

Draft

Pharmaceutical Needs Assessment

West Berkshire Council

2014

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West Berkshire Council
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Contents

Chapter	Page
Introduction	3
Background - statutory requirements	4
National Pharmacy Commissioning	8
Geography of West Berkshire PNA	13
West Berkshire Demographics	14
West Berkshire Needs Assessment	20
Local Commissioning strategies	25
Current Pharmacy Provision	31
Pharmacy Access and Services	33
Analysis of User Survey	37
Recommendations	42
Appendix 1: Map of Pharmacy services	<i>Attached</i>
Appendix 2: Enhanced Services	<i>Attached</i>
Appendix 3: Access Times	<i>Attached</i>
Appendix 4: Pharmacy Survey	<i>Attached</i>
Appendix 5: User Survey	<i>Attached</i>
Appendix 6: Deprivation Map	<i>Attached</i>

Introduction

What is a Pharmaceutical Needs Assessment (PNA)?

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.

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

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

Purpose of a PNA:

The PNA has several purposes:

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

Background: Statutory Requirements

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

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

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

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

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

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

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

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

- Any relevant local pharmaceutical committee (LPC) for the HWB area.
- Any local medical committee (LMC) for the HWB area.

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

Definition of Pharmaceutical services

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

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

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

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

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

All contractors must provide full range of essential services.

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

- Medicines Use Review and Prescription Intervention (MURs)
- New medicine service (funded only in 2014/15 long term decision awaited)
- Appliance Use Reviews (AURs)
- Stoma Appliance Customisation Services (SACs)

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

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

Whilst the National Pharmacy Contract is held and managed by the NHS England, local Thames Valley Area Team, and can only be used by NHS England, local commissioners such as West Berkshire Council and Newbury and District CCGs can commission local services using other contracts such as local government contracts and the standards NHS contracts to address additional needs.

Process for developing the PNA

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

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

A key part of the process for this PNA is to summarise the health needs of the local population using the joint strategic needs assessments of the findings of the HWB board.

The PNA has five main objectives:

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

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

Principles of Development

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

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

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

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

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

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

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

National Pharmacy Commissioning

Commissioning Arrangements

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

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

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

There are four ways in which pharmaceutical services are commissioned:

NHS England

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

NHS England Area Team (AT)

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

Local Authority

- Provision of public health services in line with local Health and Well being Strategy.

CCGs

- Locally commissioned in line with local needs and CCG strategy

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

Local Professional Networks

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

In general they:

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

The specific functions of the Pharmacy LPN include:

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

Contribution of Pharmacy

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

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

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

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

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

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

The call to action consultation has now finished and the response is awaited from the Department of Health.

National Outcomes frameworks

Pharmacy has a key role in supporting the achievement of the NHS outcomes Framework. This framework measures the success of the NHS in improving the health of the population.

NHS Outcomes Framework

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

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

Public Health Outcomes Framework

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

Control of Market Entry

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

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

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

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

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

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

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

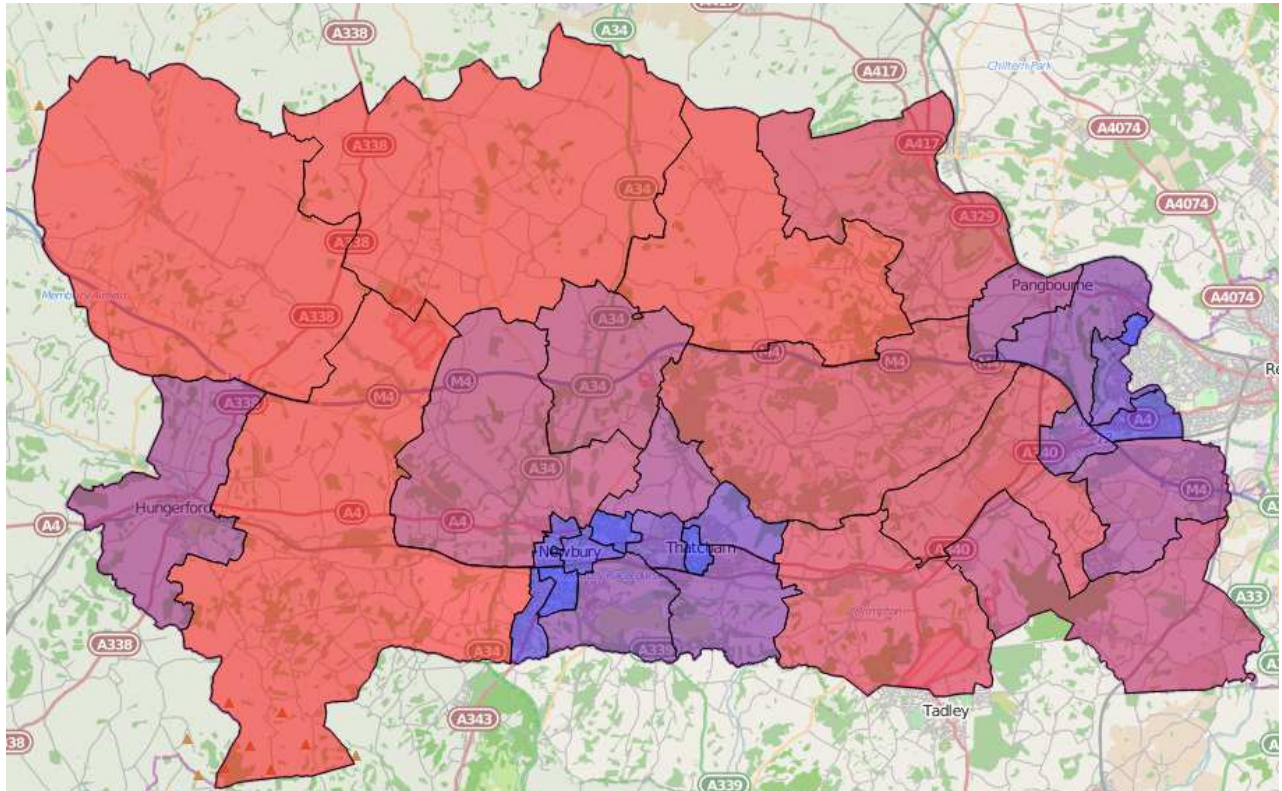
The change in the market entry test means that it is no longer necessary to have exemptions to the test for the large out of town retail developments, the one stop primary medical centres, or the pharmacies undertaking to provide pharmaceutical services for at least 100 hours per week. These exemptions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

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

Geography Covered by West Berkshire PNA

Each PNA has to define its geographic scope. This year the West Berkshire PNA is following the boundaries of the Local Authority, as is each PNA for the Berkshire Local Authorities. The services are mapped for each Local Authority, although a composite picture is given for Berkshire. Results are also compared by Local Authority versus the whole of Berkshire. See Appendix 1 for a map of West Berkshire pharmacies.

Figure 1: Map of West Berkshire showing ward boundaries



The wards in West Berkshire are:

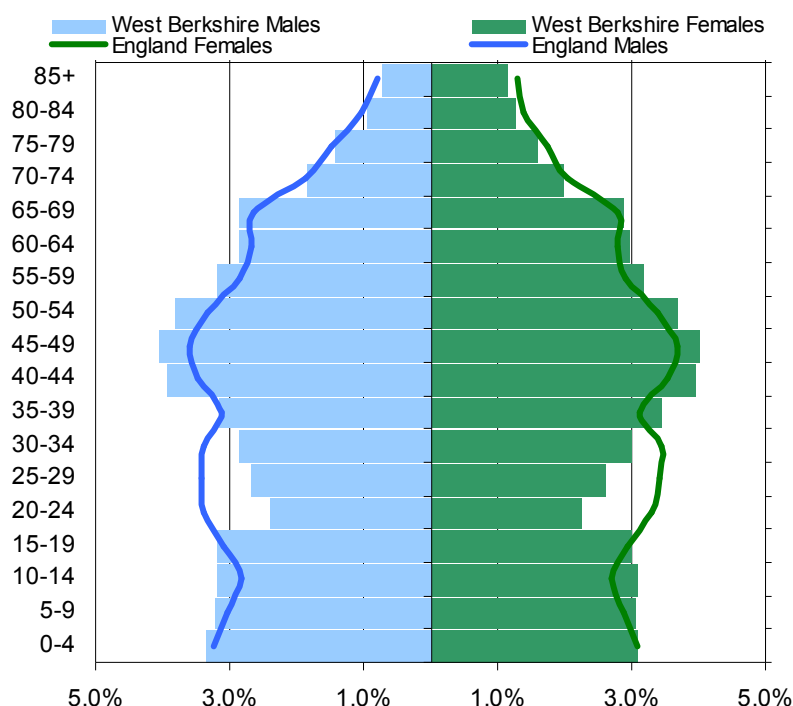
Aldermaston	Downlands	Speen
Basildon	Falkland	Sulhamstead
Birch Copse	Greenham	Thatcham Central
Bucklebury	Hungerford	Thatcham North
Burghfield	Kintbury	Thatcham South and Crookham
Calcot	Lambourn Valley	Thatcham West
Chieveley	Mortimer	Theale
Clay Hill	Northcroft	Victoria
Cold Ash	Pangbourne	Westwood
Compton	Purley on Thames	

West Berkshire Demographics

The population of West Berkshire is now 155,392.

As a proportion of the total population, there are fewer adults aged 20 to 34 than the national average. However, there are a larger proportion of adults aged 40 to 69.

Figure 2: West Berkshire Council's Population pyramid, compared to the national profile



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

The registered population differs to resident as this is the number of people registered with GP practices based in West Berkshire.

Figure 3: Resident and registered population of West Berkshire and other Berkshire Local Authorities

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

Source: Office for National Statistics (2014)

Figure 4: Ethnic Origin of resident population in West Berkshire and other Berkshire Local Authorities (Census 2011)

	West Berkshire	Bracknell Forest	Reading	Slough	Windsor and Maidenhead	Wokingham
All Usual Residents	153,822	113,205	155,698	140,205	144,560	154,380
English/Welsh/Scottish/Northern Irish/British, Irish, Gypsy or Irish Traveller, White Other	94.8	90.6	74.8	45.7	86.1	88.4
Mixed/Multiple Ethnic Groups: White and Black Caribbean, White and Black African, White and Asian, Mixed Other	1.6	2.1	3.9	3.4	2.3	2.0
Asian/Asian British: Indian, Pakistani, Bangladeshi, Chinese, Asian Other	2.4	5.1	13.6	39.7	5.5	7.5
Black/African/Caribbean/Black British: African, Caribbean, Black Other	0.9	2.0	6.7	8.6	6.6	1.4
Other Ethnic Group	0.2	0.5	0.9	2.6	0.8	0.7

Source: Office for National Statistics (2011)

Figure 5: Life Expectancy for men and women in West Berkshire and other Berkshire Local Authorities (2010-12)

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

Source: Office for National Statistics (2014)

Children

Children in poverty

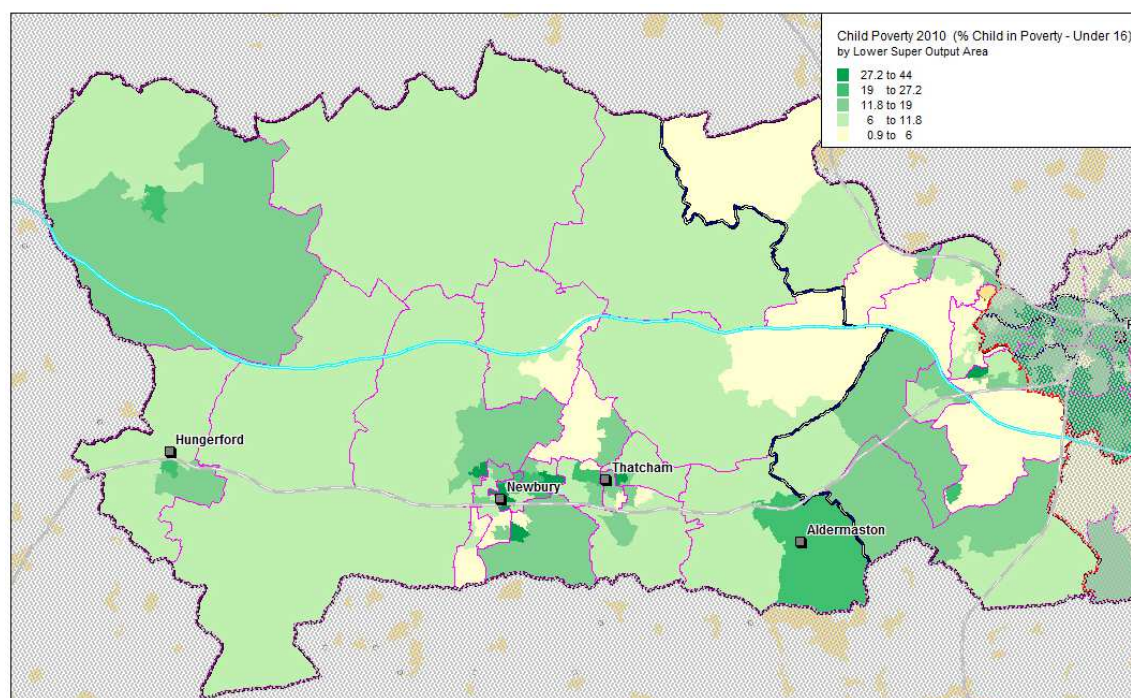
Child poverty and deprivation can be measured in a number of different ways. Figure 6 shows the percentage of children (dependent children under the age of 20), who live in households where income is less than 60% of average household income. This is termed as living in 'relative poverty'. Figure 6 also shows the Income of Deprivation Affecting Children Index score (IDACI score), which measures the proportion of under 16s living in low income households. A higher score indicates higher levels of child deprivation in an area.

Figure 6: Level of Child Poverty in West Berkshire and other Berkshire Local Authorities (2010-12)

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

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

Figure 7: Map to show level of Child Poverty in West Berkshire at a Lower Super Output Area (2010)



Child_Poverty_2010_HMRC_00MB.wor 22/08/2013 Sid Beauchant BHFT

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Source: Department for Communities and Local Government (2010)

Teenage Pregnancies

Figure 8: Under 18 conceptions and conception rates in West Berkshire and other Berkshire Local Authorities (3 year aggregates: 2010-2012)

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

Source: Office for National Statistics (2014)

Educational Attainment

Figure 9: Percentage achieving 5+ A*-C GCSE grades, including English and mathematics

Percentage achieving 5+ A*-C grades inc. English & mathematics GCSEs	
Area	%
West Berkshire	61.3
Bracknell Forest	63.4
Reading	63.6
Slough	71.4
Windsor and Maidenhead	68.3
Wokingham	70.6

Source: Department for Education (2012/13)

Figure 10: Key Stage 2 results – Percentage achieving level 4 or above by Local Authority

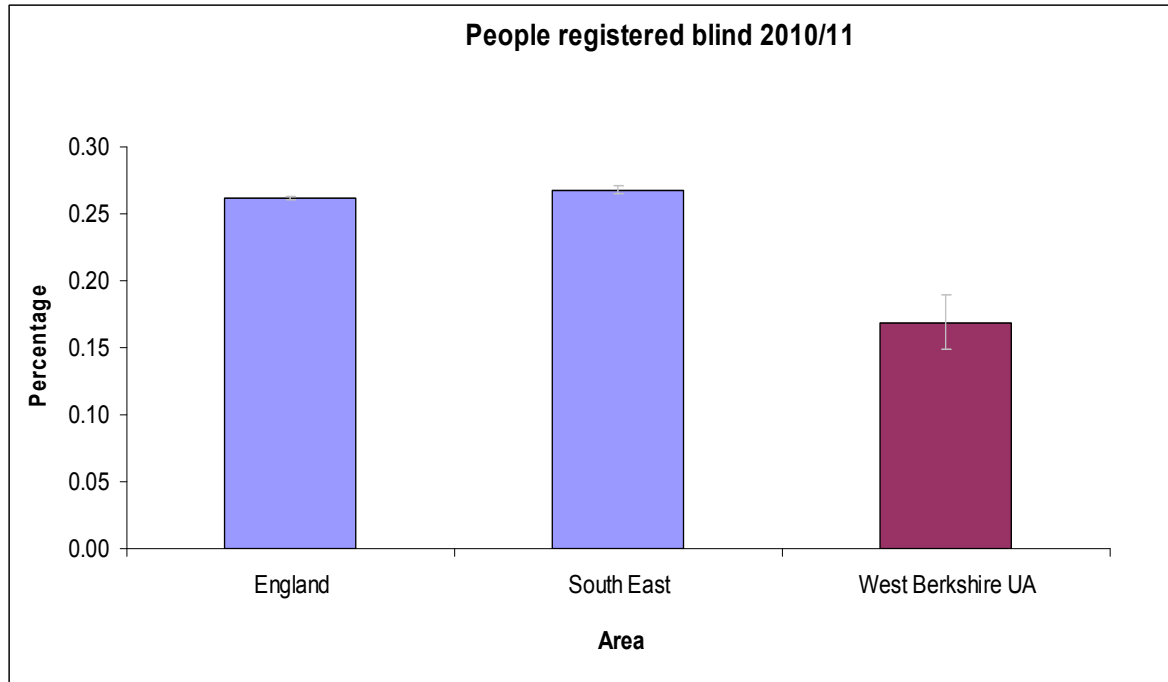
Percentage achieving level 4 or above	
West Berkshire	77%
Bracknell Forest	78%
Reading	69%
Slough	74%
Windsor and Maidenhead	79%
Wokingham	81%

Source: Department for Education (2013)

Physical disability and sensory impairment

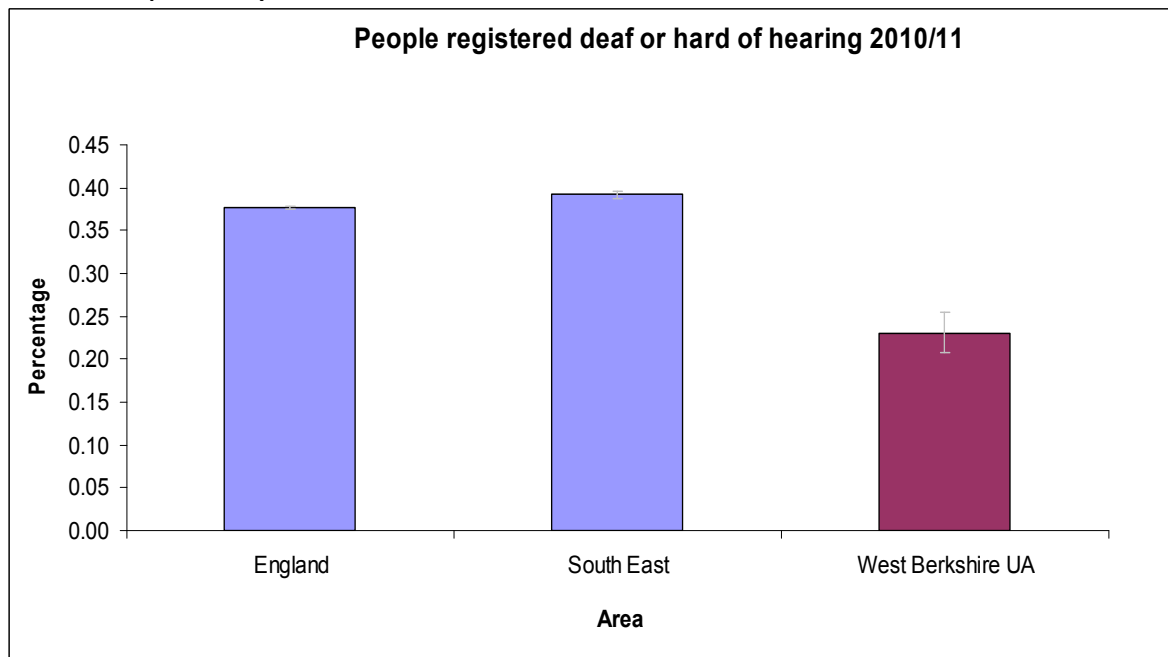
Figures 11 and 12 shows the number of people receiving certification as being blind, partially sighted, deaf or hard of hearing as a proportion of the total population. Fewer people in West Berkshire are registered as having a sensory impairment than the national and South East Region averages.

Figure 11: Percentage of people registered as blind in West Berkshire (2010/11)



Source: Health and Social Care Information Centre (2011)

Figure 12: Percentage of people registered as deaf or hard of hearing in West Berkshire (2010/11)



Source: Health and Social Care Information Centre (2011)

The Projecting Adult Needs and Services Information System uses Office for National Statistics population projections and the number of people estimated to have a physical disability to project how many people aged 18 to 64 will have a physical disability from 2012 to 2020. Around 7,600 people in West Berkshire are estimated to have a moderate physical disability in 2012 with just under 2,300 estimated to have a serious physical disability. These figures are estimated to rise to around 8,050 and 2,460 by 2020.

Carers

9.3% of West Berkshire's respondents stated that they provided unpaid care to a family member, friend or neighbour in the 2011 Census. Figure 13 provides a breakdown to show the levels of unpaid care provided.

Figure 13: Percentage of people providing unpaid care in West Berkshire and other Berkshire Local Authorities (Census 2011)

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

Source: Office for National Statistics (2012)

West Berkshire Needs Assessment

Residents of West Berkshire have good levels of health in general - both men and women in West Berkshire are expected to live longer on average and benchmarked indicators of health show West Berkshire in a favourable light.

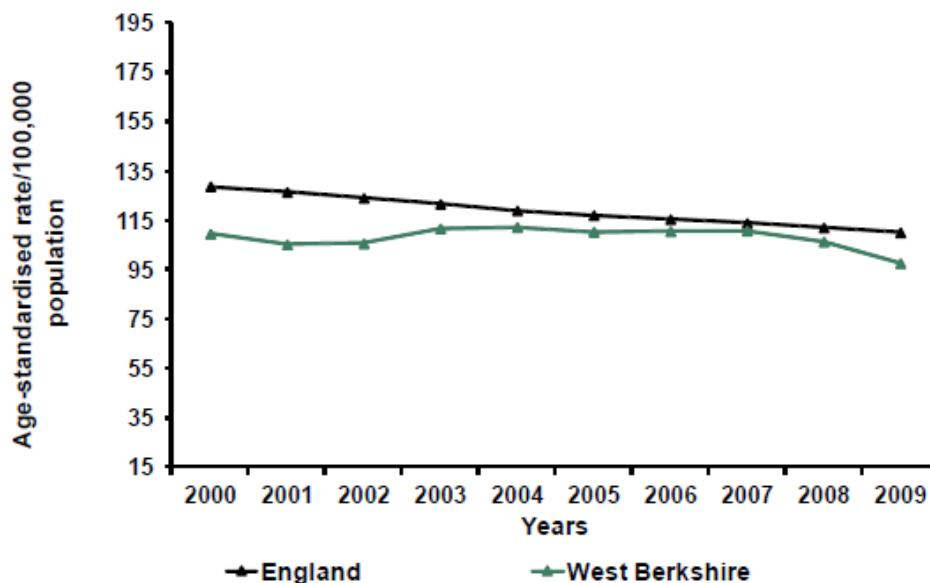
Between 2001 and 2011, the number of people aged over 65 has risen by just under 4,500 (23%). This continued increase in numbers of residents aged over 65 in the next 10 years will see more people with long term conditions including diabetes, heart failure and dementia

Like neighbouring Boroughs, the commonest cases of early deaths are cancer, heart disease and stroke, lung disease and liver disease.

Cancer

Death rates from cancer are reducing, as they are nationally, however cancer is still the leading cause of premature death in West Berkshire causing 130 deaths per 100,000 people (*Longer Lives, Public Health England*).

Figure 14: Rate of deaths from cancer for people aged under 75 in West Berkshire (2000-2009)



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

Screening is a key health intervention that will allow earlier detection of cancer or its precursors. In West Berkshire whilst uptake of breast and cervical cancer screening is above the England average, bowel cancer screening uptake needs improvement to reach the expected target.

Heart Disease and stroke

The modelled prevalence of heart disease and stroke in West Berkshire is shown in Figure 15.

Figure 15: Recorded and estimated prevalence of heart disease and stroke in West Berkshire

Disease	GP recorded prevalence (2012/13)	Modelled/ Estimated (2011)
Hypertension (high blood pressure)	28.4%	28%
Coronary heart disease	2.5%	5%
Stroke	2%	2%

Source: Health and Social Care Information Centre (2013)

Heart disease is caused by a range of risk factors - lifestyle and modifiable risk factors can be influenced to reduce an individual's risk of heart disease. The NHS Health Checks programme is a risk assessment and management programme aimed at preventing and delaying the onset of cardiovascular diseases such as heart and kidney disease, diabetes and stroke.

Developing well

West Berkshire has lower than average rates of obesity in children, though adults are becoming increasingly overweight.

Teenage conception rates are decreasing, though reported access to sexual health advice is an ongoing issue.

Living Well - Lifestyle

Smoking

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

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

Whilst smoking prevalence in West Berkshire is close to the England average (18.8%) and in routine and manual workers is higher than the national average (31% v 30% nationally) approximately 230 per 100,000 people aged over 35 years will die due to smoking related illnesses. In addition 900 people will be admitted to hospital with smoking related illnesses (*Local Tobacco Control Profile, 2013*).

Alcohol

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

The ongoing trend of a reduction in alcohol consumption by Young People in West Berkshire continues.

Estimates of binge drinking behaviour suggest in West Berkshire fewer than 18% of the population aged over 18 years of age engage in binge drinking, which is close to the national and regional averages of 20% and 18% respectively.

Higher risk drinking is the level of drinking that has the greatest risk of health problems and is quantified as more than 50 units a week for men and more than 35 units a week for women. Modelled estimates suggest that 7% of the West Berkshire LA population engage in higher risk drinking, which translates to almost 9000 people in West Berkshire seriously damaging their health through alcohol misuse (*LAPE, 2013*).

Flu Immunisation

Flu immunisation is a key public health programme that reduces the mortality and morbidity from this common condition. Whilst West Berkshire was one of a minority of areas that achieved the 75% target for patients aged over 65, the at risk groups had significant gaps in uptake.

Figure 16: Recorded and estimated prevalence of heart disease and stroke in West Berkshire

Target uptake	Aged 65 years and over		Aged 6 months to 64 years in clinical risk groups		Pregnant women	
	75% (2012/13)	Distance from 2013/14 target of 75%	70% (2012/13)	Distance from 2013/14 target of 75%	70% (2012/13)	Distance from 2013/14 target of 75%
West Berkshire	76.7%	1.7%	59.4%	-15.6%	46.9%	-28.1%
Berkshire West	75.9%	0.9%	56.4%	-18.6%	48.3%	-26.7%
England	73.4%	-1.6%	51.3%	-23.7%	40.3%	-34.7%

Source: NHS Thames Valley Local Area Team (2013)

Mental Health

Depression and anxiety disorders are common throughout the UK population. However whilst 125 people in every 100,000 people living in West Berkshire are admitted to hospital due to mental ill health, this is lower than the national and regional average. In West Berkshire, about 7 people in every 100,000 commit suicide (or injury of undetermined intent) and this is mirrored by the fact that fewer people in West Berkshire are recorded as having severe and enduring mental health issues. However 13 % of patients on GP registers are recorded as having depression - more than the England average (*West Berkshire JSNA*).

Ageing Well

In West Berkshire, the percentage of the population aged 65+, 75+ and 85+ is significantly higher than the England average.

The population of people over 65 years is forecast to increase from 25,100 in 2012 to 31,200 in 2020 and those aged 85 years from 3,200 in 2012 to 4,300 in 2020.

- 3,500 people aged 65 to 74 and 5,500 people aged 75 and over living in West Berkshire are estimated to be living alone.
- Around 2,150 people aged 65 and over living in West Berkshire are estimated to have depression in 2012 with numbers rising slightly year on year.
- West Berkshire has a higher rate of delayed transfers of care than would be expected against the national and regional benchmarks. This is also the case for delayed transfers of care that are attributable to adult social care.

Wider Determinants and Vulnerable groups

There is a higher percentage of households in rural areas of West Berkshire that are estimated to be living in 'fuel poverty'

Around 40 people in every 100,000 are killed or seriously injured on West Berkshire's roads each year which is the only benchmarked indicator where West Berkshire is significantly worse than the England average.

The significant amount of rurality within West Berkshire which requiring outreach or transport solutions for services in rural wards.

Monitoring against the Public Health Outcomes Framework

The Public Health Outcomes Framework includes over 60 indicators, which measure key aspects of public health within a Local Authority area. In August 2014, West Berkshire was seen to be "significantly worse" than the England figures on five of these measures:

- 1.02ii School readiness - % of Year 1 pupils with FSM status achieving the expected level in the phonics screening check
- 1.18i Social isolation - % of adult social care users who say they have as much social contact as they want
- 2.21vii Access to Diabetic Eye Screening
- 2.22v NHS Health Checks - % of eligible population who received and NHS Health Check
- 3.02ii Chlamydia diagnoses (15-24 year olds)

Local Commissioning Strategies

West Berkshire Health and Wellbeing Strategy

The Health and Wellbeing Vision for West Berkshire is:

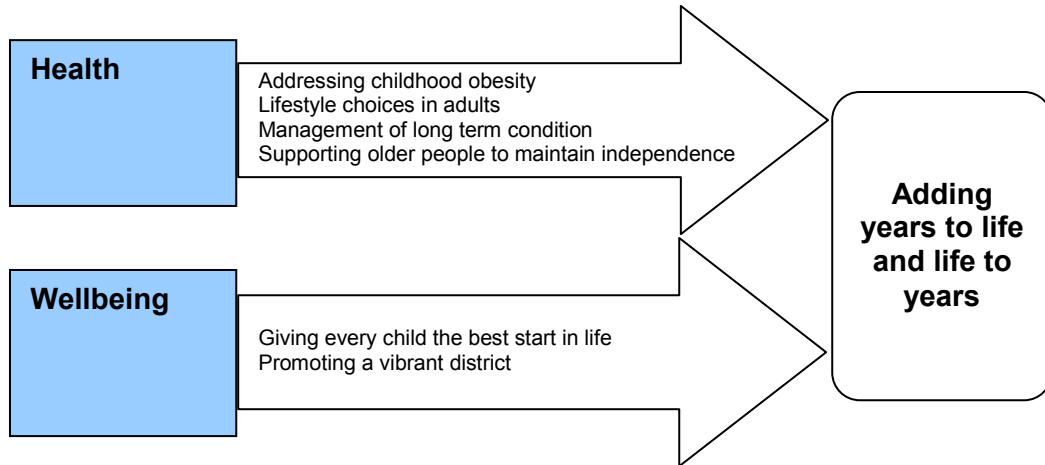
We aim to add years to life and life to years for the residents of West Berkshire

A number of key values have been adopted in producing the strategy these include:

- We aim to reduce the unacceptable inequalities in health across West Berkshire.
- We will promote independence and reduce social exclusion.
- We will address underlying environmental and economic determinants of health.
- We will get the best value from our resources.
- We will invest in prevention and early intervention.
- We will use evidence of effectiveness to inform everything that we do.
- We will deliver cost effective health and care services as close to people's homes as is possible.

The Strategy commits to the following objectives:

- To offer all children in West Berkshire the best start in life.
- To prolong life expectancy whilst maintaining a high quality of life in later years.
- by promoting healthier lifestyles and positive mental health throughout the life course.
- To sustain thriving and supportive communities.
- To improve access to services through transport and opportunities to walk and cycle.
- To ensure the highest possible standards of health and social care service provision.
- To support programmes which support sustainable development.
- To focus activities on key settings for health, such as schools, workplaces, health and care establishments.

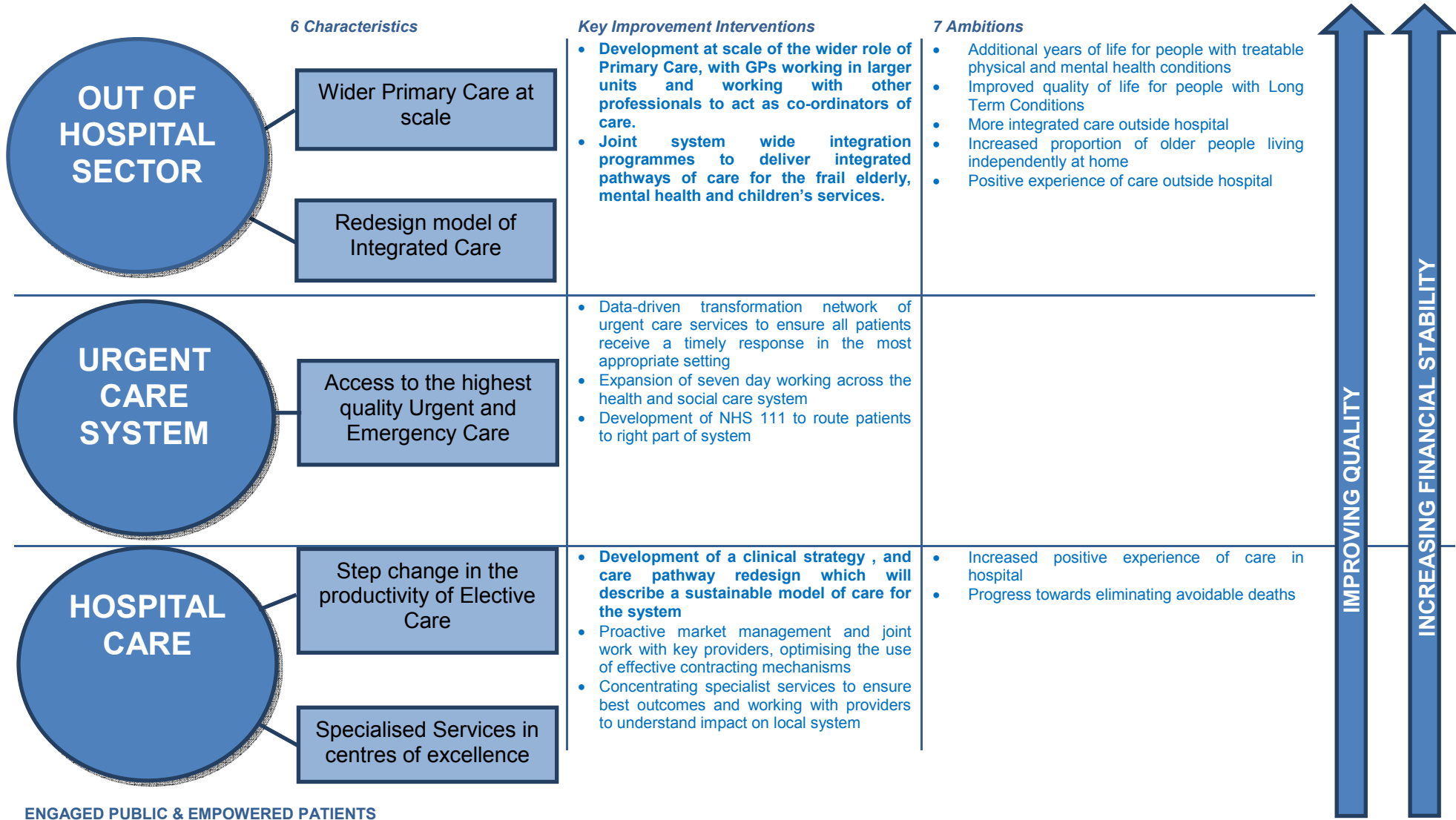


CCG Strategy

The local NHS commissioners in West Berkshire are Newbury and District CCG. This CCG works collaboratively with 2 CCGs in Reading and Wokingham CCG. This collaboration encompasses their strategic planning function and the recent produced strategic plan is included below, which summarises their key priorities.

Figure 17: Berkshire West CCGs Strategic Plan on a Page

Berkshire West Strategic Plan on a Page



Current Pharmacy Provision

As detailed above the core Pharmaceutical services are provided through the National Pharmacy Contract which has three tiers:

- Essential Services
- Advanced services
- Enhanced Services

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

However in addition community pharmacy can be commissioned by:

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

There are currently 29 community pharmacies in West Berkshire and 162 across Berkshire. These provide the essential services and arrange of advanced and enhanced services. The types of business vary from multiple store organisations to independent contractors. There are two 100 hour pharmacies in West Berkshire.

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

Essential Services

The following services form the core service provision required of all 24 Wokingham pharmacies as specified by the NHS Community Pharmacy Contract 2013.

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

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

Advanced Services

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

Enhanced Services

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

Public Health within the council:

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

'morning after pill', when appropriate to patients in line with the requirements of a locally agreed Patient Group Direction (PGD).

- **Smoking Cessation Services** – Working with the main provider of Smoking cessation services pharmacies provide a range of support including medication to people who want to give up smoking.
- **NHS Health Checks** - Pharmacies are commissioned to deliver NHS health checks to anyone aged 40 – 74, who does not have an existing cardiovascular condition. This provides the individual with an assessment of their risk on developing heart disease and allows signposting to GP follow up or health promotion services e.g. weight reduction / smoking cessation

By the CCGs within Berkshire:

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

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

By NHS England:

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

Private Services:

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

Pharmacy provision - current

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

Current Pattern of Enhanced services

For more details see Appendix 2.

In addition to community pharmacies, to ensure access in defined rural areas (controlled localities) - GPs may provide dispensing services to patient who live more than 1.6km from a pharmacy.

West Berkshire has 7 dispensing doctors:

1. Lambourn Surgery Brockhampton
2. Kintbury And Woolton Hill Surgery Newbury Street
3. The Downland Practice East Lane Surgery Chieveley

4. Mortimer Surgery Victoria Road Mortimer
5. Theale Medical Centre Englefield Road Theale
6. Chapel Row Surgery The Avenue Bucklebur
7. Pangbourne Medical Practice Boathouse Surgery Pangbourne

There is one Essential small pharmacy local pharmacy service (ESPLPS) in West Berkshire:

- Downland Pharmacy, East Lane, Chieveley, Newbury, RG20 8UY

An ESPLPS pharmacy is open in a neighbourhood where it is not 'financially viable' to be open but it is in an area where it is believed that the local population require access to pharmacy services. The contract allows a subsidy to the pharmacy to remain open in that area depending on the level of prescriptions dispensed. The Department of Health have reviewed the ESPLPS contracts and have extended current arrangements until 2016.

Outside of area service providers

Residents can of course access pharmacies in other areas, and West Berkshire border with the following authorities:

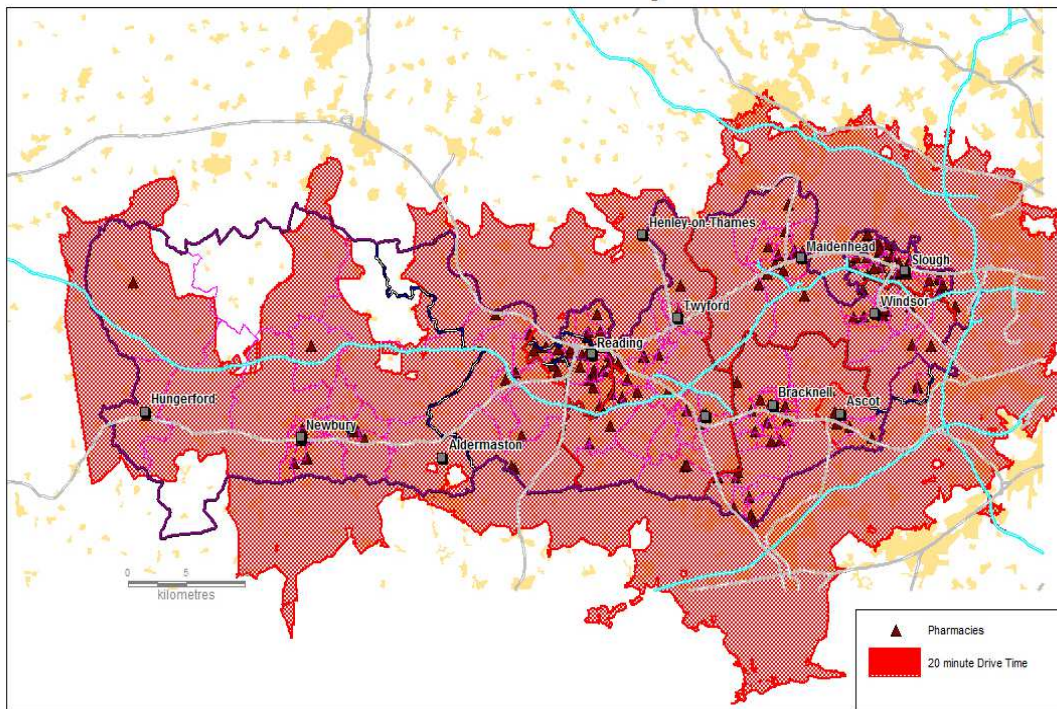
- Reading
- Hampshire
- Wiltshire
- Wokingham
- Oxfordshire

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

Pharmacy Access and Services

One measure of accessibility is the number of patients that can get to a pharmacy within 20 minutes driving time (see Figure 18). For West Berkshire it can be seen that not all of the population can access a pharmacist within this time. This reduced access typifies the challenges of a rural community.

Figure 18: Population of Berkshire that can get to a pharmacy within a 20-minute drive time



Berks_PNA_Apr14_v1.wor 15/05/2014 Sid Beauchant BHFT

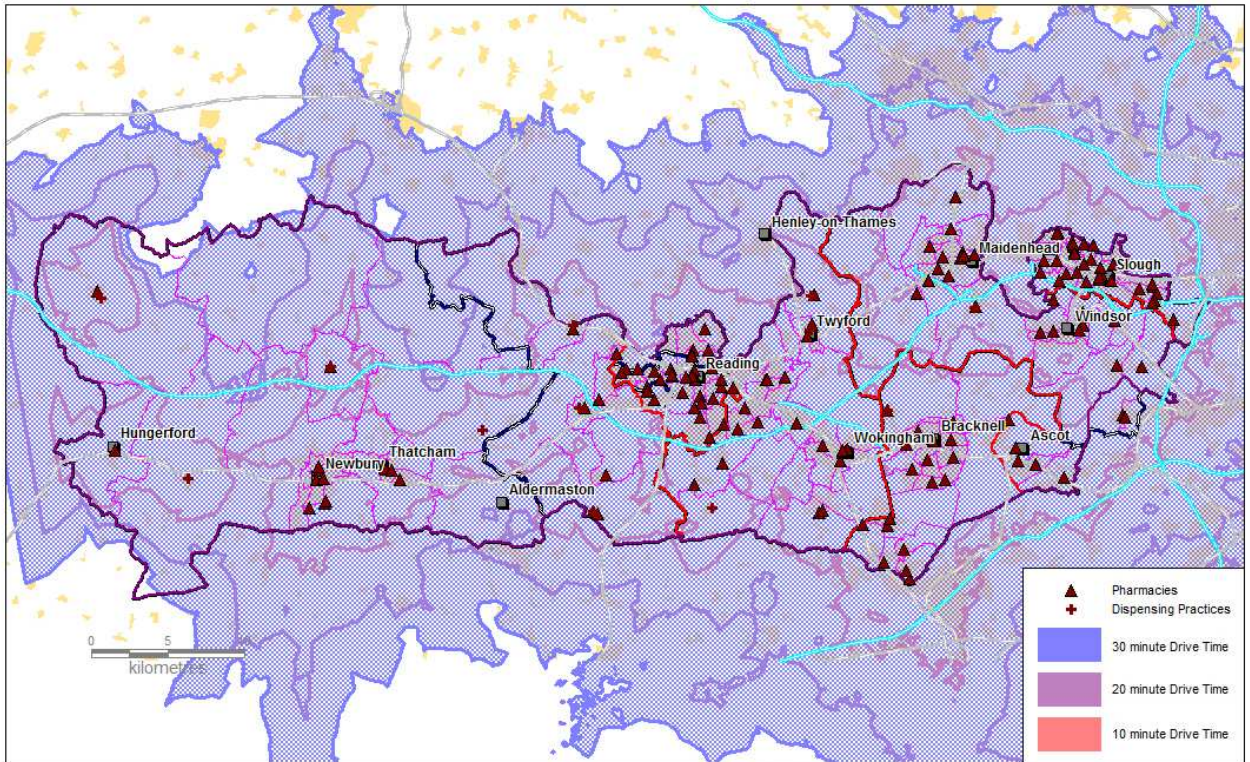
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The total population of West Berkshire in 2013 was 155,392. If we model the numbers that might be affected by access issues then the estimated population affected is approximately 3,100 residents. The centres of population that are possibly not covered are places that are either within the gaps of 20 minute coverage, or on the border of them:

- Aldermaston - AWE
- Aldworth
- Ashampstead
- Brightwalton
- Combe
- Compton
- Frilsham
- Hampstead Norreys
- Welford
- Yattendon

Figure 19 shows the coverage of 30 minute drive times. The remaining gaps appear to have an estimated population of less than 100.

Figure 19: Population of Berkshire that can get to a pharmacy within a 10, 20 or 30-minute drive time

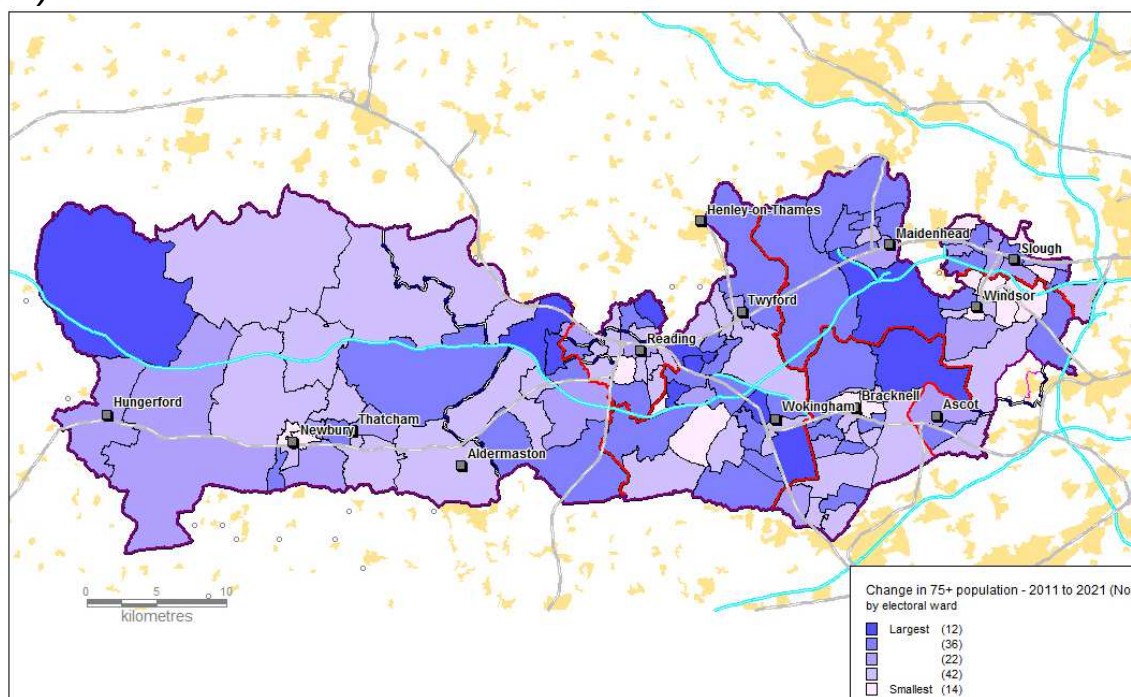


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Berks_PNA_Jul14_v1.wor 14/07/2014 Sid Beauchant BHFT

Since access is usually more difficult for older residents we have mapped the wards where the largest percentage increase in residents over the age of 75 years is likely to occur. It should be noted that the limited access in the north boundary does impact on this ward.

Figure 20: Change in population aged 75 and over within Berkshire (2011 to 2021)



PROJ_Local_2011_Ward_Berks.wor 19/05/2014 Sid Beauchant BHFT

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Source: Office for National Statistics (2014)

Opening Hours

A survey was undertaken of all pharmacists in West Berkshire. 19 providers out of 29 providers took part on this survey. The following information is taken from the survey.

All providers are open Monday to Friday between 6 am and 11 pm depending on the day of the week. 66% of providers are open on Saturdays, with 14% open on a Sunday. In addition West Berkshire has two '100 hour per week' pharmacists.

Consultation Facilities

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

In West Berkshire 74% of providers have wheel chair accessible consultation facilities, an additional 22% have a consultation space however it is not wheel chair accessible. Only 4% do not have consultation space available.

Advanced Services

Within West Berkshire all respondents provide advanced services for medicines, though this is not the case for appliance care and customisation services.

Figure 21: West Berkshire Pharmacy response to question about the provision of advanced services

	Yes	Soon	No
Medicines Use Review service	19 (100%)	0 (0%)	0 (0%)
New Medicine Service	19 (100%)	0 (0%)	0 (0%)
Appliance Use Review service	3 (15.8%)	0 (0%)	16 (84.2%)
Stoma Appliance Customisation service	1 (5.3%)	0 (0%)	18 (94.7%)

Additional language availability

There are only a few additional languages spoken in West Berkshire.

Collection and Delivery Services

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

95% of pharmacists in West Berkshire offer free prescription collection from the surgery services. In addition 85% of community pharmacies offer free delivery to patients when requested usually to patients with limited mobility.

IT connectivity

Moving forward service integration will require sharing of information and so it will become increasingly important for pharmacy to have IT connectivity if they are to play a role in transformed services. 95% of pharmacies in West Berkshire have IT connectivity with additional 5% planning connectivity in the next year.

Analysis of user survey

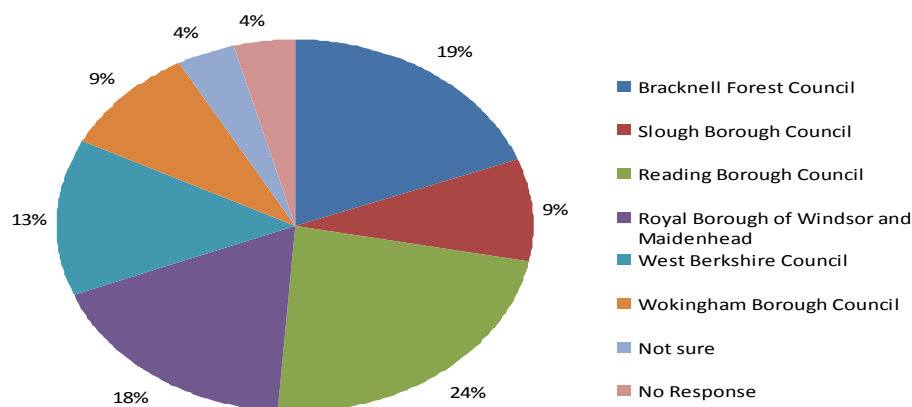
A key part of the PNA is to obtain the views of residents who use our community pharmacy and dispensing doctor services.

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

Respondents

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

Figure 22: Which local authority area do you live in?



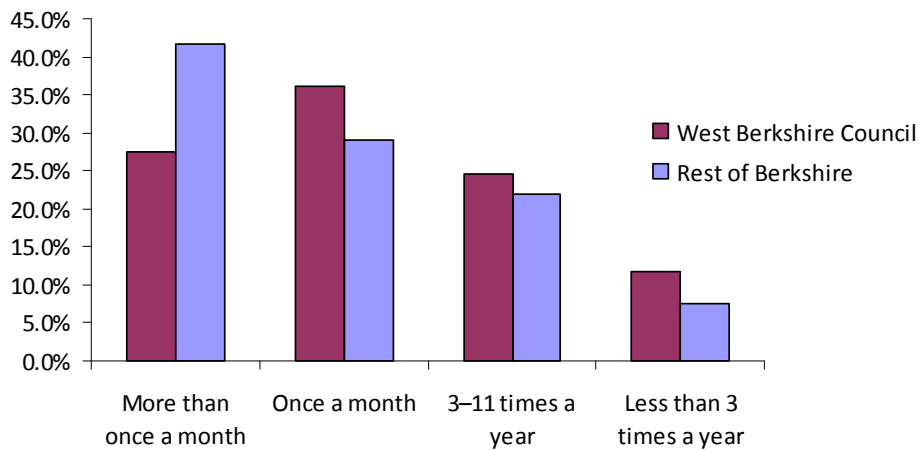
In West Berkshire there were 275 responses making up 13% of the total replies. Of these 93% were from respondents that classed themselves as white British and 3% as white other. The most common age groups that responded in West Berkshire was 45-54 year (27%) and 22% being aged 55-64 years. 17% of respondents were aged over 65 years

Pattern of use

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

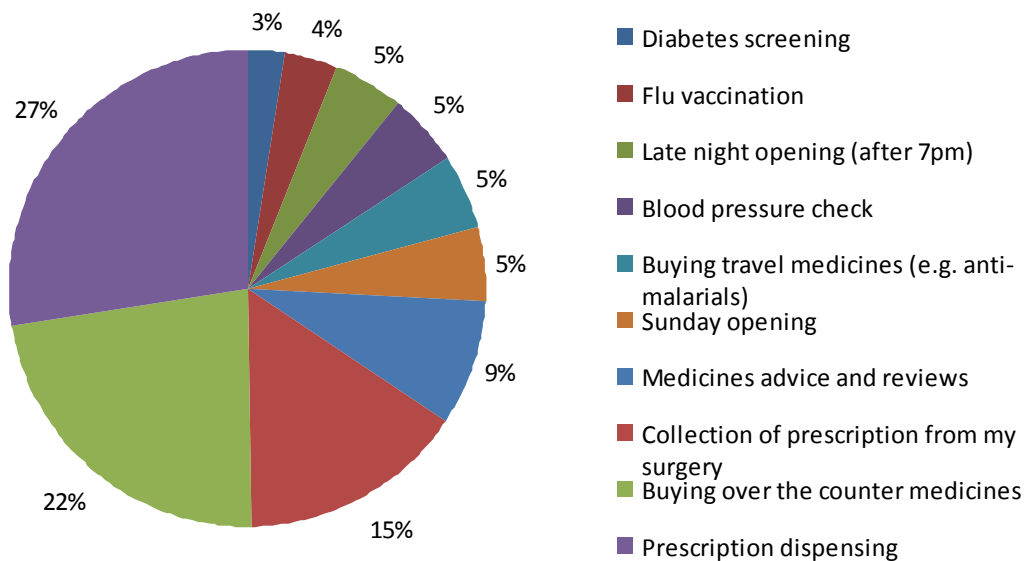
When residents were asked how often they used a community pharmacy they gave the following replies, which shows a lower usage in the “more than monthly” category than the rest of Berkshire.

Figure 23: How often do you use a pharmacy?



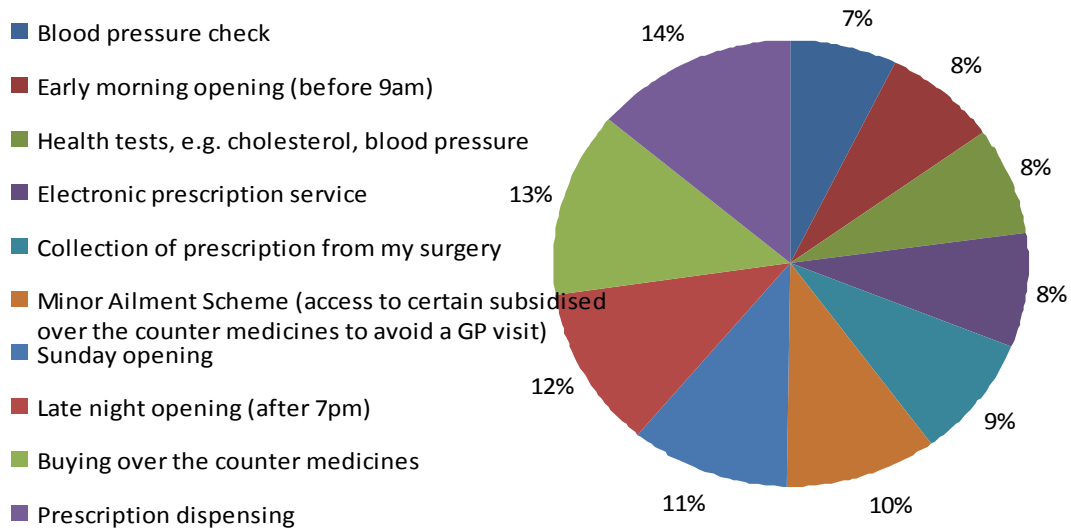
Additionally residents were asked about the type of services they currently use at their local pharmacy: As could have been expected the most common reason is to get prescriptions dispensed (27%) and buying over the counter medicines (22%). The results show how the respondents value to (voluntary) collection of prescription service provided by pharmacists (15%)

Figure 24: Which of the following service do you currently use at a pharmacy?



We also asked respondents' about the type of services they would like to see at a community pharmacy, whilst dispensing and medicines are still important and respondents wish to see extended opening times, 12% would like to see late night opening, 8% early morning opening and 11% Sunday opening.

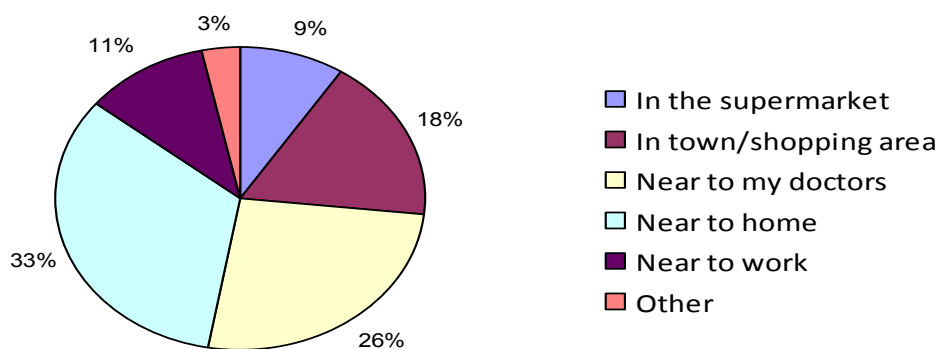
Figure 25: Which of the following services would you use at a pharmacy, if available? (Top 10 responses)



Access to pharmacy

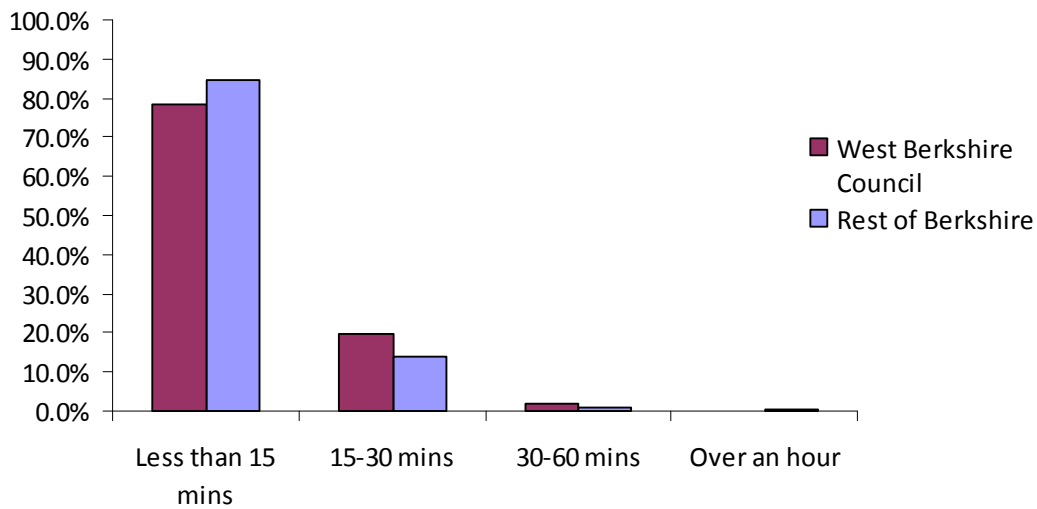
Respondents state they have good access to services with 97.5% being able to access the pharmacy of their choice. The commonest reason for choice of pharmacy service was proximity to home (33%) with 26% stating that proximity to GP was the key factor, however respondents in West Berkshire show the highest response in the town centre access category being important in comparison to the rest of Berkshire (18%).

Figure 26: Reason for choice of pharmacy



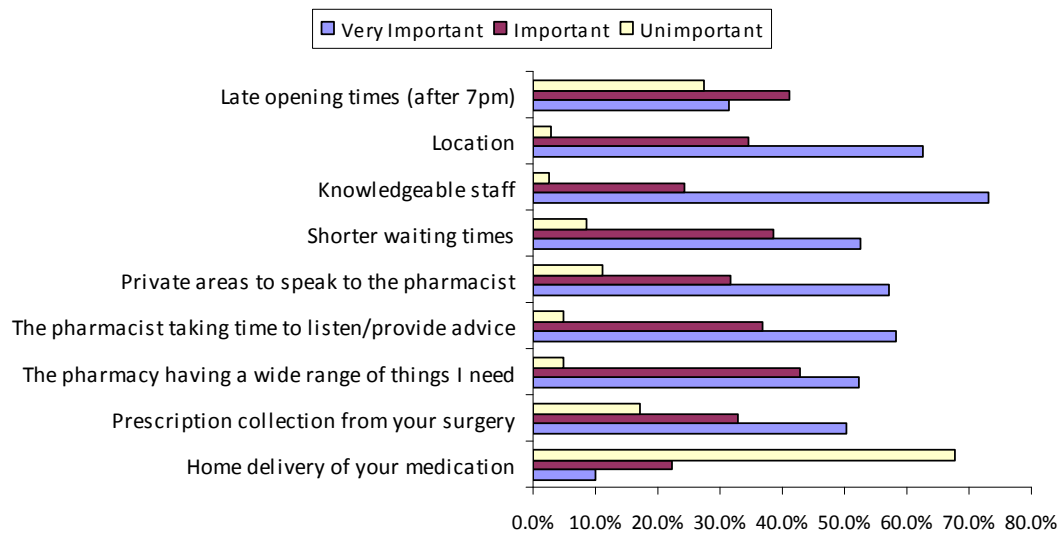
More respondents' access pharmacy on foot (52%) with 40% using the car. 79% of respondents can access services within 15 minutes and 20% within 15-30 minutes.

Figure 27: How long does it take you to travel to your pharmacy?



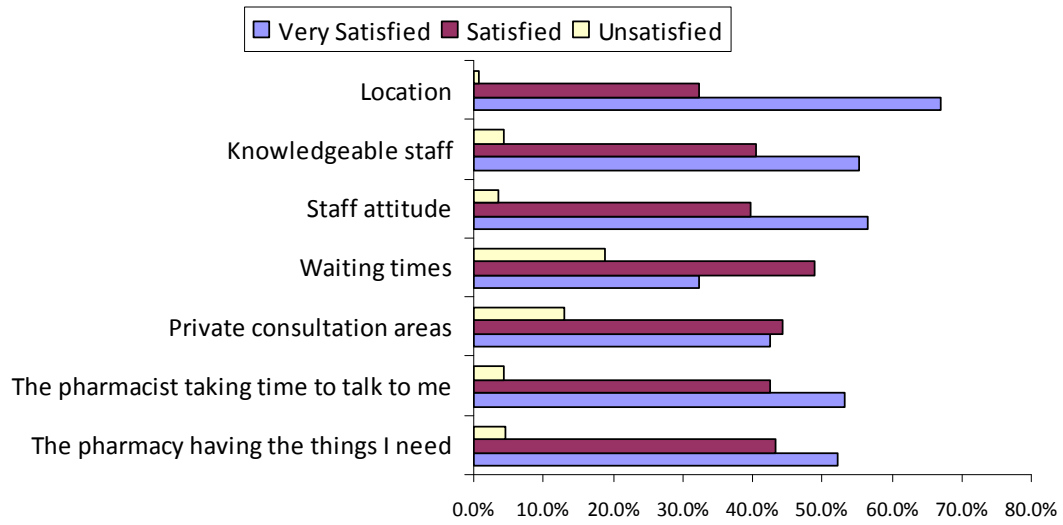
We asked respondents to rate the importance of the various services that pharmacies offer. The availability of knowledgeable staff is important closely followed by location.

Figure 28: How important are the following pharmacy services?



The final section of the survey tested the respondent's satisfaction with services. As has been seen there is a generally high level of satisfaction across most areas, the lowest level of satisfaction was with the waiting times and private consultation space – for waiting time 19% expressed dissatisfaction and consultation space 13%. These are the highest levels of dissatisfaction seen across Berkshire.

Figure 29: How satisfied were you with the following services at your regular pharmacy?



Recommendations

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

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

Essential services

In order to assess the provision of essential services against the needs of our population (Appendix 6) we mapped and assessed the location of pharmacies, their opening hours and the provision of other dispensing services. See Appendix 1. These factors which we consider to be key factors in determining the extent to which the current provision of essential services meets the needs of our current population.

Access

Current pattern of services provides good physical access to patients; however there are some gaps in this coverage. The modelling shows that approximately 3,000 residents are affected under this measure of access. In a rural areas access to services is a characteristic issue. If we look at 30 minute drive times then the numbers affected become very small.

However West Berkshire is also an older population and we therefore looked at wards where the greatest percentage rise in over 75 year's olds is predicted to occur, and this did coincide with one of the areas of poor coverage. However in West Berkshire 86% of respondents offer free delivery services (not a contractual requirement) which of course minimises the access problems currently .

Opening Hours

All providers are open Monday to Friday between 6 am and 11 pm depending on the day of the week. 66% of providers are open on Saturdays, with 14% open on a Sunday. In addition West Berkshire has two '100 hour per week' pharmacists.

Patient views

93% of respondents used community pharmacy. The user survey shows that respondents are generally very satisfied with pharmacy services in the borough. 97% are able to access the pharmacy of their choice, with 79% being able to access services within 15 minutes. The lowest levels of

satisfaction were seen with private consultation space and waiting times waiting time - 19% expressed dissatisfaction with waiting times and consultation space 13%, which are the highest levels of dissatisfaction expressed in Berkshire

Conclusion - Essential services

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

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

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

Advanced services

The advanced services are:

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

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

An important feature in the provision of advanced services is the provision of consultation areas within pharmacies; this was explored in some depth in the pharmacy contractor survey. 95% of pharmacies in West Berkshire provide access to consultation areas. In addition there is good provision of MUR services, 100% of respondents provide medicines support particularly relevant to residents with long term conditions.

Conclusion - advanced services

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

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

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

Locally Commissioned Services

Whilst it seems that there are sufficient numbers of pharmacies within West Berkshire the JSNA has identified a number of needs that in the future pharmacists could potentially address. The table below shows identified health needs that could be addressed through commissioning of pharmaceutical services, subject to a robust business case and contractual negotiations.

Figure 30: Summary of identified health needs and potential developments in West Berkshire

Identified Needs	Health	Current service provision Community pharmacy	Potential community pharmacy development
Adults Self care		Signposting is part of core contract	Strengthen use of community pharmacy as information hub for community contact - access to voluntary sector groups, exercise advice, "Making every contact Count" – building on the home delivery services offered (but not a contractual element) through many pharmacies to identify frail patients at risks and support preventative integrated care
		Medicine utilisation	To build on MUR and

Identified Needs	Health	Current service provision	Potential community pharmacy development
		Community pharmacy reviews	support wider information on the specific illness / motivational interviewing etc – e.g diabetes, respiratory illness
		Health promotion campaign	Develop skills to increase capacity and capacity of pharmacies teams to provide information and support healthy lifestyle choice - Making every count
Smoking		Solutions for health sub contract	Widen participation of community pharmacy
Alcohol		Pilot programme in pharmacies raising awareness of alcohol units	Expansion of this programme into a full Alcohol Intervention and Brief Advice Service
Cancer		Health promotion campaigns - bowel screening as part of core contract.	Build on dispensing opportunities to identify worrying symptoms to sign post to care
Cardiovascular disease		NHS health checks	Expansion of provision within the communities focussing on the more deprived communities
Chronic Obstructive Pulmonary Disease (COPD)		Medicine utilisation reviews	Develop capacity and techniques to support inhaler technique
Older people Older people Winter excess death Winter warmth Flu Immunisations Falls		Sign post vulnerable groups to support services Pilot of Flu immunisation to at risk groups	Widen availability of flu immunisation to all groups Screen people on high risk medication to give targeted support and

Identified Needs	Health	Current service provision Community pharmacy	Potential community pharmacy development
			signposting
Sexual Health	Emergency hormonal contraception Access to condoms - C Card scheme Chlamydia screening and treatment by PGD		
Substance misuse	Needle exchange Supervised consumption	PGD - naloxone therapy HIV Screening HepB&C Testing and treatment	