Bracknell Forest Council

Pharmaceutical Needs Assessment

2025 - 2028

Executive Summary

Purpose of the PNA

Every Health and Wellbeing Board (HWB) in England is legally required to publish a Pharmaceutical Needs Assessment (PNA) every three years. This 2025 PNA for Bracknell Forest updates the 2022 version and ensures local commissioning decisions are supported by robust and up-to-date evidence. The assessment identifies current provision of National Health Service (NHS) pharmaceutical services and whether this meets the population's needs. It also considers future needs based on projected changes in health and demographics.

Pharmaceutical services provision in Bracknell Forest

As of May 2025, Bracknell Forest has 18 community pharmacies, the same as the previous PNA. This equates to 1.4 community pharmacies for every 10,000 residents living in the borough. Pharmaceutical service provision is further complimented in the area by the dispensing GP practice and pharmacies in the neighbouring boroughs.

- 94 per cent of residents live within 1-mile of a community pharmacy.
- All residents can access a pharmacy within 20 minutes by car.

Pharmacy access across the borough is adequate, including evening access on a weekday and weekends. Sunday access is more limited, reflecting wider patterns in healthcare availability on weekends.

Uptake of key Advanced services is high, particularly for Pharmacy First, the New Medicine Service (NMS), hypertension case-finding and flu vaccination service, supporting access to timely, community-based care.

Conclusion

NHS pharmaceutical services are well distributed across Bracknell Forest. There is adequate access to a range of NHS services commissioned from pharmaceutical service providers.

Current and anticipated future needs are being met. The borough is well-positioned to continue using community pharmacies to deliver preventative care, support long-term conditions, and address local health inequalities.

As part of this assessment, no gaps have been identified in provision either now or in the next three years for pharmaceutical services deemed necessary by the Bracknell Forest HWB.

Contents

1 Introduction

1.1 What is a Pharmaceutical Needs Assessment (PNA)?

A pharmaceutical needs assessment (PNA) is the statement of the needs for 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 in Bracknell Forest.

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[1].

The provision of NHS Pharmaceutical Services is a controlled market. Any pharmacist, dispensing appliance contractor or dispensing doctor 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 such as Integrated Care Boards (ICBs)

This document can also be used to:

- assist the Health and Wellbeing Board (HWB) 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.

1.2 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 to 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 the 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 the need for pharmaceutical services before 30 September 2028.

The NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013[2] and the Department of Health Information Pack for Local Authorities and Health and Wellbeing Boards[3] 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.

1.3 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 the 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 HWB 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 HWB 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 ICB, 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 that have been identified as services that are not provided but which the health and wellbeing board is satisfied need to be provided in order to meet a current or future need for a range of pharmaceutical services or a specific pharmaceutical 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 HWB must consult, which include:

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

1.4 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 Bracknell Forest. For this reason, the PNA will be updated every three years.

If the HWB becomes aware of a significant change to the local area and/or its demography, the PNA may be required to be updated sooner. The HWB 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 HWB becomes aware of a minor change that means a review of pharmaceutical services is not required, the HWB will issue supplementary statements to update the PNA.

2 Strategic context for the PNA

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 the PNA document was last updated in 2022, there have been a number of changes locally, 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.

2.1 National context

2.1.1 Pharmacy Integration Fund

The Pharmacy Integration Fund (PhIF) was established in 2016 to speed up the integration of[4]:

- 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, published in January 2019, is the main driver determining the priorities for the Pharmacy Integration programme. The NHS Long Term Plan's ambition is to move to a new service model for the NHS, setting out five practical changes that need to be achieved over an initial 5-year period covering 2019 to 2024[4]:

1. Boosting "out of hospital care" to dissolve the historic divide between primary and community health services
2. Redesign and reduce pressure on emergency hospital services
3. Deliver more personalised care when it is needed to enable people to get more control over their own health
4. Digitally enable primary and outpatient care to go mainstream across the NHS
5. 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[4].

Workstreams supported by the PhIF programme include[4]:

- 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 Consultation Service (CPCS).
- The NHS 111 referral pathway to the NHS CPCS.
- The Hypertension Case-Finding Pilot – members of the public over 40 years of age 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.

2.1.2 NHS Long Term Plan

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 (NHS LTP), published in January 2019, introduced 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[5]. These areas include:

1. Ageing well
2. Cancer
3. Cardiovascular disease
4. Digital transformation
5. Learning disabilities & 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 new 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[5].

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[5].

Within PCNs, community pharmacists will play a crucial role in supporting people with high-risk conditions such as atrial fibrillation and cardiovascular disease. 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[5].

In order 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[5].

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.

2.1.3 Community Pharmacy Contractual Framework 2019/20 – 2023/24

The Community Pharmacy Contractual Framework (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 LTP. At the time of writing this PNA, the latest CPCF available is the 2019/20-2023/24 version[6].

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 version of the deal included[6]:

- 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[7]:

- 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.

2.1.4 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 increase importance for equity[8]. These include:

- Give every child the best start in life by increasing funding in earlier life and ensuring that adequate funding is available in higher deprived areas.
- 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 in particular 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 services. 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, community pharmacies provide a pivotal role in promoting healthier lifestyle information and disease prevention[8].

2.1.5 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[9]. Key priorities for OHID include:

- Identify and address health disparities, focusing on those groups and areas where health inequalities have greatest effect
- Act 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[9]. 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 and smoking cessation, and can provide information and advice around healthy start for children and families.

2.1.6 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[10].

- **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[11].

- **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[12].
- **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[13].

2.1.7 The 10 Year Health Plan

The NHS's forthcoming 10-year Health Plan aims to modernise healthcare in England by focussing on three pivotal shifts[129]:

- Transitioning care from hospitals to communities
- Enhancing technological integration
- Prioritising preventative healthcare

Collectively, these shifts aim to create a modernised NHS that delivers efficient, patient-centred care, meeting the evolving needs of the population.

2.1.8 Core20PLUSS

Core20PLUS5 is a national NHS England approach to inform action to reduce healthcare inequalities at both national and system level[127]. The approach defines a target population – the 'Core20PLUS' – and identifies '5' focus clinical areas requiring accelerated improvement. The approach, which initially focussed on healthcare inequalities experienced by adults, has now been adapted to apply to children and young people[128]. The targeted population approach focuses on the most deprived 20% of the national population (CORE20) as identified by the Index of Multiple Deprivation and those within an ICS who are not identified within the core 20% but who experience lower than average outcomes, experience or access i.e. people with a learning disability and hidden deprivation in coastal communities (PLUS). Additionally, there are five key clinical areas:

- Maternity
- Severe mental illness
- Chronic respiratory disease
- Early cancer diagnosis
- Hypertension case-finding

2.1.9 Neighbourhood Health Guidelines

In January 2025, NHS England published the Neighbourhood Health Guidelines 2025/26 to assist ICBs, local authorities, and health and care providers in advancing neighbourhood health initiatives ahead of the forthcoming 10-Year Health Plan[130]. There are six core components:

- Population health management
- Modern general practice
- Standardising community health services
- Neighbourhood multi-disciplinary teams
- Integrated intermediate care with a 'home first' approach
- Urgent neighbourhood services

This strongly aligns with the evolving role of community pharmacy as an accessible, community-based provider of healthcare services.

2.2 Local context

2.2.1 Frimley Health and Care Strategy five-year strategy

The Frimley Health Integrated Care System (Frimley ICS) encompasses a diverse population of over 800,000 people in Berkshire East, North-East Hampshire and Surrey. Local authorities in the Berkshire East area are Bracknell Forest Council, Royal Borough of Windsor and Maidenhead and Slough Borough Council. Other local authorities that are part of the

ICS footprint 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[14].

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[15].

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[15].

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. The Frimley ICS five-year strategy developed six key strategic ambitions to focus and deliver on from 2020 to 2025[15]:

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

2.2.2 Bracknell Forest Health and Wellbeing Strategy 2022 – 2026

The health and wellbeing board (HWB) is a formal committee of the local authority that brings together local organisations that play a role in improving the health, care and wellbeing of local residents. There are six key health and wellbeing priorities which aim to reduce health inequalities, create healthy environments, enhance the experience of care, and focus on community wellness[16]. The six priorities of the health and wellbeing strategy:

1. **Give all children the best start in life and support emotional and physical health from birth to adulthood**

Foundations of a healthy life start early, from the time of conception, continuing through to adulthood. This is the time physical and emotional health develop, health behaviours are set and social skills are formed. From a physiological perspective, the time of development is the only window of opportunity for ensuring optimum health and wellbeing. From a social perspective, this provides the future agency to reach its full potential and contribute to society as an adult. Social and emotional wellbeing is important, as it also provides the basis for future health and life chances.

2. **Promote mental health and improve the lives and health of people with mental ill-health**

Mental health is essential to our overall wellbeing and is as important as physical health. When we feel mentally well, we work productively, enjoy our free time and actively contribute to our communities. One of the main impacts that COVID-19 had on our residents, both in the short and long-term, was to their mental health. It also had a greater impact on people living with mental illness.

3. **Create opportunities for individual and community connections, enabling a sense of belonging and the awareness that someone cares**

Good social connections and a sense of belonging are important protective factors for physical and mental health. Studies have shown that people with good quality social connections have, on average, longer life expectancy compared with those who lacked social connections. COVID-19 has had an impact across all ages on social isolation and loneliness.

4. **Keep residents safe from infectious diseases and address the long-term impacts of COVID-19**

Infectious diseases (including winter respiratory viruses) are in circulation, and we need to take steps to prevent these. For example, we need to ensure the populations are fully vaccinated. At the current stage of the COVID-19 pandemic, community transmission continues, and we have to prepare for this to increase over winter. Whilst the severity of the disease has reduced, due to the protection offered by the vaccines, there are still risks – those that have not been vaccinated increasing the spread of the virus and the virus mutating and becoming more infectious (variants). Evidence and data of the long-term health impacts of COVID-19 is emerging. As part of Living with COVID-19, we need to determine strategies for managing these impacts such as social isolation, loneliness, Long Covid and declining mental health in Bracknell Forest.

5. **Improve years lived with good health and happiness**

Chronic conditions, such as heart disease, stroke, diabetes, cancer and chronic lung disease, are the main cause of ill health and disability in the adult population. Due to advances in healthcare, life expectancy has increased with people living, on average, 80+ years. However, life lived in good health or free from disability is, on average, 15-20 years less. Thus, it is important that we work together to increase years lived in good health.

6. **Collaborate, plan and secure funds for local, national new health and wellbeing priorities**

Across Bracknell Forest, the various agencies and voluntary sector groups will collaborate on key projects to improve the health and wellbeing of residents. Members of the Bracknell Forest Health and Wellbeing Board and their networks will seek out funding opportunities that are relevant to our borough and the health and wellbeing issues that are highlighted in the plan. Opportunities for funding will become a standing item on the Health and Wellbeing Board agenda, so that opportunities are shared and parties will agree who will lead on bid for additional funds.

During the lifetime of this PNA, a new Wellbeing Strategy for Bracknell Forest will be developed to reflect emerging needs and priorities. This future strategy will guide continued efforts to improve health outcomes across the borough.

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 ill health and chronic diseases, for example obesity and high blood pressure.

3 Development of the Pharmaceutical Needs Assessment

The 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 Bracknell Forest Joint Strategic Needs Assessment
- Local policies and strategies such as the Joint Health and Wellbeing Strategy[16]
- A survey to the Bracknell Forest Pharmacy Contractors
- A survey to the patients and public of Bracknell Forest
- Local Authority and Frimley ICB commissioners

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

This PNA was published for public consultation on the 21st of July to 19th of September All comments were considered and incorporated into the final PNA report. The consultation report is presented in Appendix C.

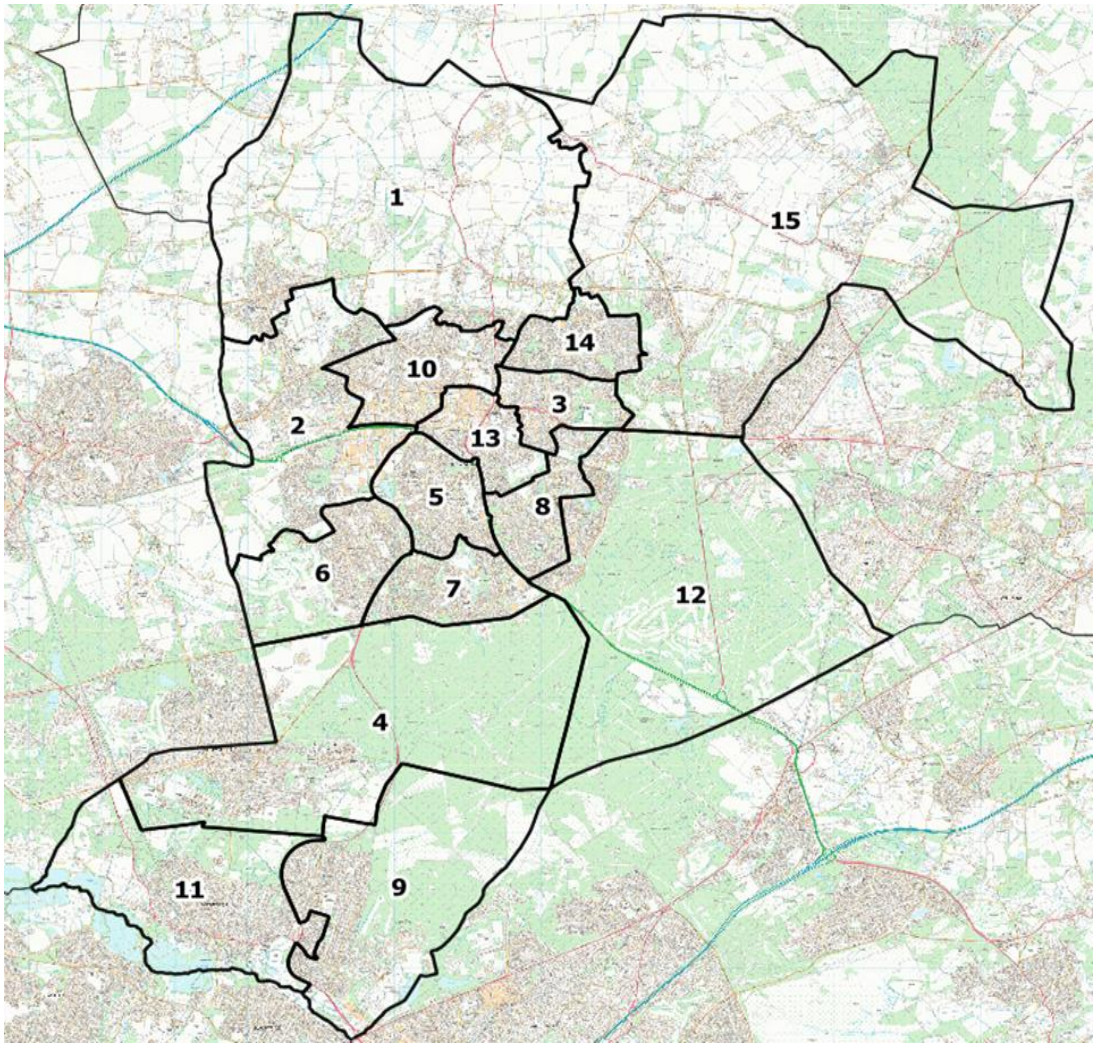
3.1 Methodological considerations

3.1.1 Geographical coverage

PNA regulations require that the HWB divides its area into localities as a basis for structuring the assessment. An electoral ward-based structure was used as it is in-line with available population health needs data and enables us to identify differences at ward level with respect to demography, health needs or service provision commissioned by both Bracknell Forest Council and NHS commissioners.

As of May 2023, new ward boundaries came into effect, resulting in some name and boundary changes. The number of wards decreased from 18 to 15, illustrated in Figure **1.**

Figure 1: Bracknell Forest Council Electoral Wards 2023



Ward ID	Ward Name	Ward ID	Ward Name
1	Binfield North & Warfield West	**9**	Owlsmoor & College Town
2	Binfield South & Jennett's Park	**10**	Priestwood & Garth
3	Bullbrook	**11**	Sandhurst
4	Crowthorne	**12**	Swinley Forest
5	Easthampstead & Wildridings	**13**	Town Centre & The Parks
6	Great Hollands	**14**	Whitegrove
7	Hanworth	**15**	Winkfield & Warfield East
8	Harmans Water & Crown Wood		

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 Bracknell Forest 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 by car, and dispensing outside normal working hours. These instances have all been stated in the relevant sections of the report.

3.1.2 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) and how best to engage them for the survey.

There were 418 responses by Bracknell Forest residents. Their views were explored, including detailed analysis of the protected characteristics. Responses from the survey were used to understand how current pharmaceutical services meet the needs of the Bracknell Forest population and whether there were any different needs for people who share a protected characteristic in Bracknell Forest. The findings from the survey are presented in Chapter 6 of this PNA.

3.1.3 Pharmacy contractor survey

The contractor survey was sent to all 18 community pharmacies in Bracknell Forest, with two pharmacies responding. Pharmacy data was primarily obtained from the NHS Business Services Authority (NHSBSA) and Frimley ICB. This includes data on core hours, contract type and services provided. This meant that completion for the pharmacy contractor survey was less of a requirement to complete the PNA this time around. No data has been used from the two responses as it would not be considered representative.

3.1.4 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.
- Royal Borough of Windsor and Maidenhead 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 are found in Appendix B

3.1.5 Regulatory consultation process and outcomes

The PNA for 2025-2028 was published for statutory consultation on Wednesday 23rd of July 2025 for 60 days (see Appendix C: Consultation report). It was published on the council website for stakeholder comment. All comments were considered and incorporated into the final report to be signed off by Bracknell Forest's Joint Health and Wellbeing Board on 27th November 2025 and published thereafter.

4 Population demographics

4.1.1 Chapter contents

This chapter presents an overview of the demographics of Bracknell Forest, particularly the areas likely to impact on the needs for community pharmacy services. It includes an overview of the Bracknell Forest area, its population demographics and

projected population growth. It will also identify the key factors that impact on equalities using the latest census data and other data sources.

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

1. About the area
2. About the population
3. Population projections
4. Inequalities

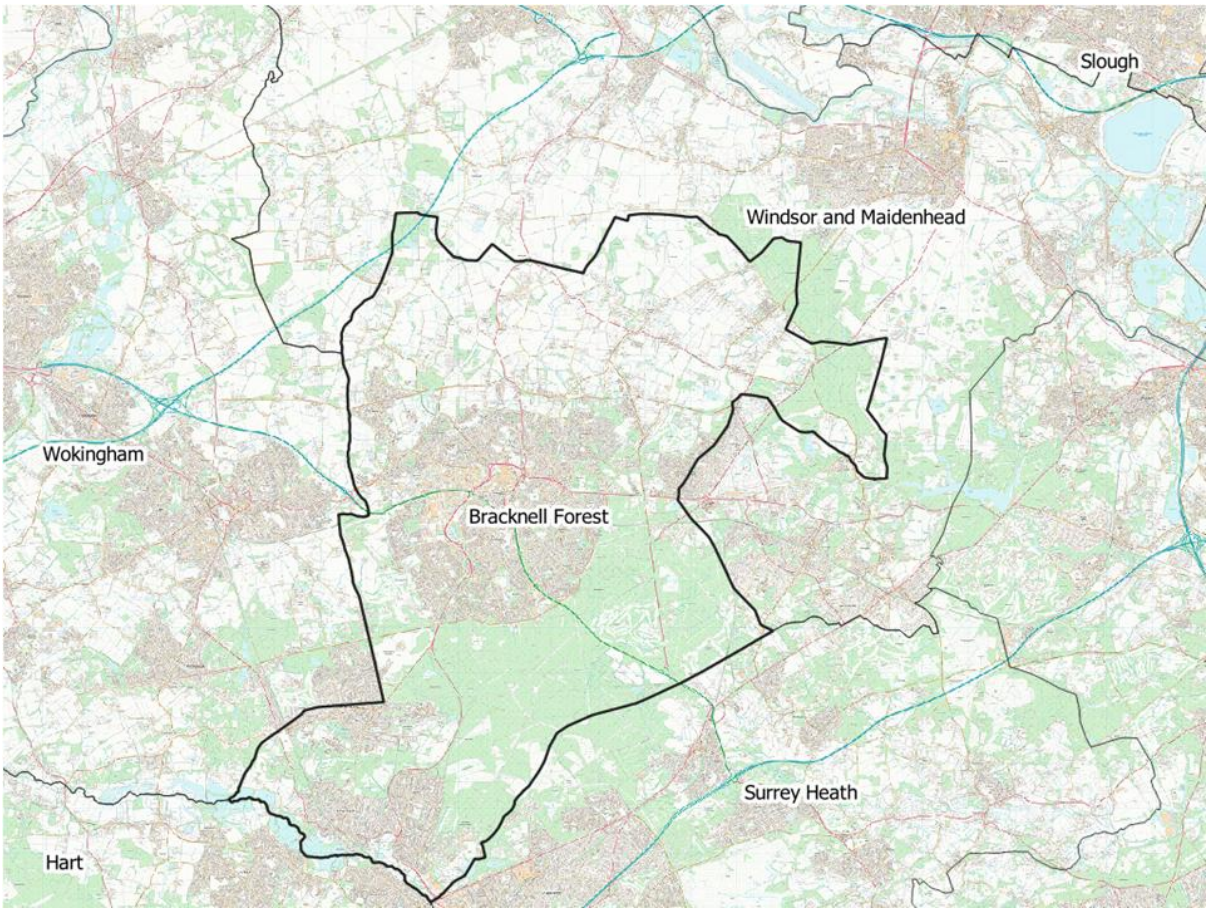
4.1.2 About the area

Bracknell Forest Council is a unitary local authority in Berkshire, South-East England, at the heart of Thames Valley and lies 28 miles west of London. The area has easy access to the national motorway network (M3, M4, M40 and M25) and international airports: Heathrow and Gatwick Airports are within 30 and 60 minutes by road, respectively. It also has good rail links to Central London and Reading.

Bracknell Forest is neighboured by the Royal Borough of Windsor and Maidenhead (RBWM) and the Borough of Slough to the north, informally known as Berkshire East, and Wokingham Borough to the West. The south of the borough also borders parts of the Upper Tier Local Authority areas of Surrey and Hampshire.

Bracknell Forest Borough contains the six parishes of Binfield, Bracknell, Crowthorne, Sandhurst, Warfield and Winkfield, covering around 110 square kilometres (10,981 hectares). The borough is centred on the main town of Bracknell, a former new town which contains most of the borough's commercial and industrial areas, with the outlying centres of Crowthorne and Sandhurst to the south, and a range of smaller settlements and villages such as Binfield, Winkfield and Warfield to the north (Figure 2).

Figure 2: Map of Bracknell Forest and surrounding local authorities 2025



4.1.2.1 Geodemographics

According the 2021 census Urban-Rural Classification[17], 97.9% of the borough's population live in urban city and town areas, and 2.1% of the population live in rural areas (villages, hamlets and isolated dwellings). The rural-urban divide in Bracknell Forest can be further explored by looking at the geodemographic classification of the borough's population at output area level. Output areas are small geographic areas made up of between 40 and 250 households with a residential population of between 100 and 625 people[18]. Geodemographic classifications identify areas of the country where residents have similar socioeconomic and demographic characteristics collected as part of the 2021 census[19]. The geodemographic classifications are hierarchical with supergroups the highest level of the hierarchy. Descriptions for the 8 supergroups can be found in the appendices (Appendix D).

The most common supergroup in Bracknell Forest was 'Baseline UK', with 173 out of 406 output areas (42.6%) classified as such. Over 40% of the population live in those output areas. 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. 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.

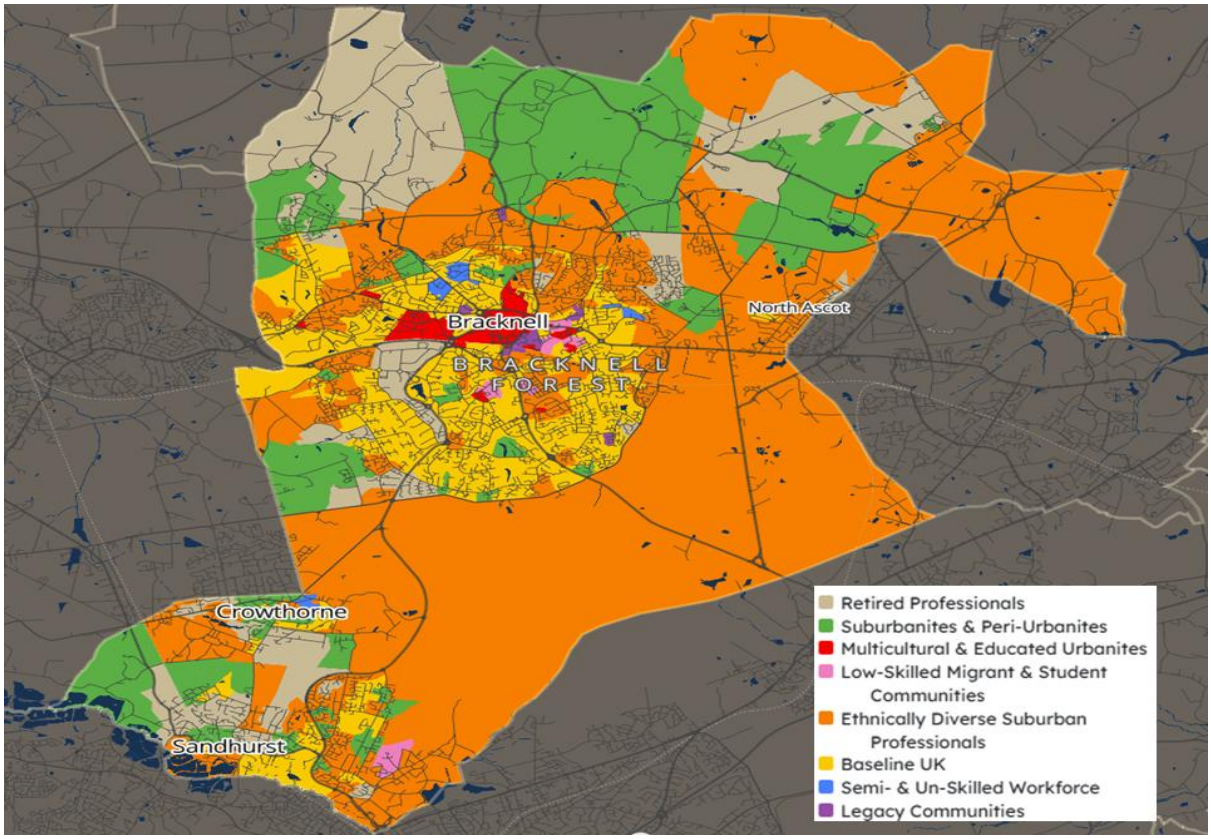
The least common supergroup was 'Low-Skilled Migrant and Student Communities', present in only 5 output areas (4.2%) with a total population of 1,766 residents (1.4%). Young adults, many of whom are students, predominate in these high-density and overcrowded neighbourhoods of rented terrace houses or 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.

Table 1: Classification supergroups by output areas and population in Bracknell Forest

Classification supergroups	Number of Output Areas	% of All Output Areas	Population	% of the Total Population
Retired professionals	35	8.6%	10,311	8.3%
Suburbanites and peri-urbanites	41	10.1%	11,867	9.5%
Multicultural and educated urbanites	17	4.2%	3,932	3.2%
Low-skilled migrant and student communities	5	1.2%	1,766	1.4%
Ethnically diverse suburban professionals	124	30.5%	41,170	33.0%
Baseline UK	**173**	**42.6%**	**52,780**	**42.3%**
Semi- and un-skilled workforce	5	1.2%	1,546	1.2%
Legacy communities	6	1.5%	1,266	1.0%

Source: Consumer Data Research Centre - Output Area Classification (2021) and Office for National Statistics Population Estimates (Mid-2023).

Figure 3: Supergroup Classifications of Output Areas in Bracknell Forest (2021)



Source: Consumer Data Research Centre - Output Area Classification (2021)

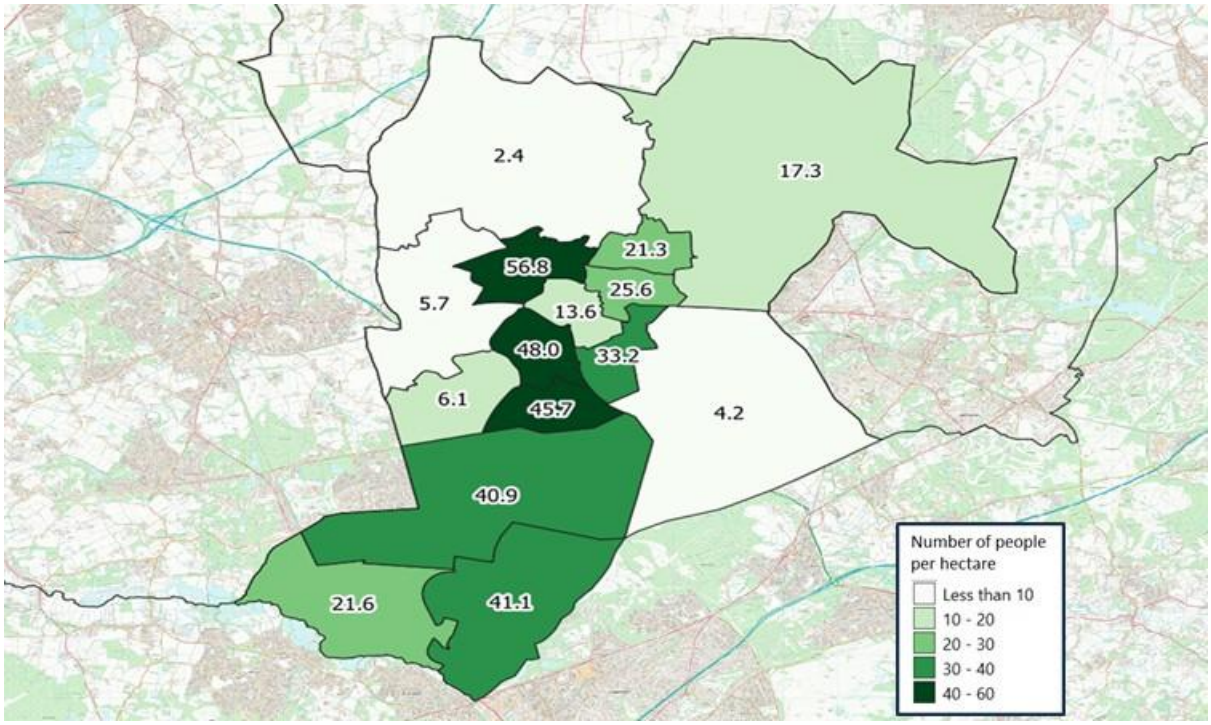
4.1.3 About the population

4.1.3.1 Population size and density

Bracknell Forest is a densely populated borough. Its population is 128,351 people at mid-2023. The population density of the borough is 11.7 persons per hectare (1,173 per square kilometre). This compared to figures of 5.0 persons per hectare for the South-East region and 4.4 persons per hectare for England as a whole[20].

The ward with the highest population density is Priestwood & Garth (56.8 persons per hectare), followed by Easthampstead & Wildridings (48.0 persons per hectare) and Hanworth (45.7 persons per hectare). The wards with the lowest population density are those situated in the more rural parts of the borough: Binfield North & Warfield West (2.4 persons per hectare), Swinley Forest (4.2 persons per hectare) and Binfield South & Jennett's Park (5.7 person per hectare)[21,22] (Figure 4).

Figure 4: Population Density by Ward, Mid-2022 Estimates



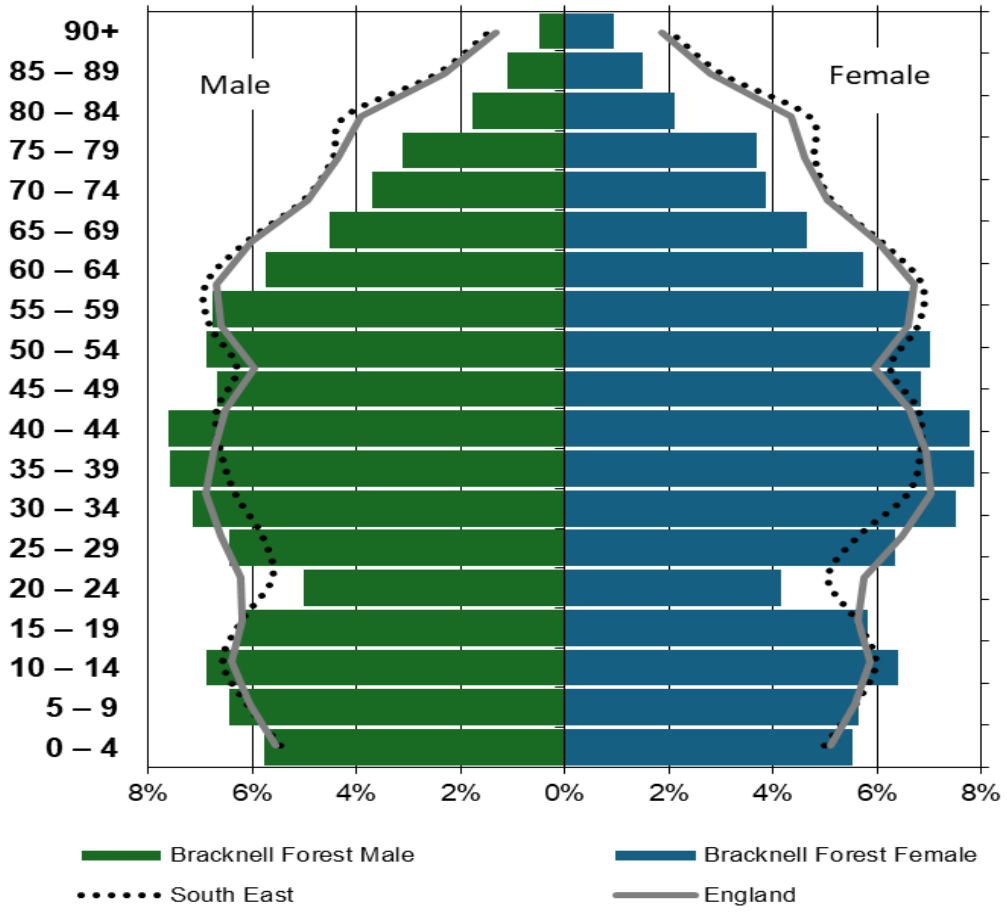
Source: Office for National Statistics (ONS) Lower Layer Super Output Area (LSOA) population density (mid-2022) and ONS Open Geography Portal LSOA (2021) to electoral ward (2023) best-fit look-up

4.1.3.2 Age and sex

The population of Bracknell Forest is relatively young, with a median age of 39.8 years, compared to 41.9 years for the South-East Region and 40.4 years for England as a whole. There is a roughly equal distribution of female (65,273, 50.9%) and male (63,078, 49.1%) residents in the borough[20].

Figure *5* shows a population pyramid which compared the proportion of males and females by five-year age bands, with the lines over the bars giving the equivalent percentages for the South-East region and England. The age profile for the local authority is similar to the national picture across the age groups. The primary difference is the smaller proportion of residents aged 60 and over in Bracknell Forest compared with the South-East and England.

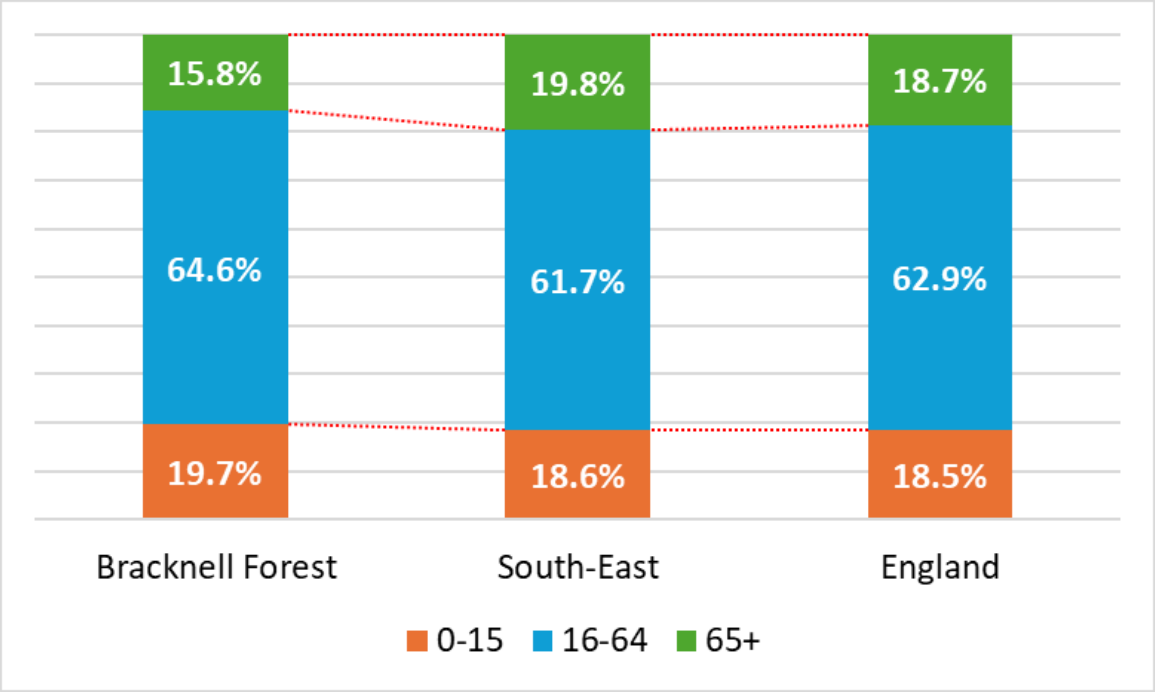
Figure 5: Population estimates for Bracknell Forest compared to England by age-groups and sex, 2023



Source: Office for National Statistics Population Estimates (Mid-2023)

The stacked bar chart in Figure 6 shows the age breakdown of the population in Bracknell Forest and the comparator areas (South-East region and England) by broad age bands. 19.7% of the borough's population are aged 0-15 years, 64.6% are of working age aged 16-64 years and 15.8% are aged over 65[20].

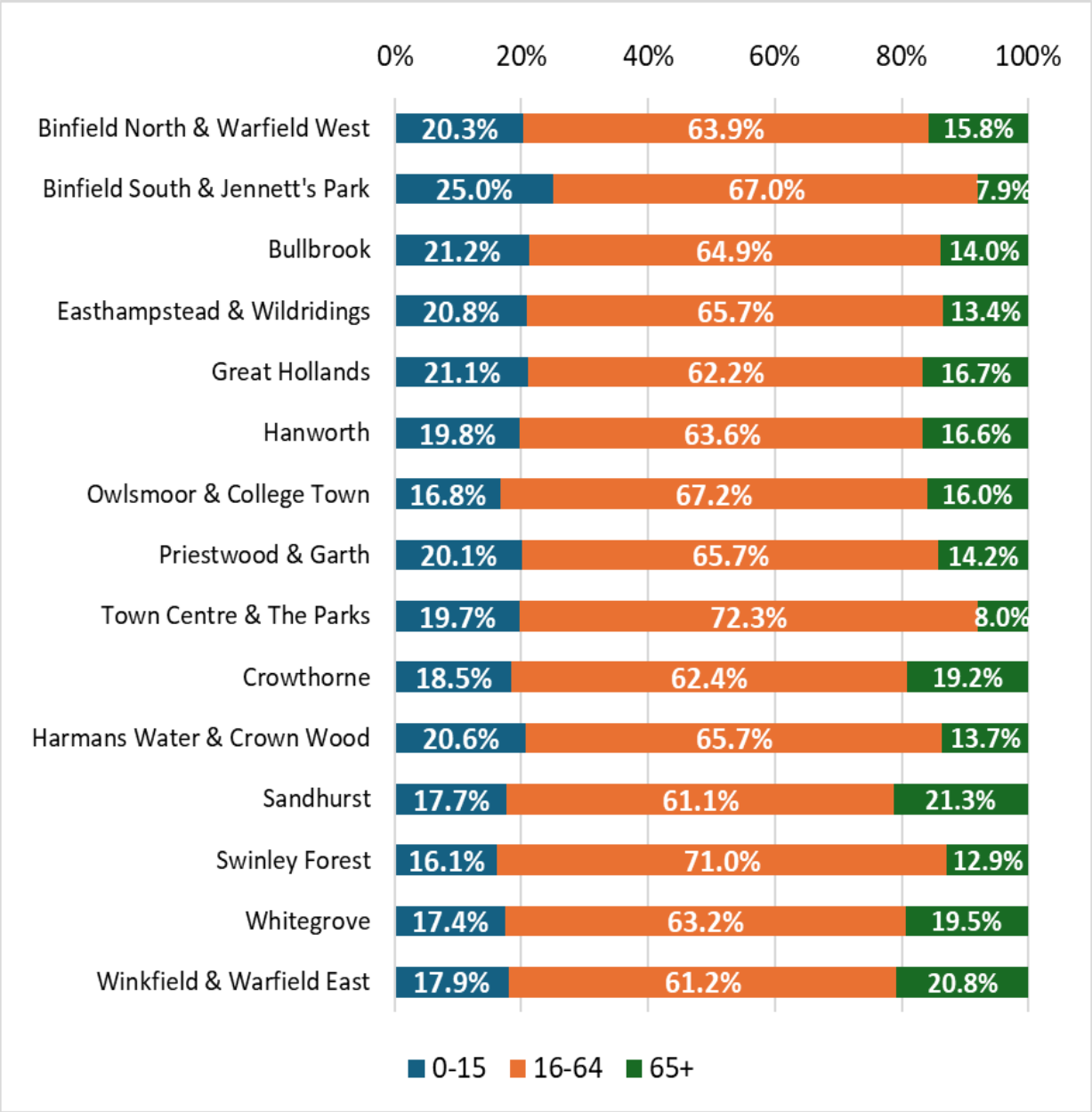
Figure 6: Percentage composition of the population by broad age groups, 2023



Source: Office for National Statistics Population Estimates (Mid-2023)

Figure 7 is a chart showing the percentage of the population in each ward in the borough by the broad age groups. Sandhurst (21.3%) and Winkfield & Warfield East (20.8%) have the highest proportion of residents aged 65 years and over. Binfield South & Jennett's Park (25.0%) and Bullbrook (21.2%) have the highest proportion of residents aged 0-15 years. The Town Centre & The Parks ward has the highest proportion of residents of working age (72.3%)[23].

Figure 7: Population Age Groups by Ward, 2022 Mid-Year Estimates



Source: Office for National Statistics (ONS) - Ward-level Population Estimates (Mid-2022)

4.1.3.3 Ethnicity

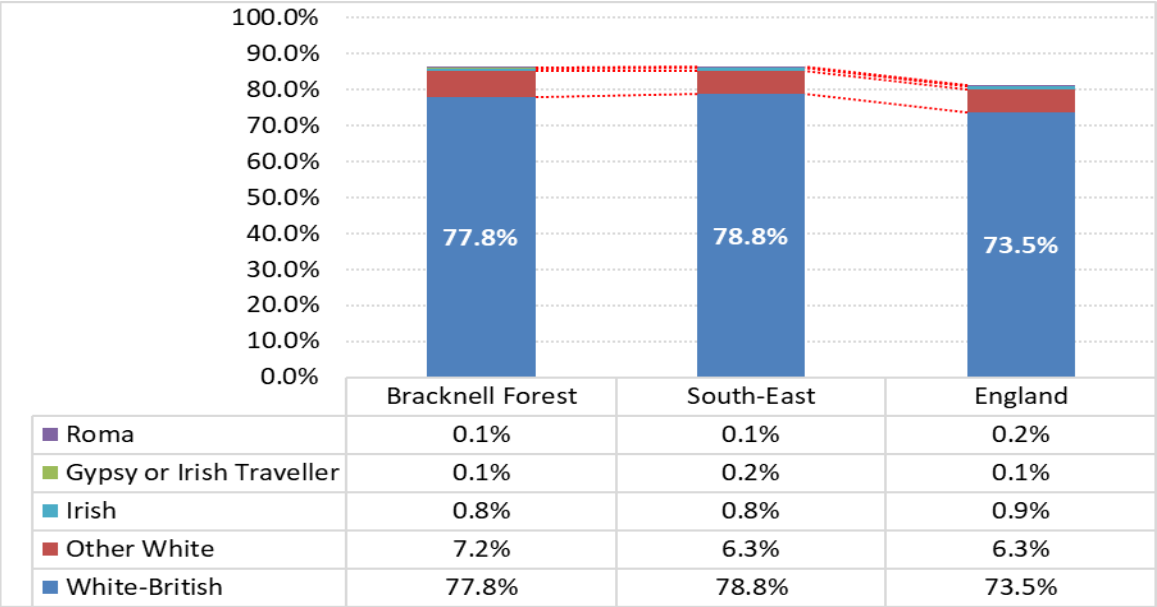
Cultural and language barriers can create inequalities in access to healthcare, which can negatively impact the quality of care a patient receives and reduce patient safety and satisfaction with the care they receive[24]. However, pharmacy staff often reflect the social and ethnic backgrounds of the 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

patients' personal factors may impact on the service they receive[25]. Personal factors would include, but are not limited to, gender identify, ethnicity, faith, culture or any disability. It also recommends that community pharmacist make use of any language skills staff members may have.

According to the 2021 Census, 86.1% (n=107,270) of the population in Bracknell Forest identified as White which includes White-British (77.8%), Gypsy or Irish Traveller (0.1%), Irish (0.8%), Other-White (7.2%) and Roma (0.1%). The percentage of the population identifying as White was similar to the South-East region (86.3%) but lower than England as a whole (81.0%) (Figure 8)[26].

Bracknell Forest residents from Black, Asian and minority ethnic (BAME) groups made up 13.9% (n=17.337) of the borough's population. Asian/Asian British was the largest ethnic minority group (7.1%) followed by people form Mixed/Multiple ethnic groups (3.1%). The proportion of the population from BAME groups in Bracknell Forest was similar to the South-East region (13.7%) but significantly lower than England as a whole (19.0%) (Figure 9) [26].

Figure 8: Composition of the White Ethnic Population in Bracknell Forest, the South-East region and England, 2021



	Bracknell Forest	South-East	England
Roma	0.1%	0.1%	0.2%
Gypsy or Irish Traveller	0.1%	0.2%	0.1%
Irish	0.8%	0.8%	0.9%
Other White	7.2%	6.3%	6.3%
White-British	77.8%	78.8%	73.5%

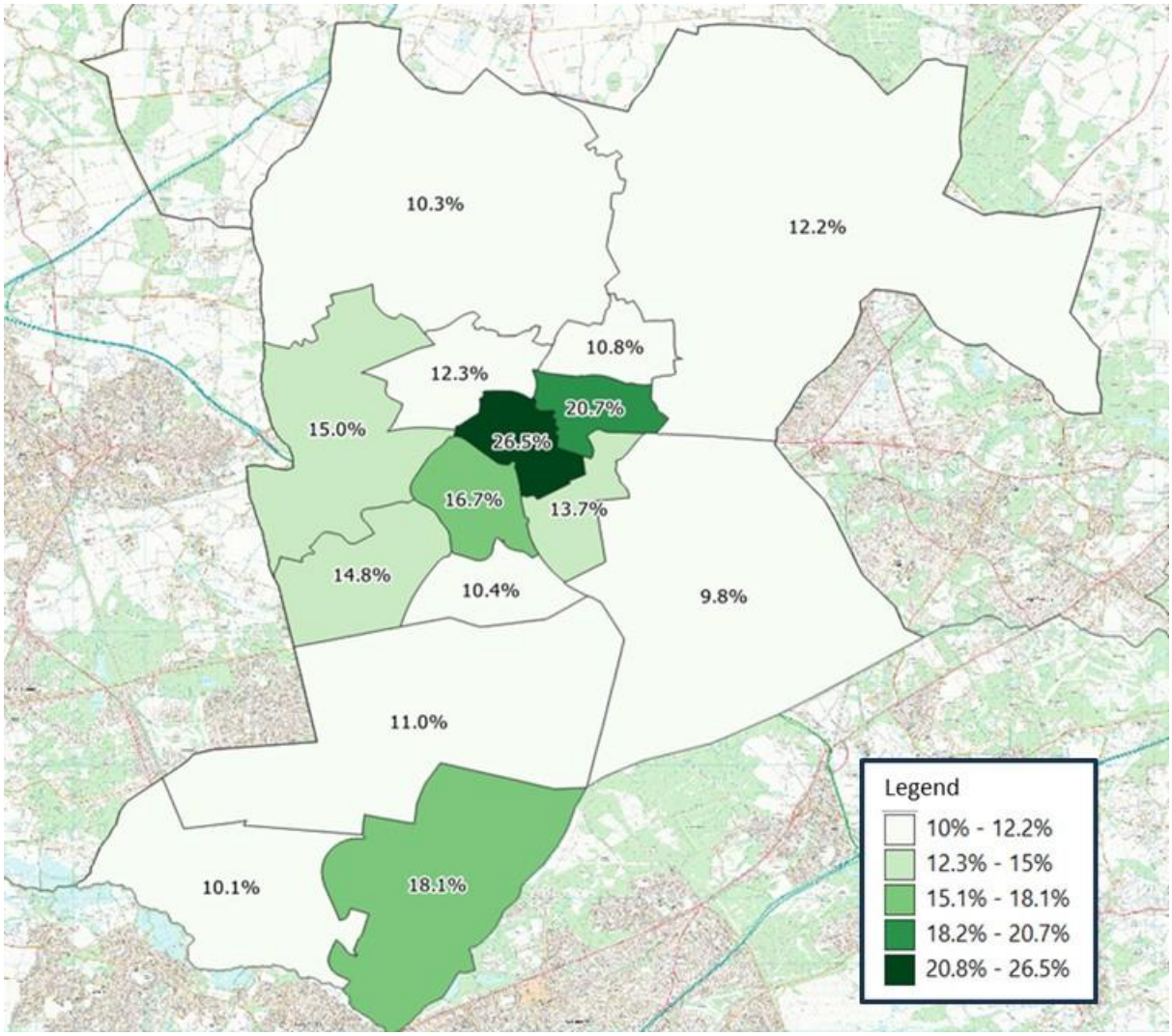
Source: Office for National Statistics (ONS) - Census 2021

Figure 9: Composition of the Black, Asian and Minority Ethnic Population in Bracknell Forest, the South-East region and England, 2021

Source: Office for National Statistics (ONS) - Census 2021

Figure 10 presents the ethnicity breakdown of Bracknell Forest by ward, showing the proportion of the population from BAME groups, excluding white minority ethnic groups. The highest proportion of residents from BAME groups are found in the Town Centre & The Parks Ward (26.5%) with the lowest proportion found in the Swinley Forest Ward (9.8%).

Figure 10: Percentage of Residents from Black, Asian and Minority Ethnic Groups in Bracknell Forest, at Ward Level (2021)

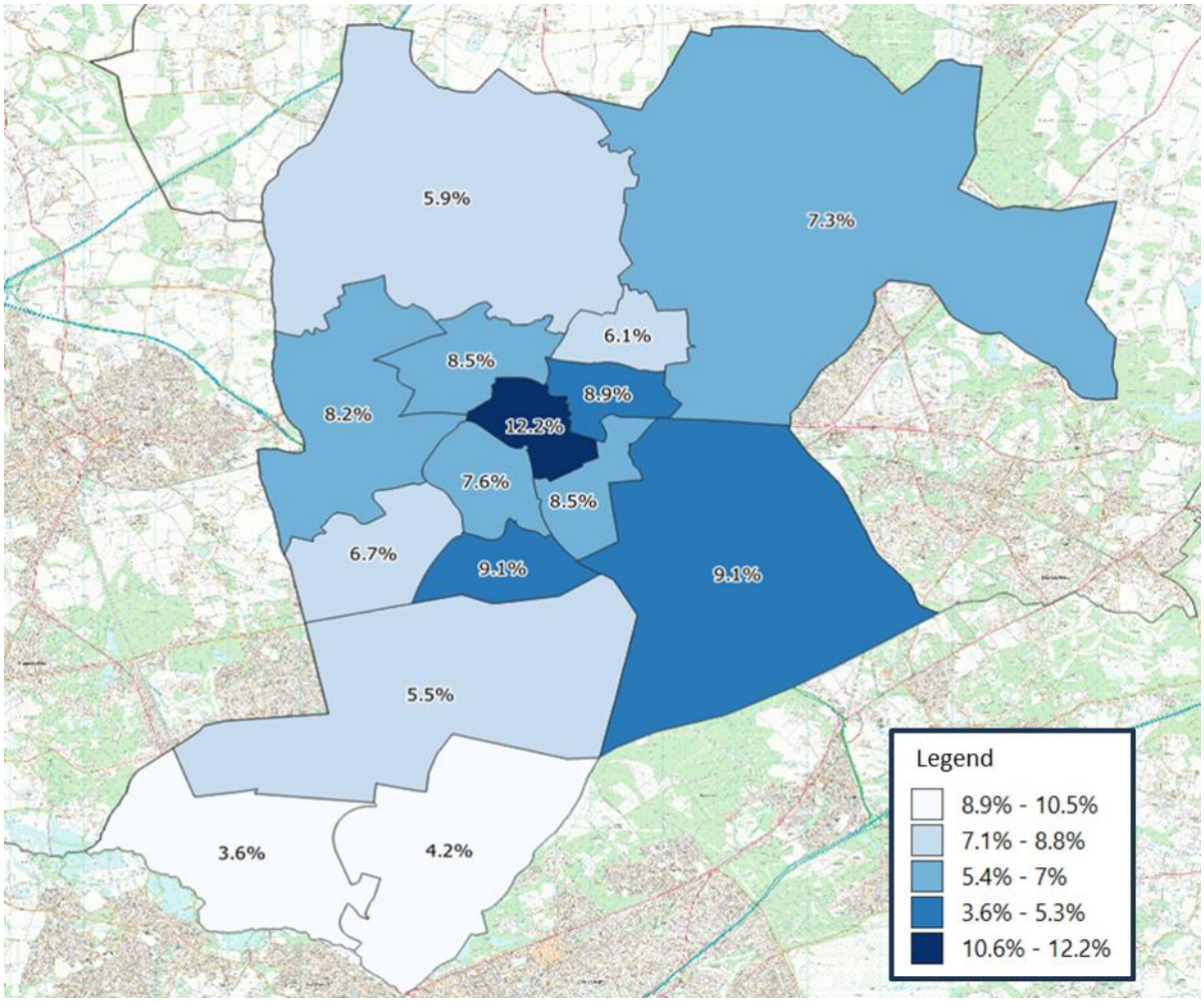


Source: Office for National Statistics (ONS) Census 2021 and ONS Open Geography Portal LSOA (2021) to electoral ward (2023) best-fit look-up

Figure 11 presents the ethnicity breakdown of Bracknell Forest by ward, showing the proportion of the population from the Other-White ethnic group. This group consists primarily of people from Eastern European countries, namely Poland and Romania.

The highest proportion of residents from this ethnic group are found in the Town Centre & The Parks Ward (12.2%) with the lowest proportion found in the Sandhurst Ward (3.6%).

Figure 11: Percentage of Residents from Other-White Ethnic Group in Bracknell Forest, at Ward Level (2021)



Source: Office for National Statistics Census 2021 and ONS Open Geography Portal LSOA (2021) to electoral ward (2023) best-fit look-up

4.1.3.4 Language

Table 2 below shows the language breakdown of households, identifying the number of households in Bracknell Forest with one or more members who cannot speak English[27]. In the 2021 census, 3.7% (n=1,868) of all households had no one living in the home speaking English as their main language. This was similar to the South-East region (3.8%) but lower than England as a whole (5.0%).

Table 2: Breakdown of main language spoken by households in Bracknell Forest, the South-East region and England (2021)

Household Language Category	Bracknell Forest		South-East	England
	Number of Households	% of all Households	% of all Households	% of all Households
All adults in household have English as a main language	**45,735**	**91.0%**	**91.4%**	**89.3%**
At least one but not all adults in household have English as a main language	**1,939**	**3.9%**	**3.6%**	**4.3%**
No adults but at least one child (3 to 15 years), has English as a main language	**706**	**1.4%**	**1.2%**	**1.4%**
No people in household have English as a main language	**1,868**	**3.7%**	**3.8%**	**5.0%**

Source: Office for National Statistics (ONS) - Census 2021

The 2021 census also captured English proficiency[27]. Around 92.3% (n=111,127) of residents spoke English as their main language and 6.8% (n=8,144) did not speak English as their main language but spoke English 'well or very well'. Residents who could not speak English well or could not speak English at all comprised only 0.8% (n=924) and 0.2% (n=206) of the borough's population, respectively (Table 3).

Figure 12 shows the percentage of the borough's population who spoke English, but not very well, or did not speak English at all. The highest proportion of these residents lived in the Town Centre & The Parks Ward (1.53%) with the lowest proportion living in the Crowthorne Ward (0.27%).

Table 3: Breakdown of English Proficiency Level of Residents in Bracknell Forest, the South-East region and England (2021)

Household Language Category	Bracknell Forest		South-East	England
	Number of Residents	% of all Residents	% of all Households	% of all Households
Main language is English	111,127	92.3%	92.8%	90.8%
Can speak English very well or well	8,144	6.8%	6.1%	7.3%
Cannot speak English well	924	0.8%	0.9%	1.6%
Cannot speak English	206	0.2%	0.2%	0.3%

Source: Office for National Statistics (ONS) - Census 2021

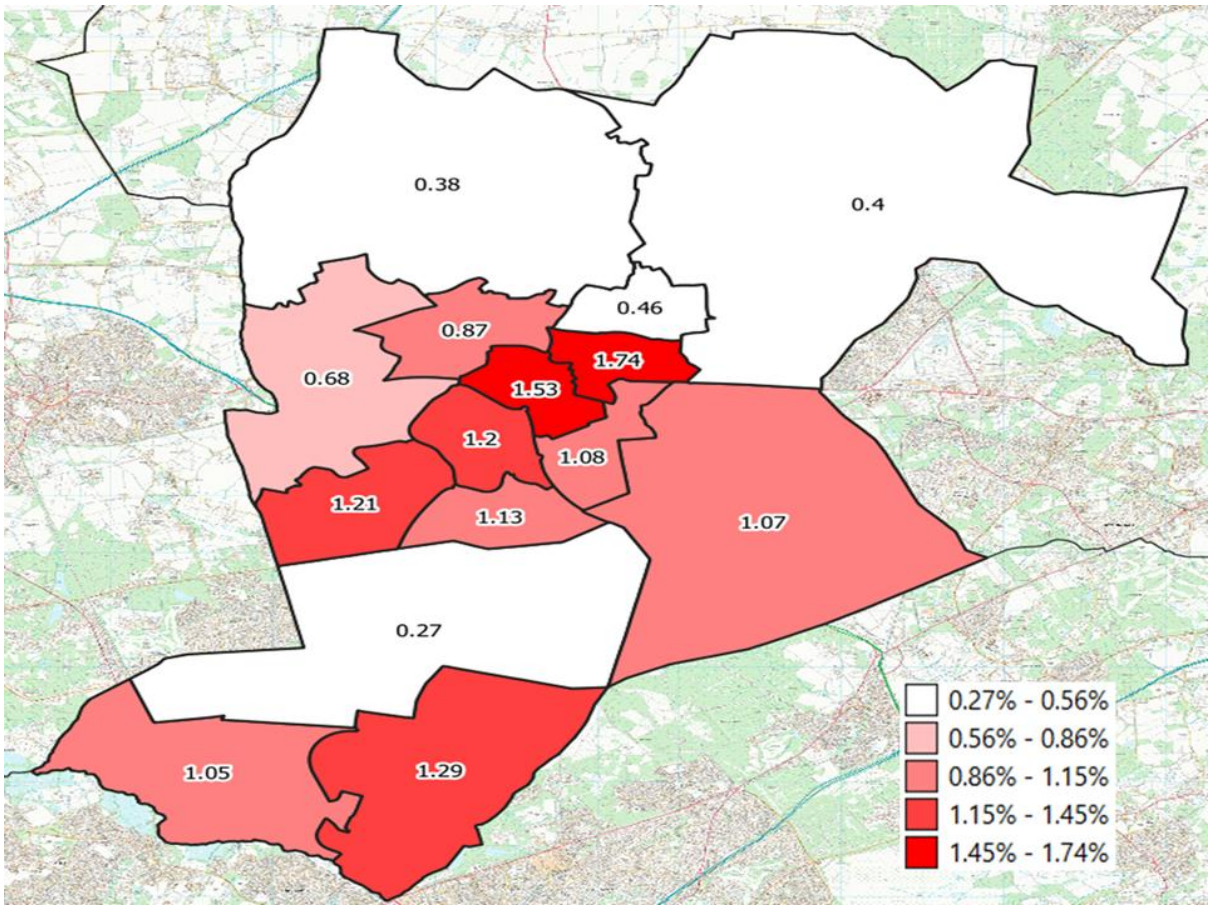
Table ***4*** lists the most common languages spoken in the borough in 2021. The most common main language spoken by residents, outside of English, was Nepalese, followed by Polish, Romanian and Hungarian.

Table 4: Most Commonly Spoken Languages by People Living in Bracknell Forest (2021)

Main Language Spoken	Bracknell Forest		South-East	England
	Number of Residents	% of all residents	% of all residents	% of all residents
English	111,127	92.3%	92.8%	90.8%
Nepalese	1,256	1.0%	0.4%	0.1%
Polish	1,132	0.9%	1.0%	1.1%
Romanian	989	0.8%	0.7%	0.9%
Hungarian	494	0.4%	0.2%	0.2%
Portuguese	450	0.4%	0.4%	0.4%
Spanish	376	0.3%	0.3%	0.4%
Russian	305	0.3%	0.2%	0.2%
Tagalog or Filipino	254	0.2%	0.1%	0.1%
Lithuanian	196	0.2%	0.1%	0.2%
Tamil	196	0.2%	0.1%	0.2%
Panjabi	190	0.2%	0.2%	0.2%

Source: Office for National Statistics (ONS) - Census 2021

Figure 12: Percentage of Bracknell Forest Resident Who Do Not Speak English Well or At All (2021)



Source: Office for National Statistics (ONS) - Census 2021 and ONS Open Geography Portal LSOA (2021) to electoral ward (2023) best-fit look-up

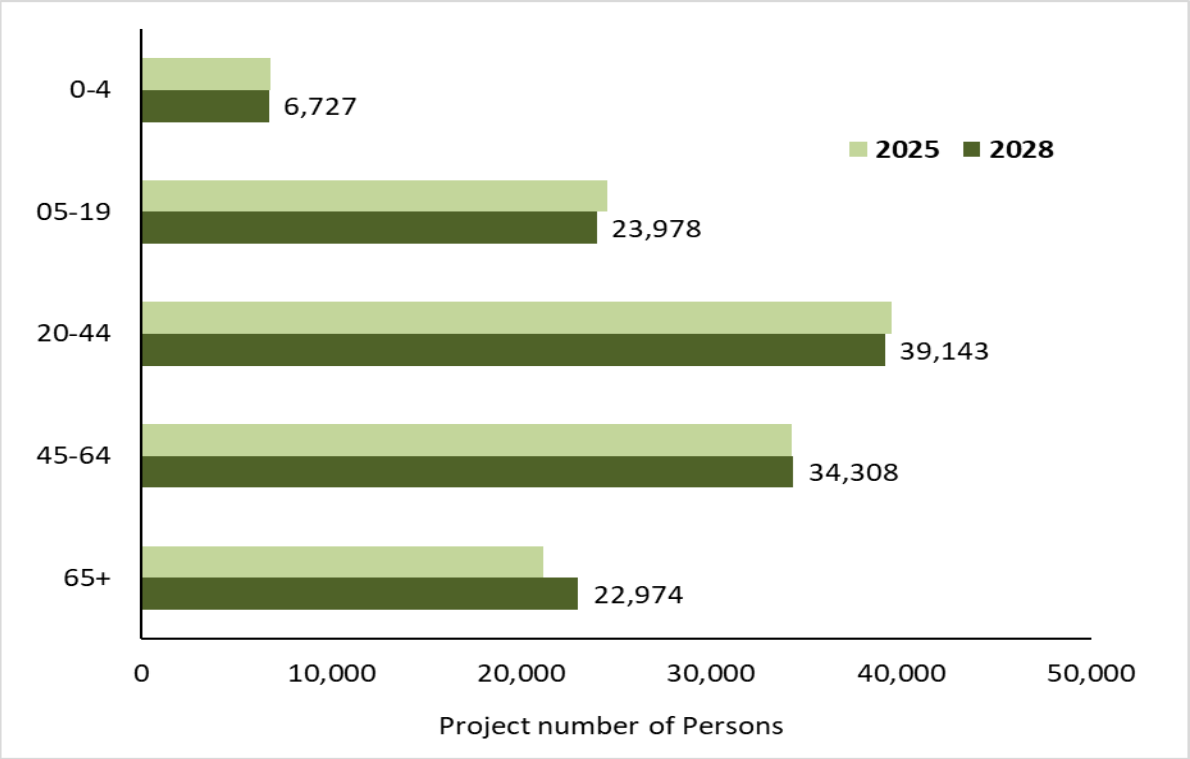
4.1.3.5 Population projections

Population projections predict the potential size of the population living in a geographic area, based on the estimated number of births, deaths and levels of net migration over a time period. Population projections for England at national and local level is produced by the ONS. The latest population projections from the ONS are 2018-based[28].

The population of Bracknell Forest is expected to increase by 0.8% from 2025 to 2028 (the lifetime of this PNA). This was lower than the expected population growth rate in the South-East region (1.0%) and England (1.2%) during the same three-year period. Figure 13 below shows the increases/decreases in population for the borough in key age groups from 2025 to 2028. The chart shows that the majority of the population

increase is in the over 65 age group which is expected to increase by 8.6%, an additional 1,815 persons.

Figure 13: 2018-based population projections for Bracknell Forest from 2025 to 2028



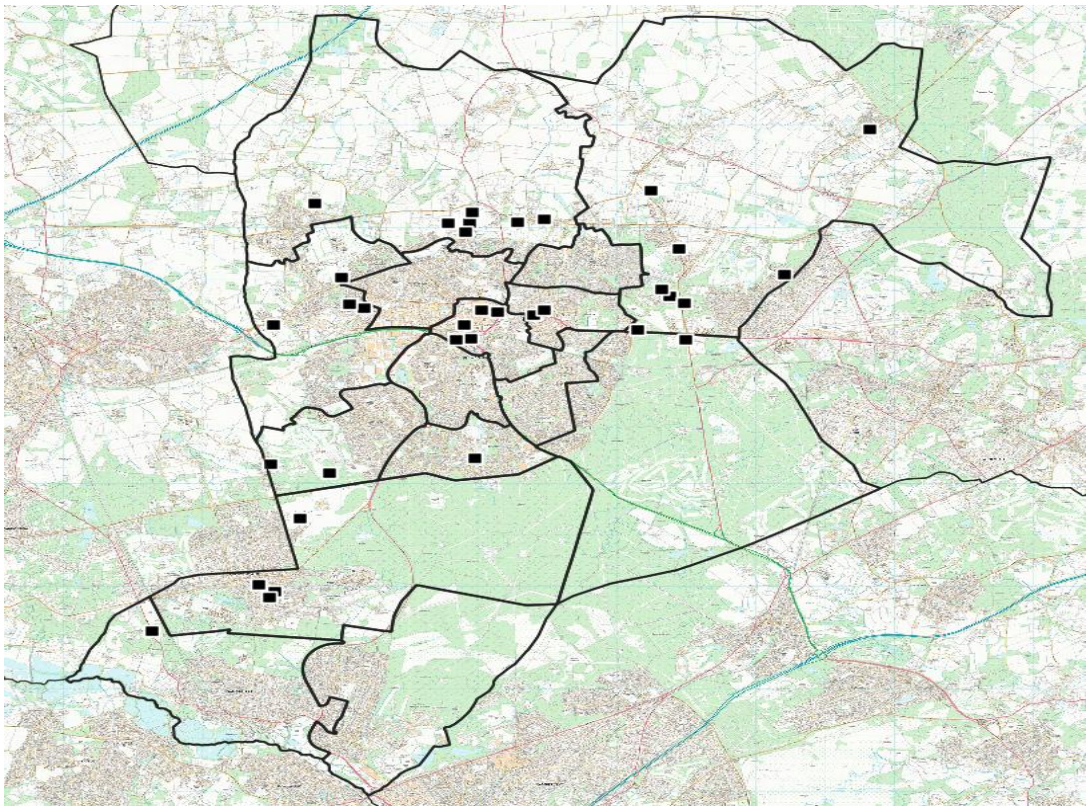
Source: Office for National Statistics (ONS) - Population projections for local authorities

4.1.3.6 Future residential development and housing requirements

A number of major housing developments are underway in Bracknell Forest. The latest Bracknell Forest local plan, adopted in 2024, sets the overall housing target for the borough to build 10,438 new homes (614 dwellings per annum) to meet the local housing need by 2037[29]. The lasted housing projections show that an additional 1,873 dwelling are expected to be completed between April 2024 and March 2029 (Table 5)[30].

Figure *14* shows the location of future housing development, with development particularly prominent in the Town Centre & The Parks, Binfield North & Warfield West and Great Hollands wards.

Figure 14: Location of residential housing development sites expected to be completed over the period 2024/25 – 2028/29



Source: Bracknell Forest Council Local Plan Housing Trajectory April 1st 2024, updated January 2025

Table 5: Number of planned new dwellings in Bracknell Forest by ward, 2024/25 – 2028/29

Ward	Number of new dwellings
Binfield North & Warfield West	442
Binfield South & Jennett's Park	113
Bullbrook	21
Crowthorne	542
Great Hollands	45
Hanworth	12
Sandhurst	4
Swinley Forest	19
Town Centre & The Parks	500
Winkfield & Warfield East	175
Total	**1,873**

Source: Bracknell Forest Council Housing Trajectory April 1st, 2024, updated January 2025

4.1.4 Deprivation

There are a range of social, economic and environmental factors that impact on an individual's health behaviours, choices, goals and ultimately health outcomes. These are outlined in Fair Society, Healthy Lives: (The Marmot Review)[31] and later '*the Marmot Review 10 Years On*'[8]. The Bracknell Forest Health and Wellbeing Strategy 2022-2026 sets out the commitment to address wider determinants of health that impact on the health inequalities seen in in the borough[16].

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[32].

The Indices of Deprivation 2019 provides 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[32]:

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

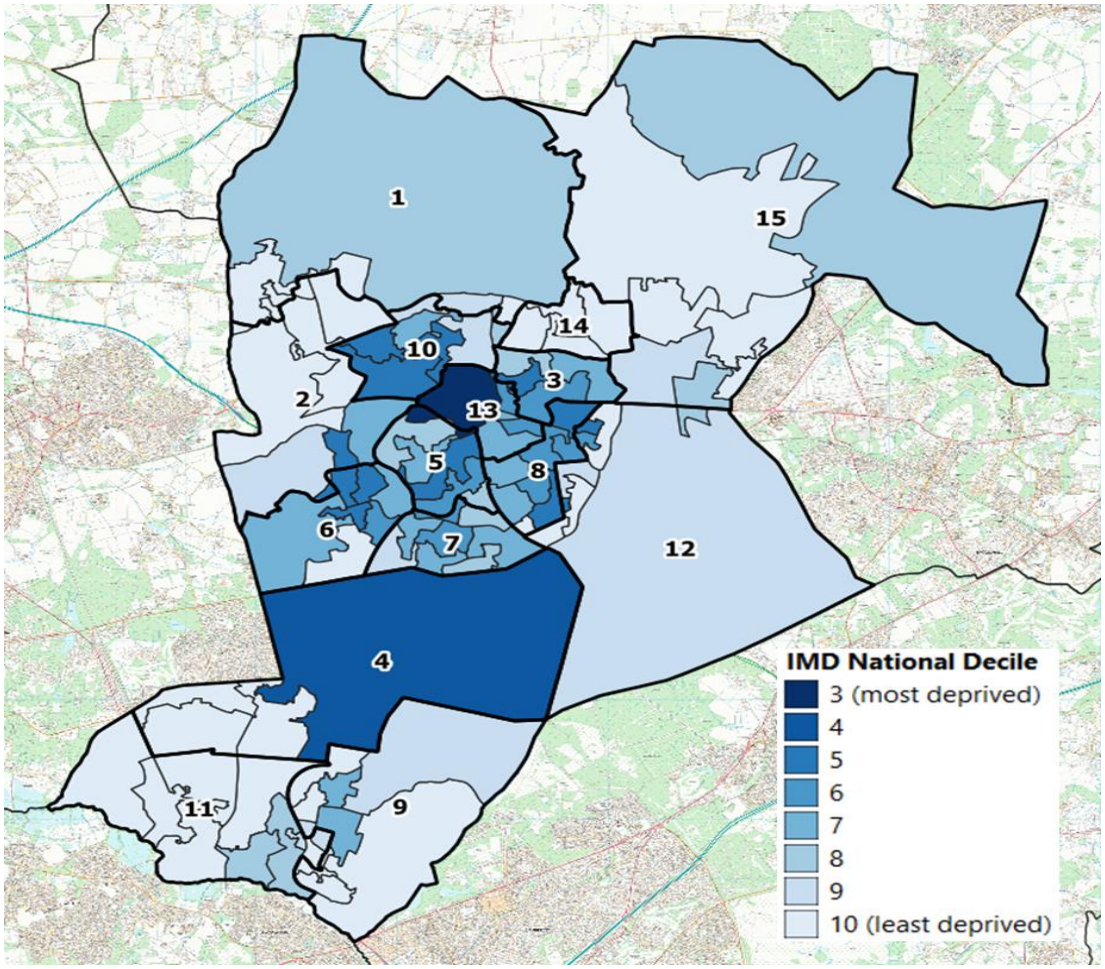
Each of these domains is based on a basket of indicators. As far as is possible, each indicator is based on data from the most recent time point available. The Index of Multiple Deprivation 2019 combines information from the seven domains to produce an overall relative measure of deprivation.

Access to community pharmacy services in communities where there is high deprivation is important in addressing health inequalities[25]. 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).
Bracknell Forest has 82 neighbourhoods (known as LSOAs). Among the 153 local authorities in England with an IMD score, Bracknell Forest ranked 146th with an average IMD score of 10.2[33]. Bracknell Forest also ranked 267th among 296 district authorities. Both ranks are based on local authorities as of 2019.

Figure 15 shows the deprivation deciles at LSOA level, highlighting that there are no identifiable pockets of real deprivation, with none of the borough's 82 LSOAs among the most deprived 20% in England (deprivation deciles of 1 or 2). However, there are pockets of relative deprivation in Bracknell Forest. There are two neighbourhoods in the Town Centre & The Parks ward (LSOA 007F and LSOA 007G) in the 3rd decile of deprivation and another in the Crowthorne ward (LSOA 013A) in the 4th decile of deprivation.

Figure 15: IMD Deprivation Scores for Bracknell Forest by LSOAs, 2019



Source: Ministry of Housing, Communities & Local Government, English Indices of Deprivation (2019)

Ward ID	Ward name	Ward ID	Ward name
1	Binfield North & Warfield West	**9**	Owlsmoor & College Town
2	Binfield South & Jennett's Park	**10**	Priestwood & Garth
3	Bullbrook	**11**	Sandhurst
4	Crowthorne	**12**	Swinley Forest
5	Easthampstead & Wildridings	**13**	Town Centre & The Parks
6	Great Hollands	**14**	Whitegrove
7	Hanworth	**15**	Winkfield & Warfield East
8	Harmans Water & Crown Wood		

4.1.5 Vulnerable groups

4.1.5.1 Disability

The Equality Act 2010 defines an individual as disabled if they have a physical or mental impairment that has a substantial and long-term negative effect on their ability

to carry out normal day-to-day activities[34]. According to the 2021 census, 13.4% of the borough had disability, up from 12.3% (n=13.900) in 2011. For around 4.8% (n=5,943) of residents, their day-to-day activities were limited a lot by disability, with a further 8.6% (n=10,760) limited a little by their disability. More than one-in-four households in the borough (n=13,171, 26.2%) reported to have at least one person with a disability[35]. In order to compare disability rates in the borough with the regional and national rates, age-standardised percentages (ASP) accounting for differences in population size and age structure[35]. **Table *6*** shows that ASP of disability in Bracknell Forest was 14.5% compared 16.1% in the South-East region and 17.7% in England.

Table 6: Age-standardised percentage of residents with a disability in Bracknell Forest compared with the South-East region and England, 2021

Disability Status	2011			2021		
	Bracknell Forest	**South-East**	**England**	**Bracknell Forest**	**South-East**	**England**
Disabled and limited a lot	6.7%	7.2%	9.1%	5.3%	6.2%	7.5%
Disabled and limited a little	8.7%	9.4%	10.2%	9.2%	9.9%	10.2%
Disabled	**15.4%**	16.6%	19.3%	**14.5%**	16.1%	17.7%
Not disabled	**84.6%**	83.4%	80.7%	**85.5%**	83.9%	82.3%

Source: Office for National Statistics (ONS) - Population projections for local authorities

4.1.5.2 Homelessness

The Homelessness Reduction Act (HRA), introduced in April 2018, introduced new prevention and relief duties, that are owed to all eligible households who are homeless or threatened with becoming homeless. 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[36].

The rate of homelessness in Bracknell Forest is relatively low in comparison to the regional and national rate. For the year 2023/24, 509 households were owed a prevention or relief duty under the Homelessness Reduction Act during the financial year[37]. The rate of homelessness (households owed a duty under the Homelessness Reduction Act) was 9.8 per 1,000 households. This was significantly lower than the

rate of homelessness in the South-East region (11.3 per 1,000 households) and England (13.4 per 1,000 households).

There were 163 households in the borough living in temporary accommodation in 2023/24. The rate of households in temporary accommodation was 3.2 per 1,000 households, similar to the rate for the South-East region (3.4 per 1,000 households) but significantly lower than the rate for England (4.6 per 1,000 households)[38].

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, or people who misuse drugs or alcohol, may be more likely to go to a community pharmacy than a GP or another primary care service[25].

4.2 Chapter summary

- Bracknell Forest is a densely populated urban unitary authority in Berkshire. It has a relatively young population with an average of 39.8 years.
- There is a low Black, Asian and Minority ethnic population in Bracknell Forest as a whole, however there is higher representation of Black, Asian and Minority ethnic population within the Town Centre & The Parks and Bullbrook wards.
- These wards also have a higher proportion of people who cannot speak English well or at all.
- The population is only expected to increase by 0.8% in the lifetime of this PNA, likely within Town Centre & The Parks, Binfield North & Warfield West and Great Hollands wards where major housing developments are underway.
- The majority of the population increase expected is in the over 65 age group which is expected to increase by 8.6%, an additional 1,815 persons.
- Deprivation is low in Bracknell Forest, as are levels of homelessness.

5 Health needs

5.1 Chapter contents

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

5.2 Life expectancy and healthy life expectancy

Life expectancy is a statistical measure of how long a person is expected to live. Bracknell Forest residents generally enjoy a good level of health and wellbeing. 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 Bracknell Forest Health and Wellbeing Board aims to close the gap between the least and most deprived areas. It is also working to improve healthy life expectancy by at least five extra years by 2035, and to close the gap between the richest and poorest in the borough[16].

People living in the borough have a higher life expectancy and healthy life expectancy compared to the South-East region and England as a whole. Life expectancy figures for Bracknell Forest in 2021-2023 was 81.0 years for male residents[39] and 84.9 year for female residents[40]. Both figures are significantly higher than the national averages for life expectancy (Figure 16). Healthy life expectancy for males[41] and females[42] living in Bracknell Forest in 2021-2023 was 64.9 years and 66.3 years, respectively (***Figure 17***).

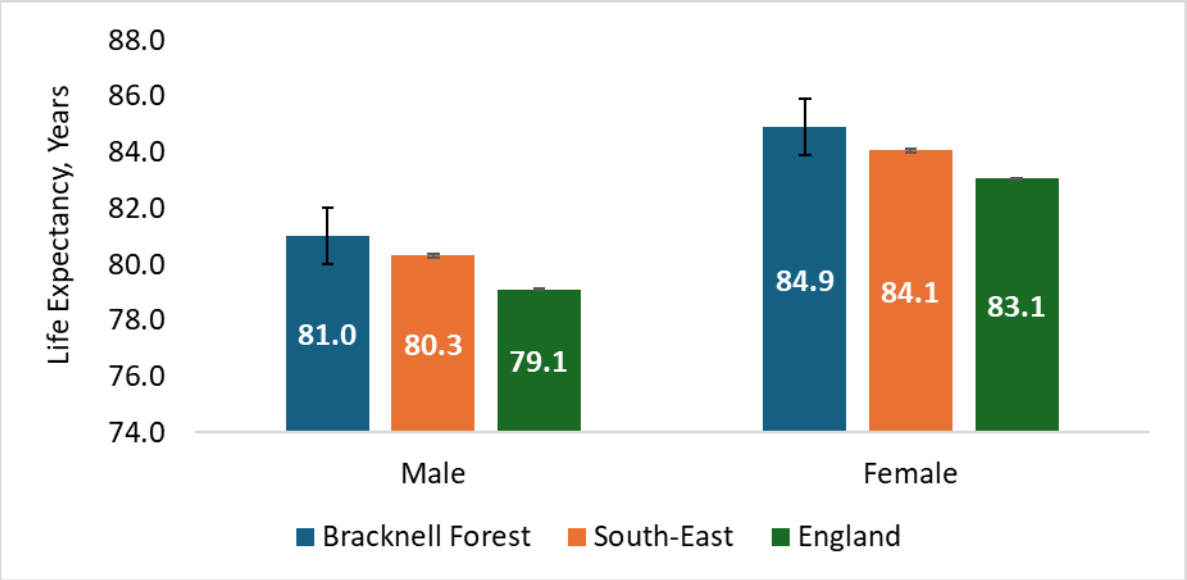
However, despite being one of the least deprived local authorities in England, there are significant inequalities in life expectancy within the borough. Men living in the most deprived parts of Bracknell Forest are expected to live 9.1 years less than those living in the least deprived areas[43]. For women, inequality in life expectancy for those living in the least and most deprived areas was 2.3 years[44].

The latest figures for life expectancy at ward level are for the period 2016-20, before the 2023 changes in the ward boundaries. The map in Figure 18 shows differences in life expectancy with the new ward boundaries overlayed on the old boundaries. Life expectancy for both men (78.2 years) and women (82.0 years) was lowest for those

living in Wildridings central[45, 46]. This area now includes parts of the new wards of Easthampstead and Wildridings and the Town Centre & The Parks. Male life expectancy was highest in Warfield Harvest Ride ward (88.5 years), which now mostly covers the area of Whitegrove ward[45]. For female residents, life expectancy was highest for those living in Harmans Water (88.0 years), now called Harmans Water & Crown wood[46].

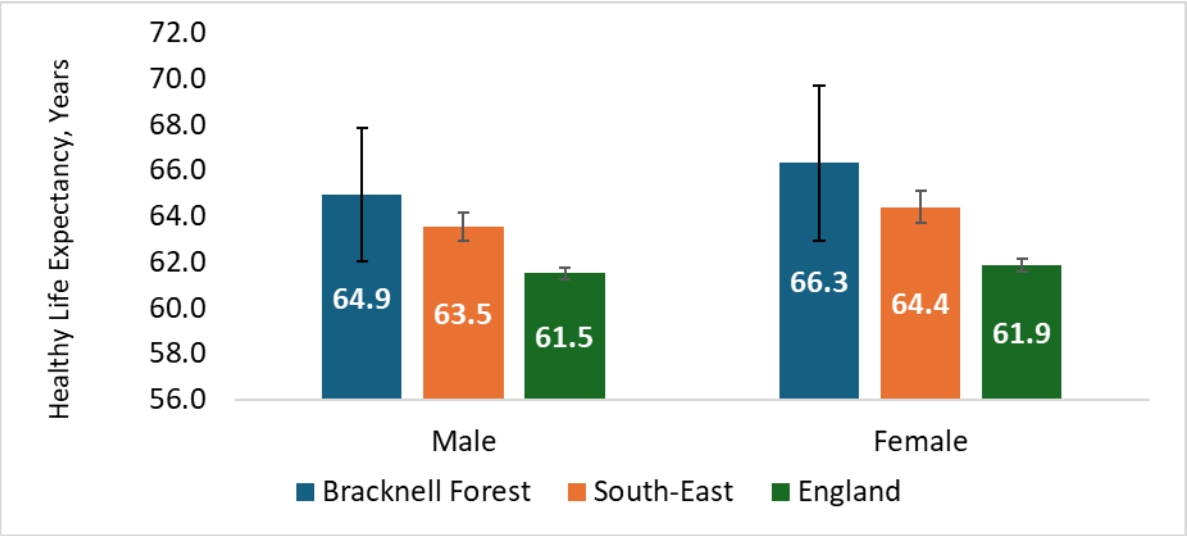
The gap in life expectancy between Bracknell Forest's least and most deprived areas is attributable to different causes of death for men and women. These issues are explored in the section below on long term health conditions.

Figure 16: Life Expectancy at Birth in Bracknell Forest compared with the South-East Region and England (2021-2023)



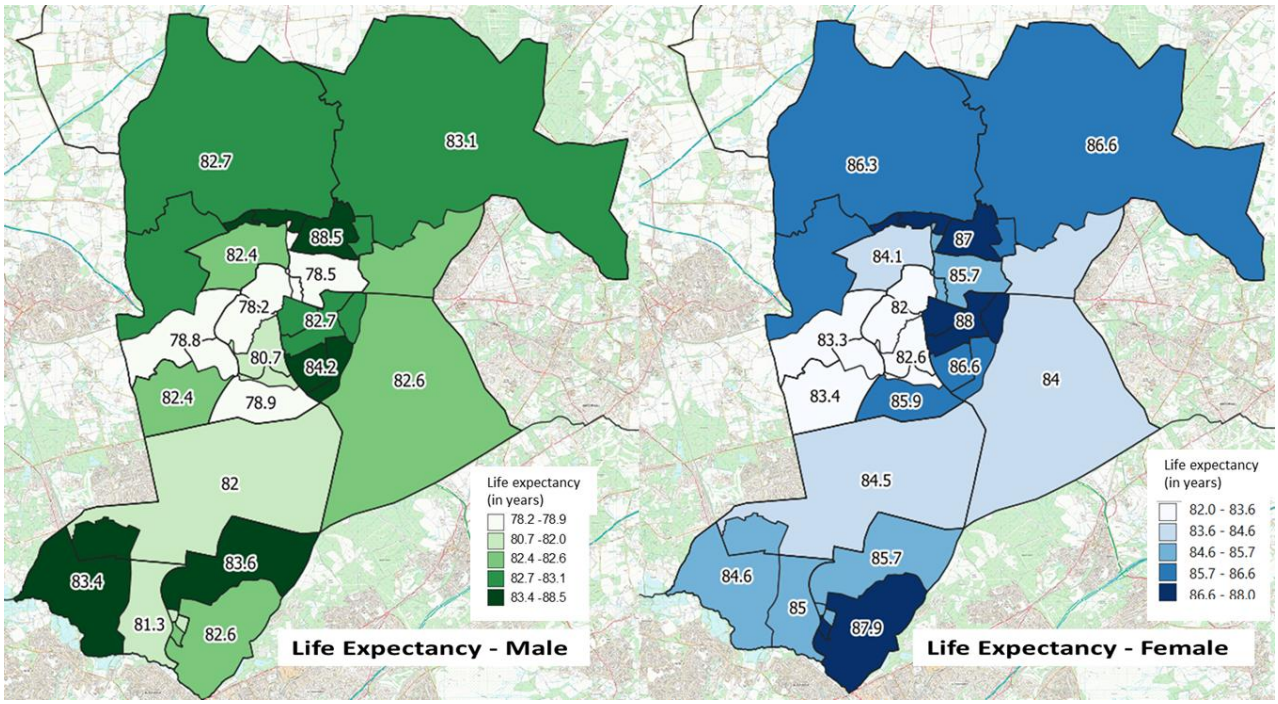
Source: Office for Health Improvement and Disparities - Fingertips

Figure 17: Healthy Life Expectancy at Birth in Bracknell Forest compared with the South-East Region and England (2021-2023)



Source: Office for Health Improvement and Disparities - Fingertips

Figure 18: Life Expectancy at Birth at Ward Level (2016-20)



Source: Office for Health Improvement and Disparities – Fingertips and ONS Open Geography Portal LSOA (2021) to electoral ward (2023) best-fit look-up

5.3 Our health and behaviours

Lifestyle and the personal choices that people make can significantly impact on their health. According to the Global Burden of Disease Study (2015), 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%)[47]. While there are a large number of causes of death and ill-health, many of the risk factors for these are the same. Just under half of all years of life lost to ill health, disability or premature death in England are attributable to smoking, diet, being overweight, alcohol and drug use.

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 such as campaigns to encourage people to stop smoking, sexual health services and dementia friends. 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 that pharmacies can offer support, to improve the overall health of the population of Bracknell Forest borough.

5.3.1 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 over 16% of all premature deaths in England and over 9% of years of life lost due to ill health, disability or premature death[47]. A wide range of diseases and conditions are caused by smoking such as cancers, respiratory diseases and cardiovascular diseases.

The estimated prevalence of smoking for adults (18+) was captured by the ONS Annual Population Survey for the period 2021-23[48]. Smoking prevalence in Bracknell Forest was estimated to be 13.1%, compared with 11.3% in the South-East region and 12.4% in England. Smoking prevalence is particularly high among those employed in routine and manual occupations (aged 18 to 64 years). In the period 2021-23, 32.9% of routine and manual workers smoked, compared with 18.4% in the South-East region and 19.5% in England[49].

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 proportion of mothers who smoke in early pregnancy in Bracknell Forest was at 9.1% in 2023/24. This was significantly lower than the proportion of

women smoking in early pregnancy in the South-East region (12.3%) and England (13.6%)[50].

5.3.2 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 2023/24, there were 414 alcohol-related hospital admissions for Bracknell Forest population, which equates to a rate of 348 per 100,000 population. The alcohol-related hospital admissions rate for the South-East region and England for 2023/24 was 429 and 504 per 100,000 population, respectively. The borough's rate has remained significantly lower than the regional and national averages since 2008/09, although it has slightly increased over this time[51]. There are significant differences in alcohol-related admissions rates between men and women in Bracknell Forest, at 469 and 242 per 100,000 population, respectively. This is in line with differences in admissions rated between men and women in England (686 and 340 per 100,000 population, respectively) [51].

The alcohol-mortality rate, which is the number of people dying from an alcohol-related condition, was 34.7 per 100,000 population in 2023/24[52]. This was similar to the mortality rate in the South-East region (35.6 per 100,000), but significantly lower than the national mortality rate (40.7 per 100,000). Locally, males have a higher alcohol-related mortality rate than women. The mortality rate for males was 48.3 per 100,000 population vs 23.6 per 100,000 population in 2023/24.

For people attending treatment for alcohol misuse in Bracknell Forest in 2023, 27.6% left treatment free of alcohol dependence and did not represent again within a 6-month period. This was lower, but not significantly different, than the success rates in the South-East (34.3%) to the England (34.2%) success rate[53].

5.3.3 Drug misuse

Substance misuse is linked to mental health issues such as depression, disruptive behaviour and suicide. Drug misuse is a significant cause of premature mortality in the UK, particularly in people aged between 15 and 49. In the period 2021-23, there were

13 deaths (8 male and 5 female) due to drug misuse in Bracknell Forest. The directly standardised mortality rate for drug misuse was 3.3 per 100,000 population compared with 4.3 and 5.5 per 100,000 population in the South-East region and England, respectively[54].

Where there is a local need, pharmacies can be commissioned to provide needle and syringe exchange services to reduce the risk of infections in those who inject drugs. Pharmacies can also be commissioned to provided supervised consumption of medicines to treat addiction, for example, methadone.

In 2023, 5 people had successful treatment for opiate drug use in Bracknell Forest, which equates to 5.0% of those people receiving treatment and left treatment free of drug dependence and did not represent again within a 6-month period. This was lower than the figures for successful completion of treatment for the for the South-East region (6.5%) and England (5.1%)[55]. For non-opiate drug use, 38 people in Bracknell Forest in 2023 successfully completed treatment free of drug dependence and did not represent again within a 6-month period. The rate is 27.9%, which is lower than the comparable figure for the South-East (30.9%), and England (29.5%)[56].

5.3.4 Obesity

Obesity is defined as abnormal or excessive fat accumulation that presents a risk of to health, indicated by a Body Mass Index (BMI) of 30 or more[57]. 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[58]. Obesity is also associated with an increased risk of death from COVID-19[59].

According to data collected by Sport England's Active Lives Adults Survey for the period of mid-November 2023 to mid-November 2024, 68.6% of adults (18+ years) living in the borough were classified as overweight or obese. This was significantly lower than the regional (South-East, 62.8%) and national (England, 64.5%) rates[60]. When considering just those classified as obese, prevalence for adults living in Bracknell Forest was 30.0%, which was higher than prevalence in the South-East (24.6%) and England (26.5%)[61].

Obesity in childhood can have a significant impact on long-term 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, low self-esteem, teasing and 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.

The National Child Measurement Programme (NCMP) is delivered in schools and measures the height and weight of children in their first and last year of primary school (Reception Year and Year 6). Results from the latest NCMP for Bracknell Forest indicate that 20.1% of pupils in Reception (aged 4-5 years) and 31.4% of pupils in Year 6 (aged 10-11 years) were overweight or obese (2023/24)[62, 63]. Prevalence of overweigh and obesity in Bracknell Forest was similar to that of pupils in Reception (20.8%) and Year 6 (32.7%) in the South-East region and lower than England (22.1% and 35.7%, respectively) [62, 63].

5.3.5 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. According to the Global Burden of Disease, physical inactivity is responsible for 5% of all deaths in England and is the fourth leading risk factor for global mortality[47]. The UK's Chief Medical Officer recommends that adults undertake a minimum of 150 minutes (2.5 hours) of moderate physical activity or 75 minutes of vigorous physical activity per week[64]. People engaging in less than 30 minutes of physical activity each week were classed as physically inactive.

Overall, adults living in Bracknell Forest engaged in similar levels of physical activity to people living in the South-East region and were more physically active than their counterparts in the rest of the country. Data from the Active Lives Adults Survey for 2023/24 shows that 65.6 % of adults (19+ years) living in the borough were physically active, compared with 70.5% in the South-East region and 67.4% in England[65]. In terms of physical inactivity, 19.5% of adults living in the borough were classed as

physically inactive compared with 18.9% in the South-East region and 22.0% in England[66].

5.3.6 Sexual health

Sexual health covers the provision of advice and services around contraception, relationships, sexually transmitted infections (STIs) and abortion. The Chief Executive of Public Health England in 2015 stated 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'[67].

The rate of new STI diagnoses in Bracknell Forest is lower than the regional and national rate. In 2023, there were 444 new STI diagnoses at a rate of 350 per 100,000 population compared with 511 and 704 per 100,000 in the South-East region and England, respectively[68]. The rate of new STI diagnoses (excluding Chlamydia) for those under the age of 25, was 262 per 100,000 population. This was also significantly lower than the regional (369 per 100,000 population and national rates (520 per 100,000 population)[69].

The STI testing rate (excluding Chlamydia) in 2023 for those aged under 25 was 2,812.1 per 100,000 population in Bracknell Forest. The testing rate locally was significantly lower than the rate for the South-East region (3,136.6 per 100,000) and England (4,110.7 per 100,000)[70].

Chlamydia is the most commonly-diagnosed STI in England, with rates substantially higher in young adults than any other age group, particularly for women. The National Chlamydia Screening Programme (NSCP) is focussed on reducing the harms from untreated Chlamydia infections. In 2021, the focus of the NSCP changed to focus on women as the harmful effects of chlamydia occur predominantly in women and other people with a womb or ovaries. In practice, this means that chlamydia screening in community settings, such as GPs and pharmacies, will only be proactively offered to young women. Services provided by sexual health services remain unchanged. Everyone can still get tested if they need, but men will not be proactively offered a test unless an indication has been identified, such as being a partner of someone with chlamydia or having symptoms[71].

The proportion of females (aged 15 to 24 years) living in the borough screened for chlamydia in 2023 was 14.7%. This was significantly lower than the proportion of females screened in the South-East region (18.2%) and England (20.4%)[72].

The overall chlamydia detection rate in 2023 was 816 per 100,000 population for young people aged 15-24 years (including men) living in Bracknell Forest[73]. The detection rate for females living in the borough was 1,071 per 100,000 (aged 15-24 years), significantly lower than the national benchmark of 2,400 per 100,000 population. The detection rate for females in Bracknell Forest was also significantly lower than rates in the South-East region (1,670 per 100,000) and England (1,962 per 100,000).

The Chlamydia diagnostic rate for people aged 25 and over living in the borough was also significantly lower than the South-East and England comparators. The diagnostic rate for Bracknell Forest was 117 per 100,000 population, compared with 152 per 100,000 in the South-East and 223 per 100,000 in England[74].

The incidence of sexually transmitted infections can rise where there are large groups of young people living in communal accommodation such as University campuses, Halls of Residence, areas where there are large numbers of students living in private rented accommodation such as terraced houses, flats and bedsits, and in private colleges with their own campuses. In Bracknell Forest Borough, there are two such private colleges. The Royal Military Academy Sandhurst (RMAS or RMA Sandhurst), commonly known simply as Sandhurst, is one of several military academies of the United Kingdom and is the British Army's initial officer training centre. The second major campus is at Newbold College, a small Seven-day Adventist college for girls.

5.3.6.1 Human Papilloma Virus (HIV)

The rates of HIV are comparatively low in Bracknell Forest. The latest figures show that there were 120 residents aged 15-59 years in Bracknell Forest in 2023 diagnosed with HIV. This equates to diagnosed prevalence rate of 1.55 per 1,000 population. This is lower than the regional rate of 1.91 per 1,000 population and national ratee of at 2.40 per 1,000 population[75]. In the period 2021-23, 93.3% of those newly diagnosed with HIV received prompt antiretroviral therapy (ART) initiation, higher but not significantly different to the figures for England (83%) and for the South-East Region (84%)[76].

5.3.6.2 Flu vaccination

The flu vaccination is offered to people who are at a greater risk of developing serious complications if they were to catch influenza. In 2023/24, 80.0% of the 65 and over population in Bracknell Forest received a flu vaccination. This compared favourably to the proportion of the 65 and over population in the South-East region (79.9%) and England (77.8%)[77]. The population vaccination coverage for people aged 65 and over also exceed the national target of 75.0%.

People under the age of 65 with lowered immunity or underlying conditions such as diabetes, asthma, chronic obstructive pulmonary disease (COPD), and serious kidney disease are considered to be 'at-risk'. The flu vaccination coverage of the at-risk population in Bracknell Forest was 45.8%. Although this was higher than the population coverage in the South-East (44.2%) and England (41.4%), local coverage was well below the national minimum target of 55.0%[78].

5.3.6.3 COVID-19

Keeping residents safe from COVID-19 and other infectious diseases is a priority of the Bracknell Forest Health and Wellbeing Strategy[16]. The COVID-19 pandemic has highlighted the impact of deprivation on health risks and health outcomes. COVID-19 morbidity and mortality has been 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 have 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[79].

In the period 2021-23, the rate of deaths (mortality rate) involving COVID-19 in Bracknell Forest was 67.2 per 100,000 population. This was similar to the mortality rate in the South-East region (69.7 per 100,000) and lower than the national rate (73.4 per 100,000)[80]. For males living in the borough, the mortality rate was 82.6 per 100,000 population compared with 89.7 and 94.2 per 100,000 in the South-East region and England. The COVID-19 mortality rate for females in Bracknell Forest was 56.2 per 100,000 population, comparable to the South-East (54.7 per 100,000) and England (57.8 per 100,000).

Following the COVID-19 pandemic, people aged 65 and over, residents in care homes for older people and anyone in a clinical risk group living in England are offered COVID-19 annually during autumn[81]. Autumn COVID-19 vaccination booster uptake for residents (aged 65 and over) as of 29th January 2025 was 58.6% for 65–69-year-olds, 68.6% for 70–74-year-olds, 73.0% for 75–79-year-olds and 76.8% for those aged 80 and over[82].

5.4 Mental health and wellbeing

Promoting mental health and improving the lives and health of people with mental ill-health is a priority of the Bracknell Forest HWB strategy[16]. 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 will have a mental health problem at any one time.

5.4.1 Dementia

There are an estimated 1,332 people (aged 65 and over) living with dementia in the borough[83]. In 2023/24, 845 people had a formal diagnosis of dementia, accounting for 0.6% of the GP population in Bracknell Forest. Dementia prevalence was higher in GP-registered patient populations in the South-East region (0.8%) and England (0.8%)[84]. The estimated diagnosis rate for dementia was 63.9%, compared with 62.9% in the South-East region and 64.8% for England as a whole (2023/24)[85]. Although the local dementia diagnosis rate was higher than the regional and national comparators, it was still below the national ambition of 66.7%.

5.4.2 Mental health conditions

In 2022/23, 15.1% of GP-registered patients (n=15,471) had a formal diagnosis of depression, compared with 13.8% in the South-East region and 13.2% in England[86]. The latest data shows that the incidence (number of new diagnoses) of depression in Bracknell Forest was 1,936, accounting for 1.9% of all GP-registered patients in 2023/24. The incidence of depression was also higher in the borough than in GP-registered populations in the South-East region (1.6%) and England (1.5%)[87].

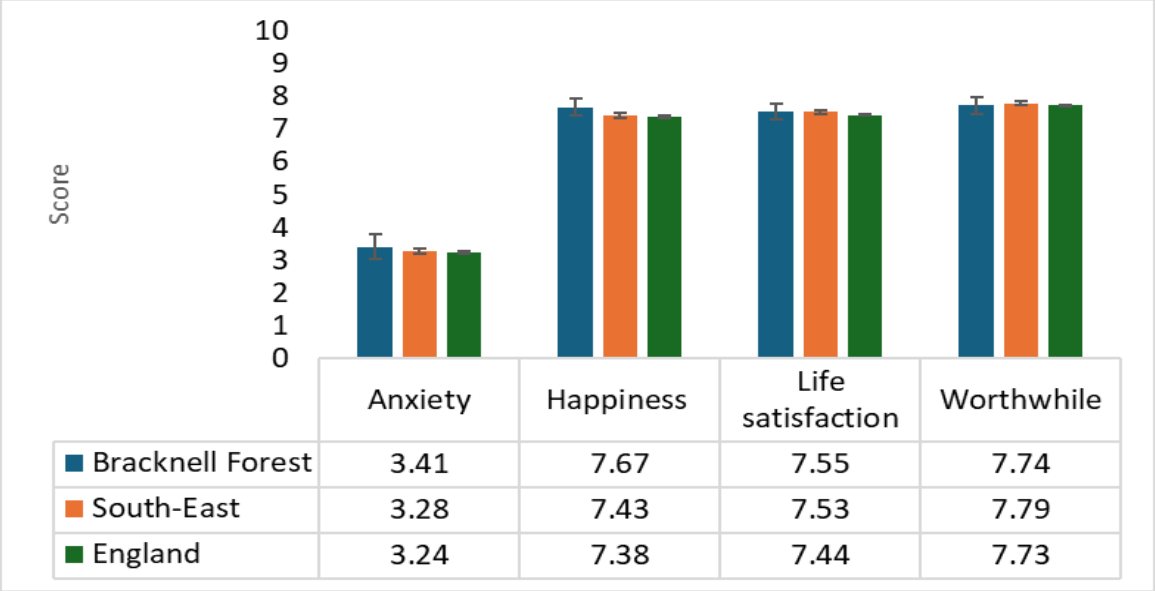
An estimated 0.6% (n=854) of the GP-registered population in the borough were diagnosed with a severe mental illness (schizophrenia, bipolar affective disorder and

other psychoses) in 2023/24. This compares to 0.9% and 1.0% of the GP-registered population in the South-East and England, respectively[88].

5.4.3 Personal wellbeing

The ONS assesses personal wellbeing of people living in the UK using the following four measures: life satisfaction, feeling the things done in life are worthwhile, happiness, and anxiety[89]. Figure 19 below presents the results from the latest survey wave (April 2022 – March 2023), showing the mean score for each of the measures (scored 0-10). People living in Bracknell Forest had similar levels of anxiety (3.41/10), levels of happiness (7.67/10), life satisfaction (7.55) and feeling that things done in life are worthwhile to people living in the South-East region and England.

Figure 19: Personal Wellbeing Scores in Bracknell Forest and Comparator Areas, March 2022 to March 2023



	Anxiety	Happiness	Life satisfaction	Worthwhile
Bracknell Forest	3.41	7.67	7.55	7.74
South-East	3.28	7.43	7.53	7.79
England	3.24	7.38	7.44	7.73

Source: Office for National Statistics (ONS) – Personal Wellbeing in the UK, March 2022 – March 2023

5.4.3.1 Social isolation and loneliness

Social isolation and loneliness can impact people of all ages but 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[90].

According to the 2021 census, 37.1% of people aged 65 and over are living alone in Bracknell Forest. This is comparable to people in the same age category living in the South-East region (36.5%) and England (38.2%)[91].

The Adult Social Care Survey explores isolation and loneliness in its analysis. Findings show that in Bracknell Forest, 44.6% of adult social care users who responded to the survey reported that they did not have as much social contact as they would like (2023/24). This was similar to the regional (46.6%) and national (45.6%) figures in the same year. It highlights that more than half of older adults in receipt of social care do not have as much social contact as they would like and are likely feeling isolated and lonely[92].

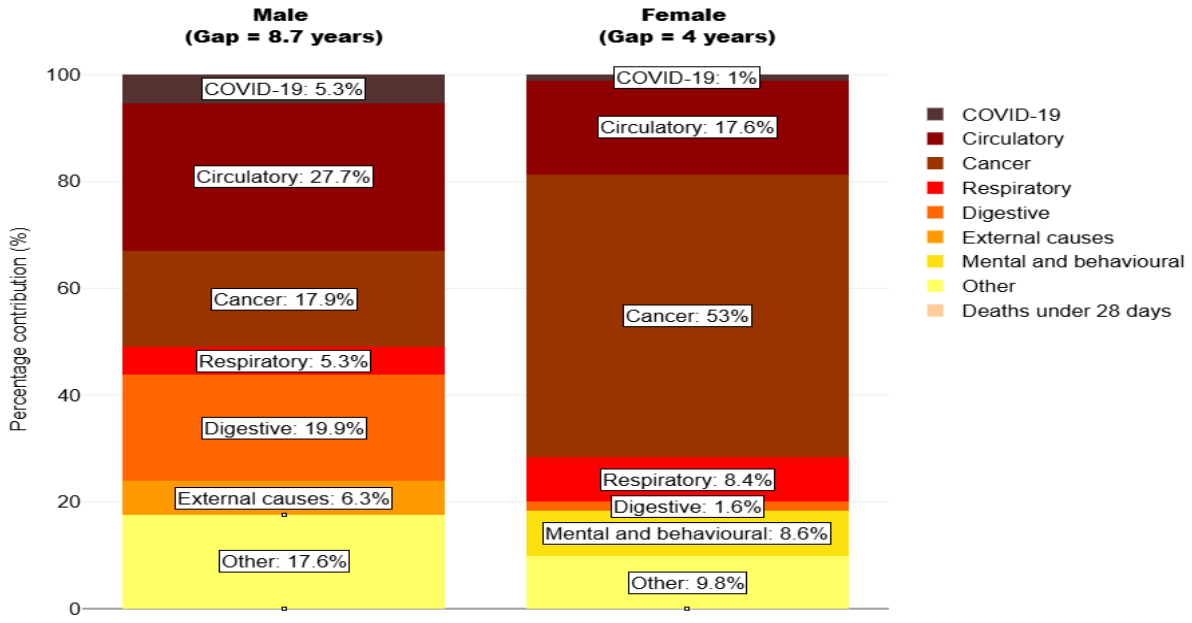
Pharmacies have a role in supporting population mental health and wellbeing. They can help with early identification of new or worsening symptoms in their patients, they can signpost make a referral to existing offers of support and they can work with patients to ensure their safe and effective use of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

5.5 Major health conditions

The causes of life expectancy gap between the most deprived and least deprived populations within a borough provide a good indicator on what health conditions have a bigger impact on local populations and where a targeted approach is needed. The OHID life expectancy segment tool can be used to identify the causes of death that contribute to the gap in life expectancy between people living in the most deprived and least deprived areas in Bracknell Forest[93].

The stacked bar chart in Figure 20 below, shows, for each broad cause of death, the percentage contribution that it makes to the overall life expectancy gap in Bracknell Forest. It highlights circulatory diseases as the biggest cause of the differences in life expectancy between deprivation quintiles for males (accounting for 27.7%) followed by digestive diseases (19.9%) and cancer (17.9%). For female residents, the biggest cause of the life expectancy gap between those living int the least and most deprived areas in the borough was cancer (53.0%) followed by circulatory diseases (17.6%) and ‘other causes’ (9.8%).

Figure 20: Breakdown of the life expectancy gap between the most and least deprived quintiles of Bracknell Forest by cause of death, 2020 to 2021



Source: Office for Health Improvement and Disparities (OHID) – Life expectancy gap segment tool

5.5.1 Cancer

Pharmacists can play in 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.

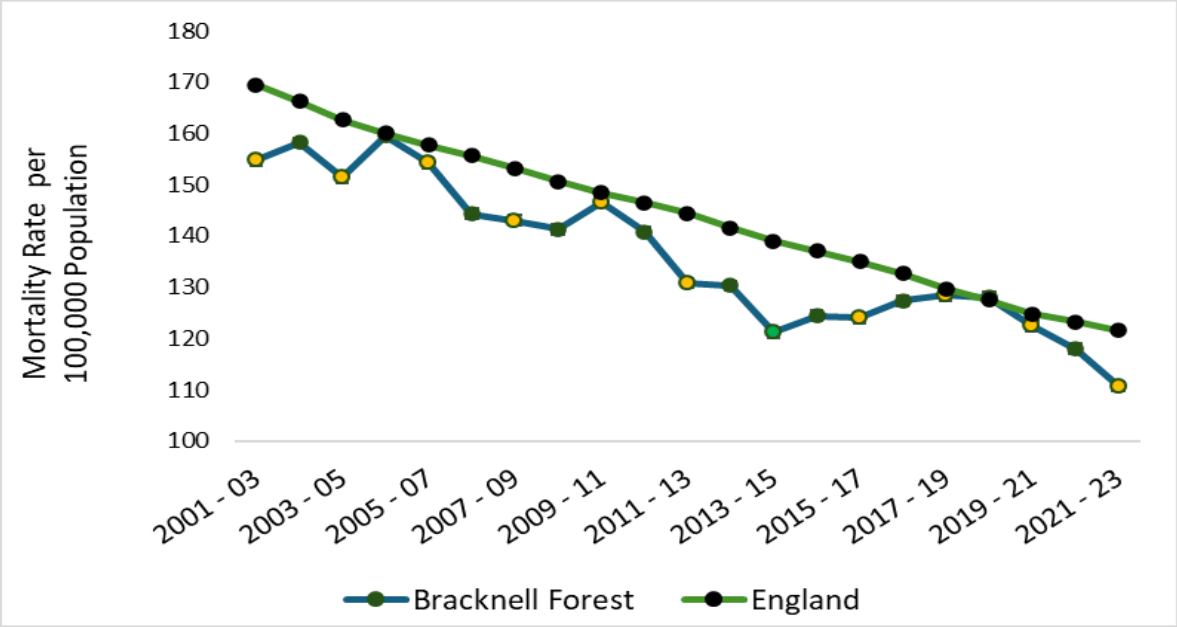
The incidence of all cancers (standardised incidence ratio [SIR]) for Bracknell Forest is benchmarked against a national standardised rate of 100 in England. During the period 2015-2019 was 102.9, which was similar to the national rate[94]. During this same time period, the incidence of breast cancer in Bracknell Forest (SIR 111.7) was higher than England (SIR 100)[95]. The incidence of colorectal cancer (SIR 106.7)[96] and prostate cancer (SIR 102.3)[97] was similar to the national rate. Lung cancer incidence in the borough (SIR 86.7) was significantly lower than the national rate.

Screening coverage for breast cancer (75.3%) for eligible women living in Bracknell Forest was significantly higher than their counterparts living in England (69.9%) in 2024[98]. The percentage of eligible women receiving cervical cancer screening, at ages 25-49 (70.3%) and ages 50-64 (75.4%) in Bracknell Forest was also significantly higher than for women living in England (66.1% and 74.3%)[99, 100]. Bowel cancer

screening coverage in Bracknell Forest was 74.0%, higher than the national screening coverage (71.8%) in 2024[101].

The premature mortality rate from cancer (i.e. under 75 years) in Bracknell Forest in 2021 -2023 was 110.7 per 100,000 population, which was similar to the mortality rate for the South-East region (112.9 per 100,000) and lower than the rate for England (121.6 per 100,000)[102]. Figure 21 shows the trend for premature mortality from cancer going back to 2001-2003. Trend data shows that the mortality rate for Bracknell Forest has gradually decreased over this twenty-year period, in line with regional (South-East) and national trends. With the exception of the period 2013-15, premature mortality from cancer has been similar to the national rate.

Figure 21: Premature mortality (under-75) rate for cancer in Bracknell Forest, 2001-03 to 2021-23



Source: Office for Health Improvement and Disparities (OHID) – Fingertips, 2024

5.5.2 Circulatory diseases

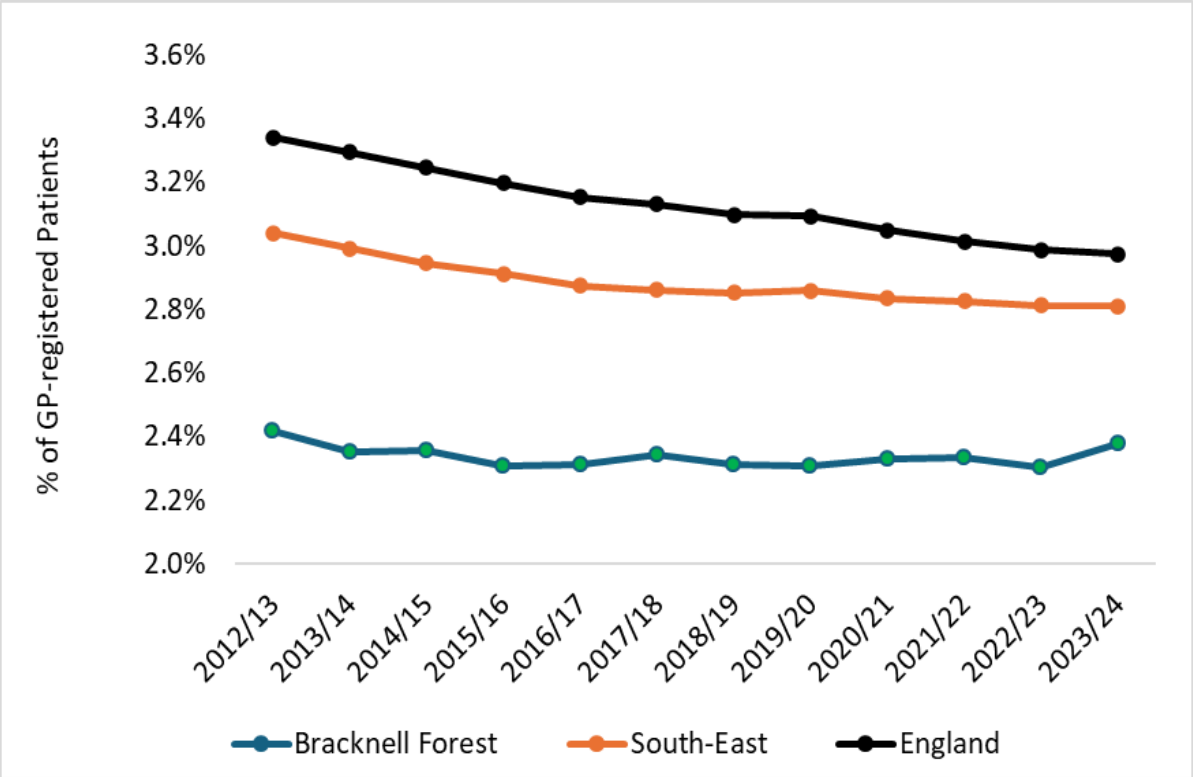
Circulatory diseases include heart disease and stroke. It is the leading cause of the differences in life expectancy for males living in the most and least deprived areas in Bracknell Forest, accounting for 27.7%. For female residents, it is the third leading cause for differences in life expectancy (17.6%).

The percentage of GP-registered patients Bracknell Forest with coronary heart disease (CHD) in 2023/2024 was 2.4% (n=3,151). This was lower than the percentage

of GP-registered patients in South-East region (2.8%) and England (3.0%). Bracknell Forest is in second lowest quintile in England for this indicator[103].

Figure *22* shows that the prevalence of coronary heart disease has remained relatively unchanged since 2012/13 and has been consistently below the regional and national comparator's prevalence.

Figure 22: Prevalence of Coronary Heart Disease in Bracknell Forest GP-registered Patients, 2012/13 - 2023/24



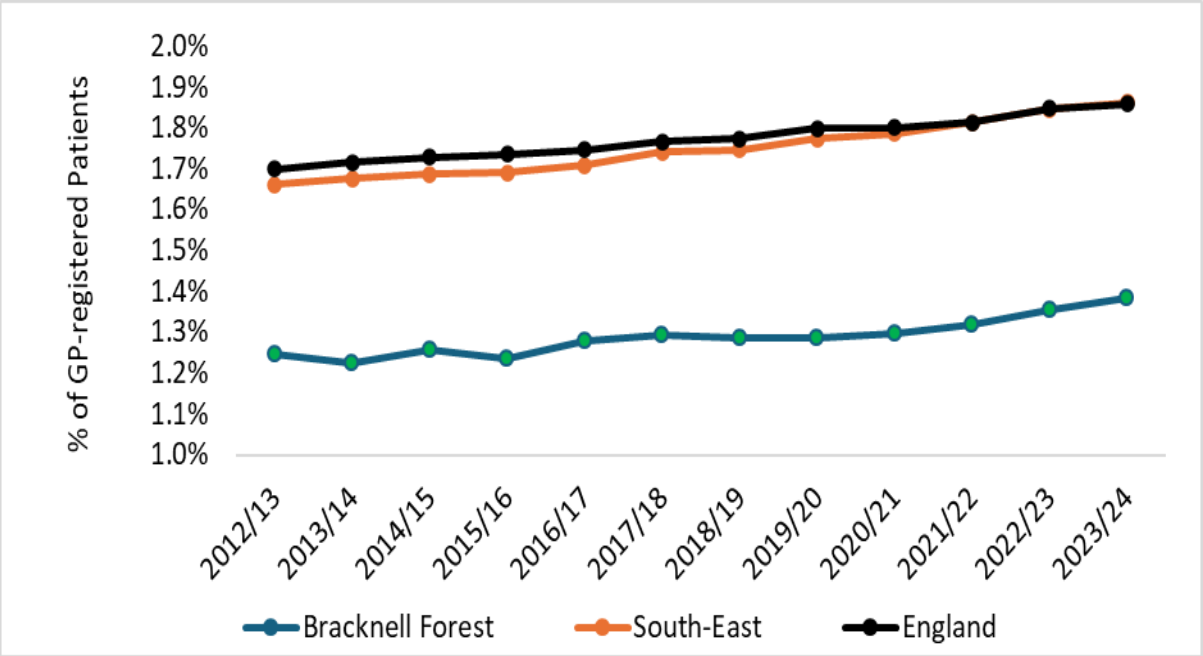
Source: Office for Health Improvement and Disparities (OHID) – Fingertips, 2024

Around 1.4% (n=1,835) of Bracknell Forest GP registered patients have had a stroke or transient ischaemic attack in 2023/24[104]. This is lower than the percentage of GP-registered patients in the South-East region (1.9%) and England (1.9%). Bracknell Forest was in the second lowest quintile in England for this indicator. Figure ***23*** presents the stroke or transient ischaemic attack prevalence trend from 2012/13. Trend data shows increasing prevalence in GP-registered populations in the South-East region and England, but prevalence for Bracknell Forest patients has remained constant (from 1.2% in 2012/13 to 1.4% in 2023/24).

Recorded prevalence of hypertension (high blood pressure) for Bracknell Forest GP registered patients is 14.4%, equating to 19.069 patients in 2023/24[112]. Local

prevalence of hypertension is lower than the regional (15.0%) and national (14.8%) comparators. Trend data shows that prevalence of hypertension has gradually increased since 2012/13 (11.0%). The rate at which prevalence has increased in recent years has been at a higher rate than the South-East and England during the same time period.

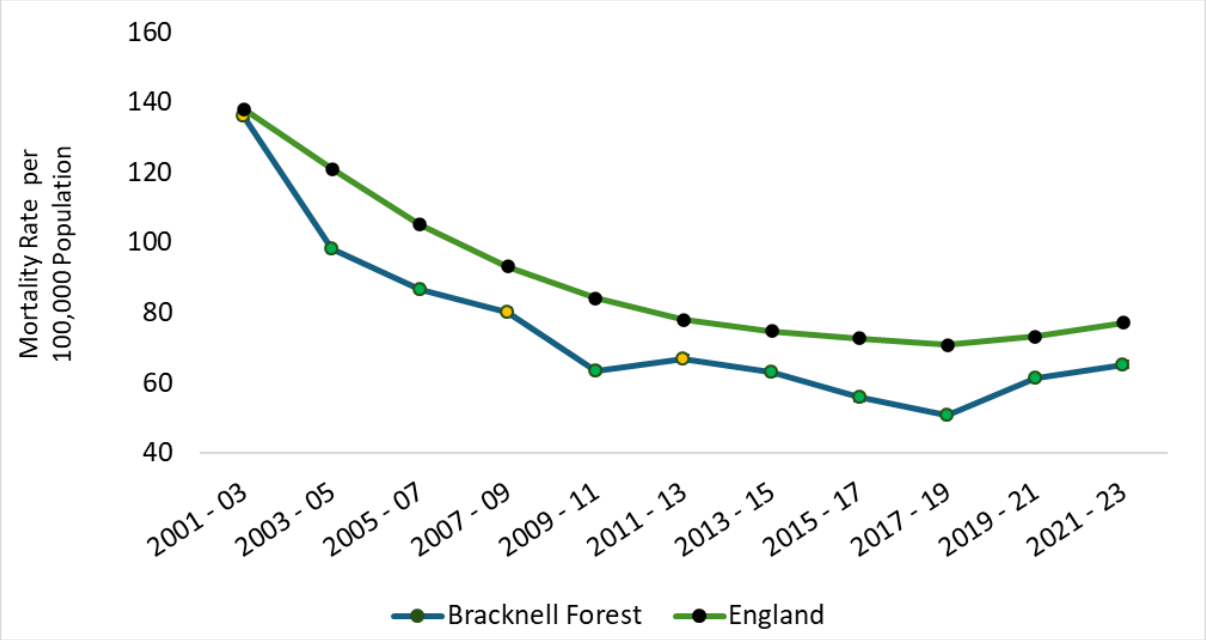
Figure 23: Prevalence of Stroke or Transient Ischaemic Attack in Bracknell Forest GP-registered Patients, 2012/13 - 2023/24



Source: Office for Health Improvement and Disparities (OHID) – Fingertips, 2024

The premature mortality rate for cardiovascular disease (under the age of 75) for the period 2021-23 in Bracknell Forest was 65.1 per 100,000 population[105]. This was similar to the premature mortality rate in the South-East region (62.8 per 100,000) and significantly lower the mortality rate for England (77.1 per 100,000) (Figure ***23***). Trend data shows the premature mortality rate due to cardiovascular disease decreases over the twenty-year period in line with the national trend. Mortality rates for people living in Bracknell Forest has consistently been significantly lower than the England rate.

Figure 24: Premature mortality (under-75) rate for cardiovascular disease in Bracknell Forest, 2001-03 to 2021-23



Source: Office for Health Improvement and Disparities (OHID) – Fingertips, 2024

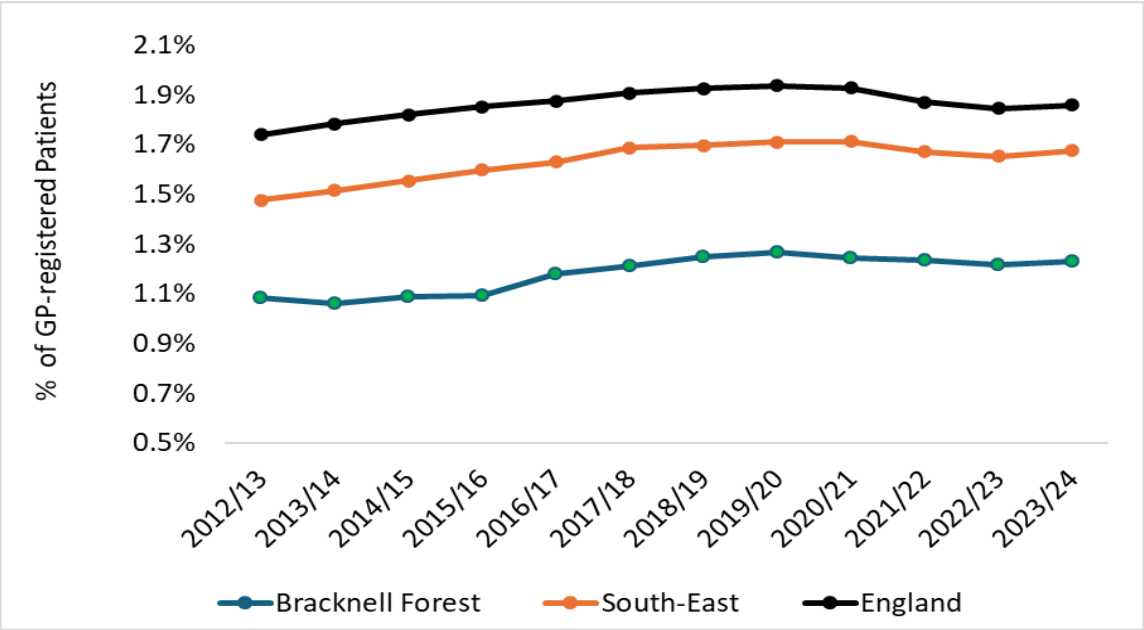
5.5.3 Respiratory diseases

Respiratory disease is one of the leading causes of death in England in people under the age of 75. Respiratory diseases encompass flu, pneumonia, asthma and chronic lower respiratory disease such as chronic obstructive pulmonary disease (COPD). Helping people to stop smoking is key to reducing COPD and other respiratory diseases.

Around 6.1% (n=7,572) of GP-registered patients (aged 6+) in Bracknell Forest were diagnosed with asthma in 2023/24. Local prevalence of asthma was significantly below the South-East (6.4%) and England (6.5%) prevalence in GP-registered patients[106].

In 2023/24, prevalence of COPD in GP-registered patients living in the borough was 1.2% (n=1.630), significantly lower than COPD prevalence regionally (1.7%) and nationally (1.9%)[107]. Figure 25 shows that that since 2012/3, prevalence of COPD in Bracknell Forest has remained constant, significantly lower than prevalence in the South-East region and England. The emergency hospital admission rate for COPD (aged 35+) for people living in the borough was 199 per 100,000 population in 2023/24, which was significantly better than the South-East (260 per 100,000) and England (357 per 100,000) emergency admissions rates[108].

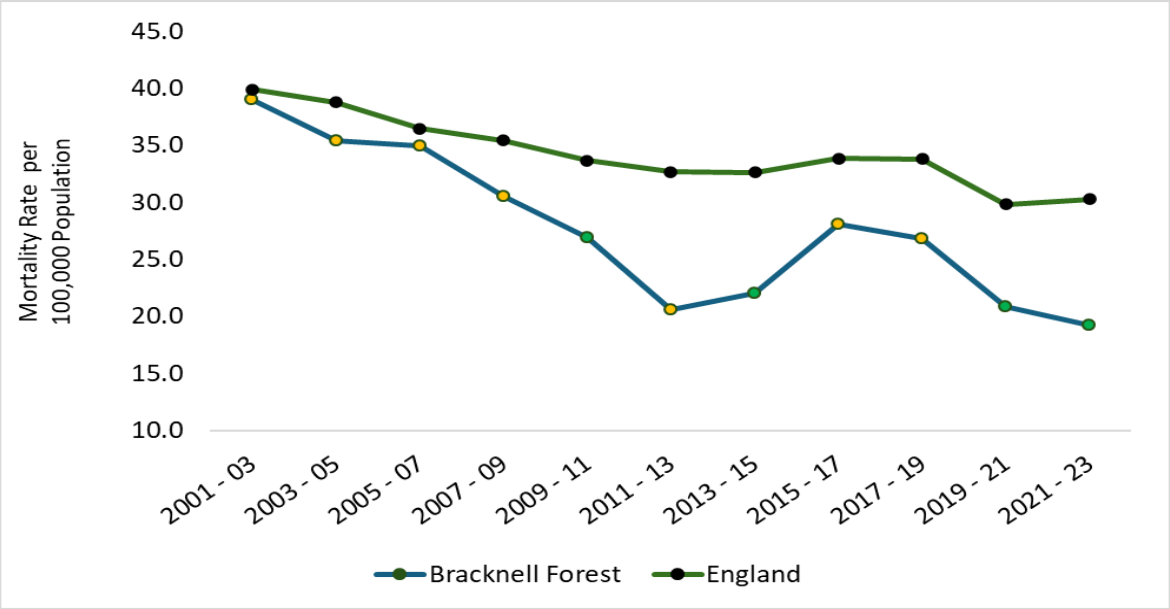
Figure 25: Prevalence of chronic obstructive pulmonary disease in Bracknell Forest GP-registered Patients, 2012/13 - 2023/24



Source: Office for Health Improvement and Disparities (OHID) – Fingertips, 2024

The premature mortality rate from respiratory disease for people living in the borough (under 75 years) in 2021-23 was 19.3 per 100,000 population, which was statistically similar to the rate for the South-East region (24.8 per 100,000) and significantly lower than the rate for England (30.3 per 100,000)[109] (Figure 26).

Figure 26:Premature mortality (under-75) rate for respiratory disease in Bracknell Forest, 2001-03 to 2021-23



Source: Office for Health Improvement and Disparities (OHID) – Fingertips, 2025

5.6 Summary of health needs chapter

- Overall, people living Bracknell Forest enjoy relatively good levels of health and wellbeing. Life expectancy and healthy life expectancy are higher than regional and national figures for both males and females. There is a gap in life expectancy between the least and most deprived residents of Bracknell Forest, however this gap is lower than regional and national figures.
- In general, the health and behaviours of Bracknell Forest residents are similar to the regional and national comparators.
- The overall estimated prevalence of smoking in the borough is significantly higher than for people in the South-East region and England. This is particularly evident for people in routine and manual occupations. Conversely, the proportion of women who are smoking during early pregnancy is significantly lower than the regional and national comparators.
- Overweight and obesity in children and adults is higher than the South-East and England rates and are on the rise. However, the proportion of residents who are physically active is also increasing. The levels of harmful drinking, drug misuse, STIs and HIV is lower than the South-East region and England. Greater proportion of the local population are vaccinated against the flu than comparators, exceeding national targets.
- The number of people living in the borough with a diagnosis of depression and those newly diagnosed is significantly higher than the regional and national comparators.
- While levels of wellbeing are similar to the national and regional comparators, the proportion of adults in social care and carers who are socially isolated is higher than the South-East and England average.
- Cancer, circulatory diseases and respiratory diseases are the biggest causes in the differences in the life expectancy gap in Bracknell Forest between people living in the most deprived and least deprived parts of the borough, notably cancer for women. Premature mortality for cardiovascular disease, cancer and respiratory disease, are lower than national figures.
- Incidence of overall cancer was lower than the national figure, but breast cancer was higher than the national figure. Although the recorded prevalence of

cardiovascular diseases (CHD, Stroke, Hypertension) and respiratory diseases (Asthma, COPD) are all lower than the national prevalence, they are on the rise.

6 Patient and public engagement survey

6.1 Chapter contents

This chapter discusses the results of the patient and public engagement survey that was carried out in Bracknell Forest between the period of 10th March 2025 to 21st April 2025. This chapter 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' refers to a characteristic listed in Section 149 (7) of the Equality Act 2010[34]. 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 public questionnaire was used to engage with residents to understand their use and experience of local pharmacies. The questionnaire was approved for use by the PNA Steering Group and the communication teams of each of the three Berkshire East local authorities.

The questionnaire was available to the public on the council's online consultation platform and disseminated via online platforms, social media and in person in Bracknell Forest. In total, we engaged with 418 people in Bracknell Forest.

6.2 Communications and engagement strategy

The public health team in Bracknell Forest worked with the council's communications team to disseminate the survey to stakeholders. The questionnaire was made available to the public on the council's online consultation platform. The link was shared with residents on social media platforms such as Facebook and X, resident newsletters and the council website. The survey was also cascaded to partners in voluntary, community and social enterprise (VCSE) sector, elected members and other stakeholders.

The survey was shared by Frimley ICB communications lead on the Frimley Health and Care webpage under their engagement and survey sections, and was also shared with their patient participation group, and on the GP e-bulletin. The survey was also disseminated by Healthwatch Berkshire via their social media channels.

Promotional materials consisting of A4 posters and A5 flyers were shared with community pharmacies and local libraries. Pharmacies in the borough were provided with A4/A5 posters and flyers to promote the survey to their customers. Promotional materials were also shared with the local libraries.

A number of steps were taken to make the survey accessible to groups that are often overlooked in public engagement. Working with colleagues in the community engagement and equalities team, paper copies of the questionnaire were made available to members of ethnic minority groups such as the Indian Community Association Bracknell and other groups.

Older residents and those who did not have easy access to the internet were able to pick up and return paper copies of the questionnaire at the library. A representative from Healthwatch Berkshire supported residents with learning disabilities, those with a hearing loss and those with sight loss with completing the online survey.

6.3 Results of the public engagement survey

6.3.1 Pharmacy Services

6.3.1.1 Preferred pharmacy

Question 2 in the public survey asked people to identify ‘which pharmacy do you use most regularly’. A total of 413 respondents (98.8%) indicated that they used a local pharmacy within Bracknell Forest, with the remaining 5 respondents (1.2%) selecting the ‘other’ option and describing their choice of pharmacy. None of the respondents indicated that the pharmacy they used most regularly was situated outside of Bracknell Forest.

Preferred pharmacies used by survey respondents can be found in

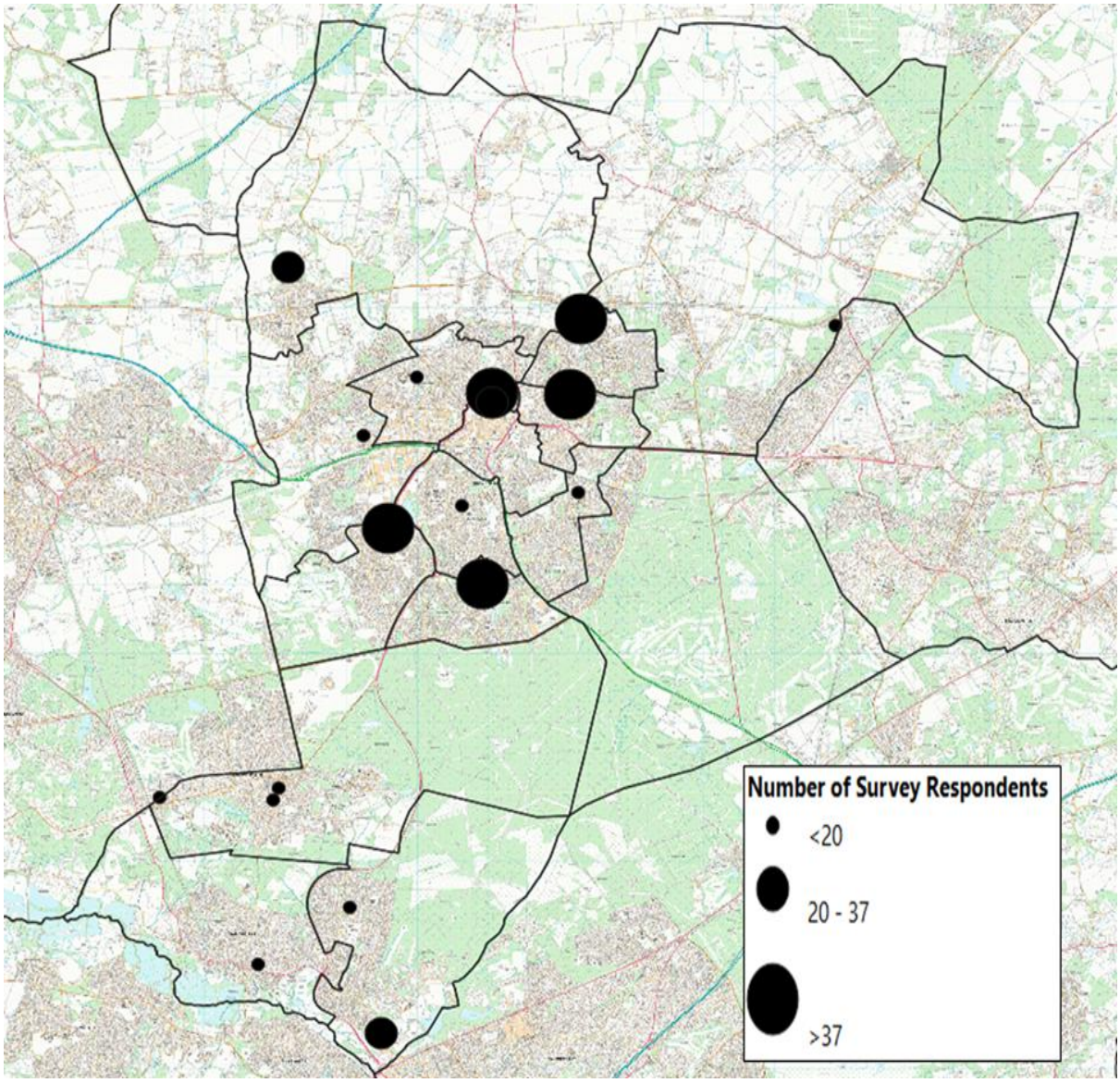
Table ***7***. The pharmacies most frequently used by respondents include Kamsons Pharmacy (n=55, 13.2%), Boots the Chemist (n=53, 12.7%) and Tesco Pharmacy (n=50, 12.0%). The geographic distribution of these pharmacies can be seen on the map in Figure 27.

Table 7: Pharmacy most regularly used by respondents

Pharmacy	Electoral Ward	Number of Respondents	%
Kamsons Pharmacy	Hanworth	55	13.2%
Boots the Chemist	Town Centre & The Parks	53	12.7%
Tesco Pharmacy (Jigs Lane)	Whitegrove	50	12.0%
Great Hollands Pharmacy	Great Hollands	43	10.3%
Bullbrook Pharmacy	Bullbrook	40	9.6%
Binfield Village Pharmacy	Binfield North & Warfield West	20	4.8%
Superdrug Pharmacy	Town Centre & The Parks	20	4.8%
Tesco Pharmacy (Tesco Extra)	Owlsmoor & College Town	20	4.8%
HA McParland LTD (Yeovil Road)	Owlsmoor & College Town	15	3.6%
Your Local Boots Pharmacy (The Square)	Sandhurst	15	3.6%
Dukes Pharmacy	Crowthorne	14	3.3%
HA McParland LTD (High Street)	Crowthorne	14	3.3%
David Pharmacy	Winkfield & Warfield East	13	3.1%
Easthampstead Pharmacy	Easthampstead & Wildridings	12	2.9%
Priestwood Pharmacy	Priestwood & Garth	12	2.9%
Skylight Pharmacy	Crowthorne	9	2.2%
Your Local Boots Pharmacy (Yorktown Road)	Harmans Water & Crown Wood	6	1.4%
Evercaring Pharmacy	Binfield South & Jennett's Park	2	0.5%
Other - Online Pharmacy2U		5	1.2%

The map in Figure 27 shows the geographic distribution of the respondents preferred pharmacies. The most frequently cited pharmacies of choice are primarily situated in the central part of the borough.

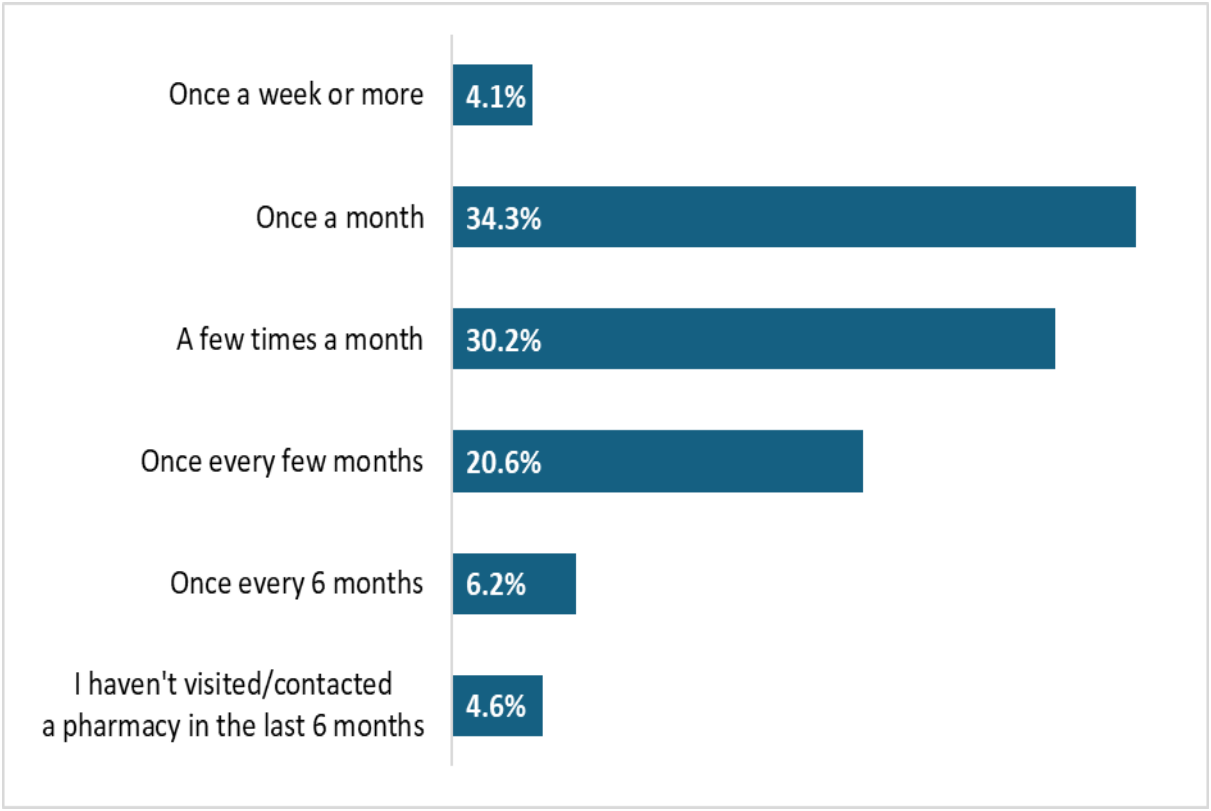
Figure 27: Geographic distribution of preferred pharmacies



6.3.1.2 Frequency of pharmacy visit or contact with a pharmacy

Question 3 asked respondents to select the frequency of pharmacy visits. This question was answered by 417 out of 418 survey respondents. Most respondents reported that they contact or visit a pharmacy on a regular basis. Around one-in-three (34.2%, n=143) visit or contact a pharmacy at least once a month with a further 30.1% (n=126) doing so a few times a month. Those who visit or contact a pharmacy on a weekly basis comprise 4.1% (n=17) of all survey respondents. The bar plot in Figure 28 shows the proportion of respondents for each possible response.

Figure 28: Frequency of pharmacy contact or visit

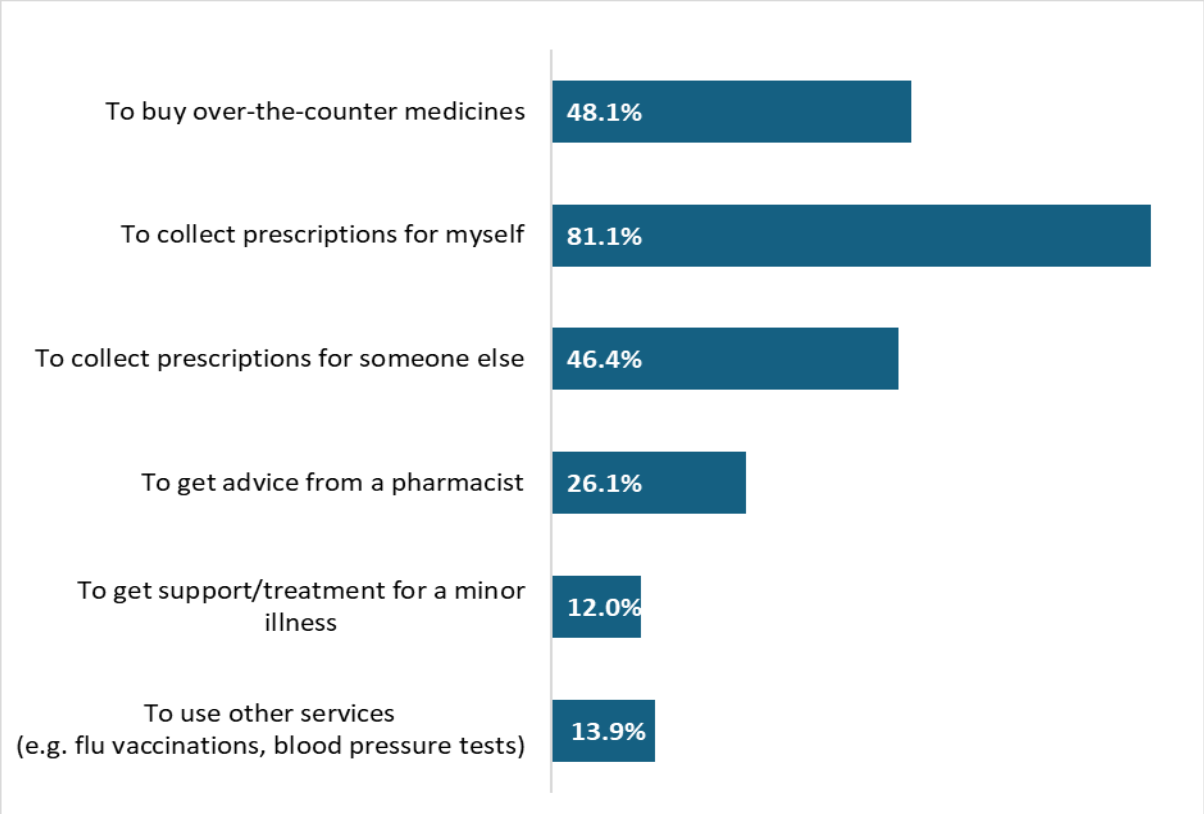


6.3.1.3 Reason for pharmacy visit

Question 4 in the public survey looked to capture the reasons why people usually visit a pharmacy. Respondents were provided the opportunity to select a number of different options, including the option of writing in any other reason that is not already listed. This question allowed for respondents to select multiple options. The proportion of respondents selecting each option is compared in the bar plot in Figure 29.

The most frequently selected reason for visiting a pharmacy was ‘to collect prescriptions for myself’ (81.1%), followed by ‘to buy over-the-counter medication’ (48.1%) and 'to collect prescriptions for someone else’ (46.4%). Notably, 38.1% of respondents indicated getting advice from a pharmacist or getting support/treatment for a minor illness as reason for visiting a pharmacy.

Figure 29: Reasons for visiting a pharmacy

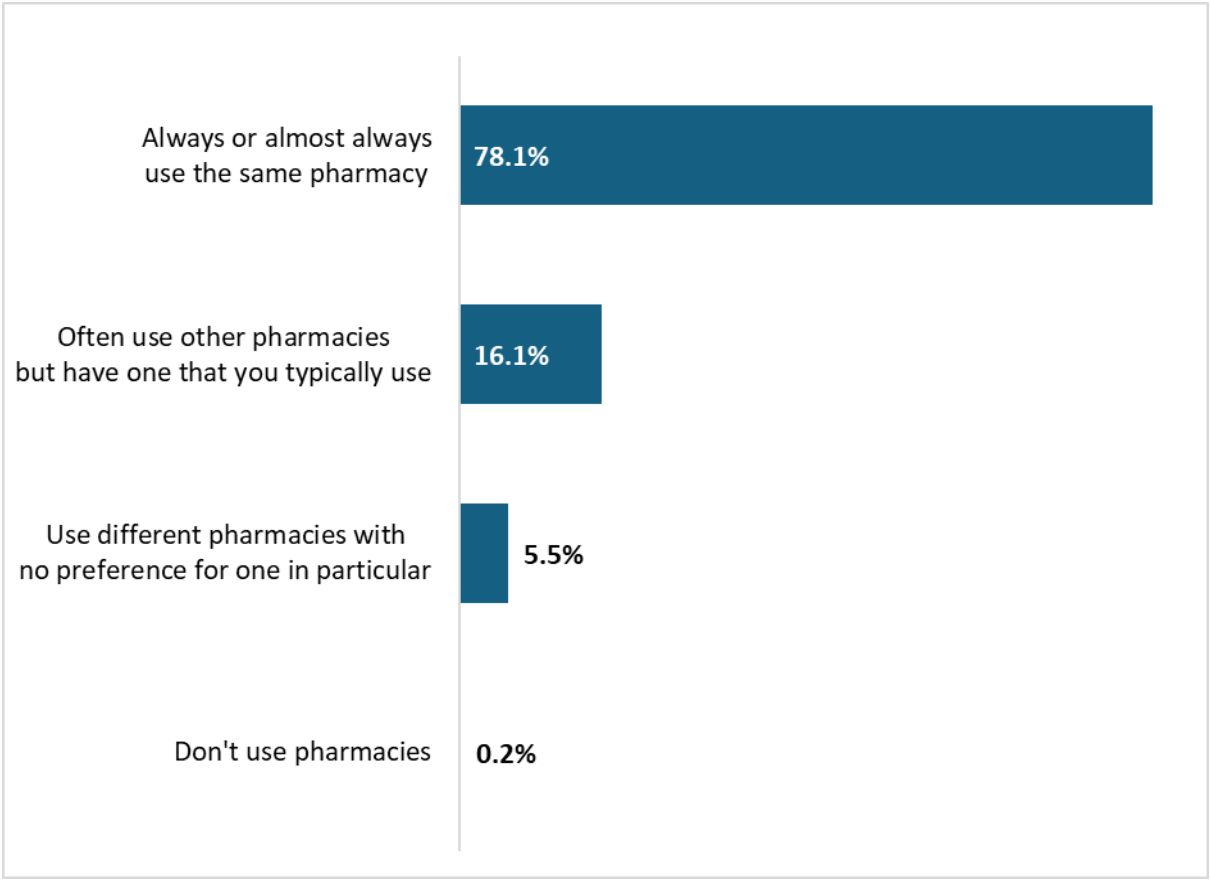


6.3.1.4 Variations in choice of pharmacy

Question 5 looked to further explore people's choice of pharmacy. Respondents were asked to consider if there were any variations in their choice of pharmacy. This question was answered by 416 out of 418 survey respondents.

The vast majority of respondents 'always or almost always use the same pharmacy' (77.8%) with sizable proportion of respondents indicating that they 'often use other pharmacies but have one that they typically use' (16.0%). Only 5.5% of respondents reported to have no particular preference in their choice of pharmacy (Figure 30).

Figure 30: Variations in choice of pharmacy

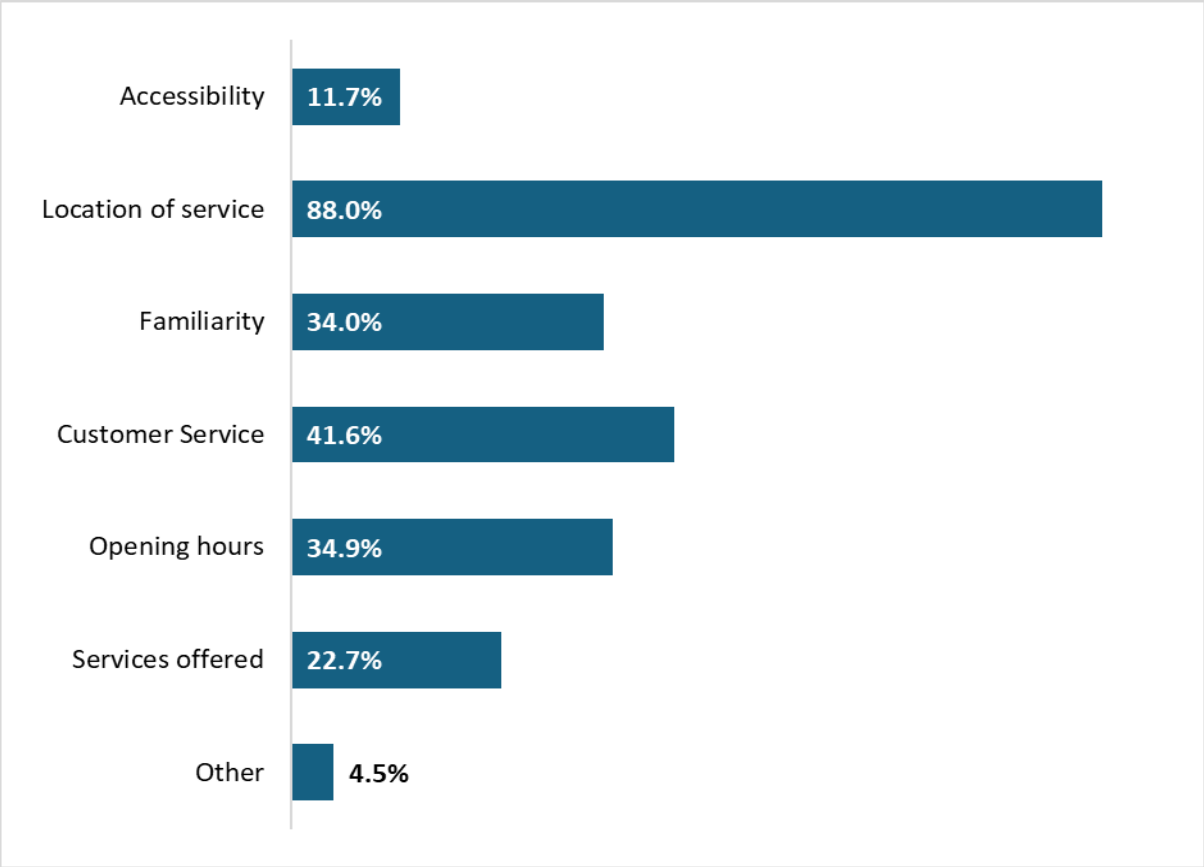


6.3.1.5 Factors influencing choice of pharmacy

Question 6 looked to identify reasons or factors influencing people's choice of pharmacy. Respondents were able to select a number of different factors, including the option of writing in any other factor that is not already listed.

The most commonly selected factor influencing choice of pharmacy was location, with 88.0% of respondents selecting this option. Customer service (41.6%), opening hours (34.9%) and familiarity (34.0%) were other commonly selected factors influencing choice of pharmacy (Figure 31).

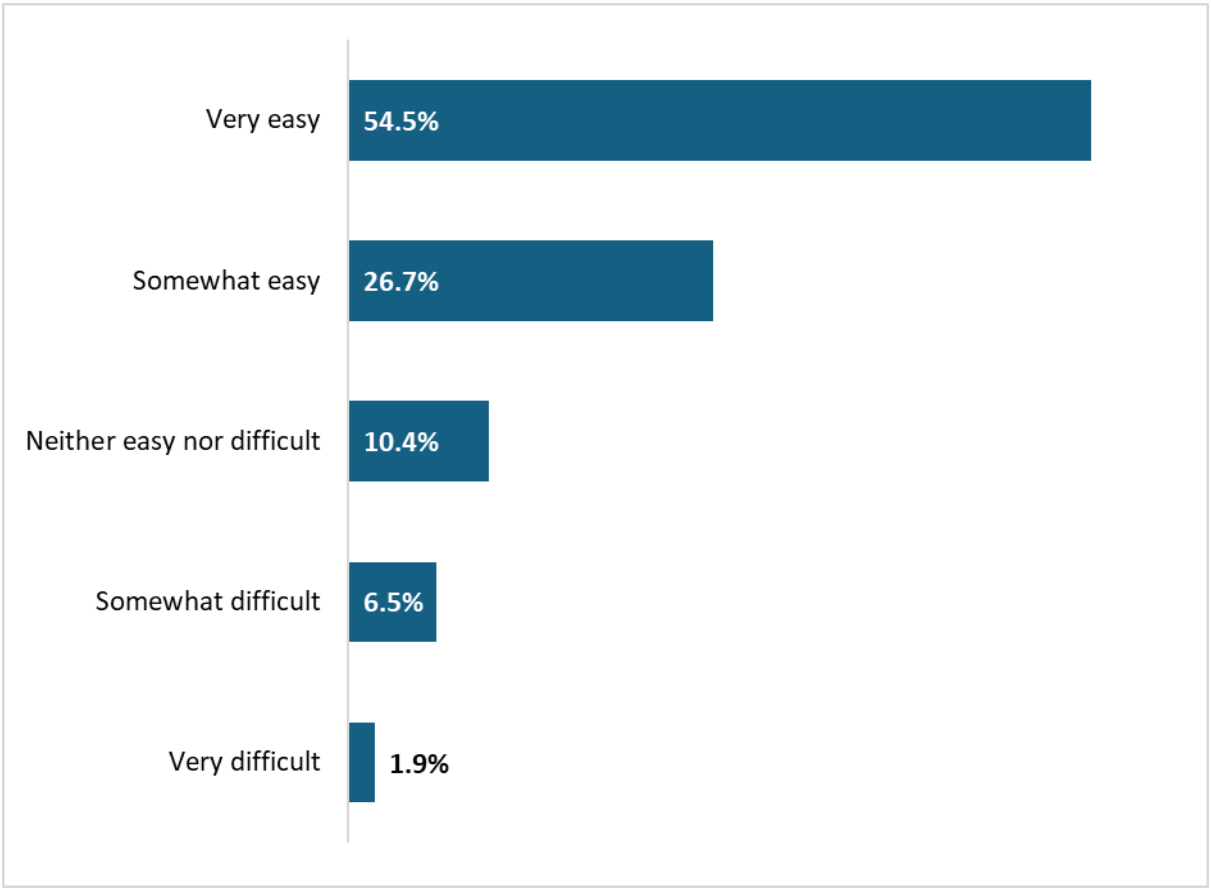
Figure 31: Factors influencing choice of pharmacy



6.3.1.6 Ease or difficulty in pharmacy use

Question 7 asked people to rate their experience with using of pharmacy services on a scale ranging from very easy to very difficult. This question was answered by 415 of out 418 survey respondents. More than half of respondents (54.5%) indicated that they found the use of pharmacy services to be very easy, with a further 26.7% finding it to be 'somewhat easy'. Only 8.4% of respondents found using the services to be 'somewhat difficult' (6.5%) or 'difficult' (1.9%) (Figure 32).

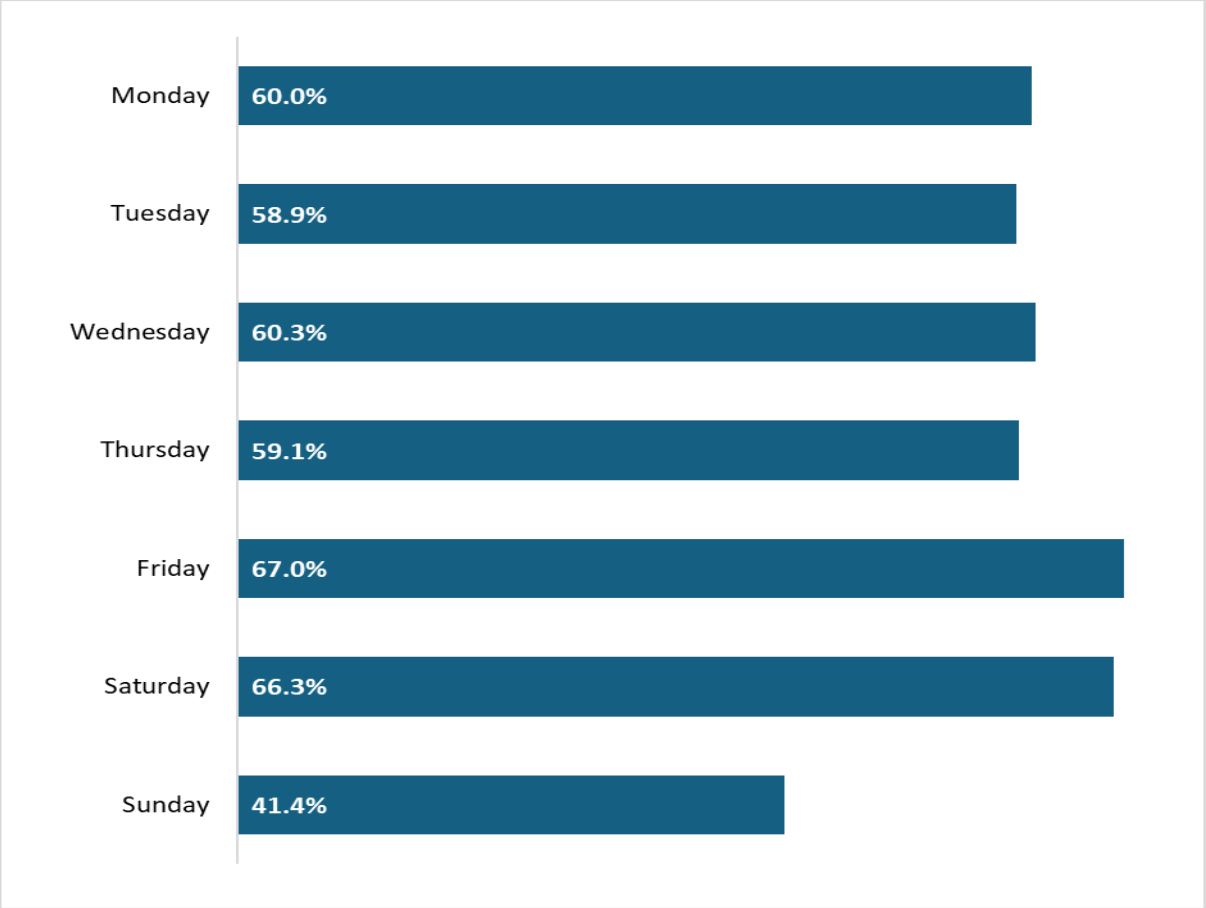
Figure 32: Ease or difficulty in pharmacy use



6.3.1.7 Convenient days to visit a pharmacy

Question 8 looked to capture the day(s) of the week people found most convenient to visit a pharmacy. The responses show that while there was no clear preference for which day of the week people found most convenient to visit a pharmacy, Friday (67.0%) and Saturday (66.3%) were the most frequently selected option. Sunday was the least preferred option with only 41.4% of respondents selecting it as the most convenient day to visit a pharmacy (Figure 33).

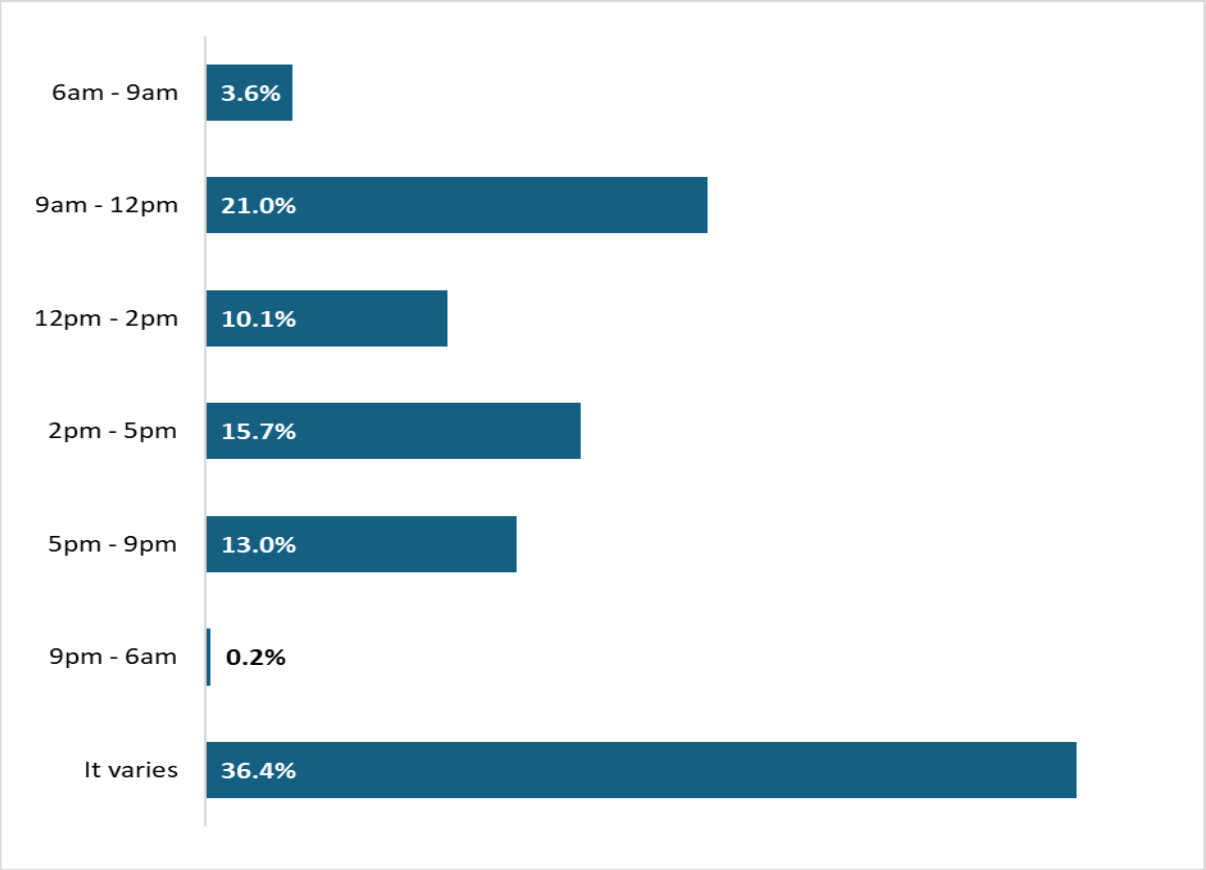
Figure 33: Most convenient days to visit a pharmacy



6.3.1.8 Convenient times to visit a pharmacy

Question 9 captured the most convenient time of the day for people to visit a pharmacy. This question was answered by 415 out of 418 survey respondents. When asked 'what time is most convenient for you to use a local pharmacy', the most commonly selected option was 'it varies' indicating no preference for a specific time of day (36.4%). The second most common response was 9am-12pm (21.0%) followed by 2pm-5pm (13.0%). Only 0.2% of respondents indicated 9pm-6am as the most convenient time to visit a pharmacy (Figure 34)

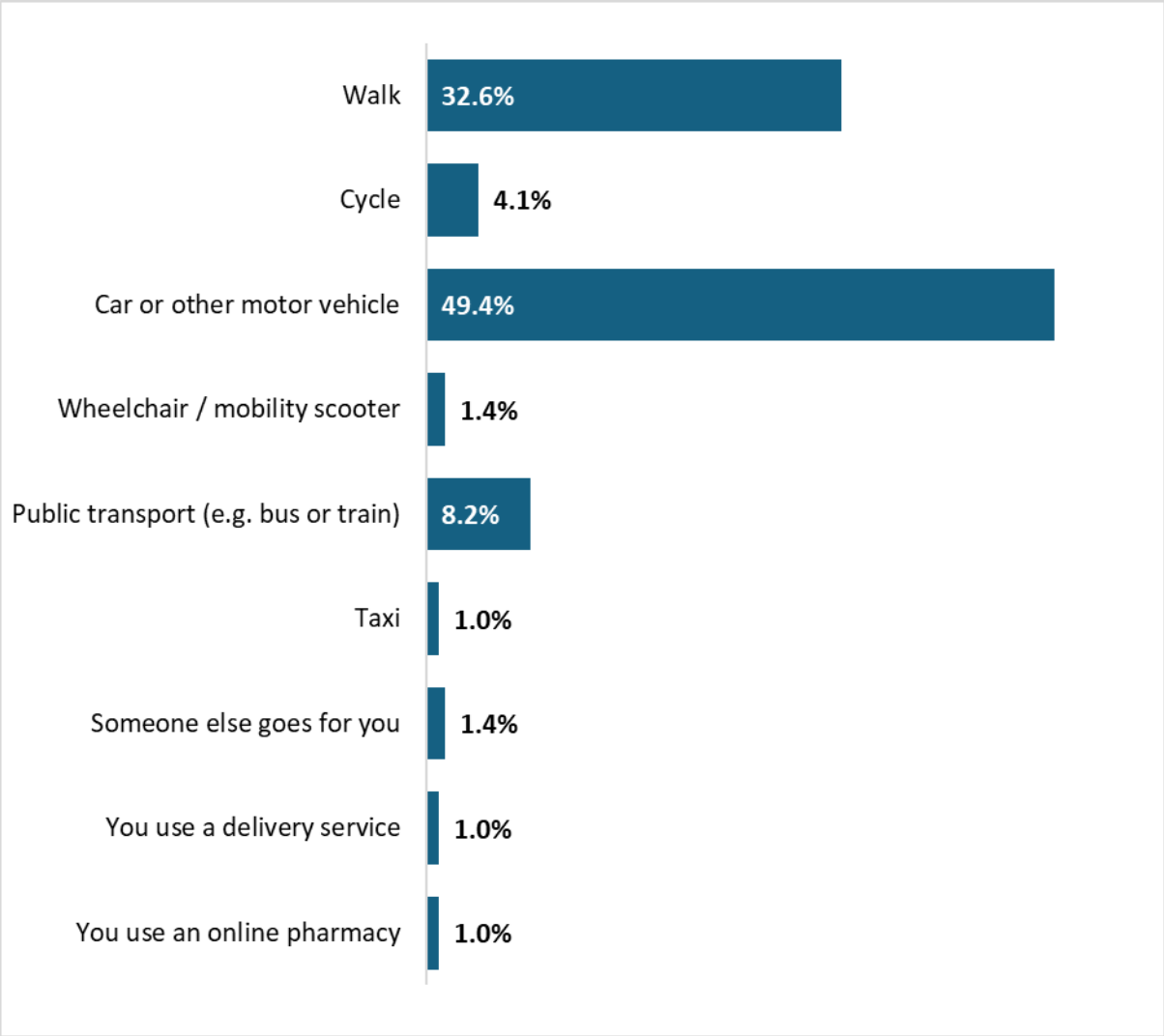
Figure 34: Most convenient time to visit a pharmacy



6.3.1.9 Usual method of travel to the pharmacy

Question 10 captured people's usual method(s) of travel to the pharmacy. This multiple-choice question was answered by 417 out of 418 survey respondents. The most common method of travel was by car or other motor vehicle with 49.4% of respondents selecting this option. Walking was the second most common method of travel (32.6%) with public transport (8.2%) a distant third most common selected option (Figure 35).

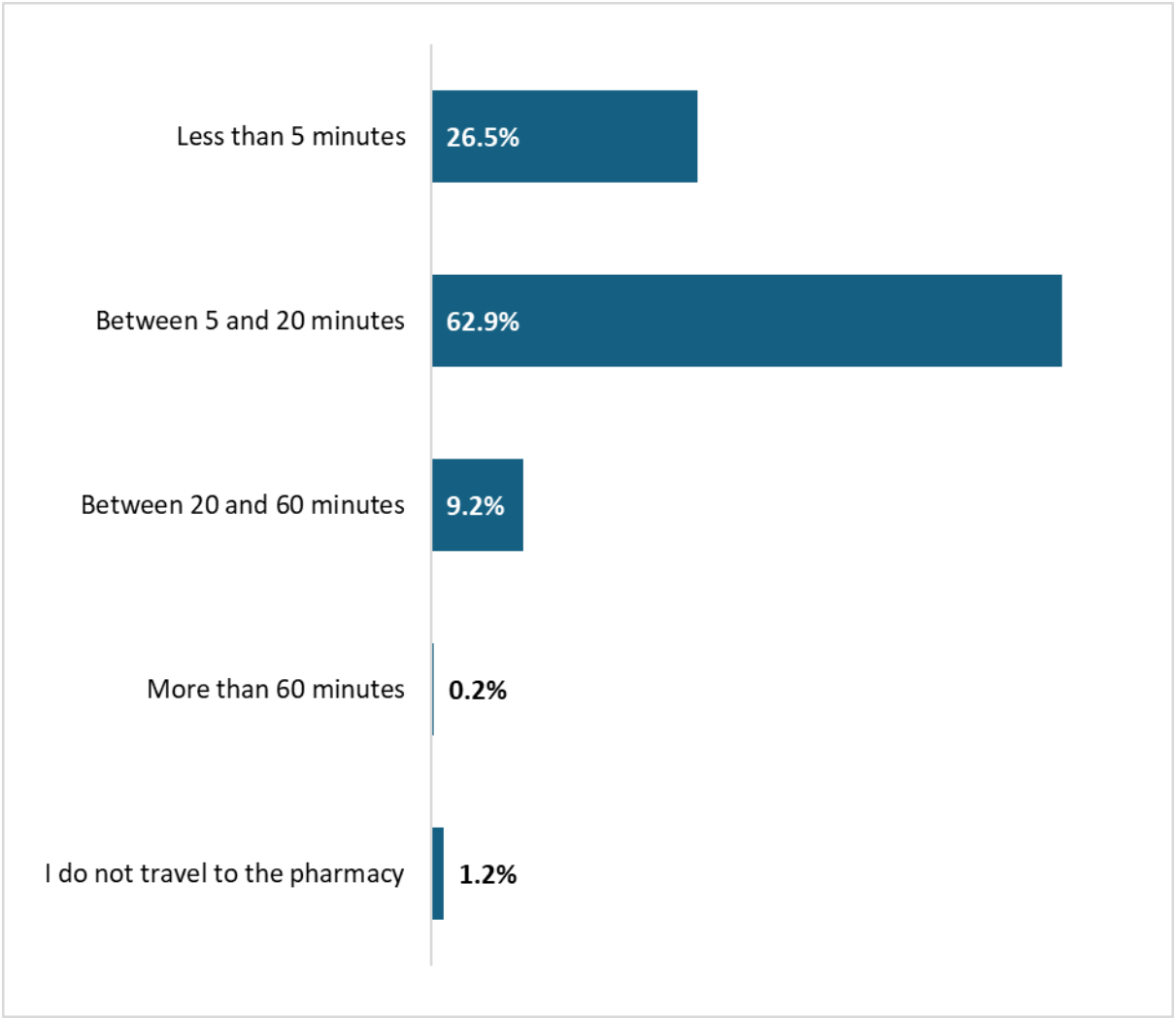
Figure 35: Usual method of travel to the pharmacy



6.3.1.10 Usual travel time to the pharmacy

Question 11 continued to explore travel to pharmacy by asking people to share how long it usually takes them to travel to the pharmacy. This question was answered by 415 out of 418 survey respondents. The vast majority of respondents indicated that the time it takes for them to travel to the pharmacy was between 5 and 20 minutes (62.9%). Around 26.5% of respondents reported that it takes them less 5 minutes to travel to the pharmacy, followed by 9.2% of respondents indicating that travel time was between 20 and 60 minutes (Figure 36).

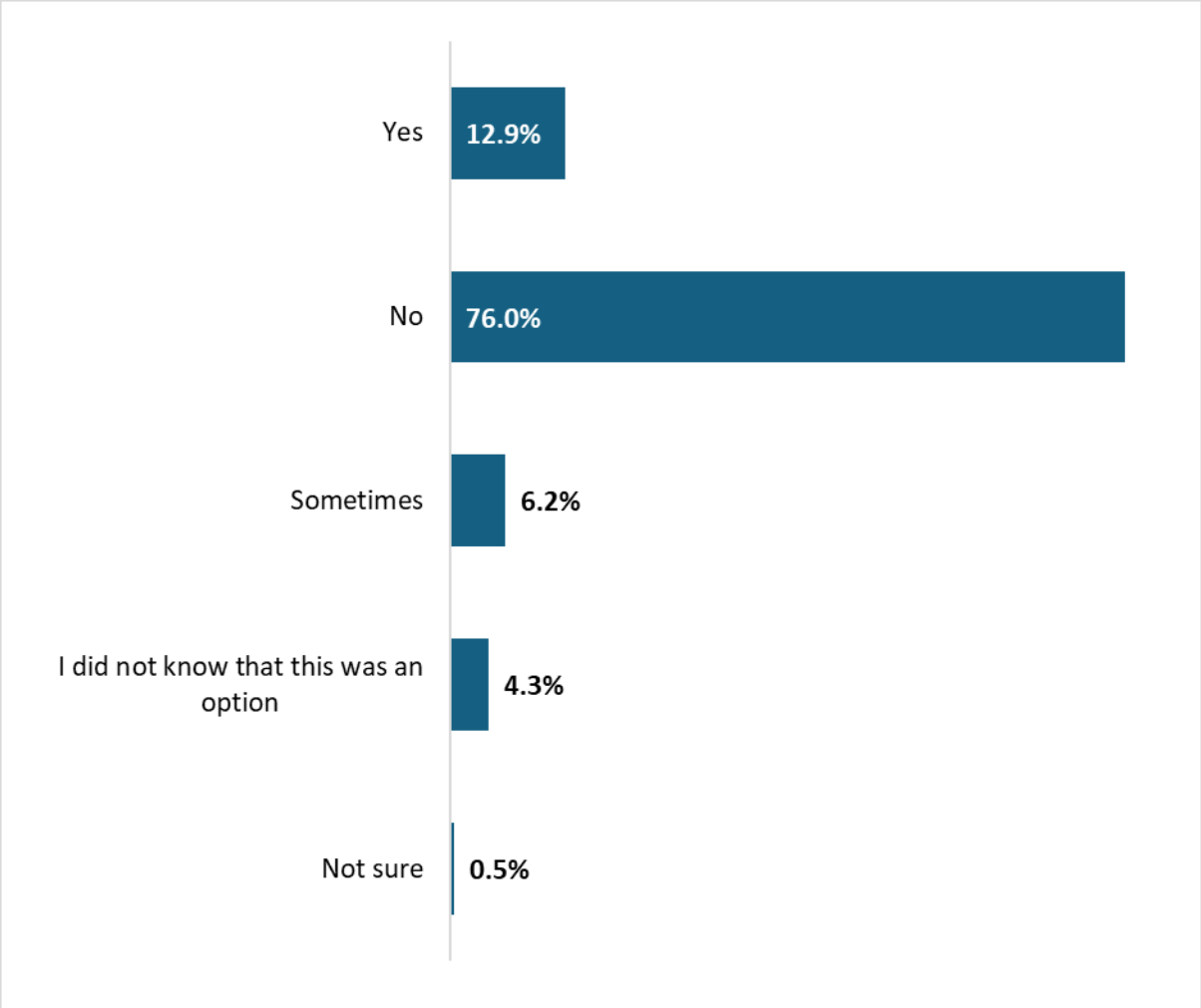
Figure 36: Travel time to the pharmacy



6.3.1.11 Use of online or internet pharmacy

Question 12 enquired about the use of online pharmacy services among people living in the borough. The question was answered by 417 out of 418 survey respondents. When asked if they have used an online pharmacy service, almost one-in-five (19.82%) of respondents 'yes' or 'sometimes'. However, 76.0% of respondents have never used an online pharmacy service (Figure 37).

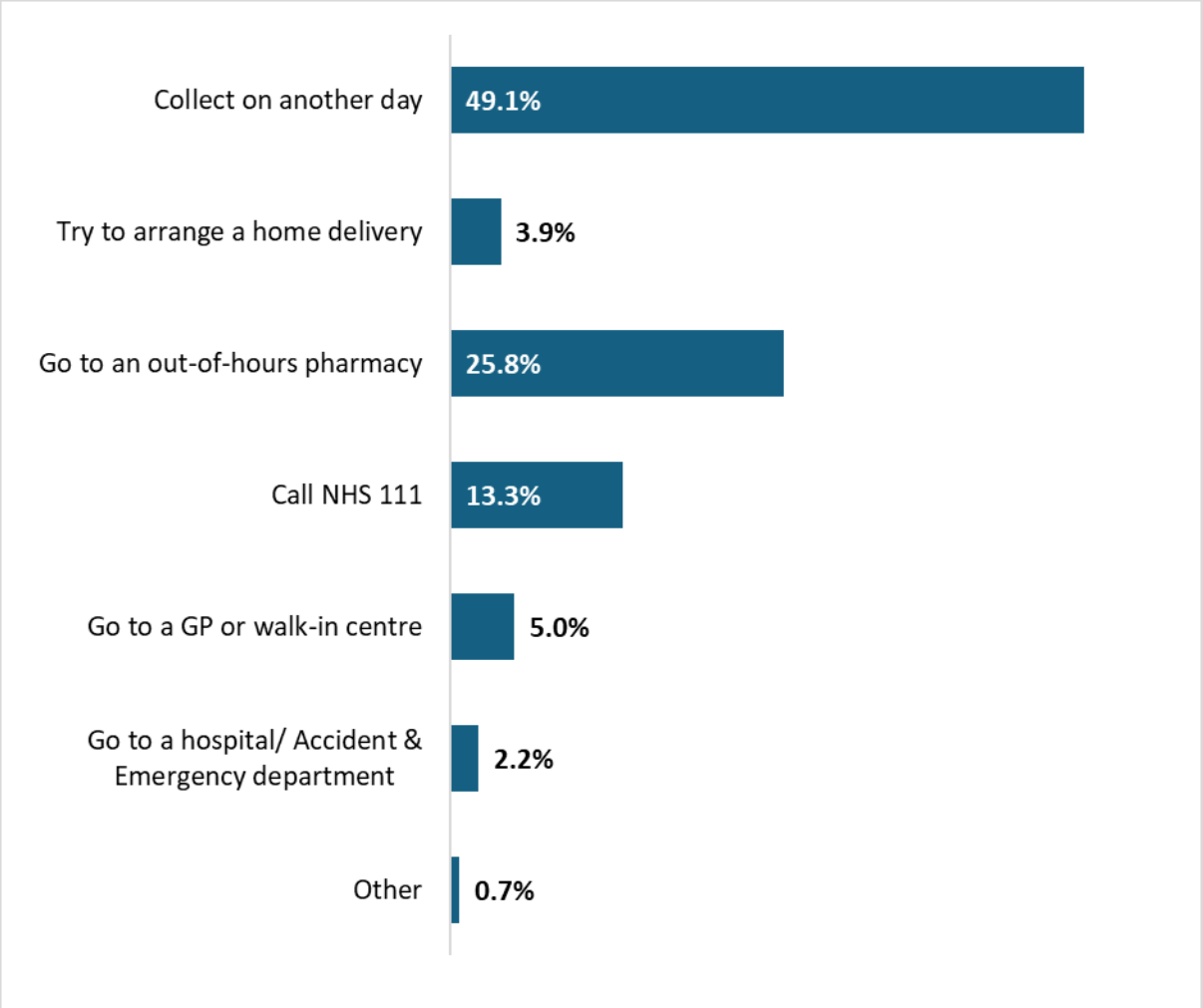
Figure 37: Ever used an online or internet pharmacy service



6.3.1.12 Access to medication outside your usual pharmacy's opening hours

Question 13 enquired about where people would go if they needed their medication outside their usual pharmacy's usual opening hours. This question was answered by 413 out of 418 survey respondents. The most commonly selection option was to 'collect on another day' (49.1%), followed by 'go to an out-of-hours pharmacy' (25.8%) and calling 'NHS 111' (13.3%). The full list of responses to this question along with the proportion of respondents selecting each respective response can be found in the bar plot in Figure 38.

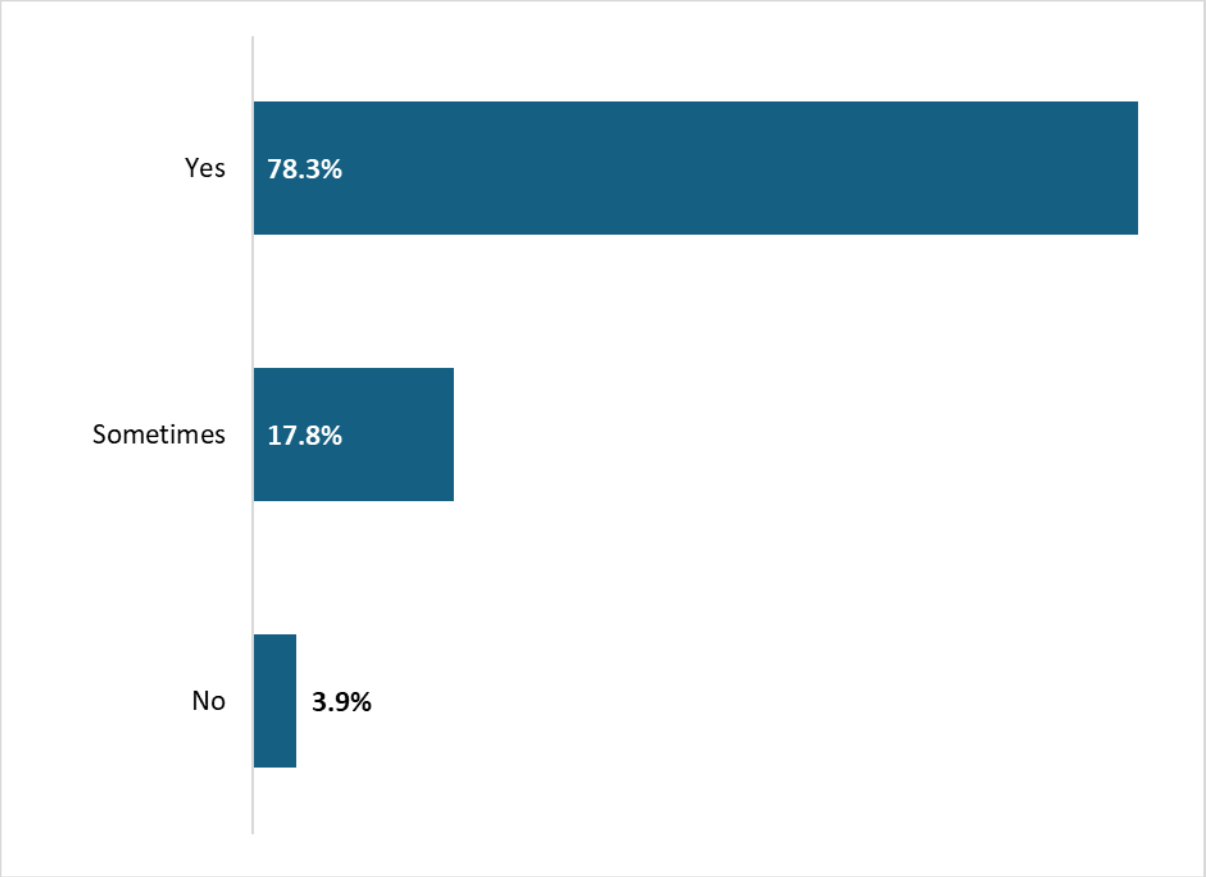
Figure 38: Where would you go when needing medication outside of the usual pharmacy opening hours?



6.3.1.13 Needs met when visiting the pharmacy

Question 14 asked people if felt that their needs were met when they visit the pharmacy. This question was answered by 415 out 418 survey respondents. Results showed that 78.3% of respondents felt that their needs are met when they visit the pharmacy, answering 'yes' to this question. A further 17.8% of respondents felt that their needs were met sometimes with only 3.9% of respondents answering 'no' when posed this question (Figure 39).

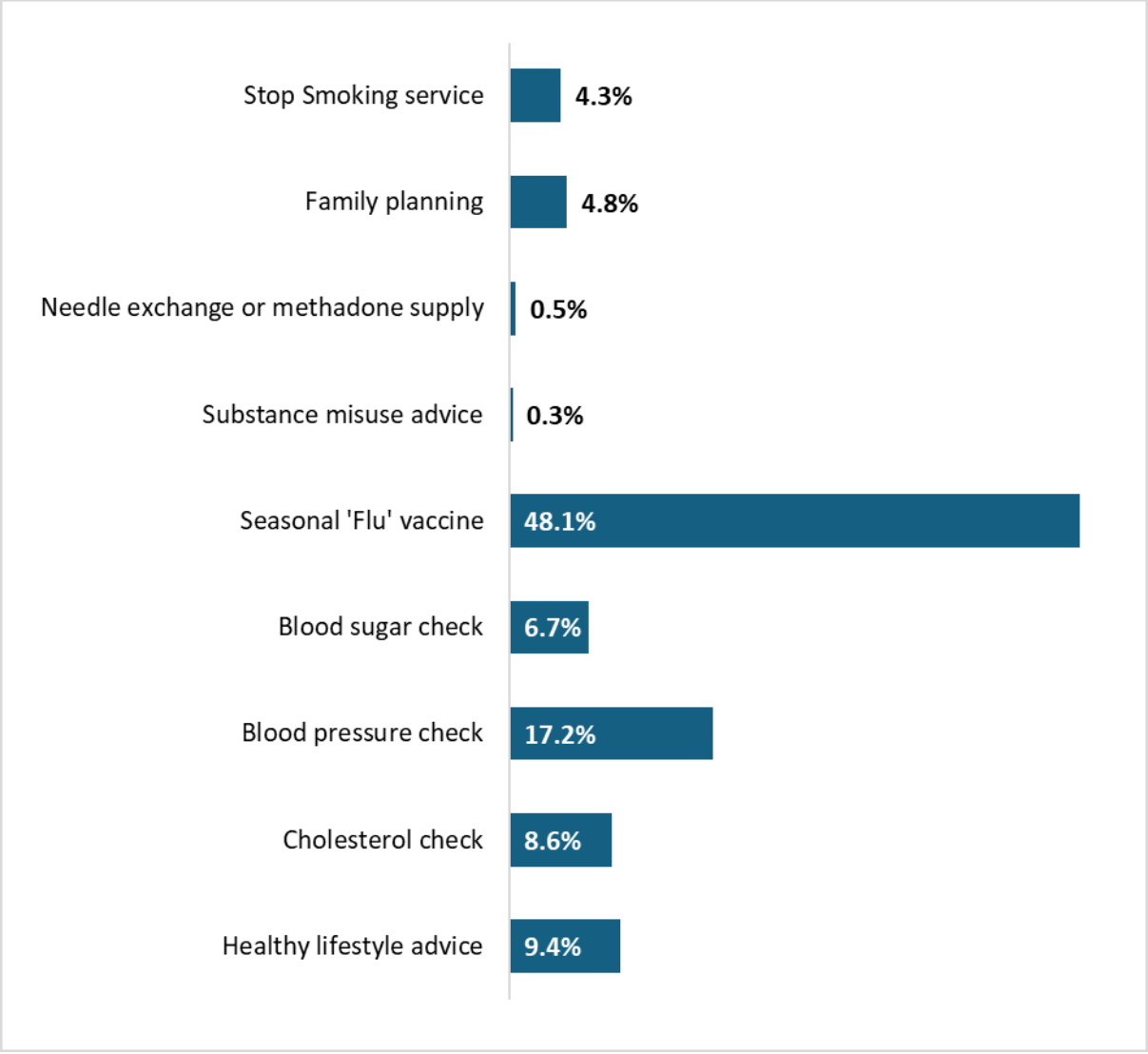
Figure 39: Need met when visiting the pharmacy



6.3.1.14 Pharmacy Services

Question 15 was focussed on understanding which pharmacy services people used or were interested in using. This multiple-choice question provided respondents with the opportunity to select from. The response rate for this question was relatively low, with only 250 out of the 418 survey respondents answering this question. Figure 40 shows that the most commonly selection option was the seasonal 'flu' vaccine (48.1%). This was followed by blood pressure check (17.2%) and health lifestyle advice (9.4%).

Figure 40: Pharmacy services used or interested in using



Other services wanted or needed but not currently offered

Question 16 follows on from question 15, providing people the opportunity to write in any services that need or want but are not currently offered at their pharmacy. Some respondents have also used this space to provide feedback on existing service delivery. A total of 60 out of 418 survey respondents answered this question. The responses are summarised and grouped together by theme. The feedback suggests a mix of medical, logistical, and customer service improvements

Overall service delivery

Survey respondents have generally provided positive feedback on pharmacy staff, noting how helpful they are, their nice approach and their subject knowledge. However, a number of respondents have highlighted how busy pharmacies are when they visit. They have cited long queues, a shortage of staff and the time it takes to serve each customer as impediments to good service delivery. Respondents have shared they have often had to leave the pharmacy and return on another day due to this issue, with two respondents sharing that they have had to permanently switch to another pharmacy. There were also a number of responses requesting longer opening hours on weekdays and weekends.

Stock management

A number of survey respondents indicated in their comments that they experienced some issues with accessing repeat prescriptions in a timely manner. Access to antibiotics, blister packs and other products was also cited as an area for improvement. A couple of respondents communicated a desire to get more information about their current prescriptions and if any new medications are on the market that might be more effective.

Additional medical services

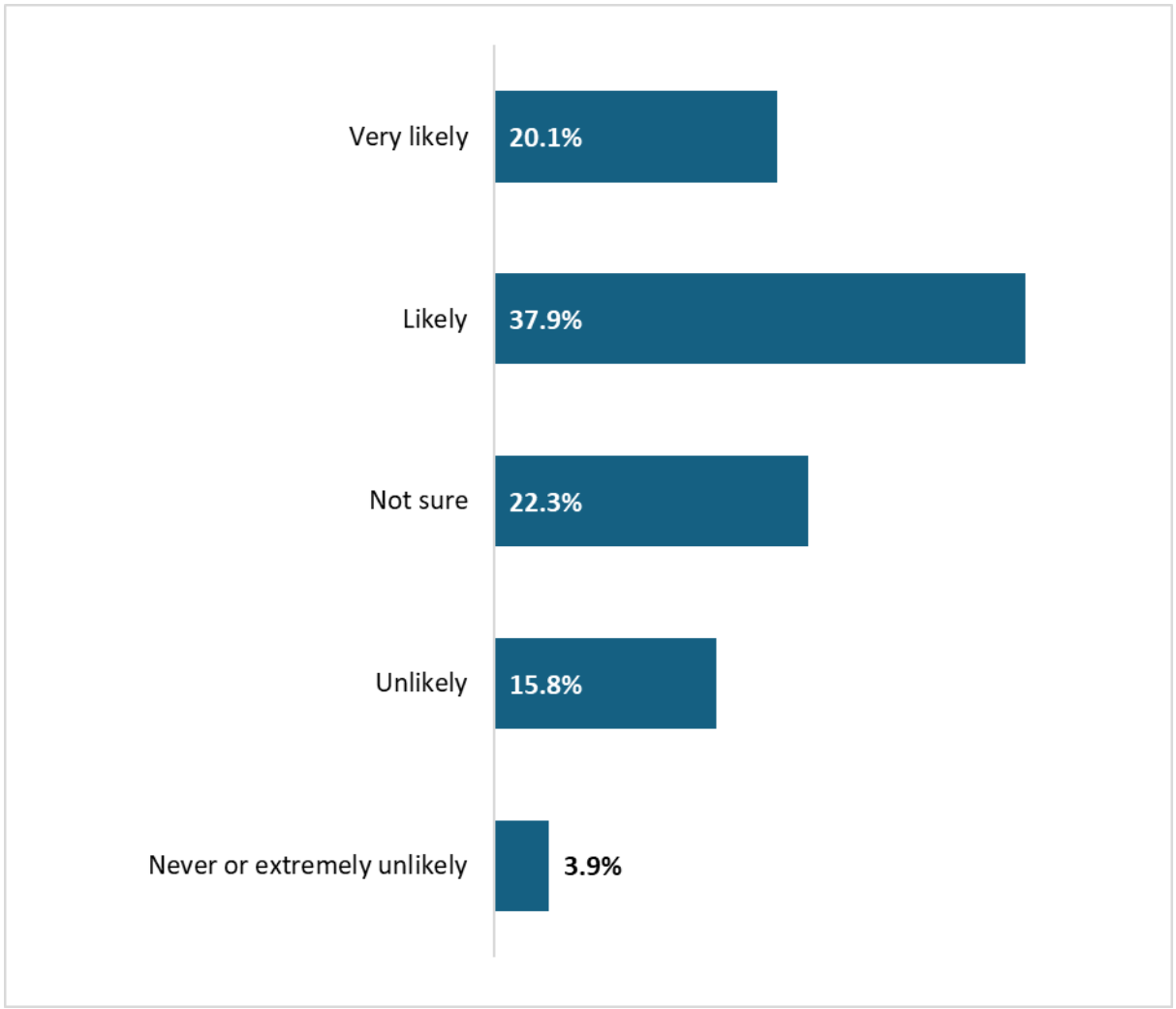
Comments from survey respondents indicate a need for more medical services from their preferred pharmacy. These include general health checks ups, asthma reviews, general healthy lifestyle advice and mental health support. Respondents also communicated a need for blood checks (pressure, cholesterol or diabetes) and COVID-19 vaccination. There were also requests for minor medical services such as earwax removal and blister pack preparations.

6.3.1.15 Advice or support from a community pharmacy

Question 17 sought to capture how likely people living in the borough would be to seek advice or support for a health condition from a community pharmacy. This question was answered by 412 out of 418 survey respondents.

The results in **Figure *41*** show that 58.0% of respondents were 'likely' or 'very likely' to go to their community pharmacy to get advice or support for their health condition should that option be available. Conversely, 19.7% of respondents indicated that they were 'unlikely' or extremely unlikely to seek advice or support from a community pharmacy (Figure 41).

Figure 41: Seeking advice or support for a health condition from a community pharmacy



6.4 Demographics and impact assessment

This section explored the Bracknell Forest survey responses by different groups representing protected characteristics, looking at where there are similarities and differences between groups as it pertains to their needs and preferences from pharmacy services.

It is acknowledged that survey data is often biased in term of how representative it is at a whole population level, as certain groups and individuals are more likely to respond than others and therefore do not usually offer a representative view, but are one of several indicators used to identify need. This also applies to the public survey for this PNA. There was a total of 418 responses to the public survey. Although this represents an increase of 18.4% compared to the previous PNA (n=353), respondents to this survey represent only 0.3% of the total population in the borough.

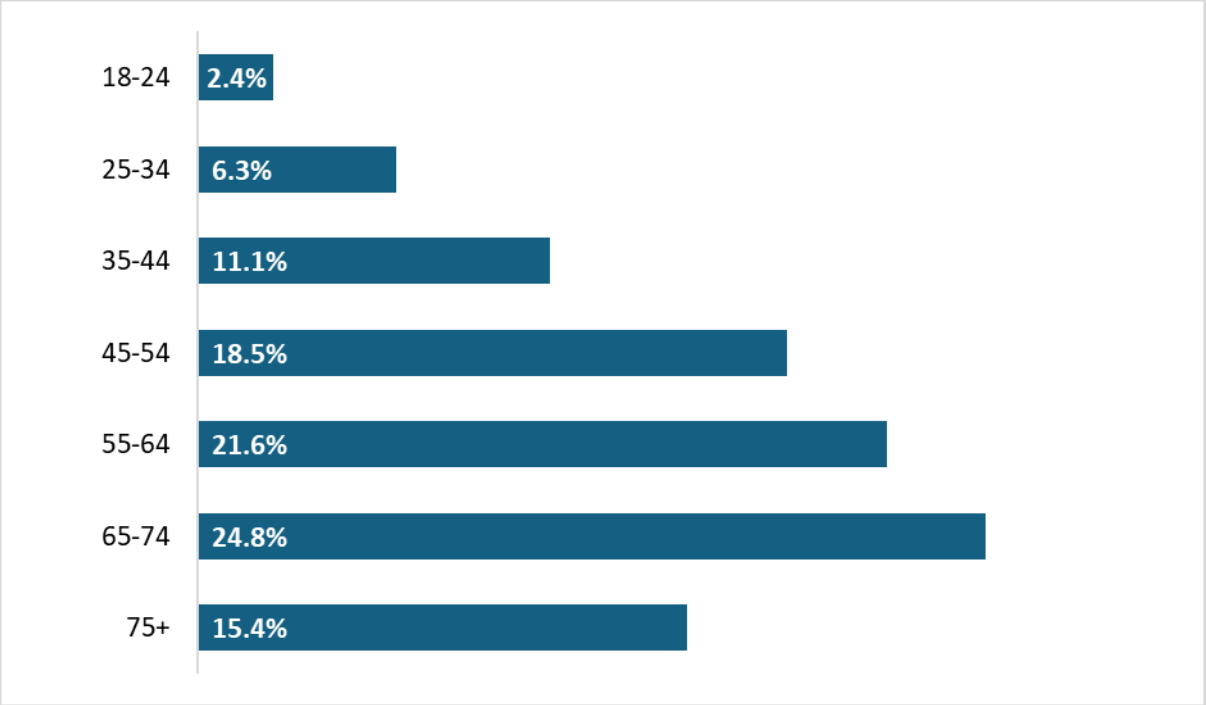
An engagement strategy was used to target protected characteristic groups that were considered a priority by local stakeholders in terms of their use of pharmaceutical services. However, the response rate for some of the protected characteristics groups was still low. Given the borough's total population, this sample size and methodology could lead to under-representation of key demographics, limiting the findings.

6.4.1 Age

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

Residents completing the survey were asked to select their age range, with a total of 416 out of 418 survey respondents answering this question. Figure 42 shows a breakdown of the responses to this question, as a percentage of total respondents.

Figure 42: Age range of survey respondents

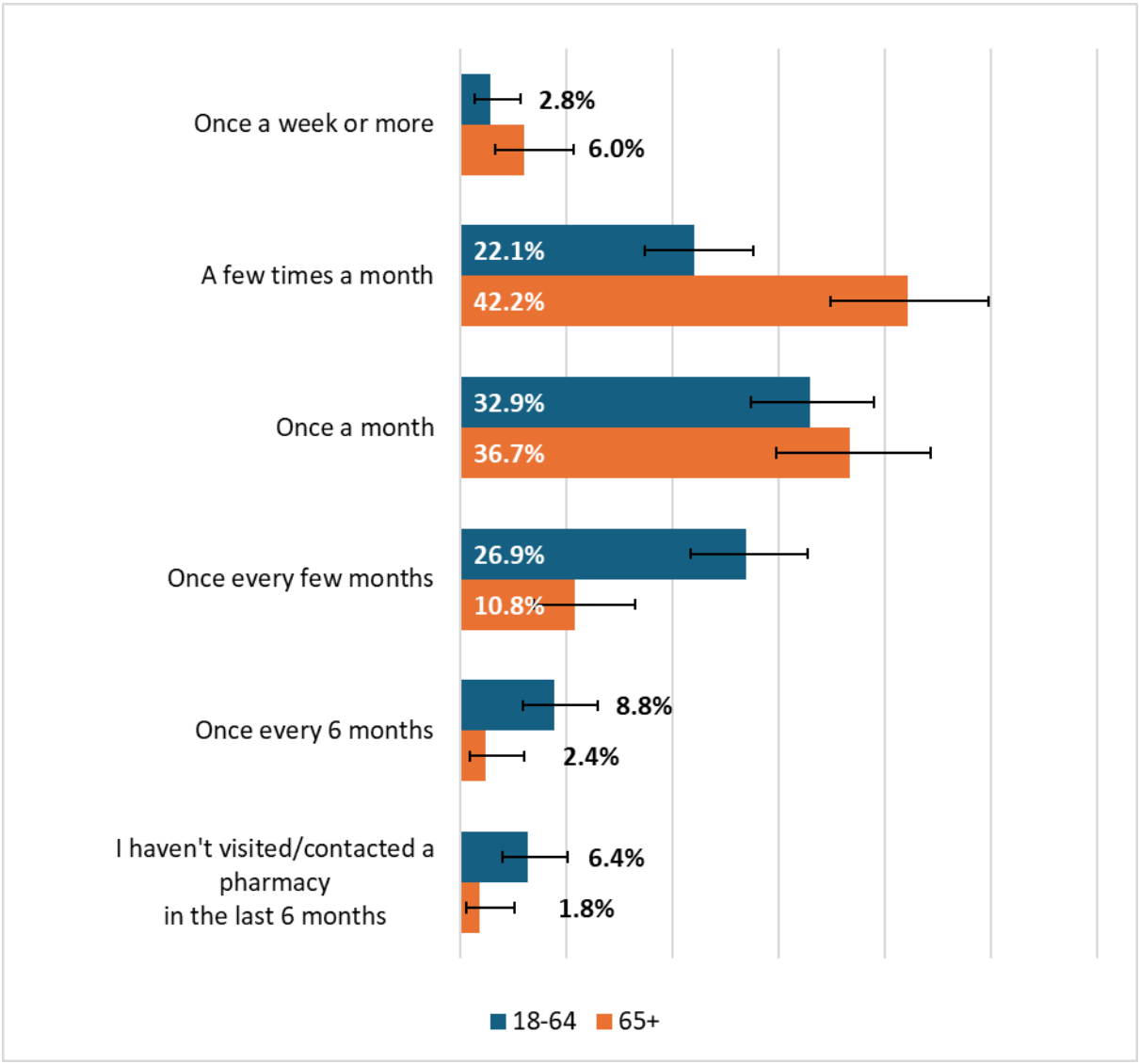


In order to understand if there are any differences in responses to the survey questions related to pharmacy services between older and younger survey respondents, a simple analysis was conducted comparing people aged 18 to 64 (n= 249) to those aged 65 and over (n=167). Confidence intervals were generated to help determine if differences in responses to the survey questions between the two groups was statistically significant.

6.4.1.1 Frequency of pharmacy visit or contact a pharmacy

The bar plot in Figure 43 shows that there was a significant difference in the proportion of survey respondents that visited or contacted a pharmacy ‘a few times a month’ and ‘once every few months’. Respondents aged 65 and over were significantly more likely to visit or contact a pharmacy ‘a few times a month’ (42.2% vs 22.1%) than those aged 18 to 64. Conversely, those aged 65 and over were significantly less likely to visit or contact a pharmacy once every few months than those in the younger age groups (10.8% vs 26.9%).

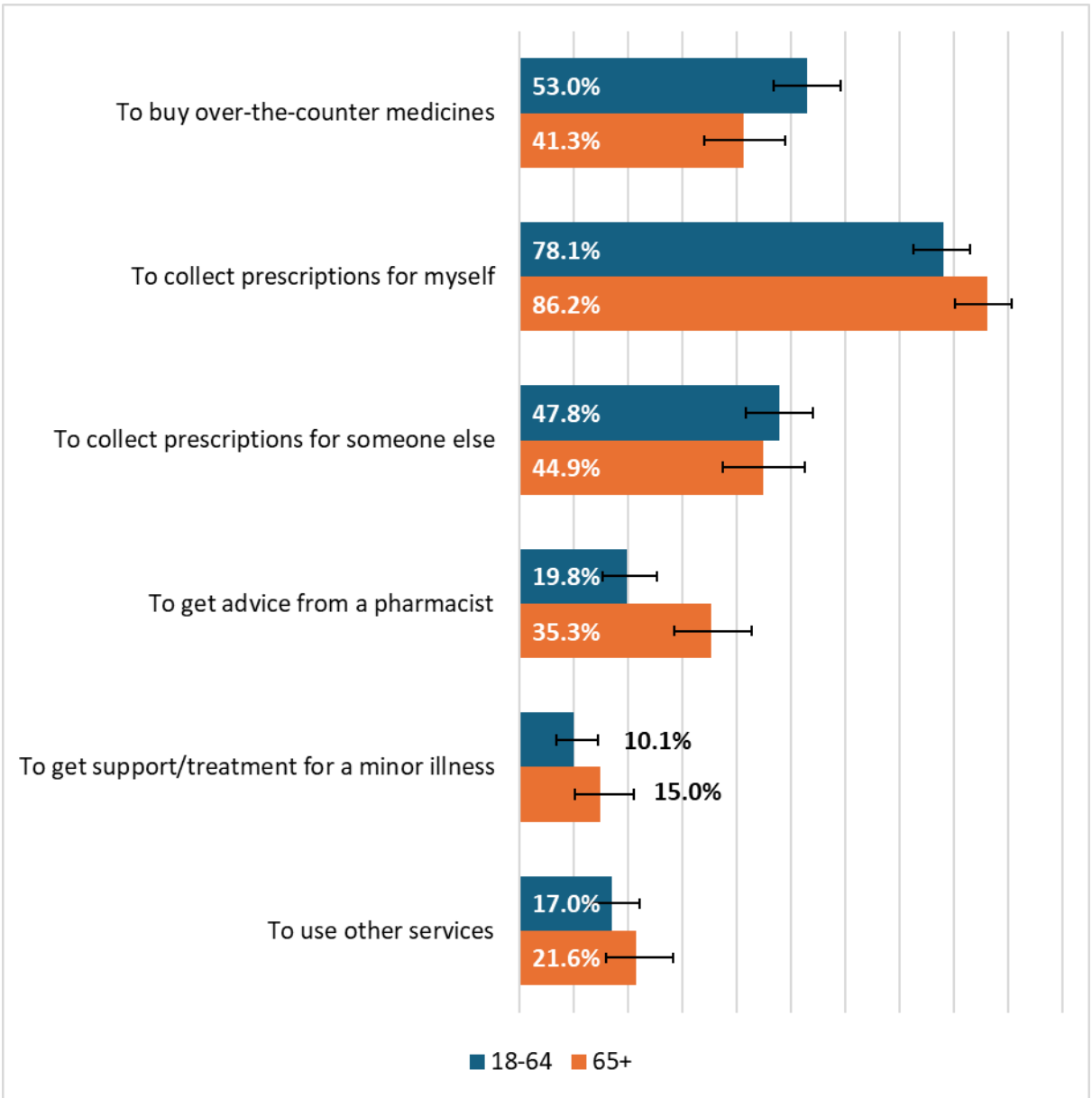
Figure 43: Frequency of pharmacy contact or visit, by age group



6.4.1.2 Reason for pharmacy visit

When considering the difference reasons for visiting a pharmacy, there was a significant difference in the proportion of younger and older respondent who selected getting advice from a pharmacist as a reason for visiting a pharmacy. Figure 44 shows that respondents aged 65 and over were significantly more likely to go to a pharmacy to get advice from a pharmacist than those aged 18 to 64: 35.3% vs 19.8%.

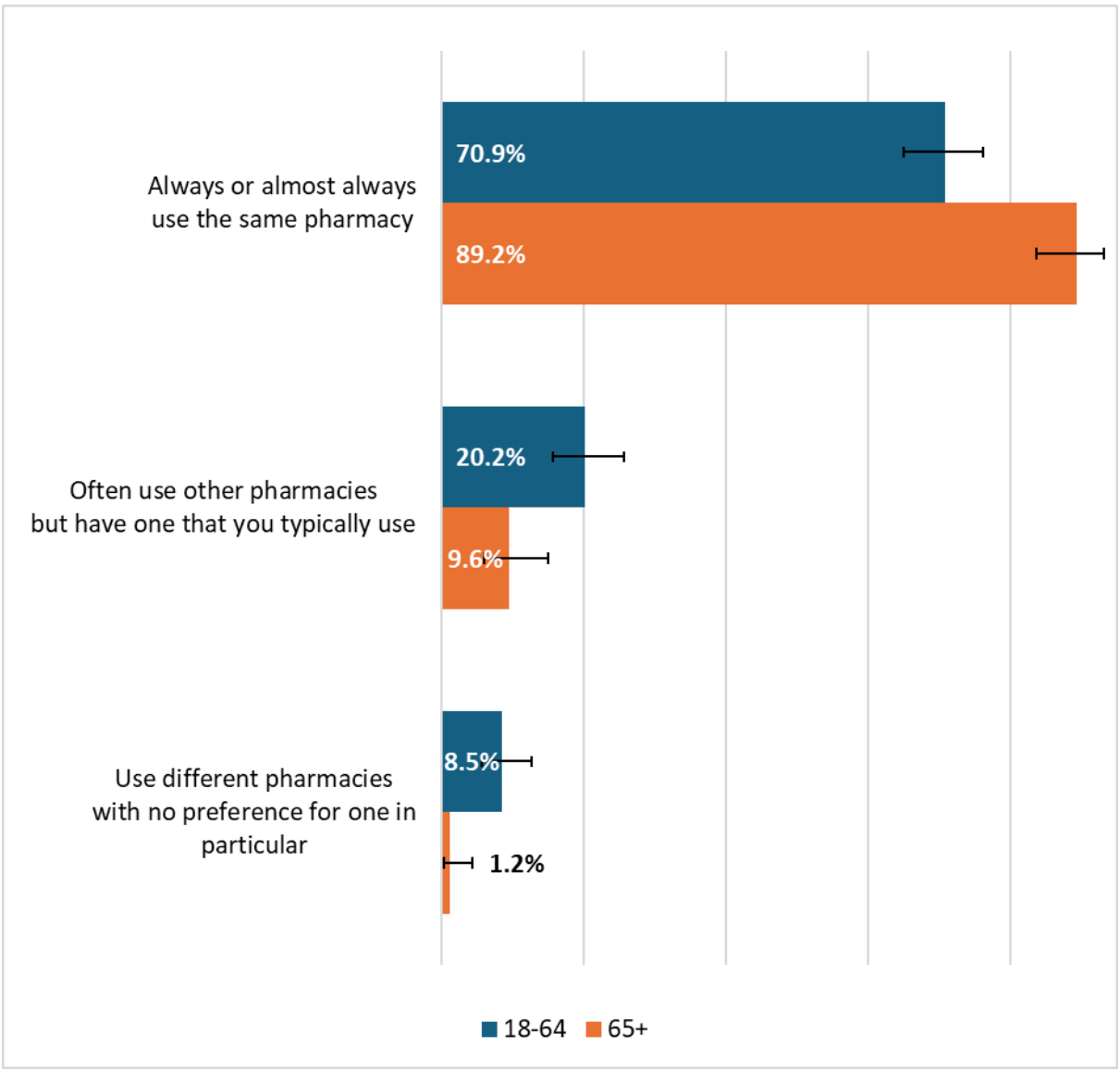
Figure 44: Reasons for visiting a pharmacy, by age group



6.4.1.3 Variations in choice of pharmacy

When considering variations in people's choice of pharmacy, there were significant differences in responses between those aged 18 to 64 and their older counterparts. Respondents aged 65 and over were significantly more likely always or almost always use the same pharmacy than respondents aged 18 to 64: 89.2% vs 70.2%. Respondents aged 18 to 64 were significantly more like to 'often use other pharmacies but have one they typically use' (20.2% vs 9.6%) or 'use different pharmacies with no preference for one in particular' (8.5% vs 1.2%) (Figure 45).

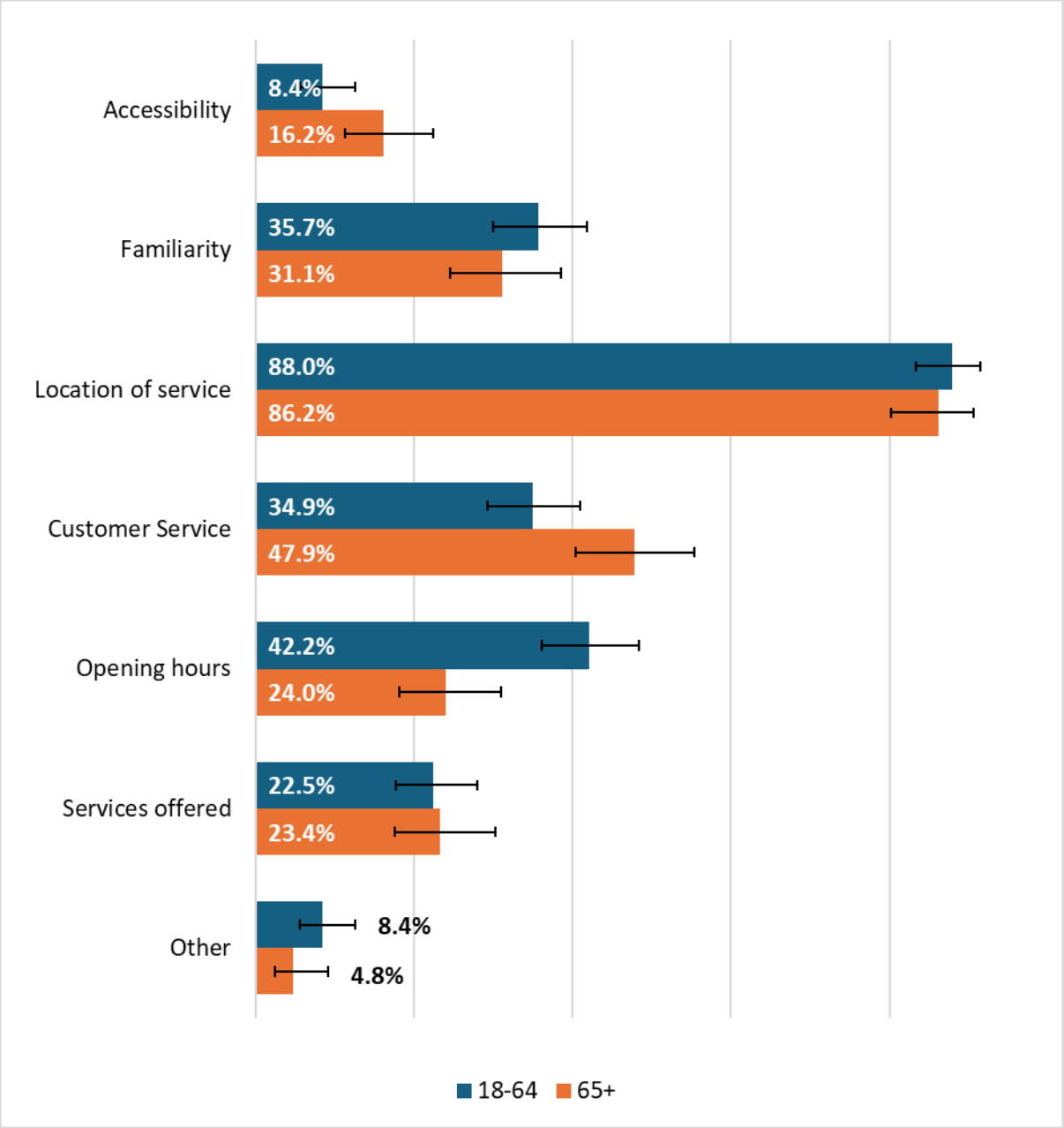
Figure 45: Variations in choice of pharmacy, by age group



6.4.1.4 Factors influencing choice of pharmacy

Across the various factors influencing choice of pharmacy for people aged 18 to 64 to and those aged 65 and over, location of the service was by far the most commonly selected reason. Figure 46 shows that there was a significant difference in the proportion of respondents selecting opening hours as a factor influencing choice of pharmacy: 42.2% of those in 65 and over age group vs 24.0% of those in the 18 to 64 age group.

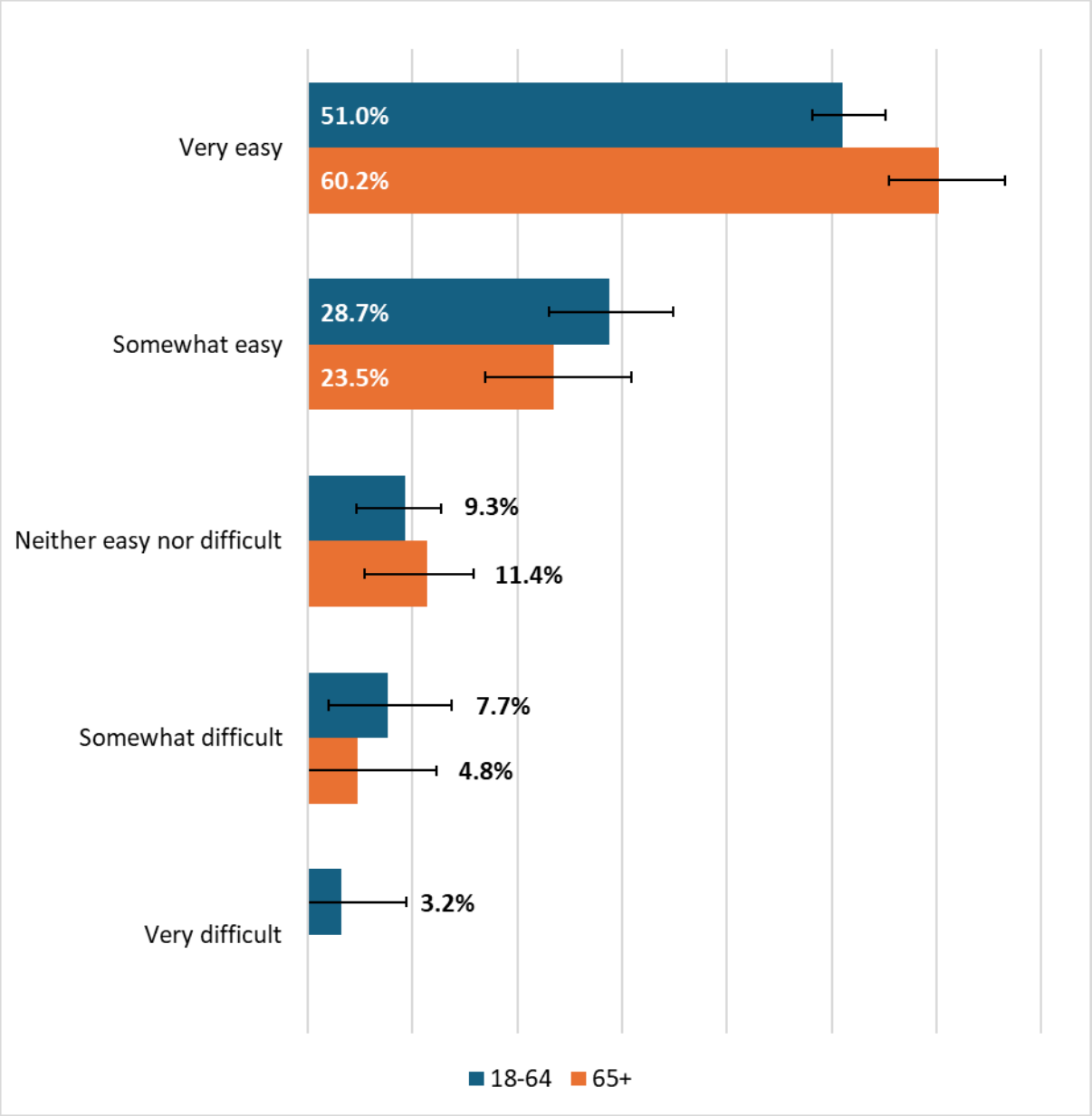
Figure 46: Factors influence choice of pharmacy, by age group



6.4.1.5 Ease or difficulty in pharmacy use

There was no significant difference in reported level of ease or difficulty in using the pharmacy when comparing responses between those aged 18 to 64 and their counterparts aged 65 and over (Figure 47).

Figure 47: Ease or difficulty in pharmacy use, by age group

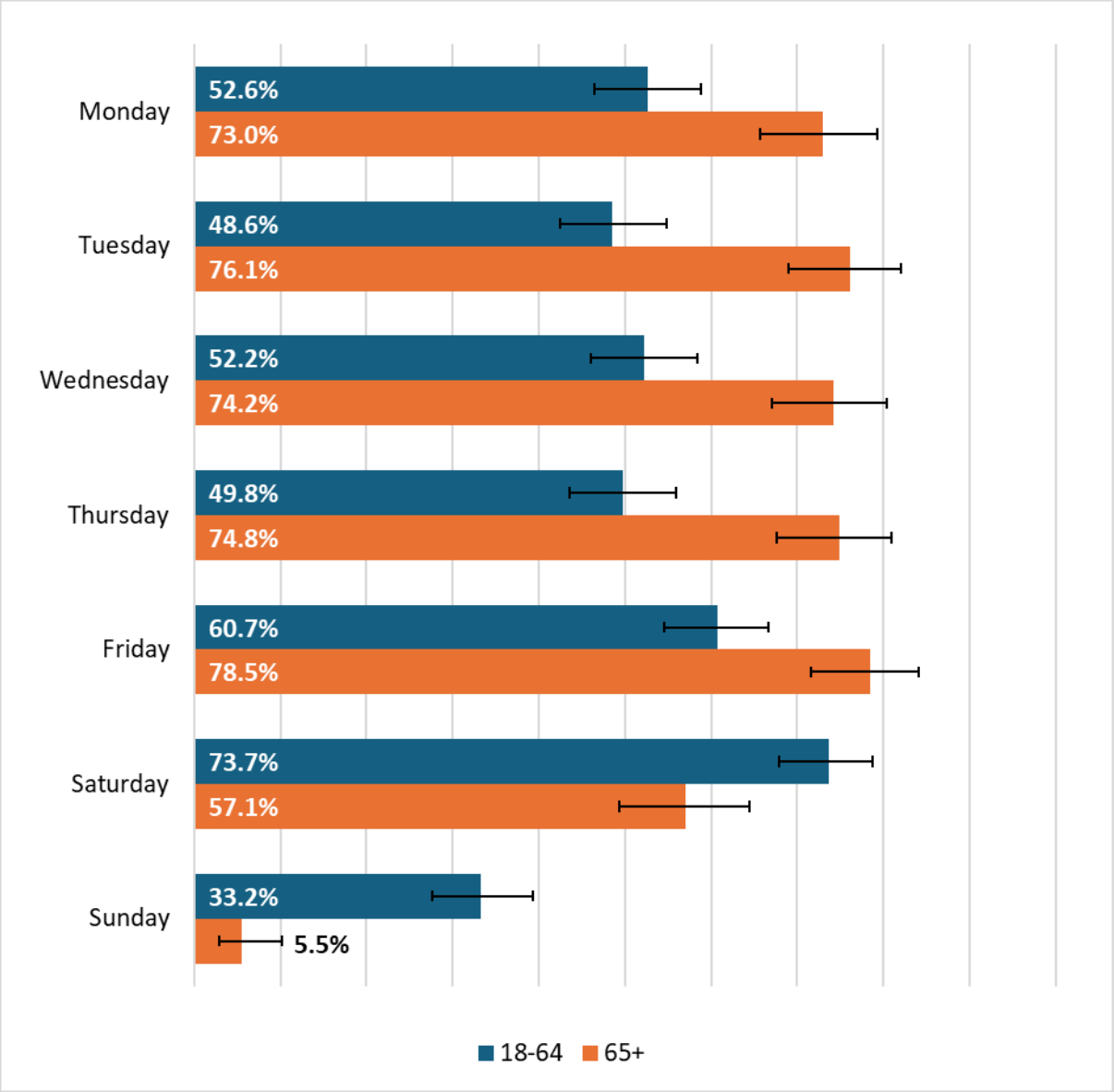


6.4.1.6 Convenient days to visit the pharmacy

There is a clear difference between younger and older resident completing the survey as it pertains to what days of the week they view to be most convenient to visit the pharmacy.

Figure 48 shows that respondents aged 65 and over were significantly more likely to prefer the weekdays (Monday to Friday) whereas those aged 18 to 65 were significantly more likely to prefer the weekend (Saturday and Sunday).

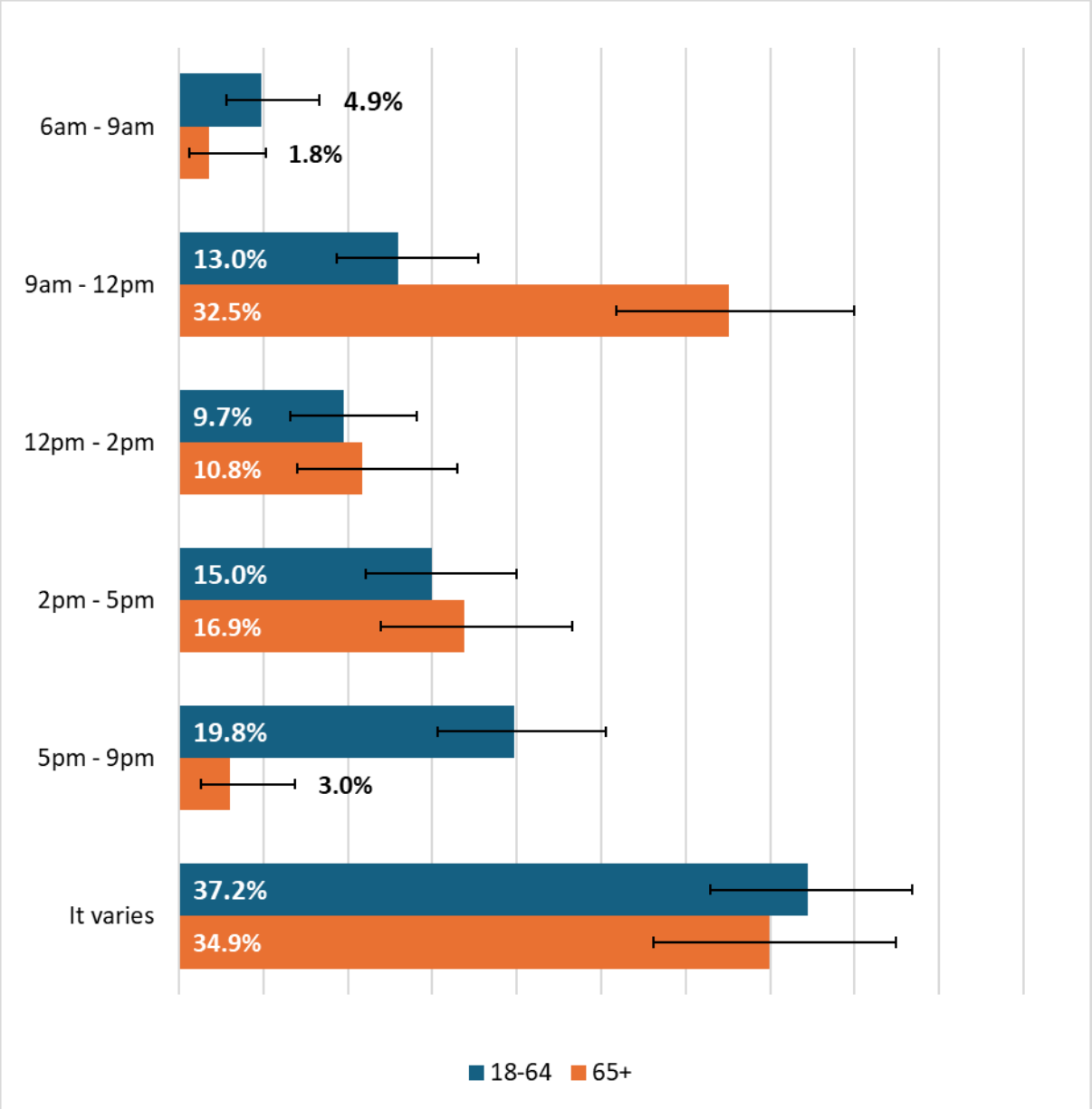
Figure 48: Most convenient days to visit a pharmacy



6.4.1.7 Convenient times to visit a pharmacy

Figure 49 shows a clear difference in the preferred time of day survey respondents find most convenient to visit a pharmacy. For those aged 18 to 64, they were significantly more likely to prefer the hours of 5pm to 9pm (19.8% vs 3.0%) whereas those aged 65 and over preferred the hours of 9am to 12pm (32.5% vs 13.0%).

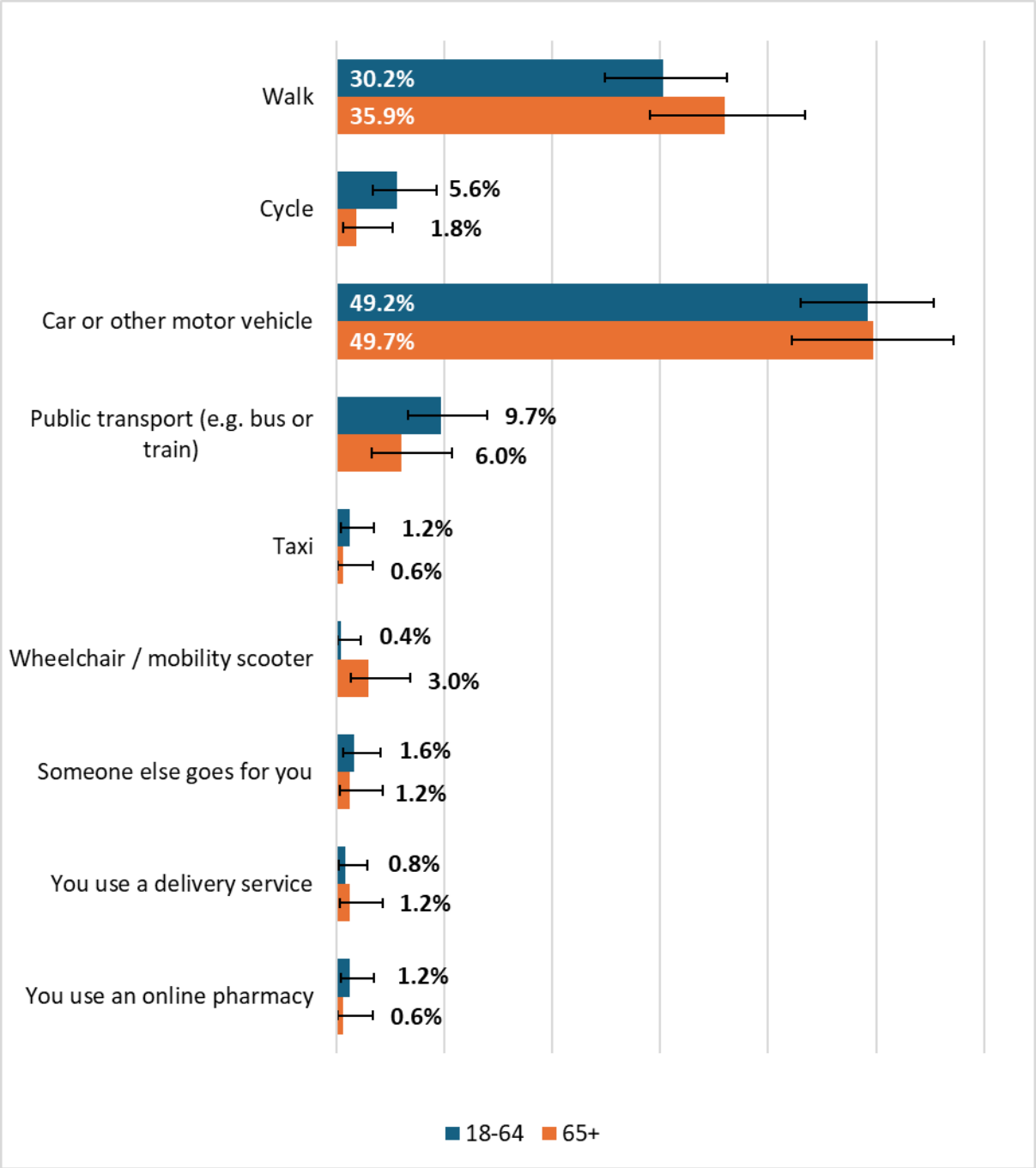
Figure 49: Most convenient time to visit a pharmacy, by age group



6.4.1.8 Usual method of travel to the pharmacy

There was no significant difference in the usual method of travel to the pharmacy by survey between respondents aged 18 to 64 and those aged 65 and over (Figure 50).

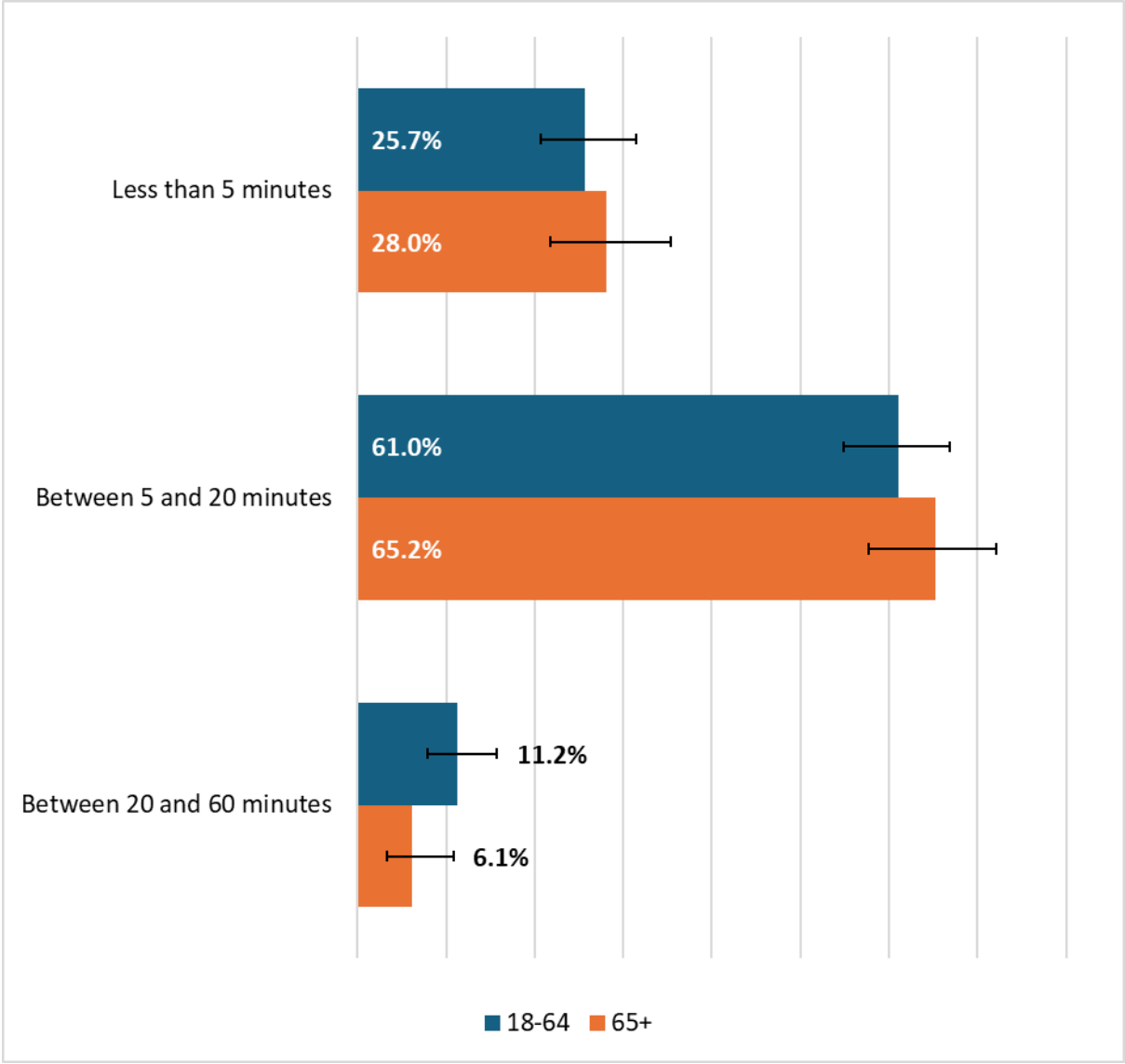
Figure 50: Usual methods of travel to the pharmacy, by age group



6.4.1.9 Usual travel time to the pharmacy

There was no significant difference in the time it takes to travel to the pharmacy by survey between respondents aged 18 to 64 and those aged 65 and over (Figure 51).

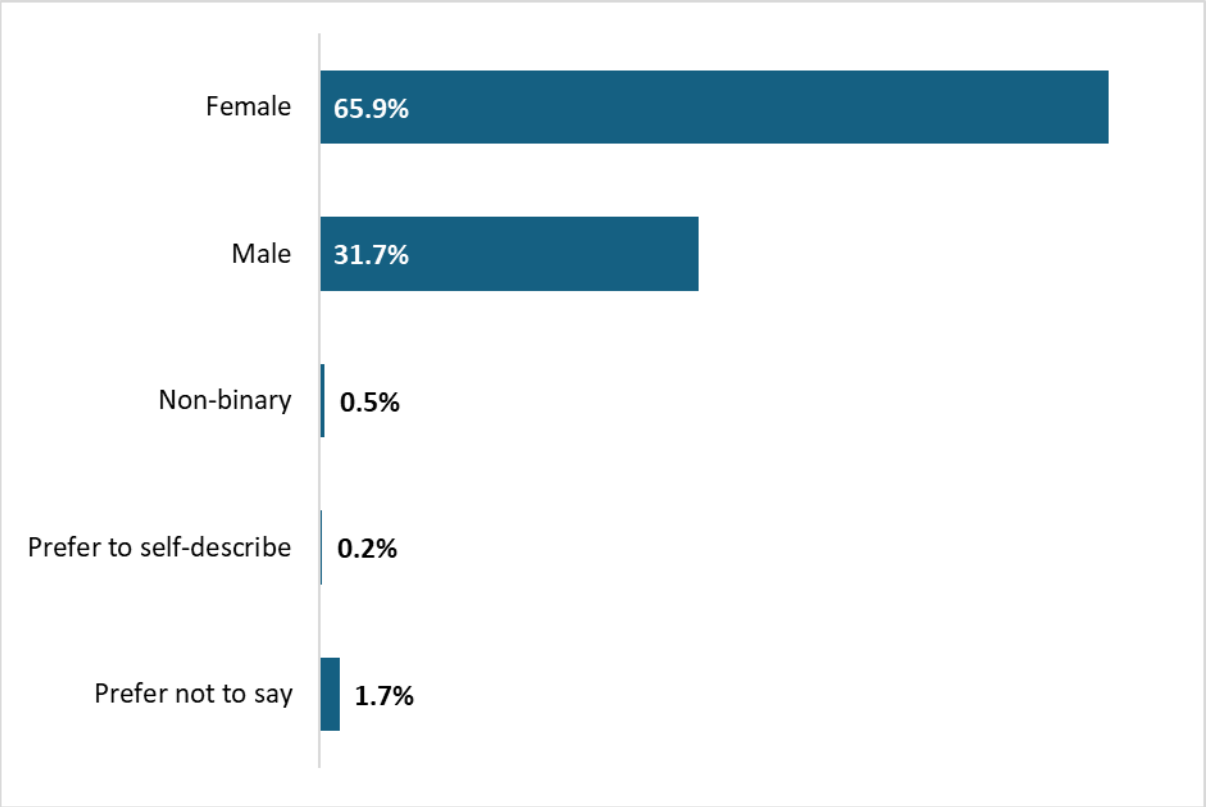
Figure 51: Travel time to the pharmacy, by age group



6.4.2 Gender

The gender identity of survey respondents was captured using the question 'what is your gender? This question was answered by 416 out of 418 respondents. **Figure *52*** shows that the almost two-in-three respondents identified as female (65.9%), with only 31.7% identifying as male. Those with other gender identities made up 0.7% of respondents.

Figure 52: Gender identity of survey respondents

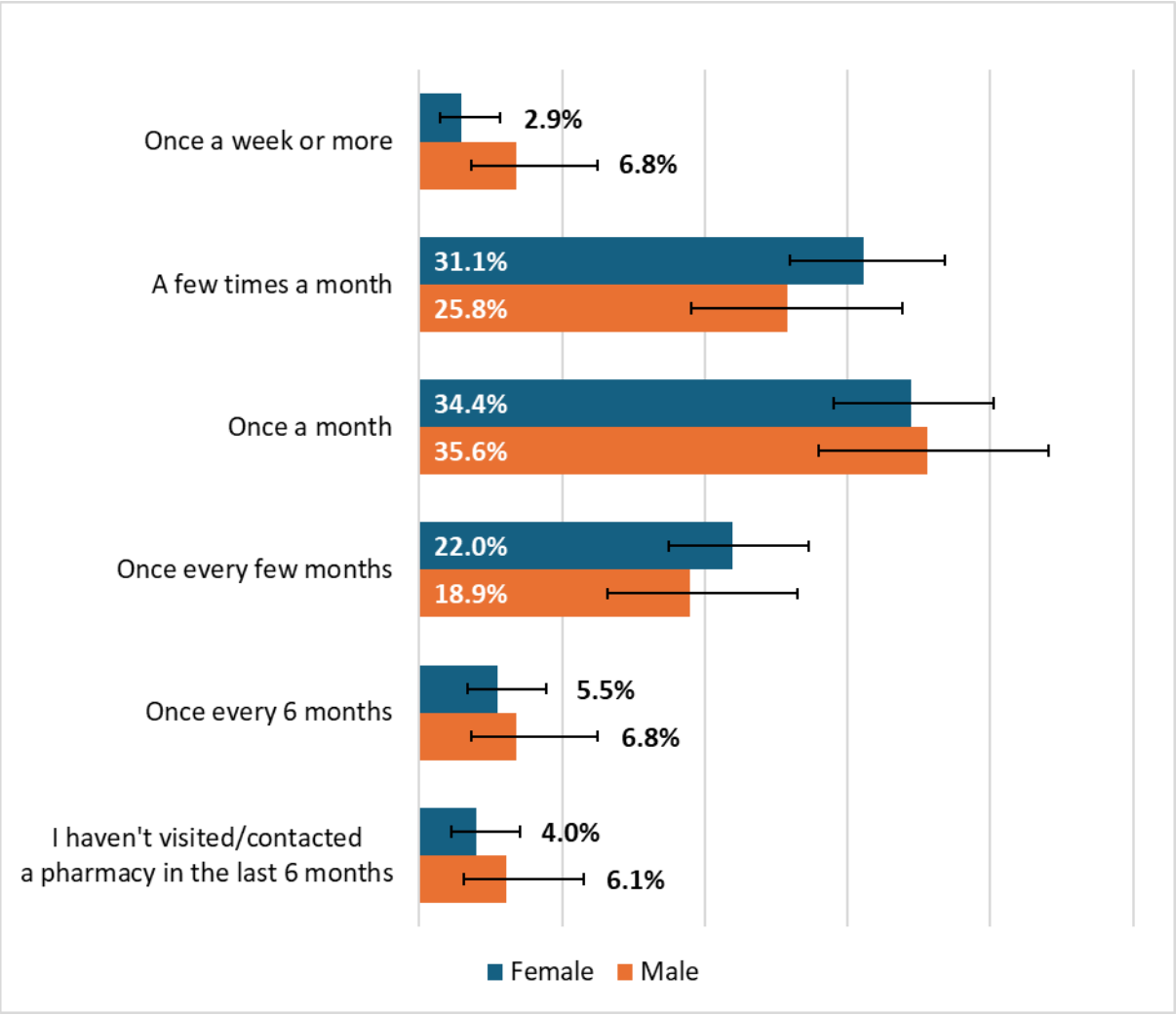


In this section there will be further analysis exploring potential differences in experience with pharmacy services between female (n= 274) and male (n=132) survey respondents.

6.4.2.1 Frequency of pharmacy visit or contact

The bar plot in Figure 53 shows that there was no significant difference in the frequency of pharmacy visits or contacts between female and male survey respondents.

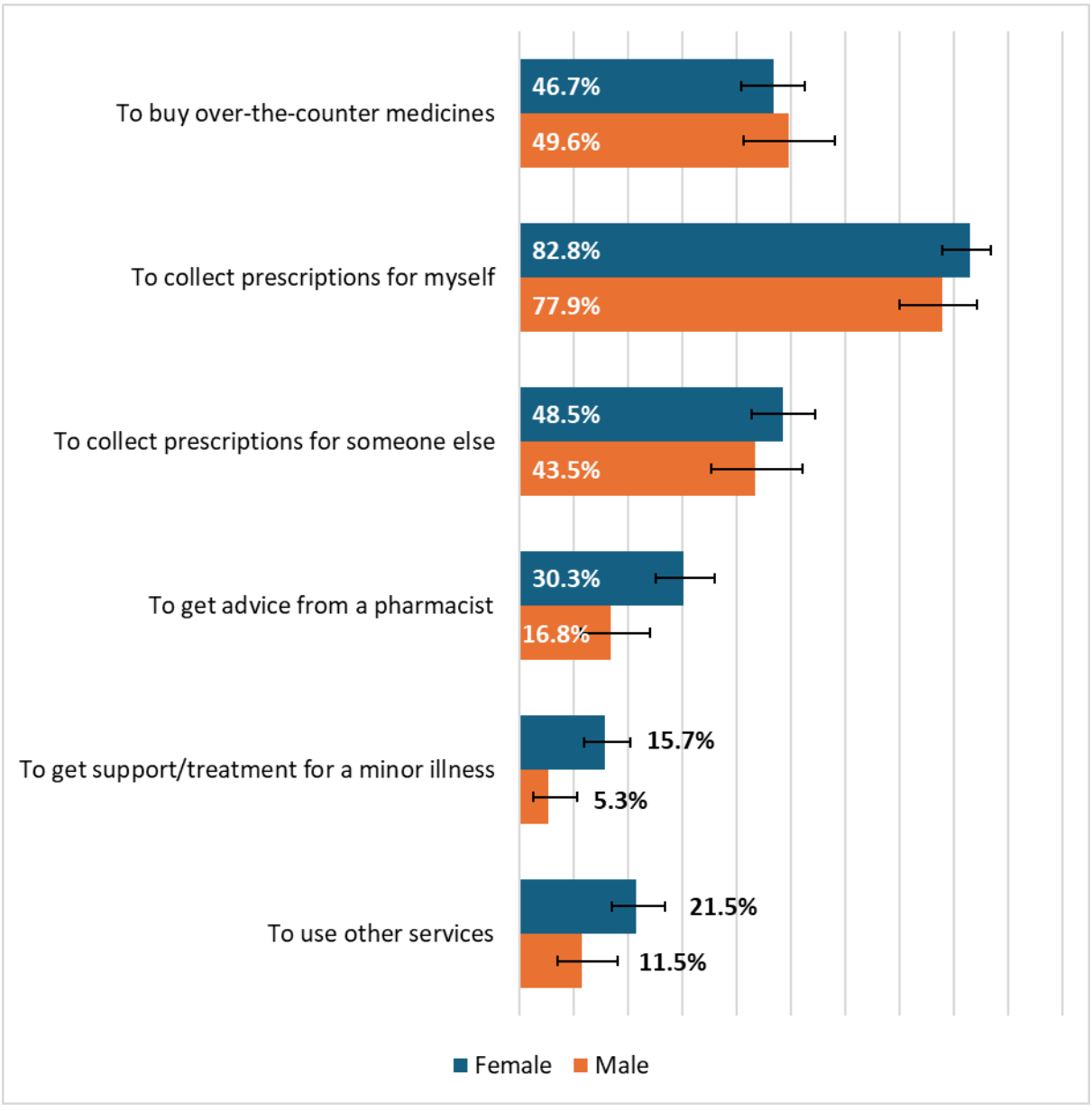
Figure 53 Frequency of pharmacy contact or visit, by gender



6.4.2.2 Reasons for visiting a pharmacy

Figure 54 shows that female respondents were significantly more likely to visit the pharmacy to get advice from a pharmacist than their male counterparts: 30.3% vs 16.8%.

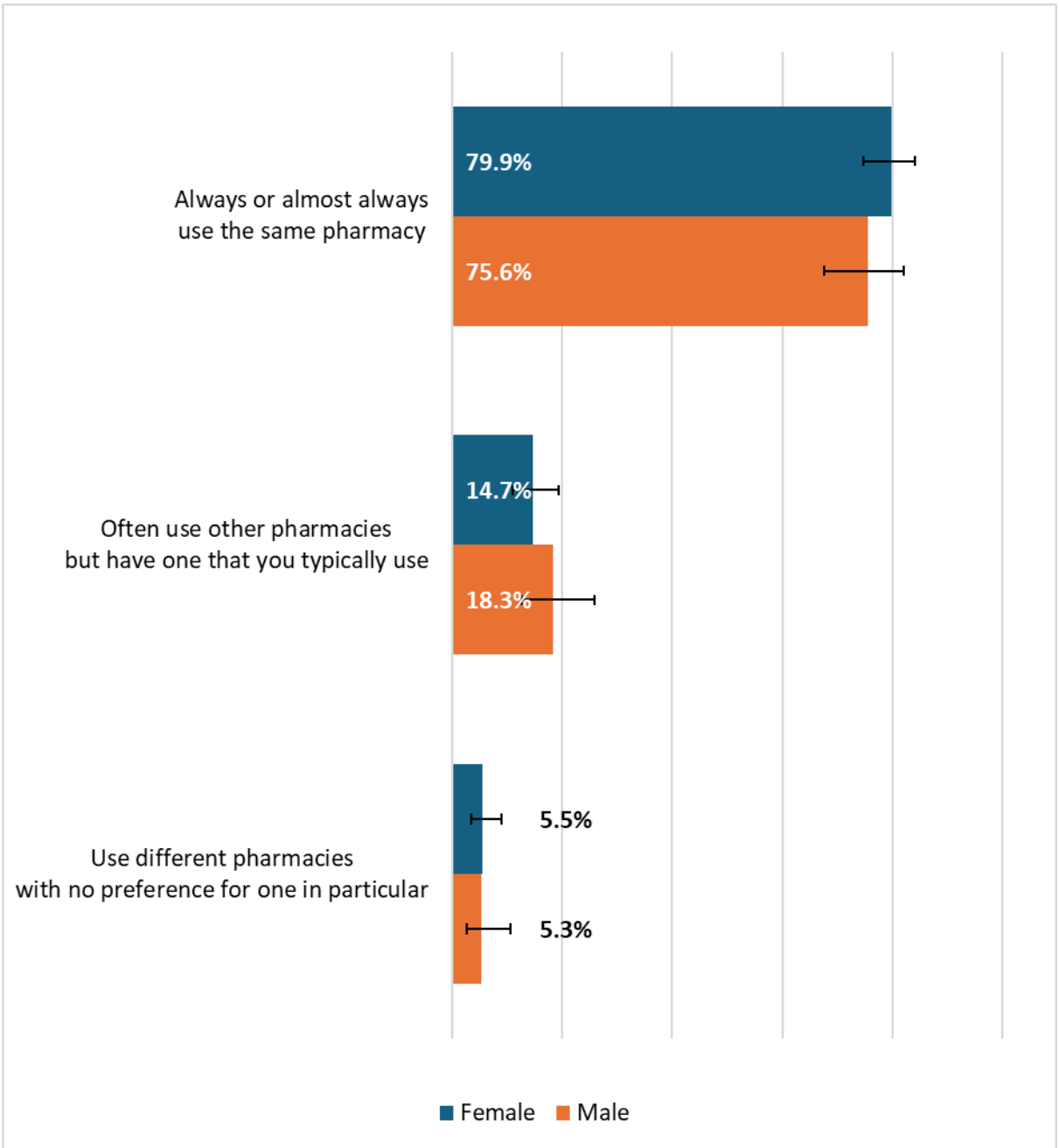
Figure 54: Reasons for visiting a pharmacy, by gender



6.4.2.3 Variations in choice of pharmacy

When considering potential differences in the choice of pharmacy, there appears to be no significant difference in preference between female and male respondents (Figure 55).

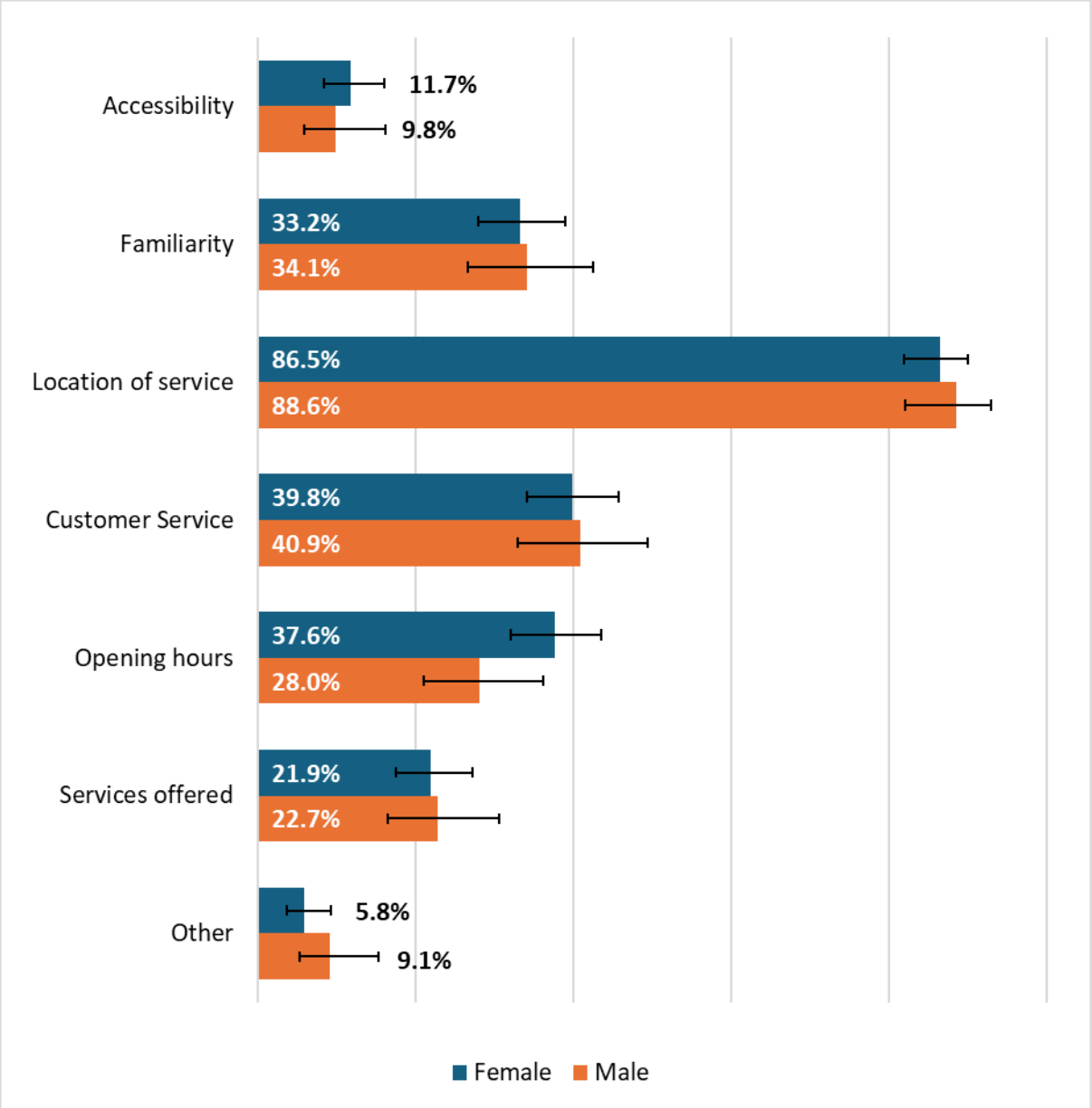
Figure 55: Variations in choice of pharmacy, by gender



6.4.2.4 Factors influencing choice of pharmacy

After exploring differences in the factors influencing choice of pharmacy, there was no significant difference across all the factors between female and male respondents (Figure 56).

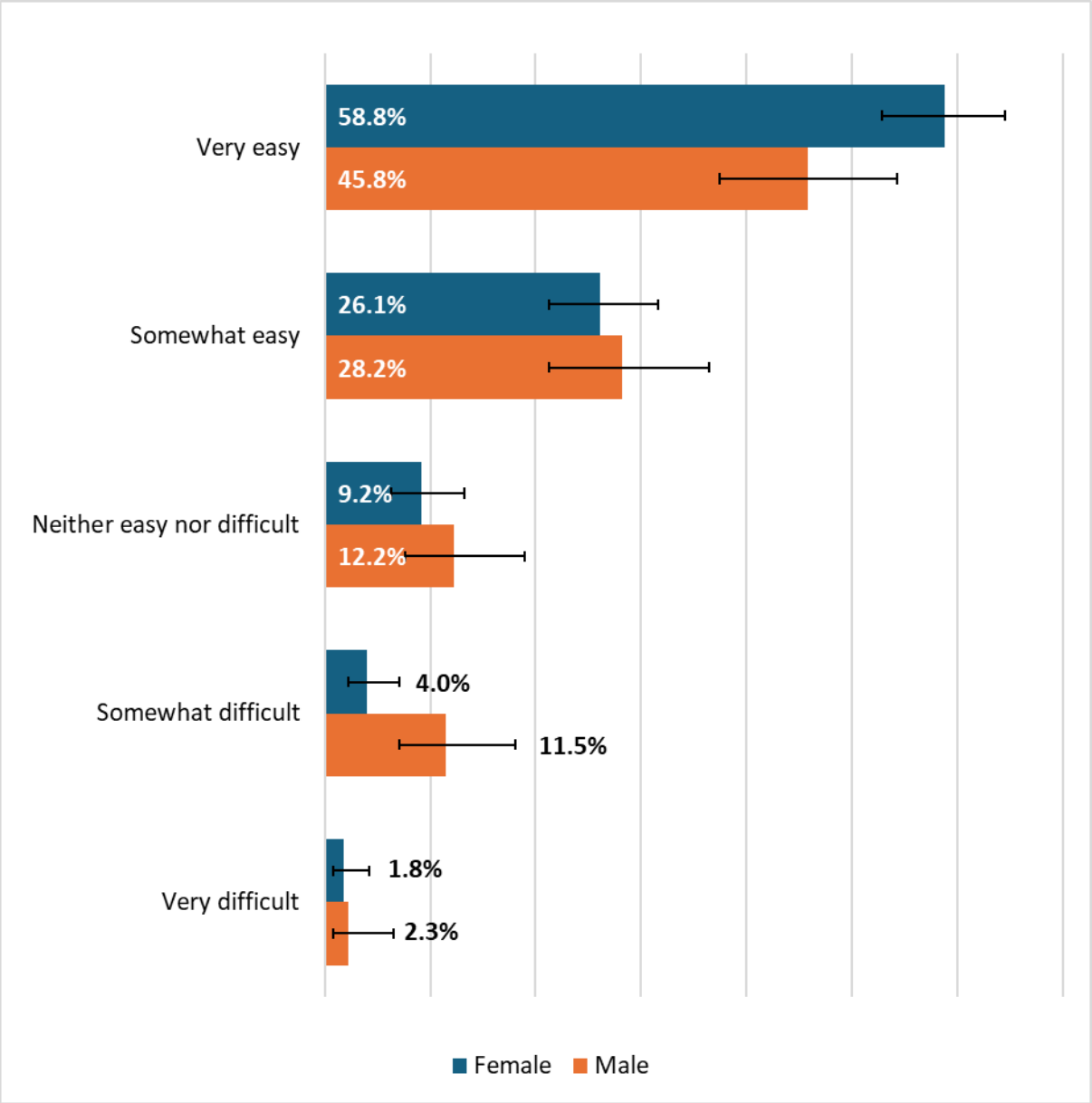
Figure 56: Factors influence choice of pharmacy, by age group



6.4.2.5 Ease or difficulty in pharmacy use

Figure 57 shows that when asked how easy or difficult they found using the pharmacy, there was a significant difference in the proportion of male respondents rating the experience as ‘somewhat difficult’ when compared to their female counterparts: 11.5% vs 4.0%.

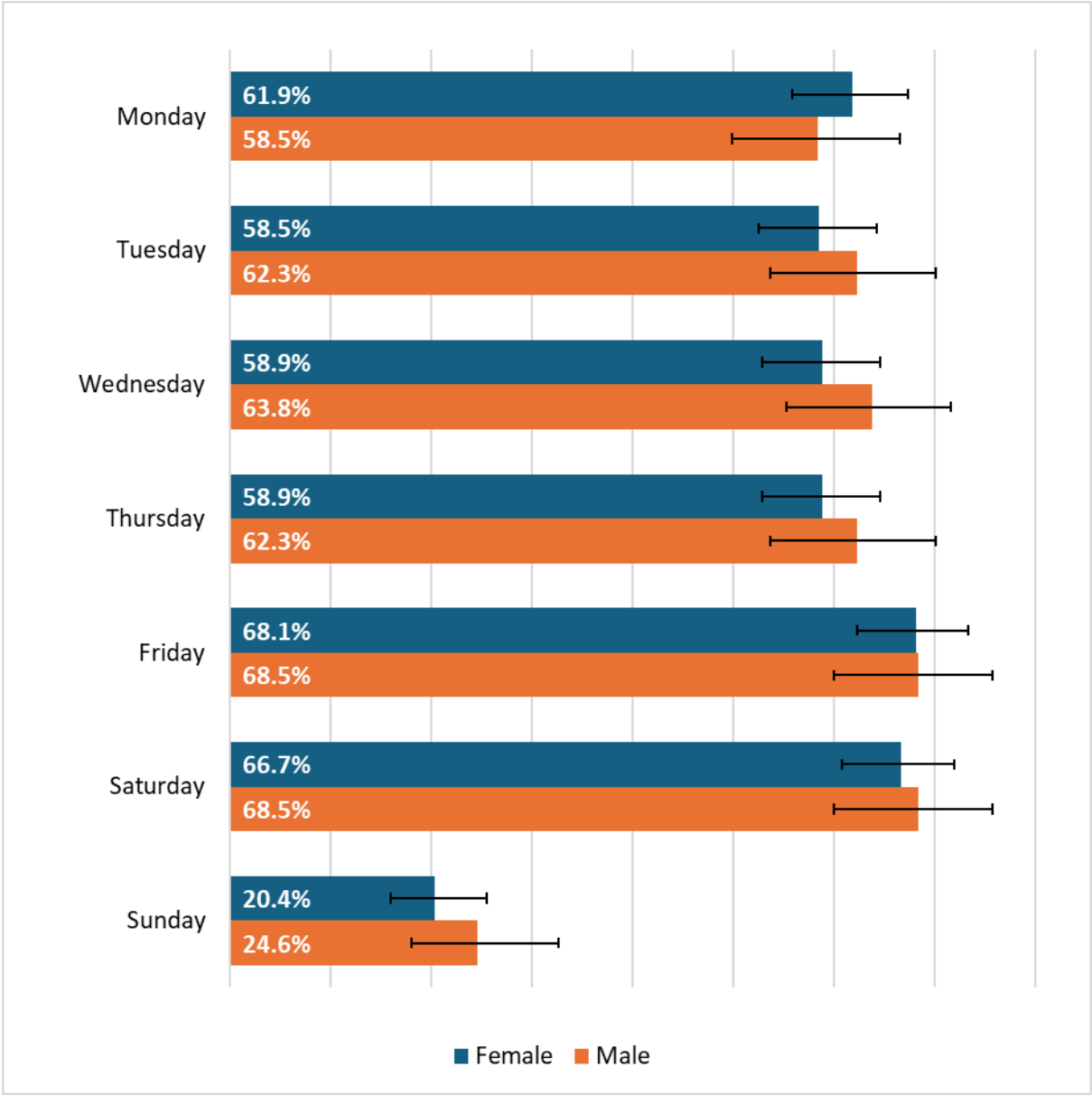
Figure 57: Ease or difficulty in pharmacy use, by gender



6.4.2.6 Convenient days to visit a pharmacy

There was no significant difference in preference of the day of the week respondents found most convenient to visit the pharmacy when comparing female and male participants (Figure 58).

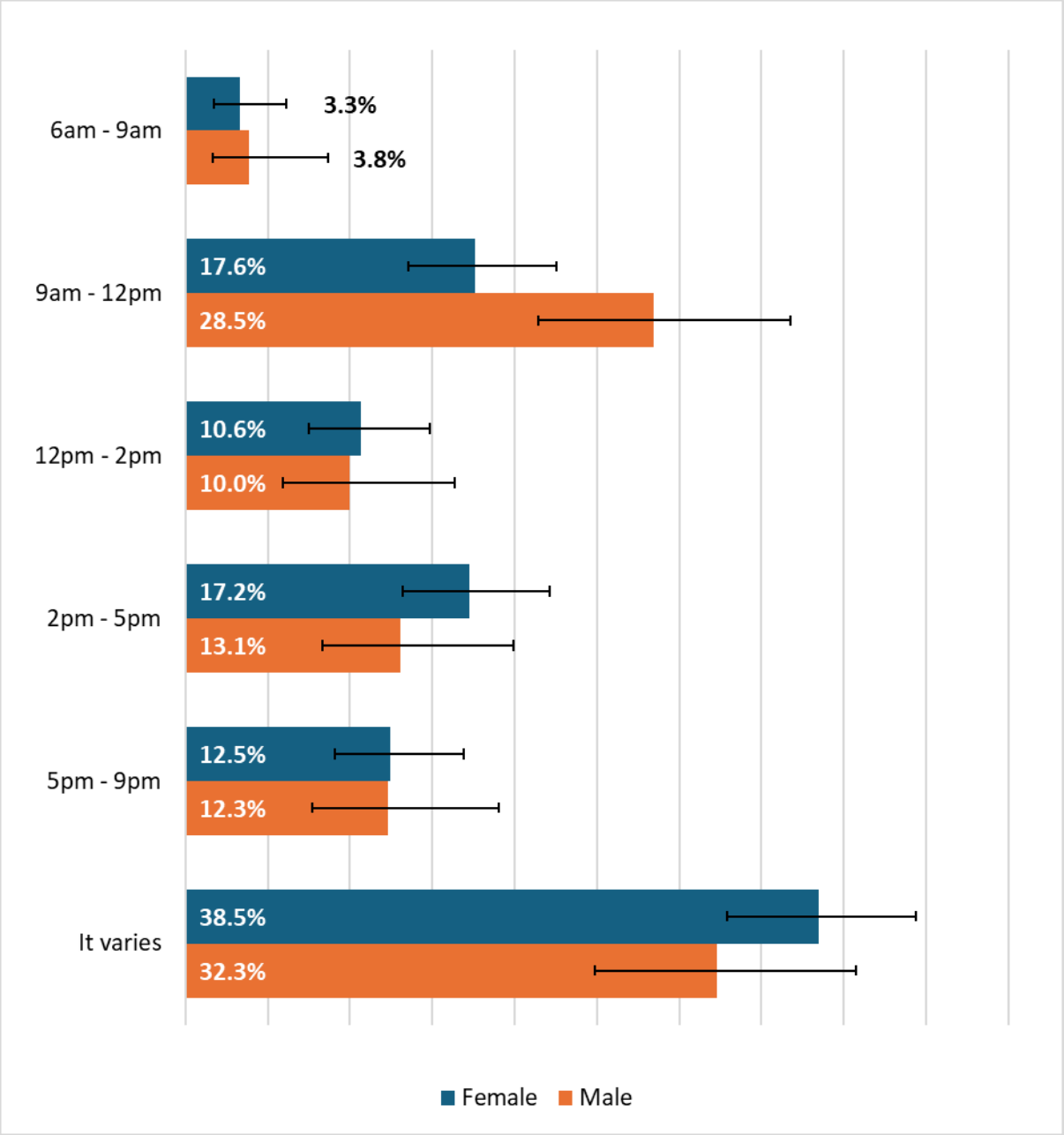
Figure 58: Most convenient days to visit a pharmacy, by gender



6.4.2.7 Convenient times to visit a pharmacy

When it comes to the most convenient time for survey respondents to visit the pharmacy, there was no significant difference between female and male respondents (**Figure *59***).

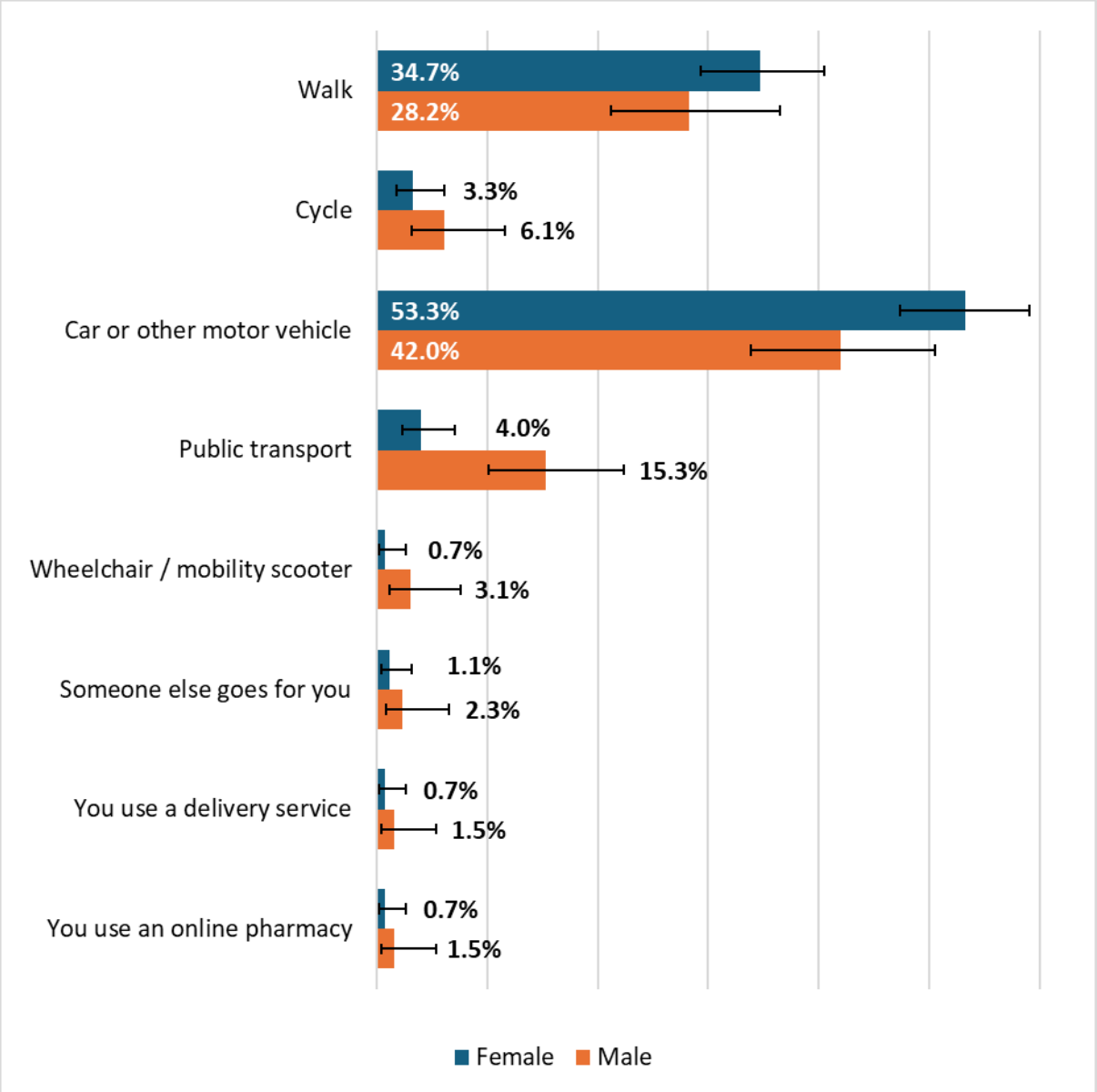
Figure 59: Most convenient time to visit a pharmacy, by gender



6.4.2.8 Usual method of travel to the pharmacy

Figure 60 shows that male survey respondents were significantly more likely to use public transport to travel to the pharmacy than their female counterparts: 15.3% vs 4.0%.

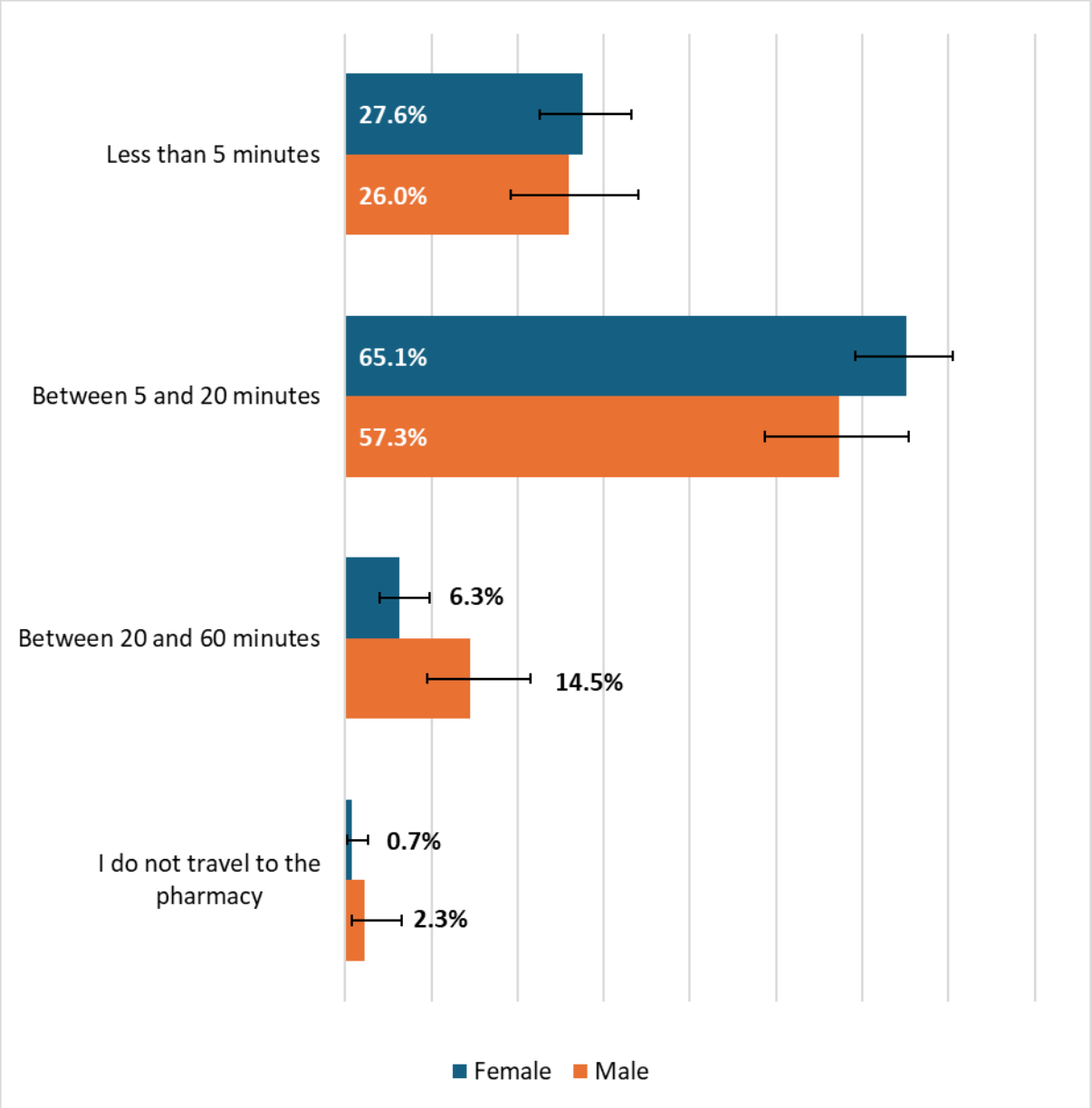
Figure 60: Usual methods of travel to the pharmacy, by gender



6.4.2.9 Usual travel time to the pharmacy

Male survey respondents were significantly more likely to travel between 20 and 60 minutes when visiting the pharmacy than their female counterparts: 14.5% vs 6.3% (Figure 61).

Figure 61: Travel time to the pharmacy, by gender

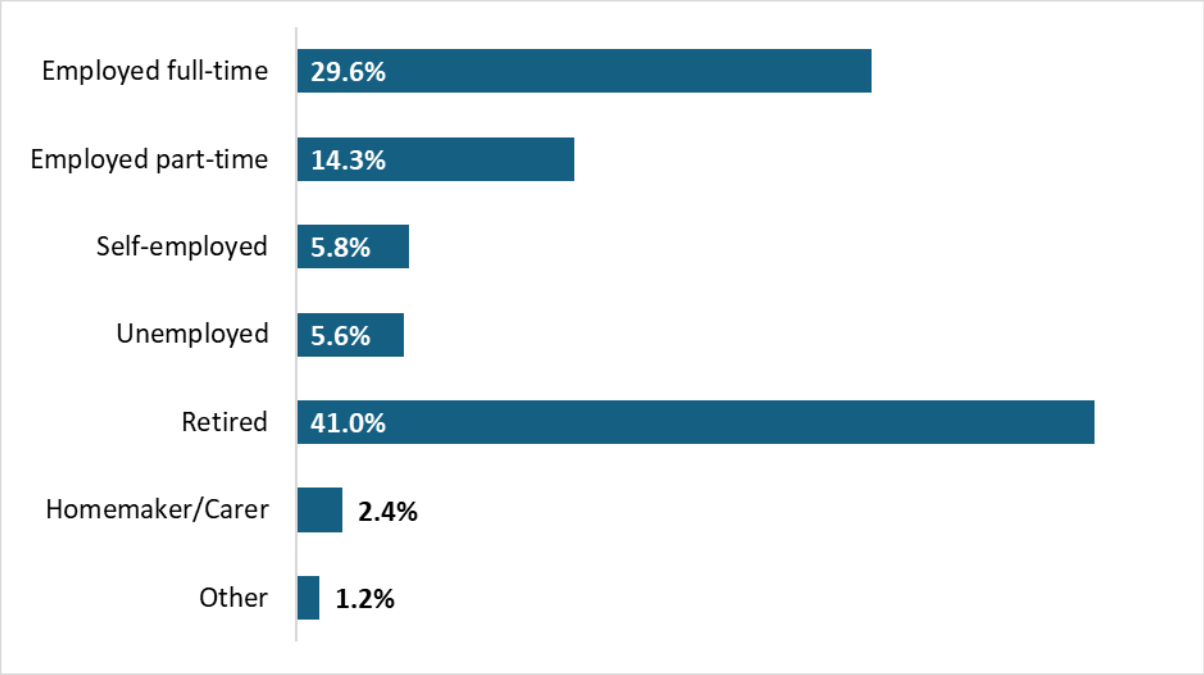


6.4.3 Employment status

The employment status of survey respondents was captured by the question ‘what is your current employment status? This question was answered by 412 out of 418 survey respondents.

The bar plot in Figure 62 shows that the most commonly selection option for current employment status was ‘retired’ (41.0%), in line with the high proportion of survey respondents that were of retirement age (65 and over). Other commonly selected options were by full-time employed (29.6%), part-time employment (14.3%) and self-employment (5.8%). Combined, survey respondents in some form of employment accounted for 49.8% of respondents.

Figure 62: Current employment status

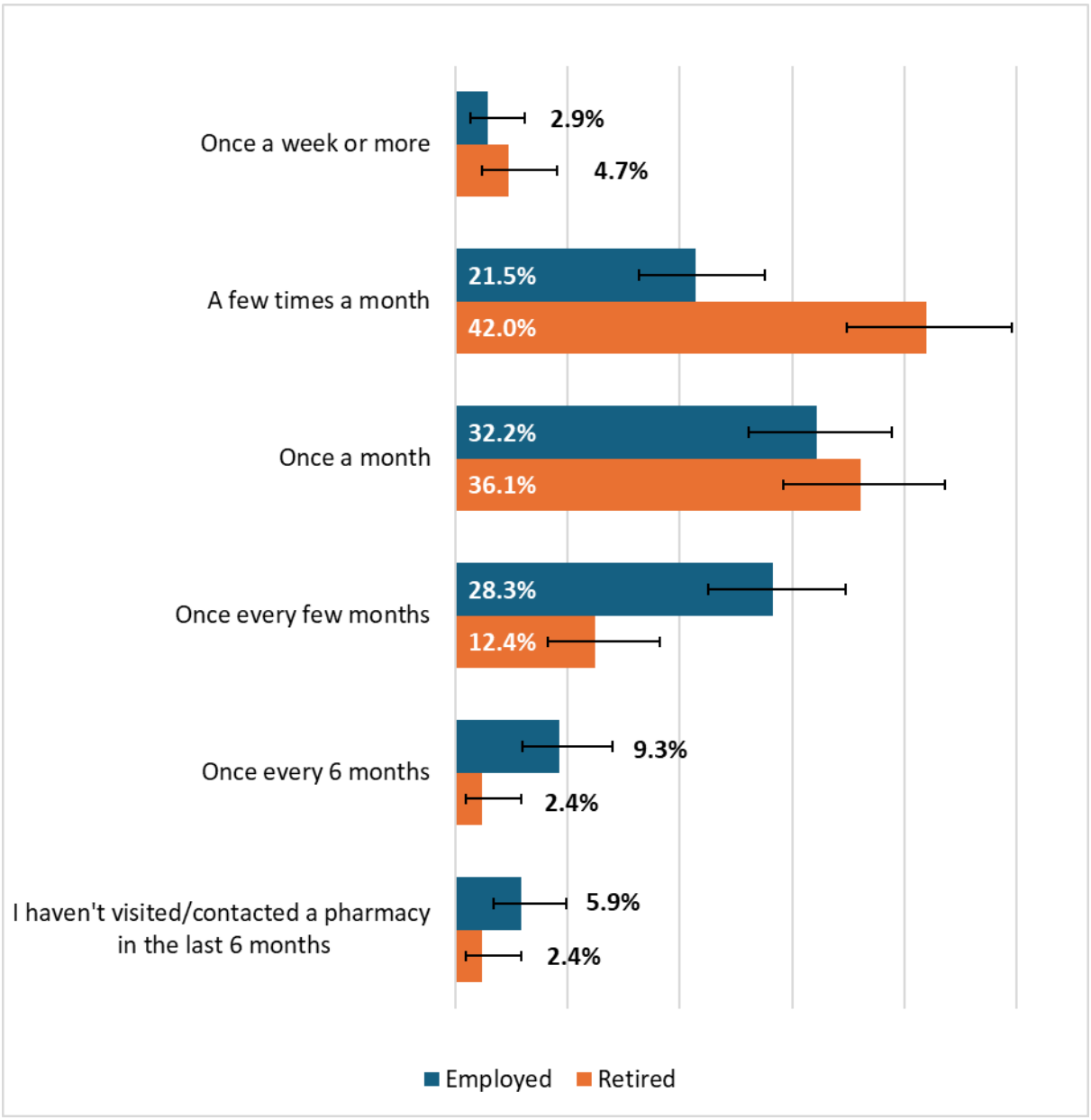


In this section, differences in access and experience with pharmacy services were compared between the two largest groups: those who indicated that they were retired (41.0%, n=169) and those that were in some form of employment (49.8%, n=205).

6.4.3.1 Frequency of pharmacy visit or contact

When comparing frequency of pharmacy visit or contact between those in employment and those in retirement there were significant differences. Survey participants in some form on employment were significantly more likely to only visit the pharmacy once every few months (28.3% vs 12.4%) or once every 6 months (9.3% vs 2.4%) than those in retirement (Figure 63).

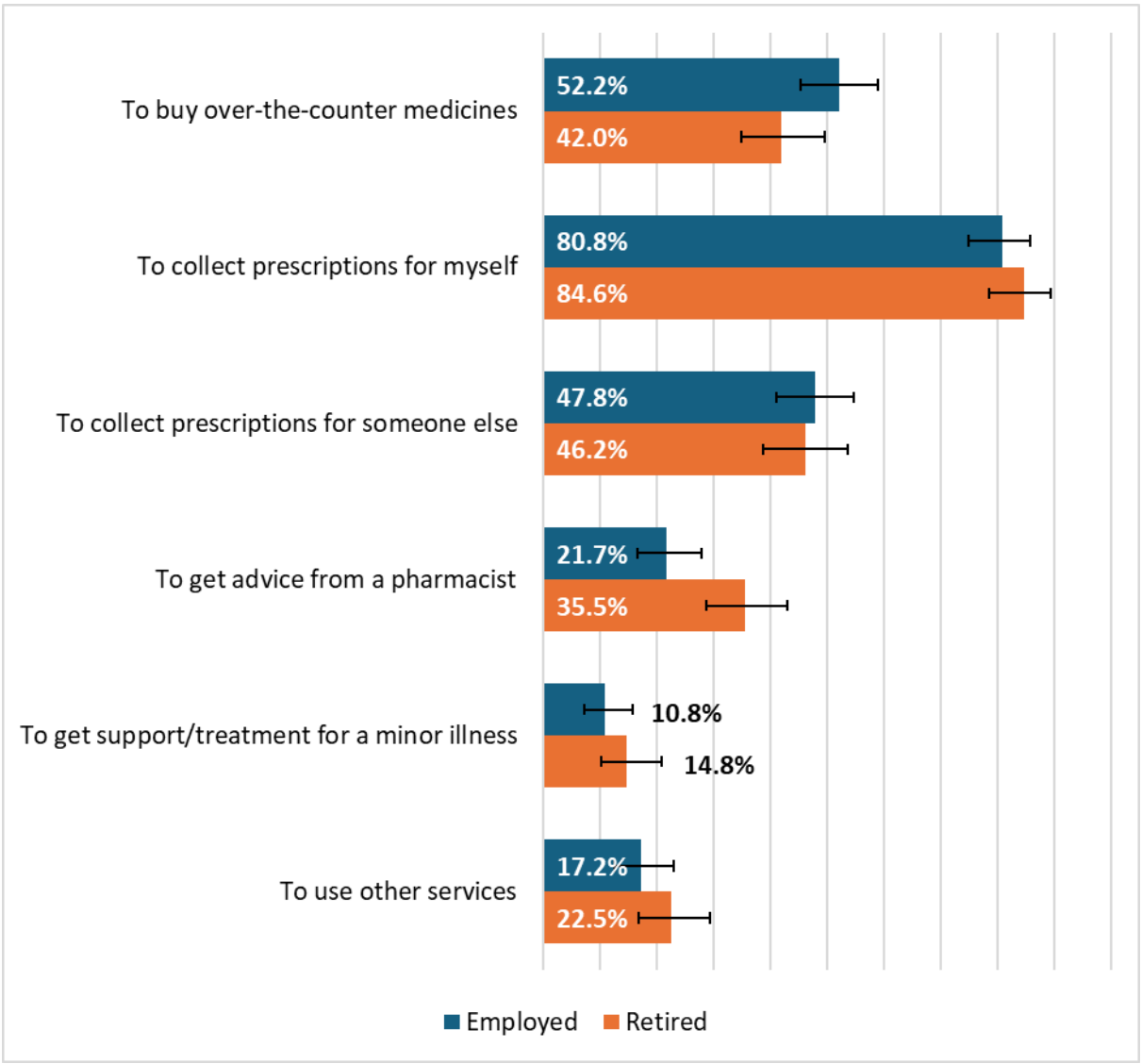
Figure 63: Frequency of pharmacy contact or visit, by employment status



6.4.3.2 Reasons for visiting a pharmacy

Figure 64 shows a breakdown of the selected reasons for visiting a pharmacy by survey respondents by employment status. Among the different reasons for visiting a pharmacy, survey participants who are retired were significantly more likely to select 'getting advice from a pharmacist' as a reason for visiting the pharmacy than those in some form of employment: 35.5% vs 21.7%.

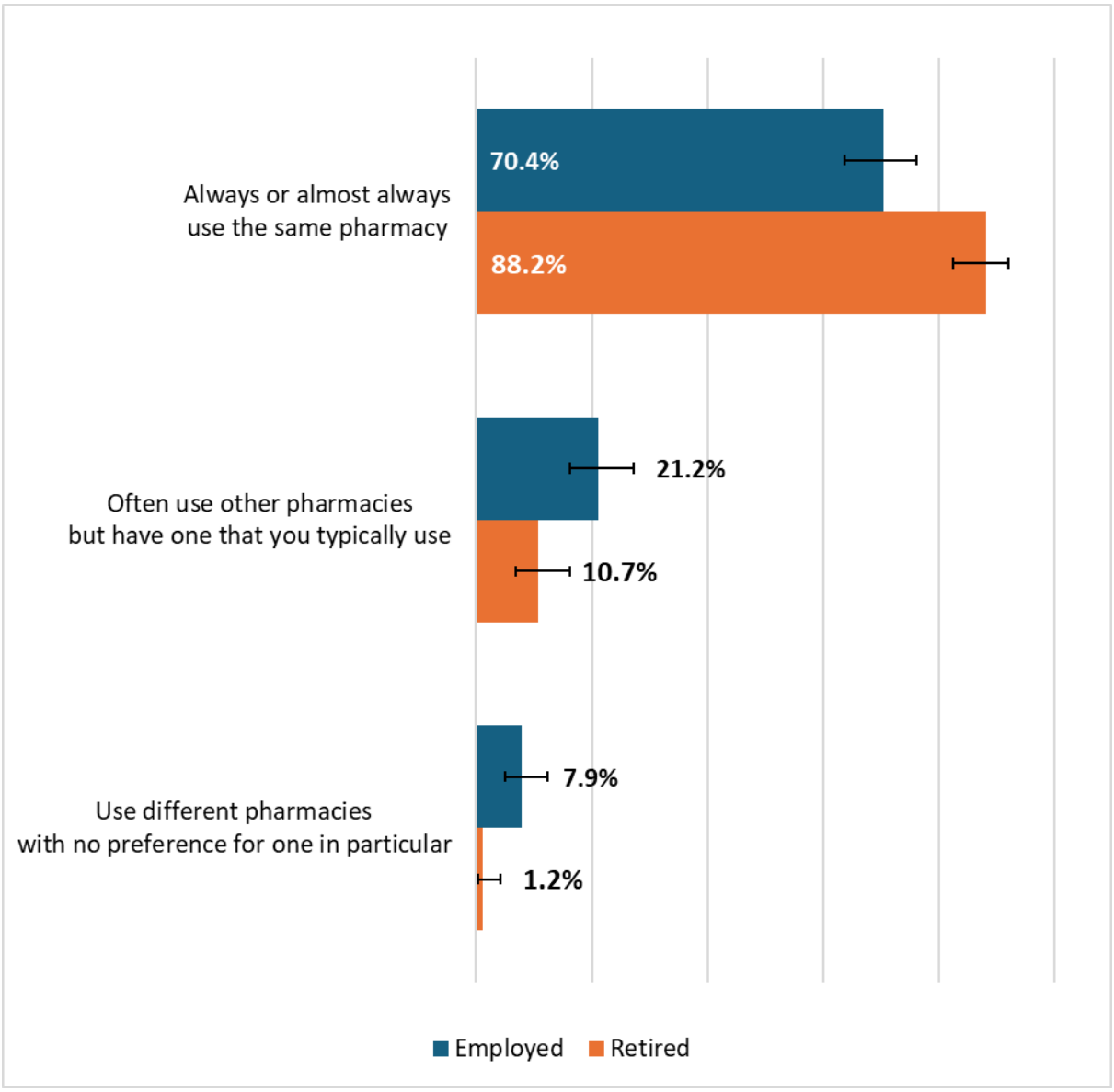
Figure 64: Reasons for visiting a pharmacy, by employment status



6.4.3.3 Variations in choice of pharmacy

The bar plot in Figure 65 shows that that survey respondents who are retired were significantly more likely to always or almost always used the same pharmacy when compared with survey respondents in some form of employment: 88.2% vs 70.4%.

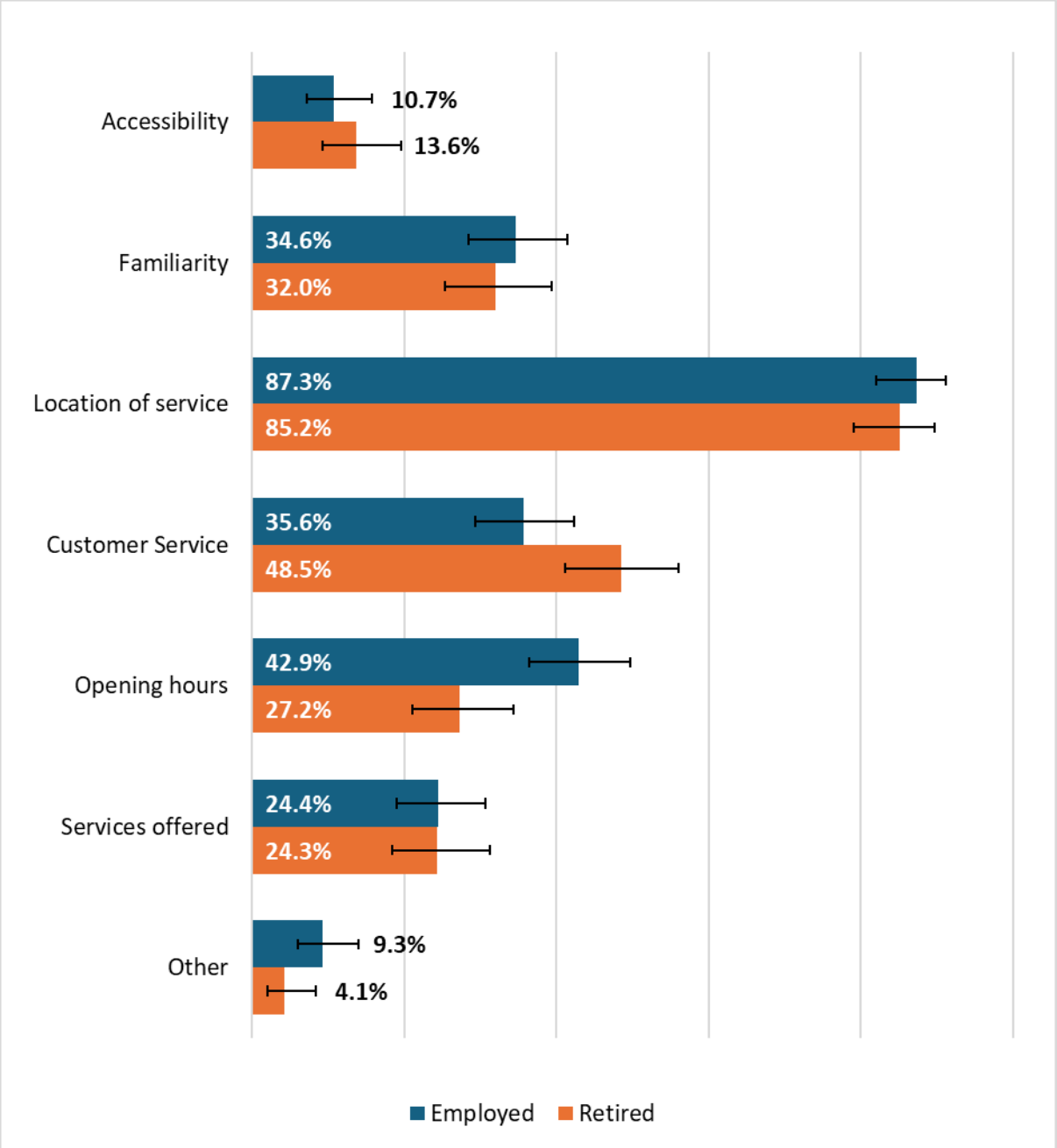
Figure 65: Variations in choice of pharmacy, by employment status



6.4.3.4 Factors influencing choice of pharmacy

There was a significant difference in the proportion of survey participants selecting opening hours as a factor influencing their choice of pharmacy: 42.9% of retired survey respondents vs 27.2% of employed respondents (Figure 66).

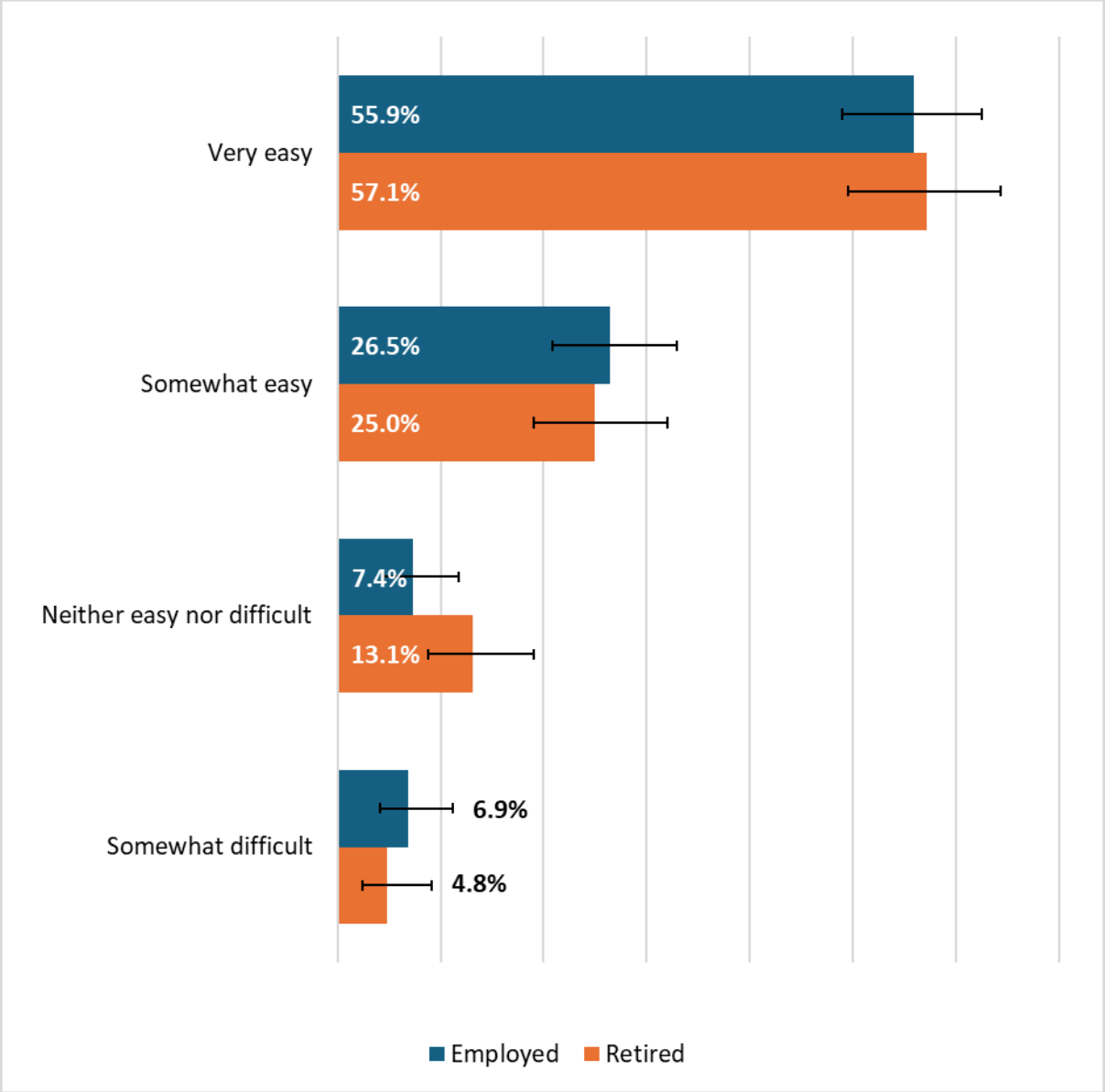
Figure 66: Factors influence choice of pharmacy, by employment status



6.4.3.5 Ease or difficulty in pharmacy use

There was no significant difference in reported levels of ease or difficulty in using pharmacy when comparing responses between those who are retired and their counterparts in some form of employment (Figure 67).

Figure 67: Ease or difficulty in pharmacy use, by employment status

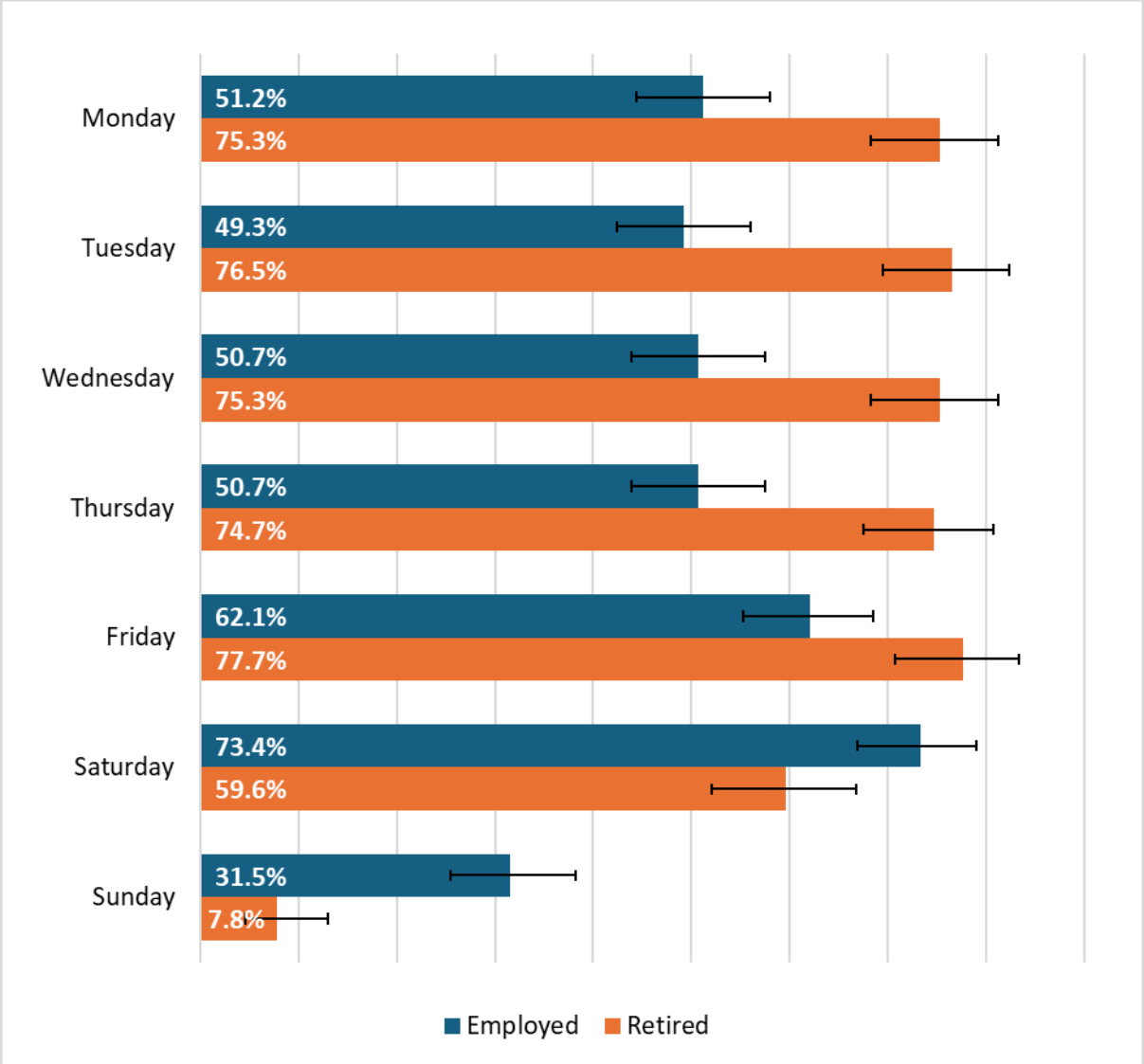


6.4.3.6 Convenient days to visit a pharmacy

There is a clear difference in the days of the week retired survey participants and those in employment found most convenient to visit the pharmacy.

Figure 68 shows that retired survey respondents were significantly more likely to prefer the weekdays (Monday to Friday) whereas those that are in employment were significantly more likely to prefer the weekends (Saturday and Sunday).

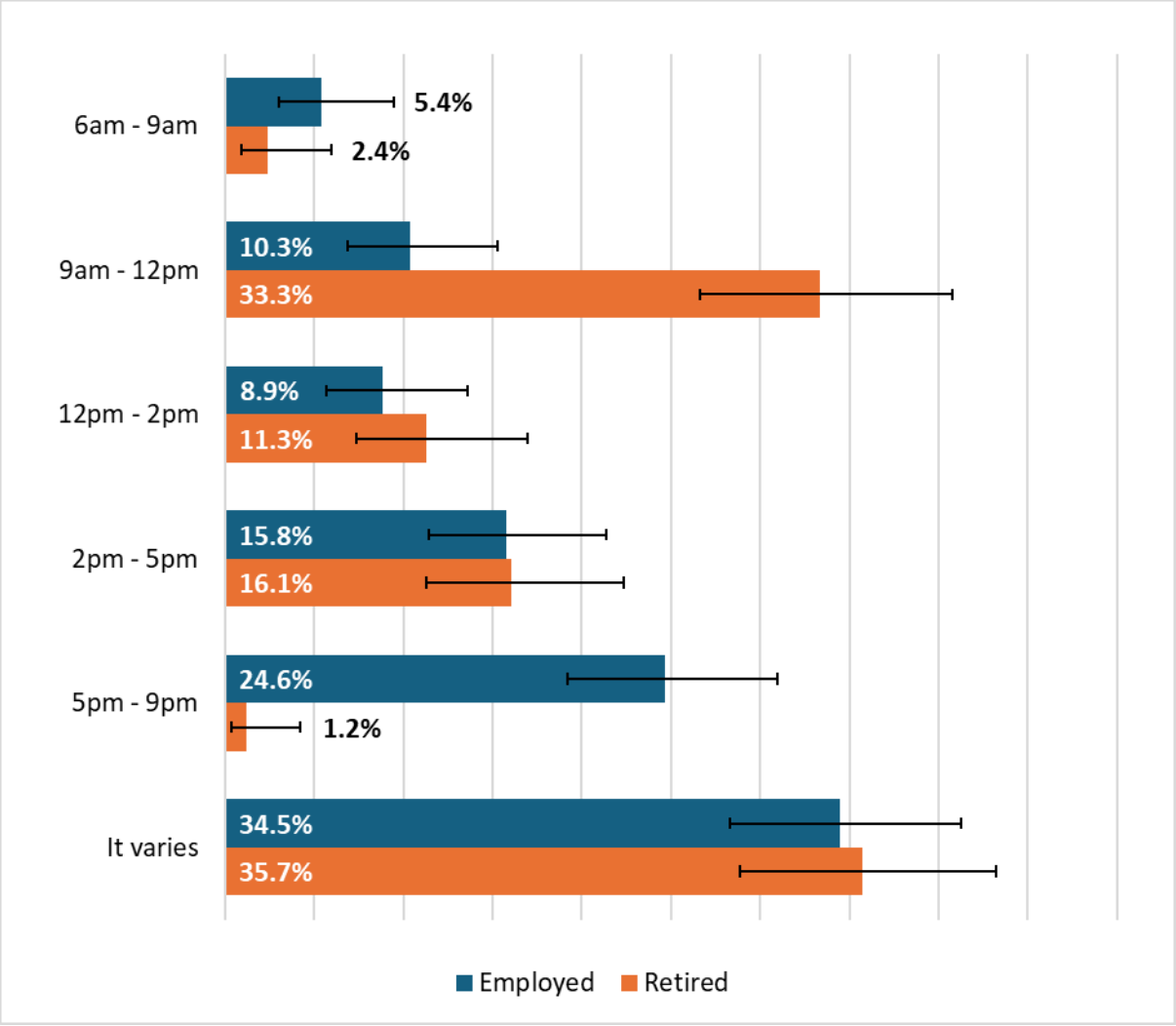
Figure 68: Most convenient days to visit a pharmacy, by employment status



6.4.3.7 Convenient times to visit a pharmacy

Figure 69 shows that there is a clear difference in the preferred time of day survey participants found most convenient to visit a pharmacy between those who are retired and those who are in some form of employment. For those in retirement, the hours between 9am and 12pm was considered most convenient time (33.3% vs 10.3%). For those in employment with specific preferred time of day, the 5pm to 9pm time slot was the most convenient time to visit the pharmacy.

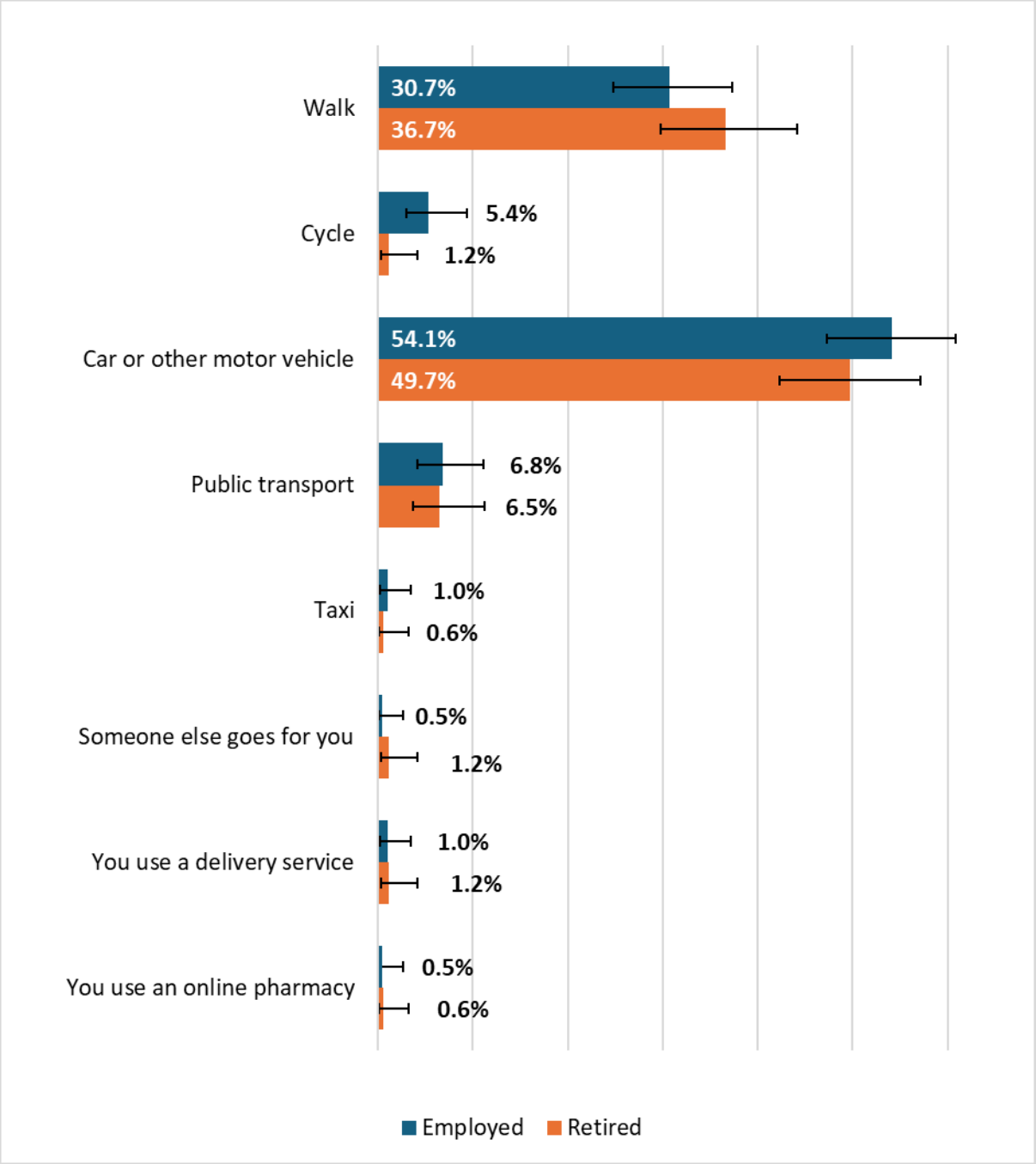
Figure 69: Most convenient time to visit a pharmacy, by employment status



6.4.3.8 Usual method of travel to the pharmacy

When it comes to the usual method of travel to the pharmacy, there was no significant difference between survey participants who are retired and their counterparts in some form of employment (Figure 70).

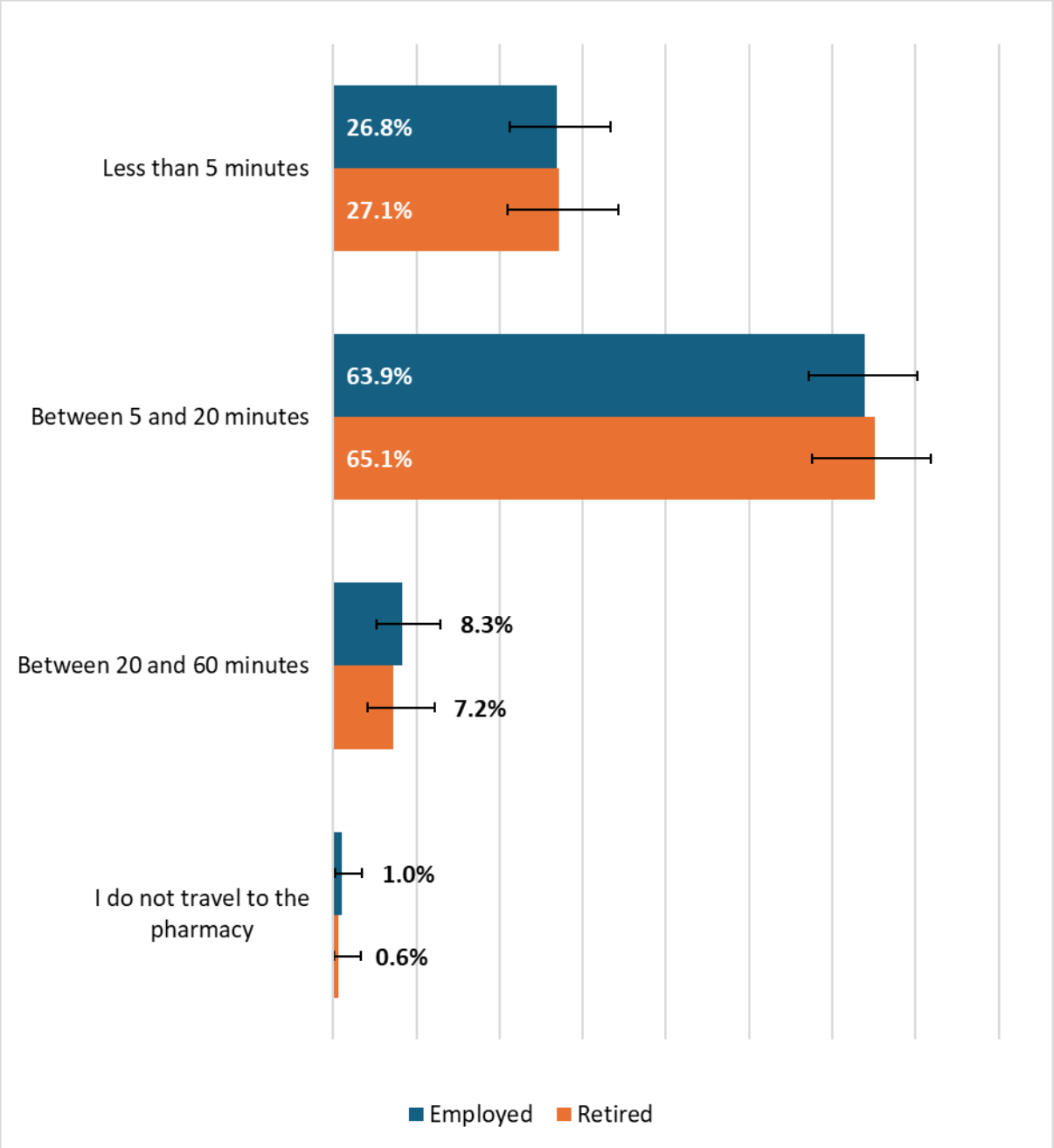
Figure 70: Usual methods of travel to the pharmacy, by employment status



6.4.3.9 Usual travel time to the pharmacy

As it pertains to the usual travel time to the pharmacy for survey respondents, there is no significant difference between respondents who are retired and those who are in some form of employment (Figure 71).

Figure 71: Usual travel time to the pharmacy, by employment status

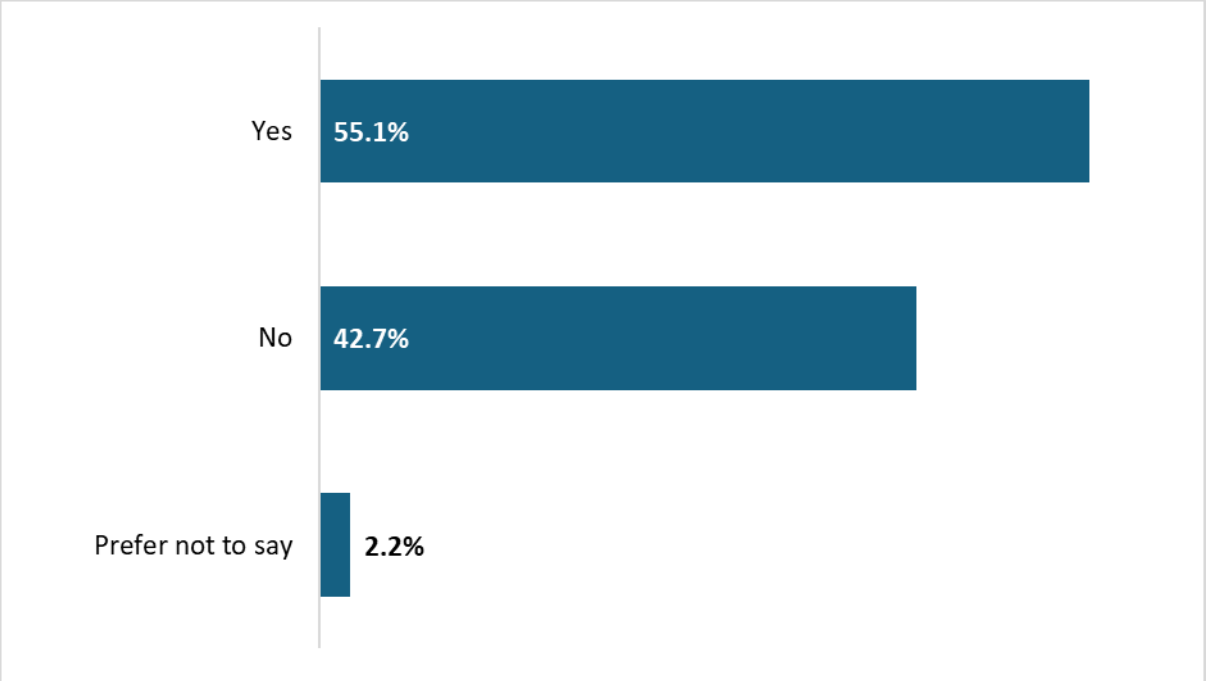


6.4.4 Disability or long-term health condition

In this survey, the proportion of survey participants who had a disability or long-term health conditions (LTC) was recorded using the question “do you have a disability or long-term health condition?". This question was answered by 412 out of 418 respondents.

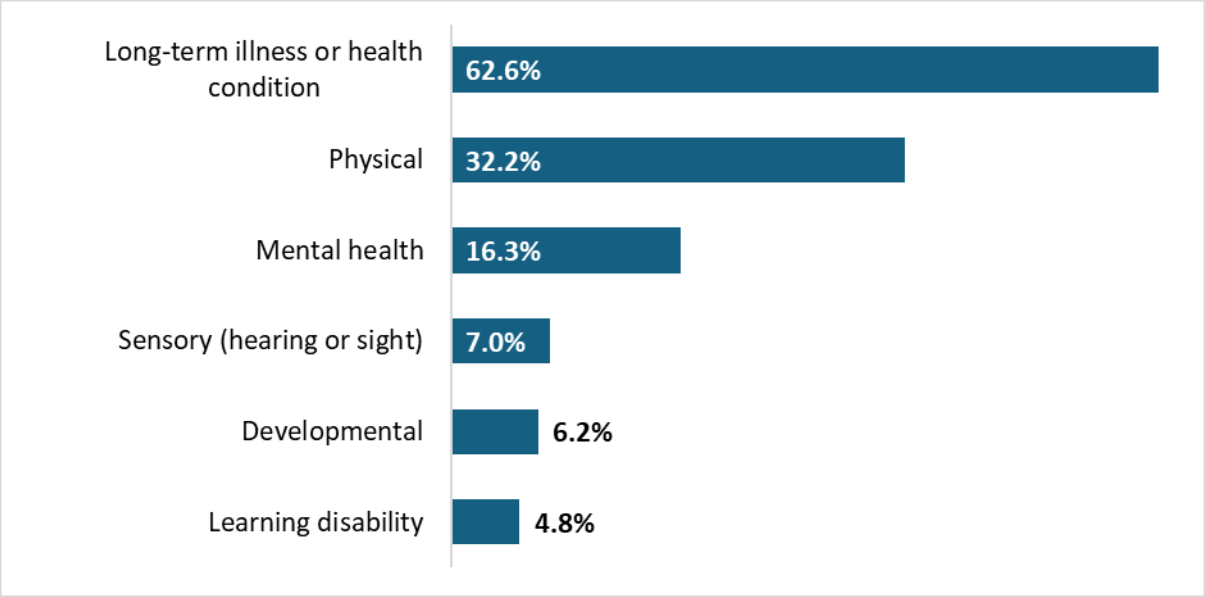
The bar plot in Figure 72 shows that 55.1% of survey respondents indicated that they had a disability or long-term health condition, compared with 42.7% of survey respondents who indicated no disability or long-term health condition.

Figure 72: Disability or long-term health condition status



The 227 survey respondents who indicated that they had a disability or LTC in the previous questions where then asked to select ‘which of the following categories best described your disability or long-term health condition?’. This was a multiple-choice question enabling respondents to select more than one category. Figure 73 shows that 62.6% of respondents with a disability or LTC had a long-term illness or health condition. The second most commonly selected option was physical (32.2%) with mental health (16.3%) the third most type of common disability or LTC.

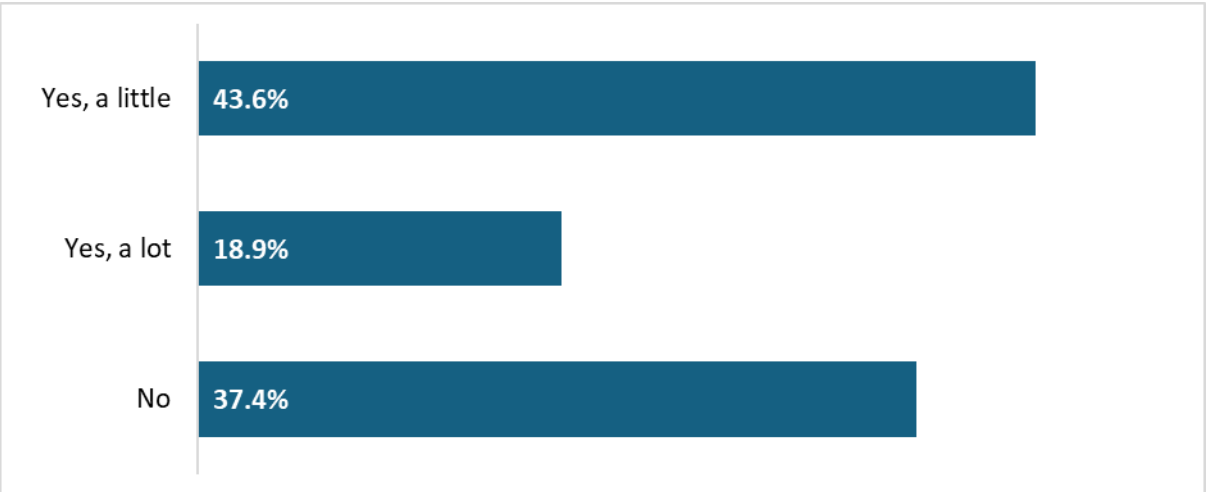
Figure 73: Category of disability or long-term health condition



Respondents with a disability or LTC where then asked to describe the extent to which their day-to-day activities are limit by their illness, impairment or disability. The options provided were 'Yes, a little', 'Yes, a lot' or 'No'.

Around 43.6% of respondents with a disability or LTC reported that their day-to-day activities were limited a little by their illness, impairment or disability, with a further 18.9% reported that they were limited a lot (Figure 74).

Figure 74: Extent to which day-to-day activities are limited by disability or long-term health condition

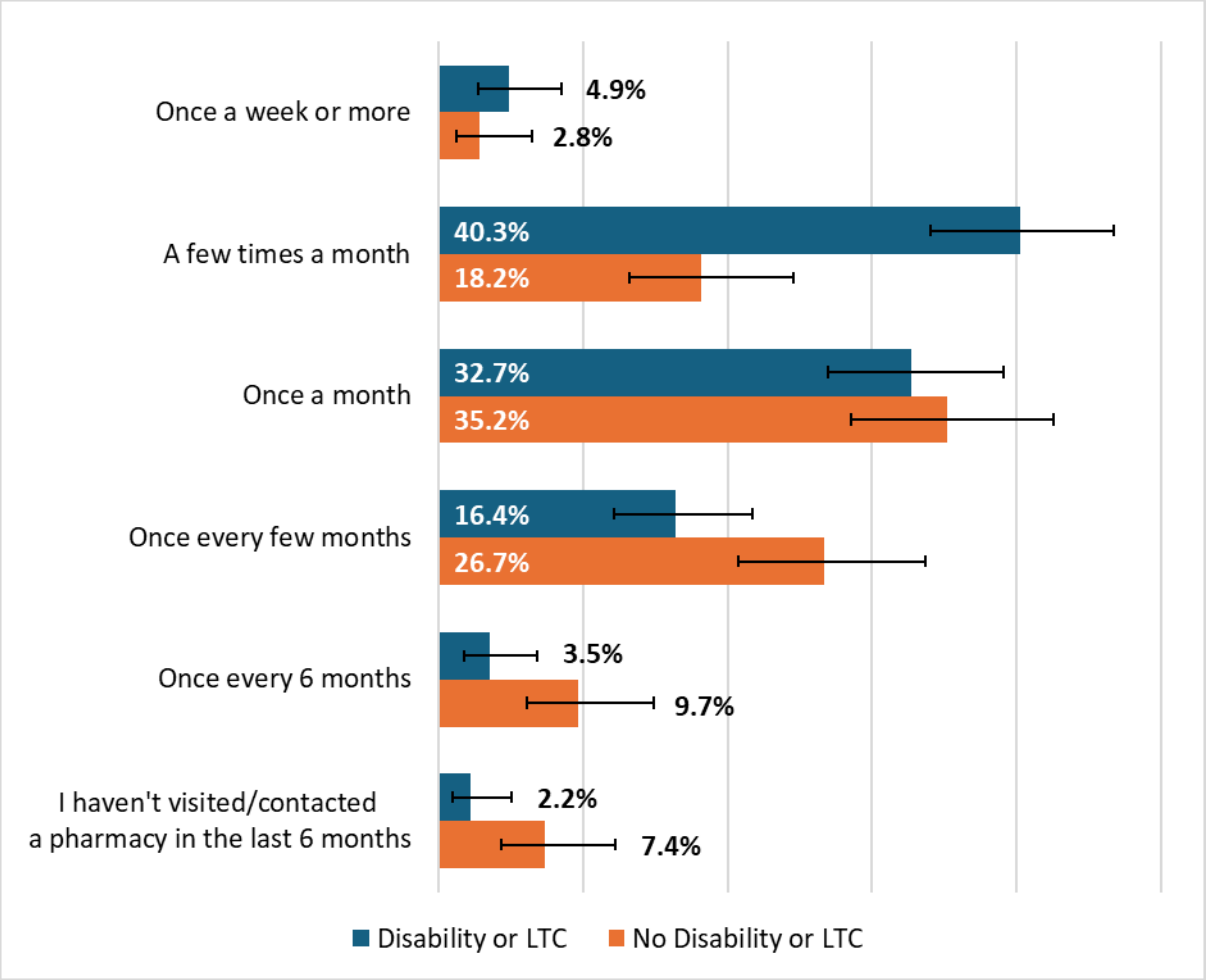


In this section you will find further analysis exploring potential differences in experience with pharmacy services between those who indicated to have a disability or LTC (n= 227) and those without a disability or LTC (n=176).

6.4.4.1 Frequency of pharmacy visit or contact

Survey respondents with a disability or LTC were significantly more likely to visit or contact a pharmacy on regular basis than those without a disability or LTC. The bar plot in Figure 75 shows that respondents with a disability or LTC were significantly more likely to visit or contact a pharmacy a few times a month than their counterparts without a disability or LTC: 40.3% vs 18.2%.

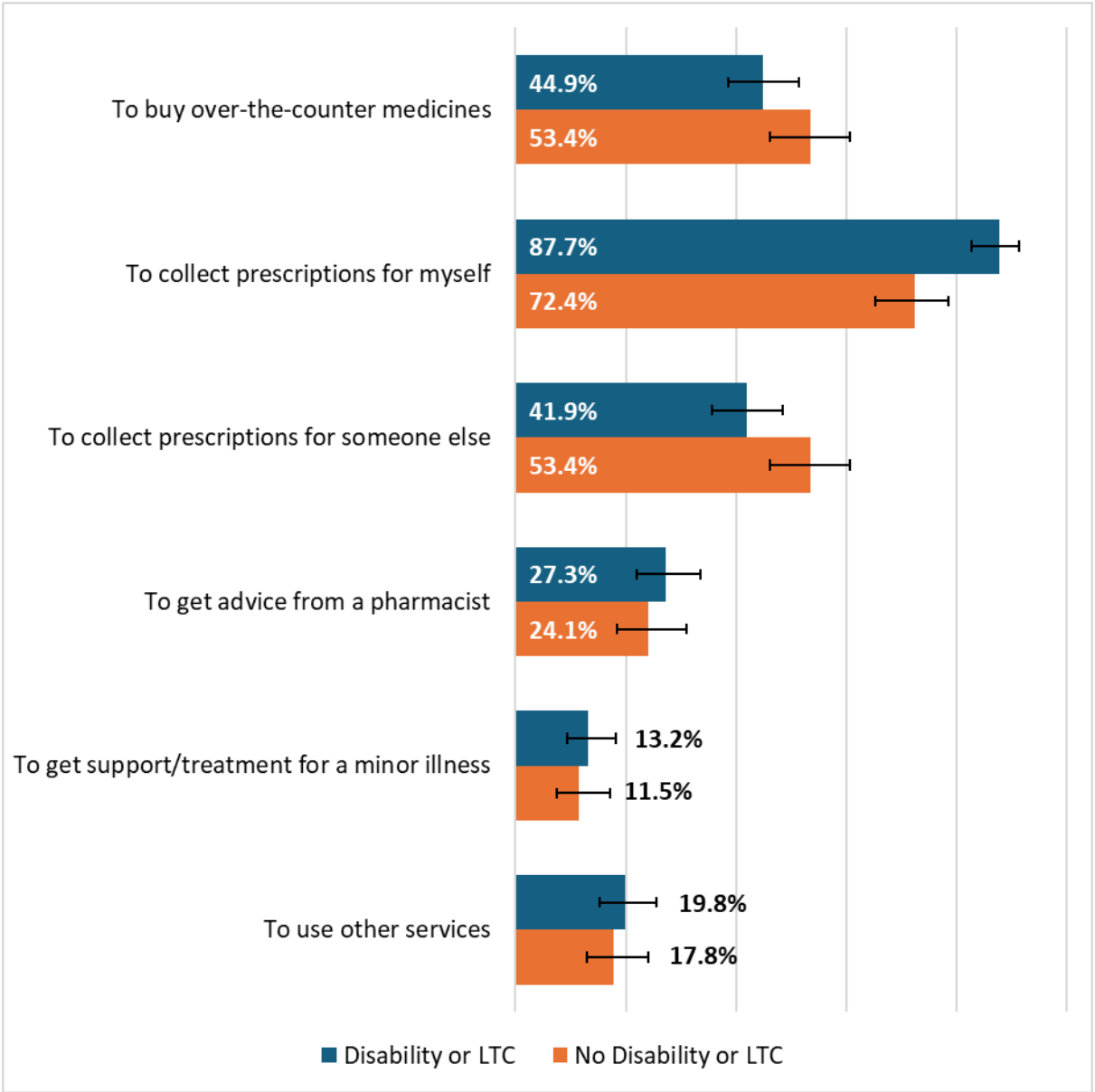
Figure 75: Frequency of pharmacy contact or visit, by disability or long-term health condition status



6.4.4.2 Reasons for visiting a pharmacy

Survey respondents with a disability or LTC were significantly more likely to go to the pharmacy to collect a prescription for themselves than their counterparts with no disability or LTC: 87.7% vs 72.4% (Figure 76).

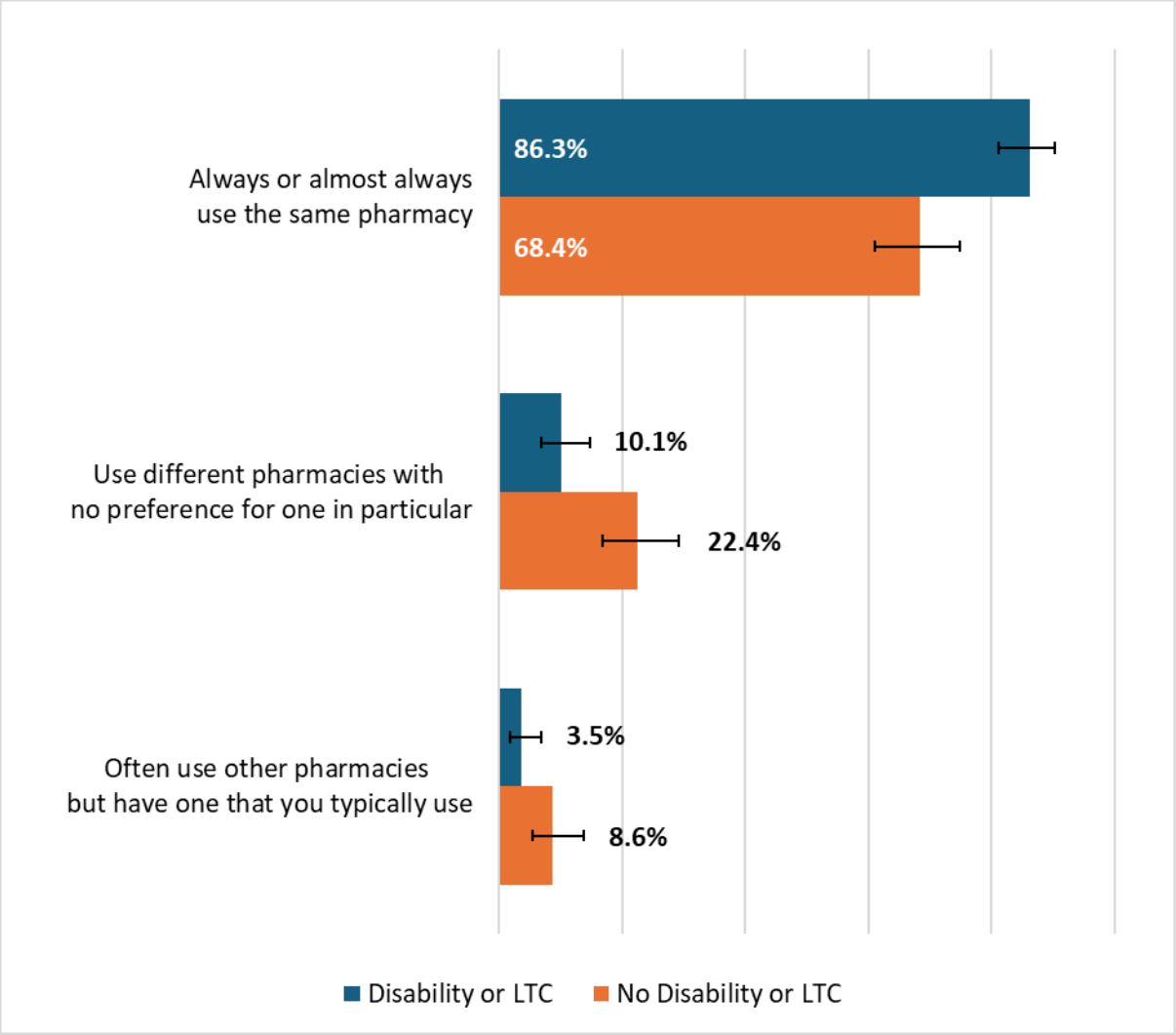
Figure 76: Reasons for visiting a pharmacy, by disability or long-term health condition status



6.4.4.3 Variations in choice of pharmacy

When comparing variations in choice of pharmacy between those with or without a disability or LTC, there were clear difference between these two groups. Respondents with a disability or LTC were significantly more likely to always or almost always use the same pharmacy: 86.3% vs 68.4%. Conversely, those without a disability or LTC were significantly more likely to use different pharmacies with no preference for one pharmacy in particular: 22.4% vs 10.1% (Figure 77).

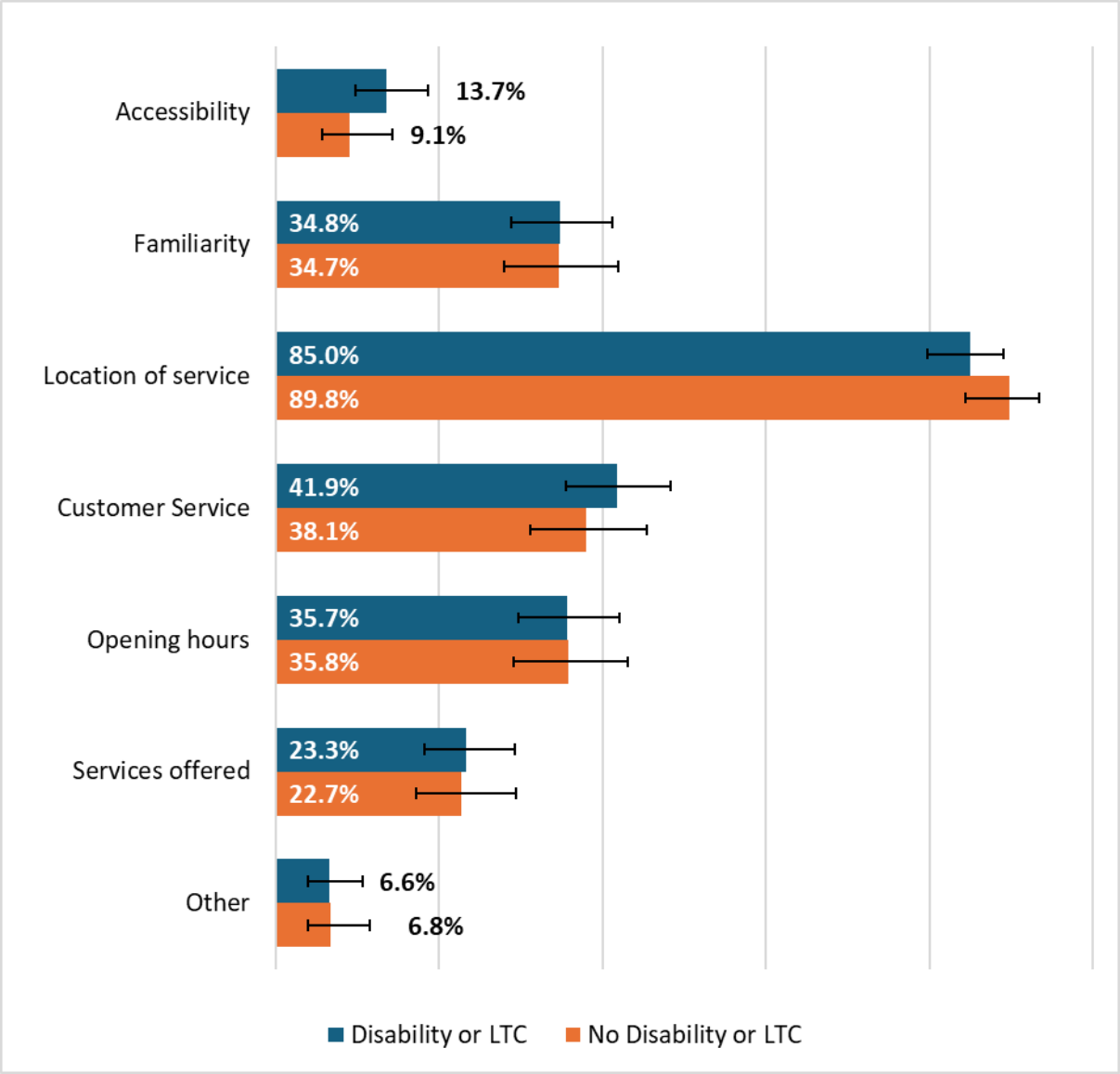
Figure 77: Variations in choice of pharmacy, by disability or long-term health condition status



6.4.4.4 Factors influencing choice of pharmacy

When considering all the factors influencing individual's choice of pharmacy, there were no significant differences between respondents with a disability or LTC and those without a disability or LTC (Figure 78).

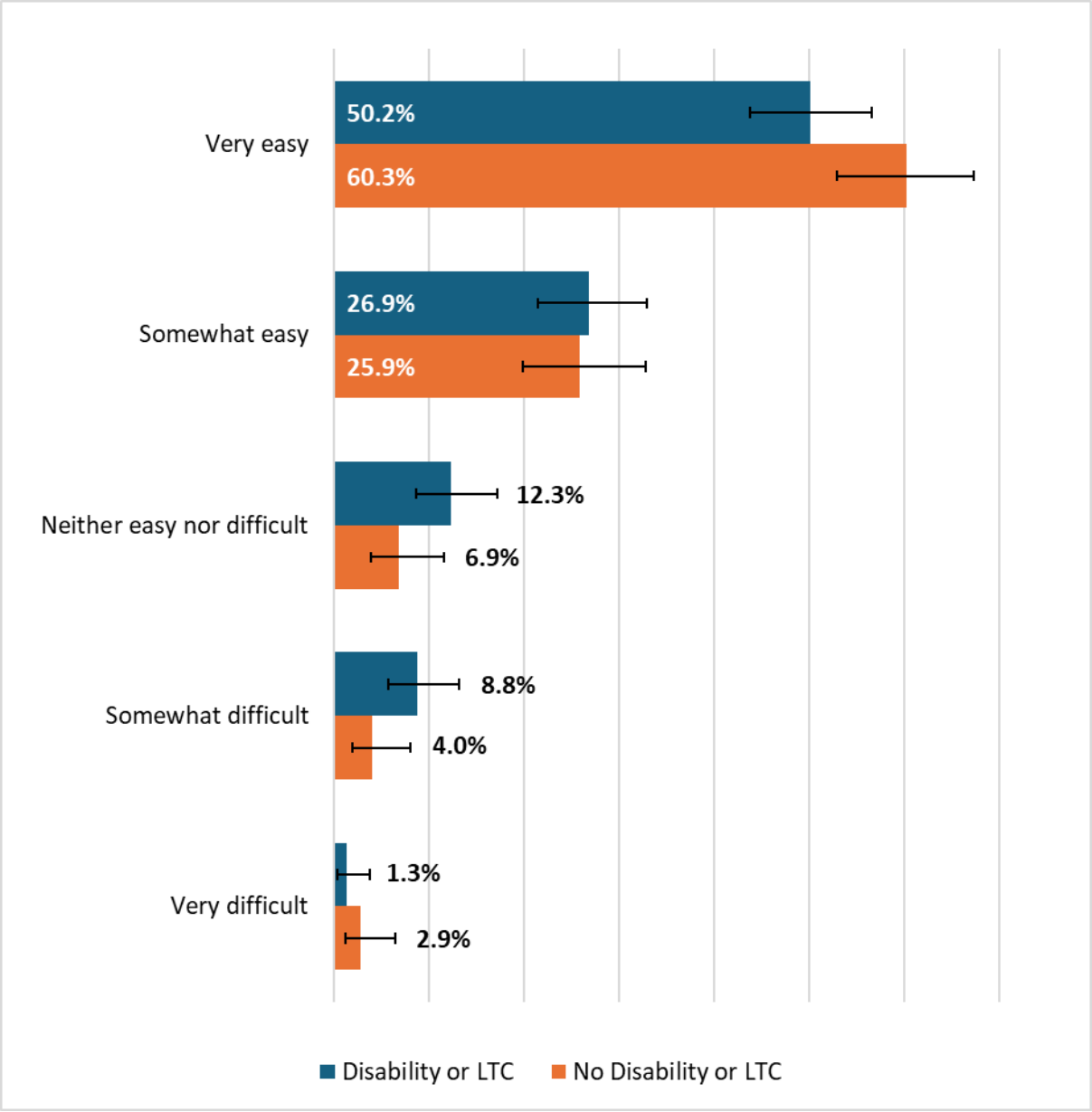
Figure 78: Factors influence choice of pharmacy, by disability or long-term health condition status



6.4.4.5 Ease or difficulty in pharmacy use

There was no significant difference in reported levels of ease or difficulty in using the pharmacy when comparing responses between those who had a disability or LTC and their counterparts with no disability or LTC (Figure 79).

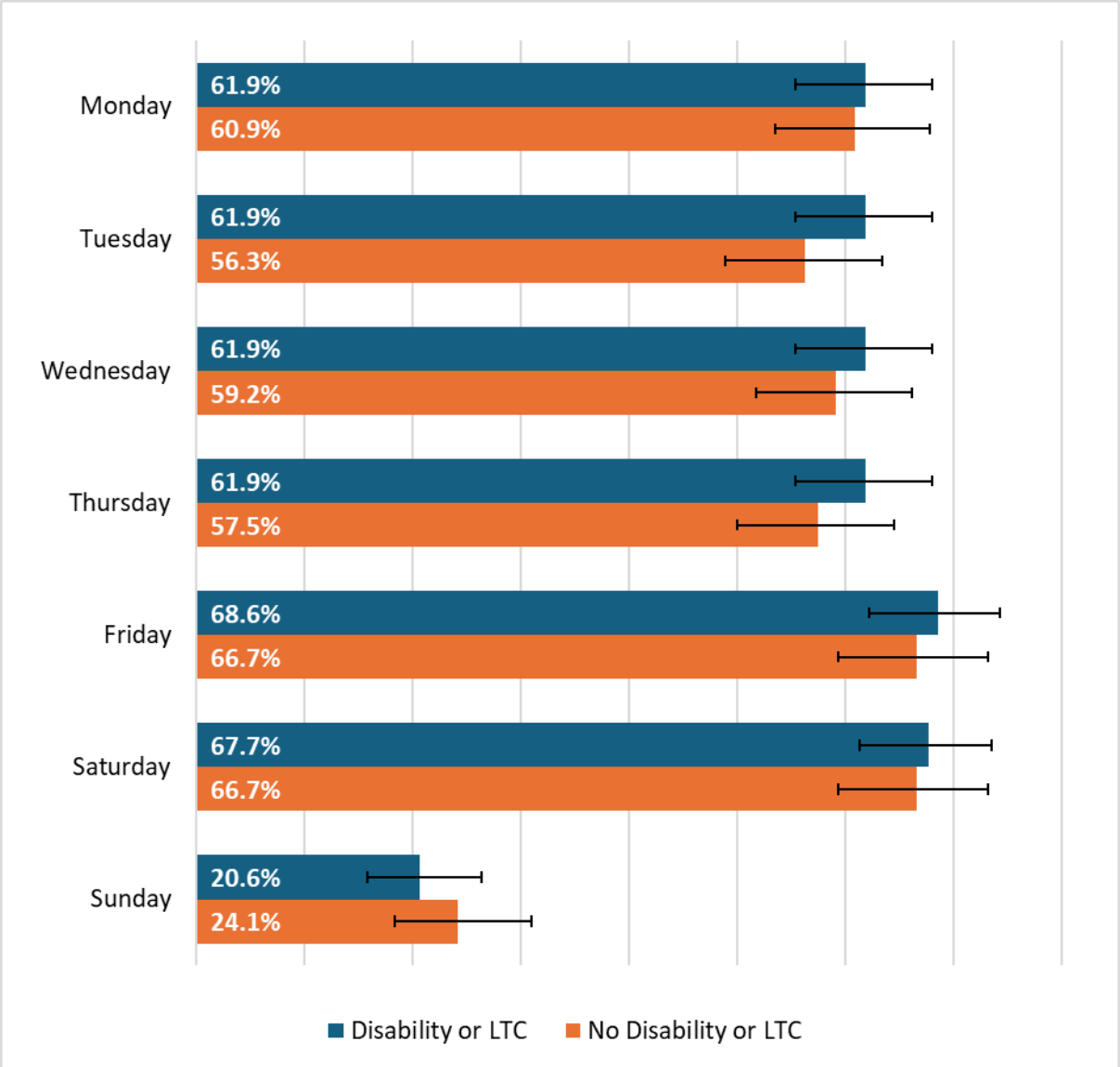
Figure 79: Ease or difficulty in pharmacy use, by disability or long-term health condition status



6.4.4.6 Convenient days to visit a pharmacy

There was no significant difference in preference of the day of the week respondents found most convenient to visit the pharmacy between those with a disability or LTC and those without a disability or LTC (Figure 80).

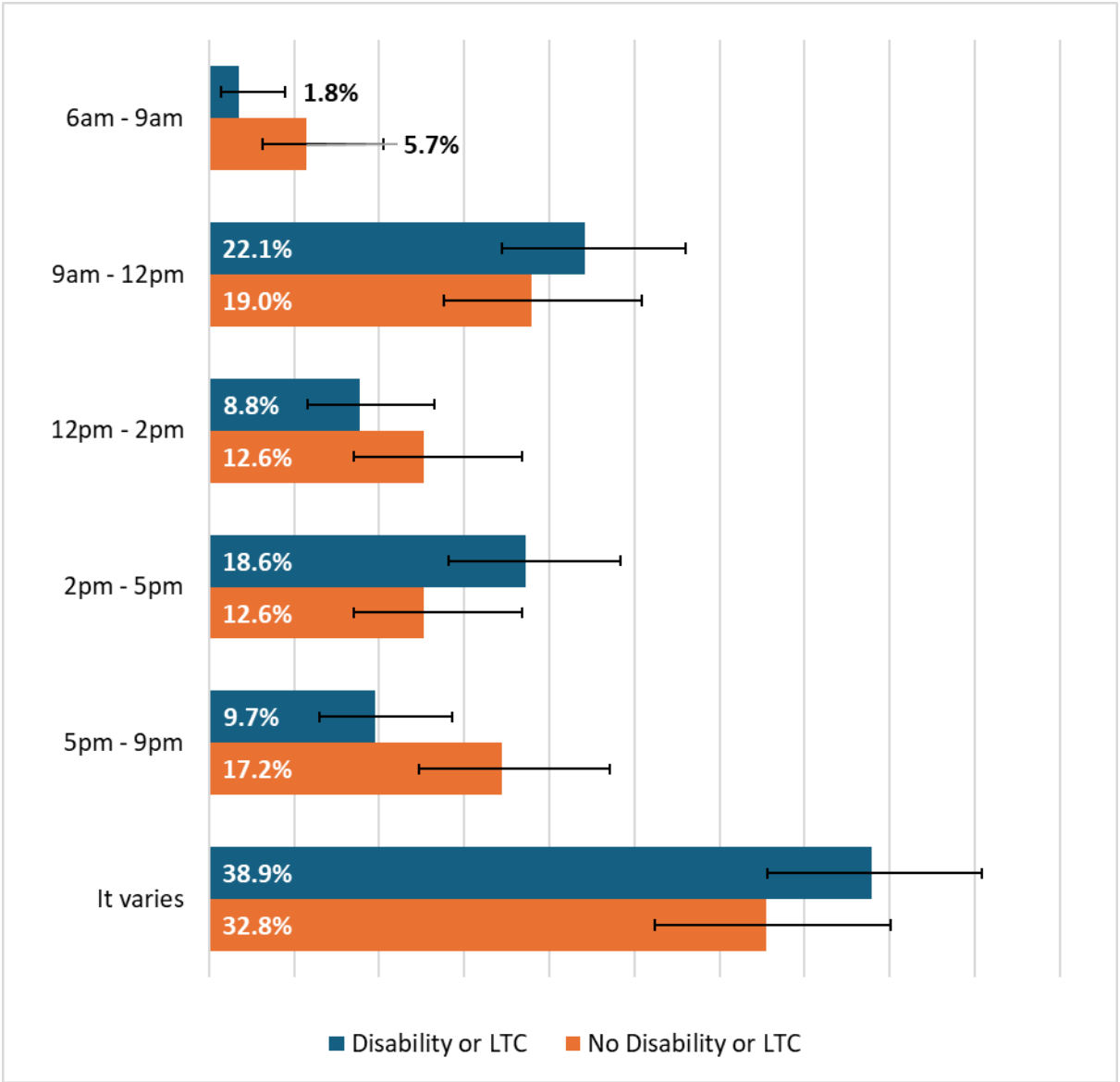
Figure 80: Most convenient days to visit a pharmacy, by disability or long-term health condition status



6.4.4.7 Convenient times to visit a pharmacy

When it comes to the most convenient time for survey respondents to visit the pharmacy, there was no significant difference in preference between those with a disability or LTC and those without a disability or LTC (Figure 81).

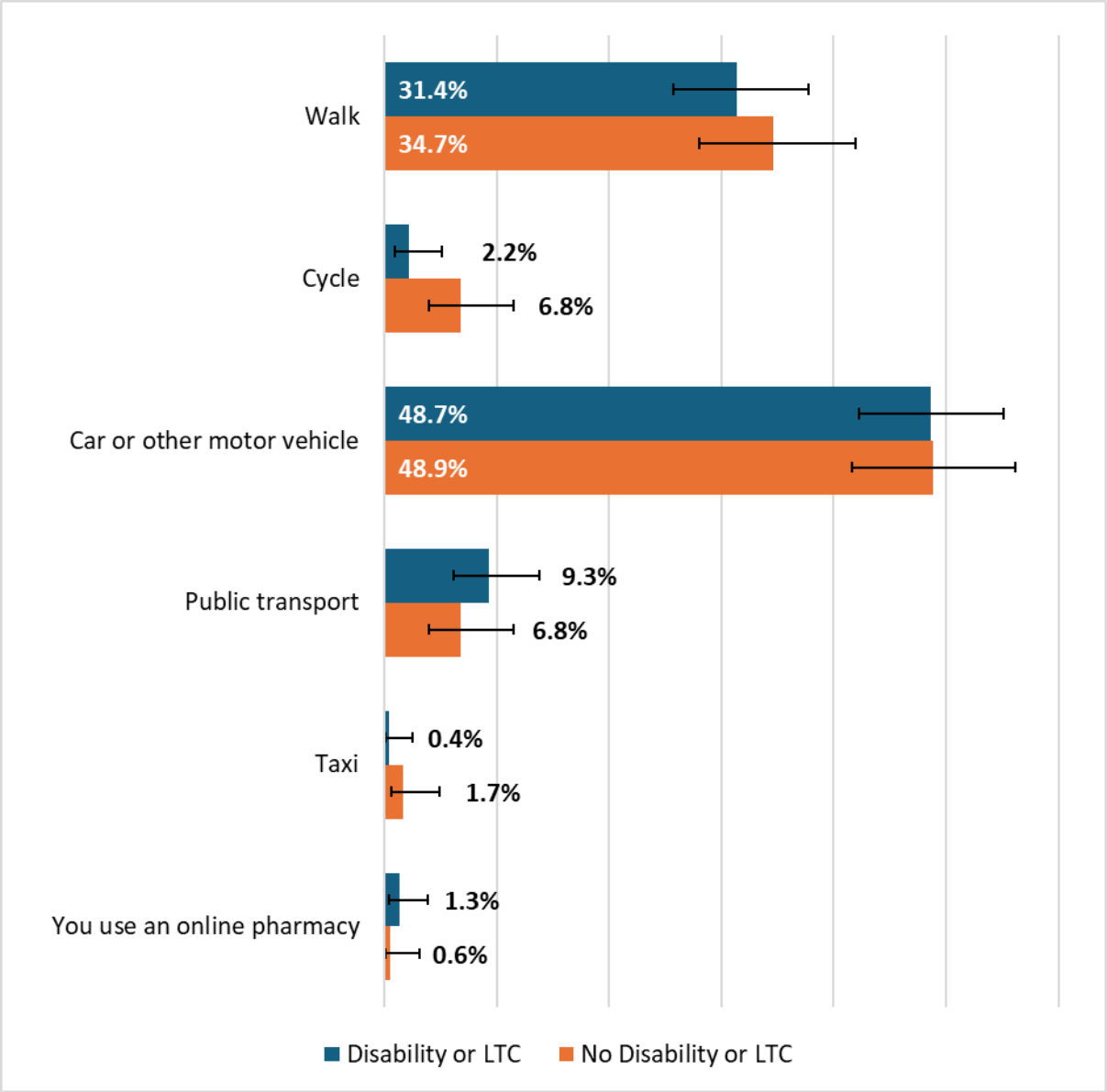
Figure 81: Most convenient time to visit a pharmacy, by disability or long-term health condition status



6.4.4.8 Usual method of travel to the pharmacy

When it comes to the usual method of travel to the pharmacy, there was no significant difference between survey participants who had a disability or LTC and their counterparts without a disability or LTC (Figure 82).

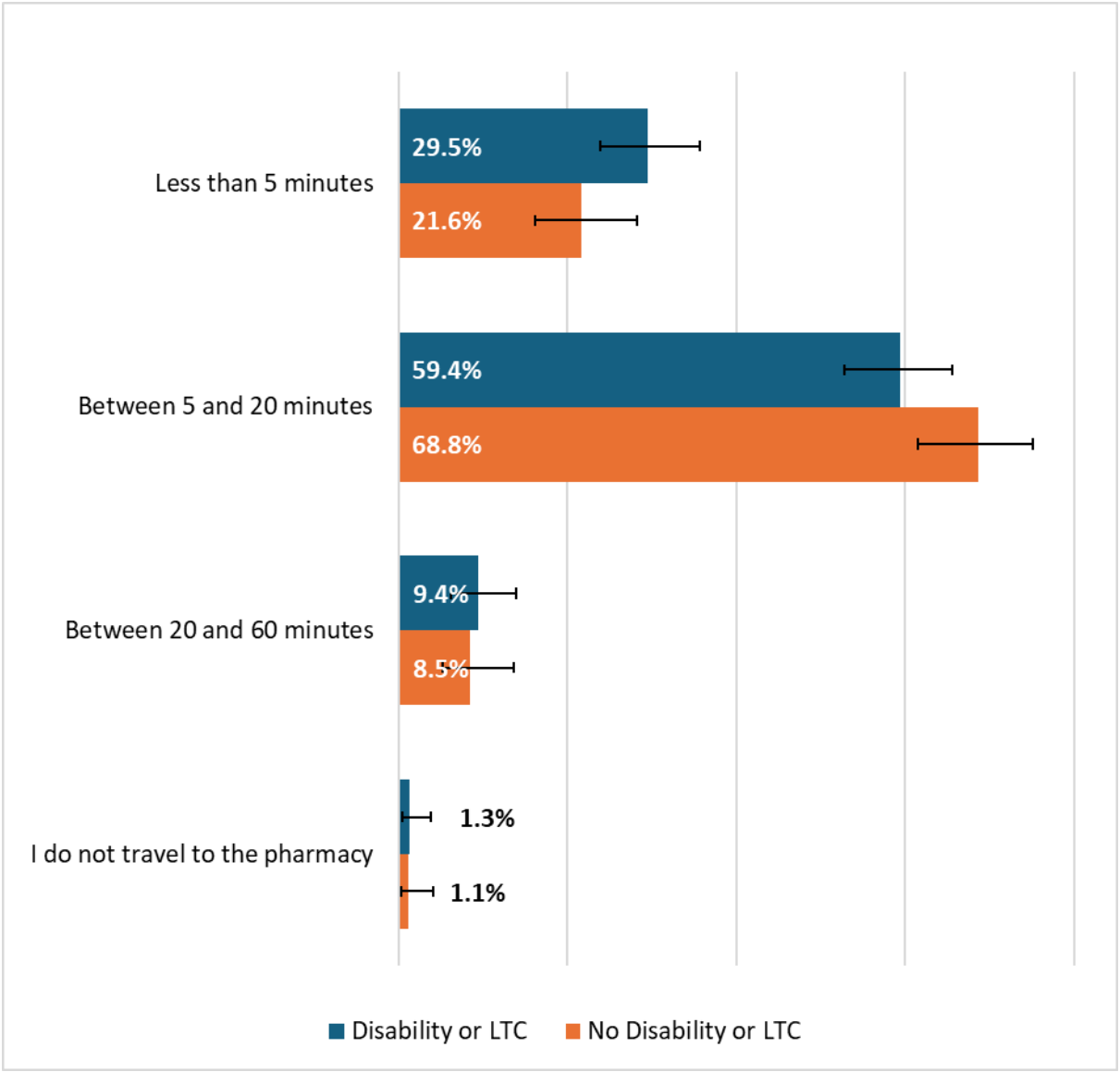
Figure 82: Usual methods of travel to the pharmacy, by disability or long-term health condition status



6.4.4.9 Usual travel time to the pharmacy

As it pertains to the usual travel time to the pharmacy for survey respondents, there is no significant difference in travel time between respondents who had a disability or LTC and those who did not have a disability or LTC (Figure 83).

Figure 83: Usual travel time to the pharmacy, by disability or long-term health condition status

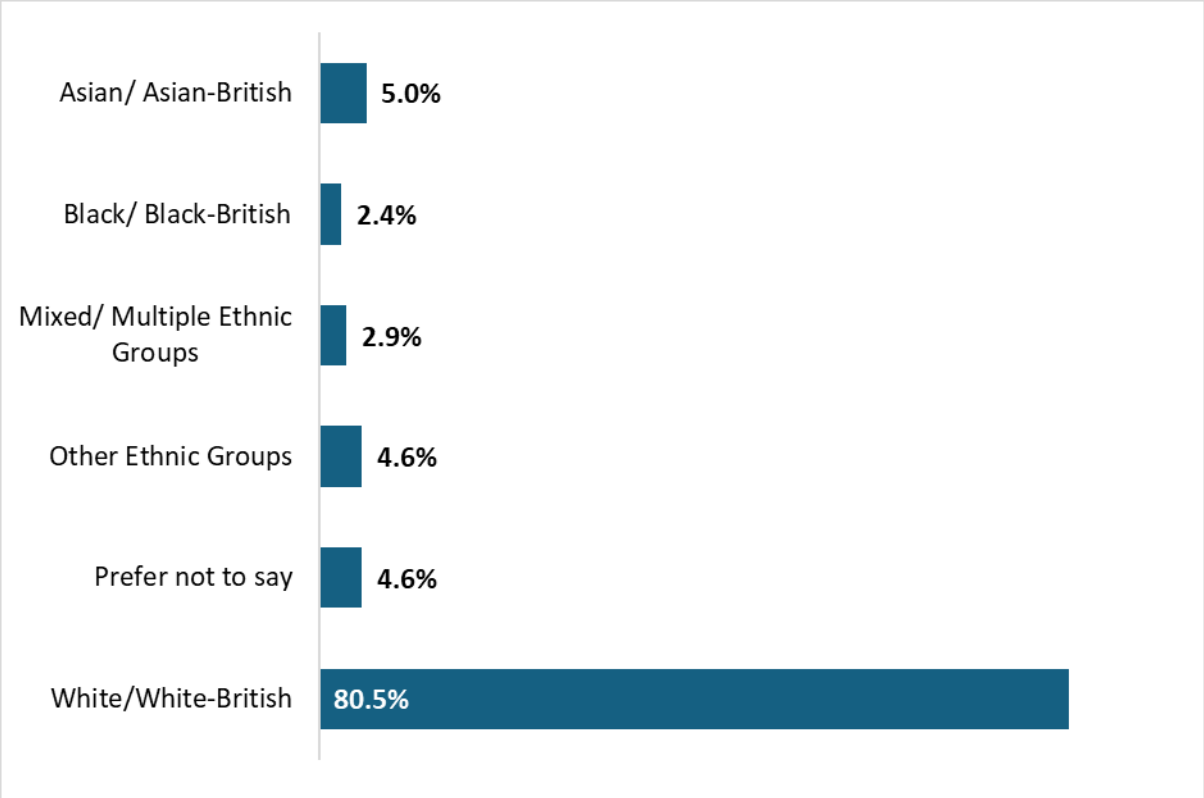


6.4.5 Ethnicity

Survey respondents were asked to describe their ethnicity by selecting one of the six broad census ethnic group: Asian or Asian British; Black, Black British, Caribbean or African; Mixed or multiple ethnic groups; Other ethnic group; White. There was also an option to select 'prefer to not say'. The question was answered by 416 out of 418 survey respondents

The majority of survey respondents described their ethnicity as White (80.5%). The most common ethnic minority group were Asian or Asian British (5.0%) (Figure 84). Due to the small number of survey participants from specific ethnic minority groups, no further analysis was performed comparing differences between the different groups. Although grouping the distinct ethnic groups under the category 'BAME' has frequently been used, we have not done this for this analysis as group has distinct needs and preferences for pharmacy services[110].

Figure 84: Ethnicity of survey participants

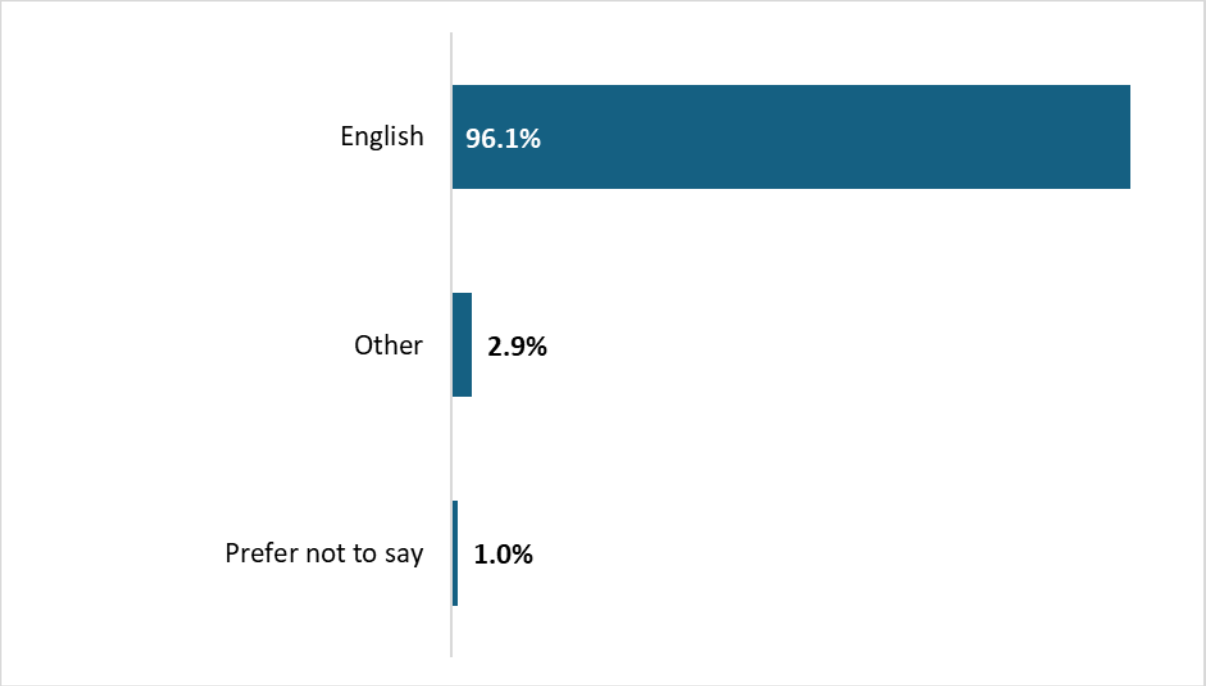


6.4.6 Main language spoken

Main language spoken by people living in the borough using pharmacy services was captured in this survey using the question ‘what is the main language spoken in your home? The main options for this question were ‘English’, ‘other’ and prefer not to say. Where respondents selected ‘other’ there was space to write in the main language spoken. This question was answered by 407 out of 418 survey respondents.

English was the main language for 96.1% of survey respondents. There were only 12 survey respondents (2.0%) who did not speak English as a main language. Other languages spoken as a main language by these respondents were: Cantonese (n=1); Polish (n=2); Romanian (n=2); Nepali (n=3); Gujarati (n=4) (Figure 85).

Figure 85: Main language spoken at home

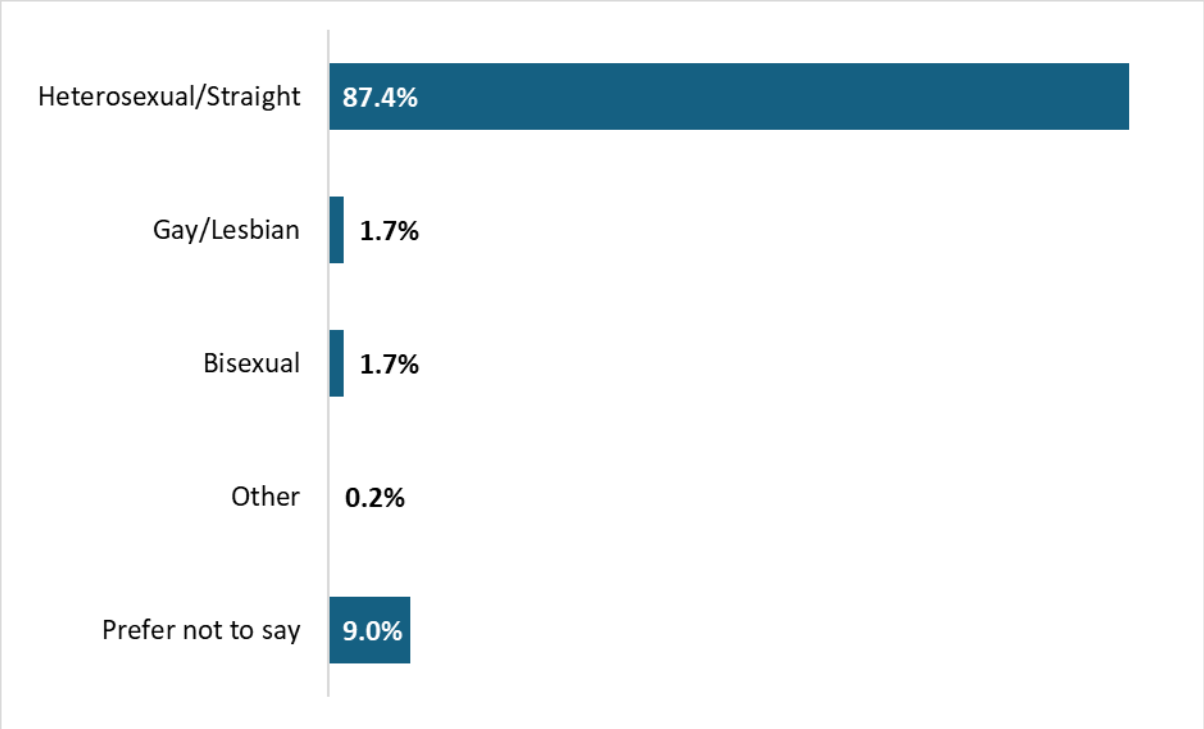


6.4.7 Sexual orientation

Survey respondents were asked to select their sexual orientation from the following options: heterosexual/straight; gay/lesbian; bisexual; other. There was also the option to select 'prefer not to say'. This question was answered by 413 out of 418 survey respondents.

The most common option selected by respondents was 'heterosexual/straight' (87.4%). The second most common option selected was 'prefer not to say' at 9.0%. Around 3.6% of respondents identified as gay, lesbian or bisexual or other (Figure 86). According to the 2021 census, 8.6% of the population in Bracknell Forest had sexual orientations other than heterosexual/straight[111]. The low response from people with minority sexual orientations could indicate that more should have been done to reach out to these residents. Due to the small number of people with sexual orientations others than heterosexual/straight, no further analysis was performed.

Figure 86: Sexual orientation of survey respondents

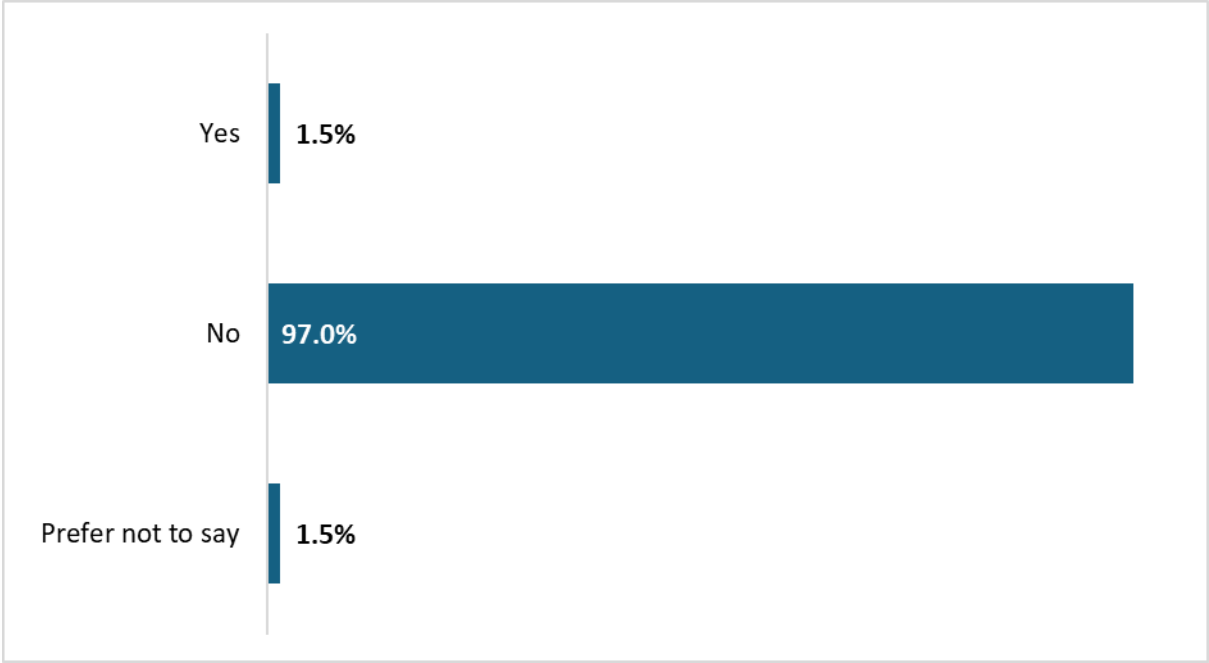


6.4.8 Pregnancy

Survey respondents were asked to identify their current pregnancy status or recent pregnancy (in the last 12 months) by selection either ‘yes’ or ‘no’ on the questionnaire. There was an option ‘prefer not to say’ for those who did not want to confirm their status. 398 out of the 418 survey respondents answered this question.

When asked ‘are you pregnant or have you given birth in the last 12 months? there were a total of 6 respondents (1.5%) selecting ‘yes’, with 386 respondents (97.0%) selecting ‘no’ (Figure 87). Due to the small number of people with current or recent pregnancy, no further analysis was performed.

Figure 87: Current or recent pregnancy status

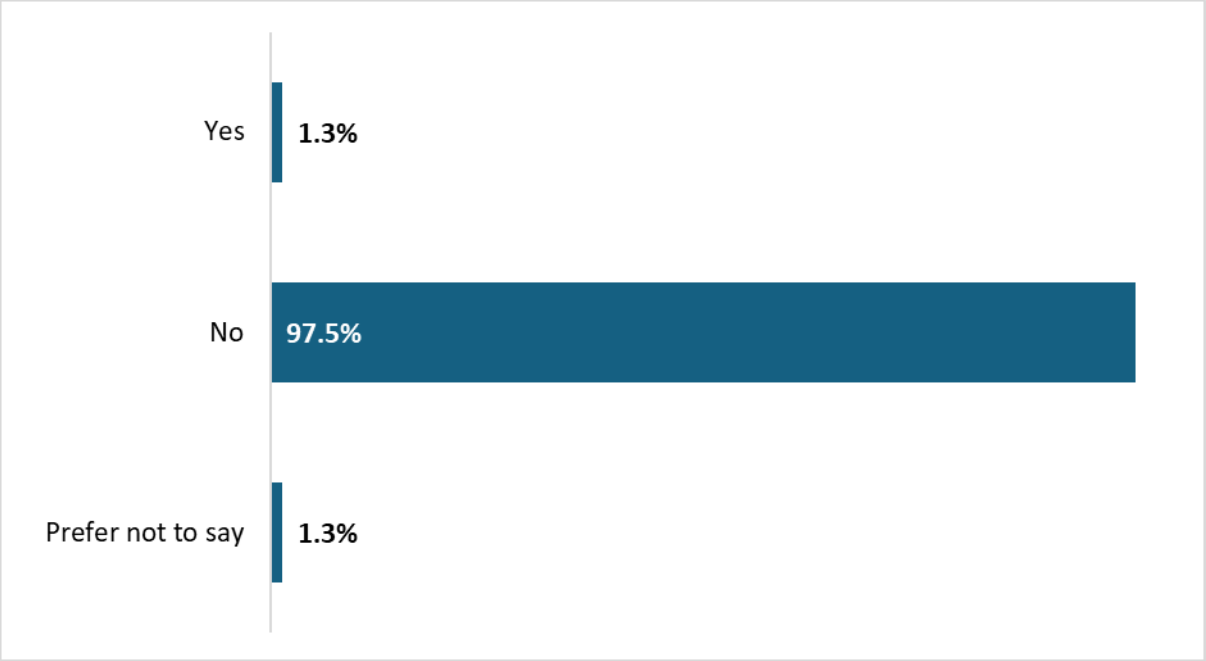


6.4.9 Breastfeeding

Current breastfeeding status was captures using the question ‘are you currently breastfeeding? Options for this question were ‘yes’, ‘no’ and ‘prefer not to say’. This question was answered by 413 out of 418 survey respondents.

The total number of respondents answering this question in the affirmative was 5, accounting for 1.3% of all answers, with 97.5% of respondents answering no (Figure 88). Due to the small number of respondents breastfeeding no further analysis was conducted.

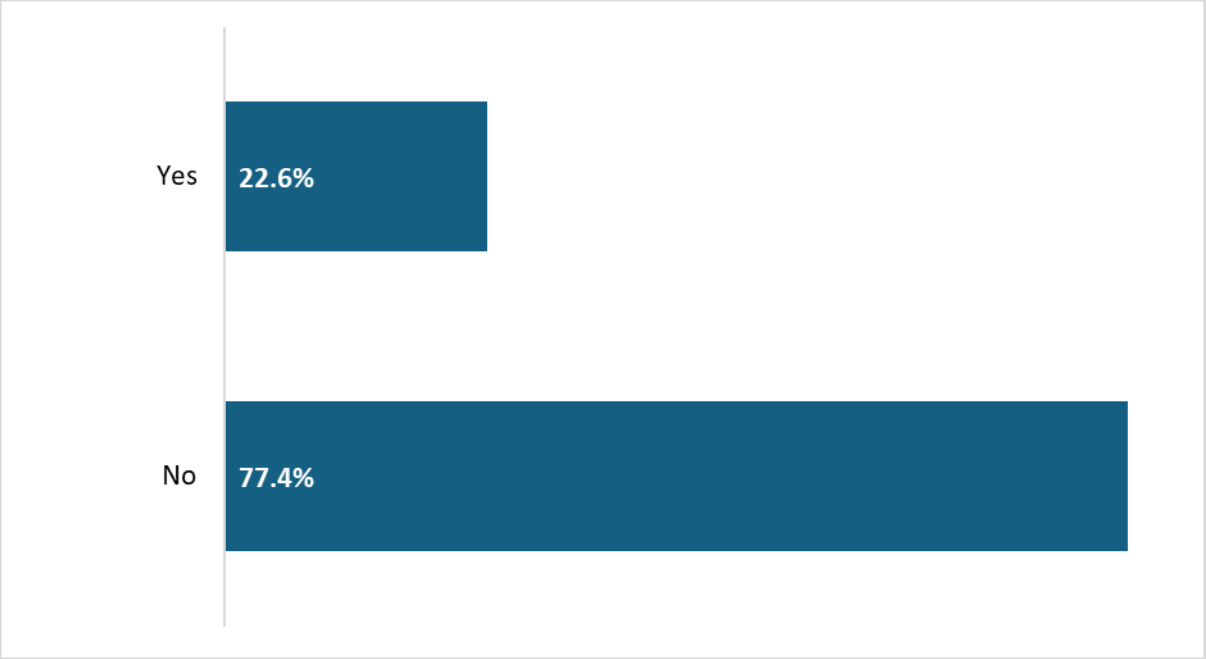
Figure 88: Current breastfeeding status



6.4.10 Unpaid care

An unpaid carer is someone who may look after, give help or support to anyone who has long-term physical or mental ill-health conditions, illness or problems related to old age. The number of people providing unpaid care was captured with the question ‘do you provide regular unpaid care for a family member or friend? This question was answered by 407 out of 418 survey respondents. There were 92 people providing regular unpaid care, comprising 22.6% of all survey respondents answering this question (Figure 89).

Figure 89: Provision of regular unpaid care for family members or friends



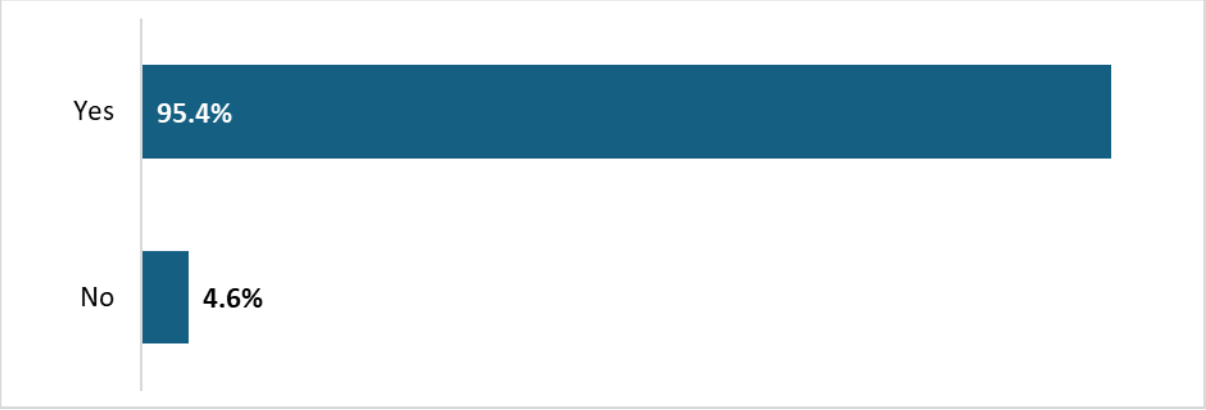
6.4.11 Internet access

Survey participants were asked a number of different questions about their access to the internet. The first question asked if participants had access to the internet at home. This question was answered by 411 out of 418 respondents. Figure 90 shows that 97.1% of respondents said that they had access to the internet at home.

Figure 90: Access to the internet at home

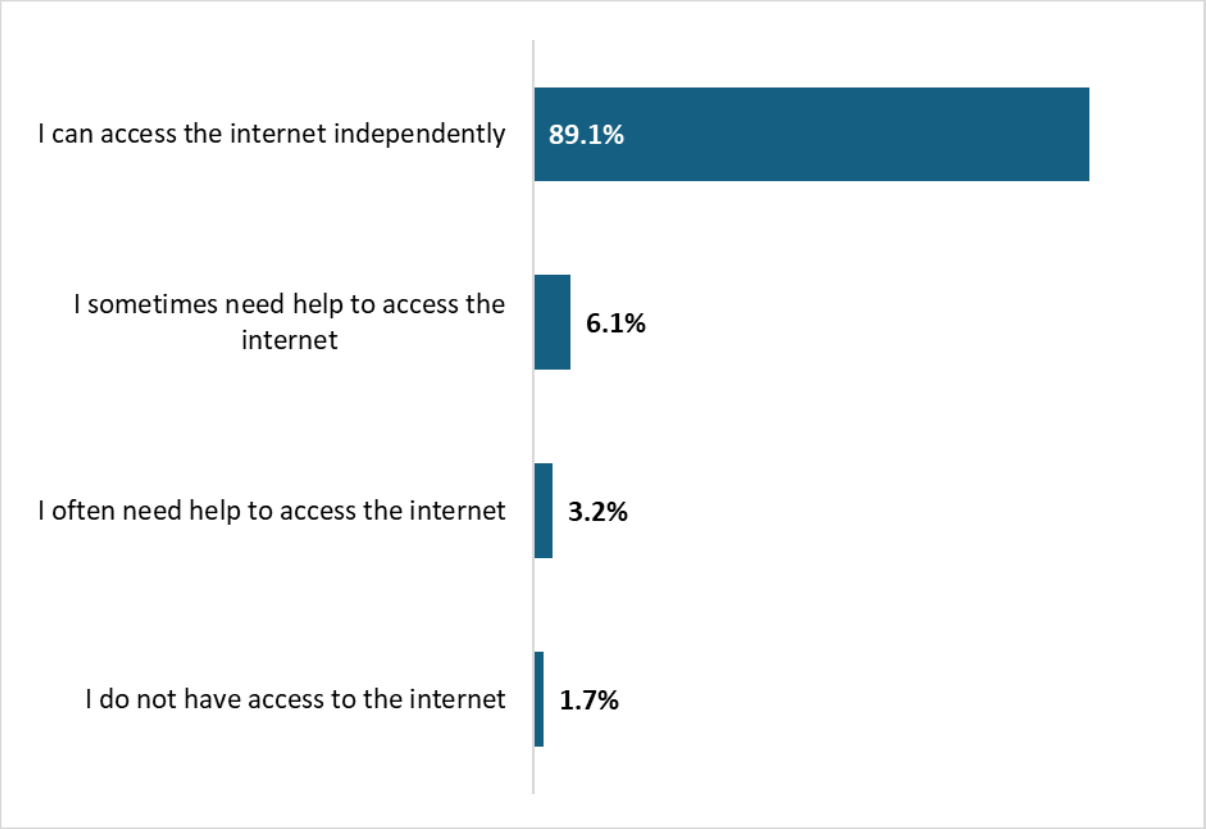
When asked if they had a smartphone or tablet they could use to access the internet, 95.4% of the 412 participants answering this specific question answered in the affirmative (Figure 91).

Figure 91: Own a smartphone or tablet that can be used to access the internet



Survey participants were also asked if they needed help with accessing the internet. Most survey respondents were able to access the internet independently at 89.1% (Figure 92).

Figure 92: Needing help accessing the internet



6.5 Summary of public survey results

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.

418 residents of Bracknell Forest responded to this survey, and overall, most respondents were satisfied with the services their pharmacy provided and found the service easy to use. Some respondents left comments asking for longer opening hours and a quicker service.

Within Bracknell Forest, respondents visited their pharmacy a few times a month, or at least once a month with the primary reason for visiting their pharmacy being to collect a prescription for themselves. The vast majority of respondents said that they always or almost always used the same pharmacy with the primary factor influencing choice of pharmacy for most people being location of service. Most travel to their preferred location by car or by foot with journey time between 5 and 20 minutes.

Although most survey respondents do not have a preferred day or time to visit the pharmacy, a sizable number of people did prefer Fridays and Saturdays and the hours of 9am to 12pm and 5pm to 9pm as times they would like to visit their preferred pharmacy.

Overall, survey respondents have indicated a desire for more health services from their local pharmacy. More than half of respondents say they were very likely or likely to seek advice or support for a health condition from their preferred pharmacy. Health services people have used or would like to use included the season 'flu' vaccine and minor ailments checks including blood checks (pressure, cholesterol or diabetes) and healthy lifestyle advice.

No distinct needs were identified for people with a protected characteristic

7 Provision of pharmaceutical services

This chapter identifies and maps the current provision of pharmaceutical services in Bracknell Forest in order to assess the adequacy of provision of such services. Information was collected up until January 2025.

This chapter assess 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 and other NHS services

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

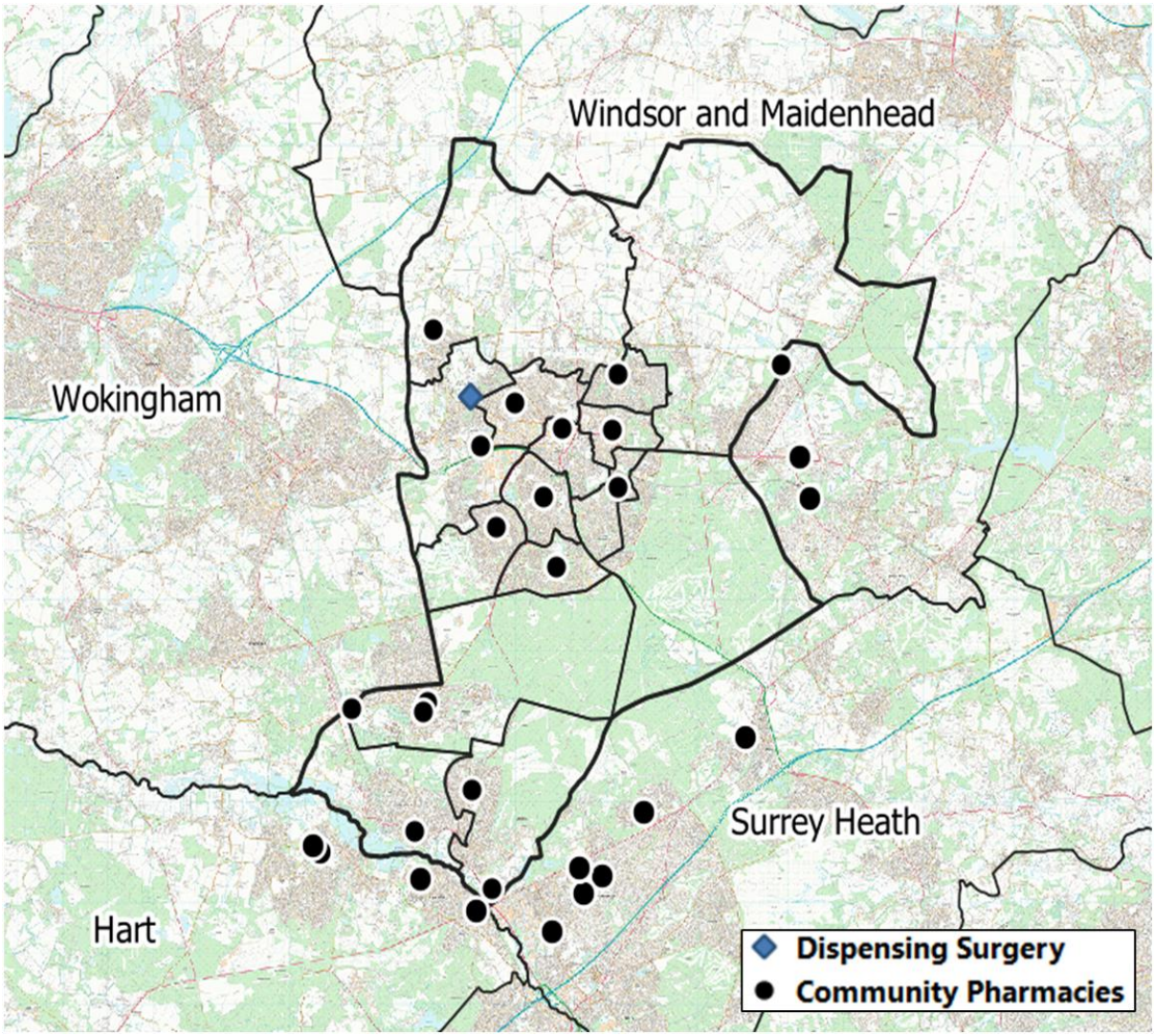
7.1 Pharmaceutical services providers

7.1.1 Overview

As of January 2025, there are a total of 19 pharmaceutical service providers in Bracknell Forest that hold NHS contracts, of which all but one are community pharmacies (Figure 93). All the pharmacy providers in the borough as well as those

within 1 mile of its border are also listed in Appendix B. This number has not changed since the previous PNA published in 2025.

Figure 93: Map of pharmaceutical service provision in Bracknell Forest, January 2025



Source: NHS Business Services Authority and Frimley ICB

7.1.2 Community pharmacies

As of January 2025, there are 18 community pharmacies in Bracknell Forest serving an estimated population of 128,351 in June 2023[20]. This equates to 1.4 community pharmacies for every 10,000 residents living in the borough. This is below the regional and national average for the number of community pharmacies per 10,000 residents: 1.8 per 10,000 population in the South-East region and 2.1 per 10,000 population in England (2023/24)[113]. However, this is the same as the previous 2022 PNA.

7.1.3 Dispensing appliance contractors

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

7.1.4 Dispensing GP practices

The Pharmaceutical Services Regulations 2013, permit GPs in certain areas to dispense NHS prescriptions for defined populations.

These provisions are to allow patients in rural communities, who do not have reasonable access to a community pharmacy, to have access to dispensing services from their GP practice. Dispensing GP practices therefore make a valuable contribution to dispensing services although they do not offer the full range of pharmaceutical services offered at community pharmacies. Dispensing GP practices can provide such services to communities within areas known as 'controlled localities' which is generally a rural area with limited pharmacy access.

GP premises for dispensing must be listed within the pharmaceutical list held by NHSE and patients retain the right of choice to have their prescription dispensed from a community pharmacy if they wish.

There is one GP dispensing practice in Bracknell Forest, Binfield Surgery. It is shown on the map of pharmaceutical service providers in Figure 93.

7.1.5 Distance selling pharmacies

A distance selling pharmacy works exclusively at a distance from patients. They include mail order and internet pharmacies that remotely manage patients medicine logistics and distribution. DSPs collect prescriptions and provide them to patients at their homes, care homes or nursing homes. They can also provide a 'click and collect' service.

There is one distance selling pharmacy in Bracknell Forest, Evercaring pharmacy situated in the Binfield South & Jennett's Park ward.

7.1.6 Local pharmaceutical services

Local Pharmaceutical Services (LPS) contracts allow NHS England and NHS Improvement to commission services that are tailored to meet specific local requirements. There are no LPS contacts within the Bracknell Forest.

Summary

- Bracknell Forest has 18 community pharmacies serving a population of 128,351, equating to 1.4 pharmacies per 10,000 residents, below both the South East (1.8) and England (2.1) averages.
- Dispensing Appliance Contractors (DACs): None in the borough.
- Dispensing GP Practices: One practice, Binfield Surgery, serves rural patients under controlled locality provisions.
- Distance Selling Pharmacies (DSPs): One DSP, Evercaring Pharmacy, operates in Binfield South & Jennett's Park.
- Local Pharmaceutical Services (LPS): No LPS contracts currently exist in Bracknell Forest.
- Provision is the same as the previous PNA where no gaps were found.

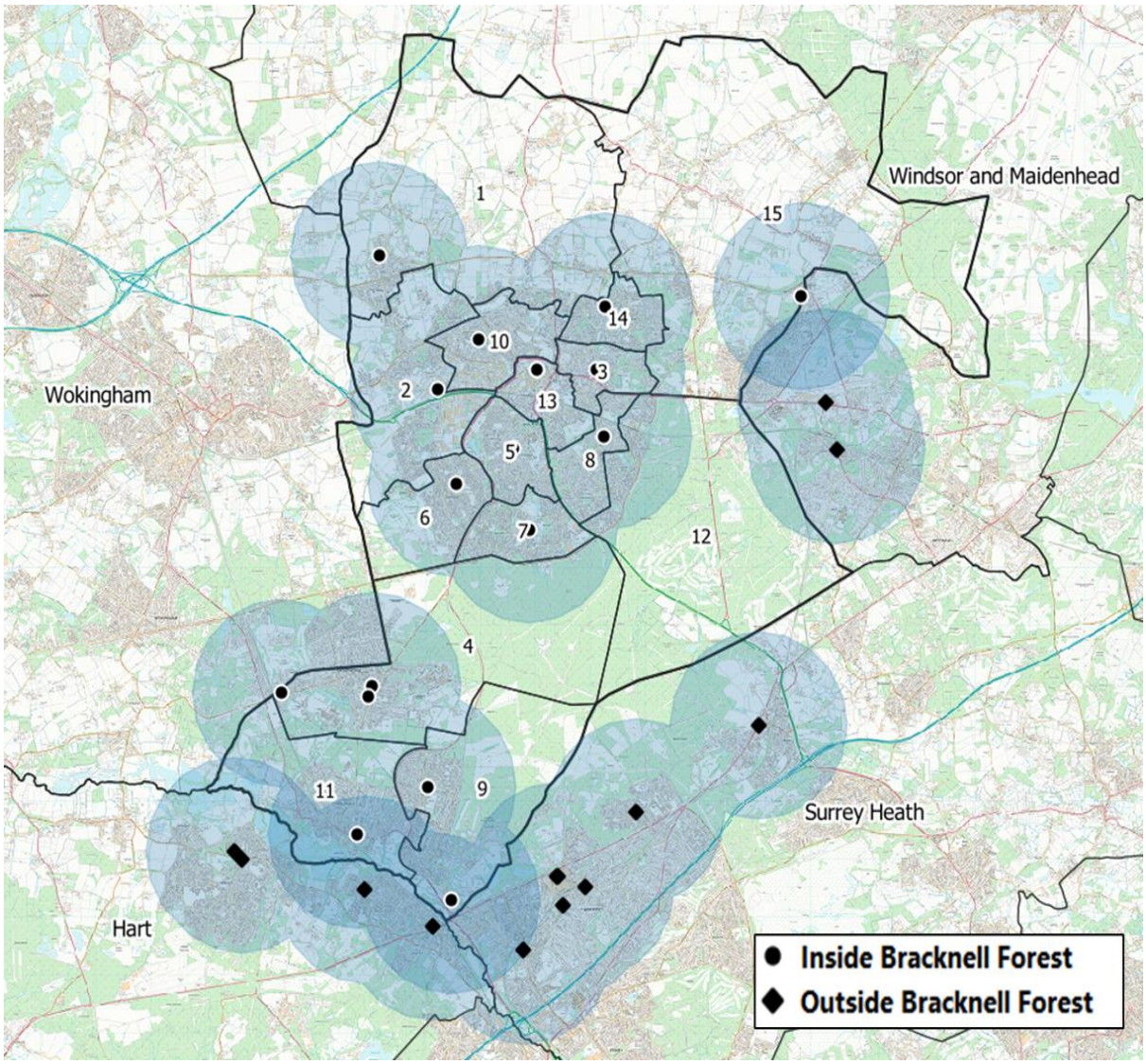
7.2 Accessibility

7.2.1 Distribution and choice

The PNA steering group have defined the maximum distance for residents in Bracknell Forest to access pharmaceutical services to be no more than 1 mile. This distance equates to around a 20-minute walk. For residents who live within a rural area, 20 minutes by car is considered accessible.

Figure 94 show the 18 community pharmacies located within the boundaries of Bracknell Forest. In addition, the map also shows that there are another 13 pharmacies located with 1 mile of the borough's borders that are considered to serve Bracknell Forest's residents. Details for the 13 pharmacies are included in Appendix B. Community pharmacies in Bracknell Forest are located in the main with areas of higher population density.

Figure 94: Distribution of community pharmacies in Bracknell Forest and within 1 mile of the borough's boundaries

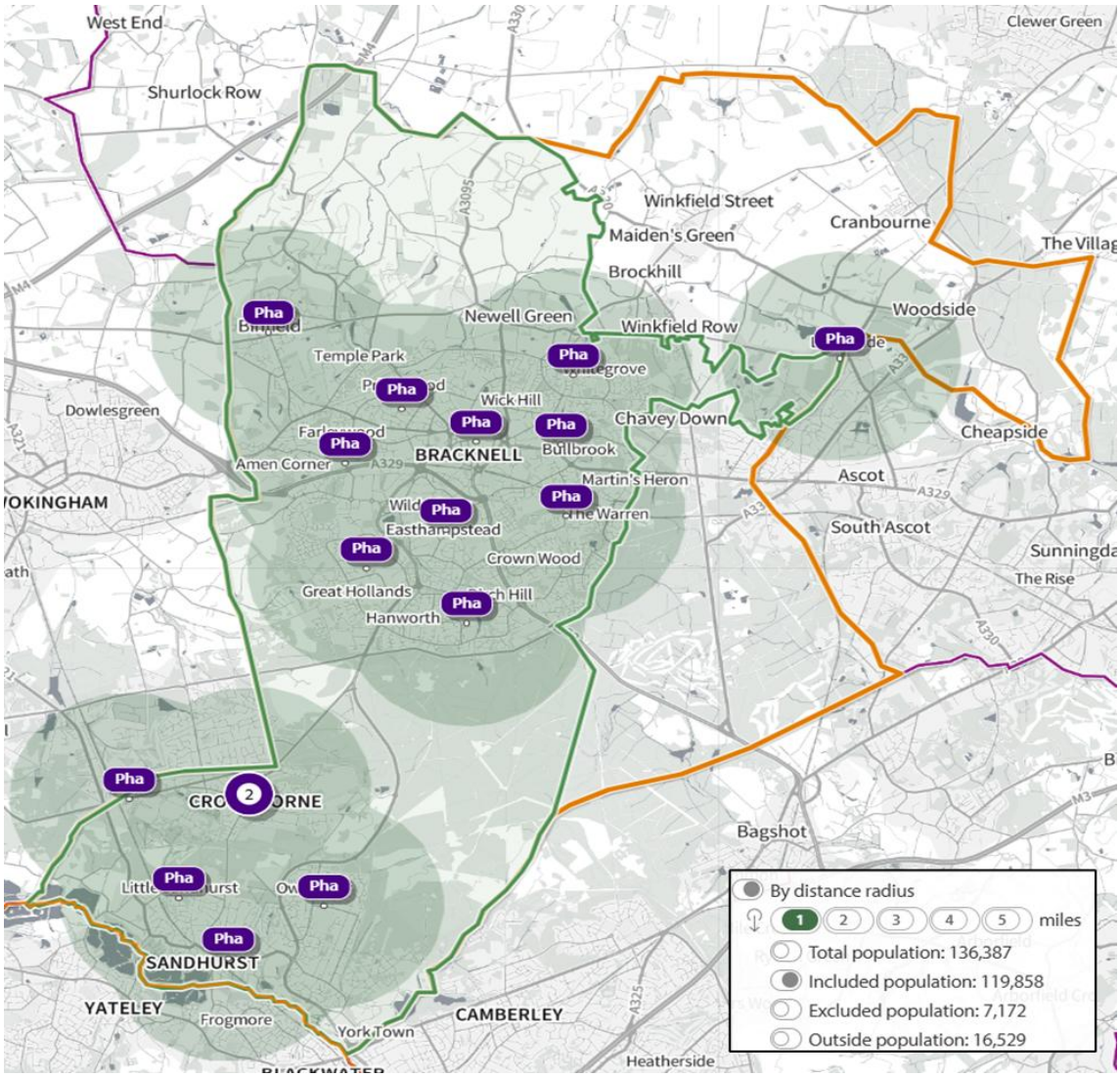


Ward ID	Ward Name	Ward ID	Ward Name
1	Binfield North & Warfield West	**9**	Owlsmoor & College Town
2	Binfield South & Jennett's Park	**10**	Priestwood & Garth
3	Bullbrook	**11**	Sandhurst
4	Crowthorne	**12**	Swinley Forest
5	Easthampstead & Wildridings	**13**	Town Centre & The Parks
6	Great Hollands	**14**	Whitegrove
7	Hanworth	**15**	Winkfield & Warfield East
8	Harmans Water & Crown Wood		

Figure 95 shows that a large proportion of the borough's population (94.4%) is within 1 mile of a pharmacy. Wards with low pharmacy coverage include Binfield North &

Warfield West, Winkfield & Warfield East and Swinley Forest where population density is low. In total, 7,172 (5.6%) Bracknell Forest residents are not within one mile of a pharmacy[114].

Figure 95: Residents living within 1 mile distance of their nearest pharmacy in Bracknell Forest

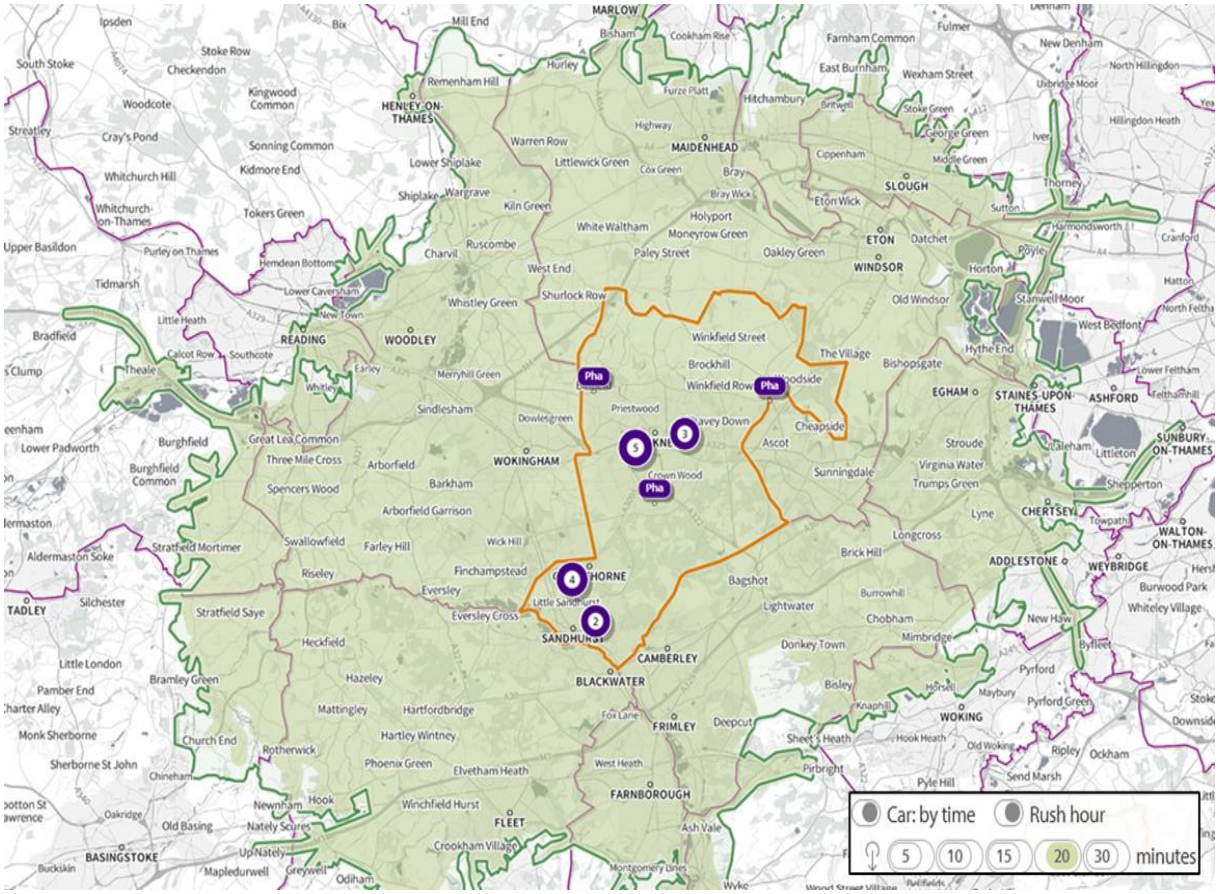


Source: Department of Health and Social Care - SHAPE Place

Despite some residents not being within one mile of a pharmacy, all residents in Bracknell Forest can reach a pharmacy by car within 20 minutes, attesting to the accessibility of the pharmacy provision in the borough. Figure 96 presents the coverage of Bracknell Forest pharmacies when considering a 20-minute travel time by car. The Bracknell Forest administrative boundary is highlighted in orange with the geographic area within 20-minutes of car travel presented in green. A total of

1,028,656 people in and outside the borough can reach a Bracknell Forest pharmacy within 20 minutes by car[114].

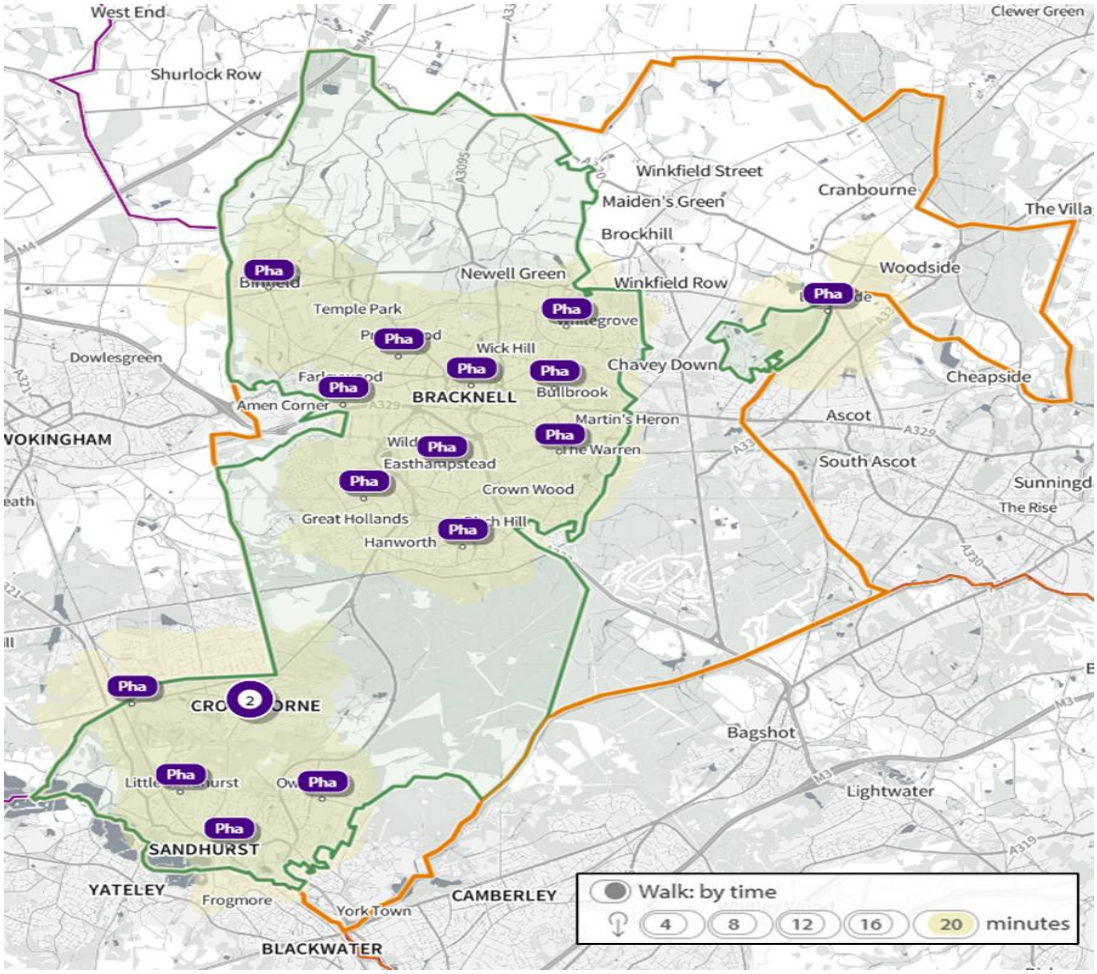
Figure 96: Areas covered by 20-minute travel time by car to a Bracknell Forest pharmacy from within and outside the borough.



Source: Department of Health and Social Care - SHAPE Place

Figure 97 presents the coverage of Bracknell Forest pharmacies when considering a 20-minute travel time by foot. The Bracknell Forest administrative boundary is highlighted in orange with the geographic area within 20-minutes of walking presented in green. In total, 90.3% of people living in the borough are able to walk to their nearest community pharmacy within 20 minutes.

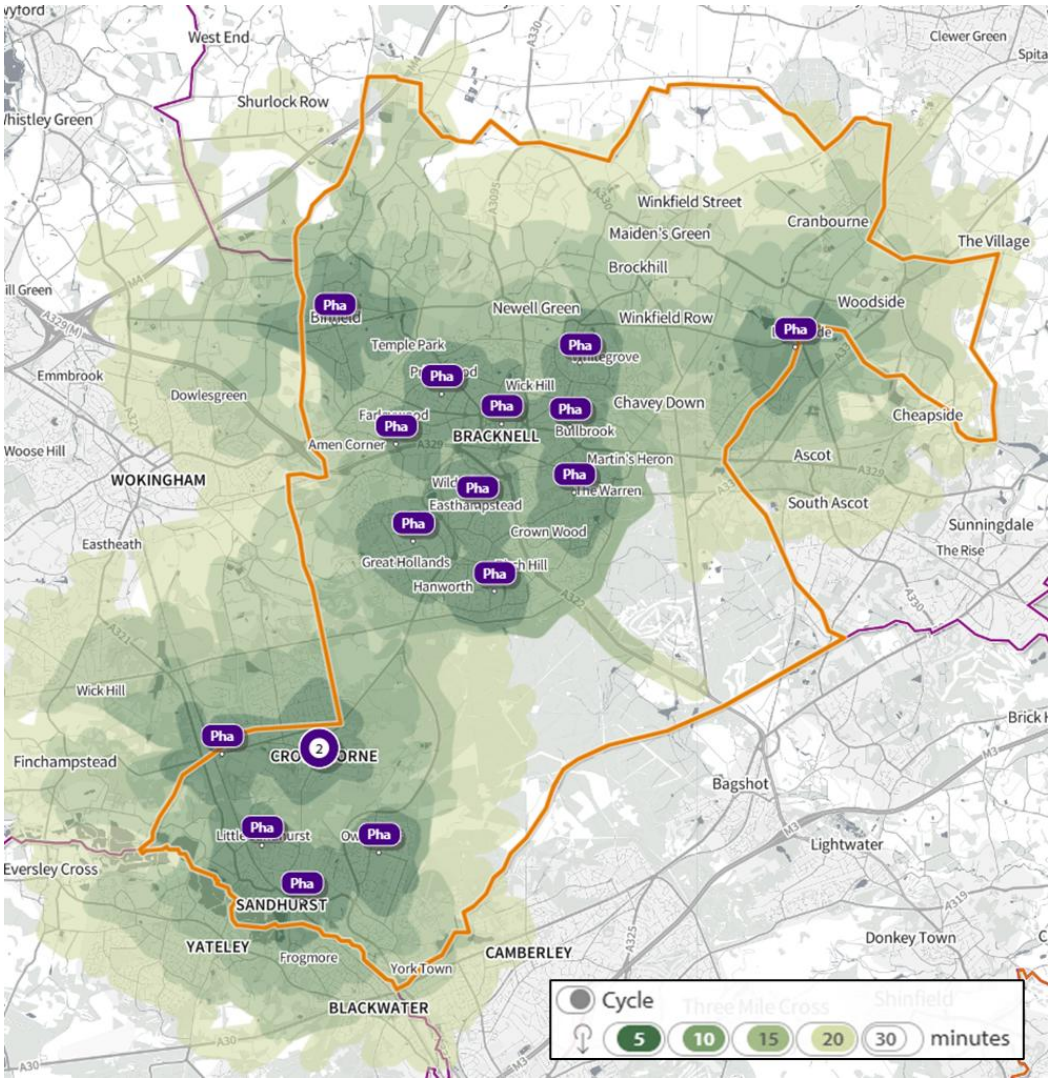
Figure 97: Areas covered by 20-minute travel time by foot to the to a Bracknell Forest pharmacy from within the borough



Source: Department of Health and Social Care - SHAPE Place

Figure ***98*** presents the coverage of Bracknell Forest pharmacies when considering a 5, 10, 15 and 20-minute travel time by cycle for people living in the borough. Three-in-four residents (76.7%) in the borough are able to travel to their nearest community pharmacy within 5 minutes when travelling by bicycle. This increase to 93.5% of all residents when considering travel time to be within 10 minutes to the nearest community pharmacy. Overall, 100% of Bracknell Forest residents are able to access their nearest community pharmacy by bicycle.

Figure 98: Areas covered by 5,10- and 20-minute travel time by bicycle within the borough



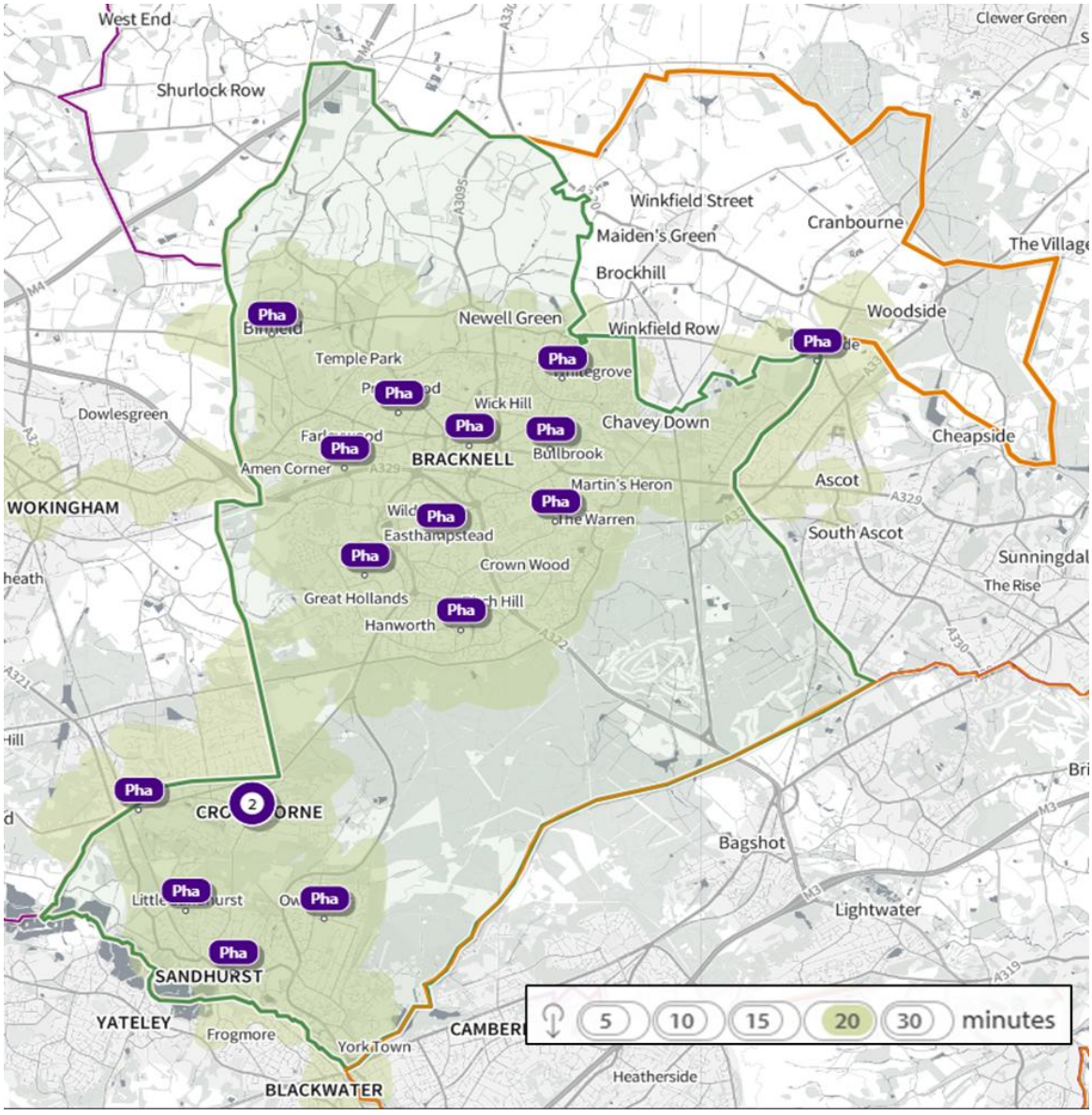
Source: Department of Health and Social Care - SHAPE Place

Figure 99 and

Figure 100 show the areas covered by 20-minute travel time using public transport to a community pharmacy in Bracknell Forest on weekdays and weekends, respectively.

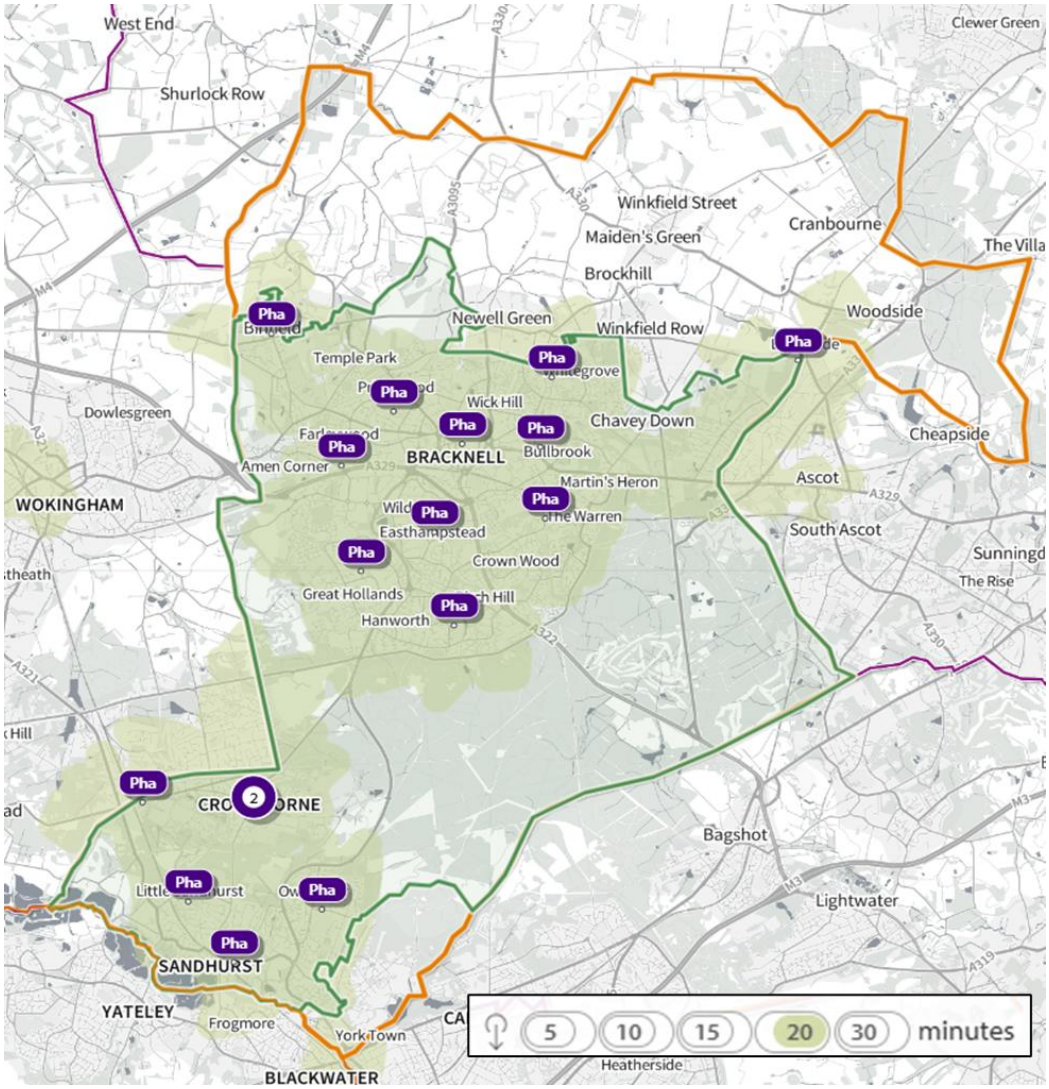
Figure **99** shows that 96.8% of residents are able to access their nearest community pharmacy by bus, within 20 minutes, on weekdays. Figure 100 shows that on weekends, 93.3% are able to access their nearest community within 20 minutes.

Figure 99: Areas cover by 20-minute travel time by public transport within the borough on weekdays



Source: Department of Health and Social Care - SHAPE Place

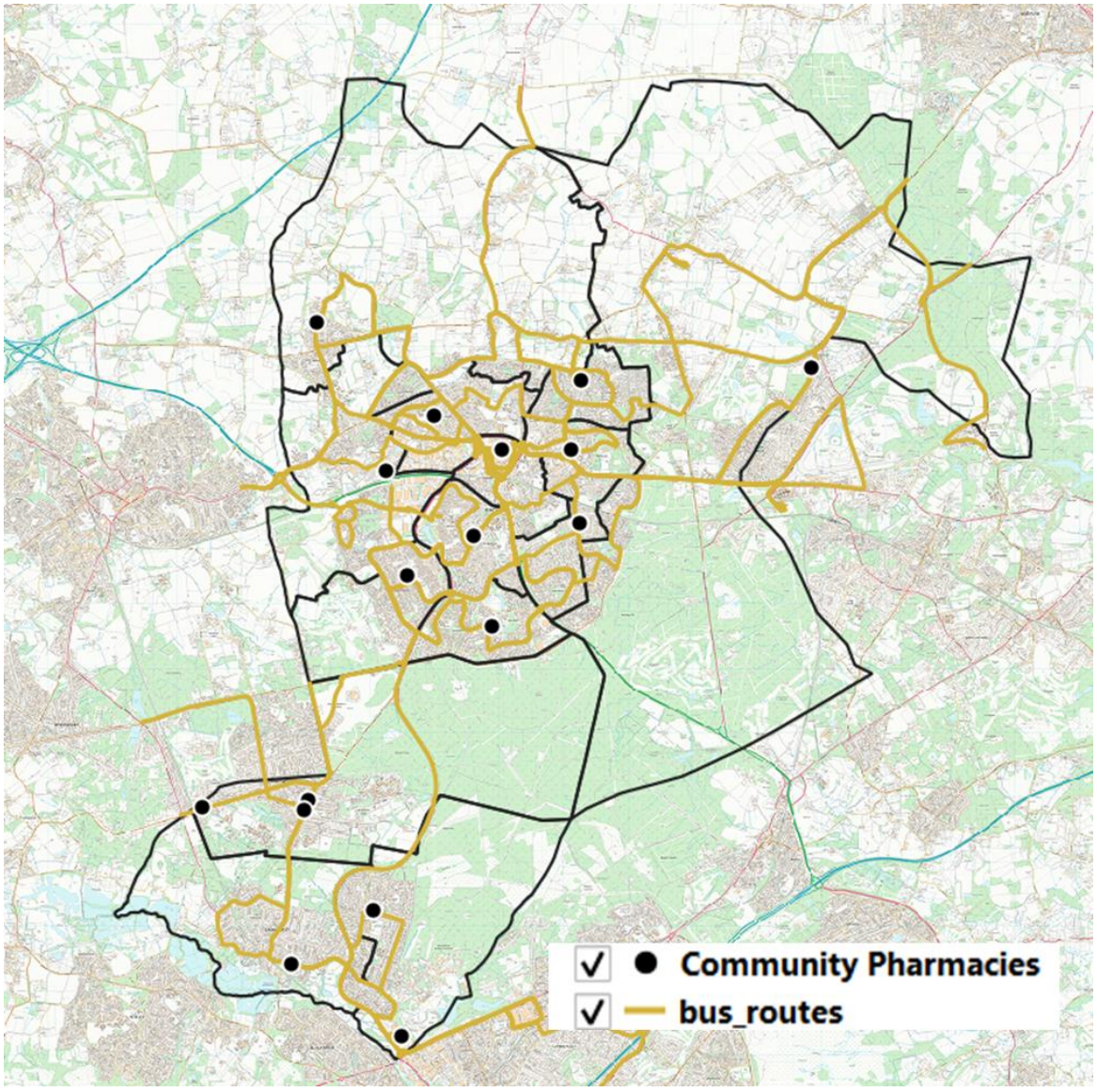
Figure 100: Areas cover by 20-minute travel time by public transport within the borough on weekends



Source: Department of Health and Social Care - SHAPE Place

Figure 101 shows the bus routes in Bracknell Forest and the location of community pharmacies relative to these routes. The map illustrates that most of the community pharmacies are on or near a bus route, indicating that residents can easily access the pharmacy services.

Figure 101: Bus routes in Bracknell Forest and the location of community pharmacies



Source: Digital, Customer Focus and ICT Team, Bracknell Forest Council

7.2.2 Location of pharmacies in relation to population density

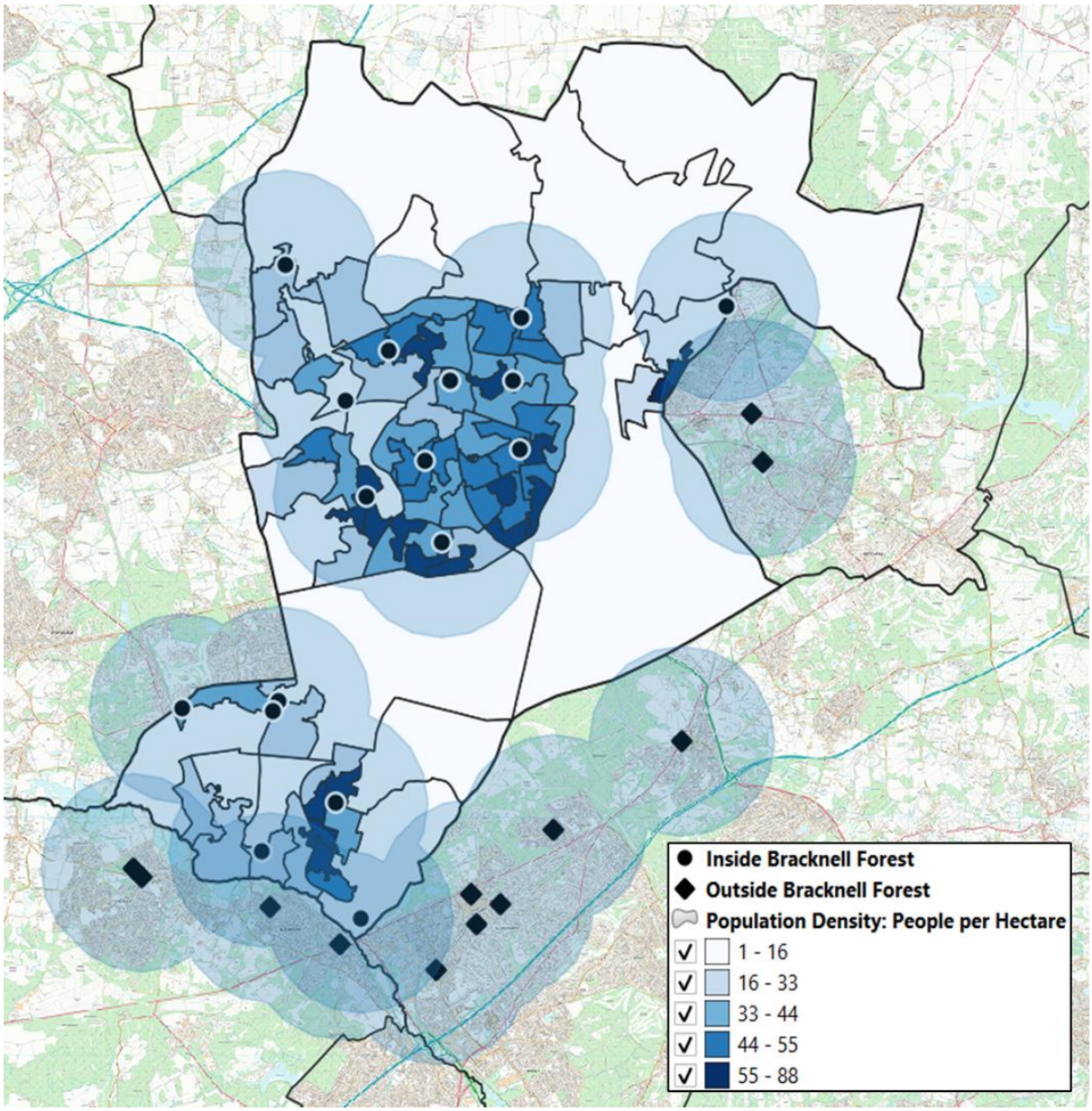
Table 8 shows the geographic distribution of the 18 community pharmacies across the 15 electoral wards in Bracknell Forest along with the number of community pharmacies per 10,000 population. The table shows that the Town Centre & The Parks ward had the highest number of community pharmacies per 10,000 population whereas Binfield South & Jennett's Park had the lowest number of community pharmacies at 0.9 per 10,0000 population. Swinley Forest is the only electoral ward with no community pharmacies within its boundaries. The premises of community pharmacies are predominantly located in parts of the borough with the highest population density, although there are some located in less density populated areas (Figure 102).

Table 8: Geographical distribution of community pharmacies in Bracknell Forest by ward

Ward	**Number of Pharmacies**	**Population (Mid - 2022)**	**Community Pharmacies per 10,000 Population**
Binfield North & Warfield West	1	8,173	1.2
Binfield South & Jennett's Park	1	11,010	0.9
Bullbrook	1	6,124	1.6
Crowthorne	3	8,024	3.7
Easthampstead & Wildridings	1	9,196	1.1
Great Hollands	1	8,846	1.1
Hanworth	1	8,526	1.2
Harmans Water & Crown Wood	1	8,948	1.1
Owlsmoor & College Town	2	10,697	1.9
Priestwood & Garth	1	9,627	1.0
Sandhurst	1	9,816	1.0
Swinley Forest	0	5,761	0.0
Town Centre & The Parks	2	5,998	3.3
Whitegrove	1	6,197	1.6
Winkfield & Warfield East	1	9,938	1.0
Bracknell Forest Total	**18**	**126,881**	**1.4**

Source: NHS Business Services Authority and Office for National Statistics (ONS) Ward-level Population Estimates (Mid-2022)

Figure 102: Location of pharmacy premises in relation to population density by LSOA in Bracknell Forest



Source: Office for National Statistics (ONS) Lower layer Super Output Area (LSOA) Population Density Mid-2022

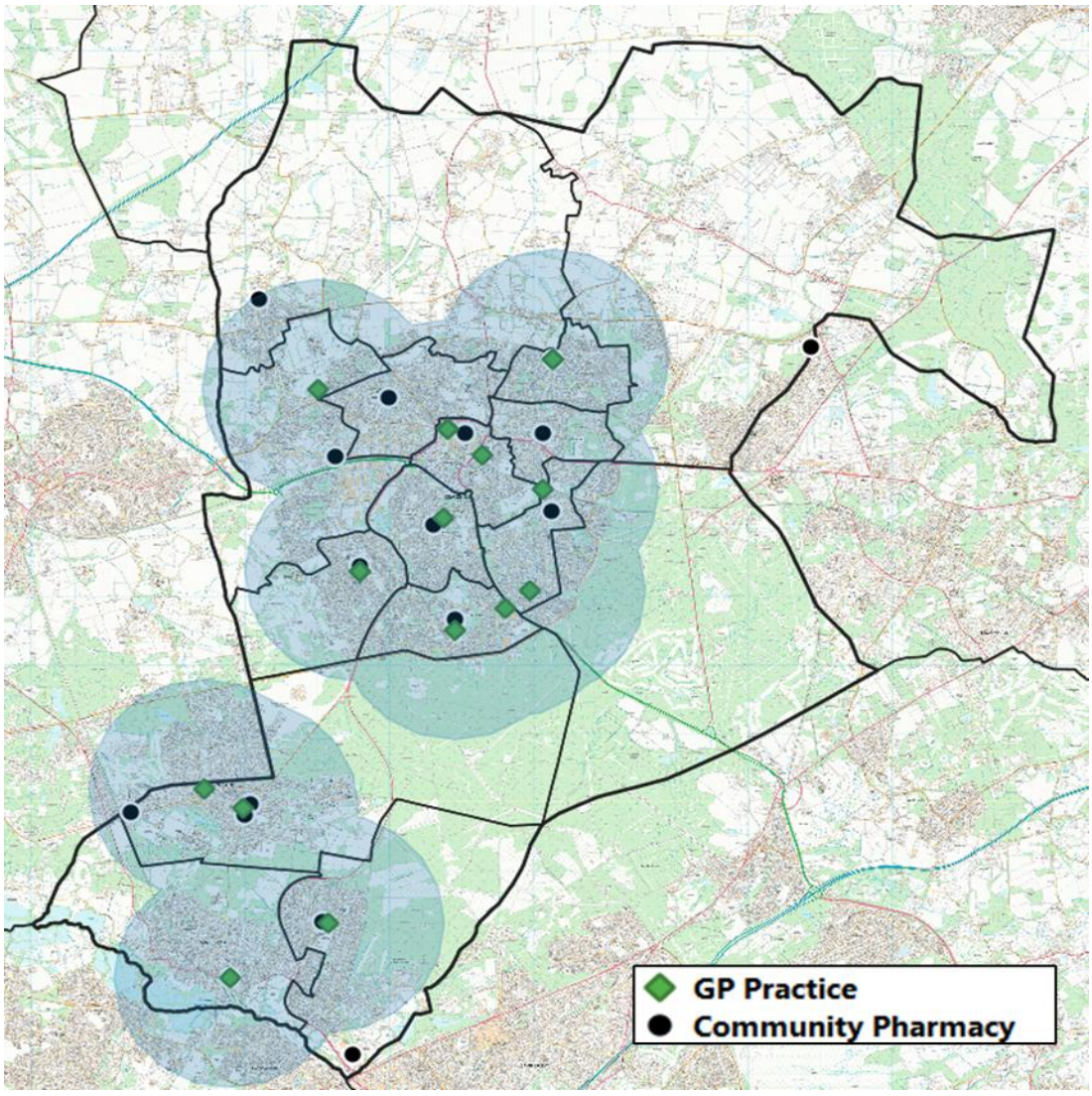
7.2.3 Pharmacy distribution in relation to GP practice locations

As part of the NHS LTP, all general practices are required to be part of a primary care network (PCN) by June 2019. As of January 2025, there are 16 GP member practices across four PCNs within the borough. Three of the PCNs are part of the Frimley ICB system with the fourth PCN part of the Buckinghamshire, Oxfordshire and Berkshire

West ICB system. All PCNs will be part of the newly forming Thames Valley ICB. There is an additional GP practice within Bracknell Forest that is not part of any PCN.

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

Figure 103: GP practices in Bracknell Forest and their 1-mile coverage, January 2025



Source: NHS Business Services Authority and Frimley ICB

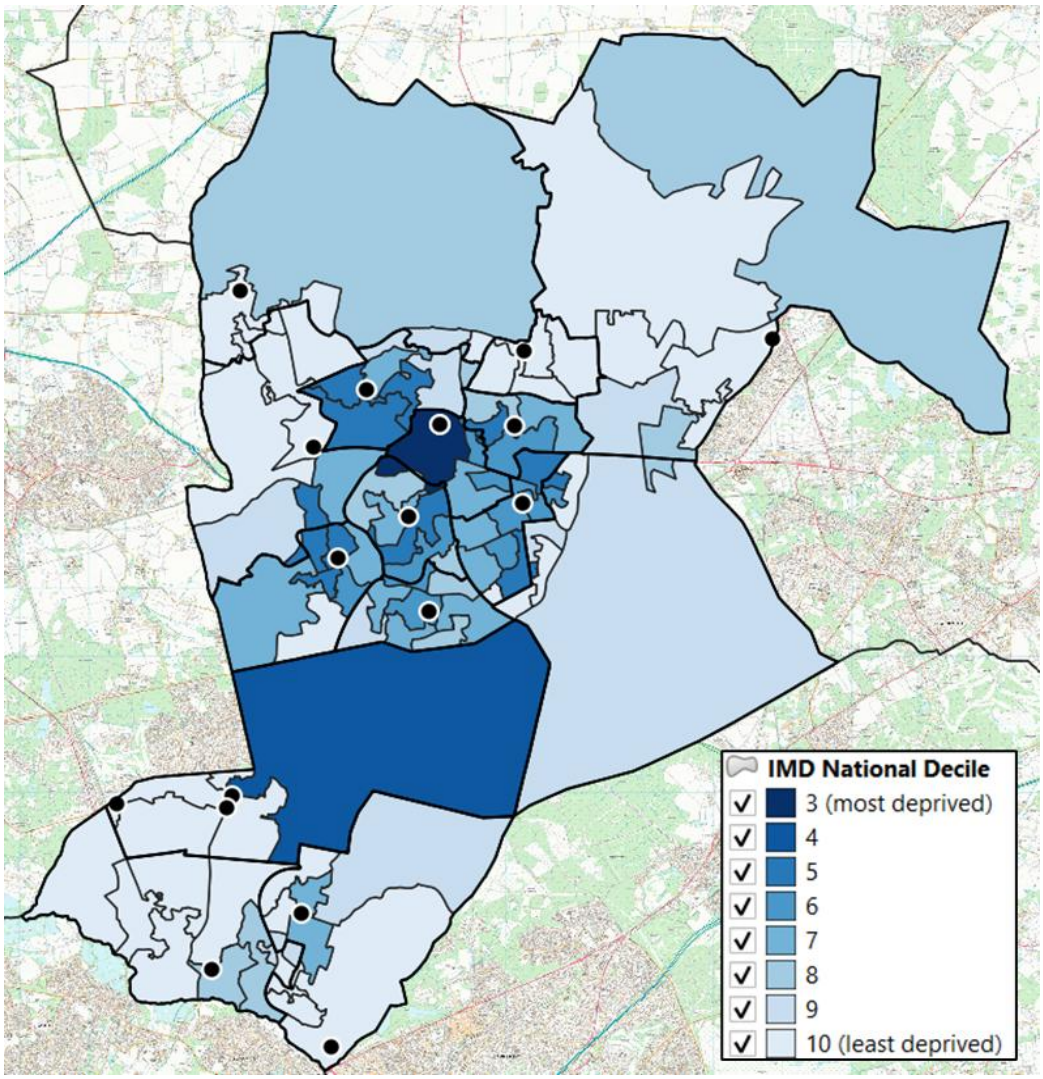
Figure 103 shows that there is a pharmacy within accessible distance of all GP practices in Bracknell Forest. The map shows that all GP practices are within a one mile of the nearest pharmacy. The PNA steering group is not aware of any firm plans

for changes in the provision of Health and Social Care services within the lifetime of this PNA.

7.2.4 Pharmacy distribution in relation to index of multiple deprivation

Figure 104 presents the location of pharmacy premises in relation to deprivation deciles. Although Bracknell Forest is one of least deprived local authorities in England, with no neighbourhoods in the 20% most deprived areas in the country, there are pockets of deprivation in the borough. The LSOA 007F and LSOA 007G in the Town Centre & The Parks ward are in the 3rd decile of deprivation. LSOA 013A in the Crowthorne ward is in the 4th decile of deprivation. These deprived areas are well served in terms of pharmacy coverage.

Figure 104: Pharmacy locations in relation to deprivation deciles in Bracknell Forest, 2025



Source: Ministry of Housing, Communities & Local Government. Index of Multiple Deprivation (IMD) at Lower Layer Super Output Area (LSOA) 2019

7.2.5 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.

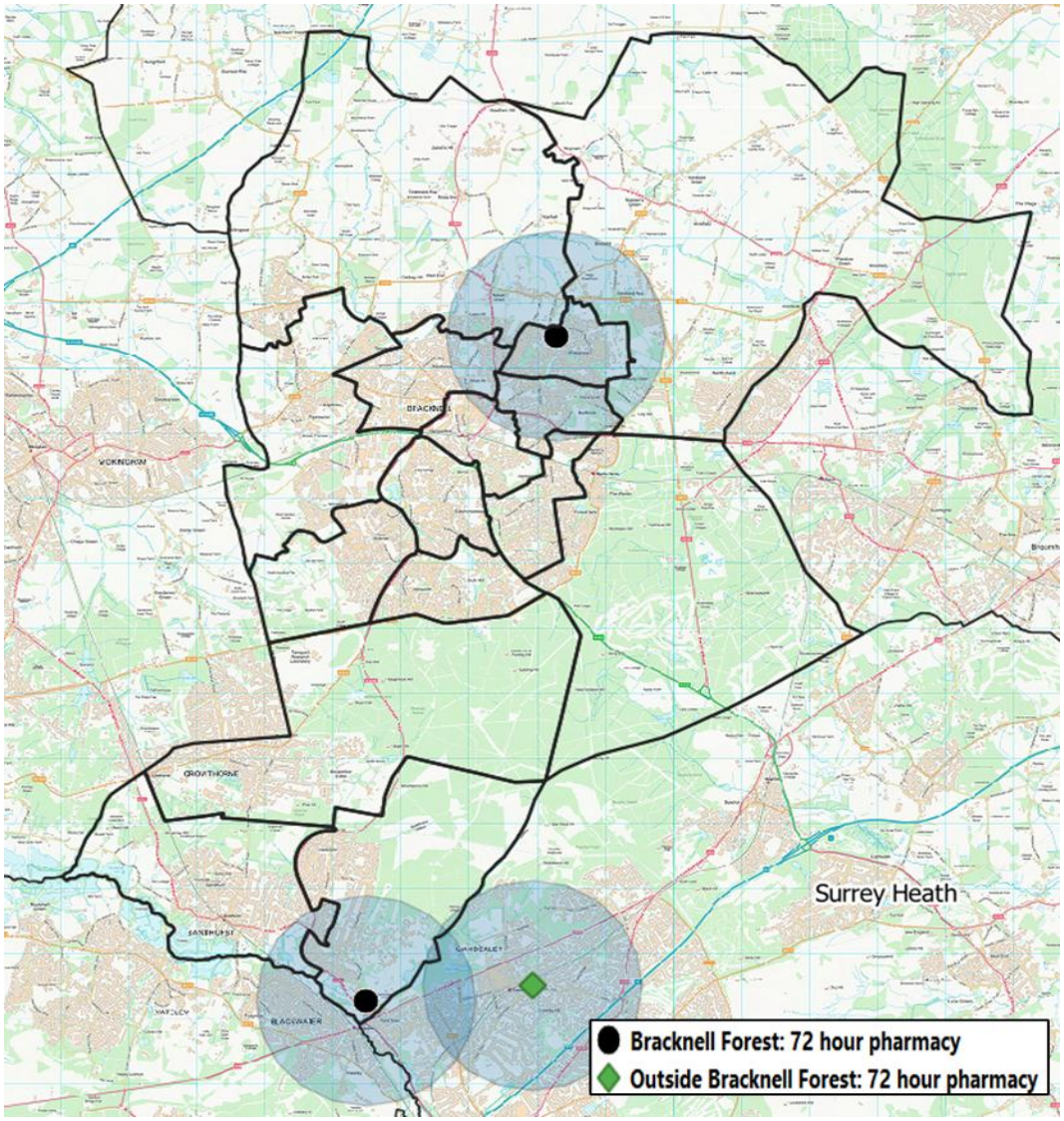
The PNA will not assess access to necessary services on the basis of supplementary hours as these can be changed with three months' notice. Access has been considered on the basis of geographic distance and as part of that, core operating

hours. Data on opening hours presented in the section of the PNA were provided by Frimley ICB in January 2025.

7.2.5.1 100-hour pharmacies

At the time of publishing the previous PNA document for Bracknell Forest, October 2022, there was one pharmacy within the borough providing 100-hour service. In May 2023, the Pharmaceutical Services Regulations 2013 were updated to allow 100-hour pharmacies to reduce their total weekly core opening hours to no less than 72 hours, subject to approval from the relevant ICB[116]. As of January 2025, there are two pharmacies open more than 72 hours in Bracknell Forest and one pharmacy within 1-mile of the borough's administrative boundaries (Figure 105).

Figure 105: 72-hour or more community pharmacies in Bracknell Forest and their 1-mile coverage, January 2025



Source: NHS Business Services Authority and Frimley ICB

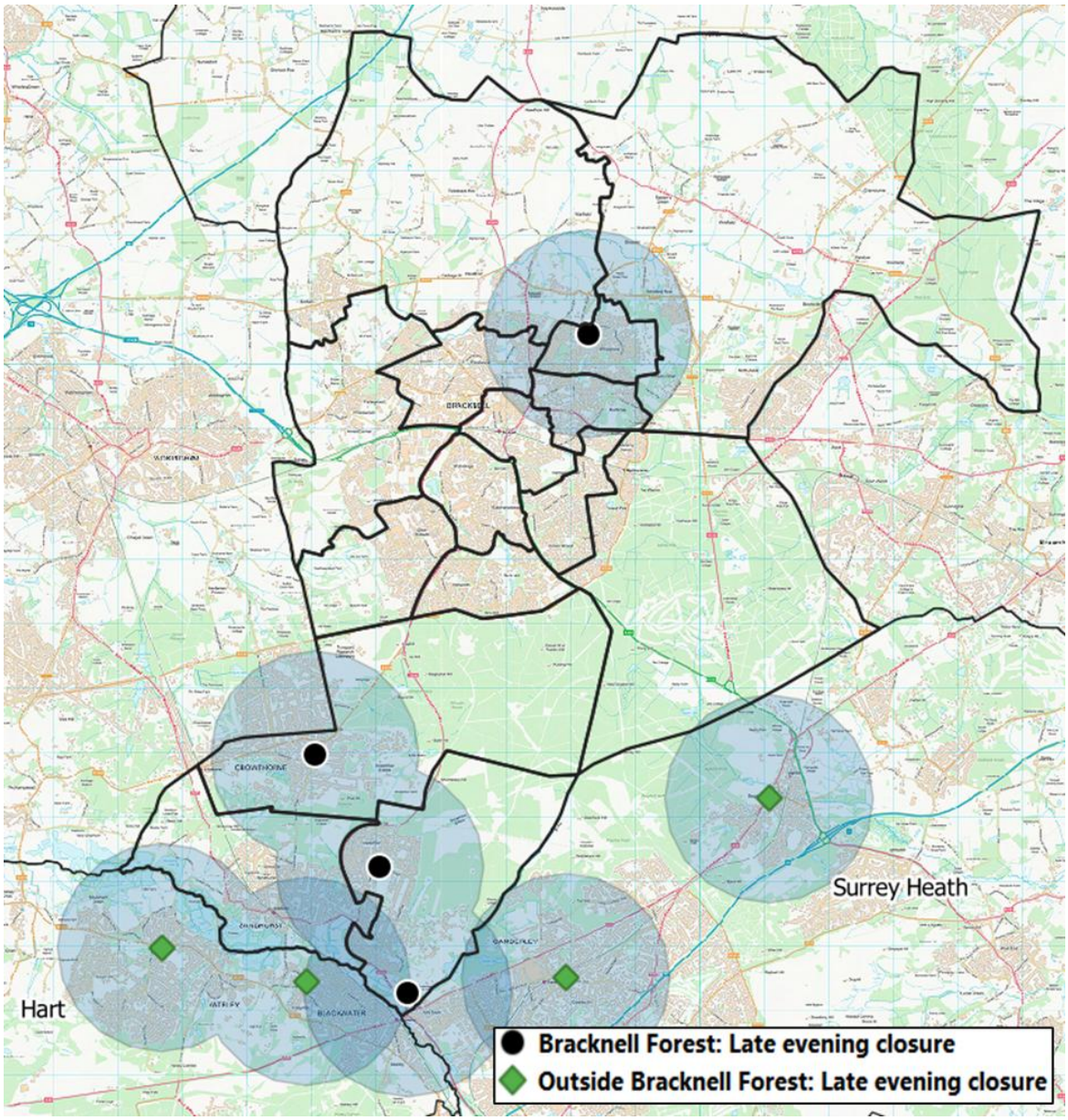
7.2.5.2 Early morning opening

The PNA steering group has deemed the hours of 8am to 6pm as normal working hour, so any pharmacy open before 8am was deemed to have early morning opening. As of January 2025, there are no pharmacies in Bracknell Forest with opening hours before 8am. There are also no pharmacies within 1 mile of the borough's border open before 8am.

7.2.5.3 Late evening closure

The PNA steering group has deemed pharmacies open after 6pm to be late-evening opening. There are four pharmacies in the borough that are still open after 6pm on weekdays, along with four other pharmacies within 1 mile of Bracknell Forest (Figure 106 and Table 9).

Figure 106: Community pharmacies that are open after 6pm on weekdays and their 1-mile coverage, January 2025



Source: NHS Business Services Authority and Frimley ICB

Table 9: Community pharmacies closing after 6pm on weekdays in Bracknell Forest

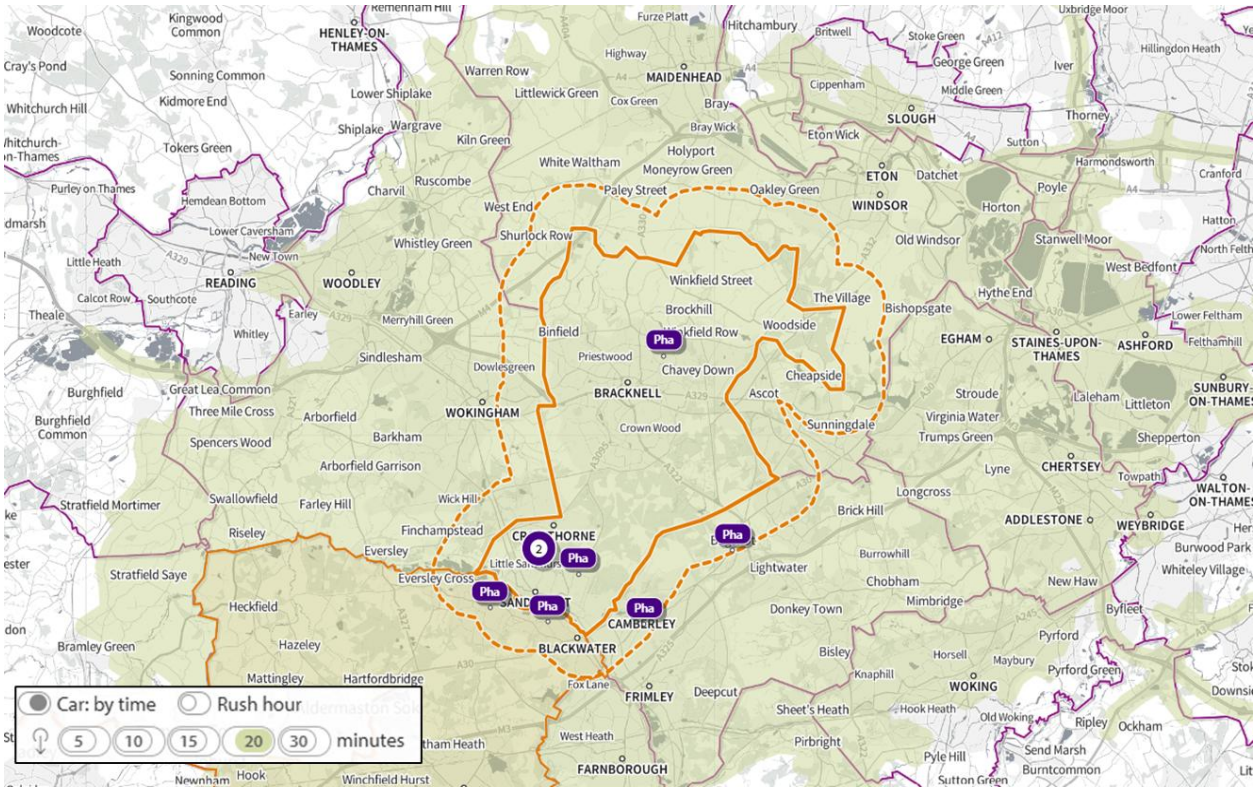
Pharmacy	Address	Ward
Tesco Pharmacy	Tesco Extra, The Meadows, Marshall Road, Sandhurst, Berkshire,	Owlsmoor & College Town
Tesco Pharmacy	Jigs Lane, Warfield, Berkshire,	Whitegrove
H A McParland Ltd	27 Yeovil Road, Owlsmoor, Sandhurst, Berkshire,	Owlsmoor & College Town
Skylight Pharmacy	Manhattan House, 140 High Street, Crowthorne, Berkshire,	Crowthorne

Source: NHS Business Services Authority and Frimley ICB

Most residents do not live near a Bracknell Forest pharmacy with late evening closure, with only 43,933 (34.6%) of the borough's population within one mile of these pharmacies[114]. All residents in the borough are able to reach a pharmacy with late evening closure, as shown in

Figure 107.

Figure 107: Areas covered by 20-minute travel time by car to a late closing Bracknell Forest pharmacy from within and outside the borough

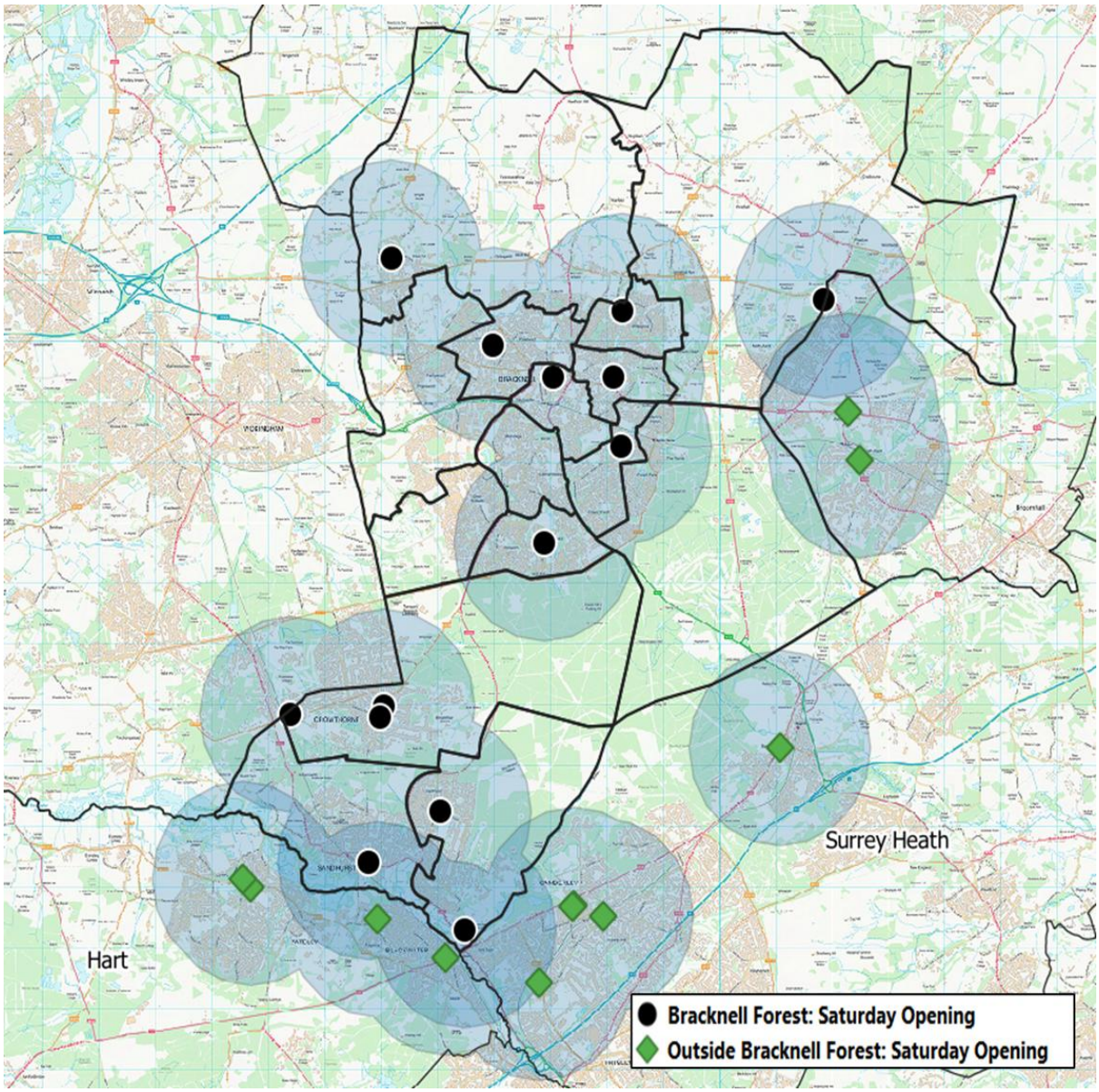


Source: Department of Health and Social Care - SHAPE Place

7.2.5.4 Saturday opening

The vast majority of the pharmacies in Bracknell Forest (15/18) are open on Saturdays (Figure 108 and Table 10). There are an additional 11 pharmacies within 1 mile of the borough's borders that are also open on Saturdays.

Figure 108: Community pharmacies open on Saturday and their 1-mile coverage, January 2025



Source: NHS Business Services Authority and Frimley ICB

Table 10: Community pharmacies open on Saturday in Bracknell Forest, January 2025

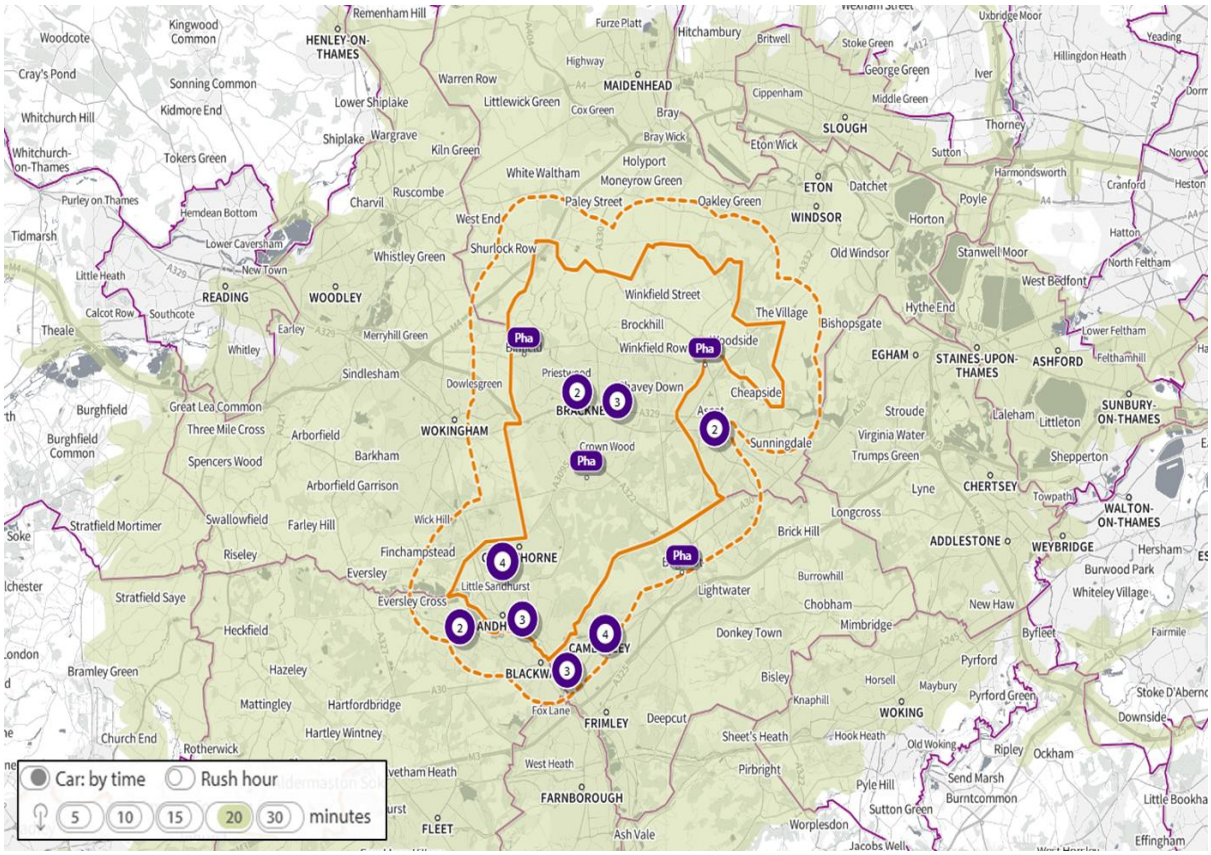
Pharmacy	Address	Ward
Binfield Village Pharmacy	Terrace Road North, Binfield, Berkshire	Binfield North & Warfield West
Boots the Chemists	The Lexicon Shopping Ctr, 19-23 Braccan Walk, Bracknell, Berkshire	Town Centre & The Parks
Bullbrook Pharmacy	3 Bullbrook Row, Bracknell, Berkshire	Bullbrook
David Pharmacy	24 New Road, Ascot, Berkshire	Winkfield & Warfield East

Pharmacy	Address	Ward
Dukes Pharmacy	196 Dukes Ride, Crowthorne, Berkshire	Crowthorne
H A Mcparland Ltd	27 Yeovil Road, Owlsmoor, Sandhurst, Berkshire	Crowthorne
H A Mcparland Ltd	182 High Street, Crowthorne, Berkshire	Owlsmoor & College Town
Kamsons Pharmacy	97 Liscombe, Birch Hill, Bracknell, Berkshire	Hanworth
Priestwood Pharmacy	7 Priestwood Square, Windlesham Road, Bracknell, Berkshire	Priestwood & Garth
Skylight Pharmacy	Manhattan House, 140 High Street, Crowthorne, Berkshire	Crowthorne
Superdrug Pharmacy	33 Braccan Walk, Bracknell, Berkshire	Town Centre & The Parks
Tesco Pharmacy	Tesco Extra, The Meadows, Marshall Road, Sandhurst, Berkshire	Whitegrove
Tesco Pharmacy	Jigs Lane, Warfield, Berkshire	Owlsmoor & College Town
Your Local Boots Pharmacy	5 The Square, Harmans water, Bracknell, Berkshire	Harmans Water & Crown Wood
Your Local Boots Pharmacy	70 Yorktown Road, Sandhurst, Berkshire	Sandhurst

Source: NHS Business Services Authority and Frimley ICB

While most resident live within 1 mile of a pharmacy open on Saturdays (80.8%), there are 24.425 residents who do live within close proximity of one of these pharmacies[114]. However, all residents can reach a Saturday opening pharmacy within 20 minutes if travelling by car (Figure 109).

Figure 109: Community pharmacies open on Saturday and their 1-mile coverage, January 2025

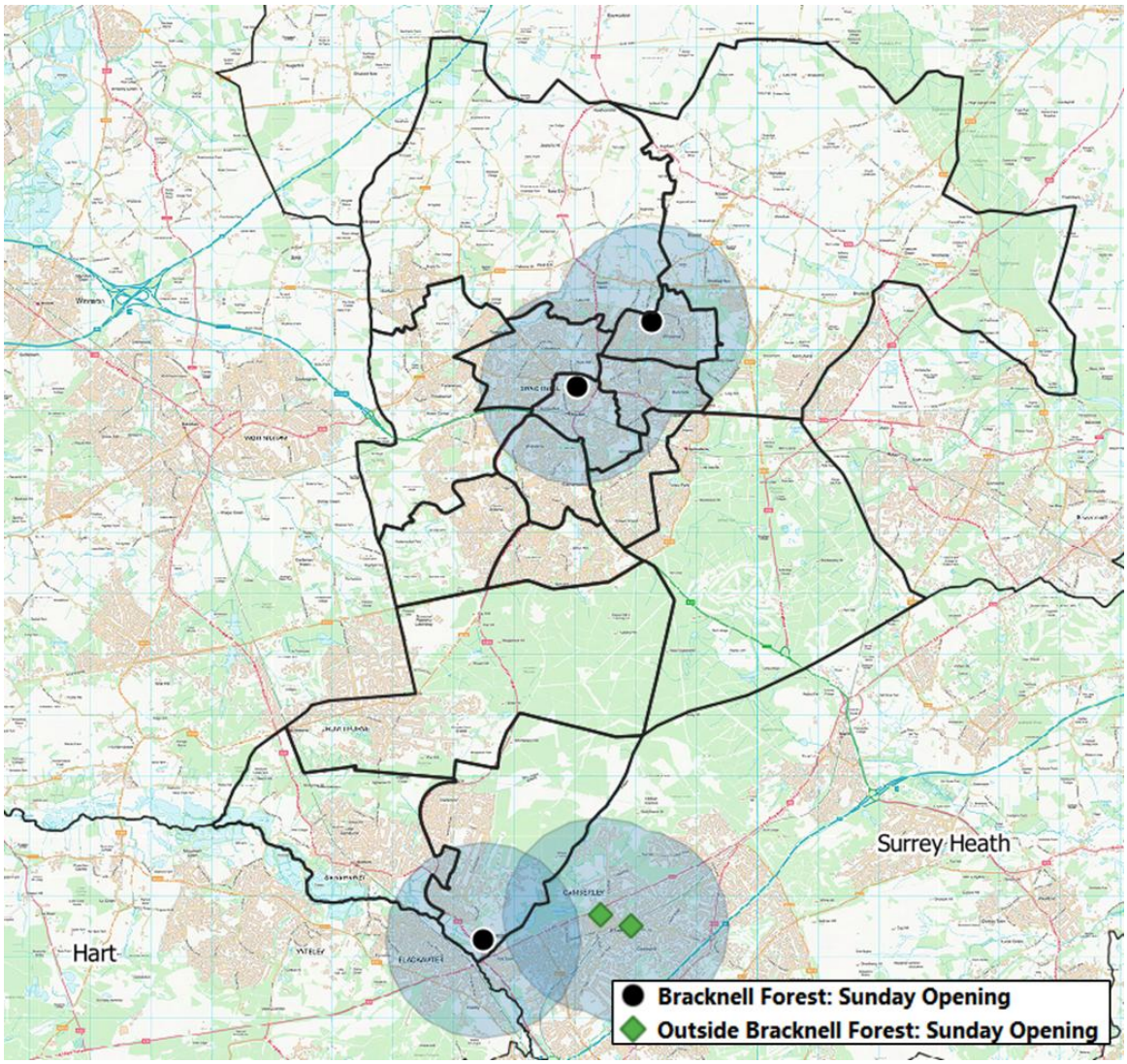


Source: Department of Health and Social Care - SHAPE Place

7.2.5.5 Sunday opening

Three pharmacies are open on Sundays within the borough, with three more outside of Bracknell Forest but within 1 mile of the borough's boundaries (Figure 110 and Table 11).

Figure 110: Pharmacies open on a Sunday and their 1-mile coverage, January 2025



Source: NHS Business Services Authority and Frimley ICB

Table 11: Community Pharmacies open on Sunday in Bracknell Forest, January 2025

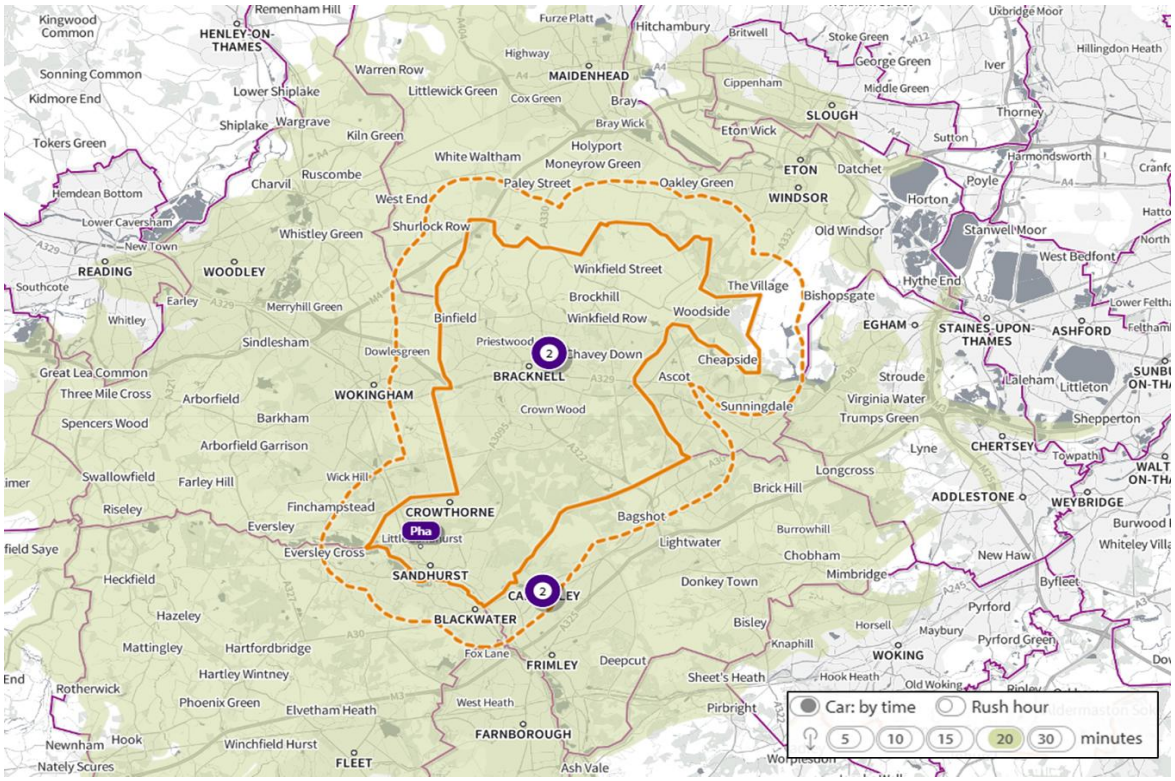
Pharmacy	Address	Ward
Boots the Chemists	The Lexicon Shopping Ctr,19-23 Braccan Walk, Bracknell, Berkshire	Town Centre & The Parks
Tesco Pharmacy	Tesco Extra, The Meadows, Marshall Road, Sandhurst, Berkshire	Owlsmoor & College Town
Tesco Pharmacy	Jigs Lane, Warfield, Berkshire	Whitegrove

Source: NHS Business Services Authority and Frimley ICB

A minority of the borough's residents live within 1-mile of a pharmacy operating on a Sunday (31.9%)[114]. However, all Bracknell Forest residents have access to

pharmacies within a 20-minute car drive on Sundays as shown in Figure 111. Sunday provision mirrors that of other healthcare services available on a Sunday.

Figure 111: Areas covered by 20-minute travel time by car to a Sunday opening Bracknell Forest pharmacy from within and outside the borough



Source: Department of Health and Social Care - SHAPE Place

Summary

Geographic access:

94% of residents live within 1 mile of a community pharmacy. All residents can access a pharmacy within 20 minutes by car. Some wards with lower pharmacy coverage include Swinley Forest, Binfield North & Warfield West, and Winkfield & Warfield East.

Population coverage:

The borough's 18 pharmacies are concentrated in more densely populated areas. Swinley Forest has no pharmacies. The ward with the highest provision is Crowthorne (3.7 per 10,000 population), while Binfield South & Jennett's Park has the lowest (0.9 per 10,000).

Proximity to GP practices:

All GP practices in Bracknell Forest are within 1 mile of a pharmacy, supporting integration with primary care networks.

Deprivation:

Though Bracknell Forest is generally less deprived. Pockets of higher deprivation in Town Centre & The Parks and Crowthorne wards are well served by pharmacies.

Opening hours:

- **Early morning:** No pharmacies open before 8am.
- **Evening (after 6pm):** 4 pharmacies open late, covering 34.6% of the population within 1 mile; all these pharmacies are reachable by car within 20 minutes.
- **Saturday:** 15 of 18 pharmacies are open; 80.8% of residents live within 1 mile of one, with full coverage by car.
- **Sunday:** 3 pharmacies open; 31.9% of residents live within 1 mile, but all have access within 20 minutes by car. This mirrors other healthcare provision available on a Sunday.

This distribution demonstrates reasonable access to pharmaceutical services.

7.3 Essential services

Essential services are offered by all pharmacy contractors in Bracknell Forest 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[5]. These are:

- Dispensing Medicines
- Dispensing Appliances
- Repeat Dispensing
- Clinical governance
- Discharge Medicines Service
- Promotion of Healthy Lifestyles
- Signposting
- Support for self-care
- Disposal of Unwanted Medicines

7.3.1 Dispensing

The NHS Business Services Authority (BSA) produce monthly dispensing data for all NHS contractor pharmacies. Using this the data, the average number of items

dispensed per month was calculated for the last full financial year (2023/24). The data shows that Bracknell Forest pharmacies dispense an average of 7,433 items per month in the financial year 2023/24. This was higher than the average number of items dispensed per month for all pharmacies in Frimley ICB (6,851), but lower than the monthly average for all pharmacies in England (8,413)[117].

This data indicates that, although there is good distribution and capacity among Bracknell Forest pharmacies to fulfil current and anticipated need in the lifetime of this PNA, there are some important caveats. Dispensing data does not consider differences in populations size, nor was there any use of statistical methods to adjust for these differences when comparing Bracknell Forest pharmacies and those in the Frimley ICB area and England.

Summary

As Essential services have to be provided by all community pharmacies, residents of Bracknell Forest have good access to essential pharmaceutical services, both geographically and in terms of opening hours, with all residents able to reach a pharmacy within a reasonable travel time.

7.4 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[115]. These are voluntary.

As of March 2025, the following services may be provided by 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
- Stoma Appliance Customisation

Data below in each service description has been obtained from NHS Business Services Authority (BSA). Dispensing data, covering the period April 2023 to January

2025, has been used to determine the advanced services provided by the community pharmacies in Bracknell Forest and pharmacies within 1 mile of the borough's boundaries.

7.4.1 Appliance Use Review

Appliance use reviews (AUR) is an advanced service that community pharmacies and DACs can choose to provide as long as they fulfil specific criteria.

This service can be provided by a pharmacist or specialist nurse, either at the contractor's premises (typically within a DAC) or at the patient' home. AURs can also be provided by telephone or video consultation, in circumstances where the conversation cannot be overheard by others (except by someone whom the patient wants to hear the conversation, for example a carer).

AURs are intended to improve the patient's knowledge and use of any specified dispensing appliance by:

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

There are no community pharmacies in Bracknell Forest providing this service. However, AURs can also be provided by prescribing health and social care providers. Therefore, there is sufficient provision of the AUR service to meet the current needs of this borough.

7.4.2 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, namely:

- Anyone over the age of 65
- Pregnant women

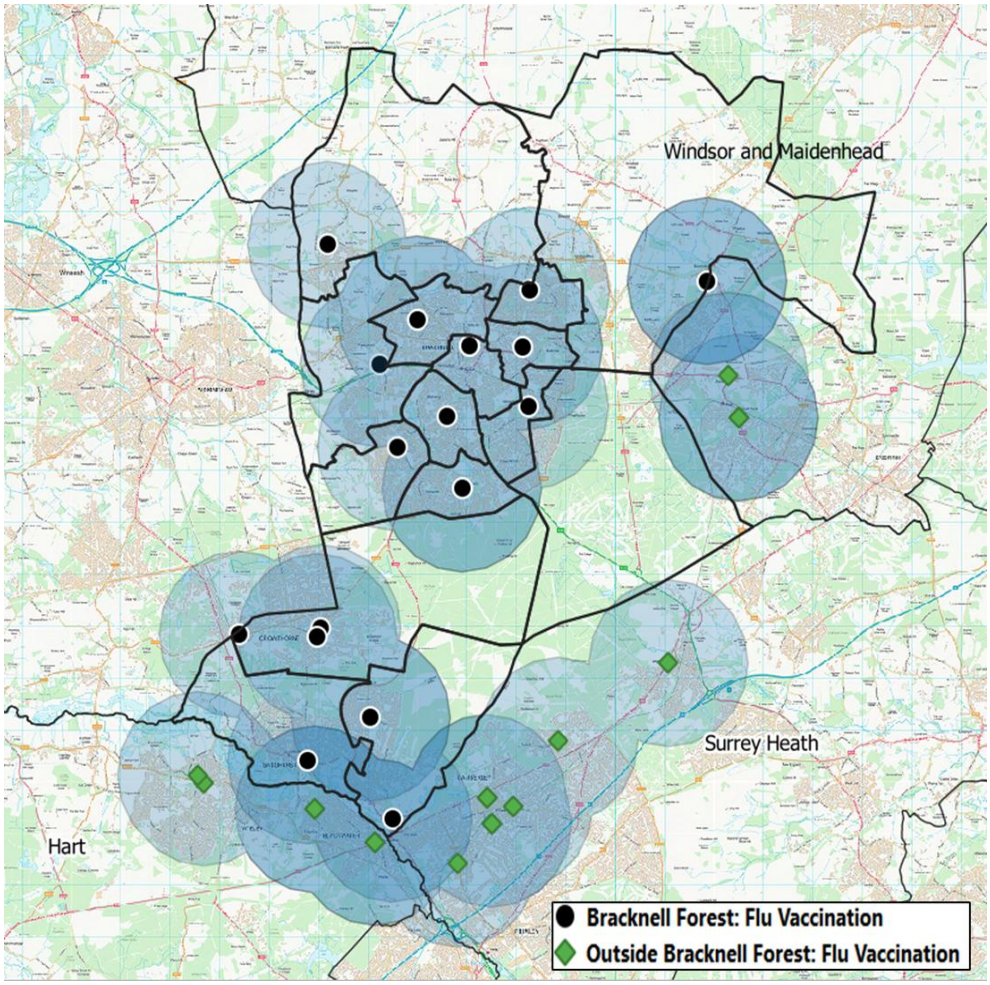
- Children and adults with an underlying health condition (particularly long-term heart or respiratory disease)
- Children and adults with a weakened immune system

GPs currently provide the majority of flu vaccinations, with pharmacies playing a supporting role by improving access to this service given their convenient locations, extended opening hours and walk-in service. 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.

Overall, 17 out of the 18 community pharmacies in the borough provided flu vaccinations in Bracknell Forest in the period April 2023 to January 2025. A further 12 community pharmacies situated within 1 mile outside of the borough also provide this service. Figure 112 and Table 12 shows the distribution of these pharmacies locally.

Overall, there is strong coverage of this service across Bracknell Forest. As identified in Chapter 5, there is strong flu vaccination uptake in the borough comparing favourably with regional (South-East) and national (England) comparators. This service is also provided by GP Practices. Therefore, the PNA steering group conclude that there is sufficient provision of the Advanced Flu Service in Bracknell Forest.

Figure 112: Pharmacies providing Flu vaccination and their 1-mile coverage



Source: NHS Business Services Authority and Frimley ICB

Table 12: The number of pharmacies providing flu vaccination service by ward

Ward	Number of Pharmacies
Binfield North & Warfield West	1
Bullbrook	1
Crowthorne	3
Easthampstead & Wildridings	1
Great Hollands	1
Hanworth	1
Harmans Water & Crown Wood	1
Owlsmoor & College Town	2
Priestwood & Garth	1
Sandhurst	1
Town Centre & The Parks	2
Whitegrove	1
Winkfield & Warfield East	1
Binfield South & Jennett's Park	0
Swinley Forest	0

Source: NHS Business Services Authority and Frimley ICB

7.4.3 Hypertension case-finding service

Hypertension (high blood pressure) is a risk factor for cardiovascular disease (CVD) one of the leading causes of premature death in England[7]. Early detection of hypertension is vital, and there is evidence that community pharmacy has a key role in detection and subsequent treatment of hypertension and CVD, improving outcomes and reducing the burden on GPs.

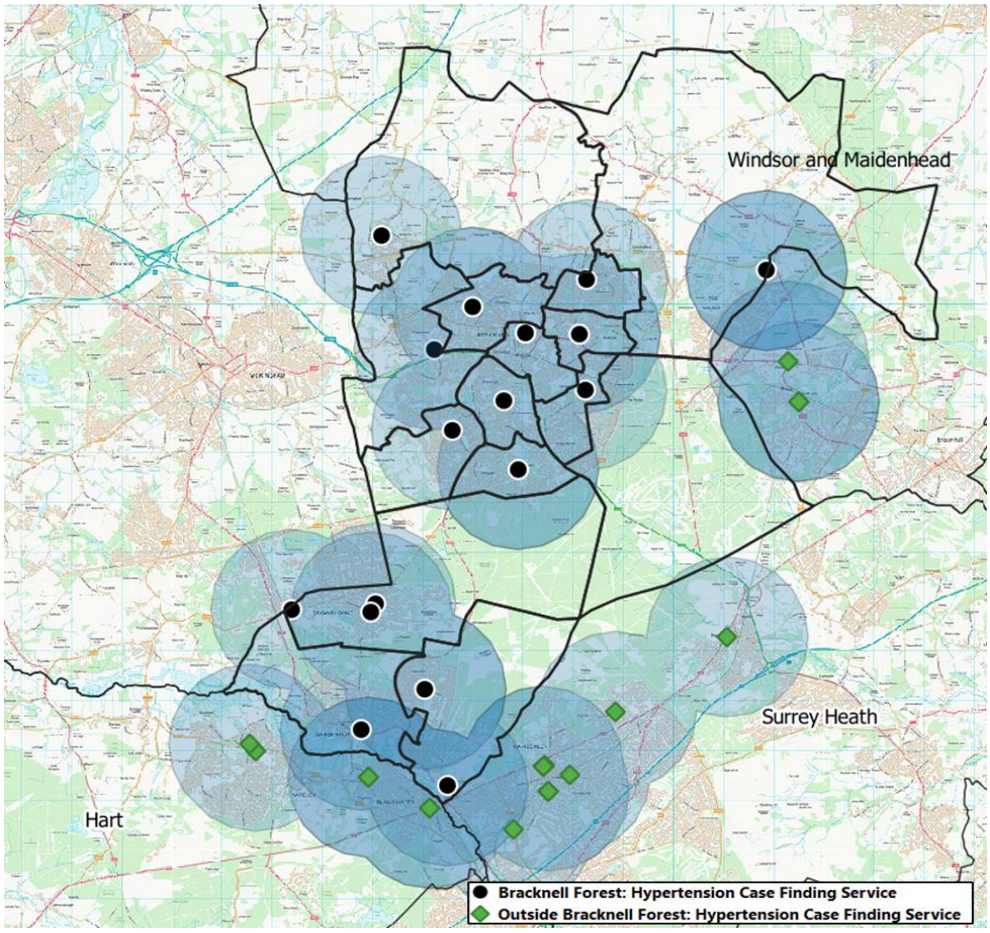
The Hypertension Case-Finding Service was commissioned in October 2021. The service has two stages[119]:

- Stage 1: 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.
- Stage 2: at the request of a general practice, undertake clinic and ambulatory blood pressure measurements for adults of any age. These results are shared with patient's GP to inform a potential diagnosis of hypertension. This also include ad hoc requests for blood pressure measurements that can be in relation to people either with or without a diagnosis of hypertension

Additionally, the service is also expected to promote healthy behaviours to patients.

The Hypertension Case-Finding Service is widely available in the borough. In total, 17 out of the 18 community pharmacies in the borough provide the service along with another 13 pharmacies within 1 mile of Bracknell Forest's boundaries (Figure 113).

Figure 113: Pharmacies providing the Hypertension Case-Finding Service in Bracknell Forest and their 1-mile coverage



Source: NHS Business Services Authority and Frimley ICB

Table 13: Number of pharmacies providing the Hypertension Case-Finding Service by ward

Ward	Number of Pharmacies
Binfield North & Warfield West	1
Bullbrook	1
Crowthorne	3
Easthampstead & Wildridings	1
Great Hollands	1
Hanworth	1
Harmans Water & Crown Wood	1
Owlsmoor & College Town	2
Priestwood & Garth	1
Sandhurst	1
Town Centre & The Parks	2
Whitegrove	1
Winkfield & Warfield East	1
Binfield South & Jennett's Park	0

Swinley Forest	0

Source: NHS Business Services Authority and Frimley ICB

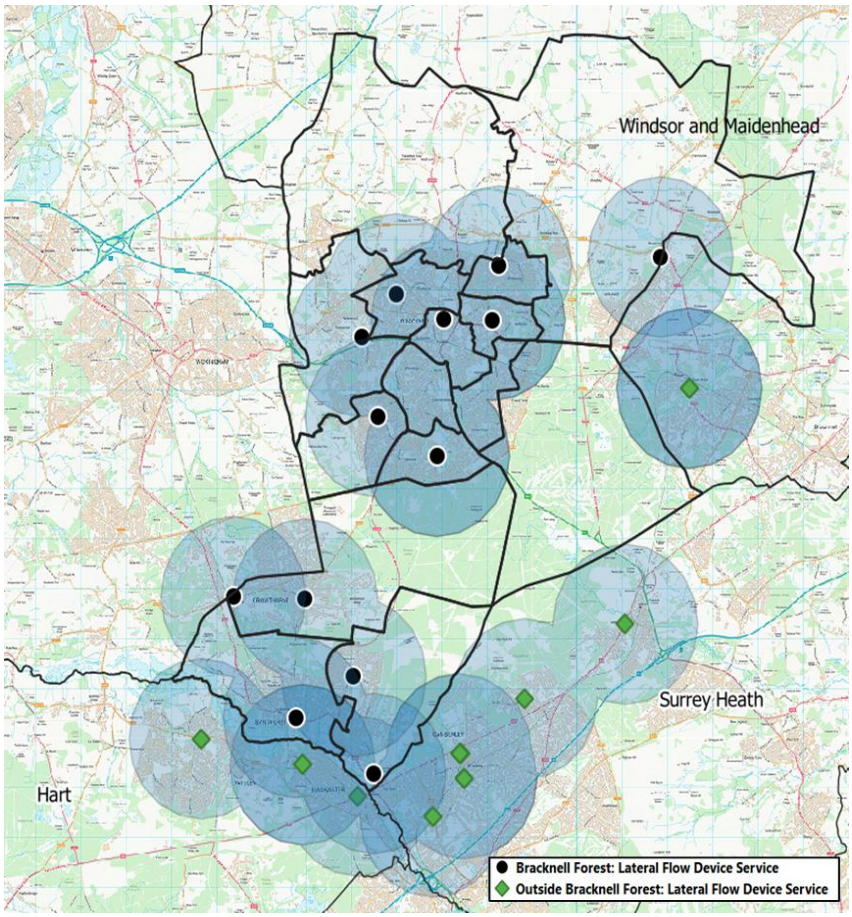
7.4.4 Lateral Flow Device Test Supply Service

The NHS offers COVID-19 treatment to people with COVID-19 who are at risk of becoming seriously ill. To access these treatments, eligible patients first need to be able to test themselves by using a later flow device (LFD) if they develop symptoms suggestive of COVID-19. If a patient tests positive, 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. The lateral flow device (LFD) tests supply service was commissioned as an advanced service in November 2023 to supply people with LFDs for at-home COVID-19 testing[120].

As of January 2025, the LFD test service is provided by 8 out of the 18 pharmacies in Bracknell Forest. There are an additional 9 pharmacies surrounding the borough providing this service (Figure 114). For residents living in the more rural part of Binfield North & Warfield West and Binfield South & Jennett's Park these pharmacies are not readily accessible (Table 14).

However, pharmacies offering this service in the borough are located in areas with high population density and within 1 mile of most people living in the borough. For residents living in the more rural part of the borough, these pharmacies are within a 20-minute car journey. However, for those who are only able to walk or use public transport, access is more difficult. Overall, there is only adequate provision to meet the needs of this borough.

Figure 114: Pharmacies providing LFD service in Bracknell Forest and their 1-mile coverage



Source: NHS Business Services Authority and Frimley ICB

Table 14: Number of pharmacies providing LFD service by ward

Ward	Number of Pharmacies
Bullbrook	1
Crowthorne	1
Great Hollands	1
Hanworth	1
Owlsmoor & College Town	1
Sandhurst	1
Town Centre & The Parks	1
Whitegrove	1
Binfield North & Warfield West	0
Binfield South & Jennett's Park	0
Easthampstead & Wildridings	0
Harmans Water & Crown Wood	0
Priestwood & Garth	0
Winkfield & Warfield East	0
Swinley Forest	0

Source: NHS Business Services Authority and Frimley ICB

7.4.5 New Medicine Service

The New Medicines Service support patients with long-term conditions, who are taking a newly prescribed medicine, to help improve medicines adherence.

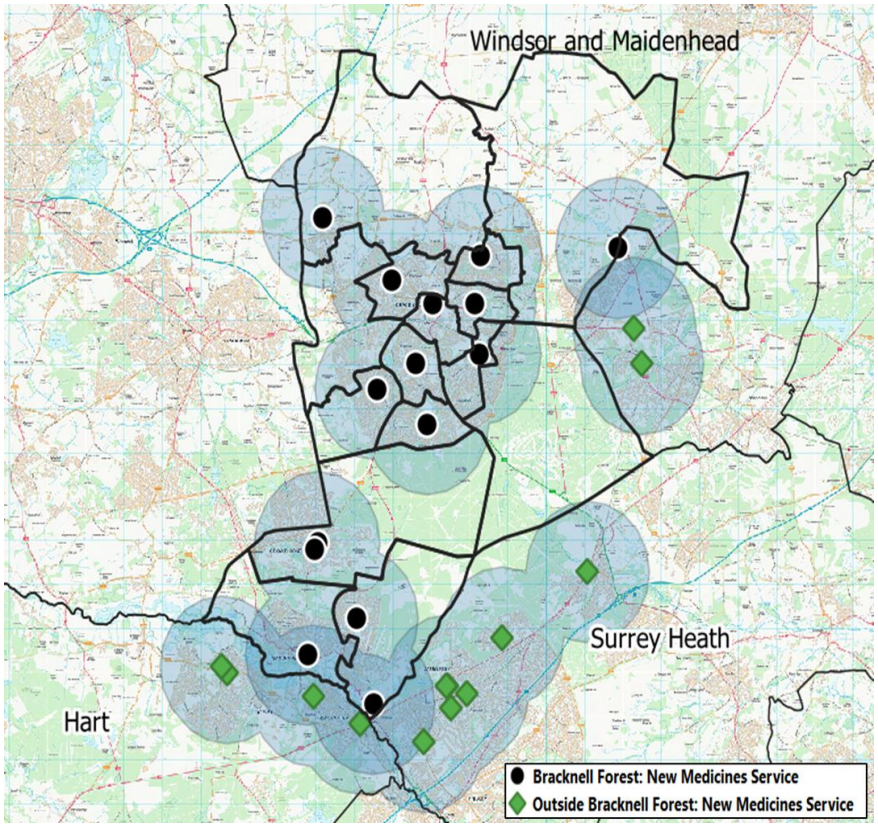
This service is designed to improve patients' understanding of a newly prescribed medicine for their long-term condition, and to help them get the most from the medicine. It aims to improve adherence to new medication, focussing on people with specific conditions, namely:

- 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.

In total, 16 out of the 18 pharmacies in the borough provide NMS with an additional 13 pharmacies within 1-mile of the borough's boundaries also providing this advanced service (Figure 115). NMS are supplied widely across the borough within areas of high density and need; therefore, it can be concluded that there is sufficient NMS provision to meet the needs of this borough.

Figure 115: Pharmacies providing NMS and their 1-mile coverage, January 2025



Source: NHS Business Services Authority and Frimley ICB

Table 15: Number of NMS provided by Bracknell Forest Pharmacies by ward, 2023-24

Ward	Number of Pharmacies	Total Number of NMSs Declared	Average NMSs per Pharmacy
Binfield North & Warfield West	1	328	328
Bullbrook	1	1,101	1,101
Crowthorne	2	218	109
Easthampstead & Wildridings	1	16	16
Great Hollands	1	68	68
Hanworth	1	236	236
Harmans Water & Crown Wood	1	55	55
Owlsmoor & College Town	2	437	219
Priestwood & Garth	1	3	3
Sandhurst	1	363	363
Town Centre & The Parks	2	376	188
Whitegrove	1	277	277
Winkfield & Warfield East	1	284	284

Ward	Number of Pharmacies	Total Number of NMSs Declared	Average NMSs per Pharmacy
Binfield South & Jennett's Park	0	0	0
Swinley Forest	0	0	0
Total	**16**	**3,762**	**235**

Source: NHS Business Services Authority, Dispensing Contractor Data 2023-24

7.4.6 Pharmacy Contraceptive Service

The NHS Long Term Plan (LTP) highlighted the importance of NHS services complementing the action taken by local government to support the commissioning of sexual health services. Pharmacies in England first started providing people with repeat supplies of oral contraceptives in 2021, as part of a pilot scheme. The Department of Health and Social Care (DHSC) and NHS England proposed the commissioning of a Pharmacy Contraception Service, as an advanced service, building on the learning form the pilot service[121].

The objectives of the service are to:

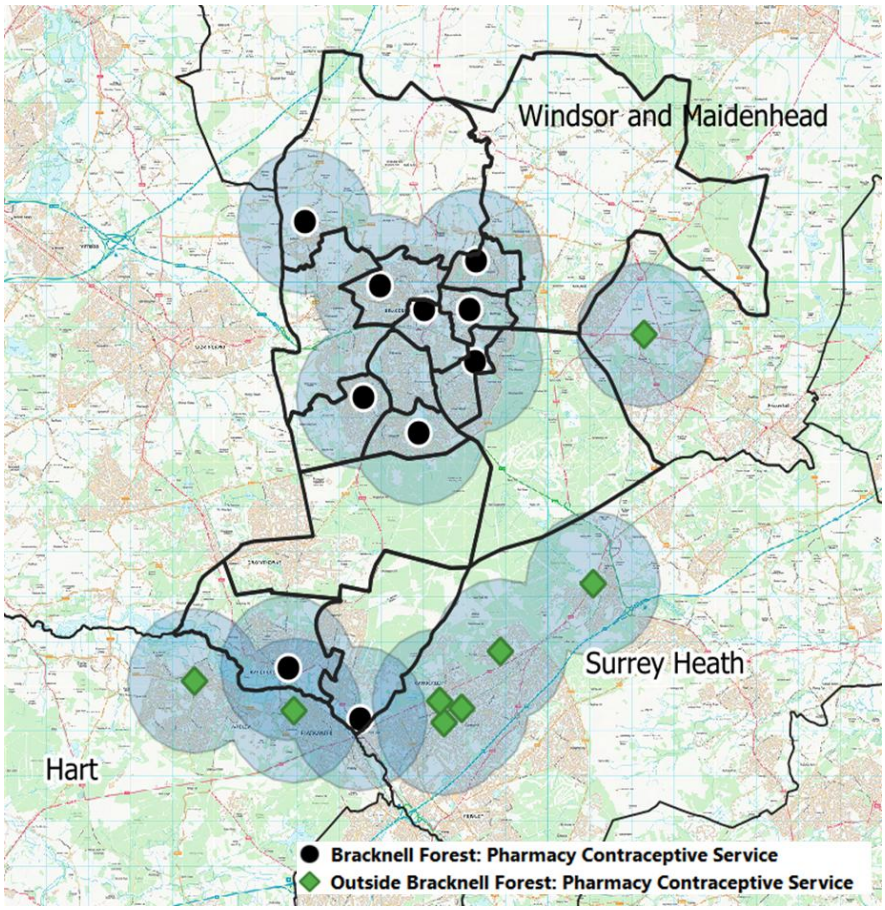
- Provide a model for community pharmacy teams to initiate provision of oral contraception, and to continue the provision of oral contraception supplies initiated in primary care (including general practice and pharmacies) or sexual health clinics and equivalent.
- Establish an integrated pathway between existing services and community pharmacies that provides people with greater choice and access when considering continuing their current form of oral contraception.

The service aims to provide:

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

Figure 116 shows the distribution of pharmacies in Bracknell Forest providing the pharmacy contraception service. In total, 11 out of the 18 pharmacies in the borough provide this service, with a further 8 pharmacies within 1 mile of the local authority boundaries also providing this service.

Figure 116: Pharmacies providing the pharmacy contraception service in Bracknell Forest and their 1-mile coverage



Source: NHS Business Services Authority and Frimley ICB

Table 16: Pharmacies providing the pharmacy contraception service in Bracknell Forest by ward

Ward	Number of Pharmacies
Binfield North & Warfield West	1
Bullbrook	1
Great Hollands	1
Hanworth	1
Harmans Water & Crown Wood	1
Owlsmoor & College Town	1
Priestwood & Garth	1
Sandhurst	1
Town Centre & The Parks	2
Whitegrove	1
Crowthorne	0
Easthampstead & Wildridings	0
Winkfield & Warfield East	0
Binfield South & Jennett's Park	0
Swinley Forest	0

Source: Source: NHS Business Services Authority and Frimley ICB

Pharmacies providing the pharmacy contraception service are situated in parts of the borough with the highest population density. Where residents do not live within 1-mile of a pharmacy providing this service, they are able to travel to these pharmacies within 20 minutes by car. However, for those who are only able to walk or use public transport, access is more difficult. Overall, there is adequate provision of the pharmacy contraception service in Bracknell Forest.

7.4.7 Pharmacy First Service

The community pharmacist consultation service (CPCS) is a new service provided by pharmacies, launched in October 2019. The aims of the service are to support the integration of community pharmacy into the urgent care system and to divert patients with lower acuity conditions or who require urgent prescriptions from the urgent care system and to community pharmacies[122].

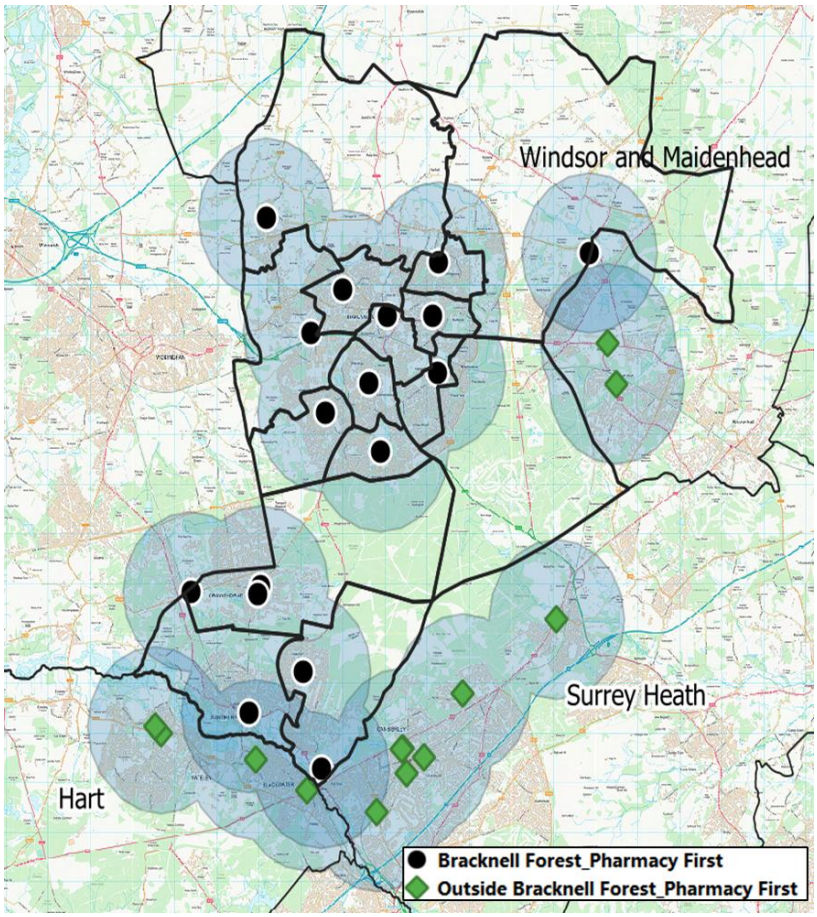
In 2022, Community Pharmacy England proposed Pharmacy First to build on the existing CPCS. The new Pharmacy First service launched in January 2024. This advanced service involves pharmacists providing advice and NHS- funded treatment, where clinically appropriate, for seven common conditions[123]:

- Sinusitis (aged 12 and over)
- Sore throat (5 years and over)
- Acute otitis media (1 to 17 years)
- Infected insect bite (1 year and over)
- Impetigo (1 year and over)
- Shingles (18 years and over)
- Uncomplicated Urinary Tract Infection (UTI) (women 16 to 64 years)

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.

There is strong coverage of Pharmacy First in Bracknell Forest with all 18 community pharmacies providing this service (Figure 117). Additionally, there are 13 community pharmacies within 1 mile of the borough's boundaries providing this service. Therefore, there is sufficient provision to meet the needs of the Bracknell Forest population.

Figure 117: Pharmacies providing Pharmacy First service in Bracknell Forest and their 1-mile coverage



Source: NHS Business Services Authority and Frimley ICB

Table 17: Pharmacies providing the Pharmacy First service in Bracknell Forest by ward

Ward	Number of Pharmacies
Binfield North & Warfield West	1
Binfield South & Jennett's Park	1
Bullbrook	1
Crowthorne	3
Easthampstead & Wildridings	1
Great Hollands	1
Hanworth	1
Harmans Water & Crown Wood	1
Owlsmoor & College Town	2
Priestwood & Garth	1
Sandhurst	1
Town Centre & The Parks	2
Whitegrove	1
Winkfield & Warfield East	1
Swinley Forest	0

Source: NHS Business Services Authority and Frimley ICB

7.4.8 Smoking cessation service

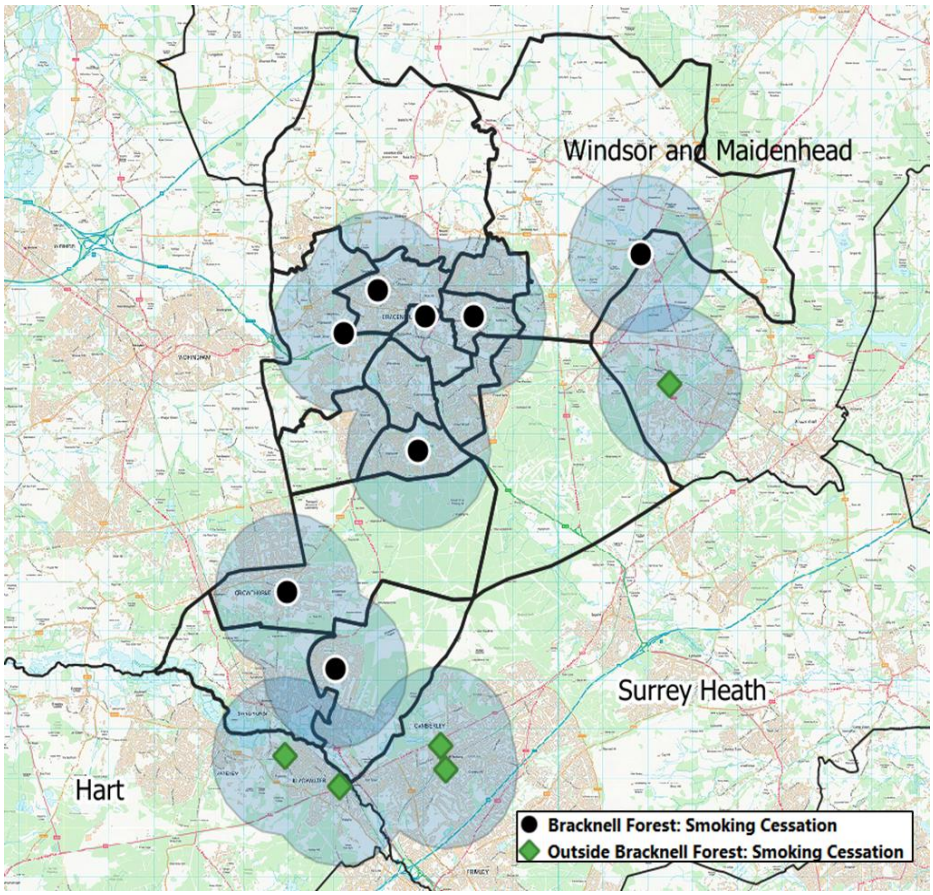
The NHS LTP (2019) stated that the NHS would make a significant new contribution to make England a smoke-free society. In July 2019, Community Pharmacy, along with the Department of Health and Social Care (DHSC) and NHS England agreed a five-year deal for community pharmacies, which includes piloting a service to take stop smoking referrals from secondary care and then, if successful, to commission such a service nationally in Year 3 (2021/22)[124].

Since March 2022, smoking cessation services have been designed to enable NHS trusts to undertake a transfer of care on patient discharge, referring patients (where they consent) to a community pharmacy of their choice to continue their smoking cessation treatment, including providing medication and support as required. The ambition is for referral from NHS trusts to community pharmacy to create additional capacity in the smoking cessation pathway. The service can only be provided by a pharmacist or pharmacy technician.

In total, 8 out of the 18 community pharmacies in the borough are registered to provide smoking cessation service to the population[125]. There are a further 5 pharmacies within 1-mile of Bracknell Forest also providing a smoking cessation service (Figure 118).

Pharmacies providing the smoking cessation service are situated in parts of the borough with the highest population density. Where residents do not live within 1-mile of a pharmacy providing this service, they are able to travel to these pharmacies within 20 minutes by car. However, for those who are only able to walk or use public transport, access is more difficult. Overall, there is adequate provision of the smoking cessation service by pharmacies for people living in the borough. This low number mirrors provision nationally.

Figure 118: Pharmacies in Bracknell Forest offering Smoking Cessation service and their 1-mile coverage



Source: NHS Business Services Authority and Frimley ICB

Table 18: Pharmacies in Bracknell Forest offering Smoking Cessation service at ward level

Ward	Number of Pharmacies
Binfield South & Jennett's Park	1
Bullbrook	1
Crowthorne	1
Hanworth	1
Owlsmoor & College Town	1
Priestwood & Garth	1
Town Centre & The Parks	1
Winkfield & Warfield East	1
Swinley Forest	0
Binfield North & Warfield West	0
Easthampstead & Wildridings	0
Great Hollands	0
Harmans Water & Crown Wood	0
Sandhurst	0
Whitegrove	0

Source: NHS Business Services Authority and Frimley ICB

7.4.9 Stoma Appliance Customisation

A stoma is an outlet in the abdominal wall where faecal matter or urine can be safely collected following bowel or bladder surgery using a stoma appliance placed over the outlet[126]. The Stoma Appliance Customisation service (SAC) involved the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The purpose of this service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.

There are no pharmacies in Bracknell Forest providing the SAC service during the time of this PNA. Bracknell Forest residents are able to access SAC service from dispensing appliance contractors.

Summary

Advanced services are voluntary NHS-commissioned services that enhance the role of community pharmacy. In Bracknell Forest:

- **Pharmacy First**: All 18 community pharmacies provide this service, ensuring strong borough-wide coverage.
- **Flu Vaccination**: Delivered by 17 of 18 pharmacies, with high uptake and sufficient provision.
- **Hypertension Case-Finding**: Available in 17 pharmacies; coverage is strong and supports early intervention.
- **New Medicine Service (NMS)**: Offered by 16 pharmacies, supporting medicines adherence for long-term conditions.
- **Pharmacy Contraception Service**: Provided by 11 pharmacies, mainly in high-density areas, with overall adequate coverage.
- **Smoking Cessation Service**: Available in 8 pharmacies; although numbers are lower, provision reflects national patterns and meets local needs.
- **Lateral Flow Device Service**: Offered by 8 pharmacies; coverage is limited in rural areas but adequate overall.
- **Appliance Use Review (AUR)** and **Stoma Appliance Customisation (SAC)**: Not provided by local pharmacies but accessible via other healthcare providers or appliance contractors.

Overall, the availability of advanced services is strong across Bracknell Forest, particularly for high-priority areas such as minor ailments, vaccination, and chronic disease management.

7.5 Enhanced Pharmacy Services

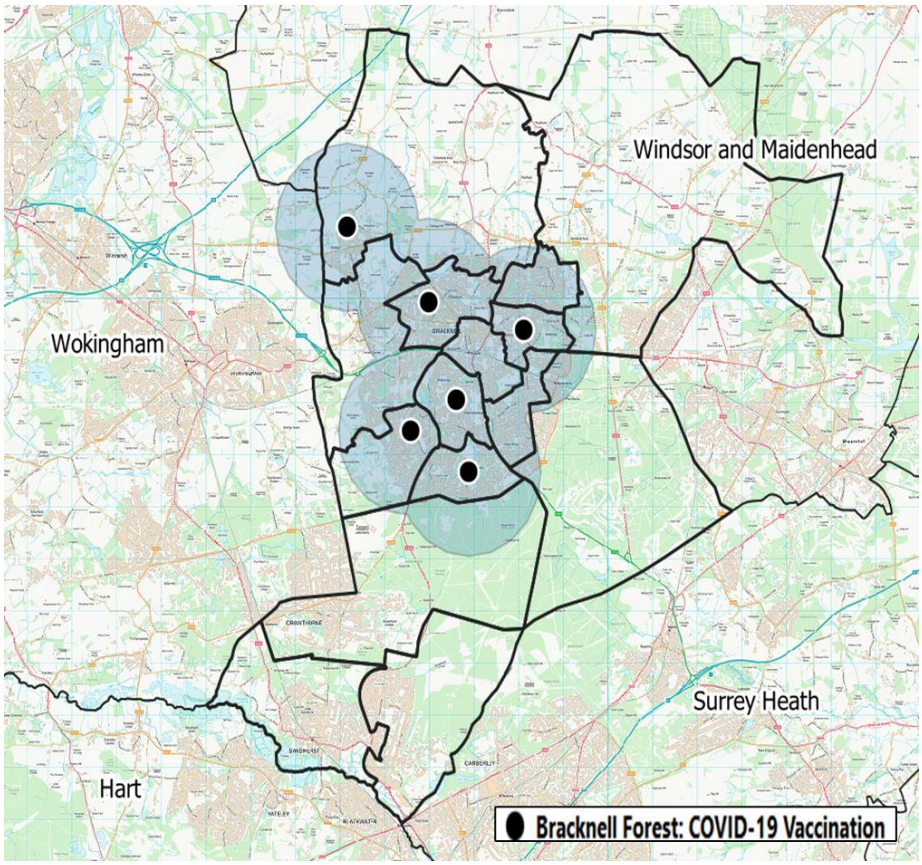
In December 2021, amendments to the NHS Regulations 2013 introduced a new type of Enhanced service, the National Enhanced Service (NES). Under this model, NHS England commissions a nationally specified Enhanced service, requiring consultation with Community Pharmacy England on the service specification and remuneration.

This contrasts with a Local Enhanced Service (LES), which is developed to address specific local health needs and involves consultation with Local Pharmaceutical Committees. While the NES establishes standard national conditions, it still allows local commissioning decisions to meet population needs within a nationally coordinated framework.

There is currently one National Enhanced Service and one Local Enhanced Service commissioned in Bracknell Forest.

COVID-19 vaccination service: This service is provided from selected community pharmacies who have undergone an Expression of Interest Process and commissioned by NHSE. Pharmacy owners must also provide the Flu Vaccination Service and is provided for a selected cohort of patients. In total, 6 out of the 18 community pharmacies in the borough provide the service (Figure 119). This service is available from other healthcare providers such as GP Practices.

Figure 119: Pharmacies in Bracknell Forest offering COVID-19 vaccination service and their 1-mile coverage



Source: NHS Business Services Authority and Frimley ICB

Table 19: Pharmacies in Bracknell Forest offering COVID-19 vaccination service at ward level

Ward	Number of Pharmacies
Binfield South & Jennett's Park	0
Binfield North & Warfield West	1
Bullbrook	1
Crowthorne	0
Easthampstead & Wildridings	1
Great Hollands	1
Hanworth	1
Harmans Water & Crown Wood	0
Owlsmoor & College Town	0
Priestwood & Garth	1
Sandhurst	0
Swinley Forest	0
Town Centre & The Parks	0
Whitegrove	0
Winkfield & Warfield East	0

Source: NHS Business Services Authority and Frimley ICB

Bank Holiday Service: Community pharmacies are not obliged to open on nominated bank holidays. While many opt to close, a number of pharmacies (often those in regional shopping centres, retail parks, supermarkets and major high streets) opt to open – often for limited hours.

Through the delegated authority by NHSE, the ICB has commissioned a Local Enhanced Service to provide coverage over Bank Holidays, Easter Sunday, and Christmas Day, to ensure that there are pharmacies open on these days so patients can access medication if required. Details of which pharmacies are open can be found on the NHSE website: https://www.nhs.uk/service-search/pharmacy/find-a-pharmacy.

7.6 Other Locally Commissioned Services

Community pharmacies and GP practices provide a range of other services. These are not considered 'pharmaceutical services' under the Regulations 2013 and may be either free of charge, privately funded or commissioned by the Local Authority (LA) or ICB.

These services are listed for information only and would not be considered as part of a market entry determination.

7.6.1 NHS Frimley Integrated Care Board (ICB)

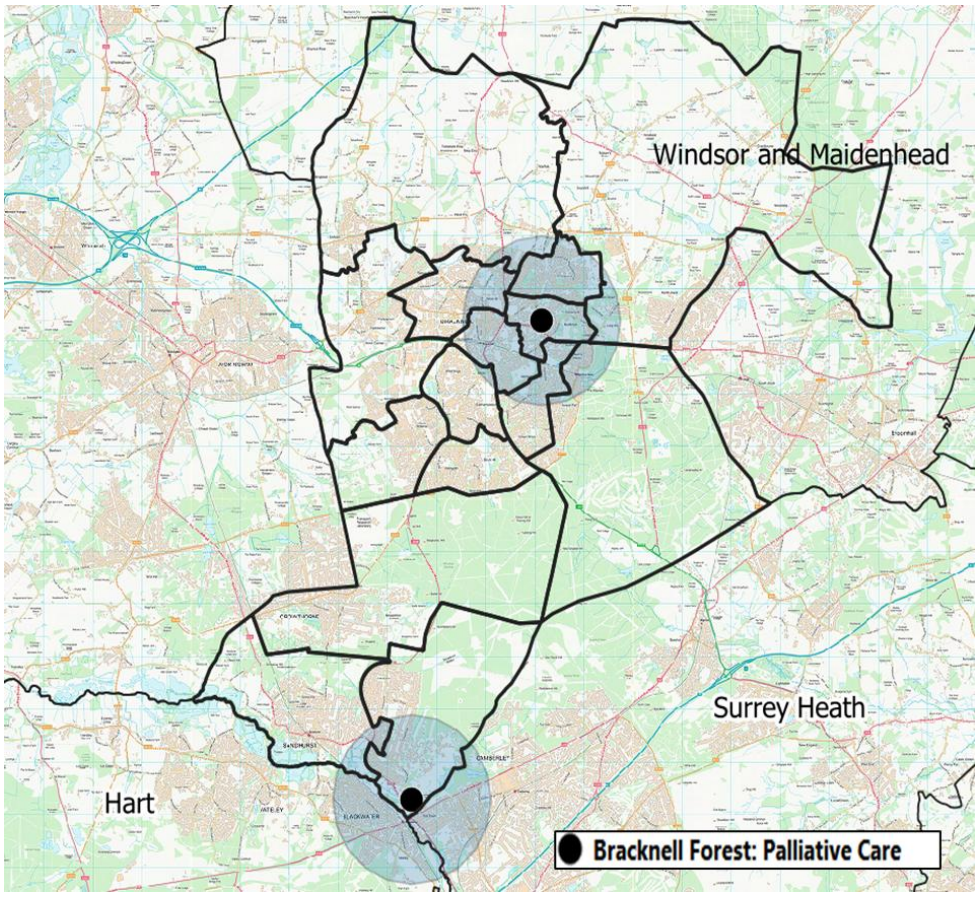
There is one service currently commissioned by the ICB across Bracknell Forest:

- Palliative Care Medicines on Demand (Figure 120)

The service is provided from selected pharmacies and aims to improve access to emergency palliative care medicines, support continuity of care, reduce unnecessary hospital admissions, and provide guidance to patients, carers, and healthcare professionals on end-of-life medication use.

There are two out of the 18 community pharmacies in the borough commissioned to provide the service.

Figure 120: Pharmacies in Bracknell Forest offering Palliative Care Medicines on Demand and their 1-mile coverage



Source: NHS Business Services Authority and Frimley ICB

Table 20: Pharmacies in Bracknell Forest offering Palliative Care Medicines on Demand at ward level

Ward	Number of Pharmacies
Binfield South & Jennett's Park	0
Binfield North & Warfield West	0
Bullbrook	1
Crowthorne	0
Easthampstead & Wildridings	0
Great Hollands	0
Hanworth	0
Harmans Water & Crown Wood	0
Owlsmoor & College Town	1
Priestwood & Garth	0
Sandhurst	0
Swinley Forest	0
Town Centre & The Parks	0
Whitegrove	0
Winkfield & Warfield East	0

Source: NHS Business Services Authority and Frimley ICB

7.6.2 Bracknell Forest Council

The local authority currently commissions the following services through community pharmacies in Bracknell Forest.

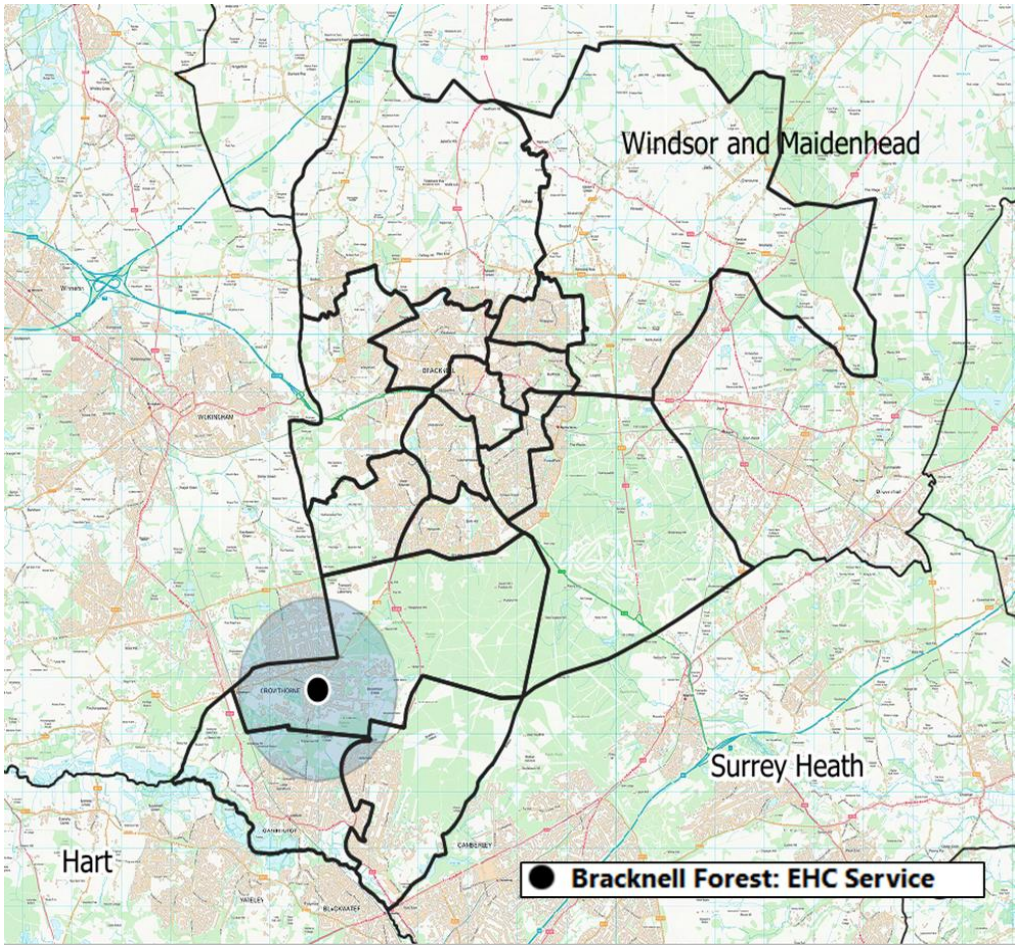
7.6.2.1 Emergency hormonal contraception (EHC)

This service supports young people accessing emergency contraception by promoting safer sexual health behaviours, preventing unplanned pregnancies, and addressing safeguarding risks. The service comprises of the following:

1. Supply of Emergency hormonal contraception
2. Promotion of NHS England (NHSE) Pharmacy Contraception Service
3. Wider Sexual health promotion

There is one community pharmacy out of 18 in Bracknell Forest commissioned to provide EHC.

Figure 121: Pharmacies in Bracknell Forest offering Emergency hormonal contraception on Demand and their 1-mile coverage



Source: Bracknell Forest Council

Table 21: Pharmacies in Bracknell Forest offering Emergency hormonal contraception at ward level

Ward	Number of Pharmacies
Binfield South & Jennett's Park	0
Bullbrook	0
Crowthorne	1
Hanworth	0
Owlsmoor & College Town	0
Priestwood & Garth	0
Town Centre & The Parks	0
Winkfield & Warfield East	0
Swinley Forest	0
Binfield North & Warfield West	0
Easthampstead & Wildridings	0
Great Hollands	0
Harmans Water & Crown Wood	0
Sandhurst	0
Whitegrove	0

Source: Bracknell Forest Council

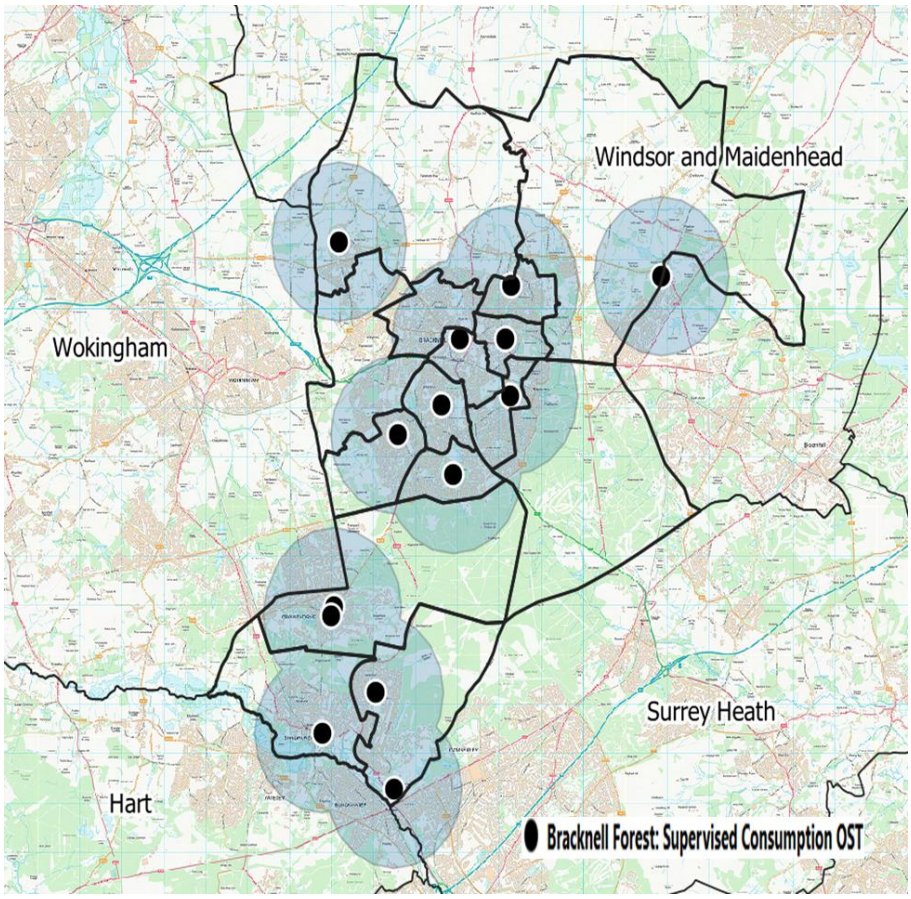
7.6.2.2 Substance misuse

7.6.2.2.1 Supervised consumption of Opiate Substitute Therapy

The service aims to ensure safe and supervised use of opioid substitution treatment (OST), reduce risks such as misuse, diversion, and accidental exposure, and provide regular healthcare contact with referrals to specialist support when needed.

There are 15 pharmacies out of the 18 in Bracknell Forest that are commissioned to provide this service.

Figure 122: Pharmacies in Bracknell Forest offering Supervised consumption of Opiate Substitute Therapy on Demand and their 1-mile coverage



Source: Bracknell Forest Council

Table 22: Pharmacies in Bracknell Forest offering Supervised consumption of Opiate Substitute Therapy at ward level

Ward	Number of Pharmacies
Binfield North & Warfield West	1
Binfield South & Jennett's Park	0
Bullbrook	1
Crowthorne	2
Easthampstead & Wildridings	1
Great Hollands	1
Hanworth	1
Harmans Water & Crown Wood	1
Owlsmoor & College Town	2
Priestwood & Garth	0
Sandhurst	1
Swinley Forest	0
Town Centre & The Parks	2
Whitegrove	1
Winkfield & Warfield East	1

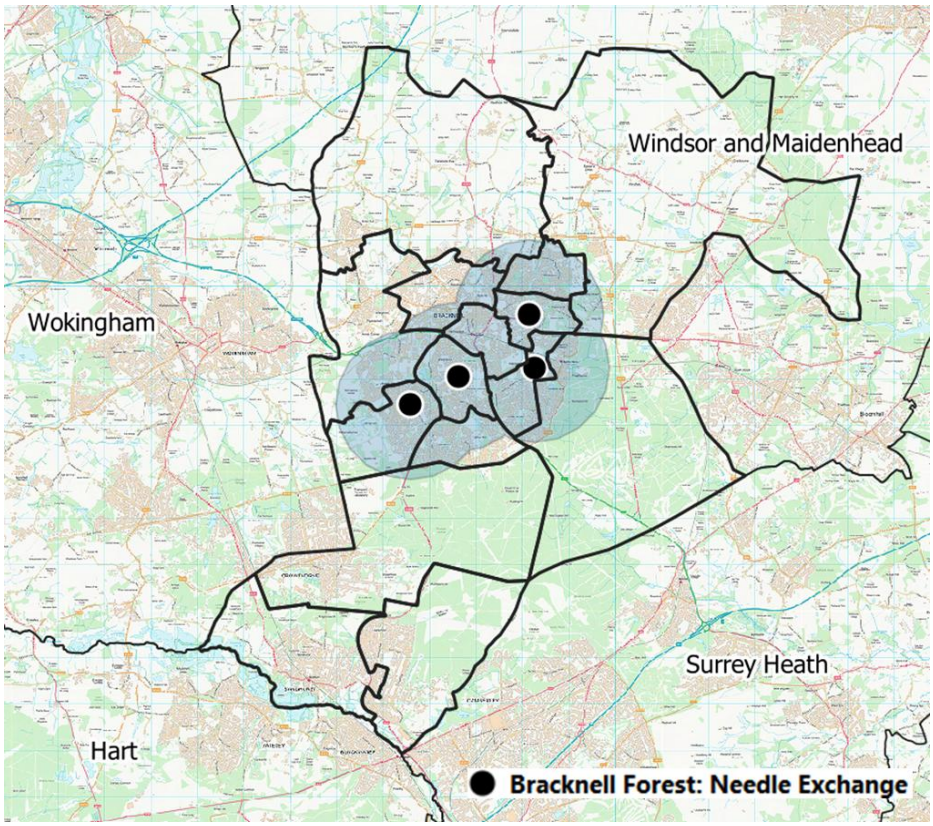
Source: Bracknell Forest Council

7.6.2.2.2 Needle exchange

The service aims to support individuals who inject drugs by promoting safer practices, reducing harm and the spread of infections, and encouraging access to treatment and wider health and social care services, with the ultimate goal of achieving a drug-free life.

There are 4 pharmacies out of the 18 in Bracknell Forest that are commissioned to provide this service.

Figure 123: Pharmacies in Bracknell Forest offering Needle Exchange and their 1-mile coverage



Source: Bracknell Forest Council

Table 23: Pharmacies in Bracknell Forest offering Needle Exchange at ward level

Ward	Number of Pharmacies
Binfield North & Warfield West	0
Binfield South & Jennett's Park	0
Bullbrook	1
Crowthorne	0
Easthampstead & Wildridings	1
Great Hollands	1
Hanworth	0
Harmans Water & Crown Wood	1
Owlsmoor & College Town	0
Priestwood & Garth	0
Sandhurst	0
Swinley Forest	0
Town Centre & The Parks	0
Whitegrove	0
Winkfield & Warfield East	0

Source: Bracknell Forest Council

Local commissioners will need to consider future commissioning opportunities as the community pharmacy contractual framework evolves. For example, for October 2025 the Pharmacy Contraception Service will be expanded to include Emergency Hormonal Contraception. The new Pharmacy Quality Scheme 2025/26 focuses on enhancing clinical services in community pharmacy to support safer, more accessible and integrated care. Key requirements include up dated plans and profiles for palliative and end of life care medicines.

8 Conclusions

This PNA reviews the current provision of pharmaceutical services across Bracknell Forest in the context of the borough's health needs and population demographics. It assesses whether these services meet the current and future needs of the population during the PNA period (1 October 2025 to 30 September 2028).

Bracknell Forest continues to have relatively low levels of deprivation, with only a few localised areas in the 30–40% most deprived nationally. The borough has a younger age profile compared to national averages though the over 65 age group is growing and will continue to. Bracknell Forest also has a lower proportion of residents from ethnic minority backgrounds compared to regional and national averages.

To complement national datasets, the PNA included a public engagement survey co-developed with the local authority to explore pharmacy usage and needs, especially among those sharing protected characteristics. The council engaged with 418 residents and, overall, most respondents were satisfied with the services their pharmacy provided and found the service easy to use. Most were able to travel to a pharmacy by car or by foot with a journey time between 5 and 20 minutes.

Overall, the findings indicate that pharmaceutical services in Bracknell Forest are accessible and generally well-matched to population needs, with no significant gaps identified either now or expected during the lifetime of the PNA.

Essential Services have been defined as Necessary Services for the residents across Bracknell Forest by the PNA steering group.

Essential services have to be provided by all community pharmacies as per the community pharmacy contractual framework.

Other relevant services are services provided which are not necessary to meet the need for pharmaceutical services in the area, but have secured improvements or better access.

The steering group defined advanced services, enhanced and other locally commissioned services as relevant to meet the need of the local population.

8.1 Current access to essential services

In assessing the provision of essential services against the needs of the population, this PNA has considered access as the key factor in determining whether current

provision meets those needs. Accessibility was assessed based on whether residents live within one mile of a pharmacy or within 20 minutes' drive time.

Additional considerations included:

- The ratio of community pharmacies per 10,000 population
- Proximity of pharmacies to areas of higher deprivation
- Pharmacy opening hours
- Location of pharmacies in relation to GP practices
- Presence of dispensing GP practices

As of January 2025, Bracknell Forest has 1.4 community pharmacies per 10,000 population. While this remains below the regional and national averages (1.8 and 2.1 respectively), survey findings and local data indicate that existing pharmacies have sufficient capacity to meet demand. There is the same number of community pharmacies as stated in the previous PNA. This is further supplemented by the dispensing GP practice site and DSPs within and outside of the borough.

8.1.1 Current access to essential services during normal working hours

All pharmacies in Bracknell Forest are open for at least 40 core contractual hours each week. As of January 2025, there are 18 community pharmacies operating across the borough, with access mapped and assessed in Chapter 7.

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

Around 94% of Bracknell Forest residents live within 1 mile of a pharmacy. Approximately 12,657 residents live outside of this threshold, primarily in more rural areas such as Binfield North & Warfield West, Winkfield & Warfield East, and Swinley Forest. However, all residents can access a pharmacy within 20 minutes by car. All GP practices in the borough are also within 1 mile of a pharmacy, supporting integration of pharmaceutical and primary care services.

8.1.2 Current access to essential services outside normal working hours

On weekdays, there are currently no pharmacies in Bracknell Forest open before 8am. However, four pharmacies remain open after 6pm, all located in areas of higher

population density. All residents can access one of these pharmacies within 20 minutes by car.

Fifteen of the 18 community pharmacies in the borough are open on Saturdays, and three are open on Sundays. When considering both Bracknell Forest pharmacies and those within one mile of its borders, weekend access remains strong. Mapping in Chapter 7 demonstrates that the majority of residents live within reach of a weekend-opening pharmacy.

Based on this analysis, the PNA concludes that there are no current gaps in the provision of essential services outside normal working hours for the duration of this assessment.

8.2 Future provision to essential services

This PNA has considered the following potential developments that may influence future pharmaceutical needs:

- Forecasted population growth
- Planned housing developments
- Other emerging factors affecting demand for services

The PNA has taken into account the population growth of 0.8% across Bracknell Forest over the lifetime of this PNA, likely within Town Centre & The Parks, Binfield North & Warfield West and Great Hollands wards where major housing developments are underway.

The current community pharmacy network across Bracknell Forest is well placed to meet the small predicted population and housing growth for the lifetime of this PNA. No new or future gaps in provision have been identified as a result of planned developments during the lifetime of this PNA.

With projected increases in population and housing growth, there will be an increased corresponding demand. Pharmacies, particularly sole providers, may experience increased footfall and service pressures.

However, the current assessment concludes that the community pharmacy network is currently able to accommodate this growth, supported by pharmacies' ability to adjust staffing levels and service delivery models where necessary. Measures such as internal system reviews, workforce development, digital solutions, workflow

improvements, and innovations like automation and hub-and-spoke dispensing models will help maintain service quality and resilience.

Based on this assessment, pharmacy provision is judged to be sufficient to meet the future needs of the local population across the borough throughout the lifetime of this

8.3 Current and future access to other relevant services

8.3.1 Current and future access to advanced services

The following advanced services are currently available and provided by community pharmacies in Bracknell Forest:

- New Medicine Service (NMS)
- Community Pharmacy Seasonal Influenza Vaccination
- Pharmacy First Service
- Hypertension Case-Finding Service
- Lateral Flow Device Supply Service
- Smoking Cessation Service
- Pharmacy Contraception Service
- Appliance Use Reviews (AURs)
- Stoma Appliance Customisation (SAC)

NMS is widely provided, with 16 out of 18 pharmacies in the borough offering this service and an additional 13 within 1 mile of the borough boundary also providing this service. The Flu Vaccination Service is also well established, with 17 of the 18 pharmacies delivering the service. All 18 community pharmacies are registered to provide the Pharmacy First Service, ensuring full borough coverage. The Hypertension Case-Finding Service is also available in 17 pharmacies. While Lateral Flow Device supply is more limited (available in 8 pharmacies), overall accessibility remains adequate. The Smoking Cessation Service and Pharmacy Contraception Service are offered by 8 and 11 pharmacies respectively, primarily located in higher-density areas. Where services are not locally available, they are accessible within 20 minutes by car. No Bracknell Forest pharmacies currently provide Appliance Use Reviews or the Stoma Appliance Customisation service. However, these services are accessible through other healthcare providers or DACs.

The PNA concludes that there is sufficient provision of advanced services to meet the current and future anticipated needs of Bracknell Forest residents.

8.3.2 Current and future access to enhanced services

The following enhanced services are currently available and provided by community pharmacies in Bracknell Forest:

- COVID-19 vaccination service
- Bank Holiday Service

The COVID-19 vaccination service is available across Bracknell Forest being provided by 6 out of the 18 community pharmacies. This service is also provided by GP Practices in the area. A Bank Holiday Service is also commissioned to support extended access to residents who require pharmaceutical service provision. The PNA concludes that there is adequate provision of enhanced services to meet the current and future anticipated needs of Bracknell Forest residents.

8.3.3 Current and future access to other services

In addition to essential and advanced services, a range of other pharmaceutical services are commissioned locally by Bracknell Forest Council and NHS Frimley ICB. These include:

- Substance misuse services, including supervised consumption and needle exchange
- Emergency hormonal contraception (EHC)
- Access to palliative and end-of-life care medicines

These services are provided by selected pharmacies across the borough, with coverage focused in areas of higher population density and need.

Based on this assessment and available commissioning arrangements, the PNA concludes that there is sufficient access to other locally commissioned NHS pharmacy services to meet the needs of Bracknell Forest's population for the duration of this PNA.

8.4 Improvements and better access – gaps in provision

8.4.1 Current and future access essential Services

This PNA has not identified any pharmaceutical services which, if provided now or under future circumstances, would deliver measurable improvements or enhanced access to essential services.

Furthermore, local pharmacies have demonstrated sufficient capacity to accommodate any increase in demand expected over the course of this PNA. Therefore, the PNA concludes there are no gaps, either now or foreseeable, that would require the commissioning of new essential services to secure improvements or better access during the lifetime of this document.

8.4.2 Current and future access to advanced services

Advanced services such as the New Medicine Service (NMS), Pharmacy First, Hypertension Case-Finding Service, and seasonal influenza vaccination are widely available across Bracknell Forest and form an integral part of the local pharmaceutical offer.

Although the provision is lower for the Smoking Cessation Service and the Lateral Flow Device Test Supply Service, this reflects current local need and there is no evidence provided of any unmet need.

While there are currently no community pharmacies in Bracknell Forest delivering Stoma Appliance Customisation (SAC) or Appliance Use Reviews (AUR), these services are accessible via dispensing appliance contractors.

The findings of this PNA indicate that there is adequate provision and capacity to meet both current and future demand for advanced services. The analysis concludes that there are no gaps in advanced service provision, either now or in the future, that would secure improvements or better access during the lifetime of this PNA.

8.4.3 Current and future access to enhanced services

The enhanced services form an integral part of the local pharmaceutical service provision. The two services currently commissioned across Bracknell Forest are lower in provision when compared to some of the advanced services or locally commissioned services. However, this reflects current and future need and there has been no evidence of unmet need.

The findings of this PNA indicate that there is adequate provision and capacity to meet both current and future demand for enhanced services. The analysis concludes that there are no gaps in enhanced service provision, either now or in the future, that would secure improvements or better access during the lifetime of this PNA.

8.4.4 Current and future access to locally commissioned services

Locally commissioned services are designed to meet the needs of local residents and are tailored to meet that need. Although considered as outside of the scope of market entry purposes, they have been considered as part of this PNA. Not all of the services can be provided by all of the contractors all of the time due to funding constraints. However, this assessment concludes that there is adequate provision of all of the locally commissioned services across Bracknell Forest and capacity to meet both current and future demand for these services. The analysis concludes that there are no gaps in provision, either now or in the future, that would secure improvements or better access during the lifetime of this PNA.

Appendix A: Berkshire East 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.

Bracknell Forest, The Royal Borough of Windsor & Maidenhead and Slough 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 HWB board will discharge its responsibilities for maintaining the PNA.

- Comment, on behalf of the Bracknell Forest Health and Wellbeing board, on formal PNA consultations undertaken by neighbouring HWB boards.

- Advise the HWB boards, if required, when consulted by NHS England in relation to consolidated applications.

- Document and manage potential and actual conflicts of interest.

Accounting and reporting

The Bracknell Forest, Royal Borough of Windsor & Maidenhead and Slough 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

Membership of the Berkshire East PNA Steering Group is presented in **Table *24***. An agreed deputy may be used where the named member of the group is unable to attend.

Table 24: Berkshire East 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	Royal Borough of Windsor and Maidenhead
Rebecca Willans	Royal Borough of Windsor and Maidenhead
Antiopi Ntouva	Royal Borough of Windsor and Maidenhead
Lewis Ford	Royal Borough of Windsor and Maidenhead
Tessa Lindfield	Slough
Sarima Chinda	Slough
Kelly Evans	Slough
Nkemjika Ugwa	Slough

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: Pharmacy Provision within Bracknell Forest and 1 mile of its border

Table 25: Frimley ICB Pharmacy Provision within Bracknell Forest and 1 mile of its border.

HWBB	ODS	Pharmacy	Address	Early Opening	Late Closing	Open on Saturday	Open on Sunday
Windsor and Maidenhead	FQD61	Ascot Pharmacy	17 Brockenhurst Road, South Ascot, Berkshire, SL5 9DJ	No	No	Yes	No
	FW236	Your Local Boots	23 High Street, Ascot, Berkshire, SL5 7HG	No	No	Yes	No
Hampshire	FGN78	Yateley Pharmacy	111 Reading Road, Yateley, Hampshire, GU46 7LR	No	Yes	Yes	No
	FJ127	Blackwater Pharmacy	40 London Road, Blackwater, Camberley, Surrey, GU17 9AA	No	No	Yes	No
	FMR86	Boots Pharmacy	1 Harpton Parade, Yateley, Hampshire, GU46 7SB	No	No	Yes	No
	FVP59	Darby Green Pharmacy	3 Kingfisher Parade, Rosemary Lane, Blackwater, Nr Camberley, Surrey, GU17 0LL	No	Yes	Yes	No
Surrey	FC693	Superdrug Pharmacy	6-12 Prince of Wales Walk, Camberley, Surrey, GU15 3SJ	No	No	Yes	No
	FCA78	Fastheal Pharmacy Bagshot	36 High Street, Bagshot, Surrey, GU19 5AZ	No	Yes	Yes	No
	FRE39	Camberley Pharmacy	Upper Gordon Rd Surgery, 37 Upper Gordon Road, Camberley, Surrey, GU15 2HJ	No	Yes	Yes	Yes
	FD573	Park Road Pharmacy	143 Park Road, Camberley, Surrey, GU15 2NN	No	No	No	No
	FNC00	Boots Pharmacy	26-30 Obelisk Way, Camberley, Surrey, GU14 3SD	No	No	Yes	Yes

	FNL26	Touchwood Pharmacy	199 Upper College Ride, Camberley, Surrey, GU15 4HE	No	No	No	No
	FMG78	VSM Pharmacy	124 Frimley Road, Camberley, Surrey, GU15 2QN	No	No	Yes	No
Bracknell Forest	FG094	Binfield Village Pharmacy	Terrace Road North, Binfield, Berkshire, RG42 5JG	No	No	Yes	No
	FEK22	Boots the Chemists	The Lexicon Shopping Ctr, 19-23 Braccan Walk, Bracknell, Berkshire, RG12 1BE	No	No	Yes	Yes
	FWJ29	Bullbrook Pharmacy	3 Bullbrook Row, Bracknell, Berkshire, RG12 2NL	No	No	Yes	No
	FK742	David Pharmacy	24 New Road, Ascot, Berkshire, SL5 8QQ	No	No	Yes	No
	FWC78	Dukes Pharmacy	196 Dukes Ride, Crowthorne, Berkshire, RG45 6DS	No	No	Yes	No
	FRK85	Easthampstead Pharmacy	8 Rectory Row, Easthampstead, Bracknell, Berkshire, RG12 7BN	No	No	No	No
	FGC28	Evercaring Pharmacy	Unit 4, Acorn House, Longshot Lane, Bracknell, Berkshire, RG12 1RL	No	No	No	No
	FWC42	Great Hollands Pharmacy	6 Great Hollands Square, Great Hollands, Bracknell, Berkshire, RG12 8UX	No	No	No	No
	FG167	H A McParland Ltd	27 Yeovil Road, Owlsmoor, Sandhurst, Berkshire, GU47 0TF	No	Yes	Yes	No
	FKY97	H A McParland Ltd	182 High Street, Crowthorne, Berkshire, RG45 7AP	No	No	Yes	No

	FJX48	Kamsons Pharmacy	97 Liscombe, Birch Hill, Bracknell, Berkshire, RG12 7DE	No	No	Yes	No
	FN569	Priestwood Pharmacy	7 Priestwood Square, Windlesham Road, Bracknell, Berkshire, RG42 1UD	No	No	Yes	No
	FMW34	Skylight Pharmacy	Manhattan House, 140 High Street, Crowthorne, Berkshire, RG45 7AY	No	Yes	Yes	No
	FA677	Superdrug Pharmacy	33 Braccan Walk, Bracknell, Berkshire, RG12 1BE	No	No	Yes	No
	FE003	Tesco Pharmacy	Tesco Extra, The Meadows, Marshall Road, Sandhurst, Berkshire, GU47 0FD	No	Yes	Yes	Yes
	FJ783	Tesco Pharmacy	Jigs Lane, Warfield, Berkshire, RG42 3JP	No	Yes	Yes	Yes
	FDL72	Your Local Boots Pharmacy	5 The Square, Harmans water, Bracknell, Berkshire, RG12 9LP	No	No	Yes	No
	FM294	Your Local Boots Pharmacy	70 Yorktown Road, Sandhurst, Berkshire, GU47 9BT	No	No	Yes	No

Source: NHS Business Services Authority and Frimley ICB

Table 26: Summary of Pharmaceutical Service Provision in Bracknell Forest

ODS	Pharmacy	Address	AUR	Flue Vac	HCFS	LFD	NMS	PCS	PFS	SCS	SAC	PC	CVD 19	EHC	SC OST	NE
FG094	Binfield Village Pharmacy	Terrace Road North, Binfield, Berkshire, RG42 5JG	-	Yes	Yes	-	Yes	Yes	Yes	-	-	-	Yes	-	Yes	-
FEK22	Boots the Chemists	The Lexicon Shopping Ctr, 19-23 Braccan Walk, Bracknell, Berkshire, RG12 1BE	-	Yes	Yes	Yes	Yes	Yes	Yes	-	-	-	-	-	Yes	-
FWJ29	Bullbrook Pharmacy	3 Bullbrook Row, Bracknell, Berkshire, RG12 2NL	-	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-	Yes	Yes	-	Yes	Yes
FK742	David Pharmacy	24 New Road, Ascot, Berkshire, SL5 8QQ	-	Yes	Yes	-	Yes	-	Yes	Yes	-	-	-	-	Yes	-
FWC78	Dukes Pharmacy	196 Dukes Ride, Crowthorne, Berkshire, RG45 6DS	-	Yes	Yes	Yes	-	-	Yes	-	-	-	-	-	-	-
FRK85	Easthampstead Pharmacy	8 Rectory Row, Easthampstead, Bracknell, Berkshire, RG12 7BN	-	Yes	Yes	-	Yes	-	Yes	-	-	-	Yes	-	Yes	Yes
FGC28	Evercaring Pharmacy	Unit 4, Acorn House, Longshot Lane, Bracknell, Berkshire, RG12 1RL	-	-	-	-	-	-	Yes	Yes	-	-	-	-	-	-

FWC42	Great Hollands Pharmacy	6 Great Hollands Square, Great Hollands, Bracknell, Berkshire, RG12 8UX	-	Yes	Yes	Yes	Yes	Yes	Yes	-	-	-	Yes	-	Yes	Yes
FG167	H A Mcparland Ltd	27 Yeovil Road, Owlsmoor, Sandhurst, Berkshire, GU47 0TF	-	Yes	Yes	-	Yes	-	Yes	Yes	-	-	-	-	Yes	-
FKY97	H A Mcparland Ltd	182 High Street, Crowthorne, Berkshire, RG45 7AP	-	Yes	Yes	-	Yes	-	Yes	Yes	-	-	-	Yes	Yes	-
FJX48	Kamsons Pharmacy	97 Liscombe, Birch Hill, Bracknell, Berkshire, RG12 7DE	-	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-	-	Yes	-	Yes	-
FN569	Priestwood Pharmacy	7 Priestwood Square, Windlesham Road, Bracknell, Berkshire, RG42 1UD	-	Yes	Yes	-	Yes	Yes	Yes	Yes	-	-	Yes	-	-	-
FMW34	Skylight Pharmacy	Manhattan House, 140 High Street, Crowthorne, Berkshire, RG45 7AY	-	Yes	Yes	-	Yes	-	Yes	-	-	-	-	-	Yes	-
FA677	Superdrug Pharmacy	33 Braccan Walk, Bracknell, Berkshire, RG12 1BE	-	Yes	Yes	-	Yes	Yes	Yes	Yes	-	-	-	-	Yes	-

FE003	Tesco Pharmacy	Tesco Extra, The Meadows, Marshall Road, Sandhurst, Berkshire, GU47 0FD	-	Yes	Yes	Yes	Yes	Yes	Yes	-	-	Yes	-	-	Yes	-
FJ783	Tesco Pharmacy	Jigs Lane, Warfield, Berkshire, RG42 3JP	-	Yes	Yes	Yes	Yes	Yes	Yes	-	-	-	-	-	Yes	-
FDL72	Your Local Boots Pharmacy	5 The Square, Harmanswater, Bracknell, Berkshire, RG12 9LP	-	Yes	Yes	-	Yes	Yes	Yes	-	-	-	-	-	Yes	Yes
FM294	Your Local Boots Pharmacy	70 Yorktown Road, Sandhurst, Berkshire, GU47 9BT	-	Yes	Yes	Yes	Yes	Yes	Yes	-	-	-	-	-	Yes	-

Source: NHS Business Services Authority, Frimley ICB and Bracknell Forest Council

Key: Appliance Use Review (AUR); Community Pharmacy Seasonal Influenza Vaccination (Flue Vac); Hypertension Case Finding Service (HCFS); Lateral Flow Device Test Supply Service (LFD); New Medicines Service (NMS); Pharmacy Contraceptive Service (PCS); Pharmacy First Service (PFS); Smoking Cessation Service (SCS); Stoma Appliance Customisation (SAC); COVID-19 Vaccination Service (CVD 19); Palliative Care Medicines on Demand (PC); Emergency Hormonal Contraception (EHC); Supervised consumption of Opiate Substitute Therapy (SC OST); Needle Exchange (NE)

Appendix C: Consultation Report

The consultant report presents the findings of the 60-day consultation for BFC's PNA, which was carried out between 21st July to 21st September 2025.

For the consultation, the draft PNA was uploaded and made available on Bracknell Forest Council's consultation platform, objective keyplan platform. A survey was made available for completion on the dedicated web page, BFC objective keyplan platform. A link to the BFC objective keyplan platform page was sent to a list of statutory consultees. The consultation was publicised by BFC's communications teams via social media and the resident's newsletter. Materials were shared with partner organisations for them to share via their communications channels.

In total there were 15 responses to the consultation survey, of which 12 were members of the public, one from pharmacy contractors and two were colleagues from a partner or stakeholder organisation.

The survey consisted of 8 main questions, with an opportunity to provide a comment after each question. Each question allowed participants to select strongly agree, agree, neither agree nor disagree, disagree, strongly disagree and don't know in response. The survey ended with the opportunity for participants to provide any further comments.

Consultation survey responses

Table 27: Table showing consultation survey aggregated responses for each question.

Question	Agree	Disagree	Unsure	Response
The purpose of the pharmaceutical needs assessment has been explained	86.7% (13)	33.3% (2)		
The pharmaceutical needs assessment reflects the current provision of pharmaceutical services within your area	66.7% (10)	20% (3)	13.3% (2)	No changes were made in the document since most of the comments were on the increase in housing commitments which were already considered.
The PNA clearly explains its findings and recommendations, including if there were any gaps found in pharmacy provision in your area	66.7% (10)	13.3% (2)	20% (3)	
The PNA provides an understanding of the health and wellbeing needs of the area's residents	66.7% (10)	13.3% (2)	20% (3)	
The PNA outlines the range of local pharmacy services available	80% (12)		20% (3)	

Question	Agree	Disagree	Unsure	Response
The PNA captures how residents use pharmacies	60% (9)	13.3% (2)	26.7% (4)	
Do you agree with the conclusions of the pharmaceutical needs assessment?	53.3% (8)	20% (3)	26.7% (4)	
The PNA provides helpful information for local NHS leaders to decide on future pharmacy applications and changes in provision	66.7% (10)	13.3% (2)	20% (3)	

Table 27 shows responses to the consultation survey. The responses have been aggregated as follows: ‘Strongly agree’ and ‘Agree’ have been combined into ‘Agree’; ‘Strongly disagree’ and ‘Disagree’ into ‘Disagree’; and ‘Neither agree nor disagree’ and ‘Don’t know’ into ‘Unsure’.

The table includes a response agreed upon by the PNA Steering Group. These responses outline changes to the PNA intended to clarify and improve its content.

Few comments made through the consultation survey highlighted satisfaction with the pharmacy services available.

- A few comments express satisfaction with local pharmacies.
- A few agree with the PNA conclusions or find the document useful.

Many of the comments raised concerns around:

- Access issues (especially for elderly).

- Impact of new housing developments not being fully addressed.
- Pharmacy closures.
- Length of the document but were happy with the executive summary.
- Perceived gaps in service provision, leading to long queues.

Table 28: Table showing consultation survey comments for each question and additional comments received in the survey.

Question	Comment	Response
All	Comment from members of the public on the length: "It is good to provide an executive summary. Few people will read the entire 233 page document" "I have only read the executive summary, not the entire document as it is too long."	The PNA is a statutory requirement for each Health and Wellbeing and should follow the statutory guidance that outlines the minimum information that must be in a PNA.
All	Summarised comments from a member of the public across multiple questions: Does not reflect on massive influx of new residents or new housing built in town centre.	Future housing development were considered in Section 4.1.3.6.
	Comments from a member of the public across multiple questions: "Tesco Pharmacy (north Bracknell) County Lane cannot keep up with demands of the local population. More houses are being built in walking distance with no local amenities of their own. There are long queues to collect prescriptions, then you queue again to the side to collect your prescription that has just been made up. It can take days to process	

Question	Comment	Response
	prescriptions once sent over. Text messages when ready to collect, are not always sent, I think when they are very busy. You must wait to see the pharmacist, who did not offer a private consultation when a room was available.”	
The purpose of the pharmaceutical needs assessment has been explained	Comment from a member of the public: “The purpose may have been explained but the conclusions do not match my experience or that of many of my friends.”	
The pharmaceutical needs assessment reflects the current provision of pharmaceutical services within your area	Comment from a member of the public: Local pharmacy “provides an essential service for its immediate local community”	
The pharmaceutical needs assessment reflects the current provision of pharmaceutical services within your area	Comment from a member of the public: “My preferred local pharmacy is excellent and they fulfil my needs”	
The pharmaceutical needs assessment reflects the current provision of pharmaceutical services within your area	Comment from a member of the public: In the past year or two, most pharmacies in supermarkets have closed with little warning and nearby pharmacies immediately had queues, stretching out of the door at some times.	
The PNA clearly explains its findings and recommendations, including if there were any gaps found in pharmacy provision in your area	Comment from a member of the public: “The survey does not reflect local experience.”	

Question	Comment	Response
The PNA clearly explains its findings and recommendations, including if there were any gaps found in pharmacy provision in your area	Comment from a member of the public: “Doesn't appear to show that in certain areas facilities are minimal. Travel shouldn't be an option for prescriptions for elderly, those with mobility issues, and residents who are too ill to travel. I would include this in 'gaps'. “	Thank you for your comment. The PNA recognises the area's older population, and the role pharmacies play in supporting access to care. Current provision is considered sufficient, but we will continue to monitor local needs and service pressures.
The PNA clearly explains its findings and recommendations, including if there were any gaps found in pharmacy provision in your area	Comment from a member of the public: I have found since the closure of the pharmacy in Sainsburys, the pressure of the other local pharmacies has increased, either they don't have enough of the prescription in stock and you have to wait or the time it takes to turn the prescription around.	We acknowledge the concerns raised regarding the perceived gaps in local pharmaceutical provision.
The PNA provides an understanding of the health and wellbeing needs of the area’s residents	Comment from a member of the public: “Again, doesn't appear to be regional within the borough, seems to sum up the borough as a whole. There doesn't appear to be sufficient pharmacies in areas of greater numbers of residents.”	The PNA recognises the current provision is considered sufficient, but we will continue to monitor local needs and service pressures.
The PNA provides an understanding of the health and wellbeing needs of the area’s residents	Comment from a member of the public: No comments about the substantial increase in housing built in the town centre and north of Bracknell	This was considered in sections on future housing developments.
The PNA outlines the range of local pharmacy services available	No comments provided	

Question	Comment	Response
The PNA captures how residents use pharmacies	Comment from a member of the public: Although the PNA sets out that information, it was harder to see any recommendations to improve uptake or even pharmacy coverage	
The PNA captures how residents use pharmacies	Comment from a member of the public: “I disagree with the conclusion that 'There is adequate access to a range of NHS services commissioned from pharmaceutical service providers'. Tescos Warfield pharmacy covers all of Warfield including the many thousands of new build homes - they very rarely have items in stock - and you often have to wait 10 days for a prescription. This particular pharmacy is not fit for purpose and should be forced to improve or at the very least have a competitor. Which pharmacy replaced the closed down Sainsburys pharmacy? The next closest pharmacy is Bullbrook but that is often too far for the elderly etc to travel to, only to find that its closed or doesn't have the item in stock.”	Thank you for your comment. While the PNA outlines the availability and scope of services, we acknowledge that it does not fully capture the operational pressures experienced during high demand periods.
Do you agree with the conclusions of the pharmaceutical needs assessment?	Comment from a member of the public: “At least one more pharmacy is required - especially in the Warfield area. Many of the local pharmacies often don't have stock of required prescription items. The smaller independent Boots pharmacies in Easthampstead and	

Question	Comment	Response
	Harmanswater are however very helpful.”	
Do you agree with the conclusions of the pharmaceutical needs assessment?	Comment from a member of the public: “Page 150 - Point 7 and point 2.5 refers to supplementary hours change requires 3 months notice - this is incorrect and no longer applies.”	
Do you agree with the conclusions of the pharmaceutical needs assessment?	Comment from a member of the public: “Perhaps it would be better to summarise all key points?”	Thank you for your comment. The executive summary and conclusion summarised contents of the document.
The PNA provides helpful information for local NHS leaders to decide on future pharmacy applications and changes in provision	No specific comment provided	

Additional comments

Comment from a member of the public: How will the PNA be enacted when the Frimley ICS is subsumed into another, such as BOB? Will Bracknell's pharmacies' needs to better served, or worse?

Comment from a member of the public: I don't feel that Bracknell have considered the huge influx of new residents expected within the next three years. The statistic of 1.4 per 10,000 residents will be way out

Appendix D: Residential-based area classifications supergroups

Table 29: Geodemographic Classifications for Residential Output Areas in Bracknell Forest

Classification Supergroups	Description
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.
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 15 pervasive not only in suburban locations, but also in neighbourhoods at or beyond the edge of cities that adjoin rural parts of the country.

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 18 predominates in Inner London, with smaller enclaves in many other densely populated metropolitan areas.
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.
Ethnically Diverse Suburb-an 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.

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 27 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.
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.
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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