions for appliances, including customisation. They cannot dispense prescriptions for drugs.

⁴⁴ Local Government Association: LG Inform. Ratio of pharmacies per 10,000 population (Snapshot: 29 November 2014) https://lginform.local.gov.uk/reports/lgastandard?mod-area=E92000001&mod-group=DEFRA2009_OtherUrbanList&mod-metric=3707&mod-type=namedComparisonGroup (Accessed in December 2021).

GP dispensing practices

7.7 There are no GP dispensing practices in Reading.

Distance selling pharmacies

7.8 Distance selling pharmacies (DSPs) are pharmacies, but under the 2013 regulations, they are not allowed to provide essential services on a face-to-face basis. They receive prescriptions either electronically or via the post, dispense them at the pharmacy, then deliver them to patients through the mail or shipping couriers.

7.9 They must provide services to anyone, anywhere in England, where required to do so. They may choose to provide advanced services, but when doing so must ensure that they do not provide any element of the essential services whilst the patient is at the pharmacy premises.

7.10 There are one distance selling pharmacies in Reading (Orange Pharmacy) as shown in Figure 7.2.

Local pharmaceutical services

7.11 There are no Local Pharmaceutical Service (LPS) contracts within Reading. A local pharmaceutical services contract allows NHS England and NHS Improvement to commission services that are tailored to meet specific local requirements.

Accessibility

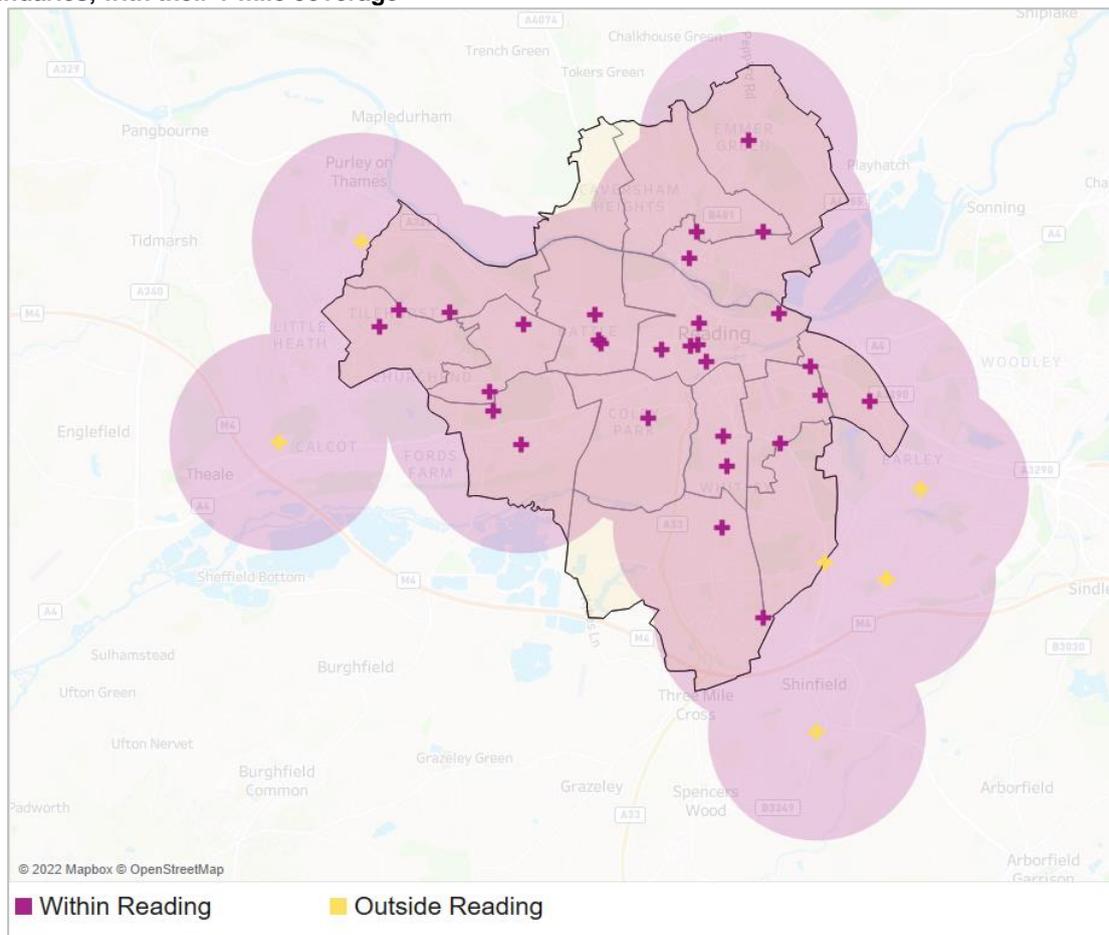
Distribution and choice

7.12 The PNA Steering Group agreed that the maximum distance for residents in Reading to access pharmaceutical services, should be no more than 1 mile. This distance equates to about a 20-minute walk. If residents live within a rural area, 20 minutes by car is considered accessible.

7.13 Figure 7.2 shows the 29 community pharmacies located in Reading. In addition to the pharmacies within Reading, there are another seven pharmacies located within 1 mile of the borough's border that are considered to serve Reading's residents. These have been included in the pharmacies shown in Figure 7.2 as well as in Appendix A.

7.14 All but 1,422 of Reading population reside within 1-mile of a pharmacy.

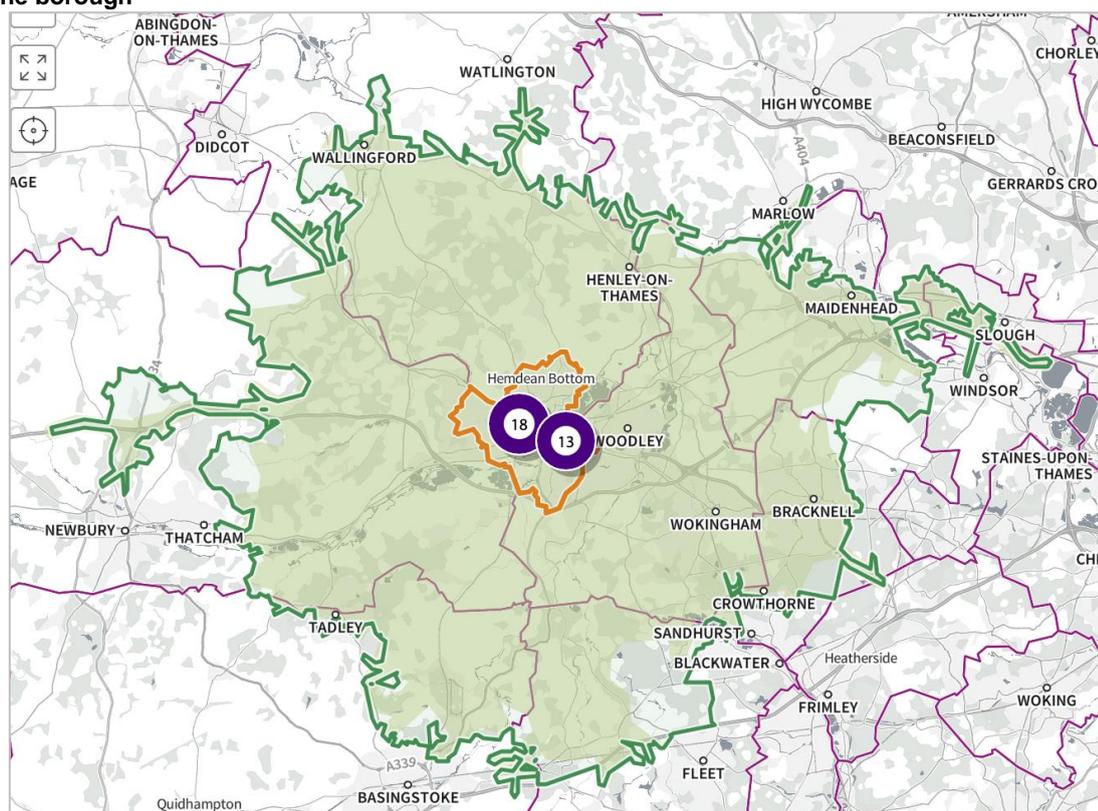
Figure 7.2: Distribution of community pharmacies in Reading and within 1 mile of the borough boundaries, with their 1-mile coverage



Source: NHS England, 2022

7.15 All residents in Reading can also reach a pharmacy within 20 minutes if using a car. Figure 7.3 presents the coverage of the Reading pharmacies and 20-minute car journey. Coverage of the pharmacies is presented in a green border; Reading is highlighted by an orange border. A total of 661,252 people in and outside the borough can reach a Reading pharmacy within 20 minutes if using a car attesting to the accessibility of the pharmacy provision in the borough (OHID, SHAPE Atlas Tool, 2022).

Figure 7.3: Areas covered by 20-minute travel time by car to a Reading pharmacy from within and outside the borough



Source: OVID, Strategic Health Asset Planning and Evaluation Atlas Tool, 2022

7.16 The geographical distribution of the pharmacies by electoral ward and the pharmacy to population ratio is shown in Figure 7.4 and Table 7.1. As seen, with the exception of Mapledurham, all wards have at least one pharmacy within them.

Table 7.1: Distribution of community pharmacies by ward

Ward	Number of Community Pharmacies	Population Size	Community Pharmacies per 10,000 residents
Abbey	6	15,124	3.97
Battle	3	11,560	2.60
Whitley	2	12,774	1.57
Tilehurst	2	8,845	2.26
Southcote	2	8,605	2.32
Park	2	10,302	1.94
Norcot	2	10,358	1.93
Katesgrove	2	11,611	1.72
Caversham	2	9,110	2.20
Thames	1	8,918	1.12
Redlands	1	9,729	1.03
Peppard	1	8,925	1.12
Minster	1	10,458	0.96

Kentwood	1	9,178	1.09
Church	1	11,887	0.84
Mapledurham	0	2,953	0.00
Borough Total	29	160,337	1.81

Sources: ONS (2020 mid-year estimates) and NHSE

7.17 Patients registered with Reading GP Practices mostly collect their prescriptions at local pharmacies. NHSE data shows that in 2020-21, 79.9% (2,237,421) of items prescribed by GPs in Reading were dispensed by community pharmacies within the borough. The next most common locations for Reading patients to collect their prescriptions were within Wokingham Borough (8.6%) and West Berkshire (3.9%).

Pharmacy distribution in relation to population density

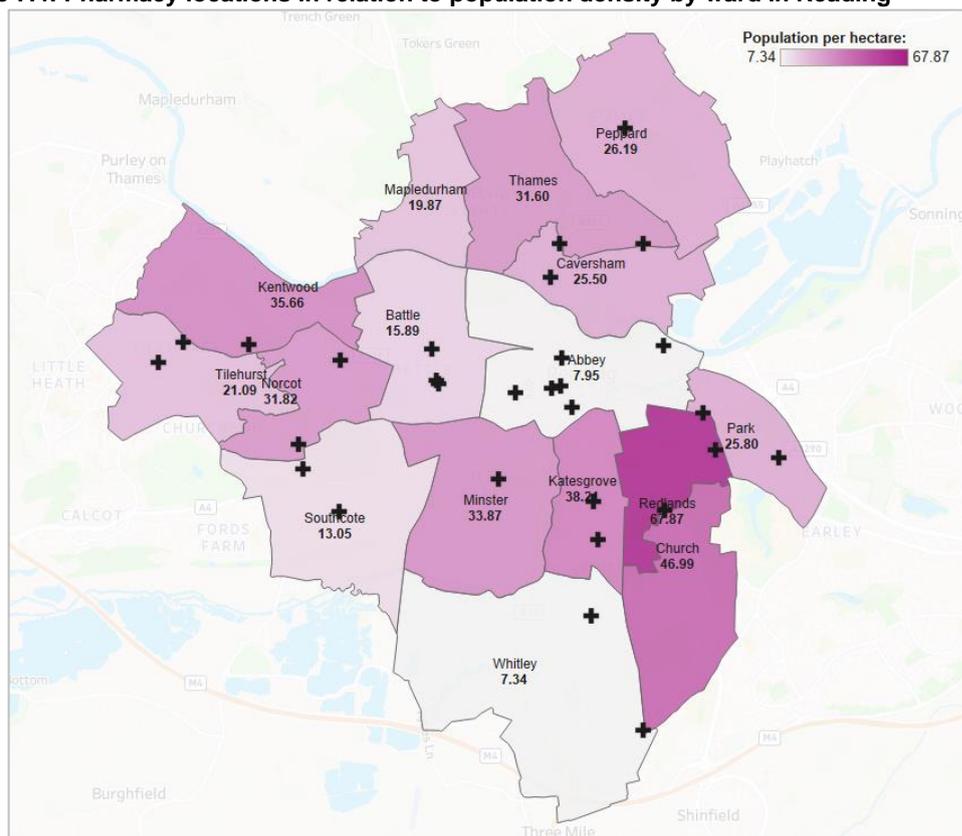
7.18 The population density map below (see figure 7.4) indicates that the community pharmacy premises are fairly evenly distributed between areas of high population densities and those with lower densities.

7.19 The largest proposed new dwelling developments to be completed in the lifetime of this PNA are within Abbey and Whitely wards. The largest development sites include:

- Kenavon Drive, Abbey ward
- Station Hill, Abbey ward
- Between Weldale Street and Chatham Street, Abbey ward
- Broad Street Mall, Abbey ward
- Madjeski Stadium in Whitely ward
- Green Park Village in Whitely ward.

These are all within accessible reach of pharmacy services.

Figure 7.4: Pharmacy locations in relation to population density by ward in Reading



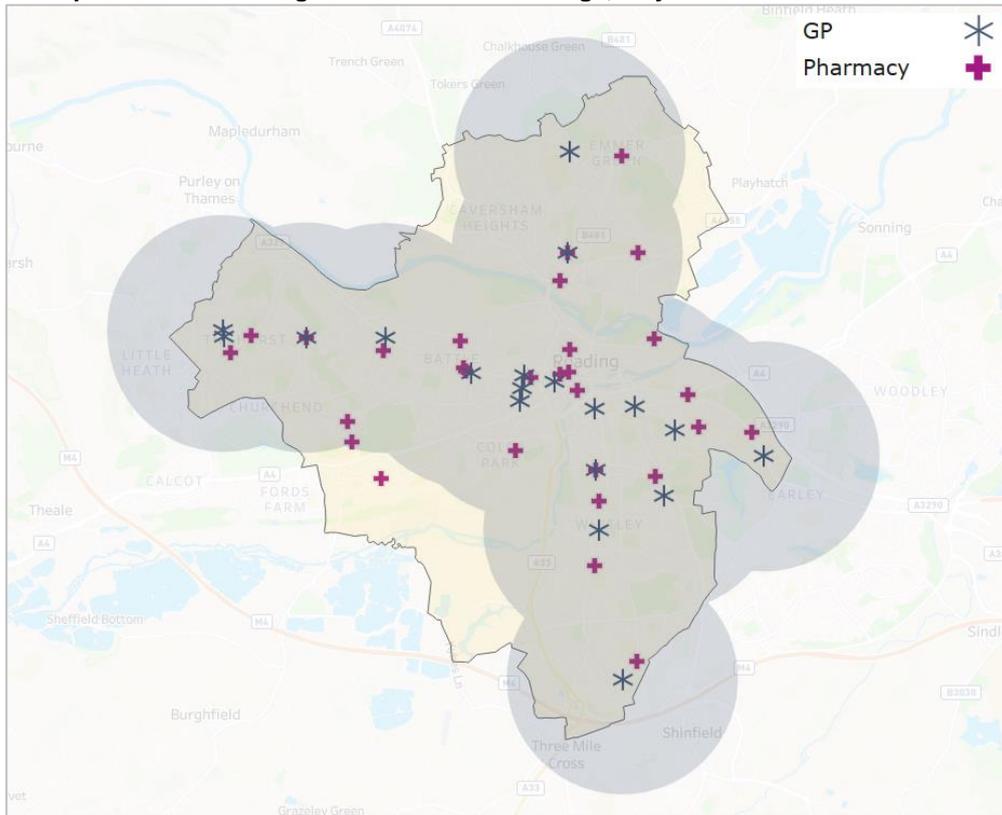
Sources: ONS (2020 mid-year estimates) and NHSE

Pharmacy distribution in relation to GP surgeries

- 7.20** As part of the NHS Long Term Plan⁴⁵ all general practices were required to be in a primary care network (PCN) by June 2019. There are 22 GP member practices across six PCNs in Reading
- 7.21** Each of these networks have expanded neighbourhood teams which will comprise of range of healthcare professionals including GPs, district nurses, community geriatricians, Allied Health Professionals, and pharmacists. It is essential that community pharmacies are able to fully engage with the PCNs to maximise service provision for their patients and residents.
- 7.22** There is a pharmacy within accessible distance of all GP practices in Reading. Figure 7.5 shows that there is a pharmacy within a mile of all GP practices in the borough.

⁴⁵ NHS England (2019). The *NHS long term plan*. London, England

Figure 7.5: GP practices in Reading and their 1-mile coverage, July 2022



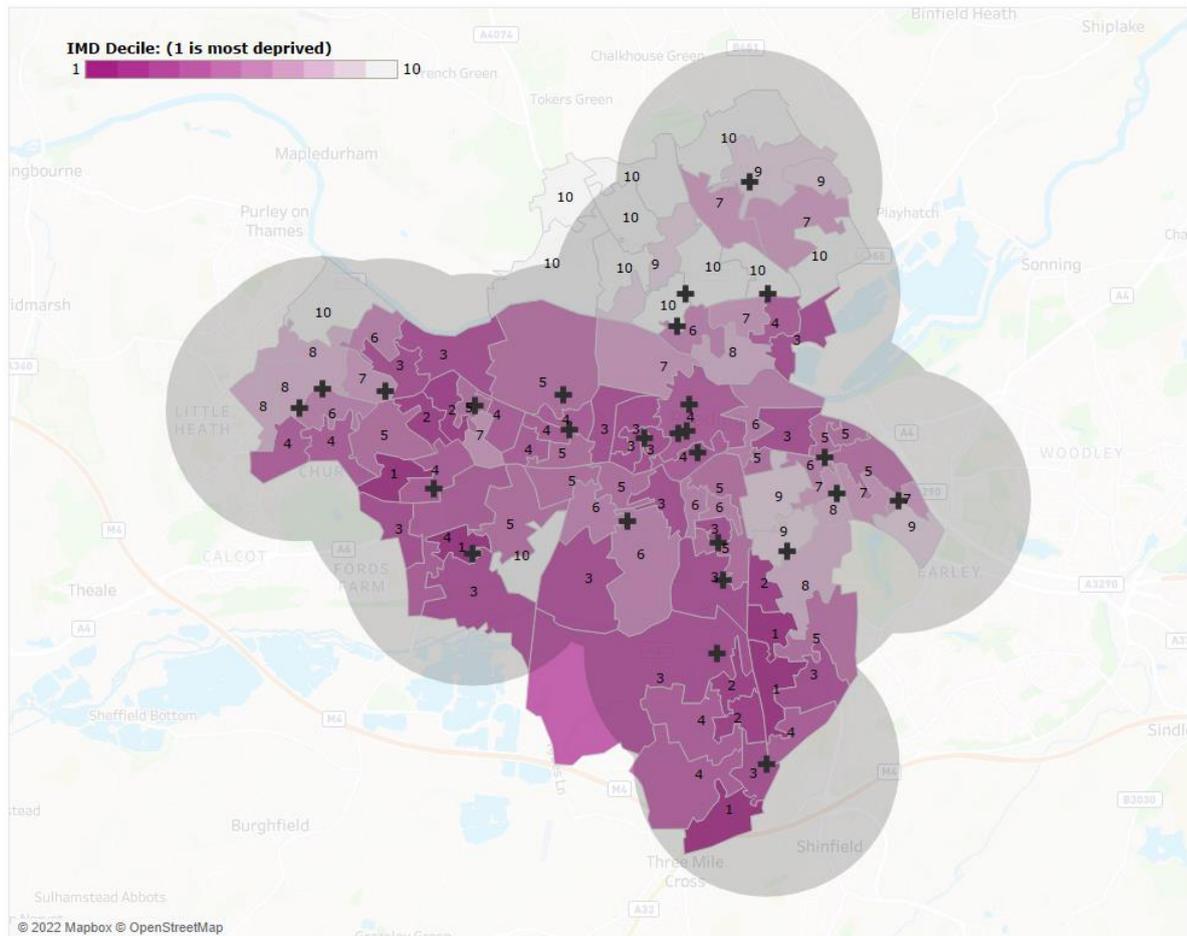
Source: NHS England, 2022

7.23 The PNA steering group is not aware of any firm plans for changes in the provision of Health and Social Care services within the lifetime of this PNA.

Pharmacy distribution in relation to index of multiple deprivation

7.24 Figure 7.6 presents pharmacy locations in relation to deprivation deciles. Whitley, Church, Norcot and Southcote wards have neighbourhoods that are within the 10% most deprived neighbourhoods in England, all of which are within 1-mile of a pharmacy.

Figure 7.6: Pharmacy locations in relation to deprivation deciles in Reading, 2022



Source: MHCLG & NHSE

Opening times

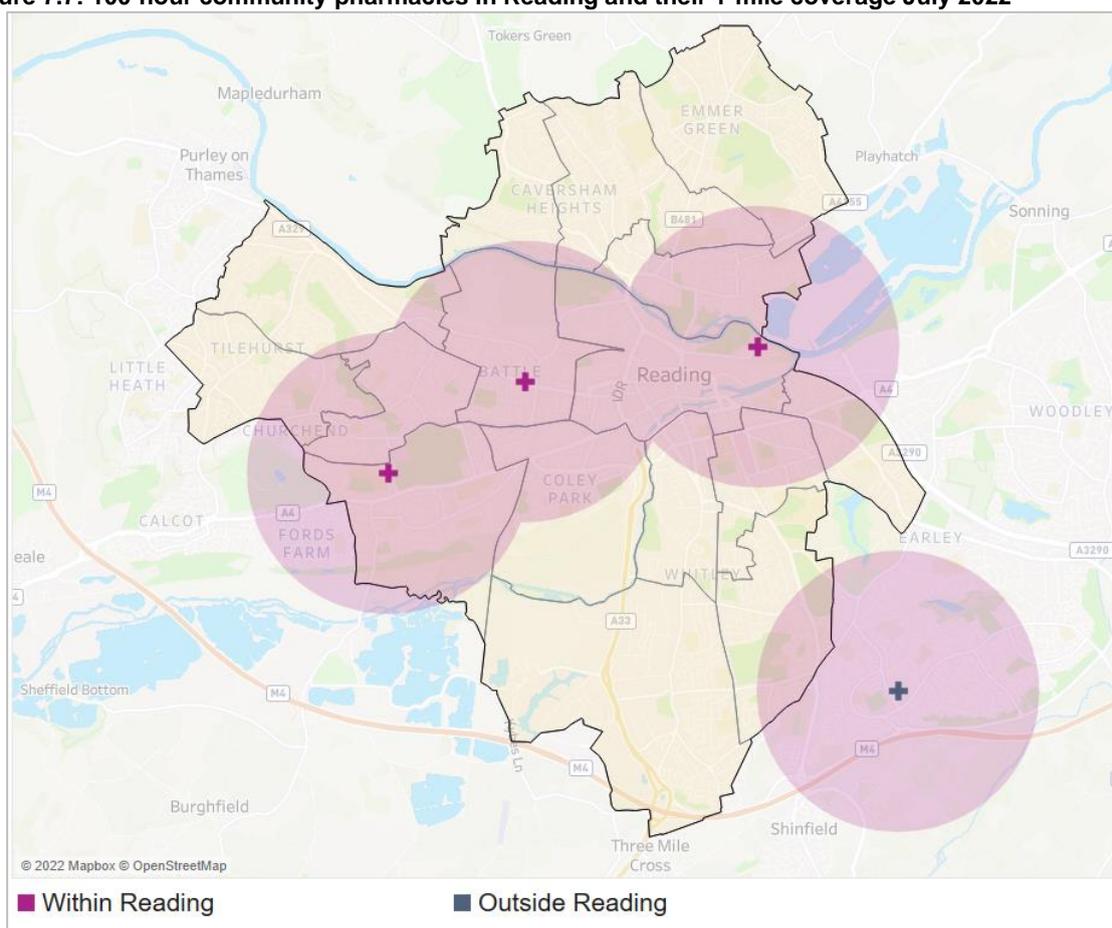
- 7.25** Pharmacy contracts with NHS England stipulate the core hours during which each pharmacy must remain open. Historically these have been 40-hour contracts (and some recent 100-hour contracts). A pharmacy may stay open longer than the stipulated core opening hours, these are called supplementary hours.
- 7.26** The PNA will not assess access to necessary services on the basis of supplementary hours as these can be changed with three months' notice. Access has been considered on the basis of geographic distance and as part of that, core operating hours.
- 7.27** Opening times were initially obtained from NHS England in January 2022. They were updated in July following the 60-day consultation.

100-hour pharmacies

7.28 NHS England has three 100-hour pharmacies (core hours) on their list for Reading. These are presented in Figure 7.7 and Table 7.2. There is one other 100-hour pharmacies which are outside the borough but within 1 mile of its border (Figure 7.7).

7.29 Certain pharmacies opened under previous regulations undertaking to provide services for 100 hours a week. NHSE may not vary or remove the 100-hour conditions on premises that were granted their contract under the 100-hour application exemption.

Figure 7.7: 100-hour community pharmacies in Reading and their 1-mile coverage July 2022



Source: Contractor Survey and NHS England, 2022

Table 7.2: 100-hour pharmacies in Reading, July 2022

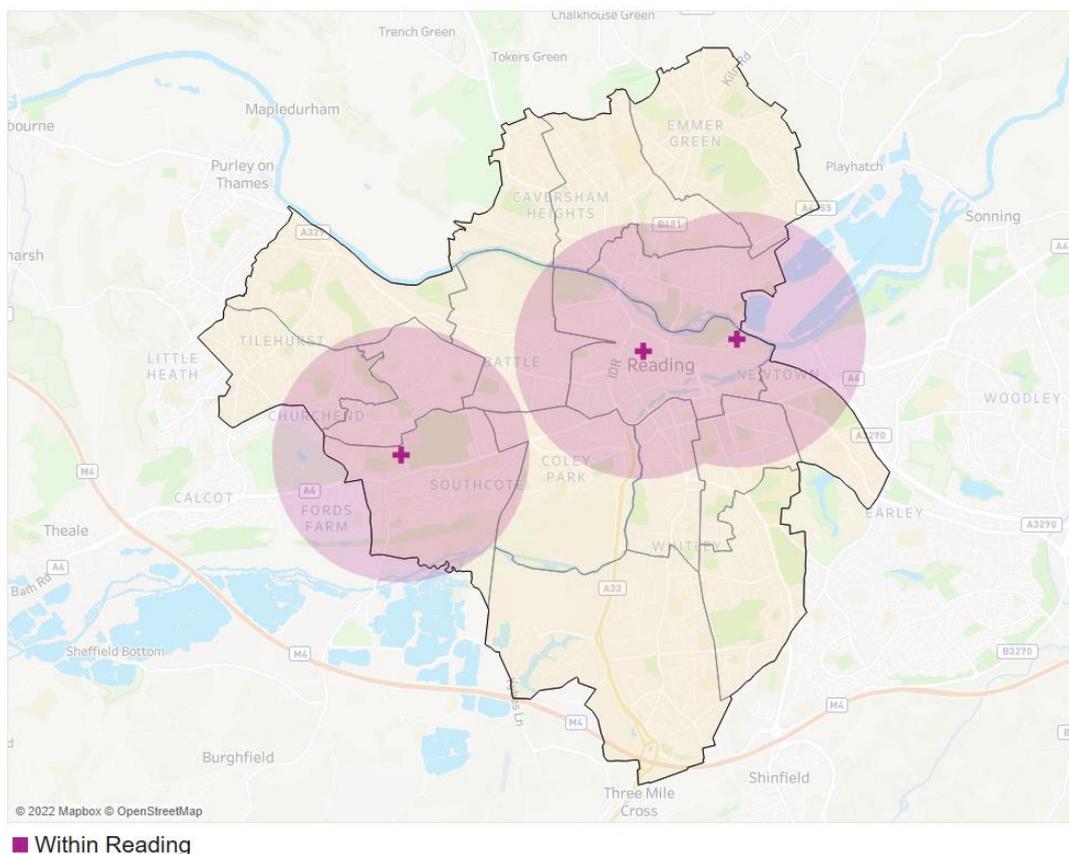
Pharmacy	Address	Ward
Tesco Pharmacy	Tesco Extra, Napier Road, Reading, Berkshire	Abbey
Oxford Road Pharmacy	270-274 Oxford Road, Reading, Berkshire	Battle
Asda Pharmacy	Honey End Lane, Reading, Berkshire	Southcote

Source: Contractor Survey and NHS England, 2022

Early morning opening

- 7.30** The PNA steering group considered 8am to 6pm as normal working hours, so any pharmacy open before 8am was deemed to have early morning opening.
- 7.31** Three pharmacies are open before 8am on weekdays within the borough. These are shown in the Figure 7.8 and Table 7.3. Areas that can reach an early-opening pharmacy within a 20-minutes travel time are shown in green in Figure 7.9.

Figure 7.8: Community Pharmacies that open before 8am on weekdays and their 1-mile coverage, July 2022



Source: Contractor Survey and NHS England, 2022

Table 7.3: Community Pharmacies closing before 8 on weekdays in Reading

Pharmacy	Address	Ward
Boots the Chemists ⁴⁶	Unit 7, Brunel Arcade, Reading Mainline Station, Reading, Berkshire	Abbey
Tesco Pharmacy	Tesco Extra, Napier Road, Reading, Berkshire	Abbey
Asda Pharmacy	Honey End Lane, Reading, Berkshire	Southcote

⁴⁶ This pharmacy will be closing on the 9th of August 2022

Figure 7.9: Areas covered by 20-minute travel time by car to an early opening Reading pharmacy from within and outside the borough

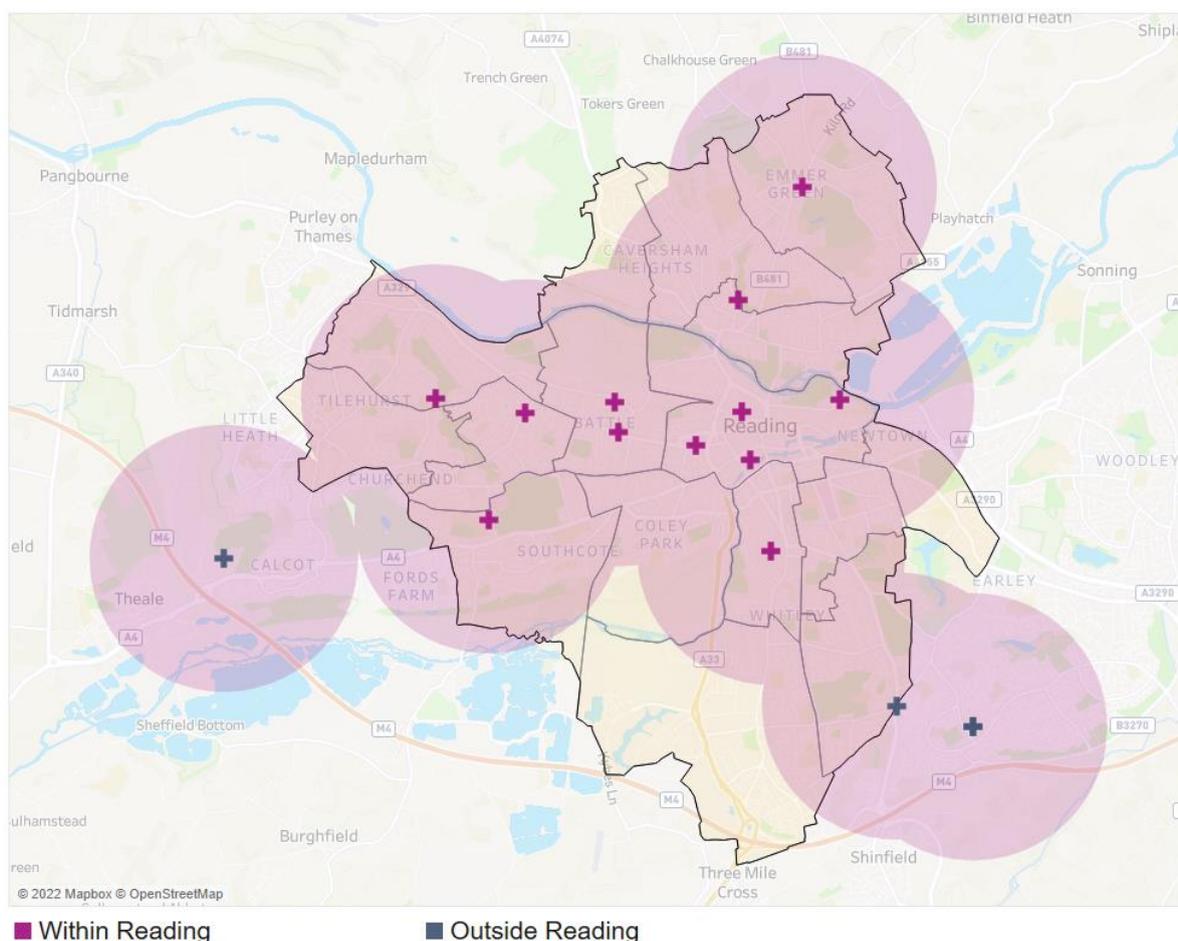


Source: OVID, Strategic Health Asset Planning and Evaluation Atlas Tool, 2022

Late opening

7.32 The PNA steering group deemed pharmacies open after 6pm to be late-opening. There are 12 pharmacies in the borough that still open after 6pm on weekdays, with four other pharmacies within 1 mile of Reading (see Figure 7.9 and Table 7.4).

Figure 7.10: Community Pharmacies that open after 6pm on weekdays and their 1-mile coverage, July 2022



Source: Contractor Survey and NHS England, 2022

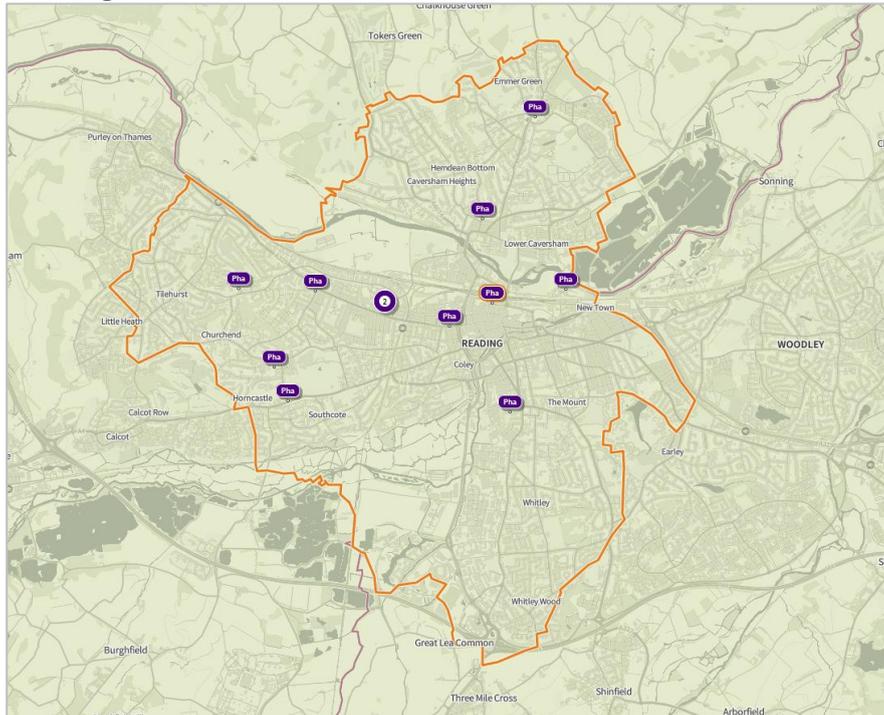
Table 7.4: Community Pharmacies closing after 6pm on weekdays in Reading

Pharmacy	Address	Ward
Tesco Pharmacy	Tesco Extra, Portman Road, Reading, Berkshire	Battle
Boots the Chemists ⁴⁷	Unit 7, Brunel Arcade, Reading Mainline Station, Reading, Berkshire	Abbey
LloydsPharmacy	Milman Road Health Centre, Ground Floor Milman Road, Reading, Berkshire	Katesgrove
LloydsPharmacy	2a Tylers Place, Pottery Road, Reading, Berkshire	Kentwood
Boots the Chemists	25 Town Mall Walk, The Oracle, Reading, Berkshire	Abbey
Saood Pharmacy	104a Oxford Road, Reading, Berkshire	Abbey
Caversham Pharmacy	59 Hemdean Road, Caversham, Reading, Berkshire	Caversham
Tesco Pharmacy	Tesco Extra, Napier Road, Reading, Berkshire	Abbey
Grovelands Pharmacy	2 Grovelands Road, Reading, Berkshire	Norcot
Oxford Road Pharmacy	270-274 Oxford Road, Reading, Berkshire	Battle
Asda Pharmacy	Honey End Lane, Reading, Berkshire	Southcote

⁴⁷ This pharmacy will be closing on the 9th of August 2022

7.33 In terms of travel distance, 100% of Reading residents live within 20-minute reach of an early opening and late opening pharmacy if travelling by car (Figure 7.11).

Figure 7.11: Areas covered by 20-minute travel time by car to a late closing Reading pharmacy from within and outside the borough

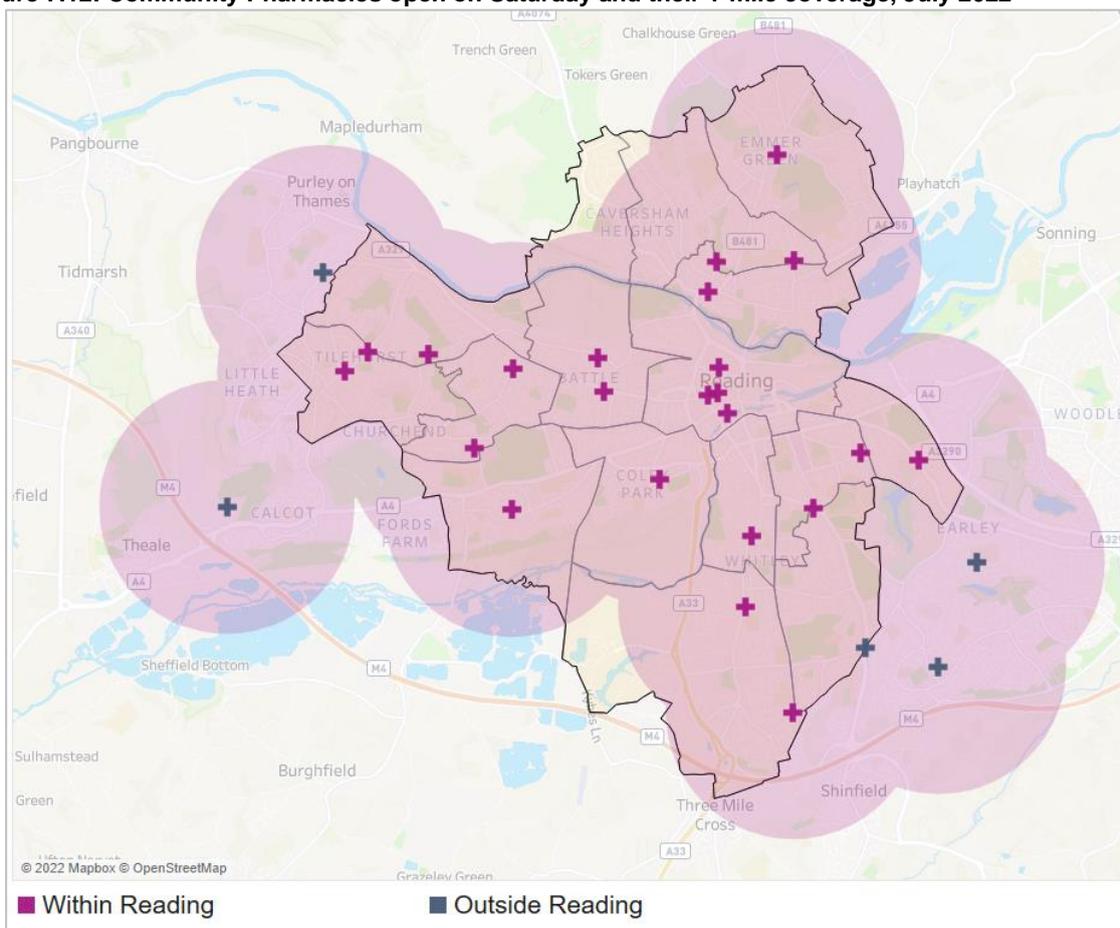


Source: OVID, Strategic Health Asset Planning and Evaluation Atlas Tool, 2022

Saturday opening

7.34 A vast majority of the pharmacies in Reading (26/29) are open on Saturday. There are additional 6 pharmacies near the borough's border that are also open on Saturday (Figure 7.12, Table 7.4).

Figure 7.12: Community Pharmacies open on Saturday and their 1-mile coverage, July 2022



Source: Contractor Survey and NHS England, 2022

Table 7.3: Community Pharmacies open on Saturday in Reading by Ward

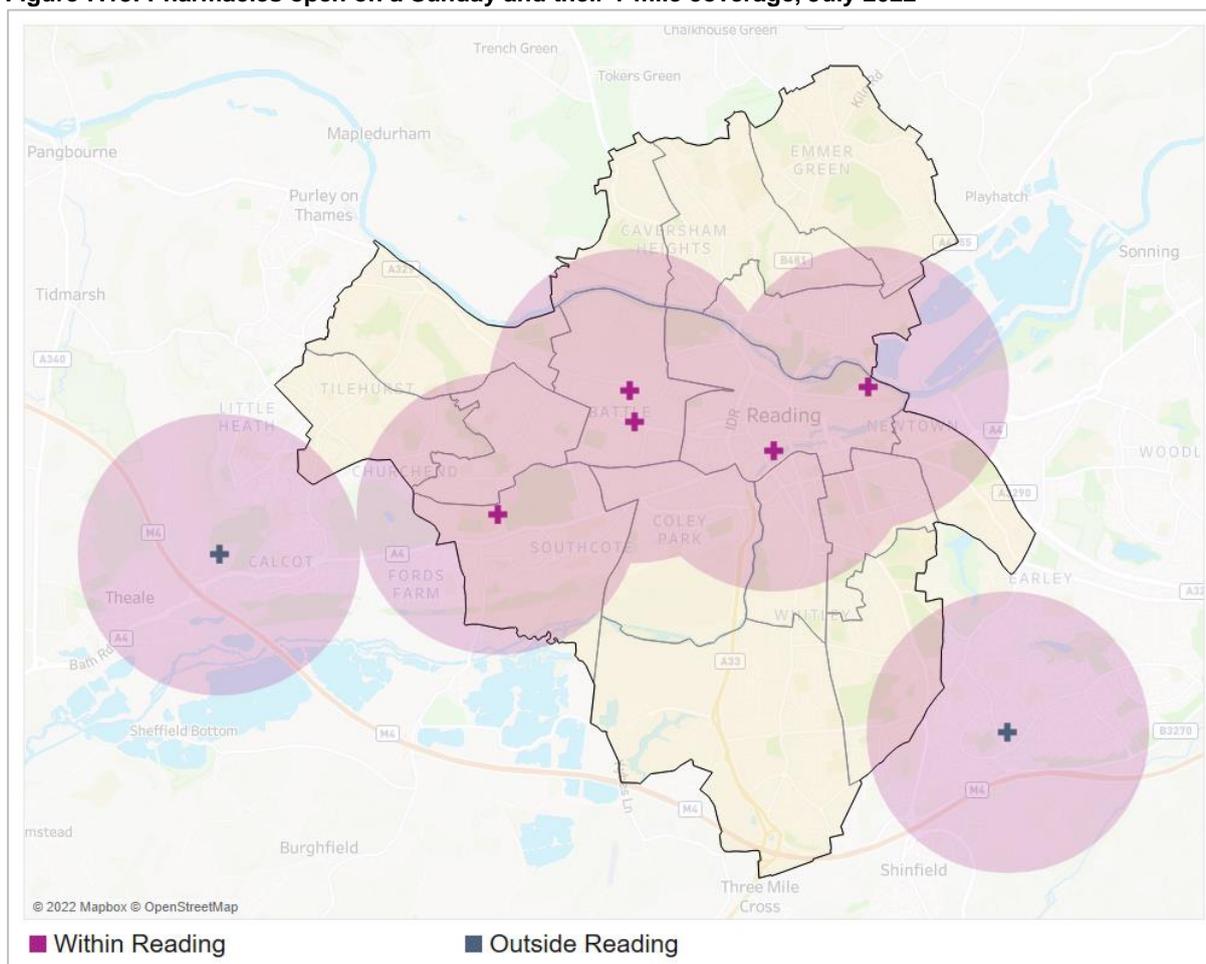
Ward	Number of Pharmacies	Ward	Number of Pharmacies
Abbey	5	Redlands	1
Battle	3	Peppard	1
Whitley	2	Park	1
Tilehurst	2	Minster	1
Southcote	2	Kentwood	1
Norcot	2	Katesgrove	1
Caversham	2	Church	1
Thames	1		

Source: Contractor Survey and NHS England, 2022

Sunday Opening

7.35 Five pharmacies are open on a Sunday within the borough, with another two open in boroughs around Reading within 1 mile of its borders (Figure 7.13, Table 7.5).

Figure 7.13: Pharmacies open on a Sunday and their 1-mile coverage, July 2022



Source: Contractor Survey and NHS England, 2022

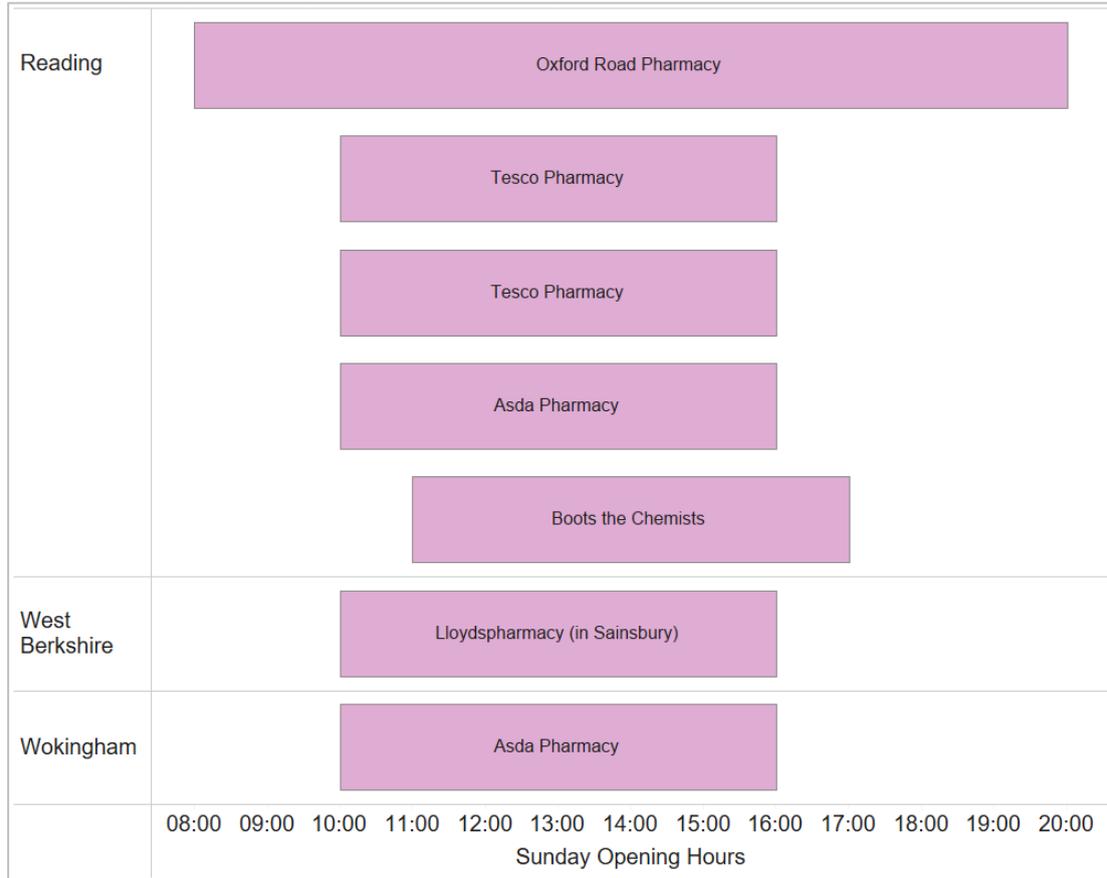
Table 7.4: Community Pharmacies open on Sunday in Reading, July 2022

Pharmacy	Address	Ward
Tesco Pharmacy	Tesco Extra, Portman Road, Reading, Berkshire	Battle
Boots the Chemists	25 Town Mall Walk, The Oracle, Reading, Berkshire	Abbey
Tesco Pharmacy	Tesco Extra, Napier Road, Reading, Berkshire	Abbey
Oxford Road Pharmacy	270-274 Oxford Road, Reading, Berkshire	Battle
Asda Pharmacy	Honey End Lane, Reading, Berkshire	Southcote

Source: Contractor Survey and NHS England, 2022

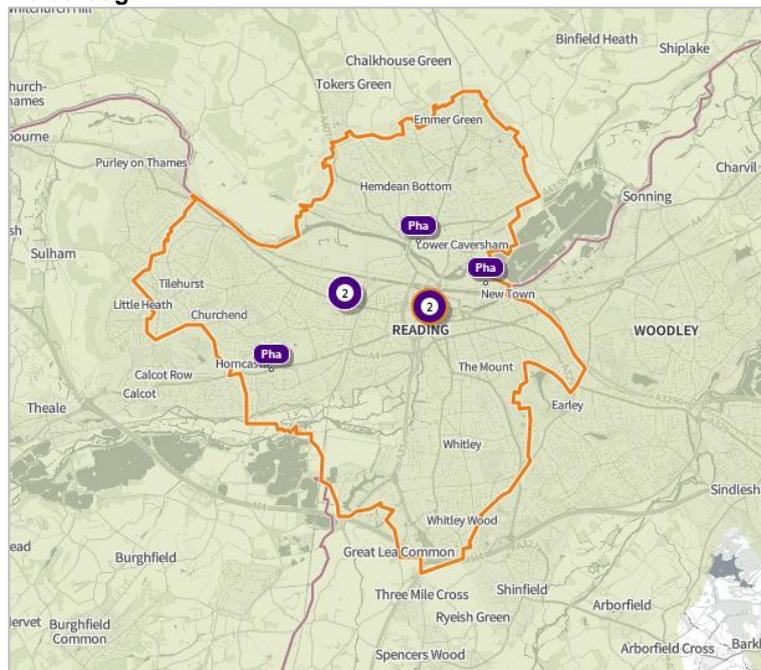
7.36 Overall, as shown in Figure 7.14, there is an adequate range of Sunday opening hours offered in Reading. Pharmacies can be reached by residents in those neighbourhoods within 20 minutes if travelling by car (shown in green in Figure 7.15). However they are further than 1 mile for residents travelling by foot.

Figure 7.14: Opening times of pharmacies on Sundays



Source: Contractor Survey and NHS England, 2022

Figure 7.15: Areas covered by 20-minute travel time by car to Sunday opening Reading pharmacy from within and outside the borough



Source: OVID, Strategic Health Asset Planning and Evaluation Atlas Tool, 2022

Essential Services

7.37 Essential services are offered by all pharmacy contractors as part of the NHS Community Pharmacy Contractual Framework. All pharmacy contractors are required to deliver and comply with the specifications for all essential services¹⁴. These are:

- Dispensing Medicines
- Dispensing Appliances
- Repeat Dispensing
- Clinical governance
- Discharge Medicines Service
- Promotion of Healthy Lifestyles
- Signposting
- Support for self-care
- Disposal of Unwanted Medicines

Dispensing

7.38 Reading pharmacies dispense an average of 6,480 items per month (based on NHS Business Services Authority, 2020/21 financial year data). This is slightly lower than the England average of 6,675 per month, indicating there is good distribution and capacity amongst Reading pharmacies to fulfil current and anticipated need in the lifetime of this PNA.

Summary of the accessibility of pharmacy services and of essential services

Overall, there is good pharmacy coverage to provide essential services across the borough during normal working hours. There is adequate pharmacy coverage to provide essential services across the borough outside normal working hours.

Advanced services

7.39 Advanced services are NHS England commissioned services that community pharmacy contractors and dispensing appliance contractors can provide subject to accreditation as necessary.

7.40 As of January 2022, the following services may be provided by pharmacies⁴⁸:

- new medicine service
- community pharmacy seasonal influenza vaccination
- community pharmacist consultation service
- hypertension case-finding service
- community pharmacy hepatitis C antibody testing service (currently until 31 March 2022).

7.41 In early 2022 a smoking cessation service in pharmacies was introduced for patients who started their stop-smoking journey in hospital.

7.42 There are two appliance advanced services that pharmacies and dispensing appliance contractors may choose to provide:

1. appliance use reviews, and
2. stoma appliance customisation.

New medicines services

7.43 The new medicine service (NMS) is an advanced service that supports patients with long-term conditions who are taking a newly prescribed medicine, to help improve medicines adherence.

7.44 This service is designed to improve patients' understanding of a newly prescribed medicine for their long-term condition, and to help them get the most from the medicine. It aims to improve adherence to new medication, focusing on people with specific conditions, namely:

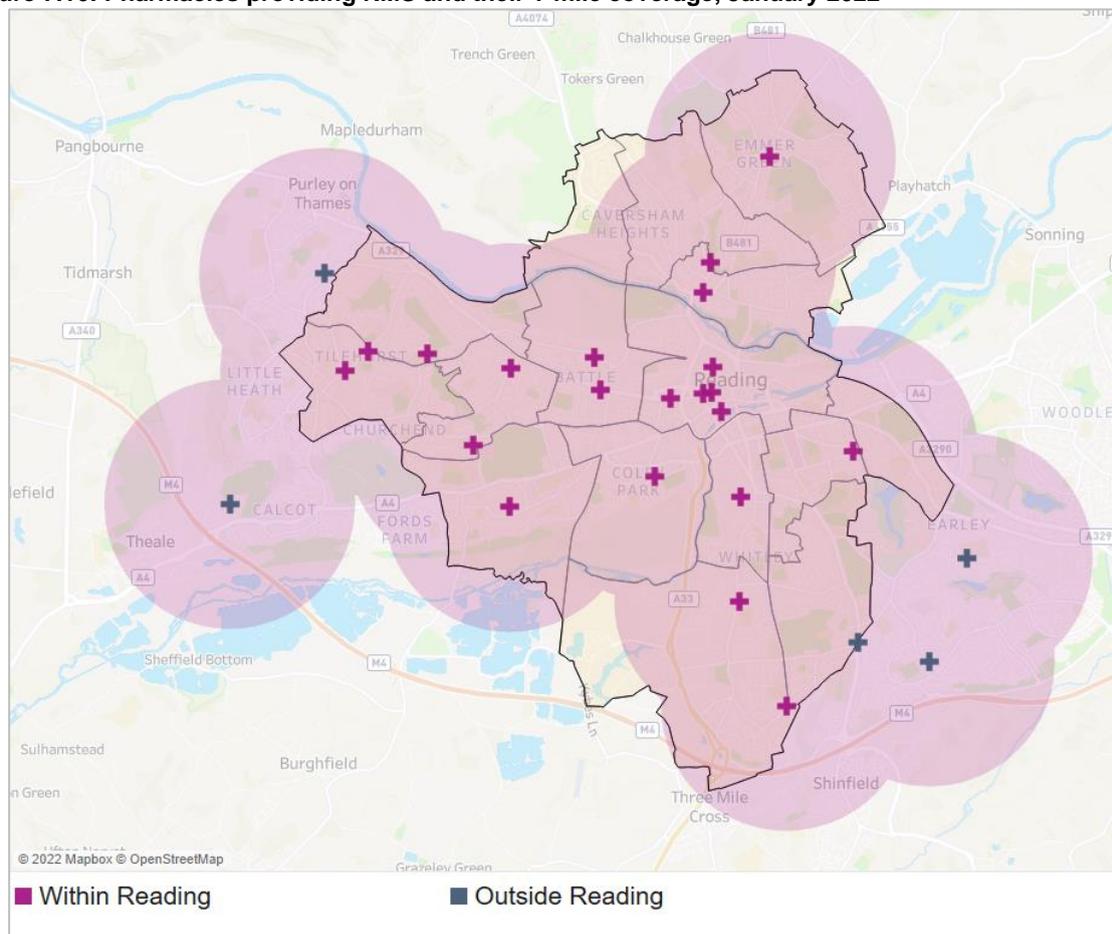
- Asthma and COPD
- Type 2 diabetes
- Antiplatelet or anticoagulation therapy
- Hypertension

7.45 New Medicines Service can only be provided by pharmacies and is conducted in a private consultation area to ensure patient confidentiality.

⁴⁸ Information and data supplied by NHSEI in October 2021.

7.46 Twenty-four pharmacies in Reading provided NMS in 2020/21. There are an additional six pharmacies in bordering boroughs that provided NMS. All these pharmacies are shown in Figure 7.16 below.

Figure 7.16: Pharmacies providing NMS and their 1-mile coverage, January 2022



Source: NHS England, 2022

7.47 Table 7.6 shows NMS provision by Reading wards.

Table 7.5: Number of NMS provided by Reading pharmacies by ward, 2020/21

Ward Name	Number of Pharmacies	Total Number of NMSs provided	Average Number per Pharmacy
Abbey	6	209	35
Battle	3	206	69
Whitley	2	302	151
Tilehurst	2	189	95
Southcote	2	136	68
Norcot	2	67	34
Caversham	2	172	86
Redlands	1	27	27
Peppard	1	63	63
Minster	1	50	50

Kentwood	1	84	84
Katesgrove	1	107	107
Borough Total	24	1,612	67

Source: NHS England, 2022

7.48 NMS are supplied widely across the borough within areas of high density and need, therefore the PNA steering group conclude that there is sufficient NMS provision to meet the needs of this borough.

Community pharmacy seasonal influenza vaccination

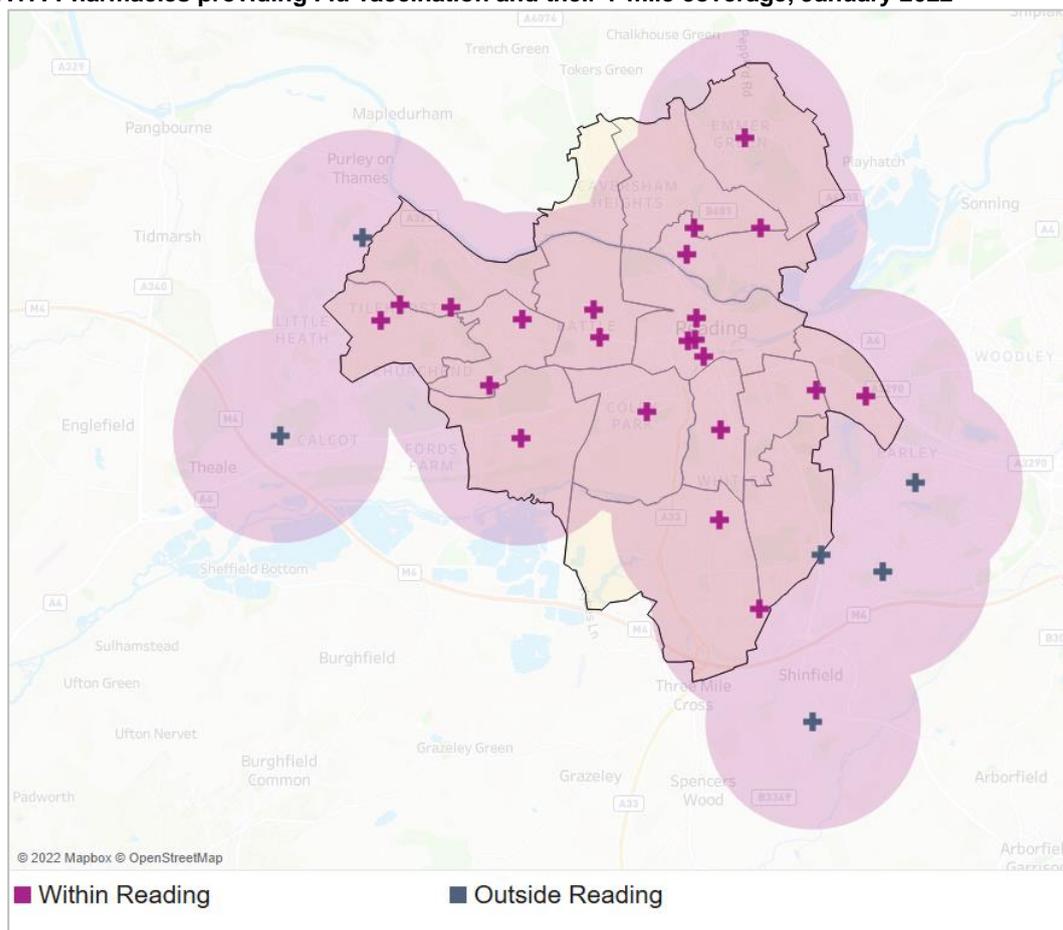
7.49 Flu vaccination by injection, commonly known as the "flu jab", is available every year on the NHS to protect certain groups who are at risk of developing potentially serious complications, such as:

- anyone over the age of 65
- pregnant women
- children and adults with an underlying health condition (particularly long-term heart or respiratory disease)
- children and adults with weakened immune systems

7.50 The National Advanced Flu Service is an advanced service commissioned by NHS England to maximise the uptake of the flu vaccine by those who are 'at-risk' due to ill-health or long-term conditions.

7.51 A large proportion of community pharmacies in the borough provided flu vaccines (25/29) in Reading in 2020/21. Another seven outside but bordering the borough provided the service. The distribution of these pharmacies is shown in Figure 7.17 and Table 7.7.

Figure 7.17: Pharmacies providing Flu vaccination and their 1-mile coverage, January 2022



Source: NHS England, 2022

Table 7.6: Pharmacies that provide Flu Vaccinations in Reading by ward, January 2022

Ward	Number of Pharmacies	Ward	Number of Pharmacies
Abbey	5	Thames	1
Battle	3	Redlands	1
Whitley	2	Peppard	1
Tilehurst	2	Park	1
Southcote	2	Minster	1
Norcot	2	Kentwood	1
Caversham	2	Katesgrove	1

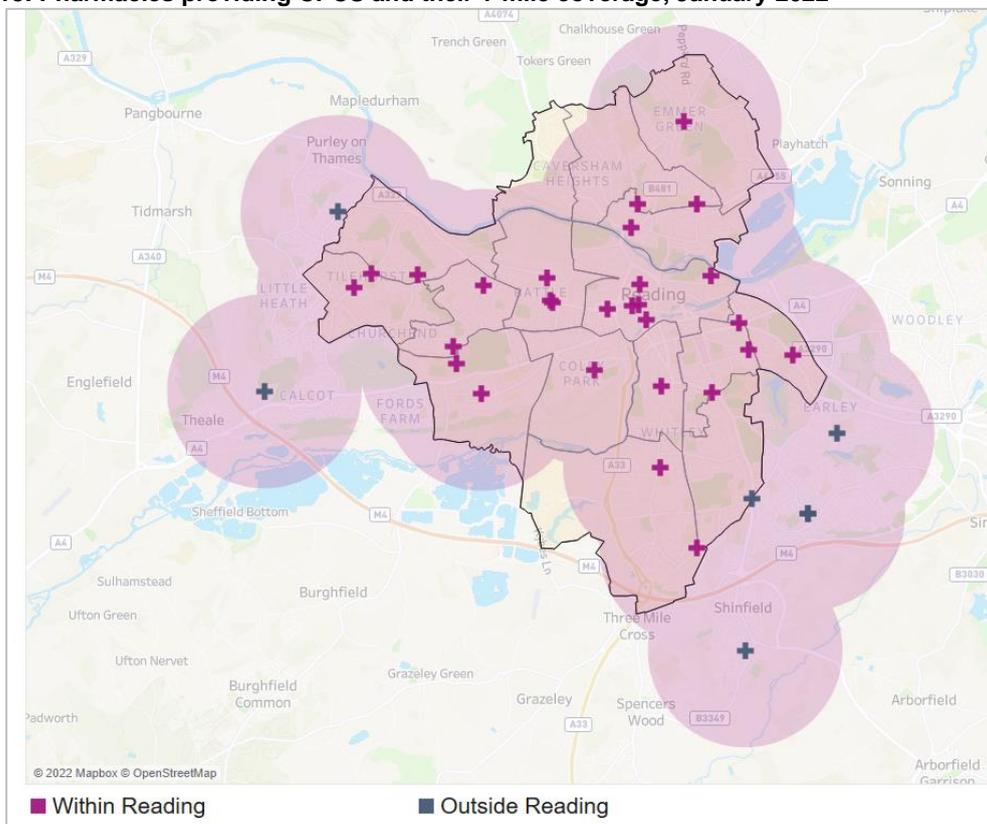
Source: NHS England, 2022

7.52 Overall, there is strong coverage of this service across Reading. As identified in Chapter 5, there is also good flu vaccination uptake in the borough. Therefore, the PNA steering group conclude that there is sufficient provision of Advanced Flu Service to meet the needs of this borough.

Community pharmacist consultation service

- 7.53** The community pharmacist consultation service (CPCS) is a new service provided by pharmacies, launched in October 2019. The aims of the service are to support the integration of community pharmacy into the urgent care system, and to divert patients with lower acuity conditions or who require urgent prescriptions from the urgent care system and to community pharmacies.
- 7.54** It also offers patients who contact NHS 111 the opportunity to access appropriate urgent care services in a convenient and easily accessible community pharmacy setting, on referral from an NHS 111 call advisor and via the NHS 111 Online service.
- 7.55** There is strong coverage of CPCS in Reading. All but one of the community pharmacies in the borough provided CPCS in 2020/21. There are an additional 7 pharmacies in neighbouring boroughs that provide the service (Figure 7.18 and Table 7.8).
- 7.56** The PNA steering group conclude that there is sufficient CPCS provision to meet the needs of this borough.

Figure 7.18: Pharmacies providing CPCS and their 1-mile coverage, January 2022



Source: NHS England, 2022

Table 7.7: Pharmacies that provide CPCS in Reading by ward, January 2022

Ward	Number of Pharmacies	Ward	Number of Pharmacies
Abbey	6	Thames	1
Battle	3	Redlands	1
Whitley	2	Peppard	1
Tilehurst	2	Minster	1
Southcote	2	Kentwood	1
Park	2	Katesgrove	1
Norcot	2	Church	1
Caversham	2		

Source: NHS England, 2022

Hypertension case-finding service

- 7.57** The Hypertension case-finding service is a relatively new service and at the time of publication NHSE does not report any pharmacy in Reading offering this service.
- 7.58** Seven respondents to the contractor survey indicated being willing to provide the service if commissioned.

Community pharmacy hepatitis C antibody testing service

- 7.59** NHSE data does not show any pharmacy offering the Community pharmacy hepatitis C antibody testing service as of the time of publication.
- 7.60** Five respondents to the contractor survey indicated being willing to provide the service if commissioned.

Appliance Use Reviews

- 7.61** Appliance use review (AUR) is another advanced service that community pharmacy and appliance contractors can choose to provide so long as they fulfil certain criteria.
- 7.62** AURs can be carried out by, a pharmacist, or a specialist nurse either at the contractor's premises (typically within a DAC) or at the patient's home. AURs help patients to better understand and use their prescribed appliances 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.

7.63 No pharmacies within or bordering the borough are reported to have delivered this service in 2020/21. As AURs can be provided by prescribing health and social care providers the PNA steering group conclude that there is sufficient provision of the AUR service to meet the current needs of this borough.

Stoma Appliance Customisation service

7.64 The SAC 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.

Four pharmacies provided SACs within Reading in 2020/21 (Table 7.9).

Table 7.8: Pharmacies that provide SAC in Reading, January 2022

Pharmacy	Address	Ward
Caversham Pharmacy	59 Hemdean Road, Caversham, Reading, Berkshire	Caversham
Fittleworth Medical Limited	3 Woodside Business Park, Whitley Wood Lane, Reading	Whitley
LloydsPharmacy	Milman Road Health Centre, Ground Floor Milman Road, Reading, Berkshire	Katesgrove
LloydsPharmacy	2a Tylers Place, Pottery Road, Reading, Berkshire	Kentwood

Source: NHS England, 2022

7.65 Residents can also access the SAC service either from non-pharmacy providers within the borough (e.g., community health services) or from dispensing appliance contractors outside of the borough. Therefore, the PNA steering group conclude that there is sufficient provision of the SAC service to meet the needs of this borough.

Summary of the Advanced Pharmacy Services

It is concluded that there is currently sufficient provision for the following enhanced services to meet the likely needs of residents in Reading:

- New medicine service
- Community pharmacy seasonal influenza vaccination
- Community pharmacist consultation service
- Hypertension case-finding service
- Community pharmacy hepatitis C antibody testing service (currently until 31 March 2022).
- Appliance use reviews
- Stoma Appliance Customisation service

At the time of data collection for this PNA, no data was available on the following newly commissioned service:

- Smoking cessation service in pharmacies for patients who started their stop-smoking journey in hospital

Reading pharmacies have indicated their willingness to provide these services, therefore no gap is evident for future access to these advanced services.

Other NHS services

7.66 These are services commissioned by Reading Borough Council and Berkshire West CCG to fulfil a local population health and wellbeing need. Reading enhanced services are listed below:

- Local authority commissioned services:
 - Needle exchange and supervised consumption services
 - Pharmacy emergency hormonal contraception service
- Berkshire West commissioned services:
 - Access to palliative care medicine
 - Provision of antiviral medication

The provision of these services is explored below.

Needle exchange and supervised consumption services

- 7.67** The needle exchange and supervised consumption services are commissioned by the charity Change Grow Live on behalf of Reading Borough Council. The needle exchange service supplies needles, syringes and other equipment used to prepare and take illicit drugs. The purpose of this services is to reduce the transmission of blood-borne viruses such as hepatitis B and C, and other infections caused by sharing injecting equipment.
- 7.68** The needle exchange services also aim to reduce the harm caused by injecting drugs through providing information and advice and acting as a gateway to other services, including drug treatment centres.
- 7.69** Supervised consumption is a treatment service for opioid dependency. Opioid substitution treatment forms a critical element of safe and effective treatment in the community. It reduces risk of overdose and non-compliance with treatment, minimises diversion and enables people being treated for opioid dependency to utilise the benefits of pharmacy intervention around health choices. It is typically used for people who are new to treatment and/or have complex needs.
- 7.70** Pharmacies that provide this service:
- ensure each supervised dose is correctly administered to the service user for whom it was intended
 - liaise with the prescriber, named key worker and others directly involved in the care of the service user
 - monitor service users' response to the prescribed treatment
 - help service users access treatment by offering referral to specialist drug and alcohol treatment centres and health and social care professionals, where appropriate.
- 7.71** Nineteen pharmacies in Reading offer needle exchange and 21 pharmacies offer supervised consumption services, covering areas of high population density and high deprivation (see Figures 7.19, 7.20 and Tables 7.10 and 7.11).

Figure 7.19: Location of pharmacies that provide Needle Exchange services in Reading, January 2022



Source: Change Grow Live, 2022

Table 7.9: Number of Pharmacies that provide needle exchange services in Reading by ward, January 2022

Ward	Number of Pharmacies
Whitley	2
Tilehurst	2
Park	2
Norcot	2
Battle	2
Abbey	2
Southcote	1
Redlands	1
Peppard	1
Minster	1
Kentwood	1
Katesgrove	1
Caversham	1

Source: Change Grow Live, 2022

Figure 7.20: Location of pharmacies that provide supervised consumption services in Reading, January 2022



Source: Change Grow Live, 2022

Table 7.10: Number of Pharmacies that provide supervised consumption services in Reading by ward, January 2022

Ward	Number of Pharmacies
Abbey	4
Whitley	2
Tilehurst	2
Park	2
Norcot	2
Caversham	2
Southcote	1
Redlands	1
Peppard	1
Minster	1
Kentwood	1
Katesgrove	1
Battle	1

Source: Change Grow Live, 2022

Pharmacy Emergency Hormonal Contraception Service

7.72 This is a Patient Group Direction that increases access to emergency hormonal contraception for young people. The service applies 'Making Every Contact Count' (MECC) principles to

deliver a holistic sexual health intervention to young women seeking emergency hormonal contraception. The service also actively supports young women and men to access online services for sexual health information and advice and for online STI testing where available by signposting to the SafeSexBerkshire⁴⁹ website.

7.73 The service aims to:

- prevent unplanned pregnancies in young people through the provision of free emergency hormonal contraception (Levonelle1500® or EllaOne® Emergency Hormonal Contraception)
- enable young people to access sexual health information and advice through local online and face to face services
- provide condoms to young women and their partners accessing EHC
- support young people to access free online STI testing where available.

7.74 All pharmacists providing this service will have completed the Centre for Pharmacy Postgraduate Education (CPPE) Declaration of Competence for EHC and register this on PharmOutcomes.

7.75 Sixteen pharmacies offer this service in Reading. Their locations are shown in Table 7.12 and Figure 7.21.

Table 7.11: Pharmacies that provide the Emergency Hormonal Contraception Service in January 2022

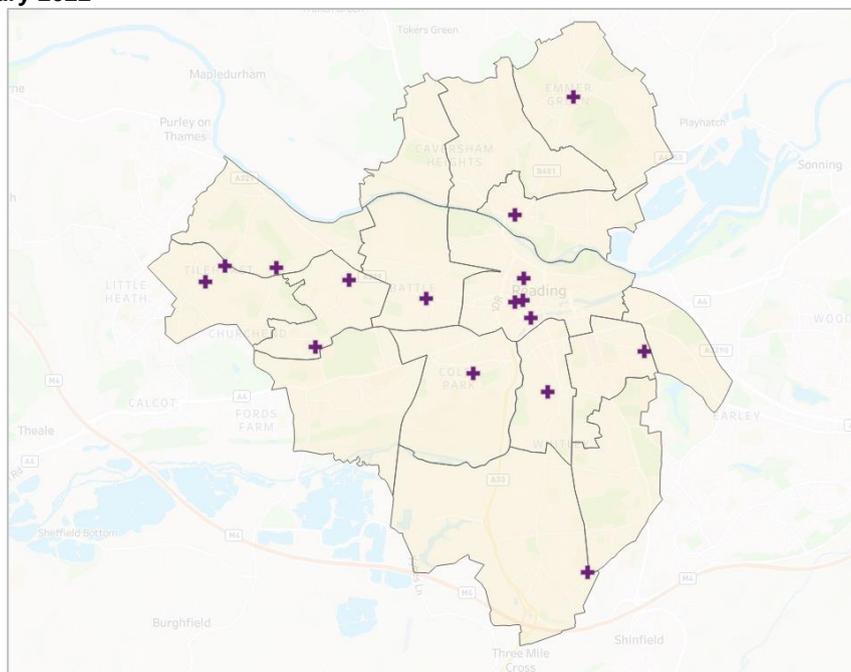
Pharmacy	Address	Ward
Erleigh Road Pharmacy	85-87 Erleigh Road, Reading, Berkshire	Redlands
Boots the Chemists	47-48 Broad Street, Reading, Berkshire	Abbey
Trianglepharmacy	88-90 School Road, Tilehurst, Reading, Berkshire	Tilehurst
Boots the Chemists	Unit 7, Brunel Arcade, Reading Mainline Station, Reading, Berkshire	Abbey
LloydsPharmacy	Milman Road Health Centre, Ground Floor Milman Road, Reading, Berkshire	Katesgrove
Boots the Chemists	45 Church Street, Caversham, Reading	Caversham
LloydsPharmacy	2a Tylers Place, Pottery Road, Reading, Berkshire	Kentwood
Boots the Chemists	25 Town Mall Walk, The Oracle, Reading, Berkshire	Abbey
Tilehurst Pharmacy	7 School Road, Tilehurst, Reading, Berkshire	Tilehurst
Superdrug Pharmacy	55-59 Broad Street, Reading, Berkshire	Abbey
Whitley Wood Pharmacy	534 Northumberland Avenue, Reading, Berkshire	Whitley
Newdays Pharmacy	60 Wensley Road, Coley Park, Reading, Berkshire	Minster
Western Elms Pharmacy	351-353 Oxford Road, Reading, Berkshire	Battle

⁴⁹ <https://www.safesexberkshire.nhs.uk/>

Boots the Chemists	32 Meadway Precinct, Tilehurst, Reading, Berkshire	Norcot
Grovelands Pharmacy	2 Grovelands Road, Reading, Berkshire	Norcot
LloydsPharmacy	5 Cavendish Road, Caversham Park, Reading, Berkshire	Peppard

Source: Reading Borough Council, 2022

Figure 7.21: Location of pharmacies that provide the Emergency Hormonal Contraception Service in Reading, January 2022

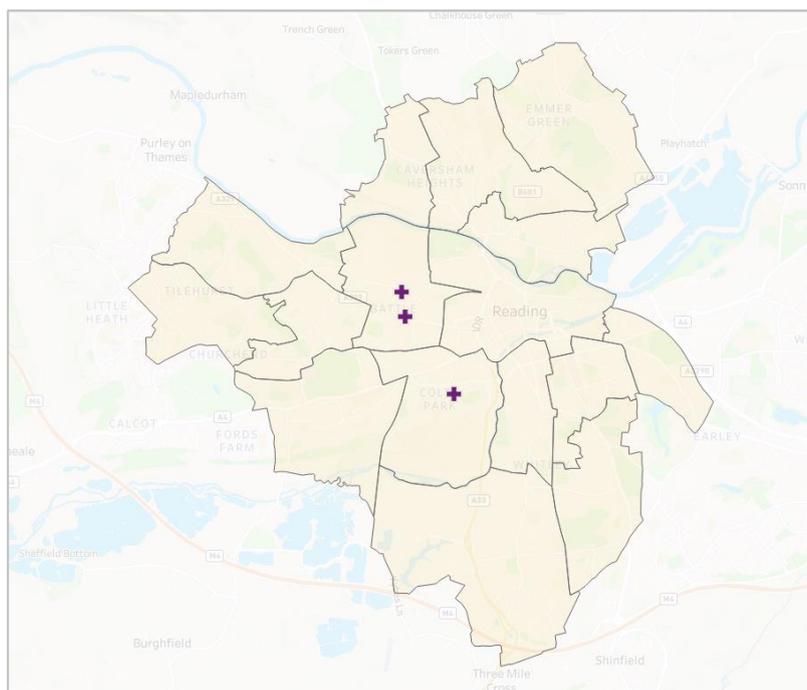


Source: Reading Borough Council, 2022

Access to palliative care

- 7.76** This service is commissioned by Berkshire West CCG to ensure that their community teams have guaranteed provision of routine palliative care drugs. This is to prevent any difficulties they may experience in obtaining emergency drugs for their patients.
- 7.77** The aim of the service is to improve access for people to these specialist medicines when they are required by ensuring prompt access and continuity of supply. Community teams will be able to access these drugs during the pharmacies' normal opening hours. This arrangement does not cover access to medicines outside of contracted hours. Pharmacies have duty to ensure that pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service.
- 7.78** Three pharmacies provide the Access to Palliative Care service in Reading. They are shown in Figure 7.22 and Table 7.13.

Figure 7.22: Location of pharmacies that provide the Access to Palliative Care Services in Reading, October 2021



Source: Berkshire West CCG, 2022

Table 7.12: Pharmacies that provide the Access to Palliative Care Service in Reading, January 2022

Pharmacy	Address	Ward
Tesco Pharmacy	Tesco Extra, Portman Road, Reading, Berkshire	Battle
Newdays Pharmacy	60 Wensley Road, Coley Park, Reading, Berkshire	Minster
Oxford Road Pharmacy	270-274 Oxford Road, Reading, Berkshire	Battle

Source: Berkshire West CCG, 2022

Provision of antiviral medication

- 7.79** The aim of the service is to improve access to antiviral treatment when it is required, by ensuring prompt access and continuity of supply, during both in and out of flu season. Pharmacies that provide this service are required to hold stock of the medication ensuring that users of this service have prompt access to these medicines during normal working hours.
- 7.80** Oxford Road Pharmacy in Battle ward holds the contract for this in Reading.

Summary of other NHS services

It is concluded that there is currently sufficient provision for the following enhanced services to meet the likely needs of residents in Reading:

- Needle exchange and supervised consumption services
- Pharmacy emergency hormonal contraception service
- Access to palliative care medicine
- Provision of antiviral medication

Additional considerations from Contractor Survey Responses

Languages spoken in Pharmacies

7.81 According to the contractor survey responses there are a wide range of languages spoken in Reading pharmacies. The most common non-English languages spoken by residents of Reading are Polish, Nepalese, Urdu, Punjabi and Portuguese, all of which are spoken within at least one pharmacy in Reading (see Table 7.14).

Table 7.13: Top 10 languages spoken by a member of staff at the pharmacies in Reading

Language	Number of Pharmacies
Urdu	4
Punjabi	4
Polish	4
Arabic	2
Romanian	2
Spanish	2
Gujarati	1
Portuguese	1
French	1
Nepali	1

Source: Reading Contractor Survey, 2022

Chapter 8 - Conclusions

- 8.1** This PNA has considered the current provision of pharmaceutical services across Reading alongside the health needs and demographics of its population. It has assessed whether current provision meets the needs of the population and whether there are any gaps in the provision of pharmaceutical services either now or within the lifetime of this document, 1st October 2022 to 30th September 2025.
- 8.2** There are a number of factors that can affect pharmacy needs, including deprivation and protected characteristics. Five of the 97 neighbourhoods (LSOAs) in Reading are in the 10% most deprived neighbourhoods in England. These are based within Whitley, Church, Norcot and Southcote wards. A further five neighbourhoods are in the 10-20% most deprived neighbourhoods nationally, these are based within Whitley, Norcot and Redlands wards. There are also high rates of homelessness in comparison to regional and national figures.
- 8.3** Reading is one of the most ethnically diverse local authorities, it also has a fairly young population. A high proportion of the population do not speak English or have English as their second language. To identify where there are different needs for people who share a protected characteristic a survey was disseminated across Reading and the rest of Berkshire, with a purpose to engage the population as a whole, as well as those representing the seldom heard and protected characteristics. 131 patients and public responded to the survey on their use and views on 'necessary' pharmacy services in Reading. Overall, participants were happy with the services their pharmacy provided and no different needs for people who share a protected characteristic in Reading were found.
- 8.4** This chapter will summarise the provision of these services in Reading and its surrounding local authorities.

Current provision

- 8.5** The PNA steering group has identified the following services as necessary to this PNA to meet the need for pharmaceutical services:
- Essential services provided at all premises included in the pharmaceutical lists.
- 8.6** Other Relevant Services are services provided which are not necessary to meet the need for pharmaceutical services in the area, but which nonetheless have secured improvements or better access to medicines. The PNA steering group has identified the following as Other Relevant Services:

-
- Adequate provision of advanced and enhanced services to meet the needs of the local population.

Current access to essential services

8.7 In assessing the provision of essential services against the needs of the population, the PNA steering group considered access as the most important factor in determining the extent to which the current provision of essential services meets the needs of the population. Accessibility of essential services was determined by whether the Reading population resided within 1-mile of a pharmacy, or within 20-minutes' drive to a pharmacy.

8.8 Other factors taken into consideration included:

- The ratio of community pharmacies per 10,000 population
- Proximity of pharmacies to areas of high deprivation
- Opening hours of pharmacies
- Proximity of pharmacies to GP practices
- Location of dispensing GPs

8.9 There are 1.4 community pharmacies per 10,000 residents in Reading. Though this ratio is lower than the national average of 2.2, as indicated by the contractor survey, the pharmacies have capacity to offer more services.

8.10 Most of the borough's population is within 1 mile of a pharmacy. There are 1,422 residents who live within rural areas of Reading that are not within a mile of a pharmacy, however all residents are within a 20-minute commute of a pharmacy if travelling by car. All GP practices are within 1 mile of a pharmacy.

8.11 Considering all this, the residents of the borough are well served in terms of the number and location of pharmacies.

Current access to essential services during normal working hours

8.12 All pharmacies are open for at least 40 hours each week. There are 18 community pharmacies in the borough, providing good access as determined in Chapter 7.

The results of the PNA conclude that there are no current gaps in the provision of essential services during normal working hours in the lifetime of this PNA.

Current access to essential services outside normal working hours

- 8.13** On weekdays, three Reading pharmacy is open before 8am and twelve are open after 6pm. These pharmacies cover areas of high deprivation where population density is also high. All of the Reading population can reach a pharmacy within 20-minutes if traveling by car in the evening.
- 8.14** There is adequate accessibility of pharmacies to residents on weekend. Twenty-six of the borough's community pharmacies are open on Saturday. Five pharmacies in the borough are open on Sunday. Pharmacies can be reached by all residents in those neighbourhoods within 20 minutes if travelling by car at weekends.

The results of the PNA conclude that there are no current gaps in the provision of essential services outside normal working hours in the lifetime of this PNA.

Current access to advanced services

- 8.15** The following advanced services are currently available for provision by community pharmacies: new medicine service, community pharmacy seasonal influenza vaccination, community pharmacist consultation service, hypertension case-finding service, community pharmacy hepatitis C antibody testing service, COVID-19 lateral flow device distribution service, COVID-19 medicines delivery service, appliance use reviews and stoma appliance customisation.
- 8.16** NMS is widely available with 16 pharmacies in the borough providing it.
- 8.17** Flu vaccinations are also widely available, all 18 pharmacies in the borough provide this service.
- 8.18** All of the boroughs 18 community pharmacies offer the Community Pharmacy Consultation Service.
- 8.19** The hypertension case-finding service, hepatitis C antibody testing service, COVID-19 lateral flow device distribution and COVID-19 medicines, are all relatively new services for which no data is available yet, however pharmacies have indicated their willingness to provide this service.

-
- 8.20** No Reading pharmacy reportedly provided AURS in the last recorded year, however pharmacies are able to provide these if there is a need. Advice on the use of appliances may also be offered by the hospital or clinic prescribing appliances.
- 8.21** Stoma Appliance Customisation service is offered by three pharmacies.
- 8.22** It is therefore concluded that there is sufficient provision of advanced services to meet the needs of the residents of Reading.

The results of the PNA conclude that there are no current gaps in the provision of advanced services for the lifetime of this PNA.

Current access to other services

- 8.23** Enhanced services are other services commissioned by Reading Borough Council and Berkshire West CCG. These services include:
- Supervised consumption and needle exchange services
 - Emergency hormonal contraception
 - Access to palliative care
 - Provision of antiviral medication
- 8.24** Nineteen pharmacies provide supervised consumption services, and 21 pharmacies provide needle exchange services, sixteen provide emergency hormonal contraception, three provide access to palliative care and one pharmacy provides provision of antiviral medication.
- 8.25** Overall, there is very good availability of the other services in the borough.

The results of the PNA conclude that there are no current gaps in the provision of other NHS services in the lifetime of this PNA.

Future Provision

- 8.26** The PNA steering group has considered the following future developments:
- Forecasted population growth
 - Housing Development information
 - Regeneration projects

-
- Changes in the provision of health and social care services
 - Other changes to the demand for services

Future access to essential services

Future access to essential services during normal working hours

8.27 The PNA steering group is not aware of any firm plans for changes in the provision of Health and Social Care services in Reading within the lifetime of this PNA.

8.28 The PNA steering group is aware of and has considered the proposed new housing developments within Reading. The largest proposed new dwelling expected to be completed in the lifetime of the PNA are within Abbey and Whitley wards and include:

- Kenavon Drive, Abbey ward
- Station Hill, Abbey ward
- Between Weldale Street and Chatham Street, Abbey ward
- Broad Street Mall, Abbey ward
- Madjeski Stadium in Whitley ward
- Green Park Village in Whitley ward.

8.29 These are all within accessible reach of pharmacy services. The analysis has considered these developments, and other causes of population increases, and concluded that pharmacy provision is well placed within Reading during the lifetime of this PNA.

The results of the PNA conclude that there are no gaps in the future provision of essential services during normal working hours in the lifetime of this PNA.

Future access to essential services outside normal working hours

8.30 The PNA steering group is not aware of any notifications to change the supplementary opening hours for pharmacies at the time of publication.

The results of the PNA conclude that there are no gaps in the future provision of essential services outside of normal working hours in the lifetime of this PNA.

Future access to advanced services

- 8.31** Through the contractor survey, local pharmacies have indicated that they have capacity for future increases in demand for advanced services.

The results of the PNA conclude that there are no gaps in the future provision of advanced services in the lifetime of this PNA.

Future access to other NHS services

- 8.32** Through the contractor survey, local pharmacies have indicated that they have capacity to manage future increases in demand for other NHS services.

The results of the PNA conclude that there are no gaps in the future provision of other NHS services in the lifetime of this PNA.

Improvements and better access

Current and future access to essential services

- 8.33** The PNA did not identify any services, that if provided either now or in future specified circumstances, would secure improvements or better access to essential services. Further, there is sufficient capacity to meet any increased future demand.

The results of the PNA conclude that there are no gaps in essential services that if provided, either now or in the future, would secure improvements or better access to essential services in the lifetime of this PNA.

Current and future access to advanced services

- 8.34** NMS, CPCS and flu vaccination services are all widely available throughout Reading.
- 8.35** Though there is no data available publicly for the relatively new services, namely Hypertension case-finding and hepatitis C antibody testing services, there is sufficient capacity for the pharmacies to provide them.

-
- 8.36** There is existing SAC provision with Reading. Both SAC and AUR advice is offered by hospital and other health providers, and additionally, pharmacies have indicated they are willing, and have capacity to provide these services.
- 8.37** The PNA analysis has concluded that there is sufficient capacity to meet any increased demand for advanced services.

The results of the PNA conclude that there are no gaps, either now or in the future, that if provided would secure improvements or better access to other NHS services in the area in the lifetime of this PNA.

Appendix A: Terms of Reference

Berkshire Pharmaceutical Needs Assessment Steering Group

Background

The provision of NHS Pharmaceutical Services is a controlled market. Any pharmacist or dispensing appliance contractor who wishes to provide NHS Pharmaceutical services, must apply to be on the Pharmaceutical List.

The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (SI 2013 No. 349) and subsequent amendments set out the system for market entry. Under the Regulations, Health and Wellbeing Boards are responsible for publishing a Pharmaceutical Needs Assessment (PNA); and NHS England is responsible for considering applications.

A PNA is a document which records the assessment of the need for pharmaceutical services within a specific area. As such, 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. The PNA is used by NHS England to consider applications to open a new pharmacy, move an existing pharmacy or to provide additional services. In addition, it will provide an evidence base for future local commissioning intentions.

The Bracknell Forest, Reading, Slough, Windsor and Maidenhead, West Berkshire and Wokingham Health and Wellbeing Boards have now initiated the process to refresh the PNAs by October 2022.

Role

The primary role of the group is to advise and develop structures and processes to support the preparation of a comprehensive, well researched, well considered and robust PNA, building on expertise from across the local healthcare community; and managed by Healthy Dialogues Ltd. In addition, the group is responsible for:

- Responding to formal PNA consultations from neighbouring HWBBs on behalf of the Health and Wellbeing boards.

-
- Establishing arrangements to ensure the appropriate maintenance of the PNA, following publication, in accordance with the Regulations.

Objectives

- Ensure the new PNA meets the requirements of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and its amendments.
- Develop the PNA so that it documents all locally commissioned services, including public health services commissioned; and services commissioned by the CCG/ICS and other NHS organisations as applicable; and provides the evidence base for future local commissioning.
- Agree a project plan and ensure representation of the full range of stakeholders.
- Ensure a stakeholder and communications plan is developed to inform pre-consultation engagement and to ensure that the formal consultation meets the requirements of the Regulations.
- Ensure that the PNA, although it is a separate document, integrates, and aligns with, with both the joint strategic needs assessment and the health and wellbeing strategies of each of the boroughs as well as other key regional and national strategies.
- Ensure that the requirements for the development and content of PNAs are followed, and that the appropriate assessments are undertaken, in accordance with the Regulations. This includes documenting current and future needs for, or improvements and better access to, pharmaceutical services as will be required by the local populations.
- Approve the framework for the PNA document, including determining the maps which will be included
- Ensure that the PNA contains sufficient information to inform commissioning of enhanced services, by NHS England, and commissioning of locally commissioned services by the CCG and other local health and social care organisations.
- Ensure a robust, and timely consultation is undertaken in accordance with the Regulations, including formally considering and acting upon consultation responses and overseeing the development of the consultation report for inclusion in the final PNA.
- Consider and document the processes by which the HWBB will discharge its responsibilities for maintaining the PNA.
- Comment, on behalf of the Bracknell Forest, Reading, Slough, Windsor and Maidenhead, West Berkshire and Wokingham Health and Wellbeing boards, on formal PNA consultations undertaken by neighbouring HWBBs

- Advise the HWBB, if required, when consulted by NHS England in relation to consolidated applications.
- Document and manage potential and actual conflicts of interest.

Accountability and reporting

The Bracknell Forest, Reading, Slough, Windsor and Maidenhead, West Berkshire and Wokingham Health and Wellbeing boards have delegated responsibility for the development and maintenance of the PNA; and for formally responding to consultations from neighbouring HWBBs to the PNA Steering Group

The PNA steering group will be accountable to the Bracknell Forest, Reading, Slough, Windsor and Maidenhead, West Berkshire and Wokingham and Wellbeing boards.

The pre-consultation draft and the final draft PNAs will be presented to the Health and Wellbeing Board for approval.

Membership

Chair: Rebecca Willans, Berkshire East Public Health Hub, Bracknell Forest Council

Name	Organisation
Becky Campbell	Berkshire East Public Health Hub
David Dean	Local Pharmaceutical Committee Pharmacy Thames Valley
Sanjay Desai	Buckinghamshire, Oxfordshire, and Berkshire West (BOB), Integrated Care System
Dawn Best	Frimley Health and Care
Marian Basra	NHS England Pharmacy Team
Tessa Lush	Communications, Bracknell Forest (representing all Berkshire local authorities)
Helen Delaitre	Berkshire, Buckinghamshire and Oxfordshire LMCs
Representative	Healthwatch Bracknell Forest
Representative	Healthwatch Slough
Joanna Dixon	Healthwatch Wokingham
Andrew Sharp	Healthwatch West Berkshire
Mandeep Kaur Sira	Healthwatch Reading
Representative	Healthwatch Windsor and Maidenhead
Roger Kemp	Patient Representative

An agreed deputy may be used where the named member of the group is unable to attend.

Other staff members / stakeholders may be invited to attend meetings for the purpose of providing advice and/or clarification to the group.

Quorum

A meeting of the group shall be regarded as quorate where there is one representative from each of the following organisations / professions:

- Chair (or nominated deputy)
- Representative from Public Health for Berkshire
- Representative from Healthwatch
- LPC
- Healthy Dialogues

Declaration of Interests

It is important that potential, and actual, conflicts of interest are managed:

- Declaration of interests will be a standing item on each PNA Steering Group agenda.
- A register of interests will be maintained and will be kept under review by the HWBB.
- Where a member has a potential or actual conflict of interest for any given agenda item, they will be entitled to participate in the discussion but will not be permitted to be involved in final decision making.

Frequency of meetings

The group will meet as required for the lifetime of this project. Meetings will be held virtually on MS teams every six weeks.

Following publication of the final PNA, the Steering Group will be convened on an 'as required' basis to:

- Fulfil its role in timely maintenance of the PNA
- Advise the HWBB, when consulted by NHS England, in relation to consolidated applications

Appendix B - Pharmacy provision within Reading and 1 mile of its border

HWB B	ODS Code	Pharmacy	Contract Type	Address	Post Code	Early Opening	Late Closing	Open on Saturday	Open on Sunday
Reading	FT293	Asda Pharmacy	100 Hours	Honey End Lane, Reading, Berkshire	RG30 4EL	Yes	Yes	Yes	Yes
	FGD71	Basingstoke Road Pharmacy	Community Pharmacy	71 Basingstoke Road, Reading, Berkshire	RG2 0ER	No	No	Yes	No
	FDT21	Boots the Chemists	Community Pharmacy	47-48 Broad Street, Reading, Berkshire	RG1 2AE	No	No	Yes	No
	FE816	Boots the Chemists ⁵⁰	Community Pharmacy	Unit 7, Brunel Arcade, Reading Mainline Station, Reading, Berkshire	RG1 1LT	Yes	Yes	Yes	No
	FEX35	Boots the Chemists	Community Pharmacy	45 Church Street, Caversham, Reading	RG4 8BA	No	No	Yes	No
	FFY65	Boots the Chemists	Community Pharmacy	25 Town Mall Walk, The Oracle, Reading, Berkshire	RG1 2AH	No	Yes	Yes	Yes
	FNR10	Boots the Chemists	Community Pharmacy	32 Meadway Precinct, Tilehurst, Reading, Berkshire	RG30 4AA	No	No	Yes	No
	FMJ89	Caversham Pharmacy	Community Pharmacy	59 Hemdean Road, Caversham, Reading, Berkshire	RG4 7SS	No	No	Yes	No
	FW067	Christchurch Road Pharmacy	Community Pharmacy	68 Christchurch Road, Reading, Berkshire	RG2 7AZ	No	No	Yes	No
	FA288	Erleigh Road Pharmacy	Community Pharmacy	85-87 Erleigh Road, Reading, Berkshire	RG1 5NN	No	No	Yes	No
	FMV40	Fittleworth Medical Limited	DAC	3 Woodside Business Park, Whitley Wood Lane, Reading	RG2 8LW	No	No	No	No

⁵⁰ This pharmacy will be closing on the 9th of August 2022

HWB B	ODS Code	Pharmacy	Contract Type	Address	Post Code	Early Opening	Late Closing	Open on Saturday	Open on Sunday
	FDP58	Fourways Pharmacy	Community Pharmacy	195 London Road, Reading, Berkshire	RG1 3NX	No	No	No	No
	FQD26	Grovelands Pharmacy	Community Pharmacy	2 Grovelands Road, Reading, Berkshire	RG30 2NY	No	No	Yes	No
	FEK05	LloydsPharmacy	Community Pharmacy	Milman Road Health Centre, Ground Floor Milman Road, Reading, Berkshire	RG2 0AR	No	No	No	No
	FF110	LloydsPharmacy	Community Pharmacy	2a Tylers Place, Pottery Road, Reading, Berkshire	RG30 6BW	Yes	No	Yes	No
	FT878	LloydsPharmacy	Community Pharmacy	5 Cavendish Road, Caversham Park, Reading, Berkshire	RG4 8XU	No	No	Yes	No
	FA597	Markand Pharmacy	Community Pharmacy	122 Henley Road, Caversham, Reading, Berkshire	RG4 6DH	No	No	Yes	No
	FLR49	Newdays Pharmacy	Community Pharmacy	60 Wensley Road, Coley Park, Reading, Berkshire	RG1 6DJ	No	No	Yes	No
	FEX81	Orange Pharmacy	DSP	271-273 London Road, Reading, Berkshire	RG1 3NY	No	No	No	No
	FQP38	Oxford Road Pharmacy	100 Hours	270-274 Oxford Road, Reading, Berkshire	RG30 1AD	No	Yes	Yes	Yes
	FLK26	Saood Pharmacy	Community Pharmacy	104a Oxford Road, Reading, Berkshire	RG1 7LL	No	No	No	No
	FHF90	Southcote Pharmacy	Community Pharmacy	36 Coronation Square, Reading, Berkshire	RG30 3QN	No	No	Yes	No
	FGX83	Superdrug Pharmacy	Community Pharmacy	55-59 Broad Street, Reading, Berkshire	RG1 2AF	No	No	Yes	No
	FA368	Tesco Pharmacy	Community Pharmacy	Tesco Extra, Portman Road, Reading, Berkshire	RG30 1AH	No	Yes	Yes	Yes
	FPG88	Tesco Pharmacy	100 Hours	Tesco Extra, Napier Road, Reading, Berkshire	RG1 8DF	Yes	Yes	Yes	Yes

HWB B	ODS Code	Pharmacy	Contract Type	Address	Post Code	Early Opening	Late Closing	Open on Saturday	Open on Sunday
	FAE42	The Reading Pharmacy	Community Pharmacy	105 Wokingham Road, Reading, Berkshire	RG6 1LN	No	No	Yes	No
	FGF17	Tilehurst Pharmacy	Community Pharmacy	7 School Road, Tilehurst, Reading, Berkshire	RG31 5AR	No	No	Yes	No
	FDX71	Trianglepharmacy	Community Pharmacy	88-90 School Road, Tilehurst, Reading, Berkshire	RG31 5AW	No	No	Yes	No
	FMW33	Western Elms Pharmacy	Community Pharmacy	351-353 Oxford Road, Reading, Berkshire	RG30 1AY	No	No	Yes	No
	FE270	Whitley 277 Pharmacy	Community Pharmacy	277 Basingstoke Road, Reading, Berkshire	RG2 0JA	No	No	Yes	No
	FLG15	Whitley Wood Pharmacy	Community Pharmacy	534 Northumberland Avenue, Reading, Berkshire	RG2 8NY	No	No	Yes	No
West Berkshire	FEJ88	Lloydspharmacy (in Sainsbury)	Community Pharmacy	Savacentre, Bath Road, Calcot, Reading, Berkshire	RG31 7SA	No	Yes	Yes	Yes
	FM678	Overdown Pharmacy	Community Pharmacy	5 The Colonnade, Overdown Road, Tilehurst, Reading, Berkshire	RG31 6PR	No	No	Yes	No
Wokingham	FA448	Asda Pharmacy	100 Hours	Chalfont Way, Lower Earley, Reading, Berkshire	RG6 5TT	No	Yes	Yes	Yes
	FA593	Shinfield Pharmacy	Community Pharmacy	Shinfield Prim. Care Ctr, School Green, Shinfield, Berkshire	RG2 9EH	No	No	No	No
	FRP45	Vantage Chemist	Community Pharmacy	231 Shinfield Road, Reading, Berkshire	RG2 8HD	No	No	Yes	No
	FNE16	Your Local Boots Pharmacy	Community Pharmacy	5 The Parade, Silverdale Road, Earley, Reading, Berkshire	RG6 7NZ	No	No	Yes	No
	FY485	Your Local Boots Pharmacy	Community Pharmacy	Unit 2,Asda Mall, Lower Earley District Ctr, Lower Earley, Reading, Berkshire	RG6 5GA	Yes	Yes	Yes	No



Appendix C: Consultation report

This report presents the findings of the consultation for the Reading PNA for 2022 to 2025.

For the consultation, the draft PNA was sent to a list of statutory consultees, participants who responded to the patient and public engagement and promoted on the Reading consultation website. In total six people responded to the consultation survey of whom were members of the public.

The responses to the survey are presented in the table below. Additional comments received are presented in the table that follows.

Consultation survey Question	Yes	No	Unsure or not applicable
Has the purpose of the pharmaceutical needs assessment been explained?	4	1	
Does the pharmaceutical needs assessment reflect the current provision of pharmaceutical services within your area?	3	2	1
Are there any gaps in service provision i.e., when, where and which services are available that have not been identified in the pharmaceutical needs assessment?	2	3	
Does the draft pharmaceutical needs assessment reflect the needs of your area's population?	4		1
Has the pharmaceutical needs assessment provided information to inform market entry decisions i.e., decisions on applications for new pharmacies and dispensing appliance contractor premises?	1	3	1
Has the pharmaceutical needs assessment provided information to inform how pharmaceutical services may be commissioned in the future?	3	2	
Has the pharmaceutical needs assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors?	3	2	
Are there any pharmaceutical services that could be provided in the community pharmacy setting in the future that have not been highlighted?	1	3	1

Do you agree with the conclusions of the pharmaceutical needs assessment?	3	1	1
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The table below presents the comments received during the statutory 60-day consultation period and the response from the steering group.

Comments from members of the public	Response
<p>Member of the public:</p> <p>All chemists within 3 miles of my home are desperately understaffed. Most do not answer the phone as they are too busy trying to get through the queue coming out of their shops! Thus one has to queue for a significant time, only to reach the counter and find that they haven't received your prescription because of some problem. Or one is told that your order has not been made up, despite the pharmacy having been in receipt of the prescription for up to a week. The shop is then made more congested because of people waiting for their prescription to be made up. This has been the case now for three years. It is an a cause of frustration for all who live in Pangbourne or Tilehurst, or roundabout there. It is certainly true of Grovelands Pharmacy, Overdown Road Pharmacy, The Triange Pharmacy and Pangbourne Pharmacy.</p> <p>I don't represent an organisation as such, but am a member of an online local community. From this it is evident that the very poor provision of pharmaceutical needs in this area, is very much on people's minds, and a cause of much consternation.</p>	<p>The PNA looks at the geographical accessibility of necessary pharmacy services. This does not include workforce issues. However, the LPC and NHS England are aware of workforce issues, particularly as a result of the COVID-19 pandemic. The Health and Wellbeing Board will also be made aware of these issues.</p>
<p>Member of the public:</p>	

<p>At my residential area if you have an emergency and want to access a pharmacy there is none available; you will need to get medication from some Tesco pharmacy or some town centre pharmacy as Boots.</p>	<p>In all, there are three 100-hour pharmacies in Reading, all of which open at 8am and eleven pharmacies are open late into the evening. These extended opening hours support access to medications in emergencies. However, we recognise the challenges you are experiencing and have shared this comment with the LPC.</p>
<p>NHS Berkshire West CCG:</p> <p>Paragraph 2.6 on page 15 refers to 'smart inhalers' in the following context.</p> <p>I wonder therefore whether the sentence should just remove the word 'smart'</p>	<p>We have removed reference to 'smart inhalers'</p>