

Swindon Pharmaceutical Needs Assessment 2022-2025



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 2022. 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.
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Expected Implementation Date	01 October 2022
Date of Review	30 September 2024
Expiry Date	30 September 2025
Responsible for Implementation	Swindon Health and Wellbeing Board

Document History

Version	Reviewer	Outcome	Date
Draft 1	PNA Virtual Steering Group	Comments incorporated	February 2022
Draft 2	Health and Wellbeing Board	Approval to proceed to statutory consultation	March 2022
Draft 3	Statutory Consultation	Comments incorporated	June 2022
Draft 4	PNA Virtual Steering Group	Comments incorporated	July 2022
Draft 5	Health Wellbeing Board	Comments incorporated	September 2022
FINAL		Published version	September 2022

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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 NHS England (NHSE) and Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group (BSW CCG) (to be replaced by BSW Integrated Care System (ICS) in July 2022) to determine whether to approve applications to join the pharmaceutical list under The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013¹.

This PNA looks at the current provision of pharmaceutical services across the Swindon HWB area and seeks to identify if the 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 Council and monitored through a PNA Steering Group including representation from BSW CCG, the Local Medical Committee, the Local Pharmaceutical Committee, Swindon Healthwatch, Primary Care Network, 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 222,900 people and includes Swindon town, Highworth, Wroughton and surrounding villages but excludes Shrivenham and Watchfield which, although forming part of BSW CCG area, comes under the auspices of the Oxfordshire HWB and will be included in their PNA.

A variety of sources including the Public Health Outcomes Framework (PHOF) Fingertips Tool² 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/ukxi/2013/349/contents/made>

² Public Health Outcomes Framework (PHOF) Fingertips Tool: <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>

Current provision and use of pharmaceutical services in Swindon

Swindon has a total of 38 Community Pharmacies, equivalent to approximately 17 pharmacies per 100,000 population. In addition, there are four Dispensing General Practices (GPs), dispensing from three locations, which serve the surrounding rural parts of the town. There is also one distance selling pharmacy located in Swindon. A distance selling pharmacy must be able to provide service nationally. They can provide face-to-face services however in Swindon they do not, therefore their contribution is not included in the Swindon PNA.

There is a range of local provision of advanced and enhanced pharmaceutical services in Swindon 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 - open 7 days a week plus evenings. In addition, a further nine are open at least one late evening (to 7pm or later) per week and eight open 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.

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

Conclusion

After considering the current population of Swindon and the provision of pharmaceutical services, this PNA concludes that there is adequate pharmaceutical provision across Swindon, with the majority of statutory consultees agreeing with this statement. Swindon HWB will ensure that supplementary statements are issued for consideration by NHSE, in line with regular review of population growth and potential impact on need for pharmaceutical provision. A list of recommendations can be found in Section 11.

1 Introduction

Definition of a PNA

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

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 BSW Clinical Commissioning Group (CCG) 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 by NHSEI 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 help the Swindon HWB to work with providers to ensure that services are targeted to the areas where they are needed to avoid duplication of services in areas where there is adequate provision.
- 1.4 It should be noted that decisions on new pharmaceutical services and changes to existing pharmaceutical arrangements are not made by HWBs, although the HWB may be a consultee in changes to provision.
- 1.5 The 2015 and 2018 Swindon PNAs have 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.

Legislative Background

- 1.6 The Health and Social Care Act (2012)³ established HWBs and gave the responsibility for publishing a PNA every three years to HWBs. The last PNA for Swindon was published by Swindon HWB in 2018. An extension was given to 2022 due to the Covid-19 pandemic.

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, CCGs, NHSE, Police and the local HealthWatch. In Swindon, the Board is chaired by SBC Leader, Councillor David Renard. 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 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 - the 'pharmacy contract'). These include the dispensing of medicines and helping people care for themselves.
 - **Advanced services** The Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 sets out what can be provided subject to accreditation. 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 this include Stoma Appliance Customisation Service, Appliance Use Reviews (AUR) and New Medicines Service (NMS).
 - **Enhanced services** NHSEI 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 Directions⁵

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/ukxi/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 CCGs, Great Western Hospital or SBC for services such as sexual health, stop smoking, needle exchange and NHS Health Checks plus others. These are not defined as Pharmaceutical Services in the regulations.

2 Policy Background

- 2.1 In 2018, NHS England and NHS Improvement moved staff from both organisations to work together in a combined regional structure. The Health and Social Care Act (2012) sets out a range of legal duties for NHSEI, including responsibilities around how NHS funding will be used. In 2018 NHSEI, the Department of Health and Social Care (DHSC) and other key stakeholders worked together to develop the NHS Long Term Plan (NHSLTP). Published in 2019⁶, the NHSLTP sets out the healthcare priorities for NHSEI over the next ten years including how the NHS funding settlement will be used and the role that community pharmacy will play in delivering its goals. Implementation of the plan will ensure that the NHS will be more joined-up and co-ordinated in its care, more proactive in the service it provides and more differentiated in its support offered to individuals.
- 2.2 Sustainability and Transformation Partnerships have been further developed to form Integrated Care Systems (ICSs) to coordinate services and agree system-wide priorities, to collectively plan how to maximise peoples' day-to-day health. ICSs will agree system-wide objectives with the relevant NHSEI regional director and be accountable for their performance against these objectives. This will be a combination of national and local priorities for care quality and health outcomes, reductions in inequalities, implementation of integrated care models and improvements in financial and operational performance. Changes are now being taken forward on a local and national level and community pharmacy will play a key role in delivering this vision.
- 2.3 All members of the Swindon HWB recognise that NHS services need to change, working across traditional boundaries to deliver high quality services with increasing need, rising expectations and lower finances available. The developing Bath and North East Somerset (BANES), Swindon and Wiltshire (BSW) ICS, has a combined population of around 940,000 served by 94 GP practices, three acute hospital trusts, two independent health providers, a mental health provider, an ambulance trust and is served by three Local Authorities. The BSW publication, Our Plan for Health and Care⁷ outlines this shift to system wide working to meet the needs of the local population within available resources. Prevention will be at the heart of priorities, with primary care playing a key role through the development of strong, inter-connected Primary Care Networks (PCNs).

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 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>

- 2.4 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 GPs, pharmacies, district nurses, community geriatricians, dementia workers and AHPs, 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 Local Pharmaceutical Committees and Community Pharmacies, whereby fully integrated community-based healthcare pathways, facilitate new ways of working e.g. use of the Community Pharmacist Consultation service (CPCS). This enables referrals directly to community pharmacies to support urgent care and promote patient self-care and self-management. CCGs have also developed pharmacy connection schemes for patients who don’t need primary medical services.
- 2.5 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 7 PCNs (Brunel 1, 2, 3 & 4, Great Western Healthcare, Wyvern Health Partnership and Sparcells) with an expectation that each will have a lead community pharmacy PCN lead as well as a lead clinician for GPs.
- 2.6 Locally, Swindon’s Integrated Care Alliance (ICA) has set out priorities to improve the health and wellbeing of the local population⁸ and will be key in driving forward the NHS LTP in Swindon. 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 (UTCs) 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.

⁸ BSW Partnership: Swindon Integrated Care Alliance: <https://bswpartnership.nhs.uk/our-localities/swindon/>

- 2.7 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. For example BSW ICS aims for 80 per cent of the population being able to access video consultations by 2024 and for single, shared care plans and records to be available in real time so that all information about the patient is available to help with decision making and planning.
- 2.8 The Global Burden of Disease (GBD) study quantifies and ranks the contribution of various risk factors that cause premature deaths in England. The top five are: smoking, poor diet, high blood pressure, obesity, and alcohol and drug use. Air pollution and lack of exercise are also significant. These priorities guide the renewed NHS prevention programme as part of the NHS LTP. Publications such as “Pharmacy - A Way Forward for Public Health”⁹ 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.
- 2.9 The Public Health England produced a briefing around the unique leadership role that pharmacy teams can play in helping to address health inequalities¹⁰. ‘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 menu of interventions to realise the potential of one of the most frequented health care settings to make an even bigger sustainable impact on the lives of people, communities and the nation.

⁹ 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

¹⁰ 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>

- 2.10 The Covid-19 pandemic has had a disproportionate impact on the most disadvantaged. The impact of the virus has been particularly detrimental on people with some pre-existing health conditions, as well as people living in areas of high deprivation, people from certain ethnic groups, older people, men, those with a learning disability and others with protected characteristics. The interaction between determinants of health, existing health conditions, individual risk factors and the social context in which people live their lives has contributed to the differing impact of COVID-19 between populations and groups. NHSEI stated that a central part of responding to COVID-19 and restoring services must be to increase the scale and pace of NHS action to tackle health inequalities and to protect those at greatest risk. Community pharmacies have played a pivotal role in the response to Covid-19 and have had pandemic services directly commissioned e.g. to administer Covid vaccinations. Pharmacies were recognised as a good location for vaccinations because of their reach into local communities, ease of access and long opening hours.
- 2.11 There is now an expectation for all pharmacies to undertake 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.
- 2.12 In July 2019, The Pharmaceutical Services Negotiating Committee (PSNC), NHSEI and the DHSC agreed a five-year deal for community pharmacies (CPCF – 'pharmacy contract'), guaranteeing funding levels until 2023/24. The deal secures pharmacy funding and sets out a clear vision for the expansion of clinical service delivery over the next five years, in line with the NHS Long Term Plan. A Community Pharmacy Quality Payments Scheme, which forms part of the CPCF, was introduced in December 2016.

The Quality Payments Scheme was designed to reward community pharmacies for delivering quality criteria in all 3 of the quality dimensions:

- Clinical effectiveness
- Patient safety
- Patient experience

There's been 4 previous review points in April 2017, November 2017, June 2018 and February 2019. From 30 September 2019 the Quality Payment Scheme name changed to the Pharmacy Quality Scheme (PQS). The PQS continues as part of the five year CPCF 2019 -24 to support delivery of the NHSLTP¹¹. The CPCF for 2020/21 was updated due to the Covid-19 pandemic, where Covid recovery and response was considered within the schemes. The CPCF arrangements for 2021/22 include the expansion of the New Medicine Service (NMS) as well as the introduction of new Advanced Services e.g. Smoking Cessation Services and Hypertension Case-Finding.

- 2.13 The PSNC worked with Pharmacy Voice, with the support of the Royal Pharmaceutical Society (RPS) English Pharmacy Board, to create a joint vision document – The Community Pharmacy Forward View (CPFV)¹². 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.
- 2.14 The Community Pharmacy Forward View sets out the organisations' shared ambition for the sector, focused on three key roles for the community pharmacy of the future:
1. As the facilitator of personalised care for people with long-term conditions
 2. As the trusted, convenient first port of call for episodic healthcare advice and treatment
 3. As the neighbourhood health and wellbeing hub
- 2.15 The PSNC vision is to work collaboratively to ensure a robust and sustainable community pharmacy network, meeting the needs of patients, contractors and government. Recent negotiations have highlighted the vital work being done by pharmacies and the pressure that Covid-19 has placed on the sector. PSNC's latest set of service proposals give an indication of the breadth of what pharmacy has to offer¹³, highlighting some of the ways in which developing pharmacy services could:
- Reduce demand on GPs and urgent care;
 - Reduce future healthcare demand (by focusing on prevention);
 - Building primary care capacity; and
 - Optimise use of medicines, ensuring that the NHS gets best value from its spend on medicines.
- 2.16 The National Institute for Health and Care Excellence (NICE) publish a quality standard on how community pharmacies can promote health and wellbeing¹⁴. 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.

¹¹ Community Pharmacy Contractual Framework: 2019 to 2024:

<https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024>

¹² PSNC: Community Pharmacy Forward View: <https://psnc.org.uk/wp-content/uploads/2016/08/CPFV-Aug-2016.pdf>

¹³ PSNC: Options for development of the NHS Community Pharmacy Contractual Framework: <https://psnc.org.uk/psncs-work/psnc-vision-and-work-plan/>

¹⁴ National Institute for Health and Care Excellence (NICE): Community pharmacies: promoting health and wellbeing, Quality standard [QS196] <https://www.nice.org.uk/guidance/qs196>

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.

3 The PNA process

- 3.1 In September 2021, the Swindon HWB established a virtual steering group to take forward the PNA. The group was led by a member of the PH team and included representatives of the following:
- BANES, Swindon and Wiltshire CCG/ICB (Clinical Chair)
 - Local Medical Committee (Acting Chief Executive Wessex LMC)
 - Local Pharmaceutical Committee (Support & Implementation Manager)
 - Swindon Healthwatch (Project Portfolio Manager)
 - Primary Care Network (Lead Pharmacist)
 - Swindon Borough Council (Director of Public Health)
 - NHS England
- 3.2 The PNA was developed taking into account the following:
- Swindon Health Needs Assessments¹⁵
 - Swindon Health and Wellbeing Strategy 2017 – 2022¹⁶
 - NHS Long Term Plan¹⁷
 - Community Pharmacy Contractual Framework: 2019 to 2024¹⁸
 - NICE Quality Standard [QS196]¹⁹
 - B&NES, Swindon and Wiltshire ICS: Our plan for health and care (2020)²⁰
 - Swindon Borough Local Plan 2026²¹
 - Feedback from service users gathered by Swindon Healthwatch
 - A series of short structured interviews with lead pharmacists
 - National datasets and statistics
 - The format of the previous (2018) PNA
- 3.3 The feedback and data have been combined to provide a good understanding of the population of Swindon. The current and future needs of this population have been reviewed and consideration given to how our pharmaceutical services in Swindon may be used to improve the health and wellbeing of the local population.

¹⁵ Swindon Borough Council - Joint Strategic Needs Assessment: <https://www.swindonjsna.co.uk>

¹⁶ Swindon Borough Council Health and Wellbeing Strategy 2017-2022: https://www.swindon.gov.uk/downloads/file/5264/health_and_wellbeing_strategy_2017-2022

¹⁷ The NHS Long Term Plan (2019) <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>

¹⁸ Community Pharmacy Contractual Framework: 2019 to 2024: <https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024>

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>

²⁰ 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>

²¹ Swindon Borough Council – Swindon Local plan: https://www.swindon.gov.uk/info/20113/local_plan_and_planning_policy/635/swindon_borough_local_plan_2026/1

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 April-June 2022.
- 3.6 Swindon Health and Wellbeing Board (HWB) consulted with the following persons/organisations, in accordance with relevant regulations, as part of the 60 day statutory consultation:
 - BSW CCG
 - Swindon and Wiltshire Local Pharmaceutical Committee
 - The Local Medical Committee
 - All community pharmacies, distance selling pharmacies and dispensing appliance contractors
 - GP Surgeries
 - Dispensing practices in Swindon
 - Healthwatch Swindon
 - The Great Western Hospital NHS Foundation Trust
 - Avon and Wiltshire Mental Health Partnership NHS Trust
 - South Western Ambulance Service NHS Foundation Trust
 - NHSE
 - The neighbouring HWBs of Gloucestershire, Oxfordshire, Wiltshire and West Berkshire
- 3.7 In addition to the statutory list of consultees, Swindon HWB also consulted with:
 - Bath and North East Somerset (BANES) HWB
 - Voluntary Action Swindon
 - Swindon Advocacy Movement
 - Substance Misuse services
 - CCG Patient Participation Group
 - SBC Community Connections Forum
 - Members of the Public
- 3.8 The Swindon draft PNA was uploaded on to the Swindon JSNA website, along with an easy read version and appendices. Comments were sought via a survey link with two key questions for consultees to consider:
 - This document shows that pharmaceutical provision within Swindon is considered satisfactory. Do you agree with this statement? If you do not agree, what else should be considered?
 - Do you have any other relevant comments to add?

- 3.9 Following the 60 day consultation period all responses were analysed and considered by the SBC PNA Working Group. Amendments were made to the draft document for clarity and accuracy as considered appropriate. The statutory consultee comments along with the actions taken (if necessary) are summarised in Appendix 7.
- 3.10 There were 11 statutory respondents in total. The majority of responses received (10 out of 11) agreed with the statement that the pharmaceutical provision within Swindon is satisfactory.
- 3.11 The draft PNA and easy read version was also shared with residents of Swindon for comment via various social media pages, newsletters and forums. 34% of residents agreed with the statement that pharmaceutical provision is considered satisfactory and 66% disagreed.
- 3.12 89 comments received by residents who disagreed with the statement were associated with the closure of a particular pharmacy on Rodbourne Road. Whilst the overall findings of the PNA, based on the standard methodology, were that there is sufficient pharmacy provision in Swindon, the HWB recognise these specific community concerns about local accessibility for essential pharmacy services in the Rodbourne Road area. At the time of writing this PNA, an application for a new pharmacy in the Rodbourne Road area was being considered by NHSE and as part of the market entry process for the new pharmacy application for Rodbourne Road, Swindon HWB was consulted and supportive.
- 3.13 All comments and feedback received from residents as part of the Swindon draft PNA consultation will be shared with Swindon and Wiltshire LPC and Patient Advice & Liaison Services (PALS) for consideration.

4 Swindon Health and Wellbeing Board strategic priorities

- 4.1 The Swindon HWB strategy 2017 – 2020²² outlined a three year ambition for improving health and wellbeing and addressing health inequalities across Swindon. It identified priorities and approaches for partners including BSW ICS and SBC to take into account when developing their own plans and making decisions about spending money and planning services. This strategy was extended until 2022 due to the Covid-19 pandemic and is monitored and reviewed every 6 months with revisions made annually.
- 4.2 The strategy built on a number of collaborative pieces of work undertaken in Swindon, with a wide range of stakeholders, which focus on working together to improve people’s health and wellbeing, including Swindon’s Sustainable Communities Strategy²³.
- 4.3 Five high-level outcomes for Swindon were identified:
 1. Every child and young person in Swindon has a healthy start in life
 2. Adults and older people in Swindon are living healthier and more independent lives
 3. Improved health outcomes for disadvantaged and vulnerable communities (including adults with long term conditions, learning disabilities, physical disabilities or mental health problems, offenders)
 4. Improved mental health, wellbeing and resilience for all
 5. Creation of sustainable environments in which communities can flourish
- 4.4 The vision for Health and Wellbeing in Swindon is that: “Everyone in Swindon lives a healthy, safe and independent life and is supported by thriving and connected communities”.
- 4.5 The priorities were agreed based upon evidence from the Swindon JSNA and included engagement with local communities, organisations and other groups who work in the area of health and wellbeing.

²² Swindon Borough Council Health and Wellbeing Strategy 2017-2022:

https://www.swindon.gov.uk/downloads/file/5264/health_and_wellbeing_strategy_2017-2022

²³ One Swindon, The Swindon Sustainable Communities Strategy – A Vision for Swindon 2008 – 2030

http://www.talkswindon.org/politics/leaflet_archive/2008%2001%2001%20Rod%20Bluh%20-%20Vision%20For%20Swindon_2008-2030.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.

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

- 5.3 The ward of Shrivenham and Watchfield is in BSW CCG but is not part of Swindon Borough; therefore it is not included in Swindon's PNA. Information about Shrivenham and Watchfield can be found in Oxfordshire's PNA.²⁴

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

²⁴ Oxfordshire PNA: <https://www.pharmacythamesvalley.org.uk/pna-pharmaceutical-needs-assessment/>

Swindon's Population Profile

Demographics and Housing

- 5.5 Forecasts from local population projections suggest that Swindon's population could increase from around 221,996 people in 2018 to 232,191 by 2025, and to 241,924 by 2035. This represents total population growth of approximately 4% from 2018 to 2025, and a further 4% from 2025 to 2035. This is less than the population increases projected for the South West and in England as a whole (about 5% and 4% respectively),²⁵ although this does not take into account population growth as a result of planned housing developments. The number of births in Swindon is projected to increase slightly from 2018 to 2021 and then decline equally slowly to 2028 before rising again. This population growth will create additional demand for pharmaceutical services across our existing network.
- 5.6 The largest increase in the number of people will be in the 45 to 54 age group however, the 80+ age group will have the largest growth rate at approximately 192%. Overall, the population aged 65 years or more is projected to grow by 17,800 persons (from 2018) by 2031, which accounts for 89% of the total population growth. This is expected to have important implications for the health of those ageing; including increased need for medication and prevention advice, falls/hip fractures, healthy life expectancy/quality of life in old age, and patient choice to die at home. With an ageing population there is expected to be an increase in the number of vulnerable older people, including those with visual, hearing and cognitive impairment, individuals living alone, individuals living in council and non-council care homes and individuals in fuel poverty. It also presents an opportunity with a greater proportion of people having skills and time to volunteer, learn and lead at community level.
- 5.7 Swindon's working age population (aged 15 to 64) is projected to grow by approximately 5,200 persons by 2031 (from 2018), whereas the child population (0 to 14 age group) is projected to fall by approximately 3,100 persons. Swindon currently has a predominantly middle-aged population; these people will move into old-age and be replaced by younger people as they move into middle-age. This has important implications for the provision of care for health problems that typically develop in middle age (including heart disease and diabetes). 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.

²⁵ ONS: Population Projections for local authorities: Table 2. Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandtable2>

- 5.8 Appendix 2 summarises the locally-projected population changes by age group between 2018 and 2031. The latest population estimates from Swindon for mid-year 2020, indicate that the total population has reached 222,881, with 43,305 people aged 0 to 14 years, and 36,873 aged 65 years or more. Thus, the population is currently growing significantly, but at a slower rate than forecast.
- 5.9 The Swindon Borough Local Plan 2026 was adopted as the main planning policy document for Swindon Borough in March 2015.²⁶ It sets out how much housing, employment and retail development the Borough requires for the period up to and including the year 2026 and where in the borough this should be.
- 5.10 The Swindon Borough Local Plan, 2026, has planned for about 22,000 more dwellings between 2011 and 2026; phased as an average of 1,150 per annum between 2011 and 2016; and an average of 1,625 per annum between 2016 and 2026.
- 5.11 Since the last PNA, 1,290 dwellings have been recorded as completed. The majority of these are in St Andrews Ward in the North PNA area (49%), and Central area (18%). It is anticipated that about 7,200 homes will be delivered over the period 2022-25.²⁷ The majority of these dwellings are planned for Central (28%), South (21%), North (11%), and East area (10%).
- 5.12 It is estimated that the BAME population (defined as everyone except those who report themselves as White British) in Swindon rose from approximately 14% in 2011 to 19% in 2021 (over 30,000 people), and is projected to increase further to around 23% by 2031.²⁸ The 2021 proportion was lower than the England average of 25%, but higher than the South West average of 11%.
- 5.13 Most of Swindon's BAME population live in the more central, built up parts of Swindon. It is estimated that those from the BAME community account for almost a third of residents in the urban areas of Swindon, compared with just 9% of residents in the more rural areas.²⁹
- 5.14 Although Swindon overall is regarded as being slightly less deprived than England as a whole, there is still a sizable part of the population which is deprived by national standards. For example, according to the ONS annual population survey in 2020, 10.9% of households in Swindon are without employment.³⁰ The most deprived wards in Swindon are (in descending order of deprivation): 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.³¹

Lifestyles and Health

- 5.15 The following overviews of health, living and lifestyles in Swindon were obtained from OHID's Fingertips tool.³² The website contains details of the various data sources. Where other sources have been used, this is indicated in the footnotes.

²⁶ Swindon Borough Council (SBC) website: Swindon Borough Local Plan 2026. Available from: https://www.swindon.gov.uk/downloads/download/361/swindon_borough_local_plan_2026

²⁷ SBC Housing and Planning data (Strategic Growth and Development)

²⁸ Ethpop population ethnicity estimates available from: <https://www.ethpop.org/secure/>

²⁹ NOMIS: Ethnic group data. Available from: <https://www.nomisweb.co.uk/census/2011/qs201ew>

³⁰ Workless Households (Jan-Dec 2020). Available from NOMIS Official Labour Market Statistics: <https://www.nomisweb.co.uk/reports/lmp/la/1946157355/report.aspx>

³¹ Swindon's Index of Multiple Deprivation 2019 report. Available from Swindon's JSNA website: <https://www.swindonjsna.co.uk/dna/ID>

³² OHID Public Health Profiles. Available from: <https://fingertips.phe.org.uk/>

- 5.16 The mortality rate from all causes (for people aged under 75 years) has fallen in Swindon over the past decade. The infant mortality rate in Swindon is similar to that of England as a whole, as are mortality rates for premature deaths (for people aged under 75 years) from cancer, stroke, and heart disease. Mortality rates for communicable diseases³³ and deaths involving Covid-19 are lower than England as a whole.
- 5.17 Smoking attributable mortality is higher in Swindon compared to the South West and England. Reducing the prevalence of smoking in the population represents a huge opportunity for public health, as smoking is the single biggest preventable cause of early death and illness.
- 5.18 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 2020/21 was 8%, higher than in England at 7.1%. This amounts to 15,146 people registered with BSW CCG, although, as in the rest of England, there is a group of people who have undiagnosed diabetes; in Swindon this group is estimated to be about 600 people in all.³⁴
- 5.19 Long Term Conditions (LTCs) are those conditions that cannot, at present, be cured, but which can be controlled by medication, and other therapies. There is no single way of defining LTCs, but this over-arching group encompasses (but is not limited to) asthma, Coronary Heart Disease (CHD) most cancers, Chronic Obstructive Pulmonary Disease (COPD), Chronic Kidney Disease (CKD), dementia, diabetes, epilepsy, and stroke. Statistical modelling suggests a LTC prevalence of 32.2% for Swindon, with a prevalence among people aged 65 years or more of 69.3%.³⁵ The greatest numbers of cases (people with at least one LTC) in Swindon were to be found in middle-aged people, because the middle-aged predominate in the Swindon population, but problems were likely to be more serious in older people.
- 5.20 About one third of people with any recorded condition were in a state of Multi-Morbidity. The presence of co-morbidities was common, and physical co-morbidities often existed alongside mental ill-health conditions, such as depression and dementia. In the instances of stroke and COPD, for example, multi-morbidity could be described as the norm.
- 5.21 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.

³³ Mortality from infectious and parasitic disease: directly standardised rate, <75 years, 3 year average. Available from NHS Digital website: <https://digital.nhs.uk/data-and-information/publications/statistical/compendium-mortality/current/mortality-from-infectious-diseases/mortality-from-infectious-and-parasitic-disease-directly-standardised-rate-lt75-years-3-year-average-mfp>

³⁴ Diabetes prevalence estimates for local populations. Available from: <https://www.gov.uk/government/publications/diabetes-prevalence-estimates-for-local-populations>

³⁵ Long Term Conditions Needs Assessment. Available from Swindon JSNA website: <https://www.swindonjsna.co.uk/dna/long-term-conditions>

- 5.22 Although smoking is generally declining, the latest data suggest that 14.3% of Swindon's adult population still smoke, which is the same as the national average. Smoking prevalence in routine and manual groups in Swindon is also the same as in their peers at a national level (21.4%).
- 5.23 The impact of alcohol on Swindon's population is substantial, as in many parts of the country. At national level it is estimated that 25.7% of adults drink more than 14 units of alcohol a week. Latest data suggests that the rate of hospital admission episodes in Swindon is similar to the England average, both at 644 per 100,000. Alcohol-related mortality is also similar in Swindon compared to England as a whole, respectively at 36.8 per 100,000 and 37.8 per 100,000.
- 5.24 In 2020/21, the rate of adults in treatment at specialist alcohol misuse services was 1.7 per 1,000 people at national level.
- 5.25 Swindon has an estimated rate of opiate and injecting users higher than the South West and England average³⁶. In all, 40.4% of the estimated number of opiate and crack users in Swindon were engaged in structured treatment, which is 13.2% lower than the national average of 53.6%.
- 5.26 Between April 2020 and March 2021 there were 266 clients presenting with opiates and non-opiates in Swindon which is a decrease of 8% from the previous year. Nationally there was a 3% decrease.
- 5.27 The 2019/20 Active Lives Survey (ALS) found that 66.1% of adults in Swindon are either overweight or obese. This is similar to the England figure of 62.8%, but higher than the level in the South West, 62%. Levels of adult obesity have increased slightly in Swindon in the last few years, in line with the national trend. From the point of view of having a healthy weight, the most recent available data shows that only 35.8% of people in Swindon are in this category compared with 37.0% nationally.³⁷
- 5.28 Figures from the National Childhood Measurement Programme for 2019/20, indicate that in Swindon 24.7% of children in Reception Year at school were classified as overweight (including obese). This was higher than the England and South West levels (23.0% and 22.7% respectively). In Year 6, 36.1% of Swindon children were in the overweight or obese category, which was similar to the England level but higher than the South West.
- 5.29 In Swindon, in 2019/2020 academic year prevalence of obesity has risen (since 2018/19) in Reception year and Year 6. In Year 6, the figures from 2015/16 fluctuate but show a continuation of a small but discernible long-term upward trend in those with excess weight.

³⁶ SBC public health data.

³⁷ PHOF Supporting information. Available from: <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/supporting-information/further-info#obesity>

- 5.30 Being physically active in adulthood is defined as achieving at least 150 minutes of moderate intensity physical activity per week in accordance with UK Chief Medical Officer's recommended guidelines.³⁸ The 2019/20 Active Lives Survey estimated that Swindon has a slightly lower percentage of physically active adults aged 16+ years (69.1%) than the South West (70.9%) but similar to England as a whole (66.4%). Physical activity in this survey includes cycling to work and walking to work, gardening and dancing as well as more conventional sports. Likewise inactivity levels in Swindon (less than 30 minutes of activity per week) were at 22.9% which was less favourable than in the South West (19.1%) and at a similar level to England (22.0%).
- 5.31 In all, 53.1% of adults in Swindon eat the recommended "five-a-day" portions of fruit and vegetables as compared with 55.4% of adults in England.
- 5.32 The proportion of baby's whose first feed is breastmilk was 63.7% in Swindon compared to 67.4% in England.
- 5.33 There were 1,080 new Sexually Transmitted Infection (STI) diagnoses in Swindon in 2020 and the infection rate per 100,000 was significantly down from 2019. In 2020, 310 young people (aged 15 to 24) were diagnosed with chlamydia, a similar detection rate to England but a fall from the previous year.
- 5.34 There were 11 new cases of HIV diagnosed in 2020. HIV testing was accepted in 57.9% of cases it was offered in genitourinary clinics. In 2015, 27.6% of abortions in women aged under 25 were repeat abortions; similar to 29.2% in England overall. The total rate of prescribed long acting reversible contraception (LARC) (excluding injections) was 36.5 per 1,000 women (aged 15 to 44), similar to the England rate (34.6 per 1,000). Sexual health priorities for Swindon are to reduce repeat abortions, increase uptake of testing for sexually transmitted infections (STIs, particularly Chlamydia, Gonorrhoea and HIV) and to continue targeted work with those most vulnerable to poor sexual health outcomes to reduce risk.

Mental health

- 5.35 At least one in four people experience a mental health problem of some kind in each year in England³⁹ and one in six adults report experiencing a common mental health problem at any one time. National research also suggests that 12.8% of children aged 5-19 years have a diagnosable mental health problem.⁴⁰ Although Swindon has followed national averages in seeing an increasing trend, child health profiles suggest that Swindon has a higher hospital admission rate for child mental health problems (though not statistically significant), and a higher hospital admission rate for self-harm in children and young people aged 10-24 years.
- 5.36 In a three year period, 52 Swindon residents died from suicide or undetermined causes (2018-2020). This is a slightly lower rate than in England overall. There were about three times as many men as women. For both suicide and self-harm there are strong links with deprivation and social fragmentation.

³⁸ NHS: Exercise. Available from: <https://www.nhs.uk/live-well/exercise/>

³⁹ Available from Mind: <https://www.mind.org.uk/information-support/types-of-mental-health-problems/statistics-and-facts-about-mental-health/how-common-are-mental-health-problems/#References>

⁴⁰ 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>

Inequalities and Wider Determinants

- 5.37 In Swindon, as in England as a whole, inequalities in health exists across the population, being deprived is statistically associated with being in a relatively unfavourable state of health.
- 5.38 There is a difference in life expectancy of 5.7 years between the most and least deprived men in Swindon. This difference is 7 years for Swindon women. Healthy life expectancy figures for Swindon individuals, at birth, are similar to England for men and women and slightly lower than the South West averages.
- 5.39 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.
- 5.40 According to local statistical modelling, people living in more deprived areas were more likely than those in more affluent areas to have at least one LTC, although LTCs were still common in affluent areas. The disparity was even greater in those people aged 65 years or more, who had three or more LTCs, people in deprived areas being at greater risk.⁴¹
- 5.41 Swindon data showed that breastfeeding initiation appeared to be associated with the age of the mother (mothers who were of 19 years or under had the lowest breastfeeding initiation rates compared to those aged 30 years or older). There was also a relationship with deprivation, with lower rates of breast feeding rates in the more deprived area of the town.
- 5.42 Higher proportions of children in need and higher proportions of children on a child protection plan are from areas with high levels of deprivation.
- 5.43 Demand for adult social care continues to present cost pressures due to demographic change, changing expectations and complexity of need.
- 5.44 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.
- 5.45 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.
- 5.46 Although Swindon's educational outcomes have been subject to criticism in recent years, recent data are more favourable and on an upward trend, with figures similar to all-England levels. The most recent figures show over two thirds of Swindon pupils achieving a good level of development by the end of their school reception period, and 56.7% of children achieving five or more GCSEs at grades A* to C (including English and Maths). However, in 2020 in the slightly older age-group, 6.7% of 16 to 17 year olds were not in education, employment or training, which is higher than the national average.

⁴¹ Ibid.

- 5.47 Swindon's unemployment rate has improved since the recession of 2008 to 2013 when the town experienced large-scale manufacturing lay-offs, and compares favourably with the nation as a whole. For people of working age, NOMIS⁴² reports an estimated unemployment rate of 4.1% for Swindon compared with 4.8% for Great Britain (October 2020-September 2021). On another measure, in December 2021, 4.1% of people of working age in Swindon were claiming out-of-work benefits. In January-December 2020, there were 7,500 workless households in Swindon, or 10.9% of all households compared to 13.6% in Great Britain. The effects of the Covid-19 pandemic (i.e. business closure due to restrictions, the furlough scheme etc.) remain to be seen.
- 5.48 The rate of violent crime in Swindon (as part of Wiltshire Police Force Area) has been consistently higher than in England as a whole in recent years,⁴³ although this might be connected more to certain patterns of organised crime and not be a reflection of a relatively aggressive society. However, the most recent data suggests that the rate of hospital admissions for violence including sexual violence in Swindon is lower than the South West and England as a whole. With respect to domestic abuse, it has been estimated that there are approximately 8,800 victims of domestic abuse in Swindon each year.⁴⁴ However, the number of actual incidents would be higher than this, (as a perpetrator would often commit more than one act of domestic abuse) and about 1,100 children could be exposed to domestic abuse in Swindon each year.

Screening and Immunisations

- 5.49 Swindon has similar coverage rates to England (2020/21) for the majority of routine childhood immunisations (e.g. Measles Mumps and Rubella). In the case of the seasonal influenza vaccine in people aged 65+years, however, Swindon achieved a higher level than England in 2020/21. All areas across the South West exceeded the target of 75% coverage. However, along with the majority of areas in the South West, with the Pneumococcal polysaccharide vaccine (PPV) against pneumonia in people aged 65+ years, Swindon did not achieve the target 75% coverage in 2020/21. In 2019/20, in Swindon, 79.0% of girls aged 13 to 14 received two doses of the Human papilloma Virus (HPV) vaccine, compared with 64.7% in England as a whole. There were 58 cases of TB in Swindon in 2018-2020, the rate (8.7 per 100,000 people) was similar to the England average.
- 5.50 Breast cancer screening coverage of the eligible population (53 to 70 year olds) was 70.3% in 2021 which was statistically significantly higher than the England coverage rate of 64.1%.
- 5.51 Cervical screening coverage of the eligible population aged 25 to 49 was 67.6% in Swindon in 2021, similar to the national average of 68.0%. However, coverage of the eligible population aged 50 to 64 years old was 73.0% in Swindon, which was lower than the national average of 74.7%.

⁴² Employment and Unemployment. Available from NOMIS website:

<https://www.nomisweb.co.uk/reports/lmp/la/1946157355/report.aspx#tabempunemp>

⁴³ Crime in England and Wales: Police Force Area data tables, September 2021 dataset. Available from ONS:

<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/policeforceareadatatable>

⁴⁴

Domestic abuse prevalence and victim characteristics, November 2021. Available from ONS:

<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/domesticabuseprevalenceandvictimcharacteristicsappendixtables>

Equality Considerations

- 5.52 SBC has a duty under the Equality Act 2010 and the Public Sector Equality Duty to address discrimination. Specifically, the duty requires public bodies to:
- Have due regard to the need to eliminate discrimination
 - Advance equality of opportunity
 - Foster good relations between different people when carrying out their activities
- 5.53 People with specific characteristics are protected from discrimination under the law. These protected characteristics are age, disability, gender, race, gender reassignment, marriage/civil partnership, pregnancy, religion/ belief and sexual orientation.
- 5.54 Commissioned services must demonstrate that they provide services which are inclusive and culturally sensitive and will be delivered in a way that promotes uptake amongst groups who traditionally have low engagement with health care services, such as men, travelling populations, homeless people, people with substance misuse problems, people with significant mental health problems and people whose first language is not English.
- 5.55 Differences in culture, health systems, and language skills may impact on the choice of appropriate health care services, (including community pharmacies) by this group.
- 5.56 Some examples of good practice for pharmaceutical services around accessibility and equity are highlighted below:
- Translation services
 - Compliance with the Equality Act - all pharmacies are required to be compliant.
 - Installation of hearing/active loops
 - Adequate lighting to assist partially sighted people
 - Homeless people can access community pharmacies for dispensing medication without the need to provide an address.
 - Screen readers for computer systems in pharmacies.
 - Encouraging independence with medicines - supporting self-medication for people with mild or moderate learning difficulties.
 - Ensuring there is parity of esteem so that mental and physical health is valued equally.
 - Providing vaccination services for travellers undertaking pilgrimages or other foreign visits to places where there is a high risk of infectious disease transmission.
 - Community pharmacies can support people to live independently by supporting optimisation of the use of medicines, support with ordering, re-ordering medicines, home delivery to the housebound and appropriate provision of multi-compartment compliance aids and other interventions such as reminder charts to help people to take their medicines.
 - The provision of pharmaceutical services should respect all lifestyle choices and beliefs and should not be impacted upon by the belief systems of staff or potential service users

This list should not be seen as exhaustive.

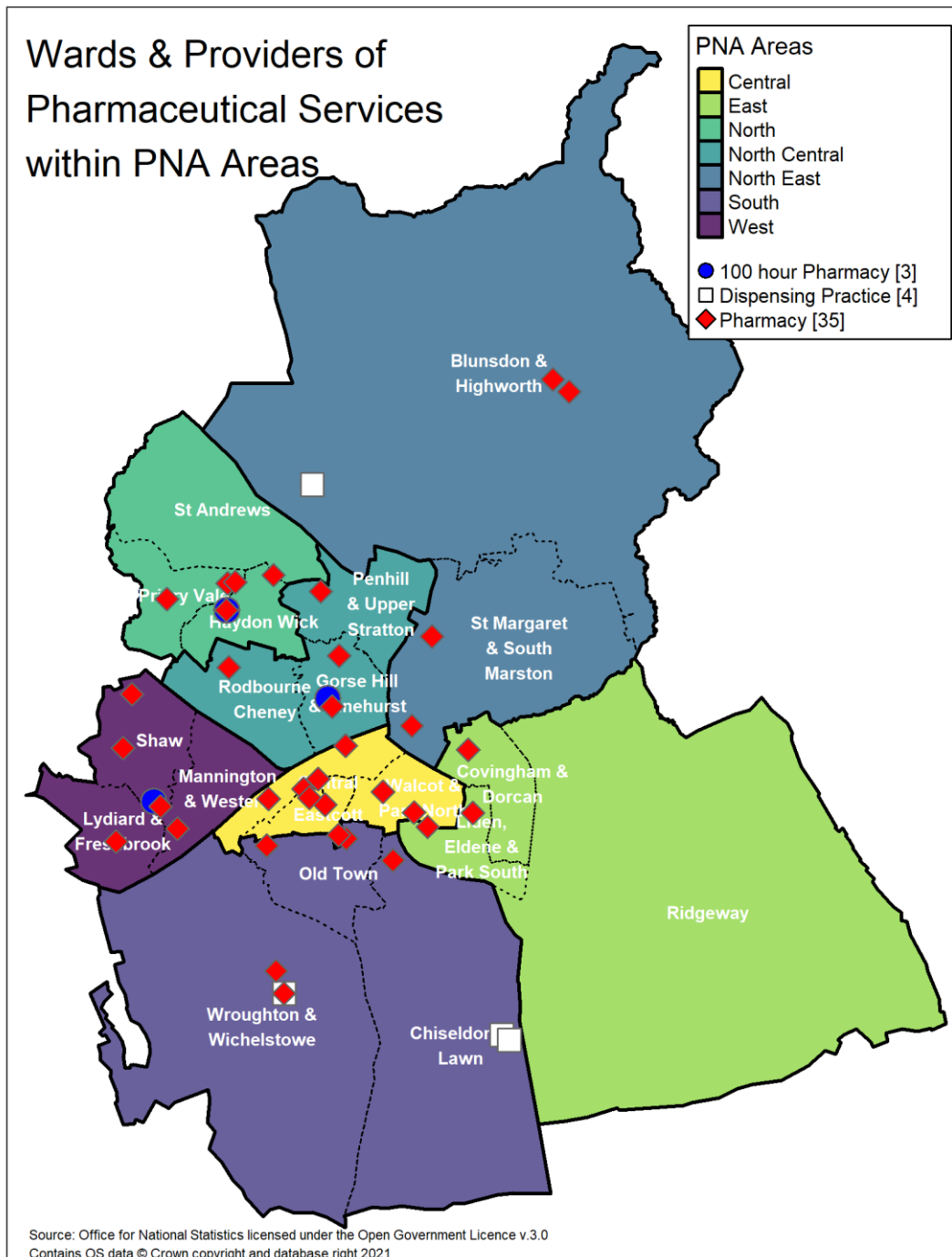
5.57 All of Swindon pharmacies now have a private consultation area meeting the following standards:

- Patient and pharmacist can sit down together
- Conversation cannot be overheard (by either other customers or other staff)
- Area is clearly identified.
- In practice this means a separate room or enclosed booth.

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

6 Current provision of pharmaceutical services

6.1 The following map (also Map 3, Appendix 1) shows the current distribution of Community Pharmacies and Dispensing Practices in Swindon.



- 6.2 Table 1b, also in Appendix 1 shows the ward populations derived from the 2020 mid-year estimates from the Office for National Statistics (ONS). Most wards have between 10,000 and 15,000 residents apart from Chiseldon and Lawn (7,587), Ridgeway (3,280) and Wroughton and Wichelstowe (7,991).
- 6.3 There are four dispensing general practices from three different locations, in the Swindon Borough area, see Table 1, Appendix 3. Highworth and Wroughton also have pharmacies in their centres, Blunsdon (branch) and Chiseldon patients have easy access to larger centres containing a pharmacy.
- 6.4 Table 3 in Appendix 3 shows the provision of pharmaceutical services from a dispensing practice and nine pharmacies in neighbouring HWB areas (within a 2 mile buffer) that might impact on Swindon patients. Wanborough Surgery (a branch surgery of Ramsbury Surgery in Wiltshire) in Ridgeway ward in particular provides an important dispensing service to that part of rural Swindon. There are a number of pharmacies in Wiltshire close to Swindon's western border. Analysis of GP practice dispensing data indicates that approximately 1% of all prescriptions written in Swindon GP practices are dispensed in pharmacies located within neighbouring Local authorities Wiltshire, Gloucestershire or Oxfordshire.⁴⁵
- 6.5 Swindon has 38 community pharmacy contractors (including three 100 hour pharmacies) which provide a range of nationally commissioned pharmaceutical services and some additional services commissioned locally. The community pharmacy contractors operate under the Health and Social Care Act 2012⁴⁶ and the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.⁴⁷ It comprises three tiers of services – essential, advanced and local enhanced services.
- 6.6 Essential services are those which every pharmacy must provide, these are:⁴⁸
- Dispensing medicines
 - Dispensing appliances
 - Repeat dispensing
 - Discharge Medicine service
 - Disposal of unwanted medicines
 - Public Health (promotion of healthy lifestyles)
 - Signposting
 - Support for self-care
 - Clinical governance
- 6.7 Advanced services are nationally specified within the NHS community pharmacy contractual framework. Community pharmacies can choose to provide any of these services as long as they meet the requirements set out in the Secretary of State Directions. At present, there are ten advanced services:⁴⁹

⁴⁵ NHS Business Services Authority Dispensing Contractors Data. Available from:

<https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data/dispensing-contractors-data>

⁴⁶ Health and Social care Act 2012: <https://www.legislation.gov.uk/ukpga/2012/7/contents>

⁴⁷ NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013:

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

⁴⁸ Pharmaceutical Services Negotiating Committee (PSNC) website. Available from:

<https://psnc.org.uk/services-commissioning/essential-services/>

⁴⁹ Pharmaceutical Services Negotiating Committee (PSNC) website. Available from:

<https://psnc.org.uk/services-commissioning/advanced-services/>

- New Medicine Service (NMS) - The service provides support for people with long-term conditions newly prescribed a medicine in order to improve adherence to medicines.
- The Appliance Use Review (AUR) - AURs should improve the patient's knowledge and use of any 'specified appliance' by:
 - establishing the way the patient uses the appliance and the patient's experience of such use;
 - identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient;
 - advising the patient on the safe and appropriate storage of the appliance; and,
 - advising the patient on the safe and proper disposal of the appliances that are used or unwanted.

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

- Stoma Appliance Customisation (SAC) - where the pharmacist customises the quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.
- The NHS Urgent Medicine Supply Advanced Service (NUMSAS) is now fully integrated into the Community Pharmacist Consultation Service (CPCS) which launched across England in October 2019. The first phase of the CPCS offered patients the option of having a face-to-face or remote consultation with a pharmacist following an initial assessment by an NHS 111 call advisor. The practice care navigator, or NHS 111 call advisor will make a digital referral to a convenient pharmacy, where the patient will receive pharmacist advice and treatment for a range of minor illnesses, or for an urgent supply of a previously prescribed medicine. Should the patient need to be escalated or referred to an alternative service, the pharmacist can arrange this. GPs across Swindon are now able to refer patients to pharmacies via the CPCS service. The service is helping to alleviate pressure on GP appointments and emergency departments, in addition to harnessing the skills and medicines knowledge of pharmacists. To complement the CPCS, a new Patient Group Directions (PGD) service for Common Illness Treatment has been commissioned by BSW CCG in December 2021.
- Flu vaccination service – where the pharmacist vaccinates patients in at-risk groups against seasonal influenza (flu).
- Hepatitis C Testing Service – focused on provision of point-of-care testing (POCT) for Hepatitis C antibodies to people who inject drugs (PWIDs) but who haven't moved to the point of accepting treatment for their substance use.
- Hypertension Case-Finding Service – a service to identify people at risk of hypertension and offering them blood pressure measurement or 24 hour ambulatory blood pressure monitoring (ABPM), commissioned from October 2021.
- Pandemic Delivery Service – prescription delivery service for eligible patients who have been notified of the need to isolate by NHS Test and Trace. Commissioned in April 2020.
- C-19 Lateral Flow Device Distribution Service – improving access to Covid-19 testing by providing lateral flow device (LFD) for asymptomatic people, to identify Covid-positive cases in the community and break the chain of transmission.

- Stop Smoking Advanced Service – for people referred to pharmacies by a hospital, to be commissioned from early 2022.
- A distance selling pharmacy may provide Advanced and Enhanced Services, as long as any Essential Service which forms part of the Advanced or Enhanced Service is not provided to persons present at the premises. Dispensing Appliance Contractors (DACs) can provide AUR and SAC services.

Since the last PNA, the Medicines Use Reviews (MURs) service was decommissioned on 31st March 2021.

- 6.8 Swindon has 17 pharmacies per 100,000 population, compared to a national average of 21 per 100,000 and 19 in the South West.⁵⁰ Although there is no minimum recommended rate of community pharmacies, it is notable that this is a lower rate than at the time the previous PNA was carried out to cover 2018-2021 (19 per 100,000 population). Three pharmacies have permanently closed since the previous PNA: Rowlands Pharmacy, 167 Rodbourne Road, SN2 2AY; Lloyds Pharmacy (inside Sainsbury's), Oxford Road, Stratton St Margaret, SN3 4EW; and Lloyds Pharmacy (inside Sainsbury's), Ashworth Road, Bridgemoor, SN5 7AA.
- 6.9 Services pharmacies provided were gathered through existing sources of information and through the LPC, including facilities, collection of prescriptions and delivery of medicines and the Healthy Living Pharmacy accreditation. Pharmacy willingness to provide other services in the future was covered within pharmacy interviews.
- 6.10 All community pharmacies are providing NMS, although not all pharmacies claim payments from NHS England for these services every month. In September 2021, 76% of Swindon pharmacies claimed for NMS compared to 71% nationally and 74% in the South West.⁵¹
- 6.11 All pharmacies in Swindon are now able to accept electronic prescriptions (Electronic Prescription Service / EPS). This service lets a GP practice send prescriptions electronically to where a patient chooses to get their medication or appliance dispensed - without the need for paper in some cases.
- 6.12 Prescription Ordering Direct (POD) is a telephone service where patients can order their repeat prescriptions and have their medicines checked. The prescription request is then directly sent to their GP through their practice system. GPs can then authorise the prescription request and is normally completed via Electronic Transfer of Prescriptions (ETP). All controlled drug prescriptions are now ETP compatible. As of January 2022, 28 practices were using POD and the service was receiving around 42,000 calls a month across Swindon and Wiltshire.
- 6.13 The pharmacy contractor survey also showed that AURs and SAC are offered by relatively few pharmacies. Three (8%) pharmacies offer AURs and three (8%) SACs. 34 (89%) of pharmacies are providing seasonal flu vaccinations.
- 6.14 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.

⁵⁰ NHS BSA Statistics: General Pharmaceutical Services – England bulletin. Available from: <https://www.nhsbsa.nhs.uk/statistical-collections/general-pharmaceutical-services-england>

⁵¹ NHS BSA: Complete New Medicine Service data. Available from: <https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data/complete-new-medicine-service-data>

- 6.15 Enhanced services are those directly commissioned by NHS England – currently only agreed opening hours on certain Bank Holidays by a number of pharmacies. Pharmacy contractors may provide Locally Commissioned Services (LCS) commissioned by Local Authorities (LA) or by Clinical Commissioning Groups (CCG). Although LCS are not enhanced services, they reflect the services that could be (and in other parts of the country are) commissioned by NHS England.
- 6.16 There are currently eight LCS commissioned from community pharmacies by Swindon Borough Council (SBC) or BSW CCG. These services are:
- Smoking cessation (22 pharmacies)
 - Supervised consumption of opiate substitute therapy (34 pharmacies)
 - Needle and syringe exchange service (20 pharmacies)
 - NHS health Checks (12 pharmacies)
 - Palliative Care Medicines (5 pharmacies)⁵²
 - Minor Ailments (3 pharmacies, all delivered by Pharmacist Independent Prescribers)
 - Emergency Supply (26 pharmacies)
 - Covid-19 Vaccination.

The Out of Hours Urgent Dispensing service was decommissioned since the last PNA, due to lack of demand. There has been better use of community pharmacy provision through signposting from ED and out of hours services, as well as GPs.

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 2019/20, 19 pharmacies took 409 referrals for stop smoking services, with 187 successful quits.⁵³ Information on the number of pharmacies currently providing services is summarised in Appendix 4.

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) and Chlamydia screening.

- 6.17 The tables in Appendix 4 shows the locally commissioned service provision and opening hours in Swindon's PNA geographical areas. The information on opening hours reflects the best available knowledge at the time of writing. Neither the service provision data nor opening hours have undergone any formal validation process. Pharmacy contractors must obtain consent from NHSE to alter their core contractual hours. Pharmacies are also required to give NHSE at least 90 day notice to change any of their additional (to core hours) opening hours. Please refer to the NHS Choices website www.nhs.uk for the current opening hours.

⁵² Communication with NHS BSW CCG.

⁵³ SBC public health data

- 6.18 Some pharmacies may be delivering services, which are not currently commissioned by NHSE. These services may be being provided privately (either funded by the patient, or by someone other than the NHS on behalf of the patient), or as customer service offerings – available at no charge to some or all customers at the discretion of the pharmacy.
- 6.19 The pharmacy interviews indicated that many pharmacy contractors would be willing to offer further services if commissioned.
- 6.20 Currently, there is no community pharmacy open in Swindon between the hours of 23.00 and 05.00 and therefore no general public access at these times.
- 6.21 Swindon has three 100 hour pharmacies and these are required to offer the full range of enhanced services if commissioned by NHSE.
- 6.22 Provision of minor ailment treatments is offered at three pharmacies in Swindon, with at least one in each PNA area (except East).
- 6.23 There are five pharmacies in Swindon providing palliative care medicines. They guarantee to continuously stock the medicines in the palliative care formulary so that patients can be assured of supply when required. Twenty-six pharmacies are signed up to the Emergency Supply service commissioned by BSW CCG.⁵⁴
- 6.24 The Urgent Care Centre (UCC) on the GWH site provides a 24 hour walk-in service. This centre provides access to limited medicines via Patient Group Directions (PGD) and prescriptions. Prescriptions from the UCC are not able to be dispensed by the Boots pharmacy on the GWH site, as this is not a community pharmacy commissioned by NHSE and therefore cannot provide pharmaceutical services as defined by legislation. The Swindon out-of-hours GP service is based at Moredon Medical Centre. The service runs from 8pm-8am seven days a week.⁵⁵ During periods when pharmacies are not open, the out-of-hours unit is able to issue medication to patients.
- 6.25 Healthy Living Pharmacies (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.
- 6.26 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 is given in Appendix 3 Map 4.

⁵⁴ Communication with NHS BSW CCG.

⁵⁵ NHS Great Western Hospitals Trust. Available from: <https://www.moredonmedicalcentre.nhs.uk/urgent-problems/choice-of-six-nhs-services>

- 6.27 An updated Pharmacy Access Scheme (PhAS) starts from January 2022, to continue to support patient access to isolated, eligible pharmacies. DHSC stated that the PhAS will protect access in areas where there are fewer pharmacies with higher health needs, so that no area need be left without access to NHS community pharmaceutical services. Five pharmacies in the Swindon Borough area are eligible for funding under this scheme.

7 Statement of current pharmaceutical services

- 7.1 Map 3 in Appendix 1 shows the distribution of pharmaceutical services in Swindon and suggests that, currently, all parts of the town are well served by Community Pharmacies and Dispensing Doctors.
- 7.2 The Central PNA area has nine community pharmacies; all wards in this PNA area have high scores of deprivation (i.e. in the nine most deprived wards in Swindon).
- 7.3 The East PNA area has three community pharmacies, two in Liden, Eldene and Park South and one in Covingham and Dorcan. The former has high levels of deprivation and the latter does not.
- 7.4 The North PNA area has six community pharmacies; none of the wards have high deprivation scores.
- 7.5 The North Central PNA area has five community pharmacies; all of these are in wards with high deprivation scores.
- 7.6 The North East PNA area has 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 five community pharmacies; none of the wards have high deprivation scores. This PNA area also has two dispensing practices, dispensing from three locations.
- 7.8 The West PNA area has six community pharmacies; three are in the Mannington and Western ward and one is in Lydiard and Freshbrook ward, both of which have high levels of deprivation. The other two pharmacies are in Shaw ward which does not have high deprivation scores.
- 7.9 The tables in Appendix 4 show the commissioned enhanced service provision and opening hours in the seven PNA areas as reported on NHS Choices.
- 7.10 Community pharmacies are open for most of the GP practice core opening times (8.00-18.30 Monday to Friday); however few are open before 8.30 am. Whilst not a requirement, some GP extended hours are covered, if not within the co-located pharmacy, within the cluster area. Other extended hours are covered by other pharmacies in the town.

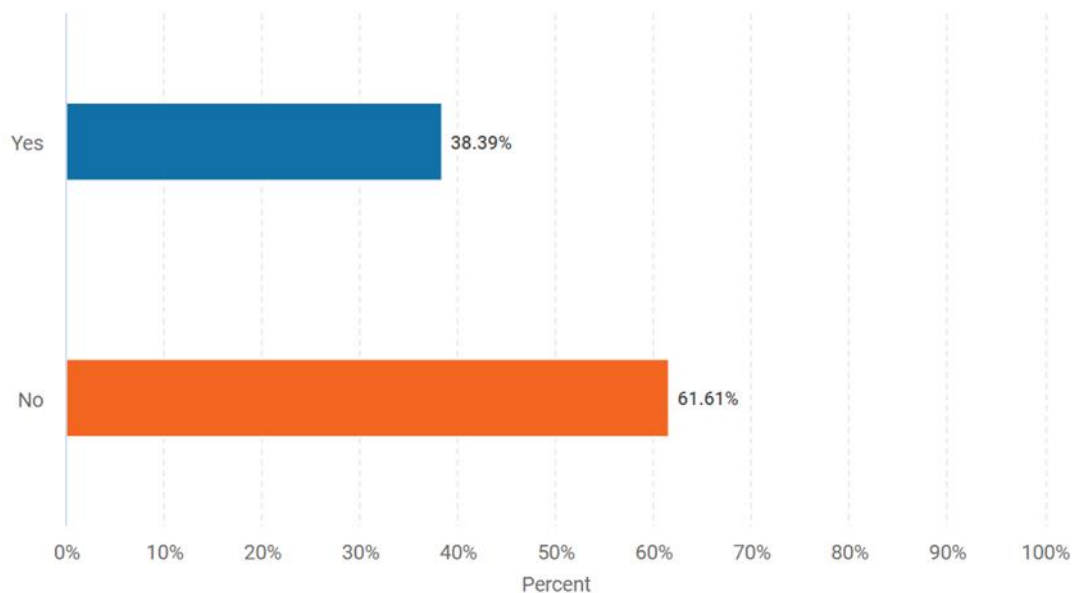
8 Residents' and Pharmacists views on community pharmacy services

Public Engagement

- 8.1 During December 2021, HealthWatch Swindon promoted an online survey developed by Swindon Council Public Health team. There were 113 responses to the survey which have been summarised below. Although this would not be considered a representative sample, the data provides a useful insight into the views of pharmacy customers in Swindon.
- 8.2 Respondents mostly visited pharmacies around once a month to get a prescription for themselves or someone else, to get advice and to buy medicines. Nearly 70% of customers used the same pharmacy all of the time and those who used multiple pharmacies tended to use one most often. Most would visit another pharmacy if their usual was not available, however 36% said that they would rather wait until their usual pharmacy re-opened. 4% said they called 111 and 1% said they used an online service instead.
- 8.3 People chose which pharmacy to use based on many different factors. Many of these are practical e.g. parking, opening hours, general location and near to other services such as GP or supermarket. The quality of the pharmacist and a good relationship with them was also important, with trust, providing good advice and good customer service commonly chosen. The pharmacy having a private area for consultation was also key. 63% of respondents said it took between 5 and 15 minutes to reach their pharmacy and most walked or used their car to get there. Less than 10% said they had to travel more than 15 minutes to get to their pharmacy. 27% said it took them less than 5 minutes to reach their pharmacy.
- 8.4 Respondents were asked which days and times were most convenient for them to visit the pharmacy. Pharmacies were used throughout the week and across different time periods. Weekdays were the most popular, with 12-2pm and after 8pm showing as the least popular times for pharmacy visits.
- 8.5 32% of respondents said a medicines review was helpful because it gave reassurance, helped with their consultation with their doctor, helped to know they were using the medication correctly and effectively and to identify any errors. Those who did not find the review helpful (20%) said it was because it was done online, they didn't feel it was applicable or because they didn't feel as involved as they wanted to be. Nearly half of the respondents (49%) said they either had not had a medicines review with their pharmacist or were unsure.
- 8.6 Over half (65%) of the respondents reported that the pharmacists' explanation was helpful when being prescribed new medicines. Those who didn't find it useful (35%) said they had already got this information from a GP or nurse, preferred to get the information from the medicine leaflet or label, from online sources or websites or said that there was a long wait or that a pharmacist was unavailable for the explanation.

- 8.7 Respondents were asked how well their needs, illnesses or conditions were supported by their pharmacy. The majority of individuals felt well (extremely, very, moderately well) supported (61%). When questioned on how well pharmacists worked with wider support networks e.g. carer, family member, GP, or district nurse, most said that either processes worked well (40%) or that they were unsure (40%) of how the pharmacy team collaborated with others. Pharmacy discussions helped to keep family members up to date, provided an important link to other services and helped to 'harmonise' pathways. Others felt pharmacies were sometimes too busy and that delays were often linked to work with GPs where customers were often expected to liaise between the two services to problem solve.
- 8.8 Most respondents identified no barriers to them accessing their local pharmacy (80%). None reported not speaking English as a barrier and small numbers reported barriers such as literacy (3%), internet access (3%) or mobility, sensory and cognitive issues (11%). Some of the barriers mentioned were mental health, lack of access for mobility scooters within pharmacies, opening times, long wait times on the phone and difficulties with getting face to face conversations about medications. Most felt that pharmacies dealt with barriers well and welcomed the solutions offered such as home deliveries.
- 8.9 Customers were asked whether the Covid-19 pandemic had effected the way they used pharmacies or the support that they received.

Graph 1 - Has the Covid-19 pandemic affected either the way you use pharmacy services or the support you receive from pharmacies?



Graph to show whether respondents felt that Covid-19 had affected the way they used pharmacies or the support that they received.

- 8.10 The majority of people did not feel that the pandemic had affected their experience (62%) due to good communication, good use of social distancing, delivery of medications and use of online services and apps such as Prescription Ordering Direct (POD). Those that felt the pandemic had limited their access said this was due to social distancing, having to wear a mask and the pressure on pharmacy capacity to deliver additional services such as testing and vaccinations. Difficulty around communication and confidentiality when wearing a mask, a shortage of pharmacists and having to see multiple pharmacists instead of the same one were also communicated.
- 8.11 Finally, 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, opening at weekends, access for mobility scooters, providing parking spaces nearby, providing seating if having to wait outside
 - **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), more stock and less time waiting for dispensing
 - **Staffing** e.g. more staff, access to the same pharmacist, visibility of pharmacists (identifying them from other staff)

Some further suggestions are below:

- Autism awareness
- Reopening of some closed pharmacies
- Increased utilisation of pharmacies (i.e. Expanding their roles, as they can be easier to access than other services)

Pharmacist Interviews

- 8.12 During January 2022, a series of interviews, over Microsoft Teams, were conducted with a selection of lead pharmacists. Six interviews were undertaken with a range of pharmacies across Swindon to represent different settings – a supermarket pharmacy, pharmacy located next to a GP, central pharmacies and pharmacies in both affluent and deprived areas of Swindon.
- 8.13 The purpose of the structured telephone interviews was to gain information from pharmacists themselves regarding the challenges that they face on a regular basis, how they felt that the needs of their customers were met and what changes and services they would like to see in the pharmacy in the future.
- 8.14 The top three challenges related to customers, was very similar across all pharmacists. The three key themes were:
- **Meeting customer expectations:** Customers can expect their prescriptions within unrealistic timescales that are not achievable for the pharmacy team.
 - **Stock of medicines:** This can either relate to problems with medicines supply or the lack of awareness around why pharmacists cannot stock every medicine on the premises. If medicines are not used, they are wasted and this can be costly.

Pharmacists try their best to get prescriptions changed to items that are in stock, but some customers prefer particular brands, which can be problematic.

- **Better promotion of the role of pharmacies and their capabilities:** There is a lot of advertising and signposting to pharmacies at the first signs of illness, but customers can still be unclear around the role of their local pharmacy and what they have to offer. Pharmacists want to maximise their offer within Primary Care through better promotion of the services available and a better understanding of their clinical expertise.

8.15 All pharmacists interviewed felt that the needs of their customers were met very well considering the challenges above and the pressures as a result of the Covid-19 pandemic. With the introduction of social distancing, many pharmacies struggled with availability of space and customers were sometimes having to wait outside during busy periods. Communication was a struggle when wearing masks, especially for customers with hearing problems that were then unable to lip read. This could also compromise confidentiality, with customers trying to explain sensitive health issues having to be 2 metres away from staff with a mask on. A number of services were also delivered virtually due to restrictions and this posed a potential barrier for cohorts with low digital and/or health literacy.

8.16 Within the interviews, pharmacists were asked about how those with low digital or health literacy were supported, as well as other cohorts who may experience barriers related to languages or conditions which limit day to day activities (such as mobility, sensory or cognitive impairments):

- No pharmacists felt that any aforementioned client 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.
- Those experiencing the digital divide were helped to access care in alternative ways and staff would assist where possible. For example during the pandemic, a pharmacy collect service for Lateral Flow Devices (LFD) was set up, but residents required a digital code. Many highlighted the challenges that this presented, particularly for older cohorts, but staff would often order items on their behalf (with appropriate consent). Staff were described as going above and beyond to ensure vulnerable cohorts were not left behind.
- Those with language difficulties frequently attended with someone who could translate on their behalf or staff would use apps or technology to help them translate. None of the pharmacies had access to professional translators often used by GPs or local hospitals.
- All pharmacies utilised hearing loops for the deaf community and staff described using technology or a pen and paper where appropriate.
- Not all pharmacies were able to provide delivery services for those with mobility or accessibility issues, as this depended on resource 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.
- All pharmacies had step free access to sites, but some found it challenging to manoeuvre a wheelchair around the premises and or in and out of consulting rooms.

- For those with visual impairments (VI), all pharmacies mentioned adapted signage, and had access to resources available in larger print. Some had access to adapted medical labels. None of the pharmacies used braille, but one pharmacy wanted to explore this and link with local charities on how additional considerations could be made for the VI community.
- 8.17 Although needs of customers were felt to be met well, all pharmacists suggested some changes that could be made to improve their offer, including access to professional translators, more space for those that have outgrown the premises and better links with local experts and charities. A universal delivery service for those with vulnerabilities was also suggested by some, although one pharmacist did highlight the opportunistic discussions that can be missed when not attending in person. If more deliveries were going to be facilitated, a robust outreach model was suggested, much like community nurses, where pharmacists could continue to maximise every contact with the customer and endorse Public Health and prevention where possible.
- 8.18 Pharmacists interviewed were overwhelmingly positive about how teams coped with the Covid-19 pandemic. The interviewees reported no outbreaks within stores, rather single staff absences from external transmission. Interviewees described the dedication and flexibility of staff and how this positively impacted on resilience of the workforce and coping with increased demand. Larger companies were able to share staff across branches, but smaller teams experienced difficulty when staff were on leave at the same time as Covid absence.
- 8.19 A number of pharmacies, have felt the result of branch closures and the increase in customers resulting in pressure on staff, resource and space available. Some felt this would have adverse effects on the quality of care that they could provide, with customers then going elsewhere and a loss in income resulting in reduction of staff hours. Only two pharmacies mentioned Locum staff.
- 8.20 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 demography such as an aging population. Services which pharmacists felt that they could provide included:
- Covid Vaccinations
 - Management of minor ailments – e.g. non-complex UTIs
 - Weight Management
 - Emergency Hormonal Contraception (EHC)
 - Stop Smoking
 - NHS Health Checks
 - Management of long term conditions – e.g. diabetes clinics
 - Mental Health and Wellbeing Services
- 8.21 Delivery of new services would be dependent on staffing, having enough space and staff training. A number of pharmacies were already delivering services such as Covid-19 support, the PQS for weight management, CPCS referrals and delivery of locally commissioned services such as Stop Smoking and NHS Health Checks.

- 8.22 All 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. Some had a PGD for treating minor UTIs and thought it worked well. Those that didn't provide this service acknowledged the benefit and were keen to get this set up. All pharmacists believed they are well placed to deliver EHC and felt there was a need for better access to this provision, especially in more deprived areas.
- 8.23 Pharmacists felt that developing into independent prescribers was important. This would enable them to treat a wider range of ailments, prescribe medication and give 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 barriers caused by differing IT systems used and difficulty with sharing information across settings. Availability of computers within consulting rooms was also mentioned. Computers front of house are not appropriate for confidential conversations and having IT within the private consulting rooms was seen as imperative. A number of pharmacists expressed an interest in becoming specialists in particular areas – such as weight management and diabetes.

9 Access to pharmacies and services

- 9.1 A mapping exercise was carried out using the Strategic Health Asset Planning and Evaluation (SHAPE) software. The analysis indicated that during standard opening hours, all parts of Swindon Borough are within fifteen minutes' drive of a Swindon pharmacy, as shown by Maps 5a and 5b.
- 9.2 During standard opening hours, most residential parts of urban Swindon are within 15 minutes' walking time of a Swindon pharmacy as shown by Map 5c in Appendix 1. This has been calculated using the highly conservative assumption of two miles per hour walking pace. In rural areas, unsurprisingly some people live outside the 15 minute walk times, particularly in the North East, East and South PNA areas.
- 9.3 In all parts of Swindon, there are many care homes that benefit from being offered pharmaceutical advice. In the last PNA an increased need was identified in terms of medicines management for patients in care homes. To address this need, a BSW CCG Medicines Optimisation in Care Homes (MOCH) team has been formed. These teams work closely with GPs, care home staff and pharmacists to ensure that care home residents and/or families or carers are given the opportunity to be fully involved in decisions about their medicines, and to improve health outcomes for care home residents.

10 Aspiration for pharmaceutical services in Swindon

- 10.1 It is recognised that community pharmacies can offer potential opportunities to provide health improvement initiatives. They are a key public health resource and work closely with many partners to promote health and wellbeing.
- 10.2 Community pharmacies have thousands of contacts with the public each day, there is real potential to maximise opportunities to improve health and wellbeing and reduce inequalities and to make every contact count.
- 10.3 Community pharmacists should provide positive action that contributes to tackling the root causes of health inequalities, by considering wider health determinants, signposting to services or hosting other service providers on the premises. These providers will form a pivotal part of the ICS and a clear leadership role within PCNs to optimise the health and wellbeing of the people of Swindon.
- 10.4 Community pharmacists continue to work with others to deliver services which meet the needs of the public in a way that integrates with other health-care providers.
- 10.5 Community pharmacists continue to work collaboratively across all partners to agree ways in which they can contribute to the development of medicines management, the treatment of patients with long term conditions and to ensure that services remain accessible for all.
- 10.6 Community pharmacies could be commissioned to deliver services which support GP and Secondary Care time.
- 10.7 Providers should continue to ensure the opening hours offered to patients reflect local need.

11 Conclusions and recommendations

- 11.1 After considering the current population of Swindon and the provision of pharmaceutical services, this PNA concludes that there is adequate pharmaceutical provision across Swindon, with the majority of statutory consultees agreeing with this statement. Swindon HWB will ensure that supplementary statements are issued for consideration by NHSE, in line with regular review of population growth and potential impact on need for pharmaceutical provision. There are also a range of opportunities for expanding services and for maximising on opportunities as outlined in the NHS Long Term Plan.
- 11.2 The NHS Long Term Plan ambitions for fully integrated community-based healthcare pathways are being facilitated through community pharmacies and will be benefiting residents across Swindon, such as the elderly population and the large number of people with long term conditions. Use of pathways such as the Community Pharmacist Consultation service (CPCS) will provide a locally accessible and convenient alternative to A&E for patients who do not need to attend hospital. 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.
- 11.3 The BANES Swindon and Wiltshire (BSW) Integrated Care System (ICS) report 'Our Plan for Health and Care' outlines a necessary shift to system wide working to meet the needs of the local population within available resources. Prevention will be at the heart of priorities, with Primary Care playing a key role through the development of strong, inter-connected Primary Care Networks (PCNs). Community pharmacies are integral within the BSW ICS and will offer a critical leadership role within PCNs.
- 11.4 The new NHS regulations introducing the mandatory 'Healthy Living Pharmacy' requirements will help to further support self-care for those with long term conditions and help tackle health inequalities by delivering high quality health and wellbeing services within the local community, particularly focused in areas where there is high deprivation.
- 11.5 Swindon HWB recognises the benefits associated with integrated service delivery and hence better healthcare provision when community pharmacies are co-located with GP practices, walk in centres and other community health and social care providers. Equally it also recognises that patients should have the choice of accessing community pharmacies in town centres and out of town supermarkets. Map 3 in Appendix 1 shows the distribution of pharmaceutical services in Swindon and suggests that, currently, all parts of the town are well-served by Community Pharmacies and Dispensing Doctors.

- 11.6 Most residents use the same pharmacy based on practicalities, availability of a private space, trust and good customer service. Customers' needs are being met well and minimal barriers are experienced when accessing services. Those experiencing barriers (such as low digital literacy or health literacy, mobility, sensory or cognitive impairments) feel pharmacy teams deal with them well and welcome solutions such as home deliveries to make services more accessible. For the majority, the Covid-19 pandemic has not affected the way pharmacies are used or how support is accessed, however considerations should be made for maintaining good communication and confidentiality when masks are worn. Improvements to pharmacy premises e.g. more space, access to services e.g. accessibility for mobility scooters and staffing e.g. access to more staff and the same pharmacist each time are recommended by customers.
- 11.7 The three top challenges for pharmacists are meeting customer expectations, stock of medicines and a lack of awareness of the role and its capabilities. Customer needs are being well met and staff coped with well with the Covid-19 pandemic considering the pressures experienced. Pharmacists are flexible and adaptable to the differing needs of cohorts and are keen to ensure accessible and equitable support for customers with additional vulnerabilities. Delivery of additional services are feasible depending on availability of space, staff and training. More Patient Group Directions (PGDs) would facilitate better access to care, free up more GP capacity and reinforce the clinical role of pharmacists within Primary Care. Access to efficient IT is crucial, with the availability of joined up IT systems across Primary Care to facilitate integrated care pathways for service-users.
- 11.8 Pharmacists identified that the provision of Emergency Hormonal Contraception (EHC) should ideally be available in all pharmacies in Swindon, so that young women know that they could access the service in any pharmacy. Some young women may not wish to visit a pharmacy in their residential area for EHC so it is recommended that a quality EHC service is provided by all pharmacies in Swindon. There are currently no PNA wards where all pharmacies offer EHC and for a number of pharmacies, this service is only currently offered privately. Pharmacists felt that could be contributing to the already high number of repeat abortions and potentially acting as a barrier for vulnerable cohorts from disadvantaged backgrounds.
- 11.9 Future population projections (including age profiles and major housing developments), as reflected in this PNA, must be taken into account by NHS England when planning pharmaceutical provision. Based on construction and occupation plans and timescales there has been no current pharmaceutical need identified at major housing sites across Swindon and along its boundary with other local authorities. However, it is likely this will need to be revisited when building is at a more advanced stage and initial planning does include consideration of health facilities. The Swindon HWB will monitor the development of major housing sites and will produce additional statements to this PNA if deemed necessary.

- 11.10 It is recognised that in the rural areas of Blunsdon, Chiseldon and Wanborough patients do not have local access to community pharmacies. The populations of these areas are eligible to access dispensing services from dispensing doctors and can access community pharmacies in larger villages or towns where they go to shop. Therefore, whilst there may not be convenient access to the full range of pharmaceutical services in these areas, it is not believed that there are any gaps in provision for reasons of practicality and value for money.
- 11.11 Swindon has had a closure of two 100 hour pharmacies since the previous PNA. To continue to ensure that the number and distribution of 100 hour pharmacies is sufficient to provide a comprehensive local service.
- 11.12 Enhanced pharmaceutical services must continue to be developed in line with the JSNA and Public Health priorities in Swindon to ensure that equality of access and distribution of services meet the needs of local communities. It is important for all commissioners to work with existing providers to ensure that the highest standards of quality and the optimum range of services are delivered.
- 11.13 Smoking remains the leading cause of health inequalities and preventable illness. To increase access of support to smokers who wish to quit, smoking cessation services should be available in all areas of Swindon and all pharmacies should be encouraged to participate in the provision of this service. Currently, only one pharmacy in the Central PNA area is providing this service.
- 11.14 Tackling prevention is a key priority for ICSs and PCNs. The NHS Health Checks programme for 40 to 74 year olds aims to help prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia and should be available in all areas of Swindon. All pharmacies should be encouraged to participate in the provision of this service. Currently, only one pharmacy in the Central PNA area is providing this service and only a third of pharmacies across Swindon are signed up to deliver NHS Health Checks.
- 11.15 Any future pharmacy applications should be encouraged to provide all locally commissioned services. All new applicants should therefore be prepared to offer these services.
- 11.16 To continue to review the provision and commissioning of general minor ailments schemes particularly focusing on deprived areas. Currently, only three pharmacies operate this scheme and two of these are in Wroughton. This will work towards increasing capacity in GP surgeries.
- 11.17 Public Health England (PHE) publications such as “Pharmacy teams seizing opportunities for addressing health inequalities” and “Pharmacy - A Way Forward for Public Health” should be used to inform a range of possible healthy living interventions that can be delivered in Swindon pharmacies. It is essential that they are of a high quality, in premises that are professional looking, which facilitate the delivery of health promoting interventions, with appropriate skill mix, for example staff who are health champions and Making Every Contact Count (MECC) champions, who are skilled to deliver health promoting interventions.
- 11.18 For all enhanced and locally commissioned services, consideration must be given to raising awareness of the services by the pharmacies which offer them. This needs to be addressed across Swindon to ensure the public and other health and social care professionals have the necessary information. This will also contribute to better awareness around the role of the community pharmacy and its clinical capabilities.

11.19 All community pharmacies in Swindon will be familiar with and actively work within the agreed procedures, guidance and protocols for safeguarding adults and children in Swindon. Community pharmacists should ensure that they are provided with, and that their staff receive, training in safeguarding children and adults. Advice on training can be sought from Swindon Borough Council.

12 Abbreviations and glossary

100 hour	Pharmacy open for 100 hours a week over 7 days
APS	Active People Surveys
AUR	Appliance Use Review
BAME	Black Asian and Minority Ethnic
BSW	Bath and North East Somerset, Swindon and Wiltshire
CCG	Clinical Commissioning Group
CHD	Coronary Heart Disease
CKD	Chronic Kidney Disease
COPD	Chronic Obstructive Pulmonary Disease
CPCS	Community Pharmacist Consultation service
CPFV	Community Pharmacy Forward View
DAC	Dispensing Appliance Contractor
DHSC	Department of Health and Social Care
EHC	Emergency Hormone Contraception
EPS	Electronic Prescription Service
ETP	Electronic Transfer of Prescription
GCSE	General Certificate of Secondary Education
GP	General Practice/Practitioner
HIV	Human immunodeficiency virus
HLP	Healthy Living Pharmacy
HPV	Human Papilloma Virus
HWB	Health and Wellbeing/ Health and Wellbeing Board
ICB	Integrated Care Board
ICS	Integrated Care System
JHWS	Joint Health and Wellbeing Strategy
JSNA	Joint Strategic Needs Assessment
LARC	Long-acting reversible contraception
LCS	Locally Commissioned Services
LSOA	Lower Super Output Area
LTC	Long Term Condition
MECC	Making Every Contact Count
MUR	Medicines Use Review
NHS	National Health Service
NHSEI	NHS England and NHS Improvement
NHSLTP	NHS Long Term Plan
NICE	National Institute for Health and Clinical Excellence
NOMIS	Official Labour Market Statistics
NUMSAS	NHS Urgent Medicine Supply Advanced Service
ONS	Office for National Statistics
PCT	Primary Care Trust
PGD	Patient Group Direction
PhAS	Pharmacy Access Scheme
PHE	Public Health England
PQS	Pharmacy Quality Scheme
PNA	Pharmaceutical Needs Assessment
POD	Prescription ordering direct

POM	Prescription only medicine
PPV	Pneumococcal polysaccharide vaccine
PSNC	Pharmaceutical Services Negotiating Committee
RPS	Royal Pharmaceutical Society
SAC	Stoma Appliance Customisation
SBC	Swindon Borough Council
SHAPE	Strategic Health Asset Planning and Evaluation
STI	Sexually Transmitted Infection
STP	Sustainability and Transformation Partnership

13 Acknowledgements

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14 Appendices

(See separate document)

Appendix 1: Public Engagement Survey

Appendix 2: PNA Pharmacy Interview Topic Guide

Appendix 3: Maps

Appendix 4: Projected Population Change

Appendix 5: Dispensing General Practices and Pharmaceutical Services in Neighbouring Areas

Appendix 6: Swindon Pharmacies: Opening Hours and Locally Commissioned Services

Appendix 7: Draft PNA Consultation: Main Comments