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# Executive summary

## Introduction

Each Health and Wellbeing Board (HWBB) has a statutory responsibility to publish and keep 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 West Berkshire 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, West Berkshire Council, or Berkshire West CCG<sup>1</sup>.

## Methodology

It is a statutory responsibility of all Health and Wellbeing Boards to produce and maintain a PNA for their area.<sup>2</sup> The next PNA is required to be published by 1st October 2022.<sup>3</sup> Healthy Dialogues were commissioned by the Berkshire East Public Health Hub on behalf of the six local authorities in Berkshire to undertake this process.

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<sup>1</sup> NB: Berkshire West CCG that was in place at the time of writing this PNA has now been dissolved. From the 1<sup>st</sup> July 2022 it has been replaced by a new organisation, Buckinghamshire, Oxfordshire and Berkshire West Clinical Commissioning Group.

<sup>2</sup> NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

<sup>3</sup> Department of Health & Social Care (October 2021) Pharmaceutical needs assessments: information pack for local authority health and wellbeing boards.

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In December 2021, a steering group of key 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.

The process included:

- a review of the current and future demographics and health needs of West Berkshire population determined on a locality basis
- a survey to West Berkshire patients and the public on their use and expectations of pharmacy services
- a survey to West Berkshire pharmacy contractors to determine their capacity to fulfil any identified current or future needs
- an assessment of the commissioned essential, advanced, and other NHS pharmacy services provided in West Berkshire
- a 60-day PNA consultation that ran from the 10<sup>th</sup> June to the 9<sup>th</sup> August 2022.

The final PNA report will be taken to the West Berkshire Health and Wellbeing Board for sign-off before the 1<sup>st</sup> October 2022.

## Findings

### *Key demographics of West Berkshire*

West Berkshire is a large rural unitary authority in Berkshire with pockets of high population density in the south and east regions of the district. It has an estimated 158,465 people living in the district (ONS, mid-2020 population estimates). It also has a relatively older population with a median age of 43.8, and the over 65 age group is expected to increase by 6.6% in the lifetime of this PNA (ONS, 2018 population projections).

Due to the rurality of the district, those living in rural areas who also lack access to private transport will have issues when it comes to accessing to health and social care services which may impact the need for pharmacy services. In addition, some of these are likely to be older residents who will have high health needs.

### *Key health needs of West Berkshire*

Overall, life expectancy in and healthy life expectancy are high in West Berkshire. However, females will, on average live for 19 years in poor health, males for 13 years. There is also inequality in life expectancy between those living in the most and least deprived areas of the district. Health risk behaviours such as smoking, drug misuse, harmful drinking and physical

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inactivity are low in comparison to regional and national figures. Additionally, prevalence of chronic and common health conditions such as circulatory diseases, cancer and respiratory diseases is also low in comparison to regional and national figures (OHID, Public Health Outcomes Framework, 2022). Estimated levels of depression are higher than national figures, particularly within Thatcham Town and Thatcham West (House of Commons Library, 2021). However, it should be noted that these estimates may reflect differences in how GPs record and measure information about their patients, rather than genuine differences in prevalence.

### ***Patient and public engagement***

A community survey was disseminated across West Berkshire. 256 people responded to tell us how they use their pharmacy and 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 location and parking. They preferred times to visit pharmacies were during weekdays and during normal working hours. Nearly all (98%) of respondents find their journey to reach a pharmacy takes under 20 minutes, most of whom were satisfied with that journey.

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

## **Statements on service provision**

There are 21 community pharmacies located within West Berkshire. There are a further 11 community pharmacies located within a mile of West Berkshire's border.

This PNA has assessed whether the current and future pharmacy provision meets the health and wellbeing needs of the West Berkshire 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.

Pharmacies are located across rural areas and areas of high density. There is good provision of community pharmacies in West Berkshire during normal working hours and adequate provision outside normal working hours.

This PNA has concluded that there is good access to essential, advanced and other NHS pharmaceutical services for the residents of West Berkshire with no gaps in the current and

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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?

- 1.1** A PNA is the statement of the needs for 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 West Berkshire.
- 1.2** Local pharmacies play a pivotal role in providing quality healthcare in local communities for individuals, families and carers. They 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.<sup>4</sup>
- 1.3** 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 be on the Pharmaceutical List.
- 1.4** 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 district. 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).
- 1.5** This document can also be used to:
- Assist the Health and Wellbeing Board (HWB) 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.
  - Inform interested parties of the pharmaceutical needs in the district and enable work on planning, developing and delivery of pharmaceutical services for the population.

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<sup>4</sup> PHE (2017). Pharmacy: A Way Forward for Public Health. Opportunities for action through pharmacy for public health.

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## Legislative background

- 1.6** 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.
- 1.7** 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.
- 1.8** 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.
- 1.9** 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 October 2025.
- 1.10** 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.
- 1.11** The NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013 and the Department of Health Information Pack for Local Authorities and Health and Wellbeing Boards<sup>1</sup> 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

- 1.12** 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

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- How needs of those with protected characteristics have been considered
  - 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.

**1.13** 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 district as well as those in neighbouring local authorities.
- **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 in order to meet a current or future need for a range of pharmaceutical services or a specific pharmaceutical service.

**1.14** 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 HWB area
- Any persons on the pharmaceutical lists and any dispensing GP practices in the HWB area

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- 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 Health and Wellbeing board.

## **Circumstances under which the PNA is to be revised or updated**

- 1.15** It is important that the PNA reflects changes that affect the need for pharmaceutical services in West Berkshire. For this reason, the PNA will be updated every three years.
- 1.16** If the HWB becomes aware of a significant change to the local area and/or its demography, the PNA may be required to be updated sooner. The HWB will make a decision 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 HWB becomes aware of a minor change that means a review of pharmaceutical services is required, the HWB will issue supplementary statements to update the PNA.

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# Chapter 2 - Strategic context

- 2.1 This section summarises key policies, strategies and reports which contribute to our understanding of the strategic context for 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. I

## National context

### **Integration and Innovation. Department of Health and Social Care's legislative proposals for a Health and Care Bill<sup>5</sup>:**

- 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 composed 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.

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<sup>5</sup> 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 NHS England, and NHS Improvement, organisations will come together 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)<sup>6</sup>

**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 (2019)** (NHS LTP) 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
10. Respiratory disease
11. Starting well
12. Stroke
13. Workforce

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<sup>6</sup> NHS. *The NHS Long Term Plan* (2019). <https://www.longtermplan.nhs.uk/>



- 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, smart 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.

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**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 their area.

**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 on**<sup>7</sup>, 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 areas with higher deprivation.
- 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 in 6<sup>th</sup> form and further education.
- Reduce in-work poverty by increasing national minimum wage.
- Increase number of post-school apprenticeship's 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.

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<sup>7</sup> 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](https://www.health.org.uk/sites/default/files/2020-03/Health%20Equity%20in%20England_The%20Marmot%20Review%2010%20Years%20On_executive%20summary_web.pdf)

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## **Public Health England (PHE)<sup>8</sup> Strategy 2020-2025<sup>9</sup>**

- 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 using technology to advice 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 a healthy start for children and families.

## **Community Pharmacy Contractual Framework (CPCF) 2019/20-2023/24<sup>10</sup>**

- 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

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<sup>8</sup> NB: As of October 2021, PHE ceased to exist. Responsibilities formally undertaken by PHE are now the responsibility of OHID, UKHSA and NHS England.

<sup>9</sup> Public Health England Strategy 2020-2025 (2019).

<sup>10</sup> Community Pharmacy Contractual Framework (2019).

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/819601/cpcf-2019-to-2024.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/819601/cpcf-2019-to-2024.pdf)

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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.
- 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)<sup>11</sup>**

**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 CPCF over the course of the settlement period. Workstreams supported by the PhIF Programme include:

- GP referral pathway to the NHS CPCS.
- Hypertension Case-Finding Pilot - A model for detecting undiagnosed cardiovascular disease (CVD) in community pharmacy and referral to treatment within PCNs.

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<sup>11</sup> NHS Pharmacy Integration Programme. <https://www.england.nhs.uk/primary-care/pharmacy/pharmacy-integration-fund/>

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- Smoking Cessation Transfer of Care Pilot – hospital inpatients (including antenatal patients) will be able to continue their stop smoking journey within community pharmacy upon discharge.
  - 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.
  - 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: Berkshire<sup>12</sup>

**2.15** This report summaries and sets out plans to address the issues faced by the COVID-19 pandemic and inequalities, both locally and nationally. The reports 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 137900 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 children continued to learn in

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<sup>12</sup> 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](https://www.berkshirepublichealth.co.uk/wp-content/uploads/2021/02/Public_Health_Annual_Report_2020_FINAL_Accessible_Version_2.pdf)

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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.

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## **Berkshire West Integrated Care System (ICS)<sup>13</sup>**

**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 Berkshire West. 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:

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

## **Berkshire West Health and Wellbeing Strategy 2021-2030<sup>14</sup>**

**2.18** 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 local authorities. Reading, West Berkshire and Wokingham Health and Wellbeing boards (HWBBs) bring together local leaders from health and social care along with

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<sup>13</sup>Berkshire West Integrated Care System. <https://www.berkshirewestccg.nhs.uk/about-us/how-we-work-with-others/bob-integrated-care-system-ics/>

<sup>14</sup> Berkshire West Health & Wellbeing Strategy (2021-2030). <https://www.westberks.gov.uk/media/51940/Berkshire-West-Health-and-Wellbeing-Strategy-2021-2030-Dec->

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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 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 1001 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

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school environment, and will aim for early identification or 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 2019-2024<sup>15</sup>**

**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 taking into account 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 & 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.

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<sup>15</sup> 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>

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- Increase the number of patients supported to die in their place of choice.

## Annual Public Health Report 2020: Berkshire<sup>16</sup>

**2.22** This report summaries and sets out plans to address the issues faced by the COVID-19 pandemic and inequalities, both locally and nationally. The reports highlight 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 137900 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. For young people, they were more likely to lose jobs, with higher levels of loneliness. Nationwide, there was a reduction in the uptake of MMR vaccinations for babies, limited access to early years settings. Around 30% of parents did not feel that their children continued to learn in home settings, and lockdown impacted children's wellbeing. Children's visit to health services significantly reduced which meant less opportunities of health or safeguarding interventions. There are several vulnerable children and young people across Berkshire. For example, 12680 children were eligible for school meals, 11400 were living in overcrowded housing, 34,000 children were living in households with a parent with substance use, mental health issues or domestic violence, over 3000 young people were not in education or employment.
- **Safeguarding:** The COVID-19 lockdown and restrictions created factors that made 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 FGM are more common in particular communities. Within the first 3 weeks of lockdown 14 women and 2 children were killed in suspected domestic abuse incidents. Within Berkshire

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<sup>16</sup> 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](https://www.berkshirepublichealth.co.uk/wp-content/uploads/2021/02/Public_Health_Annual_Report_2020_FINAL_Accessible_Version_2.pdf)

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between 2018/2019 35,000 (under 18) children were exposed to additions, mental health issues, and/ or, domestic abuse within their households. There were 11 domestic suicides within the Thames Valley, and approximately 11,000 domestic abuse crimes reported to the Police within Berkshire, and an additional 6000 were raised for vulnerable adults.

- **Mental Health:** There are clear links between poor mental health and inequalities prior to the COVID-19 pandemic, however the inequalities continued to widen further in its wake. 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. Around 4000 people within Berkshire suffered from COVID-19, with 700 being hospitalised, and 51,000 delivering essential frontline services during the pandemic.
- **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.

**2.23** Community pharmacies are well placed to support some of these 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 West Berkshire HWB 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 West Berkshire Joint Strategic Needs Assessment
- Local policies and strategies such as the Joint Health and Wellbeing Strategy
- A survey to West Berkshire pharmacy contractors
- A survey to the patients and public of West Berkshire
- Local Authority and Buckinghamshire, Oxfordshire and Berkshire West (BOB) CCG commissioners

**Table 3.1: PNA 2022-25 data sources**

<b>Health need and priorities</b>	<ul style="list-style-type: none"> <li>• National benchmarking ward and borough-level data from Office for Health Improvement and Disparities<sup>17</sup></li> <li>• West Berkshire Joint Strategic Needs Assessment<sup>18</sup></li> <li>• A range of GLA demographic data sets</li> <li>• Synthesis from a range of national datasets and statistics</li> </ul>
<b>Current Pharmaceutical Services</b>	<ul style="list-style-type: none"> <li>• Commissioning data held by the NHS England</li> <li>• Commissioning data held by West Berkshire Council</li> <li>• Commissioning data held by BOB CCG</li> <li>• Questionnaire to community pharmacy providers</li> </ul>
<b>Patients and the Public</b>	<ul style="list-style-type: none"> <li>• Patient and public survey</li> </ul>

<sup>17</sup>Office for Health Improvement and Disparities (2022) Public Health Profiles: <https://fingertips.phe.org.uk/>

<sup>18</sup> West Berkshire Council. Joint Strategic Needs Assessment: <https://info.westberks.gov.uk/jsna>

3.3 These data have been combined to describe the West Berkshire population, current and future health needs and how pharmaceutical services can be used to support the Health and Wellbeing Board (HWBB) to improve the health and wellbeing of our population.

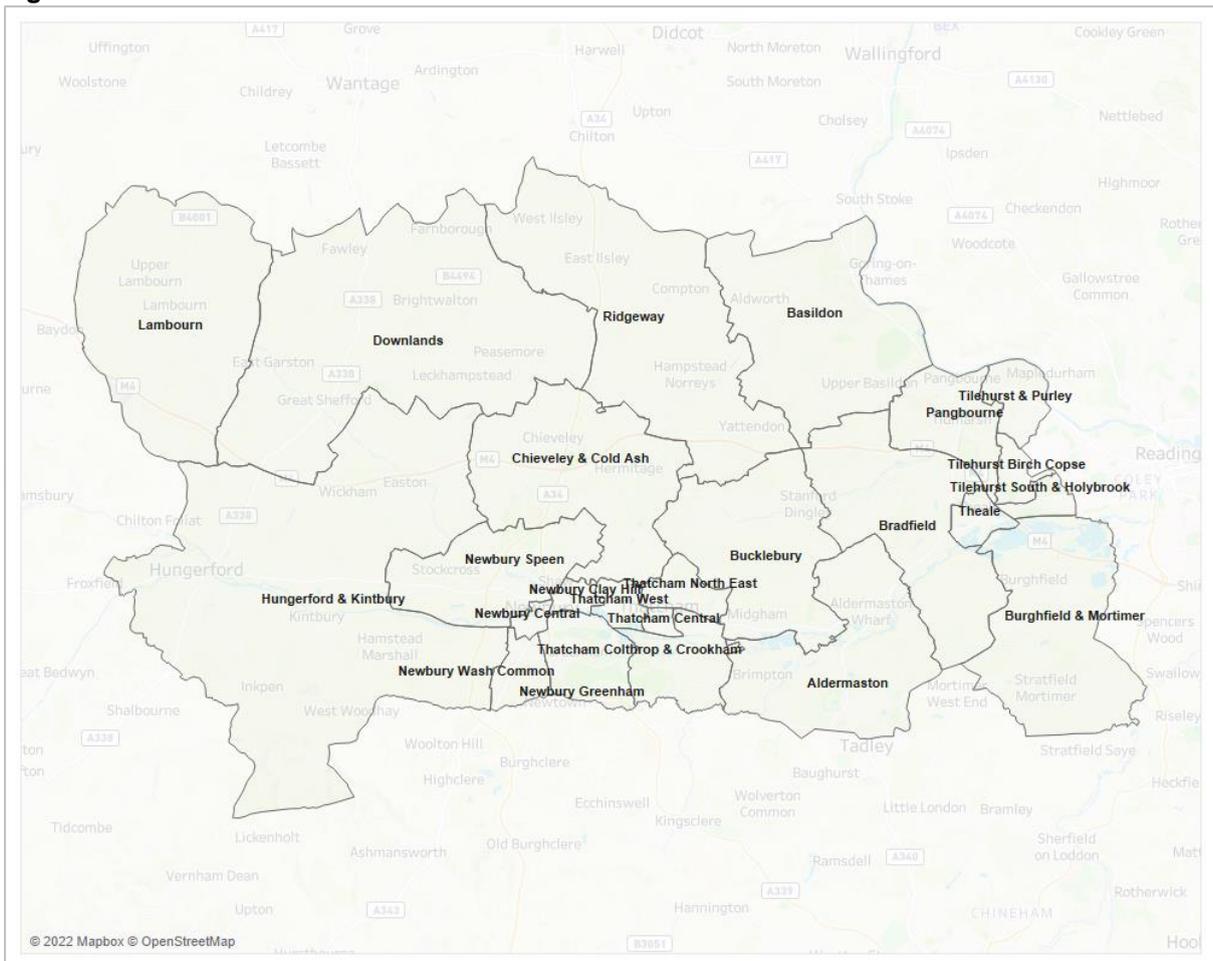
3.4 This PNA will be published for public consultation on the 10<sup>th</sup> June to the 9<sup>th</sup> August 2022. All comments will be considered and incorporated into the final PNA final report.

## 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 data at ward level such as demography, health needs and service provision commissioned by both West Berkshire Council and NHS commissioners. There are 24 wards in West Berkshire, these are presented in figure 3.1.

Figure 3.1: West Berkshire Council Electoral Wards



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- 3.6** In this PNA, geographic access to pharmacies have been determined using two commonly used measures in PNAs; a 1-mile radius from the centre of the postcode of each pharmacy. This is approximately a 20-minute walk from the outer perimeter of the buffer zone created.
- 3.7** 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 West Berkshire was appropriate given the mix of urban and rural areas of the local authority area.
- 3.8** The 1-mile and 20-minute travel time coverage was also explored in terms of deprivation and population density.
- 3.9** 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) and locations of dispensing GPs. These instances have all been stated in the relevant sections of the report.

### **Patient and public survey**

- 3.10** 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.
- 3.11** 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) and how best to engage them for the survey.
- 3.12** There were 256 responses to the West Berkshire survey, the responses were explored, including detailed analysis of responses from Protected Characteristics populations.
- 3.13** Responses from the survey were used to understand how current pharmaceutical services meets the needs of the West Berkshire population and whether there were any different needs for people who share a protected characteristic in West Berkshire. The findings from the survey are presented in Chapter 6 of this PNA.

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## Pharmacy contractor survey

- 3.14** The contractor survey was sent all to the community pharmacies within West Berkshire and 19 out of 21 pharmacies responded. The results from this survey are referred to throughout this document.

## Governance and steering group

- 3.15** 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
- Berkshire Communications Team

- 3.16** The membership and Terms of Reference of the Steering Group is described in Appendix A.

## Regulatory consultation process and outcomes

- 3.17** The PNA for 2022-25 will be published for statutory consultation on 10<sup>th</sup> June for 60 days. It was also published on the council website for stakeholder comment. All comments will be considered and incorporated into the final report to be published by 1<sup>st</sup> October 2022.

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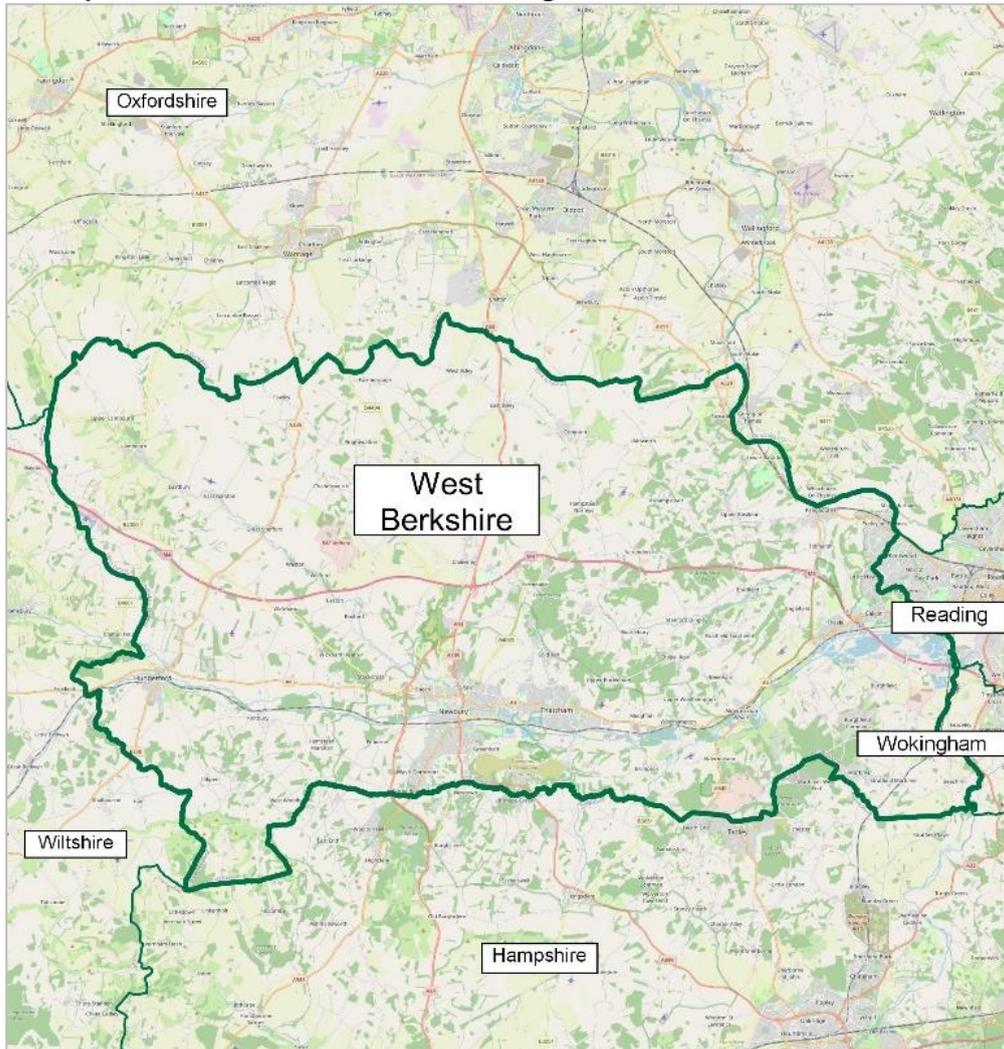
# Chapter 4 - Population demographics

- 4.1** This chapter presents an overview of population demographics of West Berkshire, particularly the areas likely to impact on needs for community pharmacy services. It includes an overview of the area of West Berkshire, 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:
1. Local area profile
  2. Demography
  3. Population projections
  4. Inequalities

## **West Berkshire local area profile**

- 4.3** West Berkshire is a unitary authority in Berkshire, on the western fringe of the South East region. The district is centred on the town of Newbury, and other major settlements are Hungerford, Thatcham. Some 20% of the district's population live in the suburban area of Tilehurst adjoining Reading borough.
- 4.4** The area has easy access to the national motorway network via the M4 motorway, and the A34 connects the district to Oxford to the north, and to Hampshire and the south coast to the south. The area also has good rail links, with the Great Western Main Line running through the district giving access to Swindon and Bristol to the west, and to Reading and London and other towns in the Thames valley to the east. Newbury is 61 miles from London, Hungerford is 68 miles from London, and Thatcham is 55 miles from London.
- 4.5** Parts of the district border neighbouring local authorities and shire counties such as Wiltshire to the west, Oxfordshire to the north, Reading and Wokingham local authorities to the south east, and Hampshire to the south. Figure 4.1 provides a context map showing the main settlements in the district, main transport routes, and the location of the district in relation to other local authorities.

**Figure 4.1: Map of West Berkshire and surrounding local authorities, 2022**

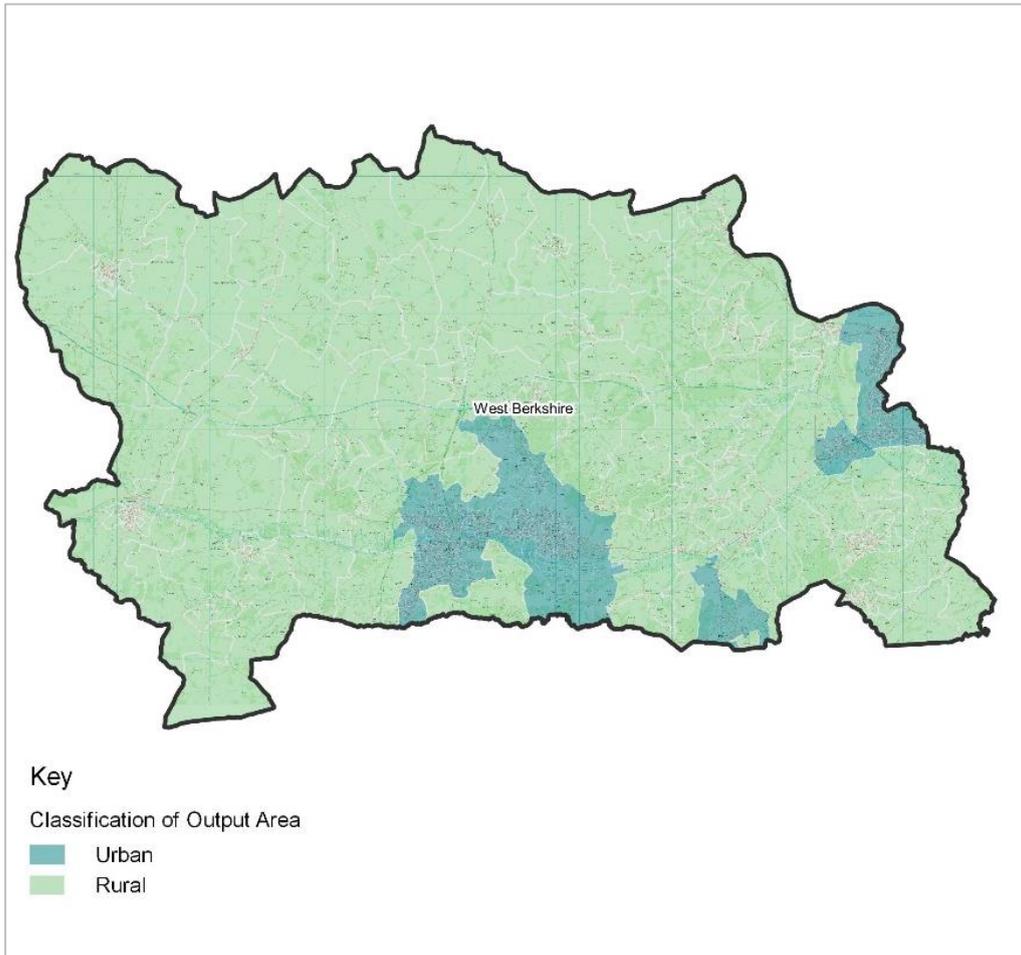


**4.6** According to the 2011 census Urban-Rural Classification<sup>19</sup>, 63% of the district's population live in urban city and town areas, 15% live in rural fringe areas and 22% of the district's population live in rural areas (villages, hamlets and isolated dwellings) and rural fringe areas. Figure 4.2 shows the main urban and rural areas within the district giving a sense of the vast amount of the district that is covered by rural land.

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<sup>19</sup> Department for Environment, Food & Rural Affairs (Defra), 2011 Urban Rural Classification (2013)

**Figure 4.2: Urban and rural areas of West Berkshire**



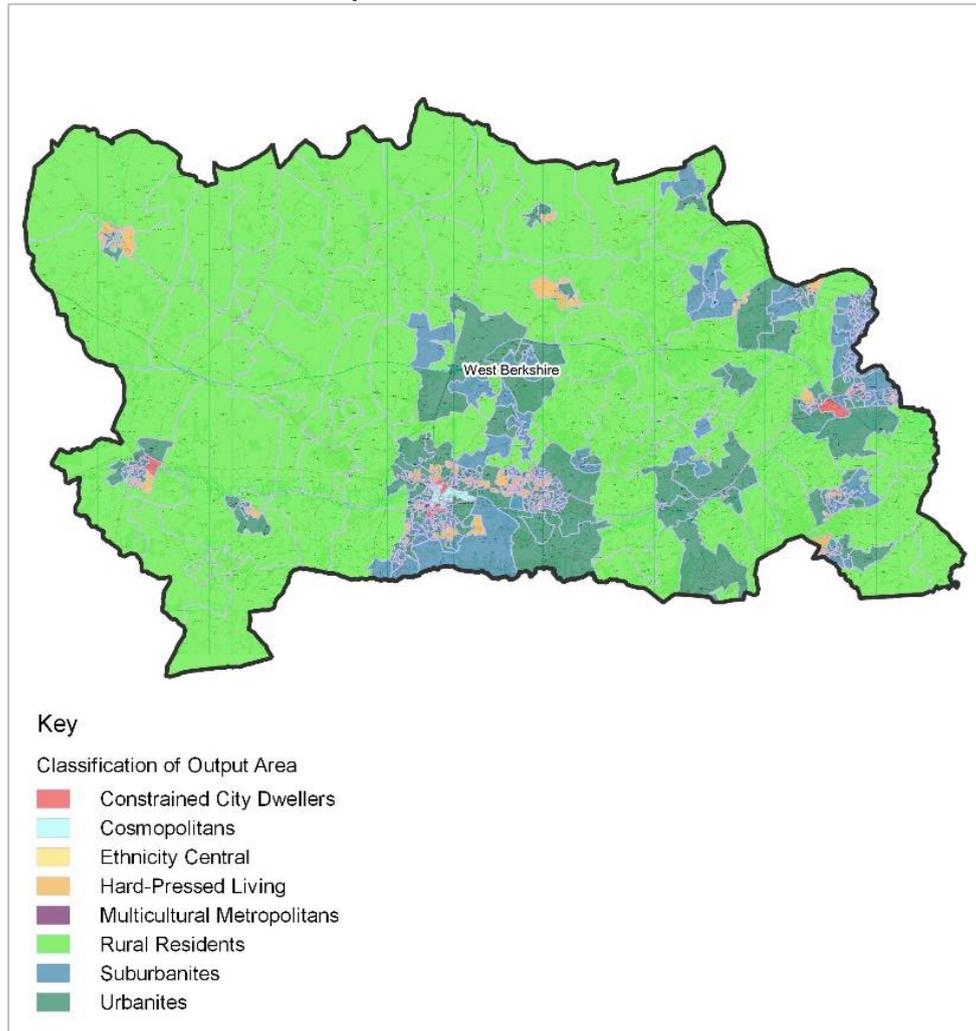
### ***Geodemographic classification***

**4.7** The 2011 Output Area Classification<sup>20</sup> enables us to explore the rural-urban divide in more detail by providing a residential-based geodemographic classification of West Berkshire Output Areas (an Output Area covers approximately 100 households). It classifies output areas using a broad range of variables such as age, rurality, housing stock, ethnic group, working status etc. There are eight broad supergroups in the classification these are presented for West Berkshire in Figure 4.3.

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<sup>20</sup> ONS, 2011 residential-based area classifications

**Figure 4.3: West Berkshire 2011 Output Area Classification**



**4.8** According to the geodemographic classification of West Berkshire:

- 39% of the population of the district live in areas classed as 'Urbanites'
- 24% of the population of the district live in areas classed as 'Suburbanites'
- 16% of the population live in areas classed as 'Hard-pressed living'
- 15% of the population live in areas classed as 'Rural'.

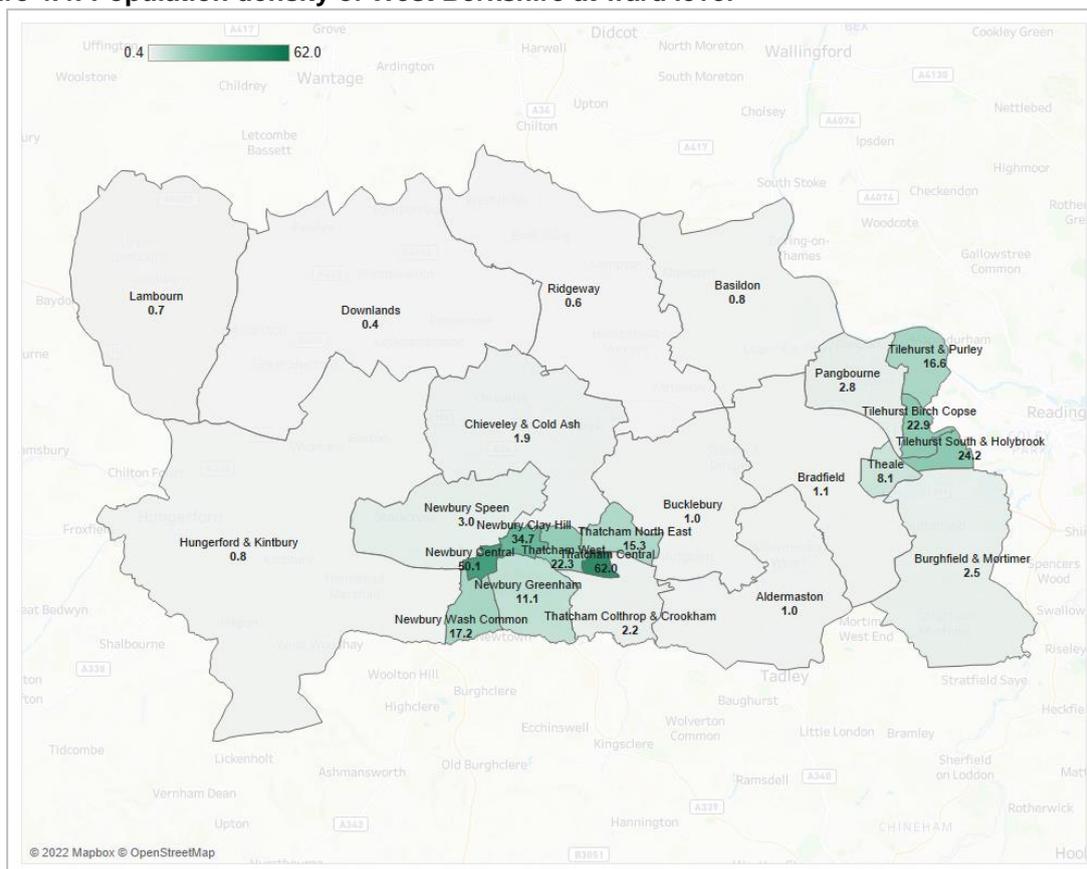
## Demography

### *Population density*

- 4.9** The population density of West Berkshire is low. With a population of 158,465 people, the current population density of the district is 2.3 persons per hectare (ONS, Mid-Year Population Estimates, 2020). This is lower than the figure of 4.8 persons per hectare for the South East region, and 4.3 persons per hectare for England as a whole.

**4.10** Figure 4.4 presents population density of the district at ward level, highlighting great disparities in population concentrations across the different wards. The highest population density is within Thatcham Central ward, followed by Newbury Central. The wards with lowest population density are generally located in the rural areas of the district, more specifically Downlands, Ridgeway, and Lambourn wards.

**Figure 4.4: Population density of West Berkshire at ward level**



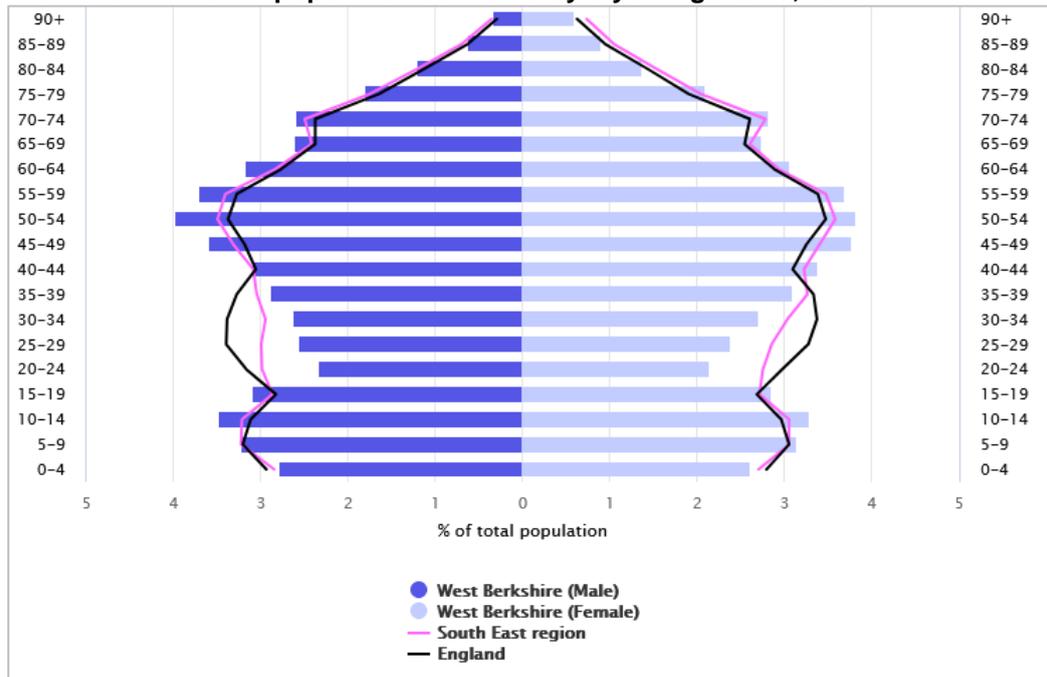
Source: ONS, mid-2020 population estimates

### Population age

**4.11** The population has a median age of 43.8 years, which is older than the median age for England (40.2 years), and also older than 41.9 years for the South East region.

**4.12** 21% of the district's population are aged 0-15 years, 61% are of working age aged 16-64 years and 19% are aged over 65. Figure 4.5 shows a population pyramid which shows the proportion of males and females by five-year age bands with the black line over the bars giving the equivalent proportions for England. It shows that the age profile for the local authority is older when compared to the national picture across with a greater proportion of the population in the age bands over the age of 45. There is a lower proportion of people aged 20 to 39 years of age living in West Berkshire when compared to the national average.

**Figure 4.5: West Berkshire population estimates by 5-year age band, 2020**



Source: OHID, Public Health Outcome Framework - ONS, mid-2020 population estimates

**4.13** Bradfield, Ridgeway and Chieveley & Cold Ash are the wards with greatest proportion of children aged 0 to 15. Wards with the highest proportion of the population who are aged over 65 are Bucklebury, Newbury Speen and Hungerford & Kintbury wards (see Figure 4.6). Some of the wards with the greatest proportion of over 65s are located in the more rural parts of the district.



ethnic backgrounds of the community they serve, making them approachable to those who may not choose to access other healthcare services.

**4.15** NICE Guidance<sup>22</sup> recommends that community pharmacists take into consideration how a patient’s personal factors may impact on the service they receive. Personal factors would include, but not limited to, gender, identity, ethnicity, faith, culture or any disability. It also recommends that community pharmacists make use of any language skills staff members may have.

**4.16** West Berkshire has a relatively small population who are from Black, Asian and Minority Ethnic backgrounds. Data from the 2011 census showed that 94.8% of the population was ‘White’, which includes ‘White British’ as well as White Irish and White British/Irish gypsy or traveller, and White Other. 5.2% of the population was from Black, Asian and Minority Ethnic backgrounds. This includes 2.5% Asian/Asian British and 1.6% Mixed/multiple ethnic groups (Table 4.1).

**Table 4.1: Ethnicity of the population of West Berkshire**

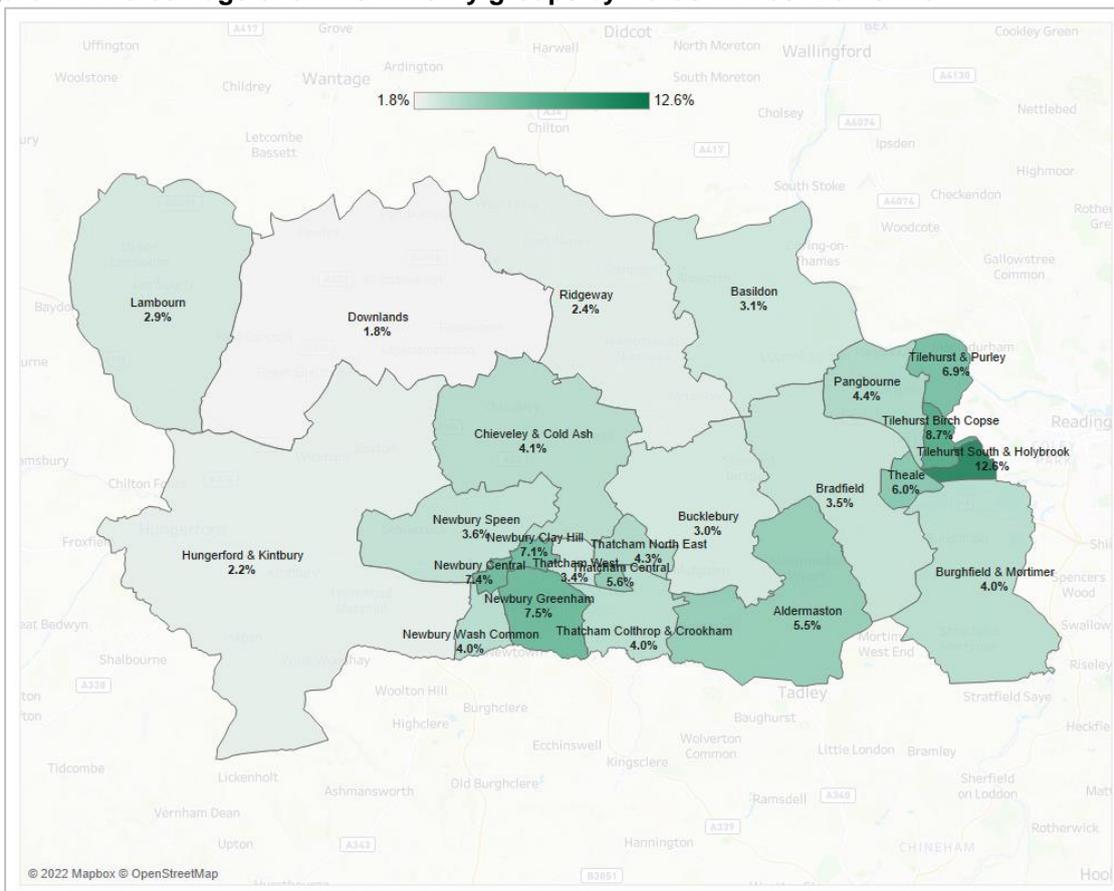
White	Mixed/multiple ethnic groups	Asian/Asian British	Black/African/Caribbean/Black British	Other ethnic group
145,854 (94.8%)	2,420 (1.6%)	3,808 (2.5%)	1,376 (0.9%)	364 (0.2%)
<b>England: 85.4%</b>	<b>England: 2.3%</b>	<b>England: 7.8%</b>	<b>England: 3.5%</b>	<b>England: 1.0%</b>
<b>South East: 90.7%</b>	<b>South East: 1.9%</b>	<b>South East: 5.2%</b>	<b>South East: 1.6%</b>	<b>South East: 0.6%</b>

Source: ONS, 2011 census

**4.17** The proportion of the population from Black, Asian and Minority Ethnic groups by ward is presented in Figure 4.7. West Berkshire wards with the highest proportion of residents who are from Black, Asian and Minority Ethnic groups are Tilehurst South & Holybook and Tilehurst Birch Copse, while those with smallest proportion of residents who are from Black, Asian and Minority Ethnic groups are Downlands and Hungerford & Kintbury.

<sup>22</sup> NICE Guidance (2018), Community Pharmacies, Promoting Health and Wellbeing (NG102)

**Figure 4.7: Percentage of ethnic minority groups by wards in West Berkshire**



Source: ONS, 2011 Census

### Language

**4.18** Based on data from the 2011 Census, 96% of households speak English as a main language in West Berkshire. Table 4.2 below shows the language breakdown of households from the 2011 census, identifying the number of households in West Berkshire with one or more members who cannot speak English.

**Table 4.2: Language breakdown of households in West Berkshire**

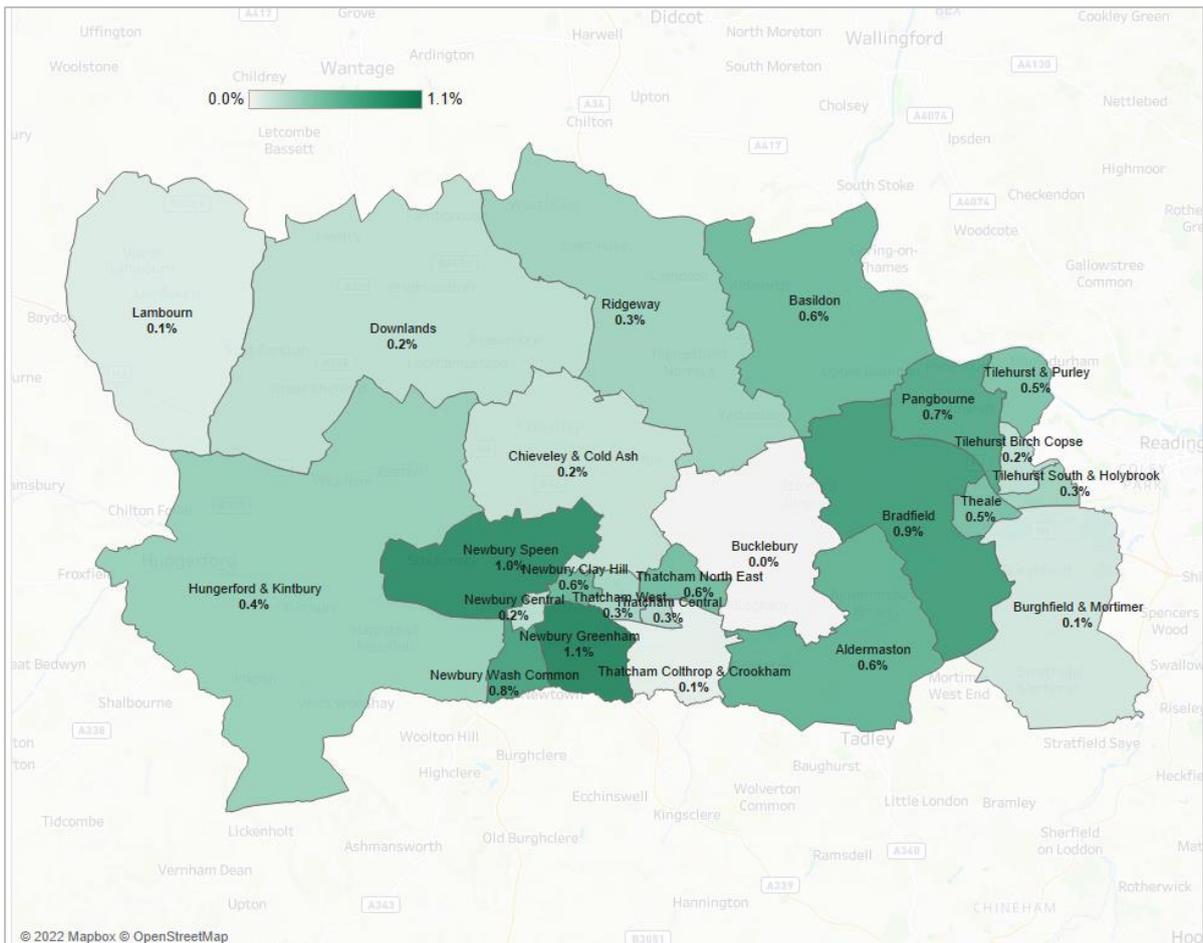
Households with all people aged 16 and over having English as a main language	At least one but not all people aged 16 and over in the household have English as a main language	No adults but some children have English as main language	No household members have English as main language
59,638 (95.7%)	1,370 (2.2%)	177 (0.3%)	1,115 (1.9%)
<b>England: 90.9%</b>	<b>England: 3.9%</b>	<b>England: 0.8%</b>	<b>England: 4.4%</b>
<b>South East: 93.2%</b>	<b>South East: 3.2%</b>	<b>South East: 0.5%</b>	<b>South East: 3.1%</b>

Source: 2011 census

**4.19** The top five languages other than English spoken in West Berkshire are Polish, Portuguese, French, German, Chinese (ONS, 2011 census)

**4.20** Figure 4.8 shows the percentage of people that cannot speak English well or at all by ward. It shows that the greatest proportion of people who cannot speak English well or at all are resident in Newbury Speen and Newbury Greenham wards, but the percentages are low (~1%).

**Figure 4.8: Percentage of people that cannot speak English well or at all by ward in West Berkshire**



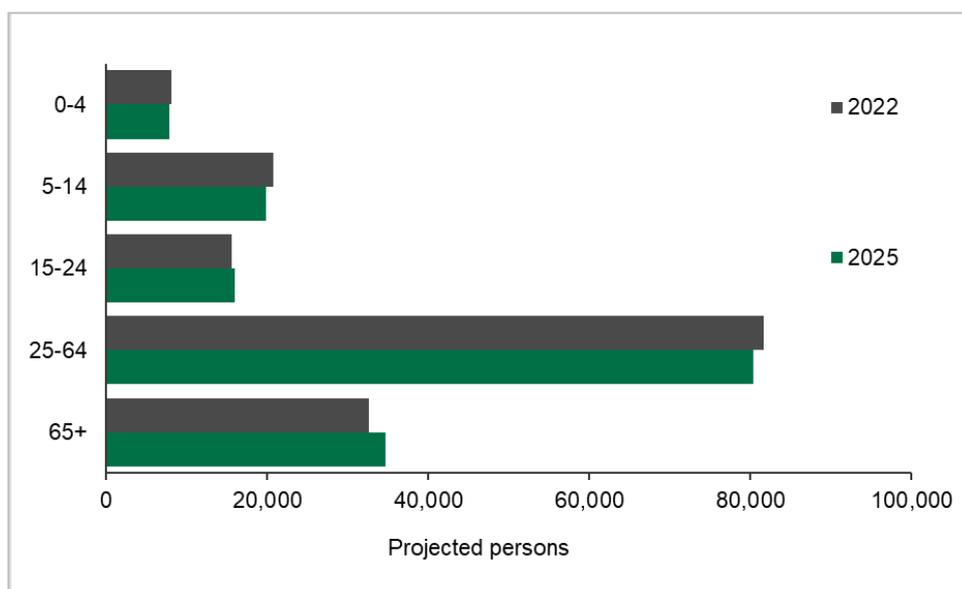
Source: ONS, 2011 Census

### Population projections

**4.21** The total population size of the district is expected to remain relatively stable from 2022 to 2025 (the lifetime of this PNA), with a population decrease of just 82 persons to 158,455 between 2022 and 2025. Figure 4.9 shows the projected population changes in the West Berkshire for key age groups for the lifetime of this PNA, from 2022 to 2025.

**4.22** Despite relatively little change in overall population size, there is a shift expected in the age-specific population size in West Berkshire. In particular, it should be noted that the population aged over 65 is expected to increase by 6.6% or 2,133 persons, from 2022 to 2025. This compares to 5.5% for South East England and 5.6% for England. This has implications for the delivery of health services, since West Berkshire is generally a rural county, and rural areas tend to have an elderly population, and it is expected that the growth of this population cohort will happen in rural areas (ONS, 2018 Population Projections<sup>23</sup>).

**Figure 4.9: 2018-based population projections for the district of West Berkshire from 2022 and 2025**



Source: ONS – Population Projections for Local Authorities, 2020

### *Future residential development and housing requirements in the district*

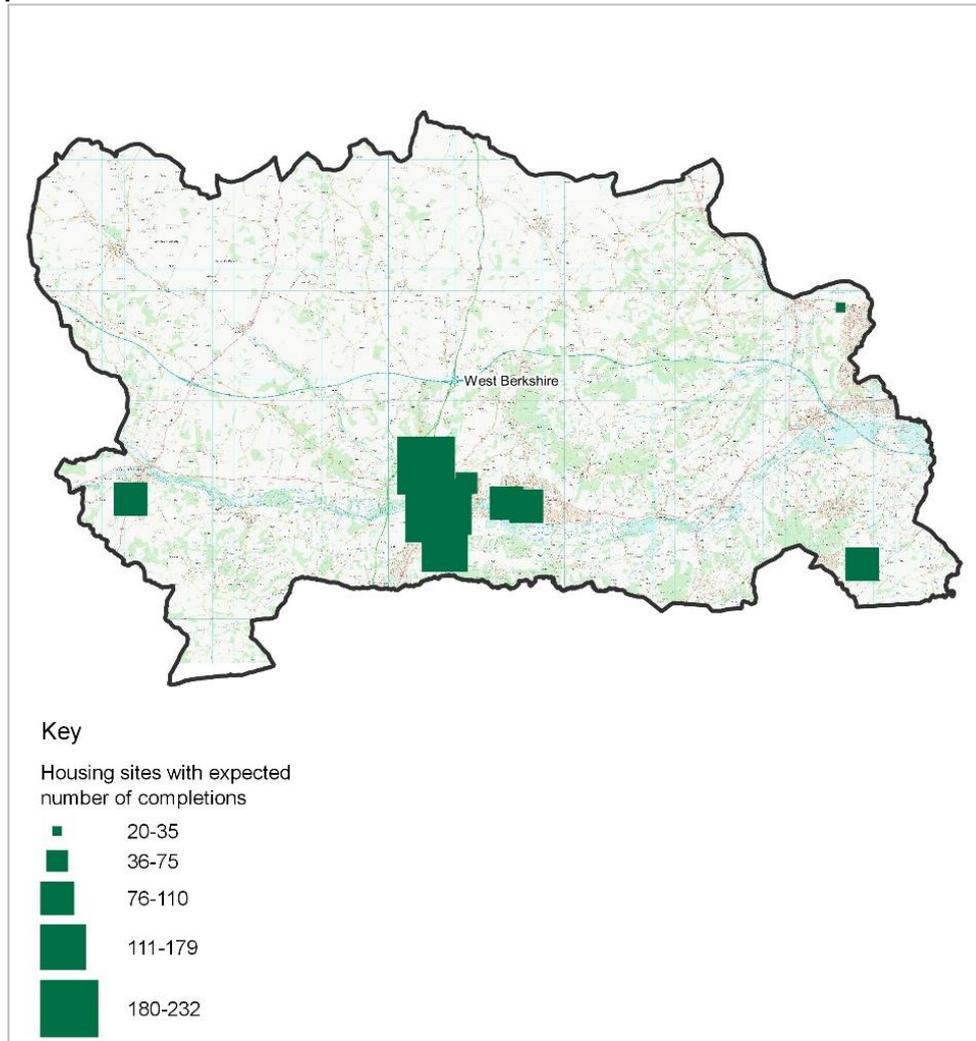
**4.23** A number of major housing developments are underway in West Berkshire. The Annual Monitoring Report for West Berkshire anticipates that 3,925 dwellings will be completed by 2025.<sup>24</sup> The map in figure 4.10 shows the strategic development locations in the district with greater than 20 dwellings expected to be completed over the period 2021-2026. Table 4.3 presents the total number of new dwellings by ward. The wards with the highest number of proposed new dwellings are in Newbury Speen, Newbury Central and Newbury Greenham wards. The largest developments are Market Street development in Newbury Central ward where there are 232 proposed new dwellings, the Oxford Road development in Newbury

<sup>23</sup> ONS 2018 Population Projections, Local Authorities: SNPPZ1 (published March 2020)

<sup>24</sup> West Berkshire Council, Annual Monitoring Report 2020 : Housing, 2021

Speen ward where 222 new dwellings are proposed and Pincents Hill in Tilehurst Birch Copse ward where 197 new dwellings are proposed.

**Figure 4.10: Location of major residential housing development sites expected to be completed over the period 2021 – 2025 in West Berkshire**



Source: West Berkshire Council, Annual Monitoring Report 2020: Housing, 2021

**Table 4.3. Number of planned new dwellings by ward in West Berkshire, 2021-2026**

Ward	Number of new dwellings
Burghfield & Mortimer	198
Chieveley & Cold Ash	21
Hungerford & Kintbury	95
Newbury Central	384
Newbury Clay Hill	132
Newbury Greenham	359
Newbury Speen	401
Thatcham Central	33
Thatcham West	183
Tilehurst & Purley	95

Tilehurst Birch Copse	197
Tilehurst South & Holybrook	27
<b>Total</b>	<b>2125</b>

### *Visitors (both home and overseas) to West Berkshire*

**4.24** West Berkshire receives a relatively high number of visits in comparison to its neighbouring local authorities. Based on 2016-18 data it receives an average of 3.6 million Tourism Day Visits (TDVs) a year. This compares to around 4.9 million TDVs for nearby Reading, and 0.94 million TDVs for nearby Slough (GBDVS, 2022)<sup>25</sup>.

## **Inequalities**

### **Deprivation**

**4.25** Reducing the differences in health between different groups of people is a priority area for the Berkshire West Health and Wellbeing Strategy.<sup>26</sup>

**4.26** Fair Society, Healthy Lives: (The Marmot Review)<sup>27</sup> and later the Marmot Review 10 Years On<sup>28</sup> 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.

**4.27** The Index of Multiple Deprivation (IMD)<sup>29</sup> 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.

<sup>25</sup> VisitEngland, VisitScotland, Visit Wales, The Great Britain Day Visitor Annual Report, 2021. <https://gbtsenglandlightviewer.kantar.com/ViewTable.aspx>

<sup>26</sup> Berkshire West Health & Wellbeing Strategy (2021-2030). <https://www.bobstp.org.uk/berkshire-west/berkshire-west-integrated-care-system-ics/>

<sup>27</sup> Fair Society Healthy Lives (The Marmot Review): <http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review>

<sup>28</sup> Marmot Review 10 Years On (February 2020): <http://www.instituteofhealthequity.org/resources-reports/marmot-review-10-years-on>

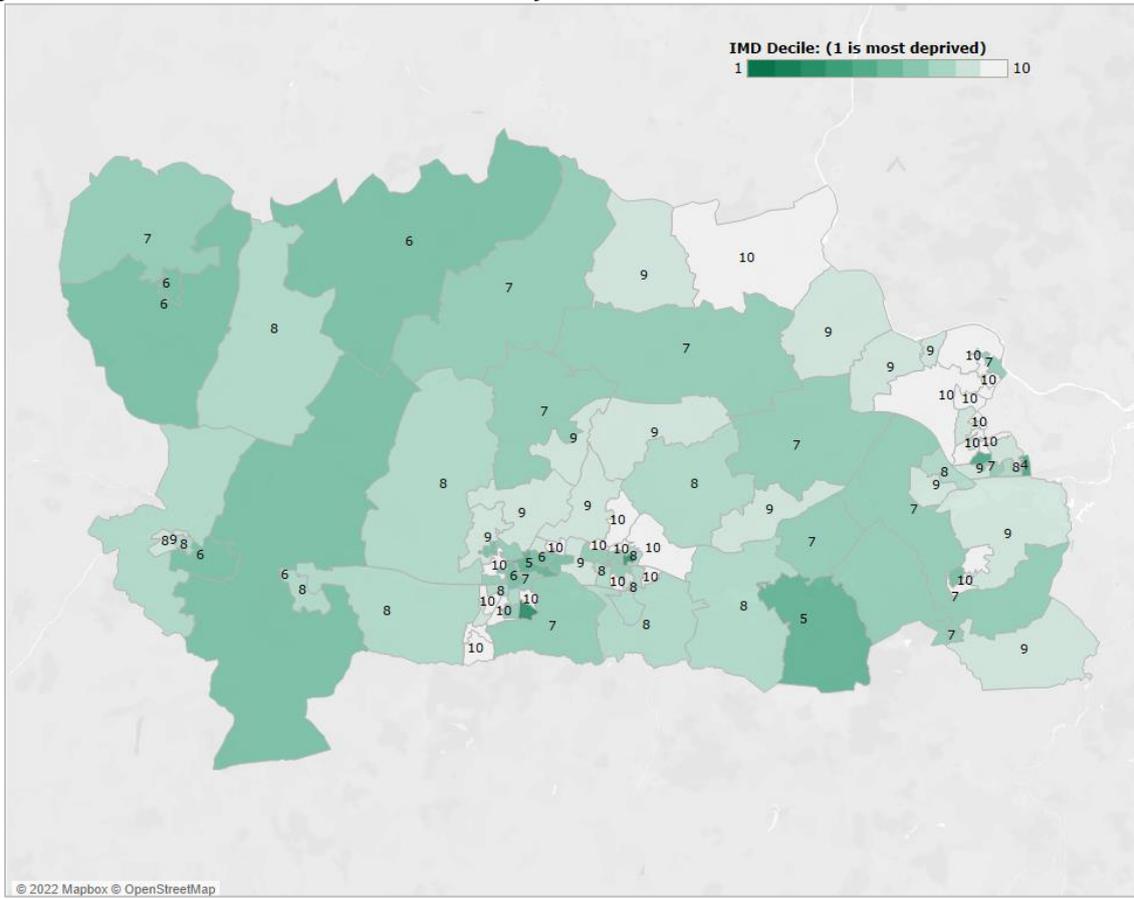
<sup>29</sup> Ministry of Housing, Communities and Local Government, English Indices of Deprivation, 2019

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- 4.28** Access to community pharmacy services in communities where there is high deprivation is important in addressing health inequalities.<sup>30</sup> 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).
- 4.29** 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, with the most deprived Authority in England being given a rank of 1.
- 4.30** West Berkshire has 97 neighbourhoods (LSOAs), only one of which is in the 20% most deprived neighbourhoods in England (Figure 4.11). This neighbourhood is in Newbury Greenham ward.
- 4.31** The district's overall average IMD decile figure is 8.1 compared to the national figure of 5.5. It is ranked 289 out of 321 local authorities. 25% of the district's neighbourhoods are in the least deprived 10% of neighbourhoods nationally. This means that West Berkshire is one of the most affluent areas in England.

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<sup>30</sup> NICE guidance (2018) Community pharmacies: promoting health and wellbeing [NG102]

**Figure 4.11: IMD Deciles in West Berkshire by LSOA, 2019**



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

## Homelessness

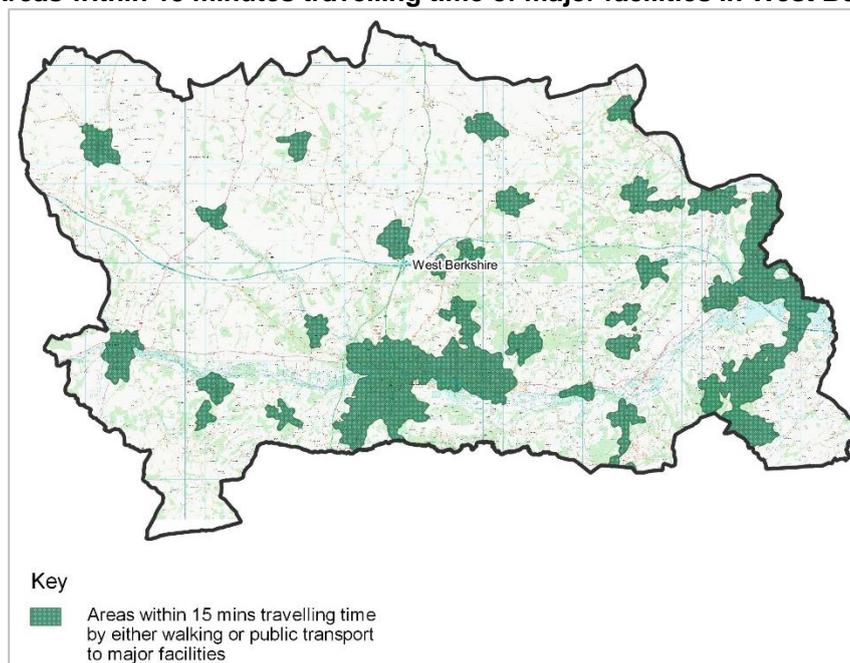
**4.32** There are lower rates of homelessness in West Berkshire in comparison to regional and national figures. Between 1st July and 30th September 2021, 46 households in West Berkshire were identified as statutory homeless with a further 62 threatened with homelessness within 56 days. This means that 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 1.64 per 1,000 households owed and relief or prevention duty in West Berkshire between 1st July and 30th September 2021, which is lower than the England rate of 2.86 per 1,000 households and the South East rate of 2.51. 47 households were living in temporary accommodation provided under homelessness legislation in West Berkshire at the 30th September 2021. This was a rate of 0.71 per 1,000 households, and was significantly lower than the England figure of 4.06 per 1,000 households, and lower than the rate for South East England of 2.82 per 1,000 households (Department for Levelling up, Housing & Communities, 2022).

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## Access to services and facilities

- 4.33** 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 (<https://www.carbon.place/>)<sup>31</sup>. Figure 4.12 presents travel time contours showing areas within 15 mins travel time by public transport of major facilities. It shows that there are many areas in West Berkshire where it would be difficult to access services and facilities by public transport. These are rural areas that are within controlled localities or where population density is low (see figure 7.2).

**Figure 4.12: Areas within 15 minutes travelling time of major facilities in West Berkshire**



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

- 4.34** This may have implications for the delivery of health services, particularly in rural areas where it is expected that the growth in the numbers of elderly population would increase over the next few years, and that the population living in these areas would have difficulty accessing health services if they did not have access to a private car. Our public survey in Chapter 6 looks at how people travel to their pharmacy in West Berkshire and their satisfaction with their journey to their pharmacy.

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<sup>31</sup> CREDS, Place-based carbon calculator, July 2021

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## Patient groups with specific needs

### *People living in rural areas*

- 4.35** There is a general perception that those living in rural areas are better-off both in terms of monetary and health and wellbeing compared to those living in urban areas. Overall, this is true, however over recent years there has been an increasing realisation by national and local governments that this generalisation can often mask the wealth and the wellbeing of certain rural communities where there is significant deprivation and poorer health outcomes. Those residents in more sparse rural areas, tend to experience more negative outcomes.<sup>32</sup>
- 4.36** The average age of those living in rural areas is 5.3 years older than those living in urban. Around 23.5% of rural populations are over 65. Settlements in sparse areas have the highest proportion of their populations amongst older generations and an older population generally equates to worse health.
- 4.37** Rural communities are also less diverse. Around 95% of rural areas are made up by white British ethnicity. Minority ethnic groups are represented in very small numbers and may lack social and community support that is often present in urban areas. This can increase the risks of social isolation and exclusion.
- 4.38** Rural areas have worse access in terms of distance to health and social care services. Residents in rural areas would need to travel for longer to see a GP, dentist, hospitals and other health facilities. This may lead to 'distance decay', where the service use decreases with increasing distance. Typically, 80% of rural residents live within a 4km distance to a GP surgery compared to 98% of urban population. 55% of rural residents compared to urban residents live within 8 kilometre distance to a hospital. Access to mental health services differ from area to area, and the lack of statistical information about rural areas make it difficult to assess access issues to these services.
- 4.39** The 2011 census data identifies 10 neighbourhoods/Super Output areas in rural areas in West Berkshire where between 30-40% of single person pensioner households have no access to a car. Two of these neighbourhoods are within Aldermaston ward, the rest are within Basildon,

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<sup>32</sup> Health and Wellbeing in Rural Areas. Public Health England (2017)

[https://www.local.gov.uk/sites/default/files/documents/1.39\\_Health%20in%20rural%20areas\\_WEB.pdf](https://www.local.gov.uk/sites/default/files/documents/1.39_Health%20in%20rural%20areas_WEB.pdf)

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Bradfield, Chieveley & Cold Ash, Burghfield & Mortimer, Downlands, Hungerford & Kintbury, Lambourn, and Newbury Speen (ONS Census data 2011).

- 4.40** A reduction in resources to care for older people, combined with issues of accessibility, travel and transport to health and social care services, contributes to the pressures on local governments and the NHS to take a more place-based approach to address population health needs.

### **Summary of population demographics**

West Berkshire is a generally affluent rural unitary authority in Berkshire. Vast areas of the authority are rural and there are also a number of urban settlements including Newbury, Thatcham, and Hungerford. There are also areas of denser population to the East in Tilehurst which borders with the neighbouring borough of Reading. Based on data from the 2011 Census, ethnic diversity is fairly low in West Berkshire, 94.8% of the population are white. 96% of the population speak English as a main language.

West Berkshire has a relatively older population with median age of 43.8 years. While the overall population size will remain fairly stable over the lifetime of this PNA, the over 65 population is expected to increase by an additional 2,133 persons. Some of the wards with the greatest proportion of over 65s are in the more rural parts of the district.

Despite relative affluence, there are numerous pockets of deprivation within West Berkshire. A significant proportion of the deprivation is driven by a lack of access to services. There will be people living in more rural parts of the district who are likely to have less opportunities of access, lack private transport, and are of an older age demographic. This population is also at an increased risk from social isolation.

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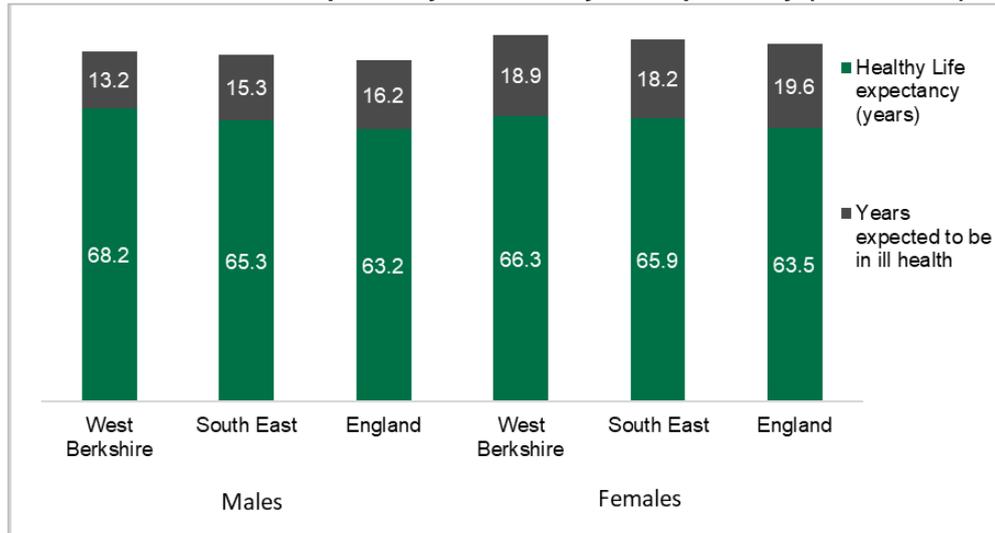
# Chapter 5 - Population health needs

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

## **Life expectancy and healthy life expectancy**

- 5.2** 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.
- 5.3** West Berkshire residents have higher levels of life expectancy and healthy life expectancy compared to South East England and England. West Berkshire 2018-20 life expectancy figures are 81.4 for males and 85.2 for females, significantly higher than national and regional life expectancy figures. Figure 5.1 below presents levels of life expectancy and healthy life expectancy in numbers of years for both men and women, for West Berkshire, South East England and England as a whole. 2017-19 figures are presented as they are the latest figures for healthy life expectancy (OHID, Public Health Profiles, 2022). Healthy life expectancy for males living in West Berkshire is also significantly higher than the national and regional averages and is 68.2 years. However, whilst female healthy life expectancy is higher than national averages in West Berkshire at 66.3 years, it is lower than the healthy life expectancy for West Berkshire males. Therefore, although females live longer overall than males living in West Berkshire (approx. 2 years), they live almost 19 years on average in poor health.

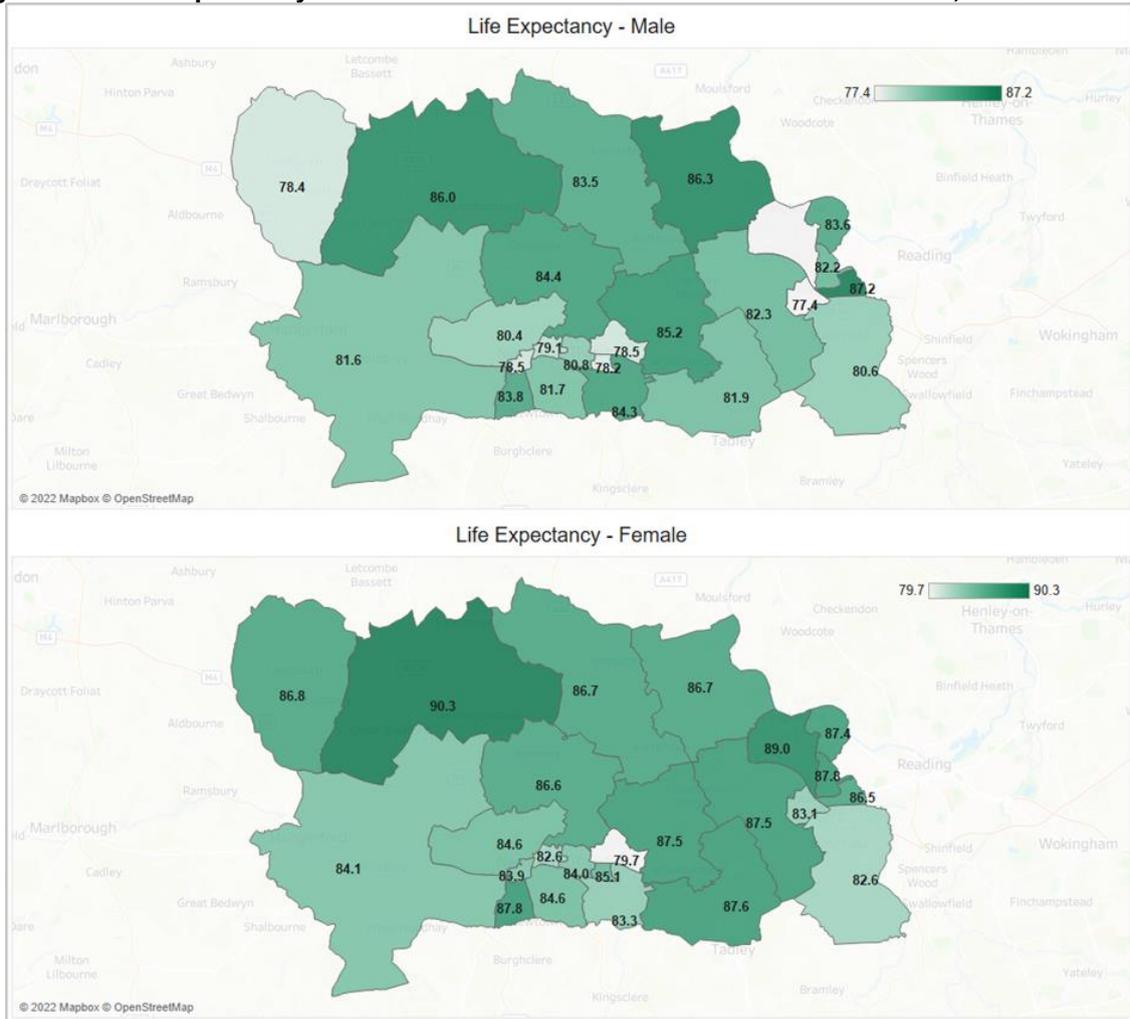
**Figure 5.1: West Berkshire Life expectancy and healthy life expectancy (2017 - 2019)**



OHID, Public Health Outcomes Framework, 2022

- 5.4** Despite West Berkshire being one of the least deprived local authorities in England, there are still some inequalities in life expectancy within the district. Men living in the most deprived parts of the district are expected to live 3.5 years less than those living in least deprived areas. This compares to 7.9 years for South East England and 9.7 years for England as a whole.
- 5.5** The gap for women is higher at 4.1 years, compared to 6.0 years for South East England and 7.9 years for England as a whole. These figures are derived from the 2018-2020 slope index of inequality for life expectancy in years (OHID, Public Health Outcomes Framework, 2022).
- 5.6** At ward level, life expectancy is lowest in Theale for males and Thatcham North East for females. Tilehurst South & Holybrook residents have the highest life expectancy for males at 87.2 with Downlands the equivalent for females at 90.3. Figure 5.2 presents the latest life expectancy figures at ward level (2015-19 data).

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



Source: OHID, Local Authority Health Profiles, 2022/23

5.7 The life expectancy gap between West Berkshire’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 long term health conditions.

## Our health and behaviours

5.8 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

<sup>33</sup> NB: The Pangbourne ward figure for males is not provided as there was insufficient data/sample size for the ward

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is a greater contributor than genetics (30%), social circumstances (15%) and healthcare (10%).<sup>34</sup> While there are a large number of causes of death and ill-health, many of the risk factors for these are the same. Just under half of all years of life lost to ill health, disability or premature death in England are attributable to smoking, diet, high blood pressure, being overweight, alcohol and drug use.

- 5.9** 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.
- 5.10** This section of the chapter explores different health behaviours and lifestyles that pharmacies can offer support, to improve the overall health of the population of the district of West Berkshire.

## **Smoking**

- 5.11** Smoking is the single biggest cause of premature death and preventable morbidity in England, as well as the primary reason for the gap in healthy life expectancy between rich and poor. It is estimated that smoking is attributable for over 16% of all premature deaths in England and over 9% of years of life lost due to ill health, disability or premature death<sup>38</sup>. A wide range of diseases and conditions are caused by smoking such as cancers, respiratory diseases and cardiovascular diseases.
- 5.12** Smoking prevalence is low in West Berkshire. 10.3% of West Berkshire's adult population aged 18+ smoke (2019 data), which is lower than the percentage for England (13.9%) and South East England of 12.2%. Smoking prevalence among those employed in routine and manual occupations is much higher. In 2019, 23.8% of routine and manual workers in West Berkshire smoke, similar to the figure for England of 23.2%, and South East England of 23.7% (OHID, Public Health Outcomes Framework, 2022).
- 5.13** 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

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<sup>34</sup> 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.

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proportion of mothers who smoke in early pregnancy was 11.73% in West Berkshire in 2018/19, similar to 12.8% for England and 11.3% for the South East region (OHID, Public Health Outcomes Framework, 2022).

## **Alcohol**

- 5.14** 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.
- 5.15** In West Berkshire in 2020, there were 52 deaths classified as 'Alcohol-related mortality'. This gave a rate of 31.7 per 100,000 population which is lower than the England rate of 37.8 and the rate for the South East region of 33.9. Though these differences are not statistically significant.
- 5.16** In 2020/21, there were 600 admission episodes for alcohol-specific conditions in West Berkshire. This is a rate of 377.7 per 100,000 population, which is lower than the rate for England of 586.6 and lower than the rate for the South East region of 539.9 (OHID, Local Authority Public Health Profiles, 2022).

## **Drug use**

- 5.17** Substance misuse is linked to mental health issues such as depression, disruptive behaviour and suicide. In 2018-2020, there were 13 deaths from drug misuse in West Berkshire (OHID, Local Authority Public Health Profiles, 2018-2020). This is a rate of 2.84 per 100,000 population, which is lower than the rate for England of 5.02 per 100,000 population, and similar to that for South East England of 3.97.
- 5.18** In West Berkshire in 2020, 2.9% of drug users aged 18 years and over had successful treatment for opiate drug use, which is lower than figures for England of 4.7% and the South East region of 5.7%. Though these differences are not statistically significant (OHID, Local Authority Public Health Profiles, 2020). For successful completion of drug treatment for non-opiate users aged 18 years and over, the figures for West Berkshire were 28.9%, and comparable figures for England and the South East region were 33% and 33.3% respectively. Again, these differences are not statistically significant (OHID, Local Authority Public Health Profiles, 2022).

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## Obesity

- 5.19** 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 diabetes<sup>35</sup> and increases the risk of death from COVID-19 by 40- 90%<sup>36</sup>. Obesity is indicated when an individual's Body Mass Index (BMI) is over 30.
- 5.20** 60% of adults living in the district are classified as being obese or overweight in 2019/20 (OHID, Public Health Outcomes Framework, 2019/20). These figures are slightly better than those for England (62.8%) though the difference is not statistically significant.
- 5.21** 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 such as social isolation, low self-esteem, teasing and bullying.
- 5.22** 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.
- 5.23** 19.9% of children in Reception Class in West Berkshire in 2019/20 were overweight and obese, and 29.1% of Children in Year 6 were overweight or obese (OHID, Public Health Outcomes Framework, 2019/20). These figures compare favourably to those for England (23% for children in reception, 35.2% for children in year 6). It should be noted that the coverage of measurements which these figures are based on were interrupted by the COVID-19 pandemic and coverage for reception children in West Berkshire was 54% so reception prevalence data should be interpreted with caution.

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<sup>35</sup> Public Health England (2017). Guidance: Health matters: obesity and the food environment.

<sup>36</sup> 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](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/903770/PHE_insight_Excess_weight_and_COVID-19.pdf).

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- 5.24** As part of the Pharmacy Quality Scheme (PQS) 2021/22<sup>37</sup> 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.

### **Physical activity**

- 5.25** 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<sup>38</sup> showed that physical inactivity is directly accountable for 5% of deaths in England and is the fourth leading risk factor for global mortality.
- 5.26** The district of West Berkshire is active. In 2019/20 77.3% of adults in West Berkshire were considered 'physically active', much higher than the England figure of 66.4%. 14.2% of adults within the district were considered 'physically inactive', much lower than the England figure of 22.9% (OHID, Public Health Outcomes Framework, 2022).

### **Sexual health**

- 5.27** Sexual health covers 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'.
- 5.28** The rate of new STI diagnoses in West Berkshire is lower than the national rate. In 2020, the all new STI diagnosis rate per 100,000 population (excluding chlamydia for those aged under 25) per 100,000 population for West Berkshire was 285.6, which is better than the rate for South East England (460.8) and for the rate for England (619).

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<sup>37</sup> Pharmacy Quality Scheme (2021/22): <https://www.nhsbsa.nhs.uk/provider-assurance-pharmaceutical-services/pharmacy-quality-scheme-pqs>

<sup>38</sup> 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.

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**5.29** Chlamydia is the most commonly diagnosed STI in England, with rates substantially higher in young adults than any other age group. The chlamydia detection rate in 2020 per 100,000 population young people aged 15-24 for West Berkshire is 1,061.9 - this is again lower than the rate for England (1,408) and for South East England (1,222). Chlamydia screening is low in West Berkshire. 8.6% 15-24 year olds who present to specialised sexual health clinics were screened in 2020. This is lower than the figure for England of 14.3% and for South East England (12.5%) (OHID, Local Authority Public Health Profiles, 2022).

## **HIV**

**5.30** The rate of HIV is comparatively low in West Berkshire. The latest figures show that there were 70 residents aged 15-59 years in West Berkshire in 2020 diagnosed with HIV. This equates to 0.79 per 1,000 population which is lower than the national rates at 2.31 per 1,000 population, and lower than the regional figure at 1.85 per 1,000 population.

**5.31** HIV testing coverage in 2020 is strong in comparison to regional and national coverage. 64.2% of those who attended specialist sexual health services were tested, which is markedly better than the rate for England (46%) and South East England (47%). 83% of those newly diagnosed in 2018-20 received prompt antiretroviral therapy initiation, similar to England and South East figures of 83% and 84% respectively (OHID, Local Authority Public Health Profiles, 2022).

## **COVID-19**

**5.32** 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 diabetes<sup>39</sup>.

**5.33** ONS have produced data on age-standardised deaths due to COVID-19 per 100,000 population from March 2020 to April 2021 for each Local Authority Area in England<sup>40</sup>. The rate per 100,000 population for the district of West Berkshire in this period was 121.1 deaths per 100,000 population, which compares favourably with the rate for the South East Region

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<sup>39</sup> PHE (2020). Beyond the data: Understanding the impact of COVID-19 on BAME groups.

<sup>40</sup> ONS, Age-standardised deaths due to covid 19 per thousand population for Local Authority areas, June 2021.

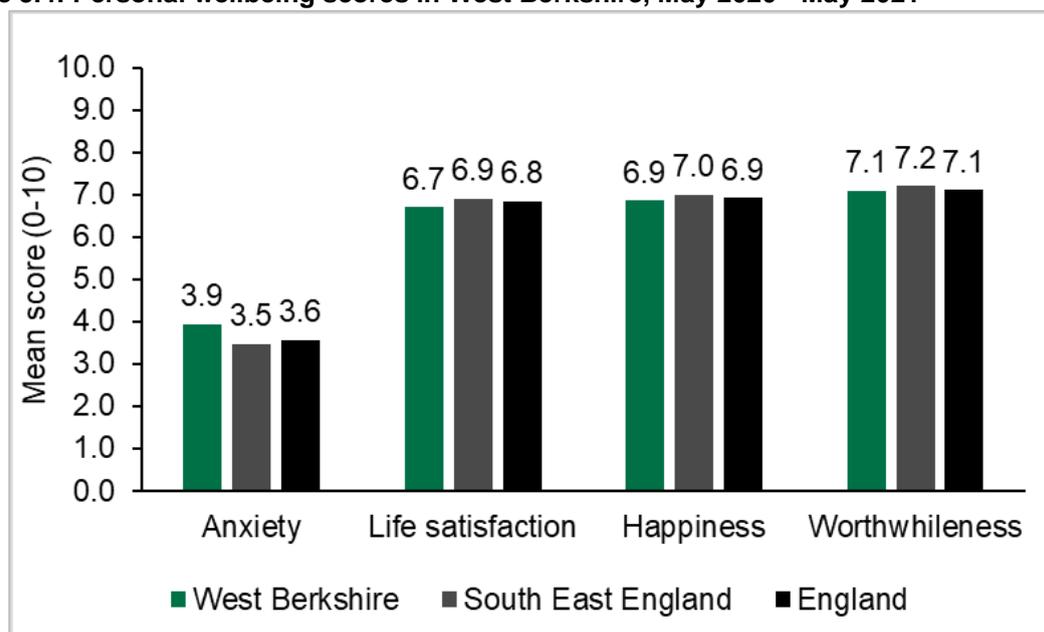


**5.35** The population vaccination coverage for flu for at risk individuals (aged 6 months-64 years), in West Berkshire is also doing well at 64.3% in 2020/21. This is higher than the percentage for England of 53%, South East England of 56.4% and the national population vaccination coverage target of 55% (OHID, Local Authority Public Health profiles, 2022). Again, provisional data for 2021/22 shows that the coverage increased since 2020/21.

### Mental wellbeing

**5.36** Mental health and wellbeing is a priority area for the Berkshire West Health and Wellbeing Strategy.<sup>41</sup> The ONS dataset ‘Personal well-being estimates by Local Authority’<sup>42</sup> uses four measures to assess personal well-being: life satisfaction, feeling the things done in life are worthwhile, happiness, and anxiety. Figure 5.4 below presents the results from the latest survey wave (2020-21), showing the mean score (0-10) for each of the variables. It shows that West Berkshire has slightly higher levels of anxiety compared to South East England and England, but similar results to South East England and England for Happiness, Life Satisfaction and Worthwhile.

**Figure 5.4: Personal wellbeing scores in West Berkshire, May 2020 - May 2021**



Source: ONS, Personal Wellbeing in the UK, 2021

<sup>41</sup> Berkshire West Health & Wellbeing Strategy (2021-2030). <https://www.bobstp.org.uk/berkshire-west/berkshire-west-integrated-care-system-ics/>

<sup>42</sup> ONS, Personal Wellbeing in the UK, 2020-2021, October 2021. <https://www.ons.gov.uk/datasets/wellbeing-local-authority/editions/time-series/versions/2>

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## Social isolation and loneliness

- 5.37** 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 stroke<sup>43</sup>. 28.9% of West Berkshire over 65s live alone (ONS 2011 Census). This is lower than the England rate of 31.5%.
- 5.38** The Adult social care survey explores isolation and loneliness in its analysis. Findings show that in West Berkshire, 45.7% users who responded to a survey have as much social contact as they would like. This is similar than national figures of 45.9%. 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).
- 5.39** 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 make a referral to existing offers of support and they can work with patients to ensure their safe and effective use of medications.

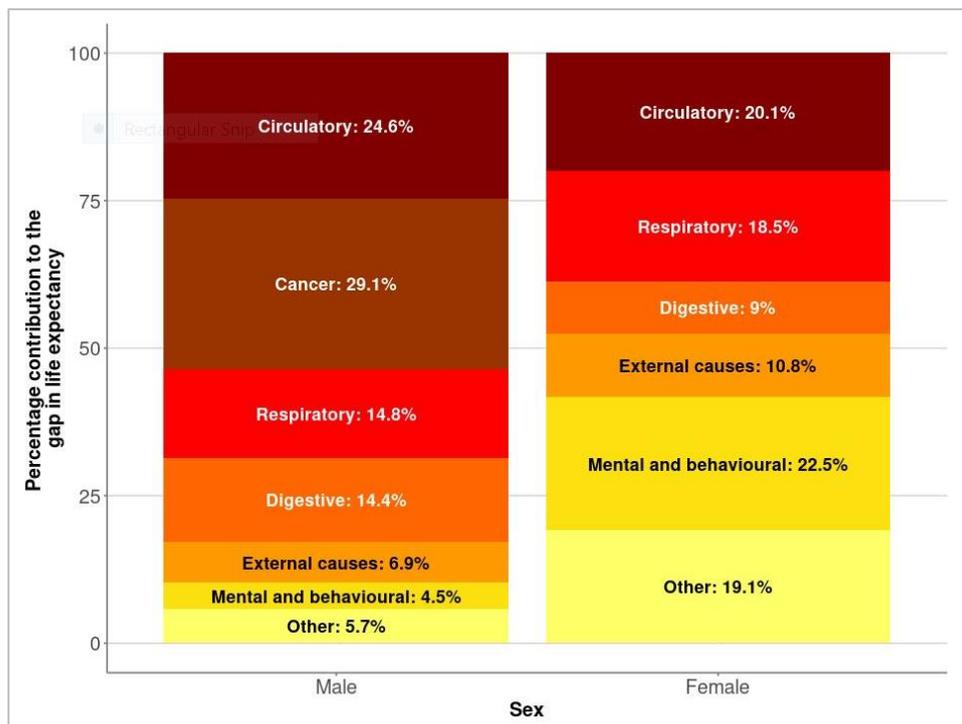
## Major health conditions

- 5.40** The causes of life expectancy gap between the most deprived and least deprived populations within a district provides a good indicator on what health conditions have a bigger impact on local populations and where a targeted approach is needed.
- 5.41** Figure 5.5 presents a breakdown of the causes of life expectancy gap (by broad cause of death) between the most deprived quintile and least deprived quintiles of West Berkshire. It highlights circulatory diseases as the biggest cause of the differences in life expectancy between deprivation quintiles for males and females, accounting for 24.6% and 20.1% of the gap respectively.

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<sup>43</sup> 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.

**Figure 5.5: Scarf chart showing the breakdown of the life expectancy gap between the most deprived quintile and least deprived quintile of West Berkshire, by broad cause of death, 2015-17**



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

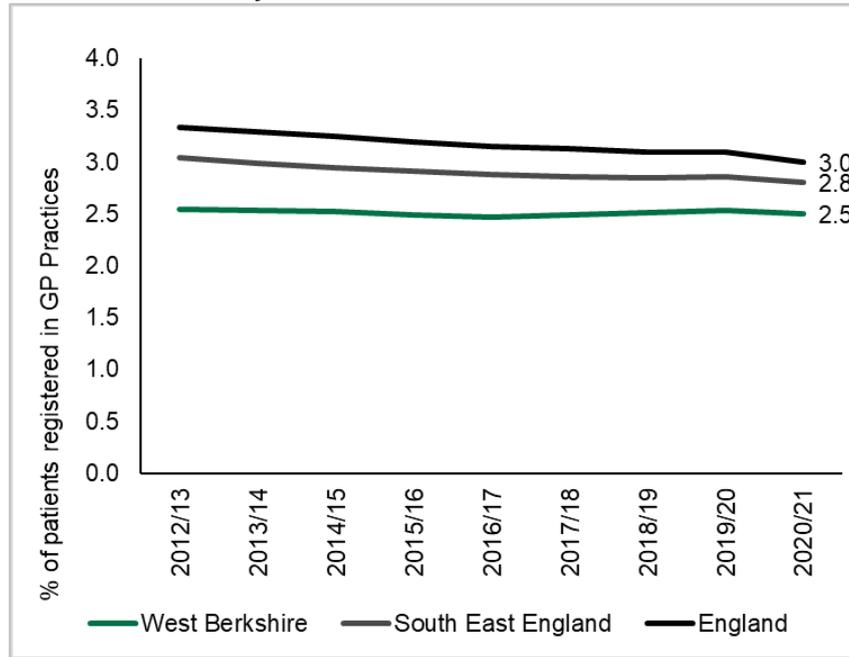
**5.42** Cancer is the next biggest cause of life expectancy gap in males accounting for 29.1% of the gap in West Berkshire. The third major cause of life expectancy gap for males is respiratory diseases which account for 14.8% of the life expectancy gap. It is also the second major cause for females accounting for 18.5% of the gap. Mental and Behavioural reasons are the third biggest cause in the life expectancy gap in females. Mental and Behavioural reasons include dementia and Alzheimer's disease.

**5.43** We will take a closer look at circulatory diseases, cancer and respiratory diseases and mental and behavioural reasons and their impact in West Berkshire.

### Circulatory diseases

**5.44** Circulatory diseases include heart disease and stroke. The percentage of patients registered with GP Practices in West Berkshire with Coronary Heart Disease in 2020/21 was 2.5%. This is better than the England rate of 3% and the rate for the South East of 2.8%. West Berkshire is in the 2nd lowest quintile in England for this indicator (QOF, 2022). Figure 5.6 shows the trend for this indicator from 2012/13, where the West Berkshire rate has been relatively static and consistently below the rate for England and South East England.

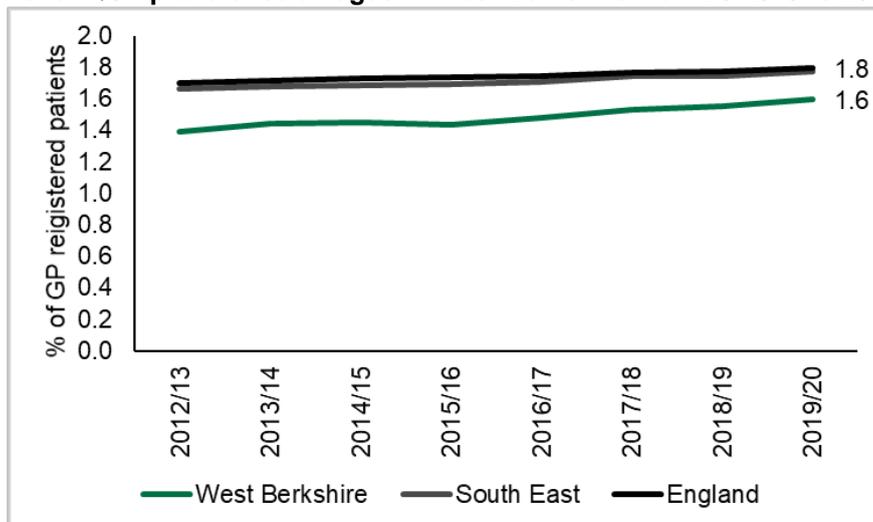
**Figure 5.6: Prevalence of coronary heart disease in West Berkshire from 2012/13 to 2020/21**



Source: OHID, Local Authority Public Health Profiles, 2022

**5.45** 1.6% registered with a GP in West Berkshire were on GP registers in 2019/20 recorded as having had a stroke or transient ischaemic attack . This is lower than the percentage for England of 1.8, and also lower than the percentage of 1.8 for South East England. West Berkshire is in the second lowest quintile in England for this indicator (OHID, Local Authority Public Health profiles, 2020). Figure 5.7 shows the trend for this indicator from 2012/13, and it can be seen that for West Berkshire the percentage has been steadily increasing.

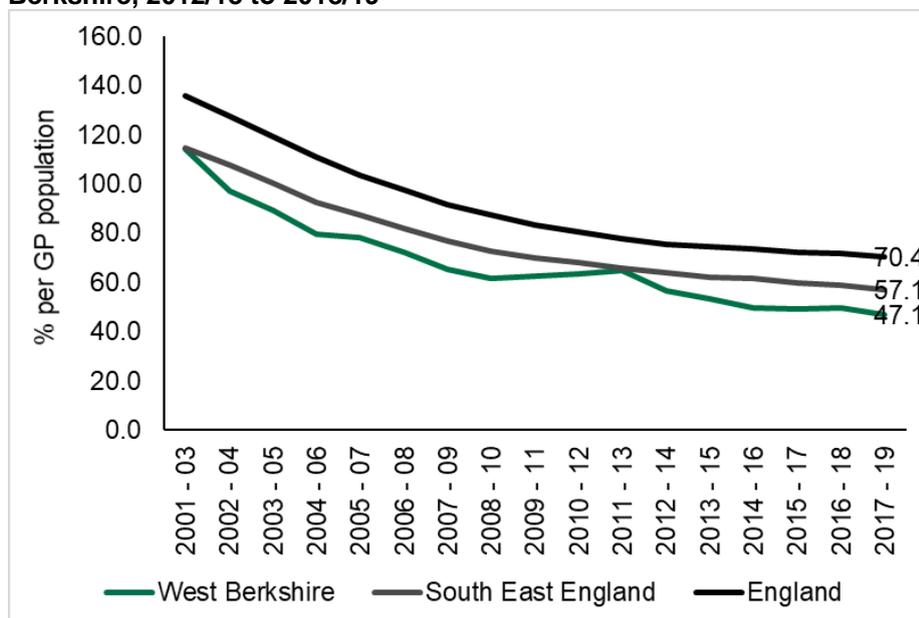
**Figure 5.7: Stroke: QOF prevalence all ages in West Berkshire from 2012/13 to 2019/20**



Source: OHID: QOF, 2022

**5.46** The under 75 mortality rate for cardiovascular disease is 47.1 per 100,000 population, lower than to England and South England figures (Figure 5.8)

**Figure 5.8: Trendline of under 75 mortality rate from all cardiovascular diseases for West Berkshire, 2012/13 to 2018/19**



Source: OHID, Local Authority Public Health Profiles, 2022

## Cancer

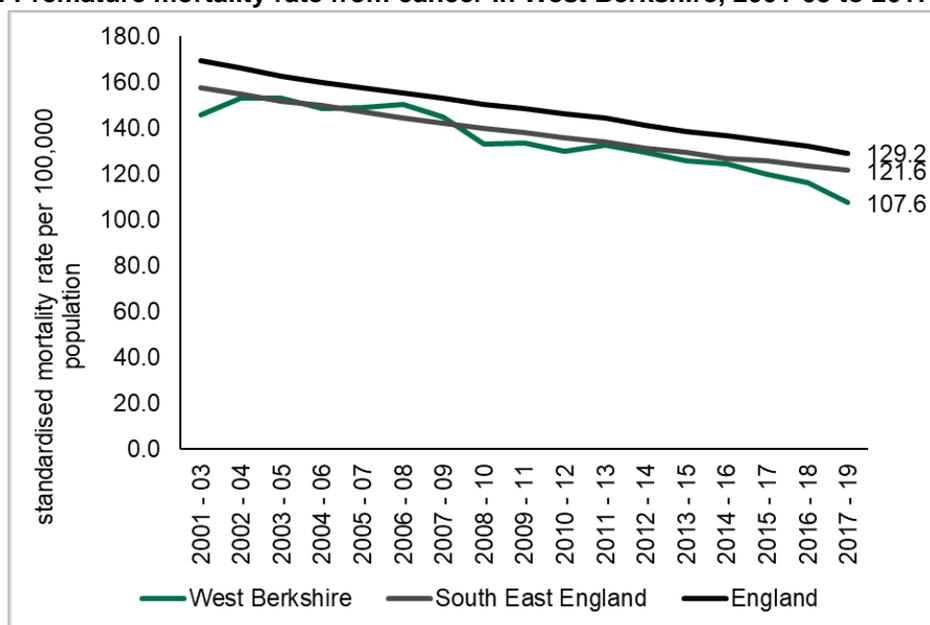
**5.47** Pharmacists can play in an important role in the early detection and diagnosis of cancer. Raising awareness through public health campaigns and talking to patients about signs and symptoms of different cancers can result in earlier diagnosis and therefore better treatment options for patients.

**5.48** The incidence of all cancers (standardised incidence ratio) for West Berkshire during the period 2014-2018 was 96.4. The cancer incidence ratio in West Berkshire is significantly below 100 indicating a lower incidence than the comparator area (England). The incidence ratios of Colorectal cancer, breast cancer and prostate cancer in West Berkshire are similar to those for England; incidence of lung cancer is significantly lower (OHID, Local Authority Health Profiles, 2022).

**5.49** The premature mortality rate from cancer (i.e. under 75 years) in West Berkshire in 2017-2019 was 107.6 per 100,000 population, which is significantly lower than the rate for England of 129.2, and the rate of 121.6 for South East England (OHID, Local Authority Health Profiles, 2022). Premature mortality from cancer has been on a downward trend over the last two

decades, with the figures for West Berkshire falling below those of England and South East England during the most recent years of data (see Figure 5.9 below).

**Figure 5.9: Premature mortality rate from cancer in West Berkshire, 2001-03 to 2017-19**

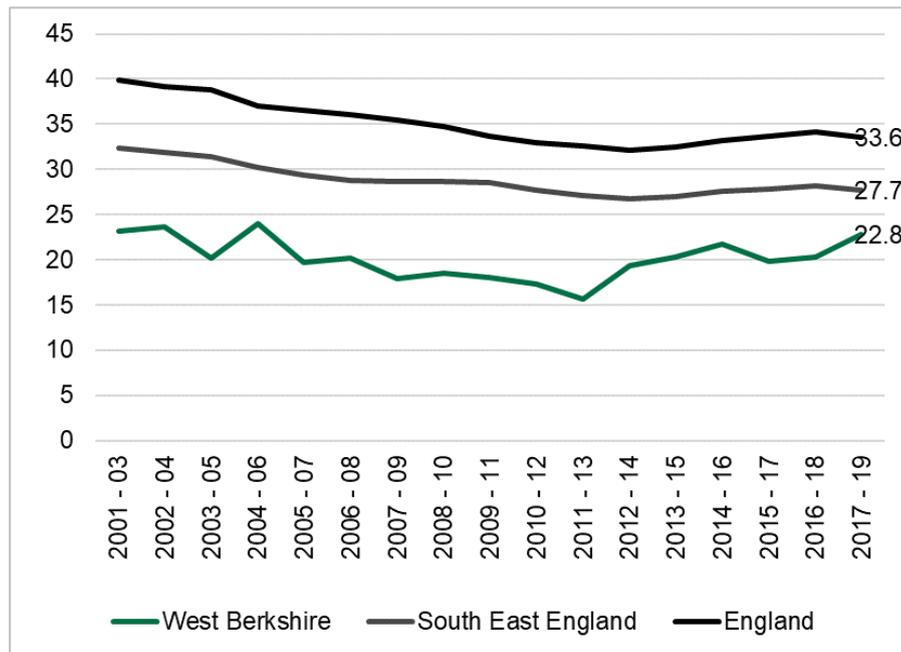


Source: OHID, Local Authority Public Health Profiles, 2022

## Respiratory diseases

- 5.50** Respiratory disease is one of the top causes of death in England in under 75s. Respiratory diseases encompass flu, pneumonia and chronic lower respiratory diseases such as chronic obstructive pulmonary disease.
- 5.51** The under-75 mortality rate by respiratory disease for West Berkshire was 22.8 per 100,000 population (2017-19 data), which is significantly lower than the rate for England of 33.6 similar to the South East England rate of 27.7. (OHID, Local Authority Health Profiles, 2022). Figure 5.10 shows the relatively static trend for this indicator over the last two decades.

**Figure 5.10: Under 75 mortality rate from respiratory disease in West Berkshire, 2001-03 to 2017-19**



Source: OHID, Local Authority Public Health Profiles, 2022

**5.52** 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 West Berkshire in 2019/20 was 241.4, which is significantly lower than the rate for England of 415.1 and the rate for South East England of 295.1 (OHID, Local Authority Public Health Profiles, 2022). The recent trend for this indicator for West Berkshire is decreasing and getting better. Helping people to stop smoking is key to reducing COPD and other respiratory diseases.

### Mental and behavioural

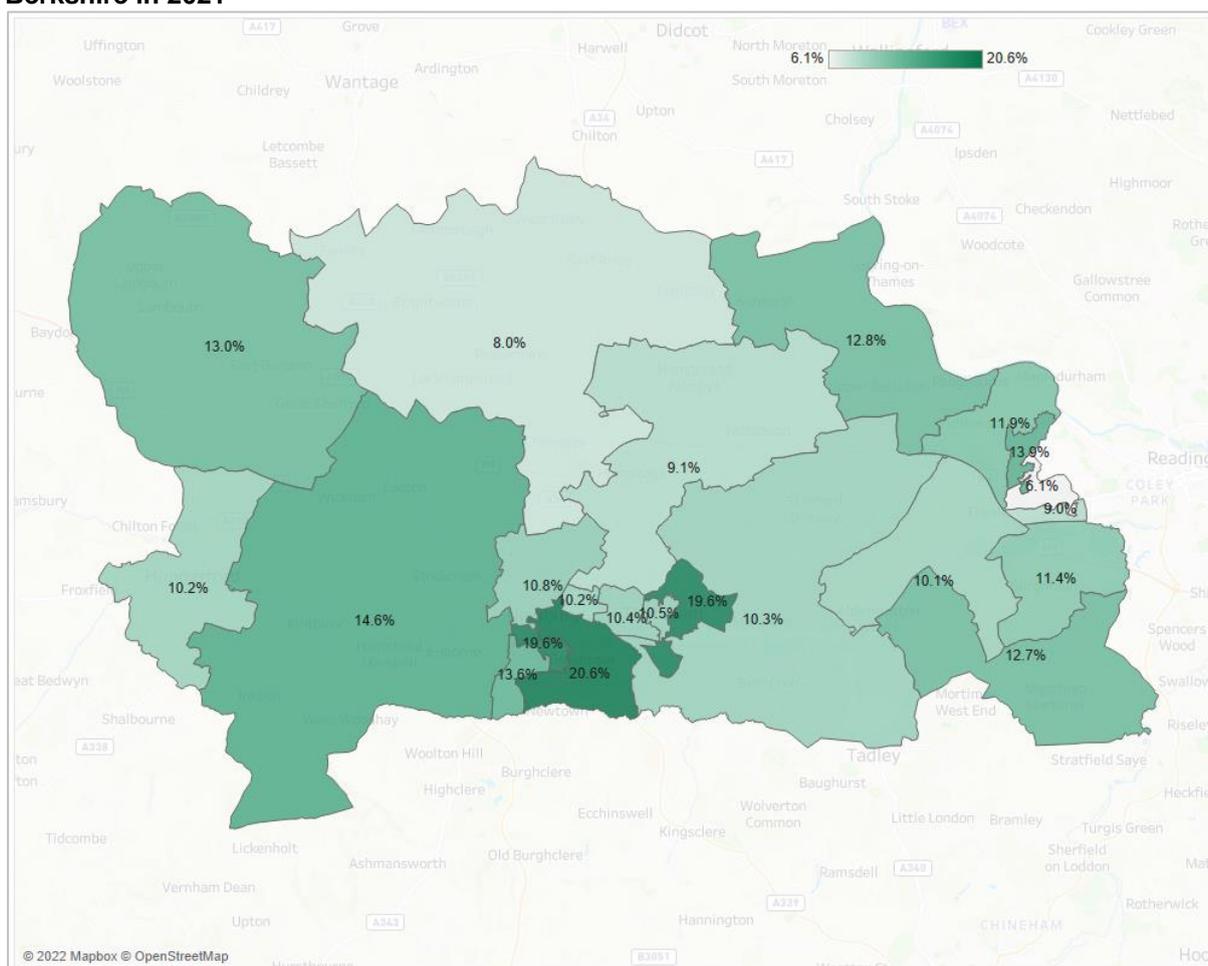
**5.53** Mental illness is the single largest cause of disability in the UK. At least one in four people will experience a mental health problem at some point in their life and one in six adults have a mental health problem at any one time.

**5.54** Modelled estimates suggest that depression prevalence may be slightly higher than average in West Berkshire. An estimated 12.6% of GP patients aged 18 and over in the Newbury Parliamentary Constituency (which roughly covers the area of West Berkshire) are recorded on GP registers as having depression in 2019/20. This compares to a figure of 11.5% for England and 12% for the South East Region.

**5.55** Neighbourhoods in West Berkshire with above average estimated rates for depression include Thatcham Town (20.6%), Thatcham West (19.6%) and Thatcham North (19.6%) (House of

Commons Library, Constituency data: health conditions, April 2021) (Figure 5.11). It is important to note, these estimates are based on GP recorded prevalence and differences between areas may reflect differences in how GPs record and measure information about their patients, rather than genuine differences in the prevalence. Additionally, not all of those living with depression will have sought help and have depression recorded on their records.

**Figure 5.11: Modelled estimates depression in GP registered patients in constituencies in West Berkshire in 2021**

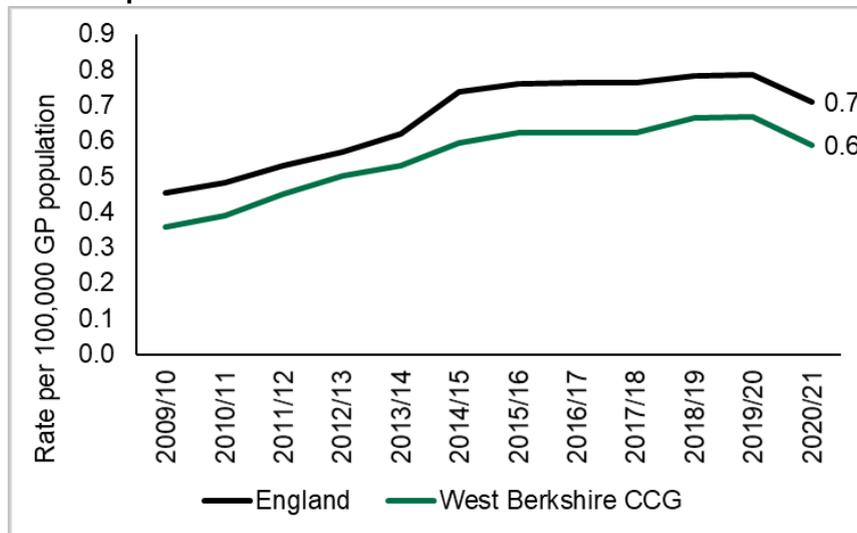


**Source: House of Commons Library, Constituency data: health conditions, 2022.**

- 5.56** An estimated 0.7% of GP Patients in Newbury Constituency are recorded on GP registers as having schizophrenia, bipolar disorder and psychosis, these figures compare to a figure for England of 0.9% and for the South East of England of 0.8%.
- 5.57** 3,277 people (0.6 of GP registered patients) have dementia in West Berkshire in 2019/20 (Figure 5.12). Early diagnosis is important in enabling people to access the right services and support early and live well with dementia. However, the estimated percentage of people living

with dementia who have a formal diagnosis in West Berkshire is 58.1%, significantly lower than the national rate of 61.6%.

**Figure 5.12: Estimated prevalence of dementia in West Berkshire**



Source: QOF, 2022

**5.58** The number of people living with from dementia in West Berkshire is expected to increase significantly over the period 2013-2036, as the area is set to experience population growth of people aged 65 and over, who will be increasingly likely to live alone. This will put pressure on the delivery of health care services, particularly as this population growth is expected to occur in rural areas<sup>44</sup>. Community pharmacists are well placed to assist in the early identification of dementia, as well as to help patients to manage their medicines.

<sup>44</sup> Berkshire (including South Buckinghamshire) Strategic Housing Market Assessment, Final Report, GL Hearn, February 2016

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## Summary of health needs

Overall, the people of West Berkshire enjoy a good level of health. Life expectancy and healthy life expectancy are higher than regional and national figures for both males and females. However, females in West Berkshire, on average, live for 19 years in poor health and males for 13. There is also an inequality gap in life expectancy between those living in the most deprived areas of West Berkshire compared to those living in the least deprived areas. In general, the health and behaviours of West Berkshire residents are better than South East England and England as a whole.

Circulatory diseases, cancer, respiratory diseases and mental and behavioural issues are the main causes of the gap in life expectancy between the most and least deprived areas. Although the prevalence of circulatory diseases including coronary heart disease and stroke were lower than regional and national comparators, as were premature mortality figures for cardiovascular disease, cancer and respiratory diseases.

The estimated prevalence of depression is higher than regional and national comparators, particularly in Thatcham Town and Thatcham West. Estimated prevalence of schizophrenia, bipolar disorder and psychosis as well as dementia are lower than South East England and England overall. However, it is important to note, these estimates are based on GP recorded prevalence and differences between areas may reflect differences in how GPs record and measure information about their patients, rather than genuine differences in the prevalence.

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# 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 West Berkshire. 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. We engaged with 1789 residents across Berkshire, including 256 residents across West Berkshire.

## **Communications engagement strategy**

- 6.5** Working with the Berkshire 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 Public Health Berkshire webpage.
- 6.6** Locally, the West Berkshire Council Communications Team shared the survey on the council website and within their council newsletter.
- 6.7** The survey was also shared on the councils Facebook, Twitter and Nextdoor social media channels. Community United and Newbury college were also asked to share their survey through their communications channels.
- 6.8** To reach people who represent people who share protected characteristics and the seldom heard the survey was also published on the community panels including the Adult Care

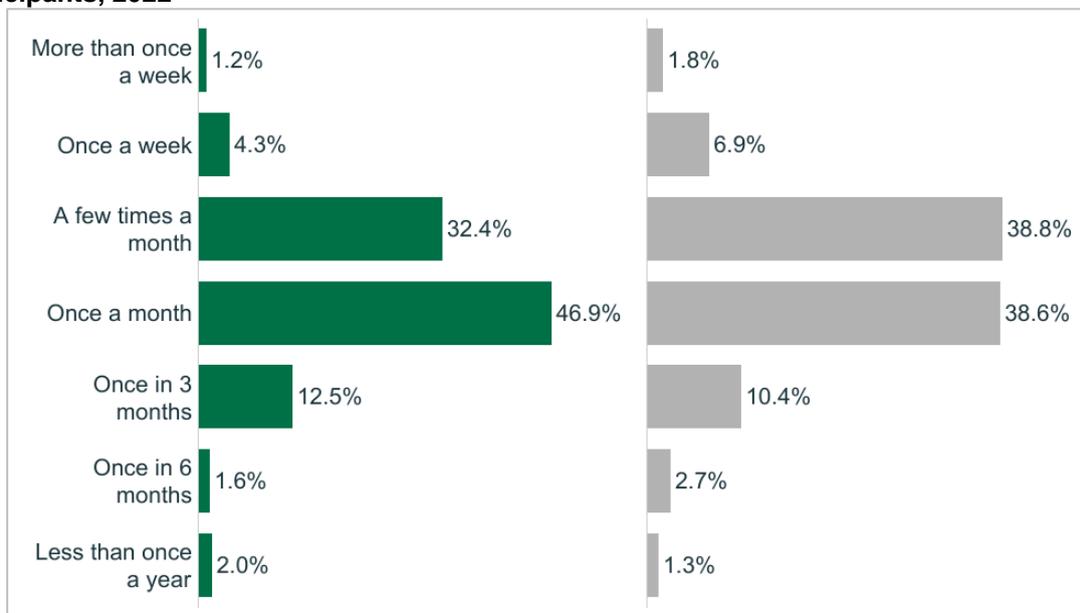
Community Panel, the Health and Wellbeing and Caring for Children and Families Community Panel.

## Results of the public engagement survey

**6.9** The survey results are shown below, comparing West Berkshire responses (256 in total, shown in green) with Berkshire overall responses (1789 in total, shown in grey).

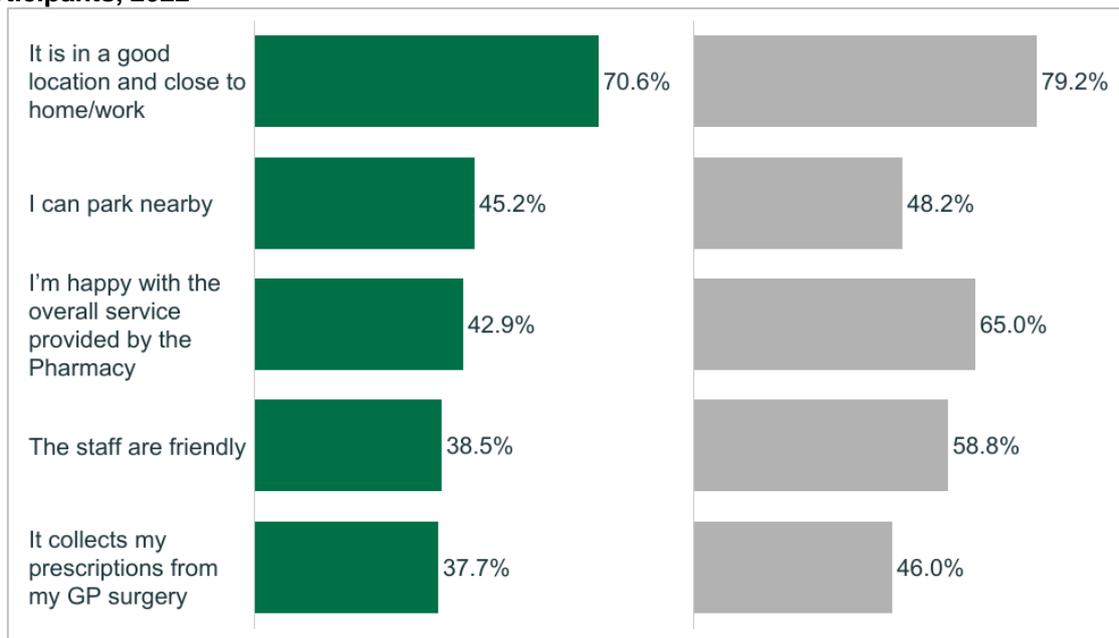
**6.10** Across Berkshire, they showed that 38.8 % (691) respondents used the pharmacy between a few times a month and once a month 38.6% (687), Similarly, West Berkshire respondents used the pharmacy mostly at least once a month (46.9%), followed by few times a month (32.4%) (Figure 6.1).

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



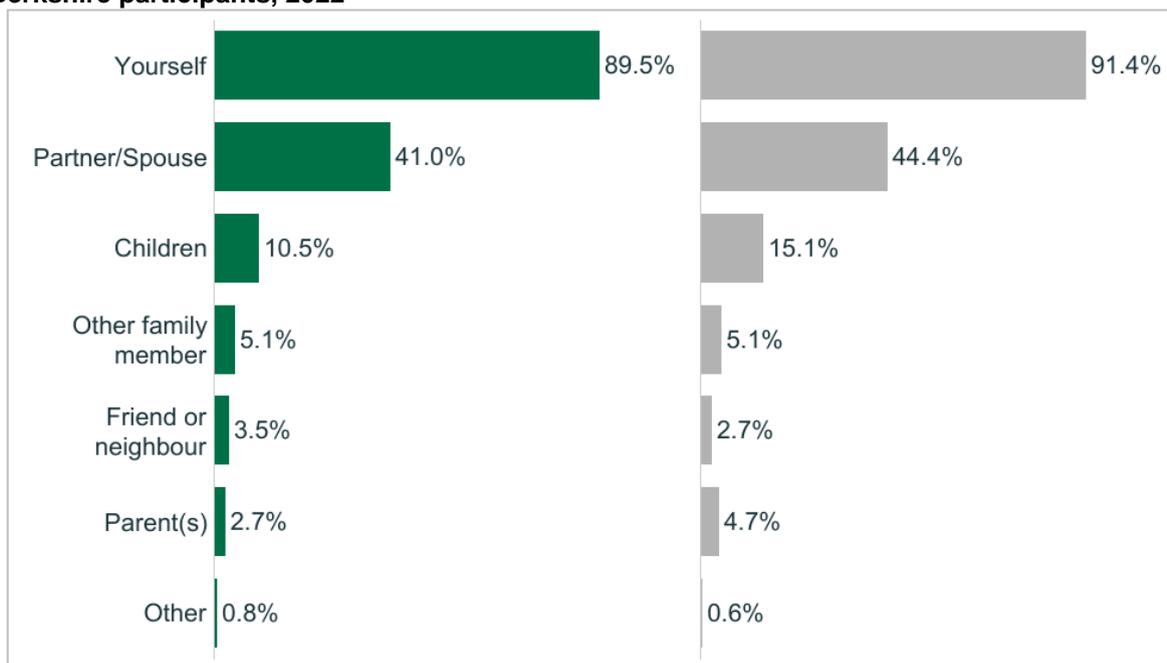
**6.11** The majority of respondents across Berkshire, (79.2%) and West Berkshire (70.6%) both stated their main reason for their choice of pharmacy was due to the good location and its proximity to their work/home. This was followed by 65% of Berkshire respondents stating their choice was due to their happiness with the overall service provided by the pharmacy and 45.2% of respondents from West Berkshire using their pharmacy as they can park nearby (Figure 6.2).

**Figure 6.2: Survey responses on reasons for pharmacy choice by West Berkshire and Berkshire participants, 2022**



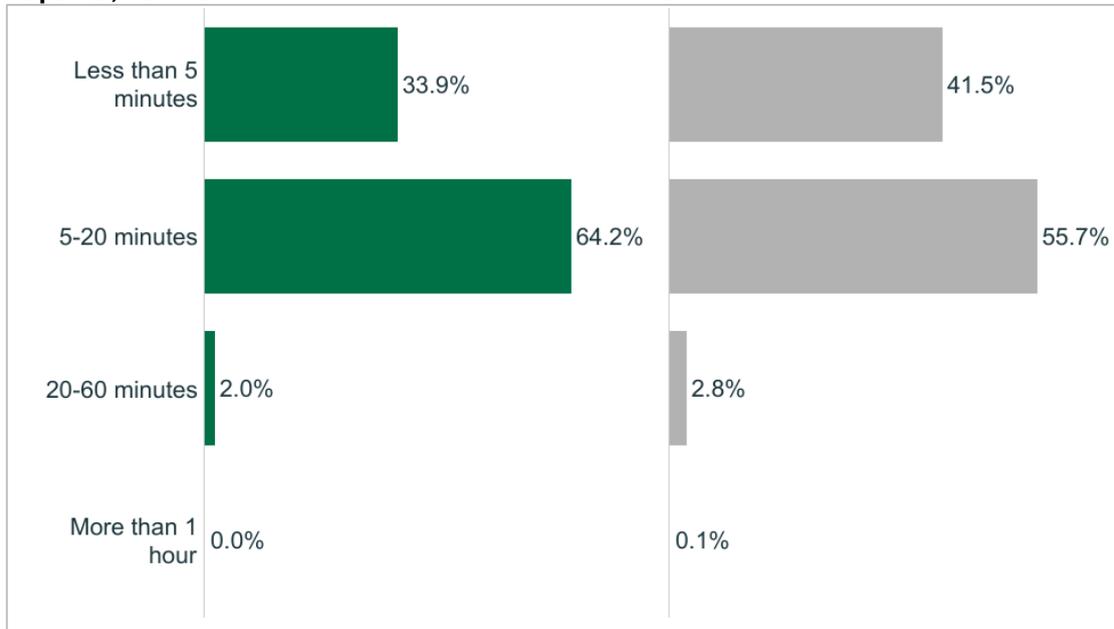
**6.12** When asked who they are using the pharmacy for, 89.5 % and 91.4% of respondents use the pharmacy for themselves across West Berkshire and Berkshire respectively. Furthermore, 41% West Berkshire and 44.4% Berkshire respondents used their pharmacy mainly for their partner/spouse (Figure 6.3).

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



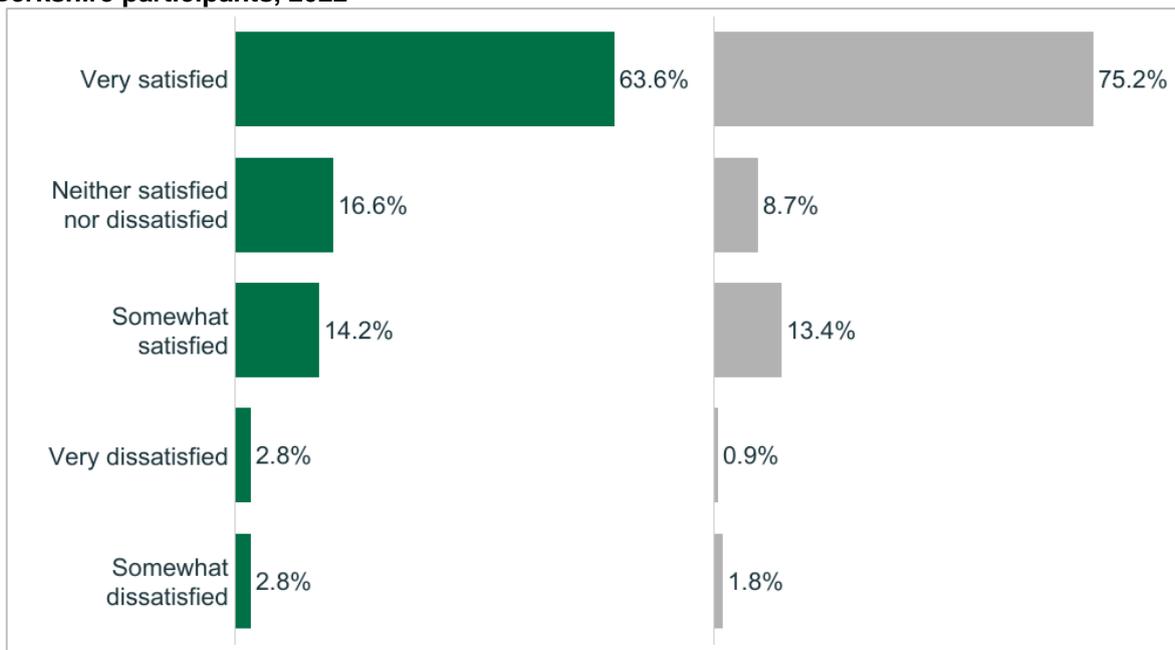
**6.13** Across Berkshire, 33.9% of West Berkshire, respondents answered that that it takes less than 5 minutes to travel to their pharmacy whereas 64.2% stated that it takes them 5-20 minutes (Figure 6.4).

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



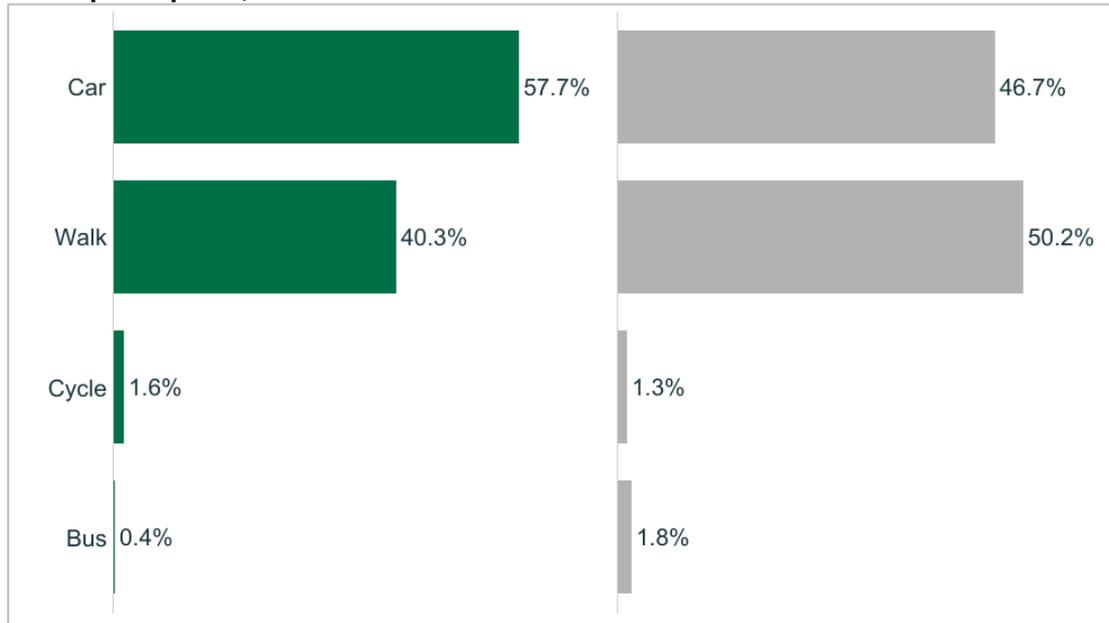
**6.14** The majority of respondents across Berkshire and West Berkshire, were very satisfied with their journey to their pharmacy, 75.2% and 63.6% respectively (Figure 6.5).

**Figure 6.5: Survey responses on satisfaction of journey to pharmacy by West Berkshire and Berkshire participants, 2022**



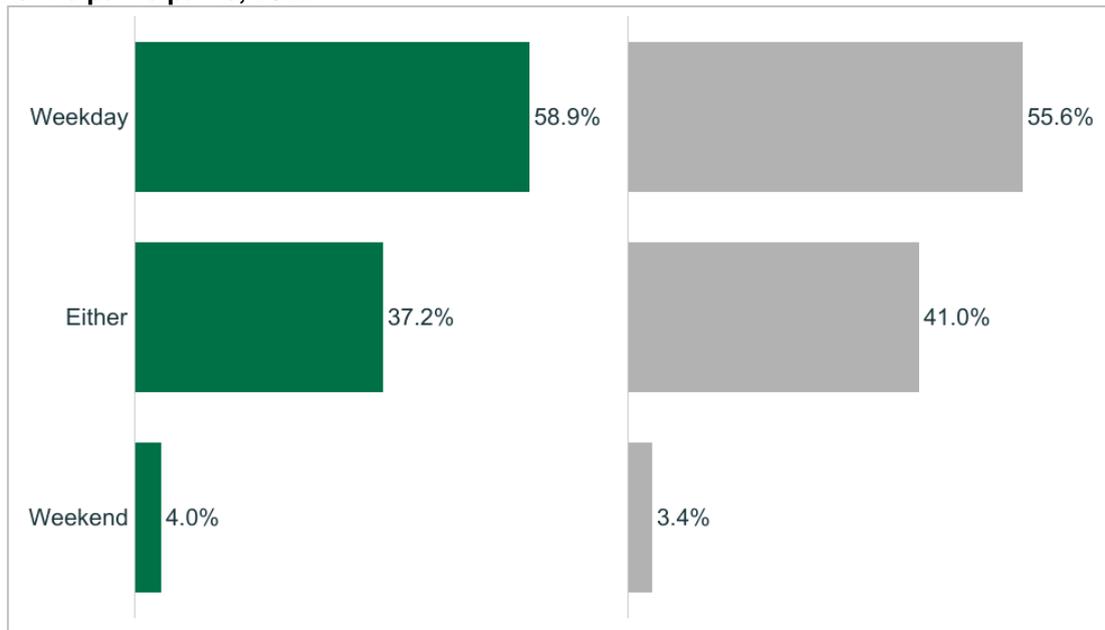
**6.15** When asked around how they usually travel to their pharmacy, across Berkshire 50.2% walk to their pharmacy, and 46.7% of respondents used their car and to travel to their pharmacy. Similarly, in West Berkshire, 40.3% walk to their pharmacy and 57.7% use their car (Figure 6.6).

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



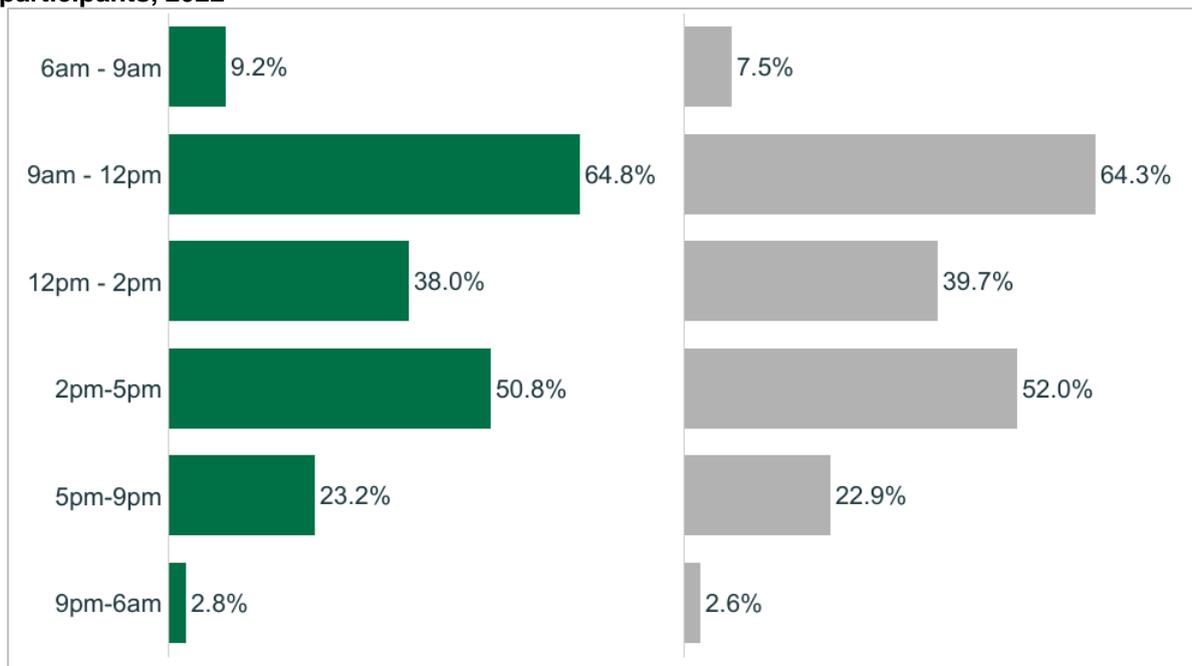
**6.16** When asked when they preferred to go to the pharmacy, respondents across Berkshire 55.6% (975) stated on weekdays, comparably 58.9% (149) of respondents in West Berkshire, answered alike. Given the choice of either weekday or weekend, across 37.2% (94) respondents came from West Berkshire and 41% (720) across Berkshire (Figure 6.7).

**Figure 6.7: Survey responses on preferred day to visit pharmacy by West Berkshire and Berkshire participants, 2022**



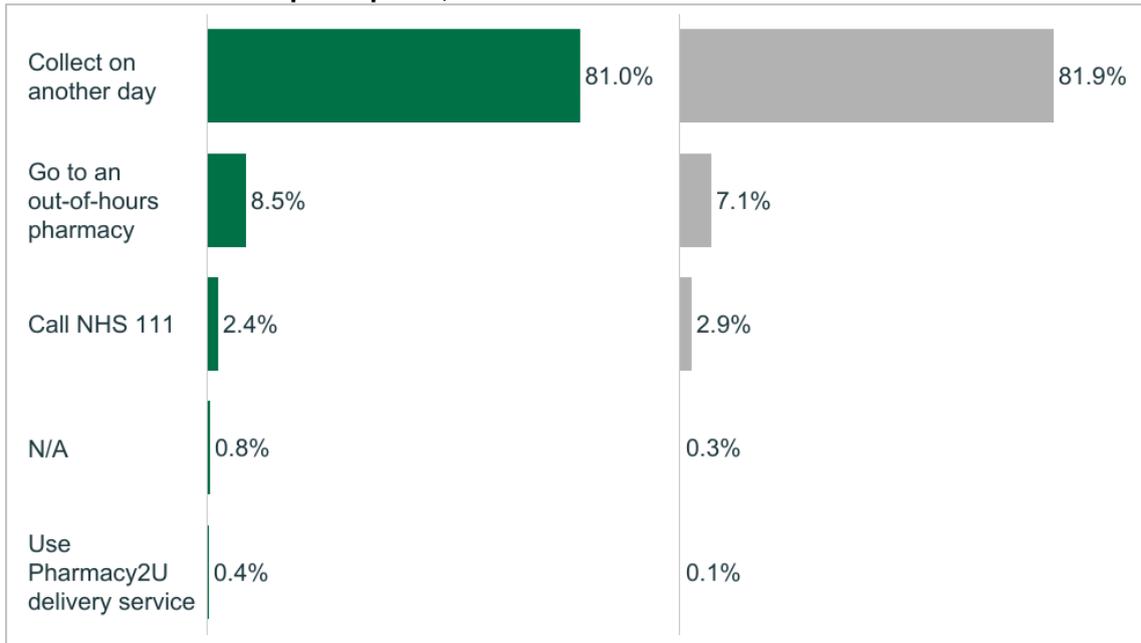
**6.17** In terms of times, across Berkshire most popular times being between 9am- 12pm, followed by 2pm- 5pm (see figure 5.6). In West Berkshire, the respondents stated their preferred times between 9am - 12pm and 2-pm - 9pm. Note: respondents could select multiple responses for this survey question (Figure 6.8).

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



**6.18** When asked what you do if you can't access the pharmacy, 81.9% of respondents across Berkshire answered that they collect on another day, followed by 7.1% stating they would go to an out-of-hours pharmacy. Alike, across West Berkshire, 81% respondents would collect another day and 8.5% go to an out-of-hours pharmacy (Figure 6.9).

**Figure 6.9: Survey responses on what they do if they can't access the pharmacy by West Berkshire and Berkshire participants, 2022**



**6.19** Of the 256 respondents in West Berkshire, 62 left a comment on how what additional services they would like to see available in their pharmacy. The top services the public would like to see within their pharmacy were:

- Longer opening hours (38%)
- Minor ailments, independent prescribing, and blood checks, including blood tests, and pressure checks (33%)
- Delivery service (18%)
- Vaccines including travel (18%)

## Equality impact assessment

**6.20** This next section explores the West Berkshire survey responses by different groups representing protected characteristics, looking at where there are similarities and differences between groups.

**6.21** 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

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that 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 West Berkshire's population.

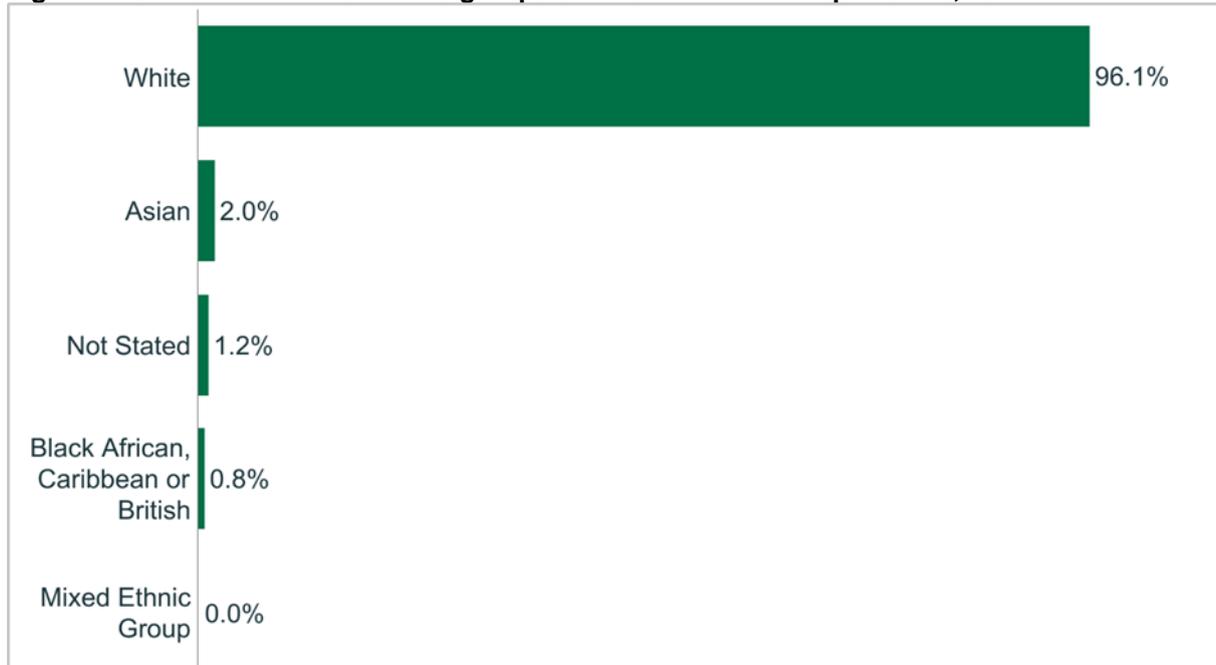
## **Age**

- 6.22** 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.
- 6.23** To understand any differences between groups, we carried out analysis by grouping together age groups. We compared differences between those aged over 65 (n=124), and individuals aged 65 and under (n=131). One respondent did not state their age.
- 6.24** No differences were found between the two groups and frequency of visiting the pharmacy usually a few times a month, or at least once a month.
- 6.25** No differences were found between the age groups in terms of reasons for chosen pharmacy with the most popular response being that they chose their pharmacy based on good location close to home and work.
- 6.26** No significant differences were found between the age groups and who the pharmacy was used for, with the most popular responses across both groups being for themselves, or their partner/ spouse. Although, those aged under 65 were more likely to use the pharmacy for their children (19.8%), compared to those over 65 (0.8%).
- 6.27** There were no differences between groups in terms of mode of travel or travel time to reach a pharmacy.

## **Ethnicity**

- 6.28** 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: A breakdown of ethnic groups of West Berkshire respondents, 2022**



**6.29** No differences were found in terms of ethnicity and frequency of using pharmacy, with the majority of respondents using their pharmacy a few times a month, or at least once a month.

**6.30** Reasons for choice did not differ across ethnic groups, with respondents using their pharmacy based on location. Two (0.8%) respondents who were Black African Caribbean or Black British stated that their pharmacy was within a 5 minute walk with a preference to visit pharmacy on either weekday or weekend, however, those from White or Asian backgrounds stated that their pharmacy was within a 5-20 minute walk or car journey with a preference to visit on a weekday.

### **Gender**

**6.31** 164 (64.1%) respondents were female, 89 (34.8%) were male, two (0.8%) did not state, and one (0.4%) was non-binary.

**6.32** No differences were found across genders in terms of frequency of visits, reasons for choosing their pharmacy and mode of travel.

**6.33** Generally, respondents used their pharmacy for themselves, or their spouse/ partner, however female respondents were more likely to use their pharmacy for their children too (12.8%), compared to their male counterpart (6.7%).

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## Pregnancy

- 6.34** Four (1.6%) respondents were pregnant at the time this survey was live.
- 6.35** No differences were found amongst those who were pregnant and not pregnant in terms of frequency of visiting pharmacy from a few times a month, to at least once a month. Reasons for choice was based on the pharmacy being in a good location, and travel time to pharmacy was within a 5-20 minute walk or car journey.
- 6.36** Preferred time to visit pharmacy for those who were pregnant tended to be during the hours of 2pm-5pm (75%), and those who were not pregnant preferred to visit their pharmacy during 9am – 12pm.
- 6.37** Most respondents used the pharmacy for themselves or spouse/ partner, and those pregnant were also more likely to use the pharmacy for their children (25%).

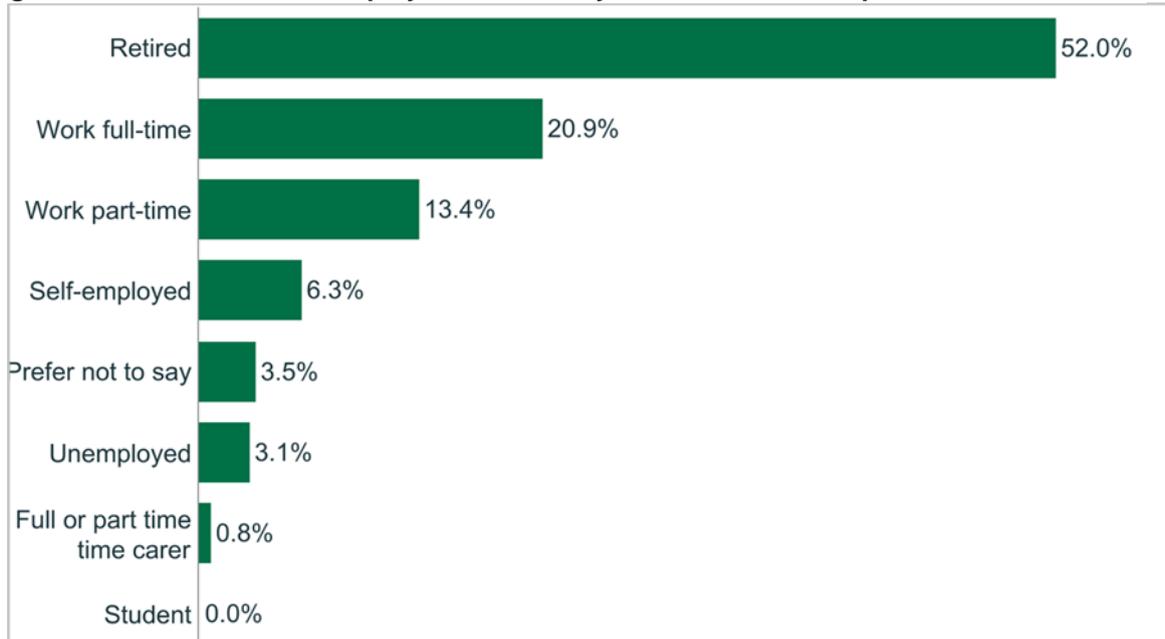
## Breastfeeding

- 6.38** Three (1.2%) people were breastfeeding at the time of this survey was live.
- 6.39** No differences were found groups in terms of frequency of visiting pharmacy with most respondents going a few times a month, to at least once a month.
- 6.40** Those who were breastfeeding were more likely to choose their pharmacy based on the fact that it collected prescriptions from GP surgery (67%), compared to those who were not breastfeeding who chose their pharmacy based on being in a good location (70%).
- 6.41** Most respondents used the pharmacy for themselves or for their partner/spouse, but those who were breastfeeding were also more likely to use the pharmacy for their children (66.7%), compared to those who were not pregnant (10.2%).
- 6.42** There were no differences in terms of travel time to pharmacy, however, those who were not breastfeeding had a slightly higher preference to go to the pharmacy on a weekday (59%).

## Employment status

- 6.43** A breakdown of employment status showed that over half (52%) of the respondents were retired, 40.6% were in employment (this included, full-time, part-time, and self-employment), 0.8% respondents were carers, and 3.1% were unemployed. 3.5% preferred not to state. (Figure 6.11).

**Figure 6.11: Breakdown of employment status by West Berkshire respondents, 2022**

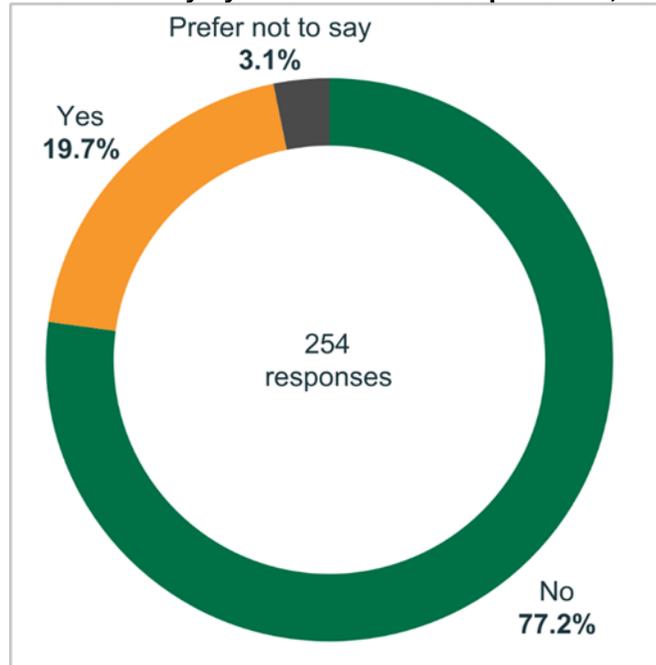


- 6.44** No differences were found amongst employment status groups for frequency of pharmacy use and the reasons for chosen pharmacy. However, those who were carers were more likely than any other group to choose their pharmacy based on staff being friendly (100%), and their satisfaction with the overall service (100%).
- 6.45** No significant differences between groups were found when asked who the pharmacy was used for, travel time to pharmacy or preferred time to visit the pharmacy.
- 6.46** Those who were in employment (full-time, part-time, and self-employment), were more likely to use their pharmacy during the hours of 5pm- 9pm.

### **Disability or impairment**

- 6.47** 254 respondents answered whether they had a disability or not, of whom 50 (19.7%) said that they do, 196 stated that they did not (77.2%), and 8 (3.1%) preferred not to state (Figure 6.12).

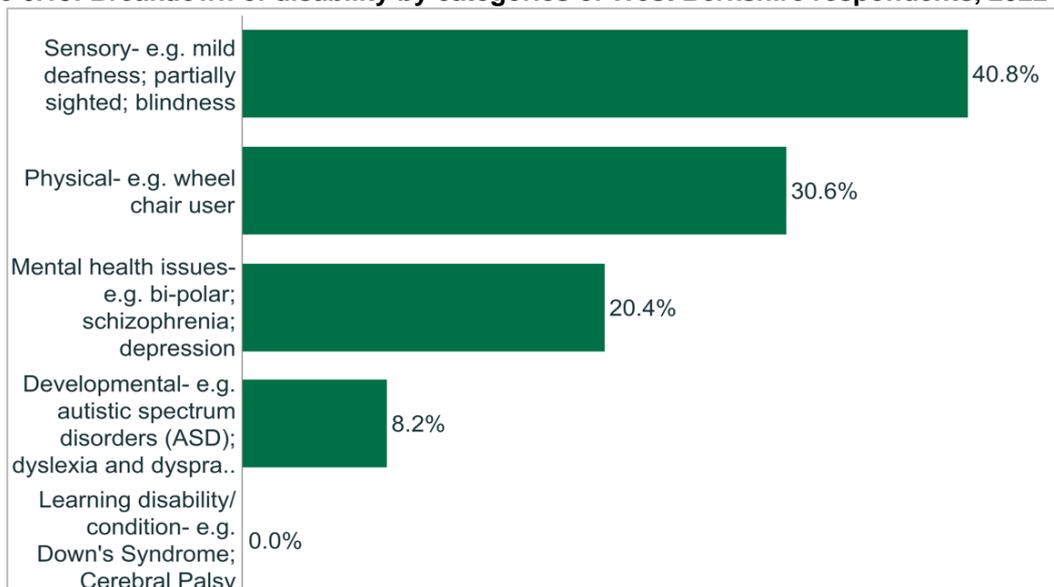
**Figure 6.12: Breakdown of disability by West Berkshire respondents, 2022**



**6.48** The survey categorised disabilities into six main groups (Figure 6.13):

1. Physical e.g., wheelchair user
2. Mental health 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
6. Other

**Figure 6.13: Breakdown of disability by categories of West Berkshire respondents, 2022**



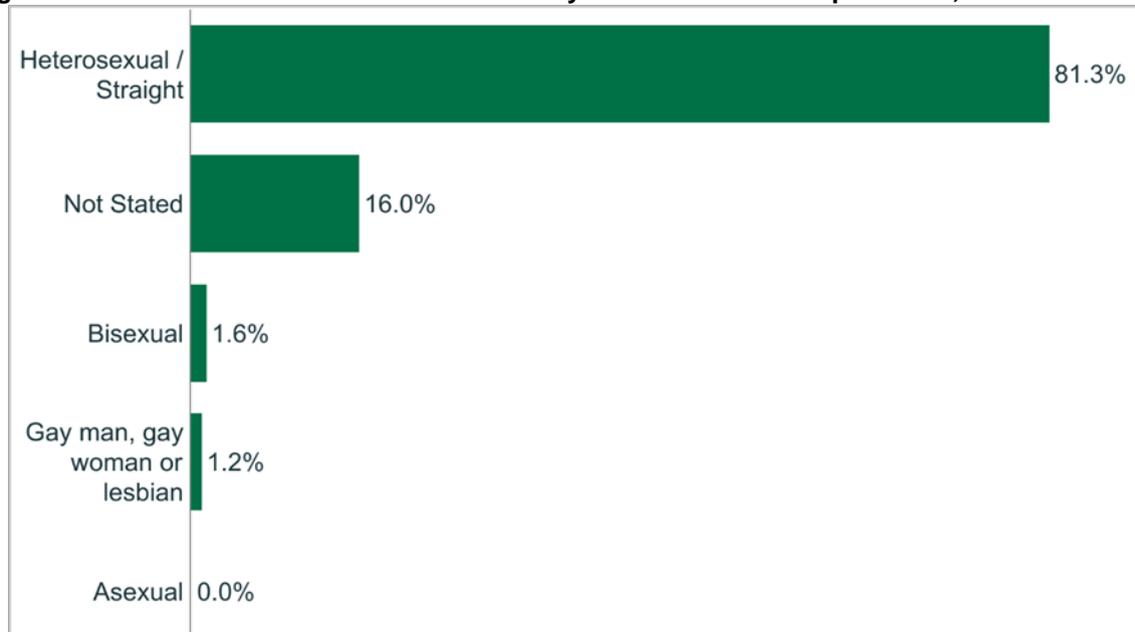
**6.49** No significant differences were found between groups of this protected characteristic.

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## Sexual orientation

**6.50** 208 (81.3%) of respondents were heterosexual, 41 (16%) did not state, 4 (1.6%) were bisexual and 3 (1.2%) were gay man or gay/ lesbian woman (Figure 6.14).

**Figure 6.14: Breakdown of sexual orientation by West Berkshire respondents, 2022**



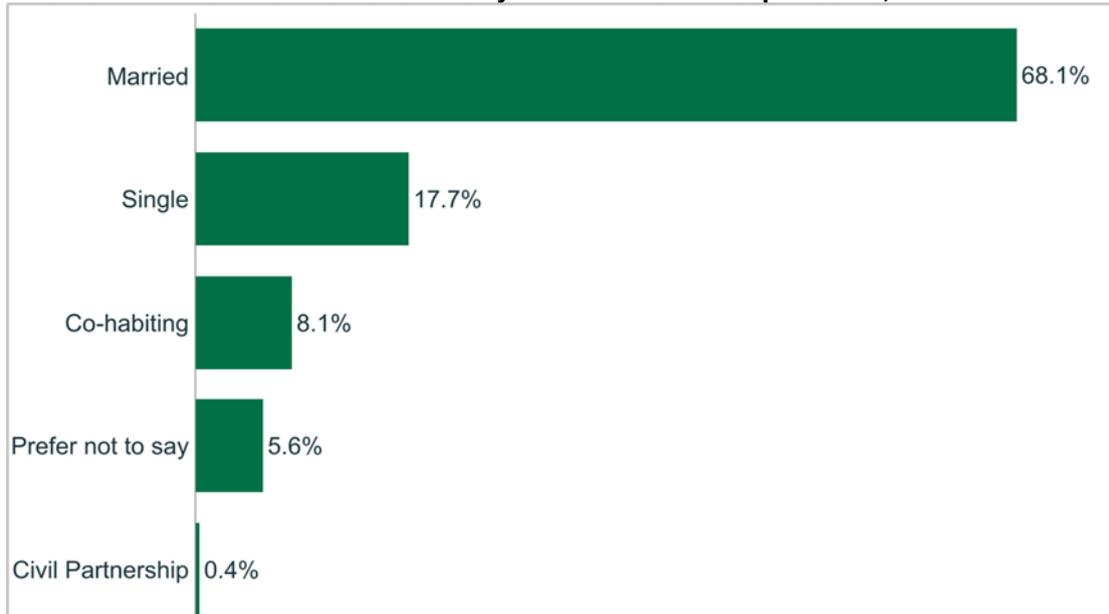
**6.51** No differences were found in terms of frequency of visiting pharmacy, or reasons for chosen pharmacy, preferred time and day to visit the pharmacy and travel time.

**6.52** No significant differences were found for who it was used for which was mainly for themselves or spouse/partner. Also some heterosexual respondents also used the pharmacy for their children (11%).

## Relationship status

**6.53** 169 (68.1%) of respondents were married, 44 (17.7%) were single, 14 (5.6%) preferred not to state, 20 (8.1%) were co-habiting, and one person (0.4%) was in a civil partnership. (Figure 6.15).

**Figure 6.15: Breakdown of marital status by West Berkshire respondents, 2022**



**6.54** No differences were found between this protected characteristic and pharmacy usage.

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## **Summary of the patient and public engagement findings**

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.

256 residents and workers of West Berkshire responded to the survey. The results showed that respondents chose their pharmacy based its good location. For the majority of respondents, pharmacies were within a 5-20 minute walk or car journey away.

West Berkshire respondents mainly used their pharmacies for themselves, their spouse/partner and for their children. They also used their pharmacies mainly to collect prescriptions and medication. A weekday visit between the times of 9am- 12pm, and 2pm- 5pm was preferred by respondents of West Berkshire.

A small number of respondents left comments around what they would like to see from their pharmacy. This included longer opening hours, and minor ailments services including blood checks (pressure, and testing). No different needs for people who share a protected characteristic in West Berkshire were found.

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# 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 August 2022.

**7.2** It assesses of the adequacy of the current provision of necessary services by considering:

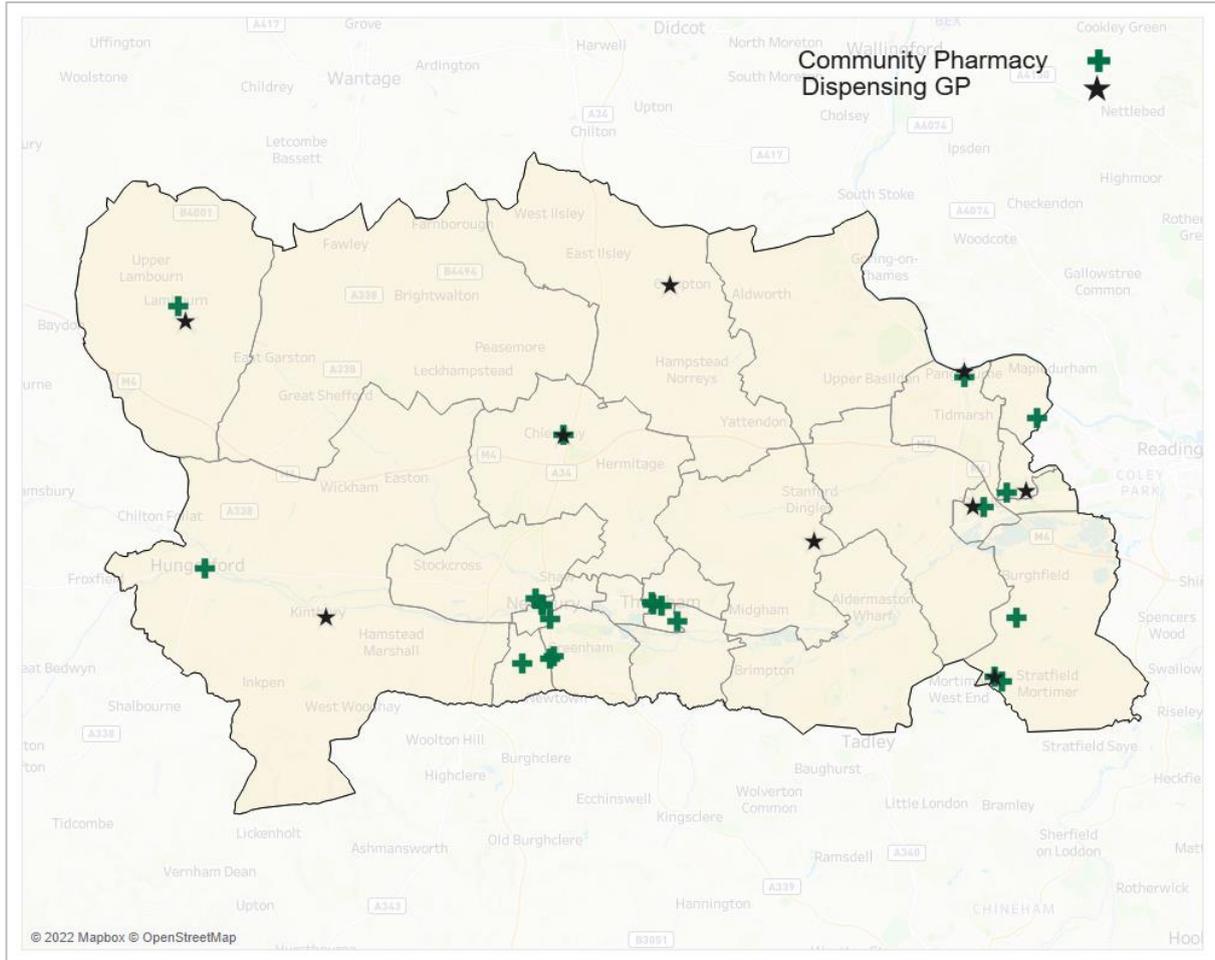
- Different types of pharmaceutical service providers
- Geographical distribution and choice of pharmacies, within and outside the district
- Opening hours
- Dispensing
- Pharmacies that provide essential, advanced, enhanced and other NHS services

**7.3** In addition, this chapter also summarises pharmaceutical contractors' capacity to fulfil identified current and future needs in West Berkshire.

## **Pharmaceutical Service Providers**

**7.4** As of August 2022, there are currently 21 pharmacies in West Berkshire that hold NHS contracts, all of which are community pharmacies. They are presented in the map in Figure 7.1 below which also includes other pharmaceutical service providers. All the pharmacy providers in the district as well as those within 1 mile of its border are also listed in Appendix A.

**Figure 7.1: Map of pharmaceutical service providers in West Berkshire, August 2022**



**Source: Contractor Survey and NHS England, 2022**

## Community pharmacies

**7.5** The 21 community pharmacies in West Berkshire equates to 1.3 community pharmacies per 10,000 residents (based on a 2022 population estimate of 158,465). This ratio is lower than the England average which stood at 2.2 based on 2014 data (LGA, 2022<sup>45</sup>).

<sup>45</sup> 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](https://lginform.local.gov.uk/reports/lgastandard?mod-area=E92000001&mod-group=DEFRA2009_OtherUrbanList&mod-metric=3707&mod-type=namedComparisonGroup) (Accessed in December 2022).

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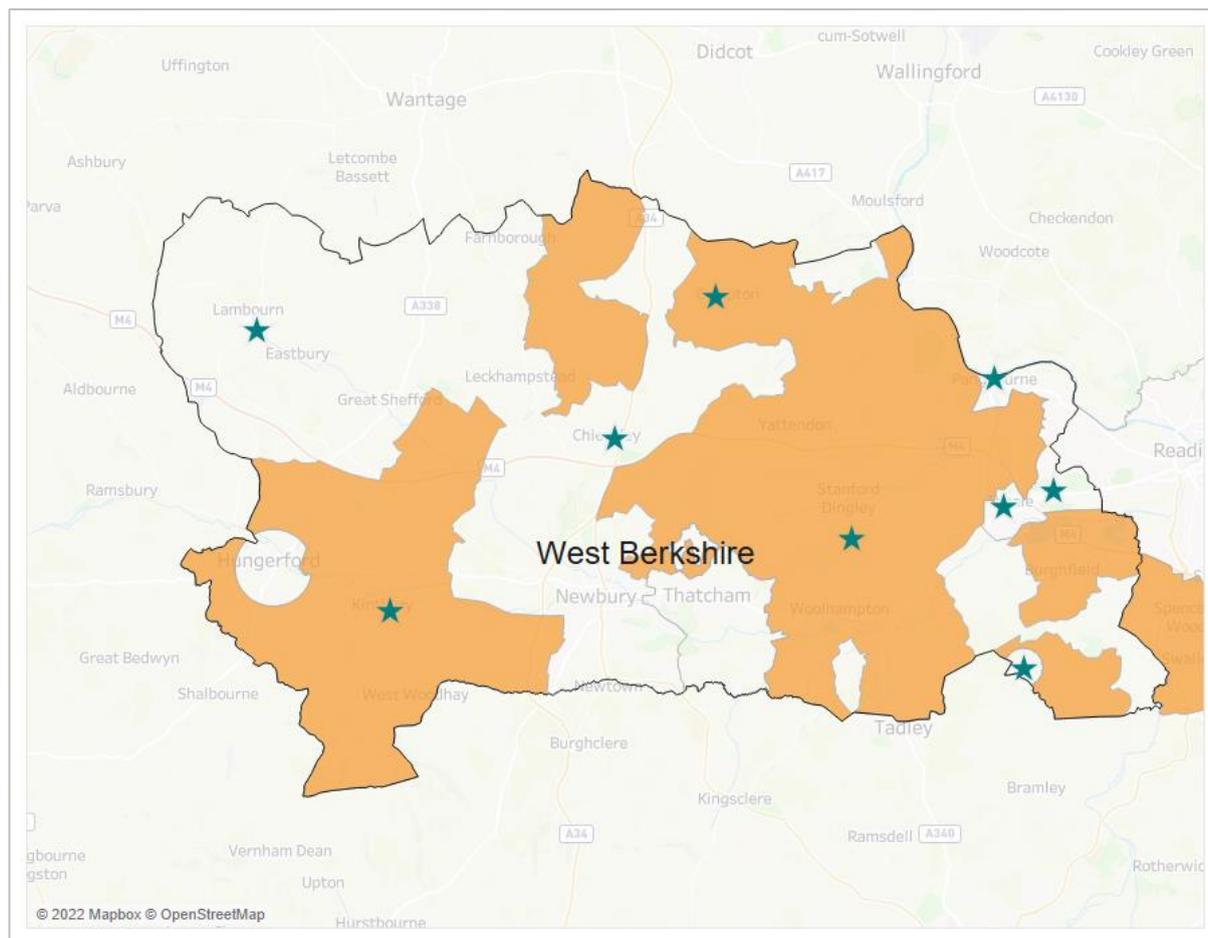
## **Dispensing appliance contractor**

- 7.6** A DAC is a contractor that specialises in dispensing prescriptions for appliances, including customisation. They cannot dispense prescriptions for drugs. There are no dispensing appliance contractors (DACs) on West Berkshire's pharmaceutical list.

## **GP dispensing practices**

- 7.7** Dispensing doctors provide services to patients where there are no community pharmacies or access is restricted, mainly in rural areas. One of the requirements for the service is that patients live in a controlled locality. Controlled localities are defined by HWBBs in line with regulations and after consideration of a wide range of factors, including being more than 1 mile from pharmacy premises.
- 7.8** There are nine GP dispensing practices in West Berkshire. Their delivery services are outside the scope of this PNA, however dispensing doctors can choose to provide delivery services in areas where community pharmacy provision is low. Figure 7.2 below shows the controlled localities in West Berkshire (shown in orange), against dispensing GPs (shown in green).

**Figure 7.2: Location of controlled localities and dispensing GPs**



Source: NHS England & BOB CCG, 2022

**Table 7.1: List of Dispensing GP in West Berkshire**

Practice Name	Main or Branch surgery	Address	Post Code
Kintbury & Woolton Hill Surgery	Main	Newbury Street	RG17 9UX
Pangbourne Surgery (Boathouse Surgery)	Main	Whitchurch Road	RG8 7DP
The Mortimer Surgery	Main	Victoria Road	RG7 3SQ
Downland Practice	Main	East Lane	RG20 8UY
Downland Practice	Branch	High Street	RG20 6NJ
Lambourn Surgery	Main	Bockhampton Road	RG17 8PS
Theale Medical Centre	Main	Englefield Road	RG7 5AS
Theale Medical Centre	Branch	72a Royal Avenue	RG31 4UR
Chapel Row Surgery	Main	The Avenue	RG7 6NS

Source: NHS England, 2021

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## **Distance selling pharmacies**

- 7.9** There no distance selling pharmacies in West Berkshire.

## **Local pharmaceutical services**

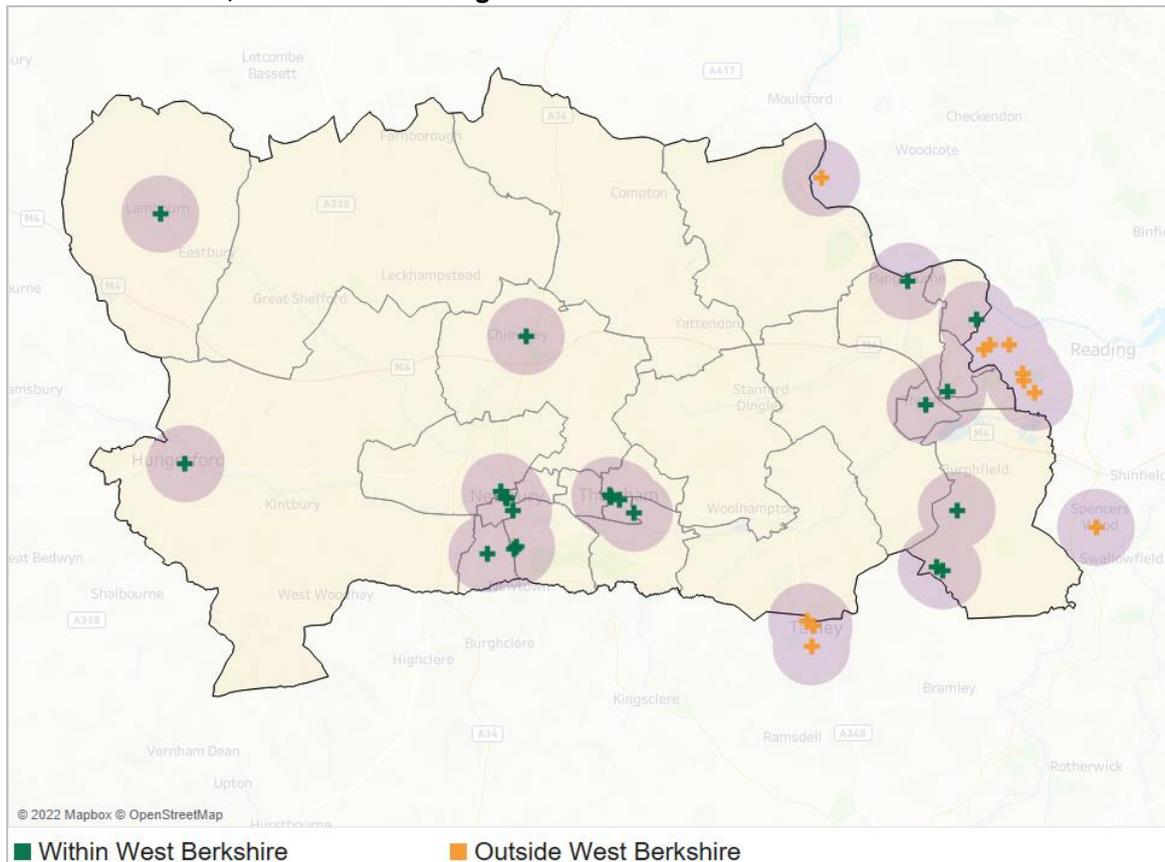
- 7.10** There are no Local Pharmaceutical Service (LPS) contracts within West Berkshire. A local pharmaceutical services contract allows NHS England and NHS Improvement to commission services that are tailored to meet specific local requirements.

## **Accessibility**

### **Distribution and choice**

- 7.11** The PNA Steering Group agreed that the maximum distance for residents in West Berkshire 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.
- 7.12** Figure 7.3 shows the 21 community pharmacies located in West Berkshire. In addition to the pharmacies within West Berkshire, there are another 11 pharmacies located within 1 mile of the district's border that are considered to serve West Berkshire's residents. These have been included in the pharmacies shown in Figure 7.3 as well as in Appendix A.

**Figure 7.3: Distribution of community pharmacies in West Berkshire and within 1 mile of the district's boundaries, with 1-mile coverage.**



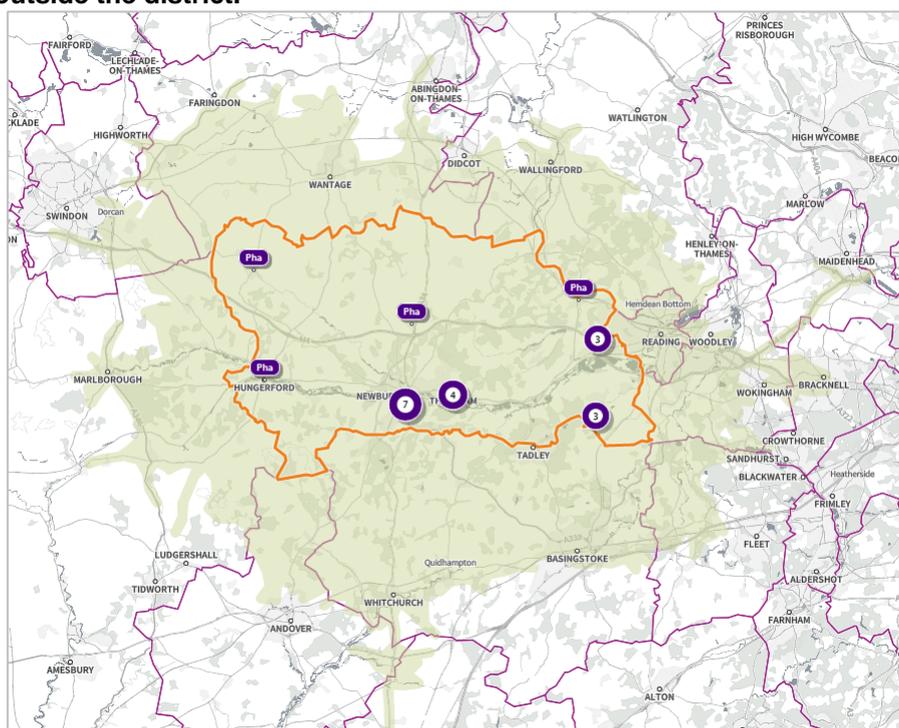
Source: Contractor Survey and NHS England, 2022

**7.13** This shows that most of the district is not within 1 mile of a pharmacy. This speaks to the rural nature of the district. In total, 43,192 West Berkshire residents are not within one mile of a West Berkshire pharmacy (OHID, Strategic Health Asset Planning and Evaluation Atlas Tool, 2022). A distribution of the age-groups of this population is shown below. As seen, this population represent people from all age groups.

**7.14** Those that are not within 1 mile are within controlled localities and are therefore served by dispensing GP practices or are within areas where it is not viable for a new pharmacy to open due to low population density.

**7.15** Despite some residents not being within a mile of a pharmacy, all residents in West Berkshire can reach a pharmacy within 20 minutes if using a car. Figure 7.4 presents the coverage of the West Berkshire pharmacies and the 20-minute travel time by car to reach them. Coverage of the pharmacies is presented in a green border; West Berkshire is bordered in orange. A total of 752,019 people from in and outside the district can reach a West Berkshire within 20 minutes if traveling by car (OHID, SHAPE Atlas Tool, 2022).

**Figure 7.4: Areas covered by 20-minute travel time by car to a West Berkshire pharmacy from within and outside the district.**



**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 Table 7.2 below. As seen, there are 10 electoral wards that do not have any community pharmacies within them.

**Table 7.2: Distribution of community pharmacies by ward**

Ward	Number of Community Pharmacies	Population Size	Community Pharmacies per 10,000 residents
Newbury Greenham	3	12,213	2.46
Newbury Central	3	7,803	3.84
Burghfield & Mortimer	3	10,429	2.88
Thatcham Central	2	7,959	2.51
Tilehurst Birch Copse	1	7,654	1.31
Tilehurst & Purley	1	10,336	0.97
Theale	1	2,946	3.39
Thatcham North East	1	7,898	1.27
Thatcham Colthrop & Crookham	1	2,747	3.64
Pangbourne	1	3,801	2.63
Newbury Wash Common	1	8,849	1.13
Lambourn	1	4,237	2.36
Hungerford & Kintbury	1	11,361	0.88
Chieveley & Cold Ash	1	8,188	1.22

Tilehurst South & Holybrook	0	7,027	0.00
Thatcham West	0	7,209	0.00
Ridgeway	0	4,191	0.00
Newbury Speen	0	7,266	0.00
Newbury Clay Hill	0	7,323	0.00
Downlands	0	3,647	0.00
Bucklebury	0	3,606	0.00
Bradfield	0	4,408	0.00
Basildon	0	3,539	0.00
Aldermaston	0	3,828	0.00
<b>Borough Total</b>	<b>21</b>	<b>158,465</b>	<b>1.33</b>

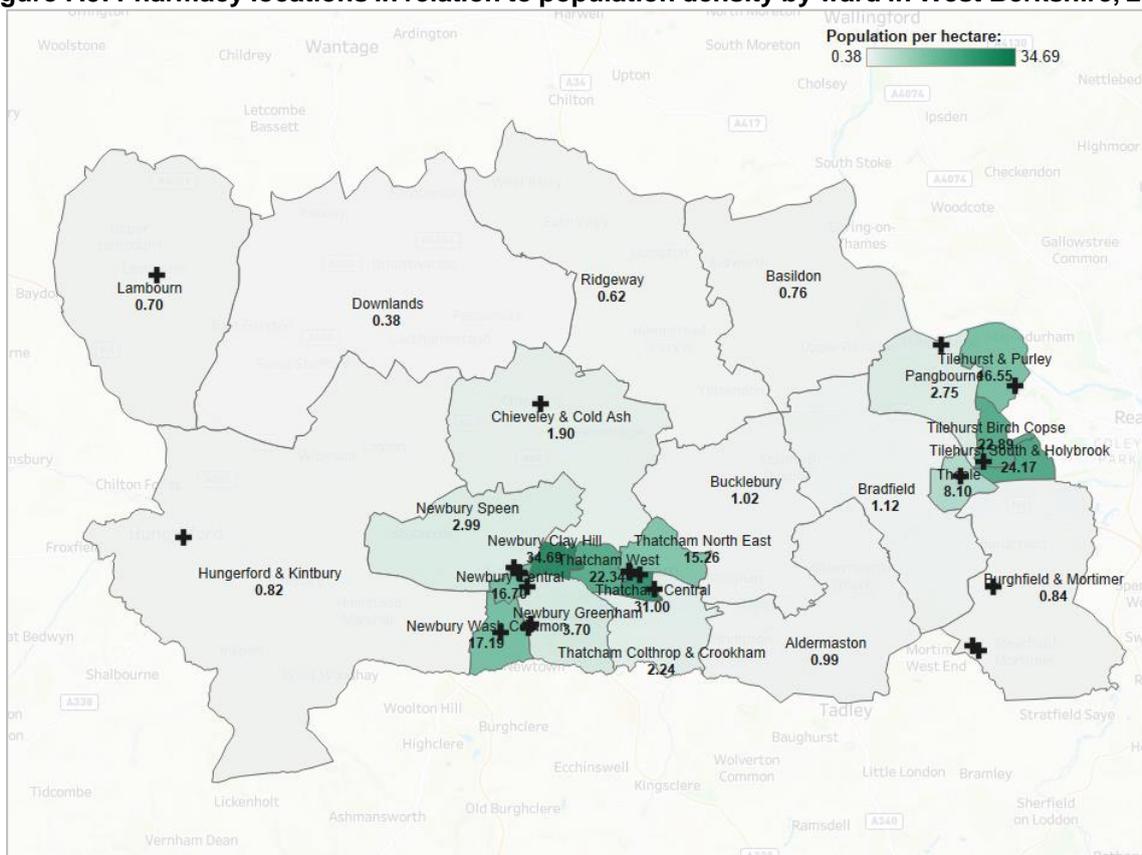
Sources: ONS (2020 mid-year estimates) and NHSE

- 7.17** Residents tend to fill their prescriptions at local pharmacies. NHSE data shows that in 2020-21, 92.3% (2,458,952) of items prescribed by GPs in West Berkshire were dispensed by community pharmacies in the district. Other local authorities where West Berkshire residents have their prescriptions dispensed include Leeds (2.6%) and Reading (2.2%).

#### *Pharmacy Distribution in relation to population density*

- 7.18** The population density map (figure 7.5) indicates that the community pharmacy premises are predominantly located in areas of highest population density although a small number of pharmacies were identified in areas with the lowest population density.
- 7.19** This highest number of proposed new dwelling developments that are to be completed in the lifetime of this PNA are within Newbury Speen, Newbury Central and Newbury Greenham wards. The largest being Market Street development in Newbury Central ward, the Oxford Road development in Newbury Speen ward and the Pincents Hill development in Tilehurst Birch Copse ward. All of these proposed developments are within areas with good pharmacy provision.

**Figure 7.5: Pharmacy locations in relation to population density by ward in West Berkshire, 2019**



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

### Pharmacy distribution in relation to GP surgeries

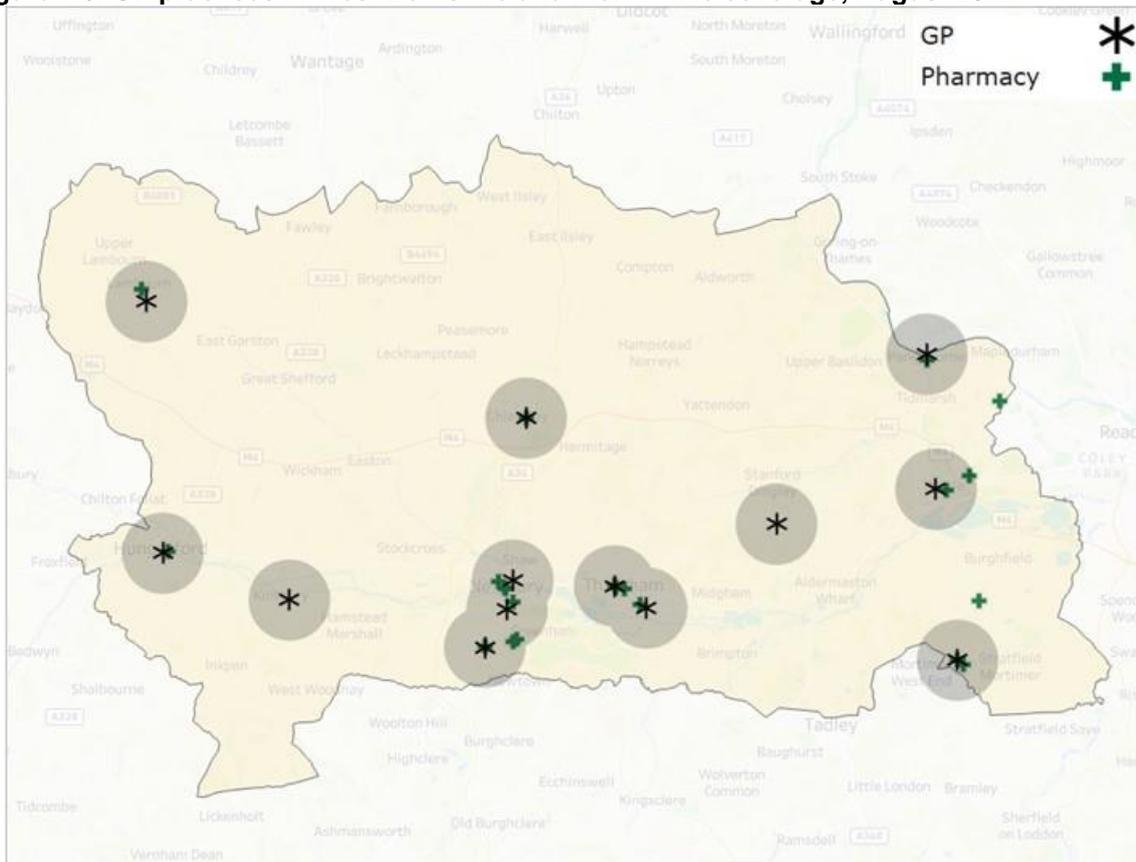
- 7.20** As part of the NHS Long Term Plan<sup>46</sup> all general practices were required to be in a primary care network (PCN) by June 2019. Since January 2019 West Berkshire GPs organised themselves into four PCNs within West Berkshire.
- 7.21** Each of these networks have expanded neighbourhood 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

<sup>46</sup> NHS England (2019). The *NHS long term plan*. London, England

engage with the PCNs to maximise service provision for their patients and residents. Altogether there are 50 GP member practices across these four PCNs.

**7.22** There is a pharmacy within accessible distance of all GP practices in West Berkshire if travelling by car. Figure 7.6 shows the location of GP practices, their one mile coverage and community pharmacies in West Berkshire.

**Figure 7.6: GP practices in West Berkshire and their 1-mile coverage, August 2022**



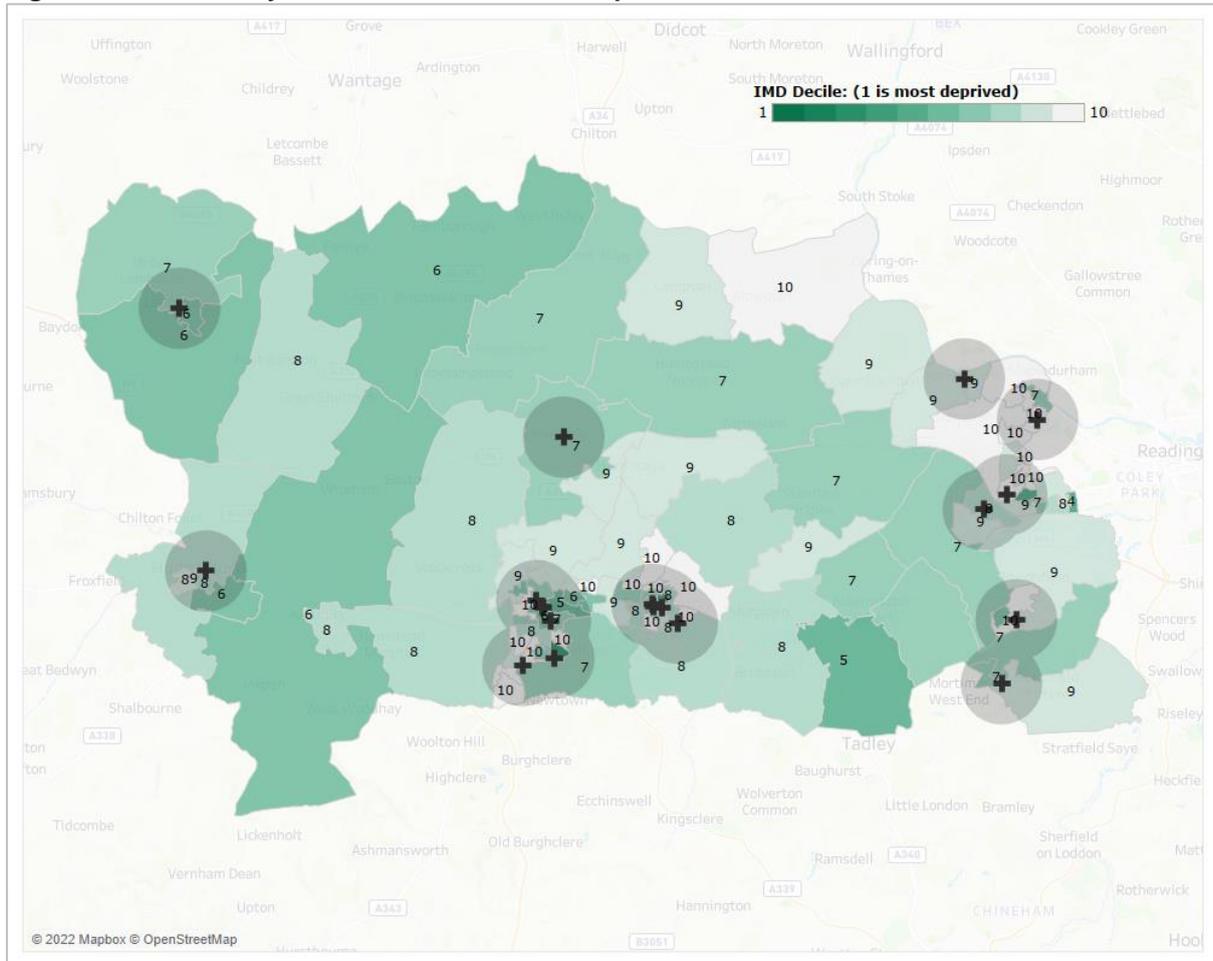
Source: NHS England, 2022

**7.23** This PNA 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 7.7 presents pharmacy locations in relation to deprivation deciles. There is one neighbourhood in Newbury Greenham ward in West Berkshire that sits within the national top 11-20% most deprived neighbourhoods (decile 2) which is well served in terms of pharmacy coverage.

**Figure 7.7: Pharmacy locations in relation to deprivation deciles in West Berkshire, 2019**



Source: MHCLG & NHSE

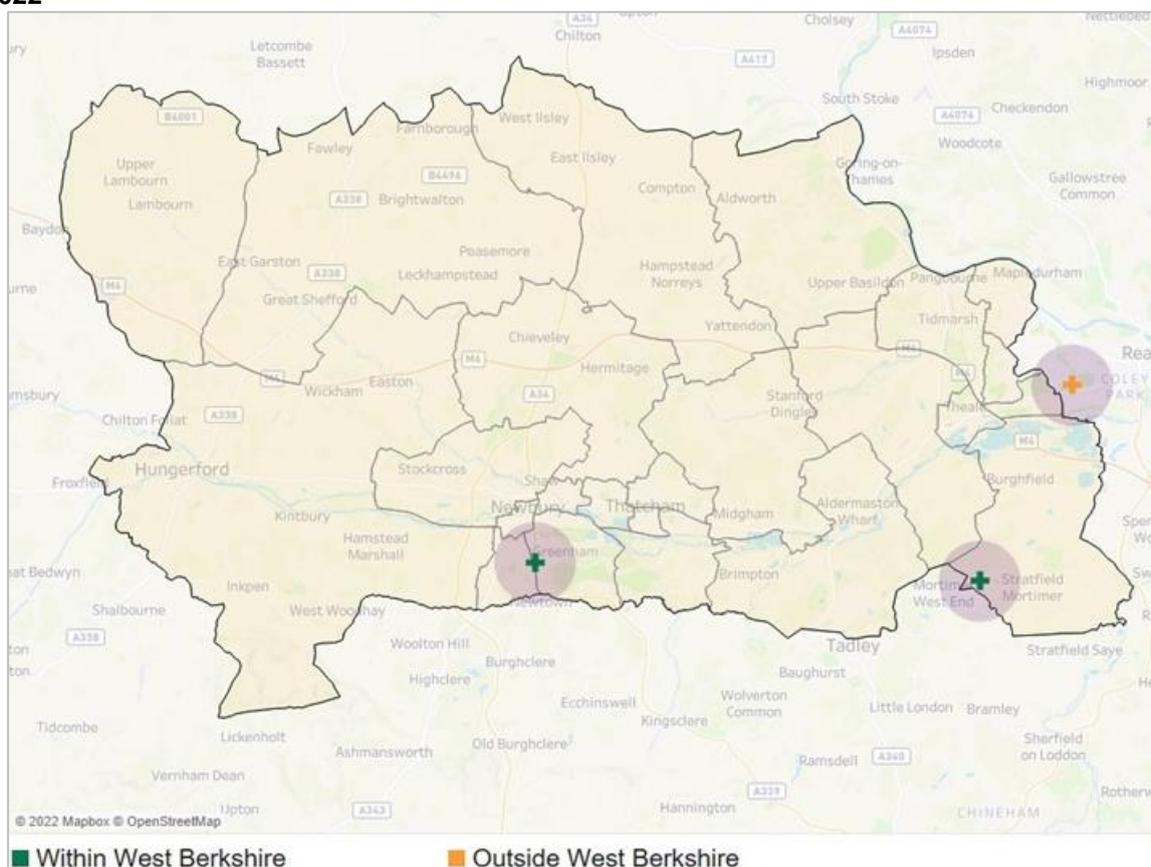
### Opening times

- 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 obtained from NHS England in January 2022, then updated in August 2022. Additionally, marketing entry updates to the NHS England pharmaceutical list were reflected on the original list.

### 100-hour pharmacies

**7.28** NHS England has two 100-hour pharmacies (core hours) on their list for West Berkshire. These are presented in Figure 7.8 and Table 7.3. There is one other 100-hour pharmacies which is outside the district within 1 mile of its border (Figure 7.8).

**Figure 7.8: 100-hour community pharmacies in West Berkshire and their 1-mile coverage August 2022**



**Source: Contractor Survey and NHS England, 2022**

**Table 7.3: 100-hour pharmacies in West Berkshire, August 2022**

Pharmacy	Address	Ward
Tesco Pharmacy	Tesco Extra, Pinchington Lane, Newbury, Berkshire	Newbury Greenham
Mortimer Pharmacy	72 Victoria Road, Mortimer, Reading, Berkshire	Burghfield & Mortimer

**Source: Contractor Survey and NHS England, 2022**

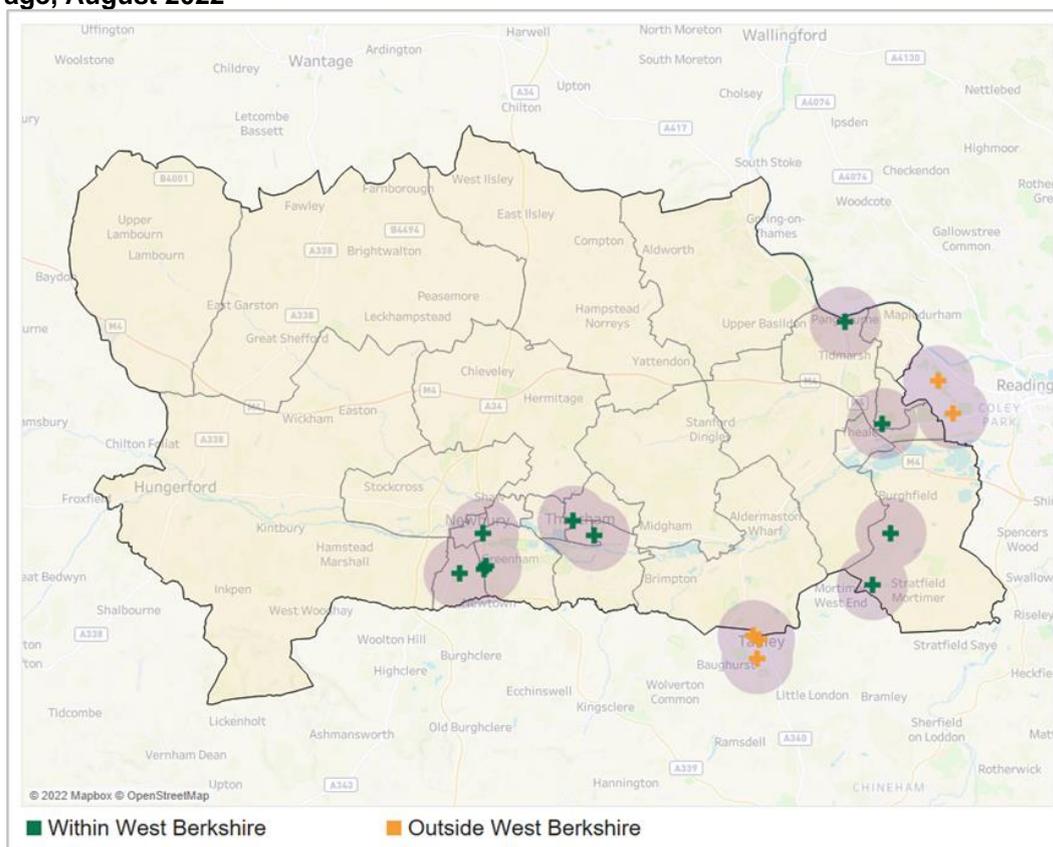
**Early morning opening and late evening closure**

**7.29** 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 and pharmacies open after 6pm to be late-evening opening.

**7.30** There are no pharmacies are open before 8am on weekdays within the district nor within 1 mile of its borders.

**7.31** There are ten pharmacies in the district that still open after 6pm on weekdays, with five other pharmacies within 1 mile of West Berkshire (see Figure 7.9 and Table 7.4).

**Figure 7.9: Community Pharmacies that are open after 6pm on weekdays and their 1-mile coverage, August 2022**



Source: Contractor Survey and NHS England, 2022

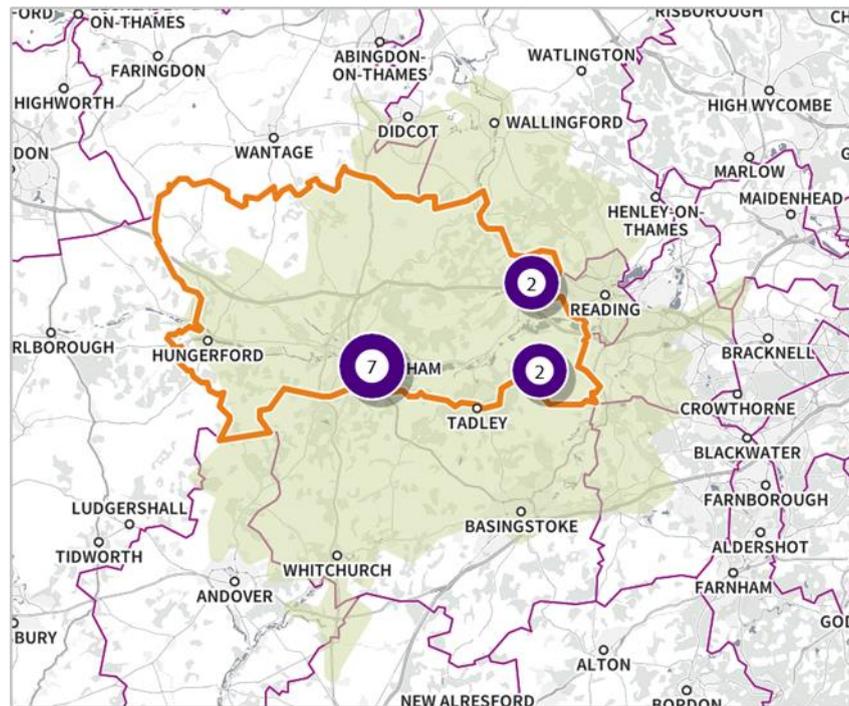
**Table 7.4: Community Pharmacies closing after 6pm on weekdays in West Berkshire**

Pharmacy	Address	Ward
LloydsPharmacy	3 The Square, Pangbourne, Berkshire	Pangbourne
Lloydspharmacy (in Sainsbury)	Savacentre, Bath Road, Calcot, Reading, Berkshire	Tilehurst Birch Copse
Burghfield Pharmacy	Reading Road, Burghfield Common, Reading, Berkshire	Burghfield & Mortimer
Tesco Pharmacy	Tesco Extra, Pinchington Lane, Newbury, Berkshire	Newbury Greenham
Wash Common Pharmacy	Monks Lane, Newbury, Berkshire	Newbury Wash Common
Mortimer Pharmacy	72 Victoria Road, Mortimer, Reading, Berkshire	Burghfield & Mortimer
Boots the Chemists	Unit 13 Newbury Retail Pk, Pinchington Lane, Newbury, Berkshire	Newbury Greenham
LloydsPharmacy	Unit 2 Burdwood Centre, Station Road, Thatcham, Berkshire	Thatcham Colthrop & Crookham
LloydsPharmacy	3-5 Crown Mead, Bath Road, Thatcham, Berkshire	Thatcham Central
Lloydspharmacy (in Sainsbury)	Sainsburys Store, Hectors Way, Newbury, Berkshire	Newbury Greenham

Source: Contractor Survey and NHS England, 2022

**7.32** In terms of travel distance, all but 5,632 of West Berkshire residents live within 20-minute reach of an early opening and late closing West Berkshire pharmacy if travelling by car (OHID, SHAPE Atlas Tool, 2022). Those who are not within 20-minute reach of a West Berkshire pharmacy by car are within reach of a GP dispensing practice. The 20-minute travel time to reach a West Berkshire pharmacy is shown in green in Figure 7.10.

**Figure 7.10: Areas covered by 20-minute travel time by car to a Saturday opening West Berkshire pharmacy from within and outside the district.**

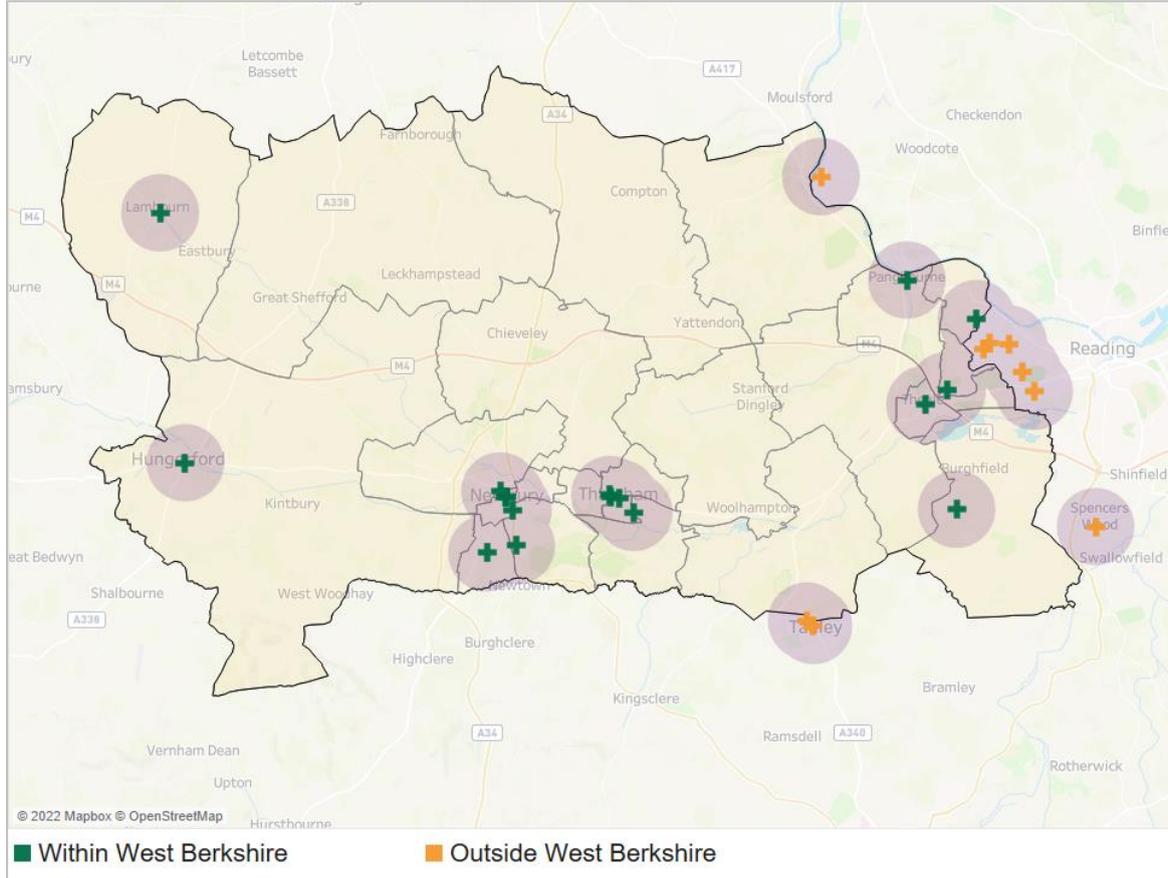


**Source: OVID, Strategic Health Asset Planning and Evaluation Atlas Tool, 2022**

### **Saturday opening**

**7.33** A vast majority of the pharmacies in West Berkshire (19/21) are open on Saturday (Table 7.5). There are ten additional pharmacies near the district's border that are also open on Saturday (Figure 7.10). All West Berkshire residents can reach a Saturday opening pharmacy within 20 minutes if travelling by car. The 20-minute travel coverage to a West Berkshire Saturday opening pharmacy is shown in Green in Figure 7.11.

**Figure 7.11: Community Pharmacies open on Saturday and their 1-mile coverage, August 2022**



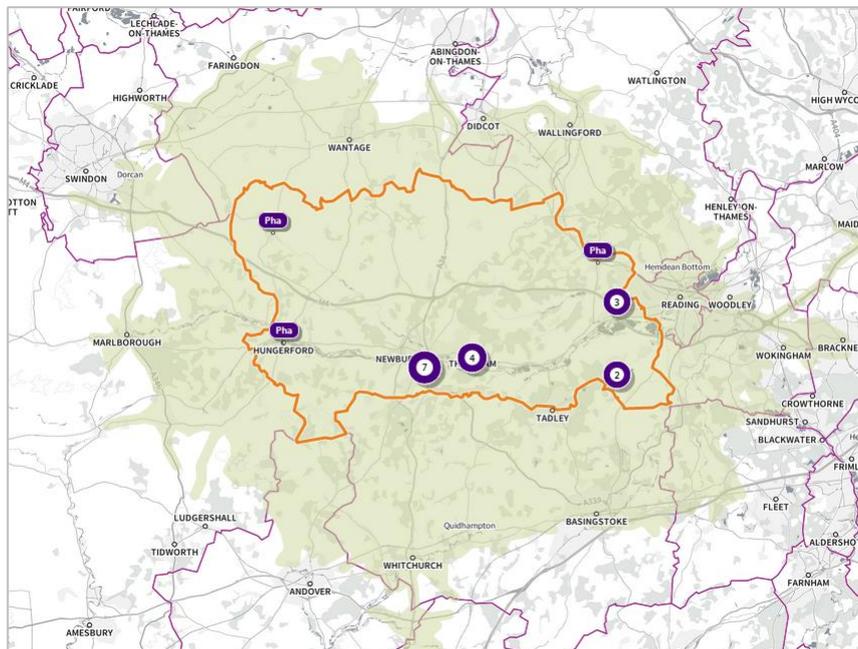
Source: Contractor Survey and NHS England, 2022

**Table 7.5: Location Community Pharmacies open on Saturday in West Berkshire by Ward**

Ward	Number of Pharmacies
Newbury Greenham	3
Newbury Central	3
Thatcham Central	2
Burghfield & Mortimer	2
Tilehurst Birch Copse	1
Tilehurst & Purley	1
Theale	1
Thatcham North East	1
Thatcham Colthrop & Crookham	1
Pangbourne	1
Newbury Wash Common	1
Lambourn	1
Hungerford & Kintbury	1

Source: Contractor Survey and NHS England, 2022

**Figure 7.12: Areas covered by 20-minute travel time by car to a Saturday opening West Berkshire pharmacy from within and outside the district.**

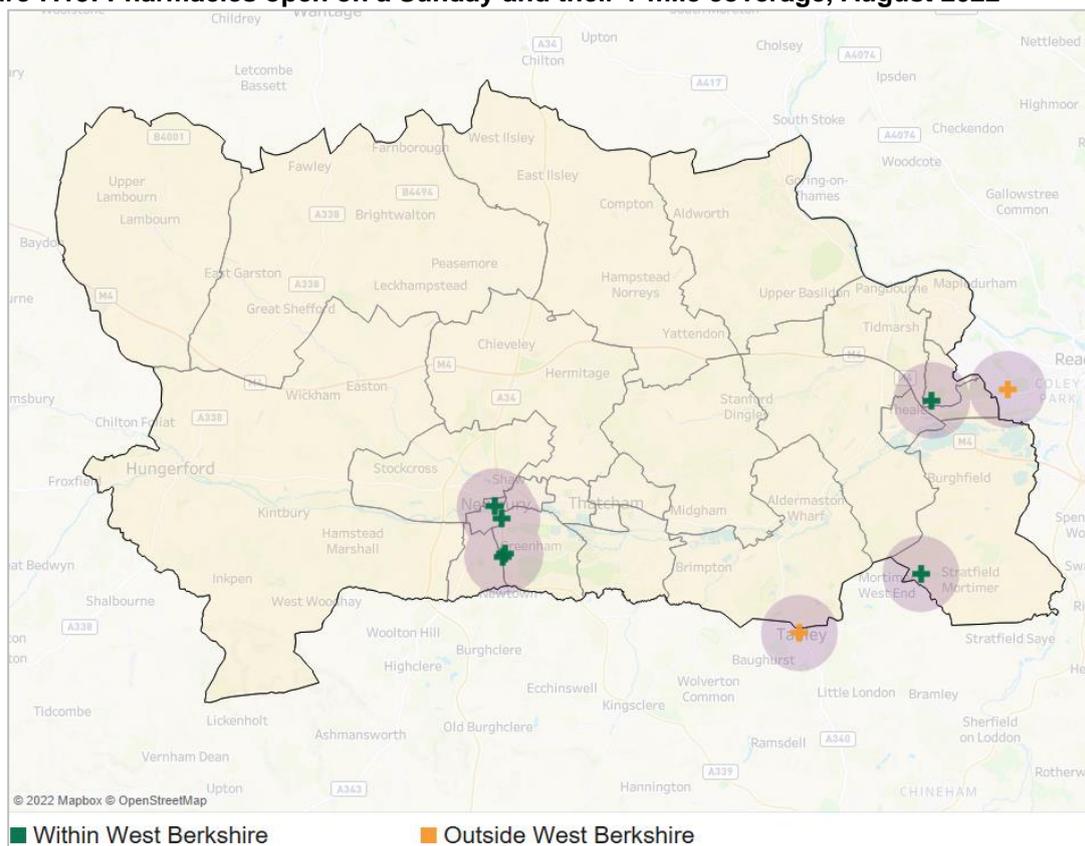


Source: OVID, Strategic Health Asset Planning and Evaluation Atlas Tool, 2022

### **Sunday opening**

**7.34** Six pharmacies are open on a Sunday within the district, with two open in local authorities around West Berkshire within 1 mile of its borders (Figure 7.13, Table 7.6).

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



Source: Contractor Survey and NHS England, 2022

**Table 7.6: Community Pharmacies open on Sunday in West Berkshire, August 2022**

Pharmacy	Address	Ward
Lloydspharmacy (in Sainsbury)	Savacentre, Bath Road, Calcot, Reading, Berkshire	Tilehurst Birch Copse
Boots the Chemists	4-5 Northbrook Street, Newbury, Berkshire	Newbury Central
Tesco Pharmacy	Tesco Extra, Pinchington Lane, Newbury, Berkshire	Newbury Greenham
Mortimer Pharmacy	72 Victoria Road, Mortimer, Reading, Berkshire	Burghfield & Mortimer
Boots the Chemists	Unit 13 Newbury Retail Pk, Pinchington Lane, Newbury, Berkshire	Newbury Greenham
Lloydspharmacy (in Sainsbury)	Sainsburys Store, Hectors Way, Newbury, Berkshire	Newbury Greenham

Source: Contractor Survey and NHS England, 2022

**7.35** All but 9,047 residents can reach a Sunday opening West Berkshire pharmacy in 20 minutes if travelling by car. See travel coverage presented in green in Figure 7.14

**Figure 7.14: Areas covered by 20-minute travel time by car to a Sunday opening West Berkshire pharmacy from within and outside the district.**



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

**7.36** In consideration of the wide reach of pharmacies in the evenings and on Saturdays, within areas of high population density and where deprivation is highest, there is adequate provision of pharmacy services outside normal working hours.

## **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 services. 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

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## Dispensing

- 7.38** West Berkshire pharmacies dispense an average of 7,867 items per month (based on NHS Business Services Authority, 2020/21 financial year data). This is higher than the England average of 6,675 per month, however pharmacy contractors have indicated in the contractor survey that they have capacity to take on more services so there is capacity amongst West Berkshire pharmacies to fulfil current and anticipated need in the lifetime of this PNA

### **Summary of the accessibility pharmacy services and of essential services**

Overall, there is good pharmacy coverage to provide essential services across the district inside normal working hours.

There is adequate provision of essential services across the district outside normal working hours, especially on Saturdays.

## Advanced pharmacy 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 at January 2022, the following services may be provided by pharmacies:
- 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 stop-smoking service in pharmacies will be 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.

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## **New medicines services**

**7.43** The New Medicine Service (NMS) supports patients with long-term conditions, who are taking a newly prescribed medicine, to help improve medicines adherence.

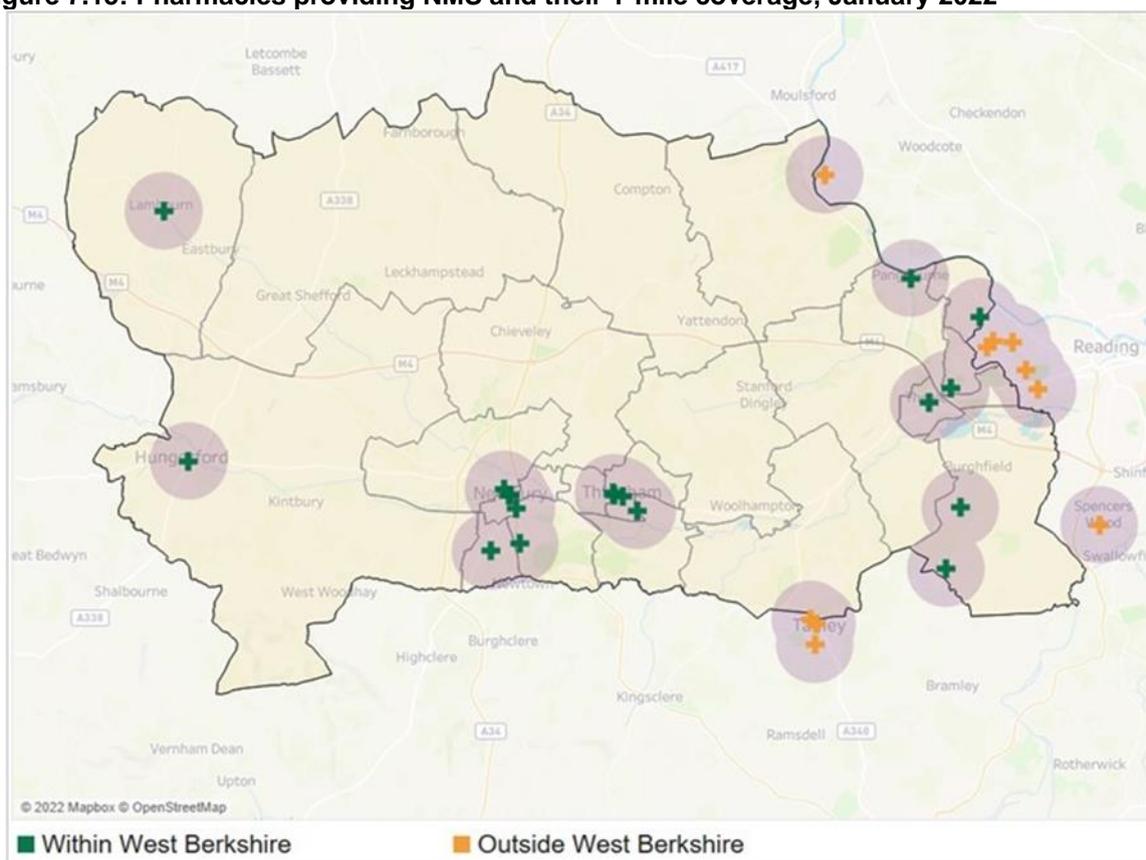
**7.44** This service is designed to improve patients' understanding of a newly prescribed medicine for their long-term condition, and to help them get the most from the medicine. It aims to improve adherence to new medication, focusing on people with specific conditions, namely:

- Asthma and COPD
- Type 2 diabetes
- Antiplatelet or anticoagulation therapy
- Hypertension
- High cholesterol
- Osteoporosis
- Gout
- Glaucoma
- Epilepsy
- Parkinson's disease
- Urinary incontinence or retention
- Heart failure
- Coronary heart disease
- Atrial fibrillation
- Unstable angina or heart attack
- Stroke or TIA
- Long-term risk of blood clots or blocked vessels, including DVT

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

**7.46** All but one (20) of the pharmacies in West Berkshire provided NMS in 2020/21. There are an additional 11 pharmacies in bordering local authorities that provided NMS. All these pharmacies are shown in Figure 7.15.

**Figure 7.15: Pharmacies providing NMS and their 1-mile coverage, January 2022**



Source: NHS England, 2022

7.47 Table 7.7 shows NMS provision by West Berkshire wards.

**Table 7.7: Number of NMS provided by West Berkshire pharmacies by ward, 2020/21**

Ward	Number of Pharmacies	Total Number of NMSs provided	Average Number per Pharmacy
Newbury Greenham	3	106	35
Newbury Central	3	377	126
Burghfield & Mortimer	3	159	53
Thatcham Central	2	155	78
Tilehurst Birch Copse	1	7	7
Tilehurst & Purley	1	113	113
Theale	1	72	72
Thatcham North East	1	266	266
Thatcham Colthrop & Crookham	1	62	62
Pangbourne	1	104	104
Newbury Wash Common	1	383	383
Lambourn	1	42	42
Hungerford & Kintbury	1	33	33
<b>Borough Total</b>	<b>20</b>	<b>1,879</b>	<b>94</b>

Source: NHS England, 2022

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**7.48** NMS are supplied widely across the district within areas of high density and need, therefore there is sufficient NMS provision to meet the needs of this district .

### **Community pharmacy seasonal influenza vaccination**

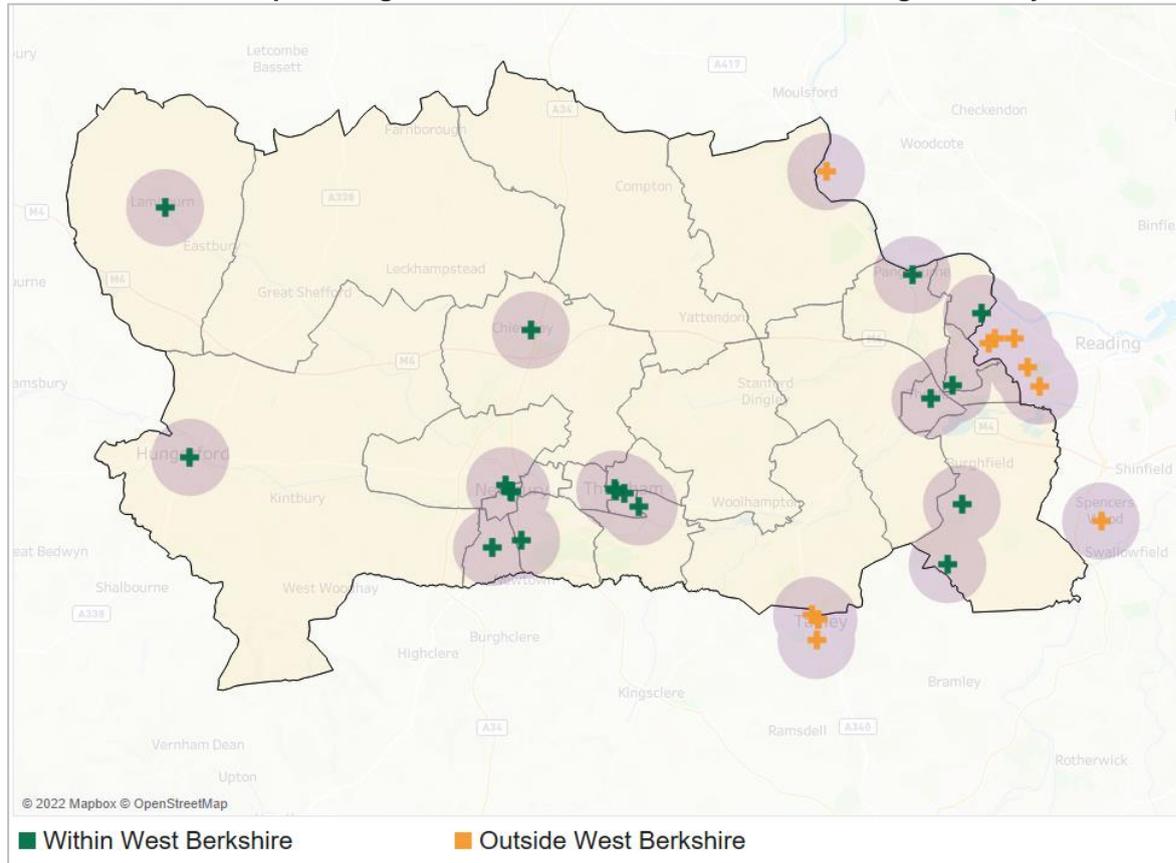
**7.49** Flu vaccination by injection, commonly known as the "flu jab" is available every year on the NHS to protect certain groups who are at risk of developing potentially serious complications, such as:

- 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** GPs currently provide the majority of flu vaccinations and pharmacies can help improve access to this service given their convenient locations, extended opening hours and walk-in service. 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 terms condition.

**7.51** A large proportion of community pharmacies in the district provided flu vaccines (19/21) in West Berkshire in 2020/21. Another 11 outside but bordering the district provided the service. The distribution of these pharmacies is shown in Figure 7.16 and Table 7.8.

**Figure 7.16: Pharmacies providing Flu vaccination and their 1-mile coverage, January 2022**



Source: NHS England, 2022

**Table 7.8: Pharmacies that provide Flu Vaccinations in West Berkshire by ward, January 2022**

Ward	Number of Pharmacies
Newbury Central	3
Thatcham Central	2
Newbury Greenham	2
Burghfield & Mortimer	2
Tilehurst Birch Copse	1
Tilehurst & Purley	1
Theale	1
Thatcham North East	1
Thatcham Colthrop & Crookham	1
Pangbourne	1
Newbury Wash Common	1
Lambourn	1
Hungerford & Kintbury	1
Chieveley & Cold Ash	1

Source: NHS England, 2022

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**7.52** Overall, there is strong coverage of this service across West Berkshire. As identified in Chapter 5, there is also strong flu vaccination uptake in the district. Therefore, there is sufficient provision of Advanced Flu Service to meet the needs of this district.

### **Community pharmacist consultation service (CPCS)**

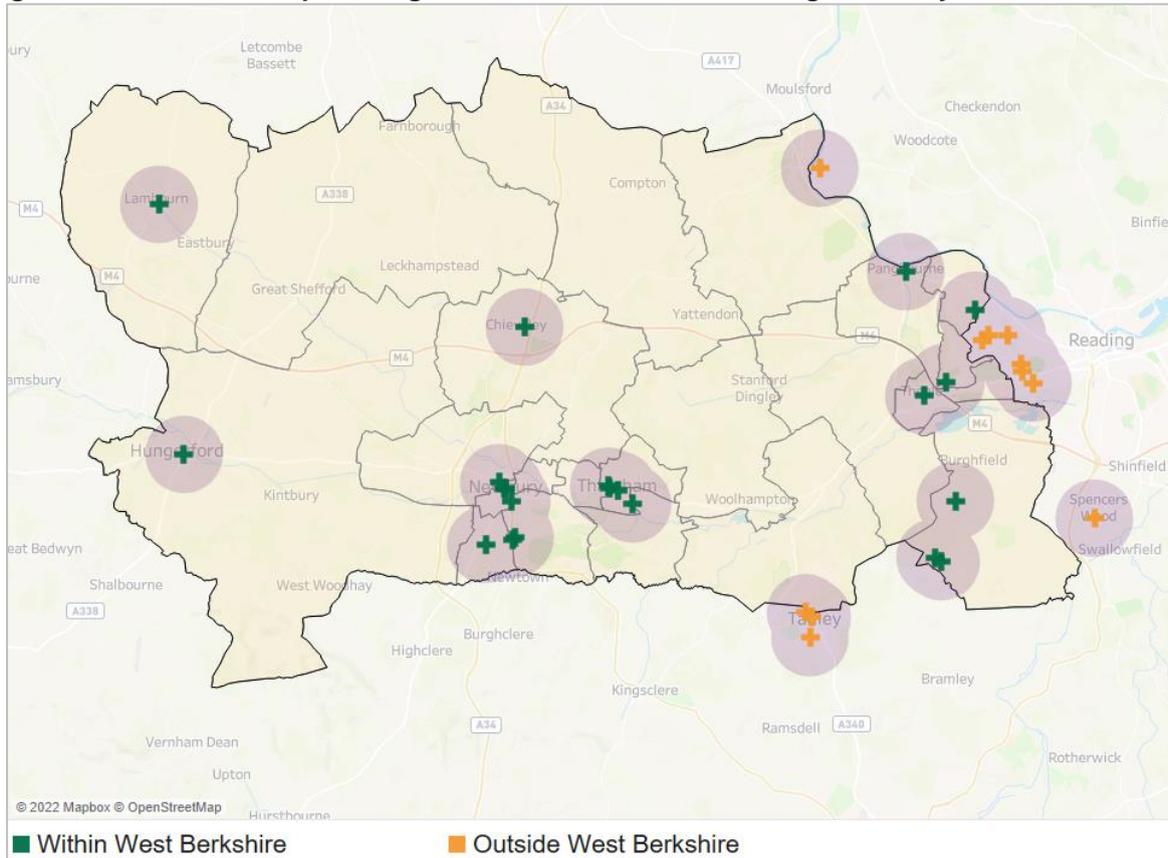
**7.53** The community pharmacist consultation service (CPCS) is a new service provided by pharmacies, launched in October 2019. The aims of the service are to support the integration of community pharmacy into the urgent care system, and to divert patients with lower acuity conditions or who require 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 West Berkshire. With all 21 pharmacies in the district having provided CPCS in 2020/21. There are an additional 11 pharmacies in neighbouring districts that provided the service (Figure 7.17).

**7.56** Therefore there is sufficient CPCS provision to meet the needs of this district.

**Figure 7.17: Pharmacies providing CPCS and their 1-mile coverage, January 2022**



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 West Berkshire offering this service.
- 7.58** Twelve 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** Ten respondents to the contractor survey indicated being willing to provide the service if commissioned.

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## **Appliance use reviews (AURs)**

- 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 appliances that are used or unwanted.
- 7.63** No pharmacies within or bordering the district provided this service in 2020/21. However, AURs can be provided by prescribing health and social care providers. Therefore, there is sufficient provision of the AUR service to meet the current needs of this district .

## **Stoma Appliance Customisation service (SAC)**

- 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.
- 7.65** Four pharmacies provided SACs within West Berkshire in 2020/21 (Table 7.9).

**Table 7.9: Pharmacies that provide SAC in West Berkshire, January 2022**

Pharmacy	Address	Ward
LloydsPharmacy	3 The Square, Pangbourne, Berkshire	Pangbourne
LloydsPharmacy	2a Tylers Place, Pottery Road, Reading, Berkshire	Kentwood
LloydsPharmacy	3-5 Crown Mead, Bath Road, Thatcham, Berkshire	Thatcham Central
LloydsPharmacy	7 Kingsland Centre, The Broadway, Thatcham, Berkshire	Thatcham Central

Source: NHS England, 2022

**7.66** Residents can also access the SAC service either from non-pharmacy providers within the district (e.g., community health services) or from dispensing appliance contractors outside of the district. Therefore, there is sufficient provision of the SAC service to meet the needs of this district.

### Summary of the Advanced Pharmacy Services

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

- 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:

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

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

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## Other NHS pharmacy services

**7.67** These are services commissioned by the West Berkshire Council and Frimley Health and Care to fulfil a local population health and wellbeing need. They are listed below:

- Local authority commissioned services:
  - Substance Misuse Service
  - Pharmacy Emergency Hormonal Contraception Service
- Frimley Health and Care commissioned services:
  - Access to palliative care medicine
  - Provision of antiviral medication

The provision of these services is explored below.

### Needle exchange and supervised consumption

**7.68** The needle exchange and supervised consumption services are commissioned by the charity Cranstoun on behalf of West Berkshire district 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.

**7.69** 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.

**7.70** 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.

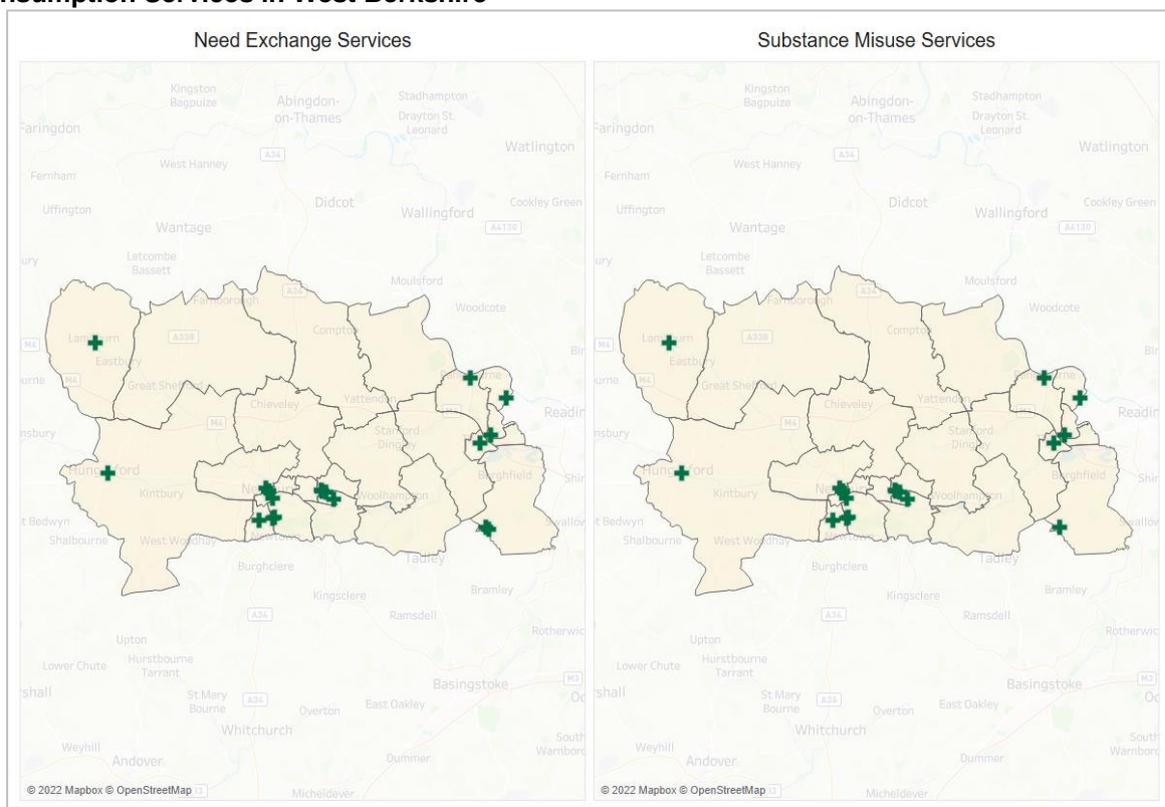
**7.71** Pharmacies that provide this service:

- 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.

**7.72** Eighteen pharmacies in West Berkshire offer needle exchange and 19 offer supervised consumption services in areas of high population density and high deprivation (see Figure 7.18, Table 7.10, and Table 7.11).

**Figure 7.18: Location of pharmacies that provide Needle Exchange and Supervised Consumption Services in West Berkshire**



Source: West Berkshire Council, 2022

**Table 7.10: Pharmacies that provide Needle Exchange services in West Berkshire, January 2022**

Pharmacy	Address	Ward
Boots the Chemists	125 High Street, Hungerford, Berkshire	Hungerford & Kintbury
LloydsPharmacy	3 The Square, Pangbourne, Berkshire	Pangbourne
Boots the Chemists	Thatcham Health Centre, Bath Road, Thatcham, Berkshire	Thatcham North East
Lloydspharmacy (in Sainsbury)	Savacentre, Bath Road, Calcot, Reading, Berkshire	Tilehurst Birch Copse
Jhoots Pharmacy	24 West End Road, Mortimer, Reading, Berkshire	Burghfield & Mortimer
Boots the Chemists	4-5 Northbrook Street, Newbury, Berkshire	Newbury Central
Tesco Pharmacy	Tesco Extra, Pinchington Lane, Newbury, Berkshire	Newbury Greenham

Wash Common Pharmacy	Monks Lane, Newbury, Berkshire	Newbury Wash Common
Mortimer Pharmacy	72 Victoria Road, Mortimer, Reading, Berkshire	Burghfield & Mortimer
Overdown Pharmacy	5 The Colonnade, Overdown Road, Tilehurst, Reading, Berkshire	Tilehurst & Purley
Kamsons Pharmacy	27 High Street, Theale, Reading, Berkshire	Theale
Superdrug Pharmacy	81-82 Northbrook Street, Newbury, Berkshire	Newbury Central
Boots the Chemists	Unit 13 Newbury Retail Pk, Pinchington Lane, Newbury, Berkshire	Newbury Greenham
LloydsPharmacy	Unit 2 Burdwood Centre, Station Road, Thatcham, Berkshire	Thatcham Colthrop & Crookham
Lambourn Pharmacy	The Broadway, Lambourn, Berkshire	Lambourn
LloydsPharmacy	3-5 Crown Mead, Bath Road, Thatcham, Berkshire	Thatcham Central
Lloydspharmacy (in Sainsbury)	Sainsburys Store, Hectors Way, Newbury, Berkshire	Newbury Greenham
Day Lewis Pharmacy	G Floor Unit, Access Hse, Strawberry Hill Road, Newbury, Berkshire	Newbury Central
LloydsPharmacy	7 Kingsland Centre, The Broadway, Thatcham, Berkshire	Thatcham Central

Source: West Berkshire Council, 2022

**Table 7.11: Number of Pharmacies that provide Supervised Consumption services in West Berkshire, January 2022**

Pharmacy	Address	Ward
Boots the Chemists	125 High Street, Hungerford, Berkshire	Hungerford & Kintbury
LloydsPharmacy	3 The Square, Pangbourne, Berkshire	Pangbourne
Boots the Chemists	Thatcham Health Centre, Bath Road, Thatcham, Berkshire	Thatcham North East
Lloydspharmacy (in Sainsbury)	Savacentre, Bath Road, Calcot, Reading, Berkshire	Tilehurst Birch Copse
Boots the Chemists	4-5 Northbrook Street, Newbury, Berkshire	Newbury Central
Tesco Pharmacy	Tesco Extra, Pinchington Lane, Newbury, Berkshire	Newbury Greenham
Wash Common Pharmacy	Monks Lane, Newbury, Berkshire	Newbury Wash Common
Mortimer Pharmacy	72 Victoria Road, Mortimer, Reading, Berkshire	Burghfield & Mortimer
Overdown Pharmacy	5 The Colonnade, Overdown Road, Tilehurst, Reading, Berkshire	Tilehurst & Purley
Kamsons Pharmacy	27 High Street, Theale, Reading, Berkshire	Theale
Superdrug Pharmacy	81-82 Northbrook Street, Newbury, Berkshire	Newbury Central
Boots the Chemists	Unit 13 Newbury Retail Pk, Pinchington Lane, Newbury, Berkshire	Newbury Greenham
LloydsPharmacy	Unit 2 Burdwood Centre, Station Road, Thatcham, Berkshire	Thatcham Colthrop & Crookham
Lambourn Pharmacy	The Broadway, Lambourn, Berkshire	Lambourn
LloydsPharmacy	3-5 Crown Mead, Bath Road, Thatcham, Berkshire	Thatcham Central
Lloydspharmacy (in Sainsbury)	Sainsburys Store, Hectors Way, Newbury, Berkshire	Newbury Greenham
Day Lewis Pharmacy	G Floor Unit, Access Hse, Strawberry Hill Road, Newbury, Berkshire	Newbury Central
LloydsPharmacy	7 Kingsland Centre, The Broadway, Thatcham, Berkshire	Thatcham Central

Source: West Berkshire Council, 2022

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## Pharmacy emergency hormonal contraception service

**7.73** 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 SafeSexBerkshire<sup>47</sup> website.

**7.74** 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.

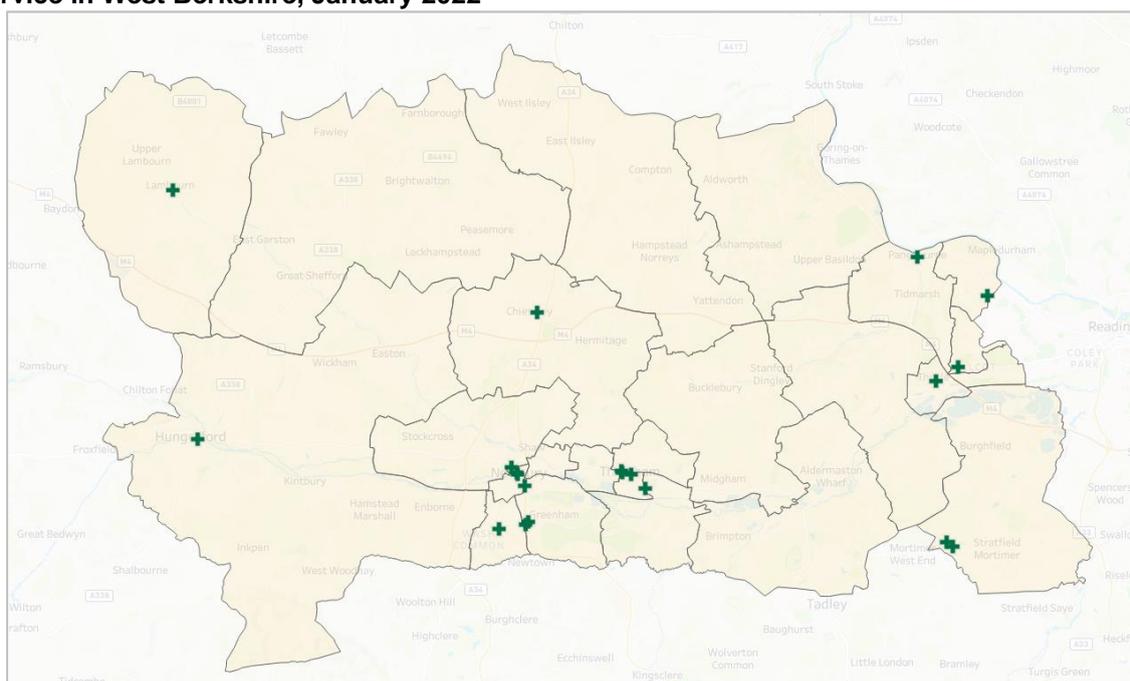
**7.75** All pharmacists providing this service will have completed the Centre for Pharmacy Postgraduate Education (CPPE) Declaration of Competence for EHC and register this on PharmOutcomes.

**7.76** Twenty pharmacies offer this service in West Berkshire. Their locations are show in Figure 7.19 and Table 7.12 below.

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<sup>47</sup> <https://www.safesexberkshire.nhs.uk/>

**Figure 7.19: Location of pharmacies that provide the Emergency Hormonal Contraception Service in West Berkshire, January 2022**



Source: West Berkshire Council, 2022

**Table 7.12: Pharmacies that provide the Emergency Hormonal Contraception Service, January 2022**

Pharmacy	Address	Ward
Boots the Chemists	125 High Street, Hungerford, Berkshire	Hungerford & Kintbury
LloydsPharmacy	3 The Square, Pangbourne, Berkshire	Pangbourne
Downland Pharmacy	East Lane, Chieveley, Newbury, Berkshire	Chieveley & Cold Ash
Boots the Chemists	Thatcham Health Centre, Bath Road, Thatcham, Berkshire	Thatcham North East
Lloydspharmacy (in Sainsbury)	Savacentre, Bath Road, Calcot, Reading, Berkshire	Tilehurst Birch Copse
Jhoots Pharmacy	24 West End Road, Mortimer, Reading, Berkshire	Burghfield & Mortimer
Boots the Chemists	4-5 Northbrook Street, Newbury, Berkshire	Newbury Central
Tesco Pharmacy	Tesco Extra, Pinchington Lane, Newbury, Berkshire	Newbury Greenham
Wash Common Pharmacy	Monks Lane, Newbury, Berkshire	Newbury Wash Common
Mortimer Pharmacy	72 Victoria Road, Mortimer, Reading, Berkshire	Burghfield & Mortimer
Overdown Pharmacy	5 The Colonnade, Overdown Road, Tilehurst, Reading, Berkshire	Tilehurst & Purley
Kamsons Pharmacy	27 High Street, Theale, Reading, Berkshire	Theale
Superdrug Pharmacy	81-82 Northbrook Street, Newbury, Berkshire	Newbury Central
Boots the Chemists	Unit 13 Newbury Retail Pk, Pinchington Lane, Newbury, Berkshire	Newbury Greenham
LloydsPharmacy	Unit 2 Burdwood Centre, Station Road, Thatcham, Berkshire	Thatcham Colthrop & Crookham
Lambourn Pharmacy	The Broadway, Lambourn, Berkshire	Lambourn
LloydsPharmacy	3-5 Crown Mead, Bath Road, Thatcham, Berkshire	Thatcham Central
Lloydspharmacy (in Sainsbury)	Sainsburys Store, Hectors Way, Newbury, Berkshire	Newbury Greenham

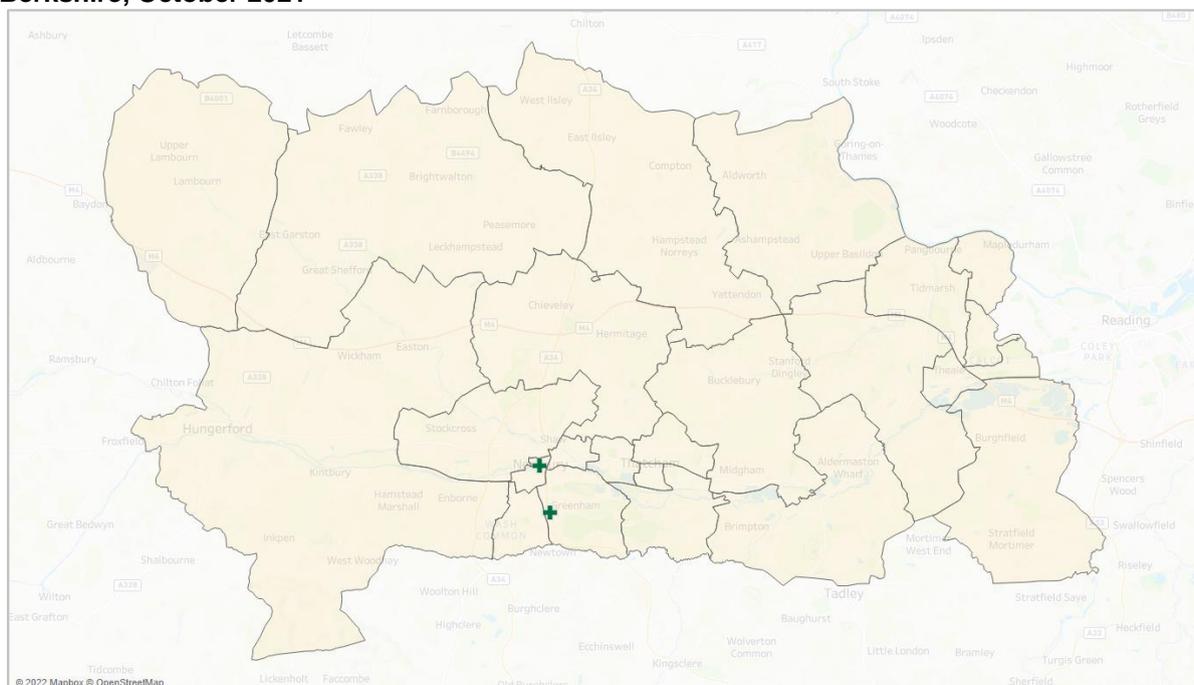
Day Lewis Pharmacy	G Floor Unit, Access Hse, Strawberry Hill Road, Newbury, Berkshire	Newbury Central
Lloyds Pharmacy	7 Kingsland Centre, The Broadway, Thatcham, Berkshire	Thatcham Central

Source: West Berkshire Council, 2022

## Access to palliative care

- 7.77** 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.
- 7.78** 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).
- 7.79** Pharmacies have a 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.
- 7.80** Two pharmacies provide the Access to Palliative Care service in West Berkshire. They are shown in Figure 7.20 and Table 7.13.

**Figure 7.20: Location of pharmacies that provide the Access to Palliative Care Services in West Berkshire, October 2021**



Source: Berkshire West CCG, 2022

**Table 7.13: Number of Pharmacies that provide the Access to Palliative Care Service in West Berkshire by ward, January 2022**

Pharmacy	Address	Ward
Boots the Chemists	4-5 Northbrook Street, Newbury, Berkshire	Newbury Central
Boots the Chemists	Unit 13 Newbury Retail Pk, Pinchington Lane, Newbury, Berkshire	Newbury Greenham

Source: Berkshire West CCG, 2022

## Provision of antiviral medication

- 7.81** 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.
- 7.82** Just one pharmacy, Boots in Newbury Retail Park, holds the contract for this in West Berkshire.

### Summary of other NHS pharmacy services

It is concluded that there is currently sufficient provision for the following other NHS services to meet the likely needs of residents in West Berkshire:

- Substance Misuse Service
- Pharmacy emergency hormonal contraception service
- Access to palliative care medicine
- Provision of antiviral medication

## Additional considerations from Contractor Survey Responses

### Languages spoken in pharmacies

- 7.83** 96% of households speak English as a main language (2011 data), the most common non-English languages spoken are Polish, Portuguese and French. The most common languages besides English spoken by pharmacy staff are Hindi, Punjabi and Romanian (Table 7.15). No pharmacies in West Berkshire reported having staff that speak French. Given the low number of non-English speakers within the district, this is unlikely to adversely impact access of residents to pharmaceutical services.

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**7.84** Table 7.14 lists the most common languages spoken by a member of staff in West Berkshire pharmacies.

**Table 7.14: Top 10 languages spoken by a member of staff at the pharmacies in West Berkshire**

<b>Language</b>	<b>Number of Pharmacies</b>
Hindi	2
Punjabi	2
Romanian	2
Urdu	1
Pashto	1
Polish	1
Portugese	1
German	1
Spanish	1
Mandarin	1

**Source: West Berkshire Contractor Survey, 2022**

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# Chapter 8 - Conclusions

- 8.1** This PNA has considered the current provision of pharmaceutical services across West Berkshire 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** West Berkshire largely rural in nature but has pockets of high population density. Overall, the population has a high life expectancy and healthier life expectancy in comparison to the population of South East England and England overall.
- 8.3** There are a number of factors that can affect pharmacy needs, including deprivation and protected characteristics that were explored in this PNA. While West Berkshire is an affluent district there is one neighbourhood, in Newbury Greenham ward that is among the 20% most deprived neighbourhoods in England. Newbury Greenham has good access to pharmacy provision.
- 8.4** With a median age of 43.8 the population is slightly older than England as a whole. It has a relatively small Black, Asian and Minority Ethnic population and 96% of households speak English as a main language. The proportions of people who share protected characteristics are explored and mapped in chapter 5 of this PNA. However, there are limits in assessing the pharmacy needs of people who share protected characteristics using nationally available data and mapping. Therefore, an engagement strategy and public survey was developed collaboration with the local authority communications team. Their purpose was to further identify and engage with people who share protected characteristics and to explore their pharmacy needs.
- 8.5** 256 patients and public responded to the survey on their use and views on 'necessary' pharmacy services. Overall, participants were happy with the services their pharmacy provided and no different needs for people who share a protected characteristic in West Berkshire were found.
- 8.6** This chapter will summarise the provision of these services in West Berkshire and its surrounding local authorities.

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## Current provision

**8.7** The 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.

**8.8** 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 other NHS pharmacy services to meet the need of the local population.

## Current access to essential services

**8.9** In assessing the provision of essential services against the needs of the population, the 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 West Berkshire population resided within 1-mile of a pharmacy, or within 20-minutes drive to a pharmacy.

**8.10** 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
- Controlled localities and location of dispensing GPs

**8.11** There are 1.3 community pharmacies per 10,000 residents in West Berkshire. 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.

**8.12** As West Berkshire is a very rural area, most of the district is not within 1 mile of a pharmacy. In fact, most of the district is within a controlled locality. Areas that are more densely populated in West Berkshire are well served in terms of pharmacy accessibility. There are 43,192 residents who live within rural areas of West Berkshire that are not within a mile of a pharmacy,

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however all residents are within a 20-minute commute of a pharmacy if travelling by car. Considering all this, there is adequate provision of pharmacies for West Berkshire residents.

### *Current access to essential services during normal working hours*

- 8.13** All pharmacies are open for at least 40 hours each week. There are 21 community pharmacies in the district and 11 within a mile of the district boundaries, 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*

- 8.14** On weekdays, while no West Berkshire pharmacies are open before 8am but ten are open after 6pm. These pharmacies are close to areas of high population density and where deprivation is highest. However, not all residents can reach early opening or late closing pharmacy in 20 minutes if travelling by car. Those who cannot reach a pharmacy by car are within accessible distance to a GP dispensing practice.
- 8.15** There is adequate accessibility of pharmacies to residents on weekend. Nineteen of the district's community pharmacies are open on Saturday. Six pharmacies in the district are open on Sunday.
- 8.16** Saturday pharmacies can be reached by all residents in those neighbourhoods within 20 minutes if travelling by car. All but 9,047 can reach a West Berkshire Sunday opening pharmacy in 20-minutes if traveling by car.

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**

- 8.17** 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

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pharmacy hepatitis C antibody testing service, appliance use reviews and stoma appliance customisation.

- 8.18** NMS is widely available with 20 pharmacies in the district providing it.
- 8.19** Flu vaccinations are also widely available, all 19 pharmacies in the district provide this service.
- 8.20** All of the district's 21 community pharmacies offer the Community Pharmacy Consultation Service.
- 8.21** The hypertension case-finding service and the hepatitis C antibody testing service, are relatively new services for which no data is available yet, however pharmacies have indicated their willingness to provide this service.
- 8.22** No West Berkshire 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.
- 8.23** Stoma Appliance Customisation service is offered by four pharmacies.
- 8.24** It is therefore concluded that there is sufficient provision of advanced services to meet the needs of the residents of West Berkshire.

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 NHS pharmacies services**

- 8.25** These are services that are locally commissioned by West Berkshire district Council and Berkshire West CCG. These services include:
- Substance misuse and needle exchange services
  - Emergency hormonal contraception
  - Access to palliative care
  - Provision of antiviral medication
- 8.26** Eighteen pharmacies provide the substance misuse, and 19 provide needle exchange services, twenty provide emergency hormonal contraception, two provide access to palliative care and one pharmacy provides provision of antiviral medication.

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**8.27** Overall, there is very good availability of the other NHS services in the district.

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

**8.28** 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*

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

**8.30** This PNA has considered the proposed new housing developments in West Berkshire. The highest number of proposed new dwelling developments that are expected to be completed in the lifetime of this PNA are within Newbury Speen, Newbury Central and Newbury Greenham wards; the largest of these being Market Street development in Newbury Central ward, the Oxford Road development in Newbury Speen ward and the Pincents Hill development in Tilehurst Birch Copse ward. All these proposed developments are within areas with good pharmacy provision.

**8.31** The analysis has considered these developments, and other causes of population increases, and concluded that pharmacy provision is well placed within West Berkshire during the within 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.

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### *Future access to essential services outside normal working hours*

- 8.32** This PNA 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**

- 8.33** 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**

- 8.34** 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**

- 8.35** 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.

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## Current and future access to advanced services

- 8.36** NMS, CPCS and flu vaccination services are all widely available throughout West Berkshire.
- 8.37** 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.
- 8.38** There is SAC provision in the district, and pharmacies are willing, and have capacity to provide both SAC and AUR. Additionally, advice on both these services is offered by hospital and other health providers.
- 8.39** 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 gaps in the provision of advanced services at present or in the future, that would secure improvements or better access to advanced services in the lifetime of this PNA.

## Current and future access to other NHS services

- 8.40** There is good provision of services commissioned by the West Berkshire Council and Frimley Health and Care. The PNA did not find any evidence to conclude that these services should be expanded.

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.

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# Appendix A: Berkshire pharmaceutical needs assessment steering group

## Terms of reference

### 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.

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- 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 both the joint strategic needs assessment and the health and wellbeing strategies of each of the local authorities 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, RBWM, 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.

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## 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 and will report on progress as required by the Health and Wellbeing Board.

## Membership

**Chair:** Rebecca Willans, Public Health Berkshire, Bracknell Forest Council

Name	Organisation
Becky Campbell	Public Health Berkshire
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

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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 West Berkshire and 1 mile of its border

HWB	ODS Code	Pharmacy	Contract Type	Address	Post Code	Early Opening	Late Closing	Open on Saturday	Open on Sunday
West Berkshire	FC776	Boots the Chemists	Community Pharmacy	125 High Street, Hungerford, Berkshire	RG17 0DL	No	No	Yes	No
	FE788	Boots the Chemists	Community Pharmacy	Thatcham Health Centre, Bath Road, Thatcham, Berkshire	RG18 3HD	No	No	Yes	No
	FJV60	Boots the Chemists	Community Pharmacy	4-5 Northbrook Street, Newbury, Berkshire	RG14 1DJ	No	No	Yes	Yes
	FP041	Boots the Chemists	Community Pharmacy	Unit 13 Newbury Retail Pk, Pinchington Lane, Newbury, Berkshire	RG14 7HU	No	Yes	Yes	Yes
	FFT63	Burghfield Pharmacy	Community Pharmacy	Reading Road, Burghfield Common, Reading, Berkshire	RG7 3YJ	No	Yes	Yes	No
	FWX13	Day Lewis Pharmacy	Community Pharmacy	G Floor Unit, Access Hse, Strawberry Hill Road, Newbury, Berkshire	RG14 1GE	No	No	Yes	No
	FDN76	Downland Pharmacy	Community Pharmacy	East Lane, Chieveley, Newbury, Berkshire	RG20 8UY	No	No	No	No
	FJM06	Jhoots Pharmacy	Community Pharmacy	24 West End Road, Mortimer, Reading, Berkshire	RG7 3TF	No	No	No	No
	FMP97	Kamsons Pharmacy	Community Pharmacy	27 High Street, Theale, Reading, Berkshire	RG7 5AH	No	No	Yes	No
	FT063	Lambourn Pharmacy	Community Pharmacy	The Broadway, Lambourn, Berkshire	RG17 8XY	No	No	Yes	No
	FCT83	LloydsPharmacy	Community Pharmacy	3 The Square, Pangbourne, Berkshire	RG8 7AQ	No	Yes	Yes	No
	FQD69	LloydsPharmacy	Community Pharmacy	Unit 2 Burdwood Centre, Station Road, Thatcham, Berkshire	RG19 4YA	No	Yes	Yes	No

HWB	ODS Code	Pharmacy	Contract Type	Address	Post Code	Early Opening	Late Closing	Open on Saturday	Open on Sunday
	FTJ67	LloydsPharmacy	Community Pharmacy	3-5 Crown Mead, Bath Road, Thatcham, Berkshire	RG18 3JW	No	Yes	Yes	No
	FXR54	LloydsPharmacy	Community Pharmacy	7 Kingsland Centre, The Broadway, Thatcham, Berkshire	RG19 3HN	No	No	Yes	No
	FEJ88	Lloydspharmacy (in Sainsbury)	Community Pharmacy	Savacentre, Bath Road, Calcot, Reading, Berkshire	RG31 7SA	No	Yes	Yes	Yes
	FVP85	Lloydspharmacy (in Sainsbury)	Community Pharmacy	Sainsburys Store, Hectors Way, Newbury, Berkshire	RG14 5AB	No	Yes	Yes	Yes
	FLP66	Mortimer Pharmacy	100 Hours	72 Victoria Road, Mortimer, Reading, Berkshire	RG7 3SQ	No	Yes	Yes	Yes
	FM678	Overdown Pharmacy	Community Pharmacy	5 The Colonnade, Overdown Road, Tilehurst, Reading, Berkshire	RG31 6PR	No	No	Yes	No
	FN512	Superdrug Pharmacy	Community Pharmacy	81-82 Northbrook Street, Newbury, Berkshire	RG14 1AE	No	No	Yes	No
	FK567	Tesco Pharmacy	100 Hours	Tesco Extra, Pinchington Lane, Newbury, Berkshire	RG14 7HB	No	Yes	Yes	Yes
	FL172	Wash Common Pharmacy	Community Pharmacy	Monks Lane, Newbury, Berkshire	RG14 7RW	No	Yes	Yes	No
Basingstoke & Deane	FVJ17	Holmwood Pharmacy	Community Pharmacy	Franklin Avenue, Tadley	RG26 4ER	No	Yes	Yes	No
	FQX07	Lloyds Pharmacy	Community Pharmacy	30A/B Mulfords Hill, Tadley, North Basingstoke	RG26 3JE	No	Yes	Yes	Yes
	FN444	Morland Pharmacy	Community Pharmacy	40 New Road, Tadley, Hampshire	RG26 3AN	No	Yes	No	No
South Oxfordshire	FDE03	Lloyds Pharmacy	Community Pharmacy	High Street, Goring-On-Thames, Reading	RG8 9AT	No	No	Yes	No

HWB	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
	FNR10	Boots the Chemists	Community Pharmacy	32 Meadway Precinct, Tilehurst, Reading, Berkshire	RG30 4AA	No	No	Yes	No
	FF110	LloydsPharmacy	Community Pharmacy	2a Tylers Place, Pottery Road, Reading, Berkshire	RG30 6BW	No	Yes	Yes	No
	FHF90	Southcote Pharmacy	Community Pharmacy	36 Coronation Square, Reading, Berkshire	RG30 3QN	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
Wokingham	FG634	Day Lewis Pharmacy	Community Pharmacy	Welford House, Basingstoke Road, Spencers Wood, Reading, Berkshire	RG7 1AA	No	No	Yes	No

# Appendix C: Consultation report

This report presents the findings of the consultation for the West Berkshire 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 HWB website. In total 12 people responded to the consultation survey, and one responded via email. Eight of whom were members of the public, one was representing Boots UK Limited, one representing Lambourn Junction Community Interest Company and one representing NHS England.

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

Consultation survey question	Yes	No	Maybe/ unsure
Has the purpose of the pharmaceutical needs assessment been explained?	11	1	
Does the pharmaceutical needs assessment reflect the current provision of pharmaceutical services within your area?	4	2	5
Does the draft pharmaceutical needs assessment reflect the needs of your area's population?	4	2	4
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?	3	5	2
Has the pharmaceutical needs assessment provided information to inform how pharmaceutical services may be commissioned in the future?	4	4	3
Has the pharmaceutical needs assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors?	4	3	3
Do you agree with the conclusions of the pharmaceutical needs assessment?	4	3	2

The table below presents the comments received during the statutory 60-day consultation period and the response from the steering group.

Comments	Response
<p><b>Boots UK Ltd.:</b></p> <p>It appears that possibly due to the timing of production of this draft, the recent changes in the opening hours of a number of Boots pharmacies may not have been reflected in the draft PNA.</p>	<p>The opening times of the pharmacies have been updated following the 60-day consultation.</p>
<p><b>Member of the public:</b></p> <p>In Lambourn we are very lucky to have Graham Jones pharmacy, if this were to change our access to medical support would be heavily impacted. In rural communities with poor transport these pharmacies are essential.</p>	<p>The PNA acknowledges that any changes to access would be particularly impactful in more rural communities. Any unforeseen change during the lifetime of the PNA would be addressed by the mechanism of Supplementary Statements.</p>
<p><b>Member of the public:</b></p> <p>We do have problems with our dispensing chemist Superdrug as they cannot seem to get a permanent Pharmacist. This does make things difficult at times with our repeat prescriptions.</p>	<p>The PNA is cognizant of the workforce shortage that the whole of healthcare is facing, thus scarcity of staffing is prevalent.</p> <p>The LPC has been made aware of this comment in order to address patient concerns affecting the pharmacy.</p>
<p><b>Member of the public:</b></p> <p>Only 256 respondents to the survey are not representative of the whole of West Berkshire's pharmaceutical provision. I feel that results are too heavily reliant on private vehicle access. Would make more sense for a link between pharmacies and GP provision in the area. If providing more services number of pharmacies surely need to increase.</p>	<p>The survey went to great lengths to reach as wide and as representative a population as possible. We worked with Healthwatch, the local authority communications teams and Community Engagement Leads to agree priority population groups to target, (including seldom heard groups or people who share protected characteristics) and how best to engage them for the survey. The survey was publicised widely across social media and community engagement channels.</p> <p>The PNA examined and addressed pharmaceutical service provision in relation to various factors, including travel time and access to GP services. The steering group chose car journeys as a</p>

	<p>measure of accessibility in consideration of the borough being mostly rural in nature and therefore supported by dispensing GP practices.</p> <p>NHS England has acknowledged that there is a need to support communication between health care professionals and pharmacies. Each integrated care system has received funding to recruit a Community Pharmacy Clinical Integration Lead to support the development of an integrated approach to implementation of community pharmacy clinical services.</p> <p>More information on additional programmes of work to strengthen collaboration between pharmacy, GPs and the integrated care systems overall can be found here:  <a href="https://www.england.nhs.uk/primary-care/pharmacy/pharmacy-integration-fund/">https://www.england.nhs.uk/primary-care/pharmacy/pharmacy-integration-fund/</a></p>
<p><b>Member of the HWB:</b></p> <p>Throughout the document there are references to the “borough”. The district of West Berkshire Council is precisely that and all references to “borough” should be changed to “district”.</p>	<p>This has been corrected.</p>