

Swindon Pharmaceutical Needs Assessment 2025-2028

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 30 September 2025. This is a statement of the pharmaceutical need of the Swindon population. It will inform NHS England and NHS Improvement commissioning plans for services within community pharmacies.
Authors	Dr Ifeoma Nneka Emelurumonye Dr Anastasios Argyropoulos
Expected Implementation Date	01 October 2025
Date of Review	30 September 2027
Expiry Date	30 September 2028
Responsible for Implementation	Swindon Health and Wellbeing Board

Document History

Version	Reviewer	Outcome	Date
Draft 1	PNA Virtual Steering Group	Comments incorporated	February 2025
Draft 2	Health and Wellbeing Board	Approval to proceed to statutory consultation	March 2025
Draft 3	Statutory Consultation	Comments incorporated	July 2025
Draft 4	PNA Virtual Steering Group	Comments incorporated	August 2025
Draft 5	Health and Wellbeing Board	Comments incorporated	September 2025
FINAL		Published version	September 2025

Contents

Executive Summary 4

1 Introduction..... 6

2 Policy Background 9

3 The PNA process..... 15

4 Swindon Health and Wellbeing Board strategic priorities 18

5 Swindon: people and places..... 19

6 Current provision of pharmaceutical services..... 32

7 Statement of current pharmaceutical services 40

8 Residents’ views on community pharmacy services 41

9 Pharmacists views on community pharmacy services 44

10 Access to pharmacies and services 48

11 Future pharmaceutical services in Swindon..... 49

12 Conclusions..... 50

13 Abbreviations and glossary 53

14 Acknowledgements 54

15 Appendices 55

Executive Summary

Background

The Health and Social Care Act 2012 created Health and Wellbeing Boards (HWBs) and gave them the duty to produce a Pharmaceutical Needs Assessment (PNA) every three years for their local populations. The document provides 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 PNA is a key tool for identifying what is needed at local level to support the commissioning of pharmaceutical services and other services that could be delivered by community pharmacies. The PNA will be used by the Integrated Care Board (ICB) to determine whether to approve applications to join the pharmaceutical list under the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.¹

This PNA looks at the current provision of pharmaceutical services across the Swindon HWB area and seeks to identify if the provision meets the current and future needs of the population.

Development of the PNA in Swindon

The development of the Swindon PNA has been led by Public Health at Swindon Borough Council and monitored through the PNA Steering Group including representation from Bath and North East Somerset, Swindon and Wiltshire (BSW) ICB, the Local Medical Committee, the Local Pharmaceutical Committee, Swindon Healthwatch, NHS England (NHSE) and the Director of Public Health. A variety of methods were used to develop the needs assessment, including drawing on a range of information sources, a public questionnaire, pharmacy interviews 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 233,400 people and includes Swindon town, Highworth, Wroughton and surrounding villages but excludes Shrivenham and Watchfield which, although forming part of BSW Integrated Care Board area, comes under the auspices of the Oxfordshire HWB and will be included in their PNA.

A variety of sources, including the Department of Public Health and Social Care Fingertips data collection², have 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.

¹ The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

<http://www.legislation.gov.uk/uksi/2013/349/contents/made>

² Department of Public Health and Social Care, Fingertips data collection: <https://fingertips.phe.org.uk/>

Current provision and use of pharmaceutical services in Swindon

Swindon has a total of 37 community pharmacies and one distance selling pharmacy (DSP) which also provides some advanced pharmaceutical services. This equates to approximately 16 pharmacies per 100,000 population. In addition, there are three Dispensing General Practices (GPs), dispensing from three locations, which serve the surrounding rural parts of the town.

There is a range of local provision of advanced and enhanced pharmaceutical services in Swindon that go beyond the core services of pharmacy provision (e.g. dispensing of medicines).

Pharmacy opening hours in Swindon vary, with a range of daytime, evening and weekend hours provided. Three community pharmacies provide a 100-hour service which operate between 72-85 hours and are open seven days a week plus evenings. In total, 11 pharmacies are open before 09:00, ten pharmacies are open after 18:30 during weekdays, with 26 pharmacies offering services on Saturdays and eight on Sundays.

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 and strive to ensure that services are accessible to all.

The Health and Wellbeing Board has a system in place that allows it to identify any changes to the need for pharmaceutical services that arise during the three-year lifetime of the pharmaceutical needs assessment. Supplementary statements to this PNA will be issued, when necessary, as per the regulations.

Conclusion

After considering the population of Swindon and the provision of pharmaceutical services, 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. Although there is sufficient coverage overall, it is noted that the rate of 16 per 100,000 population is lower than the England (19 per 100,000 population) average.

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 NHS.
- 1.2 Since April 2023, all Integrated Care Boards (ICBs) have taken on responsibility for the commissioning of pharmaceutical services.

Purpose of the PNA

- 1.3 The aims of the PNA are:
 - 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 the Bath and North East Somerset, Swindon and Wiltshire (BSW) ICB and Swindon Borough Council (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.
 - To be referred to the ICB 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.
 - 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, although the HWB is always consulted in changes to provision.
- 1.5 The 2022-2025 Swindon PNA has been used 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 NHS. A PNA Supplementary Statement was also published in 2024 to reflect changes in pharmacy provision between end of 2022 and May 2024.

Legislative Background

- 1.6 The Health and Social Care Act (2012)³ established HWBs and gave them responsibility for publishing a PNA every three years to HWBs. The last PNA for Swindon was published by Swindon HWB in 2022.

³ The Health and Social Care Act 2012 <https://www.legislation.gov.uk/ukpga/2012/7/contents>

- 1.7 HWBs consist of representatives from several organisations, including Local Authorities, ICB, NHSE, Police and HealthWatch. HWBs are responsible for developing the strategic plans to improve the health and wellbeing of their populations and reduce inequalities for all ages. Local Authorities, led by the Directors of Public Health, have a duty to advise and contribute to the development of Joint Strategic Needs Assessments (JSNAs) describing the future health, care and wellbeing needs of their population. 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).

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 (CPCF or 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 set out what can be provided subject to accreditation. Pharmacies may choose whether to provide these services or not. If they choose to provide one or more of the advanced services they must meet certain requirements and must be fully compliant with the essential services and clinical governance requirements. Some examples of service provision include Stoma Appliance Customisation (SAC) Service, Appliance Use Reviews (AUR) and New Medicine Service (NMS).
 - **Enhanced services** NHS England (NHSE) may choose to commission enhanced services from all or selected pharmacies to meet specific health needs, in which case it may develop an appropriate service specification. A full list of enhanced services that can be commissioned by the NHS is contained in the 2013 Pharmaceutical Services Directions.⁵
- Essential, Advanced and Enhanced pharmacy services across Swindon are considered within Section 5.
- 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.

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>

- 1.11 There are also some locally commissioned pharmacy services and there are no restrictions on who may commission these. In Swindon, examples of this include commissioning through ICB, Great Western Hospital or SBC for services such as sexual health, stop smoking, needle exchange and NHS Health Checks. These are not defined as pharmaceutical services in the regulations.
- 1.12 The UK Government and NHSE launched the Pharmacy First service on the 31st of January 2024. The NHS Pharmacy First Service incorporates the previous Community Pharmacist Consultation Service and expands upon it, allowing community pharmacies to provide advice and NHS-funded treatment for seven common conditions: sinusitis, sore throat, acute otitis media, infected bite, impetigo, shingles and uncomplicated urinary tract infections (UTIs). The service enables the management of common infections by community pharmacies by offering self-care, safety-netting advice, and supplying certain over the counter and prescription only medicines via clinical protocol and patient group directions. Consultations for these seven clinical pathways can be provided to patients visiting pharmacies, as well as those referred electronically by NHS 111, general practices and other healthcare providers. The service also incorporates the elements of the Community Pharmacist Consultation Service, i.e. minor illness consultations with a pharmacist and the supply of urgent medicines (and appliances) and is part of broader initiative to enhance the role of community pharmacies, leveraging their expertise to improve patient access to faster, more convenient and, high-quality healthcare. Nearly 10,000 pharmacies, covering over 95% of pharmacies in England, have signed up to Pharmacy First. In Swindon, 37 pharmacies, all pharmacies excluding the distance selling pharmacy (DSP), currently offer this service.
- 1.13 As the PNA is required to assess the needs related to all pharmaceutical services, Pharmacy First, as an advanced service, is included in that assessment.

2 Policy Background

- 2.1 The Health and Social Care Act (2012) sets out a range of legal duties for NHSE including responsibilities around how NHS funding will be used. In 2018, NHSE, the Department of Health and Social Care (DHSC) and other key stakeholders worked together to develop the previous NHS Long Term Plan (NHS LTP)⁶, setting out the healthcare priorities for NHSE over the next ten years and the role that community pharmacy would play in delivering its goals. In July 2025, a new 10 Year Health Plan for England was published, aiming to redesign care while keeping it universal, free at the point of use, and funded by taxation. It focuses on giving patients more choice and control over their health. Pharmacies will play a bigger role as accessible, high quality community hub supporting prevention, medicine advice, and everyday care to ease pressure on GPs and hospitals.⁷
- 2.2 Following the passage of the Health and Care Act 2022, on the 1st of July 2022, 42 Integrated Care Systems (ICS) were established across England. ICSs are coalitions of organisations that come together to plan and deliver integrated health and care services and improve the lives of people who live and work in their area. Within each ICS there is an ICB, NHS organisations responsible for planning health services for their local population, and also an Integrated Care Partnership (ICP), a joint committee between the ICB and the upper-tier Local Authorities within the system.⁸
- 2.3 ICPs are the direction setting part of ICSs, with responsibility to develop an Integrated Care Strategy, to meet the health and wellbeing needs of ICS local populations. The Integrated Care Strategy is produced by the ICB, and is informed by both the Joint Strategic Needs Assessment and the Joint Local Health and Wellbeing Strategy.
- 2.4 Partners recognise that NHS services need to work across traditional boundaries to deliver high quality services with increasing need, rising expectations and low finance availability. The BSW ICS has a population of around 940,000 served by:
 - 22 Primary Care Networks (PCNs)
 - Two community providers
 - Three acute hospital trusts
 - Two mental health trusts
 - An ambulance trust
 - An ICB
 - Three Local Authorities
 - 2,800 Voluntary and Community and Social Enterprises

⁶ The NHS Long Term Plan (2019) <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>

⁷ DHSC (2025), [Fit for the future: 10 Year Health Plan for England \(accessible version\)](#) - GOV.UK

⁸ NHS England: What are integrated care systems? Available at: <https://www.england.nhs.uk/integratedcare/what-is-integrated-care/>

- 2.5 In 2022, the ICP developed the Integrated Care Strategy 2023-2028 setting the direction of the ICS⁹ for the next five years on how NHS, local authorities, private sector, voluntary, community and social enterprise organisations and other partners can work together to improve integrated working. The strategy focuses on enhancing population health outcomes and healthcare, reducing inequalities, increasing productivity and cost-effectiveness and social and economic development.
- 2.6 The BSW publication 'Our Plan for Health and Care' ¹⁰ outlines the transitions to a system wide approach to address the needs of the local population within available resources. Prevention will be a central priority, with primary care playing a key role through the development of strong, inter-connected PCNs.
- 2.7 Initially discussed and proposed as part of the NHS LTP, PCNs were established in 2019, and are described as the 'building block' of local healthcare systems. They comprise of a range of staff working collaboratively such as General Practitioner (GP) practices, pharmacies, district nurses, community geriatricians, dementia workers and Allied Health Professionals, joined by social care and the voluntary sector. Fully integrated community-based healthcare is supported through the ongoing training and development of multidisciplinary teams in primary and community hubs. The NHS LTP has set out key changes for Community Pharmacies, whereby fully integrated community-based healthcare pathways, facilitate new ways of working e.g. use of the Pharmacy First Service. This enables referrals directly to community pharmacies to support urgent care and promote patient self-care and self-management.
- 2.8 PCNs have been created to build on the joined-up working that already exists across Primary Care. It requires GPs and pharmacies to work even more closely with community and secondary care providers around an individual's care needs. Culturally, there will be an emphasis placed on prevention, proactive personalised care and helping people to manage their own care where appropriate. The aim is to address health issues earlier on and reduce demand for hospital-based services, particularly urgent care. For community pharmacy services, this reinforces a continued shift from the traditional role of dispensing to one of providing a much broader range of clinical, health and wellbeing services. Swindon currently has 9 PCNs (Brunel 1, Brunel 2, Brunel 3, Brunel 4, Brunel 5, Brunel 6, Hawthorn and Merchiston, Sparcells, and Wyvern Health Partnership) with an expectation that each will have a lead community pharmacy PCN lead as well as a lead clinician for GPs.

⁹ [Bath and North East Somerset, Swindon and Wiltshire Integrated Care System \(BSW Together\)- Our Integrated Care Strategy 2023-2028: Executive Summary](#)

¹⁰ BSW ICS: Our plan for health and care 2020-2024 <https://bswpartnership.nhs.uk/wp-content/uploads/BSW-Our-Plan-for-Health-and-Care-2020-2024-full-version.pdf>

- 2.9 Locally, Swindon's Integrated Care Alliance has set out priorities to improve the health and wellbeing of the local population, aligned to the NHSLTP.¹¹ This includes developing new models of care to address unmet needs and tackle health inequalities. Pharmacies are crucial to redesigning and reducing pressure on healthcare services, such as local emergency pathways, that are crucial in supporting the local population. The practical goal for pharmacies is to ensure patients get the care they need fast, relieve pressure on A&E departments and better offset winter demand spikes. Urgent Treatment Centres now work alongside other parts of the urgent care network including primary care and community pharmacists to provide a locally accessible and convenient alternative to A&E for patients who do not need to attend hospital.
- 2.10 The contemporary healthcare system is based on a 'shared responsibility for health' and the NHS has expanded provision for supported self-management and individuals being empowered to take control of their own health. Pharmacies are integral in contributing to tailored care plans for individuals and signposting to local groups and support services. Digitally enhanced platforms such as the NHS app provide a digital 'front door' to services through virtual appointments and prescriptions, where patients are able to access virtual advice alongside face-to-face services via a computer or smart phone. Better use of digital technology will be central to improving integration, delivering preventative health information, providing seamless care between providers and offering more choice and convenience to patients.

¹¹ BSW Partnership: Swindon Integrated Care Alliance: <https://bswpartnership.nhs.uk/our-localities/swindon/>

- 2.11 The Global Burden of Disease study quantifies and ranks the contribution of various risk factors that cause premature deaths in England.¹² The top five risk factors nationally, and within Swindon, in 2021 were: tobacco, high blood pressure, poor diet, body-mass index and high fasting plasma glucose. These priorities guide the renewed NHS prevention programme as part of the NHS LTP. Publications such as “Pharmacy - A Way Forward for Public Health”¹³ set out the role for community pharmacy at a local level. Pharmacies are well placed to enable a healthier nation through maximising behaviour change to encourage healthy choices such as stopping smoking, improving diet and nutrition, increasing physical activity, losing weight and reducing alcohol consumption. Pharmacy teams 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.
- 2.12 Public Health England produced a briefing around the unique leadership role that pharmacy teams can play in helping to address health inequalities.¹⁴ ‘Pharmacy teams seizing opportunities for addressing health inequalities’, sets out recommendations for system leaders, commissioners and pharmacies themselves on how care can be maximised through collaboration with local communities, reaching out to seldom heard groups and those with poorest health outcomes. This briefing provides a list 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.
- 2.13 There is now an expectation for all pharmacies to have taken the accreditation process to become a ‘Healthy Living Pharmacy’ (HLP) and nationally around 9,535 pharmacies are following this process to ensure public health and prevention work is prioritised. HLPs are pharmacies with qualified health champions who understand 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. Contractors were required to be compliant with the HLP requirements from 1st January 2021 and all pharmacies must be accredited HLP level 1.¹⁵

¹² Global Burden of Disease. Available at: <https://www.healthdata.org/research-analysis/gbd>

¹³ 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

¹⁴ PSNC : Public Health England – Pharmacy Teams Seizing Opportunities For Addressing Health Inequalities:
<https://psnc.org.uk/wp-content/uploads/2021/09/Pharmacy-teams-seizing-opportunities-for-addressing-health-inequalities.pdf>

¹⁵ [HLP - Introduction and background - Community Pharmacy England](#)

- 2.14 The Community Pharmacy Contractual Framework (CPCF) is a 5-year plan detailing how community pharmacies supported the delivery of the previous NHS Long Term Plan.¹⁶ The new NHS 10 Year Health Plan for England strengthens the role of community pharmacy, moving it from dispensing to becoming an integrated clinical partner. Pharmacies will support long-term condition management, deliver vaccinations and use modern dispensing technologies. They will also be integrated into neighborhood health teams and into the single digital patient record to provide more joined up, patient centered care.
- 2.15 At the time of writing this document, there is not a CPCF linked to the new NHS 10 Year Health Plan, but new negotiations have started regarding the 2024/25 and 2025/26 funding contractual framework. The PSNC worked with Pharmacy Voice, with the support of the Royal Pharmaceutical Society English Pharmacy Board, to create a joint vision document – The Community Pharmacy Forward View (CPFV).¹⁷ Although it was published in 2016, much of the ambition in the Forward View remains relevant. The document describes how 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.
- 2.16 Community Pharmacy England commissioned Nuffield Trust and The King’s Fund to develop a vision for community pharmacy. The final report, ‘A Vision for Community Pharmacy’, sets out the role of community pharmacies in healthcare, explore potential expansion and identifies barriers that need to be addressed to achieve these advancements and drive progress. The report defines a ten-year transformation plan in which people receive enhanced support from pharmacy team who fully uses their professional skills. If this project is achieved, pharmacies will be growing businesses, while maintaining their main role in the medicines supply chain, and expanding widening the range of contracted and funded activities they provide. A comprehensive community pharmacy workforce plan will be implemented both at national and local levels to support pharmacy teams. Additionally, community pharmacies and their teams will also have ongoing professional development opportunities and access to external skills, support and data as needed to continuously develop and improve their service. There will be four dimensions to the role of the future community pharmacy:
- Preventing ill health and supporting wellbeing
 - Providing clinical care for patients
 - Living well with medicines
 - Part of an integrated primary care offer for neighbourhoods

¹⁶ [Government opens discussions with Community Pharmacy England over 25/26 funding contract - Community Pharmacy England](#)

¹⁷ Community Pharmacy Forward View (2016). Available at: <https://cpe.org.uk/wp-content/uploads/2016/08/CPFV-Aug-2016.pdf>

- 2.17 The achievement of pharmacies' full potential will require collaboration across the health service, with ICBs and Local Government actively engaging with community pharmacies. Pharmacies will need to embrace a culture of continuous improvement, seeking to continuously upskill and expand their service offering. Community Pharmacy England and LPCs will play a key role in driving innovation, promoting its adoption and facilitating the broader commissioning of services.¹⁸
- 2.18 The National Institute for Health and Care Excellence (NICE) publish a quality standard on how community pharmacies can promote health and wellbeing.¹⁹ It covers four quality statements:

Statement 1 People who have a long-term health condition or those who look for support to improve their health and wellbeing are offered advice and education when they use community pharmacy services.

Statement 2 Community pharmacies and commissioners work together to raise awareness of the health and wellbeing expertise and services available from community pharmacy teams.

Statement 3 Community pharmacies and commissioners work together to integrate community pharmacy services into care and referral pathways.

Statement 4 Community pharmacies and commissioners work together to agree health and wellbeing interventions to support people from underserved groups. Pharmacies are expected to raise awareness of health promotion campaigns and provide information to local populations on how to keep healthy. This includes offering advice, education or behavioural support for self-care to promote healthy behaviour change and referrals or signposting to other services or support if the pharmacy does not offer it.

¹⁸ Nuffield Trust (2023); A vision for community pharmacy. Available at: <https://www.nuffieldtrust.org.uk/research/a-vision-for-community-pharmacy>

¹⁹ National Institute for Health and Care Excellence (NICE): Community pharmacies: promoting health and wellbeing, Quality standard [QS196] <https://www.nice.org.uk/guidance/qs196>

3 The PNA process

- 3.1 In July 2024, the Swindon HWB established a steering group to take forward the PNA. The group was led by a member of the PH team and included representatives of the following:
- NHS BSW ICB
 - Local Pharmaceutical Committee
 - Swindon Healthwatch (Project Portfolio Manager)
 - Swindon Borough Council (Director of Public Health)
 - NHS England
- 3.2 The PNA was developed considering the following:
- Swindon Health Needs Assessments²⁰
 - Swindon Health and Wellbeing Strategy 2023 – 2033²¹
 - NHS Long Term Plan²²
 - Community Pharmacy Contractual Framework: 2019 to 2024²³
 - NICE Quality Standard [QS196]²⁴
 - Bath and North East Somerset, Swindon and Wiltshire ICS: Our plan for health and care (2020)²⁵
 - Bath and North East Somerset, Swindon and Wiltshire Integrated Care System (BSW Together): Our Integrated Care strategy 2023-2028²⁶
 - Swindon Plan 2024-2027²⁷
 - Feedback from service users gathered by a public engagement questionnaire, shared through Swindon Healthwatch
 - A series of short structured interviews with lead pharmacists
 - National datasets and statistics
 - The format of the previous PNA (2022-2025)
- 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.

²⁰ Swindon Borough Council - Joint Strategic Needs Assessment: <https://www.swindonjsna.co.uk>

²¹ Swindon Borough Council Health and Wellbeing Strategy 2023-2033: Available at: <https://www.swindonjsna.co.uk/wp-content/uploads/2023/11/Health-and-Wellbeing-Strategy-2023-2033.pdf>

²² The NHS Long Term Plan (2019) <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>

²³ Community Pharmacy Contractual Framework: 2019 to 2024. Available at: <https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024>

²⁴ National Institute for Health and Care Excellence (NICE): Community pharmacies: promoting health and wellbeing, Quality standard [QS196] <https://www.nice.org.uk/guidance/qs196>

²⁵ BSW ICS: Our plan for health and care 2020-2024 <https://bswpartnership.nhs.uk/wp-content/uploads/BSW-Our-Plan-for-Health-and-Care-2020-2024-full-version.pdf>

²⁶ BSW ICS: Our Integrated Care Strategy 2023-2028. Available at: <https://bswtogether.org.uk/about-us/our-integrated-care-strategy/>

²⁷ Swindon Borough Council: Swindon Plan 2024-2027. Available at: https://www.swindon.gov.uk/download/downloads/id/11242/swindon_plan.pdf

Consultation Process

- 3.4 Consultation was undertaken to inform the first draft of the Swindon PNA which included an online survey hosted by Swindon Healthwatch and interviews with pharmacy managers.
- 3.5 The Swindon draft PNA was subject to a 60-day statutory consultation period which was undertaken from 24 April to 23 June 2025.
- 3.6 In line with the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, the following local organisations and key stakeholders were also specifically invited to respond to the consultation:
 - Neighbouring local authorities
 - NHS Providers within Swindon
 - Chief Executive, NHS BSW ICB
 - NHS England and NHS Improvement
 - Southwest Regional Director, NHSE
 - Community Pharmacy Avon and Wiltshire
 - Wessex Local Medical Committees
 - Healthwatch Swindon
 - Voluntary Action Swindon
 - Substance Misuse service
 - Swindon Integrated Care Board
 - Prevention and Communities Swindon Borough Council
- 3.7 People were encouraged to take part in the consultation by responding to a short online survey, which was available online in the 'Let's Talk Swindon' platform. In addition, respondents were also enabled to provide any feedback and/or comments by contacting the Swindon Public Health Team directly by email. The consultation considered the following questions:
 - The draft PNA 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?

- 3.8 Following the 60-day consultation period all responses were analysed and considered by the PNA Steering Group. Amendments were made to the draft document for clarity and accuracy as considered appropriate. The statutory consultee comments along with the actions taken (where necessary) are summarised in Appendix 7.
- 3.9 There were 11 responses from statutory consultees in total. The majority of consultees (73%) agreed with the statement that the pharmaceutical provision within Swindon is satisfactory.
- 3.10 The draft PNA was also shared with the general public for comment via various social media pages, newsletters and forums. 13% of respondents agreed with the statement that pharmaceutical provision is considered satisfactory, whereas 34% disagreed. Slightly more than half, 53% of respondents, neither fully agreed nor disagreed that the provision was satisfactory. However, they provided additional comments, indicating moderate satisfaction and expressing underlying concerns.
- 3.11 A qualitative analysis was conducted to identify common themes. 18 respondents (22%) highlighted challenges related to long travel distances that mostly affect residents with limited transport options for those without a car, and accessibility barriers for individuals with mobility impairments. 34 respondents (41%) felt that pharmaceutical provision was inadequate in specific geographical areas. A limited number of responders (8.5% or 7 responses) also suggested extending opening hours, with a particular focus on expanding service accessibility in the evening and night.
- 3.12 Operational issues were raised, such as medicine availability, long queues, service capacity and service provision. Additional comments were associated with difficulties linked to poor communication and collaboration with general practitioners.
- 3.13 All comments were gratefully received and were used to improve the accuracy and quality of the PNA.

4 Swindon Health and Wellbeing Board strategic priorities

- 4.1 The Swindon HWB strategy 2023-2033 outlined a ten-year ambition to prioritise preventing ill health, focussing on reducing inequalities in order to improve the health and wellbeing of Swindon residents and to increase the time they spend in good health.²⁸ It identified a vision, principles and priorities for partners while considering the new BSW Integrated Care Strategy and the first five-year Joint Forward Plan for the ICB.
- 4.2 The strategy is 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 the health and wellbeing of our residents towards achieving the overall aim for communities to start well, live well and age well in Swindon. Four principles characterise the strategy approach:
- Being focused
 - Addressing Inequalities
 - Starting with Prevention
 - Making it Real
- These principles inform how the three following priorities have been chosen which, if achieved, will improve health across the life course:
- Improve Mental Health and Wellbeing
 - Eat Well and Move More
 - Stop Smoking and Reduce Alcohol
- 4.3 The vision for Health and Wellbeing in Swindon is to “Work together to tackle inequalities and empower all people in Swindon to live longer, healthier, fulfilling lives, supported by thriving and connected communities”.
- 4.4 The priorities were determined based on evidence from the Swindon Joint Needs Strategic Assessment (JSNA) and included an evaluation of the previous strategy, data from the 2021 Census, engagement with local communities, organisations, as well as by gathering insight from young people and local groups.

²⁸ Swindon Borough Council; Health and Wellbeing Strategy 2023-2033. Available at: <https://www.swindonjsna.co.uk/wp-content/uploads/2023/11/Health-and-Wellbeing-Strategy-2023-2033.pdf>

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.²⁹

PNA Area	Wards
North East	Blunsdon & Highworth
	St Margaret & South Marston
North	St Andrews
	Priory Vale
	Haydon Wick
North Central	Rodbourne Cheney
	Gorsehill and Pinehurst
	Penhill and Upper Stratton
West	Shaw
	Lydiard and Freshbrook
	Mannington and Western
Central	Central
	Eastcott
	Walcot and Park North
East	Liden, Eldene and Park South
	Covingham and Dorcan
	Ridgeway
South	Old Town
	Wroughton and Wichelstowe
	Chiseldon and Lawn

- 5.3 Map 1 in Appendix 3 shows the seven PNA geographies in Swindon.

²⁹ The ward of Shrivenham and Watchfield is in BSW ICB 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 PNA.

Swindon's Population Profile

Demographics and Housing

- 5.4 The 2021 Census recorded a total population of 233,410 people living in Swindon. Subsequent mid-year population estimates for Swindon were 233,760 for 2021, 235,652 for 2022, and 238,417 for 2023, representing a growth of 2.1% since Census 2021.
- 5.5 Both the 2021 Census and subsequent mid-year population estimates for 2022 and 2023 place the majority of Swindon residents between the ages of 30-39 years (close to 15%), with slightly more than 4 in 10 people (just under 43%) in the 30-59 years age group.
- 5.6 Table 1 in Appendix 4 reports mid-2022 population estimates across Swindon wards. St Andrews ward is home to the largest number of residents whereas Ridgeway has the smallest number of residents.
- 5.7 Additional demand for pharmaceutical services across our existing network will depend on the extent of population growth in Swindon. The latest Office for National Statistics (ONS) 2018-based population projections for local authorities report data up until the year 2043. For Swindon (see Table 2, Appendix 4), over the lifetime of this PNA, these projections suggested a population of 232,191 by 2025, rising to 235,437 by 2028 (an increase of 1.4%). The number of births in Swindon was projected to slightly decrease from 2020 to 2024, and following a period of stability until 2028, would gradually continue to rise.³⁰ Beyond 2028, the population is projected to grow to 241,924 by 2035 and 249,385 by 2043.³¹ This represents a projected population growth of approximately 3% from 2028-2035 and a further 3.1% from 2035-2043.
- 5.8 The ONS population projections are constructed on 2018 population data and their accuracy is dependent on past trends and assumptions about fertility, mortality and net migration, which have changed over the years. Similarly, they do not adjust for the possible effects of political or economic developments such as Brexit or the impact of the Covid-19 pandemic. Actual Census 2021 data and subsequent mid-year estimates from 2021 to 2023 report population values that differ from these projections by between 3.0% to 3.8%.³² The ONS projections also do not take into account population growth as a result of planned housing developments. Housing-led projections reconcile future population growth with available housing supply by incorporating a housing supply trajectory and are considered to be a more realistic projection based on the accommodation of a projected population increase.

³⁰ ONS - Population projections incorporating births, deaths and migration for regions and local authorities: Table 5. Available at:

<https://www.ons.gov.uk/file?uri=/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/componentsofchangebirthsdeathsandmigrationforregionsandlocalauthoritiesinenglandtable5/2018based/table53.xls>

³¹ ONS - Population Projections for local authorities: Table 2. Available at:

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandtable2>

³² The ONS published the sub-national population projections (2022-based) on 24 June 2025, and as such the 2022-based projections were not available at the time of writing.

- 5.9 The SBC Local Housing Needs Assessment, utilising the Standard Method to determine the minimum annual local housing need, assessed Swindon's future housing requirements, and disaggregated the local housing need to show the demographic profile of the future population locally. The projections profiling the change to the population (Table 3, Appendix 4), arising as the local housing need for Swindon is met between 2023 and 2043, forecasts a 4% growth (close to 10,000 more residents) between 2025 to 2028. Over a 10-year period, Swindon is projected to accommodate around 30,600 more residents (12.5% population growth).
- 5.10 Between 2025 and 2028, the working age population (16-64 years) is projected to grow by 4.5% (around 7,100 more people). Over a 10-year horizon, the growth in this age group will be 12.6% (around 20,000 more working age people).
- 5.11 Over the next three years, Swindon will see around 4,000 more people in the 65 and over age group, with this number reaching around 13,600 over the next ten years.
- 5.12 The child population (0 to 15 age group) is projected to fall by approximately 3,000 over the next ten years. 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). At the time of the last PNA, Swindon had a daily inflow of around 14,000 people who were present in the town during the day for employment purposes, but who are not included in the overall population statistics. The shift to remote working and travel restrictions during the Covid-19 pandemic may have impacted on these numbers, but the longer term effects of this are yet to be seen.
- 5.13 The Swindon Borough Local Plan 2026 (published in 2015) was adopted as the main planning policy document for the Borough in March 2015 and set 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. It detailed plans for 22,000 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 2026.³³

³³ Swindon Local Plan 2026. Available at:

https://www.swindon.gov.uk/info/20113/local_plan_and_planning_policy/635/swindon_local_plan_2026_and_new_local_plan/2

Swindon Borough Council is currently in the process of developing a New Local Plan 2036. Once adopted, the New Local Plan will propose a number of updated strategies and policies, including site allocations, to provide sufficient housing, employment and town centre sites to meet the Borough's future needs and guide decisions on planning applications. For more details, see:

https://www.swindon.gov.uk/info/20113/local_plan_and_planning_policy/635/swindon_local_plan_2026_and_new_local_plan/2

- 5.14 At the time of the last PNA, it was anticipated that about 7,200 homes would be delivered over the period 2022-25, with the majority of these dwellings planned for Central (28%), South (21%), North (11%), and East area (10%). In actuality, since housing data was obtained for the last PNA, 1,057 dwellings were completed between April 2021 and March 2022, 981 between April 2022 and March 2023 and a further 683 completed between April 2023 and March 2024 (a total of 2,721 dwellings over a three-year period). Between April 2021 to March 2024, the largest developments were seen in parishes which fall under North (30.9% of total number of completed dwellings), North East (18%) and North Central (17.3%) PNA areas. This is less than the average number of dwellings per annum forecast for 2016 to 2026 which was included in the 2022 PNA.
- 5.15 The number of completed dwellings between 2021 and 2024 is however in line with current information on local requirements for new housing covering the period from 2023 to 2043. Policies within the adopted Local Plan are under review and the Swindon New Local Plan is currently being produced. The New Local plan will be informed by the Local Housing Needs Assessment, which estimates that over the twenty year period, a total of 20,100 dwellings will be required, or the equivalent of 1,005 dwellings per year. Hence, it is anticipated that around 3,000 homes will be delivered over the period 2025-2028.
- 5.16 Census 2021 estimates that the population of ethnic minority groups (defined as all residents who do not report themselves as White British) in Swindon rose from approximately 15% in 2011³⁴ to approximately 26% in 2021 (over 60,000 residents).³⁵ The proportion of ethnic minority groups in Swindon's population in 2021 was higher than for England (25%) and the South West (12%).
- 5.17 Census 2021 also reports that most of Swindon's ethnic minority groups live in the more central, built-up parts of Swindon, where they account for between one third (Walcot and Park North) and two third (Central) of the area's population, compared to around 9% in the more rural areas.³⁶

³⁴ NOMIS: Ethnic group data. Available at: <https://www.nomisweb.co.uk/census/2011/qs201ew>

³⁵ NOMIS: Census 2021 data. Available at: <https://www.nomisweb.co.uk/datasets/c2021ts021>

³⁶ IBID

- 5.18 Although Swindon overall is regarded as being slightly less deprived than England as a whole, there is still a sizable part of the population considered deprived by national standards. The ONS Annual Population Survey estimates that 11.3% of households in Swindon were without employment in 2023.³⁷ The most deprived wards in Swindon (Map 2.1 in Appendix 3), in descending order of deprivation, are: Walcot and Park North; Penhill and Upper Stratton; Gorse Hill and Pinehurst; Liden, Eldene and Park South; Central; Rodbourne Cheney; Mannington and Western, Lydiard and Freshbrook; and Eastcott.³⁸
- 5.19 The 2019 Index of Multiple Deprivation placed 20 Swindon 2011 Lower Super Output Areas (LSOAs), rising to 21 LSOAs using the 2021 classification, in the bottom 20% of the most deprived LSOAs nationally.^{39,40} The NHS Core20PLUS5 approach to reducing healthcare inequalities for adults as well as for children and young people also considers the most deprived 20% of the national population.^{41,42} All Core20 areas fall within 7 electoral wards (Maps 2.1- 2.3, Appendix 3).

Lifestyles and Health

- 5.20 The following overviews of health, living and lifestyles in Swindon were sourced from OHID's Fingertips.⁴³ The website contains details of the various data sources. Where other sources have been used, this is indicated in the footnotes.
- 5.21 Census 2021 reports that 4.4% of Swindon's population declared their general health as "Bad or Very Bad", with 12.3% declaring it as "Fair". Residents aged 65 years and over represented the largest age group (41.8%) amongst all residents who declared their general health as "Bad or Very Bad".⁴⁴
- 5.22 Census 2021 reports that 15.9% of Swindon's population declared they are disabled under the Equality Act.^{45,46} Residents aged 65 years and over represented the largest group (33.6%) of those who declared a disability under the Equality Act.

³⁷ Workless Households (Jan-Dec 2023). Available from NOMIS: Labour Market Profile – Swindon. <https://www.nomisweb.co.uk/reports/lmp/la/1946157355/report.aspx?town=swindon#workless>

³⁸ Swindon's Index of Multiple Deprivation 2019 report. Available from Swindon's JSNA website: <https://www.swindonjsna.co.uk/wp-content/uploads/2023/03/Swindon-UA-Wards-ID-2019.pdf>

³⁹ Lower Super Output Areas (LSOAs) comprise between 400 and 1,200 households with a resident population between 1,000 and 3,000 persons. Since the 2011 Census, Swindon comprised of 132 LSOAs. Following the 2021 Census, some changes were made to the 2011 LSOAs as a result of population and household changes. New 2021 LSOAs were created by merging or splitting 2011 LSOAs to ensure that population and household thresholds were met. As a result, Swindon now comprises of 140 LSOAs.

⁴⁰ In 2021, LSOAs were re-created by merging or splitting 2011 LSOAs. A Central ward 2011 LSOA that was classified as part of the 20% most deprived LSOAs nationally, was split into two LSOAs.

⁴¹ NHSE, Core20PLUS5- An approach to reducing health inequalities for children and young people

⁴² NHSE, Core20PLUS5 (adults)- An approach to reducing health inequalities

⁴³ OHID Public Health Profiles. Available at: <https://fingertips.phe.org.uk/>

⁴⁴ ONS Census 2021 - Age and General Health: <https://www.ons.gov.uk/datasets/create/filter-outputs/75a5b10c-1c53-4532-906d-cdfb2e64e26f#get-data>

⁴⁵ People who assessed their day-to-day activities as limited by long-term physical or mental health conditions or illnesses are considered disabled under the Equality Act.

⁴⁶ ONS Census 2021 – Age and Disability: <https://www.ons.gov.uk/datasets/create/filter-outputs/12205b2b-24e8-4b18-9af7-1a9d0bc681ef#get-data>

- 5.23 The mortality rate from all causes for people aged under 75 years in Swindon has been declining over the past decade. The rate slightly increased following 2018-20 reaching 331.3 deaths per 100,000 people in 2021-23, which is lower than the national rate but higher compared to the regional average. A similar trend is reported for deaths due to causes considered preventable (153.1 deaths per 100,000 people), with the mortality rate being lower than the national average but higher regionally. The infant mortality rate (2.5 deaths per 1,000 births in 2020-22), as well as the 2021-23 mortality rates for premature deaths (for people aged under 75 years) from cancer (118.8 per 100,000 people), cardiovascular disease (80.0 per 100,000), ischaemic heart disease (43.5 per 100,000 people), respiratory disease (27.0 per 100,000 people), Covid-19 (16.1 per 100,000 people) and stroke (12.1 per 100,000 people) are similar to England as a whole. This is also the case for the mortality rate for communicable diseases for all age groups during the same time-period (13.1 per 100,000 people).
- 5.24 In 2017-2019, smoking attributable mortality was higher in Swindon (209.8 per 100,000 people) compared to the South West but similar to England. Reducing the prevalence of smoking in the population represents a huge opportunity for public health, as smoking is the single most preventable cause of early death and illness.
- 5.25 The prevalence of diagnosed diabetes has been rising over time in Swindon and in England as a whole. The prevalence of diabetes in Swindon in 2023/24 stood at 8.6%, and was higher than England (7.7%) and the South West (7.4%). This amounts to 17,271 people aged 17 years and over registered with GP practices located within Swindon. However, as in the rest of England, there is a group of people who have undiagnosed diabetes. In Swindon this group was estimated to be about 600 people in 2020/21⁴⁷, with the prevalence of diagnosed and undiagnosed patients standing 0.1 percentage points higher than the reported prevalence at 8.1%.⁴⁸
- 5.26 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, most cancers, Chronic Obstructive Pulmonary Disease, Chronic Kidney Disease, dementia, diabetes, epilepsy, and stroke. Using NHS Primary Care register and diagnosis data, recorded LTC prevalence in Swindon currently stands at 30.2%, with the actual prevalence likely being higher. The prevalence among people aged 65 years or over is more than double that of the population as a whole (68.5%).^{49,50} Recorded prevalence is similar to the 2015 modelled LTC prevalence of 32.2% (69.3% among people aged 65 years or over).⁵¹ The largest proportion of individuals with at least one LTC, close to 39%, were between 50-59 years, with an average age of 57 years, but problems and needs were likely to be more complex for older people.

⁴⁷ SBC Health and Wellbeing Board; Swindon Pharmaceutical Needs Assessment 2022-2025

⁴⁸ Diabetes prevalence estimates for local populations. Available at:

<https://www.gov.uk/government/publications/diabetes-prevalence-estimates-for-local-populations>

⁴⁹ BSW ICB, BSW Inequality Dashboard

⁵⁰ BSW ICB, BSW Population Insights Tool

⁵¹ Long Term Conditions Needs Assessment. Available at : <https://www.swindonjsna.co.uk/dna/long-term-conditions>

- 5.27 More than one in four with any recorded condition are in a state of multimorbidity, with physical co-morbidities commonly existing alongside mental ill-health conditions, such as depression and dementia.
- 5.28 Slightly more than 37,000 residents (16.9%) declared having a physical or mental health condition or illness lasting or expected to last 12 months or more and which reduces their ability to carry out day-to-day activities in the 2021 Census. Close to 21,500 residents were part of the working age group (16-64 years), with one in three being over 65 years of age. Moreover, 17% reported their health as ranging from “Very bad” to “Fair”.
- 5.29 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.
- 5.30 Smoking rates have been in decline locally since 2018, with the proportion of adult smokers in 2023 standing at 9.7%, similar to both the South West (11.2%) and England (11.6%). Swindon also recorded one of the lowest smoking prevalences (10.3%) in routine and manual occupations for 18-64-year olds nationally (19.5%) and the lowest regionally (19.4%).
- 5.31 The impact of alcohol on Swindon’s population is substantial, as in many parts of the country. According to weighted estimates from the Health Survey for England for the period 2015-2018 combined, 17.4% of adults are abstinent in Swindon, similar to England at 16.2%. 17.5% of adults drink more than 14 units a week – lower than the England average at 22.8%. Latest data for 2022/23 suggest that the rate of hospital admission episodes for alcohol-specific conditions in Swindon (566 per 100,000) is similar to the England and the South West average. Alcohol-related mortality in 2022 is also similar in Swindon (41.6 per 100,000 people) compared to England and the South West.
- 5.32 In 2020/21, the rate of adults in treatment at specialist alcohol misuse services was 1.7 per 1,000 people at both local and national level. A decline in successful completions of alcohol treatment is reported for Swindon, with the proportion of users leaving treatment free of alcohol dependence and not representing for treatment within 6 months dropping from 35.8% in 2021 to 16.8% in 2023 (which is the lowest proportion nationally). However, the drop in successful alcohol treatment completions is attributed to the introduction of a new service model and the associated change in provider in 2023.
- 5.33 In 2019-2020, Swindon had an estimated rate of 9.72 opiate and/or crack cocaine injecting users per 1,000 population, higher than the South West (8.8 per 1,000) but similar to England (9.54 per 1,000).⁵² In 2022-23, 58.8% of the estimated number of 1,392 opiate and/or crack users in Swindon were not engaged in structured treatment, which is in line with the national average of 57.6%.⁵³
- 5.34 Between April 2023 and March 2024 there were 277 new clients presenting with an opiate and non-opiate substance use treatment need (not including alcohol) in Swindon which is an increase of 28% from the previous year. Nationally there was a 17% increase.⁵³

⁵² OHID, UKHSA; Opiate and crack cocaine use: prevalence estimates. Available at: <https://www.gov.uk/government/publications/opiate-and-crack-cocaine-use-prevalence-estimates>

⁵³ OHID; National Drug Treatment Monitoring System. Accessed Nov 2024.

- 5.35 In 2022 to 2023, 67.8% of adults aged 18 years and over in Swindon were estimated to be overweight or living with obesity. This is similar to England (64%), but higher than the South West average (62.5%). In line with the national trend, levels of adult obesity in Swindon have slightly increased in recent years rising from 28.3% in 2020/21 to 30.1% in 2022/23.⁵⁴
- 5.36 Figures from the National Childhood Measurement Programme for 2023/24, indicate that in Swindon 19.8% of children in Reception Year at school were classified as overweight or obese. This was lower than the England and South West levels (22.1% and 21.8% respectively). In Year 6, 36.8% of Swindon children were in the overweight or obese category, which was similar to the England level but higher than the South West.
- 5.37 Prevalence of obesity locally has been declining in recent years, since 2021/22 (academic year), for both Reception and Year 6 children. The decline has been steep in the former group, with the prevalence reaching its lowest point (8.5%) in 10 years in 2023/24, and gradual in the latter group standing at 21.9% (0.8 percentage points lower when compared to 2021/22).
- 5.38 The UK Chief Medical Officer recommends that children and young people are physically active for an average of at least 60 minutes per day across the week, whereas being physically active in adulthood is defined as achieving at least 150 minutes of moderate intensity physical activity per week.^{55,56} The 2022/23 Active Lives Children and Young People Survey indicated that Swindon has a slightly higher percentage (54.2%) of physically active children and young people (ages 5-16 years) than England (47%) which is in line with the proportion reported regionally (50.8%). During the same time period, Swindon recorded the lowest proportion of physically active adults over 19 years (63.4%) in the region (71.7%), which was however in line with the average national activity rate (67.1%). Likewise physical inactivity levels for adults in Swindon (less than 30 minutes of activity per week) were at 26.3% which was less favourable than in the South West (19.3%) but at a similar level to England (22.6%).
- 5.39 In 2022/23, 28.2% of Swindon adults consumed the recommended “five-a-day” portions of fruit and vegetables, which is in line with the national average (31%) but lower than the proportion recorded within the region (35.6%).
- 5.40 In 2023/24, the proportion of babies whose first feed is breastmilk was 70.7% in Swindon, in line with the South West (77.9%) and England (71.9%).
- 5.41 There were 1,217 new Sexually Transmitted Infection (STI) diagnoses in Swindon in 2023 and the infection rate per 100,000 increased slightly from 2021. In 2023, 272 young people (aged 15 to 24) were diagnosed with chlamydia, a much lower detection rate than England. Swindon recorded 20 new cases of human immunodeficiency virus (HIV) diagnosed in 2023. In 2021, 29.4% of abortions in women aged under 25 were repeat abortions, similar to 29.7% in England overall. The total rate of prescribed long acting reversible contraception (excluding injections) was 44.5 per 1,000 women (aged 15 to 44) in 2022, similar to the England rate (44.1 per 1,000).

⁵⁴ *ibid*

⁵⁵ UK Chief Medical Officers' Physical Activity Guidelines (2019). Available at: <https://assets.publishing.service.gov.uk/media/5d839543ed915d52428dc134/uk-chief-medical-officers-physical-activity-guidelines.pdf>

⁵⁶ NHS; Exercise. Available at: <https://www.nhs.uk/live-well/exercise/>

Mental health

- 5.42 At least one in four people experience a mental health problem of some kind every year in England⁵⁷ and one in six people report experiencing a common mental health problem in any given week. National research also suggests that 12.8% of children aged 5-19 years have a diagnosable mental health problem.⁵⁸ Although Swindon has followed national averages in seeing an increasing trend, compared to England, Swindon had a higher hospital admission rate for child mental health problems in 2022/23 (though not statistically significant), and higher hospital admission rates for self-harm in children and young people aged 10-24 years.
- 5.43 In the last three years (2021-2023), 55 Swindon residents died from suicide or undetermined causes, a rate that was slightly lower than for England overall. Four times as many men as women died from suicide. Across England, for both suicide and self-harm there are strong links with deprivation and social fragmentation.⁵⁹

Inequalities and Wider Determinants

- 5.44 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.⁶⁰
- 5.45 There is a difference in life expectancy of 7 years between men living in the most and least deprived areas of Swindon. This difference is 6.4 years for women. Healthy life expectancy for Swindon men and women at birth are higher than England and lower than South West levels.⁶¹
- 5.46 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.
- 5.47 People living in more deprived areas in Swindon were more likely (34.2%) than those in more affluent areas to have at least one LTC, although LTCs were still common in affluent areas (33%). The disparity was even greater in those people aged 65 years or more, with people in deprived areas being at greater risk. Average activity rate per 100,000 people (measured as number of interactions with services such as A&E attendance, ambulance, community follow-up, GP appointments, etc.) was 51 for people living in the most deprived areas compared to 45 for those living in the less deprived areas.⁶²

⁵⁷ Mental Health Facts and Statistics (2020). Available from Mind: <https://www.mind.org.uk/information-support/types-of-mental-health-problems/mental-health-facts-and-statistics/>

⁵⁸ Mental Health of Children and Young People in England, 2017. Available from NHS Digital: <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017>

⁵⁹ ONS Blog: How does living in a more deprived area influence rates of suicide? <https://blog.ons.gov.uk/2020/09/10/how-does-living-in-a-more-deprived-area-influence-rates-of-suicide/>

⁶⁰ Fair Society, Health Lives: <https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review>

⁶¹ The ONS recently revised the methodology used for calculating Healthy Life Expectancy. For more information, see: [Health state life expectancy, all ages, UK - Office for National Statistics](#)

⁶² BSW ICB Business Intelligence, BSW Inequality Dashboard.

- 5.48 Analysis of local data in 2022 showed that breastfeeding initiation appeared to be associated with the age of the mother (mothers who were 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 in the more deprived areas of the town.
- 5.49 Across England, higher proportions of children in need and higher proportions of children on a child protection plan are from areas with high levels of deprivation.⁶³
- 5.50 Demand for adult social care continues to present cost pressures due to demographic change, changing expectations and complexity of need.
- 5.51 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.
- 5.52 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.
- 5.53 In 2023/24, two thirds of Swindon pupils achieved a good level of development by the end of their school reception period, while 44.5% achieved grades 5 or above in English and mathematics GCSEs (General Certificate of Secondary Education).⁶⁴ However, for 2022/23 in the slightly older age-group, 6.2% of 16 to 17 year olds were not in education, employment or training, which is higher than the national average.
- 5.54 The Covid-19 pandemic had country-wide impact with high levels of unemployment (arising from business closures due to restrictions, the furlough scheme etc). Since then, Swindon's unemployment rate amongst people of working age has improved considerably, with NOMIS⁶⁵ reporting an estimated unemployment rate of 2.2% compared with 3.7% for Great Britain (July 2023-June 2024).⁶⁶ On another measure, in October 2024, 3.5% of people of working age in Swindon were claiming out-of-work benefits. Over the period January to December 2023, there were 7,700 workless households in Swindon, or 11.3% of all households compared to 13.9% in Great Britain.

⁶³ OHID Fingertips: <https://fingertips.phe.org.uk/>

⁶⁴ Explore Education Statistics, Department for Education: <https://explore-education-statistics.service.gov.uk/>

⁶⁵ NOMIS (<https://www.nomisweb.co.uk/>) is service provided by ONS, publishing statistics relating to population, society and the labour market at national, regional and local levels.

⁶⁶ Labour Market Profile, Swindon. Available from NOMIS website: <https://www.nomisweb.co.uk/reports/lmp/la/1946157355/report.aspx?wab>

- 5.55 While still on an increasing trend, the rate of violent crime in Swindon (as part of the Wiltshire Police Force Area) has trended at lower levels than England in the last few years. Swindon's high rate of violent crime might be more connected to certain patterns of organised crime and not be a reflection of a relatively aggressive society. The rate of hospital admissions for violence, including sexual violence, has been declining in the last decade in Swindon and has been at lower levels than the South West and England as a whole. With respect to domestic abuse, it has been estimated that there were approximately 8,600 victims of domestic abuse in Swindon in the last year⁶⁷, with the police recording 816 domestic abuse crimes as having a child present at the time of incident.⁶⁸ However, the number of actual incidents would be higher than this, as a perpetrator would often commit more than one act of domestic abuse.

Screening and Immunisations

- 5.55 Swindon has similar coverage rates to England (2023/24) for the majority of routine childhood immunisations (e.g. Measles, Mumps and Rubella). Seasonal flu vaccination in those aged 65+ years was below the 75% target for a number of years but reversed course from 2020/21 onwards, with all of Swindon, the South West and England exceeding target vaccination rates. During that time, Swindon's vaccination rates stood at higher levels than England's. However, alongside the South West and England, Swindon's Pneumococcal polysaccharide vaccination against pneumonia in people aged 65+ years (69% in 2022/23) has been below the 75% target for over more than a decade. In 2022/23, in Swindon, 61.5% of girls aged 13 to 14 received two doses of the Human Papillomavirus vaccine.⁶⁹ There were 54 cases of Tuberculosis in Swindon in 2020-2022, representing a rate of 7.8 per 100,000 people, similar to England (7.6 per 100,000 people).
- 5.57 Breast cancer screening coverage of the eligible population (53 to 70 year olds) has been decreasing in the last few years falling from previous highs of around 78% to 66.4% in 2023 (similar to England's coverage rate of 66.2%).
- 5.58 Cervical screening for both eligible population groups (25 to 49 years and 50 to 64 years) have also been falling gradually over the last few years. For the 25 to 49 age group, the screening rate in 2023 was 65.6% in Swindon, similar to a rate of 65.8% for England. The screening rate for the 50 to 64 age group was 72.9% in Swindon, which was significantly lower than England's rate of 74.4%.

Equality Considerations

- 5.59 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

⁶⁷ Domestic abuse prevalence and victim characteristics, November 2024. Available from ONS: <https://www.ons.gov.uk/file?uri=/peoplepopulationandcommunity/crimeandjustice/datasets/domesticabuseprevalenceandvictimcharacteristicsappendixtables/yearendingmarch2024/domesticabuseprevalenceandvictimcharacteristics2024.xlsx>

⁶⁸ Swindon Domestic Abuse Needs Assessment 2024. Available at: <https://www.swindonjsna.co.uk/wp-content/uploads/2024/05/Domestic-Abuse-needs-assessment-2024.pdf>

⁶⁹ Due to a data submission issue for 2022/23, which affected about one third of local authorities (Swindon was not affected), comparisons with regional or national average may not be suitable here.

- Foster good relations between different people when carrying out their activities
- 5.60 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.
- 5.61 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, also referred to as inclusion health groups⁷⁰, 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.
- 5.62 Differences in culture, health systems, language skills, hidden disabilities and distance to services may impact on the choice of appropriate health care services, (including community pharmacies) by the aforementioned groups. The BSW ICB Integrated Care Strategy for 2023-2028 and the Primary and Community Care Delivery Plan also place a focus on these groups while aiming to reduce health inequalities by joining and improving access to services, engaging with residents and adopting the Core20PLUS5 approach.^{71,72,73}
- 5.63 Some examples of good practice for pharmaceutical services around accessibility and equity are highlighted below:
- Accessing 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

⁷⁰ NHSE, Inclusion health groups. Available at: <https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/what-are-healthcare-inequalities/inclusion-health-groups/>

⁷¹ BSW ICB, Integrated Care Strategy 2023-2028. Available at: <https://bswtogether.org.uk/wp-content/uploads/Integrated-Care-Strategy-v4.pdf>

⁷² BSW ICS, Primary and Community Care Delivery Plan. Available at: <https://bsw.icb.nhs.uk/wp-content/uploads/sites/6/2023/10/BSW-Together-Primary-and-Community-Care-Delivery-Plan-approved-21-09-23.pdf>

⁷³ BSW ICB, Transforming community-based care in BSW. Available at: <https://bsw.icb.nhs.uk/wp-content/uploads/sites/6/2024/10/Transforming-community-based-care-in-Bath-and-North-East-Somerset-Swindon-and-Wiltshire.pdf>

compliance aids or 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.

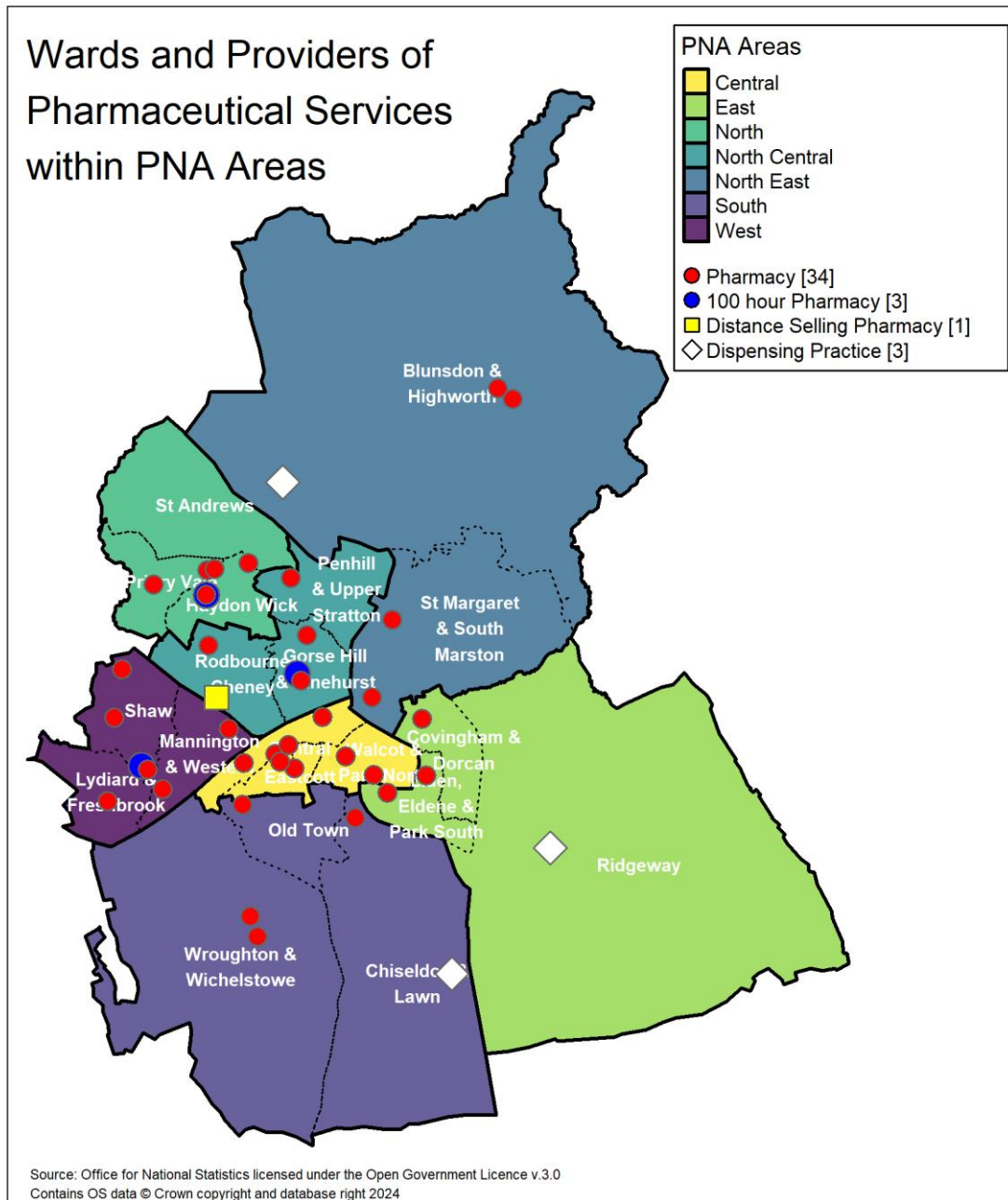
5.64 All of Swindon pharmacies now have a private consultation area meeting the following standards:

- 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.

5.65 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.

6 Current provision of pharmaceutical services

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



- 6.2 Table 1, in Appendix 4, shows the ward populations derived from the 2022 mid-year estimates from the ONS. A total of 15 wards have between 10,000 and 14,000 residents. Less than 10,000 residents reside in three wards, Ridgeway (3,428), Chiseldon and Lawn (8,234), Wroughton and Wichelstowe (8,324), whereas more than 15,000 people live within the Central (15,700) and St Andrews (20,209) wards.
- 6.3 Swindon residents can access essential pharmaceutical services from:
- Community pharmacies located within the Borough boundaries
 - Community pharmacies located on the border of Swindon
 - Distance selling pharmacies
 - Dispensing GP practices
 - Dispensing appliance contractors (DACs)
- 6.4 Table 1, in Appendix 5, provides an overview of the 41 pharmaceutical service providers in Swindon and PNA areas.
- 6.5 There are no DACs located within Swindon. There are three general practices dispensing pharmacies from three different locations in the Swindon Borough area (Table 1, Appendix 6). Blunsdon and Highworth ward (part of the North East PNA area), as well as Chiseldon and Lawn ward (part of the South PNA area) each have one dispensing general practice but also have pharmacies within their boundaries. Wanborough Surgery (a branch surgery of Ramsbury Surgery in Wiltshire) in Ridgeway ward (part of the East PNA area) in particular, provides an important dispensing service to that part of rural Swindon.
- 6.6 Table 2, in Appendix 6, shows the provision of pharmaceutical services from five pharmacies in neighbouring areas (within a 2 mile buffer) that might impact on Swindon patients. There are a number of pharmacies in Wiltshire close to Swindon's western border. The most recent GP practice dispensing data indicate that in the year ending September 2024, approximately 7% of all prescriptions written in Swindon GP practices were dispensed in pharmacies located outside the Borough, with less than 1% dispensed within neighbouring local authorities Wiltshire, Gloucestershire or Oxfordshire.⁷⁴

⁷⁴ NHS Business Services Authority Dispensing Contractors Data. Available at: <https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data/dispensing-contractors-data>

- 6.7 Swindon has 37 community pharmacy contractors (including three 100 hour pharmacies) and one distance selling pharmacy which provide a range of nationally commissioned pharmaceutical services and some additional services commissioned locally. Under the NHS (Pharmaceutical and Local Pharmaceutical Services) Amendment Regulations 2023 - which set the legal framework for the commissioning of pharmaceutical services by ICBs – from 25 May 2023, pharmacies contracted with 100 opening hours (referred to as ‘100 hour pharmacies’) could apply to reduce their core opening hours to between 72 and 100 hours. Since the last PNA, all of the three 100 hour pharmacies in Swindon have reduced their opening hours. The community pharmacy contractors operate under the Health and Social Care Act 2012⁷⁵ and the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.⁷⁶ It comprises three tiers of services – essential, advanced and local enhanced services.
- 6.8 Essential services are those which every pharmacy must provide, these are:⁷⁷
- Dispensing medicines
 - Dispensing appliances
 - Repeat Dispensing and electronic Repeat Dispensing
 - Discharge Medicines service
 - Disposal of unwanted medicines
 - Healthy Living Pharmacies
 - Public Health (promotion of healthy lifestyles)
 - Signposting
 - Support for self-care
- 6.9 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 nine advanced services:⁷⁸
- **NMS** - The service provides support for people with long-term conditions who have been newly prescribed a medicine in order to improve adherence to medicines.
 - **AURs** - 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.

⁷⁵ Health and Social care Act 2012: <https://www.legislation.gov.uk/ukpga/2012/7/contents>

⁷⁶ NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013: <http://www.legislation.gov.uk/uksi/2013/349/contents/made>

⁷⁷ Pharmaceutical Services Negotiating Committee (PSNC) website. Available at: <https://psnc.org.uk/services-commissioning/essential-services/>

⁷⁸ Pharmaceutical Services Negotiating Committee (PSNC) website. Available at: <https://psnc.org.uk/services-commissioning/advanced-services/>

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

- **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.
- **Flu vaccination service** - where the pharmacist vaccinates patients in at-risk groups against seasonal influenza (flu) by additionally proactively offering influenza vaccination to any patient they identify as being eligible to receive it should the patient present in the pharmacy for any reason.
- **Hypertension Case-Finding Service** - a service to identify people at risk of hypertension and offering them blood pressure measurement and where clinically indicated, ambulatory blood pressure monitoring (ABPM). The service was commissioned from October 2021.
- **Smoking Cessation Service (SCS)** - for people referred to pharmacies by a hospital, following patient consent, to continue their smoking cessation treatment, including providing mediation and support as required. The service was commissioned in March 2022.
- **Lateral Flow Device (LFD) Service** - the service provides eligible at-risk patients with access to LFD tests to enable testing at home for Covid-19 following symptoms of infection (wherever possible patients should obtain LFD tests in advance of developing symptoms). The service was commissioned in November 2023.
- **Pharmacy Contraception Service** - a service that enables pharmacists to initiate provision of oral contraception and to continue the provision of oral contraception supplies initiated in primary care or sexual health clinics (or equivalent). The service was commissioned in April 2023 to provide ongoing supply of oral contraception and was expanded in December 2023 to include initiation of provision.
- **Pharmacy First Service** - a service that enables community pharmacists to provide advice and supply certain over the counter and prescription only medicines , where clinically appropriate, for seven common conditions:
 - Sinusitis
 - Sore throat
 - Acute otitis media
 - Infected insect bite
 - Impetigo
 - Shingles
 - Uncomplicated UTI

Treatment can be obtained by walking into the pharmacy or virtual contact. The service was launched in January 2024.

- 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. DACs can provide AUR and SAC services but do not normally dispense medicines or drugs and do not need a pharmacist to dispense their prescriptions.

- 6.10 Swindon has 16 community pharmacies, including the DSP, per 100,000 population, compared to a national average of 19 per 100,000.^{79,80} Although there is no minimum recommended rate of community pharmacies, it is notable that this is a marginally lower rate than at the time the previous PNA was carried out to cover 2022-2025 (17 per 100,000 population). The West PNA area has the highest ratio of community pharmacies at 21.5 per 100,000 population, with the East PNA area, the largest part of which is thinly populated and rural, recording the lowest ratio (12 pharmacies per 100,000 population). The number of all providers of pharmaceutical services as well as the number of pharmacies per 100,000 population are reported in Table 2, Appendix 5.
- 6.11 Two community pharmacies have permanently closed since the previous PNA: Boots UK Limited, 35 Wood Street, SN1 4AN; and Rowlands Pharmacy (inside Co-op), High Street, Old Town, SN1 3EG; with one pharmacy opening: Rodbourne Pharmacy, 167 Rodbourne Road, SN2 2AY. An application for the opening of a new community pharmacy in the location of the Rowlands Pharmacy (inside Co-op), which as detailed above has now closed, was granted by the BSW ICB and confirmed in January 2025. However, this pharmacy is not considered for the purposes of this PNA since it has not yet opened.
- 6.12 Pharmacies must maintain a record of all medicines dispensed and of any significant interventions made. In the year ending September 2024, Swindon pharmacies, including the distance selling pharmacy, dispensed on average 364,860 items per month which is the equivalent of 9,497 items per month for each pharmacy and equates to 1.6 items per person for each month. In England, during the same time-period, an average of 8,966 items per month for each pharmacy were dispensed, which is the equivalent of 1.7 items per person each month. As such, activity data for Swindon are comparable to nationally recorded figures, even though this information is reflective of pharmaceutical demand and not pharmaceutical need.⁸¹ Pharmacy item dispensing activity in Swindon and within PNA areas is summarised in Table 3, Appendix 5.
- 6.13 Services that pharmacies provide were gathered through existing sources of information, the NHS Business Services Authority, the LPC, the South West Collaborative Commissioning Hub and the ICB and reflect the best available knowledge at the time of writing. Pharmacy willingness to provide other services in the future was covered within pharmacy interviews. Table 4, in Appendix 5, lists the number of pharmacies in each PNA area and the advanced services they offer in Swindon.
- 6.14 All community pharmacies, but not the DSP, are providing NMS, with the majority of pharmacies claiming payments from NHS England for these services every month. Between October 2023 and September 2024, 92% of Swindon pharmacies claimed for NMS compared to 90% nationally.⁸²
- 6.15 All pharmacies in Swindon accept electronic prescriptions handled through the Electronic Prescription Service. 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.

⁷⁹ NHS BSA Statistics: General Pharmaceutical Services – England bulletin. Available at:

<https://www.nhsbsa.nhs.uk/statistical-collections/general-pharmaceutical-services-england>

⁸⁰ NHS BSA Statistics: Dispensing contractors' data. Available at: <https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data/dispensing-contractors-data>

⁸¹ *ibid*

⁸² NHS BSA: Complete New Medicine Service data. Available at: <https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data/complete-new-medicine-service-data>

- 6.16 No pharmacies within Swindon offer AURs and 5 (13%) pharmacies offer SAC. A total of 78 SAC interventions, close to 16 interventions on average per pharmacy, were delivered locally in the year ending September 2024.⁸³
- 6.17 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.
- 6.18 A total of 32 (84%) pharmacies are providing seasonal flu vaccinations, with 14,870 flu vaccinations being administered between October 2023 and September 2024, the equivalent of 39 flu vaccinations each month per pharmacy.
- 6.19 All Swindon pharmacies, but not the DSP, have signed up to Pharmacy First. Close to 25,000 consultations (83 consultations per month for each pharmacy offering the service), including urgent medicine supply and minor illness referral consultations, were recorded between February and September 2024.
- 6.20 A total of 32 (84%) pharmacies have signed up to provide the hypertension case finding service. Approximately 8,200 blood pressure checks and ABPMs (32 checks every month per pharmacy) have been delivered between February and September 2024.
- 6.21 SCSs are being offered by 21 (55%) pharmacies with 1 smoking cessation consultation taking place each month between February and September 2024.
- 6.22 Contraception services are being offered by 28 (74%) pharmacies with 134 initiation consultations and 735 ongoing consultations, the equivalent of 4 consultations in total per month for each pharmacy, recorded between February and September 2024.
- 6.23 There are 27 (71%) pharmacies signed up to deliver the LFD service locally which supplied 1,000 testing kits, or around 5 kits per month each, between February and September 2024.
- 6.24 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 ICBs. 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.
- 6.25 There are currently 11 LCS commissioned from community pharmacies by Swindon Borough Council (SBC) or BSW ICB.^{84, 85, 86} These services are:
- Smoking cessation (21 pharmacies)
 - NHS health Checks (17 pharmacies)
 - Supervised consumption of opiate substitute therapy (23 pharmacies)
 - Needle and syringe provision (NSP) service (16 pharmacies)
 - Alcohol brief interventions service (6 pharmacies)
 - Take-home Naloxone service (5 pharmacies)⁸⁷

⁸³ Based on the number of stoma customisation fees for each pharmacy

⁸⁴ Community Pharmacy England- Services Database. Available at: <https://cpe.org.uk/lpcs-and-local/locally-commissioned-services/local-services-database/>

⁸⁵ BSW ICB

⁸⁶ SBC Public Health

⁸⁷ At the time of writing, the Take-home Naloxone service is planned for commissioning and implementation in the first quarter of 2025/2026.

- IP Pathfinder (2 pharmacies)⁸⁸
- Community Pharmacy Emergency Supply
- Community Pharmacy Patient Group Directions (PGD) service
- Community Pharmacy PCN Leads
- Palliative Care Community Pharmacy Services

The pharmacies that have signed up to provide LCS 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 2023/24, 9 pharmacies took 176 referrals for stop smoking services, with 32 successful quits.⁸⁹ Information on the number of pharmacies currently providing LCS is summarised in Tables 5.1-5.7, Appendix 5.

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 including Emergency Hormonal Contraception (EHC). Six pharmacies have signed up to deliver this service, with four actively delivering currently.

- 6.26 Tables 5.1-5.7, in Appendix 5, also show the opening hours in Swindon's PNA geographical areas. The information on opening hours reflects the best available knowledge at the time of writing.⁹⁰ Pharmacy contractors must submit an application to the BSW ICB and obtain consent to alter their core contractual hours. Pharmacies are also required to notify BSW ICB for an increase in supplementary opening hours, without providing an advance notice, but at least 5 weeks' notice should be given prior to implementing a decrease in their additional (to core hours) opening hours. Please refer to the NHS Choices website www.nhs.uk for the current opening hours.
- 6.27 Some pharmacies may be delivering services, which are not currently commissioned by local authorities, ICBs and local NHSE teams. These services may be 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.
- 6.28 The pharmacy interviews indicated that many pharmacy contractors would be willing to offer further services if commissioned.
- 6.29 Currently, there is no community pharmacy open in Swindon between the hours of 21:00 and 08:00 and therefore the public cannot access their services at these times.
- 6.30 Swindon has three 100 hour pharmacies and these are required to offer the full range of enhanced services if commissioned.

⁸⁸ This service has been [implemented nationally](#) to establish a framework for the future commissioning of NHS community pharmacy clinical services that incorporate independent prescribing for patients in primary care.

⁸⁹ SBC Public Health

⁹⁰ NHS South West Collaborative Commissioning Hub

- 6.31 The Emergency Department and The Urgent Treatment Centre (UTC) on GWH work together as one team. GWH UTC provides a 15 hour (7:00 am to 10:00 pm) walk-in service. This centre provides access to limited medicines via Patient Group Directions (PGD) and prescriptions. Prescriptions from the UTC 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 6:30 pm-8:00 am seven days a week, including Bank Holidays.⁹¹ During periods when pharmacies are not open, the out-of-hours unit is able to issue medication to patients.
- 6.32 HLPs are pharmacies with qualified health champions who understand health improvement and are enthused and motivated to reach out to their communities, to help them improve their community's health. All pharmacies in Swindon are HLP accredited.
- 6.33 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. The majority of Swindon as an urban area is non-controlled. A map showing the "non-controlled" area of Swindon, which has remained unchanged since the 2022-2025 PNA, is provided in Map 4 - Appendix 3.

⁹¹ Westrop Medical Practice. Available at: <https://www.westropmedicalpractice.nhs.uk/>

7 Statement of current pharmaceutical services

- 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 Practices.
- 7.2 The Central PNA area has eight community pharmacies. Seven LSOAs in this PNA area have high scores of deprivation (i.e. in the 20% most deprived LSOAs nationally).
- 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 area has high levels of deprivation, with four LSOAs in 20% the most deprived LSOAs nationally, and the latter does not. A dispensing practice is also located within the Ridgeway ward and serves the residents of this rural part of Swindon.
- 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 and a distance selling pharmacy. All of these are in wards with high deprivation scores. This PNA area includes nine of the 21 most deprived 2021 LSOAs located in Swindon.
- 7.6 The North East PNA area has four 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 a dispensing practice located within the Chiseldon and Lawn ward (close to the border with Ridgeway ward).
- 7.8 The West PNA area has seven community pharmacies. Three are in the Mannington and Western ward and one is in Lydiard and Freshbrook ward, with one most deprived LSOA located within the former ward. The other two pharmacies are in Shaw ward which does not have high deprivation areas.
- 7.9 Table 4 and Tables 5.1-5.7, in Appendix 5, show the service provision and opening hours in the seven PNA areas. Table 6 in Appendix 5 additionally provides a summary of opening hours, core and supplementary, by day of the week for each PNA area.
- 7.10 Community pharmacies are open for most of the GP practice core opening times (08:00- 18:30 Monday to Friday). During weekdays, however, only one pharmacy in the Central PNA area is open before 8:30. From Monday to Friday, no community pharmacy is open before 09:00 in the East and the North East PNA areas, whereas at least one pharmacy is open in the other five PNA areas before 09:00.
- 7.11 The East and the South PNA areas do not have any community pharmacies within their boundaries that are open after 18:30 during weekdays, with the rest of the PNA areas having at least one.
- 7.12 26 community pharmacies, at least two in each PNA area, operate on Saturdays. Eight community pharmacies provide pharmaceutical services on Sundays, with at least one in each PNA area, excluding the East and the South PNA areas.
- 7.13 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

- 8.1 During October 2024, HealthWatch Swindon promoted an online survey developed by the SBC Public Health team. There were 94 responses to the survey which have been summarised below. Although this should not be considered as a representative sample, the data provides a useful insight into the views of pharmacy customers in Swindon.
- 8.2 Most respondents visited a pharmacy less than once in a month to purchase a medicine (59%), seek advice (56%) or access services themselves (44%), with close to one in two responders reporting getting prescriptions for themselves on a monthly basis (49%). The majority reported that they never sent someone to seek pharmaceutical advice (85%), buy medicine (83%) or collect a prescription (74%) on their behalf.
- 8.3 Nearly 53% of responders use multiple pharmacies but tend to visit one most frequently, while almost 39% consistently use the same pharmacy. Only 12% of participants reported using an online pharmacy or a combination of both physical and online pharmacies.
- 8.4 Different factors influenced participants' choices on selecting which pharmacy to use. Many factors were practical and included: closeness to their home (77%), accessibility (42%), availability of parking facilities (42%), close proximity to their doctor (41%), opening hours (35%), medication availability (28%), distance from their place of work (23%), good customer service advice (21%) and information (18%) and presence of a private area for consultations (15%).
- 8.5 68% of respondents said it took between 5 and 15 minutes to reach their pharmacy, with 58% reporting using their car to get there. Only 1 in 20 participants reported having to travel more than 15 minutes to get to their pharmacy.
- 8.6 Respondents were asked about their preferred days and times for visiting a pharmacy. Pharmacies were used throughout the week at various times with weekday evenings between 5-8pm being the most popular, followed by Saturdays between 9am-5pm. In contrast, Sundays before 9am were the least preferred time for pharmacy visits. When unable to access their usual pharmacy, almost 56% of respondents either visited another pharmacy or waited until their pharmacy opened (30%).
- 8.7 32% of respondents did not receive a pharmacy review of their new prescription. 60% found it helpful to have a pharmacist explain a new medicine prescription because it gave reassurance, improved communication with their doctor, and boosted their confidence in using their medication correctly and effectively. The remaining 8% stated that they did not find the pharmacists' explanation helpful. Reasons included not receiving any explanation, being already in receipt of this information by their GP, or being on repeat prescription with no need for further information.
- 8.8 Respondents were asked about how well their needs, illnesses or conditions were supported by their pharmacy. The majority (60%) felt well supported (very or moderately well), 11% felt extremely well supported, while 16% did not know how to respond to this question.

- 8.9 When asked about on how well pharmacists worked with the wider support networks e.g. carer, family member, GP, or district nurse, 39% believed the process worked well but most were unsure (49%) about how the pharmacy team collaborated with others. Residents felt pharmacies were sometimes too busy with delays frequently linked to interaction with GPs. Customers were sometimes required to liaise between these two services to solve problems.
- 8.10 Pharmacy discussions helped to keep family members up to date, provided an important link to other services and helped to '*harmonise*' pathways.
- 8.11 While most participants reported no barriers to accessing to their local pharmacy (76%), 8% reported that their condition(s), which limits their day to day activities, posed a challenge. A small number also mentioned additional barriers, including not speaking English (3%), internet access (3%) and literacy issues (one participant). Other barriers reported included long distance, long waiting times, prescription costs, digital exclusion and the impact on mental health due to unavailability of specific medicines.
- 8.12 Most respondents did not know how well their pharmacies addressed any service accessibility barriers (48%) as they have not faced any, with 38% feeling that pharmacies handled them well.
- 8.13 Respondents were asked about what could be improved at their local pharmacy. A number of respondents said nothing could be improved and praised their community pharmacy team. Those who suggested improvements commonly focused on:
- **Pharmacy premises** e.g. expansion of shop space; more flexible or changing of working hours (later opening hours, longer opening hours during weekends); having a consultation room; and providing seating when experiencing long waiting times and queues
 - **Medicine availability:** e.g. shortage of medication, faster restock; delay in medicine prescription; speed of dispensing; different medication availability
 - **Customer service:** e.g. information provision
 - **Access to services** e.g. free delivery of medications, improved confidentiality and privacy, better IT systems, improved communication (response to phone calls, messages to notify customers if medications ready for collection), telephone consultation, independent prescribers, other health services and health professionals (sexual health; substance use, health advisor, health coaches), online service, advertisement
 - **Staffing** e.g. more staff, training

- 8.14 Finally, residents were asked about their awareness of certain pharmaceutical services (Pharmacy First, Hypertension, Stop smoking, Vaccinations, New Medicine Service, Substance misuse or needle exchange service, Contraception, NHS Health Check, Emergency Hormone Contraception). More than 71% of responders were aware of all nine services, with some services being recognized more than others (Stop smoking (94%), Substance misuse or needle exchange (93%) and Hypertension (86%)), and specific services being more frequently used (Vaccinations (29%), New Medicine Service (28%) and Emergency Hormone Contraception (22%)).
- 8.15 When asked about their experience using any of the aforementioned services, the majority reported being very satisfied with six out of nine services. Responders provided mixed feedback on their experience with the Substance misuse or needle exchange service (55% reported a neutral experience), the Stop Smoking Service (with 50% reporting a neutral experience or expressing dissatisfaction) and the Contraception service (50% reported a neutral experience). Not all residents had used the aforementioned nine services, with close to 2 in 5 responders being unsure about using them in the future and 47% stating that they would use them in the future.

9 Pharmacists views on community pharmacy services

- 9.1 During December 2024 and January 2025, a series of interviews were conducted, over Microsoft Teams, with a selection of lead pharmacists. Five interviews were undertaken with a range of pharmacies across Swindon to represent different settings.
- 9.2 The purpose of the structured telephone interviews was to gain information from pharmacists themselves around the challenges they face on a regular basis, on how they felt that the needs of their customers were met, or not met, and on what changes and services they would like to see being applied and implemented in the pharmacy in the future.
- 9.3 The top three challenges related to customers, were very similar across all pharmacists. The three key themes were:
 - **Funding:** limited financial resources affect service at multiple levels, impacting recruitment and training of staff, supply of medicines and the availability of diverse services, ultimately compromising the quality and accessibility of care.
 - **Medication availability and costs:** Customers face financial challenges and can struggle to afford essential prescription medicines resulting in prolonged recovery and worsening of their condition(s). Prescription medication stock availability is impacted by supply chain disruption, quotas, pricing and remuneration policies, inflation and the preference for brand named drugs (including branded generics) over generic that may cause customers to visit multiple pharmacies to fulfil their prescriptions. These systemic issues make it difficult for both patients and pharmacies to secure essential medication.
 - **Service awareness and accessibility:** Due to constant changes in service availability, residents often lack awareness of their options, correct prescription pathways and the overall process.
- 9.4 Other challenges mentioned were linked to medication adherence, which was often associated with having the time and the resources to provide clear and exhaustive information to patients to facilitate and ensure their understanding.
- 9.5 All pharmacists interviewed expressed their confidence that customer need was well met by addressing the diverse community's requirements, supporting vulnerable populations and implementing strategies to overcome operational challenges. Pharmacists also suggested improvements including introducing additional services such as adult ear care and insect bite treatment, expanding the Pharmacy First initiative, integrating independent prescribers, enhancing partnership collaborations and offering free delivery services for vulnerable populations.
- 9.6 Pharmacies were asked if there was a specific group facing challenges, such as individuals with digital or health literacy difficulties, language barriers or conditions that impact daily activities, including mobility, sensory or cognitive impairments:
 - No pharmacist felt that any of the aforementioned groups would find it difficult to access services. All pharmacists were flexible and adaptable to the differing needs of the cohorts, as well as being able and willing to assess needs on a case by case basis. All were keen to ensure accessible and equitable support for customers.
 - The majority of pharmacies are conveniently located, with easy access to public transportation routes and available parking spaces.
 - Some pharmacies provided free delivery services for those vulnerable groups that are not able to come to the pharmacies. Not all pharmacies were able to provide

delivery services for those with mobility or accessibility issues, as this depended on available resources and commissioning. One pharmacy expressed a concern with the affordability of delivery services and how this might impact on vulnerable communities and contribute to inequity.

- Individuals affected by the digital divide were supported through alternative access to care, with staff assisting where possible by offering face-to-face communication or phone interactions. Collaborating closely with GPs to provide additional support with medication was highlighted as an extra service for users.
- A pharmacy also provides an outreach clinic, sharing the services available in the pharmacy while also offering NHS free services, such as blood pressure measurements and offering expert advice.

9.7 Language barriers were highlighted as an issue, as English may not be the first language for some service users. To address this, pharmacists emphasized the use of translation tools, which are available to pharmacists free of charge, and the importance of having a diverse team with multilingual staff. Pharmacists also pointed out that individuals requiring support from carers may need time for their consultations. To accommodate them, pharmacies encourage visits during quieter hours to ensure adequate attention and care.

9.8 Although the needs of customers were felt to be well met, all pharmacists suggested some changes that could be made to improve their offer, including access to professional translators, collaboration with local businesses, and offering universal delivery services for those with vulnerabilities.

9.9 All pharmacies reported having sufficient capacity within their current premises and some pharmacies also recently recruited staff to manage increased demand. However, all pharmacies noted that additional recruitment would be necessary if demand rises further.

9.10 Pharmacies were asked which advanced and commissioned services (enhanced services, commissioned by NHS England, by Local Authority Public Health service or the ICB) they provide. The most commonly mentioned services include:

- Covid Vaccinations
- Patient Group Direction Service
- Urgent Supply of Medicines (Palliative Care)
- Emergency Supply
- Pharmacy PCN Leads
- NHS Health check
- Alcohol Identification and Brief Advice (IBA pilot)
- Pharmacy First service
- New Medicine Service
- NHS flu vaccination service
- Hypertension Case finding Service
- NHS Contraception service
- NHS smoking cessation service
- Swindon Borough Council Service
- Lateral flow device service
- Flu vaccination service
- Supervised consumption

- 9.11 All pharmacies advertise their services through their website, leaflet and posters in their premises. Other methods of advertisement mentioned were social media platforms, text message alerts (under consent), Digital Application Integration, Community Outreach Programmes, branded prescription bag stickers and maximising every interaction, by incorporating key messages in everyday conversation with residents and ensuring that each interaction is meaningful and informative.
- 9.12 Residents provide feedback on pharmaceutical services primarily through verbal comments or Google reviews which include both positive and negative views. Positive feedback highlights the excellent work and support offered by pharmacy staff, while negative feedback often relates to issues such as medication availability.
- 9.13 Finally, pharmacists were asked about additional services they would like to offer in the future and the support required to implement them. Suggestions included expanding independent prescribing, emergency hormonal contraception, and travel vaccinations. Funding was identified as the main support required, which would prove particularly useful in addressing any recruitment and training requirements in facilitating the implementation and delivery of the aforementioned services.
- 9.14 All pharmacists interviewed were keen to deliver new services to better meet the needs of customers, to help tackle pressures as a result of the pandemic and to manage changes in demographic trends, such as an aging population. Services which pharmacists felt that they could provide included:
- Covid Vaccinations
 - Patient Group Direction Service
 - Independent Prescribing (Private and NHS)
 - Travel Vaccination
 - Emergency Hormonal Contraception
 - Stop Smoking
 - Vit B12 injection (due to demand)
- 9.15 Delivery of new services would be dependent on staffing, having enough space and staff training. Many of the pharmacies were keen for more PGDs to facilitate better access to healthcare, to free up GP capacity and to reaffirm their clinical role within Primary Care.
- 9.16 Pharmacists felt that developing into independent prescribers was important.⁹² This would enable them to address a wider range of conditions, prescribe medication and facilitate access to services when availability is an issue. 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. However, some highlighted the need for clearer and agreed pathways, shared also with residents to minimise and/or avoid disruptions, complaints and delays in medical provision.

⁹² From September 2026 all newly qualified pharmacists will be [independent prescribers](#) on the day of their registration

- 9.17 Most pharmacies felt that they are able to manage their current demands within their premises. However, in case of a surge in demand, pharmacies would require more funding to recruit and train more members of staff.

10 Access to pharmacies and services

- 10.1 A mapping exercise was carried out using the Strategic Health Asset Planning and Evaluation (SHAPE) tool. The analysis indicated that during standard opening hours, all parts of Swindon Borough are within fifteen minutes' drive of a Swindon pharmacy, as shown by Maps 5.1 and 5.2 in Appendix 3.
- 10.2 During standard opening hours, most residential parts of urban Swindon are within 15 minutes walking time of a Swindon pharmacy as shown by Map 5.3 in Appendix 3. This has been calculated using a highly conservative assumption of two miles per hour walking pace. In rural areas, some people live outside the 15 minute walk times, particularly in the North East, East and South PNA areas.
- 10.3 Responses to the public engagement survey (Chapter 8), are also in line with the accessibility findings detailed above, as indicated by the fact that 95% of responders require up to 15 minutes (walking and/or driving) to access a pharmacy.
- 10.4 In all parts of Swindon numerous care homes benefit from the support of local pharmacies, including the provision of LFD tests, antivirals and Flu/Covid vaccination.

11 Future pharmaceutical services in Swindon

- 11.1 Community pharmacies will continue to play an important role in supporting self-care and help their local populations to live healthy lives. This will include the national evolving of community pharmacy to provide a much broader range of clinical, health and wellbeing services, alongside the traditional role of dispensing medicines.
- 11.2 Community pharmacies now offer much more than access to medicines, providing a wide range of health and wellbeing support to their communities to stay well and prevent ill health.
- 11.3 Pharmacies will be growing businesses, maintaining their main role in medicine provision but also widening the range of contracted and funded activities they provide.
- 11.4 Pharmacies will contribute to the goals of the wider health and care system, including the ambitions of their local ICB. They will have a key role to play in addressing and reducing inequalities, both in health status and in access to health care.
- 11.5 Services offered by community pharmacies will be an integrated part of the health and care system with clear and agreed information pathways across different providers and settings. This will ensure that patients will be quickly directed to the right part of the system.
- 11.6 Pharmacies' full potential will be achieved through collaboration across health services, ICBs, local authorities and community engagement. This will require embracing a culture of continuing improvement, seeking to continuously upskill and expand their service offer.
- 11.7 Community pharmacies will have an expanding clinical role, with residents able to access care from community pharmacy teams for common conditions in a way that works for them and supports their health and wellbeing. This builds on the emerging 'Pharmacy First' service, with community pharmacists and their teams being seen as the NHS 'front door' for many common ailments and management of certain long-term conditions.
- 11.8 The opportunities available will expand over time as new services are commissioned, pharmacists continue to build their skills and competencies (including as independent prescribers)⁹³, and while the wider health and care system becomes more adjusted to community pharmacies playing an increasing role in clinical care as clinical governance systems and regulatory frameworks are updated to support this.
- 11.9 Community pharmacy teams will be an integral and recognised part of a local integrated primary care offer. They will work closely with general practices, continuing to relieve pressure on them, facilitating easy access to care within residents' local areas and while supporting with ongoing care needs, preventative and acute care.

⁹³ From September 2026 all newly qualified pharmacists will be [independent prescribers](#) on the day of their registration

12 Conclusions

- 12.1 The distribution of pharmaceutical services in Swindon suggests that all parts of the town are well-served by Community Pharmacies and Dispensing Doctors and there is sufficient capacity to support the current population overall. Although there is sufficient coverage overall, and while acknowledging that there is no minimum recommended rate of community pharmacies, it is noted that Swindon has a rate of 16 community pharmacies, including the DSP, per 100,000 population, lower compared to a national average (19 per 100,000 population). This is a marginally lower rate than at the time the previous PNA was carried out to cover 2022-2025 (17 per 100,000 population).
- 12.2 Most residents visit a pharmacy less than once in a month, typically using the same one, with some also accessing the services of online pharmacies. Different practical factors influenced pharmacy choices, such as proximity to general practices, opening hours, medication availability and distance from workplace. Residents usually take 5 to 15 minutes to reach their local pharmacy, with weekday afternoons and Saturdays being the most common visiting times. While most participants reported no barriers to accessing their local pharmacy, a smaller portion mentioned challenges such as language, internet access and health literacy. Residents felt well supported, however service users suggested improvements such as expansion of shop space, flexible or changing of working hours, availability of a consultation rooms, ensuring medicine supply, customer service, improving access to various services and increasing staff. Residents were aware of certain pharmaceutical services, with some of them being recognised more than others and positively received by those who used them. Among respondents who had never used these services, the majority expressed willingness to do so in the future.
- 12.3 The three top challenges highlighted by pharmacists are funding; medication availability and costs; and service awareness and accessibility. Pharmacists are well adaptable to the differing population needs ensuring accessible and equitable support for customers with additional vulnerabilities. Ability to access a professional translator, offering universal delivery service and additional recruitment in case of increased demand were identified as the most efficient ways to improve service delivery and respond to possible changes in population needs. Pharmacies deliver a range of advanced and locally commissioned services, promoted by staff, through their website, social media, integrating messages in prescription bags as well as posters and leaflets on site. Additional services, including Patient Group Directions, Independent prescribing and Emergency Hormonal Contraception would facilitate better access to care and reinforce the clinical role that Community Pharmacies have within the primary care. Any new services would require establishing clear and agreed pathways, additional funding and investment in staff training.

- 12.4 Future population projections (including age profiles and major housing developments), as reflected in this PNA, must be considered when planning pharmaceutical provision. Current and future housing developments do not indicate any current pharmaceutical need at major housing sites across Swindon and along its boundary with other local authorities.
- 12.5 It is recognised that in some rural areas located within the wards of Blunsdon and Highworth, Chiseldon and Lawn, and Ridgeway, patients do not have local access to community pharmacies within their ward. The populations of these areas are eligible to access dispensing services from dispensing doctors and can access community pharmacies in neighbouring wards as well as 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.
- 12.6 Swindon's three 100 hour pharmacies have reduced their opening hours since the previous PNA, and they now operate between 72-85 hours. This is in line with new regulatory easements introduced by the Department of Health and Social Care (DHSC) and NHS England (NHSE) in 2023. Commissioners should continue to ensure that the operating hours of Swindon's 100 hour pharmacies is sufficient to provide a comprehensive local service. Enhanced pharmaceutical services must continue to be encouraged to be implemented in line with the Joint Needs Strategic Assessment and Public Health priorities in Swindon to ensure that equality of access and distribution of services meet the needs of local communities.
- 12.7 Currently, there is no community pharmacy open in Swindon between the hours of 21.00 and 08.00. During these times, the public can access the out-of-hours GP service based at Moredon Medical Centre. Community pharmacies in Swindon should be encouraged to provide all local and commissioned services where possible, and any new pharmacy applications should be prepared to offer these services. Community Pharmacies are seen as an integral part of Primary Care, both from partners and service users
- 12.8 For all enhanced and locally commissioned services, consideration must be given to raising awareness of the services by the pharmacies which offer them. These need to be addressed across Swindon to ensure the public and other health and social care professionals have the necessary information. Pharmacy needs should always be taken into account to ensure seamless service delivery in addressing population needs and contributing to better awareness around the role of the community pharmacy and its clinical capabilities.
- 12.9 There is generally good advanced service pharmaceutical coverage throughout Swindon. No Swindon pharmacy offers Appliance Use Reviews and only five pharmacies offer Stoma Appliance Customisations. Each PNA area has at least two pharmacies offering the seven advanced services, except for Smoking Cessation Service which is provided by one pharmacy in the East PNA area. Tackling prevention is a key priority for ICSs and PCNs. All pharmacies should be encouraged to provide NHS Health Checks, Smoking cessation services and Hypertension case finding in particular, with 10 pharmacies (26%) offering all three aforementioned services.

12.10 In terms of the current wider policy context, in July 2025 the new "NHS 10 Year Plan" was published and strengthened the role of community pharmacy, moving it from a focus on dispensing to becoming an integrated clinical partner in local health systems. The national Community Pharmacy Contractual Framework has previously set out how community pharmacies supported delivery of the NHS Long Term Plan, and new negotiations have started regarding a revised framework for 2025/26 in line with the new NHS 10 Year Plan. The BSW Integrated Care Strategy (2023-2028) and the report "A Vision for Community Pharmacy" commissioned by Community Pharmacy England also outline how community pharmacies will contribute to developing care plans for individuals, connecting with local groups and support services, and seek to offer patients greater choice and convenience.

13 Abbreviations and glossary

ABMP	Ambulatory Blood Pressure Monitoring
AUR	Appliance Use Review
BaNES	Bath and North East Somerset
BSW	Bath and North East Somerset, Swindon and Wiltshire
CCG	Clinical Commissioning Group
CPCF	Community Pharmacy Contract Framework
CPCS	Community Pharmacy Consultation service
DAC	Dispensing Appliance Contractor
DHSC	Department of Health and Social Care
DSP	Distance Selling Pharmacy
EHC	Emergency Hormone Contraception
ETP	Electronic Transfer of Prescription
GP	General Practitioner
HIV	Human immunodeficiency virus
HLP	Healthy Living Pharmacy
HWB	Health and Wellbeing Board
ICB	Integrated Care Board
ICS	Integrated Care System
ICP	Integrated Care Partnership
JSNA	Joint Strategic Needs Assessment
LCS	Locally Commissioned Services
LFD	Lateral Flow Device
LPC	Local Pharmaceutical Committee
LSOA	Lower Super Output Area
LTC	Long Term Condition
NHS	National Health Service
NHSE	National Health Service England
NHSLTP	NHS Long Term Plan
NICE	National Institute for Health and Clinical Excellence
NMS	New Medicine Service
OHID	Office for Health Improvement and Disparities
ONS	Office for National Statistics
PCN	Primary Care Network
PGD	Patient Group Direction
PQS	Pharmacy Quality Scheme
PNA	Pharmaceutical Needs Assessment
POD	Prescription Ordering Direct
PQS	Pharmacy Quality Scheme
PSNC	Pharmaceutical Services Negotiating Committee
SAC	Stoma Appliance Customisation
SBC	Swindon Borough Council
STI	Sexually Transmitted Infection

14 Acknowledgements

The PNA Steering Group:

NHS Bath and North East Somerset, Swindon and Wiltshire (BSW) Integrated Care Board
(Community Pharmacy Clinical Lead) – Helen Wilkinson

Bath and North East Somerset, Swindon and Wiltshire (BSW) Integrated Care Board (Programme
Lead: Pharmacy, Optometry and Dentistry) – Victoria Stanley

Local Medical Committee (Medical Director; Wessex Local Medical Committees LMC) – Dr Edd
Rendell

Local Medical Committee (Director of Primary Care; Wessex LMC) – Lisa Harding

Local Pharmaceutical Committee (CPAW Governance & Development Manager) – Sarah Cotton

Local Pharmaceutical Committee (CPSW Support & Implementation Manager) – Carolyn Beale

Swindon Healthwatch (Project Portfolio Manager) – Amritpal Kaur

Swindon Borough Council (Director of Public Health) – Dr Emma Kain/Rob Carroll

Contributors to the Swindon PNA:

- Dr Anastasios Argyropoulos, Public Health, SBC
- Dr Dev Vencappa, Public Health, SBC
- Dr Ifeoma Nneka Emelurumonye, Public Health, SBC
- NHS South West Collaborative Commissioning Hub
- Philip Williams, Public Health, SBC
- Toby Voak, Planning Policy, SBC

15 Appendices

(See separate document)

Appendix 1 – Public Engagement Survey

Appendix 2 – Pharmacy Interview Topic Guide

Appendix 3 – Maps

Appendix 4 – Population

Appendix 5 – Pharmaceutical providers, pharmaceutical services, dispensing activity and opening times

Appendix 6 – Dispensing General Practices and Pharmaceutical Services in Neighbouring Areas

Appendix 7 – Draft PNA Consultation: Main Comments