

Swindon Pharmaceutical Needs Assessment 2018-2021



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 2018. 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

2018-2021

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 (NHSE) 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. Unfortunately, of the 41 community pharmacies invited to participate, two were unable to complete the contractor questionnaire.

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 220,000 people and includes Swindon town, Highworth, Wroughton and surrounding villages but excludes Shrivenham and Watchfield 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/ukxi/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 19 pharmacies per 100,000 population. In addition, there are three Dispensing General Practices (GPs), dispensing from four 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 nine 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.

Pharmacies make a positive contribution to alleviating pressures on other parts of the health system.

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 list of recommendations can be found in Section 11.

² Swindon JSNA: <http://swindonjsna.co.uk/>

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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 providers of 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 pharmaceutical services and changes to existing pharmaceutical arrangements are not made by HWBs.
- 1.5 The 2011 and 2015 Swindon PNAs have been used by NHSE when making decisions around market entry and the PNA recommendations informed the procurement and re-procurement of local services by commissioners at SBC and the CCG.

Legislative background

- 1.6 The National Health Service (NHS) Act 2006³ required each Primary Care Trust (PCT) to publish a PNA. 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. The last PNA for Swindon was published by Swindon HWB in 2015.
- 1.7 HWBs consist of representatives from several organisations, including local authorities, CCGs, NHSE, Police and the local Healthwatch. In Swindon, the Board is chaired by a lay member. HWBs are responsible for developing the strategic plans to

³ The National Health Service (NHS) Act 2006

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

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 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 4 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 2013⁴ 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 and as part of the NHS Community Pharmacy Contractual Framework (the 'pharmacy contract'). 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 Directions⁵
- 1.10 Essential, advanced and enhanced services are commissioned by NHSE. Essential and advanced services are determined nationally. Enhanced services are commissioned based on local circumstances.
- 1.11 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. These are not defined as Pharmaceutical Services in the regulations.

⁴ The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. <http://www.legislation.gov.uk/uksi/2013/349/contents/made>

⁵ 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 April 2017 NHSE published a refresh of their business plan – NHS E Funding and Resource 2017-19⁶. 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 The NHS Five Year Forward View (5YFV)⁷, published in October 2014, outlined the possible futures on offer and the choices to be made in a world where people are living longer, with complex health issues; where science and technology are transforming our ability to predict, diagnose and treat disease; where traditional divisions between patients and professionals are being broken down; and where health spending growth remains tightly controlled following global recession and austerity.
- 2.3 “Pharmacy - A Way Forward for Public Health”⁸ published in September 2017 by Public Health England (PHE) sets out opportunities for commissioner and provider led action at a local level to realise community pharmacy’s key role in enabling a healthier nation. Public Health England’s strategic approach is broad and aims to maximise the opportunities for co-production and partnership with national and local partners. Making healthy choices such as stopping smoking, improving diet and nutrition, increasing physical activity, losing weight and reducing alcohol consumption through pharmacy teams could make a significant contribution to reducing the risk of disease, improving health outcomes for those with long term conditions, reducing premature death and improving mental wellbeing. Community pharmacies are often embedded in some of the most deprived and challenging communities and are well placed to support patients with long term conditions to reduce their risks through healthy behaviours, as these patients will be in regular contact with community pharmacies to collect their prescribed medicines. This provides a unique opportunity for secondary prevention as well the wider opportunities for primary prevention through their daily customer base. Pharmacy - A Way Forward for Public Health also provides a menu of interventions to realise the potential of one of the most frequented health care settings to make an even bigger sustainable impact on the lives of people, communities and the nation.
- 2.4 Healthy Living Pharmacies (HLPs) are pharmacies with qualified health champions who understanding health improvement and are enthused and motivated to reach out to their communities, to help them improve their community’s health. Staff pro-actively promote health and wellbeing messages using every interaction in the pharmacy setting for a health promoting intervention or life-changing intervention, making every contact count. There is an accreditation process and nationally around 4,000 pharmacies are following this process. Many HLPs also have dementia friends supporting people with dementia and their carers to lead better lives. One of the quality payment requirements for the Community Pharmacy reform package

⁶ NHS England Funding and Resource 2017-19: supporting ‘Next Steps for the NHS Five Year Forward View’ <https://www.england.nhs.uk/publication/nhs-england-funding-and-resource-2017-19/>

⁷ NHS Five Year Forward View. <https://www.england.nhs.uk/five-year-forward-view/>

⁸ Pharmacy: A Way Forward for Public Health, Public Health England, Sept 2017. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/643520/Pharmacy_a_way_forward_for_public_health.pdf

announced in December 2016 is for 80% of patient facing staff to become dementia friends. This is expected to result in a great number of dementia friends in all pharmacies, including HLPs.

- 2.5 The Pharmaceutical Services Negotiating Committee (PSNC) worked with Pharmacy Voice, with the support of the Royal Pharmaceutical Society (RPS) English Pharmacy Board, to create a joint vision document. The Community Pharmacy Forward View (CPFV)⁹ sets out the sector's ambitions to radically enhance and expand the personalised care, support and wellbeing services that community pharmacies provide. In the scenarios outlined pharmacy teams would be fully integrated with other local health and care services in order to improve quality and access for patients, increase NHS efficiency and produce better health outcomes for all.
- 2.6 The CPFV sets out the organisations' shared ambition for the sector, focused on three key roles for the community pharmacy of the future:
- As the facilitator of personalised care for people with long-term conditions
 - As the trusted, convenient first port of call for episodic healthcare advice and treatment
 - As the neighbourhood health and wellbeing hub

The transformation initiatives currently underway as new care models and large-scale prevention programmes are developed across the NHS, and as cities and regions take on new responsibilities for planning and integrating local services, provide opportunities to explore how the ideas in the CPFV might be implemented.

- 2.7 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. As part of the local Sustainability and Transformation Partnership (STP)¹⁰, work is underway over the next two years to develop an Accountable Care System in Swindon. Accountable Care is a way of organising and coordinating the delivery of patient care across health and social care. With its focus on integration and collaboration resulting in more multi-disciplinary working community pharmacy will have an important part to play in the future development of an Accountable Care System in the area.
- 2.8 In October 2016, as part of the two-year final funding package imposed upon community pharmacies in England, the Department of Health (DH) confirmed the introduction of a Pharmacy Access Scheme (PhAS), with the stated aim of ensuring that a baseline level of patient access to NHS community pharmacy services is protected. DH states that the PhAS will protect access in areas where there are fewer pharmacies with higher health needs, so that no area need be left without access to NHS community pharmaceutical services. Qualifying pharmacies will receive an additional payment, meaning those pharmacies will be protected from the full effect of the reduction in funding from December 2016¹¹.

⁹ Community Pharmacy Forward View. <http://psnc.org.uk/wp-content/uploads/2016/08/CPFV-Aug-2016.pdf>

¹⁰ Bath and North East Somerset, Wiltshire and Swindon STP: <http://www.bswstp.nhs.uk/>

¹¹ Community Pharmacy in 2016/17 and Beyond The Pharmacy Access Scheme (PhAS): https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/561497/Pharmacy_access_scheme_A.pdf

2.9 The National Institute for Health and Care Excellence (NICE) has been asked by the DH to develop a guideline on how community pharmacies can promote health and wellbeing¹². This guideline will also be used to develop the NICE quality standard on community pharmacy: promoting health and wellbeing. The key areas the guideline will cover are raising awareness of health promotion campaigns, providing information on how to keep healthy for example, offering advice, education or behavioural support for self-care to promote health behaviour change and referral or signposting people to other services or support if the pharmacy does not offer it. The guideline is due for publication in August 2018.

¹² Community pharmacy to promote health and wellbeing <https://www.nice.org.uk/guidance/indevelopment/gid-ng10008>

3 The PNA process

- 3.1 In May 2017, the Swindon HWB established a virtual working group to take forward the PNA. The group was led by a member of the Public Health team and included representatives of the following:
- Swindon and Wiltshire Local Pharmaceutical Committee (Chief Officer)
 - NHSE BGSW Area Team (lay member of the Pharmaceutical Services Regulations Committee)
 - NHS Swindon CCG (Pharmaceutical Advisor)
 - Swindon Healthwatch (Outreach and Volunteer Support Officer)
 - SBC Planning (Strategic Planning Policy Manager)
 - SBC Equality and Diversity (Change Manager)
 - SBC Public Health team (Senior Intelligence Analyst)
- 3.2 The PNA was developed taking into account the following:
- Swindon JSNA¹³
 - Swindon Health and Wellbeing Strategy 2017 – 2020¹⁴
 - NHS Swindon CCG Five Year Strategy 2014 – 2019 ‘One Swindon: One Vision’¹⁵
 - Swindon Borough Local Plan 2026¹⁶
 - Feedback from service users gathered by Healthwatch Swindon
 - An online survey of community pharmacies (Appendix 2)
 - A series of short structured interviews with pharmacy managers
 - National datasets and statistics
 - The format of the previous (2015) 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 an online survey hosted by Healthwatch Swindon, interviews with pharmacy managers and feedback from public engagement events.
- 3.5 The Swindon draft PNA was subject to a 60 day statutory consultation period which commenced on 17th November 2017 and concluded on 14th January 2018.
- 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

¹³ Swindon JSNA: <http://swindonjsna.co.uk/>

¹⁴ Swindon Health and Wellbeing Strategy 2017 – 2020
http://swindonjsna.co.uk/Files/Files/Swindons_Health_and_Wellbeing_Strategy_2017_-_2022_FINAL.pdf

¹⁵ NHS Swindon CCG Five Year Strategy 2014 – 2019 ‘One Swindon: One Vision’
<http://www.swindonccg.nhs.uk/search?term=five+year+strategy&searchType=all>

¹⁶
https://www.swindon.gov.uk/info/20113/local_plan_and_planning_policy/635/swindon_borough_local_plan_2026/1

- 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
 - 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 Swindon JSNA website and comments sought via email to JSNA@swindon.gov.uk on two questions:
- This document shows that pharmaceutical provision within Swindon is considered satisfactory. Do you agree with this statement? If you do not agree, what else should be considered?
 - Do you have any other relevant comments to add to this document?
- 3.8 There were eight respondents in total to the statutory consultation. The majority of responses received (7 out of 8) agreed with the statement that the pharmaceutical provision within Swindon is satisfactory. The one response that did not agree with this statement was a member of the public.
- 3.9 The PNA was also discussed at a GP patient participation group (PPG) hosted by Healthwatch Swindon which was attended by 19 representatives of individual patient participation groups from around Swindon. Attendees were encouraged to provide formal feedback via the JSNA website.
- 3.10 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 8.
- 3.11 An updated Swindon PNA 2018 – 2021 was submitted to the Swindon HWB for approval for publication for 01 April 2018.

4 Swindon Health and Wellbeing Board strategic priorities

- 4.1 The Swindon HWB strategy 2017 – 2020¹⁷ 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, which focus on working together to improve people’s health and wellbeing, including Swindon’s Sustainable Communities Strategy¹⁸.
- 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, 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 The priorities were agreed based 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.

¹⁷ Swindon Health and Wellbeing Strategy 2017 – 2020

http://swindonjsna.co.uk/Files/Files/Swindons_Health_and_Wellbeing_Strategy_2017_-_2022_FINAL.pdf

¹⁸ 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 into seven geographical areas based on electoral ward boundaries and taking into account parish boundaries; major roads, new housing development and socio-economic factors. The resultant geographies are only designed for use in the PNA and have no further purpose or official status.

PNA Area	Wards
North East	<ul style="list-style-type: none"> • Blunsdon & Highworth • St Margaret & South Marston
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 • Penhill & Upper Stratton
West	<ul style="list-style-type: none"> • Shaw • Lydiard & Freshbrook • Mannington & Western
Central	<ul style="list-style-type: none"> • Central • Eastcott • Walcot & Park North
East	<ul style="list-style-type: none"> • Liden, Eldene & Park South • Covingham & Dorcan • Ridgeway
South	<ul style="list-style-type: none"> • Old Town • Wroughton & Wichelstowe • Chiseldon & Lawn

- 5.3 The ward of Shrivenham and Watchfield is in NHS Swindon CCG but is not part of Swindon Borough; therefore it is not included in Swindon's PNA. Information about Shrivenham and Watchfield can be found in Oxfordshire's PNA¹⁹.
- 5.4 Maps 1a and 1b in Appendix 3 show the seven PNA geographies in Swindon.

Swindon's population profile

- 5.5 Forecasts from local population projections²⁰ suggest that Swindon's population could increase from around 210,000 people in 2011 to 240,000 by 2021, and to 265,400 by 2031. This represents total population growth of approximately 14% from 2011 to

¹⁹ <http://insight.oxfordshire.gov.uk>

²⁰ Swindon forecasts are from Swindon Borough Council (SBC) Policy-Led-Projections 2013; South West and England predictions are from 2012-based ONS projections.

2021, and a further 10% from 2021 to 2031. This is greater than the population increases projected for the South West and in England as a whole (about 7% between 2012 and 2022 and about 6% between 2022 and 2032)²¹. The number of births in Swindon is projected to increase slightly from 2013 to 2020 and then decline equally slowly to 2028 before rising again. This population growth will create additional demand for pharmaceutical services across our existing network.

- 5.6 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 65 years or more 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 the health of those ageing; including increased need for medication and advice, falls/hip fractures, healthy life expectancy/quality of life in old age, and patient choice to die at home. 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.
- 5.7 Swindon's working age population (aged 16 to 64) is also projected to grow by approximately 21,600 persons by 2031, and the child population (0 to 15 age group) by approximately 8,200 persons. Swindon currently has a predominantly middle-aged population; these people will move into old-age and be replaced by younger people as they move into middle-age. This has important implications for the provision of care for health problems that typically develop in middle age (including heart disease and diabetes). Swindon also has a daily inflow of around 14,000 people who are present in the town during the day for employment purposes, but who are not included in the overall population statistics.
- 5.8 Appendix 4 summarises the locally-projected population changes by age group between 2011 and 2031. The latest population estimates from Swindon²², for mid-year 2016, indicate that the total population has reached 217,905, with 44,388 people aged 0 to 15 years, and 33,733 aged 65 years or more. Thus, the population is currently growing significantly, but at a slower rate than forecast.
- 5.9 The Swindon Borough Local Plan 2026²³ was adopted as the main planning policy document for Swindon Borough in March 2015. It sets out how much housing, employment and retail development the Borough requires for the period up to and including the year 2026 and where in the borough this should be.
- 5.10 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.

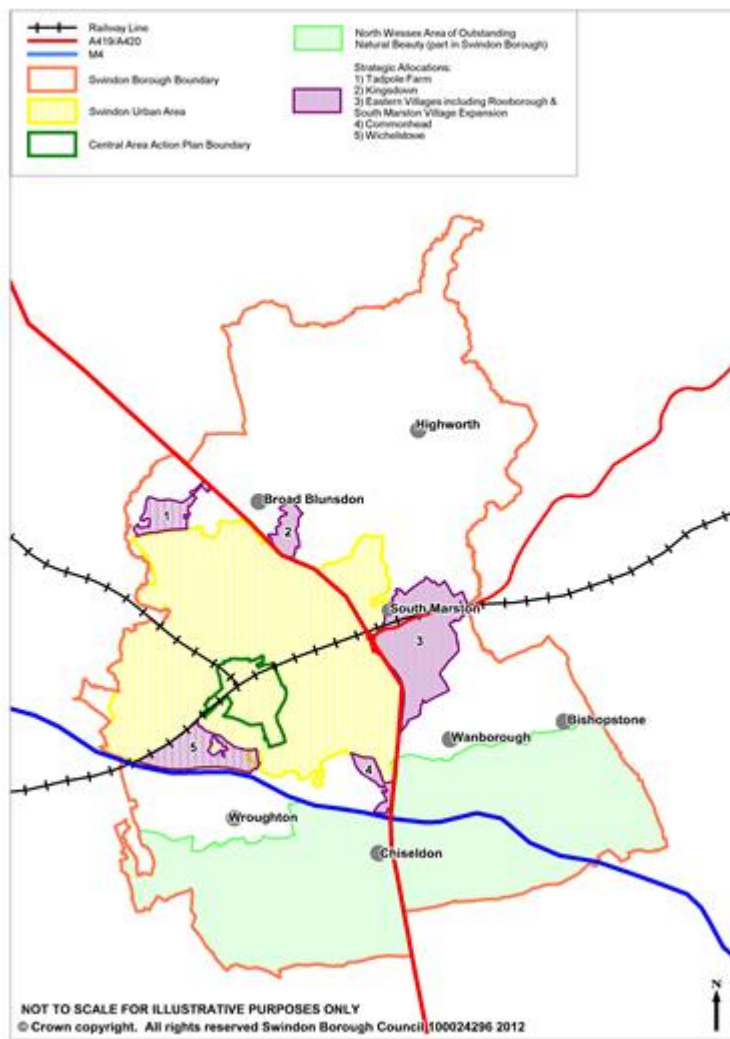
²¹ Swindon predictions are from Swindon Borough Council (SBC) Policy-Led-Projections 2013; South West and England predictions are from 2012-based ONS projections.

²² Office for National Statistics

²³

https://www.swindon.gov.uk/info/20113/local_plan_and_planning_policy/635/swindon_borough_local_plan_2026

Key Diagram showing the outline of the strategic development sites



- 5.11 It is anticipated that about 5,325 homes will be delivered over the period 2018-21. These dwellings will be split across the Borough, with development at Tadpole Farm, Commonhead and Wichelstowe under way. Initial planning for the Wichelstowe development includes a health care facility at Middle Wichel District Centre. However, until the construction and occupation of the planned housing for Wichelstowe is further advanced there is uncertainty about what any planned facility should contain and when it will be required. It is also anticipated that development of the New Eastern Villages will commence in 2018 with parts of the development currently progressing through the planning system. The Kingsdown development is due to start during the 2018-2021 period.
- 5.12 Housing development is also taking place in neighbouring authorities, albeit at a slower pace. In Wiltshire, the PNA²⁴ states, “the anticipated increase in each Wiltshire community area over the next three year period would not have a significant impact on provision of, or access to pharmaceutical services”. The Oxfordshire PNA²⁵ reaches the same conclusion stating “a gap in pharmaceutical services is unlikely to exist during the lifetime of this PNA”. The Gloucestershire PNA²⁶ also concludes there is no increased provision required because of housing development during the lifetime of the current PNA.

²⁴ <http://www.wiltshire.gov.uk/public-health>

²⁵ <http://insight.oxfordshire.gov.uk>

²⁶ <http://www.gloucestershire.gov.uk/council-and-democracy/gloucestershire-health-and-wellbeing-board/pharmaceutical-needs-assessment/>

- 5.13 In 2011, the BME population (defined as everyone except those who report themselves as White British) comprised 15.4% of Swindon's total population, and totalled approximately 32,000 people. Thus, the BME proportion of Swindon's population had nearly doubled in ten years since the previous census year of 2001. The 2011 proportion was lower than the England average in 2011 of 20.2%, but higher than the South West average of 8.2%.
- 5.14 Most of Swindon's BME population live in the more central parts of Swindon and in the western part of the town. Nearly 40% of BME residents live in the four most deprived wards (Central, Gorse Hill & 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 that ward's total population.
- 5.15 Although Swindon overall is regarded as being slightly less deprived than England as a whole, there is still a sizable part of the population which is deprived by national standards. For example, 16.1% of children in Swindon are in low income families²⁷. The most deprived wards in Swindon are (in descending order of deprivation): Walcot & Park North, Penhill & Upper Stratton, Gorse Hill and Pinehurst, Liden, Eldene & Park South. Central ward, Rodbourne Cheney, Mannington and Western, Lydiard and Freshbrook, and Eastcott.

Swindon JSNA findings

- 5.16 The following overviews of health, living and lifestyles in Swindon are derived from the summaries, bulletins and reports of the Swindon JSNA²⁸, which can be consulted on the JSNA website, which is regularly updated. The website contains details of data sources and places where additional information can be obtained. Where other sources have been used, this is indicated in the footnotes.

Health and wellbeing

- 5.17 The overall mortality rate and the premature mortality rate (for people aged under 75 years) have both fallen substantially in Swindon over the past decade. The Infant Mortality Rate in Swindon is slightly lower than that for England as a whole. Swindon has lower mortality rates for premature deaths (for people aged under 75 years) from cancer, stroke, Coronary Heart Disease than England as a whole. However, the mortality rate for communicable diseases is significantly higher than in England as a whole.
- 5.18 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, as smoking is the single biggest preventable cause of early death and illness.
- 5.19 The prevalence of diagnosed diabetes has been rising over time in Swindon and in England as a whole. The prevalence of diabetes in Swindon at the end of 2015/16 was 7.1%, higher than in England as a whole. This amounts to 12,924 people registered with 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 in all.

²⁷ http://swindonjsna.co.uk/Files/Files/Swindon_Health_Profile_2017.pdf

²⁸ Swindon JSNA: <http://swindonjsna.co.uk/>

- 5.20 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 in 5 years to 16 years age-group 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 slightly higher hospital admission rate for child mental health problems (though not statistically significant), and a higher hospital admission rate for self-harm in teenagers and young adults.
- 5.21 An average of 18 Swindon residents currently die each year from suicide or undetermined causes. This is a slightly lower rate than in England overall. There were about three times as many men as women. For both suicide and self-harm there are strong links with deprivation and social fragmentation.
- 5.22 Long Term Conditions (LTCs) are those conditions that cannot, at present, be cured, but which can be controlled by medication, and other therapies. There is no single way of defining LTCs, but this over-arching group encompasses (but is not limited to) asthma, Coronary Heart Disease (CHD) most cancers, Chronic Obstructive Pulmonary Disease (COPD), Chronic Kidney Disease (CKD), dementia, diabetes, epilepsy, and stroke. Statistical modelling suggests a LTC prevalence of 32.2% for Swindon, with a prevalence rate among people aged 65 years or more of 69.3%. The greatest numbers of cases (people with at least one LTC) in Swindon were to be found in middle-aged people, because the middle-aged predominate in the Swindon population, but problems were likely to be more serious in older people.
- 5.23 About one third of people with any recorded condition were in a state of Multi-Morbidity. The presence of co-morbidities was common, and physical co-morbidities often existed alongside mental ill-health conditions, such as depression and dementia. In the instances of stroke and COPD, for example, multi-morbidity could be described as the norm.
- 5.24 In Swindon, as in England as a whole, inequalities in health exists across the population, being deprived is statistically associated with being in a relatively unfavourable state of health.
- 5.25 There is a difference in life expectancy of 9.7 years between the most and least deprived men in Swindon. This difference is 4.0 years for Swindon women. 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.
- 5.26 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 and respiratory disease.
- 5.27 According to local statistical modelling, deprived people were more likely than affluent people to have at least one LTC, although LTCs were still common among affluent people. The disparity was even greater in those people aged 65 years or more, who had three or more LTCs, deprived people being at greater risk.

Living in Swindon

- 5.28 Although Swindon's educational outcomes have been subject to criticism in recent years, recent data are more favourable, with figures similar to all-England levels. These figures show over two thirds of Swindon pupils achieving a good level of

development by the end of their school reception period, and 56.7% of children achieving five or more GCSEs at grades A* to C (including English and Maths); in the slightly older age-group 4% of 16 to 18 year olds were not in education, employment or training, again, similar to the national level.

- 5.29 Swindon's unemployment rate has improved since the recession of 2008 to 2013 when the town experienced large-scale manufacturing lay-offs, and compares favourably with the nation as a whole. For people of working age, NOMIS²⁹ reports an estimated unemployment rate of 4.0% for Swindon compared with 4.8% for Great Britain (January to December 2016). On another measure, in November 2016, 9.3% of people of working age in Swindon were claiming one of the main benefits (e.g. job seeker's allowance or Employment Support Allowance). A less welcome statistic for January to December 2015 shows 15.1% of children in Swindon in a workless household compared with 11.9% of children in Great Britain as a whole.
- 5.30 The rate of violent crime in Swindon has been consistently higher than in England as a whole in recent years, although this might be connected more to certain patterns of organised crime and not be a reflection of a relatively aggressive society. With respect to domestic abuse, it has been estimated that there are approximately 8,000 victims of domestic abuse in Swindon each year. However, the number of actual incidents would be higher than this, (as a perpetrator would often commit more than one act of domestic abuse) and about 1,000 children could be exposed to domestic abuse in Swindon each year.

Lifestyles and health improvement

- 5.31 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.
- 5.32 Although smoking is generally declining, the latest data suggest that 14.9% of Swindon's adult population still smoke, which is slightly lower than the national average of 15.5%, although not significantly so. Smoking prevalence is also lower in routine and manual groups in Swindon than in their peers at a national level (20.8% in Swindon and 26.5% in England).
- 5.33 The impact of alcohol on Swindon's population is substantial, as in many parts of the country. It is estimated that 20.5% of adults drink more than 14 units of alcohol per week, while in England the figure is 25.7%. Meanwhile the proportion of people who abstain completely in Swindon is estimated at 14.0%, similar to the 15.5% in England as a whole. Hospital admission statistics indicate an annual rate of 721 alcohol-related stays per 100,000 people in Swindon, compared with 647 per 100,000 in England as a whole (directly standardised rates), a statistically significant difference. However, alcohol-related mortality does not seem to be any higher in Swindon than in England as a whole, respectively 41.9 per 1,000 and 46.1 per 1,000.
- 5.34 The overall prevalence of people aged 18 years or more who are alcohol dependent and require specialist treatment is estimated at 1.4% in England in 2014, with a greater prevalence among men than in women³⁰. The level of dependence in Swindon UA according to modelled data from the same source, would be similar at 1.2%, that is, 1,951 individuals. The dependency rate is reckoned to be highest in Swindon amongst males aged 25 to 34 years, at 3%.

²⁹ NOMIS, official labour market statistics. <https://www.nomisweb.co.uk/>

³⁰ Pryce R, Buykx P, Gray L et al. Estimates of Alcohol Dependence in England, based on APMS 2014.2017.

- 5.35 Swindon has an estimated rate of opiate and injecting users higher than the South West, but a lower rate than the England average. For 2011/12, the latest year for which data have been modelled, it is estimated that there were 1,147 adult opiate and crack users in the local area, which is equivalent to 8 in 1,000 people (aged 15 to 64 years). In all, 53% of the estimated number of opiate and crack users in Swindon were engaged in structured treatment, which is 2% lower than the national average of 55%.
- 5.36 Between April 2016 and March 2017 there were 188 clients presenting with opiates and non-opiates in Swindon which is a decrease of 5% from the previous year. Nationally there was a 2% decrease. In 2016/17 in Swindon, 577 clients were in treatment for opiates, 73 clients were in treatment for non-opiates, and 70 were in treatment for non-opiates and alcohol.
- 5.37 The 2013-2015 Active People Survey (APS) found that 70.8% of adults in Swindon are in the excess weight category. This is significantly higher than the England figure of 64.8%. The Swindon figure is also considerably higher than the level in the South West, 64.7%. These data suggest that levels of adult obesity have increased in Swindon, with 27.1% of adults being obese compared with 24.4% of adults as a whole. With regard to being overweight but not obese the respective proportions are 43.7% compared with 40.4%. From the point of view of having a healthy weight, only 27.9% of people in Swindon are in this category compared with 34.0% nationally.
- 5.38 Figures from the National Childhood Measurement Programme for 2015/16, indicate that in Swindon 8.5% 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, 13.6% of Swindon children were in the obese category, which was lower than both the South West and England levels. Considering excess weight (both obesity and overweight together) in Reception Year about 22.6% of Swindon children had excess weight, similar to the levels in the South West and England, and in Year 6 about 27.9% of Swindon children had excess weight, lower than in England and the South West.
- 5.39 In Swindon, in 2015/16 academic year prevalence of obesity has fallen (since 2014/15) in Reception year and Year 6. However, in Year 6, the figures from 2015/16 show a continuation of a small but discernible long-term upward trend in those with excess weight. Swindon generally compares well to other Local Authorities in its benchmarking 'cluster', that is Local Authorities with similar socio-demographic characteristics.
- 5.40 Being physically active in adulthood is defined as achieving at least 150 minutes of physical activity per week in accordance with UK Chief Medical Officer's recommended guidelines on physical activity. The 2015/16 Active Lives Survey estimated that Swindon has a slightly lower percentage of physically active adults aged 16+ years than the South West and but similar to England as a whole (respectively 65.3% compared to 69.0% and 65.4%). Physical activity in this survey includes cycling to work and walking to work, gardening and dancing as well as more conventional sports. Likewise inactivity levels in Swindon (less than 30 minutes of activity per week) were at 21.3% which was less favourable than in the South West (19.0%) and at a similar level to England (22.0%).
- 5.41 In all, 51.0% of adults in Swindon eat the recommended "five-a-day" portions of fruit and vegetables as compared with 52.3% of adults in England. In all 76.3% of new mothers initiated breast-feeding in Swindon in 2014/15, compared with 74.3% of new mothers in England.

- 5.42 There were 1,645 new Sexually Transmitted Infection (STI) diagnoses in Swindon in 2016 and the infection rate per 100,000 was significantly down from 2013. In 2015/16, 480 young people (aged 15 to 24) received Chlamydia treatment after testing positive, a similar detection rate to England.
- 5.43 There were 9 new cases of HIV diagnosed in 2015 and 206 people with diagnosed HIV being seen at Swindon HIV services. HIV testing was accepted in 71.9% of cases it was offered in genitourinary clinics. In 2015, 27.3% of abortions in women aged under 25 were repeat abortions; similar to 26.5% in England overall. The rate of GP prescribed long acting reversible contraception (LARC) (excluding injections) was 32.0 per 1,000 women (aged 15 to 44), similar to the England rate. 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.
- 5.44 Swindon has significantly higher coverage rates than England (2015/16) for the majority of routine childhood immunisations (e.g. Measles Mumps and Rubella). In the case of the seasonal influenza vaccine in people aged 65+years, however, Swindon achieved a similar level to England in 2016/17, but did not attain the 75% target. Similarly, with the Pneumococcal polysaccharide vaccine (PPV) against pneumonia in people aged 65+ years, Swindon did not achieve the target 75% coverage in 2016/2017. In 2015/16, in Swindon, 95.1% of girls aged 13 to 14 received two doses of the Human papilloma Virus (HPV) vaccine, compared with 85.1% in England as a whole. There were 69 cases of TB in Swindon in 2013 to 2015, the rate (10.7 per 100,000 people) was similar to the England average.
- 5.45 Breast screening coverage of the eligible population (53 to 70 year olds) was 78.7% in 2016 which was statistically significantly higher than the England coverage rate of 75.5%.
- 5.46 Cervical screening coverage of the eligible population was 72.4% in Swindon in 2016. This is similar to the national average of 72.7% but well below the target of 80%. Detailed analysis of local data shows that coverage tends to be much poorer in younger age groups.
- 5.47 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.

Use of health and social care services

- 5.48 Higher proportions of children in need and higher proportions of children on a child protection plan are from areas with high levels of deprivation.
- 5.49 Demand for adult social care continues to present cost pressures due to demographic change, changing expectations and complexity of need.
- 5.50 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.

5.51 Emergency hospital admission rates are predicted to increase with more people experiencing long term health conditions and poorer health in more deprived communities. The relationship between hospital admission and deprivation is not seen so strongly in planned care such as elective surgery.

Equality considerations

5.52 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

5.53 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.

5.54 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.

5.55 Differences in culture, health systems, and language skills may impact on the choice of appropriate health care services, (including community pharmacies) by this group.

5.56 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 in most cases 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.
- Encouraging independence with medicines - supporting self-medication for people with mild or moderate learning difficulties.
- Ensuring there is parity of esteem so that mental and physical health is valued equally.
- Providing vaccination services for travellers undertaking pilgrimages or other foreign visits to places where there is a high risk of infectious disease transmission.
- Community pharmacies can support people to live independently by supporting optimisation of the use of medicines, support with ordering, re-ordering medicines, home delivery to the housebound and appropriate provision of multi-compartment compliance aids and other interventions such as reminder charts to help people to take their medicines.
- The provision of pharmaceutical 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.

5.57 All of Swindon pharmacies now have a private consultation area meeting the following standards:

- Patient and pharmacist can sit down together
- Conversation cannot be overheard (by either other customers or other staff)
- Area is clearly identified.

In practice this means a separate room or enclosed booth.

5.58 The PNA is expected to have a positive impact on protected groups as it seeks to highlight service gaps and encourage better provision of pharmaceutical services. It is unlikely to have a high differential impact on any particular protected characteristic.

service to that part of rural Swindon. There are a number of pharmacies in Wiltshire close to Swindon's western border. However, analysis in the Wiltshire PNA³¹ shows that 97% of prescriptions issued in Wiltshire are dispensed in Wiltshire and the remaining 3% split between Hampshire and Swindon.

6.5 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.

6.6 Essential services are those which every pharmacy must provide, these are:

- Dispensing medicines
- Dispensing appliances
- Repeat dispensing
- Disposal of unwanted medicines
- Public Health (promotion of healthy lifestyles)
- Signposting
- Support for self-care
- Clinical governance

6.7 Advanced services are nationally specified 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 six 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.
- New Medicine Service (NMS) - The service provides support for people with long-term conditions newly prescribed a medicine in order to improve adherence to medicines.
- The Appliance Use Review (AUR) - AURs should improve the patient's knowledge and use of any 'specified appliance' 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; and,
 - advising the patient on the safe and proper disposal of the appliances that are used or unwanted.

AURs can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home.

- 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

³¹ <http://www.wiltshire.gov.uk/public-health>

fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.

- NHS Urgent Medicine Supply Advanced Service (NUMSAS)³² - In an emergency and at the request of a patient who has been referred to the pharmacy by NHS 111, a pharmacist can supply a prescription only medicine (POM) without a prescription to a patient who has previously been prescribed the requested POM. The pharmacist interviews the person requesting the POM and is satisfied that there is an immediate need for it to be supplied and that it is impracticable in the circumstances for the patient to obtain a prescription without undue delay. The NHS Urgent Medicines Supply Advanced Service Pilot will commence from 1 December 2016 and run until 30 September 2018. An evaluation of the service will be undertaken as part of the pilot. This service has not yet gone fully live in the Swindon area.
- Flu vaccination service – where the pharmacist vaccinates patients in at-risk groups against seasonal influenza (flu).

A distance selling pharmacy may provide Advanced and Enhanced Services, as long as any Essential Service which forms part of the Advanced or Enhanced Service is not provided to persons present at the premises. Dispensing Appliance Contractors (DACs) can provide AUR and SAC services.

- 6.8 Swindon has 19 pharmacies per 100,000 population compared to a national average of 21 per 100,000 and 19 per 100,000 in the South West.
- 6.9 A contractor questionnaire was sent out to all community pharmacies in Swindon by the Swindon and Wiltshire Local Pharmacy Committee. The survey asked about the services pharmacies already provided and their willingness to provide others in the future. It also asked about facilities, collection of prescriptions and delivery of medicines and the Healthy Living Pharmacy accreditation. Unfortunately, at the draft stage two pharmacies had been unable to complete the survey.
- 6.10 According to the Swindon Pharmacy Contractor Survey all community pharmacies are providing MUR and NMS, although not all pharmacies claim payments from NHS England for these services every month. In October 2016, 85% of Swindon pharmacies claimed for MUR compared to 83% nationally and 85% in the South West. 80% of Swindon pharmacies claimed for NMS compared to 66% nationally and 70% in the South West.
- 6.11 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)

In 2016/17, there were 19 pharmacies (46%) that reached 400 MURs.

³² NHS Urgent Medicine Supply Advanced Service Pilot, Community Pharmacy Service Specification, NHS England, November 2016

- 6.12 All pharmacies in Swindon are now able to accept electronic prescriptions (Electronic Prescription Service / EPS). This 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.
- 6.13 Prescription Ordering Direct (POD) is a telephone service where patients can order their repeat prescriptions and have their medicines checked. The prescription request is then directly sent to their GP through their practice system. GPs can then authorise the prescription request and is normally completed via Electronic Transfer of Prescriptions (ETP). Currently, ETP cannot be used for controlled drugs. In September 2017, 15 Swindon practices were using POD and the service was receiving around 12,000 calls a month.
- 6.14 The pharmacy contractor survey also showed that AURs and SAC are offered by relatively few pharmacies. Eight (20%) pharmacies offer AURs and 6 (15%) SACs. The new NUMSAS service was offered by 8 (20%) pharmacies but a further 19 (46%) said they would be offering it soon. 33 (80%) of pharmacies are providing seasonal flu vaccinations.
- 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 Enhanced services are those directly commissioned by NHS England – currently only agreed opening hours on certain Bank Holidays by a number of pharmacies. Pharmacy contractors may provide Locally Commissioned Services (LCS) commissioned by Local Authorities (LA) or by Clinical Commissioning Groups (CCG). Although LCS are not enhanced services, they reflect the services that could be (and in other parts of the country are) commissioned by NHS England.
- 6.17 There are currently four LCS commissioned from community pharmacies by Swindon Borough Council (SBC) or Swindon CCG. These services are:
- Smoking cessation (31 pharmacies)
 - Supervised consumption of opiate substitute therapy (33 pharmacies)
 - Needle and syringe exchange service (26 pharmacies)
 - NHS health Checks (11 pharmacies)
 - Palliative Care Medicines (3 pharmacies)
 - Out of Hours Urgent Dispensing (3 pharmacies)
 - Minor Ailments (4 pharmacies, all delivered by Pharmacist Independent Prescribers)
 - Emergency Supply (22 pharmacies)

The pharmacies that have signed up to provide these services have agreed that they are willing and able to do so or intend to. This framework style agreement means that not all pharmacies currently deliver all the services they have signed up for. SBC conduct an annual review of commissioned services with regard to need and activity. For example, in 2016/17, six pharmacies delivered 322 Health Checks between them. The Pharmacy Contractor Survey collected information on the number of pharmacies currently providing services and this is summarised in Appendix 6.

In addition to the above services, pharmacies are commissioned by the Great Western Hospital on behalf of SBC through a Section 75 Partnership agreement for community sexual health services (Emergency Hormonal Contraception (EHC), Chlamydia

screening and C-Card Condom Scheme, Long Acting Reversible Contraception (LARC). There was a recent review of sexual health service provision in community pharmacies which identified areas without adequate services. Additional pharmacies have been commissioned to meet this need and ensure equity of provision across the borough.

- 6.18 The tables in Appendix 6 shows the locally commissioned service provision and opening hours in Swindon's PNA geographical 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 the current opening hours.
- 6.19 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.
- 6.20 The local pharmacy survey indicated that many of the current pharmacy contractors would be willing to offer further services if commissioned.
- 6.21 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.
- 6.22 Swindon has five 100 hour pharmacies and these are required to offer the full range of enhanced services if commissioned by NHSE.
- 6.23 Provision of minor ailment treatments is offered at Taw Hill pharmacy and is open from 09.00 to 18.30 Monday to Friday. 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 12.00 on Saturdays. The McParland pharmacy in Ashington Way also offer this service and are open weekdays and Saturday mornings. Provision of minor ailment treatments is no longer offered at the pharmacy at Swindon Health Centre (Islington Street).
- 6.24 There are three pharmacies in Swindon (Hawthorn in North Central Swindon and Jephsons and St John's in Wroughton) providing palliative care medicines. They guarantee to continuously stock the medicines in the palliative care formulary so that patients can be assured of supply when required. Twenty two pharmacies are signed up to the Emergency Supply service commissioned by NHS Swindon CCG.
- 6.25 The Urgent Care Centre (UCC) on the GWH site provides a 24 hour walk-in service. This centre provides access to limited medicines via Patient Group Directions and prescriptions. Prescriptions from the UCC 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.

The Swindon out-of-hours GP service is based at Moredon Medical Centre. The 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. 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.

- 6.26 Healthy Living Pharmacies (HLPs) are pharmacies with qualified health champions who understanding health improvement and are enthused and motivated to reach out to their communities, to help them improve their community’s health. At the end of 2017, 39 pharmacies in Swindon were HLP accredited. Every pharmacy that responded to the contractor survey in August 2017 was engaged with the HLP process and at that date, there were already 36 Healthy Living Champions working in Swindon pharmacies.
- 6.27 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 1.6 km 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 3 Map 4A. Map 4B, in Appendix 3 shows the extended “non-controlled” area around the village of Wroughton.
- 6.28 In October 2016, as part of the two-year final funding package imposed upon community pharmacies in England, the Department of Health (DH) confirmed the introduction of a Pharmacy Access Scheme (PhAS), with the stated aim of ensuring that a baseline level of patient access to NHS community pharmacy services is protected. DH stated that the PhAS will protect access in areas where there are fewer pharmacies with higher health needs, so that no area need be left without access to NHS community pharmaceutical services. Five pharmacies in the Swindon Borough area are eligible for funding under this scheme.

7 Statement of current pharmaceutical and health needs

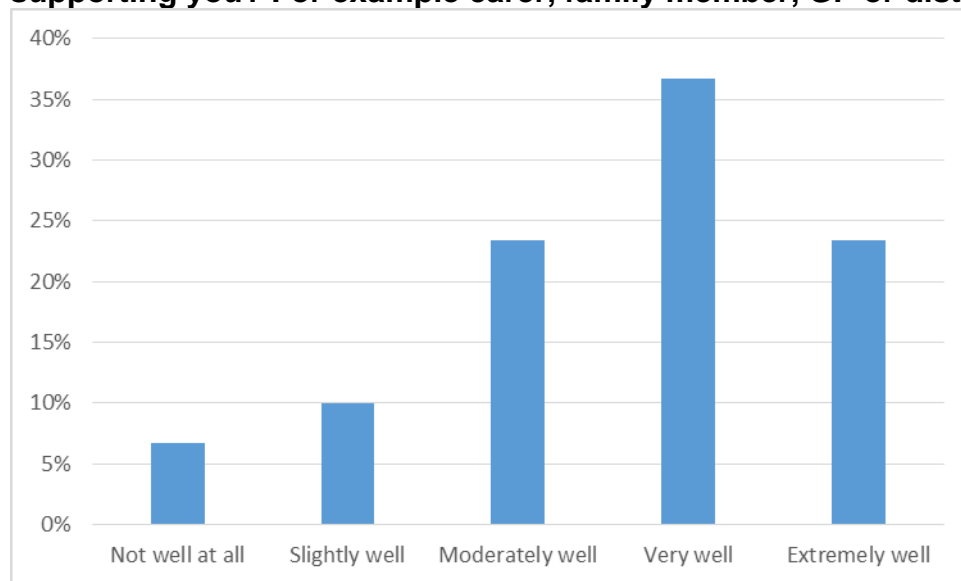
- 7.1 Map 3 in Appendix 3 shows the distribution of pharmaceutical services in Swindon and suggests that, currently, all parts of the town are well served by Community Pharmacies and Dispensing Doctors.
- 7.2 The Central PNA area has ten community pharmacies; all three of the wards in this PNA area have high scores of deprivation (i.e. in the nine most deprived wards in Swindon).
- 7.3 The East PNA area has three community pharmacies, two in Liden, Eldene and Park South and one in Covingham and Dorcan. The former has have high levels of deprivation and the latter does not.
- 7.4 The North PNA area has six community pharmacies; none of the wards have high deprivation scores.
- 7.5 The North Central PNA area has five community pharmacies; all of these are in wards with high deprivation scores.
- 7.6 The North East PNA area has five community pharmacies; none of the wards have high deprivation scores. There is also a dispensing practice within this PNA area.
- 7.7 The South PNA area has four community pharmacies; none of the wards have high deprivation scores. This PNA area also has two dispensing practices, dispensing from three locations.
- 7.8 The West PNA area has eight community pharmacies; four are in the Mannington and Western ward and one is in Lydiard and Freshbrook ward, both of which have high levels of deprivation. The other three pharmacies are in Shaw ward which does not have high deprivation scores.
- 7.9 The tables in Appendix 6 show the commissioned enhanced service provision and opening hours in the seven PNA areas as reported on NHS Choices.
- 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' and Pharmacists views on community pharmacy services

Public engagement

- 8.1 During August 2017, Healthwatch Swindon distributed and promoted an online survey developed by Swindon Council Public Health team. There were 39 responses to the survey which are summarised below. The survey questions are shown in Appendix 1.
- 8.2 Respondents visited pharmacies for a wide range of reasons which shows the variety of services that pharmacies provide, e.g. collecting prescriptions, medicines and health advice, blood pressure check, holiday vaccinations, buying medication, stop smoking services, flu jab, etc.
- 8.3 People chose which pharmacy to use based on many different factors. Many of these are practical e.g. parking, opening hours, general location and near to other services such as GP or supermarket. The quality of the pharmacist and a good relationship with them was also important, the personal touch made the difference for some people.
- 8.4 Of the 27 respondents who had received a medicines review, 70% found it useful and 30% did not. Those who did find it useful said it either confirmed the items taken were appropriate or had identified a change needed to be made. However, some who didn't find it useful said they "knew it all" anyway and it was a waste of time. A small number of respondents didn't know about this service and some received it from their GP instead.
- 8.5 Of the 35 respondents who had pharmacist explain their new medicines to them, 83% found it useful and 17% not useful. Those who found it useful said the pharmacists provided information and advice on side-effects and possible issues with taking combinations of medicines. The extra time a pharmacist has compared to a GP to explain the medicines was considered very useful. Those who didn't find it useful said their GP had already done this or that the pharmacist didn't tell them anything in addition to what they already knew.
- 8.6 Respondents were asked how well their needs, illnesses or conditions were supported by their pharmacy. Generally, people felt they were well or very well supported (79%) and only 9% thought they weren't well supported but there weren't any suggestions about how this could be improved. Most respondents (83%) also thought their pharmacist worked well (moderately, very or extremely) with other people who supported them.

How well do you feel your pharmacist works with other people who might be supporting you? For example carer, family member, GP or district nurse



- 8.7 The coordination between pharmacists and GPs was praised by a number of respondents, however, the time taken to sort out new repeat prescriptions was mentioned negatively. Some respondents didn't know if the pharmacist was working with other people or agencies or not.
- 8.8 Finally, respondents were asked about what worked well at their pharmacy and what could be improved. The main positives were about the pharmacist and their teams and their knowledge, helpfulness and friendliness. A speedy and efficient service was also considered something that worked well.
- 8.9 In contrast to the above, respondents who suggested improvements often focussed on the speed of the service and waiting times. The size of premises was also mentioned by many respondents. Respondents also wanted longer opening hours, and pharmacies that were open all over lunch times and Saturday afternoons.

Pharmacist survey

- 8.10 During August 2017, a series of telephone interviews were conducted with a selection of pharmacists in Swindon using a structured questionnaire. Six interviews were undertaken with pharmacists from a range of pharmacies across Swindon and in different setting – these included supermarket pharmacy, pharmacy located next to a GP, pharmacy in a shopping centre and pharmacies in both affluent and deprived areas of Swindon.
- 8.11 The purpose of the structured telephone interviews was to gain information from pharmacists themselves regarding the challenges that they face on a regular basis, how they felt that the needs of their customers were met and what changes and services they would like to see in the pharmacy in the future.
- 8.12 The top three challenges, which related to customers, for pharmacists were very similar across all pharmacists. The three key themes were:
 - Meeting customer service expectations. Customers are expecting a very quick and timely service from pharmacists and are often reluctant to wait.

- Out of stock medicines. This relates to current national problems with medicines supply. Pharmacists reported having to search for different suppliers and at times maybe having to get prescriptions changed to items that are in stock.
 - Meeting the volume and diversity of customer demand. There has been a lot of advertising signposting people to pharmacies at the first signs of illness. This has created more demand for pharmacy services. Not all pharmacists can prescribe and are therefore not able to treat people who come to them with conditions that require prescription only medicines.
- 8.13 All pharmacists reported that they felt that the needs of their customers were met very well at present given the challenges above. All pharmacists however, also felt that there were changes that could be made to better meet the needs of their customers. The most frequent improvement suggested by pharmacists to change to being an independent prescriber. Pharmacists believe that by being able to develop all pharmacists into independent prescribers, rather than the few at present, this would enable them to treat a wider range of ailments, prescribe medication and give access to services when GP surgeries are closed. Pharmacists interviewed were very positive and supportive of working in a properly funded joined up health service where information can be shared and everyone works together across primary care and urgent care services to better meet the needs of patients. Some pharmacists are keen to become specialist in particular areas – such as diabetes.
- 8.14 No pharmacists felt that any particular client groups find it difficult to access their services. One pharmacist advised that they felt that young people seem to know less about pharmacy services and what they offer.
- 8.15 All pharmacists interviewed advised that they offer support to people with dementia. This support can include supplying medicine trays, doing home deliveries of medication, liaising with family members and taking time to talk and understand those people with dementia. All pharmacists advised that their staff are trained as dementia friends.
- 8.16 All pharmacists interviewed were keen to deliver new services in the future to meet the needs of customers and also the shortfall in GPs with an aging and growing population. New services which pharmacists felt that they could provide included:
- Pneumonia Vaccinations
 - Flu vaccinations for children
 - Independent prescribing
 - Earwax examination and prescribe appropriately following examination
 - Blood tests – phlebotomy
 - Management of long term conditions – e.g. asthma clinics, coronary heart disease clinics, diabetes clinics, epilepsy, Parkinson's
 - Obesity – losing weight
 - Morning after pill
 - Chlamydia treatment

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 pharmacy³³.
- 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 3. 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, particularly in the North East, East and South PNA areas.
- 9.3 The five Swindon 100 hour pharmacies are within 15 minutes' drive of all of Swindon Borough. Map 5a in Appendix 3 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 pharmacy³⁴.
- 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 priorities in the 2016-2020 Swindon Joint Health and Wellbeing Strategy (JHWS) and Appendix 7 contains details of how many pharmacies would be willing to provide each service, if commissioned, for each PNA geographical area. Generally, there is a willingness to provide a range of services associated with each JHWS priority in each PNA 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 working with the safe and secure handling of medicines.

³³ Source: SHAPE website, August 2017.

³⁴ Source: SHAPE website, August 2017.

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 Community pharmacies could be commissioned to deliver services which support GP and Secondary Care time.
- 10.7 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 associated 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 3 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 major housing developments), as reflected in this PNA, must be taken into account by NHSE when planning pharmaceutical provision. Based on construction and occupation plans and timescales there has been no current pharmaceutical need identified at major housing sites across Swindon and along its boundary with other local authorities. However, it is likely this will need to be revisited when building is at a more advanced stage and initial planning does include consideration of health facilities. The Swindon HWB will monitor the development of major housing sites 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 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. Although, all 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.
- 11.6 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.
- 11.7 Promote the development and implementation of the 'Healthy Living Pharmacy' initiative so that all pharmacies in Swindon have HLP status. This will help to further support the self-care for those with long term conditions and help reduce inequalities by delivering high quality health and wellbeing services within the local community particularly focused in areas where there is high deprivation.
- 11.8 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. There is currently no pharmacy in the Central PNA area which is providing EHC as a locally commissioned service.

- 11.9 To increase access to support to smokers who wish to quit, 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. Currently, no pharmacy in the North East PNA area is providing this service.
- 11.10 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.
- 11.11 Continue to review the provision and commissioning of general minor ailments schemes particularly focusing on deprived areas. Currently, only four pharmacies operate this scheme and two of these are in Wroughton. This will work towards increasing capacity in GP surgeries.
- 11.12 The PHE's "Pharmacy - A Way Forward for Public Health" menu of interventions should be used to inform a range of possible healthy living interventions that can be delivered in Swindon pharmacies. It is essential that they are of a high quality, in premises that are professional looking, which facilitate the delivery of health promoting interventions, with appropriate skill mix, for example health champions, who are skilled to deliver health promoting interventions.
- 11.13 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.
- 11.14 Any future pharmacy applications should be encouraged to provide all locally commissioned services. All new applicants should therefore be prepared to offer these services.
- 11.15 Continue to ensure that the number and distribution of 100 hour pharmacies is sufficient to provide a comprehensive local service.
- 11.16 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.

Abbreviations and glossary

5YFY	Five Year Forward View
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
CKD	Chronic Kidney Disease
COPD	Chronic Obstructive Pulmonary Disease
CPFV	Community Pharmacy Forward View
DAC	Dispensing Appliance Contractor
DH	Department of Health
EHC	Emergency Hormone Contraception
EPS	Electronic Prescription Service
ETP	Electronic Transfer of Prescription
GCSE	General Certificate of Secondary Education
GP	General Practice/Practitioner
HIV	Human immunodeficiency virus
HLP	Healthy Living Pharmacy
HPV	Human Papilloma Virus
HWB	Health and Wellbeing/ Health and Wellbeing Board
JHWS	Joint Health and Wellbeing Strategy
JSNA	Joint Strategic Needs Assessment
LARC	Long-acting reversible contraception
LCS	Locally Commissioned Services
LSOA	Lower Super Output Area
LTC	Long Term Condition
MUR	Medicines Use Review
NHS	National Health Service
NHSE	NHS England
NICE	National Institute for Health and Clinical Excellence
NOMIS	Official labour market statistics
NUMSAS	NHS Urgent Medicine Supply Advanced Service
ONS	Office for National Statistics
PCT	Primary Care Trust
PhAS	Pharmacy Access Scheme
PHE	Public Health England
PNA	Pharmaceutical Needs Assessment
POD	Prescription ordering direct
POM	Prescription only medicine
PPV	Pneumococcal polysaccharide vaccine
PSNC	Pharmaceutical Services Negotiating Committee
RPS	Royal Pharmaceutical Society
SAC	Stoma Appliance Customisation
SBC	Swindon Borough Council
SHAPE	Strategic Health Asset Planning and Evaluation
STI	Sexually Transmitted Infection
STP	Sustainability and Transformation Partnership

Acknowledgements

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Appendices

(See separate document for appendices)

Appendix 1 – Public Engagement Survey

Appendix 2 - PNA Pharmacy Contractor Questionnaire

Appendix 3 - Maps

Appendix 4 – Projected population change

Appendix 5 - Dispensing General Practices and Pharmaceutical Services in neighbouring areas

Appendix 6 - Swindon Pharmacies showing opening hours and locally commissioned services by locality area

Appendix 7 – Willingness to provide locally commissioned services

Appendix 8 – Draft PNA consultation: main comments