

SLOUGH BOROUGH

PHARMACEUTICAL NEEDS ASSESSMENT 2022-2025



Executive Summary

Introduction

Each Health and Wellbeing Board (HWB) 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 Slough 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, Slough Council, or Frimley ICB.

Methodology

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

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

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

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

The process included:

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

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

Findings

Key demographics of Slough

Slough is a densely populated unitary authority in Berkshire. It has a young population that is one of the most diverse in the country. There are an estimated 149,577 people living in the borough (ONS, mid-2020 population estimates) this figure is expected to increase by only 0.5% in the lifetime of this PNA (ONS, mid-2018 population projections). Slough is one of the more deprived local authorities in the South East of England with seven neighbourhoods among the top 20% most deprived in England (Ministry of Housing, Communities & Local Government, 2019). Additionally, there are a high number of households living in temporary accommodation (Department for Levelling Up, Housing & Communities, 2022).

Key health needs of Slough

Overall, Slough residents have a low life expectancy, and a low healthy life expectancy, in comparison to the rest of South East England and England overall. A number of areas of population health and wellbeing needs were identified in this PNA. Health and behaviours such as smoking, harmful drinking, excess weight in Year 6 children, physical inactivity, and prevalence of STIs are worse than regional and national comparators. As are estimated rates of mental health and wellbeing (OHID, Public Health Outcomes Framework, 2022).

In terms of major health conditions, premature mortality from respiratory disease is higher than regional and national figures, as are hospital admissions for chronic obstructive pulmonary disease and prevalence of HIV. More positively, the premature mortality rates from cancer,

prevalence of coronary heart disease, and stroke are lower than regional and national figures (OHID, Local Authority Public Health Profiles, 2022).

Patient and public engagement

A community survey was disseminated across Slough. 131 people responded to tell us how they use their pharmacy and to contribute their views on specific 'necessary' pharmacy services.

Overall, survey respondents were happy with the services their pharmacy provided. Respondents mostly used their pharmacy to collect prescriptions and medications. They chose their pharmacy based on good location and satisfaction with the service they received. Most stated that they prefer to use their pharmacies during weekdays or weekends between 9am and 9pm. For the majority of respondents, pharmacies were within a 5–20 minute walk or car journey away.

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

Health and Wellbeing Board statements on service provision

There are 31 community pharmacies and one distance selling pharmacy located within Slough, and a further seven located within a mile of Slough's border.

The HWB has assessed whether the current and future pharmacy provision meets the health and wellbeing needs of the Slough 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.

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

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Chapter 1- Introduction

What is a Pharmaceutical Needs Assessment?

- 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 Slough Borough Council.
- 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.³
- 1.3** 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 NHS England to 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 borough. The purpose of the PNA is to:
- Support the 'market entry' decision making process (undertaken by NHS England) in relation to applications for new pharmacies or changes of pharmacy premises.
 - Inform commissioning of enhanced services from pharmacies by NHS England, and the commissioning of services from pharmacies by the local authority and other local commissioners.
- 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 borough and enable work on planning, developing and delivery of pharmaceutical services for the population.

³ PHE (2017). Pharmacy: A Way Forward for Public Health. Opportunities for action through pharmacy for public health.

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** 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.
- 1.10** 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.
- 1.11** The NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013 and the Department of Health Information Pack for Local Authorities and HWBs 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 taken into account
 - How needs of those with protected characteristics have been taken into account
 - Whether further provision of pharmaceutical services would secure improvements or better access to pharmaceutical services

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- 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 borough as well as those in neighbouring boroughs.
- **Necessary Services – Gaps in Provision:** services not currently being provided which are regarded by the HWB 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 HWB 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 Integrated Care Board (ICB), 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 HWB must consult, which include:

- Any relevant local pharmaceutical committee (LPC) for the HWB area
- Any local medical committee (LMC) for the HWB area
- Any persons on the pharmaceutical lists and any dispensing GP practices in the HWB area

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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 HWB.

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 Slough. 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.

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.

National context

Integration and Innovation. Department of Health and Social Care's legislative proposals for a Health and Care Bill⁴:

- 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.

⁴ 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 together, organisations will assemble to provide unified leadership. These measures will support the Secretary of State to Mandate structured decisions and enable the NHS to be supported by the government. With any significant service changes, these measures will ensure a greater accountability with the power for ministers to determine service reconfigurations earlier in the process.

The NHS Long Term Plan (2019)⁵

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 and autism
6. Mental Health
7. Personalised care
8. Prevention
9. Primary care
10. Respiratory disease

⁵ NHS. *The NHS Long Term Plan* (2019). <https://www.longtermplan.nhs.uk/>

11. Starting well

12. Stroke

13. Workforce

- 2.4** Pharmacies will play an essential role in delivering the NHS LTP. £4.5 billion of new investment will fund expanded community multidisciplinary teams aligned with the new primary care networks (PCNs). These teams will work together to provide the best care for patients and will include pharmacists, district nurses, allied health professionals, GPs, dementia workers, and community geriatricians. Furthermore, the NHS LTP stipulates that as part of the workforce implementation plan, and with the goal of improving efficiency within community health, along with an increase in the number of GPs, the range of other roles will also increase, including community and clinical pharmacists, and pharmacy technicians.
- 2.5** Research indicates that around 10% of elderly patients end up in hospital due to preventable medicine related issues and up to 50% of patients do not take their medication as intended. PCN funding will therefore be put towards expanding the number of clinical pharmacists working within general practices and care homes, and the NHS will work with the government to ensure greater use and acknowledgement of community pharmacists' skills and better utilisation of opportunities for patient engagement. As part of preventative healthcare and reducing health inequalities, community pharmacists will support patients to take their medicines as intended, reduce waste, and promote self-care.
- 2.6** Within PCNs, community pharmacists will play a crucial role in supporting people with high-risk conditions such as atrial fibrillation and cardiovascular disease. The NHS will support community pharmacists to case-find, e.g., hypertension case-finding. Pharmacists within PCNs will undertake a range of medicine reviews, including educating patients on the correct use of inhalers, and supporting patients to reduce the use of short acting bronchodilator inhalers and to switch to clinically appropriate 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.
- 2.8** HWBs are required to produce Health and Wellbeing Strategies to set out how partners will meet local health needs, improve outcomes and reduce health inequalities within the borough.
- 2.9** Since the 2010 Marmot review, there have been important developments about the evidence around social determinants of health and the implementation of interventions and policies to

address them. **Health Equity in England: Marmot review 10 years on**⁶, summarises the developments in particular areas that have an increased importance for equity. These include:

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

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

Public Health England⁷ (PHE) Strategy 2020-2025⁸

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

⁶ 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

⁷ NB: As of October 2021, PHE ceased to exist. Responsibilities formally undertaken by PHE are now the responsibility of OHID, UKHSA and NHS England.

⁸ Public Health England Strategy 2020-2025 (2019).

inequalities by aiming to keep the public safe, work to prevent poor health, narrow down the health gap and support a strong economy. Guided by these aims, OHID have pledged to promote a healthier nation by taking action on working to reduce preventable risk factors for ill health and working to reduce tobacco consumptions, obesity and the harmful use of drugs and alcohol. There will also be a focus on improving the health within early childhood to provide the best foundations of good health and prevent ill health in later adulthood. By strengthening the health protection system, there will be reduced pressures on responding to major incidents or pandemics. Additionally, strengthening public health systems will mean utilising technology to advise interventions, improve data, and strengthen the approach to disease surveillance. By working with partners locally, nationally, and globally the aim will be to help focus on reducing health inequalities.

- 2.12** Community pharmacies have an important role in driving and supporting these objectives as they provide the public with services around healthy weight and weight management, smoking cessation, and can provide information and advice around healthy starts for children and families.

Community Pharmacy Contractual Framework (CPCF) 2019/20-2023/24⁹

- 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 LTP. The CPCF highlights and develops the role of pharmacies in urgent care, common illnesses, and prevention. It aims to “develop and implement the new range of services that we are seeking to deliver in community pharmacy”, making greater use of Community Pharmacists’ clinical skills and opportunities to engage patients. The deal:

- Through its contractual framework, commits almost £13 billion to community pharmacy, with a commitment to spend £2.592 billion over 5 years.

⁹ Community Pharmacy Contractual Framework (2019).
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/819601/cpcf-2019-to-2024.pdf

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

Pharmacy Integration Fund (PhIF)¹⁰

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 service - A model for detecting undiagnosed cardiovascular disease (CVD) in community pharmacy and referral to treatment within PCNs. Since October 2021 this has become an advanced pharmacy service.

¹⁰ NHS Pharmacy Integration Programme. <https://www.england.nhs.uk/primary-care/pharmacy/pharmacy-integration-fund/>

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- Smoking Cessation Transfer of Care – hospital inpatients (including antenatal patients) will be able to continue their stop smoking journey within community pharmacy upon discharge. Since March 2022, this has also become an advanced pharmacy service, now known as the Smoking Cessation Service.
 - Exploring the routine monitoring and supply of contraception (including some long-acting reversible contraceptives) in community pharmacy.
 - Palliative Care and end of life medicines supply service building on the experience of the COVID-19 pandemic.
 - Structured medication reviews in PCNs for people with a learning disability, autism, or both, linked with the STOMP programme.
 - Workforce development for pharmacy professionals in collaboration with Health Education England (HEE), e.g., medicines optimisation in care homes; primary care pharmacy educational pathway; leadership; integrated urgent care; independent prescribing; enhanced clinical examination skills.

Frimley Health Integrated Care Board

2.15 The Frimley Health Integrated Care System (now known as Frimley ICB) consists of the following local authorities; Royal Borough of Windsor and Maidenhead, Slough Borough Council and Bracknell Forest Council. It also includes some local authority wards and Primary Care Networks within the geography of Hampshire County Council; Hart District Council; Rushmoor Borough Council; Waverley Borough Council, and Surrey Heath Borough Council.

Frimley Health and Care 5-year strategy¹¹

2.16 The Frimley Health and Care 5-year strategy brings together the local authorities and the NHS organisations with a shared ambition to work in partnership with local people, communities and staff to improve the wellbeing of individuals of their residents.

2.17 To produce this strategy, Frimley ICS worked in partnership with Healthwatch teams of all Frimley ICS local authorities, to conduct focus groups, events and disseminate a survey designed to engage with the public regarding accessibility of services, and health and wellbeing needs. The themes that arose would support people to live healthier lives; these

¹¹ Frimley Health and Care 5 year strategy (2019).
<https://www.frimleyhealthandcare.org.uk/media/1459/frimley-health-care-system-strategy-narrative-final.pdf>

included affordable healthy food, access to activities and facilities, better access to professionals providing health and nutritional information, better home/work life balance.

2.18 The ICS also worked with health professionals, partner organisations, primary care and community care clinicians, voluntary and community sector leads, mental health clinicians, and leads within educational organisations to capture their views around developing the key ambitions of this strategy.

2.19 Six key strategic ambitions were developed to focus and deliver on over the next 5 years (2020-2025):

- **Starting well:** wanting all children to get the best possible start in life by engaging children and young people in different ways and targeting support for children and families with the highest needs. Also supporting women to be healthy before pregnancy and ensuring safer births.
- **Focus on wellbeing:** wanting all people to have the opportunity to live healthier lives, no matter where they are placed within the system.
- **Community deals:** working with local residents, families, volunteers and carers to agree on how as a collective they can work together to create healthier communities, support healthier choices and designing and delivering new ways of working to improve the health and wellbeing needs of the population.
- **Our people:** wanting to be known as a great place to live and work but giving the people the opportunity to be physically and mentally active and adopting flexibility around how they work and attracting local population around careers to become carers.
- **Leadership and cultures:** wanting to work together with local communities and listening to what is important locally to encourage co-design and collaboration to meet the needs of the local population.
- **Outstanding use of resources:** offering the best possible care, treatment and support where it is needed in the most affordable way using the best available evidence.

2.20 In 2025, when this strategy has been delivered, the healthy life expectancy at birth will have improved by two years, and the gap in healthy life expectancy between least and most deprived communities will have reduced by three years.

Local Context

Annual Public Health Report 2020: Berkshire¹²

2.21 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 137,900 people entered the furlough scheme across Berkshire, of which the highest areas were Slough, and the Royal Borough of Windsor and 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 home settings, and lockdown impacted children's wellbeing. Children's visit 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.

¹² 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

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- **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.

Slough Wellbeing Strategy (2020-2025)¹³

2.22 The wellbeing strategy for Slough consists of a plan to improve the health and wellbeing of residents living within the borough. The HWB began developing this strategy in the autumn of 2019, but it became more pivotal during the COVID-19 pandemic outbreak in 2020. There are four key priorities of the Slough Wellbeing Strategy:

¹³ Slough Wellbeing Strategy (2020-2025) <https://www.slough.gov.uk/downloads/file/866/slough-wellbeing-board-strategy-2020-2025>

-
- **Starting well:** Slough is a relatively young town, and children 0-17 make up 28% of the population. When comparing health and wellbeing needs of children in Slough to the rest of the country, there are several priorities that emerge. Childhood health in Slough remains poor as rates of immunisations are low, with high rates of obesity and poor oral health. COVID-19 will also have an impact on children's mental and physical health. Over the next 5 years, the board will aim to decrease the attainment gap between children and the bottom 20% at Early Years Foundation Stage. The board will also aim to reduce the number of children classified as obese and improve oral health and immunisations amongst children in Slough. This priority will be led by the Children and Young People's Partnership Board.
 - **Integration:** A range of services can support people to live independently at home rather than using hospitals and care homes. These services can be delivered by trained healthcare professionals and social care services. In Slough there has been an overspend of more than £100m a year, and it is a priority to ensure that funding is being spent in the best way possible to make a difference to people's wellbeing. Over the next 5 years, the board will aim to increase life expectancy in Slough, increase the proportion of people living independently and support them to do so. The board will also aim to reduce the number of attendances and admissions to hospitals and reduce the length of these stays. This priority will be led by the Health and Social Care Partnership Board.
 - **Strong, healthy, and attractive neighbours:** Over the COVID-19 outbreak, many neighbours within Slough came together to respond to the crisis. The collaboration and sense of community has the potential to develop long lasting local partnerships. In the next five years, the board aims to increase the levels of resident satisfaction and improve happiness, reduce health inequalities between wards, increase engagement and volunteering and increase community resilience so that people are better equipped at coping with extreme events.
 - **Workplace health:** At the time of when this strategy was written, COVID-19 was expected to have a detrimental effect on the economy, employment rates and staff wellbeing. Having a good job, a stable income provides security and allows individuals to thrive and protects people against adverse health outcomes. In Slough, 70,000 people are in employment, but the life expectancy is lower compared to the average for the rest of the South East. The board aims to reduce the gap in employment including in those living with long-term health conditions,

those with a learning disability, and those in contact with secondary mental health services. The board also aims to reduce the gap in wages between residents and those who travel to Slough and improve the general wellbeing of people employed. This priority will be led directly by the Slough Wellbeing Board.

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.¹⁴

¹⁴ NICE guidance (2018) Community pharmacies: promoting health and wellbeing [NG102]

Chapter 3 The development of the PNA

3.1 The Slough 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 and decisions in the production of this PNA have been delegated by the HWB 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 Slough Joint Strategic Needs Assessment
- Local policies and strategies such as the Joint Health and Wellbeing Strategy
- A survey to Slough pharmacy contractors
- A survey to the patients and public of Slough
- Local Authority and Frimley ICB commissioners

Table 3.1: PNA 2022-25 data sources

Health need and priorities	<ul style="list-style-type: none"> • National benchmarking ward and borough-level data from Office for Health Improvement and Disparities¹⁵ • Slough Borough Council Joint Strategic Needs Assessment¹⁶ • A range of GLA demographic data sets • Synthesis from a range of national datasets and statistics
Current Pharmaceutical Services	<ul style="list-style-type: none"> • Commissioning data held by the NHS England • Commissioning data held by Slough Borough Council • Commissioning data held by Frimley ICB • Questionnaire to community pharmacy providers
Patients and the Public	<ul style="list-style-type: none"> • Patient and public survey

¹⁵ Office for Health Improvement and Disparities (2022) Public Health Profiles: <https://fingertips.phe.org.uk/>

¹⁶ Slough Borough Council. Joint Strategic Needs Assessment. <https://slough.berkshireobservatory.co.uk/>

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

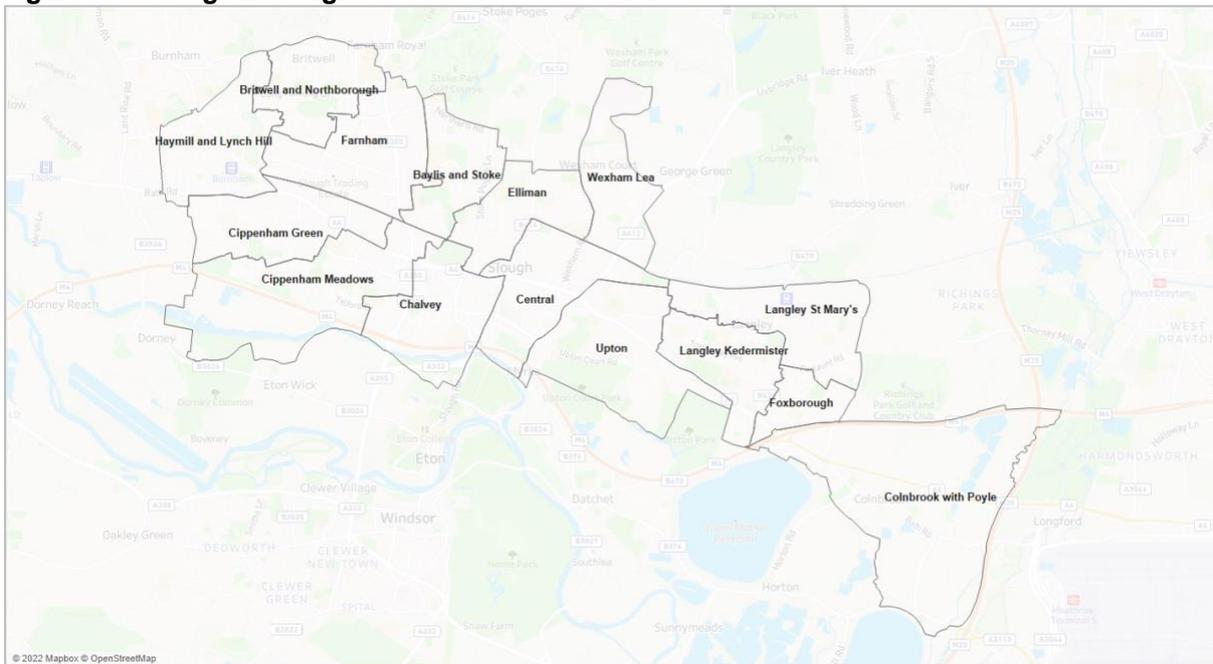
3.4 This PNA was published for public consultation on the 29th April to the 28th June 2022. Findings of the consultation are presented in Appendix C. All comments will be considered and incorporated into the final PNA report.

Methodological considerations

Geographical coverage

3.5 PNA regulations require that the HWB 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 Slough Borough Council and NHS commissioners. There are 15 wards in Slough, these are illustrated in figure 3.1.

Figure 3.1: Slough Borough Council Electoral Wards



3.6 In this PNA, geographic access to pharmacies has been determined using two commonly used measures in PNAs; a 1 mile radius from the centre of the postcode of each pharmacy (approximately a 20 minute walk) and a 20 minute drive time radius from the centre of the postcode of each pharmacy.

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- 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 Slough was appropriate given the mix of urban and rural areas on 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), travel time by car, and dispensing outside normal working hours. These instances have all been stated in the relevant sections of the report.

Patient and public survey

- 3.10** 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 131 responses to the Slough survey, their views were explored, including detailed analysis of the Protected Characteristics. The findings from the survey are presented in Chapter 6 of this PNA.

Pharmacy contractor survey

- 3.13** The contractor survey was sent to all 31 community pharmacies within Slough and 21 (68%) pharmacies responded. The results from this survey are referred to throughout this document.

Governance and steering group

- 3.14** The development of the PNA was advised by a Steering group whose membership included representation from:
- Berkshire East Public Health Team
 - Frimley Health and Care, Medicines Optimisation

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- Buckinghamshire, Oxfordshire and Berkshire West (*BOB*), Integrated Care System (*ICS*), Medicines Optimisation
 - Pharmacy Thames Valley, the Local Pharmaceutical Committee
 - NHS England and NHS Improvement – South East Region
 - Healthwatch teams in Berkshire
 - A patient representative

3.15 The membership and Terms of Reference of the Steering Group are presented in Appendix A.

Regulatory consultation process and outcomes

3.16 The PNA for 2022-25 will be published for statutory consultation on the 29th April 2022 for 60 days and will also be open on the Council website for stakeholder comment. All comments will be considered and incorporated into the final report to be published by 1st October 2022.

Chapter 4 - Demographics and health needs

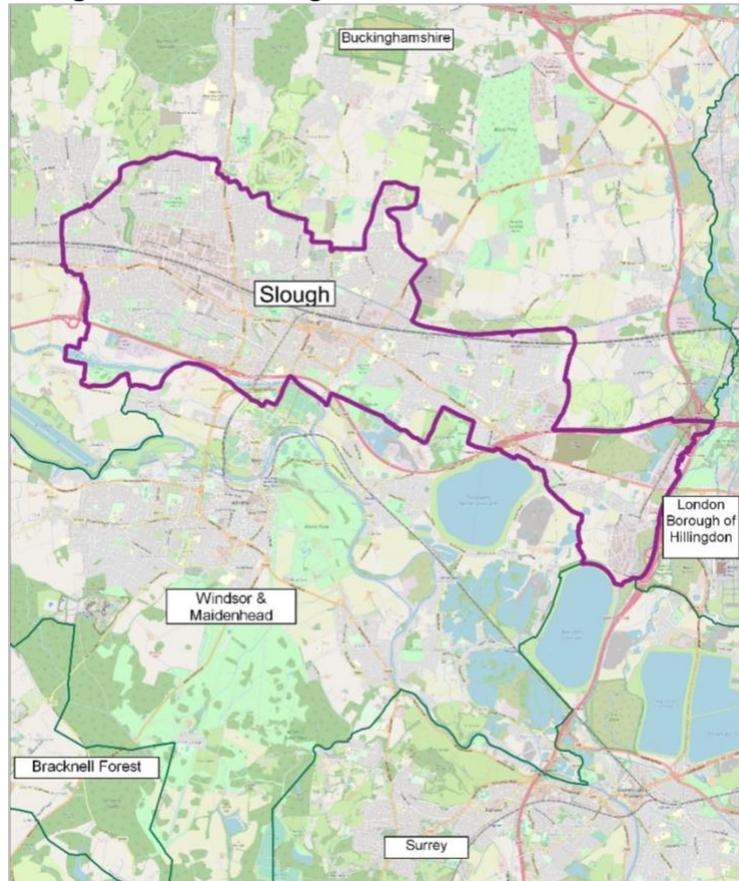
- 4.1** This chapter presents an overview of the population characteristics of Slough, particularly the areas likely to impact on needs for community pharmacy services. It includes an overview of the area of Slough, its population demographics and projected population. Using most recent available census 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:
- Local area profile
 - About the population
 - Population projections
 - Inequalities

Local area profile

About the area

- 4.3** Slough is a large town in Berkshire and an important commercial centre in the Thames Valley. It is situated close to the M4 and M25 motorways and to Heathrow airport. Slough lies 22 miles to the west of London and is also served by the Great Western Main railway line linking London with Bristol.
- 4.4** The borough's neighbours include Surrey to the south, the Royal Borough of Windsor and Maidenhead to the west, Buckinghamshire to the north, and the London Borough of Hillingdon to the east.
- 4.5** Figure 4.1 provides a context map showing the main areas of the borough, main transport routes, and the location of the borough in relation to other local authorities.

Figure 4.1: Map of Slough and surrounding local authorities, 2022



4.6 According to the 2011 census Urban-Rural Classification¹⁷, 100% of the borough's population live in areas classed as 'urban city and town'.

Geodemographic classification

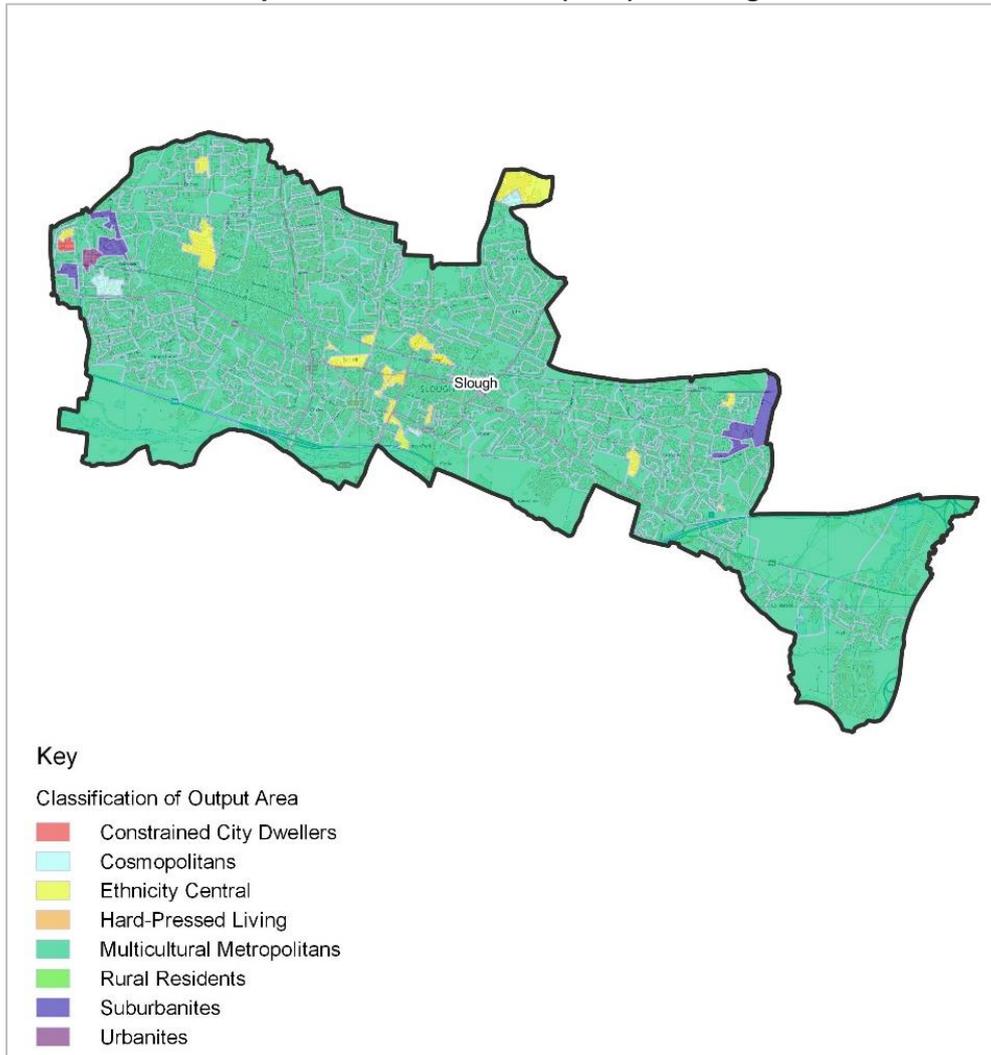
4.7 The 2011 Output Area Classification (OAC)¹⁸ enables us to explore the rural-urban divide in more detail by providing a geodemographic classification for each of Slough's Output Areas (an Output Area covers approximately 100 households). According to this classification of Slough:

- 94% of the population of the borough live in 'Multicultural Metropolitan' areas
- 4% of the population of the borough live in areas which can be classed as 'Ethnicity Central'
- 2% of the borough's population live in areas which can be classified as 'Suburbanites'.

¹⁷ Department for Environment, Food & Rural Affairs (Defra), 2011 Urban Rural Classification, 2013

¹⁸ ONS, 2011 residential-based area classifications, 2011

Figure 4.2: 2011 Census Output Area Classification (OAC) for Slough



Source: 2011 Census OAC, ONS

4.8 The Slough Local Development Framework Annual Monitoring Report¹⁹ noted the following issues which are peculiar to Slough, and may impact on the overall health of the borough:

- Overcrowding and congestion. The high level of commuting into and out of the borough town, linked with greater prosperity and local car use has brought with it increasing traffic congestion at peak hours and a lowering of environmental quality. Background sources such as Heathrow Airport also contribute to significant levels of air pollution. As a result of these factors, Slough has declared four Air Quality Management Areas (AQMAs).
- A shortage of land for housing, leading to increasing congestion and intensification of use within the urban area. A tightly drawn boundary around the town, and major

¹⁹ Slough Borough Council, Local Development Framework, Annual Monitoring Report 2018-2019

physical constraints such as the M4 motorway limit the ability of the town to expand. The lack of land means that Slough will not be able to meet all of its local housing needs in the future.

- Areas of deprivation (this will be explored later in this chapter).
- The need to plan for diversity (diversity is explored later in this chapter).

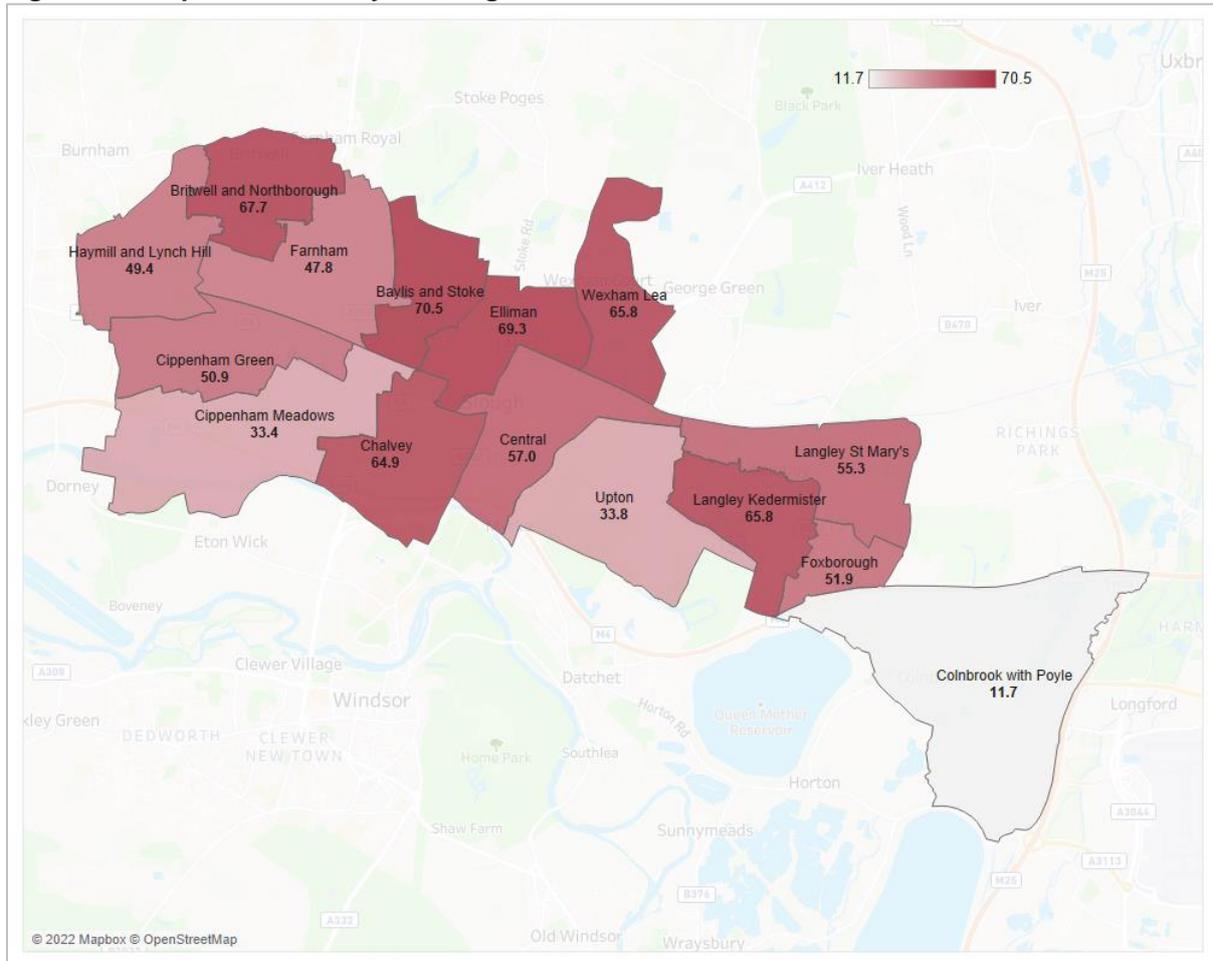
About the population

Population size and density

- 4.9** Slough is a densely populated borough. The borough's population is 149,577 people at mid-2020.²⁰ The current population density of the borough is 46 persons per hectare (ONS, Mid-2020 Population Estimates). This compares to a 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** At a ward level, the wards with the highest population density are Baylis & Stoke ward, followed by Elliman and Britwell & Northborough wards. Colnbrook with Poyle is the least densely populated ward (Figure 4.3).

²⁰ ONS, Mid-Year Population Estimates, UK, June 2020, published June 2021

Figure 4.3: Population density of Slough at ward level

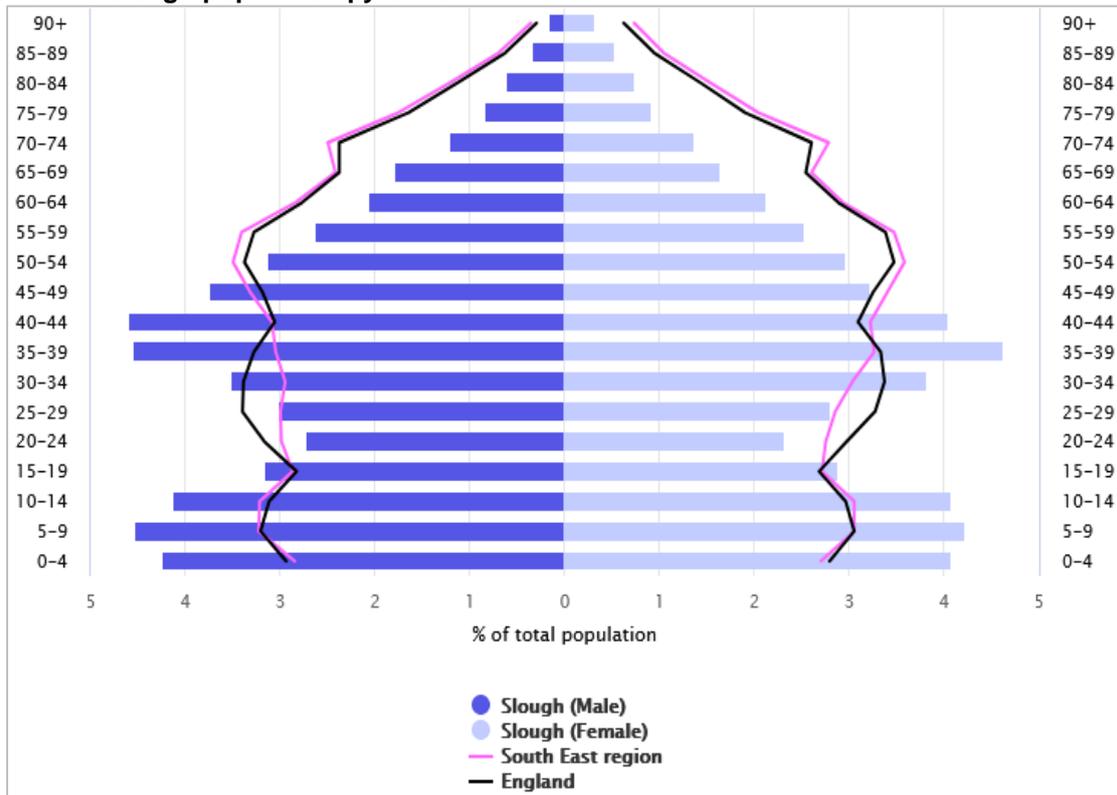


Source: ONS, Mid-2020 population estimates

Age structure

- 4.11** Slough has a relatively young population. The population has a median age of 35.3 years, which is younger than the median age for England (40.2 years), and 41.9 years for the South East region (ONS, mid-2020 population estimates).
- 4.12** The population pyramid in Figure 4.4 compares the proportion of males and females by five-year age bands with the line over the bars giving the equivalent percentages for England. The age profile for the local authority is generally younger compared to England and the South East. There is a greater proportion of under 14s and 35–44-year-olds in Slough compared to England and the South East. There is a smaller proportion of people aged 65 and over within Slough compared to England and South East England.

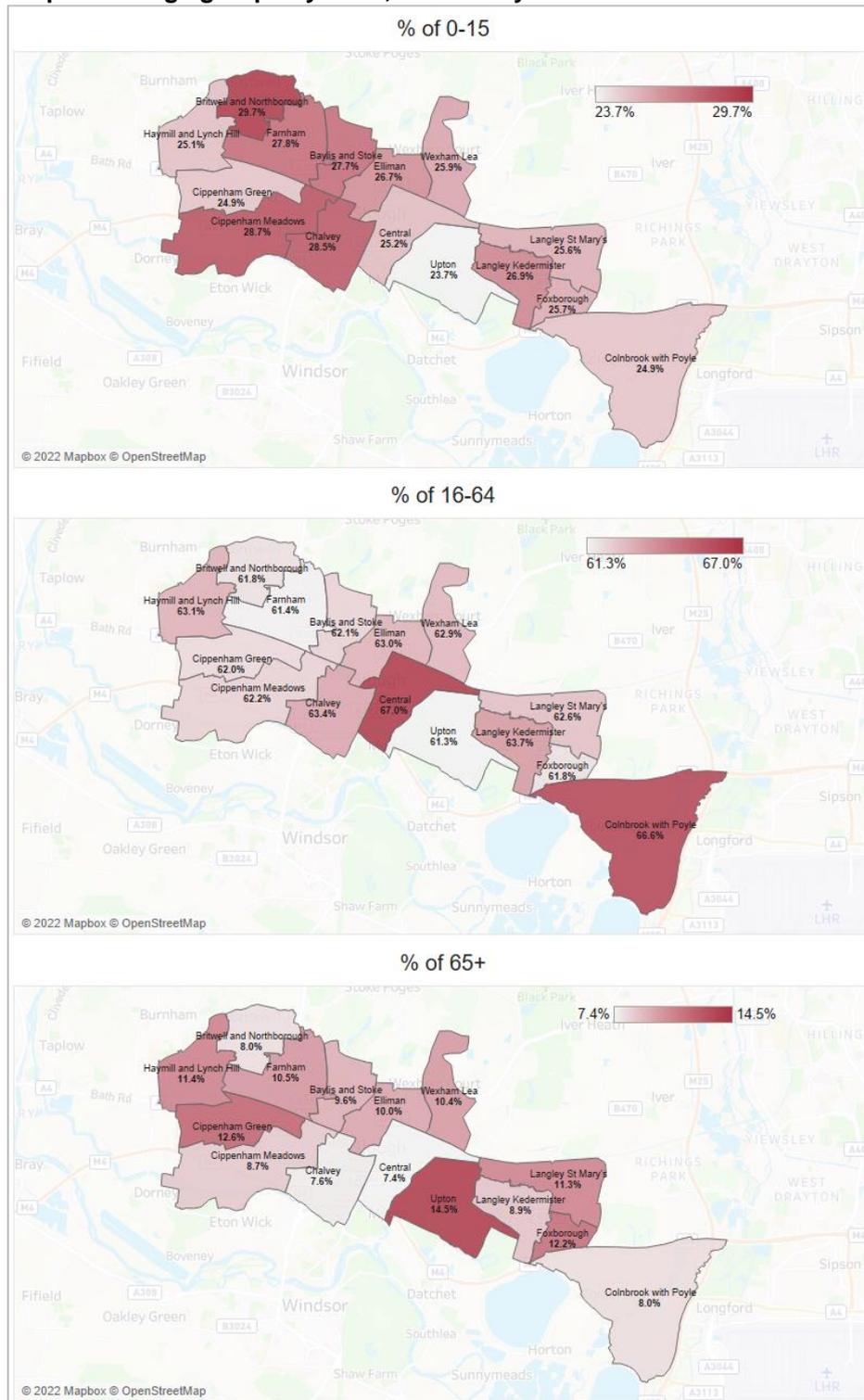
Figure 4.4: Slough population pyramid



Source: OHID, Public Health Outcomes Framework - ONS, Mid-2020 population estimates

4.13 Britwell & Northborough, Cippenham Meadows and Chalvey have the largest representation of those aged 0 to 15, while the wards of Upton, Cippenham Green and Foxborough have the largest relative population of those aged 65 and above (Figure 4.5).

Figure 4.5: Population age groups by ward, 2020 mid-year estimates



Source: ONS Mid-Year Estimates, 2020

Ethnicity and diversity

4.14 Cultural and language barriers can create inequalities in access to healthcare, which can negatively affect the quality of care a patient receives and reduce patient safety and patients'

satisfaction with the care they are given²¹. However, pharmacy staff often reflect the social and ethnic backgrounds of the community they serve, making them approachable to those who may not choose to access other healthcare services.

- 4.15** NICE Guidance²² 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.

Ethnicity and diversity

- 4.16** Slough is one of the most diverse areas in the country, with a high proportion of the population being from the ethnic minorities or from Eastern Europe. For instance, 17.7% of residents are Pakistani (2011 census), the second highest proportion for this ethnic group across England and Wales. 10.6% of residents are Sikhs (2011 census), making Slough the area with the single highest concentration of this religious group in England. Over 150 languages have been recorded as being spoken in Slough schools²³.
- 4.17** 54.3% of the Slough population are from Black, Asian and Minority Ethnic communities. Table 4.1 below provides a breakdown of the ethnicity of the borough (ONS, 2011 census) and Figure 4.6 presents the ethnicity breakdown of the borough by ward, showing the proportion of the population from Black, Asian and minority ethnic groups.

²¹ Al Shamsi, H., Almutairi, A. G., Al Mashrafi, S., & Al Kalbani, T. (2020). Implications of Language Barriers for Healthcare: A Systematic Review. *Oman medical journal*, 35(2), e122. <https://doi.org/10.5001/omj.2020.40>

²² NICE Guidance (2018), Community Pharmacies, Promoting Health and Wellbeing (NG102)

²³ Slough Borough Council, Local Development Framework, Annual Monitoring Report 2018-2019

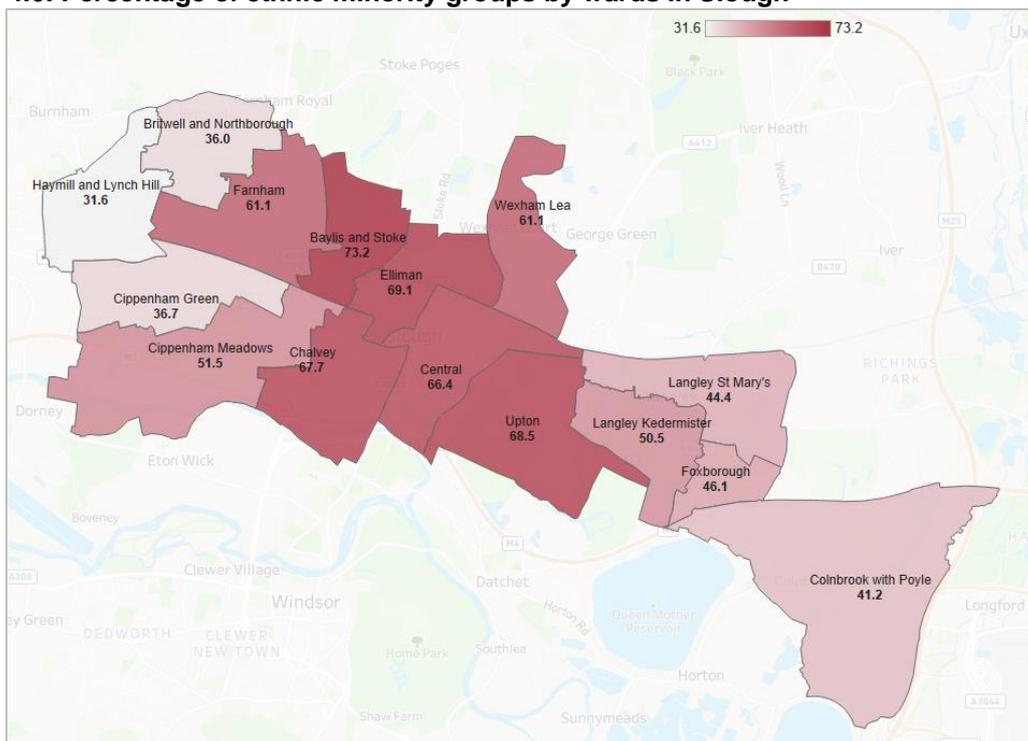
Table 4.1: Ethnicity of the population

White	Mixed/multiple ethnic groups	Asian/Asian British	Black/African/Caribbean/Black British	Other ethnic group
64,053 (45.7%)	4,758 (3.4%)	55,697 (39.7%)	12,115 (8.6%)	3,582 (2.6%)
England average = 85.4%	England average = 2.3%	England average = 7.8%	England average = 3.5%	England average = 1.0%
South East average = 90.7%	South East average = 1.9%	South East average = 5.2%	South East average = 1.6%	South East average = 0.6%

Source: 2011 census

4.18 At a ward level, the wards with the highest concentrations of Black, Asian and minority ethnic groups are Baylis and Stoke ward (73%), Eliman (69%) and Upton (68%).

Figure 4.6: Percentage of ethnic minority groups by wards in Slough



Source: OHID (Local Health Indicators)

Culture and language

4.19 A high proportion of the Slough population (67.4%) have a non-English language as their main language. Table 4.2 below shows the language breakdown of households, identifying the

number of households in Slough with one or more members who do not have English as their main language (source ONS, 2011 census, 2011).

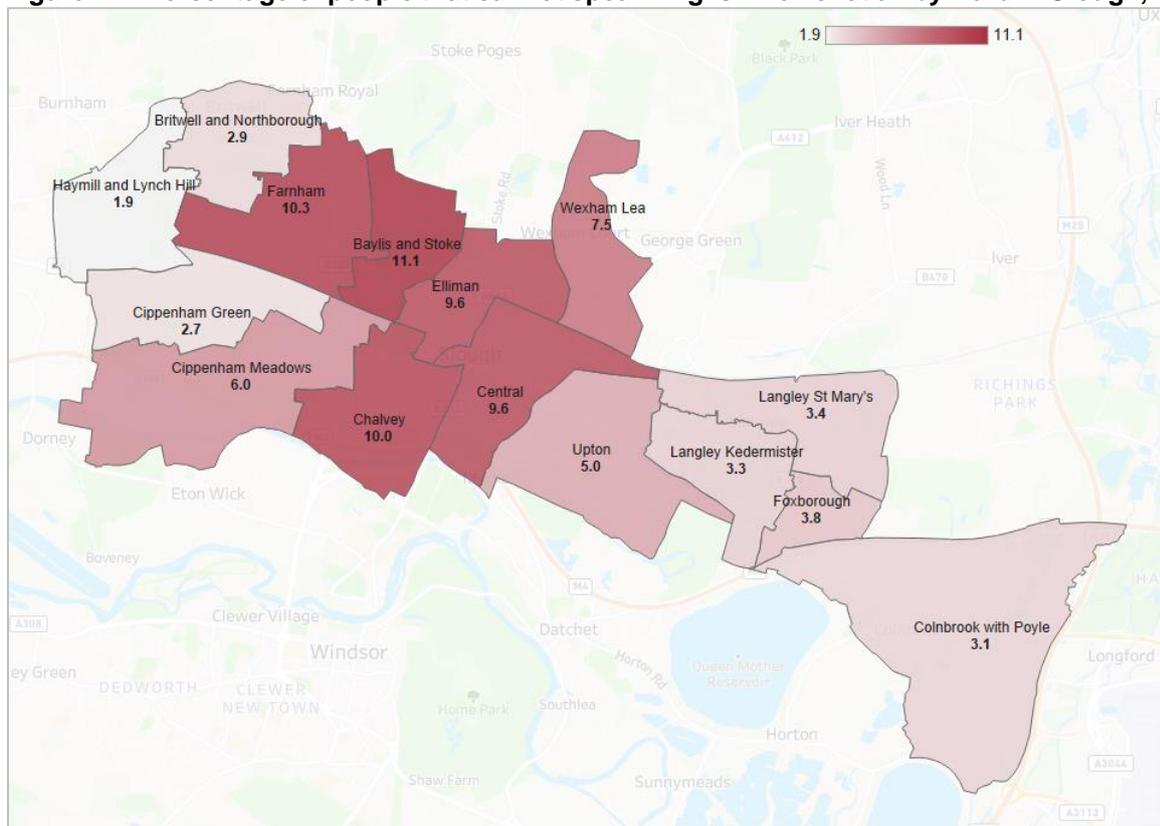
Table 4.2: Language breakdown of households

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
34,230 (67.4%)	6,972 (13.7%)	1,720 (3.4%)	7,844 (15.4%)
England: 90.9% South East: 93.2%	England: 3.9% South East: 3.2%	England: 0.8% South East: 0.5%	England: 4.4% South East: 3.1%

Source: 2011 Census

4.20 Figure 4.7 shows the percentage of people that cannot speak English well or at all by ward. It shows that there are high concentrations where there are people that cannot speak English well or at all in Baylis and Stoke ward (11.1%), Farnham ward (10.3%), and Chalvey ward (10%).

Figure 4.7: Percentage of people that cannot speak English well or at all by ward in Slough, 2011

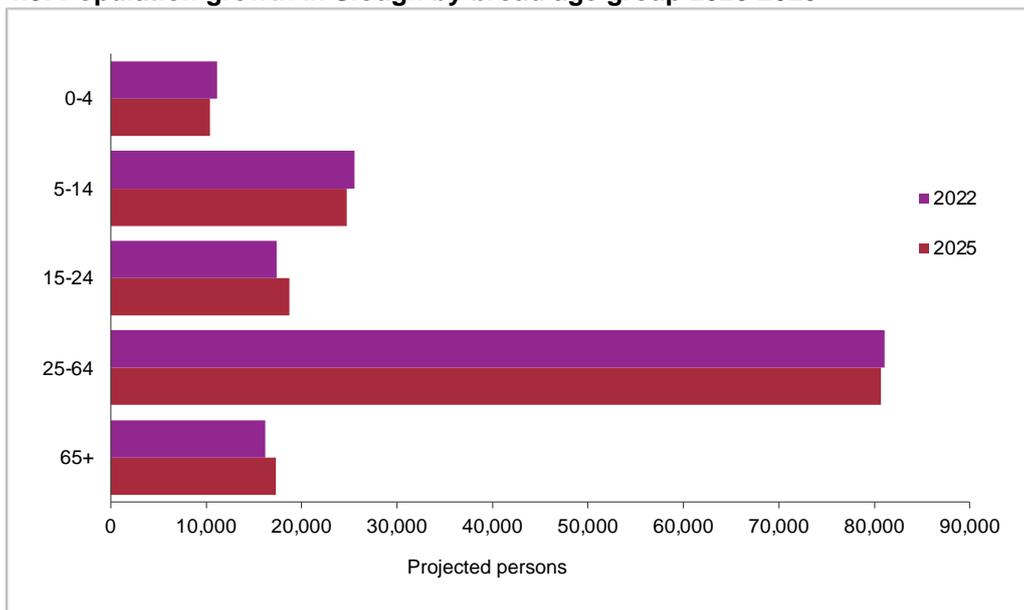


4.21 The top five languages (other than English) spoken in Slough are Polish, Punjabi, Urdu, Somali, and Tamil (ONS, 2011 census).

Population projections

4.22 The ONS 2018 subnational population projections indicate that the population of Slough will increase by 535 persons (0.5%) to 151,268 from 2022 to 2025. Figure 4.8 below shows the increases/decreases in population for Slough borough for key age groups for the years 2022-2025 (the lifetime of this PNA).

Figure 4.8: Population growth in Slough by broad age group 2020-2025



Source: ONS 2018 population projections

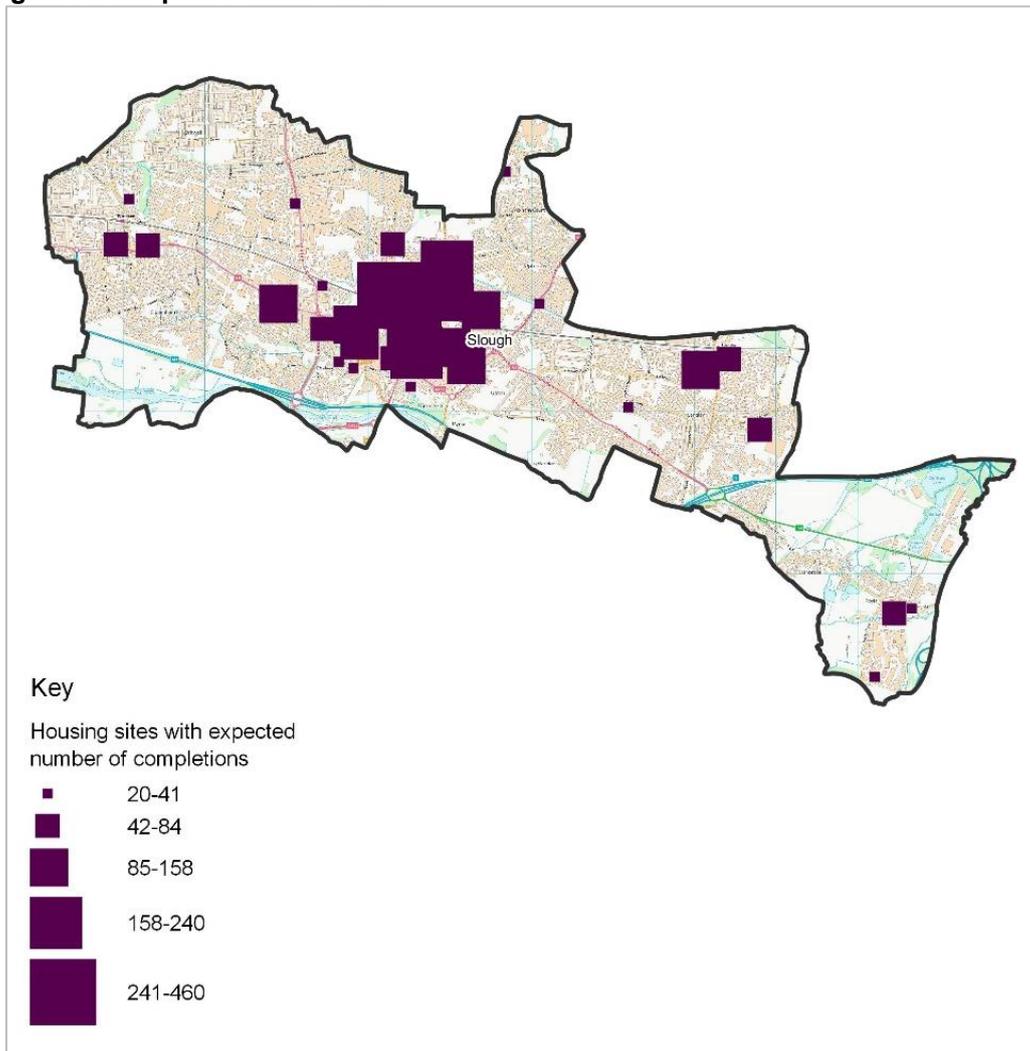
4.23 The chart shows that the majority of the population increase is in the 15-24 and over 65 age groups. The population aged 15-24 years is expected to increase in Slough from 2022 to 2025 by 7.7%, the comparable figures for South East England and England are 3.7% and 3.3%, respectively.

4.24 The population aged over 65 years is expected to increase in Slough from 2022 to 2025 by 6.7%, the figure for South East England is 5.5% and the figure for England is 5.6% (ONS: 2018 Population Projections - Local Authorities - SNPPZ1, published March 2020).

Future residential development and housing requirements in the Borough

4.25 A number of major housing developments are underway in Slough. The latest Annual Monitoring Report (AMR) for the Authority²⁴ anticipates that 1,995 dwellings will be completed by 2025. The map in figure 4.9 shows the strategic development locations in the borough 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 new dwellings proposed are within Central and Elliman wards. The largest developments are Horlicks, and Canal Basin in Elliman Ward and the Aspire 2 site, and the former Thames Valley University in Central ward.

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



Source: Slough Borough Council, Local Development Framework, Annual Monitoring Report 2018-2019

²⁴ Slough Borough Council, Local Development Framework: Annual Monitoring Report 2018-2019

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

Ward	Number of new dwellings
Baylis and Stoke	46
Central	1322
Chalvey	604
Cippenham Green	28
Cippenham Meadows	164
Colnbrook with Poyle	93
Elliman	784
Farnham	21
Haymill and Lynch Hill	164
Langley Kedermister	22
Langley St. Mary's	266
Upton	23
Wexham Lea	44
Total	3581

Source: Slough Borough Council, Authority Monitoring Report, 2021

Visitors

- 4.26** Slough does not receive a high number of visits from tourists in comparison to its neighbours. Based on 2016-18 data it receives an average of 0.94 million Tourism Day Visits (TDVs) a year. This compares to around 4.9 million TDVs for nearby Reading and 3.95 million TDVs for nearby Windsor and Maidenhead (GBDVS, 2022)²⁵.

Inequalities

- 4.27** *Fair Society, Healthy Lives: (The Marmot Review)*²⁶ and later the *Marmot Review 10 Years On*²⁷ 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.
- 4.28** The Index of Multiple Deprivation (IMD)²⁸ 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

²⁵ VisitEngland, VisitScotland, Visit Wales, The Great Britain Day Visitor Annual Report, 2018

²⁶ Fair Society Healthy Lives (The Marmot Review): <http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review>

²⁷ Marmot Review 10 Years On (February 2020): <http://www.instituteofhealthequity.org/resources-reports/marmot-review-10-years-on>

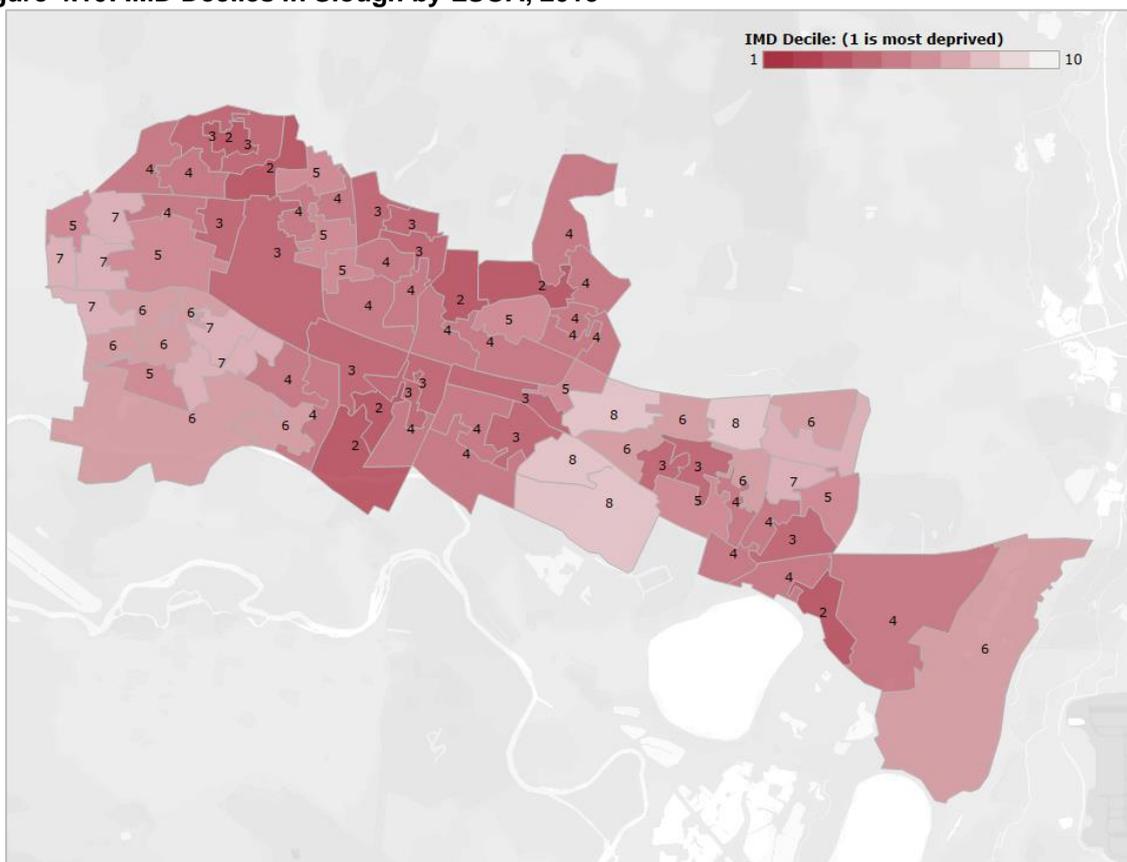
²⁸ Ministry of Housing, Communities and Local Government, English Indices of Deprivation, 2019

Deprivation, Health Deprivation and Disability, Education, Skills and Training Deprivation, Barriers to Housing and services, Living Environment Deprivation and Crime.

- 4.29** Access to community pharmacy services in communities where there is high deprivation is important in addressing health inequalities.²⁹ 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).
- 4.30** 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. Slough is ranked as 103 out of 317 Local Authorities, thus being in the top 31-40% most deprived lower tier Local Authorities in England (decile 4).
- 4.31** Slough has 80 neighbourhoods otherwise known as Lower Super Output Areas (LSOAs). The borough's overall average IMD decile figure is 4.5 compared to the national figure of 5.5. This means there is more deprivation in Slough than in England as a whole.
- 4.32** As seen in Figure 4.10, there are a number of deprived neighbourhoods in Slough. Seven of the 80 neighbourhoods in Slough are among the 20% most deprived in the nation (deprivation decile of 1 or 2).

²⁹ NICE guidance (2018) Community pharmacies: promoting health and wellbeing [NG102]

Figure 4.10: IMD Deciles in Slough by LSOA, 2019



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

Homelessness

- 4.33** As at 30th September 2021, 187 (1.43 per 1,000) households in Slough were identified as statutory homeless. This means that they are unintentionally homeless, in priority need and the local authority accepts responsibility for securing accommodation for them. This is broadly comparable to the England rate of 1.54 but greater than the South East rate of 1.18 per 1,000 households.
- 4.34** However, the rate of households living in temporary accommodation in Slough is high. As at 30th September 2021, 457 households were living in temporary accommodation provided under homelessness legislation in Slough. This was a rate of 8.30 per 1,000 households, which is more than double the England figure of 4.06 and nearly quadruple the South East figure of 2.82 per 1,000 households (Department for Levelling Up, Housing & Communities, 2022).
- 4.35** Pharmacists can play a role in helping improve the health and wellbeing of people who are homeless. Pharmacies are an accessible service that are often located in areas of high deprivation and need. They can help people who are homeless with support in areas such as

medicines management and can provide signposting to other health and wellbeing services. 'Underserved' communities, such as those who are homeless or sleeping rough, people who misuse drugs or alcohol may be more likely to go to a community pharmacy than a GP or another primary care service³⁰.

Access to services and facilities

4.36 Data giving the location of areas within 15 mins travel time by public transport to main centres of population has been obtained from the Place-based carbon calculator website (<http://carbon>).³¹ It shows that over 90% of the population in Slough live within 15 mins travel time by public transport of major centres of population. The travel time contours are presented in Figure 4.11 below.

Figure 4.11: Areas within 15 minutes travelling time by either walking or public transport of major destinations in Slough



Source: Place-based carbon calculator website, 2022

Groups with specific needs

Refugees

4.37 There are a small number of refugees residing in Slough. Latest figures from October to December 2021 show that there were 14 asylum seekers supported under section 4 of the Immigration Act 1999 for dispersed accommodation, 124 people supported under section 95

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

³¹ CREDS, Place-based Carbon Calculator, July 2021

of the Immigration Act 1999 for dispersed accommodation, and 28 people supported under section 95 of the Immigration Act 1999 for subsistence only (Home Office Immigration Statistics, Asylum & Protection, February 2022).

Summary of population demographics

Slough is a densely populated urban unitary authority in Berkshire. It has a young population with an average age of 35.3 years.

Slough is one of the most diverse areas in the country. 64% of the population are Black, Asian and minority ethnic and 43% of households have a non-English language as their main language.

The population is only expected to increase by 0.5% in the lifetime of this PNA, likely within Chalvey, Upton and Central wards where major housing developments are underway. The majority of the population increase will be in the over 65 age group.

Deprivation is high in Slough, nearly 10% of neighbourhoods are among the 20% most deprived in the country. There are a high number of households living in temporary accommodation. There are also a small group of refugees who are being supported by the council.

Chapter 5 - Health needs

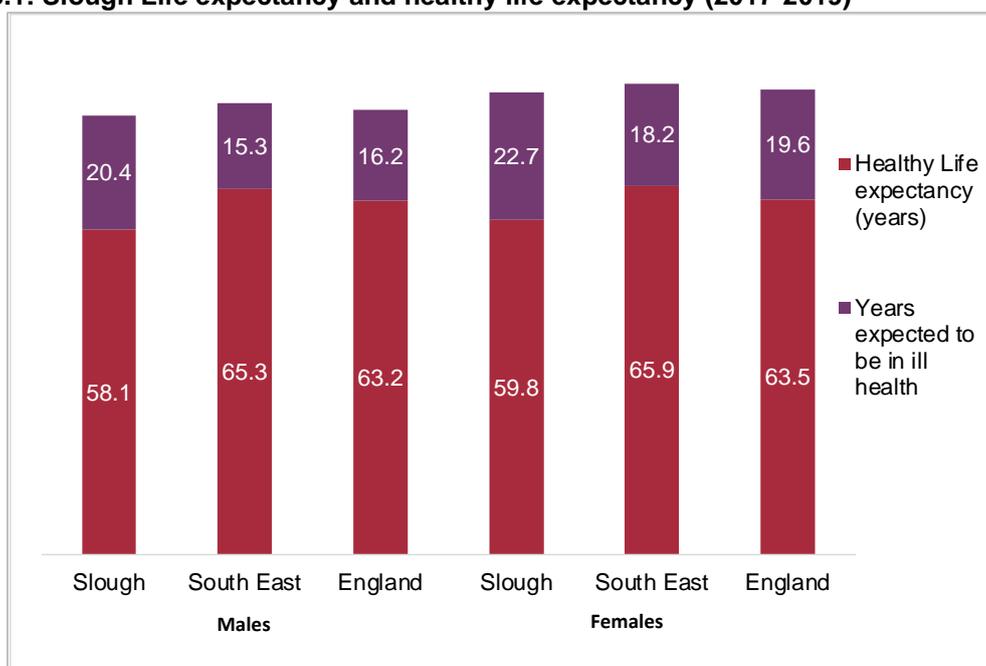
5.1 This chapter presents an overview of health and wellbeing in Slough, particularly the areas likely to impact on needs for community pharmacy services. It looks at life expectancy and healthy life expectancy in Slough and includes an exploration of health and behaviours and major health conditions.

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 Life expectancy for males is 78.4 and females is 82.5 (2018-20 data). Both figures are lower than South East England and England figures. Slough's male life expectancy is significantly lower than England. Figure 5.1 shows levels of life expectancy and healthy life expectancy in numbers of years for both men and women for Slough, South East England and England as a whole for 2017-2019. It shows that Slough has lower levels of life expectancy and healthy life expectancy for both men and women, compared to the South East Region and for England (OHID, Public Health Outcomes Framework, 2022).

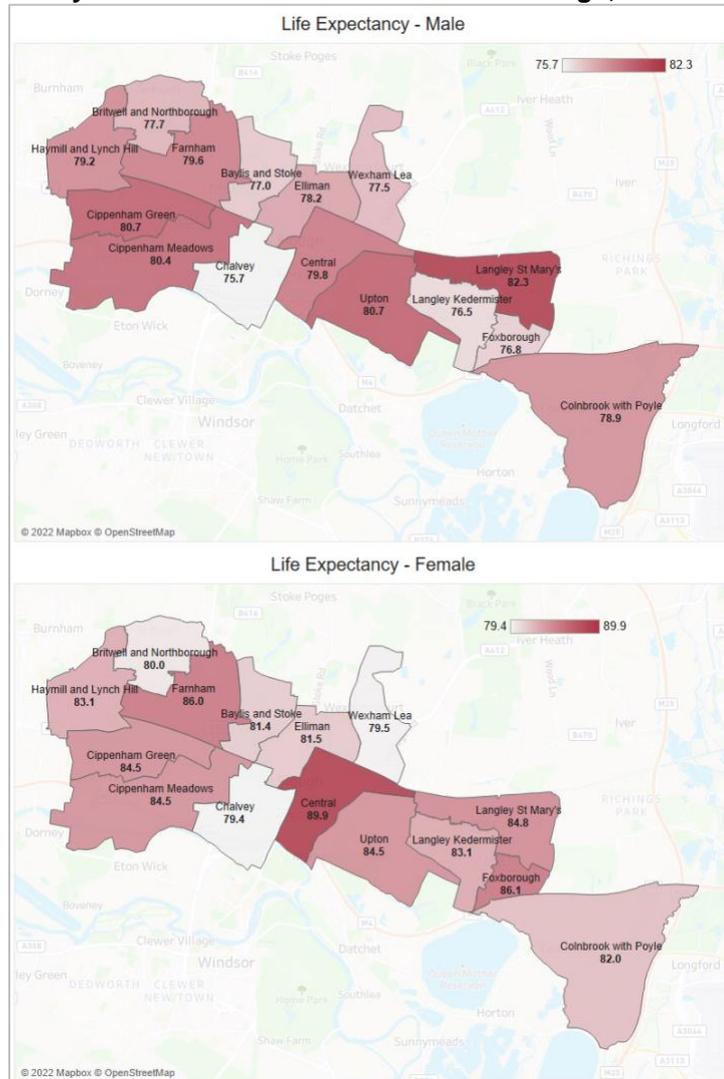
Figure 5.1: Slough Life expectancy and healthy life expectancy (2017-2019)



Source: OHID, Public Health Outcomes Framework, 2022

- 5.4 However, Slough has a number of deprived neighbourhoods, and there are still inequalities in life expectancy within the borough. Men living in the most deprived parts of the borough are expected to live 7.2 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. The gap for women is similar at 7.6 years, which is similar to that for England (7.9 years), but higher than that for South East England (6 years). These figures are derived from the 2018-2020 slope index of inequality for life expectancy in years (OHID, Public Health Outcomes Framework, 2020).
- 5.5 At ward level, latest figures (2015-2019 data) show that life expectancy is lowest in Chalvey for both males and females. Langley St Mary's residents have the highest life expectancy for males at 82.3 with Central the equivalent for females at 89.9 (figure 5.2).

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



Source: OHID, Local Authority Health Profiles, 2022

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- 5.6** The Frimley Health and Care Strategy is working to improve healthy life expectancy in its area by two years, and the gap in healthy life expectancy between least and most deprived communities by 3 years.
- 5.7** The life expectancy gap between Slough'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 is a greater contributor than genetics (30%), social circumstances (15%) and healthcare (10%)³². 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, 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 and services. 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 for, to improve the overall health of the population of Slough.

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 death³². A wide range of diseases and conditions are caused by smoking such as cancers, respiratory diseases and cardiovascular diseases.

³² 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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- 5.12** 16% of Slough's adult population aged 18+ smoke (2019/20 data), which is similar to the percentage for England of 14% and higher than the South East England rate of 12%. 24% of those in employed in routine and manual occupations smoked in 2020, this is similar to the figures for England of 23% and South East England of 24%. (OHID, Local Authority Health profiles, 2022).
- 5.13** Smoking can have detrimental effects to the growth and development of the baby if an expectant mother smokes. The proportion of mothers who smoke in early pregnancy for Slough and was at 9% in 2018/19, this compares positively with England and the South East region with rates of 13% for and 11% respectively (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 Slough in 2020, there were 41 deaths classified as 'Alcohol-related mortality'. This gave a rate of 39.1 per 100,000 population which is similar to the England rate of 37.8 and South East region rate of 33.9.
- 5.16** Of people aged 18+ attending treatment for alcohol misuse in Slough in 2020, 33.3% of these people left treatment free of alcohol dependence and did not represent again within a 6-month period. This was similar to the England success rate of 35.3% and for the South East region success rate of 35.6%.
- 5.17** In 2020/21, there were 705 admission episodes for alcohol-specific conditions in Slough. This gave a rate of 573 per 100,000 population, which is similar to the rate for England of 587 and the rate for the South East region of 540 (OHID, Local Authority Public Health Profiles, 2022).

Drug misuse

- 5.18** In 2018-2020, there were seven deaths from drug misuse in Slough. 5.5% of drug users in Slough aged 18 years and over had successful treatment for opiate drug use in 2020, which compares to a figure for England of 4.7% and for the South East region of 5.7%. For successful completion of drug treatment for non-opiate users aged 18 years and over, the figure for Slough was 39%, comparable to England and the South East region figures of 33% (OHID, Local Authority Public Health Profiles, 2022).

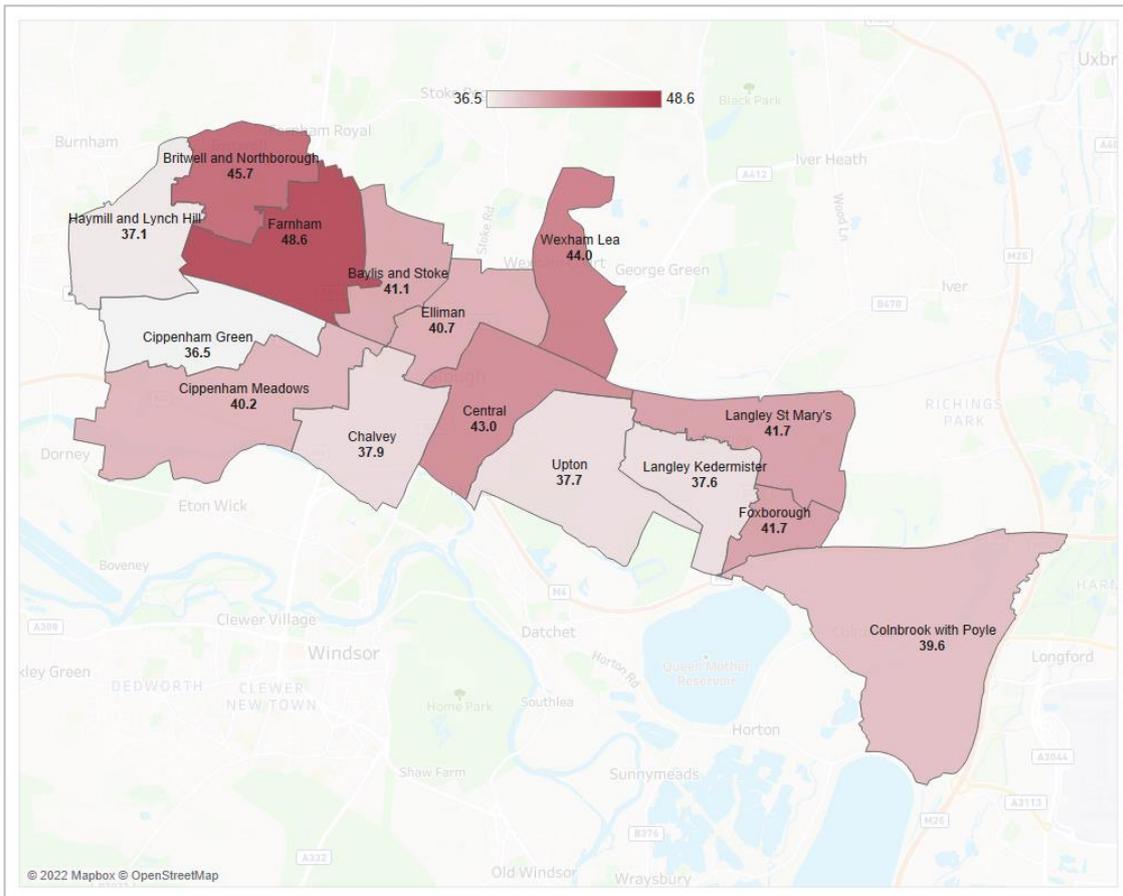
Obesity

- 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 diabetes³³ and increases the risk of death from COVID-19 by 40- 90%³⁴. Obesity is indicated when an individual's Body Mass Index (BMI) is over 30.
- 5.20** 60% of adults living in the borough were classified as being obese or overweight in 2019/20. These figures are similar to those for England (63%) (OHID, Public Health Outcomes Framework, 2019/20).
- 5.21** Childhood obesity is increasing and can have a 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** The National Child Measurement Programme measures the height and weight of children in their first and last year of primary school (Reception Year and Year 6). In 2019/20, 23% of children in Reception Class in Slough were overweight and obese, similar to the national figure of 23%. 41% of children in Year 6 in Slough were overweight or obese, which was significantly worse than the national figure of 35% (OHID, NCMP, 2019/20).
- 5.24** Figure 5.3 presents the variance of the proportion of Year 6 children who are overweight or obese at ward level (2017/18-2019/20). Farnham has the highest rate with 49% of Year 6 children are overweight or obese.

³³ Public Health England (2017). Guidance: Health matters: obesity and the food environment.

³⁴ 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.

Figure 5.3: Percentage of Year 6 children who are overweight / obese by ward in Slough in 2017/18-2019/20



Source: PHE, Local Health Profiles, 2022

5.25 As part of the Pharmacy Quality Scheme (PQS) 2021/22³⁵ 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

5.26 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

³⁵ Pharmacy Quality Scheme (2021/22): <https://www.nhs.uk/provider-assurance-pharmaceutical-services/pharmacy-quality-scheme-pqs>

Burden of disease³⁶ found that physical inactivity is directly accountable for 5% of deaths in England and is the fourth leading risk factor for global mortality³².

- 5.27** People in Slough are not as physically active as the national population. 56% of adults in Slough were considered 'physically active' in 2019/20, this is lower than the England figure of 66%. 32% of adults in the borough were considered 'physically inactive', and this is greater than England figure of 23% (OHID, Public Health Outcomes Framework, 2022).

Sexual health

- 5.28** 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'³⁷.
- 5.29** The rate of new STI diagnoses in Slough 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) for Slough was 504, which is higher than the rate for South East England (461) but lower than the rate for England (619).
- 5.30** The STI testing rate (excluding Chlamydia for those aged under 25) in 2020 was 4,696 per 100,000 population who accessed specialised sexual health services in Slough. This figure is better than that for England (4,549 per 100,000 population) and for the South East (4,007 per 100,000 population). The latest testing data for 2020 shows a steep decline in testing rates both nationally and locally, due to the pandemic. However, Slough's testing rate continues to be significantly higher than national and regional figures (OHID, Local Authority Public Health Profiles, 2022).
- 5.31** Chlamydia is the most commonly diagnosed bacterial 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 Slough is 972 - this is worse than the rate for England (1,408) and for South East England (1,222) (OHID, Local Authority Public Health Profiles, 2022).

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

³⁷ PHE (2015) Making it work - A guide to whole system commissioning for sexual health, reproductive health and HIV

HIV

- 5.32** The latest figures show that there were 309 Slough residents aged 15-59 years living with diagnosed HIV in 2020. This equates to 3.4 per 100,000 population. This is substantially higher than the national rates of 2.3 per 1,000 population, and regional rate of 1.9 per 1,000 population. Looking at overall HIV testing coverage in 2020, the figure for Slough is 56%, which is better than the rate for England (46%) and South East England (47%).
- 5.33** 83% of those newly diagnosed in 2018-20 received prompt antiretroviral therapy (ART) initiation, similar to the figures for England (83%) and for the South East Region (84%) (OHID, Local Authority Public Health Profiles, 2022).

Flu vaccination

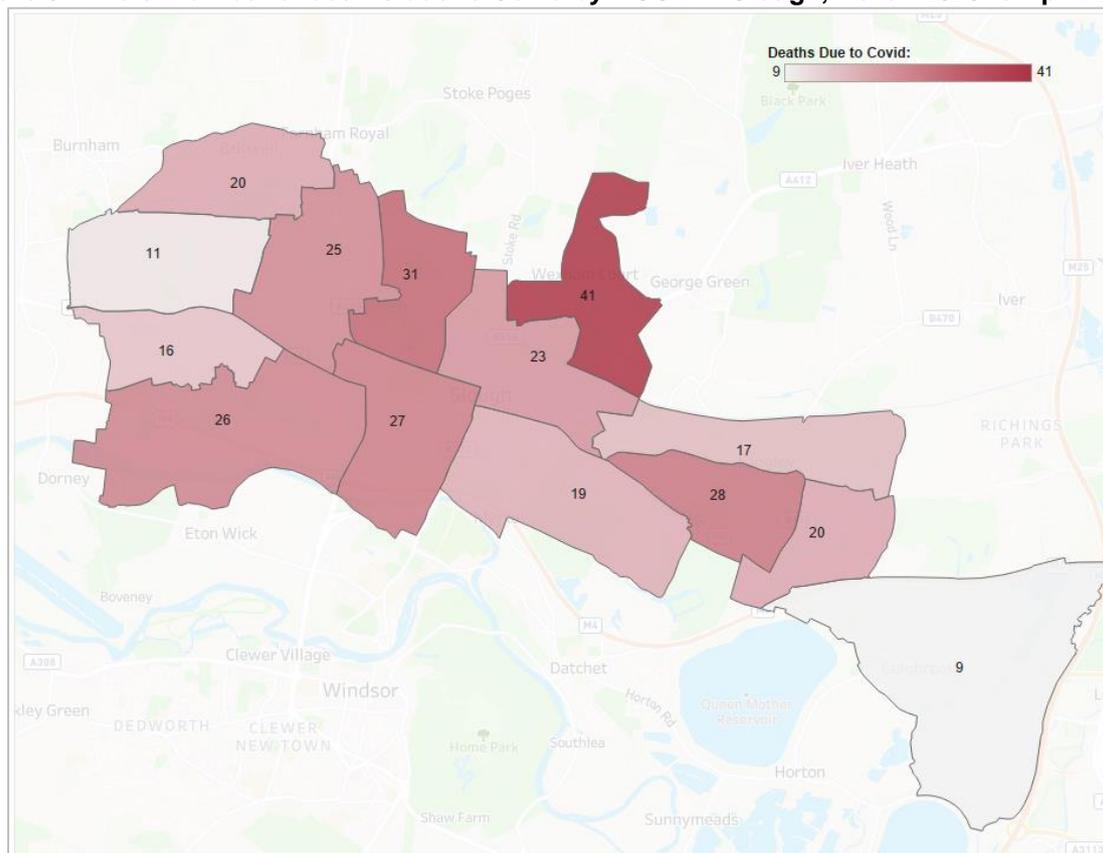
- 5.34** Flu vaccination is offered to people who are at greater risk of developing serious complications if they catch flu. Under three-quarters (73.8%) of over 65s in Slough were vaccinated in 2020/21. This is lower than the England percentage of 81% and the figure for South East England of 82%. It is also slightly lower than the 75% population vaccination coverage target
- 5.35** The population vaccination coverage for flu for at risk individuals (aged 6 months-64 years), in Slough at 50% in 2020/21. Again, this is lower than England (53%) and South East England of (56%) (OHID, Local Authority Public Health profiles, 2022), and lower than the 55% population vaccination coverage target

COVID-19

- 5.36** 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 diabetes³⁸.
- 5.37** The rate of deaths by COVID-19 in Slough from March 2020 to April 2021 was high, with 312 deaths per 100,000 population. This was substantially higher than the rate for the South East Region of 161 per 1,000 population, and England with a rate of 182 per 1,000 population. Figure 5.4 below presents the total number of deaths due to COVID-19 at MSOA level for Slough. The highest number of deaths were in Wexham Lea.

³⁸ PHE (2020). Beyond the data: Understanding the impact of COVID-19 on BAME groups.

Figure 5.4: Total number of deaths due to Covid by MSOA in Slough, March 2020 to April 2021



Source: ONS, deaths due to COVID-19 by local area and deprivation, 2021

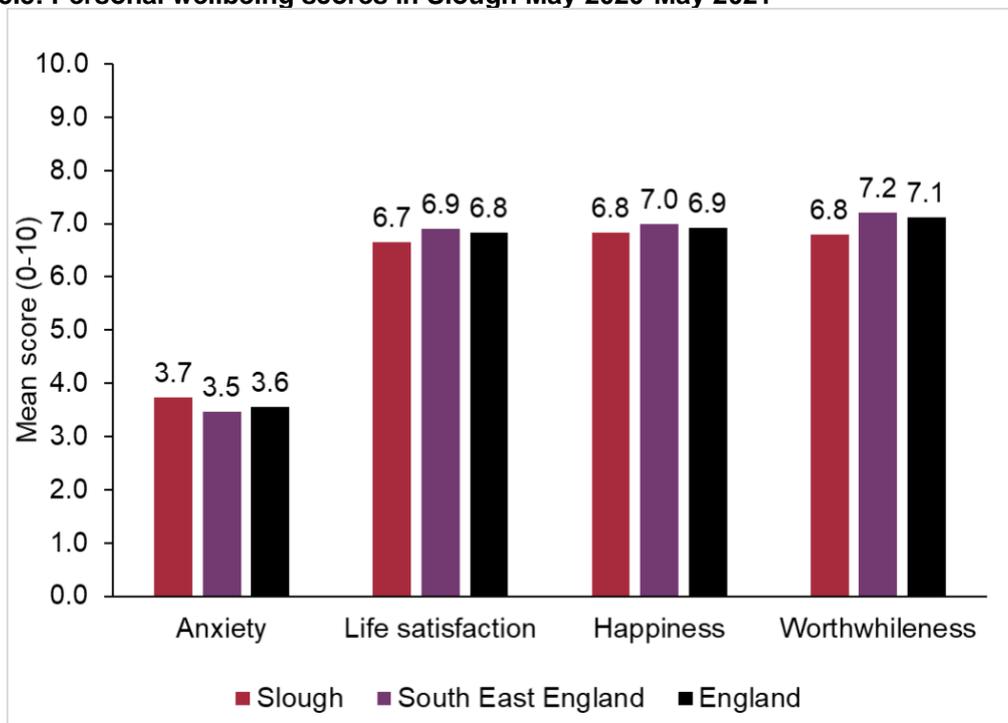
Mental health and wellbeing

- 5.38** 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.
- 5.39** Modelled estimates show in 2019/20, 8.2% of GP patients aged over 18 in Slough have depression. This is substantially lower than the England comparator of 11.5% and South East England comparators of 11.5%. There is one neighbourhood in Slough with above average rates for GP patients diagnosed with depression, which is Britwell ward (15.2%).
- 5.40** At constituency level, an estimated 0.4% of GP patients of all ages have dementia in Slough Parliamentary Constituency. This compares to an England percentage of 0.8% and a South East percentage of 0.8%.

5.41 An estimated 1.0% of GP patients in Slough had schizophrenia, bipolar disorder or psychosis, which is slightly higher than the England and South East England averages of 0.9% and 0.8% respectively³⁹.

5.42 One of Frimley Health and Care’s strategic priorities⁴⁰ is to focus on wellbeing, enabling people to have the opportunity to live healthier lives no matter where they are placed in the system. The ONS dataset ‘Personal well-being estimates by Local Authority’⁴¹ uses four measures to access personal well-being: life satisfaction, feeling the things done in life are worthwhile, happiness, and anxiety. Figure 5.5 below shows the results from the latest survey wave (2020-21), showing the mean score (0-10) for each of the variables. It highlights that that Slough’s anxiety scores are slightly higher than those for the South East and England, but happiness, life satisfaction and worthwhile generally follow the regional and national trend.

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



Source: ONS, Personal Wellbeing in the UK, 2021

³⁹ House of Commons Library, Constituency data: health conditions, April 2021

⁴⁰ Frimley Health and Care 5 year strategy (2019).

<https://www.frimleyhealthandcare.org.uk/media/1459/frimley-health-care-system-strategy-narrative-final.pdf>

⁴¹ ONS, Personal Wellbeing in the UK, 2020-2021, October 2021

Social Isolation and Loneliness

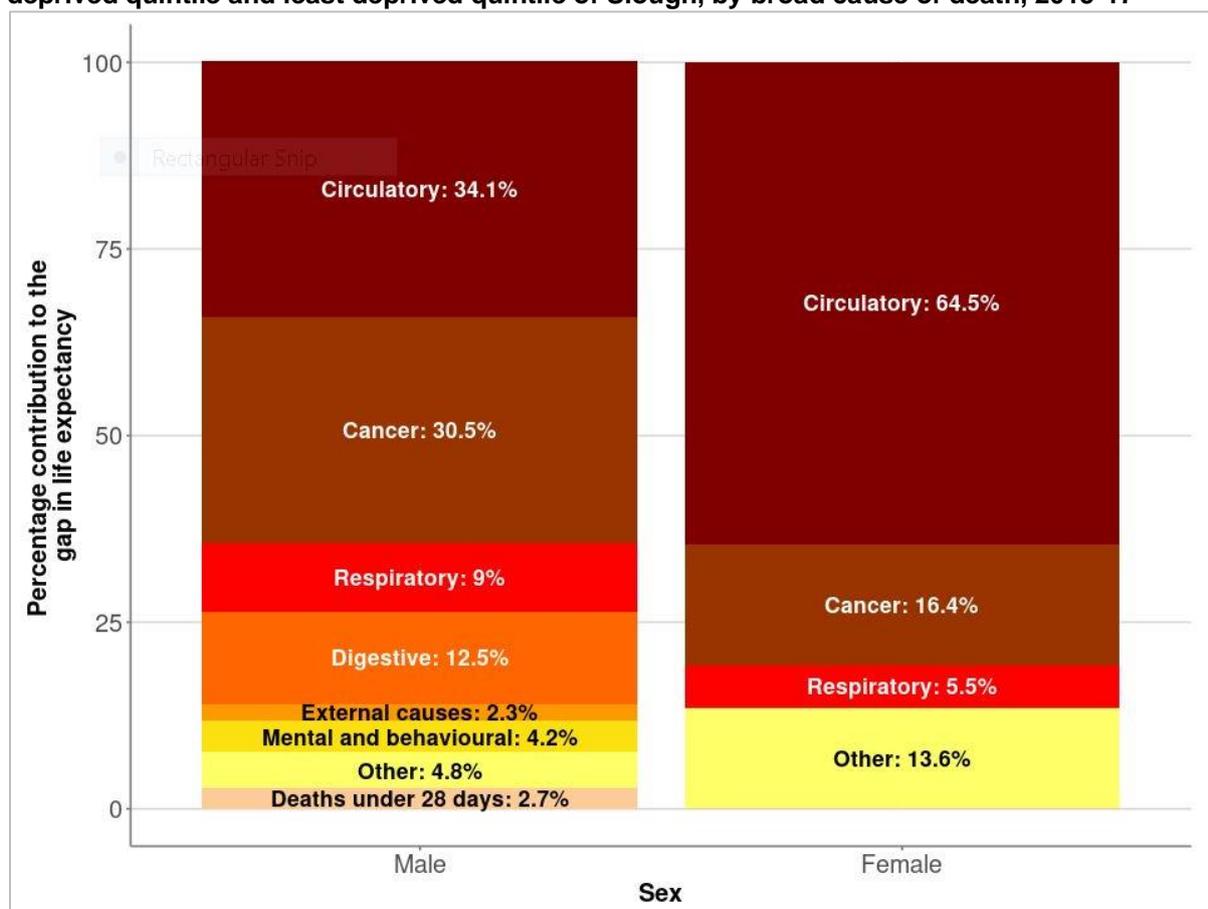
- 5.43** Social isolation and loneliness can impact people of all ages but is more prominent in older adults. It is linked to increased behavioural risk factors, poor mental health as well as morbidity and mortality from acute myocardial infarction and stroke⁴².
- 5.44** 31% of Slough over 65s live alone (ONS 2011 Census). This is similar to the England rate of 32%. The Adult social care survey explores isolation and loneliness in its analysis. Findings show that in Slough, 43% of adult social care users who responded to a survey have as much social contact as they would like. This is lower than national figures of 46%. It highlights that more than half of older adults in receipt of social care do not have as much social contact as they would like and are likely feeling isolated and lonely (Adult Social Care Survey, 2021).
- 5.45** 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

- 5.46** The causes of the life expectancy gap between the most deprived and least deprived populations within a borough provides a good indicator on what health conditions have a bigger impact on local populations and where a targeted approach is needed.
- 5.47** Figure 5.6 presents a breakdown of the causes of the life expectancy gap (by broad cause of death) between the most deprived quintile and least deprived quintiles of Slough. It highlights circulatory diseases as the biggest cause of the differences in life expectancy between deprivation quintiles for males and females, accounting for 34% and 65% of the gap respectively.

⁴² 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 5.6: Scarf chart showing the breakdown of the life expectancy gap between the most deprived quintile and least deprived quintile of Slough, by broad cause of death, 2015-17



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

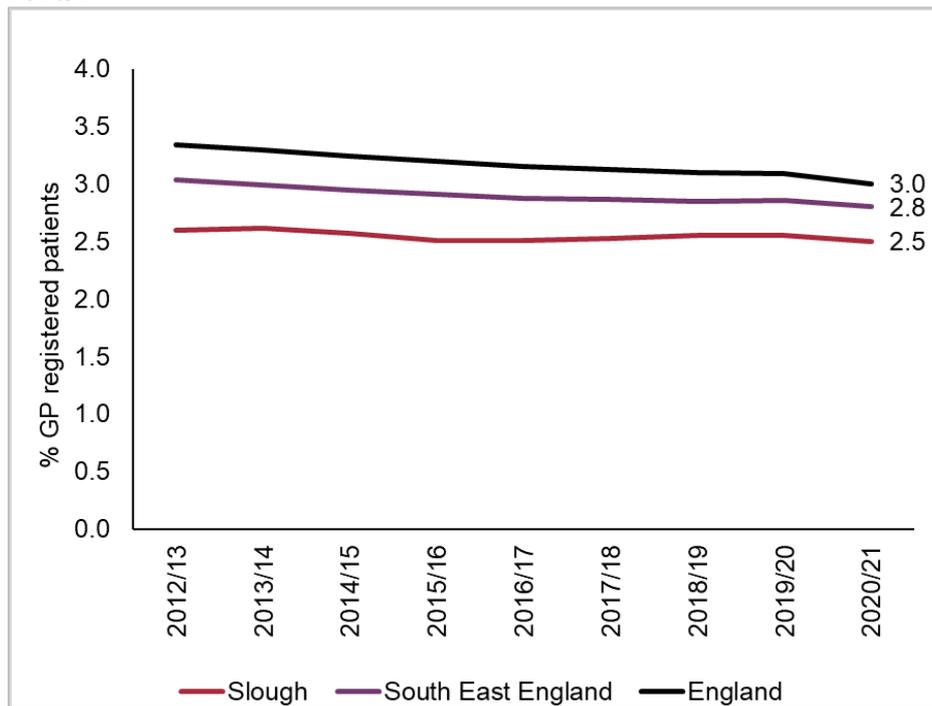
5.48 Cancer is the next biggest cause of the life expectancy gap accounting for 31% in males and 16% of the gap in females in Slough. The third major cause of the life expectancy gap is respiratory diseases which account for 9% and 6% of the life expectancy gap in males and females, respectively.

5.49 We will take a closer look at circulatory diseases, cancer and respiratory diseases and their impact in Slough.

Circulatory diseases

5.50 Circulatory diseases include heart disease and stroke. Slough is in the lowest quintile in England for coronary heart disease. The percentage of patients registered with GP Practices in Slough with coronary heart disease for Slough in 2020/21 was 2.5%. This is better than the England percentage of 3.0% and the percentage for South East England of 2.8% (OHID, QOF, 2022). Figure 5.7 shows the trend for this indicator has remained fairly steady since 2012/13.

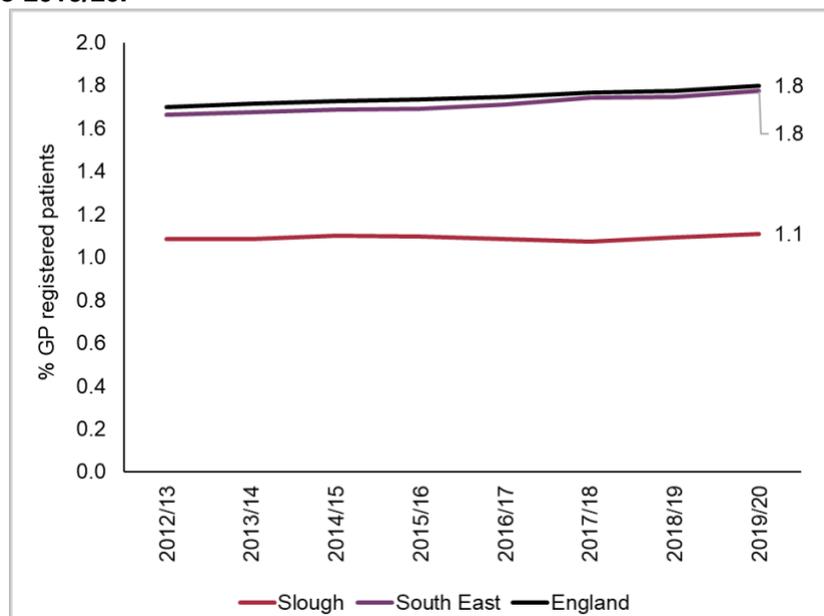
Figure 5.7: Prevalence of coronary heart disease in Slough GP registered patients from 2012/13 to 2020/21



Source: OHID, QOF, 2022

5.51 1.1% of Slough GP registered patients have had a stroke or transient ischaemic attack (2020/21 data). This is lower than the percentage for England of 1.8% and also lower than the percentage of 1.8% for South East England (OHID, Local Authority Public Health Profiles, 2022). Slough is in the second lowest quintile in England for this indicator (Figure 5.8).

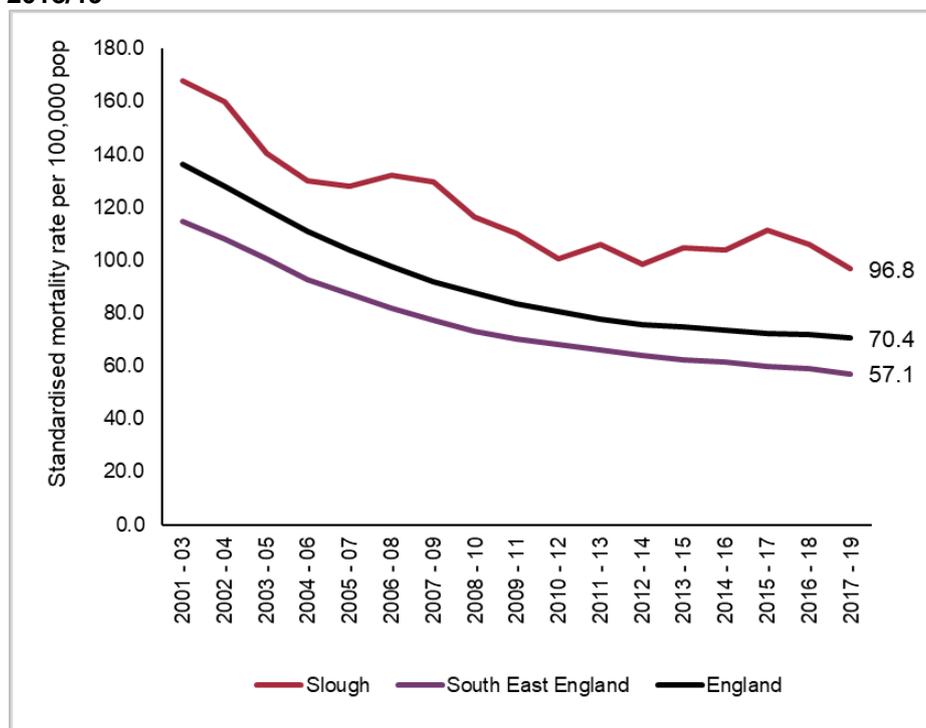
Figure 5.8: Prevalence of stroke or transient ischaemic attack in Slough GP registered patients from 2012/13 to 2019/20.



Source: OHID, QOF, 2022

5.52 The under 75 mortality rate for cardiovascular disease is 96.8 per 100,000 population, higher than to England and South England figures (Figure 5.9)

Figure 5.9: Trendline of under 75 mortality rate from all cardiovascular diseases in Slough, 2012/13 to 2018/19



Source: OHID, Local Authority Public Health Profiles, 2022

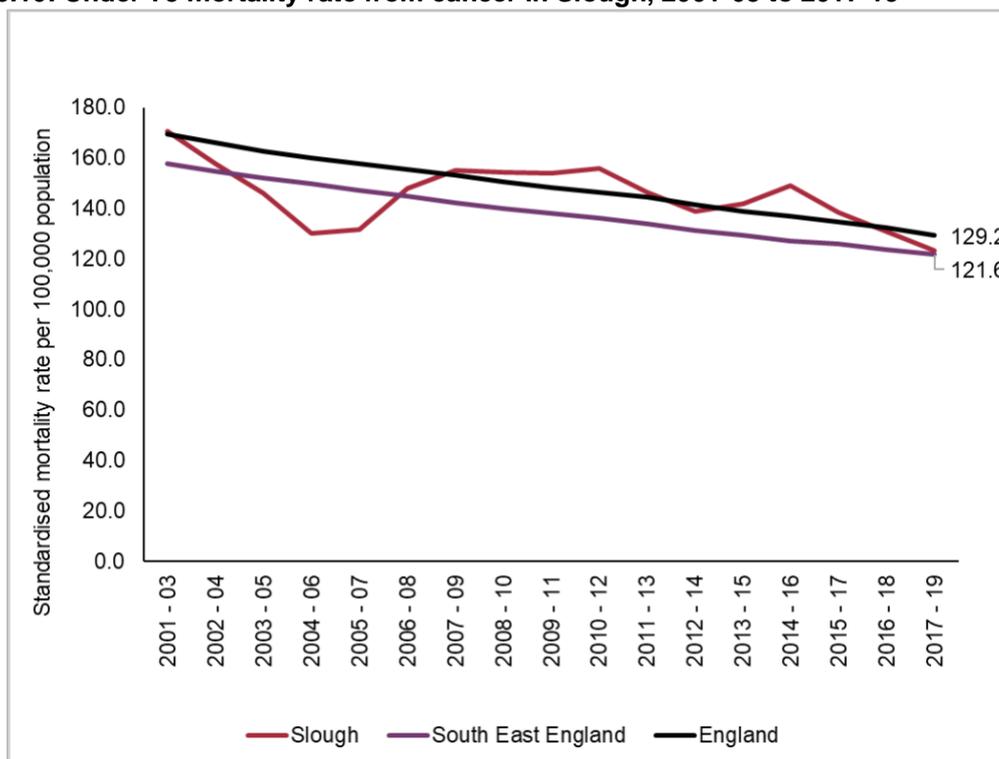
Cancer

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

5.54 The incidence of all cancers (standardised incidence ratio) for Slough during the period 2014-2018 was 97.7, which is similar to an England standardised rate of 100 (OHID, Local Authority Public Health Profiles, 2014-2018). The screening coverage percentages for Breast cancer, Bowel cancer and Cervical cancer for women (aged 25-64) for Slough are all significantly lower than the figures for England.

5.55 The premature mortality rate from cancer (i.e. under 75 years) in Slough in 2017-2019 was 1245, which compares to a rate for England of 129 and a rate of 1226 for South East England (OHID, Local Authority Public Health Profiles, 2022). Slough's figures for premature mortality considered preventable have previously been higher than England and the South East region, however recent data shows that it is now in line with these rates (see Figure 5.10).

Figure 5.10: Under-75 mortality rate from cancer in Slough, 2001-03 to 2017-19

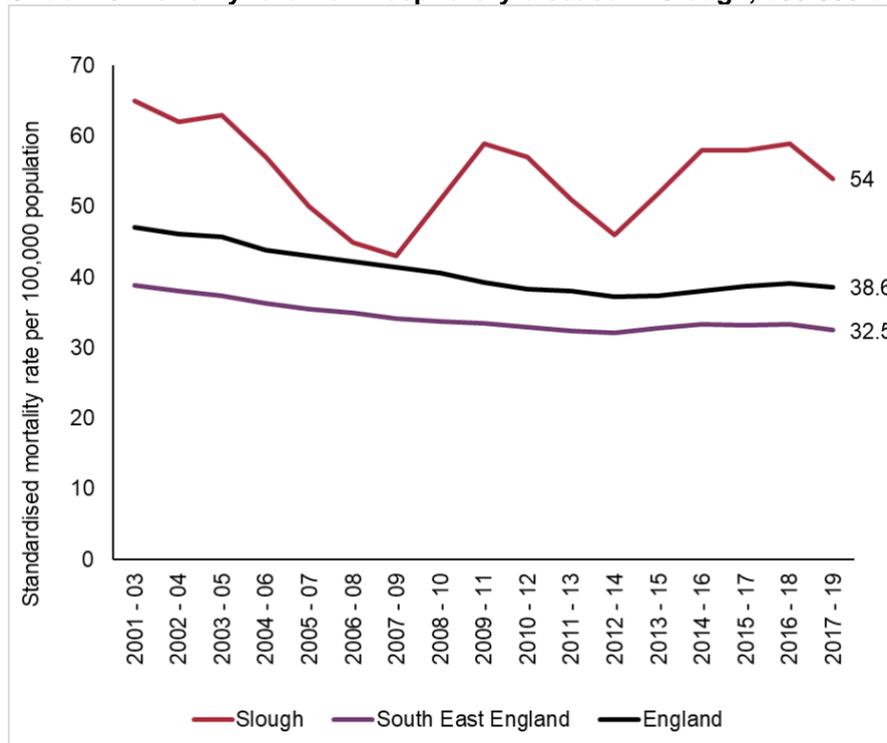


Source: OHID, Local Authority Public Health Profiles, 2022

Respiratory diseases

- 5.56** Respiratory disease is one of the top causes of death in England in under 75s. Respiratory diseases encompass flu, pneumonia and chronic lower respiratory disease.
- 5.57** The under-75 mortality rate from respiratory disease for Slough was 54 per 100,000 population in 2017-2019, which is higher than the rate for England of 38.6 and South East England rate of 32.5 (OHID, Local Authority Public Health Profiles, 2022). There is no significant difference in local trends over the last five years.

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



Source: OHID, Local Authority Public Health Profiles, 2022

5.58 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 Slough in 2019/20 was 3279 per 100,000 admissions (2019/20 data), which is better 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 Slough is decreasing and getting better. Helping people to stop smoking is key to reducing COPD and other respiratory diseases.

Summary of health needs

Overall, the Slough population have lower life expectancy and healthy life expectancy than South East England and England. There are a number of areas where Slough is faring worse than regional and national comparators. These include:

- Smoking
- Harmful drinking
- Excess weight in Year 6 children
- Physical activity and inactivity
- Prevalence of STIs
- Prevalence of HIV
- Proportion of people vaccinated for the flu
- Wellbeing

Circulatory diseases, cancer and respiratory diseases are the biggest causes in the differences in the life expectancy gap in Slough. Premature mortality from respiratory disease is significantly higher than regional and national figures, as are hospital admissions for COPD. The premature mortality rate from cancer is lower than national figures. The premature mortality rate for cardiovascular disease is higher than regional and national figures, although the prevalence of coronary heart disease and stroke are lower than regional and national figures.

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 Slough. 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. Over the period from 13th January 2022 until the 4th March 2022, Healthy Dialogues engaged with 1789 residents across Berkshire, including 131 from Slough.
- 6.5** A whole population approach was taken to ensure that the public and patient engagement survey was shared widely across each of the six local authorities, and a targeted approach for Slough. Working with the local authority communications teams, the survey was shared on social media platforms such as Facebook and Twitter, and on local resident e-newsletters. The survey was also published on the Berkshire Public Health webpage.

Slough communications engagement strategy

Whole population approach

- 6.6** Slough communications team published the survey on the council website and scheduled various social media posts for Twitter and Facebook for the duration of the engagement phase.

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- 6.7 Along with the Slough local authority communications team we also liaised with the communications lead for Frimley ICB, and the Slough charity and voluntary sector (CVS) communications lead.
 - 6.8 The CVS communications team shared the survey via Facebook, Twitter and an e-newsletter to their members. It was also shared via the Slough Faith Partnership on Facebook.
 - 6.9 The survey was shared on One Slough Community Champions e-newsletters and shared at the Community Champion's team meeting.
 - 6.10 Frimley ICB communications lead included the survey within the Frimley Health and Care webpage under their engagement and survey sections, and was shared with their patient participation group, and on the GP e-bulletin.
 - 6.11 Healthwatch Slough were contacted regarding the survey, and included in corresponding emails around disseminating the survey, including steering group meeting invites.

Targeted approach

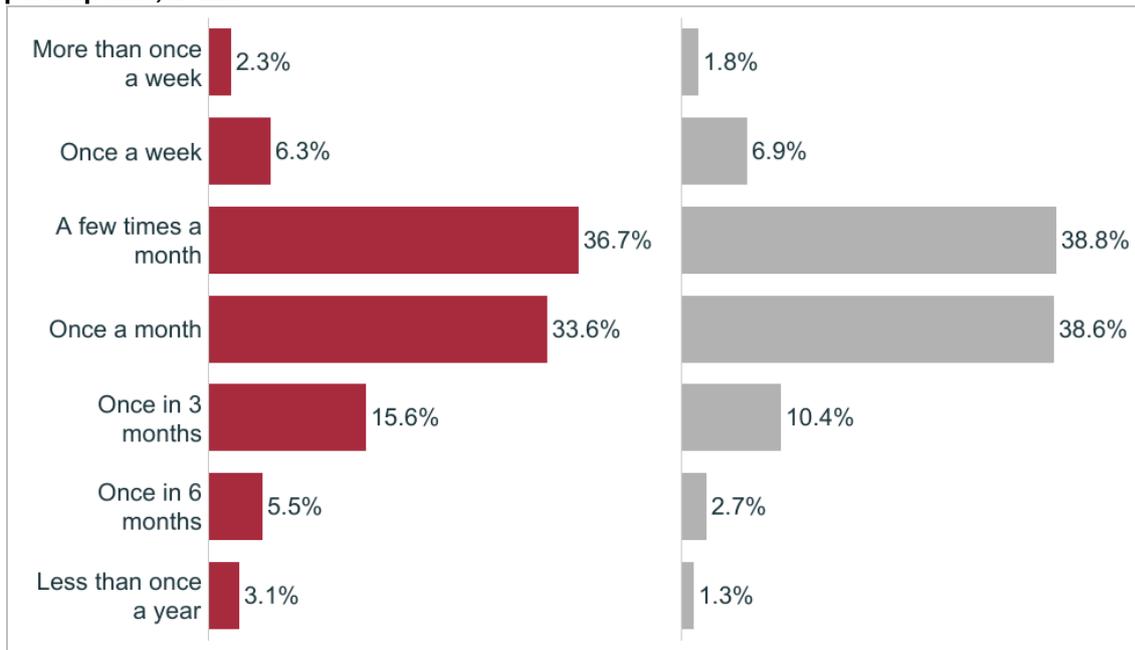
- 6.12 We also took a more targeted approach for Slough to reach people who share protected characteristics and seldom heard communities. The targeted approach included working closely with digitally excluded communities, care home residents, ESOL groups, young people's groups, and parents with children with SEND.
- 6.13 Community engagement leads supported us in connecting with community leads from young people's groups, care home residents and older people's groups, and parents of children with SEND.
- 6.14 We contacted The Link, the Slough education partnership and requested they disseminate the survey.
- 6.15 The survey was shared on the 'Special Voices' forum for parents of children with SEND, and on their Facebook page, and the Early Years parents Facebook page.
- 6.16 The survey was also shared with young people's groups; Aik Saath, and Slough for Youth. Slough for Youth confirmed that they had shared the survey with their members through text and emails.
- 6.17 Through the community engagement lead, the survey was sent to carers network with over 500 people registered, care home managers, and was put onto their fortnightly newsletter.

- 6.18 The survey was also circulated via WhatsApp amongst an Asian community group.
- 6.19 A total of 131 residents responded to the survey from Slough during the period between 13th January 2022 until 4th March 2022.

Results of the patient and public engagement survey

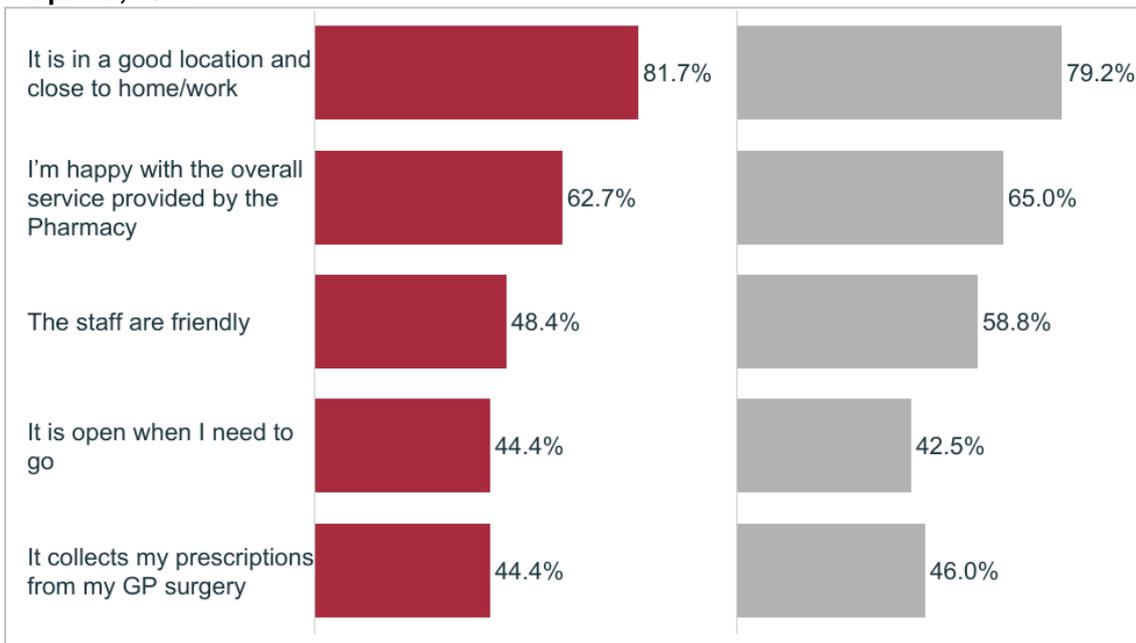
- 6.20 The survey results are shown below, comparing Slough responses (shown in red, 131 responses) with Berkshire overall responses (shown in grey, 1798 responses).
- 6.21 Across Berkshire they showed that 38.8% (691) respondents used the pharmacy between a few times a month and once a month 38.6% (687), Similarly Slough respondents used the pharmacy mostly a few times to once a month (36.7%), followed by at least once a month (33.6%).

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



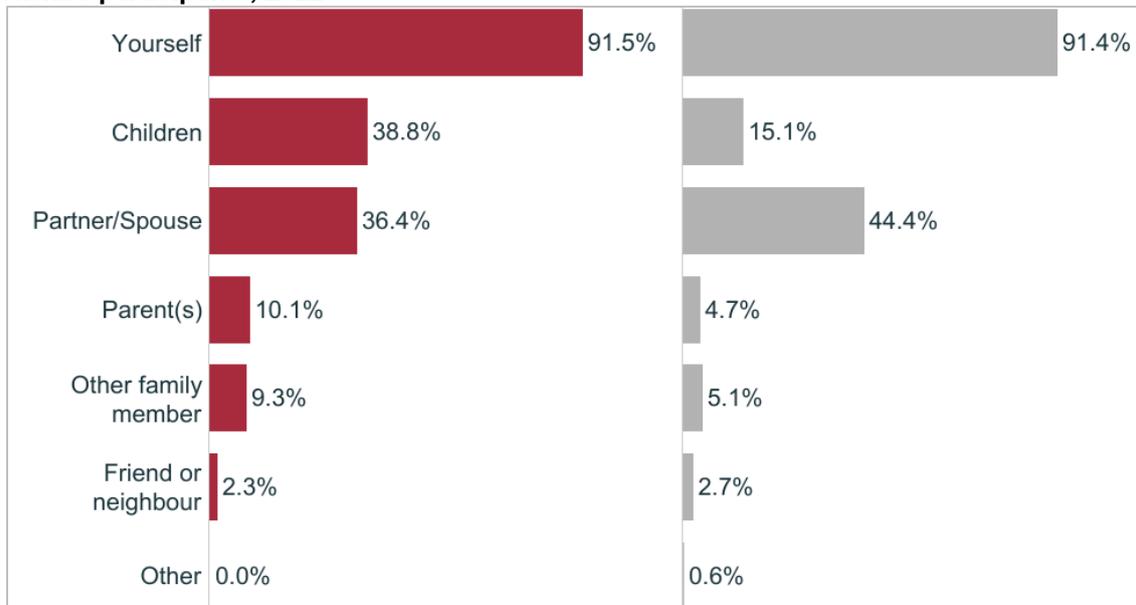
- 6.22 When asked what you use the pharmacy for, across Berkshire 12% of the respondents stated for prescriptions, alike, 8.7% of Slough respondents also answered the same.
- 6.23 Majority of respondents across Berkshire, (79.2%) and Slough, (81.7%) both stated their main reason for their choice of pharmacy is due to the good location and its proximity to their work/home (81.7%), followed by the fact they were happy with the overall service provided by their pharmacy (62.7%).

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



6.24 When asked who they are using the pharmacy for, 91.5% and 91.4% of resident's respondents use the pharmacy for themselves, across Slough and Berkshire respectively. Those living in Slough also used their pharmacy for their children (38.8%), whereas overall in Berkshire, respondents used their pharmacy mainly for their partner/spouse (44.4%).

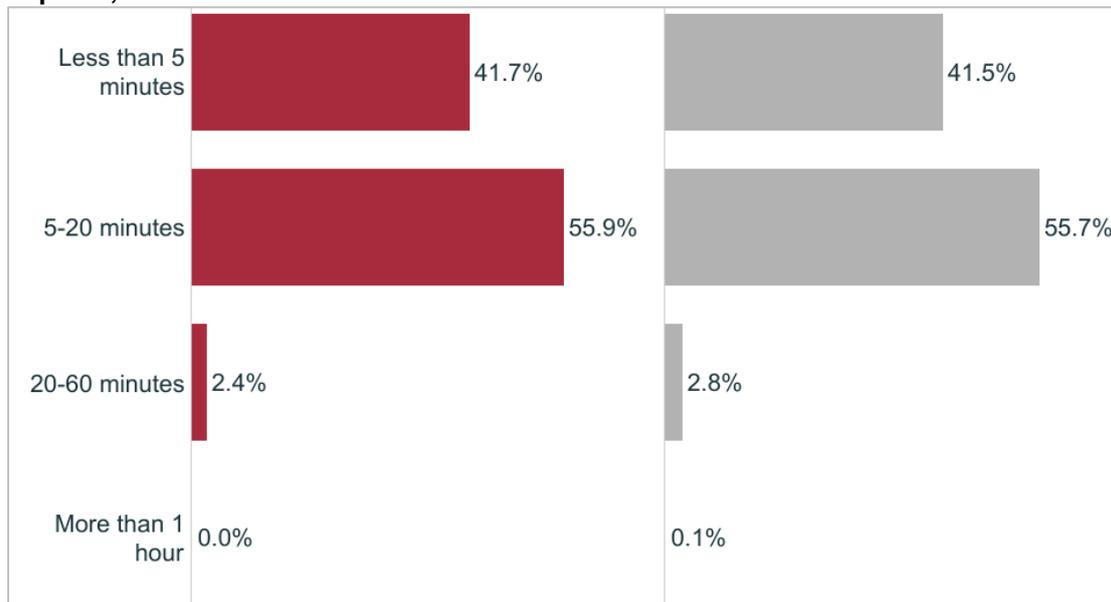
Figure 6.3: Survey responses on who they are using their pharmacy for by Slough and Berkshire participants, 2022



6.25 Across Berkshire, 41.5 % of respondents showed that it takes less than 5 minutes to travel to their pharmacy, and 55.7% stated it takes 5-20 minutes. Similarly, 41.7% of Slough

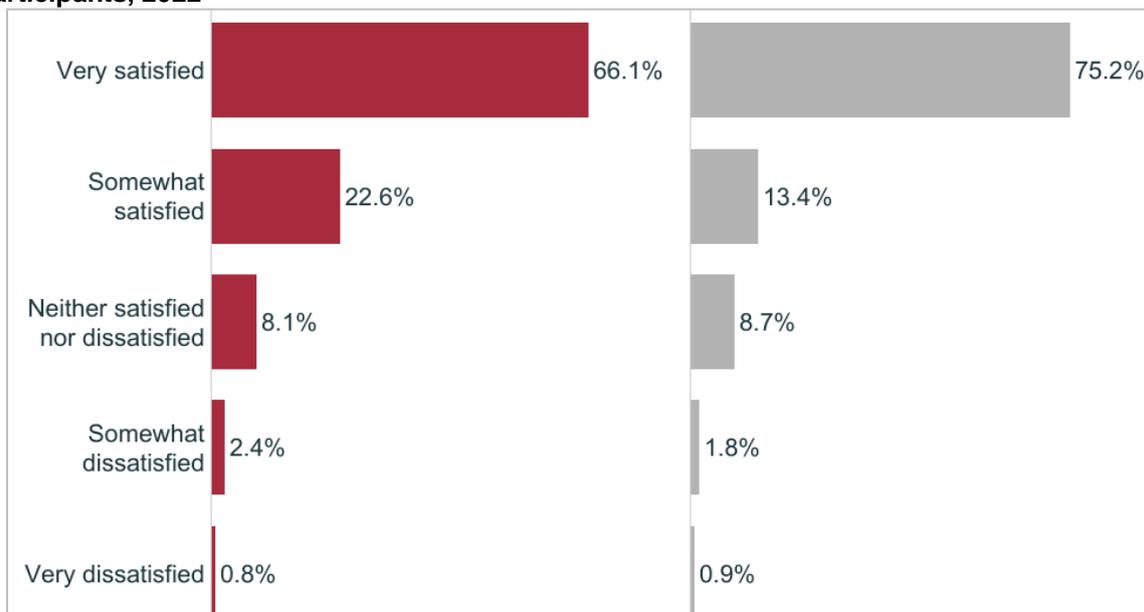
respondents answered that that it takes less than 5 minutes to travel to their pharmacy and 55.9% stated 5-20 minutes (see figure 6.4).

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



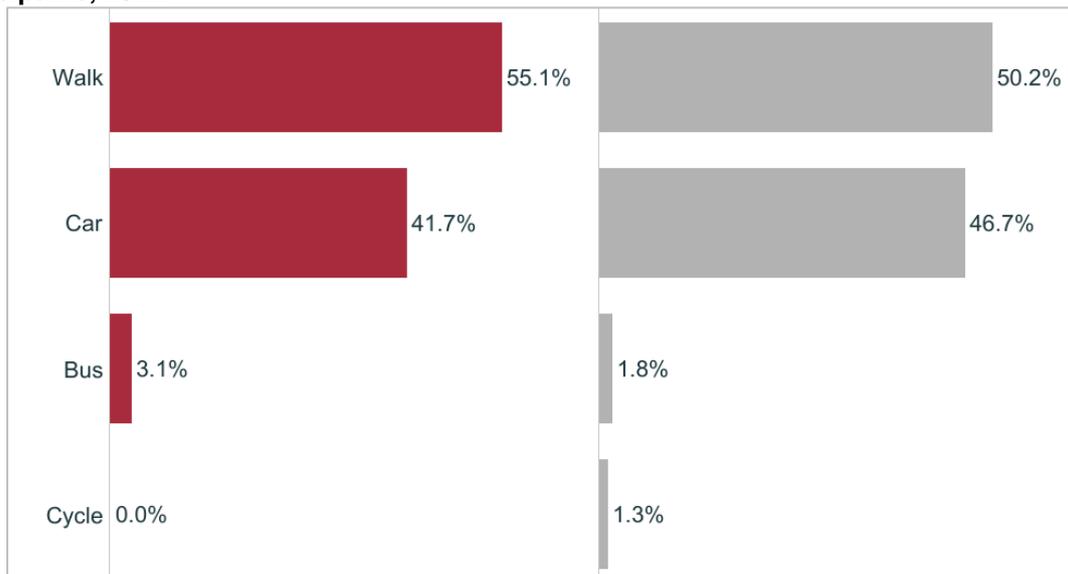
6.26 Majority of respondents across Berkshire and Slough were very satisfied with their journey to their pharmacy, 75.2% and 66.1% respectively.

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



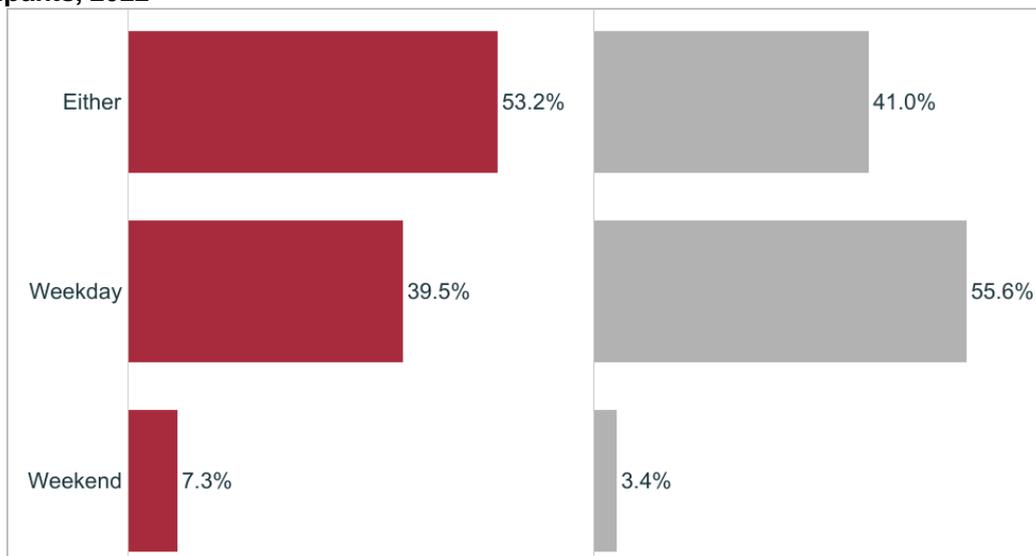
6.27 When asked around how they usually travel to their pharmacy, across Berkshire 50.2% walk to their pharmacy, and 46.7% of respondents used their car to travel to their pharmacy. Similarly, in Slough 55.1% walk to their pharmacy and 41.7% use their car.

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



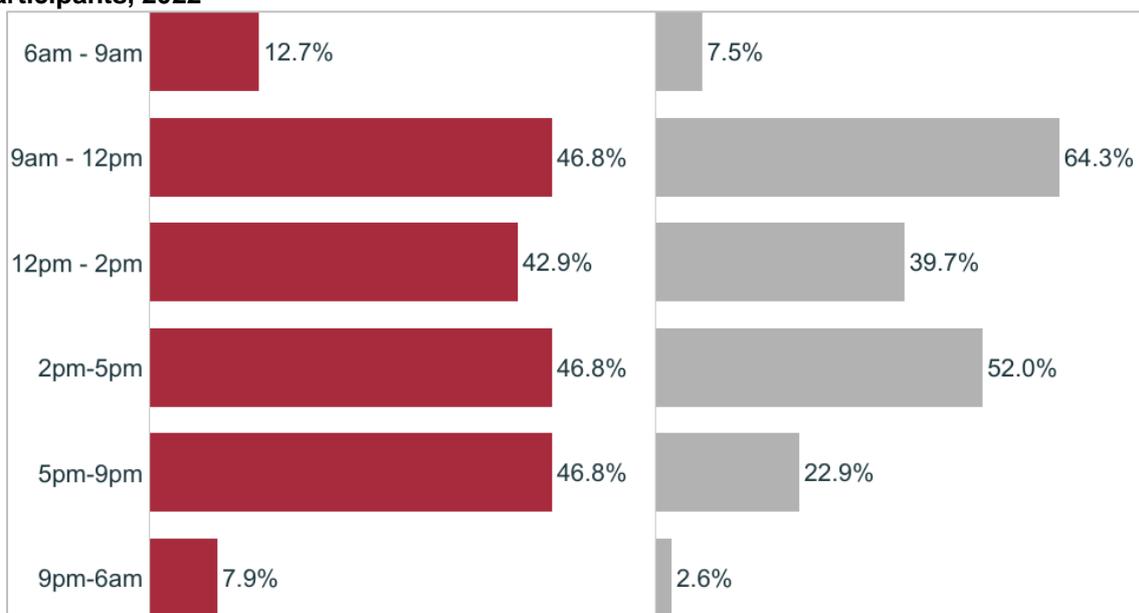
6.28 When asked when you prefer to go to the pharmacy, across Berkshire 55.6% (975) stated on weekdays whereas only 39.5% (49) of respondents in Slough answered alike. Given the choice of either weekday or weekend, across 53.2% (66) respondents came from Slough and 41% (720) across Berkshire.

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



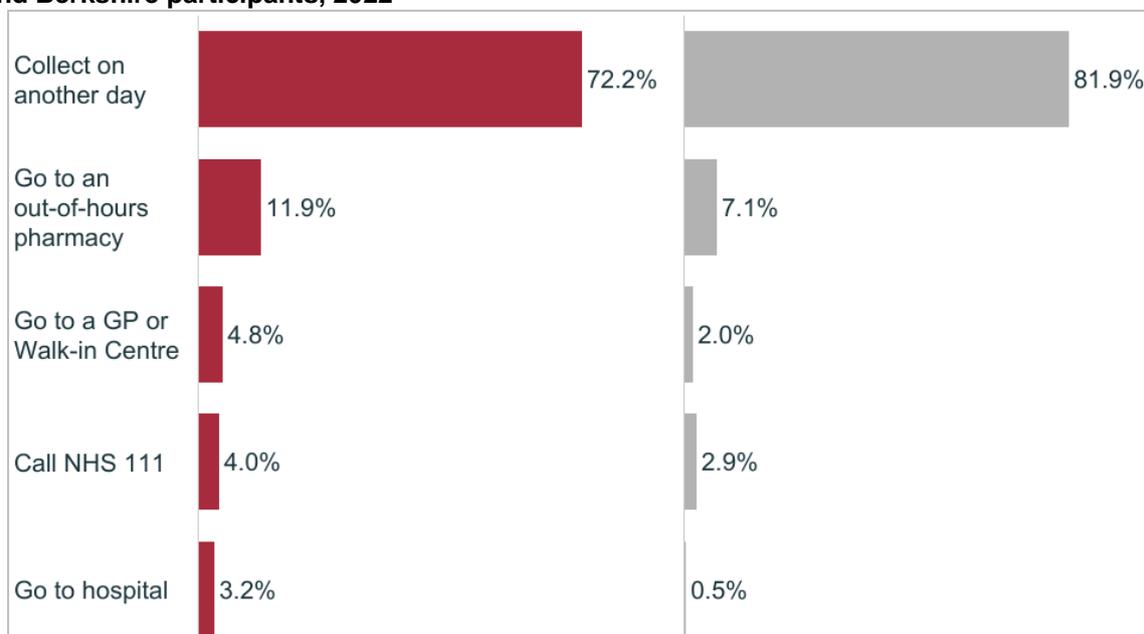
6.29 In terms of times, across Berkshire most popular times being between 9am-12pm, followed by 2pm-5pm (see figure 6.8). In Slough, the respondents answered their preferred times between 9am-12pm and 2-pm-9pm. It should be noted that respondents could select multiple responses for this survey question.

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



6.30 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 Slough, 72.2% respondents would collect another day and 11.9% go to an out-of-hours pharmacy.

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



6.31 Of the 131 respondents in Slough, 40 left a comment on how what services they would like to see available in their pharmacy. The top three services the public would like to see within their pharmacy were:

-
- Blood checks, including blood tests, and pressure checks (44%)
 - Delivery service (29%)
 - Vaccinations, including COVID-19 related vaccines, flu vaccines, travel vaccines (25%).

Equalities impact assessment

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

Age

- 6.34** The current age profile and projections of the borough are discussed in Chapter 4. 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.
- 6.35** To understand any differences, we carried out the analysis by grouping together age groups, over 65, and compared this with age groups of 65 and under.
- 6.36** Those aged over 65 preferred to visit their pharmacy earlier during the day between 9am-12pm, and 2pm-5pm, whereas those aged 65 and under tended to visit their pharmacy between the hours of 5pm-9pm.
- 6.37** When analysing reasons for chosen pharmacy, those aged 65 and under chose their pharmacy based on it being within a good location, close to home and work (78.8%), whereas

respondents aged over 65 chose their pharmacy based on their overall satisfaction with the service (94.1%).

6.38 There were no significant differences between age groups in terms of frequency of use, most use their pharmacy a few times a month (57.9% of over 65s, 32.7% of 65 and under).

6.39 There were also no significant differences in travel to their pharmacy, most people of both age categories take 5-20 minutes to travel, by car or walking, and both groups were very satisfied with their journey.

6.40 There were also no significant differences in when people preferred to visit their pharmacy with the majority happy to go either on a weekday or weekend.

6.41 There were no differing results between the groups in terms of what services they would like to see within their pharmacy. The top 2 responses were:

- Blood checks (blood pressure and testing)
- Vaccinations (Covid-19 vaccinations, flu vaccinations, travel vaccinations)

Ethnicity

6.42 Table 6.1 presents a breakdown of ethnicity of the 131 respondents. 61 (47%) respondents identified as being from a Black, Asian and ethnic minority background, and 64 (49%) identified as being White.

Table 6.1: Ethnic breakdown of Slough survey respondents, 2022

Ethnicity	Number of respondents
White (including English, Welsh, Scottish, Northern Irish, British, Irish, Gypsy or Irish Traveller, and other White background)	64 respondents of Slough 49%
Mixed ethnic groups (including White and Black Caribbean, White and Black African, White and Asian, any other mixed ethnic)	8 respondents of Slough 6%
Asian or British Asian (including Indian, Pakistani, Bangladeshi, Chinese, any other Asian background)	39 respondents of Slough 30%
Black African, Caribbean or Black British (including African, Caribbean, any other Black African or Caribbean background)	14 respondents of Slough 11%
Any other ethnic group (including Arab)	0

Did not state their ethnic background	6 respondents of Slough 4%
---------------------------------------	-------------------------------

- 6.43** For the purposes of studying differences in the use and experience of pharmacies, we compared ethnic minority groups with groups identifying as White (including British, Irish, and other White).
- 6.44** There were no significant differences across ethnic groups around how often they used their pharmacy, with the majority of respondents across all ethnic groups using their pharmacy at least once a month.
- 6.45** Those from an Asian background were also more likely to use their pharmacy a few times a month (43.6%) compared to all other ethnic groups.
- 6.46** There were no significant differences in terms of reasons for chosen pharmacy, with the majority of people from all ethnic groups using their pharmacy as it was in a good location, and it was accessible within 5-20 minutes, and across all ethnic groups, respondents were generally very satisfied with their journey.
- 6.47** Respondents across all ethnic groups mainly used their pharmacy for themselves. In addition to this, those from an Asian background were more likely, compared to all other ethnic groups, to use their pharmacy for their children too (56.4%).
- 6.48** There were no significant differences on what day respondents preferred to go to their pharmacy, with most respondents selecting either day, between the hours of 9am-12pm, 2pm-5pm, and 5pm-9pm, via car or walking.
- 6.49** Respondents also left comments around what services they would like to see within their pharmacy. There were no significant differences between groups. respondents want to see the following services within their pharmacies:
- Blood checks (including pressure, testing)
 - Vaccinations (including COVID-19 related vaccines, flu vaccines, and vaccinations for travel).

Gender

- 6.50** Of the survey respondents 97 (74%) identified as female, 28 (21%) as male, 5 (4%) preferred not to state, and 1 (0.8%) identified as non-binary.

-
- 6.51** The majority of respondents used the pharmacy for themselves, however within Slough, male respondents also tended to use the pharmacy for their spouse (53.6%) and children (39.3%) compared to their counterparts.
- 6.52** There were no significant differences in terms of reasons for chosen pharmacy, method of travel, satisfaction with journey, preference of day, and time of day. Respondents of all genders felt their pharmacy was in a good location, accessible within 5-20 minutes by walking or car, and tended to visit their pharmacy on either weekday or weekend, between the hours of 9am-9pm.
- 6.53** Comments left by respondents showed that there were no significant differences between groups and would like to see more blood checks (pressure and testing) within their pharmacy.

Pregnancy

- 6.54** Five (4.2%) Slough respondents were pregnant at the time of this survey being completed.
- 6.55** Those who were pregnant were more likely to use their pharmacy a few times a month (60%) and visited their pharmacy as they were happy with the overall service (80%), compared to those who were not pregnant and visited their pharmacy based on being in a good location.
- 6.56** Those who were pregnant were more likely to use their pharmacy for themselves and in addition for their children, with the most popular time being between 2pm-5pm (80%), compared to those who were not pregnant choosing times between 5pm-9pm (47.7%). No other differences were found between groups.

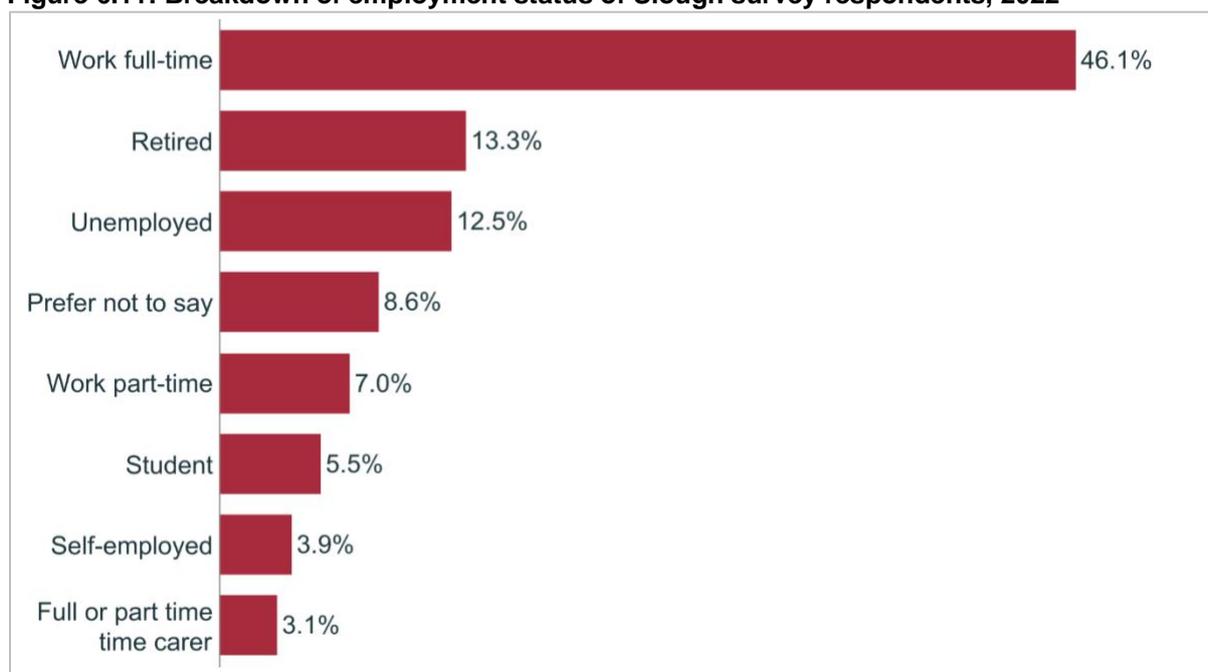
Breastfeeding

- 6.57** Three (2.5%) Slough respondents were breastfeeding at the time of this survey being open.
- 6.58** Those who were breastfeeding were likely to visit their pharmacy less frequently being once in 3 months (66.7%), compared to those who were pregnant being a few times a month (60%), and those who were neither pregnant nor breastfeeding at a few times a month (34%).
- 6.59** There were no significant differences in relation to reasons for chosen pharmacy, travel time to pharmacy, travel mode to pharmacy, and time and day of visiting pharmacy, compared to the rest of the population of Slough.

Employment status

6.60 A breakdown of employment status showed that over half (60%) of the respondents were in employment (this included, full-time, part-time, self-employment and being a carer), 13% of the respondents were retired, and 12% were not employed at the time the survey was completed (figure 6.11).

Figure 6.11: Breakdown of employment status of Slough survey respondents, 2022



6.61 Overall, those across all employment status groups used their pharmacy a few times a month, or at least once a month. The majority of part-time or full-time carers used their pharmacy a few times a month (75%).

6.62 Most people across the employment status groups used their pharmacy for themselves or for their children. Those who were carers also used their pharmacy for their spouse and their parents.

6.63 There were no significant differences across employment groups on reasons for chosen pharmacy, travel time to local pharmacy, mode of transport to pharmacy, or preference for day.

6.64 The analysis showed that though most people across all employment status groups used their pharmacy during the working hours of 9am-5pm, those who were in full-time work also preferred to use their pharmacy during the times of 6am-9am (22%) and 5pm-9pm (66%).

Those who were carers (50%) or self-employed (80%) also used their pharmacy during the times of 5pm-9pm.

6.65 Additional comments were left by those who were in employment (full-time, part-time, or self-employed), and would like to see extended hours of pharmacies being open including weekends.

6.66 Those who were unemployed or retired also left comments and would like to see more blood checks (including pressure and testing) happening within their pharmacies.

Disability

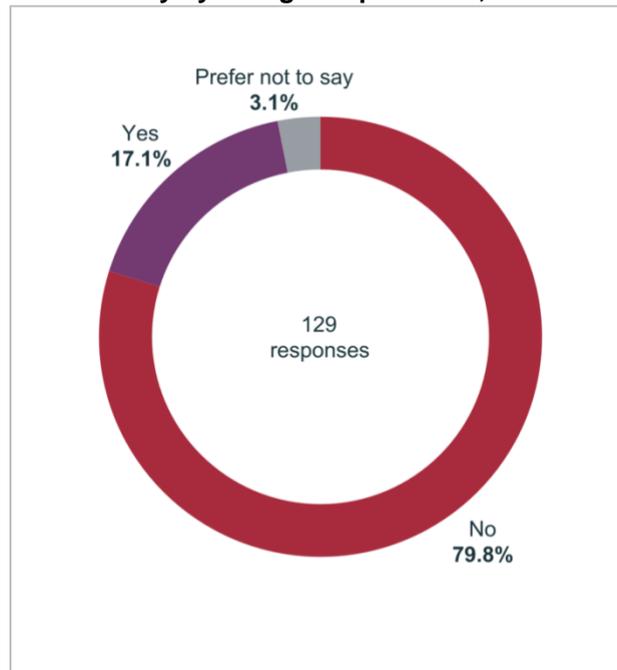
6.67 All pharmacies are obligated to make 'reasonable adjustments' under the Equality Act 2010. This ensures that a person with a disability is not put at a substantial disadvantage when compared to persons with no disabilities in accessing services that are provided by the pharmacy.

6.68 The survey categorised disabilities into six main groups:

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, Cerebral Palsy
5. Developmental e.g., Autistic spectrum disorder, dyslexia, dyspraxia
6. Other.

6.69 22 (17%) of the respondents answered yes to having a disability, of which 12 (54%) respondents had a physical disability, followed by sensory disabilities (13%), mental health issues (13%), developmental disabilities (13%), and learning disabilities (4.5%). See figure 6.12.

Figure 6.12: Breakdown of disability by Slough respondents, 2022



- 6.70** Those who said that they have a disability used their pharmacy more frequently at a few times a month (45.5%) than those who didn't (33%), and choice of pharmacy was based on being within a good location, close to home or work. Those with a disability mainly used the pharmacy for themselves (95.5%), whereas those who did not have a disability tended to use the pharmacy for both themselves (88.3%) and their children (42.7%).
- 6.71** There were no significant differences found between the two groups when it came to travel time to pharmacy, mode of travel to pharmacy, satisfaction with journey, and preferred time of visiting pharmacy. Respondents usually spend 5-20 minutes to travel to their pharmacy either by walking or by car during the times between 9am-9pm.
- 6.72** Both groups preferred to use their pharmacy either on a weekday or weekend, but those with a disability had a higher preference to use their pharmacy during the weekday (55%), compared to those without a disability (35.7%).

Sexual orientation

- 6.73** Of the total number of respondents, 97 (74%) identified as heterosexual, 28 (21%) did not state, 3 (2.3%) were bisexual, 2 (1.5%) were gay man, or lesbian woman, and 1 (0.8%) person was asexual.

6.74 The majority of respondents across all groups used their pharmacy from a few times a month, to at least once a month and no significant differences were found between the groups.

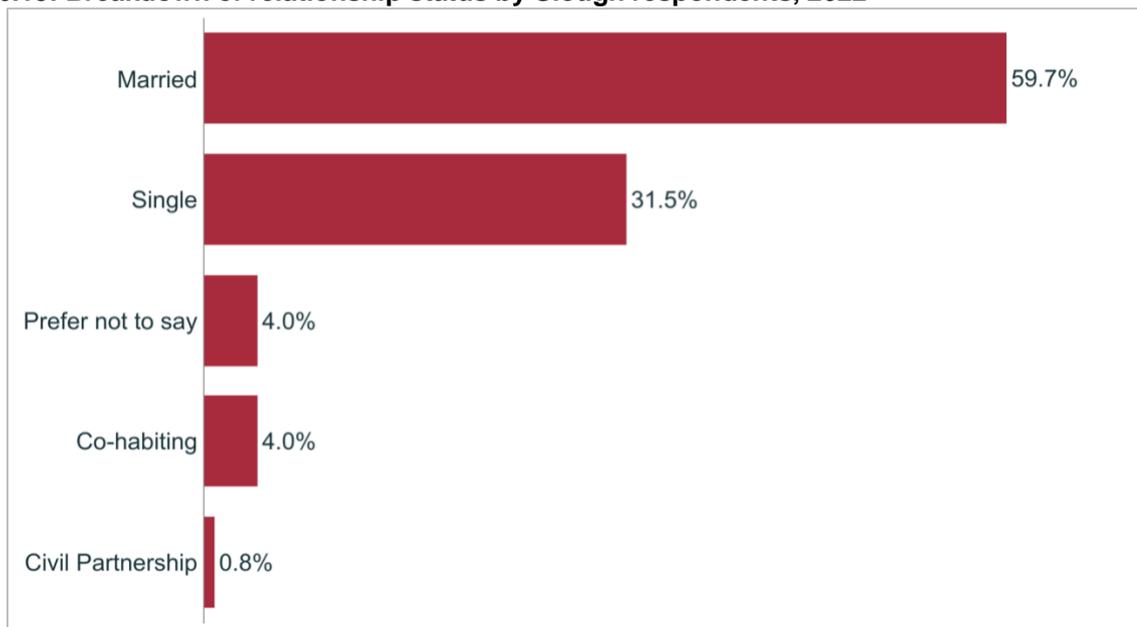
6.75 No differences were found between the groups around reasons for choice of pharmacy, and mainly used the pharmacy for themselves, followed by their spouse or partner, and children.

6.76 There were no differing results in terms of preference for day to visit pharmacy, with most using it on either weekday or weekend, travelling mainly by walking, and preferred times were between 9am-9pm. Travel time took under 20 minutes for the majority of the respondents.

Relationship status

6.77 74 (59.7%) respondents that completed this survey were married, 39 (31.5%) respondents were single, 5 (4%) were co-habiting, 5 (4%) preferred not to state, and 1 (0.8%) person was in a civil partnership. See Figure 6.13.

Figure 6.13: Breakdown of relationship status by Slough respondents, 2022



6.78 No differences were found in the use and experience of those who were single, to those who were married, co-habiting or in a civil partnership, with the majority of respondents using their pharmacy a few times a month or at least once a month, with travel time being within a 5–20-minute walk or by car, and most people preferred to visit their pharmacy on either weekday or weekends during times between 9am-9pm.

6.79 The only difference that was found between these groups was that whilst most respondents use their pharmacy for themselves and their children, those who were married or in a civil partnership also tended to use the pharmacy for their partner and spouse too.

Summary of the patient and public engagement survey

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

Overall, 131 Slough respondents and workers responded to the survey. The results showed that respondents chose their pharmacy based on it being in a good location, and overall satisfaction of the pharmacy. For the majority of respondents, pharmacies were within a 5–20-minute walk or car journey away. The people of Slough mainly used their pharmacies mainly for themselves and for their children. Respondents used their pharmacies mainly to collect prescriptions and medication.

With the majority of respondents from Slough being in employment, most people in Slough used their pharmacy during hours between 9am-9pm and used their pharmacy on either weekend or weekday.

Overall, Slough respondents were happy with the services provided by their pharmacy. A small number of respondents provided suggestions for improvements which were mainly around the provision of services they would like to see. This included blood checks (including blood tested, and blood pressure checks), vaccinations (including COVID-19, flu vaccinations, travel vaccinations), and a delivery service. No different needs for people who share a protected characteristic in Slough were found.

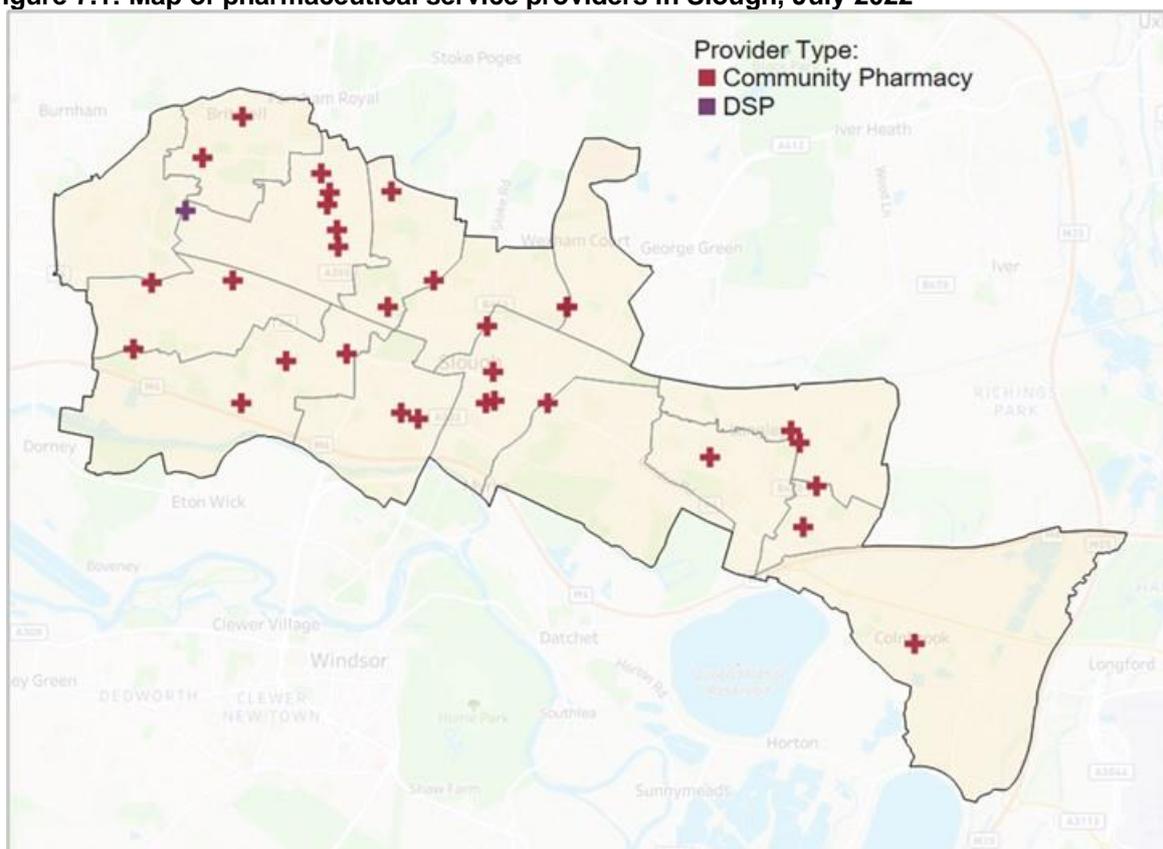
Chapter 7 – Provision of pharmaceutical services

- 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 January 2022.
- 7.2** It assesses the adequacy of the current provision of necessary services by considering:
- Different types of pharmaceutical service providers
 - Geographical distribution and choice of pharmacies, within and outside the borough
 - Opening hours
 - Dispensing
 - Pharmacies that provide essential, advanced and enhanced services
- 7.3** In addition, this chapter also summarises pharmaceutical contractors' capacity to fulfil identified current and future needs in Slough.

Pharmaceutical service providers

- 7.4** As of July 2022, there are currently 32 pharmacies in Slough that hold NHS contracts, all but one of which are community pharmacies. They are presented in the map in Figure 7.1 below. All the pharmacy providers in the borough as well as those within 1 mile of its border are also listed in Appendix A.

Figure 7.1: Map of pharmaceutical service providers in Slough, July 2022



Source: NHS England, 2022

Community pharmacies

7.5 The 31 community pharmacies in Slough equates to 2.1 community pharmacies per 10,000 residents (based on a 2022 population estimate of 149,577). This ratio is just below the England average of 2.2 based on 2014 data (LGA, 2021⁴³).

Dispensing appliance contractor

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

GP dispensing practices

7.7 There are no GP dispensing practices in Slough.

⁴³ 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%20OtherUrbanList&mod-metric=3707&mod-type=namedComparisonGroup) (Accessed in December 2021).

Distance Selling Pharmacies

- 7.8** A distance selling pharmacy works exclusively at a distance from patients. They include mail order and internet pharmacies that remotely manage patients medicine logistics and distribution. DSPs collect prescriptions and provide them to patients at their homes, care homes or nursing homes. They can also provide a 'click and collect' service.
- 7.9** There one distance selling pharmacy in Slough; Totally Pharmacy on Yeovil Road.

Local Pharmaceutical services

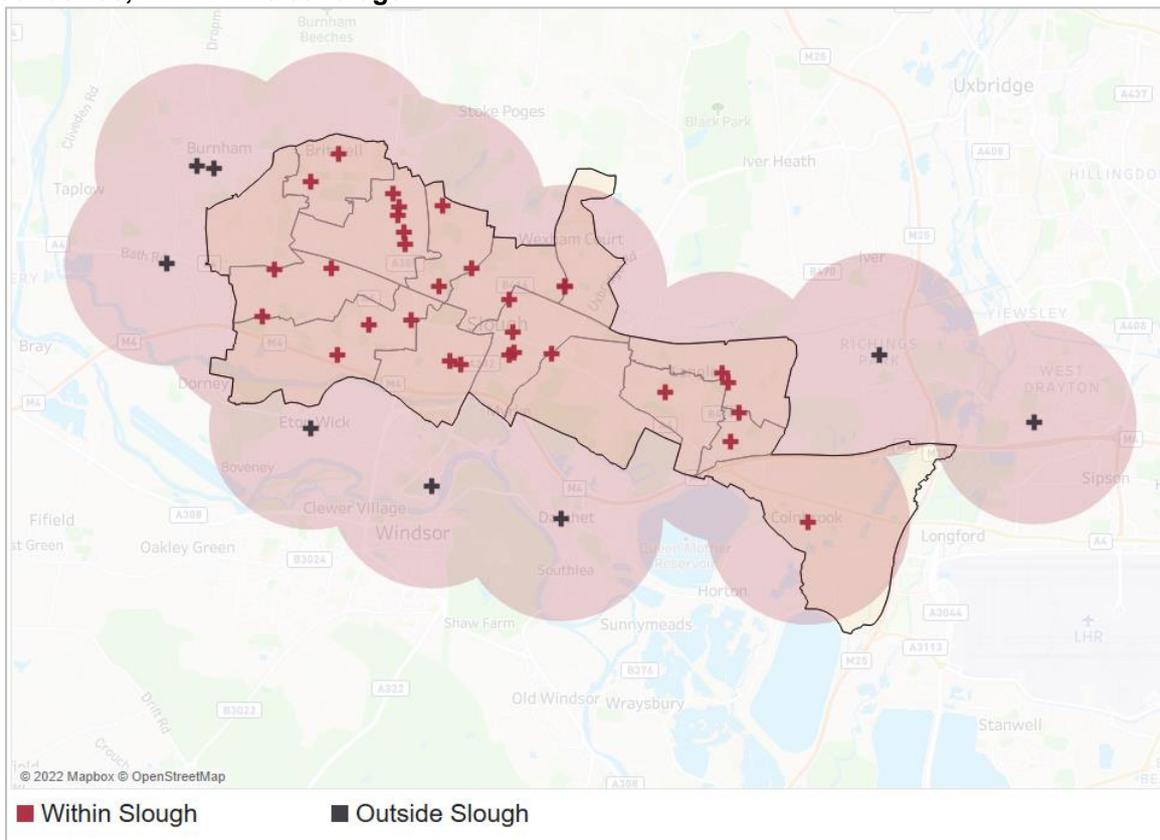
- 7.10** There are no Local Pharmaceutical Service (LPS) contracts within Slough. A local pharmaceutical services contract allows NHS England and NHS Improvement to commission services that are tailored to meet specific local requirements.

Accessibility

Distribution and choice

- 7.11** The PNA Steering Group agreed that the maximum distance for residents in Slough 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 7.2 shows the 31 community pharmacies located in Slough. In addition to the pharmacies within Slough, there are another seven pharmacies located within 1 mile of the borough's border that are considered to serve Slough's residents. These have been included in the pharmacies shown in Figure 7.2 as well as in Appendix A.

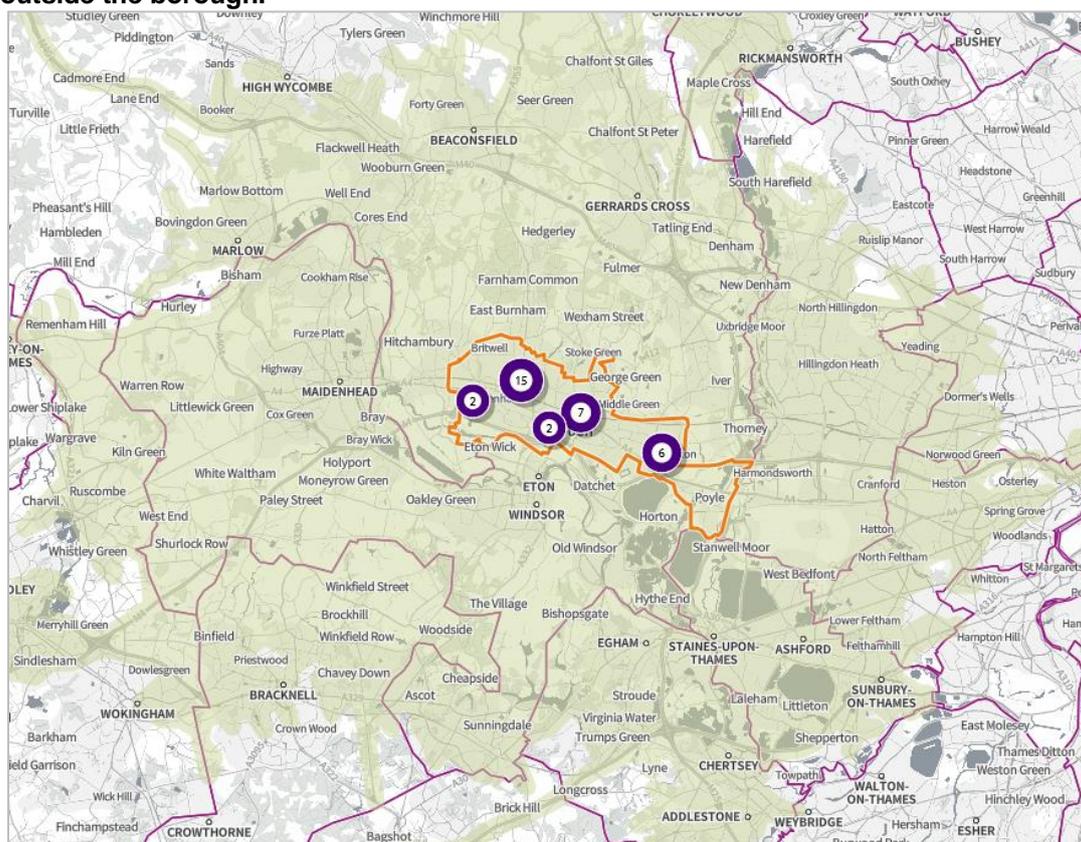
Figure 7.2: Distribution of community pharmacies in Slough and within 1 mile of the borough boundaries, with 1-mile coverage.



Source: NHS England, 2022

- 7.13** All of Slough’s residents live within one mile of a pharmacy (OHID, SHAPE Atlas Tool, 2022), attesting to the accessibility of the pharmacy provision in the borough.
- 7.14** All residents in Slough can also reach a pharmacy within 20 minutes if using a car. Figure 7.3 presents the coverage of the Slough pharmacies and 20-minute travel distance to them by car. Coverage of the pharmacies is presented in green; Slough is presented in an orange border. A total of 338,617 people in and outside the borough can reach a Slough pharmacy by car within 20 minutes (OHID, SHAPE Atlas Tool, 2022).

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



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

7.15 The geographical distribution of the pharmacies by electoral ward and the pharmacy to population ratio is shown in Figure 7.4 and Table 7.1. As seen, except for Wexham Lea and Haymill and Lynch Hill, all wards have at least one pharmacy within them.

Table 7.1: Distribution of community pharmacies by ward

Ward	Number of Community Pharmacies	Population Size	Community Pharmacies per 10,000 residents
Farnham	5	10,988	4.6
Cippenham Meadows	4	11,891	3.4
Central	4	11,482	3.5
Baylis and Stoke	3	9,701	3.1
Langley St Mary's	2	11,157	1.8
Foxborough	2	3,724	5.4
Elliman	2	10,435	1.9
Cippenham Green	2	9,969	2.0
Chalvey	2	13,183	1.5
Britwell and Northborough	2	10,686	1.9
Upton	1	9,305	1.1
Langley Kedermister	1	10,355	1.0
Colbrook with Poyle	1	6,588	1.5

Wexham Lea	0	10,588	0.0
Haymill and Lynch Hill	0	9,525	0.0
Borough total	31	149,577	2.1

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

7.16 The two wards without any community pharmacies are both well served by wards that surround them as seen in Figure 7.4.

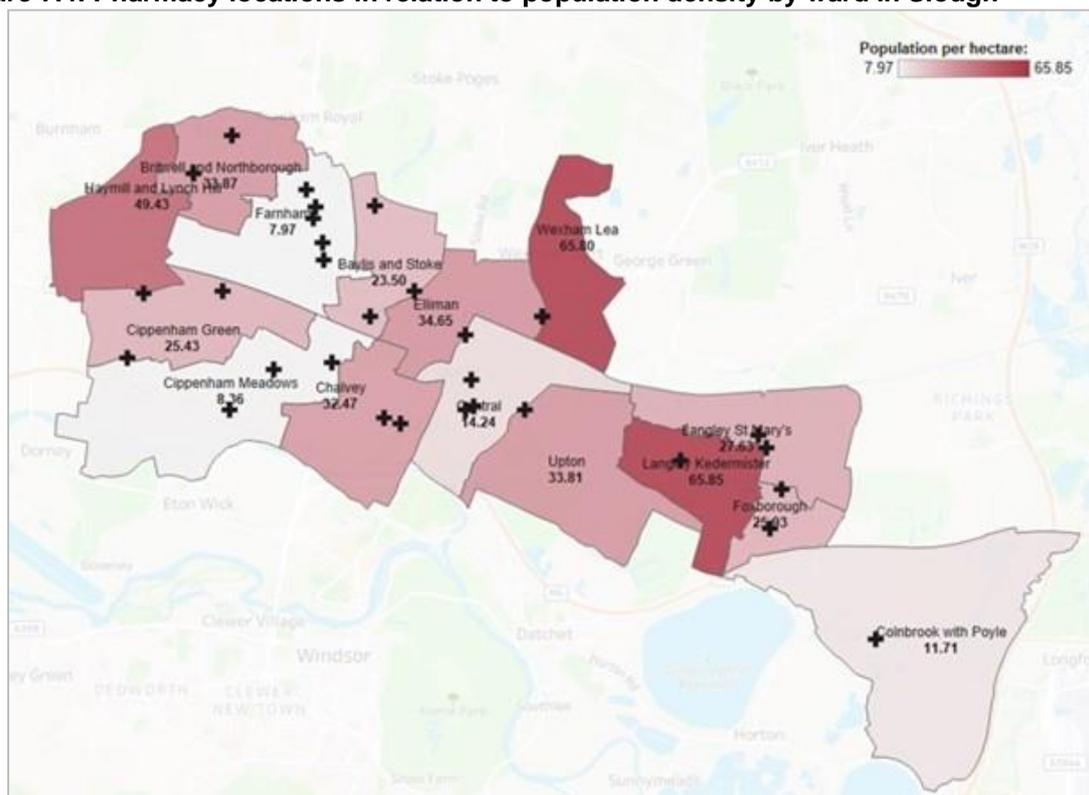
7.17 Residents tend to fill their prescriptions at local pharmacies. NHSE data shows that in 2020-21, 94.1% (2,285,320) of items prescribed by GPs in Slough were dispensed by community pharmacies in the borough. The next largest borough where prescriptions from Slough were dispensed was Windsor and Maidenhead (1.6%).

Pharmacy Distribution in relation to population density

7.18 The population density map, Figure 7.4, indicates that the community pharmacy premises are distributed evenly throughout the whole borough, covering both densely populated areas and those that are less populous.

7.19 The highest numbers of proposed new dwelling developments to be completed in the lifetime of this PNA are within Central, and Elliman wards where there is good access to pharmacy provision.

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



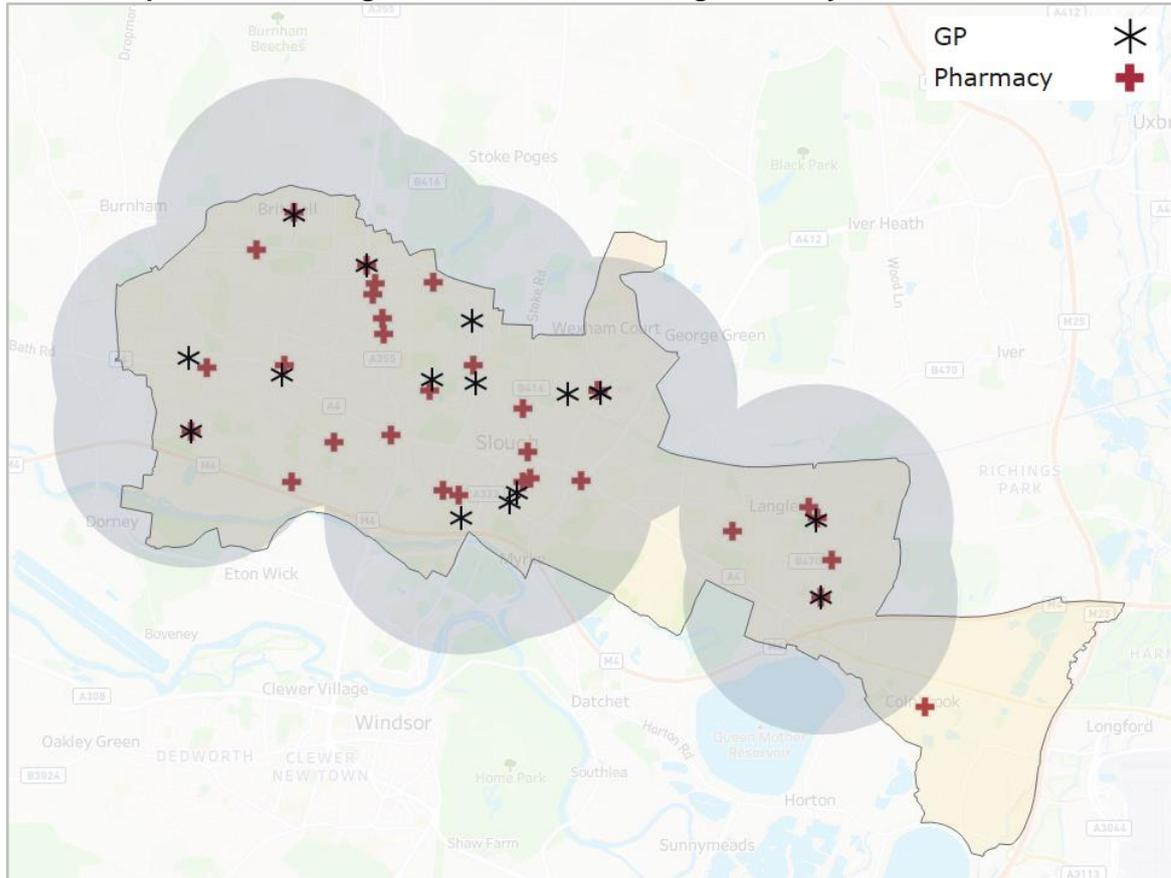
Sources: ONS (2020 mid-year estimates) and NHSE

Pharmacy distribution in relation to GP surgeries

- 7.20** As part of the NHS Long Term Plan⁴⁴ all general practices were required to be in a primary care network (PCN) by June 2019. Since January 2019 Slough GPs organised themselves into four PCNs within Slough.
- 7.21** Each of these networks have expanded neighbourhood teams which will comprise of range of healthcare professionals including GPs, district nurses, community geriatricians, Allied Health Professionals, and pharmacists. It is essential that community pharmacies are able to fully engage with the PCNs to maximise service provision for their patients and residents. Altogether there are 16 GP member practices across these four PCNs.
- 7.22** There is a pharmacy within accessible distance of all GP practices in Slough. Figure 7.5 shows that there is a pharmacy within a mile of all GP practices in the borough.

⁴⁴ NHS England (2019). *The NHS long term plan*. London, England

Figure 7.5: GP practices in Slough and their 1-mile coverage, January 2022



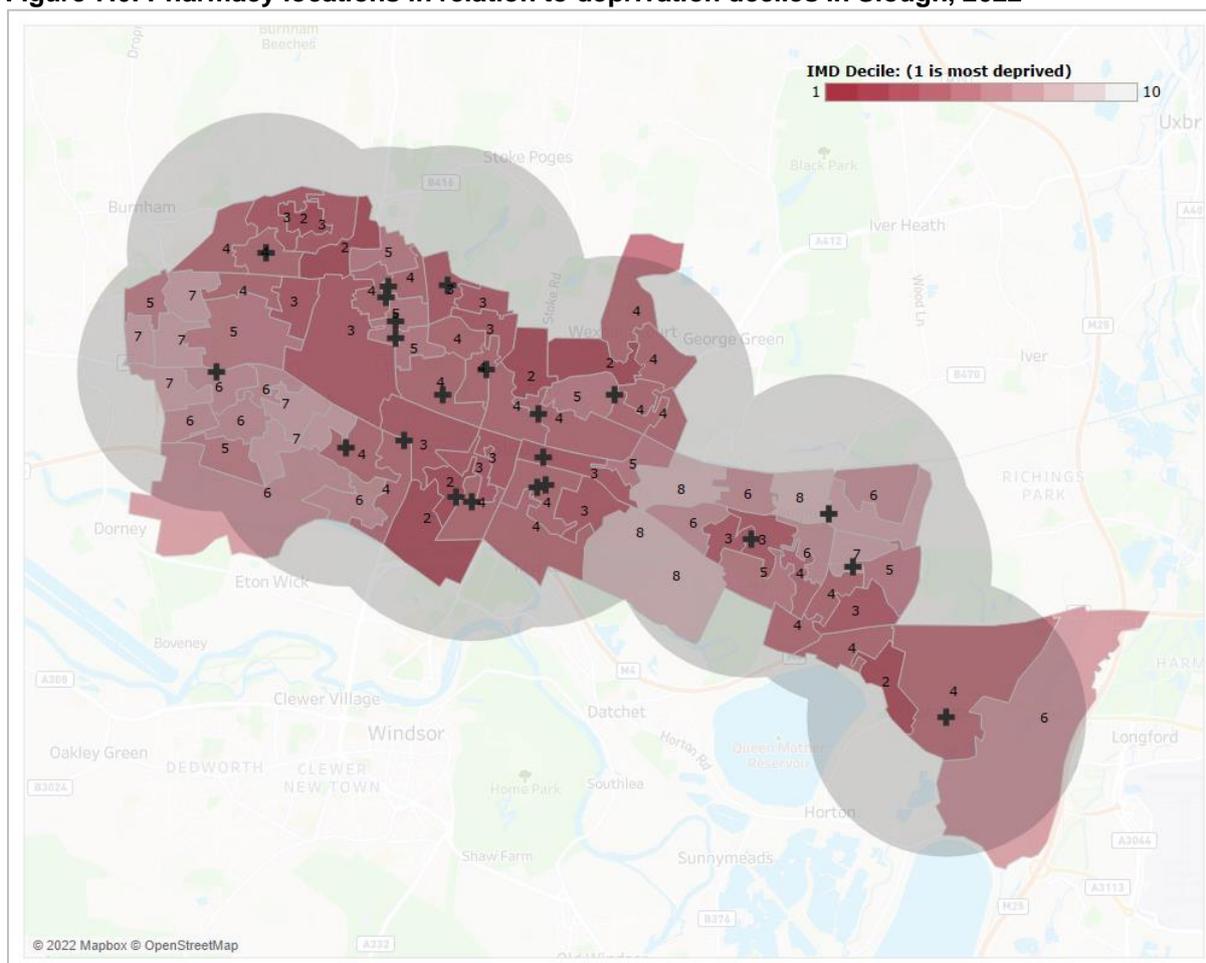
Source: NHS England, 2022

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

Pharmacy distribution in relation to Index of Multiple Deprivation

7.24 Figure 7.6 presents pharmacy locations in relation to deprivation deciles. Neighbourhoods with the highest levels of deprivation in Slough are within Central, Colnbrook with Poyle, Britwell and Northborough, Chalvey and Elliman wards. These wards are well served by community pharmacies.

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



Source: MHCLG and NHSE

Opening hours

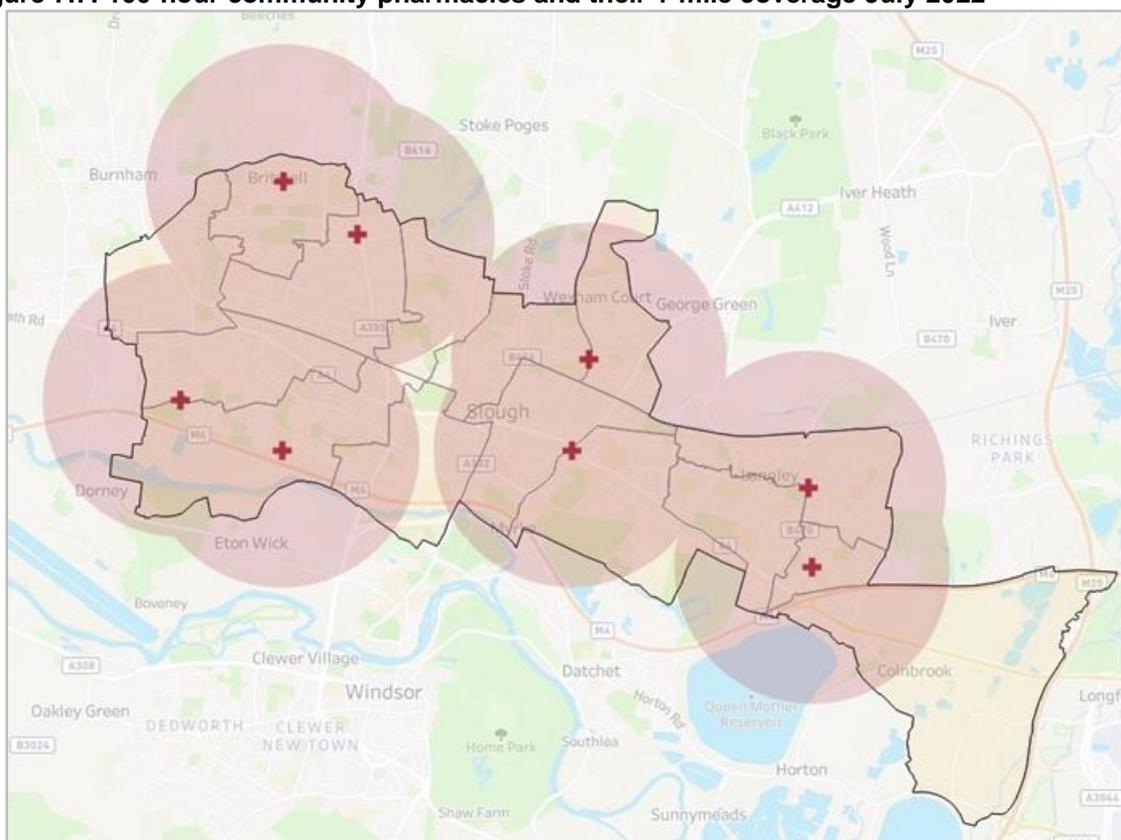
- 7.25** Pharmacy contracts with NHS England stipulate the core hours during which each pharmacy must remain open. Historically these have been 40-hour contracts (and some recent 100-hour contracts). A pharmacy may stay open longer than the stipulated core opening hours; these are called supplementary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

100-hour pharmacies

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

7.29 NHS England has eight 100-hour pharmacies (core hours) on their list for Slough. These are presented in Figure 7.7 and Table 7.2.

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



Source: Contractor Survey and NHS England, 2022

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

Pharmacy	Address	Ward
The Village Pharmacy	45 Mercian Way, Slough, Berkshire	Cippenham Meadows
Willow Pharmacy	Unit 2 Willow Parade, Meadfield Road, Langley, Slough, Berkshire	Langley St Mary's
Moonlight Pharmacy	Moonlight Dental Surgery, Wentworth Avenue, Slough, Berkshire	Britwell and Northborough
Wexham Road Pharmacy	Unit 3 Upton Lea Parade, Wexham Road, Slough, Berkshire	Elliman
Langley Pharmacy	Langley Health Centre, Common Road, Langley, Slough, Berkshire	Foxborough
Pyramid Pharmacy	Farnham Road Surgery, 301 Farnham Road, Slough, Berkshire	Farnham
Asda Pharmacy	Asda Superstore, Telford Drive, Slough, Berkshire	Cippenham Meadows

Lloydspharmacy (in Sainsbury)	Lloyds Pharmacy, Uxbridge Road, Slough, Berkshire	Upton
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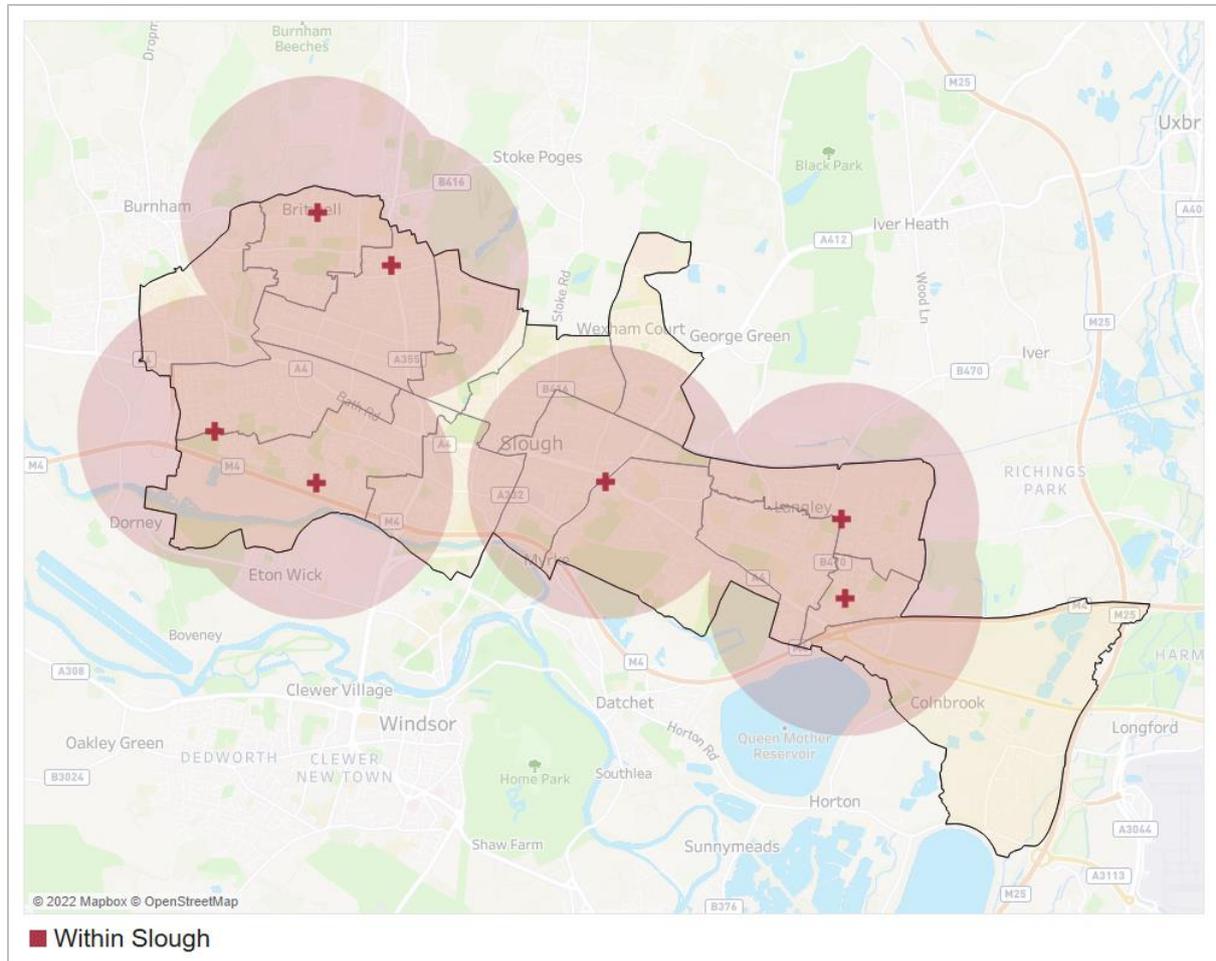
Source: NHS England, 2022

Early morning opening

7.30 The PNA steering group considered 8am to 6pm as normal working hours, so any pharmacy open before 8am was deemed to have early morning opening.

7.31 Seven pharmacies are open before 8am on weekdays within the borough. These are shown in Figure 7.8 and Table 7.3. Figure 7.9 also presents the areas within and outside Slough that can be reached a pharmacy within 20-minutes if travelling by car (shown in green).

Figure 7.8: Pharmacies that are open before 8am on a weekday and their 1-mile coverage, July 2022



Source: NHS England, 2022

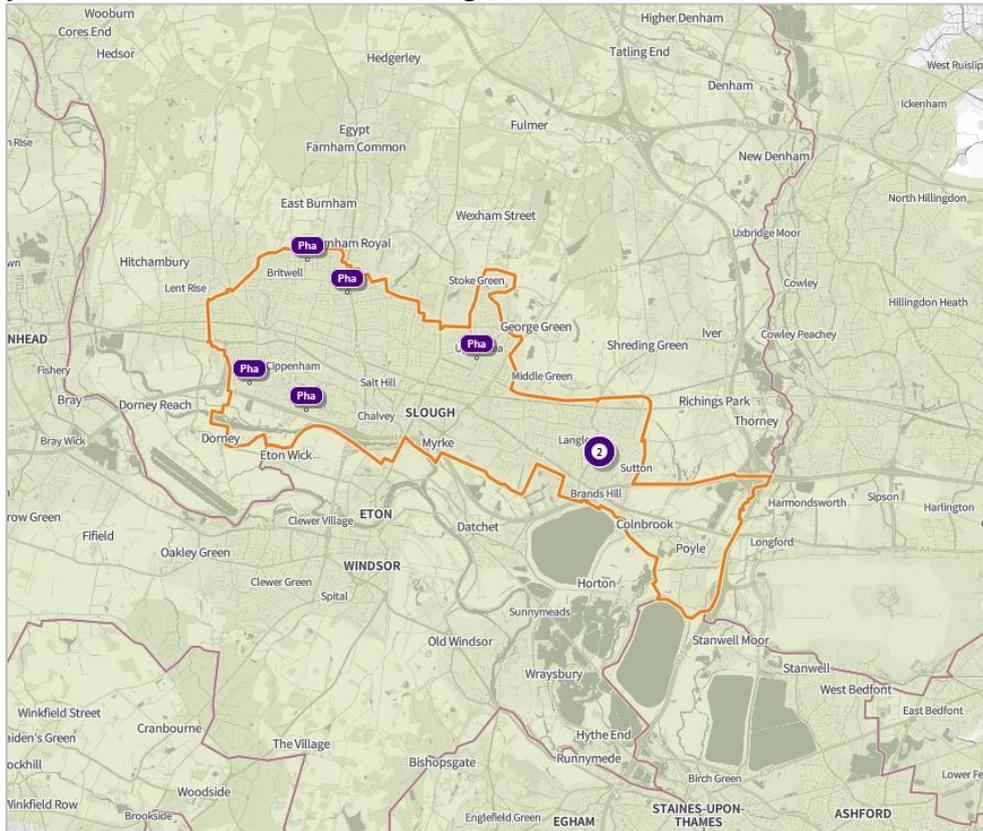
Table 7.3: Community Pharmacies open before 8am on weekdays in Slough

Pharmacy	Address	Ward
The Village Pharmacy	45 Mercian Way, Slough, Berkshire	Cippenham Meadows
Willow Pharmacy	Unit 2 Willow Parade, Meadfield Road, Langley, Slough, Berkshire	Langley St Mary's

Moonlight Pharmacy	Moonlight Dental Surgery, Wentworth Avenue, Slough, Berkshire	Britwell and Northborough
Langley Pharmacy	Langley Health Centre, Common Road, Langley, Slough, Berkshire	Foxborough
Pyramid Pharmacy	Farnham Road Surgery, 301 Farnham Road, Slough, Berkshire	Farnham
Asda Pharmacy	Asda Superstore, Telford Drive, Slough, Berkshire	Cippenham Meadows
Lloydspharmacy (in Sainsbury)	Lloyds Pharmacy, Uxbridge Road, Slough, Berkshire	Upton

Source: NHS England, 2022

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

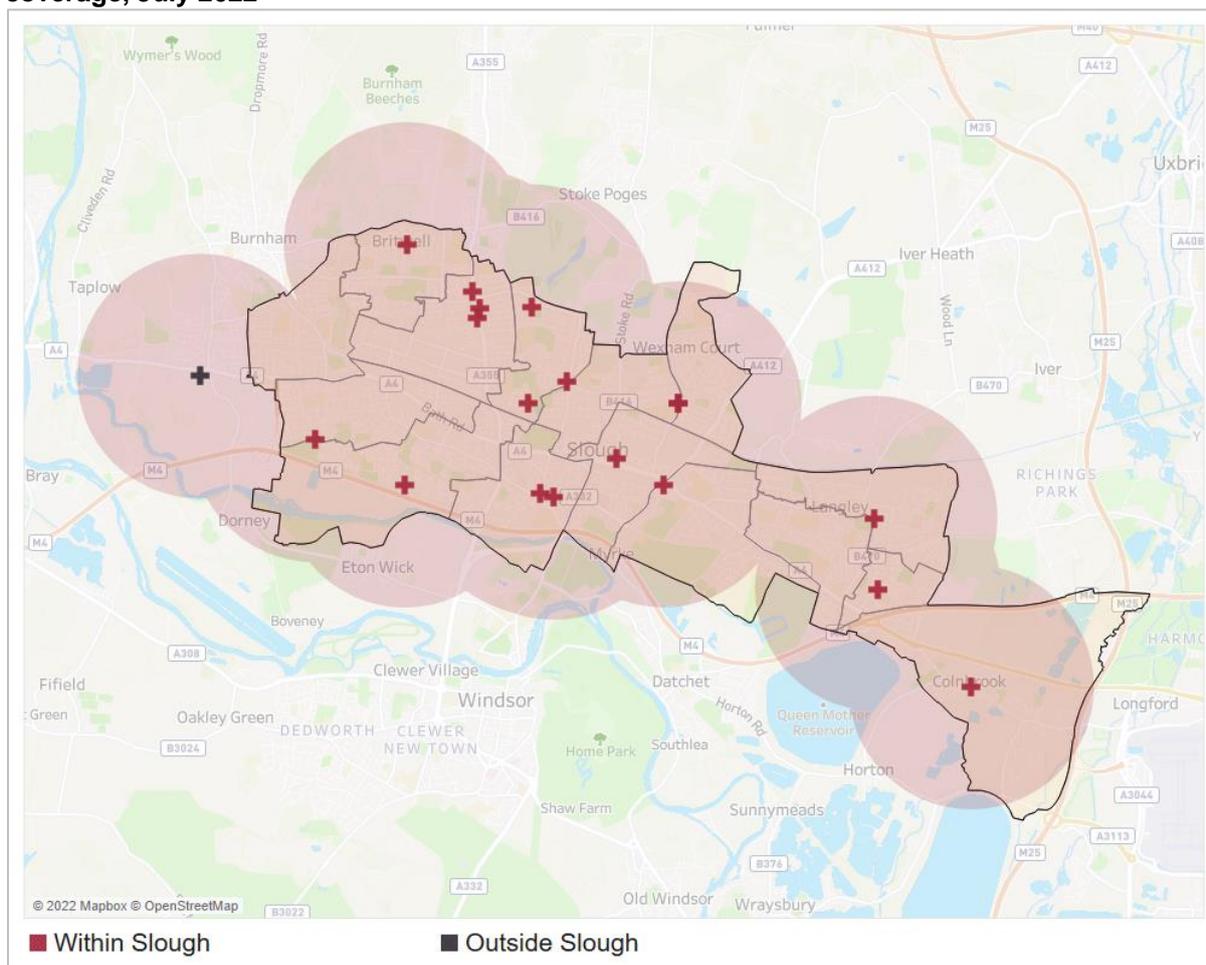


Source: OVID, Strategic Health Asset Planning and Evaluation Atlas Tool, 2022

Late-evening opening

- 7.32** The PNA steering group deemed pharmacies open after 6pm to be late-evening opening.
- 7.33** There are 18 pharmacies in the borough that still open after 6pm on weekdays, with one other pharmacy in an adjoining borough (see Figure 7.10 and Table 7.4).

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



Source: NHS England, 2022

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

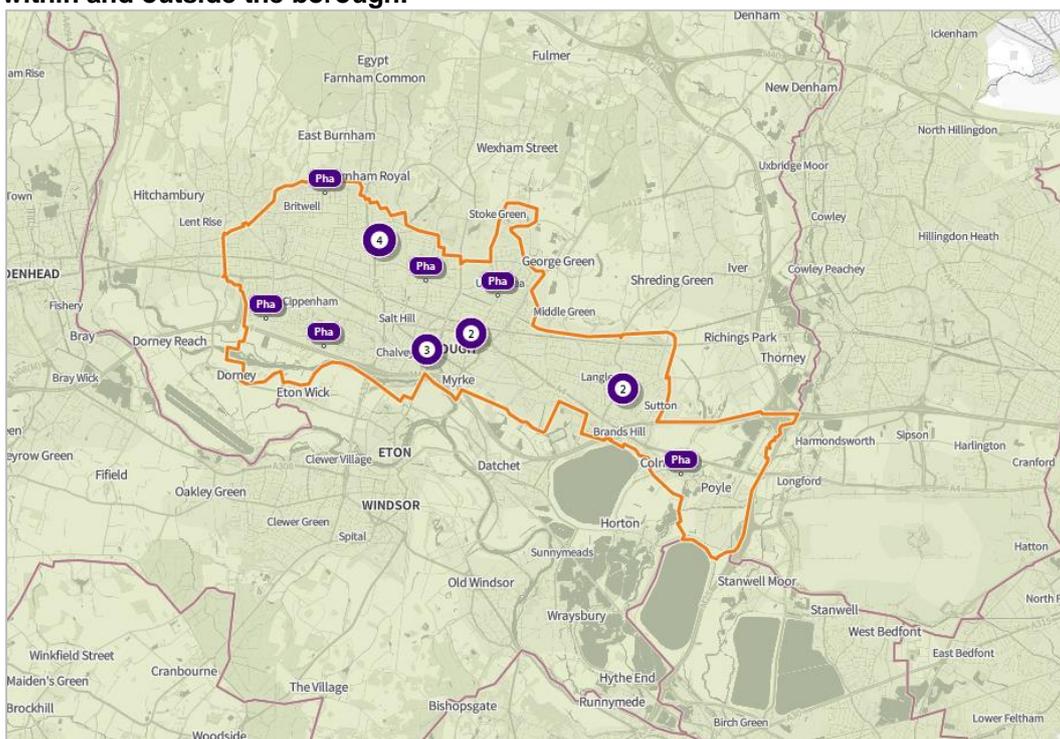
Pharmacy	Address	Ward
The Village Pharmacy	45 Mercian Way, Slough, Berkshire	Cippenham Meadows
Khatkar Dispensing Chemist	9 Villiers Road, Slough, Berkshire	Baylis and Stoke
Tesco Pharmacy	Brunel Way, Wellington Street, Slough, Berkshire	Central
The Martin Pharmacy	6 Baylis Parade, Oatlands Drive, Slough, Berkshire	Baylis and Stoke
Willow Pharmacy	Unit 2 Willow Parade, Meadfield Road, Langley, Slough, Berkshire	Langley St Mary's
Moonlight Pharmacy	Moonlight Dental Surgery, Wentworth Avenue, Slough, Berkshire	Britwell and Northborough
Kamal Enterprises Ltd	14 Woodland Avenue, Slough, Berkshire	Baylis and Stoke
LloydsPharmacy	10 Upton Lea Parade, Wexham Road, Slough, Berkshire	Elliman
K Pharmacy	400 Farnham Road, Slough, Berkshire	Farnham
Kamal Enterprises Ltd	16 Chalvey Road West, Slough, Berkshire	Chalvey
Wexham Road Pharmacy	Unit 3 Upton Lea Parade, Wexham Road, Slough, Berkshire	Elliman
Langley Pharmacy	Langley Health Centre, Common Road, Langley, Slough, Berkshire	Foxborough
J's Chemist	16-18 Chalvey Road East, Slough, Berkshire	Chalvey

Pyramid Pharmacy	Farnham Road Surgery, 301 Farnham Road, Slough, Berkshire	Farnham
Colbrook Pharmacy	36 High Street, Colbrook, Slough, Berkshire	Colbrook with Poyle
Crystal Pharmacy	239 Farnham Road, Slough, Berkshire	Farnham
Asda Pharmacy	Asda Superstore, Telford Drive, Slough, Berkshire	Cippenham Meadows
Lloydspharmacy (in Sainsbury)	Lloyds Pharmacy, Uxbridge Road, Slough, Berkshire	Upton

Source: NHS England, 2022

7.34 In terms of accessibility, 3,461 residents live more than 1 mile from their nearest pharmacy with early morning or late evening opening hours. However, 100% of Slough residents live within a 20-minute reach of an early opening and late closing pharmacy if travelling by car. This is shown in green in Figure 7.11.

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

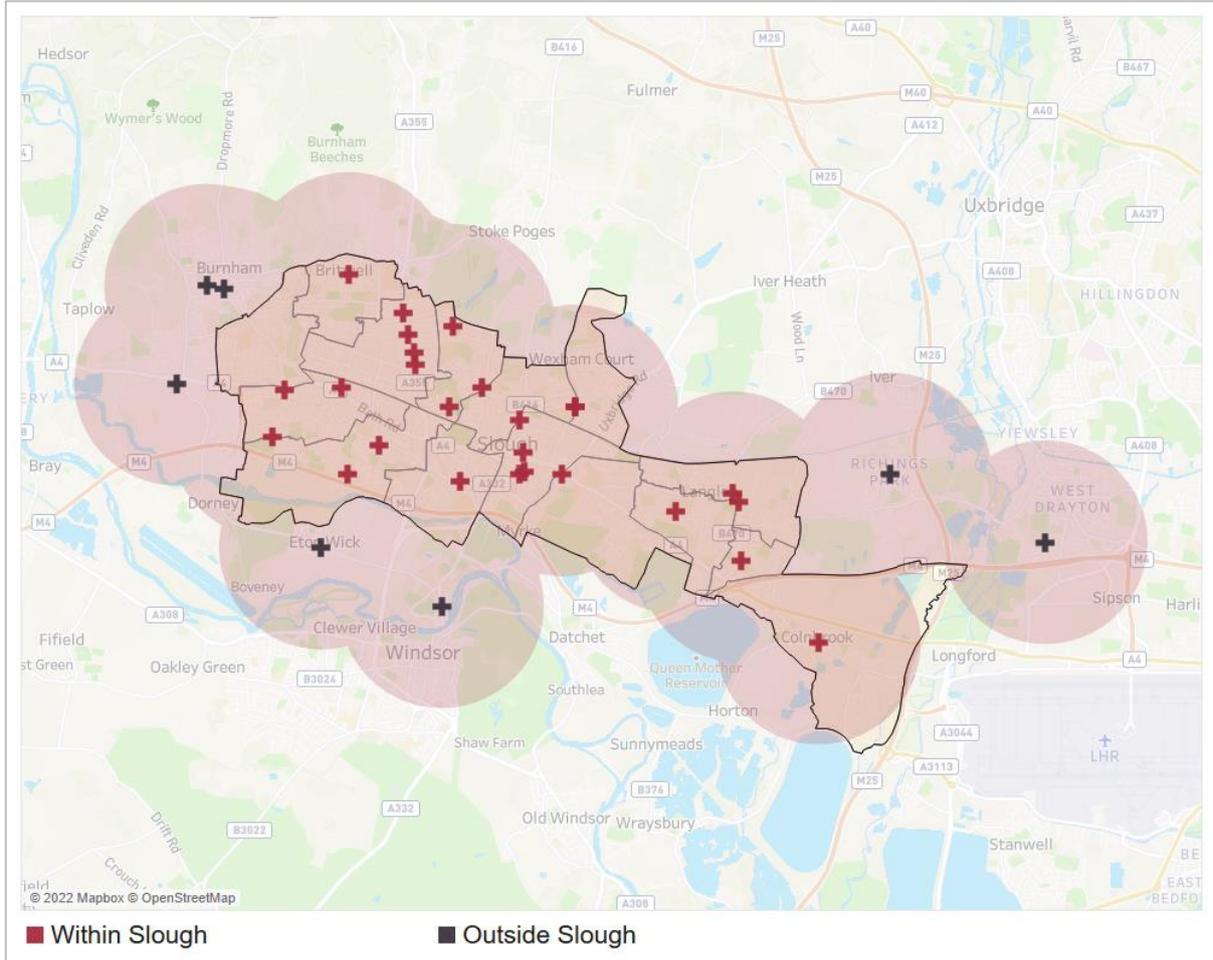


Source: OVID, Strategic Health Asset Planning and Evaluation Atlas Tool, 2022

Saturday opening

7.35 A large majority of the pharmacies in Slough (26/31) are open on Saturday. There are an additional seven pharmacies near the borough's border that are also open on Saturday (Figure 7.12, Table 7.5).

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



Source: NHS England, 2022

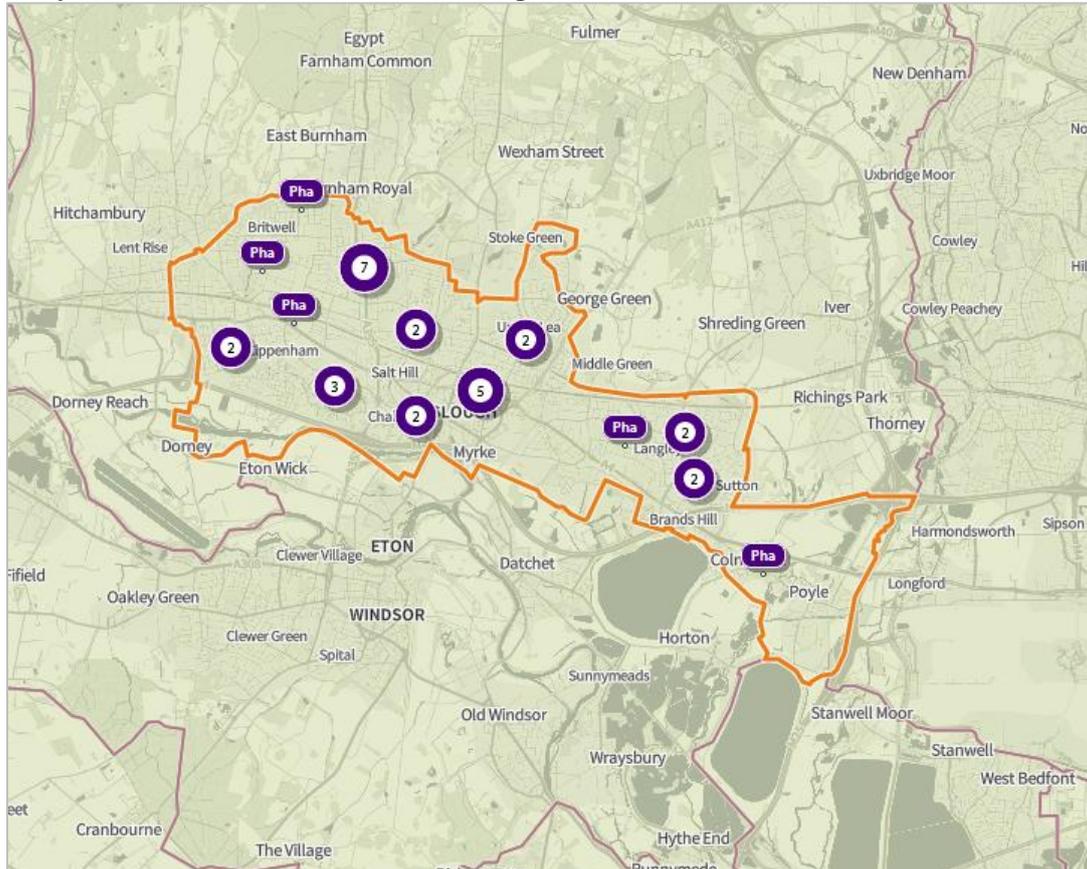
Table 7.5: Number of Community Pharmacies open on Saturday in Slough by Ward, July 2022

Ward	Number of Pharmacies
Farnham	4
Central	4
Cippenham Meadows	3
Baylis and Stoke	3
Langley St Mary's	2
Elliman	2
Cippenham Green	2
Upton	1
Langley Kedermister	1
Foxborough	1
Colnbrook with Poyle	1
Chalvey	1
Britwell and Northborough	1

Source: Contractor Survey and NHS England, 2022

7.1 All residents can reach a Saturday opening Slough pharmacy in 20-minutes if travelling by car. The 20-minute travel time to reach a Slough pharmacy is shown in green in Figure 7.13.

Figure 7.13: Areas covered by 20-minute travel time by car to a Saturday opening Slough pharmacy from within and outside the borough.

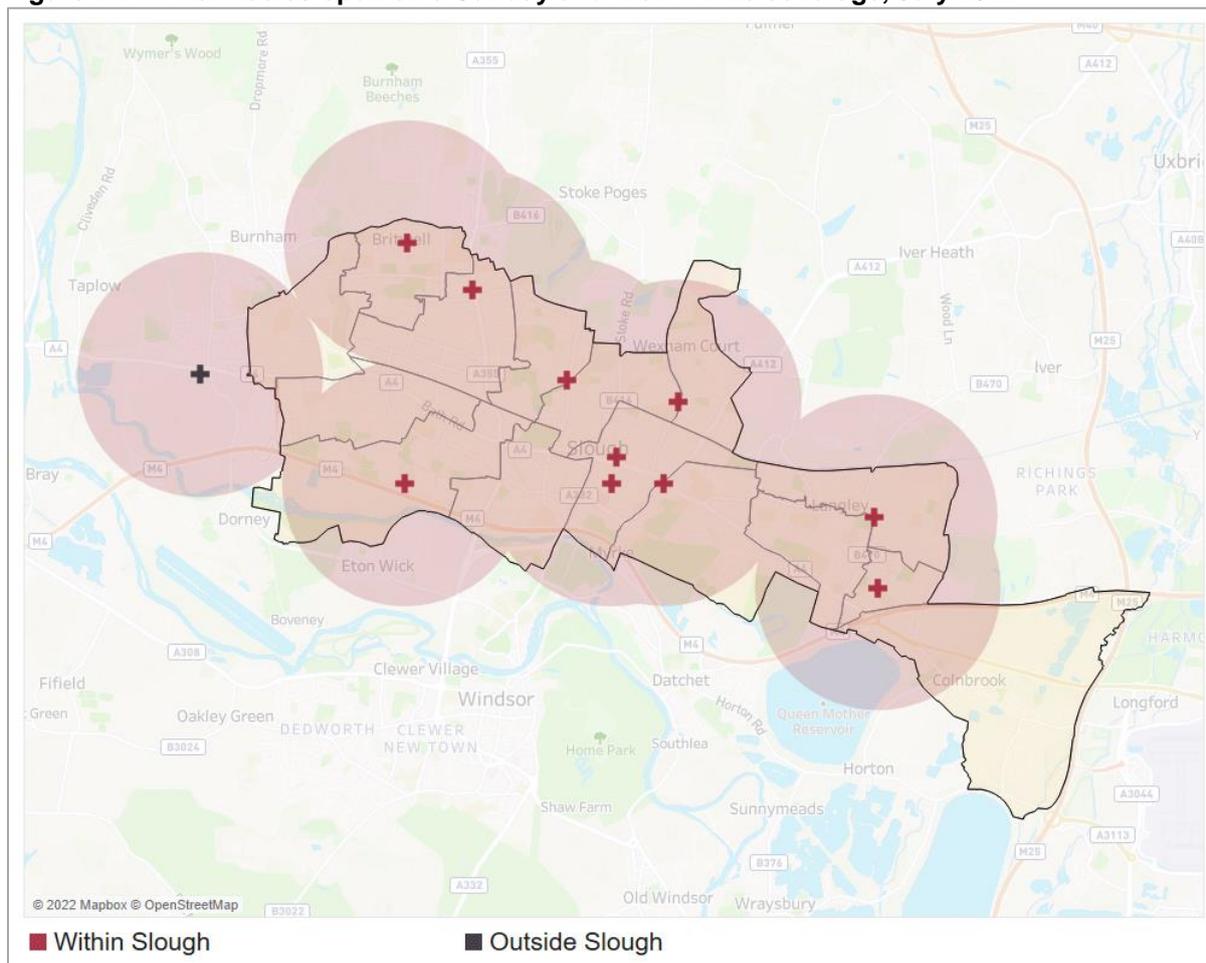


Source: OVID, Strategic Health Asset Planning and Evaluation Atlas Tool, 2022

Sunday opening

7.36 Ten pharmacies are open on a Sunday within the borough, with one open in a neighbouring borough within 1 mile of Slough's border (Figure 7.14, Table 7.6).

Figure 7.14: Pharmacies open on a Sunday and their 1-mile coverage, July 2022



Source: NHS England, 2022

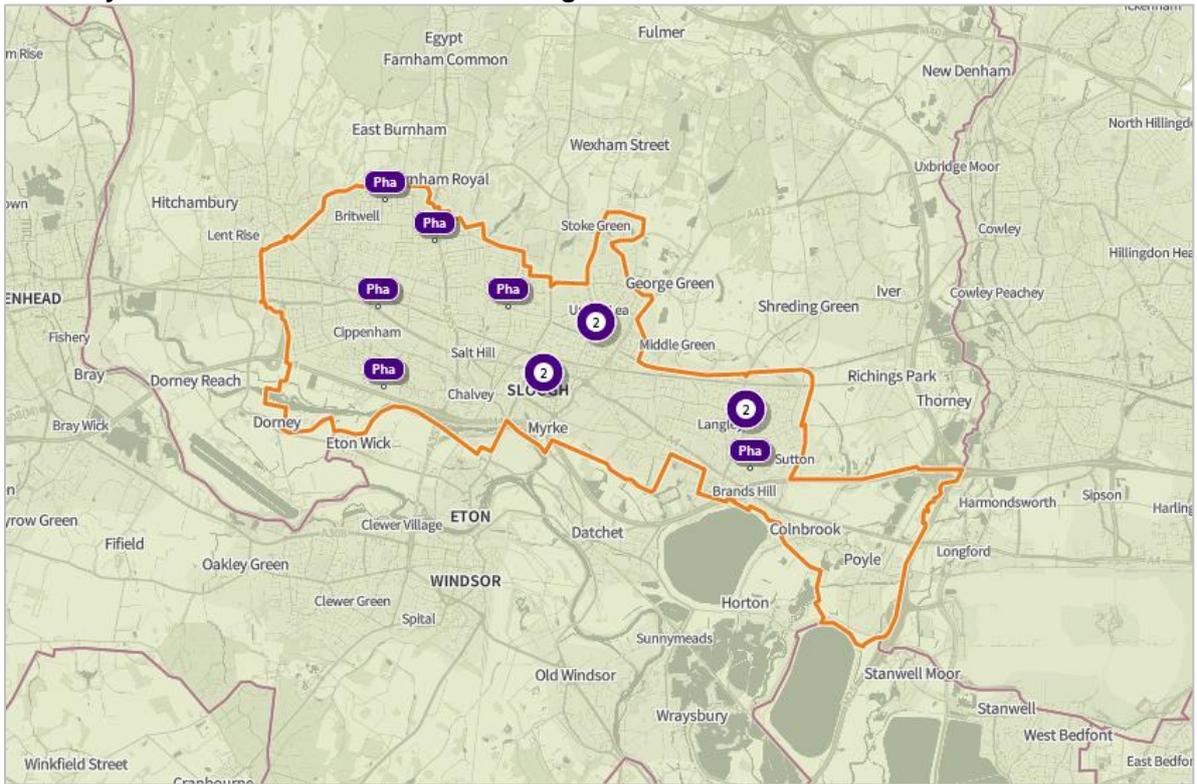
Table 7.6: Community Pharmacies open on Sunday in Slough, July 2022

Pharmacy	Address	Ward
Tesco Pharmacy	Brunel Way, Wellington Street, Slough, Berkshire	Central
The Martin Pharmacy	6 Baylis Parade, Oatlands Drive, Slough, Berkshire	Baylis and Stoke
Willow Pharmacy	Unit 2 Willow Parade, Meadfield Road, Langley, Slough, Berkshire	Langley St Mary's
Moonlight Pharmacy	Moonlight Dental Surgery, Wentworth Avenue, Slough, Berkshire	Britwell and Northborough
Wexham Road Pharmacy	Unit 3 Upton Lea Parade, Wexham Road, Slough, Berkshire	Elliman
Langley Pharmacy	Langley Health Centre, Common Road, Langley, Slough, Berkshire	Foxborough
Pyramid Pharmacy	Farnham Road Surgery, 301 Farnham Road, Slough, Berkshire	Farnham
Boots the Chemists	178-184 High Street, Slough, Berkshire	Central
Asda Pharmacy	Asda Superstore, Telford Drive, Slough, Berkshire	Cippenham Meadows
Lloydspharmacy (in Sainsbury)	Lloyds Pharmacy, Uxbridge Road, Slough, Berkshire	Upton

Source: NHS England, 2022

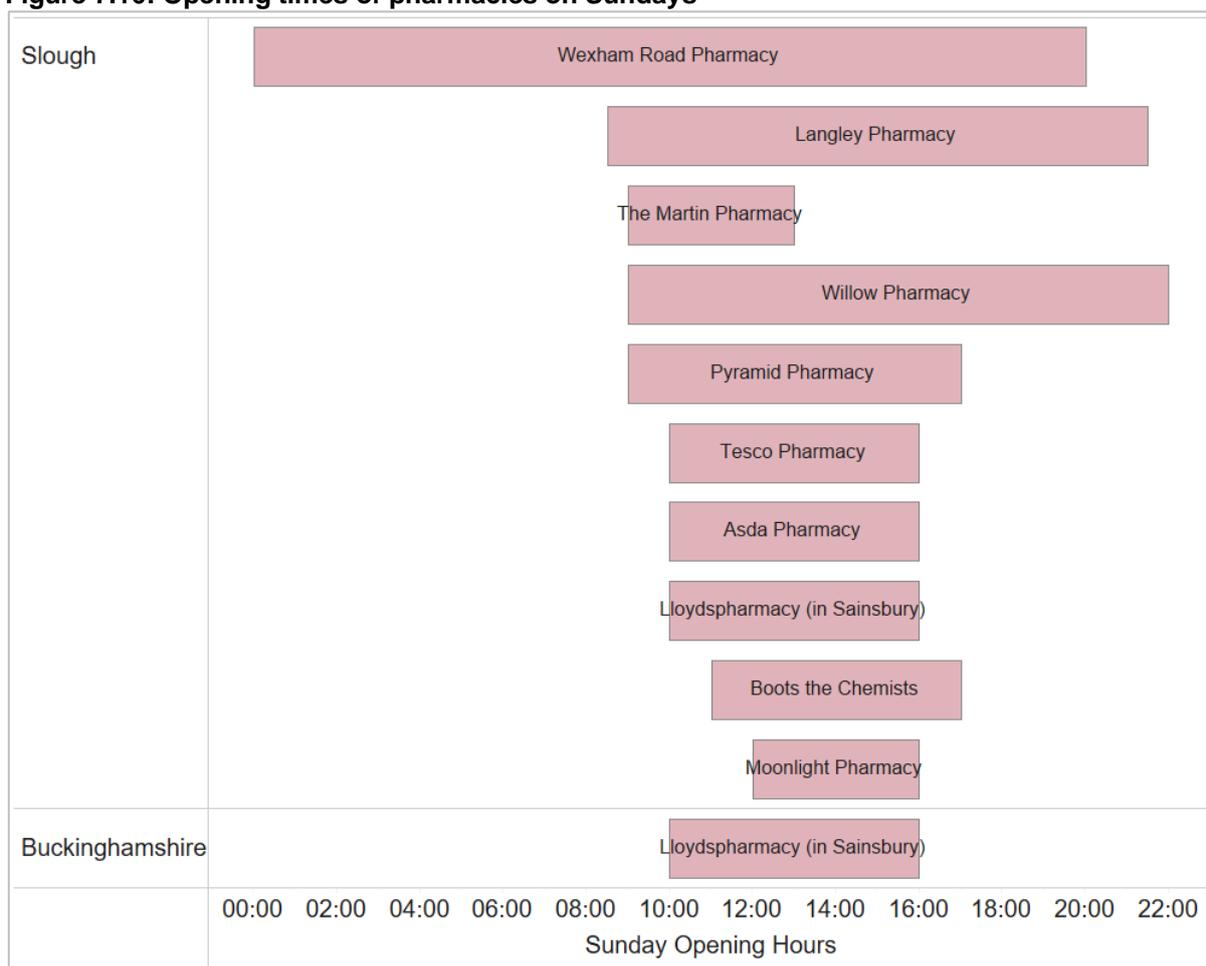
7.37 All but 3,461 residents live within 1 mile from a pharmacy that opens on Sundays. All residents can reach a Saturday and Sunday pharmacy within 20 minutes if traveling by car. Figure 7.15 presents the 20-minute travel coverage to a Sunday opening Slough pharmacy in green. Overall, as shown in Figure 7.16, there is an adequate range of Sunday opening hours offered in Slough.

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



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

Figure 7.16: Opening times of pharmacies on Sundays



Source: NHS England, 2022

7.38 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 services⁹. These are:

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

Dispensing

- 7.39** Slough pharmacies dispense an average of 6,221 items per month (based on NHS Business Services Authority, 2020/21 financial year data). This is slightly lower than the England average of 6,675 per month, indicating there is good distribution and capacity amongst Slough pharmacies to fulfil current and anticipated need in the lifetime of this PNA.

Summary of the accessibility of pharmacy services and of essential services

Overall, there is good pharmacy coverage to provide essential services across the borough both inside working hours and outside normal working hours.

Advanced pharmacy services

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

- 7.41** As of January 2022, the following services may be provided by pharmacies⁴⁵:

- 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).

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

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

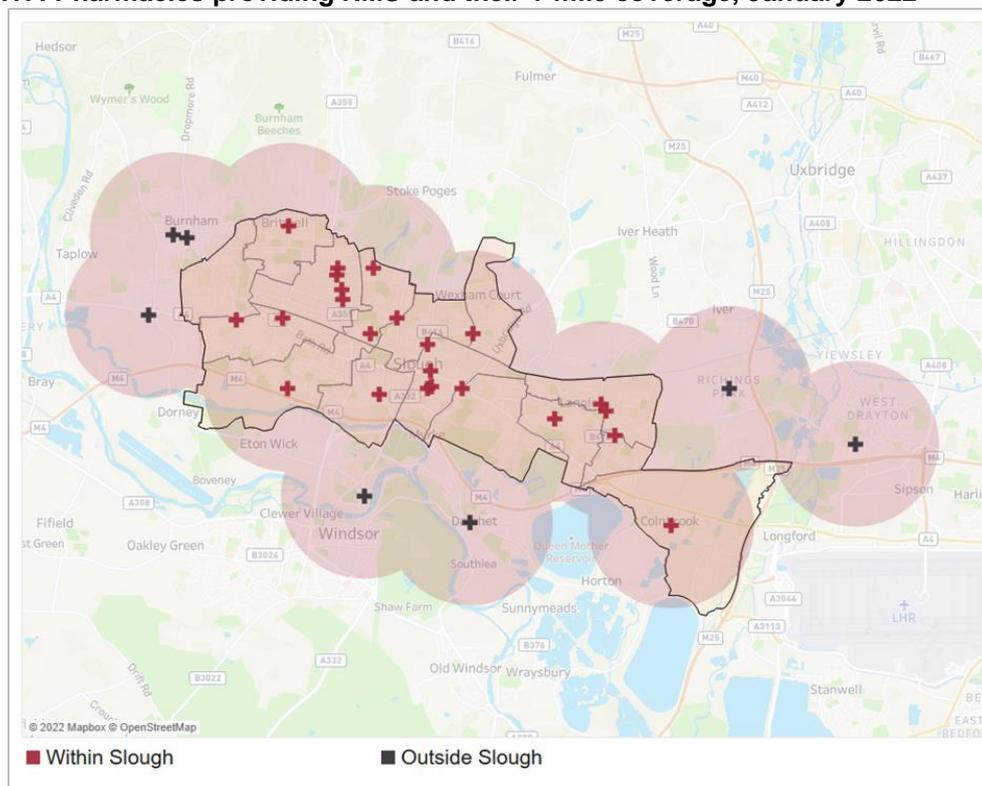
1. appliance use reviews, and
2. stoma appliance customisation.

⁴⁵ Information and data supplied by NHSEI in October 2021.

New medicines services

- 7.44** The New Medicine Service (NMS) is an advanced service that supports patients with long-term conditions who are taking a newly prescribed medicine, to help improve medicines adherence.
- 7.45** This service is designed to improve patients' understanding of a newly prescribed medicine for their long-term condition, and to help them get the most from the medicine. It aims to improve adherence to new medication, focusing on people with specific conditions, namely:
- Asthma and COPD
 - Type 2 diabetes
 - Antiplatelet or anticoagulation therapy
 - Hypertension
- 7.46** New Medicines Service can only be provided by pharmacies and is conducted in a private consultation area to ensure patient confidentiality.
- 7.47** Twenty three pharmacies in Slough provided NMS in 2020/21. There are an additional seven pharmacies in bordering boroughs that provided NMS. All these pharmacies are shown in Figure 7.17.

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



Source: NHS England, 2022

7.48 Table 7.7 shows NMS provision by Slough wards.

Table 7.7: Number of NMS provided by Slough pharmacies by ward, 2020/21

Ward	Number of Pharmacies	Total Number of NMSs provided	Average Number per Pharmacy
Farnham	4	187	47
Central	4	177	44
Baylis and Stoke	3	167	56
Langley St Mary's	2	175	88
Cippenham Green	2	159	80
Upton	1	51	51
Langley Kedermister	1	229	229
Foxborough	1	13	13
Elliman	1	47	47
Colnbrook with Poyle	1	35	35
Cippenham Meadows	1	8	8
Chalvey	1	53	53
Britwell and Northborough	1	101	101
Borough Total	23	1,402	61

Source: NHS England, 2022

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

Community pharmacy seasonal influenza vaccination

7.50 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

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

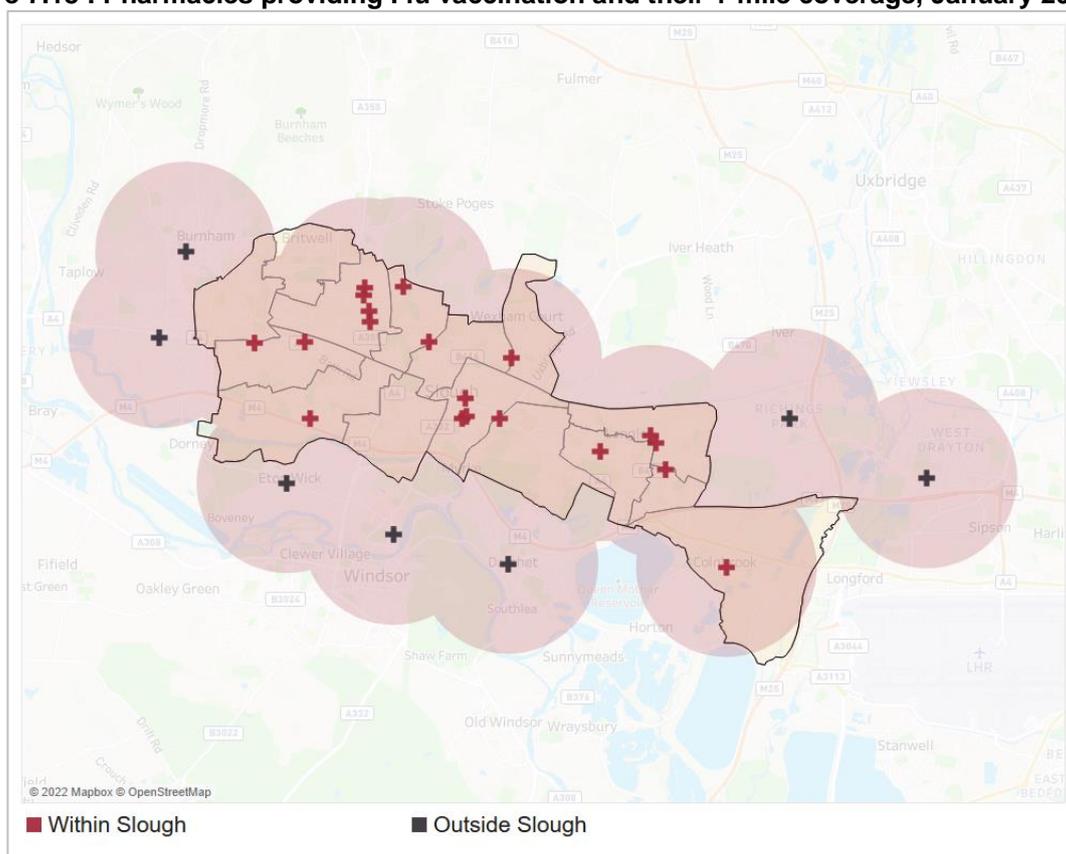
7.52 Nineteen community pharmacies in the borough provided flu vaccines in Slough in 2020/21. Another seven outside but bordering the borough provided the service. The distribution of these pharmacies is shown in Table 7.8 and Figure 7.18.

Table 7.8: Pharmacies that provide Flu Vaccinations in Slough by ward, January 2022

Ward	Number of Pharmacies
Farnham	4
Central	3
Langley St Mary's	2
Cippenham Green	2
Baylis and Stoke	2
Upton	1
Langley Kedermister	1
Foxborough	1
Elliman	1
Colnbrook with Poyle	1
Cippenham Meadows	1

Source: NHS England, 2022

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



Source: NHS England, 2022

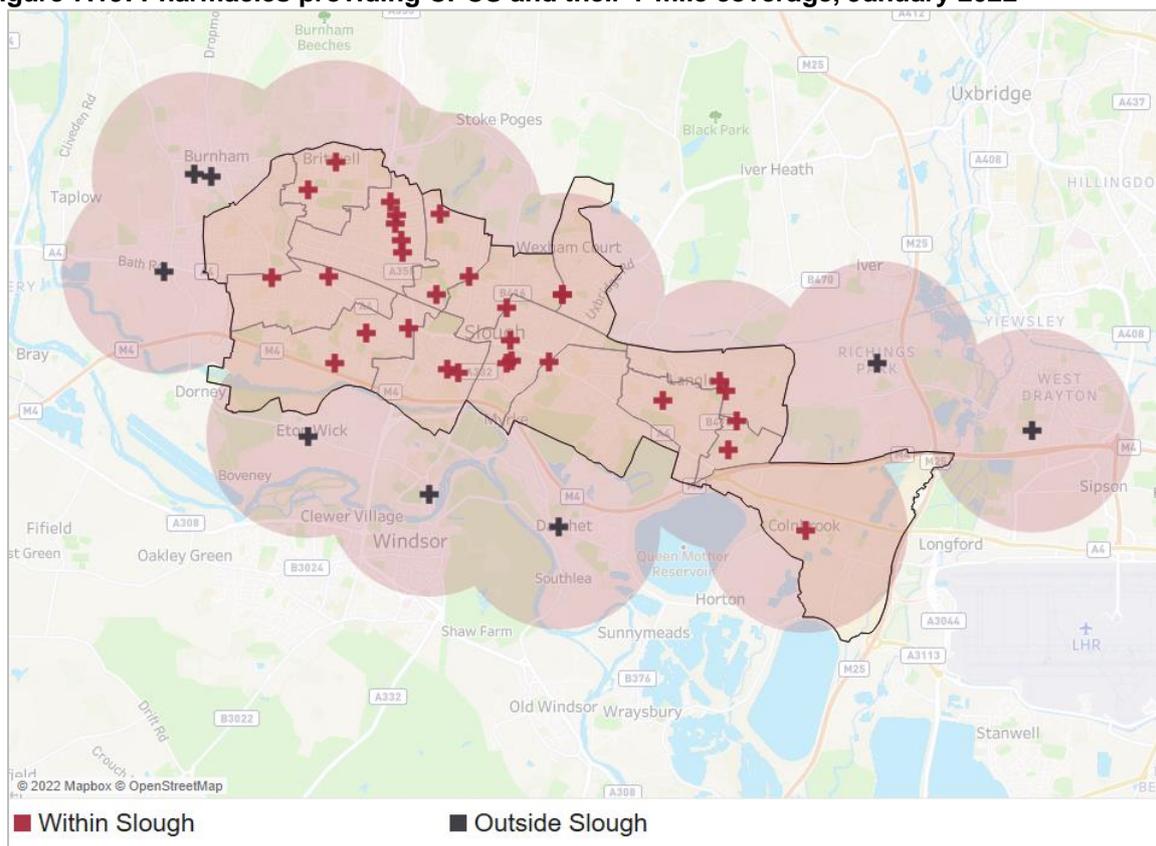
7.53 Overall, there is strong coverage of this service across Slough. However, as identified in Chapter 5, the flu vaccination uptake in the borough is low and some respondents to the

patient and public survey presented in Chapter 6 requested that their pharmacy provide flu vaccinations. While there is sufficient provision of Advanced Flu Service to meet the needs of this borough, there is an opportunity for commissioners to work with pharmacists to promote the flu vaccination service to improve uptake across the borough.

Community pharmacist consultation service

- 7.54** 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.
- 7.55** 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.
- 7.56** There is strong coverage of CPCS in Slough. 30 of the 31 community pharmacies in the borough provided CPCS in 2020/21. There are an additional 8 pharmacies in neighbouring boroughs that provide the service (Figure 7.19 and Table 7.9).
- 7.57** The PNA steering group conclude that there is sufficient CPCS provision to meet the needs of this borough.

Figure 7.19: Pharmacies providing CPCS and their 1-mile coverage, January 2022



Source1: NHS England, 2022

Table 7.9: Pharmacies that provide CPCS in Slough by ward, January 2022

Ward	Number of Pharmacies
Farnham	5
Central	4
Cippenham Meadows	3
Baylis and Stoke	3
Langley St Mary's	2
Foxborough	2
Elliman	2
Cippenham Green	2
Chalvey	2
Britwell and Northborough	2
Upton	1
Langley Kedermister	1
Colnbrook with Poyle	1

Source: NHS England, 2022

Hypertension case-finding service

7.58 The hypertension case-finding service is a relatively new service and at the time of publication NHSE does not report any pharmacy in Slough offering this service.

7.59 Thirteen respondents to the contractor survey indicated being willing to provide the service if commissioned.

Community pharmacy hepatitis C antibody testing service

7.60 NHSE data does not show any pharmacy offering Community pharmacy hepatitis C antibody testing service as of the time of publication.

7.61 Twelve respondents to the contractor survey indicated being willing to provide the service if commissioned.

Appliance use reviews

7.62 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.

7.63 AURs can be carried out by a pharmacist, or a specialist nurse either at the contractor's premises (typically within a DAC) or at the patient's home. AURs help patients to better understand and use their prescribed appliances by:

- Establishing the way the patient uses the appliance and the patient's experience of such use
- Identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient
- Advising the patient on the safe and appropriate storage of the appliance
- Advising the patient on the safe and proper disposal of the appliances that are used or unwanted.

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

Stoma appliance customisation service

7.65 The Stoma appliance customisation (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.

7.66 One pharmacy provided SACs within Slough in 2020/21 (Lloyds Pharmacy on Upton Lea Parade). In addition to this, there is one other pharmacy within 1 mile of the borough's border that provides the service.

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

Summary of the Advanced Pharmacy Services

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

- 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

There are opportunities for commissioners to work with contractors to promote the Community pharmacy seasonal influenza vaccination service to improve uptake across the borough.

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

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

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

Other NHS services

7.68 These are locally commissioned services commissioned by the Slough Borough Council and Frimley ICB to fulfil a local population health and wellbeing need. Slough enhanced services are listed below:

- Local authority commissioned services:
 - Supervised consumption
 - Needle exchange
 - Pharmacy emergency hormonal contraception service
- Frimley ICB commissioned services:
 - Access to palliative care
 - On demand availability of drugs for childhood gastroenteritis in community pharmacies

The provision of these services is explored below.

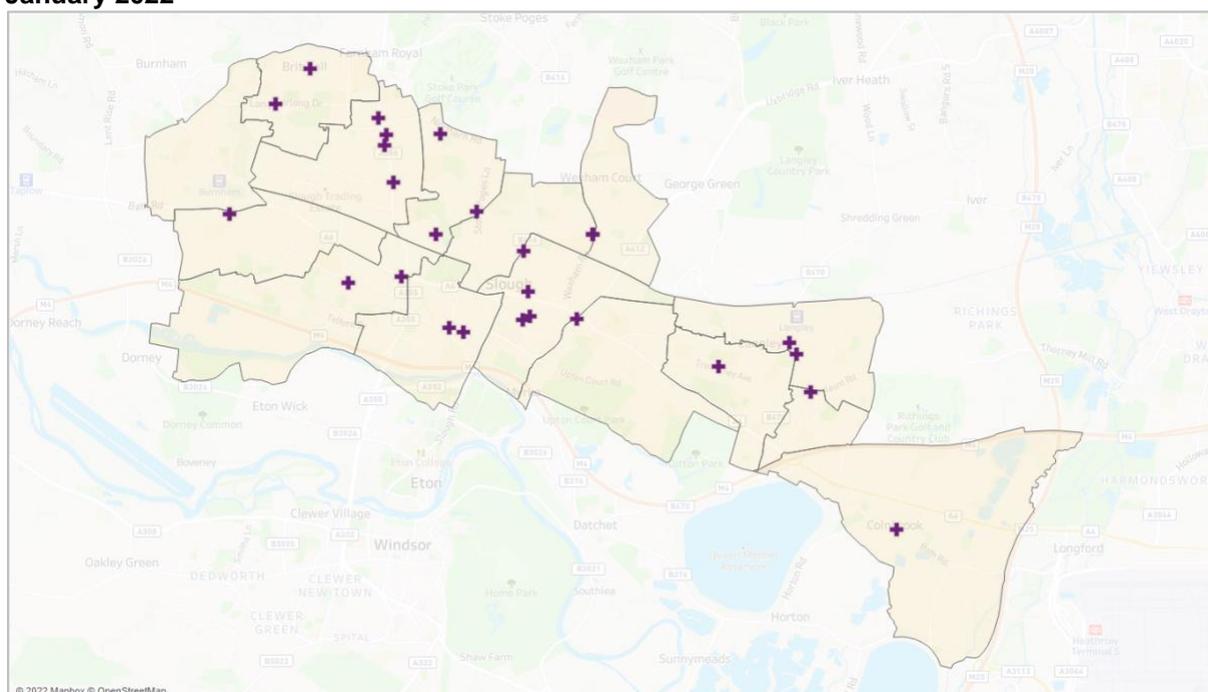
7.69 Supervised consumption

7.70 Slough Borough Council commission community pharmacies to provide supervised consumption as part of treatment services for opioid dependency.

7.71 Supervised consumption of 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.

7.72 There is good provision of this service in the borough. Twenty-six pharmacies have been commissioned to provide supervised consumption services in Slough. These are presented in Figure 7.20 and Table 7.10.

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



Source: Slough Borough Council, 2022

Table 7.10: Pharmacies that provide supervised consumption services in Slough, January 2022

Pharmacy	Address	Ward
B & P Pharmacy	6 Stoneymeade, Crippenham, Slough, Berkshire	Crippenham Meadows
Khatkar Dispensing Chemist	9 Villiers Road, Slough, Berkshire	Baylis and Stoke
Tesco Pharmacy	Brunel Way, Wellington Street, Slough, Berkshire	Central
LloydsPharmacy	417-419 Bath Road, Crippenham, Slough, Berkshire	Crippenham Green
The Martin Pharmacy	6 Baylis Parade, Oatlands Drive, Slough, Berkshire	Baylis and Stoke
John Ross Chemist	112 Stoke Road, Slough, Berkshire	Central
Aj Campbell	133 Bath Road, Slough, Berkshire	Crippenham Meadows
Willow Pharmacy	Unit 2 Willow Parade, Meadfield Road, Langley, Slough, Berkshire	Langley St Mary's
Moonlight Pharmacy	Moonlight Dental Surgery, Wentworth Avenue, Slough, Berkshire	Britwell and Northborough
Kamal Enterprises Ltd	14 Woodland Avenue, Slough, Berkshire	Baylis and Stoke
LloydsPharmacy	10 Upton Lea Parade, Wexham Road, Slough, Berkshire	Elliman
K Pharmacy	400 Farnham Road, Slough, Berkshire	Farnham
Kamal Enterprises Ltd	16 Chalvey Road West, Slough, Berkshire	Chalvey
Wexham Road Pharmacy	Unit 3 Upton Lea Parade, Wexham Road, Slough, Berkshire	Elliman
J's Chemist	16-18 Chalvey Road East, Slough, Berkshire	Chalvey
Pyramid Pharmacy	Farnham Road Surgery, 301 Farnham Road, Slough, Berkshire	Farnham
Jhoots Pharmacy	18 Parlant Road, Langley, Slough, Berkshire	Foxborough

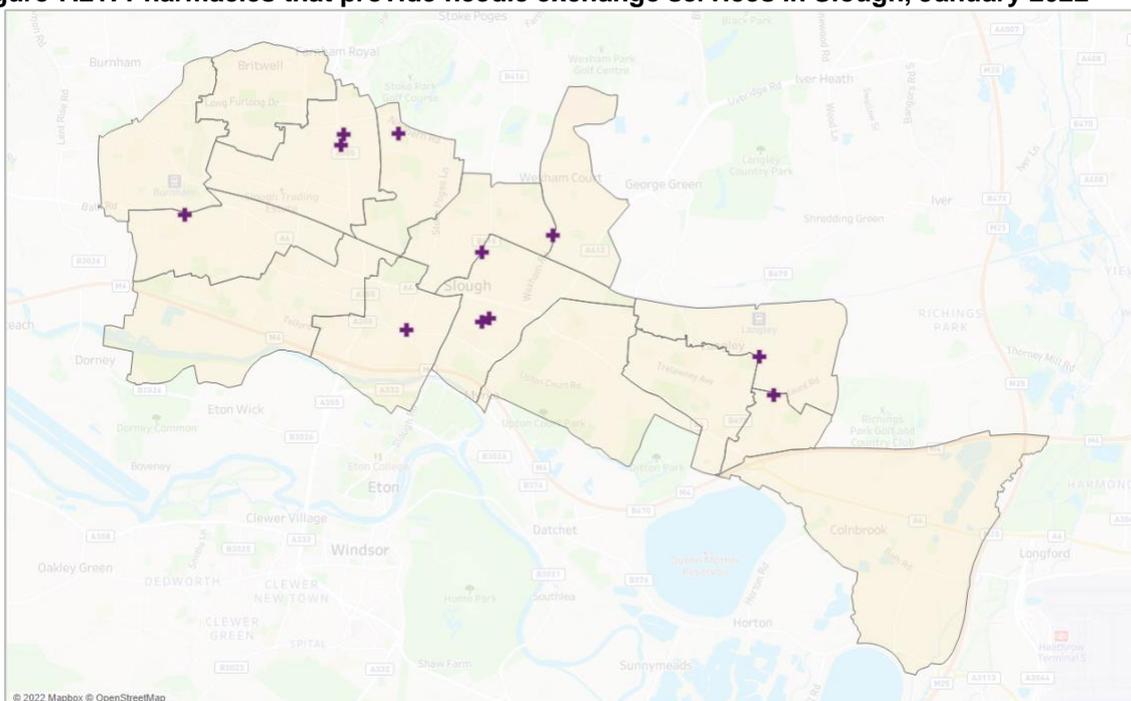
Colnbrook Pharmacy	36 High Street, Colnbrook, Slough, Berkshire	Colnbrook with Poyle
Boots the Chemists	178-184 High Street, Slough, Berkshire	Central
H A Mcparland Ltd	306 Trelawney Avenue, Langley, Slough, Berkshire	Langley Kedermister
Crystal Pharmacy	239 Farnham Road, Slough, Berkshire	Farnham
Superdrug Pharmacy	186 High Street, Slough, Berkshire	Central
H A Mcparland Ltd	6 The Harrow Market, Langley, Slough, Berkshire	Langley St Mary's
H A Mcparland Ltd	226 Farnham Road, Slough, Berkshire	Farnham
Harrisons Pharmacy	U7, Britwell Local Centre, Long Furlong Drive, Slough, Berkshire	Britwell and Northborough
Lloydspharmacy (in Sainsbury)	Lloyds Pharmacy, Uxbridge Road, Slough, Berkshire	Upton

Source: Slough Borough Council, 2022

Needle exchange

- 7.73** The needle exchange service in Slough 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.
- 7.74** 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.
- 7.75** Eleven pharmacies offer the needle exchange service. Their locations are shown in Figure 7.21 and Table 7.11

Figure 7.21: Pharmacies that provide needle exchange services in Slough, January 2022



Source: Slough Borough Council, 2022

Table 7.11: Number of Pharmacies that provide needle exchange services in Slough by ward, January 2022

Pharmacy	Address	Ward
Khatkar Dispensing Chemist	9 Villiers Road, Slough, Berkshire	Baylis and Stoke
LloydsPharmacy	417-419 Bath Road, Cippenham, Slough, Berkshire	Cippenham Green
John Ross Chemist	112 Stoke Road, Slough, Berkshire	Central
Willow Pharmacy	Unit 2 Willow Parade, Meadfield Road, Langley, Slough, Berkshire	Langley St Mary's
LloydsPharmacy	10 Upton Lea Parade, Wexham Road, Slough, Berkshire	Elliman
K Pharmacy	400 Farnham Road, Slough, Berkshire	Farnham
Kamal Enterprises Ltd	16 Chalvey Road West, Slough, Berkshire	Chalvey
Jhoots Pharmacy	18 Parlaunt Road, Langley, Slough, Berkshire	Foxborough
Boots the Chemists	178-184 High Street, Slough, Berkshire	Central
Crystal Pharmacy	239 Farnham Road, Slough, Berkshire	Farnham
Superdrug Pharmacy	186 High Street, Slough, Berkshire	Central

Source: Slough Borough Council, 2022

Pharmacy emergency hormonal contraception service

- 7.76** 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 SafeSexBerkshire46 website.

7.77 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.

7.78 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.

7.79 Eight pharmacies offer this service in Slough. Their locations are shown in Table 7.12 and Figure 7.22.

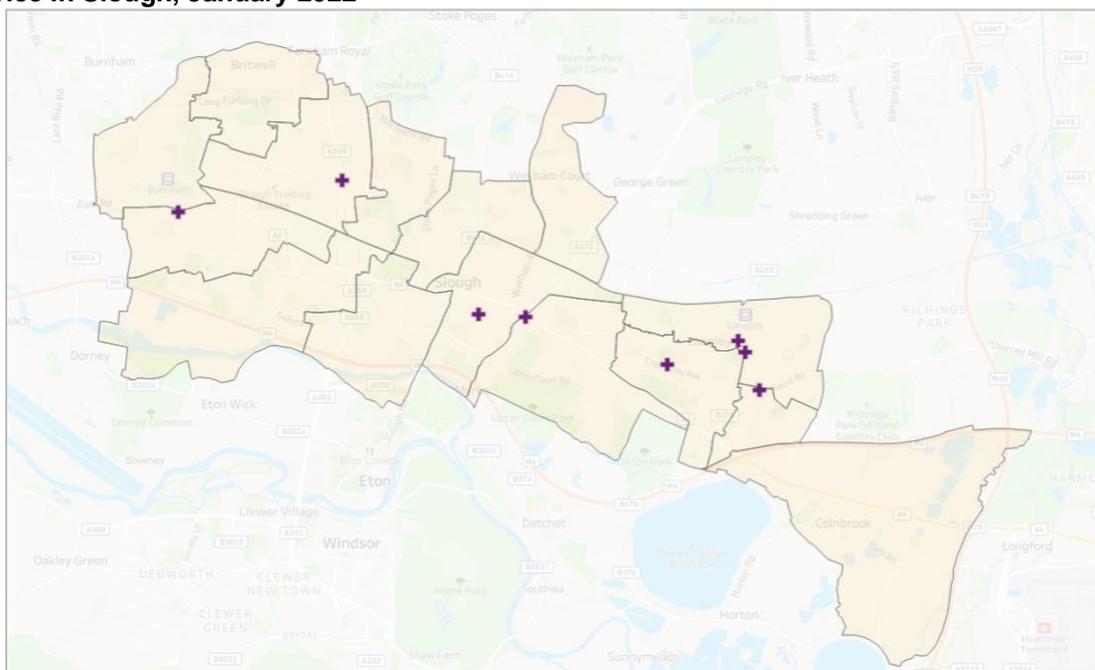
Table 7.12: Pharmacies that provide the emergency hormonal contraception service, January 2022

Pharmacy	Address	Ward
LloydsPharmacy	417-419 Bath Road, Cippenham, Slough, Berkshire	Cippenham Green
Willow Pharmacy	Unit 2 Willow Parade, Meadfield Road, Langley, Slough, Berkshire	Langley St Mary's
Jhoots Pharmacy	18 Parlaunt Road, Langley, Slough, Berkshire	Foxborough
H A Mcparland Ltd	306 Trelawney Avenue, Langley, Slough, Berkshire	Langley Kedermister
Superdrug Pharmacy	186 High Street, Slough, Berkshire	Central
H A Mcparland Ltd	6 The Harrow Market, Langley, Slough, Berkshire	Langley St Mary's
H A Mcparland Ltd	226 Farnham Road, Slough, Berkshire	Farnham
Lloydspharmacy (in Sainsbury)	Lloyds Pharmacy, Uxbridge Road, Slough, Berkshire	Upton

Source: Slough Borough Council, 2022

⁴⁶ <https://www.safesexberkshire.nhs.uk/>

Figure 7.22: Location of pharmacies that provide the emergency hormonal contraception service in Slough, January 2022



Source: Slough Borough Council, 2022

Access to palliative care

- 7.80** This service is commissioned by Frimley ICB to ensure that their community teams have a guaranteed provision of routine palliative care drugs. This is to prevent any difficulties they may experience in obtaining emergency drugs for their patients.
- 7.81** 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.
- 7.82** Community teams will be able to access these drugs during the pharmacies' normal opening hours. This arrangement does not cover access to medicines outside of contracted hours. Pharmacies have 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.
- 7.83** One pharmacy provides the Access to Palliative Care service in Slough, Willow Pharmacy on Willow Parade in Langley St Mary's ward.

On demand availability of drugs for childhood gastroenteritis in community pharmacies

- 7.84** This service has been commissioned by Frimley ICS to support clinicians to keep children with gastroenteritis out of hospital. This service is to support the timely supply of specialist

medicines for childhood gastroenteritis, the demand for which is urgent and unpredictable, to prevent the need for hospitalisation in many cases.

- 7.85** It aims to provide a service available to all patients in all locations and to reduce the need for out of hours treatment and/ or hospitalisation, with the aim of providing the best level of care for the patient. The pharmacy will also provide information and advice to the parent or carer of the child.
- 7.86** The pharmacy holds the specified medicines required to deliver this service and will dispense (and re-order) these in response to an NHS prescription being presented.
- 7.87** Pharmacies must keep one full pack of each of the following in stock:
- Ondansetron 4mg/5ml solution x 50ml bottle
 - Ondasetron 4mg lyophilisates (Zofran Melts) x 10 tablets (If Zofran Melts not available Ondansetron films may be used)
- 7.88** One pharmacy provides this service, Boots on Bath Road in Cippenham Green ward.

Summary of other NHS services

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

- Supervised consumption
- Needle exchange
- Pharmacy emergency hormonal contraception service
- Access to palliative care
- On demand availability of drugs for childhood gastroenteritis in community pharmacies

Additional considerations from contractor survey responses

Languages spoken in pharmacies

- 7.89** According to the contractor survey responses there are a wide range of languages spoken in Slough pharmacies. The most common languages besides English spoken by pharmacy staff are Hindi, Punjabi and Urdu. The most common non-English languages for the borough's

overall residents, as identified in the chapter on demographics, are Polish, Punjabi, Urdu, Somali, and Tamil. No pharmacies in Slough reported having staff that speak Somali.

7.90 Table 7.13 lists the most common languages spoken by a member of staff in Slough pharmacies.

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

Language	Number of Pharmacies
Hindi	15
Punjabi	15
Urdu	11
Gujarati	5
Polish	3
Swahili	3
Farsi	1
Russian	1
Mandarin	1
Somali	1

Source: Slough Contractor Survey, 2022

Chapter 8 - Conclusions

- 8.1** This PNA has considered the current provision of pharmaceutical services across Slough alongside the health needs and demographics of its population. It has assessed whether current provision meets the needs of the population and whether there are any gaps in the provision of pharmaceutical services either now or within the lifetime of this document, 1st October 2022 to 30th September 2025.
- 8.2** There are a number of factors that can affect pharmacy needs, including deprivation and protected characteristics. In Slough there are seven neighbourhoods (within Central, Colnbrook with Poyle, Britwell and Northborough, Chalvey and Elliman wards) that are among the top 20% most deprived in England. There are also a high number of households living in temporary accommodation.
- 8.3** Slough has a relatively young and diverse population. The median age of the population is 35.3 years and 54.3% of the population are from Black, Asian and Minority Ethnic communities. To identify where there are different needs for people who share a protected characteristic a survey was disseminated across Slough and the rest of Berkshire. The purpose was to engage the population as a whole, as well as those representing people who share protected characteristics and those who are seldom heard. 131 patients and public responded to the survey on their use and views on 'necessary' pharmacy services in Slough. Overall, participants were happy with the services their pharmacy provided and no different needs for people who share a protected characteristic in Slough were found.
- 8.4** This chapter will summarise the provision of these pharmacy services in Slough and its surrounding local authorities.

Current provision

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

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

Current access to essential services

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

8.8 Other factors taken into consideration included:

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

8.9 There are 2.1 community pharmacies per 10,000 residents in Slough. Though this ratio is just below the national average of 2.2. As indicated by the contractor survey, the pharmacies have capacity to offer more services.

8.10 All of the borough's population is within 1 mile of a pharmacy and all residents live within a 20-minute commute of a pharmacy if travelling by car. All GP practices are within 1 mile of a pharmacy.

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

Current access to essential services during normal working hours

8.12 All pharmacies are open for at least 40 hours each week. There are 31 community pharmacies and one distance selling pharmacy in the borough, providing good access as determined in Chapter 7.

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

Current access to essential services outside normal working hours

- 8.13** On weekdays, seven Slough pharmacies are open before 8am and 18 are open after 6pm. These pharmacies are located within one mile of high deprivation and high population density. All of the Slough population can reach a pharmacy within 20-minutes if traveling by car. These pharmacy locations are mapped out on Chapter 7.
- 8.14** Twenty-six of the borough's community pharmacies are open on Saturday. Ten pharmacies in the borough are open on Sunday. Considering these pharmacies and those in neighbouring local authorities, as shown in the maps in Chapter 7, there is good accessibility of pharmacies to residents on weekends.

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

Current access to advanced services

- 8.15** The following advanced services are currently available for provision by community pharmacies: new medicine service, community pharmacy seasonal influenza vaccination, community pharmacist consultation service, hypertension case-finding service, community pharmacy hepatitis C antibody testing service, appliance use reviews and stoma appliance customisation.
- 8.16** NMS is widely available with 23 pharmacies in the borough providing it.
- 8.17** There is good provision of flu vaccinations in the borough. 19 provide flu vaccinations in Slough. However, uptake of flu vaccination is low in comparison to regional and national coverage. There is an opportunity for commissioners to work with pharmacists to promote the flu vaccination service to improve uptake across the borough.
- 8.18** 30 of Slough's community pharmacies offer the Community Pharmacy Consultation Service.
- 8.19** The hypertension case-finding service and 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.
- 8.20** No Slough pharmacy provided AURS in the last recorded year, However, advice on the use of appliances may also be offered by the hospital or clinic prescribing appliances.
- 8.21** Stoma Appliance Customisation service is offered by one pharmacy.

8.22 It is therefore concluded that there is sufficient provision of advanced services to meet the needs of the residents of Slough.

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 services

8.23 Other NHS services are services commissioned by the Slough Borough Council and Frimley ICB. These services include:

- Supervised consumption and needle exchange services
- Emergency hormonal contraception
- Access to palliative care
- On demand availability of drugs for Childhood Gastroenteritis

8.24 Twenty-six pharmacies provide supervised consumption and eleven pharmacies provide needle exchange services, eight provide emergency hormonal contraception, three provide access to palliative care and one provides on demand availability of drugs for childhood gastroenteritis

8.25 Overall, there is very good availability of the other NHS pharmacy services in the borough.

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

Future Provision

8.26 The PNA steering group has considered the following future developments:

- Forecasted population growth
- Housing Development information
- Regeneration projects
- Changes in the provision of health and social care services
- Other changes to the demand for services

Future access to essential services

Future access to essential services during normal working hours

- 8.27** The PNA steering group is not aware of any firm plans for changes in the provision of Health and Social Care services during the lifetime of this PNA.
- 8.28** The PNA steering group is aware of, and has considered, the proposed new housing developments within Slough particularly Horlicks, Canal Basin in Elliman Ward and the Aspire 2 site, and the former Thames Valley University in Central ward. The analysis has considered these developments, and other causes of population increases, and concluded that pharmacy provision is well placed within Slough 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.

Future access to essential services outside normal working hours

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

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

Future access to advanced services

- 8.30** 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

- 8.31** Through the contractor survey local pharmacies have indicated that they have capacity to manage future increases in demand for locally commissioned 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

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

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

Current and future access to advanced services

- 8.33** NMS, CPCS and flu vaccination services are all widely available throughout Slough.
- 8.34** Though there is no data available publicly for the relatively new services, namely the hypertension case-finding and hepatitis C antibody testing services, there is sufficient capacity for the pharmacies to provide them.
- 8.35** There is SAC provision in the borough, and pharmacies are willing, and have capacity to provide both SAC and AUR. Additionally, advice on both of these services is offered by hospital and other health providers.
- 8.36** The PNA analysis has concluded that there is sufficient capacity to meet any increased demand in advanced services

The results of the PNA conclude that there are no 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

- 8.37** There is good provision of services commissioned by the Slough Borough Council and Frimley ICB. 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.

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 HWBs on behalf of the Health and Wellbeing boards.
- Establishing arrangements to ensure the appropriate maintenance of the PNA, following publication, in accordance with the Regulations.

Objectives

- Ensure the new PNA meets the requirements of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and its amendments.
- Develop the PNA so that it documents all locally commissioned services, including public health services commissioned; and services commissioned by the ICB 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 boroughs as well as other key regional and national strategies.
- Ensure that the requirements for the development and content of PNAs are followed, and that the appropriate assessments are undertaken, in accordance with the Regulations. This includes documenting current and future needs for, or improvements and better access to, pharmaceutical services as will be required by the local populations.
- Approve the framework for the PNA document, including determining the maps which will be included
- Ensure that the PNA contains sufficient information to inform commissioning of enhanced services, by NHS England; and commissioning of locally commissioned services by the ICB 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 HWB will discharge its responsibilities for maintaining the PNA.
- Comment, on behalf of the Bracknell Forest, Reading, Slough, Windsor and Maidenhead, West Berkshire and Wokingham Health and Wellbeing boards, on formal PNA consultations undertaken by neighbouring HWBs
- Advise the HWB, if required, when consulted by NHS England in relation to consolidated applications.

- Document and manage potential and actual conflicts of interest.

Accountability and reporting

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

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

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

Membership

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

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

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

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

Quorum

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

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

Declaration of Interests

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

Declaration of interests will be a standing item on each PNA Steering Group agenda.

A register of interests will be maintained and will be kept under review by the HWB.

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 HWB, when consulted by NHS England, in relation to consolidated applications

Appendix B: Pharmacy provision within Slough 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
Slough	FF352	Aj Campbell	Community Pharmacy	133 Bath Road, Slough, Berkshire	SL1 3UR	No	No	No	No
	FR835	Asda Pharmacy	100 Hours	Asda Superstore, Telford Drive, Slough, Berkshire	SL1 9LA	Yes	Yes	Yes	Yes
	FAP49	B & P Pharmacy	Community Pharmacy	6 Stoneymeade, Cippenham, Slough, Berkshire	SL1 2YL	No	No	Yes	No
	FPH01	Boots the Chemists	Community Pharmacy	178-184 High Street, Slough, Berkshire	SL1 1PE	No	No	Yes	Yes
	FR324	Boots the Chemists	Community - located in a 15,000sq metre retail development	Unit 731b, 298 Bath Road, Slough, Berkshire	SL1 4DX	No	No	Yes	No
	FP278	Colnbrook Pharmacy	Community Pharmacy	36 High Street, Colnbrook, Slough, Berkshire	SL3 0LX	No	No	Yes	No
	FQ051	Crystal Pharmacy	Community Pharmacy	239 Farnham Road, Slough, Berkshire	SL2 1DE	No	No	Yes	No
	FPL31	H A Mcparland Ltd	Community Pharmacy	306 Trelawney Avenue, Langley, Slough, Berkshire	SL3 7UB	No	No	Yes	No
	FRT64	H A Mcparland Ltd	Community Pharmacy	6 The Harrow Market, Langley, Slough, Berkshire	SL3 8HJ	No	No	Yes	No
	FV471	H A Mcparland Ltd	Community Pharmacy	226 Farnham Road, Slough, Berkshire	SL1 4XE	No	No	Yes	No
	FVT01	Harrisons Pharmacy	Community Pharmacy	U7, Britwell Local Centre, Long Furlong Drive, Slough, Berkshire	SL2 2LX	No	No	No	No
	FLA43	J's Chemist	Community Pharmacy	16-18 Chalvey Road East, Slough, Berkshire	SL1 2LU	No	Yes	No	No
	FN196	Jhoots Pharmacy	Community Pharmacy	18 Parlaunt Road, Langley, Slough, Berkshire	SL3 8BB	No	No	No	No

HWB	ODS Code	Pharmacy	Contract Type	Address	Post Code	Early Opening	Late Closing	Open on Saturday	Open on Sunday
	FEA96	John Ross Chemist	Community Pharmacy	112 Stoke Road, Slough, Berkshire	SL2 5AP	No	No	Yes	No
	FH274	K Pharmacy	Community Pharmacy	400 Farnham Road, Slough, Berkshire	SL2 1JD	Yes	No	No	No
	FG413	Kamal Enterprises Ltd	Community Pharmacy	14 Woodland Avenue, Slough, Berkshire	SL1 3BU	No	No	Yes	No
	FJ399	Kamal Enterprises Ltd	Community Pharmacy	16 Chalvey Road West, Slough, Berkshire	SL1 2PN	No	No	Yes	No
	FD141	Khatkar Dispensing Chemist	Community Pharmacy	9 Villiers Road, Slough, Berkshire	SL2 1NW	Yes	No	Yes	No
	FL637	Langley Pharmacy	100 Hours	Langley Health Centre, Common Road, Langley, Slough, Berkshire	SL3 8LE	Yes	Yes	Yes	Yes
	FDD17	LloydsPharmacy	Community Pharmacy	417-419 Bath Road, Cippenham, Slough, Berkshire	SL1 5QL	No	No	Yes	No
	FGG07	LloydsPharmacy	Community Pharmacy	10 Upton Lea Parade, Wexham Road, Slough, Berkshire	SL2 5JU	No	No	Yes	No
	FW249	Lloydspharmacy (in Sainsbury)	100 Hours	Lloyds Pharmacy, Uxbridge Road, Slough, Berkshire	SL1 1SW	Yes	Yes	Yes	Yes
	FFL07	Moonlight Pharmacy	100 Hours	Moonlight Dental Surgery, Wentworth Avenue, Slough, Berkshire	SL2 2DG	Yes	Yes	Yes	Yes
	FN159	Pyramid Pharmacy	100 Hours	Farnham Road Surgery, 301 Farnham Road, Slough, Berkshire	SL2 1HD	Yes	Yes	Yes	Yes
	FC540	Superdrug Pharmacy	Community Pharmacy	292 Farnham Road, Slough, Berkshire	SL1 4XL	No	No	Yes	No
	FQE13	Superdrug Pharmacy	Community Pharmacy	186 High Street, Slough, Berkshire	SL1 1JS	No	No	Yes	No
	FD216	Tesco Pharmacy	Community Pharmacy	Brunel Way, Wellington Street, Slough, Berkshire	SL1 1XW	No	Yes	Yes	Yes
	FE369	The Martin Pharmacy	Community Pharmacy	6 Baylis Parade, Oatlands Drive, Slough, Berkshire	SL1 3LF	Yes	Yes	Yes	Yes
	FAD92	The Village Pharmacy	100 Hours	45 Mercian Way, Slough, Berkshire	SL1 5ND	Yes	Yes	Yes	No

HWB	ODS Code	Pharmacy	Contract Type	Address	Post Code	Early Opening	Late Closing	Open on Saturday	Open on Sunday
	FVD29	Totally Pharmacy	DSP	920 Yeovil Road, Slough, Berkshire	SL1 4JG	No	No	No	No
	FKQ84	Wexham Road Pharmacy	100 Hours	Unit 3 Upton Lea Parade, Wexham Road, Slough, Berkshire	SL2 5JU	Yes	Yes	Yes	Yes
	FFC15	Willow Pharmacy	100 Hours	Unit 2 Willow Parade, Meadfield Road, Langley, Slough, Berkshire	SL3 8HN	Yes	Yes	Yes	Yes
Hillingdon	FA808	Orchard Pharmacy	Community Pharmacy	6 Laurel Lane, West Drayton, Middlesex	UB7 7TU	No	No	Yes	
Buckinghamshire	FF535	Burnham Health Pharmacy	Community Pharmacy	30 High Street, Burnham, Buckinghamshire	SL1 7JP	No	No	Yes	No
	FVV67	LloydsPharmacy	Community Pharmacy	Burnham Health Centre, Minniecroft Road, Burnham, Buckinghamshire	SL1 7DE	Yes	No	Yes	No
	FAC69	Lloydspharmacy (in Sainsbury)	Community Pharmacy	Lake End Road, Taplow, Buckinghamshire	SL6 0QH	Yes	Yes	Yes	Yes
	FRR22	Saleys Chemist	LPS	42 Bathurst Walk, Iver, Buckinghamshire	SL0 9BH	No	No	Yes	No
Windsor and Maidenhead	FXG99	Datchet Village Pharmacy	Community Pharmacy	The Green, Datchet, Slough, Berkshire	SL3 9JH	No	No	No	No
	FW480	Eton Pharmacy	Community Pharmacy	30 High Street, Eton, Windsor, Berkshire	SL4 6AX	No	No	Yes	No
	FD549	Village Pharmacy	Community Pharmacy	7 Eton Wick Road, Eton Wick, Windsor, Berkshire	SL4 6LT	No	No	Yes	No

Appendix C: Consultation report

This report presents the findings of the consultation for the Slough 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 Slough consultation website. In total two people responded to the consultation survey. One of whom was a member of the public and one was representing Boots UK Limited.

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

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

Do you agree with the conclusions of the pharmaceutical needs assessment?	2	
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The table below presents the comments received during the statutory 60-day consultation period and the response from the steering group.

Comments	Response
<p>Boots UK Ltd.:</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>Member of the public:</p> <p>We are fortunate to have a wealth of services readily available to us in Slough however I believe that many people remain unaware of many of these services. This then results in people not accessing the most appropriate service for their needs. Yet another campaign on this is needed.</p>	<p>We are tailoring our way of communicating and publicising services so that we better reach all demographic groups in Slough. We will share this comment with the Health and Wellbeing Board to take forward in consideration for other Health and Social Care Services in Slough as well.</p>