

Swindon Pharmaceutical Needs Assessment 2015 – 2018



Swindon Health and Wellbeing Board

Document control

Purpose	The Health and Social Care Act 2012 transferred the responsibility for the developing and updating of Pharmaceutical Needs Assessment (PNA) to Health and Wellbeing Boards. Swindon Health and Wellbeing Board is required to publish the PNA for 01 April 2015. This is a statement of the pharmaceutical need of the population in the area. It will ultimately form the basis of commissioning plans of NHS England for services within community pharmacies.
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Swindon Health and Wellbeing Board

Pharmaceutical Needs Assessment

2015-2018

Executive summary

Background

A Pharmaceutical Needs Assessment (PNA) is a structured approach to assessing the needs of an area for pharmaceutical services which are provided as part of the National Health Service (NHS).

The Health and Social Care Act 2012 established Health and Wellbeing Boards (HWBs). The Act also transferred responsibility for developing and updating PNAs from Primary Care Trusts to HWBs.

The PNA is a key tool for identifying what is needed at local level to support the commissioning intentions for pharmaceutical services and other services that could be delivered by community pharmacies and other providers. The PNA will be used by NHS England Bath and North East Somerset, Gloucestershire, Swindon and Wiltshire (BGSW) Area Team to determine whether to approve applications to join the pharmaceutical list under The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013¹.

This PNA looks at the current provision of pharmaceutical services across the Swindon HWB area and seeks to identify if the current provision meets the needs of the population and any potential gaps to service delivery.

Development of the PNA in Swindon

The development of the Swindon PNA has been led by members of staff from Swindon Borough Council (SBC) on behalf of the HWB. A variety of methods were used to develop the needs assessment, including drawing on a range of information sources, public and contractor questionnaires and consultation with a range of partners.

The information gathered from the various sources has been synthesised to provide a comprehensive picture of the population of Swindon, their current and future needs, and how pharmaceutical services can help meet these needs and support future improvements in the health and wellbeing of our population.

Health needs in Swindon

Swindon HWB is responsible for the administrative borough of Swindon. In the PNA this is referred to as Swindon. The area has a population of around 210,000 people and includes Swindon town, Highworth, Wroughton and surrounding villages but excludes Shrivenham which, although forming part of NHS Swindon Clinical Commissioning Group (CCG) area, comes under the auspices of the Oxfordshire HWB and will be included in their PNA.

¹ The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.
<http://www.legislation.gov.uk/uksi/2013/349/contents/made>

The Swindon Joint Strategic Needs Assessment (JSNA)² has been used to provide a comprehensive account of the wider diseases and conditions which cause mortality and morbidity in Swindon, as described in Section 5. This section also highlights key strategic priorities around inequalities in health and disease priorities.

Current provision and use of pharmaceutical services in Swindon

Swindon has a total of 41 Community Pharmacies, equivalent to approximately 20 pharmacies per 100,000 population. In addition, there are three Dispensing General Practices (GPs), dispensing from 4 locations, which serve the surrounding rural parts of the town. There is also one distance selling pharmacy located in Swindon. A distance selling pharmacy must be able to provide service nationally and may not provide 'face to face' services, therefore their contribution is not included in the Swindon PNA.

There is a range of local provision of advanced and enhanced pharmaceutical services in Swindon.

Pharmacy opening hours in Swindon vary, with a range of daytime, evening and weekend opening provided. Five community pharmacies provide a 100 hour service - open 7 days a week plus evenings. In addition, a further eight are open at least one late evening (to 7pm or later) per week and five open on Sundays. Three are commissioned to provide an out-of-hours service to people in Swindon.

The range of pharmaceutical provision in Swindon extends to meet the needs of those with various specific diseases, different populations and also lifestyle choices.

As housing growth is delivered in Swindon, the provision of pharmaceutical services will be reviewed on an on-going basis by the HWB and supplementary statements to this PNA will be issued when necessary.

Conclusion

After considering the population of Swindon and the provision of pharmaceutical services in Swindon it is concluded that there is adequate provision of pharmaceutical services at the time of writing this PNA. Pharmaceutical services are available in a variety of different set ups across Swindon and in a range of accessible locations.

A project should be considered to develop Healthy Living Pharmacies in Swindon which would further support the population to lead a healthier life.

Further work needs to be completed on the development of community pharmacies and their role in the delivery of primary care services. The feedback from the consultation by NHS England (NHSE) of the Call to Action for Community Pharmacies³ will be key to this agenda.

A working group should be set up to take forward the recommendations in the PNA, which can be found in section 11, and develop an action plan.

² Swindon JSNA: <http://www.swindon.gov.uk/sc/sc-healthmedicaladvice/jsna/Pages/sc-jsna.aspx>

³ NHS England Community Pharmacy Call to Action: <http://www.england.nhs.uk/ourwork/qual-clin-lead/calltoaction/pharm-cta/>

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1 Introduction

Definition of a PNA

- 1.1 A Pharmaceutical Needs Assessment (PNA) is a structured approach to assessing the needs of an area for pharmaceutical services which are provided as part of the National Health Service (NHS).
- 1.2 The responsibility for commissioning community pharmaceutical services rests with NHSE.

Purpose of the PNA

- 1.3 This PNA will be used for several key purposes:
 - To record the local health needs and identify how these health needs could be met by the provision of pharmaceutical services.
 - To inform commissioning of local services by NHS Swindon CCG and SBC.
 - To enable external stakeholders to understand the needs of the local population and the requirements for pharmaceutical services to meet those needs. Providers will be able to use the PNA to inform their applications to provide pharmaceutical and other relevant services.
 - It will be referred to by NHSE when they have to make decisions on whether or not to approve applications to open new pharmaceutical services and dispensing doctors. They will also use this PNA when existing NHS pharmaceutical services apply to make changes to their terms of service.
 - It will help the Swindon HWB to work with providers to ensure that services are targeted to the areas where they are needed to avoid duplication of services in areas where there is adequate provision.
- 1.4 It should be noted that decisions on new pharmacies and changes to existing pharmacy arrangements are not made by HWBs.

Legislative background

- 1.5 The National Health Service (NHS) Act 2006⁴ required each Primary Care Trust (PCT) to publish a PNA and the last PNA for Swindon was published by Swindon PCT in 2011.
- 1.6 The Health and Social Care Act (2012) amended the NHS Act 2006. The 2012 Act established HWBs and transferred the responsibility for developing and updating the PNA from PCTs to HWBs. It also transferred the responsibility for using the PNA to determine market entry from PCTs to NHSE.
- 1.7 HWBs consist of representatives from several organisations, including local authorities, CCGs, NHSE, Police and the local Healthwatch and are responsible for developing the strategic plans to improve the health and wellbeing of their populations. Directors of Public Health, based in local authorities, have a duty to advise and contribute to the development of JSNA describing the future health, care and

⁴ The National Health Service (NHS) Act 2006

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216230/dh_130235.pdf

wellbeing needs of their population. Local authorities have a duty to produce the JSNA on behalf of HWBs. The key strategic priorities for Swindon are summarised in section 5 of the PNA.

- 1.8 The requirements on how to develop and update PNAs are set out in the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013⁵ which came into force on 01 April 2013 – the same time as the Health and Social Care Act (2012). These 2013 regulations were updated on 01 April 2014.

Definition of pharmaceutical services

- 1.9 Pharmaceutical services as defined in the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 include:
- **Essential services** which every community pharmacy providing NHS pharmaceutical services must provide as set out in Schedule 4 of the Regulations. These include the dispensing of medicines and helping people care for themselves.
 - **Advanced services.** The Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 sets out what can be provided subject to accreditation. These include Medicines Use Reviews (MUR), Appliance Use Reviews (AUR) and New Medicines Service (NMS).
 - **Enhanced services** are directly commissioned by NHSE and could include the provision of advice and support to residents and staff of care homes in connection with drugs and appliances. A full list of enhanced services that can be commissioned by NHS is contained in the 2013 Pharmaceutical Services Directions⁶
- 1.10 Essential, advanced and enhanced services are commissioned by NHSE. Essential and advanced services are determined nationally. There are also some locally commissioned pharmacy services – there are no restrictions on who may commission these. Some of these may be commissioned by NHS Swindon CCG, Great Western Hospital and SBC. These include services such as stop smoking service, needle exchange and NHS Health Checks.

⁵ The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. <http://www.legislation.gov.uk/uksi/2013/349/contents/made>

⁶ The Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 <https://www.gov.uk/government/publications/pharmaceutical-services-advanced-and-enhanced-services-england-directions-2013>

2 Policy background

- 2.1 The Health and Social Care Act (2012) set out a range of legal duties for NHSE. In March 2014 NHSE published a refresh of their business plan – Putting Patients First – The NHSE Business Plan for 2014/15 – 2016/17⁷. The business plan sets out the main objective of delivering high quality care for all across many business areas. The changes that are now being taken forward, locally and nationally, will see the NHS deliver high quality care for all users of services in all aspects, not just some. Pharmacy has a key role to play in delivering this vision, particularly as a provider of services which prevent ill-health, promote better health for all and improve access to services within communities.
- 2.2 All members of the Swindon HWB recognise that NHS services need to change, working across traditional boundaries to deliver high quality services with increasing need, rising expectations and lower finances available. For community pharmacy services, this emphasises a need for a shift from the traditional role of dispensing to one of providing a much broader range of clinical, health and wellbeing services.
- 2.3 NHSE recognises the community pharmacy as a key frontline healthcare service that can and does provide healthcare and advice as an effective alternative to many over-subscribed primary care services in their communities. NHSE launched the Community Pharmacy Call to Action in July 2013, with a pharmacy element running from December 2013 to March 2014⁸. The main purpose of this was to stimulate debate in local communities, with everyone who works in, with and uses pharmaceutical services, to find out the best way to develop an integral service. The aim is to enable community pharmacies to play an even stronger role at the heart of more integrated out-of-hospital services that support better health outcomes for patients, provide more personalised care, deliver excellent patient experience, optimise the use of medicines and secure the most efficient possible use of NHS resources.
- 2.4 The Pharmaceutical Services Negotiating Committee (PSNC) drafted a response to the NHSE Community Pharmacy Call to Act in March 2014 in which it set out its vision for community pharmaceutical services. The PSNC describes community pharmaceutical services as the third pillar alongside GP led care and secondary care.
- 2.5 The Royal Pharmaceutical Society in its published report ‘Now or never: shaping pharmacy for the future’⁹ recommends that pharmacists must shift their focus away from dispensing and supply of medicines to a broader range of services. It also recommended that NHSE and Public Health England must include pharmacy in plans for the future of out-of-hours and urgent care, public health, and the management of long term conditions. It recommended that CCGs should draw on the potential of pharmacy to improve local services, particularly in response to challenges such as urgent care, out-of-hours primary care, and the need to co-ordinate care for frail elderly and other people living with multiple conditions.

⁷ The NHS England Putting Patients First Business Plan : <http://www.england.nhs.uk/pp-1314-1516/>

⁸ NHS England Community Pharmacy Call to Action: <http://www.england.nhs.uk/ourwork/qual-clin-lead/calltoaction/pharm-cta/>

⁹ The Royal Pharmaceutical Society report ‘Now or never: shaping pharmacy for the future’ <http://www.rpharms.com/what-we-re-working-on/models-of-care.asp>

- 2.6 The NHS Confederation report 'Health on the high street: rethinking the role of community pharmacy'¹⁰ was commissioned by the Department of Health to consider how best to commission public health services from community pharmacy following the changes in the NHS Health and Social Care Act (2012). This report concluded that pharmacies could be better used and resourced to enable all healthcare commissioners to make significant improvements to the health of the public.

¹⁰ Health on the high street: rethinking the role of community pharmacy
<http://www.nhsconfed.org/Publications/reports/Pages/Health-on-high-street-rethinking-community-pharmacy.aspx>

3 The PNA process

3.1 In May 2014, the Swindon HWB established a virtual working group to take forward the PNA. The group was jointly led by a member of the Public Health team and a member of the Strategy and Research team within SBC and included representatives of the following:

- Chief Officer, Swindon and Wiltshire Local Pharmaceutical Committee
- Assistant Director for Pharmacy, NHSE BGSW Area Team
- Pharmaceutical Advisor, NHS Swindon CCG
- Patient/public involvement lead, NHS Swindon CCG
- Communications lead, SBC
- Public Health team, SBC

3.2 The PNA was developed taking into account the following:

- Swindon JSNA¹¹
- Swindon Health and Wellbeing Strategy 2013 – 2016¹²
- NHS Swindon CCG Five Year Strategy 2014 – 2019 ‘One Swindon: One Vision’¹³
- Responses to an online questionnaire (Appendix 1) published on the website of the following organisations:
 - Healthwatch Swindon
 - SBC
 - NHS Swindon CCG
 - Great Western Hospitals NHS Foundation Trust (GWH)
 - Voluntary Action Swindon
 - Swindon Business Forum
- Feedback from service users at a series of focus groups held during the month of August 2014
- A baseline survey of community pharmacies (Appendix 2)
- National datasets and statistics
- The format of the previous (2011) PNA

3.3 The feedback and data have been combined to provide a good understanding of the population of Swindon. The current and future needs of this population have been reviewed and consideration given to how our pharmaceutical services in Swindon may be used to improve the health and wellbeing of the local population.

Consultation process

3.4 Consultation was undertaken to inform the first draft of the Swindon PNA which included public engagement events and an online questionnaire (see section 8).

3.5 The Swindon draft PNA was subject to a 60 day statutory consultation period which commenced on 17th November 2014 and concluded on 15th January 2015.

¹¹ Swindon JSNA: <http://www.swindon.gov.uk/sc/sc-healthmedicaladvice/jsna/Pages/sc-jsna.aspx>

¹² Swindon Health and Wellbeing Strategy 2013 – 2016 <http://www.swindon.gov.uk/healthandwellbeingstrategy>

¹³ NHS Swindon CCG Five Year Strategy 2014 – 2019 ‘One Swindon: One Vision’
<http://www.swindonccg.nhs.uk/search?term=five+year+strategy&searchType=all>

- 3.6 Swindon HWB consulted with the following persons/organisations, in accordance with relevant regulations, as part of the 60 day statutory consultation:
- Swindon CCG
 - Swindon and Wiltshire Local Pharmaceutical Committee
 - The Local Medical Committee
 - Dispensing practices in Swindon
 - The pharmacies in Swindon on the NHSE pharmaceutical list
 - Healthwatch Swindon
 - SEQOL
 - The Great Western Hospital NHS Foundation Trust
 - Avon and Wiltshire Mental Health Partnership NHS Trust
 - NHSE
 - The neighbouring HWBs of Gloucestershire, Oxfordshire, Wiltshire and West Berkshire.
- 3.7 The Swindon draft PNA was uploaded onto the SBC website and comments sought via an online survey. Respondents were also offered the option to reply by telephone, post and email. There were 14 respondents in total to the statutory consultation.
- 3.8 All responses received via the online survey (5) agreed with the statement that the pharmaceutical provision within Swindon is satisfactory.
- 3.9 Following the 60 day consultation period the responses were analysed and considered by the JSNA Steering Group. Amendments were made to the draft document for clarity and accuracy as considered appropriate. The main comments along with the actions taken (if necessary) are summarised in Appendix 3.
- 3.10 An updated Swindon PNA 2015 – 2018 was submitted to the Swindon HWB for approval for publication for 01 April 2015.

4 Swindon Health and Wellbeing Board strategic priorities

- 4.1 The Swindon HWB strategy 2013 – 2016¹⁴ outlined a three year ambition for improving health and wellbeing and addressing health inequalities across Swindon. It identified priorities and approaches for partners including NHS Swindon CCG and SBC to take into account when developing their own plans and making decisions about spending money and planning services.
- 4.2 The strategy built on a number of collaborative pieces of work undertaken in Swindon, with a wide range of stakeholders, that focus on working together to improve people's health and wellbeing, including Swindon's Sustainable Communities Strategy¹⁵.
- 4.3 Five high-level outcomes for Swindon were identified:
1. Every child and young person in Swindon has a healthy start in life
 2. Adults and older people in Swindon are living healthier and more independent lives
 3. Improved health outcomes for disadvantaged and vulnerable communities (including adults with long term conditions, learning disabilities, physical disabilities or mental health problems and offenders)
 4. Improved mental health, wellbeing and resilience for all
 5. Creation of sustainable environments in which communities can flourish
- 4.4 The vision for Health and Wellbeing in Swindon is that: "Everyone in Swindon lives a healthy, safe and independent life and is supported by thriving and connected communities".
- 4.5 Work done to agree these priorities drew upon evidence from the Swindon JSNA and included engagement with local communities, organisations and other groups who work in the area of health and wellbeing.
- 4.6 The JSNA suggested the Health and Wellbeing Strategy should pay meaningful attention to the following issues:
- Young people's / teenager's wellbeing
 - Swindon's aging population
 - Inequalities and their causes
 - Equity across the population
 - Mental health and wellbeing

¹⁴ Swindon Health and Wellbeing Strategy 2013 – 2016 <http://www.swindon.gov.uk/healthandwellbeingstrategy>

¹⁵ One Swindon, The Swindon Sustainable Communities Strategy – A Vision for Swindon 2008 – 2030
<http://www.oneswindon.org.uk/os/Pages/default.aspx>

5 Swindon: people and places

The geography of Swindon

- 5.1 Swindon Borough consists of the town of Swindon and surrounding villages. The Borough is mainly urban with some rural pockets. Swindon has an advantageous location on the M4 corridor between London and Bristol, and is therefore attracting businesses and people wishing to relocate. This brings challenges in terms of local skills, affordable housing, and traffic congestion and, above all, ensuring that its communities benefit from increased regional prosperity.
- 5.2 For the purpose of the PNA, Swindon has been divided in accordance with the seven SBC locality areas which are:-

Locality areas	Wards (and polling districts)
North East	<ul style="list-style-type: none">• Blunsdon & Highworth• St Margaret & South Marston.• Penhill & Upper Stratton (Polling districts PSD, PSE, PSC and PSF only)• Gorsehill & Pinehurst (Polling districts GPC & GPE only)
North	<ul style="list-style-type: none">• St Andrews• Priory Vale• Haydon Wick
North Central	<ul style="list-style-type: none">• Rodbourne Cheney• Gorsehill & Pinehurst (Polling districts GPA, GPD and GPB only)• Penhill & Upper Stratton (Polling districts PSA & PSB only)• Mannington & Western (Polling districts MWA & MWD only)
West	<ul style="list-style-type: none">• Shaw• Lydiard & Freshbrook• Mannington & Western (Polling Districts MWC & MWB only)
Town Centre	<ul style="list-style-type: none">• Central• Eastcott
East	<ul style="list-style-type: none">• Walcot & Park North• Liden, Eldene & Park South• Covingham & Dorcan
South	<ul style="list-style-type: none">• Old Town• Wroughton & Wichelstowe• Chiseldon & Lawn• Ridgeway

- 5.3 More information on these locality areas is available on the Swindon Council website: <http://www.swindon.gov.uk/cm/localityworking/Pages/cm-Locality-Working.aspx>
- 5.4 The boundaries of locality areas have been reviewed to reflect the 2012 Ward Boundary changes and have changed since the 2011 PNA.

- 5.5 The village of Shrivenham is in NHS Swindon CCG but is not part of Swindon Borough; therefore it is not included in Swindon's PNA. Information about Shrivenham can be found in Oxfordshire's PNA¹⁶.
- 5.6 Provision of services within specific wards, for example where there are high levels of deprivation, are considered in some cases.
- 5.7 Maps 1a and 1b in Appendix 4 show the seven locality areas in Swindon.

Swindon's population profile

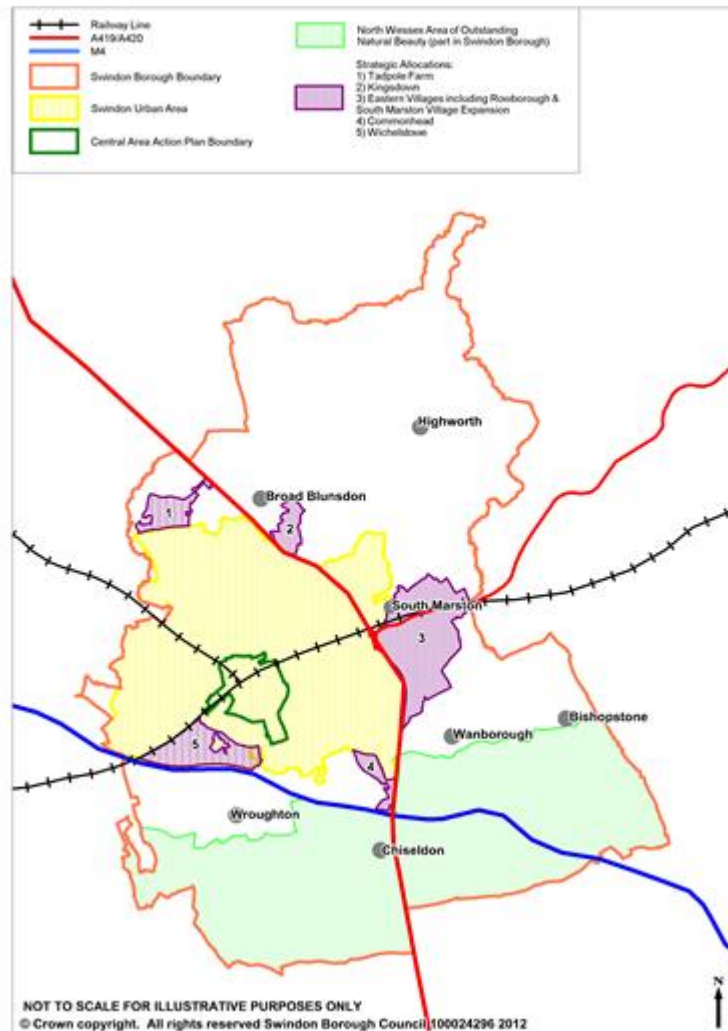
- 5.8 It is forecast that Swindon's population could increase from around 210,000 in 2011 to 240,000 by 2021, and to 265,400 by 2031. This represents total growth of approximately 14% from 2011 to 2021, and a further 10% from 2021 to 2031. This is greater than the population increases projected in the South West and in England as a whole (about 7% between 2012 and 2022 and about 6% between 2022 and 2032)¹⁷.
- 5.9 The largest increase in the number of people will be in the 65 to 74 age group, projected to be 12,900 more by 2031. However, the 85+ age group will have the largest growth rate at approximately 136%. Overall, the population aged over 65 is projected to grow by 25,900 persons by 2031, which accounts for 46% of the total population growth. This is expected to have important implications for aging; including patient choice to die at home, depression, falls/hip fractures and healthy life expectancy/quality of life in old age. With an ageing population there is expected to be an increase in the number of vulnerable older people; including those with visual impairment, individuals living alone, individuals living in council and non-council care homes and individuals in fuel poverty. It also presents an opportunity with a greater proportion of people having skills and time to volunteer, learn and lead at community level.
- 5.10 Swindon's working age population (aged 16-64) is also projected to grow by approximately 21,600 persons; and the 0-15 age group by approximately 8,200 persons. Swindon is projected to have a greater percentage of people, aged 20 to 64 (in comparison with projections for England and the South West). This has important implications for the provision of care for health problems that typically develop in middle age (including heart disease and diabetes).
- 5.11 Appendix 5 contains a breakdown of the projected population change by age group between 2011 and 2031 according to Swindon Council demographic policy-led projections.
- 5.12 This population growth will create additional demand for pharmaceutical services across our existing network.
- 5.13 Swindon also has a daily inflow of around 14,000 people for employment purposes.
- 5.14 The emerging Swindon Borough Local Plan, 2026, will become the main planning policy document for the Borough, on adoption in February 2015. It sets out how much housing, employment and retail development the Borough needs up to the year 2026 and where it should be.

¹⁶ https://consultations.oxfordshire.gov.uk/consult/ti/PNA_Consultation_2013/consultationHome

¹⁷ Swindon predictions are from SBC Model 2014; South West and England predictions are from 2012-based ONS projections.

5.15 The Swindon Borough Local Plan, 2026, has planned for about 22,000 more dwellings between 2011 and 2026; phased as an average of 1,150 per annum between 2011 and 2016; and an average of 1,625 per annum between 2016 and 2026. It is anticipated that a large proportion of these houses will be delivered through five strategic sites at Wichelstowe, Commonhead, Tadpole Farm, Kingsdown and the New Eastern Villages as defined on the Key Diagram below.

Key Diagram showing the outline of the strategic development sites



- 5.16 It is anticipated that about 3,400 homes will be delivered over the period 2015-18. These dwellings will be split across the Borough, with development at Tadpole Farm, Commonhead and Wichelstowe already under way. It is also anticipated that development of the New Eastern Villages will have also started by 2018 with parts of the development progressing through the planning system.
- 5.17 In 2011, the BME population (defined broadly as everyone except those who report as White British) comprised 15.4% of Swindon's total population, which was nearly double the percentage in 2001, 8.5%. This is lower than the national average in 2011 of 20.2%, but higher than the South West average of 8.2%.
- 5.18 Most of Swindon's BME population live in the centre and west of Swindon. Over 25% of BME residents in Swindon living in the four most deprived wards (Central; Gorsehill & Pinehurst; Liden, Eldene & Park South and Walcot & Park North). For example, Central ward has a BME population of around 6,000 people, which is approximately 50% of the total population of that ward. In contrast, Blunsdon and Highworth ward

has a BME population of around 600 which makes up around 5% of the total ward population.

Swindon JSNA findings

5.19 The Swindon JSNA¹⁸ identified the following:

Health and wellbeing

- 5.20 The number of births in Swindon is projected to increase slightly from 2013 to 2020 and then decline equally slowly to 2028 before rising again¹⁹.
- 5.21 The overall mortality rate and the premature (under 75 years) mortality rate have both fallen substantially in Swindon over the past decade.
- 5.22 Infant mortality rates in Swindon's most deprived wards are approximately twice that of the rate in the least deprived wards.
- 5.23 Swindon has slightly lower mortality rates for premature deaths (<75yrs) from cancer, stroke and CHD than England. However, the mortality rate from communicable disease is significantly higher than England²⁰.
- 5.24 Lung cancer accounts for many of the early deaths from cancer, with smoking causing more than 8 out of 10 lung cancer cases. Reducing the prevalence of smoking in the population represents a huge opportunity for public health - smoking is the single biggest preventable cause of early death and illness.
- 5.25 The prevalence of diabetes in Swindon in 2012/13 was 6.4% (previously 5.9% in 2011/12) and is higher than in England overall, 6.0%. This amounts to 11,081 people registered with NHS Swindon CCG, although, as in the rest of England, there is a group of people who have undiagnosed diabetes; in Swindon this group is estimated to be about 1,000 people.
- 5.26 At least one in four people will experience a mental health problem at some point in their life and one in six adults has a mental health problem at any one time. National research also suggests that 9.6% of children aged from 5-16 will have a diagnosable mental health problem. Although Swindon is in many respects similar to national averages, recently published child health profiles suggested that Swindon has a very high hospital admission rate for child mental health problems and a very high hospital admission rate for self-harm compared to national averages.
- 5.27 An average of 16 Swindon residents a year died of suicide or undetermined causes from 2001 to 2009. This was a slightly lower rate than in England overall. Three quarters of these deaths in Swindon were male. For both suicide and self-harm there are strong links with deprivation and social fragmentation.
- 5.28 Substantial numbers of Swindon residents are affected by poverty, although the percentage of those affected is lower than the country as a whole.
- 5.29 Inequalities in health exist in Swindon and many are determined by level of deprivation. Deprivation in Swindon is linked to a number of factors including unemployment and educational achievement.

¹⁸ Swindon JSNA: <http://www.swindon.gov.uk/sc/sc-healthmedicaladvice/jsna/Pages/sc-jsna.aspx>

¹⁹ ONS 2012 based sub-national population projections

²⁰ Public Health Outcomes Framework, www.phoutcomes.info accessed 25/6/14

- 5.30 Swindon “hotspots” of deprivation are in Central ward, and mainly in areas of social housing in the wards of Penhill and Upper Stratton, Gorse Hill and Pinehurst, Rodbourne Cheney, Haydon Wick, Mannington and Western, Lydiard and Freshbrook, Walcot and Park North, Liden, and Eldene and Park South.
- 5.31 There is a difference in life expectancy of 7.2 years between the most and least deprived men in Swindon. This difference is 3.5 years for Swindon women. The gap for men is similar to other areas in the South West and the gap for women is smaller than most other areas in the South West. Healthy life expectancy figures for Swindon individuals, at birth, are slightly higher than England for men and women and similar to the South West averages.
- 5.32 The most deprived areas in Swindon have significantly higher all-age all-cause mortality rates than the least deprived areas. In Swindon, ward level analysis shows that level of deprivation is significantly associated with premature deaths from cancer, coronary heart disease (CHD) and respiratory disease.

Living in Swindon

- 5.33 Swindon ranks particularly well in the environment domain of the Child Wellbeing Index, which covers indicators of environmental quality and access to sports facilities and school. The poorest results are in the housing and education domain.
- 5.34 While Swindon’s results for education at key stage 2 are similar to the national average, by the time Swindon’s children reach their GCSEs their attainment is noticeably lower than the England average.
- 5.35 Educational achievement in Swindon is relatively low with 56.4% of pupils achieving five or more GCSEs at grades A*-C (including English and Maths). This figure is statistically significantly worse than the South West and England values.
- 5.36 Swindon’s unemployment rate has improved since the height of the recession when the town experienced large manufacturing lay-offs – about 2,000 jobs have been created since that time. Swindon’s unemployment rate (International Labour Organisation (ILO) definition) was 8.3% (8,800 people) in 2012/13, just above the England rate of 8.0%. On the rather narrower measure of unemployment using the claimant count latest data for September 2013 puts the claimant count at 2.9% for Swindon compared with 3.1% in England. In common with the rest of the country, young people have been hit hard by unemployment and more than 1 in 4 (26.1%) of the unemployed are young people aged 16-24. This is above the national average of 25.6%. The proportion of benefit claimants in Swindon is below average. There are 13,560 people on work-related benefits equivalent to 9.7% of the working age population; below the national proportion of 11.3%²¹.
- 5.37 Currently 28% of all violent crime can be attributed to domestic violence and this continues to be a significant issue in Swindon. It is recognised nationally that only around 20% of domestic violence incidents are reported to the police, which would suggest that there are potentially 12,000 incidents, per year, in Swindon.

Lifestyles and health improvement

- 5.38 Available data suggests that, with a few exceptions, lifestyles in Swindon tend to be less healthy in the more deprived areas as compared with the less deprived areas.

²¹ Swindon and Wiltshire Local Economic Assessment, 2013

- 5.39 Although smoking is generally declining, the latest data suggest that 21.5% of Swindon's adult population still smoke, which is slightly higher than the national average of 19.5%. Smoking prevalence is higher in routine and manual groups (29.4% in Swindon and 29.7% in England)²².
- 5.40 While overall drinking levels in Swindon are similar to the national average, the impact of alcohol on Swindon's population is still very substantial. Results from Swindon's 2011/12 Residents' Survey indicate that overall 71.5% of people said they drink alcohol. In the 4 least deprived wards this rose to 78.3% whereas in the 4 most deprived wards only 60.3% of people said they drink alcohol. This indicates that not all unhealthy behaviours are more prevalent in deprived areas. Hospital admission statistics from 2012/13 used in the Public Health Outcomes Framework state that Swindon Borough had 625 alcohol-related hospital stays per 100,000 people compared with 637 per 100,000 in England as a whole (directly standardised rates). This calculation is based on an updated methodology introduced in 2014.
- 5.41 The overall prevalence of alcohol dependence is estimated to be 5.9%, with 8.7% of men and 3.3% of women meeting criteria nationally. Alcohol dependence was more common in white men and women than in those from minority ethnic groups. There were no significant variations in the prevalence of dependence by region or income. At present it is estimated that 8,323 individuals (aged 18-64) are dependent on alcohol in Swindon and this is expected to rise to 8,752 over the next 6 years.
- 5.42 Similarly, 4,710 individuals (aged 18-64) are estimated to be currently dependent on illicit drugs in Swindon, with this figure expected to rise to 4,952 over the next 6 years²³.
- 5.43 The 2012 Active People Survey (APS) found that 70.4% of adults in Swindon Borough are in the excess weight category. This is significantly higher than the England figure of 63.8%. The Swindon figure is also considerably higher than the level in the South West, 62.7%. Further analysis of this data suggests that, whilst Swindon has similar levels of adult obesity to other areas, it has much higher percentage of adults who are overweight but not obese (47.7% in Swindon compared to 40.8% in England).
- 5.44 Figures from the National Childhood Measurement Programme for 2012/13, indicate that in Swindon 10.2% of children in Reception Year at school were classified as obese. This was similar to the England and South West levels. However, in Year 6, 19.5% of Swindon children were in the obese category, again similar to England but higher than the South West. Considering excess weight (both obesity and overweight together) shows in Reception Year about 23% of Swindon children had excess weight and in Year 6, about 33% of Swindon children had excess weight. The situation was broadly similar in England. Since measuring began in 2006/07, levels of obesity and excess weight overall in Swindon, in Reception Year and Year 6, have not risen at a statistically significant level. In England there has been a slight decrease in obesity in Reception Year and an increase in Year 6, at a statistically significant level.
- 5.45 The 2013 APS estimated that Swindon has a slightly lower percentage of physically active adults as the South West and England as a whole (52.9% compared to 57.5% and 56.0% respectively). Physically active is defined as achieving at least 150 minutes of physical activity per week in accordance with UK Chief Medical Officer's

²² Public Health Outcomes Framework, www.phoutcomes.info accessed 25/6/14

²³ The report Adult psychiatric morbidity in England, 2007: Results of a household survey, published by the Health and Social Care Information Centre in 2009, provides prevalence rates for both alcohol and drug dependence.

recommended guidelines on physical activity. The 2011/12 Swindon Residents' Survey found that 49% of respondents participated in at least 30 minutes of moderate or high intensity exercise 3 or more times a week. In the most deprived wards this percentage fell to 47%. 25% of people in the most deprived wards said they didn't exercise on any occasions compared to 20% in Swindon overall and 15% in the least deprived wards.

- 5.46 In the 2011/12 Swindon Residents' Survey, people were asked how many portions of fruit or vegetables they ate on a typical day. Only 26% reported the recommended 5 A DAY or more and 28% ate 2 or less. 22% of people in the most deprived wards ate 5 or more portions compared to 29% in the least deprived wards. A similar pattern was seen in the consumption of 2 or less portions with 37% reporting this in the most deprived wards but only 22% in the least deprived wards. Maps 2a and 2b in Appendix 4 show Swindon areas of deprivation by ward and Lower Super Output Area (LSOA).
- 5.47 Sexual health priorities for Swindon are to reduce repeat abortions, increase uptake of testing for sexually transmitted infections (STIs) (particularly Chlamydia, Gonorrhoea and HIV) and to continue targeted work with those most vulnerable to poor sexual health outcomes to reduce risk.
- 5.48 Swindon data showed that breastfeeding initiation appeared to be associated with the age of the mother (mothers who were of 19 years or under had the lowest breastfeeding initiation rates compared to those aged 30 years or older). There was also a relationship with deprivation, with lower rates of breast feeding rates in the more deprived area of the town.
- 5.49 Childhood immunisation results are mixed compared to England, but both local and national coverage falls short of the 95% target set by the World Health Organisation for protecting public health.
- 5.50 Cervical screening coverage of the eligible population was 73.3% in Swindon in 2013. This is significantly lower than the national average of 73.9% and below the target of 80%. Detailed analysis of local data shows that coverage tends to be much poorer in younger age groups.

Use of health and social care services

- 5.51 Higher proportions of children in need and higher proportions of children on a child protection plan are from areas with high levels of deprivation.
- 5.52 Over the past four years the demand across adult social care has been one of increasing numbers requiring services due to demographic change, changing expectations and complexity of need. This will continue into the future. Forecast increases in the number of people with disabilities and those in residential care imply that the gap between demand and available resources will greatly increase, given the Council's medium term financial position.
- 5.53 The expanding population and the ageing of the population will have a major impact on the need for health services in future years. Total hospital admissions are forecast to increase substantially, most notably in the older age groups.
- 5.54 As deprivation levels increase the emergency hospital admission rate also increases significantly. This is a well-known phenomenon, reflecting poorer health in more deprived communities, sometimes accompanied by lower access to primary care

services. This relationship between hospital admission and deprivation is not seen so strongly in planned care such as elective surgery.

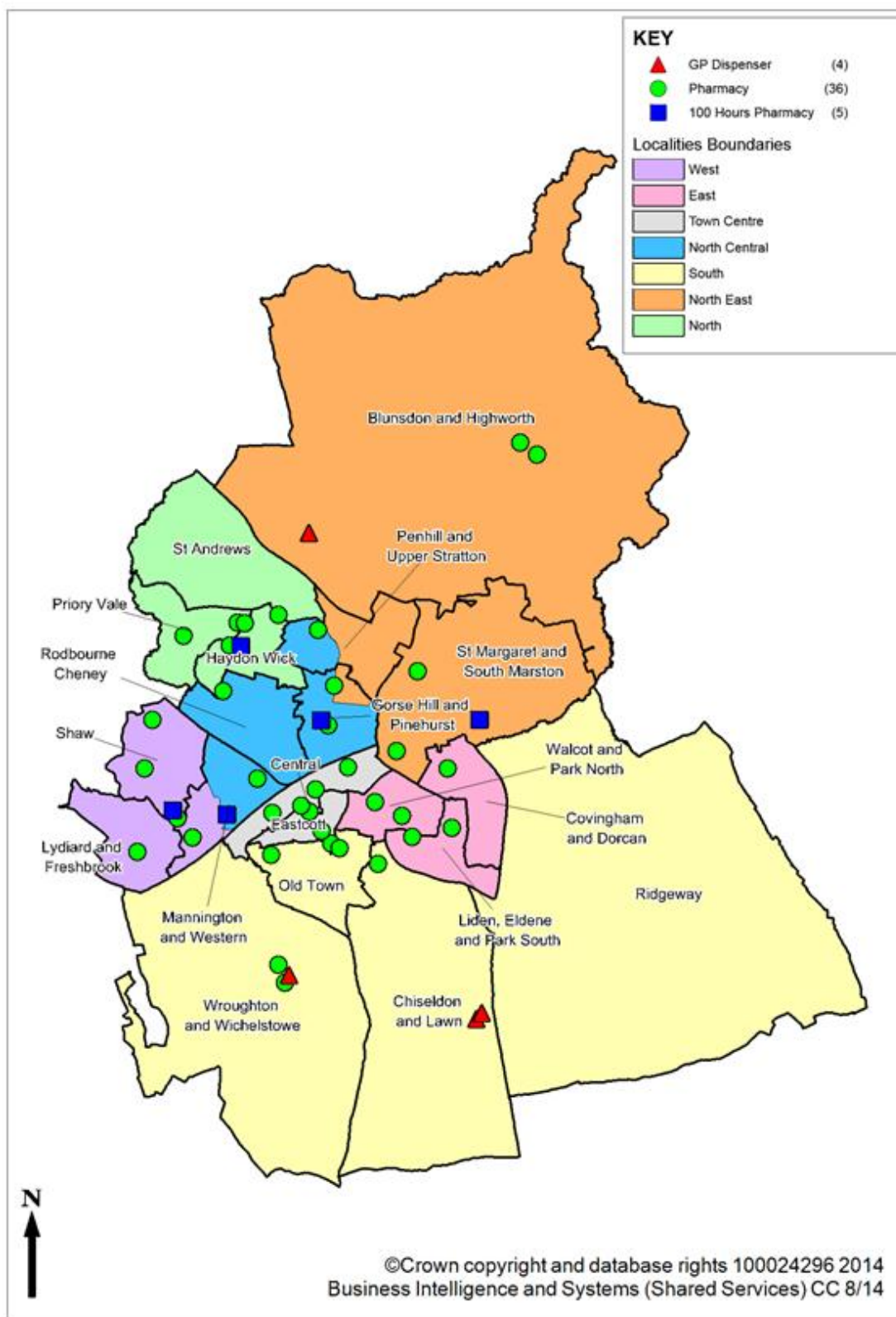
Equality considerations

- 5.55 SBC has a duty under the Equality Act 2010 and the Public Sector Equality Duty to address discrimination. Specifically, the duty requires public bodies to:
- Have due regard to the need to eliminate discrimination
 - Advance equality of opportunity
 - Foster good relations between different people when carrying out their activities
- 5.56 People with specific characteristics are protected from discrimination under the law. These protected characteristics are age, disability, gender, race, gender reassignment, marriage/civil partnership, pregnancy, religion/ belief and sexual orientation.
- 5.57 Commissioned services must demonstrate that they provide services which are inclusive and culturally sensitive and will be delivered in a way that promotes uptake amongst groups who traditionally have low engagement with health care services, such as men, travelling populations, homeless people, people with substance misuse problems, people with significant mental health problems and people whose first language is not English.
- 5.58 Differences in culture, health systems, and language skills may impact on the choice of appropriate health care services, (including community pharmacies) by this group.
- 5.59 Some examples of good practice that pharmaceutical services already exhibit or could be encouraged to further promote are given below. It is beyond the scope of this PNA to establish what is currently being provided.
- Translation services
 - Compliance with the Equality Act - all pharmacies are required to be compliant.
 - Installation of hearing/active loops
 - Adequate lighting to assist partially sighted people
 - Homeless people can access community pharmacies for dispensing medication without the need to provide an address.
 - Screen readers for computer systems in pharmacies
 - Providing vaccination services for travellers undertaking pilgrimages or other foreign visits to places where there is a high risk of infectious disease transmission.
 - The provision of pharmacy services should respect all lifestyle choices and beliefs and should not be impacted upon by the belief systems of staff or potential service users

This list should not be seen as exhaustive.

6 Current provision of pharmaceutical services

6.1 The following map (also Map 3, Appendix 4) shows the current distribution of Community Pharmacies and Dispensing Practices in Swindon.



6.2 Table 1c, also in Appendix 4 shows the ward populations derived from the 2011 Census. Most wards have around 10,000 residents apart from Lawn and Chiseldon (5,304) and Ridgeway (3,329).

- 6.3 There are three dispensing general practices, dispensing from four locations, in the Swindon Borough area, see Table 1, Appendix 6. Highworth and Wroughton also have pharmacies in their centres, Blunsdon (branch) and Chiseldon patients have easy access to larger centres containing a pharmacy. Tables 2 and 3 in Appendix 6 show the provision of pharmaceutical services from a dispensing practice and nine pharmacies in neighbouring HWB areas that might impact on Swindon patients.
- 6.4 NHS Swindon has 41 community pharmacy contractors which provide a range of nationally commissioned pharmaceutical services and some additional services commissioned locally. The community pharmacy contractors operate under the 2006 NHS Act (Section 126) and the 2005 NHS (Pharmaceutical Services) Regulations. It comprises three tiers of services – essential, advanced and local enhanced services.
- 6.5 Essential services are those which every pharmacy must provide, including:
- Dispensing
 - Repeat dispensing
 - Medicine waste disposal
 - Promotion of healthy lifestyles
 - Signposting
 - Support for self-care
 - Clinical governance
- 6.6 Advanced services are nationally specified, and there are four advanced services within the NHS community pharmacy contractual framework. Community pharmacies can choose to provide any of these services as long as they meet the requirements set out in the Secretary of State Directions. At present, there are four advanced services:
- The Medicines Use Review (MUR) - where a pharmacist discusses with a patient their use of the medicines they are taking and whether there are any problems which the pharmacist can help resolve. Essential and advanced services are determined nationally.
 - New Medicine Service (NMS) - The service provides support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence.
 - The Appliance Use Review (AUR) - where a pharmacist establishes the way the patient uses the appliance and the patient's experience of such use: identifies, discusses and assists in the resolution of poor or ineffective use of the appliance by the patient; advises the patient on the safe and appropriate storage of the appliance; and advises the patient on the safe and proper disposal of the appliances that are used or unwanted.
 - Stoma Appliance Customisation (SAC) - where the pharmacist customises the 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.

Dispensing Appliance Contractors (DACs) can provide AUR and SAC services.

- 6.7 The following table summarises Swindon information in a snap shot from the last set of data published by the Health and Social Care Information Centre (HSCIC) (November 2013). The data is for Swindon PCT which commissioned community pharmacies in 2012/13.

Community pharmacies		Prescription items dispensed per month		Community Pharmacies		Independent contractors (%)
Number	Per 100,000 population	Total (000)s	Per Pharmacy	Providing Medicine Use Review services (%)*	Providing New Medicines Services (%)	
42	20	330	7,851	90%	83%	38%

NB: Distance selling pharmacies are omitted

- 6.8 Table 1 in Appendix 7 shows further information for the pharmacy network in England and how Swindon's pharmacies (42 at the time, including Shrivenham) compared to those in the neighbouring PCTs in 2012/13, in the now defunct South West Strategic Health Authority (SHA) region.
- 6.9 The South West is not a homogenous area and a better comparison of Swindon's pharmacies can be made against our Office for National Statistics (ONS) cluster group. This was devised by classifying PCTs into clusters based on similar demographic and socio-economic characteristics²⁴. Table 2 in Appendix 7 shows these data allowing us to compare Swindon with areas that have similar levels of population density and social and economic profile. They show that Swindon has an average number of pharmacies per head of population and that there is similar access to MUR and New Medicines Services (NMS) for the Swindon population when compared to the cluster. Swindon pharmacies dispense more prescription items per month than the cluster group.
- 6.10 Table 2 includes the comparison of provision of MURs and shows Swindon has similar levels of accredited pharmacies (90%) against an average of 93% for the peer group.
- 6.11 Appendix 8 shows the results of the pharmacy contractor survey undertaken in summer 2014.
- 6.12 The pharmacy contractor survey showed that in June 2014, 39 pharmacies were offering MURs (95%) and 40 pharmacies were offering the NMS (98%). Up to 400 MURs per pharmacy may be funded through national arrangements of which 50% must come from patients who have/are:
- respiratory disease (taking a medicine from the asthma/Chronic Obstructive Pulmonary Disease (COPD) list for NMS).
 - recently discharged from hospital
 - taking high risk medicines (Non-steroidal anti-inflammatory drugs, anticoagulants, anti-platelets and diuretics)

Provisional figures from NHSE show that 9 pharmacies have reached 400 MURs for 2013/14.

- 6.13 The pharmacy contractor survey showed that 95% of community pharmacies were able to accept electronic prescriptions (Electronic Prescription Service/ EPS). This

²⁴ <http://www.ons.gov.uk/ons/guide-method/geography/products/area-classifications/ns-area-classifications/index/cluster-summaries/health-areas/index.html>

service lets a GP practice send prescriptions electronically to where a patient chooses to get their medication or appliance dispensed - without the need for paper in some cases.

- 6.14 AURs and SAC are relatively new advanced services and the pharmacy survey indicates that 11 (27%) pharmacies offer AURs and 12 (29%) SACs.
- 6.15 The bulk of stoma and incontinence appliances are supplied by DACs based outside of the Swindon area. These appliances are delivered directly to patients. In Swindon, items from DACs make up a very small percentage of all items dispensed.
- 6.16 Additional services are commissioned by SBC and NHS Swindon CCG direct with pharmacy contractors to meet the needs of the local population. These include, but are not limited to:
- Smoking cessation services
 - Supervised consumption of medication for substance abuse
 - Needle exchange
 - NHS Health Checks
 - Out-of-hours provision
 - Palliative care
 - Provision of specialist medication
 - Sexual health service (emergency hormonal contraception, Chlamydia testing and condom distribution)
 - Care Home Support Service
 - Independent Pharmacist Prescribing
- 6.17 The tables in Appendix 9 shows the commissioned enhanced service provision and opening hours in Swindon's seven locality areas. The information on opening hours reflects the best available knowledge at the time of writing. Neither the service provision data nor opening hours have undergone any formal validation process. Pharmacy contractors must obtain consent from NHSE to alter their core contractual hours. Pharmacies are also required to give NHSE at least 90 day notice to change any of their additional (to core hours) opening hours. Please refer to the NHS Choices website www.nhs.uk for up to date opening hours.
- 6.18 In responding to the pharmacy questionnaire, contractors indicated that a number of services are currently being provided, which are not currently commissioned by NHSE. These services may be being provided privately (either funded by the patient, or by someone other than the NHS on behalf of the patient), or as customer service offerings – available at no charge to some or all customers at the discretion of the pharmacy. The survey did not ask for any information on how these services are funded, nor for detailed specifications of the services provided.
- 6.19 The local pharmacy survey indicated that many of the current pharmacy contractors would be willing to offer further services if commissioned.
- 6.20 Currently, there is no community pharmacy open in Swindon between the hours of 23.00 and 05.00 and therefore no general public access at these times. However, during this time the out-of-hours primary care service can, in some emergency circumstances, access medicines held by three pharmacies that are locally commissioned to provide out-of-hours services.

- 6.21 Swindon has five 100 hour pharmacies and these are required to offer the full range of enhanced services if commissioned by NHSE.
- 6.22 Provision of minor ailment treatments is offered at the pharmacy at Swindon Health Centre (Carfax Street), which is open from Monday to Friday 08.00 to 19.00 and Saturdays from 10.00 to 16.00. Homeground pharmacy offers a minor ailment treatment service and is open from 05.00 to 20.00 Monday to Saturday and 08.00 to 18.00 on Sunday. Jephson pharmacy and St. John pharmacy in Wroughton also offer a minor ailments treatment service and cover 08.30 to 18.30 Monday to Friday and 09.00 to 13.00 on Saturdays.
- 6.23 The Urgent Care Centre on the GWH site provides a 24 hour walk in service. It also provides an out-of-hours GP service. The out-of-hours GP service runs from 18:30 – 08.00 every day – except from Friday where it runs from 18:30 Friday evening until 08:00 Monday morning. This centre provides access to limited medicines via Patient Group Directions and prescriptions. Prescriptions from this out-of-hours service are not able to be dispensed by the Boots pharmacy on the GWH site, as this is not a community pharmacy commissioned by NHSE and therefore cannot provide pharmaceutical services as defined by legislation. During periods when pharmacies are not open, the out-of-hours unit is able to issue medication to patients. In an emergency, should a required medication not be available this service is directed towards the Swindon community pharmacies who are commissioned to offer an out-of-hours service.
- 6.24 It is important that patients in rural areas, who might have difficulty getting to their nearest pharmacy, can access the dispensed medicines that they need. Therefore, in rural areas where there is limited access to community pharmacies, GPs can apply for NHS approval to dispense medicines. Only patients living in a controlled area (defined on a map as such) can apply to their GP to dispense prescriptions for them. There may be pharmacies in or near controlled areas. Any patient living in a controlled area, but within 1.6 km of a pharmacy cannot have prescriptions dispensed by their GP. Even if a patient lives more than 1.6km from a pharmacy, they cannot have prescriptions dispensed unless the area they live in is defined as controlled. A map showing the “non-controlled” area of Swindon is given in Appendix 4 Map 4A. Map 4B, in Appendix 4 shows the extended “non-controlled” area around the village of Wroughton.

7 Statement of current pharmaceutical and health needs

- 7.1 Map 3 in Appendix 4 shows the distribution of pharmaceutical services in Swindon and suggests that, currently, all parts of the town are well served by Community Pharmacies and Dispensing Doctors.
- 7.2 The East locality has five community pharmacies, two in Walcot and Park North and Liden, Eldene and Park South. These wards have high levels of deprivation. The other pharmacy is in Covingham and Dorcan ward, which does not have a high deprivation score.
- 7.3 The North locality has six community pharmacies; none of the wards have high deprivation scores.
- 7.4 The North Central locality has seven community pharmacies; all of these are in wards with high deprivation scores.
- 7.5 The North East locality has five community pharmacies; none of the wards have high deprivation scores. There is also a dispensing practice within this locality.
- 7.6 The South locality has four community pharmacies; none of the wards have high deprivation scores. This locality also has two dispensing practices, dispensing from three locations.
- 7.7 The Town Centre locality has eight community pharmacies; both of the wards in this locality have high scores of deprivation.
- 7.8 The West locality has six community pharmacies; two are in the Mannington and Western ward which has high levels of deprivation. The other 4 pharmacies are in wards which do not have high deprivation scores.
- 7.9 The tables in Appendix 9 show the commissioned enhanced service provision and opening hours in the seven locality areas as reported in the pharmacy contractor survey.
- 7.10 Community pharmacies are open for most of the GP practice core opening times (8.00- 18.30 Monday to Friday); however few are open before 8.30 am. Whilst not a requirement, some GP extended hours are covered, if not within the co-located pharmacy, within the cluster area. Other extended hours are covered by other pharmacies in the town.

8 Residents' views on community pharmacy services

Public engagement sessions

- 8.1 During August 2014 face-to-face engagement sessions were held in Swindon to seek service user's views on community pharmacy services. This was viewed as qualitative work to be considered alongside the online survey that was conducted.
- 8.2 Three existing community groups were attended across the Swindon locality areas to give a mix of representatives from across the community. The groups visited were in Central Library (15 attendees), Haydon Centre (10 attendees) and Wroughton Health Centre (8 attendees).
- 8.3 A meeting of the Swindon Care Homes Managers was also attended to seek their views.
- 8.4 The feedback from the face-to-face engagement sessions was in the main positive. Attendees were asked to describe what works well across community pharmacies, what doesn't work well and what could be improved. A summary of themes from responses is included here:
- 8.5 What works well?
- Helpful advice on medicine and if unwell
 - Close to GP surgery and information is shared
 - Good relationships
 - Excellent opening hours – especially in supermarkets
 - Convenient as local
 - Chairs to sit on whilst waiting
 - Toilet facilities
- 8.6 What does not work well?
- Perceived lack of confidentiality
 - GWH Boots cannot dispense prescriptions from GPs or out-of-hours centre on hospital site
 - Pharmacy not stocking a drug or not having enough in stock
 - Information about services not known to everyone, e.g. home delivery
 - Language barriers
- 8.7 What could be improved?
- Discharge process from hospital, e.g. better information about new medicines
 - Privacy and consultation room
 - Public toilet
 - Healthy weight service in pharmacies
- 8.8 The informal reports from each session are available in Appendix 10 of this PNA.

Online survey for members of the public

- 8.9 There were 161 responses to the public online survey. The majority of respondents (72%) were between the ages of 35 and 64 years. 13% of respondents were between the ages of 65 and 74 years, 13% between the ages of 18 and 34 and negligible

numbers outside these age ranges. Of those who answered the question on gender (125), 29% were male and 71% were female.

8.10 In response to the question asking how people find out information on pharmacies, such as opening hours, 79% responded that they found information from the internet. This may be artificially high as the majority of respondents had completed the survey online and could therefore be regarded as competent internet users. 99% of respondents advised that they could find a pharmacy when they needed one.

8.11 A breakdown of the results is provided in Appendix 11.

8.12 The following were some of the themes identified:

- Using pharmacies: Nearly a quarter of respondents reported that they were not able to get the medicine, product or service that they wanted. The main problem identified was that medicines were out of stock or only partially available. In some pharmacies this was described as a common problem.
- Information: The majority of people who responded reported that they find out information about their pharmacy from the Internet (79%). One in ten people said that it was quite hard or very hard to find the information on the internet. Several people reported that it was hard to find out information on pharmacy opening hours and that there were differing sites offering different information.
- Access: Eight out of ten people reported that it would be easy to get to the pharmacy using public transport. For those people who may not use public transport it would appear that there is good access to free parking at the community pharmacies in Swindon. 92% of people who responded informed that there was wheelchair access to the pharmacy.
- Help with medicines: The pharmacy collecting the prescription from the doctor was the most commonly reported item when asked what help people get with medicines.
- Other Services: There was no clear single service that people wanted as additional services at a pharmacy. It should be noted that this part of the survey should be viewed with care as not all respondents answered all questions or all parts.
- Campaigns: The survey asked "Do you recall seeing a campaign at a pharmacy called Stoptober which was aimed at helping people stop smoking?" Over half the people who responded replied that they did but that they didn't take part in this. People were also asked if they recalled seeing other health related promotions at a pharmacy. People recalled several campaigns including Health Checks, alcohol and diabetes checks.
- General: In the general section of the survey we asked people to think about what was important about the pharmacy services described in our survey. The main themes from this question were:
 - Opening hours
 - Familiar personal advice
 - Provide a service when you don't want to bother a doctor
 - Accurate information about medicines/new drugs
 - Stock available when required

9 Access to pharmacies and services

- 9.1 A mapping exercise was carried out using the Strategic Health Asset Planning and Evaluation (SHAPE) software. The analysis indicated that during standard opening hours, all parts of Swindon Borough are within fifteen minutes' drive of a Swindon pharmacy²⁵.
- 9.2 During standard opening hours, most residential parts of urban Swindon are within 15 minutes' walking time of a Swindon pharmacy as shown by Map 5h in Appendix 4. This has been calculated using the highly conservative assumption of two miles per hour walking pace. In rural areas, unsurprisingly some people live outside the 15 minute walk times. In the North East cluster around 50% of people live more than 0.5 miles from their nearest pharmacy and approximately 25% in the North and the South clusters also live outside this distance²⁶.
- 9.3 The five Swindon 100 hour pharmacies are within 15 minutes' drive of all of Swindon Borough. Map 5a in Appendix 4 shows the 15 minute drive times from the Swindon 100 hour pharmacies. Maps 5b-f show 15 minute drive times from each one and Map 5g shows the 15 minute drive time from any Swindon pharmacy²⁷.
- 9.4 As part of the Swindon pharmacy contractor survey, pharmacies were asked about which locally commissioned services they would be willing to provide in the future. The services have been categorised according to how they relate to JSNA priorities and Appendix 12 contains details of how many pharmacies would be willing to provide each service, if commissioned, for each locality area. Generally, there is a willingness to provide a range of services associated with each JSNA priority in each locality area.
- 9.5 In all parts of Swindon, there are many care homes that would benefit from being offered pharmaceutical advice. There are increased needs in terms of medicines management for patients in care homes. A pharmacist has been funded by NHS Swindon CCG to visit care homes and support work around medication reviews. The role is presently part-time and is in the process of being developed, it may include work with safe and secure medicines.

²⁵ Source: SHAPE website, August 2014.

²⁶ Source: SHAPE website, August 2014.

²⁷ Source: SHAPE website, August 2014.

10 Aspiration for pharmaceutical services in Swindon

- 10.1 It is recognised that community pharmacies can offer potential opportunities to provide health improvement initiatives. They are a key public health resource and work closely with many partners to promote health and wellbeing.
- 10.2 Community pharmacies have thousands of contacts with the public each day, there is real potential to maximise opportunities to improve health and wellbeing and reduce inequalities and to make every contact count.
- 10.3 Community pharmacists should provide positive action that contributes to tackling the root causes of health inequalities, by considering wider health determinants, signposting to services or hosting other service providers on the premises. These providers should be part of the transformation network to optimise the health and wellbeing of the people of Swindon.
- 10.4 Community pharmacists continue to work with others to deliver services which meet the needs of the public in a way that integrates with other health-care providers.
- 10.5 Community pharmacists continue to work collaboratively across all partners to agree ways in which they can contribute to the development of medicines management and the treatment of patients with long term conditions and to ensure that this is fully integrated with care provided by other health professionals.
- 10.6 There should be a “fit for purpose” information and technology system in place, which allows for electronic access, distribution of patient information and access to patient care records. Computers should have the ability to link with standard NHS systems – such as the Summary Care Record when available. The person responsible for delivering pharmaceutical services should have access to the internet at all times and links to health and social care partners and agencies by email.
- 10.7 Community pharmacies could be commissioned to deliver services which support GP and Secondary Care time.
- 10.8 Providers should continue to ensure the opening hours offered to patients reflect local need.

11 Conclusions and recommendations

- 11.1 Swindon HWB recognises the benefits with integrated service delivery and hence better healthcare provision when community pharmacies are co-located with GP practices, walk in centres and other community health and social care providers. Equally it also recognises that patients should have the choice of accessing community pharmacies in town centres and out of town supermarkets.
- 11.2 Map 3 in Appendix 4 shows the distribution of pharmaceutical services in Swindon and suggests that, currently, all parts of the town are well-served by Community Pharmacies and Dispensing Doctors.
- 11.3 Future population projections (including age profiles and housing developments) must be taken into account by NHSE when planning pharmaceutical provision. The Swindon HWB will monitor the development of major housing sites across Swindon and along its boundary with other local authorities and will produce additional statements to this PNA if deemed necessary.
- 11.4 It is recognised that in the rural areas of Blunsdon, Chiseldon and Wanborough patients do not have local access to community pharmacies. The populations of these areas are eligible to access dispensing services from dispensing doctors and can access community pharmacies in larger villages or towns where they go to shop. Therefore, whilst there may not be convenient access to the full range of pharmaceutical services in these areas, it is not believed that there are any gaps in provision for reasons of practicality and value for money.
- 11.5 There is currently no community pharmacy available in Swindon 24 hours per day. The PNA has not identified a need for a 24 hour service provision as urgent requirements can be accessed via an out-of-hours commissioned service.
- 11.6 As the out-of-hours GP service is located on the GWH site NHSE should explore the options available for the dispensing of medicines from the GWH site with any provider willing to provide the service at GWH. This would potentially provide better integrated healthcare provision for those residents accessing medical provision from the urgent care centre.
- 11.7 Across Swindon, the elderly population and the large number of people with long term conditions such as diabetes would benefit from optimum delivery of the MUR (medicine use review) service. All, except one, of the pharmacies in Swindon are offering this service; work is needed to ensure that the appropriate groups of patients are being offered the service and that target numbers are being reached. One particular area of development could be to implement systems, in conjunction with secondary care, to facilitate appropriate patients having an MUR either before admission or post discharge depending on the individual's circumstances.
- 11.8 Ensure that enhanced pharmaceutical services are developed in line with the JSNA and Public Health priorities in Swindon to ensure that equality of access and distribution of services meet the needs of local communities. It is important for all commissioners to work with existing providers to ensure that the highest standards of quality and the optimum range of services are delivered.
- 11.9 Consider the development and implementation of the 'healthy living pharmacy' concept in Swindon to further support the self-care for those with long term conditions. 'Healthy Living Pharmacy' is a national initiative which enables pharmacies to help

reduce inequalities by delivering high quality health and wellbeing services within the local community particularly focused in areas where there is high deprivation.

- 11.10 Provision of Emergency Hormonal Contraception (EHC) should ideally be available in all pharmacies in Swindon, so that young women know that they could access the service in any pharmacy. Some young women may not wish to visit a pharmacy in their residential area for EHC so it is recommended that a quality EHC service is provided by all pharmacies in Swindon.
- 11.11 To increase access to support to stop smoking Smoking Cessation services should be available in all areas of Swindon and all pharmacies should be encouraged to participate in the provision of this service.
- 11.12 The NHS Health Checks programme for 40 to 74 year olds aims to help prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia and should be available in all areas of Swindon and all pharmacies should be encouraged to participate in the provision of this service.
- 11.13 Other healthy living, ageing well support and service provision should be considered through local pharmacies such as weight management, alcohol harm reduction and general brief intervention advice and support.
- 11.14 Continue to review the provision and commissioning of general minor ailments schemes particularly focusing on deprived areas. This will work towards increasing capacity in GP surgeries.
- 11.15 The national plan is to offer seasonal flu vaccine to all children up to 18 years of age in future years. NHSE should consider offering the vaccine for eligible groups through community pharmacies following evaluation of pilot sites. Community pharmacies can also help raise the seasonal flu vaccine uptake in the 'at risk' groups²⁸.
- 11.16 For all enhanced and locally commissioned services, consideration must be given to raising awareness of the services by the pharmacies which offer them. This needs to be addressed across Swindon to ensure the public and other health and social care professionals have the necessary information.
- 11.17 Any future pharmacy applications should be encouraged to provide all locally commissioned services. All new applicants should therefore be prepared to offer these services.
- 11.18 Continue to ensure that the number and distribution of 100 hour pharmacies is sufficient to provide a comprehensive local service.
- 11.19 All community pharmacies in Swindon will be familiar with and actively work within the agreed procedures, guidance and protocols for safeguarding adults and children in Swindon. Community pharmacists should ensure that they are provided with, and that their staff receive, training in safeguarding children and adults. Advice on training can be sought from Swindon Borough Council.
- 11.20 There should be a "fit for purpose" information and technology system in place, which allows for electronic access, distribution of patient information and access to patient care records. Computers should have the ability to link with standard NHS systems -

²⁸ <http://www.nhs.uk/conditions/vaccinations/pages/who-should-have-flu-vaccine.aspx>

such as the Summary Care Record when available. The person responsible for delivering pharmaceutical services should have access to the internet at all times and links to health and social care partners and agencies by email.

- 11.21 A working group should be set up to take forward the recommendations in the PNA and develop an action plan to address the recommendations identified within the findings of this PNA.

Abbreviations and glossary

100 hour	Pharmacy open for 100 hours a week over 7 days
APS	Active People Surveys
AUR	Appliance Use Review
BME	Black and Minority Ethnic
BGSW	Bath, Gloucestershire, Swindon and Wiltshire
CCG	Clinical Commissioning Group
CHD	Coronary Heart Disease
COPD	Chronic Obstructive Pulmonary Disease
CPCP	Connecting People, Connecting Places
DAC	Dispensing Appliance Contractor
DDA	Disability Discrimination Act
EHC	Emergency Hormone Contraception
EPS	Electronic Prescription Service
GCSE	General Certificate of Secondary Education
GP	General Practice/Practitioner
Hb1Ac	Glycated haemoglobin
HIV	Human immunodeficiency virus
HPV	Human Papilloma Virus
HSCIC	Health and Social Care Information Centre
HWB	Health and Wellbeing/ Health and Wellbeing Board
ILO	International Labour Organisation
JSNA	Joint Strategic Needs Assessment
LSOA	Lower Super Output Area
MAR	Medicines Administration. Record
MDS	Monitored Dosage Systems
MUR	Medicines Use Review
NHS	National Health Service
NICE	National Institute for Health and Clinical Excellence
NPSA	National Patient Safety Agency
ONS	Office for National Statistics
PCT	Primary Care Trust
PNA	Pharmaceutical Needs Assessment
PSNC	Pharmaceutical Services Negotiating Committee
RPS	Royal Pharmaceutical Society
SAC	Stoma Appliance Customisation
SBC	Swindon Borough Council
SHA	Strategic Health Authority
SHAPE	Strategic Health Asset Planning and Evaluation
STI	Sexually Transmitted Infection

Acknowledgements

The PNA working group:

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Appendices

(See separate document for appendices)

Appendix 1 - Patient survey form

Appendix 2 - PNA Pharmacy contractor questionnaire

Appendix 3 – Draft PNA consultation: main comments

Appendix 4 - Maps

Appendix 5 – Projected population change

Appendix 6 - Dispensing General Practices and Pharmaceutical Services in neighbouring areas

Appendix 7 - National pharmaceutical statistics

Appendix 8 – PNA Pharmacy contractor questionnaire responses

Appendix 9 - Swindon Pharmacies showing opening hours and locally commissioned services by locality area

Appendix 10 – Results of the public engagement process

Appendix 11 - Results of the public survey

Appendix 12 – Willingness to provide locally commissioned services