The Royal Borough of Windsor and Maidenhead Pharmaceutical Needs Assessment 2025-2028

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Royal Borough of Windsor & Maidenhead

Executive Summary

Introduction

Each Health and Wellbeing Board (HWBB) has a statutory responsibility to publish and keep up to date a statement of needs for pharmaceutical services for their population. This is called the Pharmaceutical Needs Assessment (PNA). The purpose of the PNA is to:

- inform local plans for the commissioning of specific and specialised pharmaceutical services
- to support the decision-making process for applications for new pharmacies or changes of pharmacy premises undertaken by NHS England

It assesses whether the current provision of pharmacies and the commissioned services they provide meet the needs of this population and whether there are any gaps, either now or within the lifetime of this document, 1 October 2025 to 30 September 2028. It assesses current and future provision with respect to:

- Necessary Services, i.e., current accessibility of pharmacies and their provision of Essential Services
- Other Relevant Service and Other Services including Advanced pharmacy services and other NHS services. These are services commissioned by NHS England, the Royal Borough of Windsor and Maidenhead (RBWM), or Frimley Integrated Care Board (ICB).

Methodology

It is a statutory responsibility of all Health and Wellbeing Boards to produce and maintain a PNA for their area.[1] The next PNA is required to be published by 1 October 2025.[2]

In December 2024, a steering group of stakeholders was established to oversee the development of the PNA with overall responsibility of ensuring it met the statutory regulations, as strongly advised in PNA guidance.

The PNA development process included:

- a review of the current and future demographics and health needs of the RBWM population
- a survey to RBWM patients and the public on their use and expectations of pharmacy services
- a survey to RBWM pharmacy contractors to determine their capacity to fulfil any identified current or future needs, with a particular focus on the lifetime of this PNA.
- an assessment of the commissioned essential, advanced, and other NHS pharmacy services provided in RBWM
- a 60-day PNA consultation that ran from the 26 May 2025 to 21 July 2025.

The final PNA is signed off by RBWM's HWBB before publication.

Findings

Key demographics of Royal Borough of Windsor and Maidenhead

RBWM is a densely populated and mainly urban unitary authority situated in Berkshire. There are an estimated 155,239 residents living in the borough.[3] This figure is expected to increase by 0.1% in the lifetime of this PNA.[4] There are housing developments underway in RBWM, where an anticipated 3,270 dwellings are expected to be completed in the lifetime of this PNA, particularly in St. Mary's ward and Oldfield ward.[5] RBWM receives a high number of tourists in comparison to its neighbouring boroughs. This can impact need for pharmacy provision in the borough.

Key health needs of the Royal Borough of Windsor and Maidenhead

Overall, life expectancy and healthy life expectancy for both males and females in RBWM is higher than the average for South East England and England. The population of RBWM has lower levels of reported health-risk behaviours than regional and national comparators and the prevalence of chronic and common health conditions such as circulatory diseases, cancer and respiratory diseases is also lower than the regional and England averages.

Hidden inequalities exist within RBWM, particularly when data is analysed at a lower level of geography, such as ward-level. These inequalities are shown by varying health conditions and disease prevalence across the borough. In RBWM, there is a life expectancy gap of 4.1 years for males and 3.3 years for females. This document has further explored the causes of death that contribute to this gap.

Patient and public engagement

A survey was disseminated via online platforms for RBWM residents. 638 residents responded to tell us how they use their pharmacy and to contribute their views on specific ‘necessary’ pharmacy services. Overall, participants were happy with the services their pharmacy provided. The most stated reasons people used their chosen pharmacy were the accessibility of the location and familiarity with their pharmacy. Most stated they prefer to use their pharmacies during weekdays and during normal working hours.

PNA statements on service provision

There are 28 community pharmacies located within RBWM and a further 29 located within a mile of RBWM’s border.

The PNA steering group has assessed whether the current and future pharmacy provision meets the health and wellbeing needs of RBWM’s population. It has also

determined whether there are any gaps, or need for improvements or better access, in the provision of pharmaceutical service either now or within the lifetime of this document, 1 October 2025 to 30 September 2028.

RBWM is well served in relation to the number and location of pharmacies. The PNA steering group has concluded that there is good access to essential, advanced, and other NHS pharmaceutical services for the residents of RBWM with no gaps identified currently or within the timeframe of this document (October 1, 2025, to September 30, 2028). Furthermore, no additional services were identified that would secure improvements or provide better access to pharmaceutical services during this period.

It is important that this PNA acknowledges the significant organisational changes currently taking place across the NHS. These include the abolition of NHS England, changes within the Department of Health & Social Care, and major changes to the structure and funding of Integrated Care Boards. These developments carry potential risks, particularly in relation to:

- ongoing commissioning arrangements;
- the ability of service provision to respond to changing population needs, especially with rising demand in primary care and the added pressure from new housing developments;
- sustainable models of provision.

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Chapter 1 – Introduction

A PNA is the statement for the needs of pharmaceutical services of the population in a specific area. It sets out a statement of the pharmaceutical services which are currently provided, together with when and where these are available to a given population. This PNA describes the needs of the population of RBWM.

Local pharmacies play a pivotal role in providing quality healthcare in local communities for individuals, families, and carers. They not only provide prescriptions but can also be patients' and the public's first point of contact and, for some, their only contact with a healthcare professional.[6]

The provision of NHS Pharmaceutical Services is a controlled market. Any pharmacist or dispensing appliance contractor who wishes to provide NHS Pharmaceutical Services, must apply to NHS England to be on the Pharmaceutical List.

The Pharmaceutical Needs Assessment identifies the local population needs for pharmacy services and how those needs are being fulfilled, or could be fulfilled, by pharmaceutical services in different parts of the borough. The purpose of the PNA is to:

- Support the 'market entry' decision making process (undertaken by NHS England) in relation to applications for new pharmacies or changes of pharmacy premises.
- Inform commissioning of enhanced services from pharmacies by NHS England, and the commissioning of services from pharmacies by the local authority and other local commissioners, for example Integrated Care Boards (ICBs).

This document can also be used to:

- Assist the Health and Wellbeing Board (HWBB) to work with providers to target services to the areas where they are needed and limit duplication of services in areas where provision is adequate.
- Inform interested parties of the pharmaceutical needs in the borough and enable work on planning, developing and delivery of pharmaceutical services for the population.

Legislative background

From 2006, NHS Primary Care Trusts had a statutory responsibility to assess the pharmaceutical needs for their area and publish a statement of their first assessment and of any revised assessment.

With the abolition of Primary Care Trusts and the creation of Clinical Commissioning Groups (CCGs) in 2013, Public Health functions were transferred to local authorities. Health and Wellbeing Boards were introduced and hosted by local authorities that now bring together ICBs, Public Health, Adult Social Care, Children's services and Healthwatch.

The Health and Social Care Act of 2012 gave a responsibility to Health and Wellbeing Boards for developing and updating Joint Strategic Needs Assessments and Pharmaceutical Needs Assessments.

It is important that the PNA reflects changes that affect the need for pharmaceutical services in each area. For this reason, they are updated every three years. This PNA expires on 1 October 2028.

This PNA covers the period between 1 October 2025 and 30 September 2028. It must be produced and published by 1 October 2025. The Health and Wellbeing

Board are also required to revise the PNA publication if they deem there to be significant changes in pharmaceutical services before 30 September 2028.

The NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013[1] and the Department of Health Information Pack for Local Authorities and Health and Wellbeing Boards[2] provide guidance on the requirements that should be contained in the PNA publication and the process to be followed to develop the publication. The development and publication of this PNA has been carried out in accordance with these Regulations and associated guidance.

Minimum requirements of the PNA

As outlined in the 2013 regulations, the PNA must include a map showing the premises where pharmaceutical services are provided and an explanation of how the assessment was made. This includes:

- How different needs of different localities have been considered
- How needs of those with protected characteristics have been considered
- Whether further provision of pharmaceutical services would secure improvements or better access to pharmaceutical services
- A report on the 60-day consultation of the draft PNA.

The PNA must also include a statement of the following:

- Necessary Services – Current Provision: services currently being provided which are regarded to be “necessary to meet the need for pharmaceutical services in the area.” This includes services provided in the borough as well as those in neighbouring boroughs.
- Necessary Services – Gaps in Provision: services not currently being provided which are regarded by the HWBB to be necessary “in order to meet a current need for pharmaceutical services.”

- Other Relevant Services – Current Provision: services provided which are not necessary to meet the need for pharmaceutical services in the area, but which nonetheless have “secured improvements or better access to pharmaceutical services.”
- Improvements and Better Access – Gaps in Provision: services not currently provided, but which the HWBB considers would “secure improvements, or better access to pharmaceutical services” if provided.
- Other Services: any services provided or arranged by the local authority, NHS England, the CCG, an NHS trust, or an NHS foundation trust which affects the need for pharmaceutical services in its area or where future provision would secure improvement, or better access to pharmaceutical services specified type, in its area.
- Future need: The pharmaceutical services identified as not currently provided but deemed necessary by the HWBB to meet present or future demands for various pharmaceutical services or a specific service.

A draft PNA must be put out for consultation for a minimum of 60 days prior to its publication. The 2013 Regulations list those persons and organisations that the HWBB must consult, which include:

- Any relevant local pharmaceutical committee (LPC) for the HWBB area
- Any local medical committee (LMC) for the HWBB area
- Any persons on the pharmaceutical lists and any dispensing GP practices in the HWBB area
- Any local Healthwatch organisation for the HWBB area, and any other patient, consumer, and community group, which in the opinion of the HWBB has an interest in the provision of pharmaceutical services in its area
- Any NHS Trust or NHS Foundation Trust in the HWBB area
- NHS England

- Any neighbouring Health and Wellbeing board.

Circumstances under which the PNA is to be revised or updated

It is important that the PNA reflects changes that affect the need for pharmaceutical services in RBWM. For this reason, the PNA will be updated every three years.

If the HWBB becomes aware of a significant change to the local area and/or its demography, the PNA may be required to be updated sooner. The HWBB will decide to revise the PNA if required. Not all changes in a population or an area will result in a change to the need for pharmaceutical services. If the HWBB becomes aware of a minor change that means a review of pharmaceutical services is required, the HWBB will issue supplementary statements to update the PNA.

Chapter 2 - Strategic context

This section summarises key policies, strategies and reports which contribute to our understanding of the strategic context for community pharmacy services at a national level and at a local level. Since PNAs were last updated in 2022, there have been changes to the wider health and social care landscape and to society. This includes but is not limited to the publication of the Health and Care Act 2022, updates to the Community Pharmacy Contractual Framework, a continued focus on integrated care, and the lasting impact of the COVID-19 pandemic.

National context

Pharmacy Integration Fund

The Pharmacy Integration Fund (PhIF) was established in 2016 to speed up the integration of:[7]

- Pharmacy professionals across health and care systems to deliver medicines optimisation for patients as part of an integrated system.

- Clinical pharmacy services into primary care networks, building on the NHS Five Year Forward View and NHS Long Term Plan

The NHS Long Term Plan is the driver for determining the priorities for the Pharmacy Integration Programme. The ambition in the NHS Long Term Plan to move to a new service model for the NHS sets out five practical changes that needed to be achieved over the five-year period 2019 to 2024:[7]

- Boosting “out of hospital care” to dissolve the historic divide between primary and community health services.
- Redesign and reduce pressure on emergency hospital services.
- Deliver more personalised care when it is needed to enable people to get more control over their own health.
- Digitally enable primary and outpatient care to go mainstream across the NHS.
- Local NHS organisations to focus on population health and local partnerships with local authority funded services and through ICSs everywhere.

The continued work of the pharmacy integration programme needs to build on what has already been delivered and support these priorities ensuring the continued development of the evidence base that informs future commissioning in line with these priorities for transformation.[7]

Workstreams supported by the PhIF Programme include:[7]

- Exploring the routine monitoring and supply of contraception (including some long-acting reversible contraceptives) in community pharmacy.
- The GP referral pathway to the NHS Community Pharmacist Service (CPCS).
- The NHS 111 referral pathway to the NHS CPCS.

- The Hypertension Case-Finding Pilot – members of the public over 40 years can have their blood pressure checked by the community pharmacy team. For those with high blood pressure, they will be offered ambulatory blood pressure monitoring (ABPM) and then, where appropriate, referred to their GP.
- The Smoking Cessation Transfer of Care Pilot – hospital inpatients (including antenatal inpatients) will be able to continue their stop smoking journey within community pharmacy upon discharge.
- Palliative Care and end of life medicines supply service building on the experience of the COVID-19 pandemic.
- Structured medication reviews in PCNs for people with a learning disability, autism or both, linking with the STOMP programme.
- Exploring the routine monitoring and supply of contraception (including some long-acting reversible contraceptives) in community pharmacy.
- Expanding the existing New Medicines Service.
- Developing and testing peer and professional support networks for all pharmacists and pharmacy technicians working in PCNs including general practice, community pharmacy and community services linking with secondary care consultant pharmacists and clinical pharmacy specialist roles.
- Exploring a national scheme for pharmacists and pharmacy technicians to gain access to essential medicines information resources working with SPS Medicines Information Services.
- Workforce development for pharmacy professionals in collaboration with Health Education England (HEE) including these programmes:
    - Medicines optimisation in care homes.
    - Primary care pharmacy educational pathway.
    - Integrated urgent care.
    - Post-graduate clinical pharmacy.

- Mary Seacole Leadership programme for community pharmacists and pharmacy technicians.
- Integrated training scheme placements for pre-registration pharmacists and pharmacy technicians.
- Independent prescribing.
- Enhanced clinical examination skills.

The NHS Long Term Plan (2019)

As health needs change, society develops, and medicine advances, the NHS needs to ensure that it is continually moving forward to meet these demands. The NHS Long Term Plan (2019) (NHS LTP) introduces a new service model for the 21st century and includes action on preventative healthcare and reducing health inequalities, progress on care quality and outcomes, exploring workforce planning, developing digitally- enabled care, and driving value for money. It sets out 13 key areas for improving and enhancing our health service over the next 10 years. These areas include:[8]

1. Ageing well
2. Cancer
3. Cardiovascular disease
4. Digital transformation
5. Learning disabilities and autism
6. Mental Health
7. Personalised care
8. Prevention
9. Primary care
10. Respiratory disease
11. Starting well

12. Stroke
13. Workforce

Pharmacies will play an essential role in delivering the NHS LTP. £4.5 billion of new investment will fund expanded community multidisciplinary teams aligned with the primary care networks (PCNs). These teams will work together to provide the best care for patients and will include pharmacists, district nurses, allied health professionals, GPs, dementia workers, and community geriatricians. Furthermore, the NHS LTP stipulates that as part of the workforce implementation plan, and with the goal of improving efficiency within community health, along with an increase in the number of GPs, the range of other roles will also increase, including community and clinical pharmacists, and pharmacy technicians.[8]

Research indicates that around 10% of elderly patients end up in hospital due to preventable medicine related issues and up to 50% of patients do not take their medication as intended. PCN funding will therefore be put towards expanding the number of clinical pharmacists working within general practices and care homes, and the NHS will work with the government to ensure greater use and acknowledgement of community pharmacists' skills and better utilisation of opportunities for patient engagement. As part of preventative healthcare and reducing health inequalities, community pharmacists will support patients to take their medicines as intended, reduce waste, and promote self-care.[8]

Within PCNs, community pharmacists will play a crucial role in supporting people with high-risk conditions such as atrial fibrillation (AF) and cardiovascular disease (CVD). The NHS will support community pharmacists to case-find, e.g., hypertension case-finding. Pharmacists within PCNs will undertake a range of medicine reviews, including educating patients on the correct use of inhalers, and supporting patients to reduce the use of short acting bronchodilator inhalers and to switch to clinically appropriate, smart inhalers.[8]

To provide the most efficient service, and as part of developing digitally-enabled care, more people will have access to digital options. The NHS app will enable patients to manage their own health needs and be directed to appropriate services, including being prescribed medication that can be collected from their nearest pharmacy.[8]

Health and Wellbeing Boards are required to produce Health and Wellbeing Strategies to set out how partners will meet local health needs, improve outcomes, and reduce health inequalities within the borough.[8]

Community Pharmacy Contractual Framework 2019/20-2023/24

The latest Community Pharmacy Contractual Framework (CPCF) available is the 2019/20-2023/24 version. The Department of Health and Social Care (DHSC), NHSE&I and the Pharmaceutical Services Negotiating Committee are currently working on an updated version for 2024/25 and 2025/26.[9]

The CPCF is an agreement between the Department of Health and Social Care (DHSC), NHSE&I and the Pharmaceutical Services Negotiating Committee (PSNC) and describes a vision for how community pharmacy will support delivery of the NHS Long Term Plan. The CPCF highlights and develops the role of pharmacies in urgent care, common illnesses, and prevention. It aims to “develop and implement the new range of services that we are seeking to deliver in community pharmacy,” making greater use of Community Pharmacists’ clinical skills and opportunities to engage patients. The 2019/20-2023-24 deal included:[9]

- Through its contractual framework, commits almost £13 billion to community pharmacy, with a commitment to spend £2.592 billion over 5 years.
- Prioritises quality - The Pharmacy Quality Scheme (PQS) is designed to reward pharmacies for delivering quality criteria in: clinical effectiveness, patient safety and patient experience.

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

The year 5 update included the following changes:[10]

- Tier 1 of the NHS Pharmacy Contraception Service was launched. This service enables community pharmacists to provide ongoing management, via a patient group direction, of routine oral contraception that was initiated in general practice or by a sexual health clinic.
- The Community Pharmacist Consultation Service was expanded to enable urgent and emergency care settings to refer patients to a community pharmacist for a consultation for minor illness or urgent medicine supply.
- A pilot to expand the New Medicines Service (NMS) to include antidepressants.

Health Equity in England: The Marmot Review Ten Years On

Since the 2010 Marmot review, there have been important developments about the evidence around social determinants of health and the implementation of interventions and policies to address them. Health Equity in England: Marmot review 10 years on, summarises the developments in particular areas that have an increased importance for equity. These include:[11]

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

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

Office for Health Improvement and Disparities

The Office for Health Improvement and Disparities (OHID), formerly known as Public Health England (PHE), works to prevent ill health, in particular in the places and communities where there are the most significant disparities. OHID's priorities include:[12]

- identify and address health disparities, focusing on those groups and areas where health inequalities have greatest effect
- take action on the biggest preventable risk factors for ill health and premature death including tobacco, obesity and harmful use of alcohol and drugs
- work with the NHS and local government to improve access to the services which detect and act on health risks and conditions, as early as possible
- develop strong partnerships across government, communities, industry and employers, to act on the wider factors that contribute to people's health, such as work, housing and education
- drive innovation in health improvement, harnessing the best of technology, analytics, and innovations in policy and delivery, to help deliver change where it is needed most

OHID supports the delivery of national and regional priorities for prevention and health inequalities and ensuring a joined-up approach to public health, building strong interfaces with different teams and areas of public health across the regional system.[12]

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

Integration and Innovation. Health and Care Act 2022

In recent years, the health and social care system has undergone adaptations and changes to address various challenges. There is an increasing need for collaboration within the system to deliver high-quality care. The system is confronted with issues such as a growing population, longer life expectancy, and a rise in long-term health conditions, including the impacts of the COVID-19 pandemic. The Health and Care Act 2022 provides legislative proposals to make provision about health and care, which capture the learnings from the pandemic.[13]

- Working together to integrate care: The Act establishes Integrated Care Systems (ICS) as statutory bodies, composed of an Integrated Care Board (ICB) and an Integrated Care Partnership (ICP). The ICB is responsible for the commissioning and oversight of NHS services, while the ICP brings together a wider range of partners to address broader health, public health, and social care needs. The Act promotes the NHS, local authorities, and other partners to work together. This shift from competition to cooperation aims to improve service integration and address the wider determinants of health. ICSs are encouraged to focus on place-based working, meaning collaboration at local levels (e.g., neighbourhoods) to deliver integrated care and improve population health.[14]

- Reducing bureaucracy: The legislation aims to remove barriers that prevent people from working together and put pragmatism at the heart of the system. The NHS should be free to make decisions without the involvement of the Competition and Markets Authority (CMA). With a more flexible approach, the NHS and local authorities will be able to meet current and future health and care challenges by avoiding bureaucracy.[15]

- Improving accountability and enhancing public confidence: The Act merges NHS England and NHS Improvement into a single legal organisation. This unification is intended to provide clearer and more cohesive national leadership, reducing bureaucratic barriers and enabling more strategic decision-making. The Act grants the Secretary of State for Health and Social Care greater powers to direct NHS England. This includes the ability to intervene in public health functions and make decisions on service

reconfigurations earlier in the process. These measures are designed to ensure that the NHS is more accountable to the government and, by extension, to the public.[16]

Local context

Frimley Health Integrated Care System

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

Frimley Health and Care Strategy five-year strategy

The Frimley ICS five-year strategy is currently undergoing a refresh. Priorities in health and care and for local people, have changed since it was first launched. The ICS are working to address the needs identified, with all partners and through public engagement, resulting in a document which reflects local needs, issues and priorities and is ambitious for our population and system. It will tackle the wider determinants of health and wellbeing for our population and will be rooted in evidence.[17]

Frimley ICS's current five-year strategy, produced in 2019 and updated in 2022, brought together the local authorities and the NHS organisations with a shared ambition to work in partnership with local people, communities, and staff to improve the wellbeing of residents.[17]

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

healthier lives; these included affordable healthy food, access to activities and facilities, better access to professionals providing health and nutritional information, better home/work life balance.[17]

The ICS also worked with health professionals, partner organisations, primary care and community care clinicians, voluntary and community sector leads, mental health clinicians, and leads within educational organisations to capture their views around developing the key ambitions of this strategy.[17]

Six key strategic ambitions were developed to focus and deliver on from 2020 - 2025.[17]

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

6. Outstanding use of resources: offering the best possible care, treatment, and support where it is needed, in the most affordable way using the best available evidence.

The strategy lifetime will end in 2025, where the goal was to help residents live healthier for longer and reduce health inequalities across the ICS footprint.[17]

RBWM Health and Wellbeing Strategy (2021-2025)

During the lifetime of this PNA, RBWM will be publishing a new Health and Wellbeing strategy. This is expected in April 2026. As this strategy is not yet finalised and published, this section will focus on RBWM's 2021-2025 strategy.

The vision for RBWM is that everyone in the borough lives a healthy, safe, and independent life, supported by thriving and connected communities.[18]

There are 4 key priorities set out by the RBWM health and wellbeing board[18]:

- Coordinating integrated services around those residents who need it most.
- Championing mental wellbeing and reducing social isolation.
- Targeting prevention and early intervention to improve wellbeing.
- Investing in the borough as a place to live to reduce inequalities.

The strategy highlights success will be shown when all children will have the best start to life, and will continue through to adolescence, adulthood, and older age. Children and adults will lead a healthy, active, and independent life for as long as possible. They will live in good quality homes, and in sustainable and supportive communities to experience a good quality of life for longer no matter where they live.[18]

Community pharmacies are well placed to support some of these local strategies, particularly when it comes to the health needs of the population. They provided frontline services during the COVID-19 pandemic, and continue to provide healthcare advice, and medication advice to the public. To meet the ambitions outlined by local strategies, community pharmacies can play an integral role in reducing health inequalities through targeting prevention early and helping to tackle obesity and high blood pressure.[19]

Chapter 3 - The development of the PNA

This PNA has been developed using a range of information sources to describe and identify population needs and current service provision from the network of community pharmacies. This includes:

- Nationally published data.
- The RBWM Joint Strategic Needs Assessment.
- Local policies and strategies such as the Joint Health and Wellbeing Strategy.
- A survey to RBWM pharmacy contractors.
- A survey to the patients and public of RBWM.
- Local Authority and Frimley ICB commissioners.

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

This PNA was published for public consultation on the 19 May to 28 July 2025. All comments were considered and incorporated into the final PNA final report.

Methodological considerations

Geographical coverage

PNA regulations require that the HWBB divides its area into localities as a basis for structuring the assessment. A ward-based structure was used as it is in-line with available data at ward level such as demography, health needs and service provision commissioned by both RBWM and NHS commissioners.

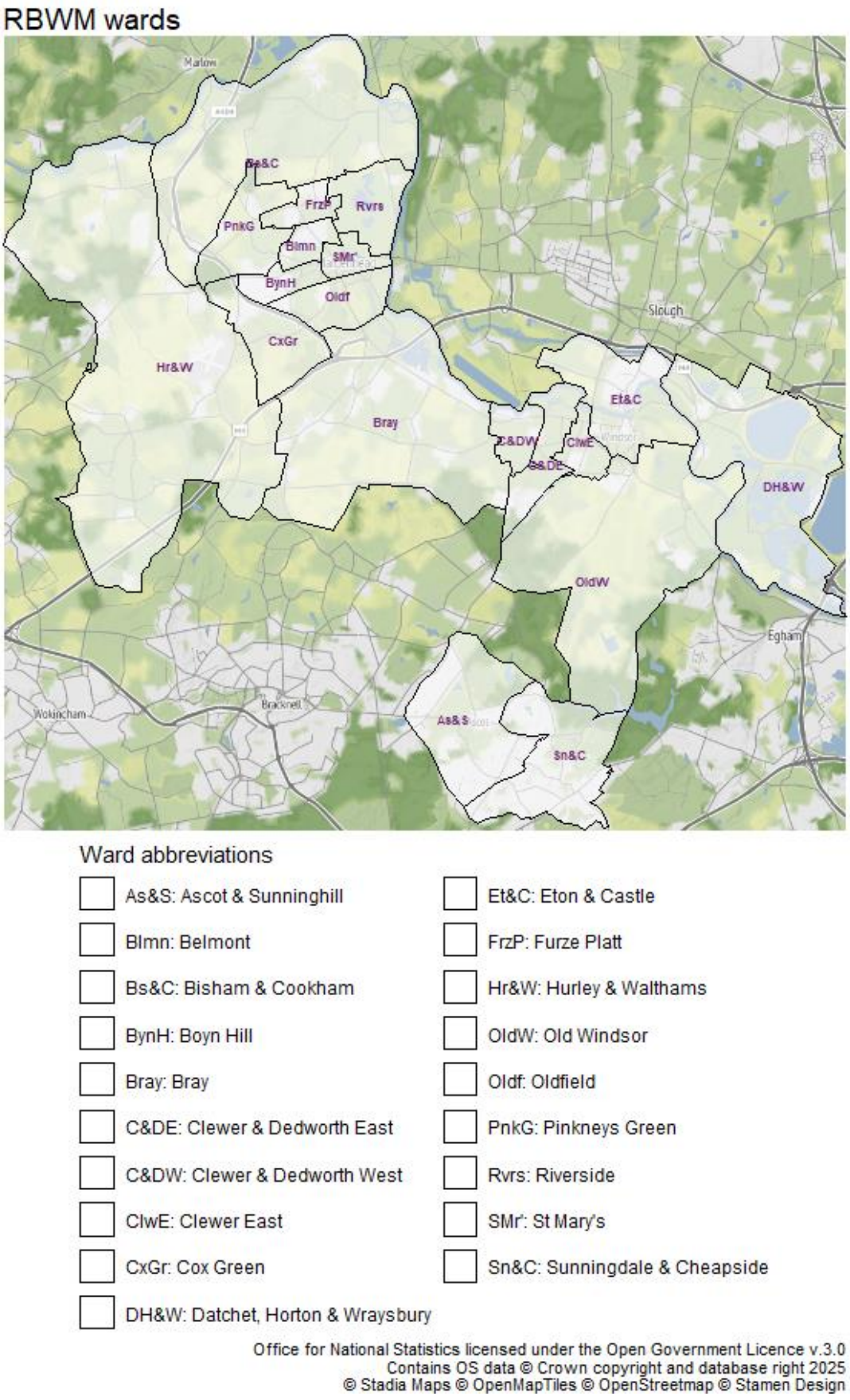

***Figure 1**: Map showing wards in RBWM.*

There are 19 wards in RBWM, this is shown in figure 1.

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

The 1-mile measure is often used to assess adequacy of access in urban areas while the 20 minute drive radius is more often used in more rural areas because there needs to be a sufficient population size to sustain a community pharmacy. The PNA steering group agreed that the combination of these measures for RBWM was appropriate given the mix of urban and rural areas on the local authority area.

The 1-mile and 20 minute travel time coverage was also explored in terms of deprivation and population density.

Where areas of no coverage are identified, other factors are taken into consideration to establish if there is a need. Factors include population density, whether the areas are populated (e.g., Green Belt areas), travel time, patient demand for services and dispensing outside normal working hours. These instances have all been stated in the relevant sections of the report.

Patient and public survey

Patient and public engagement in the form of a survey was undertaken to understand how people use their pharmacies, what they use them for and their views of the pharmacy provision.

Working with Healthwatch, communications teams and Community Engagement Leads a public and patient engagement plan was developed, identifying key user groups (including seldom heard groups and/or protected characteristics groups) and how best to engage them for the survey.

There were 646 responses to the RBWM survey, the responses were explored, including detailed analysis of responses from Protected Characteristics populations. Responses from the survey were used to understand how current pharmaceutical services meets the needs of the RBWM population and whether there were any different needs for people who share a protected characteristic in RBWM. The findings from the survey are presented in chapter 6 of this PNA.

Pharmacy contractor survey

The contractor survey was sent to all 28 of the community pharmacies within RBWM and 4 pharmacies responded. Most of the data for pharmacies has been provided by Frimley ICB, meaning there is less of a requirement for pharmacies to complete the survey.

Governance and steering group

The development of the PNA was advised by a Steering group whose membership included representation from:

- Bracknell Forest Council's Public Health team.
- RBWM Council's Public Health team.
- Slough Council's Public Health team.
- Frimley Integrated Care Board
- Pharmacy Thames Valley, the Local Pharmaceutical Committee
- Healthwatch teams in Berkshire

The membership and Terms of Reference of the Steering Group is described in Appendix A.

Regulatory consultation process and outcomes

The PNA for 2025-28 was published for statutory consultation on the 26 May 2025 for 60 days. It was also published on the council website for stakeholder comment. All comments were considered and incorporated into the final report to be published by 1 October 2025. The comments are summarised in the consultation report in Appendix C.

Chapter 4 - Demographics

This chapter presents an overview of population demographics of the Royal Borough of Windsor and Maidenhead, particularly the areas likely to impact on needs for community pharmacy services. Using most recent available census data, it also identifies key factors that impact on inequalities.

The analysis of health needs and population changes are outlined in four sub-sections of this chapter. These are:

- Local area profile
- Demography
- Population projections
- Inequalities

Summary

- RBWM is a densely populated and affluent urban unitary authority in Berkshire.

- Over 30% of RBWM residents are from minority ethnic groups. At a ward level, larger proportions minority ethnic groups reside in Boyn Hill, Datchet, Horton & Wraysbury, Riverside and St Mary's.
- New housing developments in St. Mary's ward and Oldfield ward are underway and may bring additional residents to the area. In total, the population is expected to grow by 0.1% in the lifetime of this PNA.
- The borough receives a high number of tourists and students from the UK and abroad.

RBWM local area profile

About the area

RBWM is a unitary authority in Berkshire, Southeast England, at the heart of the Thames Valley. The borough is centred on the town of Windsor, with other major settlements in Maidenhead and Ascot. There are several smaller, often rural villages surrounding these main centres of population. The authority covers an area of some 197 square kilometres (19,855 hectares)[3].

The river Thames runs through the borough along with the M4 motorway and A404 (M). Nearby are the M25, M40, M3 motorways and Heathrow Airport. Several rail lines pass through the borough including services to London Paddington and Waterloo. Branch lines also serve many of the borough's parishes and towns.

Neighbouring boroughs include Bracknell Forest and Wokingham to the southwest, the new Buckinghamshire Unitary Authority to the north, Slough to the northeast and Surrey to the south and east.

RBWM and surrounding boroughs

***Figure 2**: Map showing RBWM footprint and surrounding boroughs.*

Figure 2 provides a map showing the main settlements in the borough, main highways, and the surrounding local authorities.

Residential-based area classifications

The 2021 residential-based area classifications explores geodemographic classification for each of RBWM's Output Areas. This identifies areas of the country

with similar characteristics. Output areas are made up of between 40 and 250 households and usually have a resident population between 100 and 625.

Supergroups are the highest level of classification used to group areas with similar characteristics. These classifications are based on socio-economic and demographic data from the census.

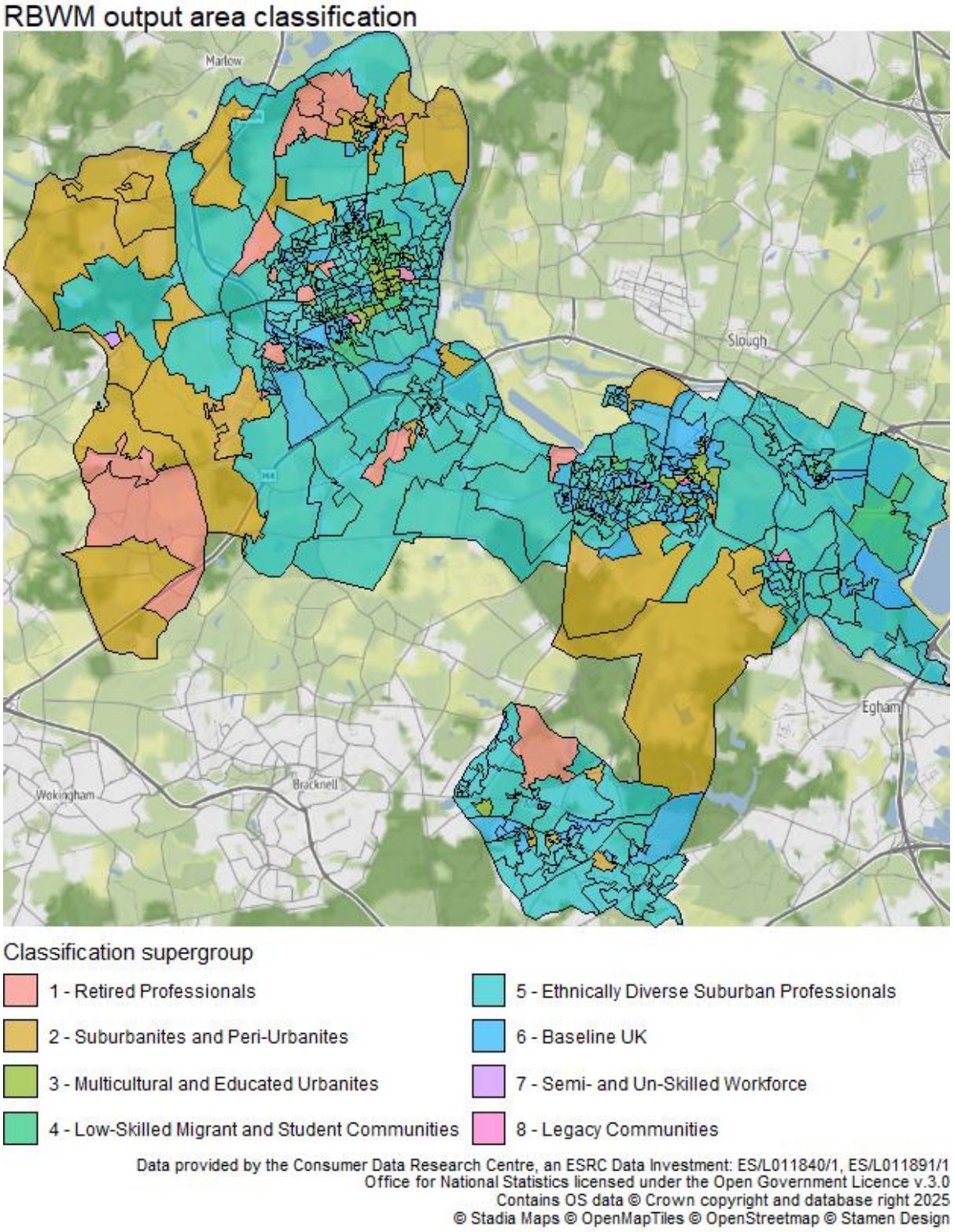

***Figure 3**: Map showing RBWM's output area classification supergroups.*

There are 458 output areas in RBWM. The most common supergroup in RBWM is Ethnically Diverse Suburban Professionals with 241 out of 458 of output areas being described as such. The least common supergroup is Semi- and Un-Skilled Workforce with 2 out of 458 of output areas.

***Table 1**: Table showing the counts and percentage for RBWM's output area by classification supergroups.*

Supergroup classification	Count	Percentage
Ethnically Diverse Suburban Professionals	241	52.6%
Baseline UK	102	22.3%
Suburbanites and Peri-Urbanites	33	7.2%
Low-Skilled Migrant and Student Communities	32	7.0%
Multicultural and Educated Urbanites	28	6.1%
Retired Professionals	14	3.1%
Legacy Communities	6	1.3%
Semi- and Un-Skilled Workforce	2	0.4%
Total	458	100.0%

Ethnically Diverse Suburban Professionals and Baseline UK make up for 74.9% of the output areas in RBWM.

Ethnically Diverse Suburban Professionals are defined as those working within the managerial, professional and administrative occupations typically reflect a wide range of ethnic groups, and reside in detached or semi-detached housing. Their residential locations at the edges of cities and conurbations and car-based lifestyles are more characteristic of Supergroup membership than birthplace or participation in child-rearing. Houses are typically owner-occupied and marriage rates are lower than the national average. This Supergroup is found throughout suburban UK.

Baseline UK supergroup exemplifies the broad base to the UK's social structure, encompassing as it does the average or modal levels of many neighbourhood characteristics, including all housing tenures, a range of levels of educational attainment and religious affiliations, and a variety of pre-retirement age structures. Yet, in combination, these mixes are each distinctive of the parts of the UK. Overall, terraced houses and flats are the most prevalent, as is employment in intermediate or low-skilled occupations. However, this Supergroup is also characterised by above average levels of unemployment and lower levels of use of English as the main language. Many neighbourhoods occur in south London and the UK's other major urban centres.

Breakdowns for all the residential-based area classification supergroups is available in Appendix D.

Demography

Population size and density

The ONS estimates that in 2023 there were 155,239 residents in RBWM. This equates to a population density of 7.9 persons per hectare, which is higher than the figure of 5 persons per hectare for the South East region, and 4.4 persons per hectare for England as a whole.[3]

There are currently 19 wards in RBWM. The latest ward level population estimates from ONS is for 2022.[20]

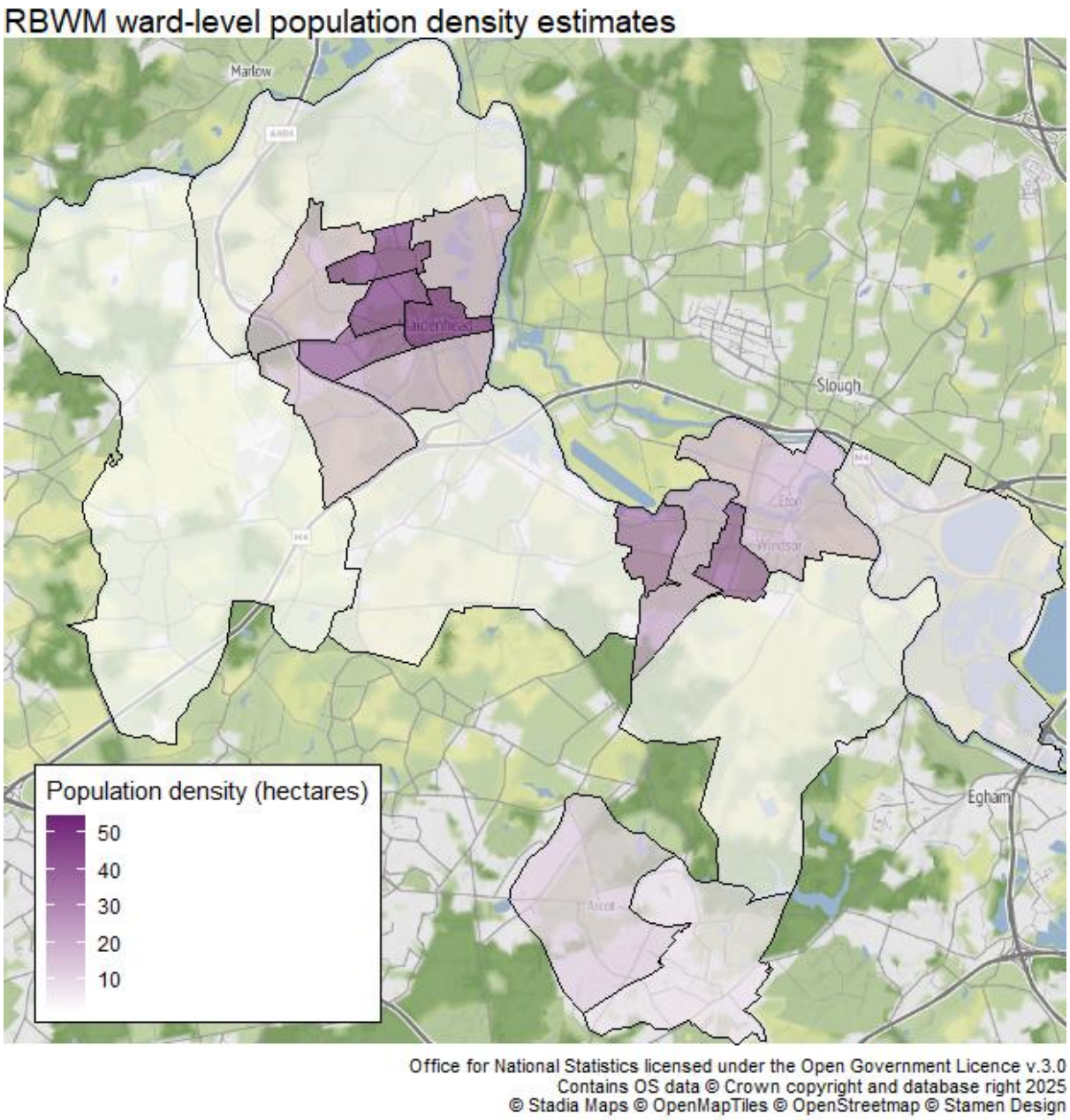

***Figure 4**: Map showing RBWM's ward-level population estimates which are produced by ONS.*

Figure 4 shows the population density for each ward across RBWM. The wards with the highest population density are St Mary's, Belmont and Furze Platt, with 54.7, 50.5 and 48.7 residents per hectare, respectively. The wards with the lowest population density are Hurley & Walthams, Bisham & Cookham and Bray, with 1.4, 3 and 3, respectively.

Age

RBWM's population has a median age of 42 years, which is older than the median age for England (40 years).

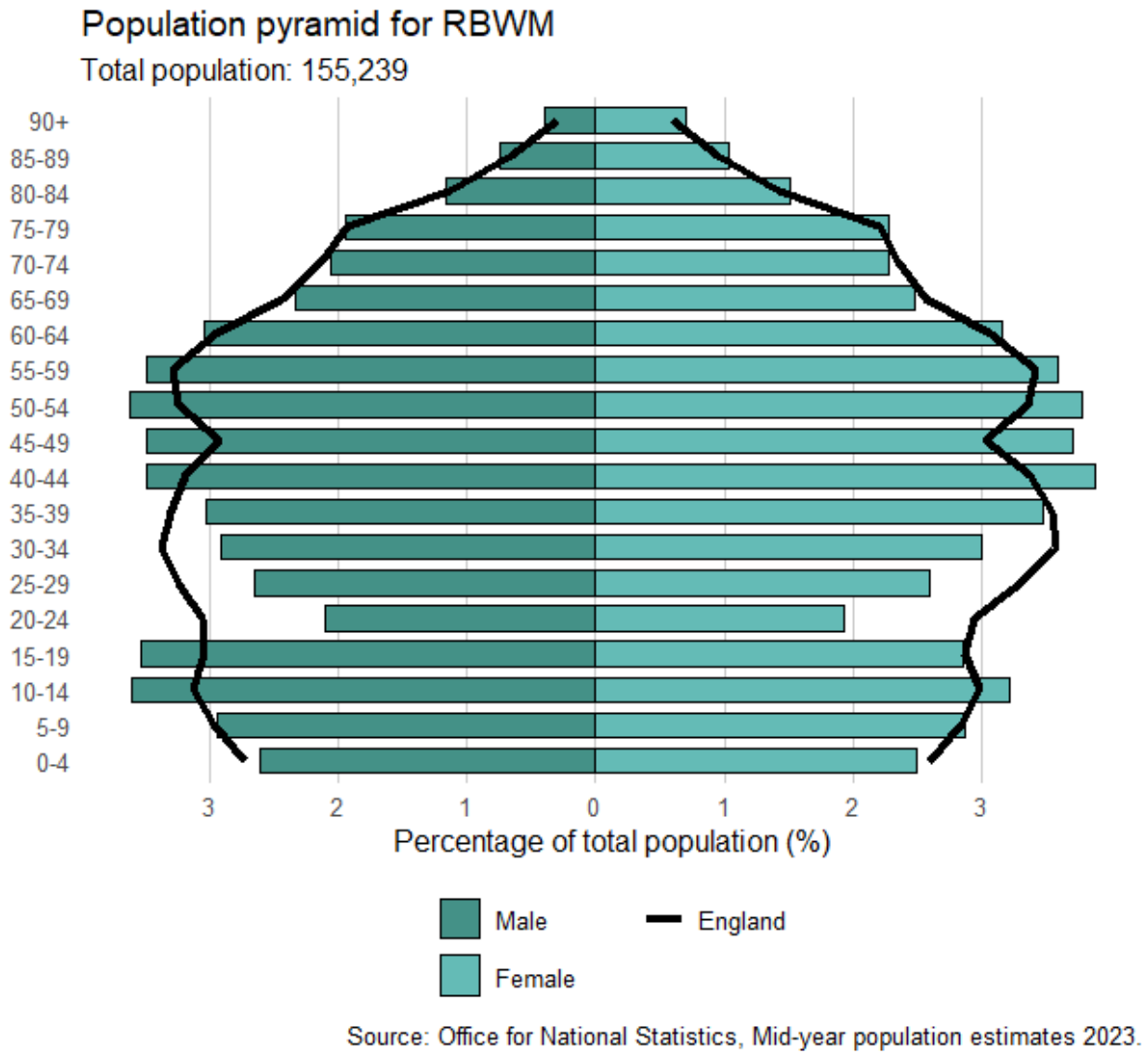

***Figure 5**: Population pyramid for RBWM.*

Figure 5 is a population pyramid showing the age profile of RBWM. The ONS define working age population as those aged 16-64 years. In RBWM 19.2% of residents are children aged under 16. This compares to 18.5% for England. 61.8% of RBWM's residents are of working age (aged 16-64), this compares to 62.9% in England. RBWM have 18.9% of residents that are aged 65 years and over, which compares to 18.7% seen nationally.

Figure 5 shows that RBWM have fewer residents aged between 20-39 compared to England. RBWM have a larger proportion of residents aged 40-64 compared to England.

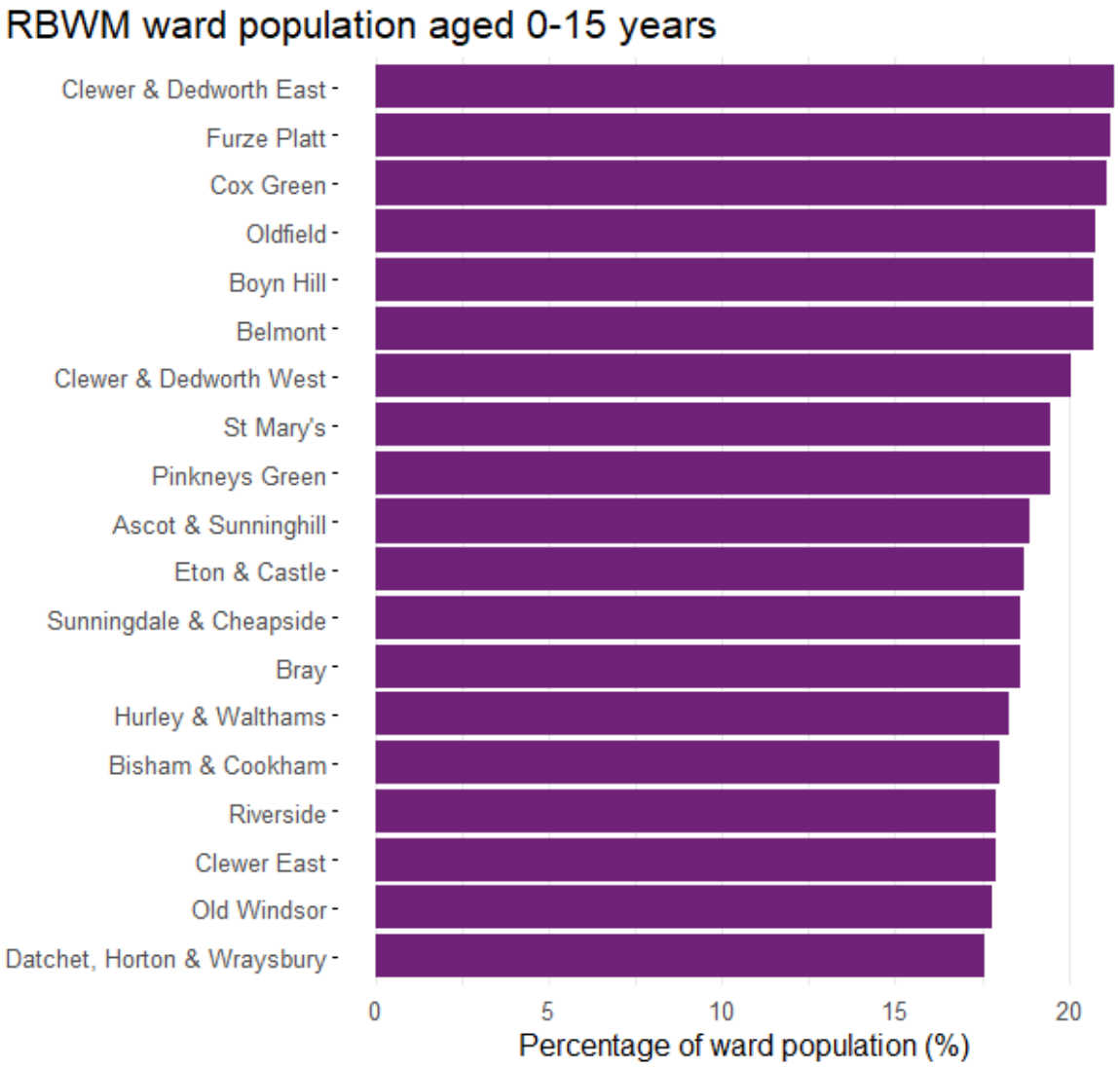

***Figure 6**: Bar plot showing the proportion of the population that are aged 0-15 years within each ward.*

We can see from figure 6 that Clewer & Dedworth East, Furze Platt and Cox Green all have a high proportion of children aged under 16 years of their overall population with over 20% each.

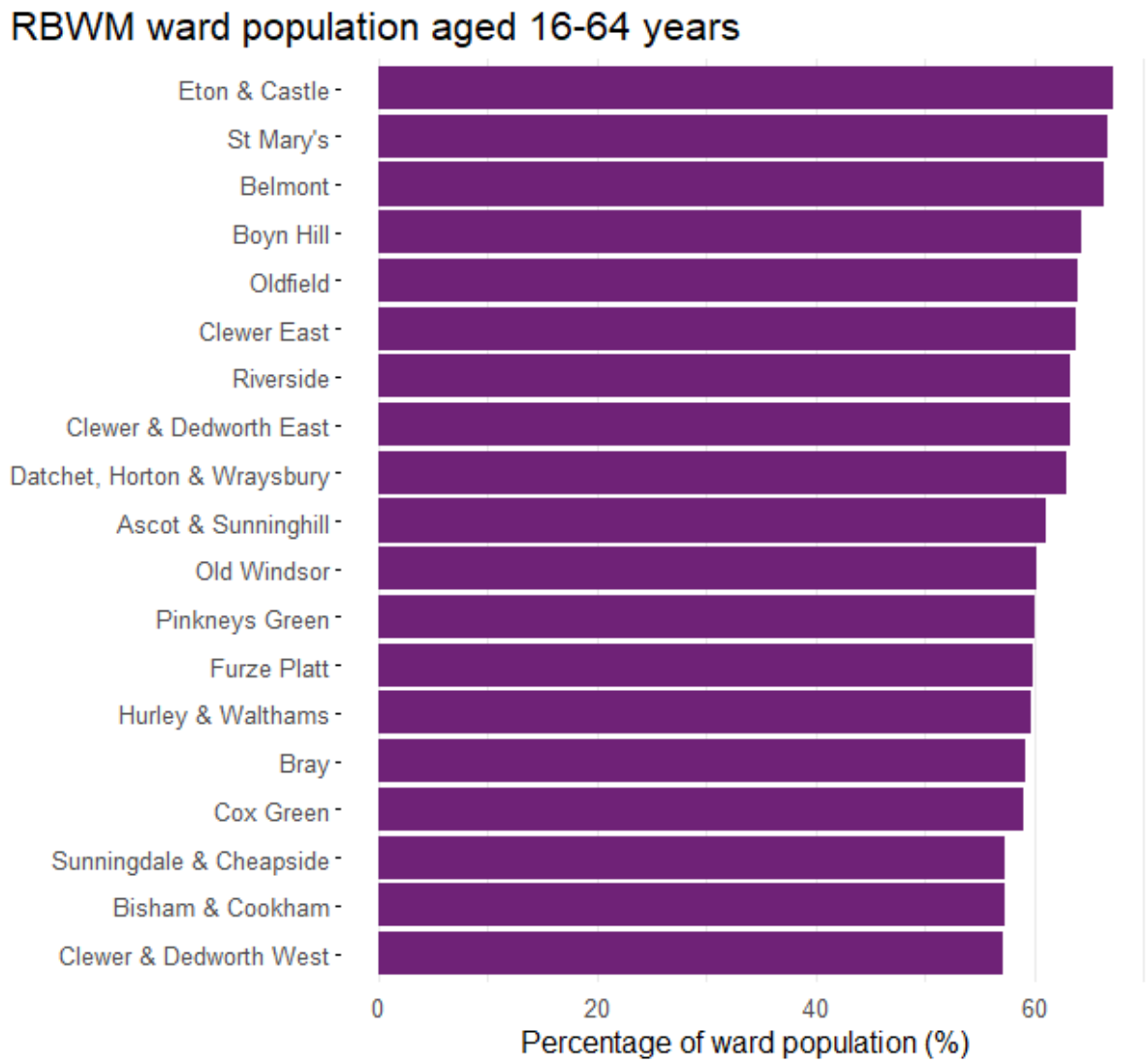

***Figure 7**: Bar plot showing the proportion of the population that are aged 16-64 years within each ward.*

Figure 7 shows us that that Eton & Castle, St Mary's and Belmont have the highest proportion of residents aged 16-64 of their overall population compared to all the other RBWM wards.

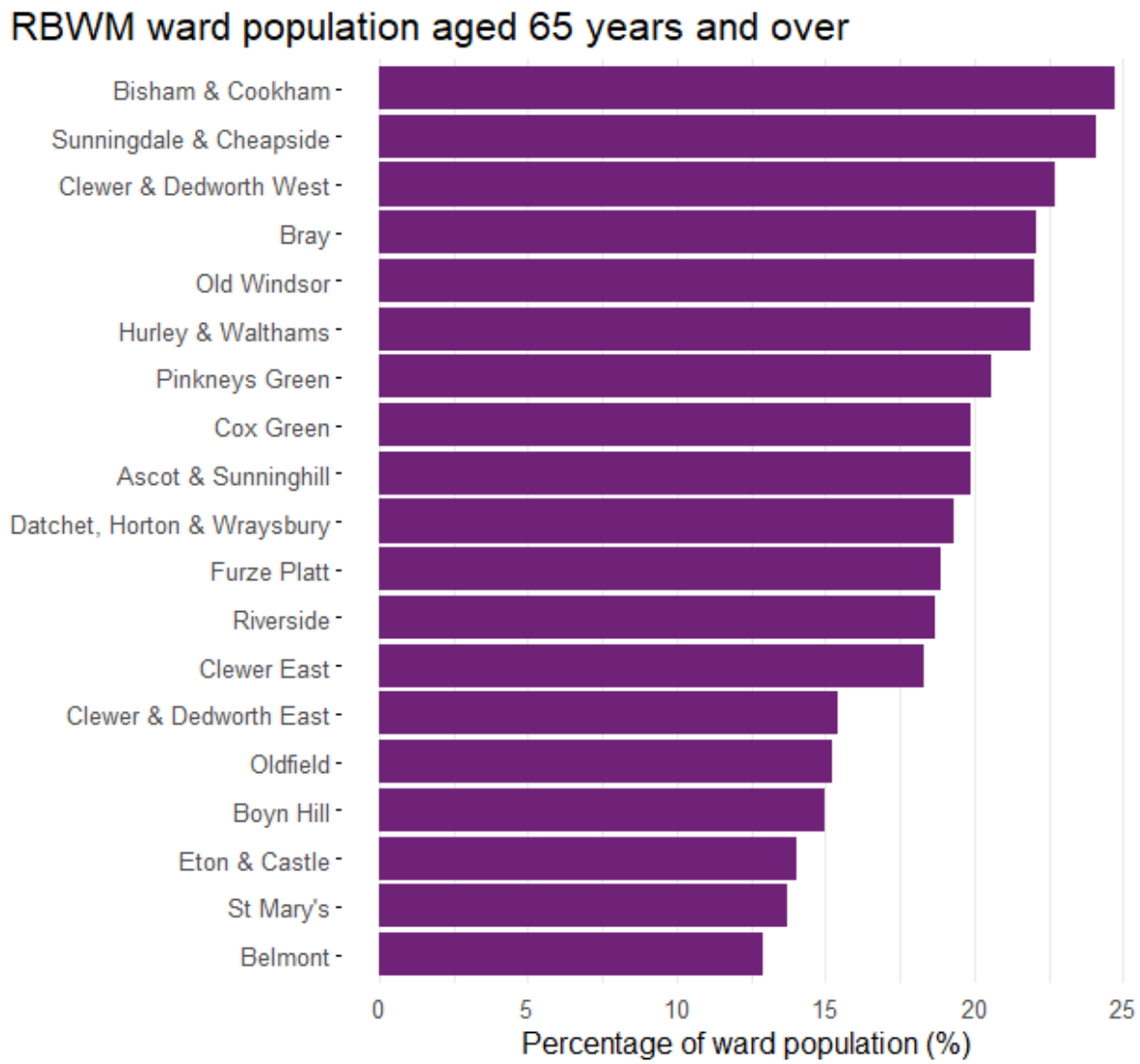

***Figure 8**: Bar plot showing the proportion of the population that are aged 65 years and over within each ward.*

As shown in figure 8, we can see that Bisham & Cookham, Sunningdale & Cheapside and Clewer & Dedworth West have the highest proportion of residents aged 65 and over.

Ethnicity and diversity

Cultural and language barriers can create inequalities in access to healthcare, which can negatively affect the quality of care a patient receives, reduce patient safety and patients' satisfaction with the care they receive.[21] However, pharmacy staff often

reflect the social and ethnic backgrounds of the community they serve, making them approachable to those who may not choose to access other healthcare services.

NICE Guidance recommends that community pharmacists take into consideration how a patient's personal factors may impact on the service they receive. Personal factors would include, but are not limited to, gender, identity, ethnicity, faith, culture, or any disability. It also recommends that community pharmacists make use of any language skills staff members may have.[19]

In the 2021 census RBWM had a total resident population of 153,497. Of this population 79.8% were described as 'White', which includes 'White British' as well as White Irish and White British/Irish Gypsy or traveller, and Other White. The next main ethnic group was Asian/Asian British at 13.1%.

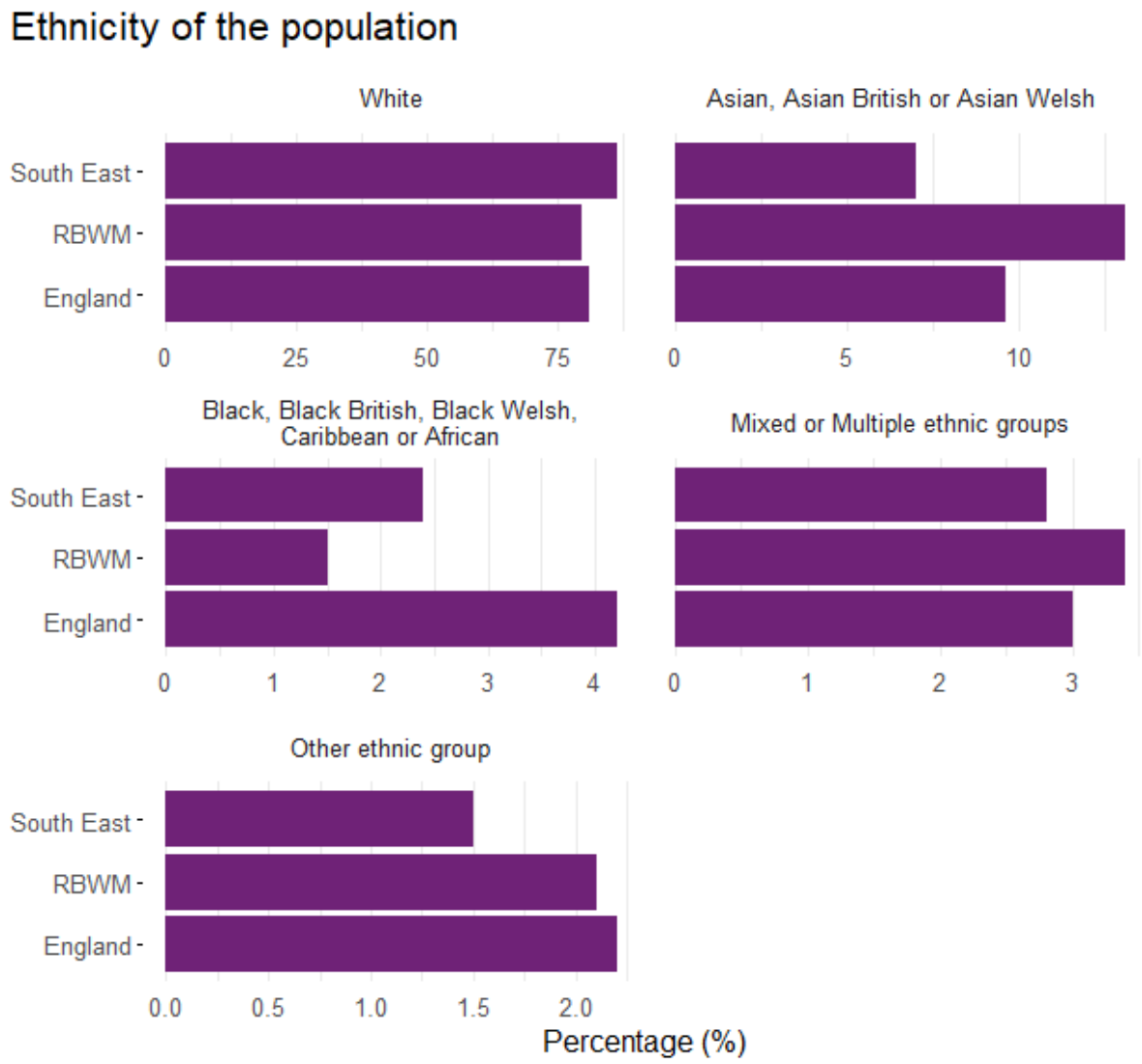

***Figure 9**: Bar plot comparing ethnicity as a percentage of the population for each ethnic group for RBWM, South East and England.*

As a percentage of population, RBWM have fewer white residents when compared to the South East and England with 86.3% and 81% respectively. The next largest ethnic group in RBWM is Asian/ Asian British with 13.1%. This is higher than both the South East region and England with 9.6% and 7% respectively.

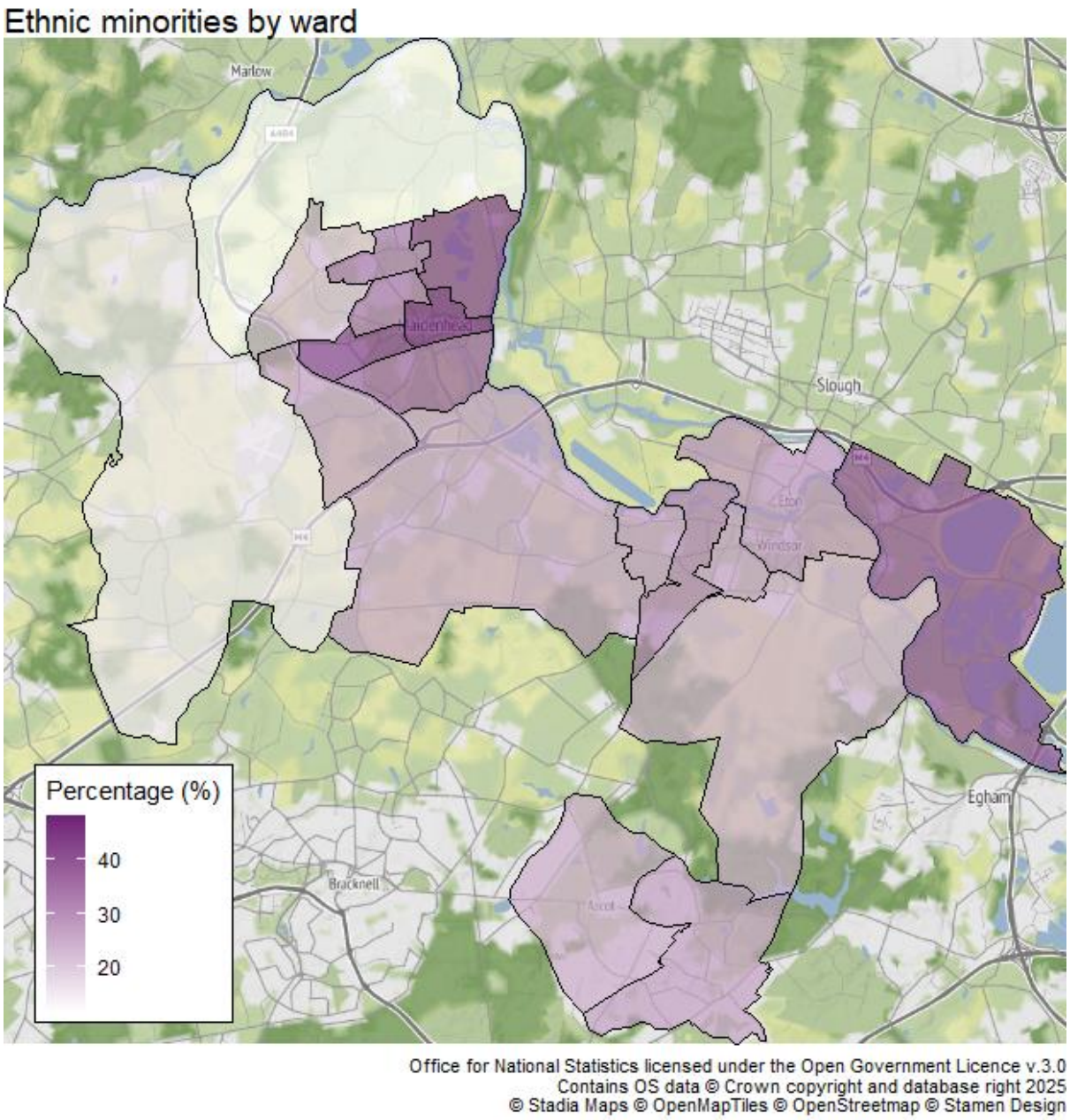

***Figure 10**: Map showing RBWM's minority ethnic groups (all ethnicities excluding White British) as a percentage of the population for each ward in RBWM*

Ethnic minorities refers to all ethnic groups except the White British group. Ethnic minorities include White minorities, such as Gypsy, Roma and Irish Traveller groups.[22]

Wards Boyn Hill, Datchet, Horton & Wraysbury, Riverside and St Mary's have the highest percentage of population that are defined as being from an ethnic minority group, all over 40%. Bisham & Cookham and Hurley & Walthams have the smallest proportion of ethnic minority groups, each below 15%.

Culture and language

The Census 2021 estimates that 91.3% of residents aged 3 years and over speak English as their main language. This is higher compared to England as a whole, which has 90.8%. The South East is higher than RBWM with 92.8%. The next largest main language in RBWM is Polish at 1.1% and Panjabi at 1%.

***Table 2**: Table showing the counts and percentage for RBWM's output area by classification supergroups.*

Household language	RBWM	South East	England
Total: All households	100.0%	100.0%	100.0%
All adults in household have English as a main language	88.4%	91.4%	89.3%
At least one but not all adults in household have English as a main language	5.7%	3.6%	4.3%
No adults in household, but at least one person aged 3 to 15 years, has English in England or English or Welsh in Wales as a main language	1.4%	1.2%	1.4%
No people in household have English as a main language	4.5%	3.8%	5.0%

Table 2 shows Census 2021 estimates that classify households in England and Wales by the combination of adults and children within a household that have English (English or Welsh in Wales) as a main language. The table shows that RBWM have a lower percentage of households where all adults in household have English as a main language (88.4%), compared to 91.4% in the South East and 89.3% in England. The table also shows that RBWM have a higher percentage of households where at least one but not all adults in household have English as a

main language (5.7%), when compared to the South East (3.6%) and England (4.3%).

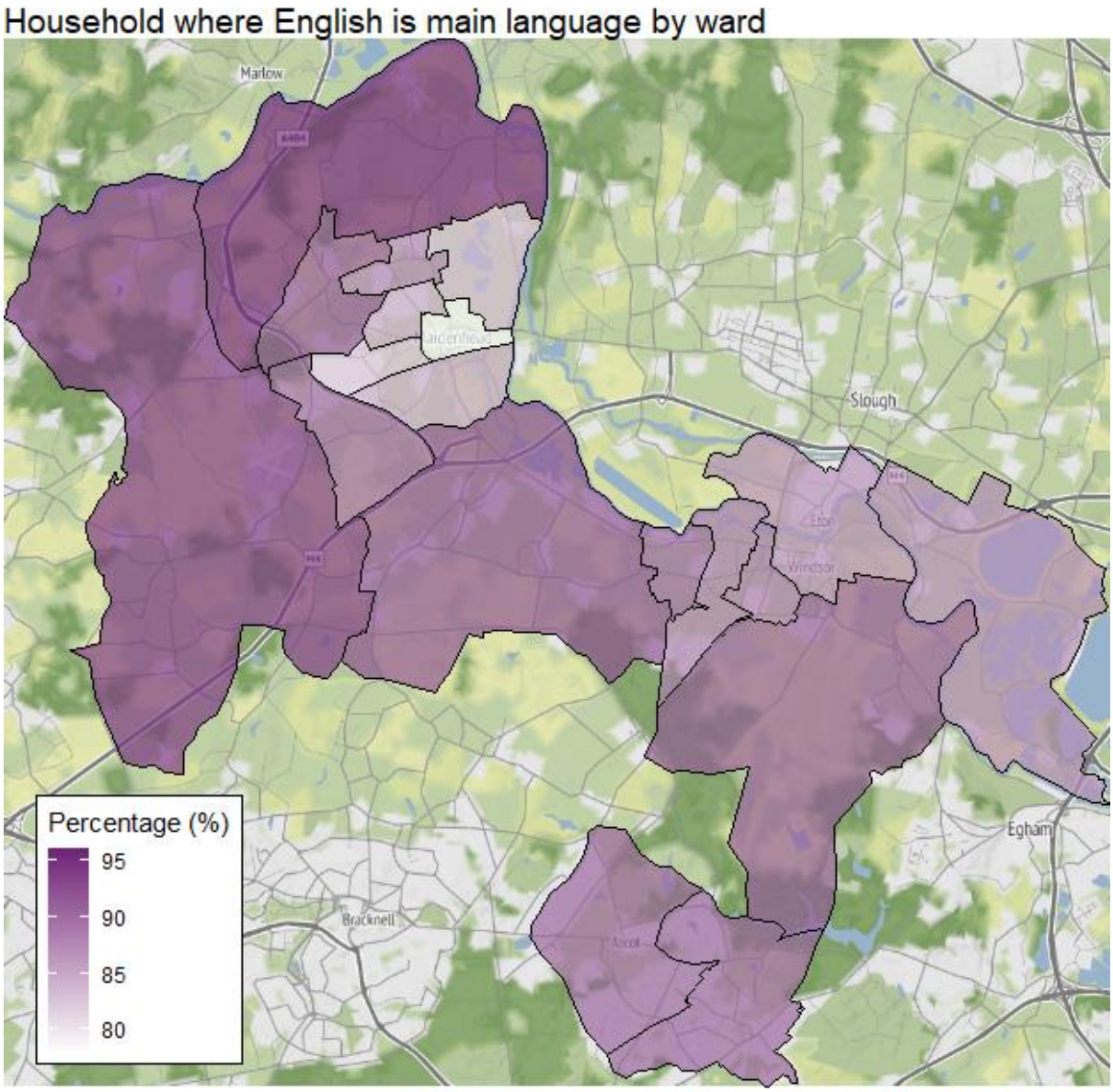

***Figure 11**: Map showing households where all adults in household have English as a main language as a percentage of households for each ward in RBWM.*

Figure 11 shows a choropleth map of RBWM. The map is broken down into wards and filled according to their percentage of where all adults in household have English as a main language.

St Mary's is the lowest percentage of households where all adults in household have English as a main language at 78%, which is lower compared to RBWM's overall percentage of 88.4%. Bisham & Cookham have the highest percentage at 96.1%.

Population projections

ONS produce subnational population projections for England. These projections indicate potential future population size of English local and health authorities. As of the time this document was produce the population projections are 2018-based.[4]

ONS's population projections show that over the life of this PNA this population is expected to grow by just over 0.1%, from 152,901 in 2025 to 153,070 in 2028.

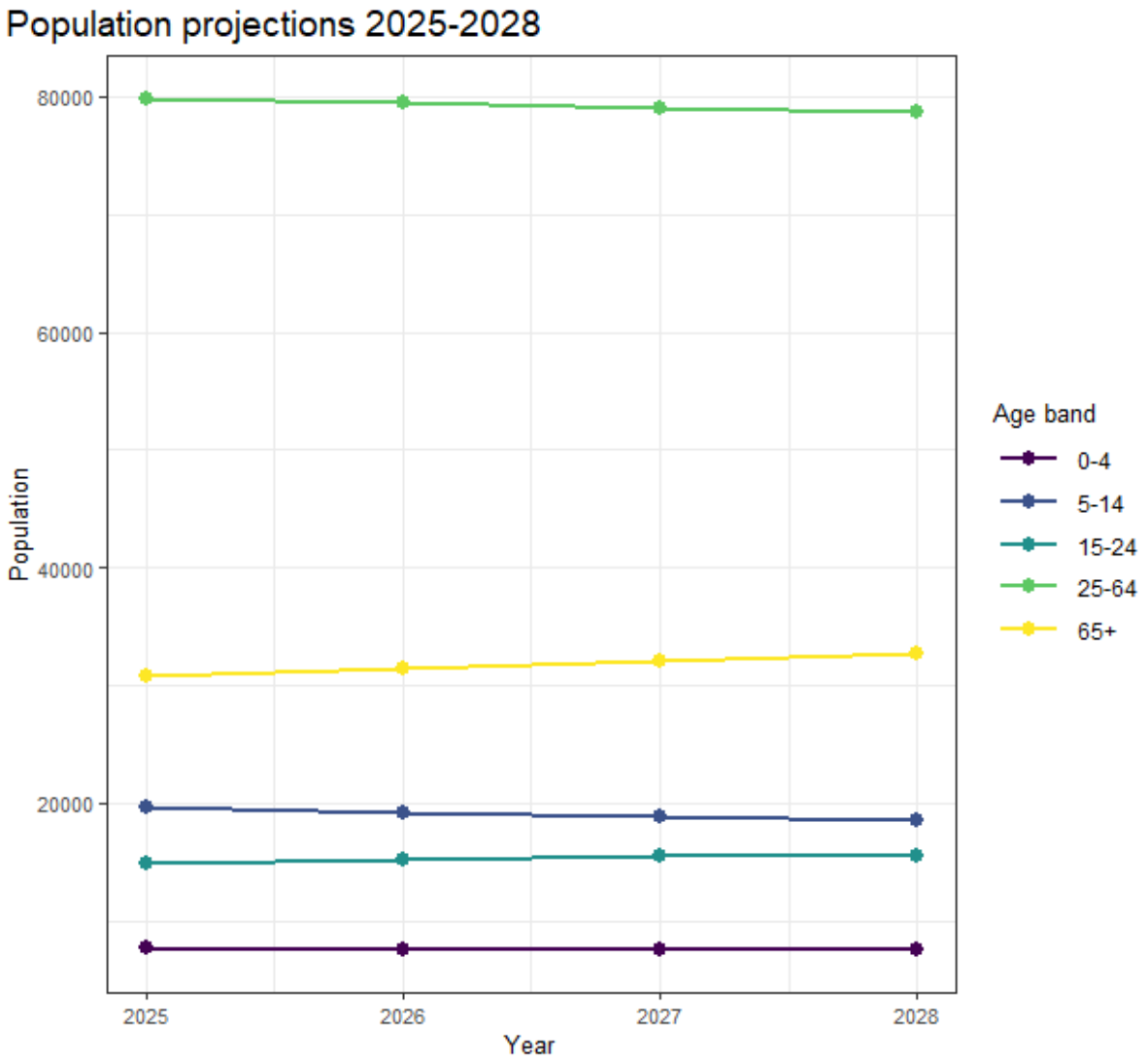

***Figure 12**: Trend plot showing population projections by age band.*

Figure 12 shows that most of the population increase is expected among the over 65s, which is estimated to increase by just over 6.2%. This is from 30,840 to 32,756. The projected increase for the population aged 65+ in South East England is 6.4% and 6.3% for England.[4]

Future residential development and housing requirements in the borough

RBWM's Borough Local Plan sets overall housing target for the Borough of 14,240 homes for the period 2013-2033. An additional 3,270 dwellings are expected to be completed in the lifetime of this PNA, over the corresponding financial periods

(2025/26, 2026/27, 2027/28 and 2028/29). Housing developments are particularly prominent in St. Mary's ward and Oldfield ward.[5]

***Table 3**: Table showing the number of expected housing units by financial year*

Financial year	Units
2025/26	1,400
2026/27	775
2027/28	775
2028/29	775

As shown in table 3, the largest number of units to be completed is 1,400 for 2025/26. Each following financial year has the requirement of 775 units to be completed.[5]

Inequalities

Deprivation

One of the priorities of the RBWM Health and Wellbeing Strategy is to invest in the borough as a place to live and reduce inequalities.[18] Fair Society, Healthy Lives: (The Marmot Review) and later the Marmot Review 10 Years On describe the range of social, economic, and environmental factors that impact on an individual's health behaviours, choices, goals, and health outcomes. They include factors such as deprivation, education, employment, and fuel poverty.[2311]

The Index of Multiple Deprivation (IMD) is the official measure of relative deprivation in England and is part of a suite of outputs that form the Indices of Deprivation (IoD). It follows an established methodological framework in broadly defining deprivation to encompass a wide range of an individual's living conditions. People may be considered to be living in poverty if they lack the financial resources to meet their needs, whereas people can be regarded as deprived if they lack any kind of resources, not just income.[24]

The Indices of Deprivation 2019 provide a set of relative measures of deprivation for small geographical areas (Lower-layer Super Output Areas) across England, based on seven different domains of deprivation[24]:

- Income Deprivation
- Employment Deprivation
- Education, Skills and Training Deprivation
- Health Deprivation and Disability
- Crime
- Barriers to Housing and Services
- Living Environment Deprivation

Each of these domains is based on a basket of indicators. As far as is possible, each indicator is based on data from the most recent time point available.[24]

The Index of Multiple Deprivation 2019 combines information from the seven domains to produce an overall relative measure of deprivation.[24]

Access to community pharmacy services in communities where there is high deprivation is important in addressing health inequalities.[19] IMD deciles enable a comparison of deprivation in neighbourhoods across England. A decile of one, for instance, means, that the neighbourhood is among the most deprived 10% of neighbourhoods nationally (out of a total of 32,844 neighbourhoods in England).

RBWM has 89 neighbourhoods, otherwise known as Lower Super Output Areas (LSOAs). RBWM is ranked 150th out of 151 upper tier local authorities for their average deprivation rank. This means there is considerably less deprivation in

RBWM than in England as a whole. RBWM is also ranked 304th out of 317 local authority districts. Both ranks are based on local authorities as at 2019.

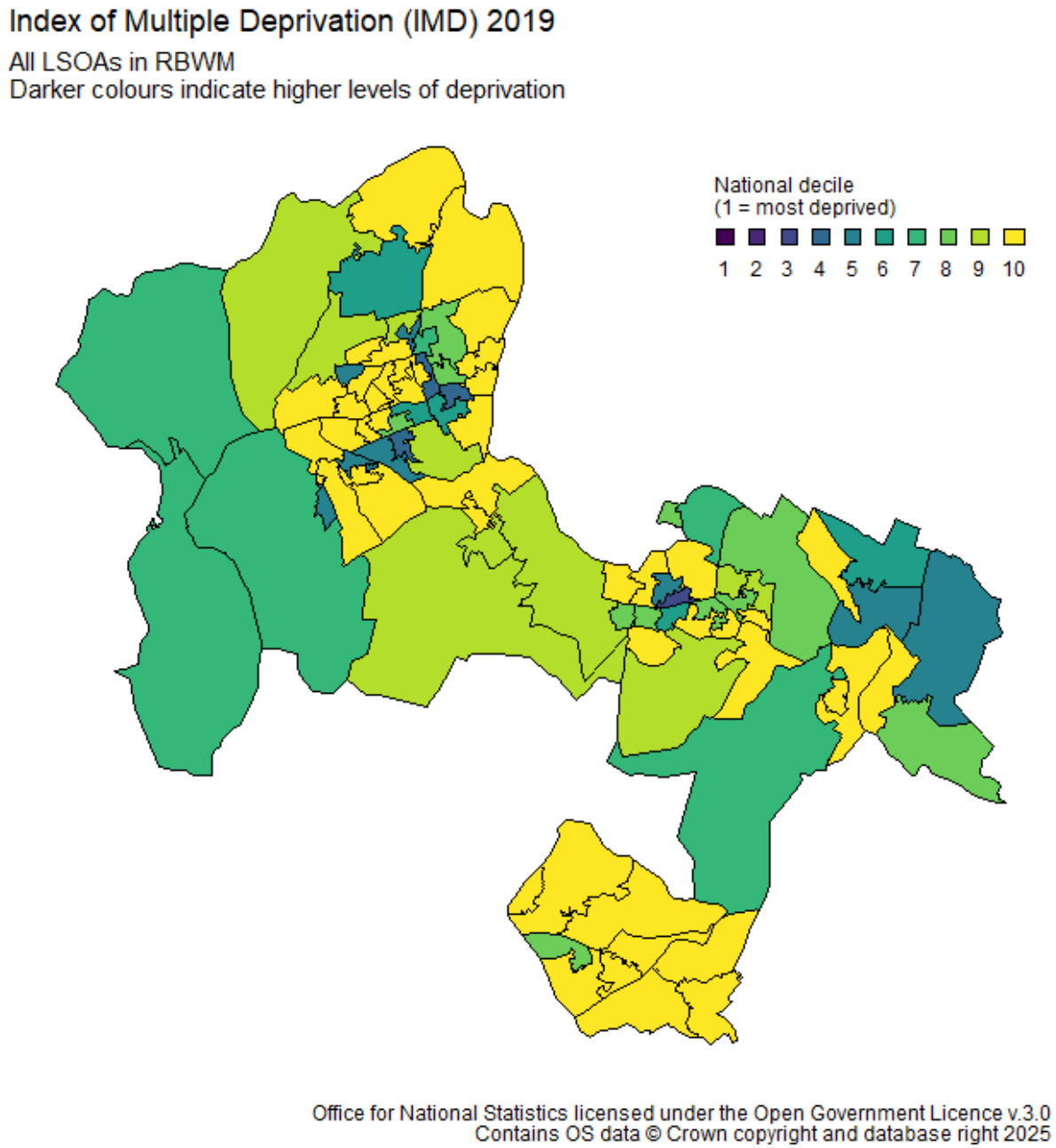

***Figure 13**: Thematic map showing IMD 2019 for all LSOAs in RBWM.*

As shown by figure 13, RBWM does not have any LSOAs in the 20% (deciles 1 and 2) most deprived LSOAs in the country. There are four neighbourhoods situated within Windsor and Maidenhead town centres that are notably more deprived than the rest of the Borough (deprivation decile 3 and 4).

Homelessness

The levels of homelessness are generally lower than regional and national comparators. For the year 2023/24, 473 households owed a duty under the Homelessness Reduction Act. This is the number of households owed a prevention or relief duty under the Homelessness Reduction Act, during the financial year. Prevention duties include any activities aimed at preventing a household threatened with homelessness within 56 days from becoming homeless. Relief duties are owed to households that are already homeless and require help to secure settled accommodation. Although it is in principle possible, it is not likely that a household will be included in the numerator more than once per financial year. Applications are made on a household, rather than individual, basis and the timescales and nature of the process are such that it is not likely that a household will make more than one application in a year.[25]

RBWM's rate of homelessness (households owed a duty under the Homelessness Reduction Act) is 7.5 per 1,000 estimated total number of households. This is statistically significantly lower when compared to the England average of 13.4 per 1,000 and the South East 11.3 per 1,000.[25]

242 households were living in temporary accommodation provided under homelessness legislation in RBWM, as of 31 March 2024. This is a rate of 3.8 per 1,000 households, and is statistically significantly lower than the England rate of 4.9 per 1,000 households and statistically similar to the rate for South East England of 3.7 per 1,000 households.[26]

Pharmacists can play a role in helping improve the health and wellbeing of people who are homeless. Pharmacies are an accessible service that are often located in areas of high deprivation and need. They can help people who are homeless with support in areas such as medicines management and can provide signposting to other health and wellbeing services. 'Underserved' communities, such as those who

are homeless or sleeping rough, people who misuse drugs or alcohol may be more likely to go to a community pharmacy than a GP or another primary care service.[19]

Access to services and facilities

The Centre for Research into Energy Demand Solutions produce the Place-Based Carbon Calculator. Within this calculator data is available giving the location of areas within 15 minutes travel time by public transport or walking to main centres of population.[27]

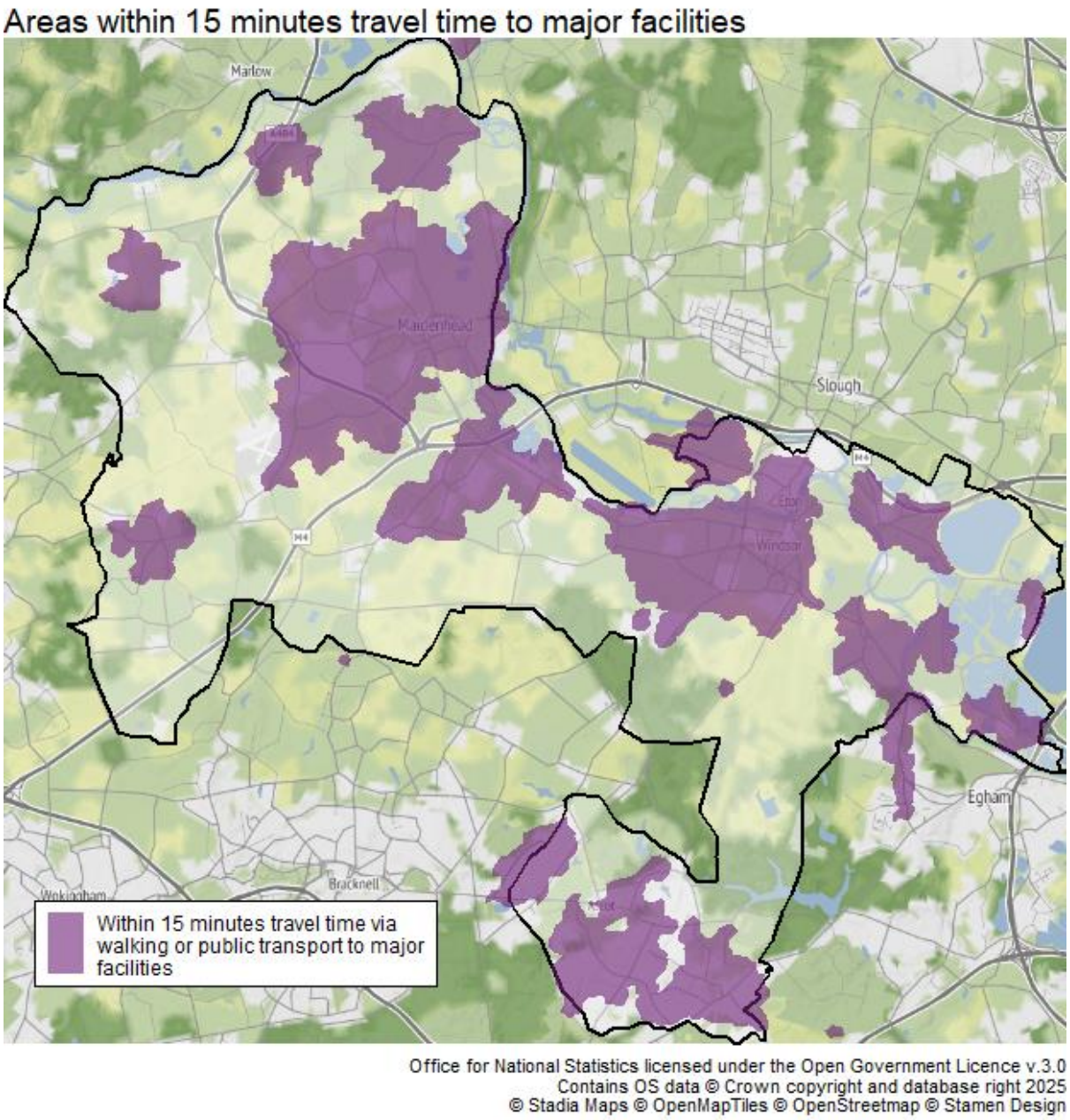

***Figure 14**: Map showing filled areas within RBWM that have access to main facilities within 15 minutes travel time by public transport or walking.*

Figure 14 shows the areas in RBWM that are within a 15-minute walk or 15 minutes of travel time by public transport to major facilities. An estimated 93% of the population in RBWM live within 15 minutes travel time by public transport of major facilities.

Groups with specific needs

Students

Royal Holloway College of the University of London is situated at a campus in Egham in Surrey, very close to the boundary of the borough with Surrey to the southeast of Windsor town. The college has a total of 12,597 students, as at December 2024.[28] Imperial College London also has a campus called Silwood Park campus, located in Sunninghill (Ascot).

Numbers of visitors (both home and overseas) to RBWM

The Royal Borough of Windsor and Maidenhead Local Plan notes that Windsor is one of the major tourist attractions in South East England, experiencing very high levels of tourism and day visitor activity which make an important contribution to the local economy. Windsor Castle is an international tourist destination. In addition, Legoland Windsor is one of Britain's most popular paid for tourist attractions, and there are many other events which take place in the borough every year, most notably the Royal Ascot Race meeting, with around 300,000 people travelling to the racecourse at Ascot over the five days of racing. The consultation notes that the effects of high visitor numbers on traffic congestion and pressures on local services and residents require careful management.[29]

A report commissioned by the borough on the economic impact of tourism in the area estimated that around 540,000 overnight tourism trips were made to RBWM in 2022 and of these trips domestic visitors made 64.6% of trips (349,000). It was also estimated that around 12.2 million day trips were made to RBWM in 2022.[30]

Chapter 5 - Health Needs

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

Summary of health needs

Overall, the people of RBWM enjoy a good level of health comparative to England and Regional averages. Life expectancy and healthy life expectancy are higher than regional and national figures for males and females. However, inequalities do exist in and across RBWM.

The main causes of the gap in life expectancy between the most and least deprived areas for men for 2020 to 2021 was cancer, circulatory diseases, COVID-19 and digestive diseases; cancer, digestive and other causes are the biggest causes for women.

Under 75 mortality figures for cancer, cardiovascular disease and respiratory disease are better compared to national figures. Mortality due to chronic liver disease is similar to the England average.

Prevalence figures for coronary heart disease, COPD, hypertension and stroke are all significantly lower than the England average. However, these are all increasing in RBWM.

Life expectancy and healthy life expectancy

Life expectancy is a statistical measure of how long a person is expected to live. Healthy life expectancy at birth is the average number of years an individual should expect to live in good health considering age-specific mortality rates and prevalence for good health for their area.

The residents in RBWM have high levels of life expectancy and healthy life expectancy. RBWM's life expectancy figures are 81.34 years for males and 85.06

years for females, 2021 - 23.[31] For healthy life expectancy, RBWM's figures are 67.53 years for males and 68.91 years for females, 2021 - 23.[32]

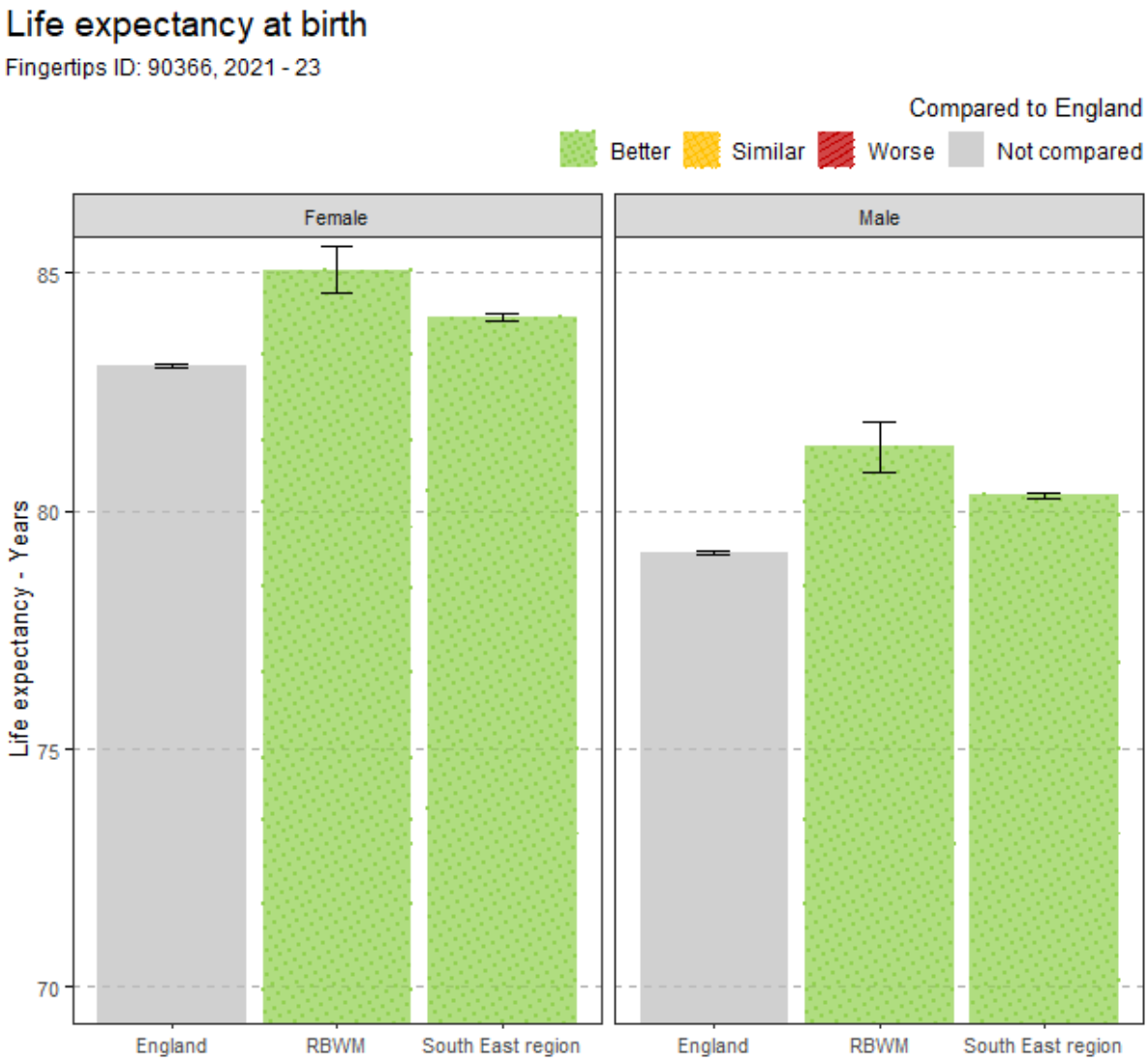

***Figure 15**: Bar plot showing life expectancy in years for RBWM and South East compared to England.*

Figure 15 shows the life expectancy in RBWM for both males and females compared to England for the period 2021-2023. It also includes a comparison between the South East region and England. The data indicates that RBWM has a statistically significantly better life expectancy than both England, 83.05 years for females and 79.11 years for males, and the South East, 84.06 years for females and 80.32 for males. This is evidenced by the non-overlapping confidence intervals in figure 15.[31]

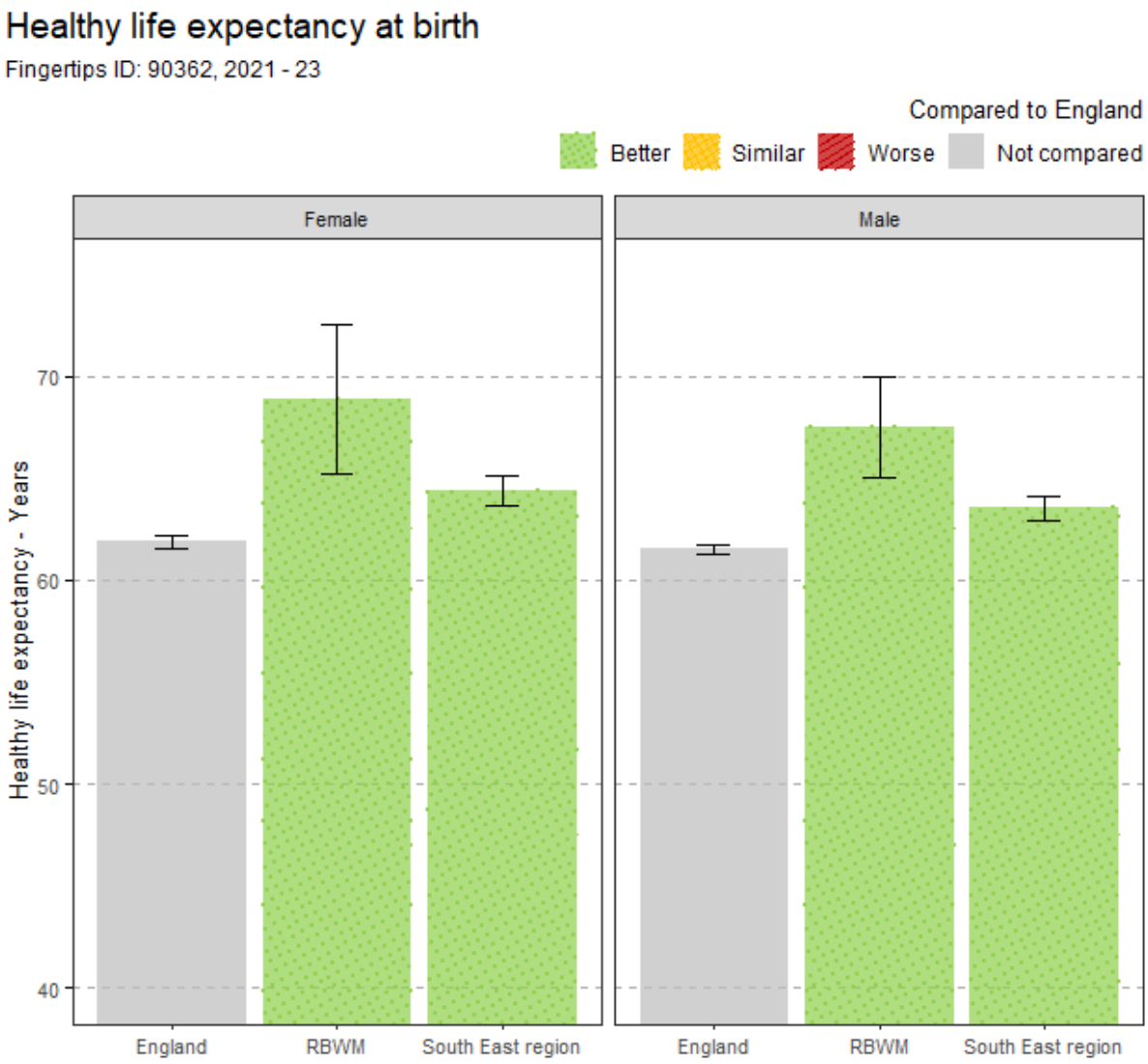

***Figure 16**: Bar plot showing healthy life expectancy in years for RBWM and South East compared to England.*

Healthy life expectancy shows the years a person can expect to live in good health. Figure 16 compares healthy life expectancy in RBWM and the South East to the national average for England. It shows that RBWM residents enjoy a higher healthy life expectancy, with males living an average of 67.53 years and females 68.91 years, compared to the England averages of 61.52 years for males and 61.88 years for females. Additionally, the figure highlights that RBWM males have a higher healthy life expectancy than those in the South East, who average 63.54 years. Similarly, RBWM females have a higher healthy life expectancy compared to the South East's average of 64.40 years.[32]

There are also inequalities in life expectancy within the borough. Men living in the most deprived parts of the borough are expected to live 6.1 years less than those living in the least deprived areas. RBWM is similar compared to the South East average gap which is 7.9 years and better compared to England's 9.7 years. The gap for women is lower at 3.9 years, which is similar compared to 6.0 years for South East and better compared to 7.9 years for England.[33]

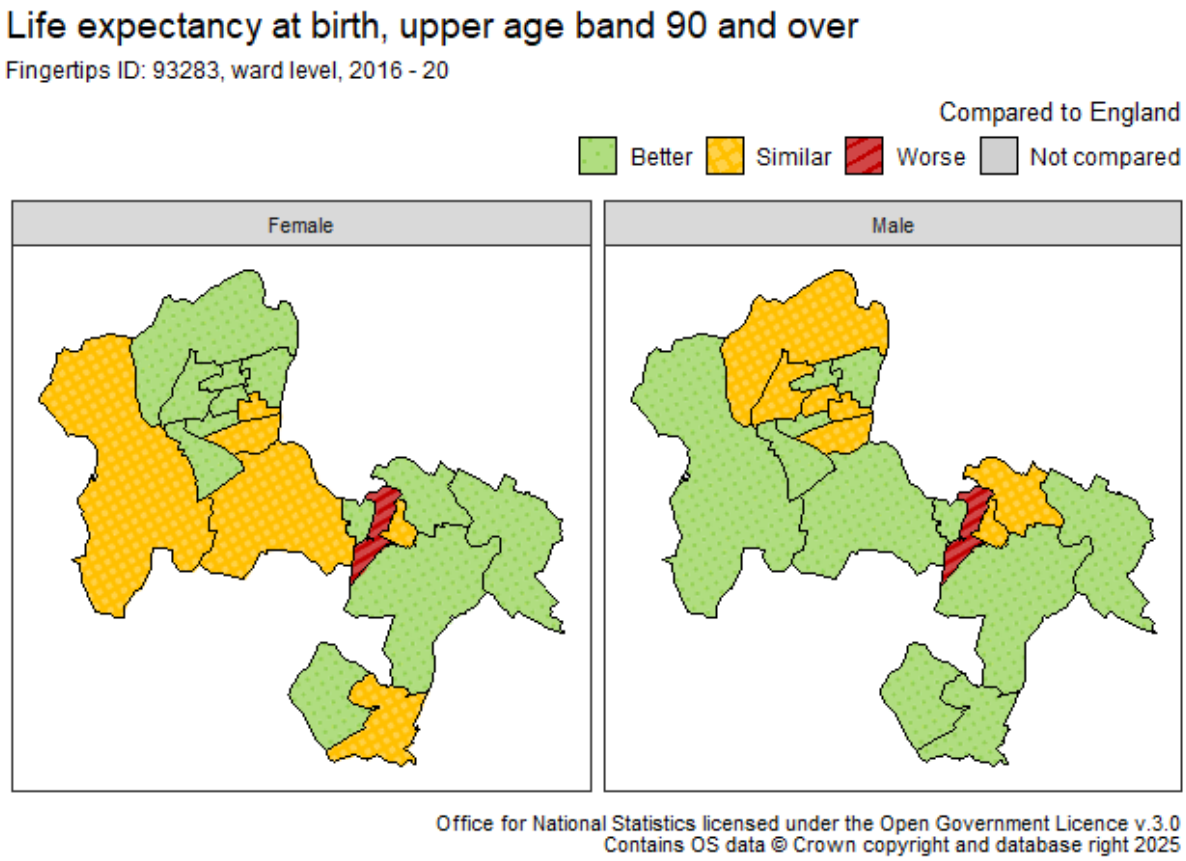

***Figure 17**: Map wards in RBWM filled by RAG rating of life expectancy compared to England.*

Latest figures, 2016 - 20, for life expectancy at ward level show that life expectancy is statistically significantly worse compared to England in Clewer & Dedworth East

for both males and females. Ascot & Sunninghill, Belmont, Bisham & Cookham, Boyn Hill, Clewer & Dedworth West, Cox Green, Datchet, Horton & Wraysbury, Eton & Castle, Furze Platt, Old Windsor, Pinkneys Green and Riverside are all statistically significantly better compared to the England average for female life expectancy. For male life expectancy Ascot & Sunninghill, Boyn Hill, Bray, Clewer & Dedworth West, Cox Green, Datchet, Horton & Wraysbury, Furze Platt, Hurley & Walthams, Old Windsor, Riverside and Sunningdale & Cheapside are all significantly better than the England average. This is shown by figure 17.

The life expectancy gap between RBWM's most and least deprived areas is attributable to different causes of death for men and women, and these issues are explored in the section below on major health conditions.

Our Health and Behaviours

The RBWM Health and Wellbeing Strategy includes targeted prevention and early intervention to improve wellbeing as one of its priorities.[18] Lifestyle and the personal choices that people make can significantly impact on their health and wellbeing. Behavioural patterns contribute to approximately 40% of premature deaths in England, which is a greater contributor than genetics (30%), social circumstances (15%) and healthcare (10%).[34] While there are many causes of death and ill-health, many of the risk factors for these are the same. Nearly 38% of all years of life lost to ill health, disability or premature death in England are attributable to tobacco use, high blood pressure, dietary risks, high body mass index and alcohol and drug misuse.[35]

Community Pharmacy teams support the delivery of community health programmes promoting interventions by, for example, engaging local public health campaigns and rolling out locally commissioned initiatives and services. In addition, pharmacies are required to signpost people to other health and social care providers and provide brief advice where appropriate.

This section of the chapter explores different health behaviours and lifestyles for which pharmacies can offer support.

Smoking

Smoking is the single biggest cause of premature death and preventable morbidity in England, as well as the primary reason for the gap in healthy life expectancy between rich and poor. It is estimated that smoking is attributable for 10.7% of all deaths in England and over 11.4% of years of life lost due to ill health, disability, or premature death.[35] A wide range of diseases and conditions are caused by smoking such as cancers, respiratory diseases, and cardiovascular diseases.

In 2023, Smoking prevalence was estimated to be 9.1% in adults (aged 18 and over). This is statistically similar to the England smoking prevalence of 11.6% and 10.6% in the South East.[36] Smoking prevalence among those employed in routine and manual occupations in RBWM is similar to England. In 2023, 19.5% of routine and manual workers in RBWM smoked, which is similar to the figure for England of 19.5%, and the figure for South East England of 18.4%. There is a lot of uncertainty with this indicator for RBWM, with a 95% confidence interval range showing the prevalence somewhere between 7.5% and 31.5%.[37]

Smoking prevalence rates are also monitored for pregnant women, due to the detrimental effects of smoking on the growth and development of the baby and health of the mother. The percentage of pregnant women who smoke in early pregnancy in RBWM was at 7.5% in 2023/24. This is statistically significantly better compared to England's value of 13% and 12.3% for the South East region.[38]

Alcohol

Harmful drinking is a significant public health problem in the UK and is associated with a wide range of health problems, including brain damage, alcohol poisoning, chronic liver disease, breast cancer, skeletal muscle damage and poor mental

health. Alcohol can also play a role in accidents, acts of violence, criminal behaviour, and other social problems.

In RBWM in 2023, there were 51 deaths classified as ‘alcohol-related mortality’. This represents a directly standardised rate of 32.8 per 100,000 population which is similar to the England rate of 40.7 per 100,000 and the rate for the South East region of 35.6 per 100,000.[39]

In 2023/24, there were 765 admission episodes for alcohol-specific conditions in RBWM equating to a directly standardised rate of 499 per 100,000 population, which is lower than the rate for England of 612 per 100,000 and similar to the rate for the South East region of 521 per 100,000.[40]

Drug use

Substance misuse is linked to mental health issues such as depression, disruptive behaviour, and suicide. For 2021 - 23, RBWM had five deaths from drug misuse. Due to the small numbers involved, it is not possible to compare to England.[41] In 2023, 7.1% of users of opiates left drug treatment successfully (free of drug(s) of dependence). This is similar to England’s value of 5.1% and for the South East region of 6.5%.[42] In 2023, 20.3% of users on non opiates left drug treatment successfully, this is worse compared to England (29.5%) and worse than the South East region figure of 30.9%.[43]

Obesity

Obesity is indicated when an individual’s Body Mass Index (BMI) is over 30. Obesity is recognised as a major determinant of premature mortality and avoidable ill health. It increases the risk of a range of diseases including certain cancers, high blood pressure and type 2 diabetes[44] and increases the risk of death from COVID-19 by 40% - 90%[45].

In 2022, ONS found that the rate of death involving COVID-19 was 2.12 and 2.22 times greater for men and women, respectively, with obesity compared with those without obesity; this was after adjusting for age, ethnic group, geographical factors, socio-economic characteristics, smoking status, and COVID-19 vaccination status.[46]

In 2022/23, 64.3% of adults living in the borough were classified as being obese or overweight. This is similar to both England (64%) and the South East region (62.8%).[47]

Childhood can have a significant impact on health outcomes. A child who is overweight or obese can have increased blood lipids, glucose intolerance, Type 2 diabetes, hypertension, increases in liver enzymes associated with fatty liver, exacerbation of conditions such as asthma and psychological problems such as social isolation and low self-esteem caused by bullying.

The COVID-19 pandemic is likely to have increased the number of children who are overweight or obese. The impact of the pandemic and lockdowns meant that routines of the children and their families were disrupted, thus hindering opportunities to maintain healthy lifestyle behaviours.[48]

In 2023/24 17.8% of children in reception (ages 4-5 years) were considered overweight (including obesity). This is statistically significantly better compared to both England's rate of 22.1% and the South East region's rate of 20.8%.[49] For the same period, 28.9% of Children in Year 6 in RBWM were overweight and obese. This compares significantly better compared to both England's value of 35.8% and the South East region of 32.7%.[50]

It is no longer part of the Pharmacy Quality Scheme (PQS) (2023/24) for pharmacies to help identify people who would benefit from weight management advice.[51] However, the General Pharmaceutical Council has updated its guidance on providing

weight management services, emphasising the importance of safe prescribing practices. Pharmacies are expected to ensure that staff have the appropriate skills and qualifications to provide weight management services.[52]

Physical Activity

People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who lead a sedentary lifestyle. Physical activity is also associated with improved mental health and wellbeing. The Global Burden of diseases (2021) showed that deaths attributable to low physical inactivity is 2.2% of all deaths in England.[35]

In 2022/23, 67.5% of adults (aged 19+ years) in RBWM were considered 'physically active', this compares similarly to both the England figure of 67.1% and South East region of 70.2%.[53] For the same year, 22.8% of adults in the borough were considered 'physically inactive'. This is similar to both England's figure of 22.6% and South East region of 19.3%.[54]

Sexual Health

Sexual health covers the provision of advice and services around contraception, relationships, sexually transmitted infections (STIs) and abortion. Public Health England states that the success of sexual and reproductive health services depends on the whole system working together to make these services as responsive, relevant and easy to use as possible and ultimately to improve the public's health.[55]

The rate of new STI diagnosis (excluding chlamydia for those aged under 25) in RBWM is consistently lower than the national rate. In 2023, the new STI diagnosis (excluding chlamydia for those aged under 25) rate was 297 per 100,000, which is better compared to both the rate for England (520 per 100,000) and South East region (369 per 100,000).[56]

The STI testing rate (excluding Chlamydia for those aged under 25) per 100,000 in 2023 was worse compared to regional and national rates. The rate in 2023 was 2,763.4 per 100,000 RBWM residents tested, for the same year the England rate was 4,110.7 per 100,000 population and the South East rate was 3,136.6 per 100,000 population.[57]

Chlamydia is the most diagnosed STI in England, with rates substantially higher in young adults than any other age group. In June 2021, the National Chlamydia Screening Programme (NCSP) changed to focus on reducing the harms from untreated chlamydia infection. Given the change in programme aim, the minimum detection rate has been revised and will be measured against females only. Due to this OHID's benchmarking thresholds have been revised and will be measured against females only.[58]

For 2023, RBWM's Chlamydia detection for persons aged 15 to 24 was 1,001 per 100,000. This no longer directly compares to England and the South East but their rates were 1,546 per 100,000 and 1,271 per 100,000, respectively.[58]

In 2023, RBWM's Chlamydia detection for females aged 15 to 24 was 1,001 per 100,000 was 1,410 per 100,000. This compares worse to the NCSP Detection Rate Indicator's benchmark goal.[59]

For the over 25s, the rate for RBWM in 2023 was 104 per 100,000, which is lower compared to both England's value of 223 per 100,000 population and the South East region value of 152 per 100,000 population.[60]

The proportion of females aged 15 to 24 screened for Chlamydia in RBWM for 2023 was 13.9%. This is worse compared to both the England proportion of 20.4% and the South East proportion of 18.2%.[61]

HIV

In 2023, RBWM had a HIV diagnosed prevalence rate of 1.85 per 1,000 residents aged 15-59 years, with a count of 164 residents. This is statistically better when compared to the thresholds set by the national testing guidelines.[62] HIV testing rate for 2023 was 2,094.5 per 100,000. This is worse compared to both rates for England (2,770.7 per 100,000) and South East region (2,272.2 per 100,000).[63]

84.6% of residents newly diagnosed in the time period 2021 - 23 received prompt antiretroviral therapy (ART) initiation, this is similar to both England, at 84.4%, and for the South East Region, 87.4%.[64]

Flu and COVID-19

Flu vaccination is offered to people who are at greater risk of developing serious complications if they catch flu. 79.3% of over 65s in RBWM were vaccinated in 2023/24. This is better when compared to the national guidelines benchmark of over 75%, better than the England average of 77.8%. RBWM compared worse in 2023/24 to the South East's value of 79.9%.[65]

The population vaccination coverage for flu for at risk individuals (6 months to 65 years and excluding pregnant women), in RBWM was 43.1% in 2023/24. This is better when compared to the percentage for England in the same period of 41.4%, but worse compared to the South East region of 44.2%. It is also worse than the national population vaccination coverage target of 55%.[66]

The COVID-19 pandemic further highlighted the impact of deprivation on health risks and health outcomes. COVID-19 morbidity and mortality were more pronounced in more deprived areas and in those from ethnic minority groups who experience more social inequalities such as income, housing, education, employment, and conditions of work. Nationally, the people who suffered the worst outcomes from COVID-19

have been older, of Black or Asian heritage and have underlying health conditions such as obesity or diabetes.[67]

For 2021 - 23, RBWM had a directly standardised mortality rate of 50.8 per 100,000 for deaths due to COVID-19. This is similar to both the England rate of 57.5 per 100,000 and South East rate of 54.6 per 100,000. For the same period RBWM had a directly standardised mortality rate of 62.3 per 100,000 for deaths involving COVID-19, which is similar when compared to the South East region's rate of 69.7 per 100,000 but significantly better compared to England's rate of 73.4 per 100,000.

Autumn booster vaccination uptake (65+) for RBWM shows that 54.3% of 65-69 year olds, 64.2% of 70-74 year olds, 70.4% of 75-79 year olds and 74.4% of 80+ year olds had a booster vaccination, as of 29th January 2025.[68]

Mental health and wellbeing

Championing mental wellbeing and reducing social isolation is a priority for the RBWM Health and Wellbeing Strategy. Mental illness is the single largest cause of disability in the UK. At least one in four people will experience a mental health problem at some point in their life and one in six adults have a mental health problem at any one time.[18]

The estimated percentage of patients aged 18 and over with depression recorded on practice disease registers for the first time in RBWM was 1.4% of registered patients for 2023/24. This puts RBWM in the middle quintile when compared to the rest of England.[69]

OHID estimate that there are 69.7% residents aged 65 and older registered for General Medical Services with an unresolved diagnosis of dementia. This compares similarly to both England's percentage of 64.8% and the South East value of 62.9%. It is also similar to the national ambition of 66.7%.[70]

An estimated 0.7% of GP registered patients RBWM have Schizophrenia, bipolar disorder, or other psychoses in 2023/24. This value puts RBWM in the lowest quintile across England.[71]

ONS produce personal wellbeing estimates by local authority. The dataset contains estimates of life satisfaction, feeling that the things done in life are worthwhile, happiness and anxiety at the UK, country, regional, county, local and unitary authority level.[72]

***Figure 18**: Bar plot showing personal wellbeing scores for RBWM and South East region compared to England, data provided by ONS.*

Figure 18 shows the results from ONS's latest personal well-being estimates (2022/23), showing the mean score (0-10) for each of the measures. RBWM is similar on all measures (anxiety, happiness, life satisfaction and worthwhile) when compared to England.[72]

Pharmacies have a role in supporting population mental health and wellbeing. They can help with early identification of new or worsening symptoms in individuals, they can signpost to existing offers of support, and they can work with patients to ensure their safe and effective use of medications.

Social Isolation and Loneliness

Social isolation and loneliness can impact people of all ages, but it is more prominent in older adults. It is linked to increased behavioural risk factors, poor mental health as well as morbidity and mortality from acute myocardial infarction and stroke.[73] 28.9% of RBWM over 65s live alone with England's rate being 30.9%.[74]

The adult social care survey explores isolation and loneliness in its analysis. Findings show that in RBWM, 45.8% of users who responded to a survey have as much social contact as they would like. This is similar to the national figures of 45.6%. It shows that more than half of adults in receipt of social care that were surveyed do not have as much social contact as they would like.[75]

Major Health Conditions

The cause of the life expectancy gap between the most deprived and least deprived populations within a borough provides a good indicator on what health conditions have a bigger impact on local populations and where a targeted approach is needed.

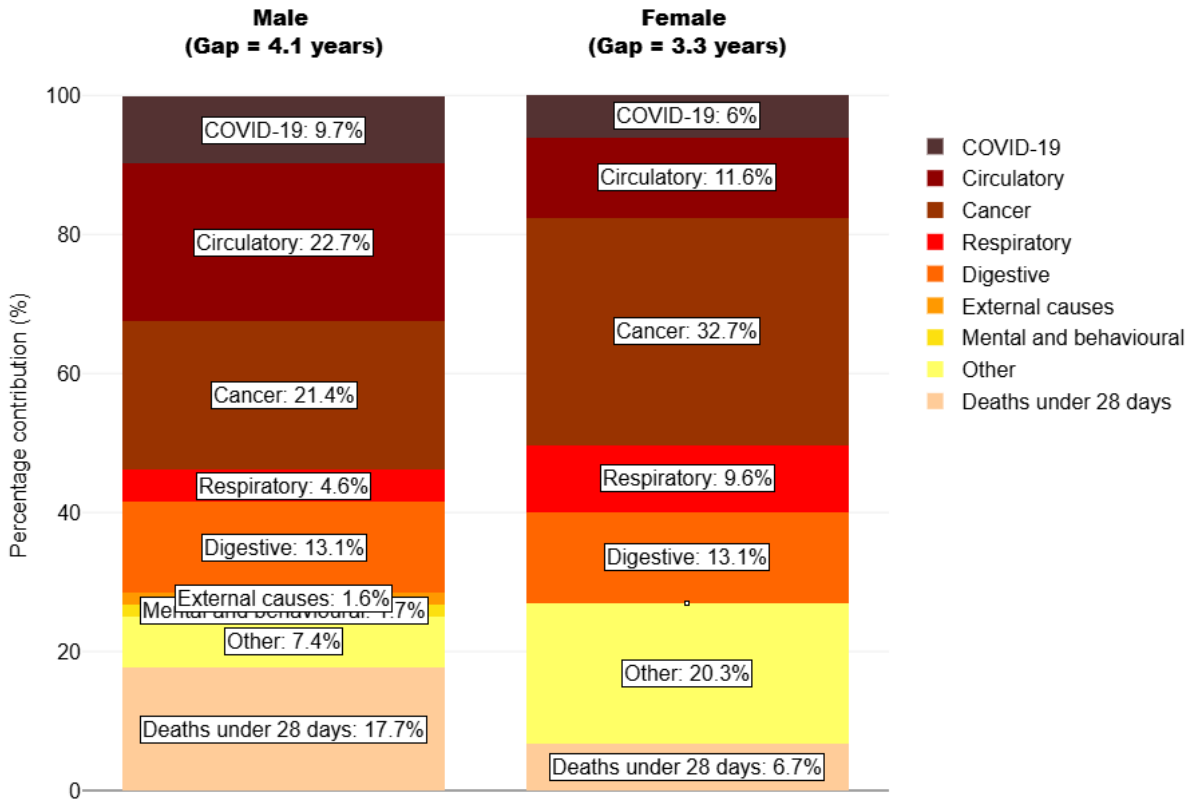

***Figure 19**: Breakdown of the life expectancy gap between the most and least deprived quintiles of Windsor and Maidenhead by cause of death, 2020 to 2021.*

Figure 19 shows a breakdown of the contribution of life expectancy gap by broad cause of death between the most deprived quintile and least deprived quintiles of RBWM. We can see for males in RBWM circulatory disease, cancer and deaths under 28 days are the largest drivers of the life expectancy gap each at 22.7%, 21.4% and 17.7% respectively. For females the top three causes of the life expectancy gap are cancer, other causes and digestive causes with 32.7%, 20.3% and 13.1% contribution, respectively.

Those with underlying conditions were and are at greater risk of mortality from COVID-19. COVID-19 is exacerbated by pre-existing conditions such as cardiovascular disease and respiratory diseases.[76]

Cancer

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

The standardised incidence ratio (SIR) for all cancers in RBWM was 97.5% for the period 2015-2019, benchmarked against the England average of 100%, indicating a similar incidence rate[77]. The SIR for breast cancer in RBWM was 109.7% during the same period, significantly higher than the England average.[78] For colorectal cancer, the SIR was 98.3%, similar to the national average.[79] The SIR for lung cancer in RBWM was 83.4%, significantly better than the England average.[80] The SIR for prostate cancer was 111.5%, significantly higher than the national average.[81]

Under 75 mortality directly standardised rate from cancer (three-year range) in RBWM was 93.7 per 100,000 population in 2021 - 23, which is significantly lower than both the rate for England of 121.6 per 100,000 and 112.9 for the South East.[82]

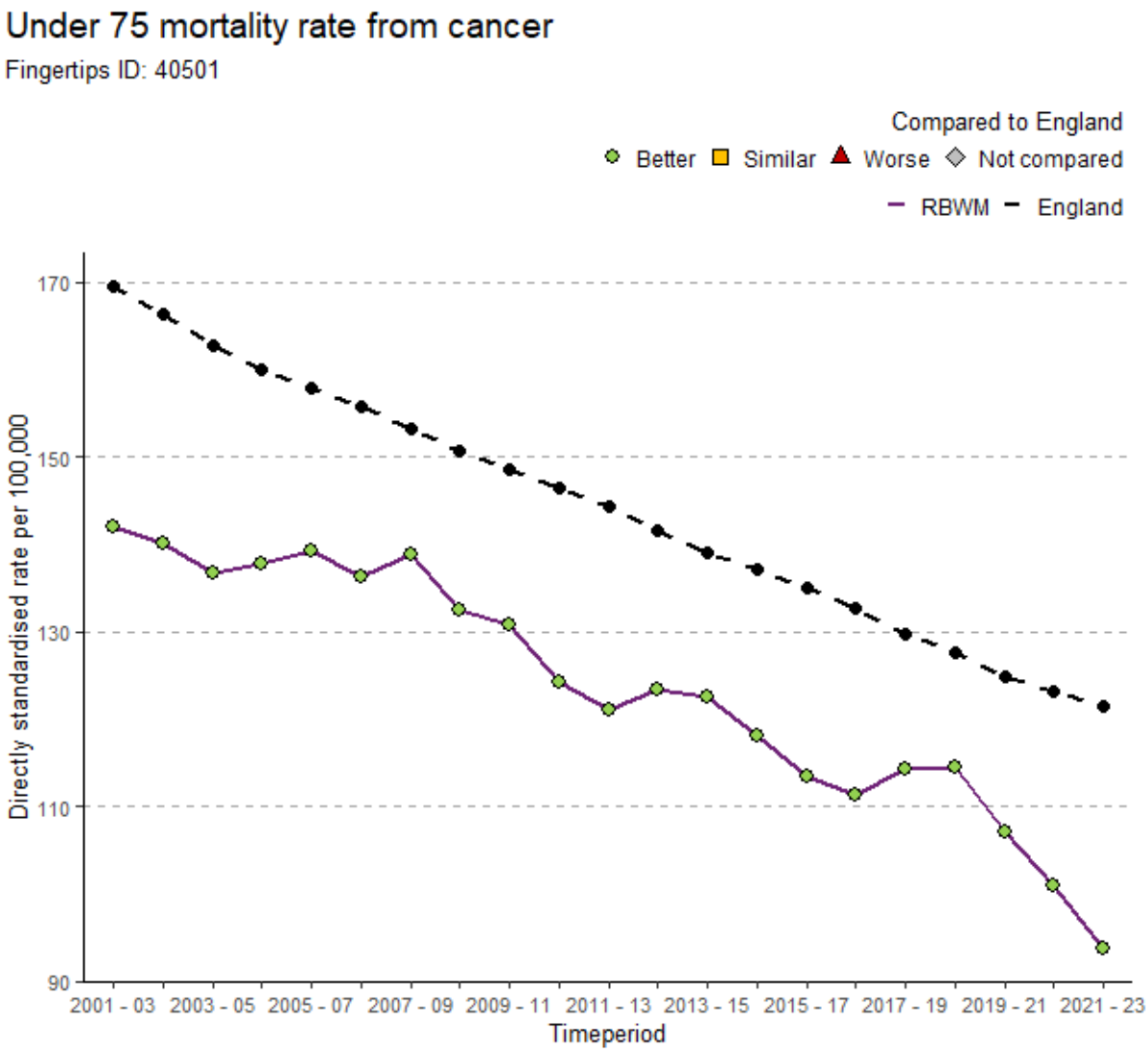

***Figure 20**: Trend plot showing under 75 mortality rate from cancer in RBWM compared to England.*

As shown by figure 20, under 75 mortality rate from cancer has been trending downwards in England and this is also the case for RBWM. RBWM have consistently performed better when compared to the England average.[82]

Circulatory Disease

Circulatory disease includes heart disease and stroke. Coronary heart disease prevalence is recorded by GP practices. Local authority based values are calculated by assigning all patients of the GP to the local authority where the GP practice is

located. Using this methodology, 2.8% of patients registered at an RBWM GP had coronary heart disease in 2023/24. This value is in the middle quintile in England.[83]

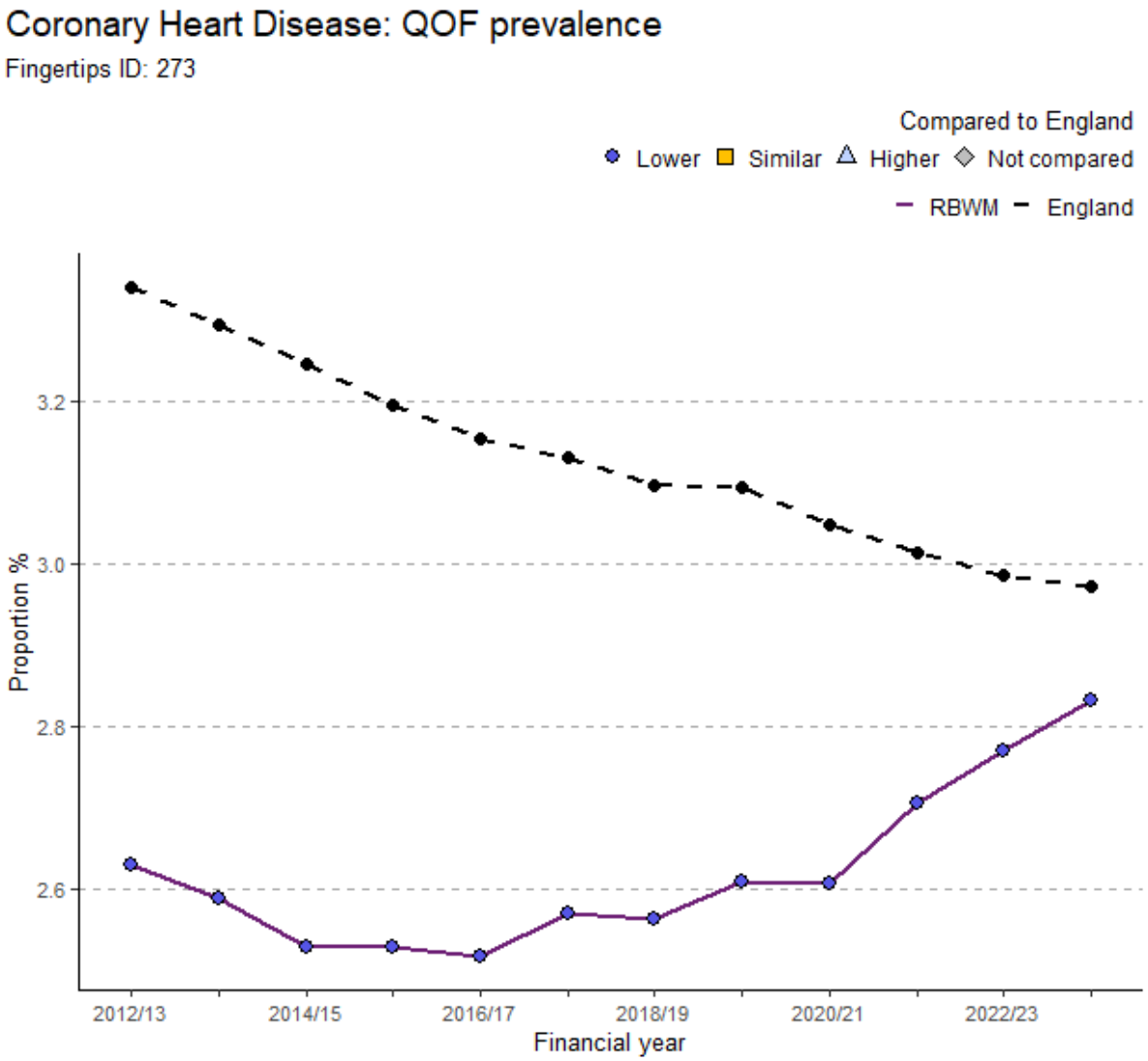

***Figure 21**: Trend plot showing coronary heart disease prevalence for patients registered at RBWM GP practices, compared to England.*

Figure 21 shows that the prevalence of coronary heart disease has consistently been lower in RBWM when compared to the England average. However, the trend shows that the prevalence has been increasing at a slow rate since 2016/17.[83]

For 2023/24, 13.8% of patients were registered with hypertension for RBWM GP practices. This compared significantly below both the England average of 14.8% and South East region average of 15.0%.[84]

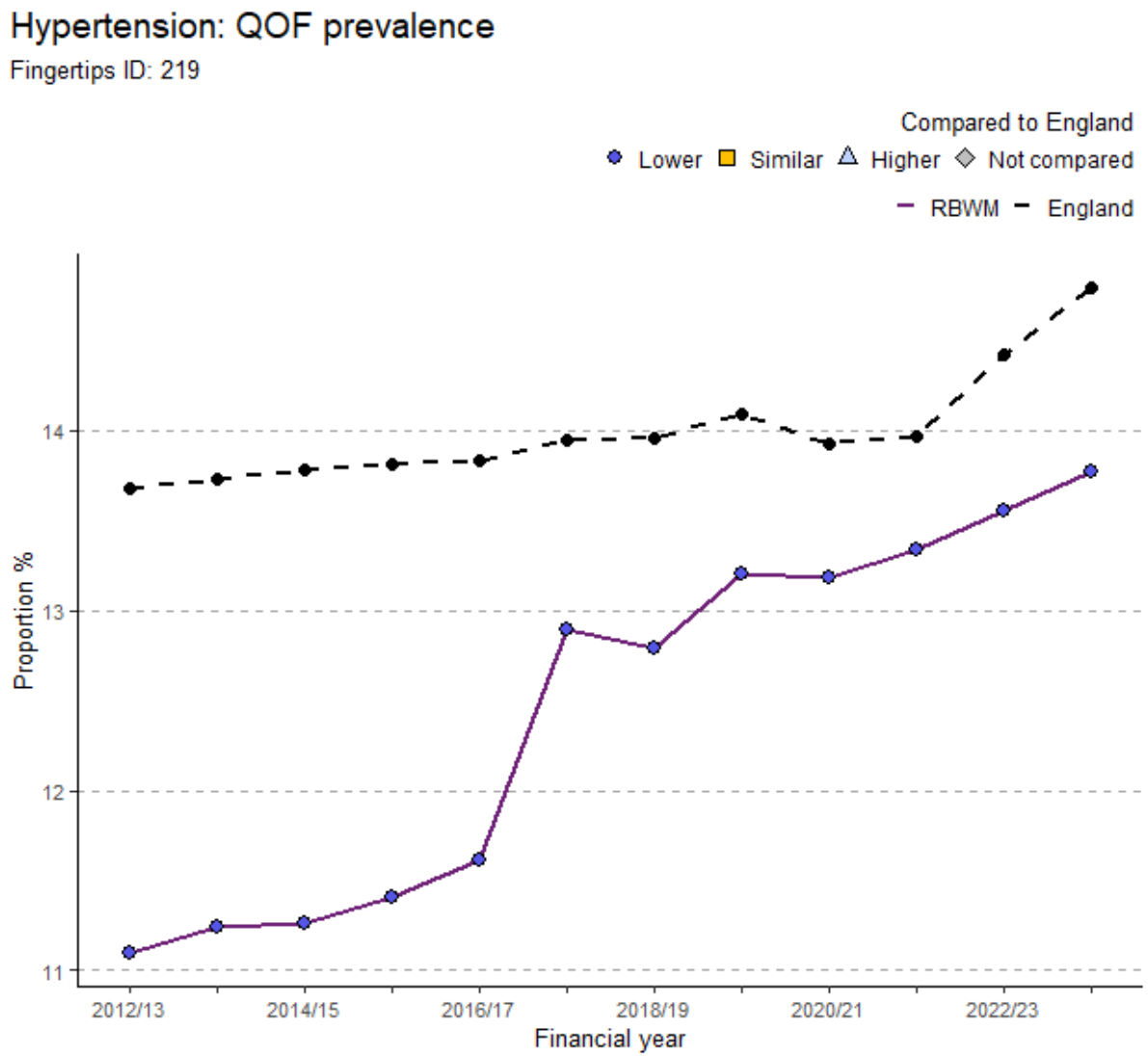

***Figure 22**: Trend plot showing hypertension prevalence for patients registered at RBWM GP practices, compared to England.*

Figure 22 shows the hypertension prevalence for patients registered at RBWM practices compared to England. We can see that the prevalence has been increasing for both England and RBWM, but RBWM's rate of increase is steeper. However, RBWM is still significantly lower than the England average.

In 2023/24, 1.7% of patients had stroke or transient ischaemic attack (TIA), as recorded on RBWM practice disease registers. This value is in 2nd lowest quintile in England.[85]

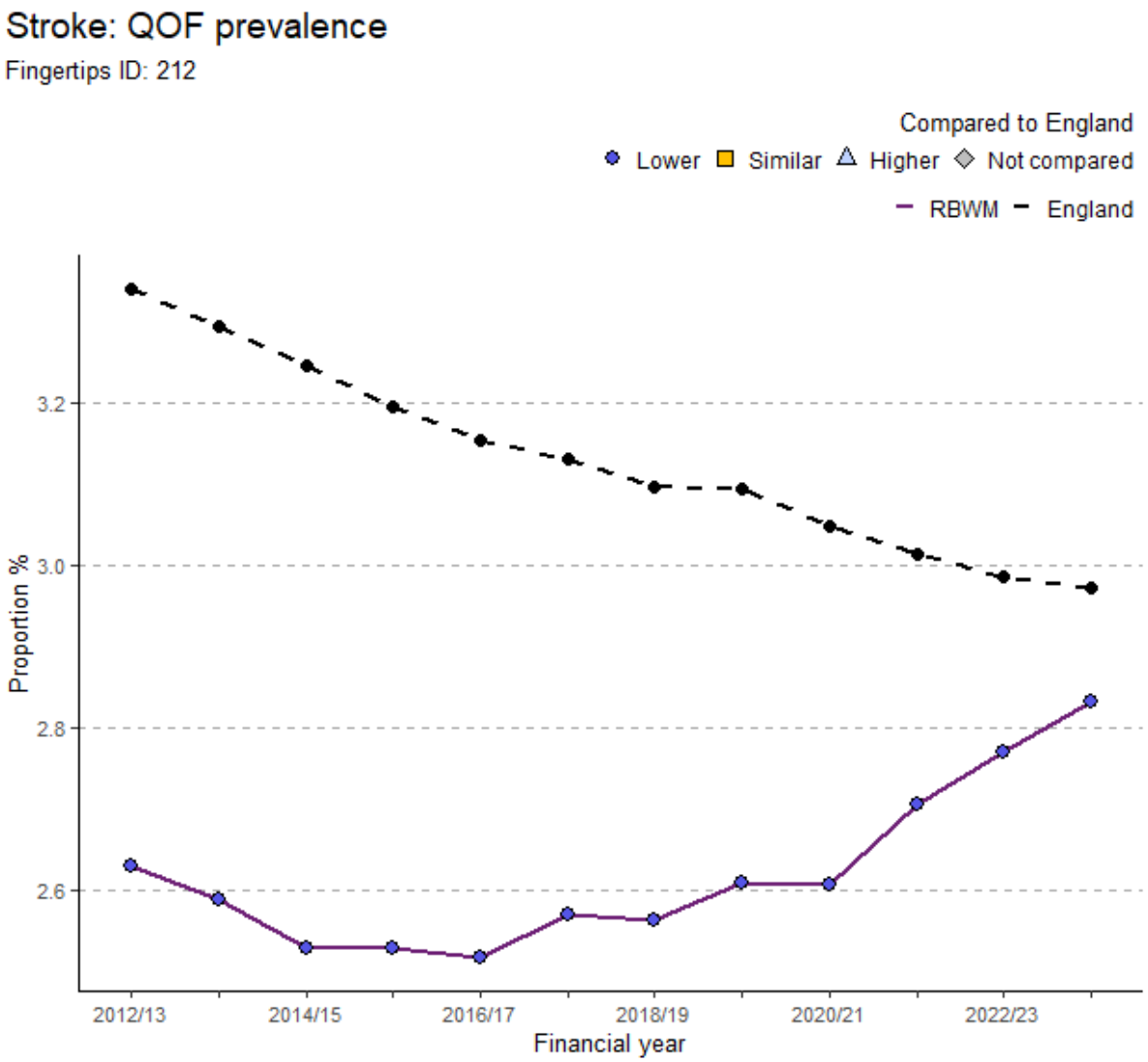

***Figure 23**: Trend plot showing stroke prevalence for patients registered at RBWM GP practices, compared to England.*

Figure 23 shows that the prevalence of stroke for patients registered at RBWM GP practices has consistently been lower compared to England. We can also see the prevalence has been decreasing over time in England, but for RBWM it has been increasing since 2016/17.[85]

For the time period 2021 - 23, RBWM has a directly standardised rate of 52.7 per 100,000 for under 75 mortality from cardiovascular disease (Persons, 3 year range). This is significantly better than the England rate of 77.1 per 100,000 for the same time period.[86]

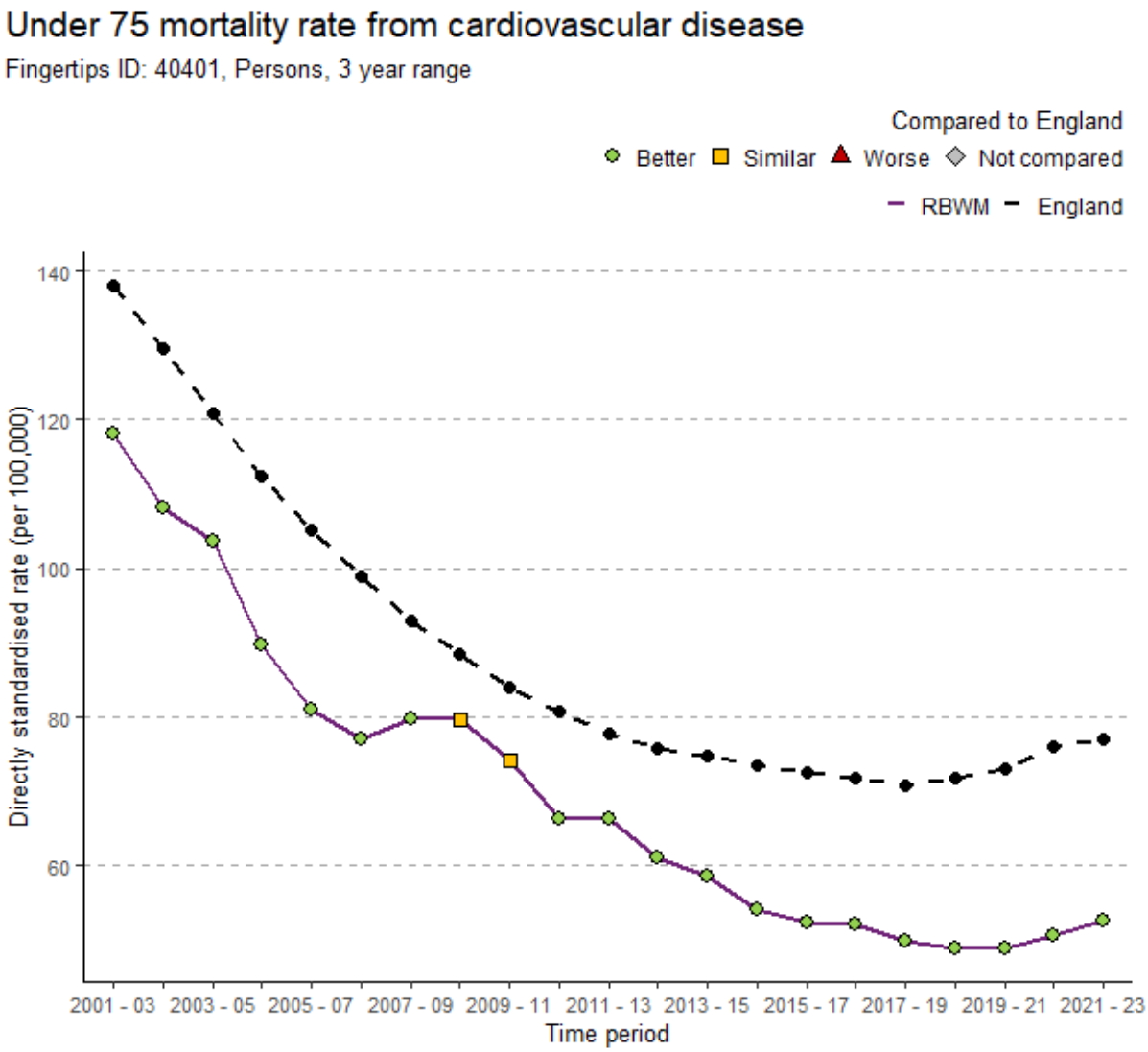

***Figure 24**: Trend plot showing under 75 mortality rate from cardiovascular disease in RBWM compared to England.*

As shown by figure 24, the under-75 mortality rate from cardiovascular disease in RBWM has consistently been lower than the England average. Both England and RBWM have experienced a downward trend since 2001-03. However, this trend has levelled off and slightly increased since 2018-20.[86]

COVID-19

During the COVID-19 pandemic, England experienced significant mortality rates. From the start of the pandemic in March 2020 to the end of December 2022, there were 177,180 deaths within 28 days of a positive COVID-19 test. The highest mortality rates were observed among older adults, particularly those aged 60 and over, with 92.3% of COVID-19 deaths occurring in this age group. Disparities were also noted based on sex, ethnicity, and deprivation levels.[87]

The current COVID-19 mortality rates are much lower. For example, in the week ending 21 February 2025, 15.8% of registered deaths involved influenza or pneumonia (1,838 deaths), while 0.7% involved coronavirus (COVID-19) (76 deaths) in England and Wales.[88]

In RBWM there were 31 deaths due to COVID-19 in 2023, a directly standardised rate of 18.4 per 100,000. This is similar compared to the England rate of 19.5 per 100,000 and similar to the South East rate of 17.9 per 100,000.[89]

Digestive disease

Digestive conditions encompass a wide range of diseases affecting the gastrointestinal tract, including the esophagus, stomach, intestines, liver, pancreas, and gallbladder. OHID's Fingertips tool provides a focus on liver disease, which falls into the category of digestive conditions.

During the period 2017-19, RBWM had a directly standardised mortality rate of 11.6 per 100,000 for chronic liver disease. This rate is comparable to the England average of 12.2 per 100,000 and the South East region's rate of 10.3 per 100,000.[90]

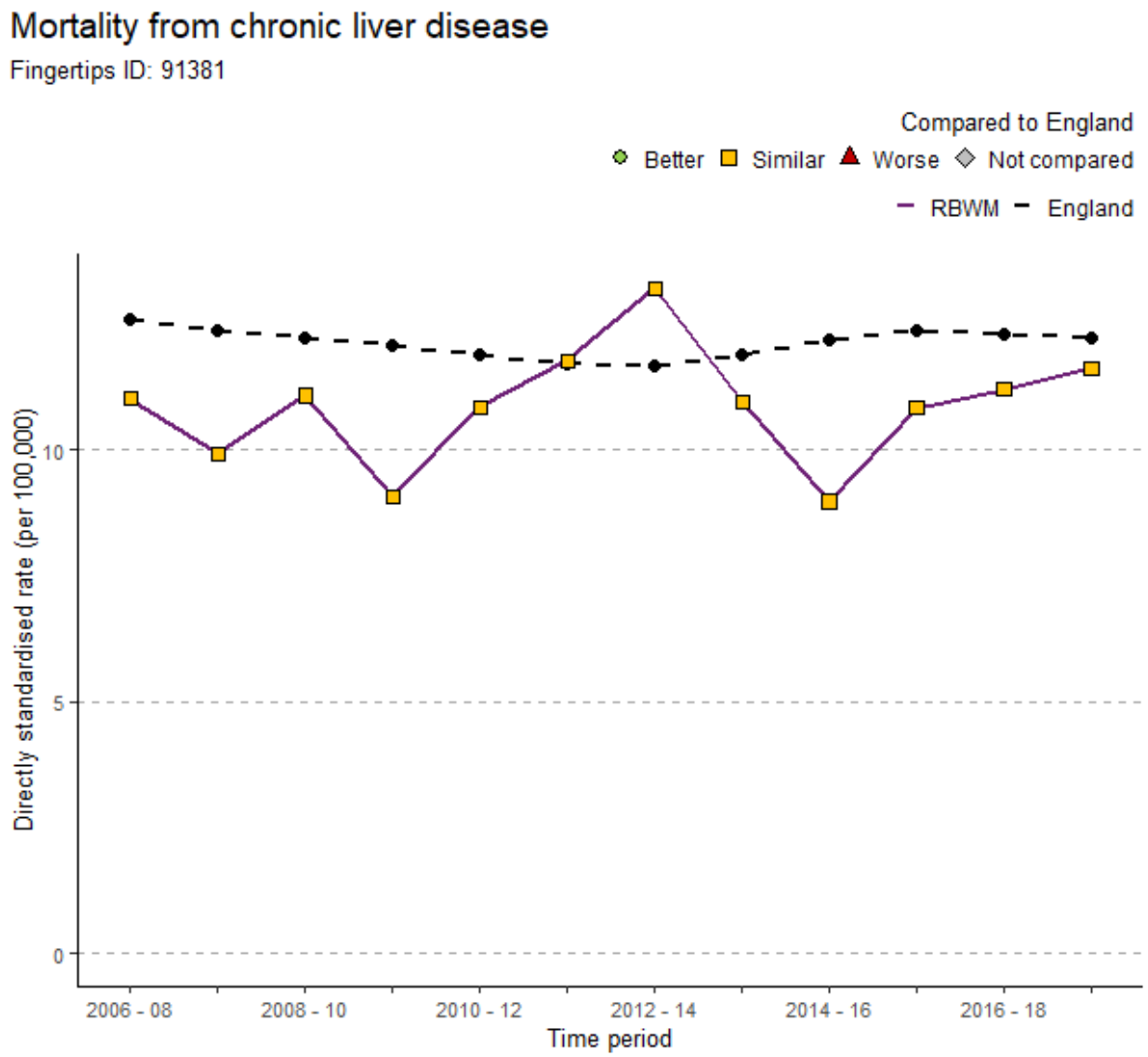

***Figure 25**: Trend plot showing the mortality rate from chronic liver disease in RBWM compared to England.*

Figure 25 shows the mortality rate from chronic liver disease over time for RBWM, compared to the England average. The trend for both RBWM and England is fairly flat with no significant changes between time periods. RBWM is consistently similar to the national average.

The under-75 mortality rate from alcoholic liver disease in RBWM is similar when compared to the national average. During the period 2021-23, RBWM had a directly standardised rate of 10.5 per 100,000, while England had a rate of 11.7 per 100,000. RBWM's rate is also similar to the South East's rate of 9.5 per 100,000.[91]

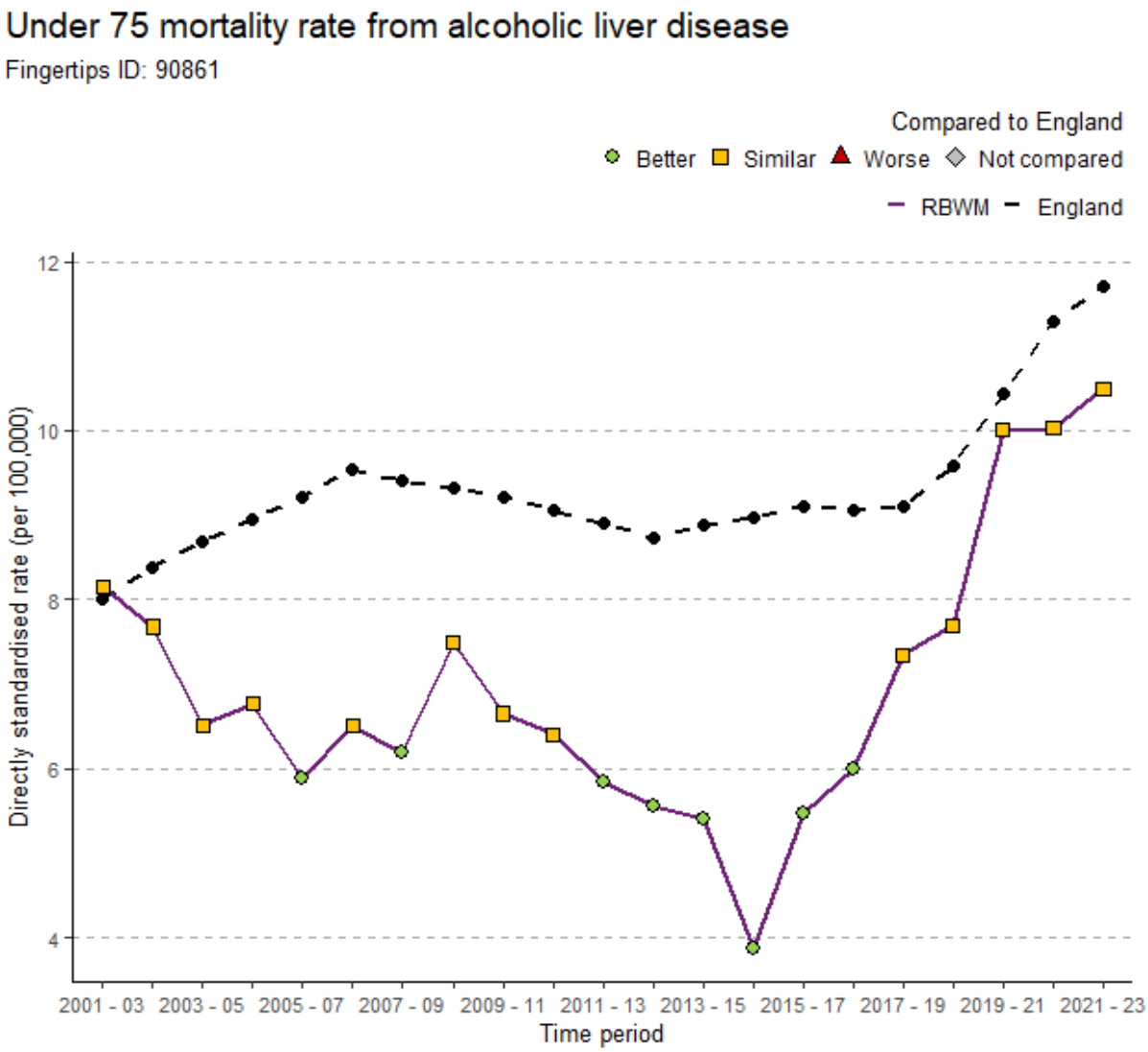

***Figure 26**: Trend plot showing the under 75 mortality rate from alcoholic liver disease in RBWM compared to England.*

The trend for under 75 mortality rate from alcoholic disease has been increasing for RBWM and England, as shown by figure 26. Over the last five time periods, RBWM's rate has been similar to the England average, with an upward trend since 2014-16.

Respiratory disease

Respiratory disease is one of the top causes of death in England in under 75s. Respiratory disease encompasses flu, pneumonia, and chronic lower respiratory disease such as chronic obstructive pulmonary disease (COPD).

For 2023/24, 1.1% of patients registered at RBWM GP practices had COPD, as recorded on the practice disease registers. This is significantly below the England average of 1.9% and the South East average of 1.7%.[92]

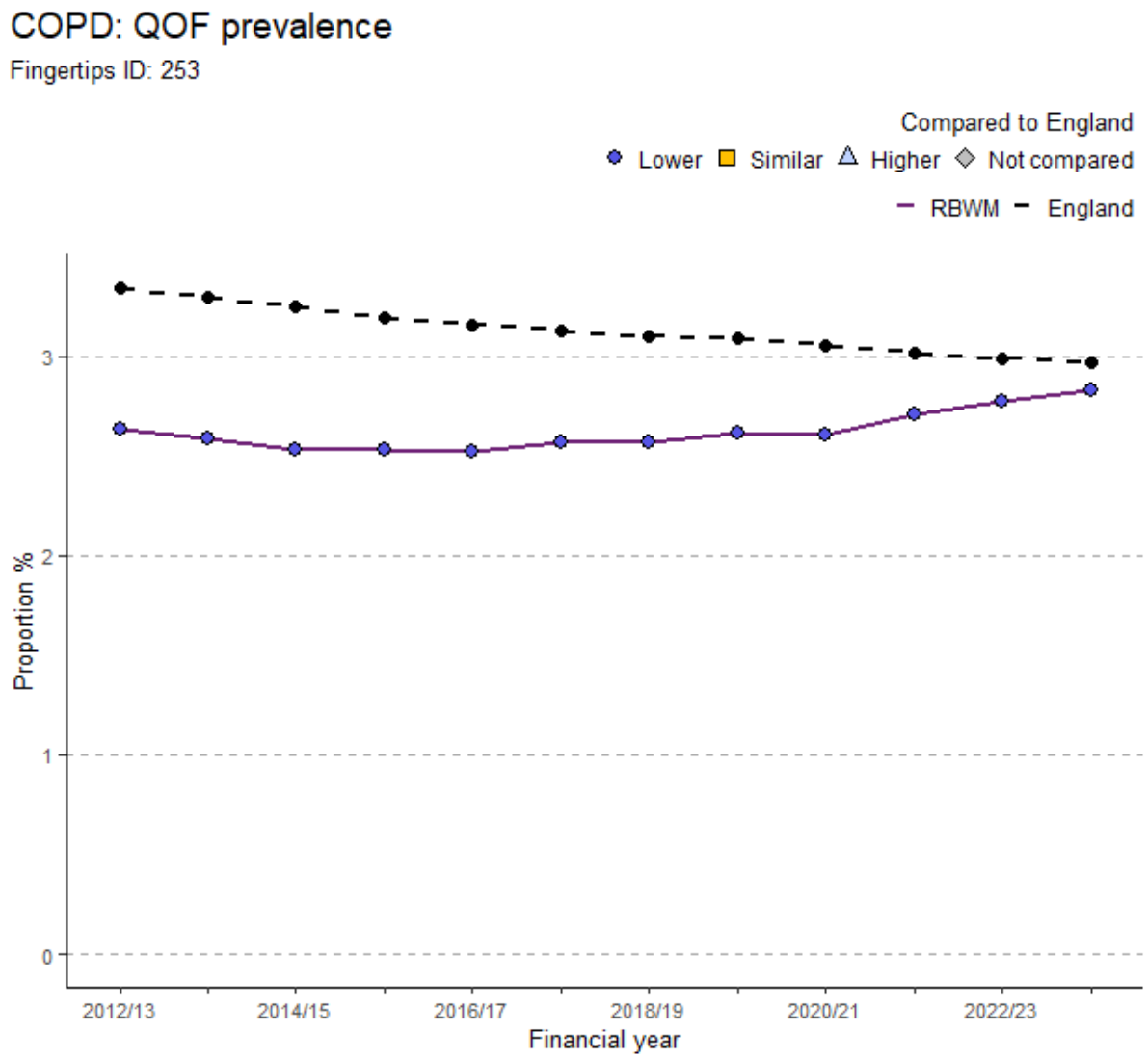

***Figure 27**: Trend plot showing COPD prevalence for patients registered at RBWM GP practices, compared to England.*

As shown by figure 27, the prevalence of COPD for patients registered at RBWM GP practices has consistently been lower when compared to the England average.[92]

The directly standardised mortality rate from respiratory disease for individuals under 75 in RBWM was 17.1 per 100,000 in 2021-23. This rate is lower than both the England average of 30.3 per 100,000 and the South East region's rate of 24.8 per 100,000.[93]

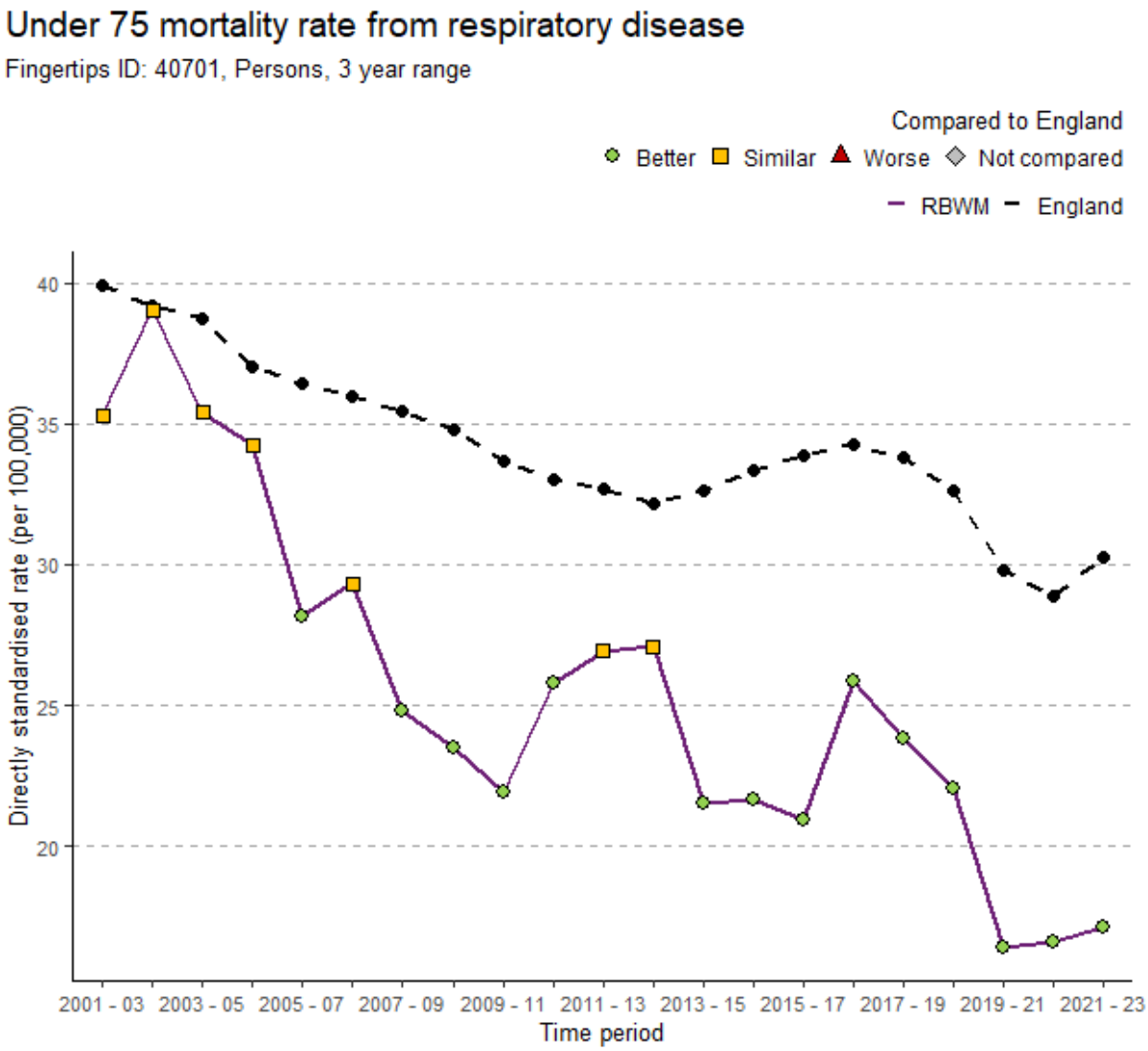

***Figure 28**: Trend plot showing under 75 mortality rate from respiratory disease in RBWM compared to England.*

Figure 28 shows the trend for under 75 mortality rate from respiratory disease for RBWM compared to England. RBWM is consistently significantly better when compared to England. Both England and RBWM have experienced a downward trend since 2001-03. However, from 2012-14 to 2016-18, England saw an increase in rates. This increase was also observed in RBWM, but it was more pronounced

during the single period of 2016-18. After this, the trend for both areas returned to its original downward trajectory.[93]

One of the major respiratory diseases is COPD. The directly standardised rate for Emergency hospital admissions for COPD for persons over 35 years for RBWM in 2023/24 was 149 per 100,000, which is better compared to both the rate for England of 357 per 100,000 and the rate for South East England of 260 per 100,000.[94] Helping people to stop smoking is key to reducing COPD and other respiratory diseases.

Chapter 6 – Patient and Public Engagement Survey

This chapter discusses the results of the patient and public engagement survey that was carried out in RBWM between the period of Friday 7 February until Sunday 9 March 2025. We will examine the health needs specific to protected characteristics and vulnerable groups that we have engaged with during this process, and the implications this may have on the PNA.

A “protected characteristic” means a characteristic listed in section 149(7) of the Equality Act 2010. There are also certain vulnerable groups that experience a higher risk of poverty and social exclusion than the general population. These groups often face difficulties that can lead to further social exclusion, such as low levels of education and unemployment or underemployment.

A questionnaire was used to engage with residents to understand their use and experience of local pharmacies. This questionnaire was approved for use with the local population by the PNA Steering Group and the communication teams of each of the East Berkshire local authorities.

The questionnaire was disseminated via online platforms, social media and in person. Over the period from Friday 7 February until Sunday 9 March 2025, RBWM engaged with 646 respondents.

Summary

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

638 residents of RBWM responded to this survey and overall, participants found it easy to use their local pharmacy with their needs mostly met.

In RBWM, most respondents visited their pharmacy a few times a month, or at least once a month, and chose their pharmacy based on being within a convenient location, and familiarity with the pharmacy. Journey time for most was between a 5 – 20-minute journey by walking or by motor vehicle. Most of the respondents used their pharmacy for themselves, to collect a prescription or purchase over-the-counter medicine. Most respondents preferred to use their pharmacy from Monday to Saturday. Most respondents find that they use their pharmacy at variable times.

No distinct needs were identified for individuals with a protected characteristic in RBWM.

Most survey participants did not feel the need for additional services at pharmacies. However, those who did suggested services like blood tests, vaccinations, and the availability of antibiotics.

RBWM communications engagement strategy

Working with the RBWM's communications team, the survey was shared on social media platforms such as Facebook, Twitter and Nextdoor, and in local resident newsletters. The survey was also published on RBWM's Together portal website.

Frimley Health and Care communications and engagement team published the survey on their website and shared through social media channels.

Healthwatch shared the survey with their community groups, dementia carers group in Maidenhead and Outpatients attendees at Wexham park hospital.

Results of the public engagement survey

Of the 646, 638 answered that they are RBWM residents. Those who responded that they do not live in RBWM have been removed from the results analysed in this chapter.

When asked 'which pharmacy do you use most regularly', 16 of respondents did not provide an answer. The available answers included the Pharmacies in the RBWM footprint and also an 'other' box for respondents to manually complete if their pharmacy was not listed.

***Table 4**: Distribution of respondents by preferred pharmacy for regular use*

Which Pharmacy do you use most regularly	In RBWM	No. respondents
Cookham Pharmacy	Yes	72
Keycircle Pharmacy	Yes	48
Wessex Pharmacy	Yes	46
HA McParland Ltd	Yes	42
Hetpole Pharmacy	Yes	36

Which Pharmacy do you use most regularly	In RBWM	No. respondents
Friary Pharmacy	Yes	33
Day Lewis Pharmacy (High Street, Sunninghill)	Yes	33
Day Lewis Pharmacy (Stompits Road)	Yes	25
Bridge Pharmacy	Yes	20
Windsor Pharmacy	Yes	20
Sunningdale Pharmacy	Yes	19
Park Pharmacy	Yes	19
Olive Pharmacy	Yes	19
Boots the Chemists (Peascod Street)	Yes	18
Tesco Pharmacy	Yes	17
Village Pharmacy	Yes	16
Boots the Chemists (High Street, Maidenhead)	Yes	16
Altwood Pharmacy	Yes	15
Dedworth Road Pharmacy	Yes	15
Wraysbury Village Pharmacy	Yes	14
Kays Chemist	Yes	14
Eton Pharmacy	Yes	11
Superdrug Pharmacy (Peascod Street)	Yes	8
Ascot Pharmacy	Yes	8
Woodland Park Pharmacy	Yes	7
Datchet Village Pharmacy	Yes	7
David Pharmacy	No	6
Superdrug Pharmacy (Brock Lane Mall)	Yes	3
Day Lewis Twyford	No	2
Asda pharmacy, Lower Early, Reading	No	1
Superdrug Farnham Road Slough	No	1
Marlow Pharmacy	No	1
Your Local Boots Pharmacy	Yes	1

Table 4 shows the pharmacies most frequently used by survey participants The most popular choices include Cookham Pharmacy, Keycircle Pharmacy, Wessex Pharmacy, H A McParland Ltd, and Hetpole Pharmacy.

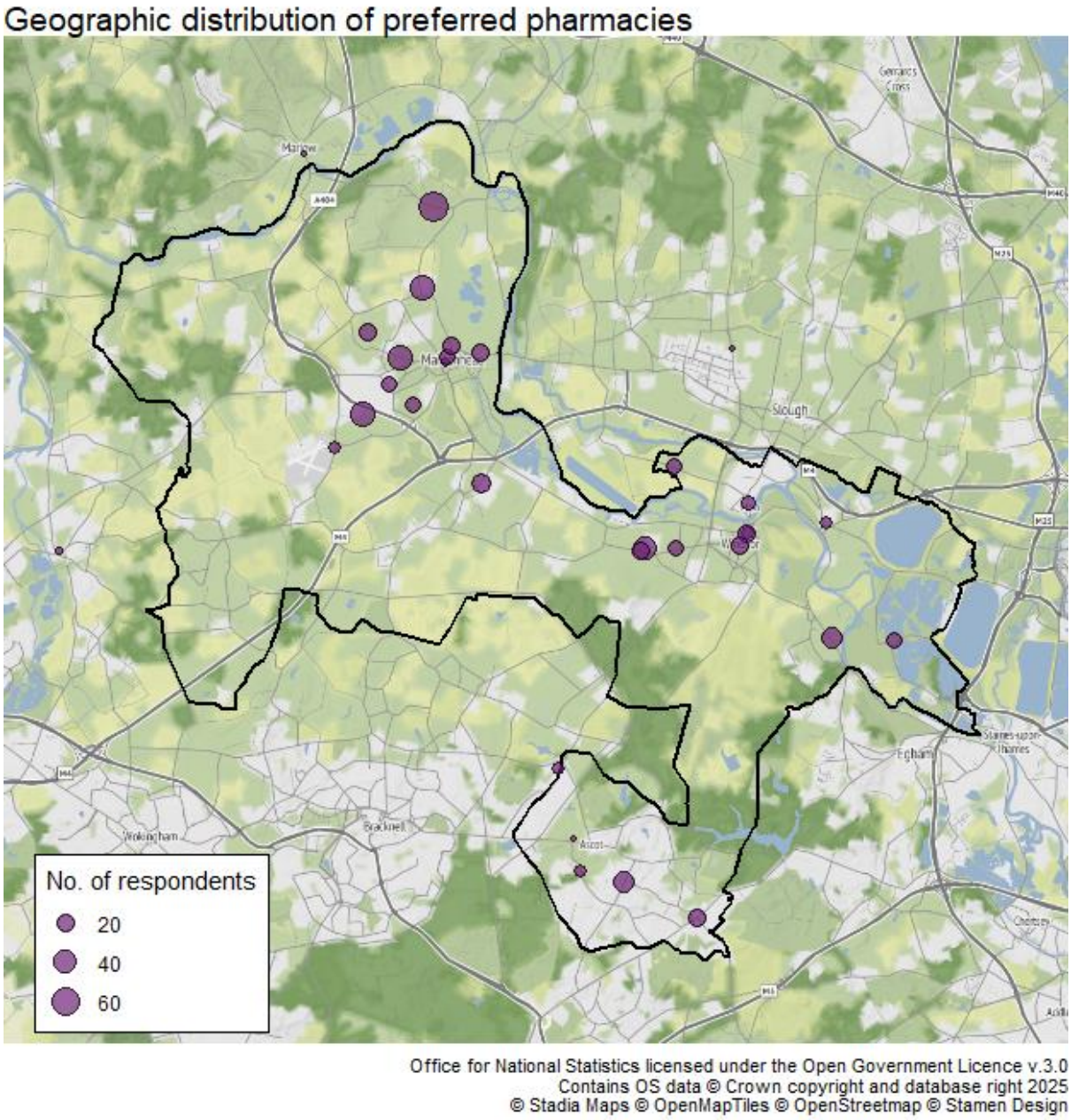

***Figure 29**: Map showing geographic distribution of preferred pharmacies, with point size indicating number of responses.*

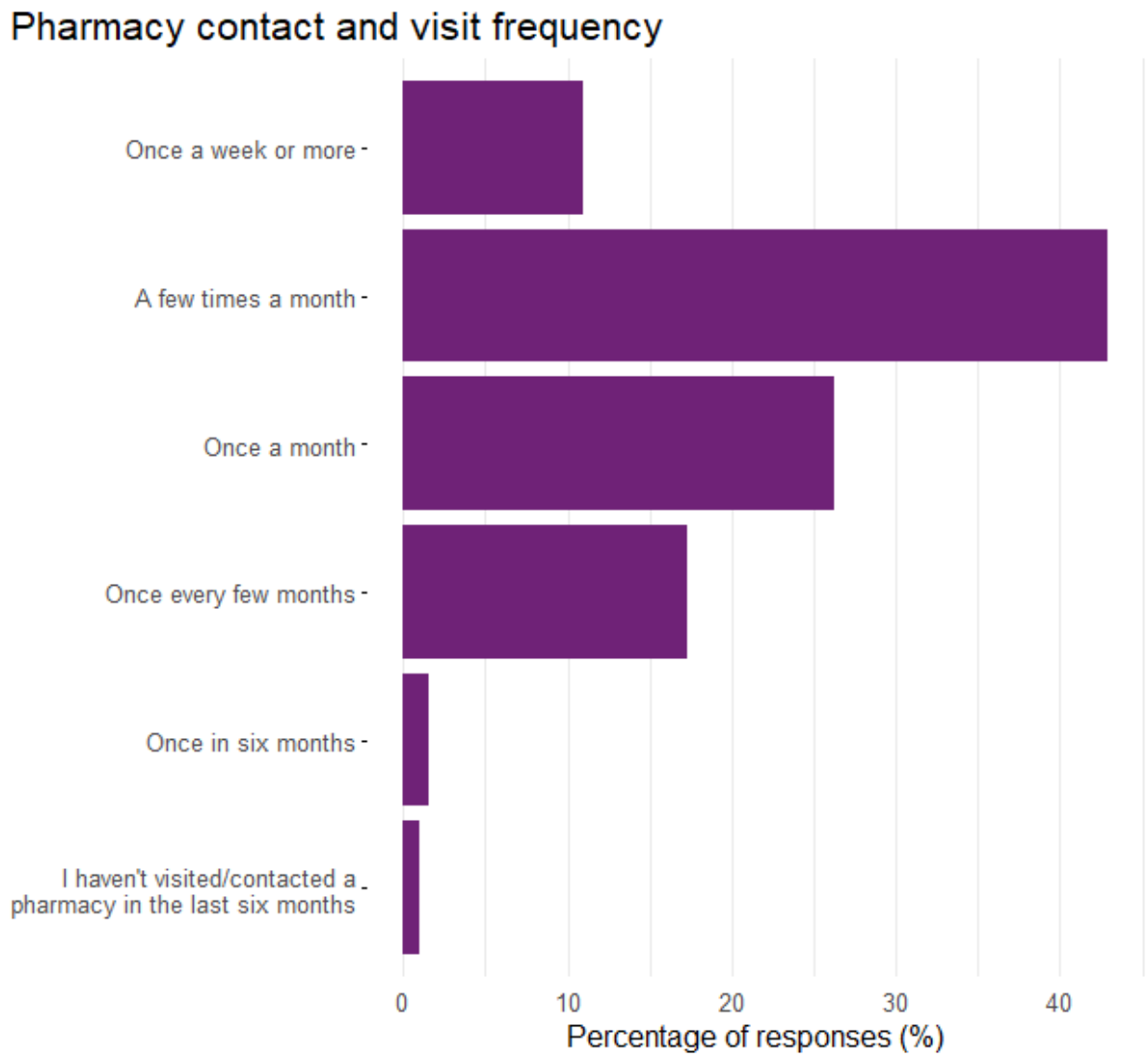

***Figure 30**: Bar plot showing the proportion of responses by how often they contact/ visit a pharmacy.*

Many of the survey participants, 42.9% (273), visit or contact a pharmacy a few times a month. 26.3% (167) visit or contact a pharmacy one a month on average and 17.3% (110) visit or contact a pharmacy once very few months. Of the 638 respondents, 636 answered this question. Figure 30 shows a comparison between all possible responses.

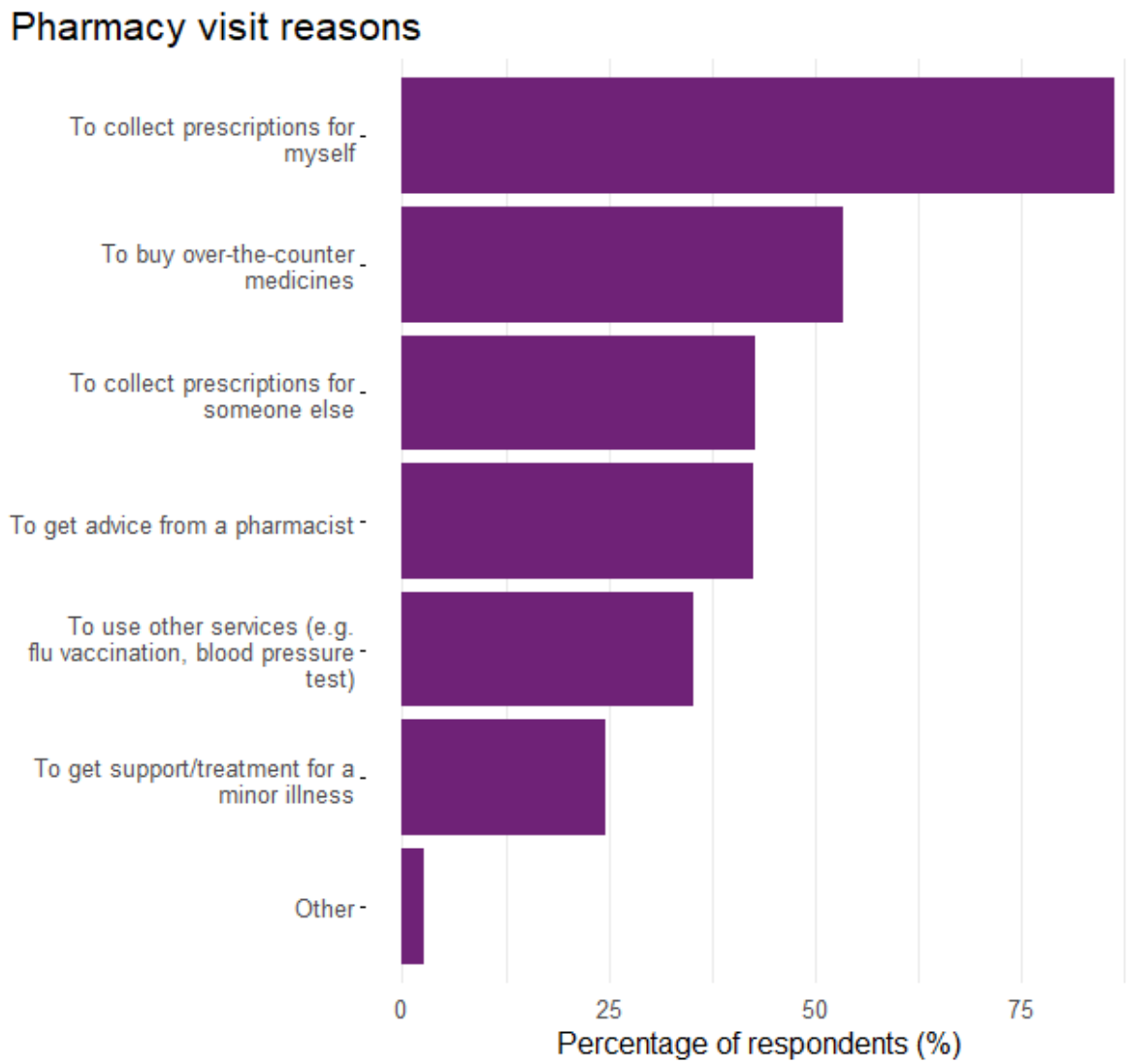

***Figure 31**: Bar plot showing the responses to survey question around why respondents visit a pharmacy.*

When asking for the reasons respondents typically visit a pharmacy, the survey allowed multiple answers. Each bar represents the percentage of participants that selected the corresponding answer. A total number of 636 answered this question out of 638 that participated in the survey.

Figure 31 shows that most of the participants visit a pharmacy to collect a prescription for themselves, at 86.3%. Along with collecting prescriptions, respondents also said that they visit pharmacies to buy over-the-counter medicines.

Just over 42% of participants visit pharmacies to collect a prescription on behalf or someone else and/or to get advice from a pharmacist.

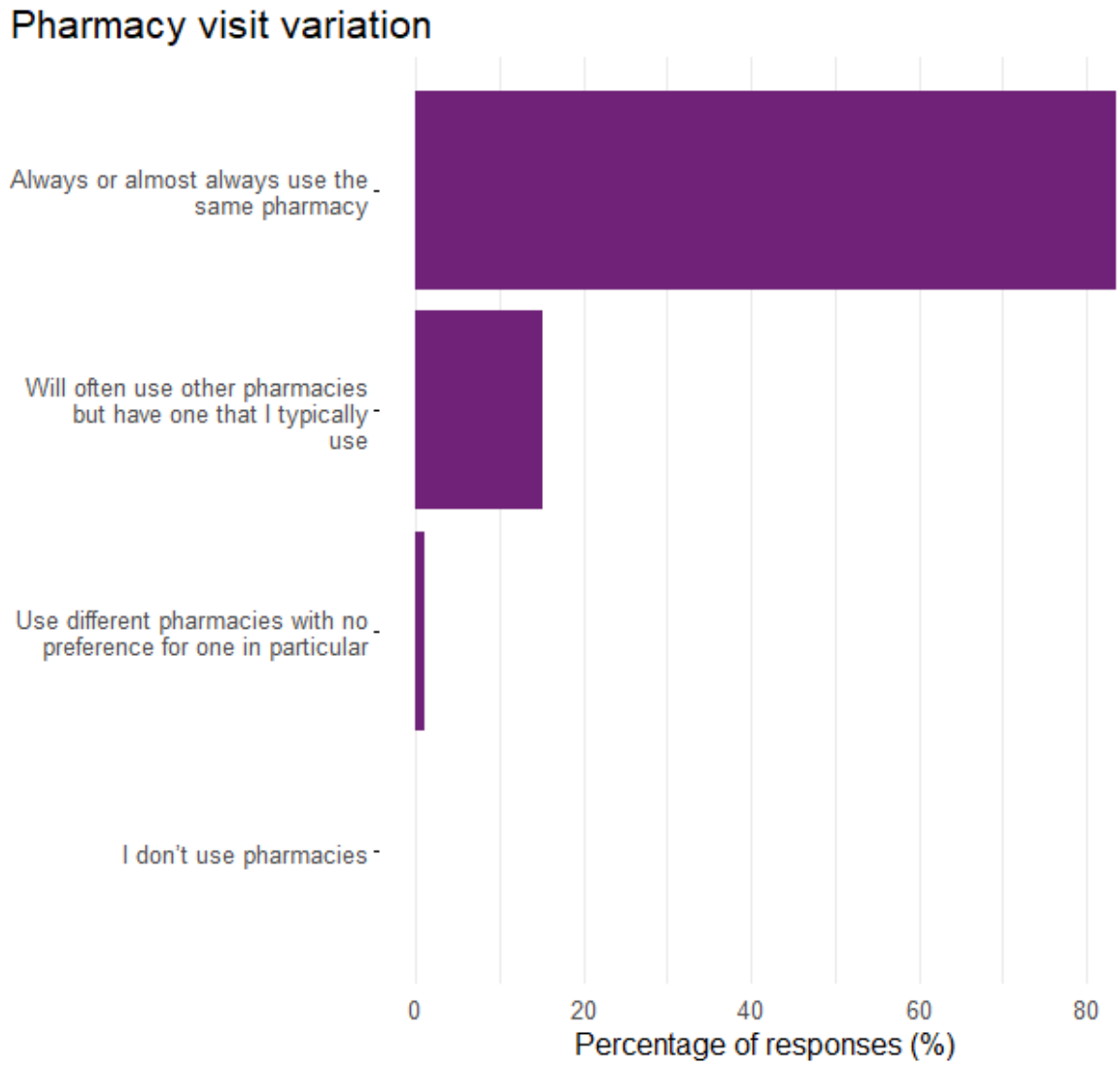

***Figure 32**: Bar plot showing the responses to pharmacy location visit variation.*

Most of the survey participants (83.6%) always or almost always use the same pharmacy. Figure 32 shows the full comparison for this question. 635 answered this question out of 638 respondents.

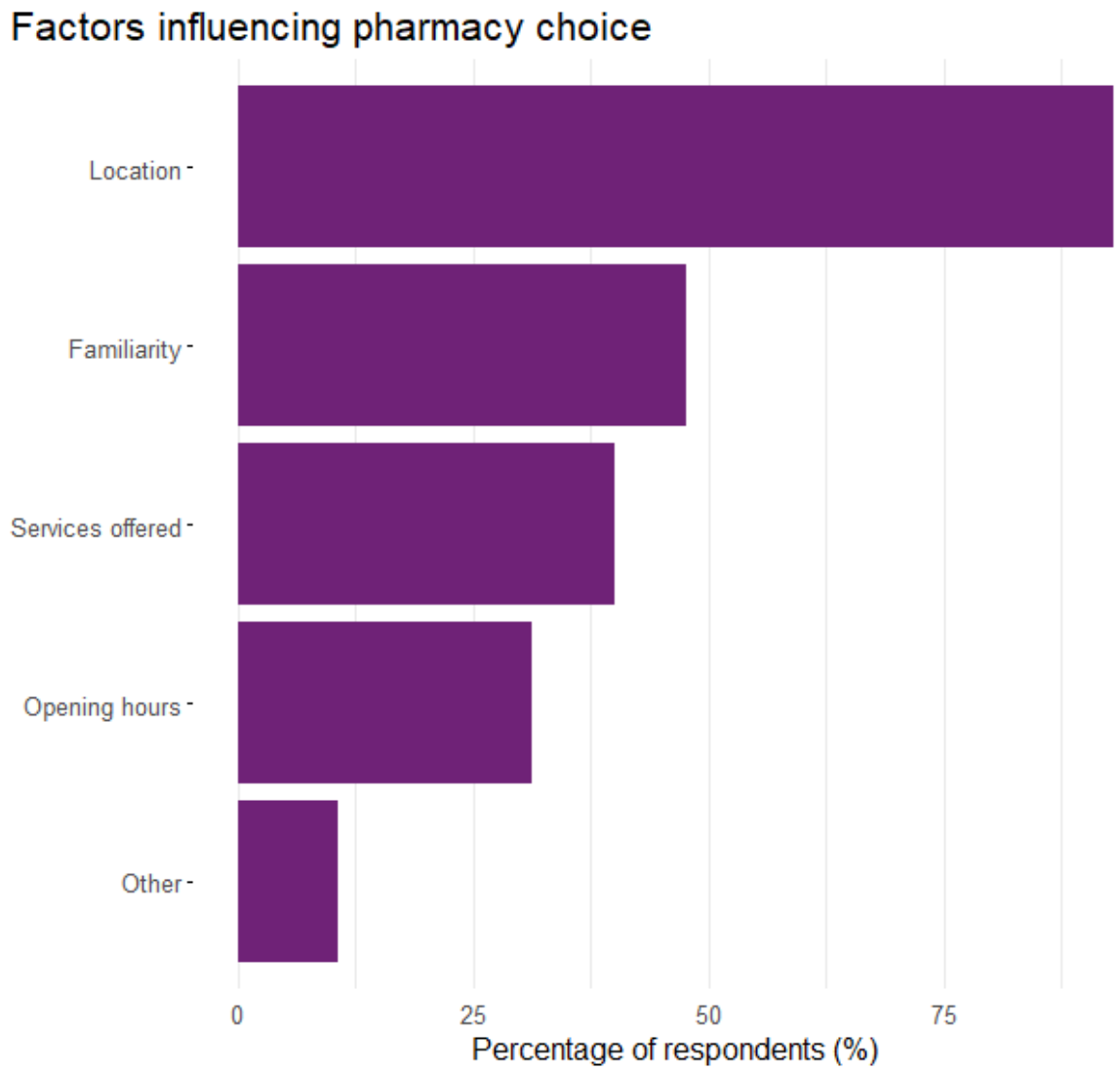

***Figure 33**: Bar plot showing the responses for what factors influence pharmacy choice.*

Figure 33 shows a comparison of the responses chosen for what factors influence participant's pharmacy choice. This question was a multiple choice question, allowing respondents to select multiple reasons. The largest factor influencing pharmacy choice is the location of the pharmacy, with 93.1% of respondents selecting this factor. Respondents also felt that familiarly (47.7%), services offered (40.2%) and opening hours (31.3%) were important factors.

Out of the possible 638 respondents, 635 answered this question.

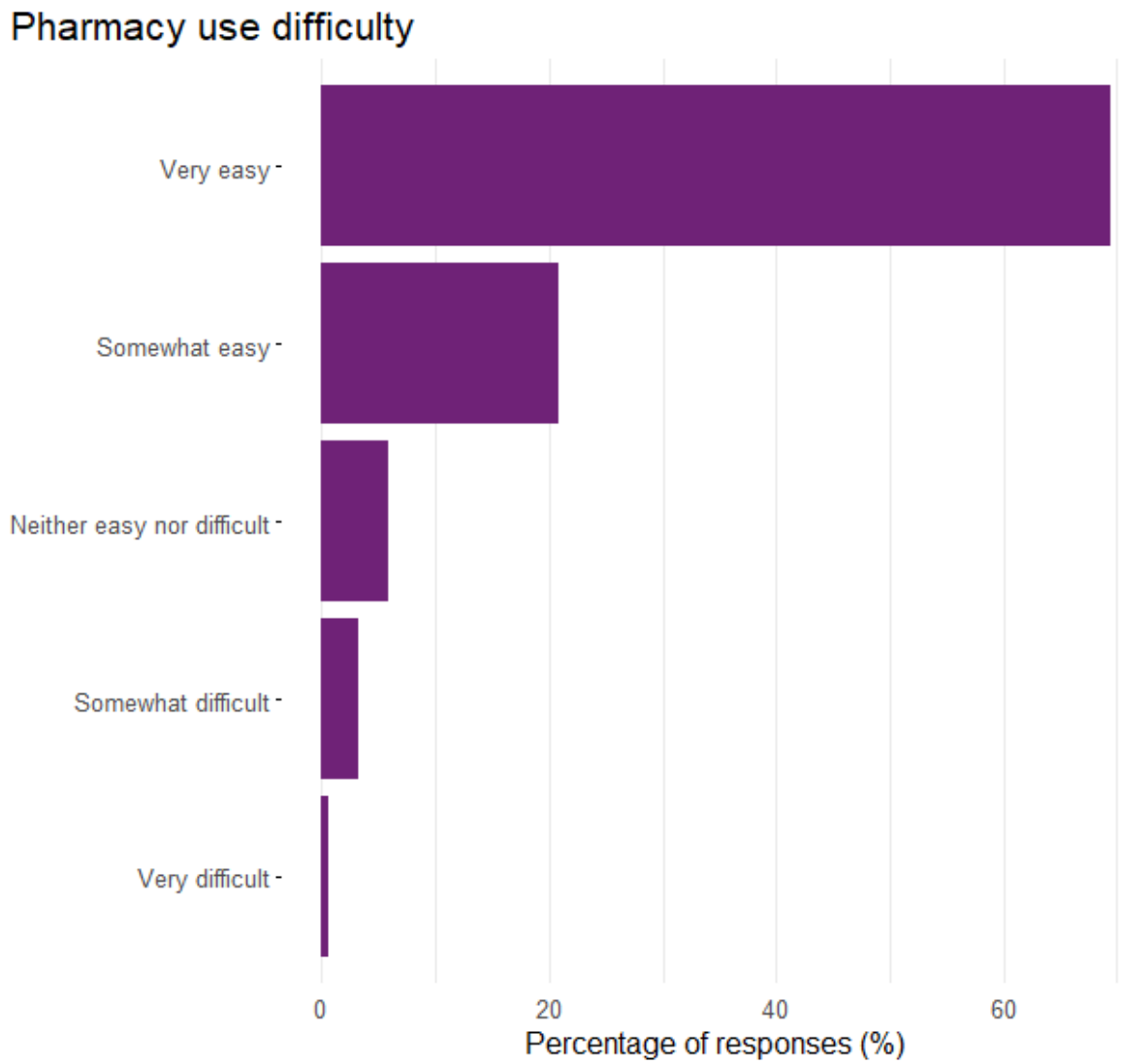

***Figure 34**: Bar plot showing the responses to pharmacy use difficulty.*

The total number of RBWM residents that answered this question was 632. Most participants find using their pharmacy very easy, with 67.5%. 20.9% find using their pharmacy somewhat easy. Less than 10% of the respondents find using their pharmacy neither easy nor difficult, somewhat difficult or very difficult. Figure 34 shows the comparison between the responses.

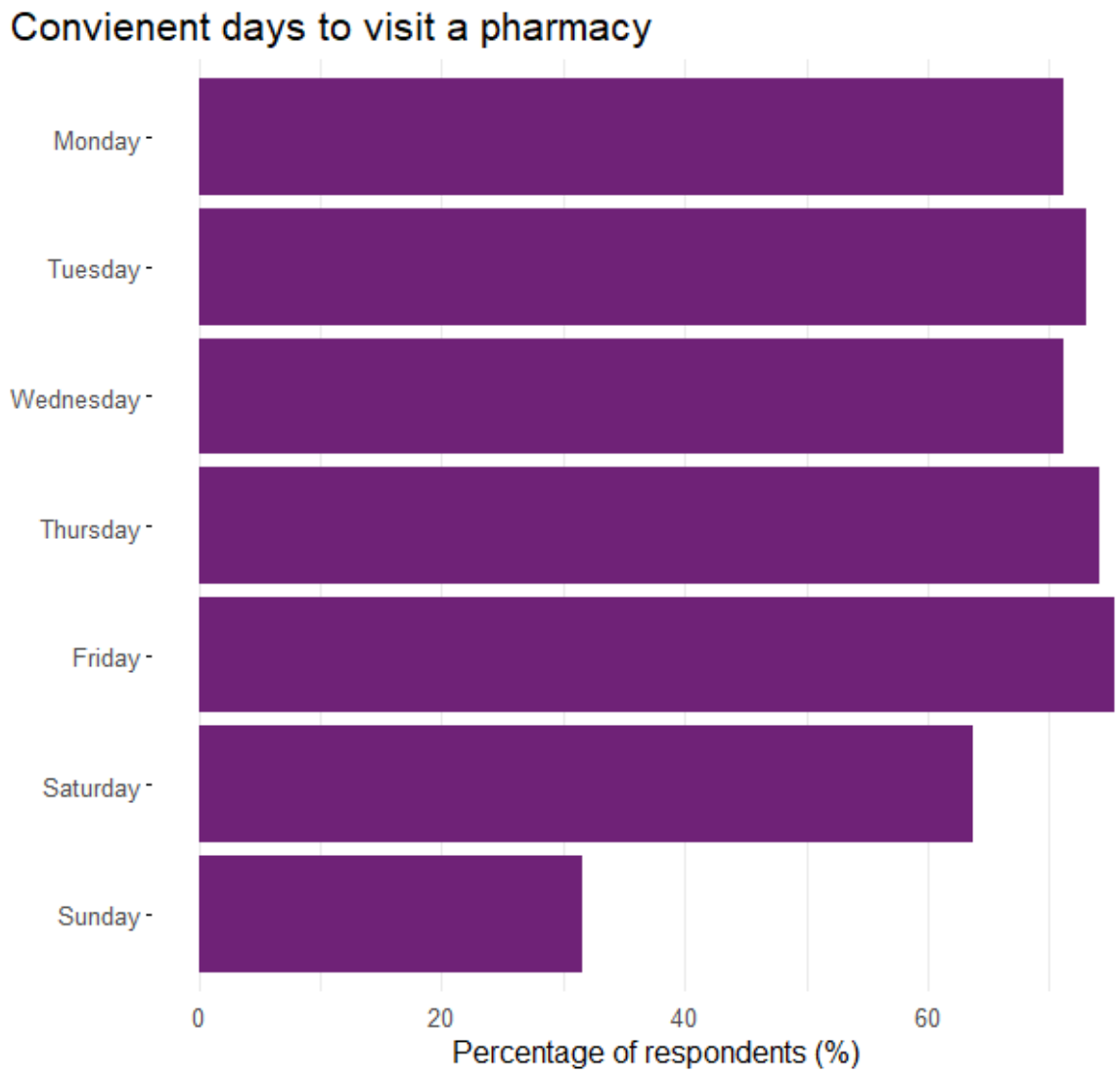

***Figure 35**: Bar plot showing the responses for what days are convenient to visit a pharmacy.*

The survey included a multiple-choice question asking participants which days of the week are most convenient for visiting a pharmacy. Figure 35 compares the responses. There is no clear standout day, with most weekdays being chosen by 71% to 75% of respondents. Sunday was the least popular day to visit a pharmacy, with only 31.6% of respondents selecting it.

A total number of 617 completed this question from 638 who participated in the survey.

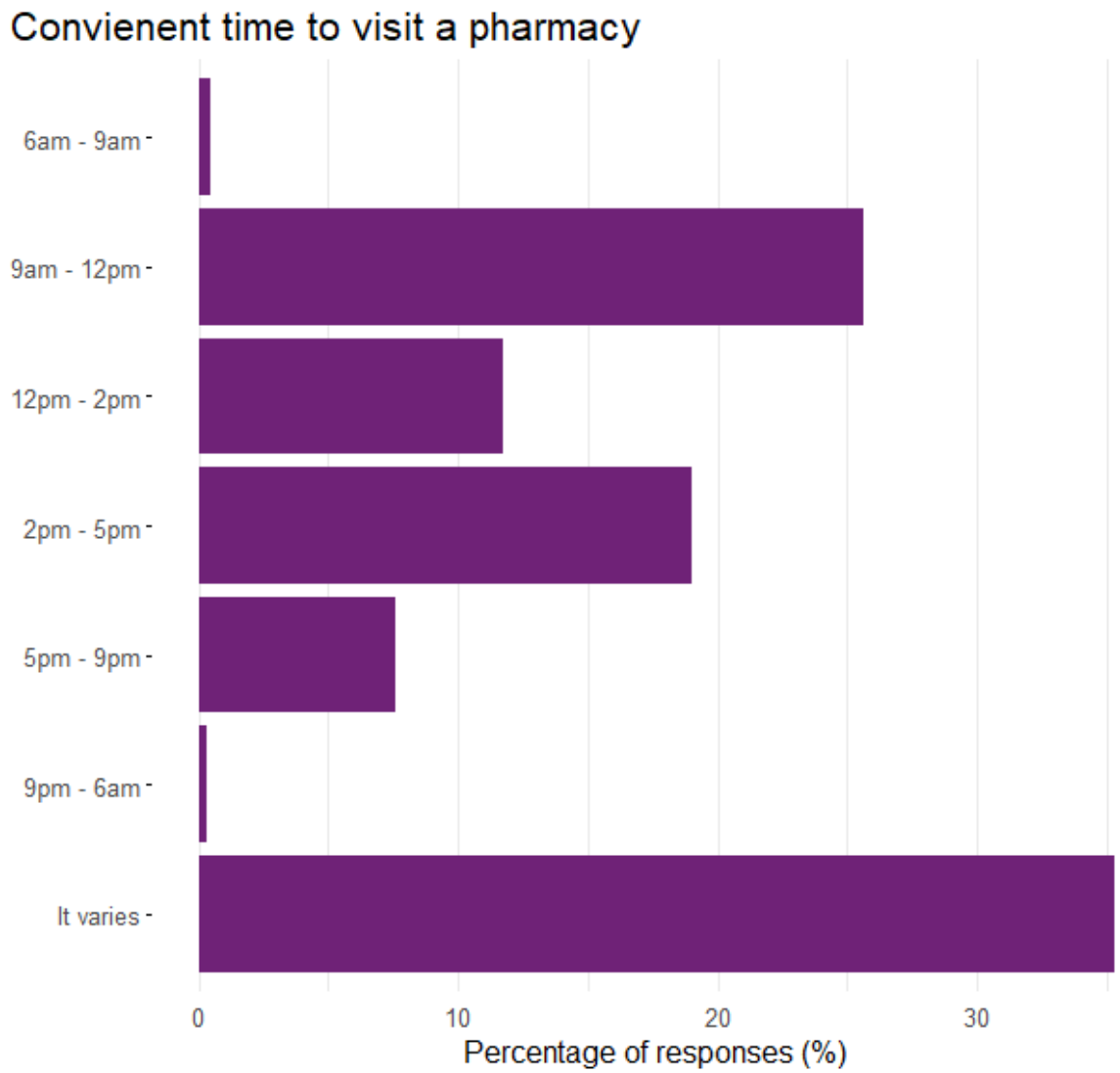

***Figure 36**: Bar plot showing the responses for what time is most convenient to visit a pharmacy.*

When asking what time is most convenient for survey participants to use a local pharmacy, participants mostly answered that the most convenient time varies. 35.3% those responding did not select a specific time slot from the available options and preferred to say that the most convenient time for them to visit a pharmacy varies. The second most popular response was 9am - 12pm, which had 25.6% of the responses. In third place, 20% of participants selected 2pm-5pm as the most convenient time to visit a pharmacy. A total of 632 answered this question.

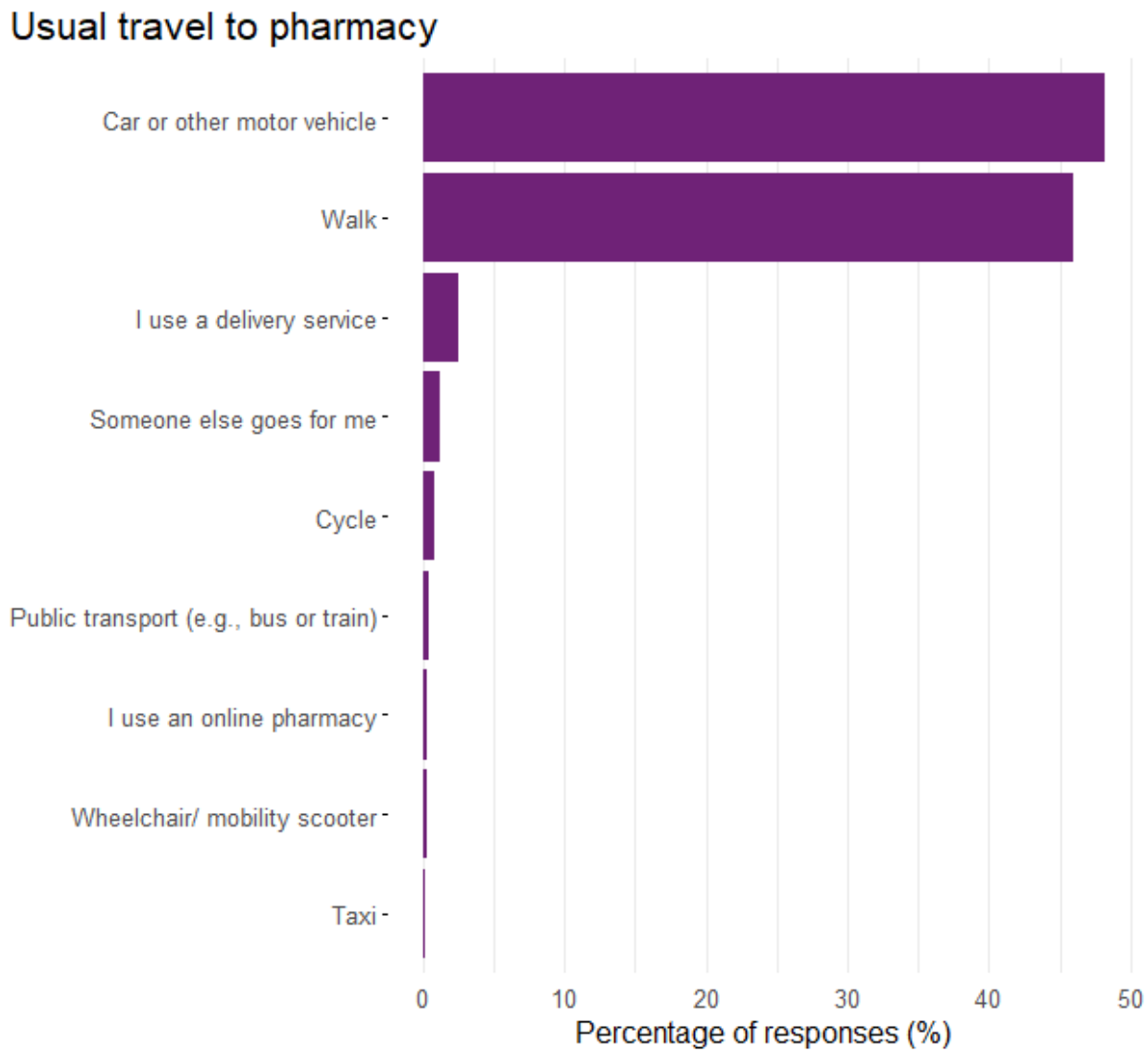

***Figure 37**: Bar plot showing the proportion of how respondents usually travel to a pharmacy.*

When asked how they usually travel to their pharmacy, 48.2% of respondents use a car or other motor vehicle, and 46% of respondents walk to their pharmacy.

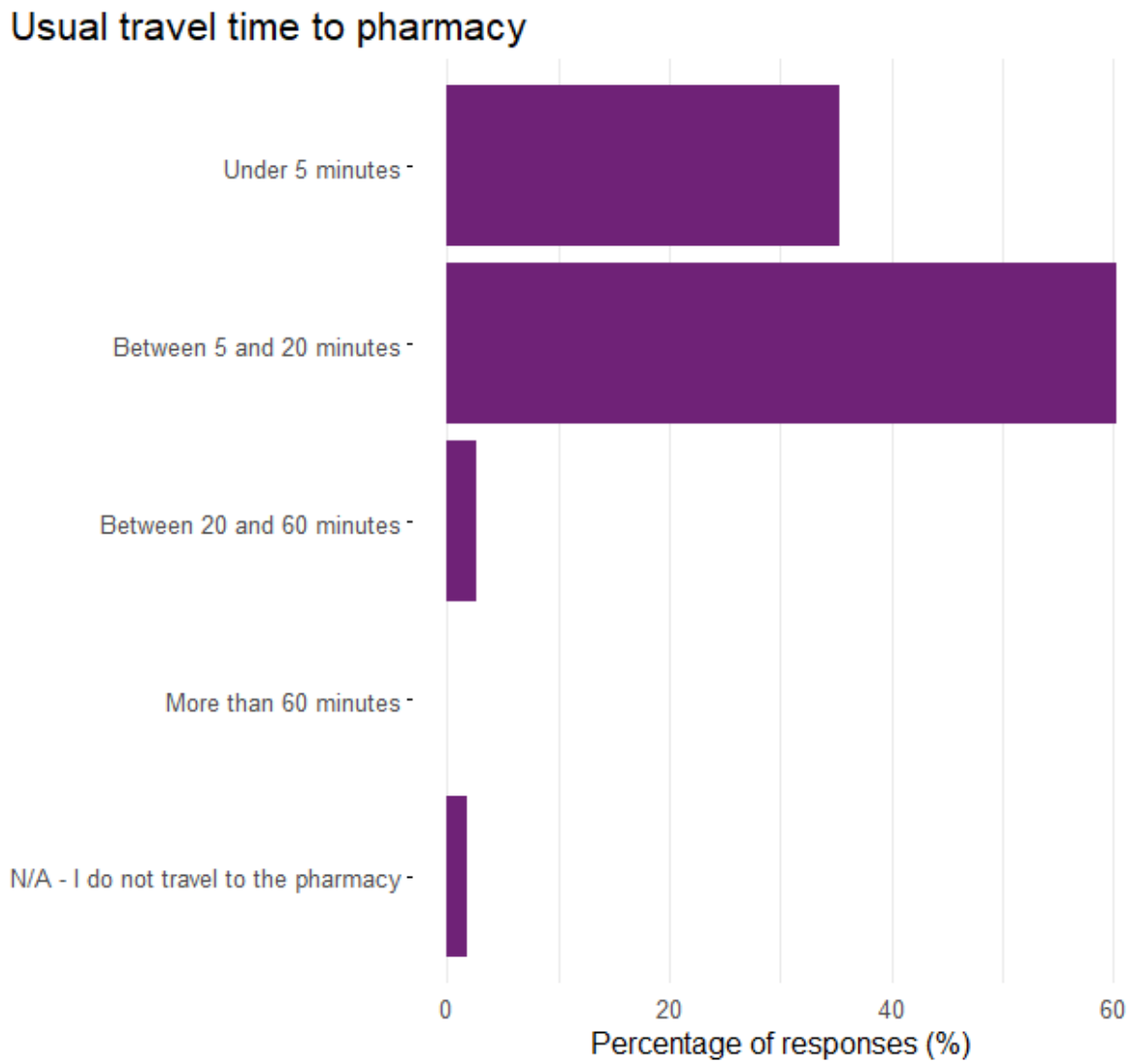

***Figure 38**: Bar plot showing survey responses on travel time to pharmacy.*

Among the 635 participants who responded to the question about travel time to a pharmacy, 60.3% reported that their journey typically takes between 5 and 20 minutes. The second most common response, at 35.3%, indicated that their travel time is under 5 minutes.

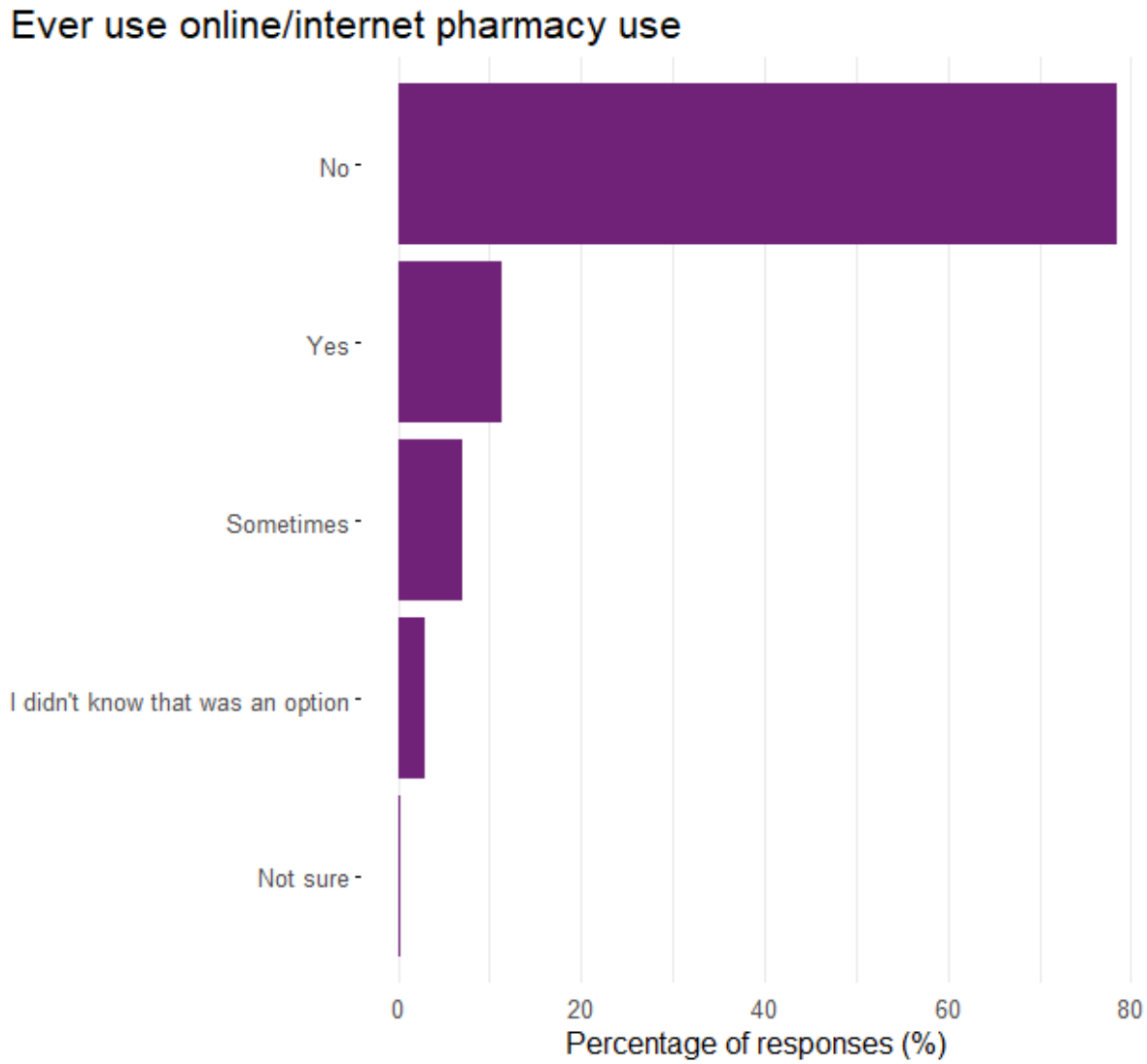

***Figure 39**: Bar plot showing the proportion of responses around online pharmacy usage.*

When asked ‘do you ever use online/internet pharmacies?’, 78.5% of participants said that they have never used an online/internet pharmacy. This compares to 11.3% that said they had used an online/internet pharmacy.

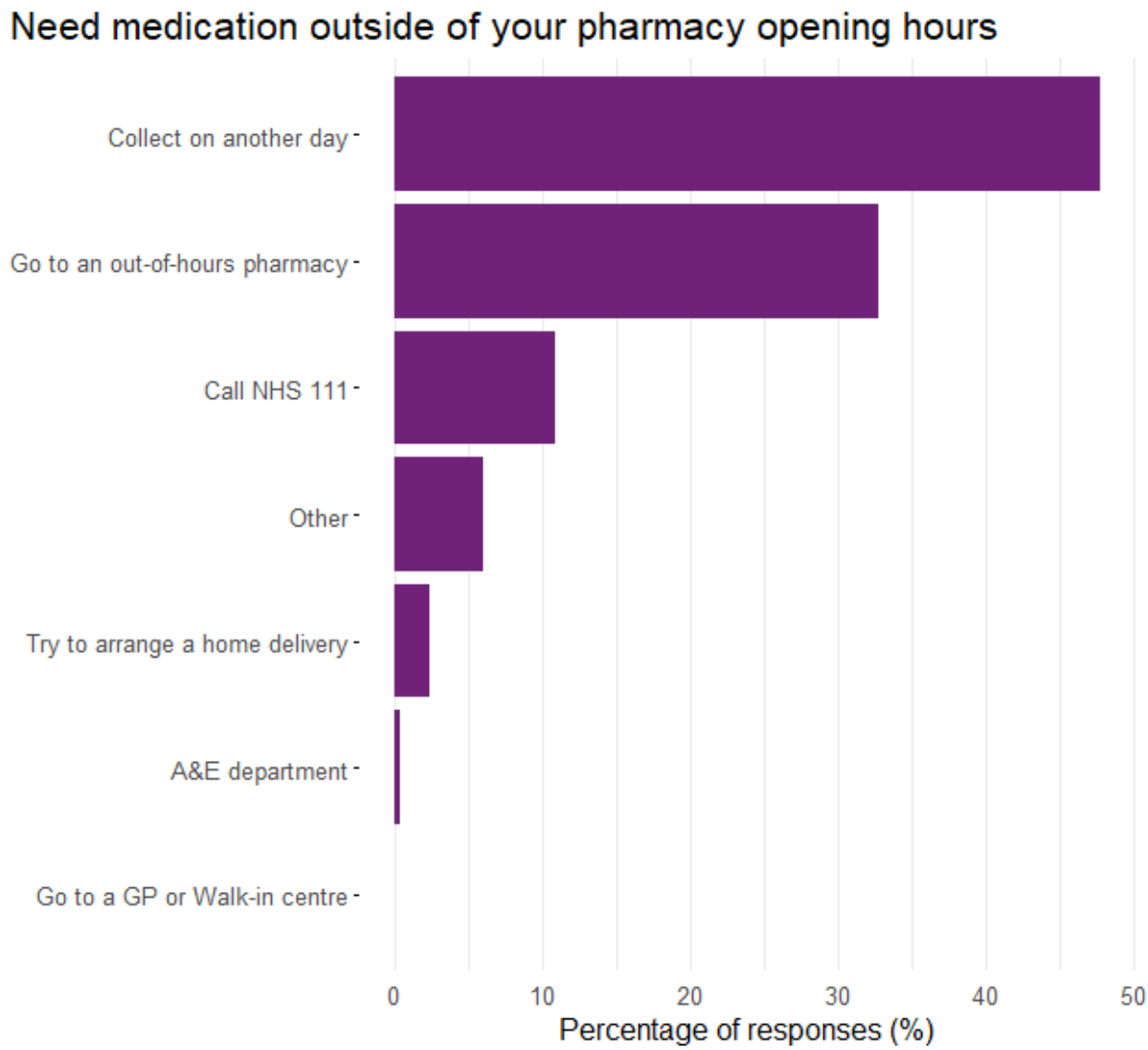

***Figure 40**: Bar plot showing the distribution of responses regarding participants' actions when their usual pharmacy is closed outside of regular hours.*

When asked if you needed medication outside of your pharmacy's usual opening hours, where would you go, 47.8% of respondents answered that they would collect on another day. This is followed by 32.8% stating they would go to an out-of-hours pharmacy. 10.8% of respondents said they would call NHS 111.

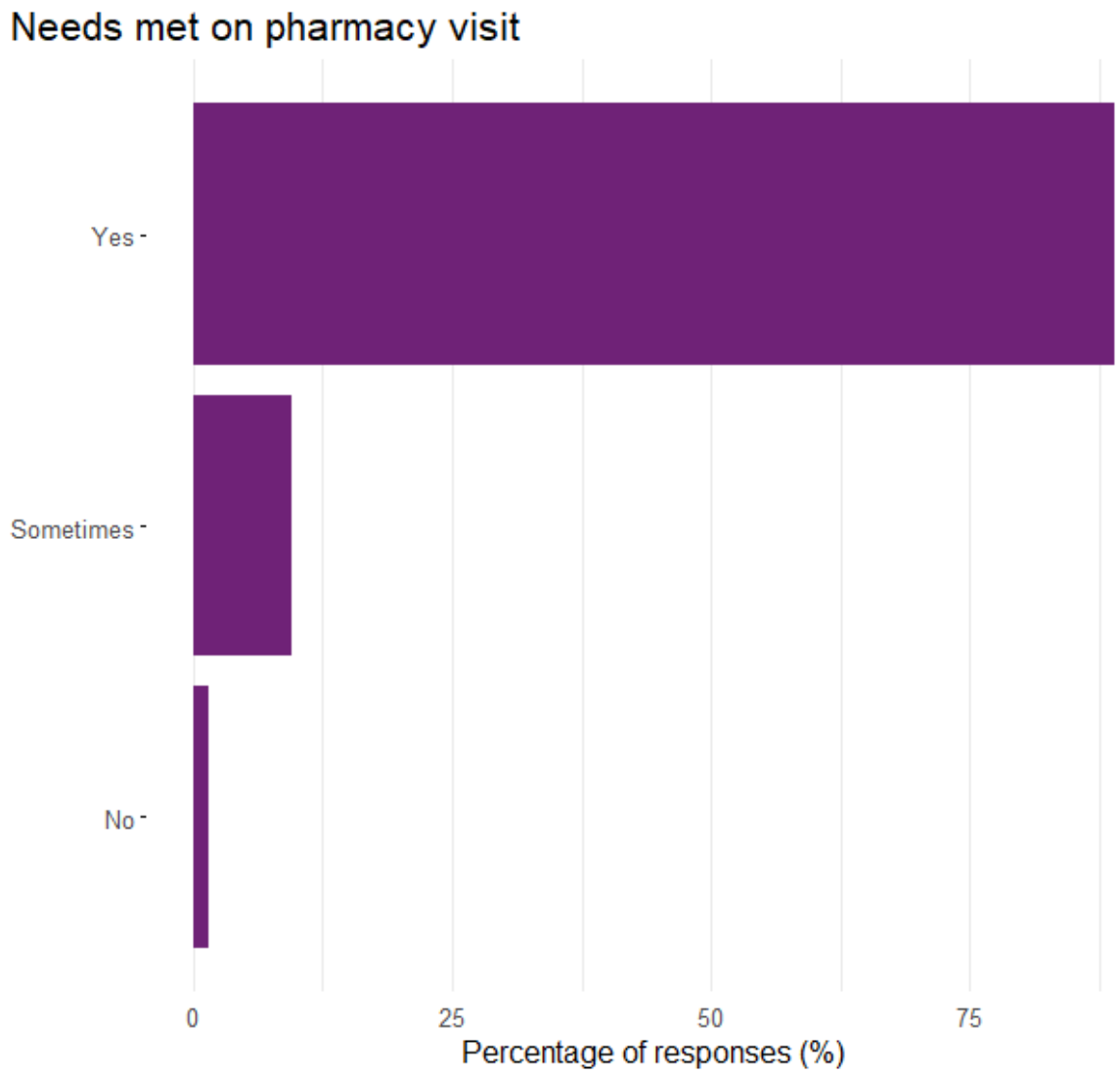

***Figure 41**: Bar plot showing the distribution of responses regarding participants' actions when their usual pharmacy is closed outside of regular hours.*

Most survey participants find that their needs are met when they visit a pharmacy, at 88.9%. A total number of 632 answered this question out of the total of 638 survey participants.

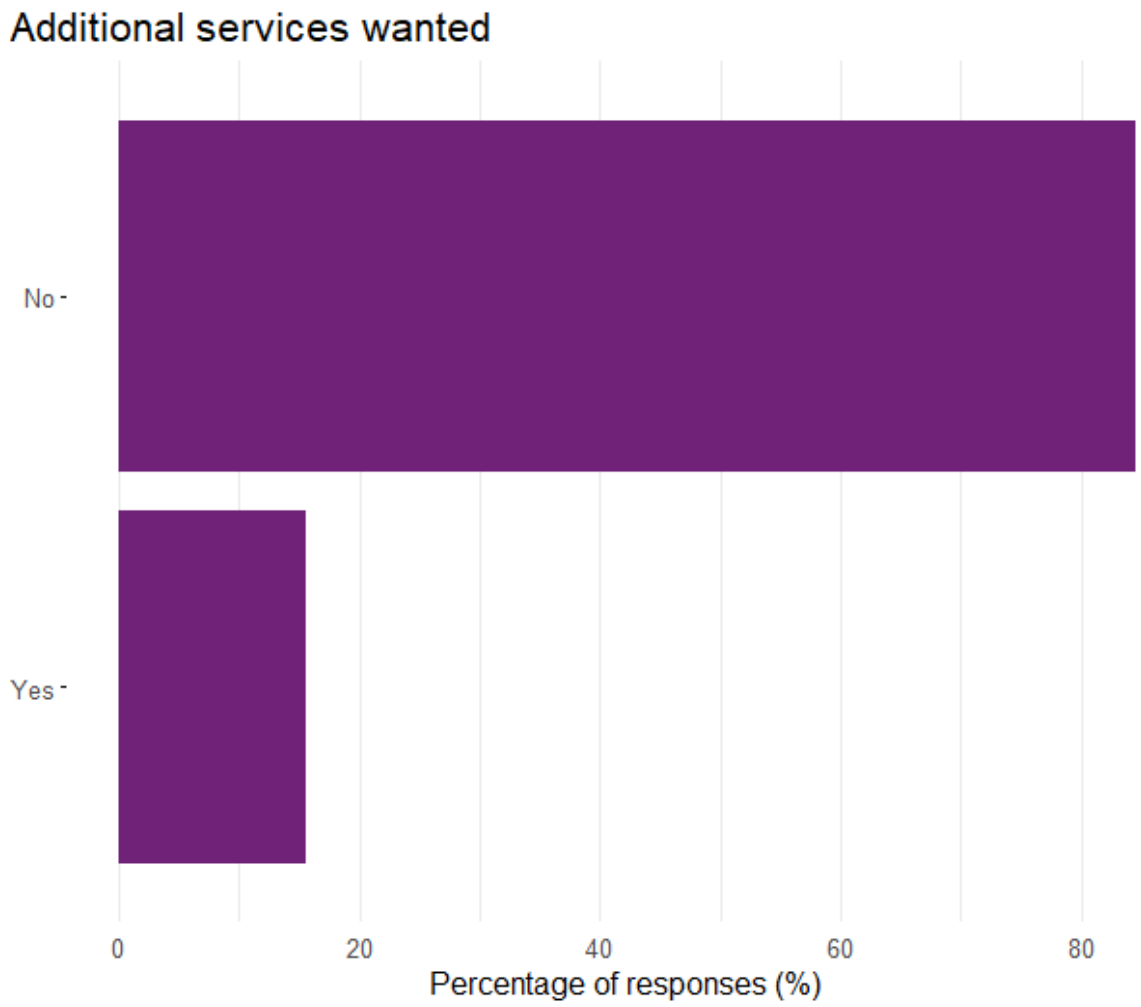

***Figure 42**: Bar plot showing the responses of participants who would want or need additional/ different services available at their pharmacy.*

When asked if there any services participants need or want that are not currently offered at their pharmacy, 84.5% said no. 15.5% said that they would like to see additional services offered at their pharmacy.

Of the 97 that would like additional services, 90 provided a written response. The responses are summarised below.

Medical Services:

- Availability of antibiotics for common conditions.

- Expanded vaccination options (e.g., flu, COVID-19, pneumonia, shingles, B12).
- Blood tests (routine, diabetes, cholesterol checks, finger tests, flu swabs).
- Minor medical services like earwax removal, private consultations, and blister pack preparation.
- Wider prescribing authority (e.g., repeat prescriptions or emergency antibiotics).

Convenience and Accessibility:

- Longer opening hours (late nights, weekends).
- Home delivery (reviving or improving).
- Online booking for services and better service visibility (e.g., what's offered and when prescriptions are ready).

Stock Management:

- Better availability of medications and products.
- Stock replacement for NHS diabetes sensors (Libre2plus) and sanitary products.
- Enhanced inter-pharmacy coordination for sourcing medications.

Additional Roles for Pharmacies:

- Provide healthcare advice, reduce GP dependency, and improve communication with doctors.
- Health checks (e.g., blood pressure, HRT advice) and support for minor ailments.

Other Suggestions:

- Clear signage for locating pharmacies.
- Improved customer service through more staff availability and staff training.
- Dedicated parking and alignment with main store hours.

Feedback on Current Services

- Participants generally appreciated helpful, knowledgeable pharmacists and their services. However, some noted rude staff behaviour, frequent stock shortages, and limited advisory knowledge.

This summary highlights a mix of medical, logistical, and customer service improvements noted by participants.

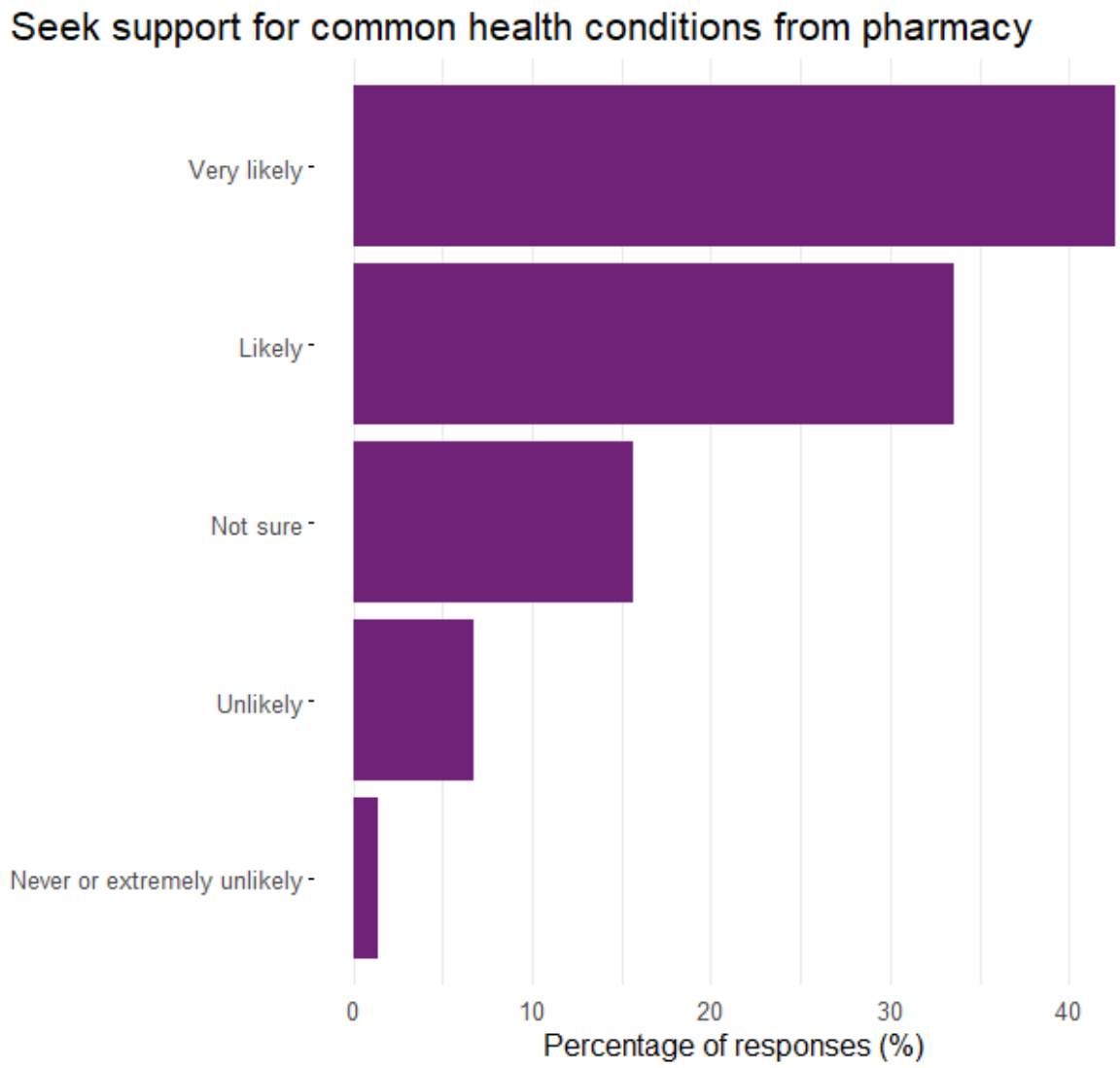

***Figure 43**: Bar plot showing the responses for how likely participants would be to seek support for common health conditions from a pharmacy.*

Figure 43 shows how likely survey participants would be to seek support for common health conditions from a community pharmacy. We can see that 76.2% answered that they would be very likely or likely to seek support for common health conditions at a pharmacy.

Equality impact assessment

This next section explores the public survey responses by different groups representing protected characteristics, looking at where there are similarities and differences between groups.

RBWM's public survey received a total of 638 responses from RBWM residents, but it is important to acknowledge that this may not provide a fully representative view of the population. The survey was primarily conducted online and shared through the council's communications channels, with no paper copies distributed. Consequently, certain population groups, such as those with limited internet access or less engagement with council communications, may not have been captured well. Additionally, in-person responses were limited to just seven participants from specific groups — the dementia carers group in Maidenhead and outpatients at Wexham Park Hospital — resulting in limited diversity in perspectives. Given the borough's total population, this sample size and methodology could lead to under-representation of key demographics, limiting the findings.

Age

Pharmacies provide essential services to all age groups such as dispensing, promotion of healthy lifestyles and signposting patients to other healthcare providers. They provide services to vulnerable adults and children and are required to be aware of the safeguarding guidance and local safeguarding arrangements.

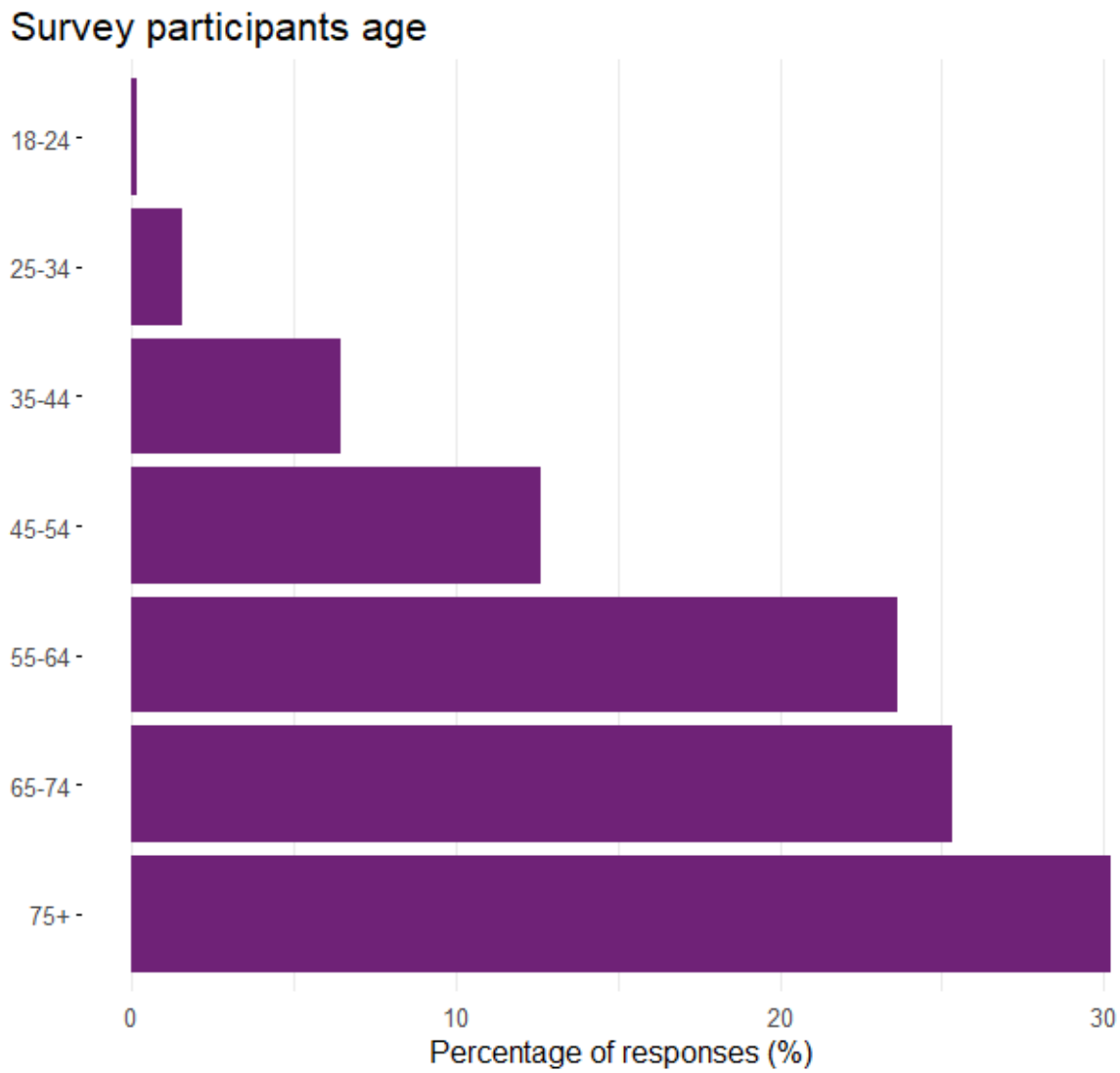

***Figure 44**: Bar plot showing the age ranges of the survey participants.*

Survey participants were asked to provide their age range from the ranges available as a response to the question. Figure 44 shows the full breakdown as a percentage of the age ranges from the total number of responses.

To allow for a simple comparison between age groups, we will calculate confidence intervals for the responses by age groups using the Wilson Score method. Where confidence intervals overlap, this will be an indication of no difference and when confidence intervals do not overlap, this will indicate a difference. This section will focus on those aged 65 and over compared to those aged under 65.

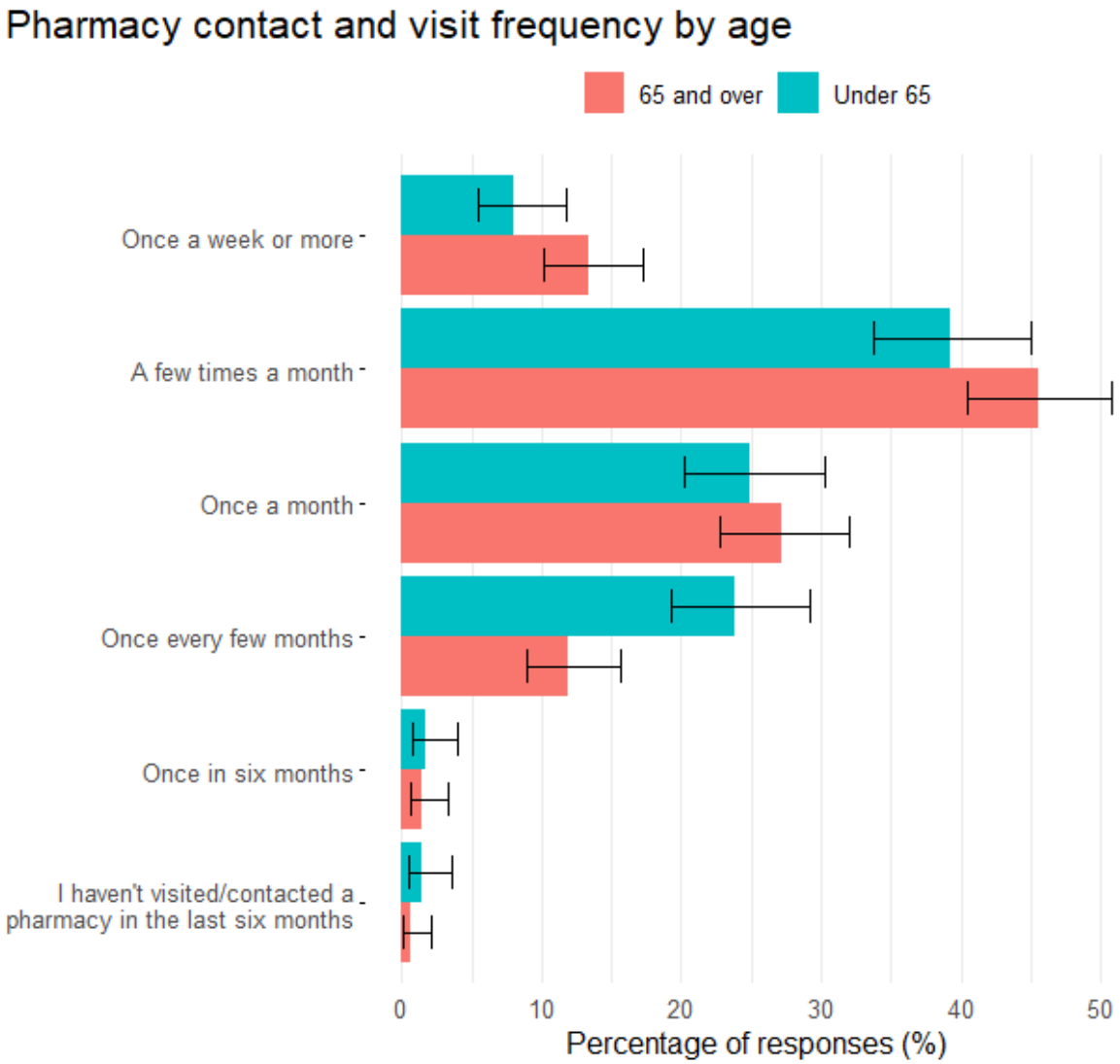

***Figure 45**: Bar plot showing the proportion of responses by how often they contact/ visit a pharmacy by age.*

Figure 45 shows that the only difference between visit/ contact frequency is for 'once every few months'. Here we can see that those aged 65 and over are less likely to visit/ contact a pharmacy once very few months, compared to those aged under 65.

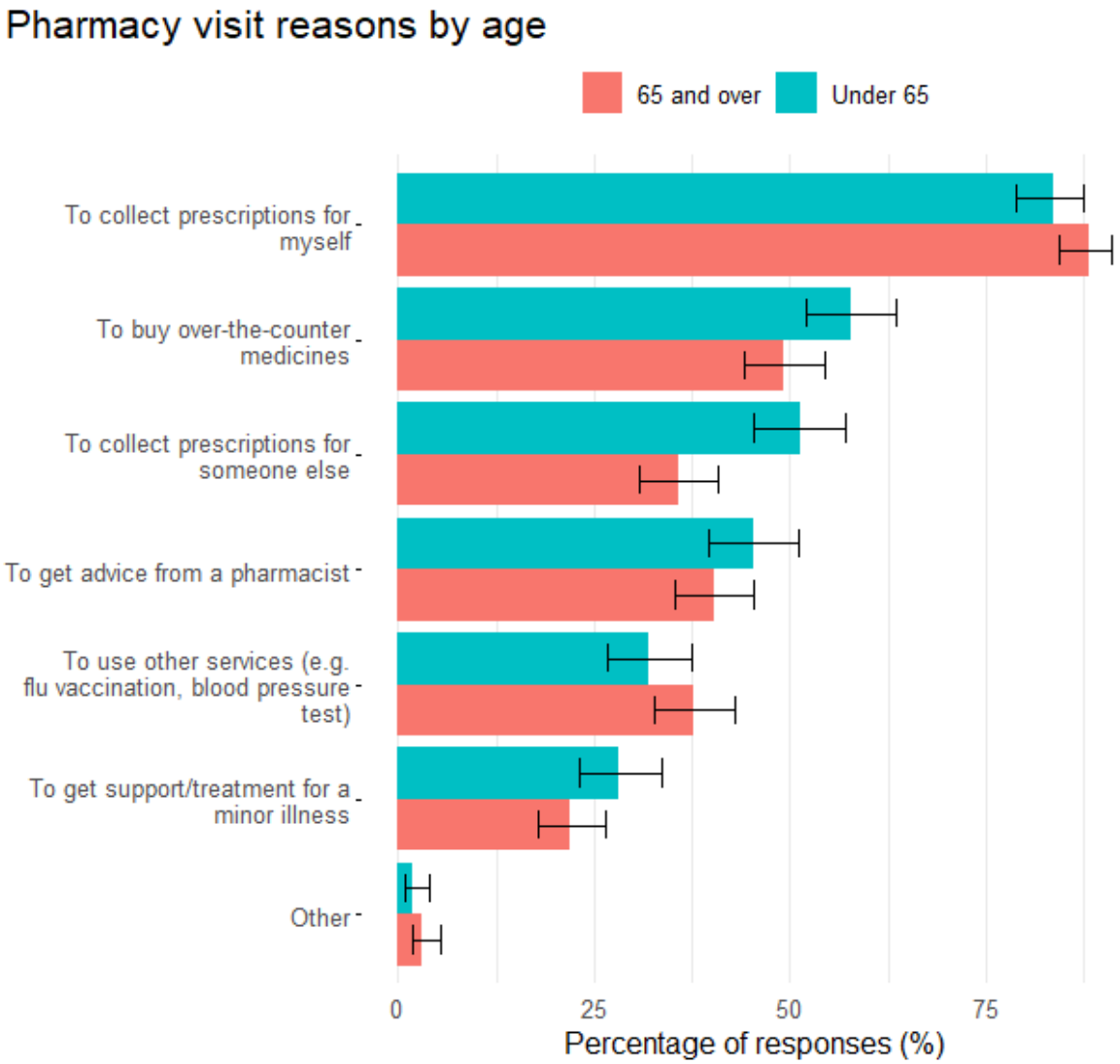

***Figure 46**: Bar plot showing the proportion of responses for the question 'why do you usually visit a pharmacy' by age group.*

Under 65 participants are more likely to be collecting a prescription on behalf of someone else when compared to participants aged 65 and over. There are no differences for the other reasons when visiting a pharmacy.

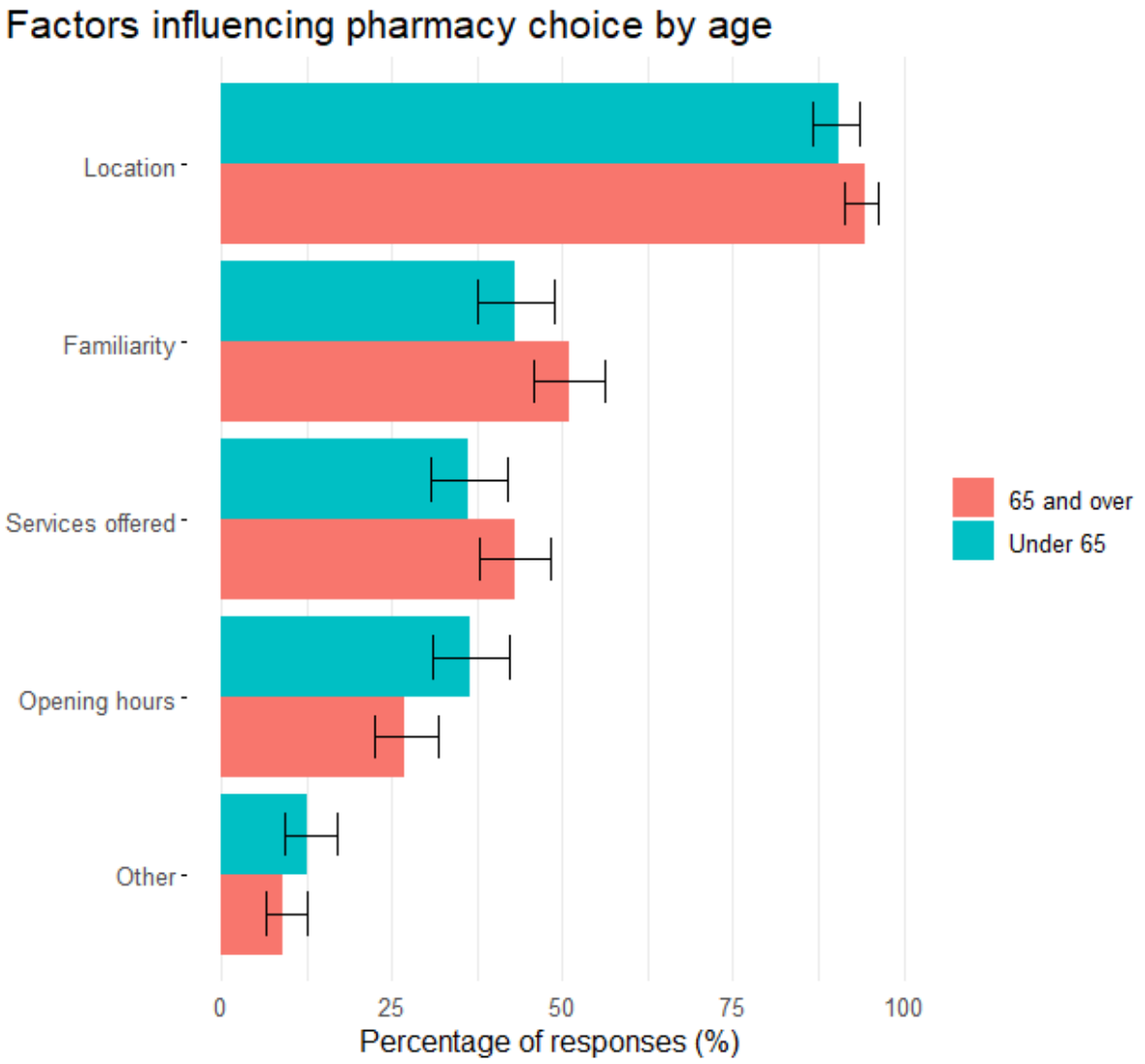

***Figure 47**: Bar plot showing the proportion of responses for what factors influence the participants' choice of pharmacy by age group.*

As shown by figure 47, when it comes to factors that influence pharmacy choice there is no difference between the participants that are aged under 65 and those aged 65 and over.

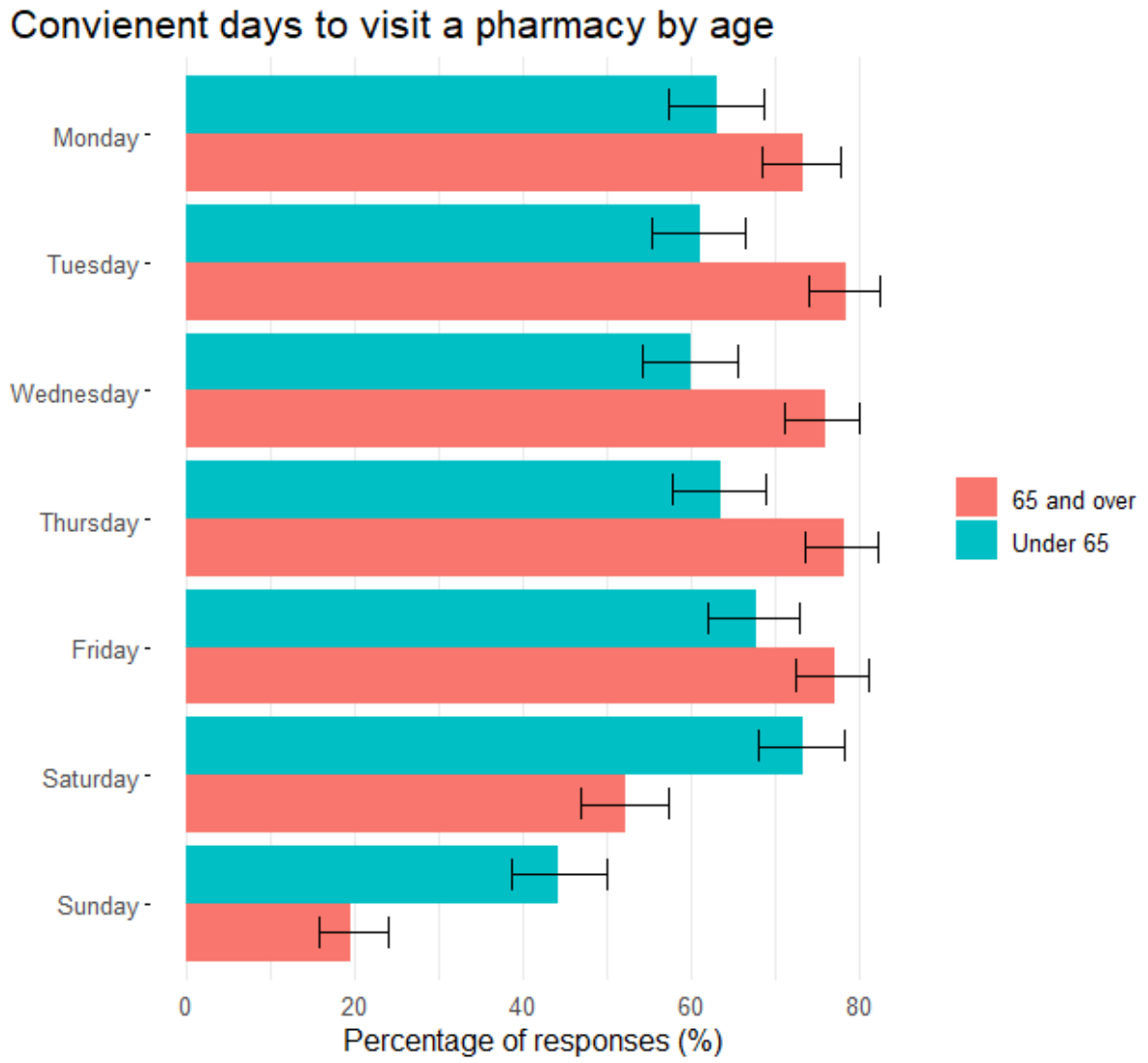

***Figure 48**: Bar plot showing the responses for what days are convenient to visit a pharmacy by age group.*

Survey participants aged under 65 are more likely to visit a pharmacy on a weekend in comparison to those aged 65 and over. This is shown in figure 48.

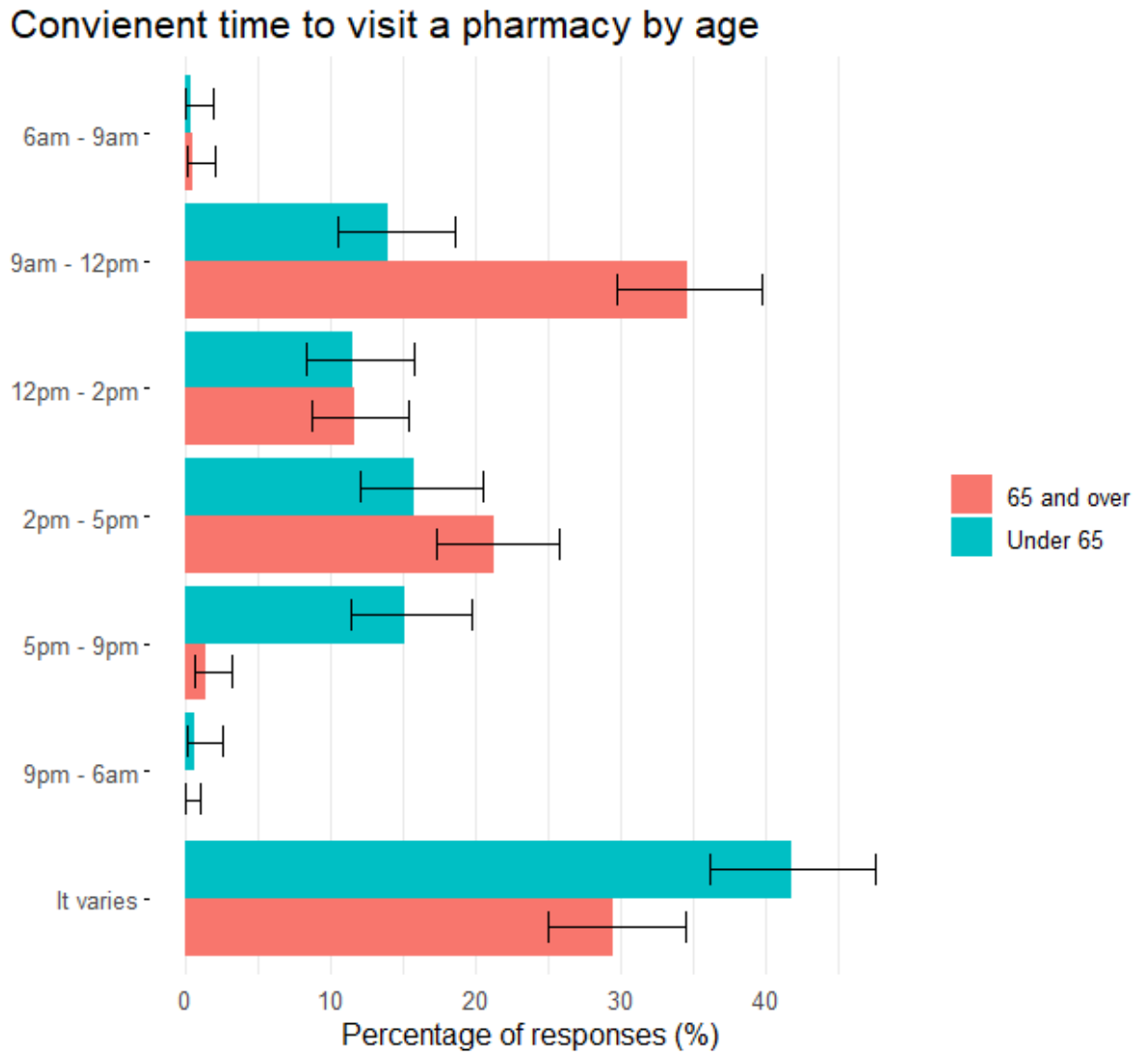

***Figure 49**: Bar plot showing the responses for what time is most convenient to visit a pharmacy by age group.*

Survey participants aged 65 and over are more likely to find visiting a pharmacy between 9am - 12pm more convenient for them. This compares to those aged under 65 to find visiting a pharmacy between 5pm - 9pm and variable times more convenient for them.

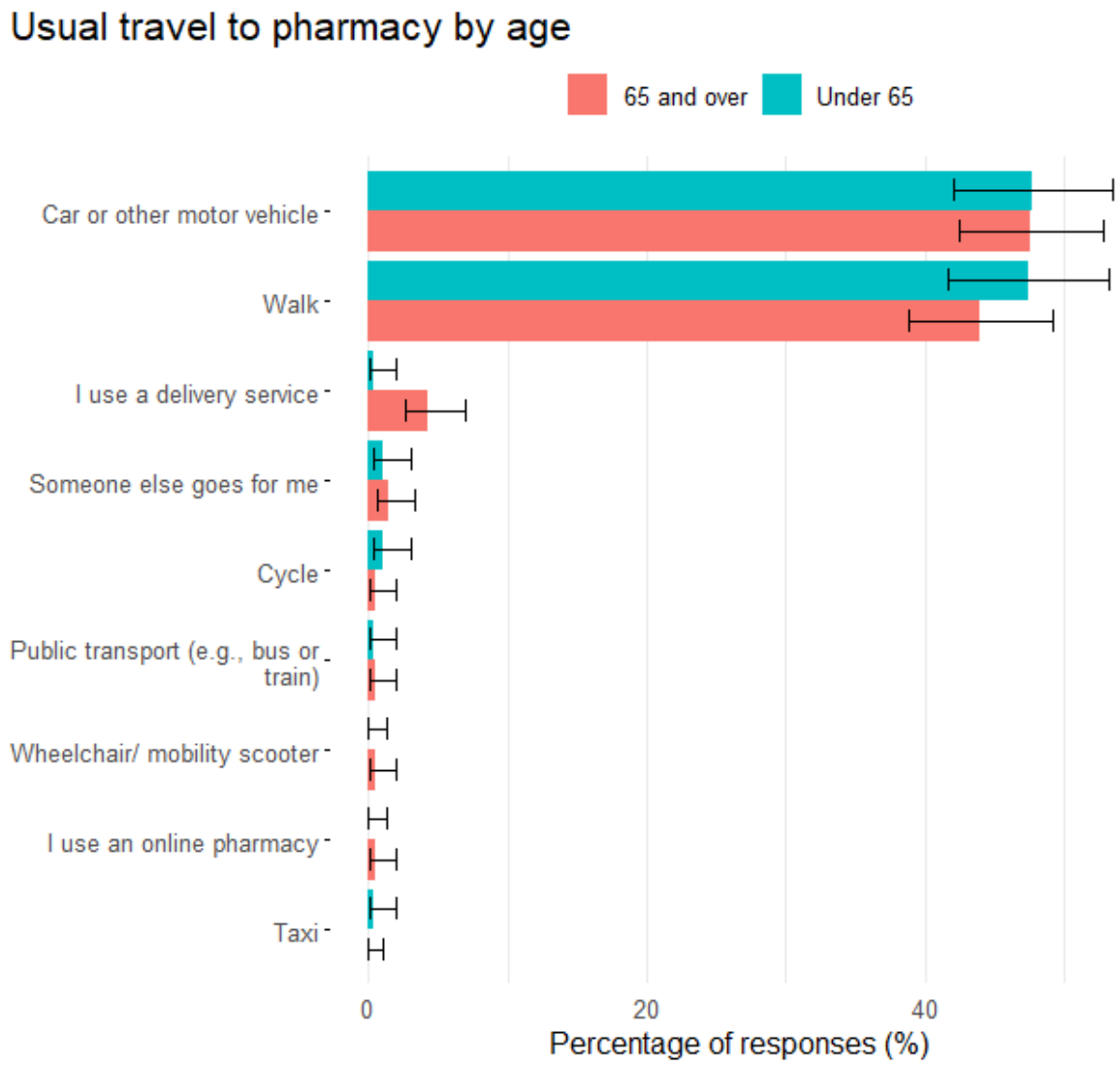

***Figure 50**: Bar plot showing the proportion of how participants usually travel to a pharmacy by age group.*

When it comes to how participants usually travel to pharmacies, there is no difference between those aged 65 and over and those aged under 65 for travelling by motor vehicle or walking.

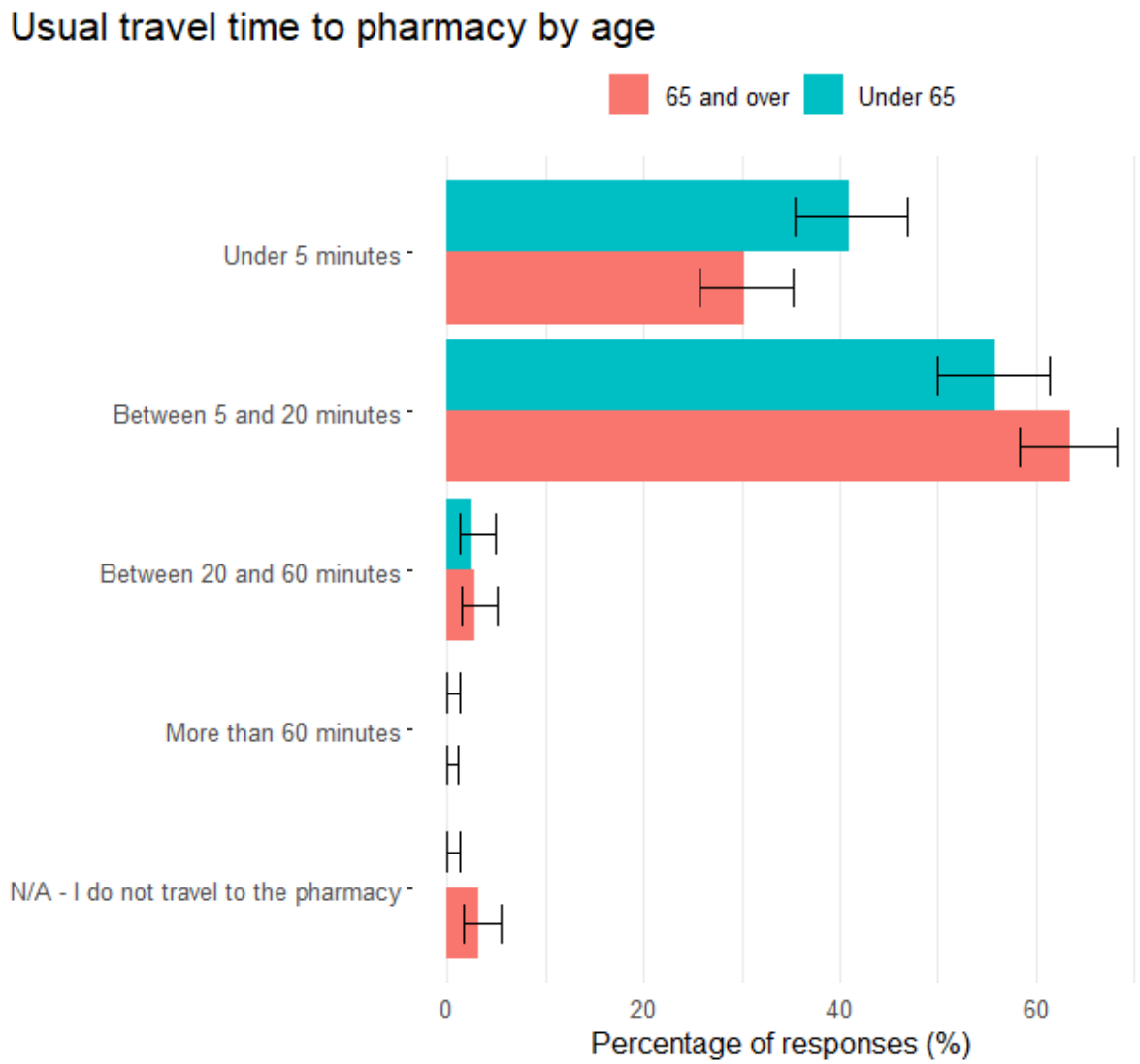

***Figure 51**: Bar plot showing survey responses on travel time to pharmacy by age group.*

Figure 51 shows that those aged under 65 are more likely to have a journey time of under 5 minutes to their local pharmacy compared to those aged 65 and over.

Other questions have not been compared due to small samples in responses and/or most participants selecting a single answer meaning there would be no difference between the two age groups.

Gender

The survey results can also be explored by gender. This section explores any potential differences in the needs, preferences, and experiences of pharmacy users across genders. This exploration will breakdown how survey respondents use pharmacies.

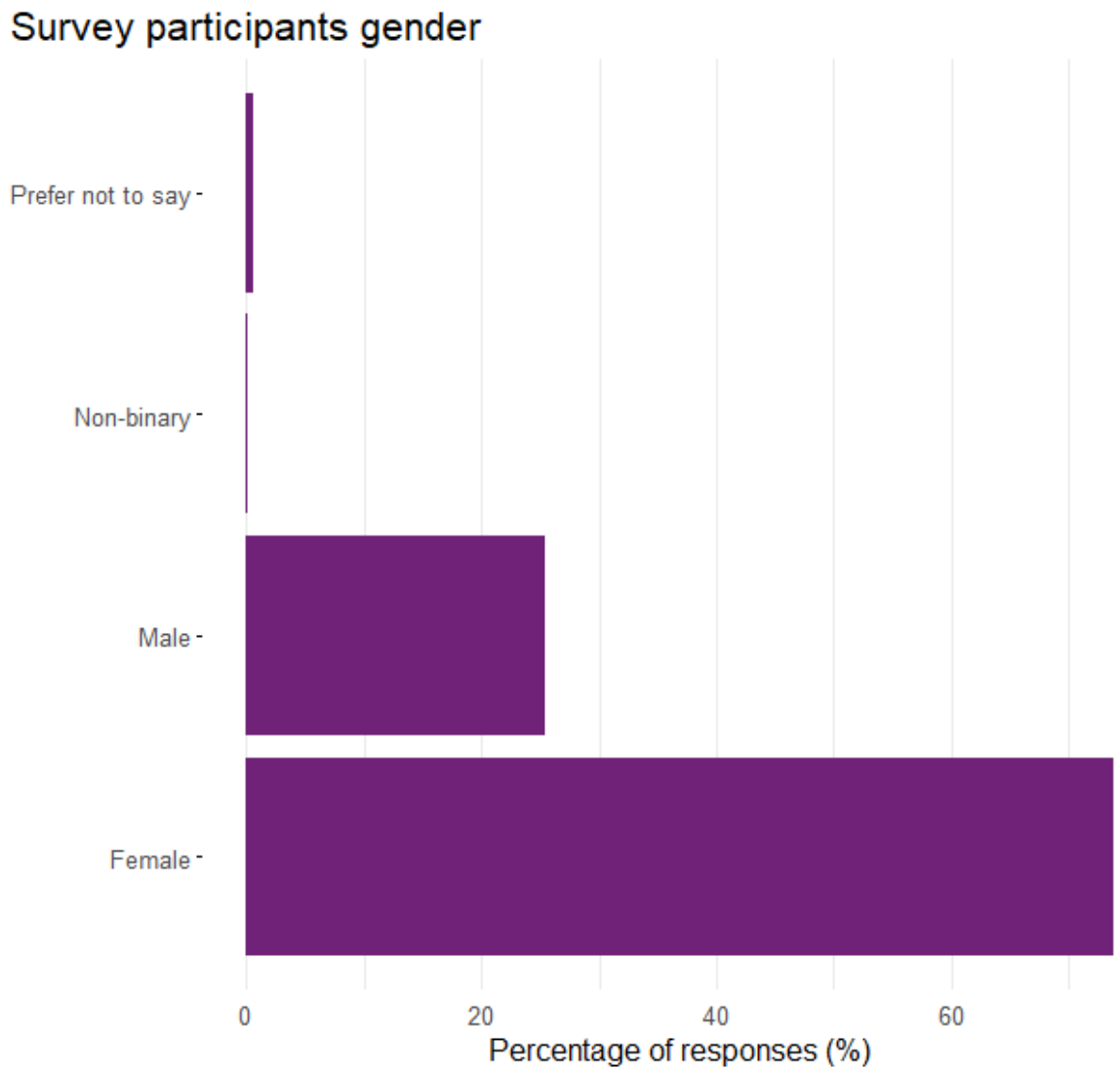

***Figure 52**: Bar plot showing the gender of the survey participants.*

Most survey participants described their gender as female, at 73.9%. Males accounted for 25.4% of participants while any other described genders made up for less than 1%. Of the total 638 survey participants, 635 answered the question of how they describe their gender with four preferring not to say.

This section will explore survey results for males and females, as all other genders are too small for any meaningful results.

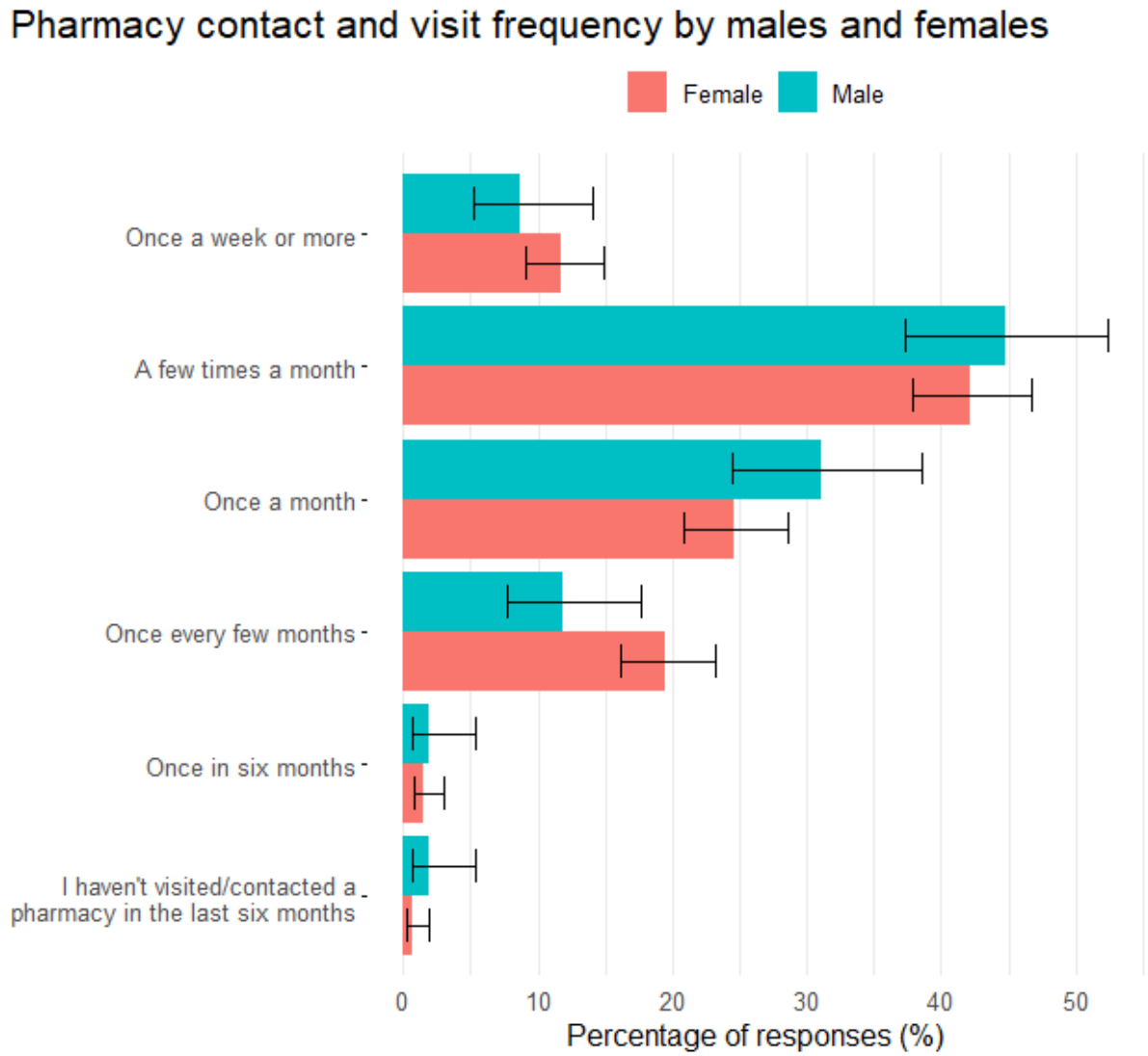

***Figure 53**: Bar plot showing the proportion of responses by how often they contact/ visit a pharmacy by males and females.*

Looking at pharmacy visits/ contacts by males and females for our survey participants, there are no differences to the frequency of visits/ contacts. This is shown by figure 53.

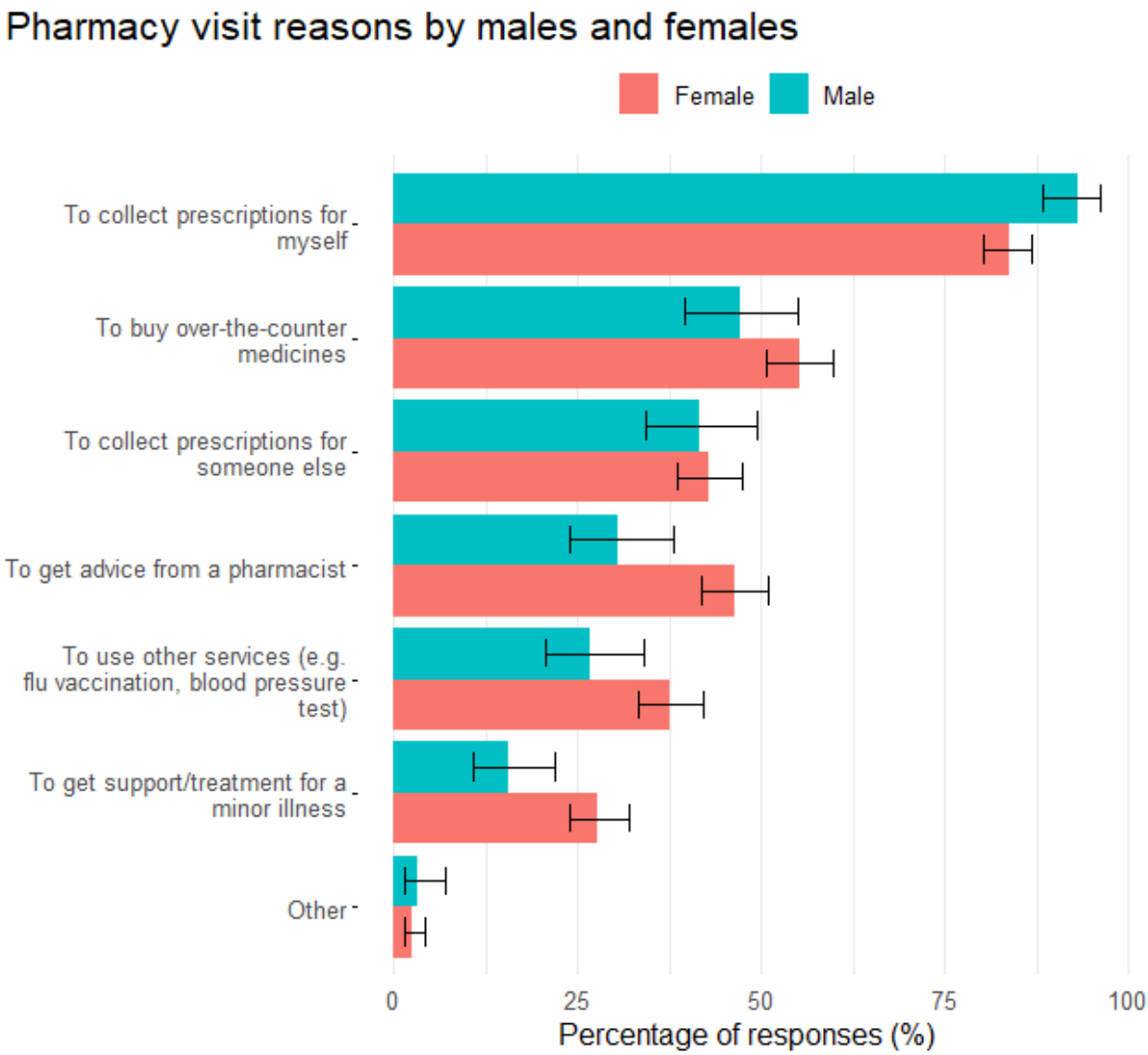

***Figure 54**: Bar plot showing the proportion of responses for the question 'why do you usually visit a pharmacy' by males and females.*

Figure 54 shows that male participants are less likely to visit a pharmacy for support/ treatment for a minor illness or to get advice from a pharmacist, compared to female participants. Male participants were more likely to be collecting a prescription for themselves, compared to female participants.

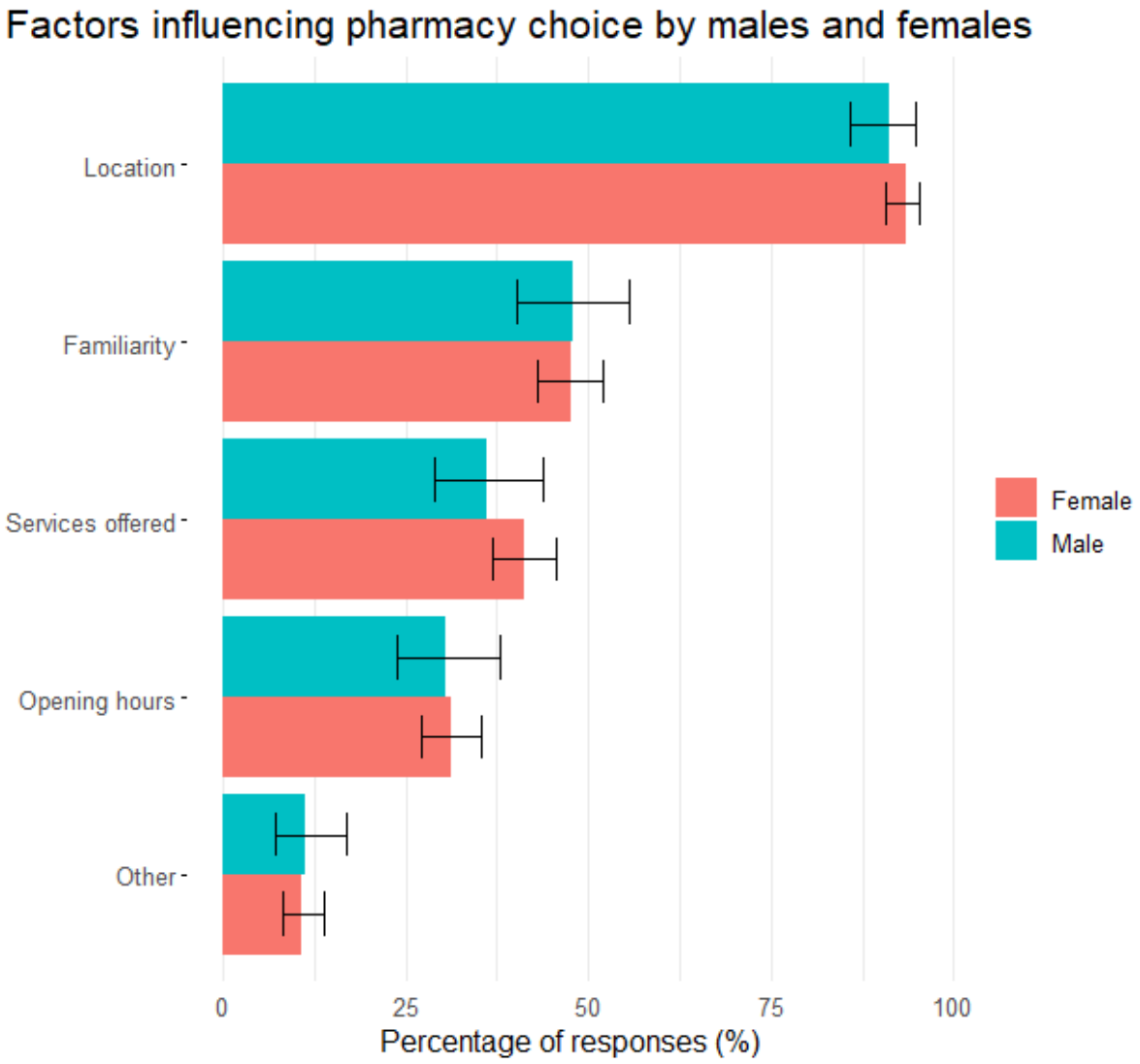

***Figure 55**: Bar plot showing the proportion of responses for what factors influence the participants' choice of pharmacy by males and females.*

As shown by 55, when it comes to factors that influence pharmacy choice there is no difference between the participants that defined their gender as male or female.

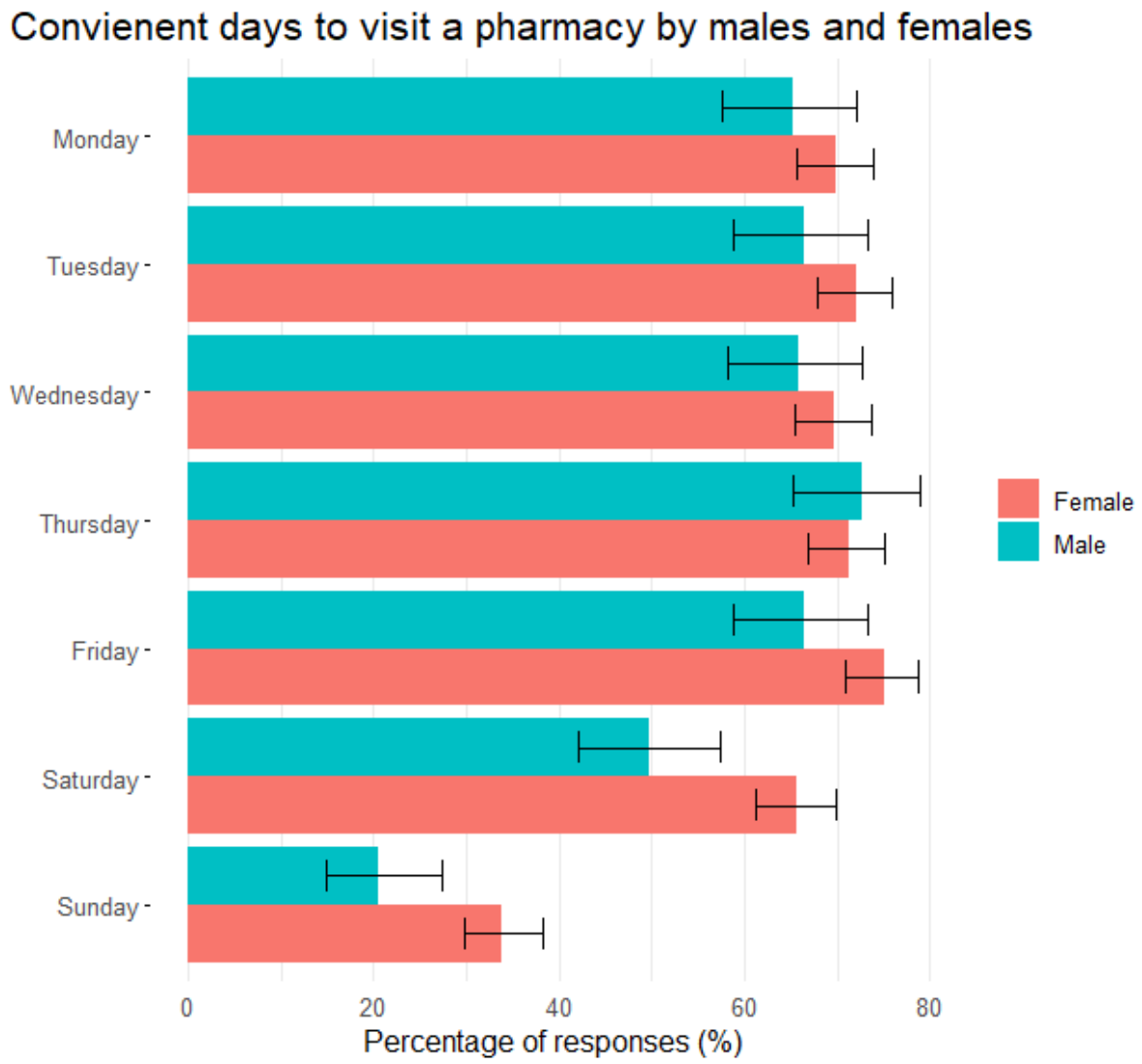

***Figure 56**: Bar plot showing the responses for what days are convenient to visit a pharmacy by males and females.*

Male survey participants said they were less likely to visit a pharmacy on a weekend in comparison to females. This is shown in figure 56.

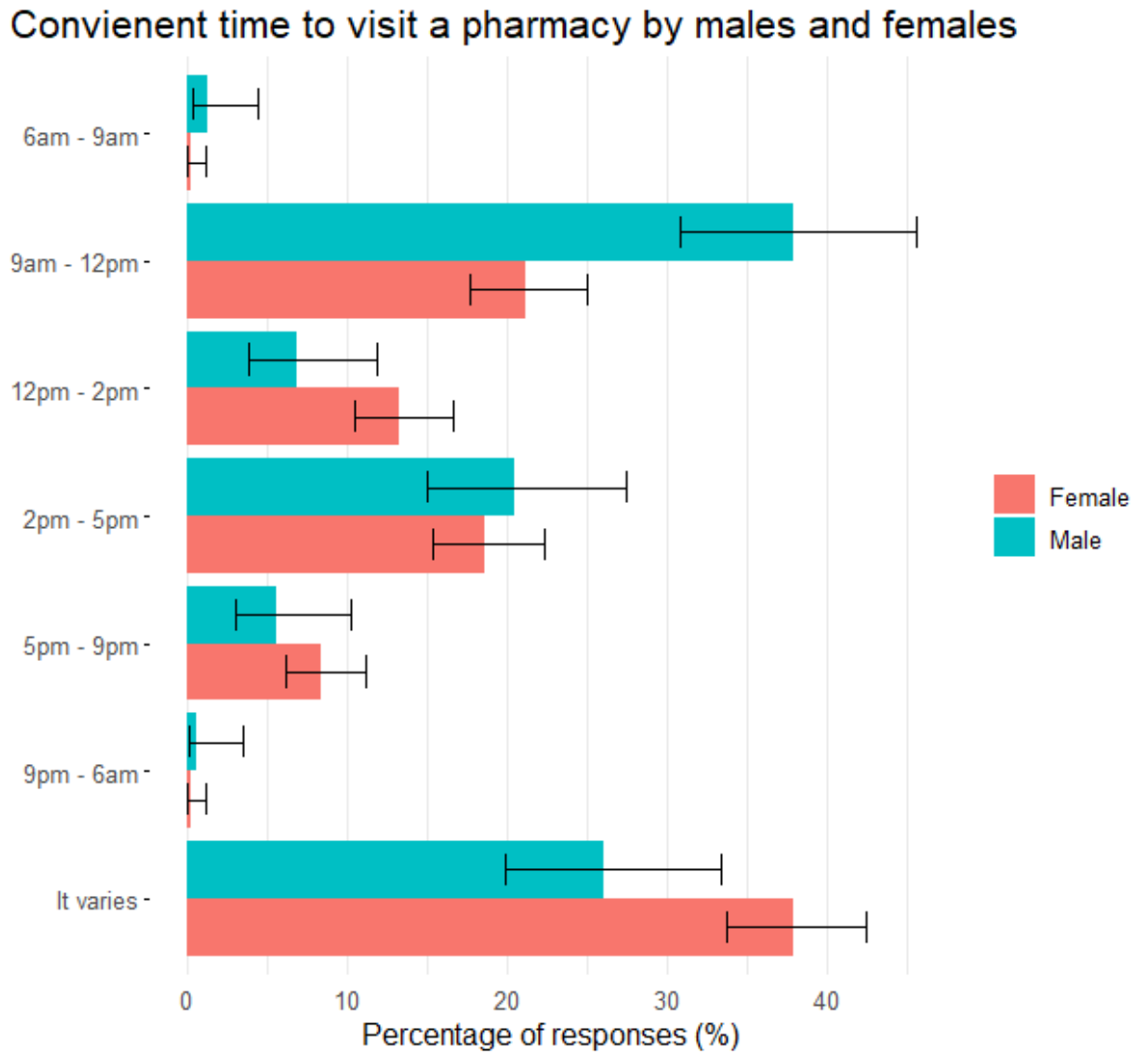

***Figure 57**: Bar plot showing the responses for what time is most convenient to visit a pharmacy by males and females.*

Male survey participants were more likely to find visiting a pharmacy between 9am - 12pm more convenient for them. Female participants were more likely to say that the most convenient time for them to visit a pharmacy varies.

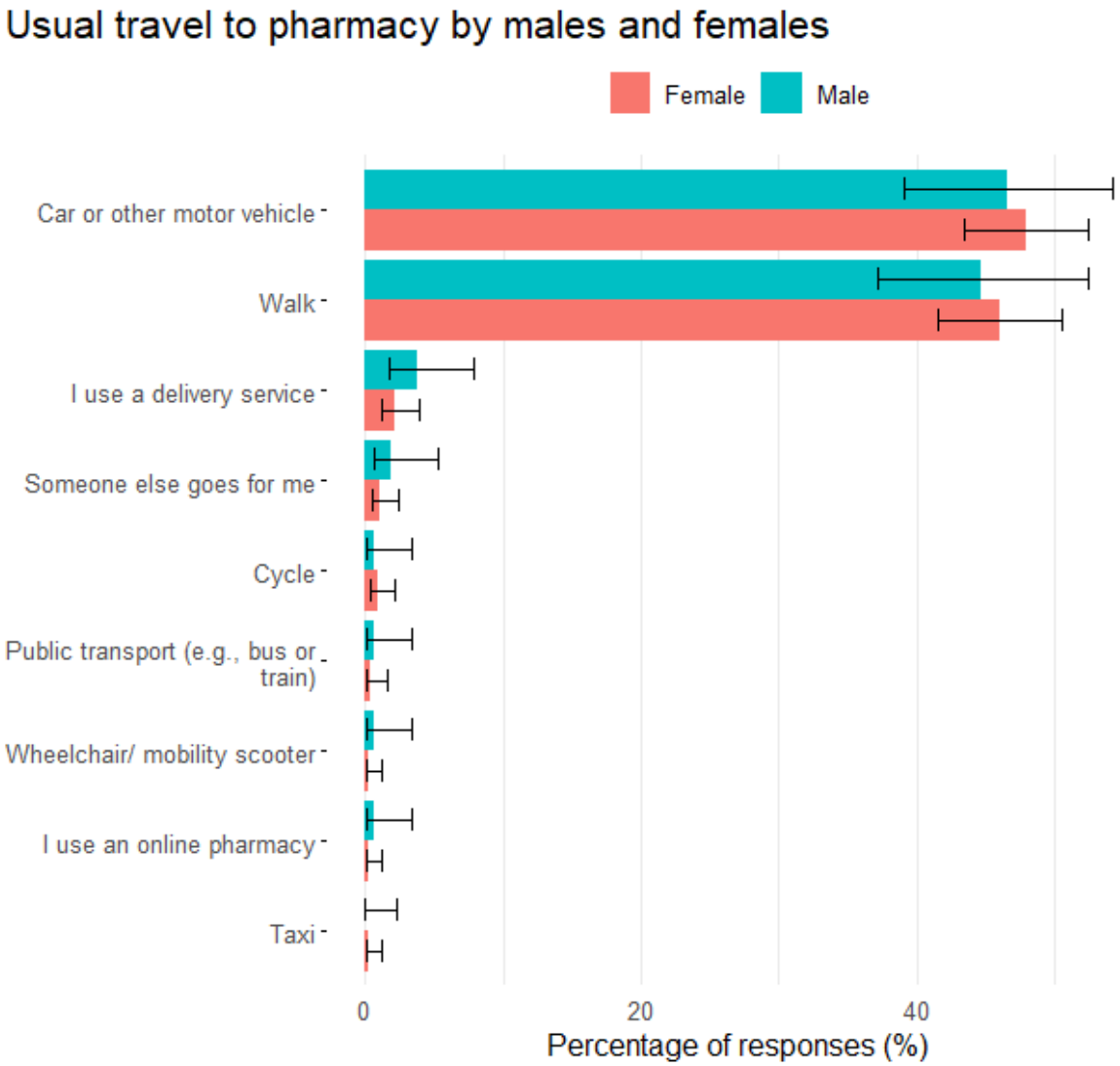

***Figure 58**: Bar plot showing the proportion of how participants usually travel to a pharmacy by males and females.*

When it comes to how participants usually travel to pharmacies, there is no difference between those who described their gender as either male or female.

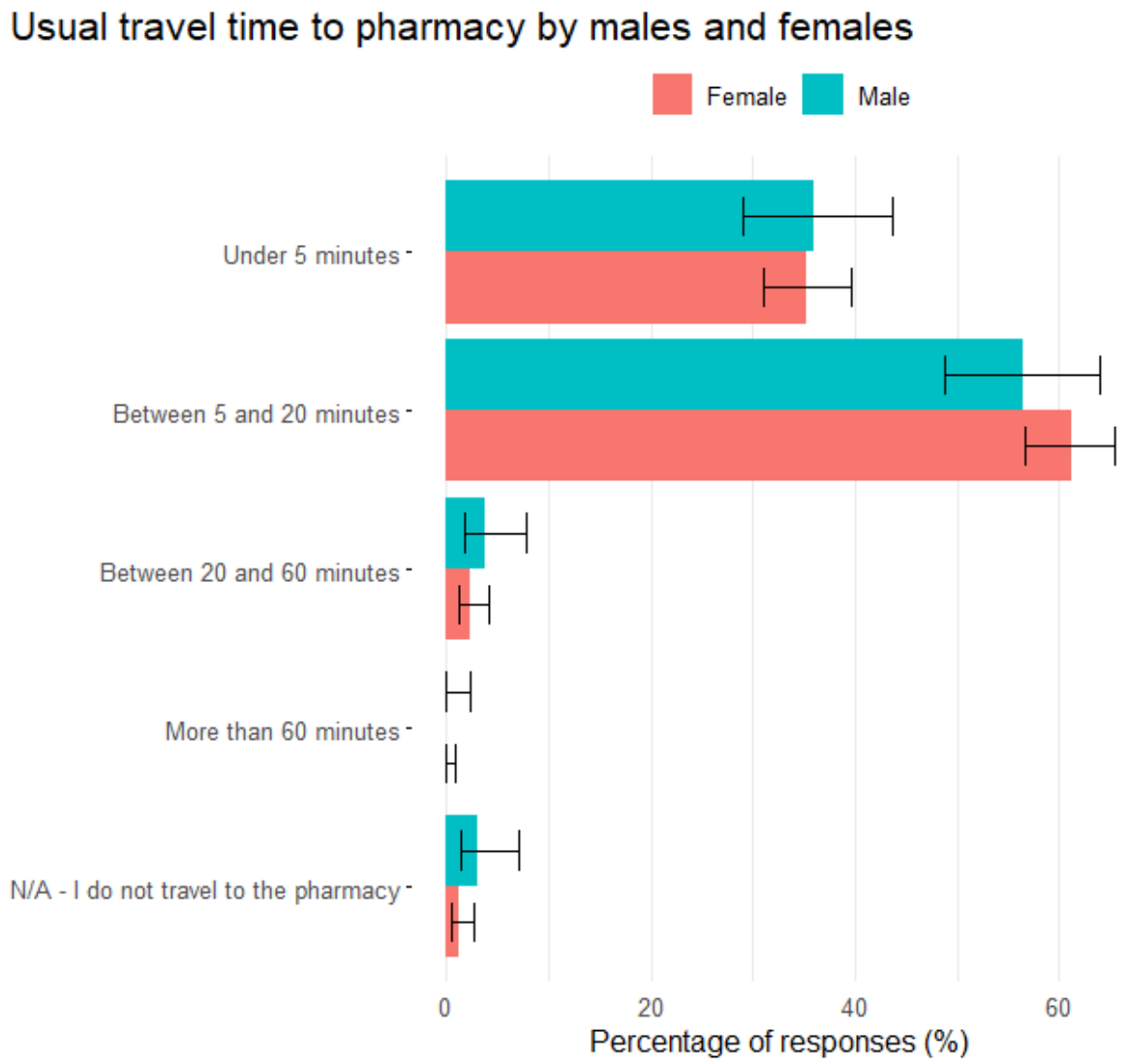

***Figure 59**: Bar plot showing survey responses on travel time to pharmacy by males and females.*

Figure 59 shows that there was no difference for our survey participant's time travel to a pharmacy between males and females.

Other questions have not been compared due to small samples in responses and/or most participants selecting a single answer meaning there would be no difference between the two groups.

Survey participants were also asked if their gender identity is the sex they were assigned at birth. Only 1 participant answered no to this question.

Ethnicity

Survey participants were asked to best describe their ethnicity from a selection of possible answers.

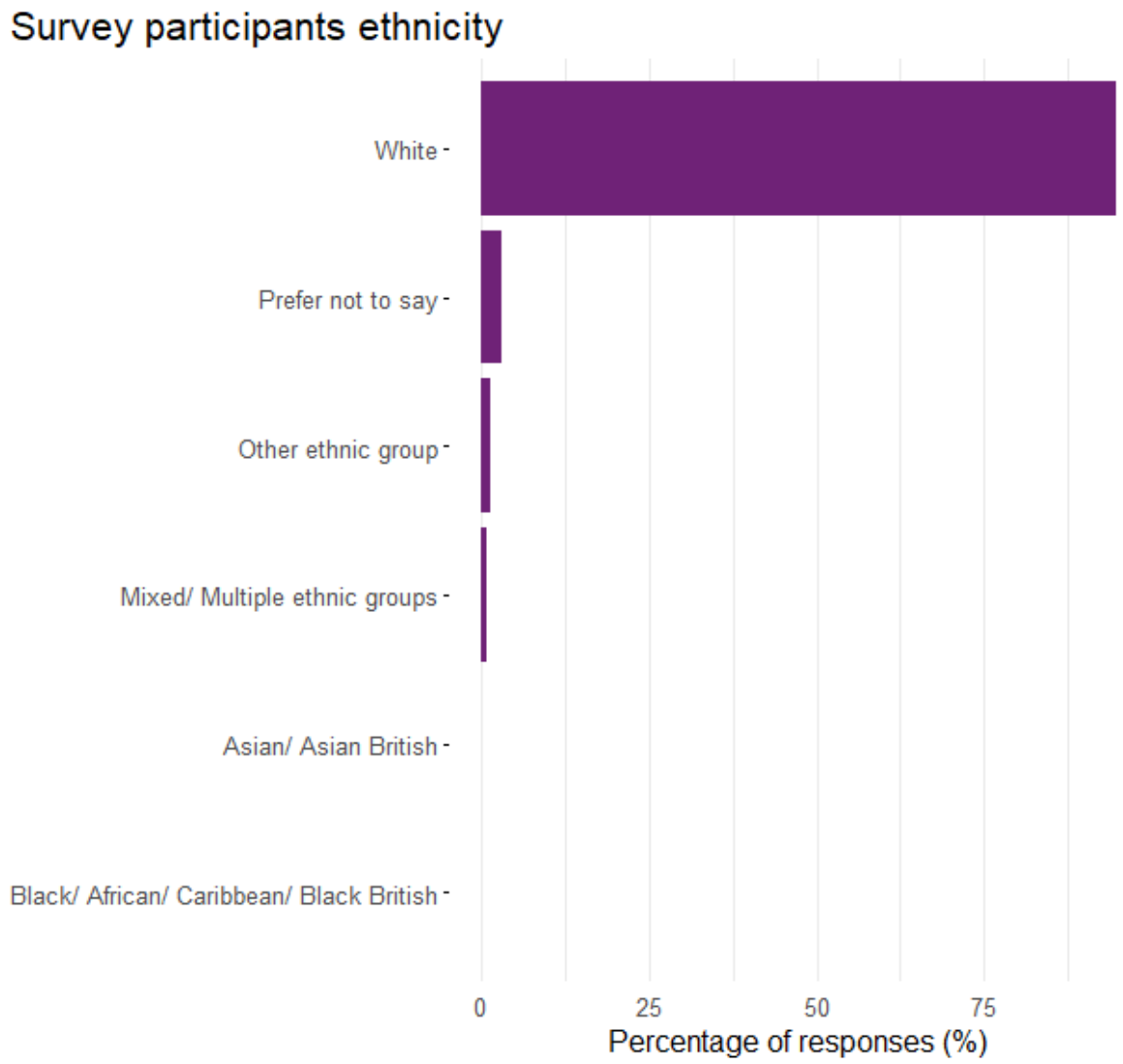

***Figure 60**: Bar plot showing the ethnicity of the survey participants.*

Most survey participants described their ethnicity as white at 94.8%. The survey has not managed to reach any residents from an Asian/ Asian British background or a

Black/ African/ Caribbean/ Black British. It is not possible to look at survey results by ethnicity due to the low representation.

Disability or long-term health condition (LTC)

In this section the survey results will be explored by whether the survey participants have a disability or LTC. Out of the 638 survey participants, 312 said they have a disability or LTC. 30 participants preferred not to say whether they have a disability or LTC and will be removed from the analysis in this section.

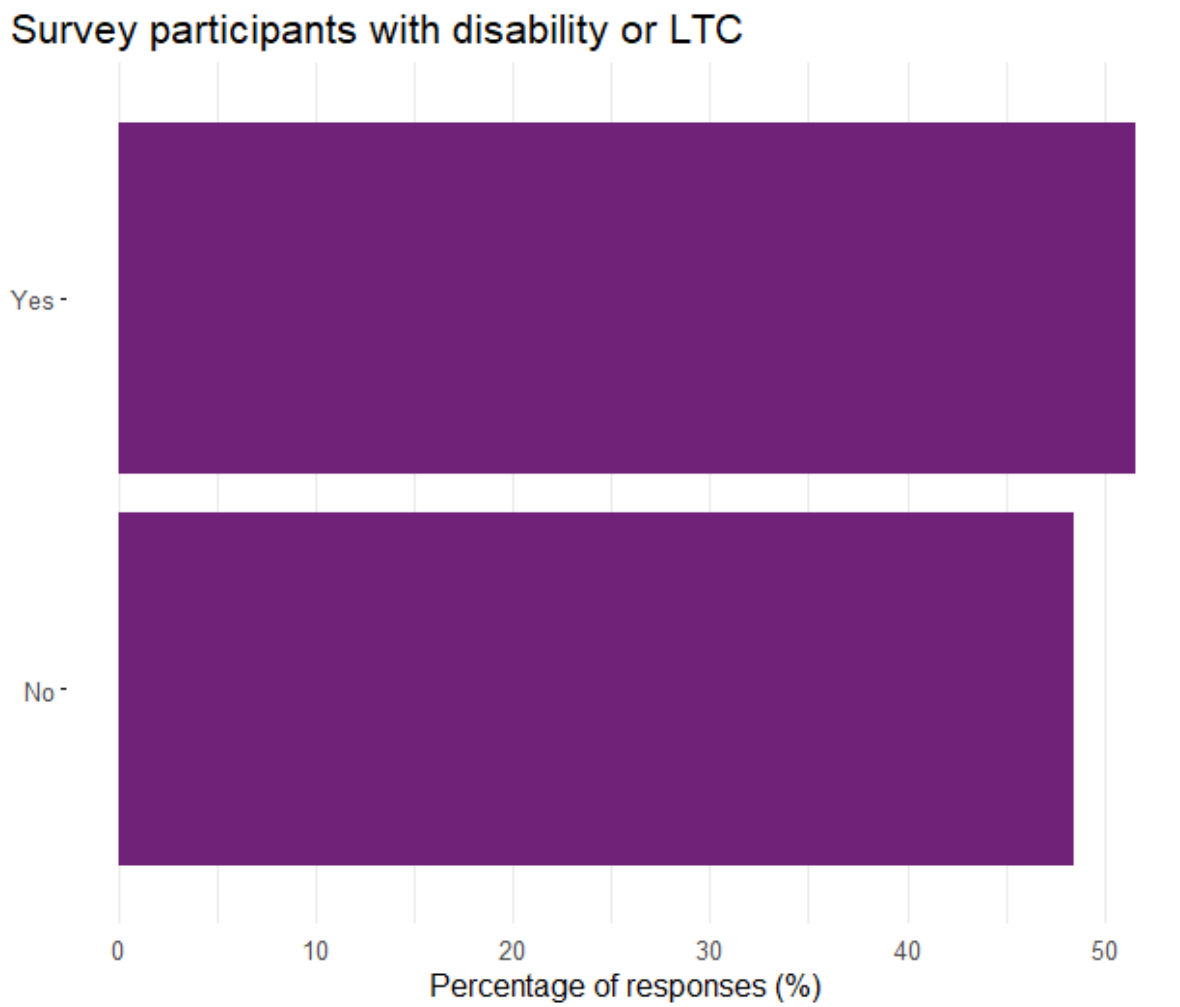

***Figure 61**: Bar plot showing survey participants by whether they have a disability or LTC.*

Most survey participants stated that they have a disability or LTC, at 51.6%. This is shown in figure 61.

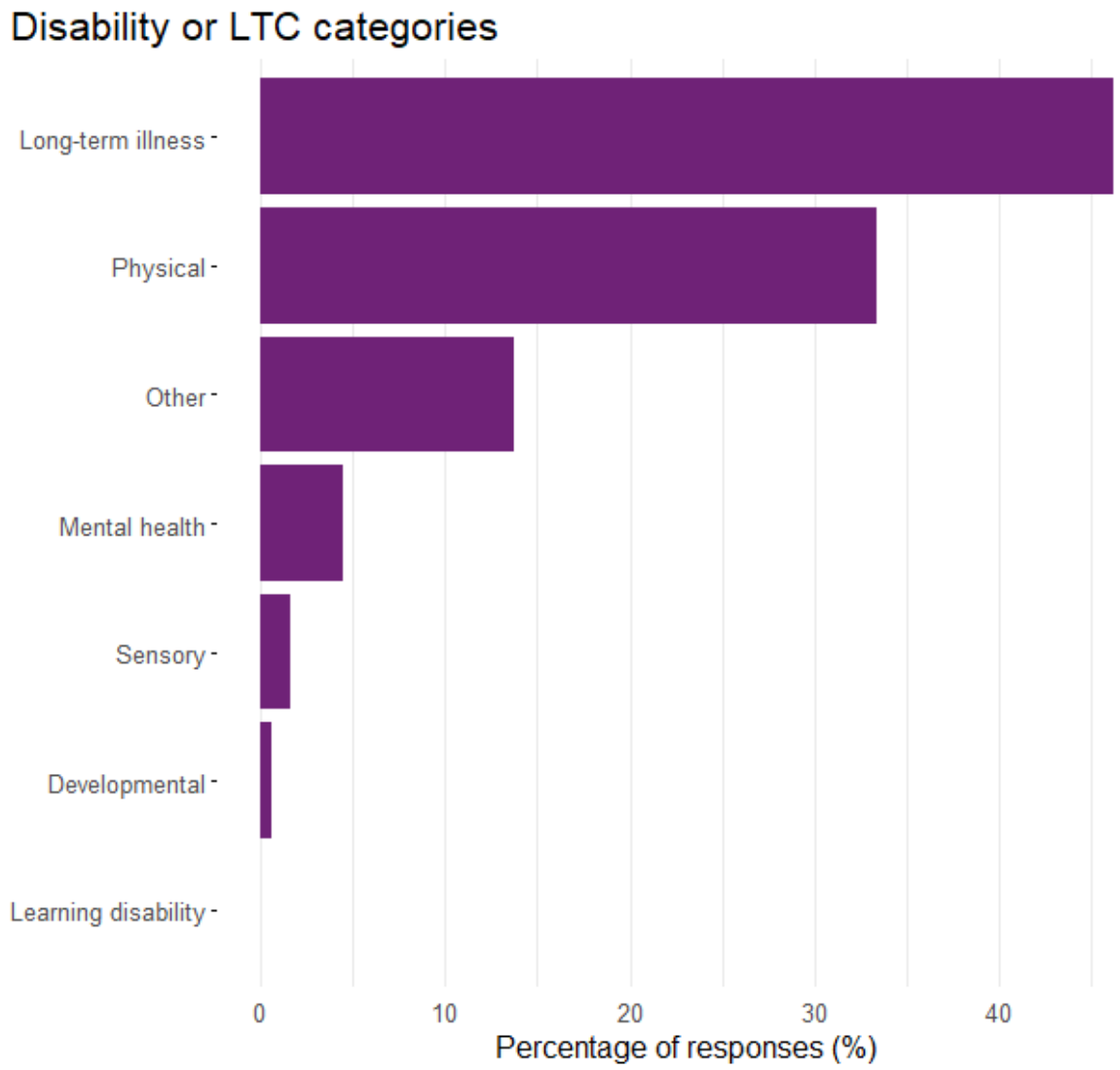

***Figure 62**: Bar plot showing survey participants by whether they have a disability or LTC.*

The survey results showed 312 participants responded yes for having a disability or LTC. Of these 312 participants 46.2% describe their disability or LTC as a long-term illness, 33.3% describe their disability or LTC as physical and 13.8% describe their disability or LTC as other.

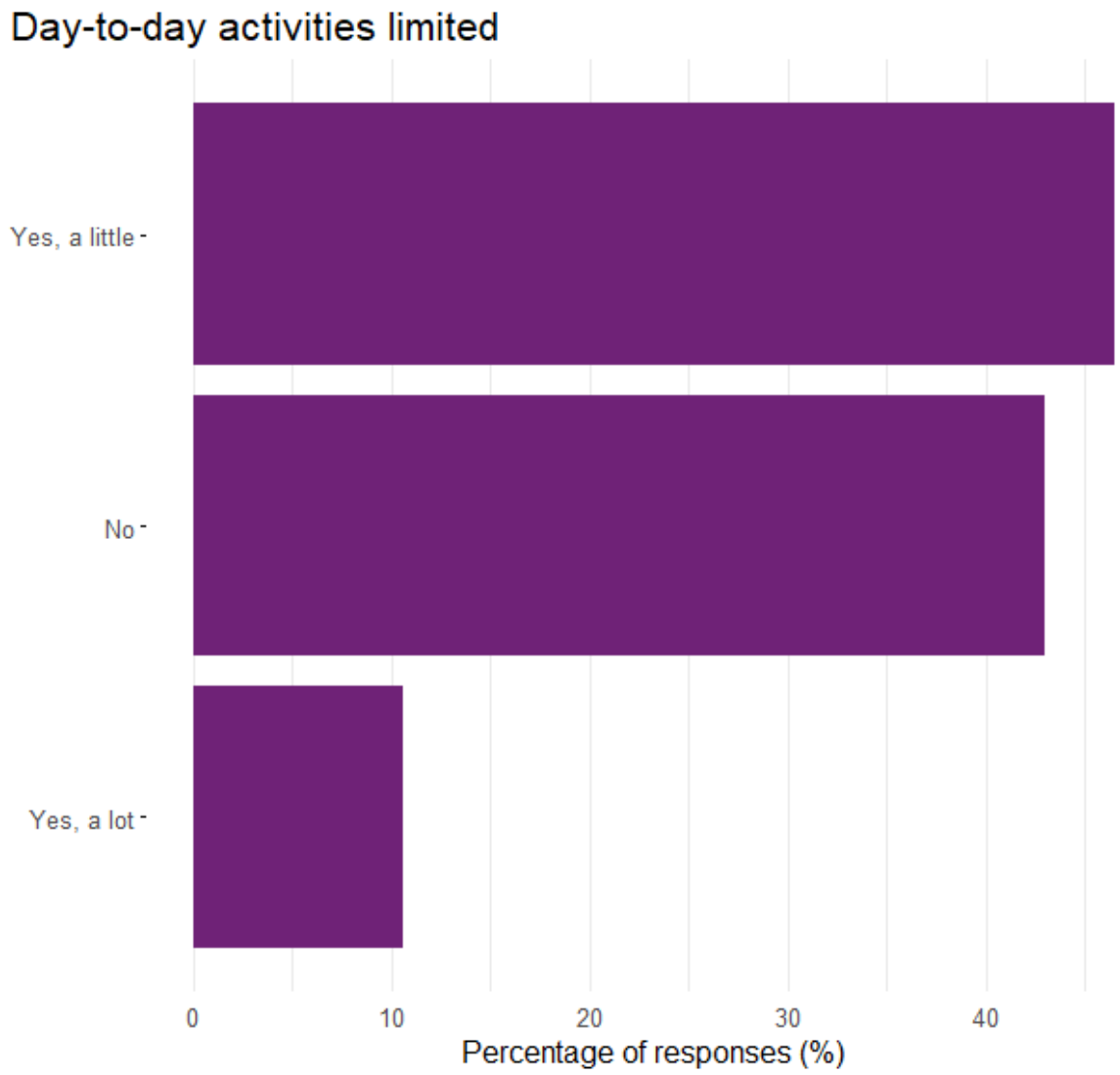

***Figure 63**: Bar plot showing survey participants with a disability or LTC and if their day-to-day activities are limited.*

Figure 63 shows that the 57% of the survey participants with a disability or LTC have their day-to-day activities impacted by their disability or LTC.

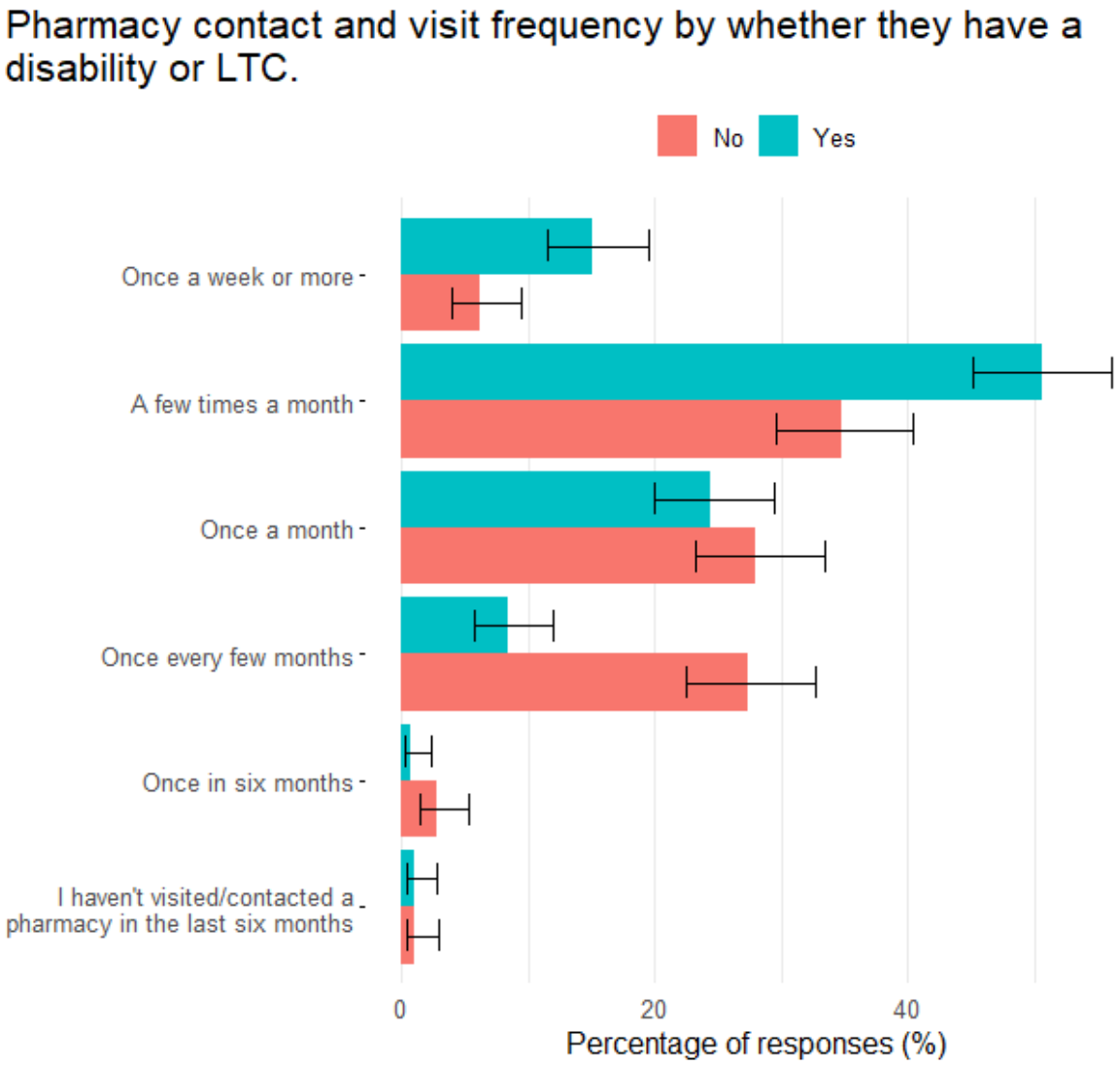

***Figure 64**: Bar plot showing the proportion of responses by how often they contact/ visit a pharmacy by whether they have a disability or LTC*

Looking at pharmacy visits/ contacts by whether the survey participants have a disability or LTC, we can see that those with a disability or LTC visit a pharmacy more frequently compared to those that do not have a disability or LTC. Those with a disability or LTC are more likely to visit/ contact a pharmacy once a week or a few times a month, with the majority visiting or contacting a pharmacy a few times a month. This is shown by figure 64.

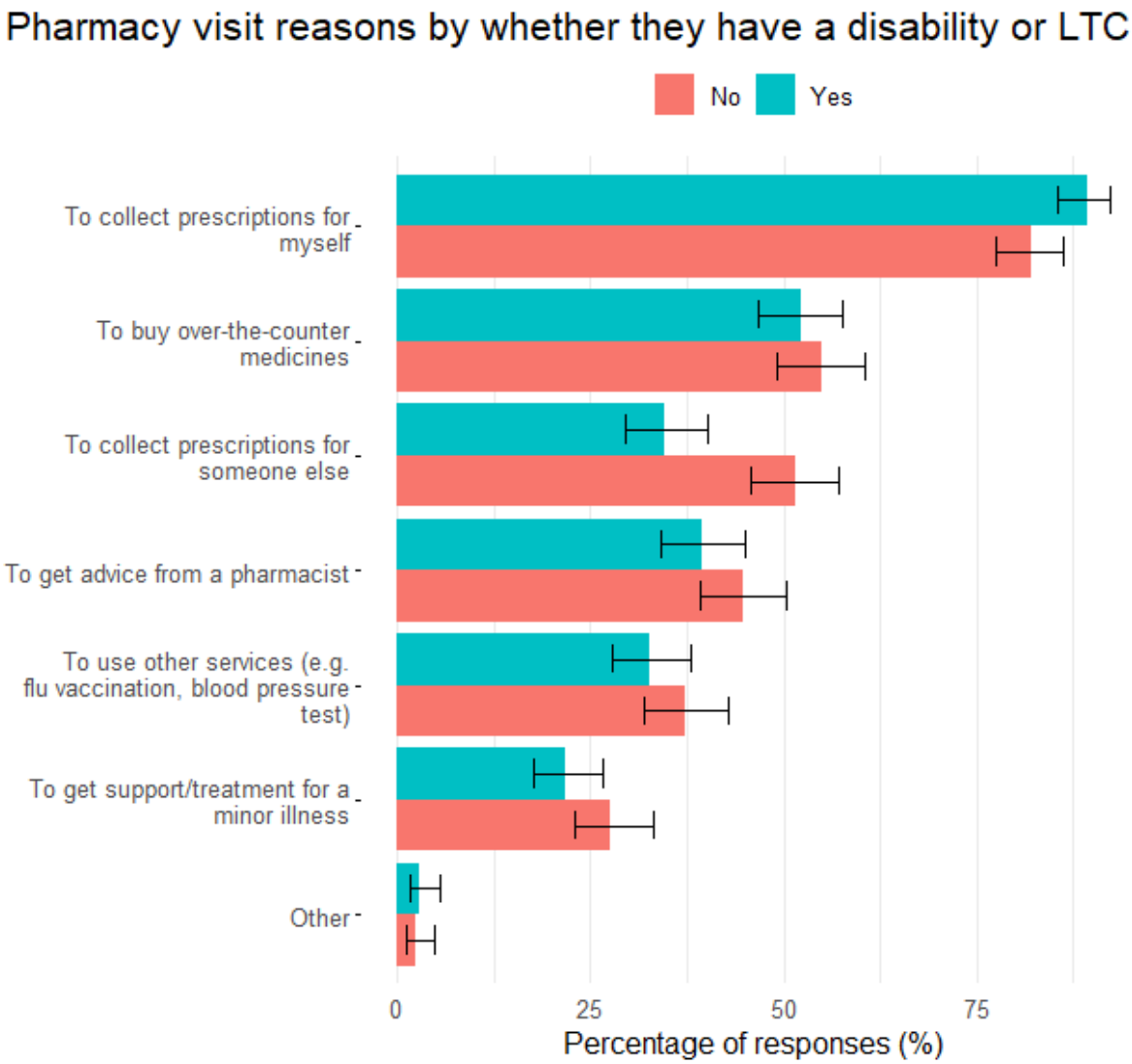

***Figure 65**: Bar plot showing the proportion of responses for the question 'why do you usually visit a pharmacy' by whether they have a disability or LTC.*

Figure 65 shows that participants that do not have a disability or LTC are more likely to visit a pharmacy to collect a prescription for someone else, compared to those who have a disability or LTC.

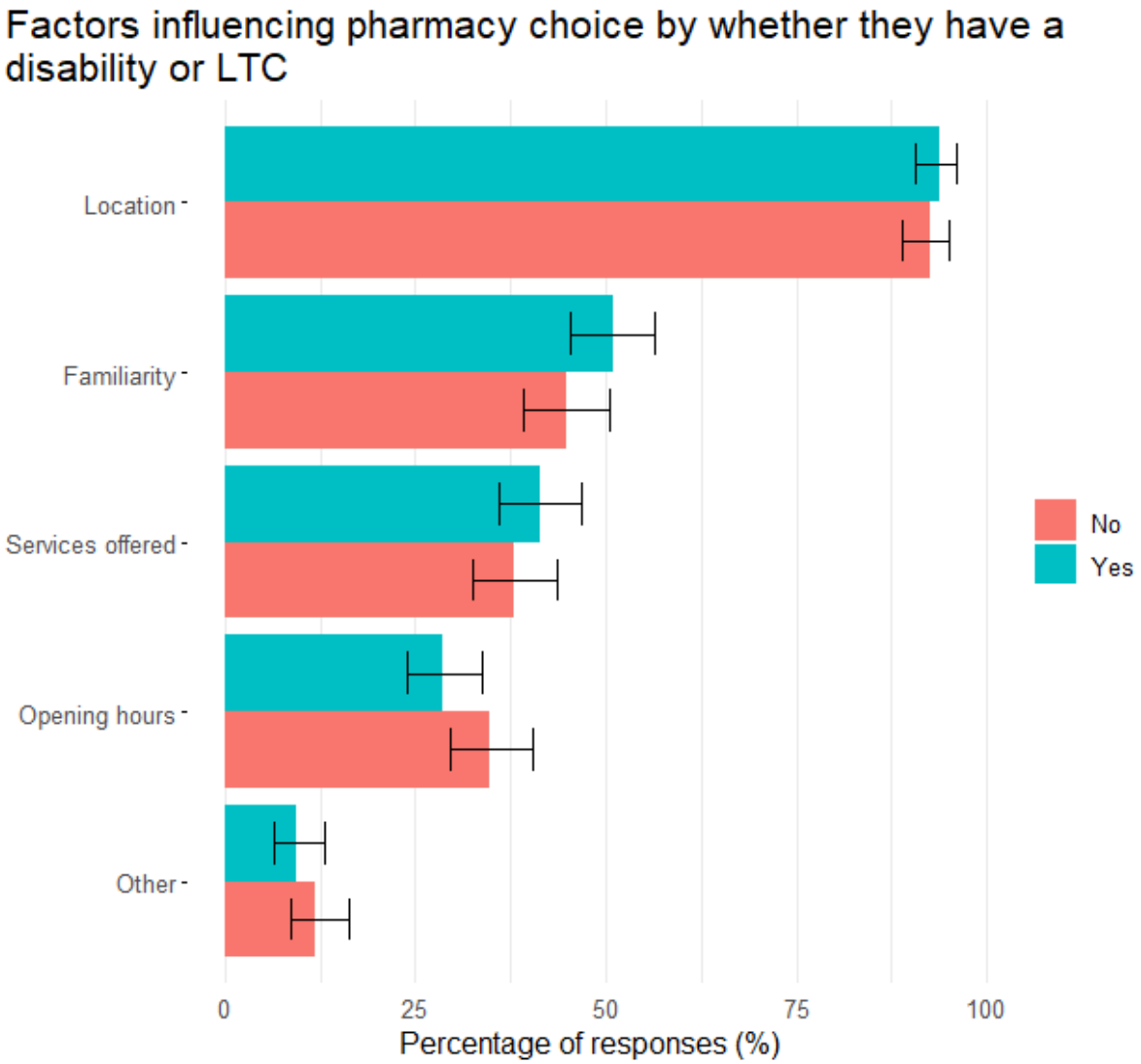

***Figure 66**: Bar plot showing the proportion of responses for what factors influence the participants' choice of pharmacy by whether they have a disability or LTC.*

As shown by figure 66, when it comes to factors that influence pharmacy choice there is no difference between the participants that have a disability or LTC and those that do not.

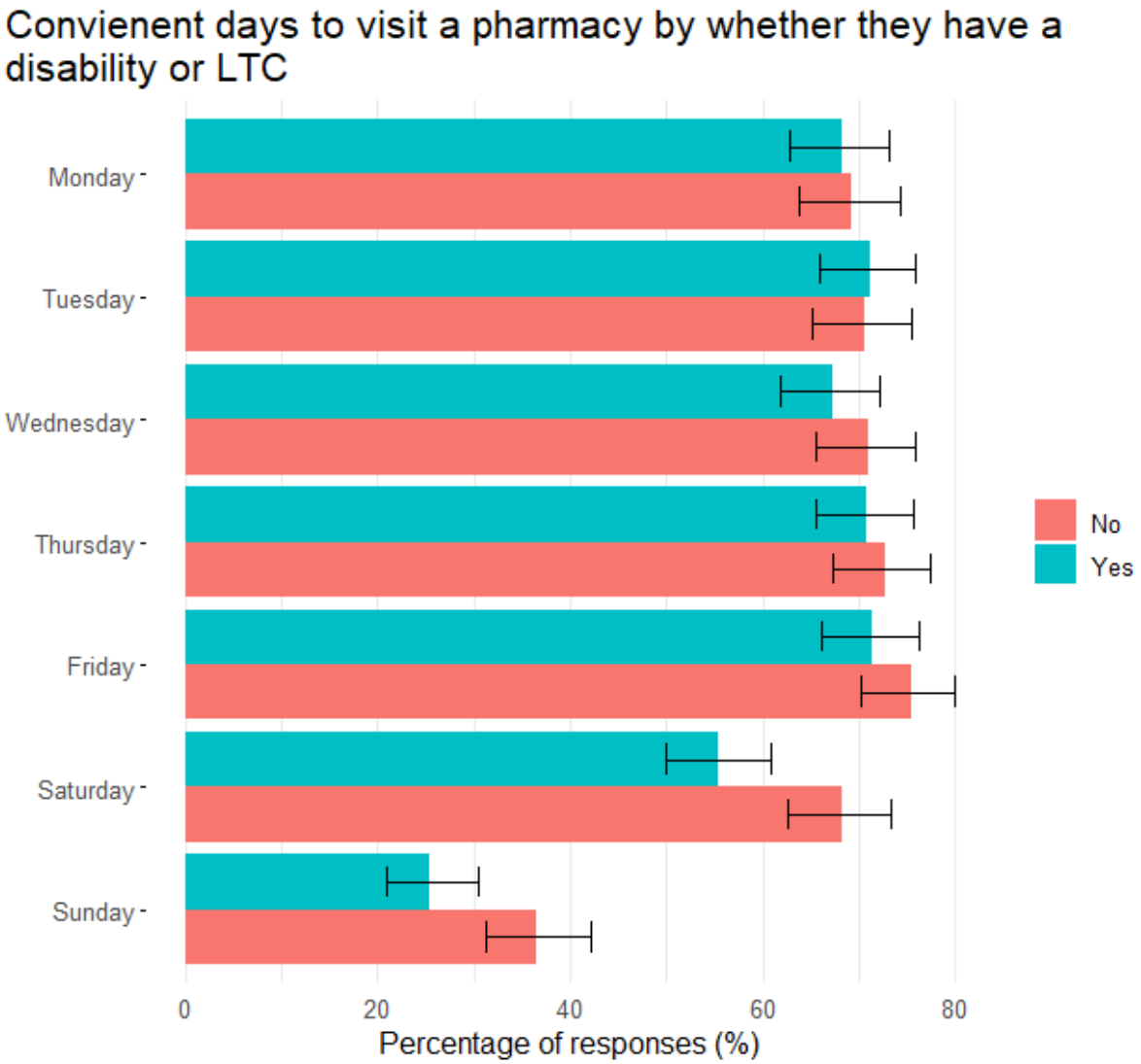

***Figure 67**: Bar plot showing the responses for what days are convenient to visit a pharmacy by whether they have a disability or LTC.*

Survey participants said they were less likely to visit a pharmacy on a weekend if they have a disability or LTC. This is shown in figure 67.

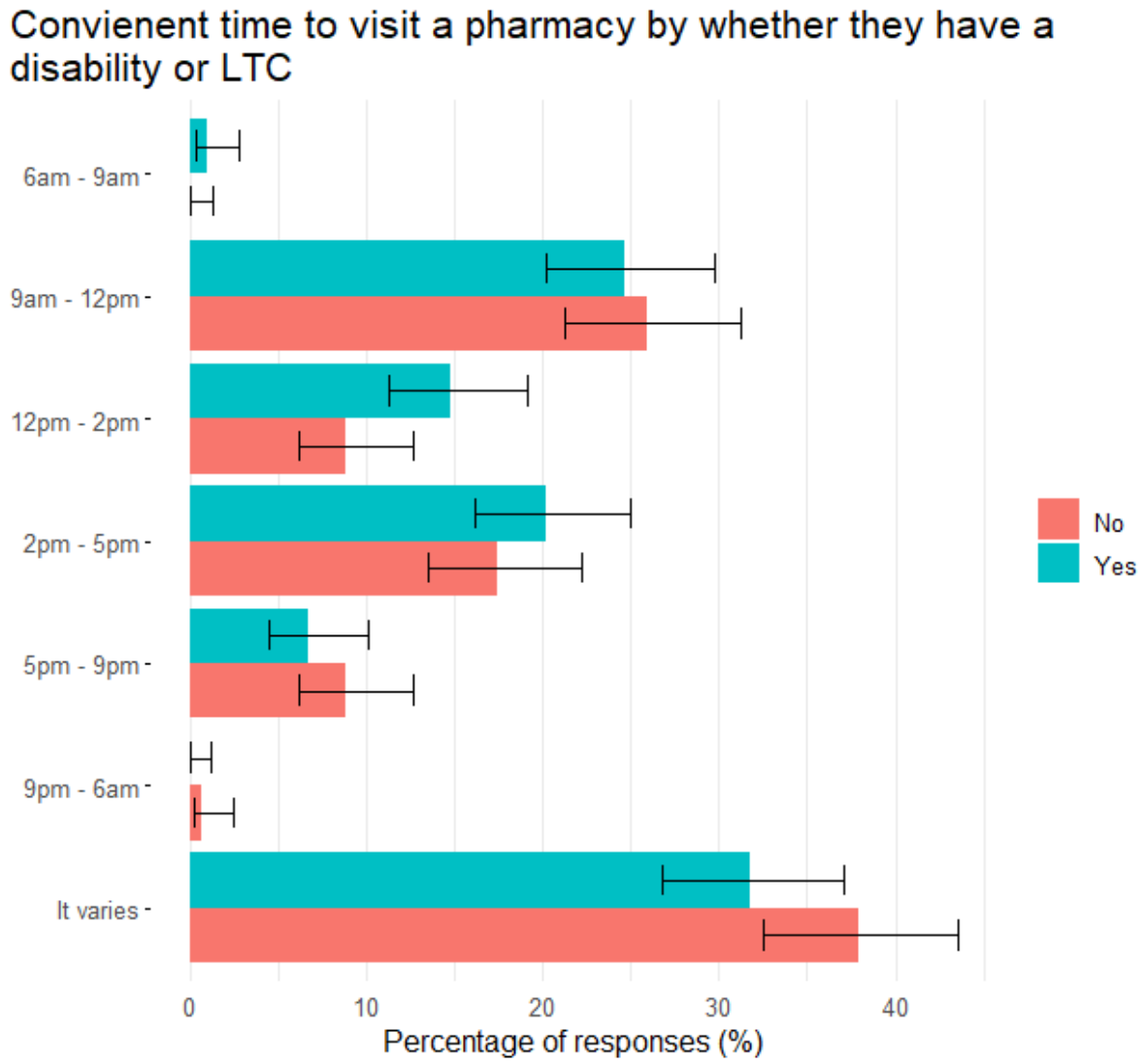

***Figure 68**: Bar plot showing the responses for what time is most convenient to visit a pharmacy by whether they have a disability or LTC.*

Figure 68 shows that there is no difference when it comes to a convenient time to visit a pharmacy by whether the survey participants had a disability/ LTC or not.

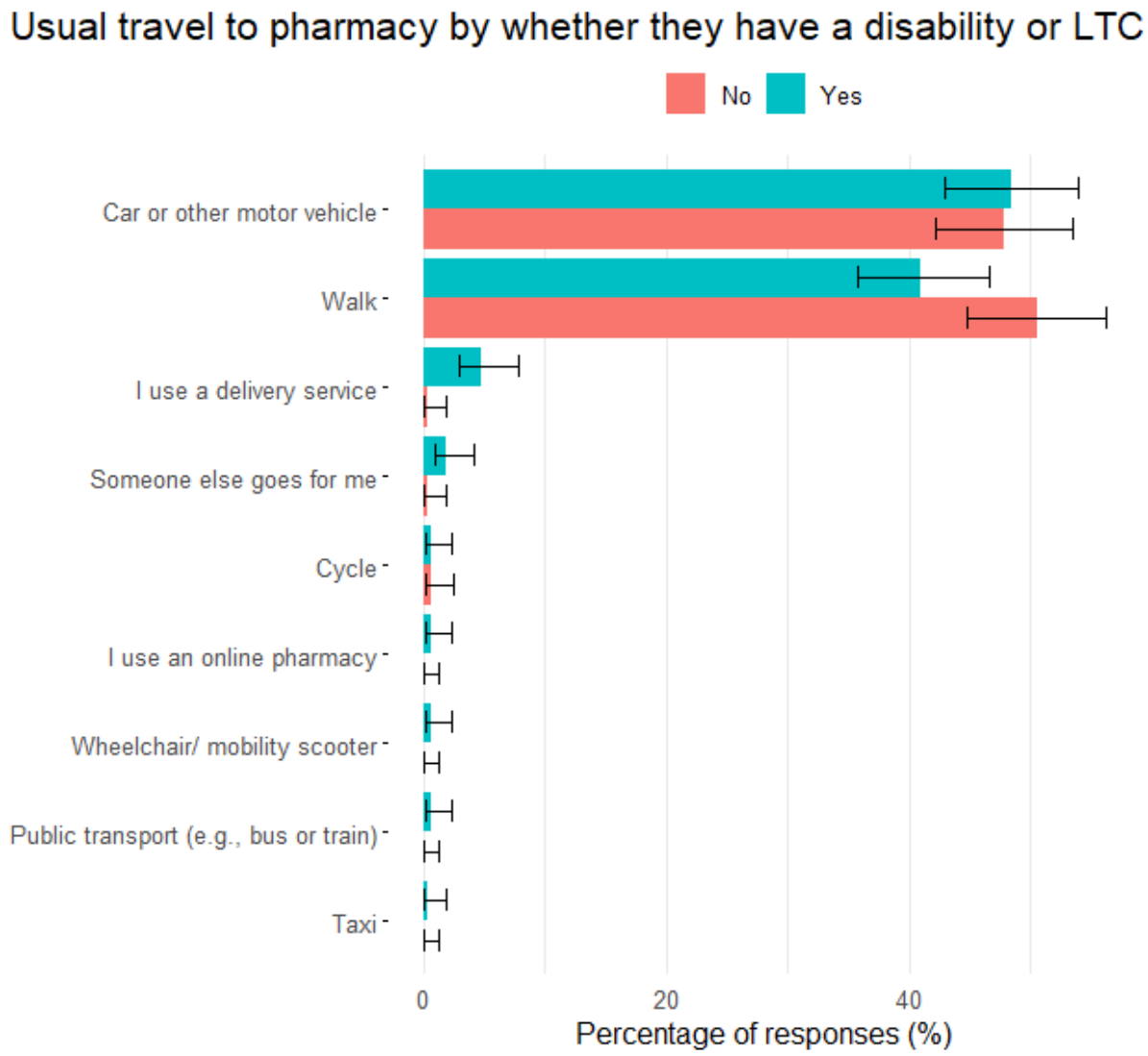

***Figure 69**: Bar plot showing the proportion of how respondents usually travel to a pharmacy by whether they have a disability or LTC.*

When it comes to how participants usually travel to pharmacies, there is no difference between those who said they have a disability or LTC and those that do not.

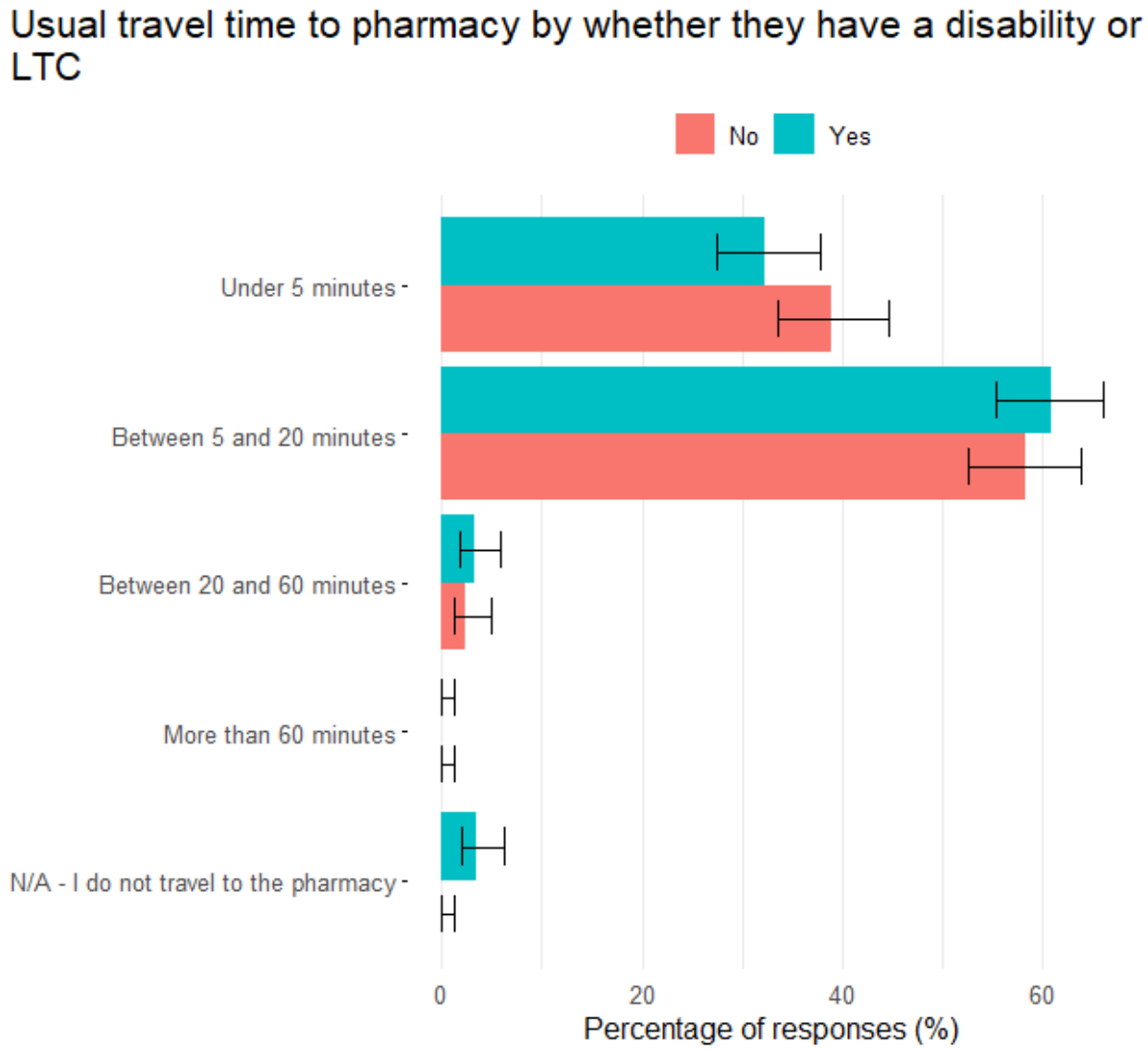

***Figure 70**: Bar plot showing survey responses on travel time to pharmacy by whether they have a disability or LTC.*

Figure 70 shows that there was no difference for our survey participant's time travel to a pharmacy between those with a disability or LTC and those that do not have a disability or LTC.

Other questions have not been compared due to small samples in responses and/or most participants selecting a single answer meaning there would be no difference between the two age groups.

Main language

English was the main language spoken in 612 of the households the survey participants live in. This makes up 95.9% of the survey respondents.

Employment status

This section will explore the survey results by survey participants employment status. Out of the 638 survey participants, 638 responded to this question.

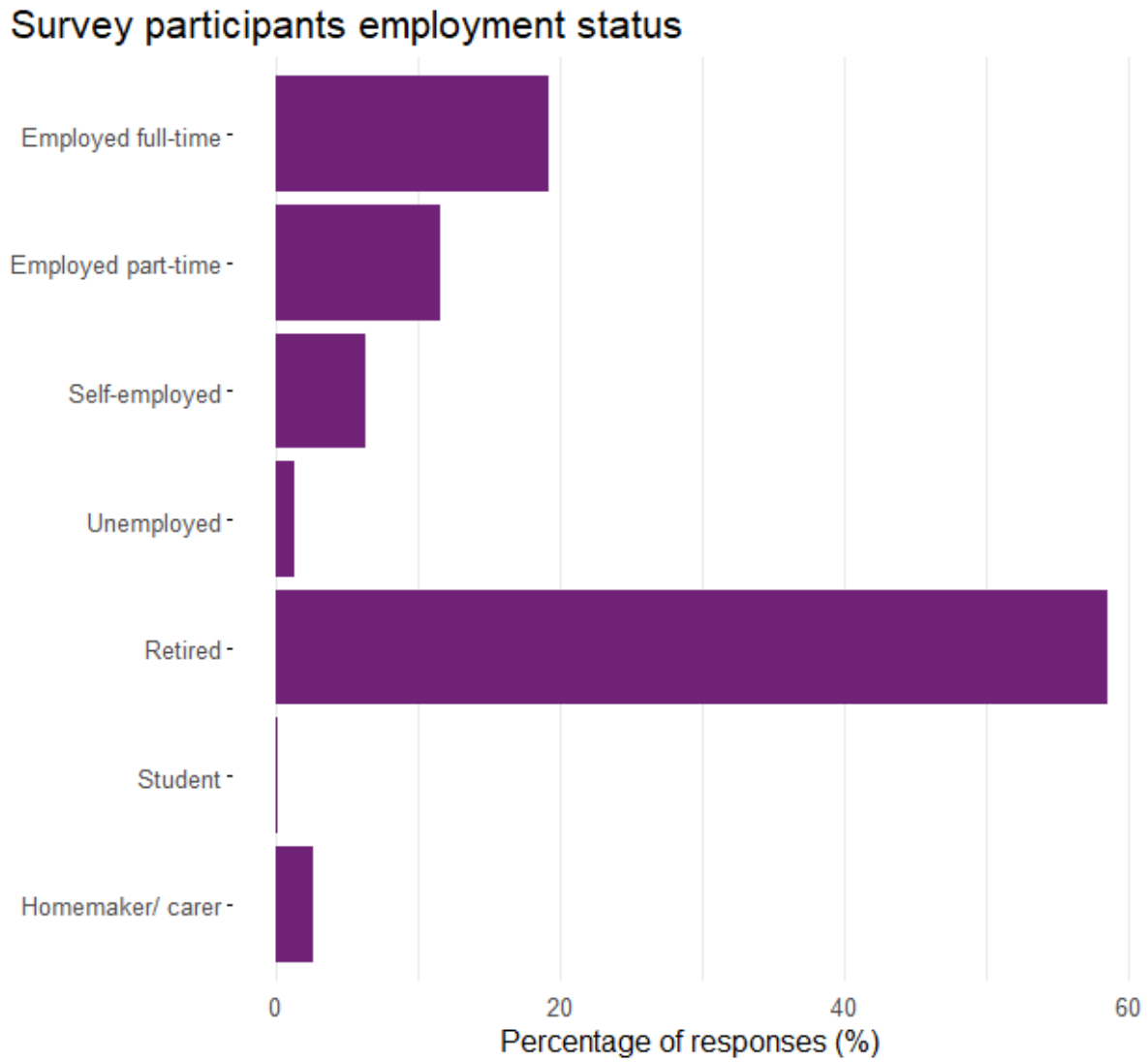

***Figure 71**: Bar plot showing the current employment status of the survey participants.*

As shown by figure 71, most of the survey participants are retired at 59%. The high number of retired survey participants aligns with the large proportion of survey respondents that are aged 65+, identified in the age section.

The remaining analysis in this section will look at those exclusively that answered that they are employed full-time, employed part-time and self-employed or those that are retired. This is due to the large number of retired participants and low number of participants that are unemployed, a student or homemaker/ carer. Two categories will be explored for participants that are in employment or retired.

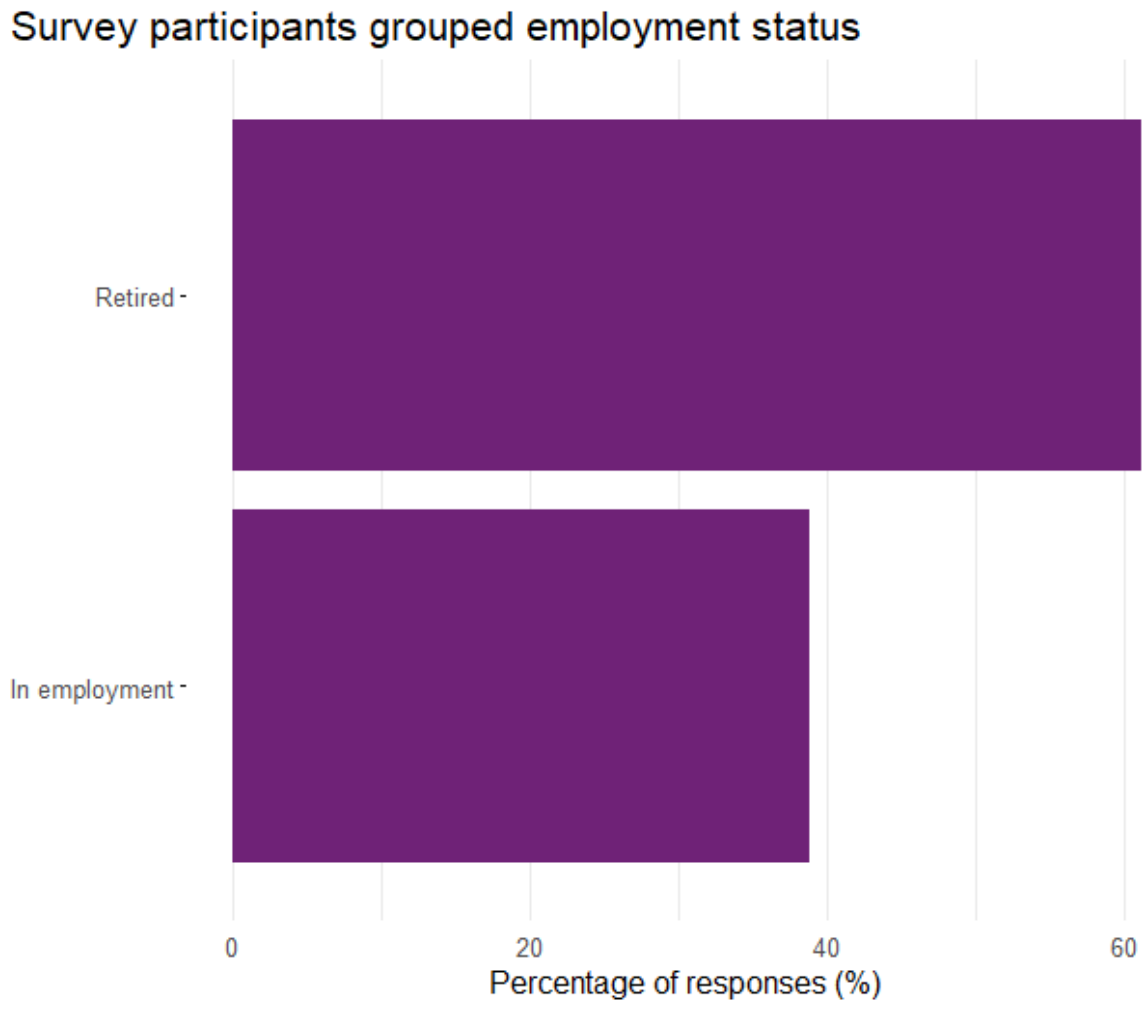

***Figure 72**: Bar plot showing current employment status grouped.*

Of the remaining 608 survey participants that fit into either in employment or retired, 61.2% are retired and 38.8% are in employment.

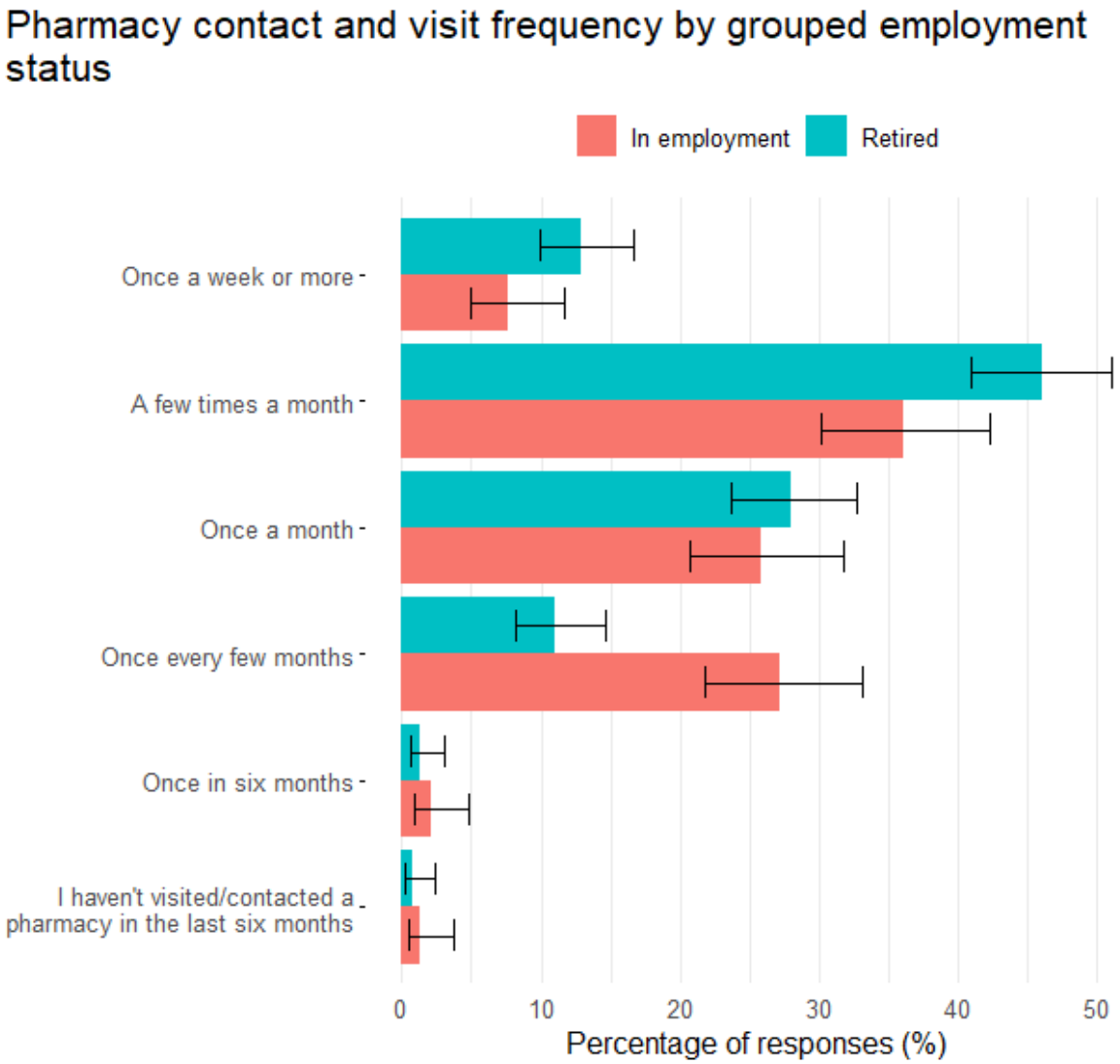

***Figure 73**: Bar plot showing the proportion of responses by how often they contact/ visit a pharmacy by grouped employment status.*

Looking at pharmacy visits/ contacts by grouped employment status, the only difference found is that those in employment were more likely to visit/ contact a pharmacy once every few months. This is shown by figure 73.

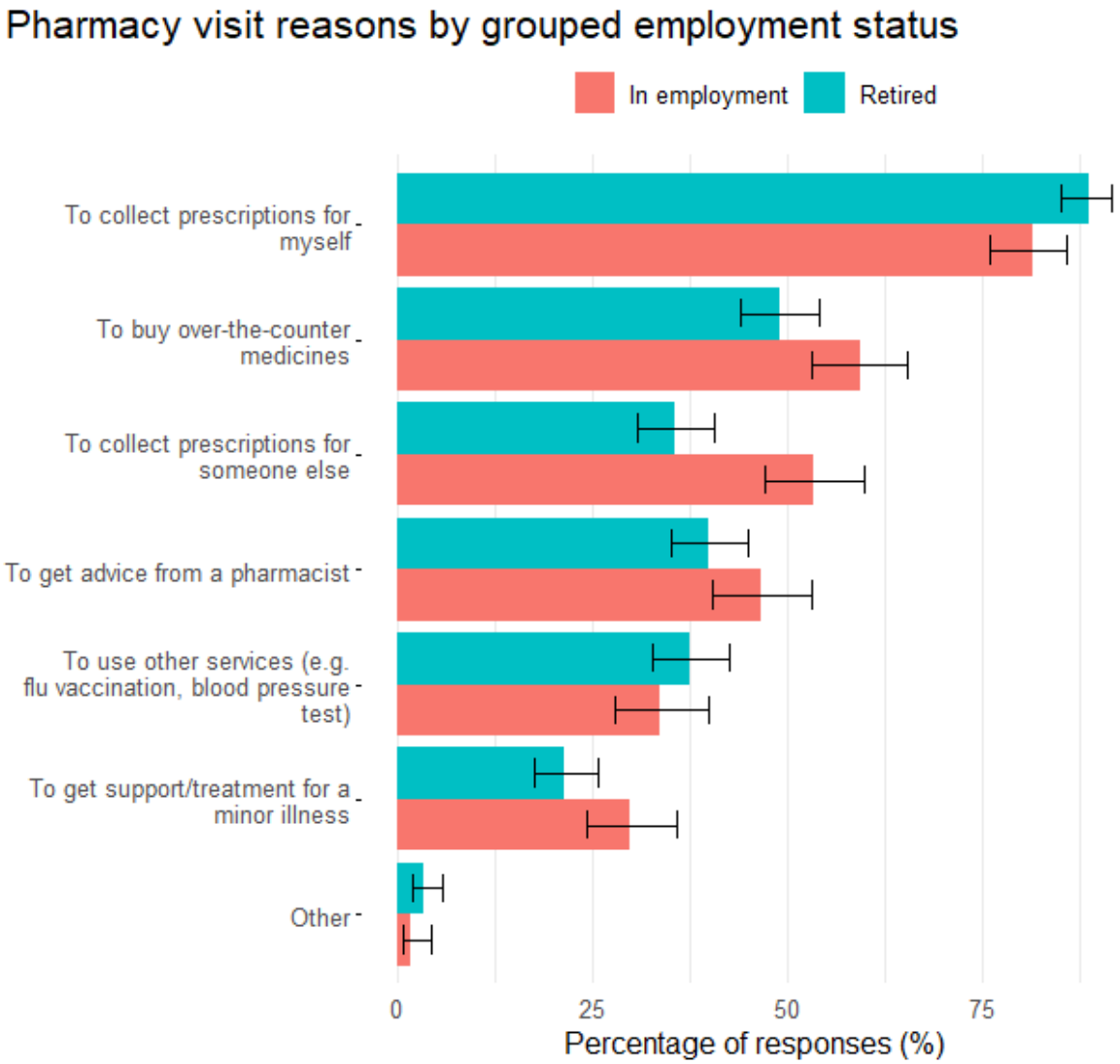

***Figure 74**: Bar plot showing the proportion of responses for the question 'why do you usually visit a pharmacy' by grouped employment status.*

Figure 74 shows that survey participants in employment were more likely to be collecting a prescription for themselves, compared to retired participants.

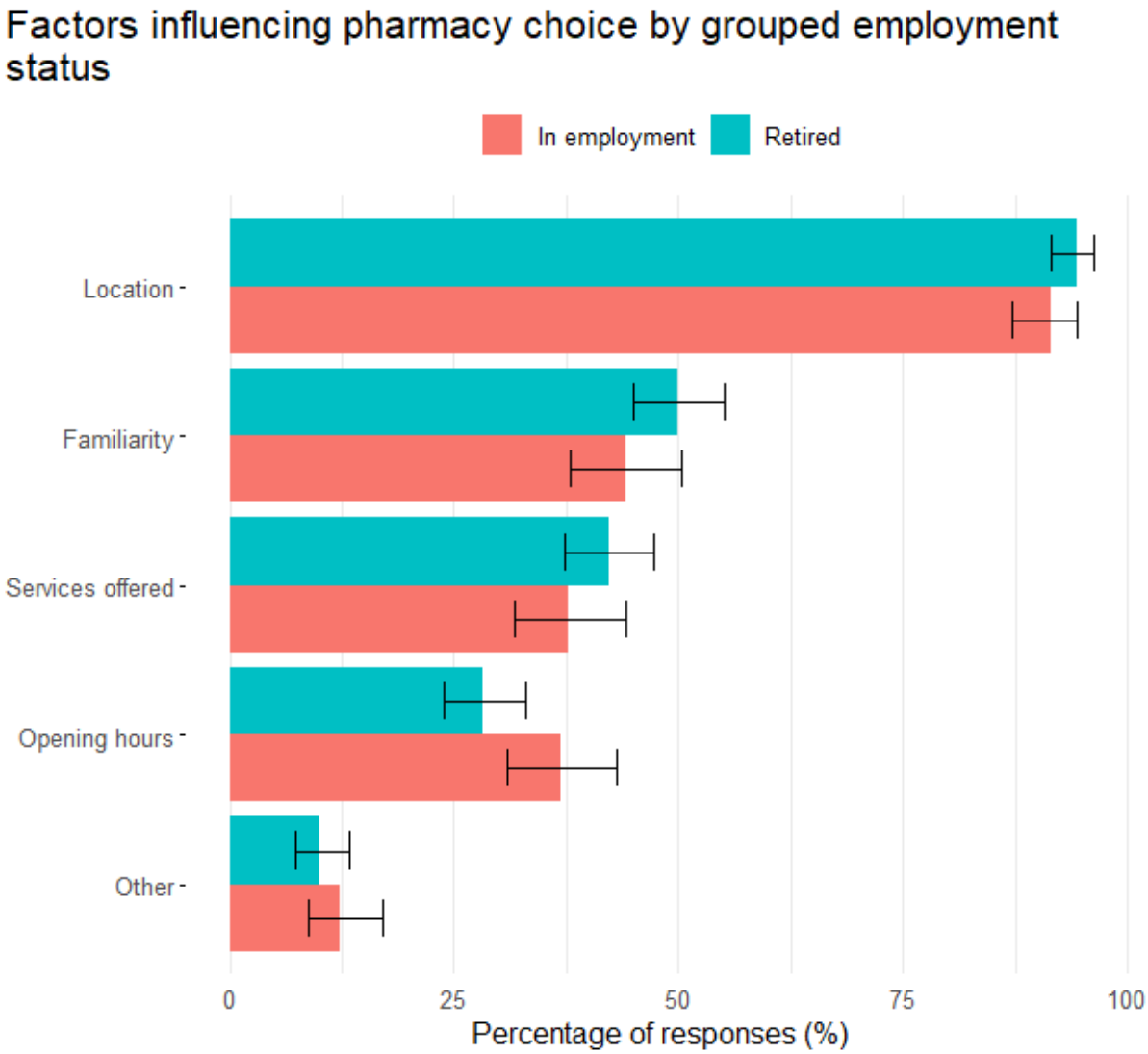

***Figure 75**: Bar plot showing the proportion of responses for what factors influence the participants' choice of pharmacy by grouped employment status.*

As shown by 75, when it comes to factors that influence pharmacy choice there is no difference between the participants that are in employment or retired. Both groups mostly decide based on location of the pharmacy.

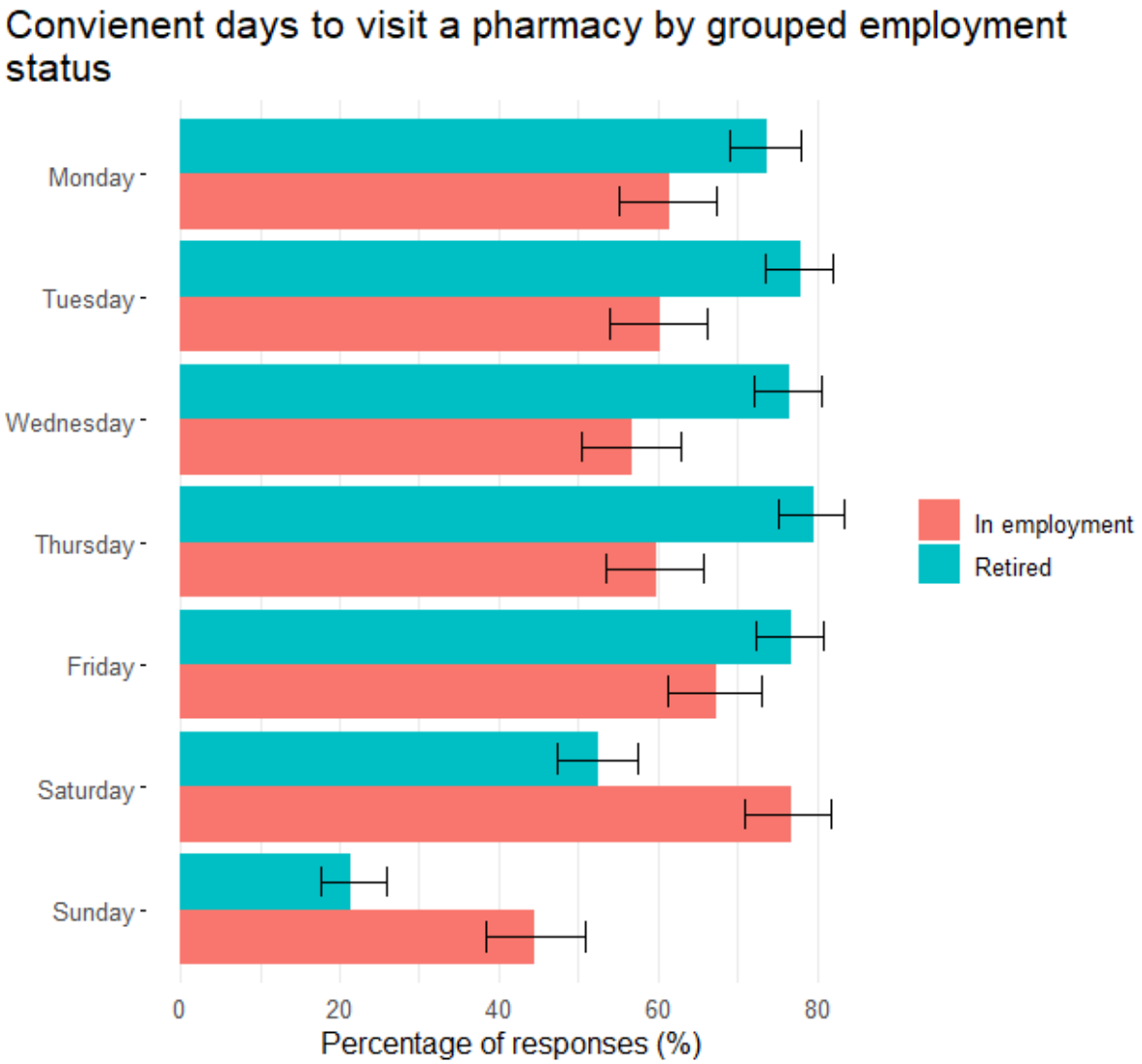

***Figure 76**: Bar plot showing the responses for what days are convenient to visit a pharmacy by grouped employment status.*

Survey participants in employment are less likely to visit a pharmacy Monday to Thursday and more likely to visit on the weekend, compared to participants who are retired. This is shown in figure 76.

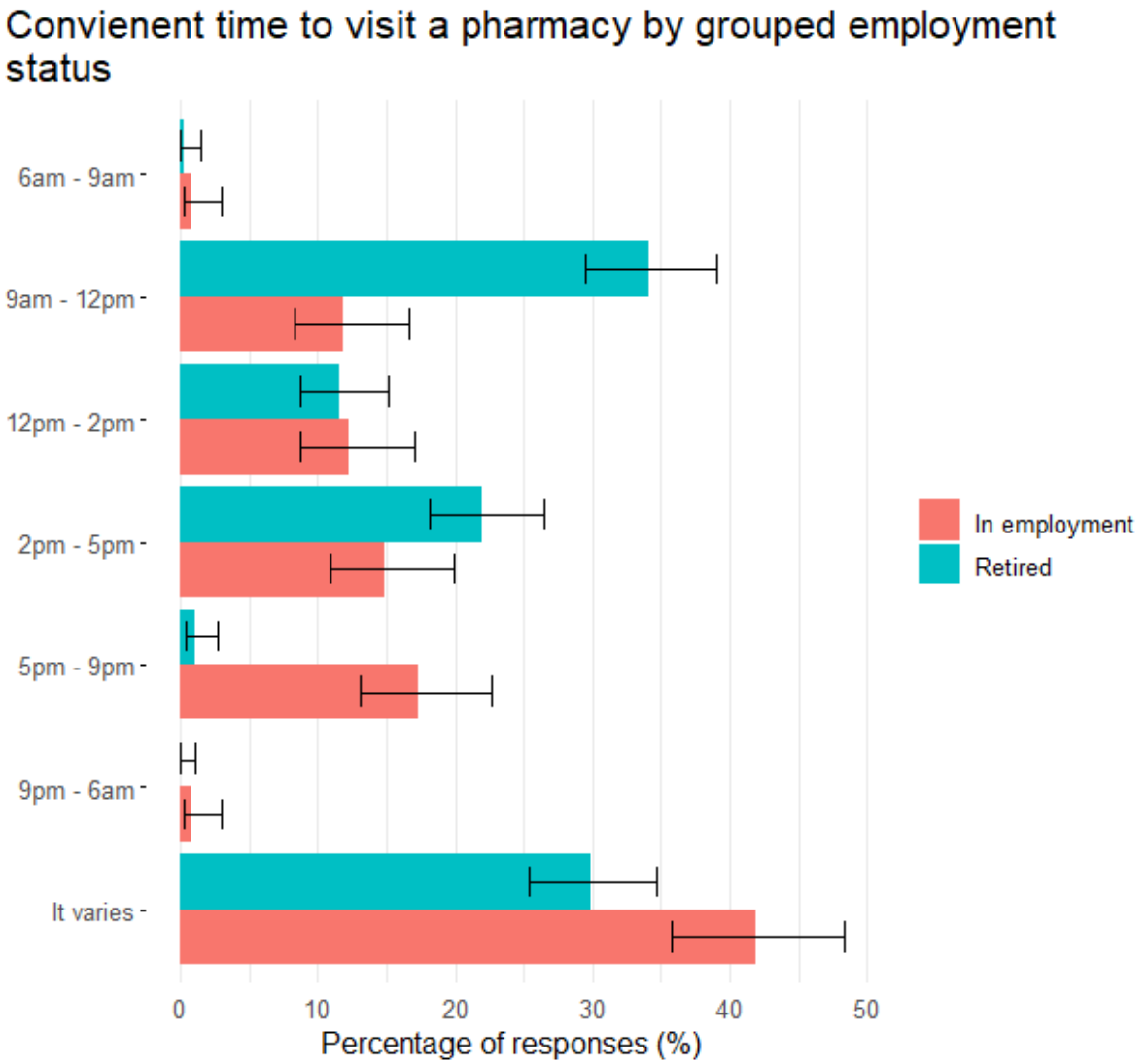

***Figure 77**: Bar plot showing the responses for what time is most convenient to visit a pharmacy by grouped employment status.*

Survey participants that are in employment or retired find the most convenient time to visit a pharmacy is variable, however, those in employment are more likely to visit at variable times. Retired participants are more likely to visit a pharmacy between 9am - 12pm and those in employment are more likely to visit 5pm - 9pm.

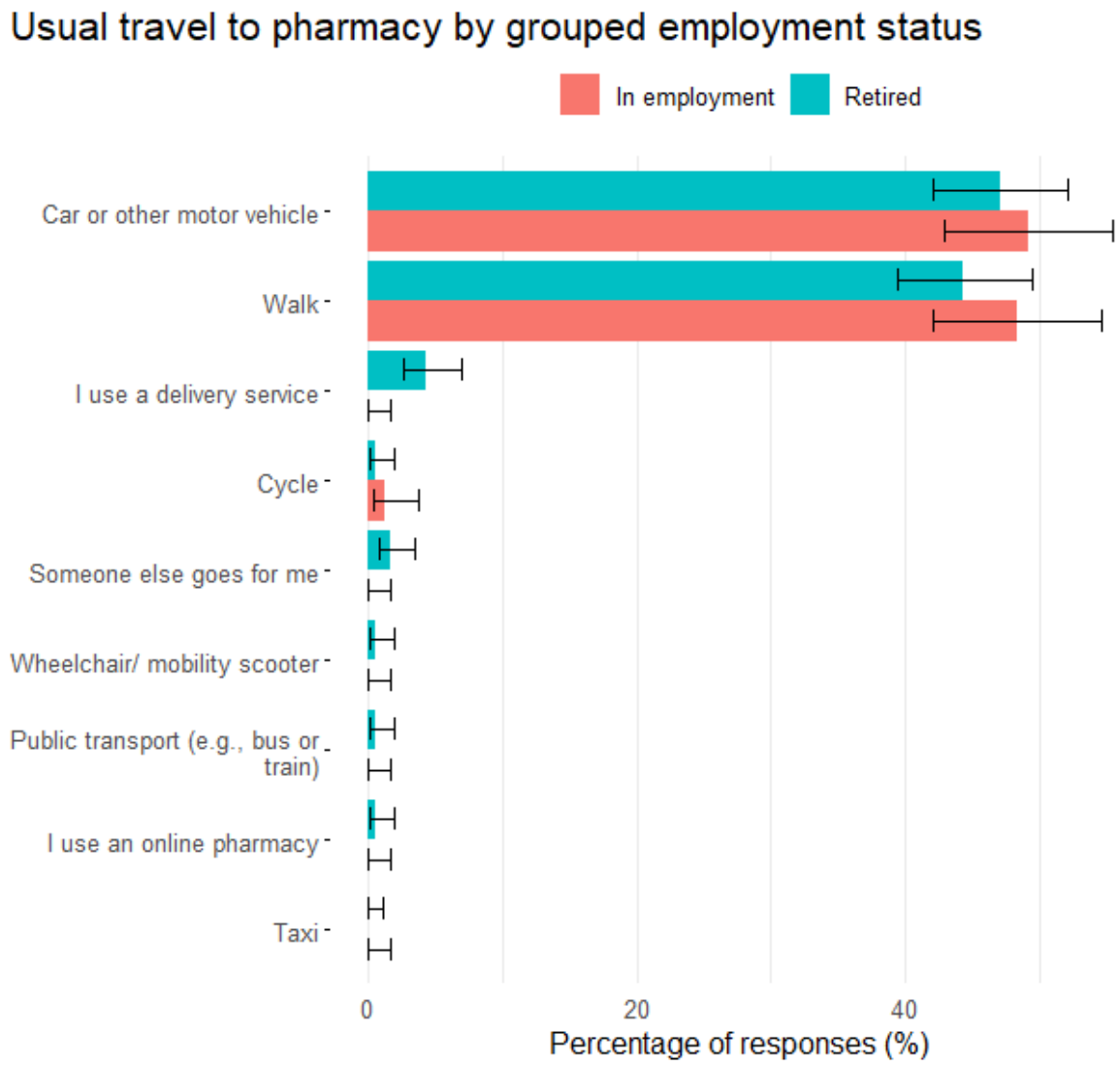

***Figure 78**: Bar plot showing the proportion of how participants usually travel to a pharmacy by grouped employment status.*

When it comes to how participants usually travel to pharmacies, there is no difference between participants that are in employment or retired.

***Figure 79**: Bar plot showing survey responses on travel time to pharmacy by grouped employment status.*

Figure 79 shows that there was no difference for our survey participant's time travel to a pharmacy between those in employment or retired.

Other questions have not been compared due to small samples in responses and/or most participants selecting a single answer meaning there would be no difference between the two groups.

Sexual orientation

Survey participants were asked to best describe their sexual orientation from a selection of possible answers.

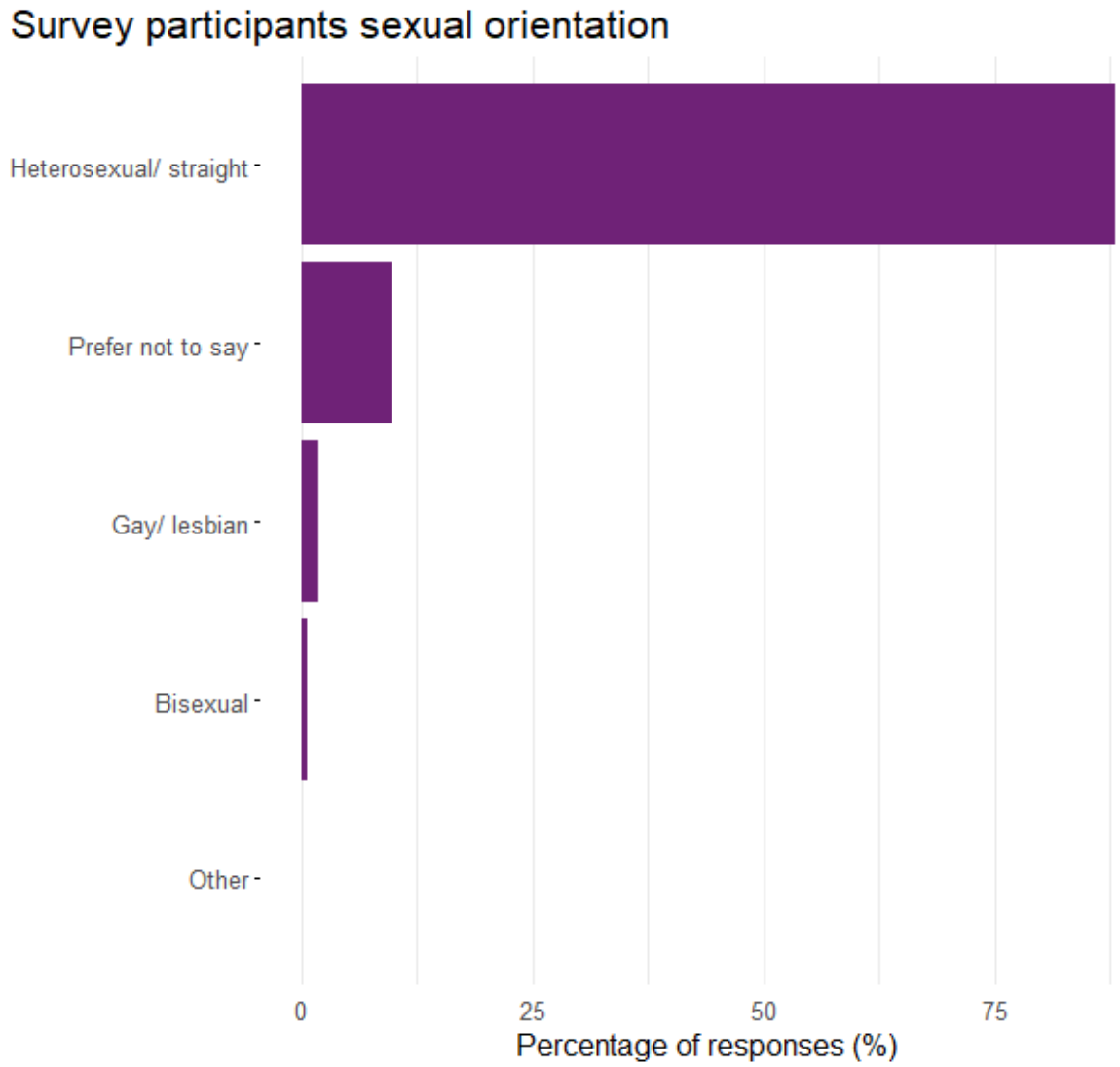

***Figure 80**: Bar plot showing the ethnicity of the survey participants.*

Most survey participants described their sexual orientation as heterosexual, at 87.9%. The next largest proportion is for those survey participants that would prefer not to describe their sexual orientation, at 9.7%. The survey has not managed to reach many residents with different sexual orientations. It is not possible to breakdown the survey results by sexual orientation due to the low representation.

Pregnancy

Six survey participants said that they were pregnant or had given birth over the last 12 months. This number is very small and therefore does not offer the ability to breakdown the survey results any further.

Breastfeeding

Five survey participants said that they were breastfeeding at the time of the survey. This number is very small and therefore does not offer the ability to breakdown the survey results any further.

Internet access

Survey participants were asked if they have access to the internet at home. A total of 13 participants do not have access to the internet at home out of the 627 participants that answered this question.

Participants were also asked if they have a smart phone or tablet that they can use to access the internet. Out of the 635 participants that answered this question 4.6% (29) did not have access to a smart phone or tablet.

Unpaid care

A total of 145 survey participants that said that they provide regular unpaid care for a family member or friend. This makes up for 23% of the 631 participants that responded to this question.

Chapter 7 - Provision of pharmaceutical services

This chapter identifies and maps the current provision of pharmaceutical services to assess the adequacy of provision of such services.

The chapter assesses the adequacy of the current provision of necessary services by considering:

- Different types of pharmaceutical service providers
- Geographical distribution and choice of pharmacies, within and outside the borough
- Opening hours
- Dispensing
- Pharmacies that provide essential, advanced, enhanced, and other NHS services

In addition, this chapter also summarises pharmaceutical contractors' capacity to fulfil identified current and future needs in the RBWM.

Pharmaceutical Service Providers

As at January 2025, there were 28 pharmacies in RBWM that hold NHS contracts, all of which are community pharmacies. All the pharmacy providers in the borough as are listed in Appendix A.

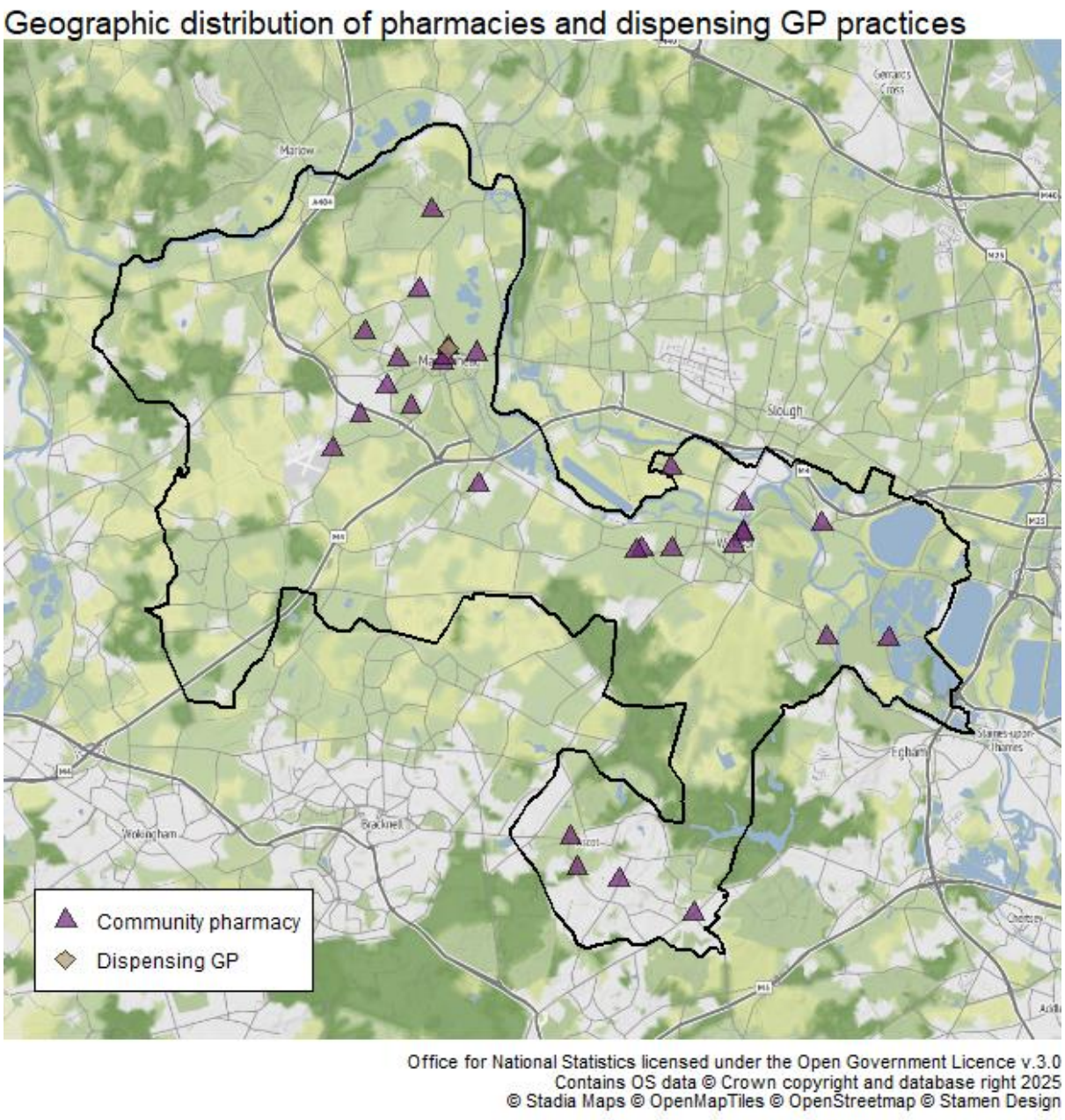

***Figure 81**: Map of RBWM with points representing the pharmacies and dispensing GP practices in RBWM.*

Community pharmacies

In 2023/24 there were 12,009 active community pharmacies in England.[95] With an estimated population of 57,690,323 in 2023[3], England roughly has 2.1 pharmacies per 10,000 of the population. RBWM has 28 pharmacies and a population of 155,239 in 2023[3]. This equates to 1.8 pharmacies per 10,000 of the population, which is less than the England rate.

Dispensing appliance contractor

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

GP dispensing practices

Dispensing doctors provide services to patients where there are no community pharmacies or access is restricted, mainly in rural areas. One of the requirements for the service is that patients live in a controlled locality. Controlled localities are defined by HWBBs in line with regulations and after consideration of a wide range of factors, including being more than 1 mile from pharmacy premises.

There is one dispensing GP practice in RBWM; Claremont Holyport Surgery, which has 18 dispensing general practitioners (GPs) at the practice. Its location is shown in figure 81.

Distance selling pharmacies

There are no distance selling pharmacies in RBWM.

Local pharmaceutical services

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

Accessibility

Distribution and choice

Based on the public survey results presented in Chapter 6, the PNA Steering Group agreed that the maximum distance for residents in RBWM to access pharmaceutical services, should be no more than 1 mile. This distance equates to about a 20-minute walk. If residents live within a rural area, 20 minutes by car is considered accessible.

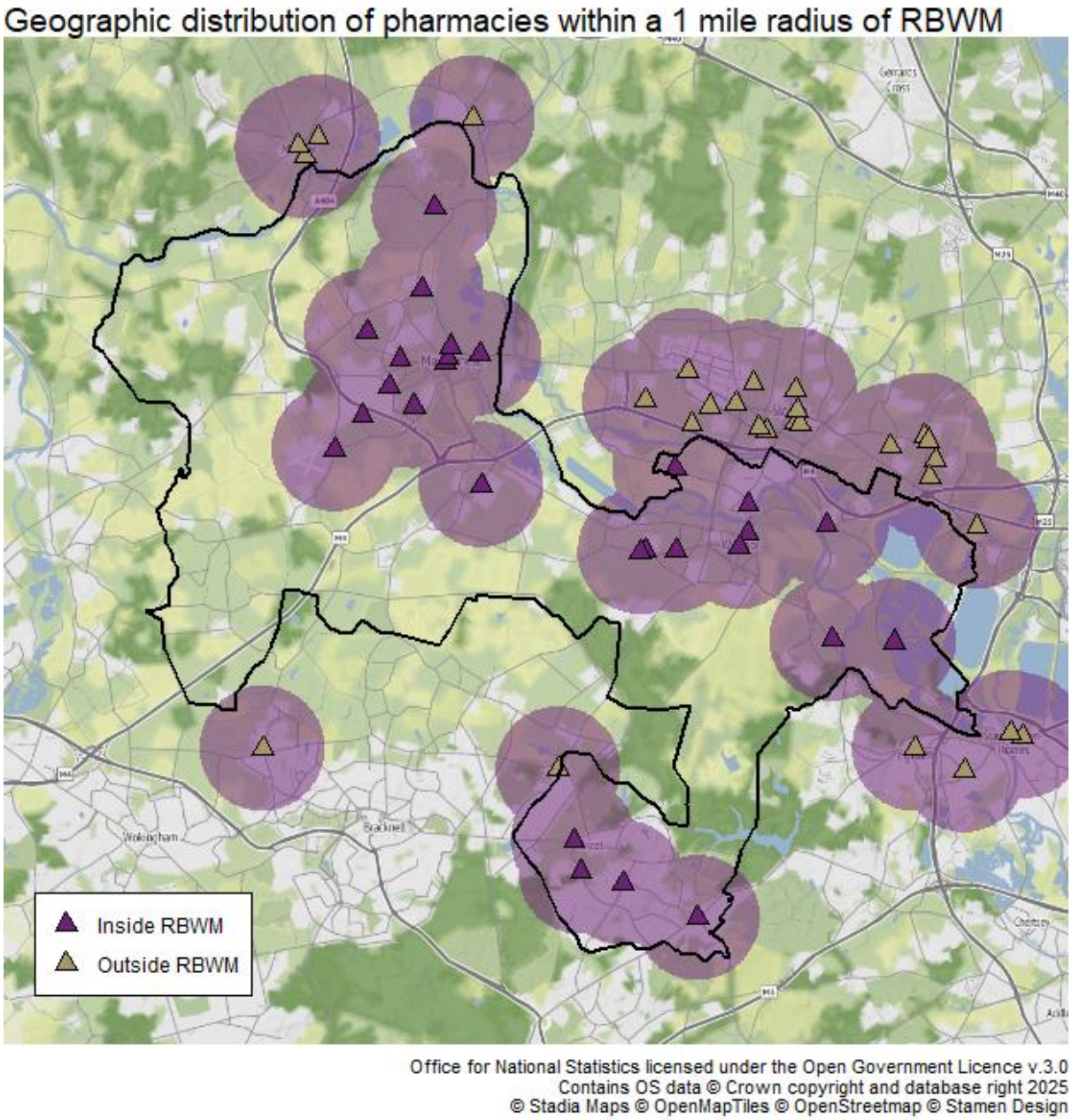

***Figure 82**: Map of RBWM with points representing the pharmacies within a 1 mile radius of RBWM.*

Figure 82 shows the 28 community pharmacies located in RBWM. In addition to the pharmacies within RBWM, there are another 29 pharmacies located within 1 mile of the borough's border that are considered to serve RBWM's residents. These have been included in the pharmacies shown in figure 82.

A large proportion, 91%, of residents in the borough live within 1 mile of a pharmacy. The most prominent exceptions are within the wards of Hurley & Walthams, Riverside, Bray, Datchet, Horton & Wraybury and Old Windsor. In total, 12,900 RBWM residents are not within one mile of a pharmacy.[96]

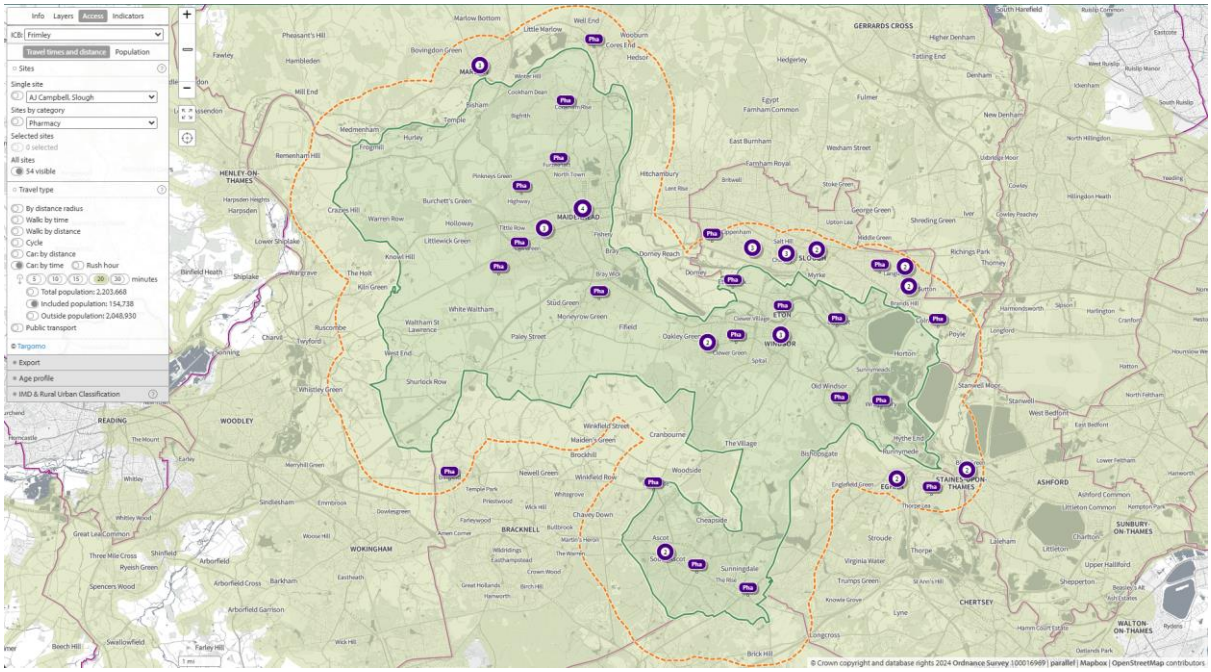

***Figure 83**: Areas covered by 20-minute travel time by car for RBWM residents to a pharmacy from within and up to 1 mile outside the borough.*

Despite some residents not being within a mile of a pharmacy, all residents in RBWM can reach a pharmacy within 20 minutes if travelling by car. Figure 83 presents the coverage of the pharmacies in consideration of 20-minutes travel time by car. Coverage of the pharmacies is presented in a light green and RBWM has a green border.[96]

Pharmacy Distribution in relation to population density

***Table 5**: Table showing the population, number of community pharmacies and community pharmacies per 10,000 population by ward.*

Ward	Population [1]	No. of community pharmacies[2]	Community pharmacies per 10,000
Ascot & Sunninghill	12,095	3	2.5
Belmont	7,213	1	1.4
Bisham & Cookham	6,966	1	1.4
Boyn Hill	7,237	1	1.4
Bray	7,828	1	1.3
Clewer & Dedworth East	8,002	1	1.2
Clewer & Dedworth West	7,224	2	2.8
Clewer East	6,824	0	0.0
Cox Green	7,648	1	1.3
Datchet, Horton & Wraysbury	10,805	2	1.9
Eton & Castle	13,179	5	3.8
Furze Platt	7,871	1	1.3
Hurley & Walthams	6,666	1	1.5
Old Windsor	7,731	1	1.3
Oldfield	7,619	1	1.3
Pinkneys Green	7,540	1	1.3
Riverside	7,770	1	1.3
St Mary's	7,832	3	3.8
Sunningdale & Cheapside	6,688	1	1.5

[1]ONS Ward-level population estimates.

[2]Frimley ICB.

Table 5 shows the number of community pharmacies for each ward in RBWM, the ward's population and pharmacies per 10,000 of the ward population. The table shows that wards St Mary's and Eton & Castle have the highest number of

pharmacies per 10,000 at 3.8 each. Clewer East is the only ward that does not contain a pharmacy in RBWM.

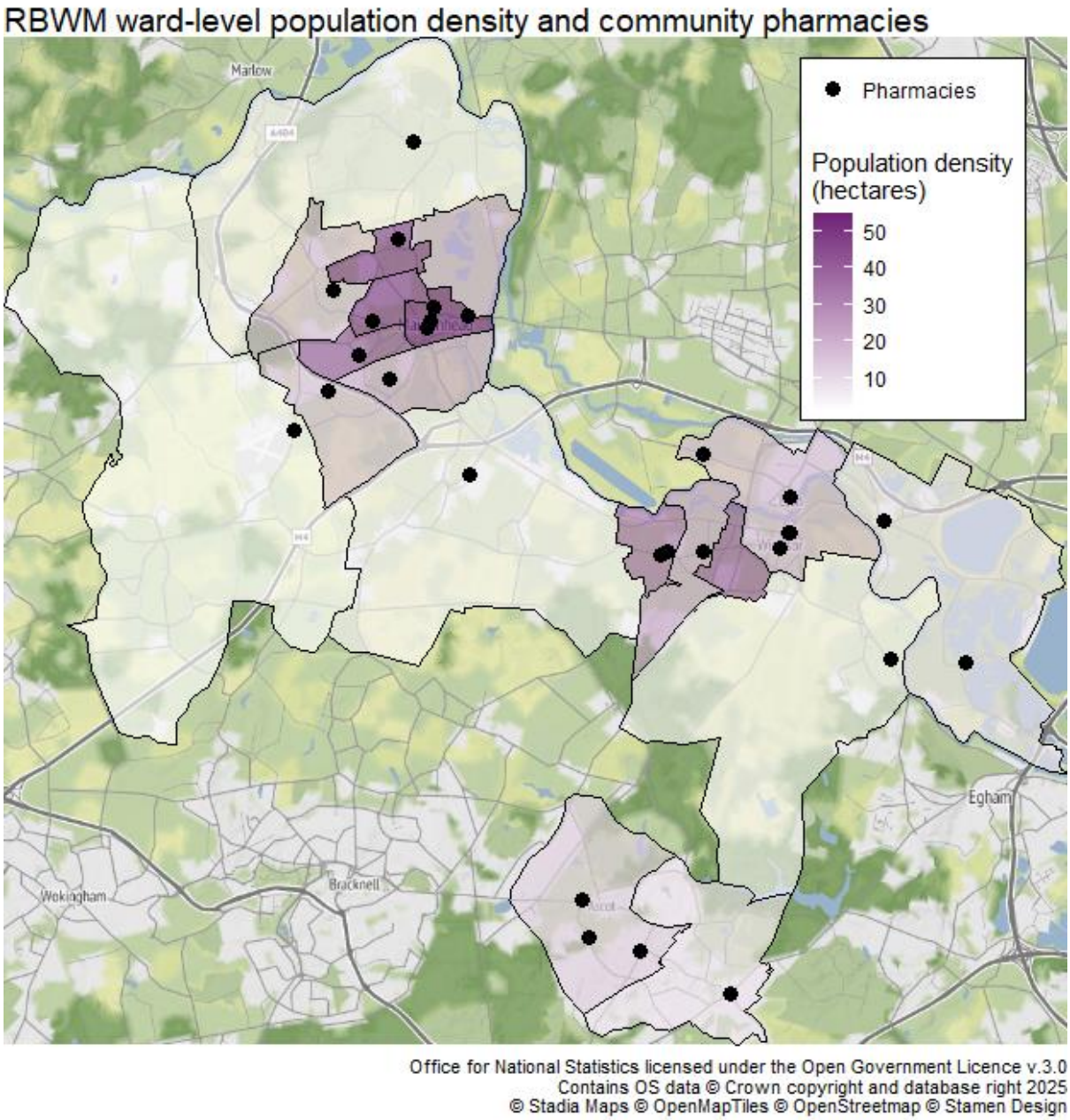

***Figure 84**: Map showing RBWM's ward-level population estimates and community pharmacies.*

The map in figure 84 indicates that the community pharmacy premises are in areas of highest population density and a small number of pharmacies were identified in areas with a lower population density.

Pharmacy distribution in relation to GP surgeries

As part of the NHS Long Term Plan all general practices were required to be in a primary care network (PCN) by June 2019.[8] There are 19 GP member practices across three PCNs in RBWM. There is an additional GP practice within Maidenhead that is currently not a member of a PCN.

Each of these networks have expanded neighbourhood teams which comprise of a range of healthcare professionals including GPs, district nurses, community geriatricians, Allied Health Professionals, and pharmacists. It is essential that community pharmacies can fully engage with the PCNs to maximise service provision for their patients and residents.

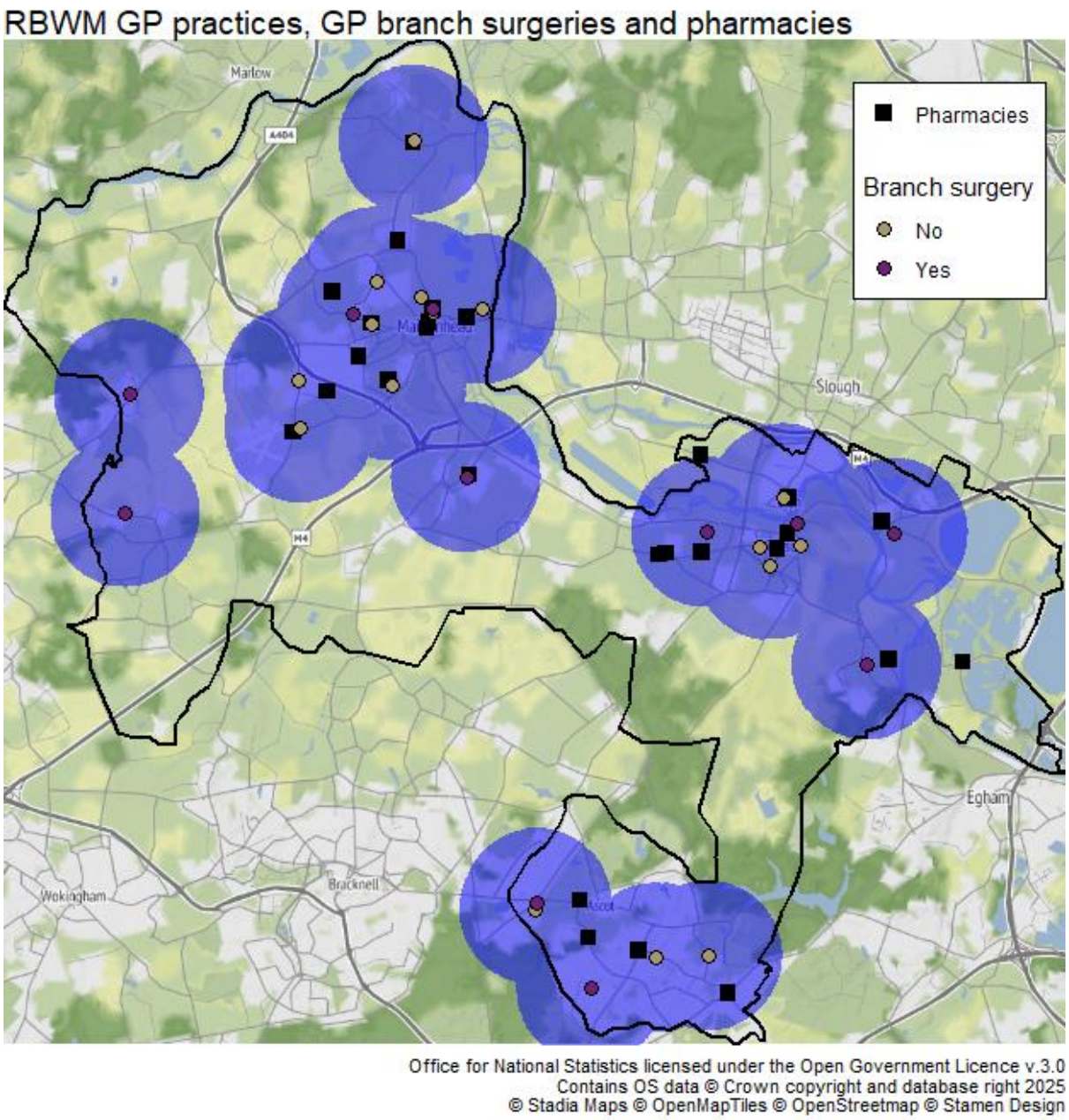

***Figure 85**: Map showing RBWM's GP practices, GP branch surgeries and Pharmacies.*

Figure 85 shows that there is a pharmacy within a mile of all main GP practices in the borough. This is also the case for most of the GP branch surgeries, except for the branches of practice Dr S. Swan, with the main practice not located in RBWM.

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

Pharmacy distribution in relation to Index of Multiple Deprivation

RBWM is among the 10% least deprived local authority areas in England, however there are pockets of relative deprivation within the Royal Borough. Some neighbourhoods within Windsor Town Centre (Clewer North ward) and Maidenhead Town Centre (St Mary's, Oldfield, and Belmont wards) are in the 30% and 40% most deprived neighbourhoods nationally.

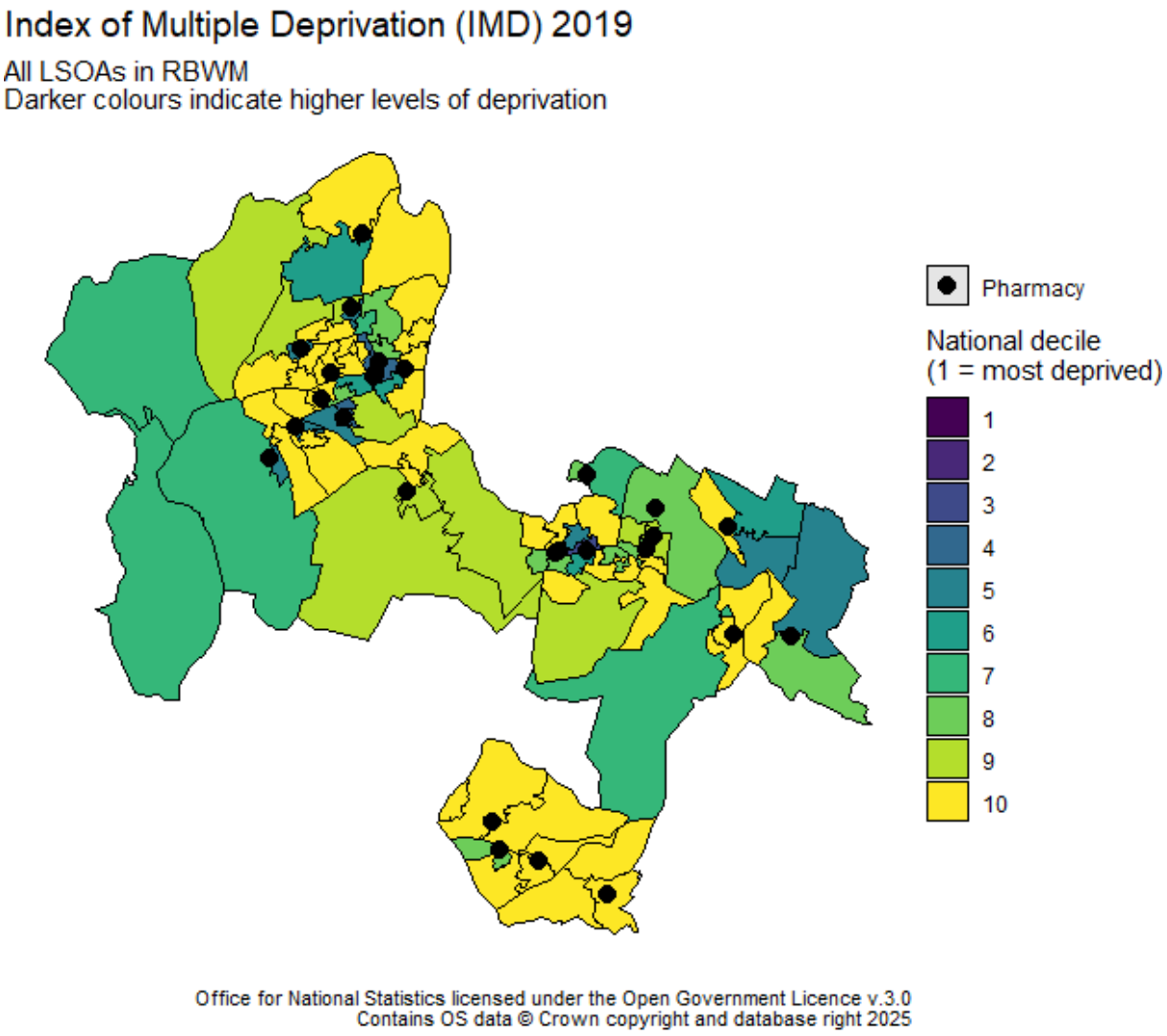

***Figure 86**: Thematic map showing IMD 2019 for RBWM LSOAs and locations of pharmacies in RBWM.*

Figure 86 presents pharmacy locations in relation to deprivation deciles. The most deprived neighbourhoods are well served by community pharmacies.

Opening hours

Pharmacy contracts with NHS England stipulate the core hours during which each pharmacy must remain open. Historically these have been 40-hour contracts and

some recent 100-hour contracts. A pharmacy may stay open longer than the stipulated core opening hours, these are called supplementary hours.

The PNA will not assess access to necessary services based on supplementary hours, as these can be changed with three months' notice. Access has been considered on geographic distance and as part of that, core operating hours.

Data on opening times has been supplied by Frimley ICB and the data is based as at January 2025.

100-hour pharmacies

The ability to apply to open a new 100-hour pharmacy was removed from the regulations with effect from 1 September 2012, the requirement on these pharmacies to continue to be open for 100 hours per week was carried into the NHS (Pharmaceutical Services) Regulations 2012 and 2013 regulations.

With effect from 25 May 2023, the 2013 regulations were amended so that a pharmacy contractor can apply to the relevant ICB to reduce the total core opening hours of their 100-hour pharmacy, and The ICB may agree to remove the 100 hours condition in respect of those premises and replace it with a direction which specifies a lower number of total core opening hours. However, ICBs and contractors must note that the direction, and any subsequent direction that may be issued in respect of these pharmacy premises, must specify a total number of core opening hours of not less than 72 (regulation 65(3A)).[97]

Geographic distribution of 100-hour pharmacies within a 1 mile radius of RBWM

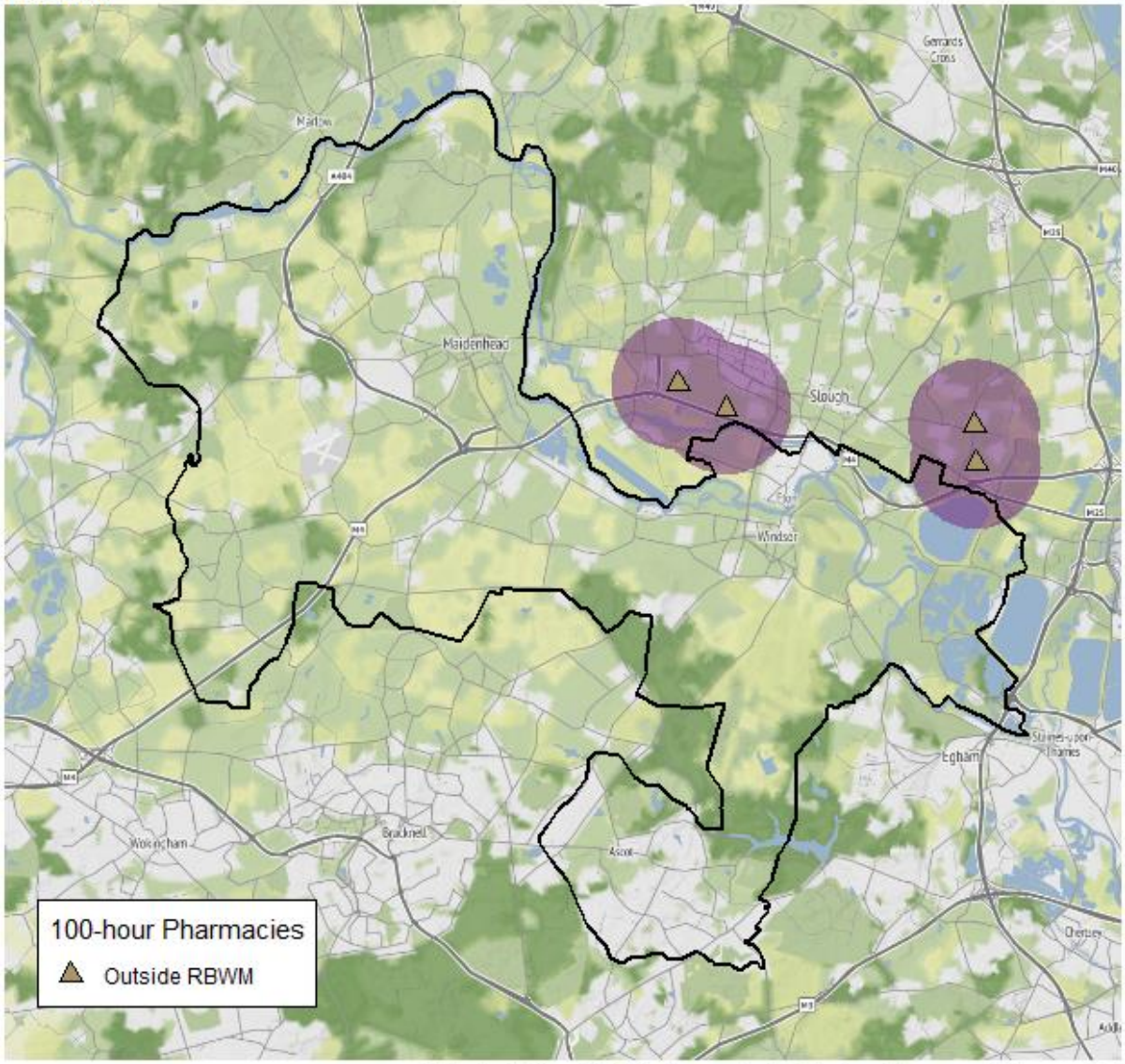

***Figure 87**: Map showing 100-hour pharmacies within a 1 mile radius of RBWM.*

There are no 100-hour pharmacies remaining in RBWM. There are four other 100-hour pharmacies with amended hours that are outside the borough but within 1 mile of its border (Figure 87).

Early morning opening

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

There are no pharmacies open before 8am on weekdays within the borough and no pharmacies that are open before 8am and within 1 mile of the borough's border.

Late-evening closure

The PNA steering group deemed pharmacies open after 6pm to be late-evening opening.

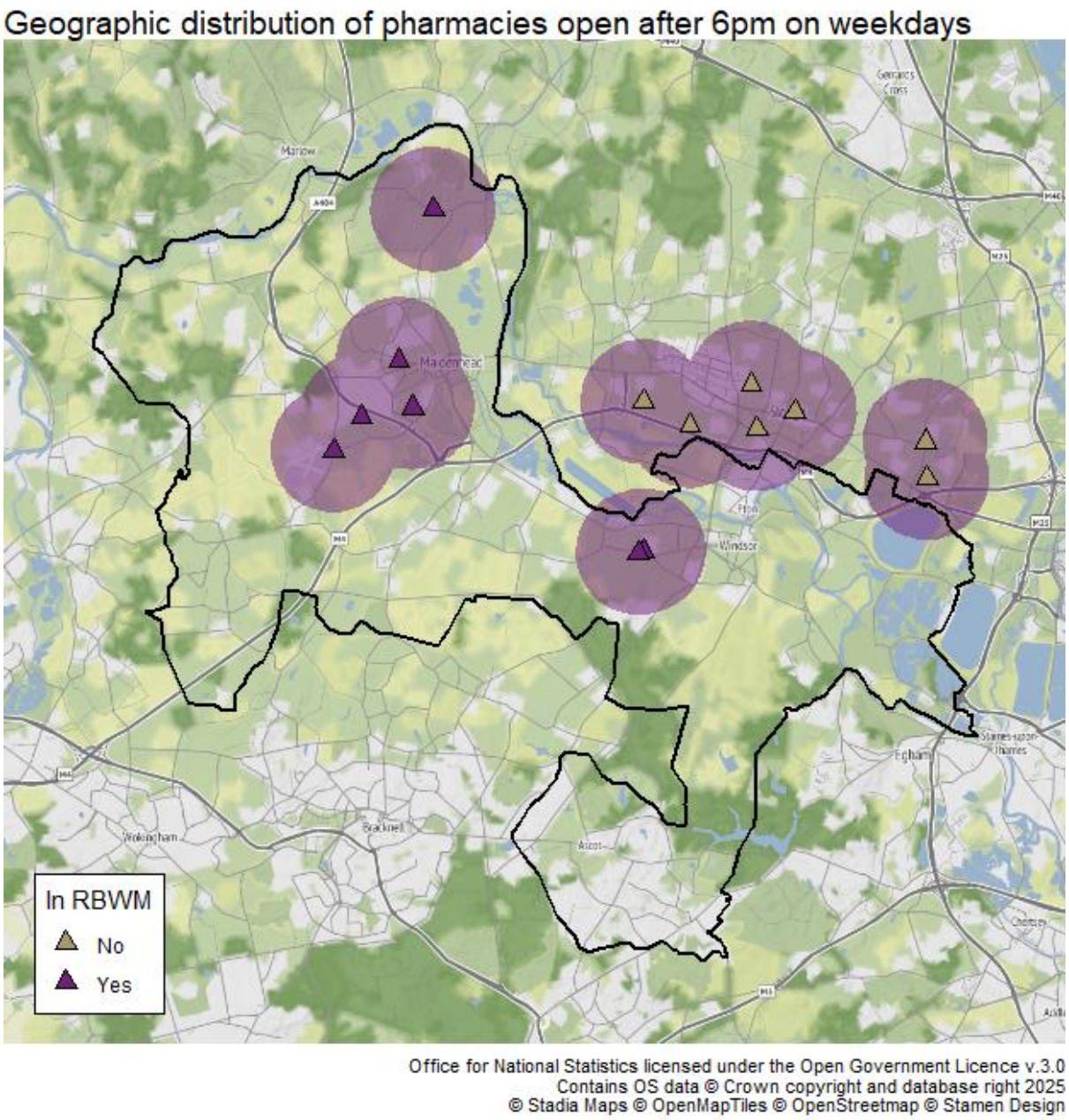

***Figure 88**: Map of RBWM with points representing the pharmacies that are open after 6pm during weekdays in RBWM and within 1 mile of RBWM.*

There are seven pharmacies in the borough that open after 6pm on weekdays, with seven other pharmacies within 1 mile of RBWM (all located in Slough).

***Table 6**: Table showing the pharmacies open after 6pm on a weekday in RBWM.*

Pharmacy	Address	Ward
Keycircle Pharmacy	Symons Medical Centre, 25 All Saints Avenue, Maidenhead, Berkshire, SL6 6EL	Belmont
Cookham Pharmacy	Lower Road, Cookham Rise, Maidenhead, Berkshire, SL6 9HF	Bisham & Cookham
Hetpole Pharmacy	398 Dedworth Road, Windsor, Berkshire, SL4 4JR	Clewer & Dedworth West
Tesco Pharmacy	Tesco Superstore, 290 Dedworth Road, Windsor, Berkshire, SL4 4JT	Clewer & Dedworth West
Wessex Pharmacy	114 Wessex Way, Cox Green, Maidenhead, Berkshire, SL6 3DL	Cox Green
Woodland Park Pharmacy	Waltham Road, Woodland Park, Maidenhead, Berkshire, SL6 3NH	Hurley & Walthams
Kays Chemist	24 Ross Road, Maidenhead, Berkshire, SL6 2SZ	Oldfield

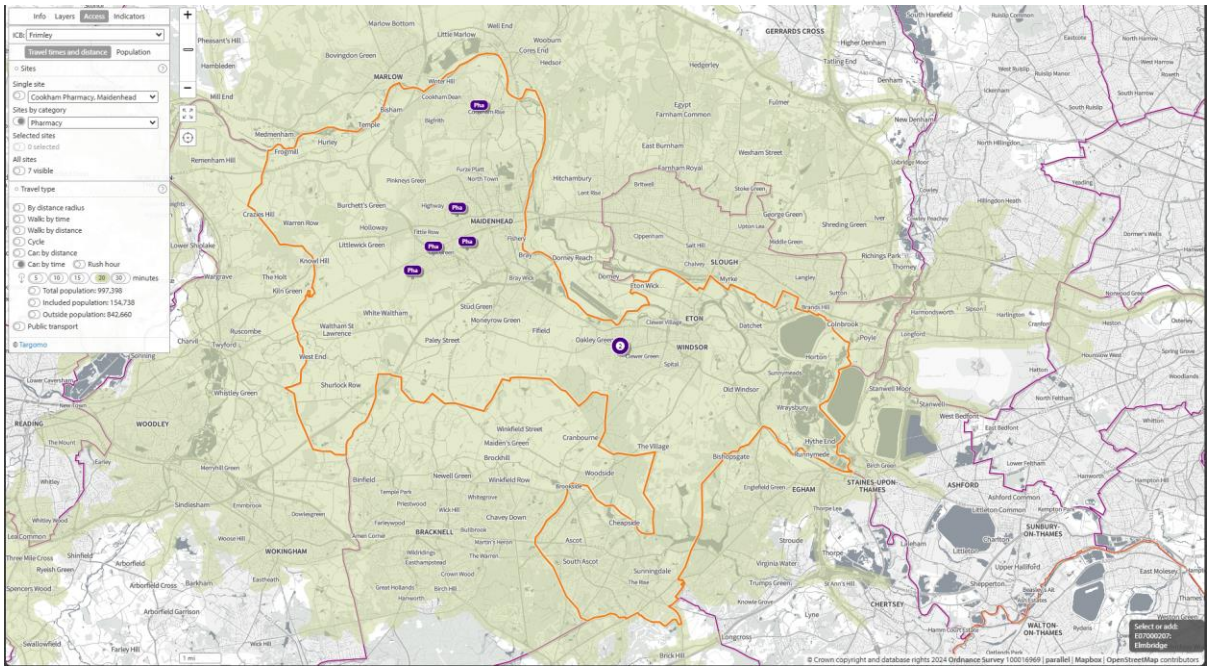

***Figure 89**: Areas covered by 20-minute travel time by car for RBWM residents to a pharmacy open after 6pm in RBWM.*

As shown in figure 89, all RBWM residents are within a 20-minute drive to a pharmacy that is open after 6pm.

Saturday opening

A large majority of the pharmacies in RBWM (24/28) are open on Saturday. There are an additional 16 pharmacies within 1 mile of the borough's border that are also open on Saturday.

Geographic distribution of pharmacies open on Saturday

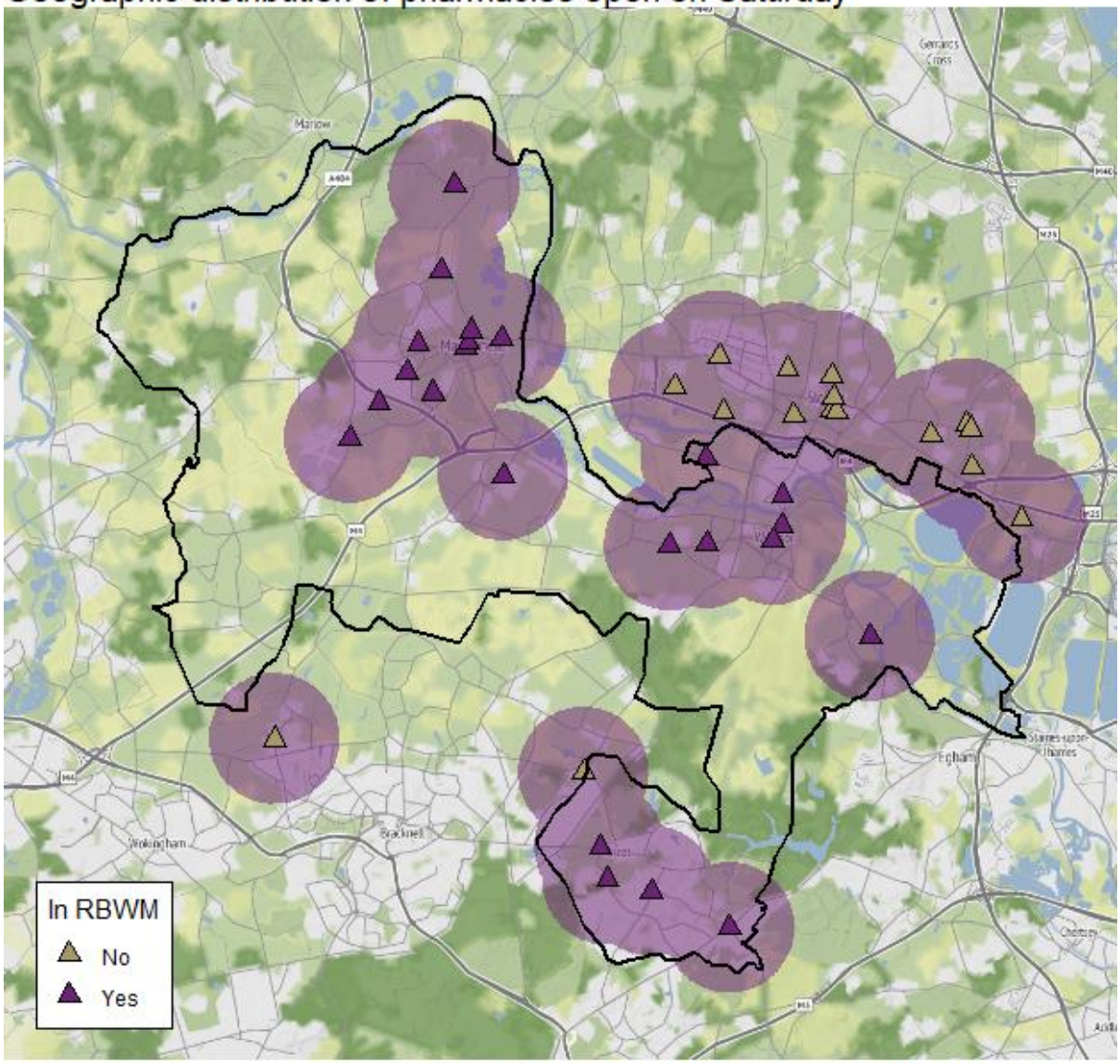

***Figure 90**: Map of RBWM with points representing the pharmacies that are open on a Saturday in RBWM and within 1 mile of RBWM.*

***Table 7**: Table showing the number of pharmacies open on a Saturday by ward*

Ward	Number of pharmacies open on Saturday
Eton & Castle	5
Ascot & Sunninghill	3
St Mary's	3
Belmont	1
Bisham & Cookham	1
Boyn Hill	1
Bray	1
Clewer & Dedworth East	1
Clewer & Dedworth West	1
Cox Green	1
Furze Platt	1
Hurley & Walthams	1
Old Windsor	1
Oldfield	1
Riverside	1
Sunningdale & Cheapside	1

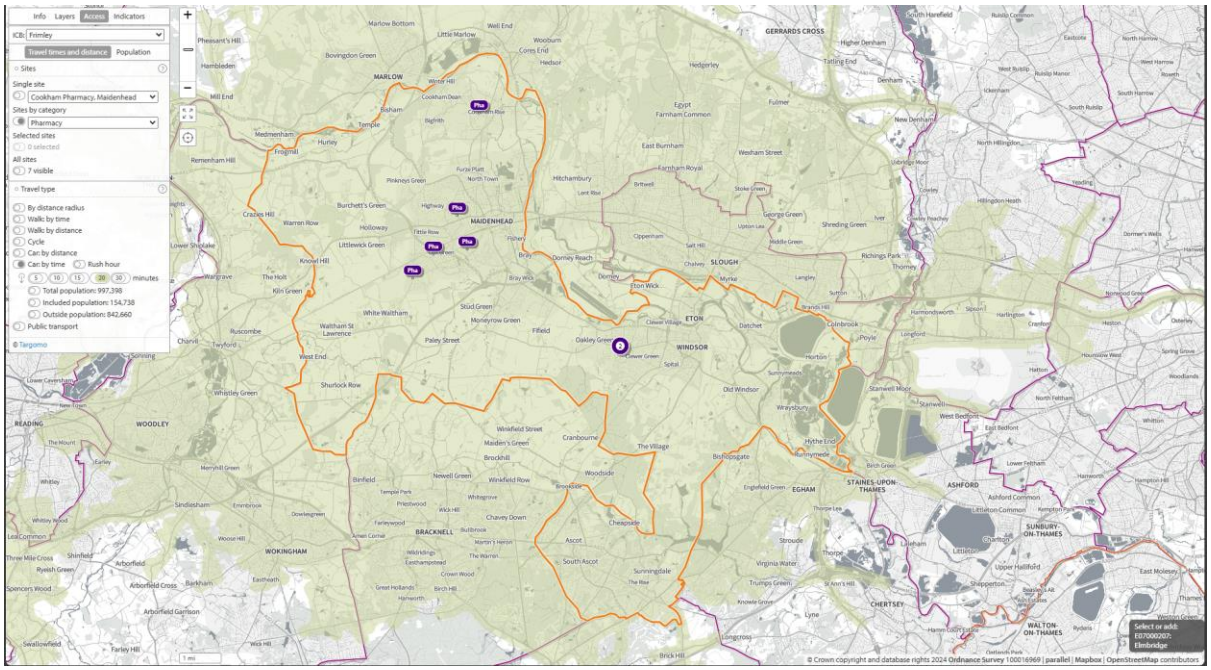

***Figure 91**: Areas covered by 20-minute travel time by car for RBWM residents to a pharmacy open on Saturday in RBWM.*

All residents can reach a Saturday opening pharmacy in 20-minutes if travelling by car. The 20-minute travel time to reach an RBWM pharmacy is shown in green in figure 91.

Sunday opening

Three pharmacies are open on a Sunday within the borough, with five open in boroughs around RBWM within 1 mile of its borders.

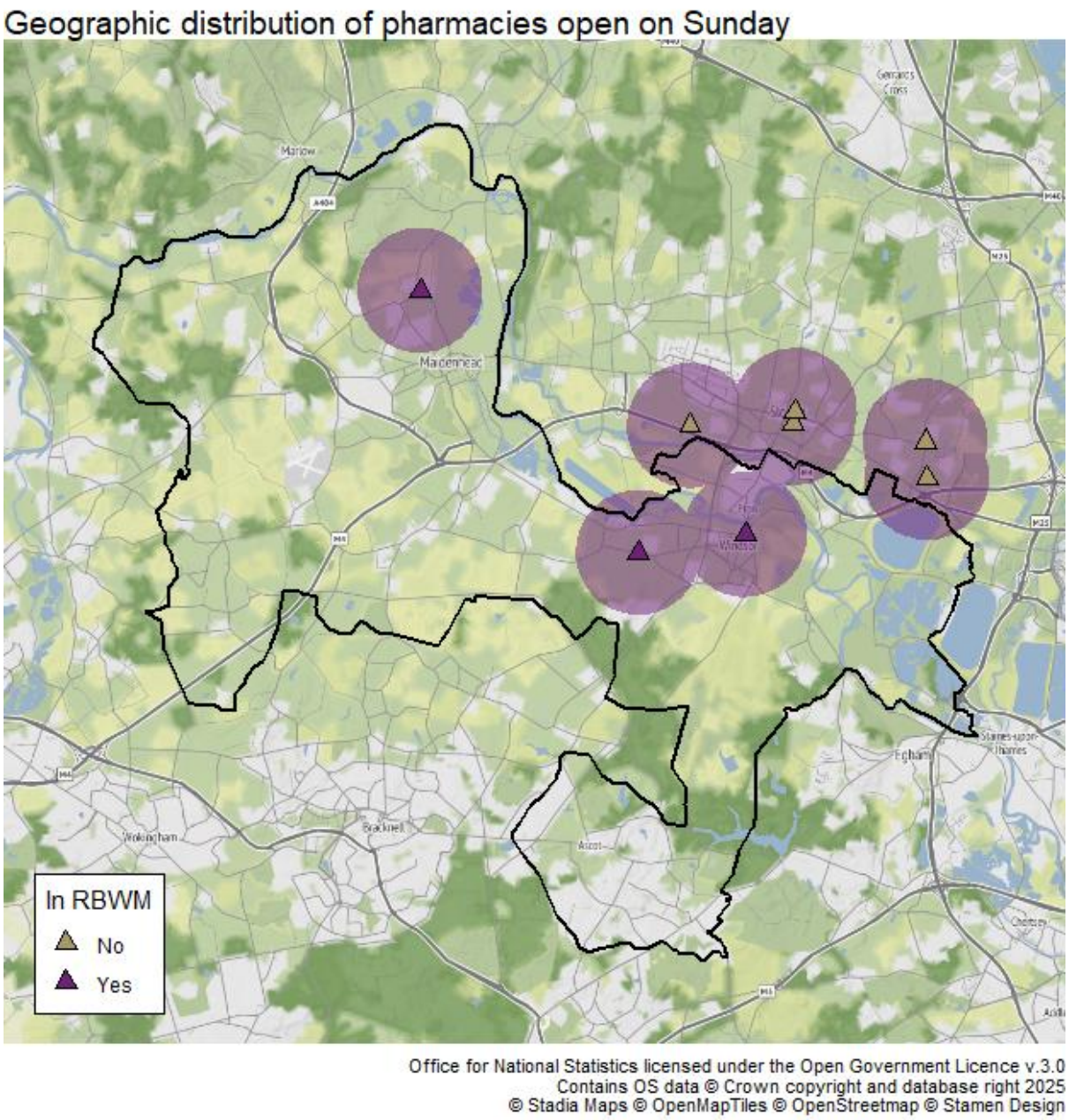

***Figure 92**: Map of RBWM with points representing the pharmacies that are open on a Sunday in RBWM and within 1 mile of RBWM.*

***Table 8**: Table showing the pharmacies open on a Sunday in RBWM*

Pharmacy	Address	Ward	Sunday opening hours
Tesco Pharmacy	Tesco Superstore, 290 Dedworth Road, Windsor, Berkshire, SL4 4JT	Clewer & Dedworth West	10:00-16:00

Pharmacy	Address	Ward	Sunday opening hours
Boots the Chemists	119 Peascod Street, Windsor, Berkshire, SL4 1DW	Eton & Castle	11:00-17:00
H A Mcparland Ltd	9 Shifford Crescent, Maidenhead, Berkshire, SL6 7UA	Furze Platt	10:00-16:00

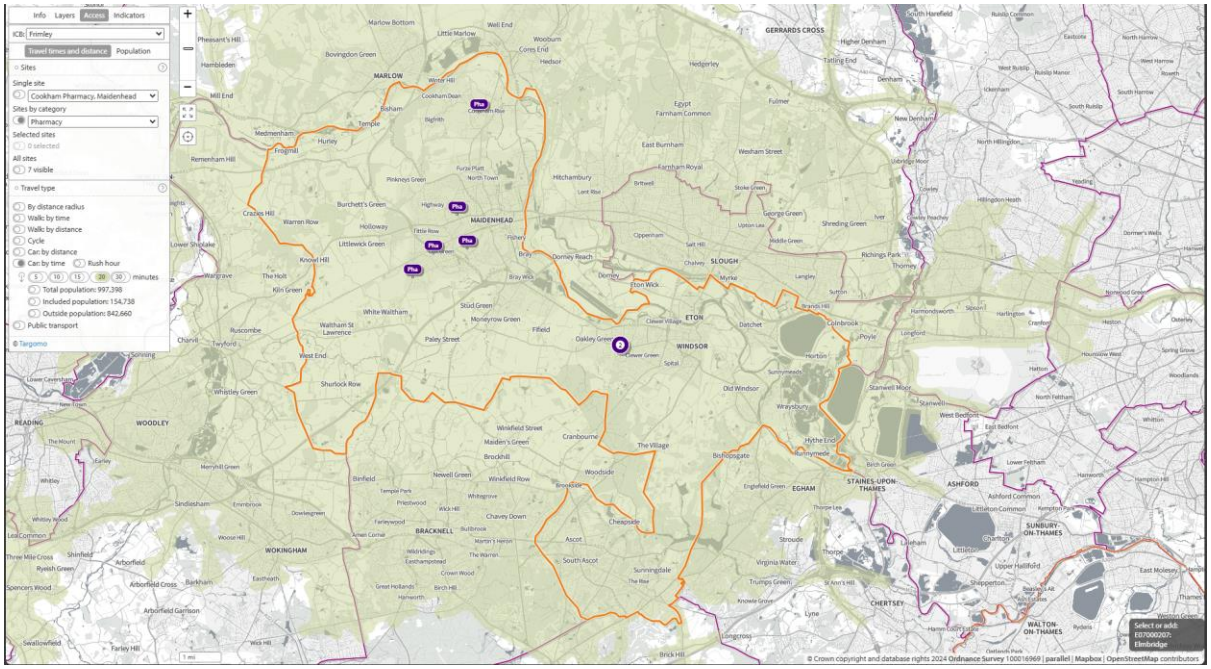

***Figure 93**: Areas covered by 20-minute travel time by car for RBWM residents to a pharmacy open on Sunday in RBWM.*

Residents living in RBWM are not all within 1 mile of a pharmacy that is open on Sundays. However, all residents can reach an RBWM pharmacy that is open on a Sunday within 20-minutes if travelling by car. The 20-minute travel distance coverage by car is shown in green figure 92 and covers the whole local authority.

Essential services

Essential services are offered by all pharmacy contractors as part of the NHS Community Pharmacy Contractual Framework. All pharmacy contractors are

required to deliver and comply with the specifications for all essential services.[9] These are:

- Discharge medicines service
- Dispensing appliances
- Dispensing medicines
- Disposal of unwanted medicines
- Healthy living pharmacies
- Public health (promoting of healthy lifestyles)
- Support for self-care
- Signposting
- Repeat dispensing and electronic Repeat Dispensing (eRD)

Summary of the accessibility of pharmacy services and of essential services

Overall, there is good pharmacy coverage to provide essential services across the borough during normal working hours. With many pharmacies within walking distance (1 mile) to most of RBWM's residents. All 28 pharmacies are within a 20-minute drive in RBWM.

There is adequate coverage to provide essential services outside normal working hours. These pharmacies are situated in high density areas, where much of the population live. Those outside of the 1-mile walking distance are more reliant on motor vehicles for transportation for a 20-minute travel time. Public transport with a 20-minute travel time is fairly limited outside of the high density areas.

Dispensing

The NHS Business Services Authority produce pharmacy and appliance contractor dispensing data for all NHS contractor pharmacies monthly. Using this dataset for all

months in financial year 2023/24, RBWM pharmacies dispensed an average of 6,219 items per month. The average for England was 7,998 items per month. We can see that RBWM on average prescribed less items than the England average, although this is not taking into account population sizes and no statistical method has been applied.[98]

Advanced pharmacy services

Advanced services are NHS England commissioned services that community pharmacy contractors and dispensing appliance contractors can provide subject to accreditation, as necessary.[9]

As of February 2025, the following services may be provided by pharmacies[9]:

- Appliance Use Review
- Flu Vaccination Service
- Hypertension Case-Finding Service
- Lateral Flow Device Service
- New Medicine Service
- Pharmacy Contraceptive Service
- Pharmacy First Service
- Smoking Cessation Service
- Stoma Appliance Customisation

In March 2022, a smoking cessation service in pharmacies was introduced for patients who started their stop-smoking journey in hospital. This is an Advanced service. Pharmacy owners are free to choose if they will provide the service and when they will start providing it. Most NHS trusts should now be making referrals to

the service as NHS England expected most trusts to be making referrals within two years from the commencement date.[99]

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

- appliance use reviews
- stoma appliance customisation.

Summary of the Advanced Pharmacy Services

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

- Appliance Use Review
- Flu Vaccination Service
- Hypertension Case-Finding Service
- Lateral Flow Device Service
- New Medicine Service
- Pharmacy Contraceptive Service
- Pharmacy First Service
- Smoking Cessation Service

Stoma Appliance Customisation is not available at any RBWM pharmacy.

Appliance Use Review

Appliance Use Review (AUR) is an advanced service that community pharmacy and appliance contractors can choose to provide so long as they fulfil certain criteria.

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

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

No pharmacies within or bordering the borough provided this service in 2023/24. AURs can also be provided by prescribing health and social care providers. Therefore, the PNA steering group conclude that there is sufficient provision of the AUR service to meet the current needs of this borough.

Community pharmacy seasonal influenza vaccination

Flu vaccination by injection, commonly known as the "flu jab" is available every year on the NHS to protect certain groups who are at risk of developing potentially serious complications, such as:

- anyone over the age of 65
- children and adults with an underlying health condition (particularly long-term heart or respiratory disease)
- children and adults with weakened immune systems
- pregnant women

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

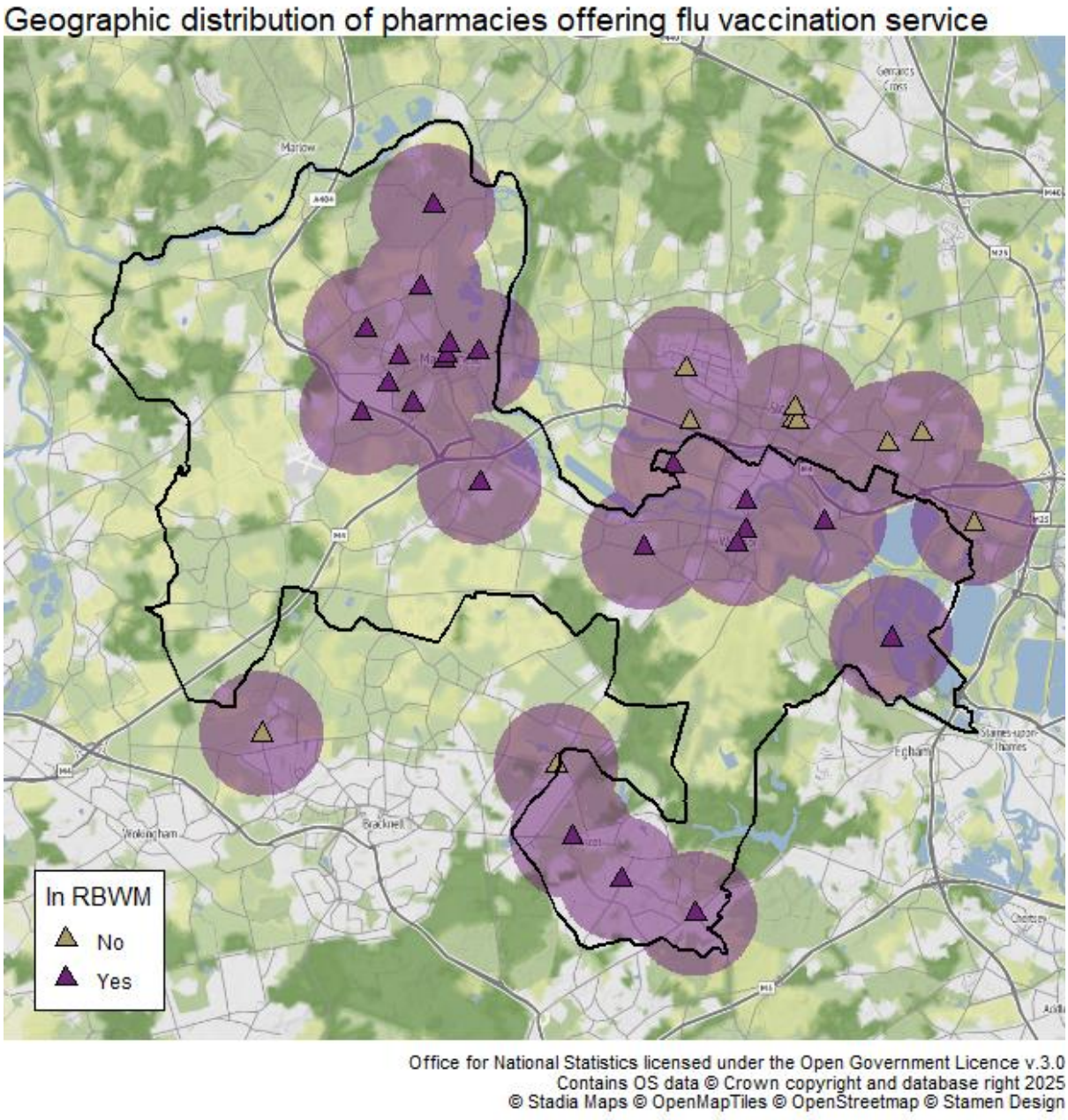

***Figure 94**: Map of RBWM with points representing the pharmacies that provide flu vaccination service in RBWM and within 1-mile of RBWM.*

In total, 23 of the 28 pharmacies in RBWM offer the flu vaccination service. Another 10 pharmacies with 1-mile of RBWM’s border also provide the service. The distribution of these pharmacies is shown in figure 94.

***Table 9**: Table showing the number of pharmacies providing flu vaccination service by ward.*

Ward	Number of pharmacies
Eton & Castle	5
St Mary's	3
Ascot & Sunninghill	2
Datchet, Horton & Wraysbury	2
Belmont	1
Bisham & Cookham	1
Boyn Hill	1
Bray	1
Clewer & Dedworth West	1
Cox Green	1
Furze Platt	1
Oldfield	1
Pinkneys Green	1
Riverside	1
Sunningdale & Cheapside	1
Clewer & Dedworth East	0
Clewer East	0
Hurley & Walthams	0
Old Windsor	0

Overall, there is strong coverage of this service across RBWM. As identified in Chapter 5, there is also strong flu vaccination uptake in the borough. Therefore, the PNA steering group conclude that there is sufficient provision of Advanced Flu Services to meet the needs of this borough. Although, the population vaccination coverage for flu for at risk individuals (6 months to 65 years and excluding pregnant women), in RBWM was 43.1% in 2023/24, which is worse than the national

population vaccination coverage target of 55%. Pharmacy provision appears to be good however and this could be more of an engagement issue.

Hypertension Case-Finding Service

Cardiovascular disease (CVD) is one of the leading causes of premature death in England and accounts for 1.6 million disability adjusted life years.[99]

Hypertension is the biggest risk factor for CVD and is one of the top five risk factors for all premature death and disability in England. An estimated 5.5 million people have undiagnosed hypertension across the country.[99]

In February 2019, as part of the Cardiovascular Disease Prevention System Leadership Forum, NHS England published new national ambitions for the detection and management of the high-risk conditions. The ambition for hypertension is that 80% of the expected number of people with high BP are detected by 2029, and that 80% of the population diagnosed with hypertension are treated to target. At the time of publication of the NHS Long Term Plan, NHS England and Public Health England estimated less than 60% of people with hypertension had been diagnosed.[99]

The hypertension case-finding service aims to[99]:

- Identify people aged 40 years or older, or at the discretion of pharmacy staff, people under the age of 40, with high blood pressure (who have previously not had a confirmed diagnosis of hypertension), and to refer them to general practice to confirm diagnosis and for appropriate management;
- At the request of a general practice, undertake ad-hoc clinic and ambulatory blood pressure measurements. These requests can be in relation to people either with or without a diagnosis of hypertension; and
- Provide another opportunity to promote healthy behaviours to patients.

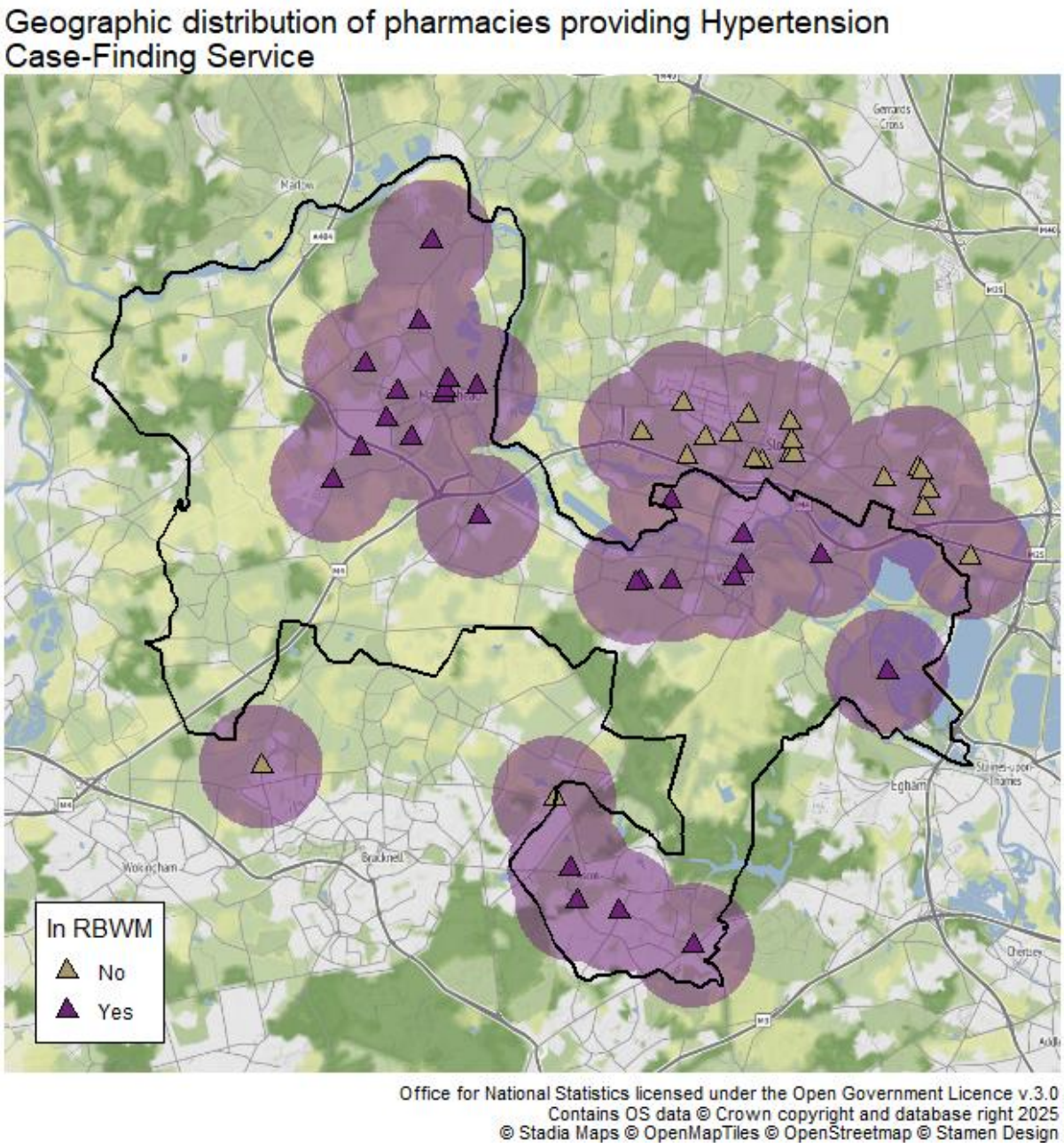

***Figure 95**: Map of RBWM with points representing the pharmacies that provide the Hypertension Case-Finding Service in RBWM and within 1-mile of RBWM.*

In RBWM, all 27 of the 28 pharmacies provide the Hypertension Case-Finding Service. There are an additional 20 pharmacies within 1-mile of the borough's border that provide the Hypertension Case-Finding Service. The location of these pharmacies is shown in figure 95. RBWM pharmacies provide good coverage for Hypertension Case-Finding Service, with only one pharmacy not offering this advanced service.

***Table 10**: Table showing the number of pharmacies providing the Hypertension Case-Finding Service by ward.*

Ward	Number of pharmacies
Eton & Castle	5
Ascot & Sunninghill	3
St Mary's	3
Clewer & Dedworth West	2
Datchet, Horton & Wraysbury	2
Belmont	1
Bisham & Cookham	1
Boyn Hill	1
Bray	1
Clewer & Dedworth East	1
Cox Green	1
Furze Platt	1
Hurley & Walthams	1
Oldfield	1
Pinkneys Green	1
Riverside	1
Sunningdale & Cheapside	1
Clewer East	0
Old Windsor	0

The Hypertension Case-Finding Service is widely available across the borough within areas of high density and need. The PNA steering group conclude that there is sufficient provision to meet the needs of this borough, which is rising as shown by the hypertension indicator in Chapter 5 - Health needs.

Lateral Flow Device Service

The NHS offers COVID-19 treatment to people with COVID-19 who are at risk of becoming seriously ill. To access treatment, eligible patients first need to be able to test themselves by using a lateral flow device (LFD) test if they develop symptoms suggestive of COVID-19.[99]

The LFD service was introduced to provide eligible patients with access to LFD tests. If a patient tests positive, they are advised to call their general practice, NHS 111 or hospital specialist as soon as possible. The test result will be used to inform a clinical assessment to determine whether the patient is suitable for and will benefit from National Institute for Health and Care Excellence (NICE) recommended COVID-19 treatments.[99]

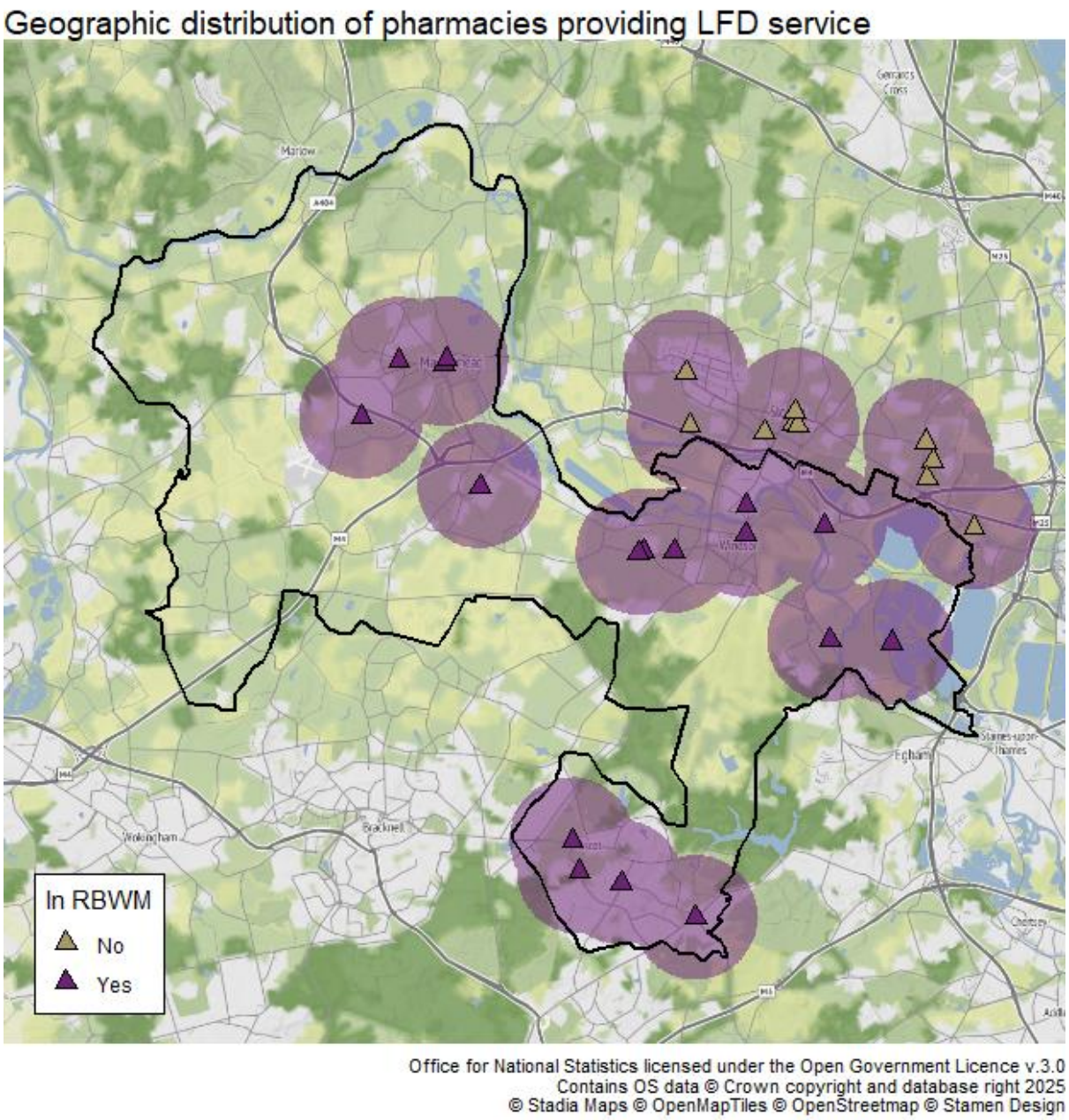

***Figure 96**: Map of RBWM with points representing the pharmacies that provide the LFD service in RBWM and within 1-mile of RBWM.*

In RBWM, 18 of the 28 pharmacies provide LFD service. There are an additional 10 pharmacies within 1-mile of the borough's border that provide the LFD service. The location of these pharmacies is shown in figure 96. RBWM pharmacies provide adequate coverage for LFD service.

***Table 11**: Table showing the number of pharmacies providing the LFD service by ward.*

Ward	Number of pharmacies
Ascot & Sunninghill	3
Eton & Castle	3
Clewer & Dedworth West	2
Datchet, Horton & Wraysbury	2
St Mary's	2
Belmont	1
Bray	1
Clewer & Dedworth East	1
Cox Green	1
Old Windsor	1
Sunningdale & Cheapside	1
Bisham & Cookham	0
Boyn Hill	0
Clewer East	0
Furze Platt	0
Hurley & Walthams	0
Oldfield	0
Pinkneys Green	0
Riverside	0

The LFD service is widely available across the borough within areas of high density and need. Wards Bisham & Cookham and Hurley & Walthams are both more rural wards and do not have good walking distance or public transport access to a pharmacy providing LFD service. The PNA steering group conclude that there is adequate provision to meet the needs of this borough.

New medicine service

The new medicine service (NMS) is an advanced service that supports patients with long-term conditions who are taking a newly prescribed medicine, to help improve medicines adherence.

This service is designed to improve patients' understanding of a newly prescribed medicine for their long-term condition, and to help them get the most from the medicine. It aims to improve adherence to new medication, focusing on people with specific conditions, namely:

- Asthma and COPD
- Type 2 diabetes
- Antiplatelet or anticoagulation therapy
- Hypertension

New Medicines Service can only be provided by pharmacies and is conducted in a private consultation area to ensure patient confidentiality.

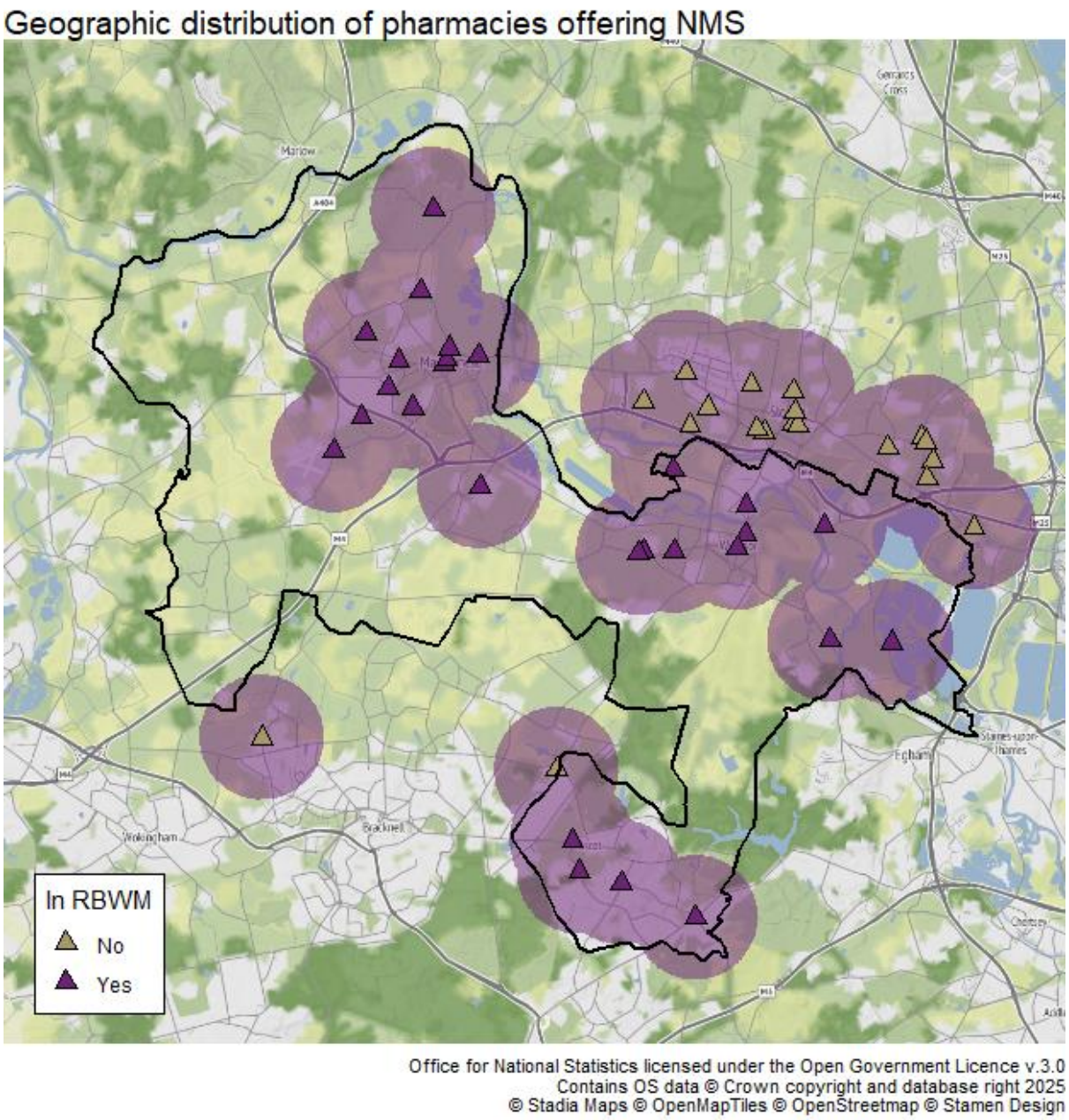

***Figure 97**: Map of RBWM with points representing the pharmacies that provide NMS in RBWM and within 1-mile of RBWM.*

In RBWM, all 28 pharmacies provide NMS. There are an additional 19 pharmacies within 1-mile of the borough's border that provide NMS. All these pharmacies are shown in figure 97.

***Table 12**: Table showing the number of NMSs declared aggregated by ward for 2023/24*[98]

Ward	Number of Pharmacies	Total Number of NMSs declared	Average NMS per pharmacy
Eton & Castle	5	1,337	267
Ascot & Sunninghill	3	888	296
St Mary's	3	896	299
Clewer & Dedworth West	2	1,451	726
Datchet, Horton & Wraysbury	2	781	390
Belmont	1	477	477
Bisham & Cookham	1	468	468
Boyn Hill	1	1,084	1,084
Bray	1	498	498
Clewer & Dedworth East	1	40	40
Cox Green	1	457	457
Furze Platt	1	362	362
Hurley & Walthams	1	304	304
Old Windsor	1	223	223
Oldfield	1	75	75
Pinkneys Green	1	176	176
Riverside	1	240	240
Sunningdale & Cheapside	1	344	344
Clewer East	0	0	

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

Pharmacy Contraceptive Service (PCS)

In 2021, NHS England commenced a pilot involving pharmacies offering repeat supplies of oral contraception to people who had previously had the product prescribed. In the Year 4 and Year 5 CPCF negotiations, the Department of Health and Social Care and NHS England proposed the commissioning of a Pharmacy Contraception Service, as an Advanced service.[99]

The objectives of the service are to[99]:

- Provide a model for community pharmacy teams to initiate provision of OC, and to continue the provision of OC supplies initiated in primary care (including general practice and pharmacies) or sexual health clinics and equivalent. Both initiation and ongoing supply are undertaken using PGDs to support the review and supply process; and
- Establish an integrated pathway between existing services and community pharmacies that provides people with greater choice and access when considering continuing their current form of OC.

The service aims to provide[99]:

- People greater choice from where they can access contraception services; and
- Extra capacity in primary care and sexual health clinics (or equivalent) to support meeting the demand for more complex assessments.

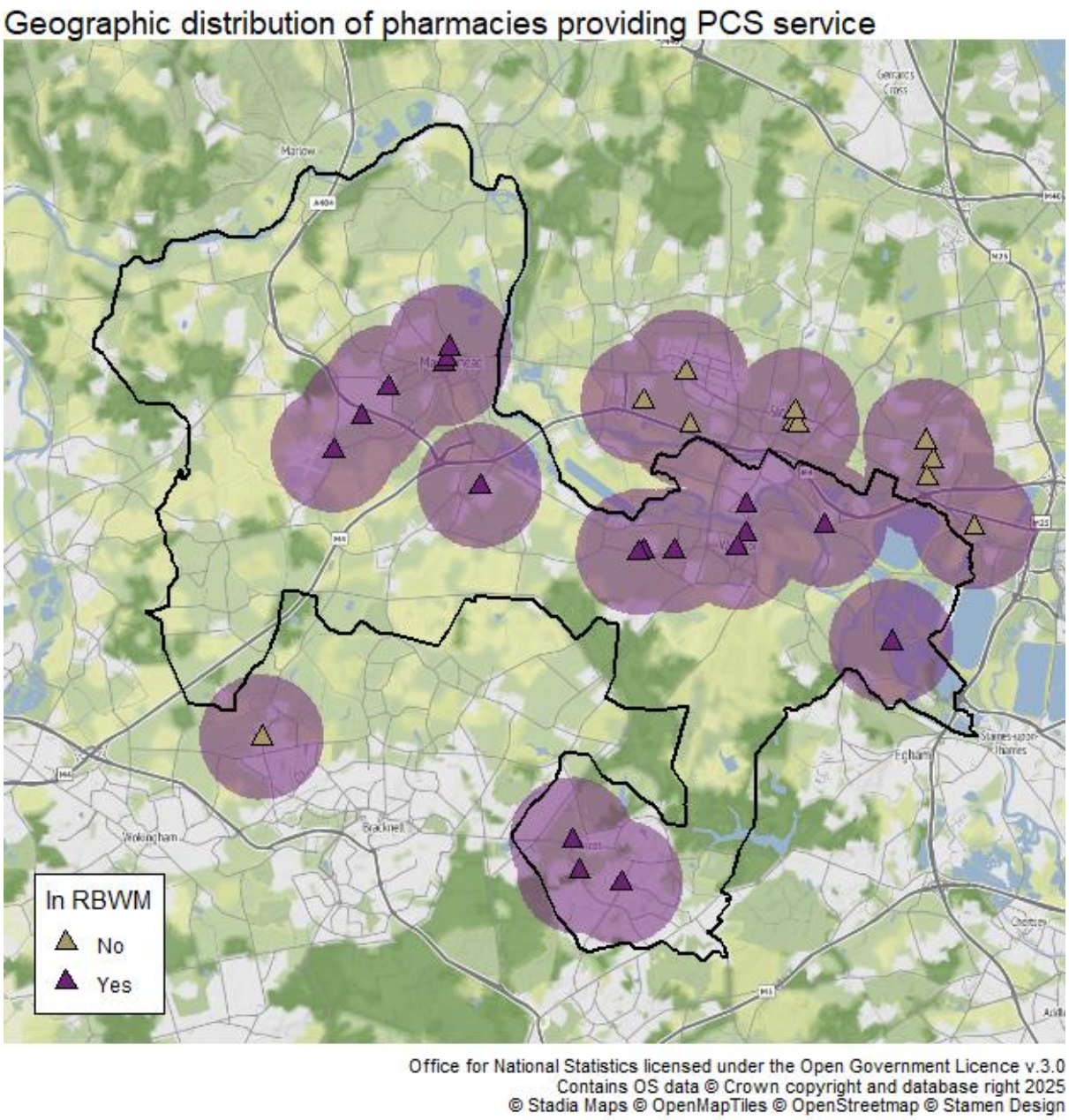

***Figure 98**: Map of RBWM with points representing the pharmacies that provide Pharmacy Contraception Service in RBWM and within 1-mile of RBWM.*

In RBWM, 19 of the 28 pharmacies provide PCS. There are an additional 11 pharmacies within 1-mile of the borough's border that provide PCS. The pharmacy locations are shown in figure 98.

***Table 13**: Table showing the number of pharmacies providing the Pharmacy Contraception Service by ward.*

Ward	Number of pharmacies
Eton & Castle	4
Ascot & Sunninghill	3
St Mary's	3
Clewer & Dedworth West	2
Datchet, Horton & Wraysbury	2
Boyn Hill	1
Bray	1
Clewer & Dedworth East	1
Cox Green	1
Hurley & Walthams	1
Belmont	0
Bisham & Cookham	0
Clewer East	0
Furze Platt	0
Old Windsor	0
Oldfield	0
Pinkneys Green	0
Riverside	0
Sunningdale & Cheapside	0

PCS is widely available across the borough within areas of high density and need. Rural wards do not have good walking distance or public transport access to a pharmacy providing PCS, and may be more reliant on a car for transport to these pharmacies. The PNA steering group conclude that there is adequate provision to meet the needs of this borough.

Pharmacy First Service

Community Pharmacy England made a proposal to the Department of Health and Social Care and NHS England for a Pharmacy First service in March 2022. The Pharmacy First service, which commenced on 31 January 2024, is a crucial first step in recognising and properly funding the enormous amount of healthcare advice that community pharmacies provide to the public every day and in establishing and funding community pharmacy as the first port of call for healthcare advice.[99]

The Advanced service involves pharmacists providing advice and NHS-funded treatment, where clinically appropriate, for seven common conditions (age restrictions apply)[99]:

- Sinusitis
- Sore throat
- Acute otitis media
- Infected insect bite
- Impetigo
- Shingles
- Uncomplicated UTI

Consultations for these seven clinical pathways can be provided to patients presenting to the pharmacy as well as those referred electronically by NHS 111, general practices and others.[99]

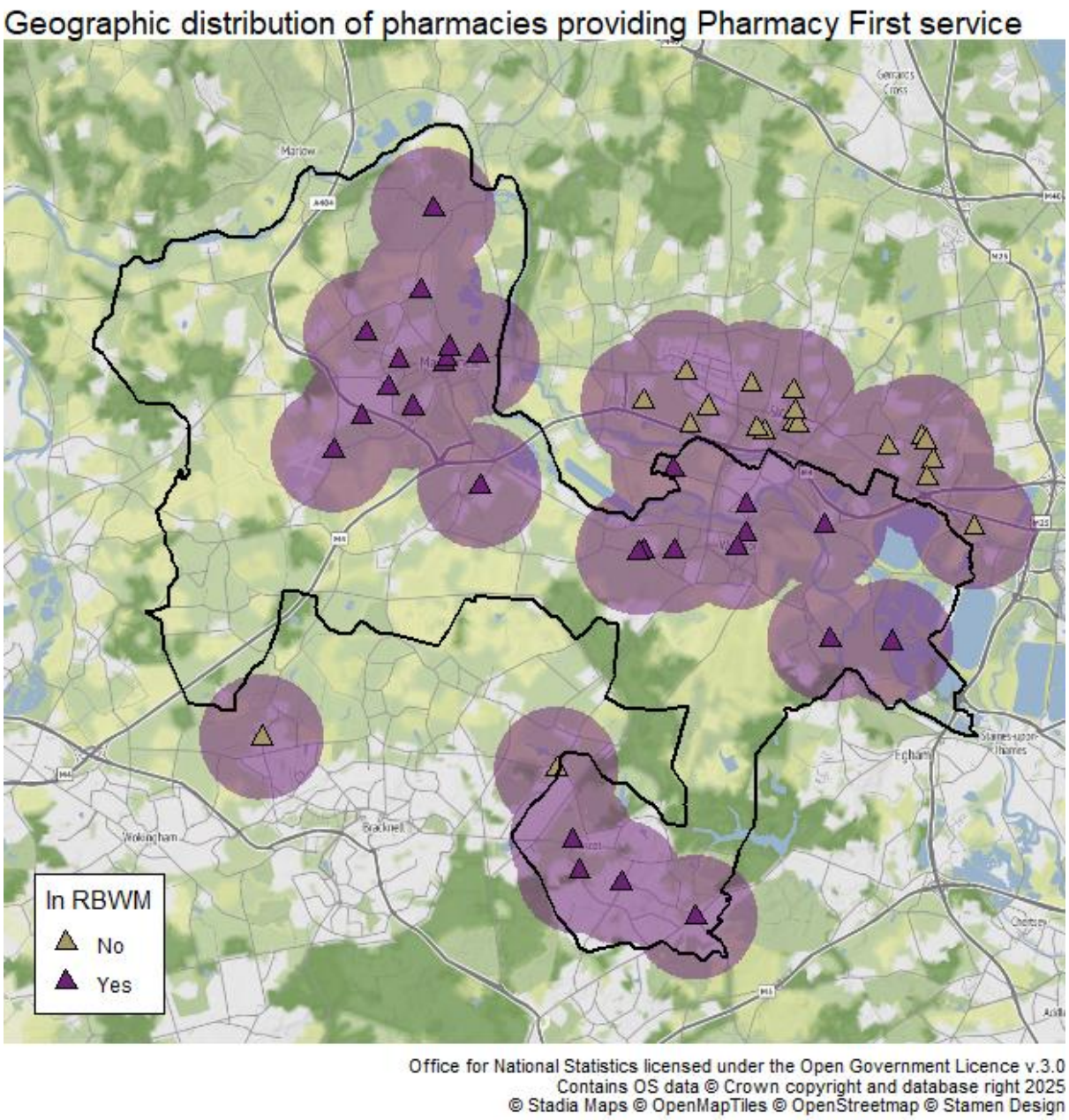

***Figure 99**: Map of RBWM with points representing the pharmacies that provide Pharmacy First service in RBWM and within 1-mile of RBWM.*

In RBWM, all 28 pharmacies provide Pharmacy First service. There are an additional 19 pharmacies within 1-mile of the borough's border that provide Pharmacy First service. The pharmacy locations are shown in figure 99.

***Table 14**: Table showing the number of pharmacies providing Pharmacy First service by ward.*

Ward	Number of pharmacies
Eton & Castle	5
Ascot & Sunninghill	3
St Mary's	3
Clewer & Dedworth West	2
Datchet, Horton & Wraysbury	2
Belmont	1
Bisham & Cookham	1
Boyn Hill	1
Bray	1
Clewer & Dedworth East	1
Cox Green	1
Furze Platt	1
Hurley & Walthams	1
Old Windsor	1
Oldfield	1
Pinkneys Green	1
Riverside	1
Sunningdale & Cheapside	1
Clewer East	0

Pharmacy First is available at all RBWM pharmacies across the borough. The PNA steering group conclude that the pharmacies in RBWM and near its border (within 1-mile) provide a good provision of Pharmacy First.

Smoking Cessation Service

In January 2019, the NHS Long Term Plan (LTP) was published which said that the NHS would make a significant new contribution to making England a smoke-free

society, by supporting people in contact with NHS services to quit. The Smoking Cessation Service (SCS) was added to the NHS CPCF as part of Year 3 (2021/22) of the five-year CPCF deal.[99]

The aim of the SCS is to reduce morbidity and mortality from smoking, and to reduce health inequalities associated with higher rates of smoking with the objective of the service being to ensure that any patients referred by NHS trusts to community pharmacy for the SCS receive a consistent and effective offer.[99]

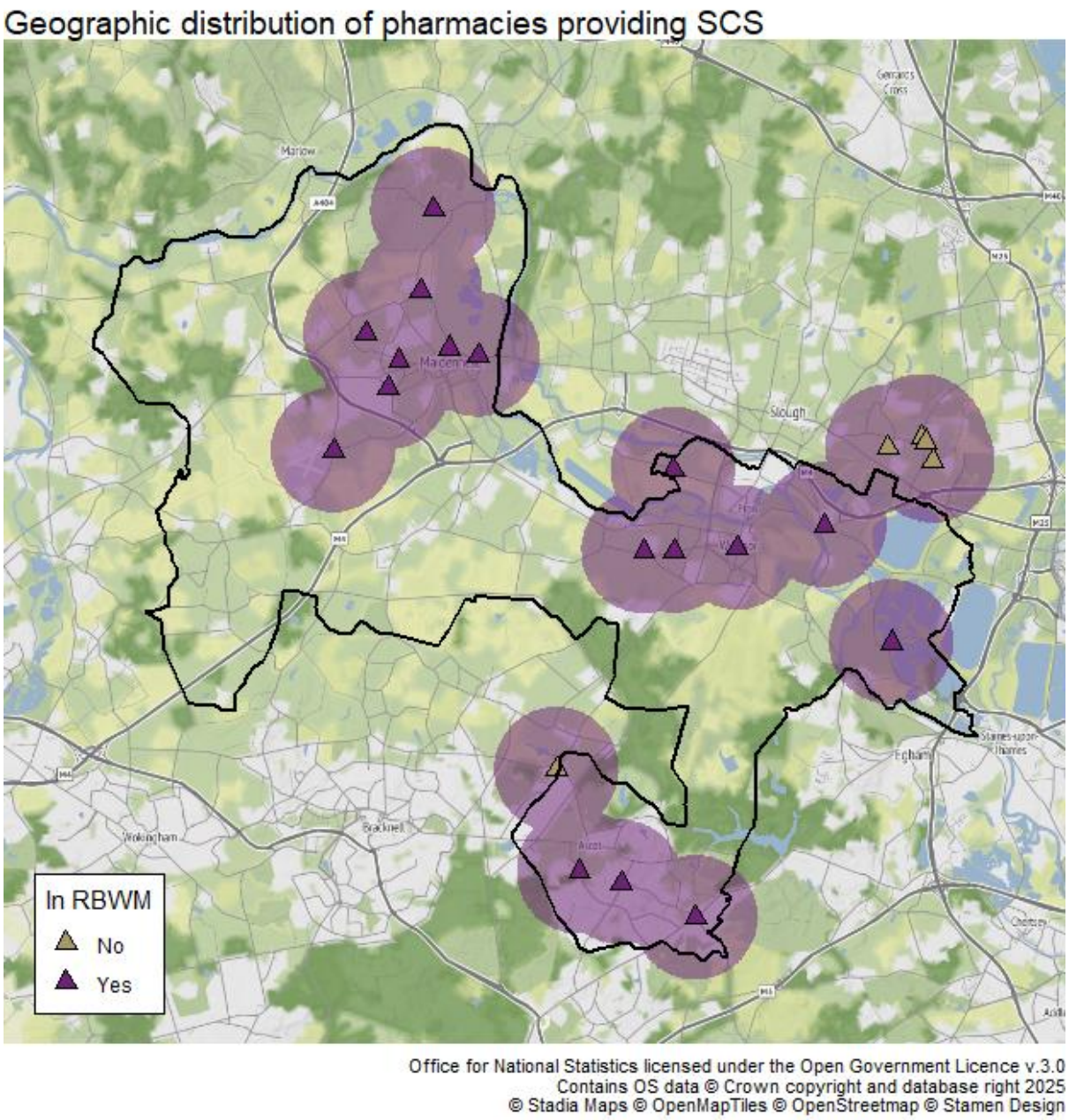

***Figure 100**: Map of RBWM with points representing the pharmacies that provide SCS in RBWM and within 1-mile of RBWM.*

In RBWM, 17 of the 28 pharmacies provide SCS. There are an additional 5 pharmacies within 1-mile of the borough's border that provide SCS. The pharmacy locations are shown in figure 100.

***Table 15**: Table showing the number of pharmacies providing SCS by ward.*

Ward	Number of pharmacies
Ascot & Sunninghill	2
Datchet, Horton & Wraysbury	2
Eton & Castle	2
Belmont	1
Bisham & Cookham	1
Boyn Hill	1
Clewer & Dedworth East	1
Clewer & Dedworth West	1
Furze Platt	1
Hurley & Walthams	1
Pinkneys Green	1
Riverside	1
St Mary's	1
Sunningdale & Cheapside	1
Bray	0
Clewer East	0
Cox Green	0
Old Windsor	0
Oldfield	0

SCS is available at RBWM pharmacies within areas of high population density. Areas that are not well covered are rural wards, where residents that rely on walking or public transport will not be able to reach a pharmacy that provides SCS within a 20-minute travel time. The PNA steering group conclude that there is adequate provision of SCS.

Stoma Appliance Customisation

The Stoma Appliance Customisation (SAC) service involves the customisation of a quantity of more than one stoma appliance, based on the patient’s measurements or

a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.

No pharmacy provided SACs in RBWM during the time of this PNA.

Residents can access the SAC service either from non-pharmacy providers within the borough (e.g., community health services) or from dispensing appliance contractors outside of the borough.

Other NHS Services

These are services commissioned by the RBWM and Frimley ICB to fulfil a local population health and wellbeing need. RBWM enhanced services are listed below:

- Local authority commissioned services:
    - Supervised consumption service (provided by Cranstoun)
    - Needle exchange service (provided by Cranstoun)
    - Pharmacy Emergency Hormonal Contraception Service
- Frimley ICB commissioned services:
    - Access to Palliative Care

The provision of these services is explored below.

Summary of other NHS services

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

- Supervised consumption service
- Needle exchange service

- Pharmacy emergency hormonal contraception service
- Access to palliative care

Supervised consumption service

Cranstoun commission community pharmacies to provide supervised consumption as part of treatment services for opioid dependency.

Supervised consumption of opioid substitution treatment forms a critical element of safe and effective treatment in the community. It reduces risk of overdose and non-compliance with treatment, minimises diversion and enables people being treated for opioid dependency to utilise the benefits of pharmacy intervention around health choices. It is typically used for people who are new to treatment and/or have complex needs.

Geographic distribution of pharmacies providing supervised consumption service

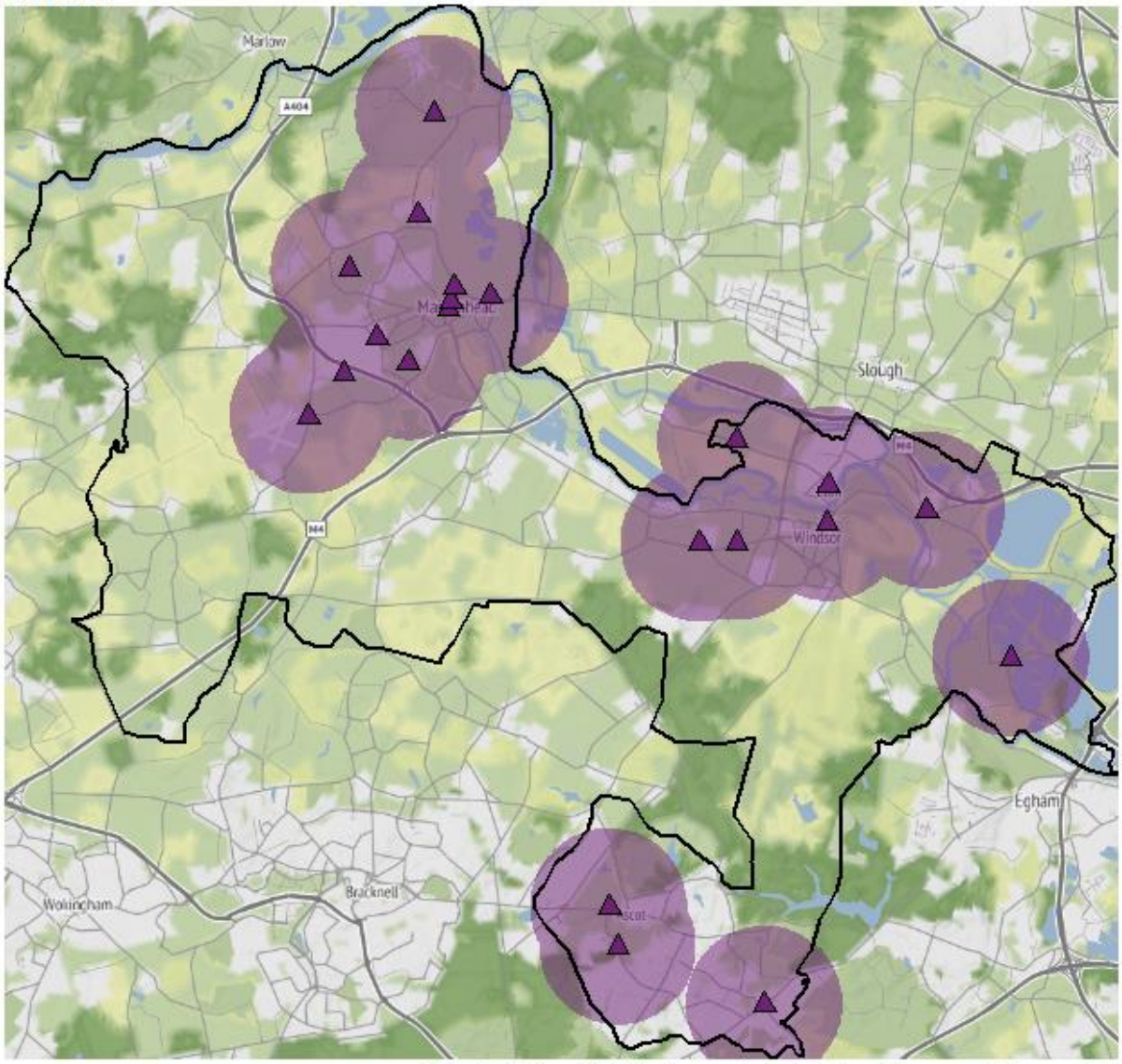

***Figure 101**: Map of RBWM with points representing the pharmacies that provide supervised consumption service in RBWM.*

In RBWM, 22 pharmacies provide supervised consumption service. The pharmacy locations are shown in figure 101. Overall, the borough has good coverage for the supervised consumption service.

***Table 16**: Table showing the number of pharmacies providing Supervised consumption service by ward.*

Ward	Number of pharmacies
Eton & Castle	4
St Mary's	3
Ascot & Sunninghill	2
Datchet, Horton & Wraysbury	2
Bisham & Cookham	1
Boyn Hill	1
Clewer & Dedworth East	1
Clewer & Dedworth West	1
Cox Green	1
Furze Platt	1
Hurley & Walthams	1
Oldfield	1
Pinkneys Green	1
Riverside	1
Sunningdale & Cheapside	1
Belmont	0
Bray	0
Clewer East	0
Old Windsor	0

Needle exchange

The Needle exchange service supplies needles, syringes and other equipment used to prepare and take illicit drugs. The purpose of this services is to reduce the transmission of blood-borne viruses such as hepatitis B and C, and other infections caused by sharing injecting equipment.

The Needle exchange services also aim to reduce the harm caused by injecting drugs through providing information and advice and acting as a gateway to other services, including drug treatment centres.

Geographic distribution of pharmacies providing needle exchange

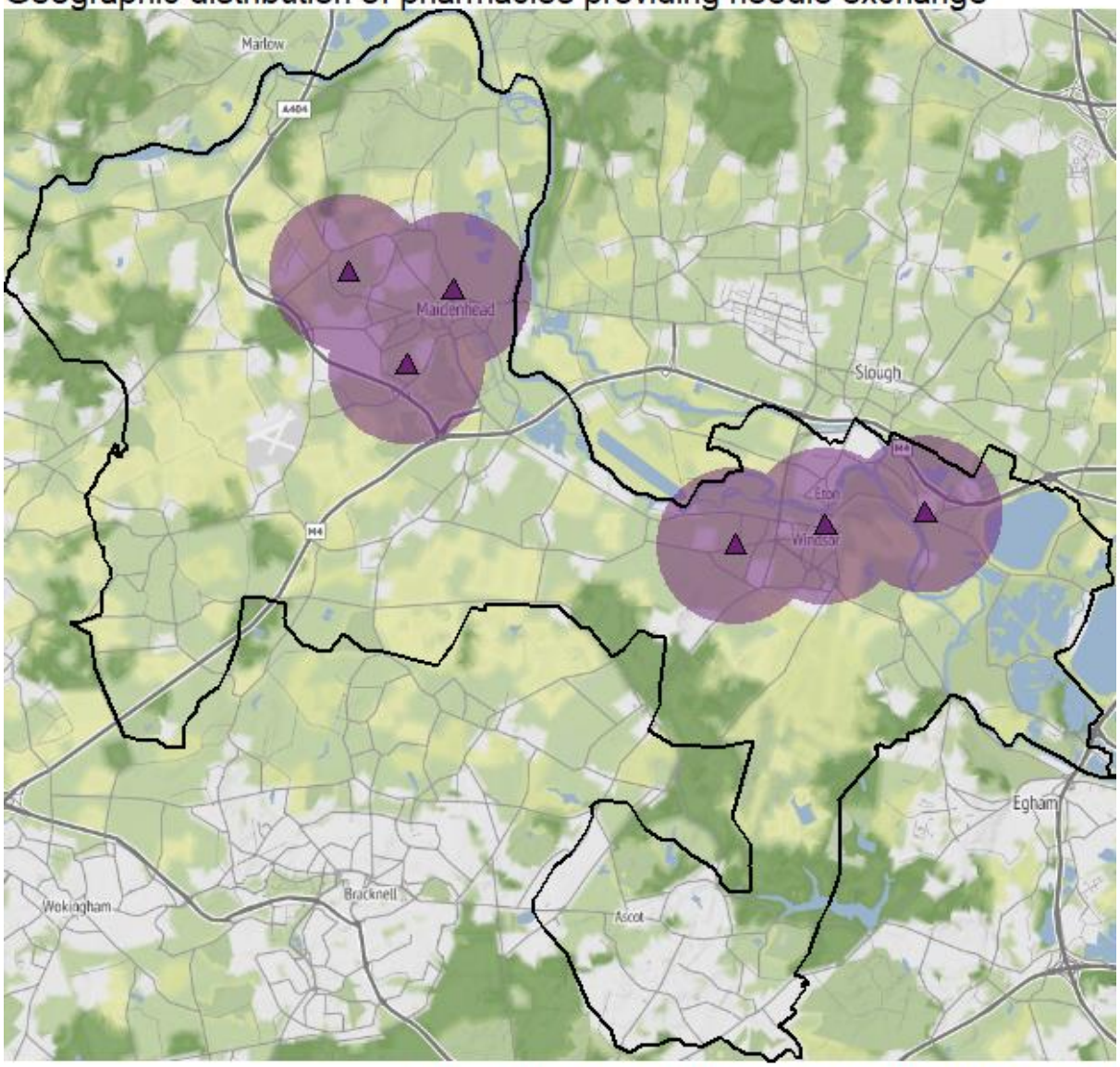

***Figure 102**: Map of RBWM with points representing the pharmacies that provide needle exchange in RBWM.*

In RBWM, 6 pharmacies provide needle exchange. The pharmacy locations are shown in figure 102.

***Table 17**: Table showing the number of pharmacies providing needle exchange by ward.*

Ward	Number of pharmacies
Clewer & Dedworth East	1
Datchet, Horton & Wraysbury	1
Eton & Castle	1
Oldfield	1
Pinkneys Green	1
St Mary's	1
Ascot & Sunninghill	0
Belmont	0
Bisham & Cookham	0
Boyn Hill	0
Bray	0
Clewer & Dedworth West	0
Clewer East	0
Cox Green	0
Furze Platt	0
Hurley & Walthams	0
Old Windsor	0
Riverside	0
Sunningdale & Cheapside	0

Pharmacy emergency hormonal contraception service

New contracts for EHC are being worked through during the time of this PNA update. Therefore, an up-to-date list is not available.

There are 6 pharmacies in RBWM that are logged for EHC, but due to the contract refresh, it is not guaranteed that they are currently providing the service. These pharmacies are:

- Bridge Pharmacy (119 Bridge Road, Maidenhead, Berkshire, SL6 8NA)
- Cookham Pharmacy (Lower Road, Cookham Rise, Maidenhead, Berkshire, SL6 9HF)
- HA McParland Ltd (9 Shifford Crescent, Maidenhead, Berkshire, SL6 7UA)
- Park Pharmacy (4 Cookham Road, Maidenhead, Berkshire, SL6 8AJ)
- Hetpole Pharmacy (398 Dedworth Road, Windsor, Berkshire, SL4 4JR)
- Olive Pharmacy (18 Hampden Road, Maidenhead, Berkshire, SL6 5HQ)

Access to palliative care

This service is commissioned by Frimley ICB to ensure that their community teams have guaranteed provision of routine palliative care drugs. This is to prevent any difficulties they may experience in obtaining emergency drugs for their patients.

The aim of the service is to improve access for people to these specialist medicines when they are required by ensuring prompt access and continuity of supply.

Community teams will be able to access these drugs during the pharmacies' normal opening hours. This arrangement does not cover access to medicines outside of contracted hours.

Pharmacies have a duty to ensure that pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service.

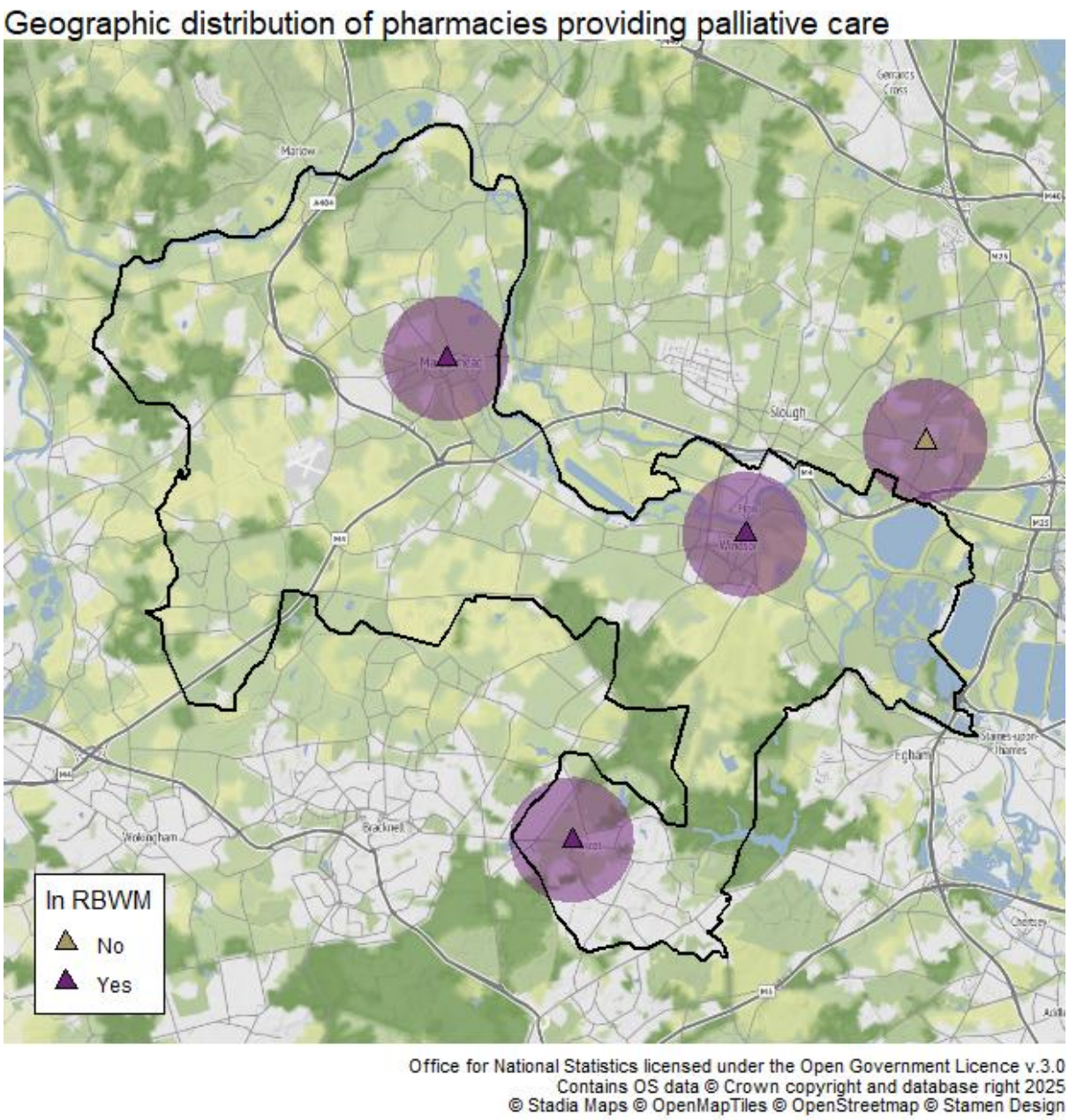

***Figure 103**: Map of RBWM with points representing the pharmacies that provide palliative care in RBWM and within 1-mile of RBWM.*

In RBWM, three pharmacies provide palliative care. There is an additional pharmacy within 1-mile of the borough's border that provides palliative care. The pharmacy locations are shown in figure 103.

***Table 18**: Table showing the number of pharmacies providing palliative care by ward.*

Ward	Number of pharmacies
Ascot & Sunninghill	1
Eton & Castle	1
St Mary's	1
Belmont	0
Bisham & Cookham	0
Boyn Hill	0
Bray	0
Clewer & Dedworth East	0
Clewer & Dedworth West	0
Clewer East	0
Cox Green	0
Datchet, Horton & Wraysbury	0
Furze Platt	0
Hurley & Walthams	0
Old Windsor	0
Oldfield	0
Pinkneys Green	0
Riverside	0
Sunningdale & Cheapside	0

Additional considerations from contractor survey responses

A survey was created by RBWM and approved by the steering group to be distributed to RBWM's contractor pharmacies. The surveys were electronic and distributed via email by the Local Pharmaceutical Committee - Community Pharmacy Thames Valley.

The survey was sent out to all 28 contractor pharmacies and in total there were 4 responses.

Languages spoken in pharmacies

The survey results from the 4 responses found that pharmacy staff spoke a wide range of languages including Hindi (x3), Punjabi (x2), Urdu (x2) and Romanian.

Chapter 8 - Conclusions

This PNA has considered the existing pharmaceutical services in RBWM in relation to the health needs and demographics of its residents. It has determined whether the current services meet the population's needs and identified any potential gaps in service provision, both presently and throughout the duration of this document, from 1 October 2025 to 30 September 2028.

RBWM is a densely populated, mostly urban area in Berkshire. The population generally enjoys a higher life expectancy and healthy life expectancy compared to averages for South East England and England as a whole.

Various factors influence the needs for pharmacies, such as deprivation and protected characteristics. In Windsor Town Centre (Clewer North ward) and Maidenhead Town Centre (St Mary's, Oldfield, and Belmont wards), there are areas of relative deprivation. The pharmacy provision in these high-deprivation areas has been examined.

The median age in RBWM is slightly higher than the national average for England. Additionally, 30.9% of the population belong to minority ethnic groups, and 4.5% of households have no members who speak English as their main language. To identify any differing needs among individuals with protected characteristics, a survey was distributed across RBWM. A total of 638 residents responded, sharing their usage and opinions on essential pharmacy services. Overall, participants expressed satisfaction with the services provided by their pharmacies, and no distinct needs for individuals with protected characteristics were identified.

This chapter will provide a summary of pharmacy services in RBWM, considering the needs of the population.

Current provision

The PNA steering group has identified that the following services are essential to meet the pharmaceutical needs outlined in this assessment:

- Essential services available at all locations listed in the pharmaceutical directories.

Other relevant services are those that, while not essential to meet the pharmaceutical needs of the area, have contributed to improvements or enhanced access to medications. The PNA steering group has identified the following as other relevant services:

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

Current access to essential services

In evaluating the provision of essential services in relation to the population's needs, the PNA steering group prioritised access as the key factor. Assessing whether the current essential services adequately meet the population's needs based on the accessibility of pharmacies. Specifically, the consideration of whether residents of RBWM live within 1 mile of a pharmacy or within a 20-minute drive.

Other factors taken into consideration included:

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

- Location of dispensing GPs

England has approximately 2.1 pharmacies per 10,000 people. RBWM has 28 pharmacies serving a population of 155,239. This equates to 1.8 pharmacies per 10,000 people, which is below the national average.

Most of the borough's population lives within 1 mile of a pharmacy. However, 12,900 RBWM residents are further than 1 mile away from a pharmacy. Despite this, all residents can reach a pharmacy within a 20-minute drive. Additionally, all GP practices are located within 1 mile of a pharmacy.

Taking all these factors into account, the residents of the borough are well served by the number and location of pharmacies.

Current access to essential services during normal working hours

All pharmacies are open for a minimum of 40 hours each week. The borough has 28 community pharmacies, and there are an additional 29 pharmacies within 1 mile of the RBWM border, ensuring good access as outlined in Chapter 7.

The PNA results indicate that there are no existing gaps in the provision of essential services during normal working hours throughout the duration of this assessment.

Current access to essential services outside normal working hours

On weekdays, no RBWM pharmacy opens before 8am, and seven pharmacies remain open after 6pm. All RBWM residents can reach a pharmacy within a 20-minute drive after 6pm. The locations of these pharmacies are detailed in Chapter 7.

24 of the borough's community pharmacies are open on Saturdays, and three are open on Sundays. Taking into account these pharmacies and those in neighbouring local authorities, as shown in the maps in Chapter 7, there is good accessibility to pharmacies for residents on weekends.

The PNA results indicate a shortage of pharmacies open before 8am. However, the provision of essential services outside normal working hours is generally good, especially after 6pm on weekdays and during weekends throughout the duration of this assessment.

Current access to advanced services

The following advanced services are currently available for provision by community pharmacies: Appliance Use Review, flu vaccination service, hypertension case-finding service, Lateral Flow Device Service, New Medicine Service, Pharmacy Contraceptive Service, Pharmacy First Service, Smoking Cessation Service and Stoma Appliance Customisation.

No pharmacies within or bordering the borough provided AURs in 2023/24. AURs can also be provided by prescribing health and social care providers. Therefore, the PNA steering group conclude that there is sufficient provision of the AUR service to meet the current needs of this borough.

In total, 23 of the 28 pharmacies in RBWM offer flu vaccination services. Additionally, 10 pharmacies within 1 mile of RBWM's border also provide this service. The distribution of these pharmacies is detailed in Chapter 7.

In RBWM, 27 of the 28 pharmacies provide the Hypertension Case-Finding Service. There are an additional 20 pharmacies within 1-mile of the borough's border that provide the Hypertension Case-Finding Service. The location of these pharmacies is

shown in Chapter 7. RBWM pharmacies provide good coverage for Hypertension Case-Finding Service, with only one pharmacy not offering this advanced service.

RBWM has 18 of the 28 pharmacies providing LFD service. There are an additional 10 pharmacies within 1-mile of the borough's border that provide the LFD service. The location of these pharmacies is shown in Chapter 7. RBWM pharmacies provide adequate coverage for LFD service.

In RBWM, all 28 pharmacies provide NMS. There are an additional 19 pharmacies within 1-mile of the borough's border that provide NMS.

RBWM has 19 pharmacies providing PCS. There are an additional 11 pharmacies within 1-mile of the borough's border that provide PCS. The pharmacy locations are shown in figure Chapter 7.

All 28 pharmacies in RBWM provide Pharmacy First service. There are an additional 19 pharmacies within 1-mile of the borough's border that provide Pharmacy First service. These pharmacy locations are shown Chapter 7.

In RBWM, 17 of the 28 pharmacies provide SCS. There are an additional 5 pharmacies within 1-mile of the borough's border that provide SCS.

No pharmacy provided SACs in RBWM during the time of this PNA.

Pharmacy owners may opt to offer any of these advanced services, provided they comply with the requirements outlined in the Secretary of State Directions. These services are not classified as essential, and while they are relevant to the health and wellbeing of RBWM patients and residents, pharmacies are not obligated to provide

them. Considering this, the PNA results conclude that there are no current gaps in the provision of advanced services throughout the duration of this assessment.

Current access to other NHS services

Other NHS services are services commissioned by RBWM Council and/or Frimley ICB. These services include:

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

In RBWM three pharmacies provide palliative care.

These services are locally commissioned and when being commissioned, the need of the population should considered. This means that the distribution of the services will be in locations of most need, whilst being accessible for all residents. The results of the PNA conclude that there are no current gaps in the provision of other NHS services in the lifetime of this PNA.

Future Provision

The PNA steering group has considered the following future developments:

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

Future access to essential services

Future access to essential services during normal working hours

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

The PNA steering group is aware of and has considered the proposed new housing developments within RBWM. The analysis has considered these developments, and other causes of population increases, and concluded that pharmacy provision is good within RBWM within the lifetime of this PNA.

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

Future access to essential services outside normal working hours

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

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

Future access to advanced services

The results of the PNA conclude that there are no gaps in the future provision of advanced services in the lifetime of this PNA.

Future access to other NHS services

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

Improvements and better access

Current and future access to essential services

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

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

Current and future access to advanced services

Flu vaccination service, Hypertension Case-Finding Service, NMS, Pharmacy First service are all widely available throughout RBWM.

Both SAC and AUR advice is offered by hospital and other health providers.

The PNA analysis has concluded that there is sufficient capacity to meet any increased demand for advanced services.

The results of the PNA conclude that there are no gaps in the provision of advanced services at present or in the future, that would secure improvements or better access to advanced services in the lifetime of this PNA.

Appendix A: East Berkshire Pharmaceutical Needs Assessment Steering Group

Terms of reference

Background

The provision of NHS Pharmaceutical Services is a controlled market. Any pharmacist or dispensing appliance contractor who wishes to provide NHS Pharmaceutical services, must apply to be on the Pharmaceutical List.

The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (SI 2013 No. 349) and subsequent amendments set out the system for market entry. Under the Regulations, Health and Wellbeing Boards are responsible for publishing a Pharmaceutical Needs Assessment (PNA); and NHS England is responsible for considering applications.

A PNA is a document which records the assessment of the need for pharmaceutical services within a specific area. As such, it sets out a statement of the pharmaceutical services which are currently provided, together with when and where these are available to a given population. The PNA is used by NHS England to consider applications to open a new pharmacy, move an existing pharmacy or to provide additional services. In addition, it will provide an evidence base for future local commissioning intentions.

The Royal Borough of Windsor & Maidenhead, Slough and Bracknell Forest and Health and Wellbeing Boards have initiated the process to refresh their respective PNAs by October 2025.

Role

The primary role of the group is to advise and develop structures and processes to support the preparation of a comprehensive, well researched, well considered, and

robust PNA, building on expertise from across the local healthcare community. In addition, the group is responsible for:

- Responding to formal PNA consultations from neighbouring HWBBs on behalf of the Health and Wellbeing boards.
- Establishing arrangements to ensure the appropriate maintenance of the PNA, following publication, in accordance with the Regulations.

Objectives

- Ensure the new PNA meets the requirements of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and its amendments.
- Develop the PNA so that it documents all locally commissioned services, including public health services commissioned; and services commissioned by the ICS and other NHS organisations as applicable; and provides the evidence base for future local commissioning.
- Agree a project plan and ensure representation of the full range of stakeholders.
- Ensure a stakeholder and communications plan is developed to inform pre-consultation engagement and to ensure that the formal consultation meets the requirements of the Regulations.
- Ensure that the PNA, although it is a separate document, integrates, and aligns with, both the joint strategic needs assessment and the health and wellbeing strategies of each of the boroughs as well as other key regional and national strategies.
- Ensure that the requirements for the development and content of PNAs are followed, and that the appropriate assessments are undertaken, in accordance with the Regulations. This includes documenting current and future needs for, or improvements and better access to, pharmaceutical services as will be required by the local populations.

- Approve the framework for the PNA document, including determining the maps which will be included.
- Ensure that the PNA contains sufficient information to inform commissioning of enhanced services, by NHS England, and commissioning of locally commissioned services by the ICB and other local health and social care organisations.
- Ensure a robust, and timely consultation is undertaken in accordance with the Regulations, including formally considering and acting upon consultation responses and overseeing the development of the consultation report for inclusion in the final PNA.
- Consider and document the processes by which the HWBB will discharge its responsibilities for maintaining the PNA.
- Comment, on behalf of the Royal Borough of Windsor & Maidenhead Health and Wellbeing board, on formal PNA consultations undertaken by neighbouring HWBBs.
- Advise the HWBB, if required, when consulted by NHS England in relation to consolidated applications.
- Document and manage potential and actual conflicts of interest.

Accountability and reporting

The Royal Borough of Windsor & Maidenhead, Slough and Bracknell Forest Health and Wellbeing boards have delegated responsibility for the development and maintenance of their respective PNAs and for formally responding to consultations from neighbouring HWBBs to the Berkshire East PNA Steering Group.

The PNA steering group will be accountable to the three Health & Wellbeing boards.

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

Membership

***Table 19**: Table showing the PNA steering group membership.*

Name	Organisation
Shamarke Esse	Bracknell Forest
Heema Shukla	Bracknell Forest
Yinka Kuye	Frimley ICB
Bekithemba Mhlanga	Frimley ICB
Joanna Dixon	Health Watch
Jaspreet Sangha	Health Watch
Nick Durman (correspondence only)	Health Watch
David Dean	LPC
Kevin Barnes	LPC
Sara Blackmore	RBWM
Rebecca Willans	RBWM
Antiopi Ntouva	RBWM
Lewis Ford	RBWM
Tessa Lindfield	Slough
Sarima Chinda	Slough
Kelly Evans	Slough
Nkemjika Ugwa	Slough

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

Quorum

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

- Chair (or nominated deputy)

- Representative from a Public Health team
- Representative from Healthwatch
- LPC
- Representative from the ICB

Declaration of Interests

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

- Declaration of interests will be a standing item on each PNA Steering Group agenda.
- A register of interests will be maintained and will be kept under review by the HWBB.
- Where a member has a potential or actual conflict of interest for any given agenda item, they will be entitled to participate in the discussion but will not be permitted to be involved in final decision making.

Frequency of meetings

The group will meet as required for the lifetime of this project. Meetings will be held virtually on Microsoft Teams with a minimum of 3 meetings for the development of the PNA before the 1 of October 2025.

Following publication of the final PNA, the Steering Group will be convened on an ‘as required’ basis to:

- Fulfil its role in timely maintenance of the PNA.
- Advise the HWBB, when consulted by NHS England, in relation to consolidated applications.

Appendix B – Frimley ICB Pharmacy Provision within RBWM and 1 mile of its border

***Table 20**: Table showing Frimley ICB Pharmacy Provision within RBWM and 1 mile of its border.*

HWBB	ODS	Pharmacy	Address	Early open	Late closing	Open on Sat	Open on Sun
Bracknell Forest	FG094	Binfield Village Pharmacy	Terrace Road North, Binfield, Berkshire, RG42 5JG	No	No	Yes	No
	FK742	David Pharmacy	24 New Road, Ascot, Berkshire, SL5 8QQ	No	No	Yes	No
Slough	FF352	Aj Campbell	133 Bath Road, Slough, Berkshire, SL1 3UR	No	No	No	No
	FR835	Asda Pharmacy	Asda Superstore, Telford Drive, Slough, Berkshire, SL1 9LA	No	Yes	Yes	Yes
	FAP49	B & P Pharmacy	6 Stoneymeade, Cippenham, Slough, Berkshire, SL1 2YL	No	No	No	No
	FPH01	Boots the Chemists	178-184 High Street, Slough, Berkshire, SL1 1JR	No	No	Yes	Yes
	FR324	Boots the Chemists	Unit 731b, 298 Bath Road, Slough, Berkshire, SL1 4DX	No	No	Yes	Yes
	FP278	Colnbrook Pharmacy	36 High Street, Colnbrook, Slough, Berkshire, SL3 0LX	No	No	Yes	No
	FPL31	H A Mcparland Ltd	306 Trelawney Avenue, Langley, Slough, Berkshire, SL3 7UB	No	No	Yes	No
	FRT64	H A Mcparland Ltd	6 The Harrow Market, Langley, Slough, Berkshire, SL3 8HJ	No	No	Yes	No
	FLA43	J's Chemist	16-18 Chalvey Road East, Slough, Berkshire, SL1 2LU	No	No	No	No

HWBB	ODS	Pharmacy	Address	Early open	Late closing	Open on Sat	Open on Sun
	FN196	Jhoots Pharmacy	18 Parlaunt Road, Langley, Slough, Berkshire, SL3 8BB	No	No	No	No
	FEA96	John Ross Chemist	112 Stoke Road, Slough, Berkshire, SL2 5AP	No	No	Yes	No
	FJ399	Kamal Enterprises Ltd	16 Chalvey Road West, Slough, Berkshire, SL1 2PN	No	Yes	Yes	No
	FG413	Kamal Enterprises Ltd	14 Woodland Avenue, Slough, Berkshire, SL1 3BU	No	Yes	Yes	No
	FL637	Langley Pharmacy	Langley Health Centre, Common Road, Langley, Slough, Berkshire, SL3 8LE	No	Yes	Yes	Yes
	FQE13	Superdrug Pharmacy	186 High Street, Slough, Berkshire, SL1 1JS	No	No	Yes	No
	FD216	Tesco Pharmacy	Brunel Way, Wellington Street, Slough, Berkshire, SL1 1XW	No	Yes	Yes	Yes
	FAD92	The Village Pharmacy	45 Mercian Way, Slough, Berkshire, SL1 5ND	No	Yes	Yes	Yes
	FFC15	Willow Pharmacy	Unit 2 Willow Parade, Meadfield Road, Langley, Slough, Berkshire, SL3 8HN	No	Yes	Yes	Yes
Windsor & Maidenhead	FFA41	Altwood Pharmacy	47 Wootton Way, Maidenhead, Berkshire, SL6 4QZ	No	No	Yes	No
	FQD61	Ascot Pharmacy	17 Brockenhurst Road, South Ascot, Berkshire, SL5 9DJ	No	No	Yes	No
	FKD19	Boots the Chemists	119 Peascod Street, Windsor, Berkshire, SL4 1DW	No	No	Yes	Yes

HWBB	ODS	Pharmacy	Address	Early open	Late closing	Open on Sat	Open on Sun
	FLE32	Boots the Chemists	54-58 High Street, Maidenhead, Berkshire, SL6 1PY	No	No	Yes	Yes
	FAE57	Bridge Pharmacy	119 Bridge Road, Maidenhead, Berkshire, SL6 8NA	No	No	Yes	No
	FF097	Cookham Pharmacy	Lower Road, Cookham Rise, Maidenhead, Berkshire, SL6 9HF	No	Yes	Yes	No
	FXG99	Datchet Village Pharmacy	The Green, Datchet, Slough, Berkshire, SL3 9JH	No	No	No	No
	FQJ14	Day Lewis Pharmacy	3 Stompits Road, Holyport, Maidenhead, Berkshire, SL6 2LA	No	No	Yes	No
	FG650	Dedworth Road Pharmacy	83 Dedworth Road, Windsor, Berkshire, SL4 5BB	No	No	Yes	Yes
	FW480	Eton Pharmacy	30 High Street, Eton, Windsor, Berkshire, SL4 6AX	No	No	Yes	No
	FMG33	Friary Pharmacy	67 Straight Road, Old Windsor, Berkshire, SL4 2SA	No	No	Yes	No
	FFD76	H A Mcparland Ltd	9 Shifford Crescent, Maidenhead, Berkshire, SL6 7UA	No	No	Yes	Yes
	FTF95	Hetpole Pharmacy	398 Dedworth Road, Windsor, Berkshire, SL4 4JR	No	Yes	No	No
	FWR11	Kays Chemist	24 Ross Road, Maidenhead, Berkshire, SL6 2SZ	No	Yes	Yes	No
	FY750	Keycircle Pharmacy	Symons Medical Centre, 25 All Saints Avenue, Maidenhead, Berkshire, SL6 6EL	No	Yes	Yes	No

HWBB	ODS	Pharmacy	Address	Early open	Late closing	Open on Sat	Open on Sun
	FVJ57	Olive Pharmacy	18 Hampden Road, Maidenhead, Berkshire, SL6 5HQ	No	No	No	No
	FQ620	Park Pharmacy	4 Cookham Road, Maidenhead, Berkshire, SL6 8AJ	No	No	Yes	No
	FN671	Sunningdale Pharmacy	43 Chobham Road, Sunningdale, Berkshire, SL5 0DS	No	No	Yes	No
	FA538	Superdrug Pharmacy	131-132 Peascod Street, Windsor, Berkshire, SL4 1DW	No	No	Yes	No
	FL069	Superdrug Pharmacy	36-38 Brock Lane Mall, Nicholsons Centre, Maidenhead, Berkshire, SL6 1LL	No	No	Yes	No
	FL677	Tesco Pharmacy	Tesco Superstore, 290 Dedworth Road, Windsor, Berkshire, SL4 4JT	No	Yes	Yes	Yes
	FD549	Village Pharmacy	7 Eton Wick Road, Eton Wick, Windsor, Berkshire, SL4 6LT	No	No	Yes	No
	FPT01	Wessex Pharmacy	114 Wessex Way, Cox Green, Maidenhead, Berkshire, SL6 3DL	No	Yes	Yes	No
	FX836	Windsor Pharmacy	41 St Leonards Road, Windsor, Berkshire, SL4 3BP	No	No	Yes	No
	FA433	Woodland Park Pharmacy	Waltham Road, Woodland Park, Maidenhead, Berkshire, SL6 3NH	No	Yes	Yes	No
	FH546	Wraysbury Village Pharmacy	58 High Street, Wraysbury, Berkshire, TW19 5DB	No	No	No	No
	FW236	Your Local Boots	23 High Street, Ascot, Berkshire, SL5 7HG	No	No	Yes	No

HWBB	ODS	Pharmacy	Address	Early open	Late closing	Open on Sat	Open on Sun
		Pharmacy					
Windsor And	FYX31	Day Lewis Pharmacy	58 High Street, Sunninghill, Berkshire, SL5 9NF	No	No	Yes	No

Appendix C: Consultation report

Appendix D: Residential-based area classifications supergroups

1: Retired professionals

Typically married but no longer with resident dependent children, these well-educated households either remain working in their managerial, professional, administrative or other skilled occupations, or are retired from them – the modal individual age is beyond normal retirement age. Underoccupied detached and semi-detached properties predominate, and unpaid care is more prevalent than reported disability. The prevalence of this Supergroup outside most urban conurbations indicates that rural lifestyles prevail, typically sustained by using two or more cars per household.

2: Suburbanites and Peri-Urbanites

Pervasive throughout the UK, members of this Supergroup typically own (or are buying) their detached, semi-detached or terraced homes. They are also typically educated to A Level/Highers or degree level and work in skilled or professional occupations. Typically born in the UK, some families have children, although the median adult age is above 45 and some property has become under-occupied after children have left home. This Supergroup is pervasive not only in suburban locations, but also in neighbourhoods at or beyond the edge of cities that adjoin rural parts of the country.

3: Multicultural and Educated Urbanites

Established populations comprising ethnic minorities together with persons born outside the UK predominate in this Supergroup. Residents present diverse personal characteristics and circumstances: while generally well-educated and practising skilled occupations, some residents live in overcrowded rental sector housing. English may not be the main language used by people in this Group. Although the typical adult resident is middle aged, single person households are common and marriage rates are low by national standards. This Supergroup predominates in

Inner London, with smaller enclaves in many other densely populated metropolitan areas.

4: Low-Skilled Migrant and Student Communities

Young adults, many of whom are students, predominate in these high-density and overcrowded neighbourhoods of rented terrace houses or flats. Most ethnic minorities are present in these communities, as are people born in European countries that are not part of the EU. Students aside, low skilled occupations predominate, and unemployment rates are above average. Overall, the mix of students and more sedentary households means that neighbourhood average numbers of children are not very high. The Mixed or Multiple ethnic group composition of neighbourhoods is often associated with low rates of affiliation to Christian religions. This Supergroup predominates in non-central urban locations across the UK, particularly within England in the Midlands and the outskirts of west, south and north-east London.

5: Ethnically Diverse Suburban Professionals

Those working within the managerial, professional and administrative occupations typically reflect a wide range of ethnic groups, and reside in detached or semi-detached housing. Their residential locations at the edges of cities and conurbations and car-based lifestyles are more characteristic of Supergroup membership than birthplace or participation in child-rearing. Houses are typically owner-occupied and marriage rates are lower than the national average. This Supergroup is found throughout suburban UK.

6: Baseline UK

This Supergroup exemplifies the broad base to the UK’s social structure, encompassing as it does the average or modal levels of many neighbourhood characteristics, including all housing tenures, a range of levels of educational attainment and religious affiliations, and a variety of pre-retirement age structures.

Yet, in combination, these mixes are each distinctive of the parts of the UK. Overall, terraced houses and flats are the most prevalent, as is employment in intermediate or low-skilled occupations. However, this Supergroup is also characterised by above average levels of unemployment and lower levels of use of English as the main language. Many neighbourhoods occur in south London and the UK's other major urban centres.

7: Semi- and Un-Skilled Workforce

Living in terraced or semi-detached houses, residents of these neighbourhoods typically lack high levels of education and work in elementary or routine service occupations. Unemployment is above average. Residents are predominantly born in the UK, and residents are also predominantly from ethnic minorities. Social (but not private sector) rented sector housing is common. This Supergroup is found throughout the UK's conurbations and industrial regions but is also an integral part of smaller towns.

8: Legacy Communities

These neighbourhoods characteristically comprise pockets of flats that are scattered across the UK, particularly in towns that retain or have legacies of heavy industry or are in more remote seaside locations. Employed residents of these neighbourhoods work mainly in low-skilled occupations. Residents typically have limited educational qualifications. Unemployment is above average. Some residents live in overcrowded housing within the social rented sector and experience long-term disability. All adult age groups are represented, although there is an overall age bias towards elderly people in general and the very old in particular. Individuals identifying as belonging to ethnic minorities or Mixed or Multiple ethnic groups are uncommon.

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